



November 1, 2024

## NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Patient Experience Committee meeting at 1:00PM on Tuesday November 5, 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 blue ink, appearing to read "David Francis", written over a light blue horizontal line.

Kelsie Davis  
Board Clerk, Executive Assistant to CEO

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 (1<sup>st</sup> Floor)

**Tuesday, November 5, 2024**

ATTENDING: Directors: Ambar Rodriguez & Mike Olmos; Gary Herbst, Chief Executive Officer; Keri Noeske, Chief Nursing Officer; Jennifer Cooper, Executive Assistant; Marc Mertz, Chief Strategy Officer; Deborah Volosin, Director of Community Engagement; Kelsie Davis, Board Clerk Recording

## **OPEN MEETING – 1:00PM**

- 1. CALL TO ORDER**
- 2. PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five 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.
- 3. PATIENT EXPERIENCE STATUS REPORTS** – Review of current scores, proposed action plans including timeline for proposed action and potential barriers to proposed action plans for the out patient clinics and the emergency department.  
*Molly Niederreiter, Director of Rehabilitation & Skilled Services; Melissa Quinonez, Director of Mental Health Services; and Keri Noeske, Chief Nursing Officer*
- 4. STRATEGIC PLAN / PATIENT EXPERIENCE** – Review patient experience and community engagement.  
*Keri Noeske – Chief Nursing Officer & Jennifer Cooper, Executive Assistant*
- 5. ADJOURN**

*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.*

*Mike Olmos – Zone I  
Secretary/Treasurer*

*Lynn Havard Mirviss – Zone II  
Vice President*

*Dean Levitan, MD –  
Zone III  
Board Member*

*David Francis – Zone IV  
President*

*Ambar Rodriguez – Zone V  
Board Member*

**Patient Experience  
Board Committee  
October 2024**



# Patient Experience Board Committee Agenda



Outpatient Therapy



Acute Rehab



Mental Health



Patient Experience  
Overall Results



FY25 Projected  
Initiatives & Strategic  
Plan Update

# Patient Experience Outpatient Therapy

NRC Health Results



[kaweahhealth.org](https://kaweahhealth.org)





## Outpatient Patient Experience Dashboard

METRICS	Bench mark	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Surveys FYTD	FYTD NPS
Dinuba Number of surveys completed		10	17	17							44	100
Dinuba Therapy Specialists NPS	90	100	100	100								
Dinuba Therapy Specialists % of Promoters	90	100	100	100								
Exeter Number of surveys completed		13	14	14							41	80
Exeter Therapy Specialists NPS	90	84	57	100								
Exeter Therapy Specialists % of Promoters	90	92	79	100								
Hand Therapy Number of surveys completed		30	18	14							62	88
Hand Therapy Specialists NPS	90	96	77	85								
Hand Therapy Specialists % of Promoters	90	97	83	93								
Akers Number of surveys completed		56	52	45							153	90
Akers Therapy Specialists NPS	90	89	92	88								
Akers Specialists % of Promoters	90	93	94	93								
Lover's Lane Number of surveys completed		19	34	15							68	98
Lover's Lane Therapy Specialists NPS	90	100	97	100								
Lover's Lane Specialists % of Promoters	90	100	97	100								
O/P Rehab Number of surveys completed		30	24	29							83	85
O/P Rehab Therapy Specialists NPS	90	83	87	86								
O/P Rehab % of Promoters	90	90	92	90								

## Outpatient Therapy Patient Experience

Action & Timeline	Barriers to Success	Active action plans to address barriers
<p>a. July 1st, 2024, outpatient therapy clinics transitioned from homegrown paper survey completed in person on the last day of therapy to WebPT Reach - 1 question (NPS) survey sent via text.</p> <p>b. Question – How likely are you to recommend Therapy Specialists to a friend or colleague?</p> <ul style="list-style-type: none"> <li>i. Promoters – score 9 or 10 Sent an additional text with link to add a Google and/or Facebook review</li> <li>ii. Passive – score 7 or 8</li> <li>iii. Detractors – score 0 to 6 Low score alert sent to Manager to do service recovery.</li> </ul> <p>c. Net Promoter Score – average over first 3 months</p> <ul style="list-style-type: none"> <li>i. Dinuba Therapy            100</li> <li>ii. Exeter Therapy            80</li> <li>iii. Hand Therapy            88</li> <li>iv. Akers Therapy            90</li> <li>v. Lovers Lane Therapy    98</li> <li>vi. Neuro Rehab            85</li> </ul>	<ul style="list-style-type: none"> <li>a. Only have 3 months of data.</li> <li>b. WebPT does not have NPS Benchmarking noted. <ul style="list-style-type: none"> <li>i. WebPT typically expect to see 80% of clinics in the 70-80 NPS range with 10% falling above and 10% below.</li> <li>ii. For 2023 average NPS score was 89 for 1.1 million surveys.</li> <li>iii. For 2024 (Jan – Sep) average NPS score is 89 for 752,800 surveys.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a. All Therapy staff will promote the survey and inform patients to expect a text.</li> <li>b. We also have QR codes for patients to enter a google review.</li> </ul>

# Patient Experience Mental Health Hospital

NRC Health Results



[kaweahhealth.org](https://kaweahhealth.org)





# PATIENT EXPERIENCE

This is the 2<sup>nd</sup> year using our Patient Experience Survey developed and implemented by our Unit Based Council.

## DATA HIGHLIGHTS

- Comparing same 10-month period 2023 vs 2024 all 9 drivers improved
- 12-month trend 10 of 11 drivers are above 85% target goal (April 2024 added 2 Social Worker drivers)
- NEW 2024: Soliciting patient feedback about Social Worker interactions, both drivers are above 90%
- Quiet at night improved 5.3% comparing 10 month, and 12 month trend is 83.2%

## PATIENT SURVEY COMMENTS

- “Thank you guys, each and every one of you for returning me back to my sanity and helping me fight for my humanity.”
- “Thank you guys for allowing me to be myself and feel human.”
- “I am thankful for everyone that helped me feel better.”

- Surveys are given to patients at discharge and turned in before they leave the hospital
  - Data analysis is completed internally
    - Data presented monthly during UBC and with staff, physicians and EVS
    - Target goal at 85% (85% of patients select “satisfied” or “very satisfied”)

# Patient Experience Scores



## PATIENT EXPERIENCE DASHBOARD: MENTAL HEALTH

Kaweah Board Report November 2024

Patient Experience Survey	Target	12 month avg	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	2023 Dec 22 - Sep 23	2024 Dec 23 - Sep 24
Total number of surveys completed	n/a	53	49	62	50	50	61	35	63	55	46	41	42	48	39	609	480
Did a doctor explain the reason for your admission?	85%	93.9%	87.0%	93.3%	91.8%	90.0%	93.1%	91.4%	93.6%	100.0%	90.7%	95.1%	95.2%	95.2%	97.4%	92.7%	94.2%
How satisfied were you with the way nurses treated, respected and listened to you?	85%	92.3%	89.8%	96.8%	96.0%	86.0%	93.2%	89.1%	92.7%	91.3%	88.0%	93.7%	92.9%	96.4%	91.3%	93.0%	91.5%
How satisfied were you with the way doctors treated, respected and listened to you?	85%	90.2%	77.5%	93.5%	96.0%	82.0%	91.7%	83.4%	87.9%	92.0%	92.4%	87.8%	93.3%	90.5%	91.3%	84.7%	89.2%
How satisfied were you with the way social workers treated, respected and listened to you?	85%	92.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	91.6%	89.8%	90.7%	90.5%	95.0%	94.4%	n/a	92.0%
How satisfied were you with how the nurses explained things to you?	85%	92.4%	91.8%	93.5%	94.0%	87.8%	93.2%	88.0%	93.0%	92.0%	92.4%	92.2%	92.9%	95.9%	93.3%	91.5%	92.1%
How satisfied were you with how the doctors explained things to you?	85%	89.4%	83.4%	90.4%	90.0%	83.7%	90.6%	84.0%	88.9%	90.5%	89.8%	90.7%	92.9%	92.7%	88.7%	85.1%	89.3%
How satisfied were you with how the social workers explained things to you?	85%	90.7%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	89.5%	90.2%	89.3%	92.9%	93.6%	88.7%	n/a	90.7%
How satisfied were you with how clean your room and bathroom were?	85%	87.0%	87.7%	88.6%	94.0%	72.0%	86.9%	85.1%	87.3%	89.3%	91.1%	87.3%	88.6%	89.5%	84.1%	84.4%	86.1%
How satisfied were you with how quiet your room was at night?	85%	83.2%	67.3%	83.6%	86.0%	72.0%	77.0%	79.4%	85.7%	85.8%	81.8%	83.4%	91.4%	88.2%	84.1%	77.6%	82.9%
How satisfied were you with your involvement in discharge planning?	85%	88.7%	87.5%	87.0%	90.0%	82.0%	86.8%	85.7%	85.7%	89.5%	90.2%	87.8%	94.8%	94.1%	91.3%	87.0%	88.8%
Did you receive any education on new medication?	85%	92.1%	93.8%	94.9%	87.5%	87.5%	93.0%	88.0%	88.8%	98.1%	97.5%	90.0%	95.0%	95.0%	89.7%	88.7%	92.3%

# Patient experience: Next steps

- ❖ Continue efforts to improve our patients' experience
  - Unit Based Council projects
  - Resident QI projects
  - Involvement of leaders, physicians, floor staff, EVS *and* nutrition services
  - Add 2 Dietary drivers to learn and improve the overall patient experience
  - Increase patient programming
- ❖ Encourage patients to complete survey (response rate year over year is +/- 50%)
- ❖ Continue to Monitor/Analyze results monthly



# Live with passion.

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





# Patient Experience Steering Committee updates







Kaweah Health Patient Experience Organization Goals

	Q1			Q2			Q3			Q4			FY25 YTD
	FY24 Baseline	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	
<b>OVERALL - Net Promoter Scores</b>													
Kaweah Health Overall (excl ED) - Net Promoter Score	79.2	79.7	81.1	78.9	78.6								79.6
Emergency Department - Net Promoter Score	N/A	14.1	30.1	23.5	27.9								23.9
Medical Clinics (Rural Health Clinics)	80.9	82.1	79	81.2	78.1								80.1
Inpatient Units	58.9	65.7	64.4	59	64.2								63.3
Specialty Clinics	83.5	87.9	88	85.1	83.1								86.0
Infusion Center	91.3	94.4	91.9	88.9	77.1								88.1
Diagnostic Center	85.7	90.7	87.5	83.2	83.9								86.3
Inpatient Rehabilitation	76	87.5	100	71.4	92.3								87.8
Outpatient Behavioral Health	74.9	64.7	90	64.3	84.7								75.9
<b>HCAHPS</b>													
Overall Hospital Rating	73.3	62.5	64.3	58.3									61.7
Would Recommend	73.1	60	64	66.7									63.6
OAS CAHPS -Otp Surgery Would Recommend (January-June)	70.1	81.9	50	N/A									66.0
<b>Cleanliness</b>													
HCAHPS Cleanliness (50th percentile)	68	61.8	66.1	66									64.6
Clinic Cleanliness - Consulting Specialty Clinics	85.4	81.8	82.8	81.5	83.1								82.3
Clinic Cleanliness - Medical Clinics	80.8	76.3	76.1	76	85.1								78.4
<b>Communication and Transitions</b>													
Nursing Communication (60th percentile)	82.8	71.8	74.1	75.8									73.9
Physician Communication (60th percentile)	81.5	88.2	82.1	68									79.4
Care Transitions (75th percentile)	48.6	50.4	46.2	43.3									46.6
Responsiveness of Hospital Staff (70th percentile)	69.9	64.2	54.4	66.8									61.8
<b>KEY</b>	Within 10% of goal/benchmark		>10% outside goal/benchmark		Outperforming/meeting goal/benchmark								

# Pt Exp Steering Committee Updates

- Physical Address Location Updates – Easier to Navigate using electronic map applications
- Reviewing and updating Internal Paper maps for accuracy
- Updated Signage underway – expect completion by January 2025 repeat Wayfinding Survey with community advisory group members
- Things to Know While You Wait – ED/EDAC Project
- Improve Parking Structures with Signage- City Collaboration for updates
- ED Compassionate Communication – Building Simulations for all team members –starting with 4South and Emergency Department
- Proposal pending – Allow Visitors Overnight, planning logistics and needs for ET review
- ED Lobby Visitors- expanding seating, creating guidelines, goal- no limitations unless ED lobby fire safety capacity reached (then still allow family to access patient)

### World-Class Service Champion: Keri Noeske

**Description:** Develop strategies that give our health care team the tools they need to deliver a world-class health care experience. We aim to be in the 90th percentile over the next three years.

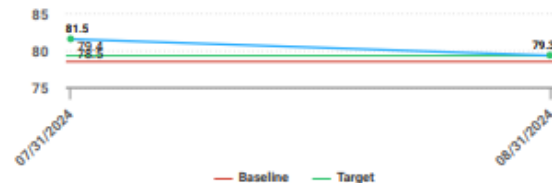
#### Work Plan (Tactics)

#	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	On Track	Signage should be being installed at the main hospital in the next few weeks.
4.1.2	Enhance patient clinical navigation with centralized and online scheduling and call center standardization.	07/01/2024	06/30/2025	Deborah Volosin	On Track	Patient Navigation Team has finished integrating all RHC's to be a part of the "First-Call" Resolution program. All appointments, calls, and texts come through the call center for a centralized solution. Working to expand to bring on the urgent care calls in early October.
4.1.3	Improve best image and reputation score on the community portal in NRC.	07/01/2024	06/30/2025	Deborah Volosin	On Track	The Rolling 12 Best Image/Reputation score as of July 2024 is 24.3. We are under the goal of 26.

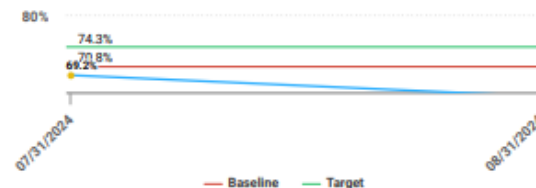
#### Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.5	Achieve a score of 74.3 in HCAHPS Overall Rating	07/01/2024	06/30/2025	Keri Noeske	Off Track	Developing customer service training, patient interaction simulations and looking for action plans from low performing units to improve scores.
4.1.6	Achieve a score of 75.4 in "Likelihood to Recommend"	07/01/2024	06/30/2025	Keri Noeske	Off Track	
4.1.1.1	Identify and establish goals to improve patient wayfinding experience	07/01/2024	06/30/2025	Deborah Volosin	On Track	All updated internal signage has arrived and is on the schedule to be hung. The paper map that is given to families at the entrances is being updated. We are communicating with the City to see if we can put signs on the parking garages and other parking lots surrounding the downtown campus.
4.1.4	Achieve overall organization net promoter score of 79.4	07/01/2024	06/30/2025	Keri Noeske	On Track	n= 2,662 ( 35th percentile) FY25 Q1

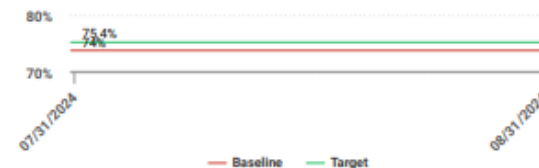
Achieve overall organization net promoter score of 79.4



Achieve a score of 74.3 in HCAHPS Overall Rating



Achieve a score of 75.4 in "Likelihood to Recommend"



Increase Compassionate Communication Champions: Keri Noeske

**Description:** To reach the 50th percentile in physician and nursing communication and responsiveness of staff on the HCAHPS survey.

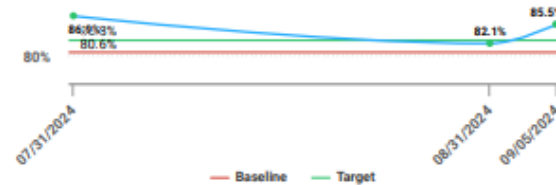
Work Plan (Tactics)

#	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	On Track	Schwartz Rounds are happening bi-monthly (the first Friday of every other month)
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	On Track	Planning group met on 9/23/24 to begin development of simulations modules. Roll-out to start with Emergency Department in December 2024, then share with other units throughout January to March.
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	Plan to create customer service modules for team members that will align with simulations used by leaders in the departments.

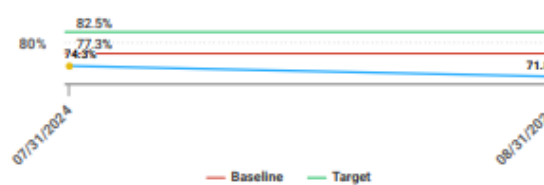
Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.4	Achieve a 82.8 in Physician Communication Inpatient Score	07/01/2024	06/30/2025	Keri Noeske	On Track	Continue to monitor, engage physician leaders as necessary to address low performing scores/providers.
4.2.5	Achieve a 82.5 in Nursing Communication Inpatient Score	07/01/2024	06/30/2025	Keri Noeske	Off Track	Nursing units monitoring nursing communication, submitting action plans in October to address low performing scores.
4.2.6	Achieve a score of 71.1 in Responsiveness of Staff to Patients and Among Internal Teams	07/01/2024	06/30/2025	Keri Noeske	Off Track	Individual Units evaluating and submitting action plans to Patient Experience Committee. Increasing nursing staff to support more help for responsiveness to patient needs.

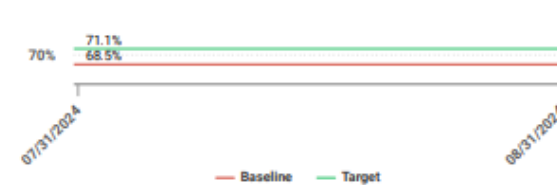
Achieve a 82.8 in Physician Communication Inpatient Score



Achieve a 82.5 in Nursing Communication Inpatient Score



Achieve a score of 71.1 in Responsiveness of Staff to Patients and Among Internal Teams



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

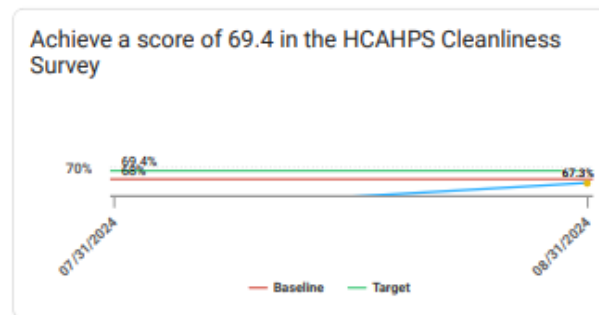
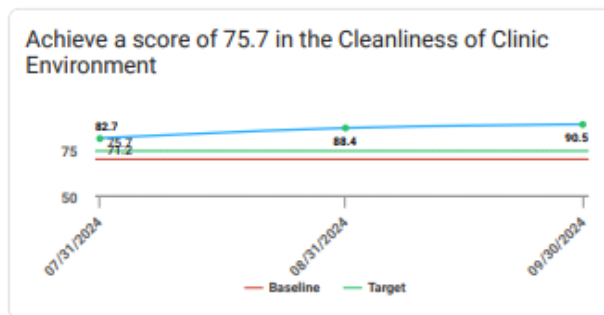
**Description:** To create a secure, warm, and welcoming environment for patients and the community.

#### 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	On Track	Marc Mertz and Dianne Cox continue to do rounds with the EVS and Facilities Directors to identify areas that either need repairs or updates. A few upcoming projects include: cafeteria remodel, Palliative Care work station renovations, the remodeling of a women's restroom in the MK Wing, and beautifying of courtyards. They are also looking into the feasibility of a cafe in the AW lobby.  They also identify areas that need additional cleaning.
4.3.2	Improve impact of the Patient Experience Steering Committee.	07/01/2024	06/30/2025	Deborah Volosin	On Track	We meet monthly with the Patient Experience Steering committee and put plans into action to better the patient and family experience. By improving wayfinding, upgrading facilities, increasing education and communication, working on compassionate

#### Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.4	Achieve a score of 75.7 in the Cleanliness of Clinic Environment	07/01/2024	06/30/2025	Keri Noeske	On Track	
4.3.5	Achieve a score of 69.4 in the HCAHPS Cleanliness Survey	07/01/2024	06/30/2025	Keri Noeske	Off Track	





## Community Engagement Champion: Deborah Volosin and Keri Noeske

**Description:** 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	On Track	Each year we do a recruitment campaign for new advisors for all of our advisory councils. In 2023-2024 we recruited nine new members for the various groups.
4.4.2	Increase the number of Kaweah Health leaders involved in service clubs and community organizations.	07/01/2024	06/30/2025	Deborah Volosin	On Track	We currently have 22 leaders involved in service clubs and community organizations.
4.4.3	Increase Speakers Bureau opportunities.	07/01/2024	06/30/2025	Deborah Volosin	On Track	13 leaders made 17 presentations to local community organizations in FY24. Our goal is to increase that number in FY25.
4.4.4	Schedule at least three Town Halls.	07/01/2024	06/30/2025	Deborah Volosin	On Track	The first Community Town Hall has been scheduled for Tuesday, October 22, 2024.
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	On Track	The advisory councils meet on a monthly basis. Their meetings include a time for feedback, Kaweah Health updates, and various presentations by service line leaders. (Palliative Care, Behavioral Health)
4.4.6	Create opportunities for board members to participate in community engagement activities.	07/01/2024	06/30/2025	Deborah Volosin	On Track	Board members receive invitations to attend community events such as dinners and galas. They also rotate coming to the advisory council meetings and are engaged with the community members who participate.