MMH
MAYERS MEMORIAL
——HEALTHCARE DISTRICT——

Quality Committee
Meeting Agenda
July 30, 2025 @ 9:30 am
Mayers Memorial Healthcare District
Burney Annex Boardroom
20647 Commerce Way
Burney, CA 96013

Attendees

	Ryan Harris, CEO
Les Cufaude, Director and Chair of Quality	Jack Hathaway, Director of Quality
James Ferguson, Director	Ashley Nelson, Board Clerk

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 – June 25, 2025		Attachment A	**Action Item**
4	**DIRECTOR OF QUALITY REPORT**	Jack Hathaway	Attachment B	Report
5	**POWER DMS QUOTE**		Attachment C	Discussion/ **Action Item**
6	**APPROVAL OF EMTALA 2567 AND POC**			**Action Item**
7	**APPROVAL OF SNF 2567 AND POC**			**Action Item**
8	**SAFETY AND SECURITY REPORT**	Dana Hauge	Attachment D	Report
9	**OTHER INFORMATION/ANNOUNCEMENTS**			Information
10	**MOVE INTO CLOSED SESSION**			
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)			**Action Item**

ELIZABETH EKPO, MD (UCD)
SHEELA TOPRANI, MD (UCD)
ORWA ABOUD, MD (UCD)

MEDICAL STAFF APPOINTMENT
KENDRA GRETHER-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

12 **ADJOURNMENT:** Next Regular Meeting – August 27, 2025

Agenda Posted: 07/24/2025

Board of Directors
Quality Committee
Minutes
June 25, 2025 @ 9:30 am
Mayers Memorial Healthcare
Fall River Board Room
43563 HWY 299E
Fall River Mills, CA 96028

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

1	**CALL MEETING TO ORDER:** Les Cufaude called the meeting to order at 9:40 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	
	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 – May 28, 2025 A motion was moved, seconded and the minutes were approved.	*Harris, Hathaway*	*Approved by All*
4	**DIRECTOR OF QUALITY:** MTALLA survey on June 6th was completed but they need to hear back from the Regional office with their findings. Jack believes that staff needs additional education regarding MTALLA, consent and documentation. Payroll Based Journal (PBJ) was explained- it is a systems that tracks nursing hours that are spent per resident. Jack explained a few specific incidents that were reported. Jack also explained various data regarding ACHC. Lastly, QIP measures were passed.		
6	**OTHER INFORMATION/ANNOUNCEMENTS:** Ryan reported that the Service Excellence Advisors completed their 2-day training of the Service Excellence Initiative Program.		
7	**CLOSED SESSION ITEMS:** 10:21 AM		
	7.1 **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**	*FERGUSON, HATHAWAY*	**PUSHED TO NEXT MEETING**

	KENDRA GRETHER-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 **ALL CREDENTIALS WERE TABLED UNTIL A LATER DATE TO REVIEW AND PHYSICIAN RECOMMENATIONS AND COMMITTEE CHAIR RECOMMENDATION.**		
8	**ADJOURNMENT:** at 10:45 am Next Meeting is July 30, 2025 in Burney			

Board Quality Report July 2025

Mortality In the hospital

April 2025

- Magno: 150 encounters; 1 death = 0.667%
- Winter: 120 Encounters; 1 death = 0.833%

May 2025

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

June 2025

- Denno: 66 encounters; 1 death = 1.515%

Patient Experience

Most current data attached –

PI Review

We will review the most current PI data in Teams.

Risk (RL6) Review

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

State

We received our CMS form 2567 and the deficiency letter explaining the survey's outcome and the potential penalties if our plans are not implemented and followed. This is a public document and will be posted and accessible for the public when they search our hospital on hospital compare – I have attached the documents for your review along with the Plan of Correction that we have submitted. I am currently waiting to hear back from CMS. However, the state said the plan looks good and forwarded it. Let's move forward with all of our corrections and plans with the soft approval from the state until we hear otherwise. We should also expect a follow-up visit based on our Plan of Correction, which was submitted for this first EMTALA event.

Although the second EMTALA event has not gone through the intake process yet, it is reasonable to believe that they will do an intake of the second self-reported event when they revisit the first. We are still waiting to see how all of that goes.

The Plan of Correction submitted for the DPNF (SNF) visit was accepted. The findings there were around falls and diversion. We are currently working on collecting data and auditing the new processes that we put in place. All of that has been attached for your viewing and approval as well. All of this will also be publicly posted on nursing home compare when folks search our Mayers Skilled Nursing Facility.

PBJ Audit

We have been working with the auditors for this – we heard back and had a request for more information that has been sent, and we will see how it all continues.

Complaints

The complaints process has been in need of updating and refreshing for some time. During our ACHC visit, we discussed this quite a bit—there are timeframe and notice requirements that are specific to federal regulation, and there is also the new service recovery aspect that is vital for our Custom Learning Systems Service Excellence Initiative. Those policies have been aligned, and I have created education for our district that should help with the process and make the patient's experience more palatable moving forward.

ACHC Work

Dana will be attending our quality meetings moving forward, to appropriately report all of the ACHC work we are engaged in. We have been working to ensure that we are meeting all of the requirements that we created in our ACHC POC – Dana has responsibility for a lot of the measures made in the POC and that requires that she reports out to our Quality committee regularly – so we will have to decide what cadence we would like that reporting to occur in. Similarly, we will have to do the same thing for Moriah as she owns the remainder of the measures that would not come directly from me or Dana. We have options for this – we can do it monthly (this is my recommendation as there is a lot of work and I think this needs to be on the front of our minds as we come into our 2026 mid-cycle review in Jan/Feb of 2026) however, the choice is really up to the committee so we will discuss this and make a decision on how we want all of this to come together for reporting and visibility for the board.

DHCS QIP Program

There are no updates, so to speak. We are still expecting to have an achievement value of 2 for each measure: Well–Child Visits and Flu Shots.

Yasmine, our clinical quality coordinator, is working with Dr. Sloat and the clinic team to align all of our measurements for the current reporting year. They are working with a new model to capture our numbers, potentially tracking all of the qualifying PHP folks for each measure and seeing a specific provider for the measure work. So, for example, all of the PHP lives who qualify for a cervical cancer screening see Dr. Sloat for that work. This way we can ensure that the visit captures everything needed and that the patients are comfortable receiving care. Understandably, some women are more comfortable having a woman provider for these more sensitive screenings.

I will update you on that process change and the opportunities and successes as we try a new workflow to capture those routine screenings. We should also have a complete i2i dashboard that is almost built for tracking. As soon as it is completed, I will bring it for us to analyze.

Conclusion

It has been another fantastic month for Quality here at Mayers. As I am finishing this report, I am headed for maybe 50 hours of R&R before returning to the office to get policies in line for the close of the fiscal year. Thank you for having me as a quality team member here at Mayers.

Respectfully submitted, Jack Hathaway – DOQ

CARE/SERVICE AREA

Legend: Q1 23, Q1 24, Q1 25, Q2 23, Q2 24, Q2 25, Q3 23, Q3 24, Q4 23, Q4 24

	Admitting	Cardiac Rehab	Clinic	Emergency	Hospice	Imaging	Lab	Med / Surg	OPM	Pharm	PT	Respitory	Retail Pharm	Skilled FRM	Skilled BAF	Skilled BAMCU	Surgery
Q1 23	0	3	4	17	0	2	0	5	1	0	0	0	2	25	33	18	1
Q1 24	1	0	1	5	2	2	0	63	0	0	0	0	1	46	47	42	0
Q1 25	2	0	1	2	0	1	0	10	1	1	0	2	0	107	78	26	0
Q2 23	1	0	2	17	0	0	0	16	0	0	0	0	0	17	37	10	0
Q2 24	0	1	1	2	27	2	1	22	0	0	0	0	2	53	18	48	0
Q2 25	1	0	3	11	1	1	0	13	3	0	0	0	0	136	51	26	0
Q3 23	0	0	2	2	0	1	2	23	0	0	0	0	2	37	38	3	0
Q3 24	0	1	0	0	2	0	1	9	0	0	0	0	1	14	3	19	0
Q4 23	0	0	3	12	2	1	1	19	3	0	0	0	0	12	20	31	0
Q4 24	2		6	44	1	3	0	36	4	1	0	0	2	237	52	52	1

GENERAL EVENT TYPE

Legend: Q1 23, Q1 24, Q1 25, Q2 23, Q2 24, Q2 25, Q3 23, Q3 24, Q4 23, Q4 24

	Abuse	Adverse Drug Reactions	Aggession	Imaging	Employee	Equipment/Medical Device	Facilities	Fall	Healthcare IT	Infection Control	Lab/Specimen	Medication/Fluid	Patient ID	Professional Conduct	Provision of Care	Safety/Security	Skin/Tissue
Q1 23	0	2	0	2	9	2	0	1	0	4	3	75	2	3	1	7	0
Q1 24	1	2	13	3	2	3	0	3	0	0	4	169	0	0	3	8	0
Q1 25	3	1	7	1		3	0	14	0	0	0	197	0	0		4	1
Q2 23	0	2	5	0	2	3	3	1	0	0	0	77	0	4	1	3	0
Q2 24	3	2	1	2	2	1	0	3	0	0	0	155	0	0	2	6	0
Q2 25	4	2	6	5	1	1	1	24	1	0	0	182	2	0	0	8	1
Q3 23	0	1	8	0	0	3	0	3	0	0	4	88	0	0	1	0	2
Q3 24	2	1	0	0	1	0	0	2	0	0	0	37	0	0	2	4	0
Q4 23	2	7	3	0	2	2	0	6	0	0	2	70	0	2	2	2	4
Q4 24	5	6	4	3	1	0	0	38	2	0	1	306	2	5	2	10	2

SEVERITY LEVEL REPORTED

Legend: Q1 23, Q1 24, Q1 25, Q2 23, Q2 24, Q2 25, Q3 23, Q3 24, Q4 23, Q4 24

	A: Unsafe Condition (No Event)	B: Near Miss caught by chance	B2: Near Miss caught by staff	C. No Harm - Reached Patient No Monitoring Required	D. No Harm - Reached Patient Monitoring Required	E. Harm - Temporary, Intervention Needed	F. Harm - Temporary, Hospitalization Needed	G. Harm - Permanent	H. Harm - Permanent, Intervention Required to Sustain Life	I. Death
Q1 23	29	1	2	73	2	4	2	1	0	0
Q1 24	61	1		136	5	4	0	0	0	3
Q1 25	14	1	1	185	23	4	0	0	0	0
Q2 23	18	1	2	67	7	5	0	0	0	0
Q2 24	22	1	2	143	3	4	0	1	1	0
Q2 25	8	2	1	187	31	15	3	0	0	0
Q3 23	6	2	0	92	3	8	0	0	0	0
Q3 24	2	1	1	36	2	3	0	0	0	0
Q4 23	9	1	2	71	7	13	1	0	0	0
Q4 24	16	6	6	383	25	14	1	2	0	0

Care Service Area

	Admitting	Cardiac Rehab	Clinic	Emergency	Hospice	Imaging	Lab	Med / Surg	OPM	Pharm	PT	Respitory	Retail Pharm	Skilled FRM	Skilled BAF	Skilled BAMCU	Surgery
Jan-25	0	0	0	4	0	3	0	6	0	0	0	0	0	7	19	7	0
Feb-25	2	0	0	1	0	0	0	7	1	0	0	2	0	56	11	7	0
Mar-25	0	0	1	2	0	0	0	1	0	1	0	0	0	50	51	16	0
Apr-25	1	0	2	3	1	0	0	3	1	0	0	0	0	38	23	12	0
May-25	0	0	1	4	0	0	0	4	0	0	0	0	1	55	22	8	0
25-Jun	0	0	0	4	0	1	0	6	2	0	0	0	0	43	6	6	0
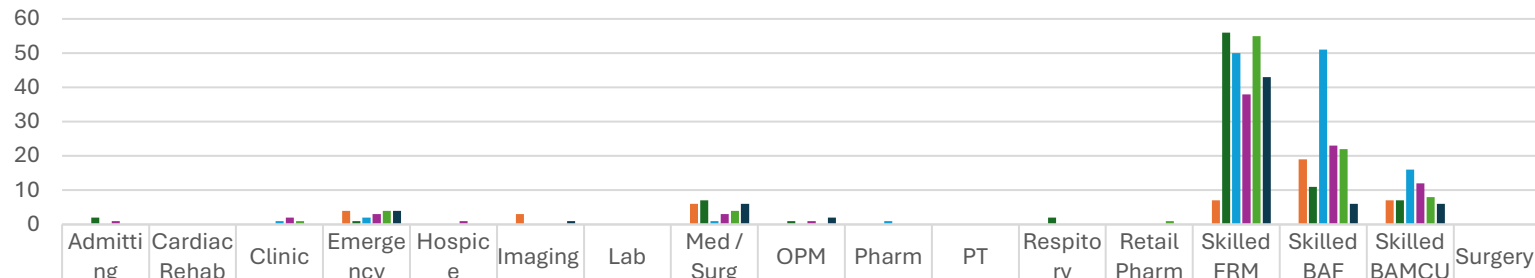
Jan-25　Feb-25　Mar-25　Apr-25　May-25　25-Jun

General Event Type

	Abuse	Adverse Drug Reactions	Aggession	Imaging	Employee	Equipment/Medical Device	Facilities	Fall	Health care IT	Infection Control	Lab/Specimen	Medication/Fluid	Patient ID	Professional Conduct	Provision of Care	Safety/Security	Self Injurious Behavior	Skin/Tissue	Surgery / Procedure
■																			
■ Jan-25	1	0	1	2	0	0	0	10	1	0	1	27	2	0	0	1	0	0	0
■ Feb-25	1	1	6	0	0	2	0	3	0	0	0	70	0	0	0	3	0	1	0
■ Mar-25	2	0	1	0	0	1	0	10	0	0	0	108	0	0	0	0	0	0	0
■ Apr-25	2	0	0	1	1	1	0	8	0	0	0	62	1	0	0	3	1	1	1
■ May-25	0	2	2	2	0	0	0	10	0	0	0	73	1	0	0	3	0	2	0
■ 25-Jun	2	0	4	2	0	0	1	6	1	0	0	47	0	0	0	2	0	3	0

■ ■ Jan-25 ■ Feb-25 ■ Mar-25 ■ Apr-25 ■ May-25 ■ 25-Jun

Severity Level Reported

	A: Unsafe Condition (No Event)	B: Near Miss caught by chance	B2: Near Miss caught by staff	C. No Harm - Reached Patient No Monitoring Required	D. No Harm - Reached Patient Monitoring Required	E. Harm - Temporary, Intervention Needed	F. Harm - Temporary, Hospitalization Needed	G. Harm - Permanent	H. Harm - Permanent, Intervention Required to Sustain Life	I. Death
Jan-25	2	2	0	30	8	3	0	1	0	0
Feb-25	7	1	1	65	10	2	0	1	0	0
Mar-25	4	0	0	102	13	1	2	0	0	0
Apr-25	3	1	0	67	9	2	2	0	0	0
May-25	2	0	0	70	18	5	0	0	0	0
25-Jun	3	1	1	50	4	8	1	0	0	0

Jan-25 ■ Feb-25 ■ Mar-25 ■ Apr-25 ■ May-25 ■ 25-Jun

Tag C2400 – Compliance with EMTALA CFR 42 §489.24

1. **Plan to Correct Specific Deficiency:**
   Mayers Memorial Hospital will ensure that all ED staff are retrained on EMTALA obligations, emphasizing that any person who "comes to the ED" must be medically screened and stabilized, regardless of whether they sign in or explicitly request care.

2. **Systemic Improvements:**

   Mayers leadership will revise triage protocols to treat all individuals presenting to the ED (including "walk-ins" and "information-seekers") as patients until an MSE is completed.

   Mayers leadership will update signage and intake policies to ensure non-English speakers receive assistance immediately through certified translation services.

3. **Implementation Procedure:**

   Mayers leadership will provide immediate retraining of all ED nurses, providers, and admitting staff on EMTALA rules and facility policy.

   Mayers leadership will distribute laminated "EMTALA Quick Reference" materials at all ED workstations.

   Mayers leadership will install reminder signage in staff areas: "Any patient presenting must be offered MSE—No Exceptions."

4. **Completion Date:** July 31, 2025
5. **Monitoring/Tracking:**

Mayers leadership will track and monitor compliance in the following ways:

   1. Weekly audits of ED presentations to ensure all are triaged and receive an MSE.
   2. Monthly EMTALA compliance audits reviewed by Director of Quality.
   3. Random chart audits for documentation completeness and use of language services.

6. **Responsible Title(s):** CNO, Director of Acute Services and Director of Quality

Tag C2406 – Medical Screening Exam CFR 42 §489.24(a) & (c)

1. **Plan to Correct Specific Deficiency:**
   Mayers Memorial Hospital will revise any applicable policy to require that any and all pregnant woman presenting with labor symptoms (e.g., contractions, water breaking) receive an immediate MSE by a qualified provider. RN discretion will not delay evaluation.

2. **Systemic Improvements:**

   Mayers leadership will update policies to mandate use of translation services for all Limited English Proficiency (LEP) patients upon first interaction.

   Mayers leadership will institute a "Labor Alert Protocol" that requires provider bedside presence within 10 minutes of presentation for patients ≥20 weeks pregnant.

3. **Implementation Procedure:**

   Mayers leadership will re-educate ED personnel on existing policies, clarifying when an EMTALA obligation is triggered.

   Mayers leadership will implement language services checklist to alert staff to appropriate use of the language services the hospital has in place.

   Mayers leadership will provide refresher training for staff on labor triage procedures and appropriate use of translation tools.

4. **Completion Date:** July 31, 2025
5. **Monitoring/Tracking:**

   Mayers leadership will track and monitor compliance in the following ways:

   1. ED Manager will audit 100% of ED visits involving pregnant women through December 2025.
   2. Translation services usage logs will be reviewed weekly to confirm compliance.
   3. Any deviation will result in immediate remediation and documentation.

6. **Responsible Title(s):** Director of Acute Services, ED Manager and Director of Quality

Tag C2409 – Appropriate Transfer CFR 42 §489.24(e)(1) & (2)

1. **Plan to Correct Specific Deficiency:**
   Mayers Memorial Hospital will ensure all required EMTALA transfer documentation is

completed, including written consent and physician certification of risk/benefit when appropriate.

2. **Systemic Improvements:**

   Mayers will implement a process to flag incomplete transfer forms prior to the transfer being completed.

   Mayers leadership will standardize transfer documentation to include mandatory signature capture and electronic verification prompts before finalization.

3. **Implementation Procedure:**

   Mayers leadership will retrain ED clinical and administrative staff on required EMTALA transfer documentation.

   Mayers leadership will work with IT and Cerner to see if we can configure the EHR to block closure of transfer encounters without completed forms.

   Mayers leadership will implement a manual double-check by nurse supervisor or manager for all transfers until we understand the ability of EHR, and update is live. If for whatever reason the EHR cannot block closure of transfer encounters, Mayers will maintain the manual process, so each transfer encounter is conducted appropriately.

4. **Completion Date:** August 15, 2025
5. **Monitoring/Tracking:**

   Mayers leadership will track and monitor compliance in the following ways:

   1. Bi-weekly chart reviews by the Director of Quality to ensure all transfers include signed consent and risk documentation.
   2. Monthly reporting to the Quality Committee on transfer compliance until 100% adherence for 90 days is sustained.

6. **Responsible Title(s):** Director of Quality, Director of Acute Services, and ED Manager

TAG F689 – Free of Accident Hazards/Supervision/Devices

1. Corrective Action Taken for Residents Found to Have Been Affected

Resident #1: Post-fall care was provided, including surgical repair of right hip fracture. Care plan was immediately reviewed and updated. Additional fall prevention measures implemented, including closer observation protocols, use of chair alarms with increased staffing response monitoring, and 1:1 supervision during peak risk times.

Resident #2: Emergency care and hip fracture repair were completed. Resident's footwear inventory was replaced with properly fitted non-skid shoes. Staff were re-educated on care plan adherence, particularly related to ambulation supervision and footwear checks.

2. How Facility Will Identify Other Residents Having Potential to be Affected

Mayers SNF Staff conducted a comprehensive review of all residents identified as high risk for falls per Morse Fall Scale following the deficiency identification. Then the team audited current care plans to ensure each includes individualized interventions that are actionable and staff compliant.

Residents found with incomplete, outdated, or non-compliant fall prevention measures (or other care plan measures) will have their care plans revised at the next IDT.

3. Measures or Systemic Changes to Ensure Deficiency Does Not Recur

Re-education of all direct care staff on fall prevention and care planning policies, including:

- Implementation, and following of individualized care plan interventions.
- Immediate response to alarms.
- Proper footwear enforcement.

Staff will conduct weekly interdisciplinary care plan/fall review rounds to monitor effectiveness of interventions. Leadership will reinforce requirement for staff to document and verbally report changes in resident mobility, compliance with fall interventions, and footwear usage.

4. How the Facility Will Monitor Corrective Actions

Audits: Weekly audits of care plan compliance and staff execution of fall prevention interventions for high-risk residents.

Monitoring: DON or designee to observe and document 5 resident care interventions per week for 3 months, with results reported in Quality Assurance and Performance Improvement (QAPI) meetings.

QA Review: Monthly review of all fall incidents to ensure root cause is addressed, and that interventions were in place and followed.

TAG F755 – Pharmacy Services/Controlled Substances Management

1. Corrective Action Taken for Residents Found to Have Been Affected

All residents impacted by the identified narcotic diversion were identified and reassessed for the most appropriate pain control measures, and alternative medications provided as clinically indicated. Mayers reported the diversion incident to CDPH, local law enforcement, and DEA. Responsible staff were terminated and reported to licensing boards.

2. How Facility Will Identify Other Residents Having Potential to be Affected

Staff will conduct a retrospective review of all controlled substance records and medication administration for residents receiving narcotics from August 2024–February 2025. Pharmacy reviewed all resident pain assessments to determine if diversion may have resulted in untreated pain.

3. Measures or Systemic Changes to Ensure Deficiency Does Not Recur

Mayers will create education to train the pharmacist and facility leadership on federal and state requirements. From that training Mayers will develop a written procedure for pharmacist audits, reconciliation, and oversight of all controlled substance receipt and disposal logs.

Mayers will implement dual-signature documentation for all controlled substance handling, including delivery, storage, and destruction.
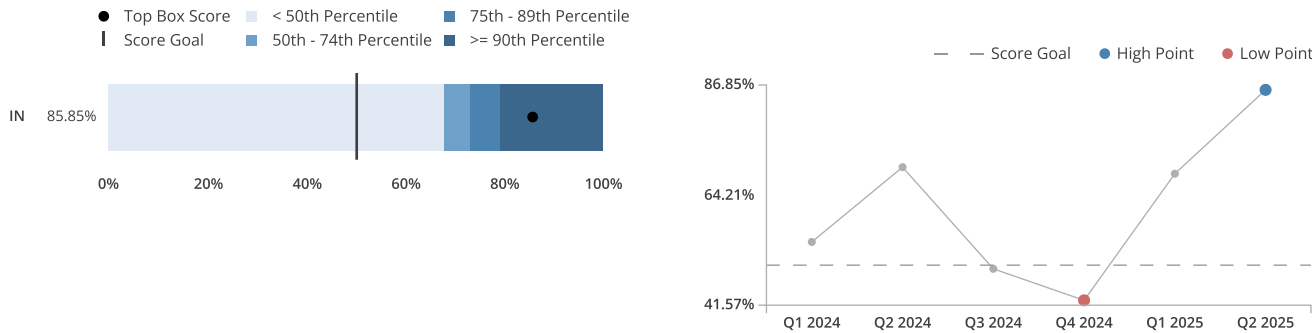
4. How the Facility Will Monitor Corrective Actions

Pharmacy staff will conduct and document monthly narcotic audits and reconciliation logs. DON or designee will perform weekly checks on controlled medication count sheets and storage security for 3 months, then monthly.

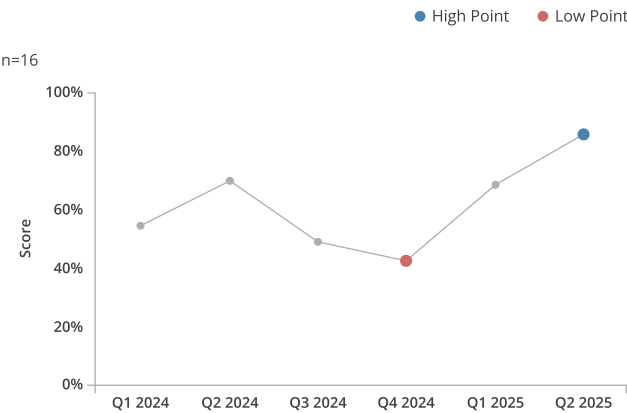Compliance will be reported and reviewed at QAPI.

Dashboard Name: Facility Scorecard| System Name: Mayers Memorial Hospital - System| System ID: 33270| Facility Name: Mayers Memorial Hospital| Facility ID: 33270|
Service Line: Inpatient| Measure: PG Overall| Metric: Top Box Score| Date Type: Received Date| Time Frame: Last Quarter| Peer Group: All PG Database| Priority Index -
Survey Type: Integrated| Priority Index View: External| Mode Adjustments: Applied| eSurvey Adjustment: Applied| Current Benchmarking Period: 04/01/2025 - 06/30/2025|
Fiscal Start Month: 01| Download Date & Time: Jul 21, 2025 4:14 am EDT

Service Line Performance ℹ

PG Overall

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

n	16
Top Box Score	85.85%
Score Goal	50.00%
Percentile Rank	98

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

Top Box Score ℹ   85.85% ▲
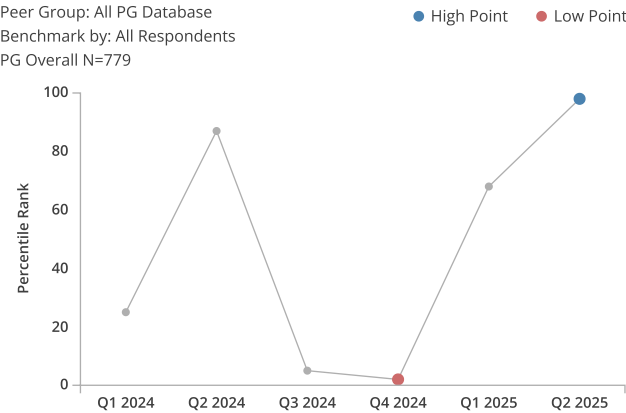
PG Overall

● High Point   ● Low Point

n=16

Top Box Percentile Rank ℹ   98th ▲

PG Overall

Peer Group: All PG Database
Benchmark by: All Respondents
PG Overall N=779

● High Point   ● Low Point

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 ⓘ
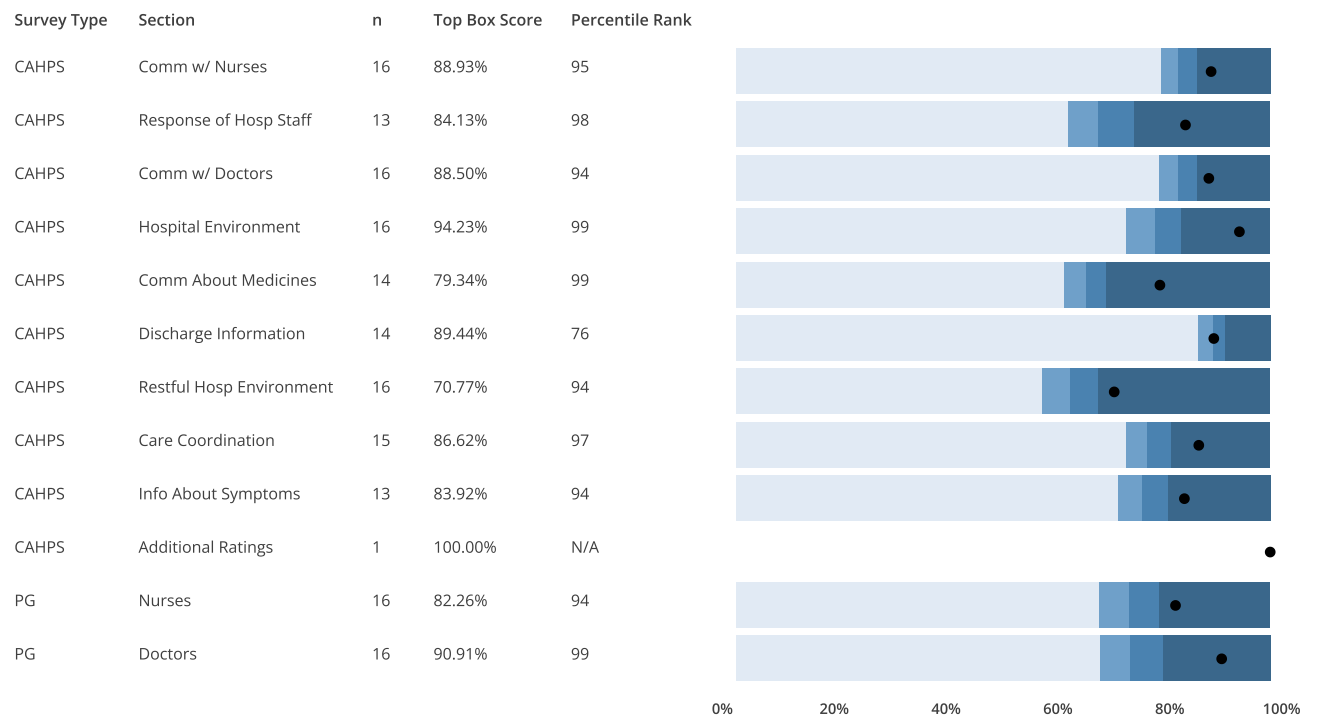
Peer Group: All PG Database
CAHPS Section/Domain Level N=2430 | PG Overall N=779

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

Survey Type	Section	n	Top Box Score	Percentile Rank
CAHPS	Comm w/ Nurses	16	88.93%	95
CAHPS	Response of Hosp Staff	13	84.13%	98
CAHPS	Comm w/ Doctors	16	88.50%	94
CAHPS	Hospital Environment	16	94.23%	99
CAHPS	Comm About Medicines	14	79.34%	99
CAHPS	Discharge Information	14	89.44%	76
CAHPS	Restful Hosp Environment	16	70.77%	94
CAHPS	Care Coordination	15	86.62%	97
CAHPS	Info About Symptoms	13	83.92%	94
CAHPS	Additional Ratings	1	100.00%	N/A
PG	Nurses	16	82.26%	94
PG	Doctors	16	90.91%	99

Distribution of Responses ⓘ
PG Overall

- Very Good n= 91 — 85.8%
- Good n= 11 — 10.4%
- Fair n= 3 — 2.8%
- Poor n= 1 — 0.9%
- Very Poor n= 0 — 0.0%

Frequency
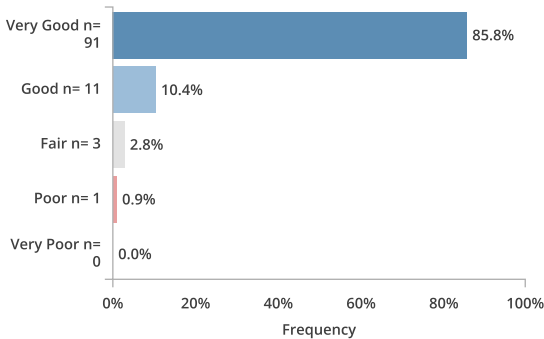
Comment Distribution ⓘ

Data from Press Ganey surveys. CAHPS surveys do not collect comments.
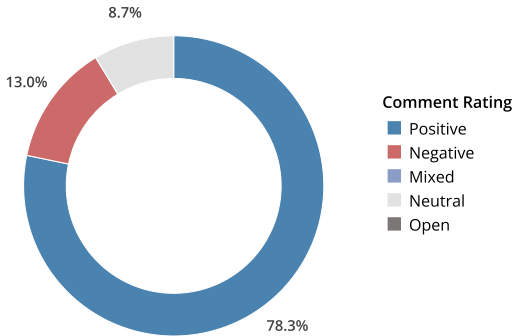
8.7%
13.0%
78.3%

Comment Rating
- ▪ Positive
- ▪ Negative
- ▪ Mixed
- ▪ Neutral
- ▪ Open

N/A ⓘ
PG Overall

N/A ⓘ
PG Overall

■ Above Goal   ■ Below Goal

■ Above Goal   ■ Below Goal

No Data Available

No Data Available

N/A ⓘ
PG Overall

N/A ⓘ
PG Overall

■ Above Goal   ■ Below Goal

■ Above Goal   ■ Below Goal
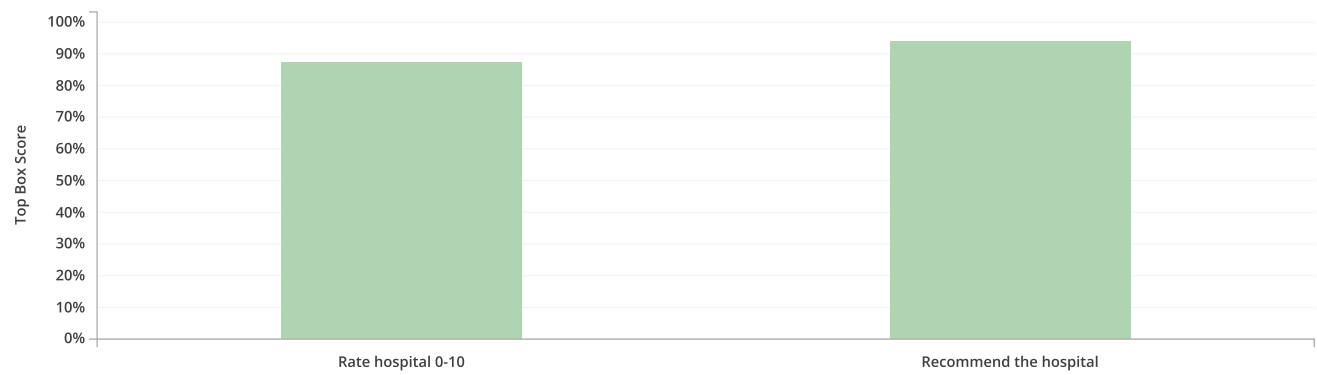
No Data Available

No Data Available

Priority Index ⓘ

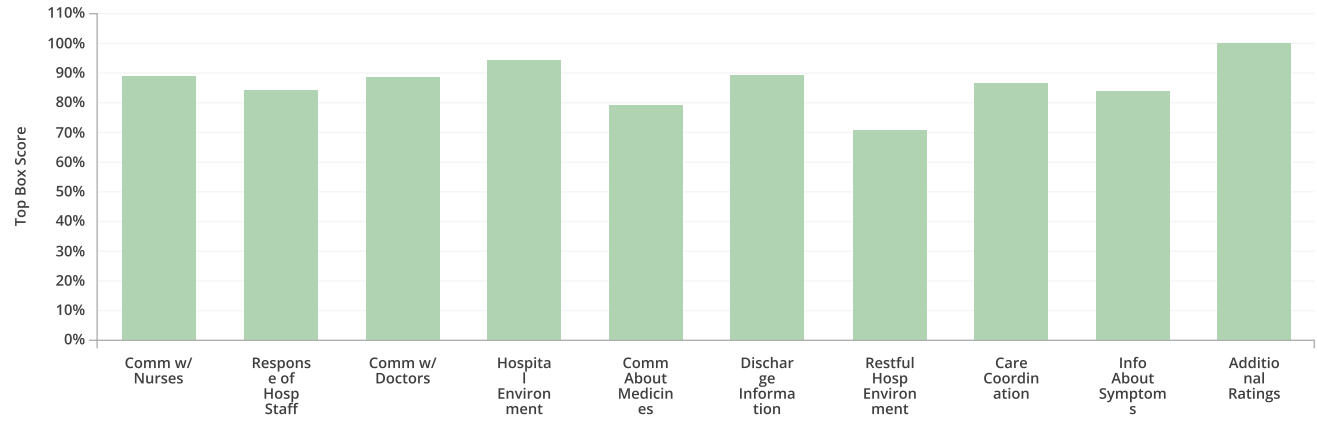PG Report Period: 6 months | CAHPS Report Period: 12 months
Benchmark by: All Respondents

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	CAHPS	Nurses listen carefully to you	24	0.53
2	CAHPS	Nurses expl in way you understand	20	0.5
3	PG	Attention to needs	43	0.69
4	CAHPS	Quietness of hospital environment	40	0.58
5	PG	Nurses kept you informed	62	0.66
6	CAHPS	Doctors listen carefully to you	28	0.35
7	CAHPS	Doctors expl in way you understand	22	0.18
8	PG	Doctors' concern questions/worries	41	0.48
9	CAHPS	Cleanliness of hospital environment	65	0.54
10	CAHPS	Recommend the hospital	50	0.5

† Custom Question ^ Focus Question

Dashboard Name: CAHPS Summary| System Name: Mayers Memorial Hospital - System| System ID: 33270| Facility Name: Mayers Memorial Hospital| Facility ID: 33270|
Service Line: Inpatient| Metric: Top Box Score| Date Type: Received Date| Time Frame: Last Quarter| Peer Group: All PG Database | Priority Index - Survey Type: CAHPS|
Priority Index View: External| Mode Adjustments: Applied| eSurvey Adjustment: Applied| CMS Reportable Responses: Not Applied| Skip Logic: Not Applied| Current
Benchmarking Period: 04/01/2025 - 06/30/2025 | Fiscal Start Month: 01 | Download Date & Time: Jul 21, 2025 3:11 am EDT

HCAHPS Global Comparison ⓘ

Domain Comparison ⓘ

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

Domains and Questions ⓘ

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

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	CAHPS	Nurses listen carefully to you	24	0.53
2	CAHPS	Nurses expl in way you understand	20	0.5
3	CAHPS	Quietness of hospital environment	40	0.58
4	CAHPS	Cleanliness of hospital environment	65	0.54
5	CAHPS	Doctors listen carefully to you	28	0.35
6	CAHPS	Doctors expl in way you understand	22	0.18
7	CAHPS	Recommend the hospital	50	0.5
8	CAHPS	Nurses treat with courtesy/respect	54	0.49
9	CAHPS	Doctors treat with courtesy/respect	46	0.3
10	CAHPS	Staff talk about help when you left	39	0.05

† Custom Question ^ Focus Question

Dashboard Name: Key Performance Indicators| System Name: Mayers Memorial Hospital - System | System ID: 33270 | Facility Name: Mayers Memorial Hospital | Facility ID: 33270 | Service Line: Inpatient | Metric: Top Box Score | Date Type: Received Date | Time Frame: Last Quarter | Peer Group: All PG Database | Mode Adjustments: Applied| eSurvey Adjustment: Applied| CMS Reportable Responses: Not Applied| Skip Logic: Not Applied| Current Benchmarking Period: 04/01/2025 - 06/30/2025 | Fiscal Start Month: 01 | Download Date & Time: Jul 21, 2025 4:27 am 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=779 | CAHPS Item Level N=2424 | Received Date | 01 Apr 2025 - 30 Jun 2025

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

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

Dashboard Name: Patient Needs| System Name: Mayers Memorial Hospital - System| System ID: 33270| Facility Name: Mayers Memorial Hospital| Facility ID: 33270| Service Line: Inpatient| Survey Type: Integrated| Metric: Top Box Score| Date Type: Received Date| Time Frame: Rolling 12 Months| Peer Group: All PG Database| Mode Adjustments: Applied| eSurvey Adjustment: Applied| CMS Reportable Responses: Not Applied| Skip Logic: Not Applied| Current Benchmarking Period: 04/01/2025 - 06/30/2025| Fiscal Start Month: 01| Download Date & Time: Jul 21, 2025 3:38 am EDT

COMPASSIONATE CONNECTED CARE

All

PERCENTILE THRESHOLD

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	49	83.72%	41	
		CAHPS	Info re symptoms/prob to look for	48	87.55%	42	
		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	52	72.85%	24	
		PG	Nurses' attitude toward requests†	n<30	N/A	N/A	
		PG	Attention to needs	50	68.00%	42	
		CAHPS	Doctors listen carefully to you	51	74.23%	28	
		PG	Time doctors spent with you†	n<30	N/A	N/A	
	Courtesy	CAHPS	Nurses treat with courtesy/respect	52	86.31%	54	
		CAHPS	Doctors treat with courtesy/respect	52	84.34%	46	
		PG	Courtesy of person cleaning room†	n<30	N/A	N/A	
	Inform	PG	Nurses kept you informed	50	66.00%	55	
		CAHPS	Nurses expl in way you understand	52	70.92%	20	
		PG	Doctors kept you informed†	n<30	N/A	N/A	
		CAHPS	Doctors expl in way you understand	51	70.31%	22	
		CAHPS	Tell you what new medicine was for	39	76.58%	64	
		CAHPS	Staff describe medicine side effect	35	62.48%	95	
	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	49	69.39%	58	
		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	

							Difference to Threshold
				wanted			
Operational	Environment	CAHPS	Cleanliness of hospital environment	50	76.18%	65	
		CAHPS	Quietness of hospital environment	51	55.26%	40	
		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	52	78.80%	82	
		PG	Likelihood of recommending†	n<30	N/A	N/A	
		CAHPS	Recommend the hospital	52	71.18%	50	

† Custom Question   ^ Focus Question

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

PowerDMS by NEOGOV

t 800.749.5104
2120 Park Pl. Suite 100
El Segundo, CA 90245

NEOGOV

THIS IS NOT AN INVOICE

Contract Records		Order Details	
Account Number:	A-517315	**Order #:**	Q-361011
Customer:	Mayers Memorial Hospital (CA)	**Valid Until:**	7/31/2025
Effective Employee Count:	183		
Sales Rep:	Wayne Minnich		

Customer Contact			
Billing Contact:	Mayers Memorial Hospital (CA)	**Shipping Contact :**	Mayers Memorial Hospital (CA) Jack Hathaway
Billing Address:	43563 Hwy 299 E Fall River Mills, CA 96028	**Shipping Address:**	43563 Hwy 299 E Fall River Mills, CA 96028
Billing Contact Email:		**Shipping Contact Email:**	jhathaway@mayersmemorial.com
Billing Phone:		**Shipping Phone:**	(530) 336-5511

Payment Terms			
Payment Term:	Net 30	**Notes:**	
PO Number:			

Subscription Service

Year 1

Item	Type	Start Date	End Date	Qty.	License Type	Total (USD)
PowerPolicy Professional Subscription	Recurring	9/1/2025	8/31/2026	499	User Count Based	$11,698.05
A policy and compliance management platform that lets you create, edit, organize, and distribute content from a secure, cloud-based site. Included are key features such as automatic workflows, signature capture and tracking, side-by-side comparison, knowledge testing, Public-Facing Documents, PowerDMS University, and Analytics for advanced reporting.						
PowerPolicy Professional Setup (Onboarding)	Services			499	User Count Based	$1,838.00
This package includes implementation services to ensure a successful setup and launch of PowerPolicy. An Implementation Consultant will be assigned to work with the customer's project leader and includes: Kickoff Call, Technical Set Up (User Import / SSO - if purchased), Document Upload Service, Group Structure Setup/Training, Workflow Setup/Training, Document Functionality Training, Training Module Setup/Training (if purchased), Standards Setup/Training (if purchased), and a Rollout Prep call. Once Implementation is complete, the customer will be transitioned to their Customer Success Manager.						
Recall Subscription	Recurring	9/1/2025	8/31/2026	499	User Count Based	$5,938.80
Recall is a training tool that auto-generates flashcards, focusing on enhancing employee comprehension and retention through spaced repetition and real-time analytics.						
Recall Setup	Services			499	User Count Based	$1,575.00
Services to set up Recall for an organization include enabling the Recall product, creating standard deck templates for various training scenarios, onboarding on the use of AI service and other configuration. Additionally, access to online training courses for administrators, online guidance from a Recall implementation consultant during initial setup and implementation, and analytics setup for tracking employee progress and comprehension.						
PowerTraining	Recurring	9/1/2025	8/31/2026	499	User Count Based	$3,629.60
A training solution that lets you create, deliver, and track training content online, including videos and PowerPoint presentations. It integrates with PowerPolicy Select and Professional, giving you the ability to attach policies to training courses while ensuring version control. Quantity reflects number of authorized user licenses for the software-as-a-service subscription.						
PowerPolicy SSO	Recurring	9/1/2025	8/31/2026	499	User Count Based	$879.45

PowerDMS
by NEOGOV

t 800.749.5104
2120 Park Pl. Suite 100
El Segundo, CA 90245

NEOGOV

Item	Type	Start Date	End Date	Qty.	License Type	Total (USD)
Single Sign On Service Subscription						
Accreditation Resource Services Silver Content Package - New ARS Customer	Recurring	9/1/2025	8/31/2026	1	Quantity Based	$1,795.00
A comprehensive library of resources: policy templates, audit forms, compliance tools, and staff training modules that support accreditation success.						
PowerStandards for ACHC HFAP - Critical Access Hospitals	Recurring	9/1/2025	8/31/2026	1	Quantity Based	$1,150.00
ACHC Critical Access Hospital policies, procedures, and standards are based on the CMS Conditions of Participation, and are designed to help you maintain compliance while focusing on improving patient care and environmental safety.						
PowerStandards Setup	Services			1	Quantity Based	$0.00
LiteAccred / Standards Implementation service for the setup of Accreditation purchases. Typically used for Standards Only purchases. An Implementation Consultant will be assigned to work with the customer's project leader and includes: Kickoff Call, Technical Set Up (User Import / SSO - if purchased), Document Upload Service, Group Structure Setup/Training, Standards Setup/Training, and a Rollout Prep call. Once Implementation is complete, the customer will be transitioned to their Customer Success Manager.						

Year 1 TOTAL: $28,503.90

Year 2

Item	Type	Start Date	End Date	Qty.	License Type	Total (USD)
PowerPolicy Professional Subscription	Recurring	9/1/2026	8/31/2027	499	User Count Based	$15,162.47
A policy and compliance management platform that lets you create, edit, organize, and distribute content from a secure, cloud-based site. Included are key features such as automatic workflows, signature capture and tracking, side-by-side comparison, knowledge testing, Public-Facing Documents, PowerDMS University, and Analytics for advanced reporting.						
Recall Subscription	Recurring	9/1/2026	8/31/2027	499	User Count Based	$8,339.07
Recall is a training tool that auto-generates flashcards, focusing on enhancing employee comprehension and retention through spaced repetition and real-time analytics.						
PowerPolicy SSO	Recurring	9/1/2026	8/31/2027	499	User Count Based	$1,139.90
Single Sign On Service Subscription						
PowerTraining	Recurring	9/1/2026	8/31/2027	499	User Count Based	$4,704.52
A training solution that lets you create, deliver, and track training content online, including videos and PowerPoint presentations. It integrates with PowerPolicy Select and Professional, giving you the ability to attach policies to training courses while ensuring version control. Quantity reflects number of authorized user licenses for the software-as-a-service subscription.						
PowerStandards for ACHC HFAP - Critical Access Hospitals	Recurring	9/1/2026	8/31/2027	1	Quantity Based	$1,150.00
ACHC Critical Access Hospital policies, procedures, and standards are based on the CMS Conditions of Participation, and are designed to help you maintain compliance while focusing on improving patient care and environmental safety.						
Accreditation Resource Services Silver Content Package - New ARS Customer	Recurring	9/1/2026	8/31/2027	1	Quantity Based	$1,795.00
A comprehensive library of resources: policy templates, audit forms, compliance tools, and staff training modules that support accreditation success.						

Year 2 TOTAL: $32,290.96

Year 3

Item	Type	Start Date	End Date	Qty.	License Type	Total (USD)
PowerPolicy Professional Subscription	Recurring	9/1/2027	8/31/2028	499	User Count Based	$17,007.17
A policy and compliance management platform that lets you create, edit, organize, and distribute content from a secure, cloud-based site. Included are key features such as automatic workflows, signature capture and tracking, side-by-side comparison, knowledge testing, Public-Facing Documents, PowerDMS University, and Analytics for advanced reporting.						
Recall Subscription	Recurring	9/1/2027	8/31/2028	499	User Count Based	$9,353.61
Recall is a training tool that auto-generates flashcards, focusing on enhancing employee comprehension and retention through spaced repetition and real-time analytics.						
PowerPolicy SSO	Recurring	9/1/2027	8/31/2028	499	User Count Based	$1,278.59
Single Sign On Service Subscription						
PowerTraining	Recurring	9/1/2027	8/31/2028	499	User Count Based	$5,276.88
A training solution that lets you create, deliver, and track training content online, including videos and PowerPoint presentations. It integrates with PowerPolicy Select and Professional, giving you the ability to attach policies to training courses while ensuring version control. Quantity reflects number of authorized user licenses for the software-as-a-service subscription.						
PowerStandards for ACHC HFAP - Critical Access Hospitals	Recurring	9/1/2027	8/31/2028	1	Quantity Based	$1,150.00
ACHC Critical Access Hospital policies, procedures, and standards are based on the CMS Conditions of Participation, and are designed to help you maintain compliance while focusing on improving patient care and environmental safety.						
Accreditation Resource Services Silver Content Package - New ARS Customer	Recurring	9/1/2027	8/31/2028	1	Quantity Based	$1,795.00
A comprehensive library of resources: policy templates, audit forms, compliance tools, and staff training modules that support accreditation success.						
					Year 3 TOTAL:	$35,861.25

	Total: |	$96,656.11

This price does NOT include any sales tax. Total in USD

Additional Terms and Conditions

License Terms: Enterprise license denotes that Customer has purchased an enterprise wide license up to the employee count specified above. User based license denotes that Customer has purchased the number of licenses set forth in the quantity column. Item count denotes the number of items that Customer has licensed as set forth in the quantity column.

Payment Terms: All invoices issued hereunder are **due upon the invoice due date**. If the Order is for a period longer than one year, the fees for the first period shown shall be invoiced immediately and the fees for future years/periods shall be invoiced annually in advance of each 12 month period shown on the Order, but regardless of the billing cycle, Customer is responsible for the fees for the entire Order. The fees set forth in this Service Order are exclusive of all applicable taxes, levies, or duties imposed by taxing authorities and Customer shall be responsible for payment of any such applicable taxes, levies, or duties. All payment obligations are non-cancellable, and all fees paid are non-refundable. Payment for services ordered hereunder shall be made to Governmentjobs.com, Inc., (D/B/A NEOGOV).

Terms & Conditions: This Order Form creates a legally binding contract on the parties. Unless otherwise agreed in a written agreement between GovernmentJobs.com, Inc. (D/B/A/ NEOGOV), parent company of PowerDMS, Inc., Cuehit, Inc., Ragnasoft LLC (D/B/A/ PlanIT Schedule), and Design PD, LLC (D/B/A Agency360) (collectively, "**NEOGOV**") and Customer, this Order Form and the services to be furnished pursuant to this Order Form are subject to the terms and conditions set forth here: https://www.neogov.com/service-specifications. The Effective Date (as defined in the terms and conditions) shall be the Subscription Start Date.

Special Condition:

If this Order Form is executed and/or returned to NEOGOV by the Customer after the Subscription Start Date stated in this Order Form, NEOGOV may adjust the Subscription Start Date and the corresponding Subscription End Date, without increasing the total fees, based on the date NEOGOV activates the subscription, provided the total length of the subscription term does not change. Following activation, any adjustments to such Subscription Start Date and Subscription End Date may be confirmed by reference to the invoice sent by NEOGOV.

Your signature below constitutes acceptance of terms herein and contractual commitment to purchase the items listed above.

Accepted and Agreed By Authorized Representative of:
Mayers Memorial Hospital (CA)

Signature: _____

Printed Name: _____

Title: _____

Date _____

THE INFORMATION AND PRICING CONTAINED IN THIS ORDER FORM IS STRICTLY CONFIDENTIAL.

How Pain Treatment Centers of America achieved zero deficiencies for "Quality" on their latest survey.
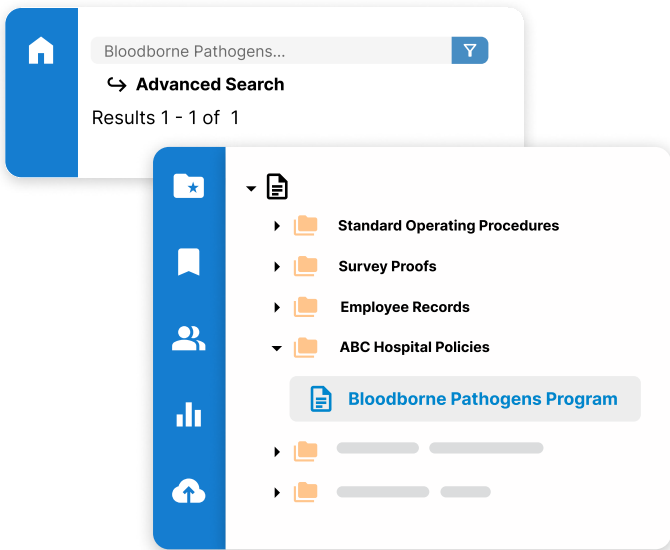
CHALLENGE ONE

Pain Treatment Centers of America (PTCOA) has 17 locations across three states. Each location had a policy binder, but information was not easily accessible or available online in a searchable format.

✔ OUTCOME

Reduced malpractice risk by centralizing their policies in a cloud-based system.

Employees can easily find what they need, when they need it most. New hires express how much they appreciate having access to written guidance from any internet-enabled device.

Bloodborne Pathogens...
↳ Advanced Search
Results 1 - 1 of 1

- Standard Operating Procedures
- Survey Proofs
- Employee Records
- ABC Hospital Policies
  - **Bloodborne Pathogens Program**

Standard   07.04.04
Immediate use steam sterilization (IUSS)

The term IUSS is used to describe the process for steam sterilizing an instrument...

Policy - Definition   Date Jul-23

IUSS - The process for steam sterilizing an instrument that is needed immediately, not intended to be stored for later use, and which allows for...

CHALLENGE TWO

During surveys, auditors had to manually flip through 13 binders with approximately 150-200 pages of policies and documentation. This slowed surveyors down and sometimes resulted in findings for PTCOA because the information was not quickly available in a searchable format.

✔ OUTCOME

A completed accreditation survey with zero "Quality" findings.

Employees could access PowerDMS online and find the documents auditors needed in seconds. Files are neatly organized into digital folders and easily searchable using keywords and tags.

❝ *This was the **easiest and most painless** policy implementation that I've ever experienced.*

Kitty Cone, Chief Legal Officer/Compliance Officer
PTCOA (ACHC Premier Site)

Safety and Security Quarterly Report

Submitted by: Dana Hauge, Director of Safety and Security

Safety, Security, and Emergency Preparedness has had a successful and busy quarter. Performance Improvement measures for the first 12 months have proven that systems are working. Incident response and action plans have been a substantial portion of the quarter, as has focusing on resource improvement and the further development of county and state relationships.

ACHC requires a report to the Board regarding the Safety, Emergency, and Environment of Care Committee (SEECC). Additionally, reporting and inclusion in the QAPI plan and discussion are required. Starting this reporting period, a quarterly report will be submitted on behalf of the SEECC.

SEECC Highlights

- Approved the purchase of five pieces of medical equipment. Medical Equipment recalls are also reviewed.
- Monitored and discussed projects such as humidity levels in procedure rooms, facility door improvements, and maintenance.
- Reviewed after-action reports for fire drill training and fire systems reports. Improved warning systems and procedures were also discussed.
- Successfully developed a process for oxygen use on the acute floors after a change in respiratory staffing.
- Reviewed, approved, and monitored risk assessments and infection control permits (ICRA).
- Reviewed and discussed cybersecurity controls.
- Reviewed, planned, and discussed disaster trainings and relevant events, such as the facilities tabletop drill and a fire alert at the Fall River campus.
- Reviewed thirty-one policies and plans.

Incident Overview

From July 2024 through June 2025, we have had 47 occurrences considered security incidents. Projections show more in the next year due to community populations and better performance improvement measures.

- Quarterly breakdown

- o April- 5 incidents
- o May- 5 incidents
- o June- 3 incidents
- o July- 6 incidents
- o July- 1 incident required lockdown, alerts, and extensive work with Shasta County Officers.
- Non-security alerts
  - o In May, we placed the Fall River long-term care facility under alert as a precaution due to a small fire in the area.
  - o In July, the Burney annex was on alert due to a potential wildfire in the area.

Director of Safety and Security (Safety Officer) Highlights

- Attended the International Association of Emergency Managers Virtual Conference.
- Held the District's annual tabletop drill, attended by Shasta County Public Health Disaster Coordinators.
- Attended and participated in the Elementary school assemblies, highlighting what an evacuation may look like, and developed take-home bags with TCCN and CPRO team members.
- Attended and participated in Shasta County's Public Health Integrated Preparedness Planning Workshop.
- I joined the SPRIG- Safety Preparedness Intermountain Group with Shasta County and North Valley Catholic Social Services Inc.
- Attended the Modoc County Active Shooter Training and the Modoc Medical Center surge and lockdown drill as an evaluator.
- Hosted the Regional Disaster Medical Health Specialists with an inventory and tour of our hazardous materials response resources and the disaster trailer.
- Chosen as a speaker at the 2025 California Hospital Association Disaster Conference and served on the Disaster Conference Planning Committee for the second year.
- Assisted in Retail Pharmacy Security controls and camera systems.
- Attended long-term care family council, and will return regularly