



January 5, 2024

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 January 9, 2024 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
David Francis, Secretary/Treasurer

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

Cindy Moccio
Board Clerk, Executive Assistant to CEO / CNO

DISTRIBUTION:

Governing Board
Legal Counsel
Executive Team
Chief of Staff

<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, January 9, 2024

ATTENDING: Directors: David Francis & Ambar Rodriguez; Gary Herbst, Chief Executive Officer; Keri Noeske, Chief Nursing Officer; Brittany Taylor, Director of Human Resources; Lawrence Headley, Director of Food & Nutrition Services; Tendai Zinyemba, Director EVS, Laundry, Patient Transport; Tiffany Bullock, Director of Home Health & Hospice; Deborah Volosin, Director of Community Engagement; Jennifer Cooper, Executive Assistant; Cindy Moccio, Recording

OPEN MEETING – 4:00PM

1. **CALL TO ORDER** – *David Francis*
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. **PATIENT EXPERIENCE STATUS REPORTS** – Review of current scores, proposed action plans including timeline for proposed action and potential barriers to proposed action plans.

[Lawrence Headley](#), Director of Food & Nutrition Services
[Tiffany Bullock](#), Director of Home Health & Hospice
[Tendai Zinyemba](#), Director EVS, Laundry, Patient Transport
4. **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
5. **ADJOURN** – *David Francis*

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.

Food & Nutrition Services Patient Experience



kaweahhealth.org



**We believe in the Ability of Food
to Nourish
to Sustain
and to Restore**

Leadership Team

Lawrence Headley RD DFNS 5 Years

Debbie Logan Manager CDM West Campus 39 years

Sonia Sanchez Retail Manager 18 Years

Jennifer Jones Food Service Supervisor 15 Years

Ramon Vasquez RD Patient Service Manager 6 Years

Miguel Lopez Retail Supervisor 6 Years

Ken Kong CDM South Campus Supervisor 5 Years

Rebecca Russell RD Clinical Nutrition Manager 2 Years

Tanja Renzi Montello CDM Production Manager 2 Years

Julie Arroyo CDM Food Service Supervisor 1 Year

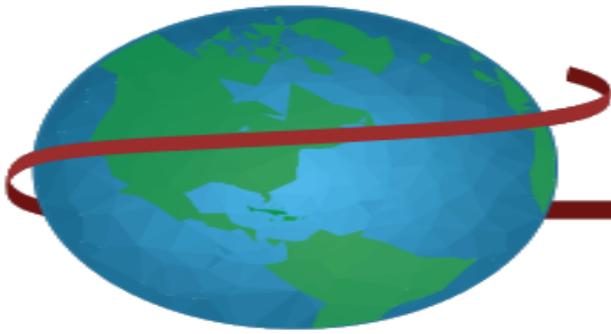


Our Services

Patient Meals Selective menus
Registered Dietitian Screening and Education
Cafeteria Locations at all Campuses
Cousteau's at the West Campus
Siren Food Truck at the Downtown Campus
Ambrosia Coffee Destination Downtown Campus
Kaweah Corner Downtown Campus

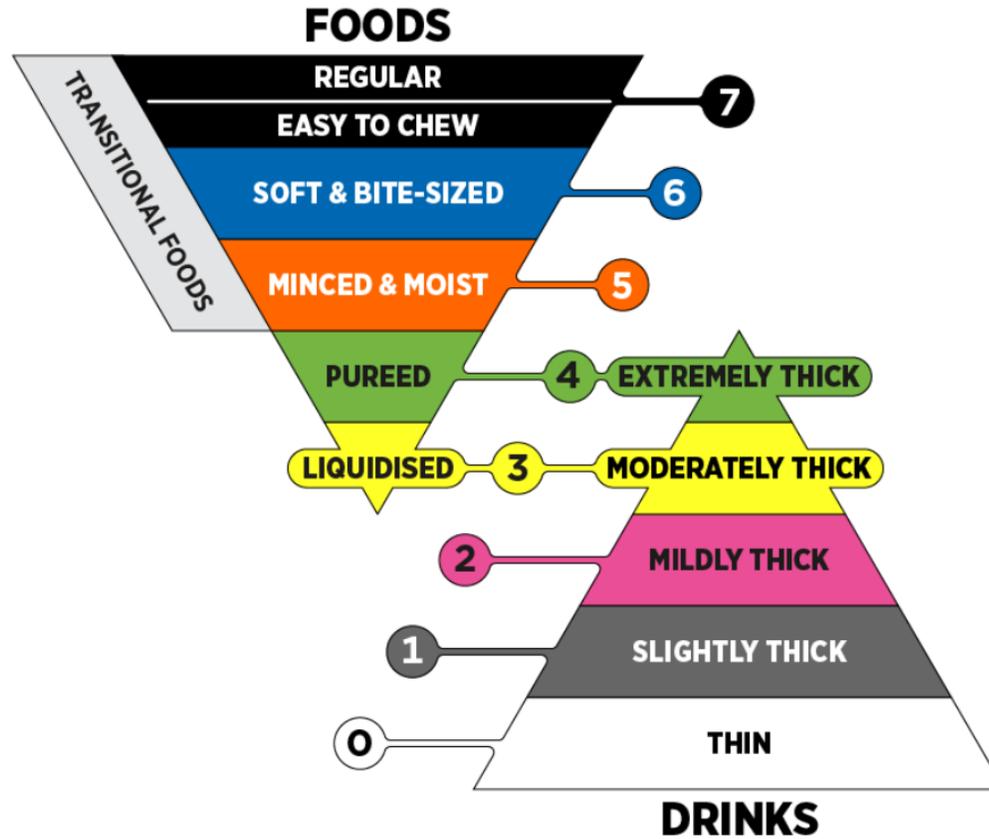
Our Patient Services

- Patient Meals Selective menus



IDDDSI

International Dysphagia Diet
Standardisation Initiative



Patient IDDSI Meals



Patient & Cafe Meal



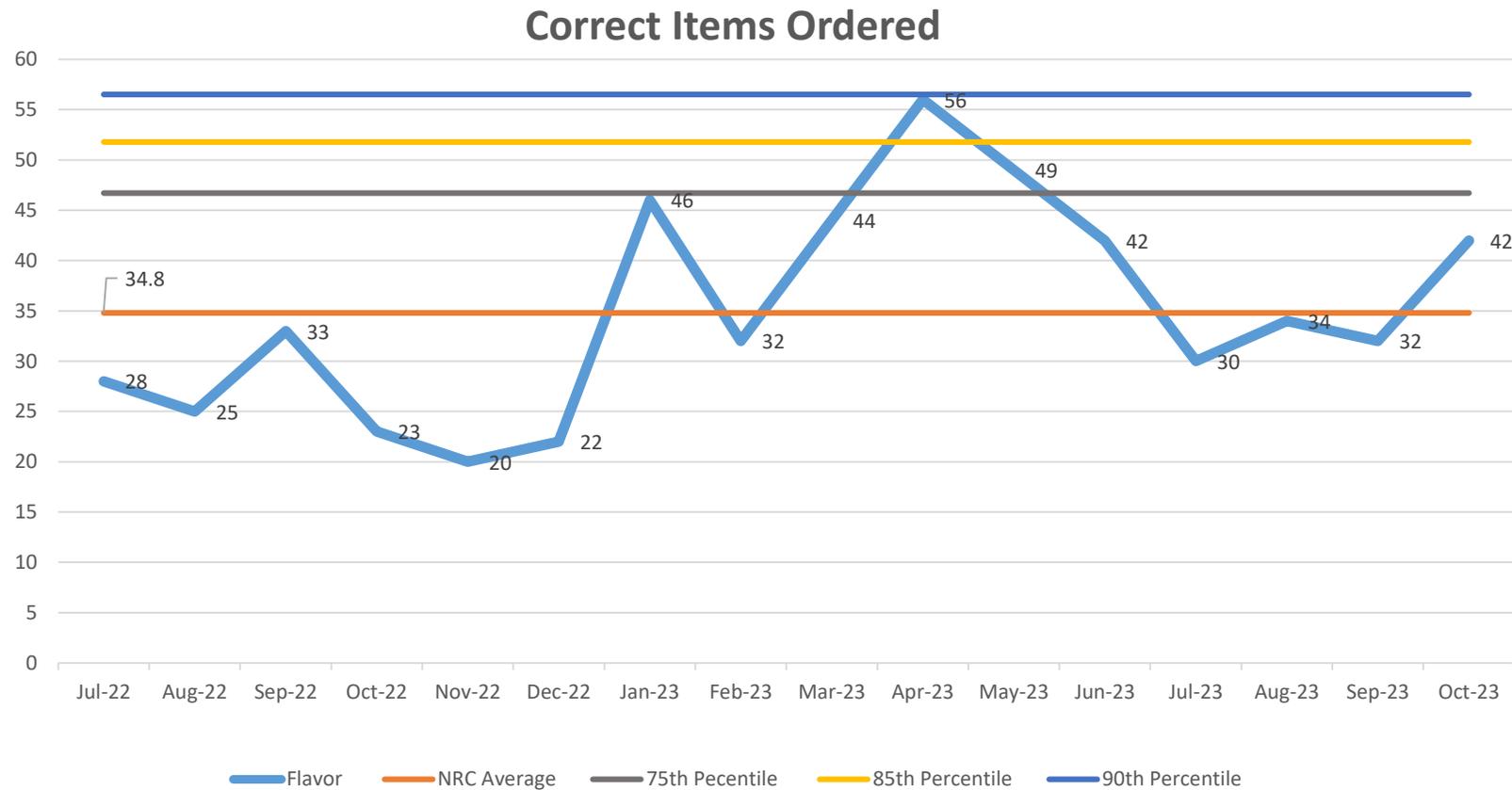
Patient Meals



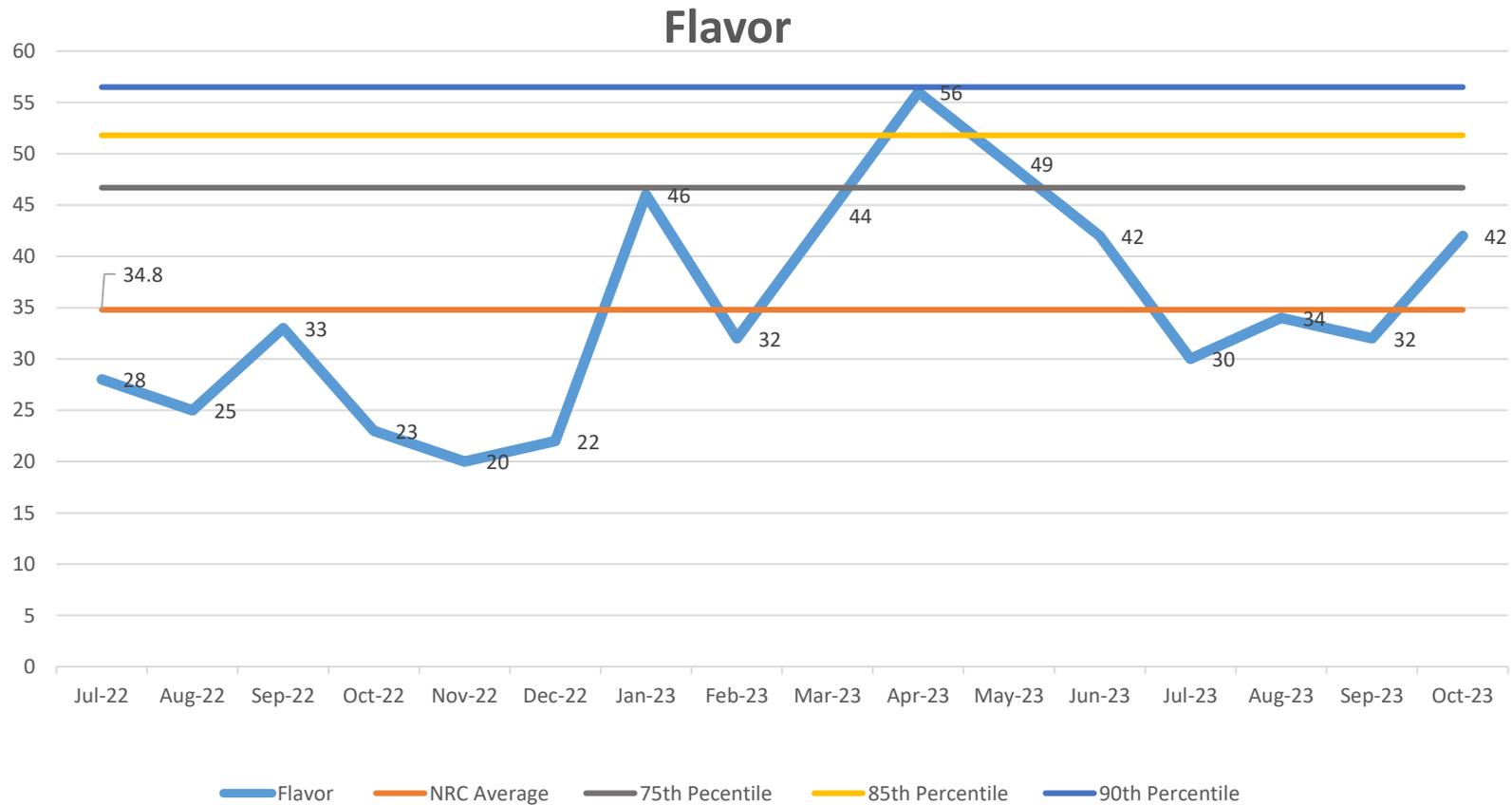
Cafe Meals



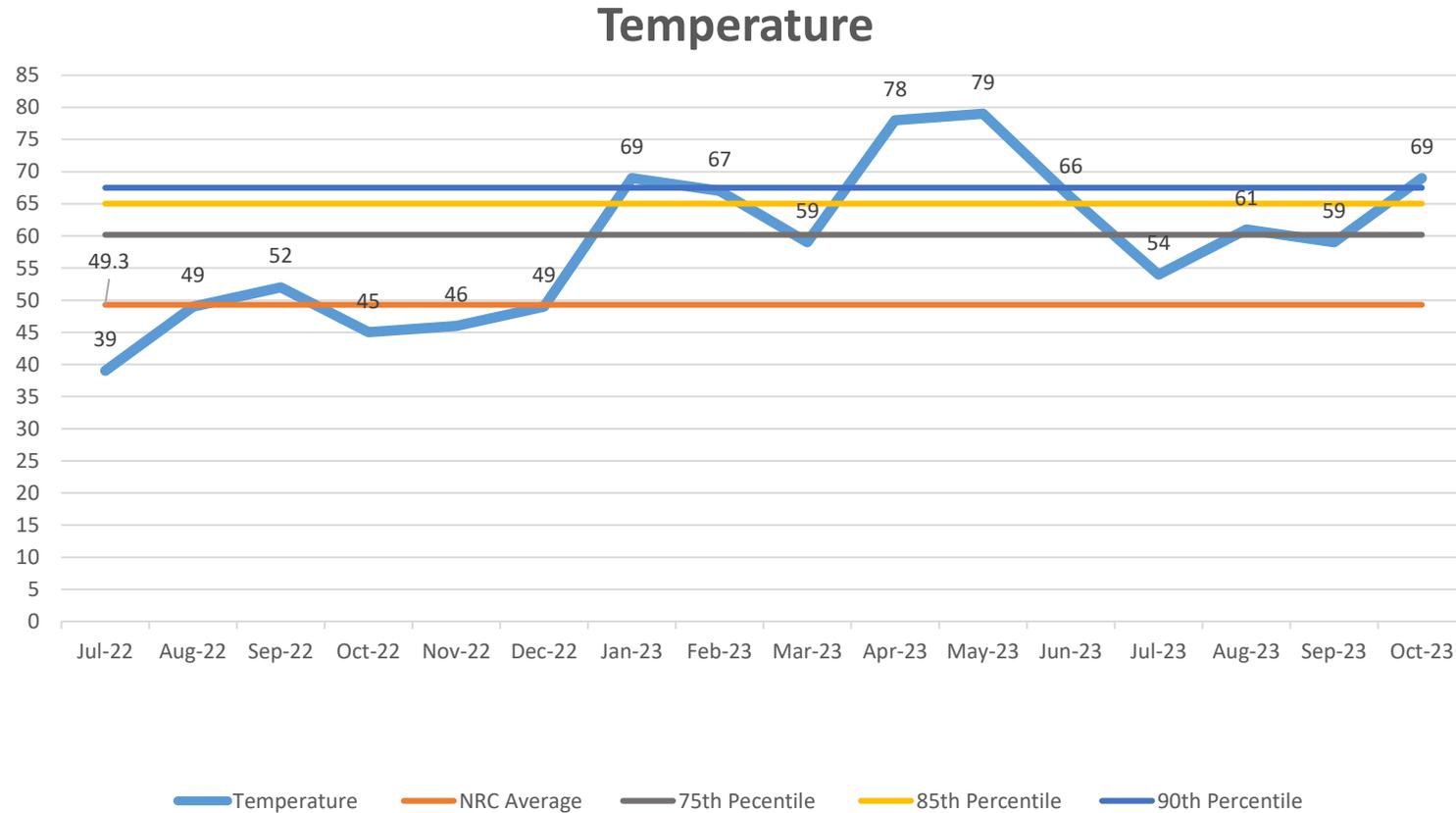
NRC Patient Experience CHAPS Supplemental



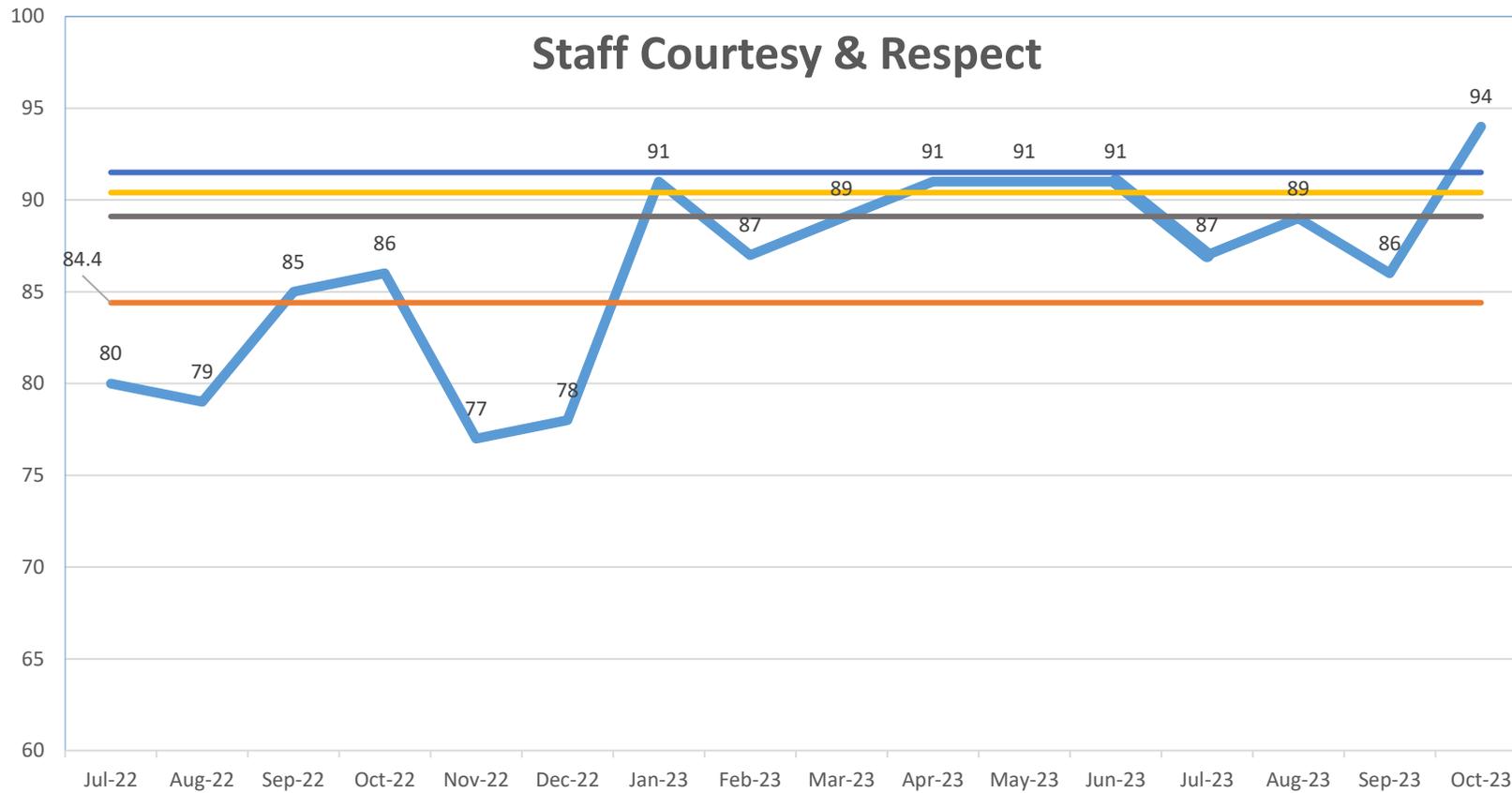
NRC Patient Experience CHAPS Supplemental



NRC Patient Experience CHAPS Supplemental



NRC Patient Experience CHAPS Supplemental



Our Patient Services Cont.'

- Registered Dietitian Screening and Education



Our Retail Services

- Cafeteria Locations at all Campuses
- Cousteau's at the West Campus
- Siren Food Truck at the Downtown Campus
- Ambrosia Coffee Destination Downtown Campus
- Downtown Cafe
- Kaweah Corner Downtown Campus



Kaweah Health

Cafeteria Rebrand and Facelift



kaweahhealth.org



Kaweah Health
MORE THAN MEDICINE. LIFE.



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kaweahhealth.org



Wayfinding Issues Cont....

Issue identified

- The cafeteria was once much nicer. It serves the needs of staff but is not welcoming to visitors. It is cheerless and industrial.

Plan of Correction

- FNS working with the Marketing department to devise a facelift for the cafeteria. Include color scheme and naming of the café creating a logo etc...

Current Café Entrance





North Fork Café

The name is a double entendre for the North Fork of the Kaweah River and the eating utensil. It sets the stage for water themed images and a relaxing environment for employees and those in our care.



CENTRAL PILLAR AND THEMED WALL TREATMENTS



Accessibility to Cafeteria

- The primary door to the cafeteria did not allow wheelchair access. I became trapped. I had to stand and collapse the wheelchair to get past the choke point. The food line is difficult to access from a wheelchair.
- This issue is being reviewed with the facilities director for modifications to be made to the entrance and serving line. While customers may feel uncomfortable asking for assistance the Retail Manager will work with Cafeteria Staff to immediately offer assistance to patrons who are in a wheelchair.

Wayfinding Issues Cont....

Issue identified

- The cafeteria entrance is a small door that looks like it could go into a restroom or an office. Not welcoming at all. The food looked edible but not appealing. A large beverage/ Salad cooler was empty. No one was serving behind the counter. Needs better lighting, and some bright signage or artwork, it seemed very depressing

Plan of Correction

- FNS, the Director is working with the facilities director to evaluate what can be done with the door. Marketing developing a scheme for the cafe doors to help identify them as such. Working with facilities to update the lighting in the cafe to LED. Digital menu boards developed

On The Horizon

- Ambrosia Remodel
- Gift Shop Return
- Oak Grove Café Acequia Lobby



Kaweah Health Home Health

Patient Experience
January 1, 2024



kaweahhealth.org



PATIENT EXPERIENCE

Kaweah Health Home Health utilizes NRC for distribution of their patient experience surveys. Surveys are conducted by mail.

- Surveys are conducted by mail.
- Data analysis is completed internally
- Data presented during UBC and at staff meetings and to Executive Team designee monthly
- UBC discuss plans of action and develop tools as necessary
- Benchmarks set through NRC are used
- Response rates are monitored to ensure an adequate sample

Home Health CAHPS Questions

- Problems with care through agency
- Providers informed re: all care/treatment
- Treated gently by providers
- Treated with courtesy/respect by providers
- Rate care from home health providers
- Days to get help/advice after calling office
- Got help needed when contacting agency
- Kept informed of provider arrival times
- Providers explained things understandably
- Providers listened carefully
- Told what care/services would receive
- Asked to see medicines you were taking
- Discussed purpose of new/changed meds
- Discussed side effects of medicines
- Discussed when to take medicines
- Talked about medicines you were taking
- Talked about safe home set up
- Talked with provider about pain
- Would recommend agency



Home Health Patient Experience Dashboard

METRICS	Bench- mark	Month Year	YTD							
		23-Feb	23-Mar	23-Apr	23-May	23-Jun	23-Jul	23-Aug	23-Sep	
Discussed when to take medications	79.50%	77.8%	81.8%	70%	78.6%	84.6%	75%	92.9%	81.8%	80.3%
Would recommend agency	82.60%	91.3%	82.8%	90.6%	83.8%	92.9%	72.4%	84.2%	86.2%	85.5%
Overall rating of care	88.20%	95.8%	92.9%	87.5%	94.7%	92.9%	85.7%	91.9%	96.6%	92.3%

PATIENT EXPERIENCE: NEXT STEPS

- ❖ Begin working on strategies to improve lower scoring areas through:
 - Staff education
 - Unit Based Council to evaluate results and formulate plans of action for improvement and obtain input from other staff at staff meetings
 - A handout was developed to be given to patients upon admission notifying them of the possibility of receiving a survey and encouraging completion of the survey.
 - Commonly used medications handouts to be given at time of admission to Home Health
- ❖ Continue to Monitor/Analyze results monthly



The pursuit of healthiness



Kaweah Health Hospice

Patient Experience
January 1, 2024



kaweahhealth.org



PATIENT EXPERIENCE

Kaweah Health Hospice utilizes NRC for distribution of their patient experience surveys. Different than other areas of the District, the survey is actually sent to a designated family member of the deceased patient after death.

- Surveys are sent to the designated family member two months after the patient has expired.
- Data analysis is completed internally
- Data presented monthly during staff meetings and to Executive Team designee monthly.
- Two of these items have been designated as objectives in reporting through the Pro Staff report submitted bi-annually. The third has been on this report in the recent past.

Hospice CAHPS Questions

- Got help with anxiety/sadness
- Got help with breathing
- Got help with constipation
- Got help with pain
- Team provided family with training on agitation
- Team provided family with training on breathing
- Team provided family with training on pain meds
- Team provided family with training on side effects
- Got help needed after hours
- Got help when needed
- Kept informed about care timeline
- Kept informed on condition
- Team explained things understandably
- Team listened carefully
- Team listened carefully when discussed problems
- Received confusing info from care team
- Overall rating of care
- Emotional support after family member died
- Emotional support from hospice team
- Religious support from hospice team
- Family member treated with dignity/respect
- Team care about family member
- Discussed side effects of med
- Would recommend



Hospice Patient Experience Dashboard

METRICS	Bench- mark	Month Year	YTD							
		22-Dec	23-Jan	23-Feb	23-Mar	23-Apr	23-May	23-Jun	23-Jul	
Got help with Constipation	71.80%	66.7%	75%	66.7%	100%	62.5%	100%	66.7%	100%	79.7%
Got help with Pain	84.1%	83.3%	100%	83.3%	85.7%	100%	66.7%	87.5%	80%	86%
Overall Rating	86.2%	92.3%	88.9%	100%	80%	100%	66.7%	70%	71.4%	83.7%

PATIENT EXPERIENCE: NEXT STEPS

- ❖ Begin working on strategies to improve lower scoring areas through:
 - Staff education
 - Medications to be immediately available to patients upon admission to Hospice utilizing the Kaweah Health Home Infusion Pharmacy. This would include pain and bowel regimen medications
 - Mandatory documentation required for pain assessment and initiation of a bowel program upon admission and at each subsequent comprehensive visit
 - Reinforcement of these initiatives at every staff meeting.
- ❖ Continue to Monitor/Analyze results monthly

- ❖ Overall rating had been on initiative on a previous Pro Staff report. As can be seen this did give improvement from December 2022 through April 2023. Improving the other two items as mentioned should have a direct bearing on the overall rating.



The pursuit of healthiness



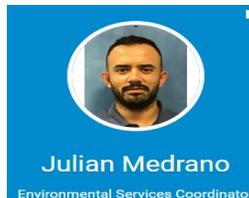
Environmental Services – Patient Experience Data & Action Plan Report

January 2024



Environmental Services Team & Scope of Work

- Downtown campus budgeted for 107 FTEs
- West campus budgeted for 15 FTEs
- South Campus budgeted for 6 FTEs
- Rural Health Clinics (Outsourced to JGJ except: Tulare; Urgent Cares – Plaza Rd; Flagstaff Ave)
- Leadership team:

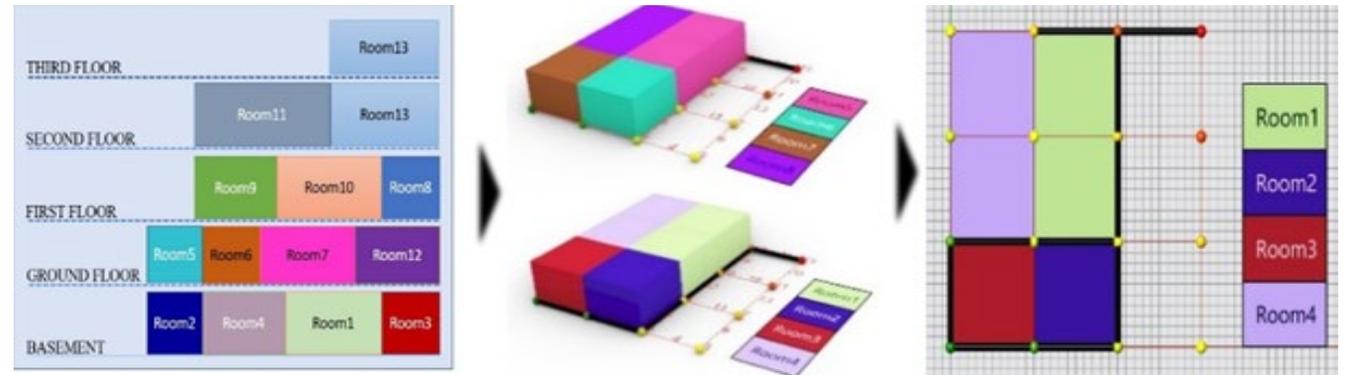


Environmental Services Team Roles

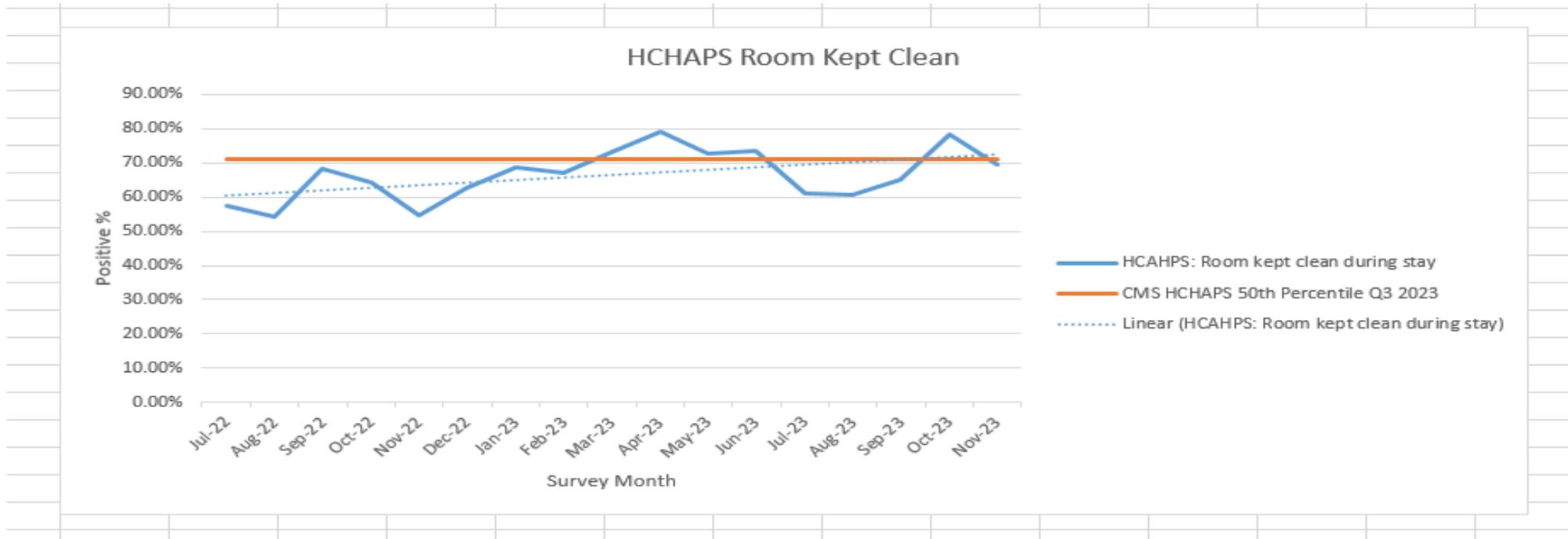
Career Ladder



Work Assignments Zoning



Patient Experience data – Room kept clean



Question ShortText	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
HCAHPS: Room kept clean during stay	57.50%	54.20%	68.30%	64.10%	54.50%	62.70%	68.70%	67.10%	73.00%	79.10%	72.90%	73.50%	60.90%	60.80%	65.00%	78.20%	69.50%
CMS HCHAPS 50th Percentile Q3 2023	71.00%	71.00%	71.00%	71.00%	71.00%	71.00%	71.00%	71.00%	71.00%	71.00%	71.00%	71.00%	71.00%	71.00%	71.00%	71.00%	71.00%
n	134	155	123	142	112	102	214	164	230	43	48	49	69	51	40	55	59

Working towards sustainable outcomes

- Established EVS First impression committee
- Streamlined onboarding and ongoing training
- Analyzing data and trends by unit/location
- Reassessing zoned staff performance based on trends/staffing
 - Floor care program “Operation Floors Matter”
- Leadership realignment – EVS Evening Shift Manager role
- Quality Assurance/Rounding process continuous assessment

Environmental Services Wayfinding feedback -Update

- Provide feedback to EVS team (both positive and constructive feedback) in October 2023 staff meeting - **Completed**
- Establish EVS First Impression Committee (UBC team focused on improving service deliverables in the ED & Public areas). Meetings with staff are scheduled week of 10/9/23. - **Work in progress.**
 - Other improvements: **Staff zoning in ED – completed.** Restructured EVS Leadership support: **Evening/Night Shift Manager**
- Assess trash cans in restrooms – transition to plastic ones as a sustainable solution (non rusting) where immediately needed: complete by mid November 2023. - **Completed**
- Reassess carpet maintenance frequencies and realign accordingly: EVS leadership scheduled to meet with Floor care project team end of October 2023. – **Work in progress**
- EVS Director to follow up on 3N restroom that was reported to not flush, and if that’s still the case, Facilities W/O will be placed and Facilities Director will also be informed: Complete by 10/9/2023 – **Restroom functional**
- Continue to partner with Facilities Grounds team on entrances and trash feedback -- **Work in progress**
- Discuss alternative visitor badge options with Patient Experience committee to address badges being stuck on floors and elevators - -- **Work in progress**

QR codes to Text for emergent cleaning needs in high volume restrooms and elevators– work in progress



EVS Leadership rounding



EVS First Impressions committee



Floor project work in progress





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



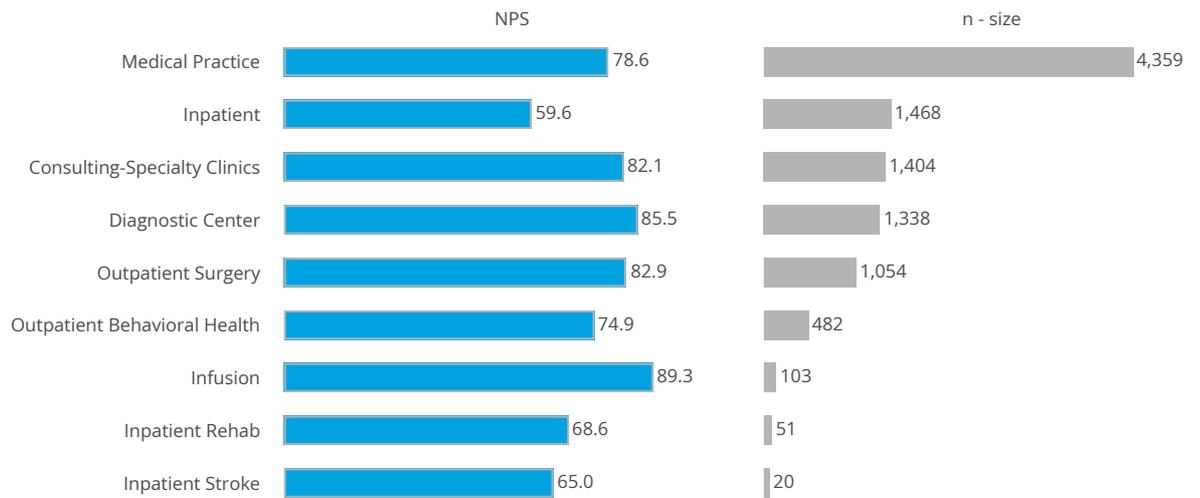
Project Tracker



Project	Category	Assigned To	Estimated Start	Estimated Finish	Notes
Provide Training and Tools - deliver world class service (Weekly Huddle Stories on World Class Service)	World Class Service	Karen Tellalian/ Keri Noeske	9/1/2023	1/31/2024	Stories written. Presentation and plan ready for dissemination on January 19 at Leadership meeting. Project delayed, limited resources for story writing.
Enhance Patient Navigation - across the health care continuum	World Class Service	Jacob Kennedy	8/1/2023	pending	Need plan developed. No plan submitted yet. Steering Committee to address in January 2024.
Improve Patient Wayfinding	World Class Service	Deborah Volosin	8/1/2023	10/31/2023	Implementation of action plans completed. Survey of changes as next step in spring 2024.
Provider and Team Communication Training Development	Increase Compassionate Communication	Keri Noeske/Hannah Mitchell	10/1/2023	2/29/2024	Develop communication training for multiple disciplines and services. Org development creating training modules and course for orientation.
Provider and Team Communication Training Implementation	Increase Compassionate Communication	Keri Noeske/Hannah Mitchell	12/1/2023	1/31/2023	Training developed will be implemented in annual training and be a program in orientation starting in February 2024.
Formalize Bedside Rounds with Health Care Team in M/S and CC	Increase Compassionate Communication	Keri Noeske	7/1/2023	12/31/2023	Rounds are in place in M/S and CC. Review and determine actions to improve and evolve the rounds. New CC partners in place 3/1/24. Multidisciplinary rounds initiated on 1/2/24 in critical care units with active participation from all disciplines.
Formal campaign to improve cleanliness in all settings	Enhancement of Environment	Tendai Zinyemba	9/1/2023	12/31/2023	Wayfinding Project Items initiated. Increased staffing in high traffic area such as ED and ED lobby. Rounding on clinics to interact with contracted services regarding cleanliness.
Stabilize tracking of belongings to minimize lost items and return found items	Enhancement of Environment	Jenn Cooper/Keri Noeske	10/1/2023	11/30/2023	Responsibility of belongings will stay decentralized, will develop reporting and accountability by department for improvements through the steering committee.
Formalize environmental rounds and follow-up plans - identify committee for oversight	Enhancement of Environment	Kevin Morrison	8/1/2023	10/31/2023	Environmental Rounds will and action plans will be ongoing. Use EOC for oversight.
Develop practices to create a more ecofriendly environment at Kaweah Health facilities	Enhancement of Environment	Kevin Morrison/Deborah Volosin	7/1/2023	Ongoing	Initiated a Green Committee to identify and implement strategies and practices to create an environmentally friendly atmosphere in areas such as recycling, reduction of waste and others.

Net Promoter Score

77.6 n-size: 10,279



HCAHPS by CCN

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

HCAHPS - Dimensions

Selected Period: 7/1/2023 - 12/31/2023

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

Benchmark Quarter: Q2 2023

Start Date
7/1/2023

End Date
12/31/2023

CCN
All

Benchmark
CMS HCAHPS 60th Percentile

Benchmark Quarter
Q2 2023

SUBMITTABLE

1,029

NEEDED

300

PERCENT SUBMITTABLE

343.0%

SUBMITTABLE DATE RANGE

1/6/2023 - 1/5/2024

*The submittable numbers above are based on 12 month lookback from today's date.

Dimension	Previous Score	Current Score & Benchmark	Difference
Care Transitions	48.5%	52.4% 52.0%	3.9%
Cleanliness / Quietness	68.4%	68.0% 68.0%	-0.4%
Communication About Meds	69.3%	70.6% 62.0%	1.3%
Communication with Doctors	81.4%	81.8% 80.0%	0.4%
Communication with Nurses	80.6%	82.2% 79.0%	1.6%
Discharge Information	89.9%	89.8% 87.0%	-0.1%
Overall Rating of Hospital	71.6%	74.7% 72.0%	3.1%
Responsiveness of Hospital Staff	68.8%	70.3% 65.0%	1.5%
Would Recommend Hospital	73.5%	74.6% 71.0%	1.1%

* 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.

December 2023

HCAHPS by CCN

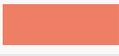
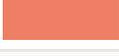
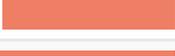
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Responsiveness of Hospital Staff	68.8%	70.3% 65.0%	1.5%	↑
Would Recommend Hospital	73.5%	74.6% 71.0%	1.1%	↑

QUESTION: **Clean clinic**

Location	YTD	Last 3 Months	Last Month	n-size	Score	Bench mark	Gap	
GME Medication Mgmt		100.0	100.0	3	100.0	81.9	18.1	
Health Education EH		90.5	100.0	8	100.0	81.9	18.1	
Pediatric Specialties EH		100.0	100.0	3	100.0	81.9	18.1	
BM Prompt Care		88.9	86.7	135	86.7	81.9	4.8	
Adult Specialties DH		77.4	85.7	7	85.7	81.9	3.8	
Cardiology		83.9	85.2	169	85.2	81.9	3.3	
KH Urology		83.0	83.3	18	83.3	81.9	1.4	
Family Practice TL		82.2	82.6	115	82.6	81.9	0.7	
Pediatrics WH		78.9	78.9	19	78.9	81.9	-3.0	
Women's Health EH		77.8	76.9	26	76.9	81.9	-5.0	
Family Practice DH		79.0	76.1	46	76.1	81.9	-5.8	
Family Practice LH		67.8	71.1	76	71.1	81.9	-10.8	
Pediatrics EH		68.9	70.4	81	70.4	81.9	-11.5	
Adult Specialties EH		68.3	67.8	59	67.8	81.9	-14.1	
Family Practice EH		67.1	67.4	184	67.4	81.9	-14.5	
Family Practice WH		70.1	65.1	83	65.1	81.9	-16.8	
Adult Specialties LH		66.0	60.9	23	60.9	81.9	-21.0	
BM Physician Office		89.3	60.0	5	60.0	81.9	-21.9	
Women's Health LH		73.7	57.1	7	57.1	81.9	-24.8	
Adult Specialties WH		63.2	50.0	8	50.0	81.9	-31.9	
Women's Health DH		62.5	33.3	3	33.3	81.9	-48.6	
Health Education DH		0.0	0.0	1	0.0	81.9	-81.9	

QUESTION: NPS: Facility would recommend

Location	YTD	Last 3 Months	Last Month	n-size	Score	Bench mark	Gap	
2E		14.3	100.0	1	100.0	78.3	21.7	
3W		40.0	100.0	1	100.0	78.3	21.7	
Behavioral Health LH		66.7	100.0	4	100.0	78.3	21.7	
Behavioral Health TL		90.0	100.0	6	100.0	78.3	21.7	
ICU		100.0	100.0	1	100.0	78.3	21.7	
KHDC Nuclear Medicine		90.0	95.8	24	95.8	78.3	17.5	
OP Infusion Center		89.3	95.2	21	95.2	78.3	16.9	
KHDC PET CT		94.1	92.6	54	92.6	78.3	14.3	
Outpatient Surgery		81.6	85.5	173	85.5	78.3	7.2	
GME Behavioral Health LH		71.2	84.4	32	84.4	78.3	6.1	
KHDC Non Invasive Cardiology		82.8	83.0	171	83.0	78.3	4.7	
KH Urology		79.2	82.4	17	82.4	78.3	4.1	
Cardiology		82.0	80.7	161	80.7	78.3	2.4	
4T		71.4	80.0	20	80.0	78.3	1.7	
GME Behavioral Health EH		81.1	75.0	16	75.0	78.3	-3.3	
Behavioral Health DH		84.0	66.7	9	66.7	78.3	-11.6	
Behavioral Health EH		57.8	66.7	15	66.7	78.3	-11.6	
Center for Mental Wellness		73.7	66.7	15	66.7	78.3	-11.6	
BP		66.7	63.6	11	63.6	78.3	-14.7	
MB		70.1	60.0	60	60.0	78.3	-18.3	
Inpatient Rehab		69.6	57.1	7	57.1	78.3	-21.2	
3N		57.5	50.0	16	50.0	78.3	-28.3	
CVICU		45.5	50.0	4	50.0	78.3	-28.3	
3S		49.0	43.8	16	43.8	78.3	-34.5	
2N		58.6	42.9	21	42.9	78.3	-35.4	

Location	YTD	Last 3 Months	Last Month	n-size	Score	Bench mark	Gap	
1E		0.0	33.3	3	33.3	78.3	-45.0	
5T		65.4	33.3	6	33.3	78.3	-45.0	
4N		58.6	18.2	11	18.2	78.3	-60.1	
2S		37.5	11.1	9	11.1	78.3	-67.2	
4S		46.2	0.0	19	0.0	78.3	-78.3	