Kaweah Health

January 2, 2025

NOTICE

The Board of Directors of Kaweah Delta Health Care District will meet in an open Patient Experience Committee meeting at 4:00PM on Wednesday, January 8, 2025, 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 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
Dave Francis, Secretary/Treasurer

Kelsie K. 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 Committee Meeting

*Health is our Passion. **Excellence** is our Focus. **Compassion** is our Promise.*

PATIENT EXPERIENCE COMMITTEE
Meeting held: Wednesday, January 8, 2025 • Executive Office Conference Room
Attending: Directors: Mike Olmos (Chair) and Armando Murrieta; Gary Herbst, Chief Executive Officer; Keri Noeske, Chief Nursing Officer; Marc Mertz, Chief Strategy Officer; Deborah Volosin, Director of Patient and Community Experience; and Lisette Mariscal, Recording

OPEN MEETING – 4:00 PM

CALL TO ORDER – Mike Olmos, Chair

PUBLIC / MEDICAL STAFF 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. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Kelsie Davis 559-624-2330) or kedavis@kaweahhealth.org to make arrangements to address the Board.

1. Patient Experience – *Deborah Volosin, Director of Patient and Community Experience*

    1.1. [Patient Experience Structure and Assessment Update](#)
    1.2. [HCAHPS and Real Time Survey Scores](#)

ADJOURN – Mike Olmos, Chair

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 1	**Lynn Havard Mirviss • Zone 2**	**Dean Levitan, MD • Zone 3**	**David Francis • Zone 4**	**Amando Murrieta • Zone 5**
President	Vice President	Board Member	Secretary/Treasurer	Board Member

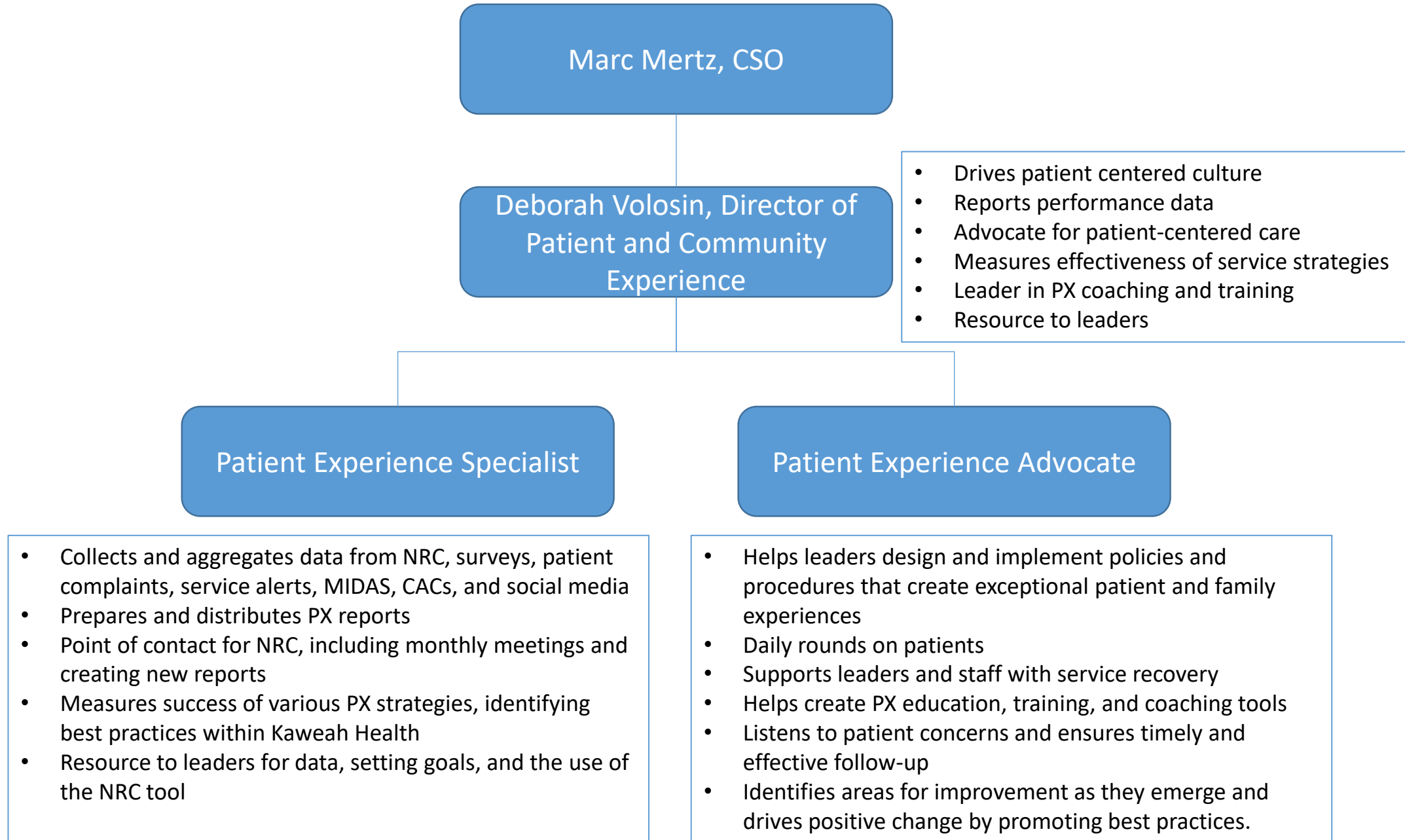# Patient Experience
Structure and Roll-Out Plan

January 2025

kaweahhealth.org

Patient Experience Leadership Expectations

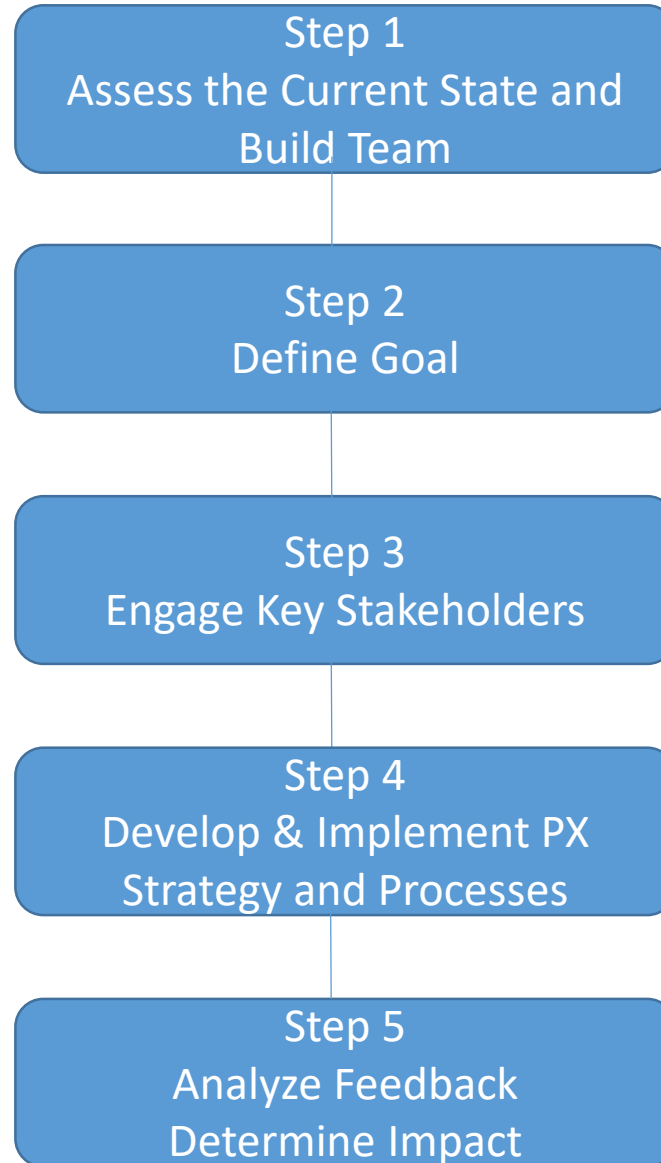| Patient Experience Department	Executive Team	Operational Unit Leadership

• Be an advocate for patients and families and a resource for staff.
• Help drive the culture of Kaweah Health to be patient-centered and true to the mission statement that is focused on health, excellence, and compassion.
• Help set expectations for behaviors and work with the teams to ensure they have the processes, coaching, and support they need to be successful.
• Establish a district-wide set of comprehensible reports that will show achievements and opportunities for each particular unit and will send these reports to the unit leaders in a timely manner.
• Work with unit leaders to give them best practices for creating a positive patient experience and will assist them in coaching their teams when opportunities arise.
• Help units/departments design and implement practices that create exception patient experiences.
• Be a sounding board for the units and if barriers are brought to our attention we will escalate those concerns to the executive leadership.
	• Support the creation of the Patient Experience department.
	• 100% commitment that patient and community experience will be a top priority for the organization.
	• Support and assist the Patient Experience Department by monitoring department and service line performance and following-up with unit leaders if needed.
	• Hold operational leaders accountable for patient experience scores and experience feedback follow-up
	• Round on patients and families in the main hospital once a month.
	• Participate in Quality & Safety rounds.
		• Log in and check additional reports in the NRC portal.
		  • Compliment Report – (2-3 times a week and share with teams)
		  • Service Recovery Alerts – (2-3 times a week and reach out to patients and families to apologize and perform service recovery.)
		• Take timely action on complaints and implement service recovery by communicating with patient and families directly.
		• Celebrate positive feedback with team and coach compassionate communication when opportunities arise.
		• Hold staff accountable for patient experience (make this a part of every management position job description both clinical and non-clinical).
		• Round on patients and families daily.
		• Be engaged and on board with the organization's behavioral standards.
		• Meet with Patient Experience department monthly to review unit scores and establish action plans based on those metrics.
		• Participate in Patient Experience based trainings.

Department Structure

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Marc Mertz, CSO
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Deborah Volosin, Director of
Patient and Community
Experience
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- Drives patient centered culture
- Reports performance data
- Advocate for patient-centered care
- Measures effectiveness of service strategies
- Leader in PX coaching and training
- Resource to leaders

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Patient Experience Specialist
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Patient Experience Advocate
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- Collects and aggregates data from NRC, surveys, patient complaints, service alerts, MIDAS, CACs, and social media
- Prepares and distributes PX reports
- Point of contact for NRC, including monthly meetings and creating new reports
- Measures success of various PX strategies, identifying best practices within Kaweah Health
- Resource to leaders for data, setting goals, and the use of the NRC tool

- Helps leaders design and implement policies and procedures that create exceptional patient and family experiences
- Daily rounds on patients
- Supports leaders and staff with service recovery
- Helps create PX education, training, and coaching tools
- Listens to patient concerns and ensures timely and effective follow-up
- Identifies areas for improvement as they emerge and drives positive change by promoting best practices.

Patient Experience Committee Expectations

Kaweah Care	Patient Experience Steering Committee	Kaweah Health Board of Directors Patient Experience Committee
• Review performance and develop action plans. • Set goals and standards. • Set accountability. • Identify best practices and share information district-wide. • Celebrate success.	• Review patient experience feedback and establish action plans for the various departments represented by the membership. • Make patient experience a top priority by looking at our facilities, wayfinding, cleanliness, security, registration, and food services through the lens of excellence.	• Review patient experience data • Invite departments to come to the meetings to update the BOD on what initiatives their teams have put into place to create exceptional patient and family experiences.

STEPS

Step 1
Assess the Current State and
Build Team

Step 2
Define Goal

Step 3
Engage Key Stakeholders

Step 4
Develop & Implement PX
Strategy and Processes

Step 5
Analyze Feedback
Determine Impact

STEP 1 – Assess Current State and Build Team

NRC Data

- Pull Data
- NRC Real Time Surveys
  - Department scores (NPS & HCAHPS)
  - Department Percentiles
  - Department Survey Alert Methodology
  - Department Compliment Methodology
  - Review Feedback
    - Comments by Payor (9/1/2024-9/20-2024)
    - Feedback Dashboard
    - Service Alert Dashboard

Build PX Team

- Positions were posted and interviews completed.
  - Offers have been made.

STEP 2 – Define Goals

NRC / Committee Input

- NRC – Location benchmarks
- Kaweah Care Steering Committee
- Board of Directors Patient Experience Committee
- Patient Experience Steering Committee
- PFAC

STEP 3 – Engage Stakeholders

ET/BOD
- Set expectations for PX being all encompassing
- Set up rounding schedule for ET/patients & families

Board PX Committee
- Share PX Departmental Structure
- Share processes and assessment

Kaweah Care Committee
- Set Real-Time and HCAHPS Survey goals based on NRC Data
- Establish accountability measures in regards to performance reviews and director goals

PX Steering Committee
- Set expectations for PX being all encompassing
- Set action plans for EVS, Facilities, Food, Marketing, Nursing, Security, and Patient Access based on NRC unit and organizational feedback

STEP 3 – Engage Stakeholders *(continued)*

Physician Groups

- Med Staff
- ED
- Hospitalists

Clinical Leaders

- Meeting with Directors, Managers, Assistance Managers
- Set expectations for PX
- Set expectations for partnerships and advocacy
- Process for notification
- Provide monthly unit reports

Unit Managers and A/Manager

- Set expectations for PX
- Set expectations for partnerships and advocacy
    - NRC Trained?
    - Service Alert Process, Service Recovery Process, Compliment Process, What can PX do to help you?

Compliance / Risk

- Establish permissions
- Discuss phone calls & complaints currently going through Risk
- Process for Midas Access to Census
- Compliance rules & Regulations
- Access to Census

ISS

- Phone Line
- System Integration
- Huron Rounding App

Meetings in November, December 2024
- COO
- CNO
- CPHO
- CSO
- CCRMO
- Director Inpatient Rehab
- Director Renal
- Director Med/Surg
- Director Post Surgical
- Director Critical Care
- Director Maternal Child
- Director Care Mgmt
- Director Risk Mgmt
- Director Facilities/EVS
- Director Food Services
- Security Manager
- Patient Access Manager
- 2N
- 2S
- 3N
- 3S
- 3W
- 4S
- 4N
- 4T
- 5T
- ICU
- CVICU

Timeline: November 2024 - January 2025

STEP 4 – Develop and Implement PX Strategy and Processes

Patient Rounding

- PX Dept (*daily rounding*)
- ET (*monthly rounding*)
- Clinical Teams
- Huron Rounding Tool

Unit Meetings & Reporting

<u>Education</u>
- Trainings & Coaching (*when trends are identified*)
- Attend unit meetings

<u>Monthly Reports</u>
- Unit leaders
  (NRC, HCAHPS)
- Make sure leaders have access to NRC
- Meet with new leaders to educate on NRC

<u>Presentations</u>
- Leadership Meetings
- BOD
- ET
- PX and Community Strategic Plan

PX Phone Line

Answer PX calls and work with teams to address concerns, perform service recovery, and report appropriately.

STEP 4 - Develop and Implement PX Strategy and Processes
(continued)

Service Recovery Tools & Training

- Assess and stock unit service recovery binders
  - Take inventory of items that each unit has and how they are used
  - Determine value of current items and change as needed
  - Do survey to unit point of contact to decide on what does and what does not bring value.
  - Track usage to determine program sustainability.
- Develop trainings and simulations to help coach staff on excellent customer service and effective service recovery. (unit and leadership meetings)

Ancillary Services

- Patient Access
- House Supervisors
- Social Workers
- EVS
- Food/Nutrition Svcs
- Facilities
- Security

Org/Dev & Volunteer Services

- MAT trainings
- Orientation
- Leadership classes and mentoring
- Volunteer Services
  - Elevator Concierge other areas to create a warm and welcoming environment

PFAC

Meet monthly with community group to ensure voice of consumer is integrated into decision making.

STEP 5 – Analyze Feedback and Determine Impact

NRC Data

- NRC Real Time Surveys
  - Department scores (NPS & HCAHPS)
  - Department Percentiles
  - Department Survey Alert Methodology
  - Department Compliment Methodology
  - Review Feedback
    - Comments by Payor (9/1/2024-9/20-2024)
    - Feedback Dashboard
    - Service Alert Dashboard
- HCAHPS Scores
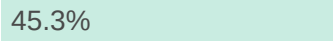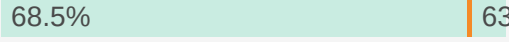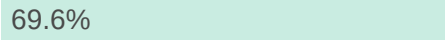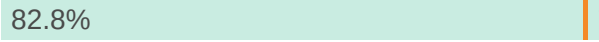
![nrc HEALTH | Human understanding]

HCAHPS Dashboard - Organization (Jan-Dec 2024)

Percent Submittable: **140.3%**   Submittable: 421   Needed: 300   Submittable Date Range: Jan 3, 2024 — Jan 2, 2025

CURRENT DATE RANGE
Jan 1, 2024 — Dec 31, 2024
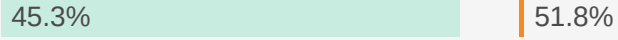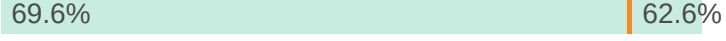
PREVIOUS DATE RANGE
Jan 1, 2023 — Dec 31, 2023

Dimension	Previous Score	Current Score & Benchmark		n-size	Difference	
Care Transitions	49.4%	45.3%	51.8%	413	-4.1%	↓
Cleanliness / Quietness	68.2%	68.5%	63.5%	422	0.3%	↑
Communication About Meds	69.4%	69.6%	60.8%	185	0.2%	↑
Communication with Doctors	81.5%	81.8%	80.0%	421	0.3%	↑
Communication with Nurses	81.0%	82.8%	79.3%	423	1.8%	↑
Discharge Information	89.6%	92.0%	87.3%	398	2.4%	↑
Overall Rating of Hospital	72.5%	73.8%	71.6%	416	1.3%	↑
Responsiveness of Hospital Staff	69.2%	69.6%	62.6%	400	0.4%	↑
Would Recommend Hospital	73.6%	72.2%	72.0%	389	-1.4%	↓

HCAHPS Dashboard - Organization (Jan-Dec 2024)

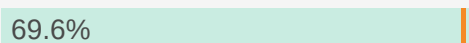**Percent Submittable: 140.3%**   Submittable: 421   Needed: 300   Submittable Date Range: Jan 3, 2024 — Jan 2, 2025

CURRENT DATE RANGE	PREVIOUS DATE RANGE
Jan 1, 2024 — Dec 31, 2024	**Jan 1, 2023 — Dec 31, 2023**

Dimension	Questions	Previous Score	Current Score & Benchmark	n-size	Difference
Care Transitions	Staff took preferences into account	41.4%	38.0% | 45.1%	405	-3.4% ↓
	Understood managing of health	50.7%	46.4% | 52.1%	412	-4.3% ↓
	Understood purpose of medications	56.0%	51.4% | 59.6%	354	-4.6% ↓
Cleanliness / Quietness	Quiet around room at night	66.3%	66.2% | 58.0%	420	-0.1% ↓
	Room kept clean during stay	70.1%	70.7% | 69.2%	420	0.6% ↑
Communication About Meds	Staff described med side effects	58.1%	57.6% | 46.5%	184	-0.5% ↓
	Told what medicine was for	80.7%	81.6% | 74.9%	185	0.9% ↑
Communication with Doctors	Drs explained things understandably	78.1%	79.6% | 74.9%	421	1.5% ↑
	Drs listened carefully to you	80.2%	80.7% | 78.8%	420	0.5% ↑

HCAHPS Dashboard

Dimension	Questions	Previous Score	Current Score & Benchmark		n-size	Difference	
↓	Treated w/courtesy/respect by Drs	86.2%	85.2%	86.4%	419	-1.0%	↓
Communication with Nurses	Nurses explained things understandably	76.2%	79.4%	75.1%	422	3.2%	↑
↑	Nurses listened carefully to you	79.9%	82.2%	77.0%	421	2.3%	↑
↓	Treated w/courtesy/respect by Nurses	87.0%	86.9%	85.9%	412	-0.1%	↓
Discharge Information	Received info re: symptoms to look for	92.8%	94.2%	89.0%	395	1.4%	↑
↑	Talked about help you would need	86.3%	89.9%	85.8%	387	3.6%	↑
Overall Rating of Hospital	Rate hospital	72.5%	73.8%	71.6%	416	1.3%	↑
Responsiveness of Hospital Staff	Got help as soon as wanted	65.4%	64.8%	60.5%	375	-0.6%	↓
↑	Help going to bathroom as soon as wanted	72.9%	74.4%	65.3%	258	1.5%	↑
Would Recommend Hospital	Would recommend hospital to family	73.6%	72.2%	72.0%	389	-1.4%	↓

Top 3 Most Correlated Dimensions

Dimension	Correlation Coefficient	Score & Benchmark	
Communication with Nurses	0.60	82.8%	79.3%
Care Transitions	0.48	45.3%	51.8%
Responsiveness of Hospital Staff	0.46	69.6%	62.6%

Benchmark | Location
Organization (Jan-Dec 2024)

Key Metric NPS: Facility would recommend

Location	NPS	Rank	n-size
Kaweah Health	61.4	10th	n-size: 16,008
Kaweah Health Medical and RH Clinics	85.0	54th	n-size: 7,397
Emergency	28.8	1st	n-size: 5,436
Emergency Department	28.8	1st	n-size: 5,436
Kaweah Health Diagnostic Center	85.9	58th	n-size: 3,056
Inpatient	61.3	10th	n-size: 3,039
Cardiology	86.6	62nd	n-size: 2,560
Kaweah Health Cardiology	86.6	62nd	n-size: 2,560
KHDC Non Invasive Cardiology	84.7	53rd	n-size: 2,127
Kaweah Health Specialty Clinic	85.7	57th	n-size: 947
MB	73.5	23rd	n-size: 819
KHDC PET CT	89.2	74th	n-size: 558
OP Infusion Center	89.9	77th	n-size: 505
KH Urology	81.0	39th	n-size: 442
Exeter Clinic	72.9	22nd	n-size: 384
KHDC Nuclear Medicine	87.6	66th	n-size: 371
3N	51.0	5th	n-size: 339
2N	48.2	5th	n-size: 278
4S	54.1	7th	n-size: 266
4T	67.8	16th	n-size: 255
Lindsay Clinic	80.7	38th	n-size: 249
3S	46.9	4th	n-size: 239
GME Behavioral Health LH	79.5	35th	n-size: 224
4N	55.6	7th	n-size: 207
GME Behavioral Health EH	71.8	20th	n-size: 206
BP	74.5	24th	n-size: 200

79.4

Key Metric NPS: Facility would recommend

Location	Score	Percentile	n-size
Behavioral Health EH	74.2	24th	n-size: 178
2S	51.9	6th	n-size: 156
5T	76.1	27th	n-size: 142
Kaweah Health Inpatient Rehab	83.1	47th	n-size: 136
Kaweah Health Rehabilitation Hospital	83.1	47th	n-size: 136
Behavioral Health DH	68.7	17th	n-size: 99
Dinuba Clinic	68.7	17th	n-size: 99
Center for Mental Wellness	84.0	50th	n-size: 75
Kaweah Health Center for Mental Wellness	84.0	50th	n-size: 75
CVICU	71.4	20th	n-size: 35
3W	39.4	3rd	n-size: 33
2E	83.9	50th	n-size: 31
1E	10.7	1st	n-size: 28
Behavioral Health TL	81.5	41st	n-size: 27
Tulare Clinic	81.5	41st	n-size: 27
Behavioral Health LH	92.0	87th	n-size: 25
ICU	45.5	4th	n-size: 11

Benchmark | Question
Organization (Jan-Dec 2024)

Question	Score	Rank	n-size	Benchmark
Human Understanding	73.0	11th	26,576	82.2
Key Metric NPS: Facility would recommend	61.4	10th	16,008	79.4
Clean clinic	78.3	31st	15,088	82.1
Trust provider w/ care	66.4	8th	12,541	82.5
Facility was clean	56.2	6th	12,512	82.1
Provider listened	74.4	14th	12,271	84.7
Got enough info re: treatment	72.8	13th	12,101	81.9
Knew medical history	57.7	9th	11,962	73.9
Staff cleaned hands	63.7	7th	11,641	79.1
Office hours convenient	67.8	72nd	11,444	63.0
Easy to schedule visit	70.1	56th	11,352	70.6
Key Metric NPS: Provider would recommend	81.2	25th	10,105	85.5
Trust providers w/ care	48.6	1st	7,293	82.5
Received consistent info	36.2	1st	6,601	65.4
Care providers explain things	47.7	2nd	6,381	80.7
Spent enough time with patient	36.4	1st	6,293	75.2
Safety was priority	48.7	1st	5,749	87.0
Informed of delays	28.1	2nd	5,671	58.4
Family involved as you wanted	51.9	2nd	5,233	75.4
Feeling worse than discharge	81.2	13th	4,945	85.9
Questions about instruction	87.8	62nd	4,870	85.3
Care providers listened	58.5	3rd	4,393	84.7
Providers knew medical history	32.0	1st	3,446	73.9
Doctor seen in a timely manner	57.3	9th	3,396	72.7
Given info prior to appt	62.0	26th	3,373	69.3
Nurses explained things	50.4	1st	3,372	79.8
Check-in helpful and courteous	71.9	6th	3,371	84.9

Question	Score	Percentile	n-size	Benchmark
Staff members explained	69.4	10th	3,325	80.6
Were you seen timely manner	69.1	26th	3,312	72.7
Doctor give enough info	73.3	14th	3,302	81.9
Room quiet at night	42.7	31st	3,292	53.5
Check-in ran smoothly	77.3	47th	3,288	76.4
Doctor listened to you	77.4	19th	3,277	84.7
Doctor seem to know medical	64.8	21st	3,250	73.9
What to do if more questions	65.9	8th	3,221	80.1
Care provider explain-if not better	55.3	24th	3,203	65.5
Food services courtesy/respect	69.9	37th	3,133	74.2
Told when to expect results	51.2	7th	3,001	69.2
Got info re; managing health	61.8	28th	945	73.1
Easy to schedule	63.5	31st	556	70.6
Clerks courtesy & respect	82.4	29th	545	84.9
Confidence/trust staff	85.0	47th	539	83.9
Clean and Comfort	86.3	55th	534	82.1
Staff explained understandably	88.3	70th	530	80.6
Received staff support	88.3	99th	528	56.2
Care provider courtesy/respect	76.6	14th	141	84.9
Home rehabilitation explained	74.3	24th	136	80.2
Explained stroke diagnosis	27.9	1st	43	80.6
Was told what to do for problems	27.5	1st	40	65.5
Personal risk factor addressed	36.8	1st	38	80.7
Barriers to attend follow up	19.4		36	13.5
Staff taught diabetes homecare	22.9	1st	35	80.2
How to stop smoking	53.3		15	50.0

* Priority Matrix - Org (Jan-Dec 2024)

Priority Matrix	Priority Table

Priority Matrix Report

Start Date	End Date	Question Pod Name	Question Friendly Text	Service Line
1/1/2024	12/31/2024	All	All	All

Select Hierarchy Level	Facility Name	Provider	Age Group	Gender	Language	Race
Facility Name	All	All	All	All	All	All

Priority	Question ID	Question Friendly Text	Positive Score	Respondent n-size	Correlation Coefficient
Low Positive Score and High Correlation	1022	Trust providers w/ care	48.6	7,293	0.67
	3709	Safety was priority	48.7	5,749	0.66
	1057	Spent enough time with patient	36.4	6,293	0.66
	1023	Received consistent info	36.2	6,601	0.63
	1056	Care providers explain things	47.7	6,381	0.61
	2137	Informed of delays	28.1	5,671	0.58
	1052	Facility was clean	56.2	12,512	0.55
	1061	Care providers listened	58.5	4,393	0.53
	1059	Care provider explain-if not better	55.3	3,203	0.50
	5130	How to stop smoking	53.3	15	0.49
	160	Nurses explained things understandably	50.4	3,372	0.47
	1159	Family involved as you wanted	51.9	5,233	0.44
	4851	Staff taught diabetes homecare	22.9	35	0.42
	4956	Room quiet at night	42.7	3,292	0.41
	1009	Was told what to do for problems	27.5	40	0.40
	1038	Knew medical history	57.7	11,962	0.40
	1063	Providers knew medical history	32.0	3,446	0.38
High Positive Score and High Correlation	4720	Human Understanding	73.0	26,576	0.66
	1036	Got enough info re: treatment	72.8	12,101	0.51

■ Low Positive Score and High Correlation ■ High Positive Score and High Correlation ■ Low Positive Score and Low Correlation ■ High Positive Score and Low Correlation

*Correlation is based on the relationship to your Key Metric. Improvement on questions most highly correlated to the Key Metric is associated with a corresponding improvement in global measures. Correlations with less than 30 responses may produce spurious relationships and are subject to change.

* Priority Matrix

Priority	Question ID	Question Friendly Text	Positive Score	Respondent n-size	Correlation Coefficient
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	3709	Safety was priority	48.7	5,749	0.66
	1057	Spent enough time with patient	36.4	6,293	0.66
	1023	Received consistent info	36.2	6,601	0.63
	1056	Care providers explain things	47.7	6,381	0.61
	2137	Informed of delays	28.1	5,671	0.58
	1052	Facility was clean	56.2	12,512	0.55
	1061	Care providers listened	58.5	4,393	0.53
	1059	Care provider explain-if not better	55.3	3,203	0.50
	5130	How to stop smoking	53.3	15	0.49
	160	Nurses explained things understandably	50.4	3,372	0.47
	1159	Family involved as you wanted	51.9	5,233	0.44
	4851	Staff taught diabetes homecare	22.9	35	0.42
	4956	Room quiet at night	42.7	3,292	0.41
	1009	Was told what to do for problems	27.5	40	0.40
	1038	Knew medical history	57.7	11,962	0.40
	1063	Providers knew medical history	32.0	3,446	0.38
High Positive Score and High Correlation	4720	Human Understanding	73.0	26,576	0.66
	1036	Got enough info re: treatment	72.8	12,101	0.51
	1037	Provider listened	74.4	12,271	0.50
	1027	Trust provider w/ care	66.4	12,541	0.43
	1126	Got info re; managing health	61.8	945	0.39
	4045	Feeling worse than discharge	81.2	4,945	0.38
Low Positive Score and Low Correlation	3991	Personal risk factor addressed	36.8	38	0.35
	3223	Doctor seen in a timely manner	57.3	3,396	0.27
	2139	Explained stroke diagnosis	27.9	43	0.27
	1053	Told when to expect results	51.2	3,001	0.20
	2844	Barriers to attend follow up	19.4	36	-0.05
High Positive Score and Low Correlation	3796	Doctor listened to you	77.4	3,277	0.36
	1714	Food services courtesy/respect	69.9	3,133	0.34
	1274	Care provider courtesy/respect	76.6	141	0.34
	3222	Doctor give enough info	73.3	3,302	0.33
	3272	Easy to schedule visit	70.1	11,352	0.32
	1117	Staff members explained	69.4	3,325	0.32
	1224	What to do if more questions	65.9	3,221	0.32
	1419	Confidence/trust staff	85.0	539	0.31
	2976	Check-in helpful and courteous	71.9	3,371	0.31
	2569	Were you seen timely manner	69.1	3,312	0.31
	1306	Staff cleaned hands	63.7	11,641	0.30
	4359	Office hours convenient	67.8	11,444	0.29

Priority
- Low Positive Score and High Correlation
- High Positive Score and High Correlation
- Low Positive Score and Low Correlation
- High Positive Score and Low Correlation

* Priority Matrix

Priority	Question ID	Question Friendly Text	Positive Score	Respondent n-size	Correlation Coefficient
High Positive Score and Low Correlation	3220	Doctor seem to know medical	64.8	3,250	0.29
	3592	Check-in ran smoothly	77.3	3,288	0.28
	1555	Clerks courtesy & respect	82.4	545	0.27
	4105	Clean clinic	78.3	15,088	0.27
	3106	Received staff support	88.3	528	0.26
	2522	Given info prior to appt	62.0	3,373	0.26
	4410	Clean and Comfort	86.3	534	0.24
	2453	Easy to schedule	63.5	556	0.21
	3297	Home rehabilitation explained	74.3	136	0.17
	4040	Questions about instruction	87.8	4,870	0.16
	2202	Staff explained understandably	88.3	530	0.14

Priority
- 🟥 Low Positive Score and High Correlation
- 🟨 High Positive Score and High Correlation
- 🟩 Low Positive Score and Low Correlation
- 🟦 High Positive Score and Low Correlation

PX

Patient Experience Matters

♥ | Opportunities and insights to increase patient satisfaction.

This month's topic:

Why should all employees care about patient satisfaction survey scores?

We All Have a Role in Patient Experience!

- A patient's experience is from the time they walk through our doors until the time they pay their final bill.

- Nurses and physicians are often who patients are rating in the survey, but "care providers" also applies to every employees who interact with patients and their families or affects their services.

- Patients can view the HCAHPS scores online, and may decide where to go for care based on those scores. A low performance rank can reduce the number of patients who choose our facility, which lowers revenues, which negatively affects every employee.

- Reimbursement for hospitals is tied to HCAHPS scores. Hospitals with lower reimbursements tend to resort to cost-saving measures.

- A large portion of revenue comes from Medicare dollars. Through the Hospitals Value-Based Purchasing (VBP) program, payments from Medicare are based on the hospital's quality of care. This incentiveized care awards higher payments to top performers.

- Leapfrog Safety Grades take patient experience scores into consideration when they are measuring how well hospitals protect patients from harm.

Happy patients. Happy hospital.

Kaweah Health patients receive surveys from Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and National Research Corporation (NRC)

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Kaweah Health
MORE THAN MEDICINE. LIFE.