

# Kaweah Delta Health Care District Board Of Directors Committee Meeting

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

## NOTICE

The Academic Development Board Committee of the Kaweah Delta Health Care District will meet in the Copper Room, 2nd Floor {520 W Mineral King Avenue, Visalia, CA} on Wednesday, September 17, 2025:

- 4:00PM Open meeting.

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.

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 near the Mineral King entrance.

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/Executive Offices) {1st floor}, 400 West Mineral King Avenue, Visalia, CA via phone 559-624-2330 or email: [kedavis@kaweahhealth.org](mailto:kedavis@kaweahhealth.org), or on the Kaweah Delta Health Care District web page <http://www.kaweahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT

David Francis, Secretary/Treasurer



Kelsie Davis

Board Clerk / Executive Assistant to CEO

DISTRIBUTION:

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

# Kaweah Delta Health Care District Board of Directors Committee Meeting

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## **KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS ACADEMIC DEVELOPMENT COMMITTEE**

Kaweah Health Medical Center  
520 W. Mineral King Avenue, Visalia CA 93291  
Copper Room (2nd Floor)

**Wednesday September 17, 2025**

ATTENDING: Mike Olmos (chair) & Armando Murrieta (co-chair); Paul Stefanacci, MD, Chief Medical Officer; Gary Herbst, CEO; Angel Smith, JD, Chief Medical Education Officer and Designated Institutional Official; James McNulty, Director of Pharmacy Services; Krystal Guzman, Manager of GME; Amy Shaver, Director of GME; Mara Lawson, RN, Director of Clinical Education; Dries Van Dyk, DO, GME Quality Improvement and Patient Safety Director; Lydia Marquez, Executive Assistant Recording.

**OPEN MEETING – 4:00PM**

**CALL TO ORDER – Mike Olmos, Board Chair**

**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.

- 1. MINUTES-** Review of the open minutes from July 30, 2025.
- 2. GME QUALITY IMPROVEMENT AND PATIENT SAFETY-** Presentation of the QIPS curriculum for the Residents and Fellows at Kaweah Health- Dries Van Dyk, DO, GME Quality Improvement and Patient Safety Director.

**ADJOURN – Mike Olmos, Board Chair**

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**Mike Olmos • Zone 1**  
President

**Lynn Havard Mirviss • Zone 2**  
Vice President

**Dean Levitan, MD • Zone 3**  
Board Member

**David Francis • Zone 4**  
Secretary/Treasurer

**Armando Murrieta • Zone 5**  
Board Member

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**Meeting Title: ACADEMIC DEVELOPMENT**

**Meeting held: Wednesday, July 30, 2025** • Betty Sinor Conference Room, 5th Floor

**Attending:** Mike Olmos (chair) & Armando Murrieta (co-chair), Paul Stefanacci, MD, Chief Medical Officer, Gary Herbst, CEO, Angel Smith, JD, Chief Medical Education Officer and Designated Institutional Official, Krystal Guzman, Manager of GME, Amy Shaver, Director of GME, Mara Lawson, RN, Director of Clinical Education, Mario Martinez, MD, Family Medicine Program Director, Cory Jaques, MD, Child & Adolescent Psychiatry Fellowship Program Director, Eva Domingues, Family Medicine Program Coordinator, and Lydia Marquez, Executive Assistant to the Chief Medical Education Officer and Designated Institutional Official, Recording.

**OPEN MEETING – 4:03 PM**

**CALL TO ORDER** – Mike Olmos, Chair

**PUBLIC / MEDICAL STAFF PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the 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 (Kelsie Davis 559-624-2330) or [kedavis@kaweahhealth.org](mailto:kedavis@kaweahhealth.org) to make arrangements to address the Board.

**1. MINUTES** – Approved of the 01.15.25 Meeting Minutes

**2. CHILD & ADOLESCENT PSYCHIATRY FELLOWSHIP ANNUAL PROGRAM REVIEW** – Review of the accreditation status, current citations, performance on the institutional metrics and a SWOT Analysis (copy attached to the original of these minutes and considered a part thereof)- *Cory Jaques, MD, Child & Adolescent Psychiatry Fellowship Program Director*

- The Child & Adolescent Psychiatry (CAP) Program has full accreditation with no citations and a 100% board exam pass rate. Dr. Jaques attributes the program's success to its dedicated faculty and strong administrative support. Fellows consistently praise the program's hands-on, real-time teaching style and the emphasis on high-quality patient care through direct onsite supervision. To

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further expand its services, construction of a new facility including a unit specifically for children under the age of twelve, is scheduled to begin in December 2026, with an expected opening in January 2027. While the program has successfully matched fellows for the past four years, challenges persist due to more fellowship programs than applicants, making it particularly difficult to fill positions in the Central Valley. Another challenge this year has been recruiting graduates to present lectures, due to changes in clinical site placements and difficulties coordinating schedules. In response, Kaweah Health and the CAP fellowship program are collaborating to increase visibility and exposure, with the dual goals of improving recruitment and retaining fellows as future faculty.

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**3. FAMILY MEDICINE RESIDENCY ANNUAL PROGRAM REVIEW** – Review of the accreditation status, current citations, performance on the institutional metrics and a SWOT Analysis (copy attached to the original of these minutes and considered a part thereof)- *Mario Martinez, MD, Family Medicine Program Director*

- Dr. Mario Martinez has served as Program Director for the past five years. Over the past ten years, the program has maintained full and continuous accreditation with zero citations, achieved a 100% board pass rate, successfully matched every year, and graduated 65 residents. The program is committed to providing exceptional training and experience, with a strong emphasis on retention that encourages residents to remain within the community post-graduation. A key focus is on promoting diversity, which is recognized as essential to delivering higher quality care and improving patient outcomes. Residents are actively involved in community outreach initiatives such as Walk With A Doc, Street Medicine, and with the Valley Emergency Aid, providing meaningful engagement with the local population and increased exposure for Kaweah Health. Clinical training at the Kaweah Health Tulare Clinic allows residents to collaborate with specialty physicians and gain advanced procedural experience. Currently, the program is focused on faculty recruitment and retention, as additional faculty are needed to support the program's supervision and ACGME requirements.

**ADJOURN** – Mike Olmos, Chair at 5:06pm

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# **GME Quality Improvement and Patient Safety Program**

# GME QIPS ANALYSIS

<b>Strengths</b> <ul style="list-style-type: none"><li>• Residents and faculty across multiple specialties engaged with quality improvement committees.</li><li>• Improvement of project approval process and feedback.</li><li>• All graduating residents completing projects on time.</li><li>• Residents and faculty engaged in patient safety events analysis and RCA activities.</li><li>• Faculty involvement with QI committee and projects.</li><li>• Completes ACGME requirements for QI and patient safety</li></ul>	<div>S</div> <div>W</div>	<b>Weaknesses</b> <ul style="list-style-type: none"><li>• Issues with data collection/access can limit resident engagement.</li><li>• Limited interventions due to capabilities/resources within organization.</li><li>• Long queue and process to make EMR changes.</li></ul>
<b>Opportunities</b> <ul style="list-style-type: none"><li>• Improved process with BI (ISS) team for data collection.</li><li>• Further faculty involvement with resident projects.</li><li>• Further alignment of quality committee goals and resident projects.</li><li>• Resident projects improving metrics may lead to increased financial reimbursement.</li></ul>	<div>O</div> <div>T</div>	<b>Threats</b> <ul style="list-style-type: none"><li>• Changes in organization leadership often impact resident projects.</li><li>• Timeliness/buy-in of project implementation limits impact and scope.</li></ul>

# Program Strengths

- Residents and faculty across multiple specialties engaged with quality improvement committees.
  - Projects currently underway with Sepsis, Stroke, Trauma, ED Operations, Family Medicine QI committee, Behavioral Health, ADE, Blood Utilization Committee.
- Improvement of project approval process and feedback.
  - Approval rate of projects is now approx. 85% from 20% prior to program initiation.
- All graduating residents completing projects on time.



# SEP-1 Early Management Bundle Compliance

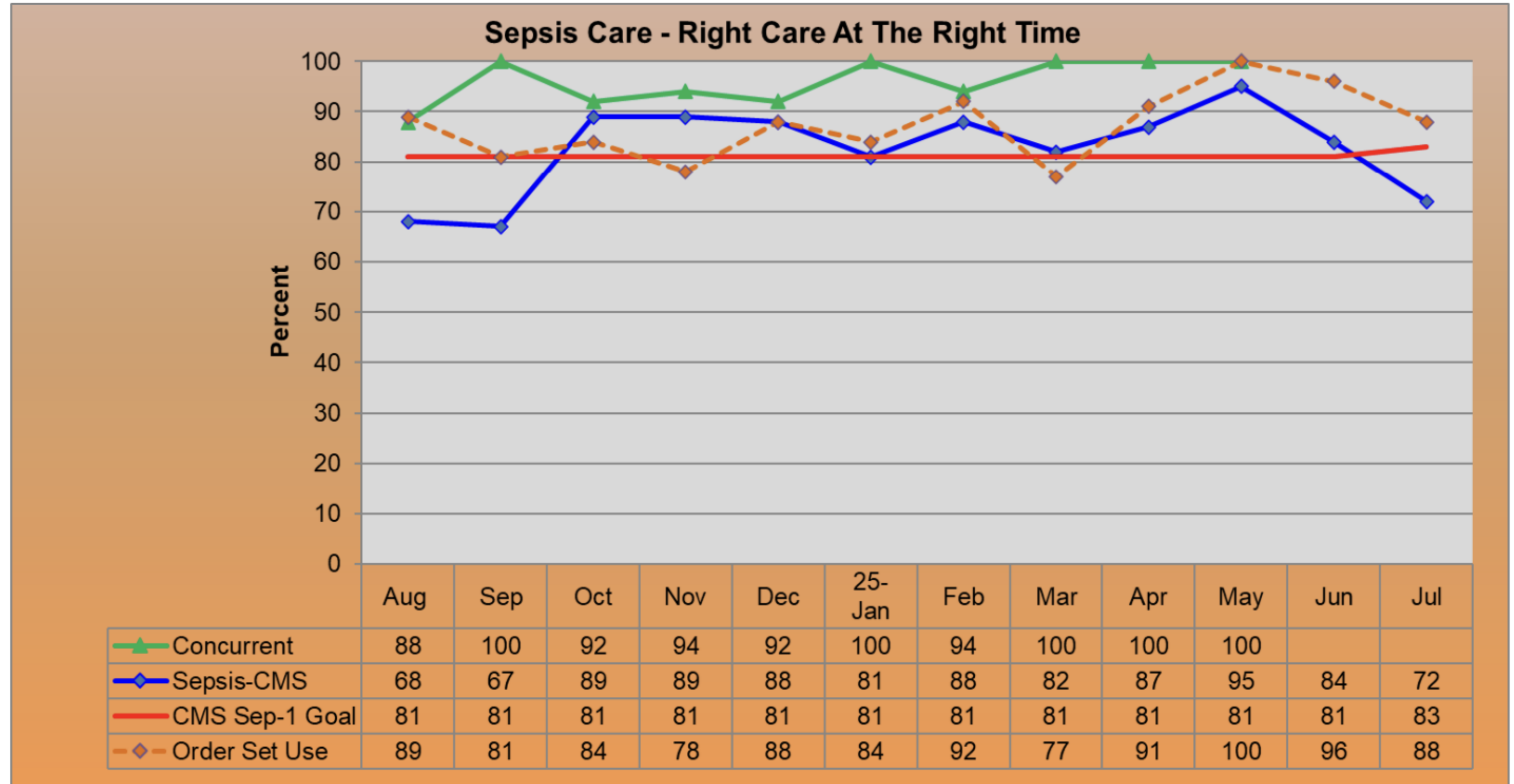
**CA State Compliance 67% ~ National Compliance 63% ~ Top Performing Hospitals 84%**

Percent of patients with sepsis that received “perfect care.” Perfect care is the right treatment at the right time.

Goal for FY25  $\geq 81\%$

The Sepsis Committee will continue to receive *monthly* sepsis performance, but data will be reported quarterly throughout the District.

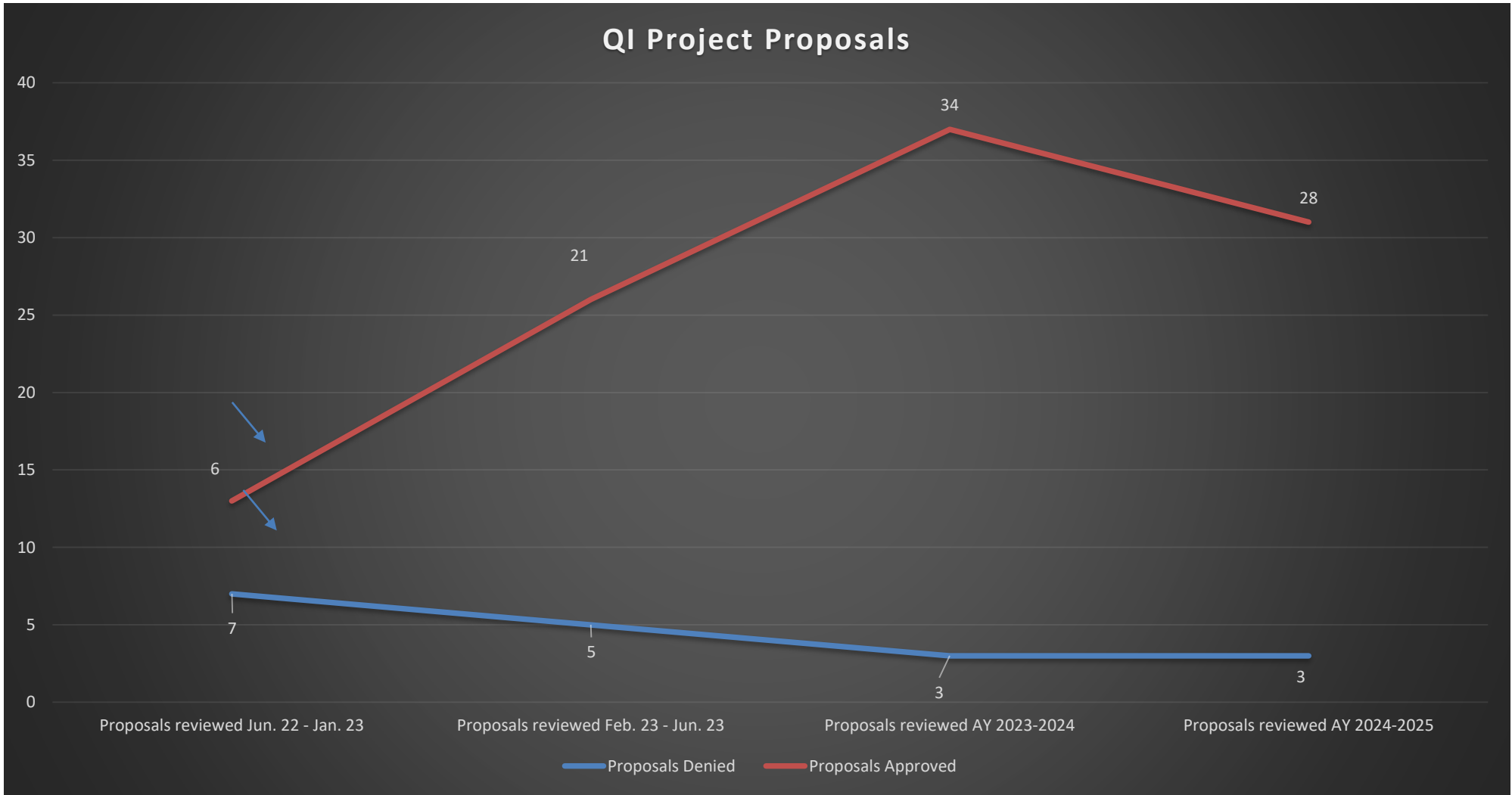
The Sepsis Committee may continue to see ‘sawtooth’ points on the monthly graphs.





# Project Proposals

- Blue arrow indicates the time in which Dr. Van Dyk was appointed to be the GME QI/PS Program Director
- Peek months for proposals reviewed are typically in March and May, therefore the numbers for current proposals are lower than the previous academic year (AY)



## Approved Proposals

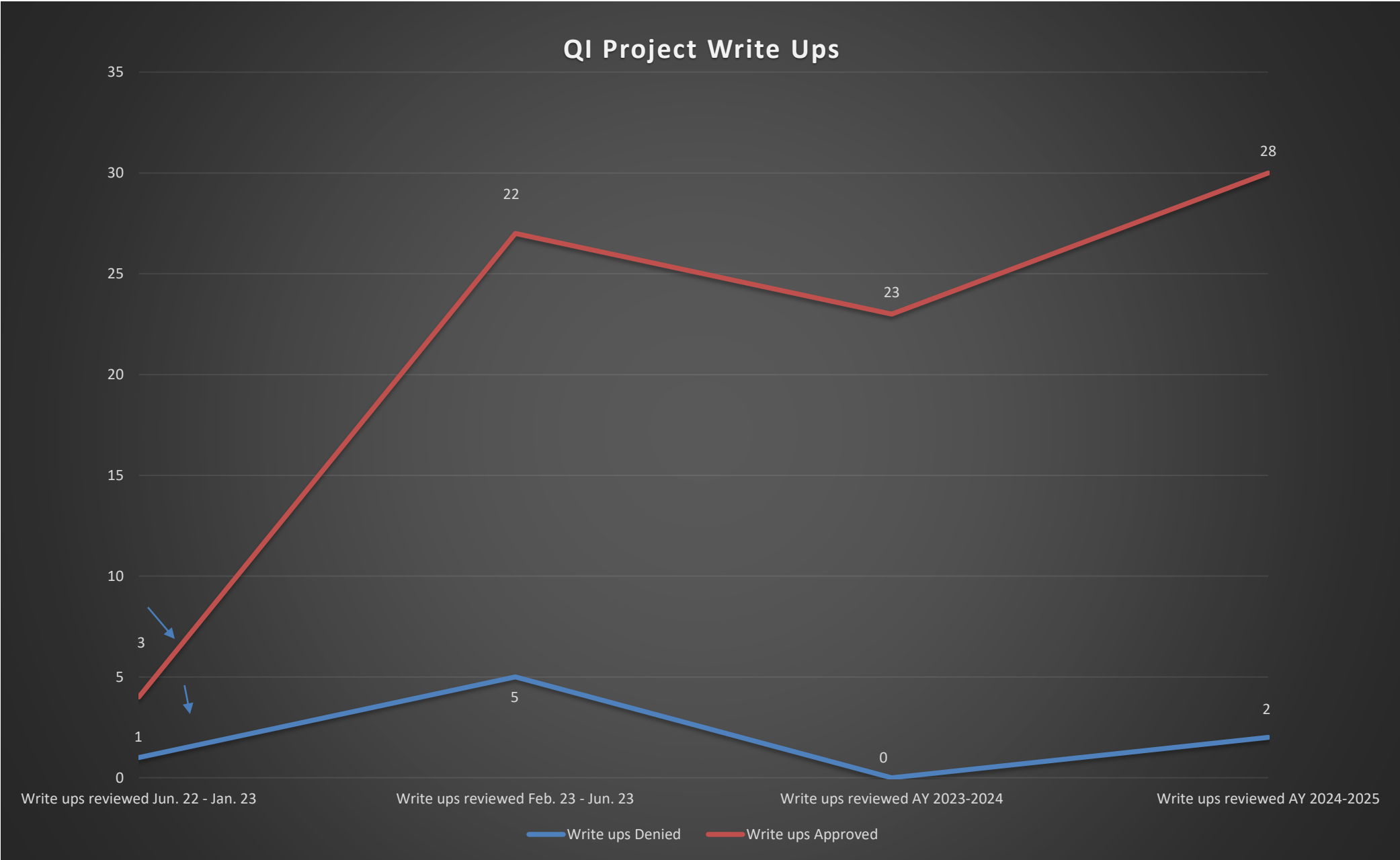
Jun. 2022 - Jan. 2023	Feb. 2023 - Jun. 2023	AY 2023-2024	AY 2024-2025
6	21	34	28

## Denied Proposals

Jun. 2022 - Jan. 2023	Feb. 23 - Jun. 2023	AY 2023-2024	AY 2024-2025
7	5	3	3

# Project Write Ups

- Blue arrow indicates the time in which Dr. Van Dyk was appointed to be the GME QI/PS Program Director
- Peek months for write up submissions are typically in March and May, therefore the numbers for current write ups are lower than the previous academic year (AY)



## Approved Write Ups

Jun. 22 - Jan. 23	Feb. 23 - Jun. 23	AY 2023-2024	AY 2024-2025
3	22	23	28

## Denied Write Ups

Jun. 22 - Jan. 23	Feb. 23 - Jun. 23	AY 2023-2024	AY 2024-2025
1	5	0	2

# Program Strengths

- Residents and faculty engaged in patient safety events analysis and RCA activities.
- Faculty involvement with QI committee and projects.
  - Starting in late 2024, all new resident projects required faculty mentor with several prior projects adding faculty as well.
- Completes ACGME requirement for education and experiential learning in the realm of quality improvement and patient safety.

# Program Weaknesses

- Issues with data collection/access can limit resident engagement.
  - Residents/faculty often will identify issues. However, issues gathering data limit the possibility of starting/completing projects. There is no central hub of data to use for residents/faculty projects.
- Limited interventions due to capabilities/resources within organization.
  - When opportunities are identified, interventions are often limited.
- Long queue and process to make EMR changes.

# Program Opportunities

- Improved process with BI (ISS) team for data collection.
  - Streamline data request process with feedback to residents and faculty about timeline.
- Further faculty involvement with resident projects.
  - As faculty join resident projects, it is more likely to increase the impact of the project.
- Further alignment of quality committee goals and resident projects.
  - Faculty and resident quality committee engagement will help lead to further alignment of district and med staff quality goals.

# Program Opportunities

- Resident projects improving metrics may lead to increased financial reimbursement.
  - Example: improved sepsis compliance improving reimbursement.

# Program Threats

- Changes in organization leadership often impact resident projects.
  - QI projects are often dropped or changed with leadership changes and due to several changes in the last few years, projects are often abandoned.
- Timeliness/buy-in of project implementation limits impact and scope.
  - When the timeline for data collection and implementation is in the months/years timeline, project effectiveness and re-evaluation can be limited.