MAYERS MEMORIAL
HEALTHCARE DISTRICT

Quality Committee
Meeting Agenda
June 24, 2026 @ 9:30 am
Mayers Memorial Healthcare District
Burney Boardroom
20647 Commerce Way
Burney, CA 96013

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
Libby Mee, CPO
Jack Hathaway, Director of Quality
Lisa Neal, Board Clerk

					Approx. Time Allotted
1	**CALL MEETING TO ORDER**	Chair: Les Cufaude			
	This meeting will be conducted in accordance with Robert's Rules of Order and the Bylaws of Mayers Memorial Healthcare District.				
2	**CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**				
	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present to the Board of Directors for review, please provide a minimum of 9 copies. When the President announces the public comment period, requestors will be called upon one at a time. Please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.), action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.				
3	**APPROVAL OF MINUTES**				
	3.1 Quality Board Committee Meeting – May 27, 2026		**Attachment A**	**Action Item**	2 min.
4	**DIRECTOR OF QUALITY REPORT**	Jack Hathaway	**Attachment B**	Report	5 min.
5	**OTHER INFORMATION/ANNOUNCEMENTS**			Information	2 min.
6	**MOVE INTO CLOSED SESSION**				

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.

6.1	Hearing (Health and Safety Code §32155) – Medical Staff Credentials		5 min.

MEDICAL STAFF APPOINTMENT

1. YEHIA EGUIUNDY, MD – RADIOLOGY – VESTA
2. CAROLS LEIVA-SALINAS, MD - VESTA
3. CARLA WOOD, DO – NEUROLOGY – UCD
4. DARAYUS TOORKEY, MD – NEUROLOGY – UCD
5. MICHAEL ERKKINEN, MD – NEUROLOGY – UCD
6. ANDREW HUANG, MD – UCD

MEDICAL STAFF REAPPOINTMENT

1. KIRAN KANTH, MD – UCD

STAFF STATUS CHANGE

1. NICHOLAS SCHULACK, DO TO INACTIVE
2. NATHAN KUPPERMAN, MD TO INACTIVE

7	**RECONVENE OPEN SESSION**	**Action Item**	2 min.
8	**ADJOURNMENT:** Next Quality Board Committee Meeting – July 29, 2026		

Posted: 06.18.26

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MAYERS MEMORIAL HEALTHCARE DISTRICT

Board of Directors
Quality Committee
Minutes
May 27, 2026 @ 9:30 am
Mayers Memorial Healthcare District
Fall River Boardroom
43579 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 **CALL MEETING TO ORDER:** Les Cufaude called the Quality Board Committee meeting to order at 9:42 am on May 27, 2026, in accordance with Robert's Rules of Order and the Bylaws of Mayers Memorial Healthcare District, which govern the conduct of the meeting.

BOARD MEMBERS PRESENT:	**STAFF PRESENT:**
Les Cufaude, Committee Chair, Director	Ryan Harris, CEO
Jim Ferguson, Director	Jack Hathaway, Director of Quality
	Libby Mee, Chief People Officer
	Keith Earnest, Chief Clinical Officer
ABSENT:	Theresa Overton, Chief Nursing Officer
	Lisa Neal, Board Clerk

2 **CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**
No public comment.

3 **APPROVAL OF THE MINUTES:**

3.1	Regular Quality Committee Meeting – March 25, 2026 A motion to accept the minutes, with changes, was made, seconded, and carried.	**Ferguson / Cufaude**	**Approved by All**
3.2	Regular Quality Committee Meeting – April 29, 2026 A motion to accept the minutes, as presented, was made, seconded, and carried.	**Cufaude / Ferguson**	**Approved by All**

4 **DIRECTOR OF QUALITY:** Written report submitted by Jack Hathaway. Staff are finalizing the addition of volunteer race and ethnicity information in the DHCS portal to meet reporting requirements. He reported that current performance on the Quality Incentive Program (QIP) Well-Child measure is approximately 62%; however, one consideration in continuing to use this measure is that performance would need to improve beyond the current rate in future years to remain competitive. He also indicated that increases are expected in both Well-Child Visits and Breast Cancer Screening rates as ongoing screening efforts continue. Additionally, the National Quality Center Association (NQCA) has not yet transitioned to recognizing the Shield test as a quality measure. Looking ahead, he advised that the QIP program is expected to move to a risk-based model by 2028, and failure to meet established performance targets under this model could result in the loss of funding.

Discussed the newly implemented Acute policies and initiatives:

- Notification for Hospice/Comfort Care Patients: White Rose Program. The placement of a laminated picture of a white rose outside the room of a patient admitted to hospice/comfort care.
- Brain Rest and Decreased Stimulation for Neurologic Recovery to promote a calm and therapeutic environment for patients to reduce overstimulation and support neurological healing.
    - Discussed how to note in Cerner indicating a patient is on Brain Rest to streamline med pass.
- Additional visual cue initiatives implemented are quiet time with the lowering of lights and lower-toned conversations in hallways, and fairy lights on the doors of patient rooms who are at a high risk for falls.

The new Director of Quality, Megan Holter, is scheduled to start on June 22. She will work with Jack for about 10 days, and Jack's last day is June 30. Euan has accepted the Informatics position.

6	**OTHER INFORMATION/ANNOUNCEMENTS:** There were no additional information items or announcements presented.
7	**ADJOURNMENT: Next Quality Board Committee Meeting – June 24, 2026** The committee chair declared the meeting adjourned at 10:42 am.

Board Quality Report *June* 2026

Patient Experience

Please see attached for most current data on the selected measures

Risk (RL6) Review

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

State

I am not aware of any state visits that have not been discussed. On the state topic, however, we did run into a surprise issue with our reapplication for the Nurse Aid Training Program (NATP). It was not until our reapplication went in that the state decided to notify us of the fact that our facility is currently banned (July 14, 2025 – July 14, 2027) from operating a NATP in our Skilled Nursing Facility. It is of note that we have successfully passed 7 CNAs through the program during the ban, and the state did honor and issue licensure to all the CNAs who passed. A wonderful example of how even at the most basic level full communication between state agencies and the hospitals that they serve can be tricky.

Lucky for us, the state decided to issue our notice of the July 14, 2025, ban to us in June of 2026… this will come to an exciting conclusion that I will miss out on, unfortunately – the state's required notice was a failure, so I am very interested in understanding how they will move forward without normal administrative processes in place. I will text our CPO next year and see if things have shaken out around any of the notice claims that we could potentially leverage against the state.

Complaints

I have not received a complaint this month.

QIP – DHCS

All our QIP work is completed for this year – we have our report completed and submitted, and all looks well.

Cerner

Cerner work is at its first change point. We have captured all the current workflows, meaning we know how things are currently being done. We have made some on the spot changes, like changing filters in individual experiences or helping with visibility of options in system. However, all the real changes will start soon, the push to bring folks to the model experience will begin in earnest, and the accountability to stick to the new (or reintroduced) workflows will be the next phase. This, of course, will also involve more direct participation by managers and staff as the team works to pull it all together in uniform workflows.

To that end, the team will be bringing a charter forward to define and publish expectations around phase 2 accountability and definitions around what happens when the Cerner Model

Experience (CME) fails to meet the needs of our hospital and how we can build our Mayers Model Experience (MME) to cover the needs that we have, when that is possible. So, expect that a charter will be coming to the Board when it is completed, as it will require buy-in from every level to be a truly successful endeavor.

It is nearly impossible for me to keep up with the number of service tickets that we currently have in place. I am sure that someone has access to a report that could help us understand the exact number. However, by just counting the tickets that I am currently connected to, that are open and working, we have 41 in just the last few months. This just illustrates the perfect fit of our new informatics role and the ability that they will have to track and capture all of this at a higher level, so the work can continue.

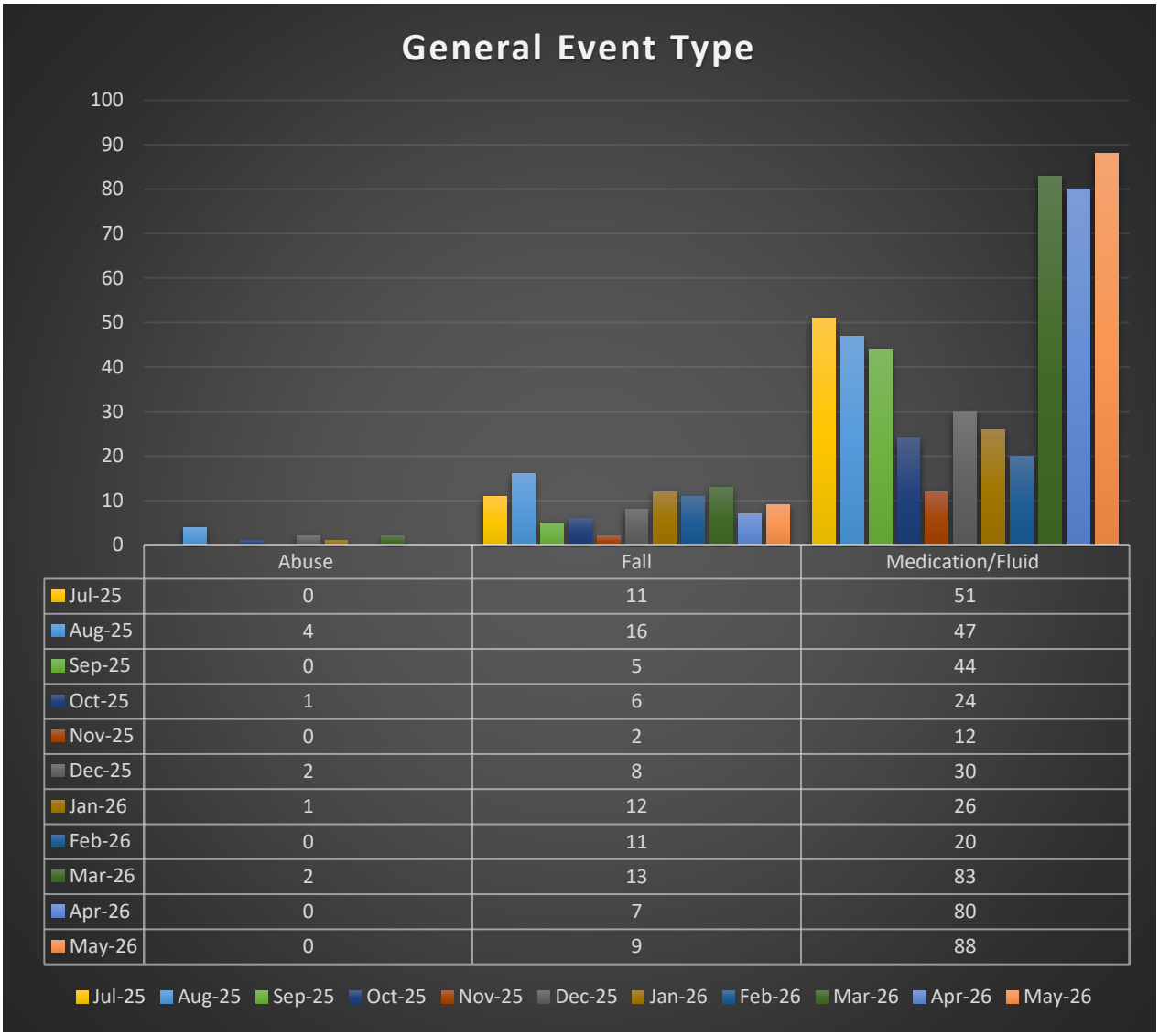
Finally, the team has concluded that it would be beneficial to demo the Outpatient PT module. We believe it may assist PT in bringing more of their outpatient workflow into a workable space and give them more options for input data that would be actionable, rather than data that is unusable as it is now. If there were any other modules that we thought would be excellent at this time, we would suggest them; however, knowing what we know now, PT is the only one we feel would be worthwhile to look at.

Conclusion

As always, I am grateful for the opportunity to serve as Quality Director here in the district. It has been a pleasure working with Megan as she gets settled in, and I am excited to see where her vision will take the district. I have loved building and creating all this fun quality/compliance and risk work over the last decade; however, I am sure it is time for a refresh. I am sure that fresh eyes will find errors and miscalculations and other opportunities for improvement that will take Mayers even further along the path to best outcomes for patients that we have the pleasure of working with.

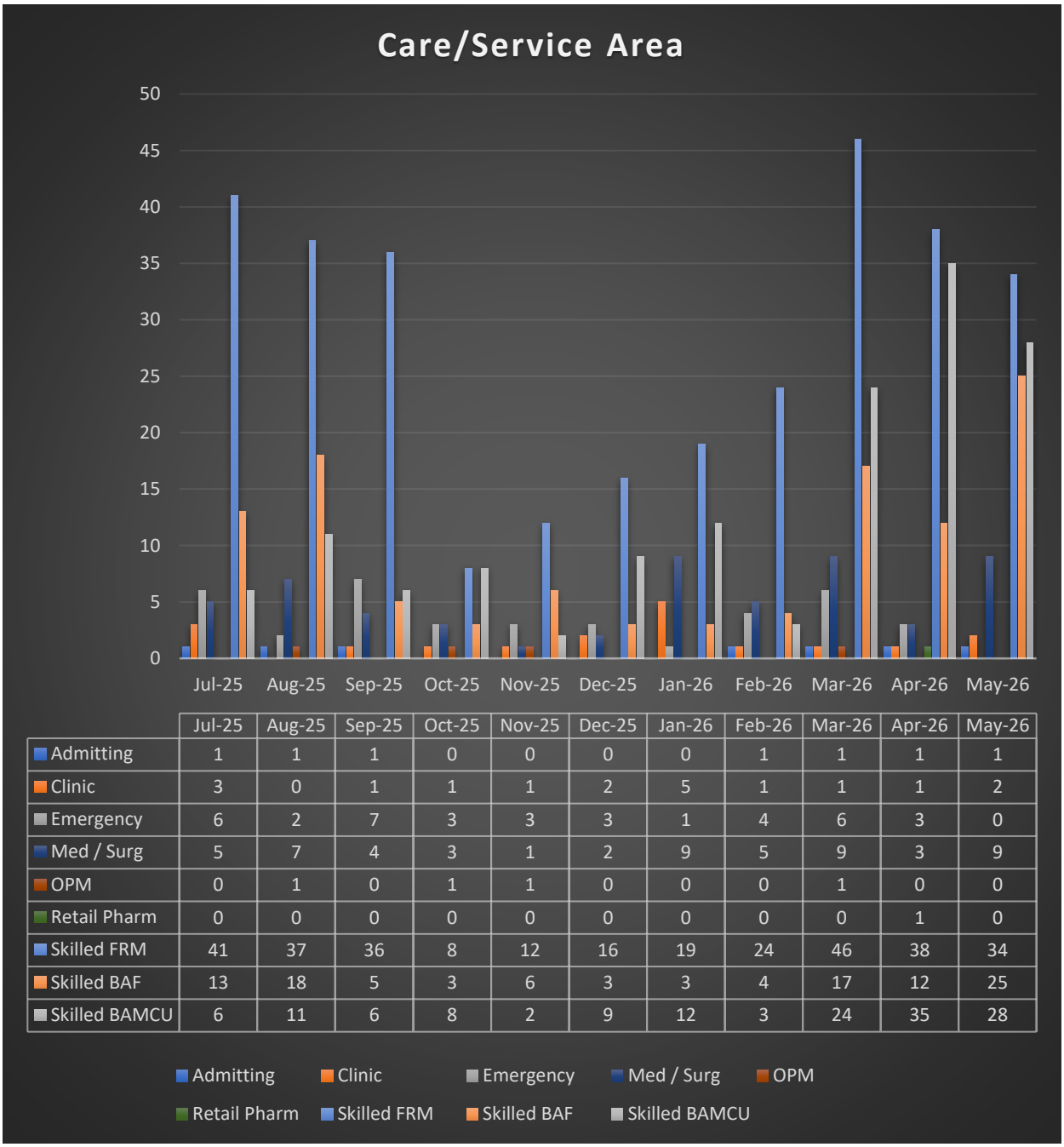
Thank you, as always, respectfully submitted.

Jack Hathaway – Director of Quality



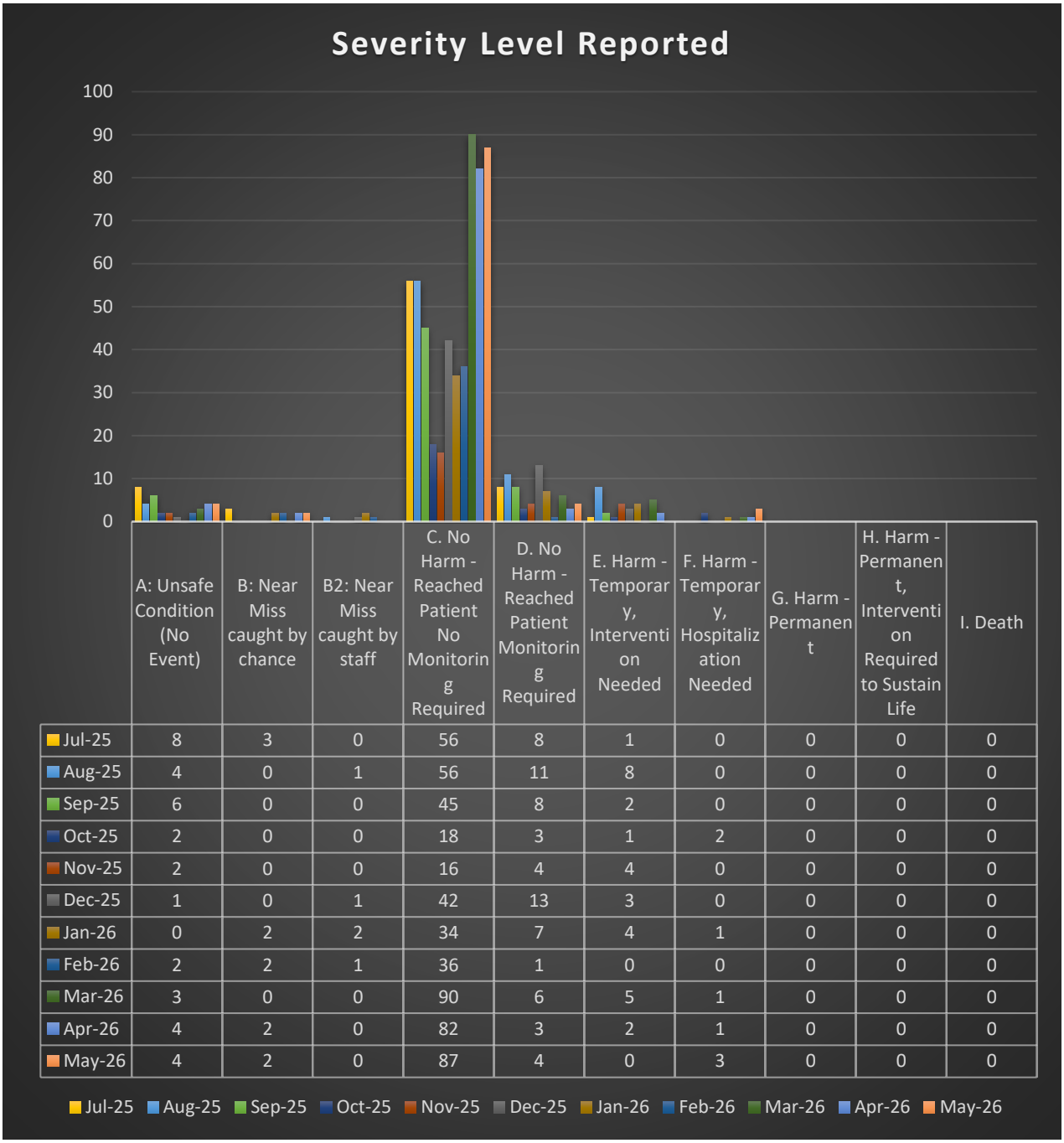
	Abuse	Fall	Medication/Fluid
Jul-25	0	11	51
Aug-25	4	16	47
Sep-25	0	5	44
Oct-25	1	6	24
Nov-25	0	2	12
Dec-25	2	8	30
Jan-26	1	12	26
Feb-26	0	11	20
Mar-26	2	13	83
Apr-26	0	7	80
May-26	0	9	88

This shows the type of event (Abuse, Fall, or Medication/Fluid Error) frequency for the months tracked. It is worth noting that while the data shows an uptick in medication errors over all, medication errors in the SNF were trending almost even with the only increase showing in Burney Annex Front – the additional med errors were captured in Med/Surg which is good as it shows an increase in reporting from that area stemming from education done after our revamped acute quality meetings.



	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Admitting	1	1	1	0	0	0	0	1	1	1	1
Clinic	3	0	1	1	1	2	5	1	1	1	2
Emergency	6	2	7	3	3	3	1	4	6	3	0
Med / Surg	5	7	4	3	1	2	9	5	9	3	9
OPM	0	1	0	1	1	0	0	0	1	0	0
Retail Pharm	0	0	0	0	0	0	0	0	0	1	0
Skilled FRM	41	37	36	8	12	16	19	24	46	38	34
Skilled BAF	13	18	5	3	6	3	3	4	17	12	25
Skilled BAMCU	6	11	6	8	2	9	12	3	24	35	28

This shows the number of reports out of each reporting service area in the hospital.



	A: Unsafe Condition (No Event)	B: Near Miss caught by chance	B2: Near Miss caught by staff	C. No Harm - Reached Patient No Monitoring Required	D. No Harm - Reached Patient Monitoring Required	E. Harm - Temporary, Intervention Needed	F. Harm - Temporary, Hospitalization Needed	G. Harm - Permanent	H. Harm - Permanent, Intervention Required to Sustain Life	I. Death
Jul-25	8	3	0	56	8	1	0	0	0	0
Aug-25	4	0	1	56	11	8	0	0	0	0
Sep-25	6	0	0	45	8	2	0	0	0	0
Oct-25	2	0	0	18	3	1	2	0	0	0
Nov-25	2	0	0	16	4	4	0	0	0	0
Dec-25	1	0	1	42	13	3	0	0	0	0
Jan-26	0	2	2	34	7	4	1	0	0	0
Feb-26	2	2	1	36	1	0	0	0	0	0
Mar-26	3	0	0	90	6	5	1	0	0	0
Apr-26	4	2	0	82	3	2	1	0	0	0
May-26	4	2	0	87	4	0	3	0	0	0

This shows the severity level reported with the events captured this month.

Dashboard Name: My Focus Items Summary | System Name: Mayers Memorial Hospital - System | System ID: 33270 | Facility Name: Mayers Memorial Hospital | Facility ID: 33270 | Service Line: Inpatient | Metric: Top Box Score | Date Type: Received Date | Time Frame: Last Quarter | Peer Group: All PG Database | Mode Adjustments: Applied | eSurvey Adjustment: Applied | CMS Reportable Responses: Not Applied | Skip Logic: Not Applied | Current Benchmarking Period: 01/01/2026 - 03/31/2026 | Fiscal Start Month: 01 | Download Date & Time: Jun 17, 2026 7:12 pm EDT

FILTER BY All sections selected

● High Point ● Low Point

Survey Items (SECTION/DOMAIN)	Survey Type	n	Top Box Score: Current (Q1 2026)	Top Box Score: Previous (Q4 2025)	Goal	Change	Percentile Rank	Score Trendline
COMM W/ NURSES Domain: Comm w/ Nurses	CAHPS	8	86.94%	83.83%	90.00%	3.11%	92	Compare Trending
COMM W/ DOCTORS Doctors listen carefully to you	CAHPS	8	99.33%	81.16%	95.00%	18.16%	99	Compare Trending
DISCHARGE INFORMATION Domain: Discharge Information	CAHPS	8	93.87%	81.95%	95.00%	11.92%	95	Compare Trending
DISCHARGE INFORMATION Staff talk about help when you left	CAHPS	8	87.61%	81.95%	90.00%	5.66%	72	Compare Trending
DISCHARGE INFORMATION Info re symptoms/prob to look for	CAHPS	7	100.00%	81.95%	95.00%	18.05%	99	Compare Trending
RESTFUL HOSP ENVIRONMENT Domain: Restful Hosp Environment	CAHPS	8	69.84%	78.74%	90.00%	-8.89%	94	Compare Trending
RESTFUL HOSP ENVIRONMENT Quietness of hospital environment	CAHPS	7	57.80%	84.29%	95.00%	-26.49%	54	Compare Trending
RESTFUL HOSP ENVIRONMENT Able to rest as needed	CAHPS	8	75.86%	67.63%	90.00%	8.24%	99	Compare Trending
RESTFUL HOSP ENVIRONMENT Staff help you rest and recover	CAHPS	8	75.86%	84.29%	—	-8.43%	68	Compare Trending
NURSES Section: Nurses	PG	8	90.63%	82.98%	—	7.65%	99	Compare Trending
NURSES Section: Nurses†	PG		N/A	N/A	—	--	N/A	Compare Trending
NURSES Nurses' attitude toward requests†	PG		N/A	N/A	—	--	N/A	Compare Trending
NURSES Attention to needs	PG	8	100.00%	83.33%	—	16.67%	99	Compare Trending
NURSES Nurses kept you informed	PG	8	100.00%	81.82%	—	18.18%	99	Compare Trending
NURSES Nurses expl daily plan of care	PG	8	87.50%	75.00%	—	12.50%	98	Compare Trending
NURSES Nurses took time to answer quests	PG	8	75.00%	91.67%	—	-16.67%	59	Compare Trending
DOCTORS Doctors' concern questions/worries	PG	8	100.00%	91.67%	—	8.33%	99	Compare Trending
DOCTORS Doctors kept you informed†	PG		N/A	N/A	—	--	N/A	Compare Trending
DOCTORS Doctors took time to answer quests	PG	8	100.00%	91.67%	—	8.33%	99	Compare Trending
OVERALL ASSESSMENT Overall rating of care†	PG		N/A	N/A	—	--	N/A	Compare Trending

Q4 2024 Q1 2025 Q2 2025 Q3 2025 Q4 2025 Q1 2026

† Custom Question ^ Focus Question

At or Above Goal <5 Points Below Goal >5 Points Below Goal No Goal

My Focus Items Summary

Domain: Comm w/ Nurses Comm w/ Nurses

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	16	16	13	12	8
Top Box Score	71.43%	72.82%	88.93%	83.23%	83.83%	86.94%
Percentile Rank	7th	12th	95th	74th	79th	92nd

Doctors listen carefully to you — Comm w/ Doctors

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	16	15	13	11	8
Top Box Score	57.14%	74.89%	85.83%	75.26%	81.16%	99.33%
Percentile Rank	1st	32nd	90th	32nd	72nd	99th

Domain: Discharge Information — Discharge Information

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	16	14	13	11	8
Top Box Score	71.43%	83.98%	89.44%	84.89%	81.95%	93.87%
Percentile Rank	1st	28th	76th	33rd	13th	95th

Staff talk about help when you left — Discharge Information

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	16	14	13	11	8
Top Box Score	71.43%	81.27%	85.86%	77.20%	81.95%	87.61%
Percentile Rank	1st	27th	57th	9th	27th	72nd

Info re symptoms/prob to look for — Discharge Information

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	15	14	13	11	7
Top Box Score	71.43%	86.69%	93.01%	92.58%	81.95%	100.00%
Percentile Rank	1st	36th	87th	84th	8th	99th

Domain: Restful Hosp Environment — Restful Hosp Environment

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	16	16	13	12	8
Top Box Score	57.14%	53.53%	70.77%	68.79%	78.74%	69.84%
Percentile Rank	N/A	29th	94th	91st	99th	94th

Quietness of hospital environment — Restful Hosp Environment

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	16	16	13	12	7
Top Box Score	57.14%	50.14%	63.51%	63.66%	84.29%	57.80%
Percentile Rank	40th	23rd	71st	69th	99th	54th

Able to rest as needed — Restful Hosp Environment

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n		10	15	13	12	8
Top Box Score	N/A	50.23%	54.41%	48.28%	67.63%	75.86%
Percentile Rank	N/A	86th	91st	77th	99th	99th

Staff help you rest and recover — Restful Hosp Environment

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n		10	15	13	12	8
Top Box Score	N/A	60.23%	94.41%	94.43%	84.29%	75.86%
Percentile Rank	N/A	5th	99th	99th	92nd	68th

Section: Nurses — Nurses

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	6	16	16	13	12	8
Top Box Score	50.00%	64.71%	82.26%	62.75%	82.98%	90.63%
Percentile Rank	1st	44th	94th	24th	94th	99th

Section: Nurses† — Nurses

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	6	16	16			
Top Box Score	50.00%	63.16%	82.54%	N/A	N/A	N/A
Percentile Rank	N/A	N/A	N/A	N/A	N/A	N/A

Nurses' attitude toward requests†

Nurses

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	6	6	1			
Top Box Score	50.00%	50.00%	100.00%	N/A	N/A	N/A
Percentile Rank	1st	2nd	99th	N/A	N/A	N/A

Attention to needs

Nurses

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	6	15	16	13	12	8
Top Box Score	66.67%	66.67%	81.25%	61.54%	83.33%	100.00%
Percentile Rank	36th	47th	89th	16th	92nd	99th

Nurses kept you informed

Nurses

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	6	16	16	13	11	8
Top Box Score	33.33%	68.75%	81.25%	61.54%	81.82%	100.00%
Percentile Rank	1st	70th	95th	31st	94th	99th

Nurses expl daily plan of care

Nurses

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n		10	15	12	12	8
Top Box Score	N/A	60.00%	73.33%	58.33%	75.00%	87.50%
Percentile Rank	N/A	39th	85th	25th	86th	98th

Nurses took time to answer quests

Nurses

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n		10	15	13	12	8
Top Box Score	N/A	60.00%	93.33%	69.23%	91.67%	75.00%
Percentile Rank	N/A	10th	99th	29th	98th	59th

Doctors' concern questions/worries

Doctors

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	6	15	15	13	12	8
Top Box Score	50.00%	80.00%	93.33%	61.54%	91.67%	100.00%
Percentile Rank	12th	97th	99th	20th	99th	99th

Doctors kept you informed†

Doctors

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	6	5	1			
Top Box Score	50.00%	80.00%	100.00%	N/A	N/A	N/A
Percentile Rank	14th	99th	99th	N/A	N/A	N/A

Doctors took time to answer quests

Doctors

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n		10	15	13	12	8
Top Box Score	N/A	60.00%	93.33%	61.54%	91.67%	100.00%
Percentile Rank	N/A	12th	99th	12th	99th	99th

Overall rating of care†

Overall Assessment

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	6	6	1			
Top Box Score	50.00%	66.67%	100.00%	N/A	N/A	N/A
Percentile Rank	2nd	40th	99th	N/A	N/A	N/A

Dashboard Name: Key Performance Indicators| System Name: Mayers Memorial Hospital - System | System ID: 33270 | Facility Name: Mayers Memorial Hospital | Facility ID: 33270 | Service Line: Inpatient | Metric: Top Box Score | Date Type: Received Date | Time Frame: Last Quarter | Peer Group: All PG Database | Mode Adjustments: Applied| eSurvey Adjustment: Applied| CMS Reportable Responses: Not Applied| Skip Logic: Not Applied| Current Benchmarking Period: 01/01/2026 - 03/31/2026 | Fiscal Start Month: 01 | Download Date & Time: Jun 15, 2026 6:09 pm EDT

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

Peer Group: All PG Database | PG Overall N=693 | CAHPS Item Level N=2365 | Received Date | 01 Jan 2026 - 31 Mar 2026

CAHPS LTR	CAHPS Rate 0-10	PG Overall
Top Box Score	Top Box Score	Top Box Score
62.58%	87.39%	94.64%
Percentile Rank	Percentile Rank	Percentile Rank
23rd	96th	99th

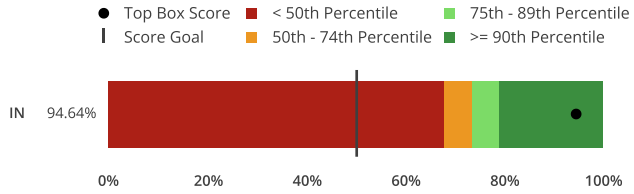
	Top Box Score	Percentile Rank
Comm w/ Doctors **CAHPS: During this hospital stay, how often did doctors explain things in a way you could understand?**	86.83%	95th
Comm w/ Nurses **CAHPS: During this hospital stay, how often did nurses listen carefully to you?**	86.94%	94th

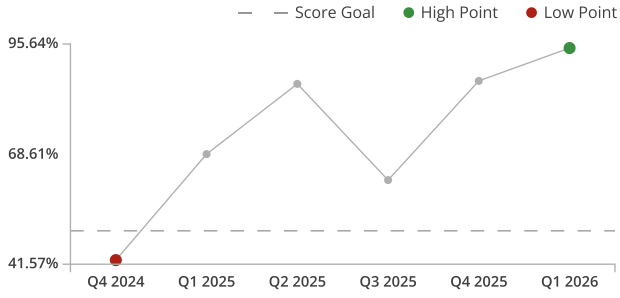
† Custom Question ^ Focus Question

Dashboard Name: Facility Scorecard| System Name: Mayers Memorial Hospital - System| System ID: 33270| Facility Name: Mayers Memorial Hospital| Facility ID: 33270| Service Line: Inpatient| Measure: PG Overall| Metric: Top Box Score| Date Type: Received Date| Time Frame: Last Quarter| Peer Group: All PG Database| Priority Index - Survey Type: Integrated| Priority Index View: External| Mode Adjustments: Applied| eSurvey Adjustment: Applied| Current Benchmarking Period: 01/01/2026 - 03/31/2026| Fiscal Start Month: 01| Download Date & Time: Jun 15, 2026 4:19 pm EDT

Service Line Performance

PG Overall



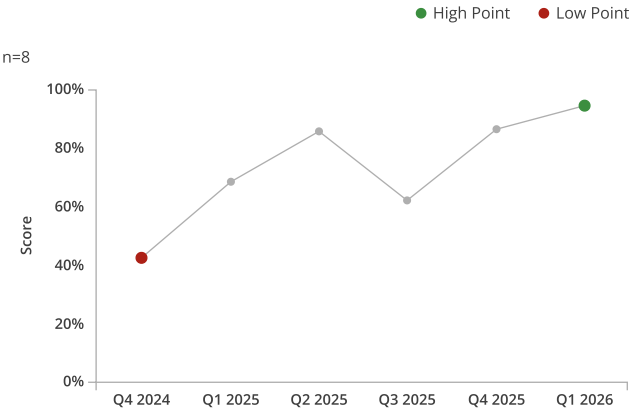


n	8
Top Box Score	94.64%
Score Goal	50.00%
Percentile Rank	99

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	16	16	13	12	8
Top Box Score	42.57%	68.60%	85.85%	62.22%	86.59%	94.64%
Percentile Rank	2	68	98	19	98	99

Top Box Score 94.64%

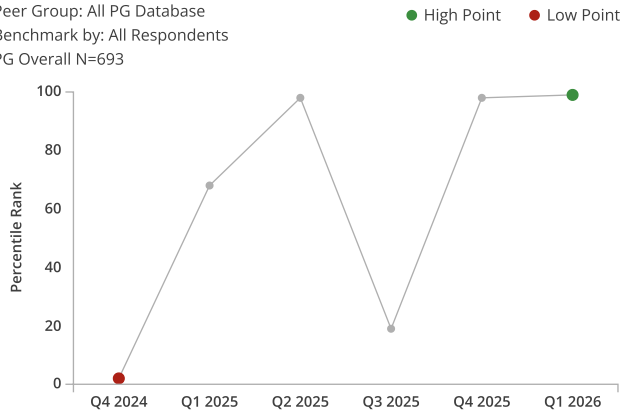
PG Overall



Top Box Percentile Rank 99th

PG Overall

Peer Group: All PG Database
Benchmark by: All Respondents
PG Overall N=693



Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	16	16	13	12	8
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Percentile Rank	2	68	98	19	98	99

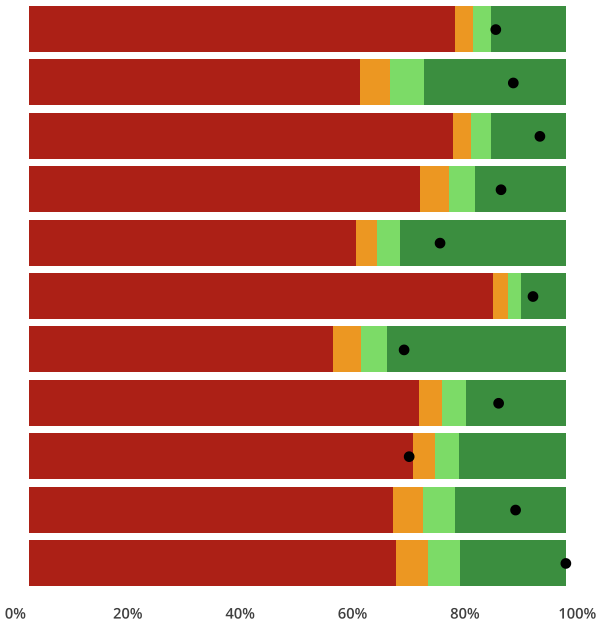
Section Performance

SORT BY: Default | SELECT: Standard

Peer Group: All PG Database
CAHPS Section/Domain Level N=2369 | PG Overall N=693

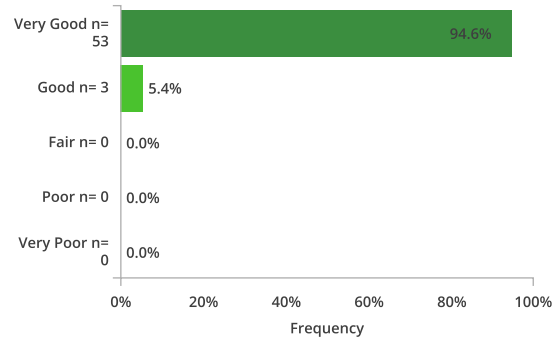
● Top Box Score ■ < 50th Percentile ■ 50th - 74th Percentile ■ 75th - 89th Percentile ■ >= 90th Percentile

Survey Type	Section	n	Top Box Score	Percentile Rank
CAHPS	Comm w/ Nurses	8	86.94%	92
CAHPS	Response of Hosp Staff	5	90.20%	99
CAHPS	Comm w/ Doctors	8	95.16%	99
CAHPS	Hospital Environment	8	87.91%	96
CAHPS	Comm About Medicines	7	76.54%	98
CAHPS	Discharge Information	8	93.87%	95
CAHPS	Restful Hosp Environment	8	69.84%	94
CAHPS	Care Coordination	8	87.46%	98
CAHPS	Info About Symptoms	7	70.79%	45
PG	Nurses	8	90.63%	99
PG	Doctors	8	100.00%	99



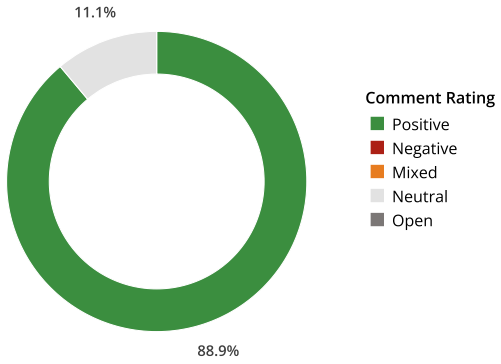
Distribution of Responses

PG Overall



Comment Distribution

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



N/A
PG Overall

Above Goal Below Goal

No Data Available

N/A
PG Overall

Above Goal Below Goal

No Data Available

Priority Index

PG Report Period: 6 months | CAHPS Report Period: 12 months
Benchmark by: All Respondents | Benchmarking Period: 03/01/2026 - 05/31/2026

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	CAHPS	Recommend the hospital	44	0.86
2	PG	Nurses kept you informed	76	0.65
3	PG	Nurses took time to answer quests	74	0.64
4	CAHPS	Nurses listen carefully to you	61	0.5
5	PG	Doctors' effort decision making	81	0.63
6	PG	Attention to needs	78	0.6
7	CAHPS	Doctors listen carefully to you	88	0.72
8	PG	Doctors took time to answer quests	83	0.63
9	PG	Nurses expl daily plan of care	81	0.58
10	CAHPS	Doctors treat with courtesy/respect	71	0.48

† Custom Question ^ Focus Question