

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**  
May 20, 2024 @ 1:00 PM  
MMHD FR Boardroom

*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	<b>CALL MEETING TO ORDER:</b> Les Cufaude called the meeting to order at 1:00 pm on the above date.		
	<b>BOARD MEMBERS PRESENT:</b>	<b>STAFF PRESENT:</b>	
	Les Cufaude, Director Jim Ferguson, Director	Ryan Harris, CEO Jack Hathaway, Director of Quality Jessica DeCoito, Board Clerk	
	<b>Excused ABSENT:</b>		
2	<b>CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>		
	None		
3	<b>APPROVAL OF THE MINUTES</b>		
	3.1	Regular Meeting – April 22, 2024	<i>Harris, Cufaude</i> <b>Approved by All</b>
4	<b>HOSPITAL QUALITY COMMITTEE REPORT:</b> undergoing changes in this committee structure and processes. Nothing to report other than we are working to follow the ACHC guidelines and meet the standards. List will be shared with Board members. The package from Cindy also includes excel spreadsheets pre-built for our team members to just add in their data. These measures are more patient centered and focused rather than pain points in workflows.		
5	<b>DIRECTOR OF QUALITY:</b> Finished our recertification survey with CDPH the week of May 9 <sup>th</sup> with few tags. We are now meeting up internally to create our Plan of Corrections. It became evident that we need to empower our staff to report abuse to the ombudsman. Plans are create additional education and training, in addition to some quick features to make reporting easier. Director of Quality is also interviewing each resident at both facilities to get their input and feedback.  QIP: nothing yet for PY6. Identified gaps in gathering the data back for some measures. The plan of corrections is to get a Care Coordination team created to be the lead in getting our patients from point A all the way through to point z, and capturing all the data so we have no blank spots.  I2i Population Health will help us gather all the details and data we need to meet our QIP Measures.		
6	<b>OTHER INFORMATION/ANNOUNCEMENTS:</b> Add “Administrative Report” to agenda to be a reoccurring item		
7	<b>ADJOURNMENT:</b> at 1:52 pm    Next Meeting is June 19, 2024 at 1:00 pm		