

Chief Executive Officer
Ryan Harris



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

**Quality Committee
Meeting Agenda**

December 4, 2024 @ 9:30 am
Mayers Memorial Healthcare
Fall River Boardroom
43563 HWY 299 E
Fall River Mills, CA 96028

Attendees

Les Cufaude, Director and Chair of Quality
James Ferguson, Director
Jessica Decoito, Director of Operations

Ryan Harris, CEO
Jack Hathaway, Director of Quality
Ashley Nelson, Board Clerk

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 – October 29, 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	FY2324 QIP FINAL PERFORMANCE SUMMARY	Jack Hathaway	Attachment C	Report	5 min.	
7	PERFORMANCE OVERVIEW	Jack Hathaway	Attachment D	Report	5 min.	
8	KEY PERFORMANCE INDICATORS	Jack Hathaway	Attachment E	Report	5 min.	
9	PATIENT NEEDS	Jack Hathaway	Attachment F	Report	5 min.	
9	OTHER INFORMATION/ANNOUNCEMENTS			Information	5 min.	
10	ADJOURNMENT: Next Regular Meeting – Tentatively January 29, 2025					

Agenda Posted: 11/27/2024

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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 1:01 pm on the above date.			
	BOARD MEMBERS PRESENT:		STAFF PRESENT:	
	Les Cufaude, Director Jim Ferguson, Director		Ryan Harris, CEO Ashley Nelson, Board Clerk Jessica Decoito, Director of Operations Jackie Alvarez, HR Intern	
	Excused ABSENT: Jack Hathaway, Director of Quality			
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 – September 23, 2024	<i>Ferguson, Cufaude</i>	Approved by All
4	HOSPITAL QUALITY COMMITTEE REPORT: Jack submitted his report.			
5	DIRECTOR OF QUALITY: Ryan will follow up with Jack regarding the Quality graphs. ACHC application has not yet been permitted but after Med Staff meeting last week, everyone is on the same page for the application process. The Fire Life and Hospital Relicensing Survey both went well last month. IV solution shortage was prevalent due to the Hurricane in North Carolina, but Pharmacy foresaw the need to order extras. Starting to implement I2I- Quality measurement program- by the end of the year. Cerner is software used to input data into I2I to measure quality throughout the depts. ConferMed will be used for physicians consulting specialty physicians during their regular appt time, to decrease travel time for our patients. Ryan will be attending Radiology trade events to gauge the availability of a Radiology trailer, with the cost approved by the full board beforehand.			
6	OTHER INFORMATION/ANNOUNCEMENTS: All quality meetings will be held at 1pm, switching from Burney to Fall River every other month. All Quality meetings will now be moved to Regular Board meeting days at 9am.			
7	MOVE INTO CLOSED SESSION ITEMS: 1:20 pm			
8	CLOSED SESSION ITEMS			
	8.1	HEARING (HEALTH AND SAFETY CODE § 32155) – MEDICAL STAFF CREDENTIALS MEDICAL STAFF REAPPOINTMENT	<i>Cufaude, Ferguson</i>	5 min.

	<p>Stephen McKenzie, MD Javeed Siddiqui, MD (T2U) Frederic Gorin, MD (UCD) Matthew Chow, MD (UCD) Katherine Park, MD (UCD) Richard Granese, MD (T2U)</p> <p>MEDICAL STAFF APPOINTMENT Adrian Mora, MD (Dir. Radiology) David Pleasure, MD (UCD) Norman Malik, MD (Dir Radiology) Happy Shaw, FNP (MVHC)</p> <p>STAFF STATUS CHANGE Dan Dahle, MD – to Inactive Sunpreet Kaur, MD – to Inactive Shawn Marvin, MD – to Inactive Ara Kassarjian, MD – to Inactive Erik Maki, MD – to Inactive Zachary Franks, MD – to Inactive Beatrice Akers, MD – to Inactive Shubhi Agrawal, MD – to Inactive Doris Chen, MD – to Inactive Maheen Hassan, MD – to Inactive Kiranm Kanth, MD – to Inactive Jack Lin, MD – to Inactive Reena Nanjireddy, MD – to Inactive Brenna Oakes, MD – to Inactive Nigel Pederson, MD - to Inactive Mona Rezael Mirghaed, MD – to Inactive Jonathan Snider, MD – to Inactive Alexandria Conner, PA – to Inactive</p>		
9	RECONVENE OPEN SESSION: 2:18 pm		
9	ADJOURNMENT: at 2:19pm. Next Meeting is December 4, 2024 @ 9am.		

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

Mortality In the hospital

For January through November, we have had 248 admissions and 12 deaths – giving us a mortality percentage of $12/248 = 4.8\%$

Patient Experience

This month, we had an informative and entertaining Ignite the Patient Experience presentation. I have attached our Press Ganey scores for you to review. Press Ganey is our HCAHPS partner—they send the surveys to the patients after they are discharged from the inpatient floor.

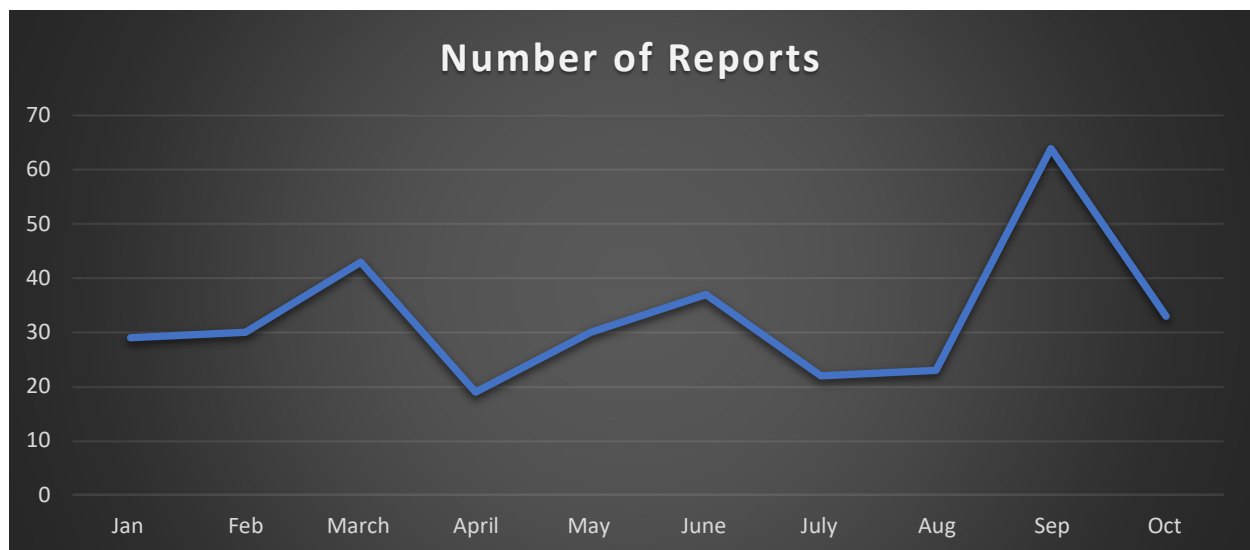
HCAHPS stands for Hospital Consumer Assessment of Health Care Providers and Systems. We will have a brief educational moment during the meeting where we can review and look at some of the actual survey forms that we send out. It should take 5 minutes or so.

PI Review

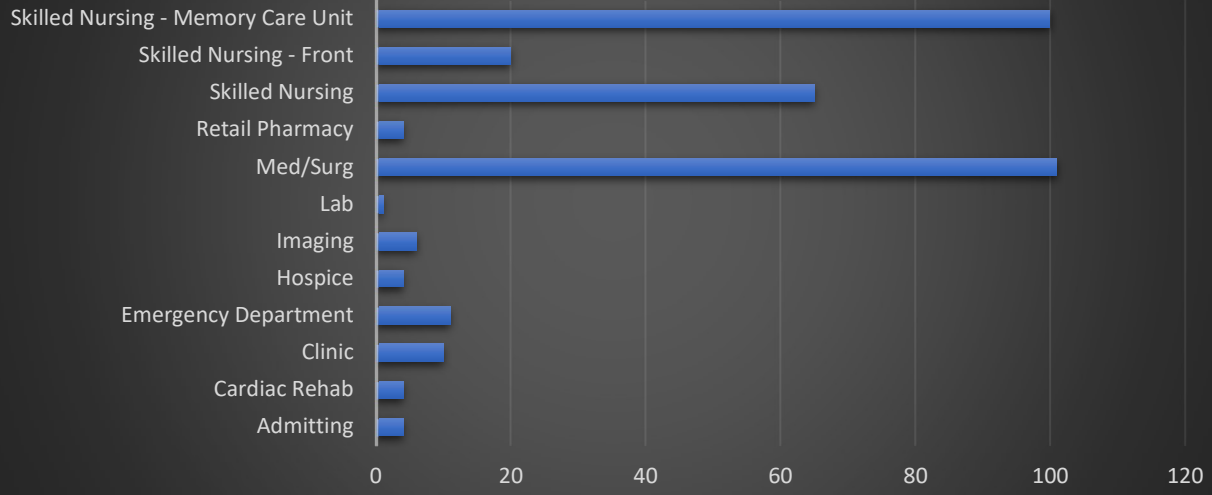
We will review the PI data in Teams during this – as of Friday the 22nd -

Risk (RL6) Review

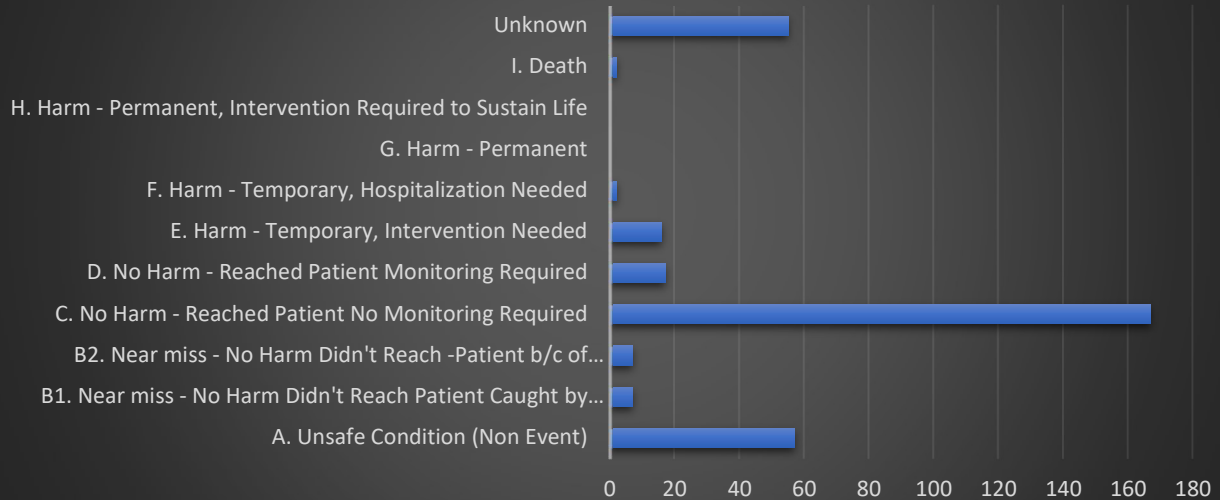
We had 330 reports covering the first 3 quarters of 2024 (January 1 to October 31) that break down in the following ways:

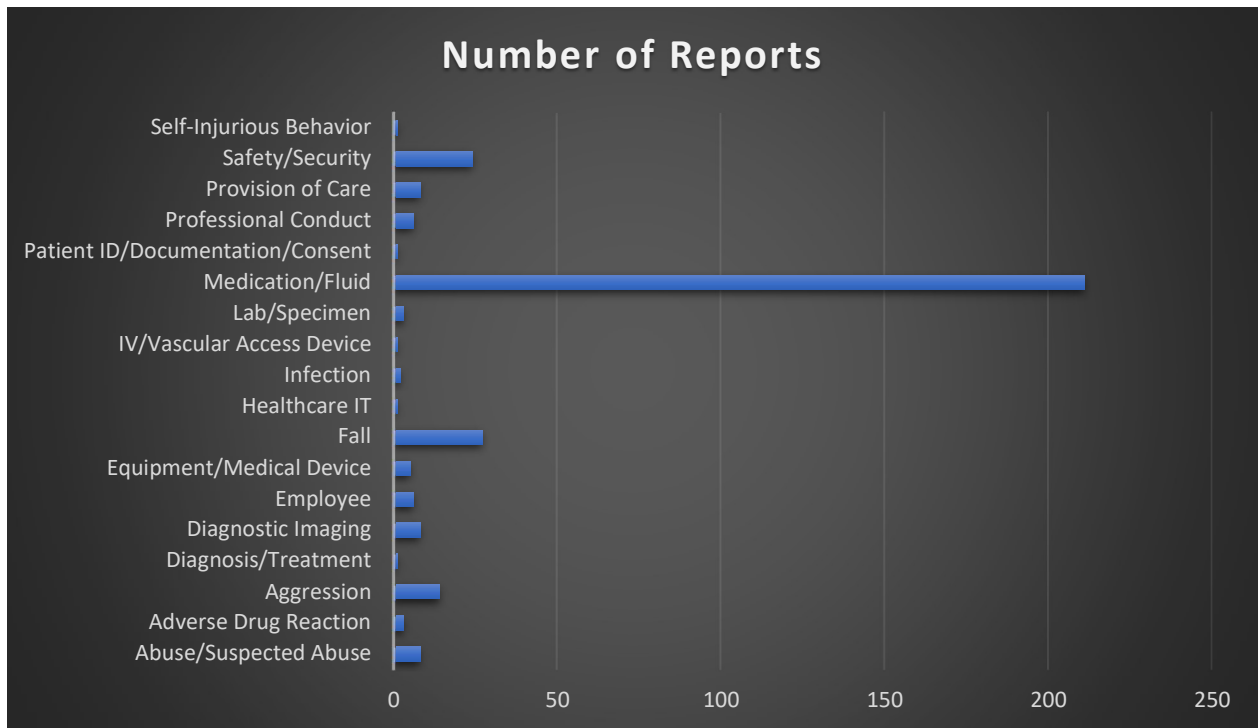


Number of Reports



Number of Reports





State

We had the opportunity to respond to 4 state investigation requests over the last month – 2 were outliers we had to revisit upon 2nd and 3rd requests were filled and returned – 2 were timely in return. All are currently working under investigation in connection with the state investigator. 1 RN self-reported incident, 3 CNA self-reported incidents.

Complaints

I have not received any formal complaints this month or validated any complaints this month either.

One issue we run into is that we receive a lot of complaints "in the community," and the individual is not directed to me, so I cannot receive their complaint formally. This prevents me from addressing the complaint, as it is all hearsay, and I cannot act on hearsay alone.

I recommend that we solidify the complaint process into an easy and visible process that the community can use in order to address any issues that may arise officially moving forward more fully.

DHCS QIP Program

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

Cervical Cancer Screening = 64; Colorectal Cancer Screening = 61; Well Child Visits = 43. We also have one measure, Controlling High Blood Pressure with 27, that we are watching to see if we can capture a few more before the year ends.

While this is fantastic work – and we have a lot to be optimistic about in terms of the growth of the program – there is still a significant amount of work that we have to do to see if we can find success. We have to look back to the last program year, PY6 calendar year 2023, and see if we can discover denominators of over 30 for any measure we want to report on. There is a look-back requirement that we must meet to show success. There was a measure of surprise that I did not suspect during the last ELT meeting when I brought this forward; I was assuming that the look-back requirement had been communicated sufficiently earlier in the year (I brought this up in March via email, and I had discussed it a few times in passing in weekly meetings – however, I obviously did not make it clear enough – and I do not want to be opaque in any way around this) there is still a possibility that even with the growth we have seen in the program we may not find success. Travis and I were and are both aware of the look-back requirement, as it has been a part of the program for the last 3 to 4 years, but I wanted to be sure I was completely transparent about it now.

I still feel like we can find success in the program, but my audits of the prior year are still underway. When I know for certain, I will bring all that data forward for review.

ACHC

Our application for ACHC accreditation was submitted successfully on 11/22/2024. We have officially pushed that snowball down the hill, and I am incredibly excited about what will come.

Again, to be completely transparent – we could get a significant number of tags during a survey on the clinical side of things – some issues could come up around documentation and IP and admissions and LOS (length of stay) and Med Staff OPPE and FPPE (Ongoing Provider Practice Evaluation and Focused Provider Practice Evaluation). That being said, I believe that we can and will pass the survey. We just must implement and/or maintain all the work we have been doing with our consultant team. OPPE, FPPE, and Peer Review are areas that cause me the most concern as they are new to us, and we have to stand up programs that have not existed in the past, and we will need a strong CMO voice to lead us through all of this – as it is work that I cannot do because I am not a physician.

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

Partnership HealthPlan of California

FY2324 Hospital Quality Improvement Program: Final Performance Summary

Year: FY2324
 Hospital Name&PCPID: Mayers Memorial Hospital (4317)

Domain	Measure	Target	Actual Result	Points Earned	Points Possib..
Advance Care Planning	Palliative Care Capacity	N/A	N/A	0.0	0.0
Clinical Quality	Early Elective Delivery	N/A	N/A	0.0	0.0
	Exclusive Breast Milk Feeding	N/A	N/A	0.0	0.0
	NTSV C Section	N/A	N/A	0.0	0.0
	VBAC	N/A	N/A	0.0	0.0
Gateway	Information Exchange: HIE/EDIE	Gateway Measure Met	100.0%	0.0	0.0
Operations/Efficiency	CAIR	Full Point: Ratio >1.20, Patial Points: Ratio 0.20 to 1.20	15.32	5.0	5.0
	QI Capacity	Attendance of the Annual Hospital Quality Symposium	Yes	5.0	5.0
Patient Experience	Cal Hospital Compare	Hospital Score is > 95% of CA average score	109.3%	10.0	10.0
	HQI Platform Participation	Full Points = Data Agreement w/ continued submissions, Partial = Agreement w/ partial submission	0.0%	0.0	10.0
	Health Equity	Submissions of hospital plan for addressing Health Equity	No	0.0	5.0
Patient Safety	CHPSO Participation	50 Patient Safety Events/1 Safe Table Attendance	100.0%	10.0	10.0
	Substance Use Disorder / MAT	Full points: ≥ 3 PHC Members or Full-time SUN	0.0%	0.0	10.0
Readmissions	Risk Adjusted Readmissions	Full Points: Ratio < 1.0 Partial Points: Ratio ≥1.0-1.20	1.40	0.0	20.0
Total Points				30.0	75.0

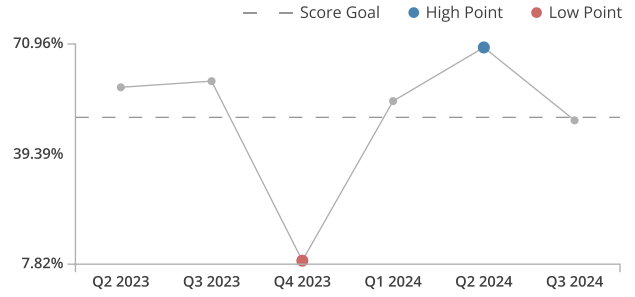
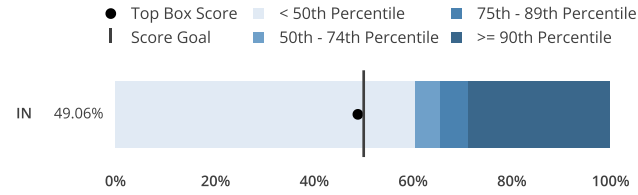
QIP Score: 40.00%

Hospital Quality Improvement Funds Distribution

- a. Total Hospital QIP Funds Available: \$25,000.00
 b. QIP Score: 40.00%
 c. QIP Funds due to Hospital (a x b): \$10,000.00

Service Line Performance ⓘ

PG Overall



n	13
Top Box Score	49.06%
Score Goal	50.00%
Percentile Rank	5

Time Period	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024
n	19	12	2	18	15	13
Top Box Score	58.53%	60.30%	8.82%	54.58%	69.96%	49.06%
Percentile Rank	41	48	1	25	87	5

Section Performance ⓘ

SORT BY

SELECT

▲ Positive ▼ Negative

Survey Type	Section	Current n	Current Period (Q3 2024)	Previous Period (Q2 2024)	Change	
CAHPS	Comm w/ Nurses	13	69.23%	77.30%	-8.07%	▼
CAHPS	Response of Hosp Staff	13	62.02%	61.92%	0.10%	▲
CAHPS	Comm w/ Doctors	13	64.10%	90.29%	-26.19%	▼
CAHPS	Hospital Environment	13	63.46%	50.00%	13.46%	▲
CAHPS	Comm About Medicines	8	37.50%	59.09%	-21.59%	▼
CAHPS	Discharge Information	12	91.67%	88.46%	3.21%	▲
CAHPS	Care Transitions	13	37.18%	58.04%	-20.86%	▼
PG	Room	13	38.46%	55.56%	-17.09%	▼
PG	Meals	13	45.83%	12.50%	33.33%	▲
PG	Nurses	13	59.46%	83.72%	-24.26%	▼
PG	Doctors	13	43.24%	74.36%	-31.12%	▼
PG	Personal Issues	13	42.00%	78.00%	-36.00%	▼
PG	Overall Assessment	13	63.16%	85.00%	-21.84%	▼

Facility Performance 📄

Peer Group: All PG Database | PG Overall N=1310

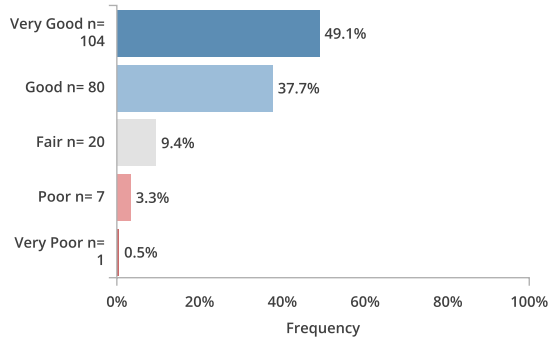
Current Period: Q3 2024 Previous Period: Q2 2024

Low Percentile Rank: 1 - 49

Facility Name	n	Top Box Score	Percentile Rank	Percentile Rank Change
Mayers Memorial Hospital	13	49.06%	5	-82

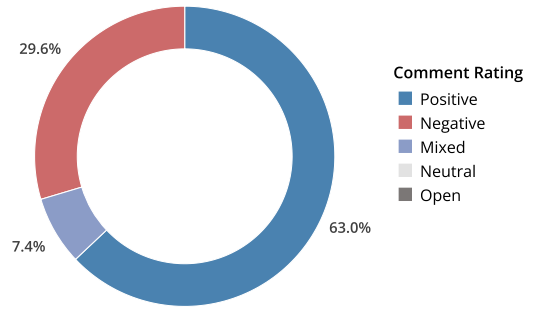
Distribution of Responses 📄

PG Overall



Comment Distribution 📄

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



Priority Index

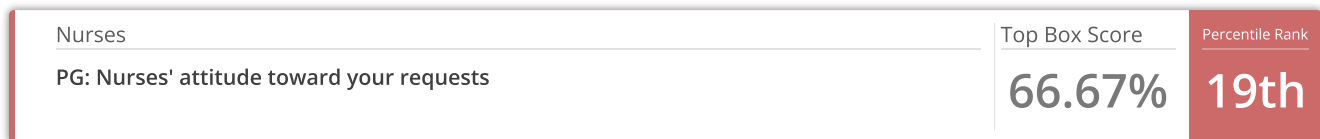
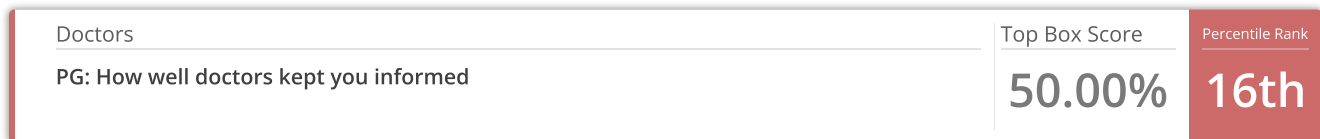
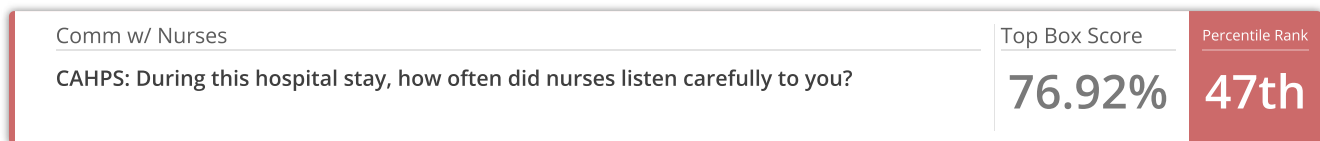
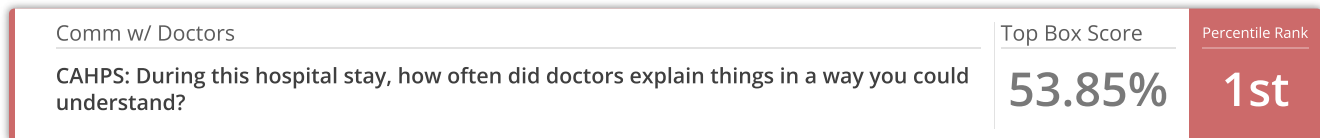
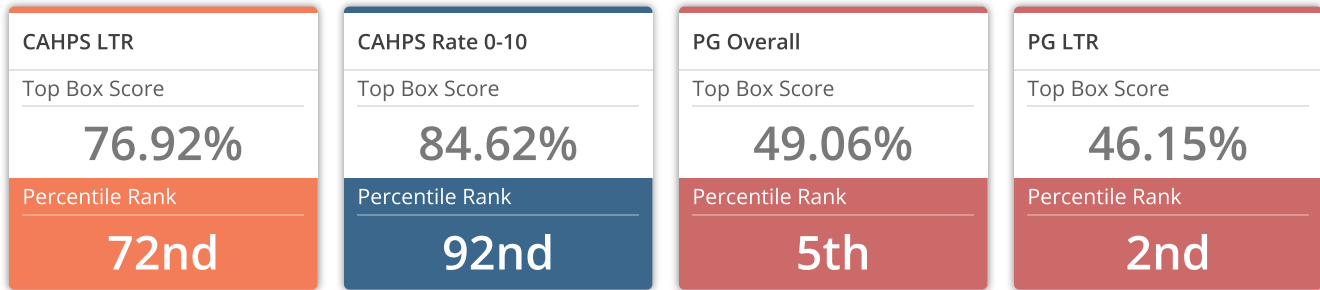
PG Report Period: 6 months | CAHPS Report Period: 12 months
Benchmark by: All Respondents | Benchmarking Period: 08/01/2024 - 10/31/2024

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	CAHPS	Recommend the hospital	19	0.56
2	PG	Temperature of the food	13	0.39
3	PG	Doctors' concern questions/worries	7	0.34
4	PG	Nurses' attitude toward requests	23	0.48
5	PG	Quality of the food	10	0.36
6	PG	Likelihood of recommending	33	0.55
7	PG	Doctors kept you informed	15	0.36
8	CAHPS	Hosp staff took pref into account	3	0.2
9	PG	Staff addressed emotional needs	20	0.36
10	PG	Attention to needs	53	0.42

† 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=1310 | CAHPS Item Level N=2388 | Received Date | 01 Jul 2024 - 30 Sep 2024



† Custom Question ^ Focus Question

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	44	68.18%	36	
Clinical	Discharge Prep	CAHPS	Staff talk about help when you left	44	79.55%	15	
		CAHPS	Info re symptoms/prob to look for	42	88.10%	48	
		CAHPS	Good understanding managing health	46	41.30%	8	
		CAHPS	Understood purpose of taking meds	42	54.76%	27	
Caring Behaviors	Personalize	CAHPS	Nurses listen carefully to you	47	74.47%	31	
		PG	Nurses' attitude toward requests	47	70.21%	35	
		PG	Attention to needs	46	67.39%	42	
		CAHPS	Doctors listen carefully to you	47	80.85%	65	
		PG	Time doctors spent with you	44	45.45%	28	
	Courtesy	CAHPS	Nurses treat with courtesy/respect	48	89.58%	74	
		CAHPS	Doctors treat with courtesy/respect	47	87.23%	60	
		PG	Courtesy of person cleaning room	43	67.44%	32	
	Inform	PG	Nurses kept you informed	46	69.57%	65	
		CAHPS	Nurses expl in way you understand	47	65.96%	7	
		PG	Doctors kept you informed	43	51.16%	19	
		CAHPS	Doctors expl in way you understand	46	73.91%	41	
		CAHPS	Tell you what new medicine was for	n<30	N/A	N/A	
		CAHPS	Staff describe medicine side effect	n<30	N/A	N/A	
	Privacy	PG	Staff concern for privacy	45	64.44%	48	
	Choice	PG	Staff include decisions re:trtmnt	44	61.36%	53	
CAHPS		Hosp staff took pref into account	44	31.82%	3		
Empathy	PG	Doctors' concern questions/worries	44	47.73%	9		
	PG	Staff addressed emotional needs	43	48.84%	6		
Service Recovery	PG	Response to concerns/complaints	42	59.52%	45		
Responsiveness	CAHPS	Call button help soon as wanted it	41	70.73%	81		
	CAHPS	Help toileting soon as you wanted	n<30	N/A	N/A		

Operational	Environment	CAHPS	Cleanliness of hospital environment	45	75.56%	61	
		CAHPS	Quietness of hospital environment	43	46.51%	10	
		PG	Room temperature	43	41.86%	20	
	Amenities	PG	Temperature of the food	44	27.27%	3	
		PG	Quality of the food	39	23.08%	5	
Global	Global	PG	Overall rating of care	45	77.78%	75	
		CAHPS	Rate hospital 0-10	48	72.92%	58	
		PG	Likelihood of recommending	45	57.78%	12	
		CAHPS	Recommend the hospital	48	60.42%	19	

† Custom Question ^ Focus Question

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