



August 20, 2020

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Patient Experience meeting at 9:00AM on Wednesday August 26, 2020 in the SSB Emerald Room Conference Room 520 W. Mineral King Ave., Visalia, CA 93291 or via GoTo Meeting from your computer, tablet or smartphone
<https://global.gotomeeting.com/join/918611205> or **Via phone 1 (571) 317-3122**
/Access Code: 918-611-205

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 Delta Medical Center, Mineral King Wing entry corridor between the Mineral King lobby and the Emergency Department waiting room.

Due to COVID 19 visitor restrictions to the Medical Center - the disclosable public records related to agendas can be obtained by contacting the Board Clerk at Kaweah Delta Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA via phone 559-624-2330 and on the Kaweah Delta Health Care District web page <http://www.kaweahdelta.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

DISTRIBUTION:
Governing Board
Legal Counsel
Executive Team
Chief of Staff
<http://www.kaweahdelta.org>

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS PATIENT EXPERIENCE

Wednesday, August 26, 2020

SSB Emerald Room Conference Room
520 W Mineral King Ave, Visalia, CA 93291

Go To Meeting

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/918611205>

Call in option: 1 (571) 317-3122 Access Code: 918-611-205

ATTENDING: Board Members; Nevin House – Committee Chair, David Francis; Gary Herbst, CEO; Dianne Cox, VP of HR; Ed Largoza, RN Director of Patient Experience, and George Ortega, Recording.

OPEN MEETING – 9:00AM

1. **Call to order** – *Nevin House, Committee Chair*
2. **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.
3. **Follow Up** – *Dianne Cox, VP of HR*
 - 3.1. **Surveying: KDMF, Urgent Care, Response Rate**
 - 3.2. **Improve Ideas: 24-hour Pharmacy, Daily Executive Patient Rounding, Communication with families**
4. **Kaweah Care** – *Dianne Cox, VP of HR*
 - 4.1. **Culture**
 - 4.2. **Teams: Patient Experience, Employee Connection, Physician Engagement and Leadership Development**
5. **FY2020 Data Review** – *Ed Largoza, RN, Director of Patient Experience*
 - 5.1. **HCAHPS** – *Hospital Consumer Assessment of Healthcare Providers and Systems*
 - 5.2. **ED PEC** – *Emergency Department Patient Experience of Care*
 - 5.3. **CG CAHPS** – *Clinician & Group Consumer Assessment of Healthcare Providers & Systems*
 - 5.4. **Home Health CAHPS**
 - 5.5. **Hospice CAHPS**

5.6. [ICH CAHPS](#)–*In Center Hemodialysis Consumer Assessment of Healthcare Providers & Systems*

5.7. [Rehab](#)

6. **Leader Rounding** – *Ed Largoza, RN, Director of Patient Experience*

6.1. [Volume of rounds & areas participating in rounds](#)

6.2. [Recognition & coaching](#)

7. **Adjourn Closed Meeting** – *Nevin House, Committee Chair*

Future Items to Review:

- Operation Always
 - Kaweah Care Experience Bundle
 - Nursing Bundle
 - Physician Bundle
- Overview of Patient Experience Department
 - Complaint & Grievance Management
 - Capturing Patient & Visitor Feedback

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 committee meeting.

Follow Up

Surveying:

- A. Move KDMF surveying to CG CAHPS and JL Morgan
- B. Include Urgent Care (ClockwiseMD) data
- C. Response Rate for HCAHPS

Improvement Ideas:

- A. 24-hour Pharmacy
- B. Daily Executive Patient Rounding
- C. Communication with Families

Kaweah Care Culture

| Objective | | | | | Chair | ET Sponsor |
|---|--|----------------------------------|----------------------------|----------------------------|--|-------------------|
| Recruit, develop, and retain the best staff and physicians to create an ideal work environment and ensure that patients receive excellent compassionate care. | | | | | Laura Goddard | Dianne Cox |
| Performance Measure | Baseline | FY21 Goal | FY22 Goal | FY23 Goal | Team Members Teresa Boyce Ed Largoza Keri Noeske Brittany Taylor Sandy Volchko | |
| Employee Engagement | 4.12 | 4.19 | | | | |
| Physician Engagement | 3.55 alignment score | 3.68 alignment score | | | | |
| Patient Engagement | July 19-March 20 73.8% HCAHPS 64.5% ED PEC | 78% HCAHPS 70% ED PEC | 80.4% HCAHPS 72% ED PEC | 82.8% HCAHPS 75% ED PEC | | |
| Safety Culture | SAQ Teamwork: 63% Safety: 69% | SAQ Teamwork: 66% Safety: 73% | | | | |
| Strategies (Tactics) | | | | Net Annual Impact (\$)* | | |
| Employee Engagement | | | | | | |
| Physician Engagement | | | | | | |
| Patient Engagement | | | | | | |
| Safety Culture (Safety Climate & Teamwork Climate) | | | | | | |

Kaweah Care Teams

Patient Experience Team Charter

PURPOSE

To build awareness, processes, and environments that ensures our patients and our families receive world-class service. Through effective communication and acts of kindness, we will deliver the best possible experiences to our community.



Employee Connection Team Charter

PURPOSE

To build the best communication solutions that will enable our staff to excel in putting patients first with safe quality care. Provide our workforce with an environment that stimulates diversity, innovation, staff engagement, teamwork, continuous learning and job satisfaction. We recognize and reward good performance.



Physician Experience Team Charter

PURPOSE

To foster a work environment, where physicians feel welcomed and recognized. Enhance physician partnership, engagement, and retention by providing opportunities to network, build relationships, and recognize outstanding service.



Leadership Development Team Charter

PURPOSE

To develop the skills for high performance leadership that will allow Kaweah Delta to consistently achieve our organizational goals. Each member of our team will actively work to produce ongoing education, mentoring and support in four key areas: navigating the external environment, managing the business of healthcare, leading people, and developing the leader within.

FY2020 HCAHPS Performance

- *FY2020 HCAHPS*

Goal: 76.5% (68th Percentile)

Performance: **74.5%** (2466 surveys)

- *FY2021 HCAHPS*

Goal: **76.5%**

FY2020 HCAHPS Domains

| Facility Category | Kaweah Delta Medical Center | | |
|-----------------------------|-----------------------------|-------------|-----------------|
| | CAHPS % | Percentile | 50th percentile |
| + Nursing Communication | 79.19 % | < 50th | 80% |
| + Doctor Communication | 79.33 % | < 50th | 82% |
| + Responsiveness of Staff | 68.89 % | 50th - 75th | 67% |
| + Communication Medications | 66.21 % | 50th - 75th | 64% |
| + Cleanliness | 72.17 % | < 50th | 74% |
| + Quietness | 54.59 % | < 50th | 62% |
| + Discharge Instructions | 89.14 % | 50th - 75th | 88% |
| + Overall Rating | 74.48 % | 50th - 75th | 73% |
| + Would Recommend | 72.79 % | < 50th | 73% |
| + Care Transition | 48.99 % | < 50th | 52% |

FY2020 ED PEC Performance

- *Jan-June 2020 ED PEC*

Goal: 62.0%

Performance: **67.2%** (1201 Surveys)

- *FY2021 ED PEC*

Goal: **70.0%** (50th Percentile)

FY2020 ED Domains

| Facility Category | Kaweah Delta Medical Center | | 50th Percentile |
|--|-----------------------------|-------------|--------------------|
| | ED PEC % | Percentile | |
| <input type="checkbox"/> ED Staff Responsiveness | 64.51% | < 50th | 75% |
| <input type="checkbox"/> Medication Communication | 85.04% | 50th - 75th | 79% |
| <input type="checkbox"/> Pain Management | 72.34% | < 50th | 78% |
| <input type="checkbox"/> Information Regarding Tests | 77.58% | < 50th | 85% |
| <input type="checkbox"/> Nurse Communication | 80.42% | < 50th | 87% |
| <input type="checkbox"/> Discharge Instruction | 73.24% | < 50th | 82% |
| <input type="checkbox"/> Follow-Up Care | 80.97% | < 50th | 85% |
| <input type="checkbox"/> Overall Experience | 73.60% | < 50th | 74% |

FY2020 CG CAHPS Performance

- *FY2020 CG CAHPS*

Goal: 85.0% (50th Percentile)

Performance: **82.1%** (1708 surveys)

- *FY2021 CG CAHPS*

Goal: 85.0%

FY2020 CG CAHPS

| Location Category | 50th Percentile | Dinuba Rural Health | | Exeter Rural Health | | Family Medicine Center | | Lindsay Rural Health | | SHWC | | Woodlake Rural Health | |
|--|--------------------|---------------------|------------|---------------------|------------|------------------------|------------|----------------------|-------------|------------------|------------|-----------------------|-------------|
| | | CAHPS % n=339 | Percentile | CAHPS % n=449 | Percentile | CAHPS % n=144 | Percentile | CAHPS % n=188 | Percentile | CAHPS % n=258 | Percentile | CAHPS % n=300 | Percentile |
| ☑ Getting Appointments, Care, and Information When Needed | 84% | 79.30% | < 50th | 69.29% | < 50th | 53.00% | < 50th | 74.49% | < 50th | 71.19% | < 50th | 66.03% | < 50th |
| ☑ Doctor Communication with Patients | 90% | 84.36% | < 50th | 82.53% | < 50th | 79.88% | < 50th | 88.12% | < 50th | 81.04% | < 50th | 88.22% | < 50th |
| ☑ Helpfulness, Courtesy and Respectfulness of Office Staff & ... | 89% | 88.07% | < 50th | 82.91% | < 50th | 76.14% | < 50th | 86.51% | < 50th | 83.43% | < 50th | 84.98% | < 50th |
| ☑ Overall Rating Doctor | 85% | 84.55% | < 50th | 79.41% | < 50th | 73.05% | < 50th | 86.74% | 50th - 75th | 79.68% | < 50th | 90.41% | 75th - 90th |

FY2020 HH CAHPS Performance

- *FY2020 HH CAHPS*

Goal: 88.0% (50th Percentile)

Performance: **90.6%** (75th-90th Percentile, 321 surveys)

- *FY2021 HH CAHPS*

Goal: **92.0%** (90th Percentile)

FY2020 Home Health CAHPS

| survey_group_name | Kaweah Delta Medical Center | |
|--|-----------------------------|--------------------|
| Category | n=321 | CAHPS % Percentile |
| <input type="checkbox"/> Care of Patients | 92.58% | < 50th |
| <input type="checkbox"/> Communications Between Providers and Patients | 89.53% | 50th - 75th |
| <input type="checkbox"/> Patient Recommendation | 81.82% | < 50th |
| <input type="checkbox"/> Specific Care Issues | 87.76% | < 50th |
| <input type="checkbox"/> Overall Rating | 90.61% | 75th - 90th |

FY2020 Hospice CAHPS Performance

- *FY2020 Hospice CAHPS*

Goal: 81.0% (50th Percentile)

Performance: **84.9%** (50th-75th Percentile, 93 surveys)

- *FY2021 Hospice CAHPS*

Goal: **89.2%** (75th Percentile)

FY2020 Hospice CAHPS

| n=93 | KDH 2019 Hospice Compare | 1st Qtr 2020 | National Average |
|--|---|------------------------------------|-----------------------------|
| Hospice Team Communication | 86.0 | 86.9 | 81.0 |
| Getting Timely Help | 78.0 | 88.5 | 78.0 |
| Treating Family Member with Respect | 93.0 | 88.5 | 91.0 |
| Providing Emotional Support | 90.0 | 92.2 | 90.0 |
| Getting Help for Pain or symptoms | 79.0 | 83.3 | 75.0 |
| Training Family in Care | 85.0 | 87.2 | 76.0 |
| Overall Rating of Hospice | 85.0 | 88.4 | 81.0 |
| Would you recommend this hospice? | 89.0 | 96.1 | 84.0 |

FY2020 ICH CAHPS Performance

- *FY2020 ICH CAHPS*

Goal: 86.7% (90th Percentile)

Performance: **100.0%** (99th Percentile, 27 surveys)

- *FY2021 ICH CAHPS*

Goal: **86.7%** (90th Percentile)

FY2020 ICH CAHPS

| Kaweah Delta Visalia Dialysis Composite Question | Current n | Your Top Box Score | | | All Sites N=2,792 |
|---|-----------|---------------------------|--------------------------|---|-------------------|
| | | Previous % May19-Jul19 | Current % Nov19-Jan20 | | Percentile Rank |
| Rate kidney doctors 0-10 | 27 | 78.4% | 74.1% | ▼ | 76 |
| Rate dialysis center staff 0-10 | 27 | 88.6% | 96.3% | ▲ | 99 |
| Rate dialysis center 0-10 | 27 | 91.4% | 100.0% | ▲ | 99 |
| Nephrologists' Communication and Caring | | 75.0% | 73.2% | ▼ | 69 |
| Quality of Dialysis Center Care and Operations | | 70.8% | 72.9% | ▲ | 84 |
| Providing Information to Patients | | 82.0% | 86.5% | ▲ | 85 |

FY2020 Rehab Performance

- *FY2020 Rehab*

Goal: 95.9% (90th Percentile)

Performance: **93.4%** (80 surveys)

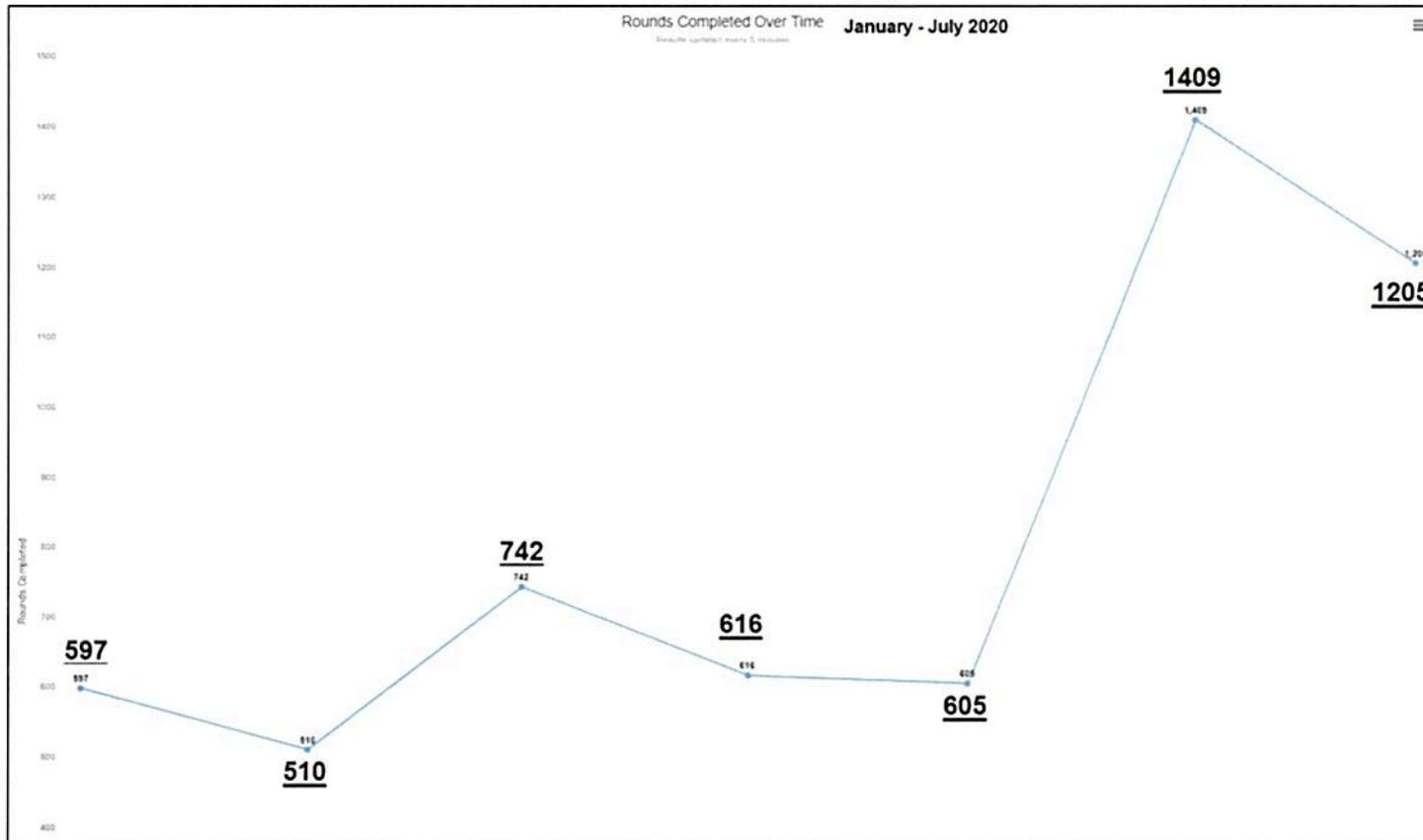
- *FY2021 Rehab*

Goal: **95.9%**

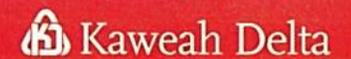
FY2020 Rehab

| Section Question | Mean | n | InfoTurn N = 310 | |
|-------------------------------------|------|----|---------------------|------|
| | | | Mean (N < 7) | Rank |
| Std Room | - | 0 | (N < 7) | N/A |
| Room | 83.6 | 81 | | |
| Std Nursing Care | 89.2 | 83 | 89.4 | 44 |
| Nursing Care | 89.2 | 83 | | |
| Std Physical Therapy | 93.6 | 81 | 93.7 | 41 |
| Physical Therapy | 93.6 | 81 | | |
| Std Occupational Therapy | 91.6 | 80 | 93.5 | 16 |
| Occupational Therapy | 91.6 | 80 | | |
| Std Speech Therapy | - | 0 | (N < 7) | N/A |
| Speech Therapy | 90.0 | 49 | | |
| Std Rehabilitation Doctor | 80.9 | 83 | 87.1 | 8 |
| Rehabilitation Doctor | 80.9 | 83 | | |
| Std Discharge | 86.1 | 81 | 86.2 | 43 |
| Discharge | 86.1 | 81 | | |
| Std Personal Issues | 89.3 | 82 | 88.7 | 50 |
| Personal Issues | 89.3 | 82 | | |
| Overall care at hospital | 93.4 | 80 | 91.8 | 64 |
| Likelihood of recommending facility | 92.4 | 79 | 91.8 | 50 |

Leader Rounding - Volume



More than medicine. Life.



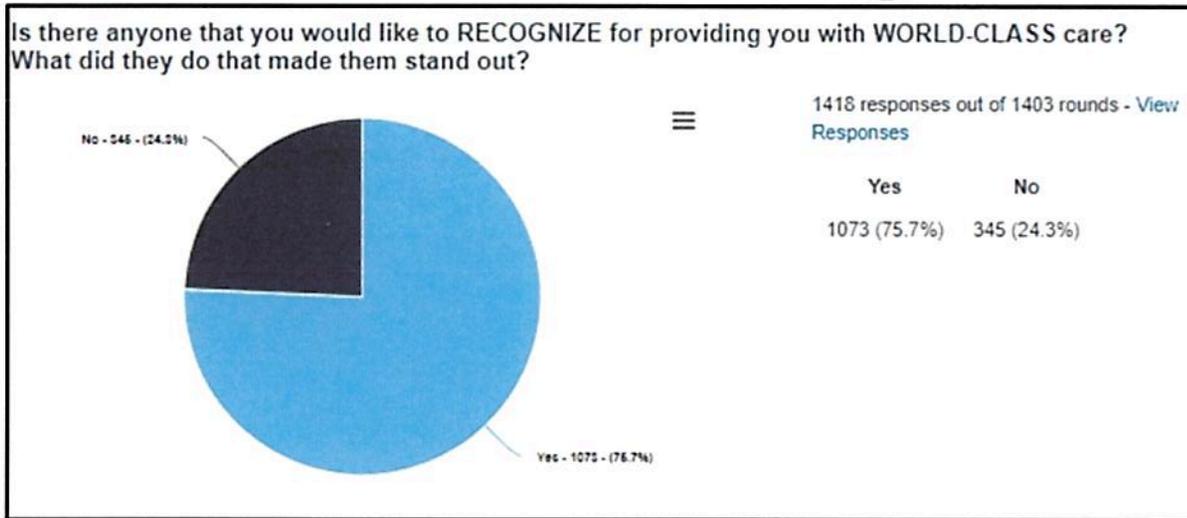
Leader Rounding - Participation

Teams Rounding

Food & Nutrition Services
Pharmacy
Radiology
Rehab
Neurosciences
Mental Health
Interpretive Services
Emergency Department
Orthopedics
Cardiac
Oncology
Medical / Surgical
CVICU
Therapy
Physicians

Environmental Services
Lab
Respiratory
Laundry
Skilled Nursing
Pediatrics
Case Management
Labor & Delivery
Obstetrics
NICU
Renal
ICU
ICCU
Facilities
Residents

Leader Rounding - Recognition



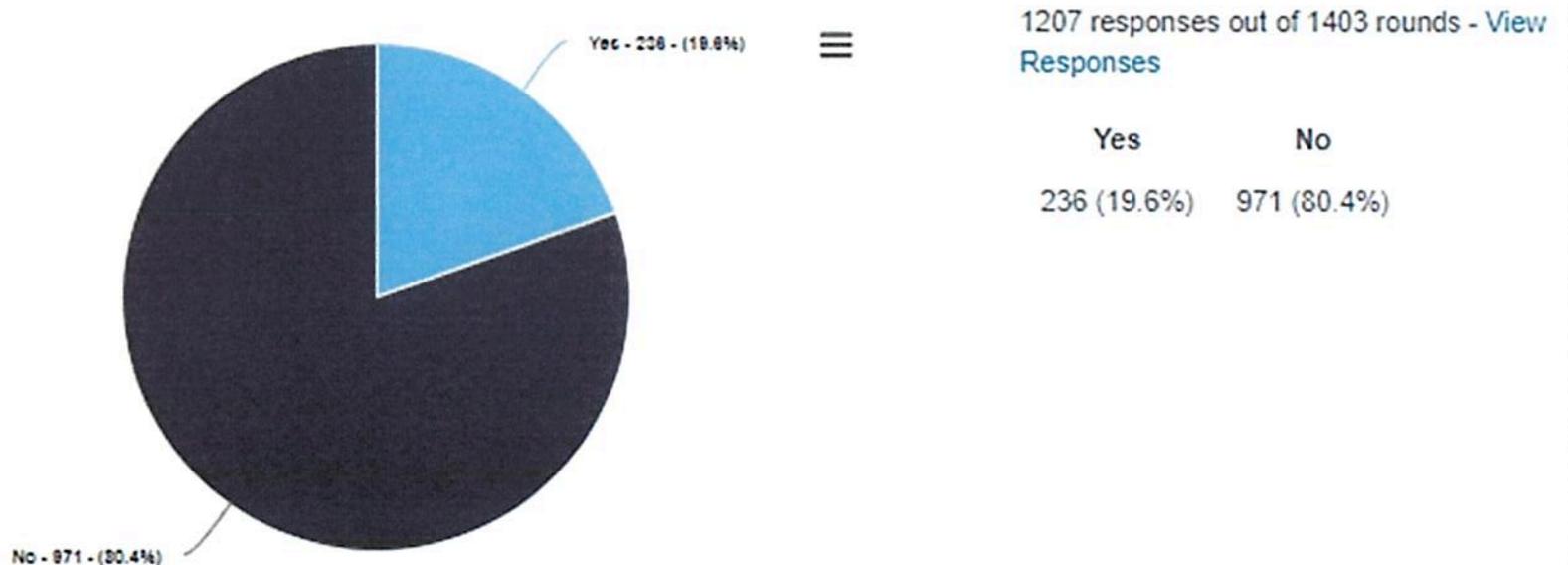
➤ *June & July
~1000 individual
recognitions*

Examples:

- Cecilia was polite and attentive. Dee Dee has great bedside manners, very knowledgeable about Diabetes, very patient when trying to teach me about my insulin injections. Estela provides excellent care when giving my bath, patient, not making me feel rushed. The staff here are great, you could not ask for a better team, days and nights.
- Jason in ED- Was amazing, he keep checking in on me. Jay Transport-Made me feel good and laugh. Ashley (Echo) – was very kind. Cheryl (2n) was very calming and kind.

Leader Rounding - Coaching

We strive to provide WORLD-CLASS CARE.
Is there anything we can do to improve our services?
Is there anyone who could be doing a better job?



Future Items to Review

A. Operation Always

- Kaweah Care Experience Bundle
- Nursing Bundle
- Physician Bundle

B. Overview of Patient Experience Department

- Complaint & Grievance Management
- Capturing Patient & Visitor Feedback