

Chief Executive Officer  
Ryan Harris



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

**Strategic Planning Workshop**  
Agenda  
January 27, 2025 @ 1pm  
Mayers Memorial Healthcare District  
Fall River Boardroom  
43563 HWY 299 E  
Fall River Mills, CA 96028

**Mission Statement**

Leading rural healthcare for a lifetime of wellbeing.

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

1	<b>CALL MEETING TO ORDER</b>	Chair Jeanne Utterback
2	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>	
	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.	
3	<b>Review Strategic Plan</b>	
	3.1 Review Fiscal 25 Priorities	Discussion/ <b>Action Item</b>
	3.2 Propose modifications to Fiscal 25 priorities	Discussion/ <b>Action Item</b>
4	<b>Update on each priority</b>	Ryan Harris Report Discussion
5	<b>Master Planning Update</b>	Discussion/ <b>Action Item</b>
	5.1 Phase 1 update	Jessica Decoito Discussion
	5.2 Deferred maintenance projects	Jessica Decoito Discussion
	5.3 Other construction projects	Jessica Decoito Discussion
6	<b>Other information/announcements</b>	Information
7	<b>ADJOURNMENT:</b> Next Strategic Planning Meeting is March 24.2025 in Fall River	

# Chief Executive Officer Strategic Plan Report

Prepared by: Ryan Harris, CEO

## People

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

Overall, this goal is progressing exceptionally well. We have seen consistent involvement from the team engaged in this initiative, and we've received positive feedback from both our team and the Healthcare Leadership Institute personnel conducting the coaching and training. We currently have 100% compliance with this goal.

## Quality Service

*By June 30, 2025, implement and refine the infection prevention program to achieve a minimum hand hygiene adherence rate of 80% among healthcare workers:*

A significant amount of effort has gone into achieving this goal. We have had discussions with Medline, Ecolab, Versabadge, and Westcom regarding their services and have received quotes. Unfortunately, their offerings either fall within a price range of \$250,000 to \$600,000, which is too costly, or they do not meet our needs. This issue has been identified as a potential risk in the strategic plan.

As we engaged with vendors, we hired a new full-time Infection Preventionist and developed an assessment tool for conducting clinical observations. We have also created visual performance metrics for the departments, displayed them in employee areas, and discussed them during staff meetings. We are organizing a monthly contest for the departments with the highest hand hygiene compliance and recertifications for employees who fall short of compliance standards. We are also increasing the number of observations and observers for more real-time coaching and compliance each month and establishing breakout groups that include the Executive Leadership Team (ELT), managers, and observers from patient and resident families.

Unfortunately, achieving our goal of 80% compliance this fiscal year is improbable without the necessary technology. I recommend revising this goal to 60%, which would represent an increase from our current baseline of 48.65% and is also the threshold at which hospital-acquired infections are reduced. The technology is essential for reaching the 80% target, as it offers real-time coaching, visual and audible compliance indicators, and more accurate data than observations alone can provide. Without this technological support, the original goal is simply unattainable.

## Growth

*By June 30, 2025, increase outpatient visits across all departments (Rural Health Clinic, Laboratory, Radiology, Outpatient Medical, Physical Therapy, Cardiac Rehab, Outpatient Surgery, and Respiratory Therapy) by a combined total of 5% year-over-year:*

Work is progressing on this priority, although we have encountered some challenges. Marketing has taken proactive steps by organizing a meeting with all outpatient department managers and formulating a comprehensive marketing plan. We have initiated targeted and direct marketing campaigns, established communication with local provider offices, and held provider mixers to enhance services and boost patient visits. We have also expanded our staffing to minimize wait times and address backlogs, resulting in notable success across many outpatient departments—particularly in Radiology and Physical Therapy.

There have been ongoing challenges that need to be addressed to achieve our objectives effectively. One significant concern is obtaining accurate year-over-year data from Cerner, which complicates our ability to measure progress. Our lab volumes also can distort the overall performance metrics for the outpatient departments, placing undue emphasis on the lab-related increase rather than genuinely reflecting the outpatient performance.

I recommend revising our metrics to ensure our goals accurately represent each department's contributions. I propose we restructure the goal so that each department constitutes 12.5% of the overall target, with an expectation that each department independently achieves a 5% increase. This adjustment will provide a more transparent accountability and performance measurement pathway across all outpatient services.

### **Communication**

*By December 31, 2024, Mayers Memorial Healthcare District (MMHD) will develop and implement a comprehensive patient satisfaction program to improve communication, referrals, medical records, and scheduling efficiency:*

We engaged a consultant who has provided invaluable insights to enhance our referral process and streamline clinic workflows. We have also successfully hosted the "Ignite the Patient Experience" event and moved forward with a three-year initiative to enhance our patient experience through Customized Learning Systems. We have established a dedicated referral project team and subcommittee, expanded our patient satisfaction surveys to incorporate feedback from our clinics and the emergency department, and partnered with Luma Health to improve patient communication.

One notable achievement is the significant reduction in referrals from 770 to fewer than 200. We have also conducted weekly departmental observations to identify opportunities for process improvements. Through this comprehensive evaluation, it has become evident that a concentrated focus on our clinic and referral operations is essential for the remainder of the fiscal year to ensure we will embed this change into our organization's DNA

Given the depth of analysis required for the referral process, it has become clear that our original goal is no longer attainable as initially defined. As we continue to work toward uncovering the underlying issues affecting our referral processes and ensure sustained change, I propose that we revise our goal to concentrate specifically on referrals as the patient experience objective with the start of the new fiscal year through custom learning systems. I recommend that we modify our current priority to reflect our objective for the last quarter of the fiscal year 2025 to maintain our referral queue at less than 200 referrals, all less than 90 days old.

This focused approach will enable us to drive improvements effectively and meaningfully address our identified challenges.

### **Finance**

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

Over the past six months, we have implemented numerous enhancements to our Quality Improvement Program (QIP), positioning ourselves for success within the Department of Health Care Services (DHCS) QIP program. We have actively incorporated provider feedback into our measure selection process while incentivizing accurate documentation to encourage successful outcomes. We have also engaged in targeted marketing and hosted events centered around our focus measures for this year.

Our outreach efforts included sending mailers to our partnership health plan members and promoting important health screenings such as mammograms and colonoscopies. We have also initiated collaborations with I2I and Luma, strategic solutions designed to facilitate our success. Our Quality team has placed renewed emphasis on achieving these measures, with the dual goal of improving patient outcomes and our financial success in the program.

As the reporting period has concluded, we are monitoring well-child visits and cervical cancer screenings, both of which have patient pools exceeding 30. Preliminary calculations suggest that we are on track for success in these measures. However, we await confirmation from DHLF and the state to validate our findings.