MAYERS MEMORIAL
HEALTHCARE DISTRICT

Quality Committee
Meeting Agenda
August 26, 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
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 – July 29, 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	**ADJOURNMENT:** Next Quality Board Committee Meeting – September 30, 2026				

Posted: 08.20.26

MAYERS MEMORIAL HEALTHCARE DISTRICT

Board of Directors
Quality Committee
Minutes
July 29, 2026 @ 9:30 am
Mayers Memorial Healthcare District
Fall River Boardroom
43563 Highway 299 East
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 9:35 am on July 29, 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
	Megan Holte, Director of Quality
	Libby Mee, Chief People Officer
	Keith Earnest, Chief Clinical Officer
ABSENT:	Theresa Overton, Chief Nursing Officer
Jim Ferguson, Director	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 – June 24, 2026 A motion to accept the minutes, as presented, was made, seconded, and carried.	**Cufaude/ Harris**	**Approved by All**

4 **DIRECTOR OF QUALITY:** Megan Holte submitted a written report for committee review. The committee requested additional breakout detail in the Allegations of Abuse Trends graph to distinguish Staff-to-Patient and Patient-to-Patient allegations, in the Fall Trends graph to distinguish "with assistance" and "without assistance," and in Med/Fluid Combined Incidents to separately identify medication errors and fluid incidents. The committee also reviewed a July 7 medication error involving a resident who experienced an adverse reaction; the incident resulted in no harm and no hospitalization. Follow-up outcomes are increased education and process improvement.

5 **OTHER INFORMATION/ANNOUNCEMENTS:** None

6 **MOVE INTO CLOSED SESSION**
The Board Committee Chair called the meeting into closed session at 9:43 am.

6.1 Hearing (Health and Safety Code §32155) – Medical Staff Credentials
MEDICAL STAFF APPOINTMENT
1. Kokwaro, Alfred Harold, MD

7 **RECONVENE OPEN SESSION**

	The Board Committee reconvened in open session at 9:52 a.m. A motion to approve the medical staff credentials as is was made, accepted, and carried.	**Harris / Cufaude**	**Approved by All**

8 **ADJOURNMENT: Next Quality Board Committee Meeting – July 29, 2026**
The committee chair declared the meeting adjourned at 9:53 am.

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.

Quality Board Report

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

Summary:
The Quality department continues to focus on regulatory readiness, Cerner optimization, and quality improvement efforts across Acute and Long-Term Care services. Focus areas have included preparing anticipated CDPH survey, supporting Cerner order set and 340B implementation, reviewing HCAP performance opportunities, successful completion of HSAG audit, aligning QAPI metrics with regulatory standards, and developing an ABN workflow to support Medicare notice compliance.

1. **Regulatory:**
   i. Long Term Care is still anticipating arrival of CDPH for annual survey. Due date for CDPH's survey was 08/05/2026. LTC is also awaiting follow-up from CDPH for several falls reported to CDPH. Still conducting weekly regulatory prep rounds with maintenance, nursing and evs.
   ii. California State Board of Pharmacy arrived 08/12/26 for annual sterile compounding inspection. Upon inspection, the surveyor looked at additional areas of pharmacy. Several areas identified in close out requesting follow-up in two weeks' time for evidence of compliance with updated policies on current practices and up to date regulatory requirements. Will work with CCO to assist with any needs on response to State Board of Pharmacy.
   iii. Received final closure for LTC complaint survey that occurred on 07/10/26 CDPH with no deficiencies.

2. **Cerner Optimization:**
   i. Clinical Informaticist (CI) is working with ER Manager and ER Director with to crosswalk ED Tech Fees and Pro Fees to build order sets. The objective is to prevent providers and nursing staff from needing to enter CPT codes manually and allow staff the ease to choose from a set of orders where accurate charges will be applied on the back end and reduce human error. Currently awaiting Cerner to process requests for several order set requests that have been submitted.
   ii. 340B: The CI is working with pharmacy department to implement the 340B program at the Fall River Campus. Team has been cross-referencing MMHD's formulary data between Cerner and McKesson to achieve accuracy between both data sources.
   iii. Director of Quality and Clinical Informaticist enrolled to take the Cerner DA2 training from 09/28/26 – 10/02/26.

3. **Quality:**
    i. HCAP – Upon reviewing HCAPs prior data and attempt to re-run past scores with new time frames based on board recommendation, ran into an issue in the ability to input a manual timeframe. Only prepopulated date frames are available for selection in Press Ganey: Last Quarter, Last Month, Last Year, Quarter to Date, Month to Date, Year to Date, rolling 3 months, Rolling 6 months, Rolling 12 months. I recommend pulling Quarter-to-Date HCAP data for most up-to-date date. The HCAPs report overview will show shows in current quarter, and also reflects prior quarter. At the close of a quarter, I'll run data for the complete prior quarter.

    ii. HCAPs SEC –

        i. The service excellence council reviewed Quarter to Date HCAP scores and identified the top two top box scores that had the greatest decrease in score change – Communication about medicines and Restful Hospital environment. Nursing department discussed implementing teach back technique with patients about medications, to ensure patient understanding. In addition, during inpatient hospital stays, nursing staff to ask patients directly "what would make your hospital stay restful?" to proactive in making a positive inpatient experience.

    iii. HSAG – Initial audit completed on Well Child Visits (WCV). HSAG reviewed source code and patient lives data for how measure was tracked and improved upon with no deficiencies cited.

    iv. Incident Reporting System – Actively looking at an alternate incident reporting system. I have a demo call with the vendor Symplr-Midas on 8.19.26 to assess feasibility of switching to new incident reporting system that is more user friendly. I have prior positive experiences with using Midas incident reporting system and believe it would be beneficial to managing MMHD's incident reporting.

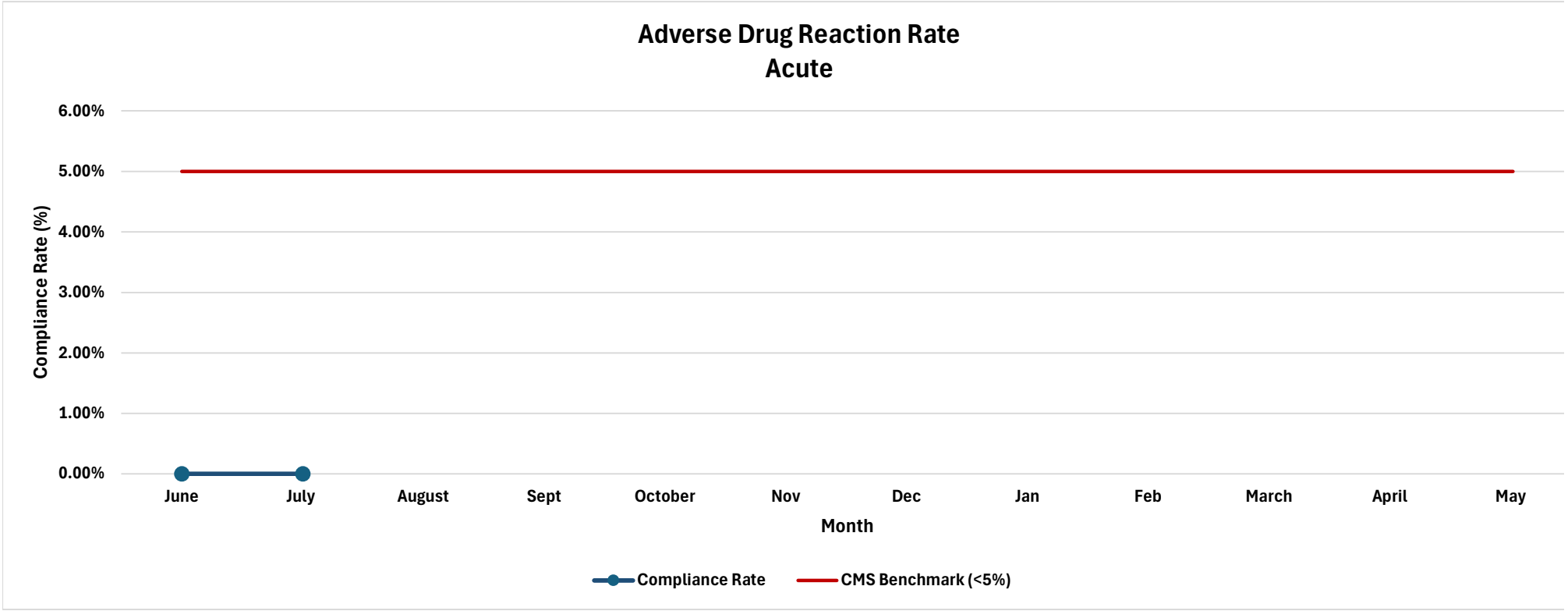
    v. Quality Assurance Performance Improvement (QAPI) Committee – Establishing metrics for Acute Quality and LTC Quality QAPI committees to align with ACHC (acute) and CMS (LTC) standards. I provided every department with a sample list of metrics to choose from. Expectation is for every department on the Acute side to select and report out 2-3 measures to Acute QAPI monthly. LTC metrics identified based on MMHD's LTC Annual Quality Plan. Re-aligning reporting metrics in accordance to plan and CMS standards.

    vi. Advance Beneficiary Notice (ABN) Workflow – identified need for ABN Workflow process to ensure Medicare patients receive their mandated notice regarding services that may not be covered (i.e. labs/radiology etc.). Clinical informaticist working with Cerner to add electronic features for ABN process. Clinic and Lab to establish department workflows for capturing and executing ABNs on identified Medicare patients presenting for services. Once workflows are decided, I will assist in writing Policy on ABN workflow process.

Mayers Memorial Healthcare District

Adverse Drug Reactions - Acute

	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	April	May
CMS Benchmark	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%
Numerator: the number of medication variances	0	0										
Denominator: the total number medication admin OPPORTUNITIES	2821	2434										
Compliance Rate	**0.00**	**0.00**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**

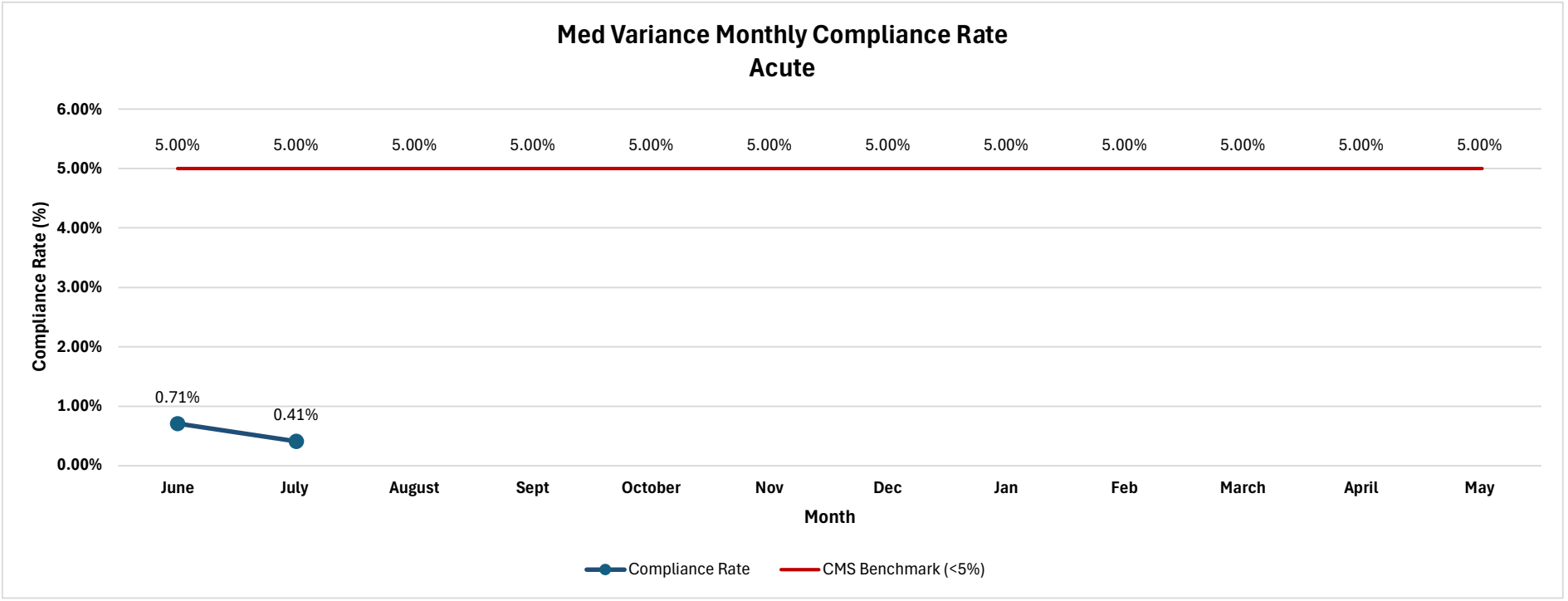


Mayers Memorial Healthcare District

Medication Variance - Acute

2026 - 2027

	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	April	May
CMS Benchmark	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%
Numerator: the number of medication variances	2	1										
Denominator: the total number medication admin OPPORTUNITIES	2821	2434										
Compliance Rate	**0.71**	**0.41**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**

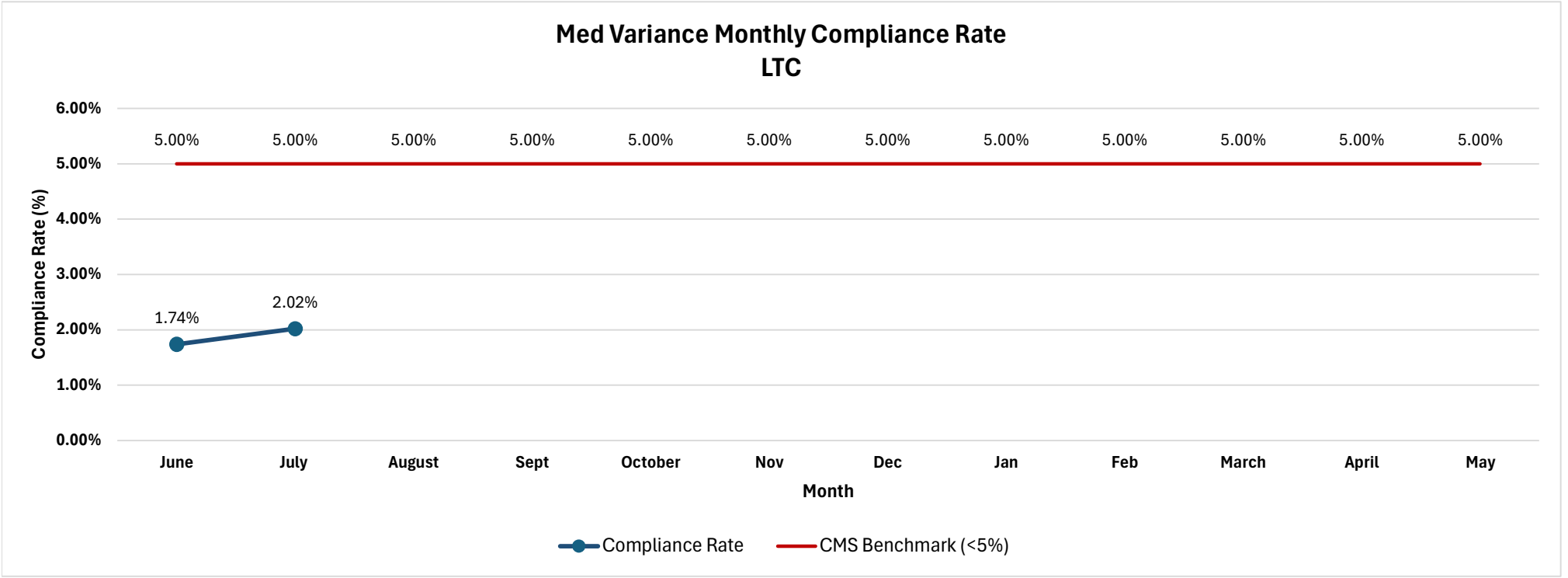


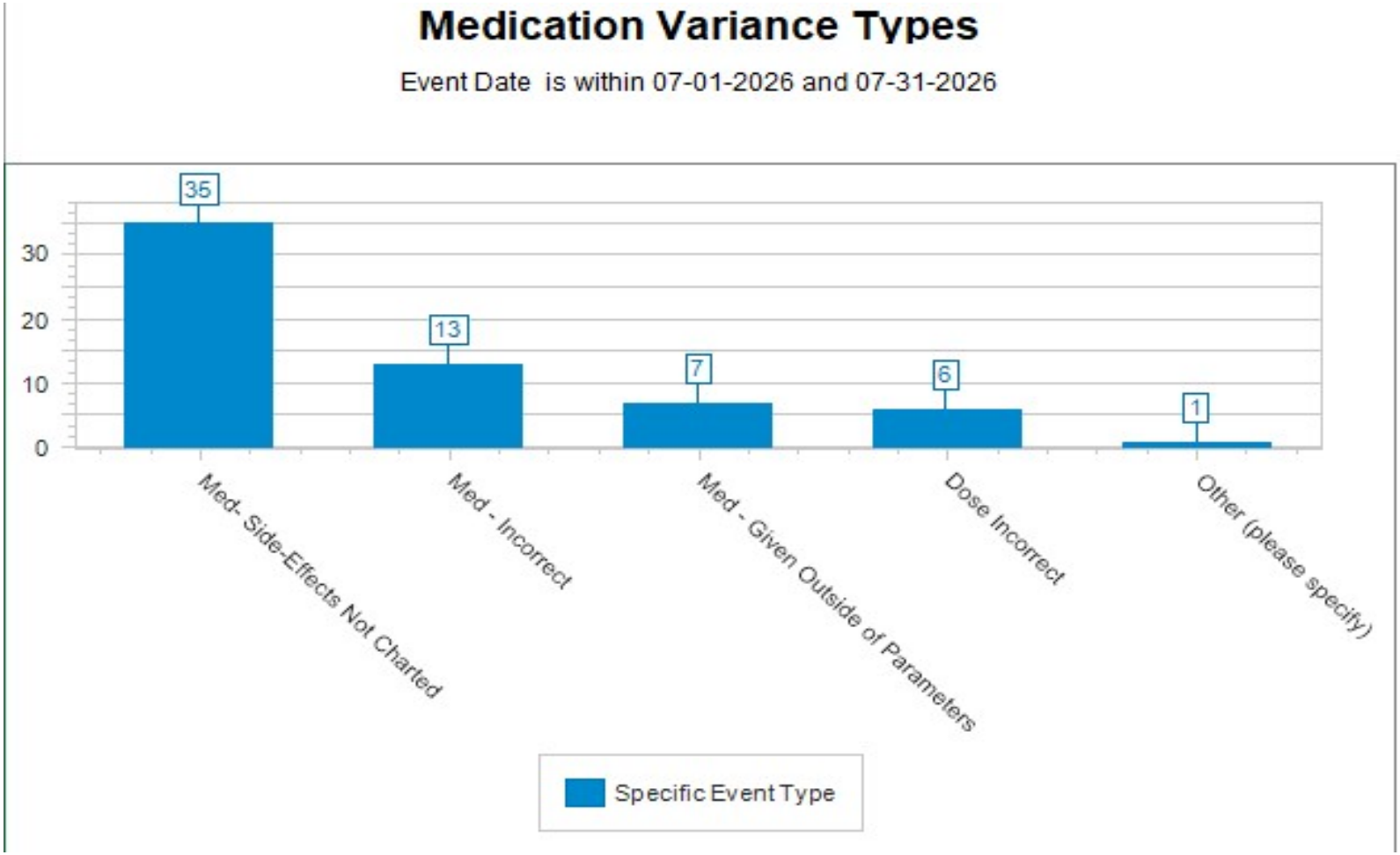
Mayers Memorial Healthcare District

Medication Variance - LTC

2026 - 2027

	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	April	May
CMS Benchmark	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%
Numerator: the number of medication variances	48	61										
Denominator: the total number medication admin OPPORTUNITIES	27649	30209										
Compliance Rate	**1.74**	**2.02**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**



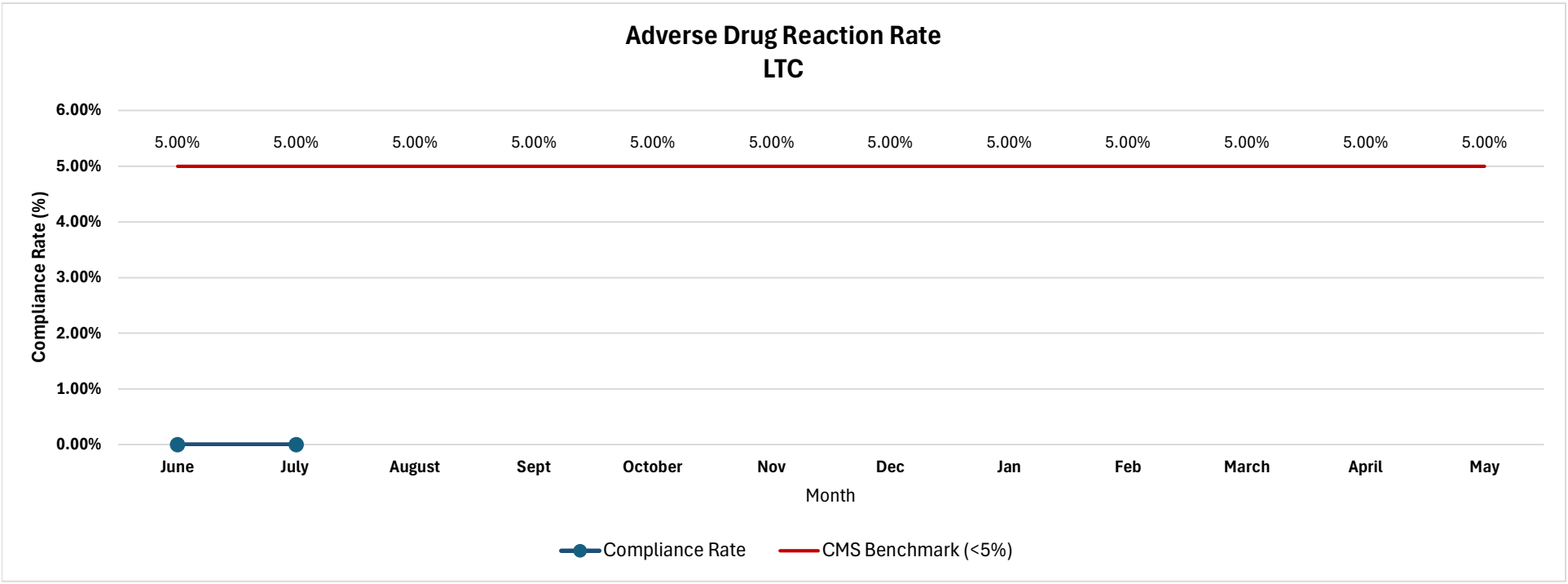


Analysis
Establishing base reporting process for Medication Variance. DOQ and CCO worked together to update "event types" to be 5 categories that Medication Variances will fall under. Of the Med variance Types graph, one medication variance was on the Acute setting, bringing total medication variances for LTC to 61. LTC DON assessing feasiblity to change workflow in PointClickCare for more timely documentation of Side Effects Charting for nurses to reduce that documentation error.

Mayers Memorial Healthcare District

Adverse Drug Reactions - LTC

	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	April	May
CMS Benchmark	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%
Numerator: the number of medication variances	0	0										
Denominator: the total number medication admin OPPORTUNITIES	27649	30209										
Compliance Rate	**0.00**	**0.00**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**

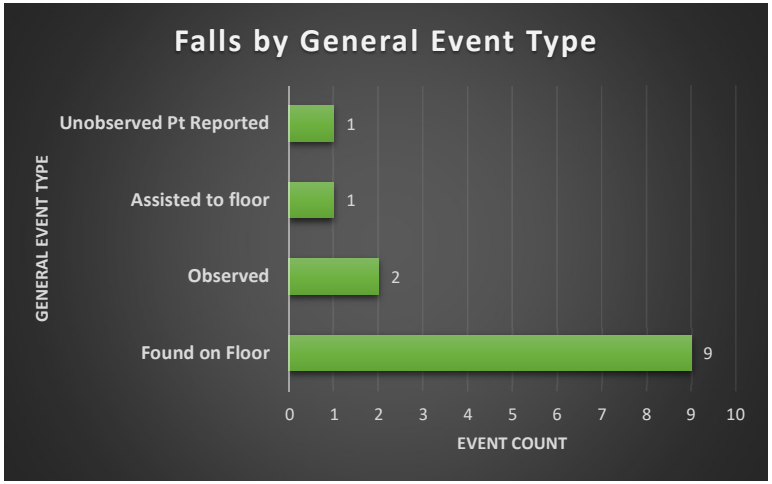


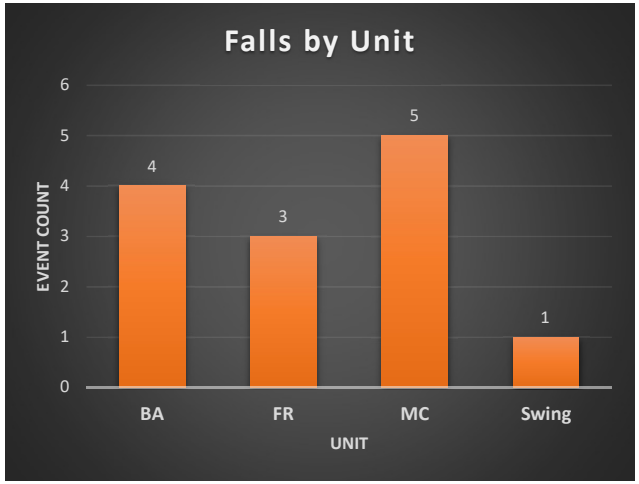
JULY 2026 FALL TRENDS

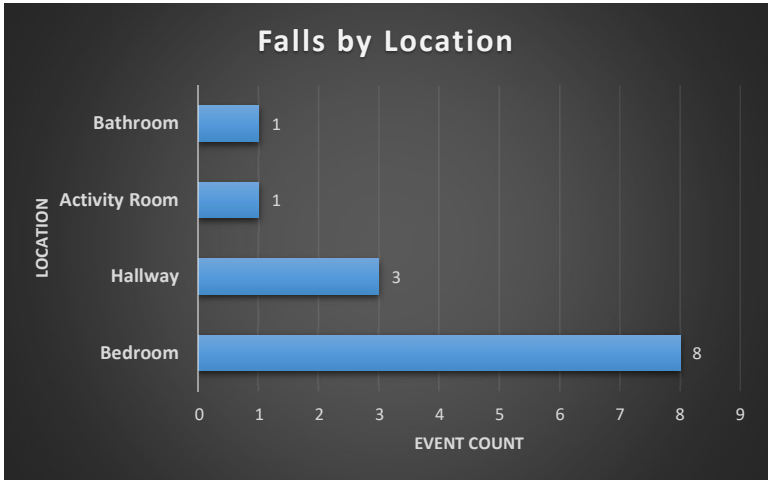
Distribution of 13 documented events by general event type, unit, location, and starting hour

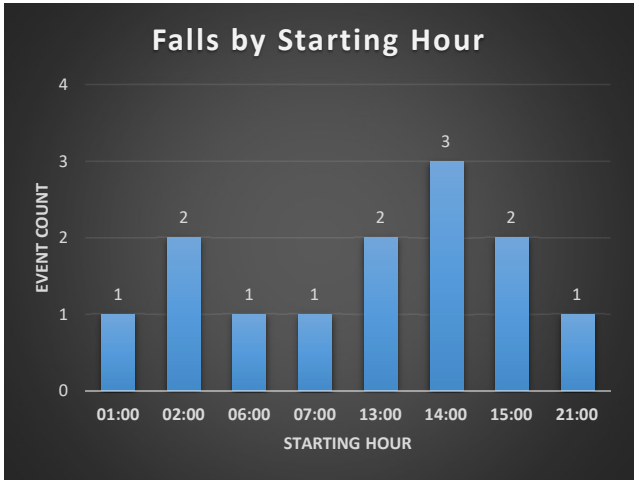
Total Falls: 13 (12 LTC)

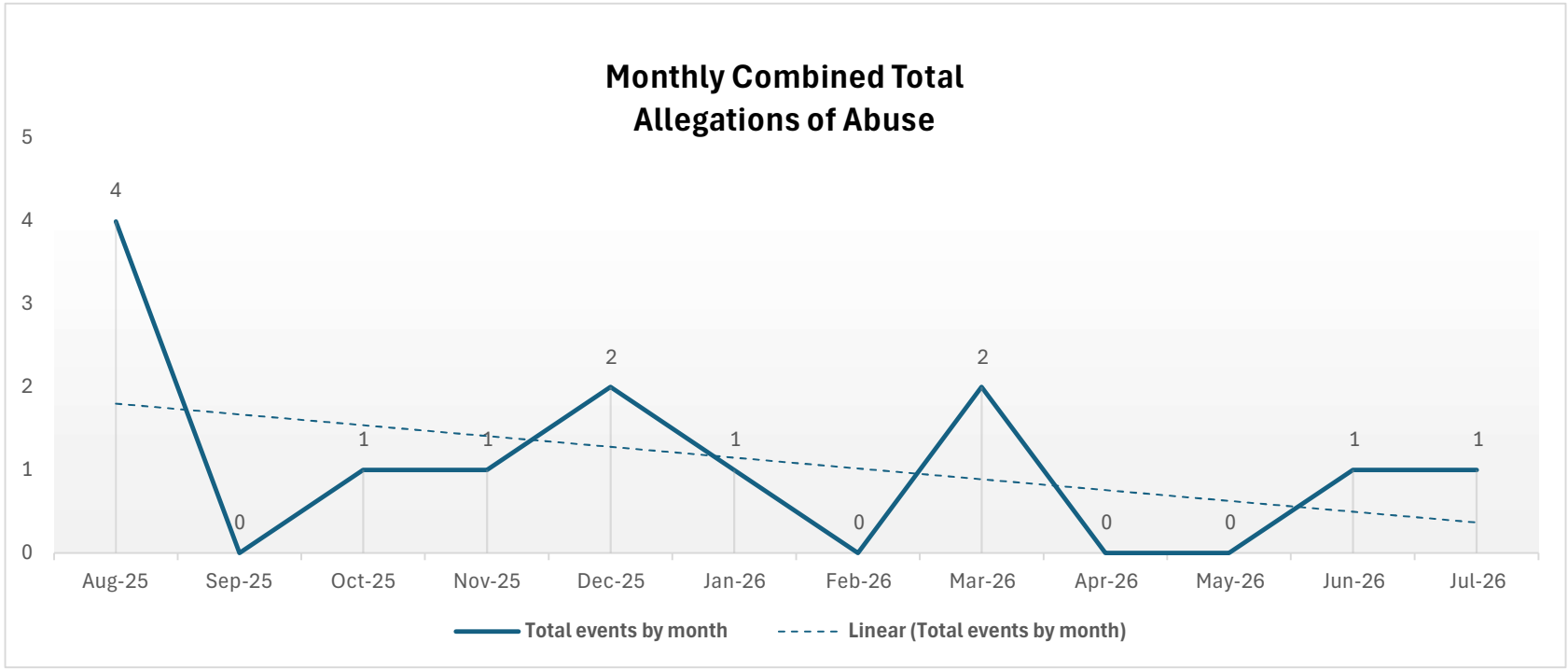
KEY FINDINGS	Follow Up
1. Found on Floor accounts for 9 of 13 events (69%), making it the dominant general event type.	Created sub-committee for Fall Reduction. Committee will meet on a monthly basis and includes members of leadership as well as direct care staff to drill down on trends improve safety.
2. Bedroom incidents total 8 of 13 (62%); the next-highest location is Hallway with 3.	
3. MC records 5 events, while the most frequent starting hour is 14:00 with 3 events.	

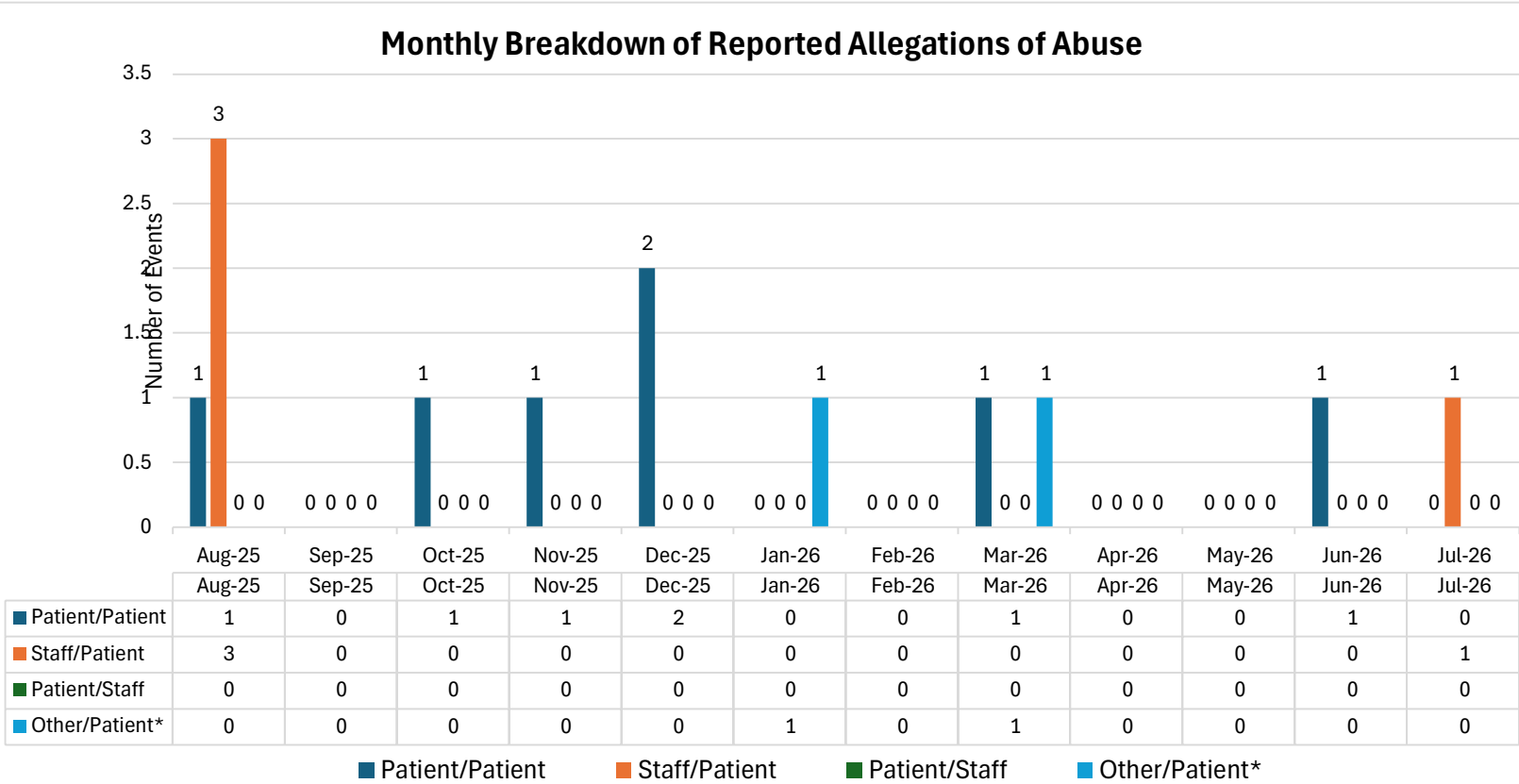









Monthly Combined Total Allegations of Abuse
5
4
3
2
1
0
4
0
1
1
2
1
0
2
0
0
1
1
Aug-25
Sep-25
Oct-25
Nov-25
Dec-25
Jan-26
Feb-26
Mar-26
Apr-26
May-26
Jun-26
Jul-26
Total events by month
Linear (Total events by month)



	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26
Patient/Patient	1	0	1	1	2	0	0	1	0	0	1	0
Staff/Patient	3	0	0	0	0	0	0	0	0	0	0	1
Patient/Staff	0	0	0	0	0	0	0	0	0	0	0	0
Other/Patient*	0	0	0	0	0	1	0	1	0	0	0	0

**Other includes visitors, guests, or any other non-employed individual.*

Analysis:
July 26: Burney LTC resident reported staff to patient allegation. CDPH, Ombudsman, and family notified. DON conducted complete investagion - unable to substantiate.

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: Quarter To Date | Peer Group: All PG Database | Mode Adjustments: Applied| eSurvey Adjustment: Applied| CMS Reportable Responses: Not Applied| Skip Logic: Not Applied| Current Benchmarking Period: 05/01/2026 - 07/31/2026 | Fiscal Start Month: 01 | Download Date & Time: Aug 18, 2026 4:34 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=611 | CAHPS Item Level N=2316 | Received Date | 01 Jul 2026 - 18 Aug 2026

CAHPS LTR	CAHPS Rate 0-10	PG Overall
Top Box Score	Top Box Score	Top Box Score
100.00%	80.00%	71.43%
Percentile Rank	Percentile Rank	Percentile Rank
99th	85th	62nd

	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?	80.00%	80th

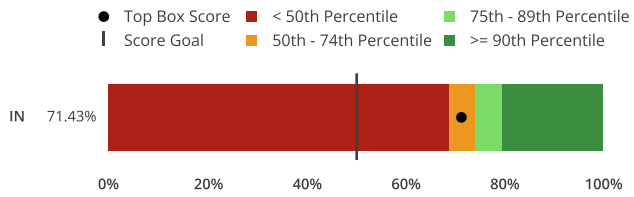
	Top Box Score	Percentile Rank
Comm w/ Nurses CAHPS: During this hospital stay, how often did nurses listen carefully to you?	60.00%	1st

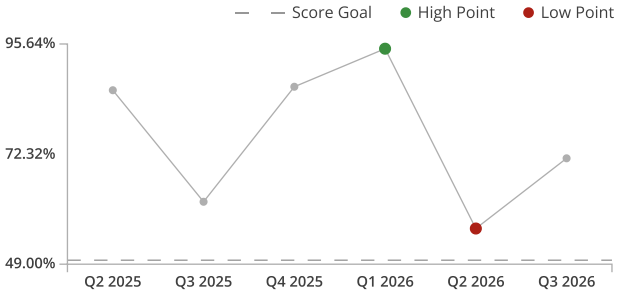
† Custom Question ^ Focus Question

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: Quarter To Date| Peer Group: All PG Database | Priority Index - Survey Type: Integrated| Priority Index View: External| Mode Adjustments: Applied| eSurvey Adjustment: Applied| Current Benchmarking Period: 05/01/2026 - 07/31/2026 | Fiscal Start Month: 01 | Download Date & Time: Aug 18, 2026 4:32 pm EDT

Service Line Performance

PG Overall





n	5
Top Box Score	71.43%
Score Goal	50.00%
Percentile Rank	62

Time Period	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026
n	16	13	12	8	19	5
Top Box Score	85.85%	62.22%	86.59%	94.64%	56.56%	71.43%
Percentile Rank	98	19	98	99	9	62

Section Performance

SORT BY: Default

SELECT: Standard

▲ Positive ▼ Negative

Survey Type	Section	Current n	Current Period (Q3 2026)	Previous Period (Q2 2026)	Change	
CAHPS	Comm w/ Nurses	5	80.00%	79.00%	1.00%	▲
CAHPS	Response of Hosp Staff	5	55.00%	57.79%	-2.79%	▼
CAHPS	Comm w/ Doctors	5	86.67%	71.12%	15.54%	▲
CAHPS	Hospital Environment	5	100.00%	84.85%	15.15%	▲
CAHPS	Comm About Medicines	4	37.50%	61.38%	-23.88%	▼
CAHPS	Discharge Information	5	100.00%	64.55%	35.45%	▲
CAHPS	Restful Hosp Environment	5	46.67%	69.15%	-22.48%	▼
CAHPS	Care Coordination	5	80.00%	67.97%	12.03%	▲
CAHPS	Info About Symptoms	5	80.00%	85.87%	-5.87%	▼
PG	Nurses	5	75.00%	61.97%	13.03%	▲
PG	Doctors	5	66.67%	49.02%	17.65%	▲

Facility Performance

Peer Group: All PG Database | PG Overall N=611

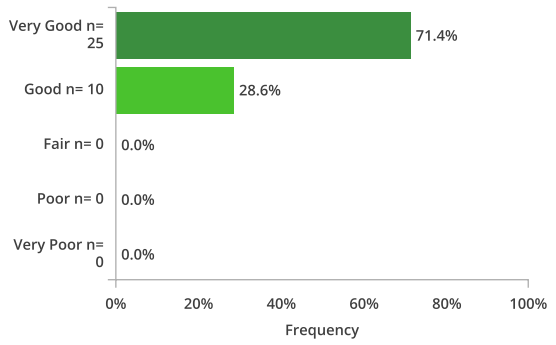
Current Period: Q3 2026 **Previous Period: Q2 2026**

Medium Percentile Rank: 50 - 74

Facility Name	n	Top Box Score	Percentile Rank	Percentile Rank Change
Mayers Memorial Hospital	5	71.43%	62	53

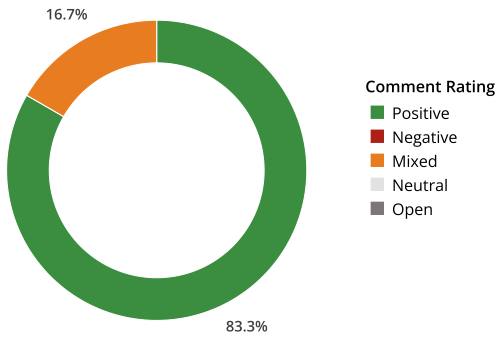
Distribution of Responses

PG Overall



Comment Distribution

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



Priority Index

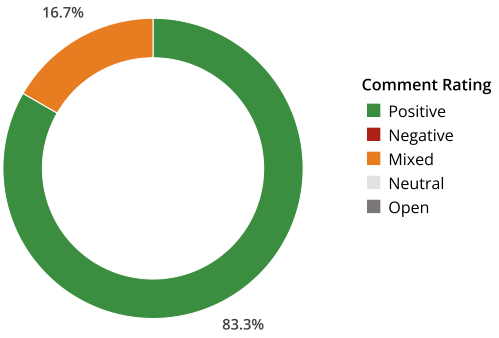
PG Report Period: 6 months | CAHPS Report Period: 12 months
Benchmark by: All Respondents

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	CAHPS	Recommend the hospital	44	0.81
2	CAHPS	Doctors listen carefully to you	51	0.67
3	PG	Nurses took time to answer quests	52	0.61
4	PG	Nurses kept you informed	59	0.63
5	CAHPS	Nurses listen carefully to you	33	0.51
6	CAHPS	Doctors treat with courtesy/respect	44	0.5
7	CAHPS	Tell you what new medicine was for	20	0.43
8	CAHPS	Doctors expl in way you understand	42	0.47
9	PG	Doctors' concern questions/worries	68	0.58
10	PG	Doctors' effort decision making	62	0.57

† Custom Question ^ Focus Question

Dashboard Name: Comments| System Name: Mayers Memorial Hospital - System| System ID: 33270| Service Line: Inpatient| Site Name: Mayers Memorial Hospital| Date Type: Received Date| Time Frame: Quarter To Date| Download Date & Time: Aug 18, 2026 4:43 pm EDT

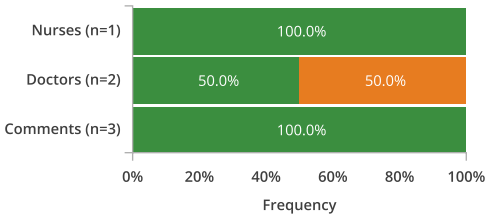
Comment Sentiment Distribution



Rating	Percent
Positive	83.3%
Negative	
Mixed	16.7%
Neutral	
Open	

This chart uses data from all comments meeting search criteria.

Comment Sentiment Distribution by Section



Section	Positive	Open	Neutral	Mixed	Negative
Nurses (n=1)	100.0% (1)				
Doctors (n=2)	50.0% (1)			50.0% (1)	
Comments (n=3)	100.0% (3)				

This chart uses data from all comments meeting search criteria.

Comments Detail

Time Frame: Quarter To Date

Survey Barcode	Received Date ▾	Site	Survey Section	Comment Question	N/A	N/A	Rating Type	Comment
11499190973	08/04/2026	Mayers Memorial Hospital	Nurses	Nurses			Positive	When my husband changed my ____ appliance, several staff members wanted to see & learn.
11499190973	08/04/2026	Mayers Memorial Hospital	Doctors	Doctors			Positive	Doctors let me know their training process as they figured out what was wrong.
11499190973	08/04/2026	Mayers Memorial Hospital	Comments	Comment on experiences			Positive	All nurses had a very caring attitude, very nice to see!
11544326452	07/15/2026	Mayers Memorial Hospital	Doctors	Doctors			Mixed	You have travelers or not yours nursing staff, that are not concerned about your needs. Your nursing staff is excellent.
11544326452	07/15/2026	Mayers Memorial Hospital	Comments	Comment on experiences			Positive	Thank you for my care I received.
11288950433	07/06/2026	Mayers Memorial Hospital	Comments	Comment on experiences			Positive	Overall I thought my stay & care was very professional and was well taken care of.

Dashboard Name: Survey Detail View | 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: Quarter To Date| Peer Group: All PG Database | Mode Adjustments: Applied| eSurvey Adjustment: Applied| CMS Reportable Responses: Not Applied| Skip Logic: Not Applied| Current Benchmarking Period: 05/01/2026 - 07/31/2026 | Fiscal Start Month: 01 | Download Date & Time: Aug 18, 2026 4:39 pm EDT

▲ Positive ▼ Negative

Survey Type	Sections/Domains	Items	Current n	Percentile Rank	Current Period (Q3 2026)	Previous Period (Q2 2026)	Change	
CAHPS	Global Items	Rate hospital 0-10	5	85	80.00%	66.50%	13.50%	▲
CAHPS	Global Items	Recommend the hospital	5	99	100.00%	75.10%	24.90%	▲
CAHPS	Comm w/ Nurses	Nurses treat with courtesy/respect	5	99	100.00%	93.87%	6.13%	▲
CAHPS	Comm w/ Nurses	Nurses listen carefully to you	5	1	60.00%	75.59%	-15.59%	▼
CAHPS	Comm w/ Nurses	Nurses expl in way you understand	5	78	80.00%	67.55%	12.45%	▲
CAHPS	Response of Hosp Staff	Help toileting soon as you wanted	2	4	50.00%	50.64%	-0.64%	▼
CAHPS	Response of Hosp Staff	Received help as soon as needed	5	49	60.00%	64.93%	-4.93%	▼
CAHPS	Comm w/ Doctors	Doctors treat with courtesy/respect	5	99	100.00%	76.68%	23.32%	▲
CAHPS	Comm w/ Doctors	Doctors listen carefully to you	5	67	80.00%	71.12%	8.88%	▲
CAHPS	Comm w/ Doctors	Doctors expl in way you understand	5	80	80.00%	65.57%	14.43%	▲
CAHPS	Hospital Environment	Cleanliness of hospital environment	5	99	100.00%	84.85%	15.15%	▲
CAHPS	Comm About Medicines	Tell you what new medicine was for	4	1	50.00%	68.68%	-18.68%	▼
CAHPS	Comm About Medicines	Staff describe medicine side effect	4	1	25.00%	54.09%	-29.09%	▼
CAHPS	Discharge Information	Staff talk about help when you left	4	99	100.00%	60.18%	39.82%	▲
CAHPS	Discharge Information	Info re symptoms/prob to look for	5	99	100.00%	68.92%	31.08%	▲
CAHPS	Restful Hosp Environment	Quietness of hospital environment	5	59	60.00%	67.94%	-7.94%	▼
CAHPS	Restful Hosp Environment	Able to rest as needed	5	1	20.00%	64.49%	-44.49%	▼
CAHPS	Restful Hosp Environment	Staff help you rest and recover	5	3	60.00%	75.02%	-15.02%	▼
CAHPS	Care Coordination	Staff informed about your care	5	9	60.00%	68.36%	-8.36%	▼
CAHPS	Care Coordination	Staff worked together for you	5	99	100.00%	77.72%	22.28%	▲
CAHPS	Care Coordination	Staff helped with care plan	5	87	80.00%	57.84%	22.16%	▲
CAHPS	Info About Symptoms	Staff gave info on symptoms	5	88	80.00%	85.87%	-5.87%	▼
PG	Nurses	Attention to needs	5	85	80.00%	68.42%	11.58%	▲
PG	Nurses	Nurses kept you informed	5	93	80.00%	47.06%	32.94%	▲
PG	Nurses	Nurses expl daily plan of care	5	29	60.00%	55.56%	4.44%	▲
PG	Nurses	Nurses took time to answer quests	5	79	80.00%	76.47%	3.53%	▲
PG	Doctors	Doctors' concern questions/worries	5	88	80.00%	47.06%	32.94%	▲
PG	Doctors	Doctors took time to answer quests	5	10	60.00%	58.82%	1.18%	▲
PG	Doctors	Doctors' effort decision making	5	15	60.00%	41.18%	18.82%	▲

† Custom Question ^ Focus Question