



# **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, September 10, 2024**

ATTENDING: Directors: Ambar Rodriguez & Mike Olmos; Gary Herbst, Chief Executive Officer; Keri Noeske, Chief Nursing Officer; Ivan Jara, Director of Rural Clinics & Urgent Cares; Tracy Salsa, Director of Cardiovascular Service Line; Kevin Bartel, Director of Orthopedics, Neurosciences & Specialty Practice; 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 for the out patient clinics and the emergency department.  
*Ivan Jara, Director of Rural Clinics & Urgent Cares; Tracy Salsa, Director of Cardiovascular Service Line; Kevin Bartel, Director of Orthopedics, Neurosciences & Specialty Practice; 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  
September 2024**



# Patient Experience Board Committee Agenda



Outpatient Medical Clinics



Rural Health Clinics



Specialty Clinics



Patient Experience Overall Results



FY25 Projected Initiatives & FY24 Strategic Plan Update

# Patient Experience Scores: Outpatient Clinics

NRC Health Results



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



# Medical Clinics

Plaza Ben Maddox Willow Center for Mental Wellness

## NRC Health Results



[kawahhealth.org](https://www.kawahhealth.org)

# Medical Clinic - Plaza

## Trend

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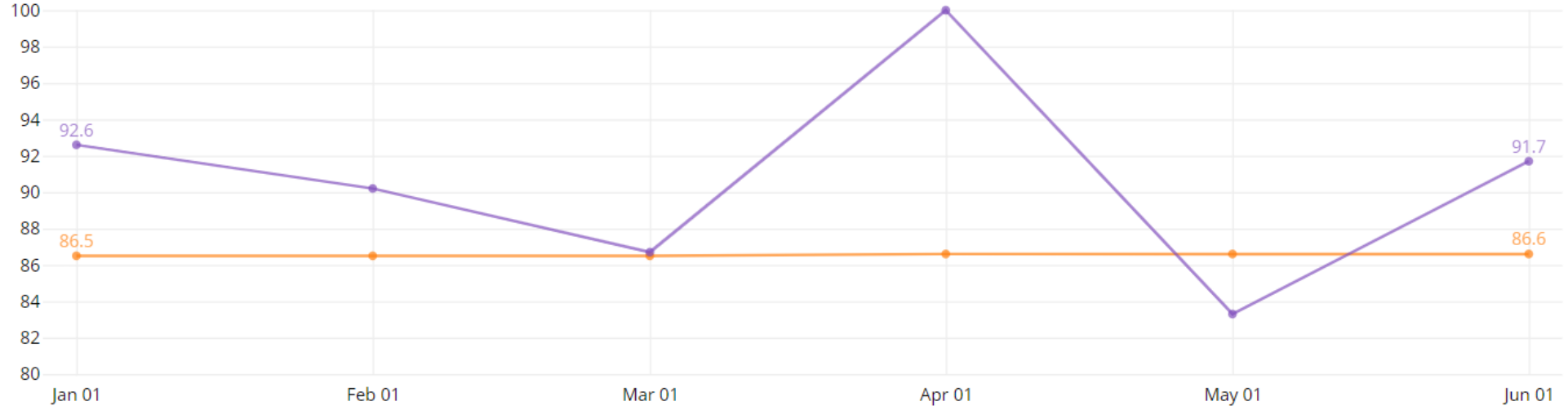
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Jul 01, 2023 - Jun 30, 2024

Respondents 155

■ Benchmark ■ Key Metric Net Promoter Score

NPS: Provider would recommend



	Jan 01	Feb 01	Mar 01	Apr 01	May 01	Jun 01
Key Metric Net Promoter Score	92.6 n = 27	90.2 n = 41	86.7 n = 15	100.0 n = 6	83.3 n = 30	91.7 n = 36

# Medical Clinic - Ben Maddox

## Trend

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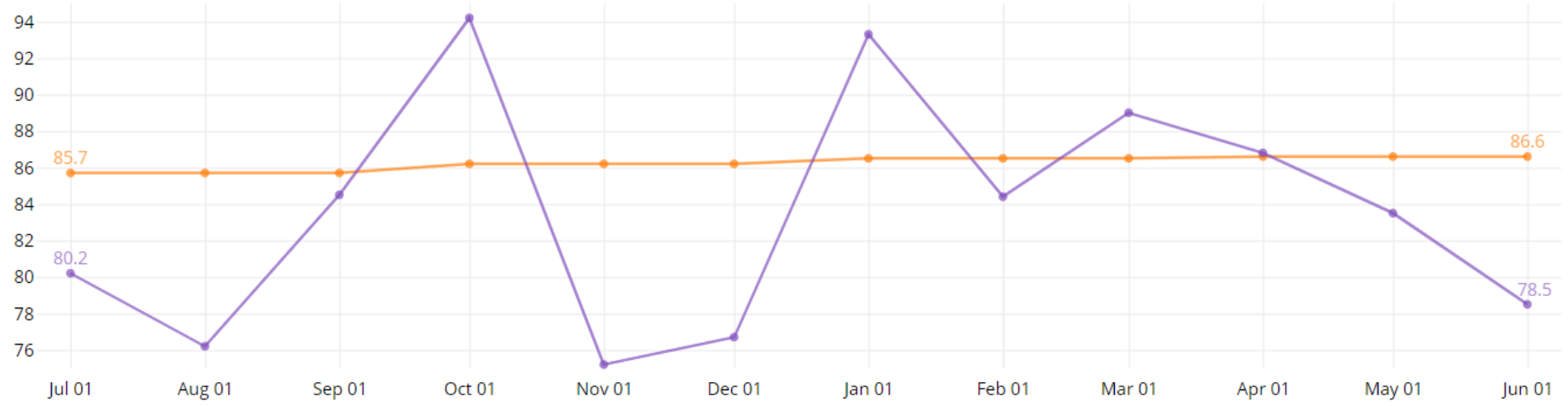
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Jul 01, 2023 - Jun 30, 2024

Respondents 1,473

■ Benchmark ■ Key Metric Net Promoter Score

NPS: Provider would recommend



	Jul 01	Aug 01	Sep 01	Oct 01	Nov 01	Dec 01	Jan 01	Feb 01	Mar 01	Apr 01	May 01	Jun 01
Key Metric Net Promoter Score	80.2 n = 111	76.2 n = 105	84.5 n = 142	94.2 n = 69	75.2 n = 105	76.7 n = 129	93.3 n = 135	84.4 n = 141	89.0 n = 146	86.8 n = 136	83.5 n = 133	78.5 n = 121

# Center for Mental Wellness

Trend

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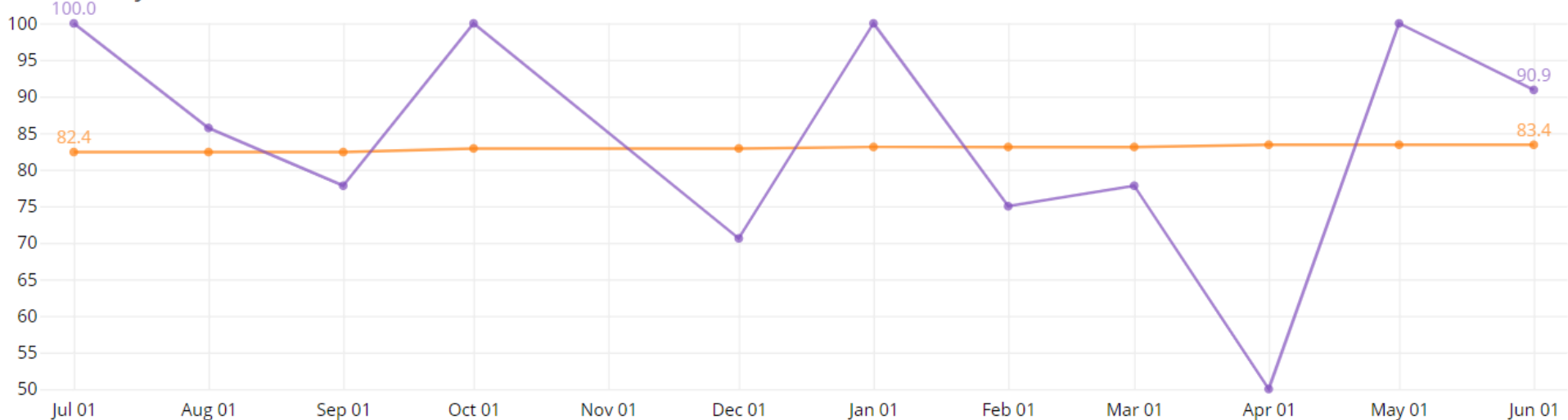
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Jul 01, 2023 - Jun 30, 2024

Respondents 75

■ Benchmark ■ Key Metric Net Promoter Score

NPS: Facility would recommend



	Jul 01	Aug 01	Sep 01	Oct 01	Dec 01	Jan 01	Feb 01	Mar 01	Apr 01	May 01	Jun 01
Key Metric Net Promoter Score	100.0 n = 3	85.7 n = 7	77.8 n = 9	100.0 n = 4	70.6 n = 17	100.0 n = 6	75.0 n = 4	77.8 n = 9	50.0 n = 4	100.0 n = 1	90.9 n = 11



**Rural Health and Medical Clinics**

Clinic	Barriers/Opportunities	Action taken	Outcome	Reason for lack of progress
Rural Health	High demand for services leading to long wait times and shorter visits. Identifying clinician champions to coach providers.	Actively engaged in recruiting APPs and Physicians. Presenting survey data at monthly provider meetings, staff meetings, medical director meetings, and management meetings.	Increase access across all services. Timely service recovery. Engaged clinicians	Onboarding timelines. Space. Consistency
Medical Clinics	Knew medical history' is the top opportunity. Episodic care services tend not to collect a patient's medical history. This leads to a low 'Trust provider w/ care' score.	Present survey data at monthly provider meetings, staff meetings, medical director meetings, and management meetings. Assign coaching videos from NRC to providers.	Timely service recovery and engaged clinicians	Intentional coaching and consistency.

# Rural Health Clinics

Woodlake Dinuba Exeter Lindsay Tulare

## NRC Health Results



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



# All Locations-Trended

Trend

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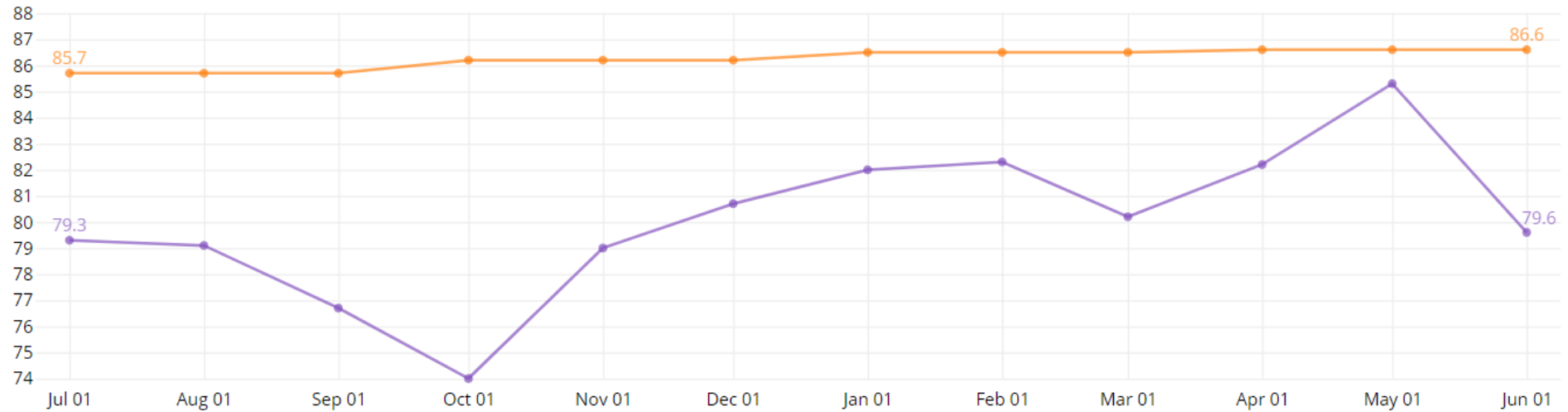
Jul 01, 2023 - Jun 30, 2024

Respondents

7,972

■ Benchmark ■ Key Metric Net Promoter Score

NPS: Provider would recommend



	Jul 01	Aug 01	Sep 01	Oct 01	Nov 01	Dec 01	Jan 01	Feb 01	Mar 01	Apr 01	May 01	Jun 01
Key Metric Net Promoter Score	79.3 n = 566	79.1 n = 636	76.7 n = 733	74.0 n = 407	79.0 n = 695	80.7 n = 688	82.0 n = 660	82.3 n = 750	80.2 n = 733	82.2 n = 775	85.3 n = 668	79.6 n = 661

**Rural Health and Medical Clinics**

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Medical Clinics	Knew medical history' is the top opportunity. Episodic care services tend not to collect a patient's medical history. This leads to a low 'Trust provider w/ care' score.	Present survey data at monthly provider meetings, staff meetings, medical director meetings, and management meetings. Assign coaching videos from NRC to providers.	Timely service recovery and engaged clinicians	Intentional coaching and consistency.

# Specialty Outpatient Clinics

NRC Health Results



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



# Cardiology Center - Visalia

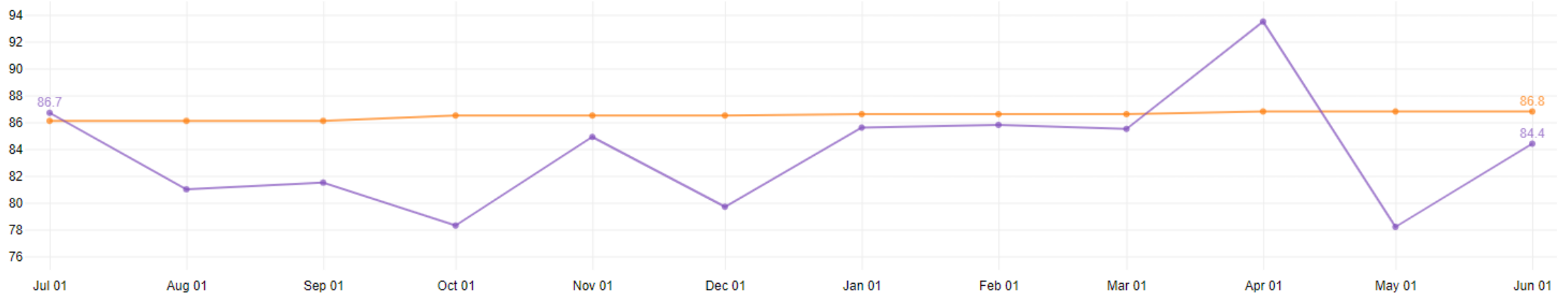
## Trend

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Jul 01, 2023 - Jun 30, 2024

Respondents 2,583

■ Benchmark
 ■ Key Metric Net Promoter Score

NPS: Facility would recommend



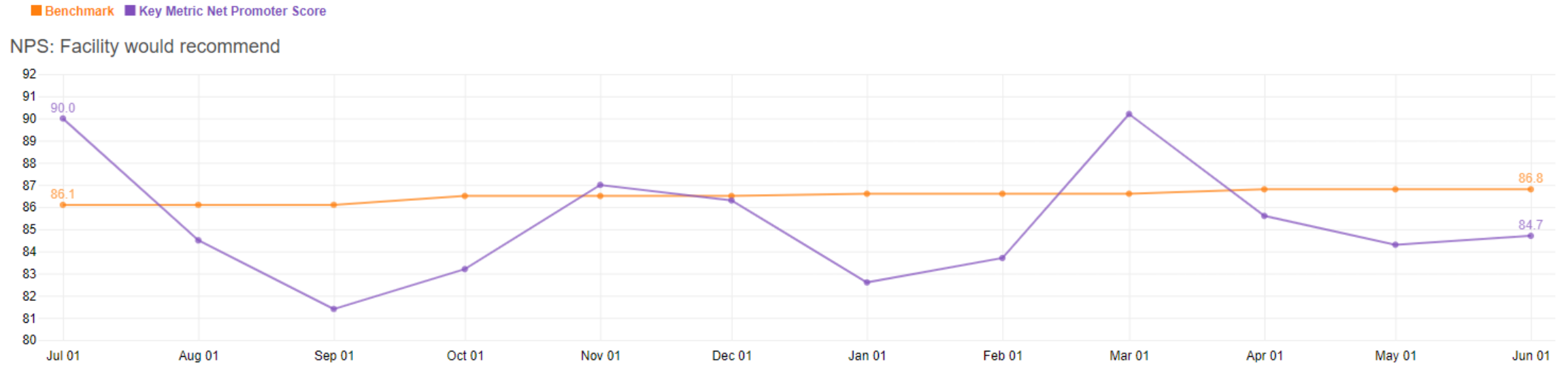
Key Metric Net Promoter Score	Jul 01	Aug 01	Sep 01	Oct 01	Nov 01	Dec 01	Jan 01	Feb 01	Mar 01	Apr 01	May 01	Jun 01
	86.7 n = 218	81.0 n = 242	81.5 n = 243	78.3 n = 120	84.9 n = 225	79.7 n = 177	85.6 n = 250	85.8 n = 219	85.5 n = 255	93.5 n = 230	78.2 n = 225	84.4 n = 179

# Diagnostic Center

## Trend

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Jul 01, 2023 - Jun 30, 2024

Respondents 2,877



	Jul 01	Aug 01	Sep 01	Oct 01	Nov 01	Dec 01	Jan 01	Feb 01	Mar 01	Apr 01	May 01	Jun 01
Key Metric Net Promoter Score	90.0 n = 210	84.5 n = 233	81.4 n = 236	83.2 n = 149	87.0 n = 261	86.3 n = 249	82.6 n = 265	83.7 n = 252	90.2 n = 256	85.6 n = 277	84.3 n = 254	84.7 n = 235

### Specialty Outpatient Clinics

Clinic	Barriers/Opportunities	Action Taken	Outcome	Reason for lack of progress
Cardiology Center	Patient surveys indicated lower scores for staff "courtesy/respect"	Further investigation these scores relate to front office staff (high turnover position & understaffed); added 1 FTE (total is 4) to front desk due to patient input of wait times for check in & check out; manager conducted customer service class for front desk staff; cross-trained a back-office FTE to help on busier days; return of registration trainer has provided consistency	Positive trend from low 80s to high 80s for the past 60 days	Continue to monitor
Cardiology Center	Wait time to see physician	Newly hired scribes impact physician efficiency; high turnover position that requires extensive training period; manager identified scribe trainer to assist with shortening on-boarding/training period	Slight positive improvement in scores in last 60 days	Manager assessing scribe & medical assistant workflow to identify redundancies; working to streamline prep time prior to patient visit
Diagnostic Center	4 – 6 weeks wait for echocardiogram appt.	Removed wall in an exam room to convert to testing room; increased testing capacity to add 28 echocardiograms per week	Shortened appt. wait time to 3 – 4 weeks	Manager continues to work with sonographer to increase efficiency to work at same productivity level as other sonographers in clinic
Diagnostic Center	Patients unsure when to expect results of test	Investigation of these results relate to "outside" patients (referred by a PCP or another non-KH Cardiologist); manager working on process for sonographer staff as to how to inform patient when to expect results – relates to patient needing a f/u appt. with referral physician – this appt. is not known to KH staff	In progress	In progress



# Specialty Clinic

## Trend

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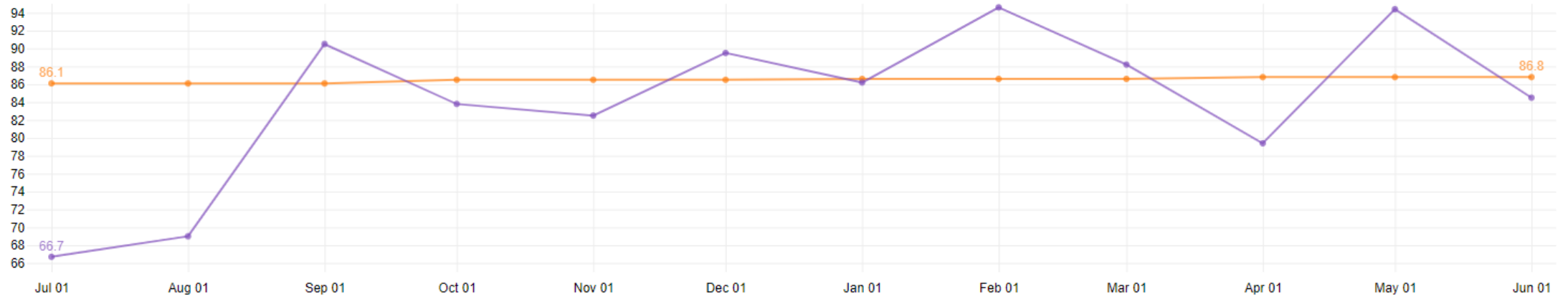
Jul 01, 2023 - Jun 30, 2024

Respondents

705

■ Benchmark ■ Key Metric Net Promoter Score

NPS: Facility would recommend



	Jul 01	Aug 01	Sep 01	Oct 01	Nov 01	Dec 01	Jan 01	Feb 01	Mar 01	Apr 01	May 01	Jun 01
Key Metric Net Promoter Score	66.7 n = 18	69.0 n = 29	90.5 n = 42	83.8 n = 74	82.5 n = 97	89.5 n = 38	86.2 n = 87	94.6 n = 56	88.2 n = 76	79.4 n = 68	94.4 n = 36	84.5 n = 84

**Specialty Outpatient Clinics**

Clinic Specialty	Barriers/Opportunities	Action taken	Outcome	Reason for lack of progress
Infusion Center	High volume, new visits scheduled out 2-3 weeks	Expansion to increase volume capacity by 185%	Ability for staff and patients to have more space for treatment administration	N/A
Urology	Patient visits scheduled out 3+ months	Recruitment efforts to increase provider presence	One full time and prn APP hired to support clinic, still recruiting for additional Urologist support	Patient visits continue to be scheduled 3 months out. This continues to lead to patient frustration due to delayed access to care. Lack of support from USC for recruitment.
Urology	Patient surveys indicate low scores related to doctor knowing their medical history, and knowing what to do if they had more questions afterwards	Reviewed survey data with MD to reinforce clarity of information and treatment plan with patient. Revised workflow with support staff to ensure patients have all questions asked prior to leaving clinic	All survey scores in final 3 months of FY24 related to care provided by doctor showed improvement compared with the rest of FY data	Will continue honing this practice in efforts to meet patient expectations related to care provided

# 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

FY24

	Q1			Q2			Q3			Q4			FY24 YTD	
	GOAL	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	75.6	69.7	73.3
Would Recommend	71	68.8	70	63.2	76.9	84.5	77.8	72.2	75	64.3	74.4	73.7	75.9	73.1
OAS CAHPS -Otpt Surgery Would Recommend	85.2	NA	NA	NA	NA	NA	NA	75	89	67	73	66.7	50	70.1
<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	67.7	66.7	68.0
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	94.6	85.4
Clinic Cleanliness - Medical Clinics	81.8	76	74.9	77	75.6	75	73.3	75.8	89.3	91.3	90.5	86.3	85	80.8
<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	86.9	77.6	82.8
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	94.3	79.8	81.5
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	50.4	49.6	48.6
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	84.7	74.3	69.9
<b>KEY</b>		Within 10% of goal/benchmark		>10% outside goal/benchmark		Outperforming/meeting goal/benchmark								



Kaweah Health Patient Experience Organization Goals **FY25**

	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										80.4
Emergency Department - Net Promoter Score	N/A	14.1	30.1										22.1
<b>Medical Clinics (Rural Health Clinics)</b>													
Inpatient Units	80.9	82.1	79										80.6
Specialty Clinics	58.9	65.7	64.4										65.1
Infusion Center	83.5	87.9	88										88.0
Diagnostic Center	91.3	94.4	91.9										93.2
Inpatient Rehabilitation	85.7	90.7	87.5										89.1
Outpatient Behavioral Health	76	87.5	100										93.8
	74.9	64.7	90										77.4
<b>HCAHPS</b>													
Overall Hospital Rating	73.3	62.5											62.5
Would Recommend	73.1	60											60.0
OAS CAHPS - Opt Surgery Would Recommend (January-June)	70.1	81.9											81.9
<b>Cleanliness</b>													
HCAHPS Cleanliness (50th percentile)	68	61.8											61.8
Clinic Cleanliness - Consulting Specialty Clinics	85.4	81.8	82.8										82.3
Clinic Cleanliness - Medical Clinics	80.8	76.3	76.1										76.2
<b>Communication and Transitions</b>													
Nursing Communication (60th percentile)	82.8	71.8											71.8
Physician Communication (60th percentile)	81.5	88.2											88.2
Care Transitions (75th percentile)	48.6	50.4											50.4
Responsiveness of Hospital Staff (70th percentile)	69.9	64.2											64.2
<b>KEY</b>	Within 10% of goal/benchmark		>10% outside goal/benchmark		Outperforming/meeting goal/benchmark								

# 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

# Pt Exp Steering Committee Updates

- Physical Address Location Updates – Easier to Navigate using Map applications
- Reviewing and updating Internal Paper maps for accuracy
- Updated Signage underway – expect completion by December 2024- repeat Wayfinding Survey
- Things to Know While You Wait – ED/EDAC Project
  - Spanish version pending final draft
  - Compliance Approval pending
- Improve Parking Structures with Signage- City Collaboration
- Exploring Social Media postings wait times in ED and Urgent Care
- ED Compassionate Communication – Building Simulations for all team members – expand use after ED complete
- Proposal pending – Allow Visitors Overnight, vetting 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)

