

Chief Executive Officer
Ryan Harris



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

Board of Directors
Regular Meeting Agenda
January 29 2025 @ 1:00 PM
Mayers Memorial Healthcare
Burney Annex Boardroom
20647 Commerce Way
Burney, CA 96013

Mission Statement
Leading rural healthcare for a lifetime of wellbeing.

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, ext 1264 at least 48 hours in advance of the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations. The District will make every attempt to accommodate your request.

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
2	2.1	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.		
3	APPROVAL OF MINUTES			
	3.1	Regular Meeting –December 4, 2025	Attachment A	Action Item 1 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	4.1	Resolution 2024.16 –December Employee of the Month	Attachment B	Report 2 min.
	4.2	Safety Quarterly Dana Hauge	Attachment C	Report 2 min.
	4.3	IT Jeff Miles	Attachment D	Report 2 min.
	4.4	Facilities and Engineering Alex Johnson	Attachment E	Report 2 min.
	4.5	Infection Control Kristen Stephenson	Attachment F	Report 2 min.
5	BOARD COMMITTEES			
	5.1	Finance Committee		
	5.1.1	Committee Meeting Report: Chair Humphry		Report 5 min.
	5.1.2	November 2024 Financial Review, AP, AR and Acceptance of Financials		Action Item 5 min.
	5.1.3	December 2024 Financial Review, AP, AR and Acceptance of Financials		Action Item 5 min.
	5.2	Quality Committee		

	5.2.1	January Quality Meeting Committee Report		Report	5 min.
6	NEW BUISNESS				
	6.1	Cerner Ticketing Process		Discussion	2 min
	6.2	WanderGuard Door System for SNF- quote	Attachment G	Discussion	5 min.
	6.3	IT licenses- quote	Attachment H	Discussion/ Action Item	5 min.
	6.4	Nurse Call System- quotes	Attachment I	Discussion/ Action Item	5 min.
	6.5	Updated MMHD Staffing Plan	Attachment J	Discussion	5 min.
		Policies and Procedures:			
	6.6	Alternative Life Safety Measures Alternative Life Safety Measures Assessment Tool Master Staffing Plan Patient Medication Profile Multi Drug Resistant Organism	Attachment K	Action Item	5 min.
7	ADMINISTRATIVE REPORTS				
	7.1	Chief's Reports – Written reports provided. Questions pertaining to written report and verbal report of any new items			
	7.1.1	Director of Operations- Jessica DeCoito		Report	5 min.
	7.1.2	Chief Financial Officer – Travis Lakey		Report	5 min.
	7.1.3	Chief Human Resources Officer – Libby Mee	Attachment L	Report	5 min.
	7.1.4	Chief Public Relations Officer – Val Lakey		Report	5 min.
	7.1.5	Chief Clinical Officer – Keith Earnest		Report	5 min.
	7.1.6	Chief Nursing Officer – Theresa Overton		Report	5 min.
	7.1.7	Chief Executive Officer – Ryan Harris		Report	5 min.
8	OTHER INFORMATION/ANNOUNCEMENTS				
	8.1	Board Member Message: Points to highlight in message		Discussion	2 min.
	8.2	Board Education		Discussion	10 min.
9	MOVE INTO CLOSED SESSION				

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

MEDICAL STAFF REAPPOINTMENT

1. David Panossian, MD (Pulmonary)
2. Jack Lin, MD (UCD)
3. Reena Nanjireddy, MD (UCD)
4. Alan Yee, DO (UCD)
5. Trinh Truong, MD (UCD)
6. Daphney Say, MD (UCD)
7. Maheen Hassan, MD (UCD)
8. Kelly Haas, MD (UCD)
9. Arthur DeLorimier, MD (UCD)
10. Daniel Kirkham, MD (TCR)

MEDICAL STAFF APPOINTMENT

1. Lindsay Frye, DO
2. Hossein Mousavi, MD (UCD)
3. Sandy Lee, DO (T2U)
4. Howard Fellows, MD (Mercy Oncology)
5. Jorge Perez-Cardona, MD (Mercy Oncology)
6. Kyle Greene, MD (Mercy Oncology)
7. Arun Kalra, MD (Mercy Oncology)
8. Keith Shonnard, MD (TCR)

AHP REAPPOINTMENT

1. Thelma Wadsworth, PA (MVHC)
2. Shannon Davidson, CRNA
3. Erica Bauer, PA

AHP APPOINTMENT

1. Kevin Metz, CRNA

9.2	Conference with real property negotiators (§54956.8) 43514 CA 299. Fall River Mills, CA 96028	Discussion/ Action Item	20 min.
9.3	Conference with legal counsel regarding pending litigation (§54956.9)	Discussion/ Action Item	20 min.

10 **RECONVENE OPEN SESSION**

11 **ADJOURNEMENT:** Next Meeting February 19, 2025

Posted: 01.24.2025

Chief Executive Officer
Ryan Harris



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

Board of Directors
Regular Meeting Minutes
December 4, 2024 @ 1:00 PM
Mayers Memorial Healthcare District
Fall River Boardroom
43563 HWY 299 E
Fall River Mills, CA 96028

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

BOARD MEMBERS PRESENT:

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

ABSENT:

Keith Earnest, CCO

STAFF PRESENT:

Ryan Harris, CEO
Travis Lakey, CFO
Valerie Lakey, CPRO
Libby Mee, CHRO
Theresa Overton, CNO
Jack Hathaway, Director of Quality
Jessica DeCoito, Director of Operations
Ashley Nelson, Board Clerk
Kevin Davie, Director of Ancillary Services
Michele King, Mayers Foundation Director
Lindsey Crum, Hospice Manager
Brigid Doyle, Clinical Educator

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

3 APPROVAL OF MINUTES

3.1 A motion made and carried; Board of Directors accepted the minutes of October 29, 2024. **Humphry, Ferguson** *Approved by All*

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

- 4.1 Hospice Quarterly:
Lindsey submitted her report- staffing should be complete once a new RN comes on board.
- 4.2 Mayers Foundation Quarterly:
Michele submitted her report- Fall is a very busy time for the Foundation. Top projects include the annual Community Impact Report mailed out (cost of \$4,000 savings compared to last year, from processing the mailers in house) in the whole district, North State Giving Tuesday (\$21,000 total), Denim and Diamonds event with the new car raffle and tickets are sold at multiple locations in Fall River.
- 4.3 Clinical Education:
Brigid submitted her report- Added the Lippincott platform for staff/registry education to implement ACHC education standards. All staff that require BLS, CPR and PALS certifications are 100% compliant, as of today. CNA training is underway and continuing, despite the halt of the CNA program.

5 BOARD COMMITTEES

5.1 Finance Committee

5.1.1 Committee Report:

Tami reported that the AR went down half a percent and Travis is working on proposals with 2 different firms to assist us with Cerner issues. Registry costs have decreased \$600,00 in the last year. It was moved to bring both the IGTE proposal and Defibrillator proposal to the full board.

5.1.2	October 2024 Financial Review Motion moved, seconded and approved.	<i>Hathaway, Utterback</i>	<i>Approved by All</i>
5.2	Quality Committee		
5.2.1	December Quality Meeting Committee Report: Les reported the update with the QIP reports and that the data is readily available in Teams for all board members. Jack reported we are focusing on flu shot measures and Clinic data. Reports can be run at the end of Dec for all 2024 data needed, to compare to past years.		
6	NEW BUSINESS		
6.1	Cerner Ticketing Process: Travis reported that a test file was done yesterday, and the results will be ready today regarding bad debt. He will follow up next month.		
6.2	Ignite the Patient Experience Proposal: Ryan explained that some tools from the event are already being implemented. All staff supports moving forward with the ITPE program to improve our patient experience. Theresa shared her personal experience at the event. Jeanne shared her personal experience at the event. Abe shared his personal experience at the event. The 3-year ITPE proposal of \$133,000 was approved and will be implemented in the Strategic Plan for future years.	<i>Utterback, Ferguson</i>	<i>Approved by All</i>
6.3	Moving Feb BOD Meeting-ELT conference conflict: Feb 2025 is confirmed for the 19 th . Approved, with the Dec meeting note.	<i>Humphry, Utterback</i>	<i>Approved by All</i>
6.4	Annual Organizational Process		<i>Approved by All</i>
	6.4.1 Board Calendar: Dec 2025 meetings proposed moving to the 10 th . Quality meeting is confirmed for 9:30 am. 2025 Board Calendar was approved.		
	6.4.2 Officers and Committees: Les Cufaude is nominated as the Board Secretary.	<i>Humphry, Utterback</i>	<i>Approved by All</i>
6.5	Assign Ad Hoc Nominating Committee: Discussed at previous board meeting.		
6.6	Policies and Procedures: Clean, In-use, Dirty Identification Process Emergency Operations Decontamination Plan Fecal Smear for Leukocytes Food & Nutrition in a Disaster Plan Handling of Soiled Linens at Point of Care Emergency Operations Plan Incident Command System (ICS) Nutritional Care Scope of Services – Clinic Services	<i>Cufaude, Humphrey</i>	<i>Approved by All</i>
6.7	Employee of the Month Action Item: Ashley Nelson was awarded the October 2024 Employee of the Month.		
6.8	Defibrillators Proposal: Theresa explained her proposal.	<i>Ferguson, Humphry</i>	<i>Approved by All</i>

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.

The Zoll proposal of \$298,696 was approved.

7 ADMINISTRATIVE REPORTS

7.1 Chief's Reports: written reports provided in packet

7.1.1 **DOO:** Jessica submitted her report. She expanded that the Solar project update: PG&E is on site to survey. Two HVAC failures in the last 2 weeks but will hopefully be repaired by Friday. The Clinic drawings are still with the County.

7.1.2 **CFO:** Travis explained that the bad debt survey came back successful. He further explained how the latest Hospital Advisory Committee meeting went.

7.1.3 **CHRO:** Libby submitted her report. She expanded there are not any new labor laws for 2025.

7.1.4 **CHRO/CPRO:** Val and Libby submitted their report regarding the update for the Patient Experience project. Val explained that apart from the ITPE event, 25 people attended a meeting to review the current MMHD referral process. In this meeting, 770 referrals were discovered to be sitting in a queue and they are now being processed. Val is also receiving survey data regarding the Clinic and ED. Luma, a new communication platform, will make the patient communication portion much smoother.

7.1.5 **CPRO:** Val submitted her report. She explained that she can track keywords regarding new bills moving forward. She will be putting in for a few more grants- including an Opioid grant. TCCN building renovations are underway and Phase 3 will then commence but it is still held up at the Fire District level. The Thrift Store is closed this week due to a leak in the roof- no visible problems, other than wet insulation that was replaced. The NSGT goal for 2024 was \$20,000 and the Foundation reached \$21,000.

7.1.6 **CCO:** Keith submitted his report. Travis explained the difference between 340B program and Employee- only 340B Program. Kevin explained that the IV production will be up to 100% by the end of 2024. Physical Therapy wait-time is down to 1 week. Echocardiograms are possibly being added.

7.1.7 **CNO:** Theresa submitted her report. She explained that Infection Prevention is working with a "Secret Shopper" program to survey them IP in our facility. Various hand sanitizer and hand washing systems are being reviewed for purchase. The interim Director of Skilled Nursing is implementing a Resident Family Council for Resident families. Outpatient Surgery is 3 days per month with scope procedures- referrals are not backlogged at all. The Acute dept is fully staffed and the ED dept should be fully staffed by March.

7.1.8 **CEO:** Ryan submitted his report. He explained that the ACHC application has been submitted and approved. Expanding SNF into Station 1 will be brought to the Strategic Planning committee- possibly adding 8 private rooms into SNF. He will meeting with an IT entity.

8 OTHER INFORMATION/ANNOUNCEMENTS

8.1 Board Member Message: Employee of the Month, NSGT donors, annual appeal, Denim and Diamonds with ticket locations, TCCN events, end of year lab campaign, promoting surveys, wish Happy Holidays to the whole district, volunteers and staff.

First 5 chapters of the new Board member book is assigned for next meeting.

9 Adjournment: 3:21 pm. Next Meeting is January 29, 2024 in Burney.

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

Board Member

Board Clerk

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RESOLUTION NO. 2024-16

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

Erica Bauer

As December 2024 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, Erica Bauer is hereby named Mayers Memorial Healthcare District Employee of the Month for December 2024; and

DULY PASSED AND ADOPTED this 29th day of January by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

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

ATTEST:

Ashley Nelson
Clerk of the Board of Directors



Department Reporting Managers Meeting and Regular Board Meeting

Manager & Department: Dana Hauge, Safety, Security, and Emergency Preparedness
Reporting Month & Year: 01/2025

Summary:

As the Director of Safety and Security/Safety Officer, I am pleased to share updates on the Safety and Security/Emergency Preparedness program. The focus remains on creating a workplace environment where staff feel safe, supported, and heard. By fostering this culture of trust and collaboration, I aim to enhance safety and security across all levels of the organization.

Additionally, all aspects of the program are showing steady improvement. With the impending regulatory survey approaching, there is an exciting opportunity to build upon this momentum and continue driving growth and excellence in the department.

Top Projects (1-3):

Survey Readiness Preparation

In anticipation of the upcoming regulatory survey, I am working to ensure that all emergency preparedness, safety, and security protocols comply and align with regulations. This includes conducting thorough internal reviews, refining processes, and preparing documentation to demonstrate continuous improvement.

Facility Security Enhancement

I have begun monitoring the facility's security environment to identify vulnerabilities and prioritize improvements. Key focus areas include:

1. Access Control Upgrades – Evaluating systems to strengthen entry-point security and working with operations to manage this.
2. Process and Communication Improvements – Streamlining protocols with individual departments and ensuring clear communication across teams to address security concerns effectively.
3. Emergency Communication – Assessing protocols to ensure clear and timely responses.

Wins (1-2):

Safety, Emergency, and Environment of Care Committee As the committee grows to strive to meet ACHC's reporting measures, this past quarter, we successfully added reporting on Pre-construction risk Assessments (safety and infection control), Alternative Life Safety Measures, General Risk Assessments Began reviewing medical equipment requests with a clear, standardized protocol Recent approvals: new defibrillators, Wander guard systems,

gurneys, and lab equipment.

The operations team and I are working closely to ensure our systems maintain a safe environment and a

well-functioning facility. Our strengthened collaboration is driving noticeable improvements that will be evident during the ACHC evaluation, reflecting our commitment to safety and excellence.

Challenge (1):

The number one challenge in my department will always be being proactive rather than reactive. We have been working quickly and diligently in the last quarter, presenting new regulations and programs. While change can be hard on staff at the rate we work, growth will always be a priority.



Department Reporting Managers Meeting and Regular Board Meeting

Manager & Department:

Jeff Miles – IT

Reporting Month & Year:

01/2025

Summary:

I view IT as a service department servicing all the users of our systems. I am proud to lead my team in meeting the organization's IT needs.

Top Projects (1-3):

- **Windows 10 is end of life in October** - We will be upgrading approximately 240 systems to Windows 11 starting in March.
- **Nutanix Hardware refresh:** In May, we must replace 4 hardware appliances that support our Citrix environment.
- **IT Vendor Management and Documentation project:** I am working on setting up the IT Glue product to keep track of all of the IT vendors, including what each vendor does for us, product expiration/renewal dates, contact information, etc. I am also reviewing our current library of 600+ documents to ensure they are up-to-date and valid.

Wins (1-2):

New IT Tools - We have migrated to new IT tools in the fourth quarter of 2024. We only have to authenticate to one application to navigate between 7 different tools we use now. This has improved our internal efficiency in navigating between tools to support our user base. We only have to authenticate a few times a day now.

Printer Notifications—We have set up the Xerox machines to automate the supply monitoring so that we can be proactive in monitoring supplies. Euan has also developed a spreadsheet to automate the monthly inventory process so that it is much more efficient and streamlines the ordering process.

Challenge (1):

CompTIA Pentest+ Certification—I have taken on the challenge of preparing for the CompTIA Pentest+ certification. I am well into the 130+ hours of coursework to prepare for the 165-minute exam. This will help me hone my skills as a pen tester and improve the hospital's Cybersecurity posture.



Department Reporting Managers Meeting and Regular Board Meeting

Manager & Department:

Alex Johnson, Maintenance & Engineering

Reporting Month & Year:

January 2025

Summary:

The Maintenance & Engineering Department continues to work towards providing a safe, comfortable, and enjoyable facility for our patients, visitors, and staff. We aim to achieve the next level of safety through the ACHC accreditation process. The crew constantly works with staff from all departments to improve the living conditions of our residents and the working conditions of the staff. We never hesitate to say hello to our residents and visitors who enter our facility.

Top Projects (1-3):

1. ACHC accreditation is at the top of our project list. We are working to meet all the fire, life, and safety standards we will be surveyed on. The team and I have learned a lot about the functions of fire compartments, paths of egress, and numerous other regulations that we must adhere to to provide a safe environment for all who enter our facility.
2. The crew has been working hard on the Tri-County Community Network building. We have painted the entire interior and installed new lighting throughout the downstairs. We are working with Shasta County and the Burney Fire District to get the building up to the proper code and occupancy requirements for the spaces.
3. We are working with a solar contractor on the new solar field that will be installed off the bluff behind the hospital. The project hit a few permitting delays, but we believe that is behind us now. Work will commence this month, with a targeted completion date at the end of May 2025.



Wins (1-2):

1. Turnover rate with the crew has to be the biggest win for my department. This year, I handed out one ten-year pin and two five-year pins. The crew will always have its ups and downs, but I am proud of them and how they have embraced all of the challenges they face daily.
2. The replacement of the fire panel is finally complete in the Burney Annex. It was a lengthy process, but the finished product is working well. The new system is much more user-friendly. When an alarm goes off, anyone can look at the panel and determine where the alarm is coming from. This will make responses to drills and (knock on wood), actual fire incidents timelier and more accurate.

Challenge (1):

The biggest challenge I face is navigating the constant changes in healthcare. ACHC has been one of the toughest so far. It has been difficult to educate myself and convince my staff that what we are doing is beneficial to the facility and community. That being said, we will continue to work as a team to meet our goals.

Department Reporting Managers Meeting and Regular Board Meeting

Manager & Department: Kristen Stephenson Infection Prevention
Reporting Month & Year: January 2025

Summary:

The Infection Prevention Department strives to improve patient safety for all patients, residents, and team members.

Top Projects (1-3):

1. Hand Hygiene Performance Improvement

- Increased monthly surveillance in each unit by IP and IP assistant
- Family involvement in LTC HH monitoring
- Recruitment of Leadership for HH compliance monitoring
- The goal of 80%
- Planning an HH campaign to meet the goal

2. Blood Culture Contamination Performance Improvement

- Collecting data and working with ER leadership to find gaps in the process
- Re-education on the blood culture drawing process

3. Clean, In-Use, Dirty equipment tags Validation

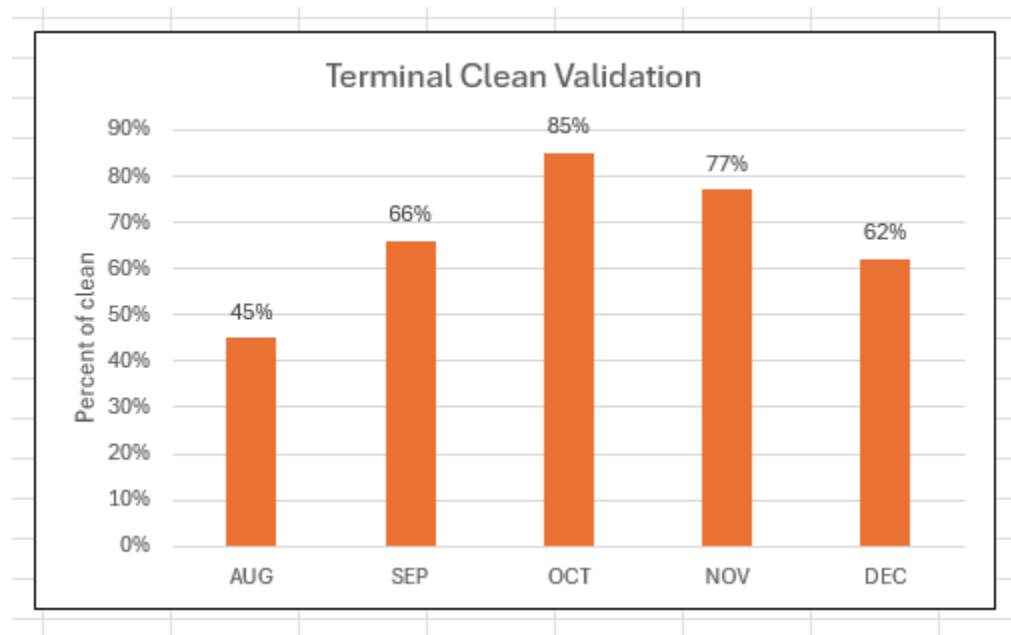
- We will begin to surveil for compliance with the tags usage this week (1/20)

4. 2025 Acute and LTC IP plans are being developed

- Identifying goals for improvement for the 2025 year for acute and LTC

Wins (1-2):

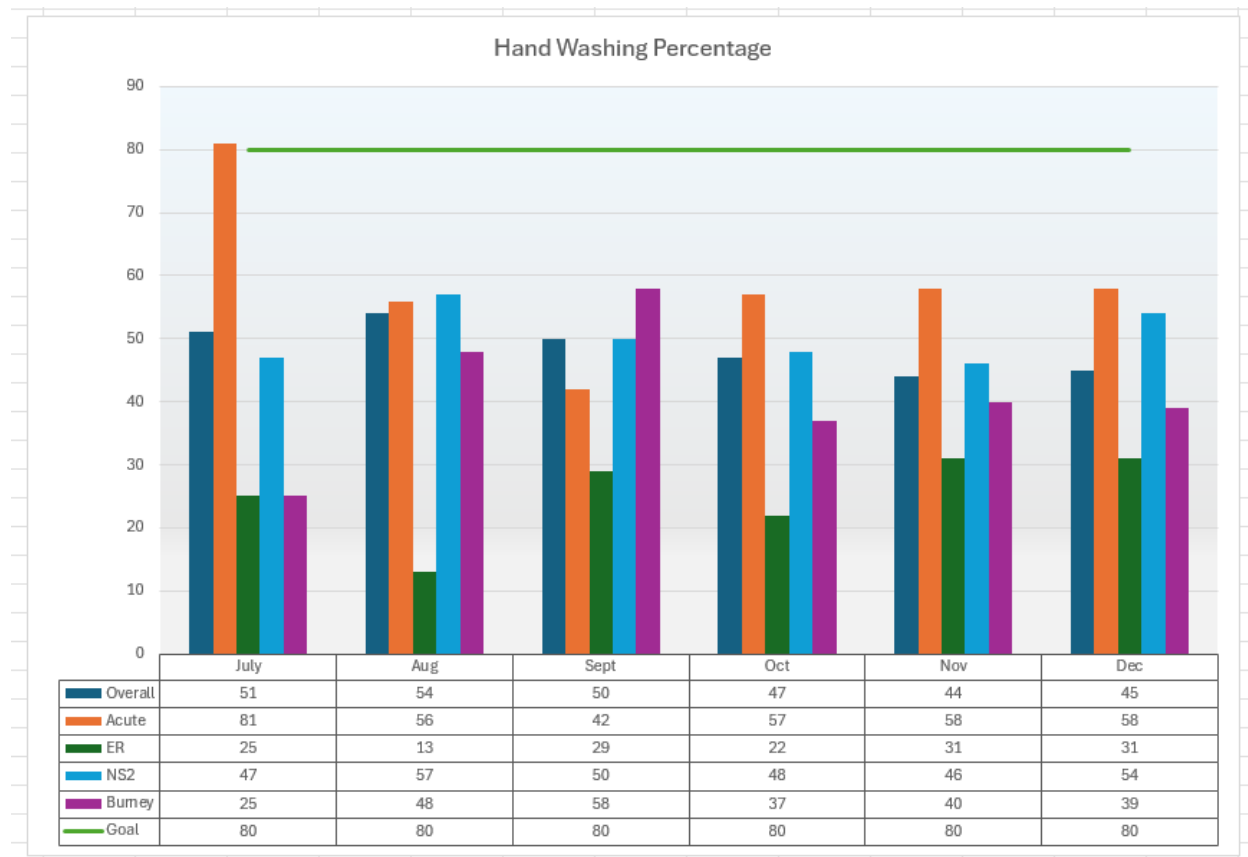
1. EVS Terminal Clean Validation Process Implementation and Improvement



2. Permanent Infection Prevention personnel hires for consistency in Infection

Challenge (1):

1. Hand hygiene, PPE, and isolation precautions in the Emergency Room



2. One UV light available for entire organization

3. Orientation of agency nursing staff related to IP policies, expectation, and performance

- Need to work with educator, to discuss onboarding process and trainings to include an IP orientation



**MAYERS
MEMORIAL
HEALTHCARE
DISTRICT**

MEDICAL EQUIPMENT PURCHASE REQUISITION

PO: Attachment G

Department & Cost Center #		Date Submitted
LTC - SNF - 6580		

Suggested Vendor : Securitas Healthcare	<p align="center">NOTES</p> <p align="center">**THIS REQUISITION IS FOR MEDICAL EQUIPMENT ONLY**</p> <p align="center">*ATTACH APPROVED QUOTE WITH REQUISITION*</p>	APPROVAL LIMITS	
Name of Contact		DEPT MGR \$500	
Address:		DIRECTOR \$2,500	
City:		CHIEF UP TO \$7,500	
State		CEO OVER \$7,500	
Zip		SPECIALTY ORDERS	
Phone		SURG \$1,500	
Fax		PLANT OP \$1,500	
		IT \$1,500	
		QUALITY \$1,500	

Line #	Quantity	Unit of Measure	Vendor Cat #	Product/Service Description	Unit Price	Extended Price
1				New WanderGuard system in Burney Annex		\$58,974.38
2						\$0.00
3						\$0.00
4						\$0.00

NOTE: Any orders placed without the authority of the Purchasing Department may not be approved for payment, and may become the sole responsibility of the individual placing the order.	Subtotal	\$58,974.38
	State Tax	
	Shipping	
	TOTAL	\$58,974.38

Requested by:	MAINTENANCE MANAGER APPROVAL: <i>[Signature]</i>	Buyer:
	IT MANAGER APPROVAL: <i>Jessica DeCato on behalf of IT</i>	
	SAFETY OFFICER APPROVAL: <i>Dave Hume</i>	
	DEPARTMENT HEAD APPROVAL:	



Customer: Mayers Memorial Hospital District
Account Number: 1424500

Date: 11/21/2024
Quote Valid Until: 12/21/2024
Quote Number: Q-49385

Shipping Address	Billing Address
Mayers Memorial Hospital District 43563 Hwy 299 E Fall River Mills California 96028 United States	Mayers Memorial Hospital District Po Box 459 Fall River Mills California 96028 United States

Line #	QTY	SKU	Product Name and Description	List Price	Customer Price	Customer Total
1	11	INST-DOOR-REMOVAL	Labor - Door Removal	\$0.00	\$0.00	\$0.00
2	11	WGB-DOOR-1000-NA	WanderGuard Blue Door Bundle - North American	\$2,375.00	\$2,375.00	\$26,125.00
3	11	ANT-4210	ANT4210 External LF Antenna	\$115.00	\$115.00	\$1,265.00
4	11	AGESM01-016	SELECT SOUND MODULE	\$200.00	\$200.00	\$2,200.00
5	3	14321	ARIAL REPEATER ES (BROADCAST MODE ONLY)	\$716.81	\$716.81	\$2,150.43
6	2	14325	WIRELESS REMOTE ANNUNCIATOR (ECHOSTREAM)	\$1,517.74	\$1,517.74	\$3,035.48
7	20	WGB-TAG-1000-90D	WanderGuard Blue Bracelet - 90 days	\$45.00	\$45.00	\$900.00
8	11	54350	ARIAL UNIVERSAL TRANSMITTER ES	\$108.18	\$108.18	\$1,189.98
9	1	WGB-STARTER-1000-NA	WanderGuard Blue Starter Kit - NA	\$970.00	\$970.00	\$970.00

Securitas
Healthcare



Line #	QTY	SKU	Product Name and Description	List Price	Customer Price	Customer Total
10	1	INST-WG	INSTALLATION OF WANDER SYSTEM	\$17,733.26	\$17,733.26	\$17,733.26
Sub-Total:						\$55,569.15

Equipment Subtotal	\$37,835.89
Installation Cost	\$17,733.26
Shipping Cost	\$662.13
Sales Tax	\$2,743.10
Total	\$58,974.38

Quote currency is USD

Nutanix upgrade

Summary:

Nutanix is the hardware platform that supports our Citrix environment. We are currently hosting 234 Virtual computers on this hardware. This supports approximately 132 workstations and 102 Servers. 4 of our 7 nodes will end support in May and need to be replaced. The other 3 nodes are good until May 2027(1 node) and July 2029(2 nodes). We had the vendor spec these systems out to replace the current environment, accommodate the new Fuji Pacs system, and replace the two end-of-support VMWare clusters we are currently using.

Proposal:

CDW proposes replacing the 4 existing nodes with 4 new nodes with increased capacity. They are still using the 5-year model for support on the new hardware, so we should get 5 years out of it.

Here is a photo of the current Nodes that need to be replaced.





Thank you for choosing CDW. We have received your quote.

Hardware Software Services IT Solutions Brands Research Hub

QUOTE CONFIRMATION

JEFF MILES,

Thank you for considering CDW•G for your technology needs. The details of your quote are below. **If you are an eProcurement or single sign on customer, please log into your system to access the CDW site.** You can search for your quote to retrieve and transfer back into your system for processing.

For all other customers, click below to convert your quote to an order.

This quote is subject to CDW's Third Party Cloud Services Order Form Terms and Conditions set forth at <https://www.cdwg.com/content/cdwg/en/terms-conditions/third-party-cloud-services-order-form-terms-and-conditions-.html>

Convert Quote to Order

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
PGPM003	1/16/2025	NUTANIX	0673037	\$158,702.38

QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
NUTANIX CLD INFRA NCI PRO LIC+SUP Mfg. Part#: SW-NCI-PRO-PR Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500)	48	6880250	\$1,003.00	\$48,144.00
Nutanix AOS Pro - Term License - 1 license Mfg. Part#: TERM-MONTHS Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500)	36	6501791	\$0.00	\$0.00
NUTANIX 24X7 PROD HW SUP HCI APP Mfg. Part#: S-HW-PRD Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Catalog (HPG-2500)	4	5642018	\$2,041.00	\$8,164.00
NUTANIX SUPPORT TERM Mfg. Part#: SUPPORT-TERM Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Catalog (HPG-2500)	36	5642025	\$0.00	\$0.00
NUTANIX UNIFIED STOR PRO LIC+SUP Mfg. Part#: SW-NUS-PRO-PR Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500)	3	6937606	\$1,081.00	\$3,243.00
Nutanix AOS Pro - Term License - 1 license Mfg. Part#: TERM-MONTHS Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500)	36	6501791	\$0.00	\$0.00

QUOTE DETAILS (CONT.)

<u>NUTANIX CLD MGMT NCM STARTER LIC+SUP</u>	48	6880251	\$169.00	\$8,112.00
Mfg. Part#: SW-NCM-STR-PR Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500)				
<u>Nutanix AOS Pro - Term License - 1 license</u>	36	6501791	\$0.00	\$0.00
Mfg. Part#: TERM-MONTHS Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500)				
<u>NUTANIX PLATFORM INTEGRATION</u>	1	7724228	\$0.00	\$0.00
Mfg. Part#: PLATFORM INTEGRATION Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500)				
<u>NUTANIX NX-3235-G9-6542Y-CM</u>	2	8177446	\$24,660.00	\$49,320.00
Mfg. Part#: NX-3235-G9-6542Y-CM Contract: HealthTrust Pricing-Catalog (HPG-2500)				
<u>NUTANIX 64GB MEMORY MODULE</u>	64	8112861	\$341.00	\$21,824.00
Mfg. Part#: C-MEM-64GB-5600-CM Contract: HealthTrust Pricing-Catalog (HPG-2500)				
<u>NUTANIX 8TB 3.5IN HDD</u>	16	7591198	\$269.00	\$4,304.00
Mfg. Part#: C-HDD-8TB-AB-CM Contract: HealthTrust Pricing-Catalog (HPG-2500)				
<u>Nutanix 3.84TB Solid State Drive</u>	8	7600951	\$723.00	\$5,784.00
Mfg. Part#: C-SSD-3.84TB-B-CM Contract: HealthTrust Pricing-Catalog (HPG-2500)				
<u>Nutanix 2-Port SMC 10GbE LOM Module</u>	4	7451132	\$457.00	\$1,828.00
Mfg. Part#: C-LOM-10G2B1BT-CM Contract: HealthTrust Pricing-Catalog (HPG-2500)				
<u>Nutanix 2-Port SMC 25 10GbE NIC Transceiver</u>	4	7399642	\$375.00	\$1,500.00
Mfg. Part#: C-NIC-25G2E1-CM Contract: HealthTrust Pricing-Catalog (HPG-2500)				
<u>Nutanix 4' 15A C13 C14 Power Cord</u>	4	6673749	\$9.30	\$37.20
Mfg. Part#: C-PWR-4FC13C14B-CM Contract: HealthTrust Pricing-Catalog (HPG-2500)				
<u>NUTANIX TPM 2.0 MODULE UNPROVISIONED</u>	4	5242107	\$72.00	\$288.00
Mfg. Part#: C-TPM-2.0-U-CM Contract: HealthTrust Pricing-Catalog (HPG-2500)				

These services are considered Third Party Services, and this purchase is subject to CDW's [Third Party Cloud Services Terms and Conditions](#), unless you have a written agreement with CDW covering your purchase of products and services, in which case this purchase is subject to such other written agreement.

The third-party Service Provider will provide these services directly to you pursuant to the Service Provider's standard terms and conditions or such other terms as agreed upon directly between you and the Service Provider. The Service Provider, not CDW, will be responsible to you for delivery and performance of these services. Except as otherwise set forth in the Service Provider's agreement, these services are non-cancellable, and all fees are non-refundable.

SUBTOTAL	\$152,548.20
SHIPPING	\$0.00
SALES TAX	\$6,154.18
GRAND TOTAL	\$158,702.38

PURCHASER BILLING INFO	DELIVER TO
Billing Address: MAYERS MEMORIAL HOSPITAL ACCOUNTS PAYABL PO BOX 459 FALL RIVER MILLS, CA 96028-0459 Phone: (530) 336-5511 Payment Terms: NET 30-VERBAL	Shipping Address: MAYERS MEMORIAL HOSPITAL DISTR 43563 STATE HIGHWAY 299 E FALL RIVER MILLS, CA 96028-9787 Shipping Method: DROP SHIP-GROUND
	Please remit payments to: CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515



Sales Contact Info

Emma Divyak | (866) 607-0217 | emmadiv@cdw.com

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This order is subject to CDW's Terms and Conditions of Sales and Service Projects at

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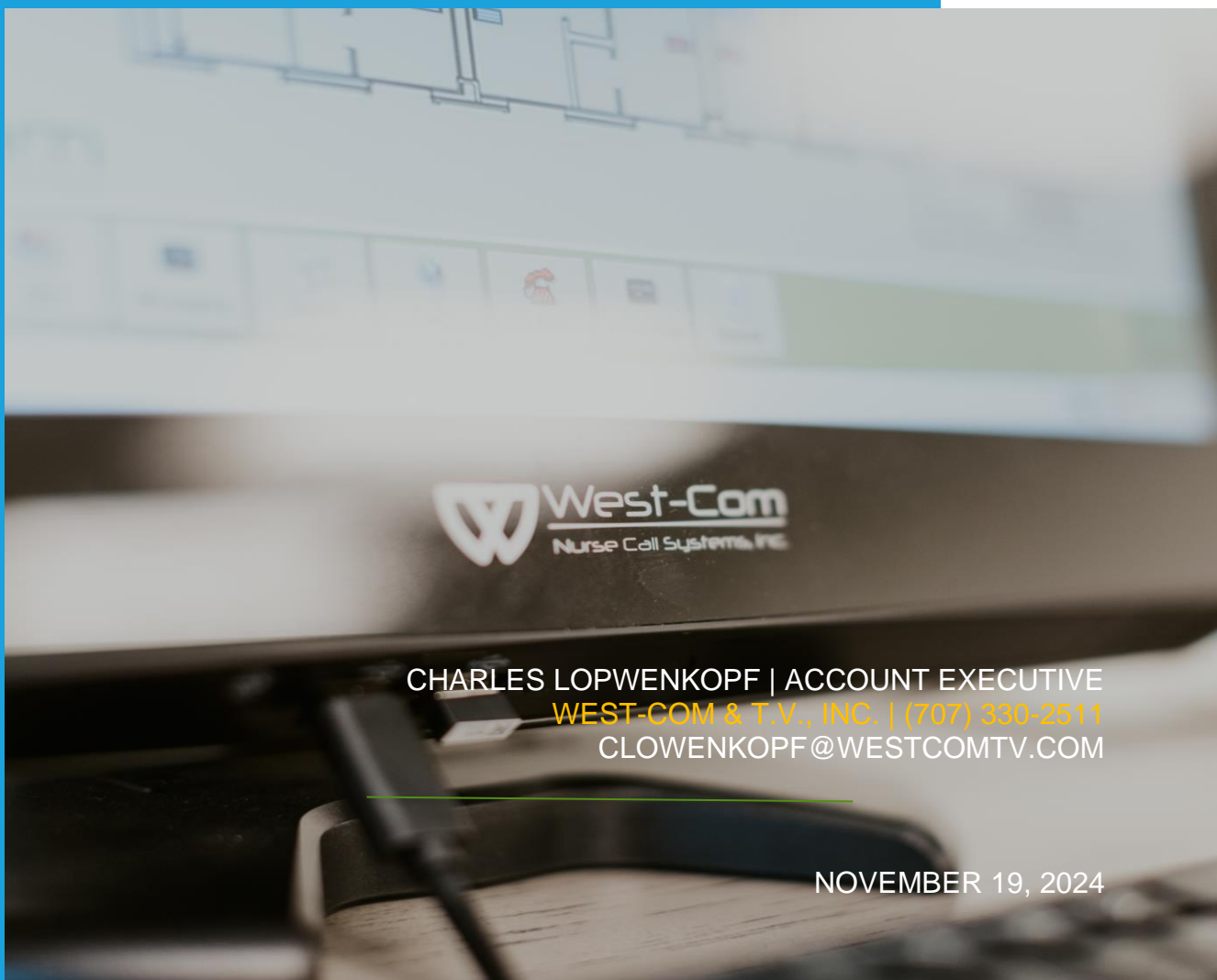
For more information, contact a CDW account manager.

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QUOTE

WEST-COM NOVUS® NURSE CALL SYSTEM

MAYERS MEMORIAL HOSPITAL DISTRICT – FRM SNF
43563 Highway 299 East | Fall River Mills, CA 96028



CHARLES LOPWENKOPF | ACCOUNT EXECUTIVE
WEST-COM & T.V., INC. | (707) 330-2511
CLOWENKOPF@WESTCOMTV.COM

NOVEMBER 19, 2024

QUOTE

**WEST-COM NOVUS®
NURSE CALL SYSTEM**

**Fall River Mills Skilled
Nursing Facility**

Alexander Johnson
Mayers Memorial Hospital District
43563 Highway 299 East
Fall River Mills, CA 9602

Quote Issued: 11/19/24

Quote Expires: 12/31/24

Quote #: 241119F

GPO: --

Submitted By:

Charles Lowenkopf
Account Executive
West-Com & T.V., Inc.
Cell: (707) 330-2511
clowenkopf@westcomtv.com
www.westcomtv.com

780 Chadbourne Rd, Suite D
Fairfield, CA 94534
Office: (707) 428-5902
Fax: (707) 428-5938

COST PROPOSAL:

DESCRIPTION	COST
Equipment	\$ 44,140.00
Software	N/A
Professional Fees	\$ 15,000.00
Cable	\$ 16,208.00
Sales Tax	\$ 4,375.00
Shipping	\$ 1,431.00
Shop / As-Builts	\$ 4,293.00
Labor	\$ 95,253.00
SUBTOTAL:	\$ 180,700.00

ACCEPTED and AGREED AS FOLLOWS:

- Services Contracted:** Customer hereby contracts West-Com & T.V., Inc. to sell the equipment and provide services described herein.
- Agreement Price:** Customer agrees to pay to West-Com & T.V., Inc. the sum(s) noted on the Cost Proposal(s) including all applicable taxes.
- Acknowledgement:** Customer acknowledges that Agreement has been read and that Customer understands and agrees to all Terms and Conditions, Warranties, Exclusions, and Responsibilities. No changes or additions shall be part of this Agreement unless agreed and approved in writing by both parties. West-Com & T.V., Inc. may withdraw this Agreement at any time should the Agreement be modified by Customer without West-Com & T.V., Inc.'s written approval.
- Orders over \$10,000 require a 25% downpayment.
- Payment Terms: NET30 / date of invoice.

	West-Com & T.V., Inc.	Customer
Signature:		Signature: _____
Printed Name:	George Ghassan	Printed Name: _____
Title:	VP, Sales	Title: _____
Date:	11/19/2024	Date: _____

QUOTE

WEST-COM NOVUS® NURSE CALL SYSTEM

MAYERS MEMORIAL HOSPITAL DISTRICT – BURNEY SNF
20641 Commerce Way | Burney, CA 96013



CHARLES LOPWENKOPF | ACCOUNT EXECUTIVE
WEST-COM & T.V., INC. | (707) 330-2511
CLOWENKOPF@WESTCOMTV.COM

NOVEMBER 19, 2024

QUOTE

**WEST-COM NOVUS®
NURSE CALL SYSTEM**

**Burney Skilled Nursing
Facility**

Alexander Johnson
Mayers Memorial Hospital District
20641 Commerce Way
Burney, CA 96013

Quote Issued: 11/19/24

Quote Expires: 12/31/24

Quote #: 241119B

GPO: --

Submitted By:

Charles Lowenkopf
Account Executive
West-Com & T.V., Inc.
Cell: (707) 330-2511
clowenkopf@westcomtv.com
www.westcomtv.com

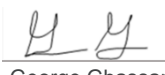
780 Chadbourne Rd, Suite D
Fairfield, CA 94534
Office: (707) 428-5902
Fax: (707) 428-5938

COST PROPOSAL:

DESCRIPTION	COST
Equipment	\$ 72,098.00
Software	N/A
Professional Fees	\$ 15,000.00
Cable	\$ 13,481.00
Sales Tax	\$ 6,204.00
Shipping	\$ 2,022.00
Shop / As-Builts	\$ 6,065.00
Labor	\$ 124,924.00
TOTAL:	\$ 239,794.00

ACCEPTED and AGREED AS FOLLOWS:

- Services Contracted:** Customer hereby contracts West-Com & T.V., Inc. to sell the equipment and provide services described herein.
- Agreement Price:** Customer agrees to pay to West-Com & T.V., Inc. the sum(s) noted on the Cost Proposal(s) including all applicable taxes.
- Acknowledgement:** Customer acknowledges that Agreement has been read and that Customer understands and agrees to all Terms and Conditions, Warranties, Exclusions, and Responsibilities. No changes or additions shall be part of this Agreement unless agreed and approved in writing by both parties. West-Com & T.V., Inc. may withdraw this Agreement at any time should the Agreement be modified by Customer without West-Com & T.V., Inc.'s written approval.
- Orders over \$10,000 require a 25% downpayment.
- Payment Terms: NET30 / date of invoice.

	West-Com & T.V., Inc.	Customer
Signature:		Signature: _____
Printed Name:	George Ghassan	Printed Name: _____
Title:	VP, Sales	Title: _____
Date:	11/19/2024	Date: _____

SUBMIT PURCHASE ORDERS TO:
Orders@WestComTV.com



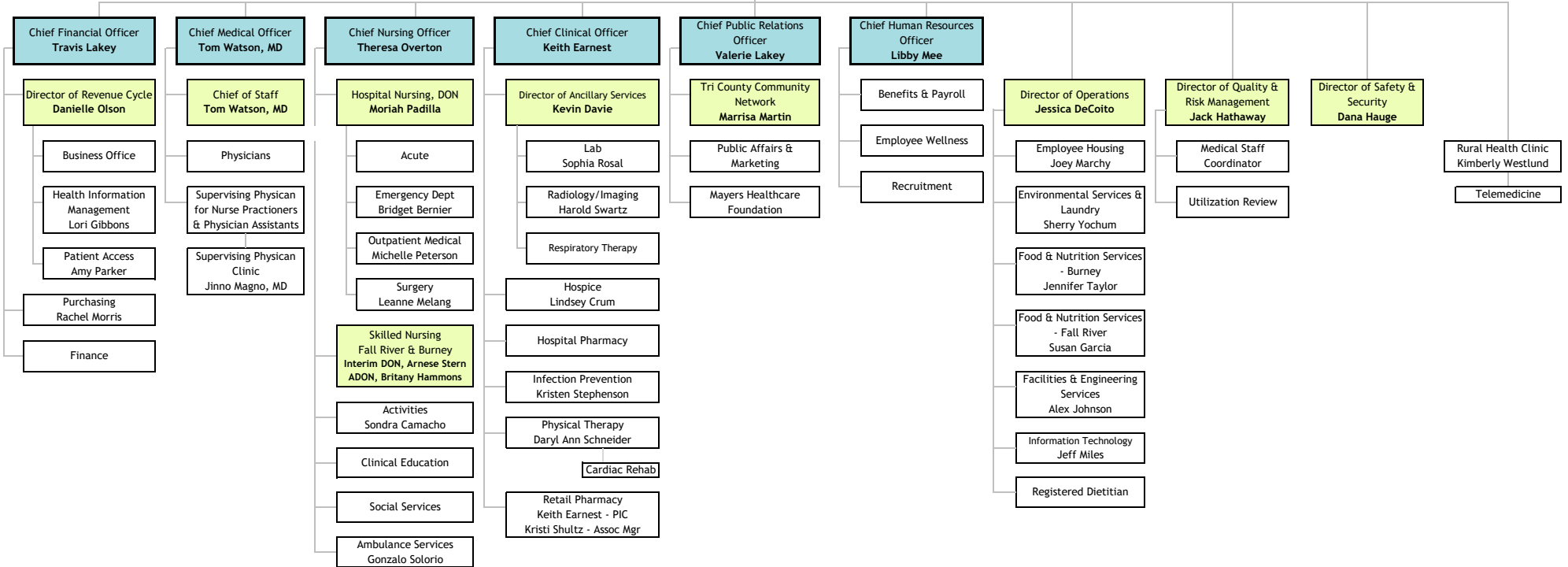
Mayers Memorial Healthcare District Organization Chart

**MMHD
Board of Directors**

**Chief Executive Officer
Ryan Harris**

Executive Assistant
Lisa Zaech

Mayers Memorial Healthcare District





Chief Executive Officer
Ryan Harris

Chief Financial Officer
Travis Lakey

FINANCE
Controller
Bernice Childers (LOA)
Scott Westlund

Accountant
Catherine Warnock

Accounting Clerk
Karen Mayer
Kelly Babajan

Open Positions: 0



Chief Executive Officer
Ryan Harris

Chief Financial Officer
Travis Lakey

Director of Revenue Cycle
Danielle Olson

BUSINESS OFFICE
Biller

Karena Aceves
Maria Barba
Brandi Gibbs
Christine Leonard

Patient Accounting Clerk
Amber Collins

Open Positions: 0



Chief Executive Officer
Ryan Harris

Chief Financial Officer
Travis Lakey

Director of Revenue Cycle
Danielle Olson

**HEALTH INFORMATION
MANAGEMENT**

Lori Gibbons, Manager

Medical Records Clerk
Stacy Harper
Sherri Rudisill

Open Positions: 0



Chief Executive Officer
Ryan Harris

Chief Financial Officer
Travis Lakey

Director of Revenue Cycle
Danielle Olson

**PATIENT
ACCESS/ADMITTING**
Amy Parker, Manager

Admitting Clerk
Jackelin Arreola
Lori Carlson
Angie Carpenter
Johanna Gallaway
Alysa Kennedy
Angelina Mercardo
Liliana Venegas

Open Positions: 0



Chief Executive Officer
Ryan Harris

Chief Financial Officer
Travis Lakey

PURCHASING
Rachel Morris, Manager

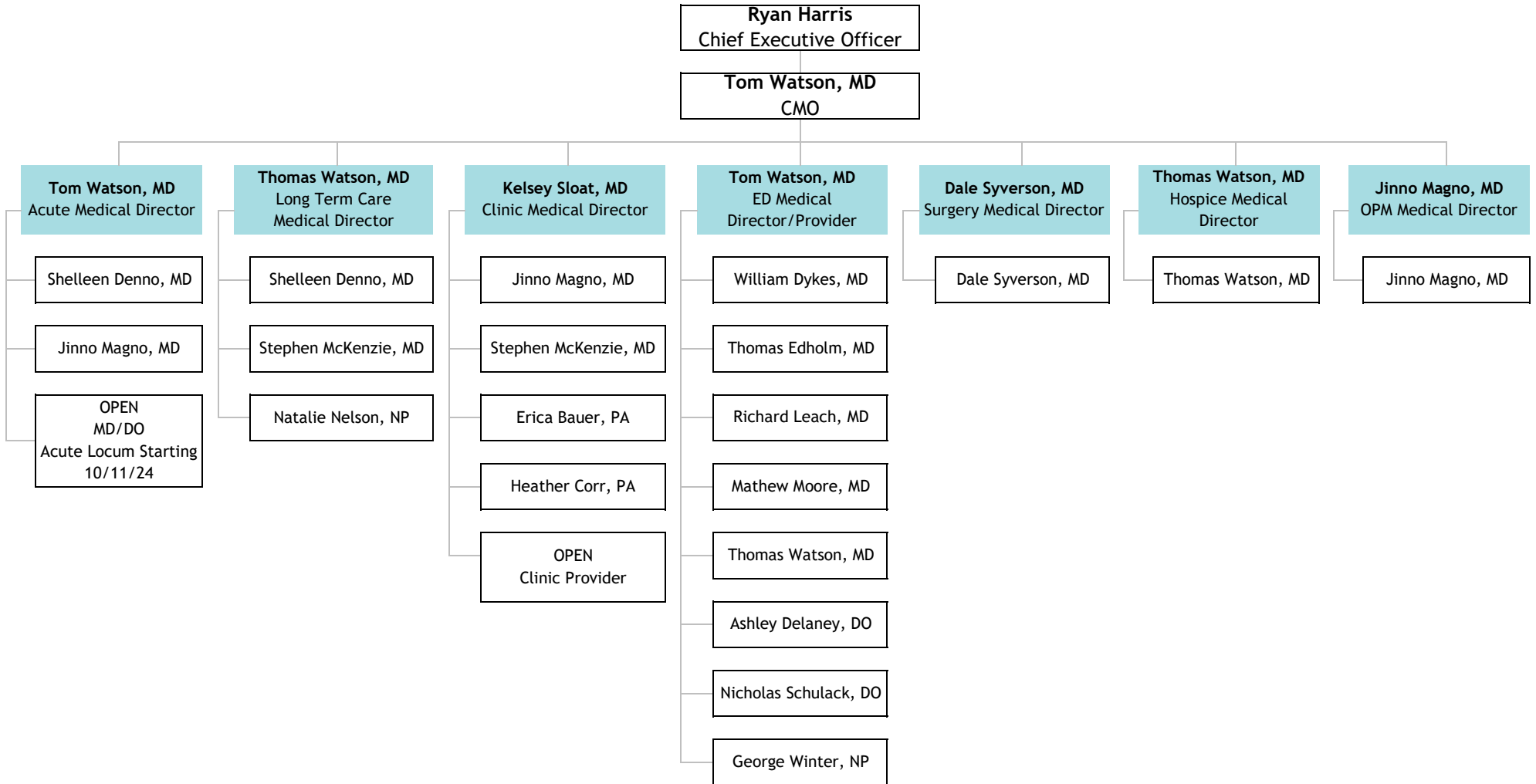
Buyer
Valerie Harris

Purchasing Clerk
Jodi Garcia
Nathan Glazzard

Open Positions: 0



Mayers Memorial Healthcare District Medical Staff Organization Chart



Notes
 Kelsey Sloat, MD onboarding March 24, 2025
 Jinno Magno, MD, Supervising Physician for NPs & PAs



Chief Executive Officer
Ryan Harris

Chief Nursing Officer
Theresa Overton

Director of Nursing - Acute
Moriah Padilla, RN

ACUTE CARE
Charge Nurse, RN
Kayla Ramlow

RN

Tanner Braden
Britnie Bruce
Leanna Cavender
Jillian Davidson
Sonya Fitzhugh
Maria Vega
Mary Ann Johnson
Jennie Robb
Jed Roca
Shelby Sheppard
Karen Taylor

Ward Clerk
Bobi Bronsert
Pam Huerta

Scheduler
Misty Sherbundy
Liz Wickham

CNA

Cecily Garcia
Brittany Haase
June Martin
Sabrina Sardo
Cara Williams

Open Positions: 2
RN (Full time)
RN (Per Diem)



Chief Executive Officer
Ryan Harris

Chief Nursing Officer
Theresa Overton

Director of Nursing - Acute
Moriah Padilla, RN

EMERGENCY DEPARTMENT
Bridget Bernier, Manager

House Supervisor
Alexis Cureton, RN
Camille Light, RN

RN

Lilli Consiglio
Cathy Drenon
Christina Gibson
Julia Hoyos
Andrea Kew
Kelly Leneave
Bryan Rice
Luann Wellemeyer

Tech

De An Carter
Alex Jarnaghan
Kelley Marks

Open Positions: 0



Chief Executive Officer
Ryan Harris

Chief Nursing Officer
Theresa Overton

OUTPATIENT MEDICAL SERVICES
Michelle Peterson, RN, Manager

RN
Elizabeth Joraanstad (LOA)

LVN
Devyn Berlt

Open Positions: 0



Chief Executive Officer
Ryan Harris

Chief Nursing Officer
Theresa Overton

SURGERY
Leanne Melang, RN,
Manager

Scrub Tech
Kimberly Myers

Open Positions: 0



Chief Executive Officer
Ryan Harris

Chief Nursing Officer
Theresa Overton

SOCIAL SERVICES
Marinda May

Open Positions: 0



Chief Executive Officer
Ryan Harris

Chief Nursing Officer
Theresa Overton

CLINICAL EDUCATION

RN
Brigid Doyle

LVN
Regina Blowers

Open Positions: 0



Chief Executive Officer
Ryan Harris

Chief Nursing Officer
Theresa Overton

AMBULANCE SERVICES
Gonzo Solorio, Supervisor

Paramedic
Jennifer Insley
Gabriel Shaw
Amy Stacher
Rena Sweet
Brooklyn Tupman

EMT
Don Chaix
Angelina Davidson
Ryan Harper
Douglas Khoo
Jackson Parry
Jonathan Sims
Daniel Watts

Open Positions: 2
EMT (Per Diem)
Paramedic (Per Diem)



Chief Executive Officer
Ryan Harris

Chief Clinical Officer
Keith Earnest

Infection Prevention RN
Kristen Stephenson

Open Positions: 0



Chief Executive Officer
Ryan Harris

Chief Clinical Officer
Keith Earnest

Director of Ancillary Services
Kevin Davie

LAB
Sophia Rosal, Manager, CLS

Clinical Lab Scientist
Princesita Bambao
Joven Ebueng
Rowena Eubeng

Lab Clerk
Relissa Chizmar
Linda Smith
Wendy Washburn

Open Positions: 1
CLS (Per Diem)



Chief Executive Officer
Ryan Harris

Chief Clinical Officer
Keith Earnest

Director of Ancillary Services
Kevin Davie

RADIOLOGY
Harold Swartz, Manager

Sonographer
Kim Elliott

Tech Specialist
Amanda Benson
Jennifer Gulbransen
Chester Warren

Clerk
Diana Reynoso

Open Positions: 0



Chief Executive Officer
Ryan Harris

Chief Clinical Officer
Keith Earnest

Director of Ancillary Services
Kevin Davie

RESPIRATORY THERAPY
Respiratory Therapist
Maryann Worthan

Open Positions: 1
Respiratory Therapist (Full Time)



Chief Executive Officer
Ryan Harris

Chief Clinical Officer
Keith Earnest

HOSPITAL PHARMACY
Pharmacist
Mattea Watkins

Tech Specialist
Stacey Rogers
Shelly Stoltenberg
Katrina Williams

Aide
Laura Sanders

Clerk
Stefanie Hawkins

Open Positions: 1



Chief Executive Officer
Ryan Harris

Chief Clinical Officer
Keith Earnest

PHYSICAL THERAPY & CARDIAC REHAB
Daryl Ann Schneider, Manager

PT Therapist
Richia Larsen
Aimee Dosch
Craig North

Aide
Laura Sanders

Clerk
Stefanie Hawkins

CARDIAC REHAB
Cardiac Rehab Tech
Zita Biehle

Open Positions: 0



Chief Executive Officer
Ryan Harris

Chief Clinical Officer
Keith Earnest (PIC)

MAYERS PHARMACY (Retail)
Associate Manager
Kristi Shultz

Retail Pharmacy Tech
Shannon Ohm
Kathi Valencia

Clerk
Stephanie Dehann
Morgan Varney

Open Positions: 1



Chief Executive Officer
Ryan Harris

Chief Clinical Officer
Keith Earnest

HOSPICE
Lindsey Crum, Manager

Registered Nurse
Yarely Contreras
Sara Fenn
Coral Parrish
Mary Ranquist
Marsha Rugene

Social Services
Gail Leonard

Clerk
Alison Maki

Open Positions: 1



Chief Executive Officer
Ryan Harris

**Chief Human
Resources Officer**
Libby Mee

HUMAN RESOURCES
Recruiter
Ashley Nelson

General Accounting Clerk
Tawny Ruelas

Infection Control LVN
Erin Glebe

Open Positions: 0



Chief Executive Officer

Ryan Harris

**Chief Public
Relations Officer**

Libby Mee

PUBLIC RELATIONS

Administration Clerk

Rowan Dietle

Mary Rainwater

MAYERS HEALTHCARE

FOUNDATION

Foundation Clerk

Kandie Dekker

Michele King

TRI COUNTY COMMUNITY NETWORK

Marrisa Martin, Executive Director

Clerk

Shay Corder

Kiely Whitehead

Open Positions: 0



Chief Executive Officer
Ryan Harris

Director of Operations
Jessica DeCoito

MAINTENANCE

Alex Johnson, Manager

Worker

Steve Holt

James Harris

William Klatt

Johnny Martin

James Newton

Cody Robertson

Jonathan Stephenson

Tyler Wolter

Open Positions: 0



Chief Executive Officer
Ryan Harris

Director of Operations
Jessica DeCoito

ENVIRONMENTAL
Sherry Yochum, Manager

Housekeeper
Brittney Adkins
Elijah Broussard
Julie Cummings
Taylor Eiffert
Ralph Freitas
Yolonda Goforth
Sherri Green
Lonnie Hancock
Allen Kernan
Libby Long
Connie Naslund
Adrianna Pierson
Karen Reynolds
Kevin Smith
Kim Stier
Maria Thurman
Verna Vaughn
Alexa Walker
Ash Wilson

LAUNDRY
Marilyn Papez

Open Positions: 0



Chief Executive Officer
Ryan Harris

Director of Operations
Jessica DeCoito

EMPLOYEE HOUSING
Joey Marchy, Manager

Housekeeper
Carol Mallard

Open Positions: 0



Chief Executive Officer
Ryan Harris

Director of Operations
Jessica DeCoito

**FOOD & NUTRITION
SERVICES - FALL RIVER**
Susan Garcia, Manager

**FOOD & NUTRITION
SERVICES - BURNEY**
Jen Taylor, Manager

Aide
Carmen Barrera
Maria Barrera
Saranya Bodeker
Yvonne Bueschel
Laurel Conrad
Michelle Estacio
Ana Carransa
Marisela Carranza
Wayne Graham
Lukas Harris
Barbara Howe
Monica Lazur
Tracy Lowry
Ethan Marengo
Jazmen Marquez
Cindy Marx
Chess Miller
Ianto Mitchell
Junell Morris
Nicole Murray
Jasma Patel
Graciela Perez
Diablo Pergakis

Aide
Brianna Toney
Rayleeawna Venegas
Elaena Vettes
Daniel Wilson
Logan Young

Dietician
Jennifer Vimbor

Dietician
Lani Martin

Open Positions: 0



Chief Executive Officer
Ryan Harris

Director of Operations
Jessica DeCoito

INFORMATION TECHNOLOGY
Jeff Miles, Manager

System Administrator
Hollie Lappin
Ryan Nicholls

Customer Support Specialist
Euan Harrington
Tyler Robbins

Open Positions: 0



Chief Executive Officer
Ryan Harris

**Director of Quality
& Risk Management**
Jack Hathaway

Medical Staff Coordinator
Pam Sweet

Quality Clerk
Yasmine Mendoza

Utilization Review RN
Jenna Leventon

Open Positions: 0



Chief Executive Officer
Ryan Harris

**Director of Safety
& Security**
Dana Hauge

Safety Clerk
Shannon Tracy

Open Positions: 0



Chief Executive Officer
Ryan Harris

RURAL HEALTH CLINIC

Kimberly Westlund,
Kayton Davies
Cassidy Kennedy
Haley White

RHC Clerk

Melissa Brown
Traci Klatt
Briannah Russom
Kathy Schechla
Janitta Taylor

Telemedicine Clerk

Samantha Weidner

Open Positions: 0

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Alternative Life Safety Measures (ALSM)	POLICY # SAF073
DEPARTMENT/SCOPE: Safety	Page 1 of 4
REVISION DATE: n/a	EFFECTIVE DATE: 1/15/2024
AUDIENCE: All Hospital Staff	APPROVAL DATE: 1/17/2025
OWNER: Dana Hauge, Safety Officer	APPROVER: R. Harris

POLICY

Mayers Memorial Healthcare District has a written policy on Alternative Life Safety Measures (ALSM). Alternative Life Safety Measures are needed whenever a deficiency in the Life Safety Code cannot be immediately resolved, including construction, repair, and improvement operations. All deficiencies in features of Life Safety must be assessed and documented as additional measures the same day they are discovered. The need to implement compensation measures for life safety deficiency is based on the CAH's ALSM policy criteria. (ACHC 14.00.02)

PROCEDURES:

Life safety features may be compromised or impaired during construction, maintenance, or emergency repairs. During these periods, the CAH must perform a documented risk assessment of the deficiency and implement compensating measures based on the criteria of its ALSM policy. (ACHC 14.00.02)

Implementation of ALSM: The hospital will implement Alternative Life Safety Measures (ALSM) whenever life safety systems are compromised, including but not limited to situations such as:

- Fire alarm or sprinkler systems being out of service for more than 4 hours in a 24-hour period.
- Construction or maintenance activities that affect egress routes, fire barriers, or smoke compartments.
- Life Safety Code deficiencies that cannot be **immediately corrected**.

Criteria for ALSM Activation: The ALSM plan will be activated based on an assessment of the following situations:

- During periods of construction, maintenance, and emergency repairs on the properties of Mayers Memorial Healthcare District (ACHC 14.00.02)
- Projects that meet the following, but is not limited to:
 - Means of egress is reduced
 - Fire suppression systems (sprinklers) are out of service
 - Fire alarm systems are impaired
 - Accumulation of debris or increased combustible loads
 - Construction activities that introduce fire or smoke hazards
 - Impairment of compartmental fire safety features (e.g., doors, dampers, partitions)

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Alternative Life Safety Measures (ALSM)	POLICY # SAF073
DEPARTMENT/SCOPE: Safety	Page 2 of 4
REVISION DATE: n/a	EFFECTIVE DATE: 1/15/2024
AUDIENCE: All Hospital Staff	APPROVAL DATE: 1/17/2025
OWNER: Dana Hauge, Safety Officer	APPROVER: R. Harris

- Noise, vibration, or air quality changes
- Safety of the facility is impaired
- Workflow changes that require a safety assessment

Implementation

Mayers Memorial Healthcare District will implement the **safest compensating measure** for the facility. In a joint effort with responsible teams, ALSM measures will be defined by the complexity of the work and the location of the work. Patient care areas and areas adjacent to them are required to implement the strongest measures within the facility's abilities and policies.

Notification and Fire Watch:

Please see the Fire Watch Appendix in the Fire Response Plan

- If fire alarms or sprinkler systems are out of service for more than 4 hours in a 24-hour period, the hospital must:
 - Notify the local fire department and emergency responders
 - Initiate a documented fire watch until systems are restored

Daily Inspections:

- **Daily exit inspections** are required in areas where egress routes are impacted by construction or system impairments
- Signage identifying alternative exits will be posted clearly, and staff will be trained on the new exit routes

Enhanced Surveillance:

- **Increased surveillance** of affected areas, with special attention to construction zones, storage areas, and debris, will be conducted daily to mitigate additional risks

Fire Drills and Staff Training:

- Additional fire drills will be conducted for all shifts in affected areas at least once per quarter to ensure preparedness during construction or impairment
- **Staff and contractors** will be trained on the following:
 - The proper use of fire-fighting equipment
 - Evacuation procedures and alternative egress routes
 - Emergency procedures including RACE (Rescue, Activate, Contain, Extinguish) and PASS (Pull, Aim, Squeeze, Sweep)

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Alternative Life Safety Measures (ALSM)	POLICY # SAF073
DEPARTMENT/SCOPE: Safety	Page 3 of 4
REVISION DATE: n/a	EFFECTIVE DATE: 1/15/2024
AUDIENCE: All Hospital Staff	APPROVAL DATE: 1/17/2025
OWNER: Dana Hauge, Safety Officer	APPROVER: R. Harris

Compliance and Documentation:

ALSM Compliance Checklist:

- A daily walk-through and inspection of all affected areas will be conducted, using an ALSM Compliance Checklist. The checklist will include:
 - Clear access to exits and egress routes
 - Proper operation of temporary fire safety systems
 - Adequate housekeeping and removal of flammable materials

Documentation:

- All actions related to ALSM, including fire watches, inspections, and staff training, will be documented and kept on file
- ALSM documentation will be reviewed regularly by the Safety officer and facility manager to ensure compliance
- Documentation will be taken to the Safety, Security, and Environment of Care Committee meetings at the next scheduled meeting

Responsibilities:

- The Facilities Manager and the Safety Officer are responsible for ensuring that all life safety systems are operational
- The Facilities Manager will report on the need for ALSM when utility systems are compromised, or construction activities make ALSM necessary. The facilities manager and Safety Officer will work together with the Infection Control Preventionist (if applicable) to decide on the measures needed
- The Safety Officer will initiate an ALSM directive when the deficiencies are identified. The facilities team will make sure the ALSM measures are implemented
- The Safety Officer will conduct risk assessments and enforce the ALSM policy
- Contractors must comply with hospital life safety requirements and attend training on ALSM and emergency procedures
- Staff are responsible for participating in drills, following evacuation plans, and reporting any safety concerns

Review and Updates:

This policy will be reviewed annually or as necessary following significant changes to life safety systems or hospital construction projects.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Alternative Life Safety Measures (ALSM)	POLICY # SAF073
DEPARTMENT/SCOPE: Safety	Page 4 of 4
REVISION DATE: n/a	EFFECTIVE DATE: 1/15/2024
AUDIENCE: All Hospital Staff	APPROVAL DATE: 1/17/2025
OWNER: Dana Hauge, Safety Officer	APPROVER: R. Harris

REFERENCES

ACHC Accreditation requirements for Critical Access Hospitals, 2023 edition. Accreditation Commission for Health Care (ACHC). Chapter 14, 14.00.02, 14.00.03

COMMITTEE APPROVALS:

Safety: 1/17/2025

P&P: 1/17/2025

MAYERS MEMORIAL HEALTHCARE DISTRICT ALSM ASSESSMENT TOOL

NOTE: REFER TO MMHD POLICY (INSERT POLICY #SAF073) FOR ALL CONSTRUCTION AND RENOVATION ACTIVITIES

STEP #1

FOR THE FOLLOWING QUESTIONS, TAKE THE ACTION IN THE ASSOCIATED 'NO' OR 'YES' COLUMNS TO DETERMINE IF ALSM IS REQUIRED

		NO	YES
A.	Will this work restrict EGRESS from the affected space?	PROCEED TO STEP B	ALSM REQUIRED
B.	Is the equipment, components, etc., part of a building LIFE SAFETY system?	ALSM NOT REQUIRED	PROCEED TO STEP C
C.	Is the activity in a PATIENT CARE AREA or will it affect a PATIENT CARE AREA?	ALSM NOT REQUIRED	ALSM REQUIRED

STEP #2

Today's Date:		Building:	New Hospital Wing	Project Loc.:	NHW hall from lab to lobby
Start Date:		Comp. Date:		Project Mgr.:	Alex Johnson
Project/WO Number:		Project Name:	Assa Abloy door issues		
Specific Deficiency and Location:	Assa Abloy doors won't function properly with access control				

STEP #3

USE THE CRITERIA BELOW TO DETERMINE THE APPROPRIATE ALTERNATIVE LIFE SAFETY (ALSM) FOR CONSTRUCTION, MAINTENANCE, REPAIR, OR INSPECTION ACTIVITIES

Unless otherwise noted below, these requirements apply to impairments of a duration extending beyond the current shift (greater than 8 hours)	ALSM1	ALSM2	ALSM3	ALSM4	ALSM5	ALSM6	ALSM7***	ALSM8	ALSM9	ALSM10	ALSM11	ALSM12	ALSM13	ALSM14
Any impairment of a required egress <i>less than 4 hours</i>						X					X			X
Any impairment of a required egress <i>greater than 4 hours</i>	X		X		X	X	X	X	X	X	X	X	X	
Fire detection ALARM system impairment <i>greater than 4 hours</i>	X	X		X	X	X	X	X	X	X	X		X	
Fire SUPPRESSION system impairment <i>greater than 10 hours</i>	X				X	X	X	X	X	X	X		X	
Problem with a single fire or smoke door hardware						X					X			
Fire or smoke barriers with unprotected penetrations						X					X			
Missing or incomplete fire or smoke barrier			X			X	X		X		X			
Missing or impaired NFPA 101 required fire or smoke dampers			X			X	X		X		X			
Hazardous use areas not properly separated from corridors			X			X	X		X		X			
Accumulation of combustibles and/or materials	X		X	X		X					X			
Temporary construction doors not latching or missing hardware			X			X					X			
Activity involving ignition sources (welding, torching)	X		X			X	X				X		X	
Major utility failure or outage affecting a life safety system <i>greater than 4 hours</i>	X	X	X		X	X	X		X	X	X	X	X	
Multiple LS impairments within the same fire or smoke zone	X		X		X	X	X	X	X	X	X	X	X	

**Requires review by Safety Emergency & Environment of Care Committee Members.

***The following functions shall be actuated and considered as part of a complete fire alarm system: Release of hold-open devices for doors or other opening protectives, stairwell or elevator shaft pressurization, smoke management or smoke control systems, unlocking of doors, elevator recall and shutdown, and HVAC shutdown.

STEP #4

ALTERNATIVE LIFE SAFETY IMPLEMENTATION MEASURES

ALSM1	Inspect exits in affected areas on a daily basis and resolve problems immediately
ALSM2	Provide temporary but equivalent fire alarm and detection systems for use when a fire system is impaired
ALSM3	Provide additional firefighting equipment as needed
ALSM4	Use temporary construction partitions that are smoke-tight, or made of noncombustible or limited-combustible material that will not contribute to the development or spread of fire
ALSM5	Increase surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices
ALSM6	Enforce storage, housekeeping, and debris-removal practices that reduce the buildings flammable and combustible fire load to the lowest feasible level
ALSM7	Provide additional training on use of firefighting equipment, impaired structural or fire safety features, temporary measures implemented, construction hazards, and building deficiencies.
ALSM8	Conducts one additional fire drill per shift per quarter as called for by policy, best practice, or at the discretion of the MMHD Safety Officer
ALSM9	Inspect and test ALSM systems monthly or once per project if the duration is less than one month
ALSM10	Notify the local fire department and internal responders of the ILSM steps in place using the Alternative Life Safety Measures form as required
ALSM11	Notify the occupants in the area of the deficiency and the ALSM steps in place using the Alternative Life Safety Measures form as required.
ALSM12	Install signage identifying the location of alternate exits to everyone affected
ALSM13	Refer to (insert Policy) Fire Watch Policy
ALSM14	Blocked egress paths are never left unattended

Name of Person(s) Completing this Assessment

Date the assessment was completed

Name of Person(s) Completing this Assessment

Date the assessment was completed

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Master Staffing Plan	POLICY # HR6
DEPARTMENT/SCOPE: Human Resource/Employee	Page 1 of 1
REVISION DATE:	EFFECTIVE: 1/16/2025
AUDIENCE: All Hospital Employees	APPROVAL DATE: 1/17/2025
OWNER: Libby Mee- Chief Human Resources Officer	APPROVER:

POLICY:

This plan ensures that the risk to patient safety is mitigated by assuring adequate staffing standards are maintained in the management of patient services.

Mayers Memorial Healthcare District will have Master Staffing Plan for the delivery of services that meet patient care needs and is provided by qualified, competent staff, practicing within their scope.

PROCEDURE:

The department leadership:

- Is responsible for determining the type and number of personnel necessary to provide care for the department.
- Confirms that there is adequate orientation, supervision, and evaluation of personnel delivering care.
- Reinforces with hospital leadership their accountability to implement and adhere to policies, procedures and standards of care and practices.

The Staffing Plan is designed to comply with all regulatory requirements and law of the State where services are performed. The Plan is based on the following principles:

- All applicable personnel have a valid and current license in accordance with State requirements.
- There are adequate number of staff and other unlicensed personnel to provide safe care to patients.

Preparation and Posting of Schedules

- Work schedules are prepared by the department Director/Manager or designee.
- Work schedules are to be posted at least 2 weeks prior to the beginning of the next schedule.
- Employees are responsible for checking their schedule
- Requests for time off shall be completed in accordance with the applicable policy. (PTO, Sick, Holiday Time Off)

In the absence of the Director/Manager, the House Supervisor shall be responsible for the appropriate allocation of staffing, directing staff to make the appropriate calls for canceling, placing someone on-call, or calling staff in.

COMMITTEE APPROVALS:

Chiefs: 1/17/2025

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Multi - Drug Resistant Organisms	POLICY # LAB5016
DEPARTMENT/SCOPE: Laboratory - Microbiology	Page 1 of 1
REVISION DATE:	EFFECTIVE DATE: 01/24/2024
AUDIENCE: All Laboratory Staff	APPROVAL DATE:
OWNER: Sophia Lou Rosal, CLS	APPROVER: Kevin Davie

PURPOSE

To institute a process that assures that Multi-Drug Resistant Organisms are processed and resulted in a timely and safe manner.

EQUIPMENT/SUPPLIES

1. RO sign - write in the name of the organism.
2. Gloves
3. Gowns
4. Masks (goggles if indicated)

DEFINITION OF Resistant Organisms:

A bacterium that may be:

1. Gram-negative bacilli resistant to three or more aminoglycosides that are tested.
2. Staphylococcus Aureus (MRSA) that is resistant to methicillin or oxacillin.
3. Vancomiycin resistant Staphylococcus Aureus or Vancomiycin Resistant Enterococcus or VRE Vancomycin Resistant Organism.

PROCEDURES

1. The Laboratory will notify Infection Control or responsible department (within 30 minutes of verification) whenever a culture is resulted as positive with a MRSA, VRSA, or VRE via phone, hardcopy report or email.
2. Standard precautions will be strictly enforced, and if the implicated organism is an RO, the following culture protocol will be instituted:
 - a. Culture all infected, and surveillance sites once antibiotic therapy has been discontinued. Cultures should be obtained every 24 hours' x 3 until there are three negative cultures, after which precautionary alerts may be discontinued.
 - b. Cerner will automatically prompt a notification in power chart if patient is MRSA, ESBL, VRE, CRE and MDRO patient.

REFERENCES

- Bailey and Scott; *Microbiology Manual*, 15th Edition, 2019
- Center for Medicare and Medicaid Services, *CLIA Interpretive Guidelines for Laboratories* / Website: [cms.gov/medicare/quality/clinical-laboratory-improvement-amendments/guidelines/laboratories](https://www.cms.gov/medicare/quality/clinical-laboratory-improvement-amendments/guidelines/laboratories) | Retrieved on 01/24/2024
- Centers for Disease Control and Prevention, *Multi-drug Resistant Organisms (MDRO) Management*, | website: <https://www.cdc.gov/infectioncontrol/guidelines/mdro/index.html>, Retrieved on 01/24/2024

COMMITTEE APPROVALS

P&P: 12/11/2024

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Patient Medication Profile	POLICY #PH041
DEPARTMENT/SCOPE: Pharmacy	Page 1 of 1
REVISION DATE: n/a	EFFECTIVE DATE: 1/15/2025
AUDIENCE: Pharmacy	APPROVAL DATE:
OWNER: Keith Earnest	APPROVER: K. Earnest

POLICY:

The patient medication profile is contained in the electronic medical record and contains the following:

1. Height, weight, diagnoses, and age.
2. Food and drug sensitivities.
3. Allergies.
4. Diet orders.
5. History of prescribed / non-prescribed drug use including legend, other the counter, home remedy, and street drugs.
6. Drugs (administered from automated dispensing machines and/or) dispensed for administration based upon direct review of current orders.
7. Drug data indicating the route, schedule, start and stop dates including automatic stop dates, and form dispensed.

PROCEDURE:

1. The pharmacist reviews the patient profile when processing and verifying orders to determine the appropriateness of the order.
2. Orders are generally processed in less than 30 minutes.
 - o Orders requiring clarification due to missing elements, or clinical appropriateness may take longer to process.
 - o Missing elements in the patient profile may also cause a delay in order processing.
3. Pharmacist interventions are captured electronically and are a part of the medical record.

REFERENCES:

ACHC Standard 06.01.25 Patient medication profile effective 03.2023/ achc.org / page 206

COMMITTEE APPROVALS:

P&P: 1/17/2025

Director of Operations Report

Prepared by: Jessica DeCoito, DOO

Facilities, Engineering, Other Construction Projects

- The team's focus has been ACHC survey preparation. A high priority has been ensuring that all the work required for conditions of participation is done, closing gaps with policies and procedures, and organizing binders.
- We continue to hold weekly calls with Aspen Street Architects to discuss all the projects we have going on with their team.
 - TCCN: We met for the final inspection with Shasta Co. and Burney Fire District. Unfortunately, we have some conditional items that need to be addressed before we can assume occupancy of the offices. We have linked Aspen Street Architects with Burney Fire District to determine the conditional items required to take occupancy.
 - FR Rural Health Clinic: The drawings are with the engineering team and should be resubmitted by the 31st. Legal was engaged in helping to begin the bid package.
 - PIN 74: still in design with the engineering team. Aiming for a submittal date of February 7th. We are working on applications in-house for this project.
 - Fire Smoke Dampers: the engineering team is still working on the design, but we should have a design to review in the next few weeks.
 - RACS: the engineering team is still working on reports to show us the inclusion of changing the acute space to long-term care beds. We should have a report to show by the end of this week.
 - Master Planning Project: MMHD is awaiting Hanson and Bridgett's final RFP package, after which we can begin advertising.
- The Solar Project is making progress. The original plans, which include pile driving, were re-submitted to the county. Approval has been given, and construction should begin soon.

I want to thank my team members, their teams, and the district staff for their incredible effort in organizing and preparing for the ACHC Survey. I know it's been a demanding process, but their dedication, attention to detail, and teamwork have been outstanding. The preparation that has gone into this is no small feat, and I am confident that our hard work will reflect positively in the survey results. Every step they've taken, from gathering documentation to ensuring compliance and addressing every little detail, has been crucial. Thank you for your commitment and determination to ensure we are ready. Their contributions are appreciated, and I couldn't be prouder of this team.

Human Resources

January 2025

Submitted by Libby Mee, Chief Human Resource Officer

Employee Support and Recruitment

The Human Resources, Payroll, and Benefits department currently serves **306 active employees**. We are focused on several recruitment and retention initiatives to fill **37 vacant positions**. To enhance our hiring efforts, we have engaged with specialized recruitment firms to assist with sourcing candidates for some of our most critical roles, including:

- Chief Medical Officer (CMO)
- Rural Health Clinic Provider
- Medical Director
- Pharmacist
- Skilled Nursing Positions

In the interim, we have placed temporary professionals in several key roles, such as:

- Pharmacist
- Hospitalist
- Skilled Nursing Director of Nursing

Additionally, we have executed an **Affiliation Agreement with Idaho State University**. We look forward to hosting a student with local ties to the community for sponsorship and on-the-job training in the laboratory department.

2024 Employee Statistics

- **Total Employees:** 370
- **Employees Hired:** 76
 - **New Hire Retention Rate:** 88%
- **Terminated Employees:** 65
 - **Total Turnover Rate:** 17%
 - **Adjusted Turnover Rate:** 13%
 - (Adjusted turnover accounts for temporary assignments, retirement, etc.)
- **Average Years of Service:** 5.6 years
- **Succession Planning (Employees over 65 years old):** 18
- **Rookie Ratio (Employees with less than 2 years of service):** 36%

Employee Health and Wellness

Work-Related Injuries and Illnesses - 2024 Summary:

- **12 First Aid Claims**, resulting in **1 day away from work**.
- **7 Reportable Claims**, resulting in **46 days away from work**.
 - We transferred 2 injured employees to other positions to accommodate work restrictions, preventing an additional **195 days away from work**.
- These numbers are down compared to 14 First Aid claims and 16 Reportable claims, with **89 days away from work** in 2023.
- Due to our Safe Patient Handling Program, we have also seen a decrease in **the number of residents/Patients handling injuries**.

Employee Assistance Programs (EAP):

We continue to see very high employee engagement in our Employee Assistance Programs:

- **Wellable App:** More than half of eligible employees used the app, which provides general health and nutrition resources.
- **Modern Health Program:** Approximately 25% of employees utilized this program, which offers mental health resources for employees and their families.

Leadership Academy – FY 25 People Pillar

We currently have **14 members** of the Mayers Leadership team halfway through the **Leadership Academy**, hosted by the Healthcare Leadership Institute (HLI). Feedback from HLI continues to highlight that Mayers leaders remain highly engaged in the monthly sessions.

Conferences and Workshops

- **Ashley Nelson**, Human Resource Generalist, will attend a **two-day workshop** in February on **Health Professional Shortage Area (HPSA) Designations**, focusing on provider recruitment and retention strategies and resources.
- **Libby Mee**, Chief Human Resource Officer, will attend the **Annual American Hospital Association Rural Healthcare Leadership Conference** in February.

- The HR team is also scheduled to attend the **American Society for Health Care Human Resources Administration's Annual Conference** in April.

This report outlines key recruitment, retention, wellness, and leadership initiatives and upcoming professional development opportunities for the Human Resources team.

Chief Public Relations Officer – Valerie Lakey

January 2025 Board Report

Legislation/Advocacy

The 2025-26 legislative session reconvened on January 6, with a bill introduction deadline of February 21. So far, the Legislature's primary focus has been on the response and recovery efforts for the Los Angeles fires.

The Assembly Speaker and colleagues have announced plans to propose billions in relief for residents and small businesses affected by the fires. A six-year moratorium on building code updates unrelated to fire and safety is being advocated to ease the rebuilding process.

Introducing new bills is progressing gradually as the February 21 deadline approaches.

Grants

Our recent grant activities have yielded several successes and highlighted opportunities for improvement as we continue to pursue funding to support our programs and initiatives.

We were awarded a \$6,300 FLEX grant to support the Elite Edge Coaching program and an additional \$1,500 to cover conference travel expenses. Additionally, we received a \$500 grant from PayCom, which will be applied to our scholarship program. These funds will provide crucial support for our ongoing efforts to enhance services and education within our organization.

While our applications to Dignity Health and the California State Cybersecurity Grant Program were unsuccessful, we remain proactive in identifying other grant opportunities that align with our programs. We are also awaiting a decision on the SHIP grant application submitted for \$13,300 to fund the CLS program. We are preparing an application for the HRSA Rural Hospital Grant, which offers potential funding to bolster rural healthcare initiatives.

All departmental award contracts have been signed and returned in operational updates, ensuring compliance with grant requirements and alignment with organizational goals.

We are implementing new strategies learned from recent rural grant training to improve our grant processes. Templates and tools provided during the training will streamline future grant writing efforts and enhance our ability to secure funding. We are also in the process of developing a centralized tracking sheet to monitor grants across the Mayers Health Foundation (MHF), Tri-County Community Network (TCCN), and Mayers Memorial Hospital

District (MMHD). This system will simplify tracking and reporting, allowing us to oversee grant statuses and deadlines more.

These efforts demonstrate our commitment to seeking out and securing resources that support our mission and the needs of our community. We will continue to work diligently to maximize funding opportunities and build a strong foundation for future success.

Public Relations/Marketing

Our Public Relations and Marketing team has been actively working on several initiatives to support the hospital's mission, enhance community engagement, and improve internal and external communications. Below is an overview of our current projects and activities:

Handwashing Campaign: We are developing an internal handwashing awareness campaign to reinforce proper hygiene practices among staff. The campaign includes signage, posters, and educational materials tailored to different departments.

Marketing Materials for TCCN and MHF: We are collaborating with Tri-County Community Network (TCCN) and Mayers Health Foundation (MHF) to design and distribute marketing materials that highlight program offerings, events, and community resources.

Clinic Visit Scheduling: Working to schedule clinic visits as part of our outreach efforts, ensuring our physicians and specialists have opportunities to connect directly with patients and the community.

Collaboration with Pit River Health: Engaged in discussions with Pit River Health to explore collaborative opportunities, aiming to enhance service delivery and community health initiatives.

Marketing for New Physician: We are preparing a comprehensive marketing strategy to introduce and promote our new physician to the organization, including social media announcements, press releases, and promotional events.

Hospital-Wide Brochure: Develop an updated hospital brochure that provides a comprehensive overview of our services, facilities, and care options. This brochure will serve as a key resource for both patients and partners.

Patient Surveys for Hospital Departments: Implementing patient surveys across hospital departments to gather valuable feedback and identify areas for improvement. The results will inform future service enhancements.

Employee Messaging: Manage internal communications, including employee updates, recognition programs, and important announcements to ensure alignment and engagement across all teams.

Quarterly Digital Newsletter: Producing our quarterly digital newsletter, which will feature updates on hospital initiatives, patient success stories, staff highlights, and upcoming events.

Mayers Healthcare Foundation

Annual Appeal

The 2024 Annual Appeal was distributed to the public between November 25 and December 2. Despite the short timeline and a holiday weekend, a dedicated team of staff, volunteers, and board members worked together to prepare and mail 5,127 appeals. Their efforts included folding, stuffing, and labeling envelopes, culminating in delivery to the local post office for distribution. This collective effort was a remarkable accomplishment, and we sincerely appreciate the support and dedication of everyone involved. To date, the appeal has generated **\$8,350** in donations.

North State Giving Tuesday (NSGT)

On December 3, 2024, immediately following the Annual Appeal, we participated in the annual North State Giving Tuesday event. Led by Laura Beyer, this effort raised an impressive **\$22,994** in a single day to support our scholarship program. This significant contribution underscores the generosity of our community and the effectiveness of our outreach efforts.

Denim & Diamonds Winter Gala

The **Denim & Diamonds Winter Gala: A Night at the Saloon** will occur on **Saturday, January 25, 2025**. Tickets for dinner and the car raffle are still available, and we anticipate a memorable evening filled with food, fun, dancing, and the excitement of awarding the grand prize—a 1968 Corvette.

As of January 16, 2025, ticket sales have raised **\$36,786**. This total does not yet account for expenses incurred for the event. We will report on how the event turned out at the board meeting.

Thrift Store Update

The **Lucky Finds Thrift Store** had an exceptional year in 2024, largely thanks to the tireless efforts of our amazing volunteers. Their commitment and hard work ensured the store's continued success. Moving into 2025, we aim to provide additional support to lighten the workload for our volunteers. Staff members will assist regularly, including Michele, Mary, Kandie, Marris, and Val. Our goal is to create a positive and enjoyable environment for our

volunteers, as their contributions are invaluable to our mission. Please join us in extending gratitude to these dedicated individuals when you see them.

Tri-County Community Network

Children's Programs

- **In November and December, Bright Futures** strengthened connections with local agencies and schools, engaging with Fall River Elementary, Burney Elementary, and private Pre-K programs.
- November events, including the **Autumn Apple Bash** and **Family Film Night** in McArthur, provided valuable insights for planning future events. Adjustments, like scheduling before school holidays, aim to boost attendance.
- December activities included delivering handmade cards from local students to elderly residents in long-term care facilities and participating in the December 5 Parent Café, which saw excellent participation.
- Services continue for T-K programs in Fall River, Burney, Big Valley, Shasta Head Start, and local libraries, reaching an average of 69 children in November despite weather and holiday-related challenges.
- Triple P parenting support services, led by Family Advocate Kiely, are promoted through social media, events, and community networks.
- **BOTVIN Life Skills Training:**
- Life skills training is underway for 5th graders at Fall River and Burney Elementary Schools. The training focuses on self-esteem, decision-making, and anti-smoking education. The 8-week 5th-grade course began recently, with 6th-grade sessions starting in March. Approximately 200 students will benefit from this Shasta County Asset Forfeiture-funded program.

Grants and Funded Programs

1. **Parent Cafés:**
 - Successful collaborations with Pathways to Hope resulted in well-attended events. The next Parent Café, funded by the Community Foundation of the North State, is planned for March following training for MMHD staff.
2. **Community Foundation Grant:**
 - \$10,000 funding supported new furniture, senior coffee hours, and health workshops at the Intermountain Community Center.
3. **Enhanced Care Management (ECM):**
 - A \$102,000 contract with Partnership HealthPlan supports ECM services, with staff recruitment underway and training in progress.
4. **Mindful Connections Program:**
 - Developing a comprehensive approach to substance use disorder prevention and recovery. Key initiatives include peer counseling, wraparound services, and integration with ECM.

5. **CPR Training for Students:**

- Nearly \$9,000 from Mayers Health Foundation will train 200 high school students in CPR, enhancing community safety and fostering interest in healthcare careers.

Community Events and Partnerships

• **Events:**

- Weekly Bright Futures programs for children 0-5.
- BOTVIN training every Tuesday and Wednesday until May.
- **Family Film Night** in Burney on January 17.
- **Senior Sip and Social** every Thursday through May 2025.

• **Partnerships:**

- Ongoing collaboration with SMART for employment services, resuming entire operations in spring.
- IMAGE meetings continue, with plans for a community needs assessment in development.

Intermountain Community Center Remodel

- Phases 1 and 2 of the renovations, including office spaces and an event room, are complete, and we are awaiting final inspections. Phase 3 passed fire review, but architects will meet with fire before submission to the county for permitting to ensure we are all on the same page.

Website and Social Media

- The TCCN website is updated weekly with a community calendar, event promotions, and health information aligned with current observances.

Upcoming Focus

Bright Futures, enhanced care services, and expanded community programs will remain a priority, with continued collaboration to support the Intermountain area.

January Board Report
Clinical Division
1/20/2025

The departments affected by the ACHC accreditation survey have worked very hard to review practices, update policies, and organize documents for the upcoming survey.

Retail Pharmacy

- **Quarterly 340B Audit Results:**
 - The **Quarterly 340B audit** has been completed. Out of 41 claims reviewed, **40 met compliance standards**—a success rate of **97.5%**. One claim did not meet compliance, and corrective actions have been taken to address the issue. This demonstrates strong adherence to the program's requirements.
- **Discussion on Hiring a Contract Mock Auditor:**
 - At the 340B quarterly program integrity meeting, we discussed the value of bringing in a **contract mock auditor** to review our 340B program thoroughly. This will simulate an **HRSA audit**, helping us identify compliance gaps and improvement areas. The mock audit will provide crucial insights, allowing us to address potential issues before the actual audit. Kristi is currently obtaining bids for this service.
- **Retail Pharmacy Technology Initiative:**
 - In line with new requirements, our **retail pharmacy** must now provide **accessible prescription labels**. Specifically, we need the capability to offer translated directions for patients who are **blind, low-vision**, or have other **print disabilities**. We are actively exploring technological solutions to meet this requirement and provide accessible labels that comply with accessibility standards.

Hospital Pharmacy

- IV Fluid Shortage—Fluids with potassium are still hard to come by, but fluids without additives are in stock.
- We are working with IT, Bridget Brunier, ER manager, and CERNER on several outstanding tickets. Bridget and Hollie in IT have been diligently working to update all the order sets approved by P&T Committee.

Laboratory

- Kevin Davie, Clinical Director, is exploring opportunities to expand lab services in the Burney area by staffing a phlebotomist at an outside clinic. An initial meeting has taken place.
- Microbiology
 - Gram-negative susceptibility validation and yeast ID validation are done.
 - Gram-negative susceptibility and Yeast ID policy and procedure in the process. Manager final review on Thursday, January 24, 2025. Validation and Policies will be sent to Dr. Morris, Laboratory Medical Director, for approval and signature after review.
 - LIS Interface testing for gram-negative susceptibility is done, and yeast LIS interface is still in progress.
- Quantiferon Analyzer
 - Quantiferon DS2 analyzer is scheduled for set up on January 28, 2025.
 - Quantiferon DS2 analyzer training for CLS staff is Jan 29 - 31, 2025.
 - Quantiferon TB gold validation is from Jan 29, 2025 - Feb 28, 2025.
 - The tentative date for the Quantiferon interface testing start schedule is February 28, 2025. To be scheduled by Cerner IT.

Respiratory Therapy

- RT Manager Position:
 - Made offer to potential candidate; recently declined
 - Position reposted with recruiters
- Staffing:
 - Interviewing travelers to cover upcoming maternity leave
 - Numerous applicants received
- Compliance:
 - Ensured RT/PFT Lab meets ACHC standards
 - Updated policies to minimize potential tags
- Nova Biomedical Support (Arterial Blood Gasses Machine):
 - Sales Rep, Kelsey Seminoff visited on January 20 to address concerns about machine downtime during cartridge replacement
- Cerner Optimization:
 - Opened a ticket to hide unnecessary ABG test
 - Benefits:
 - Improved patient care
 - Reduced provider confusion
 - Decreased miscommunication and time constraints
 - Eliminated the need for test reorders due to incorrect selections

Cardiac Rehab

- We welcome Dr. Lindsay Frye as cardiac medical director. Dr. Frye is working with Zita Biehle, Cardiac Rehab Coordinator, on logistics. We look forward to the knowledge Dr. Frye brings to our program and to having the clinical interpretation of cardiac procedures performed in-house.

Imaging

- The contract for mobile MRI has been signed.
- Kim Elliot, Ultrasound Tech, is completing her echo refresher course the week of January 20 in preparation for Dr Lindsay Frye sending referrals to Mayers
- Vesta Teleradiology will be replacing Tahoe Carson Radiology. Harold Swartz, Imaging Manager, is working on implementation, scheduled to go-live end of March.
- Tahoe Carson Radiology (TCR) Updates until Vesta go-live:
 - TCR transitioned off its old PACS system to a new platform
 - We implemented and are live with their new PACS
 - The current contract will end on March 31
- Fuji PACS Updates
 - Staff Training has started, we are at about 80% complete
 - Interface is coming along; there are only a few minor challenges to work through
 - Started transfer of 75K+ studies from Ambra to Fuji
 - Anticipated go-live in the next few weeks
- We have started handing out Thank You cards to our patients after their exams. The thank you card also has a QR code for a patient engagement survey.
 - This program started on January 13, and we have already had a couple of responses.



Physical Therapy

- As of 1/21/2025, new evaluations can be scheduled in 3 days if the available times fit the patient's schedule. All referrals are called within 24 hours of receipt.
- Referrals to the PT department will be closed if they are older than 60 days from non-Mayers providers or older than 90 days from Mayers Rural Health Center, provided that at least three attempts have been made to contact the patient.

Documentation will be sent to the referring provider to confirm the closure of the referral. This new system is designed to streamline the referral process.

- To make the PT evaluation process smoother and faster, Mayers Rural Health Center patients are scheduled for assessment before receiving the formal referral.
- Daryl Schnieder, DPT, department manager, is working with the referral coordinator at MVHC concerning a recent dip in referrals.

Infection Prevention

Departmental Board Report this month

NURSING SERVICES BOARD REPORT

January 2025-Reporting for November/December

CNO Board Report

SNF

Census Update:

- Total Census: 80
 - Fall River: 35
 - Burney Annex: 25
 - Memory Care: 20

Admissions and Outreach:

- Home/facility visits are scheduled for after the holidays.

Staff Development and Recruitment:

- CDPH cleared two new CNAs and started on the floor orientation.
- Two Unit Assistants completed their CNA class and are scheduled to test on 11/25/24. Communication regarding outcome pending.
- Three interviews were completed in the last two weeks—offers sent.
- Five interviews are scheduled in the next two weeks.
- Recruitment efforts continue for key positions, including CNAs and nurses.

Resident Health Update:

- Residents are currently not on precautions.

Regulatory Update:

- No CDPH visits this month.
- Several self-reports remain under review.

Family Engagement:

- Resident family Christmas parties were successfully held. We received lots of positive feedback from the families that participated.

Additional Notes:

- Continued efforts are being made to support staff development, enhance Resident safety, and improve family involvement.

Acute

November 2024 Dashboard

- Acute ADC: 1.83
- Acute ALOS: 3.31
- Swingbed ADC: 2.47
- Swingbed ALOS: 7.65
- OBS Census Days: 9

December 2024 Dashboard

- Acute ADC: 2.06
- Acute ALOS: 3.95
- Swingbed ADC: 1.45
- Swingbed ALOS: 5.0
- OBS Census Days: 9

November/December Staffing

- **Staffing Requirements:** We have successfully filled all key positions, requiring eight full-time equivalent (FTE) RN/LVNs, two part-time equivalent (PTE) RNs, four FTE CNAs, and two FTE Ward Clerks to maintain optimal department operations. Looking ahead, we anticipate the retirement of **one FTE RN** in February and the transfer of **one FTE RN** to the ED.
- **Utilization of NPH Staff:** Currently, we are utilizing **0 FTE NPH RN/LVN**. However, occasional shifts are filled by NPH staff when per diems are unavailable or when we need to reallocate staff to cover surgery shifts. In November and December, the use of NPH staff increased due to increased employee illnesses.

Updates

- **ACHC Accreditation Preparation:** We are making significant progress in our ACHC accreditation efforts. The Acute Services division manages 27 binders, encompassing 168 individual standards across nine chapters. We remain on track to complete all binder work by mid-January.
- **ACHC Accreditation Education:** We completed three 8-hour classes, achieving an 86% participation rate. These sessions were highly successful, as they allowed us to discuss ACHC accreditation and establish a foundational understanding of the work accomplished over the past year with our consultant. The training also covered education on the numerous changes implemented to align with ACHC standards. We anticipate needing one more class scheduled for **January 21, 2025**.
- **Acute Length of Stay (ALOS) Evaluation:** We have been evaluating the increased ALOS for our acute care patients and engaging in discussions with our Utilization Review (UR) team to address the challenges contributing to this trend. Our focus remains on identifying practical solutions to combat these challenges and improve efficiency while maintaining high-quality patient care.

Emergency Services

- **November 2024 Dashboard**
 - Total treated patients: 371
 - Inpatient Admits: 20
 - Transferred to a higher level of care: 24
 - Pediatric patients: 48
 - AMA: 6

- LWBS: 1
- Present to ED vis EMS: 62
- **December 2024 Dashboard**
 - Total treated patients: 376
 - Inpatient admits: 19
 - Transferred to a higher level of care: 19
 - Pediatric patients: 76
 - AMA: 1
 - LWBS: 1
 - Presented to the ED via EMS: 61
- **Year-End Totals for 2024**
 - Total treated patients: 4,592
 - Inpatient admits: 209
 - Transferred to a higher level of care: 292
 - Pediatric patients: 804 (17%)
 - AMA: 45
 - LWBS: 46
 - Presented to the ED via EMS: 598
- **Staffing:**
 - Required: 8 FTE RNs, 2 PTE RNs, 2 FTE Techs, 1 PTE Tech
 - Utilizing 3 FTE contracted travelers
 - Two-day shift to cover LOA for the next 8 weeks.
 - One NOC shift will be covered until the RN is off orientation.
 - The ED Manager works NOC and Day shifts to fill schedule gaps.
 - ED Manager also serves as:
 - Clinical Project Manager for Cerner
 - Learning Coordinator
 - Ongoing resources for clinical areas in the facility
 - Collaborating with internal teams on referral processes
 - Weekly meetings with Hollie to address open SRs
 - Assigning learning journeys to new contracts and hired staff
- **Open Positions:**
 - FTE Day Shift: RN is off orientation and has assumed the open Day shift position
 - FTE NOC: RN will transition from Acute to the ED the first week of February and start the 6-month orientation process.
- **Updates:**
 - Centering staff education around ACHC guidelines:
 - Policy signoffs each month
 - Monthly updates on current ACHC PI indicators
 - Education on "getting survey ready."
 - Focus on improving chart check processes to increase captured revenue, avoid late charging, and enhance charting standards

- Implemented a "Utilization of RN for Interfacility Transfers" policy:
 - Orientation and education have begun
- In partnership with MHOAC, enrolled in the California Hospital Bed Capacity Project, set for Fall 2025 implementation:
 - Aimed at automating bed reporting, improving patient outcomes, enhancing emergency coordination, and optimizing hospital resources without adding administrative burdens.

Ambulance Services

November/December 2024

- In November, we had a total of:
 - 80 ambulance calls.
 - 20 of those were IFT's.
- We have hired a local per diem paramedic who has already started working on the ambulance.
- An ambulance was sent to Crown Motors for an ABS programming issue and a significant oil leak.
- We did an EVOC (emergency vehicle operator class) on two dates to capture all our ambulance employees.

December 2024

- 70 ambulance calls
- 17 of those were transfers.
- We have had an increase in ground transfers to Reno due to the weather or the fact that no flight service is available.

Staffing

- We hired another per diem paramedic, who has been very helpful in staffing a second ambulance for calls and transfers.

Outpatient Surgery

November Referrals:

34 - Referrals received

21 – Scheduled (3 canceled/ or No show to Procedure)

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

0 – Pending insurance clearance

6 - Called patient and unable to reach or the patient does not want to schedule at this time.

0 – Needs Nurse review

14 – Outstanding/ Pending referrals received before November

Pending Reason breakdown:

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

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

December Referrals:

20 - Referrals received

14 – Scheduled

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

0 – Pending insurance clearance

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

0 – Needs Nurse review

9 – Outstanding/ Pending referrals received before December

Pending Reason breakdown:

5 - previously scheduled and canceled (unable to have medical clearance or the patient currently does not want to reschedule).

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

Procedures Performed	November	December	
Colonoscopy	11	5	
EGD	1	2	
Colonoscopy/ EGD Combo	3	3	
Colonoscopy w/ hemorrhoid banding	1	1	
Total cases Performed	Monthly Total: 16	Monthly Total: 11	

November

- Endoscopy Procedures: We continue to perform endoscopy procedures, which are scheduled for three days each month.
- Dr. Syverson has signed a one-year contract renewal with Modoc Medical Center and has verbally committed to remain in service with Mayers through 2025. Both Dr. Syverson and the CRNA have finalized the calendar for the year through the end of 2025.
- Referrals: We continue to receive referrals from local clinics. We received 34 referrals in November, marking the highest monthly volume in 2024.
- Referral Process Meeting: The OR Manager and Surgery Scheduler attended a Referral Process meeting on November 7, which provided valuable insights into areas for improvement.
- Training and Certification: The Surgery Manager is preparing for the CNOR certification exam. All required Relias training modules have been assigned, and 12 new competencies have been created. We are actively working on staff competency assessments and audits.

- Infection Prevention Training: We provided direct observation, online education, and hands-on training for the new Infection Prevention Nurse in Endoscopy and surgical instrument reprocessing/sterilization.
- Department Development: We are continuously working to meet ACHC, AORN, and AIMI standards of practice. This includes policy updates, log creation, tracking systems, survey readiness training, and performance indicators.
- Line Isolation Monitoring (LIM) Test (10/28/24): A Line Isolation Monitoring (LIM) test was conducted in OR 1 and OR 2. The test failed in OR 2, and an electrician has been contracted to address the deficiencies. Currently, procedures are only performed in OR 1, where testing has passed.
- Equipment Upgrades: A new water filter has been installed, as the previous filter was leaking and deemed unrepairable. Water testing indicated that the instrument steam sterilizer required a new filtration system.

December

- Endoscopy Procedures: We continue to perform Endoscopy procedures scheduled 3 days each month.
- Referrals: Referrals from local clinics continue to be received. In December, we received 20 referrals.
- Equipment upgrades: Two Olympus Gastrscopes (cameras used to perform upper endoscopy (EGD)) have reached end-of-life and are no longer serviceable. Quotes have been obtained to upgrade this equipment, and a proposal will be submitted in January for approval.
- Department Development: We are continuously working to meet ACHC, AORN, and AIMI standards of practice. This includes policy updates, log maintenance, tracking systems, survey readiness training, and performance indicators.
- Patient communication: We have been working to improve patient satisfaction and reduce procedure cancellations through communication improvement processes. We strive to reach all patients before and after their surgery to answer any questions and confirm appointment times. The team has been sending letters to patients who we are unable to reach by phone to schedule and sending out pathology findings and recommendations for follow-ups.

Outpatient Medical

Updates this month for November/December 2024

- Census OPM:
 - November 105 patients
 - December 110 patients
- Focusing a lot on patient care due to sick coverage and short staffing.
- Continued referral meetings are ongoing.
- IT and the pharmacy are still working to ensure proper patient access on different pyxis machines and to obtain new NPH access.
- Continued work on policies and quality reporting. Working more with the new Lippincott

- New NPH Contract started 1/2/25 to fill maternity leave from November. The first few days are going great. Really appreciative to have coverage and to have been able to borrow another NPH nurse that was allocated for acute and LTC for a few days.
- We need more privileged providers for OPM. Pam is working with Mercy Oncology on getting locums privileged. I believe it is imperative for us as a hospital to gain more privilege providers if we want to increase our census by 5% in the Outpatient setting.
- Conducting short, planned lessons for small groups of staff on PICCs, Vacs, Wound care, Ostomy care, and Pressure injury prevention.

Social Services

November/December

We had 2 Long-Term care admits.

1- at the Burney Campus

1-at the Fall River Campus

Updates:

- I attended the California Hospital Association Behavioral Health Conference Dec 3-5th.
- We received 34 handmade lap quilts for the residents in Fall River from 2 local ladies who made all of them.

Activities

November/December 2024

- Family Council went well.
- The next council meeting will be on December 17th and 18th at 1, followed by the SNF family and resident Christmas party.
- The activities department put up trees on time to meet the needs of community shoppers on Black Friday.
 - Trees at Tri-Counties in FR & Burney and Grocery Outlet in Burney.
 - Snag a tag to adopt a resident.
- The MMH van transported the Long-term care resident to his family reunion/ Thanksgiving feast on Thanksgiving Day. (Always caring, always here)
- Residents who stayed at the facility were provided a yummy meal.

Clinical Education

November/December 2024

Certifications/Licenses

- BLS 6 training participants on 11/6 & 11/20
- PALS TBS for 2025
- NRP TBS for 2025

ACHC Trainings

- 3 sessions of ACHC Training were developed and scheduled on 11/6 and 11/13. The five core areas are EMTALA, Suicide Risk Assessment and Prevention, Patient's Rights, Physical and Chemical Restraints, Fall Risk Assessment and Prevention Program.
- Feedback was given during the training and evaluated using the Lickert scale on validated domains. The feedback given during the discussion was noted and will inform quality improvement for subsequent training. The evaluation score average was 4.5
- Twenty-five of 28 staff assigned to this training attended (89%)
- These trainings will be ongoing for newly hired staff and registry staff onboarding

CNA INSERVICE TRAINING

- CNA training held for Abuse, Dementia with six attendees meets the criteria for in-class CEU's toward recertification

RN/LVN Training

- Annual Glucometer Competency Training & Skills Validation is ongoing throughout November.

Department Specific Orientation for SNF/LVN staff development

- This is a multidisciplinary effort with Nursing leadership, Clinical Education, and Registry staff leadership partners

Monthly Lippincott Technical Support and Development Meetings

- Meetings are held monthly to develop an orientation process for MMHD staff and registry staff
- Agenda and content include navigation of the platform, identifying resources for orientation, training, and skills competency validation

Ongoing Projects

ACHC Trainings, such as Suicide Risk & Prevention Awareness, continue to be developed for ALL staff.

2025 Training Calendar in development.

December 2024

Certifications/Licenses

- BLS training participants on 12/3 and 12/17 with 7 participants recertified. 100% of staff requiring BLS are current.
- ACLS - August 18, 2025
- NRP - October 15, 2025
- ACLS - April 28, 2025
- PALS & NRP - March 25 2025
- ACLS - August 18 2025

ACHC Trainings

- ACHC Training for the Acute/ED department is at 81%. An additional training session has been added for 1/23/25, which will most likely bring the compliance rate to >93%. The five core areas are EMTALA, Suicide Risk Assessment and Prevention, Patient Rights, Physical and Chemical Restraints, and the Fall Risk Assessment and Prevention Program.
- These trainings will be ongoing for newly hired staff and registry staff onboarding

CNA INSERVICE TRAINING

- 2025 Inservice/CEU training for the CNA schedule is complete and will be posted when the published version is received by 1/31
- CNA in-service training scheduled for Abuse, Dementia, Infection Prevention, Patient/Resident center care, Professionalism, Resident Safety, and Skills validation (Fair)
- "Just In Time" training will be added in response to quality and regulatory issues and events in real-time by leadership and educators.

RN/LVN Training

- Annual Glucometer Competency Training & Skills Validation 88% and ongoing
- Providing Regina Blowers LVN, DSD, and instructor orientation for the DSD role.

Ongoing Projects

ACHC Trainings, such as Suicide Risk & Prevention Awareness, continue to be developed for ALL staff.

Respectfully Submitted by Theresa Overton, CNO

Chief Executive Officer Report

Prepared by: Ryan Harris, CEO

ACHC Accreditation

We have been meeting over the last couple of months to finalize our preparation for the upcoming ACHC survey. I'm proud to report that our team has put in an outstanding effort, and it's truly paying off. We have had several crucial meetings to complete essential tasks before the surveyors arrive.

Provider Search Update

I am excited to share that we have officially signed Dr. Sloat, who will join the Rural Health Clinic as a specialty provider and medical director starting March 24. Additionally, we have welcomed Dr. Fry as our Cardiac Rehab Medical Director and are working on reintroducing cardiac echo services. Unfortunately, Dr. Bui will not be joining our team due to a personal matter that requires his presence in Houston. I am evaluating our provider needs and will continue seeking new candidates.

Collaboration

The CEO group representing Modoc, Seneca, Mayers, Plumas, and Eastern Plumas has officially signed a two-year agreement with Heritage Imaging to provide MRI services to our communities. During this period, the group will work towards establishing a collaboration agreement to purchase our own MRI unit and will conduct a Request for Proposal (RFP) for logistical services. I am thrilled to bring MRI services to Mayers and our community finally!

I'm also pleased to announce that we've signed an affiliation agreement with Idaho State University to become a training site for clinical laboratory scientists. This initiative comes from our Chief Human Resources Officer's efforts and will offer students hands-on experience in our facilities. This program aims to expose students to our facilities and the surrounding area, which is crucial in filling the hard-to-fill CLS positions. We already have one student in the process of signing up.

TCCN

Unfortunately, TCCN was not granted occupancy for phases 1 and 2 due to concerns brought up by Chief May during the inspection. We've forwarded these concerns to our architect for review and, if necessary, will submit amended construction documents to the relevant authority for approval.

Master Planning Projects

Work continues on our USDA funding application and feasibility study. We also completed the RFP for construction project management services. We anticipate advertising for the project management services next week, and a recommendation for an award will be presented to the board in March.

Patient Experience

After carefully considering our current leadership and discussing it with our executive leadership team, I have added a Director of Clinical Services position. This will be separate from Kevin's current Director of Ancillary Services role. The new position will oversee our rural health clinic, telemedicine services, physical therapy, cardiac rehab, the upcoming care coordination department, and patient experience. Additionally, this director will coordinate the implementation of our three-year Rural Hospital of Choice Service Excellence initiative following the recent "Ignite the Patient Experience" event.

Luma Health

To align with our patient experience and quality improvement objectives, we are excited to announce our partnership with Luma Health as our preferred patient communication vendor. This platform will significantly enhance communication in our outpatient departments through features such as a collaboration hub, actionable reminders, digital forms submitted before appointments, real-time patient-initiated rescheduling, a smart waitlist for providers, referral management, targeted messaging, and the collection of patient feedback. This project's ongoing implementation and training have been successful, and staff feedback has been overwhelmingly positive regarding its potential to transform and improve our patient communication practices.

Rural Health Clinic

Over the past few months, we have made considerable progress in enhancing our clinic referral process. The team has excelled at creating efficient workflows and decreasing the volume of referrals that require processing. As we worked through this, it became evident that additional workflows are necessary to better serve our patients. In the next six months, we will focus on assessing our current workflows and implementing new ones to improve our clinic further.

Telemedicine

Samantha Weidner, our Telemedicine Coordinator, has successfully implemented ConferMed, with one consultation already sent in December. Additionally, she has successfully launched our remote patient monitoring program for hypertension, with three patients currently being monitored as of January.

Nurse Aide Training and Competency Evaluation Program (CNA Program)

This month, we received a response from the CDPH NATCEP Loss Enforcement Desk regarding the reinstatement of our CNA Program. They have finalized their recommendation and forwarded it to the CMS regional office for review. We will receive our ruling once the regional office has completed its assessment.

Quality Improvement Program

We are monitoring well-child visits and cervical cancer screenings, denominators exceeding 30. Our preliminary calculations indicate potential success in these measures. However, we await confirmation from DHLF and the state to validate these findings. Over

the past year, significant efforts have been made to enhance our Quality Improvement Program (QIP), and I look forward to receiving confirmation of our success.