



July 1, 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 July 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 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, July 9, 2024**

ATTENDING: Directors: Ambar Rodriguez & Mike Olmos; Gary Herbst, Chief Executive Officer; Keri Noeske, Chief Nursing Officer; Shannon Cauthen Director of Critical Care Services; Melissa Filiponi Director of Maternal Child Health; Jennifer Cooper, Executive Assistant; Kelsie Davis, Recording

## **OPEN MEETING – 4:00PM**

### **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.

*Melissa Filiponi, Director of Maternal Child Health*

*Shannon Cauthen, Director of Critical Care Services Division*

**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*

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**Patient Experience  
Board Committee  
July 2024**



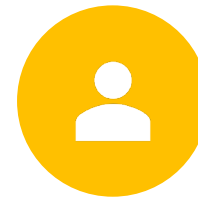
# Patient Experience Board Committee Agenda



Patient Experience  
Overall Results/Strategic  
Plan FY24



Maternal Child Health  
Patient Experience



Critical Care Patient  
Experience



FY24 Strategic Plan  
Update



FY25 Projected  
Initiatives



## Kaweah Health Patient Experience Organization Goals

	GOAL	Q1			Q2			Q3			Q4			FY24 YTD
		July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	
<b>OVERALL - Net Promoter Scores</b>														
Kaweah Health Overall - Net Promoter Score	83.2	78.6	77.2	77	76.4	78.4	76.7	80.4	82.2	82.5	82.6	81.6	79.3	79.4
Medical Clinics (Rural Health Clinics)		79.5	78.7	77.9	76.9	78.5	80	84.1	83.8	81.3	83.8	85.9	80.1	80.9
Inpatient Units		59.6	57.5	58.7	65	66.4	48.9	49	55.6	68.3	62.9	59.5	55.5	58.9
Specialty Clinics		85.2	79.7	82.8	77.7	83.9	79.9	84.9	87.3	87	93.4	78.5	81.7	83.5
Infusion Center		N/A	N/A	N/A	89.1	86.1	95.2	92.1	97.8	91.7	82.2	93.1	94.1	91.3
Diagnostic Center		90	84.5	81.4	83.2	87	86.3	82.6	88.3	89.6	84.7	83.4	87.1	85.7
Inpatient Rehabilitation		100	53.3	50	85.7	66.7	66.7	72.7	66.7	100	100	100	50	76.0
Outpatient Surgery		80.4	83.8	87.4	82.1	77	85.5	NA	NA	NA	NA	NA	NA	82.7
Outpatient Behavioral Health		76.5	83.5	69.3	80	63.6	78.8	77.1	71.2	79.7	67.6	72	80	74.9
<b>HCAHPS</b>														
Overall Hospital Rating	72	71.4	75	64.1	77.8	81	74	69.6	84.8	80	80	87.5		73.3
Would Recommend	71	68.8	70	63.2	76.9	84.5	77.8	72.2	75	64.3	74.4	85.7		73.9
OAS CAHPS -Optpt Surgery Would Recommend	85.2	NA	NA	NA	NA	NA	NA	75	89	67	73	100		
<b>Cleanliness</b>														
HCAHPS Cleanliness (50th percentile)	66	60	63.4	69.1	71.8	73.9	69.4	76.5	66.7	65.2	66	87.5		70.0
Clinic Cleanliness - Consulting Specialty Clinics	81.8	84	79.4	84.6	79.2	85.3	85.3	82.2	82.6	90	89.2	88.5	82.9	84.4
Clinic Cleanliness - Medical Clinics	81.8	76	74.9	77	75.6	75	73.3	75.8	89.3	91.3	90.5	89.3	91.2	81.6
<b>Communication and Transitions</b>														
Nursing Communication (60th percentile)	79	77.5	79.9	73.8	86.7	88.8	84	86.9		86.1	82.7	87.5		83.4
Physician Communication (60th percentile)	80	82.2	79.5	83.2	81.1	83.6	80.9	85.5	78.1	70.2	79.3	79.2		80.3
Care Transitions (75th percentile)	55	49.9	60.2	39.6	56.6	50.7	48.2	38.4	37.9	51.6	50.5	64.9		49.9
Responsiveness of Hospital Staff (70th percentile)	69	71.1	65.4	69.6	78.1	65.8	70.5	80	56	62.2	61.2	84.5		69.5
<b>KEY</b>		Within 10% of goal/benchmark		>10% outside goal/benchmark		Outperforming/meeting goal/benchmark								



# Maternal Child Health

Patient Experience  
July 2024



# Maternal Child Health Leadership Team



Melissa Filiponi  
Director Maternal  
Child Health



Danielle Grimaldi  
Nurse Manager  
Pediatrics



Felicia Vaughn  
Nurse Manager  
Neonatal Intensive  
Care Unit (NICU)



Daniel Castaneda  
Assistant Nurse  
Manager Neonatal  
Intensive Care Unit  
(NICU)



Mary Dieterle  
Assistant Nurse  
Manager Neonatal  
Intensive Care Unit  
(NICU)



Laura Robertson  
Nurse Manager  
Labor and Delivery

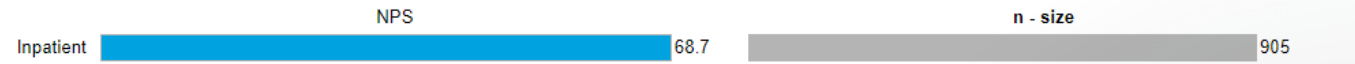
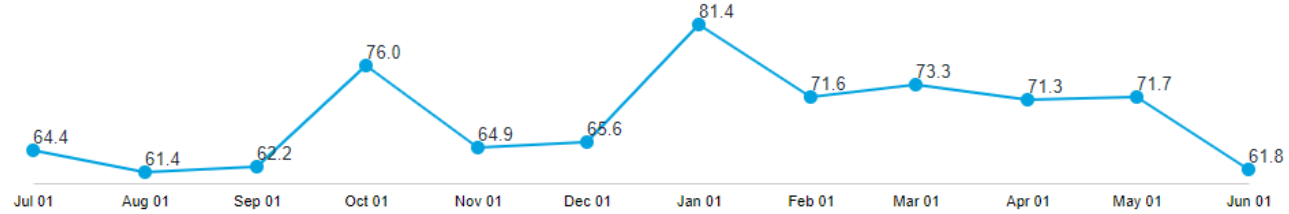


Stephanie Genetti  
Nurse Manager  
Mother Baby,  
Nursery and  
Lactation

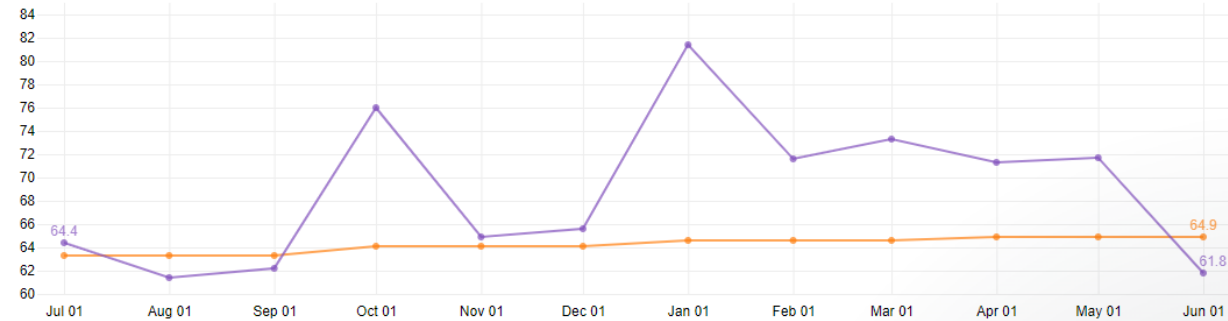
# Labor and Delivery/Mother Baby - Patient Experience Dashboard

NET PROMOTER SCORE

68.7 n-size: 905



NPS: Facility would recommend



Key Metric Net Promoter Score	Jul 01	Aug 01	Sep 01	Oct 01	Nov 01	Dec 01	Jan 01	Feb 01	Mar 01	Apr 01	May 01	Jun 01
	64.4	61.4	62.2	76.0	64.9	65.6	81.4	71.6	73.3	71.3	71.7	61.8
	n = 90	n = 88	n = 82	n = 96	n = 74	n = 93	n = 59	n = 74	n = 75	n = 80	n = 60	n = 34

	Care provider explain-if not better	Care providers listened	Facility was clean	Food services courtesy/respect	Human Understanding	NPS: Facility would recommend	Nurses explained things	Providers knew medical history	Room quiet at night
<b>Grand Total</b>	72.1 (n-size: 953)	66.9 (n-size: 980)	67.9 (n-size: 965)	86.6 (n-size: 803)	70.8 (n-size: 915)	68.7 (n-size: 905)	65.9 (n-size: 992)	45.0 (n-size: 1,014)	64.1 (n-size: 970)
<b>MB</b>	72.0 (n-size: 928)	66.8 (n-size: 954)	67.9 (n-size: 940)	86.7 (n-size: 783)	70.5 (n-size: 891)	69.0 (n-size: 882)	66.0 (n-size: 965)	44.8 (n-size: 987)	63.9 (n-size: 944)
<b>2E</b>	76.0 (n-size: 25)	73.1 (n-size: 26)	68.0 (n-size: 25)	80.0 (n-size: 20)	83.3 (n-size: 24)	56.5 (n-size: 23)	63.0 (n-size: 27)	51.9 (n-size: 27)	73.1 (n-size: 26)



# Labor and Delivery/Mother Baby - Positive Patient Comments

Patient 1: The mother and baby unit and the NICU were absolutely amazing. They treated both my daughter with compassion and care. They made sure that we were well informed about our health and ensured we went home healthy and safe.

Patient 2: From the beginning, every nurse and doctor we met was beyond helpful. The one who stood out the most was the nurse that was with us through the whole delivery process. She was so kind and helpful. She would help me keep me calm while also guiding me through every push. She was one of the biggest reasons why the whole time I was calm. I thank her for everything.

Patient 3: Since I arrived, all the nurses were incredibly attentive and kind. They were all very supportive and understanding. Even the security met me half ways with a wheel chair during the middle of a contraction. I am very grateful with all of them. They all made my delivery very pleasant.

Patient 4: Great experience for my first child. I didn't know what to expect throughout each step, but everyone worked as a team to help me and my baby through it. I felt safe and well taken care of. Thank you!

Patient 5: Very very thankful of all the nurses that helped me throughout my birth journey. I will never forget them or the beautiful experience I had.

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# Labor and Delivery/Mother Baby – Patient Experience Initiatives

1. Labor Coping Cart – includes tools to help the patient cope with their labor. The tools included are various battery operated lights for ambiance, combs, spike balls, and clothes pins for acupressure and pain distraction, massage balls, and oil diffusers and cotton balls for aromatherapy. The Labor Coping Cart was suggested by staff. (implemented 05/2024)
  2. Increased visiting hours – previous visiting hours were reduced to promote quiet time and bonding. We now offer the same hours as the rest of the hospital and provided scripting to the patient if they choose to limit visitors or visiting times. (implemented 06/2024)
  3. Daily leader rounding – the leaders of the unit round daily with patients to ensure their experience has been good. If there are any issues then the leaders have the opportunity to recover the service in real time. (implemented 2015)
  4. Plastic multiuse cup w/ straw – we switched from using Styrofoam cups to these new cups. The patients love them as they get to take them home. (implemented 01/2024)
  5. Breastfeeding education – all staff within Maternal Child Health have been educated, trained and completed competencies in breastfeeding to support our patients feeding preference during their stay. (implemented 01/2024)
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# Neonatal Intensive Care Unit (NICU) – Patient Experience Data

- Our patient experience data is collected through a paper survey that is distributed to our patients prior to discharge. The Neonatal Intensive Care Unit does not participate in the NRC platform.
- We ask our patients the following 9 questions. The questions are answered yes or no and they are given the opportunity to explain any of their responses.
  - Did the MD/NNP update you on the plan of care every day?
  - Did you receive breastfeeding education during your time in the NICU?
  - Did the nurse in the NICU provide satisfactory care?
  - Was the environment in the NICU restful for your baby with noise level and room lighting?
  - Do you feel that the NICU prepared you to care for your infant at home?
  - Were you given the opportunity and/or encouraged to participate in hands on care during your infant's NICU stay?
  - Did the NICU explain things to you in a way that was easy for you to understand?
  - Did a particular NICU team member stand out to you as giving A+ care?
  - Is there anything we could have done better for your?
- We have received 114 parent surveys returned between December 2023 and May 2024. The NICU Leadership team responds promptly to any of the patients concerns during they stay.

# Neonatal Intensive Care Unit (NICU) – Patient Experience Initiatives

1. Daily leader rounding – the leaders of the unit round daily with patients to ensure their experience has been good. If there are any issues then the leaders have the opportunity to recover the service in real time. (implemented in 05/2020)
  2. Breastfeeding education – all staff within Maternal Child Health have been educated, trained and completed competencies in breastfeeding to support our patients feeding preference during their stay. (implemented 01/2024)
  3. Parent lounge – we are working to spruce up our parent lounge to create a more user friendly environment. (coming 09/2024)
  4. Holiday celebrations – the NICU team uses every holiday to celebrate with our families and their babies. They make cards, certificates, take photos of the babies dressed up to share with the parents/families.
  5. NICU Reunion – we are working towards hosting a NICU reunion in Fall 2025. We would like to invite our previous NICU families back to tour the NICU, meet the team, and allow our staff to see the growth in our previous NICU patients.
  6. Discharge Wall – we are working to develop a discharge wall that will include pictures of our discharged patients as well as a graphic for our family to take pictures in front of at discharge. (coming 09/2024)
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# Pediatrics – Patient Experience Data

- Our patient experience data is collected through a paper survey that is distributed to our patients prior to discharge. The Pediatrics Unit does not participate in the NRC platform.
- We ask our patients the following 9 questions. The questions are answered yes or no and they are given the opportunity to explain any of their responses.
  - Did the MD or Nurse update you on the plan of care every day?
  - Did you receive education for medications during your time Pediatrics?
  - If your child was given a pain medication, do you feel like helped?
  - Was the environment of Pediatrics restful for your child during your stay?
  - Do you feel that Pediatrics prepared you to care for your child during your stay?
  - Did staff on Pediatrics explain things to you in a way that was easy for you to understand?
  - Did a particular Pediatric team member stand out to you as providing you and your child with exceptional care?
  - Is there anything we could have done to make your stay better?
  - On a scale of 1-10 (1 being poor and 10 being excellent), how was your stay on Pediatrics?
- We have received 30 parent surveys returned between December 2023 and May 2024. The Pediatric Leadership team responds promptly to any of the patients concerns during they stay. We have received 26 – 10's, 2 – 9's and 2 – 8's.



# Pediatrics Unit – Patient Experience Initiatives

1. Daily leader rounding – the leader of the unit rounds daily with patients to ensure their experience has been good. If there are any issues then the leaders have the opportunity to recover the service in real time. (implemented 2018)
  2. Playroom – we are working to update the toys and equipment in the playroom for our patients. (implemented 04/2024)
  3. Breastfeeding education – all staff within Maternal Child Health have been educated, trained and completed competencies in breastfeeding to support our patients feeding preference during their stay. (implemented 01/2024)
  4. Digital Movie List – we have a collection of DVD's that we have the ability to play across a channel throughout our rooms. Staff created a digital movie list and also created a QR code that is posted in the patient rooms for the patients choice. (implemented 10/2023)
  5. Patient White Boards – updated white boards have been designed by our marketing team and ordered. They are user friendly and include information to keep the patient updated regarding their plan of care. (coming 07/2024)
  6. Clinical Partnership with Valley Children's Hospital – we continue to share best practices, policies and guidelines with the leadership teams at Valley Children's Hospital to ensure we are providing world-class pediatric care to our patients. (implemented 2015)
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# Patient Experience Update

Critical Care Services Division  
ICU, 3W, CVICU, 5T, RRT, Chaplains, Palliative Medicine


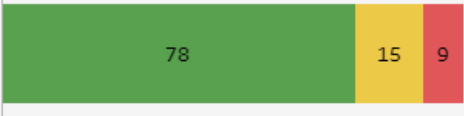
Shannon Cauthen, MSN, RN, CCRN-K



# Critical Care HCAHPS

Jan 2024		Feb 2024		Mar 2024		Apr 2024		May 2024		Jun 2024	
Survey CahpsType		Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024				
HCAHPS Inpatient	Returned n-size	4	2	6	2	2	0				
	Surveyed n-size	16	11	25	11	14	6				
	Response Rate	28.6%	25.0%	26.1%	18.2%	16.7%	0.0%				
Grand Total	Returned n-size	4	2	6	2	2	0				
	Surveyed n-size	16	11	25	11	14	6				
	Response Rate	28.6%	25.0%	26.1%	18.2%	16.7%	0.0%				

Cumulative Response Rates and NPS for ICU, CVICU, 3 West and 5 Tower

Select Hierarchy Level Selection	Positive Score	NPS	n-size	Responses by Category
Inpatient	76.5%	67.6	102	
Grand Total	76.5%	67.6	102	

# Critical Care Units

## Sound Physicians Go-Live March 1<sup>st</sup>, 2024

- Implementation of Multidisciplinary Rounds (MDRs)
- Emphasis on quality of care
- Enhanced communication w/ staff, families and other providers
- Active participation from Medical Director and Assistant Medical Director



# How do MDRs improve Pt Experience?

*In Critical Care, patients aren't always able to participate in discussions regarding goals of care. The family's presence and participation is paramount to the successful recovery of the patient.*

- According to the National Quality Forum (2018), timely and efficient coordination of care is tied to improved patient experience, higher quality care and reduced costs.
- MDRs allow family to listen, ask questions and understand the goals of care in real time
- Collaboration between multidisciplinary groups helps streamline care and shorten length of stay
- MDRs help prevent miscommunication/misunderstandings among varied team members

*Examples:*

1. *During MDRs on 6/18/24, the mother of a patient was bedside for MDRs. She asked when a certain test would be done. The attending explained the test could be done bedside within an hour- and if it wasn't done in an hour, she should notify the attending so he could make sure it was completed quickly. This type of interaction outlines expectations for the team and empowers the mom to be an important member of her son's care.*
2. *During MDRs on 6/19/24, parents of a young critically ill patient were invited to participate in rounding and provided essential information about the patient's medical history. Their participation allowed us to get the right specialties involved immediately to prevent complications and have the best chance at achieving an optimal outcome for the patient.*

National Quality Forum. (2018). Prioritizing measure gaps: care coordination. Retrieved from <http://www.qualityforum.org/ProjectDescription.aspx?projectID=73282>



# Other Strategies

- Including patient compliments in weekly/monthly newsletters sent to staff
- Process established to review and respond to NRC Service Alerts within 24 hours of receipt for each of the units
- Promote and maintain a clean/tidy environment
- Promote awareness around noisy environment and work to reduce extraneous noises



# Palliative Medicine

- Addition of new Palliative Medicine Provider in August, 2024 Dr. Roxanne Telamayan
- Achieve full staffing with on-boarding of new Social Worker on 7/8
- Continued education of Palliative Medicine Team to best practices and ethical frameworks to ensure optimal interactions with patients and families
  - Examples include: Webinars by the Program in Medical Ethics and Human Values at Tulane University featuring Thaddeus Pope, JD, PhD, HEC-C.

# Chaplains

- Working w/ Community Faith Leaders to ensure they have unencumbered access to visit their parishioners while hospitalized
- Training in-house chaplains to Crisis Prevention Intervention (CPI)
  - Ensures therapeutic de-escalation of situations to promote physical and mental well-being of both patients and staff



# Strategic Plan FY24 Project Updates

- July 1<sup>st</sup> we started surveying ED through NRC.
- Floor signage changes are underway
- QR Codes for Feedback
- Patient Story Sharing
- Service Alert Responses
- Compliment Sharing

# Strategic Plan FY25 Project Updates

- Service Recovery
- Lost Belongings Prevention
- Patient Navigation
- Customer Service Training
- Consistency with Compassionate Communication
- Environment Enhancements
- Engage Medical Staff
- Department Level
  - Responsiveness of Staff
  - Care Transitions