

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

October 29, 2025 @ 9:30 am

Mayers Memorial Healthcare District

Fall River Boardroom
43563 Highway 299 East
Fall River Mills, CA 96028

Attendees

Les Cufaude, Secretary and Chair of Quality
James Ferguson, Director

Ryan Harris, CEO
Jack Hathaway, Director of Quality
Lisa Neal, Board Clerk

1	CALL MEETING TO ORDER	Chair: Les Cufaude	
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS		
3	APPROVAL OF MINUTES		
3.1	Regular Meeting – September 17, 2025	Attachment A	Action Item
4	DIRECTOR OF QUALITY REPORT	Jack Hathaway	Attachment B
5	DIRECTOR OF SAFETY QUARTERLY REPORT	Dana Hauge	Attachment C
6	OTHER INFORMATION/ANNOUNCEMENTS		Information
7	MOVE INTO CLOSED SESSION		
7.1	Hearing (Health and Safety Code §32155) – Medical Staff Credentials MEDICAL STAFF REAPPOINTMENT Richard Leach, MD Thomas Edholm, MD Sean Pitman, MD Aaron Babb, MD Kevin Keenan, MD (UCD) Elizabeth Ekpo, MD (UCD) Sheela Toprani, MD (UCD) Orwa Aboud, MD (UCD)		Action Item
	MEDICAL STAFF APPOINTMENT Kendra Grether-Jones, MD (UCD) Emily Andrada-Brown, MD (UCD)		

Nathan Kupperman, MD (UCD)
Leah Tzimenatos, MD (UCD)
Alejandra Marquez-Loza, MD (UCD)
Erik Kuecher, PA-C (T2U)

AHP REAPPOINTMENT

Heather Corr, PA-C
George Winter, FNP

8 RECONVENE OPEN SESSION:

7 ADJOURNMENT:

Next Regular Meeting – December 10, 2025

Posted: October 23, 2025

Chief Executive Officer
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Board of Directors
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Tami Humphry, Treasurer
Lester Cufaude, Secretary
James Ferguson, Director

Board of Directors
Quality Committee
Minutes
September 17, 2025 @ 9:30 am
Mayers Memorial Healthcare
Burney Annex Boardroom
20647 Commerce Way
Burney, CA 96013

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

1	CALL MEETING TO ORDER: Les Cufaude called the meeting to order at 9:33 am on the above date.				
BOARD MEMBERS PRESENT:		STAFF PRESENT:			
Les Cufaude, Director Jim Ferguson, Director		Ryan Harris, CEO Jack Hathaway, Director of Quality Keith Earnest, Chief Clinical Officer Theresa Overton, Chief Nursing Officer Lisa Neal, Board Clerk			
2	CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS				
None.					
3	APPROVAL OF THE MINUTES:				
	3.1	Regular Meeting – August 27, 2025 Update Staff Present to include Keith Earnest, CCO A motion was moved, seconded, and the minutes were approved.	<i>Cufaude, Hathaway</i> <i>Approved by All</i>		
4	DIRECTOR OF QUALITY: Jack provided a written report. He further discussed that the Plan of Correction (POC) for SNF had been accepted, and there would not be a resurvey. Expecting the Denial of Payment for New Admissions (DPNA) to be lifted and admissions reinitiated effective Oct 15, 2025. For medication errors, staff education and tracking are in place. Next steps include aligning the medication errors with the corresponding medication name and nurse ID and determining an appropriate threshold. Theresa discussed nursing changes and implementations in SNF. In FR, a change has been implemented within PCC that requires nurses to answer based on a pain scale, and it is currently in a trial period at the Burney Annex. The nurse educator is doing 1x1 audits with nurses. Jack will include Quarterly Hospice Quality reporting and SNF Quality. Keith reported that for Hospice, the majority of funds are spent at the beginning of a stay and discussed educating the community on the range of Hospice services that can be provided before the end-of-life period. Ryan reported that the lab survey identified a few issues ("tags"), while the clinic survey had no identified tags.				
5	OTHER INFORMATION/ANNOUNCEMENTS:				
7	CLOSED SESSION ITEMS:				
8	ADJOURNMENT: at 10:28 am Next Meeting is October 29, 2025				

Board Quality Report September 2025

Mortality in the Hospital

Reviewing these reports with the additional knowledge that comes from the analytics training incorporated with the provider optimization work that is underway. I will confirm that this is the best way to report this and get back to you next month.

Patient Experience

I have consulted with Press Ganey about the time frames on the reports, and currently, the battery of reports that we can access has a time lag due to the various reporting windows used nationwide for those reports. The data will have a lag due to the time frames allowed for collecting and reporting it to CMS. I am waiting to see if we can have the option of running our own timeframes in our reports; the PG team said they would get back to me.

With the above in mind, please see the attached document, and we can review it further online during the meeting.

PI Review

We can review current findings in Teams during the meeting.

Risk (RL6) Review

Refer to the following pages for graphs – I have rearranged them for a clearer view of the data.

Medication error data, as requested, will be provided in the meeting due to the employee-specific data it contains

State

Current state work is underway – we did have a single reportable state visit with no deficiencies found in our Skilled Nursing Facility.

Complaints

I have received no official reportable complaints this month.

Medication Error Audit

As you can see, there is no medication error audit this month. We had some conflicting data points that need to be addressed. Please also note that the data for medication errors tracked in RL6 only covers the period from September 1st to the middle of the month before Keith left for Kansas City for the NRHA conference. We will correct the data issues and resume the audit in October.

Conclusion

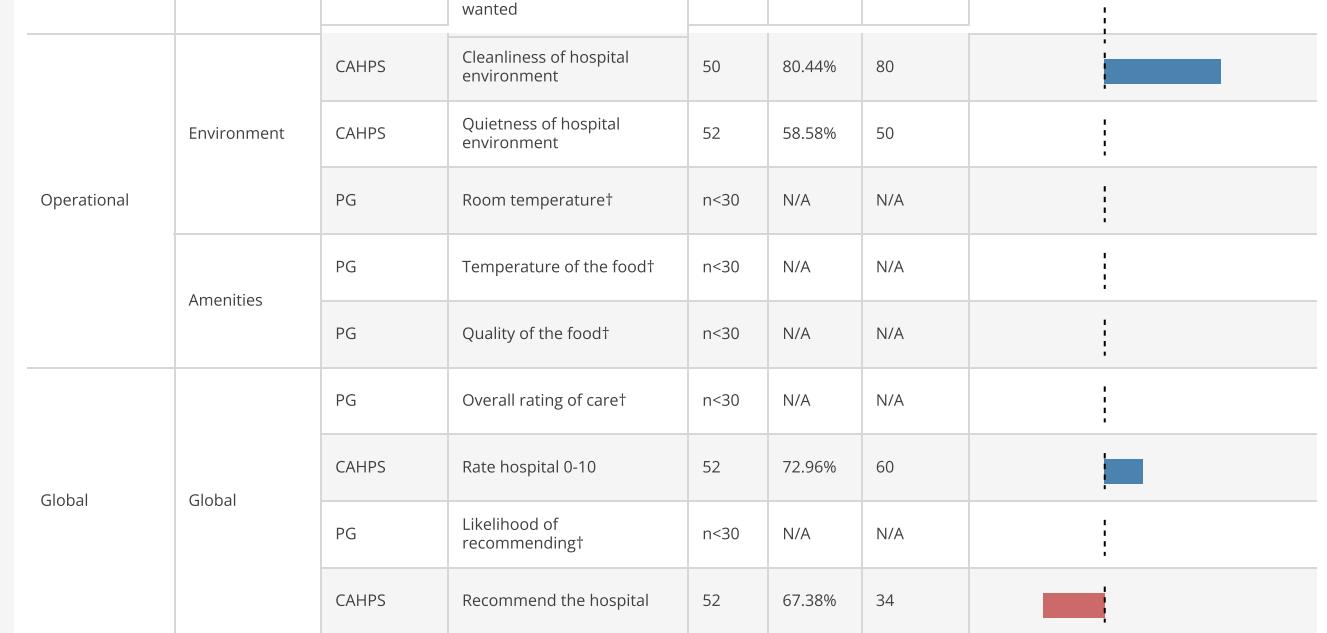
This month was busy with the provider optimization work kicking off, as well as the SNF Richter calls kicking off for our SNF work. We also received some subpoenas and other irons in the fire that are finally coming to fruition. Luckily, we have made enough headway on the other projects that I am working on that there is capacity for the work.

I do have one or two things that I must line up and address for i2i and the QIP work that we have underway for the 2025 reporting year for that program. Reporting for this will be in June; however, I would like to have the reporting data and information completed by the end of January so I can just check my numbers against the claims data that I will be receiving from Partnership in March.

All in all, September was another fantastic month in Quality for the district here. Thank you for your continued support.

Respectfully submitted, Jack Hathaway – DOQ

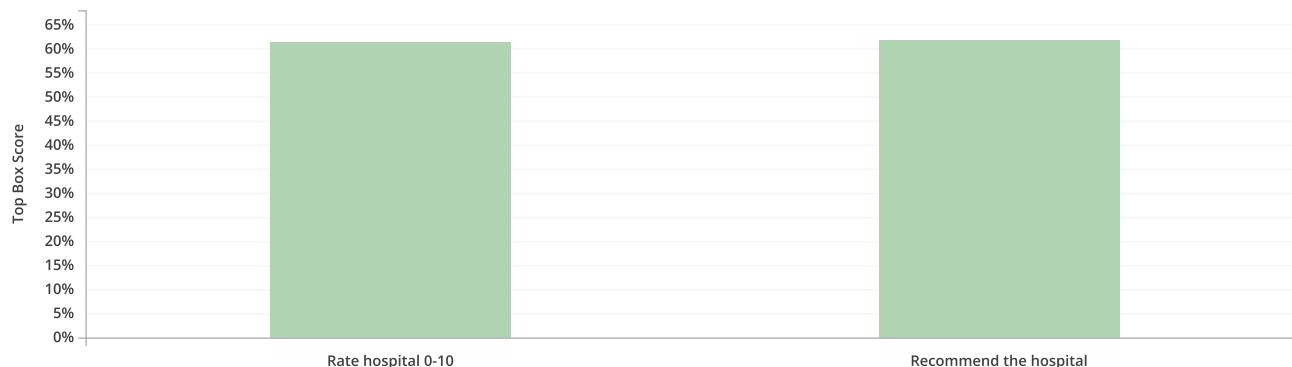




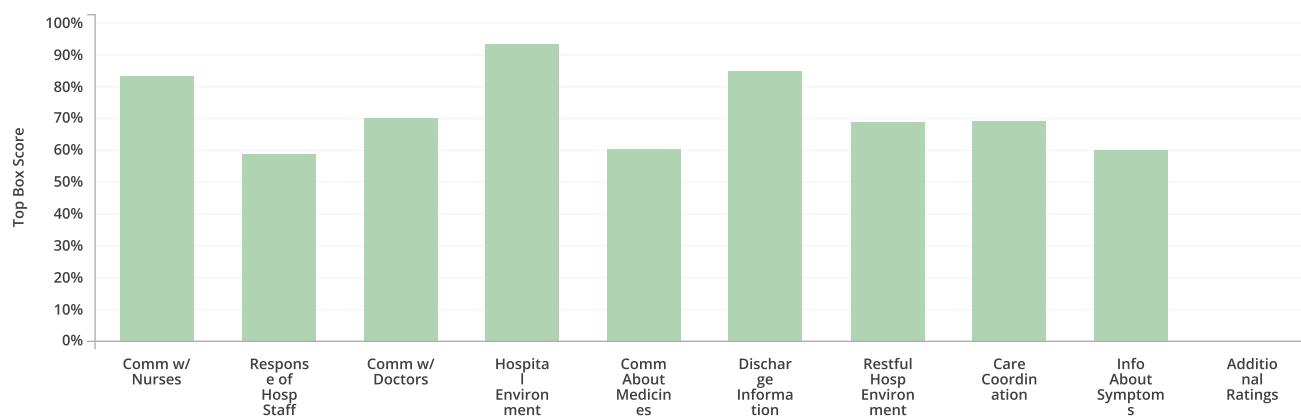
† Custom Question ^ Focus Question

-30 -20 -10 0 10 20 30 40
Difference to Threshold

HCAHPS Global Comparison ⓘ



Domain Comparison ⓘ



Domains and Questions

Peer Group: All PG Database
CAHPS Section/Domain Level N=2379

Domains	Questions	Current n	Previous Period (Q2 2025)	Current Period (Q3 2025)	Change	Percentile Rank
Global Items	Rate hospital 0-10	13	87.37%	61.26%	-26.11%	16
	Recommend the hospital	13	93.84%	61.72%	-32.11%	18
Comm w/ Nurses		13	88.93%	83.23%	-5.70%	74
	Nurses treat with courtesy/respect	13	99.34%	90.92%	-8.42%	85
	Nurses listen carefully to you	13	80.59%	75.54%	-5.06%	37
Response of Hosp Staff		13	86.84%	83.23%	-3.61%	88
	Help toileting soon as you wanted	10	87.75%	71.00%	-16.75%	77
	Received help as soon as needed	11	80.50%	46.36%	-34.14%	5
Comm w/ Doctors		13	88.50%	70.13%	-18.37%	5
	Doctors treat with courtesy/respect	13	99.21%	75.26%	-23.95%	3
	Doctors listen carefully to you	13	85.83%	75.26%	-10.57%	32
Hospital Environment		13	80.46%	59.88%	-20.59%	1
		13	94.23%	93.32%	-0.91%	99
	Cleanliness of hospital environment	13	94.23%	93.32%	-0.91%	99
Comm About Medicines		8	79.34%	60.30%	-19.04%	40
	Tell you what new medicine was for	8	84.77%	72.80%	-11.97%	34
	Staff describe medicine side effect	8	73.90%	47.80%	-26.10%	45
Discharge Information		13	89.44%	84.89%	-4.54%	33
	Staff talk about help when you left	13	85.86%	77.20%	-8.66%	9
	Info re symptoms/prob to look for	13	93.01%	92.58%	-0.42%	84
Restful Hosp Environment		13	70.77%	68.79%	-1.98%	91
	Quietness of hospital environment	13	63.51%	63.66%	0.16%	69
	Able to rest as needed	13	54.41%	48.28%	-6.13%	77
Care Coordination		13	94.41%	94.43%	0.02%	99
		13	86.62%	69.14%	-17.48%	25
	Staff informed about your care	13	79.95%	61.45%	-18.51%	12
Info About Symptoms		13	93.29%	76.83%	-16.46%	49
	Staff worked together for you	13	86.62%	69.14%	-17.48%	27
	Staff helped with care plan	13	83.92%	60.15%	-23.77%	5
Additional Ratings		13	83.92%	60.15%	-23.77%	5
	Call button help soon as wanted it		100.00%	N/A	--	N/A
	Hosp staff took pref into account		100.00%	N/A	--	N/A
	Good understanding managing health		100.00%	N/A	--	N/A
	Understood purpose of taking meds		100.00%	N/A	--	N/A

Priority Index

PG Report Period: 6 months | CAHPS Report Period: 12 months

Benchmark: All Respondents

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	CAHPS	Recommend the hospital	34	0.59
2	CAHPS	Nurses listen carefully to you	20	0.51
3	CAHPS	Quietness of hospital environment	50	0.53
4	CAHPS	Staff worked together for you	75	0.8
5	CAHPS	Doctors listen carefully to you	36	0.49
6	CAHPS	Doctors treat with courtesy/respect	59	0.52
7	CAHPS	Staff informed about your care	28	0.45
8	CAHPS	Nurses expl in way you understand	77	0.58
9	CAHPS	Doctors expl in way you understand	27	0.41
10	CAHPS	Staff talk about help when you left	19	0.02

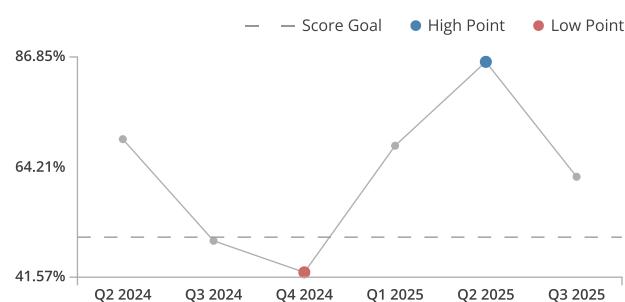
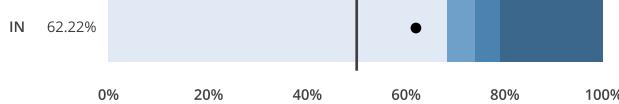
[†] Custom Question [^] Focus Question

Reports from Press Ganey are for internal improvement purposes. Only CMS can provide your facility with your official CAHPS survey results.

Service Line Performance ⓘ

PG Overall

● Top Box Score < 50th Percentile 75th - 89th Percentile
 ━ Score Goal 50th - 74th Percentile >= 90th Percentile

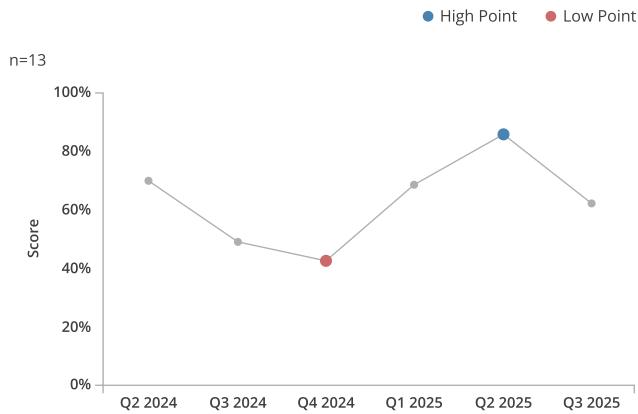


n	13
Top Box Score	62.22%
Score Goal	50.00%
Percentile Rank	19

Time Period	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025
n	15	13	7	16	16	13
Top Box Score	69.96%	49.06%	42.57%	68.60%	85.85%	62.22%
Percentile Rank	87	5	2	68	98	19

Top Box Score ⓘ

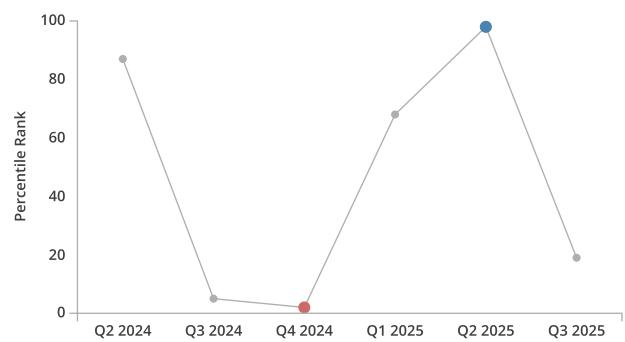
PG Overall



Top Box Percentile Rank ⓘ

PG Overall

Peer Group: All PG Database
Benchmark by: All Respondents
PG Overall N=734



Time Period	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025
n	15	13	7	16	16	13
Top Box Score	69.96%	49.06%	42.57%	68.60%	85.85%	62.22%
Percentile Rank	87	5	2	68	98	19

Section Performance i

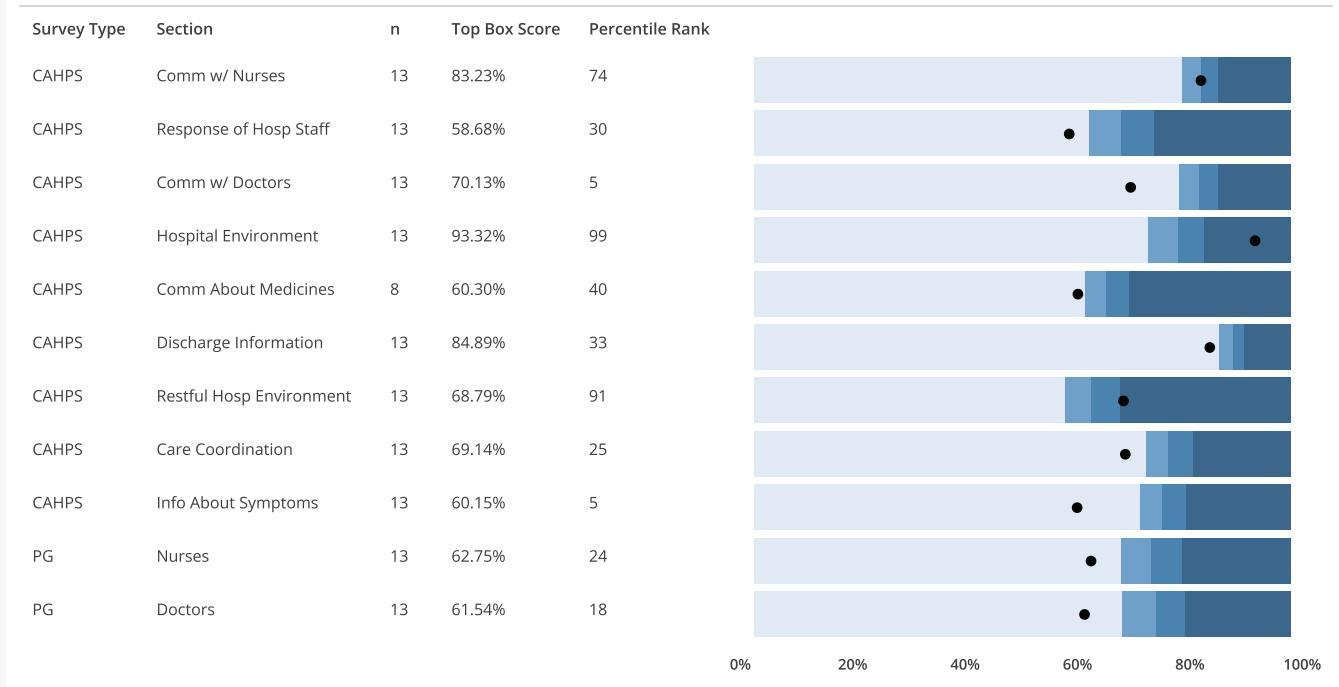
SORT BY

SELECT

Peer Group: All PG Database

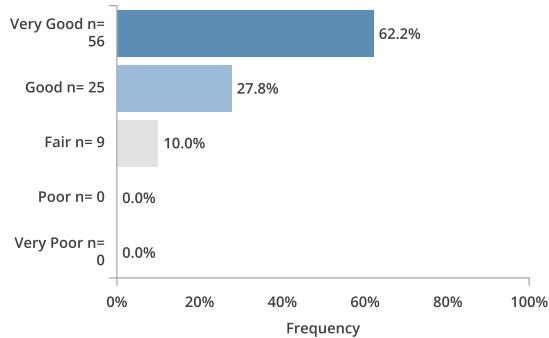
CAHPS Section/Domain Level N=2379 | PG Overall N=734

● Top Box Score < 50th Percentile 75th - 89th Percentile
50th - 74th Percentile >= 90th Percentile



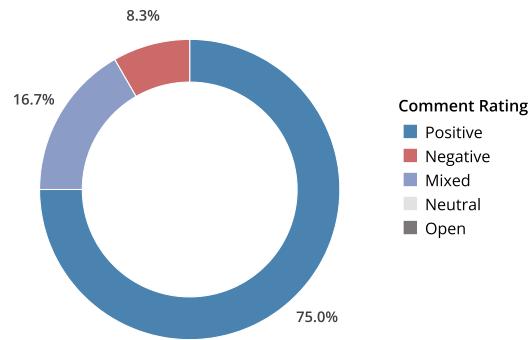
Distribution of Responses i

PG Overall



Comment Distribution i

Data from Press Ganey surveys. CAHPS surveys do not collect comments.



N/A ⓘ
PG Overall

N/A ⓘ
PG Overall

Above Goal Below Goal
Above Goal Below Goal

Above Goal Below Goal

No Data Available

No Data Available

Priority Index

PG Report Period: 6 months | CAHPS Report Period: 12 months

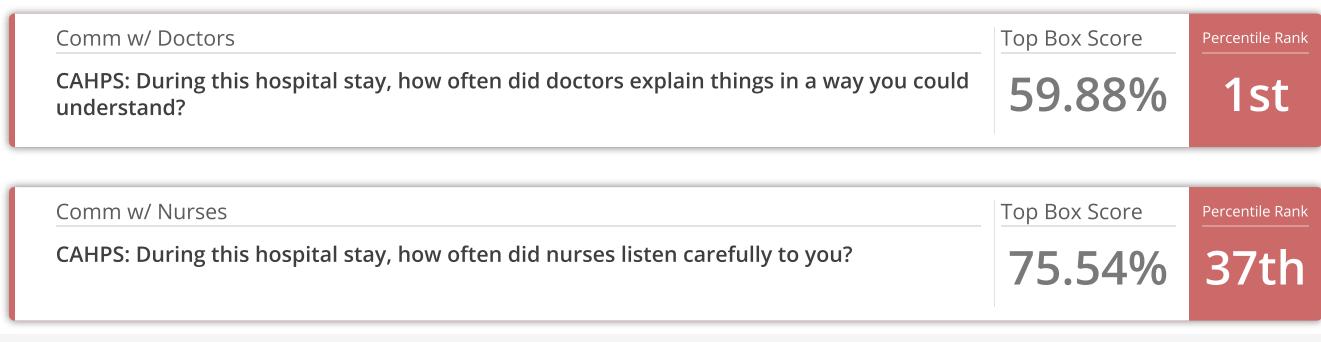
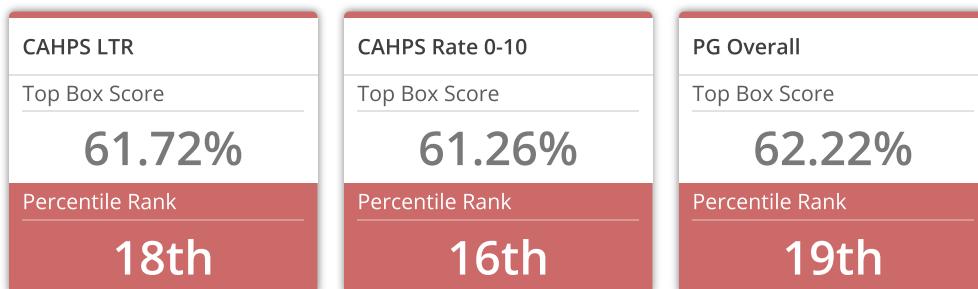
Benchmark by: All Respondents

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	PG	Nurses took time to answer quests	40	0.71
2	CAHPS	Recommend the hospital	34	0.59
3	PG	Doctors took time to answer quests	56	0.81
4	PG	Doctors' effort decision making	51	0.74
5	CAHPS	Nurses listen carefully to you	20	0.51
6	PG	Nurses kept you informed	54	0.7
7	PG	Attention to needs	45	0.68
8	CAHPS	Staff worked together for you	75	0.8
9	PG	Nurses expl daily plan of care	57	0.69
10	CAHPS	Doctors listen carefully to you	36	0.49

† Custom Question ^ Focus Question

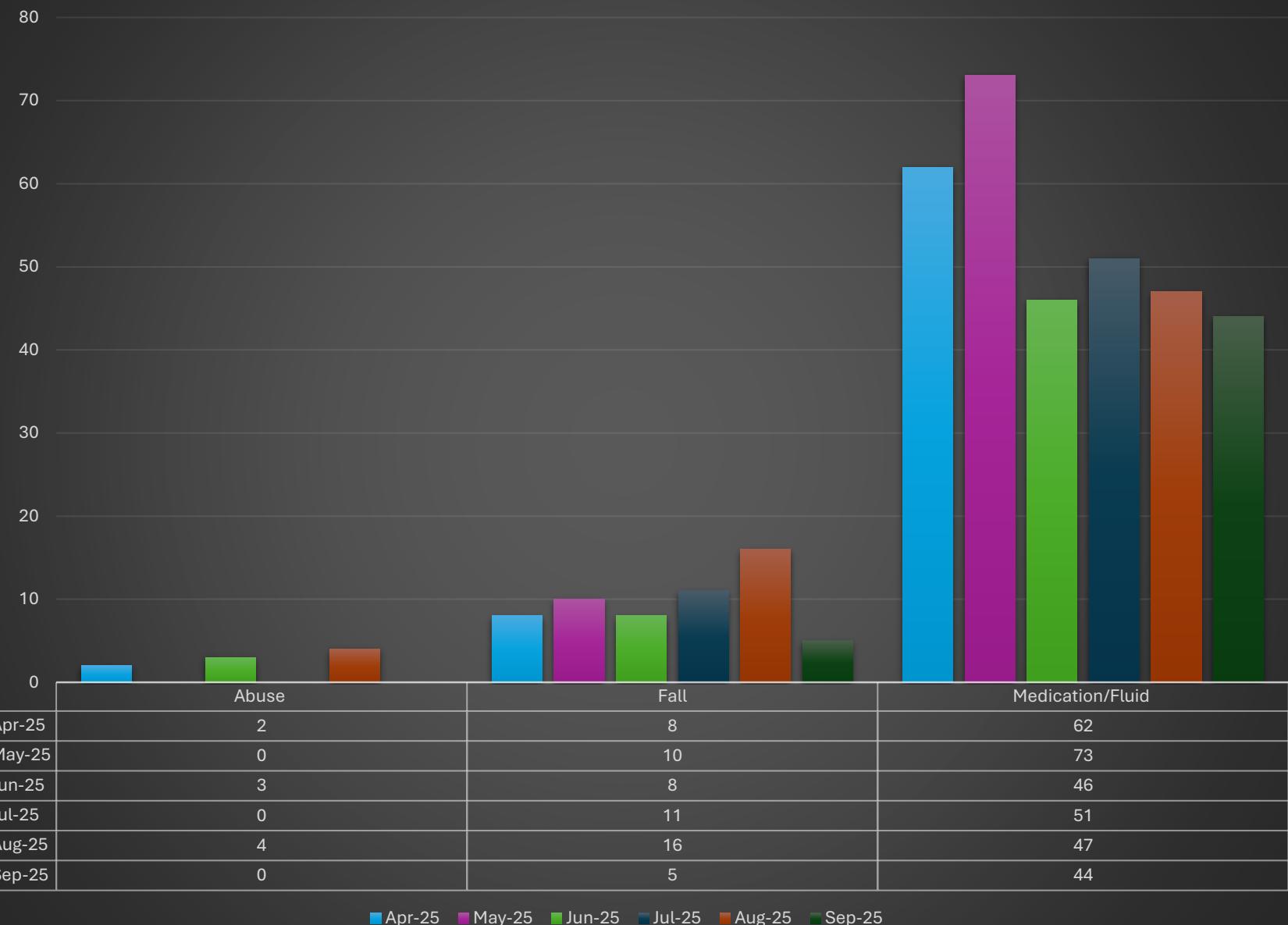
●Percentile Rank 1 - 49 ●Percentile Rank 50 - 74 ●Percentile Rank 75 - 89 ●Percentile Rank 90 - 99

Peer Group: All PG Database | PG Overall N=734 | CAHPS Item Level N=2376 | Received Date | 01 Jul 2025 - 30 Sep 2025

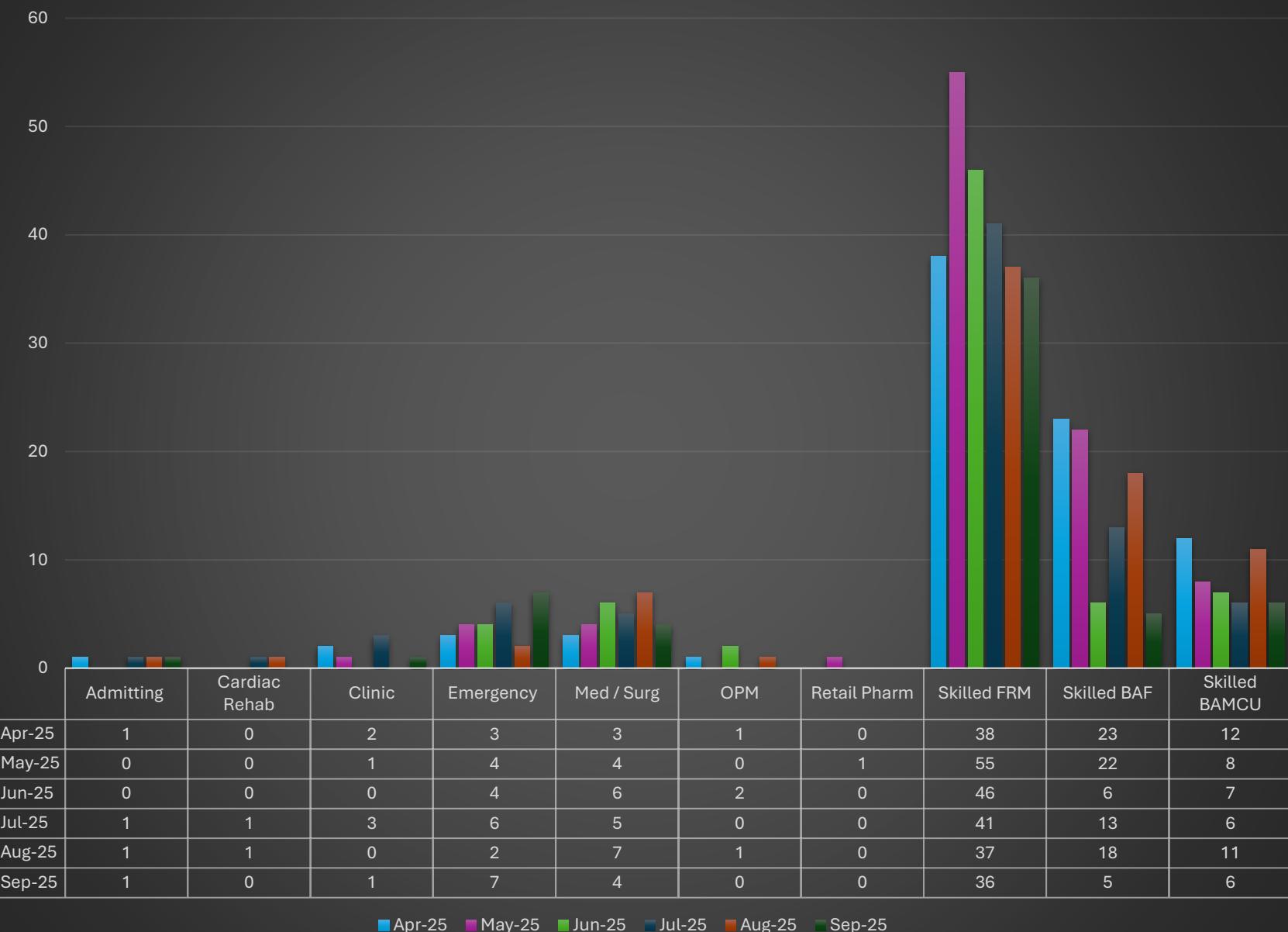


† Custom Question ^ Focus Question

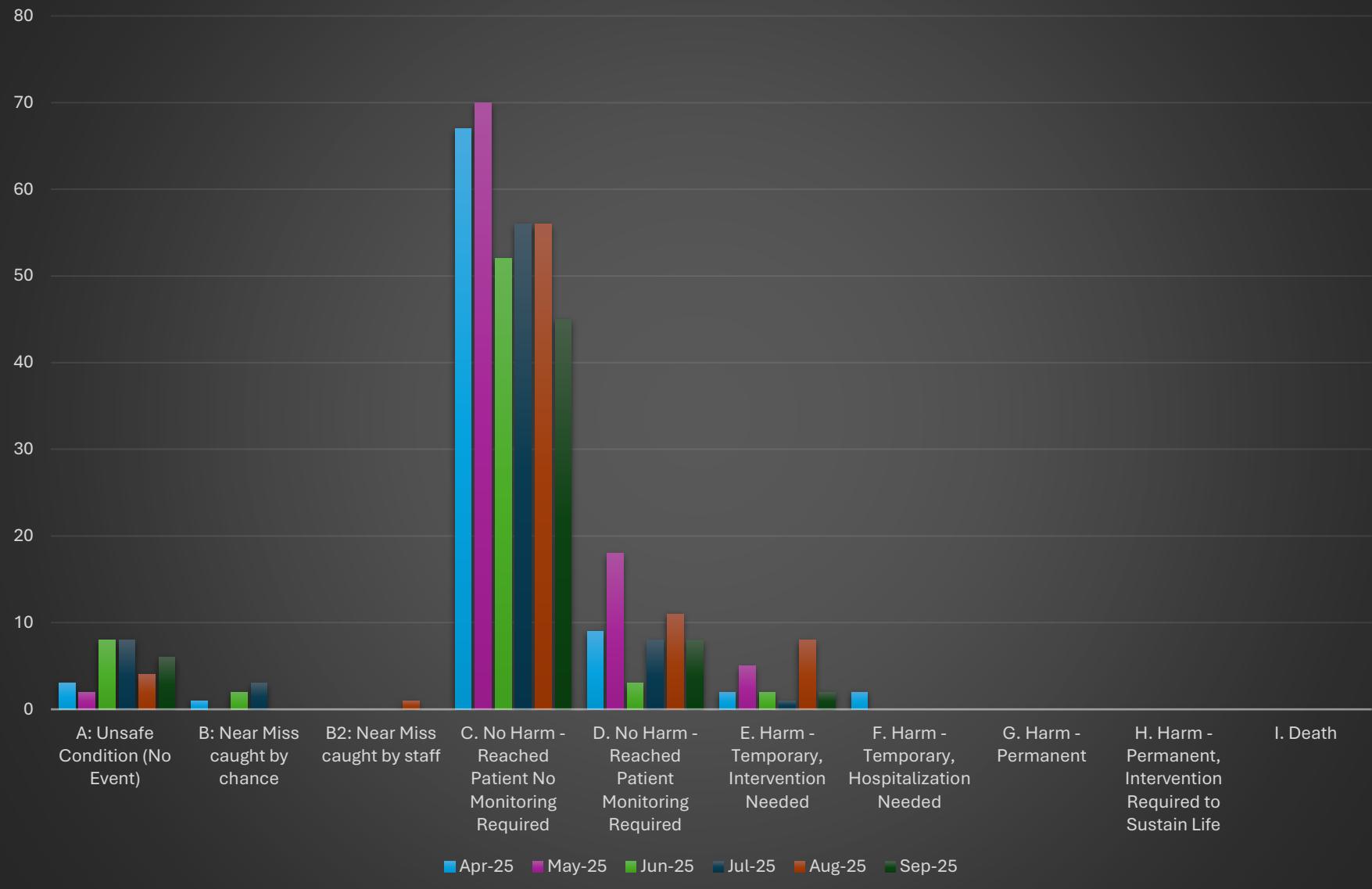
General Event Type



Care/Service Area



Severity Level Reported



Safety and Security Quarterly Report- October 2025

Submitted by: Dana Hauge, Director of Safety and Security, Safety Officer

Introduction

This quarter has been both productive and impactful, with concentrated efforts on enhancing the district's safety and security programs. Work included developing and tracking additional performance improvement indicators, monitoring data to identify trends, and exploring cost-reduction opportunities across safety and emergency operations.

Department Highlights

Approved to pilot a new addition to the current Versa Badges in the ER with the addition of personal panic buttons. Alerting capabilities will be integrated into cell phones and desktops, enabling designated individuals to receive timely notifications. This aligns with the establishment of new safety and emergency response teams for the district as part of my Capstone Project and FY26 priorities. The project will be piloted for a year to gather data on the validity of the new programming.

Completion of security protective measures in admitting is expected by the end of the year. This includes the addition of bulletproof glass and new door locking mechanisms in the ER waiting area.

I attended and spoke at the California Hospital Association Disaster Conference, where I served as a committee member, helping to select and introduce speakers. With Modoc Medical Center, I spoke about the differences in disaster response for rural facilities and conducted a small tabletop exercise focusing on our E. coli water disaster in 2023.

Developed a de-escalation/ workplace violence in-house training to cut overhead costs that has been approved by ACHC and will serve as our district-wide annual and in-the-moment training.

OASIS Teams have developed district-wide projects and are gaining executive support, with projects set to be presented to staff soon.

Safety, Emergency, and Environment of Care Committee Highlights and reviewed data.

Infection Control Risk Assessments



ICRAs are completed for all maintenance projects in patient care areas and are reported on a monthly basis. Both Infection Prevention and Safety sign off, looking for dust particles, sound, egress, and other notable conditions that could be a concern.

Fall River Facility Door Compliance

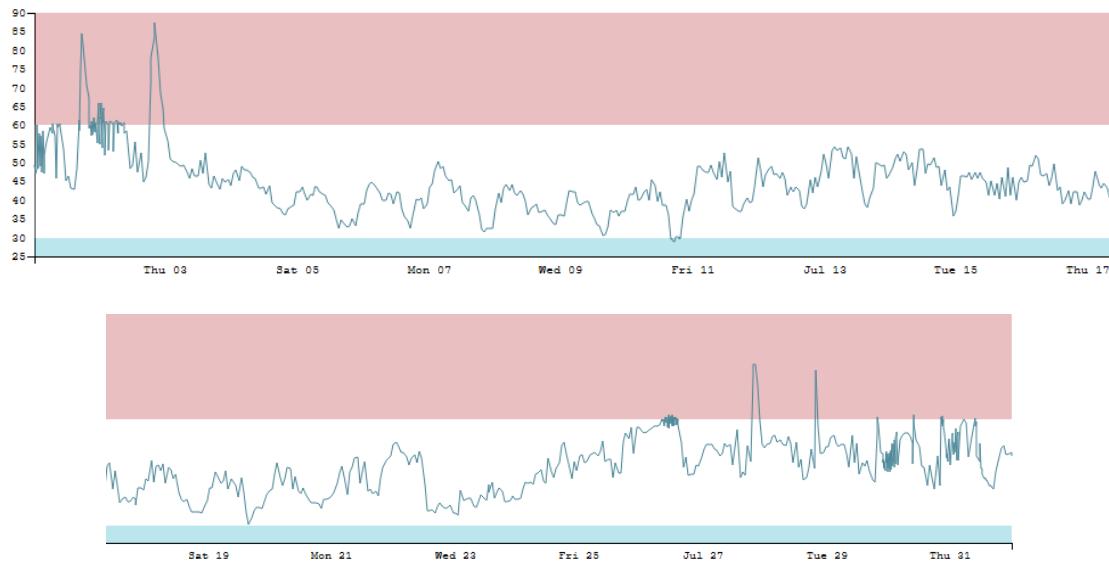
Weekly log, required by ACHC testing self-closing mechanisms on doors with a fire rating, per plan of corrections. A consistent 98% will mark a successful correction.

Month	Total Inspected	Passed	Failed	Percentage Passed	Percentage Fail
September	668	655	13	98%	2%
August	668	653	15	98%	2%
July	668	664	4	99%	1%
June	668	646	22	97%	3%
May	835	817	18	98%	2%
April	668	648	20	97%	3%
March	668	643	25	96%	4%

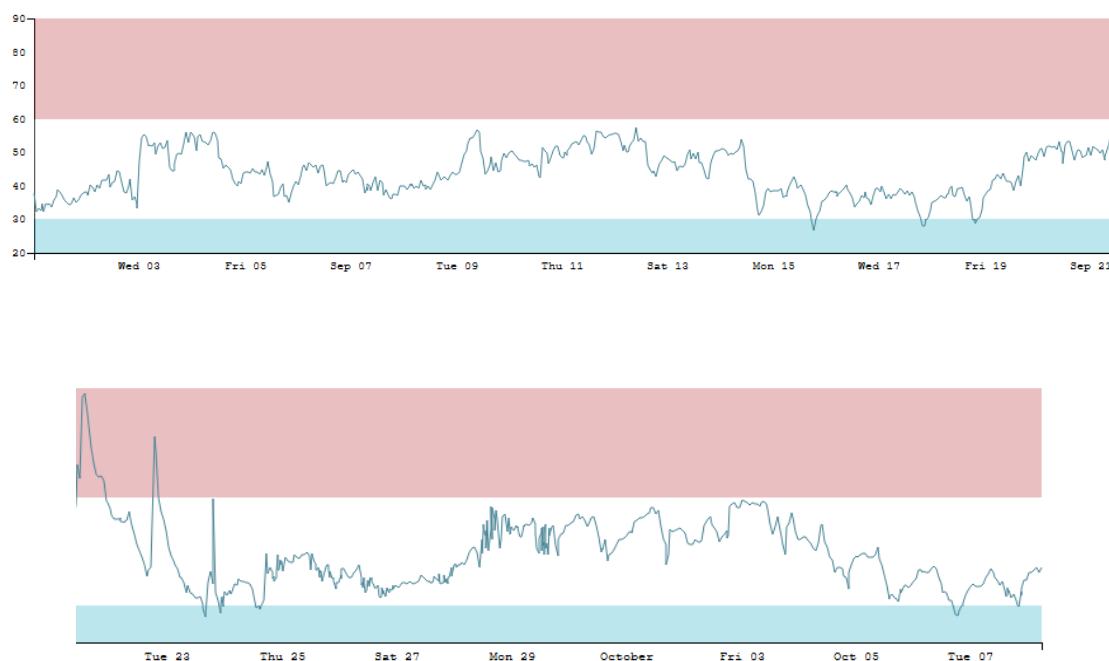
Relative Humidity Data from OR 1

Graphs indicate that humidity levels fall within the required range of 30–60% RH, as specified by the manufacturer and ACHC standards. Maintenance has installed a humidifier, as reflected in the September graph. The upcoming data is expected to reflect consistent readings, particularly on endoscopy days.

July 2025. 953 sample points. Mean = 47.2 relative humidity



September 2025. 1085 sample points. Mean 43.7 relative humidity.



Radiology Data

Radiation Dosimetry Report

Account : 204145 Subaccount: 1397868 Series: XRY

**No NVLAP accreditation is available from NVLAP for thermal neutron or X type dosimeters. When exposure results are reported for thermal neutrons or X type dosimeters, this report contains data that are not covered by the NVLAP accreditation.

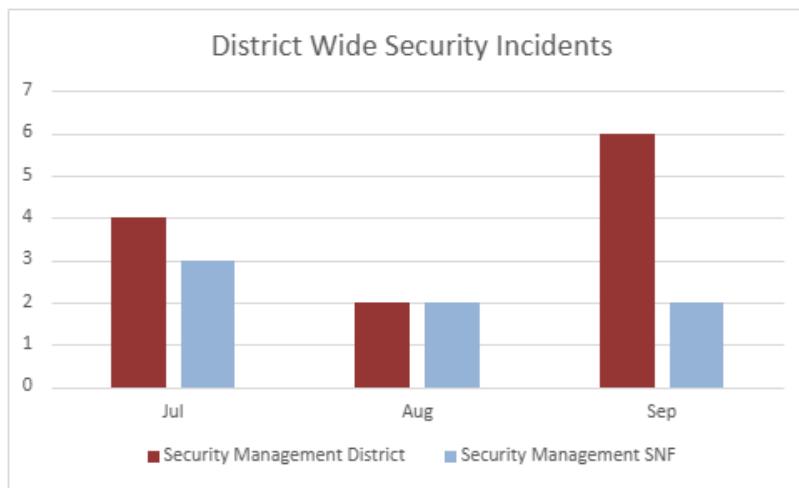
Participant Number	Name		Dosimeter	Use	Rad. Type Rad. Quality	Dose Equivalent (mrem) for Periods Shown Below										Inception Date	Serial Number	
						DDE-Deep Dose Equivalent LDE-Lens Dose Equivalent SDE-Shallow Dose Equivalent			Period Shown Below			Quarter to Date			Year to Date			
	ID Number	Birth Date				DDE	LDE	SDE	DDE	LDE	SDE	DDE	LDE	SDE	DDE	LDE	SDE	
For Monitoring Period:																		
00XRY	CONTROL	Pa	CNTRL			30	30	29										3268079C
Control	Dose Used	Pa																
00018	GULBRANSEN, JENN	Pa	CHEST	P		1	1	2	1	1	2	1	1	2	15	16	19	2019/04 3268080C
BENSON, AMANDA		Pa	CHEST	P		M	M	1	M	M	1	M	M	1	54	54	52	2022/01 3268081C
00027	SPARE 1	Pa	CHEST NOTE			Unused									M			2022/04 3268082C
00028	SPARE 2	Pa	CHEST NOTE			Unused									4 3 3			2022/04 3268083C
00029	SPARE 3	Pa	CHEST NOTE			Unused									M M M			2022/04 3268084C
00030	SPARE 4	Pa	CHEST NOTE			Unused												2022/04 3268085C
00037	SWARTZ, HAROLD	Pa	COLLAR NOTE			Unused									M 1 2			2023/07 3268086C
00043	ASHFORD, CHANDA	Pa	CHEST NOTE			Unused									M 1 3			2024/01 3268087C
00047	WARREN, CHESTER	Pa	CHEST	P		22	22	21	22	22	21	22	22	21	59	58	56	2024/08 3268088C

Landauer reports are presented annually to the SEECC. Radiology exposure rates are unavoidable and are monitored by a dosimeter worn near the collar of their scrubs. Our rates are low and show a safety culture within the department.

Fire Systems

- Hue & Cry Inc. has assumed responsibility for monitoring the fire systems at the Fall River campus.
- The annual inspection, conducted on September 24, 2025, was completed without identifiable failures or deficiencies noted.
- Smoke detector sensitivity testing was successfully completed on September 23, 2025.
- The SEECC participated in facilitating the quarterly fire drill for the first time and was pleased with the participation and process.
- The fire drills were successful overall, with one door identified for adjustment to ensure proper self-closing functionality.

Security Incidents



Total for District = 19

- Eight events required a call to the Sheriff's Department
- Largest response was for non-patient disturbances, verbal or violent. A person who is unwanted on the property or is causing an annoyance. Ten events.

Data Comparison for July- September for the year 2024 vs. 2025

	Jul	Aug	Sep	Oct
2024	3	2	0	7
2025	7	4	8	5

First Aid & Injuries

Fall River Campus

- Four first aid injuries
- Two reportable injuries
- 3 days missed work.

Burney Campus

- Four first aid injuries
- Three reportable injuries
- 22 days missed work.

A new breakdown of the types of injuries categorizes them under the following categories.

- Safe Patient Handling
- Ergonomics
- Slips, Trips, and Falls
- Equipment Related
- Other- security related
- Other- environmental

In the first quarter of monitoring the new classifications, we are closely tracking ergonomic and equipment-related injuries. District-wide education will be implemented next quarter to address these findings. Additionally, with the anticipated increase in slips, trips, and falls due to changing weather conditions, proactive education will be offered.

Disaster Events

1.Incidents that are alerted to for possible emergency response		
2. Monitored events that may cause the need for any level of response		
3. Incidents that require action in relation to an event.		
4. Incidents that are classified as an emergency & require full response		
5. Trainings; drills table tops		
Type	DATE	DAYS/HOURS
5	5/22/2025	5 hours
1	5/30/2025	under 4
1	7/5/2025	under 4
2	7/8/2025	2 weeks
2	7/8/2025	1 week
4	7/17/2025	10 hours
3	7/20/2025	5 days
3	7/25/2025	8 hours
5	8/21/2025	6 hours
1	9/2/2025	45 min
1	9/10/2025	
1	9/20/2025	1 hour
3	9/28/2025	3 days
2	10/2/2025	1 day

31 Days, 14 hours, and 45 minutes. 758.75 hours in a position of response.

The data collected will provide an overview of the timing and resources needed to position the district to be proactive rather than reactive in disaster response. July has already proven to be a busy month, and with this recognition, planning efforts for training and preparedness will be adjusted to ensure continued success.