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: June 12, 2026

NOTICE

Date: Thursday, June 18, 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**

Kaweah Delta Health Care District
Board of Directors Meeting

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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, June 18, 2026 {Committee Meeting}

Please join my meeting from your computer, tablet or smartphone.
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Access Code: 460-561-181
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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

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CLOSED SESSION – 8:01 AM

1. **CALL TO ORDER**

2. **REVIEW OF THE CLOSED MEETING MINUTES** – May 21, 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 – *Melissa Quinonez, MSN, RN-BC, PHN, Risk Management Manager*

5. **ADJOURN CLOSED SESSION**

Kaweah Delta Health Care District
Board of Directors Meeting

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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** – May 21, 2026
   Possible reportable action - recommended for approval to the Regular Board Meeting

5. **SPRING 2026 LEAPFROG**
   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.*

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.*

7. **ADJOURN OPEN MEETING**

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Agenda Posting and Public Records
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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

REVIEW OF OPEN SESSION MINUTES

OPEN Quality Council Committee
Thursday, May 21, 2026
The Executive Office Conference Room

Attending: Board Members: Dr. Dean Levitan, Chair; Jonna Schengel, Board Member; Dr. Paul Stefanacci, Chief Medical Officer; Kevin Morrison, Vice President of Support Services; Tom Boggs, Chief Ambulatory Officer; Marc Mertz, CEO; Jared Cauthen, Sepsis Coordinator; Cameron Beatty, Interim Director of Emergency and Trauma Services; Chris Patty, Clinical Practice Guidelines Program Manager; Jag Batth, COO; Evelyn McEntire, Director of Risk Manager; Megan Stuart, RN Clinical Care QA (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 April Quality Council Open Session Minutes –** Dr. Dean Levitan, Chair Board Member
    - Reviewed and acknowledged the March Quality Council Open Session Minutes by Dr. Dean Levitan. No further actions.

5. **Sepsis Quality Report:** Overview of performance and key quality outcomes related to the Sepsis Program. *Jared Cauthen, RN-Sepsis Coordinator.* No action taken.

6. **Emergency Department Quality Report:** Overview of performance and key quality outcomes related to the emergency department quality metrics. *Cameron Beatty, Interim Director of Emergency and Trauma Services.* No action taken.

7. **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.

SPRING 2026 LEAPFROG

Kaweah Health Leapfrog Quality & Patient Safety Rating SPRING 2026

Quality & Patient Safety

May 2026

What's New for 2026

Florida district court rules Leapfrog used deceptive practices for hospital safety rating system

Mar 09, 2026 - 02:12 PM

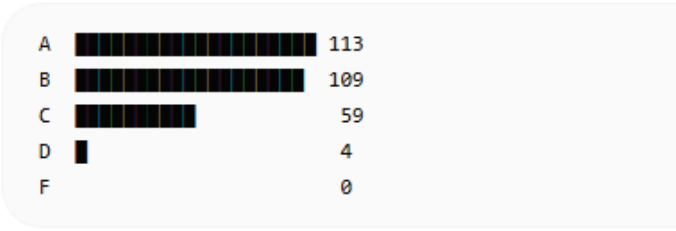
The U.S. District Court for the Southern District of Florida March 6 ruled in favor of five Florida hospitals in a case challenging the methodology used by the Leapfrog Group regarding hospital safety ratings. In particular, the court determined that Leapfrog's methodology violated Florida's unfair and deceptive business practices law. "Leapfrog's change in methodology has no scientific basis, unfairly penalizes non-participating hospitals, and misrepresents hospital safety," Judge Donald M. Middlebrooks wrote. The court's injunction requires Leapfrog to cease assigning safety grades to hospitals, remove grades assigned to the plaintiff hospitals in 2024 and 2025, and issue corrective disclosures, along with other actions.

Leapfrog vs. Tenet (2026)

- Leapfrog assigns letter grades to hospitals based on 2 data sets:
  - Self-submitted Hospital Safety Survey (HSS)
  - CMS and other data
- Leapfrog has historically assigned grades even without the HSS.
- Leapfrog vs Tenet is changing that.

Leapfrog Ratings

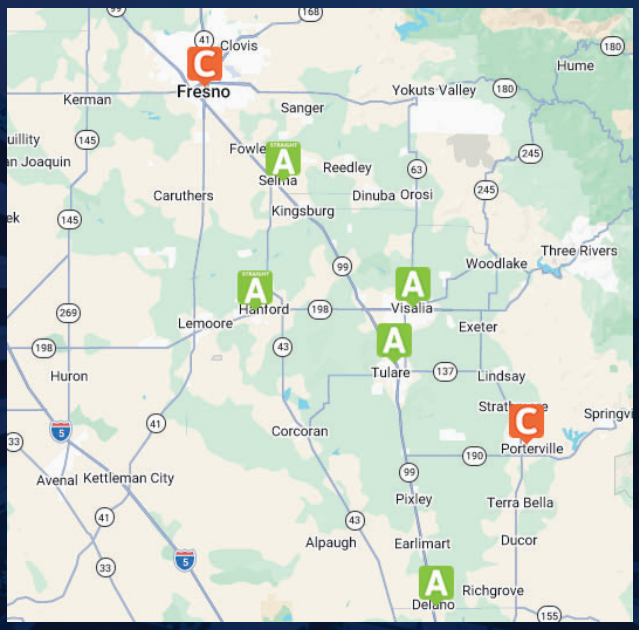
Visual frequency distribution



Interpretation

California's Spring 2026 profile was notably strong:

- Nearly **4 in 10 hospitals earned an A**
- Over **78% earned either A or B**
- Very few low performers (**1.4% D, zero F**)



Leapfrog “A” vs CMS “5” Ratings

Visual distribution

5★	[redacted]	45
4★	[redacted]	92
3★	[redacted]	96
2★	[redacted]	43
1★	[redacted]	9

Quick comparison to Leapfrog (interesting contrast)

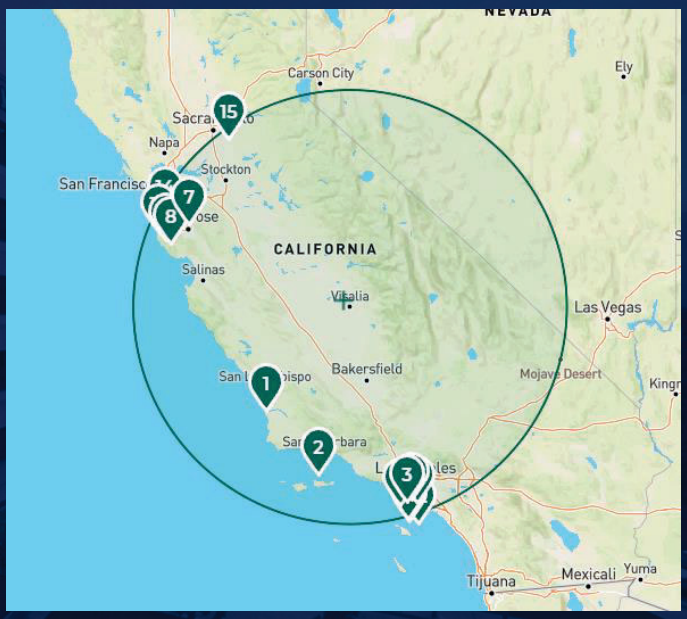
For California:

System	Top tier
Leapfrog	39.8% A hospitals
CMS	15.8% 5-star hospitals

That difference is expected because CMS and Leapfrog measure different constructs:

- **Leapfrog** heavily emphasizes patient safety/process measures
- **CMS stars** blend safety + mortality + readmissions + HCAHPS + effectiveness

So a hospital can absolutely be **Leapfrog A but CMS 3–4 stars**, or vice versa.



LEAPFROG SCORECARD OVERVIEW:

Measure Domain	Measure	Kaweah Health Spring 2026 Score	Leapfrog Spring 2026 Mean	Final Weight Spring 2026	Reporting Period Spring 2026	Spring 2025 Score	Final Weight Spring 2025	Reporting Period Spring 2025
Process/Structural Measures	Computerized Physician Order Entry (CPOE)	100	83.51	6.1%	2025	100	6.2%	2024
	Bar Code Medication Administration (BCMA)	100	86.11	5.9%	2025	100	6.0%	2024
	ICU Physician Staffing (IPS)	100	68.93	6.8%	2025	100	6.9%	2024
	Safe Practice 1: Culture of Leadership Structures and Systems	120.00	117.78	3.1%	2025	120.00	3.1%	2024
	Safe Practice 2: Culture Measurement, Feedback, & Intervention	120.00	117.68	3.2%	2025	120.00	3.2%	2024
	Total Nursing Care Hours per Patient Day	100	79.68	4.7%	01/01/2024 - 12/31/2024 or 07/01/2024 - 06/30/2025	100	4.7%	01/01/2023 - 12/31/2023 or 07/01/2023 - 06/30/2024
	Hand Hygiene	100	78.18	4.9%	2025	40	4.9%	2024
	H-COMP-1: Nurse Communication	90	90.55	3.0%	01/01/2024 - 12/31/2024	89	3.0%	01/01/2023 - 12/31/2023
	H-COMP-2: Doctor Communication	89	90.11	3.0%	01/01/2024 - 12/31/2024	89	3.0%	01/01/2023 - 12/31/2023
	H-COMP-3: Staff Responsiveness	81	82.06	3.1%	01/01/2024 - 12/31/2024	82	3.0%	01/01/2023 - 12/31/2023
	H-COMP-5: Communication about Medicines	77	74.83	3.1%	01/01/2024 - 12/31/2024	78	3.1%	01/01/2023 - 12/31/2023
	H-COMP-6: Discharge Information	86	85.65	3.1%	01/01/2024 - 12/31/2024	85	3.0%	01/01/2023 - 12/31/2023
Outcome Measures	Foreign Object Retained	0.000	0.011	4.2%	07/01/2022 - 06/30/2024	0.000	4.2%	07/01/2021 - 06/30/2023
	Air Embolism	0.000	0.001	2.4%	07/01/2022 - 06/30/2024	0.000	2.4%	07/01/2021 - 06/30/2023
	Falls and Trauma	0.099	0.339	4.9%	07/01/2022 - 06/30/2024	0.293	4.9%	07/01/2021 - 06/30/2023
	CLABSI	0.260	0.549	4.6%	07/01/2024 - 06/30/2025	1.071	4.5%	07/01/2023 - 06/30/2024
	CAUTI	0.593	0.497	4.7%	07/01/2024 - 06/30/2025	0.503	4.7%	07/01/2023 - 06/30/2024
	SSI: Colon	0.558	0.820	3.4%	07/01/2024 - 06/30/2025	1.001	3.4%	07/01/2023 - 06/30/2024
	MRSA	1.139	0.657	4.4%	07/01/2024 - 06/30/2025	0.854	4.5%	07/01/2023 - 06/30/2024
	C. Diff.	0.281	0.347	4.5%	07/01/2024 - 06/30/2025	0.542	4.5%	07/01/2023 - 06/30/2024
	PSI 4: Death rate among surgical inpatients with serious treatable conditions	231.33	173.37	2.0%	07/01/2022 - 06/30/2024	208.94	2.0%	07/01/2021 - 06/30/2023
	CMS Medicare PSI 90: Patient safety and adverse events composite	0.81	1.00	15.0%	07/01/2022 - 06/30/2024	1.05	15.0%	07/01/2021 - 06/30/2023
Process Measure Domain Score:		0.1804				0.134		
Outcome Measure Domain Score:		0.1389				-0.1078		
Process/Outcome Domains - Combined Score:		0.3193				0.0267		
Normalized Numerical Score:		3.3193				3.0267		
Hospital Safety Grade (Letter Grade):		**A**				B		

* Data source: Midas (similar risk adjustment methodology as CMS)
*All payer (HCAHPS surveys a random sample of adult inpatients, regardless of insurance type)

Leapfrog Scorecard Overview: Spring 2026 vs 2025

- Outperforming Areas:
  - ✓ Hand Hygiene
  - ✓ Computerized Physician Order Entry (CPOE)
  - ✓ Bar Code Medication Administration (BCMA)
  - ✓ ICU Physician Staffing (IPS)
  - ✓ Safe Practice 1: Culture of Leadership Structures and Systems
  - ✓ Safe Practice 2: Culture Measurement, Feedback, & Intervention
  - ✓ Total Nursing care Hours per Patient Day
  - ✓ HACs: Air Embolism, Foreign body left during procedure, Falls and Trauma
  - ✓ Hospital Acquired Conditions (HAIs): Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection – Colon (SSI Colon)
  - ✓ PSI 90 - CMS Medicare PSI 90: Patient safety and adverse events composite*

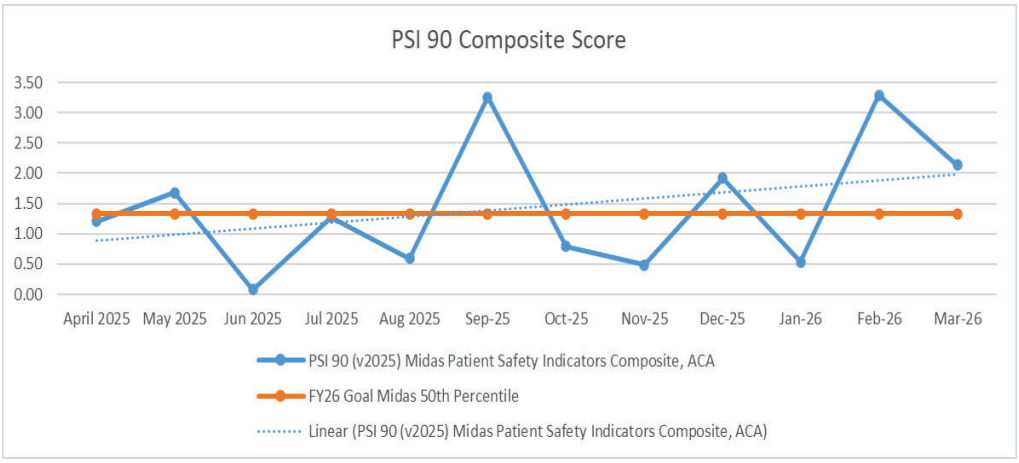
- Underperforming Areas
  - ✓ Patient Experience
  - ✓ HAIs: Methicillin-Resistant Staphylococcus aureus (MRSA)
  - ✓ PSI 4 - PSI 4: Death rate among surgical inpatients with serious treatable conditions

- Note for 2027…
  - ✓ Retained Foreign Object (11/2025) will impact Leapfrog score

Actions to Improve

Measure Group	Strategy
Safety of Care	• MRSA BSI: MRSA screening, automatic Mupirocin treatment, CHG bathing, electronic hand hygiene monitoring, and ATP cleaning verification.
Patient Experience	• Scores are below target, but accountability and transparency efforts are increasing. • Leaders are trained to use real-time patient experience data and unit-level goals. • Wayfinding and What Matters to You initiatives, aim to improve patient experience. • Leaders review NRC feedback to spot trends and address behavior concerns. • PX provides education on Compassionate Communication and Service Recovery. • PX attends staff meetings to roll out What Matters to You. • PX compiles feedback to support service recovery and trend identification.

Kaweah Health YTD PSI-90 Performance and Action Plan



FY26 PLAN – PSI 90

High Level Action Plan

- Concurrent case reviews and multi-departmental efforts to identify and act to address opportunities in documentation, coding and clinical care
- Analyze data to measure level to determine focused opportunity
- Timely case reviews for applicable application of evidenced-based practices
- FY25 PSI 90 rate = 1.20
- Goal Midas National 50th percentile = 1.33

- **FYTD 2026 = 1.578 (July 25 - March 26)**

Acronyms

- HAI – Hospital Acquired Condition
- CAUTI - Catheter-Associated Urinary Tract Infection
- C Diff - Clostridium difficile Infection
- CLABSI - Central Line-Associated Bloodstream Infection
- SSI – Surgical Site Infection
- MRSA - Methicillin-Resistant Staphylococcus aureus
- CPOE - Computerized Provider Order Entry
- HAC - Healthcare Acquired Condition
- PSI - Patient Safety Indicator
- PSI 4 - Death rate among surgical inpatients with serious treatable conditions
- PSI 90 - Patient safety and adverse events composite
- SP – Safe Practice
- H-Comp - Refers to composite score that combines multiple questions for a specific topic area within the Hospital Consumer Assessment of Healthcare Providers Survey
- HH - Hand Hygiene
- Tegaderm™ CHG - Chlorhexidine Gluconate
- ICU – Intensive Care Unit
- PSI Committee: Patient Safety Indicator Committee
- SQIP – Surgical Quality Improvement Committee
- Post Op - Post Operative
- PE/DVT – Pulmonary Embolism/Deep Vein thrombosis (blood clots)
- EMR – Electronic Medical Record
- SCD – Sequential Compression Devices (medical device to prevent blood clots)
- ALPs - Sequential Compression Device pumps used in OR (medical device to prevent blood clots)

Thank you

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Kaweah Health

Separator Page

CLINICAL QUALITY GOALS UPDATE

Outstanding Health Outcomes (OHO) QUALITY & PATIENT SAFETY PRIORITY

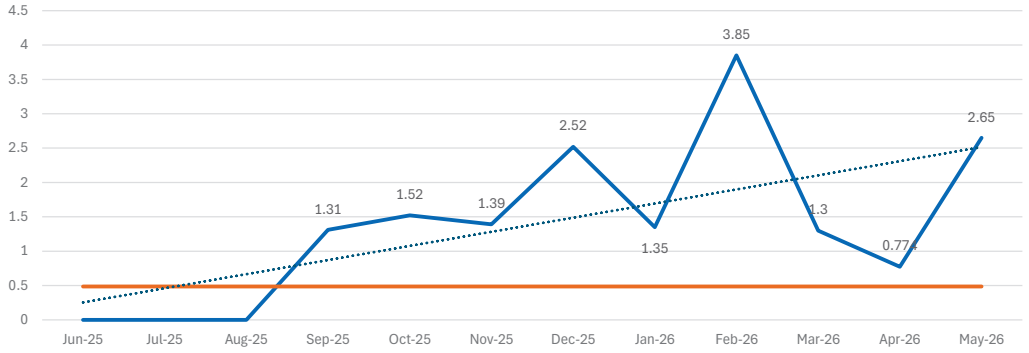
Healthcare Acquired Infection (HAI) Reduction

May 2026

OHO FY26 Plan: HAI Reduction of Standardized Infection Ratio (SIR)
(number of actual infections/number of predicted infections by CMS)

CLABSI Prevention Interventions:

- Providers made aware of avoiding femoral vessel cannulation (formalizing process)
- CHG bathing for patients with central lines
- Hand Hygiene monitoring
- Developing a structured algorithm for ordering blood cultures (e.g., repeat/serial cultures, ID consultation, limiting panculture).
- Limiting 'open system' blood specimen collection from central lines
- Revisiting central line insertion procedure with third party oversight

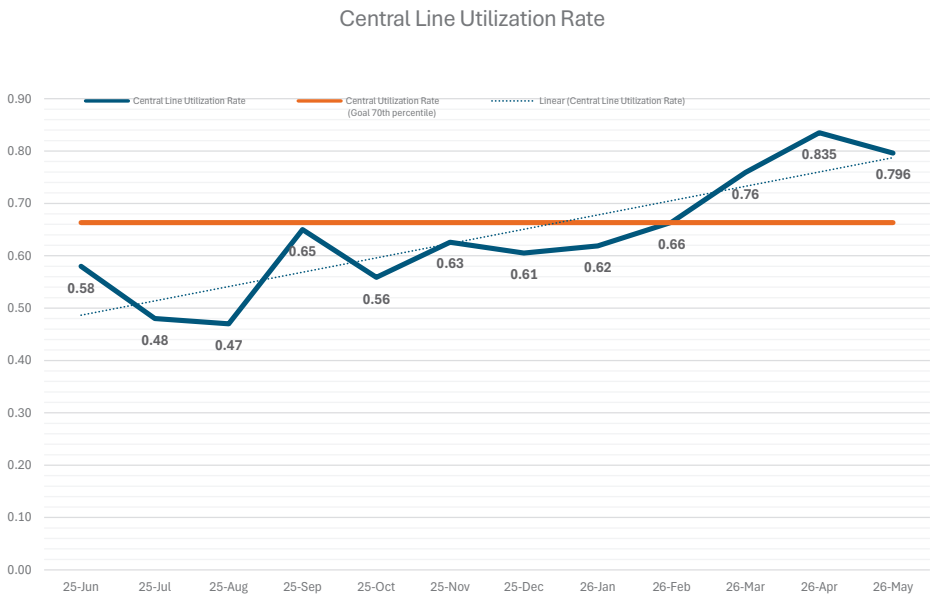


	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Total
CLABSI EVENTS	0	0	0	1	1	1	2	1	3	1	1	2	13
CLABSI Predicted	0.605	0.58	0.765	0.656	0.721	0.721	0.795	0.736	0.779	0.769	1.39	0.755	9.272
CLABSI SIR	0	0	0	1.31	1.52	1.39	2.52	1.35	3.85	1.3	0.774	2.65	1.40
CLABSI SIR Goal (70th percentile /top 30%)	0.486	0.486	0.486	0.486	0.486	0.486	0.486	0.486	0.486	0.486	0.486	0.486	0.486

OHO FY26 Plan: HAI Reduction of Standardized Infection Ratio (SIR)
(number of actual infections/number of predicted infections by CMS)

Reduction in Central Line Utilization Interventions:

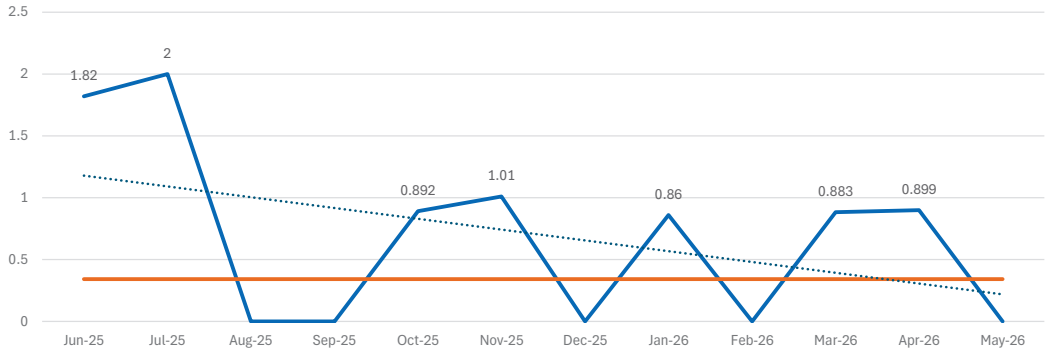
- Device rounds performed by Charge Nurses and Infection Prevention to determine device indication and emphasize removal (dynamic report under development).
- Emphasizing use of the proper central venous catheter device for the given indication
- Encouraging removal of central venous catheters prior to transfer to a medical/surgical unit



OHO FY26 Plan: HAI Reduction of Standardized Infection Ratio (SIR)
(number of actual infections/number of predicted infections by CMS)

CAUTI Prevention Interventions:

- Developing a structured algorithm for ordering urine cultures, including specimen collection practices.
- Developing protocols for nursing, emphasizing interventions used to avoid inserting an indwelling urinary catheter (e.g., hydration, mobility, bladder training with I&O cath)
- Working with ISS to modify EMR enabling accurate documentation of straight cath and bladder scanning interventions
- Ensuring that nursing competency for indwelling urinary catheter insertion is performed upon hire and as needed when improper insertion practice is determined to be the source of a CAUTI event
- Hand Hygiene monitoring

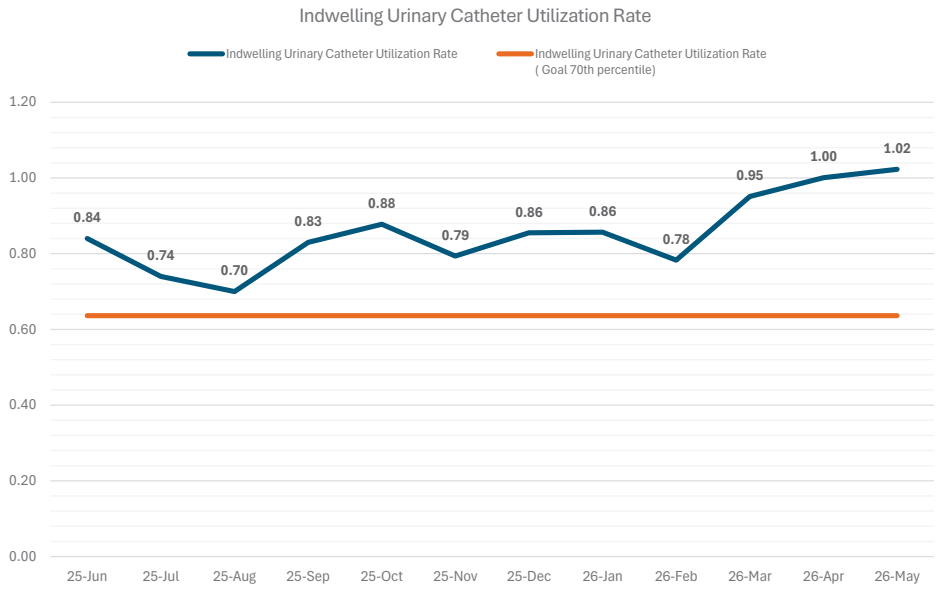


	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Total
CAUTI EVENTS	2	2	0	0	1	1	0	1	0	1	1	0	9
CAUTI Predicted	1.1	1	0.9	1.04	1.12	0.99	1.21	1.16	1.032	1.133	1.113	1.165	12.963
CAUTI SIR	1.82	2	0	0	0.892	1.01	0	0.86	0	0.883	0.899	0	0.69
CAUTI SIR Goal (70th percentile /top 30%)	0.342	0.342	0.342	0.342	0.342	0.342	0.342	0.342	0.342	0.342	0.342	0.342	0.342

OHO FY26 Plan: HAI Reduction of Standardized Infection Ratio (SIR)
(number of actual infections/number of predicted infections by CMS)

Reduction in Indwelling Urinary Catheter Utilization Interventions:

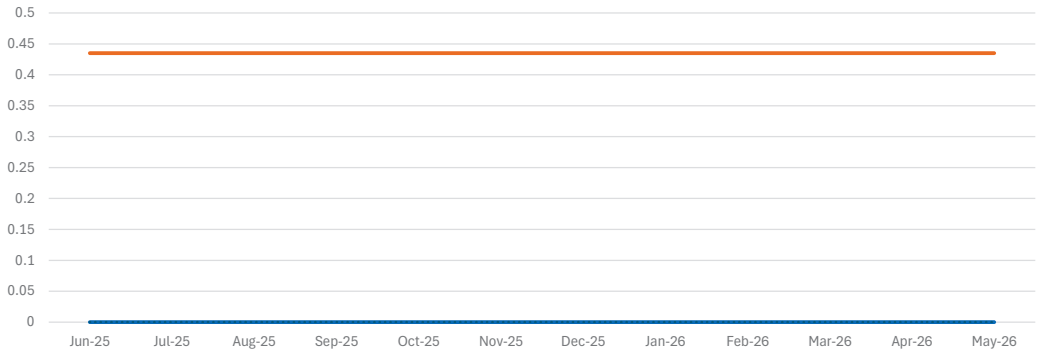
- Device rounds performed by Charge Nurses and Infection Prevention to determine device indication and emphasize removal (dynamic report under development)
- Devising PowerPlan(s) that emphasize alternatives to indwelling urinary catheters (e.g., external urinary collection devices)
- Developing protocols for nursing emphasizing Nurse Driven Protocol, Bladder Management, inclusion/exclusion criteria, Straight Cath procedure, and other elements of urinary system management, in the process of complete revision with the goal to limit indwelling urinary catheter utilization.



OHO FY26 Plan: HAI Reduction of Standardized Infection Ratio (SIR)
(number of actual infections/number of predicted infections by CMS)

MRSA Bloodstream Infection and Nasal Colonization Interventions:

- MRSA nasal and skin decolonization for patients with lines.
  - June 2025–May 2026 100% *(243 patients)* screened and treated for nasal colonization
- Hand Hygiene (Goal: 61% of staff are active users of BioVigil
  - FY2025 56% (June 2025 to May 2026) 62% of staff are active users
  - HH Compliance rate overall 94.9%



	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
MRSA EVENTS	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA Predicted	0.48	0.4	0.39	0.36	0.253	0.26	0.286	0.302	0.302	0.29	0.276	0.85	4.449
MRSA SIR	0	0	0	0	0	0	0	0	0	0	0	0	0.00
MRSA SIR Goal (70th percentile /top 30%)	0.435	0.435	0.435	0.435	0.435	0.435	0.435	0.435	0.435	0.435	0.435	0.435	0.435

Thank you


Live with passion.
Health is our passion. Excellence is our focus. Compassion is our promise.
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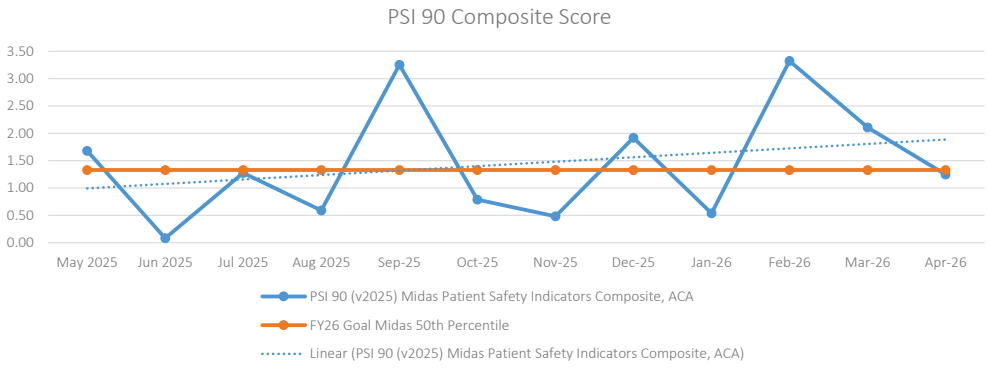
PATIENT SAFETY INDICATOR (PSI) 90 COMPOSITE

April 2026

OHO FY26 Monthly Update: Patient Safety Indicator (PSI) 90 Composite Score



FY26 PLAN – PSI 90

High Level Action Plan

- Concurrent case reviews and multi-departmental efforts to identify and act to address opportunities in documentation, coding and clinical care
- Analyze data to measure level to determine focused opportunity
- Timely case reviews for applicable application of evidenced-based practices
- FY25 PSI 90 rate = 1.20
- Goal Midas National 50th percentile = 1.33

- **FYTD 2026 = 1.55 (July 25 - Apr 26)**

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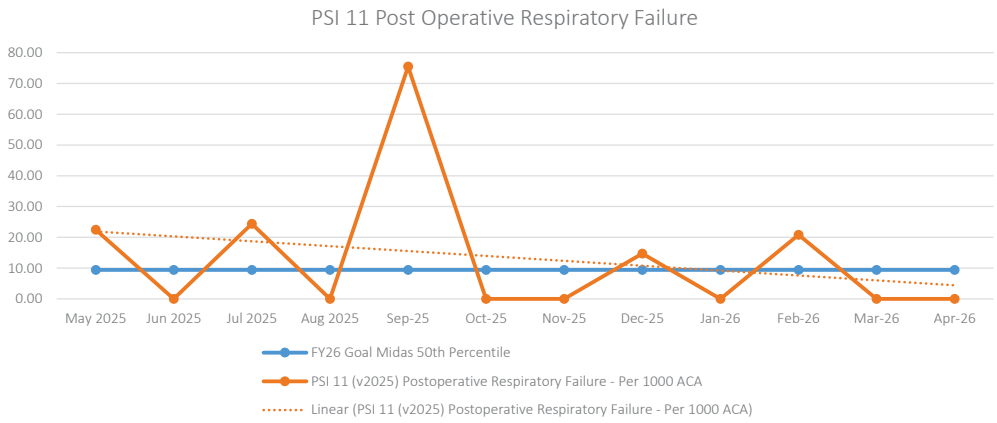
OHO FY26: Patient Safety Indicator (PSI) 11



FY25 PSI 11 rate = 11.03

Goal Midas National 50th percentile = 9.42

FYTD 2026 = 13.54, July 25 – Feb 26 (n=10)

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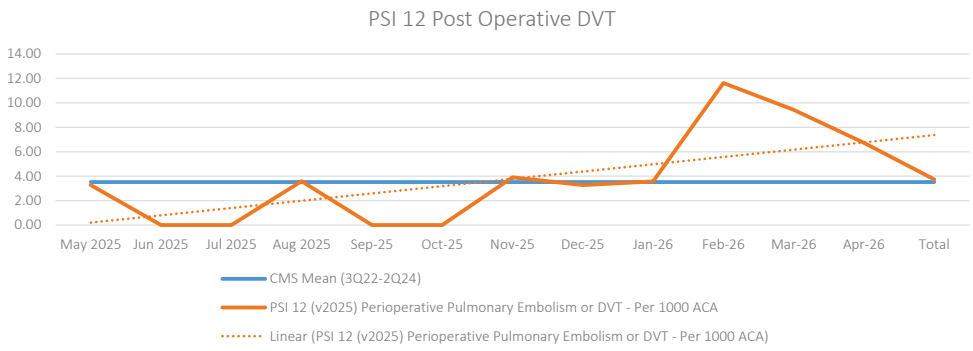
OHO FY26: Patient Safety Indicator (PSI) 12



FY25 PSI 11 rate = 11.03

Goal CMS 50th percentile = 3.52

FYTD 2026 = 4.21, July 25 – Apr 26 (n=13)

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OHO FY25 Monthly Update: Patient Safety Indicator (PSI) 90

Targeted Opportunities

- Timely identification of new trends in any PSI 90 component
- Focus on PSI 11 – Respiratory failure (PSI 11 is the highest weighted PSI within the PSI 90 composite score)
- Emphasis on cardiovascular surgical population (5/11 cases during evaluation period)
- CMS counts any re-intubation as PSI 11, but ~50% of cases were for airway protection, not true respiratory failure, possibly inflating rates
- Evaluating evidence-based practices for PSI 11 including such as early warning of deterioration processes, ventilation management

CURRENT IMPROVEMENT ACTIVITIES	EXPECTED COMPLETION DATE	BARRIERS
Concurrent PSI case reviews to identify and ACT on opportunities and emerging trends in documentation, coding and clinical opportunity	Ongoing	Transitions of Quality & Patient Safety Resources
Collaboration with physician champion to further evaluate initial case reviews and evidence-based opportunities for PSI 11	11/28/25	Transitions of Quality & Patient Safety Resources
Discussion with HIM and finance to explore opportunities for adjustment in coding	11/28/25	Transitions of Quality & Patient Safety Resources

REFERENCE SLIDES

OHO FY26 Plan: Patient Safety Indicator (PSI) 90 Composite Measure

Summary

The PSI-90 composite score (Patient Safety and Adverse Events Composite) is a claims-based hospital safety measure that combines 10 preventable complications—such as blood clots after surgery, collapsed lungs from procedures, infections, and pressure ulcers—into a single rating, with a lower score meaning fewer problems and a higher score meaning more. **Each of these "patient safety indicators" is weighted and rolled into one score.**

PSI 90 Individual Components	Component Weight
*PSI 11 Postoperative Respiratory Failure	0.2152
PSI 12 Perioperative Pulmonary Embolism or DVT	0.1611
*PSI 10 Postop Acute Kidney Injury Requiring Dialysis	0.0507
PSI 09 Postoperative Hemorrhage or Hematoma	0.0338
PSI 03 Pressure Ulcer	0.2186
PSI 06 Iatrogenic Pneumothorax	0.0352
PSI 08 In-Hospital Fall-Associated Fracture	0.0506
*PSI 13 Postoperative Sepsis	0.1915
PSI 14 Postoperative Wound Dehiscence	0.0169
PSI 15 Accidental Puncture or Laceration	0.0263
PSI-90 Composite	1.00

PSI 90 is a publicly reported measure on CMS's Care Compare website and is a component in the CMS Star Rating, Leapfrog Safety Grade and includes many coded complications used in Healthgrades star ratings

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OHO FY26 Plan: Patient Safety Indicator (PSI) 90 Composite Measure

Historical Baseline

How Many PSI's Are Relevant to Surgical Patients?
Of the 10 PSIs:
•**7** are *surgical-only* (they include "postoperative," "perioperative," or surgical complications). These are:
PSI 09, PSI 10, PSI 11, PSI 12, PSI 13, PSI 14, and PSI 15.
•**3** apply to *all inpatients* (both medical and surgical):
PSI 03 (pressure ulcers), PSI 06 (iatrogenic pneumothorax), and PSI 08 (falls with hip fracture)

How Many PSIs Restricted to Elective Surgeries vs Any Surgery?
Some surgical component indicators are **limited to elective procedures**, while others apply broadly to all surgeries.
Based on specifications:
•**Elective-surgery-only** indicators (limited to elective admission or elective surgery discharges):

- **PSI 10** – Postoperative Acute Kidney Injury Requiring Dialysis
- **PSI 11** – Postoperative Respiratory Failure (for elective surgical discharges with specified criteria)
- **PSI 13** – Postoperative Sepsis (excludes non-elective admissions and certain infections present on admission)

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