MAYERS MEMORIAL
HEALTHCARE DISTRICT

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

Mission Statement
Leading rural healthcare for a lifetime of wellbeing.

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, ext 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.

						Approx. Time Allotted
1	**CALL MEETING TO ORDER**					
2	2.1	**CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS** Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.				
3	**APPROVAL OF MINUTES**					
	3.1	Regular Meeting – May 28, 2025		***Attachment A***	**Action Item**	1 min.
4	**DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:**					
	4.1	Resolution 2025.10 – May Employee of the Month		***Attachment B***	**Action Item**	1 min.
	4.2	HLI Leadership Academy Recognitions	Ryan Harris		Report	5 min.
	4.3	Patient Access	Amy Parker	***Attachment C***	Report	2 min.
	4.4	HIM	Lori Gibbons	***Attachment D***	Report	2 min.
	4.5	EVS	Sherry Yochum	***Attachment E***	Report	2 min.
	4.6	Ambulance	Gonzo Solorio	***Attachment F***	Report	2 min.
5	**BOARD COMMITTEES**					
	5.1	**Finance Committee**				
		5.1.1 Committee Meeting Report: Chair Humphry			Report	5 min.
		5.1.2 May 2025 Financial Review, AP, AR and Acceptance of Financials			**Action Item**	5 min.
		5.1.3 Annual Budget Hearing- Approval of FY2026 Budget- Resolution 2025-09		***Attachment G***	**Action Item**	5 min
	5.2	**Quality Committee**				

	5.2.1	June Quality Meeting Committee Report		Report	5 min.
	5.3	**Strategic Planning Committee**			
	5.3.1	No Strategic Planning Committee Meeting in June			
6	**OLD BUSINESS**				
	6.1	Strategic Plan FY2025-FY 2029 Approval	***Attachment H***	**Action Item**	2 min.
	6.2	ClearPath	***Attachment I***	Discussion	5 min.
	6.3	Service Excellence Initiative Update and Roadmap	***Attachment J***	Discussion	5 min.
7	**NEW BUSINESS**				
	7.1	Virtual Leadership Academy 2nd Cohort Renewal Sales Agreement	***Attachment K***	Discussion/ **Action Item**	5 min.
	7.2	Mobile MRI Purchase and Operation Agreement	***Attachment L***	Discussion/ **Action Item**	5 min.
	7.3	**Policies and Procedures** Access to Public Records Board Compensation & Reimbursement Board Member Vacancy (Appointment) Process Board of Directors' Job Description - Responsibilities - Duties Contract Review Form MMH586 Public Forum During Board Meetings and Request to be Heard Public Interface Succession Plan	***Attachment M***	**Action Item**	5 min.
8	**ADMINISTRATIVE REPORTS**				
	8.1	Chief's Reports – ***Written reports provided. Questions pertaining to written report and verbal report of any new items***	***Attachment N***		
	8.1.1	Director of Operations- Jessica DeCoito		Report	5 min.
	8.1.2	Chief Financial Officer – Travis Lakey		Report	5 min.
	8.1.3	Chief Human Resources Officer – Libby Mee		Report	5 min.
	8.1.4	Chief Public Relations Officer – Val Lakey		Report	5 min.
	8.1.5	Chief Clinical Officer – Keith Earnest		Report	5 min.
	8.1.6	Chief Nursing Officer – Theresa Overton		Report	5 min.
	8.1.7	Chief Executive Officer – Ryan Harris		Report	5 min.
9	**OTHER INFORMATION/ANNOUNCEMENTS**				
	9.1	Board Member Message: Points to highlight in message		Discussion	2 min.
	9.2	Board Education: Chapter 26-30		Discussion	10 min.
10	**MOVE INTO CLOSED SESSION**				

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10.1	Hearing (Health and Safety Code §32155) – Medical Staff Credentials	**Action Item**	10 min.

MEDICAL STAFF REAPPOINTMENT

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)

MEDICAL STAFF APPOINTMENT

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)

AHP REAPPOINTMENT

Heather Corr, PA-C
George Winter, FNP

11 **ADJOURNMENT:** Next Meeting July 30, 2025 in Burney

Posted: 06/20/2025

Board of Directors
Regular Meeting Minutes
May 28 2025 @ 1:00 PM
Mayers Memorial Healthcare District
Burney Annex Boardroom
20647 Commerce Way
Burney, CA 96013

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

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

BOARD MEMBERS PRESENT:	**STAFF PRESENT:**
Jeanne Utterback, President	Ryan Harris, CEO
Abe Hathaway, Vice President	Travis Lakey, CFO
Lester Cufaude, Director	Libby Mee, CHRO
Jim Ferguson, Director	Theresa Overton, CNO
Tami Humphry, Treasurer	Keith Earnest, CCO
	Jessica DeCoito, Director of Operations
ABSENT:	Jack Hathaway, Director of Quality
	Valerie Lakey, CPRO
	Ashley Nelson, Board Clerk
	Moriah Padilla, Director of Acute
	Bridget Bernier, Emergency Dept 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 April 23, 2025.	***Cufaude, Ferguson***	***Approved by All***
4	**DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**		
4.1	Resolution 2025-07- April EOM: Diablo Pergakis	***Humphry, Ferguson***	***Approved by All***
4.2	Resolution 2025-08- May EOM: Hailley Choate	***Humphry, Ferguson***	***Approved by All***
4.3	Hospice Quarterly: Keith reported that Hospice had their licensing survey in April. The POC was submitted. He explained the Hospice process to the Board members.		
4.4	Mayers Foundation Quarterly: Michele submitted her report, and Val was available to answer any follow-up questions. The Mayers 2025 Golf Tournament is on August 2nd.		
4.5	Acute: Moriah submitted her report. She explained that Acute had their surveys in Sept 2024 and the focus has been staff education.		
4.6	Emergency: Bridget submitted her report. She shared the various positive feedback she's received regarding the ED Dept. She has been heading a project where all ED admits are being called 7 days after their admission, to receive feedback or provide follow up information needed.		
5	**BOARD COMMITTEES**		
5.1	**Finance Committee**		

	5.1.1	Committee Meeting Report: Tami reported the AR days are down, Cash on Hand is close to 300 days, Pharmacy and RHC are doing well, the traveling costs have decreased by over a million dollars.		
	5.1.2	Credit Line Letter from Cornerstone Bank: Travis explained that BETA requires this line of credit but we have not used it. Les asked that Travis check into the terms in the contract. The Line of Credit was approved, as amended.	***Humphry, Utterback***	***Approved by All***
	5.1.3	April 2025 Financial Review, AP, AR and Acceptance of Financials Motion moved, seconded and approved.	***Humphry, Cufaude***	***Approved by All***
	5.2	**Quality Committee**		
	5.2.1	May Quality Meeting Committee Report: Les reported that the committee discussed the 3 complaints listed in Jack's report. QIP was also discussed- the Providers met regarding chart changes and nurse leadership will be tracking and holding staff accountable.		
	5.3	**Strategic Planning Committee Report**		
	5.3.1	May Strategic Planning Committee Report: Abe reported that Jessica and Alex updated the committee on the FR clinic and other various construction projects.		
	5.3.2	Updated Strategic Plan FY2025-FY2029: Ryan reported the changes being made to the SP- such as growth expectations and input based on leadership and managers regarding adding new services. The SP will be brought as an action item next month.		
6	**OLD BUISNESS**			
	6.1	TCCN Phase 3 Architects Estimate: Jessica reported that the estimate will be around $250,000 for phase 3. Val confirmed that TCCN received the McConnell Foundation grant for the supplies needed for the childcare program. The timeline includes anticipating a 3 week review, then a bid package will need to go out to a contractor to complete Phase 3. It was moved, seconded and approved to continue with the renovation process.	***Cufaude, Hathaway***	***Approved by All***
	6.2	Resolution 2025.04- Declaring property to be Surplus and Exempt from CEQA: The resolution was moved, seconded and approved.	***Cufaude, Hathaway***	***Approved by All***
	6.3	Resolution 2025.05- Authorizing the Sale of Real Property to the MHF and Approving the Commercial Purchase Agreement The resolution was moved, seconded and approved.	***Humphry, Cufaude***	***Approved by All***
7	**NEW BUSINESS**			
	7.1	ACHC Plan of Correction: The POC was moved, seconded and approved.	***Cufaude, Humphry***	***Approved by All***
	7.2	**Policies and Procedures:** Patient Care Policies and Procedures- Development, Revision and Approval	***Ferguson, Hathaway***	***Approved by All***
	ADMINISTRATIVE REPORTS			
	8.1	**Chief's Reports: written reports provided in packet**		
	8.1.1	**DOO:** written report submitted. Jessica updated that the FR RHC drawings have been submitted with the County. Borring on the Solar Project has been completed and the glass panels will be installed soon. The FR Arts building is prepping for their move. The Burney alarm system is being troubleshooted and is fully installed. The Lodge's water problems are still being ironed out.		
	8.1.2	**CFO:** Travis explained his report further- including potential cuts in Medicare.		

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	8.1.3	**CHRO:** written report submitted. Libby updated that the meal premium audit revealed that we have decreased to less than $5,000 per pay period for staff.
	8.1.4	**CHPRO:** Written report submitted. Val updated that TCCN has been providing CPR for local businesses'. A photographer will also be hired to photograph all depts, to update the website. She also explained the various programs that TCCN is offering through grants.
	8.1.5	**CCO**: written report submitted. Keith explained that the hand washing percentage rose to 65% in April. He also explained that the new Fuji system where providers can view patients scans directly in Cerner. He also introduced Tiffani McKain, the new Director of Clinical Services.
	8.1.6	**CNO**: written report submitted. Theresa hired a new Staff Educator, Emily Harper. She also explained that Arnese, the interim DON, has signed on to stay one more month.
	8.1.7	**CEO:** written report submitted. Ryan further explained the status of the MRI machine- it is currently in Washington. Theresa updated that Pit River Health will be providing talk therapy with Mayers SNF residents.
9	**OTHER INFORMATION/ANNOUNCEMENTS**	
	9.1	Board Member Message: ER Heart, EOM for April and May, hospital wide brochure, upcoming events, shout out about ACHC accreditation with an explanation of what ACHC is, promote Mayers Pharmacy, TCCN events.
	9.2	Board Education: Ch 21-25 was assigned.
10	**MOVE INTO CLOSED SESSION:** 4: 10pm	
	10.1 Conference with Real Estate Negotiators (54956.8) Property: Masonic Lodge, Fall River Mills CA Real Estate Negotiator: Ryan Harris APN: 018-200-006	
	10.2 Conference with Real Estate Negotiators (54956.8) Property: Vacant lot, Burney CA 96013 Real Estate Negotiator: Ryan Harris APN: 028-340-015	
	10.3 Conference with Real Estate Negotiators (54956.8) Property: Medical office building-20623 Commerce Way. Burney CA 96013 Real Estate Negotiator: Ryan Harris APN: 028-340-016	
	10.4 Public Employment (§54957)	
	10.5 Conference with legal counsel regarding pending litigation (§54956.9)	
11	**RECONVENE OPEN SESSION:** 5:08 pm	
12	**Adjournment:** 5:09 pm. Next Meeting is June 25, 2025 in Burney.	

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

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RESOLUTION NO. 2025-10

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

Samantha Weidner

As May 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, Samantha Weidner is hereby named Mayers Memorial Healthcare District Employee of the Month for May 2025; and

DULY PASSED AND ADOPTED this 25th day of June by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

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

ATTEST:

_____
Ashley Nelson
Clerk of the Board of Directors

Attachment C

Department Reporting
Managers Meeting and Regular Board Meeting

Manager & Department:		**Reporting Month & Year:**
Amy Parker	Patient Access	June 2025

Summary:

This year has gone well for Patient Access. We have identified areas needing improvement and developed simple, practical solutions to address them. One particularly successful approach was assigning a specific staff member to oversee certain processes after recognizing flaws in our original method. That person supervises all accounts related to that particular focus and ensures no opportunities are missed to obtain required information or documents.

Top Projects (1-3):

Customer Service Improvement: Two Patient Access staff members are participating in 'Service Excellence Initiative' committees, and the knowledge gained will be shared with the rest of the department and then applied to our patients.

Quality: Patient Access' initial goal for an 'ACHC Performance Improvement Measure' was to ensure the accuracy of 80% of patient accounts. This initiative will expand to include reporting on more data fields within Cerner that were not previously monitored. These fields will be selected based on their impact on other departments and their functions, such as 'employment' and 'marital status', which are essential for OSHPOD reporting.

Wins (1-2):

We focused on obtaining email addresses to meet meaningful use requirements. Since July 2024, the goal of having emails in at least 50% of patient accounts each month has been consistently met. Our goal for entering Primary Physician data in 85% of patient accounts each month has also been achieved.

Challenge (1):

One challenge I face is identifying areas for improvement that may not be immediately visible to me. I welcome detailed feedback from other managers when their teams encounter issues that stem from the front desk. This input will help me recognize recurring problems, assess their impact, and prioritize the most effective solutions.

Attachment D

Department Reporting
Managers Meeting and Regular Board Meeting

Manager & Department: **Lori Gibbons** **HIM**

Reporting Month & Year: **July 2025**

Summary: Fiscal year 2024 has been a successful one for the HIM department. I am blessed to manage a great team that works together and always steps up to help one another when needed. The addition of another certified coder has made our department goals reachable and maintainable.

Top Projects (1-3):

1. Bring the clinic coding in-house to shorten billing delays and eliminate the costs of outsourced coding services. This will drastically cut monthly costs for outsourced coding and allow bills to drop in a timely manner without the back-and-forth delays between the clinic and outsourced coders.
2. Purge the upstairs record storage and both Conex buildings on the bluff to one Conex building and shred all paper records that are past the retention period. This will make space for other departments and eliminate the paper charts we no longer add to since we went to an EMR system in 2013.
3. Maintain a DNFB report of under $150,000.00 for coding by the end of each month. This does not include Tele-Med or Clinic coding for this fiscal year.

Wins (1-2):

1. Clinic coding was brought in-house on September 16, 2024. This did not include Tele-med until April 22, 2024, as the Clinic Manager was coding the Tele-med encounters then. I hired another certified coder, and her priority is clinic coding; then, she helps with ROIs as time allows. We were then asked if we could take on the Tele-med encounters in late April except for the Mental health and behavioral encounters. Due to the confidentiality of the mental health records, it was decided to keep them in the clinic for coding.

2. Purge and shredding was our successive big win. It took us 11 months to complete this project due to time allowance, weather, and staffing issues, but I am happy to say we completed this project on June 11, 2025. All records past retention guidelines (10 years from the date of last visit or minors until they reach 21 years of age) were purged and

shredded. We have about 150 boxes of shred-ready charts and papers left that the shredding company will pick up in July. We are now waiting for Maintenance to build us some shelves to store the Long-Term Care paper charts on, as they were not in an EMR system until recently. Once shelves are in place, all HIM records will be stored in one Conex building.

Challenge (1):

Clinic coding: Our biggest challenge has been with the clinic physicians. We are constantly waiting for a few physicians to complete their office chart promptly notes daily. Physicians waiting 13 and 14 days to complete a chart note after a patient was seen is poor patient care and lacks continuity of care, not to mention delays in timely billing. This issue has been addressed many times with the physicians, and I still don't get the notes completed promptly. I am not saying this is only a few encounters, but we are talking about 25-30 clinic encounters weekly that are not completed promptly which then delays coding. A resolution was agreed upon at the Med Staff meeting in June, but it has not taken effect yet.

Record purging: Our challenges with purging and shredding were due to being short-staffed and the weather. It was either too cold and raining or too hot.

MAYERS MEMORIAL HEALTHCARE DISTRICT

Department Reporting
Managers Meeting and Regular Board Meeting

Manager & Department: Sherry Yochum Environmental Services

Reporting Month & Year: June 2025

Summary: We are adding and training some new staff and also adding some new technology that will improve our patient satisfaction and infection prevention rates going forward. I am excited to see how much we will grow and learn with the patient excellence program and how it will involve the whole organization.

Top Projects (1-3): 1. I have been utilizing Ultraviolet light that helps with capturing germs. So we have started tracking it, beginning in August 2024, with a 45% validation on catching those germs, and through education and training, we have increased our percentage to 94% as of April 2025. This is for Fall River. I have just purchased a second UV light that will be going to Burney so that we can do the same down there

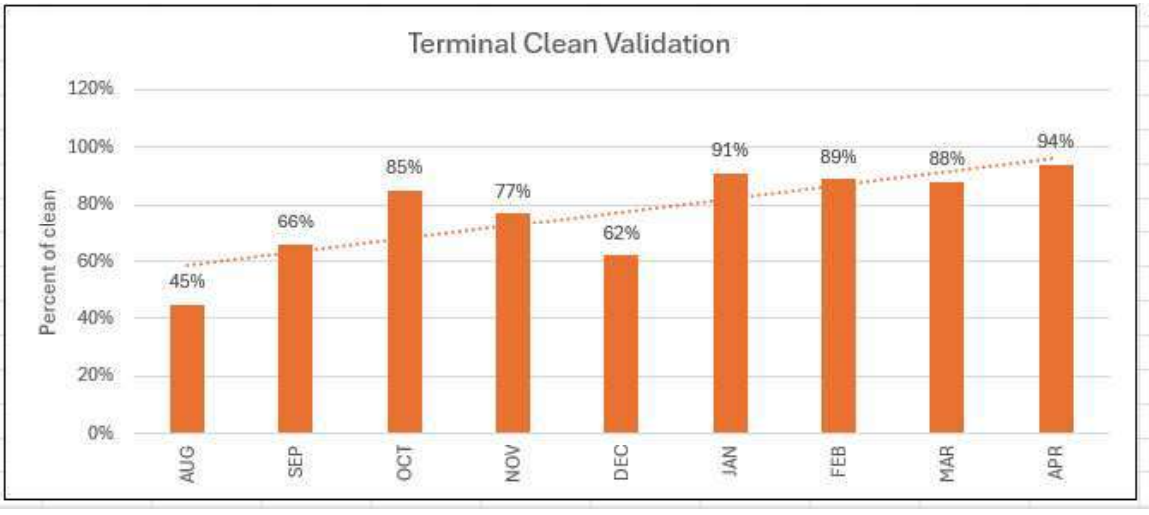
2. Our hand hygiene has improved hospital-wide, but I am also conducting a program within my department. I can say that our numbers starting were 44%, and now they are up to 76%. So we are increasing our hand washing, but we can do better. So, I will continue monitoring, doing some skills training, and providing training in the future.

3. I am also excited to see the growth that comes from the patient excellence program and how it will benefit all of us.

Wins (1-2):

The above projects are wins for my department.

Challenge (1): Get the UV light up and running in Burney, train everyone on using the light, and capture the germs. Also, I want to continue with my department's hand hygiene program. We are at 76%, but we can do better with more training, skills, and practice.



Attachment F

Department Reporting
Managers Meeting and Regular Board Meeting

Manager & Department: Gonzalo Solorio, Ambulance

Reporting Month & Year: June 2025

Summary: We began this fiscal year fully staffed and providing paramedic-level care on our first out ambulance 7 days a week. During this year, we completed another ambulance driver operator course and completed all staff's yearly required skills competencies. This was accomplished with the coordination and participation of the ED and Acute care Managers and their staff. In addition, we provided hands-on training to our staff on the new cardiac monitors with a Zoll representative. Our call volume continues to increase. We had 766 total calls as of 06/17/25, an increase of 100 from the previous year. This includes calls for mutual aid to neighboring districts when available.

Top Projects (1-3):

Ambulance billing has been submitted within 48 hours of the date of service, exceeding our goal of 25%. This has improved the billing flow with other departments.

Our response times improved. We continue to meet our goal of responding quickly to 911 calls during the day and night hours.

Wins (1-2): We now have more per diem EMT's and Paramedics to help open shifts when needed.

Challenge (1): Finding prehospital trauma training has been challenging. We have contacted 2 different training centers and are waiting for an estimated cost for these certificate-level training classes. Trauma care continues to evolve, and we would like our ambulance staff to have the latest training available to remain current.

RESOLUTION NO. 2025-09

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

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

WHEREAS, the budget submitted is required by law to be a balanced operating budget for year July 1, 2025 through June 30, 2026; Total Net Patient Revenue $51,193,630 with a bottom line of $6,329,936.

NOW, THEREFORE, the undersigned certifies and attests that the above resolution was approved at a regular meeting of the Board of Directors, Fall River, California, the 25th day of June 2025.

PASSED AND ADOPTED on June 25, 2025, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

_____
Date

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

_____
Date

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

FISCAL YEAR July 1, 2025- June 30, 2026
BUDGET

APPROVED AND ADOPTED AT THE BOARD OF DIRECTORS' REGULAR MEETING
THIS 25th DAY JUNE 2025.

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

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

Budget Prepared By:

MAYERS MEMORIAL HEALTHCARE DISTRICT

(Attachment: FY2026 Operating Budget)

	2024 Actual	May YTD Actual	2025 Annualized	2026 Budget	% Increase	Notes
Acute Revenue	14,277,277	9,530,890	10,397,335	12,242,858	18%	Increased back to historical average based off volumes
Revenue - SNF Inpatient	14,936,710	14,609,890	15,938,062	16,962,282	6%	SNF rate increase
Outpatient Revenue	32,320,904	35,168,888	38,366,060	38,787,999	1%	Charge increase
Patient Revenue	61,884,962	58,774,157	64,227,182	67,465,941	5%	Total
Deductions from Revenue	(9,976,200)	(10,861,293)	(13,033,552)	(15,707,281)	21%	Less supplemental payments which historically decreases contractuals
Net Revenue	51,908,762	47,912,864	51,193,630	51,758,660	1%	Total
Other Operating Revenues	731,252	2,580,833	2,580,833	2,332,978	-10%	Reduction in Medicare Bad Debt payments
			-			
Salaries and Wages	20,514,284	19,777,869	21,575,857	23,349,115	8%	Wage increases plus new employees with traveler reductions
Employee Benefits	6,140,745	5,949,321	6,490,168	7,000,502	8%	increased benefit costs plus higher employee count
Supplies	4,325,178	4,345,581	4,740,634	5,666,682	20%	Higher usage in inpatient, surgery and drug cost increases
Professional Fees	1,484,229	1,612,461	1,759,048	1,840,471	5%	Historical average increase
Travelers	6,334,423	4,606,611	5,025,394	3,942,402	-22%	Based off this fiscal year
Other Purchased Services	1,980,566	2,573,609	2,807,573	2,811,996	0%	Expected to stay consistent
Repairs & Maintenance	479,823	429,307	468,335	499,861	7%	Older facility with aging HVAC system
Utilities	1,181,543	1,227,153	1,338,712	978,162	-27%	Solar project
Insurance Other	681,182	439,561	479,521	498,544	4%	Liability Insurance is increasing
Other Expenses	1,795,185	1,668,344	1,820,012	1,924,958	6%	Based off manager input
USDA Interest Expense	658,418	645,320	645,320	631,874	-2%	Based off USDA debt schedule
Interest Expense	74,479	70,317	76,709	77,000	0%	Based off CHFFA debt schedule
Depreciation Expense	1,850,714	1,510,091	1,647,372	1,711,541	4%	Solar project
Rental/Lease	120,291	159,910	174,447	141,979	-19%	Closer to historical norms
Operating Expenses	47,621,059	45,015,455	49,049,104	51,075,087	4%	Total
Income from Operations	5,018,955	5,478,242	4,725,360	3,016,551	-36%	Reduction in Supplemental Payments
Non-Operating Revenue	5,619,900	4,661,540	5,593,848	5,804,259	4%	More retail pharmacy prescriptions from Rite Aid closure
Interest Income	949,451	1,160,455	1,392,546	1,449,132	4%	Higher balance invested to accrue interest
Non-Operating Expenses	3,581,540	3,163,367	3,796,040	3,940,005	4%	Increased expenses in retail pharmacy due to more drug spend and staffing
Total Non-Operating	2,987,811	2,658,628	3,190,354	3,313,386	4%	Total
Net Income	8,006,766	8,136,872	7,915,713	6,329,936	-20%	Down due to no HQAF payment

Mayers Memorial Healthcare District

Strategic Plan
FY2025 – FY2029

(updated 05-27-2025)

Message from the Board of Directors

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

As we look to the future, our commitment to delivering exceptional patient care, fostering a safe and motivated work environment for our employees, and being fiscally responsible remains unwavering. This updated plan serves as a guiding framework for the District Board and administration over the next five

years. It outlines our goals, objectives, and strategies to ensure that we continue to meet the evolving needs of our community while maintaining our reputation for excellence in patient care.

Introduction

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

Mission
Leading rural healthcare for a lifetime of wellbeing.

Vision
Build the healthiest rural community through exceptional and accessible care.

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

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

Strategic Pillars

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

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

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

2. People: At Mayers Memorial Healthcare District, we are committed to fostering a culture of compassion, inclusivity, and growth, where every employee is valued, empowered, and supported to deliver exceptional patient care and achieve their full potential. We will achieve this by:
    a. Recruiting and retaining top talent through competitive compensation, comprehensive benefits, and opportunities for professional development.
    b. Providing ongoing training and education to enhance skills and knowledge.
    c. Encouraging open communication, diversity, and inclusion across all levels of the organization.
    d. Fostering a sense of community and teamwork through recognition and rewards programs.
    e. Embracing innovation and creativity in our work environment.

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

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

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

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

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

5. Finance: At Mayers Memorial Healthcare District, we are committed to maintaining a strong financial foundation that supports our mission and enables us to deliver high-quality patient care. We will achieve this by:
    a. Developing and managing budgets that align with our strategic priorities and goals.
    b. Analyzing financial performance regularly to identify areas for improvement and make data-driven decisions.
    c. Maintaining a culture of fiscal responsibility and accountability among all staff members.
    d. Investing in financial systems and processes that support transparency, accuracy, and efficiency.
    e. Building strong relationships with donors, philanthropic organizations, and other funding partners to secure necessary resources.

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

Success Indicators

Fiscal Year 2025 Priorities

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

Priority 1. Quality Service

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Summary:

In May 2025, the MMHD team successfully reached this goal with a compliance rate of 63% in April. In May the team exceeded the goal achieving 73.5% compliance. This achievement was driven by a combination of campaigns, incentives, education, observations, real-time coaching, and continuous monitoring. One of the key challenges the team encountered was the need to shift from relying on technology to monitor staff, due to the high costs associated with the necessary equipment for our facility. Moving forward, we remain committed to ongoing efforts to improve our scores, aiming to maintain them above 60% to prevent the spread of illness within our facilities.

Priority 2. People

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Summary:

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

Priority 3. Growth

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Summary:

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

Priority 4. Communication

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Summary:

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

Priority 5. Finance

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Summary:

In December 2024, the team successfully completed the PY7 QIP measures. Following internal audits from January – June of 2025, we determined that the team fully met two of the QIP measures, well-child visits and flu shots, achieving complete compliance with this priority. This marked a significant milestone, as it was the first non-COVID year in which we saw such success. The team focused on increasing awareness of the measures, educating providers on our target goals, and expanding technology through I2I to support achievement. This accomplishment reflects success both financially and in terms of quality.

Fiscal Year 2026 Priorities

Priority 1. Quality Service

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Priority 2. People

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Priority 3. Growth

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Priority 4. Communication

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Priority 5. Finance

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

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

Scope:

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

Fiscal Year 2025 Risk Identification:

1. Quality Service:
    - Risk: Technical issues with the technology used to track hand hygiene adherence may compromise data accuracy.
    - Risk: Cost of hand hygiene tracking solutions may compromise the use of technology.
    - Risk: Inadequate staff training on infection prevention practices may lead to decreased adherence rates.
2. People:
    - Risk: Insufficient training or lack of buy-in from leadership team members may impact the success of the Healthcare Leadership Institute management training program.
    - Risk: Inadequate employee engagement and motivation may hinder the achievement of program goals.
3. Growth:

- Risk: Competition from other healthcare providers in the region may impact MMHD's ability to increase outpatient visits.
- Risk: Insufficient capacity or resources to accommodate increased patient volume, leading to decreased quality of care and patient satisfaction.
- Risk: Legislative changes at both state and federal levels may impact reimbursement rates, potentially making it challenging to add or expand services.

4. Communication:
   - Risk: Poor communication between care coordination team members may lead to misaligned goals and ineffective care delivery.
   - Risk: Resistance to change from staff or providers may hinder the implementation of new communication protocols.
5. Finance:
   - Risk: Failure to meet the minimum patient volume requirements for the DHCS QIP measures, resulting in non-compliance and financial loss.

Fiscal Year 2025 Risk Assessment and Mitigation Strategies:

1. Quality Service:
   - Conduct regular compliance system checks to ensure data accuracy and integrity.
   - Provide ongoing staff training in infection prevention practices and technology use.
   - Establish regular reporting to quality committee to monitor hand hygiene adherence rates and identify areas for improvement.
2. People:
   - Implement a comprehensive onboarding program for leadership team members participating in the Healthcare Leadership Institute management training program.
   - Establish a mentorship program to provide ongoing support and guidance for participants.
   - Conduct regular feedback sessions to ensure employee engagement and motivation.
3. Growth:
   - Conduct market research to identify competitor strengths and weaknesses.
   - Conduct market research on the outmigration of services.
   - Develop targeted marketing campaigns to attract new patients.
   - Establish partnerships with local organizations to promote MMHD's services.
4. Communication:
   - Develop clear communication protocols, job descriptions, and guidelines for care coordination team members.
   - Provide ongoing training and coaching for care coordination team members.
   - Establish a feedback mechanism for patients and staff to provide input on communication effectiveness.
5. Finance:

- Regularly monitor patient volume and adjust strategies, as needed, to ensure compliance with QIP measures.

Fiscal Year 2026 Risk Identification:

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

Fiscal Year 2025 Risk Assessment and Mitigation Strategies:

6. Quality Service:
   - Conduct regular compliance system checks to ensure data accuracy and integrity.
   - Provide ongoing staff training in infection prevention practices and technology use.
   - Establish regular reporting to quality committee to monitor hand hygiene adherence rates and identify areas for improvement.
7. People:
   - Implement a comprehensive onboarding program for leadership team members participating in the Healthcare Leadership Institute management training program.
   - Establish a mentorship program to provide ongoing support and guidance for participants.
   - Conduct regular feedback sessions to ensure employee engagement and motivation.
8. Growth:
   - Conduct market research to identify competitor strengths and weaknesses.
   - Conduct market research on the outmigration of services.
   - Develop targeted marketing campaigns to attract new patients.
   - Establish partnerships with local organizations to promote MMHD's services.

9. Communication:
    - Develop clear communication protocols, job descriptions, and guidelines for care coordination team members.
    - Provide ongoing training and coaching for care coordination team members.
    - Establish a feedback mechanism for patients and staff to provide input on communication effectiveness.
10. Finance:
    - Regularly monitor patient volume and adjust strategies, as needed, to ensure compliance with QIP measures.

Fiscal Year 2026 Risk Assessment and Mitigation Strategies:

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

Responsibility and Accountability

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

Layer 1: Board of Directors to the Public

The Board of Directors, elected by the public, is accountable to its constituents for the success of the Strategic Plan. The public can measure the Board's performance by assessing the progress towards

achieving the objectives outlined in this Plan. The Board's accountability to the public serves as a fundamental mechanism to ensure transparency and effective governance.

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

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

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

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

Ensuring Successful Implementation

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

Alignment and Communication

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

Risk Management and Transparency

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

CEO Communication and Oversight

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

Effective Monitoring

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

Monitoring

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

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

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

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

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

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

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

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

The Board will determine whether any changes in risk level and/or new risks are acceptable or not.

The Board may request additional reporting on any aspect of the Plan as deemed necessary.

Evaluation

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

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

- Statement of successes.

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

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

Attachment I

Clearpath
PatientConnect

Image exchange platform for patients

AMI | Bozeman Health

Patient Instructions

Receive Records & Images Digitally

Our facility has partnered with Clearpath to enable you to receive, store, and share your records and images from your smartphone or computer.

How it works:

1. **Ask the front desk for a copy of your records & images**
   Digital delivery and access are included for no additional cost.
2. **The front desk will provision access and email you your Clearpath login**
   A separate email will have a temporary password for first-time Clearpath users.
3. **Once logged in, Clearpath lets you:**
   - View your records & images
   - Understand your results with visual explanations of medical terms
   - Store records & images securely
   - Share them with your providers and family members

For help accessing Clearpath: Call 1 - (888) 757-1255 or email help@myclearpath.com.

After reviewing your images & report: contact your referring physician with any questions.

Powered by Clearpath

Receive your medical records & images digitally

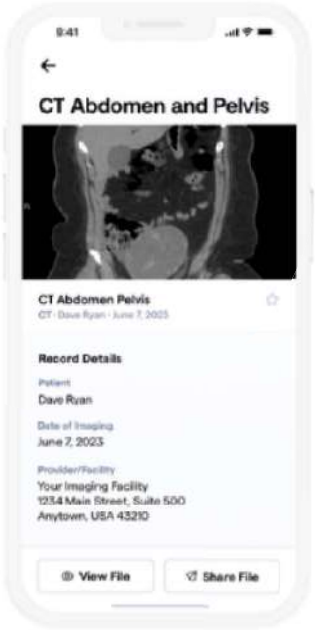
Telluride Medical Center has partnered with Clearpath to enable you to request, receive, store, and share your records and images from your smartphone or computer.

Request records:

SCAN QR CODE

How to request your records:

1. **Scan the QR code above**
   The camera on your smartphone will prompt you to open a link.
2. **Create your Clearpath account**
   You'll receive a temporary password via email, and be prompted to reset it.
3. **Add your ID to verify your identity**
   You'll be asked to add a photo of your driver's license or ID for security purposes.
4. **Click the new request button**
   Select our facility from the Custodian dropdown menu, select which records you'd like, and submit your request.
5. **Receive your records digitally**
   You'll receive an email notification once we've processed your request.



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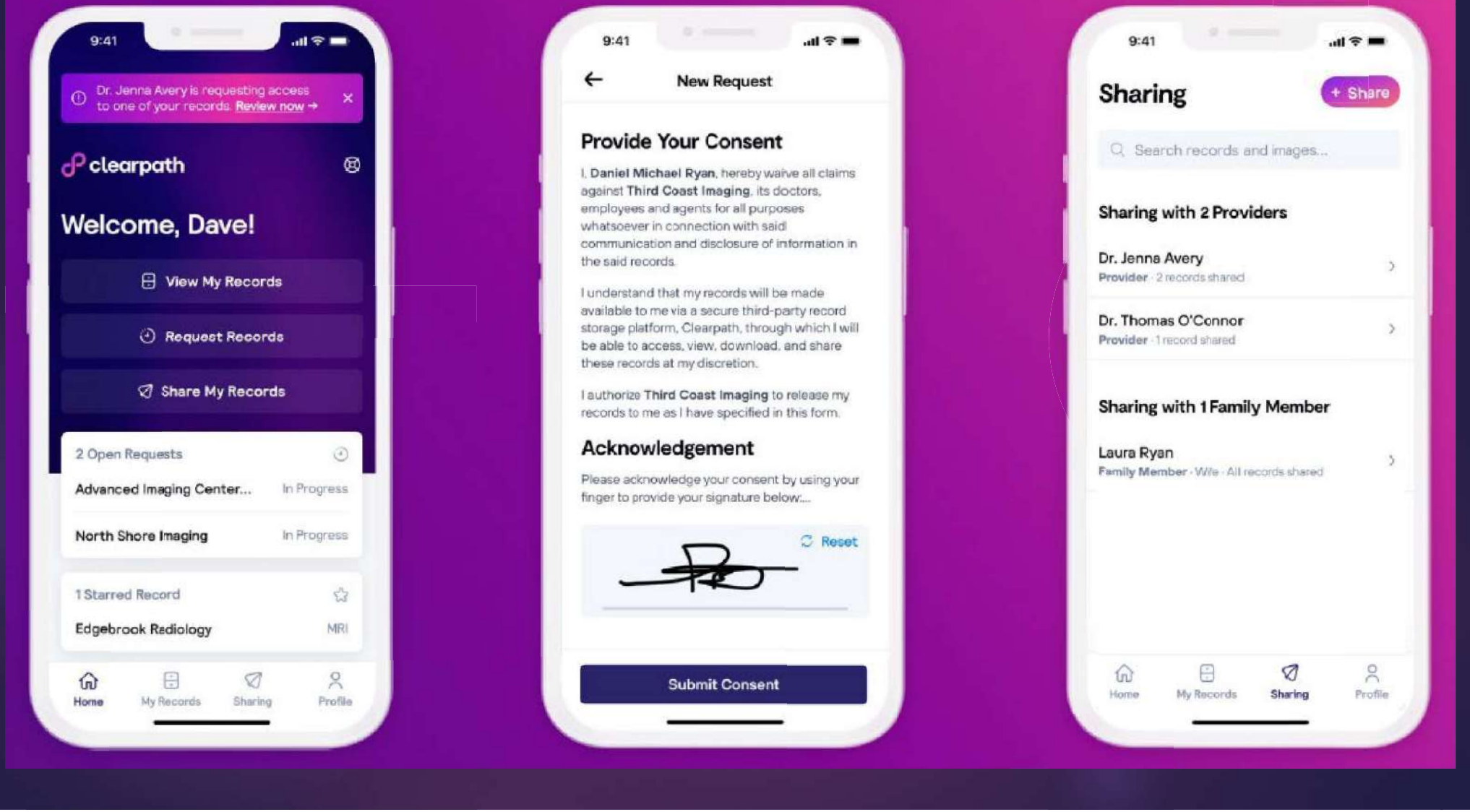
After reviewing your images & report: contact your referring physician with any questions.

Powered by Clearpath


9:41
Dr. Jenna Avery is requesting access to one of your records. Review now →
clearpath
Welcome, Dave!
View My Records
Request Records
Share My Records
2 Open Requests
Advanced Imaging Center...
In Progress
North Shore Imaging
In Progress
1 Starred Record
Edgebrook Radiology
MRI
Home
My Records
Sharing
Profile
9:41
New Request
Provide Your Consent
I, Daniel Michael Ryan, hereby waive all claims against Third Coast Imaging, its doctors, employees and agents for all purposes whatsoever in connection with said communication and disclosure of information in the said records.
I understand that my records will be made available to me via a secure third-party record storage platform, Clearpath, through which I will be able to access, view, download, and share these records at my discretion.
I authorize Third Coast Imaging to release my records to me as I have specified in this form.
Acknowledgement
Please acknowledge your consent by using your finger to provide your signature below:...
Reset
Submit Consent
9:41
Sharing
+ Share
Search records and images...
Sharing with 2 Providers
Dr. Jenna Avery
Provider · 2 records shared
Dr. Thomas O'Connor
Provider · 1 record shared
Sharing with 1 Family Member
Laura Ryan
Family Member · Wife · All records shared
Home
My Records
Sharing
Profile

9:41

MRI Record

Edgebrook Radiology

MRI · Dave Ryan · Aug 28, 2022

Record Details

Patient
Dave Ryan

Date of Imaging
August 28, 2022

Provider/Facility
Edgebrook Radiology
1180 Lake Cook Road, Suite 400
Edgebrook, IL 60945

View File | Share File

9:41

View report

How would you like to view this document?

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9:41

CT Scan Report

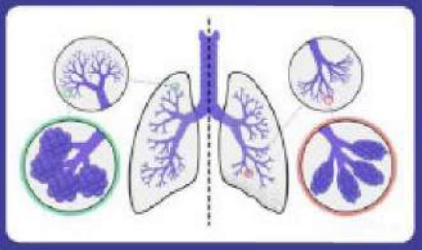
Click on highlighted words to see patient-friendly explanations.

ABDOMEN/PELVIS:

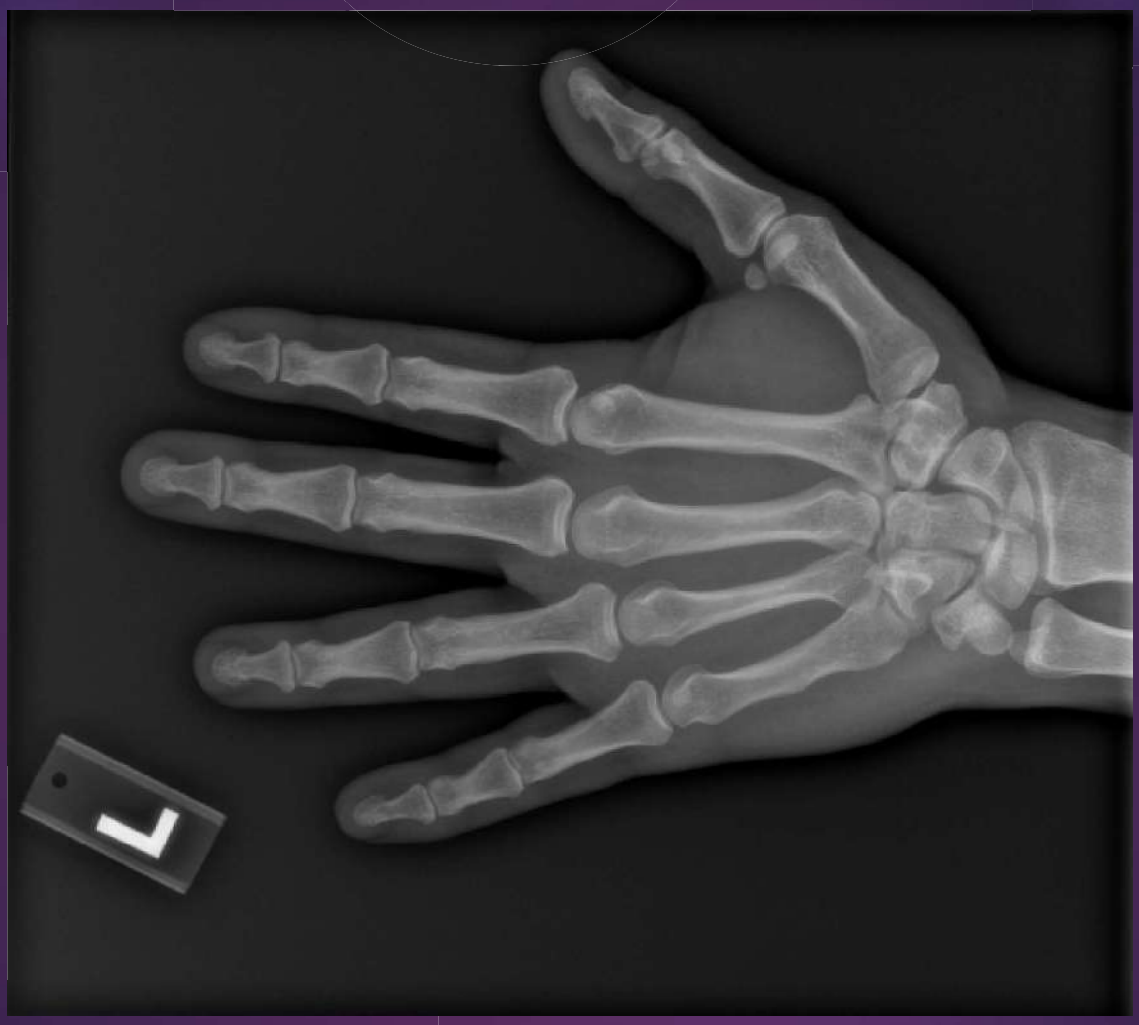
Lower Chest: Heart size is normal. Minimal dependent atelectasis bilaterally at the lung bases. Small hiatal hernia.

dependent atelectasis

Atelectasis is the collapsing or flattening of air spaces in the lungs. The lungs contain small air spaces called alveoli. Usually these spaces are filled with air and expanded. If these spaces collapse down and there is no air in them, Read more...



GI Tract: Small hiatal hernia. The stomach.



HISTORY: Abdominal pain.

COMPARISON: CT abdomen pelvis May 3, 2023

TECHNIQUE: CT examination of the abdomen and pelvis was performed following the administration of intravenous contrast. CT dose lowering techniques were used, to include: automated exposure control, adjustment for patient size, and/or use of iterative reconstruction.

CONTRAST: 150 mL of Omnipaque 350 intravenous contrast was administered.

FINDINGS:

ABDOMEN/PELVIS:

Lower Chest: Heart size is normal. Minimal dependent atelectasis bilaterally at the lung bases. Small hiatal hernia.

Liver: Noncirrhotic liver morphology. There is no focal hepatic lesion. The portal veins and hepatic veins are patent.

Gallbladder and Bile ducts: The gallbladder is unremarkable. No intrahepatic or extrahepatic biliary ductal dilation.

Pancreas: Normal.

Spleen: Normal.

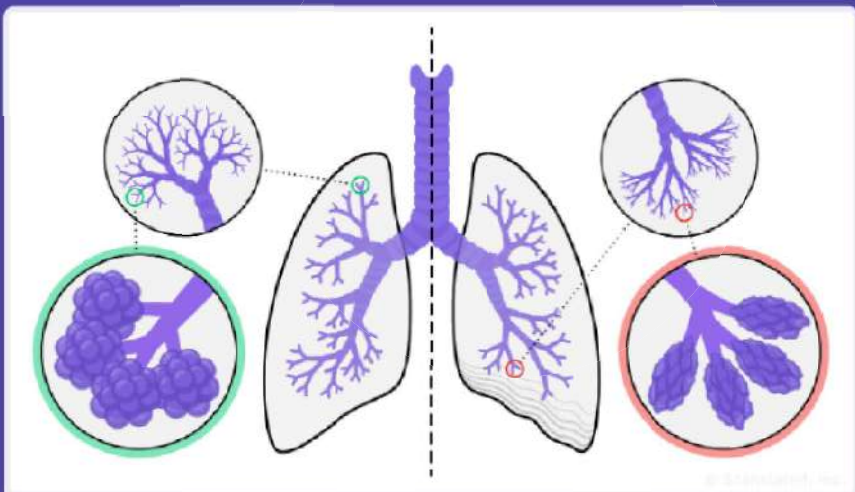
Adrenal Glands: Normal.

Kidneys: Symmetric renal parenchymal enhancement. No focal renal lesions. There is no hydronephrosis.

GI Tract: Small hiatal hernia. The stomach, duodenum and visualized small bowel are nondilated. The appendix is normal. The colon is nondilated. Diverticulosis throughout the sigmoid colon without wall thickening or pericolonic fat stranding.

dependent atelectasis

Atelectasis is the collapsing or flattening of air spaces in the lungs. The lungs contain small air spaces called alveoli. Usually these spaces are filled with air and expanded. If these spaces collapse down and there is no air in them, that part of the lung is said to have atelectasis. It is common to have a little bit of atelectasis near the bottom or base of the lungs due to the effect of gravity. This is called dependent atelectasis.



Atelectasis is when the tiny air sacs (alveoli) in a part of the lung are deflated. The green circle shows normal air sacs that are filled with air. The orange circle shows how the air sacs are deflated in atelectasis.

ESPAÑOL

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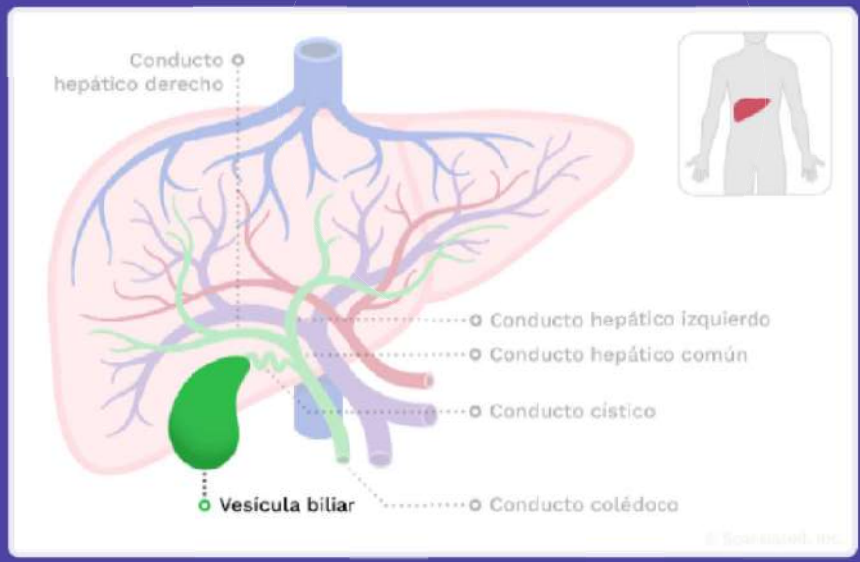
GI Tract: Small hiatal hernia. The stomach, duodenum and visualized small bowel are nondilated. The appendix is normal. The colon is nondilated. Diverticulosis throughout the sigmoid colon without wall thickening or pericolonic fat stranding.

Gallbladder

vesícula biliar

La vesícula biliar es un órgano pequeño en forma de saco que almacena la bilis. La vesícula biliar está situada por debajo del hígado, en la parte superior derecha del abdomen. El hígado produce la bilis, y parte de esa bilis se almacena en la vesícula biliar para ser secretada cuando la persona come. La bilis de la vesícula biliar ayuda a digerir los alimentos grasos y a absorber las grasas importantes de la dieta. Se puede vivir sin la vesícula biliar.



ESPAÑOL

MAYERS MEMORIAL
HEALTHCARE DISTRICT

Hi Amanda ,

Your medical record and images from **Mayers Memorial Hospital District** are now available in your Clearpath account. To view your records, understand reports with visual tutorials, and share your records with healthcare providers and family members, please login to your Clearpath account.

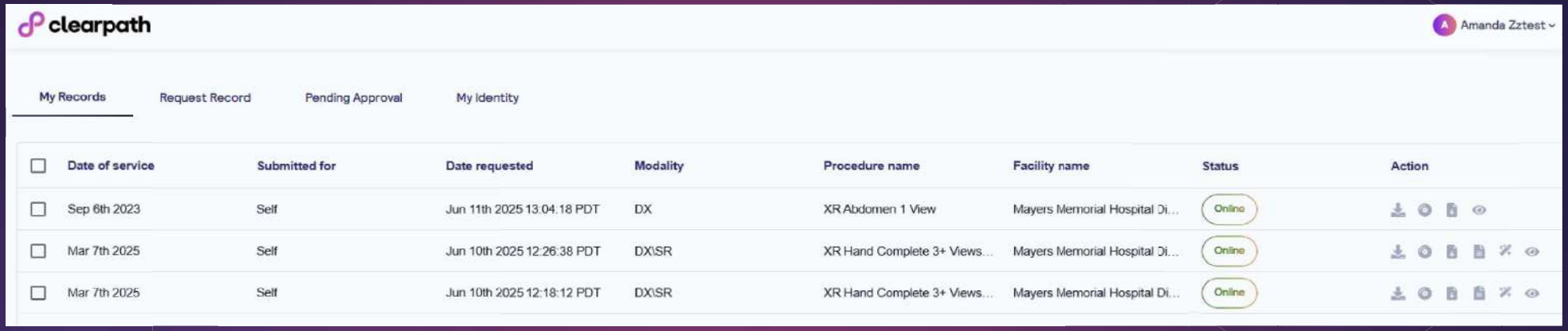
Your login information:

- **Email address:** janedoe@gmail
- **Password:** A temporary password has been sent to you in a separate email (if you are a first time user)

3 ways to login to Clearpath:

- **Patient Portal:** Access the Portal from a web browser
- **iOS App:** Download the Clearpath app for iOS
- **Android App:** Download the Clearpath app for Android

Download on the App Store GET IT ON Google Play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Amanda Zztest
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Request Record
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My Identity
Date of service
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Board Meeting: Service Excellence Initiative Update
June 25, 2025

Service Excellence Leadership Briefing, June 2, 2025 - Larry Chatterton, CLS, led a two-day Service Excellence training for ELTs, Directors, and Managers. Attendance and engagement were strong across the board. Larry emphasized leadership's role in driving change and outlined strategies to position the organization as both a *Provider and Employer of Choice.* He reinforced that through the guidance of Service Care Advisors, supported by the OASIS Team and Leadership Team, we are on a path to becoming a 5-star organization.

- Taking Charge of Change – The Evolving World of Healthcare & the New Transparency
- The Strategy for Becoming an Employer & Provider of Choice
- The Leadership Empowerment Survey and Action Steps
- Enthusiastic, Empowered Frontline Leadership – The SEAs
- The Five Roles of the Service Excellence Advisor
- Implementing Change
- Intentional Leadership Strategies
- Service Huddle
- Leadership Accountability Commitment

Service Excellence Council (SEC) Orientation & Workshop Review, June 2, 2025 - The SEC, appointed by the ELT, gathered to review roles, responsibilities, and expectations for creating a culture of continuous improvement in patient and employee satisfaction. The council reviewed the *Service Excellence Workshop Handbook*—a comprehensive guide that outlines AIDET communication strategies, the importance of non-verbal cues, empowerment concepts (e.g., "we are all housekeepers"), and ways to foster team spirit through gratitude and storytelling. This handbook will be central to the employee training workshops in August and September.

- Review and Update of the Service Excellence Workshop Workbook
- The Service Excellence Council Charter – To implement, monitor, and integrate the Service Excellence Initiative into our culture.
- Service Excellence Council Members Roles & Responsibilities
- SEI Hardwiring Dashboard

- Service Excellence Council Chair/Vice-Chair Role Description, CEO Role Description, Implementation Coordinator Role Description, Survey Super Coach Role Description, DO IT/Service Huddle Champion Role Description, Service Recovery Champion Role Description, Service Excellence Advisor Coach Role Description, OASIS Super Coach Role Description, Provider Super Coach Role Description, Scribe Role Description
- OASIS Team Planner
- OASIS Team & Service Excellence Council Synergy
- Role of the Service Excellence Advisor
- Summit Award Planning Guide

Communication & Accountability Training, June 3, 2025 - Larry also introduced key concepts around communication and accountability, defining accountability as the willingness to be counted—and responsible—for outcomes. Participants broke into small groups to define expectations and share SMART goals. These group discussions resulted in a document titled *"Further Defining Our Expectations,"* aligning goals with our Mission, Vision, Values, Service Standards, the Service Excellence Initiative, and Rounding practices.

- Accountability Defined
- Ensuring Leadership Accountability to Get Results
- Leadership Accountability Commitment
- Further Defining Our Expectations
- Coach People for Accountability
- Meeting Tools - #1 – Synergetic Meetings

OASIS Team Launch, June 3, 2025 - Appointed OASIS management personnel attended the launch session, which outlined each team member's role and responsibilities. The purpose of the Oasis Team is to enhance the culture by implementing a process to improve patient and employee satisfaction. The training included project management tools such as PDSA cycles, clear action items, and resources designed to support the successful rollout of the initiative.

- Roles and Responsibilities
- Monthly Synergy Meeting Agenda
- The OASIS Team Captain Role Description, The Executive Team Liaison Role Description, The OASIS Team Member, Team Members Roles
- Project Planning/ Project Management Tools such as the PDSA Model
- OASIS Team Resources
- The OASIS Team Charter – To enhance the culture by implementing a process/project to improve customer and employee satisfaction.
- Meeting Leadership Tools

- Team Meeting Agenda – Ongoing
- Meeting Action Plan
- Meeting Evaluation Form

Service Excellence Advisor Orientation, June 3, 2025 – Larry Chatterton, CLS, led the SEA Orientation for the team. He explained how exciting it was for everyone to be hand selected because they are viewed as role models, have great communication skills, are action-oriented, and have a desire to learn and teach others. Everyone was attentive and engaged, especially when he asked everyone to stand and share something interesting about themselves. Everyone participated and afterwards Larry let them know, 'Now you just spoke in a public, and you all did great!" The message was received well and engagement heightened. He then reviewed the following materials for the attendees:

- The 5 roles of the Service Excellence Advisor
- Review of the Year 1 Timetable
- The 10 reasons why becoming a SEA is a smart decision
- Signing of SEA Agreement and Training Proprietary Rights Agreement
- Discuss the 3 Cornerstones of Culture Change
- Commit to the next step recommendations to start the SEA journey!

Service Excellence Initiative Launch, **June 12, 2025 -** CEO Ryan Harris and the Leadership Team officially launched the Service Excellence Initiative (SEI) in an all-employee meeting. Tiffani McKain, Director of Service Excellence, provided an overview of the OASIS Teams (Organizationally Advanced Service Improvement System), explaining the team's function in hardwiring best practices and fostering a culture of exceptional service. These cross-departmental teams are focused on three core projects through year-end: *Onboarding*, *Standards/Keywords*, and *Awards & Recognition*. The session emphasized employee engagement, introduced the role of Service Excellence Advisors, and reviewed relevant tools including DO Its. Jack Hathaway, Director of Quality, reviewed patient experience surveys (HCAHPS and others), and the importance of measuring results of patient perception of their care. The response to the meeting was overwhelmingly positive, with staff expressing enthusiasm about the benefits of SEI for patients and the hospital community.

Service Excellence Timeline

Completed Meetings, June 2025:

- Leadership Briefing – June 2, 2025
- SEC Orientation & Workshop Review – June 2, 2025
- Communication & Accountability / OASIS Team Launch – June 3, 2025

- Service Excellence Advisor Orientation – June 3, 2025
- SEI Launch – June 12, 2025

Upcoming Events, June 2025:

- Service Excellence Advisor Train the Trainer Course – June 23–24, 2025
- Service Excellence Graduation – June 24, 2025

Service Excellence Roadmap

START

NEXT TRAINING: 1
- a Process Leadership College

Organization Wide Accountability Dashboard

NEXT TRAINING: 2
- a Leadership Briefing
- b Service Excellence Council Orientation & Workshop Workbook Review
- c Communication Accountability and OASIS Team Launch
- d Service Excellence Advisor Orientation

1 — ENGAGE — 2

Service Huddles (daily)

Board Engagement Briefings

SEA Synergy Meetings with CEO (monthly)

Council Meetings (bi-weekly)

NEXT TRAINING: 3
- a Service Excellence Advisor Course

3

OASIS Team Meetings (monthly)

All Staff SEI Launch

Materials Organization Meeting

OASIS Team Captain Synergy Meetings (monthly)

NEXT TRAINING: 4
- a Service Empowerment Leadership Course
- b Workshop Pilot
- c Winning with Difficult People

SERVICE CENTER: Service Excellence Workshops

4 — EMPOWER

Leadership Empowerment Surveys

NEXT TRAINING: 6
- a Transform Series All Staff Education
- b Progress Check Up

NEXT TRAINING: 5
- a DO IT Facilitator's Course
- b SEA Celebration

OASIS Hardwiring Call

OASIS Report #1

6

5

Year II Transition Support Call

DO IT Support Call

DO IT Implementations

Service Excellence Ambassador Overview

HCSEC HealthCare Service Excellence Conference

OASIS Report #2

NEXT TRAINING: 7
- a Service Summit

7

END OF YEAR 1

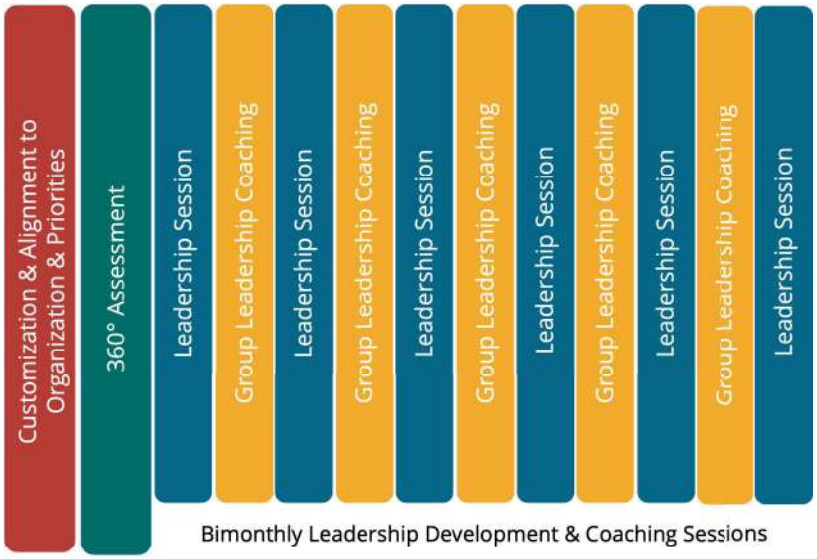
TRANSFORM

- Events/Training
- One-time Event/Task
- Ongoing Meeting

RENEWAL to MAYERS MEMORIAL SALES AGREEMENT

SERVICES PROGRAM FEATURES
VIRTUAL LEADERSHIP ACADEMY 2ND COHORT

The proposed academy includes design and customization of a curriculum with cohort learning, 360° assessment, 6 virtual sessions and group leadership coaching.



Program Features:

1. **Organizational Needs Assessment and Custom Build**

   Based on needs assessment results and organizational priorities, HLI will customize, with Mayers Memorial Healthcare District, content, and experiences to leverage the cohort's strengths and address their development areas. HLI may plan and schedule interviews with key leaders during which HLI will discuss current leadership challenges, the strategic plans of the organization, leadership competency model, and skills and characteristics needed for current and future success.

2. **Curriculum Customized**

   Based on the needs assessment results and organizational priorities, HLI will customize, with Mayers Memorial Healthcare District, content, and experiences to leverage the cohort's strengths and address their development areas.

3. **Self-Assessments (when applicable)**

HLI will use a variety of tools to evaluate individual leadership competencies and behaviors that may include communication styles, transformation and change readiness, emotional intelligence, learning styles, time management, teamwork, performance management, and conflict resolution.

4. **360° Assessment Process**

HLI will coordinate and launch the 360° Assessment process using the HLI competency profile and/or the Emotional Capital Report ECR 360. The 360° Assessment is a tool designed to provide participants with feedback regarding their leadership strengths and areas of opportunity for personal and professional development. A 360° report provides feedback from the perspective of the people around the participant. Upon completion HLI will provide a confidential 360° Assessment Feedback Report to each participant along with an Aggregate Team Report with collective strengths and weaknesses. Leadership coaches will debrief the individual results with each participant.

5. **Development Sessions**

6 Virtual development sessions will be held where local and national faculty will deliver hands-on, engaging sessions. All sessions are designed to be experiential, and simulation based to maximize the learning of the participants. Customized case studies, small group discussion, and role-playing learning methodologies are used for deeper learning and development. Suggested topics are provided on the schedule.

6. **Professional Program Management**

HLI will provide a program manager to lead the design and delivery of the leadership development program including:

- Interviews to determine development needs and building relationship.
- Launching assessments
- Designing the curriculum based on interviews and assessment results.
- Coordinating virtual sessions where faculty will deliver engaging sessions.
- Ensuring that all sessions are designed to be experiential, and simulation based to maximize the learning of the participants.
- Ensuring quality of delivery of the program
- Coordinating progress of the overall development program

7. **Group Leadership Coaching**

Participants will be organized in learning communities (6-8 per group) to share best practices, solve challenges together and support each other. Each learning community will be assigned an HLI coach. Group coaching involves calls during which the coach assists the participants in identifying priority areas, facilitating the group discussions, deepening the learning from the sessions, and providing ongoing guidance and support.

Investment

1	Design and Development	INCLUDED
2	Nomination & Selection Process	INCLUDED
3	360° Assessment with 1:1 Debrief Call	INCLUDED
4	Program Management	INCLUDED
5	6 Online sessions (customization, speakers, delivery)	INCLUDED
6	Learning Materials	INCLUDED
7	Group Coaching (2 groups)	INCLUDED
	Mayers Memorial Virtual Leadership Academy Investment	**$3,750/per participant**

Notes:

- Minimum of 15 participants

Optional Selections

Additional Block of Coaching 20 credits	$10,000

A block of coaching credits can be used as needed for support during the duration of the engagement. These hours can be used for on-demand coaching, one-on-one coaching, dyad coaching, executive coaching, small group coaching and/or clinical unit or team coaching.

Coaching Credit Rates

The following credit rates apply to planning, follow up and actual coaching calls as follow:

1. One Hour of Leadership One-on-One Coaching is equivalent to 1 Credit
2. One hour of Dyad Coaching is equivalent to 1.5 Credits
3. One hour of Team/Group Coaching is equivalent to 2 Credits
4. One hour of Executive Coaching is equivalent to 2 Credits
5. Planning time and follow up are equivalent to 1 Credit
6. Missed or cancelled calls are charged at .5 credit

Optional Selections

☐ Optional Block of Coaching 20 credits

Payment Terms:

Payment schedule

- First payment of 50% due at the signing of the agreement
- Second payment 50% due after session two

Mayers Memorial Healthcare District Responsibilities

Mayers Memorial would provide an Engagement Liaison (EL) who will act as the liaison between HLI and the participants to ensure the successful implementation of the program. Specific responsibilities are defined in future communication.

Mayers Memorial Healthcare District Leadership Academy Samples Schedule and Curriculum				
Day	**Date**	**Time**	**Session Topic**	**Location**
NA	JUL 2025	NA	Needs assessment (online survey & phone conversations)	NA
TBD	AUG 2025	8 AM -12 PM	Leading Across Differences in Work Style and Leading Effective Meetings	Online
NA	SEPT 2025	1 Hr TBD	Group Leadership Coaching	Online
TBD	OCT 2025	8 – 10 AM	Enhancing Personal Productivity	Online
NA	NOV 2025	1 Hr TBD	Group Leadership Coaching	Online
TBD	DEC 2026	8 – 10 AM	Effective Delegation and Gentle Accountability	Online
TBD	JAN 2026	1 Hr TBD	Group Leadership Coaching	Online
TBD	FEB 2026	8 – 10 AM	Giving & Receiving Feedback: Facilitating Growth, Improvement and Behavior Change	Online
TBD	MAR 2026	1 Hr TBD	Group Leadership Coaching	Online
TBD	APR 2026	8 – 10 AM	Having the Tough Conversations and Leading Through Conflict	Online
TBD	MAY 2026	1 Hr TBD	Group Leadership Coaching	Online
TBD	JUN 2026	8 – 10 AM	Enhancing Resilience & Well Being/Preventing Burnout Program Graduation	Online

IN WITNESS WHEREOF, HLI and the Client have caused this Renewal to be executed as of the Effective Date.

CLIENT

Mayers Memorial Hospital

By:_____
Name:_____
Title:_____
Date: _____

HLI

Center for Transformation and Innovation, LLC d/b/a The Healthcare Leadership Institute™

By: _____
Mohamad Kasti, CEO

Date: _____

MOBILE MRI PURCHASE AND OPERATION AGREEMENT

This Mobile MRI Purchase and Operation Agreement (this "**Agreement**") is made and entered into by and among Eastern Plumas Healthcare District, a California health care district with its principal place of business at 500 1st Ave., Portola, CA 96122 ("**Eastern Plumas**"); Mayers Memorial Healthcare District, a California health care district with its principal place of business at 43563 Highway 299 East, Fall River Mills, CA 96028 ("**Mayers**"); Last Frontier Healthcare District d.b.a. Modoc Medical Center, a California health care district with its principal place of business at 1111 N. Nagle Street, Alturas, CA 96101 ("**Modoc**"); Plumas Healthcare District d.b.a. Plumas District Hospital, a California health care district with its principal place of business at 1065 Bucks Lake Rd., Quincy, CA 95971 ("**Plumas**"); and Seneca Healthcare District, a California health care district with its principal place of business at 130 Brentwood Dr., Chester, CA 96020 ("**Seneca**"). Eastern Plumas, Mayers, Modoc, Plumas, and Seneca are sometimes referred to in this Agreement individually as a "**Party**" and collectively as the "**Parties**."

RECITALS

A. The Parties are healthcare providers providing medical services in the northeast region of California and are in need of a magnetic resonance imaging ("**MRI**") system to provide services to their patients.

B. The Parties are engaged in a collaborative partnership to jointly purchase and operate a mobile MRI system that can be moved among the Parties' facilities via a trailer ("**Mobile MRI Unit**").

C. The Parties will jointly own and operate the Mobile MRI Unit pursuant to the terms and conditions set forth in this Agreement.

NOW THEREFORE, in consideration of the above Recitals and of the mutual promises and agreements contained herein, the Parties agree as follows:

ARTICLE 1
MOBILE MRI UNIT PURCHASE, OWNERSHIP, OPERATION

1.1 **Purchase and Delivery of Mobile MRI Unit**. Each Party will deposit its proportionate share of the cost to purchase the Mobile MRI Unit to the Management Agency (as defined in Section 2.1 below) within 30 days' notice from the Management Agency. The number of payments to the Management Agency shall be based on compliance with the commercial seller's order and payment terms for the Mobile MRI Unit. For example, if the commercial seller requires a deposit to be paid, the Management Agency will invoice the Parties for their proportionate share of the deposits, and shall further invoice the Parties for their proportionate share of the remaining amount(s) at or around the time payments are due to the commercial seller. The purchase price of the Mobile MRI Unit shall not exceed $2 million, unless otherwise approved by the Parties as an amendment to this Agreement. Each Party's proportionate share of the purchase price shall be based on the proportion of scheduled days that each Party is scheduled to use the Mobile MRI Unit upon delivery and operation, as set forth in Exhibit A, attached hereto and incorporated herein. Retroactive adjustments to the Parties' share of the purchase price, if any, will be addressed pursuant to Section 1.3.2.

1.2 **Ownership**. The Parties shall jointly own and share legal title to the Mobile MRI Unit. In the event the commercial seller of the Mobile MRI Unit will not agree to the sale with joint

ownership and legal title, the Parties' may agree in writing to designate one Party to serve as the owner or holder of legal title, while the other Parties shall have binding contractual rights to use of the Mobile MRI Unit pursuant to this Agreement (or agree to transfer ownership and legal title jointly to all of the Parties at a later date). An agreement to designate one Party to serve as the owner or holder of legal title, or to transfer ownership and legal title jointly to all of the Parties at a later date, may be approved pursuant to the Administrative Approval Process described in Section 8.1.

1.3 Operation.

1.3.1 Operation Generally. The Parties shall use the Mobile MRI Unit pursuant to the terms and conditions of this Agreement, and shall comply with all applicable laws, rules and regulations in the use and operation of the Mobile MRI Unit.

(a) *Privacy Compliance.* Without limiting the generality of the foregoing, each Party shall comply with any applicable health and consumer information privacy laws, including without limitation the Health Insurance Portability and Accountability Act of 1996, the Confidentiality of Medical Information Act, and the California Consumer Privacy Act, as each may be amended from time to time. If deemed appropriate in the reasonable discretion of the Management Agency, the Parties agree to execute one or more business associate agreements or similar agreements to provide further assurances for legal compliance in relation to the use and operation of the Mobile MRI Unit and nondisclosure of protected health information or similar data.

(b) *Required Licenses or Permits for Individual Parties.* Notwithstanding Section 2.1.1, if a Party or its employees or agents is required by applicable laws, rules or regulations to obtain individual licenses or permits for use or operation of the Mobile MRI Unit, each Party shall be responsible for obtaining such licenses or permits; a Party's failure or delay in obtaining such licenses or permits shall not affect its obligations under this Agreement, including without limitation any financial obligations.

(c) *Medical Malpractice Liability*. Except to the extent covered by medical malpractice liability or other professional liability insurance of the Operator, each Party shall be responsible for medical malpractice liability arising from such Party's use or operation of the Mobile MRI Unit and agrees to defend, indemnify, and hold harmless the other Parties therefor pursuant to the provisions of Section 5.2.

(d) *Billing.* Each Party is responsible for billing its own patients relating to the Party's use and operation of the Mobile MRI Unit.

1.3.2 Operating Schedule. The Parties hereby agree that the Mobile MRI Unit will rotate for use by each of the Parties in accordance with the schedule set forth in Exhibit A. Exhibit A may be amended or replaced pursuant to the Administrative Approval Process described in Section 8.1.

(a) *Updates to Purchase Price Responsibility.* If, during the initial term of this Agreement, the Parties amend the operating rotation in Exhibit A, the amendment will state whether, and to what extent, the Parties will make payments or receive credits due to retroactively updating the Parties' proportionate shares of the purchase price based on the updated schedule. Such amendment may generally be approved pursuant to the Administrative Approval Process described in Section 8.1 (provided that a Party whose share of the purchase price will increase as a result of the amendment may be required to submit such amendment to its governing body for approval because the additional amount exceeds the delegated authority of its chief executive officer or general manager).

(b) *Updates to O&M Expenses.* If, at any time during the term of this Agreement, the Parties amend the operating rotation in Exhibit A, the Parties' responsibilities for O&M Expenses (as defined below) will be updated on a going-forward basis as of the effective date of such amendment. In addition, the amendment will state whether, and to what extent, the Parties will make payments or receive credits due to retroactively updating the Parties' proportionate shares of the O&M Expenses for the current Fiscal Year (as defined below) in which the amendment took effect. Such amendment may generally be approved pursuant to the Administrative Approval Process described in Section 8.1 (provided that a Party whose share of the O&M Expenses will increase as a result of the amendment may be required to submit such amendment to its governing body for approval because the additional amount exceeds the delegated authority of its chief executive officer or general manager).

1.4 **Damage by Party or Its Agents.** Each Party agrees to exercise reasonable care in the use of the Mobile MRI Unit. In the event a Party or its officials, officers, employees, contractors, consultants, or agents negligently, recklessly, or willfully causes loss or damage to the Mobile MRI Unit or causes a penalty or enforcement action by a court, regulatory agency, or other governmental body, such Party shall pay the reasonable and necessary costs, including the costs of defense, incurred by the Management Agency or other Parties as a result of the damage, penalty, or enforcement action, which may include but not be limited to costs of repairs or replacement. Costs allocated to a specific Party under this section shall be included in a quarterly bill issued by the Management Agency following consultation with representatives of all of the Parties. In the event that the Management Agency cannot or does not make an allocation to one or more specific Parties pursuant to this section, such costs shall be shared by the Parties as part of O&M Expenses, or one or more of the Parties may invoke the dispute resolution provisions of this Agreement prior to pursuing legal action to enforce this section.

1.5 **Cooperation and Coordination**. The Parties recognize the necessity and hereby agree to cooperate with each other in carrying out the purposes of this Agreement. Designated representatives of each of the Parties will meet from time to time to discuss matters related to the Mobile MRI Unit, including existing or anticipated issues related to operation and maintenance and the schedule provided under Exhibit A.

ARTICLE 2
MANAGEMENT AGENCY; O&M EXPENSES

2.1 **Management Agency**. One Party will be designated in Exhibit A as the management agency ("**Management Agency**") responsible for:

2.1.1 Permits and Licensing. Obtaining and maintaining, or causing applicable contractors or agents to obtain and maintain, any and all permits, licenses, or other legal entitlements which are required to be obtained or maintained with respect to ownership, operation, and maintenance of the Mobile MRI Unit; and

2.1.2 Services Necessary for Operation & Maintenance. Operating and maintaining the Mobile MRI Unit in good repair and working order and providing the services envisioned under this Agreement, including contracting for all services reasonably necessary to operate and maintain the Mobile MRI unit, which may include but not be limited to: (1) a mobile operator ("**Operator**") to move and operate the Mobile MRI Unit among the Parties' designated facilities based on the schedule in Exhibit A; (2) leasing or otherwise contracting for a tractor/semi-truck to move the Mobile MRI Unit (to the extent not provided by the Operator); (3) obtaining and maintaining insurance coverage as described herein; (4) performing or causing performance of maintenance and repairs; and (5) licensing compliance. For the clarity of the Parties, the Management Agency may contract for a contractor to be responsible for some or all of these services, but shall generally be responsible for ensuring they are provided under this Agreement.

2.2 **Contracting Procedures**. The Management Agency shall comply with applicable laws, rules and regulations when contracting for services for the operation and maintenance of the Mobile MRI Unit. Prior to any O&M Expense contract or expenditure that will exceed $50,000 in any Fiscal Year (defined below), the Management Agency will provide prior written notice to the designated representatives of the other Parties and provide at least 15 business days' opportunity for comments and questions on the proposed contract or expenditure. The notice must include the proposed scope of services and anticipate annual cost during the term of the Agreement. Notwithstanding the above, if the O&M Expense contract or expenditure arises from an Emergency (as defined below), the Management Agency may proceed with the contract or expenditure, provided that it must provide written notice to the other Parties as soon as practicable, but in no case more than five (5) calendar days after execution of the contract or incurring the expense. For purposes of this Agreement, "**Fiscal Year**" shall mean the one-year period commencing on the first day of July each year and ending on the last day of June of the following year.

2.3 **Insurance**. The Management Agency will procure and maintain and/or cause the Operator to procure and maintain, all insurance reasonably necessary related to the operation, maintenance, and protection of the Mobile MRI Unit, which may include, but not be limited to: (1) commercial general liability insurance; (2) property insurance sufficient to cover the replacement value of the Mobile MRI Unit; (3) automobile liability insurance; (4) workers' compensation coverage; and (5) applicable professional liability insurance.

2.4 **O&M Expenses**. Costs for all expenses incurred by the Management Agency pursuant to Section 2.1 shall be referred to as "**O&M Expenses**."

2.4.1 Administrative Costs. The Management Agency may include its administrative costs in the O&M Expenses. Such administrative costs will be determined by tracking the Management Agency's actual costs at the fully burdened rate for its employees. The administrative costs shall not exceed 5% of the cost of other O&M Expenses during a Fiscal Year, except as otherwise approved pursuant to the Administrative Approval Process described in Section 8.1 for such Fiscal Year.

2.4.2 Billing for O&M Expenses. On a quarterly basis, the Management Agency will bill the other Parties in advance of the beginning of each quarter for their proportionate share of O&M Expenses for the upcoming quarter, which will be divided among the Parties based on the proportion of scheduled days that each Party will use the Mobile MRI Unit as set forth in Exhibit A (except as otherwise provided in Section 1.4 of this Agreement). Retroactive adjustments to the Parties' share of the O&M Expenses for a Fiscal Year, if any, will be addressed pursuant to Section 1.3.2. Payments to the Management Agency must be made within 60 days of receipt of the quarterly invoice from the Management Agency. In addition to the amount due for the upcoming quarter, the invoice will include O&M Expenses incurred in the previous quarter. If a Party disputes any charges included on the invoice, the disputing Party must provide written notice of the amount and basis for dispute within the 60-day period. Upon receipt of such notice, Management Agency shall schedule a meeting within thirty (30) days, or such other period of time agreed upon by the Parties, with the Parties' representatives to discuss the disputed amount(s) prior to resorting to the dispute resolution provisions of this Agreement. The Management Agency may charge interest for any amounts not paid within the 60-day period at a rate of 10% per annum or the maximum legal rate, whichever is less.

2.4.3 Cash Flow. Any net surplus or deficit of cash used by Management Agency arising from advance quarterly payments will be added or deducted from future quarterly payments. A reconciliation of the net surplus or deficit of actual funds used by Management Agency will be calculated and/or reconciled by Management Agency each Fiscal Year and reflected in the quarterly payments for the upcoming Fiscal Year. In addition to advance quarterly payments, if Management Agency determines the advance quarterly payments will be insufficient due to anticipated operations or unanticipated expenses, Management Agency may issue a supplemental invoice upon approval pursuant to the Administrative Approval Process described in Section 8.1, which approval shall not be unreasonably conditioned, withheld, or delayed.

2.4.4 Unexpected Expenditures. Management Agency may utilize the advance quarterly payments to pay for unexpected costs and expenses required: (1) in the event of an emergency or sudden unexpected occurrence requiring immediate action to prevent or mitigate loss or damage to the Mobile MRI Unit ("**Emergency**"); and/or (2) in the event of new or expanded federal, state, and local laws, rules and regulations applicable to the operation of the Mobile MRI Unit. Following any event or occurrence under this section, Management Agency shall promptly provide to representatives of the other Parties a summary of the emergency circumstance, actions taken, and estimated costs thereof. Management Agency shall replenish the advance quarterly payment fund for any unexpected expenditures resulting from loss or damage caused by Management Agency pursuant to Section 1.4.

2.4.5 Annual Estimates for O&M Expenses. The Management Agency will prepare a non-binding estimate of O&M Expenses and quarterly payments by April 1 of each year in order to assist the other Parties with budgeting for anticipated O&M Expenses for the upcoming Fiscal Year.

2.4.6 Year-End Adjustment**.** At the end of each Fiscal Year, the Management Agency shall reconcile the O&M Expenses and quarterly payments by the Parties. If one or more of the Parties overpaid, the Management Agency shall credit any future charges; if one or more of the Parties underpaid, the Management Agency shall bill for any additional amounts due in the quarter after the prior year costs have been reconciled.

ARTICLE 3
RECORDS AND AUDITS

3.1 **Keeping and Maintenance of Records**. The Management Agency shall keep appropriate records and accounts of all costs and expenses related to the acquisition of the Mobile MRI Unit and the O&M Expenses. The Management Agency shall keep such records and accounts related to acquisition for at least ten (10) years and O&M Expenses for at least four (4) years, or for any longer periods required by law or other obligation. All Parties shall keep appropriate records and accounts related to the use of the Mobile MRI Unit for at least four (4) years or for any longer periods required by law or other obligations. Notwithstanding the disposition of any records or accounts as authorized above, the Management Agency shall maintain basic records and/or accounts showing the Parties' total contributions toward the purchase of the Mobile MRI Unit and O&M Expenses throughout the term of the Agreement.

3.2 **Inspection and Annual Audits**. Said records and accounts shall be subject to reasonable inspection by any authorized representative of any Party. Further, Management Agency's accounts and records shall be audited annually by an independent certified public accounting firm appointed by Management Agency pursuant to generally accepted accounting principles. A copy of said report shall be available to any Party. As part of said audit, the actual amount of acquisition costs (in the applicable Fiscal Year(s), O&M Expenses, and payments from each Party shall be determined and audited by the Management Agency's external auditors, and a summary of such amounts shall be included as a footnote or attachment to the annual audit. Incremental additional audit costs for Management Agency to comply with this section, if any, may be included as O&M Expenses in the Fiscal Year in which the audit is performed.

ARTICLE 4
TERM; WITHDRAWAL; TERMINATION; SALE OR DISPOSAL OF MOBILE MRI UNIT

4.1 **Initial Term; Renewal Terms**. This Agreement shall be effective upon execution by all of the Parties, and shall be dated as of the signature date of the last executing Party ("**Effective Date**"). The initial term of this Agreement shall be five (5) years, commencing upon delivery of the Mobile MRI Unit by the commercial seller to the Parties ("**Commencement Date**"). This Agreement shall automatically renew for up to three (3) additional renewal terms of five (5) years (for a potential total term of 20 years), unless a Party provides prior written notice to all other Parties at least 180 days before the end of the initial term or a renewal term of its intent not to renew its participation in this Agreement. Upon the start of the new renewal term, the non-renewing Party shall no longer be considered a Party to this Agreement.

4.2 **Further Extension**. This Agreement is subject to extension beyond the initial term and three (3) renewal terms by agreement of the then-existing Parties.

4.3 **Termination.** The Parties may mutually terminate this Agreement by a written instrument signed by all Parties.

4.4 **Withdrawal During Renewal Term.** Notwithstanding the provisions of Section 3.1, a Party may withdraw during a renewal term (but not during the initial term) by providing prior written notice to all of the other Parties under the following circumstances: (1) the Party declares bankruptcy or insolvency under any applicable federal or state standard, has filed for protection or relief under any applicable bankruptcy or creditor protection statute, or has been formally threatened by creditors with an involuntary application of any applicable bankruptcy or creditor protection statute, in which case the Party's withdrawal may be effective within 60 days; or (2) at least 180 days before the start of a Fiscal Year, the Party provides notice to the other Parties of its intent to withdraw. The other Parties may agree to an earlier withdrawal date pursuant to the Administrative Approval Process described in Section 8.1. Upon the effective date of withdrawal, the withdrawing Party shall no longer be considered a Party to this Agreement.

4.5 **Sale or Disposal of Mobile MRI Unit**. The Mobile MRI Unit will not be sold, otherwise disposed of, or subcontracted without the prior written approval of all the then-existing Parties to the Agreement pursuant to the Administrative Approval Process described in Section 8.1. Proceeds from the sale, disposition, or subcontracting of the Mobile MRI Unit shall be divided among the then-existing Parties based on their total contributions toward the purchase of the Mobile MRI Unit and O&M Expenses during the term of the Agreement. Notwithstanding any other provisions of this Agreement, the provisions of this Section 4.5 shall survive the expiration or mutual termination of this Agreement.

ARTICLE 5
INSURANCE AND INDEMNIFICATION

5.1 **Insurance**. During the Term of this Agreement, the Parties shall maintain in full force and effect insurance policies and/or equivalent risk management coverage in the manner and to the extent that each Party insures and/or self-insures itself for similar risks with respect to such Party's operations, equipment, and property. The manner in which such insurance and/or self-insurance is provided and the extent of such insurance and/or self-insurance shall be set forth in a Certificate of Insurance and/or Certificate of Self-Insurance, delivered to the other Parties and signed by an authorized representative of the applicable Party, which fully describes the insurance and/or self-insurance program and how the insurance/program covers the risks set forth in this section. Minimum policy limits maintained by any Party shall in no way limit the Party's indemnification obligations under this Agreement. Insurance provided by a joint powers agency insurance pool shall be considered self-insurance for the purposes of this section. Coverage under such insurance and/or self-insurance shall provide coverage for the following:

5.1.1 Commercial General Liability. Commercial general liability insurance or equivalent risk management coverage covering bodily injury, property damage, personal/advertising injury, premises/operations liability, products/completed operations liability, and contractual liability, in an amount no less than $2,000,000 per occurrence / $4,000,000

aggregate. The policy shall give the other Parties, their officials, officers, employees, agents and designated volunteers additional insured status, or endorsements providing the same coverage. Any Party may request a mutual increase in the dollar amount of insurance required under this Section every five (5) years; the new amount shall be based on prevailing insurance standards in the healthcare industry applicable at the time.

5.1.2 Automobile Liability. Automobile liability insurance or equivalent risk management coverage in an amount no less than $1,000,000 per occurrence for bodily injury and property damage. Coverage shall include owned, non-owned and hired vehicles. The policy shall give the other Parties, their officials, officers, employees, agents and designated volunteers additional insured status, or endorsements providing the same coverage. Any Party may request a mutual increase in the dollar amount of insurance required under this Section every five (5) years; the new amount shall be based on prevailing insurance standards in the healthcare industry applicable at the time.

5.1.3 Workers' Compensation. Workers' compensation insurance or equivalent risk management coverage as required by law. Each Party certifies that it is aware of the provisions of Section 3700 of the California Labor Code which requires every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and each Party will comply with such provisions before commencing work under this Agreement.

In addition, the Parties shall ensure that all contractors and subcontractors performing work in or around the Mobile MRI Unit maintain in full force and effect insurance policies consistent with the types and amounts of insurance required above. To the maximum extent practicable, each Party shall ensure that its contractors' and subcontractors' Commercial General Liability and Automobile Liability policies give the other Parties and their officials, officers, employees, agents, and designated volunteers additional insured status, or endorsements providing the same coverage.

5.2 Indemnification.

5.2.1 Each Party (the "Indemnifying Party") shall indemnify, defend and hold harmless the other Parties and their officials, officers, employees and agents (the "Indemnified Parties") from and against any and all liability, loss, damages, expenses, costs (including, without limitation, costs and fees of litigation or arbitration) of every nature, arising out of any act or omission of the Indemnifying Party related to this Agreement, provided, however, that the foregoing obligations shall not apply to the proportionate extent such claims or damages are caused by the negligence, recklessness, or willful misconduct of the Indemnified Parties.

5.2.2 Notwithstanding any other provision of this Agreement, this Section 5.2 and any obligations arising from this section shall survive any expiration of, termination of, nonrenewal of, or withdrawal from, this Agreement.

ARTICLE 6
FORCE MAJEURE

6.1 **Force Majeure Event.** A "**Force Majeure Event**" means an act, event, or condition described below that materially and adversely affects the ability of a Party to perform any obligation under this Agreement as long as such act, event or condition is beyond the reasonable control of such Party and is not a result of a negligent, reckless, or willful act or omission of or breach of this Agreement by such Party. Such acts, events, or conditions are: (a) an act of God, including an earthquake, wildfire, or other natural disaster or phenomenon, the effects of which could not be prevented or avoided by the exercise of due care or foresight; (b) terrorism, acts of a public enemy, war, blockage, or insurrection, riot, or civil disturbance; (c) an epidemic or pandemic affecting the area, a government ordered work stoppage in response to a declared public health crisis in the state or local area, or an epidemic, pandemic, or government ordered work stoppage in response to a declared public health crisis inside or outside the local area, if it impacts the supply chain for necessary equipment, materials, or labor; or (d) strikes, lockouts, work stoppages or labor disputes. Upon the occurrence of a Force Majeure Event, a Party shall be excused from its obligations under this Agreement (except payment obligations) for the period during which it is unable to comply with such obligations as a result of the Force Majeure Event. Any excuse of obligations of such pursuant to this section is subject to the proviso that, upon obtaining knowledge of a Force Majeure Event, such Party: (a) promptly notifies the other Parties of the Force Majeure Event; (b) provides reasonable details and updates relating to such Force Majeure Event and mitigation measures; and (c) implements mitigation measures to the extent commercially reasonable.

ARTICLE 7
DISPUTE RESOLUTION; ENFORCEMENT; EVENTS OF DEFAULT

7.1 **Dispute Resolution**.

7.1.1 Non-Binding Mediation. If a dispute arises among the Parties relating to or arising from a Party's obligations under this Agreement, the Parties involved in the dispute shall first endeavor to resolve the matter through informal discussions and meetings among senior management of the Parties. If the matter remains unresolved, the Parties involved in the dispute shall next endeavor to settle the dispute in an amicable manner, using mandatory non-binding mediation under the rules of JAMS, AAA, or any other neutral organization agreed upon by the Parties before having recourse in a court of law. Mediation shall be commenced by sending a notice of demand for mediation to the other Party or Parties to the dispute. A copy of the notice shall be sent to all of the Parties.

7.1.2 Selection of Mediator. A single mediator that is acceptable to the Parties involved in the dispute shall be used to mediate the dispute. The mediator will be knowledgeable in the subject matter of this Agreement, if possible, and chosen from lists furnished by JAMS, AAA, or any other agreed upon mediator.

7.1.3 Mediation Expenses. The expenses of witnesses for either side shall be paid by the Party producing such witnesses. All mediation costs, including required traveling and other

expenses of the mediator, and the cost of any proofs or expert advice produced at the direct request of the mediator, shall be equally shared by the Parties to the dispute.

7.1.4 Conduct of Mediation. Mediation will be conducted in an informal manner. Discovery shall not be allowed. The discussions, statements, writings and admissions and any offers to compromise during the proceedings will be confidential to the proceedings (Evidence Code §§ 1115 – 1128; 1152) and will not be used for any other purpose unless otherwise agreed by the Parties in writing. The Parties may agree to exchange any information they deem necessary. The Parties involved in the dispute shall have representatives attend the mediation who are authorized to settle the dispute, though a recommendation of settlement may be subject to the approval of each agency's boards or legislative bodies. Either Party may have attorneys, witnesses, or experts present.

7.1.5 Mediation Results. Any resultant agreements from mediation shall be documented in writing. The results of the mediation shall not be final or binding unless otherwise agreed to in writing by the Parties. Mediators shall not be subject to any subpoena or liability and their actions shall not be subject to discovery.

7.1.6 Performance Required During Dispute. Nothing in this Section 7.1 shall relieve the Parties from performing their obligations under this Agreement. The Parties shall be required to comply with this Agreement, including the performance of all disputed activity and disputed payments, pending the resolution of any dispute under this Agreement.

7.1.7 Offers to Compromise. Any offers to compromise before or after mediation proceedings will not be used to prove a Party's liability for loss or damage unless otherwise agreed by the Parties in writing (pursuant to Evidence Code Section 1152).

7.2 **Enforcement**. The Parties are hereby authorized to take any and all legal or equitable actions, including but not limited to an injunction and specific performance, necessary or permitted by law to enforce this Agreement.

7.3 **Additional Remedies.** In the event that a Party has violated any material obligation in this Agreement, one or more of the other Parties may provide the violating Party with notice and written description of such violation. In the event that the violating Party is unwilling or unable to cure such breach within 60 days (or commence to cure such breach, if not reasonably curable within such period), the violating Party shall be deemed to have defaulted under this Agreement, and the other Parties may, by unanimous agreement among the other Parties: (1) immediately or on a specified date terminate the defaulting Party as a Party to this Agreement; (2) order that the defaulting Party shall not continue as a Party to this Agreement upon the start of a renewal term; (3) if the defaulting Party's violations relate to nonpayment of obligations under this Agreement, require the defaulting Party to make an additional advanced deposit of funds; or (4) provide a written warning to the defaulting Party that further violations of this Agreement may result in termination, nonrenewal, or payment of an additional advanced deposit.

ARTICLE 8
MISCELLANEOUS PROVISIONS

8.1 **Administrative Approval Process.** The "Administrative Approval Process" is a formal binding process by which aspects of this Agreement may be amended or supplemented and relates to technical, administrative, operational, and/or procedural details of this Agreement. Matters subject to the Administrative Approval Process, as expressly identified in this Agreement, may be approved by a writing signed by the chief executive officer or general manager of each of the Parties, without requiring approval by the Parties' governing bodies. Upon approval of an amendment or supplement to this Agreement approved by the Administrative Approval Process, the Management Agency shall provide copies of the executed amendment or supplement to all of the Parties.

8.2 **Amendment.** Except as otherwise provided in this Agreement, neither this Agreement nor any provision hereof may be modified or amended except by a written instrument signed by the Parties.

8.3 **Severability**. If any section, clause or phrase of this Agreement or the application thereof to any Party or any other person or circumstance is for any reason held to be invalid by a court of competent jurisdiction, it shall be deemed severable, and the remainder of the Agreement or the application of such provisions to any other Party or to other persons or circumstances shall not be affected thereby. Each Party hereby declares that it would have entered into this Agreement, and each subsection, sentence, clause and phrase thereof, irrespective that one or more sections, subsections sentences, clauses or phrases or the application thereof might be held invalid.

8.4 **Notices**. Notices required or permitted hereunder shall be sufficiently given if made in writing and delivered either personally or by registered or certified mail, postage prepaid to the respective Parties, as follows:

EASTERN PLUMAS:

Eastern Plumas Healthcare District
500 1st Avenue
Portola, CA 96122
Attn: Chief Executive Officer

MAYERS:

Mayers Memorial Healthcare District
P.O. Box 459
Fall River Mills, CA 96028
Attn: Chief Executive Officer

MODOC:

Last Frontier Healthcare District
1111 N. Nagle Street
Alturas, CA 96101
Attn: Administration

PLUMAS:

Plumas Healthcare District
1065 Bucks Lake Rd.
Quincy, CA 95971
Attn: Chief Executive Officer

SENECA:

Seneca Healthcare District
199 Reynolds Road
Chester, CA 96020
Attn: Chief Executive Officer

The Parties may from time to time change the address to which notice may be provided by providing notice of the change to the other Parties.

8.5 **Other Agreements Not Prohibited**. Other agreements by and between the Parties of this Agreement or any other entity are neither prohibited nor modified in any manner by execution of this Agreement.

8.6 **Assignment**. Except as otherwise provided in this Agreement, the rights, titles and interests of any Party to this Agreement shall not be assignable or transferable without the consent of each Party hereto.

8.7 **Section Headings**. The section headings herein are for convenience of the Parties only, and shall not be deemed to govern, limit, modify or in any manner affect the scope, meaning or intent of the provisions or language of this Agreement.

8.8 **Laws of California**. This Agreement is made in the State of California, under the Constitution and laws of such State, and shall be construed and enforced in accordance with the laws of such State.

8.9 **Construction of Language**. It is the intention of the Parties hereto that if any provision of this Agreement is capable of two constructions, one of which would render the provision void and the other of which would render the provision valid, then the provision shall have the meaning which renders it valid.

8.10 **Successors**. This Agreement shall be binding upon and shall inure to the benefit of the successors of the Parties hereto.

8.11 **Time of Essence**. Time is of the essence for each and every provision of this Agreement.

8.12 **Integration**. This Agreement constitutes the full and complete Agreement of the Parties.

8.13 **Counterparts**. This Agreement may be executed in counterparts, each of which shall constitute an original and all of which together shall constitute one and the same agreement.

8.14 **No Third Party Beneficiaries**. All of the covenants contained in this Agreement are for the express benefit of each and all such Parties. This Agreement is not intended to benefit any third parties, and any such third party beneficiaries are expressly disclaimed.

SIGNATURES ON FOLLOWING PAGE(S)

IN WITNESS WHEREOF, the Parties have caused this Mobile MRI Purchase and Operation Agreement to be executed and attested by their proper officers thereunto duly authorized on the day and year set forth below, making the same effective on the date signed by the last of the Parties hereto.

EASTERN PLUMAS HEALTHCARE DISTRICT

By: _____
Name: _____
Title: _____

Date: _____

MAYERS MEMORIAL HEALTHCARE DISTRICT

By: _____
Name: _____
Title: _____

Date: _____

LAST FRONTIER HEALTHCARE DISTRICT d.b.a. MODOC MEDICAL CENTER

By: _____
Name: _____
Title: _____

Date: _____

PLUMAS HEALTHCARE DISTRICT d.b.a. PLUMAS DISTRICT HOSPITAL

By: _____
Name: _____
Title: _____

Date: _____

SENECA HEALTHCARE DISTRICT

By: _____
Name: _____
Title: _____

Date: _____

EXHIBIT A

ROTATION SCHEDULE; MANAGEMENT AGENCY

The Parties hereby agree to the following rotation schedule for the Mobile MRI Unit:

Week 1	***Monday***	***Tuesday***	***Wednesday***	***Thursday***	***Friday***	***Saturday***	***Sunday***
	Eastern Plumas	*Plumas*	*Seneca*	*Mayers*	*Modoc*		
Week 2	***Monday***	***Tuesday***	***Wednesday***	***Thursday***	***Friday***	***Saturday***	***Sunday***
	Eastern Plumas	*Eastern Plumas*	*Plumas*	*Seneca*	*Modoc*		

Week 3	***Monday***	***Tuesday***	***Wednesday***	***Thursday***	***Friday***	***Saturday***	***Sunday***
	Eastern Plumas	*Plumas*	*Seneca*	*Mayers*	*Modoc*		
Week 4	***Monday***	***Tuesday***	***Wednesday***	***Thursday***	***Friday***	***Saturday***	***Sunday***
	Eastern Plumas	*Plumas*	*Plumas*	*Seneca*	*Modoc*		

The Parties further agree that the Management Agency shall be: **Seneca Healthcare District**.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Access to Public Records	POLICY # BOD003
DEPARTMENT/SCOPE: District Board of Directors	Page 1 of 4
REVISION DATE: May 15, 2025	EFFECTIVE DATE: 05/20/2019
AUDIENCE: Board of Directors	APPROVAL DATE:
OWNER: A. Nelson	APPROVER: L. Mee

With attachment

Application for Inspection of Public Records MMH585

DEFINITIONS:

"Person" includes any natural person, corporation, partnership, firm or association.

"Public records" includes any writing containing information relating to the conduct of the business of Mayers Memorial Healthcare District prepared, owned, used or retained by the District regardless of physical form or characteristics.

"Writing" means handwriting, typewriting, printing, electronic communications, copying, photographing, and every other means of recording upon any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, and other documents.

POLICY:

It is the policy of the Board of Directors of Mayers Memorial Healthcare District to encourage public participation in the governing process and to provide reasonable accessibility to all public records except those documents that are exempt from disclosure by express provisions of law or considered confidential or privileged under the law.

The following Guidelines and procedures shall govern the accessibility for inspection and copying of all of the public records of Mayers Memorial Healthcare District. These guidelines are to be administered by the Chief Executive Officer of the District.

Certain requirements of law must be observed relating to disclosure of records and to the protection of the confidentiality of records. These Guidelines set forth the general rules contained in such laws.

<u>Questions of Interpretation</u>

In case of any question as to the accessibility of the records of the District under this policy, records should not be made accessible to the public until such question has been determined by the Chief Executive Officer of the District. The decision of such officer is final unless overruled by the Board of Directors.

The District shall justify the withholding of any record by demonstrating that the record requested and withheld is exempt under policy, or that on the facts of the particular case, the public interest served by not making the record public outweighs the public interest served by the disclosure of such record.

In the case of any denial of an Application for Inspection or Copying of Records, the District shall notify the applicant of the decision to deny the application for records and shall set forth the names and positions of each person responsible for the denial of the request.

Following Procedures for Inspection and Copying:
The Procedures referred to shall be followed in all of their specifics at all times. Records of inspections shall be accurately maintained.

Records Subject to Inspection
All public records of the District are subject to inspection pursuant to this policy except as follows:

- Records set forth hereinafter as records subject to inspection only with authorization;
- Records NOT SUBJECT to inspection (unless by Court order); or
- Records that may be withheld by exercise of discretion.

Waiver of Exemption
If the District discloses a public record that is otherwise exempt from disclosure under the California Public Records Act, the disclosure may constitute a waiver of the exemption otherwise applicable to such record.

Records Subject to Inspection Only with Authorization
Any records relating to clients of the District (including but not limited to the client's records of admission and discharge, medical treatment, diagnosis and other care and services) shall only be made available for inspection and/or copying under the following conditions:

- Upon presentation of a written authorization therefore signed by an adult client, by the guardian or conservator of his person or estate, or, in the case of a minor, by a parent or guardian of such minor, or by the personal representative or an heir of a deceased patient or client, and then only upon the presentation of the same by such person above-named or an attorney-at-law representing such person.
- Upon presentation of a written order therefore issued by a Court of the State of California or of the United States of America (see reference to Subpoena Duces Tecum hereinafter) that specifically commands the District to disclose specified records.

Records Not Subject to Inspection (Unless by Court Order)
The following Records of the District are not subject to inspection by any person without a written order therefore issued by a Court of the State of California or of the United States of America (see reference to Subpoena Duces Tecum hereinafter):

- Records pertaining to pending litigation to which the District is a party, or to claims made pursuant to Division 3.6 (commencing with Section 810) of Title I of the Government Code of California, until such litigation or claim has been finally adjudicated or otherwise settled.

- Personnel, medical or similar files of non-clients, the disclosure of which would constitute an unwarranted invasion of personal privacy of the individual or individuals concerned.
- Records of complaints to or investigations conducted by, or investigatory or security files compiled by the District for correctional, law enforcement or licensing purposes.
- Test questions, scoring keys, and other examination data used to administer a licensing examination, examination for employment or academic examination.
- The contents of real estate appraisals, engineering or feasibility estimates and evaluations made for or by the District relative to the acquisition of property, or to prospective public supply and construction contracts, until such time as all of the property has been acquired and all contract agreements obtained.
- Confidential documents relating to trade secrets of the District. Trade secrets are of unique value to the District, are important to the functioning of District plans and are considered to be confidential documents.
- Records the disclosure of which is exempted or prohibited pursuant to provisions of federal or state law, including, but not limited to, provisions of the Evidence Code of California relating to privilege. (Privileges are conditionally provided for all communications between lawyer and client, physician and patient and psychotherapist and patient).
- Preliminary drafts, notes, or interdistrict, intradistrict or other memoranda, between districts, departments of the District, and/or other agencies, which are not retained by the District in the ordinary course of business, and provided that the public interest in withholding such records outweighs the public interest in disclosure.
- Records in the custody of or maintained by legal counsel to the District.
- Statements of personal worth or personal financial data required by any licensing agency and filed by an applicant with the licensing agency to establish his or her personal qualifications for the license, certificate or permit applied for.
- Records of state agencies related to activities governed by Articles 2.6, 2.8, and 2.91 of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, pertaining to MediCal provider contracting, which reveal the special negotiator's deliberative processes, discussions, communications, or any other portion of the negotiations with providers of healthcare services, impressions, opinions, recommendations, meeting minutes, research, work product, theories, or strategy, or that provide instruction, advice or training to employees.
- Employment contracts between the District and any public official or public employee, pursuant to Government Code Section 6254.8.
- Government Code SS6254.6 states that collection of private industry wage data for salary purposes, when such data is supplied under contract by the Bureau of Labor Statistics, shall remain confidential and the identity of the employers shall not be open to the public.
- Government Code SS6254.9 states that computer software developed by the District is not, in itself a public record. The District may sell, lease, or license the software for commercial or noncommercial use. Any computer software that might be developed by the District is entitled to copyright protection and need not be disclosed as a public

record. This Section also provides, however, that information stored in a computer does not necessarily become confidential because of this Section.

- Any other records of the District that are not required to be disclosed pursuant to the California Public Records Act or other applicable statute as such statues may be amended from time to time.

Discretionary Withholding of Records

In addition to the limitations upon disclosure of records set forth in this policy, the District may, in its discretion, withhold inspection of any record or writing when the District determines that on the facts of the particular case the public interest served by not making the record public clearly outweighs the public interest served by disclosure of the record . Such discretion shall be exercised by the District by and through the Chief Executive Officer, whose decision shall be final unless overruled by the Board of Directors.

Compliance with Subpoena Duces Tecum

Upon receipt, the Subpoena Duces Tecum (a notice to appear and to bring records, or to produce records without appearance) should be forwarded to the Chief Executive Officer. While a Subpoena Duces Tecum is issued by a court, it is not an order of the court declaring that the particular records are subject to disclosure. Such records may still be subject to protection against disclosure by reason of the existence of a privilege or other legal excuse. Therefore, receipt of such a subpoena does not permit disclosure of records in and of itself and the following rules should be followed:

- Subpoena in action where District is a party: Immediately consult with legal counsel representing the District as to the proper response.
- Subpoena in other actions: If the records sought to be discovered (which are ordered to be produced) fall within one of the categories above, consult with the District's counsel prior to responding to the subpoena.
- If the records sought to be discovered are those that can be inspected, it is sufficient compliance with the subpoena (if it seeks only records and does not specify that "testimony" or "examination upon such records" will be required) to deliver a copy by mail or otherwise, following the procedure set forth in Form MMH585 attached hereto.
- If only a portion of the records may be disclosed or inspected: If only portions of any requested records may be disclosed or inspected, the disclosable portions should be segregated from the non-disclosable portions, and the segregated non-disclosable portions should be withheld unless and until a court orders their production.

REFERENCES:

ACHD/Alpha Fund policy Access to Public Records
Beach Cities Health District

APPROVALS:

BOD: 5/20/2019

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Board Compensation and Reimbursement		POLICY # BOD002
DEPARTMENT/SCOPE: District Board of Directors		Page 1 of 2
REVISION DATE: May 15, 2025	EFFECTIVE DATE: 05/26/2021	
AUDIENCE: Board of Directors	APPROVAL DATE:	
OWNER: A. Nelson	APPROVER: L. Mee	

POLICY:

Directors shall receive no fee for attending meetings of the District Board of Directors.

The District shall reimburse Directors for actual necessary traveling and incidental expenses incurred in the performance of official duties as Directors, subject to the requirements of these Policies and Procedures and the law.

The following types of occurrences qualify for reimbursement if attended in the performance of official duties as Directors of the board and if prior approval is obtained.

- Training workshops, seminars, and conferences.
- Educational workshops, seminars, and conferences.
- Meetings of or sponsored by ACHD (the Association of California Health Care Districts), by CSDA (the California Special Districts Association), by CHA (California Hospital Association), and by other state or national organizations relevant to the purposes of the District.
- Meetings of local governmental entities and bodies and Ad Hoc committees thereof.
- Meetings of local nonprofit organizations.
- Meetings of community or civic groups or organizations.
- Meetings of advisory groups and Ad Hoc committees organized or conducted by District staff.
- Meetings with District consultants, advisors, and other professionals.
- Any other activity approved by the Board in advance of attendance, whether the request for attendance was initiated by the Board or by a Director.

If there is no Internal Revenue Service rate established for an expense such expense shall not be reimbursed unless the District board approved such expense in a public meeting before the expense was incurred.

No expense shall be reimbursed except pursuant to an expense report meeting the requirements of this Policy and submitted by the Director to (and received by) District staff, within four weeks after the final date of the occurrence in connection with which the expense was incurred. The expense report shall include receipts for all expenses for which reimbursement is being requested.

No reimbursement shall be paid unless, at the next regular meeting of the board following the occurrence for which the expense report was submitted, the Director submitting the expense report makes a brief report on the occurrence attended. If the Director is not in attendance at such next regular board meeting, a written report submitted by the Director and read aloud by staff or another Director shall suffice as the required brief report.

SUBJECT/TITLE: Board Compensation and Reimbursement		POLICY # BOD002
DEPARTMENT/SCOPE: District Board of Directors		Page 2 of 2
REVISION DATE: May 15, 2025	EFFECTIVE DATE: 05/26/2021	
AUDIENCE: Board of Directors	APPROVAL DATE:	
OWNER: A. Nelson	APPROVER: L. Mee	

REFERENCES:
Sequoia Health Care District policy Reimbursable Expenses policy (adopted 6/24/14)
Sequoia Health Care District policy Remuneration and Reimbursement (8/24/14)

APPROVALS:
BOD QI: 5/26/2021

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Board Member Appointment Process	POLICY #
DEPARTMENT/SCOPE: District Board of Directors	Page 1 of 2
REVISION DATE: May 15, 2025	EFFECTIVE DATE: 01/10/2018
AUDIENCE:	APPROVAL DATE:
OWNER: A. Nelson	APPROVER: L. Mee

POLICY:

Appointment of board members shall take place in open meetings per the Brown Act and Health Care District Law. The remaining members of the district board shall make the appointment within 60 days after either the date on which the district board is notified of the vacancy or the effective date of the vacancy, whichever is later.

PROCEDURE:

The district shall notify the Shasta County Elections office and the Board of Supervisor's Clerk's office of the vacancy no later than 15 days after either the date on which the District board is notified of the vacancy or the effective date of the vacancy, whichever is later.

A "Notice of Vacancy" is prepared and posted in at least three conspicuous places for at least 15 days including information required by Election Code 10515.

A regular or special board meeting is scheduled to conduct interview of all applicants. All interviews will be conducted according to a pre-set list of questions established by Board.

The selection process is as follows:

1. Printed ballots will be distributed to board members. The ballots should be retained (in an envelope, one for each separate vote) in the event of questions or validation is necessary at a later time.
2. Board secretary (or Clerk to the Board) is to collect written ballots. (Note: The purpose of written ballots vs. oral is so that board members do not influence each other.)
3. Board secretary (or Clerk to the Board) reads the votes aloud, stating the board member's name and candidate name.
4. A majority vote of the board (not quorum) confirms one candidate. If vote does not result in a majority, only the top two vote-getters are advanced to a second vote. Board must keep balloting until one candidate receives a majority vote.
5. The newly-appointed board member is announced.
6. The district's Clerk to the Board will prepare the Affidavit/Oath of Office form.
7. The newly-appointed board member must sign the form in the presence of a Notary Public who will provide the oath of office.
8. The new board member is considered a voting member of the Mayers Memorial Hospital District Board of Directors.

REFERENCES:
Election Code (California Law)

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Board Member Appointment Process		POLICY #
DEPARTMENT/SCOPE: District Board of Directors		Page 2 of 2
REVISION DATE: May 15, 2025	EFFECTIVE DATE: 01/10/2018	
AUDIENCE:	APPROVAL DATE:	
OWNER: A. Nelson		APPROVER: L. Mee

MMHD Bylaws (District)
Ralph M. Brown Act
Shasta County Elections Department

COMMITTEE APPROVALS:
BQC: 1/10/2018

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Board of Directors Job Description		POLICY # BOD004
DEPARTMENT/SCOPE: District Board of Directors		Page 1 of 5
REVISION DATE: May 15, 2025	EFFECTIVE DATE: 04/29/2018	
AUDIENCE: Board of Directors	APPROVAL DATE:	
OWNER: A. Nelson		APPROVER: L. Mee

Core Responsibilities
A hospital governing board must fulfill certain fundamental or core responsibilities in overseeing the efforts of the organization. These responsibilities cluster around six major areas:

1. **Financial Oversight**
2. **Quality Oversight**
3. **Setting Strategic Direction/Mission Oversight**
4. **Self-Assessment & Development**
5. **Management Oversight**
6. **Advocacy**

The Board fulfills these responsibilities by adopting specific outcome targets against which to measure the organization's performance. To accomplish this, the board must:

- Establish policy guidelines and criteria for implementing the mission statement.
- The board also reviews the mission statements of any subsidiary units to ensure that they are consistent with the overall mission.
- Evaluate proposals brought to the board to ensure that they are consistent with the mission statement.
- Monitor programs and activities of the hospital and any subsidiary units to ensure mission consistency.
- Periodically review, discuss, and amend the mission statement if necessary to clarify board responsibilities.

Financial Oversight
The board has responsibility for the financial soundness of the organization. To accomplish this, the board must:

- Review and approve overall financial policies, guidelines and plans for the District.
- Receive and review regularly financial reports, including hospital performance compared to the budget, and operating ratios to assess actual performance compared to projections.
- Review major capital plans proposed for the organization and any subsidiaries.
- Establish criteria for determining how much support should be given to services that lose money.
- Adopt annual budget that reflects the board's goals for the hospital.
- Ensure that the financial, capital, and strategic plans are aligned – and that the community's asset is properly managed.

SUBJECT/TITLE: Board of Directors Job Description		POLICY # BOD004
DEPARTMENT/SCOPE: District Board of Directors		Page 2 of 5
REVISION DATE: May 15, 2025	EFFECTIVE DATE: 04/29/2018	
AUDIENCE: Board of Directors	APPROVAL DATE:	
OWNER: A. Nelson		APPROVER: L. Mee

Quality Oversight

This board has the responsibility to assess the quality of all services provided by all individuals who perform their duties in this facility or under this board's sponsorship. To do this, the board must:

- Make quality of care and patient safety top priorities for the organization.
- Approve and oversee quality improvement initiatives recommended by senior management and the medical staff.
- Assume responsibility for the action of all physicians, nurses, and other individuals who perform their duties in the organization's facilities.
- Review and carefully discuss quality reports that provide comparative statistical data, and set measurable policy targets to ensure continual improvement in quality performance.
- Carefully review recommendations of the medical staff regarding new physicians who wish to practice in the organization and approve these recommendations if appropriate.
- Reappoint individuals to medical staff using comparative outcome data to evaluate how they have performed since their last appointment.
- Appoint physicians to governing body committees and seek physician participation in the governance process to assist the board in its patient quality-assessment responsibilities.
- Regularly receive and discuss malpractice data reflecting the organization's experience and the experience of individual physicians who have been appointed to the medical staff.
- Regularly receive and discuss data about medical staff to assure that future staffing will be adequate in terms of ages, numbers, specialties, and other demographic characteristics.
- Monitor programs and services to ensure that they comply with policies and standards relating to quality.
- Take corrective action to improve quality performance when appropriate and/or necessary.

Setting Strategic Direction/Mission Oversight

The board has the responsibility to recommend the future direction that the organization will take to meet the community's health needs. To fulfill this responsibility, the board must:

- Establish and review MMHD mission/vision/values.
- Consider the needs of the community and collect data to determine those needs when creating or revising a mission and vision for the hospital.
- Reevaluate the mission annually and reflect on it monthly to direct board meetings.
- Review and approve a comprehensive strategic plan that is clear, concise and specific including supportive policy statements.

- Ensure that the organization's strategic plan is consistent with the mission and that the hospital's actions are aligned with the plan. Regularly review progress toward meeting goals in the strategic plan to assure that the board is fulfilling its mission.
- Periodically review, discuss, and amend the strategic plan to ensure its relevance to the mission.
- Communicates and articulates clear strategic direction for the hospital to community, physicians, management, and staff.

Self-Assessment & Development

A board must assume responsibility for itself – its own effective and efficient performance. To discharge its stewardship responsibilities to its "owners," the board must:

- Annually participate in a formal board evaluation process.
- Evaluate board performance of individual board members to determine the appropriateness of continued service on the board.
- Maintain and update policy statements regarding roles, responsibilities, duties, and job descriptions for the board itself and its members, officers, and committees.
- Participate both as a board and as individuals in orientation programs and continuing education programs.
- Recognize and nurture existing board members, and provide existing board members with opportunities to grow and develop as leaders.

Management Oversight

The board is the final authority regarding oversight of management performance by the CEO and support staff. To exercise this authority, the board must:

- CEO oversight, which includes hiring, terminating, disciplining, rewarding and ongoing performance evaluations using goals and objectives agreed upon at the beginning of the evaluation cycle of the CEO.
- Support and assist the CEO to help achieve the organization's mission.
- Communicate regularly with the CEO regarding goals, expectations, and concerns in regard to overall hospital's performance.
- Seek clarification about management actions or hospital performance that it does not understand.
- Clearly and consistently define the limits of the CEO authority.
- Periodically survey CEO employment arrangements at comparable organizations to ensure the reasonableness and competitiveness of his or her compensation package.
- Periodically review management succession plans to ensure leadership continuity.

- Ensure that the CEO has complete and up-to-date policies in place for management of staff, and has a clear understanding of board's expectations.
- Establish specific performance policies that provide the CEO with a clear understanding of board expectations, and update these policies based on changing conditions.
- The board does not interfere in the routine business of management.

Advocacy

The board needs to focus on advocacy and lobbying around public policy issues. In order to take an activist role, the board must:

- Use the ability to advocate to legislators, the community, or prospective donors on behalf of the organization as a criterion in the selections process of new board members.
- Identify legislative goals/public policy advocacy priorities for board members at least every two years.
- Review a survey of community perceptions of the organization at least every three years.
- Assist the organization in communicating with key external stakeholders (e.g., community leaders, potential donors).
- Actively support the organization's fund development program (e.g., board members give according to their abilities, identify potential donors, participate in solicitations, serves on fund development committees).
- Expect individual board members to engage in advocacy efforts with legislators.
- Adopt a policy regarding information transparency, explaining to the public in understandable terms the organization's performance on measures of quality, safety, pricing, and customer service.

Finally, the board is responsible for managing its own governance affairs in an efficient and effective way. To fulfill the responsibility, the board must:

- Maintain written conflict-of-interest policies that include guidelines for the resolution of exisiting or apparent conflicts of interest.
- Periodically review the board's own structure to assess appropriateness of size, diversity, committees, tenure, and turnover of officers and chairpersons.
- Ensure that each board member understands and agrees to maintain confidentiality with regard to information discussed by the board and its committees.
- Maintain efficient and timely communication with any subsidiary boards.
- Adopt, amend and, if necessary, repeal the articles and bylaws of the organization.
- Maintain an up-to-date board policy manual, which includes specific policies covering its specific duties of care, loyalty, and obedience, and its oversight responsibilities in the

areas of finance, quality, strategic planning, self-assessment and development, management oversight and advocacy.

SPECIAL CONSIDERATIONS:

This job description replaced the originating 1999 MMHD Job Description and Code of Ethics P&P.

REFERENCES:

Governance Institute; MMHD 1999 BOD Job Description, Responsibilities and Duties and MMHD BOD Code of Ethics.

COMMITTEE APPROVALS:
Quality: 1/10/2018
BOD: 4/29/2018

MAYERS MEMORIAL HOSPITAL DISTRICT

CONTRACT REVIEW

Contract name: _____

Due Date: _____ Expiration Date: _____ Review Date: _____

Auto Renew? ☐ Yes ☐ No

Customer Service Rating: 1 2 3 4 5 (1 terrible, 5 excellent) Contractor Met Expectations: ☐ Yes ☐ No

Areas for Review: (List)	Notes:

Approvals: P&P: 4/19/2022
Contract Review Form MMH586
Attached to policy Signature Authority - Contract Review

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE:	Public Forum During Board Meetings and Request to be Heard	POLICY # BOD007
DEPARTMENT/SCOPE: District Board of Directors		Page 1 of 4
REVISION DATE: May 15, 2025		EFFECTIVE DATE: 07/12/2017
AUDIENCE: Board of Directors		APPROVAL DATE:
OWNER: A. Nelson		APPROVER: L. Mee

POLICY:

The MMHD Board welcomes members of the public to directly address the board and comment on any subject relating to the business of the governmental body. Meetings are to be conducted in strict compliance with the Brown Act. Every agenda for a special or regular meeting shall provide an opportunity for members of the public to directly address the legislative body on any item under the subject matter jurisdiction of the body either before or during the legislative body's consideration of the item.

PROCEDURE:

If members of the public wish to speak to the Mayers Memorial Hospital District board during the public forum section of its agenda and/or wait to address specific agenda item, it is requested that they complete a "Request to Speak to the MMHD Board" form. The individual wishing for time to speak will hand the completed form to one of the board members or to the Board Clerk before the meeting is called to order.

During the "public forum" section on the agenda, the board chairperson will allocate five (5) minutes to each person who has requested to speak to the board. The board chair will call upon requestors, one-at-a-time, to stand and address the board. The board chair will also provide an opportunity to members of the audience that did not voluntarily submit a "Request to Speak to the MMHD Board" form to address the board.

No board discussion shall be held and no action shall be taken on non-agendized open time matters other than to receive the comments, ask clarifying questions if needed, or to refer subject matter to the appropriate department for follow-up, or schedule the matter on a subsequent Board agenda.

Board members are always anxious to hear from constituents outside the meeting but the meeting agenda does not allow time for a continuous public forum therefore this policy is established to assist in processing comments from the public and to conduct an open and orderly meeting.

REFERENCES:
The Ralph M. Brown Act

SUBJECT/TITLE:	Public Forum During Board Meetings and Request to be Heard	POLICY # BOD007
DEPARTMENT/SCOPE: District Board of Directors		Page 2 of 4
REVISION DATE: May 15, 2025		EFFECTIVE DATE: 07/12/2017
AUDIENCE: Board of Directors		APPROVAL DATE:
OWNER: A. Nelson		APPROVER: L. Mee

APPROVALS:
Board Quality Committee: 7/12/2017
Board of Directors:

SUBJECT/TITLE:	Public Forum During Board Meetings and Request to be Heard	POLICY # BOD007
DEPARTMENT/SCOPE: District Board of Directors		Page 3 of 4
REVISION DATE: May 15, 2025		EFFECTIVE DATE: 07/12/2017
AUDIENCE: Board of Directors		APPROVAL DATE:
OWNER: A. Nelson		APPROVER: L. Mee

Request to Speak to the MMHD Board

The Mayers Memorial Hospital District Board of Directors provides an opportunity at each regular or special meeting for persons to present comments to the Board. Persons wishing to present comments are requested to comply with the following rules:

a. Speakers should complete this form and return to the Clerk of the Board of Directors **prior to the beginning of the Board meeting** on the day of the meeting at which the person wishes to speak. Although the board prefers submission of this form, the completion of this document is voluntary and not a precondition for attendance and/or for presenting comments during "Public Comment Period".
b. Comments are **not to exceed five (5) minutes**.
c. The presentation must be directed to District business only.

Your name:_____

Subject matter of your comments:

_____
_____
_____
_____
_____

Will your comments relate to an agenda item? ☐ Yes ☐ No

- If so, which agenda item? _____
- Do you wish to speak during the Public Comment Period, or wait until the agenda item is addressed by the Board?
  ☐ Open/Public Time ☐ Agenda Item

Note: Pursuant to State Law and Board Policy, no board discussion shall be held and no action shall be taken on non-agendized open time matters other than to receive the comments and, if deemed necessary by the Board, to ask for clarification of the

SUBJECT/TITLE:	Public Forum During Board Meetings and Request to be Heard	POLICY # BOD007
DEPARTMENT/SCOPE: District Board of Directors		Page 4 of 4
REVISION DATE: May 15, 2025		EFFECTIVE DATE: 07/12/2017
AUDIENCE: Board of Directors		APPROVAL DATE:
OWNER: A. Nelson		APPROVER: L. Mee

speaker's comments, to refer the subject matter to the appropriate department fro follow-up, or to schedule the matter on a subsequent Board agenda.

Contact Information: clerktotheboard@mayersmemorial.com

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Public Interface	POLICY # BOD005
DEPARTMENT/SCOPE: Board of Directors	Page 1 of 1
REVISION DATE: May 15, 2025	EFFECTIVE DATE: 01/10/2018
AUDIENCE: BOD, Administrative Staff	APPROVAL DATE:
OWNER: A. Nelson	APPROVER: L. Mee

POLICY:

Board Correspondence:
Correspondence from the board will be approved by the board or its chairperson. Except for reports that are legally required to be sent out over the secretary or treasurer's name, all correspondence from the board will be over the chairperson's name. All correspondence from the board will be written on Mayers Memorial Hospital District (MMHD) stationery. Use of MMHD letterhead will be limited to official agency business only.

No material or information disclosed in closed sessions of the board will be released to a person not entitled to receive it, unless the legislative body authorizes disclosure of that confidential information (Ralph M. Brown Act, Section 54963).

Board Members Speaking For The Board To The Public Or Media:
Individual board members may not speak to the public or the media on behalf of the board unless authorized by the board to do so.

When speaking about MMHD or about board action, board members should be careful to define when their remarks represent personal opinion and when their remarks represent official board position. Board members must be aware that they are always seen as board members even when they designate comments as person.

REFERENCES:
The Ralph M. Brown Act

APPROVALS:
BQC: 1/10/2018

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Succession Plan		POLICY # BOD006
DEPARTMENT/SCOPE: District Board of Directors		Page 1 of 1
REVISION DATE: May 15, 2025	EFFECTIVE DATE: 03/14/2018	
AUDIENCE:	APPROVAL DATE:	
OWNER: A. Nelson		APPROVER: L. Mee

It is the plan of Mayers Memorial Hospital District to secure leadership stability and responsibility of the hospital. The Board of Directors shall be responsible for implementing this plan and its related actions.

In the event the CEO of MMHD is unable to serve in the executive position and is gone from the physical presence for greater than four (4) weeks at a time, an interim CEO shall be appointed by the board.

Should the CEO announce plans for departure from Mayers Memorial Hospital District, an Interim CEO will be appointed by the Board of Directors for the time extending between the CEOs departure and the arrival of a new CEO. A search will be done by the Board of Directors for a CEO with the identified credentials being requisites for fulfillment of the position. It may be that the CEOs announced departure date and the arrival of a new CEO coincide so that an interim is not necessary.

Approved 03/14/2018: Board of Directors

Director of Operations Report
Prepared by: Jessica DeCoito, Director of Operations

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:** Plans have been resubmitted to the county on June 17th. Now we await their review and approval.
- **Lot Line Adjustment**: Our architectural team is preparing the resubmittal of the lot line adjustment application, with a target date of May 23rd. Early feedback from county officials has been favorable toward our revised plan.
- **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**: onsite crews are projecting a panel installation completion by June 27th. The electrical and structural plans have been submitted to HCAI for review.
- **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**: Resolutions have been submitted to HCD, the State Clearinghouse, and the county for review. We are now awaiting their questions and approvals. Once this process is complete, we can proceed with the building's sale agreement. In the meantime, the Maintenance team is actively working to clear out the building and prepare it for minor cosmetic updates before it is transitioned to the Foundation and Thrift & Gift.
- **Master Plan Meeting**: Recurring weekly meetings have been established with Kasa Healthcare Management. Current discussions are focused on project financing, schedule updates, entitlements, and revisions to the criteria documents.

IT

- The team is preparing for a Windows 11 Upgrade that will impact 200+ machines. Planning is underway, and a district-wide announcement is forthcoming.
- A Customer Support Specialist has been hired and will join the team starting July 7th.

Housekeeping

- In August 2024, our Housekeeping team, in collaboration with the Infection Control RN, launched an initiative to evaluate the effectiveness of UV light during terminal cleans. Initial results showed a 45% effectiveness rate. Through ongoing process improvements and staff education**,** that rate has now increased to 94%.

Human Resources Board Report

Reporting Period: June 2025

Prepared by: Libby Mee, Chief Human Resource Officer

Employee Support and Recruitment

As of this reporting period, the Human Resources, Payroll, and Benefits Department is actively supporting **315 employees** across all departments. We focus on **strategic recruitment, employee retention, and engagement initiatives** to meet current staffing demands and support the organization's continued growth.

Currently, **14 job requisitions are posted**, representing efforts to fill **34 open positions** across multiple departments:

Department	*Job Title*	*Open Positions*	*Status*
Ambulance	Rural Healthcare Paramedic	2	Per Diem
Ambulance	Rural Healthcare Paramedic	1	Full Time
Housekeeping	Environmental Services Aide – Burney	1	Full Time
Laboratory	Clinical Laboratory Scientist	1	Full Time
Med/Surg Acute	Med/Surg Acute CNA	1	Full Time
Med/Surg Acute	Med/Surg Acute RN	1	Per Diem
Pharmacy	Pharmacist	1	Full Time
Respiratory Therapy	Respiratory Therapist Manager	1	Full Time
Retail Pharmacy	Retail Pharmacy Clerk	1	Full Time
Skilled Nursing	Skilled Nursing Facility CNA	14	Full Time
Skilled Nursing	Skilled Nursing Facility LVN	2	Full Time
Skilled Nursing	Skilled Nursing Facility RN	3	Full Time
Skilled Nursing	Skilled Nursing Unit Assistant	4	Full Time
Surgery	Endoscopy Tech	1	Part Time

Clinical Learning Systems – Service Excellence Initiative

Following the recent launch of the **Service Excellence Initiative (SEI)**, the HR department has partnered with the **Clinical Learning Systems (CLS)** team to establish a comprehensive implementation timeline for two key initiatives:

- **Leadership Empowerment Survey**
- Designed to collect confidential feedback, this survey will provide valuable insights to help MMHD leaders improve their leadership effectiveness.
- **Employee Engagement Survey**
- This survey will measure employees' connection, motivation, and commitment to their roles and the organization. The data collected will establish a baseline and be continuously tracked via the **Organizational Accountability Dashboard**, with multiple survey iterations planned throughout the initiative.

In addition, **employee retention metrics** will also be monitored and reported through the Accountability Dashboard.

The HR department also leads the **Onboarding Improvement Initiative**, one of the selected **Organizationally Advanced Service Improvement System (OASIS)** projects. The OASIS team has convened for its first session and has already generated promising ideas to enhance the onboarding experience for new hires.

Pillar Goals – People

We are proud to celebrate the achievements of **14 MMHD leaders** who completed the **Leadership Institute program** in alignment with our **FY25 People Pillar Goal**. With board approval, the **remaining 17 leaders** will enroll in the upcoming fiscal year's cohort.

Employee Metrics and Reporting

As we approach the close of the fiscal year, the HR team is preparing to analyze key performance indicators related to **employee statistics, turnover, and retention**. A comprehensive report will be presented during the **July board meeting**.

Chief Public Relations Officer – Valerie Lakey
June 2025 Board Report

Legislation/Advocacy

Legislative Update – June 2025

SB 632 – OPPOSE would create a series of workers' compensation rebuttable presumptions for hospital employees for various infectious and respiratory diseases, including COVID-19 and severe acute respiratory syndrome, and extend the presumptions after the employee's termination.

The Senate and Assembly have agreed to a 2025-26 fiscal year budget deal to divert funds from Proposition 35 and restore some of the cuts in Gov. Gavin Newsom's May Revise proposal. Budget negotiations with the governor will take place in the coming weeks, but to meet the June 15 constitutional deadline, the Legislature will soon vote on the initial framework.

SB 596 OPPOSE - Establishes a 10% requirement for a hospital's on-call lists.

Here is a summary of the Federal Front, Senate Medicaid & Tax Bill

The Senate Finance Committee has released its version of the *One Big Beautiful Bill Act*, a sweeping proposal focused on tax cuts, energy, and border security. This version makes even deeper cuts to Medicaid than the House version, passed last month, possibly slashing federal Medicaid spending by an additional $200 billion.

Key Impacts for California and Its Hospitals:

- **Major Cuts to Hospital Funding:**
  - **$25–30 billion** in lost revenue from a freeze on new provider taxes and reductions in safe harbor limits.
  - **$20–30 billion** from a cap on Medicaid payments to 100% of Medicare rates for expansion states like California.
  - **$25–100 billion** risk to California's managed care tax structure, especially Proposition 35, due to new uniform tax rules.
  - **$18 billion** loss due to a lower federal match (from 90% to 80%) for states offering coverage to undocumented immigrants

- **Additional Patient Coverage Reductions:**
  - Up to **1.8 million Californians** may lose Medicaid coverage.

- Uncompensated care costs for hospitals could increase by **over $9.5 billion** in 10 years.
- New restrictions include:
  - Work requirements and more frequent eligibility checks
  - Shortened retroactive coverage periods
  - New cost-sharing rules
  - Ban on Medicaid coverage for gender-affirming care for minors
  - Tougher rules for non-citizens' eligibility

What's Not in the Bill (but hoped for):

- No update to physician Medicare payment rates.
- No delay in Disproportionate Share Hospital (DSH) cuts, which are still set to begin in 2026.

Next Steps:

- The Senate Parliamentarian must review the bill.
- The Senate aims to vote next week, but passing it before July 4 will be tough due to differences with the House version.

CHA and California hospitals actively lobby Congress, highlighting how these drastic cuts will harm patients and rural hospitals. Key messages include:

- The Senate bill makes deeper Medicaid cuts than the House.
- Expansion states like California are unfairly penalized.
- Hospitals need time and flexibility to adjust if any version of this bill passes.

Hospitals are urged to contact their representatives and share how these cuts would impact care in their communities.

<u>Grant/Scholarship Update</u>

The Spring scholarship round has completed with 12 awardees being given a total of $10k. We have seven graduating high school seniors, two renewals continuing their studies and three employees. The MHF board awarded varying amounts from $500 to $2000 to this cohort. Awardees are now signing scholarship contract agreements and submitting final documents and checks are being released as those are received.

Fun fact: MHF has awarded $83,900 for community and employee scholarships since 2020!

The grant world is still in an interesting space with so much flux and unknown trickling down from the federal level. This has made all other grants a bit more competitive. As such, we need to work harder on conveying very meaningful and compelling human stories of our community impact. I am working on developing these.

Public Relations/Marketing

The Marketing and Public Relations Department has been actively supporting hospital-wide communication, outreach efforts, and department-specific needs.

Hospital-Wide Brochure

We are pleased to share that the new Hospital-Wide Brochure is complete and ready for distribution. This comprehensive piece highlights the full scope of services at MMHD and will be used at community events, new patient packets, and outreach efforts. You can view the brochure here: https://mayers.pub/441kgHv

Making the Rounds – Quarterly Newsletter

The latest edition of Making the Rounds has been emailed to subscribers. This issue features updates on hospital services, upcoming events, and community engagement efforts. You can view the newsletter here: https://mayers.pub/4jZwpCV

Mayers Pharmacy Open House – July 17

We are planning a Pharmacy Open House on Wednesday, July 17 from 1:00 – 4:00 pm. The event will welcome new customers transitioning from Rite Aid, promote our new pharmacy app, and highlight the GC530 merchandise line in the gift shop. Banners have been installed in both Fall River and Burney to invite the community and emphasize our commitment to local, accessible pharmacy care.

Community Events

- MMHD departments were well represented at the Mayers Healthcare Foundation Health Fair, with many departments hosting tables to promote services.
- We also participated in the Pit River Health Fair, expanding our outreach and presence in the region.
- We conducted three school assemblies at Fall River, Burney, and Big Valley Elementary Schools. These were well received and helped build positive community connections.

Ongoing Projects

- Planning is underway for a complete website rebuild, which will improve user experience, accessibility, and navigation for patients and the community.
- The department continues to field a high volume of requests from hospital departments, including promotional materials, internal communications, event coordination, and community outreach support. Our small but dedicated team remains busy and responsive to these ongoing needs.

Mayers Healthcare Foundation

Community Health Fair Recap

The 2025 Health Fair was a great success, with strong participation from community partners and MMHD departments. Many of our staff hosted tables to promote services and connect directly with community members. The MMHD Mobile Clinic was on-site to provide sports physicals, and TCCN launched the first Kid Fit event of the summer with a vibrant color run that brought smiles to over 80 children.

We also hosted the 3rd Annual MMHD 5K Run as part of the weekend's events. The turnout and energy were positive, and we've already gathered great ideas to enhance next year's run. A heartfelt thank you goes out to all the staff, volunteers, and community partners who helped make the Health Fair and associated events a success.

Upcoming: 25th Annual On The Green Golf Tournament

Our next major fundraiser is the 25th Annual On The Green Golf Tournament, scheduled for Friday, August 2. This year's tournament will support the Lucky Finds Thrift Store and its ongoing efforts to fund Mayers Intermountain Hospice. Registration and sponsorship opportunities are now open. Visit https://mayers.pub/3SfLLI0 for details. KRCR has sponsored this commercial: https://mayers.pub/43Or9gx

Thrift Store Update

Lucky Finds will host a Tent Sale on June 26–27 to prepare for our upcoming move to the Fall River Arts Building. This is an excellent opportunity to clear inventory and engage the community in the transition. We are still in need of volunteers to assist both during the sale and with the relocation process. If you or someone you know would like to get involved, we welcome the help and support.

Tri-County Community Network

Children's Programs

Bright Futures

- The school year calendar is wrapping up, and summer activities begin June 1. Weekly events will be held in Fall River and Burney, including participation in Kid Fit.
- Big Valley and Round Mountain services will resume in the fall.
- Seven families participated in a clothing swap in May; the remaining items were distributed through school district community connectors.

Grants & Programs

Backpacks to Home Food Pantry

- In partnership with FRJUSD, a $2,588 grant was secured to start a student food pantry.
- Food will be delivered three times during the 2025-2026 school year.
- FRJUSD will support long-term sustainability through school food drives.

Kid Fit

- Funded for six summer events throughout the Intermountain area (June–August 2025).
- Events include a Color Run, Take Me Fishing, Red, White, and Tunes Concert, Water Wars, Art in the Park, and Family Swim Night.
- PGE donations will support the community concert and a Jr. Intern role focused on leadership and data collection.

Shasta Substance Use Coalition

- TCCN joined the countywide coalition to address youth substance use.
- Awaiting funding details; proposal pending approval by the Board of Supervisors.

Enhanced Care Management (ECM)

- TCCN and MMHD are launching ECM services in collaboration with HANC and Partnership HealthPlan.
- A $102,000 contract supports staffing, training, and infrastructure.
- Services begin June 5; Case Manager Shay is establishing referral systems with MMHD.
- A new weekly "Wellness & Resource Hour" began in May, with plans to increase participation through outreach.

Mindful Connections

- A $2,000 private donation was received to support the program.
- Outreach initiative underway to train volunteers in peer crisis support.
- Word of Life Church is offering space for group meetings, expected to begin in FY26.
- Founder Doug Nunes is completing peer support certification.

HRSA Pathways Grant

- Grant has been submitted; awaiting response.
- Focus is on youth behavioral health and career pathways in mental health.
- Collaborative planning underway with local school districts, colleges, and community organizations.

Fundraising Coaching

- Executive Director Marrisa Martin is participating in fundraising coaching through a Community Foundation grant, preparing for TCCN's fall fundraiser.

Partnership Highlights

SMART Employment Services

- Ongoing partnership to provide employment resources locally.
- Next pop-up event is June 5 at the Intermountain Community Center.

IMAGE (Intermountain Action Growth and Education)

- Community meetings resumed; survey finalized to identify local needs.
- First round of community surveys to be distributed in June.

PSA2 Partnership

- Hosted a caregiver class on May 29, attended by five participants.

Website & Community Engagement

- Website is regularly updated with events and community resources.
- Upcoming additions include a learning library, job listings, and health observances.

Ongoing & Upcoming Events:

- Bright Futures Weekly Events (ages 0–5)
- Senior Sip & Social – Thursdays through May 2025
- Wellness Hour – Tuesdays, 1–2pm
- Color Run – June 14
- Take Me Fishing – June 26 (with PGE)

Intermountain Community Center Update

- Offices and event spaces are now open.
- Children's program space plans have been submitted to the county.

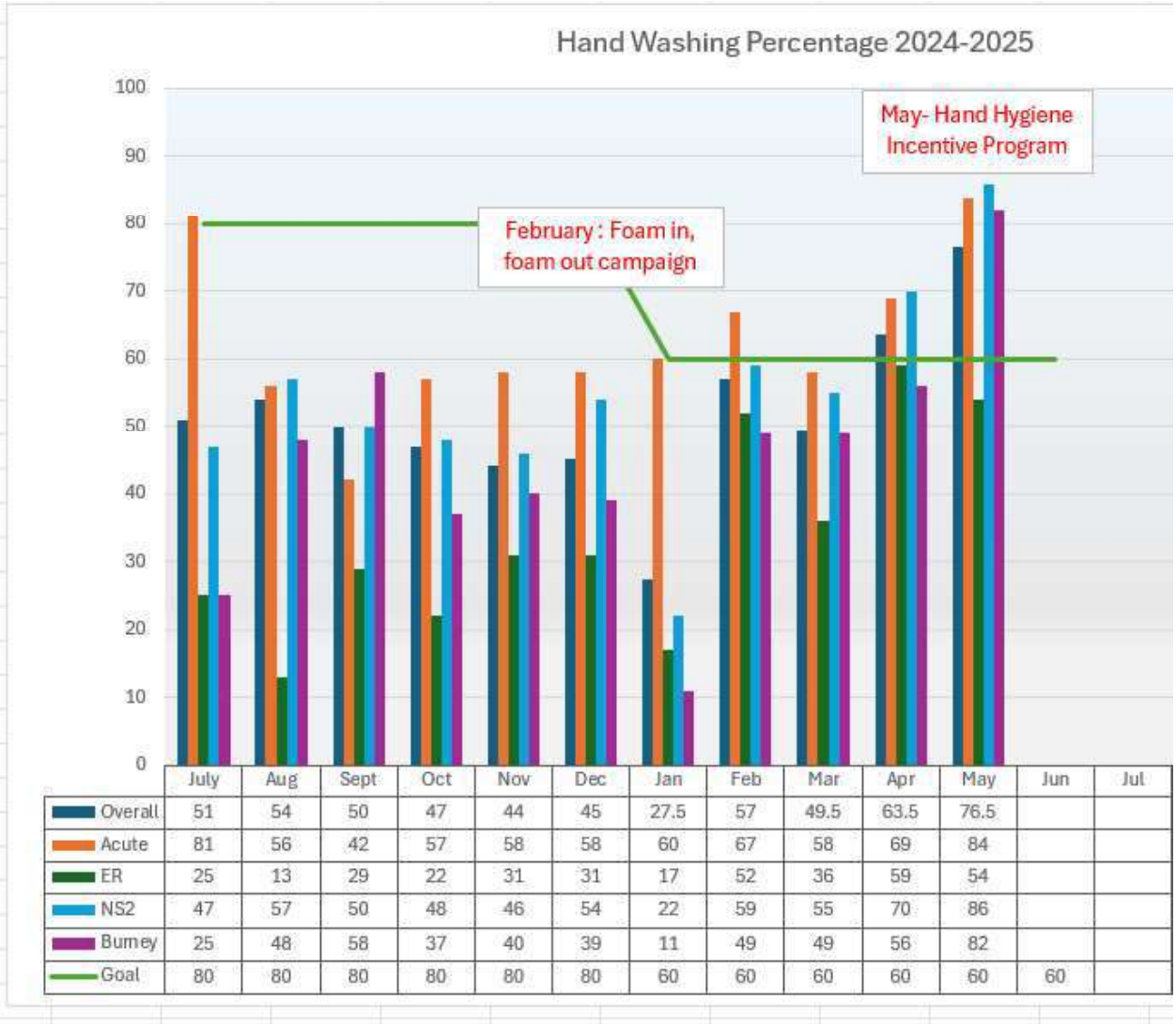
June Board Report

Clinical Division
6/19/2025

Infection Prevention

Mayers reached 76.5% hand hygiene compliance in May.

Hand Hygiene



	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Overall	51	54	50	47	44	45	27.5	57	49.5	63.5	76.5		
Acute	81	56	42	57	58	58	60	67	58	69	84		
ER	25	13	29	22	31	31	17	52	36	59	54		
NS2	47	57	50	48	46	54	22	59	55	70	86		
Burney	25	48	58	37	40	39	11	49	49	56	82		
Goal	80	80	80	80	80	80	60	60	60	60	60	60	

- Hand Hygiene has been improving tremendously throughout the facility. IP is seeing each unit's behavior change with all the campaigns and surveillance. Mayers is on the right track to changing the hand hygiene culture, and IP is working on sustaining the progress.

- A NEW personalized "Moments for Hand Hygiene" logo/poster was posted throughout the facility.

Staff Development

- Kristen Stephenson, RN, Infection Preventionist, is attending the APIC conference (Association for Professionals in Infection Control and Epidemiology), where she can learn, network, and be inspired to bring new ideas and products to the facility and improve our patient outcomes and satisfaction.

Blood Culture Contamination Rate

- Working on an in-service with healthcare workers who draw blood cultures to educate in small groups on the policy and procedure in hopes of decreasing blood culture contamination.

Care Coordination

- We are pleased to welcome *Catherine Bullington* as the new Care Coordinator Specialist at Mayers Memorial. Catherine completed her orientation on June 12 and brings valuable experience in care coordination within high-volume, multi-specialty medical groups in Southern California. She joins the Health Navigation Services Department enthusiastically and is dedicated to supporting our patients and team. Tiffani McKain, Director of Clinical Services, will lead the new Health Navigation Services Department.
- Catherine is currently completing training through Relias and will soon begin Cerner training modules. After finishing her online coursework, she will begin shadowing team members across Physical Therapy, Radiology, and the Clinic to gain hands-on insight and prepare for her new role.

Retail Pharmacy

Record-Breaking Day

- On June 16, 2025, Retail Pharmacy set a new record by processing 316 prescriptions in a single day, surpassing our previous record of 310 set in July 2024. This achievement directly reflects the team's dedication, commitment to excellence, and outstanding teamwork. A massive shoutout to the entire staff for making this possible!

Security Upgrades

- The new narcotic cabinet has been delivered. Each pharmacist will have a unique access code. The cabinet is also larger to accommodate increased inventory due to RiteAid's closure.
- Bay Alarm is scheduled to be on-site July 8th and 9th to install additional surveillance cameras to enhance our pharmacy's security.

Promethazine with Codeine removed from inventory:

- Mayers Pharmacy will no longer carry Promethazine with Codeine. This decision follows increased regulatory scrutiny, a well-documented history of misuse, and ongoing concerns about fraudulent prescriptions. Local providers have been informed. This decision is aligned with the state's standard practice of retail chain pharmacies.

Health Fair

- Kristi Shultz, CPhT Associate Manager, has a booth at the Health Fair booth to assist anyone interested in signing up for the app.

Mock Audit

- An onsite mock 340B audit is scheduled for June 16.
- Records and credentials will be reviewed. The auditor will go through the same process as a HRSA audit.

Imaging

Echocardiography

- We are moving forward with implementing ScImage to enhance our Cardiovascular workflows. This platform will support echocardiograms, Holter monitors, and has the capability to accommodate stress studies if needed. ScImage will streamline data intake, measurements, and images, assist in report generation, and integrate this information into Cerner. Our first official echocardiogram is scheduled for Tuesday, June 17.

MRI

- We have received the insignia from the California Department of Housing and Community Development. Heritage Imaging will now coordinate an inspection with the department, marking an important milestone in the project.

Equipment Maintenance

- We successfully completed our annual physics testing, passing all evaluations without issue.

Low Dose CT

- We have implemented and received approval for our Low-Dose CT Chest protocol for lung cancer screening. To raise awareness of this service, informational materials have been distributed to nearby clinics. We completed our first exam this week.

Clearpath – Patient Image Exchange

- We are in the process of launching Clearpath, a patient-focused image exchange platform. Our team has received access and is currently conducting testing. Full implementation is expected by the end of the month.

Technologist Competency

- Comprehensive training and competency evaluations for our technologists have been completed.

Community Engagement – Health Fair

- Harold Swartz, Imaging Manager, set up and staffed a table at this year's health fair, continuing our commitment to community outreach and engagement.

Respiratory Therapy

RT Manager Position

- An interview for a new manager has been scheduled for June 18.

Staffing

- We are currently fully staffed with registry therapists.
- We have resumed Pulmonary Function Tests (PFTs) and are nearly caught up with the backlog.

Rural Health Clinic

Luma Health

- We are going live with Phase 1 of Luma Health (a patient communication platform) on June 30. Phase 1 includes patient appointment reminders and referral communication to patients.

Women's Health

- Dr. Sloat is now able to perform and accept referrals for colposcopies.
- Colposcopies are being billed through Cerner.
- We are no longer referring colposcopies to Mount Shasta.

Health Fair

- The team from the Rural Health Clinic had the mobile clinic at the health fair. Discounted sports physicals. Thirteen physicals were

Physical Therapy / Cardiac Rehab

- We were able to celebrate our staff member, Richia Castro-Larsen, PT, DPT getting married in May 2025.
- Intern Jocelyn Jimenez started in the Physical Therapy department on June 16 and will be with us through June 20 and again July 14-16, 2025, as part of our "Planting Seeds, Growing Our Own" program.
- In cardiac rehab, Zita Biehle, program coordinator, has collected POLSTs (Physician's Orders for Life-Sustaining Treatments) on patients/clients. In the past, we have not documented an outline for a seriously ill or frail individual's medical care preferences, especially in emergencies. A POLST will translate these preferences into medical orders to guide healthcare providers, including emergency medical services, on what treatments to provide or withhold.
- Collaborated with Harold Swartz, imaging manager, who took the lead on the project, and approval was received to move forward with ScImage for the Cardiovascular Service Line. ScImage will ingest Holter monitor data, stress studies, and echocardiograms. It

will support streamlined reading and report creation and integrate reports and images into Cerner once implementation is complete.

Laboratory

Health Fair

- Lab staff drew labs at the health fair, and all labs were results and mailed by Monday, June 16. Voucher draws are available through July 1.

Revenue Cycle

- Lori Gibbons, HIM Manager, presented diagnosis coding issues concerning lab tests to the medical staff. We are working with our systems to help providers add diagnosis codes to ordered tests.

Telemedicine

- See Attached Report

Telemedicine Program Update as of June 2, 2025
Respectfully submitted by Samantha Weidner for Kelsey Sloat, M.D., FACOG and Kimberly Westlund, CRHCP, Clinic Manager

We have completed a total of 3,848 live video consults since August 2017 (start of program).

Endocrinology:

- Dr. Bhaduri saw 26 patients in May. She continues to be our most productive, consistent provider.
- We've had 1,400 consults since the start of this specialty in August 2017.

Nutrition:

- Jessica saw four patients in May.
- We've had 259 consults so far since we started this specialty in November 2017.

Psychiatry:

- Dr. Granese saw 10 patients in May.
- We've had 831 consults since the beginning of the program in August 2017.

Infectious Disease:

- Dr. Siddiqui saw no patients in May.
- We've had 146 consults since the start of this specialty in September 2017.

Neurology:

- Dr. Nalla saw five patients in May. 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 487 consults since the start of the program in November 2018.

Rheumatology:

- Dr. Tang saw 14 patients in May. We are currently booked through August for this specialty.
- We've had 276 consults since the start of the program in May 2020.

Nephrology:

- Dr. Bassila saw 10 patients in May.
- We've had 119 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 three hours a week on Wednesdays. We are hoping to extend those hours soon.

Referral Update:

We received 31 New Patient referrals in May. Below is a breakdown of where we received them from:

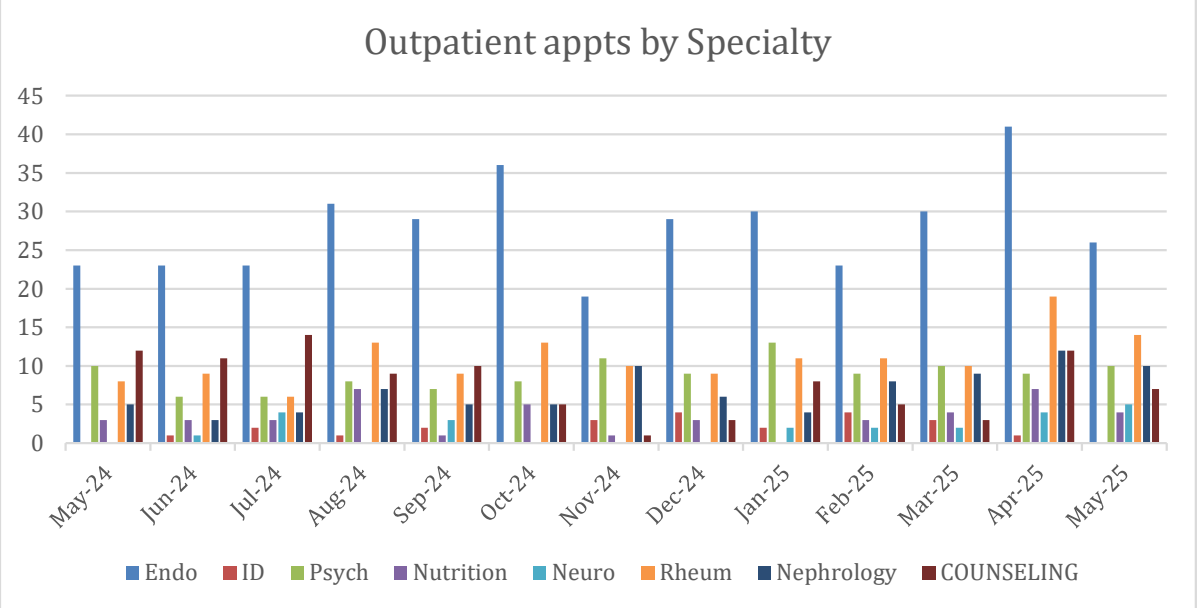
- Mountain Valleys Health Center – 0
- Hill Country Clinic – 10
- Pit River Health Center – 1
- Canby Family Practice – 0
- Mayers RHC – 20
- Mayers SNF – 0

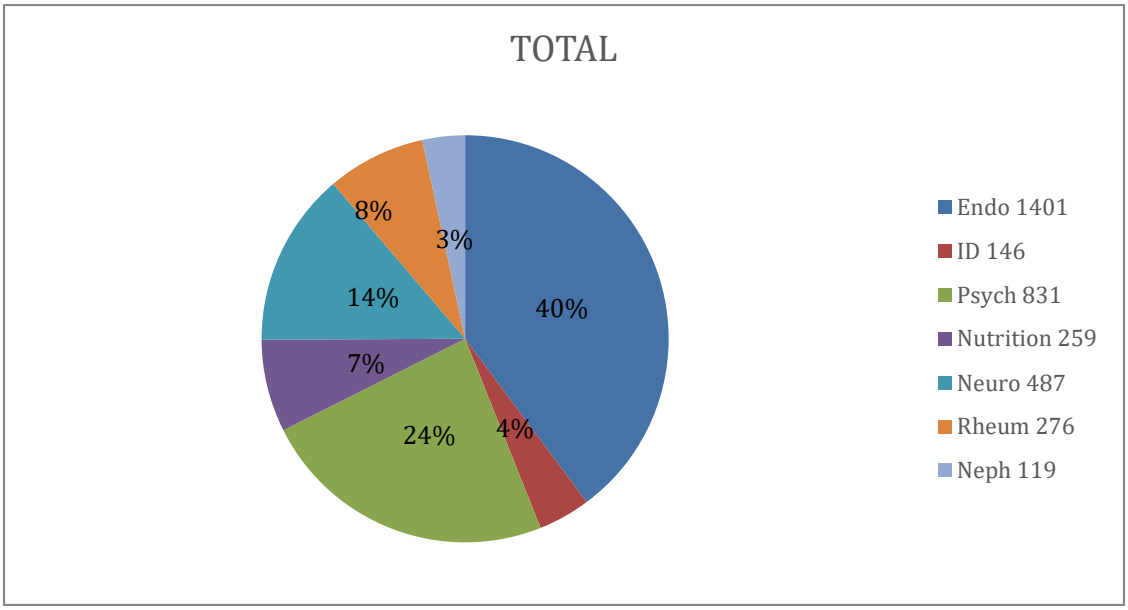
ConferMED –

We had no ConferMED consultation sent in the month of May. We have had seven total sent since implementation.

Remote Patient Monitoring –

We have had 15 patients referred to our RPM program since implementation. We currently have five patients monitoring.




TOTAL
40%
4%
24%
7%
14%
8%
3%
Endo 1401
ID 146
Psych 831
Nutrition 259
Neuro 487
Rheum 276
Neph 119

NURSING SERVICES BOARD REPORT

June 2025-Reporting for May

CNO Board Report

Nursing Services maintained strong regulatory compliance across departments in May while continuing progress on staffing, education, and quality initiatives. SNF census remained high at 82 residents, with staffing standards met and agency reliance actively addressed. Acute and ED operations remained stable, with new Zoll defibrillators implemented and targeted education on transfusion practices and documentation underway. The ED call-back program continues to exceed goals with positive community response. Ambulance services are fully staffed, and all units are operational. Surgery experienced a steady volume with upgraded imaging equipment enhancing care. OPM focused on policy completion, staffing coverage, and goal alignment. Social Services improved support with a consistent presence at both campuses, and Clinical Education expanded BLS, CNA, and CEU offerings while improving scheduling and tracking systems.

SNF

May 2025

Capacity

- Resident Census= Eighty-two (82)
  - Fall River= Thirty-eight (38)
  - Burney= Twenty-Three (23) general resident population
  - Burney Memory Care= Twenty-one (21) residents
- One (1) external candidate on the Memory Care waitlist
- Two (2) external candidates for the 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 new team member: Micheal Harris, SNF Charge Nurse.
  - 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 to aggressively screen, interview, and job-offer viable candidates aggressively.

Updates

- Staff Development
  - Departmental Education: Realignment with new hires has been completed for both new CNA hires and new LVN/RN hires.
  - Departmental Education: Realignment will continue with all new hires, and a Charge Nurse Realignment will happen in June, along with the Activities Department.
- Regulatory
  - Wander Guard Alert System: The installation project has been completed.
  - CDPH reinstated the Mayers Memorial Healthcare District collaborative with the Shasta College CNA program. The new class will start at the end of June.
  - All policies have been revised in preparation for the California Department of Public Health's (CDPH) projected May-June survey.
- CDPH Visited us last month to review 5 outstanding self-reports. The Statement of Deficiency was received, and a plan of correction was sent and awaiting approval by CDPH

Family engagement:

- The monthly Family Council Meetings have been a success. We have been alternating between Burney and Fall River Board rooms. Dietary Manager Jen Taylor was our guest speaker for the May meeting.

<u>Acute</u>

May 2025

- Acute ADC: 0.90
- Acute ALOS: 2.91
- Swingbed ADC: 0.3
- Swingbed ALOS: 9.67
- OBS Census Days: 3

May 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 successfully 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 are utilizing 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

- **Zoll Defibrillator Implementation:** All Zoll defibrillator units have been received from Biomed and are fully launched for patient care use. Staff competency training was completed during our scheduled education event, and we have identified the remaining staff who could not attend. Individual training sessions have been scheduled to ensure all team members are signed off on competency requirements. Additionally, education for Code Writer, an optional enhancement to the Zoll system, is scheduled for mid-July, with plans to launch this feature following staff training and final configuration by the implementation specialist.
- **ACHC Accreditation:** Following our successful ACHC accreditation, May was dedicated to ensuring alignment with our Plan of Correction and continued progress toward our Performance Improvement (PI) goals. While we did not see improvement in some PI measures as initially anticipated, this was mainly due to the evolving understanding of survey expectations. Over the past year, we've revised our internal standards twice to reflect these learnings better. This adaptive process, though challenging, strengthens our long-term compliance framework and demonstrates our commitment to quality improvement.
- **Education:** In May, our educational efforts were focused on blood transfusion practices, driven by findings from recent ACHC audits and PI scores. Following identifying process gaps, the blood transfusion policy was revised to reflect current best practices and regulatory expectations. To ensure thorough understanding and compliance, we conducted live, in-person education sessions covering the updated policy, key audit elements, and charting standards. This targeted education supports clinical safety and documentation accuracy across the department.

Emergency Services

May 2025

- Total treated patients: 403
- In-patient Admits: 11
- Transferred to higher level of care: 25
- Pediatric patients: 76
- AMA: 7
- LWBS: 3

- Present to ED via EMS: 43

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
    - Ongoing resources for clinical areas in the facility
    - Collaborating with internal teams on referral processes

Updates:

- Centering staff education around ACHC guidelines:
    - Policy signs off from our new or amended policies.
- Continued education and daily auditing of charts to reduce late charges, increase captured revenue, and improve documentation standards.
- Our ED nurse call-back system continued to reach 30% of patients seen in the ED each month, ensuring they received a follow-up call within 7 days of their visit.
    - I have received positive feedback from the community so far.
    - I will use feedback and data to enhance overall care and patient education.
    - Monitoring the rate of 72-hour returns to the ED to assess any decrease with the program.
    - Continue to exceed the callback goal by 30%.

<u>Ambulance-Reporting</u>

May 2025

- 54 ambulance requests
- 17 of those were transfers

Staffing:

- Now fully staffed
- 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:

Referrals:

24 - Referrals received

All Referred patients have been called. 2 pending Cardiac Clearance. 2 unable to reach for scheduling.

Appointments are scheduled 1-10 days after referrals are received. Typically, we can offer procedure times within 1 to 1 ½ months.

15- Total patients underwent procedures

19- Total procedures performed (4 patients had upper and lower endoscopes).

***21 patients were scheduled. 6 canceled with short notice or did not show up.**

Staffing:

Part-time Endoscopy Technician Position: Received an application from a current employee working in Environmental Services who is interested in the position.

Equipment Upgrades:

On May 5th, an upgraded Olympus light source and video processor were installed, and 2 new Olympus gastroscopes are now in use. This new high-definition technology has significantly improved the image quality during exams.

Outpatient Medical

Updates May 2025

- Census OPM: March 120 patients, April 142 patients, May 132 patients
- Continued work on policies and quality reporting up to date on policies and quality reporting. Have all the OPM level one policies just about wrapped up.
- I am always looking for more privileged providers to sign with MMHD. Working to meet with new providers to educate them on OPM services
- Collecting, uploading/compiling all the data for pillar goals. I have met with my leaders regarding current and future goals.
- Working with the OPM team for input and collaboration on next year's pillar goals so we can delegate tasks and ownership
- Having OPM fill in during LOA for weekly weights and wounds meetings on Wednesdays. Setting expectations on tasks at hand
- Working on health and wellness fair booth for mid-June

- Training new staff that is coming into OPM to help cover absences. Working on a plan to get them up to speed on OPM processes and educating them on specialty procedures done in OPM
- Appreciate everyone's teamwork to cover staff OPM PTO and LOA

Social Services

May 2025

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

Updates:

- We sent letters to the families of residents in Burney regarding the change in providers effective June 1st.
- Residents have really been enjoying the warmer weather and being outside.
- Having more of a presence in Burney is proving to be beneficial.
- It is nice having 2 Charge Nurses on both campuses again.

Clinical Education

May 2025

Certifications/Licenses:

- BLS completed on 5/20/25 with 8 attendees. The next BLS class is 6/10/25 and 5 staff members are currently scheduled to attend.
- Advanced Stroke Life Support (ASLS)-a new training and certification course, is scheduled for June 24, 2025, and 3 staff members are scheduled to attend.

Updates

I noted a deficit with BLS renewal cards being sent to the applicable personnel after a class. Some staff members were having difficulties knowing when or how to claim the BLS renewal card and signing up for a class in a professional timeframe so as not to create a work shift for the instructors. To help mitigate this, the email that contained the revised June training calendar had attachments and/or reminders to assist with education.

- Topics of BLS attachments are as follows:
- The timeframe for receiving your card
- The period of a valid card
- What to do when your card is about to expire
- A QR code for a Knowledge Booster

- A Summary of CRP Components
  - A reminder that BLS renewal cards need to be sent to the applicable personnel
  - A reminder that notifications are sent to registered staff members regarding a pending expiration of a certificate.

In-Service/CEU's:

CNA Trainings

- The CNA Training #2 class, which includes 5 hours of Dementia and 3 hours of Abuse, was held on May 5, 2025, with 10 attendees. The next class is scheduled for June 16, 2025, and currently, 12 CNA staff members are scheduled to attend.
- The CNA Training #1 class, which entails 4 hours of Infection Control, 2 hours of Res and Staff safety, and 2 hours of CNA Professionalism, is scheduled for July 9, 2025, currently with 7 staff members to attend.
  - A Relias module titled *CNA Requirements was added.* This course will assist CNAs in maintaining their CNA and BLS certification requirements.
  - Understand Policies and Procedures regarding CNA and BLS certification requirements for CDPH and Health and Safety Code.
  - Obtain records of current CEU hours via a web-based learning platform (LMS) such as Relias
  - Understand how to request CEU sessions in Relias
  - Know how to request time off in the Schedule Anywhere app
  - Understand how to access the MMHD Calendar in Relias
- Collaborated with Ashley in HR in updating Relias staff members as this assists with tracking purposes on various projects.

Ongoing Projects:

- Continual assistance, as necessary, with SNF pillars/goals.
- Class content updating.
- To assist with compliance, continue with the bi-monthly SPHM DHW Initial Orientation course for newly hired/rehired DHWs. Communicate continuously with Ashley in HR to track new hires/rehires and those who reschedule their Orientation dates.
- Continued collaboration with CNA staff regarding renewals/re-testing. Continued reminders to CNA staff about being mindful of CNA renewal dates and requirements.
- Communication with the CNA staff regarding upcoming CEU classes.
- Continually review of Evercheck notifications regarding specific staff member certifications pending expiration.
- Zoll Defibrillator Implementation-continue to await clarification regarding the implementation of the AED'S.

Respectfully Submitted by Theresa Overton, CNO

Chief Executive Officer Report
Prepared by: Ryan Harris, CEO

Collaboration
Heritage MRI is actively progressing through the licensing and approval process for our new Mobile MRI unit. Historically, this process has typically taken approximately six months to complete, and based on current developments, it is following a similar timeline for Heritage. We are diligently working with the relevant regulatory agencies to secure all necessary certifications and approvals. The contract for the group's owned MRI unit will be included in this month's board packet, providing detailed information on the equipment's terms, scope, and anticipated delivery timeline.

Pit River Health has successfully hired a Licensed Professional Counselor (LPC) and is currently in the onboarding phase. We actively communicate with their team to confirm a definitive start date for our collaborative outpatient therapy services. This partnership aims to enhance mental health support for our residents and expand access to comprehensive behavioral health care within our community.

I also had the opportunity to meet with the superintendent of the local school district this month to discuss ongoing collaborations and the current status of our respective districts. During our discussion, they shared that their primary focus is strengthening their Emergency Medical Technician (EMT) program. They also expressed a strong interest in exploring potential future collaborations with us on our Certified Nursing Assistant (CNA) program, which could provide valuable training opportunities for students and help address workforce needs in healthcare.

Lastly, the Northern Section California Hospital Association (CAH) CEO meeting is scheduled to be hosted by Renown Health in Reno at the end of this month. This important gathering will include CEOs from various hospitals within the Northern California region. During the event, the group will have the opportunity to meet with Renown Health leadership, tour their state-of-the-art facilities, and participate in strategic discussions to strengthen regional healthcare collaboration. The CEO meeting will be held at the Renown Health campus, providing a valuable platform for networking, knowledge sharing, and exploring partnership opportunities to improve healthcare delivery across the region.

Travel
Prior to the July board meeting, I will attend the American Hospital Association's Leadership Summit. This event provides a valuable opportunity to engage with industry leaders, experts, and innovative thinkers from 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 integrating 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 us to proactively adapt and advocate for policies supporting our mission.

Service Excellence Initiative

We officially launched our Service Excellence Initiative during Thursday's all-employee meeting, which over 220 staff members attended virtually or in person. This marked the most highly attended employee gathering I have seen in the past nine years, demonstrating a strong sense of enthusiasm and commitment among our team members for this important initiative. In addition, we conducted two days of dedicated Service Excellence meetings with frontline staff and leadership, fostering open dialogue and collaboration across all levels of the organization.

This comprehensive program aims to elevate the quality of care we provide, enhance patient satisfaction, and cultivate a culture of continuous improvement throughout our organization. Tiffani McKain, our Director of Clinical Services and the implementation coordinator for the initiative will be instrumental in leading these efforts. She will oversee the program's progress, coordinate efforts across teams, and ensure our objectives are effectively met.

Throughout this initiative, Tiffani will provide regular updates and detailed progress reports. These will be included in our board packets and will also be presented during upcoming board meetings scheduled for June, September, December, and March. During these sessions, she will highlight key achievements, discuss any challenges encountered, and outline the next steps in our journey toward Service Excellence. These presentations will keep the board well-informed and actively engaged in supporting and guiding our ongoing efforts to achieve our Service Excellence goals.

USDA Meeting

Travis, Jessica, and I recently met with representatives from the USDA to review the application process. The meeting was highly productive and provided valuable insights. During our discussion, we addressed concerns related to the Build America, Buy America requirements associated with the USDA loan, particularly given the ongoing challenges other hospitals face in meeting these requirements. We also discussed issues surrounding AIA contracts and the timeline needed to modify these documents.

While our success with AIA contracts has been limited, others have experienced more success, highlighting the complexities involved in our upcoming expansion project. These two issues, compliance with Build America, Buy America standards, and AIA contract modifications, add layers of complexity to our project that will need careful consideration when selecting a lender.

USDA has been an excellent lending partner for the district, and I am confident these obstacles can be addressed through ongoing collaboration. Overall, the meeting was very informative, and I look forward to continuing our conversations with USDA about our lending needs and how we can move forward effectively.

Provider Efficiency and AI Scribe Implementation Update
This week, a meeting was held with Cerner to discuss end-user optimization strategies to improve provider efficiency within the system. Cerner is expected to deliver a scoping document by the end of the month to outline potential enhancements and solutions further.

The initiative to implement an AI scribe across clinics and departments remains a priority, given its potential to improve charting accuracy and compliance. Previous efforts involving AvodahMed's AI scribe and Cerner's AI solutions have not garnered provider support, highlighting the need for a reassessment of options.

Moving forward, the clinic leadership team will assume ownership of this project, with the responsibility to identify, evaluate, and select the most effective AI solution. The objective is to implement a viable solution by the end of the calendar year. Leadership is encouraged to oversee the project, delegate tasks accordingly, and determine whether to continue exploring the Cerner option or consider alternative solutions.

Quality Improvement Program
Following an extensive auditing process conducted by Jack Hathaway, Director of Quality, and his team, it has been confirmed that our organization has successfully met two key quality improvement program measures for the calendar year 2024.

This achievement reflects our ongoing commitment to maintaining high care and operational excellence standards. The diligent efforts of the Quality team in reviewing and verifying compliance across various metrics underscore the effectiveness of our current quality initiatives and processes.

Health Fair
I sincerely thank Val and her team for organizing another successful health fair. Having attended our event and the Pit River Health Fair, I have gathered several ideas I look forward to sharing with the team. These suggestions aim to enhance our future health fairs' effectiveness and overall experience, making them even more successful and impactful for our community.