



# McCall Memorial Hospital District

McCall Memorial Hospital District  
Board of Trustees Monthly Meeting  
Tuesday, January 20, 2026; 7:30 – 9:00 a.m.  
Administrative Conference Room; 1000 State St. McCall, ID 83638  
For Microsoft Teams Link: [Click here to join the meeting](#)  
Virtual Meeting ID: 252 726 450 726 and Passcode: hS3j9et2  
Phone: 208-996-1717 Conference ID: 926 567 70#

## AGENDA

1. Call to Order – Andy Laidlaw, Board Chair
2. FY25 Audit – Cassie Zattiero, Bailey & Co.  
*ACTION* MMHD FY25 Audit – Postpone Report Until February 2026 Meeting – Andy Laidlaw, Board Chair
3. *ACTION* Approval of the December 16 & January 6 Board Meeting Minutes – Andy Laidlaw, Board Chair
4. Monthly Budget Review – Marge Krahn, Board Treasurer
5. Review of Quarterly Asset Disposal Forms – Marge Krahn, Board Treasurer & Greg Sims, SLHS Finance
6. *ACTION* Statement of Rents Presentation – Greg Sims, SLHS Finance
7. Housing Workgroup – Andy Laidlaw, Board Chair
  - *ACTION* Approval December 15 Workgroup Meeting Minutes
  - *ACTION* Approval of Monthly Workforce Housing Project Invoices
  - *Project Update* – Phase 1 Final Plat – Amy Holm, MMHD Legal Counsel
8. Public Information Campaign Workgroup – Aana Vannoy, Trustee
9. FY26 Q1 Board Metrics, Attendance, and Administrative Hours Report Out – Travis Leonard, Secretary
10. FY27 Funding Request Options – Amber Green, SLM COO/CNO  
*ACTION* Initiate Funding Request Workgroup – Andy Laidlaw, Board Chair
11. *ACTION* Motion to enter Executive Session pursuant to Idaho Code §74-206(1)(f): To communicate with legal counsel for the public agency to discuss the legal ramifications of and legal options for pending litigation, or controversies not yet being litigated but imminently likely to be litigated. – Andy Laidlaw, Board Chair
12. *ACTION* Review Options Relative to Give Us a Vote's Complaint to the Idaho Attorney General – Steve Millemann and Hannah Drabinski, MMHD Legal Counsel
13. St. Luke's McCall Reports
  - Ambulance Shelter Update – Ginger McCabe, SLHS VP System Operations
  - Financial Update - Kim Doman, SLHS Finance
  - McCall Operations Report – Amber Green, SLM COO/CNO

- Population Health Area Report – Dennis Mesaros, VP Population Health
- Community Board Report – Aana Vannoy
- Quality Committee Report – Steve Clements
- Foundation Board Report – Marge Krahn, Board Treasurer

14. Public Comment

15. New Business

16. Adjourn – Andy Laidlaw, Board Chair

**Upcoming Meetings:**

**Public Information Campaign Workgroup Meeting – Tuesday, February 10; 10:00 – 11:00 a.m.**

**MMHD Housing Workgroup Meeting – Monday, February 16; 9:00 – 10:00 a.m.**

**Next Board Meeting – Tuesday, February 17 20; 7:30 – 9:00 a.m.**

**SLM Foundation Board – Wednesday, February 18; 2:00 – 4:00 p.m.**

**McCALL MEMORIAL HOSPITAL DISTRICT  
BOARD OF TRUSTEES MEETING MINUTES**

**TUESDAY JANUARY 6, 2026; 7:30 – 8:00 a.m.**

**ADMINISTRATION CONFERENCE ROOM & MICROSOFT TEAMS VIRTUAL MEETING**

**TRUSTEES:** Andy Laidlaw, Chair, Marge Krahn, Treasurer, Angela Staup, Steve Clements (Virtual), Aana Vannoy and Travis Leonard, Secretary, Mike Vineyard

**ABSENT:**

**GUESTS:** Karl Linzmeyer, Mike Birkinbine, SLM Supply Chain Mgr., Laura Crawford, SLM PR Mgr.,  
Kim Doman, SLHS Finance, Hannah Drabinski, MMHD Legal Counsel, Amber Green, SLM COO/CNO, Jordan Heller, SLHS Legal, Alexa Hersel, SLM Exec. Asst., Hayley Johnson, SLM Foundation Development Mgr., Ginger McCabe, SLHS VP Ops., Dennis Mesaros, VP Pop. Health, Jenny Ruemmele, SLM Foundation Exec. Dir., Greg Sims, SLHS Finance

**PUBLIC:** Max Silverson, The Star News, Dan Krahn, Tom and Tomi Grote

A quorum was present and Andy Laidlaw, Chair, convened the meeting at 7:30 a.m. The in-person trustee attendance included: Andy Laidlaw, Marge Krahn, Steve Clements (Virtual), Angela Staup, Aana Vannoy and Travis Leonard. The guest in-person attendance included: Karl Linzmeyer, Laura Crawford, Hannah Drabinski, Amber Green, Alexa Hersel, Ginger McCabe, and Dennis Mesaros. All other participants attended remotely.

**HOUSING WORKGROUP** – Andy Laidlaw, Chair, provided an update on the workforce housing project to approve down payment for Irontown estimated at \$200k, fund will come from sweeping account, 1.2M will come from sinking funds. Money will be in the bank to complete 1B. Hanna, 2024 sinking funds were dedicated to use from sinking funds. There were questions emailed to the board from Tomi Grote, member of the public. Marge Krahn responded to the emailed questions during the meeting. Her response is copied here (Tomi's questions are underlined):

1. The total amount and source of the funds for the Phase 1b down payment. A: *The MMHD half of the down payment for 1b is estimated at \$200,000. These funds would come from the sweep account.*
2. Whether money from the sinking fund will be needed for Phase 1b and, if so, how much money will be needed? A: *Yes, sinking fund money will be needed to complete 1b. The current estimate is approximately \$1,200,000.*
3. The amount of surplus funds remaining from the Ambulance Shelter project and where those funds will be reallocated. A: *Approximately \$200,000 is anticipated to be left from the \$450,000 previously allocated for that project. Reallocation of those funds will be considered at a future meeting with usual notice and opportunities for discussion and public comment.*
4. Whether a budget amendment for FY26 will be needed to fully fund Phase 1b. A: *Our FY26 published budget allocated \$1.4MM for workforce housing. Previously allocated funds for workforce housing are in our accounts but were not noted in*

*the published budget as needing to be spent during FY26. For full transparency and opportunity for discussion and public comment we will amend the budget to provide notice that those previously allocated funds will need to be spent during FY26 to fully fund Phase 1b.*

**APPROVAL OF CHAIRMAN TO SIGN IRONTOWN CONTRACT TO PROCEED WITH PHASE 1B**  
**Andy Laidlaw, Chair,**

**ACTION: MOVED BY TRAVIS LEONARD, AND IT WAS SECONDED BY AANA VANNOY TO APPROVE THE CHAIRMAN TO SIGN THE IRONTOWN CONTRACT IN ORDER TO PROCEED WITH PHASE 1B OF THE HOUSING PROJECT. NO FURTHER DISCUSSION WAS HELD AND IT WAS APPROVED UNANIMOUSLY.**

**APPROVAL OF HALF DOWNPAYMENT**

**ACTION: MOVED ANAGELA STAUP, AND IT WAS SECONDED BY MARGE KRAHN, TO APPROVE THE PAYMENT OF PHASE 1B TO IRONTOWN. NO FURTHER DISCUSSION WAS HELD AND IT WAS APPROVED UNANIMOUSLY.**

**AMBULANCE SHELTER CHANGE ORDER** – Ginger McCabe reviewed change order to include the slope to the flooring in addition to the epoxy seal. Slope was not previously included in contractor bid, change order to amount to roughly \$39,530. Public question from Dan Krahn concerning where the drainage goes and how the drainage is handled once leaving the garage. If the driveway is not heated, more information is needed relative to slope of driveway and bids concerning the epoxy flooring. **NO ACTION TAKEN.**

**NO SESSION HELD - EXECUTIVE SESSION** – **NO AG RESPONSE AND NO NEED FOR EXECUTIVE SESSION. EXECUTIVE SESSION NOT HELD.**

**REVIEW OPTIONS RELATIVE TO GUV** – Andy Laidlaw, Chair, noted there was not a need to discuss these two agenda items this month.

**PUBLIC COMMENT** – None

**NEW BUSINESS** – None.

**ADJOURNMENT** - Adjourned at 8:00 a.m.

Respectfully submitted,

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Travis Leonard, MMHD Board Secretary  
:ah

DRAFT

**McCALL MEMORIAL HOSPITAL DISTRICT  
BOARD OF TRUSTEES MEETING MINUTES  
TUESDAY DECEMBER 16, 2025; 7:30 – 8:40 a.m.  
ADMINISTRATION CONFERENCE ROOM & MICROSOFT TEAMS VIRTUAL MEETING**

**TRUSTEES:** Andy Laidlaw, Chair, Marge Krahn, Treasurer, Angela Staup, Steve Clements, and Aana Vannoy

**ABSENT:** Mike Vineyard, Trustee, and Travis Leonard, Secretary

**GUESTS:** Mike Birkinbine, SLM Supply Chain Mgr., Laura Crawford, SLM PR Mgr., Kim Doman, SLHS Finance, Hannah Drabinski, MMHD Legal Counsel, Amber Green, SLM COO/CNO, Jordan Heller, SLHS Legal, Alexa Hersel, SLM Exec. Asst., Amy Holm, MMHD Legal Counsel, Hayley Johnson, SLM Foundation Development Mgr., Karl Linzmeyer, SLM Mgr. Patient Care Services, Ginger McCabe, SLHS VP Ops., Dennis Mesaros, VP Pop. Health, Jenny Ruemmele, SLM Foundation Exec., and Joni Stright, SLM Foundation Board Member

**PUBLIC:** Tomi Grote

A quorum was present and Andy Laidlaw, Chair, convened the meeting at 7:30 a.m. The in-person trustee attendance included: Andy Laidlaw, Marge Krahn, Angela Staup, and Aana Vannoy. The guest in-person attendance included: Laura Crawford, Hannah Drabinski, Alexa Hersel, Ginger McCabe, and Jenny Ruemmele. All other participants attended remotely.

**APPROVAL OF MINUTES** - Andy Laidlaw, Chair, referred to the previous meeting minutes.

**ACTION: ON A MOTION BY AANA VANNOY, SECONDED BY MARGE KRAHN, THE BOARD UNANIMOUSLY AGREED TO APPROVE THE NOVEMBER 18 BOARD MEETING MINUTES. NO FURTHER DISCUSSION WAS HELD.**

**MONTHLY BUDGET REVIEW** – Marge Krahn, Treasurer, noted the small transfer of funds to maintain FDIC status, and that all items requested from the auditor have been submitted and we are awaiting a response.

**HOUSING WORKGROUP** – Andy Laidlaw, Chair, provided an update on the workforce housing project, noting that the project is progressing on schedule. Current construction status includes installation of electrical and continuation of drying in the units. He presented the invoice packet.

**ACTION: ANDY LAIDLAW MOVED, AND IT WAS SECONDED BY MARGE KRAHN TO APPROVE THE NOVEMBER 17 HOUSING WORKGROUP MEETING MINUTES. NO FURTHER DISCUSSION WAS HELD AND IT WAS APPROVED UNANIMOUSLY.**

**ACTION: AANA VANNOY MOVED, AND IT WAS SECONDED BY MARGE KRAHN, TO APPROVE THE NOVEMBER HOUSING WORKGROUP INVOICES AS PRESENTED. NO FURTHER DISCUSSION WAS HELD AND IT WAS APPROVED UNANIMOUSLY.**

Andy Laidlaw, Chair, reminded the board that the 2026 Housing Workgroup meetings have not yet been properly noticed.

**ACTION: MARGE KRAHN MOVED, AND IT WAS SECONDED BY AANA VANNOY, TO APPROVE THE 2026 HOUSING WORKGROUP MEETING CADENCE OF 3<sup>RD</sup> MONDAY OF THE MONTH AT 9:00 A.M. NO FURTHER DISCUSSION WAS HELD AND IT WAS APPROVED UNANIMOUSLY.**

Andy Laidlaw, Chair, led a conversation of the possibility of building the next 4-plex, called Phase1B. After much deliberation on costs, timing, and proper agenda topic noticing, the board agreed that a final vote would take place in an upcoming budget hearing. Today's vote will act as a consensus on the current status update .

**ACTION: AANA VANNOY MOVED, AND IT WAS SECONDED BY MARGE KRAHN, TO APPROVE THE PRESENTED STATUS UPDATE AS IT RELATES TO THE WORKFORCE HOUSING PROEJCT PHASE1B, AND ACKNOWLEDGE THAT THE FINAL VOTE WILL TAKE PLACE IN AN UPCOMING BUDGET HEARING. NO FURTHER DISCUSSION WAS HELD AND IT WAS APPROVED UNANIMOUSLY.**

#### **PHASE 1 FINAL PLAT**

Amy Holm, MMHD Legal Counsel, provided an update on the final plat process as it relates to the Trillium Ridge workforce housing project. The final plat is being prepared for a January submittal to the City Council and the Planning and Zoning Committee. She is requesting approval from the board today to proceed with preparing the final plat, acknowledging that once the final plat is ready for the board's approval, it will then come back to the board.

**ACTION: MARGE KRAHN MOVED, AND IT WAS SECONDED BY AANA VANNOY, TO APPROVE PROCEEDING WITH THE FINAL PLAT ACKNOWLEDGING THAT THE FINAL VERSION WILL BE PRESENTED TO THE BOARD IN THE NEAR FUTURE. NO FURTHER DISCUSSION WAS HELD AND IT WAS APPROVED UNANIMOUSLY.**

**PUBLIC INFORMATION CAMPAIGN WORKGROUP** – Aana Vannoy, Workgroup Chair, reminded the board that the 2026 Public Campaign Workgroup meetings need to be properly noticed.

**ACTION: MARGE KRAHN MOVED, AND IT WAS SECONDED BY ANGELA STAUP, TO APPROVE THE 2026 PUBLIC INFORMATION CAMPAIGN WORKGROUP MEETING CADENCE OF 2<sup>ND</sup> TUESDAY OF THE MONTH AT 10:00 A.M. NO FURTHER DISCUSSION WAS HELD AND IT WAS APPROVED UNANIMOUSLY.**

**EXECUTIVE SESSION & REVIEW OPTIONS RELATIVE TO GUV** – Andy Laidlaw, Chair, noted there was not a need to discuss these two agenda items this month.

**AMBULANCE SHELTER UPDATE** – Ginger McCabe reviewed the dashboard report and noted that all the punch list items have been completed. She reviewed the budget with the board and presented the need to approve a change order for the ambulance garage floor to properly drain.

**ACTION: AANA VANNOY MOVED, AND IT WAS SECONDED BY MAREGE KRAHN, TO APPROVE AMBULANCE SHELTER CHANGE ORDER NOT TO EXCEED \$25,000.00. NO FURTHER DISCUSSION WAS HELD AND IT WAS APPROVED UNANIMOUSLY.**

**FINANCIAL UPDATE** – Kim Doman, SLHS Finance, presented a financial update.

**ST. LUKE'S McCALL OPERATIONS** – Amber Green, SLM COO/CNO, provided an operational update noting the Guardian of Excellence Award, employee housing, culture activities, new services,

patient experience, and quality scores. She reminded the January board meeting is the time where we start conversations for the upcoming fiscal year's funding. It was proposed to hold a general discussion at the January 20, 2026, board meeting, and include an action item to initiate the Funding Request Workgroup, if need be.

**ST. LUKE'S POPULATION HEALTH AREA UPDATES** – Dennis Mesaros, SLHS VP Population Health, provided a system update noting the hospital census, volumes, and a brief legislative update.

**ST. LUKE'S COMMUNITY BOARD**

Aana Vannoy remarked on the December SLM Community Board meeting, which highlighted a focus on the Community Health Improvement Funds (CHIF), which help support the Community Health Needs Assessment (CHNA) areas that are seen in the communities we serve.

**QUALITY COMMITTEE, FOUNDATION BOARD** – None.

**PUBLIC COMMENT & NEW BUSINESS** – None.

Andy Laidlaw, Chair, invite the group to attend a hard hat tour of the Trillium Ridge project immediately following today's board meeting.

**ADJOURNMENT** - Adjourned at 8:40 a.m.

Respectfully submitted,

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Travis Leonard, MMHD Board Secretary  
:ah

## McCall Memorial Hospital District

## Balance Sheet

01/06/26

As of December 31, 2025

Accrual Basis

|  | Dec 31, 25          | Nov 30, 25          |
|--|---------------------|---------------------|
| <b>ASSETS</b>                          |                     |                     |
| <b>Current Assets</b>                  |                     |                     |
| <b>Checking/Savings</b>                |                     |                     |
| IDF- Cash Sweep                        | 1,066,707.22        | 1,146,673.29        |
| IDF- Checking-3112                     | 197,194.24          | 3,148.11            |
| IDF- Money Market-4931                 | 250,606.76          | 250,693.03          |
| <b>Total Checking/Savings</b>          | 1,514,508.22        | 1,400,514.43        |
| <b>Accounts Receivable</b>             |                     |                     |
| Accounts Receivable                    | 1,855,479.85        | 1,944,843.67        |
| <b>Total Accounts Receivable</b>       | 1,855,479.85        | 1,944,843.67        |
| <b>Other Current Assets</b>            |                     |                     |
| Prepaid Items                          | 663,798.98          | 663,798.98          |
| Sales Tax Receivable                   | 27,312.28           | 27,312.28           |
| Delinquent Taxes Receivable            | 32,000.00           | 32,000.00           |
| Taxes Receivable, Net                  | 1,491,956.71        | 1,491,956.71        |
| <b>Total Other Current Assets</b>      | 2,215,067.97        | 2,215,067.97        |
| <b>Total Current Assets</b>            | 5,585,056.04        | 5,560,426.07        |
| <b>TOTAL ASSETS</b>                    | <b>5,585,056.04</b> | <b>5,560,426.07</b> |
| <b>LIABILITIES &amp; EQUITY</b>        |                     |                     |
| <b>Liabilities</b>                     |                     |                     |
| <b>Current Liabilities</b>             |                     |                     |
| <b>Other Current Liabilities</b>       |                     |                     |
| A/P (Audit)                            | 3,494.00            | 3,494.00            |
| Unavailable Property Taxes             | 1,515,092.19        | 1,515,092.19        |
| <b>Total Other Current Liabilities</b> | 1,518,586.19        | 1,518,586.19        |
| <b>Total Current Liabilities</b>       | 1,518,586.19        | 1,518,586.19        |
| <b>Total Liabilities</b>               | 1,518,586.19        | 1,518,586.19        |
| <b>Equity</b>                          |                     |                     |
| Sinking Fund                           | 1,498,172.00        | 1,498,172.00        |
| Fund Balances                          | 1,683,324.07        | 1,683,324.07        |
| Net Income                             | 884,973.78          | 860,343.81          |
| <b>Total Equity</b>                    | 4,066,469.85        | 4,041,839.88        |
| <b>TOTAL LIABILITIES &amp; EQUITY</b>  | <b>5,585,056.04</b> | <b>5,560,426.07</b> |

## McCall Memorial Hospital District Profit & Loss Budget vs. Actual October through December 2025

|                                    | Oct - Dec 25      | Budget       | \$ Over Budget    | % of Budget   |
|------------------------------------|-------------------|--------------|-------------------|---------------|
| <b>Ordinary Income/Expense</b>     |                   |              |                   |               |
| <b>Income</b>                      |                   |              |                   |               |
| Grant Income                       | 80,000.00         |              |                   |               |
| Property Tax Income                |                   |              |                   |               |
| M & O Fund                         | 118,052.00        | 118,052.00   | 0.00              | 100.0%        |
| Sinking Fund                       | 1,389,045.00      | 1,389,045.00 | 0.00              | 100.0%        |
| Forgone Income                     | 60,541.00         | 60,541.00    | 0.00              | 100.0%        |
| <b>Total Property Tax Income</b>   | 1,567,638.00      | 1,567,638.00 | 0.00              | 100.0%        |
| Personal Property Tax Replace      | 6,433.00          | 6,433.00     | 0.00              | 100.0%        |
| Sales Tax                          | 29,121.28         | 0.00         | 29,121.28         | 100.0%        |
| Interest and Penalties             | 13,000.48         | 12,000.00    | 1,000.48          | 108.3%        |
| Interest Income                    | 9,522.27          | 0.00         | 9,522.27          | 100.0%        |
| <b>Total Income</b>                | 1,705,715.03      | 1,586,071.00 | 119,644.03        | 107.5%        |
| <b>Expense</b>                     |                   |              |                   |               |
| Legal Notices                      | 677.30            | 750.00       | -72.70            | 90.3%         |
| Office Supplies                    | 142.72            | 3,200.00     | -3,057.28         | 4.5%          |
| Contract Service Fees              |                   |              |                   |               |
| Accounting                         | 930.00            | 9,220.00     | -8,290.00         | 10.1%         |
| St. Lukes Operating Funds          | 0.00              | 0.00         | 0.00              | 0.0%          |
| <b>Total Contract Service Fees</b> | 930.00            | 9,220.00     | -8,290.00         | 10.1%         |
| General Liability Insurance        | 0.00              | 2,402.00     | -2,402.00         | 0.0%          |
| Capital Expenditure                |                   |              |                   |               |
| Workforce Housing Project          | 794,151.86        | 1,438,499.00 | -644,347.14       | 55.2%         |
| <b>Total Capital Expenditure</b>   | 794,151.86        | 1,438,499.00 | -644,347.14       | 55.2%         |
| Legal Fees                         | 22,199.37         | 125,000.00   | -102,800.63       | 17.8%         |
| Postage and Delivery               | 0.00              | 0.00         | 0.00              | 0.0%          |
| Property Tax                       | 2,640.00          | 7,000.00     | -4,360.00         | 37.7%         |
| <b>Total Expense</b>               | 820,741.25        | 1,586,071.00 | -765,329.75       | 51.7%         |
| <b>Net Ordinary Income</b>         | 884,973.78        | 0.00         | 884,973.78        | 100.0%        |
| <b>Net Income</b>                  | <b>884,973.78</b> | <b>0.00</b>  | <b>884,973.78</b> | <b>100.0%</b> |

CLIENT 6265

MCCALL MEMORIAL HOSPITAL

12/11/25

02:46PM

| NO.                         | DESCRIPTION                   | DATE ACQUIRED | DATE SOLD | COST/<br>BASIS | BUS.<br>PCT. | CUR<br>179/<br>SDA | PRIOR<br>179/<br>SDA/<br>DEPR. | METHOD | LIFE | CURRENT<br>DEPR. |
|-----------------------------|-------------------------------|---------------|-----------|----------------|--------------|--------------------|--------------------------------|--------|------|------------------|
| FORM 1120                   |                               |               |           |                |              |                    |                                |        |      |                  |
| AUTO / TRANSPORT EQUIPMENT  |                               |               |           |                |              |                    |                                |        |      |                  |
| 251                         | 2011 FORD TRANSIT VAN         | 12/12/14      |           | 12,899         |              |                    | 12,899                         | S/L    | 4    | 0                |
| 300                         | AMBULANCE                     | 9/21/20       |           | 324,377        |              |                    | 185,360                        | S/L    | 7    | 46,340           |
| TOTAL AUTO / TRANSPORT EQUI |                               |               |           | 337,276        |              | 0                  | 198,259                        |        |      | 46,340           |
| BUILDINGS                   |                               |               |           |                |              |                    |                                |        |      |                  |
| 68                          | HVAC SNOW MELT & CHILLER SYS  | 6/26/01       |           | 5,250          |              |                    | 5,250                          | S/L HY | 5    | 0                |
| 87                          | CARRIER 1 TON DUCTLESS SYST   | 9/09/05       |           | 7,561          |              |                    | 7,561                          | S/L HY | 10   | 0                |
| 93                          | BLDG - 100 FOREST STREET      | 4/25/06       |           | 196,902        |              |                    | 145,379                        | S/L    | 25   | 7,876            |
| 132                         | MOB BUILDING (BESIDE PLMC)    | 6/01/08       |           | 1,548,120      |              |                    | 1,011,268                      | S/L HY | 25   | 61,925           |
| 147                         | SERVER RM COOLING PROJECT     | 2/01/09       |           | 20,484         |              |                    | 20,484                         | S/L HY | 10   | 0                |
| 172                         | FSC ROOF REPLACEMENT FY20 &   | 11/26/99      |           | 72,459         |              |                    | 72,005                         | S/L HY | 25   | 454              |
| 173                         | FSC ROOF REPLACEMENT FY20 &   | 11/30/00      |           | 1,265          |              |                    | 1,209                          | S/L HY | 25   | 51               |
| 175                         | CHILLER SOUND BARRIER ON ROO  | 3/01/01       |           | 66,995         |              |                    | 52,658                         | S/L    | 30   | 2,233            |
| 182                         | HEATED SIDEWALK               | 12/18/02      |           | 48,164         |              |                    | 48,164                         | S/L HY | 15   | 0                |
| 297                         | BLDG IMP - MRI ADDITION       | 5/12/17       |           | 615,255        |              |                    | 456,318                        | S/L    | 10   | 61,526           |
| 302                         | URGENT CARE REMODEL           | 8/15/23       |           | 2,086,371      |              |                    | 97,364                         | S/L    | 25   | 83,455           |
| 303                         | ALLEN NOKES PARKING PHASE 1   | 9/30/23       |           | 25,003         |              |                    |                                | S/L    |      | 0                |
| 304                         | MCCALL URGENT CARE REMODEL    | 9/30/24       |           | 594,470        |              |                    |                                | S/L    | 15   | 39,631           |
| 305                         | ALLEN NOKES PARKING PHASE 2   | 9/30/24       |           | 473,492        |              |                    |                                |        |      | 0                |
| 306                         | MCCALL ASL AMBULANCE GARAG    | 9/30/24       |           | 112,424        |              |                    |                                |        |      | 0                |
| TOTAL BUILDINGS             |                               |               |           | 5,874,215      |              | 0                  | 1,917,660                      |        |      | 257,151          |
| LAND                        |                               |               |           |                |              |                    |                                |        |      |                  |
| 1                           | BRUNDAGE SUB PROPERTY (MEN    | 9/20/93       |           | 30,000         |              |                    |                                |        |      | 0                |
| 22                          | LAND-LOT 3 BRUNDAGE SUBDIVIS  | 7/03/90       |           | 12,059         |              |                    |                                |        |      | 0                |
| 43                          | BRUNDAGE SUBDIVISION N 1/2 LO | 9/22/95       |           | 36,174         |              |                    |                                |        |      | 0                |
| 44                          | COCHRAN PROPERTY INCREASE B   | 11/01/96      |           | 45,243         |              |                    |                                |        |      | 0                |
| 71                          | GENDALL PROPERTY-(PARKING LO  | 2/25/02       |           | 76,546         |              |                    |                                |        |      | 0                |
| 94                          | PROP ACQUISITION-LAND (LUTHE  | 4/25/06       |           | 378,098        |              |                    |                                |        |      | 0                |
| 109                         | LAND - 204 STATE STREET, MCC  | 7/10/07       |           | 436,206        |              |                    |                                |        |      | 0                |
| 114                         | LAND-MED OFF BLDG(NEXT PLMC   | 9/27/07       |           | 220,000        |              |                    |                                |        |      | 0                |
| 153                         | LAND - 1010 STATE STREET, MC  | 3/24/04       |           | 508,295        |              |                    |                                |        |      | 0                |
| 170                         | LAND (MEDICARE CITY SCHEDULE  | 1/01/56       |           | 72,666         |              |                    |                                |        |      | 0                |
| 171                         | PROPERTY INCREASE BASIS N110  | 10/31/98      |           | 67,057         |              |                    |                                |        |      | 0                |

CLIENT 6265

MCCALL MEMORIAL HOSPITAL

12/11/25

02:46PM

| NO.                     | DESCRIPTION                   | DATE ACQUIRED | DATE SOLD | COST/<br>BASIS | BUS.<br>PCT. | CUR<br>179/<br>SDA | PRIOR<br>179/<br>SDA/<br>DEPR. | METHOD | LIFE | CURRENT<br>DEPR. |
|-------------------------|-------------------------------|---------------|-----------|----------------|--------------|--------------------|--------------------------------|--------|------|------------------|
| 183                     | PECK'S PROPERTY - LAND        | 7/21/04       |           | 34,000         |              |                    |                                |        |      | 0                |
| 299                     | 205 HEWITT STREET             | 7/24/18       |           | 107,243        |              |                    |                                |        |      | 0                |
| TOTAL LAND              |                               |               |           | 2,023,587      |              | 0                  | 0                              |        |      | 0                |
| MACHINERY AND EQUIPMENT |                               |               |           |                |              |                    |                                |        |      |                  |
| 2                       | ADVANCE BED                   | 10/01/10      |           | 23,125         |              |                    | 23,125                         | S/L    | 6    | 0                |
| 84                      | CR - AGFA SINGLE FEED         | 4/01/05       |           | 93,170         |              |                    | 93,170                         | S/L HY | 5    | 0                |
| 96                      | CANTEEN FOOD VENDING MACHIN   | 8/08/06       |           | 8,075          |              |                    | 8,075                          | S/L HY | 10   | 0                |
| 106                     | 2 CF-Q180AL WIDE ANGLE VIEW-C | 12/0/06       |           | 41,531         |              |                    | 41,531                         | S/L HY | 3    | 0                |
| 120                     | X300 PORTABLE ULTRASOUND U    | 10/16/07      | 2/01/25   | 52,991         |              |                    | 52,991                         | S/L HY | 5    | 0                |
| 126                     | CF-Q180AL VIDEO COLONOSCOPE   | 3/11/08       |           | 15,882         |              |                    | 15,882                         | S/L HY | 3    | 0                |
| 134                     | MOB-12 EXAM TABLE/ 13 STOOL   | 6/01/08       | 9/16/25   | 20,561         |              |                    | 20,561                         | S/L HY | 15   | 0                |
| 142                     | HAAG-STREIT SLIT LAMP         | 10/02/08      |           | 9,125          |              |                    | 9,125                          | S/L HY | 10   | 0                |
| 145                     | GE CENTRICITY PERINATAL SYST  | 1/01/09       |           | 78,301         |              |                    | 78,301                         | S/L HY | 5    | 0                |
| 146                     | SRVR HARDWRE-PERINATAL SYS    | 1/01/09       |           | 12,939         |              |                    | 12,939                         | S/L HY | 5    | 0                |
| 150                     | BLADDER SCANNER               | 9/20/09       |           | 8,019          |              |                    | 8,019                          | S/L HY | 5    | 0                |
| 160                     | LAKE ST CTR-SHELVES STEEL     | 6/01/10       |           | 8,818          |              |                    | 6,319                          | S/L HY | 20   | 441              |
| 167                     | CLU180 EVIS EXERIA VIDEO SYST | 3/25/10       |           | 16,742         |              |                    | 16,742                         | S/L HY | 5    | 0                |
| 184                     | ANALYZER, URINE, BASIC        | 1/25/11       | 9/16/25   | 6,000          |              |                    | 6,000                          | S/L    | 8    | 0                |
| 198                     | VERSACARE HOSPITAL BED        | 5/01/13       |           | 9,348          |              |                    | 7,120                          | S/L HY | 15   | 624              |
| 199                     | VERSACARE HOSPITAL BED        | 5/01/13       |           | 9,348          |              |                    | 7,120                          | S/L HY | 15   | 624              |
| 200                     | VERSACARE HOSPITAL BED        | 5/01/13       |           | 9,348          |              |                    | 7,120                          | S/L HY | 15   | 624              |
| 201                     | VERSACARE HOSPITAL BED        | 5/01/13       |           | 9,348          |              |                    | 7,120                          | S/L HY | 15   | 624              |
| 202                     | VERSACARE HOSPITAL BED        | 5/01/13       |           | 9,348          |              |                    | 7,120                          | S/L HY | 15   | 624              |
| 203                     | VERSACARE HOSPITAL BED        | 5/01/13       |           | 9,348          |              |                    | 7,120                          | S/L HY | 15   | 624              |
| 207                     | NEOBLUE & JAUND B220289D      | 1/01/12       |           | 15,262         |              |                    | 15,262                         | S/L HY | 3    | 0                |
| 208                     | ISOLETTE 8000 IBB02270IGB1070 | 1/01/12       |           | 15,309         |              |                    | 15,309                         | S/L HY | 3    | 0                |
| 211                     | MAMMO UNIT, DIAGNOSTIC DIGIT  | 1/01/13       |           | 432,283        |              |                    | 432,283                        | S/L HY | 10   | 0                |
| 216                     | MONITOR, FETAL                | 2/01/14       |           | 22,190         |              |                    | 22,190                         | S/L HY | 10   | 0                |
| 217                     | MONITOR, FETAL                | 2/01/14       |           | 22,190         |              |                    | 22,190                         | S/L HY | 10   | 0                |
| 228                     | D-600 TRASH COMPA 16192       | 6/01/14       |           | 12,069         |              |                    | 12,069                         | S/L HY | 5    | 0                |
| 230                     | 048 VERSACARE HOSPITAL BEDS   | 7/31/14       |           | 9,056          |              |                    | 9,056                          | S/L HY | 5    | 0                |
| 232                     | ULTRASONIC CLEANER            | 9/01/14       |           | 26,828         |              |                    | 26,828                         | S/L HY | 5    | 0                |
| 233                     | 048 VERSACARE HOSPITAL BEDS   | 7/31/14       |           | 9,056          |              |                    | 9,056                          | S/L HY | 5    | 0                |
| 235                     | 048 VERSACARE HOSPITAL BEDS   | 7/31/14       |           | 9,056          |              |                    | 9,056                          | S/L HY | 5    | 0                |
| 236                     | 048 VERSACARE HOSPITAL BEDS   | 7/31/14       |           | 9,056          |              |                    | 9,056                          | S/L HY | 5    | 0                |
| 237                     | 048 VERSACARE HOSPITAL BEDS   | 7/31/14       |           | 9,056          |              |                    | 9,056                          | S/L HY | 5    | 0                |
| 238                     | 048 VERSACARE HOSPITAL BEDS   | 7/31/14       |           | 9,056          |              |                    | 9,056                          | S/L HY | 5    | 0                |

CLIENT 6265

MCCALL MEMORIAL HOSPITAL

12/11/25

02:46PM

| NO.                         | DESCRIPTION                  | DATE ACQUIRED | DATE SOLD | COST/<br>BASIS    | BUS.<br>PCT. | CUR<br>179/<br>SDA | PRIOR<br>179/<br>SDA/<br>DEPR. | METHOD | LIFE | CURRENT<br>DEPR. |
|-----------------------------|------------------------------|---------------|-----------|-------------------|--------------|--------------------|--------------------------------|--------|------|------------------|
| 239                         | 048 VERSACARE HOSPITAL BEDS  | 7/31/14       |           | 9,056             |              |                    | 9,056                          | S/L HY | 5    | 0                |
| 248                         | SKYTRON AR24 LIGHT SYSTEM    | 1/31/15       |           | 11,128            |              |                    | 10,759                         | S/L HY | 10   | 369              |
| 249                         | SKYTRON AR24 LIGHT SYSTEM    | 1/31/15       |           | 11,128            |              |                    | 10,759                         | S/L HY | 10   | 369              |
| 250                         | WINQUEST III EXTRACTION SYS  | 1/31/15       |           | 19,500            |              |                    | 18,850                         | S/L HY | 10   | 650              |
| 252                         | LEICA DM1000LED MICROSCOPE   | 3/18/15       |           | 9,227             |              |                    | 9,227                          | S/L HY | 7    | 0                |
| 257                         | BLOOD CELL WASHER SYSTEM     | 4/01/15       |           | 8,240             |              |                    | 8,240                          | S/L HY | 5    | 0                |
| 258                         | TROPHON EPR DISINFECTION SYS | 3/23/15       |           | 11,411            |              |                    | 7,244                          | S/L HY | 15   | 761              |
| 260                         | LIFTGATE MODEL 89-25-TP36    | 5/31/15       | 2/01/25   | 8,683             |              |                    | 8,101                          | S/L HY | 10   | 217              |
| 261                         | PRIME X ELECTRIC BIG WHEEL   | 6/30/15       |           | 10,988            |              |                    | 10,166                         | S/L HY | 10   | 549              |
| 262                         | PRIME X ELECTRIC BIG WHEEL   | 6/30/15       |           | 10,988            |              |                    | 10,166                         | S/L HY | 10   | 549              |
| 263                         | ARMSTRONG 15HP PUMP          | 6/30/15       |           | 6,322             |              |                    | 5,846                          | S/L HY | 10   | 316              |
| 264                         | EVIS EXERA II COLONOSCOPE    | 3/31/15       |           | 34,139            |              |                    | 34,139                         | S/L HY | 3    | 0                |
| 265                         | A2 BIOLOGICAL SAFETY CABINET | 6/30/15       |           | 7,477             |              |                    | 4,616                          | S/L HY | 15   | 499              |
| 296                         | TOSHIBA MRI MACHINE          | 9/30/16       |           | 1,004,527         |              |                    | 1,004,527                      | S/L    | 5    | 0                |
| 298                         | SIMULATION EQUIPMENT         | 9/24/18       |           | 309,662           |              |                    | 185,796                        | S/L    | 10   | 30,966           |
| 301                         | X-RAY                        | 2/15/22       |           | 400,000           |              |                    | 105,000                        | S/L    | 10   | 40,000           |
| 307                         | MOB-12 EXAM TABLE/ 13 STOOL  | 6/01/08       |           | 10,280            |              |                    | 10,280                         | S/L HY | 15   | 0                |
| TOTAL MACHINERY AND EQUIPME |                              |               |           | 2,934,590         |              | 0                  | 2,488,739                      |        |      | 79,430           |
| TOTAL DEPRECIATION          |                              |               |           | <u>11,169,668</u> |              | <u>0</u>           | <u>4,604,658</u>               |        |      | <u>382,921</u>   |
| GRAND TOTAL DEPRECIATION    |                              |               |           | <u>11,169,668</u> |              | <u>0</u>           | <u>4,604,658</u>               |        |      | <u>382,921</u>   |
| DEPRECIATION ASSETS SOLD    |                              |               |           | 77,955            |              | 0                  | 77,373                         |        |      | 217              |
| DEPR REMAINING ASSETS       |                              |               |           | <u>11,091,713</u> |              | <u>0</u>           | <u>4,527,285</u>               |        |      | <u>382,704</u>   |

**St. Luke's McCall**

**Statement of Rents**

**As of September 30th, 2025**

**Summary of Lease Agreement:**

*St. Luke's and McCall Memorial Hospital District entered into a 25 year lease agreement to operate the critical access hospital in McCall. The "Real Property" is made up of the Land, the Hospital, and all the Buildings comprising the St. Luke's McCall Campus and shall include building or improvements that are added to the Land by the District after the Execution Date. The initial lease term begins February 5, 2016 through February 5, 2041 and may be extended out an additional 10 years after the original contract date. Rent payment consists of all costs, fees, and assessments reasonably required to care for, manage, and protect Hospital Property. Including Insurance, Repairs and Maintenance, Repair and Maintenance Service Contracts, Ground Expense, Minor Improvements and Projects, Telephone, Utilities: Cable, Electricity, Sewer, Trash, Water, Fuel and Oil, and Property Tax. The statement of rent is due no later than November 1st and will itemize the costs incurred by SLRMC.*

|                                     |           |                            |
|-------------------------------------|-----------|----------------------------|
| Asset Purchase Price                | \$        | 15,000,000                 |
| Assets Purchased by Taxing District | \$        | 6,891,814                  |
| Disposal of Taxing District Assets  | \$        | (6,277,938)                |
| <b>Total Option Purchase Price</b>  | <b>\$</b> | <b>15,613,876</b> <b>A</b> |

**FY25 Expenditures Incurred by St. Luke's Towards Purchase Price**

|                                  |    |             |
|----------------------------------|----|-------------|
| Depreciation Credit              | \$ | 3,484,123   |
| Credit for Rent Paid             | \$ | 2,562,288   |
| Capital Improvement Credit       | \$ | 5,321,952   |
| Administrative Salary            | \$ | 10,856      |
| Loss (Gain) on Asset Disposal    | \$ | -           |
| Asset Transfers to (from) McCall | \$ | (21,196.00) |

|                                |           |                   |
|--------------------------------|-----------|-------------------|
| <b>FY25 Total Expenditures</b> | <b>\$</b> | <b>11,358,023</b> |
|--------------------------------|-----------|-------------------|

**Prior Years Expenditures 2016-2024**

| Description                           |           | Total Previous Years Expenditures |
|---------------------------------------|-----------|-----------------------------------|
| Depreciation Credit                   | \$        | 14,849,187                        |
| Credit for Rent Paid                  | \$        | 12,761,310                        |
| Capital Improvement Credit            | \$        | 69,223,735                        |
| Administrative Salary                 | \$        | 33,009                            |
| Loss (Gain) on Asset Disposals        | \$        | 224,713                           |
| Asset Transfers to (from) McCall      | \$        | 47,607                            |
| <b>Total Prior Years Expenditures</b> | <b>\$</b> | <b>97,139,561</b>                 |

|                           |           |                             |
|---------------------------|-----------|-----------------------------|
| <b>Total Expenditures</b> | <b>\$</b> | <b>108,497,584</b> <b>B</b> |
|---------------------------|-----------|-----------------------------|

|   |           |                                  |
|---|-----------|----------------------------------|
| <b>Remaining Purchase Price (Surplus)</b> | <b>\$</b> | <b>(92,883,708)</b> <b>A - B</b> |
|---|-----------|----------------------------------|

**McCALL MEMORIAL HOSPITAL DISTRICT  
HOUSING WORKGROUP MEETING MINUTES  
MONDAY, DECEMBER 15, 2025; 9:00 – 9:27 a.m.  
FOUNDATION CONFERENCE ROOM & MICROSOFT TEAMS VIRTUAL MEETING**

**ATTENDANCE:** Bill Colpo, Past SLM Foundation Board President, Dr. Eddie Droge, SLM Foundation Board Member, Ron Erskine, SLM Foundation President, Marge Krahn, MMHD Treasurer, and Verna Vanis, SLM Foundation and Housing Workgroup Co-Chair

**GUESTS:** Kirsten Azoulay, SLM Foundation Support, Laura Crawford, SLM PR & Comm BP, Amber Green, SLM COO/CNO, Vernon Grotjohn, SLM Building Services Mgr., Jordan Heller, SLHS Legal Counsel, Alexa Hersel, SLM Exec. Asst., Hayley Johnson, SLM Foundation Development Manager, Jenny Ruemmele, SLM Foundation Exec. Dir., Claire Ryberg, SLM Foundation Board Member, Dawn Sanchez, SLHS Real Estate, Kim Schwisow, SLHS Real Estate, and Rachel Shinn, SLM HRBP

**ABSENT:** Andy Laidlaw, MMHD Chair and Housing Workgroup Co-Chair, and Mike Vineyard, MMHD Trustee

**WELCOME** – Verna Vanis, SLM Foundation and Housing Workgroup Co-Chair, convened the meeting at 9:00 a.m. The in-person attendance included Kirsten Azoulay, Dr. Eddie Droge, Marge Krahn, Hayley Johnson, Jenny Ruemmele, and Verna Vanis. All other participants attended remotely.

**PROJECT UPDATE** – Amy Holm, MMHD Legal Counsel, provided a status update on the final plat application for the Trillium Ridge workforce housing project: the application is being prepared with by the surveyors and engineering team. The goal is to have the application submitted by January 6, 2026, to ensure deadlines are met for the proper approval channels and meetings (City Council, P&Z, etc.). In addition to this, other agreements and documents between the workforce housing parties are being prepared (SLM Foundation, MMHD, St. Luke's, and the IHFA). A discussion was held on timing and certificate of occupancy .

**ACTION: DR. EDDIE DROGE MOVED, SECONDED BY BILL COLPO, TO RECOMMEND APPROVAL OF THE FINAL PLAT APPLICATION. THERE WAS NO FURTHER DISCUSSION AND IT WAS UNANIMOUSLY APPROVED.**

**APPROVAL OF MONTHLY INVOICES** – Andy Laidlaw, District Chair and Workgroup Co-Chair, presented the total amount of invoices received this month: \$178,696.22

**ACTION: MARGE KRAHN MOVED, SECONDED BY DR. EDDIE DROGE, TO APPROVE THE MONTHLY INVOICES AS PRESENTED. THERE WAS NO FURTHER DISCUSSION AND IT WAS UNANIMOUSLY APPROVED.**

**NEXT STEPS** – Verna Vanis, SLM Foundation and Housing Workgroup Co-Chair, led a conversation of the possibility of building the next 4-plex, called Phase1b. Discussion and process to approve will take place at the two board meetings this week. The workgroup discussed their desire to recommend approval of Phase1b.

**ACTION: MARGE KRAHN MOVED, SECONDED BY DR. EDDIE DROGE, TO APPROVE THE RECOMMENDATION OF BUILDING PHASE1b. THERE WAS NO FURTHER**

**DISCUSSION AND IT WAS UNANIMOUSLY APPROVED.**

**OTHER BUSINESS** – Verna Vanis, SLM Foundation and Housing Workgroup Co-Chair, noted an opportunity to walk through the first 4-plex immediately following the MMHD and SLM Foundation board meetings this week.

**PUBLIC COMMENT** – None.

**ADJOURNMENT** – Hearing no other comments, the Housing Workgroup adjourned at 9:27 a.m.

Respectfully submitted,

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Travis Leonard, MMHD Board Secretary

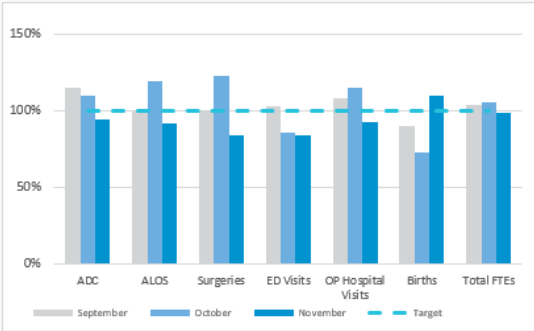
DRAFT

# St. Luke's McCall Financial Performance Highlights — November 2025

## KEY MESSAGE:

November represents the second month of the first quarter of the fiscal year. Entering FY26 assumptions built into the target include continued decreases in traveler usage, inflationary adjustments, as well as anticipated growth.

Our clinical quality, throughput and access to care all impact our financial performance. In the short term we will continue to monitor our financial performance closely in order to inform an operational response and continuous improvement. McCall is currently forecasted to achieve target for the year.



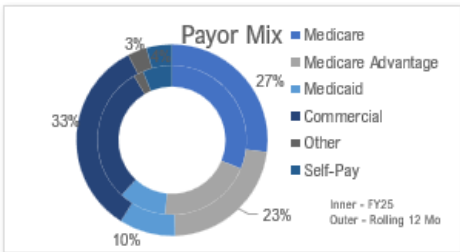
**Operating Indicators:** Variances to target were inline with typical seasonal activity but were also impacted by unique operational challenges and special community needs. Relative to November

- Average Daily Census was 4.22, under target for the month.
- Surgical cases of 61, under target. Endo volumes for the month with 80 procedures in November.
- ED visits down to 13 per day, under target for the month due to seasonality.
- OP visits under target for the month.
- Births were 10 for the month, over target.

**Capital Purchases:** FY26 SLHS funded capital purchases have been prioritized to maintain safety standards, meet regulations, and respond to operational and plant needs.

- Shoulder Positioner
- Lab Freezer
- Kitchen Freezer

| Capital              | FY26                |
|----------------------|---------------------|
| Routine              | 200,000             |
| Expansion Project    | 782,667             |
| Taxing District      | 713,300             |
| <b>Total Capital</b> | <b>\$ 1,695,967</b> |

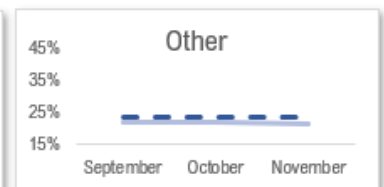
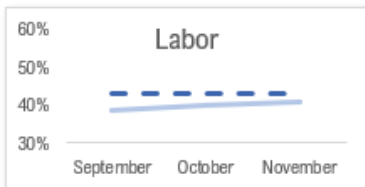


**Payor Mix:** YTD McCall has experienced an increase in Governmental and a decrease in Commercial payors

- Government payors account for 61.9%, an increase compared to the Rolling 12 Month.
- Commercial payors at 29.6% of payor mix down compared to the Rolling 12 Month.
- Other & Self Pay up compared to prior 12 months, making up 8.5% of overall mix.

**Trended Financial Performance:** Total YTD Adjusted Operating Expenses<sup>1</sup> as a % of YTD Adjusted Operating Revenue<sup>1</sup> stands at 75% vs. a target of 80%. Primarily driven by increases in Revenue and softer Labor & Drug expense.

- YTD November labor expense as a percentage of Adjusted Operating Revenue<sup>1</sup> was lower than target. For November the site experienced decreases in the Emergency Department and Laboratory. Currently only .68 travelers on site for November.
- Supply expense YTD as a percentage of Adjusted Operating Revenue<sup>1</sup> is over target due to an increase in Maintenance Supplies and Ortho Implants.
- Drug expense YTD as a percentage of Adjusted Operating Revenue<sup>1</sup> is under target. Decreases in subcutaneous syringes offset by an increase in MS drugs.
- Other expenses as a percentage of Adjusted Operating Revenue<sup>1</sup> is at 22%. Decrease due to lower travel & meeting expense.



<sup>1</sup>Adjusted Operating EBIDA" reports SLHS normal operations, before out-of-the-ordinary impacts.



## DISTRICT BOARD

### HOUSING WORKGROUP ATTENDANCE FY26

| FY 2026   | Oct<br>20 | Nov<br>17 | Dec<br>15 | Jan<br>19 | Feb<br>16                   | Mar<br>16 | Apr<br>20 | May<br>18 | Jun<br>15 | Jul<br>20  | Aug<br>17 | Sept<br>14 | Total |
|---|-----------|-----------|-----------|-----------|-----------------------------|-----------|-----------|-----------|-----------|------------|-----------|------------|-------|
| <b>MMHD Trustees:</b>                             |           |           |           |           |                             |           |           |           |           |            |           |            |       |
| Marge Krahn                                       | 1         | 1         | 1         |           |                             |           |           |           |           |            |           |            | 3     |
| Andy Laidlaw                                      | 1         | 1         | 0         |           |                             |           |           |           |           |            |           |            | 2     |
| Mike Vineyard                                     | 0         | 0         | 0         |           |                             |           |           |           |           |            |           |            | 0     |
| Green indicates member joined via conference call |           |           |           |           |                             |           |           |           |           |            |           |            | 5     |
| Board Total for Year                              |           |           |           |           | 1st Quarter Attendance: 55% |           |           |           |           | Goal = 80% |           |            |       |
| <b>Other Attendees</b>                            |           |           |           |           |                             |           |           |           |           |            |           |            |       |
| Kirsten Azoulay                                   | 1         | 1         | 1         |           |                             |           |           |           |           |            |           |            | 3     |
| Roz Campbell                                      | 0         | 0         | 0         |           |                             |           |           |           |           |            |           |            | 0     |
| Bill Colpo  | 1         | 0         | 1         |           |                             |           |           |           |           |            |           |            | 2     |
| Laura Crawford                                    | 0         | 1         | 1         |           |                             |           |           |           |           |            |           |            | 2     |
| Hannah Drabinski                                  | 0         | 0         | 0         |           |                             |           |           |           |           |            |           |            | 0     |
| Dr. Eddie Droge                                   | 1         | 1         | 1         |           |                             |           |           |           |           |            |           |            | 3     |
| Ron Erskine                                       | 1         | 1         | 1         |           |                             |           |           |           |           |            |           |            | 3     |
| Amber Green                                       | 1         | 0         | 1         |           |                             |           |           |           |           |            |           |            | 2     |
| Vernon Grotjohn                                   | 1         | 1         | 1         |           |                             |           |           |           |           |            |           |            | 3     |
| Jordan Heller                                     | 1         | 1         | 1         |           |                             |           |           |           |           |            |           |            | 3     |
| Alexa Hersel                                      | 1         | 1         | 1         |           |                             |           |           |           |           |            |           |            | 3     |
| Amy Holm  | 0         | 1         | 1         |           |                             |           |           |           |           |            |           |            | 2     |
| Hayley Johnson                                    | 1         | 1         | 1         |           |                             |           |           |           |           |            |           |            | 3     |
| Steve Millemann                                   | 0         | 0         | 0         |           |                             |           |           |           |           |            |           |            | 0     |
| Jenny Ruemmele                                    | 1         | 1         | 1         |           |                             |           |           |           |           |            |           |            | 3     |
| Claire Ryberg                                     | 1         | 1         | 1         |           |                             |           |           |           |           |            |           |            | 3     |
| Dawn Sanchez                                      | 1         | 1         | 1         |           |                             |           |           |           |           |            |           |            | 3     |
| Kim Schwisow                                      | 1         | 1         | 1         |           |                             |           |           |           |           |            |           |            | 3     |
| Rachel Shinn                                      | 1         | 1         | 1         |           |                             |           |           |           |           |            |           |            | 3     |
| Max Silverson                                     | 0         | 0         | 0         |           |                             |           |           |           |           |            |           |            | 0     |
| Gregg Tankersley                                  | 0         | 0         | 0         |           |                             |           |           |           |           |            |           |            | 0     |
| Verna Vanis                                       | 1         | 0         | 1         |           |                             |           |           |           |           |            |           |            | 2     |

Met

Not Met

Key Activity Metrics

| Dashboard  | Deadline  | Target  | Reference: ID Code, Agreement, County | Responsible Party   |
|--|---|---|---------------------------------------|---|
| Capital Improvement Plan   | Included monthly in each board meeting operational report | A mutually acceptable Plan is to be adopted and added as Exhibit A.22 (b) by April 5, 2026  | Agreement                             | SLHS Finance  |
| Provide notification to Valley County on meeting dates for 2026  | 12/31/25  | Provide notification by December 31, 2025   | County                                | Secretary   |
| Post public notice to The Star-News for 2026 meeting dates and post on website.  | 12/31/25  | Publish meeting dates by December 31, 2025  | County                                | Secretary   |
| Statement of Rent  | 1/20/26   | SLM is to provide the Board with a "Statement of Rent" by November 1 annually. This is a quantification of the expenditures made by SLM in the prior year in satisfaction of Section A.3 (a) of the Lease-Option.             | Agreement                             | SLHS Finance  |
| Cause audit to be made and certified by an independent auditor (of all financial affairs of the district) within 120 days following end of fiscal year (approximately the end of January). | 2/17/26   | Complete audit by January 31, 2026  | ID Code                               | Lamm CPA / Bailey & Co.   |
| Cause financial statement to be published in newspaper one time, no more than 30 days after completion of audit.   | To run in 2/26/25 Star News                               | Publish certified financial statement within 30 days of completion of audit.  | ID Code                               | Lamm CPA / Bailey & Co.   |
| File notification of the date for the hospital district public budget hearing with Valley County by the end of April.  | 4/30/26   | Per ID Code: 63-802A, notify Valley County of public budget hearing date by 4/30/26.  | County                                | Secretary   |
| By Idaho Code Section 39-1347, the budget compliance restricts the expenditures of the district to the amount of the budget appropriation.   | 6/1/26  | Amend Budget if needed prior to the close of the fiscal year, June 1. If the budget changes, Lamm CPA needs to update the State Registry reporting prior to June 1, 2026.   | ID Code: 39-1347                      | Lamm CPA  |
| SLM Request for Funding  | 6/16/26   | From the HSA, "A request for funding shall be delivered to the District by no later than June 1 annually, or such other date as mutually agreed to by the Parties, for funding to be provided in the subsequent fiscal year." | Agreement                             | MMHD Legal  |
| SLM Annual Budget  | 7/21/2026   | To be submitted to the District by July 1 annually. Information only. No formal action required.  | Agreement                             | SLHS Finance  |
| Provide public notice with proposed budget information two weeks prior to budget hearing meeting.  | August 3 deadline to the Star News                        | Provide public notice for budget hearing two weeks before the week of meeting.  | ID Code: 63-802A                      | Secretary to Arrange Meeting Date and County notification. Lamm CPA to work with Bailey and Co. |
| Certify taxing rate to the county board of commissioners by beginning of September at the time and manner designated for purpose of levying such taxes (via L-2 document).                 | August Budget Hearing to be held 8/18/26.                 | Deliver the required L-2 forms/taxing rate certification to Valley County before 9/1/26   | ID Code                               | L2 prepared by Lamm CPA   |
| Following Approval of the Sole Source Procurement, within 14 days of the funding request submission, to be publicly noticed in the Star News newspaper.                                    | 2 weeks after August Budget Hearing Approval              | Scheduled quarterly for:  | Agreement                             | MMHD Legal produces resolution, Secretary to Notice in Paper within 14 days of resolution       |

|  |  |   |                 |   |
|--|--|---|-----------------|---|
| Conduct an Annual meeting of the Board, including election of officers, designation of SLM committee member, and determination of regular meeting dates for the fiscal year. | MMHD Board Meeting: 9/15/2026.   | Conduct Annual Hospital Dist. Bd. meeting in September; Review current FY26-FY28 officers, vote on committee/workgroup memberships.   | Bylaws          | Board Action                              |
| Per ID Code Section 67-450E, all local governing entities are required to register through the portal and provide administrative and financial information.                  | Before 12/1/2026   | Completed by Lamm CPA   | State Reporting | Lamm CPA                                  |
| <b>Additional Measures pertaining to District Board elections held in odd numbered years</b>   |  |   |                 |   |
| Cause notification to be provided to the County (early March every other year in odd numbered years) naming trustees whose terms are expiring that year.                     | 11/30/25   | Provide Valley County names of Trustees w/expiring terms/filling replacement terms by TBD by County   | County          | Secretary                                 |
| Hold election, if appropriate, and seat successful candidates on the hospital district board no later than June meeting.   | Valley County Will Hold Election in May 2026                                   | Seat successful candidates/by June meeting of election year.  | ID Code         | Valley County holds ballots for election. |
| <b>Key Process Metrics</b>   |  |   |                 |   |
| Provide for and support process for transfer of levy funds to SLM as outlined in the Health Services Agreement.  | The board agreed to hold FY26 in full board meetings.                          | The board requested that SLM Admin present funding opportunities first to the full board, and if needed will engage the Funding Request Workgroup.  |                 |   |
| Utilize opportunities to address public questions/concerns.  |  | Will hold public budget hearing and have address public inquiries in 2025. Have restarted Health Services Agreement workgroup 4/1/25. In 2026 PIC road show at public venues/events. On the April, July, and October agendas. Missed the January opportunity as audit was presented in February 2025. |                 |   |
| Review Asset Disposals Quarterly   | Jan, April, July, Oct  |   |                 |   |
| Achieve 80% attendance at board and committee meetings. To be reviewed quarterly in the months: January, April, July, and October  | Board Mtgs=71%<br>Workgroups:<br>Housing=55%<br>Public Info = 100%<br>HSA= N/A | On the January, April, July, and October agendas  |                 |   |

## DISTRICT BOARD

### PUBLIC INFORMATION CAMPAIGN WORKGROUP ATTENDANCE FY26

| FY 2026   | Oct | Nov | Jan | Feb                          | Mar | Apr | May | Jun        | Jul | Aug | Sept | Total |
|---|-----|-----|-----|------------------------------|-----|-----|-----|------------|-----|-----|------|-------|
|   | 7   | 4   | 13  | 10                           | 10  | 14  | 12  | 9          | 14  | 11  | 8    | 11    |
| <b>MMHD Trustees:</b>                             |     |     |     |                              |     |     |     |            |     |     |      |       |
| Marge Krahn                                       | 1   | 1   |     |                              |     |     |     |            |     |     |      | 2     |
| Angela Staup                                      | 1   | 1   |     |                              |     |     |     |            |     |     |      | 2     |
| Aana Vannoy                                       | 1   | 1   |     |                              |     |     |     |            |     |     |      | 2     |
| Green indicates member joined via conference call |     |     |     |                              |     |     |     |            |     |     |      | 6     |
| Board Total for Year                              |     |     |     | 1st Quarter Attendance: 100% |     |     |     | Goal = 80% |     |     |      |       |
| <b>Other Attendees</b>                            |     |     |     |                              |     |     |     |            |     |     |      |       |
| Laura Crawford                                    | 1   | 1   |     |                              |     |     |     |            |     |     |      | 2     |
| Amber Green                                       | 1   | 0   |     |                              |     |     |     |            |     |     |      | 1     |
| Tomi Grote  | 1   | 1   |     |                              |     |     |     |            |     |     |      | 2     |
| Tom Grote   | 0   | 0   |     |                              |     |     |     |            |     |     |      | 0     |
| Jordan Heller                                     | 1   | 1   |     |                              |     |     |     |            |     |     |      | 2     |
| Alexa Hersel                                      | 1   | 1   |     |                              |     |     |     |            |     |     |      | 2     |
| Jenny Ho  | 0   | 0   |     |                              |     |     |     |            |     |     |      | 0     |
| Dennis Mesaros                                    | 1   | 0   |     |                              |     |     |     |            |     |     |      | 1     |
| Steve Millemann                                   | 0   | 0   |     |                              |     |     |     |            |     |     |      | 0     |
| Max Silverson                                     | 0   | 0   |     |                              |     |     |     |            |     |     |      | 0     |

**FY26 Q1 - MMHD Administrative Support - Hours Tracking for Alexa Hersel**

| <b>Date Worked</b>          | <b>Hours</b> | <b>Work Description</b>   |
|-----------------------------|--------------|---|
| 10/3/2025                   | 3            | Education event prep, notification prep, RSVP tracking and catering confirmation, send PIC workgroup meeting packet out, make draft minutes, etc.                                       |
| 10/7/2025                   | 5            | Public Information Campaign meeting, follow up, and minutes. Drafted 10.21.25 Board meeting draft agenda.   |
| 10/9/2025                   | 1            | Public notice and website work.   |
| 10/10/2025                  | 2            | October Housing Workgroup meeting prep, packet sent out, and education event prep.  |
| 10/14/2025                  | 3            | October Board meeting prep, packet sent out, and education event prep   |
| 10/20/2025                  | 3            | October Housing Workgroup meeting, minutes, and follow up.  |
| 10/21/2025                  | 8            | October Board meeting, ambulance shelter open house, lunch education event.   |
| 10/22/2025                  | 5            | Public Education Event at the Library.  |
| 10/28/2025                  | 2            | November PIC Workgroup meeting packet sent out, and meeting prep.   |
| 11/4/2025                   | 3            | November PIC Workgroup meeting, minutes, and follow up.   |
| 11/6/2025                   | 3            | Drafted November Housing Workgroup and Board meeting agendas for review. Email communication with board members.  |
| 11/10/2025                  | 3            | November Housing Workgroup meeting packet sent out and meeting prep.  |
| 11/11/2025                  | 3            | November Board meeting packet sent out and meeting prep.  |
| 11/17/2025                  | 4            | FY25 Audit work with Lamm CPA and Marge Krahn, Board Treasurer  |
| 11/17/2025                  | 3            | November Housing Workgroup meeting, minutes, and follow up.   |
| 11/18/2025                  | 4            | November Board meeting, minutes, and follow up.   |
| 11/24/2025                  | 2            | Term information to the County Clerk's office, and email communication with Travis Leonard, Board Secretary.  |
| 11/25/2025                  | 2            | Continued Audit support with Lamm CPA and Marge Krahn, Board Treasurer  |
| 12/1/2025                   | 1            | Continued Audit support with Lamm CPA and Marge Krahn, Board Treasurer  |
| 12/2/2025                   | 3            | Drafted December Housing Workgroup and Board meeting agendas for review. End of year administrative tasks: public notices for 2026, communication with Travis Leonard, Board Secretary. |
| 12/8/2025                   | 3            | December Housing Workgroup meeting, minutes, and follow up.   |
| 12/9/2025                   | 4            | December Board meeting, minutes, and follow up.   |
| <b>Comparisons:</b>         |              |   |
| <b>Grand Total FY24 Q1:</b> |              | <b>61</b>   |
| <b>Grand Total FY25 Q1:</b> |              | <b>61</b>   |

| <b>Monthly Comparison</b> | <b>FY25</b> | <b>FY26</b> |
|---------------------------|-------------|-------------|
| October                   | 24          | 32          |
| November                  | 24          | 27          |
| December                  | 13          | 10          |

|                             |    |    |
|-----------------------------|----|----|
| <b>First Quarter Total:</b> | 61 | 69 |
|-----------------------------|----|----|

# SLM COO/CNO Update

McCall Memorial Hospital District  
Board Meeting

January 20, 2026



# McCall Updates

Culture/Workforce Innovation

✓ *Staffing*

Access

✓ *New Services*

✓ *New Providers*

Safety & Quality

✓ *Quality & Care Experience*



# New Services

St Luke's®



Dr. Jason Haslam  
Orthopedics  
\*New Mako Robotic Arm



Dr. Janae Krahn,  
Family Medicine  
*\*coming Feb 2026*



Dr. Alpha Anders  
Pain Management



Dr. Lindsey Bennett  
Dermatology

# • McCall Quality Metric Overview

| Metric  | Assessment | Key Trends  |
|---|------------|---|
| <b>Mortality</b>                                  |            | 1 over last rolling 12 months. Risk-adjusted above expected mortality.            |
| <b>PSI-08 Falls with fracture</b>                 |            | Sustaining. No falls reaching the level of serious safety event this fiscal year. |
| <b>Employee Injury: DART</b>                      |            | Rolling 12 month DART rate 2.71. FY26 goal 3.36                                   |
| <b>Med Safety: BCMA</b>                           |            | Sustaining above goal   |
| <b>Hand Hygiene</b>                               |            | Sustaining above goal   |
| <b>Care Experience: LTR Patient Care Services</b> |            | Above goal for fiscal year.   |
| <b>Care Experience: LTR ED</b>                    |            | Above goal for fiscal year.   |



• Data Updated 12/18/25

# McCall Care Experience

## *Portfolio Status*

12/4/2025



# McCall Care Experience: Portfolio Status



## Celebrating This Month: November Accomplishments



- Units meeting LTR FYTD Goal: PCS (99<sup>th</sup> percentile!) ED (97<sup>th</sup> percentile!)
- ED LTR 95<sup>th</sup> percentile or higher for the last 5 months!
- PCS LTR 94<sup>th</sup> percentile or higher for the last 6 months!

| Service Line (LTR Top-Box)        | FYTD  | Prior Month: November 2025 |
|-----------------------------------|-------|----------------------------|
| <b>Inpatient</b> (Goal: 91.14)    | 91.37 | 80.20                      |
| <b>PCS</b> (Goal: 88.03)          | 94.13 | 87.70                      |
| <b>Women's</b> (Goal: 91.30)      | 50.20 | 50.20                      |
| <b>Amb. Surgery</b> (Goal: 89.49) | 80.43 | 80.43                      |
| <b>Emergency</b> (Goal: 87.75)    | 87.93 | 88.24                      |

| Goal                   | Service Lines             | Key Accomplishments   | Next Steps/Action Items  | Barriers/Support Needed  |
|------------------------|---------------------------|---|--|--|
| <b>Care Experience</b> | <b>PCS</b>                | <ul style="list-style-type: none"> <li>• Swing bed patients removed from incorrect in-patient PG survey post-discharge.</li> <li>• Attended McCall Town Hall: PG Award</li> </ul>                       | <ul style="list-style-type: none"> <li>• Present at December Charge RN Meeting: <i>iRound and Patient Connections</i>.</li> <li>• Collaborate with leaders for PFLV just-in-time training, unit observations and coaching with staff completing PFLV rounds.</li> <li>• Complete site/unit assessments including shadowing staff.</li> <li>• Work with PG to activate the swing bed survey, ensuring patients receive the appropriate survey post-discharge.</li> </ul> <p><b>Bedside Handoff:</b></p> <ul style="list-style-type: none"> <li>• Discuss BSH sustainment process with leaders.</li> </ul> | <ul style="list-style-type: none"> <li>• BSH sustainment plans from individual leaders to ensure ongoing compliance at unit level.</li> </ul>  |
|                        | <b>Women's</b>            | <ul style="list-style-type: none"> <li>• Attended McCall Town Hall: PG Award</li> </ul>   | <ul style="list-style-type: none"> <li>• Present at December Charge RN Meeting: <i>iRound and Patient Connections</i></li> <li>• Collaborate with leaders for PFLV just-in-time training, unit observations and coaching with staff completing rounds.</li> <li>• Complete site/unit assessments including shadowing staff.</li> <li>• Meeting scheduled for iRound dashboard issues.</li> </ul> <p><b>Bedside Handoff:</b></p> <ul style="list-style-type: none"> <li>• Discuss BSH sustainment process with leaders.</li> </ul>  | <ul style="list-style-type: none"> <li>• Sustainment plans from individual leaders to ensure ongoing compliance at unit level.</li> <li>• Ongoing issues with iRound dashboard, working with PG to resolve.</li> </ul> |
|                        | <b>Ambulatory Surgery</b> |   | <ul style="list-style-type: none"> <li>• Care Experience Managers escalating issues with scheduling to Amb. Surgery Director to identify opportunities for resolution.</li> </ul>  | <ul style="list-style-type: none"> <li>• Identification of 2026 ambulatory surgery strategy at organizational level.</li> </ul>  |
|                        | <b>Emergency</b>          |   | <ul style="list-style-type: none"> <li>• Complete site/unit assessments including shadowing staff.</li> <li>• Incorporate PFLV (as appropriate), PFLV just-in-time training, unit observations and coaching with staff completing rounds.</li> <li>• Meet with leaders to review FY26 Care Experience Goals.</li> <li>• Coordinating with Center of Excellence for Daisy Marketing materials.</li> </ul>   | <ul style="list-style-type: none"> <li>• ED iRound platform updates ongoing based on leader feedback.</li> </ul>   |
|                        | <b>Other</b>              | <ul style="list-style-type: none"> <li>• Meet &amp; Greet with PAS leaders.</li> <li>• On-going collaboration with MI, Lab, and PAS managers to improve QR marketing for patients and staff.</li> </ul> | <ul style="list-style-type: none"> <li>• Complete site/unit assessments in PAS, Lab, &amp; Imaging including shadowing staff.</li> <li>• Scheduled Humanizing Healthcare Presentation for Lab at January Staff Meeting.</li> <li>• Set up comment reports to increase visibility for PAS leaders.</li> </ul>   | <ul style="list-style-type: none"> <li>• Ongoing work for QR code with marketing delayed related to new system logo.</li> </ul>  |

# McCall Data: Monthly LTR FYTD

0 = no return surveys for month

Data through: 12/02/2025  
Last Updated: 12/02/2025

|  |               |               |                 |                |
|--|---------------|---------------|-----------------|----------------|
|  | Top Box Score | Not at target | <0.50 to Target | Meeting Target |
|  | % Rank        | 0 - 49        | 50 - 74         | 75 - 89        |
|  |               |               |                 | 90 - 99        |

| MCMC Inpatient                                 | FY26 Goal |        | FYTD    |        |     | Top Box Performance | Sep '25 |        |     | Oct '25    |         |        | Nov '25 |            |         |        |     |
|--|-----------|--------|---------|--------|-----|---------------------|---------|--------|-----|------------|---------|--------|---------|------------|---------|--------|-----|
|  | Top Box   | % Rank | Top Box | % Rank | "n" | Data Trend          | Top Box | % Rank | "n" | MoM Change | Top Box | % Rank | "n"     | MoM Change | Top Box | % Rank | "n" |
| Likelihood to Recommend                        | 91.14     | 97     | 91.37   | 97     | 34  |                     | 93.06   | 98     | 14  | ▲          | 96.03   | 99     | 24      | ▼          | 80.20   | 81     | 10  |
|  | %         |        | %       |        | "n" | Data Trend          | %       |        | "n" | MoM Change | %       |        | "n"     | MoM Change | %       |        | "n" |
| BSH: Frequency of Being Included "Always"      | 70.00     |        | 55.88   |        | 19  |                     | 58.33   |        | 7   | ▼          | 54.17   |        | 13      | ▲          | 60.00   |        | 6   |
| BSH: Improved Understanding of Care Plan "Yes" | 90.00     |        | 78.79   |        | 26  |                     | 58.33   |        | 7   | ▲          | 82.61   |        | 19      | ▼          | 70.00   |        | 7   |
| Pt & Family Leader Visit Occurred "Yes"        | 80.00     |        | 90.62   |        | 29  |                     | 92.31   |        | 12  | ▼          | 90.91   |        | 20      | ▼          | 90.00   |        | 9   |

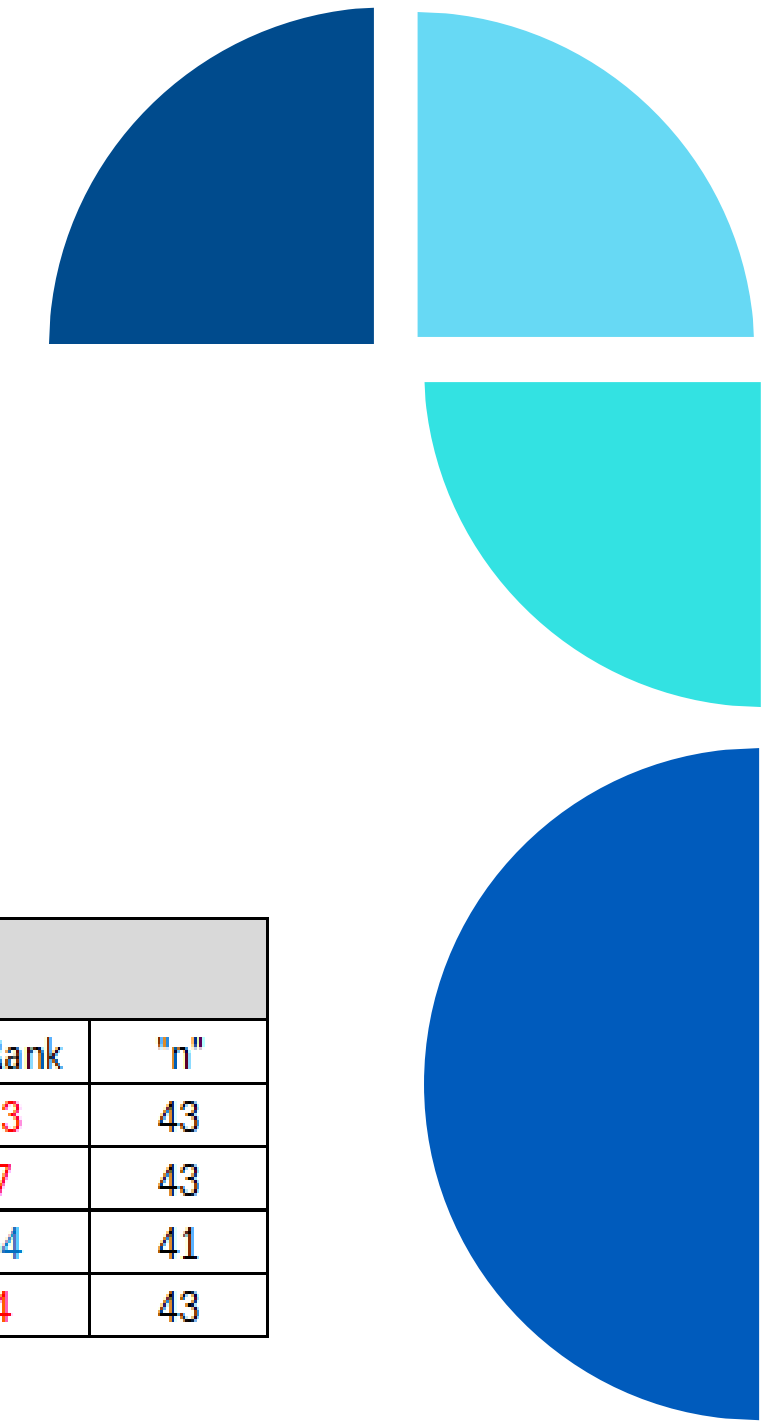
| MCMC PCS                                       | FY26 Goal |        | FYTD    |        |     | Top Box Performance | Sep '25 |        |     | Oct '25    |         |        | Nov '25 |            |         |        |     |
|--|-----------|--------|---------|--------|-----|---------------------|---------|--------|-----|------------|---------|--------|---------|------------|---------|--------|-----|
|  | Top Box   | % Rank | Top Box | % Rank | "n" | Data Trend          | Top Box | % Rank | "n" | MoM Change | Top Box | % Rank | "n"     | MoM Change | Top Box | % Rank | "n" |
| Likelihood to Recommend                        | 88.03     | 94     | 94.13   | 99     | 33  |                     | 87.70   | 94     | 8   | ▲          | 96.03   | 99     | 24      | ▼          | 87.70   | 95     | 8   |
|  | %         |        | %       |        | "n" | Data Trend          | %       |        | "n" | MoM Change | %       |        | "n"     | MoM Change | %       |        | "n" |
| BSH: Frequency of Being Included "Always"      | 70.00     |        | 56.25   |        | 18  |                     | 50.00   |        | 4   | ▲          | 54.17   |        | 13      | ▲          | 62.50   |        | 5   |
| BSH: Improved Understanding of Care Plan "Yes" | 90.00     |        | 77.42   |        | 24  |                     | 62.50   |        | 5   | ▲          | 82.61   |        | 19      | ▼          | 62.50   |        | 5   |
| Pt & Family Leader Visit Occurred "Yes"        | 80.00     |        | 93.33   |        | 28  |                     | 100.00  |        | 8   | ▼          | 90.91   |        | 20      | ▲          | 100.00  |        | 8   |

| MCMC Women's                                   | FY26 Goal |        | FYTD    |        |     | Top Box Performance | Sep '25 |        |     | Oct '25    |         |        | Nov '25 |            |         |        |     |
|--|-----------|--------|---------|--------|-----|---------------------|---------|--------|-----|------------|---------|--------|---------|------------|---------|--------|-----|
|  | Top Box   | % Rank | Top Box | % Rank | "n" | Data Trend          | Top Box | % Rank | "n" | MoM Change | Top Box | % Rank | "n"     | MoM Change | Top Box | % Rank | "n" |
| Likelihood to Recommend                        | 91.30     | 97     | 50.20   | 3      | 2   |                     | 100.00  | 99     | 1   | ▼          | 0.00    | 0      | 0       | ▲          | 50.20   | 3      | 2   |
|  | %         |        | %       |        | "n" | Data Trend          | %       |        | "n" | MoM Change | %       |        | "n"     | MoM Change | %       |        | "n" |
| BSH: Frequency of Being Included "Always"      | 70.00     |        | 50.00   |        | 1   |                     | 100.00  |        | 1   | ▼          | 0.00    |        | 0       | ▲          | 50.00   |        | 1   |
| BSH: Improved Understanding of Care Plan "Yes" | 90.00     |        | 100.00  |        | 2   |                     | 100.00  |        | 1   | ▼          | 0.00    |        | 0       | ▲          | 100.00  |        | 2   |
| Pt & Family Leader Visit Occurred "Yes"        | 80.00     |        | 50.00   |        | 1   |                     | 100.00  |        | 1   | ▼          | 0.00    |        | 0       | ▲          | 50.00   |        | 1   |

| MCMC Emergency                   | FY26 Goal |        | FYTD    |        |     | Top Box Performance | Sep '25 |        |     | Oct '25    |         |        | Nov '25 |            |         |        |     |
|----------------------------------|-----------|--------|---------|--------|-----|---------------------|---------|--------|-----|------------|---------|--------|---------|------------|---------|--------|-----|
|                                  | Top Box   | % Rank | Top Box | % Rank | "n" | Data Trend          | Top Box | % Rank | "n" | MoM Change | Top Box | % Rank | "n"     | MoM Change | Top Box | % Rank | "n" |
| Likelihood to Recommend          | 87.75     | 95     | 87.93   | 95     | 58  |                     | 96.30   | 99     | 54  | ▼          | 87.50   | 94     | 24      | ▲          | 88.24   | 95     | 34  |
| Staff cared about me as a person | 86.57     | 94     | 89.66   | 97     | 58  |                     | 94.44   | 99     | 54  | ▼          | 91.67   | 98     | 24      | ▼          | 88.24   | 95     | 34  |

| MCMC Ambulatory Surgery | FY26 Goal |        | FYTD    |        |     | Top Box Performance | Sep '25 |        |     | Oct '25    |         |        | Nov '25 |            |         |        |     |
|-------------------------|-----------|--------|---------|--------|-----|---------------------|---------|--------|-----|------------|---------|--------|---------|------------|---------|--------|-----|
|                         | Top Box   | % Rank | Top Box | % Rank | "n" | Data Trend          | Top Box | % Rank | "n" | MoM Change | Top Box | % Rank | "n"     | MoM Change | Top Box | % Rank | "n" |
| Likelihood to Recommend | 89.49     | 69     | 80.43   | 19     | 92  |                     | 79.41   | 17     | 34  | ▲          | 81.40   | 23     | 43      | ▼          | 80.43   | 19     | 46  |
| Communication           | 95.38     | 87     | 92.12   | 41     | 93  |                     | 96.85   | 97     | 34  | ▼          | 96.61   | 96     | 43      | ▼          | 88.33   | 8      | 47  |

# McCall Surgical Services: Monthly LTR FYTD with Key Drivers



Data through: 12/04/2025  
Last Update: 12/05/2025

| MCMC Surgical Services                 | FY26 Goal     |        | FYTD    |        |     | Top Box Performance | Sep '25 |        |     | Oct '25    |         |        |     | Nov '25    |         |        |     |
|--|---------------|--------|---------|--------|-----|---------------------|---------|--------|-----|------------|---------|--------|-----|------------|---------|--------|-----|
|  | Top Box Score | % Rank | Top Box | % Rank | "n" |                     | Top Box | % Rank | "n" | MoM Change | Top Box | % Rank | "n" | MoM Change | Top Box | % Rank | "n" |
|  | 89.49         | 69     | 82.80   | 28     | 93  | Data Trend          | 80.00   | 18     | 30  | ▲          | 80.49   | 19     | 41  | ▲          | 83.72   | 33     | 43  |
| Likelihood to Recommend                | 89.49         | 69     | 82.80   | 28     | 93  |                     | 80.00   | 18     | 30  | ▲          | 80.49   | 19     | 41  | ▲          | 83.72   | 33     | 43  |
| Communication Domain Performance       | 95.38         | 87     | 91.97   | 39     | 93  |                     | 96.40   | 95     | 30  | ▲          | 96.44   | 95     | 41  | ▼          | 87.94   | 7      | 43  |
| Staff ensured you were comfortable     | 98.08         | 67     | 97.80   | 59     | 91  |                     | 93.33   | 5      | 30  | ▲          | 97.56   | 54     | 41  | ▬          | 97.56   | 54     | 41  |
| Staff treated wth courtesy and respect | 98.66         | 61     | 95.65   | 6      | 92  |                     | 90.00   | 1      | 30  | ▲          | 95.00   | 3      | 40  | ▲          | 95.35   | 4      | 43  |





# McCall Patient Family Leader Visits (PFLV) *iROUND*

**Purpose:** To present monthly data on Patient Family Leader Visits (PFLV) for FYTD and the percentage of PFLV completed in iRound over the prior month. This data is compared with patient perceptions of PFLV based off Press Ganey (PG) survey responses, both FYTD and for the prior month to highlight opportunities to improve rounding process and documentation.



Data pulled: 12/4/25    Depicting Data 10/1/25-11/30/25

# McCall iRound Compliance & Patient Perception from PG HCAHPS Comparison



Were you visited by a nurse manager or member of the leadership team during your stay?

Yes

No

Uncertain

| Unit      | iRound Compliance % FYTD              | Pt. Perception PG FYTD (see notes) | iRound Compliance % Prior Month: Nov. 2025 | Pt. Perception PG Prior Month: Nov. 2025 |
|-----------|---------------------------------------|------------------------------------|--|--|
| Inpatient | 55%*                                  | 93.3%                              | 55%*                                       | 89.09%                                   |
| PCS       | 71%                                   | 93.05%                             | 68%  | 87.7%                                    |
| Women's   | 13%*                                  | 100%                               | 20%*                                       | 100%                                     |
| Emergency | <i>Not currently utilizing iRound</i> | 86.36%                             | <i>Not currently utilizing iRound</i>      | 89.29%                                   |

*\*iRound dashboard error leading to incorrect data reporting for Women's and Inpatient roll-up. Ongoing work between Care Experience Team, PG and SLHS Data informaticists to resolve issue.*

**Notes:** FYTD = 10.1.25-11.30.25.

PG query filtered by "received date" depicting top box score with focus on "were you visited by a nurse manager or member of leadership team during your stay?"