May 12, 2023

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in a Quality Council Committee meeting at 7:30AM on Thursday, May 18, 2023, in the Kaweah Health Lifestyle Fitness Center Conference Room, 5105 W. Cypress Avenue, Visalia, CA 93277.

The Board of Directors of the Kaweah Delta Health Care District will meet in a Closed Quality Council Committee at 7:31AM on Thursday, May 18, 2023, in the Kaweah Health Lifestyle Fitness Center Conference Room, 5105 W. Cypress Avenue, Visalia, CA 93277, pursuant to Health and Safety Code 32155 & 1461.

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Quality Council Committee meeting at 8:00AM on Thursday, May 18, 2023, in the Kaweah Health Lifestyle Fitness center Conference Room, 5105 W. Cypress Avenue, Visalia, CA 93277.

All Kaweah Delta Health Care District regular board meeting and committee meeting notices and agendas are posted 72 hours prior to meetings in the Kaweah Health Medical Center, Mineral King Wing entry corridor between the Mineral King lobby and the Emergency Department waiting room.

The disclosable public records related to agendas are available for public inspection at Kaweah Health Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA and on the Kaweah Delta Health Care District web page https://www.kaweahhealth.org.

KAWEAH DELTA HEALTH CARE DISTRICT
Michael Olmos, Secretary/Treasurer

Cindy Moccio

Cindy Moccio
Board Clerk, Executive Assistant to CEO

DISTRIBUTION:
Governing Board, Legal Counsel, Executive Team, Chief of Staff
http://www.kaweahhealth.org

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS
QUALITY COUNCIL

Thursday, May 18, 2023
5105 W. Cypress Avenue
Kaweah Health Lifestyle Fitness Center Conference Room

ATTENDING: Board Members; David Francis – Committee Chair, Michael Olmos; Gary Herbst, CEO; Keri Noeske, RN, BSW, DNP, Chief Nursing Officer; William Brien, MD, CMO/CQO, Monica Manga, MD, Chief of Staff; Daniel Hightower, MD, Professional Staff Quality Committee Chair; LaMar Mack, MD, Quality and Patient Safety Medical Director; Sandy Volchko DNP, RN CLSSBB, Director of Quality and Patient Safety; Ben Cripps, Chief Compliance and Risk Officer; Evelyn McEntire, Director of Risk Management; and Sylvia Salinas, Recording.

OPEN MEETING – 7:30AM

1. **Call to order** – *David Francis, Committee Chair*
2. **Public / Medical Staff participation –** Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
3. **Approval of Quality Council Closed Meeting Agenda** – 7:31AM
   - **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461 – *Daniel Hightower, MD, and Professional Staff Quality Committee Chair*
   - **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461 – *Evelyn McEntire, RN, BSN, Director of Risk Management and Ben Cripps, Chief of Compliance and Risk Officer.*
4. **Adjourn Open Meeting** – *David Francis, Committee Chair*

CLOSED MEETING – 7:31AM

1. **Call to order** – *David Francis, Committee Chair*
2. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461 – *Daniel Hightower, MD, and Professional Staff Quality Committee Chair*
3. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461 – *Evelyn McEntire, RN, BSN, Director of Risk Management, and Ben Cripps, Chief Compliance and Risk Officer.*
4. **Adjourn Closed Meeting** – *David Francis, Committee Chair*

OPEN MEETING – 8:00AM

1. **Call to order** – *David Francis, Committee Chair*
2. **Public / Medical Staff participation –** Members of the public wishing to address the Committee concerning items not on the agenda and within the subject matter jurisdiction of the Committee may step forward and are requested to identify themselves at this time. Members of the public or the medical staff may comment on agenda items after the item has been discussed by the Committee but before a Committee recommendation is decided. In either case, each speaker will be allowed five minutes.
3. **Written Quality Reports –** A review of key quality metrics and actions associated with the following improvement initiatives:
    3.1. Surgical Services – Surgical Quality Improvement
    3.2. Central Line Blood Stream Infection (CLABSI) Quality Focus Team (QFT)
4. **Safety Culture Survey –** Review of 2023 Safety culture survey results and action plan timeline. *Sandy Volchko, RN, DNP, Director of Quality and Patient Safety.*
5. **Clinical Quality Goals Update-** A review of current performance and actions focused on the clinical quality goals for Sepsis, and Healthcare Acquired Infections. *Sandy Volchko, RN, DNP, Director of Quality and Patient Safety.*
6. **Sepsis Quality Focus Team Update –** Sepsis Management and Mortality Reduction. *William Brien, MD, CMO/CQO.*
7. **Adjourn Open Meeting** – *David Francis, Committee Chair*

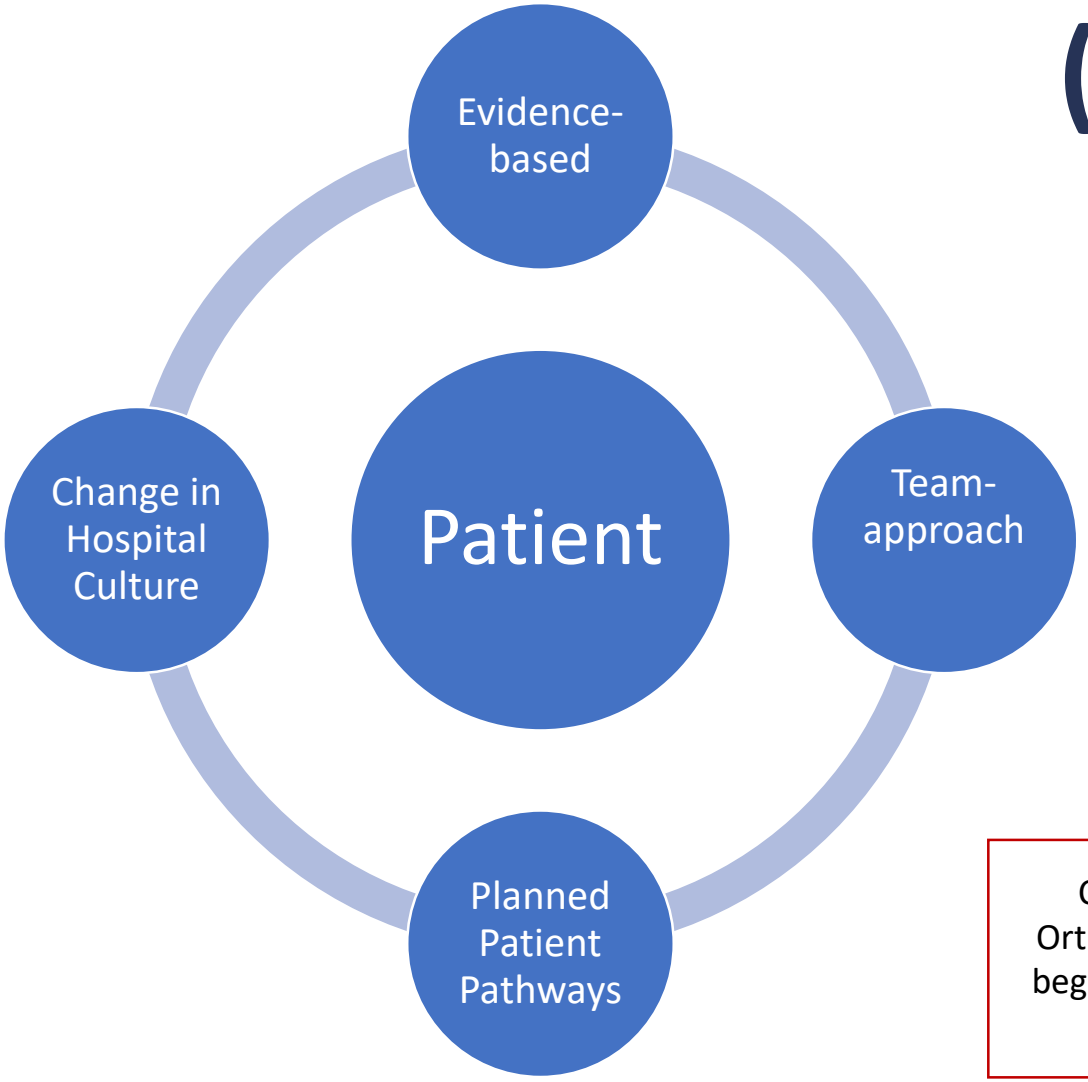
In compliance with the Americans with Disabilities Act, if you need special assistance to participate at this meeting, please contact the Board Clerk (559) 624-2330. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the Kaweah Delta Health Care District Board of Directors committee meeting.

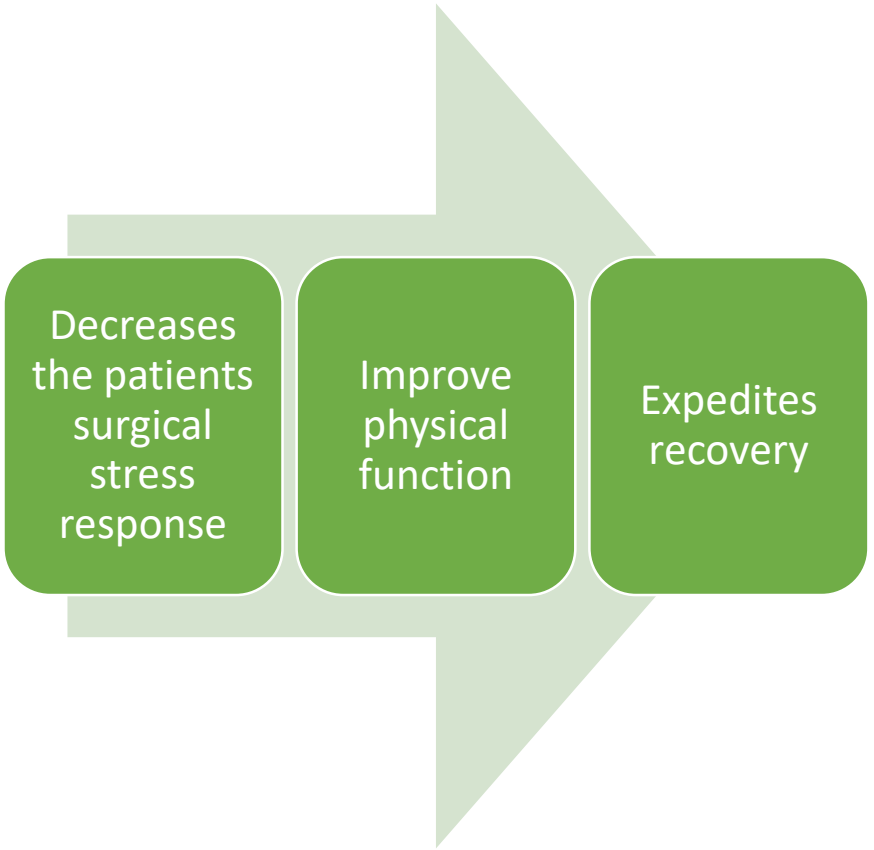
Surgical Quality Improvement Program (SQIP) Report

Surgical Quality Improvement Program

- Is a program designed to help improve quality across the surgical patients care.
- It assesses structures to enable quality data to drive our improvement processes.
- Utilize MIDAS automated electronic surgical quality and the National Healthcare Safety Network (NHSN) surgical site infection data to populate an overall dashboard to track and trend.

Enhanced Recovery After Surgery (ERAS)





Colorectal Surgery, Orthopedic Surgery, and beginning phases of GYN Surgery

Surgical Quality Dashboard

ERAS Elective Colorectal (n=)	↓ ISCR Benchmark	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
		2	8	8	4	5	3	4	0	4	5	5	2	7	57
Preop Oral Antibiotics	68.68%	100%	38%	88%	75%	80%	100%	100%	no cases	75%	100%	80%	100%	83%	85%
Multi-modal Pain Management	84.12%	100%	100%	100%	100%	100%	100%	100%	no cases	100%	100%	100%	100%	100%	100%
Postop VTE Chemoprophylaxis	75.16%	100%	100%	88%	75%	40%	66%	75%	no cases	100%	75%	50%	no cases	100%	79%
Postop Mobilization	63.82%	100%	88%	100%	75%	80%	100%	100%	no cases	100%	80%	100%	100%	86%	92%
Postop Intake of Liquids	86.15%	100%	63%	100%	100%	80%	100%	100%	no cases	100%	100%	100%	100%	100%	95%
Foley Removal	95.77%	0%	88%	75%	100%	100%	100%	100%	no cases	100%	100%	100%	100%	100%	89%

*note: ERAS Ortho go-live March 2022 -all qualifying cpt codes for ortho cases reviewed to obtain baseline Nov 21-Feb 22 (only includes pts admitted to inpatient unit post op)

ERAS Ortho (n=)	ISCR Benchmark	Dec-21	Jan-22	Feb-22	Mar-22	Total
		16	12	13	22	63
Perioperative Antibiotics		100%	100%	100%	100%	100%
Multi-modal Pain Management		100%	100%	100%	100%	100%
Postop VTE Chemoprophylaxis		100%	100%	86%	86%	93%
Postop Mobilization		100%	92%	100%	100%	98%
Postop Intake of Liquids		93%	83%	86%	82%	86%
Foley Removal		93%	100%	88%	89%	92%

Surgical Quality Dashboard

	CMS Benchmark	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
PSI 4 - Death with serious treatable complication	161.73	0.00	150 3/20	111.11 2/18	384.62 5/13	166.67 2/12	300 3/10	375 9/24	250 3/12	100 1/10	307.69 4/13	142.86 2/14	210.53 4/19	272.73 3/11	213.54 41/192
PSI 5- Retained surgical item	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PSI 9 - Perioperative Hemorrhage or Hematoma	2.60	3.55 1/282	0.00	3.50 1/286	0.00	0.00	7.27 2/276	0.00	7.94 2/252	4.09 1/244	0.00	4.24 1/236	0.00	0.00	2.32 8/3440
PSI 10 - Postoperative Kidney Injury	1.32	0.00	18.87 2/106	18.35 2/109	0.00	10.64 1/94	0.00	12.35 1/81	11.24 1/89	0.00	0.00	26.67 2/75	0.00	0.00	7.38 9/1220
PSI 11-Postoperative Respiratory Failure	7.88	0.00	19.05 2/105	9.09 1/110	0.00	0.00	0.00	0.00	11.49 1/87	0.00	0.00	14.29 1/70	0.00	0.00	4.06 5/1232
PSI 12- Perioperative PE/VTE	3.86	3.40 1/294	14.49 4/276	3.37 1/297	0.00	0.00	0.00	12.66 3/237	3.70 1/271	0.00	0.00	4.08 1/245	3.86 1/259	0.00	3.33 12/3599
PSI 13 Postoperative Sepsis	5.23	0.00	38.09 4/105	18.86 2/106	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13.51 1/74	0.00	0.00	5.74 7/1220
PSI 14 Postoperative Wound Dehiscence	0.86	13.33 1/75	0.00	0.00	0.00	0.00	13.70 173	0.00	0.00	16.13 1/62	0.00	19.23 1/52	0.00	0.00	4.70 4/852
PSI 15 - Accidental Puncture or Laceration	1.29	0.00	0.00	0.00	4.08 1/244	8.81 2/227	0.00	0.00	4.39 1/228	4.76 1/210	4.55 1/220	0.00	0.00	7.63 2/262	2.71 8/2985

Patient Safety Indicators (PSI's)

- Claims-based quality measures (ICD-10 Billing Codes)

- Provides information on potentially avoidable safety events that represent opportunities for improvement in the delivery of care. More specifically, they focus on potential in-hospital complications and adverse events following surgeries and procedures.

- SQIP is in partnership with the Quality Department and the PSI Committee to monitor Patient Safety Indicator events and trends. **Currently monitoring nine (9) indicators** along with Surgical Site Infections.
  - PSI cases reviewed for coding and documentation accuracy and clinical quality opportunities.

- Current priority work in **Pulmonary Embolism/Deep Vein Thrombosis (PE/DVT)** prevention processes.

Surgical Site Infections (SSIs)

	CMS Benchmark	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
SSI Colon	Actual	0	0	0	0	1	1	1	1	2	0	0	1	0	7
	Predicted (benchmark)	0.727	1.082	0.48	0.902	0.764	0.837	0.69	1.247	0.475	0.755	1.497	1.448	0.068	10.972
SSI Abdominal Hysterectomy	Actual	0	0	0	0	0	1	0	0	0	0	0	0	0	1
	Predicted (benchmark)	0.224	0.17	0.106	0.158	0.097	0.201	0.123	0.145	0.08	0.05	0.096	0.125	0.203	1.778
Ht/Wt Documented	99%							99% 459/464	99% 478/481	95% 434/455	99% 422/428	98% 432/443	99% 405/410	97% 423/438	98% 3053/3120

- **Surgical Site Infection data:**
  - SSI Colon:
    - We are better than predicted with 7 cases within the last calendar year, March 2022-Marcfh 2023.
  - SSI Abdominal Hysterectomy:
    - We have had 1 within the same time frame and none in the last 7 months.

Kaweah Health

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Kaweah Health

Central Line Blood Stream Infection (CLABSI) Quality Focus Team (QFT) Report May 2023

Amy Baker, Director of Renal Services (Chair)
Shawn Elkin, infection Prevention Manager (IP Liaison)

Post Kaizen- Gemba Data

- **Sixteen CLABSI's events for 2022**
- **The most events occurred on 4 North a medical surgical unit specializing in renal failure patients. 4 North had 4 CLABSI events for 2022.**

Measure Description	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
OUTCOME MEASURES													
Number of CLABSI	1	0	2	2	1	2	3	0	0	1	1	3	1
FYTD SIR	1.18	1.05	1.09	1.12	1.07	1.13	2.26	1.14	0.802	0.792	0.784	1.026	0.99
PROCESS MEASURES CL Gemba													
% of pts with bath within 24 hrs	97%	95%	n/a	95%	96%	95%	95%	97%	96%	95%	95%	96%	99%
% of CL with valid rationale order	99%	95%	n/a	98%	97%	96%	96%	96%	93%	99%	96%	94%	93%
% of CL dressings clean, dry and intact	97%	99%	n/a	97%	96%	98%	98%	97%	96%	97%	98%	98%	96%
% of CL that had drsg change no > than 7 days	97%	99%	n/a	97%	97%	92%	94%	96%	98%	98%	98%	98%	99%
% of patients with proper placed gardiva patch	98%	96%	n/a	95%	95%	90%	95%	94%	94%	95%	97%	98%	93%
% of CL pts with app & complete documentation	96%	92%	n/a	92%	93%	91%	91%	95%	96%	94%	94%	95%	97%
# of Pt Central Line days rounded on	990	834		1296	1087	892	910	838	792	787	746	715	751

CLABSI QFT- Ongoing Meeting Objectives

- CLABSI Quality Focus Team continues to meet once a month
  - Each CLABSI case is reviewed with unit nurse manager and bedside nurses who provided care to patient
  - CLABSI's are reviewed monthly during Hospital Acquired Infection Case Reviews.
    - Nurse Manager attends to hear case review and see identified fallouts
  - Unit specific action plans are and reviewed based on any deficiencies
  - Unit RN's provide feedback from the bedside
  - Action plan is reviewed with units UBC's
- Additional projects are reviewed and implemented by CLABSI QFT

CLABSI QFT- Ongoing Meeting Objectives

- Chlorhexidine Bathing for Med/Surg level Patients
  - Practice change presented at Patient Care Leadership Meeting
  - Subcommittee needed to work out details
    - Details include:
      - Certified Nursing Assistant can perform CHG bathing
      - Does CHG need to scanned in MAR
- Reviewing peripheral IV usage, length of dwell time and education around infiltrated IV's.
- New members to CLABSI QFT include new Critical Care APN and new representative from the Clinical Education Department.

Current Fiscal Year Performance

FY23 Clinical Quality Goals

	July-Nov 22 Higher is Better	FY23 Goal	FY22	FY22 Goal
SEP-1 (% Bundle Compliance)	79%	≥ 77%	76%	≥ 75%

Percent of patients with this serious infection complication that received "perfect care". Perfect care is the right treatment at the right time for our sepsis patients.

Our Mission

Health is our passion. Excellence is our focus. Compassion is our promise.

Our Vision

To be your world-class healthcare choice, for life

Lower is Better	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	Estimated Annual Number Not to Exceed to Achieve Goal*	FYTD SIR** (number of actual/ number expected)	FY23 Goal (VBP 2024; National Mean 2019)	FY22 FY21 FY20
CAUTI Catheter Associated Urinary Tract Infection Excluding COVID INCLUDING COVID-19 PATIENTS	1 (1)	1 (0)	2 (0)	1 (0)	2 (0)	3 (0)							14 (23 predicted over 12 months)	0.810 (0.900 Including COVID)	≤0.650	1.092 0.54 1.12
CLABSI Central Line Associated Blood Stream Infection Excluding COVID INCLUDING COVID-19 PATIENTS	3 (0)	0 (0)	0 (0)	0 (1)	1 (0)	3 (2)							10 (17 predicted over 12 months)	0.770 (1.026 Including COVID)	≤0.589	1.132 0.75 1.20
MRSA Methicillin-Resistant Staphylococcus Aureus Excluding COVID INCLUDING COVID-19 PATIENTS	2 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (0)							5 (8 predicted over 12 months	1.167 (0.873 Including COVID)	≤0.726	1.585 2.78 1.02

*based on July 2021-June 2022 NHSN predicted

**Standardized Infection Ratio is the number of patients who acquired one of these infections (excluding COVID patients) while in the hospital divided by the number of patients who were expected.

- Kaweah Health has had 13 CLABSI events this fiscal year (July 2022 to April 2023)

Questions?

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Kaweah Health

Safety Culture Survey Results and Next Steps

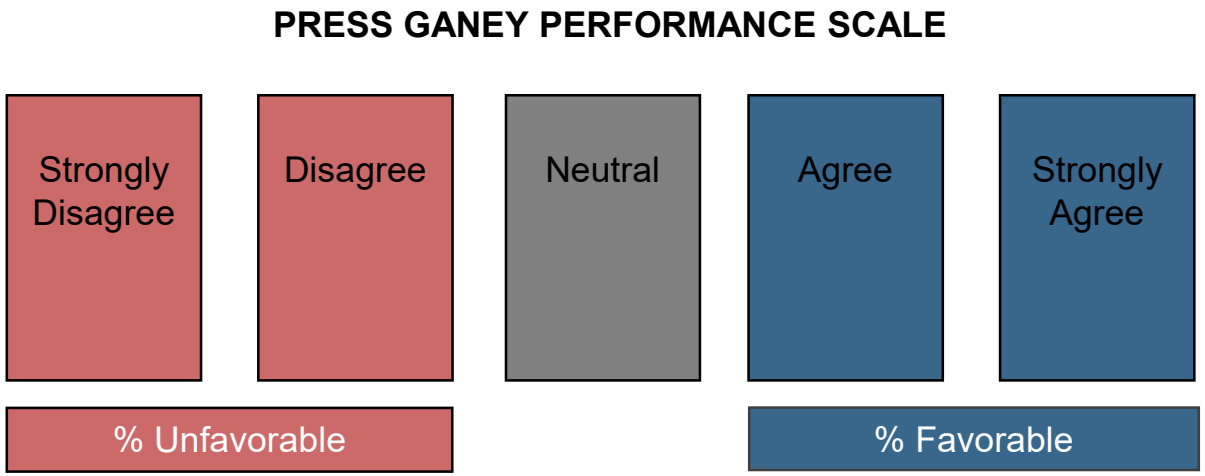
Quality Council May 18, 2023

Sandy Volchko DNP, RN, CPHQ, CLSSBB
Director Quality & Patient Safety

Measuring Culture of Safety

There are 19 survey questions that make up the **Safety Culture Module/Index**

- Subcategory 1: “Prevention & Reporting” = 8 items
- Subcategory 2: “Resources & Teamwork” = 7 items
- Subcategory 3: “Pride & Reputation” = 4 items



Safety Culture Subcategories

Prevention & Reporting (8 items)	Items that focus on prevention. If there is an error, employees feel comfortable speaking up, and that mistakes are used as learning experiences.
Resources & Teamwork (7 items)	Items that measure if employees feel they are well equipped, and that there is effective communication and teamwork within and between departments.
Pride & Reputation (4 items)	Employees feel the organization places an emphasis on safety and would feel comfortable recommending their organization for patient care.

PressGaney

Safety Culture Survey Results

How to Read the Results

- Questions were answered on a 5 point scale – strongly agree to strongly disagree
- Results are reported as the % of staff who had a positive response to the question, marked “agree” or “strongly agree”

Benchmark	Description
Bed Size – Organizations >400 beds	This is a Press Ganey customized benchmark. Unless otherwise noted, all PG client data is compared to this norm. • *56 clients, 78 facilities, and 177,113 respondents**

** Collected Jan 2021 – Dec 2022*

Kaweah Health vs. Benchmarks (all respondents)

Response Rate: 66% (2,445/3,711)

PressGaney

Kaweah Health: 2445 Respondents

2023 Kaweah Health Culture of Safety Survey

Organization	Manager	Employee
3.85	4.15	4.09
+0.05 vs. Nat'l Healthcare >400 Bed Avg 2023	Benchmark Not Applicable	+0.12 vs. Nat'l Healthcare >400 Bed Avg 2023

Safety Culture Index

+0.06 vs. Nat'l Healthcare >400 Bed Avg 2023

	Score	vs. Nat'l Healthcare >400 Bed Avg 2023
Safety Culture	3.92	+0.06
Prevention & Reporting	4.15	+0.10
Resources & Teamwork	3.62	+0.04
Pride & Reputation	3.97	-0.03

PressGaney

Kaweah Health Results - STRENGTHS

	Item	Domain	Distribution (Unfavorable / Neutral / Favorable)	Score	vs. Nat'l Healthcare >400 Bed Avg 2023	Responses
Strengths						
1	I can report patient safety mistakes without fear of punishment.	Organization	4% / 8% / 87%	4.29	+0.18	2,419
4	We are actively doing things to improve patient safety.	Organization	3% / 10% / 87%	4.28	+0.16	2,422
2	In my work unit, we discuss ways to prevent errors from happening again.	Employee	3% / 7% / 89%	4.32	+0.13	2,423
9	My work unit works well together.	Employee	4% / 10% / 85%	4.25	+0.09	2,432
7	Where I work, employees and management work together to ensure the safest possible working conditions.	Employee	7% / 13% / 80%	4.08	+0.13	2,431
8	I feel free to raise workplace safety concerns.	Employee	5% / 10% / 85%	4.18	+0.08	2,438
3	Employees will freely speak up if they see something that may negatively affect patient care.	Employee	5% / 10% / 84%	4.19	+0.09	2,420
20	Nurses/staff support a culture of patient safety in this work unit.	Organization	3% / 12% / 86%	4.15	-	2,387
22	I enter reports about events in which I was involved.	Employee	3% / 12% / 86%	4.15	-	2,137
23	I make Kaweah Health a safer place for patients by entering event reports.	Employee	2% / 11% / 86%	4.20	-	2,178

Kaweah Health Results - CONCERNS

PressGaney

Kaweah Health: 2445 Respondents

Concerns Report

	Item	Domain	Distribution			Score	vs. Nat'l Healthcare >400 Bed Avg 2023	Responses
			Unfavorable	Neutral	Favorable			
Concerns								
14	The amount of job stress I feel is reasonable.	Employee	23%	24%	53%	3.36	+0.06	2,423

Kaweah Health All Question Results

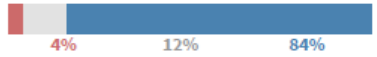
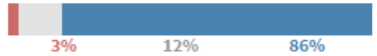
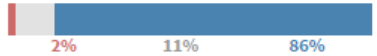
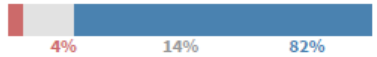
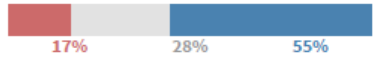
	Item	Domain	Distribution (Unfavorable / Neutral / Favorable)	Score	vs. Overall Organization	vs. Nat'l Healthcare >400 Bed Avg 2023	Responses
Current View: All Items							
1	I can report patient safety mistakes without fear of punishment.	Organization	4% / 8% / 87%	4.29	0.00	+0.18	2,419
2	In my work unit, we discuss ways to prevent errors from happening again.	Employee	3% / 7% / 89%	4.32	0.00	+0.13	2,423
3	Employees will freely speak up if they see something that may negatively affect patient care.	Employee	5% / 10% / 84%	4.19	0.00	+0.09	2,420
4	We are actively doing things to improve patient safety.	Organization	3% / 10% / 87%	4.28	0.00	+0.16	2,422
5	Mistakes have led to positive changes here.	Organization	5% / 18% / 77%	4.01	0.00	+0.06	2,389
6	When a mistake is reported, it feels like the focus is on solving the problem, not writing up the person.	Organization	11% / 20% / 69%	3.82	0.00	-0.04	2,398
7	Where I work, employees and management work together to ensure the safest possible working conditions.	Employee	7% / 13% / 80%	4.08	0.00	+0.13	2,431
8	I feel free to raise workplace safety concerns.	Employee	5% / 10% / 85%	4.18	0.00	+0.08	2,438
9	My work unit works well together.	Employee	4% / 10% / 85%	4.25	0.00	+0.09	2,432
10	Different work units work well together in this organization.	Organization	9% / 26% / 64%	3.74	0.00	+0.04	2,370
11	There is effective teamwork between physicians and nurses at this hospital.	Organization	9% / 25% / 66%	3.73	0.00	-0.06	2,236
12	My work unit is adequately staffed.	Organization	33% / 22% / 45%	3.13	0.00	+0.17	2,425

Kaweah Health All Question Results

	Item	Domain	Distribution (Unfavorable / Neutral / Favorable)	Score	vs. Overall Organization	vs. Nat'l Healthcare >400 Bed Avg 2023	Responses
13	Communication between work units is effective in this organization.	Organization	15% / 26% / 59%	3.57	0.00	+0.06	2,412
14	The amount of job stress I feel is reasonable.	Employee	23% / 24% / 53%	3.36	0.00	+0.06	2,423
15	Communication between physicians, nurses, and other medical personnel is good in this organization.	Organization	13% / 29% / 58%	3.56	0.00	-0.05	2,357
16	This organization provides high-quality care and service.	Organization	5% / 17% / 78%	4.02	0.00	-0.06	2,435
17	I would recommend this organization to family and friends who need care.	Engagement Indicator	7% / 19% / 74%	3.93	0.00	-0.11	2,438
18	This organization makes every effort to deliver safe, error-free care to patients.	Organization	6% / 14% / 80%	4.03	0.00	0.00	2,434
19	Senior management provides a work climate that promotes patient safety.	Organization	8% / 19% / 74%	3.89	0.00	+0.04	2,417
20	Nurses/staff support a culture of patient safety in this work unit.	Organization	3% / 12% / 86%	4.15	0.00	-	2,387

PressGaney

Kaweah Health All Question Results

	Item	Domain	Distribution Unfavorable Neutral Favorable	Score	vs. Overall Organization	vs. Nat'l Healthcare >400 Bed Avg 2023	Responses
21	The manager supports and leads a culture of safety in my work unit.	Manager		4.17	0.00	-	2,417
22	I enter reports about events in which I was involved.	Employee		4.15	0.00	-	2,137
23	I make Kaweah Health a safer place for patients by entering event reports.	Employee		4.20	0.00	-	2,178
24	The unit/department Director supports and leads a culture of safety in my work unit.	Manager		4.12	0.00	-	2,401
25	Physicians support a culture of patient safety in my work unit.	Organization		3.93	0.00	-	2,296
26	The Midas event reporting system is easy to use.	Organization		3.49	0.00	-	2,171

PressGaney

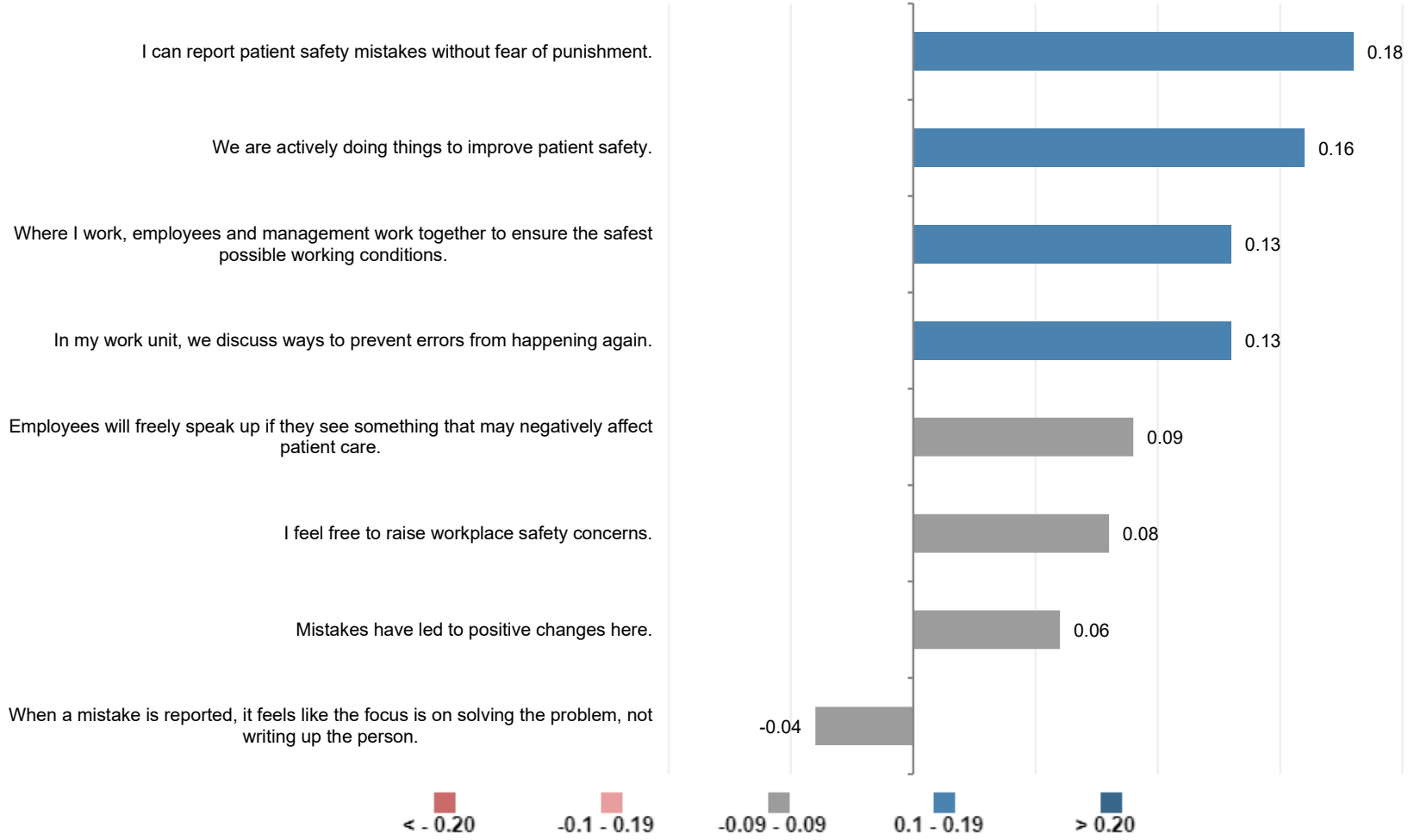
Safety Culture

+0.06 vs. Nat'l Healthcare >400 Bed Avg 2023

Prevention & Reporting 4.15

Items that focus on prevention. If there is an error, employees feel comfortable speaking up, and that mistakes are used as learning experiences.

vs. Nat'l Healthcare >400 Bed Avg 2023



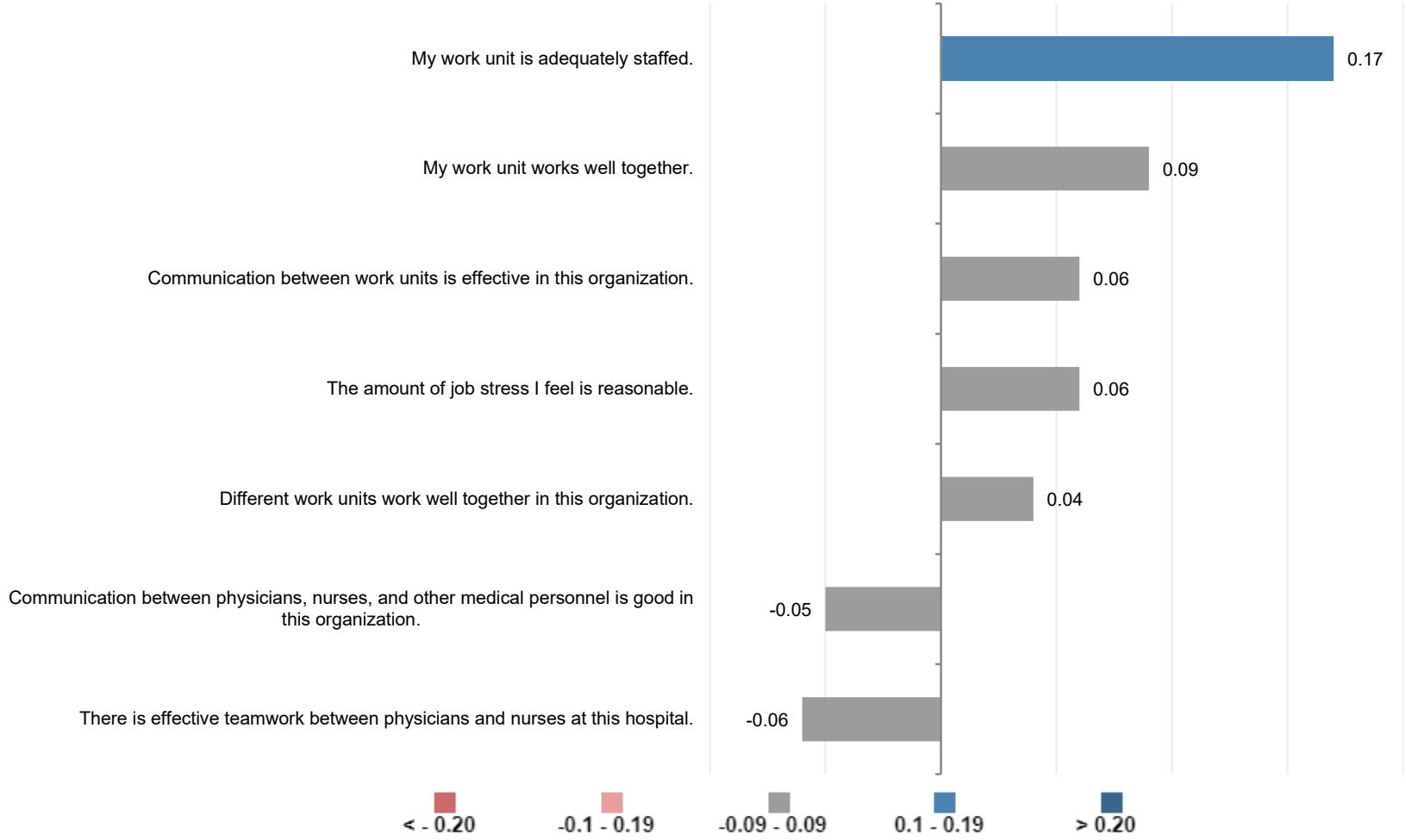
Safety Culture

+0.06 vs. Nat'l Healthcare >400 Bed Avg 2023

Resources & Teamwork 3.62

Items that measure if employees feel they are well equipped, and that there is effective communication and teamwork within and between departments.

vs. Nat'l Healthcare >400 Bed Avg 2023



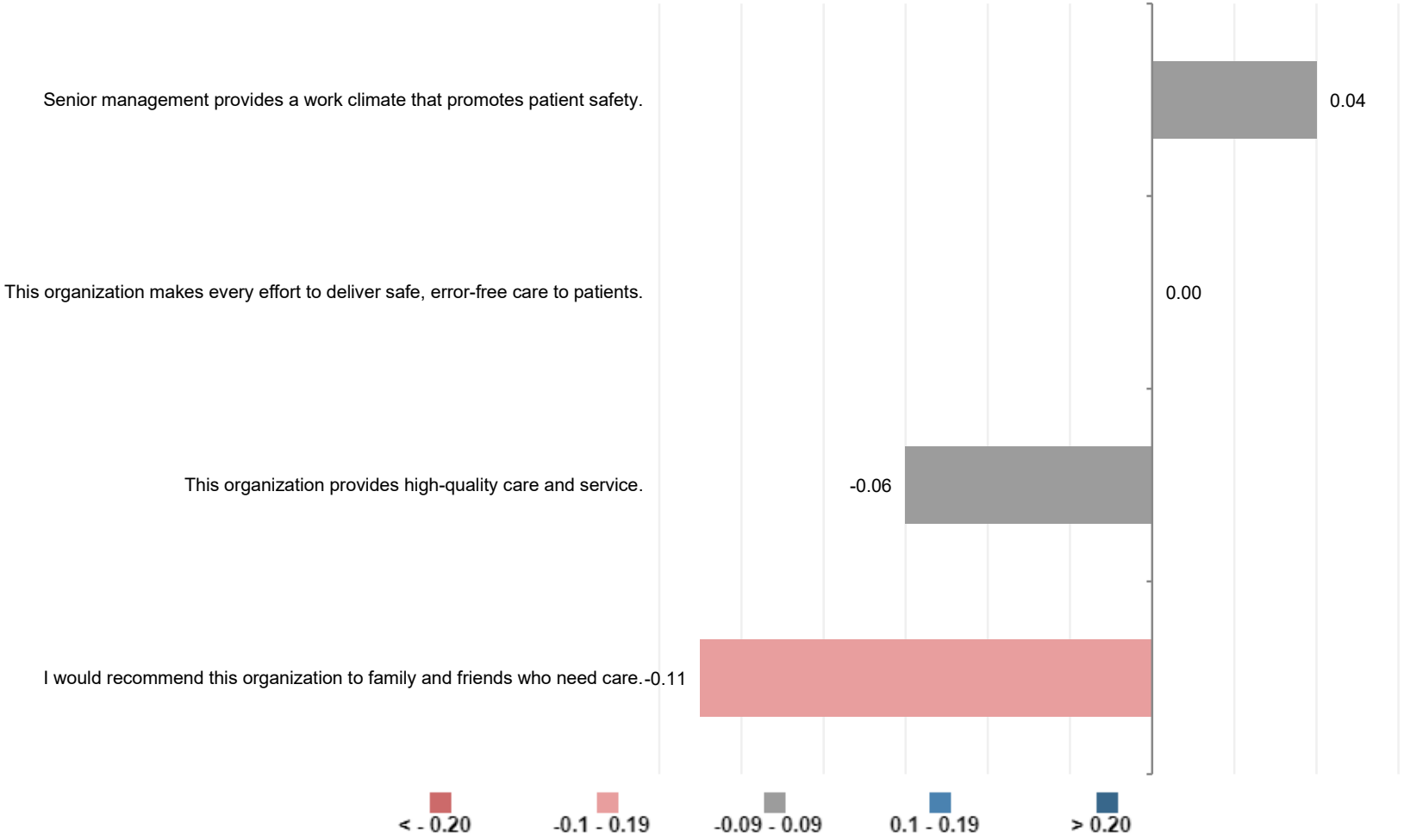
Safety Culture

+0.06 vs. Nat'l Healthcare >400 Bed Avg 2023

Pride & Reputation 3.97

Employees feel the organization places an emphasis on safety and would feel comfortable recommending their organization for patient care.

vs. Nat'l Healthcare >400 Bed Avg 2023



PressGaney

Kaweah Health Positions & Safety Culture Engagement

To determine the level of engagement specific to the culture of safety at Kaweah Health, each position needs to meet a Reporting Threshold = 3 or more respondents.

Highly Engaged	Mean score between 5.00 - 4.50
Engaged	Mean score between 4.49 - 4.00
Neutral Engaged	Mean score between 3.99 - 3.75
Neutral	Mean score between 3.74 - 3.50
Neutral Disengaged	Mean score between 3.49 – 3.00
Disengaged	Mean score between 2.99 and under

PressGaney

Kaweah Health Positions: Safety Culture Overall

Highly Engaged	Engaged	
Chaplain	Assistant Nurse Manager	OP Registration/Cust Svc Rep
CT Technologist	Biomedical Technician II	Patient Care Pharmacy Tech
Nurse Practitioner-Clinics	Cardiac Sonographer-Registered	Personal Care Aide-OAH
Occupational Therapist III (d)	Certified Hemodialysis Tech	Pharmacist-Clinical
Pharmacist-Retail	Certified Nursing Assist-EKG	Pharmacy Tech I
Therapy Manager	Driver/Cust Sv Rep/Gurney Tran	Pharmacy Tech II
Transcriber-Secretary	ED Tech II	Pharmacy Tech/Biller
	EVS Floor Tech	Physical Therapist
	EVS/Pt Transport Dispatcher	Physical Therapist II
	HHA-Hospice	Physical Therapy Assistant
	Imaging Office Specialist	Physical Therapy Assistant II
	Imaging Specialist	Physical Therapy Assistant III
	Imaging Tech-In Patient	Practice Manager
	Interpreter	Radiation Therapist
	Interpreter II	Registered Dietitian
	Lab Services Coordinator	Rehab Aide
	LVN-Clinics Lead	RN-Admissions/Transfer Center
	Medical Assistant	RN-Clinical Documentation Spec
	Medical Business Office Assist	RN-Nurse Liaison
	Nurse Manager	RN-PPS/MDS Coordinator
	Nursing Assistant	Security Officer (driving)
	Occupational Therapist II	Social Work Assistant
	Occupational Therapist III	Student Nurse Intern

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Kaweah Health Positions: Safety Culture Overall

Neutral Engaged		Neutral	Neutral Disengaged
Aide	Newborn Tech	Advanced Practice Provider	Laboratory Technician
ASW/AMFT	Occupational Therapist	Anesthesia Tech	LCSW/LMFT
ASW-Clinics	Overall Organization	Cardiac Sonographer-Unreg	Licensed Psych Tech
Business Services Coordinator	Patient Access Specialist	Charge Nurse	MRI Technologist
Care Coordination Specialist	Patient Transport Aide	Clinic Business Office Lead	RN-First Assistant
Cath Lab Tech II	Pharmacy Coordinator	Clinical UR Specialist	RN-Rapid Response Nurse
Certified Nursing Assistant	Phlebotomist I	EVS-Operating Room	Security Officer Lead
Clinical Lab Scientist-CLS	Phlebotomist II	Financial Counselor	SP Tech Certified
ED Tech I	Physical Therapist III	Health Unit Coordinator	Telemetry Monitor Technician
Environmental Services Aide	Physician	Nutrition Host	Ultrasound Tech-Registered
Environmental Services Lead	Polysomno Technologist-Reg	Physician Assistant	
GME Resident	Registered Nurse	RN-Nurse Practitioner	
Imaging Services Aide	Respiratory Therapist	RN-Oncology Office	
Imaging Technologist	Respiratory Therapist-Reg	Security Officer III	
Lab Aide I	RN-Case Manager	Staff Facilitator	
Lab Aide II	RN-Clinical Educator	Surgical Team Assistant	
Laboratory Section Chief	RN-Clinical Educator with ACLS	Surgical Tech	
Licensed Vocational Nurse	Security Officer II	Tele Sitter	
LVN-Skilled Nursing	Security Services Supervisor	Unit Secretary	
Mammography SpecialistMental	SP Tech I Non-Certified		
Health Worker	Student Nurse Aide		

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Kaweah Health Positions: Safety Culture Overall

Disengaged

Medical Social Worker
RN-Acute Wound Care Nurse III

PressGaney

Timeline for Leaders

Unit/Department Level Reports and Action Plans

Report Dissemination

- Units/dept's receive reports by 4/28/23
- Leaders attended 1 Press Ganey Session "How to read and interpret your report and action plan". Two options on 5/3/23 or 5/8/23

Debriefing

- Staff Debriefing recommended completion by 6/9/23
- Staff in roles and units/departments with lowest significant overall safety culture index score will be debriefed with a Quality & Patient Safety Facilitator. Leaders of these units/departments notified. notified
- Power point template for staff debrief provided to leaders

Action Planning

- Unit/department action plans submitted to Quality & Patient Safety Department no later than 6/23/23
- Action plans submitted on Stop Light Report template; provided to leaders

Recommended Timeline

Organizational Level Reports and Action Plans

Report Dissemination

- Overall initial results to Quality Improvement Committee (QIC), Leadership meeting and Quality Council April – May 2023

Analysis & Debriefing

- Review “concern” questions and other low scoring items. Analysis conducted by work setting and role and presented to Patient Safety Committee by July 2023 for action plan recommendations
- Recommendations presented for discussion and approval to Quality Improvement Committee August 2023

Action Planning

- Action plan presented to Quality Council September 2023
- Action plan disseminated broadly, staff to leadership

Outstanding Health Outcomes Update

Sandy Volchko DNP, RN, CPHQ, CLSSBB
Director Quality & Patient Safety

May 2023

FY23 Clinical Quality Goals

	July-Feb 23 Higher is Better	FY23 Goal	FY22	FY22 Goal
SEP-1 (% Bundle Compliance)	75%	≥ 77%	76%	≥ 75%

Percent of patients with this serious infection complication that received "perfect care". Perfect care is the right treatment at the right time for our sepsis patients.

Our Mission

Health is our passion. Excellence is our focus. Compassion is our promise.

Our Vision

To be your world-class healthcare choice, for life

Lower is Better	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	Estimated Annual Number Not to Exceed to Achieve Goal*	FYTD SIR** (number of actual/ number expected)	FY23 Goal (VBP 2024; National Mean 2019)	FY22 FY21 FY20
CAUTI Catheter Associated Urinary Tract Infection Excluding COVID INCLUDING COVID-19 PATIENTS	1 0	1 0	2 0	0 1	2 0	3 0	0 0	1 0	0 0				14 (23 predicted over 12 months)	0.600 0.660 Including COVID	≤0.650	1.092 0.54 1.12
CLABSI Central Line Associated Blood Stream Infection Excluding COVID INCLUDING COVID-19 PATIENTS	2 1	0 0	0 0	1 0	1 0	2 1	1 0	1 0	1 0				10 (17 predicted over 12 months)	0.79 0.970 Including COVID	≤0.589	1.132 0.75 1.20
MRSA Methicillin-Resistant Staphylococcus Aureus Excluding COVID INCLUDING COVID-19 PATIENTS	2 0	0 0	0 0	0 0	0 0	2 0	0 1	0 0	0 0				5 (8 predicted over 12 months	0.59 0.738 Including COVID	≤0.726	1.585 2.78 1.02

*based on July 2021-June 2022 NHSN predicted

**Standardized Infection Ratio is the number of patients who acquired one of these infections (excluding COVID patients) while in the hospital divided by the number of patients who were expected.

Action Plan Overview

1. Plan in place to move to 1 hour sepsis bundle
2. Healthcare acquired infection action plan in progress:
   a) Daily line liberation rounds (ICU)
   b) Revision, approval & re-engagement of RN protocol to remove foley catheters
   c) Workflow changes to electronic medical record that guide culture ordering practices

Sepsis Update

William W. Brien MD
Chief Medical and Quality Officer

May 18, 2023

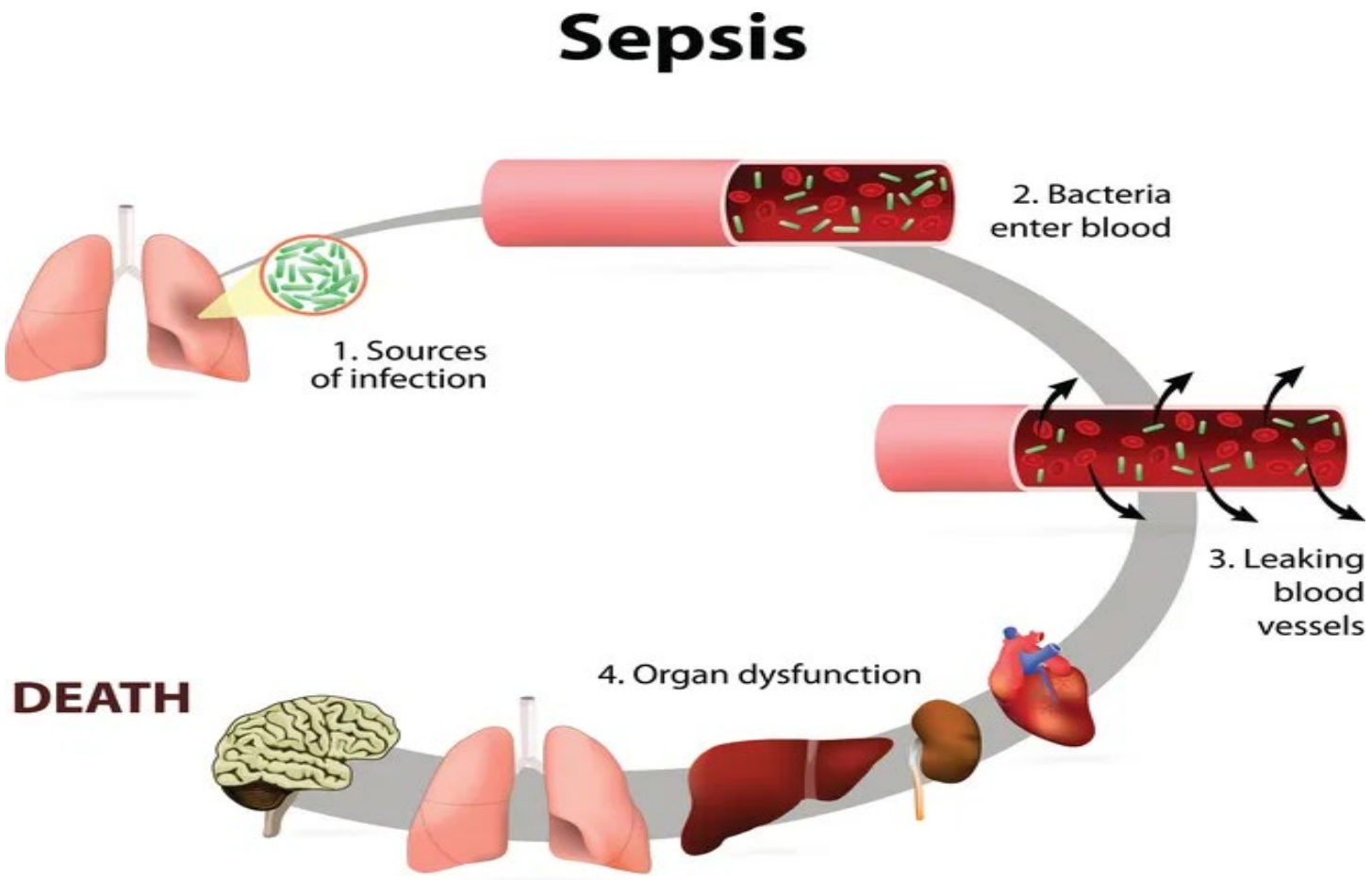
Sepsis

- Definitions
- Facts regarding sepsis
- Center for Medicare/Medicaid Services (CMS) core measure
- Clinical studies and factors in reducing sepsis mortality
- Kaweah Health Data on Sepsis
- Rapid cycle (6 week) process improvement plan
- Questions

What is Sepsis?

- Serious condition from harmful microorganisms in blood or tissues & the body's response to them, potentially leading to malfunctioning of various organs, shock, & death.
- 3 stages of sepsis
  - 1-Systemic Inflammatory Response Syndrome (SIRS)-↑ or ↓ Temp, ↑ respiratory rate, ↑ heart rate, ↑ or ↓ WBC & known or suspected infection
  - 2-Severe Sepsis- when acute organ dysfunction begins ie. ↓ Urine Output, altered mental status, ↓ platelets, abdominal pain, difficulty breathing, ↓ heart function leading to ↓ organ blood flow
  - 3-Septic shock- hypotension despite fluid use, perfusion abnormalities, ↑ lactate levels

Sepsis



kaweahhealth.org

Kaweah Health
MORE THAN MEDICINE. LIFE.

Sepsis Facts

- Sepsis Mortality incidence
  - Mild sepsis 7 to 15%
  - Severe sepsis 10 to 30%
    - Only 61% survive 5 years
  - Septic shock 30 to 44%
- CDC—2021—1.7 million sepsis cases & 270,000 deaths
- Even with early treatment sepsis kills 1 in 5 people
- Most expensive condition in US hospitals- cost $23.7 Billion/year

Sepsis facts

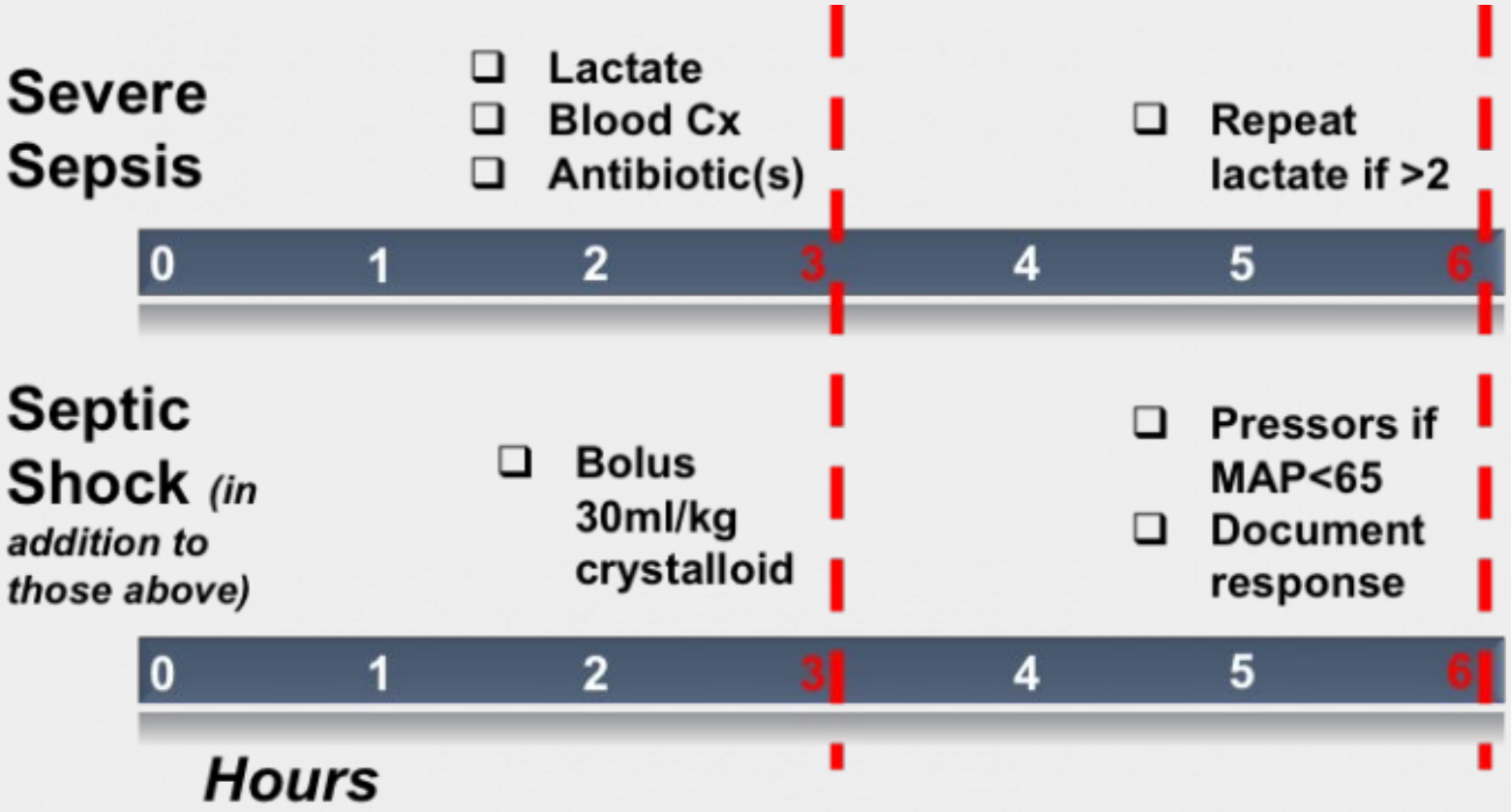
6% of hospitalizations are due to sepsis & 35% of all in-hospital deaths are due to sepsis.

Mortality overall increases by 8% for every hour antibiotic treatment is delayed

~80% of sepsis deaths could be prevented with rapid diagnosis & treatment

CMS Core Measure SEP-1

- Severe sepsis & septic shock management bundle—focus on timely sepsis **recognition** & early **intervention** with life saving therapies
- Bundle—includes blood cultures, lactate levels, antibiotics, fluid bolus, vasopressors for fluid-refractory hypotension, reeval of volume status
- Involves minimum sets of action required by 3 & 6 hour time points
- Time zero-the last sign of severe sepsis (documentation of **suspected** infection, ≥2 SIR criteria and organ dysfunction w/in 6 hour window
- Time zero is often adjusted "gamed" to meet the CMS measurement

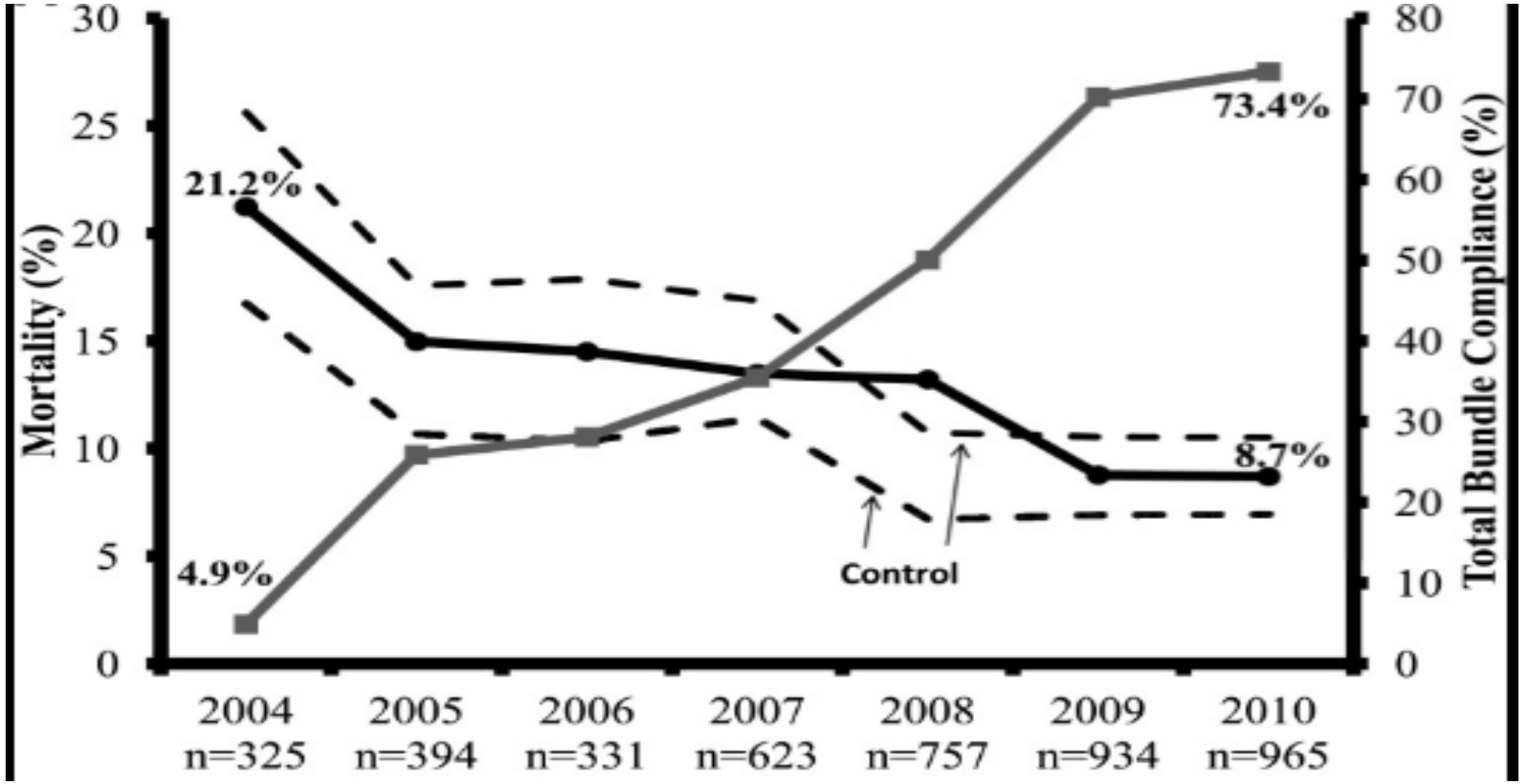

Severe Sepsis
❑ Lactate
❑ Blood Cx
❑ Antibiotic(s)
❑ Repeat lactate if >2
0 1 2 3 4 5 6
Septic Shock (in addition to those above)
❑ Bolus 30ml/kg crystalloid
❑ Pressors if MAP<65
❑ Document response
0 1 2 3 4 5 6
Hours

Multicenter implementation of a severe sepsis and septic shock treatment bundle

Miller et al. Am J Respir. Critical Care Med. 1:188, 2013 Intermountain Heath

- 4,329 adult subjects with severe sepsis or septic shock admitted to study ICUs from the emergency department
- January 2004 and December 2010
- Overall hospital mortality was 12.1% over 6 years
  - declining from 21.2% in 2004 to 8.7% in 2010.
  - All-or-none total bundle compliance increased from 4.9% - 73.4% simultaneously.
  - Mortality declined from 21.7% in 2004 to 8.7%.

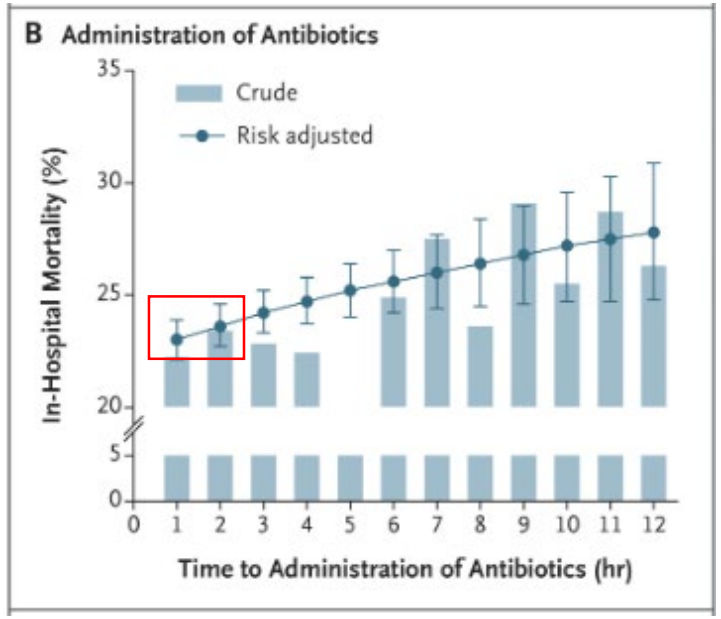
Total Bundle Compliance & Mortality



Time to treatment & mortality during mandated emergency care for sepsis

Seymour, CW et al NEJM 376, 2017

- NY State Department of Health 2014 to 2016—185 hospitals—49,331 patients
- Median time to completion of 3 hour bundle—1.3 hours
- Median time to antibiotic administration—0.95 hours (<1 hr)
- Median time to completion of fluid bolus—2.56 hours
- Results-antibiotics between 3-12 hrs. after bundle initiation-14% higher odds ratio of in-hospital death



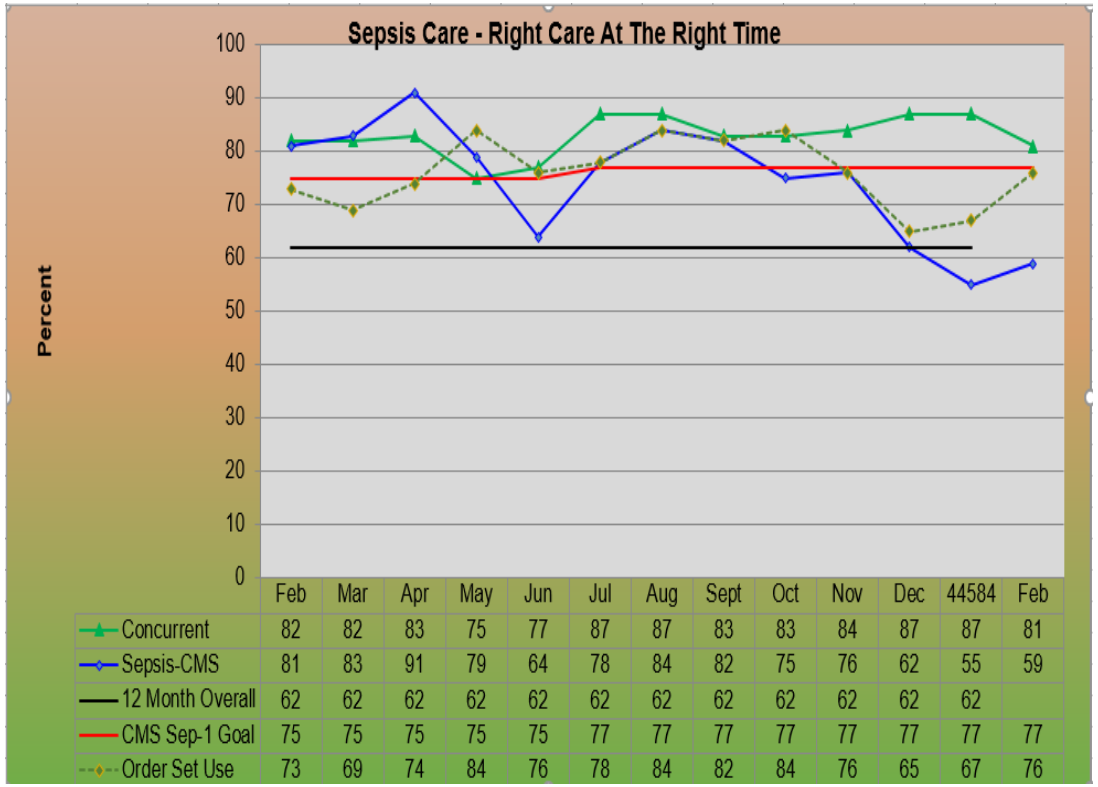
Hour-1 bundle adherence was associated with reduction of in-hospital mortality among patient with sepsis in Japan

Umemura, Y et. Al J pone 2022

- Multicenter trial, 17 ICU's, tertiary hospitals
- 178 patients—89 bundle compliant (BC). 89 non-bundle compliant (NBC)
- Risk adjusted mortality rates
- Bundle compliance = all components within 1 hour.
- BC 18% mortality; NBC 30.3% mortality
- Delay in broad spectrum antibiotics had greatest impact on increased mortality

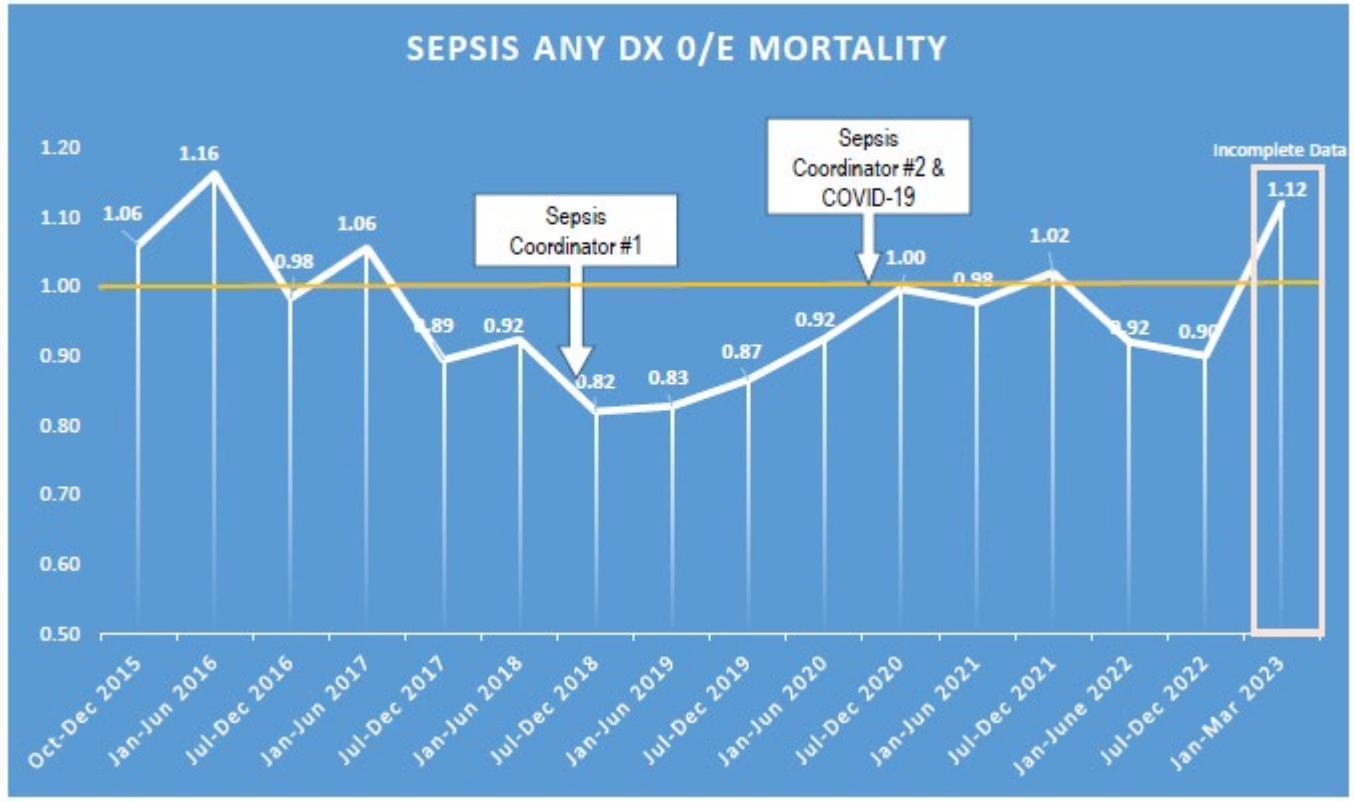
Kaweah Health Sepsis Dashboard

- 2023 SEP-1 CMS Bundle Compliance—72%
- 3 hr. SEP-1 bundle compliance—78%
- % blood cultures drawn 95%
- % lactic acid drawn 98%
- % antibiotics administered 92%
- % fluid resuscitation completed 84%



	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	44584	Feb
Concurrent	82	82	83	75	77	87	87	83	83	84	87	87	81
Sepsis-CMS	81	83	91	79	64	78	84	82	75	76	62	55	59
12 Month Overall	62	62	62	62	62	62	62	62	62	62	62	62	
CMS Sep-1 Goal	75	75	75	75	75	77	77	77	77	77	77	77	77
Order Set Use	73	69	74	84	76	78	84	82	84	76	65	67	76

Sepsis Any Diagnosis - Outcomes Observed/Expected (o/e) Mortality



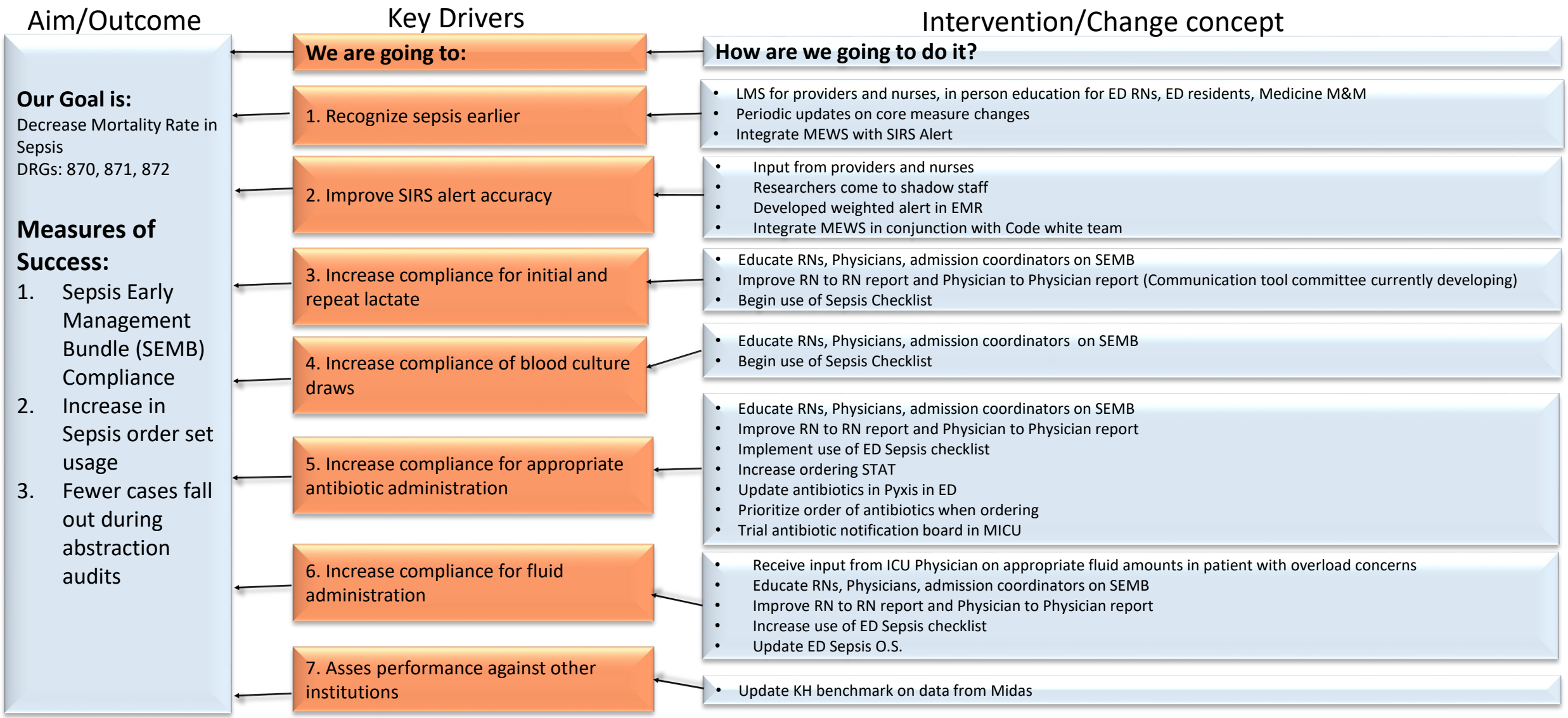
- Goal ≤ 1.0 which indicates that at least expected deaths do not exceed actual *(Lower ratio is better)*
- Best performing facilities have o/e ratios significantly lower than 1.0 (i.e. 0.6)
- Significant change in how sepsis mortality is measured since o/e mortality includes septic patients with COVID-19 dx starting in 2020, but does risk adjust for COVID
- Sepsis o/e mortality is not a direct comparison pre and post pandemic
- Despite COVID-19 patient inclusion, o/e mortality remains at ≤ 1.0

Source: Midas Risk Model v4

What do we, at KH need to improve Sepsis Care?

- Current data to access current performance—completed
- Identify a need to change—completed
- Team approach with willing leaders & participants—completed
- Learn from others success to achieve better outcomes (EBM)—completed
- Change focus from regulatory reporting to patient care/outcomes—completed
- Develop an action plan—Aim—key drivers—interventions—measure—completed
  - Minimize variability & make it simple—in progress
  - Create checklists, respond to SIRS alerts, recheck regularly—in progress
- Perform “test of change”—identify unintended consequences—adjust if needed
- Educate & regularly re-educate to avoid drift
- Create Accountability around performance

SEPSIS INITIATIVE



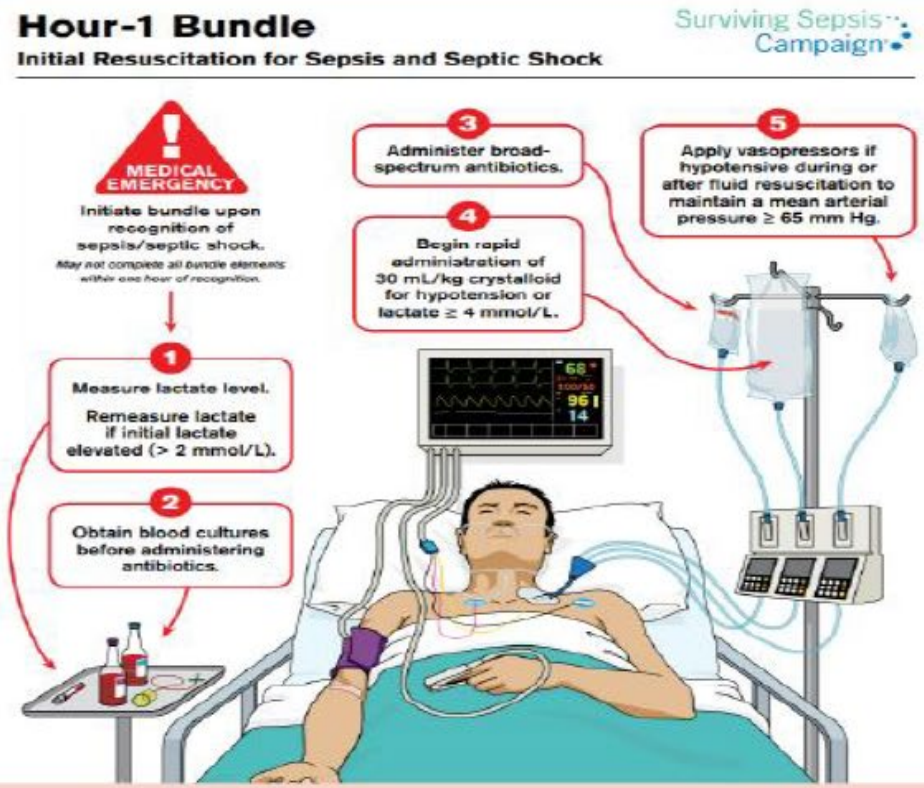
Questions?

Thank you to the Quality Focus Team, Emergency Department Leadership & Sepsis Coordinators

Appendix

- Example of Education material
- Definition of Lactate
- Abbreviations

The Way We Reduce Morbidity and Mortality



Lactate w Reflex | Blood Culture(s) | ABX | IVF w/ exam | Vasopressor

Surviving Sepsis Campaign

BUNDLE

HOUR-1 BUNDLE: INITIAL RESUSCITATION FOR SEPSIS AND SEPTIC SHOCK:

1) Measure lactate level.*
2) Obtain blood cultures before administering antibiotics.
3) Administer broad-spectrum antibiotics.
4) Begin rapid administration of 30mL/kg crystalloid for hypotension or lactate ≥4 mmol/L.
5) Apply vasopressors if hypotensive during or after fluid resuscitation to maintain a mean arterial pressure ≥ 65 mm Hg.

*Remeasure lactate if initial lactate elevated (> 2 mmol/L).

survivingsepsis.org

Surviving Sepsis Campaign

1. *Act quickly upon sepsis & septic shock recognition
2. Minimize time to treatment – sepsis & septic shock are medical emergencies
3. Monitor closely for response to interventions
4. Communicate sepsis status in hand-offs

*All elements of the Hour-1 bundle may or may not be completed in the first hour after sepsis recognition

survivingsepsis.org

Surviving Sepsis Campaign

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survivingsepsis.org


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survivingsepsis.org

When and how do I screen for sepsis?

- Completed for adult patients 18 years and older (any age for OB population):
  - ED – routine screening at triage, when pt roomed, and PRN (until pt discharged or admitted)
  - Inpatient units – routine screening every shift (8hr) and PRN, upon admission/and within 3 hours prior to discharge from hospital
- Sepsis surveillance is part of the routine nursing assessment
  - Goal to conduct sepsis surveillance with each interaction, just like MI and Stroke
  - At least once per shift document in the sepsis screening tool located in HealthLink. Document within 1-120 minutes of most recent vital signs and no more than 6 hours after physical assessment

Serum Lactate Levels

- Serum (blood) lactate levels are elevated in sepsis when there is insufficient blood circulation to adequate metabolism because of sepsis. Increase levels reflect the change from aerobic to anaerobic (lack of oxygen) metabolism and can reflect shock status (higher is worse)
- Simply patients with sepsis have poorer organ flow, less oxygen to the tissues, increase production of lactic acid or decreased clearance of lactic acid due to liver dysfunction

Abbreviations

- SIRS = Systemic Inflammatory Response Syndrome
- SEP-1 = Severe sepsis & septic shock management bundle
- MEWS = modified early warning systems
- EBM = evidence based medicine
- ABX = antibiotics
- IVF = intravenous fluid
- MICU = medical intensive care unit
- M & M = morbidity and morality conference
- Blood Cx = blood cultures

Definition of Diagnosis Related Groups

- DRG 870 - SEPTICEMIA OR SEVERE SEPSIS WITH mechanical ventilation (MV) >96 HOURS OR Peripheral Extracorporeal Membrane Oxygenation (ECMO)
- DRG 871 - SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH Major Complication or Co-morbidity
- DRG 872 - SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT Major Complication or co-morbidity

SIRS Criteria 2 or more of:

- Temperature >38 or <36 degrees Celsius
- Heart rate >90/minute
- Respiratory rate >20/min or PaCO2 <32 mm
- White blood cell count > 12,000 or > 10% band form (immature cells)
- Criteria for severe sepsis includes: 2 of the above and 1 of the below
  - Systolic blood pressure <90 mm Hg or Mean arterial pressure <65 mm Hg or lactate >2 mmole/liter (after initial fluid bolus)
  - INR >1.5 or a PTT >60 seconds (blood clotting impairment)
  - Bilirubin >34 Umole/L (liver function)
  - Urine output <5 ml/kg/hour for 2 hours (kidney function)
  - Creatinine >177 Umoles/liter (kidney function)
  - Platelets <100,000 (hematologic function)
  - SpO2 <90% on room air