

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
January 28, 2026 @ 9:30 am
Mayers Memorial Healthcare District
Fall River Boardroom
43563 Highway 299 East
Fall River Mills, CA 96028

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, Ext 1130 at least 48 hours in advance of the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations. The District will make every attempt to accommodate your request.

Attendees

Les Cufaude, Chair, Board Member
James Ferguson, Board Member
Ryan Harris, CEO
Jack Hathaway, Director of Quality
Lisa Neal, Board Clerk

				Approx. Time Allotted
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	BOD Quality Committee Meeting- December 10, 2025	Attachment A	Action Item	2 min.
4	DIRECTOR OF QUALITY REPORT	Attachment B	Report	5 min.
5	SAFETY QUARTERLY REPORT	Attachment C	Report	5 min.
6	OTHER INFORMATION/ANNOUNCEMENTS		Information	2 min.
7	MOVE INTO CLOSED SESSION			
7.1	Hearing (Health and Safety Code §32155) – Medical Staff Credentials		Action Item	5 min.
	MEDICAL STAFF REAPPOINTMENT			
	1. Dennis Burton, MD (Vesta)			
	2. Batool Hussain, MD (UCD)			
	MEDICAL STAFF APPOINTMENT			
	1. J. Gabriel Zamora, MD (Vesta)			
	2. Mostafa Rahimi, MD			
	3. Sean Munroe, MD			
	4. Robert Cirillo, MD (Vesta)			
	AHP APPOINTMENT			
	1. Daniela Garcia-Cruz, PA			
	2. Emily Sizer, PA-C (T2U)			
8	RECONVENE OPEN SESSION:			
9	ADJOURNMENT: Next Regular Meeting – February 25, 2026			

Posted: 01.22.26



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)

**Cufaude/
Ferguson**

**Approved
by All**

STAFF STATUS CHANGE

Thelma Wadsworth, PA Privilege Level Change

Ross Mandeville, MD (T2U) to Inactive

Ping Chu, MD (Mercy Oncology) to Inactive

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

Board Quality Report January 2026

Patient Experience

Please see most current Press Ganey Information attached.

PI Review

We can review current findings in Teams during the meeting.

ACHC

We are currently working on completing our Interim Progress Report – we have 5 deficiencies that were selected based on our Plan of Correction that ACHC accepted.

1. Standard 14.03.02 Water Based Fire Protection System: Testing and Inspection
2. Standard 14.02.02 Fire Alarm System – Testing
3. Standard 11.01.01 Residents Rights
4. Standard 06.10.08 Patient Safety: Safe Setting
5. Standard 03.06.09 Plant Equipment and Systems – Maintenance

These are currently being prepared for submission on Feb 4 for our Interim Progress Report – should be interesting to see how this new process unfolds.

Risk (RL6) Review

See following pages for graphs – I moved them for a better view of the data.

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

State

I am not aware of any state visits this month.

Complaints

I have received a few complaints that I am currently working on – 2 from the ER and 1 from the clinic

Medication Error Audit

Most current data attached

QIP – Partnership

They are in the annual reconciliation period for the PHP QIP measures. Data should be available again in February.

QIP – DHCS

Currently we are looking like we are positioned well for QIP – I believe that we have 2 measures that will prove to be successful. We are only required to report out on 1 measure for the program – so I am hopeful that we will find success in DHCS QIP again – pending audit of course.

Cerner

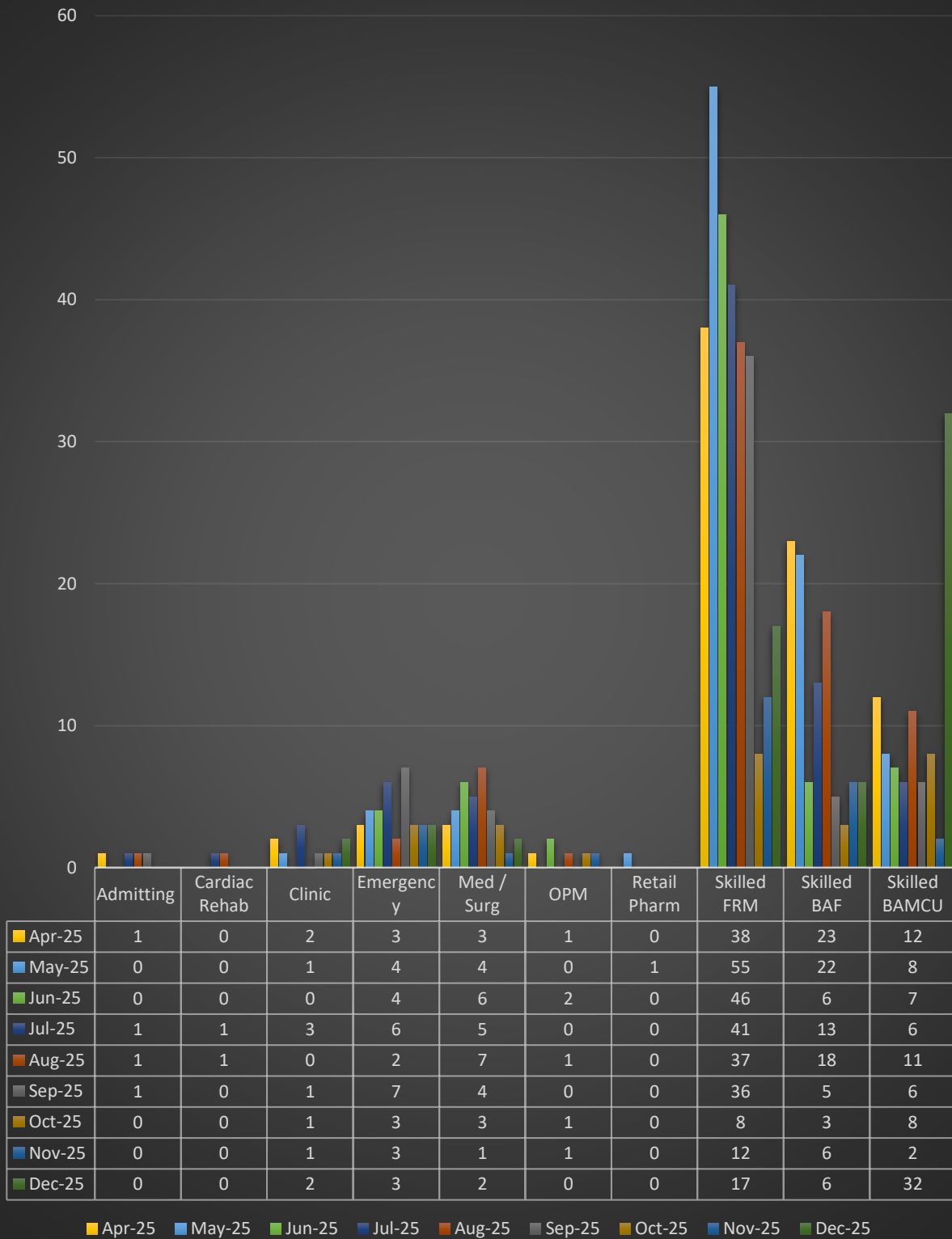
Work on optimization continues. We have received recommendations back from the provider team who was at the elbow with the providers from the visit, and we look forward to seeing how we can best leverage that information.

Conclusion

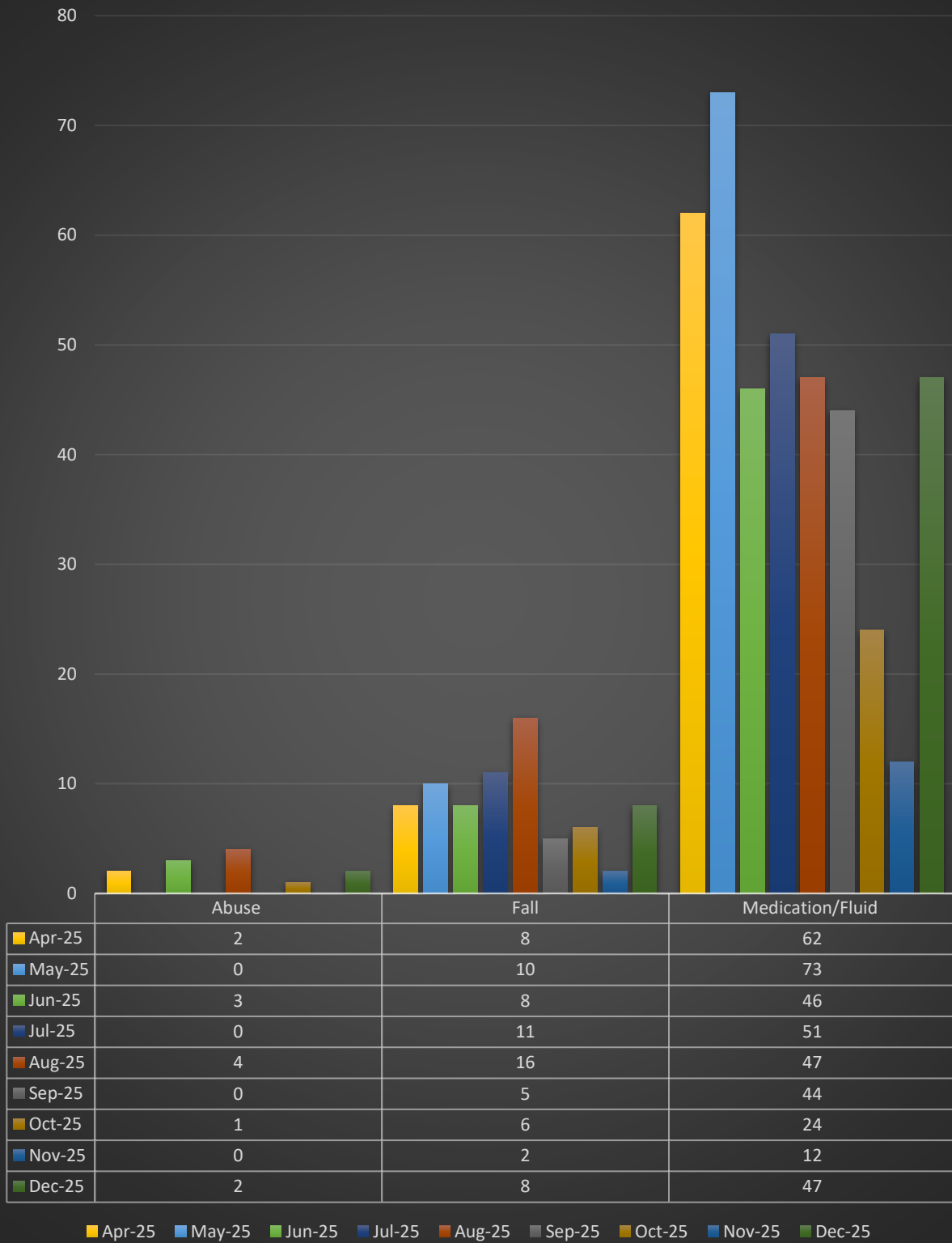
All things considered, I am happy to report that we are still moving in the right direction from the Quality and Risk perspective.

Respectfully submitted, Jack Hathaway – DOQ

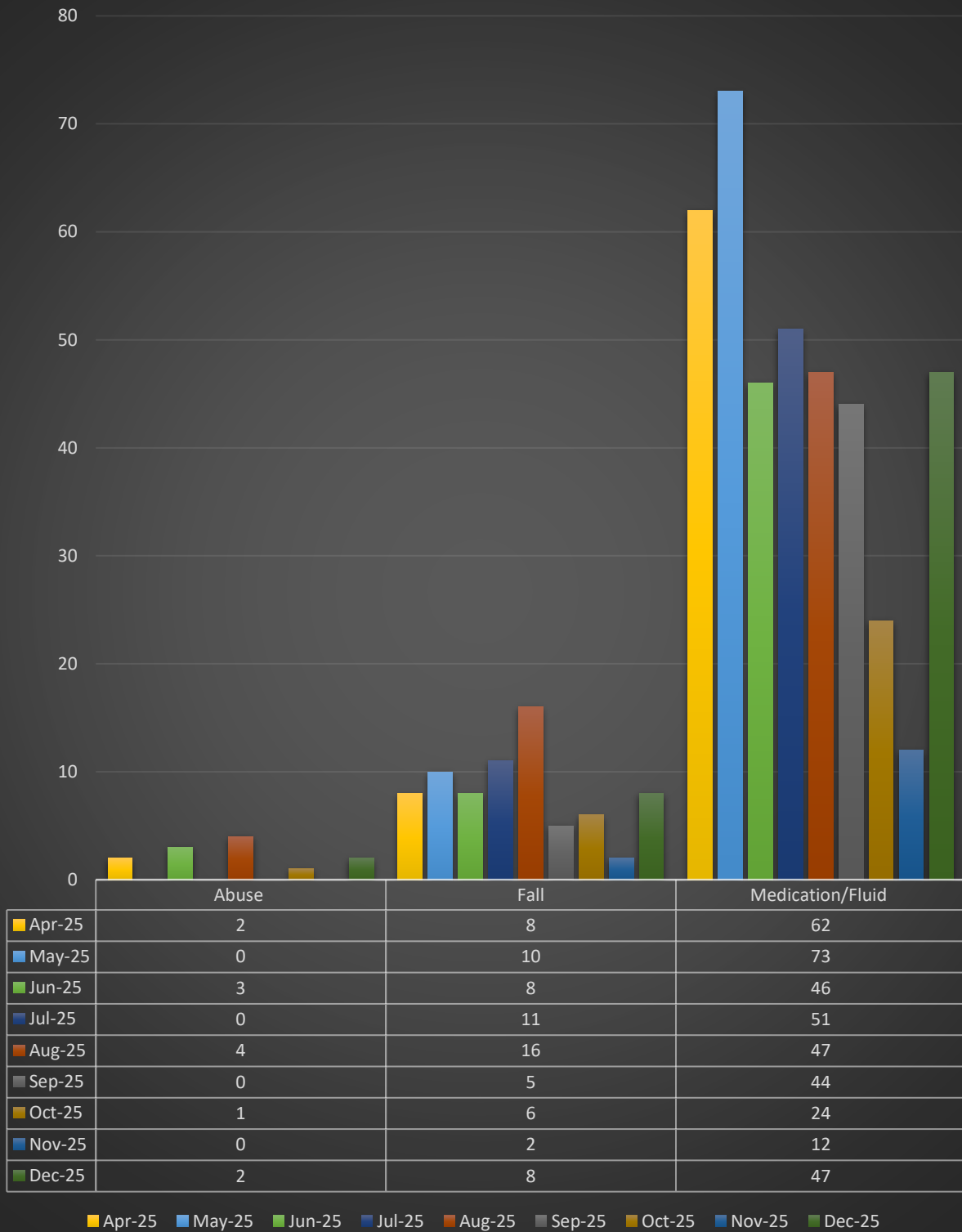
Care/Service Area



General Event Type



General Event Type



COMPASSIONATE CONNECTED CARE

PERCENTILE THRESHOLD

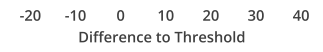
All

50

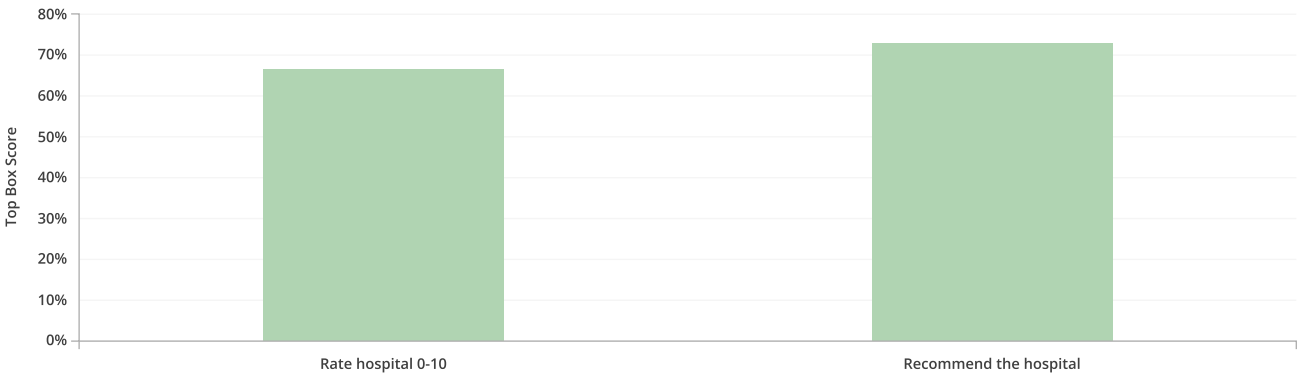
■ Above Threshold ■ Below Threshold

Compassionate Connected Care	Patient Need	Survey Type	Survey Items	n	Top Box Score	Percentile Rank	
Culture	Teamwork	PG	Staff worked together care for you†	n<30	N/A	N/A	
Clinical	Discharge Prep	CAHPS	Staff talk about help when you left	54	81.62%	26	
		CAHPS	Info re symptoms/prob to look for	53	88.82%	50	
		CAHPS	Good understanding managing health	n<30	N/A	N/A	
		CAHPS	Understood purpose of taking meds	n<30	N/A	N/A	
Caring Behaviors	Personalize	CAHPS	Nurses listen carefully to you	55	75.71%	39	
		PG	Nurses' attitude toward requests†	n<30	N/A	N/A	
		PG	Attention to needs	56	73.21%	62	
		CAHPS	Doctors listen carefully to you	55	79.21%	59	
		PG	Time doctors spent with you†	n<30	N/A	N/A	
	Courtesy	CAHPS	Nurses treat with courtesy/respect	57	88.82%	74	
		CAHPS	Doctors treat with courtesy/respect	57	86.93%	68	
		PG	Courtesy of person cleaning room†	n<30	N/A	N/A	
	Inform	PG	Nurses kept you informed	56	73.21%	78	
		CAHPS	Nurses expl in way you understand	57	81.80%	85	
		PG	Doctors kept you informed†	n<30	N/A	N/A	
		CAHPS	Doctors expl in way you understand	56	76.01%	52	
		CAHPS	Tell you what new medicine was for	42	77.68%	70	
		CAHPS	Staff describe medicine side effect	38	64.81%	97	
	Privacy	PG	Staff concern for privacy†	n<30	N/A	N/A	
	Choice	PG	Staff include decisions re:trtmnt†	n<30	N/A	N/A	
		CAHPS	Hosp staff took pref into account	n<30	N/A	N/A	
	Empathy	PG	Doctors' concern questions/worries	55	81.82%	90	
		PG	Staff addressed emotional needs†	n<30	N/A	N/A	
	Service Recovery	PG	Response to concerns/complaints†	n<30	N/A	N/A	
	Responsiveness	CAHPS	Call button help soon as wanted it	n<30	N/A	N/A	
		CAHPS	Help toileting soon as you	34	73.97%	87	

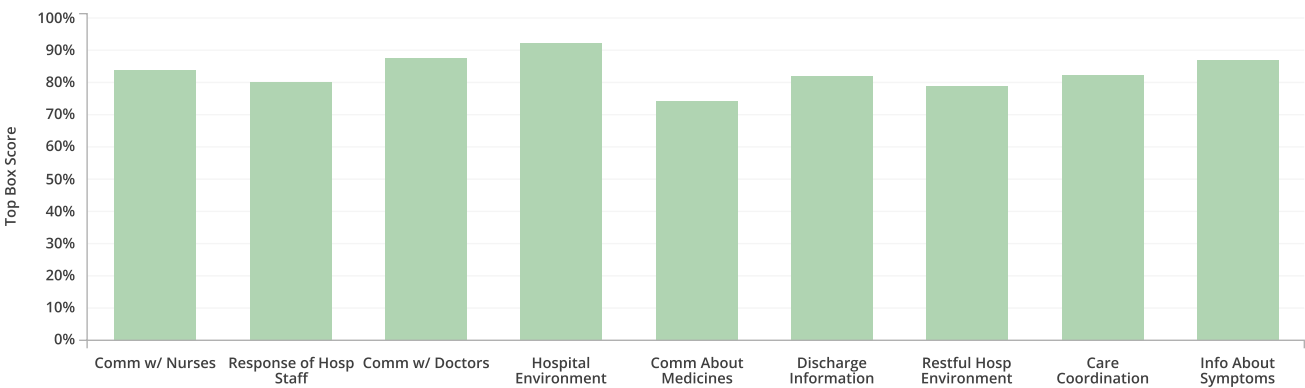
			wanted					
Operational	Environment	CAHPS	Cleanliness of hospital environment	55	84.14%	90		
		CAHPS	Quietness of hospital environment	57	64.17%	73		
		PG	Room temperature†	n<30	N/A	N/A		
	Amenities	PG	Temperature of the food†	n<30	N/A	N/A		
		PG	Quality of the food†	n<30	N/A	N/A		
Global	Global	PG	Overall rating of care†	n<30	N/A	N/A		
		CAHPS	Rate hospital 0-10	57	71.80%	54		
		PG	Likelihood of recommending†	n<30	N/A	N/A		
		CAHPS	Recommend the hospital	56	73.30%	56		
								-20 -10 0 10 20 30 40
† Custom Question ^ Focus Question								Difference to Threshold



HCAHPS Global Comparison ⓘ



Domain Comparison ⓘ



Domains and Questions ⓘ

Peer Group: All PG Database
CAHPS Section/Domain Level N=2321

Domains	Questions	Current n	Previous Period (Q3 2025)	Current Period (Q4 2025)	Change	Percentile Rank
Global Items	Rate hospital 0-10	12	61.26%	66.54%	5.28%	32
	Recommend the hospital	11	61.72%	72.80%	11.08%	54
Comm w/ Nurses		12	83.23%	83.83%	0.60%	79
	Nurses treat with courtesy/respect	12	90.92%	91.04%	0.12%	86
	Nurses listen carefully to you	10	75.54%	69.40%	-6.14%	10
	Nurses expl in way you understand	12	83.23%	91.04%	7.81%	99
Response of Hosp Staff		11	58.68%	80.19%	21.51%	96
	Help toileting soon as you wanted	9	71.00%	78.11%	7.11%	94
	Received help as soon as needed	11	46.36%	82.27%	35.91%	98
Comm w/ Doctors		12	70.13%	87.44%	17.31%	92
	Doctors treat with courtesy/respect	12	75.26%	90.92%	15.66%	89
	Doctors listen carefully to you	11	75.26%	81.16%	5.90%	72
	Doctors expl in way you understand	11	59.88%	90.25%	30.38%	98
Hospital Environment		12	93.32%	92.13%	-1.20%	99
	Cleanliness of hospital environment	12	93.32%	92.13%	-1.20%	99
Comm About Medicines		8	60.30%	74.18%	13.88%	97
	Tell you what new medicine was for	8	72.80%	74.18%	1.38%	46
	Staff describe medicine side effect	8	47.80%	74.18%	26.38%	99
Discharge Information		11	84.89%	81.95%	-2.94%	13
	Staff talk about help when you left	11	77.20%	81.95%	4.75%	27
	Info re symptoms/prob to look for	11	92.58%	81.95%	-10.63%	8
Restful Hosp Environment		12	68.79%	78.74%	9.95%	99
	Quietness of hospital environment	12	63.66%	84.29%	20.63%	99
	Able to rest as needed	12	48.28%	67.63%	19.35%	99
	Staff help you rest and recover	12	94.43%	84.29%	-10.14%	92
Care Coordination		12	69.14%	82.28%	13.14%	91
	Staff informed about your care	11	61.45%	90.87%	29.43%	99
	Staff worked together for you	12	76.83%	83.29%	6.46%	83
	Staff helped with care plan	11	69.14%	72.68%	3.54%	48
Info About Symptoms		8	60.15%	86.75%	26.60%	97
	Staff gave info on symptoms	8	60.15%	86.75%	26.60%	97

Priority Index ⓘ

PG Report Period: 6 months | CAHPS Report Period: 12 months
Benchmark: All Respondents

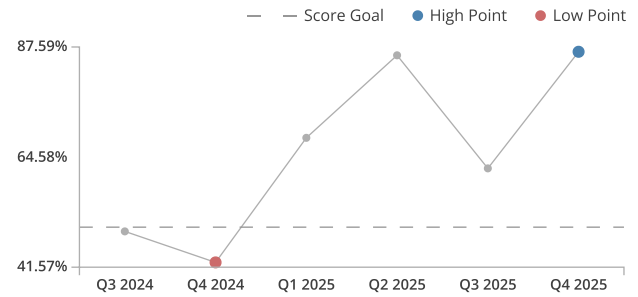
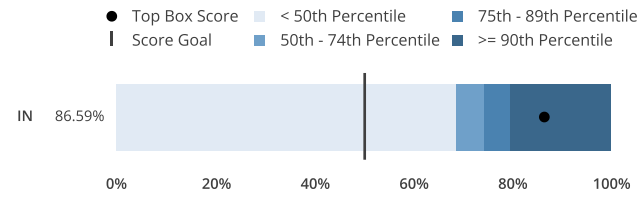
Current Order	Survey Type	Question	Percentile Rank	Correlation
1	CAHPS	Nurses listen carefully to you	39	0.68
2	CAHPS	Recommend the hospital	56	0.82
3	CAHPS	Doctors listen carefully to you	59	0.61
4	CAHPS	Staff worked together for you	78	0.75
5	CAHPS	Doctors expl in way you understand	52	0.53
6	CAHPS	Tell you what new medicine was for	49	0.51
7	CAHPS	Doctors treat with courtesy/respect	68	0.6
8	CAHPS	Nurses expl in way you understand	85	0.64
9	CAHPS	Staff talk about help when you left	26	0.11
10	CAHPS	Received help as soon as needed	78	0.6

† 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



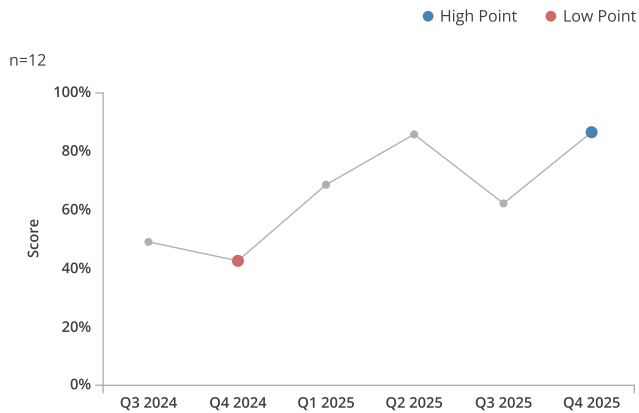
n	12
Top Box Score	86.59%
Score Goal	50.00%
Percentile Rank	98

Time Period	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025
n	13	7	16	16	13	12
Top Box Score	49.06%	42.57%	68.60%	85.85%	62.22%	86.59%
Percentile Rank	5	2	68	98	19	98

Top Box Score ⓘ

PG Overall

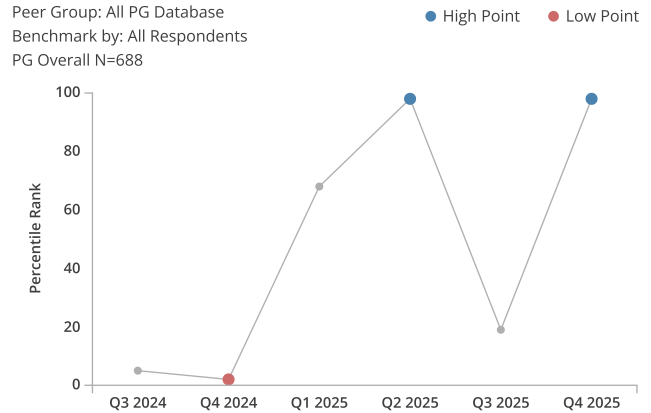
86.59% ▲



Top Box Percentile Rank ⓘ

PG Overall

98th ▲



Time Period	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025
n	13	7	16	16	13	12
Top Box Score	49.06%	42.57%	68.60%	85.85%	62.22%	86.59%
Percentile Rank	5	2	68	98	19	98

Section Performance ⓘ

SORT BY

Default

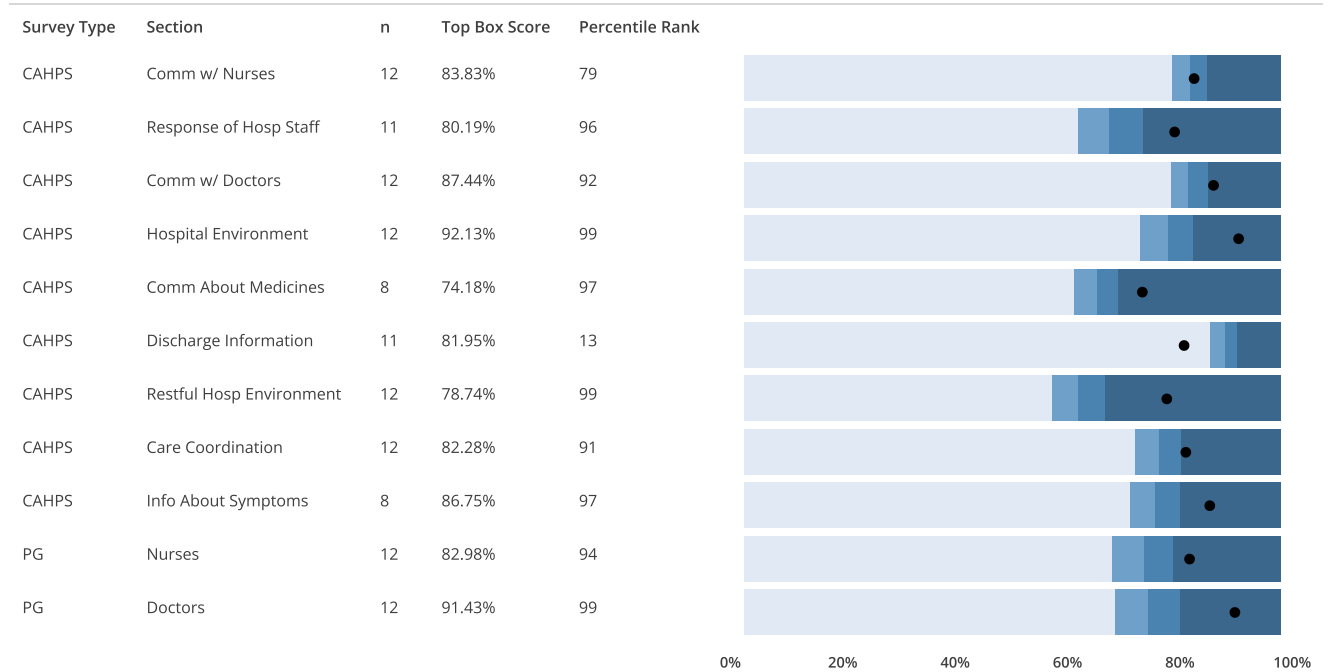
SELECT

Standard

Peer Group: All PG Database

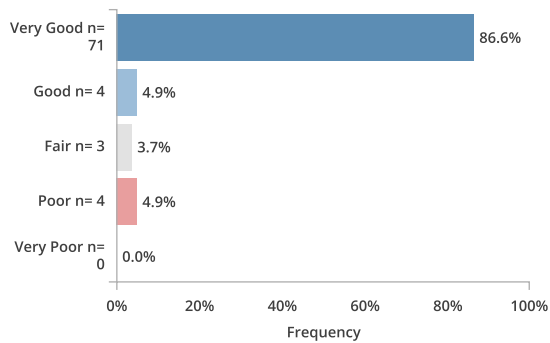
CAHPS Section/Domain Level N=2321 | PG Overall N=688

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



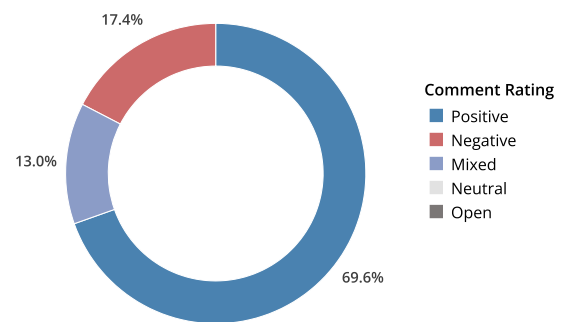
Distribution of Responses ⓘ

PG Overall



Comment Distribution ⓘ

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

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	CAHPS	Recommend the hospital	56	0.82
2	CAHPS	Nurses listen carefully to you	39	0.68
3	PG	Nurses took time to answer quests	49	0.63
4	PG	Doctors took time to answer quests	64	0.69
5	PG	Nurses expl daily plan of care	63	0.68
6	PG	Attention to needs	54	0.62
7	PG	Nurses kept you informed	69	0.72
8	PG	Doctors' effort decision making	66	0.68
9	CAHPS	Doctors listen carefully to you	59	0.61
10	CAHPS	Staff worked together for you	78	0.75

† 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=688 | CAHPS Item Level N=2319 | Received Date | 01 Oct 2025 - 31 Dec 2025

CAHPS LTR	CAHPS Rate 0-10	PG Overall
Top Box Score	Top Box Score	Top Box Score
72.80%	66.54%	86.59%
Percentile Rank	Percentile Rank	Percentile Rank
54th	32nd	98th

Comm w/ Doctors	Top Box Score	Percentile Rank
CAHPS: During this hospital stay, how often did doctors explain things in a way you could understand?	90.25%	98th
Comm w/ Nurses	Top Box Score	Percentile Rank
CAHPS: During this hospital stay, how often did nurses listen carefully to you?	69.40%	10th

† Custom Question ^ Focus Question

Safety and Security Quarterly Report- January 2026

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

Introduction

The Safety, Security, and Emergency Preparedness programs continue to support a safe, well-coordinated, and resilient environment across the district. Teams are engaged, initiatives are moving forward as planned, and risks are being addressed early through consistent oversight and collaboration. This work contributes to stability, readiness, and confidence in daily operations.

Department Highlights

Security Enhancements

Installation of bullet-resistant glass and additional security measures in the admitting area has been completed. These enhancements establish a designated safe zone for staff and provide an additional emergency egress option if needed.

Implementation of panic buttons on ER staff badges is progressing as planned. The anticipated go-live date is March.

Security Investigations and Law Enforcement Coordination

Significant time has been dedicated to security-related cases and investigations, with close coordination maintained among law enforcement, investigators, and other relevant entities to ensure appropriate handling and follow-through.

OASIS Teams – District-Wide Initiatives

OASIS Teams are leading multiple district-wide initiatives in various stages of implementation.

- The Awards and Recognition Team have honored its first group of recipients from the peer rewards program.
- The Onboarding Team has accepted referrals for the “Big Brother, Big Sister” support program for new hire orientees.
- The Service Standards Team has developed and implemented unified voicemail messaging and has begun implementation, with auditing beginning in February.

Safety, Emergency and Environment of Care Committee (SEEC)

Cybersecurity Awareness & Preparedness

Information Technology is leading the implementation of enhanced employee phishing simulations, which were brought forward to the SEEC for collaboration and oversight. The simulations will be increasingly sophisticated to strengthen staff awareness and ensure the organization's cybersecurity posture continues to evolve in response to emerging threats.

Disaster Preparedness / Supply Chain Readiness

The Purchasing Department is leading the development of comprehensive par levels and inventory management strategies to ensure compliance with the 96-hour stand-alone requirement and to strengthen disaster preparedness capabilities.

IV Administration Set Shortage – Supply Chain Disruption

SEEC reviewed a temporary shortage of IV administration sets caused by an unidentified distributor-level disruption affecting availability of specific IV pumps. Purchasing Manager Hollie Lappin led mitigation efforts in collaboration with Acute DON Moriah Padilla and Dana Hauge. The issue was successfully managed with no adverse impact on patient care.

Laboratory Services – Annual Review & Regulatory Oversight

The Laboratory Department presented its annual review, reported by Kevin Davies. Blood contamination and utilization data were reviewed under the leadership of Infection Control, demonstrating improvement. The Laboratory also submitted its 2025 CMS audit documentation to the committee for review and transparency.

Medical Equipment Governance

SEEC approved the formation of a Medical Equipment Committee to oversee equipment approval and procurement processes, ensuring alignment with district needs and regulatory expectations. The committee will report findings to SEEC and support the annual ACHC review led by the Safety Officer.

Utilities & Fire Life Safety Systems

Utilities and fire life safety systems were reviewed, with all required inspections, surveys, and generator testing completed successfully. Ongoing monitoring is conducted through certified and internal inspections, with reports submitted to SEEC, confirming a well-maintained and safe physical environment.

Oversight activities indicate systems are functioning as intended, with no significant deficiencies identified at this time.

Security Incidents

Security Data Comparison July 2024- June 2026												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2024/2025	3	2	0	7	4	3	3	6	6	5	5	3
2025/2026	7	4	8	5	3	1	2					

Total for District -Quarter 4, 2025:

- October – 5
- November -3
- December-1

First Aide & Injuries

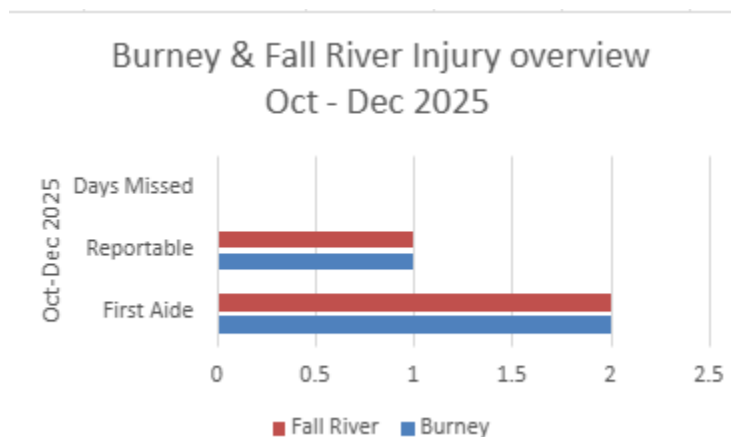
Quarter 4 Data

Fall River Campus

- 2 first aide injuries
- 1 reportable injury
- 0 days missed work.

Burney Campus

- 2 first aide injuries
- 1 reportable injury
- 0 days missed work.



2023- 2025 First Aid & Injuries Annual Review & Comparison

2023

- 14 First Aid Claims
- 16 Reportable Claims
- 89 Days Missed

2024

- 12 First Aid Claims,
- 7 Reportable Claims
- 47 Days Missed

2025

- 15 First Aid Claims
- 14 reportable Claims
- 30 Days Missed

