



March 8, 2024

NOTICE

The Board of Directors of Kaweah Delta Health Care District will meet in a Strategic Planning Committee meeting at 5:00pm on Wednesday March 13, 2024, at the Support Services Building 1st Floor Emerald Room; 520 W Mineral King Avenue.

All Kaweah Delta Health Care District regular board meeting and committee meeting notices and agendas are posted 72 hours prior to meetings in the Kaweah Delta 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 blue ink, appearing to read "Kelsie Davis".

Kelsie Davis
Board Clerk, Executive Assistant to CEO

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Legal Counsel

Executive Team

Chief of Staff

<http://www.kaweahhealth.org>



**KAWEAH DELTA HEALTH CARE DISTRICT
BOARD OF DIRECTORS
STRATEGIC PLANNING COMMITTEE**

Wednesday March 13, 2024 – 5:00pm
Kaweah Health Support Services Building
520 W. Mineral King Avenue, Visalia California – 1st Floor Emerald Room

Board of Directors: Lynn Havard Mirviss (Chair) & Ambar Rodriguez
Management: Gary Herbst, CEO
Executive Team
Medical Staff: Medical Staff Officers
All Members of the Kaweah Health Medical Staff

CALL TO ORDER – Lynn Havard Mirviss, Committee Chair

PUBLIC / MEDICAL STAFF PARTICIPATION – Members of the public wishing to address the Committee concerning items not on the agenda and within the subject matter jurisdiction of the Committee may step forward and are requested to identify themselves at this time. Members of the public or the medical staff may comment on agenda items after the item has been discussed by the Committee but before a Committee recommendation is decided. In either case, each speaker will be allowed five minutes.

1. KAWEAH HEALTH STRATEGIC PLAN – Marc Mertz, Chief Strategy Officer

- a. **Review the Kaweah Health Strategic Plan Structure and Process**
- b. Discuss proposed strategic initiatives for the FY2025 Strategic Plan.
 - i. Outstanding Health Outcomes- Sandy Volchko and Lamar Mack, MD
 - ii. Patient and Community Experience- Keri Noeske and Deborah Volosin
 - iii. Ideal Environment- Dianne Cox and Raleen Larez
 - iv. Strategic Growth and Innovation- Jag Batth and Kevin Bartel
 - v. Physician Alignment- Ryan Gates and JC Palermo

ADJOURN – Lynn Havard Mirviss

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 Health Care District Board of Directors meeting.

Strategic Plan Review

Strategic Plan Board Committee

Fiscal Year 2025 Strategic Plan

March 13, 2024



kaweahhealth.org



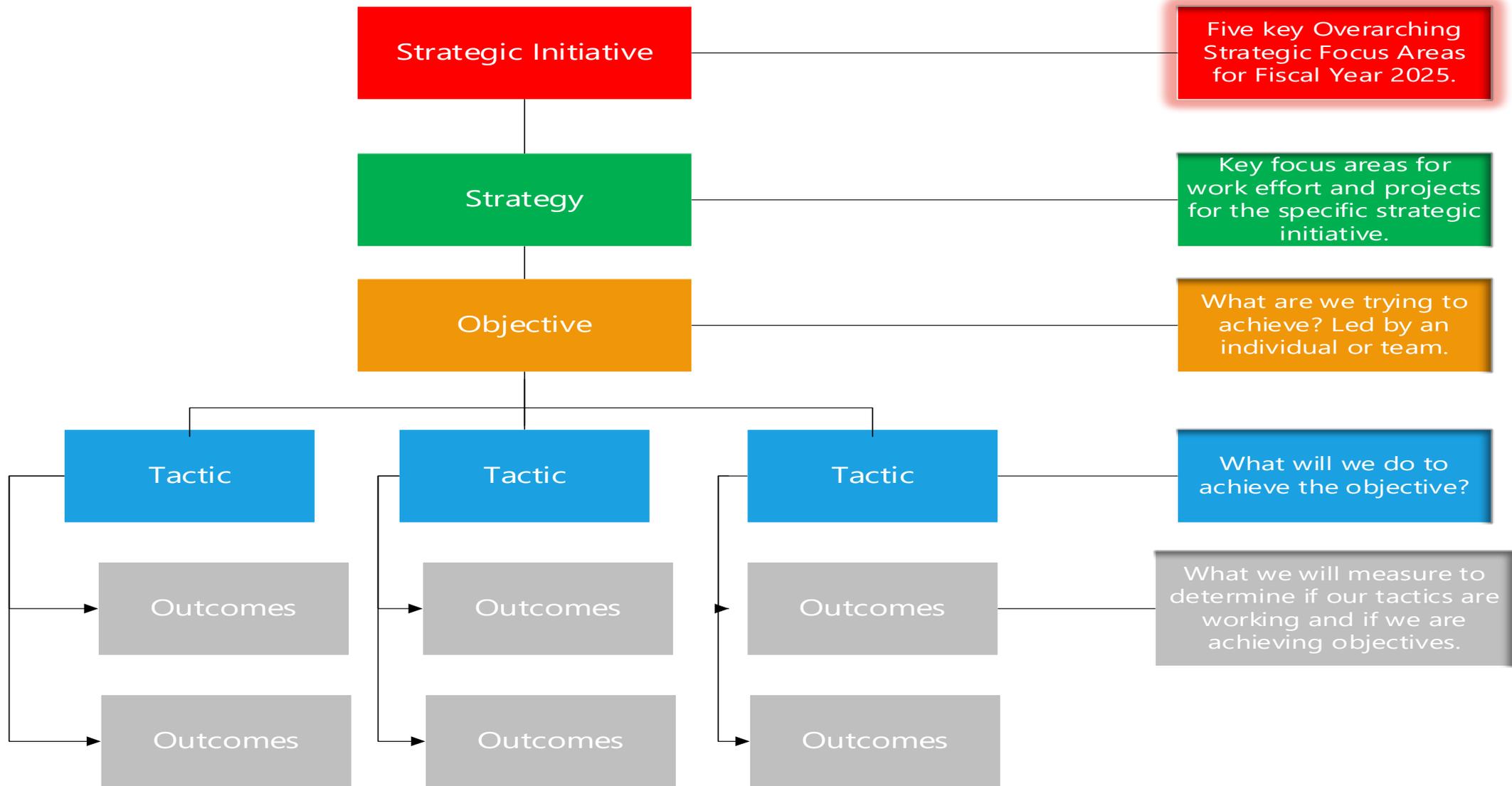
FY 2025 STRATEGIC PLAN TIMEFRAMES

- 1/24-2/24 Meet with Team Leads and key stakeholders to determine approach for the FY25 Strategic Plan.
- 1/24-2/24 PMCO will create draft content and dashboards in AchieveIT.
- 3/6/2024 Internal meeting with Initiative leaders to present the FY2025 Strategic Plan Initiatives to the other SP Teams.
- 3/7/2024 Initiative Leaders to present proposed FY 2025 Strategic Plan Initiatives to ET for review and comments.
- 3/8/2024 PMCO will make all necessary adjustments in AchieveIT based on feedback from meetings on 3/6 and 3/7.
- 3/13/2024 Strategic Plan Board Committee Meeting-Initiative leaders will present to the FY 2025 Strategic Plan Initiatives to the SP Board Committee for review and comments.
- 3/14/2024 PMCO will make all necessary adjustments in AchieveIT based on feedback from the SP Board Committee meeting.
- 3/18/2024 SP returns to ET for final review and approval.
- 3/27/2024 Final FY2025 Strategic Plan will be presented the full Board for approval.

Strategic Planning Leaders

Initiative	Sponsor	Director/Leader	PMCO Team Member
Physician Alignment	Ryan Gates	JC Palermo	Suzy Plummer
Strategic Growth and Innovation	Jag Batth	Kevin Bartel	Suzy Plummer
Patient Experience and Community Engagement	Keri Noeske	Deborah Volosin	Josh Day
Ideal Environment	Dianne Cox	Raleen Larez/Hannah Mitchell	Diana Saechao
Outstanding Health Outcomes	Lamar Mack, MD	Sandy Volchko	Diana Saechao

Dashboard Structure/Definitions



Recruit Providers Champions: Ryan Gates and JC Palermo

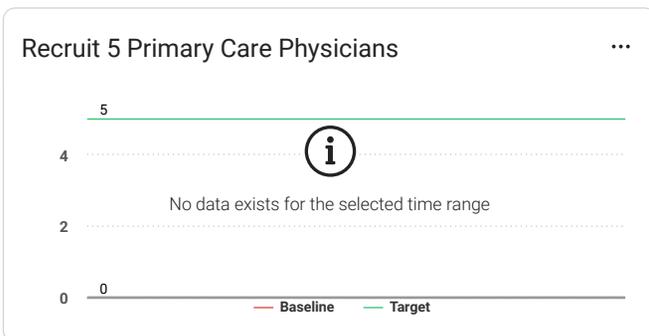
Objective: Recruit Providers

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.1.1	Develop Employment Options for Physicians.	07/01/2024	06/30/2025	Ryan Gates	Not Started	
5.1.2	Beginning early in their residencies, build partnerships with and educate Kaweah Health residents related to practice opportunities and recruitment packages.	07/01/2024	06/30/2025	JC Palermo	Not Started	
5.1.3	Support independent physician practices with succession planning and jointly explore options for long term practice sustainability and growth.	07/01/2024	06/30/2025	JC Palermo	Not Started	
5.1.4	Continue to work directly with local physicians and medical groups to assist in recruitment and placement of new physicians in their practices.	07/01/2024	06/30/2025	JC Palermo	Not Started	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.1.4.1	Recruit 5 Primary Care Physicians	07/01/2024	06/30/2025	JC Palermo	Not Started	
5.1.4.2	Recruit 15 Specialty Providers	07/01/2024	06/30/2025	JC Palermo	Not Started	



Physician Alignment and Practice Support Champions: Ryan Gates and JC Palermo

Objective: Develop Services and Opportunities that Improve Alignment with and Support for Contracted and Affiliated Physician Practices.

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.2.1	Engage local physician community to understand their medical practice objectives, challenges, opportunities and support needs.	07/01/2024	06/30/2025	Ryan Gates	Not Started	
5.2.2	Develop medical practice support models to ensure the success of local and regional physicians based upon identified needs and opportunities.	07/01/2024	06/30/2025	Ryan Gates	Not Started	
5.2.3	Explore opportunities for established and new physicians to invest in and practice at a new ambulatory surgery center and clinics.	07/01/2024	06/30/2025	Ryan Gates	Not Started	
5.2.4	Continue to work with Key Medical Group in joint recruitment and support for physician practices in our community.	07/01/2024	06/30/2025	Ryan Gates	Not Started	
5.2.5	Promote Kaweah Health services and the physicians that support them.	07/01/2024	06/30/2025	Ryan Gates	Not Started	

Grow Targeted Surgery/Procedure Volumes

Champions: Tracy Salsa, Christine Aleman, Kevin Bartel

Objective: Increase Inpatient and Surgical Volumes in Targeted Areas.

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.1	Orthopedic-Add an Orthopedic Traumatologist to increase volume from outside facilities and to retain additional cases at Kaweah Health.	07/01/2024	06/30/2025	Kevin Bartel	Not Started	
2.1.2	Orthopedic-Implement a dedicated orthopedic trauma room to improve efficiencies in completion of orthopedic trauma cases.	07/01/2024	06/30/2025	Kevin Bartel	Not Started	
2.1.3	Orthopedic-Prioritize efforts to optimize OR time and efficiency for orthopedic surgeons.	07/01/2024	06/30/2025	Kevin Bartel	Not Started	
2.1.4	Urology-Add a full time advanced practice provider to the urology clinic to see more patients and allow existing providers to take additional call coverage.	07/01/2024	06/30/2025	Kevin Bartel	Not Started	
2.1.5	Urology-Ensure that all four existing USC urology subspecialists rotate at Kaweah Health for surgery at least every 2-3 months.	07/01/2024	06/30/2025	Kevin Bartel	Not Started	
2.1.6	Endoscopy-Recruit a pulmonologist to provide procedures within the endoscopy department.	07/01/2024	06/30/2025	JC Palermo	Not Started	
2.1.7	Endoscopy-Add two additional endoscopy suites by moving into the old OB operating rooms.	07/01/2024	06/30/2025		Not Started	Christine Aleman to report on this tactic.
2.1.8	Cardiothoracic Surgery-Add a cardiothoracic surgeon from Stanford to increase CT surgery capacity.	07/01/2024	06/30/2025	JC Palermo	Not Started	
2.1.9	Cardiothoracic Surgery-Implement a lung nodule screening program.	07/01/2024	06/30/2025		Not Started	Tracy Salsa to report on this tactic.
2.1.10	Cardiothoracic Surgery- Increase marketing activities for the cardiothoracic surgery program.	07/01/2024	06/30/2025		Not Started	Tracy Salsa to report on this tactic.

Performance Measure (Outcomes) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.3.1	Perform 215 orthopedic surgery cases per month.	07/01/2024	06/30/2025	Kevin Bartel	Not Started	
2.1.5.1	Perform 87 urology surgery cases per month.	07/01/2024	06/30/2025	Kevin Bartel	Not Started	
2.1.7.1	Perform 636 endoscopy cases per month.	07/01/2024	06/30/2025	Lori Mulliniks	Not Started	
2.1.9.1	Perform 27 non-emergent cardiothoracic surgeries per month.	07/01/2024	06/30/2025	Lori Mulliniks	Not Started	

Grow Targeted Surgery/Procedure Volumes

Champions: Tracy Salsa, Christine Aleman, Kevin Bartel

Perform 215 Orthopedic Surgery Cases Per Month ...



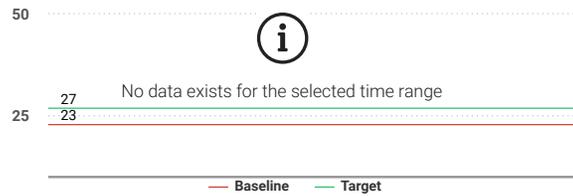
Perform 87 Urology Surgery Cases Per Month ...



Perform 636 Endoscopy Cases Per Month. ...



Perform 27 Elective Cardiothoracic Surgeries Per Month ...



Expand Clinic Network Champions: Ivan Jara and Melissa Quinonez

Objective: *Expand Clinic Network.*

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.2.1	Open Specialty Services Clinic at 202 Willow Clinic.	07/01/2024	08/31/2024	Ivan Jara	Not Started	
2.2.2	Open the Youth Crisis Stabilization Unit.	07/01/2024	10/31/2024	Melissa Quinonez	Not Started	
2.2.3	Continue to explore and develop clinic strategic growth opportunities.	07/01/2024	06/30/2025	Ivan Jara	Not Started	

Innovation Champion: Jag Batth, Ivan Jara, Jacob Kennedy

Objective: Implement and Optimize Innovative Technological Solutions.

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.3.1	Explore opportunities to use technology and artificial intelligence across Kaweah Health.	07/01/2024	06/30/2025	Jag Batth	Not Started	
2.3.2	Redesign the current clinic care model-face to face and telehealth visit optimization. (See 2.3.2.1 below)	07/01/2024	06/30/2025	Ivan Jara	Not Started	
2.3.3	Explore expansion of telehealth services for inpatient areas.	07/01/2024	06/30/2025	Jag Batth	Not Started	
2.3.4	Implement and integrate referral and authorization software across the organization. (see 2.3.3.1, 2.3.3.2 below)	07/01/2024	06/30/2025	Jacob Kennedy	Not Started	
2.3.5	Implement short and long term online scheduling and registration tools for patients. (See 2.3.4.1 below)	07/01/2024	06/30/2025		Not Started	Luke Schneider to report on this tactic.
2.3.6	Develop plan for centralized navigation services.	07/01/2024	06/30/2025	Jacob Kennedy	Not Started	

Enhance Health Plan Programs

Champion: Sonia Duran Aguilar

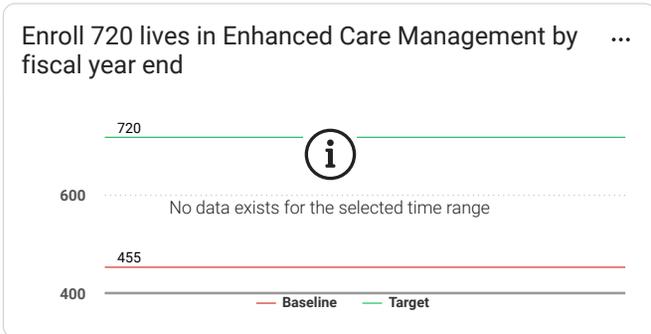
Objective: Expand Client Enrollment in Health Plan Partnership Programs-Cal Aim.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.4.1	Evaluate and add additional population areas for Enhanced Care Management with a focus on children and youth.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	
2.4.2	Grow Enhanced Care Management community care coordinator staff to 18 with an assigned case load of 40 patients.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	
2.4.3	Grow Community Supports community care coordinator staff to 7, with an assigned case load of 40 patients.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.4.2.1	Increase enrollment to 720 lives in Enhanced Care Management by fiscal year end.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	
2.4.3.1	Increase enrollment to 280 lives in Community Supports by fiscal year end.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	



Explore Organizational Affiliations Champion: Marc Mertz

Objective: Pursue Organizational Affiliations and Partnerships.

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.5.1	Obtain Board Approval to execute a new agreement related to the Gateway Project between Kaweah Health, Physician Partners and a Development Company.	07/01/2024	07/31/2024	Marc Mertz	Not Started	
2.5.2	Continue partnership with the Central Valley Healthcare Alliance.	07/01/2024	06/30/2025	Suzy Plummer	Not Started	
2.5.3	Explore opportunity to expand existing and new partnerships.	07/01/2024	06/30/2025	Marc Mertz	Not Started	

World-Class Service Champion: Keri Noeske

Objective: Develop strategies that provide our health care team the tools they need to deliver a world-class health care experience.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.1	Enhance patient physical navigation through Wayfinding, signage, and the website.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.1.2	Enhance patient clinical navigation with centralized and online scheduling and call center standardization.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.1.3	Improve best image and reputation score on the community portal in NRC.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.1.1	Identify and establish goals to improve patient wayfinding experience	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.1.4	Achieve overall organization net promoter score of 84	07/01/2024	06/30/2025	Keri Noeske	Not Started	
4.1.5	Achieve the 90th Percentile in HCAHPS Overall Rating	07/01/2024	06/30/2025	Keri Noeske	Not Started	
4.1.6	Achieve the 90th Percentile in "Likelihood to Recommend" score	07/01/2024	06/30/2025	Keri Noeske	Not Started	

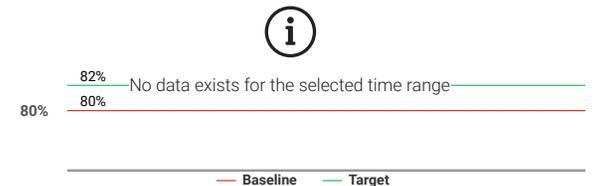
Achieve overall Organization Net Promoter Score of 84



Achieve the 90th Percentile in HCAHPS Overall Rating



Achieve the 90th Percentile in "Likelihood to Recommend" score



Increase Compassionate Communication

Champions: Keri Noeske

Objective: Improve physician and nursing communication and responsiveness of staff.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.1	Implement unit-based Schwartz rounds to interested departments.	07/01/2024	06/30/2025	Keri Noeske	Not Started	
4.2.2	Develop compassionate communication simulations for leaders to implement in huddles, staff meetings, and training.	07/01/2024	06/30/2025	Keri Noeske	Not Started	
4.2.3	Create and assign learning modules based on communication expectations for organization-wide consistency in service standards.	07/01/2024	06/30/2025	Keri Noeske	Not Started	

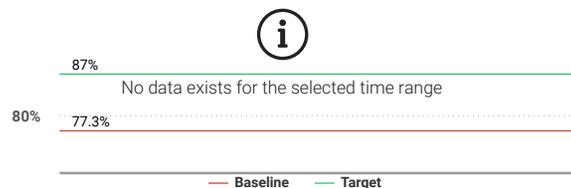
Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.4	Achieve the 90th Percentile in Physician Communication Inpatient Score	07/01/2024	06/30/2025	Keri Noeske	Not Started	
4.2.5	Achieve the 90th Percentile in Nursing Communication Inpatient Score	07/01/2024	06/30/2025	Keri Noeske	Not Started	
4.2.6	Achieve the 90th Percentile in Responsiveness of Staff to Patients and Among Internal Teams	07/01/2024	06/30/2025	Keri Noeske	Not Started	

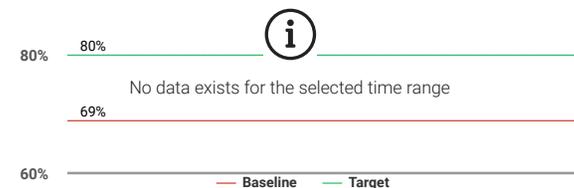
Achieve the 90th Percentile in Physician Communication Inpatient Score



Achieve the 90th Percentile in Nursing Communication Inpatient Score



Achieve the 90th Percentile in Responsiveness of Staff to Patients and Among Internal Teams



Enhancement of Environment **Champion: Deborah Volosin and Keri Noeske**

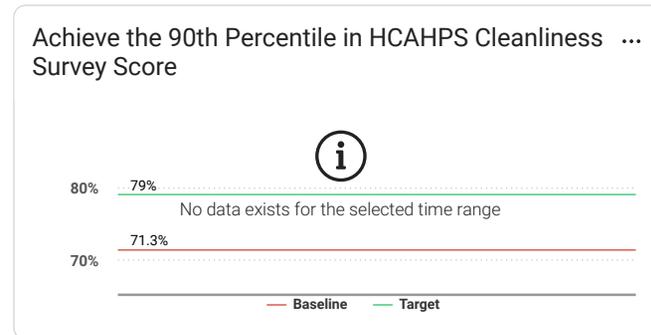
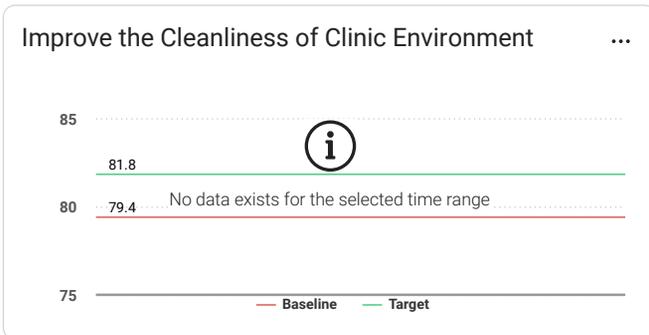
Objective: To Improve Community and Patient Overall Perception of Hospital Environment.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.1	Continue Executive rounding with EVS and facility directors to identify needs.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.3.2	Improve impact of the Patient Experience Steering Committee.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.3.3	Partner with Facilities to create green initiatives and cost-efficiency synergies to reduce waste and environmental impact.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.4	Improve the Cleanliness of Clinic Environment	07/01/2024	06/30/2025	Keri Noeske	Not Started	
4.3.5	Achieve the 90th Percentile in HCAHPS Cleanliness Survey Score	07/01/2024	06/30/2025	Keri Noeske	Not Started	



Community Engagement **Champion: Deborah Volosin and Keri Noeske**

Objective: To provide an environment where community members and patients are able to assist staff in co-designing safe, high quality, and world-class care and services.

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.4.1	Increase participation in all Community Advisory Councils.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.4.2	Increase the number of Kaweah Health leaders involved in service clubs.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.4.3	Increase Speakers Bureau opportunities.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.4.4	Schedule at least three Town Halls.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.4.5	Continue to meet monthly with the Patient Family Advisory Council, Emergency Department Advisory Council, Healthcare for Today and Tomorrow, Diversity/Community Relations, and Employee Ambassador Committees.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.4.6	Create opportunities for board members to participate in community engagement activities.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	

Kaweah Care Culture

Champions: Dianne Cox, Raleen Larez, Brittany Taylor, and Hannah Mitchell

Objective: Recreate Kaweah Care culture into the various aspects of the organization.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.1.1	Continue development of the Kaweah Care Culture.	07/01/2024	06/30/2025	Dianne Cox	Not Started	Kaweah Care Steering Committee began in September 2023 meeting monthly, includes subcommittees of Employee Engagement and Experience, Ideal Practice Environment Committee, and Patient Engagement and Experience Committee.
1.1.2	Improve and ensure appropriate, effective and consistent communication throughout Kaweah Health to leaders, employees, physicians, and advanced practice providers.	07/01/2024	06/30/2025	Dianne Cox	Not Started	Standardizing talking points and communication methods. Cascading monthly Leadership Meeting presentation with bullets, continue bi-weekly virtual Executive Team Employee Huddles, mandatory department and unit staff meetings/huddles and communication boards and our intranet site, Compass. Leadership Development - Learning Path was rolled out and covers the topic of effective communication. Employee Engagement survey will include "My director is an effective communicator".
1.1.3	Address Compensation and Benefits.	07/01/2024	06/30/2025	Dianne Cox	Not Started	The executive team evaluating the employee benefits plan for CY2025. Market adjustments for base pay and minimum wage will continue into FY2025 to ensure competitive pay for retention and recruitment. Monitor impact of AB525 on recruitment and retention throughout FY25.

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.1.4	Improve Employee Engagement Surveys to > 4.2%	07/01/2024	06/30/2025	Dianne Cox	Not Started	
1.1.5	Decrease overall KH turnover rate to meet CHA statewide statistics < 15%	07/01/2024	06/30/2025	Dianne Cox	Not Started	
1.1.6	Decrease Direct Patient Care RN Turnover Rate to meet CHA statewide statistics < 17%	07/01/2024	06/30/2025	Dianne Cox	Not Started	
1.1.7	Decrease New Hire Turnover Rate (leaving < 6 months) with 30/90 days Check-in < 20%	07/01/2024	06/30/2025	Dianne Cox	Not Started	

Kaweah Care Culture

Champions: Dianne Cox, Raleen Larez, and Hannah Mitchell

Decrease overall KH turnover rate (< 15%)

...



Decrease new hire turnover rate w/in 6 months (< 20%)

...



Decrease nursing turnover rate (< 17%)

...



Improve Employee Engagement Surveys (4.20%)

...



Ideal Practice Environment

Champions: Dr. Tom Gray, Dr. Lori Winston, April Mckee, and Amy Shaver

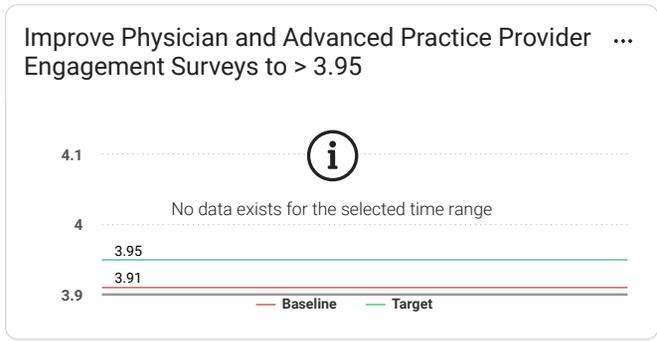
Objective: Ensure a practice environment that is friendly and engaging for physicians and advanced practice providers, free of practice barriers.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.2.1	Improve Physician and Advanced Practice Provider Retention and Wellness.	07/01/2024	06/30/2025	Lori Winston	Not Started	
1.2.2	Work with a team of physicians, advanced practice providers, and leaders on identified goals and initiatives to reach improved scores.	07/01/2024	06/30/2025	Lori Winston	Not Started	Focus on team rounds, dedicated workspace, onboarding/mentoring, and Cerner optimization
1.2.3	Develop Dyad Leadership Training Curriculum for Operational Directors, Division Chiefs and Medical Staff Service Line Directors.	07/01/2024	06/30/2025	Hannah Mitchell	Not Started	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.2.4	Improve Physician and Advanced Practice Provider Engagement Surveys to > 3.95	07/01/2024	06/30/2025	Lori Winston	Not Started	



Expand Kaweah Health University and Growth in School Partnerships Champions: Jaime Morales and Hannah Mitchell

Objective: Increase growth and development for employees of Kaweah Health.

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.3.1	Continue to build partnerships with local colleges and universities for nursing programs; expand into other educational programs beyond nursing for KH employees.	07/01/2024	06/30/2025	Dianne Cox	Not Started	<p>Have established partnerships with COS, Unitek, SJVC for registered nursing, Tulare Adult Schools for LVN, and Porterville College for surgical techs.</p> <p>Expanding partnerships beyond nursing. Exploring partnerships with other schools and colleges, to enroll Fresno City College for imaging, possibly CSUF for therapists, and Gurnick for nuclear medicine.</p> <p>There are ongoing partnerships with the high schools and middle schools.</p>
1.3.2	Monitor the graduation and retention of staff who completed the COS part-time RN program with partial Kaweah sponsorship.	07/01/2024	06/30/2025	Dianne Cox	Not Started	
1.3.3	Monitor success and retention of employees in cohorts in process: COS part-time program. Unitek March 2023, August 2023, January 2024, August 2024 expected, January 2025 expected. SJVC RN program.	07/01/2024	06/30/2025	Dianne Cox	Not Started	
1.3.4	Expand Kaweah Health University.	07/01/2024	06/30/2025	Hannah Mitchell	Not Started	<p>Implement leadership academy, emerging leaders program, charge nurse development, mentorship and succession planning initiatives.</p> <p>Facilitate two cohorts of Leadership Academy with at least 25 participants</p> <p>Facilitate four cohorts of Emerging Leaders with at least 20 per cohort</p> <p>Facilitate three Just Culture Scenario Review Sessions</p> <p>Develop and launch a optional mentoring program open to all staff</p> <p>Rollout a Learning Learning Path with new content running October - June</p> <p>Create learning paths that team members (ex: C.N.A. to LVN or RN, SPD Tech to Surg Tech, Mental Health Worker to LPT or RN, etc.)</p> <p>Create a Kaweah Health University Free Little Library outside of SSB with leadership and soft skills books</p>

Standardized Infection Ratio (SIR) Champion: Sandy Volchko

Objective: Reduce the Hospital Acquired Infections (HAIs) to the national 70th percentile as reported by the Centers for Medicare and Medicaid Services

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.1.1	Utilize the subject matter expertise of the Healthcare Acquired Infection (HAI) Team.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.1.2	Expand the use of Bio-Vigil.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.1.3	Reduce line utilization through best practices.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.1.4	Optimization of Multidisciplinary Rounds.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.1.5	Improve cleanliness of the environment through ATP testing to reduce HAI.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	

Performance Measure (Outcomes) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.1.6	Decrease Standardized Infection Ratio (SIR) CAUTI to < 0.401 (CMS data FYTD)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.1.6.1	Decrease Utilization Rates for Foley Catheters to < 0.6718 (CAUTI FYTD)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.1.7	Decrease Standardized Infection Ratio (SIR) CLABSI to < 0.486 (CMS data FYTD)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.1.7.1	Decrease Utilization Rates for Central Lines to < 0.6633 (CLABSI FYTD)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.1.8	Decrease Standardized Infection Ratio (SIR) MRSA to < 0.507 (CMS data FYTD)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	

Standardized Infection Ratio (SIR) **Champion: Sandy Volchko**

SIR CAUTI FYTD (< 0.401) ...



Decrease Utilization Rates for Foley Catheters - CAUTI FYTD (< 0.6718) ...



SIR CLABSI FYTD (< 0.486) ...



Decrease Utilization Rates for Central Lines - CLABSI FYTD (< 0.663) ...



SIR MRSA FYTD (< 0.507) ...



SEPSIS Bundle Compliance (SEP-1) Champion: Sandy Volchko

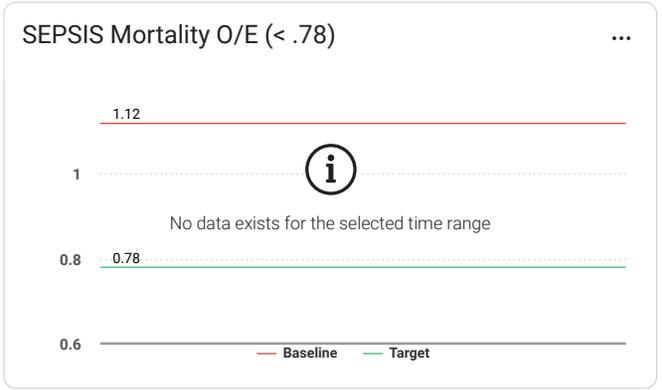
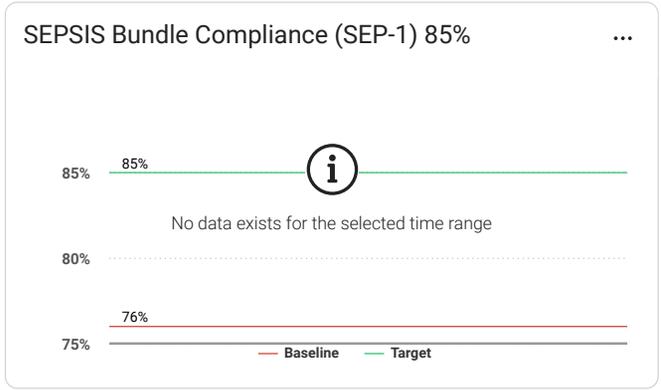
Objective: Increase SEP-1 bundle compliance to overall 85% compliance rate for FY24 through innovative improvement strategies based on root causes.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.2.1	Utilize SEPSIS Coordinators to identify and monitor patients.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.2.2	Continue SEPSIS Alerts.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.2.3	Optimize Quality Focus Team- Fall out review.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.2.4	Optimize One Hour Sepsis Bundle.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.2.5	Increase SEPSIS Bundle Compliance (SEP-1) FYTD to 85%	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.2.5.1	Decrease SEPSIS Mortality O/E to < 0.78	07/01/2024	06/30/2025	Sandy Volchko	Not Started	



Mortality and Readmissions Champion: Sandy Volchko

Objective: Reduce observed/expected mortality through the application of standardized best practices.

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.1	Utilize subject matter experts efficiently through reconfiguration of Best Practice Teams into one team focusing on care COPD, heart failure, pneumonia.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.2	Implement standardized care based on evidence.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	

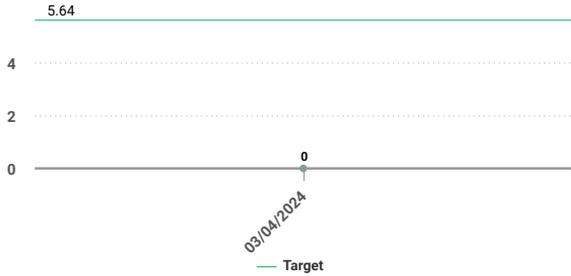
Performance Measure (Outcomes) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.3	Decrease AMI Hospital Readmissions to < 5.64 (CMS data)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	Under review
3.3.4	Decrease COPD Hospital Readmissions to < 10.53 (CMS data)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.5	Decrease HF Hospital Readmissions to < 11.8 (CMS data)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.6	Decrease PN Viral/Bacterial Hospital Readmissions to < 9.76 (CMS data)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.7	Decrease AMI Mortality Rates to < 0.6	07/01/2024	06/30/2025	Sandy Volchko	Not Started	Under review
3.3.8	Decrease COPD Mortality Rates to < 0.66	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.9	Decrease HF Mortality Rates to < 0.44	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.10	Decrease PN Bacterial Mortality Rates to < 0.65	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.11	Decrease PN Viral Mortality Rates to < 0.44	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.12	Decrease Percutaneous Coronary Intervention (PCI) In Hospital Mortality Rate - STEMI to < 2.5	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.13	Decrease Acute Kidney Injury Post PCI to < 3.6	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.14	Decrease Risk Standardized Bleeding Rate to < 1.5	07/01/2024	06/30/2025	Sandy Volchko	Not Started	

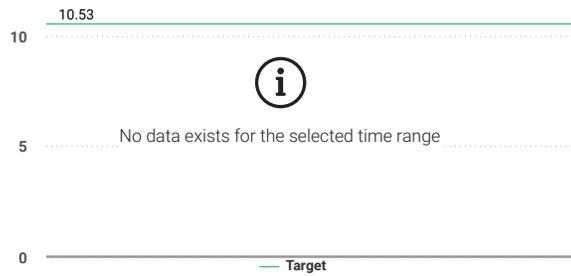
Mortality and Readmissions

Champion: Sandy Volchko

Hospital Readmissions AMI (< 5.64) - QTR



Hospital Readmissions COPD (< 10.53) - QTR



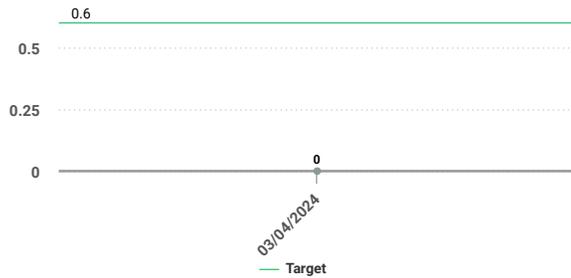
Hospital Readmissions HF (< 11.80) - QTR



Hospital Readmissions PN Viral/Bacterial (< 9.76) - QTR



Decrease Mortality Rates AMI (< 0.60) - QTR



Decrease Mortality Rates COPD (< 0.66) - QTR



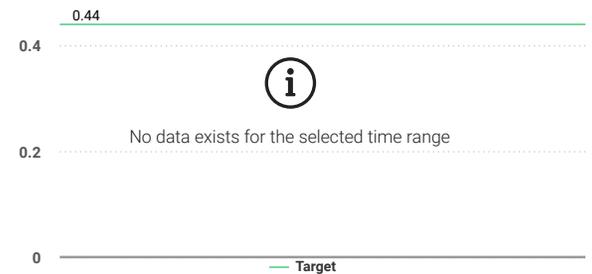
Decrease Mortality Rates HF (< 0.44) - QTR



Decrease Mortality Rates PN Bacterial (< 0.65) - QTR



Decrease Mortality Rates PN Viral (<0.44) - QTR



Mortality and Readmissions

Champion: Sandy Volchko

Acute Kidney Injury Post PCI (< 3.6)

...



PCI In-Hospital Mortality Rate - STEMI (< 2.5)

...



Risk Standardized Bleeding Rate (< 1.5)

...



Health Equity

Champions: Ryan Gates and Sonia Duran-Aguilar

Objective: Identify health disparities that improve affordable access to care by enhancing care coordination and more effective treatment through healthy living.

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.5.1	Analyze quality and safety data to identify health disparities.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	
3.5.2	Develop an action plan to address identified disparities and improve health care equity.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	
3.5.3	Monitor impact of actions taken and modify actions when health equity goals are not met.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	
3.5.4	Inform key stakeholders about progress to improve health care equity.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	

Quality Improvement Program (QIP) Reporting

Champion: Sonia Duran-Aguilar

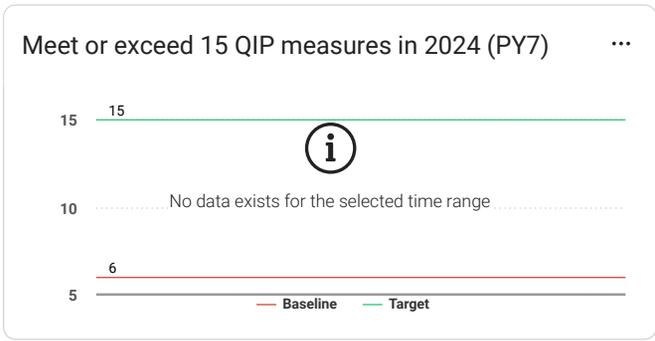
Objective: Achieve performance on the Quality Incentive Pool measures to demonstrate high quality care delivery in the primary care space.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.4.1	Improve Frontline staff (Clinic Primary Care/Internal Medicine/clinical staff) awareness of QIP performance and thereby ensure engagement and buy in QI efforts.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	
3.4.2	Optimize workflows to drive and hardwire best practices for clinical care (registration, MA intake, provider documentation).	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	
3.4.3	Continue with Monthly workgroups (MCPs, Revenue Integrity, Population Health/Clinic Teams) to track progress.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.4.4	Meet or exceed 15 QIP measures in 2024 (PY7)	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	



Inpatient Diabetes Management

Champions: Emma Camarena and Cody Ericson

Objective: Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.6.1	Development of an inpatient diabetes management team.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.6.2	Development and implementation of non-Glucomander power plans.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	To use for clinical situations where the use of GM is not appropriate for the management of glycemic excursions. There are certain indications when providers need the flexibility to order insulin outside of GM such as insulin sensitivity, continuous enteral feeding, eating more than 3 meals a day and steroid-induced hyperglycemia. The anticipated change in patient health outcomes would be a decrease in hypoglycemia, promote patient safety and optimize therapy for the patient with diabetes and in need of insulin therapy not on GM.

Performance Measure (Outcome)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.6.3	Achieve < 4.3% benchmark performance for hypoglycemia in Critical Care (CC) patient population, defined as percent patient days with blood glucose (BG) <70	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.6.4	Achieve < 3.4% benchmark performance for hypoglycemia in Non-Critical Care (NCC) patient population, defined as percent patient days with blood glucose (BG) <70	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.6.5	Achieve < 26.8% benchmark performance for percent of patients with hypoglycemia with at least one recurrent hypoglycemic day for Critical Care (CC)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.6.6	Achieve < 29.6% benchmark performance for percent of patients with hypoglycemia with at least one recurrent hypoglycemic day for Non Critical Care (NCC)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	

Inpatient Diabetes Management

Champions: Emma Camarena and Cody Ericson

Hypoglycemia in Critical Care Patients (< 4.3%)

...



Recurrent Hypoglycemia in Critical Care Patients (< 26.8%)

...



Hypoglycemia in Non-Critical Care Patients (< 3.4%)

...



Recurrent Hypoglycemia in Non-Critical Care Patients (< 29.6%)

...

