

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  
June 26, 2024 – 1:00 pm  
FR Boardroom

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

**CALL MEETING TO ORDER:** Abe Hathaway called the regular meeting to order at 1:00 PM on the above date.

**BOARD MEMBERS PRESENT:**

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

**ABSENT:**

**STAFF PRESENT:**

Ryan Harris, CEO  
Travis Lakey, CFO  
Theresa Overton, CNO  
Valerie Lakey, CPRO  
Keith Earnest, CCO  
Libby Mee, CHRO  
Harold Swartz, Imaging Manager  
Lori Gibbons, HIM Manager  
Amy Parker, Admitting Manager  
Gonzo Solorio, Ambulance Manager  
Ashley Nelson, Interim Board Clerk  
Jessica DeCoito, Board Clerk

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

**3 APPROVAL OF MINUTES**

3.1 A motion/second carried; Board of Directors accepted the minutes of May 22, 2024 *Cufaude, Utterback* *Approved by All*

**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1 A motion/second carried; Zita Biehle was recognized as May Employee of the Month. Resolution 2024-09. *Utterback, Humphry* *Approved by All*

4.4 Patient Access: Written report submitted. It was confirmed that the errors in the dept declined 27% to 15%.

4.3 HIM: Written report submitted. RHC coding class is currently being completed by the HIM manager and staff. Cross training is successful.

4.4 Ambulance: Written report submitted. It was confirmed that the dept is fully staffed with EMT's, Paramedics and per diem staff, working 24-hour shifts. Ambulance billing is being updated and changed, as needed to increase reimbursements under Cerner.

**5 BOARD COMMITTEES**

**5.1 Finance Committee**

5.1.1 **Committee Report:** It was reported that cash on hand is 278 days, compared to 250 days on May 2<sup>nd</sup> 2024. AR is 25.1 days. Accounts Receivable is down approximately . \$2 million. \$5 million in patient payments were paid this last month. As of today, we are at 59% collection ratio. At the end of June, we should see more processed payments coming in from the Skilled Nursing dept.

5.1.2	<b>May 2024 Financials:</b> motion moved, seconded and carried to approve financials.	<i>Humphry, Utterback</i>	<i>Approved by All</i>
5.1.3	<b>Annual Budget Hearing – Approval of FY2025 Budget – Resolution 2024-10</b> Total patient revenue is \$1.7 million and net patient revenue is lower, due to not having all the supplementals. Pro fees have increased, due to starting back up surgery. Manager training is expected to increase, due to new cohort of staff training starting. Bottom line is 4.4 million.  Motion moved, seconded and carried.	<i>Utterback, Humphry</i>	<i>Approved by All</i>
5.1.4	<b>TCCN Building Upgrades:</b> Request to approve \$53,800 for Phase 1 and Phase 2, regarding getting TCCN programs back up and running- with a timeline of 6 months. Once approved, Phase 3 can move forward to bid, with a timeline of 1 year.  Motion moved, seconded and carried.	<i>Humphry, Ferguson</i>	<i>Approved by All</i>
5.1.5	<b>Radiology PACS Program:</b> Request to approve \$214,00 for Fuji Synapse machine and system, with \$16,00 annual subscription for 5 years. ClearPath patient portal with comprehensive results @ \$1.00 per patient, per study.  Motion moved, seconded and carried.	<i>Utterback. Cufaude</i>	<i>Approved by All</i>
5.2	<b>Strategic Planning Committee Chair Utterback:</b>		
5.2.1	<b>Strategic Plan Update 2025-2029 and FY25 Priorities:</b> Packets were presented, with red text revisions, along with a “From the Board” message template to include in the report.  Motion moved, seconded and carried with the addition of an updated Board message.	<i>Humphry, Utterback</i>	<i>Approved by All</i>
5.2.2	<b>Master Planning Update:</b> No action taken, a special meeting with be scheduled.		
5.3	<b>Quality Committee Report:</b> It was reported that we will be updating our Hand Hygiene process for all staff. Fines were given for a recent tag found during an on-site visit with State. A process has also been set up for an accessible and anonymous report that staff can fill out, regarding safety, that will be automatically sent to the necessary agencies.		
6	<b>NEW BUSINESS</b>		
6.1	<b>Policy &amp; Procedures:</b> Bedside Mobility Assessment Blood Culture Collection Discharge Planning -- Social Services Emergency Operations Plan: Resources and Assets Food and Nutrition in a Disaster Heat Illness Plan Microbiology Critical Results Core Privileges in Oncology One Step Fentanyl Test Dip Card (Urine) Orthopedic Surgery Core Privileges Register of Surgical Procedures	<i>Cufaude, Ferguson</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](http://www.mayersmemorial.com).

Selection of Blood and Components for Transfusion  
 Slips, Trips and Falls Program  
 Wet Mount

6.2 **MMHD Board By-Laws Update:** No action taken, tabled until next month.

**7 ADMINISTRATIVE REPORTS**

**7.1 Chief's Reports: written reports provided in packet**

7.1.1 **CFO:** Written report submitted.

7.1.2 **CHRO:** Written report submitted. Reported that a CMO applicant will be coming on site for a visit in a few weeks. A new Skilled Nursing Nurse Practitioner will be starting with us next week. There has not been much traction for a Physical Therapist so we put it out to Registry, with no interest as of yet.

7.1.3 **CPRO:** Written report submitted. Legislative updates- metal detector policy, cost reimbursement policy, systemic bill. Mayers Health Fair and 5k were successful and it received great feedback from the community. The revenue is operational money for the Foundation.

7.1.4 **CCO:** Written report submitted. It was reported that a freezer failed in the lab, however a backup with bought locally until it is replaced, and no product was lost. The credit card issue has been resolved in Physical Therapy and now has been integrated into Cerner. A Radiology Tech position was filled, leaving 1 position available.

7.1.5 **CNO:** Written report submitted. It was reported that we are still in search of a Director of Skilled Nursing position, however the CNO has been filling in for the position. The Lippincot Learning online Platform will be accessible to all clinical staff for continuing education. Compliance testing for Registry staff is being verified by HR and separate training- Lippincot will also assist with tracking all compliance against all departments.

7.1.6 **CEO:** Written report submitted. I2I will not be moving forward, due to not wanting to sign a 5-year contract. An Ignite staff training gift card was won at a nearby training, for the company to come on site for an all-staff event. The new Rural Health Clinic will contain 12 rooms- with some of them being utilized for Mental Health Services. Telehealth currently is facing challenges with our current physicians so these issues will be improved so that services can be expanded.

**8 OTHER INFORMATION/ANNOUNCEMENTS**

8.1 Board Member Message: Employee of the Month: Zita Biehle, update on upcoming TCCN events, Men's health booklet, Golf Tournament dates with link to register, success of the Health Fair, upcoming Community Market date, Gala information Save the Date with more info to come, Surgery schedule (see provider to receive provider), Solar project starting, Strategic Plan was updated with link and Board message.

8.2 Board Governance Tool Kit – Strategic Planning .  
 Invite specific community members to certain events, for their ideas and feedback regarding the District. Create resource with pillars and goals as a "1-page plan" for the website.

**9 MOVE INTO CLOSED SESSION: 3:35 pm**

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

**MEDICAL STAFF REAPPOINTMENT**

- Ivy Nguyen, MD – UC Davis – Neurology
- David Bissig, MD – UC Davis – Neurology
- Gary Turner, MD - TCR
- Earl Jay Landrito, MD – TCR
- 9.1 Farres Ahmed, MD – TCR
- John Erogul, MD - TCR
- Ryan Redelman, MD - TCR
- Allen B. Mendez, MD - Pathology
- Todd Guthrie, MD – Orthopedic Surgery
- Nicholas Schulack, DO – Emergency Medicine
- Matthew Moore, DO – Emergency Medicine

**Action Item**

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**MEDICAL STAFF APPOINTMENT**

Ashley Delaney, DO – Emergency Medicine  
Stephen Williams, PA – MVHC  
Bradley Clark, MD – TCR  
Tikoos Blankenberg – Redding Pathology

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**Personnel – Govt Code 54957**

9.2 CEO Evaluation Process:  
Ryan Harris passed his 6 month probationary period.

Discussion/Action Item

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**10 RECONVENE OPEN SESSION: 4:10 pm**

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**11 ADJOURNMENT: 4:10 PM**

I, Abe Hathaway Board of Directors President, 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

Abe Hathaway  
Board Member

Jessica DiCarlo  
Board Clerk