Kaweah Delta Health Care District
Board of Directors Meeting

***Health** is our Passion. **Excellence** is our Focus. **Compassion** is our Promise.*

Kaweah Health
MORE THAN MEDICINE. LIFE.

DATE POSTED: July 9, 2026

NOTICE

Date: Thursday, July 16, 2026
Location: Kaweah Health Medical Cetner – Executive Conference Room
Address: 305 W. Acequia Avenue, Visalia, California

Please join my meeting from your computer, tablet or smartphone.
https://meet.goto.com/KelsieD/kaweahdeltahealthcaredistrictboardofdirectorsmeeti
You can also dial in using your phone.
Access Code: 460-561-181
United States: +1 (646) 749-3122

SCHEDULE:

- **8:00 AM** – Open Session (to approve the Closed Session agenda)
- **8:01 AM** – Closed Session
  Pursuant to:
  - Health & Safety Code §§1461 and 32155 (Confidential Quality Assurance/Medical Staff Matters)
  - Health & Safety Code §§1461 and 32155 (Confidential Quality Assurance/Medical Staff Matters)
- **8:30 AM** – Open Session

AMERICANS WITH DISABILITIES ACT (ADA) NOTICE:
In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Board Clerk at (559) 624-2330. Notification at least 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the meeting.

POSTING NOTICE:
All Kaweah Delta Health Care District regular Board and committee meeting notices and agendas are posted at least **72 hours** prior to the meeting (and **24 hours** prior to special meetings) in the Kaweah Health Medical Center, Mineral King Wing, near the Mineral King entrance, in accordance with Government Code §54954.2(a)(1).

PUBLIC RECORDS:
Disclosable public records related to this agenda are available for public inspection at:
Kaweah Health Medical Center – Acequia Wing, Executive Offices (1st Floor)
400 West Mineral King Avenue, Visalia, CA 93291
You may also request records by contacting the Board Clerk at (559) 624-2330 or **kedavis@kaweahhealth.org**, or by visiting the District's website at **www.kaweahhealth.org**.

KAWEAH DELTA HEALTH CARE DISTRICT
David Francis, Secretary/Treasurer

Prepared by:

Kelsie K. Davis
Board Clerk / Executive Assistant to the CEO

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

This agenda is posted in compliance with the Ralph M. Brown Act, including amendments enacted under Senate Bill 707.

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS QUALITY COUNCIL COMMITTEE MEETING

Kaweah Health Medical Center – Executive Conference Room
305 W. Acequia, Visalia, CA

Thursday, July 16, 2026 {Committee Meeting}

Please join my meeting from your computer, tablet or smartphone.
https://meet.goto.com/KelsieD/kaweahdeltahealthcaredistrictboardofdirectorsmeeti
You can also dial in using your phone.
Access Code: 460-561-181
United States: +1 (646) 749-3122

OPEN SESSION (LIMITED PURPOSE – CONVENING ONLY) – 8:00 AM

1. **CALL TO ORDER**

2. **PUBLIC COMMENT ON CLOSED SESSION ITEMS ONLY –** Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.

3. **ADJOURN TO CLOSED SESSION**

Kaweah Delta Health Care District
Board of Directors Meeting

***Health** is our Passion. **Excellence** is our Focus. **Compassion** is our Promise.*

Kaweah Health
MORE THAN MEDICINE. LIFE.

CLOSED SESSION – 8:01 AM

1. **CALL TO ORDER**

2. **REVIEW OF THE CLOSED MEETING MINUTES** – June 18, 2026
   Possible reportable action - recommended for approval to the Regular Board Meeting

3. **QUALITY ASSURANCE:**
   Pursuant to Health and Safety Code 32155 and 1461 – *Michael Tedaldi, MD, Vice Chief of Staff and Quality Committee Chair*

4. **QUALITY ASSURANCE:**
   Pursuant to health and Safety Code 32155 and 1461 – *Ben Cripps, Chief of Compliance*

5. **ADJOURN CLOSED SESSION**

Kaweah Delta Health Care District
Board of Directors Meeting

***Health** is our Passion. **Excellence** is our Focus. **Compassion** is our Promise.*

Kaweah Health
MORE THAN MEDICINE. LIFE.

OPEN SESSION – 8:30 AM (OR IMMEDIATELY FOLLOWING CLOSED SESSION)

1. **CALL TO ORDER**

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 (5) minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.

3. **CLOSED SESSION ACTION TAKEN**
   Report on action(s) taken in closed session

4. **REVIEW OF OPEN SESSION MINUTES** – June 18, 2026
   Possible reportable action - recommended for approval to the Regular Board Meeting

5. **ORTHOPEDIC SERVICE LINE QUALITY REPORT**
   A review of key quality measures and actions focused on the care of the orthopedic patient population. *Kevin Bartel, Director of Surgical Service Lines*

6. **CLINICAL QUALITY GOALS UPDATE**
   A review of outstanding health outcomes initiatives for fiscal year 2027. *Dr. Paul Stefanacci, Chief Medical Officer and Chief Quality Officer*

7. **ADJOURN OPEN MEETING**

ADA Notice
In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Board Clerk at (559) 624-2330 at least 48 hours prior to the meeting.

Agenda Posting and Public Records
Agendas are posted at least 72 hours in advance of regular meetings. Disclosable public records may be

obtained by contacting the Board Clerk at 400 W. Mineral King Avenue, Visalia, CA, or by email at kedavis@kaweahhealth.org, or on the District website.

Agenda item intentionally omitted

OPEN Quality Council Committee
Thursday, June 18, 2026
The Executive Office Conference Room

Attending: Board Members: Dr. Dean Levitan, Chair; Jonna Schengel, Board Member; Kevin Morrison, Vice President of Support Services; Tom Boggs, Chief Ambulatory Officer; Marc Mertz, CEO; Jared Cauthen, Sepsis Coordinator; Chris Patty, Clinical Practice Guidelines Program Manager; Jag Batth, COO; Evelyn McEntire, Director of Risk Manager; (Recording) Kyndra Licon, Quality Project Manager

Closed Session:

Dr. Dean Levitan called to order at 8:00 AM.

Review of Closed Session Agenda: Dr. Dean Levitan made a motion to approve the closed agenda, there were no objections.

Dr. Dean Levitan adjourned the meeting at 8:32 AM.

Open Session:

Public Participation – None.

Dr. Dean Levitan called to order at 8:34 AM.

4. **Review of May Quality Council Open Session Minutes –** Dr. Dean Levitan, Chair Board Member
    - Reviewed and acknowledged the May Quality Council Open Session Minutes by Dr. Dean Levitan. No further actions.

5. **2026 Spring Leapfrog Report –** A review of Kaweah Health letter grade on performance in preventing medical errors, infections, and other patient safety issues. *Chris Patty, Clinical Practice Guidelines Program Manager.* No action taken.

6. **Clinical Quality Goals Update**- A review of current performance and actions focused on the clinical quality goals for Healthcare Acquired Infection and Patient Safety Indicator (PSI) 90 Composite. *Shawn Elkin, Infection Prevention Manager; Chris Patty, Clinical Practice Guidelines Program Manager.* No action taken.

Adjourn Open Meeting – *Dr. Dean Levitan*
Dean Levitan adjourned the meeting at 9:41 AM.

Orthopedic Service Line

Quality Report
July 2026

Kevin Bartel,
Director of Surgical Service Lines

Kaweah Health
MORE THAN MEDICINE. LIFE.

Orthopedic Service Line

Scope of Services

Trauma/Emergent call coverage & surgical services

- 24/7 call coverage
- Dedicated orthopedic traumatologist to support cases staying local

Elective orthopedic surgical services

- Team of orthopedic NPs dedicated to support patient throughput & outcomes
- MAKO robot for hip & knee surgical support
- Blue Distinction + designation for Total Joint, Spine

Orthopedic Service Line

Key Initiatives & Process Improvement

Increase orthopedic surgical volume – **2,846** cases in FY26 (↑ **4.5%**)

- Reducing outbound transfers
- Improving OR efficiencies with block utilization, 1st case on-time starts
- Recruitment of additional specialties – spine, hand

Reduction in orthopedic surgical patient Length of Stay (LOS)

- Monthly review of LOS trends, by surgeon
- FYTD Elective LOS (1.87 days) vs. GMLOS (2.75 days)
- FYTD Emergent/Trauma LOS (5.84 days) vs. GMLOS (4.17 days)
    - Monthly case review, trend recognition, interdepartmental collaboration

Orthopedic Service Line

Key Initiatives & Process Improvement (cont.)

Timely fixation of fractures per ACS guidelines (within 24 hours)

- Monthly outlier review, trend analysis, surgeon discussion

2025	Benchmark	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Femur Fixation <24 hr (avg)	24 hr.	29:01:00	9:36:00	16:31:00	12:37:00	24:56:00	9:42:00	20:41:00	20:04:00	16:06:00	14:51:00	26:18:00	33:08:00	19:27:35
Hip Fx < 24 hr	24 hr.	26:02:00	23:20:00	20:58:00	36:00:00	22:38:00	23:33:00	18:26:00	23:38:00	31:14:00	23:49:00	23:50:00	21:04:00	24:32:40
Open tib/fib <24 hr	24 hr.	15:46:00	27:38:00	11:49:00	21:08:00	n/a	11:35:00	23:51:00	75:34:00	16:24:00	15:34:00	21:03:00	11:10:00	22:52:00

Surgical quality compliance with ERAS initiatives

Kaweah Health

Surgical Quality Dashboard

		Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Total
ERAS Ortho (n=)	ISCR Benchmark	11	11	10	9	10	8	10	10	10	10	11	9	119
Perioperative Antibiotics		100% 11/11	100% 11/11	100% 10/10	100% 9/9	100% 10/10	100% 8/8	100% 10/10	100% 10/10	100% 10/10	100% 10/10	100% 11/11	100% 9/9	100% 119/119
Multi-modal Pain Management	90.90%													
Postop VTE Chemoprophylaxis		90.91% 10/11	100% 11/11	100% 10/10	100% 9/9	100% 10/10	100% 8/8	100% 10/10	100% 10/10	100% 10/10	100% 9/10	100% 11/11	100% 9/9	98.32% 117/119
Postop Mobilization	88.80%	100% 11/11	100% 11/11	100% 10/10	100% 9/9	100% 10/10	100% 8/8	100% 10/10	100% 10/10	100% 10/10	100% 10/10	100% 10/10	100% 9/9	100% 118/118
Postop Intake of Liquids		100% 11/11	100% 11/11	100% 10/10	100% 8/9	100% 10/10	100% 8/8	100% 10/10	100% 10/10	100% 10/10	100% 10/10	100% 11/11	100% 9/9	99.16% 118/119
Foley Removal	91.70%	N/C	N/C	100% 1/1	N/C	N/C	100% 1/1	N/C	N/C	100% 1/1	100% 1/1	N/C	100% 2/2	100% 6/6

Surgical Site Infection January 1 – December 31, 2025 (12 months)

Type of SSI	Total # of Procedures	Actual # of infections	Predicted # of Infections	Kaweah Health Standardized Infection Ratio	National benchmark* (lower is better)
KPRO (TKA)	171	0	1.324	0	5th percentile
HPRO (THA)	191	1	2.88	0.347	17th percentile
FUSN (Spinal fusion)	354	9	5.562	1.618	72nd percentile
FX (hip fracture)	392	1	1.324	0.266	N/A
Total	1,108	11	11.09	0.992	

*CDC NHSN 2024 data

Goal: measure the standardized infection ratio (SIR) of these orthopedic procedure types for patients who experienced a surgical site infection within 90 days after surgery – Kaweah goal is at or below 30th percentile

Review/Analysis

- 10 of 11 patients with SSI were elective procedures, one was a critical trauma
- 9 of 11 patients with SSI received post-acute care (HH, SNF or Rehab)
- Pre-op comorbidities known (obesity, DM and/or decreased mobility) in 7 of 9 elective SSI cases that may have impacted wound and overall healing
- 200% increase in Spinal Fusion SSI cases from prior reporting period – surgeon commonality in 8 of 9 FUSN cases

Surgical Site Infection January 1 – December 31, 2025 (12 months)

CURRENT IMPROVEMENT ACTIVITIES	EXPECTED COMPLETION DATE	BARRIERS/UPDATES
Timely SSI review- Review of identified SSIs in a timely manner by Director and Orthopedic Nurse Practitioners that support the service to identify trends in care provision/education that can be discussed both at SQIP and directly with the surgeon and surgery teams at the monthly orthopedic co-management meetings as appropriate.	Ongoing	Delays in receiving timely SSI incidence from IP for internal review, impacting timely review and discussion with surgeon and committees as appropriate
SPD processes and workflows – Through audit of SPD workflows (initiated Nov 2025) there was a determination that opportunity existed to address gaps in our SPD workflows and processes to reduce incidence of incomplete and non-sterile trays. New SPD leadership effective January 2026 to support this effort.	Ongoing	Surgery and SPD leadership implementing improvements to workflows and processes, and collaborating directly with surgeons as issues arise to address underlying trends

Complication Rate

January 1 – December 31, 2025 (12 months)

All Payers

Overall complication rate: **0.52%** (3 complications from 573 total cases)

Percentile: 9th percentile (lower is better)

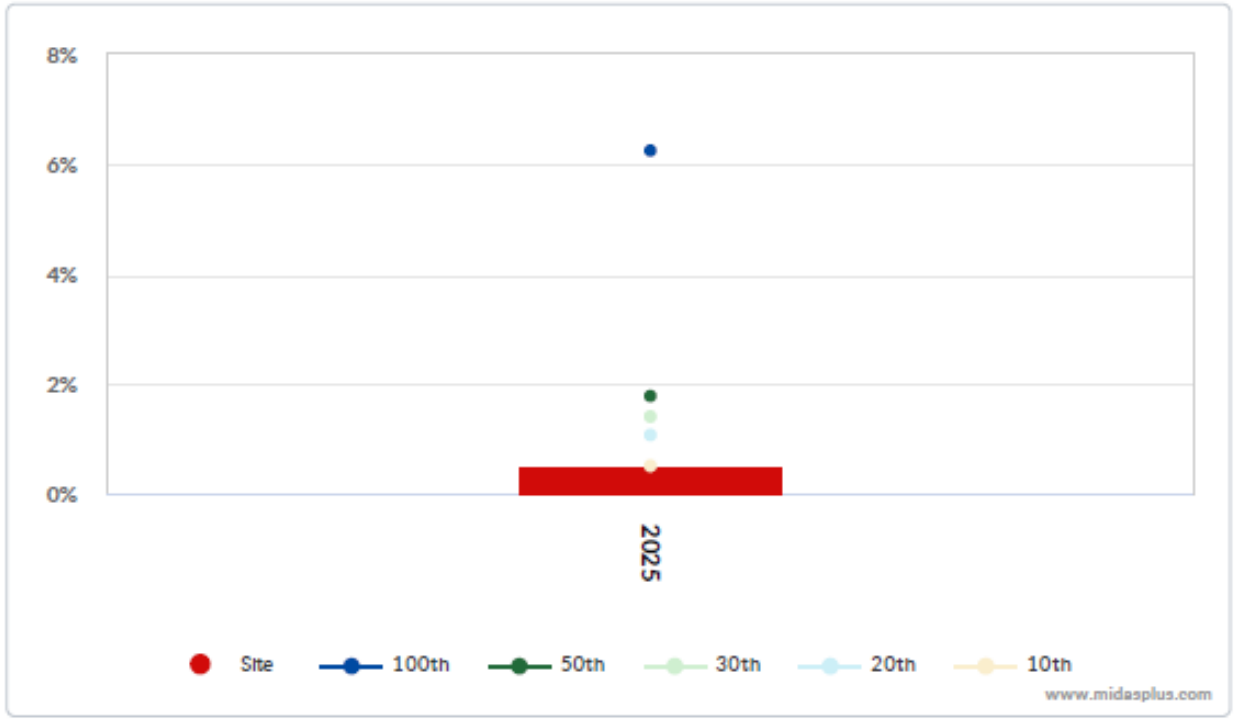
Kaweah goal: 20th percentile (1.07% complication rate)

GOAL MET

KAWEAH DELTA MEDICAL CENTER

CMS CJR Hip/Knee Arthroplasty - Complication Rate, Same Facility

Compared with 400+ beds



Period	Site Value	Site Percentile	Num	Den	Category	10th	20th	30th	50th	100th	# Sites
2025	0.52%	9th	3	573	400+ beds	0.52	1.07	1.43	1.79	6.25	80

Complication Rate

January 1 – December 31, 2025 (12 months)

Medicare only

Overall complication rate: **0.60%** (1 complication from 166 total cases)

Percentile: 25th percentile (lower is better)

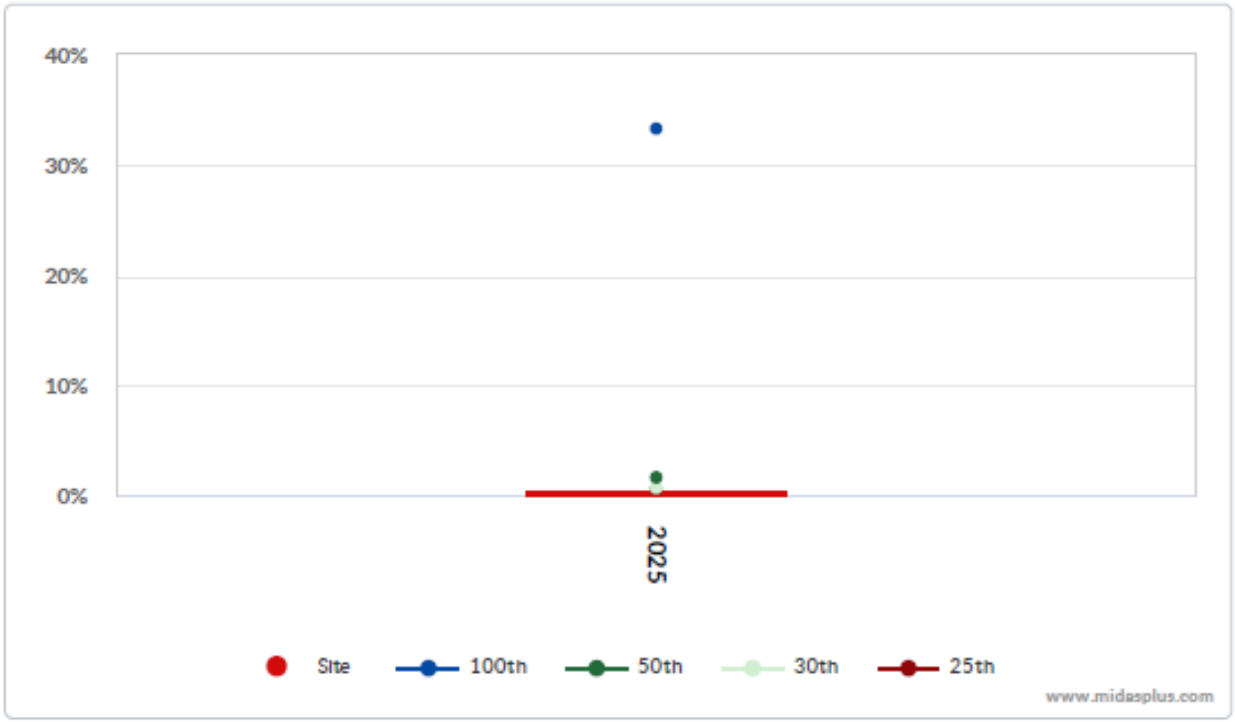
Kaweah goal: 45th percentile (1.22% complication rate)

GOAL MET

KAWEAH DELTA MEDICAL CENTER

CMS CJR Hip/Knee Arthroplasty - Complication Rate, Same Facility, Medicare

Compared with 400+ beds



Period	Site Value	Site Percentile	Num	Den	Category	25th	30th	50th	100th	# Sites
2025	0.60%	25th	1	166	400+ beds	0.58	0.78	1.65	33.33	79

Complication Rate

January 1 – December 31, 2025 (12 months)

	Primary Proc Type	Primary Proc Date	Complication Type
Q1 2025			
Q2 2025	THA	5/15/2025	death within 30 days
Q3 2025			
Q4 2025	TKA	10/9/2025	sepsis within 7 days
	TKA	10/31/2025	pneumonia within 7 days

Medicare

Complication inclusion criteria

1. Mechanical complication within 90 days
2. Wound infection or periprosthetic joint infection within 90 days
3. Surgical site bleeding within 30 days
4. Pulmonary embolism within 30 days
5. Death within 30 days
6. Acute myocardial infarction within 7 days
7. Pneumonia within 7 days
8. Sepsis, septicemia or shock within 7 days

Complication Rate

January 1 – December 31, 2025 (12 months)

CURRENT IMPROVEMENT ACTIVITIES	EXPECTED COMPLETION DATE	BARRIERS/UPDATES
Joint surgery patient education- Providing consistent and standardized education for our joint surgery patients is critical to optimize expectations and outcomes. KH Joint Surgery books are provided to local offices to disburse to patients pre-operatively, a joint surgery educational video on the KH website is promoted to scheduled surgery patients, and information from patients is gathered pre-operatively (functional and social status) by our orthopedic NPs to consider optimal discharge disposition in advance.	Ongoing	Relying on various local orthopedic offices to disperse joint surgery educational books and promote educational video is challenging, as their workflows vary.
Coordinated therapy pre/post op With majority of total joint surgeries resulting in discharge to home with surgeon follow up approximately 2 weeks post-operatively, there may be benefit with scheduling these patients with a session of physical therapy pre-operatively, and/or coordinating therapy to begin within a week of surgery, so that a licensed PT can play a role in wound inspection, inflammation reduction modalities, patient education on healing, and guiding light exercises.	9/30/26	Refine this workflow consideration with Dr. Kim in collaboration with therapy leadership
Optimize patient discharge disposition: Coordinated communication between our KH orthopedic NPs and KH case managers/post-acute liaisons to spotlight priority patients coordinate appropriate level of rehab/therapy indicated for their condition (i.e. transfer to inpatient rehab, short stay, SNF, home health as appropriate) in order to optimize patient access to recovery and education.	Ongoing	We continue to experience scenarios where patients have been told by their surgeon that they can go to rehab after their surgery, which isn't always allowed (per payer guidelines).

Thank you

Live with passion.

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

Kaweah Health

Outstanding Health Outcomes FY2027

Kaweah Health

MORE THAN MEDICINE. LIFE.

OHO FY2027

Safety Program Optimization / Champion: Cindy Vander Schuur

Metric Description	Baseline	FY27 Goal
Serious Safety Event Rate *# of serious safety events* *(APD+(visits/1,000)) x 10,000*	FY 2026 3.20	10% Reduction from Baseline 2.88

Initiative: Ensure consistent execution of core safety behaviors at the bedside

- Implement structured Hand-off process
- Establish real-time escalation of Change in Patient Condition

Initiative: Promote safer care through leadership and engagement

- Implement a physician-nurse collaboration council
- Conduct daily executive safety rounds with frontline staff

OHO FY2027

Reduce Hospital Acquired Infections / Champion: Shawn Elkin

Metric Description	Baseline	FY27 Goal
Metric Description	Baseline	FY27 Goal
CLABSI SIR	FY 2026 1.64	≤0.486 (NHSN 30th Percentile 2022)
C Diff SIR	FY 2026 1.34	≤0.170 (NHSN 30th Percentile 2024)

Initiative: Ensure Appropriate Use and Management of Central Lines

- Align insertion & maintenance bundles with evidence-based practices
- Embed daily interdisciplinary line necessity assessments into workflow
- Implement strict criteria limiting femoral access to emergent or last-resort scenarios

Initiative: Strengthen Commitment to Infection Prevention Practices

- Implement a Structured Culture Optimization Protocol
- Optimize Antibiotic Stewardship
- Embed all infection prevention protocols into the EHR with real-time alerts, order sets, and decision pathways

OHO FY2027

Surgical Safety Program / Champion: Chris Patty

Metric Description	Baseline	FY27 Goal
CMS Thirty-day Death Rate Among Surgical Inpatients with Complications (ISCMR)	FY 2026 (YTD April 2026) 81.76/1000 discharges	CMS 50th %ile (46.20)
PSI-90 CMS Composite Score • **PSI 12 Perioperative PE or DVT** • **PSI 11 Postoperative Respiratory Failure**	FY 2026 (YTD April 2026) PSI-90 =1.55	Midas 50th %ile (1.33)

Initiative: Reduce Surgical Mortality by Improving Failure-to-Rescue

- Standardize early detection & rapid escalation of postoperative deterioration
- Strengthen rapid response systems

Initiative: Reliable Execution of Harm-Prevention Bundles

- Implement VTE Prevention evidence-based bundles
- Implement evidence-based respiratory management bundles
- Ensure Documentation & Coding Accuracy (POA, exclusions)

OHO FY2027

Safety in Nursing Practice / Champion: Scott Baker

Metric Description	Baseline	FY27 Goal
Falls with Injury	FY 2026 0.33	<0.30
Hospital Acquired Pressure Injuries • **Stage 2 and above**	FY 2026 0.51	< 0.46

Initiative: Risk Stratification & Prevention

- Implement standardized fall-risk assessments on admission and every shift
- Ensure effective use of skin assessment tools (e.g., Braden Scale)

Initiative: Implementation of Evidence-Based Prevention & Management Bundles

- Hourly rounding (pain, position, possessions, toileting)
- Repositioning schedules (every 2 hours or individualized)
- Implementation of fall mitigation strategies (e.g., Bed/chair alarms and low-bed, Non-slip footwear and clear room environments)
- Pressure-relieving surfaces (specialty mattresses, cushions)