Chief Executive Officer
Ryan Harris

MAYERS MEMORIAL HEALTHCARE DISTRICT

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

Board of Directors
Regular Meeting Agenda
October 29, 2025 @ 1:00 PM
Mayers Memorial Healthcare District
Fall River Boardroom
43563 Highway 299 East
Fall River Mills, CA 96028

Mission Statement
Leading rural healthcare for a lifetime of wellbeing.

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

						Approx. Time Allotted
1	**CALL MEETING TO ORDER**					
2	**CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS** Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 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 – September 17, 2025		***Attachment A***	**Action Item**	1 min.
	3.2	Special Meeting – August 4, 2025		***Attachment B***	**Action Item**	1 min.
4	**DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:**					
	4.1	Resolution 2025.15 August Employee of the Month		***Attachment C***	**Action Item**	1 min.
	4.2	Resolution 2025.17 September Employee of the Month		***Attachment D***	**Action Item**	1 min.
	4.3	Safety Quarterly	Dana Hauge	***Attachment E***	Report	5 min.
	4.4	Respiratory Therapy	Kevin Davie	***Attachment F***	Report	5 min.
	4.5	Employee Housing	Joey Marchy	***Attachment G***	Report	5 min.
	4.6	Service Excellence Initiative Update	Tiffani McKain	***Attachment H***	Report	5 min.
5	**BOARD COMMITTEES**					
	5.1	**Finance Committee**				
		5.1.1 Committee Meeting Report: Chair Humphry			Report	5 min.

	5.1.2	August 2025 Financial Review, AP, AR, and Acceptance of Financials		**Action Item**	5 min.
	5.1.3	September 2025 Financial Review, AP, AR, and Acceptance of Financials		**Action Item**	5 min.
	5.1.4	New Portable X-ray Equipment Proposal – Harold Swartz	**Attachment I**	Discussion/ **Action Item**	5 min.
5.2	**Quality Committee**				
	5.2.1	Committee Meeting Report: Chair Cufaude		Report	5 min.
5.3	**Strategic Planning Committee**				
	5.3.1	No Strategic Planning Committee Meeting in October		Report	1 min.
6	**OLD BUSINESS**				
6.1	BOD Assessment Process			Discussion	5 min.
7	**NEW BUSINESS**				
7.1	Policy and Procedure Quarter Ending September 30, 2025 Report		***Attachment J***	**Action Item**	1 min.
7.2	Conferences NRHA – Ryan Harris, Travis Lakey, and Keith Earnest ACHD – Jeanne Utterback CSLD – Les Cufaude			Discussion	10 min.
7.3	Nominating Committee			Discussion/ **Action Item**	5 min.
8	**ADMINISTRATIVE REPORTS**				
8.1	Chief's Reports – ***Written reports provided. Questions pertaining to the written and verbal reports of any new items***				
	8.1.1	Director of Operations- Jessica DeCoito	***Attachment K***	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 the message			Discussion	2 min.
9.2	Board Education: Chapters 42-52 assigned			Discussion	10 min.
9.3	Annual Holiday Bonuses			Discussion/ **Action Item**	10 min.
10	**MOVE INTO CLOSED SESSION**				
10.1	Pending Litigation (Gov. Code § 54956.9)			Discussion **Action Item**	10 min.

10.2	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	**RECONVENE OPEN SESSION:**
12	**ADJOURNMENT:** Next Meeting December 10, 2025

Posted: October 23, 2025

Chief Executive Officer
Ryan Harris

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

MAYERS MEMORIAL HEALTHCARE DISTRICT

Board of Directors
Regular Meeting Minutes
September 17, 2025 @ 1:00 PM
Mayers Memorial Healthcare District
Burney Boardroom
20647 Commerce Way
Burney, CA 96013

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

CALL MEETING TO ORDER: Jeanne Utterback called the regular meeting to order at 12:59 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	Keith Earnest, CCO
Jim Ferguson, Director	Libby Mee, CHRO
Tami Humphry, Treasurer	Theresa Overton, CNO
Lisa Neal, Board Clerk	Valerie Lakey, CPRO
	Jessica DeCoito, Director of Operations
	Jack Hathaway, Director of Quality
	Kristi Shultz, Retail Pharmacy Manager
	Daryl Schneider, Physical Therapy & Cardiac Rehab Manager
	Michelle Peterson, Outpatient Medical Services 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 was made and carried; the Board of Directors accepted the Regular Board Meeting minutes of August 27, 2025.	***Cufaude, Hathaway***	***Approved by All***

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1 Hospital Pharmacy:
Keith provided a written report. The hospital pharmacy is expanding the 340B program to include ER patients and Outpatient Services, which will lower drug costs to the hospital. The team is working with a new company that can bill Medicare B and deliver continuous glucose machines and sensors via email. A new hospital pharmacist, Gary Pinkley, will be onboarding on September 25, 2025.

4.2 Retail Pharmacy:
Kristi provided a written report. Shout out to her team for the excellent customer service they continue to deliver, as they welcome new customers following the closure of Rite Aid in Burney.

4.3 Physical Therapy & Cardiac Rehab:
Daryl provided a written report. Scottcare cardiac rehab monitoring equipment will be purchased.

4.4 Outpatient Medical:
Michelle Peterson provided a written report. Shout out to her team for working together while she was on LOA.

5 BOARD COMMITTEES

5.1 **Finance Committee**

5.1.1 Committee Meeting Report: Chair Humphry

		Cash on hand looks good; AR days are at 71. Dr. Lewis, a locum, started in the clinic on Monday, and progress is being made with the CMO open positions. Due to H.R. 1, we are reviewing a phased modification approach over the next three years for our current programs, except for the retention programs, for which we see a direct correlation between the reduction in registry and traveler costs. The employee holiday bonus for this year was discussed, estimated to be $320k. We will look for direction from the board on employee holiday bonuses at the October board meeting.		
	5.1.2	June 2025 Financial Review, AP, AR, and Acceptance of Financials – Motion moved, seconded, and approved	**Humphry, Hathaway**	**Approved by All**
	5.1.3	July 2025 Financial Review, AP, AR, and Acceptance of Financials – Motion moved, seconded, and approved	**Hathaway, Cufaude**	**Approved by All**
	5.1.4	Investment Proposal by Clear Wealth Strategies - Motion moved, seconded, and approved 7% in principal & interest that can be reinvested	**Hathaway, Cufaude**	**Approved by All**
5.2		**Quality Committee**		
	5.2.1	September Quality Meeting Report: The Plan of Correction (POC) for SNF has been accepted, and there will not be a resurvey. Expecting the Denial of Payment for New Admissions (DPNA) to be lifted and admissions reinitiated effective Oct 15, 2025. For medication errors, staff education and tracking are in place. Next steps include aligning the medication errors with the corresponding medication name and nurse ID and determining an appropriate threshold. Theresa discussed nursing changes and implementations in SNF. In FR, a change has been implemented within PCC that requires nurses to answer based on a pain scale, and it is currently in a trial period at the Burney Annex. The nurse educator is doing 1x1 audits with nurses. Jack will include Quarterly Hospice Quality reporting and SNF Quality. Keith reported that for Hospice, the majority of funds are spent at the beginning of a stay, and discussed educating the community on the range of Hospice services that can be provided before the end-of-life period. Ryan reported that the lab survey identified a few issues ("tags"), while the clinic survey had no identified tags.		
5.3		**Strategic Planning Committee Report**		
	5.3.1	Meeting moved to BOD Retreat on September 29, 2025		
6	**NEW BUSINESS**			
6.1		Resolution 2025-16 Authorizing Signatories for Clear Wealth Investment Account. Motion moved, seconded, and approved.	***Ferguson, Hathaway***	***Approved by All***
6.2		**BOD Assessment Process** Jeanne is attending the Annual ACHD meeting at the end of September and will share information on the ACHD member benefit for Board Self-Assessment.		
6.3		**HR 1 Advocacy** MMHD's advocacy regarding H.R. 1 has been steady, coalition-driven, and strategically aligned with statewide efforts to protect rural healthcare. Federal engagement included outreach to Congressman Doug LaMalfa's office, while state-level discussions have begun with Senator Megan Dahle, with further outreach pending. MMHD actively participates in the California Hospital Association's Legislative Strategy Group and collaborates with key organizations, including CHA, ACHD, and DHLF, to ensure unified messaging and a more substantial impact. Next steps include increasing direct legislative engagement and documenting advocacy outcomes for review by leadership.		
ADMINISTRATIVE REPORTS				
7.1		**Chief Reports: Written reports provided in packet**		
	7.1.1	**DOO:** Written report submitted. Operations continue to progress across key areas. The Solar Project has received final approval from PG&E, with completion expected by October 25. TCCN Phase 3 and FR RHC permits have been secured, while PIN 74 Lot Line Adjustments await county approval. A seismic retrofit strategy is underway with architectural support to meet SPC and NPC compliance. The team is preparing to present construction project recommendations at the October 29 workshop. In IT, a printer contract refresh is in progress, leveraging GPO vendor engagement. Environmental Services is focused on implementing corrective actions following a recent relicensing survey, with long-term plans to enhance bathroom cleanliness and floor maintenance.		

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

7.1.2 **CFO:** Written report submitted.
The fiscal year is off to a strong start, with the Emergency Room achieving a record-breaking July and Swing services recording their third-best July in 16 years, contributing to one of the highest daily gross revenue months on record. Accounts Receivable (AR) days increased slightly due to elevated revenue levels from ER and inpatient services. The CFO participated in a webinar hosted by HCAI outlining the Rural Health Transformation Program's application process and timelines, which includes feedback from 279 RHCs, 151 FQHCs, and 76 rural hospitals. Surveys are being distributed to guide program focus, and internal efforts are underway to submit responses and narratives that best support rural hospital reimbursement.

7.1.3 **CHRO:** Written report submitted.
Human Resources, Payroll, and Benefits Department supported 307 employees and actively managed 18 job requisitions to fill 32 open positions across multiple departments, with significant staffing needs in Skilled Nursing. Recruitment efforts included participation in regional career fairs to strengthen MMHD's talent pipeline. All 292 annual employee evaluations were completed on time, with 69% of staff meeting expectations and 31% exceeding them. Compliance initiatives such as Relias Re-Orientation and Employee Health tracking are underway. Additionally, MMHD launched a Leadership Academy in partnership with the Healthcare Leadership Institute, engaging 18 leaders in DiSC and 360-degree assessments to foster a high-performing leadership culture.

7.1.4 **CPRO:** Written report submitted.
MMHD continues to focus on sustained advocacy around H.R. 1, with coordinated efforts at both federal and state levels to protect rural healthcare interests, including active participation in statewide coalitions. The Mayers Healthcare Foundation celebrated a successful 25th Anniversary Golf Tournament, raising $15,000 for the relocation of the Lucky Finds Thrift Store, which is nearing completion. Scholarship and departmental award initiatives are underway, alongside preparations for North State Giving Tuesday and the 2026 Denim & Diamonds Hospice Gala. Public relations efforts remain focused on website updates, while the Tri-County Community Network continues to engage in community outreach through clothing giveaways and ACEs Aware services. Additionally, the BOTVIN program received a $4,000 grant to expand school-based prevention efforts.

7.1.5 **CCO**: Written report submitted.
The Clinical Division continues to advance key initiatives across departments, with strong engagement in Service Excellence workshops and Oasis team projects targeting synergy and outcomes for full implementation by April 2026. Respiratory Therapy remains fully staffed with travelers while recruitment for a manager is underway. Infection Prevention completed its Exposure Control Plan and is launching a fall-themed hand hygiene campaign aligned with National Infection Prevention Week. The Laboratory successfully underwent a dual-cycle CLIA inspection with fewer citations than average, while Imaging celebrated a successful MRI launch and is evaluating service expansions and vendor contracts. The Rural Health Clinic achieved 100% compliance in its OB-related site review, and Care Coordination welcomed a new specialist.

7.1.6 **CNO:** Written report submitted.
Nursing services maintained strong census levels across SNF, Acute, and Outpatient departments, despite ongoing staffing challenges, mitigated by new hires and agency support. Regulatory compliance remains a focus, with corrective actions underway following CDPH citations and continued progress on EMTALA and ACHC Plans of Correction. Clinical education advanced with telemetry and defibrillator training, while Ambulance Services launched monthly crew reviews. The Emergency Department sustained high patient volumes and achieved strong patient follow-up rates. Surgery improved scheduling efficiency and addressed facility compliance issues. Across departments, staff development, patient engagement, and operational resilience continue to drive quality care and service excellence. SNF has a wait list: 2 for Memory Care and 4 for the general population

7.1.7 **CEO:** Written report submitted.
MMHD is in ongoing negotiations with Pit River Health Services to enhance mental health support for residents. Advocacy efforts are intensified to address seismic compliance, healthcare affordability, and funding for rural hospitals with state and federal leaders. The Service Excellence Initiative continues to impact staff culture positively, and recruitment remains a priority with locum tenens filling key roles temporarily. Strategic planning is underway for construction projects and financial sustainability, including potential participation in the Small Rural Hospital Relief Program. The district is also reassessing benefits programs for long-term viability. A completed Plan of Corrections (POC) following the August relicensing survey has led to new training initiatives aimed at improving compliance. Lastly, in response to public concern following a KRCR report on rural hospital closures, internal communication was shared to ensure staff can accurately address community questions.

DRAFT

8	**OTHER INFORMATION/ANNOUNCEMENTS**	
	Board Member Message: MRI Physical Therapy & Cardiac Rehab Retail Pharmacy – get your prescriptions filled	
8.1	TCCN Octoberfest ECM Services Thank you to our MHF Tournament golfers, donors, volunteers, and Foundation board members Gala – Sparkling with Gratitude	
	Board Education: Chapters 36-41	
8.2	The team engaged in a discussion on the assigned chapters and plans to complete the book and hold a final review during the October board meeting.	
9	**MOVE INTO CLOSED SESSION: 3:42 pm**	
9.1	Pending Litigation (§54956.9) (Discussion/Action)	No Action Taken
10	**RECONVENE OPEN SESSION: 4:05pm**	
11	**Adjournment:** 4:05 pm. Next meeting is October 29, 2025	

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

DRAFT

Chief Executive Officer
Ryan Harris

MAYERS MEMORIAL
HEALTHCARE DISTRICT

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

Board of Directors
Special Board Meeting Minutes
August 4, 2025 @ 4 PM
Mayers Memorial Healthcare District
Fall River Boardroom
43563 HWY 299 E
Fall River Mills, CA 96028

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

CALL MEETING TO ORDER: Jeanne Utterback called the regular meeting to order at 4:02 PM on the above date.

BOARD MEMBERS PRESENT:
Jeanne Utterback, President
Tami Humphry, Treasurer
Lester Cufaude, Secretary

STAFF PRESENT:
Ryan Harris, CEO
Lisa Neal, Assistant to the CEO

ABSENT:
Abe Hathaway, Vice President
Jim Ferguson, Director
Ashley Nelson, Board Clerk

2	**CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS:**			
	No public comment.			
3	**NEW BUSINESS**			
	3.1	Resolution 2025-12: Approving the Purchase of Real Property from Fort Crook Masons Fall River Mills, CA Real Estate Negotiator: Ryan Harris APN: 018-200-006	***HUMPHRY, UTTERBACK***	***APPROVED BY ALL***
4	**Adjournment:** 4:06 PM			

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

_____ Board Member

_____ Board Clerk

RESOLUTION NO. 2025-15

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

Kayton Davies

As August 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 Kayton Davies is hereby named Mayers Memorial Healthcare District Employee of the Month for August 2025; and

DULY PASSED AND ADOPTED this 29th day of October 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:

_____
Lisa Neal
Clerk of the Board of Directors

RESOLUTION NO. 2025-17

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

Kayla Ramlow

As September 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 Kayla Ramlow is hereby named Mayers Memorial Healthcare District Employee of the Month for August 2025; and

DULY PASSED AND ADOPTED this 29th day of October 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:

_____
Lisa Neal
Clerk of the Board of Directors

Safety and Security Quarterly Report- October 2025

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

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Introduction

This quarter has been both productive and impactful, with concentrated efforts on enhancing the district's safety and security programs. Work included developing and tracking additional performance improvement indicators, monitoring data to identify trends, and exploring cost-reduction opportunities across safety and emergency operations.

Department Highlights

Approved to pilot a new addition to the current Versa Badges in the ER with the addition of personal panic buttons. Alerting capabilities will be integrated into cell phones and desktops, enabling designated individuals to receive timely notifications. This aligns with the establishment of new safety and emergency response teams for the district as part of my Capstone Project and FY26 priorities. The project will be piloted for a year to gather data on the validity of the new programming.

Completion of security protective measures in admitting is expected by the end of the year. This includes the addition of bulletproof glass and new door locking mechanisms in the ER waiting area.

I attended and spoke at the California Hospital Association Disaster Conference, where I served as a committee member, helping to select and introduce speakers. With Modoc Medical Center, I spoke about the differences in disaster response for rural facilities and conducted a small tabletop exercise focusing on our E. coli water disaster in 2023.

Developed a de-escalation/ workplace violence in-house training to cut overhead costs that has been approved by ACHC and will serve as our district-wide annual and in-the-moment training.

OASIS Teams have developed district-wide projects and are gaining executive support, with projects set to be presented to staff soon.

Safety, Emergency, and Environment of Care Committee Highlights and reviewed data.

Infection Control Risk Assessments

ICRAs are completed for all maintenance projects in patient care areas and are reported on a monthly basis. Both Infection Prevention and Safety sign off, looking for dust particles, sound, egress, and other notable conditions that could be a concern.

Fall River Facility Door Compliance

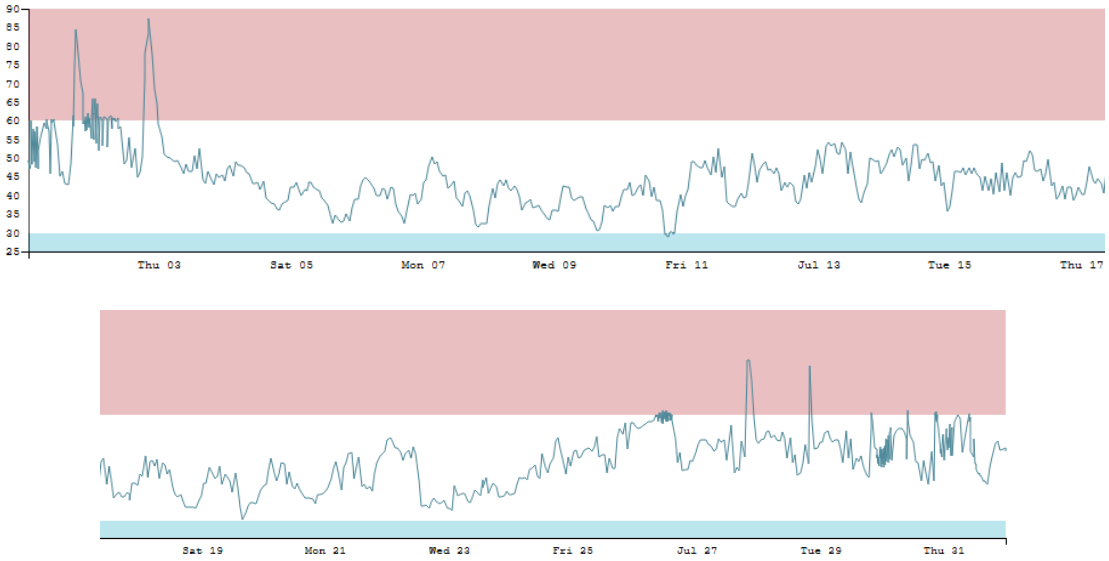
Weekly log, required by ACHC testing self-closing mechanisms on doors with a fire rating, per plan of corrections. A consistent 98% will mark a successful correction.

Month	Total Inspected	Passed	Failed	Percentage Passed	Percentage Fail
September	668	655	13	98%	2
August	668	653	15	98%	2%
July	668	664	4	99%	1%
June	668	646	22	97%	3%
May	835	817	18	98%	2%
April	668	648	20	97%	3%
March	668	643	25	96%	4%

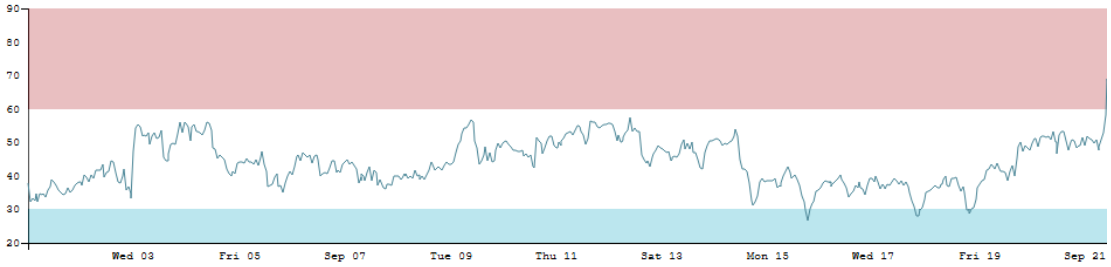
Relative Humidity Data from OR 1

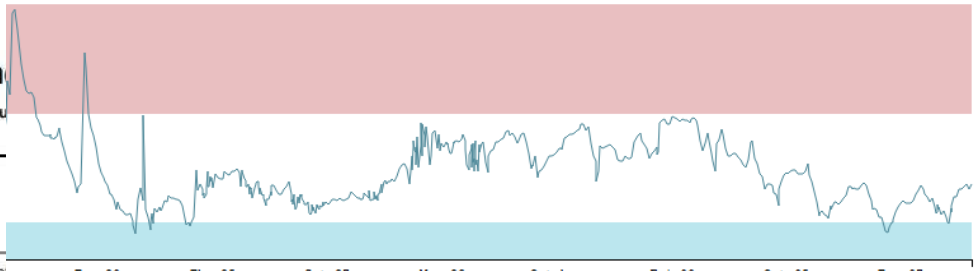
Graphs indicate that humidity levels fall within the required range of 30–60% RH, as specified by the manufacturer and ACHC standards. Maintenance has installed a humidifier, as reflected in the September graph. The upcoming data is expected to reflect consistent readings, particularly on endoscopy days.

July 2025. 953 sample points. Mean = 47.2 relative humidity



September 2025. 1085 sample points. Mean 43.7 relative humidity.





Radiation Dosim

eters. When exposure results
e not covered by the NVLAP

Account : 204145 Subaccou

Participant Number	Name / ID Number	Birth Da				Tue 23		Thu 25	Sat 27		Mon 29	October		Fri 03	Oct 05		Tue 07		SDE	Inception Date	Serial Number
For Monitoring Period:						2025-01-01 to 2025-03-31			QUARTER 1			2025					LIFETIME				
00XRY	CONTROL Control Dose Used	Pa Pa	CNTRL			**30**	**30**	**29**													3268079C
00018	GULBRANSEN, JENN	Pa	CHEST	P		**1**	**1**	**2**	1	1	2	1	1	2	15	16	19		2019/04	3268080C
00021	BENSON, AMANDA	Pa	CHEST	P		**M**	**M**	**1**	M	M	1	M	M	1	54	54	52		2022/01	3268081C
00027	SPARE 1	Pa	CHEST NOTE			Unused									M	M	M		2022/04	3268082C
00028	SPARE 2	Pa	CHEST NOTE			Unused									4	3	3		2022/04	3268083C
00029	SPARE 3	Pa	CHEST NOTE			Unused									M	M	M		2022/04	3268084C
00030	SPARE 4	Pa	CHEST NOTE			Unused													2022/04	3268085C
00037	SWARTZ,HAROLD	Pa	COLLAR NOTE			Unused									M	1	2		2023/07	3268086C
00043	ASHFORD, CHANDA	Pa	CHEST NOTE			Unused									M	1	3		2024/01	3268087C
00047	WARREN, CHESTER	Pa	CHEST	P		**22**	**22**	**21**	22	22	21	22	22	21	59	58	56		2024/08	3268088C

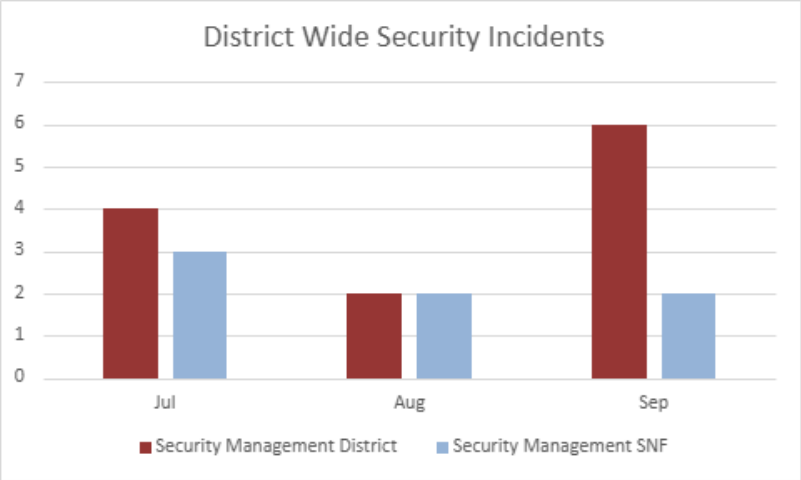
Radiology Data

Landauer reports are presented annually to the SEECC. Radiology exposure rates are unavoidable and are monitored by a dosimeter worn near the collar of their scrubs. Our rates are low and show a safety culture within the department.

Fire Systems

- Hue & Cry Inc. has assumed responsibility for monitoring the fire systems at the Fall River campus.
- The annual inspection, conducted on September 24, 2025, was completed without identifiable failures or deficiencies noted.
- Smoke detector sensitivity testing was successfully completed on September 23, 2025.
- The SEECC participated in facilitating the quarterly fire drill for the first time and was pleased with the participation and process.
- The fire drills were successful overall, with one door identified for adjustment to ensure proper self-closing functionality.

Security Incidents



Total for District = 19

- Eight events required a call to the Sheriff's Department
- Largest response was for non-patient disturbances, verbal or violent. A person who is unwanted on the property or is causing an annoyance. Ten events.

Data Comparison for July- September for the year 2024 vs. 2025

	Jul	Aug	Sep	Oct
2024	3	2	0	7
2025	7	4	8	5

First Aid & Injuries

Fall River Campus

- Four first aid injuries
- Two reportable injuries
- 3 days missed work.

Burney Campus

- Four first aid injuries
- Three reportable injuries
- 22 days missed work.

A new breakdown of the types of injuries categorizes them under the following categories.

- Safe Patient Handling
- Ergonomics
- Slips, Trips, and Falls
- Equipment Related
- Other- security related
- Other- environmental

In the first quarter of monitoring the new classifications, we are closely tracking ergonomic and equipment-related injuries. District-wide education will be implemented next quarter to address these findings. Additionally, with the anticipated increase in slips, trips, and falls due to changing weather conditions, proactive education will be offered.

Disaster Events

	1.Incidents that are alerted to for possible emergency response		
	2. Monitored events that may cause the need for any level of response		
	3. Incidents that require action in relation to an event.		
	4. Incidents that are classified as an emergency & require full response		
	5. Trainings; drills table tops		
Type	DATE	DAYS/HOURS	
5	5/22/2025	5 hours	Table top for MCI and infectious/ hazardous response
1	5/30/2025	under 4	Code Triage Alert due to small fire adjacent to Fall River Campus.
1	7/5/2025	under 4	Alert due to small wildfire within one mile of the annex.
2	7/8/2025	2 weeks	Monitor air quality daily and periodically due to Green Fire smoke- alert SNF on higher numbers
2	7/8/2025	1 week	Monitor Phamaceutical manufacturer in Bourne Texas, in relation to the flooding disaster in Texas
4	7/17/2025	10 hours	Network failure at the vendor level blocked us from accessing our internet driven programs, causing loss of clinical programs. EM-Resource was unable to update and the ER was put on yellow status verbally with the county MOHACS. IT teams spent 8 hours working and were able to regain connection with the help of our IT contract vendor. Cerner remained down and took additional hours to regain working order. A hotwash was held the next Monday- 21st. Staff reported a need for copies in downtime. Consider individual printers-not reliant on network
3	7/20/2025	5 days	ER nurse assaulted on shift- assailant made threats. Warrant issued- assailant is at large. facility is in partial lockdown. Assailant arrested Thursday 7/24/25
3	7/25/2025	8 hours	Severe thunderstorm- Burney annex power outage
5	8/21/2025	6 hours	Functional Drill- Surge, triage and decon tent practice, TTXFR- SNF lockdown, EVAC in Burney due to utility fail
1	9/2/2025	45 min	Power outage- FR
1	9/10/2025		Heavy thunderstorm, possible leaking and surge in accidents- no response needed. Operations working on facility- Ryan alerted Dana - at a conference
1	9/20/2025	1 hour	Power outage FR/ Lodge- nurse supervisor reported fire on the "pipe" line- meant power line. Lodge employee reported possibly seeing a bit of smoke, Initiated text with operations to start possible response. Ryan confirmed incident was at golf course. Power came back on.
3	9/28/2025	3 days	Acceptance of 16 evacuee's from Shasta view estates- Main fire in Weed Ca.
2	10/2/2025	1 day	Planned power outage- 8 hours at least. Generators and systems worked well.

31 Days, 14 hours, and 45 minutes. 758.75 hours in a position of response.

The data collected will provide an overview of the timing and resources needed to position the district to be proactive rather than reactive in disaster response. July has already proven to be a busy month, and with this recognition, planning efforts for training and preparedness will be adjusted to ensure continued success.

MAYERS MEMORIAL HEALTHCARE DISTRICT

Department Reporting
Managers' Meeting and Regular Board Meeting

Manager & Department: Kevin Davie & Respiratory

Reporting Month & Year: October, 2025

Summary:

I focused on streamlining RT supplies and coordinating in-service trainings with Nursing. Key wins: collaborated with Purchasing to implement barcode stickers for all RT supplies, improving charge accuracy and revenue capture, and successfully restored full staffing in the department. The main challenge remains recruiting permanent RTs, with ongoing efforts in partnership with Ashley and recruiters to find the right fit.

Top Projects (1-3):

Collaborating with Hollie to review and streamline respiratory therapy supplies, ensuring we eliminate unused items and align inventory with staff preferences

Working with Nursing to organize targeted in-service trainings based on staff requests and areas of interest.

Wins (1-2):

Partnered with Purchasing to tag all RT supplies, ensuring accurate charge capture and minimizing lost revenue opportunities.

Successfully restored full staffing levels within the Respiratory Therapy Department.

Challenge (1):

Continuing efforts with Ashley and external recruiters to identify permanent RTs who are the right fit for Mayers.

Department Reporting
Managers' Meeting and Regular Board Meeting

Manager & Department: Joey Marchy, Employee Housing

Reporting Month & Year: October, 2025

Summary:

Our Pit River Lodge supports recruitment and retention in this rural area. The lodge comprises 13 short-term housing units, five houses for longer-term use, and two RV spots, all overseen by its Employee Housing Department. This program helps address local housing shortages that can hinder hiring and retention, as well as the need to utilize registry staffing agencies to fill positions. By offering both transitional and permanent housing options, MMHD helps new and existing employees secure accommodation, easing relocation challenges and strengthening workforce stability in a competitive healthcare environment. Currently, we have observed an increasing demand for our housing facility due to changes in registry agencies and hospital requirements. Through short-term housing alone, we have an average of 30-35 tenants a week that pass through the lodge. That is a mixture of registry staff, contracted staff, and permanent employees. We have maintained a consistent occupancy rate of 85% in the five long-term housing units, and permanent employees occupy both RV spots. This has enabled me to hire a second full-time housekeeper for the lodge.

Employee Housing also includes the on-call house behind the ER. My daily involvement with that unit is limited due to the self sufficiency of that house. I mainly deal with additions to scheduling, maintenance requests, tenant issues, and purchase requests.

Top Projects (1-3):

1. I am working on implementing a housing application that can be sent out to potential tenants of the lodge. Over the past few months, we have recognized a need to gather more information about potential tenants before offering them housing.
2. Along with that, there are ongoing additions of practical practices to our House Rules to create a document that better serves our management needs.
3. Working with Dana Hauge to create an emergency action plan for the lodge.
4. The goal is to add these plans and programs to MCN as policies at the lodge.

Wins (1-2):

1. The addition of Maria to my housekeeping staff has greatly improved the number of people we can house. We have staff 7 days a week down at the lodge.
2. On average we house around 30- 35 people a week through short term housing.

Challenge (1):

The lodge has had some challenging tenants as of late and we are making changes listed above to mitigate some of those challenges.

Board Meeting: Service Excellence Initiative Update
October 29th, 2025

Service Excellence Advisor (Train the Facilitator) Course – June 23rd, 2025
Larry Chatterton, Implementation Specialist with CLS, led the SEAs through a comprehensive training on how to present the Service Excellence Workshop. He reviewed the SEA role and introduced various teaching techniques. SEAs were divided into five teams, each assigned one of the workshop attributes. Their assignment was to create and perform a skit for the Leadership Team the following day during graduation.
The 5 Attributes of Service Excellence:

1. Understand Your Customer
2. Communication Matters
3. Showing Compassion Behind the Mask
4. License to Please – Empowerment Tool
5. Attitude is Everything

SEA Graduation – June 24th, 2025
Larry began the day by reviewing workshop materials and introducing additional facilitation strategies. SEAs rehearsed and successfully presented their skits to the Leadership Team. Each SEA received a certificate of completion. The SEA Team did an amazing job!

Materials Management Meeting – July 1st, 2025
I distributed all SEA teaching materials and organized the teams. Each SEA team selected a unique name:
SEA Teams:

- *The Leftovers:* Christina Gibson, Ashley Nelson, Laura Saunders, Shannon Ohm
- *The What Ifs:* Euan Harrington, Ralph Freitas, Katelynn Agee
- *World-Wide:* Yarely Contreras, Diablo Pergakis, Samantha Weidner, Lilli Consiglio
- *Ramp It Up:* Jenn Gulbransen, Katrina Williams, Tyler Wolter
- *Triple N:* Lisa Neal, Jennie Robb, Karina Aceves

I proposed a training calendar for August, with final workshop sessions scheduled for September. Each team selected their preferred presentation dates.

Leadership Empowerment Survey – July 14th, 2025
Libby launched the annual Leadership Empowerment Survey, allowing employees to provide anonymous feedback on leadership effectiveness. Nominees were rated on a scale of 0–4 across various leadership traits.
Benchmark score from August 1st survey: 3.46

Workshop Pilot – August 11th, 2025
SEAs presented one attribute each with their newly formed teams. They did an exceptional job for their first time presenting!

Winning With Difficult Behaviors – August 11th, 2025
SEAs and leaders participated in training focused on managing disruptive behaviors, emotional regulation, and accountability. Topics included:

- Behavioral Health
- Emotional Self-Control
- Crucial Conversations
- Preparing to Confront Negative Behavior

Leaders learned how to coach, confront, and if necessary, terminate low-performing employees. SEAs and leaders collaborated using the Model for Accountability.

Service Empowerment Leadership Course – August 12th, 2025
Larry Chatterton led a leadership course for managers, supervisors, and decision-makers. Topics included confidential score reviews, the Individual Leadership Accountability Agreement, and key leadership competencies:

- Visionary & Change Agent
- Builder of Trust & Personal Effectiveness
- Communicator
- Customer Service & Survey Literate
- Team Leader & Meeting Leader
- Project & Time Manager
- Creative Problem Involver
- Empowering Delegator
- Employee Developer & Coach
- Performance & Conflict Manager

Service Excellence Workshops – September 3rd–30th, 2025
I was thoroughly impressed by the quality and professionalism each team brought to the Service Excellence Workshops. Their ability to step in and support one another on short notice demonstrated true collaboration and commitment. The presentations were engaging, relatable, and well-received by employees across the board. At the end of each session, participants completed evaluations rating both the delivery and the content. The feedback was overwhelmingly positive, and employees praised their peers and expressed genuine appreciation for the information shared. Lastly, there are 42 employees who have expressed interest in becoming one of the Service Excellence Advisors for Y2.

- 18 workshops held across Burney and Fall River campuses
- 277 employees attended
- 16 employees still need to attend due to leave or absence
- Monthly workshops for new hires and other staff that may have missed September workshop begins **October 30th, 3–5 PM in the Fall River Board Room**
- I will work with each Manager to continue coordinating attendance for remaining staff

DO IT Facilitator's Course & SEA Celebration – October 7th, 2025
Led by Larry Chatterton and Andrew Lewis, VP of Implementation. Training included:

- Process improvement strategies
- Kaizen methodology
- DO IT Form and tentative rollout (December 1st)
- Hands-on hospital exercise to identify potential DO Its

DO IT Process (Departmentally Organized Improvement Tactics)

- All staff attend Service Excellence Workshops
- DO IT meetings held every 3–4 weeks within departments
- Managers schedule and facilitate meetings
- Team decisions are shared and acted upon collectively
- Meeting minutes distributed to team members and Michele King
- Staff empowered to:
    - Make changes in their own departments
    - Recommend cross-departmental improvements

A Service Summit will conclude the initiative, celebrating team achievements.
We wrapped up the month by celebrating our SEAs for their incredible dedication and hard work. Their leadership and enthusiasm made this initiative a true success!

HealthCare Service Excellence Conference – November 9–12, 2025
Euan Harrington, Chris Gibson, and Tiffani McKain will attend the HCSEC in Galveston, Texas. Euan and Chris, both SEA Team Captains, have demonstrated outstanding leadership. A call with Brian Lee on October 15th provided helpful logistics and expectations for the conference.

Upcoming Events:

- HealthCare Service Excellence Conference – Galveston, TX: November 9–12
- DO IT Rollout – December (Date TBD)

Portable X-Ray Service Contract vs. New System Investment

Summary

Renewing the current portable X-ray service contract would cost **$33,693 annually**, totaling approximately **$168,465 over the next five years**, **without any technology upgrades**. In contrast, investing in a **new United Imaging portable X-ray unit** would require an initial purchase cost of **approximately $150,000**, followed by an **annual service contract of $25,000** starting in year two. This investment would provide:

- **Modern, Secure Technology:** A fully supported operating system with ongoing security updates and future-proof compatibility for new software needs
- **Advanced Imaging Features**: Built-in enhancements such as line placement assist and bone suppression software for improved diagnostic accuracy
- **AI-Powered Automation**: All future software and advancements included at no additional cost
- **Downtime Reimbursement:** Hourly compensation in the event of system outages, protecting against revenue loss

Continuing with the current unit would require significant ongoing costs while relying on outdated, unsupported technology with increasing cybersecurity and operational risks. Replacing the system now enhances patient care, improves operational efficiency, and represents a strategic, cost-effective long-term investment for the organization.

Current Siemens Portable Challenges

• Outdated Platform: Windows 7 is unsupported, creating cybersecurity and compliance risks.
• Financial Burden: $33,693 per year service cost, $5,000 detector deductible, and no downtime coverage.
• Clinical Limitations: Lower 35 kW generator limits imaging for critical or bariatric patients; lacks advanced image tools and remote support.

United Imaging uDR 380i Pro Benefits

• Secure & Modern: Built on the latest Windows OS with lifetime AI and software upgrades.
• Advanced Performance: 50 kW generator, edge enhancement and bone suppression tools for clearer imaging.

• Operational Efficiency: Remote live support (uVision), downtime reimbursement, and zero detector deductible.

Portable X-Ray Service Contract vs. New United Imaging Unit

Category	Current System (Renew Existing Service Contract)	New United Imaging Portable
Initial Purchase Cost	$0 (already owned)	~$150,000 (one-time Year 1)
Annual Service Cost	$33, 693	$25,000 (starting Year 2)
Technology Upgrades	None	Included (OS +Software)
Cybersecurity Risk	High (windows 7, unsupported)	Low (modern, secure OS)
Future Advancements	Not available	Included at no cost
Downtime Reimbursement	Not covered	Hourly reimbursement
Estimated Downtime Risk	Higher (aging system)	Lower (covered contractually)
Strategic Value	Limited - Investing in outdated technology	High - future proof investment with advanced imaging capabilities

Recommendation

Move forward with the purchase of the United Imaging uDR 380i Pro portable X-ray system in place of renewing the Siemens service contract. This investment strengthens regulatory compliance, enhances diagnostic precision, minimizes equipment downtime, and reflects sound fiscal stewardship.

MMHD Policy & Procedure Report for Quarter Ending 09-30-25

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

Date
October 6, 2025

For Quarter Ending
September 30, 2025

Department	Document	New/Revised /Retired
Activities	Activity, Resident	Revised
Activities	Beauty Barber Shop	Revised
Activities	Resident Activities Treatment Plan (Swing Bed) MMH121	Retired
Activities	Resident Council Happenings MMH699	Revised
Activities	Resident Council Meeting Minutes Form MMH44	Revised
Activities	SNF Resident Council Activities	Revised
Activities	Van Procedure	Revised
Acute - Med Surg	Acute Care Admission Assessment Record Form MMH155	Revised
Acute - Med Surg	Admissions Forms Checklist Acute MMH723-A	Revised
Acute - Med Surg	BILI LITE FLOW SHEET and I O MMH411	Revised
Acute - Med Surg	Blood Glucose Monitoring - Nova Statstrip Glucose Monitoring System	Revised
Acute - Med Surg	Code Blue	Revised
Acute - Med Surg	Discharge Planning Evaluation	Revised
Acute - Med Surg	Hospital Reporting Form - Shasta County Coroner's Office	Revised
Acute - Med Surg	Venous Thromboembolism - Prevention (VTE)	Revised
Administration	Organizational Conflict of Interest Policy for Design-Build Projects	Revised
Ambulance	Use of Prehospital Staff in Hospital	Revised
Board of Directors	Access to Public Records	Revised
Board of Directors	Board Compensation & Reimbursement	Revised
Board of Directors	Board Member Vacancy (Appointment) Process	Revised
Board of Directors	Board of Directors' Job Description - Responsibilities - Duties	Revised
Board of Directors	Contract Review Form MMH586	Revised
Board of Directors	Public Forum During Board Meetings and Request to be Heard	Revised
Board of Directors	Public Interface	Revised
Board of Directors	Succession Plan	Revised
Business Office	Bad Debt Collection Policy	Revised
Business Office	Financial Assistance Application MMH457	Revised
Business Office	Prompt Pay Discount	Revised
CAH	Status and Location - CAH	Revised
CAH	Surgical Services	Revised
Clinics, Rural	Cover Page MMH795	Revised
Clinics, Rural	Cover Page MMH795 Spanish	Revised
Clinics, Rural	EMR Outage - Unplanned/Planned - Rural Health Clinic	Revised
Clinics, Rural	Front Office - Rural Health Clinic	Revised
Clinics, Rural	Office Procedures MMH745	Revised
Clinics, Rural	Office Procedures Spanish MMH745S	Revised
Clinics, Rural	Patient Registration MMH747	Revised
Clinics, Rural	Patient Registration MMH747S	Revised
Clinics, Rural	Surgery Clearance Form - RHC MMH799	Revised
Compliance	Corporate Compliance-Compliance Program - Hospice	Revised
Compliance	Information, Release of	Revised
Controlled Drug Distribution	Use of Low Molecular Weight Heparin Enoxaparin (Lovenox)	Revised
Controlled Drug Distribution	Warfarin (Coumadin) Safety	Revised
Disaster Plans	Evacuation and Shelter in Place Plan	Revised
Disaster Plans	Lockdown Procedures in an Emergency Plan	New
Disaster Plans	Staff & Patient Tracking During an Emergency Situation	Revised
Disaster Policies	Bioterrorism Guidelines for Handling Mail	Revised
Disaster Policies	Communications-News Media Process Plan	Revised

Department	Document	New/Revised /Retired
Disaster Policies	Disruption of Services; Fire and Disaster Health Records- SNF	Revised
Disaster Policies	Emergency Procedure for Laboratory	Retired
Disaster Policies	Emergency Water Supply Check Off Sheet MMH503	Revised
Disaster Policies	Invoking the 1135 Waiver	Revised
Disaster Policies	Privileging of Licensed Independent Practitioners During an Emergency or Disaster	Revised
Disaster Policies	Security - Emergency Management Policy	Revised
Employee Health	Employee Exposure to Body Fluid	Retired
Employee Health	Influenza Vaccination Program for Healthcare Staff	New
Environmental Services - Acu	Bed Cleaning - Acute	Revised
Environmental Services - Acu	Blood and Body Fluid Spill Kit, Guide for Use	Retired
Environmental Services - Acu	Cleaning - Emergency Department	Revised
Environmental Services - Acu	ED Daily Cleaning Chart MMH490	Revised
Environmental Services - Acu	Room Cleaning After Patient Discharge	Revised
Food & Nutrition Services - A	Food Borne Illness- Acute	New
Food & Nutrition Services - A	Food Preparation-Acute	New
Food & Nutrition Services - S	China and Utensils	Revised
Food & Nutrition Services - S	Cleaning Dishes/Dish Machine-SNF	New
Food & Nutrition Services - S	Cleaning Schedule Logs - Dietary	Revised
Food & Nutrition Services - S	Food Borne Illness	Retired
Food & Nutrition Services - S	Food Borne Illness- LTC	New
Food & Nutrition Services - S	Food Preparation - LTC	New
Food & Nutrition Services - S	Hand Washing- LTC	New
Food & Nutrition Services - S	Handwashing - Dietary	Retired
Food & Nutrition Services - S	Menu Alternatives - SNF	Revised
Food & Nutrition Services - S	Packed Meals Available for Transport- LTC	New
Food & Nutrition Services - S	Packed/Boxed Meals	Retired
Hospice	Abuse Neglect Mistreatment and Exploitation - Hospice	Revised
Hospice	Admission to Hospice Care-Criteria	Revised
Hospice	Admission to Hospice Care-Election of the Medicare Hospice Benefit	Revised
Hospice	Admission to Hospice Care-Eligibility (Medicare)	Revised
Hospice	Admission to Hospice Care-Recertification of Terminal Illness	Revised
Hospice	California End of Life Option Act	Revised
Hospice	Certification and Recertification of Terminal Illness	Revised
Hospice	Complaint Resolution - Hospice	Revised
Hospice	Hospice Care for Nursing Facility Residents-Coordination of Care	Revised
Hospice	Hospice Care for Nursing Facility Residents-Hospice Plan of Care	Revised
Hospice	Hospice Safety Plan	Revised
Hospice	Infection Control - Cleaning and Decontaminating Spills or Blood	Retired
Hospice	Infection Control - Exposure to Blood and Body Fluids - Hospice	Retired
Hospice	Marketing Materials - Hospice	Retired
Hospice	Medical Supplies, Hospice	Retired
Hospice	Palliative Sedation Consent Form MMH561	Retired
Hospice	QAPI-Benchmarking	Revised
Hospice	QAPI-Program	Revised
Hospice	QAPI-Program Data	Revised
Hospice	Spiritual Care Needs Assessment MMH656	Retired
Hospice	Spiritual Care Volunteer Visit Progress Note MMH713	Retired
Hospice	Wound Management - Hospice	New
Human Resources	Performance Evaluation	Revised
Imaging	Weekly Fluoroscopy Monitoring	New
Infection Control - CAH	Communicable Illness, Employee Reporting and Surveillance	Revised
Infection Control - CAH	COVID Vaccine Consent Form MMH753	Retired
Infection Control - CAH	Exposure to Bloodborne Pathogens, Needlestick Sharp Object Injury Report MMH409	Revised
Infection Control - CAH	Health Care Associated Infections (HAI) Surveillance in Surgery	Retired
Infection Control - CAH	Hepatitis B Vaccine Employee	Retired
Infection Control - CAH	Influenza Vaccine Consent - MMH316C English	Retired
Infection Control - CAH	MRSA letter MMH371	Revised

Department	Document	New/Revised /Retired
Infection Control - CAH	Multi-drug Resistant Organisms (MDRO) - Prevention & Control Plan	Revised
Infection Control - CAH	Outbreak Management - CAH	Revised
Infection Control - CAH	Pneumococcal Vaccine What You Need to Know 2019	Retired
Infection Control - CAH	Prevaccination Checklist for Covid 19 Vaccines	Retired
Infection Control - CAH	Reportable Diseases	Revised
Infection Control - CAH	Staff Education, Infection Control	Retired
Infection Control - CAH	Tuberculosis Prevention and Exposure Management Plan	Revised
Infection Control - SNF	Flu Vaccine Screening & Consent Form LTC MMH316C Spanish	Retired
Infection Control - SNF	Ice Chest and Ice Machine Cleaning	Revised
Infection Control - SNF	Immunizations, LTC Resident	Revised
IV-Med	Drug Samples	Revised
IV-Med	Physician's Orders	Revised
IV-Med	Scope of Services, Pharmacy	Revised
Lab	Schedule Change Request - Lab	Revised
Long Term Care	Abuse Resident, SNF	Revised
Long Term Care	Admissions Forms Checklist SNF MMH459	Revised
Long Term Care	Bed Hold, Skilled Nursing Facility	Revised
Long Term Care	Bedside and Self Administration of Medications - SNF	Revised
Long Term Care	Care Plans - LTC	Revised
Long Term Care	Consent for Bed to be Placed Next to the Wall MMH688	Revised
Long Term Care	Controlled Substance Medication Cart Count Procedure	Revised
Long Term Care	Cornell Scale for Depression in Dementia MMH336E	Revised
Long Term Care	Cornell Scale for Depression in Dementia MMH336S	Revised
Long Term Care	Daily Report Medical Visit - SNF	Revised
Long Term Care	Delivery of Personal Property of Deceased Patient MMH227	Revised
Long Term Care	Dental Care Services - SNF	Revised
Long Term Care	Discharge Summary, SNF	Revised
Long Term Care	Elopement Policy	Revised
Long Term Care	Falls - SNF	Revised
Long Term Care	Food from Outside Sources - SNF	Revised
Long Term Care	Geriatric Depression Assessments	Revised
Long Term Care	Geriatric Depression Scale - Spanish MMH337S	Revised
Long Term Care	Geriatric Depression Scale English MMH337E	Revised
Long Term Care	Gradual / Significant Weight Change	Revised
Long Term Care	Level of Care Coding- SNF	Revised
Long Term Care	Long Term Care (LTC) Intake Form MMH804	New
Long Term Care	LTC Admission Process	Revised
Long Term Care	McGeer Criteria for UTI MMH623	Revised
Long Term Care	Medication Administration	Revised
Long Term Care	Medication Administration in a Public Setting MMH672	Revised
Long Term Care	Medication Administration in a Public Setting MMH672	Retired
Long Term Care	MEDICATION RISK REVIEW MMH141	Revised
Long Term Care	Medication, Burney Annex Locked Pharmacy Transportation Box	Revised
Long Term Care	Medications for Residents on Pass or Leave - SNF	Revised
Long Term Care	Narcotic Control Sheet for 1/2 Tablets MMH582B	Revised
Long Term Care	Narcotic Control Sheet for Liquids MMH582C	Revised
Long Term Care	Narcotic Control Sheet for Pills and Tablets MMH582A	Revised
Long Term Care	Narcotic Control Sheet for Transdermal Patches MMH582D	Revised
Long Term Care	Neuro Check Sheet MMH154	Revised
Long Term Care	Notice of Transfer or Discharge MMH608	Revised
Long Term Care	Notification to Interdisciplinary Team MMH187	Revised
Long Term Care	Nursing Weekly Update	Revised
Long Term Care	Pain Management - SNF	Revised
Long Term Care	PAS PASRR Documentation; SNF	Revised
Long Term Care	Personal Property, Residents	Revised
Long Term Care	Photographic Documentation: Wound Care SNF	Revised
Long Term Care	Physician, Family & POA, Notification of	Revised

Department	Document	New/Revised /Retired
Long Term Care	Physician's Visits in Skilled Nursing Facility	Revised
Long Term Care	Prevention of Skin Breakdown	Revised
Long Term Care	Quarterly Resident Review	Revised
Long Term Care	Recertification for Medi-Cal SNF	Revised
Long Term Care	Required Committees - SNF	Revised
Long Term Care	Revised McGeer Criteria for GITI MMH625	Revised
Long Term Care	Revised McGeer Criteria for RTI MMH624	Revised
Long Term Care	Revised McGeer Criteria for SSTI MMH626	Revised
Long Term Care	SKIN EVALUATION AND ASSESSMENT MMH128	Revised
Long Term Care	Temporary Absence from Hospital MMH149	Revised
Long Term Care	THEFT and LOSS LOG MMH153	Revised
Long Term Care	Theft and Loss of Personal Effects	Revised
Long Term Care	Unusual Incident Injury Report LIC 624 (4-99)	Revised
Long Term Care	Unusual Incident-Injury Reports: SNF	Revised
Medical Staff	Flow Chart for Approval of Policies and Procedures	Revised
Medical Staff	Initial Application Process to the Medical Staff	Revised
Medical Staff	Policies & Procedures: Development, Revision & Approval	Revised
Medical Staff	Policy and Procedure Usable Template	Revised
Medical Staff	Risk Management Occurrence Screen Form - Anesthesia MMH557	Revised
Medical Staff	Risk Management Occurrence Screen Surgery MMH482	Revised
Medical Staff	Risk Management Occurrence Screen, Acute MMH565	Revised
Medical Staff	Risk Management Occurrence Screen, Emergency MMH481	Revised
Medical Staff	Risk Management Occurrence Screen, Newborn MMH37	Revised
Medical Staff	Risk Management Occurrence Screen, OP Med MMH567	Revised
Outpatient Medical	Rabies Vaccination Consent Form MMH430	Revised
Patient Access	Resident Personal Belongings MMH593	Revised
Pharmacy - Acute	Automatic Stop Orders -- Acute, Swing	Revised
Pharmacy - Retail	Drug Supply Chain Security Act (DSCSA)	Revised
Pharmacy - Retail	Emergency Designated Support When Pharmacist Is Alone	New
Pharmacy - Retail	Federal Anti-Kickback Policy	Revised
Pharmacy - Sterile Compoun	Designated Person	New
Pharmacy - Sterile Compoun	Sterile Compounding: Pharmacist Orientation, Training and Competency and Respons	Revised
Preprinted Orders	Physician Orders - Admission - SNF MMH21	Revised
Purchasing	CREATING AN OPEN ORDER REPORT	Retired
Purchasing	Emergency Acquisition of Supplies	Retired
Purchasing	Inventory Data Entry	Retired
Purchasing	Lost Purchase Orders	Retired
Purchasing	Manufactured Supplies Expiration Process	Revised
Purchasing	NON-STOCK PURCHASES	Retired
Purchasing	Property Control - Purchasing	Retired
Purchasing	Purchase of Electrical Equipment	Retired
Purchasing	Purchase Order Processing	Retired
Purchasing	Purchasing Department Plan	New
Purchasing	Purchasing Policy	Revised
Purchasing	Return for Repairs and Replacements	Revised
Purchasing	Returns	Retired
Purchasing	Shipping	Retired
Purchasing	UPS Billing Reconciliation	Retired
Quality & Performance Impr	EMR Outage - Unplanned/Planned	Revised
Quality & Performance Impr	Fair Credit Reporting Act	Revised
Respiratory Therapy	Measuring Peak Flow	Retired
Respiratory Therapy	Respiratory Care and Treatment Cart, Emergency - SNF	Revised
Safety Plans	Codes Paging Plan	Revised
Safety Plans	Fire Drill Incident Critique, MMH777	Revised
Safety Plans	Hazardous Materials and Waste Plan	Revised
Social Services	Human Trafficking Case Record MMH594	Revised
Social Services	Psychosocial Assessment MMH142	Revised

Department	Document	New/Revised /Retired
Surgery	Anesthesia Discount Agreement MMH772	Revised
Surgery	Chemical Spill in the Operating Room	Revised
Surgery	Colonoscopy Progress Notes MMH670	Revised
Surgery	DNAR Orders for Perioperative Period Form MMH249	Revised
Surgery	Endoscopy Referral and Request Form MMH792	Revised
Surgery	History and Physical Short Form for Surgery MMH378	Revised
Surgery	Intraoperative Report documentation Form MMH363	Revised
Surgery	Operating Room Cleaning and Terminal Cleaning	Revised
Surgery	Physician Orders - Postoperative Endoscopy MMH8	Revised
Surgery	Post Anesthesia Recovery Record MMH195	Revised
Surgery	Pregnancy Waiver Form MMH773	Revised
Surgery	Request for Presence of Observer During Medical Procedure CONSENT MMH205	Revised
Surgery	Request to Be Cleared for Scheduling MMH493Surg	Revised
Surgery	Surgical and Anesthesia Provider Privileges & Credentialing	Revised
Surgery	Telephone Consent	Revised
Surgery	Transport and Sterilization of Surgical Instrument During Autoclave Downtime	New
Swing Bed	Admissions Forms Checklist Swing Bed MMH723-S	Revised
Swing Bed	Interdisciplinary Plan of Care	Revised
Telemedicine	Scheduling/No Show Policy Telemedicine	Revised

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

Facilities, Engineering, and Other Construction Projects

- **Projects Bid Package:** I met with legal counsel to begin drafting the bid package for the following projects: FR RHC & Gas Line Relocation, TCCN Phase 3, PIN 74, and FR Smoke Dampers. The strategy is to combine these projects into one big package to attract a broader pool of general contractors with experience in HCAI projects. This approach will also streamline the process, as it will result in a single contract, allowing us to work with one project manager and one firm rather than multiple contractors.
- **Solar Project**: We have reached a point of substantial completion and are in project closure. PG&E has initiated the process to begin final inspections and commissioning. Travis and I began looking into submitting our application for the Federal Tax Credit for solar.
- **Seismic Compliance:** We have engaged Aspen Street Architects to reassess the previously approved Master Plan. The goal is to develop a more cost-effective, scaled-down version that still meets all seismic compliance requirements. We will have to update our seismic compliance plan by December 31, 2026.
- **PG&E Healthcare Energy Fitness Initiative:** Alex, Travis and I met with PG&E to discuss funding opportunities for LED and HVAC projects. We will begin with a district-wide audit of our HVAC systems and lighting to identify potential improvements and opportunities for energy savings.
- **Burney Annex Sewer Lines:** Brown Plumbing has promptly started work on the sewer line project and has successfully completed the exterior portion. We are now coordinating with their team to plan the necessary interior plumbing repairs.
- **Nurse Call:** Alex and I reviewed the FR site plans and sent back revisions to WestCall for adjustments. We await the Burney site plans for review.
- **Other Projects:**
    - Masonic Lodge: the team has updated the kitchen with fresh paint on the cabinets and walls, as well as new flooring. They've also painted the walls in the front area and have ordered a door to close off the main entry hallway leading into the dining area. We will need to follow up on securing a contractor to properly install the windows.
    - New Business & Hospice Office: with the Foundation Thrift Store fully moved out, our Maintenance and IT teams will begin the small remodel process to move Business Office and Hospice into that space.

Cerner

- **Seamless Health Exchange:** We've officially kicked off the implementation of the Seamless Health Exchange with key stakeholders from IT and Dr. Sloat, representing the providers. The Health Exchange will integrate external and

internal patient data into the clinical workflow, providing a comprehensive record of a patient's care across all touchpoints, regardless of the data source. This integration will enhance data quality, provide greater context to information on patients, amongst other enhancements. We are aiming to complete this implementation by the end of the year.

- **Provider Optimization:** Jack, Jeff & Euan from IT, and I are collaborating with a team from Oracle Cerner to enhance caregiver experience for our providers. We've identified key pain points and areas of improvement. To address these, we'll be working closely with the team for a week onsite, real-time patient charting during the week of November 17th to directly improve the provider environment and understanding in Cerner.

IT

- **Printer Refresh:** Our IT Manager, Jeff Miles, has initiated the process to renew our printer contract. We have engaged with two vendors and are able to do a test drive of machines with one vendor.

Dietary

- We are excited to welcome a locum Registered Dietitian (RD) to Team Mayers. She began working with us on Monday, October 13th, and will be with us for the next 13 weeks. So far, she has been incredibly helpful, and we've received positive feedback from several individuals. We're looking forward to benefiting from her valuable knowledge and expertise during her time with us.

Finance Notes August/September FY 26

Ratios	FY 26	FY 25 Average	
Cash on Hand	278	268	Avg PY
Net Income	(90,973)	366,667	Avg PY
Current Ratio	6.4		
AR Days	77	86	Avg PY
Accounts Payable	1,177,332	830,660	Avg PY
Daily Gross Revenue	188,867	173,009	Avg PY
YE % of Gross Revenue Collected	57%	61%	Avg PY

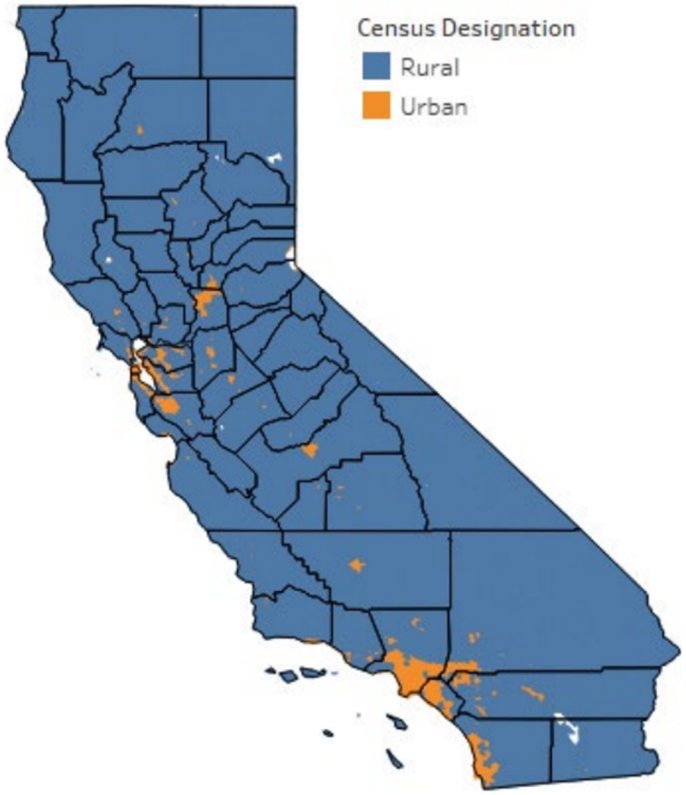
1) My notes will primarily focus on September as being a quarter into the year is a better indication of financial health and trends. I will gladly answer any questions from either packet.
2) The auditors were onsite the first week of October. Things went well and now the focus is primarily on the cost reports (Medicare, Medi-Cal and Hospice) due by the end of November. The cost report will give us our last fiscal 25 entry as we determine whether we have a payable or receivable to book.
3) We have started our FY 24 Medi-Cal audit. Typically, there are three to four audits/desk reviews per year between the normal district audit that Wipfli performs, Medicare audit/desk review, Medi-Cal audit, and occasionally a special payment program audit. Desk reviews are basically a lighter version of an audit that Noridian will opt for given their staffing issues and how far behind they can fall.
4) There was recently a notification from DHCS that a malicious actor had breached emails at one of the hospitals and was sending out wire instructions from an email address that was one letter from the original, the originals email signature and the same bank. Given the large amount of money transferred to the state for rate range they could have made off with quite a bit in funds. Any time there's a change we call and verify with the existing older contact information to verify as well checking with DHLF who is in regular contact with DHCS.
5) We were able to lock into the 7% on our Ginnie Mae investments.
6) I participated in the OHCA (Office of Health Care Affordability) Advisory Committee meeting where I was able to advocate for rural hospitals regarding the RHTP funds as they had a presentation on that and how the cost targets will be difficult for smaller facilities given our high government payer mix and low volumes.
7) I attended all five HCAI listening sessions for Rural Health Transformation Program and submitted comments on each. HCAI is looking to submit its application by November 7th as funding

notifications will be approved or denied by December 31st. I attached a couple of slides to show the high percentage of California that is rural.

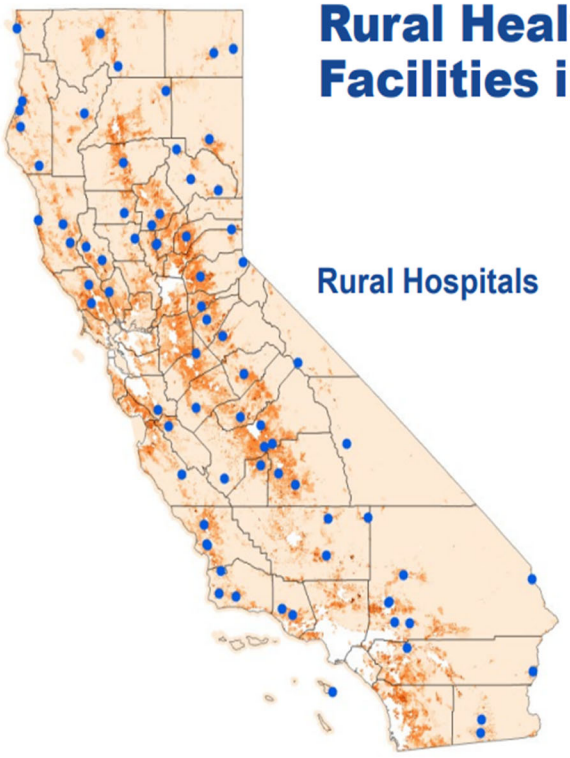
Rural in California

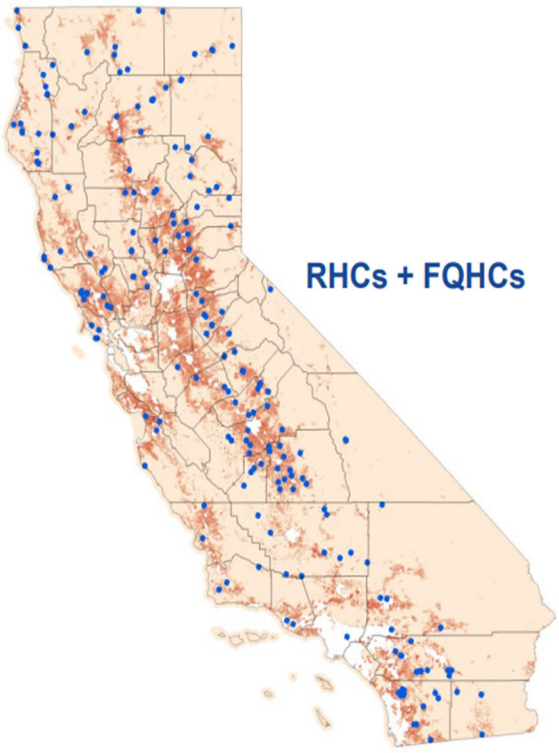
- 95.2% of California is a rural census block
- 2,278,733 people live in these rural census blocks
- 57 of California 58 counties have rural populations
- 279 Rural Health Clinics (RHC)
- 151 Federally Qualified Health Centers (FQHC)
- 76 rural hospitals
- Nearly 50% of rural communities are in a Primary Care Health Professional Shortage Area

Data based on U.S. Census Bureau definitions and American Community Survey estimates



Rural Health Facilities in California

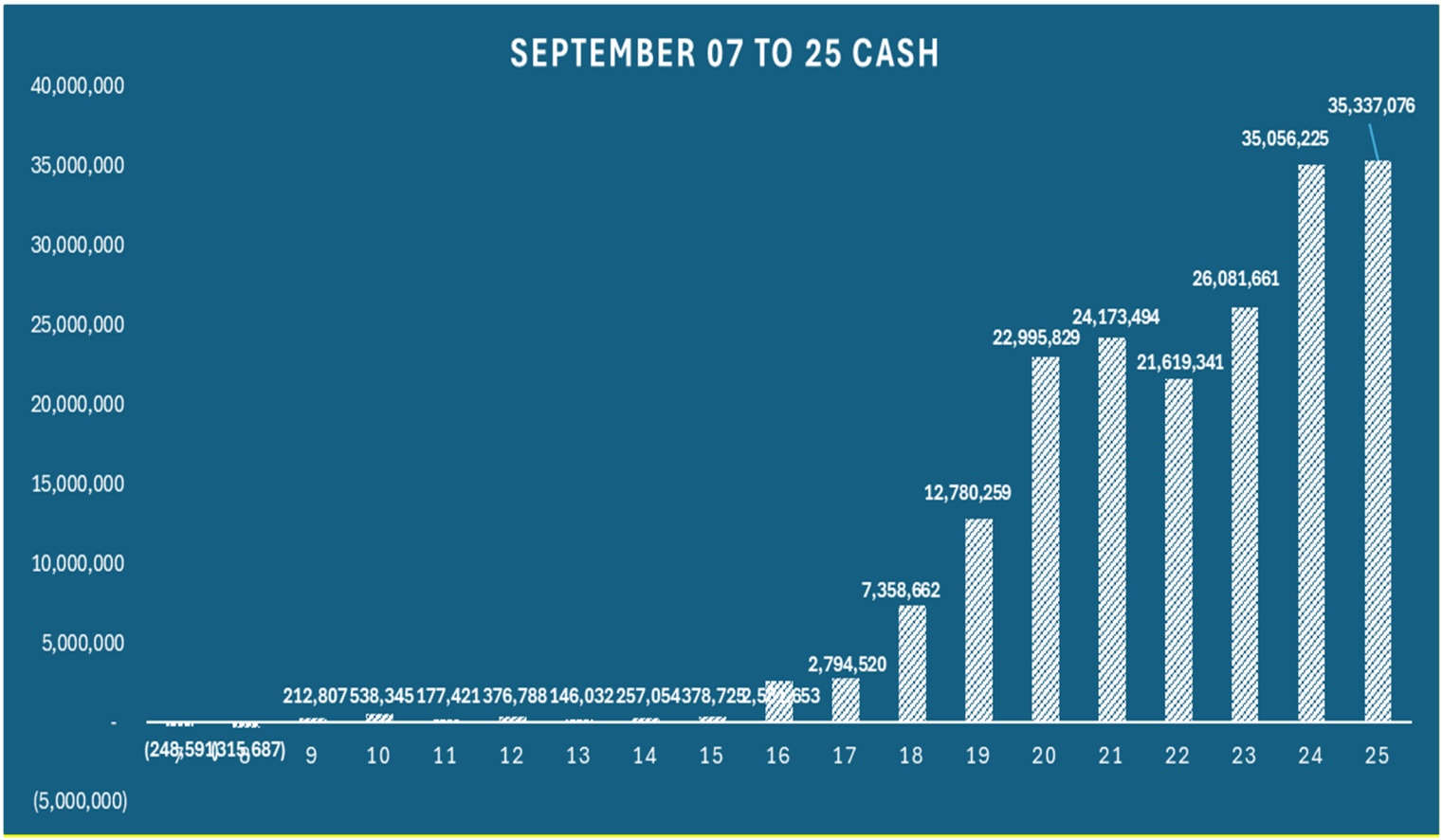




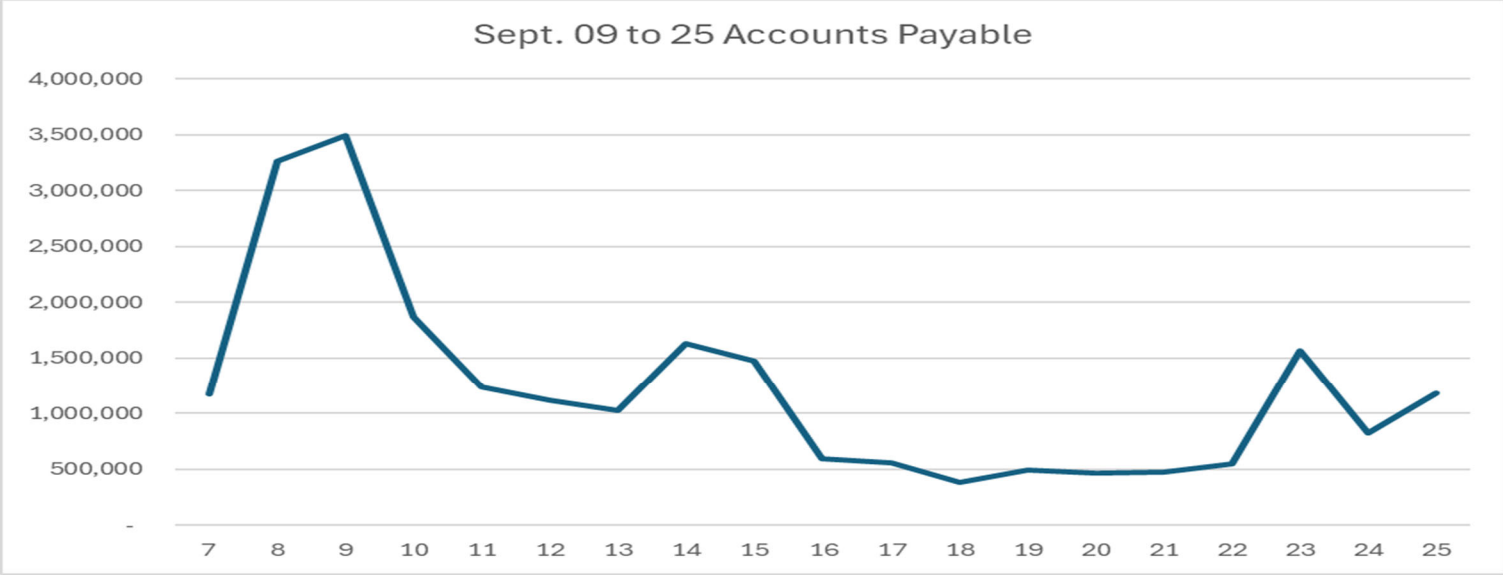
Rural Population Density
<1/mi²
1-5/mi²
5-25/mi²
25-200/mi²
200-500/mi²
500-1000/mi²
>1000/mi²

HCAi

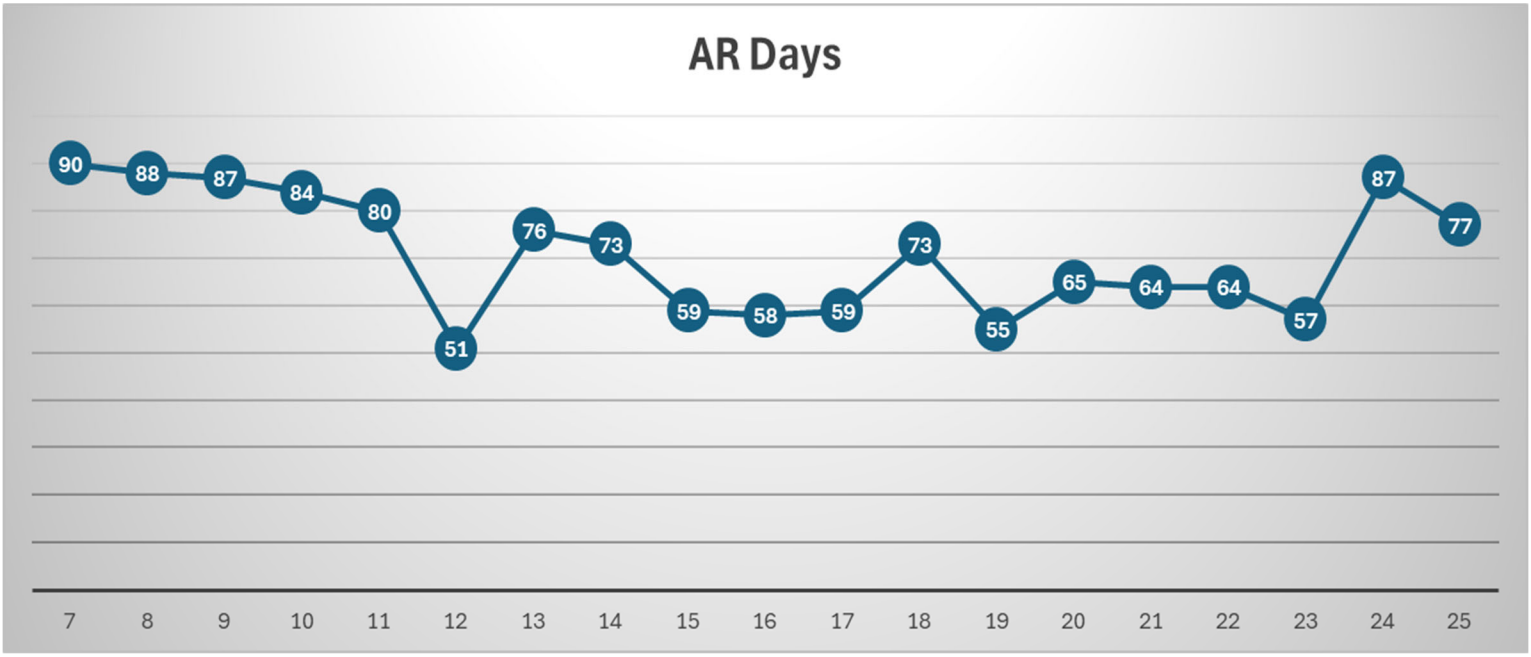
8) I was disappointed that CHA sued OHCA/HCAI prior to the RHTP submission and awards as we are trying to advocate for most of those funds to come to rural hospitals.
9) We've worked to set up the additional 457B plan for our employees to have another option besides or in addition to our 401K plan.
10) Health insurance costs for the employees will be increasing due to a high claims year in FY 25. I did check with a hospital that is on our previous plan (CSAC) and our increased 26 rates are still lower than their 25 rates and CSAC is increasing by 13.8% in 26 so we are much better off with the changes that were made.
11) The Retail Pharmacy revenue has increased 31% with only a 14% increase in expenses for a strong 414K bottom line.
12) The RHC is negative YTD but that was expected with the added expenses for the registry physicians.
13) Jeanne had mentioned after attending the ACHD meeting that showing some historical perspective of where we were compared to where we are financially would be helpful. I went back to a couple years before I started in 2007. These are a spot in time compared to prior years in September on a calendar basis.



Cash is the best metric to look at as it's indicative of financial stability. You can tell in 07 & 08 they had cut some checks before their collections were in the bank, so they had some negative month end balances. The last year we have been self-financing solar and other projects, so we didn't have much of an increase from September 24 to September 25.



When I started in 09 we had 3.5 million in Accounts Payable and negative current ratios. Given our drug spend with two pharmacies and registry spend invoices that come in late that get accrued back into the appropriate period AP overall these last few years tends to skew higher than 2016 to 2022.

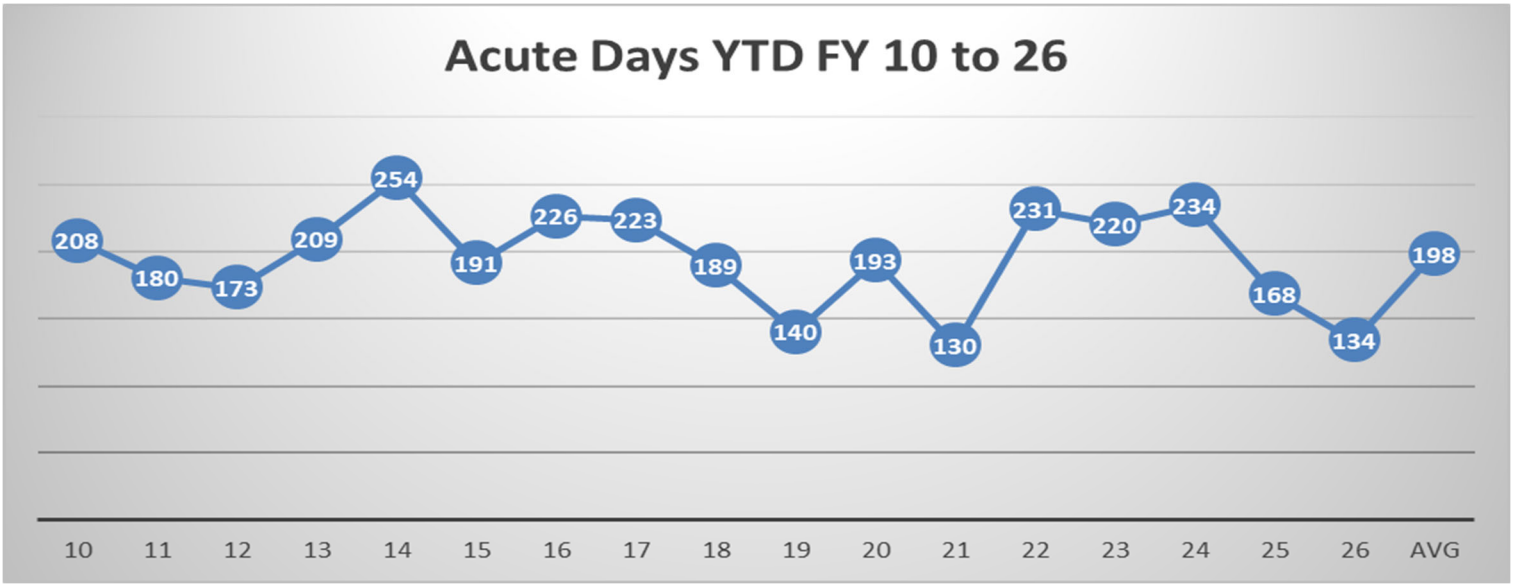


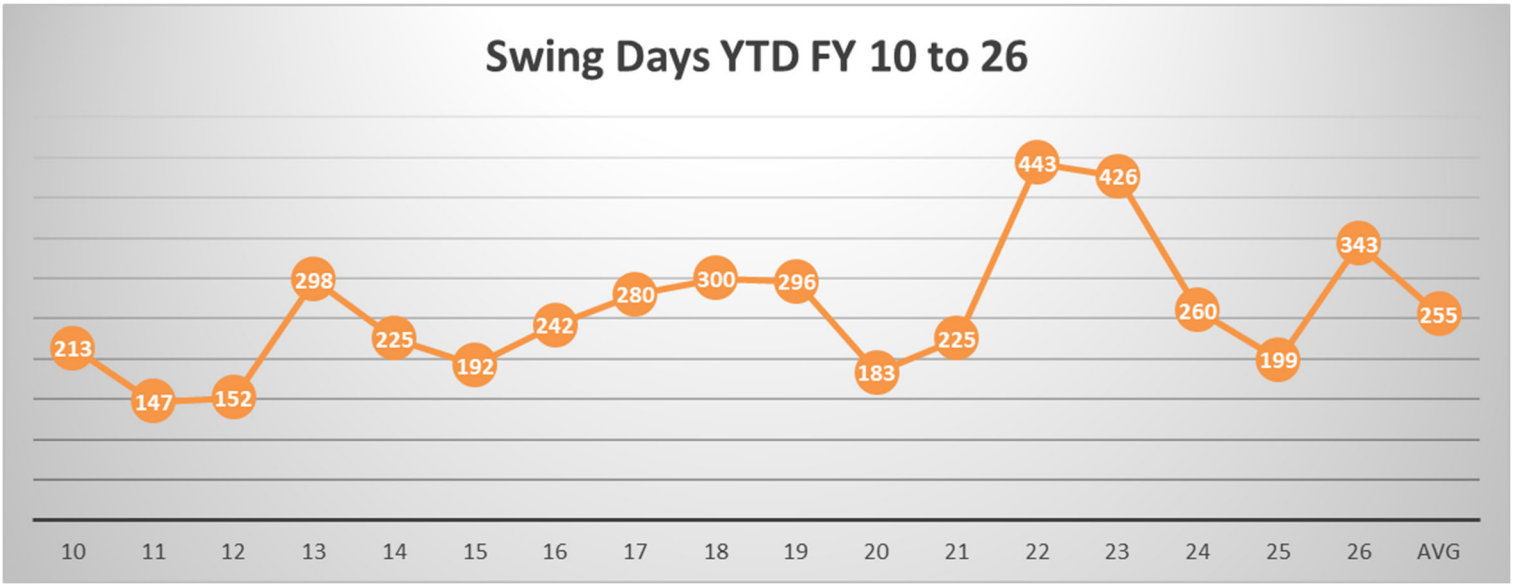
AR days were high when I started, and we outsourced billing which went well until we went live with our first EMR Paragon (Dec 2012) and days got out of control (Dec 2013 111 days) and we had to bring the billing back in-house where it took a couple years to bring it back to industry standards.

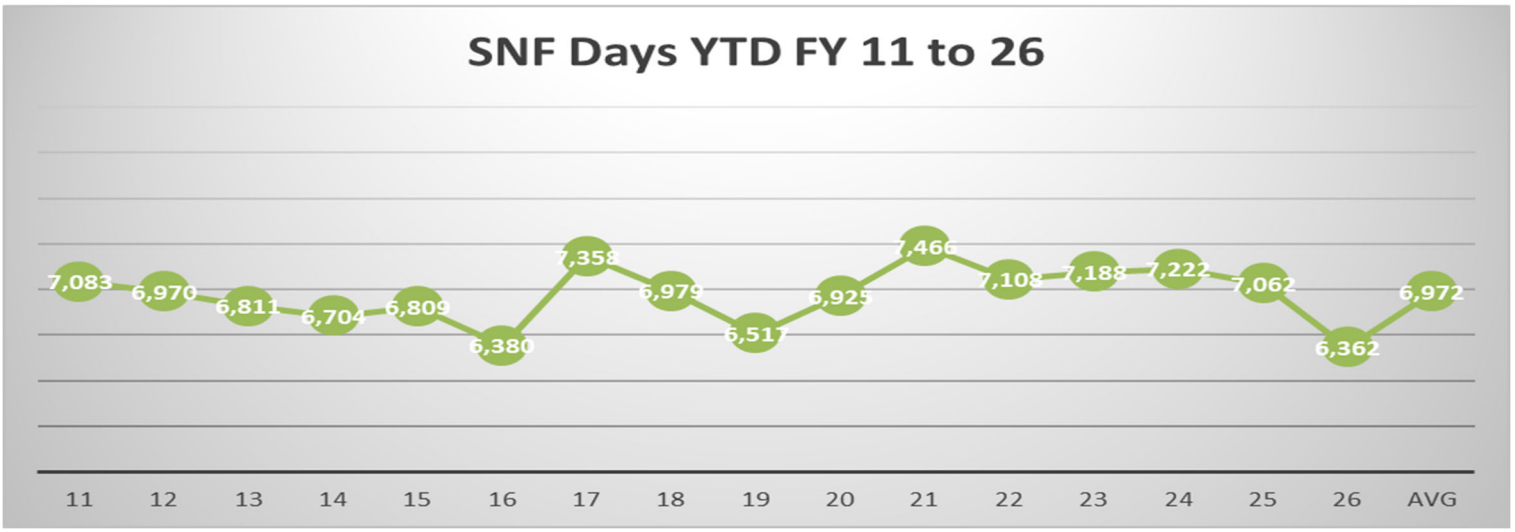
14) I have been attending the Partnership Health Finance Committee meetings monthly to see how HR1 is affecting them and eventually us. 11% of Partnerships assigned lives are non-citizens so they will see a drop in revenue and the pool of funds for supplemental payments will shrink as well. Partnership is having a meeting with its rural hospitals next month in Redding. I've enjoyed

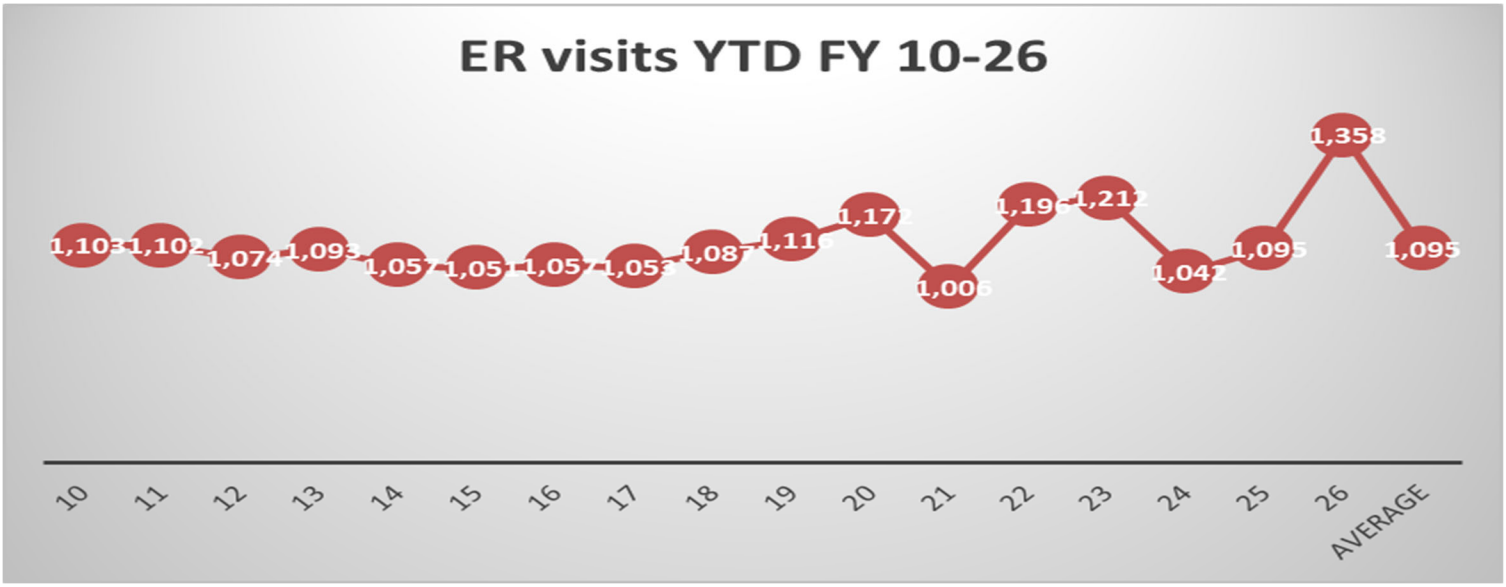
attending as they will ask me questions about items affecting rural hospitals and give an OHCA report even though I'm not a member of their finance committee.

Statistics

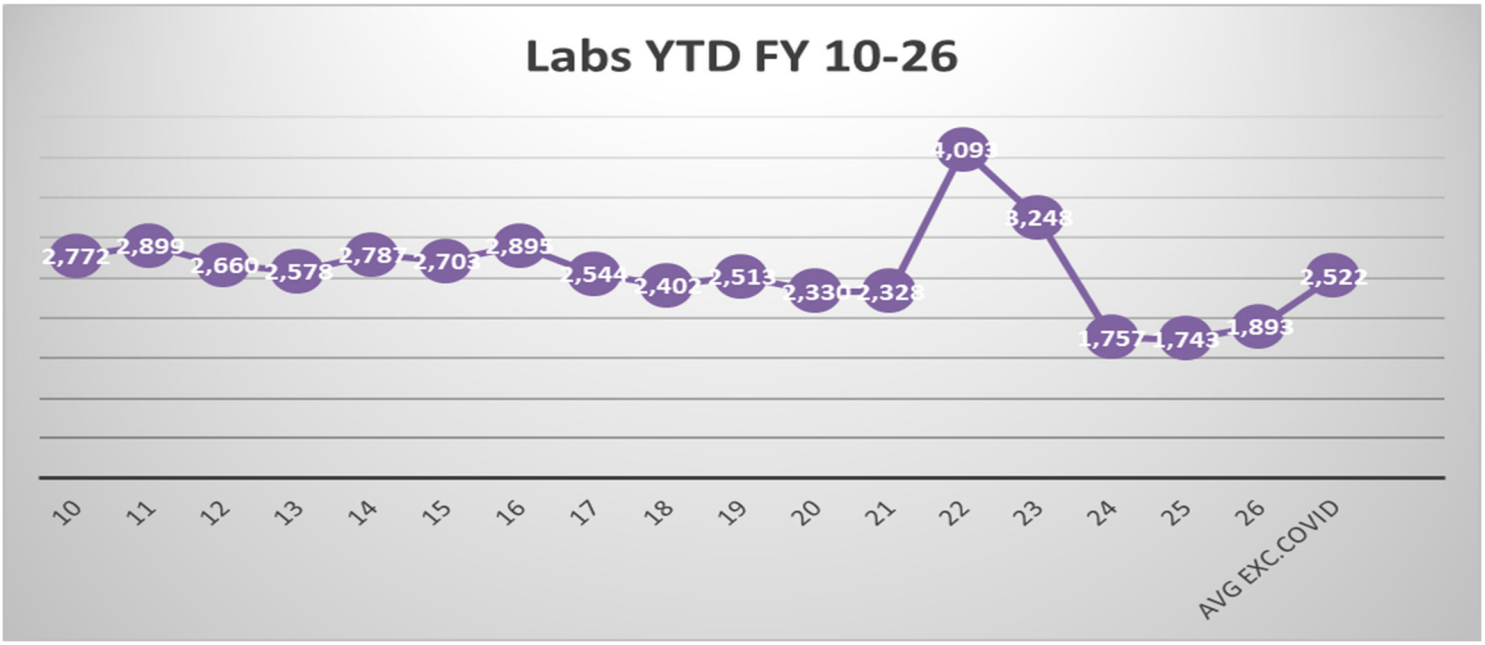


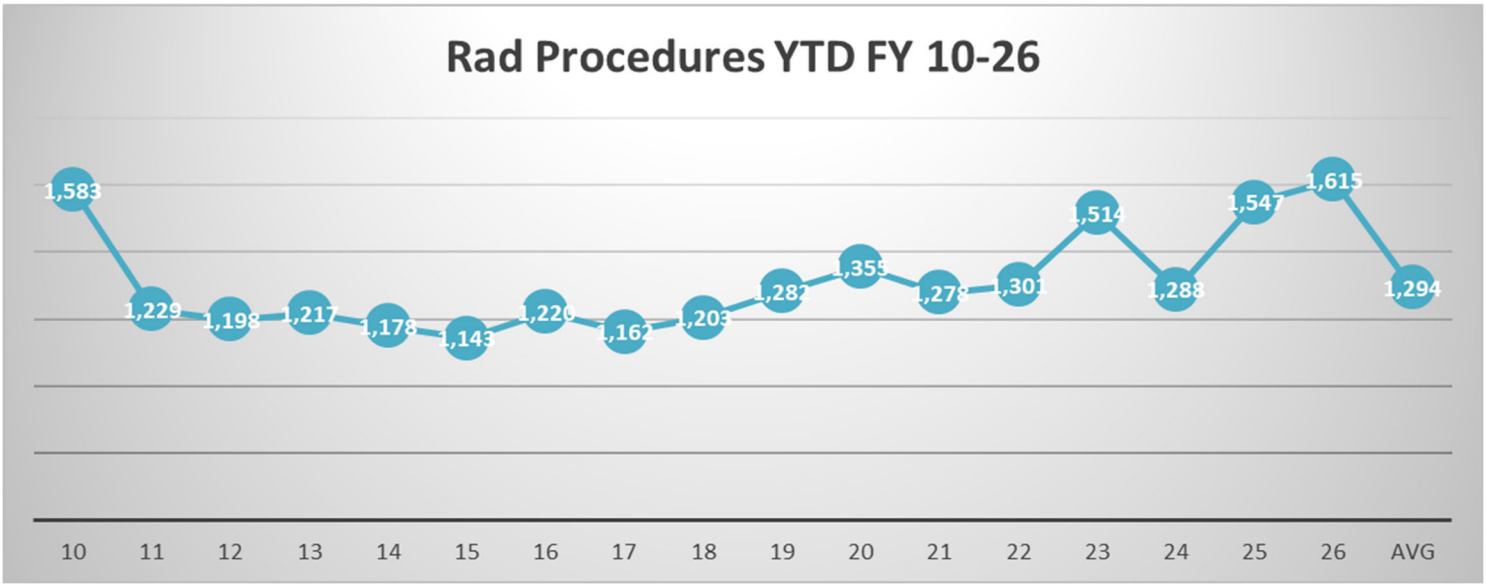


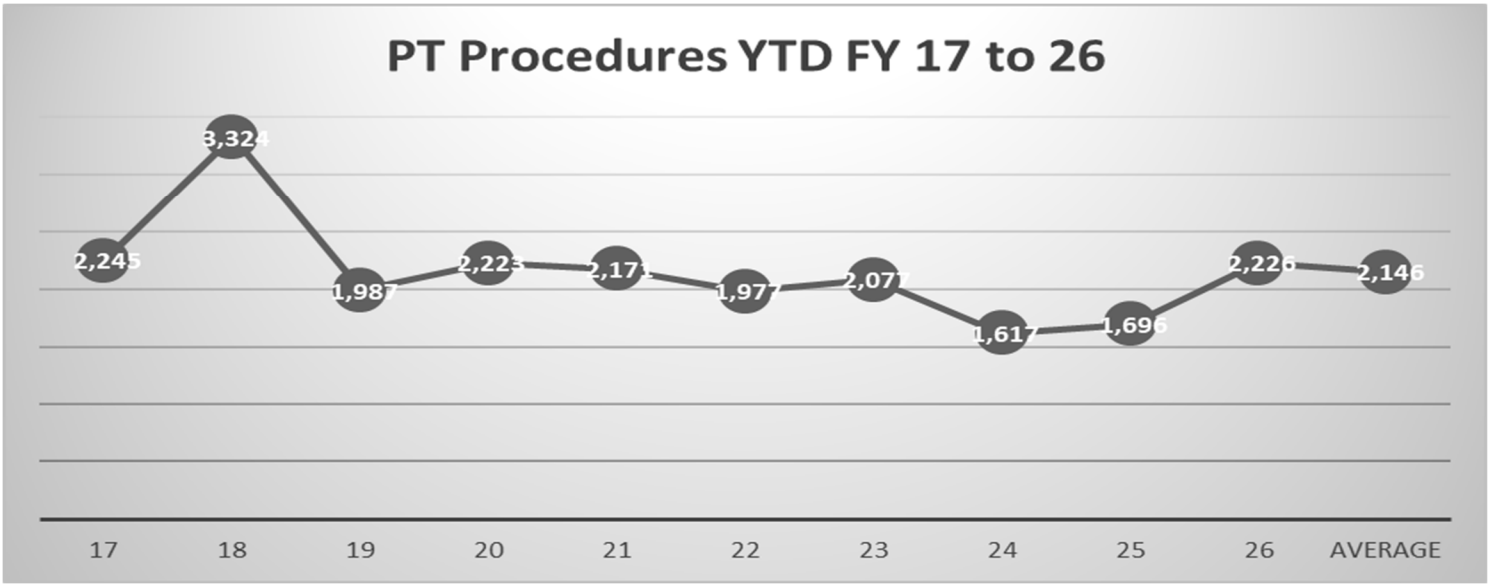


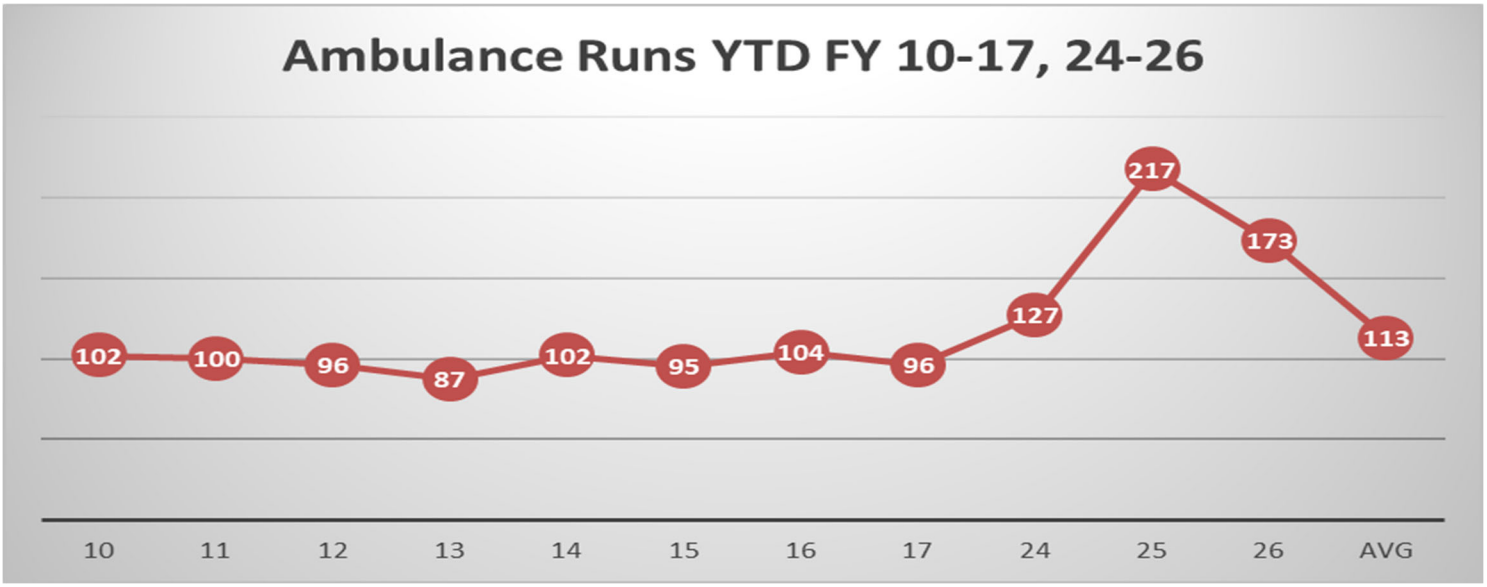


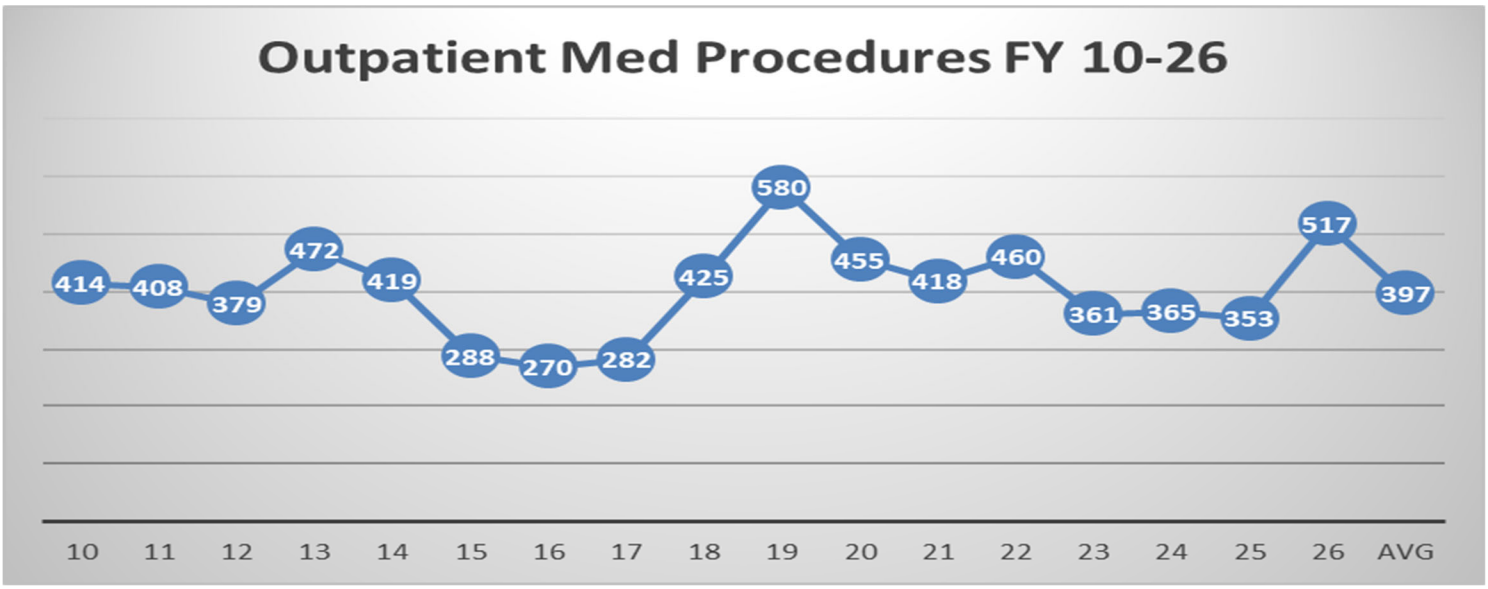
ER Visits are an average of 14.9 per day vs the historical average of 12 per day.






PT Procedures YTD FY 17 to 26
2,245
3,324
1,987
2,223
2,171
1,977
2,077
1,617
1,696
2,226
2,146
17
18
19
20
21
22
23
24
25
26
AVERAGE


Ambulance Runs YTD FY 10-17, 24-26
102
100
96
87
102
95
104
96
127
217
173
113
10
11
12
13
14
15
16
17
24
25
26
AVG


Outpatient Med Procedures FY 10-26
414
408
379
472
419
288
270
282
425
580
455
418
460
361
365
353
517
397
10
11
12
13
14
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16
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21
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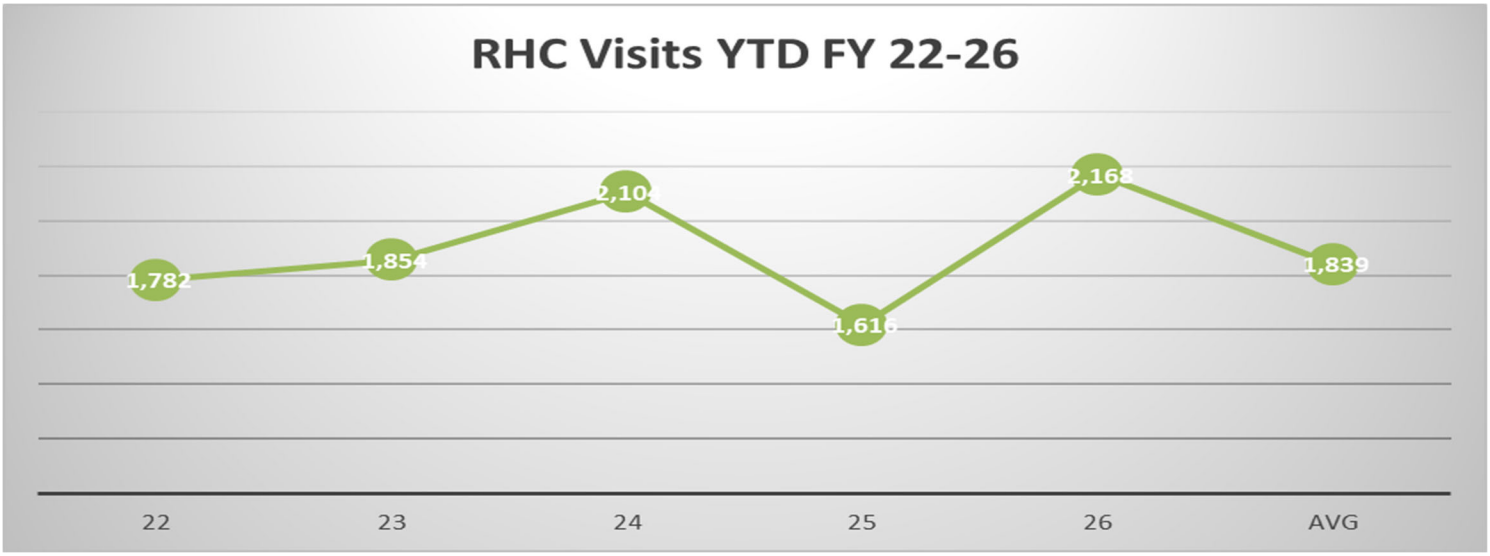
25
26
AVG



Income Statement

1) Acute Revenue is up due to the large increase in Swing Days
2) SNF Revenue is down with extended period where we couldn't admit anyone.
3) Outpatient Revenue is up due to almost every outpatient department having higher volumes this year.
4) Contractuals are up this year due to the timing of supplemental payments vs the prior year.
5) Salaries and Wages are down which corresponds to the increase in Traveler Costs.
6) Employee Benefits are up due to claims.
7) Supplies are down as the Purchasing Manager has started a supply committee where she meets with departments about switching to lower cost supplies.
8) Physician Fees are up with higher ER wages than this point last year.
9) Legal Fees are up due to higher attorney usage.
10) Audit Fees are up as we are further into our audit this year through September.
11) Acute and SNF Travelers are up due to employee turnover.
12) Other Purchased Services are up due to locum docs in the clinic and the radiology group that charges us to read studies.
13) Counting down the days on the Utilities until the solar field is online.
14) Our USDA payment was taken on the 1st of September so we had 319K in interest expense.
15) We added a new category for Interest Income from Mortgage Based Securities (MBS) where we have earned 42K from our Fannie Mae investment so far.
16) Non-Operating Revenue is up due to the Retail Pharmacy.
17) Interest Income is down but when you add in the 42,863 from the new MBS category we are doing better than the prior year.
18) We have a net income of 613K which is probably conservative with my Rate Range estimates. Given the traditional population and expanded population have different match rates it makes forecasting a little challenging. Once we get closer and I have more information I can revise the receivable.

Balance Sheet

1) Cash shows that it's down but if we add in the Mortgage Based Securities we are actually ahead of last year.
2) Patient Accounts Receivable has grown with the increase in revenue this year with a lot of larger Swing Accounts that you can't bill until they discharge. We have one account that is about four days in AR by itself.
3) Property Plant and Equipment are up mostly due to the solar project sitting in CIP.
4) Accounts Payable is up due to larger invoices from NPH and Mckesson Drug that come in after the last check run of the month.
5) Current Subscription Based Liability has increased due some reclasses of software that we discussed with our auditors.
6) Our Rate Range Payable will grow to 8.1 million which will be contributed in November and we can expect our receivable by February.
7) We ended with a robust current ratio of 6.37. The average CAH in California has a 2.77 ratio per the CAH Financial Indicators Report April 2025 state-medians-2023data_report-final_2025.pdf

Human Resources Board Report
Reporting Period: October 2025
Prepared by: Libby Mee, Chief Human Resources Officer

Employee Support and Recruitment

As of this reporting period, the Human Resources, Payroll, and Benefits Department is actively supporting **305 employees** across all departments.

We currently have **18 active job requisitions** to fill **32 open positions** throughout the organization. Details of these positions are outlined below:

Department	Job Title	Status	#
Administration	Chief Medical Officer	Full Time	1
Cardiac Rehab	Cardiac Rehab Coordinator	Full Time	1
Computer	Customer Support Specialist	Full Time	1
Dietary	Food & Nutrition Services – Burney	Full Time	1
Dietary	Food & Nutrition Services – Fall River	Full Time	1
Emergency Room	Emergency Department Medical Director and Physician	Full Time	1
Emergency Room	Emergency Room RN	Full Time	1
Emergency Room	Emergency Tech	Per Diem	1
Laboratory	Phlebotomist	Full Time	1
Med/Surg Acute	Med/Surg Acute CAN	Full Time	1
Medical/Surgical	Med/Surg Acute RN	Full Time	1
Respiratory Therapy	Respiratory Therapist	Full Time	1
Retail Pharmacy	Independent Retail Pharmacist	Full Time	1
Rural Health Clinic	Rural Health Clinic Physician	Full Time	1
Skilled Nursing	Skilled Nursing Facility CNA	Full Time	8
Skilled Nursing	Skilled Nursing Facility LVN	Full Time	3
Skilled Nursing	Skilled Nursing Facility RN	Full Time	3
Skilled Nursing	Skilled Nursing Unit Assistant	Full Time	4

Recruitment Outreach

On **Friday, October 17**, MMHD staff participated in a **Career Fair at Fall River High School**, supporting a local senior project.

Additionally, the HR team is scheduled to attend multiple recruitment fairs across the region throughout the remainder of the year, continuing our outreach efforts to attract qualified candidates.

Employee Annual Compliance

- **Annual Evaluations and Re-Orientation:** Completed.
- **Employee Health Compliance:** Employees have until **October 31** to comply with the immunization program requirements.
  Due to limited provider availability, the deadline for **employee physicals, TB testing, and mask fit testing** has been extended to **December 31**.

Service Excellence Initiative

We have successfully completed our first formal **Employee Engagement Survey**. The survey achieved a **50% participation rate** and received an **overall satisfaction rating of 87.35%**.

These results have been incorporated into our **Organizational Accountability Dashboard** as a baseline metric. The survey will be administered periodically to monitor progress and guide future engagement strategies.

Detailed survey results are attached.

New Paycom AI Tool

Our Human Resource Information System (HRIS), **Paycom**, recently launched a new AI-powered feature called **IWant**.

This tool enhances user experience by allowing employees, managers, and administrators to:

- Quickly access employee information
- Receive rapid responses to data-related queries
- Navigate seamlessly through the system

We anticipate this tool will improve efficiency and user satisfaction with HRIS functions.

CareSay

Organization Executive Report

From Jul 9, 2025 to Oct 9, 2025
Printed Oct 9, 2025 12:05 pm

MAYERS MEMORIAL HEALTHCARE DISTRICT

Caregiver Engagement Survey

87.349%

OVERALL RATING
[Percentile n/a]

Question Summary Report:

153

Engagement & Support

1) I am proud to work at Mayers Memorial Health District

Average 90% 4.497 / 5

Strongly Agree (84)
55%
Agree (63)
41%
Neither Agree nor Disagree (5)
3%
Disagree (0)
Strongly Disagree (1)

151

2) My work makes a meaningful difference for patients and families

Average 92% 4.576 / 5

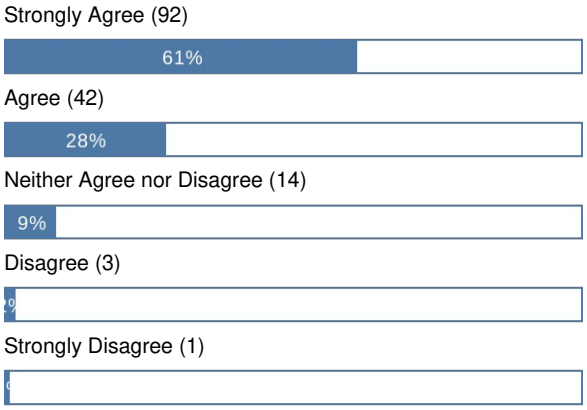
Strongly Agree (96)
64%
Agree (47)
31%
Neither Agree nor Disagree (7)
5%
Disagree (1)
Strongly Disagree (0)

152

3) I feel supported and valued by my immediate supervisor

Average 89%

4.454 / 5



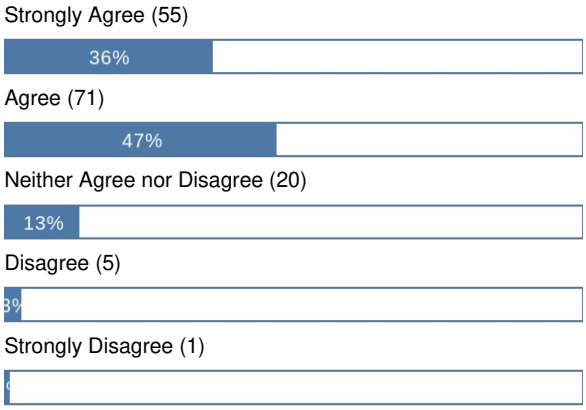
152

Communication & Teamwork

4) Communication within my department is effective

Average 83%

4.145 / 5

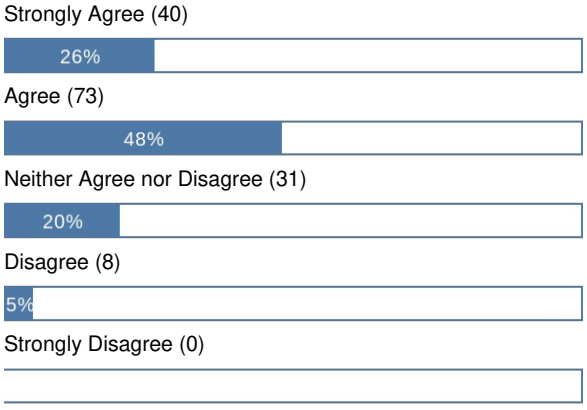


152

5) My feedback is listened to and acted upon by leadership

Average 79%

3.954 / 5



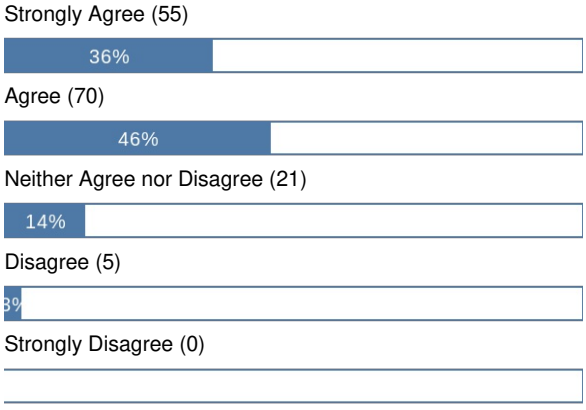
151

Resources & Growth

6) I have the resources I need to do my job well

Average 83%

4.159 / 5



152

7) I receive adequate training and development opportunities

Average 84%

4.197 / 5

Strongly Agree (62)

Agree (63)

Neither Agree nor Disagree (23)

Disagree (3)

Strongly Disagree (1)

150

Culture & Safety

8) My department fosters a culture of respect and teamwork

Average 88%

4.407 / 5

Strongly Agree (79)

Agree (57)

Neither Agree nor Disagree (10)

Disagree (4)

Strongly Disagree (0)

151

9) Safety is a top priority in my workplace

Average 90%

4.51 / 5

Strongly Agree (90)

Agree (51)

Neither Agree nor Disagree (7)

Disagree (3)

Strongly Disagree (0)

152

Overall

10) Overall, I would recommend Mayers Memorial Health District as a great place to work

Average 90%

4.5 / 5

Strongly Agree (85)

Agree (58)

Neither Agree nor Disagree (9)

Disagree (0)

Strongly Disagree (0)

Chief Public Relations Officer – Valerie Lakey
October 2025 Board Report

Legislation/Advocacy

Here is a great summary from the work of ACHD.

- ACHD **actively engaged on 30 measures** during the 2025 session.
- Following amendments and withdrawn opposition, **21 bills remained with active support or oppose positions**.
- ACHD maintained a strong advocacy presence for **rural and district hospital priorities**, ensuring flexibility and operational stability amid evolving state policies.

Key Legislative Outcomes

SB 7 (McNerney) – Employment & Automated Decision Systems
Status: Vetoed – Would have extended new algorithmic evaluation rules to employees and contractors. ACHD **opposed** and co-led coalition efforts contributing to the Governor's veto.

SB 596 (Menjivar) – Health Facilities: Administrative Penalties
Status: Signed – Clarifies nurse-to-patient ratio definitions and penalty timelines. ACHD advocacy resulted in **amendments protecting rural hospital operations**, allowing ACHD to go neutral.

SB 707 (Durazo) – Ralph M. Brown Act Modernization
Status: Signed – Expands teleconferencing and public access. Through collaboration with CSDA, ACHD achieved **balanced flexibility** for local healthcare districts, shifting to a neutral position.

SB 669 (McGuire) – Standby Perinatal Medical Services Pilot
Status: Signed – Creates a **10-year pilot** enabling up to five critical access hospitals to provide standby perinatal services in high-risk regions. ACHD **supported** and served as a lead stakeholder. Legislative clean-up expected in 2026.

State Budget Outlook

- California faces a **projected $30 billion healthcare deficit** in FY 2025–26.
- ACHD will intensify **budget monitoring and advocacy** efforts to protect rural healthcare funding and essential services.
- The **Legislative Analyst's Office Spending Plan** outlines fiscal priorities and potential impacts on healthcare delivery statewide.

Ballot Initiatives

November 2025 – Proposition 50
Would allow lawmakers (not the independent commission) to redraw congressional maps for 2026–2030.

- *Supporters:* Argue California needs to align with other states' redistricting timelines.
- *Opponents:* Call it a **power consolidation effort** undermining voter-approved independence.

November 2026 – Expected Measures:

- **SEIU-UHW Initiatives:**
  - *Executive Pay Cap* – Limits hospital executive pay to **$450,000/year**.
  - *Clinic Spending Accountability* – Requires **90% of clinic revenue** go directly to patient care.
- **CHA Countermeasure:**
  - *Union Transparency Act* – Requires member approval and disclosure for major union political spending.
    ACHD will review and set positions through its **Advocacy Committee and Board**.

Federal & State Policy Updates

Rural Transformation Program (HCAI):

- Application due **November 5, 2025**, decisions expected **December 2025**.
- Funding likely limited and **competitive**; ACHD advocating for inclusion of **workforce, telehealth, and technology** projects benefiting rural hospitals.

Office of Health Care Affordability (OHCA):

- **CHA lawsuit** challenges OHCA's cost-control implementation process, alleging overreach and deviation from legislative intent.
- A successful suit could **pause or revise statewide spending target mandates**.

Housing Grant Opportunities:

- The Governor announced new **housing funding for local entities**, including projects near transit hubs. ACHD encourages member districts to explore this funding for **workforce housing** initiatives.

Grant/Scholarship Update

Scholarships and Awards
Employee Scholarship and Departmental Award applications are currently open and will be accepted through **October 31**.

Giving Tuesday
Preparations are underway for **Giving Tuesday on December 2**. We always appreciate our Board members who stop by to lend a hand! This year's campaign will once again raise funds to support the **CNA Training Program** and other educational scholarships.

Grant Updates
The grant landscape continues to fluctuate, with some uncertainty stemming from the recent federal shutdown. However, there is encouraging long-term news—significant new health funding has been announced at the national level. States are now in the process of applying for allocations, and we anticipate new grant opportunities will open at the state level in the coming year as a result.

Public Relations/Marketing

The Public Relations and Marketing Department continues to advance several strategic initiatives to strengthen community engagement, staff communication, and patient education.

Website Redesign:
The redesign of the MMHD website is well underway, with a focus on improving user experience, accessibility, and integration of patient education resources across departments.

Department Recognitions & Patient Education:
Planning is in progress for the 2026 Department Recognition calendar, which will highlight each department's contributions while emphasizing patient education and awareness of available services.

SEI Initiative Support:
Follow-up staff messaging and Service Recovery Toolkits are being developed to reinforce the Service Excellence Initiative (SEI). These resources will promote consistency in communication, compassion, and patient-centered service recovery.

Social Media & Marketing Strategy:
A comprehensive social media strategy is being developed to align messaging across platforms, enhance public visibility, and support departmental marketing efforts.

Ongoing projects include targeted campaigns and community outreach for various MMHD services.

Organizational Analysis:
An organizational analysis is underway to evaluate MMHD's public-facing presence, ensuring alignment of branding, messaging, and community perception with the District's mission and values.

Mayers Healthcare Foundation

September and October marked a major milestone with the successful relocation and setup of *Lucky Finds Thrift and Gift* to its new home in the Fall River Arts building. This project involved significant effort from MHF volunteers and MMHD staff, and we are deeply grateful for their dedication. A soft reopening on October 14th brought in strong sales, with a grand reopening planned for next month.

Looking ahead, the Foundation is focused on two key events: *North State Giving Tuesday* and the *Denim & Diamonds Gala*. These events will continue to support MHF's mission and community engagement.

Top Projects

1. **Lucky Finds Thrift Store – Move Completed**
   The thrift store has officially moved and reopened at its new location. The soft launch was a success, with high sales and community excitement. Preparations are underway for a grand reopening in November.
2. **Denim & Diamonds Gala – Planning in Progress**
   This year's gala will celebrate gratitude, honoring key donors and community members who have contributed to MHF's success. The event will feature food, music, and community engagement.

Wins

- Successful soft reopening of Lucky Finds Thrift Store
- Launched planning for the Denim & Diamonds Gala

Current Challenge

- Need for regular and efficient volunteers daily.

Tri-County Community Network

Children's Programs — Bright Futures

- Car Seat Safety Event (with Pit River Health & First 5 Shasta): 4 participants; 2 car seats distributed.
- Fall schedule service areas: Montgomery Creek, Burney, McArthur, Big Valley.
- **New partner: Fall River Preschool Co-op joining Tiny Tunes & Bilingual Story Time in the Flower Building with McArthur Head Start.**
- **Estimated reach: ~200 children & families served monthly (Fall/Winter).**
- **Moms & Minis Meetup added; using TCCN event space & playground.**
- Upcoming (Nov 2025): Apple Bash (Flower Building, public) and Parent Café (Word of Life Church; avg. 8 parents/children).

Grants & Grant Programs

Backpacks to Home Food Pantry (with FRJUSD)

- $2,588 grant approved; delivers $862 of food three times (Aug 2025–May 2026).
- **First delivery to Burney Elementary set for Oct 20.**
- FRJUSD to sustain via school food drives.

SNTIF — BOTVIN Life Skills (FRJUSD grades 4–6)

- **Classes began Oct 14 and run into spring; ~200 students to be served.**

Shasta Substance Use Coalition

- MOU signed; funding from county opioid settlement.
- **No new developments; proposal pending Shasta County Board of Supervisors approval.**

Enhanced Care Management (ECM) — with MMHD, HANC, Partnership HealthPlan

- One-year $102,000 start-up contract; Case Manager hired (Shay Corder).
- **ECM services began July 1; workflows between Rural Clinic/ED & ECM in development.**
- **Internal referrals: Rural Clinic expected by Oct; ED by early 2026.**
- **Weekly "Wellness & Resource Hour" launched in May; attendance low but expected to grow with promotion.**
- **Cerner: slow but steady progress; as of Oct 13, minor issues remain (billing code accuracy, internal referrals).**
- **Billing issues resolved; back-billing has begun.**
    - Billing structure: Outreach Attempt $5 (max $25/member/mo); Successful Engagement $150 (one-time); Ongoing Support $400/mo.

- **Revenue to date (and Oct projection):**

Month (2025)	Outreach	Engagements	Ongoing	Total
July	$100	$150	$400	**$650**
August	$105	$0	$400	**$505**
September	$125	$150	$800	**$1,075**
October (proj.)	**$150**	**$300**	**$1,600**	**$2,050**

- **Grant term extended from Dec 31, 2025 to Mar 30, 2026. Projected to be billing $6000/month by June 2026.**

Mindful Connections

- Resource hub curating Mental Health & Substance Use content for TCCN website.
- Two volunteers added.
- **First NA meeting Oct 17 at 6 pm (community dinner at 5 pm) in TCCN event room.**

HRSA Pathways Grant

- **Application not approved; alternative funding paths being explored for youth mental health services.**

Fundraising Coaching

- **Executive Director participating in Community Foundation coaching (15 hrs) and applying lessons to October fundraiser.**

Fundraising — Brewfest

- First annual Brewfest held Oct 11 (Vestal Arena, Intermountain Fairgrounds).
- Fall River Brewing confirmed product donation; other breweries engaged.
- Tickets available via TCCN website; reverse raffle for $15K dream vacation.
- **Event completed; total funds raised still being calculated, expected significantly below $30,000 projection.**

Partnerships

- **SMART Employment Services: services delivered in October; continuing in November.**
- IMAGE (Intermountain Action Growth & Education):

    - Community needs survey: **~260 responses collected; raw data shared with members.**
    - **Second-round surveys in field; November meeting to review data and set direction.**
- Shasta County Chemical People (Peer Mentoring at FRHS):
    - **First student meeting Oct 17; 14 students enrolled.**

Website & Communications

- **TCCN website expanding; community calendar updated weekly and amplified on social media.**

Community Events (TCCN/ICC)

- **Bright Futures weekly programs (ages 0–5): ongoing.**
- **Senior Sip & Social: every Thursday through May 2025.**
- **Wellness Hour / Food Smart Series: Tuesdays, 1–2 pm.**
- **NA meetings: Fridays, 6 pm (TCCN event room).**

Intermountain Community Center (ICC) — Building Update

- **Offices & event spaces OPEN and in use (Senior Sip, Bingo, Pokeno).**
- **Children's program plans submitted to county; plans approved by county and MMHD Board.**

October Board Report

Clinical Division
10/21/2025

Imaging

Volumes for September

CT: 138
X-Ray: 279
Ultrasound: 95
MRI: 35

Service Excellence

- In alignment with our Service Excellence Initiative (SEI), this month's department meeting focused on the theme of Attentiveness in Building Patient Loyalty. The discussion emphasized strategies to enhance patient engagement and overall satisfaction throughout the imaging experience.

Patient Experience

- To improve access and convenience, Radiology has begun offering walk-in X-ray services and scheduled CT appointments on weekends. This initiative supports patients who are unable to attend weekday appointments, thereby strengthening our commitment to community access and patient-centered care.

Service Expansion

- CT Calcium Scoring: Submitted and awaiting approval to proceed.
- Bone Density (DEXA): Submitted for review.
- Portable X-Ray: Being presented for board approval.

These projects support the department's ongoing efforts to expand local imaging services and reduce the need for patients to travel outside the community.

Cost Savings

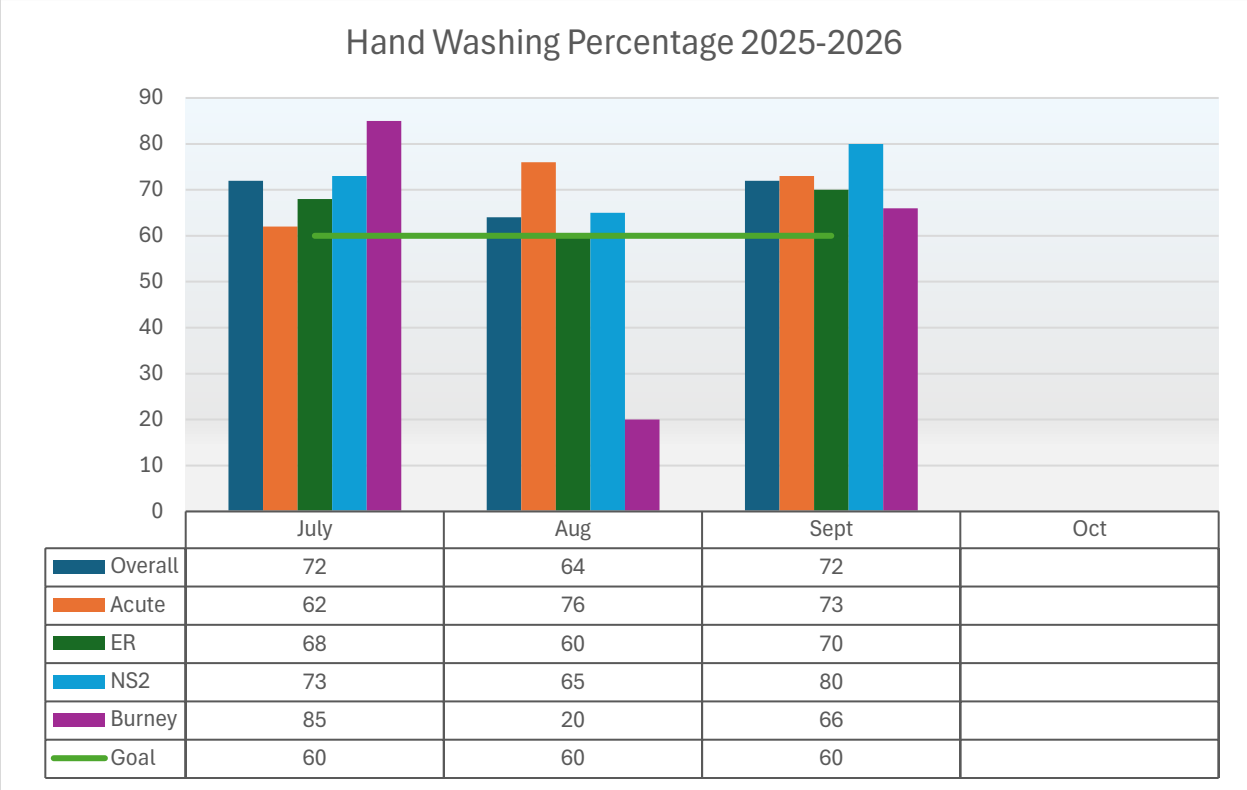
- Radiology will transition to utilizing ALARA for radiation dose monitoring and reporting at no cost. This transition allows for the discontinuation of our Glassbeam analytics contract, resulting in an annual savings of $5,200. ALARA will continue to support CT dose optimization and future CMS quality reporting requirements.

Infection Prevention

International Infection Prevention Week, October 19-25

- Kristen Stephenson, RN, IP, created a fun week of activities including:
    - Trivia Contest with treats and prizes.
    - A Microbe Scavenger Hunt throughout the facility.
    - Education and Fun (and slightly gross) Facts.
    - Glowbug (blacklight) hand hygiene demo.

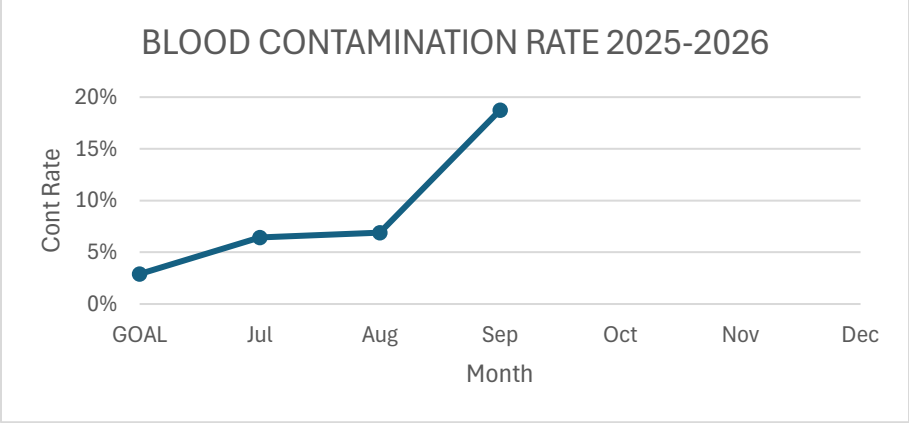
Hand Washing



	July	Aug	Sept	Oct
Overall	72	64	72	
Acute	62	76	73	
ER	68	60	70	
NS2	73	65	80	
Burney	85	20	66	
Goal	60	60	60	

Blood Culture Contamination Rates

- The Blood Culture Contamination Rate increased in September. The contaminated specimens were limited to two individuals. Kristen Stephen, RN, IP, is creating a plan for next steps.



Employee Vaccinations

Total Employees =312

Influenza: 66% completed
Given: 127
Declined: 37
Ineligible: 42

Covid-19: 51% completed
Given: 12
Declined:100
Ineligible: 47

Mask Fitting: 148 complete, 47%

Residents Influenza: 100% compliant (68 total residents as of 10/21)
Given: 44
Declined: 24

Skilled Nursing Residents Vaccination

- Influenza Vaccines Complete
- Covid-19 (25-26) will begin the week of October 27.

Service Excellence Initiative

- Tiffani McKain will be presenting a quarterly report.

Hospital Pharmacy

Skilled Nursing

- We are working closely with leadership in skilled nursing on medication errors and psychotropic charting.

Cost Savings

- We are working with our Group Purchasing Organization to participate in the OnMark program which will decrease the costs associated with high-cost biologicals. Per the projections the program will save over $100,000 annually.

Staffing

- Gary Pinkley, Pharm.D., is orienting at the hospital pharmacy.

Error Reporting

- The hospital pharmacy is enrolled with ISMP for medication error reporting.

Retail Pharmacy

Partnership with Strong Family Health Center (SFHC) (formerly Modoc Indian Health Project)

- Mayers Pharmacy has established a new partnership with Strong Family Health Center in Alturas, allowing SFHC patients to fill their prescriptions at our pharmacy conveniently. Under this agreement, SFHC covers patient copays directly and provides the pharmacy with monthly payments. This collaboration enhances patient access to medications while strengthening our community partnerships.

Medicare Drug Price Negotiation Program

- We have officially enrolled in the **Medicare Drug Price Negotiation Program**, which takes effect on **January 1, 2026**. This initiative aims to reduce prescription drug costs and ensure greater affordability for Medicare beneficiaries.

340B Pricing Update

- We are currently addressing a technical issue with our Third-Party Administrator (TPA)—Pillr Health that has impacted the transmission of our 340B price file to ProAct--340B Cash Card program. This issue originated from a recent correction made to our wholesale account configuration, which previously required us to report claims to manufacturers unnecessarily to access 340B pricing. Once corrected, the change disrupted file uploads between our TPA and ProAct, temporarily preventing eligible patients from receiving their medications at 340B pricing.
- This delay has affected patient access and timely care. We are actively collaborating with both vendors to implement a compliant and expedited solution to restore full 340B functionality as soon as possible.

Rural Health Clinic

Artificial Intelligence

- We have narrowed the AI solutions down to 3. Tiffani has developed a rubric for providers to use for rating them.

Providers

- A locums provider is scheduled to start on November 3rd.

Care Coordination

- Alison Jones, Care Coordinator, is making appointments and reaching out to patients.
- She has started developing processes.
- She is scheduled to shadow Modoc Medical Center's Care Coordinators for further training.

- Alison will be working with the outpatient schedulers to understand the processes involved.

Transportation

- Alison Jones, Care Coordinator, and Tiffani McKain, Director of Clinical Services, and Shay Corder, Case Manager, are exploring different patient transportation solutions and issues. The emphasis is on getting patients to the Outpatient Medical / Wound Care and Physical Therapy services at the Fall River Campus.
- One of the opportunities is to partner with Shasta Cascades for patient transport.

Physical Therapy

Cardiac Rehab Staffing

- We are looking for a cardiac rehab coordinator.

Cardiac Maintenance

- Ryan Harper and Angelina Shultz have been doing a great job keeping the maintenance program moving forward during the cardiac rehab coordinator transition, and Laura Sanders from PT is back to helping cover lunch breaks on those days as able.

Physical Therapy Wait Time.

- The wait time for a PT evaluation is minimal, and many patients are seen the same week the referral is received.

Medicare Advantage

- We are starting to see denials for some Medicare Advantage plans at the time of the evaluation until the physical therapist themselves call to push for review. This has occurred with Anthem MediBlue. This results in a slight delay in scheduling follow-up treatments.

Laboratory

Forensic Blood Draw Requests from Law Enforcement

- ER nurses have completed their forensic blood draw competency with Joven Ebueng, CLS, or Sophia Rosal, CLS.

Microbiology

- As part of our plan of corrections from the recent CLIA survey, a tabletop fume hood is in the procurement process.

CLIA Compliance

- Dr. Morris, Laboratory Medical Director, now has electronic access to approve lab policies.

Respiratory

- See Report

Telemedicine

- See Report

Telemedicine Program Update as of October 6th, 2025
Respectfully submitted by Samantha Weidner for Kelsey Sloat, M.D., FACOG, Kimberly Westlund, CRHCP, Clinic Manager and Keith Earnest Pharm.D., Chief Clinical Officer

<u>We have completed a total of 4,171 live video consults since August 2017 (start of program).</u>

Endocrinology:

- Dr. Bhaduri saw 34 patients in September. She continues to be our most productive, consistent provider.
- We've had 1,526 consults since the start of this specialty in August 2017.

Nutrition:

- Jessica saw three patients in September. We have extended our monthly block by one hour to meet patient volume.
- We've had 274 consults so far since we started this specialty in November 2017.

Psychiatry:

- Stephaine saw 11 patients in September. We have two monthly blocks set with her as she requires more time than our previous provider.
- We've had 857 consults since the beginning of the program in August 2017.

Infectious Disease:

- Dr. Siddiqui saw no patients in September.
- We've had 151 consults since the start of this specialty in September 2017.

Neurology:

- Dr. Nalla saw four patients in September. Currently, she is only able to see patients with Partnership and Blue Shield/Blue Cross insurances. We officially have an additional provider, Erik Kuecher PA-C, to provide services to patients with Medicare. I am waiting for him to be built in Cerner to schedule patients.
- We've had 499 consults since the start of the program in November 2018.

Rheumatology:

- Dr. Tang saw 10 patients in September. We are unable to schedule him for the month of October due to lapse in credentialing. We have also added an additional provider, Dr. Sandy Lee, to meet patient volume. I have monthly block set with her starting in January.
- We've had 327 consults since the start of the program in May 2020.

Nephrology:

- Dr. Bassila saw seven patients in September. I have extended our monthly block with him starting in January to meet patient volume.
- We've had 159 consults since the start of the program in April 2023.

Talk Therapy:

- We officially have our new provider, BreeAnne Williams, LCSW, seeing patients. She let us know she will be going out in January on maternity leave. We are in the process of finding and credentialing an additional provider to provide services during her absence.

Referral Update:

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

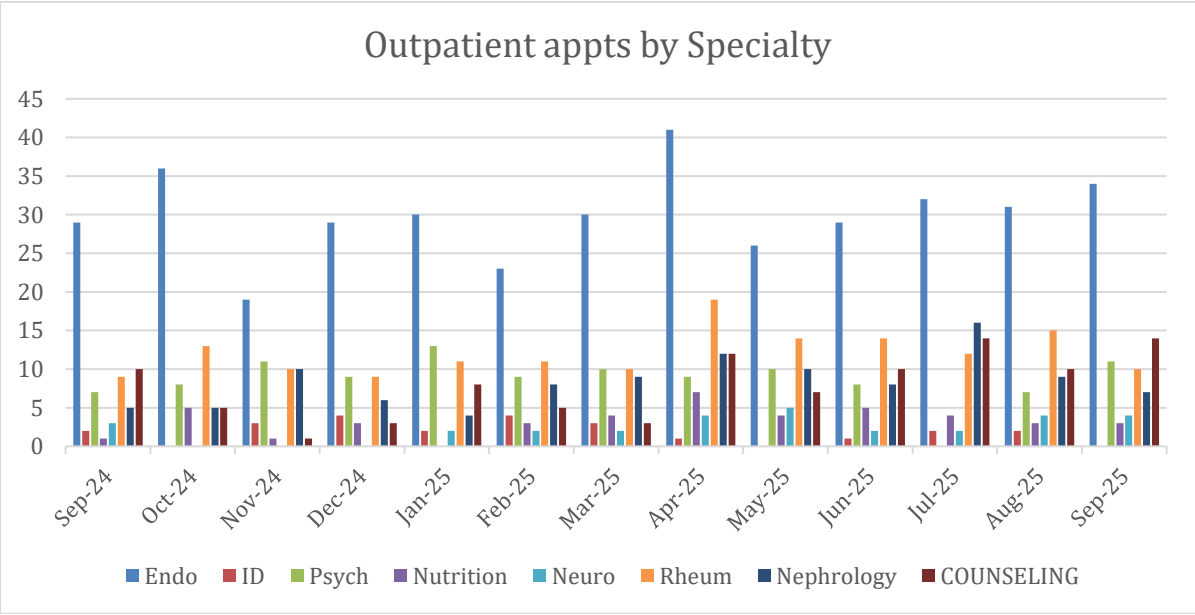
- Mountain Valleys Health Center – 0
- Hill Country Clinic – 4
- Pit River Health Center – 2
- Canby Family Practice – 0
- Mayers RHC – 25
- Mayers SNF – 0

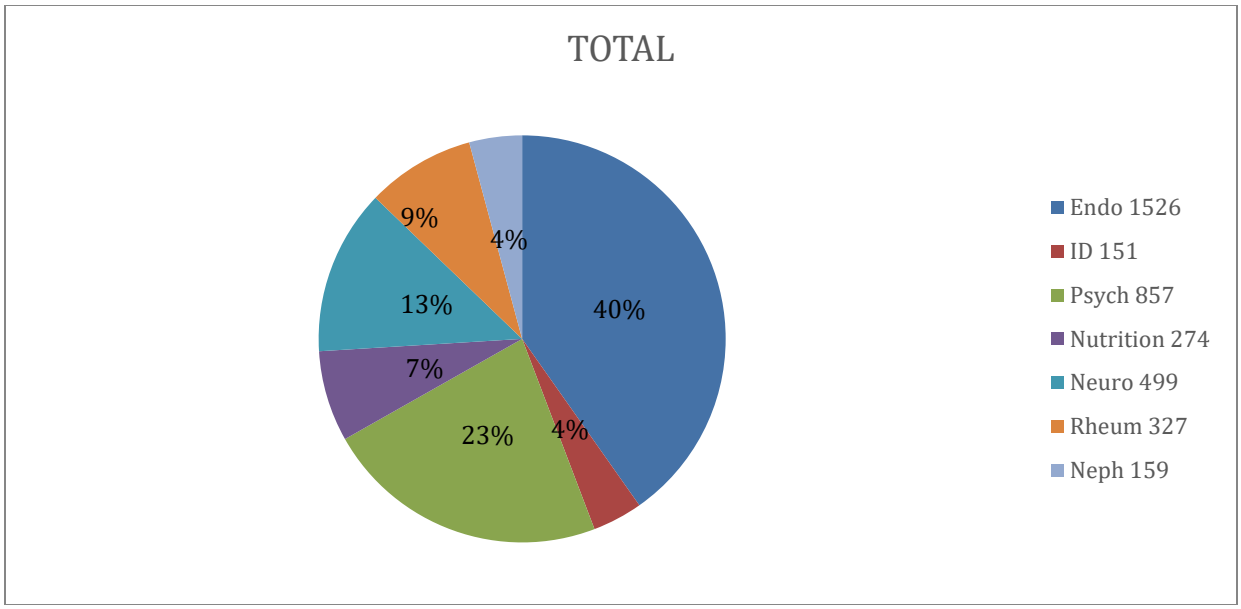
ConferMED –

We had no ConferMED consultations sent in the month of September. We have had 11 total sent since implementation.

Remote Patient Monitoring –

We have had 18 patients referred to our RPM program since implementation. We currently have no patients monitoring.




TOTAL
40%
4%
23%
7%
13%
9%
4%
Endo 1526
ID 151
Psych 857
Nutrition 274
Neuro 499
Rheum 327
Neph 159

NURSING SERVICES BOARD REPORT

October 2025-Reporting for September

CNO Board Report

- **Cheers:** The Surgery Manager was nominated for the Healthcare Service Excellence Conference Summit Awards for "Empowering Manager".
- Maintained regulatory compliance and continued focus on staff development and recruitment.
- **SNF** census**:** 65 total; emphasis on reducing agency use and enhancing medication safety.
- **Acute Care:** Optimal staffing and 100% SEI training completion.
- **ED:** 401 patients treated; active recruitment for NOC shift RNs.
- **Ambulance:** 53 calls; new full-time paramedic hired.
- **Surgery:** ACHC plan of correction in progress; steady procedure volume maintained.
- **Outpatient Medical:** Census increased to 158; focus on cost capture and provider collaboration.
- **Social Services:** LTC admissions reopened mid-October.
- **Clinical Education:** CNA program reinstated (100% pass rate); new class begins this month.
- Continued emphasis on **workforce stability, compliance, and quality patient care.**

SNF

Capacity

- Resident Census= 65
- Fall River= 27
- Burney = 20 general resident population
- Burney Memory Care= 18

Staffing

- We have met regulatory staffing requirements for the month.
- A primary challenge we face continues to be the high percentage of agency utilization. To address this, we have:
  - Hired new team members: 1 Unit Assistant, 1 LVN
- Continue discussions with Nurses in Professional Healthcare (NPH) to engage in aligning registry training and review role shift duties, and POC training to ensure consistency and effectiveness across the board.
- We will continue to aggressively screen, interview, and job-offer viable candidates.

Updates

- Staff Development
  - Director of Staff Education has been doing random medication pass checks with on-the-spot training/correction as needed.
  - The Director of Staff Development has done mandatory in-services on medication errors for all nursing staff, and it was then sent to NPH with 100% compliance.
  - This will be an ongoing process that will not only provide training but also bring to leadership any ambiguous orders that may need to be addressed by the Provider.
  - Departmental Education: Realignment will continue with all new hires.
  - Charge Nurse Meetings are occurring every other week.
- Regulatory
  - Mayers Memorial Healthcare District's collaboration with Shasta College C.N.A. program was reinstated by CDPH. The first class was successfully completed, with three students passing their state exam. (100% pass rate) The next class is projected to start on October 27th with three students. We have hired new Unit Assistants to attend the next class in January.
  - DON/ADON, in conjunction with the Director of Staff Development, have been working hard to put new systems in place to correct the Medication errors and Psychotropic restraint issues, with a marked decrease in errors.
- Service Huddle
  - Service huddles are done daily by the Charge Nurses and have been going well. There appears to be a high level of participation. We are recognizing those employees who have not made a medication error for the week. We discuss cheers for peers and also address action items that need to be addressed.

Infection Control

- Kristen, with IP, has implemented the sanitizing of the BP cuffs.

- Family engagement:
  - Family Council -all families are very involved and eager to learn, there has been a lot of sharing their feelings, and they are always so grateful for the meetings.

Activities Department Update

- The Activities Department received training and education from the Director on the importance of resident biographies, person-centered care, and the F-Tags associated with the Activities Department. This training focused on enhancing the quality of resident engagement, implementing individualized approaches, and ensuring compliance with both state and federal regulations.

- The upcoming October activity calendar includes several seasonal and community-centered events such as pumpkin carving, a 'Trick-or-Treat with Staff Kids' event where staff children will visit in costumes and residents will hand out candy, and other fall-themed activities to promote intergenerational interaction and uplift spirits within the facility.
- During this month's Resident Council meeting, residents actively participated in planning and offering suggestions for upcoming events, further supporting our commitment to resident choice and involvement.
- The weekly Bible Studies at both sites continue to be a major success, drawing strong attendance and engagement from residents. These sessions have provided meaningful opportunities for fellowship, reflection, and spiritual enrichment.

Acute

September 2025 Statistics

Dashboard

- Acute ADC: 1.13
- Acute ALOS: 3.09
- Swingbed ADC: 4.1
- Swingbed ALOS: 9.46
- OBS Census Days: 7

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, with one RN due to leave at the end of September, and Ward Clerk positions are filled. We currently have three CNA positions. Additionally, one FTE RN remains on an approved leave of absence.
- Utilization of Registry Staff: We are using one part-time NPH RN to support day-to-day coverage and assist during surgical cases. A full-time contracted RN is backfilling the RN on approved LOA. To meet CNA needs, we continue to schedule NPH CNAs to cover the remaining three CNA FTE vacancies.

Updates

- Education: All Acute staff attended SEI training.

Emergency Services

- **September 2025**
    - Total patients treated: 401

- In-Patient Admits: 18
- Transferred to higher level of care: 21
- Pediatric patients: 55
- AMA: 5
- LWBS: 1
- Present to ED vis EMS: 42

Staffing:

- Required: 8 FTE RNs, 1 PTE RNs, 2 FTE Techs, 1 PTE Tech.
- Utilizing 2 FTE Noc shift contract nurses.
- I am currently interviewing to fill the open NOC shift positions.

Updates:

- All staff members successfully completed the mandatory SEI training events.

Ambulance-Reporting

September 2025

- 53 ambulance calls, 11 of which were for transfers.
- We hired a full-time paramedic to fill the open shift line.
- We have an open EMT full-time position we are in the process of filling.
- Other than local football games, we did not have any other events to cover in September.

Surgery:

Referrals:

32- Referrals received

- All referred patients have been called. 1 refused to schedule at this time. 5 unable to reach for scheduling. 2 pending cardiac clearance. 3 rejected (BMI and procedure not performed here).
  - *Appointments are scheduled 1-10 days after referrals are received. Typically, able to offer procedure times within 1 to 1 ½ months.*
- **15 - Total patients underwent procedures**
- **16- Total procedures performed (1 patient had both upper and lower endoscopes).**

- 23 patients were scheduled. 3 canceled with short notice (no driver or sick), four cancelled on the day of surgery (3 patients had incomplete bowel prep, and one did not hold blood thinner).

Staffing:

- Hired a part-time endoscopy technician to work 3 days per month during procedures. She began training on August 18th.
- Surgical tech was pulled to work at the retail pharmacy 1-4 days per week on non-surgery weeks to assist while they are short-staffed.
- Shared staffing with Acute and ED for Pre-op and recovery RNs. No changes to nursing staff.

ACHC Survey POC update:

- Facilities received a Survey citation related to the Surgical suite air exchange and humidity levels. The electrician has added a dedicated 220-amp breaker to the electrical panel required for installation. MMH maintenance staff are scheduled to begin installing drain lines, a humidifier, and a control panel on September 5th. Humidity trends are tracked daily for compliance purposes.

Outpatient Medical

Updates September 2025

- Census OPM: July 153 patients, August 146, September 158.
- OPM has pillar goals and is awaiting administration approval if we decide to change directions.
- All OPM staff participated in SEI training.
- OPM staff have completed reorientation in Relias, mask fit testing, evaluations, and is awaiting appointments for employee wellness.
- OPM staff have evaluated department spending contracts, etc. Currently, we operate with only what is necessary for patient care. We continue to work on cost capture for the department. I believe having Corro Health help our department with charges would be beneficial. It was set up to have them here, but something fell through.
- The OPM manager is involved in CTI training.
- OPM census is currently up. This could be due to the multifaceted approach, commercials, MMHD marketing, relationship building, and networking with local privileged providers. Overall, an increase in privileged providers leads to more orders and care for patients. An in-person report was provided to the board last month for OPM.

- The OPM staff have shown great teamwork, and current goals are striving for increased clinical knowledge and education.

Social Services

September 2025

- No new admissions.

Updates:

- We will be able to accept admissions to LTC again starting on 10/15/25.
- I have started working on FY26 goals for Acute and LTC.

Clinical Education

Certifications & Licenses

- **BLS Class**: Held on September 9, 2025, with 5 attendees.
- **NRP class scheduled on 10/15/25** for RN's only.

Programming Updates

- **Nurse Assistant Training Program (NATP)**:
  - Next session scheduled for October 27, 2025.
  - Enrollment update: 3 students (1 student relocated out of state).
- **Safe Patient Handling & Mobility (SPHM)**:
  - Bi-monthly orientation ongoing for new and re-hired staff.
  - Last sessions held: September 8 & 22, 2025 (Instructor: Regina).
- **Education Classes**:
  - *Infection Control and Prevention, Resident and Staff Safety, and CNA Professionalism* classes held on September 3 and 16, 2025.
    - September 16 session served as a makeup class; had three attendees.
  - *CNA Skills Fair and Validation Class* were held on September 29, 2025.
    - This is a bi-annual competency class for CNA staff.

Ongoing Projects & Initiatives

- **CNA In-Service / CEUs**:
  - Completed (September 3 & 16, 2025):
    - Infection Control and Prevention
    - Resident and Staff Safety
    - CNA Professionalism
  - *Medication Error Prevention* class is also offered.

- **Upcoming**:
  - *CNA Skills Fair and Validation Class* – Scheduled for October 1, 2025 (bi-annual).
- **CDPH CNA Orientation Days**:
  - Held bi-monthly after HR orientation.
  - Last session: September 8–9, 2025.
- **Relias Platform**:
  - Continuing Education Units (CEUs) are available online for nursing staff.

Certification Tracking

- HR (Ashley) maintains and updates certification renewals.
- Reminder for staff to keep BLS cards current is running on the facility's TV screens.

Staying the Course!

- Ongoing efforts include:
  - One-on-one, in-person education and real-time corrections during medication passes on SNF units (both shifts).
  - Clinical education now extended to ER and Acute nurses—feedback has been positive and well-received.
  - Final audit to evaluate medication error prevention progress since August 2025 scheduled for the end of October 2025.

Respectfully Submitted by Theresa Overton, CNO

Chief Executive Officer Report
Prepared by: Ryan Harris, CEO

Collaboration
The Memoranda of Understanding (MOUs) between Pit River Health Services and Mayers Memorial Healthcare District have been successfully signed. As a result, our residents and their families now have access to services through this partnership. This marks an important milestone in expanding behavioral health services for our community.

The regional CEO quarterly meeting will be held at Modoc Medical Center on October 23. The group, originally comprising Modoc Medical Center, Mayers Memorial Healthcare District, Seneca Healthcare District, Plumas District Hospital, and Eastern Plumas Healthcare, has now expanded to include Tahoe Forest Health System and Surprise Valley Healthcare District. I am pleased to see renewed interest in additional facilities and our growing collaboration. The focus of this meeting will be on the joint purchase of the MRI and next steps, the rotation of specialty physicians, legislation affecting rural healthcare, and the use of AI. The group will also be touring Modoc Medical Center's new skilled nursing facility, Mountain View.

Advocacy
Over the past month, there have been significant developments in our ongoing efforts to strengthen healthcare collaboration and advocacy. An invitation was extended to two of Governor Newsom's cabinet members to visit MMHD, along with other CEOs from nearby hospitals, fostering closer relationships and dialogue. A productive meeting was also held with Senator Dahle and her staff to discuss pressing issues affecting our facilities, with plans for further meetings to collaborate on upcoming legislation.

The California Hospital Association has recently filed a lawsuit against the Office of Healthcare Affordability, highlighting ongoing concerns within the industry and the processes the Office of Healthcare Affordability is taking to govern hospitals in the state. The District Hospital Leadership Forum, the Hospital Council, and Partnership Health Plan have scheduled a meeting next month with hospital CEOs and CFOs to examine the impact of HR1 on Partnership patients and healthcare facilities.

Strategic Priorities
Tiffani McKain will be providing her quarterly report on the Service Excellence Initiative, our key quality and service priority. We are currently on track with our first-year roadmap.

Regarding our People Pillar, the second cohort of participants has begun the Leadership Institute management training program and has initiated the peer evaluation process. This priority remains on schedule.

For our Growth Pillar, we have launched MRI Services and Behavioral Health Services within our Skilled Nursing Facility. Additionally, we are working on several other initiatives, including Cardiac Stress Testing, DOT Drug Testing, Calcium Scoring, Diabetic Eye Exams, and Visiting Nurse Services.

Our Communication Pillar is progressing well, with the website revamp on schedule to be completed by the end of the year. Once this is finished, we will shift our focus to enhancing our social media program.

Finally, our Accounts Receivable (AR) fluctuates month after month, averaging between 70 and 80 days. Our Chief Financial Officer is working on transitioning collections to an entirely in-house model and cross-training the admitting staff to support the billing office. Meanwhile, our Chief Clinical Officer is focused on closing out charts that are impacting days not yet final billed. Additionally, Cerner will be on-site to provide provider optimization training, helping our providers navigate the system and complete their charts in a timely manner.

Provider Update
We've made substantial progress in our provider search over the past month. As of October 22, we have a clinic physician assistant interview scheduled, a primary care physician site visit scheduled for October 23, and have secured successful first interviews with both an ER Medical Director and a CMO/Hospitalist candidate. We're currently awaiting site visits with the ED Director in early November and the CMO/Hospitalist in mid-November. While we move forward with these candidates, we'll continue to interview additional potential candidates until we extend a job offer. Once these positions are filled, we'll have successfully expanded our provider pool and adjusted our model to meet the evolving demands of the modern healthcare workforce.

Additional Key Positions
Provider Relations Coordinator: Inspired by the conference I attended in KC, this role will oversee provider pay, retention, recruitment, burnout, and alignment, which is crucial for our success in recruiting and retaining productive providers. This position will also absorb responsibilities from the vacated Quality Coordinator role and Pam’s upcoming retirement.

Chief Operations Officer: The COO role has been a vital part of our district’s leadership for over 10 years, helping ensure smooth hospital operations. After discussions with peers and careful consideration, I believe filling this position is essential to support our growth and success. The COO will focus on managing daily operations, allowing me as CEO to dedicate more time to strategic planning and community engagement. To be cost-effective, we plan to fill this role internally, with the individual continuing to oversee their current divisions and possibly hiring

additional support as needed. This move will strengthen our leadership, enhance efficiency, and enable us to serve our community better now and in the future.

Departmental Efficiency Strategies
Over the past two months, our department managers, directors, and chiefs have been asked to submit ideas on how we can improve efficiency and reduce costs to mitigate the impact of HR 1 on our organization. Their reports are due by October 31st. To date, the nursing staff has provided a comprehensive report. Below is a summary of their key strategies and initiatives, outlining the steps our CNO division is considering to address these goals.

- **Staffing Optimization:**
  Considering shared staffing models across departments such as the Emergency Department, Acute Care, Ambulance, and Lab to lower personnel costs and improve flexibility. Adjustments in Skilled Nursing Facility staffing, including lower nurse and CNA coverage based on census, are also being evaluated to reduce reliance on costly agency staff and improve weekend coverage through scheduled rotations.
- **Operational Improvements:**
  Conducting contract reviews to eliminate redundancies, performing inventory audits to identify surplus supplies, and standardizing equipment and supplies—such as in ambulance and outpatient surgery services—to reduce waste and repair costs.
- **Revenue & Compliance Enhancements:**
  Strengthening documentation and charge capture processes in partnership with HIM and billing teams to improve revenue collection. Reorganizing equipment inventories, like the ED crash carts, to remove redundancies and ensure essential equipment is maintained efficiently.
- **Staff Development & Community Engagement:**
  Leveraging online learning platforms (e.g., Relias, Lippincott) and adopting “train-the-trainer” models to reduce training costs.

I look forward to sharing the ideas and plans from our other divisions, as well as updates on which initiatives we decide to implement.

Holiday Give Away Events
This year, we will once again be hosting our holiday giveaway events. These events have proven popular with staff and have helped us better staff, particularly during challenging days around the holidays, and reduce our use of registry personnel. However, this year we will be adjusting the program to better align with its original purpose. The gift giveaway days will be on Thanksgiving Day, the day after Thanksgiving, Christmas Eve, Christmas Day, the day after Christmas, and New Year’s Day. This is a reduction from the 12 days of Christmas giveaways we’ve done in previous years, but it still provides a meaningful way to thank our employees for

working during these difficult days. In addition, we will continue our annual holiday pork giveaway, sourced from pigs purchased at the Intermountain Fair, as well as introduce a new firewood giveaway this year.