November 10, 2022

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in a Quality Council Committee meeting at 7:30AM on Thursday, November 17, 2022, in the Kaweah Health Lifestyle Fitness Center Conference Room, 5105 W. Cypress Avenue, Visalia, CA 93277.

The Board of Directors of the Kaweah Delta Health Care District will meet in a Closed Quality Council Committee at 7:31AM on Thursday, November 17, 2022, in the Kaweah Health Lifestyle Fitness Center Conference Room, 5105 W. Cypress Avenue, Visalia, CA 93277, pursuant to Health and Safety Code 32155 & 1461.

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Quality Council Committee meeting at 8:00AM on Thursday, November 17, 2022, in the Kaweah Health Lifestyle Fitness center Conference Room, 5105 W. Cypress Avenue, Visalia, CA 93277.

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 Health Medical Center, Mineral King Wing entry corridor between the Mineral King lobby and the Emergency Department waiting room.
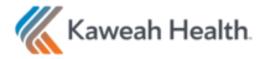
The disclosable public records related to agendas are available for public inspection at Kaweah Health Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA and on the Kaweah Delta Health Care District web page https://www.kaweahhealth.org.

KAWEAH DELTA HEALTH CARE DISTRICT
Michael Olmos, Secretary/Treasurer

Cindy Moccio

Cindy Moccio
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
QUALITY COUNCIL

Thursday, November 17, 2022
5105 W. Cypress Avenue
Kaweah Health Lifestyle Fitness Center Conference Room

ATTENDING: Board Members; David Francis – Committee Chair, Michael Olmos; Gary Herbst, CEO; Keri Noeske, RN, BSW, DNP, Chief Nursing Officer; Monica Manga, MD, Chief of Staff; Daniel Hightower, MD, Professional Staff Quality Committee Chair; Tom Gray, MD, Quality and Patient Safety Medical Director; Sandy Volchko DNP, RN CLSSBB, Director of Quality and Patient Safety; Ben Cripps, Chief Compliance and Risk Management Officer; Evelyn McEntire, Director of Risk Management; and Rita Pena, Recording.

OPEN MEETING – 7:30AM

1. **Call to order** – *David Francis, Committee Chair*

2. **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 jurisdiction 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 (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.

3. **Approval of Quality Council Closed Meeting Agenda** – 7:31AM
   o **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461 – *Daniel Hightower, MD, and Professional Staff Quality Committee Chair; James McNulty, Sandy Volchko, RN, DNP, Director of Quality and Patient Safety.*
   o **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461 – *Evelyn McEntire, RN, BSN, Director of Risk Management and Ben Cripps, Chief of Compliance and Risk Officer.*

4. **Adjourn Open Meeting** – *David Francis, Committee Chair*

CLOSED MEETING – 7:31AM

1. **Call to order** – *David Francis, Committee Chair & Board Member*
2. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461 – *Daniel Hightower, MD, and Professional Staff Quality Committee Chair*

3. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461 – *Evelyn McEntire, RN, BSN, Director of Risk Management, and Ben Cripps, Chief Compliance and Risk Officer.*

4. **Adjourn Closed Meeting** – *David Francis, Committee Chair*

OPEN MEETING – 8:00AM

1. **Call to order** – *David Francis, Committee Chair*

2. **Public / Medical Staff participation –** Members of the public wishing to address the Committee concerning items not on the agenda and within the subject matter jurisdiction of the Committee may step forward and are requested to identify themselves at this time. Members of the public or the medical staff may comment on agenda items after the item has been discussed by the Committee but before a Committee recommendation is decided. In either case, each speaker will be allowed five minutes.

3. **Written Quality Reports –** A review of key quality metrics and actions associated with the following improvement initiatives:
   3.1. Central Line Blood Stream Infection (CLABSI) Quality Focus Team Report

4. **Length of Stay Quality Report –** A review of key measures and action items to improve turnover and reduce patient length of stay. *Rebekah Foster, CCDS, PHN, BSN Director of Care Management and Specialty Care.*

5. **Leapfrog Hospital Safety Score and Healthgrades Report –** A review of current Kaweah Health quality and safety scores and ratings as reported by The Leapfrog Group and Healthgrades. *Sandy Volchko, RN, DNP, Director of Quality and Patient Safety.*

6. **Clinical Quality Goals Update-** A review of current performance and actions focused on the fiscal year 2022 clinical quality goals. *Sandy Volchko, RN, DNP, Director of Quality and Patient Safety.*

7. **Adjourn Open Meeting** – *David Francis, Committee 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 committee meeting.

David Francis	*Lynn Havard Mirviss*	*Garth Gipson*	*Mike Olmos*	*Ambar Rodriguez*
President	*Vice President*	*Board Member*	*Secretary/Treasurer*	*Board Member*

Central Line Blood Stream Infection (CLABSI) Quality Focus Team (QFT) Report November 2022

Amy Baker, Director of Renal Services (Chair)
Emma Camarena, Director of Nursing Practice(Co-Chair)
Shawn Elkin, infection Prevention Manager (IP Liaison)

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Post Kaizen- Gemba Data

- **Continue to struggle with process measure of % of patient with properly placed gardiva patch**
- **Improved in appropriate and complete documentation**

CLABSI Committee Dashboard																			
Measure Description	Benchmark/ Target	Qtr 2 2020	Qtr 3 2020	Qtr 4* 2020	Qtr 1* 2021	Qtr 2* 2021	Jul-21*	Aug-21*	Sep-21*	Oct-21*	Nov-21*	Dec-21*	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
OUTCOME MEASURES																				
Number of CLABSI	0	6	5	3	3	2	0	4	3	3	1	1	1	0	2	2	1	2	3	0
FYTD SIR	≤0.596	1.84	1.28	0.78	0.7	0.38	0.000	1.374	1.57	1.6	1.37	1.26	1.18	1.05	1.09	1.12	1.07	1.13	2.26	1.14
PROCESS MEASURES CL Gemba																				
% of pts with bath within 24 hrs	99%	80%	87%	96%(e)	96%	95%(e)	97%			96%	97%	97%	97%	95%	n/a	95%	96%	95%	95%	97%
% of CL with valid rationale order	100%	94%	96%	98%(e)	98%	98%(e)	99%			99%	96%	96%	99%	95%	n/a	98%	97%	96%	96%	96%
% of CL dressings clean, dry and intact	100%	93%	93%	96%(e)	95%	96%(e)	97%			97%	96%	98%	97%	99%	n/a	97%	96%	98%	98%	97%
% of CL that had drsg change no > than 7 days	100%	92%	94%	98%(e)	99%	96%(e)	98%			99%	99%	99%	97%	99%	n/a	97%	97%	92%	94%	96%
% of patients with proper placed gardiva patch	100%	86%	90%	94%(e)	94%	94%(e)	96%			97%	88%	97%	98%	96%	n/a	95%	95%	90%	95%	94%
% of CL pts with app & complete documentation	100%	83%	87%	92%(e)	93%	93%(e)	94%			96%	96%	97%	96%	92%	n/a	92%	93%	91%	91%	95%
# of Pt Central Line days rounded on	n/a	2791	3653	2278(e)	3256	2166(e)	1092			1240	1265	1047	990	834		1296	1087	892	910	838

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CLABSI QFT- Ongoing Meeting Objectives

- CLABSI Quality Focus Team continues to meet once a month
  - Each CLABSI case is reviewed with unit nurse manager and bedside nurses who provided care to patient
  - CLABSI's are reviewed monthly during Hospital Acquired Infection Case Reviews.
    - Nurse Manager attends to hear case review and see identified fallouts
  - Unit specific action plans are and reviewed based on any deficiencies
  - Unit RN's provide feedback from the bedside
  - Action plan is reviewed with units UBC's
- Additional projects are reviewed and implemented by CLABSI QFT

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CLABSI QFT- Plans for Improvement

- **New Peripheral Intravenous Catheter Implemented Called Nexiva**
- Conversion occurred July 18 to 29, 2022
- This new IV product reduces catheter complications by
  - Reducing manipulations
  - Reduces accidental dislodgement
  - Lessens blood exposure
  - Lower chances for mechanical phlebitis
- The Nexiva IV catheter has Vialon biomaterial which softens us to 70% in the vein which makes it more comfortable for the patients and reduces the chance of mechanical phlebitis

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End of Fiscal Year Performance

- Kaweah Health has had 20 events in FY22 exceeding the estimated goal

- If excluded COVID-19 patients, we would have 13 CLABSI's

- Excluding Covid patients our SIR is 0.66, slightly above our goal of 0.596

Questions?

Throughput/LOS

October 2022 Board Update

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Patient Progression

Monthly Accomplishments:
- Completed the separation of the throughput supervisors from the House Supervisors – working on multiple projects affecting Length of stay, such as: Meds to Beds barriers, education to leadership and staff about discharge LVN roles and responsibilities, "just one more day" education to staff and providing alternatives to keeping patients overnight for tests that can be followed up outpatient.
- Separating roles of Case Manager and Utilization Review to focus more on appropriate admissions and catching them early in stay or in the Emergency Department and provide resources for outpatient followup.
- Staffing for Case Management saw an increase in applicants and by the end of November, the team should be fully staffed. Will be able to return to better staffing on weekends within 6 weeks.

Critical Issues/Barriers:
- Staffing challenges
- Alignment of staff incentives and organizational goals

Transfer Center Operations

Monthly Accomplishments:
- Transfer Agreement revised and updated and will be send to forms committee for approval.
- Developing an internal tracking system to identify transfer patients and assess daily for stability to be transferred back to referring facility.

Critical Issues/Barriers:
- Continued discussion with on-call physicians to accept incoming transfers
- Providers need to be educated to send patients back once stable to referring facility
- Limitations in software on reporting functions. Continue to work with ISS on this issue

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Average Length of Stay versus National Average (GMLOS)

Complex LOS cases add to our overall LOS and when we get these patients out, it truly is a "win" for the hospital. Here is what our length of stay data looks like with patients over 50 days LOS taken out:

	Current	W/O >50 days
ALOS	6.56	5.85
GMLOS	4.00	3.97
GAP	2.56	1.87

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Improving our length of stay by one day would mean that 158 patients would now fall within their recommended length of stay (GMLOS)

Hospital LOS Distribution September 2022 - 1202 Inpatient Discharges

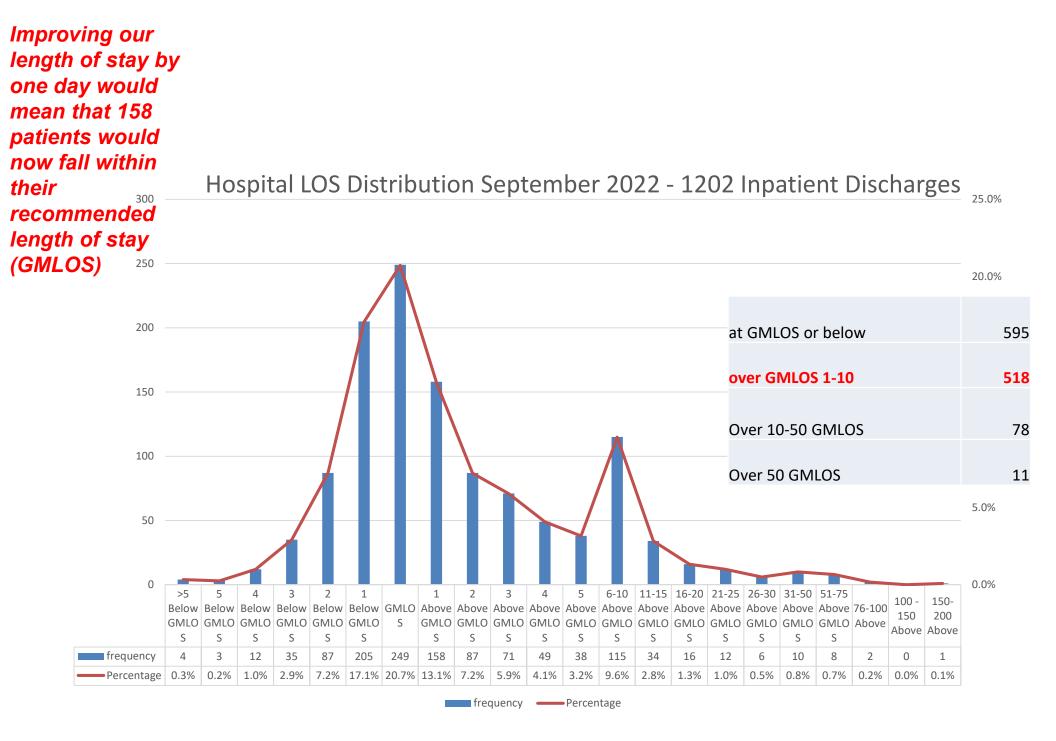|	
at GMLOS or below	595
over GMLOS 1-10	**518**
Over 10-50 GMLOS	78
Over 50 GMLOS	11

	>5 Below GMLOS	5 Below GMLOS	4 Below GMLOS	3 Below GMLOS	2 Below GMLOS	1 Below GMLOS	GMLOS	1 Above GMLOS	2 Above GMLOS	3 Above GMLOS	4 Above GMLOS	5 Above GMLOS	6-10 Above GMLOS	11-15 Above GMLOS	16-20 Above GMLOS	21-25 Above GMLOS	26-30 Above GMLOS	31-50 Above GMLOS	51-75 Above GMLOS	76-100 Above	100 - 150 Above	150-200 Above
frequency	4	3	12	35	87	205	249	158	87	71	49	38	115	34	16	12	6	10	8	2	0	1
Percentage	0.3%	0.2%	1.0%	2.9%	7.2%	17.1%	20.7%	13.1%	7.2%	5.9%	4.1%	3.2%	9.6%	2.8%	1.3%	1.0%	0.5%	0.8%	0.7%	0.2%	0.0%	0.1%

frequency ■ Percentage ▬

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Draft Performance Scorecard
Leading Performance Metrics – Inpatient & Observation

Metric	Patient Type	Definition	Goal	Jan - Nov '21 Baseline (Monthly Average or Median)	May '22	Jun '22	Jul '22	Aug '22	Sep '22
				Current Performance Compared to Baseline					
Observation Average Length of Stay (Obs ALOS) *(Lower is better)*	**Overall**	Average length of stay (hours) for observation patients	**37.9**	**44.01**	49.35	50.43	52.05	66.00	58.82
Inpatient Average Length of Stay (IP ALOS) *(Lower is better)*	**Overall**	Average length of stay (days) for inpatient discharges	**5.64**	**6.31**	6.01	6.18	6.03	5.89	6.72
	Non-COVID		N/A	5.62	5.71	5.67	5.75	5.59	6.47
	COVID		N/A	10.63	17.60	13.47	7.94	8.93	10.38
Inpatient Observed-to-Expected Length of Stay *(Lower is better)*	**Overall**	Observed LOS / geometric mean length of stay for inpatient discharges	**1.32**	**1.48**	1.56	1.58	1.53	1.53	1.69
% of Discharges Before 12 PM *(Higher is better)*	**Overall**	% of inpatients discharged before 12 PM	**35%**	**11.5%**	13.6%	12.4%	13.0%	13.0%	13.6%
Surgical Backfill Volume *(Higher is better)*	**Overall**	Incremental inpatient elective surgical cases over baseline; pending established baseline	**TBD**	**TBD**	TBD	TBD	TBD	TBD	TBD
Discharges	**Overall**	Count of IP & observation discharges	N/A	**1,768**	1,709	1,679	1,650	1,728	1,556
	Inpatient-Non-COVID	Count of non-COVID IP discharges	N/A	**1,264**	1,317	1,252	1,141	1,204	1,098
	Inpatient-COVID	Count of COVID IP discharges	N/A	**197**	35	87	170	120	76
	Observation	Count of observation discharges	N/A	**307**	357	340	339	404	382

*O/E LOS to be updated to include cases with missing DRG when available
Source: Encounter Data Excludes: Mother/Baby, Behavioral Health, and Pediatrics

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Emergency Department (ED) to Inpatient Admission Process

Monthly Accomplishments:
- Implementation of staffing by demand matrix for the ED RNs started on 6/12/2022
- Initiated RN:RN hand-off, mitigating delays (sent to Clin ED for essential info flier for implementation)
- ED launch point auto update with bed status with Cap-man go live
- Changes within the ED Case Management/Bed Allocation team. Moved the ED Case Managers into the same office as bed allocation and cross training entire team this month. Streamlining admission process for bed coordinators to be more efficient with admissions that are truly appropriate.

Critical Issues/Barriers:
- Staffing limitations: nursing, unable to hire 3rd ED Case Manager due to budget constraints, reduction in ED Case Management/Bed Allocation staff due to budget constraints
- Changing patient acuity and COVID patient volume
- Discrepancies between admission criteria between ED and inpatient providers
- Alignment of staff incentives and organizational goals

ED Care Model Redesign

Monthly Accomplishments:
- Weekly meetings to evaluate workflows including spaghetti diagrams to streamline workflows
- Committee member engagement: Providers, NSG leadership, Frontline staff

Critical Issues/Barriers:
- Staffing limitations
- Changing acuity and surge
- Unable to get throughput metric from bed assigned to patient received on inpatient unit

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Draft Performance Scorecard
Leading Performance Metrics – Emergency Department

Metric	Patient Type	Definition	Goal	Current Performance Compared to Baseline					
				Jan - Nov '21 Baseline (Monthly Average or Median)	May '22	Jun '22	Jul '22	Aug '22	Sep '22
ED Boarding Time *(Lower is better)*	**Overall**	Median time (minutes) for admission order written to check out for inpatients and observation patients	**286**	**336**	399	458	443	461	271
	Inpatients	Median time (minutes) for admission order written to check out for admitted patients	**287**	**338**	397	452	437	451	271
	Observation Patients	Median time (minutes) for admission order written to check out for observation patients	**259**	**304**	520	602	705	620	263
ED Admit Hold Volume *(Lower is better)*	**Overall >4 Hours**	Count of patients (volume) with ED boarding time $\geq$ 4 hours	**N/A**	**640**	771	804	772	772	551
ED Average Length of Stay (ED ALOS) *(Lower is better)*	**Overall**	Median ED length of stay (minutes) for admitted and discharged patients	**N/A**	**347**	372	378	364	361	317
	Discharged Patients	Median ED length of stay (minutes) for discharged patients	**214**	**268**	294	300	299	290	260
	Inpatients	Median ED length of stay (minutes) for admitted inpatients	**612**	**720**	826	916	864	907	678
	Observation Patients	Median ED length of stay (minutes) for observation patients	**577**	**679**	1,086	1,164	1,079	1,085	759
ED Visits	**Overall**	Count of ED visits	**N/A**	**5,594**	5,930	6,124	6,388	6,487	5,925
	Discharged	Count of ED visits for discharged patients	**N/A**	**3,998**	4,356	4,585	4,842	4,936	4,502
	Inpatients	Count of ED Visits for admitted patients	**N/A**	**1,216**	1,212	1,164	1,180	1,136	1,045
	Observation Patients	Count of ED Visits for observation patients	**N/A**	**380**	362	375	366	415	378

*Previous month to be updated for admitted patients to align with exclusion criteria
Source: ED Encounter Data Excludes: Mother/Baby, Behavioral Health, and Pediatrics

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Long Stay Committee

Monthly Accomplishments:
- Moved review process to 1-5 days over GMLOS for weekly review
- Added additional check in each week with Complex team on Long stay patients over 50 days.
- Have gotten over 18 patients out in the last 60 days who were over 50 days and complex patients with difficult needs for discharge.

Critical Issues/Barriers:
- Working with county for conservatorship on long stay patients. 6-12 month process in some cases.
- Continued push back from local skilled nursing facilities for COVID quarantine times.

Patient Placement

Monthly Accomplishments:
- Implemented phase 1 of patient placement matrix (by DRG)
- Phase 2 of patient placement matrix (by provider) is being completed when census allows.

Critical Issues/Barriers:
- Alignment with Cerner Capacity Manager implementation
- Optimize outpatient service line

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Observation Program

Monthly Accomplishments:
- 2S has completely changed back over to an Observation unit as of October 2022
- Working with leadership to create workflow criteria to ensure observation stays and metrics are monitored regularly for each patient.

Critical Issues/Barriers:
- Working with providers to ensure hourly tasks are monitored and completed in a timely manner. Not all providers round routinely on observation patients.

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Fall 2022
Kaweah Health
Quality & Patient Safety Ratings

Sandy Volchko DNP, RN, CPHQ, CLSSBB
Director Quality & Patient Safety

November 2022

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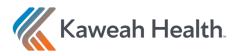
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Leapfrog Fall 2022 Hospital Safety Score
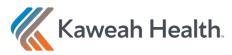
November 2022

Acronyms

- CAUTI - catheter-associated urinary tract infection
- C Diff - Clostridioides difficile
- CLABSI - central line-associated bloodstream infection
- CPOE – Computerized Provider Order Entry
- Gemba – Observing the work where the work is done
- HAC – Healthcare Acquired Condition
- H-COMP – refers to questions from the Hospital Consumer Assessment of Healthcare Providers Survey
- HH – Hand Hygiene
- ISS – Information systems
- PSIs – Patient Safety Indicator
- SP – Safe Practice
- SSI – Surgical Site Infection
- QIC – Quality Improvement Committee

Background
Leapfrog Group & Hospital Safety Grade

Leapfrog Group Mission:
To trigger giant leaps forward in the safety, quality and affordability of U.S. health care by using transparency to support informed health care decisions and promote high-value care.

The Leapfrog Hospital Safety Grade is the only hospital rating focused exclusively on hospital safety. Its A, B, C, D or F letter grades are a quick way for consumers to choose the safest hospital to seek care.

Upwards of 200,000 people die annually due to preventable mistakes in hospitals, according to the Journal of Patient Safety. To draw attention to this epidemic, in 2012 The Leapfrog Group decided to expand its focus beyond employers to reach consumers directly. Out of this vision came the Leapfrog Hospital Safety Grade, a letter grade rating of how safe hospitals are for patients. The Safety Grade provides consumers with the critical information on how likely they are to experience accidents, injuries, errors or harm while in the hospital.

Key Points
Leapfrog Hospital Safety Grade

Components of the Safety Score

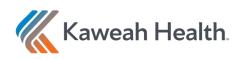Submitted annually thorough Leapfrog Survey:

- Safe Practices (National Quality Forum)

From Hospital Compare*:

- 5 Patient Experience Measures
- 3 Healthcare acquired conditions (HACs)
- 5 Healthcare acquired infections (HAIs)
- 6 Patient Safety Indicators (PSIs)

*Data date ranges vary

Note:

- Performance on each component is based on a z-score. This means Kaweah's score is dependent on how other hospitals perform which is unknown to any hospital until the day the scores are released to the public.

Kaweah Health Performance Hospital Safety Score

- Safety score has improved and sustained since Oct 2021
- Previous to October 2017 Kaweah Health had 6 consecutive A grades

Time Frame	Kaweah Health Grade
October 2022	A
May 2022	A
October 2021	A
May 2021	B
December 2020	B
May 2020	C
October 2019	C
May 2019	C
October 2018	C
May 2018	A
October 2017	B

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Kaweah Health Leapfrog Hospital Safety Score 2022 vs 2019 Comparison

Measure Domain	Measure	Kaweah Health Fall 2022 score	Fall NATIONAL 2022 Mean	Kaweah Health Fall 2019 score	Oct NATIONAL 2019 Mean	Final Weight	Data Timeframes
Process/Structural Measures	Computerized Physician Order Entry (CPOE)	100	86.98	100	77.10	5.8%	June 2022
	Bar Code Medication Administration (BCMA)	100	86.96	100	80.28	5.7%	June 2022
	ICU Physician Staffing (IPS)	100	66.72	100	55.61	7.0%	June 2022
	Safe Practice 1: Culture of Leadership Structures and Systems	120.00	116.27	120	117.20	3.2%	June 2022
	Safe Practice 2: Culture Measurement, Feedback, & Intervention	100.00	115.02	120	116.65	3.4%	June 2022
	Safe Practice 9: Nursing Workforce	100.00	97.80	100	97.91	4.3%	June 2022
	Hand Hygiene	40	69.57	60	56.97	4.9%	June 2022
	H-COMP-1: Nurse Communication	90	90.15	89	90.90	3.1%	10/01/2020 - 09/30/2021
	H-COMP-2: Doctor Communication	89	90.02	88	90.89	3.1%	10/01/2020 - 09/30/2021
	H-COMP-3: Staff Responsiveness	84	81.91	84	84.34	3.1%	10/01/2020 - 09/30/2021
	H-COMP-5: Communication about Medicines	78	74.97	76	77.94	3.2%	10/01/2020 - 09/30/2021
	H-COMP-6: Discharge Information	86	85.52	85	86.60	3.1%	10/01/2020 - 09/30/2021
Outcome Measures	Foreign Object Retained	0.000	0.02	0.08	0.02	4.3%	07/01/2018 – 12/31/2019
	Air Embolism	0.000	0.0016	0.0000	0.0010	2.4%	07/01/2018 – 12/31/2019
	Falls and Trauma	0.181	0.41	0.24	0.44	4.9%	07/01/2018 – 12/31/2019
	CLABSI	1.252	1.11	1.28	0.73	4.5%	01/01/2021 – 12/31/2021
	CAUTI	0.933	0.90	1.05	0.79	4.5%	01/01/2021 – 12/31/2021
	SSI: Colon	0.703	0.80	0.80	0.84	3.4%	01/01/2021 – 12/31/2021
	MRSA	2.020	1.13	2.17	0.84	4.4%	01/01/2021 – 12/31/2021
	C. Diff.	0.498	0.49	0.59	0.69	4.4%	01/01/2021 – 12/31/2021
	PSI 4: Death rate among surgical inpatients with serious treatable conditions	155.29	159.66	212.08	162.89	2.0%	07/01/2018 – 12/31/2019
	CMS Medicare PSI 90: Patient safety and adverse events composite	0.86	1.00	n/a	n/a	15.2%	07/01/2018 – 12/31/2019
	SAFETY SCORE/GRADE	3.2063 "A"		2.8426 "C"			

Letter Grade Key: A = >3.133   B= >2.964   C= >2.476   D= >2.047
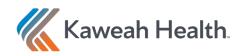
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National Means in Key Safety Areas: 2019 vs 2022

Improved Nationally (Means Reported Through Leapfrog 2022 Survey):

- Computerized Provider Order Entry (CPOE) (+9.8 points)
  - Points awarded for the degree of medication orders entered via CPOE and the ability of the system to detect and alert potential medication errors through
- Bar Code Medication Administration (BCMA) (+6.7 points)
  - Points awarded for the degree of use of BCMA systems to prevent medication errors
- ICU Physician Staffing (+11.1 points)
  - Points awarded for the degree of presence and responsiveness of board certified intensivists in ICU units
- Hand Hygiene (+12.6 points)
  - Points awarded for volume of hand hygiene observations and several key HH program components such as HH observation validation, monitoring and reporting of HH metrics and education.

Decreased (Got Worse) Nationally (Means Reported Through CMS):

- H-COMP 3 - Staff Responsiveness (-2.43)
  - HCAHPS composite measure which reports two specific areas: How responsive you were to call lights, and how responsive you were to toileting needs.
- H-COMP Communication about Medicines (-2.97)
  - The two questions the HCAHPS survey asks with regards to communicating on medications are: "How often did the hospital staff explain the purpose of the medication?" "How often did the hospital staff explain the side effects in a way that the patient could understand?"
- Healthcare Acquired Infections – Standardized Infection Ratio
  - CLABSI (+0.38)
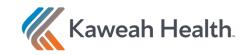 - CAUTI (+0.11)
  - MRSA (+0.29)

Leapfrog Hospital Safety Score Regional Comparison

Hospitals within 100 Miles	Fall 2022 Grade
Adventist Medical Center - Reedley	A
Adventist Medical Center - Hanford	A
Adventist Medical Center - Selma	C
Sierra View Medical Center	C
Community Regional Medical Center	D
Clovis Community Medical Center	C
Saint Agnes Medical Center	C
Kaiser Permanente Medical Center – Fresno	A
Adventist Medical Center – Delano	C
Madera Community Hospital	C
Bakersfield Heart Hospital	C
Bakersfield Memorial Hospital	B
Adventist Health – Bakersfield	A
Mercy Hospital – Downtown	C
Kern Medical Center	C
Mercy Hospital – Southwest	C
Mercy Medical Center	C
Twin Cities Community Hospital	A
Other Facilities	
Cleveland Clinic -Euclid Hospital	C
Johns Hopkins Hospital	A
University of California Ronald Reagan UCLA Medical Center	B
Harbor UCLA Medical Center	C
Mayo Clinic	A

Kaweah Health

Action Summary
Improve and Sustain

- Between the Fall 2019 and Fall 2022 safety grade periods Kaweah Health improved in 11 measures, remained the same in 9 (top score or data not updated), and 2 measures got worse (Falls and HH)
- Maintain the CPOE and Safe Practice scores
  - heavy focus in past in ISS clinical decision support tools have lead to success in the CPOE measure, this needs to sustain and group work is established
  - Continued support in full implementation of safe practices which includes: safety culture measurement, dissemination and improvement actions; robust hand hygiene program, regular review and analysis of staffing involved adverse events
- INFECTION PREVENTION
  - Gemba rounds daily to ensure best practices applied daily
  - Culture of culturing work
  - MRSA targeted decolonization
  - BioVigil, and include in person HH observations & intervention from Infection Prevention during regular rounds
- HAC and PSIs:
  - Timely review and action: 1) coding & documentation, and 2) Clinical issues identified and addressed
  - Redesign of Fall Prevention Program, currently reporting action plans to QIC

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2023 Quality Ratings & Awards Overview

September 2022

Prepared for:

Kaweah Health
MORE THAN MEDICINE. LIFE.

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2023 Hospital Ratings Public Release

What we release and when:

Public Release: **Tuesday, October 25th**

Ratings for 33 commonly treated procedures & conditions (e.g. Heart Failure, Pneumonia)

Specialty Excellence Awards – Top 5%/10% in the Nation -- for 17 Key Specialty Areas (e.g. Joint Replacement)

America's 100 Best Hospitals for Specialty Care – Roughly Top 2% – for 14 Key Specialty Areas (same areas as SEAs)

Healthgrades® 2023 Clinical Outcomes Methodology

- *Independently analyze each short-term acute care hospital in the country: ~4,500 hospitals*

- **Hospitals may not opt-in or opt-out**

- *3-years of Medicare patient data (2019-2021)**

- *Risk-Adjusted statistical model considers acuity of your patients, driving a predicted value*

- *Star ratings determined by <u>actual</u> performance vs. <u>predicted</u> performance*

★★★★★ Outcomes **better** than expected ~ 15%

★★★ Outcomes **as expected** ~ 70%

★ Outcomes **worse** than expected ~ 15%

Mortality Rates
Did patients die during or after their care?

Complication Rates
Did patients experience unexpected issues during their hospital stay?

*All COVID-19 patients removed from analysis

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Kaweah Health Medical Center: Clinical Achievements

- *Recipient of Healthgrades® America's 250 Best Hospitals Award™ for 5 Years in a row (2019-2023)*

All Overall America's 50/100/250 Best Hospital Messages are Embargoed until January 2023

Kaweah Health Medical Center: 2023 Clinical Achievements

- *One of Healthgrades America's 50 Best Hospitals for Cardiac Surgery™ for 6 Years in a row (2018-2023)- **1 of 3 hospitals in CA ad the ONLY in the Central Valley***

All Messaging and Ratings are Embargoed until October 25, 2022

Cardiac Surgery Excellence Award

- *Recipient of the Healthgrades Cardiac Surgery Excellence Award™ for 7 Years in a row (2017-2023)*

- ***The only hospital in CA*** *to be Named Among the Top 5% in the Nation for Cardiac Surgery for 6 Years in a row (2018-2023)*

> ➢ The Cardiac Surgery specialty award recognizes hospitals with superior clinical outcomes in heart bypass surgery and heart valve surgery, representing the top 10% in the nation.
>
> ➢ To be considered for an award in this specialty area, a hospital must be evaluated in both of the above procedures based on MedPAR data.
>
> ➢ The Cardiac Surgery award is determined by the volume-weighted average of coronary artery bypass graft (CABG) surgery and valve surgery z-scores.

All Messaging and Ratings are Embargoed until October 25, 2022

Pulmonary Care

- *Recipient of the Healthgrades Pulmonary Care Excellence Award™ for 10 Years in a row (2014-2023)*

- *Named Among the Top 5% in the Nation for Overall Pulmonary Services for 3 Years in a row (2021-2023)*

➢ The Pulmonary Care specialty award recognizes hospitals with superior clinical outcomes in treating chronic obstructive pulmonary disease (COPD) and pneumonia, representing the top 10% in the nation.

➢ To be considered for an award in this specialty area, a hospital must be evaluated in both conditions based on MedPAR data.

➢ We calculate the average z-scores for these conditions using in-hospital mortality and in-hospital + 30-day mortality.

All Messaging and Ratings are Embargoed until October 25, 2022

Critical Care Excellence Award

- *Recipient of the Healthgrades Critical Care Excellence Award™ for 4 Years in a row (2020-2023)*

- *Named Among the Top 10% in the Nation for Critical Care for 4 Years in a row (2020-2023)*

> The Critical Care specialty award recognizes hospitals with superior clinical outcomes in treating pulmonary embolism, respiratory system failure, sepsis, and diabetic emergencies, representing the top 10% in the nation.

> To be considered for an award in this specialty area, a hospital must be evaluated in at least three out of four of the conditions listed above based on MedPAR data.

> The Critical Care award is based on a volume-weighted average of these average z-scores.

All Messaging and Ratings are Embargoed until October 25, 2022

Kaweah Health Medical Center: 2023 Clinical Achievements

- *Five-Star Recipient for Coronary Bypass Surgery for 7 Years in a row (2017-2023)*

- *Five-Star Recipient for Valve Surgery for 3 Years in a row (2021-2023)*

- *Five-Star Recipient for Treatment of Heart Failure for 3 Years in a row (2021-2023)*

- *Five-Star Recipient for Spinal Fusion Surgery in 2023*

- *Five-Star Recipient for Treatment of Stroke for 9 Years in a row (2015-2023)*

All Messaging and Ratings are Embargoed until October 25, 2022

Kaweah Health Medical Center: 2023 Clinical Achievements

- *Five-Star Recipient for Treatment of Pneumonia for 10 Years in a row (2014-2023)*

- *Five-Star Recipient for Treatment of GI Bleed for 2 Years in a row (2022-2023)*

- *Five-Star Recipient for Treatment of Sepsis for 11 Years in a row (2013-2023)*

- *Five-Star Recipient for Treatment of Respiratory Failure for 5 Years in a row (2019-2023)*

All Messaging and Ratings are Embargoed until October 25, 2022

Healthgrades Award Hierarchy

Hospital-wide Recognitions

America's 50 Best Hospitals
Top 1%

America's 100 Best Hospitals
Top 2%

America's 250 Best Hospitals
Top 5%

Service Line Specific Recognitions

America's 100 Best Hospitals
by Specialty

Specialty Excellence Awards

5-Star Achievers

All awards use Medicare inpatient data from the Medicare Provider Analysis and Review (MedPAR) database from the Centers for Medicare and Medicaid Services (CMS)

Kaweah Health Medical Center
(MEDPAR 2019-2021) STAR REPORT (1 of 3)

2023 Medpar Ratings	Mortality Inhospital		Mortality Inhospital + 30		Complications	
Cardiac						
Coronary Bypass Surgery	★★★	▼	★★★★★			
Valve Replacement Surgery	★★★★★		★★★★★			
Coronary Interventional Procedures (Angioplasty/ Stent)	★	▼	★	▼		
Acute Myocardial Infarction (Angioplasty/Stent Treatment Available)	★★★	▼	★★★			
Congestive Heart Failure	★★★★★	▲	★★★	▼		
Cardiac Pacemaker Implants					★★★	
Cardiac Defibrillator Implants					★	▼
Critical Care ❖						
Pulmonary Embolism	★★★		★★★			
Diabetic Acidosis and Coma					★★★	
Sepsis	★★★★★		★★★★★			
Respiratory Failure	★★★★★		★★★★★			

All Messaging and Ratings are Embargoed until October 25, 2022

▲▼ Indicates rating change from previous year

❖ Recipient of Specialty Excellence Award

54/61

Kaweah Health Medical Center
(MEDPAR 2019-2021) STAR REPORT (2 of 3)

2023 Medpar Ratings	Mortality Inhospital	Mortality Inhospital + 30	Complications
Gastrointestinal Care			
Bowel Obstruction	★★★	★★★	
GI Bleed	★★★★★	★★★	
Pancreatitis	★★★	★★★	
Cholecystectomy			★★★
Colorectal Surgeries	★★★	★★★	
Upper Gastrointestinal Surgery	★★★	★★★	
Individual			
Prostate Removal Surgery			★
Neurosciences			
Stroke	★★★★★	★★★ ▼	
Neurosurgery	★★★	★★★	

All Messaging and Ratings are Embargoed until October 25, 2022

▲▼ Indicates rating change from previous year

❖ Recipient of Specialty Excellence Award

Kaweah Health Medical Center
(MEDPAR 2019-2021) STAR REPORT (3 of 3)

2023 Medpar Ratings	Mortality Inhospital		Mortality Inhospital + 30	Complications	
Orthopedic					
Total Knee Replacement - 1st Surgery				★★★	
Total Hip Replacement - 1st Surgery				★★★	
Hip Fracture Repair				★★★	
Back and Neck Surgery (except Spinal Fusion)				★★★	
Back and Neck Surgery (Spinal Fusion)				★★★★★	▲
Pulmonary	❖				
Chronic Obstructive Pulmonary Disease	★★★	▼	★★★		
Community Acquired Pneumonia	★★★★★		★★★★★		
Vascular					
Carotid Procedures				★★★	
Peripheral Vascular Bypass				★★★	
Resection / Replacement of Abdominal Aorta				★★★	

All Messaging and Ratings are Embargoed until October 25, 2022

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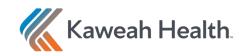© 2022 Healthgrades Marketplace, LLC. All Rights Reserved.

▲▼ Indicates rating change from previous year

❖ Recipient of Specialty Excellence Award

17 ● ●

56/61

Summary & Action

- Improvements: 3 to 5 stars in Heart Failure
- Decrease: 5 to 3 star Coronary Bypass Surgery, COPD & Acute Myocardial Infarction in-hospital mortality; Heart Failure and Stroke 30 day mortality. Decrease 3 to 1 star Coronary Interventional Procedures in-hospital and 30 day mortality; Cardiac Defibrillator Implants procedure complications.   Prostate Removal Surgery complications remains at 1 star (2022 ratings included: 8 / 85 cases over 3 years, five with post op ileus resolved in 1-2 days, one transient hypotension, one post op fever), cases preceded 2021 reviewed by Medical Director of Surgical Quality.
- Next Steps: Detailed review of each population with Healthgrades to include all stakeholders. Healthgrades reviews assist in identifying potential opportunities for continued improvement
- Next Steps: Continued work in Cardiology Service line in monitoring and improving key patient outcome metrics that are submitted to the American College of Cardiology and reported through the Kaweah Health Quality Program

Kaweah Health

Questions?

Live with passion.

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

Kaweah Health

Clinical Quality Goal Update

Sandy Volchko DNP, RN, CPHQ, CLSSBB
Director Quality & Patient Safety

November 2022

kaweahhealth.org

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FY23 Clinical Quality Goals

	July-Sept 22 Higher is Better	FY23 Goal	FY22	FY22 Goal
SEP-1 (% Bundle Compliance)	**81%**	≥ 77%	76%	≥ 75%

Percent of patients with this serious infection complication that received "perfect care". Perfect care is the right treatment at the right time for our sepsis patients.

Lower is Better	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	Estimated Annual Number Not to Exceed to Achieve Goal*	FYTD SIR** (number of actual/ number expected)	FY23 Goal (VBP 2024; National Mean 2019)	FY22 FY21 FY20
CAUTI Catheter Associated Urinary Tract Infection Excluding COVID INCLUDING COVID-19 PATIENTS	**1** 0	**1** 0											14 (23 predicted over 12 months)	0.620 0.620 Excluding COVID	≤0.650	1.092 0.54 1.12
CLABSI Central Line Associated Blood Stream Infection Excluding COVID INCLUDING COVID-19 PATIENTS	**3** 0	**0** 0											10 (17 predicted over 12 months)	1.301 1.301 Excluding COVID	≤0.589	1.132 0.75 1.20
MRSA Methicillin-Resistant Staphylococcus Aureus Excluding COVID INCLUDING COVID-19 PATIENTS	**2** 0	**0** 0											5 (8 predicted over 12 months	1.684 1.684 Excluding COVID	≤0.726	1.585 2.78 1.02

*based on July 2021-June 2022 NHSN predicted

**Standardized Infection Ratio is the number of patients who acquired one of these infections (excluding COVID patients) while in the hospital divided by the number of patients who were expected.

Questions?