

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
August 27, 2025 @ 9:30 am
Mayers Memorial Healthcare District
Fall River Boardroom
43563 HWY 299 E
Fall River Mills, CA 96028

Attendees

Les Cufaude, Director and Chair of Quality
James Ferguson, Director

Ryan Harris, CEO
Jack Hathaway, Director of Quality
Lisa Neal, Executive Assistant to the CEO

1	CALL MEETING TO ORDER		Chair Les Cufaude		
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS				
3	APPROVAL OF MINUTES				
3.1	Regular Meeting – July 30, 2025		Attachment A	Action Item	
4	DIRECTOR OF QUALITY REPORT		Jack Hathaway	Attachment B	Report
5	OTHER INFORMATION/ANNOUNCEMENTS				Information
6	MOVE INTO CLOSED SESSION				
7	CLOSED SESSION ITEMS				

MEDICAL STAFF REAPPOINTMENT

1. Samantha Allen, MD (UCD)
2. Melissa Asmar, MD (UCD)
3. Sasikanth Gorantla, MD (UCD)
4. Christopher Campos, DO (UCD)

MEDICAL STAFF APPOINTMENT

1. George Wang, MD – Pathology
2. Maher Dakroub, DO – Oncology
3. Mantiderpreet Singh, MD (T2U) – Neurology
4. Tawana Nix, DO (Pit River) – Family Med.
5. Amar Amin, MD (Vesta)
6. Bina Mustafa, MD (Vesta)
7. Scott Presuen, MD (Vesta)
8. Haresh Solanki, MD (Vesta)
9. Gholamreza Malek, MD (Vesta)

AHP REAPPOINTMENT

1. Sharon Hanson, NP (MVHC) – Family Med.

AHP APPOINTMENT

1. Stephanie Sisneros, PA (T2U) - Psychiatry

STAFF STATUS CHANGE

1. Stephen McKenzie, MD to Inactive
2. Richard Granese, MD to Inactive
3. Arun Kalra, MD to Inactive
4. Howard Fellows, MD to Inactive
5. Kyle Greene, MD to Inactive
6. Edward Laine, DO to Inactive
7. Benjamin Weaver, CRNA to Inactive
8. Anne Glaser, MD to Inactive

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Board of Directors
Quality Committee
Minutes
July 30, 2025 @ 9:30 am
Mayers Memorial Healthcare
Burney Annex Boardroom
20647 Commerce Way
Burney, CA 96013

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

1	CALL MEETING TO ORDER: Les Cufaude called the meeting to order at 9:35 am on the above date.			
BOARD MEMBERS PRESENT:		STAFF PRESENT:		
Les Cufaude, Director Jim Ferguson, Director		Ryan Harris, CEO Ashley Nelson, Board Clerk Jack Hathaway, Director of Quality Dana Hauge, Director of Safety and Security		
Excused ABSENT:				
2	CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
	None.			
3	APPROVAL OF THE MINUTES:			
3.1	Regular Meeting – June 25, 2025 A motion was moved, seconded and the minutes were approved.	<i>Hathaway, Ferguson</i>	<i>Approved by All</i>	
4	DIRECTOR OF QUALITY: Jack submitted his report. He explained that Mayers is an off-year for the QIP standards and payment will not be submitted until next year. One measure is determined for this year, which is being tracked by Yasmine and Dr. Sloat. Trends from 2023 and 2024 were discussed and the improvement process plans put in place to ensure compliance and consistency about Medication administration.			
5	POWER DMS QUOTE: Jack explained that this quote is for a new policy management system- the current system Mayers has is MCN. Power DMS aligns with the ACHC standards. The quote is \$100,000 for a 3-year contract. The quote was approved to move to the Finance Committee.			
6	APPROVAL OF EMTALA 2567 AND POC: The Plan of Corrections Was Approved.		<i>Ferguson, Cufaude</i>	<i>Approved by All</i>
7	APPROVAL OF SNF 2567 AND POC: The Plan of Corrections Was Approved.		<i>Ferguson, Cufaude</i>	<i>Approved By All</i>
8	SAFETY AND SECURITY REPORT: Dana submitted her report and explained that the surveyors shared various ways Mayers can improve and present Safety information to the Board regularly. The Committee agreed that quarterly reports, with graphs and a written report, would be beneficial moving forward. She further explained what the term “security incident” entails- including security measures to further protect staff against recent security breaches.			
9	OTHER INFORMATION/ANNOUNCEMENTS: Ryan updated the committee on the Provider model.			
10	MOVE INTO CLOSED SESSION: 10:45am			

11	CLOSED SESSION ITEMS:		
	11.1 HEARING (HEALTH AND SAFETY CODE § 32155) – MEDICAL STAFF CREDENTIALS MEDICAL STAFF REAPPOINTMENT RICHARD LEACH, MD THOMAS EDHOLM, MD SEAN PITMAN, MD AARON BABB, MD KEVIN KEENAN, MD (UCD) ELIZABETH EKPO, MD (UCD) SHEELA TOPRANI, MD (UCD) ORWA ABOUD, MD (UCD) MEDICAL STAFF APPOINTMENT KENDRA GREETHER-JONES, MD (UCD) EMILY ANDRADA-BROWN, MD (UCD) NATHAN KUPPERMAN, MD (UCD) LEAH TZIMENATOS, MD (UCD) ALEJANDRA MARQUEZ-LOZA, MD (UCD) ERIK KUECHER, PA-C (T2U) AHP REAPPOINTMENT HEATHER CORR, PA-C GEORGE WINTER, FNP STAFF STATUS CHANGE RYAN MCNEEL, LCSW TO INACTIVE	<i>Ferguson, Hathaway</i>	Approved By All
12	ADJOURNMENT: at 10:52 am Next Meeting is August 27, 2025 in Burney		

Board Quality Report August 2025

Mortality In the hospital

May 2025

- Denno: 75 encounters; 1 death = 1.333%
- Magno: 125 encounters; 1 death = .800%

June 2025

- Denno: 66 encounters; 1 death = 1.515%

July 2025

- ZERO deaths in July -

Patient Experience

Most current data attached –

PI Review

We will review the most current PI data in Teams.

Risk (RL6) Review

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

State

Our SNF annual recertification and licensure survey went exceptionally well – kudos to Sharon, Britany, and the SNF team. We received the 2567 on the 18th and are currently working on our plan of correction for the following deficiencies:

1. Respect and Dignity—There was an issue with O2 in the Burney facility, and our O2 provider, NorCal Respiratory, took quite a while to get it fixed. During the downtime, residents were given O2 condensers, and they had to be plugged in, so the cords and inconvenience to the residents were found to be a dignity issue.
2. It was a homelike environment. A caulk ring around a toilet in a resident's bathroom had discolored sections, and the floor was ugly.

3. Chemical restraints – we had deficits in behavior documentation and documentation around non-pharmacological interventions.
4. Pharmacy services – there was an error on the controlled drugs; the lock number on the tag did not match the number as it was listed on the form.
5. Drug regimen review - we had deficits in the monthly medication regimen review, this is a monthly report that Keith puts together for every SNF resident where he reviews the medications that are currently prescribed for the residents and provides feedback for the staff and providers to key in for use and appropriateness of medications in SNF – there were a few recommendations that Keith made providers ignored that for 4 months – there were also documentation issues as we were highlighting staff issues in documentation, like staff was being kicked or things of that nature and the state felt that the medications were used for staff convenience – and that is not allowed – state also found that the recommendations that Keith made could be more direct to the providers.
6. Med Errors – there were 2 observed med errors during med pass – this triggered the tag.
7. Medication storage - We had expired medications found during survey.
8. Infection Prevention – blood pressure cuff was not sanitized by the nurse between use for a few residents.

Things that were not tagged were also brought up, and we need to work on them before they come back.

1. Quality for the SNF must be more regular and include more nursing feedback – I will work with Sharon and the team to create a compliant process.
2. Social workers need to take the lead in follow-up and documentation for providing services to residents, specifically regarding appointments with specialists outside of the facility and similar matters.
3. RT treatments need to be observed for the entire duration of the treatment.

There was a threat or maybe just lots of comments about triggering a federal follow-up survey regarding the unnecessary medication tag—however, that language did not make it into the exit conference, and they have not shown up as of now (08/20/2025 @ 13:45), so I am not sure that they will.

PBJ Audit

We have been communicating with the auditors. I have used the information learned during the audit to improve the process around how I manage the PBJ. The PBJ for the federal Q3 or April – June has been submitted, so we will see how it all goes.

Complaints

I have revamped the complaints process and created education around it, aligning the Service Recovery idea in our SEI work with the complaints process currently in place. The education will be part of this year's annual training and should be out and working right now as we do our

annual education. I have attached all of that herein. Please feel free to review it at your leisure and provide feedback for me.

ACHC Work

We met to ensure that we are following all the corrections we committed to in our POC – in preparation for the mid-cycle review that will be due in the beginning of 2026. The following areas were identified as areas that need more work to be compliant:

Change in treatment plan – logs – when there are final reports for images that are different than the initial read – or there are medication changes based on send out labs – those changes in treatment need to be relayed to the patient and then logged in the system for tracking – waiting on SR ticket feedback and follow-up –

*OPPE/FPPE – data must be compiled and sent to Med Exec for review and discussion.

*List of contract services—There are still outstanding contracts that are not centrally located in MCN and will, therefore, miss their annual review.

Patient safety: To ensure a safe setting, self-harm screenings for ED patients need to be completed and tracked to the PI for monitoring.

Staff education and death record review: Education was created around all of the corrections made; we just have to find proof that it was completed.

Medicare and Medicaid notifications—This is about providing notice for swing patients about covered services and services for which they may be charged while in our care that are not covered by the MEDIs.

Fire alarm system: installation and maintenance – at least one smoke detector must be moved to comply.

Discharge planning evaluation – some work still has to be done around documentation and education.

Of the 41 deficiencies we had, we only have these 8 to work on, so just below 20% I think if my math serves me – not bad – we will meet again around Halloween to be sure we have addressed the outstanding work and are reporting everything as necessary out to you.

DHCS QIP Program

Yasmine, my clinical quality coordinator, submitted her two-week notice, so I have a lot of her workflows to catch up on and ensure that there are no gaps in the program moving forward. We have planned time for handoff so we can be all square as she starts her new role with Star Nursing.

Conclusion

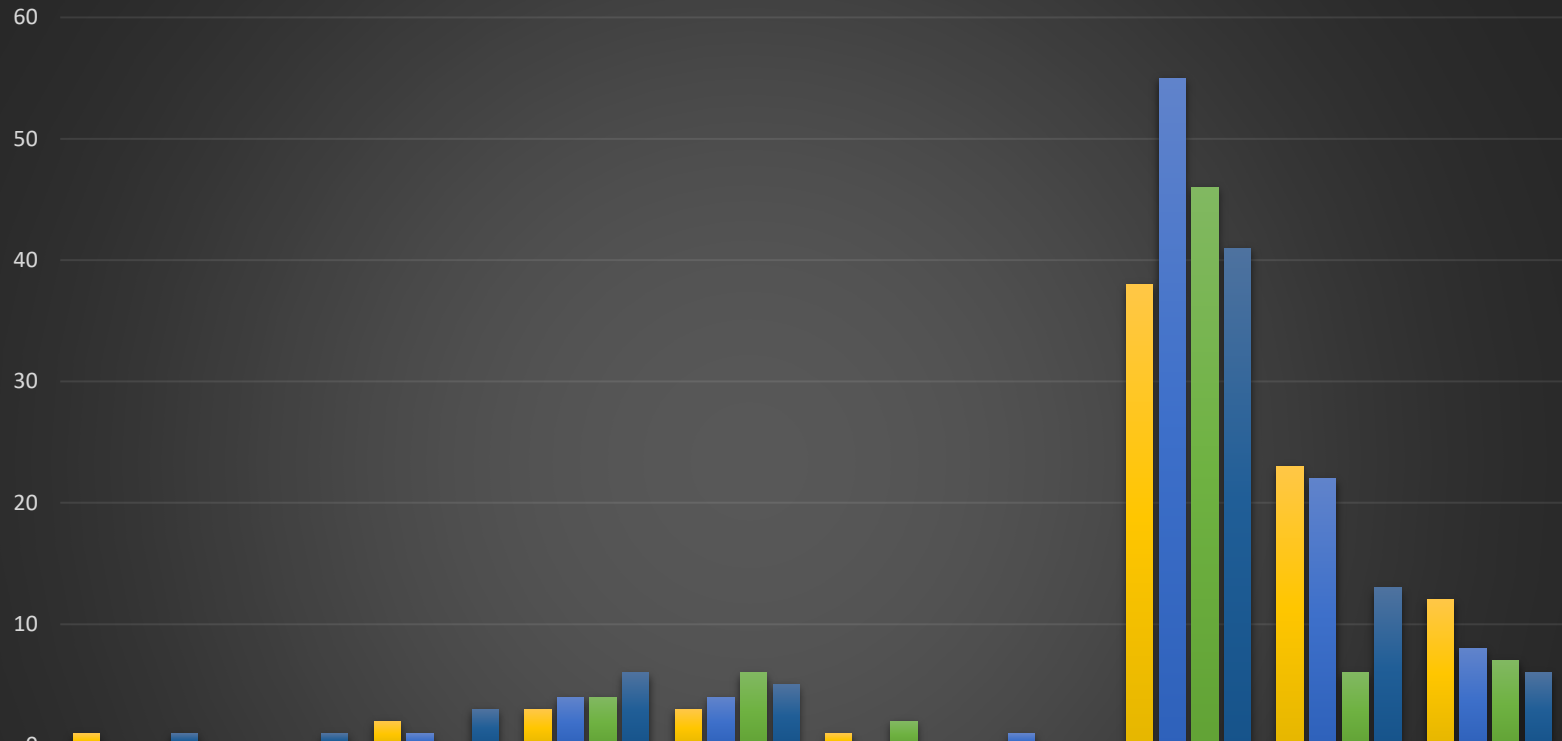
There were many wins this month with Quality – the SNF survey was so easy from my perspective, the attitude of staff, and Sharon's leadership were stellar. Usually, I get to argue tags and regulations and how they are read, interface with the state and do a lot of groundwork. This survey, I was available, and I did assist as I was asked to, however, Sharon took the lead in Fall River and Brit held down the Burney end and my role was a minimum and only as necessary – a change that looks to be successful based on the outcomes that we came up with.

We are planning on a workflow project in the ED with staff and billing to ensure that we are capturing all the documentation and charges required to drop clean correct bills in the right timeframe – there have been some hiccups in this workflow that we are going to get settled and see if we cannot overcome some common documentation issues at the same time – so look forward to hearing about that.

All in all, another fantastic month in Quality here at Mayers.

Respectfully submitted, Jack Hathaway – DOQ

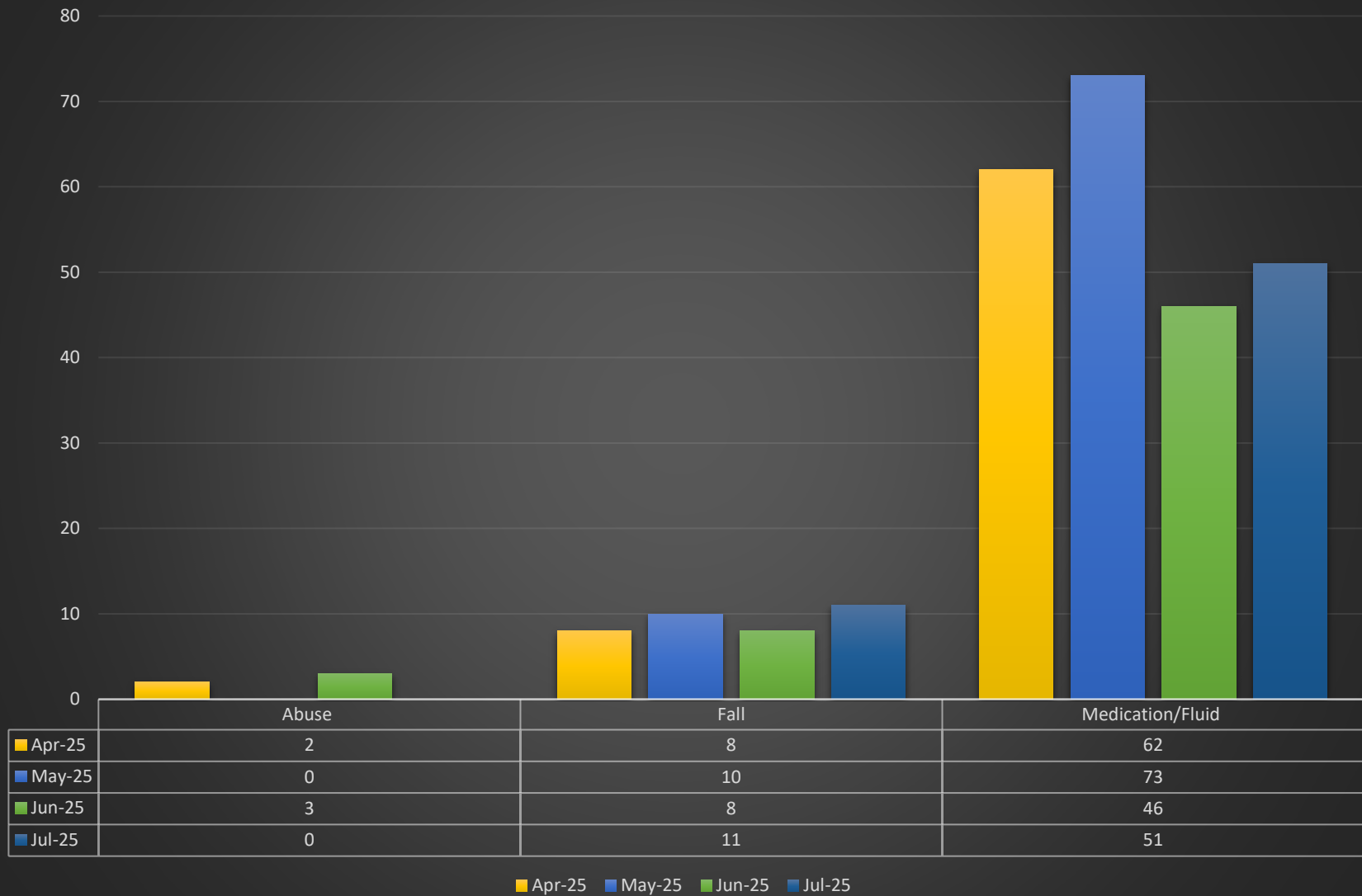
Care/Service Area



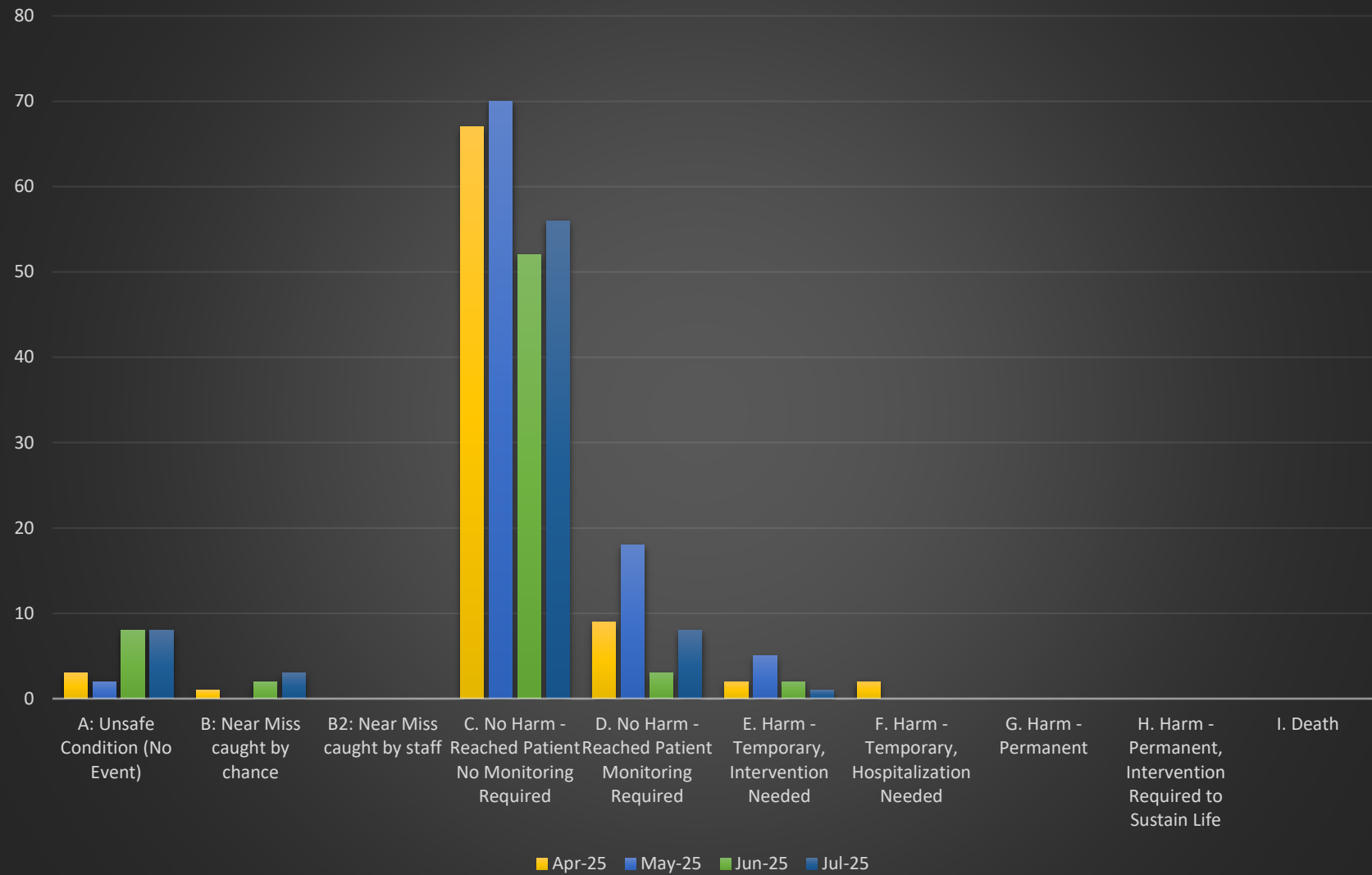
	Admitting	Cardiac Rehab	Clinic	Emergency	Med / Surg	OPM	Retail Pharm	Skilled FRM	Skilled BAF	Skilled BAMCU
Apr-25	1	0	2	3	3	1	0	38	23	12
May-25	0	0	1	4	4	0	1	55	22	8
Jun-25	0	0	0	4	6	2	0	46	6	7
Jul-25	1	1	3	6	5	0	0	41	13	6

■ Apr-25
 ■ May-25
 ■ Jun-25
 ■ Jul-25

General Event Type



Severity Level Reported



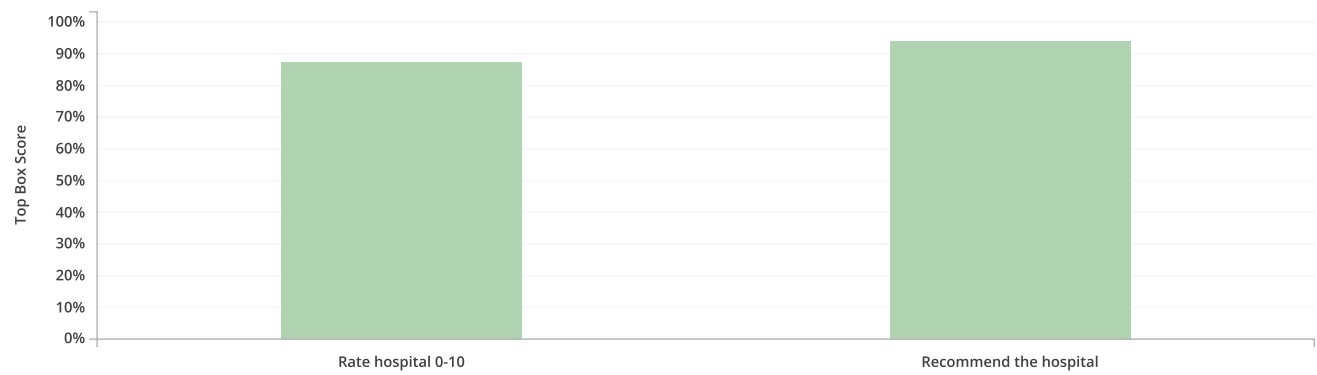
▲ Positive ▼ Negative

Survey Type	Sections/Domains	Items	Current n	Percentile Rank	Current Period (Q2 2025)	Previous Period (Q1 2025)	Change	
CAHPS	Global Items	Rate hospital 0-10	16	96	87.37%	68.73%	18.64%	▲
CAHPS	Global Items	Recommend the hospital	16	99	93.84%	62.51%	31.32%	▲
CAHPS	Comm w/ Nurses	Nurses treat with courtesy/respect	16	99	99.34%	74.91%	24.44%	▲
CAHPS	Comm w/ Nurses	Nurses listen carefully to you	16	73	80.59%	74.91%	5.69%	▲
CAHPS	Comm w/ Nurses	Nurses expl in way you understand	16	96	86.84%	68.66%	18.19%	▲
CAHPS	Response of Hosp Staff	Help toileting soon as you wanted	8	99	87.75%	57.14%	30.61%	▲
CAHPS	Response of Hosp Staff	Received help as soon as needed	10	96	80.50%	57.14%	23.36%	▲
CAHPS	Comm w/ Doctors	Doctors treat with courtesy/respect	16	99	99.21%	81.14%	18.08%	▲
CAHPS	Comm w/ Doctors	Doctors listen carefully to you	15	90	85.83%	74.89%	10.94%	▲
CAHPS	Comm w/ Doctors	Doctors expl in way you understand	16	80	80.46%	74.89%	5.58%	▲
CAHPS	Hospital Environment	Cleanliness of hospital environment	16	99	94.23%	57.22%	37.01%	▲
CAHPS	Comm About Medicines	Tell you what new medicine was for	14	95	84.77%	75.00%	9.77%	▲
CAHPS	Comm About Medicines	Staff describe medicine side effect	12	99	73.90%	60.00%	13.90%	▲
CAHPS	Discharge Information	Staff talk about help when you left	14	57	85.86%	81.27%	4.60%	▲
CAHPS	Discharge Information	Info re symptoms/prob to look for	14	87	93.01%	86.69%	6.32%	▲
CAHPS	Restful Hosp Environment	Quietness of hospital environment	16	71	63.51%	50.14%	13.36%	▲
CAHPS	Restful Hosp Environment	Able to rest as needed	15	91	54.41%	50.23%	4.18%	▲
CAHPS	Restful Hosp Environment	Staff help you rest and recover	15	99	94.41%	60.23%	34.18%	▲
CAHPS	Care Coordination	Staff informed about your care	15	91	79.95%	49.99%	29.96%	▲
CAHPS	Care Coordination	Staff worked together for you	15	98	93.29%	69.99%	23.30%	▲
CAHPS	Care Coordination	Staff helped with care plan	15	96	86.62%	69.99%	16.63%	▲
CAHPS	Info About Symptoms	Staff gave info on symptoms	13	94	83.92%	66.67%	17.26%	▲
CAHPS	Additional Ratings	Call button help soon as wanted it	1	N/A	100.00%	60.00%	40.00%	▲
CAHPS	Additional Ratings	Hosp staff took pref into account	1	N/A	100.00%	33.33%	66.67%	▲
CAHPS	Additional Ratings	Good understanding managing health	1	N/A	100.00%	33.33%	66.67%	▲
CAHPS	Additional Ratings	Understood purpose of taking meds	1	N/A	100.00%	50.00%	50.00%	▲
PG	Room	Courtesy of person cleaning room†	1	99	100.00%	66.67%	33.33%	▲
PG	Room	Room temperature†	1	1	0.00%	33.33%	-33.33%	▼
PG	Meals	Temperature of the food†	1	99	100.00%	50.00%	50.00%	▲
PG	Meals	Quality of the food†	1	1	0.00%	33.33%	-33.33%	▼
PG	Nurses	Nurses' attitude toward requests†	1	99	100.00%	50.00%	50.00%	▲
PG	Nurses	Attention to needs	16	89	81.25%	66.67%	14.58%	▲
PG	Nurses	Nurses kept you informed	16	95	81.25%	68.75%	12.50%	▲

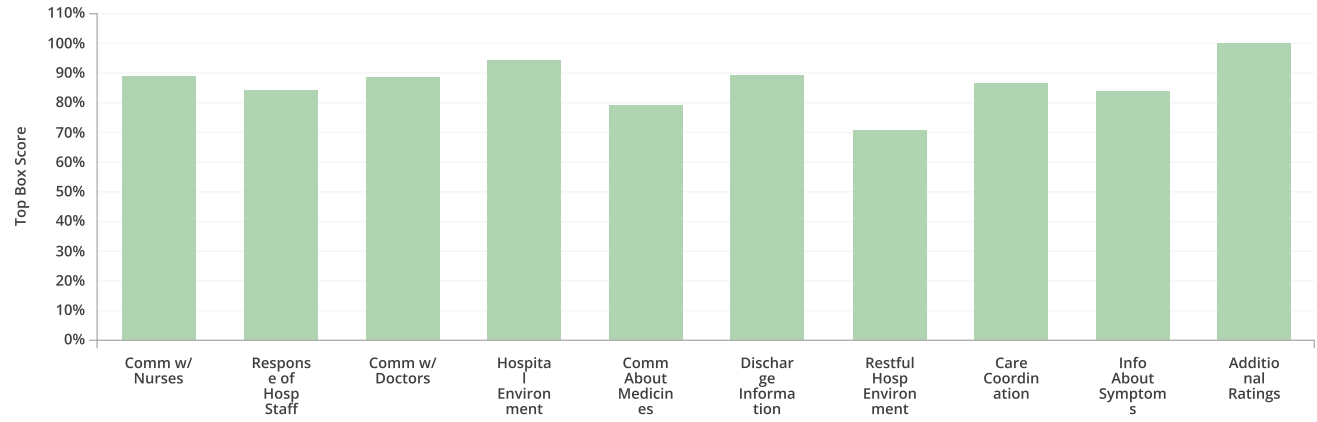
PG	Nurses	Nurses expl daily plan of care	15	85	73.33%	60.00%	13.33%	▲
PG	Nurses	Nurses took time to answer quests	15	99	93.33%	60.00%	33.33%	▲
PG	Doctors	Time doctors spent with you†	1	99	100.00%	50.00%	50.00%	▲
PG	Doctors	Doctors' concern questions/worries	15	99	93.33%	80.00%	13.33%	▲
PG	Doctors	Doctors kept you informed†	1	99	100.00%	80.00%	20.00%	▲
PG	Doctors	Doctors took time to answer quests	15	99	93.33%	60.00%	33.33%	▲
PG	Doctors	Doctors' effort decision making	14	96	85.71%	80.00%	5.71%	▲
PG	Personal Issues	Staff concern for privacy†	1	99	100.00%	50.00%	50.00%	▲
PG	Personal Issues	Staff addressed emotional needs†	1	99	100.00%	50.00%	50.00%	▲
PG	Personal Issues	Response to concerns/complaints†	1	99	100.00%	50.00%	50.00%	▲
PG	Personal Issues	Staff include decisions re:trtmnt†	1	99	100.00%	66.67%	33.33%	▲
PG	Overall Assessment	Staff worked together care for you†	1	99	100.00%	66.67%	33.33%	▲
PG	Overall Assessment	Likelihood of recommending†	1	99	100.00%	80.00%	20.00%	▲
PG	Overall Assessment	Overall rating of care†	1	99	100.00%	66.67%	33.33%	▲

† Custom Question ^ Focus Question

HCAHPS Global Comparison ⓘ



Domain Comparison ⓘ



Domains and Questions

Peer Group: All PG Database
CAHPS Section/Domain Level N=2430

Domains	Questions	Current n	Previous Period (Q1 2025)	Current Period (Q2 2025)	Change	Percentile Rank
Global Items	Rate hospital 0-10	16	68.73%	87.37%	18.64%	96
	Recommend the hospital	16	62.51%	93.84%	31.32%	99
Comm w/ Nurses		16	72.82%	88.93%	16.10%	95
	Nurses treat with courtesy/respect	16	74.91%	99.34%	24.44%	99
	Nurses listen carefully to you	16	74.91%	80.59%	5.69%	73
	Nurses expl in way you understand	16	68.66%	86.84%	18.19%	96
Response of Hosp Staff		13	57.14%	84.13%	26.98%	98
	Help toileting soon as you wanted	8	57.14%	87.75%	30.61%	99
	Received help as soon as needed	10	57.14%	80.50%	23.36%	96
Comm w/ Doctors		16	76.97%	88.50%	11.53%	94
	Doctors treat with courtesy/respect	16	81.14%	99.21%	18.08%	99
	Doctors listen carefully to you	15	74.89%	85.83%	10.94%	90
	Doctors expl in way you understand	16	74.89%	80.46%	5.58%	80
Hospital Environment		16	57.22%	94.23%	37.01%	99
	Cleanliness of hospital environment	16	57.22%	94.23%	37.01%	99
Comm About Medicines		14	67.50%	79.34%	11.84%	99
	Tell you what new medicine was for	14	75.00%	84.77%	9.77%	95
	Staff describe medicine side effect	12	60.00%	73.90%	13.90%	99
Discharge Information		14	83.98%	89.44%	5.46%	76
	Staff talk about help when you left	14	81.27%	85.86%	4.60%	57
	Info re symptoms/prob to look for	14	86.69%	93.01%	6.32%	87
Restful Hosp Environment		16	53.53%	70.77%	17.24%	94
	Quietness of hospital environment	16	50.14%	63.51%	13.36%	71
	Able to rest as needed	15	50.23%	54.41%	4.18%	91
	Staff help you rest and recover	15	60.23%	94.41%	34.18%	99
Care Coordination		15	63.32%	86.62%	23.30%	97
	Staff informed about your care	15	49.99%	79.95%	29.96%	91
	Staff worked together for you	15	69.99%	93.29%	23.30%	98
	Staff helped with care plan	15	69.99%	86.62%	16.63%	96
Info About Symptoms		13	66.67%	83.92%	17.26%	94
	Staff gave info on symptoms	13	66.67%	83.92%	17.26%	94
Additional Ratings		1	44.17%	100.00%	55.83%	N/A
	Call button help soon as wanted it	1	60.00%	100.00%	40.00%	N/A
	Hosp staff took pref into account	1	33.33%	100.00%	66.67%	N/A
	Good understanding managing health	1	33.33%	100.00%	66.67%	N/A
	Understood purpose of taking meds	1	50.00%	100.00%	50.00%	N/A

Priority Index ⓘ

PG Report Period: 6 months | CAHPS Report Period: 12 months
Benchmark: All Respondents | Benchmarking Period: 05/01/2025 - 07/31/2025

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	CAHPS	Nurses listen carefully to you	12	0.55
2	CAHPS	Quietness of hospital environment	44	0.56
3	CAHPS	Nurses expl in way you understand	37	0.5
4	CAHPS	Doctors listen carefully to you	35	0.42
5	CAHPS	Doctors expl in way you understand	18	0.22
6	CAHPS	Recommend the hospital	61	0.5
7	CAHPS	Cleanliness of hospital environment	71	0.5
8	CAHPS	Staff talk about help when you left	37	0.07
9	CAHPS	Nurses treat with courtesy/respect	80	0.5
10	CAHPS	Doctors treat with courtesy/respect	59	0.38

† Custom Question ^ Focus Question

Reports from Press Ganey are for internal improvement purposes. Only CMS can provide your facility with your official CAHPS survey results.

COMPASSIONATE CONNECTED CARE

PERCENTILE THRESHOLD

All

50

■ Above Threshold ■ Below Threshold

Compassionate Connected Care	Patient Need	Survey Type	Survey Items	n	Top Box Score	Percentile Rank	
Culture	Teamwork	PG	Staff worked together care for you†	n<30	N/A	N/A	
Clinical	Discharge Prep	CAHPS	Staff talk about help when you left	48	83.40%	38	
		CAHPS	Info re symptoms/prob to look for	47	89.43%	58	
		CAHPS	Good understanding managing health	n<30	N/A	N/A	
		CAHPS	Understood purpose of taking meds	n<30	N/A	N/A	
Caring Behaviors	Personalize	CAHPS	Nurses listen carefully to you	51	70.26%	12	
		PG	Nurses' attitude toward requests†	n<30	N/A	N/A	
		PG	Attention to needs	49	71.43%	55	
		CAHPS	Doctors listen carefully to you	50	75.60%	35	
		PG	Time doctors spent with you†	n<30	N/A	N/A	
	Courtesy	CAHPS	Nurses treat with courtesy/respect	51	89.87%	80	
		CAHPS	Doctors treat with courtesy/respect	51	85.89%	59	
		PG	Courtesy of person cleaning room†	n<30	N/A	N/A	
	Inform	PG	Nurses kept you informed	50	70.00%	70	
		CAHPS	Nurses expl in way you understand	51	74.19%	37	
		PG	Doctors kept you informed†	n<30	N/A	N/A	
		CAHPS	Doctors expl in way you understand	50	69.60%	18	
		CAHPS	Tell you what new medicine was for	38	81.12%	87	
		CAHPS	Staff describe medicine side effect	34	64.19%	96	
	Privacy	PG	Staff concern for privacy†	n<30	N/A	N/A	
	Choice	PG	Staff include decisions re:trtmnt†	n<30	N/A	N/A	
		CAHPS	Hosp staff took pref into account	n<30	N/A	N/A	
	Empathy	PG	Doctors' concern questions/worries	48	75.00%	79	
		PG	Staff addressed emotional needs†	n<30	N/A	N/A	
	Service Recovery	PG	Response to concerns/complaints†	n<30	N/A	N/A	
	Responsiveness	CAHPS	Call button help soon as wanted it	n<30	N/A	N/A	
		CAHPS	Help toileting soon as you	n<30	N/A	N/A	

			wanted				
Operational	Environment	CAHPS	Cleanliness of hospital environment	49	77.80%	71	
		CAHPS	Quietness of hospital environment	50	56.51%	44	
		PG	Room temperature†	n<30	N/A	N/A	
	Amenities	PG	Temperature of the food†	n<30	N/A	N/A	
		PG	Quality of the food†	n<30	N/A	N/A	
Global	Global	PG	Overall rating of care†	n<30	N/A	N/A	
		CAHPS	Rate hospital 0-10	51	80.33%	86	
		PG	Likelihood of recommending†	n<30	N/A	N/A	
		CAHPS	Recommend the hospital	51	74.55%	61	

† Custom Question ^ Focus Question

-30 -20 -10 0 10 20 30 40
Difference to Threshold

Time Period	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
n	18	15	13	7	16	16
Top Box Score	54.58%	69.96%	49.06%	42.57%	68.60%	85.85%
Percentile Rank	25	87	5	2	68	98

Section Performance ⓘ

SORT BY

Default

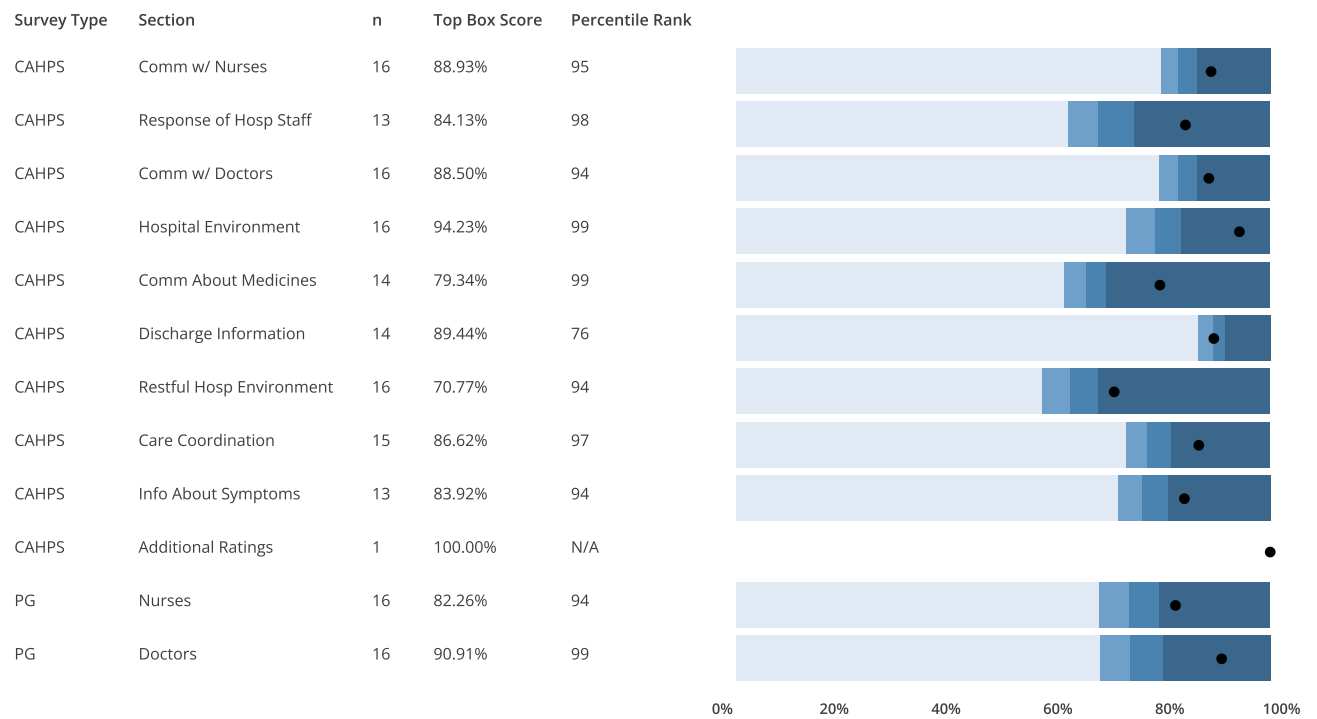
SELECT

Standard

Peer Group: All PG Database

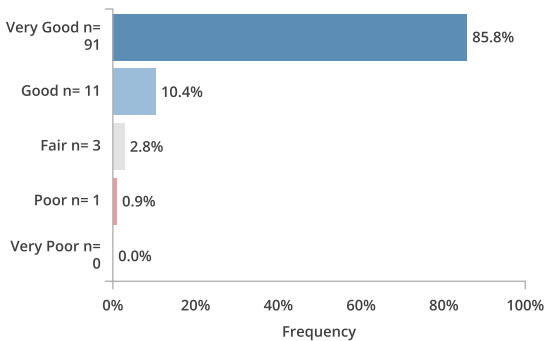
CAHPS Section/Domain Level N=2430 | PG Overall N=779

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



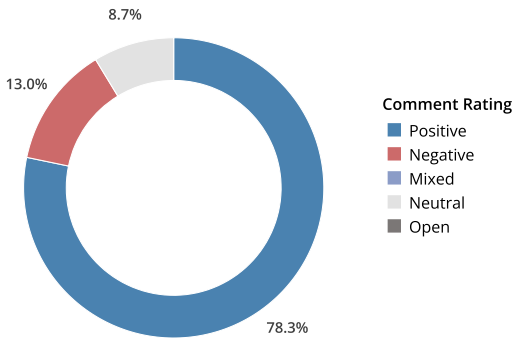
Distribution of Responses ⓘ

PG Overall



Comment Distribution ⓘ

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



N/A ⓘ
PG Overall

N/A ⓘ
PG Overall

■ Above Goal ■ Below Goal

■ Above Goal ■ Below Goal

No Data Available

No Data Available

Priority Index ⓘ

PG Report Period: 6 months | CAHPS Report Period: 12 months
Benchmark by: All Respondents | Benchmarking Period: 05/01/2025 - 07/31/2025

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	CAHPS	Nurses listen carefully to you	12	0.55
2	PG	Attention to needs	48	0.71
3	CAHPS	Quietness of hospital environment	44	0.56
4	CAHPS	Nurses expl in way you understand	37	0.5
5	CAHPS	Doctors listen carefully to you	35	0.42
6	PG	Nurses kept you informed	73	0.69
7	CAHPS	Doctors expl in way you understand	18	0.22
8	CAHPS	Recommend the hospital	61	0.5
9	CAHPS	Staff talk about help when you left	37	0.07
10	CAHPS	Cleanliness of hospital environment	71	0.5

† 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=779 | CAHPS Item Level N=2424 | Received Date | 01 Apr 2025 - 30 Jun 2025

<div>CAHPS LTR</div> <div>Top Box Score</div> <div>93.84%</div> <div>Percentile Rank</div> <div>99th</div>	<div>CAHPS Rate 0-10</div> <div>Top Box Score</div> <div>87.37%</div> <div>Percentile Rank</div> <div>96th</div>	<div>PG Overall</div> <div>Top Box Score</div> <div>85.85%</div> <div>Percentile Rank</div> <div>98th</div>	<div>PGLTR†</div> <div>Top Box Score</div> <div>100.00%</div> <div>Percentile Rank</div> <div>99th</div>
------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

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?	80.46%	80th

Comm w/ Nurses	Top Box Score	Percentile Rank
CAHPS: During this hospital stay, how often did nurses listen carefully to you?	80.59%	73rd

Doctors	Top Box Score	Percentile Rank
PG: How well doctors kept you informed†	100.00%	99th

Nurses	Top Box Score	Percentile Rank
PG: Nurses' attitude toward your requests†	100.00%	99th

† Custom Question ^ Focus Question



HEART to Resolution

Handling service recovery & Complaints at MMHD

Learning Objectives

- Understand our HEART service recovery process
- Know when and how to escalate a complaint to a grievance
- Learn the documentation and reporting process

Why it matters -

- Responding to patient's needs helps us deliver patient centered care and improve patient experience
- Hearing about where we failed to meet expectations gives us the opportunity to improve
- Acknowledging, and responding to a patient's complaints helps build trust
- It is also a CMS requirement that we respond to a patient's complaint, and we have a process for escalation

What is Service Recovery?

- Service Recovery is the first line of response to a patient or family member's dissatisfaction.
- Mayers Memorial Healthcare District has decided to implement the HEART protocol with some additional service recovery tools.
- Service Recovery is a first line of response that Mayers Memorial Healthcare District encourages every staff member to participate in.
- Service Recovery is one way that we show patients that we are always caring and always here.

The HEART Protocol -

- Hear the concern
 - Empathize with feelings
 - Apologize sincerely
 - Respond with action
 - Thank them for speaking up
-
- Remember that **we are here to serve** those that come to us for care, so take the time to walk through the HEART protocol and enjoy the opportunity to serve.

Service Recovery Toolkits

As we continue to work towards our patient satisfaction goals and align our service recovery and complaint & grievance processes, we will continue to evolve our response to patients. Part of this evolution is the new service recovery tool kits. These kits will be provided as needed and will contain the following things to help staff facilitate the service recovery process. Each kit will have:

- Apology cards
- Mayers swag items that we can share after service recovery has been performed
- Tip sheets that can assist in facilitating the service recovery process

Complaints vs. Grievances

Complaints

Can be resolved immediately by staff using HEART

- Level 1: Cold coffee
- Level 2: Long wait
- Level 3: Appointment error
- Level 4: Medical error (this triggers a grievance)

Grievance

Cannot be resolved immediately OR involves abuse, neglect, discrimination, safety, or a formal request from the patient or family

- Abuse, neglect, discrimination
- Unresolved at the time of complaint
- Written complaint
- Request for formal handling

The Grievance process

When service recovery is not enough to respond to the issues that have been presented by patients or family members, or when they request to file a complaint formally, the Grievance process has started. This is how you can assist someone in filing a formal complaint or grievance.

Direct the patient or family member to our Mayers Memorial web page where they can fill out an online grievance form that will be sent directly to the Director of Quality. (Sometimes people do not want us to file their grievance, as they believe it will change the way that we treat them or their family in the hospital)

If asked, staff can assist with filling out the grievance form.

Once the grievance is filed the Director of Quality will make contact for intake within 7 days.

Patients and family can expect issues to be resolved in 30 to 60 days from the time they get their intake from the Director of Quality.

Quick Reference: What's going on here?

Type	Definition	Action	Form
Complaint	Can be resolved immediately by staff using HEART	Use HEART protocol and document on Service Recovery Form in RL:6	Service Recovery – RL:6
Grievance	Cannot be resolved immediately OR involves abuse, neglect, discrimination, safety, or formal request	Notify Director of Quality, document in RL6 and submit Grievance Form	RL6 + Online Grievance Form

Quick Reference: HEART Protocol

Hear – Listen without interrupting
Empathize – Acknowledge the frustration
Apologize – Express genuine regret
Respond – Act to fix it
Thank – Appreciate the feedback



"Patients don't care how much you know
until they know how much you care"
- Theodore Roosevelt*

*This quote is attributed to Theodore Roosevelt; however, it may not be originally his words.



Thank you for your attention.

If you have any questions, please reach out to the Director of Quality.

Director of Quality:
Jack Hathaway

(530)336-7506

1141 on internal district phones.