

Chief Executive Officer
Ryan Harris



Board of Directors
Jeanne Utterback, President
Abe Hathaway, Vice President
Tami Humphry, Treasurer
Lester Cufaude, Director
James Ferguson, Director

**Quality Committee
Meeting Agenda**
January 29 2025 @ 9:30 am
Mayers Memorial Healthcare
Burney Annex Boardroom
20647 Commerce Way
Burney, CA 96013

Attendees

<p>Les Cufaude, Director and Chair of Quality James Ferguson, Director Jessica Decoito, Director of Operations</p>	<p>Ryan Harris, CEO Jack Hathaway, Director of Quality Ashley Nelson, Board Clerk</p>
--	---

1	CALL MEETING TO ORDER	Chair Les Cufaude			Approx. Time Allotted	
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS					
3	APPROVAL OF MINUTES					
	3.1	Regular Meeting – December 4, 2024	Attachment A	Action Item	2 min.	
4	HOSPITAL QUALITY COMMITTEE REPORT				Report	10 min.
5	DIRECTOR OF QUALITY	Jack Hathaway	Attachment B	Report	10 min.	
6	KEY PERFORMANCE INDICATORS	Jack Hathaway	Attachment C	Report	5 min.	
7	PARTNERSHIP HEALTHPLAN QUALITY DASHBOARD	Jack Hathaway	Attachment D	Report	5 min.	
8	PERFORMANCE OVERVIEW	Jack Hathaway	Attachment E	Report	5 min.	
9	OTHER INFORMATION/ANNOUNCEMENTS				Information	5 min.
10	MOVE INTO CLOSED SESSION					
11	CLOSED SESSION ITEMS					
	11.1	HEARING (HEALTH AND SAFETY CODE § 32155) – MEDICAL STAFF CREDENTIALS				
		MEDICAL STAFF REAPPOINTMENT				
		1. DAVID PANOSSIAN, MD (PULMONARY)				
		2. JACK LIN, MD (UCD)				
		3. REENA NANJIREDDY, MD (UCD)				
		4. ALAN YEE, DO (UCD)				

	<ul style="list-style-type: none"> 5. TRINH TRUONG, MD (UCD) 6. DAPHNEY SAY, MD (UCD) 7. MAHEEN HASSAN, MD (UCD) 8. KELLY HAAS, MD (UCD) 9. ARTHUR DELORIMIER, MD (UCD) 10. DANIEL KIRKHAM, MD (TCR) <p>MEDICAL STAFF APPOINTMENT</p> <ul style="list-style-type: none"> 1. LINDSAY FRYE, DO 2. HOSSEIN MOUSAVI, MD (UCD) 3. SANDY LEE, DO (T2U) 4. HOWARD FELLOWS, MD (MERCY ONCOLOGY) 5. JORGE PEREZ-CARDONA, MD (MERCY ONCOLOGY) 6. KYLE GREENE, MD (MERCY ONCOLOGY) 7. ARUN KALRA, MD (MERCY ONCOLOGY) 8. KEITH SHONNARD, MD (TCR) <p>AHP REAPPOINTMENT</p> <ul style="list-style-type: none"> 1. THELMA WADSWORTH, PA (MVHC) 2. SHANNON DAVIDSON, CRNA 3. ERICA BAUER, PA <p>AHP APPOINTMENT</p> <ul style="list-style-type: none"> 1. KEVIN METZ, CRNA <p>STAFF STATUS CHANGE</p> <ul style="list-style-type: none"> 1. KELSEY SLOAT, MD TO ACTIVE 2. ADRIAN MORA, MD TO INACTIVE 3. RAJESH VAID, MD TO INACTIVE 4. AAMER FAROOKI, MD TO INACTIVE 5. IAN TSENG, MD TO INACTIVE 6. AJAY SAMPAT, MD TO INACTIVE 		
12	RECONVENE OPEN SESSION		
13	ADJOURNMENT: Next Regular Meeting – February 19, 2025		

Chief Executive Officer
Ryan Harris



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tami Humphry, Treasurer
Lester Cufaude, Director
James Ferguson, Director

Board of Directors
Quality Committee
Minutes

December 4, 2024 @ 9:30 am
Mayers Memorial Healthcare
Fall River Boardroom
43563 HWY 299 E
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 9:37 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 – October 29, 2024 Meeting minutes approved, with change of date.	<i>Ferguson, Cufaude</i>
			Approved by All
4	HOSPITAL QUALITY COMMITTEE REPORT: Jack submitted his report. Jack expanded on his report, outlining the med errors that are caught at end-of-the month reviews. Staff education and Mid-Level support is underway. 792 flu shots administered for the 2024 season.		
5	DIRECTOR OF QUALITY: Jack showed the board members the numbers for the Activity Therapy Care Plan, Cardiac Rehab Report, ED Report, EMS Report, EVS Report, via the Teams platform.		
6	FY2324 QIP FINAL PERFORMANCE SUMMARY: Ryan explained that he asked how we can approve our Partnership Medical Program numbers. HCAPS numbers are down, however the Ignite the Patient experience event that was just held will improve these numbers, including the star rating of our facilities. CMS is the entity responsible for our facility ratings.		
7	PERFORMANCE OVERVIEW: Jack submitted his report.		
8	KEY PERFORMANCE INDICATORS: Jack submitted his report.		
9	PATIENT NEEDS: Jack submitted his report.		
10	OTHER INFORMATION/ANNOUNCEMENTS:		

11	ADJOURNMENT: at 10:29am. Next Meeting is January 29, 2025

DRAFT

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.

Board Quality Report 2024 Overview

Mortality In the hospital

For 2024, Cerner is reporting to me that we had 370 admissions to the acute floor and 23 deaths for a mortality percentage of $23/370 = 6.2\%$.

I am currently working on finding comparables and a better calculation for this measure so we can trend with a more meaningful group and goal.

Patient Experience

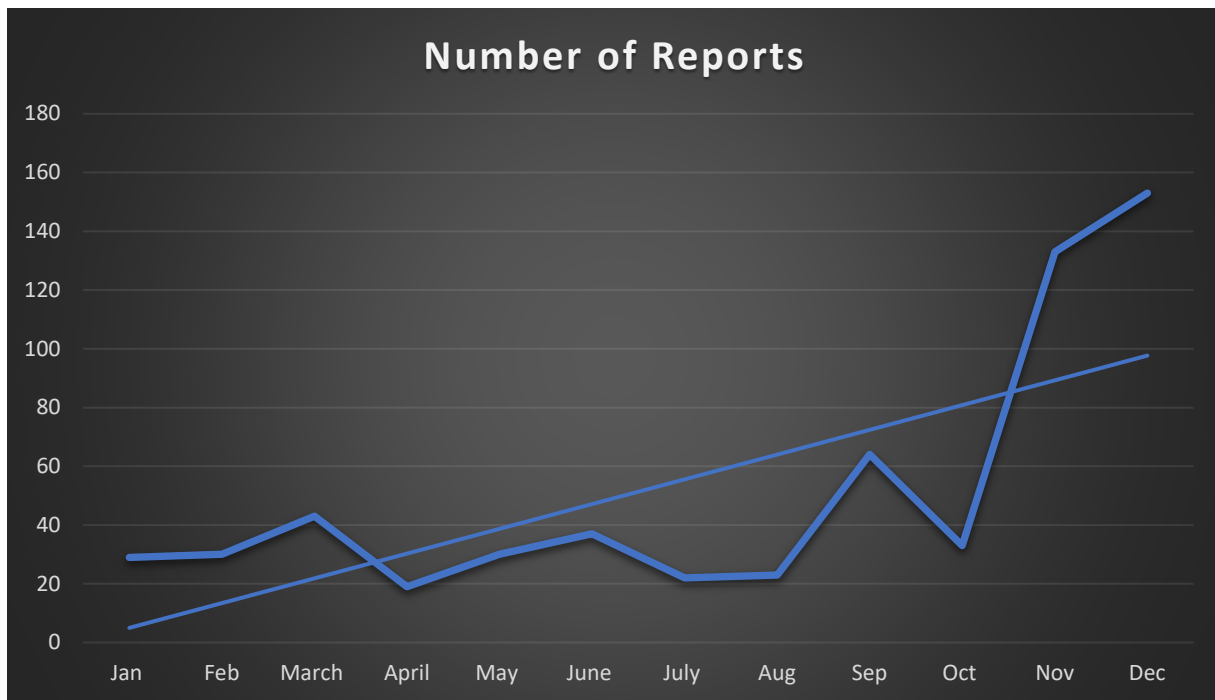
Most current data attached -

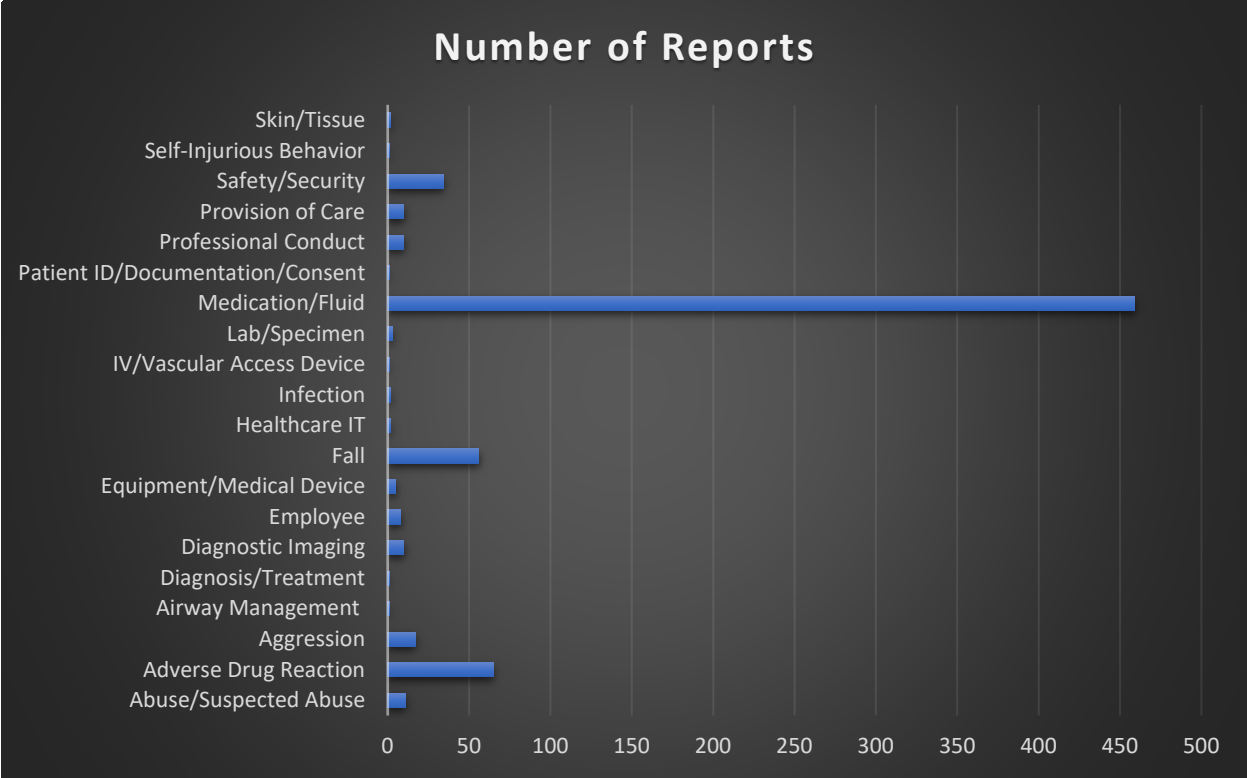
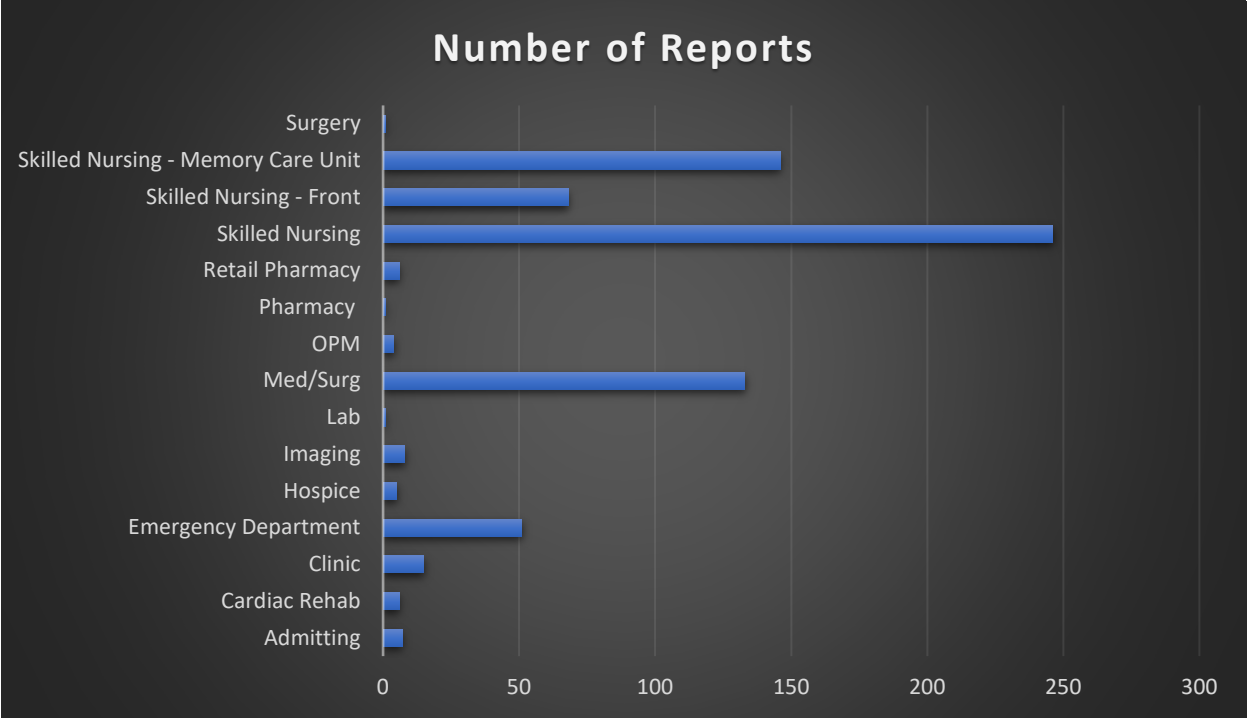
PI Review

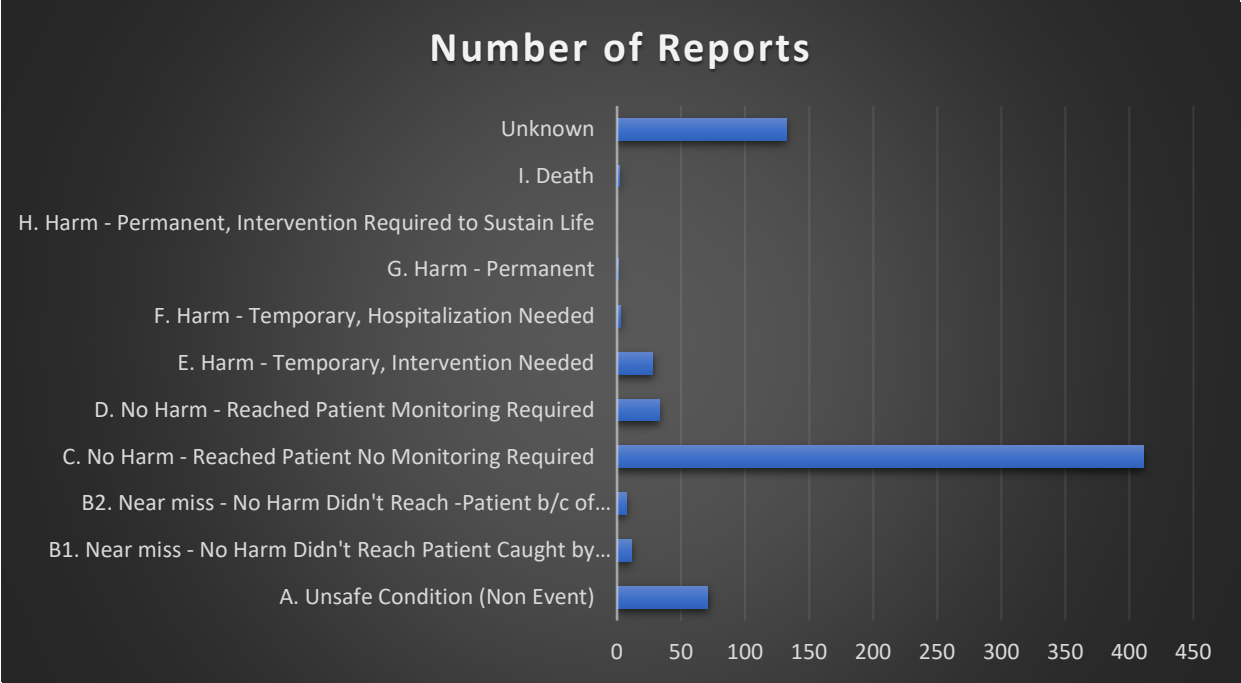
We will review the PI data in Teams during this – as of 12/31.

Risk (RL6) Review

We had 370 reports covering the last quarter of 2024 (10/1/24 – 12/31/2024) that break down in the following ways:







State

We heard back on 2 of the investigations we were assisting the state with finishing on CNAs we reported to CDHP for alleged abuse. The findings were insufficient for action, so the state took no action regarding the licensure of those CNAs based on our reports. Other than that, it has been a quiet time waiting for ACHC to show up.

Complaints

Since the last time we met, I have received two complaints—one based on an ED visit where the parents took issue with the physician on duty's prescribing practices, and the other from an inpatient who thought that one of our clinic providers had potentially broken his rib attempting to do what he considered to be a skeletal adjustment during their appointment. Incidents have been documented, and investigations are underway.

DHCS QIP Program

We are currently tracking the following measures that have a denominator over 30 in the program:

Here are the numbers:

Measure	PY6 - 2023	PY7 - 2024	Targets	Performance	AV
Q-WCV	11/41 or 26.82%	19/40 or 47.50%	30.41%	+17.09% over Target	

Q-CCS	7/36 or 19.44%	19/55 or 34.55%	24.18%	+10.37% over Target	
-------	-------------------	--------------------	--------	------------------------	--

We found some potential success with well-child visits (for children over 3) and cervical cancer screening. The numbers I have here are my calculations following the manual provided by the state—they look successful. However, I am awaiting confirmation from DHLF and our state liaison to confirm before I count this as an official success—for now, it is just looking better than last year.

The report is due to the state in June, so if we can get confirmation, we will be ahead of the game.

ACHC

As I finish this report today, I expect ACHC to be in our building tomorrow, so we may have a lot to cover in terms of findings and plan of correction in this meeting... or they might not come and we will wait and see what happens.

HQIP with Partnership Health Plan

I have attached our most current scorecard for HQIP from PHP (Partnership Health Plan)

Conclusion

While challenging at times, this month's situation in the district is in good order from the quality perspective.

Respectfully submitted,

Jack Hathaway - DOQ

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

Peer Group: All PG Database | PG Overall N=1240 | CAHPS Item Level N=2309 | Received Date | 01 Oct 2024 - 31 Dec 2024

CAHPS LTR Top Box Score 28.57% Percentile Rank 1st	CAHPS Rate 0-10 Top Box Score 71.43% Percentile Rank 49th	PG Overall Top Box Score 42.57% Percentile Rank 2nd	PG LTR Top Box Score 20.00% Percentile Rank 1st
---	--	--	--

Comm w/ Doctors CAHPS: During this hospital stay, how often did doctors explain things in a way you could understand?	Top Box Score 66.67%	Percentile Rank 8th
--	--------------------------------	-------------------------------

Comm w/ Nurses CAHPS: During this hospital stay, how often did nurses listen carefully to you?	Top Box Score 42.86%	Percentile Rank 1st
---	--------------------------------	-------------------------------

Doctors PG: How well doctors kept you informed	Top Box Score 50.00%	Percentile Rank 14th
---	--------------------------------	--------------------------------

Nurses PG: Nurses' attitude toward your requests	Top Box Score 50.00%	Percentile Rank 1st
---	--------------------------------	-------------------------------

† Custom Question ^ Focus Question



- PQD is an online platform that integrates many sources of quality performance data to enable PCPs and PHC staff to prioritize, inform and evaluate quality improvement efforts.
- QIP data is updated monthly on the 10th in PQD.
- Please reach out to QIP team (QIP@partnershiphp.org) for any questions.



Status ESTIMATED	Refresh Date Dec-24
Members 311	Claims Timeliness 73.98% (Poor) (1,589/2,148)

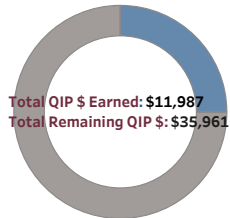
MAYERS MEMORIAL HOSPITAL DISTRICT

Parent Organization (PO) Executive QIP Measure Summary

Measure	PO Score	50th Target	PO Partial Points NNT	PO Full Points NNT	PO QIP \$ Earned	PO Remaining QIP \$	Rank	Total
ACS_ADMISSION	12.90	N/A	N/A	N/A	\$0	\$0	102	116
Avoidable ED/1000	9.94	N/A	N/A	N/A	\$2,397	\$599	52	128
Breast Cancer Screening	33.33	52.20	N/A	3	\$0	\$3,596	96	112
Cervical Cancer Screening	34.55	57.11	13	13	\$0	\$3,596	79	113
Child and Adolescent Well Care Visits	47.50	48.07	1	1	\$0	\$5,394	65	103
Childhood Immunization Status CIS 10	0.00	30.90	N/A	1	\$0	\$3,596	65	95
Colorectal Cancer Screening	40.00	39.81	0	0	\$2,997	\$0	46	112
Controlling High Blood Pressure	12.00	61.31	N/A	13	\$0	\$3,596	83	111
Diabetes - HbA1C Good Control	65.00	52.31	0	0	\$3,596	\$0	53	110
Diabetes - Retinal Eye exam	45.00	52.31	N/A	2	\$0	\$2,997	46	110
Immunization for Adolescents IMA 2	25.00	34.31	N/A	1	\$0	\$3,596	34	102
Lead Screening in Children	50.00	62.79	N/A	1	\$0	\$3,596	52	94
PCP Office Visits	2.65	N/A	N/A	N/A	\$2,997	\$0	36	128
RAR_READMISSION	0.00	N/A	N/A	N/A	\$0	\$0	1	116
Well Child First 15 Months	33.33	58.38	N/A	1	\$0	\$5,394	50	96

Payout Status

Your organization has earned **25.00%** of your Total Possible QIP \$.



You have earned **25.00%** of your possible points. The Planwide Average to date is **56.96%** giving you an Overall Rank of **96** out of **128** parent organizations. Click "Top 20" or "Bottom 20" to view unblinded PO performance.

Provider Score



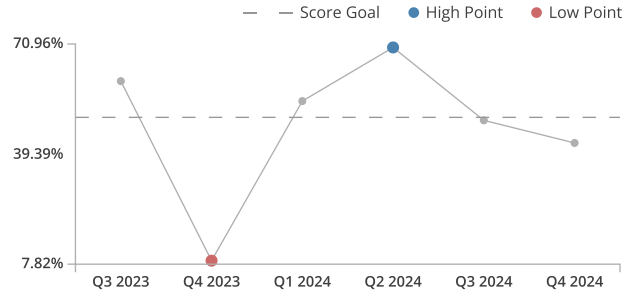
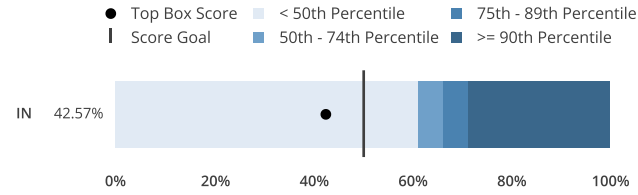
Top 20



Bottom 20

Service Line Performance ⓘ

PG Overall



n	7
Top Box Score	42.57%
Score Goal	50.00%
Percentile Rank	2

Time Period	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024
n	12	2	18	15	13	7
Top Box Score	60.30%	8.82%	54.58%	69.96%	49.06%	42.57%
Percentile Rank	48	1	25	87	5	2

Section Performance ⓘ

SORT BY

SELECT

▲ Positive ▼ Negative

Survey Type	Section	Current n	Current Period (Q4 2024)	Previous Period (Q3 2024)	Change	
CAHPS	Comm w/ Nurses	7	71.43%	69.23%	2.20%	▲
CAHPS	Response of Hosp Staff	5	70.00%	62.02%	7.98%	▲
CAHPS	Comm w/ Doctors	7	69.84%	64.10%	5.74%	▲
CAHPS	Hospital Environment	7	64.29%	63.46%	0.82%	▲
CAHPS	Comm About Medicines	5	100.00%	37.50%	62.50%	▲
CAHPS	Discharge Information	7	71.43%	91.67%	-20.24%	▼
CAHPS	Care Transitions	7	27.62%	37.18%	-9.56%	▼
PG	Room	6	36.36%	38.46%	-2.10%	▼
PG	Meals	7	38.46%	45.83%	-7.37%	▼
PG	Nurses	6	50.00%	59.46%	-9.46%	▼
PG	Doctors	7	44.44%	43.24%	1.20%	▲
PG	Personal Issues	7	40.00%	42.00%	-2.00%	▼
PG	Overall Assessment	6	43.75%	63.16%	-19.41%	▼

Facility Performance 📄

Peer Group: All PG Database | PG Overall N=1240

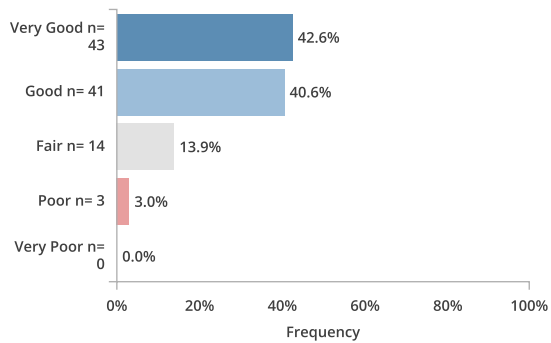
Current Period: Q4 2024 Previous Period: Q3 2024

Low Percentile Rank: 1 - 49

Facility Name	n	Top Box Score	Percentile Rank	Percentile Rank Change
Mayers Memorial Hospital	7	42.57%	2	-3

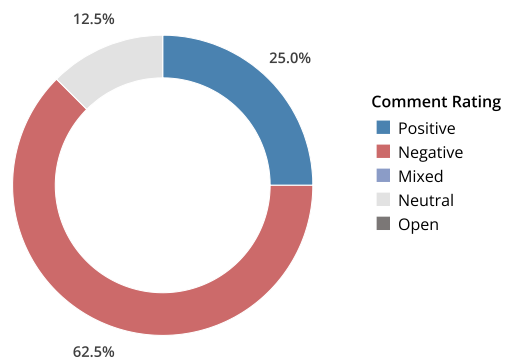
Distribution of Responses 📄

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	14	0.45
2	PG	Nurses' attitude toward requests	16	0.45
3	PG	Doctors' concern questions/worries	8	0.34
4	PG	Likelihood of recommending	28	0.53
5	PG	Doctors kept you informed	14	0.35
6	PG	Temperature of the food	16	0.37
7	PG	Staff addressed emotional needs	25	0.39
8	CAHPS	Hosp staff took pref into account	2	0.21
9	PG	Quality of the food	18	0.37
10	PG	Room temperature	16	0.31

† Custom Question ^ Focus Question