



November 10, 2023

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Patient Experience Committee meeting at 4:00PM on Tuesday November 14, 2023 in the Kaweah Health Medical Center Executive Offices Conference Room – 305 W. Acequia Avenue – Acequia Wing, Visalia, CA.

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.

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
Mike Olmos, Secretary/Treasurer

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

Cindy Moccio
Board Clerk, Executive Assistant to CEO / CNO

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Legal Counsel
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<http://www.kaweahhealth.org>



KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS PATIENT EXPERIENCE COMMITTEE

Kaweah Health Medical Center
305 W. Acequia Avenue, Executive Office Conference Room (1st Floor)

Tuesday, November 14, 2023

ATTENDING: Directors: David Francis & Ambar Rodriguez; Gary Herbst, Chief Executive Officer; Keri Noeske, Chief Nursing Officer; Dianne Cox, Chief Human Resources Officer; Michelle Peterson, Director of Emergency Services; Jennifer Cooper, Executive Assistant; Cindy Moccio, Recording

OPEN MEETING – 4:00PM

1. **CALL TO ORDER** – *David Francis, Board President*
2. **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 jurisdictions 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. **MISSION AND PURPOSE** – Discussion relative to the mission and purpose of the Patient Experience Board committee. Review of board committee draft charter.
Keri Noeske – Chief Nursing Officer
4. **PATIENT EXPERIENCE STATUS REPORTS** – Review of current scores, proposed action plans including timeline for proposed action and potential barriers to proposed action plans.
Melissa Quinonez, Director of Mental Health Services
Molly Niederreiter, Director of Rehabilitation and Skilled Services
5. **STRATEGIC PLAN / PATIENT EXPERIENCE** – Review patient experience and community engagement.
Keri Noeske – Chief Nursing Officer, Deborah Volosin, Director of Community Engagement, Jennifer Cooper, Executive Assistant
6. **ADJOURN** – *David Francis, Board President*

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.

Kaweah Delta Health Care District Patient Experience Committee

Mission and Purpose: The Patient Experience Committee of the Board serves to ensure furtherance of the Kaweah Delta goal of delivering Excellent Service to our patients and community. Members provide support and guidance with regard to Patient Experience strategies and programs to enhance services and care.

Specific Responsibilities: Reviews patient experience reports (HCAHPS, PEC, Home Health, Hospice, CG CAHPS, and Rehab). Receives updates on patient experience initiatives and progress toward excellent service goal. Reviews additional information on specific strategies to address the 3 Ps of Patient Experience (People, Places and Process). Examines improvement plans that include physicians, nursing, food services, environmental services, and other support departments. Reviews data and trends pertaining to complaints and grievances and assess the tactics to mitigate them.

Meeting Frequency: The committee will meet every other month or as is practically necessary.

Membership: Board Chair, Board co-chair, CEO, VP of HR, CNO, Director of Patient Experience

Adopted by the Patient Experience Committee on June 30, 2020 and approved by the Board of Directors on July 27, 2020.

Kaweah Health Mental Health Hospital

Patient Experience
November 1, 2023



kaweahhealth.org



PATIENT EXPERIENCE

The Mental Health Hospital has not been collecting Patient Experience data since 2018. At that time, we used HealthStream. Patient surveys would be given to the patients at discharge and submitted to HealthStream for analysis.

In December 2022, a new Patient Experience Survey was developed and implemented by our Unit Based Council (UBC).

- Surveys are given to patients at discharge and turned in before they leave the hospital
- Data analysis is completed internally
- Data presented monthly during UBC and with staff, physicians and Environmental Services (EVS)
- After collecting data for the last 10 months, we have set our goal at 85% (85% of patients select “satisfied” or “very satisfied”)





MENTAL HEALTH QI DASHBOARD: PATIENT EXPERIENCE

Patient Experience Survey	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Total number of surveys completed	n/a	45	58	59	67	69	58	70	62	72	49				609
Did a doctor explain the reason for your admission?	85%	n/a	98.3%	87.0%				92.7%							
How satisfied were you with the way nurses treated, respected and listened to you?	85%	97.7%	91.4%	91.5%	93.9%	95.7%	96.5%	91.4%	90.4%	91.6%	89.8%				93.0%
How satisfied were you with the way doctors treated, respected and listened to you?	85%	82.2%	84.5%	76.3%	80.0%	88.4%	94.7%	88.6%	88.8%	86.2%	77.5%				84.7%
How satisfied were you with how the nurses explained things to you?	85%	93.3%	84.5%	88.1%	92.4%	89.8%	96.6%	92.9%	95.1%	90.2%	91.8%				91.5%
How satisfied were you with how the doctors explained things to you?	85%	80.0%	88.0%	84.7%	81.9%	82.6%	94.8%	85.7%	82.3%	87.5%	83.4%				85.1%
How satisfied were you with how clean your room and bathroom were?	85%	84.4%	82.8%	83.0%	77.6%	79.7%	89.6%	85.7%	87.1%	86.1%	87.7%				84.4%
How satisfied were you with how quiet your room was at night?	85%	80.0%	69.0%	69.5%	75.7%	73.9%	87.9%	85.7%	83.9%	83.4%	67.3%				77.6%
How satisfied were you with your involvement in discharge planning?	85%	88.8%	82.8%	83.0%	83.4%	85.5%	91.4%	92.8%	88.7%	85.9%	87.5%				87.0%
Did you receive any education on new medication?	85%	94.6%	85.0%	81.8%	93.0%	90.5%	92.5%	80.3%	89.5%	85.5%	93.8%				88.7%

PATIENT EXPERIENCE: NEXT STEPS

- ❖ Begin working on strategies to improve lower scoring areas through:
 - Unit Based Council
 - Resident Quality Improvement projects
 - Involvement of Leaders, Physicians, floor staff and EVS
- ❖ Continue to Monitor/Analyze results monthly
- ❖ Encourage patients to complete survey (response rate is currently about 50%)



The pursuit of healthiness



Patient Experience

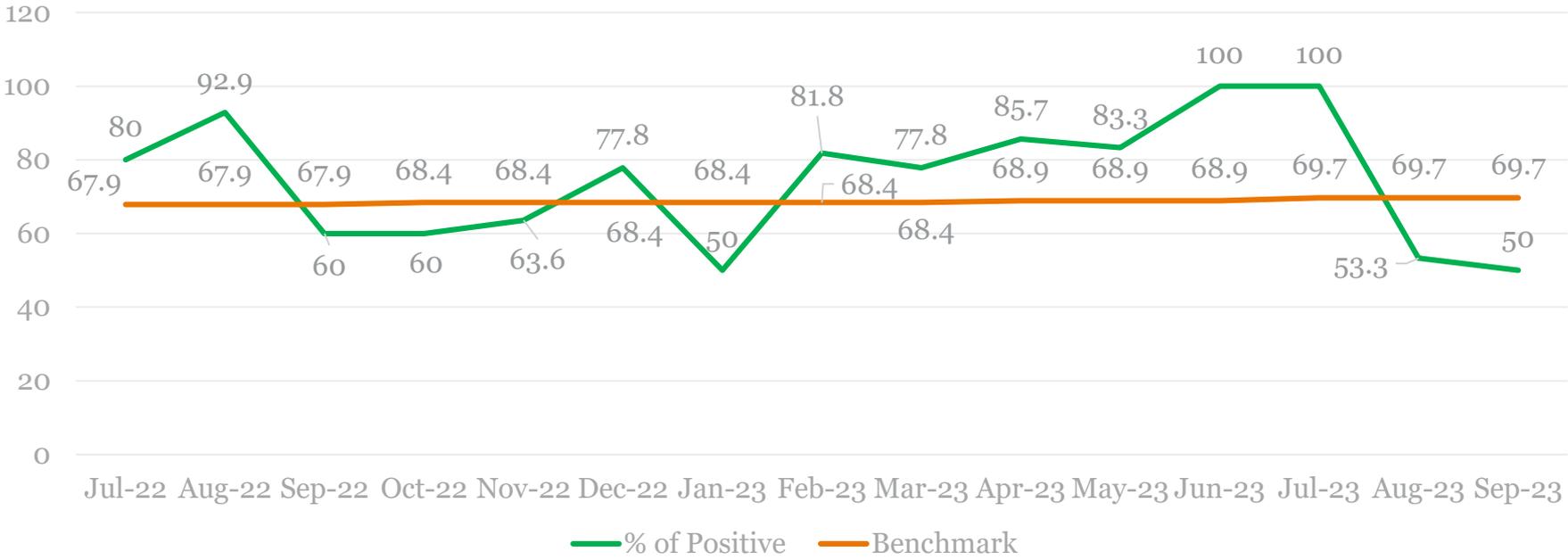
November 2023



Acute Rehab Patient Experience Dashboard

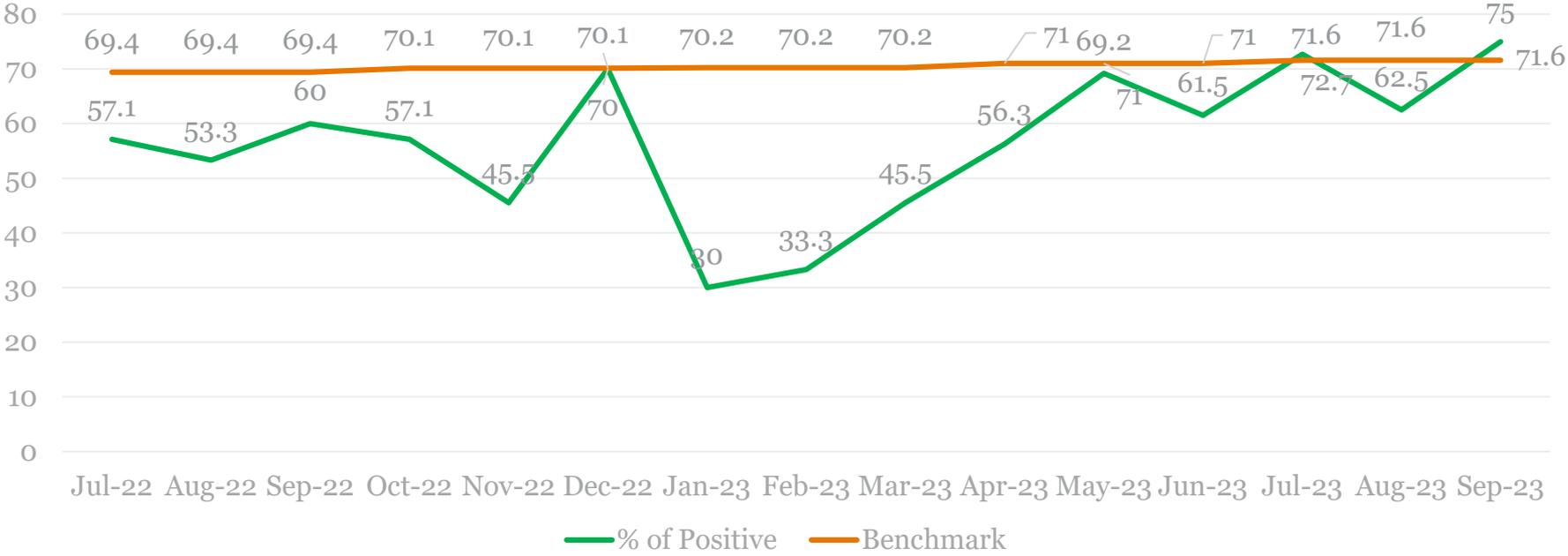
METRICS	Bench- mark	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23	July 23	Aug 23	Sep 23	YTD
Number of surveys completed		8	11	9	14	12	9	9	16	4	92
NPS: Facility would recommend	69%	50%	82%	78%	86%	83%	100%	100%	53%	50%	76%
Care providers explain things	71%	30%	33%	46%	56%	69%	62%	73%	63%	75%	54%
Care providers listened	70%	44%	42%	45%	53%	62%	69%	45%	62%	50%	52%
Care providers courtesy/respect	77%	33%	73%	56%	60%	75%	62%	91%	63%	50%	64%
Home Rehabilitation Explained	70%	44%	63%	45%	61%	73%	60%	60%	67%	50%	58%

Facility would recommend



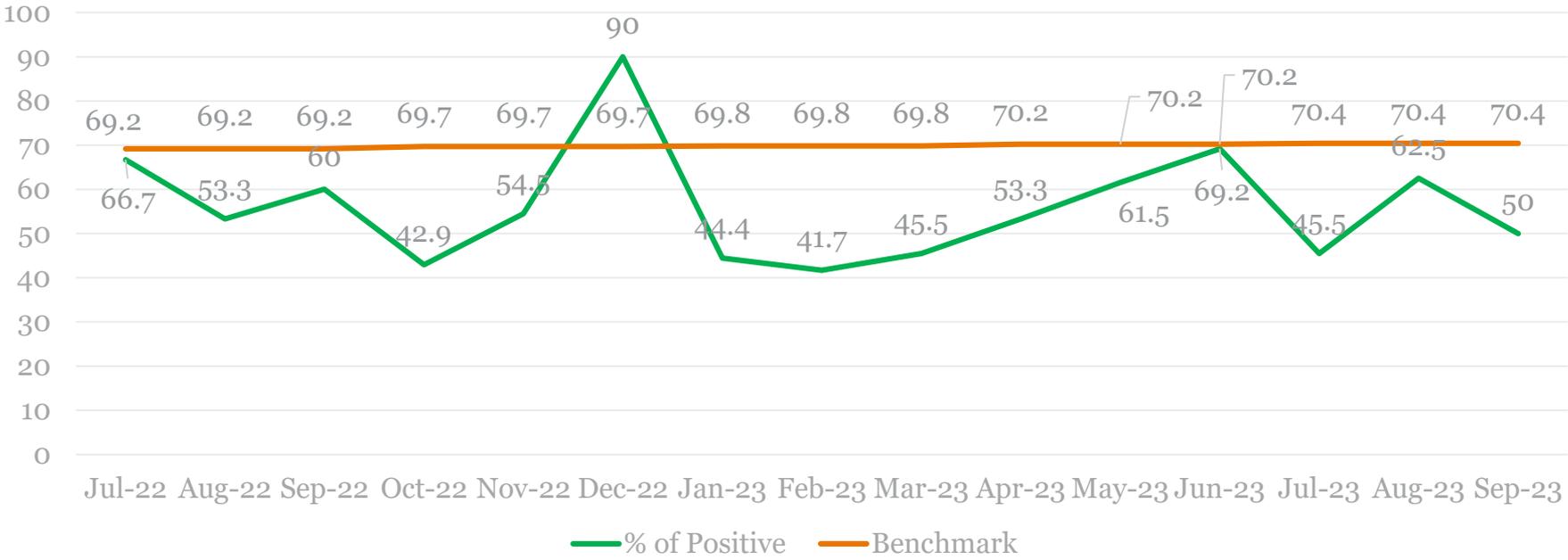
	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023	Aug 2023	Sept 2023
N-Size	5	14	10	5	11	9	8	11	9	14	12	9	9	16	4

Care providers explain things



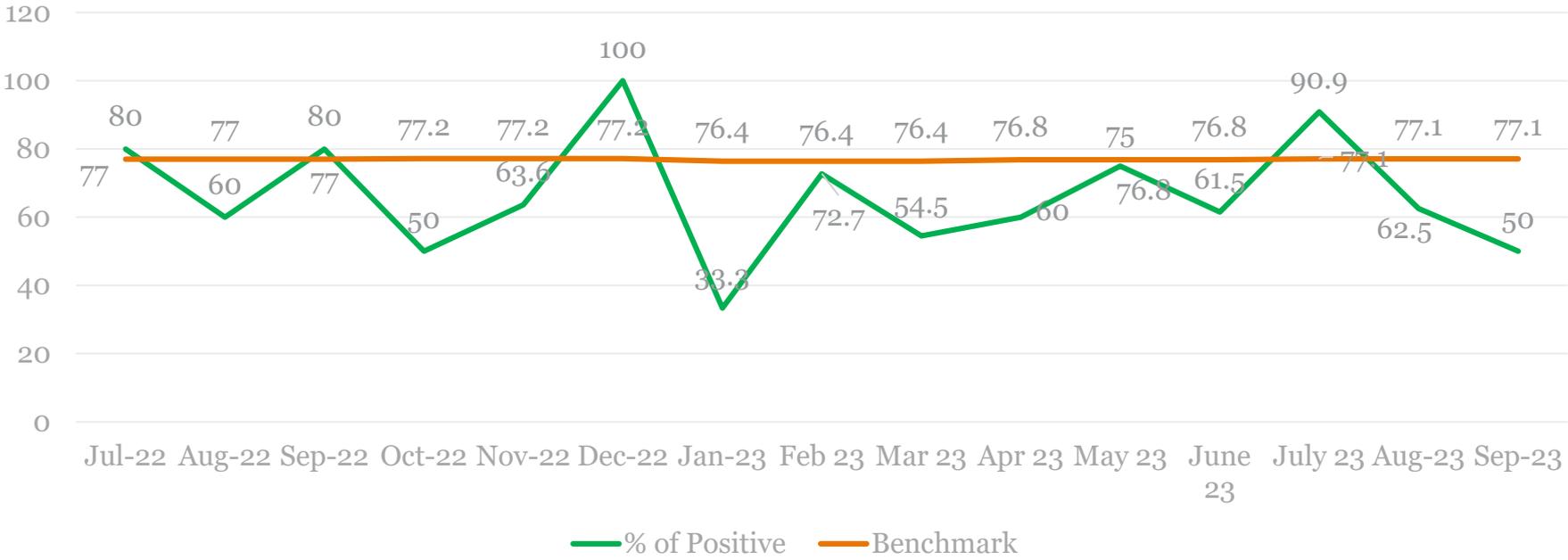
	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023	Aug 2023	Sept 2023
N-Size	7	15	10	7	11	10	10	12	11	16	13	13	11	16	4

Care providers listened



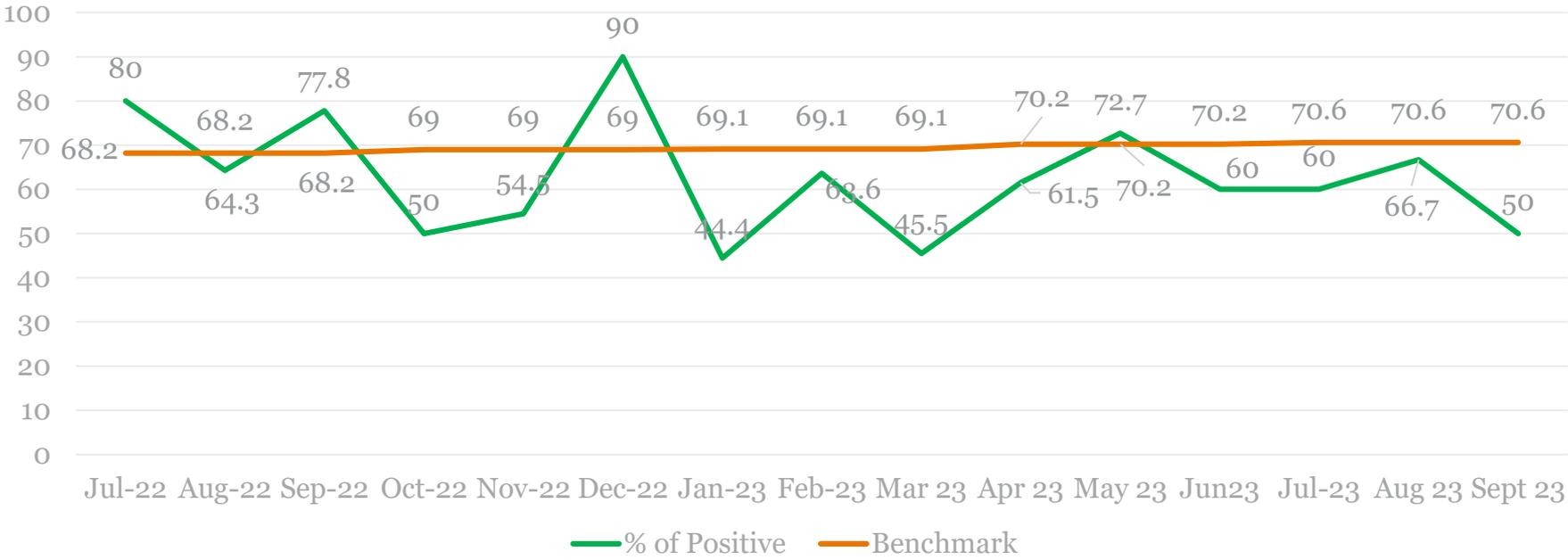
	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023	Aug 2023	Sept 2023
N-Size	5	15	10	7	11	10	9	12	11	16	13	13	11	16	4

Care providers courtesy/respect



	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023	Aug 2023	Sept 2023
N-Size	5	15	10	6	11	10	9	11	11	15	12	13	11	16	4

Home rehabilitation explained



	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023	Aug 2023	Sept 2023
N-Size	5	14	9	6	11	10	9	11	11	13	11	10	10	15	4

Acute Rehab Patient Experience Action Planning

OBJECTIVE	MEASURE	PREVIOUS PERFORMANCE & TIMEFRAME	CURRENT PERFORMANCE & TIMEFRAME	TARGET
MAXIMIZE PATIENT SATISFACTION	Overall satisfaction as measured by NRC survey	NRC Health, 1st Quarter 2023 FYTD 2022-2023 (93 Survey's)	NRC Health, 2nd Quarter 2023 FYTD 2022-2023 (138 Survey's)	On-Going assessment for Target with new survey platform. After two quarters of data we have decided to review data as FYTD, not by quarter. Goals are created and assessed for FYTD, so we can truly assess outcomes of action plans
		2023 FYTD Key Metric (82 Surveys)	2023 FYTD Key Metric (116 Surveys)	
		71.5 Kaweah Key Metric	76.1 Kaweah Key Metric	
		68.2 NRC National Key Metric	68.4 NRC National Key Metric	

Key Metric: How likely would you be to recommend the facility to your family and friends?

Responses with Low Positivite & High Correlation to Key Metric	Effectiveness of Actions	Action/Maintenance Plans
Care providers explain things: Did the care providers explain things in a way you could understand?	*Kaweah FYTD: 54.2 NRC FYTD Benchmark: 70.2 Though the FYTD score is below the NRC Benchmark, we have steadily made linear gains from January 2023 (30) to June 2023 (72.7)	*Facility tour is completed at admission, if appropriate for the patient, to explain rehab program and expectations. Therapy has worked to increase the information they provide on the rehab process at eval (Maintenance Plan) *Re-instating bedside shift report *Family Conference utilized as needed by team. Added to the conference form to discuss during team conference if needed . Continue to have CM ask family if they would like a call from the docotor when they are doing their follow-ups (Maintenance Plan)
Care providers listened: Did the care providers listen carefully to you?	*Kaweah FYTD: 57.2 NRC FYTD Benchmark: 69.7 Though the FYTD score is below the NRC Benchmark, we have steadily made linear gains from January 2023 (44.4) to June 2023 (72.7)	*Midstay Survey has been updated to reflect NRC language. Nurse Manager will be completing Midstay Survey during rounding and will follow-up with RH leadership as needed *NM Leader rounding * Therapy to continue to utilize reflective listening practices and assess effectiveness. Therapy has had multiple in-service on reflective listening. This was also completed during the lunch and learn for the nursing and CM staff. *Continue Therapy Goal Board (Maintenance Plan)

Maintenance Plans for High Positive and High Correlation to the Key Metric

<p>Care providers courtesy/respect: Did the care providers treat you with courtesy and respect?</p>	<p>*Kaweah FYTD: 66.1 NRC FYTD Benchmark: 76.9 Our scores for this metric have fluctuated throughout the year from 33.3- 100. We have modified action plans to address this area.</p>	<p>*Continue issuing notebooks so pt can journal their ST session during that session for recall later and with other disciplines (Maintenance Plan) *Addition projects from UBC: Create an environment of healing: - Increase staff participation in room tidiness (trays, various surfaces, etc.) - Work with UBC on cleanliness and noise campaign - Reactivate SPLAT education</p>
<p>Home rehabilitation explained: Did the care providers tell you how to continue your rehabilitation at home</p>	<p>*Kaweah FYTD: 63.9 NRC FYTD Benchmark: 69.1 Our scores for this metric have fluctuated throughout the year from 44.4- 90. Due to positive PI scores from previous ratings with Press Ganey, we did not create a new action plan for this metric. However based on the scores of the last to quarters, we have created a new plan to address this area.</p>	<p>*The therapy team will create more patient specific HEP and increase emphasis on HEP on Discharge. (New Action Plan) *The therapy team will also increase education and communication in accordance with Case Management follow-up therapies including Cardiac Rehab, Out-Patient and Home Health Therapies. (New Action Plan)</p>

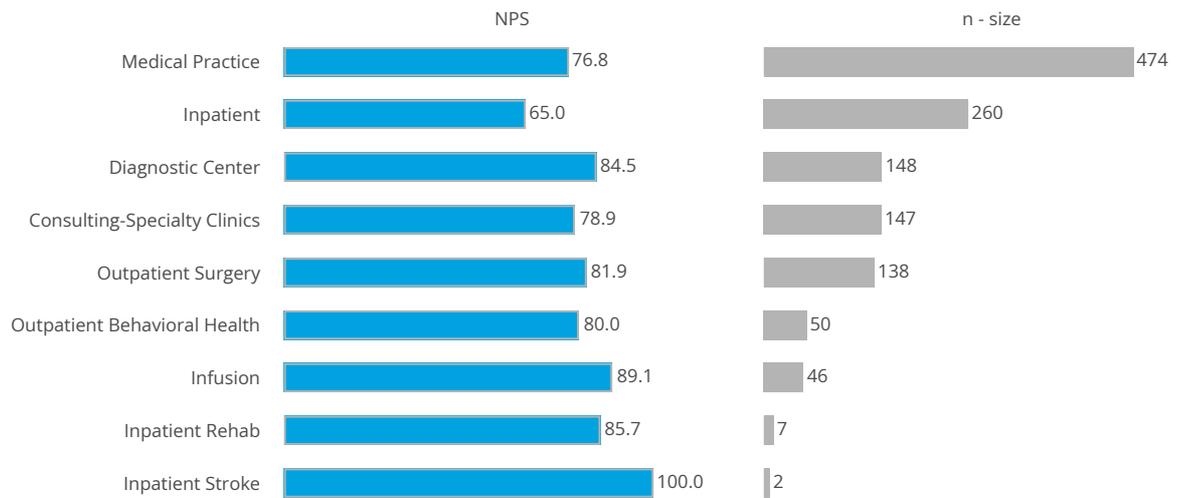
Live with passion.

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



Net Promoter Score

76.7 n-size: 1,272



HCAHPS by CCN

- HCAHPS by CCN
- Dimensions Table
- Questions Dashboard
- Questions Table
- Key Drivers

HCAHPS - Dimensions

Selected Period: 7/1/2023 - 10/31/2023

Previous Period: 3/1/2023 - 6/30/2023

Benchmark Quarter: Q2 2023

Start Date	End Date	CCN	Benchmark	Benchmark Quarter
7/1/2023	10/31/2023	All	CMS HCAHPS 60th Percentile	Q2 2023
SUBMITTABLE	Dimension	Previous Score	Current Score & Benchmark	Difference
1,125	Care Transitions	47.7%	52.6%  52.0%	4.9% 
NEEDED	Cleanliness / Quietness	70.9%	65.5%  68.0%	-5.4% 
300	Communication About Meds	69.1%	71.6%  62.0%	2.5% 
PERCENT SUBMITTABLE	Communication with Doctors	81.3%	82.4%  80.0%	1.1% 
375.0%	Communication with Nurses	81.8%	78.8%  79.0%	-3.0% 
SUBMITTABLE DATE RANGE	Discharge Information	88.5%	91.4%  87.0%	2.9% 
11/11/2022 - 11/10/2023	Overall Rating of Hospital	73.6%	72.6%  72.0%	-1.0% 
*The submittable numbers above are based on 12 month lookback from today's date.	Responsiveness of Hospital Staff	70.6%	69.5%  65.0%	-1.1% 
	Would Recommend Hospital	73.3%	70.0%  71.0%	-3.3% 

* Reporting has been produced by NRC Health for quality improvement purposes and does not represent official CMS Results.

* If you are unable to see data for any time period and you are expecting to see HCAHPS results, please contact your Project Specialist. They can help ensure your survey configuration meets the requirements for this dashboard.

QUESTION: NPS: Facility would recommend

Location	YTD	Last 3 Months	Last Month	n-size	Score	Bench mark	Gap	
Behavioral Health TL	76.9	69.2	100.0	1	100.0	78.3	21.7	
Center for Mental Wellness	73.2	85.0	100.0	4	100.0	78.3	21.7	
GME Behavioral Health EH	72.3	77.1	100.0	13	100.0	78.3	21.7	
KHDC PET CT	88.3	91.5	100.0	24	100.0	78.3	21.7	
Behavioral Health DH	73.3	95.5	90.0	10	90.0	78.3	11.7	
OP Infusion Center	91.4	89.1	89.1	46	89.1	78.3	10.8	
Inpatient Rehab	77.0	61.5	85.7	7	85.7	78.3	7.4	
Outpatient Surgery	82.1	84.5	81.9	138	81.9	78.3	3.6	
KHDC Non Invasive Cardiology	81.4	79.7	81.5	108	81.5	78.3	3.2	
KHDC Nuclear Medicine	92.1	91.5	81.3	16	81.3	78.3	3.0	
4N	58.0	56.1	80.0	10	80.0	78.3	1.7	
Cardiology	81.6	81.0	79.8	119	79.8	78.3	1.5	
MB	67.1	67.8	78.7	89	78.7	78.3	0.4	
KH Urology	75.0	79.8	75.0	28	75.0	78.3	-3.3	
BP	75.9	77.8	72.2	18	72.2	78.3	-6.1	
4S	61.4	73.2	68.0	25	68.0	78.3	-10.3	
Behavioral Health EH	58.7	73.2	66.7	15	66.7	78.3	-11.6	
2N	52.3	61.5	65.2	23	65.2	78.3	-13.1	
4T	65.2	67.8	61.3	31	61.3	78.3	-17.0	
3N	51.8	48.3	60.0	25	60.0	78.3	-18.3	
5T	56.2	61.3	44.4	9	44.4	78.3	-33.9	
GME Behavioral Health LH	79.1	73.6	42.9	7	42.9	78.3	-35.4	
2S	37.1	25.0	41.7	12	41.7	78.3	-36.6	
CVICU	30.0	12.5	33.3	3	33.3	78.3	-45.0	
3S	52.7	43.1	30.8	13	30.8	78.3	-47.5	

Location	YTD	Last 3 Months	Last Month	n-size	Score	Bench mark	Gap
2E	33.3	25.0	0.0	4	0.0	78.3	-78.3

QUESTION: **Clean clinic**

Location	YTD	Last 3 Months	Last Month	n-size	Score	Bench mark	Gap	
Adult Specialties WH	66.7	100.0	100.0	1	100.0	81.9	18.1	
BM Physician Office	91.3	91.0	100.0	14	100.0	81.9	18.1	
GME Medication Mgmt	88.9	88.9	100.0	4	100.0	81.9	18.1	
Pediatric Specialties EH	73.1	75.0	100.0	5	100.0	81.9	18.1	
Women's Health DH	88.9	100.0	100.0	1	100.0	81.9	18.1	
BM Prompt Care	89.9	92.2	93.8	64	93.8	81.9	11.9	
Women's Health EH	81.8	83.1	85.3	34	85.3	81.9	3.4	
Family Practice DH	72.8	73.6	83.8	37	83.8	81.9	1.9	
Family Practice TL	79.3	80.8	83.3	78	83.3	81.9	1.4	
KH Urology	82.6	82.2	82.1	28	82.1	81.9	0.2	
Adult Specialties DH	77.0	73.0	80.0	5	80.0	81.9	-1.9	
Health Education EH	76.2	78.9	80.0	5	80.0	81.9	-1.9	
Cardiology	82.6	81.5	79.2	130	79.2	81.9	-2.7	
Pediatrics EH	75.8	75.4	74.5	51	74.5	81.9	-7.4	
Adult Specialties EH	66.7	65.1	69.4	36	69.4	81.9	-12.5	
Women's Health LH	77.8	75.0	66.7	6	66.7	81.9	-15.2	
Family Practice WH	68.2	68.7	65.5	29	65.5	81.9	-16.4	
Family Practice LH	70.2	64.2	63.6	55	63.6	81.9	-18.3	
Family Practice EH	71.7	71.6	61.6	125	61.6	81.9	-20.3	
Adult Specialties LH	66.2	70.3	60.0	5	60.0	81.9	-21.9	