

Chief Executive Officer
Ryan Harris



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

Finance Committee

Meeting Agenda

December 4, 2024 at 11:00 AM
Mayers Memorial Healthcare District
Fall River Boardroom
43563 HWY 299 E
Fall River Mills, CA 96028

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.

Attendees

Tami Vestal-Humphry, Chair, Board Member
Abe Hathaway, Board Member
Ryan Harris, CEO
Travis Lakey, CFO

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
3	APPROVAL OF MINUTES			
3.1	Regular Meeting – October 29, 2024	<i>Attachment A</i>	Action Item	2 min.
4	FINANCIAL REVIEWS/BUSINESS			
4.1	October 2024 Financials	<i>Attachment B</i>	Discussion	15 min.
4.2	Accounts Payable (AP)/Accounts Receivable (AR)	<i>Attachment C</i>	Action Item	15 min.
4.3	AR Report	<i>Attachment D</i>	Action Item	2 min.
4.4	Monthly Collection Obligations	<i>Attachment E</i>	Action Item	2 min.
4.5	Defibrillators Proposal	<i>Attachment F</i>	Action Item	2 min.
4.6	Ignite the Patient Experience Proposal	<i>Attachment G</i>	Action Item	2 min.
5	ADMINISTRATIVE REPORT		Information	5 min.
6	OTHER INFORMATION/ANNOUNCEMENTS			
7	ADJOURNMENT: Next Regular Meeting – Tentatively January 29 2025			

Posted: 11/26/2024

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 Directors documents are available online at www.mayersmemorial.com.

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Board of Directors
Finance Committee
Minutes

October 29, 2024 @ 11am
Burney Annex Board Room

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.

1	CALL MEETING TO ORDER: Tami Humphry called the meeting to order at 11:03 am on the above date.		
	BOARD MEMBERS PRESENT:	STAFF PRESENT:	
	Tami Vestal-Humphry, Committee Chair Abe Hathaway, Board President	Ryan Harris, CEO Travis Lakey, CFO Jessica DeCoito, Director of Operations Ashley Nelson, Board Clerk Danielle Olson, Director of Revenue Libby Mee, CHRO	
	ABSENT:		
2	CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS - None		
3	APPROVAL OF MINUTES: September 23, 2024 – minutes attached. Motion moved, seconded and carried.	<i>Hathway, Humphry</i>	Approved by All
4	FINANCIAL REVIEWS		
4.1	September 2024 Financials: Dental insurance will switch from Delta to Anthem. The cost for employee benefits will also decrease. Insurance revenue is down, due to Worker's Comp claims. Travis met with 3 banks regarding the financing for Master Planning.		
4.2	Accounts Payable (AP) & Accounts Receivable (AR): The outstanding Partnership invoice is still being processed. Missing RA's in the past few months revealed that the Retail Pharmacy is doing well financially. Radiology, Physical Therapy and the Rural Health Clinic depts are trending up. The RHC and PT will continue to trend up, with a few providers joining the team or joining full-time. Motion to approved September financials/AP and AR was made, seconded and approved.	<i>Hathaway, Humphry</i>	Approved by All
4.3	AR Report: Danielle updated the Board regarding the process for building SR's and codes in Cerner. She also discussed the long process of Cerner code/IT tickets being addressed and completed- on average 38 days for 1 ticket.		
4.4	Policies 340B Contract Pharmacy Oversight and Monitoring- Motion to approve the policy was made, seconded and approved.	<i>Hathaway, Humphry</i>	Approved by All
4.5	Mobile MRI Commitment: Ryan asked the committee for a \$500,000 commitment for a mobile MRI negotiation. The shortest contract term Ryan can find with a vendor is 36 months. The plan is to offer the mobile trailer at every Mayers site, every 5 weeks. Abe recommends bringing the decision to the full board.	<i>Humphry, Hathaway</i>	Approved by All
5	ADMINISTRATIVE REPORT: Ryan reported the outcome of the Physician mixer with Intermountain area physicians. Ryan and Libby signed a new board-certified physician, with a start date of the first of the year- ER hospitalist and Acute Medical Director. Ryan also wants to discuss the possibility of Employee Bonus' with the fill board- with the same range as 2023.		
6	OTHER INFORMATION/ANNOUNCEMENTS:		

7	ADJOURNMENT: 11:59 am
	Next Finance Committee Meeting: December 4, 2024 in Fall River.

DRAFT

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Finance Notes October FY 25

Ratios	FY 25	FY 24 Average	
Cash on Hand	266	192	Average PY
Net Income	1,452,040	709,973	Average PY
Current Ratio	6.43		N/A
AR Days	87	61	Average PY
Accounts Payable	254,213	651,656	Average PY
Daily Gross Revenue	180,487	169,348	Average PY
YE % of Gross Revenue Collected	63%	59%	Average PY

- 1) I've had a couple of good conversations with a couple of firms about having a Cerner Community Works Rev Cycle Expert review our build. It sounds like it's not uncommon for third-party installers to mess up the chargemaster and tiering on the build side. Both firms have done multiple fixes in critical access hospitals that weren't set up correctly. One of the firms is now running reports on our system to give us a more focused proposal. I should have both proposals over the next two weeks.
- 2) Wrapping up the Medicare and Hospice cost reports due at the end of November. Medi-Cal, we get an extension as they changed a couple of years ago and require an audit with it. We plan to present the audit in the January meeting as usual. I was going to have the auditors present on Teams, given the weather, and that's a long trip for a half-hour to forty-five-minute presentation. Let me know if you would rather have him here in person.
- 3) Working on the Financial Feasibility Study for our USDA application.
- 4) Getting close to wrapping the FY 23 Medi-Cal audit that has been delayed as the auditor and I are both fairly busy.
- 5) Starting our pre-application process for USDA now that we have met with a few banks and have rejection letters.
- 6) We have a new representative from Empower who has been on site twice in Burney and Fall River to set folks up with their 401K and answer any questions. I'll try to schedule him to present at a finance meeting in the next few months.
- 7) Retail Pharmacy had a great month with a 107K bottom line in October.
- 8) The RHC had a positive month and is 43K positive for the year.
- 9) The Collections vs Obligations is about 640K negative for the year, but that's common to run negative until we get our supplementals as they are for treating Medi-Cal patients, where we are paid far less than cost.

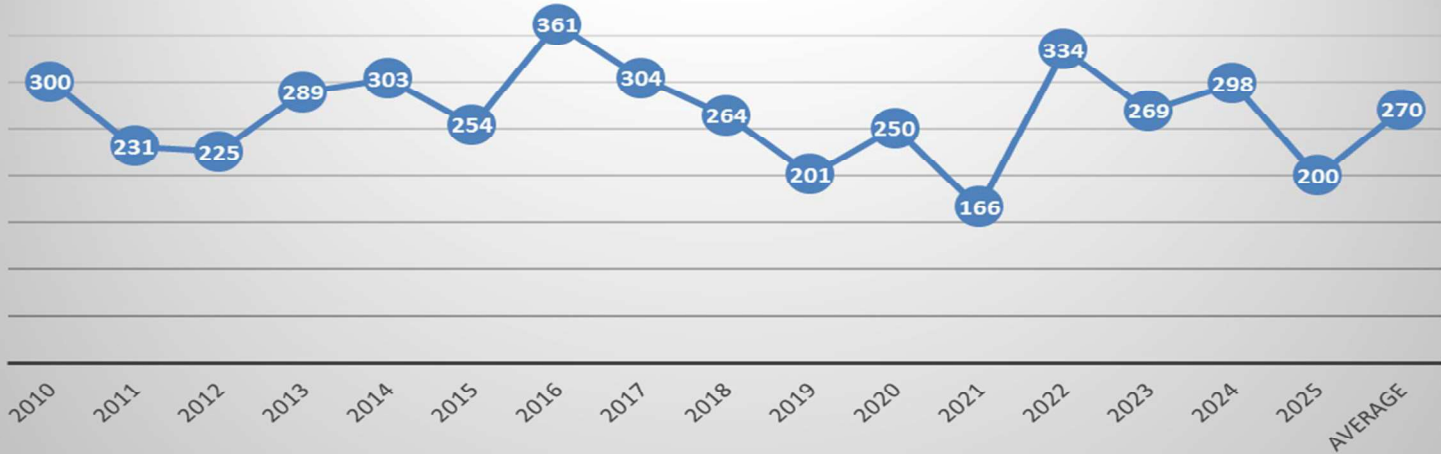
- 10) Issued holiday bonuses on November 22nd so expect a wage bump on the next set of financials. It's great we are in a position to do this as this wasn't the case for many years.
- 11) We contributed 5.9 million to our Rate Range IGT on November 17th and expect those and matching funds back by the end of January.
- 12) There's also an HQAF IGT for 2.2 million due in December, so expect Cash to be down over the next couple of months.
- 13) I Had my first Office of Health Care Affordability meeting on October 30th. I was one of four new members, and we had to swear to uphold the US and California Constitutions (I guess I should read the CA constitution). There was discussion about the complaints and investigation about the hospitals in the Monterey area's high charges and higher-than-average profit margins. In the OHCA's scope, they have some ability to fine or sanction providers, but it has never happened, so this might be the test case. There is some focus on health insurance premium increases from year to year that is outpacing inflation which is appropriate as almost everyone pays for health insurance whether they are using it or not. We spent much time talking about Quality and Equity Measures for Providers and Hospitals. I had to point out that half of their measures didn't apply to rural hospitals that don't provide OB services, which caught them off guard as they clearly didn't factor that in. After some conversations, they decided those measures would be non-applicable and not count against the hospitals that didn't provide the services. There were times I felt bad for the OHCA employees as many Advisory Committee members from different segments with a sizable presence on the board (see below) would ask for data items to be tracked that were wholly unfeasible on the reporting and collection side.

Advisory Committee Members*

Payers	Medical Groups	Purchasers	Consumer Representatives & Advocates	Organized Labor
Aliza Arjoan Senior Vice President of Provider Partnership and Network Management, Blue Shield of California	Hector Flores Medical Director, Family Care Specialists Medical Group	Ken Stuart Chairman, California Health Care Coalition	Carolyn J Nava Senior Systems Change, Disability Action Center	Joan Allen Government Relations Advocate, SEIU United Healthcare Workers West
Yolanda Richardson , Chief Executive Officer, San Francisco Health Plan	Stacey Hrountas Chief Executive Officer, Sharp Rees-Stealy Medical Centers	Suzanne Usaj Senior Director, Total Rewards, The Wonderful Company LLC	Mike Odeh Senior Director of Health, Children Now	Carmen Comsti Lead Regulatory Policy Specialist, California Nurses Association/National Nurses United
Andrew See Senior Vice President, Chief Actuary, Kaiser Foundation Health Plan	David S. Joyner Chief Executive Officer, Hill Physicians Medical Group	Abbie Yant Executive Director, San Francisco Health Service System	Kiran Savage-Sangwan Executive Director, California Pan-Ethnic Health Network (CPEHN)	Janice O'Malley Legislative Advocate, American Federation of State, County and Municipal Employees
Hospitals	Physicians	Health Care Workers	Rene Williams Vice President of Operations, United American Indian Involvement	Kati Bassler President, California Federation of Teachers, Salinas Valley
Barry Arbuckle President & Chief Executive Officer, MemorialCare Health System	Adam Dougherty Emergency Physician, Vituity	Stephanie Cline Respiratory Therapist, Kaiser	Marielle A. Reataza Executive Director, National Asian Pacific American Families Against Substance Abuse (NAPAFASA)	Academics/ Researchers
Tam Ma Associate Vice President, Health Policy and Regulatory Affairs, University of California Health	Parker Duncan Diaz Clinician Lead, Santa Rosa Community Health	Sarah Soroken Mental Health Clinician, Solano County Mental Health		Stephen Shortell Professor, UC Berkeley School of Public Health
Travis Lakey Chief Financial Officer, Mayers Memorial Hospital District	Sumana Reddy President, Acacia Family Medical Group	Cristina Rodriguez Physician Assistant, Altura Centers for Health		

*As of August 28, 2024

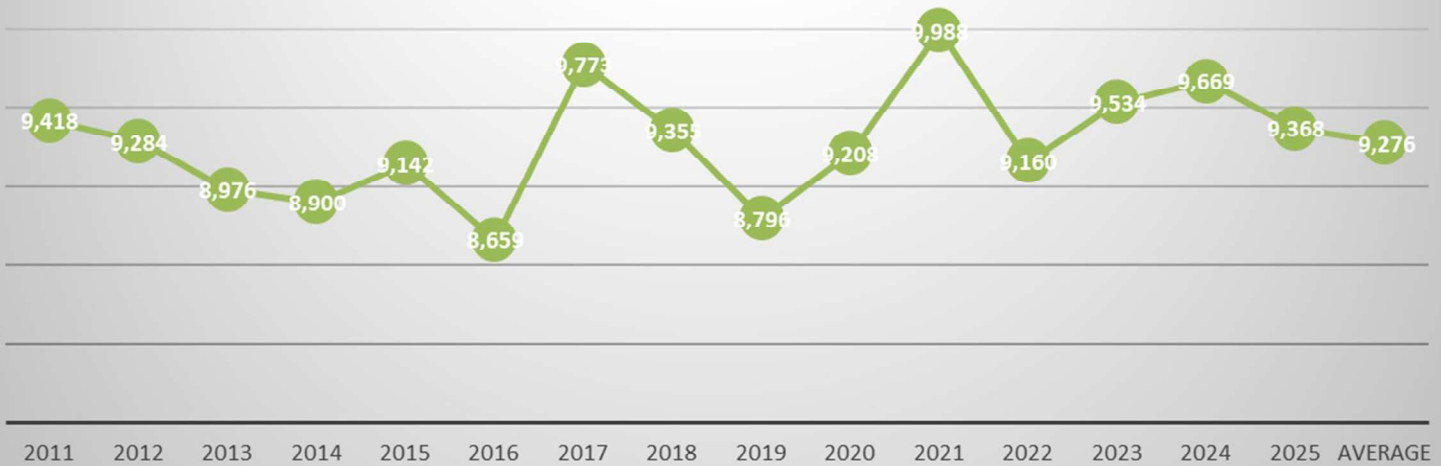
Acute Days FY 10 to 25 YTD



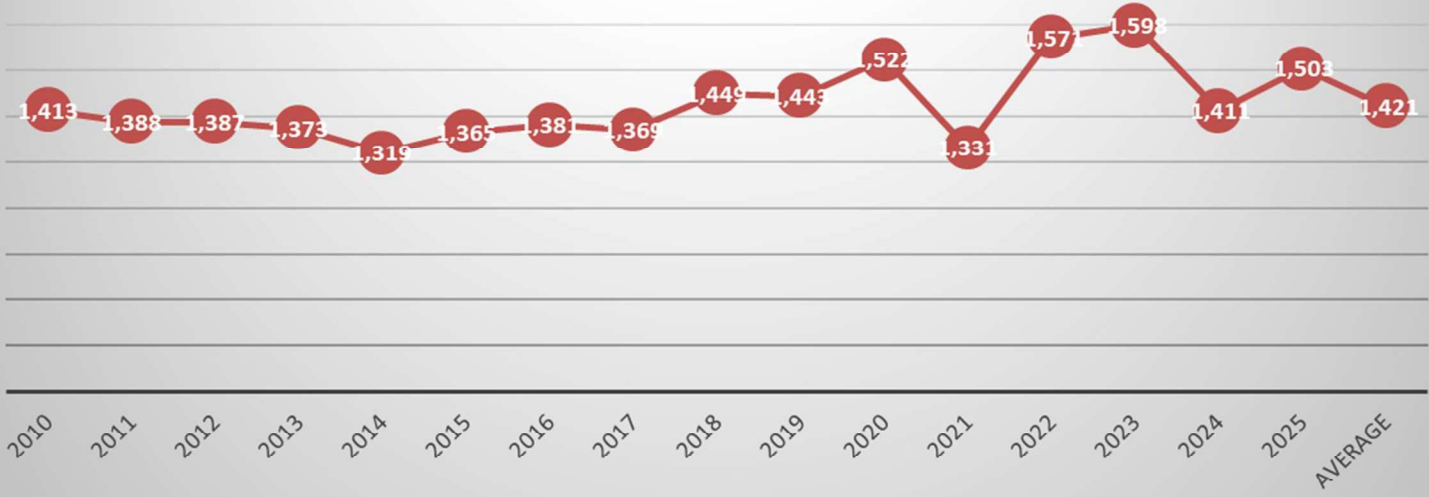
Swing Days FY 10 to 25 YTD



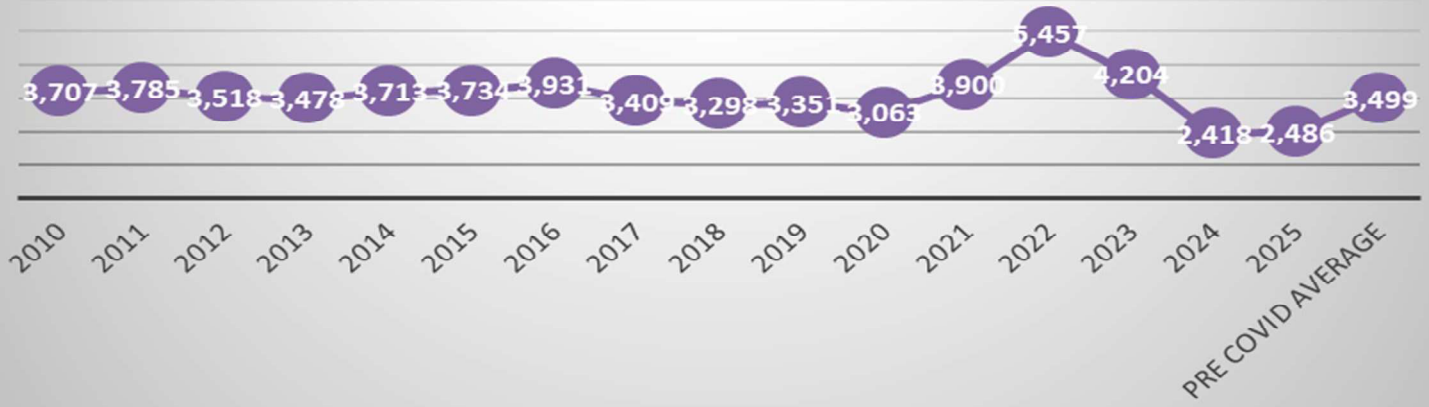
SNF Days FY 11 to 25 YTD



ER visits FY 10 to 25 YTD



Labs FY 10 to 25 YTD



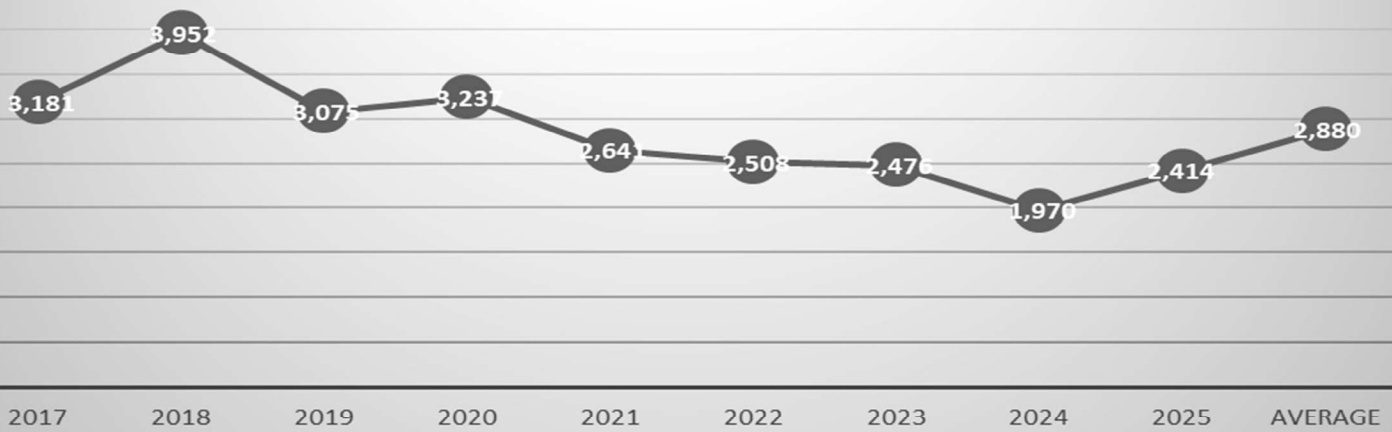
Rad Procedures FY 10 to 25 YTD



AMBULANCE CALLS FY 10-17,24-25 YTD



PT Procedures FY 17 to 24 YTD



Surgeries/Procedures FY 10 to 25 YTD



- 1) Inpatient Revenue is down 661K YTD, corresponding to the decrease in patient days in Acute and Swing.
- 2) SNF Revenue is also down due to a lower census.
- 3) Outpatient revenue is up due to the increase in surgery, ER, Rad, and PT.
- 4) Contractuals are low due to our Rate Range and HQAF Receivables that decrease them by 1.49 million. Overall, they are higher than last year, as our AR is higher than the prior year as we work through our Cerner build issues.
- 5) Net Revenue is lower than last year due to higher contractuals.
- 6) Wages are up as we instituted increases starting in June to comply with the new healthcare minimum wage law. We did institute this months earlier than the state as they delayed due to budget issues.
- 7) Employee Benefit costs are down YTD with our change to a captive plan, which is based on our claims vs the traditional insurance we had prior, where we would get rate increases and had no data to see the true cost of our claims.
- 8) Supply Costs are up due to increased drug costs and active surgery this year.
- 9) Pro Fees are up as ER doc wages have increased.
- 10) On a very positive note, Travelers are down 651K this year, as we are down in every category.
- 11) Other Purchased Services are up as we are paying a CRNA on surgery weeks, have Annex Med doing our outsourced billing, and have been paying recruiters for physicians.
- 12) Utilities are up YTD due to rate increases and adding the TCCN building.
- 13) Insurance costs are down due to the changes made to our Workers Comp deductible.
- 14) Non-operating expenses are down due to a drop in supply costs in retail pharmacy.
- 15) Net Income YTD is a strong 4.18 million. Without the Rate Range and HQAF Receivables lowering contractuals we would have a negative 41K bottom line for the month and a negative 165K for the year.

Balance Sheet

- 1) Cash is down, typically as expenses outpace collections until we get supplemental payments.
- 2) Patient AR is up despite having a strong patient collections month due to higher revenue on the Outpatient side.
- 3) The Medicare/Medi-Cal Settlements will increase until we receive supplemental payments.
- 4) The Payroll and related Liability will vary from month to month depending on where the last payroll of the month hits and the number of days we need to recognize the liability for at the end of the month.
- 5) The Rate Range Payable will be zero next month, as we paid it in November.
- 6) Our Current Ratio is 6.43, meaning we have six times the current assets than our current liabilities.

Miscellaneous

DHLF had some interesting information that I thought I would share about independent district hospitals. There are some district hospitals run by systems that aren't in DHLF.



DISTRICT HOSPITAL LEADERSHIP FORUM

The District Hospital Leadership Forum (DHLF) represents the 33 district and municipal hospitals throughout California.

District/municipal hospitals, with publicly elected Boards of Directors, are local governments responsible for providing for the healthcare needs of their communities. California's public district/municipal hospitals provide significant levels of care to Medi-Cal and low-income Californians.

Two-thirds of California district/municipal hospitals are rural and 18 have a critical access hospital (CAH) designation. Many of these rural facilities also maintain rural health clinics (RHCs).

District hospitals are very diverse in size and services offered. For example, some hospitals have as few as four acute beds while other have more than 600.

Similarly, the services provided are diverse ranging from emergency services coupled with an acute medical unit, a distinct-part nursing facility and RHCs providing an array of outpatient services, to the larger facilities providing tertiary and/or trauma services.

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INDEPENDENT PUBLIC HOSPITALS

18 Critical Access Hospitals (CAH)

Over $\frac{2}{3}$ are Rural

4,423

Licensed Beds

936,215

Emergency Room Visits

72,375

Surgeries

21,842

Babies Delivered

63,583

Medi-Cal Inpatient Stays

1,128,223

Medi-Cal Outpatient Stays

46%

Medi-Cal Payer Mix

25,175

of Workers (FTE)

Based on FY2022 HCAI data



DISTRICT HOSPITAL LEADERSHIP FORUM



- All District/Municipal Hospital Counties
- ★ Indicates Locations of District/Municipal Hospitals

Antelope Valley Hospital, Lancaster
Bear Valley Community Hospital, Big Bear Lake
Eastern Plumas HealthCare, Portola
El Camino Hospital, Mountain View
El Centro Regional Medical Center, El Centro
Hazel Hawkins Memorial Hospital, Hollister
Jerold Phelps Community Hospital, Garberville
John C. Fremont Healthcare District, Mariposa
Kaweah Health Medical Center, Visalia
Kern Valley Healthcare District, Lake Isabella
Lompoc Valley Medical Center, Lompoc
Mammoth Hospital, Mammoth Lakes
MarinHealth Medical Center, Greenbrae
Mayers Memorial Hospital, Fall River Mills
Modoc Medical Center, Alturas
Northern Inyo Hospital, Bishop
Oak Valley Hospital, Oakdale

Palo Verde Hospital, Blythe
Palomar Health, Escondido
Pioneers Memorial Hospital, Brawley
Plumas District Hospital, Quincy
Salinas Valley Health, Salinas
Mountains Community Hospital,
San Bernardino (Lake Arrowhead)
San Geronimo Memorial Hospital, Banning
Seneca Hospital, Chester
Sierra View Medical Center, Porterville
Sonoma Valley Hospital, Sonoma
Southern Inyo Hospital, Lone Pine
Surprise Valley Hospital, Cedarville
Tahoe Forest Hospital District, Truckee
Tri-City Medical Center, Oceanside
Trinity Hospital, Weaverville
Washington Hospital, Fremont

MAYERS MEMORIAL HOSPITAL							
Statistical Data							
Fiscal Year Ending JUNE 30, 2025							
COMPARISON TO ACTUAL							
2025		2025		FY 2025		FYE 2024	
October	September			YTD	YTD		% Increase or Decrease
Actual	Actual	Variance	VOLUME:	Actual	Actual	Variance	
DISCHARGES							
7	15	(8)	Acute	52	61	(9)	-14.81%
8	7	1	Swing Bed	29	30	(1)	-3.31%
19	22	(3)	Skilled Nursing Care (DISCHG)	15	12	3	25.02%
4	4	0	Observations	-	15	(15)	-100.01%
PATIENT DAYS							
32	57	(25)	Acute	200	298	(98)	-32.91%
117	88	29	Swing Bed	316	358	(42)	-11.71%
2,283	2,276	7	Skilled Nursing Care	9,368	9,669	(301)	-3.11%
LENGTH OF STAY							
4.57	3.80	1	Acute	3.85	4.89	(1)	-21.31%
14.63	12.57	2	Swing Bed	10.90	11.93	(1)	-8.71%
Skilled Nursing Care							
AVERAGE DAILY CENSUS							
1.07	1.90	(1)	Acute	1.63	2.42	(1)	-32.91%
3.90	2.93	1	Swing Bed	2.57	2.91	(0)	-11.71%
76.10	75.87	0	Skilled Nursing Care	76.16	78.61	(2)	-3.11%
ANCILLARY SERVICES							
0	0	0	Surgery Inpatient Visits	0	0	0	#DIV/0!
16	0	16	Surgery OP/ procedure visits	1415	0	1415	#DIV/0!
408	298	110	Emergency Room Visits	1503	1411	92	6.52%
136	120	16	Outpatient Services Procedures	489	491	(2)	-4.1%
743	569	174	Laboratory Visits	2486	2418	68	2.82%
521	486	35	Radiology Procedures	2068	1782	286	16.02%
718	626	92	Physical Therapy Procedures	2414	1970	444	22.52%
170	209	(39)	Cardiac Rehab	763	546	217	39.72%
72	66	6	Telemedicine visits	277	226	51	22.62%
6	14	(8)	Admissions from ER	55	72	(17)	-23.61%
25	25	0	Transfers from ER	90	84	6	7.12%
588	603	(15)	Clinic Visits	2204	2767	(563)	-20.31%
51	61	(10)	Ambulance	268	196	72	36.72%
PRODUCTIVITY:							
Productive FTE's							
10.05	9.19		Nursing - Acute	10.10	8.99		
33.99	32.75		Long Term Care	40.40	36.79		
56.69	57.38		Ancillary	65.85	52.95		
70.57	69.56		Service	83.29	65.98		
171.30	168.88		Total Productive	199.65	164.71		
94.60	98.19		Non-Productive FTE's	112.14	82.67		
265.90	267.08		Paid FTE's	950.88	247.38		
PRODUCTIVE FTE PER ADJUSTED OCCUPIED BED							
2.33	2.50			2.79	2.60		

MAYERS MEMORIAL HOSPITAL**Balance Sheet**

	October	September
	2024	2024
CURRENT ASSET		
Cash - General, Payroll, & Petty Cash	29,199,771	30,618,690
Reserve Cash (Unrestricted)	1,868,483	1,852,337
Restricted Cash	2,455,255	2,450,278
Cash	<u>33,523,508</u>	<u>34,921,305</u>
Patient Accounts Receivable	14,115,588	13,949,135
Patient Allowances	(5,428,517)	(6,085,824)
Net Patient Accounts Receivable	<u>8,687,071</u>	<u>7,863,311</u>
Accounts Receivable	8,687,071	7,863,311
Shasta County Tax Receivables	(86,062)	(199,105)
Inventories	676,211	676,229
Other Accounts Receivable	3,595	3,595
Prepaid Expenses	337,000	326,726
Medicare/Medi-Cal Settlements	<u>10,318,791</u>	<u>7,311,214</u>
Total Current Assets	<u>53,460,115</u>	<u>50,903,274</u>
PROPERTY, PLANT & EQUIPMENT		
Land and Building Improvements	3,969,852	3,969,852
Building and Fixed Equipment	39,457,490	39,457,490
Equipment	16,113,899	16,113,899
Subscription Based Assets	221,719	221,719
Construction in Progress	2,768,714	1,995,430
Accumulated Depreciation	(29,142,224)	(28,981,656)
Accumulated Amortization	(18,365)	(18,365)
Property, Plant & Equipment	<u>33,371,087</u>	<u>32,758,370</u>
Total Assets	<u><u>86,831,201</u></u>	<u><u>83,661,644</u></u>
Accounts Payable	254,213	129,244
Payroll and Related Liabilities	1,912,628	1,528,127
Audit Fees Payable	0	0
Grant Liabilities	0	0
Lease - Current Liability	0	0
Current Subscription Liability	35,092	35,092
Accrued Interest	196,965	196,965
HQAF Payable	1,212,529	884,836
Rate Range Payable	4,723,144	3,536,357
Notes & Loans Payable	(16,594)	(11,090)
Total Current Liabilities	<u>8,317,977</u>	<u>6,292,449</u>
LONG TERM DEBT		
GO Bond	1,716,054	1,716,054
Leases	(18,576)	(16,110)
PPP Loan	0	0
Notes & Loans Payable/CHFFA	1,258,158	1,258,158
GO Bond Series B & Refunding	19,651,000	19,651,000
Capital Leases & Settlement Payments	20,890,582	20,893,048
Long Term Subscription Liability	<u>55,554</u>	<u>55,554</u>
Total Long-Term Debt	<u>22,662,190</u>	<u>22,664,656</u>
FUND BALANCE		
Restricted Fund Balance	17,262	14,997
Fund Balance - Hospital	<u>56,211,601</u>	<u>54,742,453</u>
Total Fund Balance	<u>56,389,431</u>	<u>54,757,450</u>
Liabilities and Fund Balance	86,884,111	83,714,555
Current Ratio	6.43	8.09

**MAYERS MEMORIAL HOSPITAL
NON-OPERATING REVENUE AND EXPENSE
RETAIL PHARMACY**

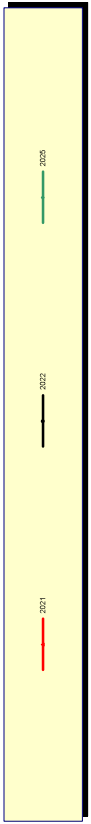
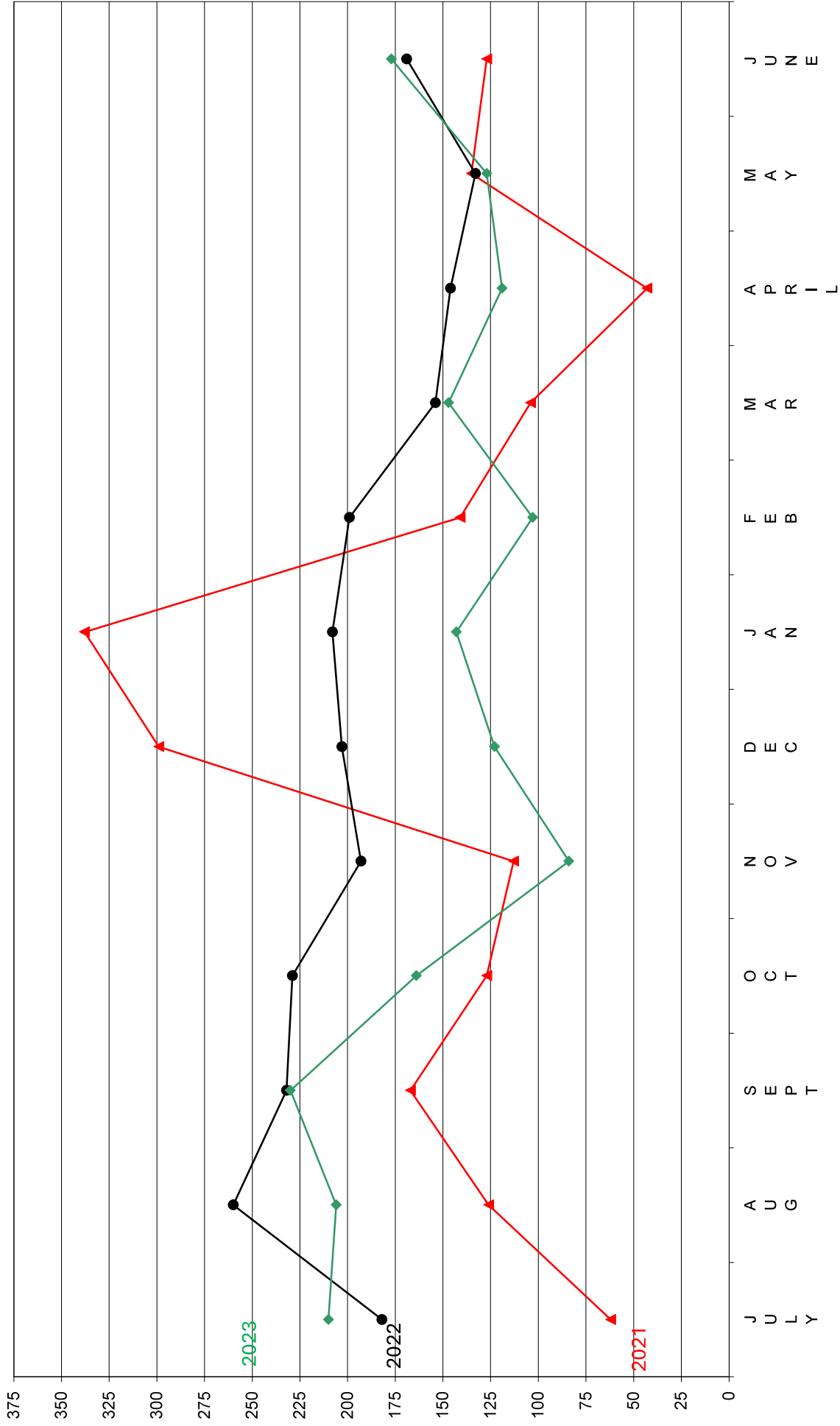
	2024 OCTOBER Month Actual	2023 OCTOBER Month Actual	Variance	2024 OCTOBER YTD Actual	2023 OCTOBER YTD Actual	Variance	Increase Decrease %
Retail Pharmacy Revenue							
	0	2,239	(2,239)	0	6,575	6,575	100.00%
Other	52,113	37,239	14,873	292,037	145,622	(146,415)	-100.54%
Private	218,886	256,846	(37,959)	676,654	1,111,831	435,177	39.14%
Third Party	0	0	0	0	0	0	0.00%
Retail Pharmacy Revenue	218,886	256,846	(37,959)	676,654	1,111,831	435,177	39.14%
Third Party	(37)	2,165	(2,202)	(201)	6,345	6,546	112.68%
Other	359,572	430,352	(70,779)	1,412,147	1,397,900	(14,247)	-1.02%
Non-Operating Revenue							
Non-Operating Expenses							
Salaries & Wages	15,387	16,143	(756)	69,894	80,803	10,909	13.50%
Employee Benefits	1,249	1,453	(203)	4,967	8,038	3,071	38.21%
Supplies	198,788	270,071	(71,283)	752,521	914,846	162,325	17.74%
Ancillary Travelers	31,393	31,683	(290)	125,819	64,701	(61,119)	-94.46%
Non-Operating Employee Travel Expenses	0	0	0	0	0	0	0.00%
Other Purchased Services	33	1,253	(1,220)	2,184	73,488	71,305	97.03%
Utilities	1,080	0	1,080	4,293	0	(4,293)	0.00%
Repairs	0	0	0	0	0	0	0.00%
Other	4,520	801	3,719	22,851	9,254	(13,597)	-146.93%
Depreciation	0	2,858	(2,858)	0	11,341	11,341	100.00%
Rent - Lease	0	8	(8)	24	16	(8)	-50.00%
Total Non-Operating Expense	252,451	324,270	(71,819)	982,552	1,162,486	179,934	15.48%
Net Income (Loss)	107,122	106,082	1,040	429,595	235,414	(194,181)	-16.50%

MAYERS MEMORIAL HOSPITAL
SUMMARY OF SERVICES - DEPOSITS - REFUNDS
 - Fiscal Year 2025

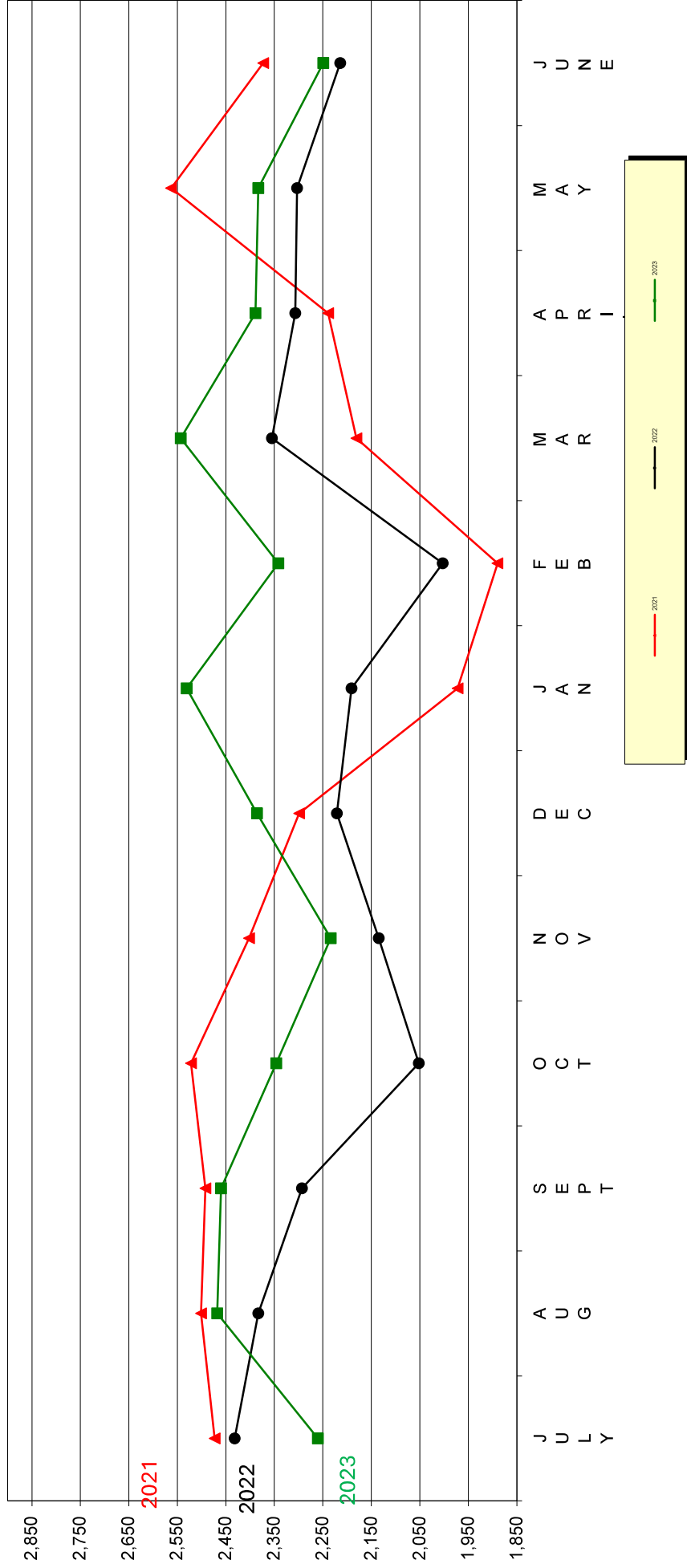
DATE:	REVENUE / SERVICES	AVERAGE DAILY REVENUE	TOTAL DEPOSITS	MISC. PAYMENTS	MISC. PMTS PT RELATED	PATIENT PAYMENTS	ADJUSTMENT S & WRITE-OFFS	REFUNDS
July 31, 2024	5,437,078.00	175,389.61	4,830,617.70	559,104.34	135,359.00	4,136,154.36	2,064,832.77	6,824.28
August 31, 2024	5,125,173.24	165,328.17	3,963,266.11	227,680.40	-	3,735,585.71	2,442,815.13	36,290.55
September 30, 2024	5,109,328.43	170,310.95	3,164,823.55	121,674.17	135,359.00	2,907,790.38	2,446,633.02	3,185.04
October 31, 2024	5,595,084.02	180,486.58	3,665,341.82	119,484.21	-	3,545,857.61	2,318,913.18	37,127.52
November 30, 2024								
December 31, 2024								
January 30, 2025								
February 28, 2025								
March 31, 2025								
April 30, 2025								
May 31, 2025								
June 30, 2025								
YTD TOTAL	21,266,663.69	172,878.83	15,624,049.18	1,027,943.12	270,718.00	14,325,388.06	9,273,194.10	83,427.39

ACCOUNTS RECEIVABLE AGING		PAYOR MIX - YTD % OF REVENUE					
	October	September	August	October	August	July	3 MONTH AVERAGE
\$ OUTSTANDING	DAYS OUT	DAYS OUT	DAYS OUT	October	August	July	
MEDICARE	6,689,408.97	86.02	81.92	MEDICARE	44.51%	41.41%	40.52%
MEDI - CAL	6,364,896.46	59.87	66.58	MEDI - CAL	38.68%	40.29%	37.93%
THIRD PARTY	2,450,889.00	102.16	93.69	THIRD PARTY	1.26%	1.44%	19.19%
PRIVATE	166,187.00	288.11	324.8	PRIVATE	15.56%	16.86%	2.36%
LTC ONLY (INCLUDE)	2,477,639.77	60.92	58.92				
OVERALL	18,149,021.20	87.46	86.78				

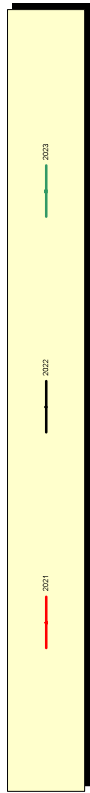
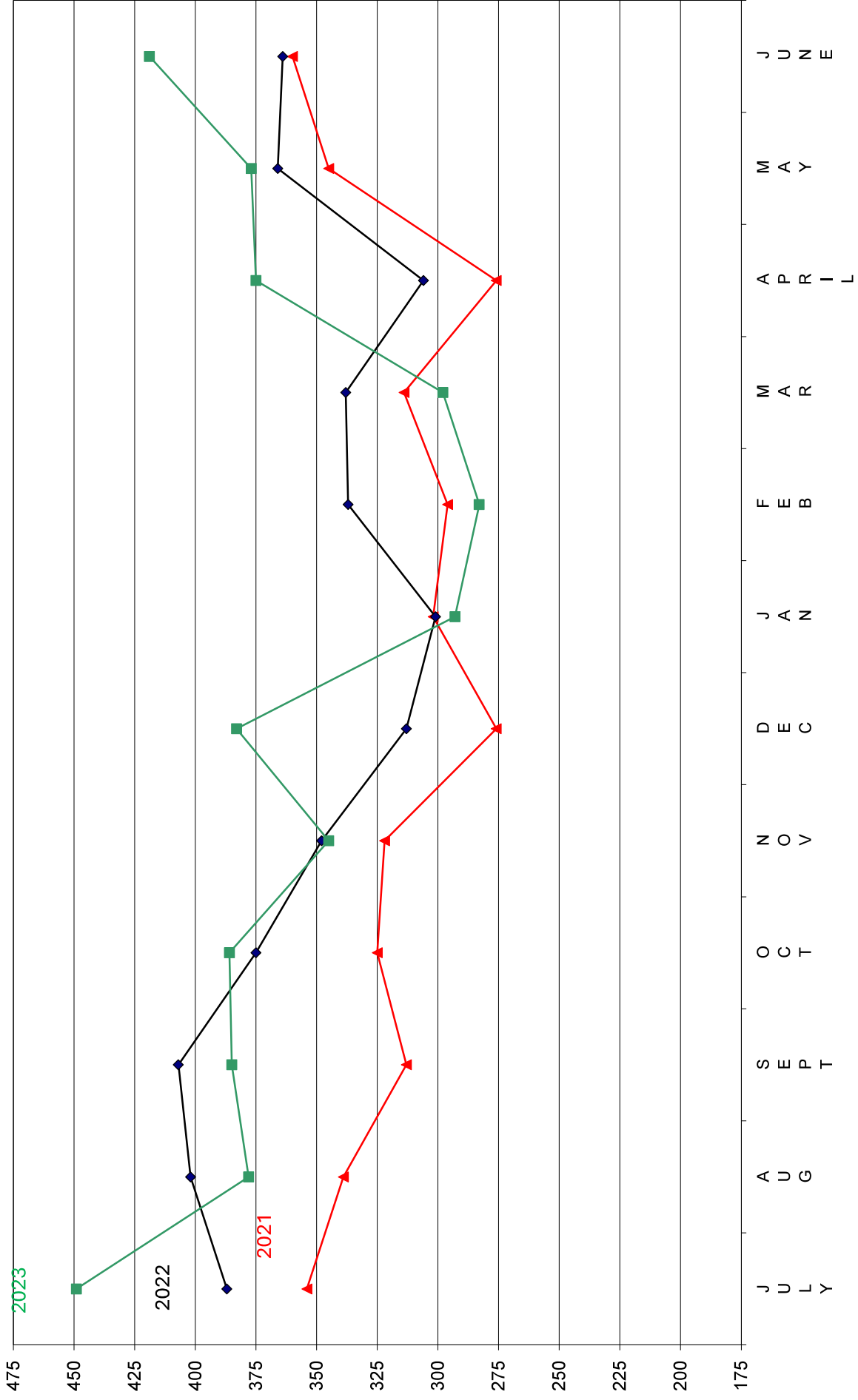
ACUTE / SWING PATIENT DAYS



SNF PATIENT DAYS



EMERGENCY



**MAYERS MEMORIAL HOSPITAL
2024-2025 OPERATING ACTUAL**

	2024 JULY	2024 August	2024 September	2024 October	2024 November	2024 December	2025 January	2025 February	2025 March	2025 April	2025 May	2025 June	2025 YTD
Operating Revenue													
Acute Revenue	751,814	823,156	987,423	933,070	0	0	0	0	0	0	0	0	3,505,464
Revenue - SNF Inpatient	1,417,720	1,339,094	1,295,344	1,292,945	0	0	0	0	0	0	0	0	5,346,103
Revenue - Hospice Inpatient	0	2,690	0	(1,875)	0	0	0	0	0	0	0	0	815
Outpatient Revenue	3,460,197	2,862,200	2,855,223	3,357,167	0	0	0	0	0	0	0	0	12,534,787
Total Patient Revenue	5,633,622	5,026,424	5,149,852	5,592,519	0	0	0	0	0	0	0	0	21,402,417
Ophans	385,471	(2,964)	(2,672)	(8,174)	0	0	0	0	0	0	0	0	371,661
Medicare/Med-Cal Contractuals	(497,841)	(1,008,829)	407,829	190,598	0	0	0	0	0	0	0	0	(902,244)
Less Deductions													
Charity and Write-Offs	(1,385)	(21,421)	(13,092)	(32,753)	0	0	0	0	0	0	0	0	(68,651)
Provision for Bad Debt	(6,137)	(341,622)	(9,307)	(6,797)	0	0	0	0	0	0	0	0	(363,863)
Total Deductions	(916,664)	(1,742,861)	(99,264)	(183,556)	0	0	0	0	0	0	0	0	(2,912,345)
Other Operating Revenues	131,319	110,649	104,113	87,521	0	0	0	0	0	0	0	0	433,602
Net Revenue	4,848,278	3,394,212	5,184,701	5,496,484	0	0	0	0	0	0	0	0	18,923,675
Operating Expenses													
Salaries & Wages	2,018,081	2,216,181	1,845,517	2,117,398	0	0	0	0	0	0	0	0	8,197,176
Employee Benefits	244,576	227,710	263,240	514,600	0	0	0	0	0	0	0	0	1,250,125
Supplies	299,743	378,379	382,898	429,204	0	0	0	0	0	0	0	0	1,490,224
Professional Fees	115,828	166,250	160,054	136,038	0	0	0	0	0	0	0	0	578,170
Other Purchased Service Nurse Travel/Acute	18,918	12,253	6,089	12,097	0	0	0	0	0	0	0	0	49,358
Other Purchased Service Nurse Travel/SNF	283,832	296,737	259,318	340,961	0	0	0	0	0	0	0	0	1,180,849
Other Purchased Service Travel/Ancillary	123,829	112,896	121,383	88,248	0	0	0	0	0	0	0	0	446,356
Other Purchased Service Hospice Travel	0	0	0	0	0	0	0	0	0	0	0	0	0
Travelers	426,579	421,887	386,790	441,306	0	0	0	0	0	0	0	0	1,676,562
Other Purchased Service	188,148	177,753	202,416	241,977	0	0	0	0	0	0	0	0	810,294
Utilities	138,378	132,866	107,750	119,148	0	0	0	0	0	0	0	0	498,142
Insurance Other	41,925	56,083	41,381	37,521	0	0	0	0	0	0	0	0	176,911
Other Expenses	120,024	110,270	140,734	128,202	0	0	0	0	0	0	0	0	499,229
USDA Interest Expense	0	0	325,991	0	0	0	0	0	0	0	0	0	325,991
Interest Expense	9,161	11,239	9,140	9,574	0	0	0	0	0	0	0	0	39,114
Depreciation Expense	155,489	155,682	159,346	160,566	0	0	0	0	0	0	0	0	631,085
Rent/Lease	1,678	6,387	6,539	9,553	0	0	0	0	0	0	0	0	26,957
Operating Expenses	3,473,747	3,785,244	3,771,228	4,062,937	0	0	0	0	0	0	0	0	15,093,156
Total Operating Expenses	3,473,747	3,785,244	3,771,228	4,062,937	0	0	0	0	0	0	0	0	15,093,156
Net Operating Revenue over Expense	1,374,531	(391,032)	1,413,473	1,433,546	0	0	0	0	0	0	0	0	3,830,518
Non-Operating Revenue													
Non-Operating Revenue	557,051	469,120	653,963	472,616	0	0	0	0	0	0	0	0	2,152,750
Interest Income	113,155	111,492	105,436	120,602	0	0	0	0	0	0	0	0	450,685
Non-Operating Expenses	214,519	291,936	223,740	253,569	0	0	0	0	0	0	0	0	983,783
Total Non-Operating	455,687	288,676	535,659	339,629	0	0	0	0	0	0	0	0	1,619,651
Net Revenue over Expense	1,830,218	(102,356)	1,949,132	1,773,176	0	0	0	0	0	0	0	0	5,450,170
Days in Month	31	31	30	31	30	31	31	28	31	30	31	30	365
Expenses per Day	117,072	127,127	131,019	136,242	0	0	0	0	0	0	0	0	127,865
Days Cash on Hand	333	302	291	266	0	0	0	0	0	0	0	0	(32)
AVERAGE YTD	304	278	268	246									
Cash in Bank @ Month End	35,601,847	35,313,275	35,056,255	33,523,508	0	0	0	0	0	0	0	0	0
Days in Month	31	31	30	31	30	31	31	28	31	30	31	30	365

ACCOUNTS RECEIVABLE											
MONTH	YEAR	CURRENT	31-60	61-90	91-120	121-150	151-180	180-365+	TOTAL		
JULY	2024	7,504,685.01	2,444,141.17	1,069,049.50	1,212,149.86	1,466,471.09	562,712.35	2,887,869.27	17,147,078.25		
AUGUST	2024	5,933,788.19	1,083,030.48	943,175.74	2,452,612.32	1,791,946.72	1,284,470.69	1,186,200.05	14,675,224.19		
SEPTEMBER	2024	5,388,226.43	1,720,134.74	1,003,175.00	881,295.00	928,267.00	819,728.00	2,834,567.86	13,575,394.03		
OCTOBER	2024	6,449,837.65	1,609,201.35	1,103,397.17	813,142.57	797,663.90	863,205.28	3,301,999.62	14,938,447.54		
NOVEMBER	2024	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
DECEMBER	2024	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
JANUARY	2025	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
FEBRUARY	2025	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
MARCH	2025	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
APRIL	2025	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
MAY	2025	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
JUNE	2025	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
ACCOUNTS PAYABLE (includes accrued payables)											
MONTH	YEAR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS+	TOTAL				
JULY	2024	515,500.00	0.00	0.00	0.00	0.00	515,500.00				
AUGUST	2024	194,787.18	0.00	0.00	0.00	0.00	194,787.18				
SEPTEMBER	2024	129,244.00	0.00	0.00	0.00	0.00	129,244.00				
OCTOBER	2024	(63,622.00)	0.00	0.00	0.00	0.00	(63,622.00)				
NOVEMBER	2024	0.00	0.00	0.00	0.00	0.00	0.00				
DECEMBER	2024	0.00	0.00	0.00	0.00	0.00	0.00				
JANUARY	2025	0.00	0.00	0.00	0.00	0.00	0.00				
FEBRUARY	2025	0.00	0.00	0.00	0.00	0.00	0.00				
MARCH	2025	0.00	0.00	0.00	0.00	0.00	0.00				
APRIL	2025	0.00	0.00	0.00	0.00	0.00	0.00				
MAY	2025	0.00	0.00	0.00	0.00	0.00	0.00				
JUNE	2025	0.00	0.00	0.00	0.00	0.00	0.00				

ACCOUNTS RECEIVABLE BY SYSTEM									
SYSTEM	CURRENT	31-60	61-90	91-120	121-150	151-180	180-365+	TOTAL	
PARAGON	2,263,862.32	943.00	23,258.50	64,280.00	40,225.00	146,616.10	130,779.62	2,669,964.54	
CERNER	4,185,975.33	1,608,258.35	1,080,138.67	748,862.57	757,438.90	716,589.18	3,171,220.00	12,268,483.00	
EPIC	-	-	-	-	-	-	-	-	
MATRIXCARE	50,424.02	54,559.43	659.09	334.65	-	-	2,763.86	108,741.05	
TOTAL	6,500,261.67	1,663,760.78	1,104,056.26	813,477.22	797,663.90	863,205.28	3,304,763.48	15,047,188.59	

MONTHLY COLLECTIONS - OBLIGATIONS FISCAL YEAR 2025

	2025												average beg balance
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	average end balance
2024	515,647.15	515,500.00	194,797.18	129,244.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	338,797.08
BEGINNING AP BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BEGINNING CREDIT LINE BALANCE													0.00
CASH COLLECTIONS													YTD total
PATIENT PAYMENTS	3,892,811.13	3,579,380.86	2,923,360.87	3,576,825.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,972,377.89
COST REPORT SETTLEMENTS	399,133.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	399,133.62
DSH (Disproportionate Share)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OUTPATIENT SUPPLEMENTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DPNF SUPPLEMENTAL	385,821.62	0.00	58,903.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	444,724.69
E.H.R. MCAL/MCARE INCENTIVES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
USDA FUNDING	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHFFA FUNDING	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRIME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IGT RATE RANGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
QIP LTC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HOAF	133,359.00	0.00	135,359.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	268,718.00
2017 G.O. BOND	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SPECIAL - WINDMILL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	13,312.00	369,307.76	0.00	38,455.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	421,074.87
RENTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VENDING / CAFETERIA	3,745.30	4,796.25	3,581.75	3,271.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,394.80
Telemed Grant (HRSA)	0.00	0.00	9,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,000.00
Mayers Healthcare Foundation	0.00	3,371.61	2,400.00	9,697.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,468.81
MISC (REBATES/REIMB, CARES ACT ETC)	2,435.03	6,409.60	32,218.86	37,092.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	78,156.47
TOTAL COLLECTIONS	4,830,617.70	3,963,266.08	3,164,823.55	3,665,341.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,624,049.15
EXPENSES													YTD total
INCOME STATEMENT EXPENSES	3,309,097.00	3,618,323.00	3,602,742.00	3,892,795.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,422,957.00
ASSET EXPENSES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CIP EXPENSES	113,917.98	86,685.19	122,637.22	772,580.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,095,821.32
IGT EXPENSES / PRIME REPLYMT/ HQAF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
USDA PRIN-INT PYMTS	0.00	0.00	735,991.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	735,991.25
MEDICARE/MCAL REPAYMENT PLANS/COST REPORT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CAPITAL LEASES	2,477.04	2,477.46	2,478.34	2,466.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,898.84
TOTAL EXPENSES	3,425,492.02	3,707,485.65	4,463,848.81	4,667,841.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,264,668.41
collections less expenses	1,405,125.68	255,780.43	(1,299,025.26)	(1,002,500.11)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(640,619.26)
ENDING AP BALANCE	515,500.00	194,787.18	129,244.00	(63,622.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	279,843.73
ENDING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

MAYERS MEMORIAL HEALTHCARE DISTRICT DEFIBRILLATORS

EXECUTIVE SUMMARY

Mayers Memorial Healthcare District recognizes an urgent need to update our defibrillators in both the acute care settings of our hospital and our ambulance department. This essential investment is anticipated to require an initial expenditure of **\$298,696.32**, ensuring enhanced emergency response capabilities and significantly improving patient outcomes. By upgrading to the Zoll X Series Advanced Defibrillators, we will ensure our equipment is both reliable and up to industry standards.

STATEMENT OF NEED – CHARACTERISTICS OF CURRENT SYSTEM

- The current defibrillator units have surpassed their expected lifespan, which significantly increases the risk of malfunction during critical emergencies.
 - Replacement parts for these outdated units are no longer available, rendering them obsolete and ineffective in life-saving situations.
 - The use of obsolete equipment poses a serious threat to patient safety, compromising the effectiveness of our emergency response capabilities.
 - Upgrading to newer, more advanced units is essential to ensure reliable performance and reduce the risk of equipment failure during emergency interventions.
 - Modern defibrillator technology will also offer longer life expectancy, reducing the frequency of replacement and lowering long-term operational costs.
 - This investment aligns with our commitment to providing the highest standard of care to our patients and ensures we are ready for any critical situation.
-

RECOMMENDATION

We recommend the acquisition of **Zoll X Series Advanced Defibrillators** for both our acute hospital and ambulance services. The Zoll X Series offers advanced features such as real-time biofeedback for CPR and Bag-Valve-Mask ventilation, seamless integration with our Cerner system, and a robust, reliable design that meets industry standards. These defibrillators will significantly enhance our emergency response capabilities, improve clinical efficiency, and directly contribute to better patient outcomes.

Upgrading to these superior defibrillator units far surpasses the functionality of our current equipment. This strategic decision reflects our ongoing commitment to patient safety, aligns with modern technological advancements, and positions us for continued success in providing high-quality care to our community.

FINANCIAL BREAKDOWN & TOTAL COST

The cost for purchasing the Zoll X Series Advanced Defibrillators, including the necessary units, accessories, upgrades, and training, is outlined below.

Acute Hospital (6 Units):

- **Zoll X Series Advanced Defibrillator**
 - Unit Price: \$38,531.22
 - Quantity: 6
 - Total for 6 Defibrillators: **\$231,187.32**
- **Accessories for Each Unit:**
 - Total for Accessories: **\$14,942.32**
- **LP 20E Trade-In Allowance:**
 - Discount: -\$1,000.00 per unit
 - Total Trade-In: **-\$6,000.00**
- **Service & Subscription:**
 - **CaseReview Subscription (5-Year Hosted)**
 - Unit Price: \$555.00
 - Total for 6 Units: **\$3,330.00**
 - **CodeWriter Subscription (5-Year Hosted)**
 - Unit Price: \$400.00
 - Total for 6 Units: **\$2,400.00**
 - **Deployment Support for ALS/BLS Software Solutions:**
 - Total: **\$6,000.00**

Subtotal for Acute Hospital Units: \$241,658.16

Ambulance (1 Unit):

- **Zoll X Series Advanced Defibrillator**
 - Unit Price: \$38,531.22
 - Quantity: 1
 - Total for 1 Defibrillator: **\$38,531.22**
- **Accessories for the Ambulance Unit:**
 - Total for Accessories: **\$5,831.02**
- **LP 20E Trade-In Allowance:**
 - Discount: -\$1,000.00
 - Total Trade-In: **-\$1,000.00**

Subtotal for Ambulance Unit: \$42,796.80

TOTAL INVESTMENT OVERVIEW

- **6 Zoll X Series Advanced Defibrillators for Acute Hospital: \$231,187.32**
- **1 Zoll X Series Advanced Defibrillator for Ambulance: \$38,531.22**
- **Upgrade for 2 Remaining Ambulance Units (includes NIBP and pacing features): \$12,208.00**
- **Total for Accessories (Acute Hospital + Ambulance):**
 - Acute Hospital Accessories: **\$14,942.32**
 - Ambulance Accessories: **\$5,831.02**

Grand Total for All Units, Upgrades, and Accessories: \$298,696.32

CONCLUSION & REQUEST FOR APPROVAL

We strongly recommend the acquisition of the Zoll X Series Advanced Defibrillators for Mayers Memorial Healthcare District's acute hospital and ambulance services. The total investment of **\$298,696.32** will ensure our emergency response teams are equipped with state-of-the-art, reliable equipment that enhances patient care and clinical outcomes. This investment is critical to maintaining our commitment to the highest standards of patient safety and clinical excellence.

We respectfully request the Board's approval to proceed with the purchase and implementation of the Zoll X Series Advanced Defibrillators.



LETTER OF AGREEMENT

NOVEMBER 21, 2024

Ryan Harris
Chief Executive Officer
Mayers Memorial Healthcare District
43563 CA-299
Fall River Mills, CA 96028

**Re: Mayers Memorial Healthcare District
– The Rural Hospital of Choice™ Partnering Proposal**

Dear Ryan,

We're honored to have this opportunity to serve as implementation partner and coach to Mayers Memorial Healthcare District in your vision of Creating a 5 Star Culture of Healing Kindness.

The Rural Hospital of Choice – Service Excellence Initiative™

This letter will introduce and recommend your utilization of *The Rural Hospital of Choice – Service Excellence Initiative™*. *The Rural Hospital of Choice – Service Excellence Initiative™* is a comprehensive customized, 3-year cultural transformation process that will enable you to achieve and sustain a long-term, competitive advantage through breakthrough increases in patient, employee, and physician satisfaction.

Custom Learning Systems

Custom Learning Systems (CLS) is a cultural transformation implementation organization whose focus is devoted exclusively to healthcare. Our mission is to *Create World-Class Patient, Employee, and Physician Satisfaction*.

This document presents our capabilities to you in the areas of:

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The following Executive Summary provides greater detail to the preceding outline:

GUARANTEED RESULTS

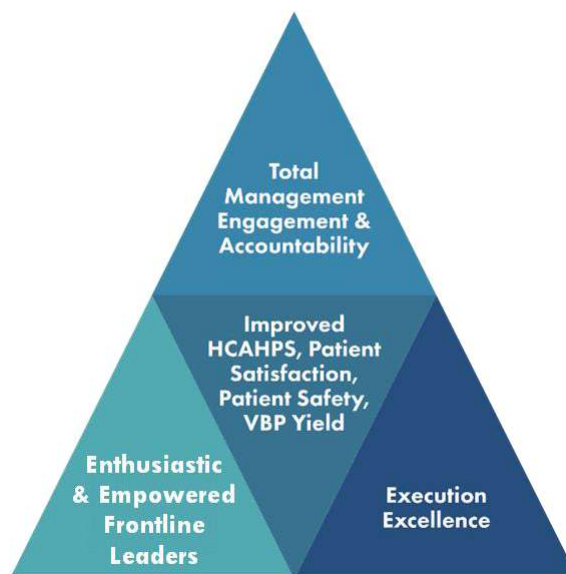
The following are key deliverables during this 3-year transformational initiative.

Mayers Memorial Healthcare District will:

- Systematically engage its leadership, caregivers, and providers in the transformation to achieve a 5 Star culture of healing kindness
- Improve the patient experience over three years through the delivery of compassionate, caring service at every level (*Provider of Choice*).
- Enhance employee morale and reduce controllable turnover by 50% over three years, through the creation of an empowering and supportive work environment (*Employer of Choice*).
- Permanently hardwire leadership accountability to achieve individually negotiated goals for patient and employee satisfaction (*Leadership Accountability*).
- Engage and empower **5% of your best and brightest frontline staff**, we call them **Service Excellence Advisors™**, to provide enthusiastic Service Excellence Leadership to their peers.
- During the full three years, implement priority relevant best practices from our **Rural Hospital of Choice Implementation Imperatives** (See page 23).
- Successfully involve physician leadership in being accountable for patient experience scores by first addressing their dissatisfiers as internal customers (*Physician Satisfaction*).
- Break down **department silos** through our multi-disciplinary approach at every level and create a customer-driven seamless experience for the patient and family.
- Achieve a permanent customer-driven **cultural transformation** that eliminates the attitudes of entitlement, and perceptions of *Us vs. Them* between management and the frontline. The new culture will effectively clean house of the actively disengaged personnel.

WHY CUSTOM LEARNING SYSTEMS IS THE IDEAL PARTNER:

1. The 3 Cornerstones of a Culture of Engagement:



a. Cornerstone #1 – Total Management Engagement and Accountability Includes:

- i. **Gaining Management Buy-In** – At the beginning of this process, a dynamic and interactive *Leadership Briefing™* is delivered to gain a buy-in from leaders at every level, to both understand and enthusiastically participate in this three-year training and implementation process.
- ii. The CLS **Systems Management Center** is an integrated, web-based tool kit, customized to Mayers Memorial Healthcare District, which includes implementation tools, accountability agreements, and progress monitors to ensure flawless implementation.
- iii. **Dynamic**, high-impact on-site Leadership Training is provided each year, to give every leader the tools they need to improve employee satisfaction and retention, and positively impact HCAHPS scores.
- iv. **Multi-Disciplinary Best Practice Team** – Every Administrator, Director, Manager and Supervisor participates in an annual multi-disciplinary Service Improvement team to implement a priority best practice. A team-specific charter and implementation Tool Kit is provided.
- v. **Physician Integration and Engagement** – The *Rural Hospital of Choice – Service Excellence Initiative™* proactively engages Physicians to participate in improving their patient experience scores individually and by department.
- vi. **Board Accountability Briefing™** – On a quarterly basis, a Board Accountability Briefing™ is conducted to provide an update to your Hospital Board on the progress of the *Rural Hospital of Choice – Service Excellence Initiative™*.
- vii. **Multiple Site System Integration, and Breakdown of Silos** – As a result of the chartering of multi-disciplinary, cross-functional teams of managers as well as frontline leader Service Excellence Advisor™ teaching teams, a key deliverable of this process is the breakdown of departmental silos and barriers along with the integration and bonding of personnel at multiple sites and the creation of one common organization-wide culture.

- viii. **Annual New Manager Training** – All new and prospective managers attend an annual *Service Empowerment Leadership Course for New Managers™*.
 - ix. The Quarterly **CEO's Service Accountability Roundtable** ensures a systematic patient and internal customer survey report accountability review like a quarterly budget review process (Year II).
- b. **Cornerstone #2 – Enthusiastic and Empowered Frontline Leaders Includes:**
- i. **Frontline Service Excellence Advisors/Train-the-Facilitator Course** – An annual frontline Training process engages the best and brightest of your frontline staff to:
 - Teach an annual *Service Excellence Workshop™* to existing staff
 - Title: *Service Excellence Workshop™*
 - Mission: How caregivers can support and empower patients to realize a consistent level of compassionate care whether it's inpatient, outpatient, in a clinic, home health, etc.
 - Teach Service Excellence to all new hires
 - Serve as a role model to positively impact negative peer behavior
 - Participate in peer recruitment efforts
 - Breakdown “*Us vs. Them*” barriers with management
 - ii. **Gaining a Frontline Buy-In** – Candidates for the frontline leader Service Excellence Advisor program attend a special *Orientation* to enable them to make an informed choice about their potential involvement.
 - iii. **Annual Joint Manager – Frontline Leadership Education and Collaboration** – This process delivers an annual joint Manager-Frontline Leader education seminar to enhance professional development and further break down “*Us vs. Them*” communication barriers.
 - iv. **Annual Staff Service Excellence Skills Workshop** – All staff, leadership, and volunteers attend a customized annual 2-hour *Service Excellence Workshop™* at which they learn essential patient-focused communication and service skills. Workshop content is custom designed to address negative patient priority indicators identified by your Patient Experience Survey Company research and other key customer listening posts.
 - v. **New Hire Service Excellence Training** – All new hires attend a special 2-hour *Service Excellence Workshop™* taught by your frontline Service Excellence Advisors.
 - vi. **Frontline Leader Mentorship Process** – Frontline Service Excellence Advisors have the option to participate in a Year II and III *Service Excellence Ambassador/Mentor* process to enable them to provide mentoring coaching support for new frontline SEAs and continue their own personal growth leadership development and receive a special half-day seminar to further enhance their leadership skills.
 - vii. **Volunteer Integration** – Volunteers play an important role in patient experience and participate fully in the frontline Train-the-Facilitator process as well as attend the annual *Service Excellence Workshop™* and DO IT meetings.

c. **Cornerstone #3 – Execution Excellence Includes:**

- i. **Celebration Service Summit™** – The *Rural Hospital of Choice - Service Excellence Initiative™* provides an organizational platform for an annual *Service Summit™* that maintains dynamic momentum for the entire process, ensures leadership accountability, provides continuous recognition, and celebrates participant contribution and results.
- ii. **Daily 15-minute Huddles** – Prior to the launch of monthly staff DO IT meetings, all staff participate in this daily discipline to share customer feedback and agree upon plans for continuous improvement.
- iii. **Annual Progress Check Up™** – Approximately three months prior to completion of each year's plan of action, a one-day *Progress Check Up™* is conducted by a CLS Senior Executive to systematically evaluate our joint efforts in utilizing the Blueprint to Hardwiring a 5 Star Patient Experience™ that was developed at the beginning of the process.
- vi. **OASIS Best Practice Team – Charters** – Over three years you will be provided with specific, comprehensive charters for the OASIS Service Improvement Teams.

2. **Critical Clinical Area Focus:**

a. **Physician Satisfaction and Engagement**

- i. Gaining understanding and support for your *Rural Hospital of Choice – Service Excellence Initiative™*.
 - Ensuring physician literacy for their patient experience scores
 - Introducing ranked, comparative reporting of individual and departmental patient experience scores
 - Involving physicians in setting goals for continuous improvement of patient experience scores
 - Creating awareness of concerns about their role in nurse retention and the need for good citizenship/behavior

b. **Nurse Leadership – Nurse Magnet Issues Focus:**

- i. **Change Leadership Transformation Vehicle** – The *Rural Hospital of Choice – Service Excellence Initiative™* provides a turn-key tactical and strategic vehicle for successful change leadership transformation, for additional initiatives such as **Patient Safety, Joint Commission Accreditation Preparedness, Baldrige Quality Award, and Nurse Magnet Application**. In fact, this process implements organization-wide 13 of the 14 attributes of nurse magnetism (does not include Nurse Governance).
- ii. Application of the principles and best practices from Brian's book, *Keep Your Nurses and Health Care Professionals for Life*.
- iii. Vital nurse best practices such as accountable rounding, customized nurse self-scheduling, service recovery, and externship and mentoring process.

3. On-site Training, Coaching, and Implementation:

All CLS courses, seminars, workshops, orientations, and briefings, are presented onsite at your facility, eliminating unnecessary and costly travel and accommodation expenses.

Leadership Performance Dashboard™ – Accountability Coaching

The CLS Leadership Performance Dashboard™ model includes the following key focuses:

- a. **CEO Coaching** – An initial coaching session on how to leverage the CEO’s position and influence to:
 - i. Improve customer, employee, and physician loyalty.
 - ii. Institute leadership accountability for measurable results.
 - iii. Inspire sustainable commitment and support.
- b. **Executive Implementation Calls** – Will be provided to your CEO and CNO on a regular, mutually agreed-upon schedule.
- c. To ensure the effective coordination of this dynamic process, CLS provides a role and responsibility framework, as well as one-on-one coaching from our Implementation Specialist for:
 - i. **One Super Coach** to lead and coordinate the **OASIS** Team process.
 - ii. **One Super Coach** to lead and coordinate the **Service Excellence Advisor** Train-the-Facilitator process.
 - iii. **One Super Coach** to monitor and provide direction on CAHPS and other surveys.
 - iv. **One Super Coach** to liaise with the Physicians/Providers.
- d. **Individual Leader Coaching** – Every leader involved in this training initiative from a supervisor to C-Suite is provided with one hour of coaching through your assigned CLS Implementation Specialist.
- e. **Service Excellence Advisors™** – Receive coaching and continuing support from their Implementation Specialist beginning at a specially scheduled orientation and throughout the year-long term.

4. Custom-Tailored Program Design

- a. **Process Leadership College™ (PLC)** – One day of intensive training provided for your Process Leaders, including the CEO, Service Excellence Council Chair (if chosen), Implementation Coordinator (IC), and your entire Administration Team is scheduled immediately following a decision to proceed. Highlights of *Process Leadership College™* include:
 - i. **Implementation Coordinator Handbook** – A turn-key Implementation Coordinator’s Handbook provides step-by-step detailed checklists, systems, and forms to plan and organize every detail of the three-year process.
 - ii. **Guidance on Process Leadership Selection** – Together we guide your Process Leaders in the selection of Process Leadership including your Service Excellence Council members and Service Improvement Teams.
 - iii. **Implementation Timetable Design** – In partnership with you, we custom design a flexible annual timetable for educational and implementation action.
- b. **Linkage to Survey Company Expertise** – The *Rural Hospital of Choice – Service Excellence Initiative™* optimizes utilization of your Patient Experience Survey Company reports, services, and consulting personnel. These are services you pay for but may be under-utilizing.
- c. **Integration of Previous Service Loyalty Initiatives** – Our total customization process values, integrates, and builds upon your previous initiatives, teams, and processes and honors those individuals who have contributed to date.
- d. **Dedicated Mayers Memorial Healthcare District Service Excellence Website Portal** – We will provide a customized web-based portal that provides access to all tools, resources, and intellectual capital.

5. World-Class Implementation and Expertise

- a. **Brian Lee CSP, HoF** – The *Rural Hospital of Choice – Service Excellence Initiative™* was developed by Brian Lee CSP, in partnership with over 100 hospitals and healthcare organizations for over 20 years. One of North America’s leading healthcare authors and sought-after experts in the field of patient, employee, and physician satisfaction, Brian Lee is also the author of 10 books, including *Satisfaction Guaranteed* and *Keep Your Nurses and Healthcare Professionals for Life*.
- b. **Dennis Shelby, MSW** – Dennis has been an Administrator/CEO for over 30 years in psychiatric, rehabilitation, and rural hospitals. He believes that he was put on this earth to serve others, and his focus is to help keep rural hospitals vibrant and to grow and develop healthcare leaders and medical providers. In all of the hospitals he’s led, his goal was to leave the organization in a better position than when he arrived.
- c. **Mark Brodeur, MHA, CPXP** – Mark brings over 35 years of experience in hospital management to his role at Custom Learning Systems. He has 22 years’ experience as a hospital CEO in for-profit and non-profit settings. Through his background and knowledge base, Mark is able to address the real-world issue faced by clients trying to improve operational performance and culture development. Mark earned his Masters in Healthcare Administration from St. Louis University. His hospitals have been recognized by the National Quality Healthcare Award, Foster-McGaw Award, and 5 Star ratings from HealthGrades.
- d. **Michael Kolenda, PhD** – Mike assists healthcare organizations with implementation and/or improving service delivery programs and systems related to outpatient clinical care, education, and staff training and development. He has spent over 40 years in the healthcare field as a clinician, manager, or senior administrator. Dr. Kolenda is a Licensed Clinical Social Worker and Marriage & Family Therapist in Indiana, and he received a Masters and a Doctoral degree in Counseling & Guidance from the University of Alabama. Throughout his career, Mike has initiative and led start-up health care efforts that became successful business ventures both clinically and fiscally. He routinely assembled, managed, and grew work teams that were mission-driven, clinically effective, quality-focused, and financially successful.
- e. **Ron Webb, MBA, MHA, FACHE** – Ron understands the issues that health care organizations face, with over 35 years of experience in the health care field. He has been CEO of hospitals in Missouri, Oklahoma, South Carolina, Louisiana, New Mexico, and Montana. In each of these, his leadership focused on engagement and improvement. He completed his undergraduate degree in Business Management with an emphasis in Personnel Management at Arkansas State University. He received both an MHA and an MBA from the University of Missouri. Ron has long held a passion for improving quality and the patient experience. He has won several awards, including Senior Executive Leadership Award from the American College of Healthcare Executives, and the Advocacy in Action Award from the American Hospital Association.
- f. **Client Specific Implementation Specialists – The Rural Hospital of Choice – Service Excellence Initiative™** is presented by a team of seasoned, world-class healthcare Implementation Specialists selected for their exceptional platform skills, intuitive consulting abilities, coaching skills, and commitment to our creed: *Making a difference in the lives of people who make a difference in the lives of people.*

- g. **Client Specific SWAT Team** – A System Wide Action Team of training and Implementation Specialists, coaches, and support personnel are assigned to facilitate and expedite your specific *Rural Hospital of Choice – Service Excellence Initiative™*.
- h. **Clinical and Administrative Consulting Faculty** – In addition to the assigned SWAT Training and Implementation Team, CLS also maintains a consulting faculty of clinical and administrative experts to facilitate the resolution of operational and clinical issues.
- i. **Adapted Process Options** – This process totally adapts the hospital-oriented programming to Medical Practices, Long-Term Care, Home Care, and Ambulatory Surgery Centers.

6. Our Focus on Making a Difference:

CLS believes that most of today’s disillusioned and demoralized staff and leaders can be reengaged, and their commitment reawakened by connecting them with their primary reason for choosing the healing professions... namely being in service and helping others. It is a sacred vocation and a noble calling. Service to others and servant leadership are a vital message in everything that we do. To that end, CLS:

- a. Rolls out the best practice of **Inspirational Story Telling** and integrates it into all training and implementation programs, to affirm the need for your leaders to share true inspiring stories of service heroism to affirm the values of world-class patient experience.
- b. **Annual HealthCare Service Excellence Conference** – To reinforce and acknowledge your people’s commitment to making a difference, CLS provides a dynamic 3-day client conference that annually exposes your team to world-class inspirational health care speakers and trainers, focusing on subject areas of service excellence, employee retention, and leadership and professional development. The cost of registration fees is included in our overall training proposal.
- c. **Annual HealthCare Summit Awards Program** – To further inspire exceptional patient and employee satisfaction, a comprehensive turn-key awards and recognition program to celebrate and acknowledge exceptional client achievement in 25 categories of patient, employee, and physician satisfaction is incorporated into your year’s plan of action.

TURN-KEY GUARANTEED PRICE

This turn-key value-added *Rural Hospital of Choice – Service Excellence Initiative™* is offered with a one-price investment format.

In closing, should this *Rural Hospital of Choice – Service Excellence Initiative™* partnering proposal meets with your approval, would you please sign page 33 and email to rhonda@customlearning.com so we can take immediate action to begin this exciting journey to becoming an *Employer and Provider of Choice™*.

Sincerely,



Rhonda Stel
Director of Service Development



Pat Goodberry
Chief Operating Officer

cc Brian Lee CSP, HoF, Chief Executive Officer

Process Overview

“The reason most people never reach their goals is that they don't define them, learn about them, or even seriously consider them as believable or achievable. Winners can tell you where they are going, what they plan to do along the way, and who will be sharing the adventure with them.”

- Denis Waitley

Patient Experience Scores

Upon obtaining a measurement of Patient Experience, we will work with Mayers Memorial Healthcare District to implement a plan to achieve aspirational targets of patient experience by 2028.

Recommendations

Provider of Choice

1. Achieve an effective level of leadership and frontline accountability for patient experience scores.
2. Create effective frontline buy-in, ownership, and empowerment.
3. Improve patient experience scores over a 3-year period.
4. Create a pre-eminent organization-wide culture of healing kindness.
5. Achieve a CMS 5 Star patient experience rating.

Employer of Choice

1. Create a functional patient driven culture.
2. Foster trust and communication at all levels.
3. Initiate a Rewards and Recognition culture where staff feel valued and appreciated.
4. Create engagement and real empowerment and input into decision making.
5. Improve Physician/Nurse relationships.

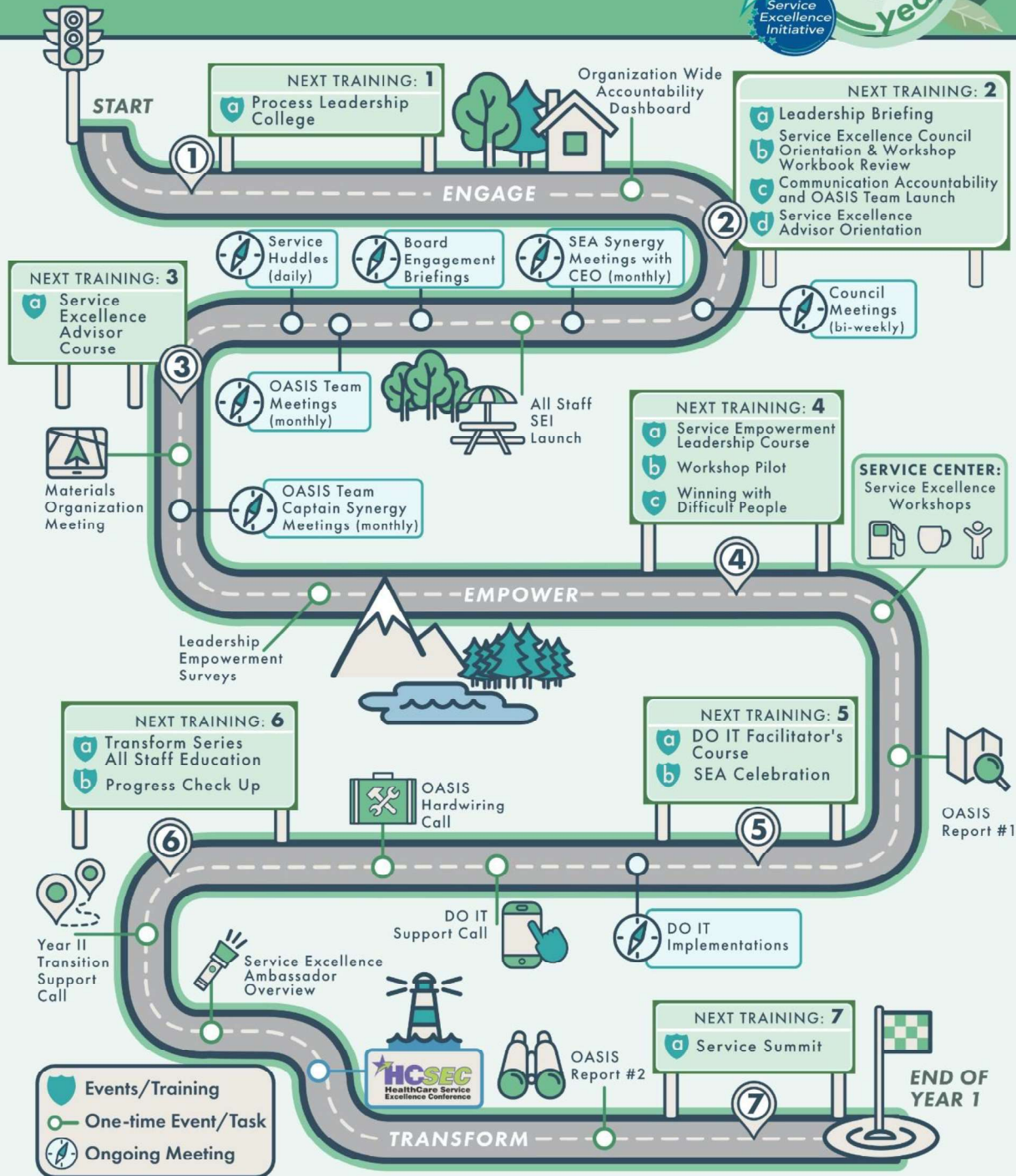
Physician Satisfaction

1. Engage physicians more actively in our on-going continuous Quality Improvement Process.
2. Engage physicians to utilize patient experience survey data as a tool for continuous improvement.
3. Increase patient volume by enhanced referrals from physicians.
4. Significantly improve physician engagement and satisfaction over a 3-year period.
5. Adopt a comprehensive strategy to retain physicians.

Market Share Growth Goal

1. Reverse market share stagnancy/decline and start growing again.
2. Significantly improve swing bed census.

Service Excellence Roadmap



Year I Program Training and Implementation

SERVICE EXCELLENCE INITIATIVE™ (SEI) LAUNCH

Step #1A Process Leadership College™

This engagement letter provides for one day of training for your CEO, Implementation Coordinator (and Assistant), and your entire Administration Team. *Process Leadership College™* is an overview of the *Rural Hospital of Choice – Service Excellence Initiative™* and provides training for the Implementation Coordinator and other Process Leadership to ensure a successful Service Excellence Initiative.

Best Practices Gap Analysis and Focus Groups

Conducted during your *Ignite the Patient Experience™*, the Best Practices Gap Analysis includes a comprehensive assessment of your Best Practices, as well as a focus group with your frontline staff. The recommendations coming out of this assessment will be reviewed and decisions made for implementation.

Step #2A Leadership Briefing™

Shortly following Process Leadership College, we will conduct a 4-hour *Leadership Briefing™* involving all managers, supervisors and members of the Administration Team entitled *Creating World Class Service Excellence at Mayers Memorial Healthcare District*.

The purpose of the Leadership Briefing is to:

- Share the results of our research.
- Conduct an educational session on the eight *critical steps* necessary to create a culture that will support world class customer satisfaction.
- Provide attendees with an overview and understanding of the *Rural Hospital of Choice – Service Excellence Initiative™*.
- **Answer questions** and ask for a **commitment**.

Links to the *Leadership Empowerment Survey* will be given to all direct reports to complete on their managers, for managers to gain useful feedback to improve service to their patients and customers.

Step #2B Service Excellence Council Orientation™ and Workshop Workbook Review

The *Service Excellence Council Orientation™* takes place following the *Leadership Briefing™* and sets out the Service Excellence Council's roles and responsibilities in the *Rural Hospital of Choice – Service Excellence Initiative™*. They will also be reviewing the workshop workbook content that your chosen frontline staff will be teaching to your entire organization.

Step #2C Communication Accountability™ and OASIS Team Launch

This session is dedicated to two specific areas of focus:

- Communication Accountability: Your Administration Team spends time developing the organization-wide Accountability Dashboard in terms of CAHPS, Patient Experience, Employee Satisfaction, and general Service Excellence goals.
- OASIS Team Launch: Your newly chosen Service Improvement Teams are oriented and trained on their charters for their projects.

Step #2D Service Excellence Advisor™ Orientation

Your managers will select their *Service Excellence Advisors™* (on a ratio of approximately 1 SEA per 16 employees). We recommend **20 SEAs** from Mayers Memorial Healthcare District.

- SEAs are your *best and brightest* frontline staff who have a terrific attitude and have consistently demonstrated their commitment to Customer Satisfaction.
- SEAs are appointed for a one-year term and sign an agreement to serve for that time frame *in addition* to their current job duties.
- The selection is finalized by way of a half-hour meeting with their Manager and Administrator/Vice President and/or attendance at the SEA Orientation.

Step #2E The Provider Service Excellence Briefing

The *Provider Service Excellence* Briefing is scheduled at the beginning of Year I with the objective of:

- a. Gaining an understanding and support for your *Rural Hospital of Choice – Service Excellence Initiative™*.
- b. Ensuring physician literacy for their patient experience scores.
- c. Introducing ranked, comparative reporting of individual and departmental patient experience scores.
- d. Involving physicians in setting goals for continuous improvement of patient experience scores.
- e. Creating awareness of concerns about their role in nurse retention and the need for “good citizenship/behavior”.

Frontline Leader Training

Step #3A Service Excellence Advisor, Train-The-Facilitator™ Certification Course

The entire initiative shifts into high gear when *Service Excellence Advisors™* (SEAs) participate in a two-day Train-the-Facilitator course in which:

- The morning of Day One we deliver your customized customer satisfaction *Service Excellence Workshop™* that the SEAs will teach, and the remainder of the time we train them how to team-teach the workshop themselves, in groups of 4.
- In the late afternoon of Day Two, SEAs, Managers, and family are invited to attend the course graduation celebration, at which SEAs collectively team-teach an abbreviated World Premiere of your brand-new *Service Excellence Workshop™*.



SEA Class of 2022 – Good Samaritan Hospital, Vincennes, IN



1 Service Excellence Workshop



2 Co-facilitate DO ITs



3 Positive Role Model



4 New Hire Orientation Training



5 Management Communication Liaison

Leadership/Frontline Combined Training

Step #4A Service Empowerment Leadership Course™

Service Empowerment Leadership Course™ is a one-day training program presented to your management team of administrators, directors, and supervisors to provide them with an understanding of the state-of-the-art leadership skills necessary to revitalize your hospital's culture to become an *Employer and Provider of Choice™*. Managers will receive the results from their *Leadership Empowerment Surveys* at this time.

Step #4B Piloting of the Service Excellence Workshop

During the next 3 – 4 weeks:

- Your Service Excellence Advisor Teams prepare and deliver a *pilot* of the workshop for their SEA peers to further refine the actual content and demonstrate it can be done successfully.
- Meanwhile, all SEAs proceed to finalize preparation of their own workshops, while simultaneously the Education and Human Resources departments enroll 100% of staff for the scheduled workshops as well as implement a total organization-wide communication process.

Step #4C Winning with Difficult People™

Just prior to commencing the in-house workshops, SEAs and their managers participate in a special *Winning with Difficult People™* course designed to focus on skills to deal with difficult attitudes and behaviors from patients, co-workers, etc.

Service Center – Roll-Out Delivery of Service Excellence Workshop™

Over the next 4 – 6 weeks, SEAs proceed to team-teach the *Service Excellence Workshop™* to everyone in the entire organization, while personally serving as a role model, change agent, and service champion within their own department/unit.

Department Focus/Celebration

Step #5A DO IT Facilitator's Course (Departmentally Organized Improvement Tactic)

To prepare and train for departmental DO IT meetings, the entire leadership team and the SEAs attend a half-day *DO IT Facilitator's Course™* prior to the launch of their DO IT meetings.

DO IT Departmental Implementation Meetings

Over the next year, all staff attend unit/workgroup DO IT meetings (monthly) facilitated by their manager and SEA, in which they devise their own relevant plan to implement the customer satisfaction principles taught in their *Service Excellence Workshop™* for the purpose of eliminating the departments/units' customer's top 5 dissatisfiers, and systematically improve the patient experience.

Step #5B OASIS Updates

To ensure continuous focus and forward motion of the chosen service improvement projects, OASIS Teams provide an update on their progress.

Step #5C Service Excellence Advisor Celebration

It's time to say *Thank You* and to celebrate the work the Service Excellence Advisors have done on their workshops. This celebration could include appetizers, cake, a pizza party, awards, speeches, or anything else that would help celebrate the achievements of the SEAs. Administrators, Directors, Managers and Supervisors are encouraged to attend to congratulate and thank the SEAs.

Step #6A Transform Series All Staff Education

To maintain enthusiasm for process and provide supplementary education to further drive the *Rural Hospital of Choice – Service Excellence Initiative™*. The Transform Series All Staff Education is a 50-minute training session followed by 10 minutes of facilitated discussion. This will be a live virtual presentation, and there will be a choice of two or three modules to choose from.

Step #6B Evaluating the Journey – Annual Progress Check Up™

Facilitated by a Custom Learning Systems Executive, the Administration Team, SEAs, managers, and Service Excellence Council meet to debrief on and review the Service Excellence year's successes and outcomes, agree upon improvements for the future, and familiarize themselves with next year's process.

Step #7 Celebration/Recognition – Service Summit™

To sustain momentum and commitment from everyone, celebrate success, and share experiences, OASIS Teams and SEAs attend the *Service Summit™* following completion of the OASIS projects at which the OASIS Teams take 3 - 5 minutes to brag and report on their success in implementing their Best Practices.

**The Rural Hospital of Choice Initiative™ Timetable – Year I
Mayers Memorial Healthcare District, Fall River Mills, CA**



AT – Administration Team, MT – Management Team (includes all Supervisors, Managers, Directors, & Executives), SEC – Service Excellence Council, IC – Implementation Coordinator, SEA – Service Excellence Advisors, SSC – SEA Super Coaches, TC – OASIS Team Captain, OASIS (Organizationally Advanced Service Improvement Systems) Teams, B – Board, BIO – By Invitation Only, ATC – Assistant Captain, OSC – OASIS Super Coach

***Implementation Specialist: TBD

*VP of Process Improvement: TBD

Revised: November 21, 2024

#	Month/Year	Event	Attendees	Location
ENGAGE				
1	January 2025	1A. Process Leadership College 8:30 - 5:00 pm - 1 Day	AT, IC	Offsite
EMPOWER				
2	February 2025	2A. Leadership Briefing*** 8:00 - 12:00 pm	AT, MT, SEC, B, IC	
		2B. Service Excellence Council Orientation & Workshop Workbook Review*** 1:00 - 5:00 pm	SEC, IC	
	February 2025	2C. Communication Accountability & OASIS Team Launch*** 8:00 - 3:00 pm	AT, MT, SEC, IC	
		2D. Service Excellence Advisor Orientation*** 3:30 - 5:00 pm	SEA, SSC, IC	
	February 2025	Service Excellence Initiative™ Launch	Anyone Wearing a Badge,	
February 2025	Board Engagement Briefing #1	CEO, IC		
3	March 2025	3A. Service Excellence Advisor (Train-the-Facilitator) Course*** Day 1, 8:00 - 5:00 pm Day 2, 8:00 - 3:30 pm (Admin Team Q & A 8:00 - 9:00 am)	SEA, SSC, IC	
		Day 2, SEA Graduation (Time 4:00 - 5:30 pm)	SEA, SEC, AT, MT, IC	
	March 2025	3B. Materials Organization Meeting (Facilitated by IC & SSC) 9:30 - 12:00 pm	SEA, SSC, IC	
	March 2025	Leadership Empowerment Survey		
4	April 2025	4A. Service Empowerment Leadership Course*** 8:00 - 4:30 pm	AT, MT, SEC, IC	
		SEC Meeting to Review SEI Hardwiring Dashboard*** 4:30 - 6:00 pm	SEC, IC	
	April 2025	4B. Workshop Pilot - Presented by SEAs *** 8:00 - 12:00 pm	SEA, SSC, IC	
		4C. Winning with Difficult People*** 1:00 - 5:00 pm	SEA, SEC, AT, MT, IC	
	May – June 2025	Year I Service Excellence Workshops Roll out to everyone – (Each workshop is 2 hours in length. Based on 15 - 30 employees/workshop)	Anyone Wearing a Badge	
July 2025	Board Engagement Briefing #2	CEO, B, TC, IC		
TRANSFORM				
5	August 2025	5A. DO IT Facilitator's Course*** 8:00 - 12:00 pm	SEA, AT, MT, SEC, IC	
		5B. OASIS Updates*** 1:00 - 2:00 pm	AT, SEC, OASIS, IC	
		5C. SEA Celebration! (Facilitated by IC & SSC) 2:00 - 3:00 pm	AT, MT, SEA, SEC, IC	
		SEC Meeting to Review SEI Hardwiring Dashboard*** 3:00 - 4:30 pm	SEC, IC	
	August 2025	Board Engagement Briefing #3	CEO, B, SEA, IC	
September 2025	DO IT Support Calls*** (via Zoom) Schedule TBD	MT, SEA, IC	Via Zoom	
	OASIS Hardwiring Support Calls*** (via Zoom) Schedule TBD	OASIS, IC	Via Zoom	
6	October 2025	6A. Transform Series All Staff Education (via video-on-demand or live virtual presentation)	Anyone Wearing a Badge	
	November 2025	6B. Year I Progress Check Up* (via Zoom) 8:00 - 4:00 pm – Separate Sessions w/ SEAs, OASIS TC/ATC, SEC & Administration Team	SEA, TC, ATC, SEC, AT, CEO, Dept. Managers, BIO, IC	Via Zoom
	November 2025	HealthCare Service Excellence Conference (25 th Annual)	BIO	TBD
	December 2025	Board Engagement Briefing #4	CEO, B, IC	
7	TBD	7. Service Summit*** 8:00 - 10:00 am Year II Program Start	SEA, AT, MT, SEC, IC	

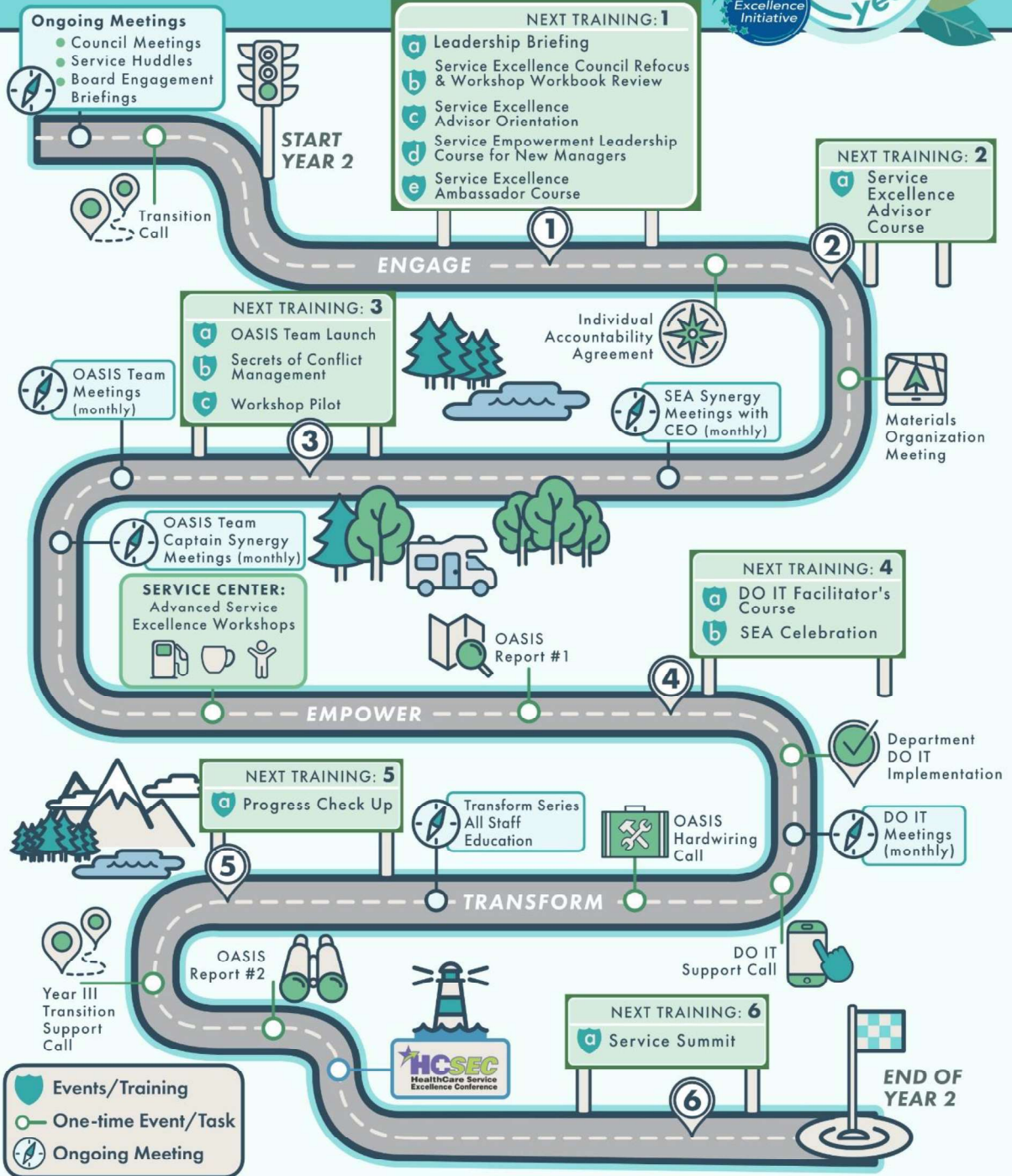
Client Scheduled Items with Custom Learning Systems:

- The Provider Service Excellence Briefing

Internally Scheduled Items:

- Huddles SEA Synergy Meetings OASIS Leadership Synergy Meetings SEC Meetings DO IT Meetings

Service Excellence Roadmap



New: Year II Seminars and Workshops

1. Year II Launch with Leadership Briefing™ and Service Excellence Council Refocus™

To build enthusiasm and ensure a smooth transition to Year II, the Year II Leadership Briefing™ and Service Excellence Council Refocus™ are scheduled concurrently with Service Summit™. This Leadership Briefing™ is a two-hour presentation to familiarize leadership with, and gain a renewed buy-in for, the Year II Service Excellence Initiative™ Process.

2. Service Empowerment Leadership Course for the New Manager™

This half-day abbreviated Year II leadership course is designed to provide newly hired and promoted managers with Service Excellence and Leadership skills as taught in the Year I one-day course.

3. The Service Excellence Ambassador Course™

Selected returning SEAs become Service Excellence Ambassadors. The role of the Service Excellence Ambassador is to mentor new SEAs and to facilitate the Everyone's a Caregiver® Micro-Webinar system. This seminar is designed to further develop their coaching and communication skills, and fully support them in their new role as champions of customer service and mentors to new SEAs. This course also utilizes the Personality Profile instrument that identifies the personality style of the participant. Please note, there is an additional charge of \$15.00 per person for this Personality Profile instrument, which will be invoiced separately based on exact numbers used.

4. Service Communication Team Effectiveness™

This is a half-day course that focuses on a training instrument (the Personality Profile) that identifies the personality style of the participant. What results from utilizing this training instrument is a coaching tool for the participant in dealing with all their staff by understanding why people do what they do. Please note, there is an additional charge of \$15.00 per person for this Personality Profile instrument, which will be invoiced separately based on exact numbers used.

5. OASIS Team Launch

During this workout, new teams will be formed, tasked with their service improvement projects, and begin the implementation process. Intensive instructions and coaching will cover the tools and processes of rapid cycle improvement. Teams will develop their project plan and begin the initial phase of their projects with a goal of the project being completed in 90 days.

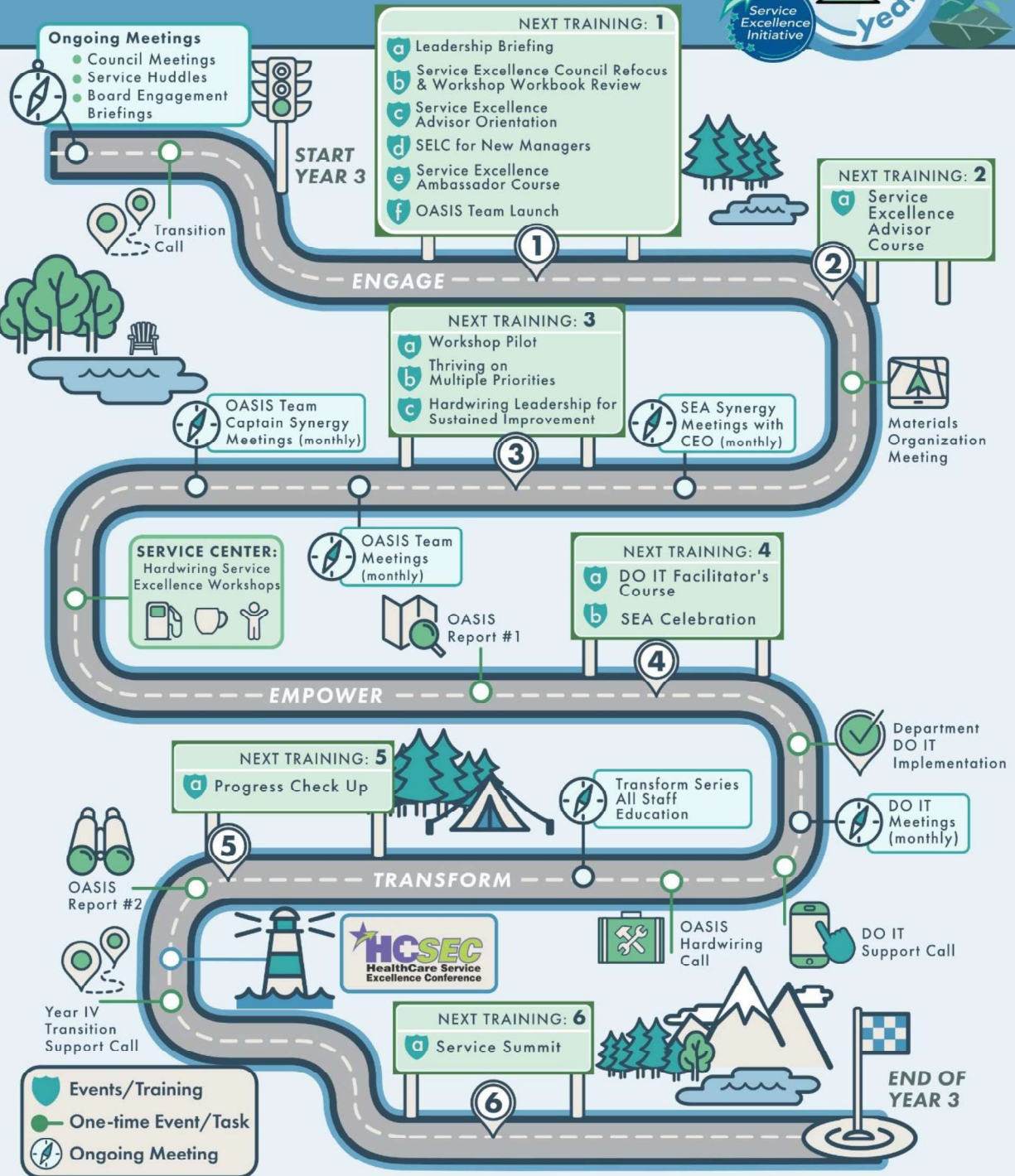
6. Secrets of Conflict Management™ Seminar

This seminar for managers and SEAs teaches advanced techniques on how to reduce conflict and create a more positive and unified workplace.

Service Center – Advanced Service Excellence™ Workshop

This workshop focuses on the concept of Managing Moments of Truth and Centers of Influence. This training has a direct, positive impact on Patient Experience Scores.

Service Excellence Roadmap



New: Year III Seminars and Workshops

1. Hardwiring Leadership for Sustained Improvement™

Successful organizations achieve results not by pouring over the numbers --- *but by pouring over the behaviors of the people who make the numbers what they are.* The ability to lead the hardwiring process skillfully --- to tap into hearts and minds --- is what makes the difference between mediocre achievements and stellar performances. It's what engineers lasting change and gains in value for a hospital.

We focus on the necessary skills to lock in service improvements in all key areas. You will learn how to:

- Ensure that all team members understand the *emotional importance* of our service improvements.
- Address “Human Speed bumps” to successful hardwiring, like fear, laziness, and “It’s not my job!” and learn new ways to smooth them out.
- Eliminate any “Process Speed bumps”, like poor planning or poor follow-through.
- Skillfully coach associates who are not contributing to hardwiring service improvements.
- Resolve any of the “Killer B’s (bickering, blaming, or blustering)” that interfere with the hardwiring process.
- Lead group problem-solving at every opportunity and thus create hardwired “norms” that are stronger than group “storms”.

2. Thriving on Multiple Priorities™

Skills, techniques, and strategies on how to get more done in less time – and reduce stress!

Service Center – Stress-Less Service Excellence™ – Workshop

This workshop is specifically designed to take the stress out of customer communication, as well as an individual’s personal and professional life.

“Success is achieved and maintained by those who try and keep trying.”

- W. Clement Stone

Complete ✓

LEAN/OASIS Project Imperatives Checklist



			Year I					II	III	IV	V
LEAN/OASIS	SEC*	Domain Owner	CEO	DO IT	Education	Education	Education	Education			
I. Core “Must Have” Best Practices											
1. Leadership Accountability Bundle											
2. Staff Empowerment Bundle*											
3. Awards and Recognition											
4. Service Standards/Care Promises											
5. Keywords/Sentence Starters											
6. Physician Engagement Bundle											
7. High Visibility Rounding Bundle											
8. Onboarding and Retention Bundle											
9. Communication Bundle											
10. Service Excellence/Patient Experience Council											
11. Leadership HCAHPS/Patient Experience and Staff Empowerment Education Bundle											
12. Frontline HCAHPS/Patient Experience Education Bundle											
13. Patient Experience Measurement – Survey Literacy											
14. Nursing Patient Experience Bundle											
II. HCAHPS	Top Box %	%tile									
1. Quiet at Night											
2. Cleanliness of Patient Rooms											
3. Communication about Medicines											
4. Communication with Doctors											
5. Communication with Nurses											
6. Discharge Information											
7. Pain Care											
8. Responsiveness of Staff											
9. Transition of Care											
10. Overall Rating											
11. Willingness to Recommend											
III. OTHER	Mean %										
1. ED											
2. Ambulatory Surgery											
3. Clinics											
4. Outpatient											

C = Classroom W = Webinar

Tools, Technology, and Inspiration

HEALTHCARE SERVICE EXCELLENCE CONFERENCE

www.HealthCareServiceExcellence.com

The 25th annual HealthCare Service Excellence Conference will be a great source of expert Customer Service information. It is a gathering of all levels of staff that are focused on achieving the highest standard of customer service delivery, both to customers, patients, and amongst staff, and employees.

As noted in the roadmap, attending this conference is an important part of the Service Excellence Initiative™ process. **A delegation of four (4) attendees plus one (1) Board member has been allocated to each Mayers Memorial Healthcare District** because of the strong positive impact the conference has on ensuring the successful continued implementation of the *Rural Hospital of Choice – Service Excellence Initiative™*. The cost for registration is incorporated into your per person pricing.

25th Annual HealthCare Service Excellence Conference

November 2025

Location To Be Determined



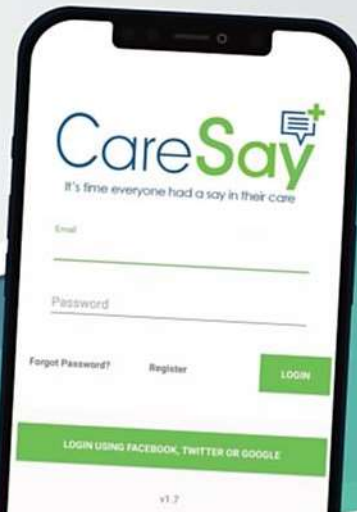
- Discover leading edge strategies and skills to take your own program to World-Class levels.
- Revitalize enthusiasm and momentum for your Customer and Employee Satisfaction programs.
- Develop a mastermind network of peers for future problem solving.
- Refresh your spirit to continue your work as an inspiring healthcare leader.
- Implement high performance retention and recruitment techniques, skills, and systems.
- Enhance the commitment and morale of your Leadership team.
- Take away advanced training and implementation skills by learning from OPS “Other People’s Success”.
- Demonstrate your long-term commitment to a customer driven culture. Recognize and show appreciation for your team’s hard work and dedication via the Summit Awards program.

“This conference accomplished the elusive balance of practical tools and an emotional “tune up” better than any I’ve ever attended!!!”

- Roger Anderson, St. John Hospital & Medical Center

CareSay

Disrupting the Way Healthcare
Listens to Improve



EXTERNAL VOICE OF THE PATIENT

CareSay Reviews

(with Automated Google Review Feature)



Listen and respond to patients
to provide real-time Service Recovery

CareSay Snapshot



Take a snapshot of patient
perceptions with these micro
CAHPS-based surveys

- Inpatient +
- CG CAHPS +

CareSay Enhanced Snapshot

(with Automated Google Review Feature)



Specifically for Clinics – find out
what your patients are saying
about your team members

CareSay Rounding



- Nurse Leader Patient Rounding
- Nurse Hourly Rounding
- C-Suite New Patient Welcome Rounding
- Patient Insight Rounding
- C-Suite Caregiver Rounding
- Leader Caregiver Daily Rounding (with My LIST, employee tracking feature)
- Proactive Maintenance Rounding

**Your Real-Time,
All-Inclusive Engine to
Drive Patient and
Caregiver Continuous
Improvement**



Disrupting the Way Healthcare Listens to Improve

INTERNAL VOICE OF THE CAREGIVER

Caregiver Engagement



Take a real-time, authentic pulse of employee engagement, morale, and job satisfaction

Internal Services Scorecard



Empower department leaders with a system to measure and continuously improve internal service delivery

Leadership Empowerment Survey



Provide a confidential blueprint for leaders to improve their people skills and transform managers into leaders

5 Star Engagement Dashboard



Keep your team accountable for all patient experience improvement measures

Physician Empowerment Survey



Provide a confidential blueprint for physicians and other practitioners to improve their people skills

Staff HCAHPS/CGCAHPS Survey



Make sure that all staff are aware of and have experienced the CAHPS survey through the patients' eyes

EXCLUSIVE FOR CUSTOM LEARNING SYSTEMS CLIENTS

Implementation Tools

- **CareSay cTools:** Exclusive access to over 800 tools and samples for the most important healthcare issues
- **CareSay cDrive:** A direct shared drive between you and the CLS team to transfer documents and files

 **Custom Learning Systems**
1.800.667.7325 www.customlearning.com

For More Information:

Dorian Nottebrock
1.800.667.7325 x2206
dorian@customlearning.com



The HCAHPS Breakthrough Leadership Series™

Webinar Presentations

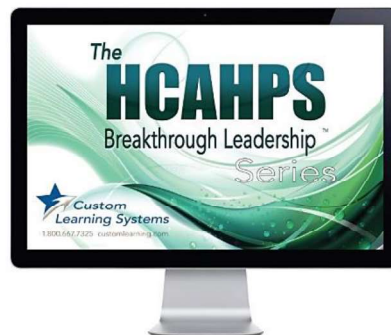
1. Leadership Engagement: The C-Suite Role in HCAHPS Transformation™
Creating Leadership Inspiration, Engagement & Accountability to Drive HCAHPS Success
2. Quiet at Night: The Quiet Revolution™
How to Create a Restful, Healing Environment that Patients Perceive to be Quiet
3. Cleanliness of Patient Rooms: Cleanliness Matters™
Cleanliness is Next to Godliness
4. Communication about Medicine: Medication Education Imperative™
Master the Skills of Successful Patient Medication Education
5. Communication with Doctors: Skillful Physician Communication™
Master the Communication Skills for a Compassionate Patient Experience
6. Communication with Nurses: Relationship-Based Nurse Communication™
Master Relationship-Based Communication Skills that Heal
7. Discharge Information: Discharge Satisfaction Guaranteed™
How to Prepare Every Patient for Safe, Continued Recovery At Home... Every Time
8. Pain Care: Compassionate Pain Care™
Create a Culture of Compassionate Pain Control Through Proven Skills and Best Practices
9. Responsiveness of Staff: Revolutionize Staff Responsiveness™
Create a Culture of Empathetic, Timely, Responsive Service
10. Transition of Care: Care Transitions Done Right™
Engage Staff and Patients in Creating a Seamless Care Transition Experience
11. Overall Rating: High-Performing Overall Hospitals™
A Strategic Blueprint to Engage All Staff in Creating a Compassionate Experience for Patients and Family Throughout their Hospital Stay
12. Willingness to Recommend: The Power of Word-of-Mouth Marketing™
Create a Hospital Experience that Patients Will Enthusiastically Recommend
13. Bonus Webinar: Applied Inspiration™ with Marcus Engel
Discover How Small Acts of Compassion Make a Big Difference in the Patient Experience



Brian Lee, CSP



David Dworski, MA





Everyone's a Caregiver[®] Micro-Webinar System

Creating a 5 Star Culture of Healing Kindness through Digital Innovation

Everyone's a Caregiver[®] – HCAHPS Hospital of Choice[™]

A time-sensitive web-based learning tool to empower everyone to master the skills, competencies, and best practices of improving the patient experience.

Everyone's a Caregiver[®] is targeted for two key audiences:

- **HCAHPS Skills for Everyone[™]** – 39 modules designed for all hospital personnel
- **HCAHPS Nursing Skills[™]** – 57 modules designed for nurses



Everyone's a Caregiver[®] – Patient Centered Clinic[™]

Includes 50 modules structured into the five CG CAHPS patient experience survey domains:

- Getting Timely Access
- Responsive, Helpful Office Staff
- Physician/Provider Communication
- Care Coordination/Follow Up
- Quality Rating Physician/Provider

Everyone's a Caregiver[®] – Transform the Resident Experience[™]

Targeted for three key audiences:

- **Core Q Skills for Everyone** – 55 modules designed for all personnel
- **Core Q Skills for Nurses** – 54 modules designed for all nurses
- **Skills for Leadership** – 97 modules designed for those in leadership positions



Everyone's a Caregiver[®] – Caregiver Heroes[™]

Subscribing organizations receive two 5-minute micro-webinars per week:

- **Inspiration**
Enlivens viewers by sharing ways to:
 - Provide continued kindness care
 - Offer peer support
 - Apply these same principles to themselves
- **Leadership Tools**
Pearls of wisdom on creative ways managers can provide practical and inspirational leadership.

Terms: This is included at no additional charge with any of the options above

HCAHPS Breakthrough Leadership[™] Webinar Series

A 13-part dynamic, high impact, and practical education series designed to achieve sustainable improvement in HCAHPS patient experience scores.



Introduced in Year II: The HCAHPS LEAD™ Plan (Leadership, Execution, Accountability, & Discipline)

Our process also includes the use of our *HCAHPS LEAD™ Plan* for the duration of your contract.

The *HCAHPS LEAD™ Plan* is a step-by-step, achievable, time sensitive system to improve and sustain the patient experience.

The *HCAHPS LEAD™ Plan* integrates with the HCAHPS Breakthrough Leadership™ Webinar Series, the HCAHPS™ Plans, and the Everyone's a Caregiver® Micro-Webinar System, web-based/application learning tool, as further described on the next several pages.

Deliverables:

1. LEAD™ Program Coordinator Conference Call

A one-hour planning teleconference to introduce your:

- Program Coordinators System Handbook and Orientation
- Domain Owners System

2. HCAHPS Breakthrough Leadership™ Webinar Series

A 12-part dynamic, high impact, innovative, practical education series designed to achieve breakthrough sustainable improvement in your HCAHPS patient experience survey scores.

- This series is specifically designed for 10% of your personnel, 5% leadership and 5% key frontline staff
- Presented as a library so it can be scheduled at your convenience, via one a month for 12 months

3. Integration of the Everyone's a Caregiver® Micro-Webinar System (HCAHPS Educational Web Series)

This Webinar Series is specially designed to be utilized as a lunch and learn, or 15 – 30-minute learning labs for your frontline staff. The series of educational models can also be viewed as four one hour “HCAHPS Nursing Skills” webinars, and three one hour “HCAHPS Skills for Everyone” webinars. Highlights of the frontline series include:

- A smart phone, tablet, or computer access that enables all the modules to be taken in 3 – 12-minute bite-size segments

4. Web-Portal Tool Kit

Your *LEAD™ Plan* implementation tools will be housed on the CLS website, and accessed through your customized web-portal, in order to access the following:

- Program Coordinators System Handbook
- HCAHPS Domain Owners Role
- Micro Gap Analysis for each Domain
- Coaching observation checklist for each domain
- All workbooks
- Flyer notices for each webinar
- And more

Engagement Experts

Mayers Memorial Healthcare District Engagement Experts

**Mayers Memorial Healthcare District
Rural Hospital of Choice – Service Excellence Initiative™
will be facilitated by:**



Brian Lee, CSP, HoF
Chief Executive Officer



Pat Goodberry
Chief Operating Officer



Rhonda Stel
Director of
Service Development



Chelan MacMillan
Director of
Client Services

We request you appoint the following Mayers Memorial Healthcare District Process Leadership:

- **Executive Sponsor:**
At a decision-making level, we would ask you designate an **Executive Sponsor** on behalf of your Administration Team, with responsibility for overall strategic leadership. We recommend it be the **CEO** of your organization.
- **Service Excellence Council Chair:**
This individual will lead and chair a dynamic Service Excellence Council and be responsible for the process budget. We recommend the **Chief Nurse Officer** and/or **VP of Patient Care Services**.
- **Implementation Coordinator (IC):**
We would ask you to appoint an **Implementation Coordinator** for day-to-day meeting planning and process coordination. We recommend it be your **VP of Human Resources**. The position is estimated to be a **1/4-to-1/2-time** position. We will supply a comprehensive, detailed **Implementation Coordinator Handbook** and all necessary training and ongoing coaching.
- **Program Assistant:**
Your Implementation Coordinator will require administrative assistance.

Value-Added Service Excellence Options

The following value-added options may be recommended during the Ignite the Patient Experience™ engagement and this investment schedule may be adjusted accordingly.

Should we conclude that any of these options are needed, a revised partnering proposal will be submitted immediately.

1. **The Accelerated Staffing Fix™**

The Accelerated Staffing Fix™ is a 16-week team-based process focused on staffing/agency issues and turnover reduction. Our goals are focused on measurable improvement in recruitment, selection, and retention. We include agency elimination as a goal (if that is an issue). We also expect to measurably improve staff morale and address chronic negative attitudes.

2. **The 5 Star Swing Bed Growth Academy™**

Our 5 Star Swing Bed Growth Academy™ is focused on improving the quality of the swing bed program as well as enhancing marketing using relationship selling. With a dual focus on quality and marketing we take our members through an in-depth 25-week program. At the end of our 25-weeks together we are seeing our members with an exciting new outlook on growing their swing bed program, they are engaged with their tertiary hospitals and receiving more referrals!

3. **The 5 Star ED™**

A two-day on-site assessment of your current ED operations including reviewing patient satisfaction scores, gap analysis, focus groups, and direct observations of workflow. You will receive a Blueprint for Success Report to help you pinpoint where your issues are, set goals with an improvement plan and monitor your progress with options for follow-up assistance from our team.

4. **The 5 Star Clinic™ Assessment**

A two-day on-site assessment of your current clinic operations reviewing patient satisfaction scores, gap analysis, focus groups, and direct observations of workflow. You will receive a Blueprint for Success Report to help you pinpoint where your issues are, set goals with an improvement plan and monitor your progress with options for follow-up assistance from our team.

5. **The Totally Engaged Strategic Plan™**

A systematically executed 6-step process to create extraordinary strategic organizational results through intentional planning engagement at every level.

Training, Coaching, and Implementation Services Investment Schedule

The following investment proposal is based upon a combination of training, coaching and implementation fees as follows:

Yearly Investment	Investment per person/year	# of Participants	Total Investment
Rural Hospital of Choice	\$494.21	311	\$153,700.00
CareSay™ Suite App			Included
Less California Department of Health Care Access and Information (HCAi) Discount			(\$13,970.00)
Less 3-Year Incentive Discount			(\$16,500.00)
Subtotal	\$396.24	311	\$123,230.00
Travel/Per Diem			\$10,600.00
Total Investment	\$430.32	311	\$133,830.00
Estimated Critical Access Hospital Cost Based Allowable Fee Recovery (53%)			(\$70,929.90)
Estimated Net Cost	\$202.25	311	\$62,900.10

Please Note: Years II and III will be invoiced separately at the same training rate as Year I. Travel rates will reflect current market prices each year. You will also be invoiced separately for assessment tools for Years II and III.

FEE QUOTED

A. Includes:

- Training** – All steps outlined as on pages 3-10 including complete customization process.
- HealthCare Service Excellence Conference**
Four (4) delegate registrations plus one (1) Board member registration for Mayers Memorial Healthcare District.
- Process Leadership Training and Manuals.**
- Participant Learning Guide Master Originals.**
- Travel and Accommodation Expense** for CLS SWAT Team to Mayers Memorial Healthcare District.
- Volunteer Training** – In order to ensure complete training, we have included participation of up to 20 (estimate) of your volunteers at no cost.

B. Does Not Include:

- Workbook printing** or equipment rental.
- Process Leadership College™** costs at an off-site location with your Process Leadership: Meeting, facilities, facility meals and refreshments, and equipment costs.

UTILIZATION DETAILS

- Utilization of Training Days**
A credit note will be issued for cancelled training days paid for but not consumed. This credit note will be redeemable for 365 days past contract.
- Resources**
As part of this contract, CLS provides you with CareSay™ Suite App. Should you not utilize these resources, there is no credit extended for alternate applications.
- Conference Registrations**
A specific number of conference registrations are included as part of your annual contract. Those not used expire at the time of the conference and may not be applied against other services.

Year I Payment

PLEASE CHECK METHOD OF PAYMENT DESIRED:

In order for your Year I Proposal to be confirmed, one of two options are available:

- A check for **\$66,915.00** (50% deposit) to be paid on or before **December 23, 2024**, and the balance of **\$66,915.00** will be paid on or before **January 20, 2025**.
- A check for **\$130,133.10** is enclosed (full program price less a **3.0% pre-payment discount plus travel fees**) and will arrive at CLS by **December 23, 2024**.

Notes:

In recognition of Mayers Memorial Healthcare District making a three-year commitment to this process, we have incorporated a 3-Year Incentive Discount of \$16,500.00. In the event Mayers Memorial Healthcare District does not proceed to Years II and/or III, it is understood and accepted by Mayers Memorial Healthcare District that they pay a cancellation penalty equivalent to the 3-Year Incentive Discount of \$16,500.00 payable within 30 days of notice of cancellation.

The dates and amounts may be subject to change pending confirmation on class scheduling dates and total number of participants.

Please send payment via FedEx overnight courier using the account number 261 500 353.
(Refer to invoice for payment address)

Our commitment to you is to deliver a **World Class Cultural Transformation** that addresses all your goals. Should you have any questions about the content of this proposal, or would like additional information, please give me a call at 1-800-667-7325 ext. 2200 or e-mail rhonda@customlearning.com.

We are excited about the prospect of working with you and the Mayers Memorial Healthcare District team and trust this proposal addresses your specific training needs.

If everything meets with your satisfaction, please sign one copy of this page, and e-mail it to my attention at rhonda@customlearning.com.

Thank you for the opportunity to present this proposal to Mayers Memorial Healthcare District.

Agreed and accepted by Ryan Harris, CEO
on behalf of Mayers Memorial Healthcare District

Date

Please e-mail this page to rhonda@customlearning.com upon selecting your payment option and signing

Conditions

1. Three Year Culture Change Process/Contract

This investment proposal is for the first year only of a three-year contract. The remaining two years will be invoiced separately.

2. Affiliation Discount

In recognition of Mayers Memorial Healthcare District's relationship with California Department of Health Care Access and Information (HCAi), we have incorporated an HCAi Discount of \$13,970.00.

3. 3-Year Incentive Discount

In recognition of Mayers Memorial Healthcare District making a three-year commitment to this process, we have incorporated a 3-Year Incentive Discount of \$16,500.00. In the event Mayers Memorial Healthcare District does not proceed to Years II and/or III, it is understood and accepted by Mayers Memorial Healthcare District that they pay a cancellation penalty equivalent to the 3-Year Incentive Discount of \$16,500.00 payable within 30 days of notice of cancellation.

4. Use of the Rural Hospital of Choice – Service Excellence Initiative™ Copyrighted/Trade Marked Titles, Content, Programs, Processes and Terms

All of the training material titles, content, practices, processes, and terms are copyrighted/trademarked materials and may not be used in whole or part without the express written consent of Custom Learning Systems Group Ltd. Should Mayers Memorial Healthcare District choose not to continue all three years, Mayers Memorial Healthcare District shall discontinue the use of all training material titles, content, programs, processes, and terms provided by Custom Learning Systems Group Ltd.

5. Workbook Royalty

Upon application, Mayers Memorial Healthcare District may receive permission from Custom Learning Systems Group Ltd. to utilize the *Service Excellence Workshop™* content for new hire orientation, for a fee of \$20.00 per person, per use, should Mayers Memorial Healthcare District choose not to fulfill its commitment to the three-year contract. The client will be invoiced quarterly, 30 days following the close of each quarter, based upon numbers provided by your Human Resources Department.

6. Post Initial 3-Year Training Options

Mayers Memorial Healthcare District may select from a menu of customized processes designed to continue education while sustaining culture change. We will present these options at the end of Year III.

7. Respect for Proprietary Content, Systems, and Processes

Signatories to this agreement acknowledge and accept that the content, systems, procedures, and processes described in this and previous and subsequent agreements are, in part and or in whole, proprietary and copyrighted including, but not limited to OASIS Teams, Service Excellence Advisors, and DO IT Implementation, and may not be utilized or applied either in any form, either by their current names or any other name, without the express written consent and approval along with compensation for Brian Lee and Custom Learning Systems Group Ltd.

Ryan Harris
 Chief Executive Officer
Mayers Memorial Healthcare District
 43563 CA-299
 Fall River Mills, CA 96028

51 WEST SPRINGS ROAD SW
 CALGARY, AB, CANADA T3H 4P4
 800.667.7325 FAX 403.228.6776

#23-144

November 21, 2024

REPRESENTATIVE	YEAR	SOURCE	TERMS
Rhonda Stel	Service Excellence Initiative™ Year 1 of 3	HCAi	As per below

DESCRIPTION	TOTAL
Rural Hospital of Choice – Service Excellence Initiative™ Training, Licensing, Conference – Year 1 Implementing Specialist: TBD VP of Process Improvement: TBD Includes four (4) HCSEC delegate registrations plus one (1) Board member registration for the 25 th annual HealthCare Service Excellence Conference (November 2025; Location TBD) Travel/Per Diem	\$123,230.00 Included \$10,600.00
Payment Options: <input type="checkbox"/> A check for \$66,915.00 (50% deposit) to be paid on or before December 23, 2024 , and the balance of \$66,915.00 will be paid on or before January 20, 2025 . <input type="checkbox"/> A check for \$130,133.10 (Full program price less a 3.0% pre-payment discount plus travel fees) to be paid on or before December 23, 2024 .	
Total Due <i>[Please send payment via FedEx overnight courier using the account number 261 500 353 to the above address]</i>	\$133,830.00