

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

December 10, 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 9:31 am on the above date.

BOARD MEMBERS PRESENT:

Les Cufaude, Chair, Director
Jim Ferguson, Director

STAFF PRESENT:

Ryan Harris, CEO
Jack Hathaway, Director of Quality
Keith Earnest, Chief Clinical Officer
Theresa Overton, Chief Nursing Officer
Lisa Neal, Board Clerk

ABSENT:

- 2 **CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**

None.

- 3 **APPROVAL OF THE MINUTES: October 29, 2025**

A motion was made and seconded to approve the minutes of the October 29, 2025, meeting. The motion carried.

Harris/
Hathaway

Approved
by All

- 4 **DIRECTOR OF QUALITY:** Report submitted by Jack Hathaway. The DHCS QIP is progressing well and continues to leverage Partnership information, with strong performance anticipated in early 2026. ACHC activities are underway. Five deficiencies require data submission for the mid-cycle review due in February, specifically related to discharge planning and patient rights. Recertification is expected in March 2026. A significant decrease in medication errors was noted. Clinical Education is tracking errors and providing just-in-time education, while SNF Nursing Leadership is completing real-time education. Jack will be consulted regarding the process for establishing the observation baseline. Monthly audit results showed that 8 of 13 errors were attributed to registry staff. NPH has been provided with the information to address these findings with their team. Jim Ferguson commended the team for the progress made and the quality of the completed work. The CDPH state survey, which included three self-reported incidents and two anonymous complaints, was completed. All items were cleared with no deficiencies cited. Review of RLS reports, including Care/Service Area, General Event Type, and Severity Level, shows downward trends. Press Ganey reports, which reflect a six-month data lag, were reviewed. Improvements are expected to be reflected in upcoming reports. The district has hired additional physicians, which is expected to improve performance data. The Service Excellence Council (SEC) will select two to three priority areas to develop initiatives and programs to address identified deficiencies. Tiffani has provided talking points to support Service Huddles. Potential expansion of ambulatory and wound care services was discussed. Rolling survey scores are increasing toward 100; once sufficient, data can be reported to CMS to improve star ratings. Jack will inquire about the availability of national-level data without additional cost. A detailed review of the report was conducted. Jack will analyze Press Ganey Q2–Q3 survey results to better understand the recurring dip observed both this year and last, and will also evaluate Press Ganey processes and costs against an in-house approach for posting SEI initiatives. Although current numbers remain negative, SEI initiatives are expected to drive improvement. The SEC will review HCAHPS scores monthly and prioritize district-wide focus areas. The need for cultural improvement around reporting “good catches” and “near misses” in RL6 was emphasized. Progress is already underway, including increased reporting of security incidents. Additional training on RL6, including what to report and how to report it, is being planned for all employees.

5 **OTHER INFORMATION/ANNOUNCEMENTS:**

Ryan reported that the clinic has hired a new mid-level provider and is currently in negotiations with a physician. Recruitment of CMO candidates remains challenging.

Les proposed that board members participate in staff rounding, similar to executive team rounding. Jim expressed openness to joining an executive during rounding but noted concern that direct board rounding could become too operational. As an alternative, it was suggested that a board member join an executive leader for a "Mayers Minute." This concept will be brought forward for discussion with the full board.

6 **MOVE INTO CLOSED SESSION:** 10:30 am

6.1 Hearing (Health and Safety Code §32155) – Medical Staff Credentials

MEDICAL STAFF REAPPOINTMENT

Jinno Magno, MD

Robert Cirillo, MD (Vesta)

STAFF STATUS CHANGE

Thelma Wadsworth, PA Privilege Level Change

Ross Mandeville, MD (T2U) to Inactive

Ping Chu, MD (Mercy Oncology) to Inactive

**Cufaude/
Ferguson**

**Approved
by All**

8 **RECONVENE OPEN SESSION:** The meeting was reconvened at 10:42 a.m.

Jack is providing additional support when requested by staff, including work related to NATP. He is leading the Cerner initiative focused on process improvement and improved patient outcomes. Jack will also research DHCS using the organization's patient list to obtain relevant data.

9 **ADJOURNMENT:** The committee chair declared the meeting adjourned at 10:50 a.m. Next Meeting is January 28, 2026
