



May 28, 2021

## NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the Kaweah Health Support Services Building - 520 West Mineral King – Copper Room 2<sup>nd</sup> floor beginning at 3:30PM on Thursday June 3, 2021. Due to the maximum capacity allowed in this room per CDC social distancing guidelines, members of the public are requested to attend the via GoTo - <https://www.gotomeet.me/CindyMoccio/special-board-meeting---strategicplanreview> or Dial In: 224-501-3412 / Access Code: 382-388-429.

The Board of Directors of the Kaweah Delta Health Care District will meet in a Special Open Board of Directors at 3:30PM (location and GoTo information above).

All Kaweah Delta Health Care District regular board meeting and committee meeting notices and agendas are posted 72 hours prior to meetings (special meetings are posted 24 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.

Due to COVID 19 visitor restrictions to the Medical Center - the disclosable public records related to agendas can be obtained by contacting the Board Clerk at Kaweah Health Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA via phone 559-624-2330 or email: [cmoccio@kawahhealth.org](mailto:cmoccio@kawahhealth.org), or on the Kaweah Delta Health Care District web page <http://www.kawahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT  
Garth Gipson, Secretary/Treasurer

A handwritten signature in black ink that reads "Cindy Moccio".

Cindy Moccio  
Board Clerk / Executive Assistant to CEO

DISTRIBUTION:  
Governing Board  
Legal Counsel  
Executive Team  
Chief of Staff  
[www.kawahhealth.org](http://www.kawahhealth.org)



## **KAWEAH DELTA HEALTH CARE DISTRICT SPECIAL BOARD OF DIRECTORS MEETING**

Kaweah Health Medical Center / Support Services Building  
520 West Mineral King – Copper Room (2<sup>nd</sup> floor)

**Join from your computer, tablet or smartphone**

<https://www.gotomeet.me/CindyMoccio/special-board-meeting---strategicplanreview>

**or Dial In: 224-501-3412 / Access Code: 382-388-429**

**Thursday June 3, 2021**

### **SPECIAL OPEN MEETING AGENDA {3:30PM}**

- 1. CALL TO ORDER**
- 2. APPROVAL OF AGENDA**
- 3. PUBLIC 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 subject matter jurisdictions of the Board are requested to identify themselves at this time.
- 4. [STRATEGIC PLAN 2021/2022](#)** – Progress report and review of draft Strategic Plan for fiscal year 2021/2022.  
*Marc Mertz, Vice President Chief Strategy Officer*
- 5. REPORTS**
  - 5.1. Chief Executive Officer Report -Report relative to current events and issues.  
*Gary Herbst, Chief Executive Officer*
  - 5.2. Board President - Report relative to current events and issues.  
*David Francis, Board President*

#### **ADJOURN**

*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 meeting.*

---

*Mike Olmos – Zone I  
Board Member*

*Lynn Havard Mirviss – Zone II  
Vice President*

*Garth Gipson – Zone III  
Secretary/Treasurer*

*David Francis – Zone IV  
President*

*Ambar Rodriguez – Zone V  
Board Member*

# Strategic Plan-

Financials FY2022  
DRAFT

Presentation to the Board  
of Directors- June 3, 2022



[kawahhealth.org](https://www.kawahhealth.org)



# Contents

Overview of the Kaweah Health Strategy Structure and Plan Documents.....	3
Fiscal Year 2022 Planning Process.....	7
DRAFT Kaweah Health Fiscal Year 2022 Strategic Plan.....	8
• Operational Efficiency and Effectiveness.....	10
• Outstanding Health Outcomes.....	15
• Patient and Community Experience.....	24
• Empower through Education.....	32
• Ideal Work Environment.....	43
• Strategic Growth and Innovation.....	51

# Overview of Kaweah Health's Strategy Structure



# Overview of Strategic Plan Documents

## Plan Framework- Example

Kaweah Delta Strategic Plan Framework 2020-2021 DRAFT			
	Strategic Initiative	Metrics	Strategies/Tactics
<b>Our Mission</b> <i>(The reason we exist)</i>  <b>Health is our passion. Excellence is our focus. Compassion is our promise.</b>	<b>Organizational Efficiency and Effectiveness</b> <i>Increase the efficiency and the effectiveness of the organization to reduce costs, lower length of stay, and improve outcomes.</i>	<ul style="list-style-type: none"> <li>ALOS within 0.75 days of GNLOS</li> <li>Drug/supply/testing utilization or spend-TBD</li> <li>Surgical implant standardization-TBD</li> <li>Staffing metric-TBD</li> <li>OR efficiency indicator-TBD</li> <li>Spending per beneficiary target-TBD</li> </ul>	<ul style="list-style-type: none"> <li>Utilize the updated Resource Effectiveness Committee (REC) structure to improve patient flow, population management, and cost savings.</li> <li>Better align staffing levels with patient volumes/units of service.</li> <li>Assess utilization of diagnostic testing, lab testing, and use of medications and make reductions, as appropriate.</li> <li>Standardize supplies and medical implants</li> </ul>
	<b>Kaweah Care Culture</b> <i>Recruit, develop, and retain the best staff and physicians to create an ideal work environment and ensure that patients receive excellent compassionate care.</i>	<ul style="list-style-type: none"> <li>Pulse Survey - improve 250% Tier 3 Teams to Tier 2 or higher</li> <li>EE Engagement survey - 4.19 engagement score</li> <li>Physician Engagement survey - 3.68 alignment score</li> <li>SAD Teamwork: 66% Safety 73%</li> <li>Increase % compliance with manager response to events (TBD- data pending)</li> <li>HCAHPS Overall Rating: 76.5% 9s and 10s during FY21</li> <li>ED Patient experience: Overall Rating: 70% during FY21</li> </ul>	<ul style="list-style-type: none"> <li>Pulse &amp; Employee Engagement Survey and action planning</li> <li>Leadership Development programs</li> <li>Just Culture Commitment - Staff awareness</li> <li>GNM faculty and Medical Staff Leader Development</li> <li>Physician Engagement Committee work</li> <li>Operation Always - Patient engagement</li> <li>Safety attitudes questionnaire (SAD) and action planning</li> <li>Increase Kaweah Care recognitions and celebrations</li> <li>Develop performance scorecards for leaders, physicians, medical directors and department chairs</li> </ul>
<b>Our Vision</b> <i>(What we aspire to be)</i>  <b>To be your world-class healthcare choice, for life.</b>	<b>Outstanding Health Outcomes</b> <i>Demonstrate that we are a high-quality provider so that patients and payers choose Kaweah Delta.</i>	<ul style="list-style-type: none"> <li>Leapfrog B</li> <li>CAUTI's 0.774</li> <li>CLABSI's 0.687</li> <li>MRSA's 0.768</li> <li>Sepsis bundle 270%</li> <li>100% of Leapfrog/NQP Safe Practices points</li> </ul>	<ul style="list-style-type: none"> <li>Quality focus teams</li> <li>Daily catheter and central line Gemba rounds</li> <li>Improve compliance with sepsis bundle</li> <li>Create diagnosis-specific committees to address mortality and readmissions</li> <li>Infection prevention hand hygiene program</li> </ul>
	<b>Strategic Growth and Innovation</b> <i>Grow intelligently by expanding existing services, adding new services, and serving new communities.</i>	<ul style="list-style-type: none"> <li>2% growth in market share (FPSA)</li> <li>11.2% increase in IP surgical volume</li> <li>Net 30 increase in the number of physicians in the market</li> <li>Retain 11 KD residents (40%) in the Central Valley</li> <li>Two new ambulatory locations</li> <li>Launch telehealth services</li> <li>Introduce new branding</li> </ul>	<ul style="list-style-type: none"> <li>Develop a comprehensive and coordinated ambulatory network strategy</li> <li>Better monitor and manage patient referrals to ensure continuity of care</li> <li>Enhance physician relations capabilities to improve recruitment, onboarding, and retention of physicians</li> <li>Promote key service lines to a broader geographic market (e.g. Fresno, Bakersfield)</li> <li>Continue work with community advisory groups and use public perception data to improve community relations</li> <li>Refresh of organization branding and naming strategy</li> <li>Complete master facility plan to modernize and expand facilities</li> </ul>
<b>Our Pillars</b>  <b>Achieve outstanding community health</b>  <b>Deliver excellent service</b>  <b>Provide an ideal work environment</b>  <b>Empower through education</b>  <b>Maintain financial strength</b>	<b>High Performing OP Delivery Network</b> <i>Improve the performance of our ambulatory services to provide greater access to care and keep people healthy.</i>	<ul style="list-style-type: none"> <li>Employee engagement ≥ 50th percentile</li> <li>OP patient satisfaction score ≥ 50th percentile</li> <li>OP Outcome measures (A1c &lt; 9), blood pressure, depression screening, flu vaccine)</li> <li>Clinic visits ≥ 100% of budget</li> <li>Net income ≥ 100% of budget</li> <li>Labor productivity ≥ 100% of budget</li> <li>Provider deficiencies 0%</li> <li>RAF score of TBD</li> </ul>	<ul style="list-style-type: none"> <li>People: Leadership rounding with staff and physicians</li> <li>Service: Leadership rounding with patients</li> <li>Population health: Improve documentation/coding/billing processes for clinical documentation</li> <li>Growth: Develop existing provider productivity/opportunity reports and identify new primary/specialty care opportunities</li> <li>Finance: Monthly accountability meetings around operational measures</li> </ul>

- A single page summary of the entire Strategic Plan
- Includes the Mission, Vision, Pillars, and the current fiscal year's Strategic Initiatives, performance metrics, and strategies/tactics
- Is a great overview of the Strategic Plan that is routinely shared with staff, the Board, the medical staff, and others.
- The listed metrics are aligned with the annual organizational goals, although the Strategic Plan will typically include more metrics than the goals
- The FY22 Framework has not been developed yet

### Strategic Plan Framework

- Strategic Initiative Charters
- Strategy Summaries

# Overview of Strategic Plan Documents

## Strategic Initiative Charter- Example

### Strategic Initiative Charter: Strategic Growth and Innovation

<b>Objective</b>	<b>Leader</b>	<b>ET Sponsor</b>	<b>Board Member</b>
<b>Grow intelligently</b> by expanding existing services, adding new services, and serving new communities. Find new ways to do things to <b>improve efficiency and effectiveness.</b>	Jessica Rodriguez	Marc Mertz	Garth Gipson

Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
Inpatient Market Share (FPSA) <sup>[1]</sup>	59.9%	62.0%	64.0%	66.0%
Annual Ambulatory Visits	543,692	582,534	TBD	TBD
New physicians in the market	N/A	20	TBD	TBD
Best Image and Reputation Score (via NRC Health)	23.9	26.0	28.5	30.0

[1] Based on OSHPD data CY2018; FPSA is the facility planning service area

#### Team Members

Jennifer Stockton  
 Brian Piearcy  
 John Leal  
 Ben Cripps  
 Franklin Martin  
 Christine Aleman  
 Renee Lauck  
 Karen Tellalian  
 Doug Leeper  
 Sebastiano Cassaro, MD  
 Alex Lechtman, MD  
 Paul Schofield  
 Sonia Solis  
 Martha Tercero  
 Deborah Volosin  
 Brittany Taylor  
 Julieta Moncada

Strategies (Tactics)	Net Annual Impact (\$)
Physician Recruitment and Retention	(\$2,752,348)
Inpatient Growth	n/a
Outpatient Growth	(\$7,133,263)
Facility Modernization	(\$619,000)
Improve Community Engagement	n/a
Innovation	(\$150,000)

- Each of the six Strategic Initiatives has a Charter. This is a 1 or 2 page summary of the Initiative's objective, performance metrics, and the key strategies that will make us successful
- The Charter also indicates the team members that helped prepare the Strategic Initiative materials
- Whenever possible, we have projected the financial impact of the strategies

#### Strategic Plan Framework

- Strategic Initiative Charters
  - Strategy Summaries

# Overview of Strategic Plan

## Documents Strategy Summary - Example

### Strategy Summary for: Medication Measures

Strategic Initiative: Outstanding Health Outcomes

Objective

Improve the accuracy of the home medication list by inpatient and outpatient care teams

#### Key Components

- Utilize the work of the pharmacy team to improve and achieve the medication-related metrics in the inpatient setting
  - Operational reports
  - Add 2.5 Patient Care Technicians – med history reviews (cost includes S&B)
- Utilize the work of the Clinic Network and Population Health teams to improve and achieve the defined quality metrics in the outpatient setting
  - Operational teams
    - Remind providers of functionality
    - Track performance
    - Develop compliance plan
  - ISS teams
    - Operational reports

Financial Impact	FY2022	FY2023	FY2024
Estimated Cost Avoidance <sup>[1]</sup>	\$3,770,550	\$3,770,550	\$3,770,550
PFP Revenue (QIP)	\$540,000	\$540,000	\$540,000
Expenses			
Labor <sup>[2]</sup>	(\$140,625)	(\$144,844)	(\$149,189)
Supplies	\$0	\$0	\$0
Other <sup>[3]</sup>	Penalties	Penalties	Penalties
Net Annual Impact	\$4,169,925	\$4,165,706	\$4,161,361

Outcomes	FY22	FY23	FY24
Home Medication List Review of High Risk (HR) Patients (inpatient admission)	100%	100%	100%
Complete Initial Home Medication w/in 12 hours of Inpatient Admission	100%	100%	100%
Outpatient Medication Reconciliation w/in 30 days Post Discharge (MRP)	44%	55%	78%

#### Individual/Department Responsible for Execution

Sonia Duran-Aguilar, James McNulty, Nicole Gann, Luke Schneider, Lacey Jensen, Leah Daugherty, Rudy Gonzalez, Ivan Jara, Tracy Salsa, Dr. Roger Haley, Dr. Monica Manga, Dr. Mario Martinez

- Under each Strategic Initiative, there is a 1-page Strategic Summary for each of the indicated strategies or tactics
- The Strategic Summary provides more details regarding the specific actions we will take as well as more performance metrics that will be used to monitor our achievement of this strategy
- The summary includes three-year performance targets whenever possible
- The Finance team assisted in estimating the financial impact, and assured that the Strategic Plan was aligned with the annual budget

Strategic Plan Framework

- Strategic Initiative Charters
- Strategy Summaries



# FY 2022 Strategic Planning Process

## World-Class Journey

- Fall 2020
- Using a Department of Defense assessment tool for world-class medical centers, we assessed our current state via a series of facilitate sessions with leaders, medical staff, the Board, staff, and community members
- We created a report indicating our current state, our future goals, and the steps necessary to achieve world-class designation. This informed our strategic planning process.

## Planning Retreat

- November 2020
- Executive Team and senior leaders spent a half-day to revisit our strategic objectives and outline the high-level initiative for FY2021 and beyond
- The Kaweah Health (KH) Board Strategic Planning Committee met to discuss the proposed initiatives and provide input and recommendations

## Initiative Workgroups

- January - April 2020
- We formed a work group for each of the identified strategic initiatives. These groups met to develop the goals, tactics, and metrics for the Strategic Initiative
- Meetings were facilitated by Strategy and the Internal Consulting team. Finance representatives were involved throughout.

## Strategic Plan Review

- The draft strategic plan was presented to the ET and Board Strategic Planning Committee in May for review and revision
- The revised draft strategic plan was shared with the KH Board June 3<sup>rd</sup> for initial review and discussion
- The strategic plan will be used to inform the annual budget process by providing prioritized initiatives and the associated financial impacts
- The final strategic plan will be presented to the KH Board along with the annual budget at the June Board meeting

We are here →

# FY 2022 Draft

## Strategic Initiatives Strategic Plan

The following six Strategic Initiatives have been selected for the Strategic Plan effective July 2021 through June 2022. These were selected as the result of a strategic planning retreat in November, as well as through a survey of Medical Staff and a discussion at the Board of Directors Strategic Planning Committee.

- Organizational Efficiency and Effectiveness
- Outstanding Health Outcomes
- Patient and Community Experience
- Empower through Education
- Ideal Work Environment
- Strategic Growth and Innovation

# FY 2022 Draft

## Strategic Initiative Work Groups Strategic Plan

A work group was formed for each of the six Strategic Initiatives. For the past four months, these work groups met to discuss potential strategies (tactics) and performance measures (metrics) relative to the Strategic Initiative. Members of the work groups included leaders, staff, physicians, and for the first time, Board members. The meetings and process were facilitated by members of the Kaweah Health Consulting team.

The following pages contain details for each Strategic Initiative:

- A single-page (in some cases 2-page) summary called a Strategic Initiative Charter
- Additional pages of details for each of the identified Strategies

The work group leaders have worked with Finance to estimate the financial impact of the Strategic Initiatives and to ensure that the Strategic Plan is aligned with the proposed annual Budget.

# DRAFT- FY22 Organizational Efficiency and Effectiveness

# Strategic Initiative Charter: Organizational Efficiency & Effectiveness

## Objective

**Increase the efficiency and the effectiveness of the organization** to reduce costs, lower length of stay, and improve processes.

## Chair

Kassie Waters

## ET Sponsor

Jag Batth

## Board Member

Mike Olmos

Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
Reduce Length of Stay (Non COVID patients)	1.22 above GMLOS (3/2021)	ALOS (Non COVID): Within 1.0 GMLOS 7/1/21-12/31/21 Within .75 GMLOS 1/1/22-6/30/22	TBD	TBD
Increase Operating Room Block Time Utilization	42% (FYTD)	60%	65%	TBD
Review of Spine and Trauma Implant purchases and contracts	\$3,400,000 (4/2020-3/2021)	Identify \$350,000 savings (approx. 10%)	TBD	TBD
Consolidation of purchased services	\$34,200,000 (4/2020-3/2021)	Identify \$1,000,000 savings (3%)	TBD	TBD

## Team Members

Dan Allain  
 Steve Bajari  
 Kevin Bartel  
 Aneil Brar  
 Kim Burchett  
 Rebekah Foster  
 Renee Lauck  
 April McKee  
 James McNulty  
 Frank Martin  
 Lori Mulliniks  
 Jessica Rodriguez  
 Dr. Said  
 Dr. Seng  
 Sonia Solis  
 Martha Tercero

Strategies (Tactics)	Net Annual Impact (\$)*
Utilize the Resource Effectiveness Committee (REC) structure to implement patient flow processes that are effective and efficient to lower the overall LOS.	\$10,500,000
Utilize the work of the Operating Room (OR) Efficiency and the OR Governance Committees to improve OR Room Utilization and achievement of defined OR metrics.	\$1,179,000
Analyze and identify waste, and cost savings with purchase services and specialty surgical implants.	\$1,350,000
Total	\$13,029,000

# Strategy Summary for: Resource Effectiveness Committee

Strategic Initiative: Organizational Efficiency & Effectiveness

## Objective

Implement patient flow processes that are effective and efficient to lower the overall LOS.

## Key Components

The Resource Effectiveness Committee (REC) oversees various projects and committees to increase patient flow and lower length of stay. Process goals and design will be completed at the individual committee levels with the front line leaders that have expertise in their areas. Focus for this initiative will be on the Discharge Management/Patient Flow Committee

- Discharge Management/Patient Flow
  - Standardize Unit Discharge Rounds
  - Establish a Leadership and Physician Standard of Work
  - Use the Throughput Rounding Tool to identify and address barriers to discharge

Outcomes	FY22	FY23	FY24
Reduce Length of Stay (LOS)	ALOS (Non COVID): Within 1.0 GMLOS 7/1/21-12/31/21 Within .75 GMLOS 1/1/22-6/30/22	TBD	TBD
Discharge Orders Completed by 1000	20% improvement from baseline (TBD)	TBD	TBD
Patients leaving the unit by 1200	20% improvement from baseline (TBD)	TBD	TBD

Financial Impact	FY22	FY23	FY24
Capital Requirements	\$0	TBD	TBD
Revenue/Cost Savings	\$10,500,000	TBD	TBD
Expenses			
Labor	\$0	TBD	TBD
Supplies	\$0	TBD	TBD
Other	\$0	TBD	TBD
Total Costs	\$0	TBD	TBD
Contribution Margin	\$10,500,000	TBD	TBD

## Responsible for Execution

Jag Batth, Keri Noeske, Kassie Waters, Rebekah Foster, Resource Effectiveness Committee

# Strategy Summary for: Supply Management and Standardization

Strategic Initiative: Organizational Efficiency & Effectiveness

## Objective

Analyze and identify waste, and cost savings with purchase services and specialty surgical implants.

## Key Components

- Review the Spine and Trauma supply contracts to identify potential savings
- Review purchased services across the organization to identify opportunities to consolidate vendors and improve pricing

Outcomes	FY22	FY23	FY24
Completion of Spine and Trauma Analysis	\$350,000 savings	TBD	TBD
Completion of purchased services review	1,000,000 savings	TBD	TBD

## Financial Impact

	FY22	FY23	FY24
Capital Requirements	\$0	TBD	TBD
Revenue/Cost Savings	\$1,350,000	TBD	TBD
Expenses			
Labor	\$0	TBD	TBD
Supplies	\$0	TBD	TBD
Other	\$0	TBD	TBD
Total Costs	\$0	TBD	TBD
Contribution Margin	\$1,350,000	TBD	TBD

## Responsible for Execution

Steve Bajari, Aneil Brar, Materials Management

# Strategy Summary for: Operating Room Efficiency/Capacity

Strategic Initiative: Organizational Efficiency & Effectiveness

**Objective**

Improve operating room capacity/utilization to meet the needs of the surgery volume demands efficiently.

**Key Components**

- Increase OR capacity with focused efforts on increasing OR block usage percentage
- Work with OR governance committee to reallocate block times to increase utilization and to provide more surgeons with necessary block time
- Work with physicians to improve the percentage of on-time start times for the first OR cases of the day; increase physician accountability
- Process improvement projects to reduce physician wait times between cases

Outcomes	FY22	FY23	FY24
Block Time Utilization Rate (baseline 42%) 87 additional cases per month beginning 1/1/21	60%	65%	TBD
Reduction in daily average first case delay minutes (baseline 25.5 minutes per day)	Reduce average first case delay minutes by 10 minutes (1/1/22)	TBD	TBD
Physician wait time between cases defined as surgery stop time in previous case to start time of the next case (3/2021- 86 minutes)	Reduce by 10% from 1/1/22 baseline	TBD	TBD
			16/61

**Financial Impact**

	FY22	FY23	FY24
Capital Requirements	\$0	TBD	TBD
Revenue/Cost Savings	\$1,179,000	TBD	TBD
Expenses			
Labor	\$0	TBD	TBD
Supplies	\$0	TBD	TBD
Other	\$0	TBD	TBD
Total Costs	\$0	TBD	TBD
Contribution Margin	\$1,179,000	TBD	TBD

**Responsible for Execution**

Dan Allain, Brian Pearcy, Amanda Tercero, OR Efficiency and OR Governance



# DRAFT- FY22 Outstanding Health Outcomes

# Outstanding Health Outcomes Team Members

- Doug Leeper
- Sonia Duran-Aguilar
- Dave Francis
- Marc Mertz
- Anu Banerjee
- Sandy Volchko
- Shawn Elkin
- Alexandra Bennett
- Kari Knudsen
- Amy Baker
- Jessica Plummer
- Dr. Sakona Seng
- Dr. Bruce Hall
- Dr. Lori Winston
- Dr. Linda Herman
- Dr. Michael Tang
- Kim Ferguson
- Lisa Harrold
- James McNulty
- Ryan Caliwag

# Strategic Initiative Charter: Outstanding Health Outcomes

Objective

Chair

ET Sponsor

Board Member

To consistently deliver high quality care across the health care continuum

Sonia Duran-Aguilar

Doug Leeper

Dave Francis

Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
Infection Prevention Measure Bundle (based on CMS data)	CAUTI 0.84 CLABSI 1.33 MRSA 2.53	CAUTI ≤ 0.676 CLABSI ≤ 0.596 MRSA ≤ 0.727	TBD	TBD
Sepsis Bundle Compliance (SEP-1)	75% (July-Dec2020)	≥75%	≥80%	≥82%
Hospital Readmissions (based on CMS data)	(FY2019) AMI – 12.34 COPD – 16.09 HF – 18.22 PN Viral/Bacterial – 14.13	AMI – 9.99 COPD – 10.30 HF – 11.66 PN Viral/Bacterial – 9.04	TBD	TBD
Decrease Mortality Rates (based on CMS data)	AMI - .75 COPD – 2.40 HF – 1.78 PN Bacterial – 1.85 PN Viral – 1.34	AMI - 0.67 COPD – 1.0 HF – 1.14 PN Bacterial – 1.18 PN Viral - 0.96	TBD	TBD
Home Medication List Review of High Risk Patients (inpatient admission)	57% (Avg Oct 2020 and Feb 2021)	100%	100%	100%
Complete Initial Home Medication w/in 12 hours of Inpatient Admission	N/A (NEW)	100%	100%	100%
Outpatient Medication Reconciliation w/in 30 days Post Discharge (MRP)	N/A (NEW)	44%	55%	78%
Team Round Implementation	MICU currently does this	Design & Pilot on 1-2 units	Roll out expectations for 2 additional units and measure at 6 months % adherence	80% Adherence for 3-4 units and roll out for units with hospital-based groups and measure at 6 months % adherence

# Strategic Initiative Charter: Outstanding Health Outcomes

## Objective

To consistently deliver high quality care across the health care continuum

## Chair

Sonia Duran-Aguilar

## ET Sponsor

Doug Leeper

## Board Member

Dave Francis

Strategies (Tactics)	Net Annual Impact (\$)*
<b>Infection Prevention Measure Bundle:</b> <ol style="list-style-type: none"> <li>CAUTI, CLABSI/MRSA Quality Focus Teams</li> <li>Daily catheter and central line Gemba rounds</li> <li>Enhanced daily huddles, education/awareness, culture of culturing</li> <li>Vascular access team, TPN utilization</li> </ol>	2% Medicare reimbursement per beneficiary (star rating); CMS HAC & VBP Program penalties
<b>Sepsis Bundle Compliance</b> <ol style="list-style-type: none"> <li>Multidisciplinary Quality Focus Team</li> <li>Sepsis Coordinators</li> <li>Focus Six Sigma QI Strategies to address root causes of bundle non-compliance</li> </ol>	Reduction to length of stay
<b>Mortality/Readmissions</b> <ol style="list-style-type: none"> <li>Enhanced diagnostic specific workgroups/committees</li> <li>Expand palliative medicine</li> </ol>	Readmission Reduction Program & VBP
<b>Medication Measures:</b> <ol style="list-style-type: none"> <li>Utilize the work of the pharmacy team to improve and achieve the medication-related metrics in the inpatient setting</li> <li>Utilize the work of the Clinic Network and Population Health teams to improve and achieve the defined quality metrics in the outpatient setting</li> </ol>	\$4,169,925
<b>Team Round Implementation</b> <ol style="list-style-type: none"> <li>Multidisciplinary team rounding</li> </ol>	Reduction to length of stay Improve patient care and experience

# Strategy Summary for: Infection Prevention Measure Bundle

Strategic Initiative: Outstanding Health Outcomes

## Objective

Over the next 3 years, achieve an “A” Leapfrog Safety Score and a CMS 5 Star Rating through the consistent application of best practices and innovative strategies.

## Key Components

- CAUTI, CLABSI/MRSA Quality Focus Teams
- Daily catheter and central line Gemba rounds
- Enhanced daily huddles, education/awareness, culture of culturing
- TPN Utilization
- Bio-Vigil
- MRSA Decolonization

Outcomes	FY22	FY23	FY24
Infection Prevention Measure Bundle (based on CMS data) <sup>[1]</sup>	CAUTI ≤ 0.676 CLABSI ≤ 0.596 MRSA ≤ 0.727	TBD	TBD

[1] CMS updated the new Value-Based Purchasing benchmarks in April 2021.

[2] Over \$1M opportunity in quality adjustments. Tracked by finance.

Financial Impact	FY2022	FY2023	FY2024
Estimated Cost Avoidance	TBD	TBD	TBD
Revenue (VBP/HAC Penalty) <sup>[2]</sup>	Impacted by FY21 Performance	TBD	TBD
Expenses			
Labor	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$0	\$0
Net Annual Impact	TBD	TBD	TBD

## Individual/Department Responsible for Execution

Sandy Volchko, Shawn Elkin, Dr. Herman, Kari Knudsen, Amy Baker

# Strategy Summary for: (SEP-1) Sepsis Bundle Compliance

Strategic Initiative: Outstanding Health Outcomes

## Objective

Over the next 3 years, achieve an “A” Leapfrog Safety Score and a CMS 5 Star Rating through the consistent application of best practices and innovative strategies

## Key Components

- SEPSIS Coordinators
- SEPSIS Alerts-Required MD notifications
- Quality Focus Team-RCAs/Fall out review

Outcomes	FY22	FY23	FY24
Sepsis Bundle Compliance (SEP-1)	≥75%	≥80%	≥82%
Sepsis ALOS Reduction	TBD	TBD	TBD

## Financial Impact

	FY2021	FY2022	FY2023
Capital Requirements	\$0	\$0	\$0
Revenue (VBP)	TBD	TBD	TBD
Expenses			
Labor	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other	TBD	TBD	TBD
Net Annual Impact	TBD	TBD	TBD

## Individual/Department Responsible for Execution

Sandy Volchko, Dr. Thomas Gray, Evelyn McEntire, Ryan Smith, Jared Cauthen

# Strategy Summary for: CMS Mortality and Readmissions

Strategic Initiative: Outstanding Health Outcomes

Objective

Over the next 3 years, achieve an “A” Leapfrog Safety Score and a CMS 5 Star Rating through the consistent application of best practices and innovative strategies

Key Components

- Enhanced diagnosis specific workgroups/committees
- Standardized care based on evidence
- Expand palliative medicine

Outcomes	FY22	FY23	FY24
Hospital Readmissions (based on CMS data)	AMI (non-STEMI) – 9.99 COPD – 10.30 HF – 11.66 PN Viral/Bacterial – 9.04	TBD	TBD
Decrease Mortality Rates (based on CMS data)	AMI (non-STEMI) - 0.67 COPD – 1.0 HF – 1.14 PN Bacterial – 1.18 PN Viral - 0.96	TBD	TBD

Financial Impact	FY2022	FY2023	FY2024
Capital Requirements	\$0	\$0	\$0
Revenue (VBP)	TBD	TBD	TBD
Expenses			
Labor	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other (Penalty)	Pending Info	Pending Info	Pending Info
Net Annual Impact	TBD	TBD	TBD

Individual/Department Responsible for Execution

Evelyn McEntire, Dr. Thomas Gray, Sandy Volchko, Dr. Ryan Howard, Sandra Shadley

# Strategy Summary for: Medication Measures

Strategic Initiative: Outstanding Health Outcomes

## Objective

Improve the accuracy of the home medication list by inpatient and outpatient care teams

## Key Components

- Utilize the work of the pharmacy team to improve and achieve the medication-related metrics in the inpatient setting
  - Operational reports
  - Add 2.5 Patient Care Technicians – med history reviews (cost includes S&B)
- Utilize the work of the Clinic Network and Population Health teams to improve and achieve the defined quality metrics in the outpatient setting
  - Operational teams
    - Remind providers of functionality
    - Track performance
    - Develop compliance plan
  - ISS teams
    - Operational reports

Financial Impact	FY2022	FY2023	FY2024
Estimated Cost Avoidance <sup>[1]</sup>	\$3,770,550	\$3,770,550	\$3,770,550
PFP Revenue (QIP)	\$540,000	\$540,000	\$540,000
Expenses			
Labor <sup>[2]</sup>	(\$140,625)	(\$144,844)	(\$149,189)
Supplies	\$0	\$0	\$0
Other <sup>[3]</sup>	Penalties	Penalties	Penalties
Net Annual Impact	\$4,169,925	\$4,165,706	\$4,161,361

Outcomes	FY22	FY23	FY24
Home Medication List Review of High Risk (HR) Patients (inpatient admission)	100%	100%	100%
Complete Initial Home Medication w/in 12 hours of Inpatient Admission	100%	100%	100%
Outpatient Medication Reconciliation w/in 30 days Post Discharge (MRP)	44%	55%	78%

## Individual/Department Responsible for Execution

Sonia Duran-Aguilar, James McNulty, Nicole Gann, Luke Schneider, Lacey Jensen, Leah Daugherty, Rudy Gonzalez, Ivan Jara, Tracy Salsa, Dr. Roger Haley, Dr. Monica Manga, Dr. Mario Martinez

[1] Estimated cost avoidance for Med List Review of HR patients based on Inpatient ADE Reduction per Year (7.5 errors per patient x 12,000 HR patients = 90,000 potential errors; 0.90% of error result in adverse drug event, total 810 adverse events avoided/YR. \$4,655 cost of harmful medication error to hospital x 810 avoided errors = \$3,770,550).

[2] Includes salary and benefits for 2.5 Patient Care Tech (pharm tech) FTEs, with a 3% increase each FY. Included in budget.

[3] Potential penalties for not meeting the 100% performance. Fines from CDPH (GAC Survey) or from SBoP or personal license for Pharmacist in Charge.



# Strategy Summary for: Team Round Implementation

Strategic Initiative: Outstanding Health Outcomes

## Objective

Enhance coordination of care and culture among the health care team

## Key Components

- Multidisciplinary rounding
  - Pilot with geographically located physician groups, nurses, case management/social worker
  - TRT tool
- Develop as a Quality Improvement project
- Develop brief documentation for assessment/plan
- Identify nurse champions
- Identify physician champion

Financial Impact	FY2022	FY2023	FY2024
Cost Avoidance/Savings	\$0	TBD	TBD
Revenue	\$0	\$0	\$0
Expenses			
Labor	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$0	\$0
Net Annual Impact	\$0	TBD	TBD

Outcomes	FY22	FY23	FY24
Team Round Implementation	Design & Pilot on 1-2 units	Roll out expectations for 2 additional units and measure at 6 months % adherence	80% Adherence for 3-4 units and roll out for units with hospital-based groups and measure at 6 months % adherence

## Individual/Department Responsible for Execution

Dr. Lori Winston, Shawn Elkin, Keri Noeske, Sandy Volchko, Rebekah Foster, Dr. Onsy Said, Dr. Mario Martinez, Kari Knudsen

# DRAFT- FY22 Patient and Community Experience

# Patient and Community Experience Team Members

- Keri Noeske
- Ed Largoza
- Dave Francis
- Marc Mertz
- Dianne Cox
- Teresa Boyce
- Tendai Zinyemba
- Sandy Volchko
- Alexandra Bennett
- Dr. Sakona Seng
- Bradley Danby
- Tracie Sherman
- Shannon Cauthen
- Rebekah Piche
- Anthony Olivares
- Ivan Jara
- Tracy Salsa
- Lawrence Headley
- Dr. Steven Carstens
- Tiffany Bullock
- Elisa Venegas
- Luke Schneider
- Miguel Morales
- Melissa Withnell
- Laura Florez-McCusker
- Deborah Volosin
- Alicia Rodriguez
- Dieter Reichmann
- Sonia Solis
- Martha Tercero
- Ryan Caliwag

# Strategic Initiative Charter: Patient and Community Experience

## Objective

Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.

Chair

Ed Largoza

ET Sponsor

Keri Noeske

Board Member

Dave Francis

Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
Define “World-Class Experience”	N/A	Define by 9/1/21	TBD	TBD
Achieve Overall Rating Goal on HCAHPS Survey	74.8%	76.5%, 68 <sup>th</sup> Percentile	78%, 75 <sup>th</sup> Percentile	TBD
Achieve Overall Rating Goal on ED CAHPS Survey	66.6%	70.0% , 50 <sup>th</sup> Percentile	72%, 75 <sup>th</sup> Percentile	TBD
Achieve the 50 <sup>th</sup> percentile on physician communication scores	79.6%	82%, 50 <sup>th</sup> Percentile by 6/30/22	85%, 75 <sup>th</sup> Percentile	TBD
Achieve the 50 <sup>th</sup> percentile on nursing communication scores	78.6%	80%, 50 <sup>th</sup> Percentile by 6/30/22	84%, 75 <sup>th</sup> Percentile	TBD
System enhancements	N/A	1) Review, analyze, prioritize by 9/1/21 2) Hold stakeholder demo by 11/1/21 3) Implementation plan developed by 2/1/22	System enhancements	TBD
Decrease lost belongings by 25%	CY2020 - 196	147	100	TBD
Decrease internal patient complaints by 25% collectively: Nursing Care Physician Care Communication	CY2020 – 300	225	150	TBD

# Strategic Initiative Charter: Patient and Community Experience

**Objective**

Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.

**Chair**

Ed Largoza

**ET Sponsor**

Keri Noeske

**Board Member**

Dave Francis

Strategies (Tactics)	Net Annual Impact (\$)
<p><b>World-Class Service</b></p> <ul style="list-style-type: none"> <li>• Define “World Class”</li> <li>• Improve organizational scores in the HCAHPS and ED CAHPS surveys.</li> <li>• Provide tools to help develop a customer care culture</li> <li>• Align and coordinate communications across the health care continuum.</li> <li>• Develop a team of health care providers motivated to deliver world-class service.</li> </ul>	<p>FY22(\$139,500) / FY23 \$346,212</p>
<p><b>Physician Communication</b></p> <ul style="list-style-type: none"> <li>• Develop plan to improve communication and achieve goals</li> </ul>	<p>(\$45,000)</p>
<p><b>Nursing Communication</b></p> <ul style="list-style-type: none"> <li>• Develop plan to improve communication and achieve goals</li> </ul>	<p>n/a</p>
<p><b>Enhancements of Systems and Environment</b></p> <ul style="list-style-type: none"> <li>• Review system enhancement tools for implementation</li> <li>• Evaluate internal/external signage needs</li> <li>• Develop plan to decrease lost belongings</li> </ul>	<p>FY22 (\$75,000) / FY23 (\$166,400)</p>

# Strategy Summary for: World-Class Service

Strategic Initiative: Patient and Community Experience

## Objective

Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.

## Key Components

- World-Class Definition
  - Create a workgroup of staff from different disciplines.
  - Define “World-Class”
- Leadership Training
- All team member training: Kaweah Care Classes (Service Standards)
- To provide tools to meet expectations of a customer care culture
- Communication Plans and expectation on patient continued care

Outcomes	FY22	FY23	FY24
Define “World-Class” Experience	N/A	Define by 9/1/21	TBD
Achieve Overall Rating Goal on HCAHPS Survey	74.8%	76.5%, 68 <sup>th</sup> Percentile	78%, 75 <sup>th</sup> Percentile
Achieve Overall Rating Goal on ED CAHPS Survey	66.6%	70.0% , 50 <sup>th</sup> Percentile	72%, 75 <sup>th</sup> Percentile

Financial Impact	FY2022	FY2023	FY2024
Cost Avoidance	\$0	\$0	\$0
Revenue (HCAHPS)	Impacted by FY21 Performance	\$574,212 <sup>[1]</sup>	TBD
Expenses			
Labor	Training Module \$30/hr x 4650 = <b>(\$139,500)</b>	Full Training 3 hr x \$30/hr x 2,500 = <b>(\$225,000)</b>	Training Module \$30/hr x 4650 = <b>(\$139,500)</b>
Supplies	\$0	\$0	\$0
Other	\$0	\$0	\$0
Total Costs	<b>(\$139,500)</b>	<b>(\$225,000)</b>	<b>(\$139,500)</b>
Net Annual Impact	<b>(\$139,500)</b>	\$346,212	TBD

## Individual/Department Responsible for Execution

Executive Team, Dave Francis, Dr. Seng, Dr. Said, Dr. Manga, Karen Tellalian, Deb Volosin, and Ed Largoza

[1] Domain earn back from Press Ganey VBP Calculator FY21. Already built into the Medicare calculations.

# Strategy Summary for: Physician Communication

Strategic Initiative: Patient and Community Experience

## Objective

Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.

## Key Components

- Plan to achieve HCAHPS physician communication goals
- Decrease internal patient complaints for Physician Care and Communication
- Increase awareness of patient experience feedback with medical staff
- Collaboration with Physician Engagement Medical Director
- Provide ongoing education on enhanced communication w/ patients and family

Outcomes	FY22	FY23	FY24
Develop standard contract language for medical director/groups to align with KD goals	Added to contract renewals by 12/31/21	TBD	TBD
Develop plan to achieve HCAHPS physician communication goals	Plan developed by 9/1/21 Plan implemented by 11/1/21 Compliance audit for 3 months > 90%	TBD	TBD
Achieve the 50 <sup>th</sup> percentile on physician communication scores	79.6%	82%, 50 <sup>th</sup> Percentile by 6/30/22	85%, 75 <sup>th</sup> Percentile

Financial Impact	FY2022	FY2023	FY2024
Cost Avoidance	LOS/Quality Improvements	LOS/Quality Improvements	LOS/Quality Improvements
Revenue	VBP	VBP	VBP
Expenses			
Labor <sup>[1]</sup>	(\$40,000)	(\$40,000)	(\$40,000)
Supplies	\$0	\$0	\$0
Other	\$0	CME Events (\$5,000)	CME Events (\$5,000)
Total Costs	(\$40,000)	(\$45,000)	(\$45,000)
Net Annual Impact	(\$40,000)	(\$45,000)	(\$45,000)

## Individual/Department Responsible for Execution

Dr. Carstens, Teresa Boyce, Dr. Tu, Brittany Taylor, Dr. Tedaldi, Dr. Patel, Dr. Cassaro, Ben Cripps, Hannah Mitchell, Dr. Said, Dianne Cox, Sandy Volchko, Ed Largoza

[1] Cost for Medical Director time. Included in budget.

# Strategy Summary for: Nursing Communication

Strategic Initiative: Patient and Community Experience

## Objective

Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.

## Key Components

- Plan to achieve HCAHPS nursing communication goals
- Decrease internal complaints for Nursing Care and Communication
- Fully adoption of Communication Boards
- Review and planning for development of communications skills to include narrating the care, handling conflicts and consistency in communications
- Leader Rounding

Outcomes	FY22	FY23	FY24
Develop plan to achieve HCAHPS nursing communication goals	Plan developed by 9/1/21 Plan implemented by 11/1/21 Compliance audit for 3 months > 90%	TBD	TBD
Achieve the 50 <sup>th</sup> percentile on nursing communication scores	80%, 50 <sup>th</sup> Percentile by 6/30/22	84%, 75 <sup>th</sup> Percentile	TBD

Financial Impact	FY2022	FY2023	FY2024
Cost Avoidance	\$0	\$0	\$0
Revenue	VBP	VBP	VBP
Expenses			
Labor	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$0	\$0
Total Costs	\$0	\$0	\$0
Net Annual Impact	\$0	\$0	\$0

## Individual/Department Responsible for Execution

Keri Noeske, Emma Mozier, Kassie Waters, Shannon Cauthen, Kari Knudsen, Amy Baker, Rebekah Piche, Hannah Mitchell, Jag Batth, ED Director, Ed Largoza



# Strategy Summary for: Enhancement of Systems and Environment

Strategic Initiative: Patient and Community Experience

## Objective

Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.

## Key Components

- **EMR/Technology enhancements**
  - Review, analyze, and prioritize systems to improve patient experience throughout the organization
  - Stakeholder demo (patient portal, wayfinding app, appointment app, etc.)
  - Implementation and education
- **Evaluate both internal and external signage needs for better wayfinding**
  - Physical signs on campuses
  - Website information clear to community users
  - Review and update map of all campuses
- **Develop plan to improve the tracking of belongings**
  - Create routine and consistent documentation and expectations
  - Improve labeling of belongings
  - Identify belongings holding area when patient is separated for treatment
  - Education for intentional awareness of belongings tracking on behalf of patients
- **Expansion of Patient Experience Team and Role throughout organization**
  - Patient Service Navigators (HCAHPS floors)
  - Ongoing training and development of patient experience program

## Financial Impact

	FY2022	FY2023	FY2024
Capital Request	Pending ISS budget approval	\$0	\$0
Revenue	\$0	\$0	\$0
Expenses			
Labor	\$0	4 Navigators x 2080 x \$20/hr = (\$166,400)	(\$166,400)
Supplies	\$0	\$0	\$0
Other	Internal signs (\$75,000)	\$0	\$0
Cost Avoidance	\$0	\$0	\$0
Net Annual Impact	(\$75,000)	(\$166,400)	(\$166,400)

Outcomes	FY22	FY23	FY24
Evaluate and Add Signage (Wayfinding) Internal/External	Internal signage and community wayfinding completed by 12/31/21	TBD	TBD
System enhancements	1) Review, analyze, prioritize by 9/1/21 2) Hold stakeholder demo by 11/1/21 3) Implementation plan developed by 2/1/22	TBD	TBD
Decrease lost belongings by 25%	147	100	TBD

## Individual/Department Responsible for Execution

Dave Francis, Luke Schneider, Karen Tellalian, Tendai Zinyemba, Alicia Rodriguez, Ben Cripps, Dieter Reichmann, John Leal, Lawrence Headley, Jag Bath, Ed Largoza

# DRAFT- FY22 Empower Through Education

# Empower Through Education Team Members

- Alisha Sandidge
- Armando Cervantes
- Dr. Gray
- Dr. Martinez
- Dr. Patty
- Dr. Sokol
- Dr. Stanley
- Dr. Winston
- Eduardo Sotel
- Jaime Thomason Morales
- James McNulty
- Kent Mishler
- Krystal De Azevedo
- Linda Hansen
- Lucy Fagundes
- Mary Jo Dyck
- Mary Laufer
- Mary Stanton
- Nicole Gann
- Raymond Macareno
- Tara Norman

# Strategic Initiative Charter: Empower Through Education

## Objective

Implement initiatives to develop the healthcare team and attract and retain the very best talent in support of our mission.	ET Sponsor Dianne Cox	Leader Amy Shaver	Board Member Ambar Rodriguez
---	--------------------------	----------------------	---------------------------------

Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
Increase CME/CEU offerings and educational courses	CME – 74 events, 1,330 hours of CME credit	Finish buildout of Lippincott System	Assess abilities for growth	Goals pending assessment
Improve the resiliency of the Kaweah Health Team	Research and plan for Schwartz Rounds	Develop program	Metric identification and implementation	Pending FY23 work
Increase and improve leadership education	<i>2021 Survey Results</i> <ul style="list-style-type: none"> <li>I respect the abilities of my manager</li> <li>My director treats me with respect</li> <li>I respect my director</li> </ul>	<ul style="list-style-type: none"> <li>+0.02</li> <li>+0.02</li> <li>+0.02</li> </ul>	<ul style="list-style-type: none"> <li>+0.02</li> <li>+0.02</li> <li>+0.02</li> </ul>	<ul style="list-style-type: none"> <li>+0.02</li> <li>+0.02</li> <li>+0.02</li> </ul>
Increase internal promotions and retention of leaders	<i>2021 Survey Results</i> <ul style="list-style-type: none"> <li>Kaweah Health provides career development opportunities</li> <li>124 internal leadership hires – 82% retention</li> </ul>	<ul style="list-style-type: none"> <li>+0.02</li> <li>85% retention</li> </ul>	<ul style="list-style-type: none"> <li>+0.02</li> <li>90% retention</li> </ul>	<ul style="list-style-type: none"> <li>+0.02</li> </ul>
Increase nursing cohorts	N/A	Increase seats by 16	Increase seats by 20	Increase seats by 40
Implementation of rural track training programs	Develop program	Accreditation – Child	Accreditation - IM	TBD
Increase Volunteerism throughout Kaweah Health Middle/High School – Develop interest in future careers	100+ volunteers	Increase to 300 volunteers	Increase to 400 volunteers	TBD

# Strategic Initiative Charter: Empower Through Education

## Objective

Implement initiatives to develop the healthcare team and attract and retain the very best talent in support of our mission.	ET Sponsor Dianne Cox	Leader Amy Shaver	Board Member Ambar Rodriguez
---	--------------------------	----------------------	---------------------------------

Strategies (Tactics)	Net Annual Impact (\$)*
Increase CME offerings and educational opportunities	Included in Education budget for FY22
Improve the resiliency of the Kaweah Health Team	(\$5,200) for R&D included in exempt leader hours
Increase and improve leadership education	(\$142,950) for development and deployment of Mentor Program included in exempt hours
Increase internal promotions and retention of leaders	(\$52,300) for development and deployment of Succession Planning included in exempt hours
Increase nursing cohorts	Included in HR budget for FY22
Implementation of rural track training programs	Pro Forma in development
Increase Volunteerism throughout Kaweah Health Middle/High School – Develop interest in future careers	\$1,523,650 labor value added by increasing volunteers, onboarding costs (\$78,000) included in Chaplain/Volunteer budget

# Strategy Summary for: Increase CME Offerings and Educational Programs

Strategic Initiative: Empower Through Education

## Objective

Increase the consistency and participation of grand rounds, along with increasing the number of CME and CEUs offered at Kaweah Health

## Key Components

- Envelop in CME Committee responsibilities
- Deploy departmental rounds to support education
- Involve pharmacy/medical residents in speaking opportunities
- Determine and deploy multidisciplinary groups to educate and bring consistency to practice
- Grand Rounds

Outcomes	FY22	FY23	FY24
Increase CME/CEU Offerings	Finish buildout of Lippincott System	Assess abilities for growth	Goals pending assessment

Financial Impact	FY22	FY23	FY24
Capital Requirements	\$0	\$0	\$0
Revenue	\$0	\$0	\$0
Expenses			
Labor	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$0	\$0
Total Costs	\$0 <sup>[1]</sup>	\$0 <sup>[1]</sup>	TBD <sup>[1]</sup>
Contribution Margin			

## Individual/Department Responsible for Execution

CME Committee, Sandy Volchko

[1] All work for FY22/23 is included in Education Department budget. FY24 budget will be determined after assessment of Lippincott System is complete.

# Strategy Summary for: Improve the Resiliency of the Kaweah Health Team

Strategic Initiative: Empower Through Education

## Objective

Introduce and establish plan for Schwartz rounds to help teams deal with difficult situations and cases

## Key Components

- Research other hospital and how they are approaching Schwartz Rounds.
- Develop and plan for Kaweah Health Schwartz rounds
- Deploy sustainable program model

Outcomes	FY22	FY23	FY24
Schwartz Rounds	Research and plan	Develop program	Metric identification and implementation

[1] Cost for R&D – time for exempt employees

[2] Training will be determined by Schwartz Center guidelines

[3] Yearly licensing fee paid to Schwartz Center

Financial Impact	FY22	FY23	FY24
Capital Requirements	\$0	\$0	\$0
Revenue	\$0	\$0	\$0
Expenses			
Labor	(\$5,200)	TBD <sup>[2]</sup>	TBD
Supplies	\$0	\$0	\$0
Other	\$0	(\$11,000)	(\$11,000)
Total Costs	(\$5,200) <sup>[1]</sup>	(\$11,000) <sup>[3]</sup>	(\$11,000)
Contribution Margin			

## Individual/Department Responsible for Execution

Kent Mishler, Amy Shaver, Chris Patty, Sandra Shadley

# Strategy Summary for: Increase and Improve Leadership Education

Strategic Initiative: Empower Through Education

## Objective

Increase the number of educational courses and programs completed by individual leaders

## Key Components

- Identify emerging future leaders
- LEAD Academy
- Just Culture education
- LinkedIn Learning
- Conferences and seminar information cascading
- Educational assistance
- Develop and deploy mentorship program
- Preceptor pay

Outcomes	FY22	FY23	FY24
I respect the abilities of my manager	+0.02	+0.02	+0.02
My director treats me with respect	+0.02	+0.02	+0.02
I respect my director	+0.02	+0.02	+0.02

## Financial Impact

	FY22	FY23	FY24
Capital Requirements	\$0	\$0	\$0
Revenue	\$0	\$0	\$0
Expenses			
Labor	(\$141,950) <sup>[1]</sup>	(\$136,125) <sup>[1]</sup>	(\$149,738) <sup>[1]</sup>
Supplies	(\$1,000) <sup>[2]</sup>	(\$1,000) <sup>[2]</sup>	(\$1,000) <sup>[2]</sup>
Other	\$0	\$0	\$0
Total Costs	(\$142,950) <sup>[3]</sup>	(\$137,125) <sup>[3]</sup>	(\$150,738) <sup>[3]</sup>
Contribution Margin			

Individual/Department Responsible for Execution  
 Organizational Development, Dr. Winston, Teresa Boyce

[1] FY22 labor for development of Mentor Program and hours for first round of mentor/mentees. FY23 and FY24 add 10% hours each year for program growth. Labor is for exempt employees.

[2] Yearly cost for books and education material

[3] Preceptor bonus of \$1/hour for clinical supervision. Exploring adding \$125,000 Jan 1, 2023 for preceptor bonus. FY24 and beyond, would be \$250,000/year. Not included in budgets and not included on this form.



# Strategy Summary for: Increase Internal Promotions/Retention of Leaders

Strategic Initiative: Empower Through Education

Objective

Develop consistent and sustainable succession planning and mentorship programs throughout Kaweah Health

Key Components

- Develop transcripts for career paths
  - Performance evaluations
  - Identify emerging leaders
- Develop and deploy mentorship program
- Develop and deploy succession planning program

Outcomes	FY22	FY23	FY24
Kaweah Health provides career development opportunities	+02	+02	+02
Number of internal promotions and retention in those leadership positions	85%	90%	TBD

Financial Impact	FY22	FY23	FY24
Capital Requirements	\$0	\$0	\$0
Revenue	\$0	\$0	\$0
Expenses			
Labor	(\$52,300)	TBD	TBD
Supplies	TBD	TBD	TBD
Other	TBD	TBD	TBD
Total Costs	(\$52,300) <sup>[1]</sup>	TBD	TBD
Contribution Margin			

Individual/Department Responsible for Execution  
 Succession, Mentorship Planning Subcommittee,  
 Human Resources

[1] Succession planning and transcripts for career paths development and deployment time for exempt employees

# Strategy Summary for: Increase Nursing Cohorts Seats

Strategic Initiative: Empower Through Education

## Objective

Continue to expand Nursing cohorts

## Key Components

- Determine how to incorporate offerings to non-Kaweah employees
- Regional CME courses
- By the end of FY22
  - 6 seat San Joaquin Valley College
  - 10 part time seats at COS
- By the end of FY23
  - 20 Unitek
- By the end of FY24
  - 40 Unitek

Outcomes	FY22	FY23	FY24
Lower vacancy rates	7.5% (100:1300)	4.5% (60:1300)	4.5% (60:1300)
Increase RN seats	+ 16 Seats	+20 seats	+40 seats

Financial Impact	FY22	FY23	FY24
Capital Requirements	\$0	\$0	\$0
Revenue	\$0	\$0	\$0
Expenses			
Labor	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$0	\$0
Total Costs	\$0 <sup>[1]</sup>	\$0	\$0
Contribution Margin			

## Individual/Department Responsible for Execution

Human Resources to develop

[1] Included in HR budget

# Strategy Summary for: Implementation of Rural Track Training Programs

Strategic Initiative: Empower Through Education

## Objective

Roll out Child Adolescent Psychiatry Program  
 Roll out Internal Medicine Program

## Key Components

To be determined

Outcomes	FY22	FY23	FY24
Child Adolescent Psychiatry Program	X	TBD	TBD
IM Program	TBD	X	TBD

## Financial Impact

	FY22	FY23	FY24
Capital Requirements	TBD	TBD	TBD
Revenue	TBD	TBD	TBD
Expenses			
Labor	TBD	TBD	TBD
Supplies	TBD	TBD	TBD
Other	TBD	TBD	TBD
Total Costs	TBD <sup>[1]</sup>	TBD	TBD
Contribution Margin			

## Individual/Department Responsible for Execution

Dr. Winston

[1] Pro forma currently being developed

# Strategy Summary for: Expand Volunteer Programs

Strategic Initiative: Empower Through Education

## Objective

Increase volunteerism throughout Kaweah Health

## Key Components

- Increase awareness and exposure for middle and high school students interested in health care careers
- Increase volunteerism opportunities supporting Ideal Work Environment and Operational Efficiency
- Add recruitment path

Outcomes	FY22	FY23	FY24
Middle/High School – Develop interest in future careers	Increase to 300 volunteers	Increase to 400 volunteers	TBD

## Financial Impact

	FY22	FY23	FY24
Projected Labor Value	\$1,601,650 <sup>[2]</sup>	\$1,759,700	\$0
Revenue	\$0	\$0	\$0
Expenses			
Labor	(\$78,000) <sup>[1]</sup>	(\$88,000)	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$0	\$0
Total Costs	(\$78,000)	(\$88,000)	\$0
Contribution Margin	\$1,523,650 <sup>[3]</sup>	\$1,671,700	\$0

## Individual/Department Responsible for Execution

Kent Mishler

[1] Included Chaplain/Volunteer budget – Cost to onboard volunteers and students

[2] Labor value at \$33.61/hour (200 hours/non-student and 100 hours/student– national average per Kent Mishler)

[3] Added labor value per year

# DRAFT- FY22 Ideal Work Environment

# Ideal Work Environment Team Members

- Amanda Tercero
- Amy Valero
- Billy Walker
- Christina Campos
- Coby LaBlue
- Dianne Cox
- Dr. Bagga
- Dr. Cassaro
- Dr. Tomlinson
- Emma Mozier
- Hannah Mitchell
- Jaime Hinesly
- Jaime Thomason Morales
- Jamie Hopper
- Kim Burchett
- Kristi Atsma
- Kyle Seargeant
- Linda Hansen
- Melissa Withnell
- Raleen Larez
- Rebecca Tabbs
- Rheta Sandoval
- Ryan Taylor
- Sandra Volchko
- Sarah Bohde
- Tendai Zinyemba
- Teresa Boyce
- Tiffany Bullock

# Strategic Initiative Summary: Ideal Work Environment

## Objective

Foster and support healthy and desirable working environments for our Kaweah Health Teams	ET Sponsor Dan Allain	Leader Raleen Larez	Board Member Lynn Havard Mirviss
---	--------------------------	------------------------	--

Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
New hire turnover	14%	12%	10%	10%
EE/PE/Resident Survey – Overall I am a satisfied employee/physician/resident	2021 Survey Results	+02	+02	+02
EE Survey – I get the training I need to do a good job	2021 Survey Results	+02	+02	+02
Overall turnover of employees	12% (17%-RN)	11.5% (16%-RN)	11% (15%-RN)	10.5% (14%-RN)
EE/PE/Resident Survey – Physicians and staff work well together	2021 Survey Results	+02	+02	+02

Strategies (Tactics)	Net Annual Impact (\$)*
Decrease new hire turnover	(\$1,188) assess and improve onboarding process
Increase Kaweah Health Team Member Satisfaction	(\$54,376) develop and deploy communication tool kit, along with Just Culture refresher – Included in exempt hours
Decrease employee turnover	n/a
I get the training I need to do a good job	n/a
The Kaweah Health Team works well together	(\$13,495) develop and deploy pulse survey, analyze results, then create action plan – Included in exempt hours

# Strategy Summary for: New Hire Turnover

Strategic Initiative: Ideal Work Environment

## Objective

Decrease new hire turnover, by improving the onboarding process, recognizing new employees for outstanding work, and ensuring leader’s accountability to new employees.

## Key Components

- Onboarding check-ins
- Improve new hire onboarding and education for efficiency
- Expand and enhance new leader onboarding
- Leader accountability to new hire
- Recognition
- Sign on – relocation – bonus with two year commitment (hard to fill positions)
- Quarterly luncheons for new hires
- Assign mentors

Outcomes	FY22	FY23	FY24
New hire turnover rate	12%	10%	10%

[1] Hours to assess and enhance onboarding, included in exempt time

## Financial Impact

	FY22	FY23	FY24
Capital Requirements	\$0	\$0	\$0
Revenue	\$0	\$0	\$0
Expenses			
Labor	(\$1,188) <sup>[1]</sup>	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$0	\$0
Total Costs	(\$1,188) <sup>[1]</sup>	\$0	\$0
Contribution Margin			

## Individual/Department Responsible for Execution

Human Resources to develop the plan that Department Leaders will execute



# Strategy Summary for: Kaweah Health Team Member Satisfaction

Strategic Initiative: Ideal Work Environment  
Objective

Utilizing the Employee Engagement, Physician Engagement, and Resident surveys, we will gauge the satisfaction of the entire Kaweah Health Team.

## Key Components

- Implement pulse surveys
- Effective cascading of information/knowledge (mandatory staff meetings or review of communication materials)
- Practice simplifying messages, timely responses, email crafting, know your audience, proper etiquette
- Increase just culture awareness/psychological safety
- Acknowledgement/Support/Recognition (in the moment)
- Participation in Kaweah initiatives
- Timely employee evaluations

Outcomes	FY22	FY23	FY24
EE Survey – Overall, I am a satisfied employee	+0.02	+0.02	+0.02
PE Survey – Overall, I am satisfied working with Kaweah Health	+0.02	+0.02	+0.02
RE/SAQ Survey – I like my job	+0.02	+0.02	+0.02

Financial Impact	FY22	FY23	FY24
Capital Requirements	\$0	\$0	\$0
Revenue	\$0	\$0	\$0
Expenses			
Labor	(\$54,376) <sup>[1]</sup>	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$0	\$0
Total Costs	(\$54,376)	\$0	\$0
Contribution Margin			

## Individual/Department Responsible for Execution

Committee to develop the plan and Department Leaders to execute the plan

[1] Labor for development of communication tool kit and Just Culture refresher, hours included for exempt employees - 24,000 hours not included in budget, or on this form, for backfill of employees participating in 49/61 committees and meetings

# Strategy Summary for: Decrease Employee Turnover

Strategic Initiative: Ideal Work Environment  
Objective

Decrease the overall Kaweah Health Team member turnover rate.

## Key Components

- Effective cascading of information/knowledge
- Increase just culture awareness/psychological safety
- Recognition
- Explore reasons why staff stay/Stay interviews
  - ROI – Less LOA/Turnover
- Pay and benefits
- A day in the life of an employee...
- Quarterly luncheons for new hires

Outcomes	FY22	FY23	FY24
Overall Turnover rate	11.5% (16%-RN)	11% (15%-RN)	10.5% (14%-RN)

- \$2,800,000 budgeted FY22 for wage and market adjustments

## Financial Impact

	FY22	FY23	FY24
Capital Requirements	\$0	\$0	\$0
Revenue	\$0	\$0	\$0
Expenses			
Labor	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$0	\$0
Total Costs	\$0	\$0	\$0
Contribution Margin			

## Individual/Department Responsible for Execution

Committee to develop the plan and Department Leaders to execute the plan

# Strategy Summary for: I Get the Training I Need to Do a Good Job

Strategic Initiative: Ideal Work Environment

## Objective

Utilizing the Employee Engagement, Physician Engagement, and Resident surveys, we will gauge the satisfaction of the entire Kaweah Health Team.

## Key Components

- Implement pulse surveys
- Effective cascading of information/knowledge
- Improve collaboration and decision making at all levels
- Assess annual training/equipment needs of teams/individuals
  - Initial
  - Ongoing

Outcomes	FY22	FY23	FY24
EE Survey – I get the training I need to do a good job	+02	+02	+02
PE Survey – I get the tools and resources I need to provide the best care/service for our clients/patients	+02	+02	+02
RE/SAQ Survey – This organization does a good job of training new personnel	+02	+02	+02

Financial Impact	FY22	FY23	FY24
Capital Requirements	\$0	\$0	\$0
Revenue	\$0	\$0	\$0
Expenses			
Labor	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$0	\$0
Total Costs	\$0	\$0	\$0
Contribution Margin			

## Individual/Department Responsible for Execution

HR Managed/Department leaders for execution

# Strategy Summary for: The Kaweah Health Team Works Well Together

Strategic Initiative: Ideal Work Environment

Objective

Utilizing the Employee Engagement, Physician Engagement, and Resident surveys, we will gauge how well the Kaweah Health Team works together.

## Key Components

- Implement pulse surveys
- Effective cascading of information/knowledge
- Improve collaboration and decision making at all levels
- Physician collaboration at unit/department/leadership levels
- Explore what the term “works well together” means

Outcomes	FY22	FY23	FY24
EE Survey – Different work units work well together	+0.2	+0.2	+0.2
PE Survey – There is effective communication between physicians and nurses	+0.2	+0.2	+0.2
Resident Survey – People in this work setting work together as a well-coordinated team	+0.2	+0.2	+0.2

## Financial Impact

	FY22	FY23	FY24
Capital Requirements	\$0	\$0	\$0
Revenue	\$0	\$0	\$0
Expenses			
Labor	(\$13,495)	(\$13,000)	(\$13,000)
Supplies	\$0	\$0	\$0
Other	\$0	\$0	\$0
Total Costs	(\$13,495) <sup>[1]</sup>	(\$13,000) <sup>[2]</sup>	(\$13,000) <sup>[2]</sup>
Contribution Margin			

## Individual/Department Responsible for Execution

Human Resources to develop the plan that  
Department Leaders will execute

[1] Development of pulse survey and action plan from survey results, will mostly be exempt labor

[2] Yearly survey results, development and deployment of action plan

# DRAFT- FY22 Strategic Growth and Innovation

# Strategic Initiative Charter: Strategic Growth and Innovation

## Objective

**Grow intelligently** by expanding existing services, adding new services, and serving new communities. Find new ways to do things to **improve efficiency and effectiveness**.

## Leader

Jessica Rodriguez

## ET Sponsor

Marc Mertz

## Board Member

Garth Gipson

Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
Inpatient Market Share (FPSA) <sup>[1]</sup>	59.9%	62.0%	64.0%	66.0%
Annual Ambulatory Visits	543,692	582,534	TBD	TBD
New physicians in the market	N/A	20	TBD	TBD
Best Image and Reputation Score (via NRC Health)	23.9	26.0	28.5	30.0

[1] Based on OSHPD data CY2018; FPSA is the facility planning service area

Strategies (Tactics)	Net Annual Impact (\$)
Physician Recruitment and Retention	(\$2,752,348)
Inpatient Growth	n/a
Outpatient Growth	(\$7,133,263)
Facility Modernization	(\$619,000)
Improve Community Engagement	n/a
Innovation	(\$150,000)

## Team Members

- Jennifer Stockton
- Brian Pearcey
- John Leal
- Ben Cripps
- Franklin Martin
- Christine Aleman
- Renee Lauck
- Karen Tellalian
- Doug Leeper
- Sebastiano Cassaro, MD
- Alex Lechtman, MD
- Paul Schofield
- Sonia Solis
- Martha Tercero
- Deborah Volosin
- Brittany Taylor
- Julieta Moncada

# Strategy Summary for: Physician Recruitment and Retention

Strategic Initiative: Strategic Growth and Innovation

## Objective

Recruit and retain the best physicians and providers to address unmet community needs and to support Kaweah Health's growth.

## Key Components

- Emphasize recruitment of key specialties consistent with the Board-approved recruitment plan (not a complete list):
  - Urology and Gastroenterology physicians
  - Pulmonary outpatient physicians
  - Women's health clinic/program physicians
  - Structural heart specialist (cardiologist)
- Monitor the market for opportunities to acquire medical practices that support unmet community needs or the organization's growth strategy
- Continued enhancement of the physician liaison program including capabilities for reporting staff activity and physician feedback
- Enhanced physician onboarding and retention efforts
- Create a new surgeon development program including on-boarding, OR access, and marketing/promotion

Outcomes	FY22	FY23	FY24
Number of new primary care physicians in the market	5	TBD	TBD
Number of new specialty physicians in the market	15	TBD	TBD
Physician retention rate (includes retirement)	95%	95%	95%
Percentage of KH graduating residents staying in the Valley	50%	50%	50%

Financial Impact	FY22	FY23	FY24
Capital Requirements	\$0	\$0	\$0
Revenue	Additional Volumes from new physicians	TBD	TBD
Expenses			
Labor	TBD	TBD	TBD
Supplies	TBD	TBD	TBD
Other	(\$2,752,348)	(\$3,320,894)	(\$500,000)
Total Costs	(\$2,752,348)	(\$3,320,894)	(\$500,000)
Contribution Margin			

## Individuals/Departments Responsible for Execution

Physician Recruitment & Relations, KHMG, Dan Allain,  
Brian Pearcy

# Strategy Summary for: Inpatient Growth

Strategic Initiative: Strategic Growth and Innovation

## Objective

Grow our inpatient volumes, particularly the surgical cases, with an emphasis on key service lines and our expanded service area.

## Key Components

- Reopen two operating rooms on the 2<sup>nd</sup> floor of Mineral King wing
- Increase surgical volumes through aggressive promotion of services and physicians via marketing, social media, and physician liaisons
- Growth in key service lines (e.g. cardiac surgery, orthopedics, cancer care, vascular, general surgery, urology, and more.)
- Add new services (e.g. bariatrics, colorectal surgery, electrophysiology, etc.)
- Conduct feasibility analysis and design process for conversion of inpatient rehab beds to skilled nursing beds
- Expand endoscopy access

Outcomes	FY22	FY23	FY24
Cardiac surgery cases <sup>[1]</sup>	450	475	500
IP Market share in secondary service area <sup>[1]</sup>	30%	32%	34%
IP Market share in primary service area <sup>[1]</sup>	79%	80%	81%
Annual IP Surgical Cases <sup>[2]</sup>	8,358	TBD	TBD

[1] Increase revenue has been included in the hospital's operating budget

[2] Financial impact captured in Organizational Efficiency and Effectiveness

Financial Impact	FY22	FY23	FY24
Capital Requirements	TBD	TBD	TBD
Revenue	TBD	TBD	TBD
Expenses			
Labor	10 new FTEs	TBD	TBD
Supplies	TBD	TBD	TBD
Other	TBD	TBD	TBD
Total Costs	TBD	TBD	TBD
Contribution Margin	New cases		

## Individuals/Departments Responsible for Execution

Ryan Gates, Dan Allain, Jag Bath, Marc Mertz, Media Relations, Marketing & Communications, Physician Recruitment & Relations, Facilities



# Strategy Summary for: Outpatient Growth

Strategic Initiative: Strategic Growth and Innovation

## Objective

Increase access to outpatient care in locations that are convenient to our community.

## Key Components

- Establish an ambulatory strategy committee to develop a growth strategy, including site prioritization and financial planning. Strategies include:
  - Add an Industrial Park clinic location (primary care, occ. med., work comp) in Y1
  - Identify/add one new RHC location (Y2)
  - Development of a women’s health program/ clinic (Y2)
  - Add a satellite KDMF location (Y3)
  - Create reporting system for tracking physician FTEs, productivity, and performance for all locations, regardless of clinic model
- Develop a plan for a new specialty clinic in Visalia
- Renovate the Court Street clinic space (using BHI funding)
- Expand infusion center space and operating hours
  - Add outpatient chemotherapy to infusion center
- Expansion of SRCC services and equipment (2<sup>nd</sup> TrueBeam) and the growth of oncology market share in Tulare and Kings Counties
- Aggressive marketing and promotion campaigns for our locations and services
- Add specialists to the RHCs and SHWC, including behavioral health

Financial Impact	FY22	FY23	FY24
Capital Requirements	(\$7,376,000)	(\$3,400,000)	(\$3,400,000)
Revenue	TBD	TBD	TBD
Expenses			
Labor	TBD	TBD	TBD
Supplies	TBD	TBD	TBD
Other	TBD	TBD	TBD
Total Costs	TBD	TBD	TBD
Contribution Margin	\$242,737	\$804,633	\$656,040

Outcomes	FY22	FY23	FY24
Additional ambulatory locations	1	2	1
Total ambulatory visits	582,534	TBD	TBD
OP Surgery Cases (Financial impact captured in Organizational Efficiency and Effectiveness)	5,419	TBD	TBD
SRCC Volume (Visalia + Hanford)	4,877	TBD	TBD

## Individuals/Departments Responsible for Execution

Ryan Gates, Paul Schofield, Marc Mertz, Facilities Planning, Marketing & Communications, Media Relations

# Strategy Summary for: Modernization of our Facilities

Strategic Initiative: Strategic Growth and Innovation

## Objective

Update our facilities to create a better patient experience and to provide our employees and medical staff with a better work environment.

## Key Components

- Complete master facility plan for replacement of Mineral King wing
- Develop long-term plan for all Kaweah Health facilities, including funding capacity and strategy
  - Sequoia Surgery Center partnership
  - Sequoia Gateway land (e.g. ASC, endoscopy, cardiology, clinic, imaging, etc.)
  - Mid/long-term need for expanding the number of ORs at the Medical Center via the Acequia Wing 2nd floor
- Add conference rooms space to downtown campus
- Renovate Mineral King lobby and café
- Evaluate solar, recycling, and other alternative energy opportunities

Financial Impact	FY22	FY23	FY24
Capital Requirements	(\$619,000) <sup>[1]</sup>	TBD	TBD
Revenue	TBD	TBD	TBD
Expenses			
Labor	TBD	TBD	TBD
Supplies	TBD	TBD	TBD
Other	TBD	TBD	TBD
Total Costs	TBD	TBD	TBD
Contribution Margin			

[1] \$355,000 to potentially be funded by the Foundation

## Individuals/Departments Responsible for Execution

Marc Mertz, Facilities Planning, Facilities/Maintenance,  
Dan Allain,

Outcomes	FY22	FY23	FY24
Board decision made regarding Master Facility Plan	July 2021	TBD	TBD
Approve development plan for Sequoia Gateway	Dec 2021	TBD	TBD

# Strategy Summary for: Improve Community Engagement

Strategic Initiative: Strategic Growth and Innovation

## Objective

Continue and expand our efforts to engage our community so that we can better serve their health and wellness needs, and to gain the community's insights and support regarding our initiatives. Seek ways to expand our current reach and gain more widespread feedback and outreach.

### Key Components

- Use NRC Health tool to monitor public perception, provide insights to service lines, and to react appropriately
- Continue to meet with Community Advisory Committees and Ambassador groups to gain community and employee insights and support
- Educate the community regarding the need to replace the Mineral King wing through focus groups, town halls, the website, social media, and other media to gain support
- Restart Speakers Bureau
- Continue Community Engagement webinars and town hall series

Financial Impact	FY22	FY23	FY24
Capital Requirements	TBD	TBD	TBD
Revenue	\$0	\$0	\$0
Expenses			
Labor	TBD	TBD	TBD
Supplies	TBD	TBD	TBD
Other	TBD	TBD	TBD
Total Costs	TBD	TBD	TBD
Contribution Margin			

Outcomes	FY22	FY23	FY24
Best Image and Reputation Score (via NRC Health)	26.0	28.5	30.0
Public support for bond- survey results	TBD	TBD	TBD

## Individuals/Departments Responsible for Execution

Gary Herbst, Marc Mertz, Deborah Volosin, Media Relations, Marketing & Communication

# Strategy Summary for: Innovation

Strategic Initiative: Strategic Growth and Innovation

## Objective

Create, develop, and implement new processes, systems, or services, with the aim of improving efficiency, effectiveness, or competitive advantage.

### Key Components

- Form a committee to explore the organization’s enhanced data analytic needs and capabilities and provide the ET and BOD with recommendations regarding technology, software, staffing, and process needs.
- Develop and launch a hospital-at-home service
- Expand the availability and promotion of telehealth services
- Begin the multi-year process of creating a central patient access center for scheduling all services across the organization (via web, phone, email, text, etc.) including patient navigator positions to coordinate patient appointments and to respond to referring physicians’ requests/referrals.
- Closely monitor changes in the ambulatory care market and develop strategies to compete, or partner, with market disruptors such as Amazon, Wal-Mart, CVS, Walgreens, telehealth providers, and others
- Explore alternative funding opportunities to enable Kaweah Health to provide community health services such as increasing access to healthy grocery options and stable housing

Financial Impact	FY22	FY23	FY24
Capital Requirements	TBD	TBD	TBD
Revenue	TBD	TBD	TBD
Expenses			
Labor	TBD	TBD	TBD
Supplies	TBD	TBD	TBD
Other	(\$150,000)	TBD	TBD
Total Costs	(\$150,000)	TBD	TBD
Contribution Margin			

### Individuals/Departments Responsible for Execution

Doug Leeper/ISS, Keri Noeske, Malinda Tupper/patient access, Marc Mertz, Ryan Gates, ambulatory clinic leaders

Outcomes	FY22	FY23	FY24
Number of annual telehealth visits	TBD	TBD	TBD
ET/Board approved patient access center plan	Fall 2022	TBD	TBD

# Live with passion.

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

