

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
September 30, 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 – August 26, 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 – October 28, 2026				

Posted: 09.24.26



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

August 26, 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 9:30 am on August 26, 2026, in accordance with Robert's Rules of Order and the Bylaws of Mayers Memorial Healthcare District, which governs the conduct of the meeting.
-

BOARD MEMBERS PRESENT:

Les Cufaude, Committee Chair, Director

STAFF PRESENT:

Ryan Harris, CEO
Megan Holte, Director of Quality
Libby Mee, Chief People Officer
Keith Earnest, Chief Clinical Officer
Theresa Overton, Chief Nursing Officer
Lisa Neal, Board Clerk

ABSENT:

Jim Ferguson, Director

-
- 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 – July 29, 2026

A motion to accept the minutes, as presented, was made, seconded, and carried.

Harris /
Cufaude

Approved
by All

-
- 4 DIRECTOR OF QUALITY:** Written report provided by Megan Holte, Director of Quality. A verbal update was provided. The Proof of Correction (POC) for the State Board of Pharmacy has been submitted, addressing three hospital pharmacy findings and six sterile compounding findings. The committee requested lowering the Mayers Benchmark to 3% for both Acute and Long-Term Care (LTC), below the current CMS benchmark of 5%. A Falls Committee has been established with a focus on implementing quiet hours and increasing rounding in the memory care rooms by the Activities team. The committee also discussed incorporating music during quiet hours, with music options currently available on patient-room televisions and in the Activities Room. The current CAHPS report reflects inpatient data, and the Director of Quality has requested access to Emergency Department data. Dr. Kokwaro is evaluating workflow improvements to the discharge process, including coordination between nursing staff and the hospitalist.
-

- 5 OTHER INFORMATION/ANNOUNCEMENTS:** None

-
- 6 ADJOURNMENT:** Next Quality Board Committee Meeting – September 30, 2026

The committee chair declared the meeting adjourned at 10:16 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: September 2026

Summary:

The Quality department continues to focus on regulatory readiness, Cerner optimization, and quality improvement. Focus areas have included preparing anticipated CDPH survey, supporting Cerner order set and 340B implementation, reviewing HCAP performance opportunities, as well as completion of multiple Quality Program data submissions and audits.

1. Regulatory:

- i. Continuing to monitor: 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 regulatory prep rounds with maintenance, nursing and EVS.

2. Cerner Optimization:

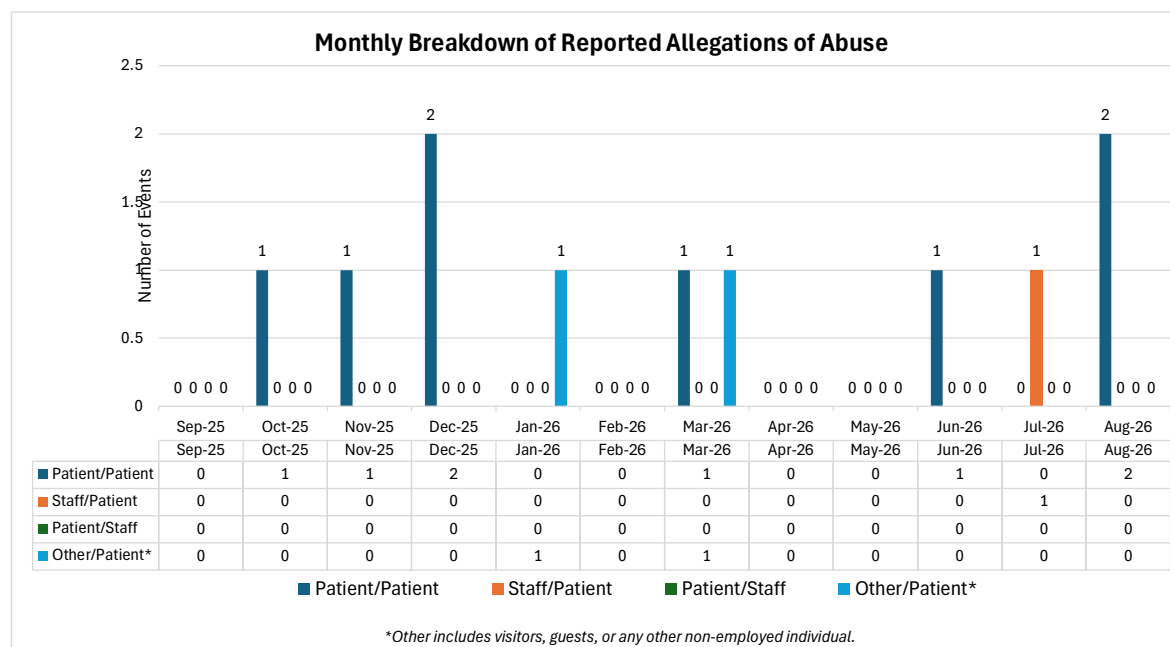
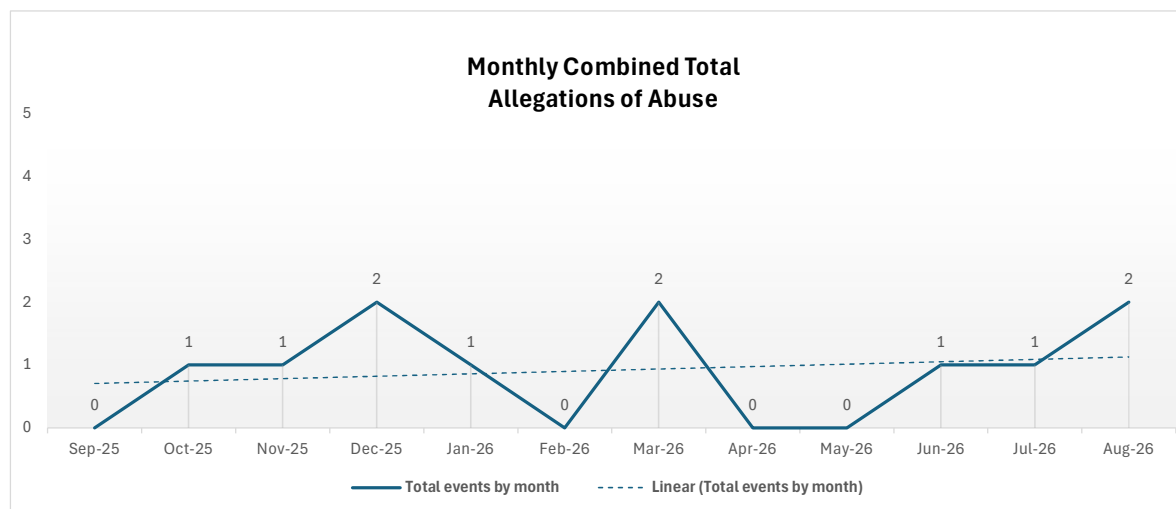
- i. Clinical Informaticist (CI) worked closely with the Director Revenue Cycle on CorroHealth charge master audit. The project team will be meeting to assess the results and determine if a shift in focus is needed to emphasize revenue cycle optimization in lieu of workflows. Upcoming group meeting will discuss the possibility of dividing tasks among the team to achieve workflow and revenue cycle optimization simultaneously.
- ii. In process of creating a project team email with goal to provide staff with a project team email address to resolve system-level issues. These issues will be related to loss of functionality or required changes in functionality related to Cerner. The objective is to provide an avenue for staff members to report these issues and leverage the resources of the project team as a whole to resolve these issues efficiently.
- iii. 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. Go live for 340B is 09/27/26.
- iv. Director of Quality and Clinical Informaticist enrolled to take the Cerner DA2 training from 09/28/26 – 10/02/26.



Quality Board Report

3. Quality:

- i. HCAP – Gained access to ER and Clinic HCAP press Ganey reports – now able to view all service locations.
- ii. Sandy Robbins has officially started in the Quality Department as the Quality Coordinator. She will assist with grievance process resolutions as well as data analysis, entry and audits.
- iii. HCAPs SEC –
 - i. The service excellence council reviewed Quarter to Date HCAP scores for all three service locations. Department managers request their department's HCAP data from Director of Quality to review scores with their teams on an as needed basis.
 - ii. Continuing to focus on Restful Hospital Environment and Communication About Medicines. At the beginning of September, Dr. Al began implementing participation with nursing team on patient discharges to ensure understanding of medications. Nurse Educator to also develop and teach nursing staff effective teach back techniques.
- iv. Health Services Advisory Group (HSAG) –
 - i. Met with HSAG Quality Improvement Specialist on Falls discussed action items from Fall committee in August. Created a SMART goal to reduce monthly falls with a goal of 2 or fewer falls by December 31st.
 - ii. Audit: received additional questions from HSAG auditor for the CY 2025 audit and sent back responses 08/31/26. Awaiting further response.
- v. Medicare Beneficiary Quality Incentive Program (MBQIP) – For the first time, Hybrid Hospital Wide Readmission (Hybrid HWR) required to be reported out to CMS, close date of 10/01/26. I have submitted all required documentation to Oracle who submits data directly to CMS on behalf of the facility.
- vi. National CAH Quality Inventory Assessment (QIA)– Received annual QIA to complete to start the FY26 Flex Program grant year – Due 11/21/26. I have begun completing the assessment and plan to have submitted by mid-October.



Analysis:

August 26: Both August incidents were patient/patient incidents on Memory Care unit attributed to one patient fixated on peer. Interventions applied.

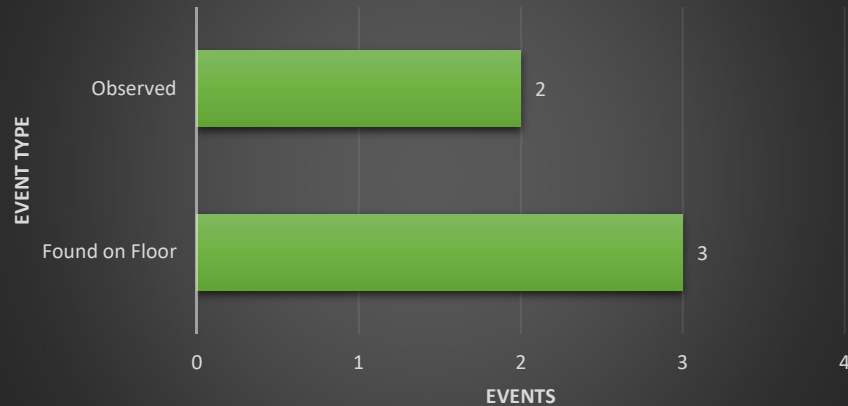
AUGUST 2026 FALL TRENDS

Distribution of 5 documented events by general event type, unit, location, and starting hour

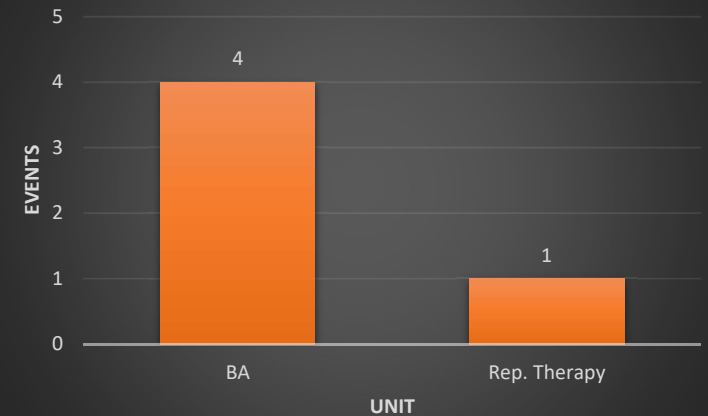
Total Falls: 5 (4 LTC)

4/4 falls attributed to same patient on BA - Increased to hourly rounding for identified patient.

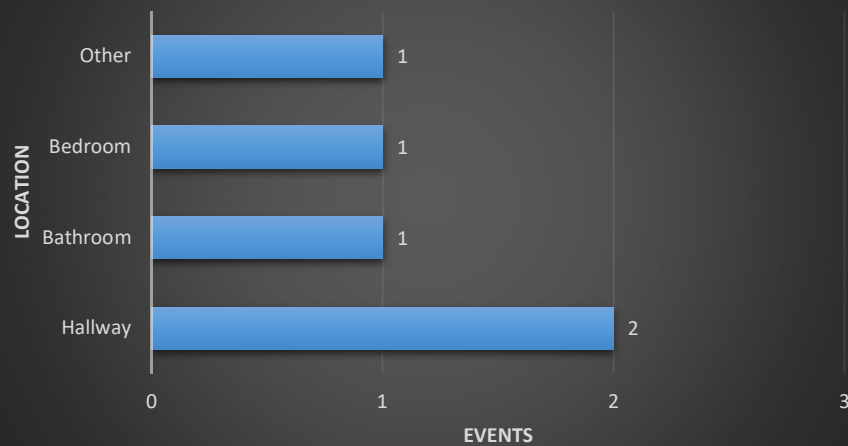
August Falls by General Event Type



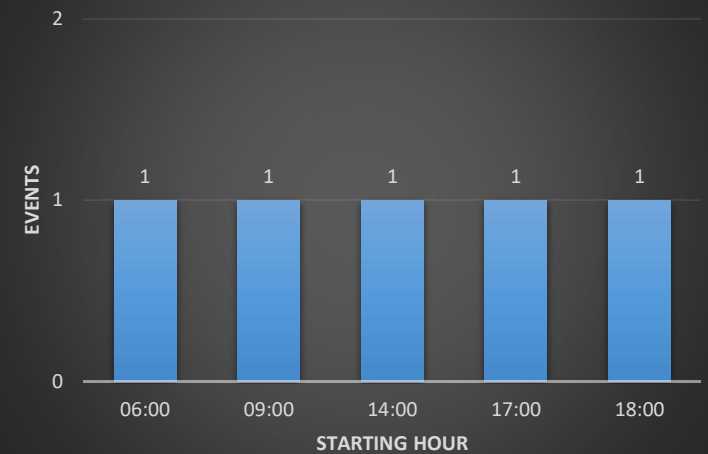
August Falls by Unit



August Falls by Location



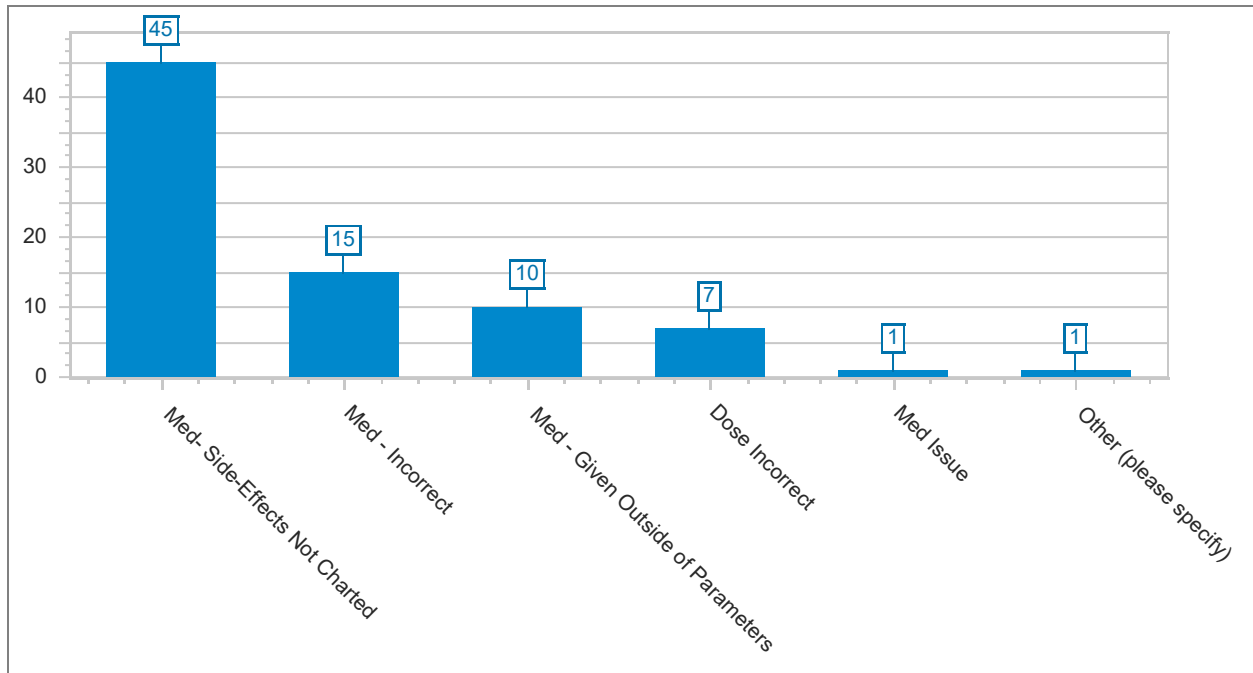
August Falls by Starting Hour



Event Report

Event Date is within 08-01-2026 and 08-31-2026

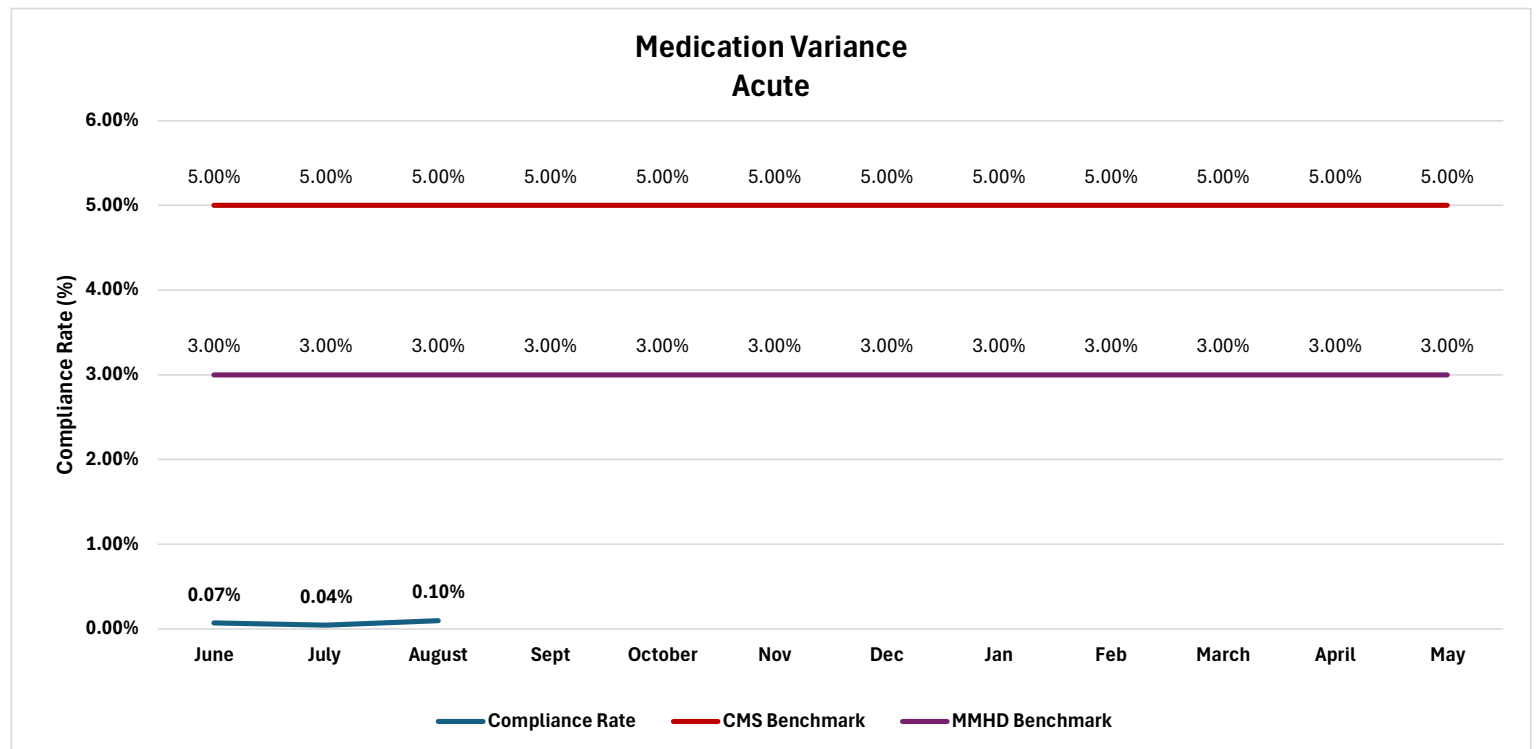
(Event Date is within 08-01-2026 and 08-31-2026) and (((File State is equal to "New") or (File State is equal to "In-Progress") or (File State is equal to "Closed"))) and (General Event Type is equal to "Medication/Fluid") and (Specific Event Type is not equal to "Dislodgement/Misconnection/Removal") and (Specific Event Type is not equal to "Strength/Concentration Issue")) and (((Scope is equal to "All")))



Mayers Memorial Healthcare District Medication Variance - Acute

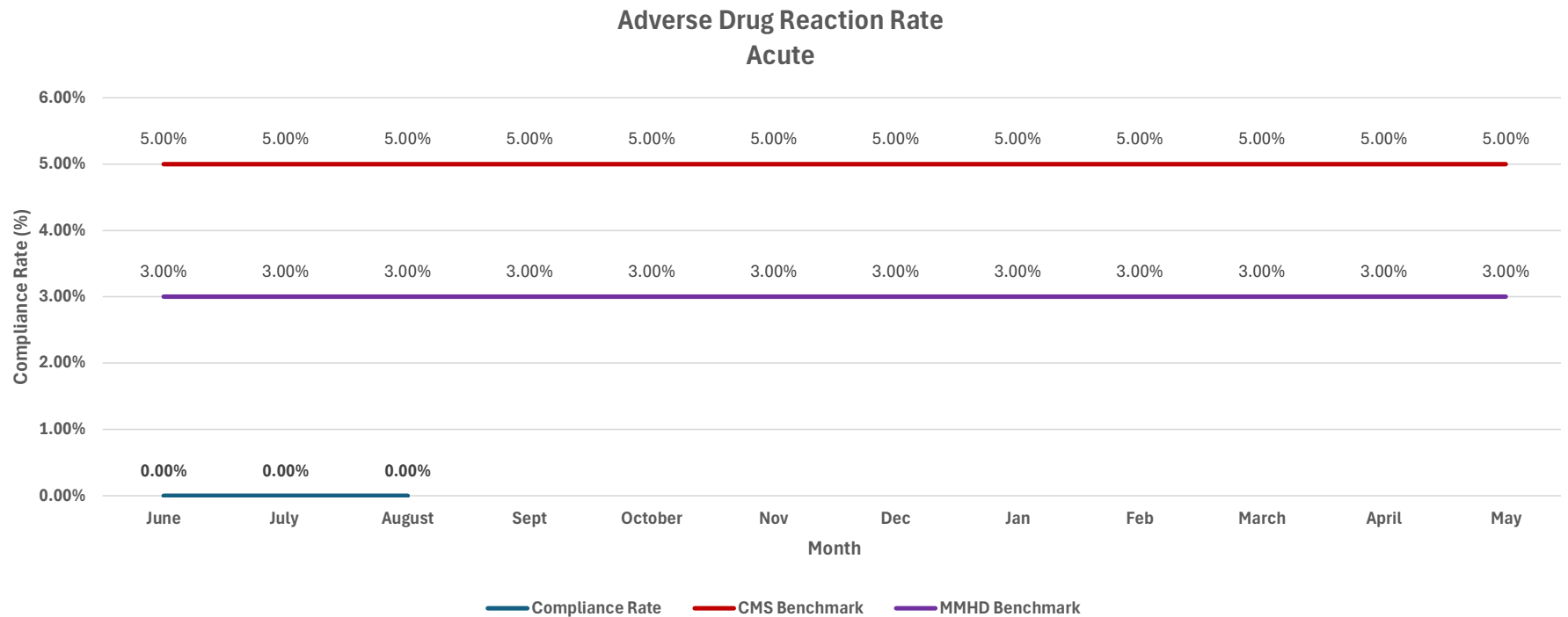
2026 - 2027

	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%
MMHD Benchmark	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%
Numerator: the number of medication variances	2	1	2									
Denominator: the total number medication admin OPPORTUNITIES	2776	2224	2056									
Compliance Rate	0.07	0.04	0.10	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A



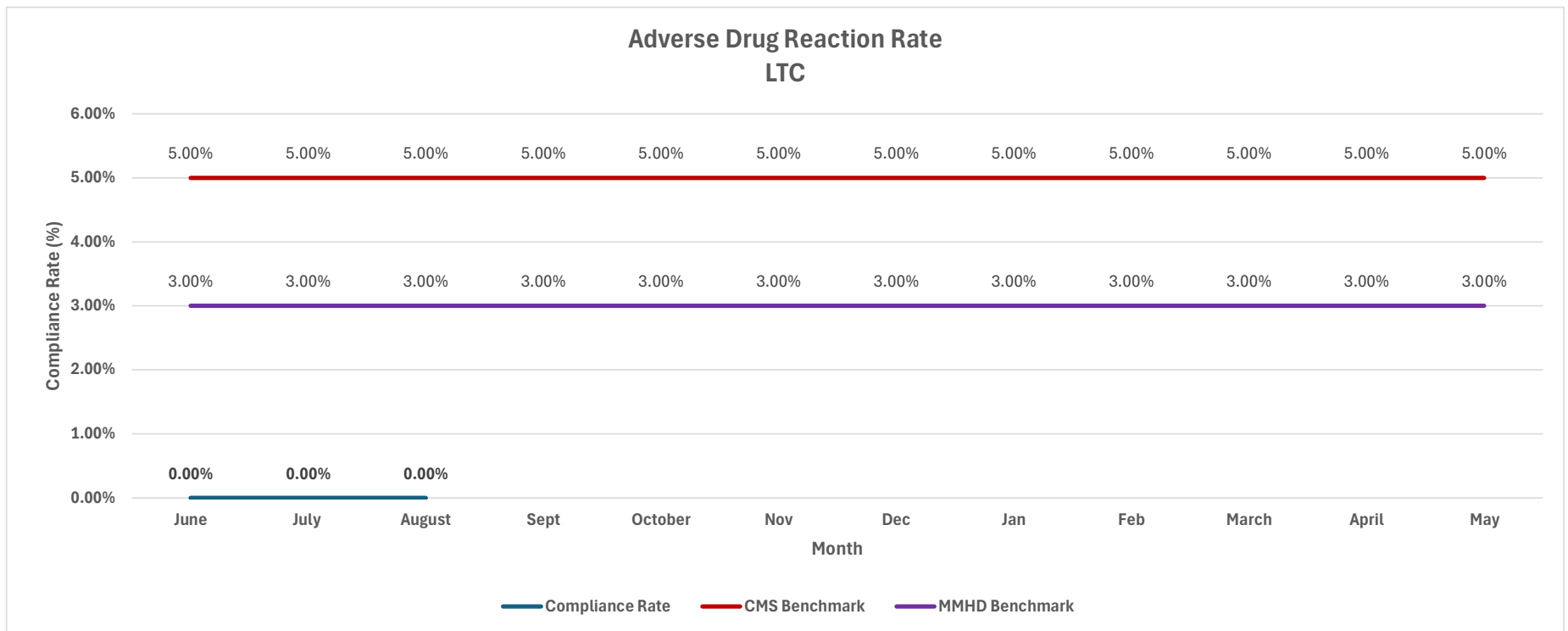
Mayers Memorial Healthcare District Adverse Drug Reactions - Acute

	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%
MMHD Benchmark	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%
Numerator: the number of medication variances	0	0	0									
Denominator: the total number medication admin OPPORTUNITIES	2821	2224	2056									
Compliance Rate	0.00	0.00	0.00	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A



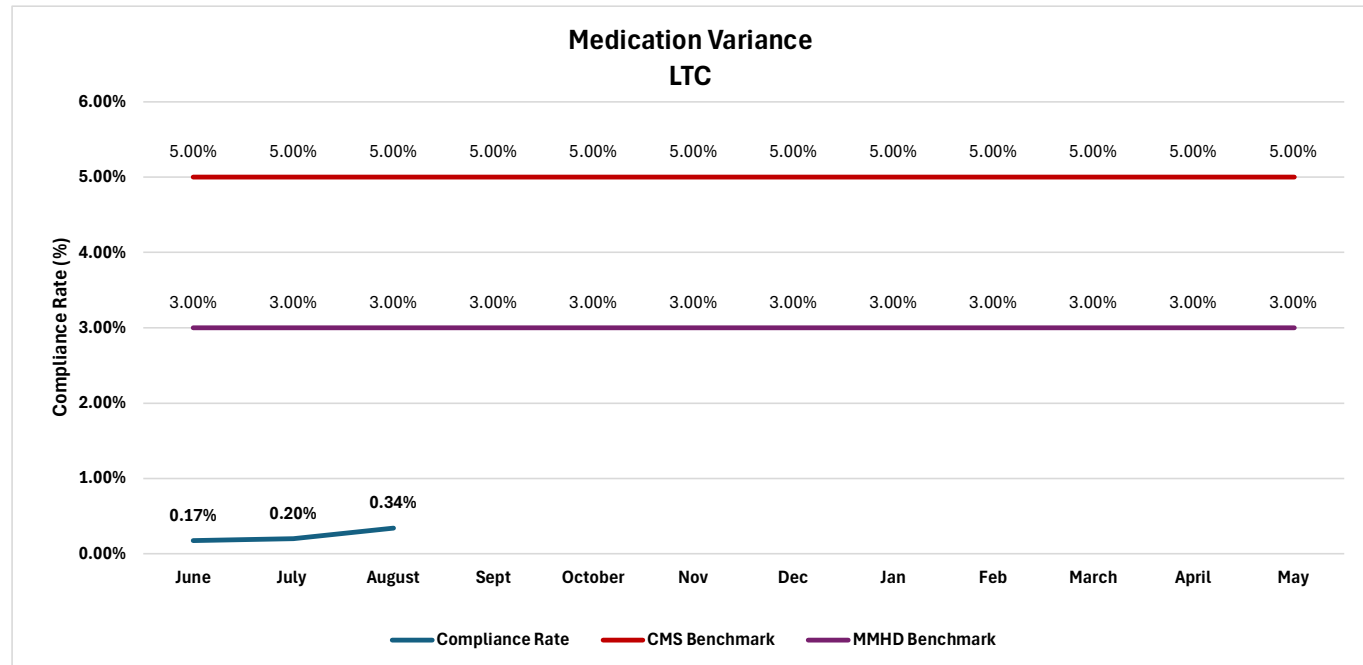
Mayers Memorial Healthcare District Adverse Drug Reactions - LTC

	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%
MMHD Benchmark	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%
Numerator: the number of medication variances	0	0	0									
Denominator: the total number medication admin OPPORTUNITIES	27649	30209	31007									
Compliance Rate	0.00	0.00	0.00	#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

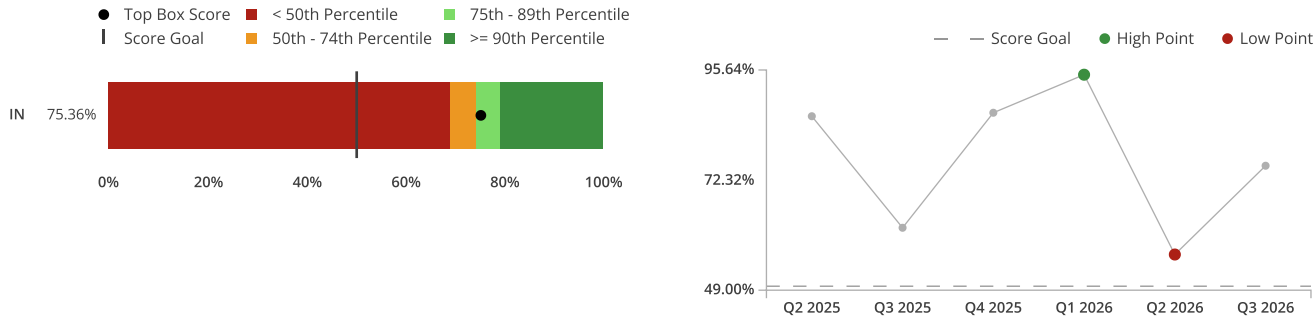
2026 - 2027												
	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	April	May
CMS Benchmark	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%
MMHD Benchmark	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%
Numerator: the number of medication variances	48	61	106									
Denominator: the total number medication admin OPPORTUNITIES	27649	30209	31007									
Compliance Rate	0.17	0.20	0.34	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A



Analysis
MMHD Board requested for internal benchmark of 3%. Applied benchmark, still within goal and below variance rate of 3%.

Service Line Performance ⓘ

PG Overall



n	10
Top Box Score	75.36%
Score Goal	50.00%
Percentile Rank	79

Time Period	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026
n	16	13	12	8	19	10
Top Box Score	85.85%	62.22%	86.59%	94.64%	56.56%	75.36%
Percentile Rank	98	19	98	99	9	79

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	10	86.07%	79.00%	7.06%	▲
CAHPS	Response of Hosp Staff	8	77.99%	57.79%	20.20%	▲
CAHPS	Comm w/ Doctors	10	89.28%	71.12%	18.16%	▲
CAHPS	Hospital Environment	10	100.00%	84.85%	15.15%	▲
CAHPS	Comm About Medicines	8	55.43%	61.38%	-5.96%	▼
CAHPS	Discharge Information	10	84.57%	64.55%	20.02%	▲
CAHPS	Restful Hosp Environment	10	64.25%	69.15%	-4.90%	▼
CAHPS	Care Coordination	10	86.63%	67.97%	18.65%	▲
CAHPS	Info About Symptoms	9	88.22%	85.87%	2.36%	▲
PG	Nurses	10	80.00%	61.97%	18.03%	▲
PG	Doctors	10	68.97%	49.02%	19.95%	▲

Facility Performance ⓘ

Peer Group: All PG Database | PG Overall N=604

Current Period: Q3 2026

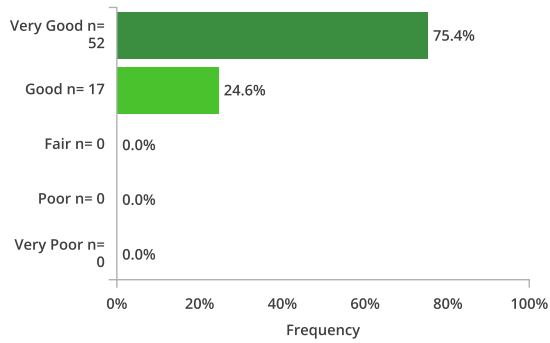
Previous Period: Q2 2026

High Percentile Rank: 75 - 99

Facility Name	n	Top Box Score	Percentile Rank	Percentile Rank Change
Mayers Memorial Hospital	10	75.36%	79	70

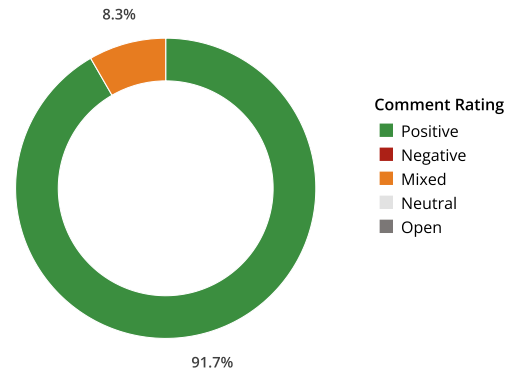
Distribution of Responses ⓘ

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	71	0.76
2	CAHPS	Nurses listen carefully to you	41	0.6
3	CAHPS	Doctors listen carefully to you	72	0.71
4	PG	Nurses took time to answer quests	66	0.58
5	CAHPS	Help toileting soon as you wanted	60	0.54
6	PG	Nurses kept you informed	75	0.64
7	CAHPS	Tell you what new medicine was for	62	0.52
8	PG	Nurses expl daily plan of care	73	0.6
9	CAHPS	Staff helped with care plan	34	0.4
10	CAHPS	Received help as soon as needed	91	0.73

† 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=604 | CAHPS Item Level N=2310 | Received Date | 01 Jul 2026 - 24 Sep 2026

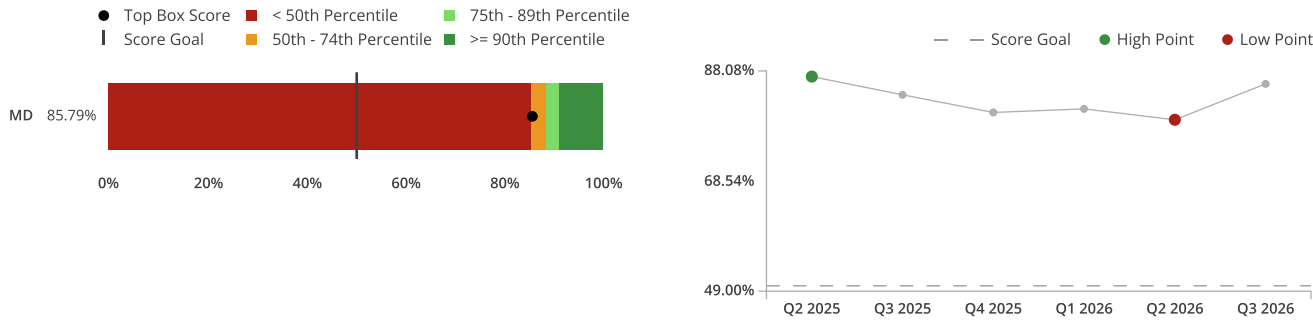
CAHPS LTR	CAHPS Rate 0-10	PG Overall
Top Box Score	Top Box Score	Top Box Score
100.00%	89.88%	75.36%
Percentile Rank	Percentile Rank	Percentile Rank
99th	97th	79th

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?	79.28%	78th
Comm w/ Nurses	Top Box Score	Percentile Rank
CAHPS: During this hospital stay, how often did nurses listen carefully to you?	79.40%	64th

† Custom Question ^ Focus Question

Service Line Performance ⓘ

PG Overall



n	67
Top Box Score	85.79%
Score Goal	50.00%
Percentile Rank	52

Time Period	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026
n	49	55	91	57	26	67
Top Box Score	87.08%	83.85%	80.72%	81.35%	79.42%	85.79%
Percentile Rank	69	44	23	23	15	52

Section Performance ⓘ

SORT BY

Default

SELECT

Standard

▲ Positive ▼ Negative

Survey Type	Section	Current n	Current Period (Q3 2026)	Previous Period (Q2 2026)	Change	
PG	Access	67	83.97%	76.00%	7.97%	▲
PG	Moving Through Your Visit	63	71.79%	75.56%	-3.76%	▼
PG	Nurse/Assistant	67	84.96%	75.00%	9.96%	▲
PG	Care Provider	67	90.69%	82.95%	7.74%	▲
PG	Personal Issues	65	84.92%	80.77%	4.15%	▲
PG	Overall Assessment	66	89.31%	80.39%	8.92%	▲

Facility Performance ⓘ

Peer Group: National Sites | PG Overall N=30361

Current Period: Q3 2026

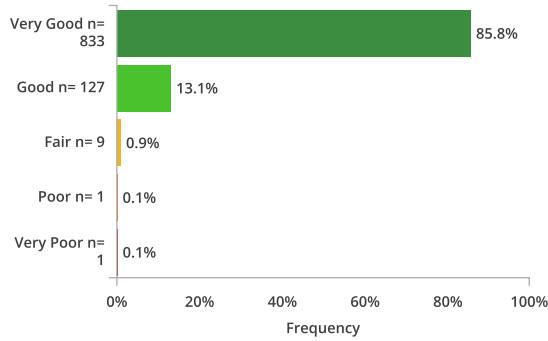
Previous Period: Q2 2026

Medium Percentile Rank: 50 - 74

Facility Name	n	Top Box Score	Percentile Rank	Percentile Rank Change
Mayers Memorial Hospital	67	85.79%	52	37

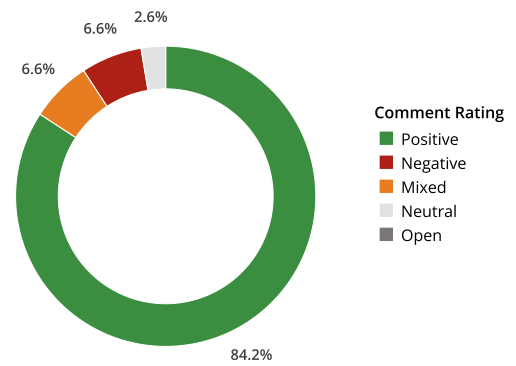
Distribution of Responses ⓘ

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	PG	Information about delays	42	0.85
2	PG	Wait time at clinic	44	0.82
3	PG	Concern of nurse/asst for problem	32	0.72
4	PG	Staff worked together care for you	33	0.72
5	PG	CP explanations of prob/condition	51	0.78
6	PG	Our concern for patients' privacy	32	0.7
7	PG	How well staff protect safety	41	0.72
8	PG	How well nurse/asst listen	54	0.77
9	PG	CP efforts to include in decisions	52	0.76
10	PG	Likelihood of recommending	70	0.77

† Custom Question ^ Focus Question

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

Peer Group: National Sites | PG Overall N=30361 | CAHPS Item Level N=Invalid | Received Date | 01 Jul 2026 - 24 Sep 2026

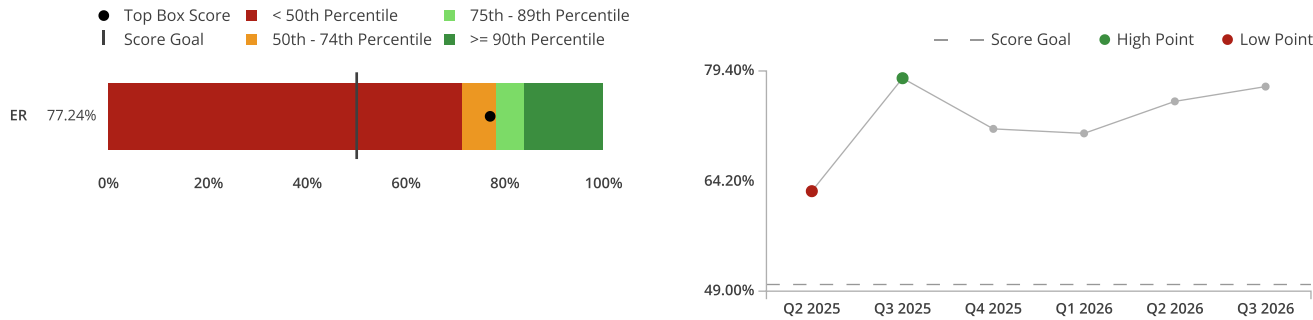
PG Overall	PG LTR
Top Box Score	Top Box Score
85.79%	90.91%
Percentile Rank	Percentile Rank
52nd	68th

Nurse/Assistant	Top Box Score	Percentile Rank
PG: Concern the nurse/assistant showed for your problem	83.33%	37th

† Custom Question ^ Focus Question

Service Line Performance ⓘ

PG Overall



n	47
Top Box Score	77.24%
Score Goal	50.00%
Percentile Rank	70

Time Period	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026
n	13	34	73	46	16	47
Top Box Score	62.80%	78.40%	71.40%	70.78%	75.20%	77.24%
Percentile Rank	19	74	49	49	63	70

Section Performance ⓘ

SORT BY

Default

SELECT

Standard

▲ Positive ▼ Negative

Survey Type	Section	Current n	Current Period (Q3 2026)	Previous Period (Q2 2026)	Change	
PG	Arrival	45	74.16%	68.75%	5.41%	▲
PG	Nurses	47	85.71%	83.75%	1.96%	▲
PG	Doctors	45	69.41%	58.67%	10.74%	▲
PG	Overall Assessment	47	77.42%	87.30%	-9.88%	▼

Facility Performance ⓘ

Peer Group: All PG Database | PG Overall N=2247

Current Period: Q3 2026

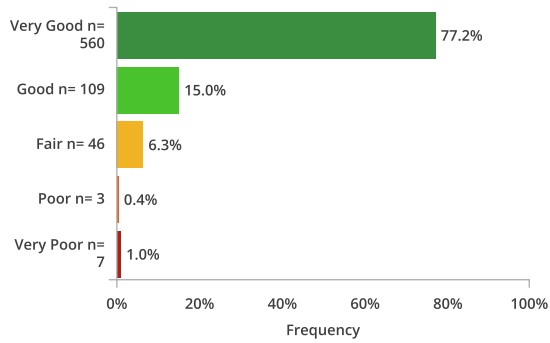
Previous Period: Q2 2026

Medium Percentile Rank: 50 - 74

Facility Name	n	Top Box Score	Percentile Rank	Percentile Rank Change
Mayers Memorial Hospital	47	77.24%	70	7

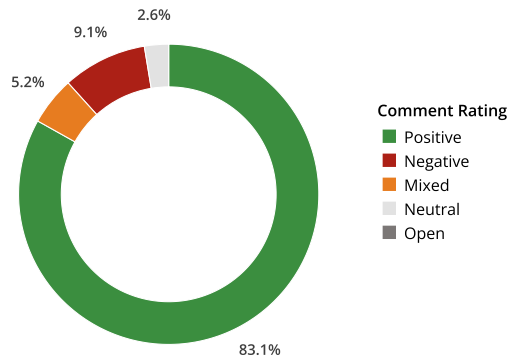
Distribution of Responses ⓘ

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	PG	Doctors took time to listen	33	0.91
2	PG	Doctors include you trtmt decision	51	0.89
3	PG	Doctors informative re treatment	44	0.88
4	PG	Courtesy of doctors	24	0.84
5	PG	Overall rating of care	85	0.91
6	PG	Staff worked together care for you	83	0.9
7	PG	Doctors' concern for comfort	44	0.86
8	PG	Likelihood of recommending	72	0.87
9	PG	Nurses took time to listen	80	0.83
10	PG	Staff cared about you as person	87	0.89

† 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=2247 | CAHPS Item Level N=Invalid | Received Date | 01 Jul 2026 - 24 Sep 2026

PG Overall

Top Box Score

77.24%

Percentile Rank

70th

PG LTR

Top Box Score

76.60%

Percentile Rank

67th

Doctors

PG: Doctors' concern to keep you informed about your treatment

Top Box Score

68.18%

Percentile Rank

40th

Nurses

PG: Nurses' attention to your needs

Top Box Score

87.23%

Percentile Rank

91st

† Custom Question ^ Focus Question