MAYERS MEMORIAL
HEALTHCARE DISTRICT

Quality Committee
Meeting Agenda
July 29, 2026 @ 9:30 am
Mayers Memorial Healthcare District
Fall River Boardroom @ MMHD Hall
43579 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
Libby Mee, CPO
Megan Holte, 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 – June 24, 2026		**Attachment A**	**Action Item**	2 min.
4	**DIRECTOR OF QUALITY REPORT**	Megan Holte	**Attachment B**	Report	5 min.
5	**OTHER INFORMATION/ANNOUNCEMENTS**			Information	2 min.
6	**MOVE INTO CLOSED SESSION**				
	6.1 Hearing (Health and Safety Code §32155) – Medical Staff Credentials **MEDICAL STAFF APPOINTMENT** 1. Kokwaro, Alfred Harold, MD				5 min.
7	**RECONVENE OPEN SESSION**			**Action Item**	2 min.
8	**ADJOURNMENT:** Next Quality Board Committee Meeting – August 26, 2026				

Posted: 07.23.26

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.

MAYERS MEMORIAL HEALTHCARE DISTRICT

Board of Directors
Quality Committee
Minutes
June 24, 2026 @ 9:30 am
Mayers Memorial Healthcare District
Burney 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 Quality Board Committee meeting to order at 9:32 am on June 24, 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
	Megan Holte, Director of Quality (Incoming)
	Libby Mee, Chief People Officer
ABSENT:	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
No public comment.

3 APPROVAL OF THE MINUTES:

3.1	Regular Quality Committee Meeting – May 27, 2026 A motion to accept the minutes, as presented, was made, seconded, and carried.	**Ferguson / Harris**	**Approved by All**

4 DIRECTOR OF QUALITY: Written report submitted by Jack Hathaway. The CEO, Ryan Harris, reported that he is in communication with the California Department of Public Health (CDPH) regarding the loss of Mayer's Nurse Assistant Training Program (NATP) and the status of the CNAs who were licensed during that time. The District is awaiting confirmation that it has met the Quality Improvement Performance (QIP) target for Well Child visits, with a current rate of 67.3%. Ryan will bring the matter of the DHCS QIP Program before the DHLF Executive Committee for discussion consideration. The Committee requested a more detailed monthly breakdown of medication errors and adverse reactions, including a trend graph. The Director of Quality will prepare a report that drills down to the comment level to provide additional context. The Committee also discussed a process improvement initiative to have staff visit patients prior to discharge to check in, address any questions or concerns, and help ensure a smooth transition of care.

5 OTHER INFORMATION/ANNOUNCEMENTS: The Committee thanked Jack Hathaway for his contributions during his time at Mayers and wished him continued success on future endeavors.

6 MOVE INTO CLOSED SESSION
The Board Committee Chair called the meeting into closed session at 10:34 am.

6.1	Hearing (Health and Safety Code §32155) – Medical Staff Credentials **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**		
	The Board Committee reconvened in open session at 10:43 a.m. Motion to approve the medical staff credentials, as is, was made, accepted, and moved.	**Cufaude / Ferguson**	**Approved by All**
8	**ADJOURNMENT: Next Quality Board Committee Meeting – July 29, 2026** The committee chair declared the meeting adjourned at 10:44 am.		

Quality Board Report

Manager & Department: Megan Holte – Quality/Risk Management
Reporting Month & Year: July 2026

Summary:

I am very excited to be a part of the MMHD team! I've begun the process of familiarizing myself with the role. I've identified several key areas, detailed below, to expand on and align with best practice and ACHC requirements. Working on department organization and created a "manual" on the Quality/Risk Management position. As I continue to identify opportunities for improvement, the quality department is looking to hire a Quality Coordinator to assist department and facility with performance improvement initiatives and overall departmental support.

Top Projects (1-3):

1. Regulatory:
    i. Skilled Nursing Facility anticipating arrival of CDPH for annual survey. SNF also awaiting follow-up on CDPH for several falls reported to CDPH the end of June. Anticipating incidents will be reviewed by surveyors once on-site for annual survey.
    ii. On 07/10/26 CDPH arrived unannounced on an anonymous complaint survey for Burney SNF. Leadership assisted surveyors with requested needs. Surveyor interviewed several staff members and patients. Surveyor closed out on 07/10/26 with preliminary report of no deficiencies cited pending CDPH supervisor approval. Will await finalized letter for complaint closure.

2. Cerner Optimization:
    i. CernerOp group continues to meet weekly. Group has created a standing agenda and utilizes it weekly to ensure project focus remains intact. Group has completed the creation of Project Charter to lay foundation for project focus. Charter provided to Executive Leadership (included) for approval and support in on-going project efforts and needs such as departmental leadership engagement.
    ii. The Clinical Informaticist (CI) is working on weekly validations of department workflows. The CI will schedule 1-hour blocks of time with department leaders each week to review workflows and compare them to validated workflows. A Master Workbook has been created for workflow tracking and reference for each department and will be maintained by the CI.

3. Quality:

Quality Board Report

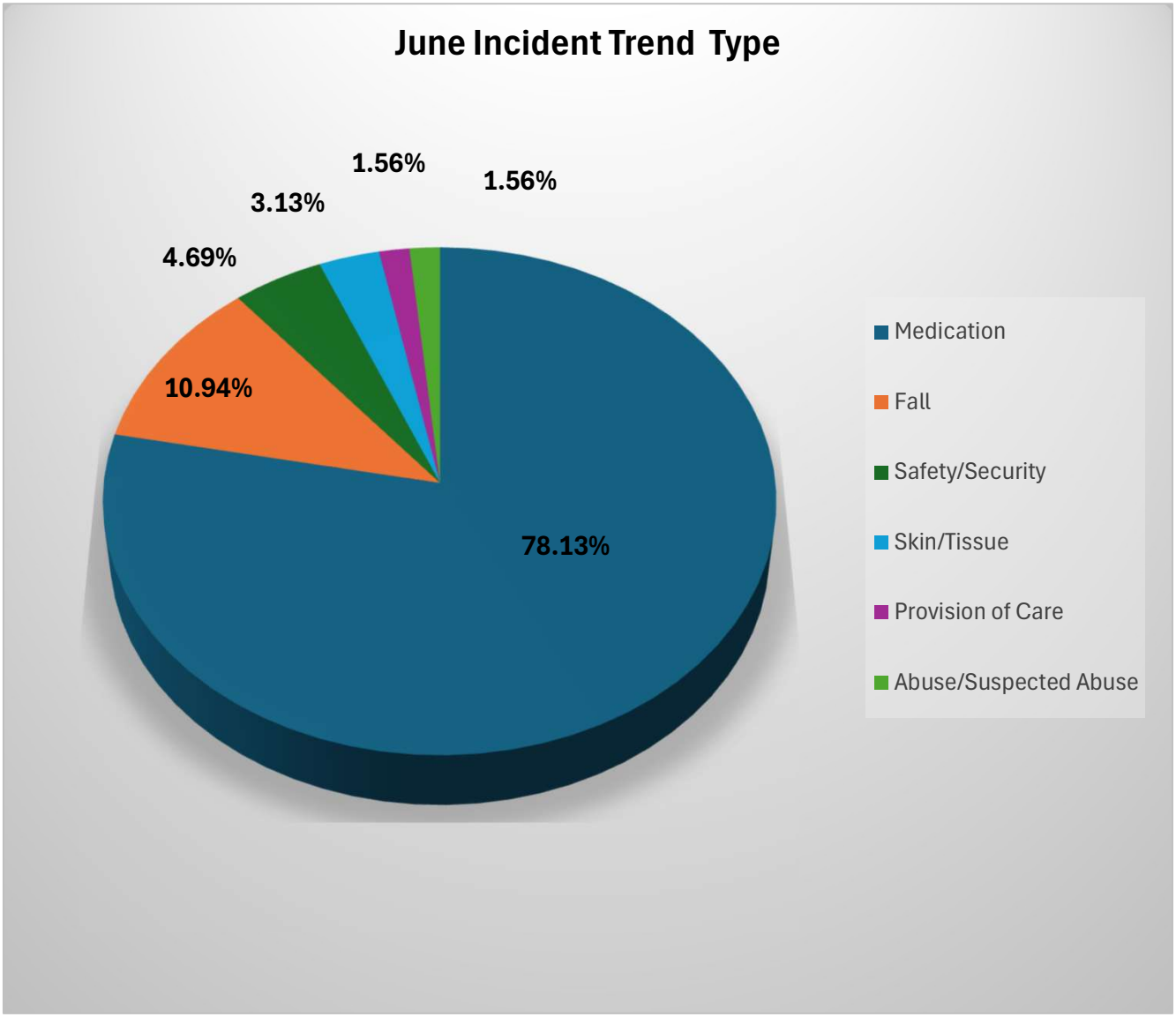
i. Quarter 2 preliminary HCAPs results have posted with data changes possible until 08/11/26 due to Press Ganey 6-week survey delay. SEI team created internal patient experience surveys with potential to administer via iPad/electronic device prior to patient discharge. Will remind/inform patients to expect Press Ganey survey to arrive within 6 weeks.

ii. While settling into the role, I'm working on department organization. Identified opportunities for improvement with the Risk Management program. Met with the Director of Safety and Security on current RL6 process. Working to align facility incident review practice with P&P to ensure timely incident follow-ups and closure. On 07/10/26 I gained full access to the incident reporting system RL6. On agenda to enroll in system training to refine the RL6 incident reporting system. Once completed, will work with department leadership to roll out re-education to direct care staff on RL6 incident reporting system.

iii. Identified facility need for Good Catch/Near Miss program. Program is a requirement of ACHC. I will work to create a program and work with leadership team to implement. Goal of Good Catch/Near Miss program is to promote patient and workplace safety by encouraging employes to identify, report and immediately correct incidents that could have had a negative impact on patients before reaching a patient. This promotes a culture of employee empowerment, builds a culture of trust, and promotes safety.

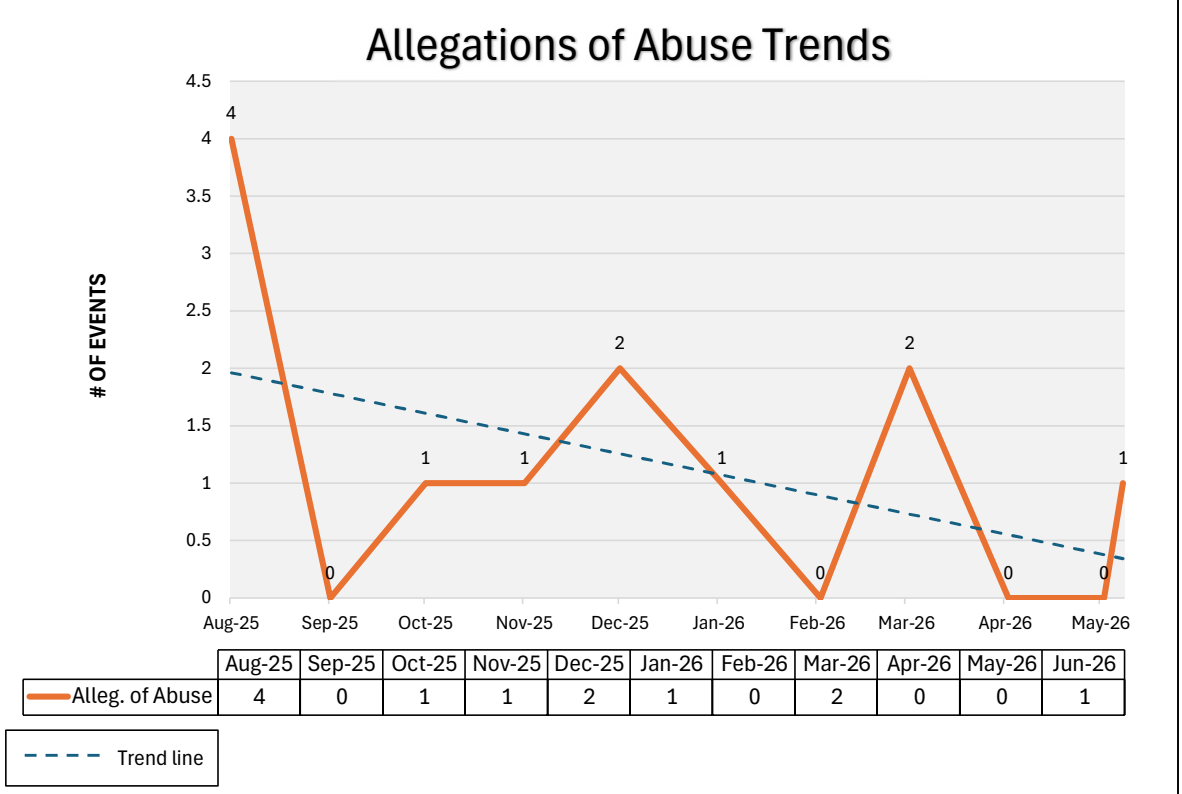
4. Wins:
   i. Utilization Review Nurse found and identified potential grant facility may qualify for to support Cerner Optimization. Will continue to monitor grant for opening and application submission.
   ii. Full time position for Clinical Informaticist filled for on-going Cerner Optimization and hope role will increase Employee Satisfaction by making Cerner experience more positive.

5. Challenges:
   i. Cerner Optimization remains the largest challenge with processes on both front end (user workflows) and backend (charges dropping correctly) requiring remediation. Team will continue to collaborate cross departmentally to identify opportunities for improvement and workflow standardization.



Starting July 2026 quality reporting will include total percentage of incidents occurred each month.

78.13% of patient related incidents occurring in June 2026 involved Medication (see Medication Variance Reporting).

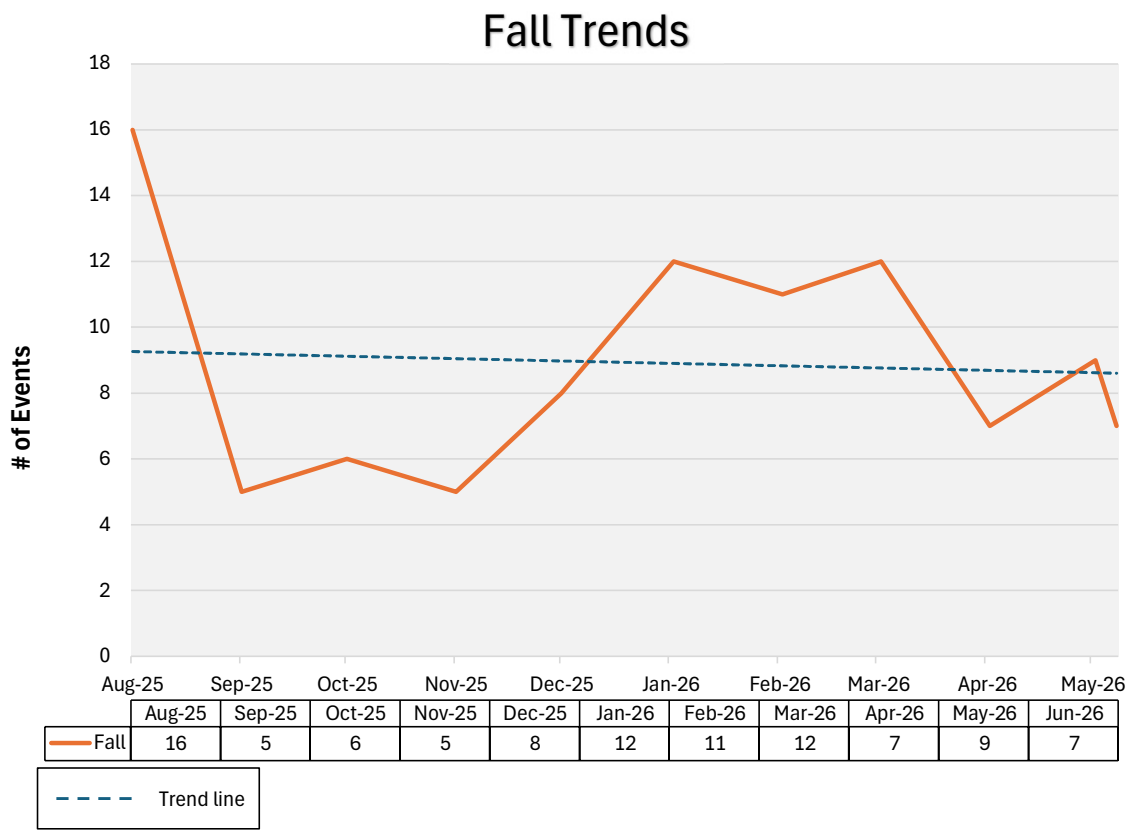


	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Alleg. of Abuse	4	0	1	1	2	1	0	2	0	0	1

Trend line

Incidents involving Abuse/Allegations of Abuse trending down.

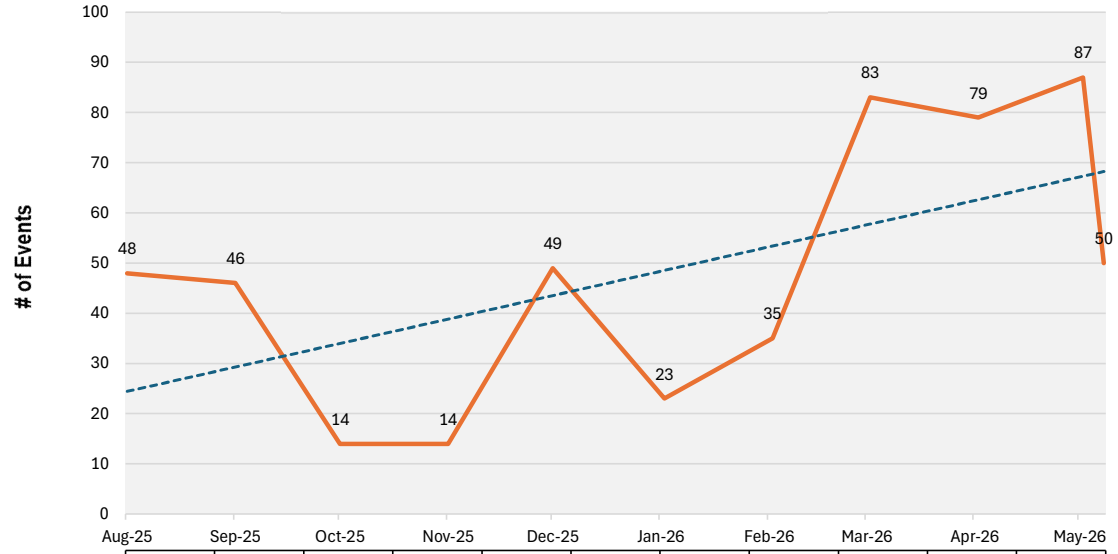
June: SNF - Involved Resident to Resident altercation with no injuries.



	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Fall	16	5	6	5	8	12	11	12	7	9	7

Fall rate showing a marginal downward trend. June: 71% of falls occurred in SNF (2 Burney, 3 Fall River). Will evaluate national benchmark rates for falls to include future quality reporting.

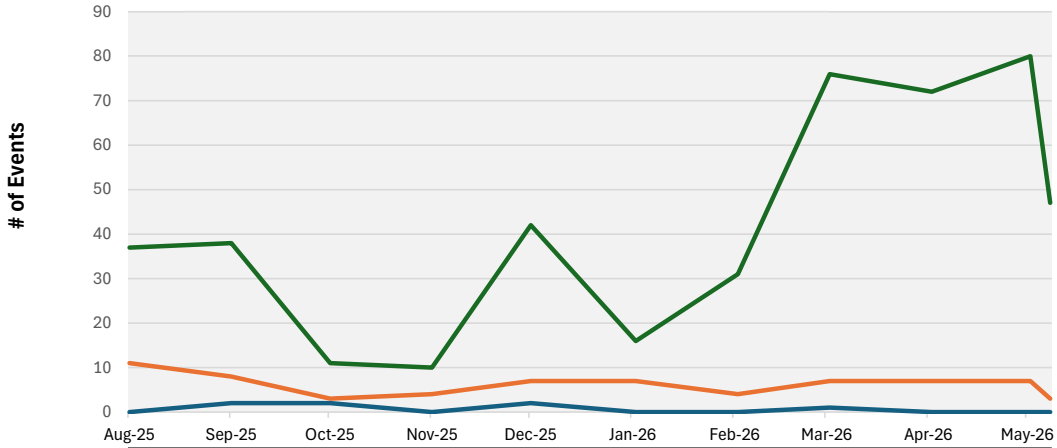
Med/Fluid Combined Incidents



	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Med/Fluid	48	46	14	14	49	23	35	83	79	87	50

Trend line

Medication Variance Incidents



	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
ADR	0	2	2	0	2	0	0	1	0	0	0
Medication Error	11	8	3	4	7	7	4	7	7	7	3
Doc Inconsistencies	37	38	11	10	42	16	31	76	72	80	47

Re-formatted quality reporting measure on incidents reported involving medication variances. Separated Medication Error, Adverse Drug Reaction, and Documentation Inconsistencies for more accurate representation and monitoring.

CCO began auditing for documentation inconsistencies on behaviors & side effects to medications in April 2026.
DON working to reduce documentation inconsistencies through chart audits and addressing identified documentation inconsistencies 1:1 with identified staff. June documentation inconsistencies are down from prior month.

Dashboard Name: Key Performance Indicators| System Name: Mayers Memorial Hospital - System | System 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: 04/01/2026 - 06/30/2026 | Fiscal Start Month: 01 | Download Date & Time: Jul 13, 2026 1:19 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=660 | CAHPS Item Level N=2358 | Received Date | 01 Apr 2026 - 30 Jun 2026

CAHPS LTR	CAHPS Rate 0-10	PG Overall
Top Box Score	Top Box Score	Top Box Score
75.10%	66.50%	56.56%
Percentile Rank	Percentile Rank	Percentile Rank
64th	33rd	9th

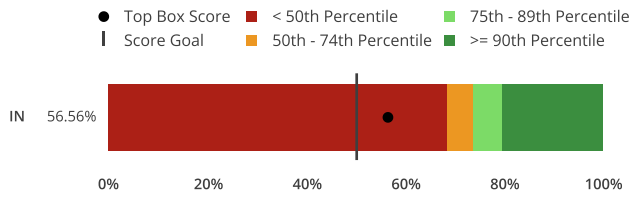
	Top Box Score	Percentile Rank
Comm w/ Doctors **CAHPS: During this hospital stay, how often did doctors explain things in a way you could understand?**	65.57%	7th
Comm w/ Nurses **CAHPS: During this hospital stay, how often did nurses listen carefully to you?**	75.59%	38th

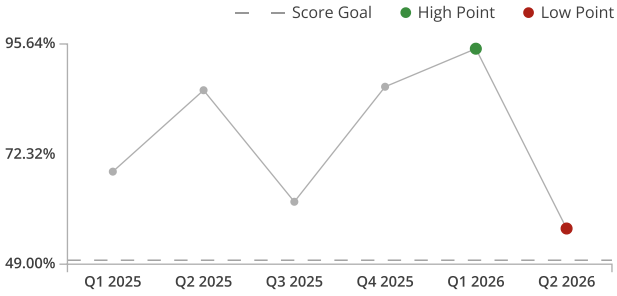
† Custom Question ^ Focus Question

Dashboard Name: Performance Overview| System Name: Mayers Memorial Hospital - System| System 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: 04/01/2026 - 06/30/2026 | Fiscal Start Month: 01 | Download Date & Time: Jul 13, 2026 1:13 pm EDT

Service Line Performance

PG Overall





n	19
Top Box Score	56.56%
Score Goal	50.00%
Percentile Rank	9

Time Period	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026
n	16	16	13	12	8	19
Top Box Score	68.60%	85.85%	62.22%	86.59%	94.64%	56.56%
Percentile Rank	68	98	19	98	99	9

Section Performance

SORT BY: Default

SELECT: Standard

▲ Positive ▼ Negative

Survey Type	Section	Current n	Current Period (Q2 2026)	Previous Period (Q1 2026)	Change	
CAHPS	Comm w/ Nurses	19	79.00%	86.94%	-7.93%	▼
CAHPS	Response of Hosp Staff	16	57.79%	90.20%	-32.41%	▼
CAHPS	Comm w/ Doctors	18	71.12%	95.16%	-24.04%	▼
CAHPS	Hospital Environment	19	84.85%	87.91%	-3.07%	▼
CAHPS	Comm About Medicines	10	61.38%	76.54%	-15.16%	▼
CAHPS	Discharge Information	16	64.55%	93.87%	-29.32%	▼
CAHPS	Restful Hosp Environment	19	69.15%	69.84%	-0.69%	▼
CAHPS	Care Coordination	19	67.97%	87.46%	-19.49%	▼
CAHPS	Info About Symptoms	15	85.87%	70.79%	15.08%	▲
PG	Nurses	19	61.97%	90.63%	-28.65%	▼
PG	Doctors	17	49.02%	100.00%	-50.98%	▼

Facility Performance

Peer Group: All PG Database | PG Overall N=660

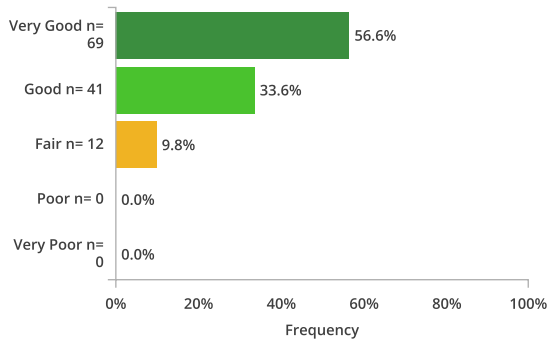
Current Period: Q2 2026 **Previous Period: Q1 2026**

Low Percentile Rank: 1 - 49

Facility Name	n	Top Box Score	Percentile Rank	Percentile Rank Change
Mayers Memorial Hospital	19	56.56%	9	-90

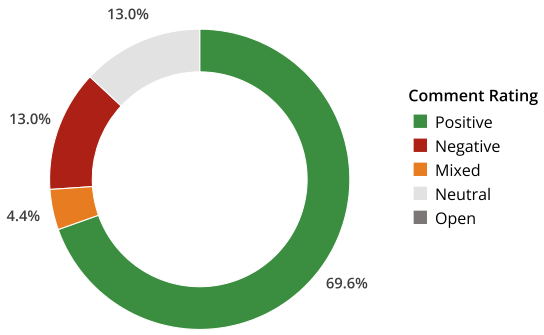
Distribution of Responses

PG Overall



Comment Distribution

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



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	41	0.85
2	CAHPS	Doctors listen carefully to you	59	0.76
3	PG	Nurses took time to answer quests	58	0.67
4	PG	Nurses kept you informed	65	0.69
5	CAHPS	Tell you what new medicine was for	55	0.56
6	CAHPS	Doctors treat with courtesy/respect	39	0.52
7	CAHPS	Doctors expl in way you understand	37	0.5
8	PG	Doctors' effort decision making	70	0.66
9	PG	Attention to needs	65	0.6
10	PG	Doctors' concern questions/worries	70	0.64

† Custom Question ^ Focus Question