Mountain Communities Healthcare District Critical Access Hospital Annual Hospital Evaluation 2026

For

Calendar Year 2025

To: Board of Directors **2026**

From: Aaron Rogers, CEO

Re: Annual Critical Access Hospital Evaluation for 2025

Mountain Communities Healthcare District Mission Statement

The Mission Statement of Mountain Communities Healthcare District is to ensure the availability of and accessibility to emergency medical, primary and preventative healthcare in a cost effective and fiscally responsible manner to all the people in the communities we serve. The Healthcare will be delivered in a high-quality method with attention to patient safety.

A review of Mountain Communities Healthcare District was conducted for the year 2025 as required by the Center for Medicare and Medicaid Services (CMS) Conditions of Participation for Critical Access Hospitals. The annual report was submitted to all members of the board for review and approval. This information was created by each department manager and compiled by the Coordinator of Quality Assurance. This report was reviewed by the Quality Assurance/Performance Improvement staff and the Medical Staff Executive Committee.

Introduction to Mountain Communities Healthcare District

Mountain Communities Healthcare District (MCHD) is in rural Trinity County. The United States Census Bureau shows that people in Trinity County under the age of 65 with a disability is 4.5% higher than the national average. Also of note is that the civilian labor force for persons age 16 or older is 21.2% less than the U.S. average and that the number of persons in poverty is 12.4% higher than the U.S. average (US Census). With these specific challenges, it puts even more emphasis on the importance of ensuring that quality healthcare is accessible to the residents of this county. MCHD is a Critical Access Hospital, with a 13 bed Skilled Nursing Facility, an Emergency Room, and two rural health clinics. MCHD provides a variety of services including emergency services, acute inpatient care, swing bed care, outpatient surgeries, laboratory, radiology, physical and respiratory therapy, and preventive and routine care.

In a rural environment such as Trinity County, access to healthcare is vital to the well-being of the community. The land area of Trinity County is 3,179.27 square miles with a population estimated at 15,642 making an average of 4.9 persons per square mile (US Census 2020, V2024). This reflects an estimated increase in population of 13.5%, compared to the national increase in population of 10.7% since 2010 (US Census 2020, V2025). The population has a higher-than-average number of senior citizens and disabled persons per capita as compared to the rest of the United States. The United States Census Bureau

shows that in 2023, it was estimated that those 65 years of age and older in the United States was 18.0% on average.

Indicator	Trinity County	United States Avg.
65 years of age or older	33.1%	18.0%
Disabled under the age of 65	13.8%	9.3%
Civilian labor force age 16 or older	41.8%	63.0%
Persons in poverty	23.0%	10.6%
From http://www.census.gov/quickfacts/table/PST045215/00,06105 accessed 3/5/2026		

MCHD ensures that local schools, businesses, government agencies, community members, and visitors have access to high quality healthcare. Emergency care is also important for emergency workers, such as firefighters, who come to work in Trinity County. The rural nature of Trinity County with its lakes, rivers, and wilderness areas makes it a popular destination for people to participate in a variety of outdoor sports such as camping, hiking, fishing, kayaking, boating, horseback riding, swimming, and biking. MCHD can facilitate the needs of the tourists who require healthcare during their visit.
MCHD is a vital part of Trinity County's economy. Since 2015, our team has grown from approximately 140 employees to 225 employees in 2025 - a reflection of the community's trust in the care we provide. That trust allows us to be a stable, local employer. In 2025, the district invested $17.03 million in wages directly into our local community, supporting families and strengthening the regional economy.

Executive Summary

In 2025, MCHD continued to maintain a very talented ER physician group where each provider is individually contracted directly with the District. In 2026, we plan to continue to actively recruit more Family Practice Physicians, Physician Assistants, and Family Nurse Practitioners to care for patients in the clinics and hospital.

In 2025, MCHD continued to be viable without the need for a tax. We expect that to be the case in 2026 and future years. Continued increase in community use of MCHD facilities is paramount in achieving this goal.

In 2025, MCHD continued many required projects that have already been completed or expect to be completed in 2026. Those projects and others include a new x-ray machine, security addition, and boiler project sign-off. The District expects to complete all projects and pay in full without requiring loans. In 2025, we transitioned to a new general surgeon, Dr. Anthony Sabo, due to Dr. Harwood's retirement. We renovated the old Business Services and Health

Information Departments into expanded outpatient therapy space. In 2026, we plan to continue to try to recruit and hire staff for Occupational Therapy, Speech Therapy, and Cardiac Rehab. We also plan to upgrade our surgical equipment significantly.

We continued to battle tough state legislation that routinely brings approximately 1,000 bills that impact healthcare in California. We expect 2026 to be similarly impactful from a legislative standpoint. Legislation costs MCHD much more time and money to stay compliant every year.

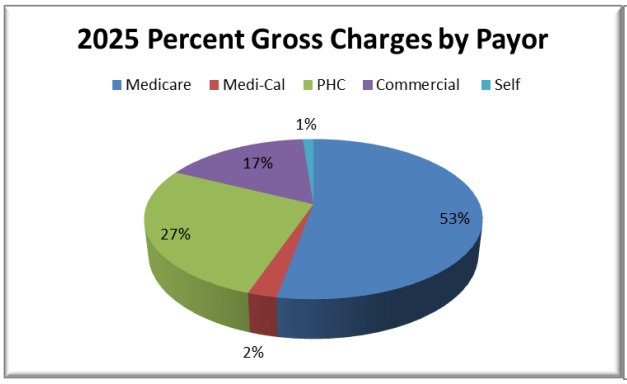
Average hospital acute days increased from .88 to 1.13 per day while swing days decreased from 6.1 to 5.17, for a combined decrease from 6.98 in 2024 to 6.3 patients per day in 2025. MCHD census decreased overall but ended 2025 with a very strong last quarter. We have added processes to track and educate patients, track admissions and denials, and work with tertiary hospitals to get our patients back more effectively. Skilled Nursing Facility maintained at legal capacity census of 13 residents for most of 2025 and we expect that to continue through 2026 and beyond.
In 2025, MCHD began required seismic testing for both structural and non-structural state requirements. In 2026, we plan to complete testing to find out the viability of our current building and infrastructure. We expect to review options to renovate, add on in stages, and pursue federal and state legislation and/or grant funding to build a new facility.

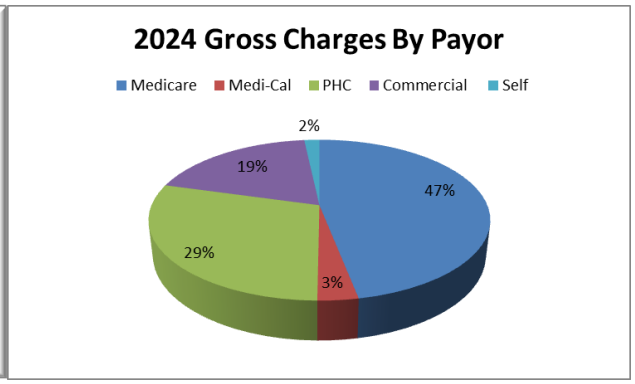
Main Report
Section 1: Financial

Gross accounts receivable as of December 31, 2025, totaled $6.74 million, an increase of $1.74 million from the prior year. From the moment a patient arrives through discharge and beyond, the revenue cycle is closely monitored to ensure that any issue which could put this cycle at risk is promptly identified and resolved.

Payer Mix

Analyzing the District's payer mix illustrates the ongoing challenges Critical Access Hospitals face in maintaining a positive bottom line. The District has a high utilization of government payers, for which reimbursement received is often less than the actual cost of providing care. The following pie chart represents 2025 and 2024 patient charges by payer.





Charity Care and Unsponsored Community Benefit

The District provides needed medical care to the community regardless of a patient's ability to pay. The evaluation of the necessity for medical treatment of any patient is based upon clinical judgment, irrespective of financial status. In 2025, total charity care provided to the community was $20k, a decrease of $15k from 2024. The District strives to assist patients, if qualified, to receive financial assistance for their care through available government programs. These programs reimburse the District at substantial discounts from established rates, often below the actual cost of providing services.

The District also provides a number of benefits and services to the community for which it receives nominal or no reimbursement. These services include community medical and wellness education programs, medical screenings and support groups.

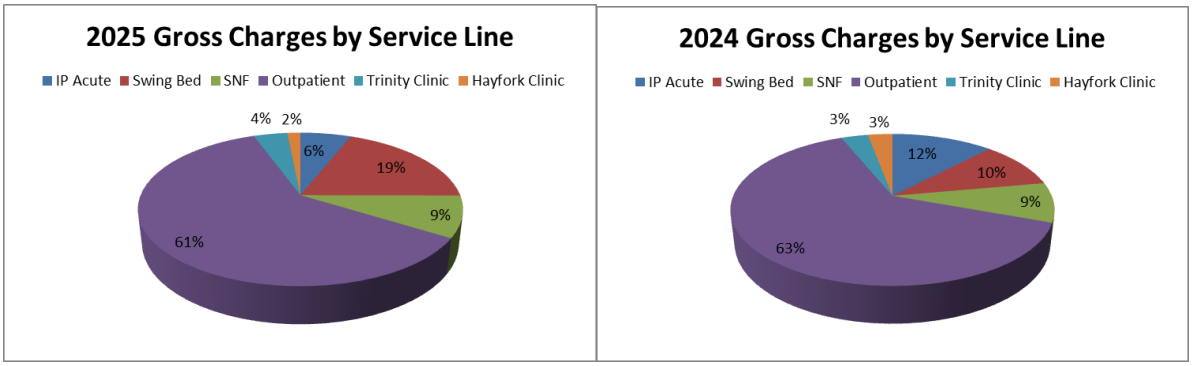
Section 2: Volume and Utilization of Services

Capacity

The District has 25 beds available for Inpatient, Observation and Swing bed patients. The District did not exceed 25 inpatient or observation patients at any time during the year.

Service Mix

Service mix makes up the core of the District's offerings. They are shaped by community needs. The District has identified the following key service lines: Inpatient, Acute, Swing, Skilled Nursing Facility (SNF), and Outpatient Services including the Emergency Department (ED) and Ancillaries and Community Health Clinics. The following pie chart represents total patient charges by service line in 2025 and 2024:



Utilization Review

All inpatients, observation patients, and swing patients are screened by the Utilization Department to determine if the patient has been placed in the correct status and if physician documentation supports the status.
Discharge planning/ Utilization Review monitor all readmissions for all causes within 15 and 30-day periods. The average amount of readmissions for 2025 was 2% within 15 days and 3% within 30 days.

2025	Readmits 15 days	Total admits	%	Readmits 30 days	Total admits	%
January	0	13	0%	0	13	0%
February	1	14	7%	1	14	7%
March	1	12	8%	1	12	8%
April	0	10	0%	0	10	0%
May	0	8	0%	0	8	0%
June	0	8	0%	0	8	0%
July	0	7	0%	0	7	0%
August	0	8	0%	0	8	0%
September	0	11	0%	0	11	0%
October	1	13	8%	1	13	8%
November	0	18	0%	1	18	6%
December	0	19	0%	0	19	0%
Average:	0.3	11.8	2%	0.3	11.8	3%
Median:	0	11.5	0%	0	11.5	0%

Average Length of Stay

Trinity Hospital's average length of stay for the Acute Inpatient demographic for 2025 was 3.26 days or 82.52 hours. This was a slight decrease from 2024's average length of stay of 3.46 days or 83.04 hours and still within acceptable parameters. The average length of stay for 2024, 2025, and so far 2026 are all below the threshold of 96 hours and will continue to be monitored by the

Discharge Planner, the Utilization Committee and the Continuous Quality Improvement Committee.

Donor Network West

In 2025, MCHD was contracted with Donor Network West, an organ procurement organization. MCHD's tissue referral rate was 100%. The tissue timeliness rate was 93% (this is defined as "whether or not a tissue only referral was made within one hour of asystole or cardiac/circulatory time of death"). A total of thirty (30) tissue referrals were made. There was one (1) tissue donor.

Section 3: Medical Record Review and Performance Improvement

Medical Record Review

During the 2025 calendar year we met the 10% requirement for chart reviews or 30 charts (whichever is greater) and will be reporting to the Quality Committee, Medical Executive Committee and the MCHD Board of Directors.

Hospital-Wide Indicators

For 2025, MCHD developed hospital wide indicators that are being followed by the Quality Assurance and Performance Improvement (QAPI) committee. These were determined to be areas that could see improvement and bring overall higher quality to MCHD or were national patient safety goals that aligned with goals that MCHD has. These were discussed at every QAPI meeting keeping these measures in the forefront. Some challenges included having difficulty gathering the data using the Electronic Health Record system, consistency of how to retrieve data, low numbers of respondents to surveys, and staffing.

In January of 2018, MCHD contracted with Arbor Associates to conduct the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) A telephone survey is conducted among those who were discharged from MCHD as an inpatient or a swing bed patient. For some of the measures, data was gathered from this Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey.

The following required questions are just a few of the many that are asked:

1) Were you given any medicine that you had not taken before? (HCAHPS)
2) How often did staff tell you what the medicine was for? (HCAHPS)
3) How often did staff describe possible side effects? (HCAHPS)
4) Did staff talk about the help needed when left hospital? (HCAHPS)

5) How often was the area around your room quiet at night? (HCAHPS)
6) Had good understanding of responsibilities in managing health? (HCAHPS)
7) Two patient identifiers used to identify patients (Name and Date of Birth) (National Patient Safety Goal)
8) Hand Hygiene done appropriately
9) Surgery- right patient/ right place (National Patient Safety Goal)
10) Surgery-marked location (National Patient Safety Goal)

Patient surveys are distributed to patients following Surgeries and Emergency Department visits. The return rate of these surveys is low, but all are reviewed and the results are shared with the appropriate departments.

Medical Staff and Peer Review

The medical staff have established criteria for review for each medical specialty. In addition, the medical staff reviews a representative sample of records for each provider.

The Hospital has agreements with MDReview and California Critical Access Hospital Network (CCAHN) and Alliance network to review records if a specialty is not represented on our staff. Currently we are sending 10% of surgical records for outside review since we only have one surgeon on staff.

Section 4: Contract Services

Contracts:

A listing of contracts is being kept in administration, and the Chief Executive Officer (CEO) reviewed all contracts in 2025. The CEO will continue to review all existing contracts on an annual basis and upon renewal.

Section 5: Health Care Policies and Organizational Plans

Policies and Procedures:

Many clinical policies, including administrative and house-wide policies were reviewed within the last year. These policies were reviewed by the individual department manager. Clinical policies were also reviewed by the medical director, Medical Executive Committee and the Chief Executive Officer.

Organization Plan

Many organizational plans have been updated during the past year. Each plan was reviewed and approved by senior leadership and the medical staff.

Section 6: Survey Readiness

State Survey

The State of California completed a Critical Access Survey in May of 2023. This was both a state and federal survey. Concerted effort was made to ensure that deficiencies found on the survey continue to maintain compliance. These efforts include, but are not limited to, staff in-servicing, 1:1 training, policy and procedure review and updates, organized peer review, and chart audits completed. There was no State or Federal Survey conducted in 2024 or 2025.

External Credentialing and Quality Review

California Critical Access Hospital Network (CCAHN) provided a credentialing and quality survey through the company HealthTech S3 in June 2022. The results were shared with the CEO, the Medical Staff Executive Committee and the Board of Directors. There was no quality survey performed in 2024 or 2025 due to the Federal and State surveys of the facility which occurred in May of 2023.

Continuous Survey Readiness

Continuous survey readiness is a priority. A review by a HealthTech consultant through CCAHN was completed in June 2022. A plan of correction was created for each department, and a scorecard was developed to address all deficiencies found and follow up was provided through the Quality Assurance Performance Improvement (QAPI) Committee. There was also an evaluation in June 2022. The departments continue to work on their plan of corrections for deficiencies found. A mock survey was not performed in 2024 or 2025 due to the Federal and State surveys of the facility which occurred in May of 2023.

Section 7: Review of Services

Quality Assurance/ Risk Management:

The Quality Assurance and Risk Management programs are used to evaluate and increase patient and employee safety and satisfaction by helping to implement and monitor continuous quality improvement throughout the facility and reduce potential risk through education and training. The Quality Assurance

Performance Improvement (QAPI) program is comprehensive and includes all departments and services of the Critical Access Hospital. Objective measures are used to evaluate processes, functions and services of MCHD. Measures are selected by the departments by looking at regulatory requirements, areas of high risk and low volume, suggestions from patients and staff, and areas that are identified to improve patient outcomes. Some examples include readmissions, hospital acquired infections, and medication errors. Monthly Quality meetings are conducted with department managers and/or representatives, with participation by hospital leadership members. Measures are reported by each department quarterly to the QAPI Committee, Medical Staff, and the Hospital Board of Directors. Failure to meet expected goals requires a variance report to be submitted by the department to be reviewed. Each department is assigned a month to present to the committee what projects they are working on and get feedback from the committee, as indicated.

Risk Management works with the Quality Assurance Performance Improvement (QAPI) Committee and the Safety Committee to look at safety issues and trends with the goal of reducing risk. The Committees get reports on safety issues such as medication errors, transfusion reactions, adverse drug events, falls, infection control issues, staff and volunteer injuries, and reported safety issues.

In 2020 we moved from being a Continuous Quality Improvement program to a Quality Assurance and Performance Improvement (QAPI) Committee in alignment with the new regulations. In the coming year, we will continue to refine to improve the quality and meet regulatory standards. Quality reports have been reviewed by state surveyors and consultants and suggestions given have been put into place. Training for the Quality Assurance Performance Improvement (QAPI) Program with department heads is ongoing. The ultimate responsibility of the quality program is that of the Board of Directors. A Board of Directors member is assigned to the QAPI committee. Reports are given regularly to the Board of Directors. Quarterly, an overview of projects report, scorecards of measures and details of all the measures along with variances, are provided to the Board of Directors for their review.

Every new employee is given education regarding the quality improvement and risk management processes at New Employee Orientation. Components for the Quality Assurance and Risk Management program have been added to the annual house-wide competencies that are completed yearly. A Quality Assurance and Risk Management newsletter to the whole organization was started at the end of 2015 and continued through the beginning of 2020. However, due to staffing turnover as well as the COVID-19 Pandemic, the newsletter was discontinued in spring of 2020. A new Quality Update newsletter was initiated in the summer of 2022. Further, in 2025 we strived to establish meaningful measures that the Board of Directors closely monitors so they can be more intimately involved in areas that interest them rather than globally involved on a scale that is challenging to understand.

Annual House wide Competencies

The Annual House wide Competencies, which are required for all employees to complete yearly, continue to be updated to be compliant with MCHD policy, State and Federal rules and regulations. We continue to use the online learning platform for required material such as New Employee Orientation (NEO) and other mandatory education. This platform allows for updates in regulations to be incorporated into staff education and rolled out quickly. We have an online learning platform, Relias, which has been implemented for the nursing staff. We have now incorporated trainings within this program for all MCHD staff. We were able to move our Annual House wide Competencies to that platform in 2023. Relias ensures the most up to date information and provides education for more than just direct patient care, so it will be helpful to the entire facility.

Administration

Administration is responsible for organizational management of the healthcare district and provides leadership while maintaining a positive image for the organization and effective public relations within the community.

Admissions

Members of the Admitting Department aim to serve the District's patients and their families with courtesy, respect, and privacy. Registrars are often a patient's first contact with the hospital and are the beginning of the revenue cycle. Staff are responsible for collecting, organizing, and registering each patient's information so that medical professionals can provide care. Financial information is obtained and verified to ensure accurate billing and point of service collections for services rendered. In 2025, the District processed 37,585 patient admissions; this is an average of 103 patient visits per day. In 2025 we tracked progress of patient liability estimates and concentrated on improving customer service. In 2026, we will continue to increase the number of patient liability estimates and capture more diagnosis requirements at the point of service, to capture more revenue.

Ambulance Department

In 2025 ambulances responded to 1,421 calls for service, with 950 patients transported. Patients were transported without incident, 100% safely.

CALLS FOR SERVICE

TOTAL PATIENTS TRANSPORTED: 950 transports – (66.86% of total incidents)
NON-PATIENT INCIDENTS: 471 non-transports – (33.14% of total incidents

RESPONSES BY EMS UNIT

AMBULANCE CALL SIGN	NUMBER OF CALLS	PERCENT OF TOTAL CALLS
Ambulance 301 (Weaverville)	855	60.16%
Ambulance 303 (Hayfork)	565	39.76%
Ambulance 302 (Reserve)	1	0.8%
	Total: 1,421	**Total: 100.00%**

Ambulances are dispatched to regular calls for service by the local 911 Sheriff's Dispatch. Ambulance crews also provide interfacility transfers from our critical access hospital when the patient requires a higher level of specialty care such as neurology, obstetrics, cardiology, etc.

We serve 10 small rural communities across a large and mountainous area, staffing two ambulances 24/7.

In 2025 the EMS system utilized air ambulances for 52 patients of the 950 patients transported. This is for critical care and/or longer-distance inter-facility transport

RESPONSES BY CITY / TOWNSHIP

City / Township Name	Number of Runs	Percent of Total Runs
Weaverville	506	35.61%
Hayfork	443	31.18%
Lewiston	194	13.65%
Douglas City	82	5.77%
Junction City	68	4.79%
Trinity Center	68	4.79%
Hyampom	21	1.48%
Big Bar	12	0.84%
Coffee Creek	7	0.49%
Helena	6	0.42%
Wildwood	5	0.35%
Peanut	3	0.21%
Del Loma	2	0.14%
Mad River	2	0.14%
Forest Glen	1	0.07%
Platina	1	0.07%
	Total: 1,421	**Total: 100.00%**

CARDIAC ARREST RESPONSES – 2025

Our agency ran a total of 21 cardiac arrests in 2025 with 3 ROSC (return of spontaneous circulation) or pulses back.

STAFFING

We operate out of two ambulance stations in Trinity County: one in Weaverville, and one in Hayfork. Standard staffing of ambulances is a team of (1x) EMT and (1x) Paramedic. When an ambulance has Paramedic-level service onboard, it is designated as 'Advanced Life Support' (ALS), as opposed to an ambulance staffed with (2x) EMTs only, which is designated as a 'Basic Life Support' (BLS) unit. Ambulance 301 is ALS staffed 24/7 and Ambulance 303 is ALS staffed as much as staffing allows. We currently are fully staffed with Paramedics to run both ambulances ALS, however 303 can be subject to change to BLS if needed.

CURRENT AMBULANCE FLEET

2023 Ford Transit AWD, First Out - Weaverville
2023 Ford Transit AWD, First Out - Hayfork
2023 Ford Transit AWD, Second Out - Weaverville
2019 Mercedes Sprinter AWD, Reserve Status - Weaverville
2016 Mercedes Sprinter AWD, Reserve Status - Hayfork

BioMed / Environmental Services (EVS) / Maintenance

BioMed: Our MCHD biomedical needs are contracted through Multi Medical Systems. MMS is responsible for performing certified safety checks on equipment related to patient care. These safety checks are done annually and bi-annually. Any new or replaced patient care equipment needs to be certified by MMS before it can be in use.

EVS: Our MCHD EVS staff works well together. They are the front line to infectious control and safety for our Med Surg hospital patients and Skilled Nursing Facility residents. Our EVS staff does a great job as the laundry service for our skilled nursing and Med Surg wings. EVS staff tracks MCHD's linen deliveries from a contracted vendor two times per week.

Maintenance: MCHD's Maintenance team has been busy completing daily work orders. Our Maintenance team is responsible for monthly, quarterly and -annual preventative maintenance tasks. At MCHD the Maintenance team also provides security for the campus during the day, nights and weekends.

MCHD maintenance conducts eight fire drills throughout the year, two per quarter. Maintenance has completed a few satisfying projects around the hospital campus. We completed a shade structure for our residents in our skilled nursing wing. Also, in skilled nursing we replaced a damaged asphalt walkway

with a new cement walkway. Maintenance goes to the Hayfork Community Health Clinic and PT clinic to perform maintenance work orders and monthly preventative maintenance.

Business Services:

Business Services is responsible for daily billing and collections that play a critical role in the organization's financial viability. Business Services' customer-focused approach integrates relevant data and processes throughout the organization to help ensure both customer satisfaction and revenue integrity. Services include insurance eligibility, verification and billing, denial management, financial counseling, revenue reporting, contracting with insurance and government programs, insurance and government program credentialing and cash collections from insurance companies, patients, grants and contributions, federal and state funding, and miscellaneous non-operating cash collections.

Emphasis was placed on maintaining efficient cash flow by obtaining timely compensation for services rendered. In pursuit of this goal errors, both human and electronic, are unfortunately unavoidable by insurance companies and billing staff. In 2025, the department's quality improvement project focused on contacting patients about their claims if they had not been completely processed within three (3) months, and if there was a probability of patient liability amount. While the Business Services department always follows through with unprocessed claims, this process ensures patients are notified of the reasons for the delays. The goal of this process is to improve customer satisfaction by preventing patients from getting aged, surprise bills. In 2026, Business Services will focus on improving automation of the current billing system to allow billers more time for follow-up procedures for claims and will use additional resources to improve the patient collections process to enhance the overall patient experience.

Clinics:

The Trinity Community Health Clinic is a designated Rural Health Clinic located across the street from the campus of Trinity Hospital. It is committed to providing quality, comprehensive, preventive and accessible health care services to the residents of Trinity County. In 2025, the staff was comprised of a Family Physician, a Doctor of Osteopathic Medicine, an Internal Medicine Physician, two (2) Physician Assistants and three (3) Family Nurse Practitioners. Our Physician Assistants and Nurse practitioners were supervised by our Medical Director, Kevin Rainsford, MD.

Primary Services provided:

- Family Practice and Pediatrics (Children's Health Services)
- Primary and Urgent care
- Telemedicine including Endocrinology, Psychiatry, and Licensed Clinical Social Workers
- Workers' Compensation Claims
- On-site laboratory and X-ray (hospital across the street)

TCHC Visits	2025	2024
TOTAL	9,209	10,278

Most insurances are accepted with the large part of all patient visits being under government payer utilization. This would include Medicare, Medi-Cal and Partnership Health Plan. Private insurances include Blue Cross, Blue Shield, United Healthcare, Health Net, etc.

All private pay patients are offered the opportunity to see if they would qualify for Presumptive Eligibility, which is a temporary Medi-Cal program. If the patient qualifies, they are given a more detailed application to complete and take to Health & Human Services.

An on-site Financial Services Representative is available to assist with programs for low-income, uninsured and under-insured residents and we do offer a Sliding Fee Discount Program.

The Medical Director of clinics reviews 10% of every provider's chart notes for any one given month.

MAT (Medication Assisted Treatment)

Medication-assisted treatment is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose.

In 2025, we continued to offer MAT services to our patients. Our providers are able to prescribe suboxone and buprenorphine.

Hepatitis C Treatment

Hepatitis C is a chronic viral form of hepatitis that causes increased risk of cirrhosis and liver cancer if left un-treated. Some patients may not be aware they have the virus and, therefore, do not receive treatment.

Our clinics currently offer hepatitis treatment and management. Our goal is to detect disease, cure them of the virus and provide support through the process. By doing this, we hope to reduce mortality and decrease cost of care for advanced liver disease.

Treatment can commence in either the Trinity or Hayfork Community Health Clinics. This treatment lasts 8-12 weeks and is very well tolerated by most patients. Patients can contact the clinics to schedule an appointment for screening of Hepatitis C, treatment and/or management.

Women's Health Services

Our team offers women-centered primary care, family planning, and prenatal care.

Our women's health services include:

- Routine gynecological exams
- Family planning services; Birth control, including IUD's and Nexplanon; pregnancy testing, counseling and referrals
- Testing and treatment for sexually transmitted diseases
- HIV testing
- Breast and cervical cancer screenings
- Menopause care
- Mammogram Referrals

Colon cancer risk assessment and referrals for appropriate screening method occur for both men and women (at age 45 and above).

The is also a designated Rural Health Clinic located approximately 32 miles south of the Trinity Hospital. The same services are offered at this clinic as those at the Trinity Clinic. There is also a draw station for blood draws and specimen drop offs at the Hayfork Clinic. Our Physician Assistants and our Nurse Practitioners were supervised by our Medical Director, Donald Krouse, MD.

In 2025, the Hayfork Clinic was serviced by a Family Physician, a Doctor of Osteopathic Medicine, an Internal Medicine Physician, three (3) Physician Assistants and two (2) Family Nurse Practitioners.

Primary Services provided:

- Family Practice and Pediatrics (Children's Health Services)
- Primary and urgent care
- Telemedicine including Endocrinology, Psychiatry, and Licensed Clinical Social Workers
- Workers' Compensation Claims

HCHC Visits	2025	2024
TOTAL	3,334	4,049

According to Aaron Rogers, CEO, we are currently recruiting for a full time, Family Physician as well as Advanced Practice Practitioners (PA, FNP, etc.). We are looking for providers who will make an impact and commitment to our community.

Plans and goals for 2026 are to continue to provide quality accessible healthcare to our community. We will continue to work on better outcomes in treatment of preventative diseases through patient education and by partnering with patients to meet health goals. We would like to work on growing our MAT program to improve patient survival, decrease illicit opiate use, and improve birth outcomes among women who have substance use disorders and increase patients' ability to gain/maintain employment. We would also like to solidify our provider staff to make certain we have adequate coverage to meet the needs of our community.

Diagnostic Imaging:

Our goal is to provide high quality Diagnostic Imaging Services with the best patient care possible to the people of Weaverville and surrounding communities.

Hours of operation are Monday through Friday, 8:00 AM to 5:30 PM.
The department provides "call" coverage after hours and weekends for Radiology and CT.
Our department provides:

1) General Radiology: chest, feet, hands, ankles, spine, etc.
2) CT scans (Cat Scans): low dose, full body, head, chest, abdomen, lung cancer screening, CT angiography, etc.
3) Ultrasound Services:

a. General Diagnostic: Abdomen, Pelvis, Thyroid, OB, and endo-cavity procedures.
b. Vascular: Carotid, Venous Doppler extremity.

4) Echocardiogram: The evaluation of how the heart is functioning, evaluation for valve disease, how the muscle is contracting, congenital defects, clots, etc.

BRIEF

We are committed to the challenge of providing imaging services 24 hours. The Imaging Department personnel include three registered Radiologic Technologist and two Registered Diagnostic Medical Sonographer (RDMS).

We will continue to evaluate imaging services to add and/or implement changes that will enhance our services or improve our efficiency of the Imaging Department.

Services: Our focus is to provide better than or equal image quality provided west and east of Weaverville.

ACCOMPLISHMENTS GOALS AND PROJECTS

- November 27, 2024, received termination letter from Focus Medical Imaging.
    - In March 2025, we negotiated a contract with Pinnacle Interventional and Physicians, the process of Insurance Credentialing took longer than expected. Focus provided services through September 2025.
    - Contracted Pinnacle Interventional and Physicians
        - Contracted a Fee of $68.00 per RVU (Relative Value Unit).
        - Services began in September 2025, and Trinity Hospital continues to appreciate a positive variance from Pinnacle Invoices vs Trinity Hospital billing for Radiologist Professional Fee.
        - Improve patient/hospital relations. Trinity Hospital bills for the Technical and Professional components and patients will only receive one bill from Trinity Hospital.

    - **Picture Archiving System (PACS**).
        - Sharing of patient studies
            - Still Pending: PowerShare for Shasta Regional and Mercy Hospitals. It would allow Trinity to "push" patient's images to receive patient transfer exam images.

- Still Pending: Redding VA: Redding VA has reached out to provide exam transfers to any VA patients performed at Trinity Hospital

- **Fujifilm DR go Portable X-ray**. A multiyear (5 yr) Service Agreement to include "Detector" panels was signed on June 23, 2023.
- **CT Siemens Group**.: A multiyear (5 yr) Service Agreement. July 2025 through July 2030.
- **Annual Physicist Survey: Completed October 29, 2025**. Passed without deficiencies.
    - All lead aprons evaluated for defects. No defects found.

PROJECTS CURRENTLY UNDERWAY

- **General X-ray replacement**: Building permit issued September 2024.
    - Terminated Architect Wade Ellenberger and Structural Engineer, Bill Nagle.
    - Signed Agreement with Michael O'Conner, CEO Nichols, Milburg and Rosertie, Architect and Engineering, Redding, Ca.
    - All structural, electrical, and installation drawings have been approved HCAI.
    - Difficult finding a required Inspector of Record (IOR).
        - Greg Estrada, following a site visit, sent an email of resignation.
        - Michael Smith, required a retainer fee of 4K per month with an added clause that "Unused Retainer Fee" shall not carry over to the next month".
        - Mike Waggoner required a $10,000.00 retainer guaranteed 20 hours or $3,100.00 per week or $12,400 per month.
        - Future Plans: Director of Plant Operations, Roger Freer to take the HCAI IOR test and become Trinity Hospital's in-house IOR.

Continue comparing annual procedure. Identify trends in referral patterns from ER, IP and OP.

IMAGING DEPARTMENT PROCEDURE
COMBINED MODALITIES (X-ray, CT, US and Echo)
ER, IP, OP and Combined
2025 – 2024

DEPARTMENT

	ER	IP	OP	TOTAL	Variance	+/-
2025	**3246**	**299**	**3,214**	**6,759**	**-184**	**3%**
2024	3,352	239	3,352	6,943		

(XR) General Radiology
2025 – 2024

GENERAL X-RAY

	ER	IP	OP	TOTAL	Variance	+/-
2025	**1662**	**112**	**1,052**	**2,826**	**-626**	**-18%**
2024	1,860	106	1486	3,452		

CT Procedures
ER, IP, OP and Combined
2025 – 2024

CT SCAN

	ER	IP	OP	TOTAL	Variance	+/-	AVG
2025	**1,357**	**56**	**568**	**1,941**	**178**	**9.9%**	
2024	1,274	66	463	1,803			

Ultrasound Procedures
ER, IP, OP, Combined
2025 – 2024

ULTRASOUND

	ER	IP	OP	TOTAL	Variance	+/-
2025	**190**	**35**	**988**	**1,213**	**164**	**13.5%**
2024	171	25	853	1,049		

ECHOCARDIOGRAM PROCEDURES
ER, IP, OP, Combined
2025 – 2024

ECHOCARDIOGRAM

	ER	IP	OP	TOTAL	Variance	+/-
2025	**32**	**96**	**604**	**732**	**92**	**13%**
2024	36	44	560	640		

IMAGING DEPARTMENT REVENUE
COMBINED MODALITIES (X-ray, CT, US and Echo)
ER, IP, OP and Combined
2025 – 2024

DEPARTMENT

	ER	IP	OP	TOTAL	Variance	+/-
2025	2,017,413	139,062	1,435,663	**3,592,138**	**246,742**	**7%**
2024	1,922,624	120,659	1,304,113	3,345,396		

PROJECTS UPCOMING

- **Complete the installation of the Fuji DEVO Suite**
- **Evaluating providing MRI services**

Dietary:

Dietary provides nutritional and therapeutic diets for patients, residents, doctors and employees. A total of 24,325 meals were served in 2025.

Dietary participates in performance improvement projects, including checking the temperatures of the refrigerators on the Med/Surg and SNF units. Dietary also records logs daily for cleaning, food temperatures for each meal and keeps records twice daily of all the refrigerators and freezers in the kitchen. A monthly walk through is performed with our Dietician to ensure foods are properly labeled and dated and logs are completed and current.

Discharge Planning / Utilization Review:

The purpose of Case Management is to ensure post-acute hospitalization needs are addressed and met per the patient's preference, ability, and willingness. Patients are evaluated to return to the pre-hospital environment and offered a range of realistic options to consider for post-hospital care.

The purpose of Utilization Management is to ensure the appropriate use of hospital facilities and the timely communication of information to third party payers. It is also to review services furnished by the institution and by members of the medical staff to patients entitled to benefits under Medicare and Medicaid programs.

Discharge planning/ Utilization Review monitors all readmissions for all causes within 15- and 30-day periods with an average goal of less than 12% for both measures annually. This year we had a 3% readmission rate.

Utilization Review meetings have been held regularly. For a large portion of 2025, there were no significant issues to report due to the diligence of staff and the effective management by the Discharge Planning and Utilization Review team.

Employee Health:

The Employee Health Program ensures that the staff in every department is compliant with the organizations' requirements for annual physicals, TB testing/screening and annual N95 mask fit testing. Employee Health also ensures compliance with additional state and federal requirements, as appropriate, such as the annual flu vaccine requirement.

Employee health establishes an employee health record for each new hire that includes verification of passing the hiring physical, TB clearance (which may include a one or 2-step Tuberculi skin test, x-ray or Quantiferon blood testing), N95 mask fit tests, and a review of records for required immunizations are also services that the Employee Health Program must offer.

Annually staff are required to complete TB testing/screening and N95 mask fit testing. Staff with direct patient care responsibilities will also have an annual physical. These are all completed upon hire, and annually during the staff's birthday month.

Upon hire, annually, and as needed, the general hand hygiene policy, personal protective equipment (PPE) procedures specific to the employee's work environment and infection control principles are reviewed.
Employee Health also addresses all employee exposures (potential and actual), employee injuries that occur while working, and helps to facilitate follow up labs and treatments, when necessary.

In 2025, the Employee Health Program continued to work closely with Infection Control to ensure safety and adherence to Infection Control policies and protocols. Staff was offered the 2025-2026 flu vaccine, and the annual Public Health mask rule was enforced from November 1, 2025 through March 31, 2026. Employee Health continued to provide guidance to all departments on the most up-to-date recommendations for return-to-work criteria when infected with respiratory viral infections, such as flu, RSV (Respiratory Syncytial Virus) and COVID-19, as put forth by California Department Public Health in the first All Facilities Letter [(AFL) 25-01] of the year.

Financial Services:

The Financial Services team is responsible for the stewardship of the District's financial resources, ensuring accuracy, transparency, and compliance in all fiscal matters. The department manages a comprehensive financial management system, which encompasses centralized accounting, financial reporting, and

budget development and administration. Its wide-ranging duties include payroll processing, accounts payable, preparation of Medicare and Medi-Cal cost reports, State Controller reporting, and submissions to the Department of Health Care Access and Information (HCAI). The team also oversees all financial audits, including those required by the Health Resources and Services Administration (HRSA), and manages capital assets reporting and activity-based costing.

In addition to hospital operations, the department administers the Special District's parcel tax collection, including the management of liens, and provides accounting services for patient trust funds, the Hospital Foundation, and Trinity Life Support Community Service District.

In 2025, the department prioritized professional development, focusing on cross-training staff across key functions such as accounts payable, general ledger, payroll, and miscellaneous financial reporting. This initiative strengthened operational resilience and enhanced the team's collective expertise.

Looking ahead, the department will continue to prioritize professional development in 2026, building upon this foundation to further expand staff capabilities and ensure the highest level of service to the District.

Health Information Management

Health Information is an important function of the revenue cycle, applying charges and coding all claims in a timely fashion. HIM protects the privacy of the patient according to all Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and confidentiality laws and principles. We facilitate providers and patients having quick, accurate access to patient records. Patients are welcome to come into our offices or can have records faxed or mailed. We also offer help navigating the patient portal. The department continually works on expanding coding and ROI (Release of Information) knowledge, and skill sets through training, webinars, and assessments. All members of the HIM department are cross trained for excellent interdepartmental coverage.
HIM will continue to invest time and resources in making the Item Master as accurate as possible, train a back-up person for this task, and increase overall item master knowledge. Health Information participates in conducting insurance audits. HIM reviewed IV documentation and charges for the Emergency Department and the Med/Surg unit as our 2025 departmental QAPI (Quality Assurance Performance Improvement) project to ensure optimal performance. We will continue monitoring this in 2026. In 2025/2026 HIM trained a primary and secondary person to do HCAI reporting. In 2026, audits will be undertaken to review the application of E/M (Evaluation & Management) charges in all facility departments, to include, In-Patient, Swing, Emergency, Clinics, and SNF.

The department is in its second year at the facility located at 120 Taylor Street.

The Health Information Management (HIM) department's number one priority is maintaining the accuracy and integrity of the patient medical record.

Human Resources:

The Human Resource (HR) department continued to focus on employee turnover rate as a continuous improvement quality measure. The average employee turnover rate for 2025 remains at just under 2%, which continues to be an industry low. Recruitment efforts by attending career fairs at local colleges have resumed since COVID ended and HR continues to maintain a focus on hiring employees that are qualified and committed to a long-term career with the hospital. We have also started identifying schools in the state of CA for licensed positions and are sending an email blast to them in hopes of attracting attention to our vacancies. In addition to the low turnover rate, the average number of employees working at MCHD continues to increase. We are excited to be growing as we expand our services to the community. In 2025 we continued building relationships with the two local colleges, one which provides a BSN program and the other an RN program; there has been great value in speaking directly to students who are one semester away from graduating, to provide information regarding our employment opportunities.

The Human Resource department continues to work closely with Trinity High School to employ Juniors and Seniors that are interested in the medical field. We have had great success with hiring students in entry level positions, working around their school schedule and upon graduation enrolling them in our Certified Nursing Assistant course available at the Skilled Nursing Facility. This not only fulfills a need within our organization but provides further education and experience for these young adults starting their career. In 2025 we significantly increased our recruitment efforts for Clinic Providers; we were successful in hiring one Physician but still need another Physician to join our Family Practice. We continue to look for ways to get creative with recruitment in hopes of being successful with our efforts to hire two Physicians.

Infection Control:

Infection prevention and control is a top priority in hospitals and healthcare facilities. The goal of infection control is to protect patients and healthcare workers from avoidable infections.

Infections can be caused by bacteria, viruses, fungi and parasites.

Infection control prevents or stops the spread of infections in healthcare settings through policy and procedures implemented to control and minimize the dissemination of infections in the hospital and other healthcare settings with the main purpose of reducing infection rates.

The main purpose of the infection control program is to focus on preventing and reducing the risk for hospital acquired infections. This is achieved by surveillance, isolation, outbreak management, environmental hygiene, employee education and infection prevention policies and management.

Specifically, infection prevention is focused on achieving these outcomes:

- Protecting patients and healthcare workers by minimizing the risk of patients acquiring infections while receiving healthcare- which can lead to longer hospital stays, increased costs and even death.

- Ensuring quality of care – effective infection prevention and control is critical for delivering safe and high-quality healthcare services.

- Protection of healthcare workers from occupational exposure, promoting a safe working environment.

- Strong infection control policies to establish procedures and guidelines for preventing and controlling the spread of infections in the hospital setting.

The following measures in the infection control program help to reduced hospital acquired infections and are monitored and reviewed regularly to ensure patient and staff safety:

1. Frequent hand hygiene by employees and visitors with soap and water or use of alcohol-based hand sanitizer.

2. Personal protective equipment (PPE)- appropriate use of PPE, such as gloves, gowns, masks, and eye protection when handling bodily fluids, contaminated surfaces or caring for patients with infectious diseases.

3. Isolation and precautions-implementing isolation procedures for patients with infectious diseases to prevent transmission to others.

4. Environmental cleaning and disinfection- regular cleaning and disinfection of surfaces, equipment, and patient rooms.

5. Waste management- proper disposal of contaminated materials, including sharps/needles.

6. Respiratory hygiene/cough etiquette- coughing and sneezing into a tissue, elbow or mask and disposing of it properly.

7. Improving surveillance of patient cultures for types of infection and appropriateness of antibiotic therapy.

Our 2026 Infection control goal is to stay current, relative and ahead of the next infectious disease to provide information, education and guidance.

Information Technology

Cybersecurity remained the foremost priority for the Information Technology (IT) Department in 2025, as escalating global incidents continued to pose direct threats to healthcare technology operations. The rapid integration of Artificial Intelligence (AI) across our vendor supply chain has also emerged as a critical area of focus, with growing emphasis on ensuring its safe and responsible use within healthcare environments.

Throughout the year, the IT Department made significant strides in strengthening both cybersecurity and AI security capabilities across our Security Operations Center (SOC) and District-wide operations. These efforts have meaningfully improved our defensive posture and enhanced the security of key business processes.

IT Support Services continued to meet all response and resolution benchmarks despite navigating a highly dynamic environment — one shaped by large-scale infrastructure upgrades, new facility acquisitions, and the broad operational demands of the evolving cybersecurity and AI landscapes.

Informatics Department

The Informatics Department, formed for direct oversight of consistent and frequent changes mandated by regulatory initiatives including CMS's PI (Promoting Interoperability) and MIPS (Merit-based Incentive Payment System) programs, continued to improve work-flows within healthcare operations while maintaining required program compliance and assessing the safe use of the District's Electronic Health Records (EHR). The department continues to enhance and streamline the District's EHR for Staff, Patient access and Interoperability.

Laboratory:

As a 24/7 operation, the laboratory provides services for Inpatients, Skilled Nursing, ER, and Outpatients. The laboratory is open for outpatients Monday through Friday, 0730-1700, and weekends from 0730-1400.

The laboratory performs a variety of testing: Hematology, Chemistry, Immunochemistry, Immunology, Urinalysis, Coagulation, Arterial Blood Gases, Blood Bank, and Microbiology, including Molecular testing. Employer drug screens are available by appointment Monday through Friday. We also provide Drug collections for Federal and Non-federal Drug Testing.

The laboratory uses state-of-the-art chemistry and immunochemistry analyzers. Testing is performed on a multiplatform analyzer, which means one analyzer with multiple platforms. Testing is more efficient, and there is an improvement in turnaround time. The laboratory is still looking at ways to create revenue by adding tests to the menu.

The laboratory provides respiratory testing using either amplified DNA or PCR testing for 3 of the most common respiratory pathogens: SARS-CoV-2, Influenza A and B, and RSV. With the two genetic testing platforms, the laboratory can provide reliable results within a short period of time, rather than sending them out to our reference lab. The laboratory also performs molecular testing for Vaginitis and Sexually transmitted diseases. The molecular assay involves PCR testing or Polymerase Chain Reaction, a technique for rapidly producing (amplifying) millions to billions of copies of a specific segment of DNA, which can then be studied in greater detail.

The laboratory is in the process of adding new testing to the test menu. There has been an increase in Cortisol requests and Thyroid testing. Running these tests in-house rather than referring to a reference lab makes more sense to bring in-house. These tests are available on our main Chemistry analyzer. The laboratory's goal is to continue to go into the community and provide health screening for cardiovascular disease, Diabetes, and Prostate Cancer by participating in community-wide health fairs.

Volume/Activity: The laboratory total charge count for 2025 was 62050 in comparison to 2024, which was 60098; an increase of 3.1%. In-patient transfusion utilization in Red Blood Cells (RBC) showed a 50% decrease. Outpatient transfusion utilization increased by 29.3%. In total, the laboratory transfused 44 units of Leuko-reduced Red Blood cells, zero (0) Fresh Frozen Plasma (FFP), and zero (0) Platelet Pheresis in 2025. There has been a decline in Inpatient RBC and an increase in Outpatient utilization this past year. The trend appears to be the push for transfusion of blood products on an outpatient basis rather than inpatient or transferring the patient to a higher level of acuity due to the requirement of special blood/Plasma and/or Platelets.

Laboratory Charge Count	2025	2024	2023	2022	2021
Total	62050	60698	58294	61013	58612

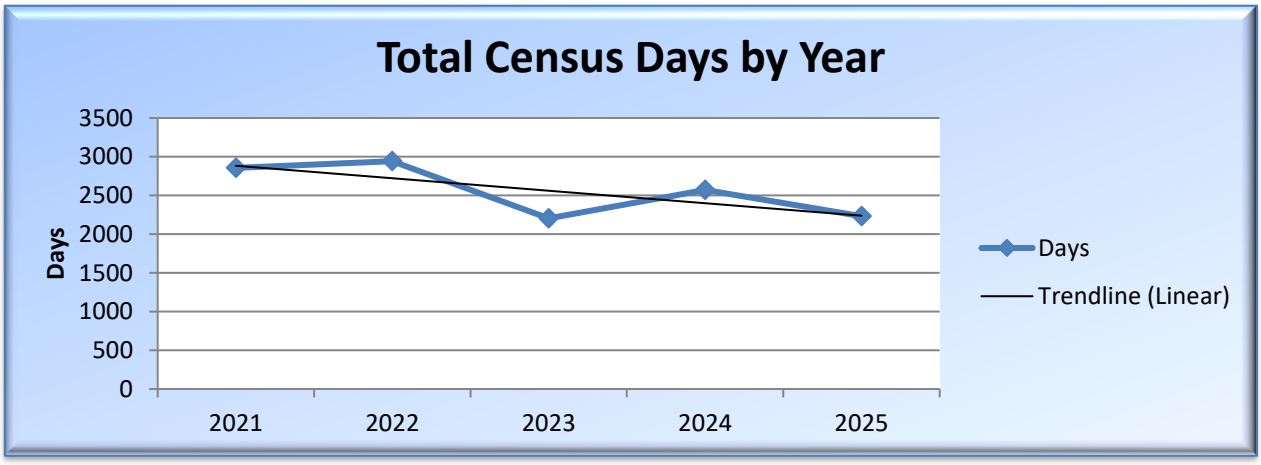
Transfusions	2025	2024	2023	2022	2021	
Inpatient	3	6	10	29	20	
Outpatient	41	29	33	42	62	

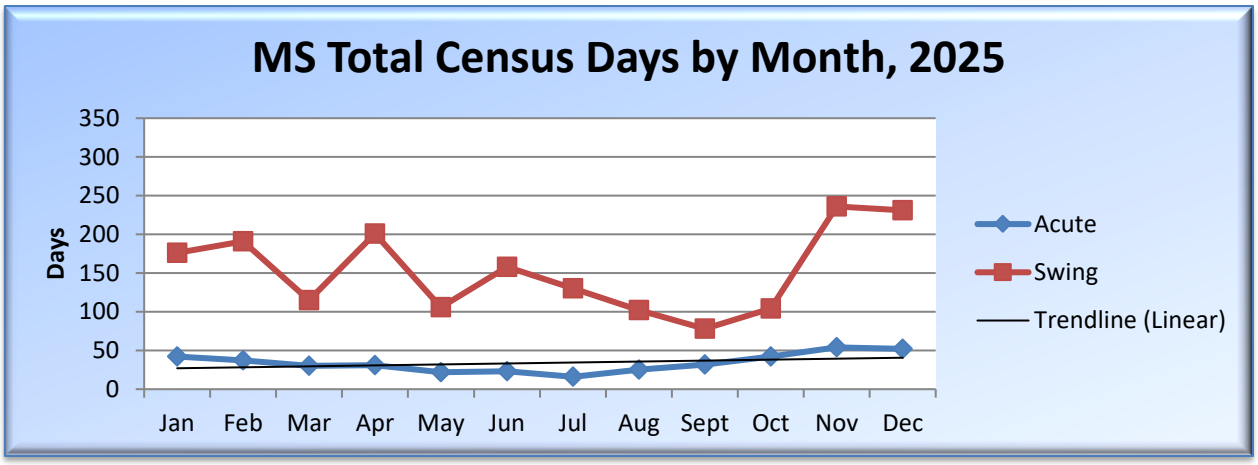
Laboratory utilization trends include the total number of inpatient and outpatient charges per year. Total number of laboratory charges increased by 3.1% in comparison to 2024.

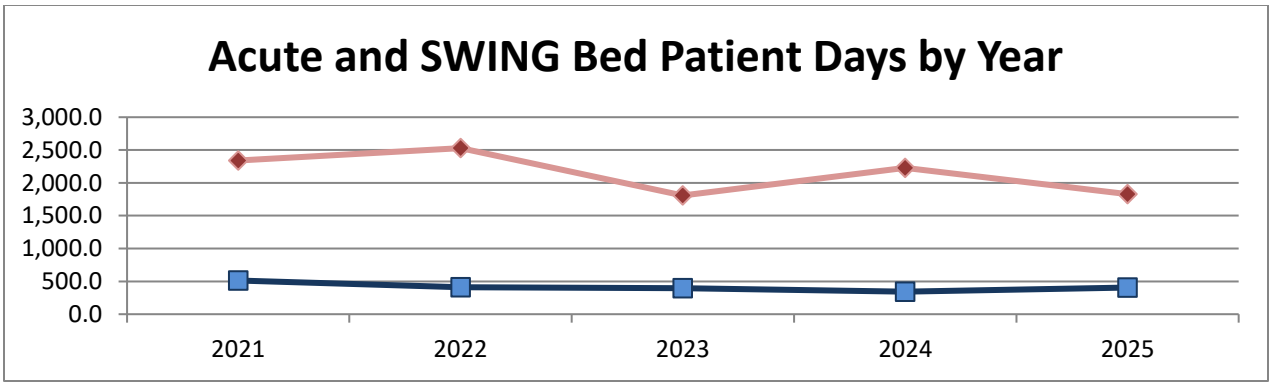
NURSING

Acute and Swing on Med/Surge:

Trinity hospital Medical Surgical (MS) Unit provides Acute Care and Swing Bed services, which are provided for qualifying patients who require inpatient post-acute care, such as rehabilitation from Physical Therapy, Respiratory Therapy and Skilled Nursing services. In 2025, our acute patient days were 406 which was an increase of 63 days from previous year. Swing bed patient days for 2025 were 1,828, which was a decrease of 399 patient days from the previous year. The MS patient-to-nurse ratio is 5 to 1. Our nurse staffing goal continues to be three to four licensed nurses (At least two RN's and one to two LVN's) on MS around the clock in order to maximize our ability to admit up to our licensed capacity, which is 25 patients; we continue to work towards the goal and are constantly recruiting. At the end of 2025, MS exceeded its previous maximum admission limits from 10 to up to 15 patients, due to consistent and successful efforts in maintaining the up to three licensed nursing staff scheduled around the clock.



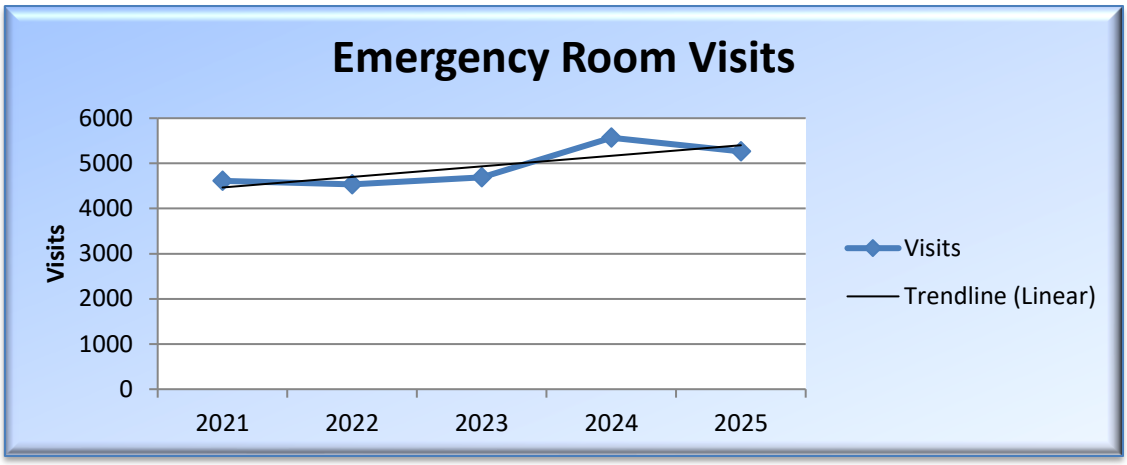




Census Days	2025	2024	2023	2022	2021
Acute	406	343	394	410	513
Swing	1828	2227	1808	2513	2338
Observation	0	0	0	3	3
In Patient Surgery	0	0	0	0	0
Total Patient days	2234	2570	2204	2923	2854

Emergency Department (ED/ER)

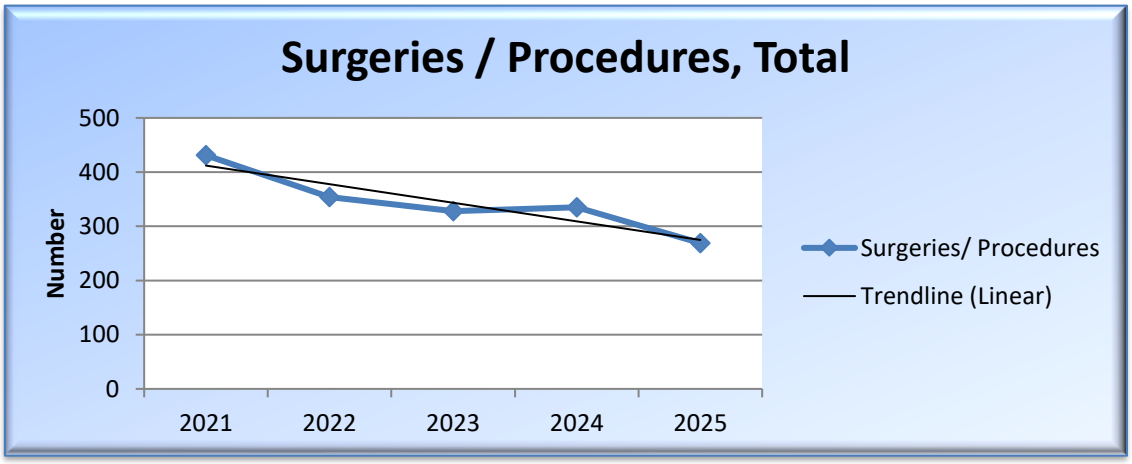
Trinity Hospital Emergency Department provides emergency medical services to our community. Basic emergency care services are available 24 hours a day. ER visits decreased by 303 from 5,567 in 2024 bringing this year's total to 5,264.



	2025	2024	2023	2022	2021
Emergency room Visits	5264	5567	4,690	4,535	4,611

Surgical Services/Operating Room (OR)

Trinity Hospital Surgical Department provides select procedures such as endoscopic procedures and other minor surgical procedures. These procedures are scheduled as outpatient, are minimally invasive and patients typically discharge home the same day. The Chief of Surgery, and only surgeon in the department performing procedures, retired during 2025 which brought surgical and procedural cases temporarily to a halt. Another surgeon has since been hired to resume cases with the goal of eventually expanding surgical service and procedures in the department.

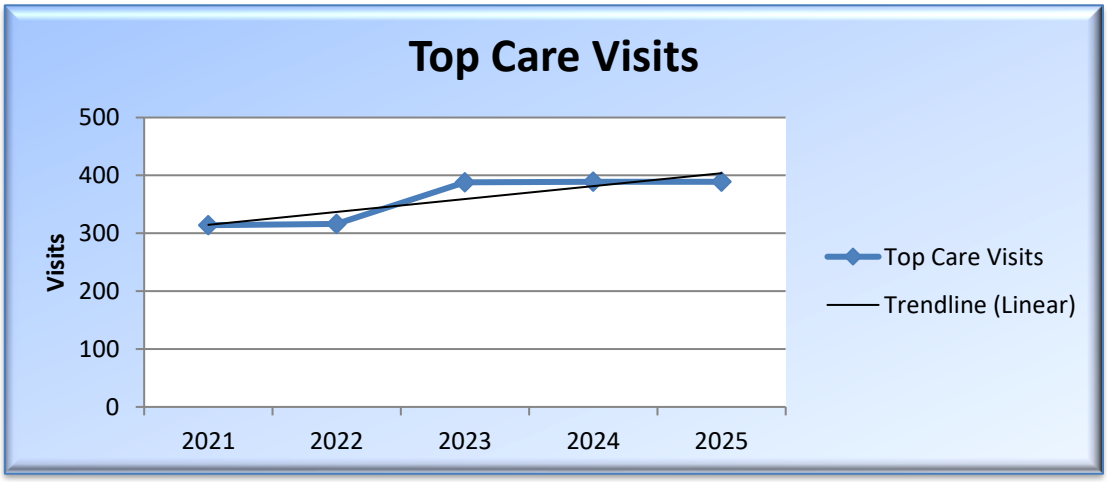


Surgeries	2025	2024	2023	2022	2021
Inpatient Surgeries	0	0	0	0	0
Outpatient Surgeries	0	20	36	55	62
Inpatient Procedures	0	1	2	10	4
Outpatient Procedures	269	334	290	288	365
Total Surgeries and Procedures	269	355	328	354	431

TOP Care Program (Trinity Outpatient Program)

TOP Care, or Trinity Out-patient Care, Program is an out-patient program which enables stable patients with medical needs to have nursing procedures performed without being hospitalized or having to travel long distances for specialty services. Some of the services that the TOP Care program offers include: wound care, urinary catheter care, PICC line and Port-a-Cath management, therapeutic phlebotomy, blood transfusions, Rhogam injections, IV Antibiotic infusions, rabies vaccination injection regimens, and specialty medications for oncology, chronic pain control, adult Iron infusions, and out-patient infectious disease management.

In 2025, there were 359 encounters through the District's TOP CARE Outpatient program. Each of these encounters included treatments for patients in need of out-patient services. If not for this program, many of these patients potentially would have to travel for hours to receive these services.
The TOP Care Program currently has one full-time RN that facilitates most cases. We coordinate with several surrounding medical providers to provide much-needed medical treatments to our community members.



Top Care Visits	2025	2024	2023	2022	2021
	359	389	388	316	314

Pharmacy:

Trinity Hospital is licensed as a Hospital Pharmacy. The pharmacy provides pharmaceutical services to the Emergency Department, Operating Room, Med/Surg, Top Care, Skilled Nursing, and Radiology, as well as to MCHD's Health Clinics.

The pharmacy is responsible for the evaluation and approval of all medication orders within the Hospital and Pharmacy policies and procedures to ensure safe medication administration and the ordering, procurement, stocking of all pharmaceuticals.

The Pharmacist is a member of the Pharmacy and Therapeutics (P & T), Medication Error Reduction Program (MERP), Antimicrobial Stewardship (ASP) Committee, and is an active participant in the MCHD Quality Assurance Performance Improvement (QAPI) program.

Pharmacy and Therapeutics / Medication Error Reduction Program (P&T/MERP):

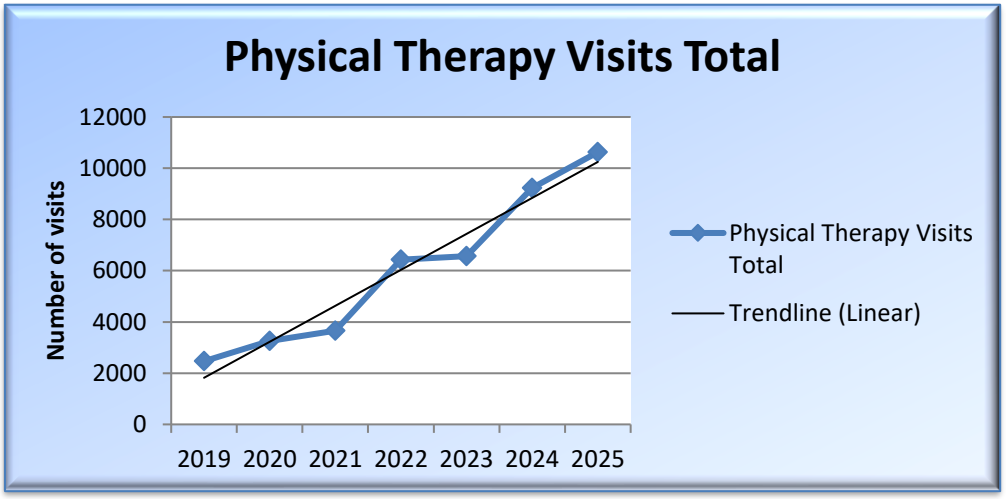
The P&T/MERP Committee is composed of the Director of Pharmacy, the Pharmacy Medical Director, Chief Executive Officer (CEO), Chief Nursing Officer (CNO), Quality Assurance Coordinator and other staff representatives as appropriate. The purpose of the P&T/MERP Committee is to review Pharmacy policies and procedures, Medication Errors, Formulary, and ASP activities - updating as needed with Medical staff recommendations and approval, provide pharmaceutical resources to physicians and nursing staff and to oversee the Pharmacy operations in order to provide quality monitoring of medication ordering, administration, procurement, and stocking. The P&T/MERP meets at least quarterly. The committee met quarterly over the entirety of 2025. The ability to track medication errors remained consistent in 2025. Measures being reported quarterly to Quality Assessment and Performance Improvement (QAPI) include the number of expired medications inside and out of the pharmacy and appropriate antibiotic selection based on laboratory cultures (ASP).

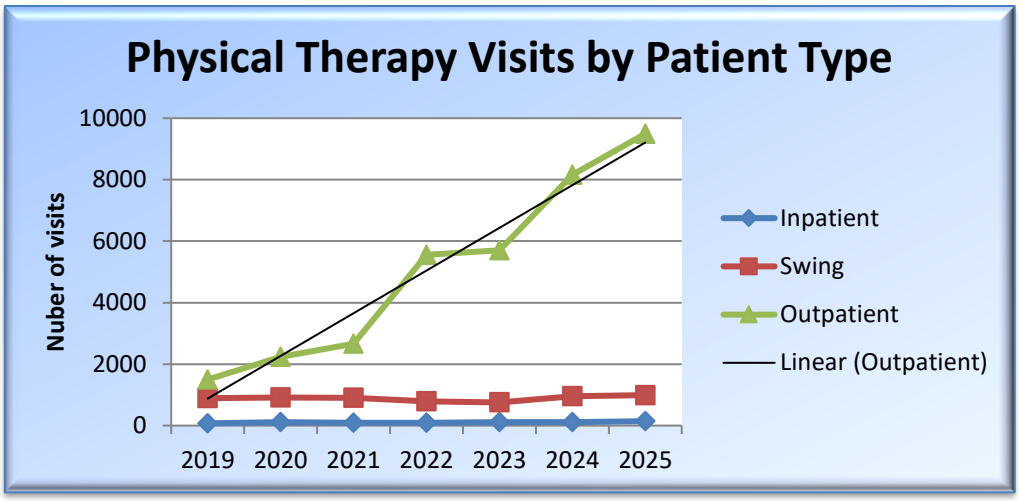
Antimicrobial Stewardship (ASP):

The antimicrobial stewardship program has been ongoing since July of 2015. The purpose of ASP is to help combat the increase of antibiotic resistance in the community. The measure being looked at and reported to QAPI is the proportion of positive cultures that have an appropriate antibiotic, according to culture antibiotic sensitivities, and the day the culture and sensitivities have resulted. This number has steadily improved since 2016 — currently above 95% in appropriate antibiotic selection in 2025. The primary outcome for the program is reported to QAPI every quarter.

Physical Therapy:

The Physical Therapy department evaluates and treats patients in our hospital for both the inpatient and swing programs, skilled nursing residents (included as outpatient visits), and people in our community in our outpatient clinics. Physical therapy is a specialty that promotes mobility, function, and quality of life through examination, diagnosis, prognosis, and physical intervention.





Physical Therapy	2025	2024	2023	2022	2021	2020	2019
IP	143	109	115	90	87	111	74
Swing	991	954	753	789	905	914	895
Out Patient	9493	8162	5698	5553	2666	2234	1497
TOTAL	10627	9225	6566	6432	3658	3259	2466

- By the end of 2025 Outpatient Physical Therapy had grown to support employment of eight (8) full time physical therapists and one (1) full time physical therapy assistant. The Hayfork PT location remained steady with two (2) physical therapists treating there five (5) days/week. The Weaverville location expanded in size, taking over square footage to allow adequate space for our growing department. Inpatient and Swing program remain steadily busy and even picked up at the end of 2025 as our hospital increased the census above 10 patients for the first time in years; if this census continues, we may require additional PT assist with patient care for inpatient and swing programs.

- In 2026, outpatient PT will continue to assess community needs and expand services as we see need. We expect to be fully staffed for the year and expansion will be focused on wound care and vestibular services. We continue our search for an Occupational Therapist and Speech Therapist. We would like to provide comprehensive rehabilitation for Trinity County to decrease the need for patients to travel out of the area for services. For Inpatient and Swing, PT will focus on maintaining quality care and if volumes remain high outpatient PTs will assist with coverage as needed.

- Looking forward to 2027, we hope the above Inpatient/Swing programs continue to provide exceptional rehab services to meet the needs of our community. Outpatient Rehab hopes to have an established OT and ST program to round out a comprehensive rehabilitation team in Trinity County

Purchasing:

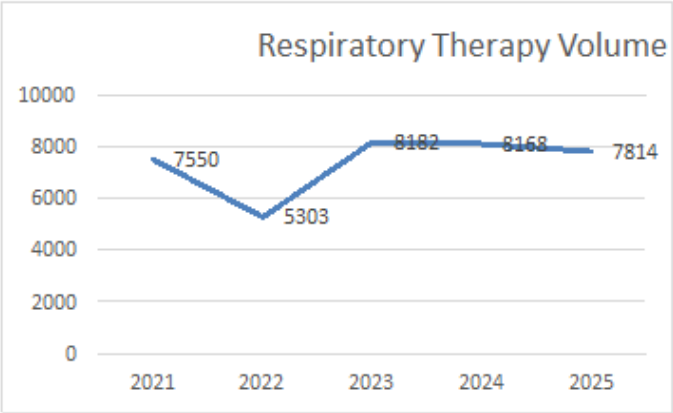
The mission of the Purchasing Department is to provide efficient and responsive procurement services and to obtain high quality goods and services at reasonable cost. In 2025, we reached our goal of keeping outdates under 2% and we worked hard on finding supplies at reasonable prices in very challenging macroeconomics environment. In 2026, the department will continue to monitor changing macroeconomics in the supply chain to ensure that MCHD utilizes the most economic sources for supplies and increase our inventory on critical need supplies in case of worldwide shortages. In addition, we will go re-visit our plan of remodeling the supply room in Med/Surg to increase efficiencies with the increase of census in that department and to make it easier for the new nurses to locate supplies.

Respiratory Therapy (RT):

Respiratory therapists provide care for patients with heart and lung disease acute and/or chronic. They often treat people who have asthma, chronic obstructive pulmonary disease, restrictive lung disease, emphysema, cystic fibrosis and sleep apnea, as well as those experiencing a heart attack or suffering a stroke. The therapist performs MetaNeb therapy treatments; pre and post bronchodilator spirometry; nebulizer treatments; assesses oxygen requirements and consults with the physicians when indicated recommending mode of oxygen treatment by mask, nasal cannula, continuous positive airway pressure (CPAP) or Bi-level Positive Airway Pressure (BIPAP); incentive spirometry, peak flow meter, home oxygen qualifications, procedures to screen for Chronic Obstructive Pulmonary Disease (COPD), performs Arterial Blood Gas collections (ABG) and interpretation, electrocardiogram (EKGs); patient education, intubation assist, and ventilation assistance.

Volume/Activity:7814 treatments were performed by Respiratory Therapy in 2025. A 4.3% decrease in volume from 2024 to 2025.
Respiratory Therapy utilization includes total treatments for the year. There is a small decrease in the number of treatments due to a similar number of patients requiring respiratory services. This number can fluctuate year to year depending on the need for respiratory care. With COVID now considered a respiratory

illness, patients are more likely to present themselves to the hospital Emergency room for treatment and not be fearful of contracting the virus. With Respiratory on-site, Trinity can care for patients with respiratory illnesses rather than transfer them to a different facility.



Respiratory Therapy volume	2025	2024	2023	2022	2021
	7814	8168	8182	5303	7550

Skilled Nursing

2025 ended with a total of 13 residents in the facility with a total of 4479 resident days. In 2025 the Skilled Nursing Facility (SNF) had no infectious outbreaks. Infection Prevention and Control staff have managed acute infections such as conjunctivitis, Multi-Drug Resistant Organism (MDRO) Urinary Tract Infections (UTI's), clostridium difficile (c. Diff) to name a few. Enhanced Barrier Precautions are implemented on SNF for any resident thought to be colonized with an infection. All active infections are isolated according to their transmissive properties (Contact, Droplet or Airborne precautions).

Residents were offered their annual viral respiratory illness vaccines to all residents for the 2025-2026 season. The county health department order for unvaccinated healthcare workers to mask went into effect from 10/01/2025 through 03/31/2026.

Survey Info:
SNF is surveyed annually by both California Department of Public Health (CDPH) and Centers for Medicare Services (CMS). SNF is licensed to provide care to residents by both entities and must demonstrate compliance with regulations to maintain licensure.

The 2025 CDPH licensing survey resulted in two deficiencies. One deficiency related to a regulation that requires an RN to be staffed 7-days per week in addition to direct care staff, and an absence of a full-time DON (The Chief Nursing Officer served as Interim DON until a suitable replacement could be hired). Trinity Hospital SNF is in an underserved area and has submitted a waiver to CMS to be exempt from the 7-day RN requirement. The second deficiency included an over-the-counter medicated cream order that did not include the dose/amount to give on administration; this was immediately corrected.

Trinity Hospital SNF received high praise in all SNF Departments that were surveyed, including Nursing, Dietary, and the required Infection Control, Quality, and Pharmaceutical Committees.

Staff Development:

On 08/27/2024 Trinity Hospital Skilled Nursing Facility (SNF) received approval for the Nurse Assistant Training Program (NATP) through the California Department of Public Health (CDPH). The approval of this program allows the SNF Facility to provide Orientation and In-Service education to current CNA's and provide a facility-based NATP where non-certified aides can receive education in-house and sit for the state board testing to become certified.

The NATP requires renewal and approval from CDPH every two years; reapplication will be required prior to 08/2026. It is recommended that renewal applications are sent 90 days prior to the expiration date.
The primary focus of the Director of Staff Development's (DSD) responsibility involves providing required continuing education for our certified nursing assistants and on-the-job education, as necessary to provide for efficiency and safe care of residents. The DSD is responsible for completing the mandatory 16 hours of orientation for all newly hired CNA's prior to allowing them to work with residents in the skilled nursing unit.

In 2025, Trinity Hospital SNF held a CNA class of three students, all of whom received certification through the state as CNAs. The DSD is responsible to the CNAs as a resource who monitors compliance and progress of required continuing education, and assists, as needed, in their application renewal.

Certified Nurse Assistants (CNAs) must complete 48 hours of continuing education every 2 years. CNAs must comply with State and Federal law specific to in-service and continuing education hours (pursuant to Health & Safety Code, Section 1337.6 (a)(1)).
CNAs must obtain 48 hours of in-service training/CEU's within the certification period. A minimum of 12 of the 48 hours shall be completed in each year of the two-year certification period. A maximum of 24 of the 48 hours may be obtained only through a CDPH-approved online computer training program; a list of the

approved programs is available on their website. Trinity Hospital provides continuing education resources via Relias, an on-line training format, free of charge to staff. Staff may also choose to utilize any of the approved programs on the CDPH website.

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