

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 25, 2026 @ 9:30 am  
Mayers Memorial Healthcare District  
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.*

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- 1 CALL MEETING TO ORDER:** Les Cufaude called the Quality Board Committee meeting to order at 9:31 am on February 25, 2026, in accordance with Robert's Rules of Order, which govern the conduct of the meeting.
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**BOARD MEMBERS PRESENT:**

Les Cufaude, Committee Chair, Director  
Jim Ferguson, Director

**ABSENT:**

Theresa Overton, Chief Nursing Officer  
Keith Earnest, Chief Clinical Officer

**STAFF PRESENT:**

Ryan Harris, CEO  
Jack Hathaway, Director of Quality  
Libby Mee, Chief People Officer  
Dana Hauge, Safety Officer  
Alex Johnson, Facilities Manager  
Sharon Lyons, Director of Nursing – Skilling Nursing Facility  
Lisa Neal, Board Clerk

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

No public comment.

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- 3 APPROVAL OF THE MINUTES: January 28, 2026**

3.1 Regular Quality Committee Meeting – January 28, 2026

A motion to accept the minutes, with changes, was made, seconded, and carried.

Ferguson /  
Cufaude

Approved by  
All

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- 4 DIRECTOR OF QUALITY:** Report submitted by Jack Hathaway.

Cerner Optimization is progressing well. A workgroup meeting is scheduled for early March to discuss workflows, beginning with ED and moving into the Clinic and Outpatient Medical Services. As part of the Cerner Learning Journeys, YouTube videos are being developed for Mayer's educational initiatives. There is ongoing collaboration with Cerner to address unresolved issues within the modules. Opportunity identified to improve communication with an end-of-the-month summary of improvements to be shared with all staff. An ongoing staff training plan, including Learning Journeys, will be implemented and set up with the Staff Educator once volume is determined.

Jack reported two complaints that he is addressing: one from a nurse and one from billing.

Improvements to the Med Error graphs: establishing baseline data on medication errors by researching and understanding daily medication pass volumes. The national baseline for skilled nursing is less than 5%. Include medication administered and errors with the relevant percentile. Add an explanation for the graphs.

HCAHPS Focus

Ryan will work with the Quality team to select 3 HCAHPS measures to focus on for improved outcomes (e.g., Communication with Nurses and Discharge Information), and report quarterly to the board. The Service Excellence Council (SEC) will also focus on the same three. Libby will bring the Service Excellence report for further insight. Once the target for an identified measure is met, another will be chosen.

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**5 MMHD ACHC SAFETY RISK ASSESSMENT REVIEW:**

Cufaude /  
Ferguson

Approved by All

Dana Hauge, Director of Safety and Security, presented a risk assessment. ACHC strongly encourages the Board of Directors to remain informed and engaged in ongoing risk assessment reviews, emphasizing the importance of maintaining a comprehensive understanding of organizational risks. Dana is focused on further refining and strengthening the details of these assessments. The risk assessments will be presented to the Quality Committee on a quarterly basis, in addition to inclusion in the annual report. Dana also provided a high-level overview of the 2025 risk assessment.

Discussion included the placement of eyewash stations, with an ACHC recommendation that each department have access to a station; installation was determined by the types of chemicals used. There is a formal process for installing eyewash stations as a proactive measure to enhance safety systems.

Annual safety reviews will be conducted on a staggered schedule throughout the year, based on the assessment findings.

The scope of the safety assessment review was discussed, including Interim Life Safety Measures (ILSM/IPR), line isolation monitors, Alternative Life Safety Measures (ALSM), sprinkler systems, and clinical risk areas. Emphasis was placed on staff education to ensure awareness of safety concerns and protocols.

Patient rights related to swing bed services were identified as needing additional focus.

A motion to accept the 2025 risk assessment, as presented, was made, seconded, and carried.

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**6 OTHER INFORMATION/ANNOUNCEMENTS:**

The chairperson will bring forward voting rights to the board. Only committee members with voting rights are permitted to vote. Such members may designate alternates if necessary. The requirement must be formally included in the bylaws.

Voice AI has been implemented in the Clinic for the providers, and workflows are in continuous improvement.

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**7 MOVE INTO CLOSED SESSION**

The Board Committee moved to closed session at 10:40 a.m.

The Board Committee adjourned the closed session at 10:40 a.m.

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**8 RECONVENE OPEN SESSION**

The Board Committee reconvened in open session at 10:40 a.m. No discussion or action was taken in the closed session.

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**9 ADJOURNMENT:** The committee chair declared the meeting adjourned at 10:41 a.m.

Next Quality Board Committee Meeting is March 25, 2026

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