

Chief Executive Officer  
Ryan Harris



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

**Quality Committee  
Meeting Agenda**

March 26, 2025 @ 9:30 am  
Mayers Memorial Healthcare  
Burney Annex Boardroom  
20647 Commerce Way  
Burney, CA 96013

**Attendees**

Les Cufaude, Director and Chair of Quality James Ferguson, Director	Ryan Harris, CEO Jack Hathaway, Director of Quality Ashley Nelson, Board Clerk
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1	<b>CALL MEETING TO ORDER</b>	Chair Les Cufaude		
2	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>			
3	<b>APPROVAL OF MINUTES</b>			
3.1	Regular Meeting – February 19, 2025		Attachment A	<b>Action Item</b>
4	<b>DIRECTOR OF QUALITY REPORT</b>	Ryan Harris	Attachment B	Report
5	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			Information
6	<b>MOVE INTO CLOSED SESSION</b>			
7	<b>CLOSED SESSION ITEMS</b>			
7.1	<b>HEARING (HEALTH AND SAFETY CODE § 32155) – MEDICAL STAFF CREDENTIALS</b>			<b>Action Item</b>
	<b>MEDICAL STAFF REAPPOINTMENT</b>			
	1. Allen Morris, MD			
	2. Kelsey Sloat, MD			
	3. Aditi Bhaduri, MD (T2U)			
	4. Jean-Claude Bassila, MD (T2U)			
	5. Mustafa Ansari, MD (UCD)			
	6. Lin Zhang, MD (UCD)			
	7. Ge Xiong, MD (UCD)			
	8. Sophie Teng, MD (UCD)			
	9. Massud Seyal, MD (UCD)			
	10. David Richman, MD (UCD)			
	11. Kwan NG, MD (UCD)			
	12. Ricardo Maselli, MD (UCD)			

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13. Marc Lenaerts, MD (UCD)
  14. Jeffrey Kennedy, MD (UCD)
  15. Alexander Duffy, DO (UCD)
  16. Charles DeCarli, MD (UCD)
  17. Norika Malhado-Chang, MD (UCD)
  18. Michelle Apperson, MD (UCD)
  19. Sindhura Batchu, MD (UCD)

**MEDICAL STAFF APPOINTMENT**

1. Shravani Nalla, MD (T2U)
2. Manntej Sra, MD (Vesta)
3. Majid Maybody, MD (Vesta)
4. Caren Armstrong, MD (UCD)
5. Courtney Wusthoff, MD (UCD)
6. Vaishnavi Vaidyanathan, MD (UCD)
7. Neggy Rismanci, MD (UDC)

**AHP APPOINTMENT**

1. Lily Liu, PA, (T2U)
2. Breeana Williams, LCSW (T2U)

**STAFF STATUS CHANGE**

1. Howard Fellows, MD (Mercy Oncology) to Refer & Follow
  2. Jorge Perez-Cardona, MD (Mercy Oncology) to Refer & Follow
  3. Kyle Greene, MD (Mercy Oncology) to Refer & Follow
  4. Farres Ahmed, MD – to Inactive
  5. Bradley Clark, MD – to Inactive
  6. John Erogul, MD – to Inactive
  7. Jonathan Hester, MD – to Inactive
  8. Daniel Kirkham, MD – to Inactive
  9. Earljay Landrito, MD – to Inactive
  10. Stephen Loos, MD – to Inactive
  11. William Pace, MD – to Inactive
  12. Thomas Powierza, MD – to Inactive
  13. Ryan Redelman, MD – to Inactive
  14. Gary Turner, MD – to Inactive
  15. Keith Shonard, MD – to Inactive
  16. Sandeep Amesur, MD – to Inactive
  17. John Anderson, MD – to Inactive
  18. Daniel Baker, MD – to Inactive
  19. Troy Belle, MD – to Inactive
  20. Robert Berger, MD – to Inactive
  21. Michael Bevern, MD – to Inactive
  22. John Boardman, MD – to Inactive
  23. James Brull, DO – to Inactive
  24. Courtney Carter, MD – to Inactive
  25. Lillian Cavin, MD – to Inactive
  26. Kenneth Edgar, MD – to Inactive
  27. Mark Faltaous, MD – to Inactive
  28. Jeffrey Grossman, MD – to Inactive
  29. Rashmi Hande, MD – to Inactive
  30. Mark Harshany, MD – to Inactive
  31. James Haug, MD – to Inactive
  32. Ellen Johnson, MD – to Inactive
  33. Norman Malik, MD – to Inactive
  34. Benjamin Park, DO – to Inactive
  35. William Philips, MD – to Inactive
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36. Teppe Popovich, MD – to Inactive
  37. Faranak Sadri Tafazoli, MD – to Inactive
  38. Dishant Shah, MD – to Inactive
  39. Shree Shah, MD – to Inactive
  40. Masood Siddiqui, MD – to Inactive
  41. Sanford Smoot, MD – to Inactive
  42. Alexander Vogel, MD – to Inactive
  43. Asif Anwar, MD – to Inactive
  44. Frederic Gorin, MD – to Inactive
  45. Ryan Martin, MD – to Inactive
  46. Lara Zimmerman, MD – to Inactive
  47. Ajay Sampat, MD – to Inactive
  48. Galen Church, DO – to Inactive
  49. Matthew Moore, DO – to Inactive
  50. Paula Amacker, NP – to Inactive
  51. Haroon Rehman, MD – to Inactive
  52. Alireza Abdolmohammadi, MD – to Inactive
  53. Mark Ramus, MD – to Inactive
  54. Allen Mendez, MD – to Inactive
  55. William Hulkower, MD – to Inactive
  56. William Randazzo, MD – to Inactive
  57. Avez Rizvi, MD – to Inactive
  58. Charles Westin, MD – to Inactive
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**8 RECONVENE OPEN SESSION**

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**9 ADJOURNMENT:** Next Regular Meeting – April 30, 2025

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Chief Executive Officer  
Ryan Harris



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

Board of Directors  
**Quality Committee**  
**Minutes**

February 19, 2025 @ 9:30 am  
Mayers Memorial Healthcare  
Fall River Board Room  
43563 HWY 299E  
Fall River Mills, CA 96028

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

1	<b>CALL MEETING TO ORDER:</b> Les Cufaude called the meeting to order at 9:35 am on the above date.		
	<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>
	Les Cufaude, Director Jim Ferguson, Director		Ryan Harris, CEO Jack Hathaway, Director of Quality Jessica DeCoito – Acting Board Clerk
	<b>Excused ABSENT:</b> Ashley Nelson, Board Clerk		
2	<b>CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>		
	None		
3	<b>APPROVAL OF THE MINUTES:</b>		
	3.1	Regular Meeting – January 29, 2025	<i>Ferguson, Cufaude</i> <b>Approved by All</b>
4	<b>HOSPITAL QUALITY COMMITTEE REPORT:</b> spent time with Dr. Magno reviewing the Plan of Corrections with the ACHC survey. We just received our official Deficiency Report from ACHC and the plan of corrections is due back to ACHC on March 1 <sup>st</sup> . There were no Conditions of Participation deficiencies. By day 60 of the survey, we should be notified of accreditation. Words cannot begin to express gratitude and appreciation to our MMHD team on this amazing feat we have accomplished. Review of the ED PI reports was presented – average transfer takes 6 hours but more critical patients are much quicker within that average. Facilities will be changing their measures based on ACHC survey to account for door concerns. Exposure for X-ray has been meeting the benchmark. Our average time from call to reaching patient for our ambulance is 16 minutes.		
5	<b>DIRECTOR OF QUALITY:</b> Jack submitted his report. We received a formula from DHCS for the QIP program. We now have more information on what we can and cannot meet for this year and plan better for next year. As we grow in the clinic services and providers, our assigned lives will increase and our numbers will more accurately reflect for meeting measures.		
6	<b>POLICIES:</b> Medication Error Reduction Plan		
	6.1	Medication Error Reduction Plan	<i>Cufaude, Hathaway</i> <b>Approved by All</b>
7	<b>OTHER INFORMATION/ANNOUNCEMENTS:</b> No other announcements.		
8	<b>MOVE INTO CLOSED SESSION:</b> 10:48 am		
9	<b>CLOSED SESSION ITEMS</b>		

9.1	<b>HEARING (HEALTH AND SAFETY CODE § 32155) – MEDICAL STAFF CREDENTIALS</b> ELLIOTT WAGNER, MD NABEEL DAR, MD WALTER UYESUGI, DO RON MARK, MD TAD TANOURA, MD RAJIV KUMAR, MD PHILIP MCDONALD, MD JUSTIN PHAM, MD JOHN POHL, MD JUNSUNG RHO, MD ROBERTO RIVERA-MORALES, MD AMIT SANGHI, DO ARJUN SHARMA, MD RUSSELL GELORMINI, MD ANNE GLASER, MD SUSAN GOOTNICK, MD GRANT HOLZ, MD SAYED JAFERY, MD SAMPATH ALAPATI, MD DEREK ARMFIELD, MD DENNIS BURTON, MD ABBAS CHAMSUDDIN, MD NILOFAR FIROOZIE, MD MICHAEL GABE, MD ADEL ABDALLA, MD	<i>Cufaude, Harris</i>	Approved by All
12	<b>RECONVENE OPEN SESSION:</b> 10:54 am		
13	<b>ADJOURNMENT:</b> at 10:55 am Next Meeting is March 26, 2025		

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Directors documents are available online at [www.mayersmemorial.com](http://www.mayersmemorial.com).

Board Quality Report March 2025

**Mortality In the hospital**

January 1 to March 17 – we had two deaths on the med surg floor, with 38 inpatient admissions for a 5% Mortality rate in the service area.

**Patient Experience**

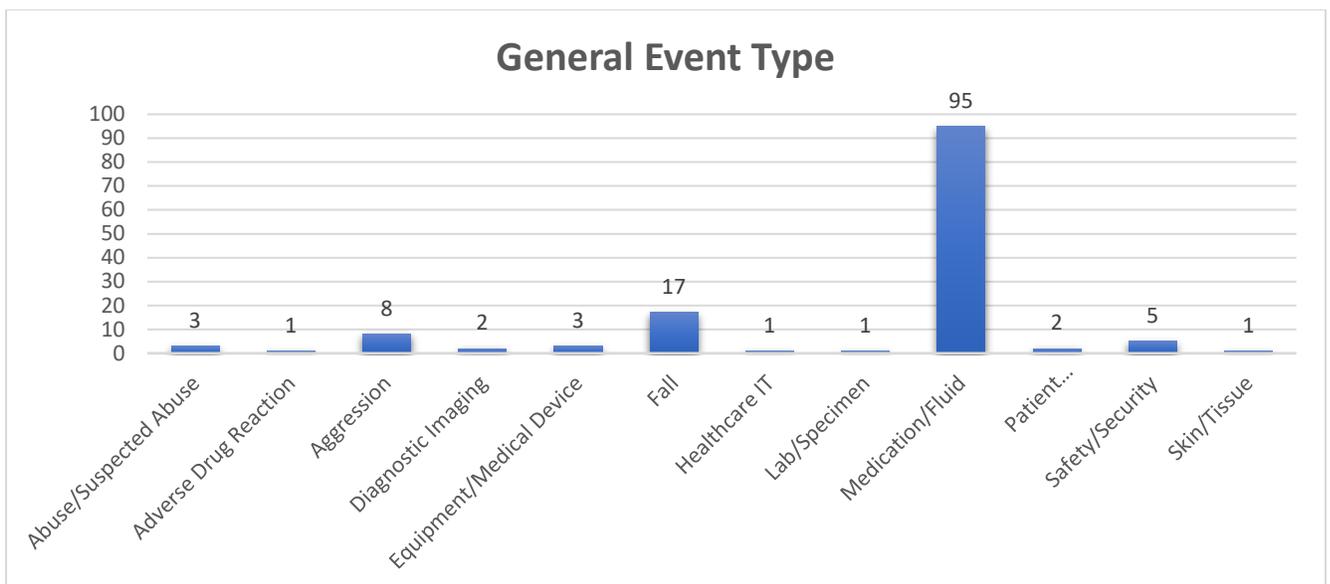
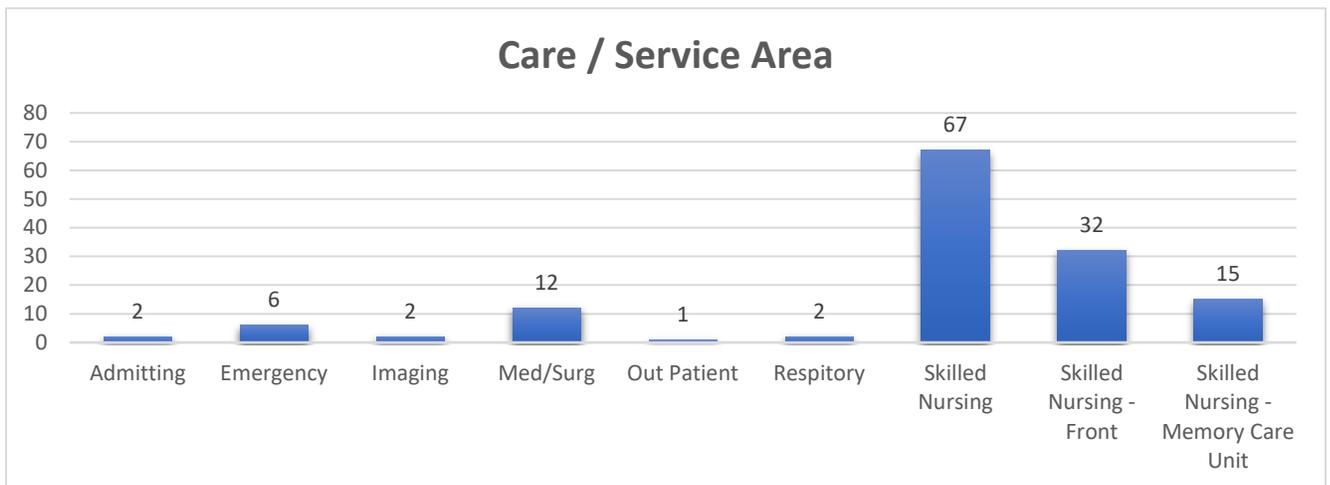
Most current data attached -

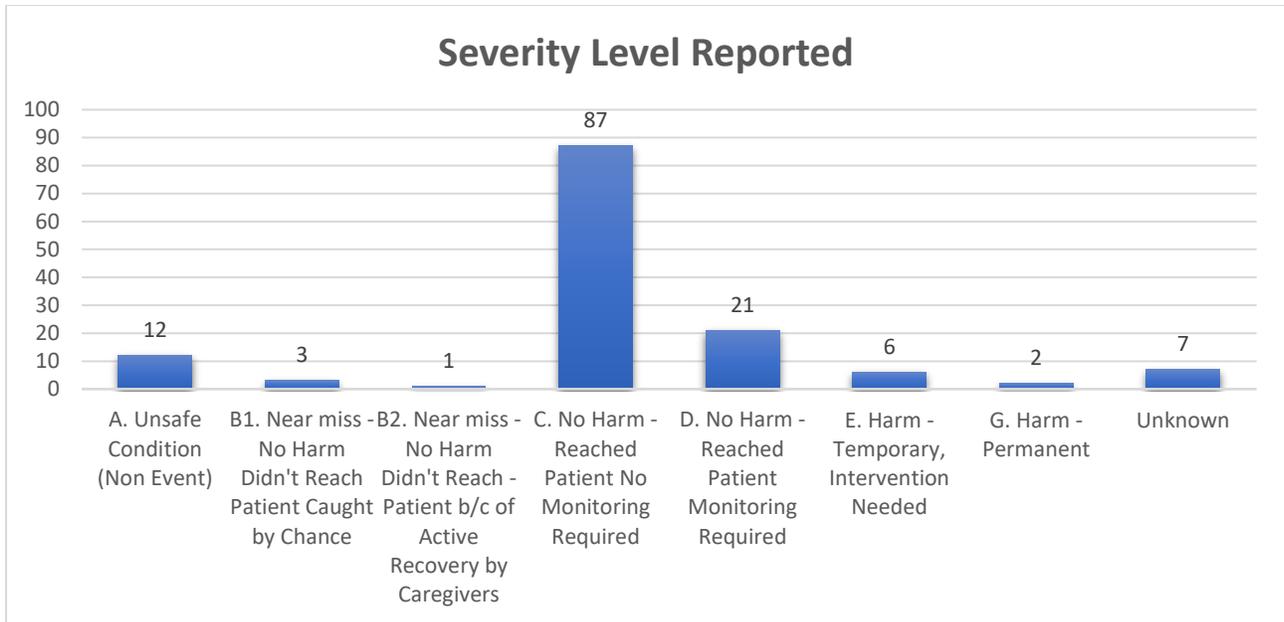
**PI Review**

We will review the most current PI data in Teams.

**Risk (RL6) Review**

There have been 139 events reported in RL6 between January 1, 2025, and March 19, 2025, when this report was pulled. They break down in the following ways:





**State**

We responded to 2 state surveys in January 2025, both based on Facility-Reported Incidents (FRIs). Both were closed; one had no deficiencies, and the other had a single deficiency related to timely reporting.

**Complaints**

I received two complaints since the last time we met – an ED visit that I am following up on and an outpatient imaging issue that I am checking into.

**DHCS QIP Program**

We are currently tracking the following measures that have a possibility for success in PY7:

Here are the numbers:

Measure	PY6 - 2023	PY7 - 2024	PY7 PBM*	Targets^	Performance	AV
Q-WCV	11/41 or 26.82%	20/40 or 50%	42.99%	30.41%	+17.09% over Target	
Q-CMS 147	32/124 or 25.80%	165/336 or 49.10%	25.51%	30.78%	+18.32% over Target	

\*PBM = Performance Benchmark—Each measure has a minimum performance benchmark that must be met in order to be used for reporting. We must show that we have met the PY7 PBM and had an increase of 10% over PY6 to get an achievement value (AV) of 1 and full payment.

Targets = target values are calculated in one of two ways: 1. using a formula found in the PY7 manual, or 2. using a formula built into the reporting portal for DHCS. Our WCV target was found using the formula in the manual because we have not done that measure before. Our CMS 147 target was calculated in the portal based on our PY6 performance.

As always, this is pending the final audit in June; however, the numbers now look promising. *I will caution that I have more validation and verification that I have to do* – checking all qualifying visits for flu shots administered – to be sure that each visit falls into one of the acceptable categories to be counted as a win and verifying continuous enrollment for the well-child visits. So, there is still some work to do, but we look like we are well-positioned for success in PY7. The report will be due to the state in June – so we will be ahead of the game if we can get confirmation.

### **i2i – Tracks / Prizm**

The board approved our purchase and use of i2i for DHCS QIP reporting and the workaround to find success moving forward. We had a very productive call on the 19<sup>th</sup>, and reports are progressing. Our i2i system may be up and running for the PY7 reporting due in June. Currently, the numbers that they have for the total population and the measures that we are looking at are very close to the numbers that I have found through my manual audits – so that looks promising – I would be concerned if the numbers were very different.

For example – I found the total QIP population for PY7 (all partnership patients seen in our clinic at least once in 2024) to be 336; i2i has that number at 323, and we are very close there. The i2i team is currently applying the continuous assignment criteria to the various measures we have built into the system so far to see how we are doing from their perspective, so as that work continues, I will keep you updated.

The measures built into i2i are as follows: Breast Cancer Screening, Colorectal Cancer Screening, Cervical Cancer Screening, Controlling High Blood Pressure, and Well Child and Adolescent Visits (Q-WCV). This is one of the measures we are looking for potential success with PY7), and Influenza Immunizations (Q-CMS 147, this is the other measure we are looking for potential success within PY7). Moving forward, we will be able to track all of those in real-time with the various measure criteria built into the program to assist us in knowing where we are throughout the year rather than trying to tackle all of the discovery work after the fact.

### **ACHC**

We had our ACHC survey, and we received some really good feedback from the team. We found 41 opportunities for improvement during the survey, and we are currently working through the steps to complete our POC (Plan of Correction) and receive accreditation. We had a meeting on March 19 to review all of the clinical plans that were

submitted. Detailed reports about the survey and findings have been mailed or made available for board members upon request.

The meeting on the 19<sup>th</sup> was enjoyable and informative – Julie V., our ACHC senior interpretation team reviewer, had some specific and clear feedback and recommendations for change requests that she made and provided for us. The changes for all of the clinical tags were made, and we are waiting to see if we hear from the facilities side about the next steps.

### **Conclusion**

Quality in the district is looking good this month.

Respectfully submitted, Jack Hathaway - DOQ