June 1, 2023

NOTICE

The Board of Directors of Kaweah Delta Health Care District will meet in a Strategic Planning Committee meeting at 12:30pm on Thursday June 8, 2023, at the Support Services Building 1st Floor Emerald Room; 520 W Mineral King Avenue.

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
Mike 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
STRATEGIC PLANNING COMMITTEE

Thursday June 8, 2023 – 12:30pm
Kaweah Health Support Services Building
520 W. Mineral King Avenue, Visalia California – 1st Floor Emerald Room

Board of Directors: Lynn Havard Mirviss (Chair) & Garth Gipson
Management: Gary Herbst, CEO
                          Executive Team
Medical Staff: Medical Staff Officers
                          All Members of the Kaweah Health Medical Staff

CALL TO ORDER – *Lynn Havard Mirviss, Committee Chair*

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.

1. **KAWEAH HEALTH STRATEGIC PLAN** – *Marc Mertz, Chief Strategy Officer*
   a. **Review the Kaweah Health Strategic Plan Structure and Process**
   b. Discuss proposed strategic initiatives for the FY2024 Strategic Plan.
      i. Outstanding Health Outcomes- *Executive Sponsor Willy Brien, MD*
      ii. Patient and Community Experience- *Executive Sponsor Keri Noeske*
      iii. Empower through Education- *Executive Sponsor Lori Winston, MD*
      iv. Ideal Work Environment- *Executive Sponsor Dianne Cox*
      v. Strategic Growth and Innovation- *Executive Sponsor Ryan Gates*
      vi. Organizational Efficiency and Effectiveness- *Executive Sponsor Jag Batth*

ADJOURN – *Lynn Havard Mirviss*
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 Health Care District Board of Directors meeting.

Thursday June 8, 2023 – Strategic Planning Committee Page 1 of 1

Mike Olmos – Zone I *   Lynn Havard Mirviss – Zone II* *   Garth Gipson – Zone III* *   David Francis – Zone IV*   *Ambar Rodriguez – Zone V*
Secretary/Treasurer   *Vice President*   *Board Member*   *President*   *Board Member*

2/40

FY 2024 Strategic Plan

SP Board Committee Meeting
June 8, 2023

Kaweah Health
MORE THAN MEDICINE. LIFE

Overview of Kaweah Health's Strategy Structure

Strategies — The specific actions we will take this year to contribute to our Strategic Initiatives and success. These change annually.

Strategic Initiatives — The primary areas that we need to focus on during the next 1-3 years in order to be successful. These are subject to change every 1-3 years.

Pillars — The fundamental and perpetual things that will make us successful. These rarely change.

Vision — "What do we aspire to become?"

Mission — "Why do we exist?"

More than medicine. Life.

Kaweah Health

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2024 STRATEGIC PLAN TIMEFRAMES

- **2/2023** **Meet with Team Leads and Strategic Planning Committee of the Board to share approach for 2024.**

- 3/2023 Initiate small workgroups to discuss content/metrics for each initiative for FY 2024 and determine financial impact. Board member on each team.

- 4/10/23 AchieveIT is updated for proposed content for FY2024.

- 4/24/23 Initiative leaders present proposed 2024 plan to ET for review and approval.

- 5/1/23 AchieveIT is updated and finalized with ET comments and changes.

- **6/8/23** **Strategic Planning Committee of the Board meets to review and approve proposed FY2024 Strategic Plan.**

- 6/15/23 AchieveIT is updated and finalized with SP Committee changes and comments.

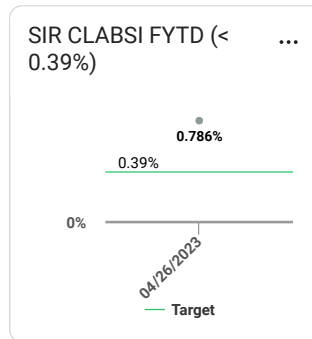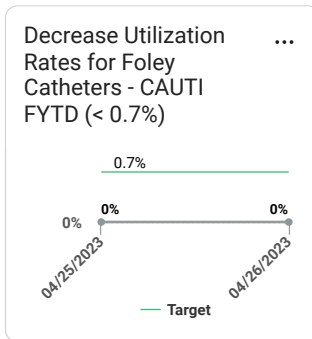- 6/28/23 Final 2024 Strategic Plan presented the full Board for approval.
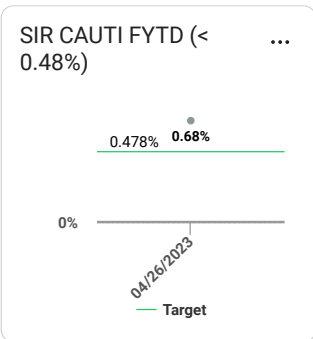
Outstanding Health Outcomes

Kaweah Health

Standardized Infection Ratio (SIR)   Champions: Sandy Volchko

Objective: Reduce the Hospital Acquired Infections (HAIs) to the national 70th percentile in FYTD24 as reported by the Centers for Medicare and Medicaid Services

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.1.1	Objective	CAUTI, CLABSI, MRSA Quality Focus Teams	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.1.2	Objective	Daily catheter and central line Gemba rounds	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.1.3	Objective	Bio-Vigil	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.1.4	Objective	MRSA Decolonization	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.1.5	Outcome	Standardized Infection Ratio (SIR) CAUTI (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 70th Percentile Baseline FYTD (March 2023)
5.1.5.1	Outcome	Decrease Utilization Rates for Foley Catheters (CAUTI)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 70th Percentile Pending baseline data
5.1.6	Outcome	Standardized Infection Ratio (SIR) CLABSI (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 70th Percentile Baseline FYTD (March 2023)
5.1.6.1	Outcome	Decrease Utilization Rates for Central Lines (CLABSI)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 70th Percentile Pending baseline data
5.1.7	Outcome	Standardized Infection Ratio (SIR) MRSA (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 70th Percentile Baseline FYTD (March 2023)

SIR CAUTI FYTD (< 0.48%) ...

0.478% **0.68%**

0%   04/26/2023

— Target

Decrease Utilization Rates for Foley Catheters - CAUTI FYTD (< 0.7%) ...

0.7%

0% **0%**   **0%**

04/25/2023   04/26/2023

— Target

SIR CLABSI FYTD (< 0.39%) ...

0.786%

0.39%

0%   04/26/2023

— Target

Decrease Utilization Rates for Central Lines - CLABSI FYTD (< 0.68%) ...

0.68%

0% **0%**   **0%**

04/25/2023   04/26/2023

— Target

SIR MRSA FYTD (< 0.55%) ...

0.55% **0.662%**
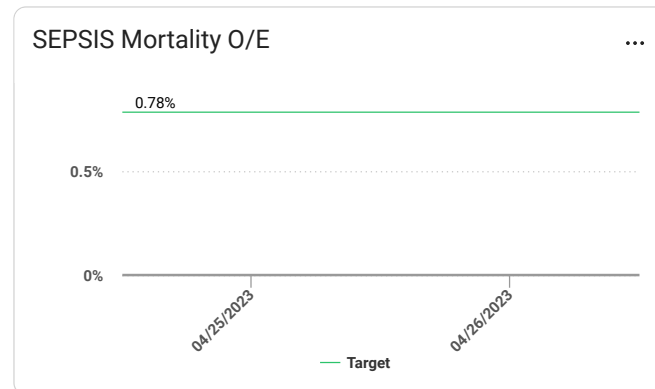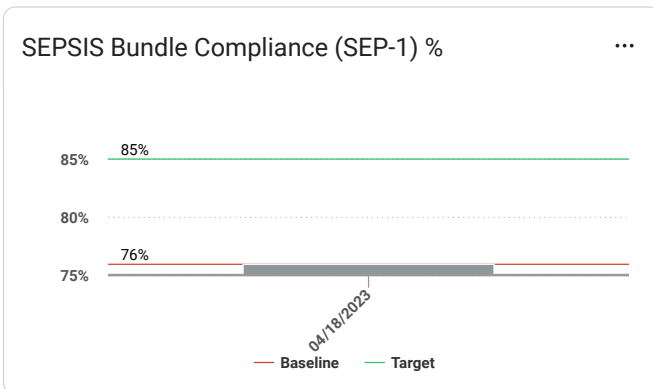
0%   04/26/2023

— Target
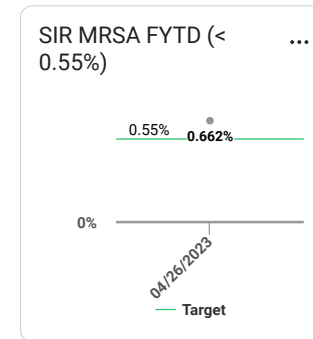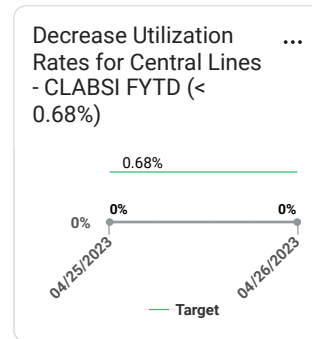
SEPSIS Bundle Compliance (SEP-1)   **Champions: Sandy Volchko**

Objective: Increase SEP-1 bundle compliance to overall 85% compliance rate for FY24 through innovative improvement strategies based on root causes.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.2.1	Objective	Utilize SEPSIS Coordinators to identify and monitor patients	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.2.2	Objective	SEPSIS Alerts-Required MD notifications	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.2.3	Objective	Quality Focus Team-RCAs/Fall out review	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.2.4	Outcome	SEPSIS Bundle Compliance (SEP-1) % FYTD	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Baseline FYTD (March 2023)
5.2.4.1	Outcome	SEPSIS Mortality O/E	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Pending baseline data

SEPSIS Bundle Compliance (SEP-1) %   ...

85% — 85%
80%
76% — 76%
75%
04/18/2023
— Baseline   — Target

SEPSIS Mortality O/E   ...

0.78%
0.5%
0%
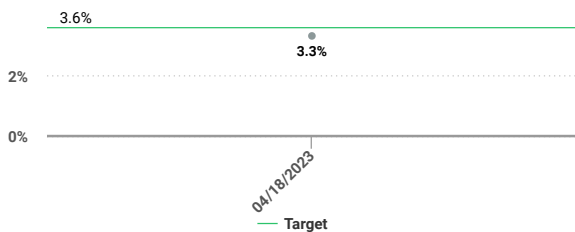04/25/2023   04/26/2023
— Target

Mortality and Readmissions   Champions: Sandy Volchko

Objective: *Reduce observed/expected mortality through the application of standardized best practices.*
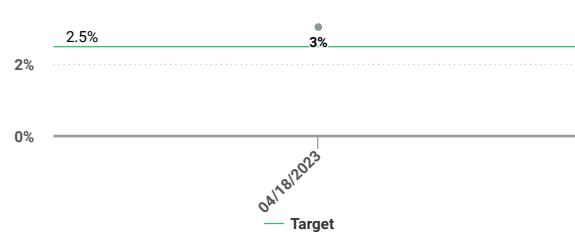
Plan

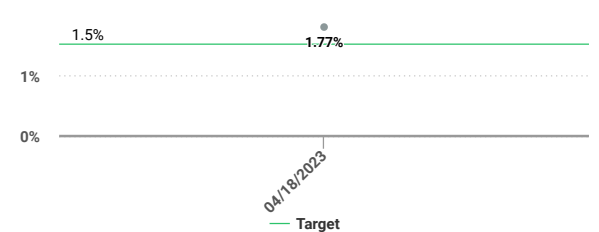| #	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.3.1	Objective	Enhanced diagnosis specific workgroups/committees	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.3.2	Objective	Standardized care based on evidence	07/01/2023	06/30/2024	Sandy Volchko	Not Started	
5.3.3	Outcome	Hospital Readmissions % AMI (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 80th Percentile / Baseline FYTD (March 2023)
5.3.4	Outcome	Hospital Readmissions % COPD (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 80th Percentile / Baseline FYTD (March 2023)
5.3.5	Outcome	Hospital Readmissions % HF (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 75th Percentile / Baseline FYTD (March 2023)
5.3.6	Outcome	Hospital Readmissions % PN Viral/Bacterial (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 70th Percentile / Baseline FYTD (March 2023)
5.3.7	Outcome	Decrease Mortality Rates AMI FYTD	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 90th Percentile / Baseline FYTD (March 2023)
5.3.8	Outcome	Decrease Mortality Rates COPD FYTD	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 60th Percentile / Baseline FYTD (March 2023)
5.3.9	Outcome	Decrease Mortality Rates HF FYTD	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 90th Percentile / Baseline FYTD (March 2023)
5.3.10	Outcome	Decrease Mortality Rates PN Bacterial FYTD	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 70th Percentile / Baseline FYTD (March 2023)
5.3.11	Outcome	Decrease Mortality Rates PN Viral FYTD	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Percentile TBD (specifics unavailable) / Baseline FYTD (March 2023)
5.3.12	Outcome	Percutaneous Coronary Intervention (PCI) In Hospital Mortality Rate - STEMI	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 50th Percentile / Baseline Rolling 4 quarters (10/1/21 - 9/30/22)
5.3.12.1	Outcome	Door to Balloon Time PCI for STEMI (< 50 mins)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 90th Percentile / Baseline of 63 - Rolling 4 quarters (10/1/21 - 9/30/22)
5.3.13	Outcome	Acute Kidney Injury Post PCI	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 90th Percentile / Baseline Rolling 4 quarters (10/1/21 - 9/30/22)
5.3.14	Outcome	Risk Standardized Bleeding Rate	07/01/2023	06/30/2024	Sandy Volchko	Not Started	Goal = 75th Percentile / Baseline Rolling 4 quarters (10/1/21 - 9/30/22)

Acute Kidney Injury Post PCI (< 3.6%)   ...


```
3.6% ─────────────────────────────
                        •
                      3.3%
2% ·······························
0% ───────────────────────────────
              04/18/2023
        — Target
```

PCI In-Hospital Mortality Rate - STEMI (< 2.5%)   ...


```
                        •
2.5% ─────────────────────────────
                      3%
2% 
0% ───────────────────────────────
              04/18/2023
        — Target
```

Risk Standardized Bleeding Rate (< 1.5%)   ...


```
                        •
1.5% ─────────────────────────────
                     1.77%
1% ·······························
0% ───────────────────────────────
              04/18/2023
        — Target
```

Mortality and Readmissions   Champions: Sandy Volchko

Hospital Readmissions % AMI FYTD (< 6.15%) ...

6.15%
5%
6.12%
0%
04/18/2023
— Target
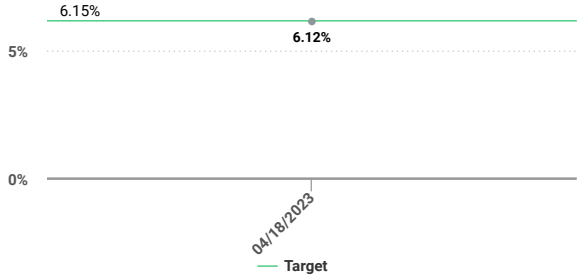
Hospital Readmissions % COPD FYTD (< 9%) ...

9%
8.82%
5%
0%
04/18/2023
— Target
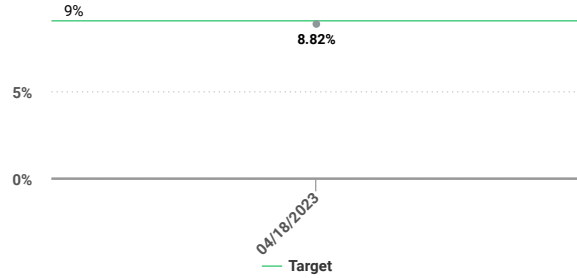
Hospital Readmissions % HF FYTD (< 11.72%) ...
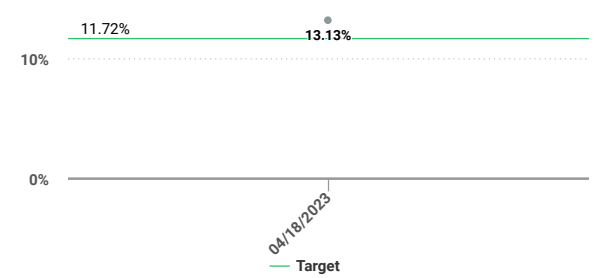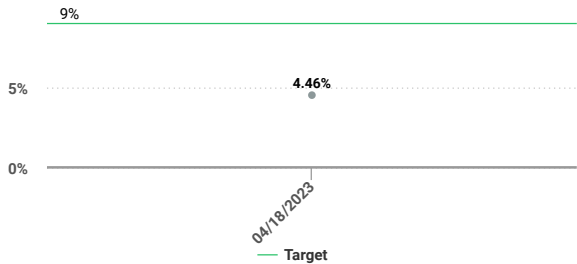
11.72%   **13.13%**
10%
0%
04/18/2023
— Target

Hospital Readmissions % PN Viral/Bacterial FYTD (< 9%) ...

9%
5%
4.46%
0%
04/18/2023
— Target

Decrease Mortality Rates AMI FYTD (< 0.7) ...

0.7
0.5
0
04/18/2023
— Target

Decrease Mortality Rates COPD FYTD (< 0.7) ...

0.7   **0.81**
0.5
0
04/18/2023
— Target

Decrease Mortality Rates HF FYTD (< 0.52) ...

0.84
0.52
0.5
0
04/18/2023
— Target

Decrease Mortality Rates PN Bacterial FYTD (< 0.53) ...

0.53
0.5
0.25
0
04/18/2023
— Target

Decrease Mortality Rates PN Viral FYTD (<0.65) ...

0.65   **0.59**
0.5
0.25
0
04/18/2023
— Target
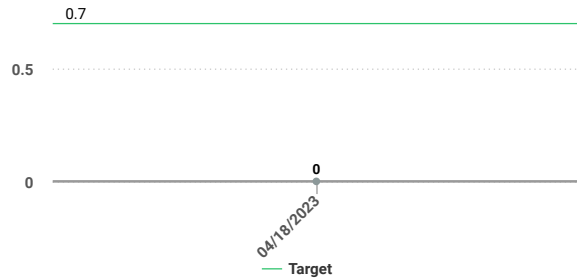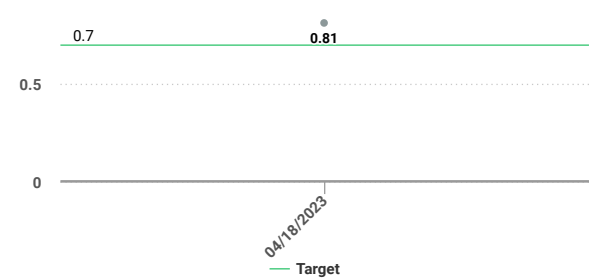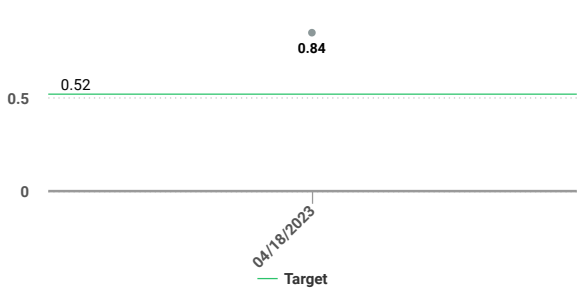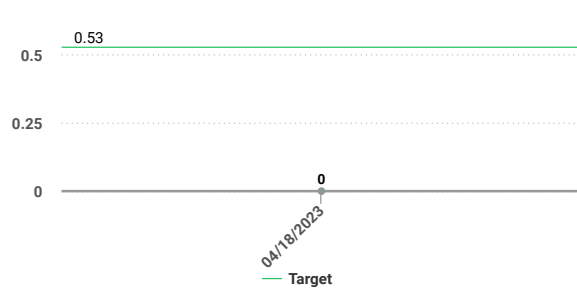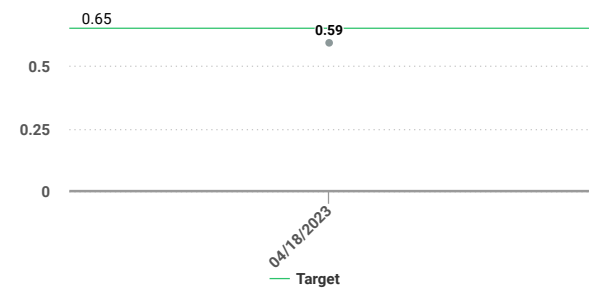
Health Equity **Champions: Ryan Gates and Sonia Duran-Aguilar**

Objective: *Identify health disparities that improve affordable access to care by enhancing care coordination and more effective treatment through healthy living.*

Plan

| #	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.5.1	Objective	Identify an individual to lead activities to improve Health Care Equity	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.5.2	Objective	Develop Organizational Multi-Year Health Equity Plan/Road Map	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.5.3	Objective	Review and Select Toolkit to be used, and identify gaps and develop plans to resolve	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.5.4	Objective	Select Social Screening Data Collection Tool by 7/1/23	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.5.4.1	Objective	Build out tool in Cerner	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.5.4.2	Objective	Develop training materials for front line staff and complete training	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.5.4.3	Objective	Evaluate reporting capabilities/dashboards	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.5.4.4	Objective	Implement new screening tool and monitor and reinforce progress using available reports	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.5.5	Objective	Identify Disparities in data collected by 3/30/2024	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	

Quality Improvement Program (QIP) Reporting   **Champions: Sonia Duran-Aguilar**

Objective: Achieve performance on the Quality Incentive Pool measures to demonstrate high quality care delivery in the primary care space.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.4.1	Objective	Improve Frontline staff (Clinic Primary Care/Internal Medicine/clinical staff) awareness of QIP performance and thereby ensure engagement and buy in QI efforts	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.4.2	Objective	Optimize workflows to drive and hardwire best practices for clinical care (registration, MA intake, provider documentation)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.4.3	Objective	Continue with Monthly workgroups (MCPs, Revenue Integrity, Population Health/Clinic Teams) to track progress	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.4.4	Objective	Continue to monitor Quality Data Code documentation and impact on QIP measure performance	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.4.5	Objective	Optimize Patient Advisories/Health Maintenance that align with QIP measures	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.4.6	Objective	Develop HealtheAnalytics Performance Dashboards-25 measures	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.4.7	Objective	Completion of HealtheAnalytics Fall Out Worklists for QIP Measures-completed 18 FY23/ongoing for new and remaining measures (7 additional)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.4.8	Objective	Explore within Cerner, tools that improve automated coding (ICD/Quality Data Codes) per clinical documentation (long term strategy)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
5.4.9	Outcome	Meet 15 of 17 QIP measure performance (88%)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	Baseline of 13 = CY22 QIP Performance. Goal of 15 = CY23 QIP Performance

Meet 15 of 17 QIP Performance Measures (88%) ···

12/40
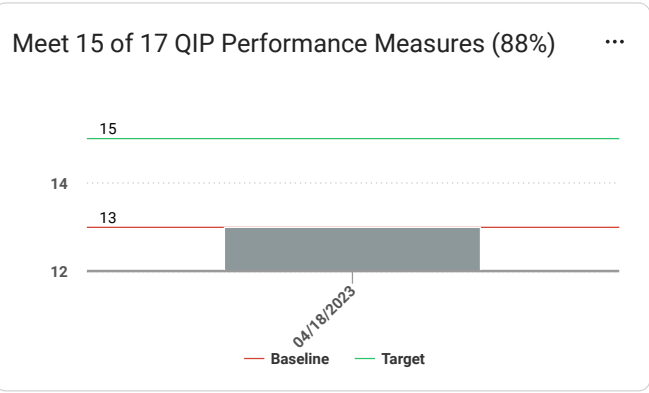
## Inpatient Diabetes Management   Champions: Emma Camarena and Cody Ericson

Objective: Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.

Plan

| #	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.6.1	Outcome	Achieve benchmark performance for hypoglycemia in Critical Care (CC) patient population, defined as percent patient days with blood glucose (BG) <70	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	Baseline - Last 6 months
5.6.2	Outcome	Achieve benchmark performance for hypoglycemia in Non-Critical Care (NCC) patient population, defined as percent patient days with blood glucose (BG) <70	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	Baseline - Last 6 months
5.6.3	Outcome	Achieve benchmark performance for percent of patients with hypoglycemia with at least one recurrent hypoglycemic day for Critical Care (CC)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	Baseline - Last 6 months
5.6.4	Outcome	Achieve benchmark performance for percent of patients with hypoglycemia with at least one recurrent hypoglycemic day for Non Critical Care (NCC)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	Baseline - Last 6 months

Hypoglycemia in Critical Care Patients (< 4.3%) ...
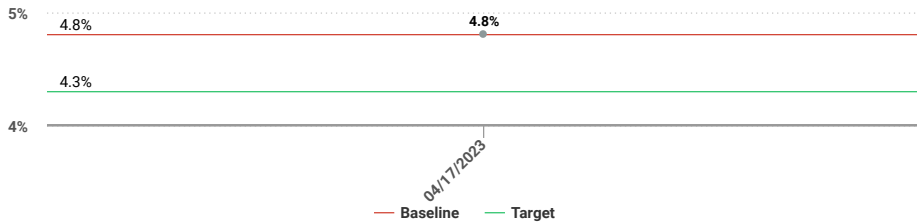
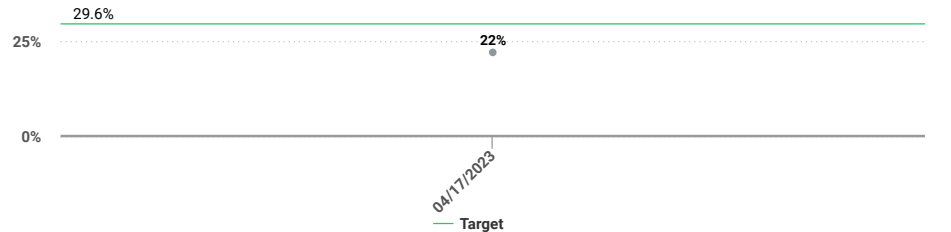### Recurrent Hypoglycemia in Critical Care Patients (< 26.8%) ...
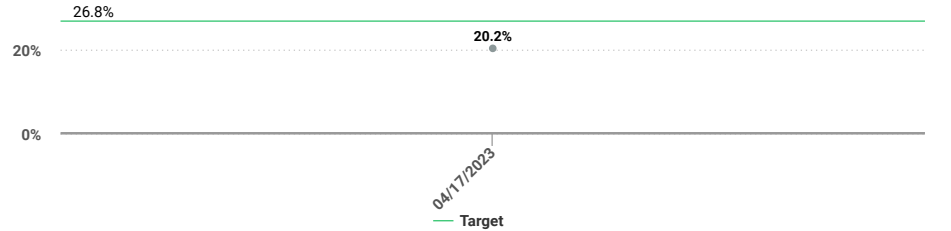
Hypoglycemia in Non-Critical Care Patients (< 3.4%) ...
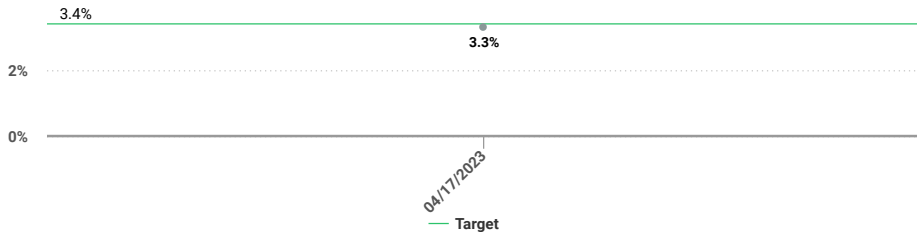
### Recurrent Hypoglycemia in Non-Critical Care Patients (< 29.6%) ...

Patient Experience and Community Engagement

World-Class Service   Champion: Keri Noeske

Objective: *Develop strategies that provide our health care team the tools they need to deliver a world-class health care experience.*

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
6.1.1	Objective	Provide trainings & tools to team members on how to deliver world-class service.	07/01/2023	06/30/2024	Keri Noeske	Not Started	
6.1.2	Objective	Enhance patient navigation across the health care continuum.	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.1.3	Objective	Patient Wayfinding	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.1.4	Outcome	Achieve the 60th Percentile in Overall Rating Goal on HCAHPS Survey	07/01/2023	06/30/2024	Keri Noeske	Not Started	Goal established based on CY23/Q1 benchmark
6.1.5	Outcome	Achieve Patient Feedback Score Goal on ED Survey	07/01/2023	06/30/2024	Keri Noeske	Not Started	
6.1.6	Outcome	Achieve the 75th Percentile in HCAHPS Care Transitions Score	07/01/2023	06/30/2024	Keri Noeske	Not Started	Goal established based on CY23/Q1 benchmark
6.1.7	Outcome	Improve Net Promoter Score (NPS) - Provider would recommend	07/01/2023	06/30/2024	Keri Noeske	Not Started	Goal = 25th Percentile / Baseline = April 2023

Achieve the 60th Percentile in Overall Rating Goal on HCAHPS Survey   ...

Achieve the 75th Percentile in HCAHPS Care Transitions   ...

Improve Net Promoter Score - Provider would recommend   ...

Achieve Patient Feedback Score Goal on ED Survey   ...
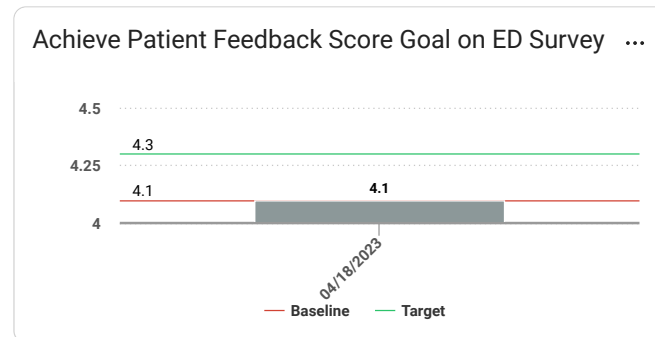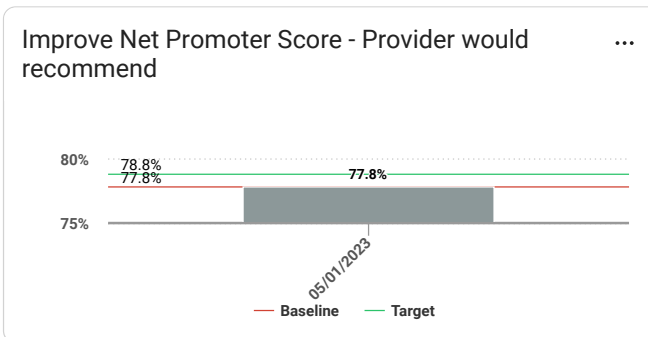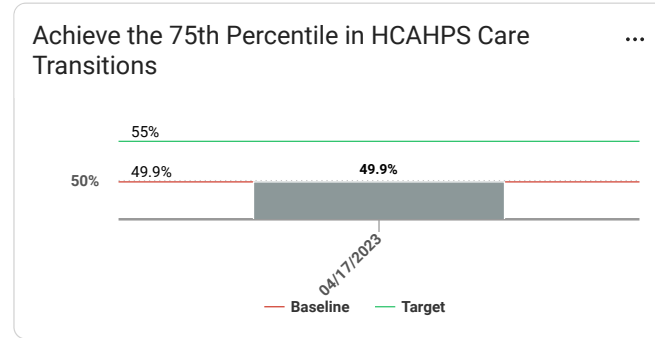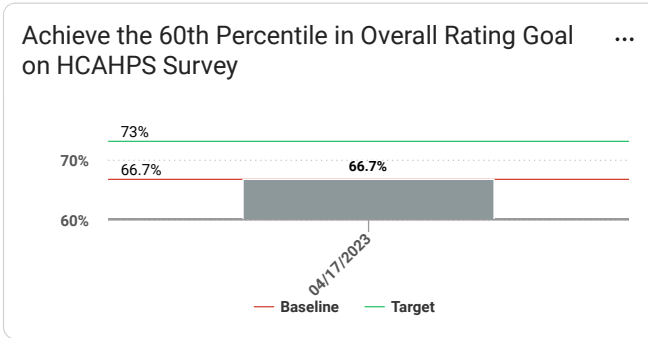
**Increase Compassionate Communication**   **Champions: Dr. Carstens and Keri Noeske**

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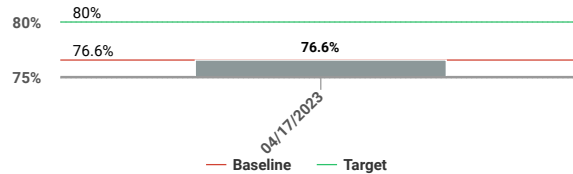
Plan

| #	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
6.2.1	Objective	Develop an expectation for best practice provider and team communication (training and coaching)	07/01/2023	06/30/2024	Keri Noeske	Not Started	
6.2.2	Objective	Bedside Rounds - Health Care Team Rounds Implemented in all Med Surg and Critical Care areas	07/01/2023	06/30/2024	Keri Noeske	Not Started	
6.2.3	Outcome	Achieve the 60th Percentile in Physician Communication Score	07/01/2023	06/30/2024	Keri Noeske	Not Started	Goal established based on CY23/Q1 benchmark
6.2.4	Outcome	Achieve the 60th Percentile in Nursing Communication Score	07/01/2023	06/30/2024	Keri Noeske	Not Started	Goal established based on CY23/Q1 benchmark
6.2.5	Outcome	Achieve the 70th Percentile in Responsiveness of Staff to Patients and Among Internal Teams	07/01/2023	06/30/2024	Keri Noeske	Not Started	Goal established based on CY23/Q1 benchmark

Achieve the 60th Percentile on Physician Communication Scores   ...

80% — 80%
76.7% — **76.7%**
75%
04/17/2023
— Baseline — Target
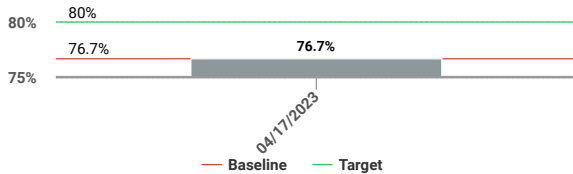
Achieve the 60th Percentile on Nursing Communication Scores   ...

80% — 80%
76.6% — **76.6%**
75%
04/17/2023
— Baseline — Target

Achieve the 70th Percentile in Responsiveness of Staff to Patients and Internal Teams   ...

70% — 69%
63% — **63.3%**
60%
04/17/2023
— Baseline — Target
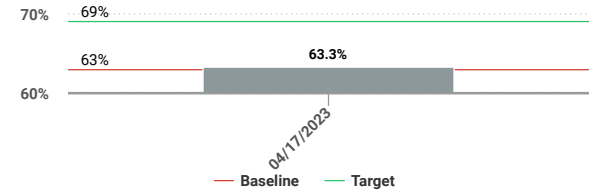
Community Engagement   Champion: Deborah Volosin and Keri Noeske

Objective: To provide an environment where community members and patients are able to assist staff in co-designing safe, high quality, and world-class care and services.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
6.4.1	Objective	Report on Community Engagement Activities	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.4.2	Objective	Continue to meet with Community Advisory Councils and Ambassador groups to gain community and employee insights and support	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.4.3	Objective	Explore ways to collaborate on modernization efforts with other health care districts, Central Valley Healthcare Alliance, and the County of Tulare	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.4.4	Objective	Promote Community Engagement program with new membership, new Councils, and a new onboarding program	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.4.5	Objective	Continue to promote Speakers Bureau	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.4.6	Objective	Launch comprehensive community engagement campaign regarding the need to replace the Mineral King wing through focus groups, town halls, the website, social media, and other media to gain support	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.4.7	Objective	Kick off a new Foundation fundraising campaign	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.4.8	Outcome	Improve Best Image and Reputation Score (26)	07/01/2023	06/30/2024	Deborah Volosin	Not Started	Baseline of 21.5 from March 2023 / Goal 26

Improve Best Image and Reputation Score   ...

26
25
21.5   21.5
20
05/08/2023
— Baseline   — Target
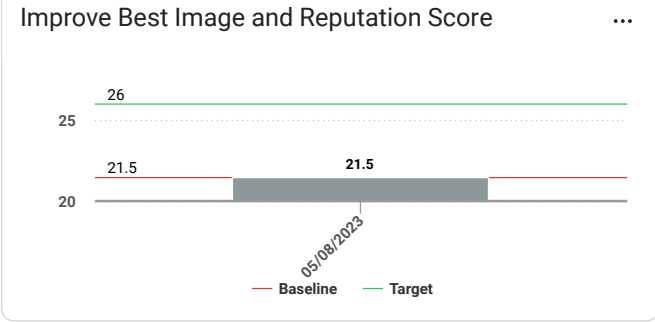
Enhancement of Environment   Champion: Deborah Volosin

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

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
6.3.1	Objective	Environmental Rounds: Identify and Respond to Environmental Needs	07/01/2023	06/30/2024	Deborah Volosin	Not Started	
6.3.2	Outcome	Reunite 75% of Lost Belongings with Owners	07/01/2023	06/30/2024	Keri Noeske	Not Started	FYTD through March 2023 Represents lost belonging data reported in MIDAS
6.3.3	Outcome	Improve the Cleanliness of Clinic Environment	07/01/2023	06/30/2024	Ivan Jara	Not Started	Baseline and Goal TBD. Working with NRC vendor to update survey question to include "cleanliness"
6.3.4	Outcome	Achieve the 50th Percentile in HCAHPS Cleanliness Survey Score (Inpatient)	07/01/2023	06/30/2024	Keri Noeske	Not Started	Goal established based on CY23/Q1 benchmark

Reunite 75% of Lost Belongings with Owners   ...
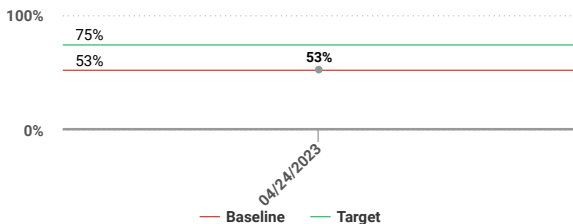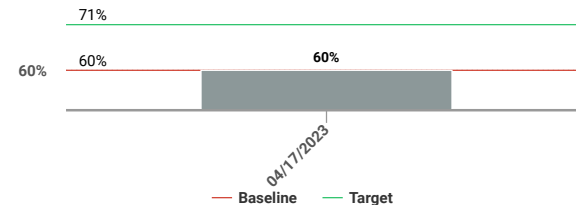

Improve Cleanliness of Clinic Environment   ...

ⓘ

This plan item has no metric value

### Achieve the 50th Percentile in HCAHPS Cleanliness ... Score (Inpatient)

Empower Through Education

Online Learning Opportunities and Participation   Champions: Mara Lawson and Hannah Mitchell

Objective: Increase and Optimize Educational Opportunities and Platforms for Online Learning.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.1.1	Objective	Increase and Optimize Educational Opportunities and Platforms for Online Learning	07/01/2023	06/30/2024	Hannah Mitchell	Not Started	
1.1.1.1	Outcome	Automate the Week One Onboarding and Orientation Competencies for Patient Care Staff	07/01/2023	12/31/2023	Mara Lawson	Not Started	
1.1.1.2	Outcome	Increase OpenSesame Course Content	07/01/2023	06/30/2024	Hannah Mitchell	Not Started	

Automate 75% of the Week One Onboarding and Orientation Competencies for Patient Care Staff

Increase OpenSesame Course Content by 50%
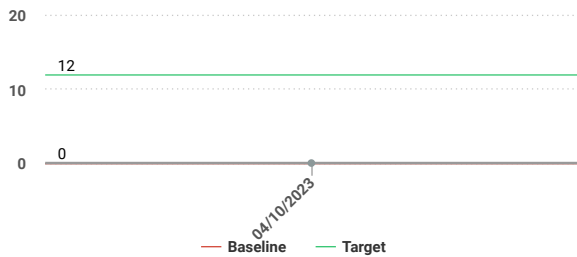
Kaweah Health
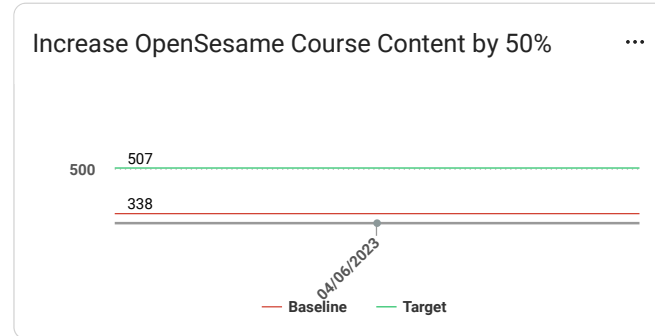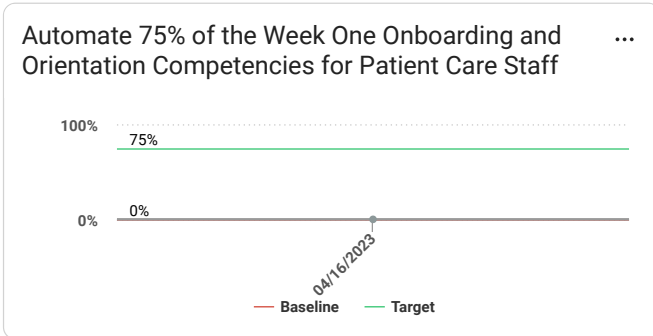
SIM Lab and Use of Simulation in Education Champion: Dr. Sokol

Objective: Increase Simulation and SIM Lab Training Opportunities.

Plan

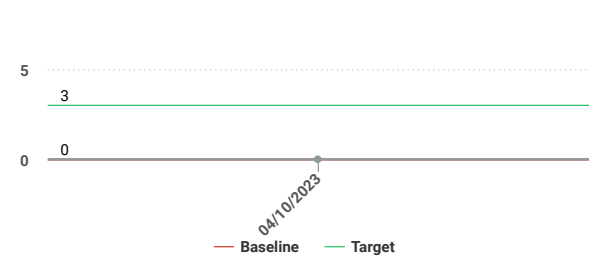| #	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.2.1	Objective	Expand Exposure to the SIM Lab and Simulation Training Concepts	07/01/2023	06/30/2024	Kimberly Sokol	Not Started	
1.2.1.1	Outcome	Conduct Monthly in situ Simulations (Twelve in the Fiscal Year)	07/01/2023	06/30/2024	Kimberly Sokol	Not Started	
1.2.1.2	Outcome	Host Monthly SIM Education Series for All Kaweah Health Employees (Twelve in the Fiscal Year)	07/01/2023	06/30/2024	Kimberly Sokol	Not Started	
1.2.1.3	Outcome	Conduct SIM Center Tours for High School Students	07/01/2023	12/31/2023	Kimberly Sokol	Not Started	
1.2.2	Objective	Develop and Execute a SIM Center Specific Fundraising Strategy	07/01/2023	06/30/2024	Kimberly Sokol	Not Started	

Conduct Monthly in situ Simulations Sessions (Twelve in the Fiscal Year)

Host Monthly SIM Education Series for All Kaweah Health Employees (Twelve in the Fiscal Year)
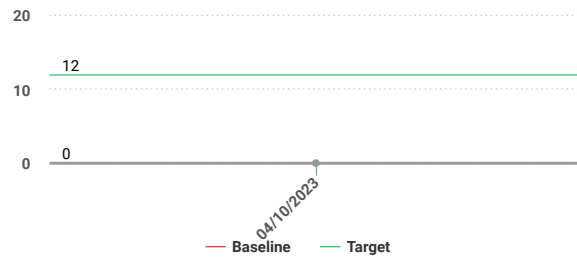
### Conduct SIM Center Tours for High School Students

Educational Opportunities for External Learners   Champion: Dr. Sokol

*Objective: Explore and Develop Opportunities to Provide Education to External Learners.*

Plan

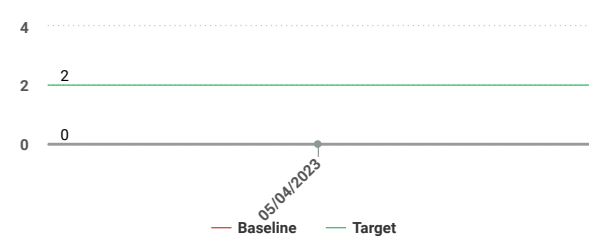| #	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.3.1	Objective	Include External Learners in Existing and New Training and Educational Opportunities	07/01/2023	06/30/2024	Kimberly Sokol	Not Started	
1.3.1.1	Outcome	Host an Advanced Trauma Life Support Course with 25% Paying Participants	07/01/2023	12/31/2023	Kimberly Sokol	Not Started	
1.3.1.2	Outcome	Lease SIM Space and Resources For Use by External Entities	07/01/2023	12/31/2023	Kimberly Sokol	Not Started	
1.3.2	Objective	Increase Exposure and Opportunities for Shadowing and Observing	07/01/2023	06/30/2024	Lori Winston	Not Started	
1.3.2.1	Outcome	Implement the Mi Mentor Program and One Additional Affiliate Program	07/01/2023	06/30/2024	Lori Winston	Not Started	

Host an Advanced Trauma Life Support Course with 25% External Paying Participants
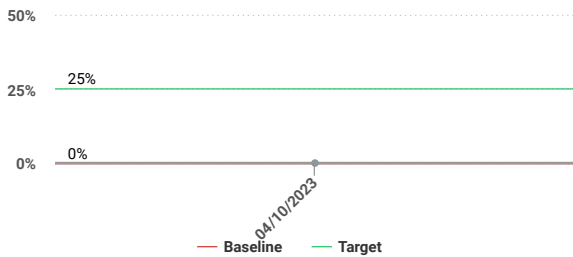
Lease SIM Space and Resources to External Entiti... ...
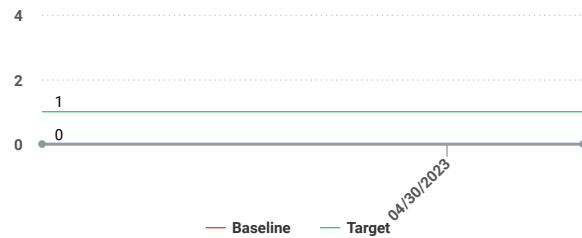
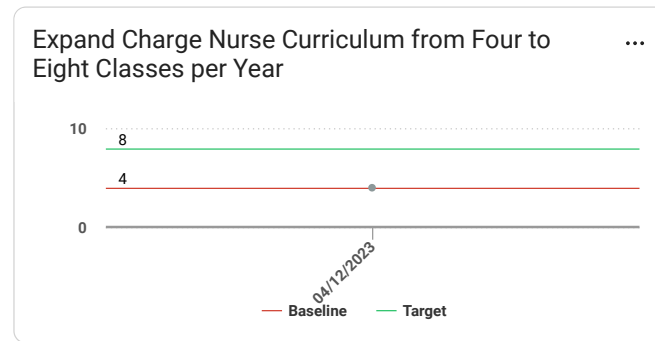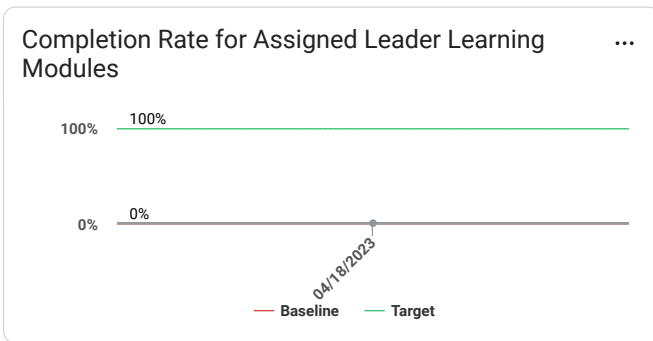### Implement the Mi Mentor Program and One Additional Affiliate Program

Leadership Education   Champions: Hannah Mitchell, Keri Noeske, Dr. Brien and Mara Lawson

Objective: Increase and Improve Leadership Education.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.4.1	Objective	Improve Leadership Skills Through Targeted Training Assignments	07/01/2023	06/30/2024	Hannah Mitchell	Not Started	
1.4.1.1	Outcome	Completion Rate for Assigned Leader Learning Modules	07/01/2023	06/30/2024	Hannah Mitchell	Not Started	
1.4.1.2	Outcome	Expand Charge Nurse Curriculum from Four to Eight Classes per Year	07/01/2023	06/30/2024	Mara Lawson	Not Started	
1.4.2	Objective	Develop, build and launch Leadership Academy	07/01/2023	06/30/2024	Hannah Mitchell	Not Started	
1.4.3	Objective	Develop, Build and Launch an Emerging Leaders Program	07/01/2023	06/30/2024	Hannah Mitchell	Not Started	
1.4.4	Objective	Develop Leadership Training Curriculum for Operational Directors, Division Chiefs and Medical Staff Service Line Directors	07/01/2023	06/30/2024	Keri Noeske	Not Started	
1.4.5	Objective	Standardize weekly communication/newsletters, daily or weekly huddles, monthly staff meetings with themes	07/01/2023	06/30/2024	Dianne Cox	Not Started	

Completion Rate for Assigned Leader Learning Modules   ...

Expand Charge Nurse Curriculum from Four to Eight Classes per Year   ...

Ideal Work Environment

Employee Retention and Resiliency   Champion: Dianne Cox and Raleen Larez

Objective: Improving retention and decreasing turnover will stabilize the workforce, improve competency and safe patient care and reduce costs of hiring and onboarding.
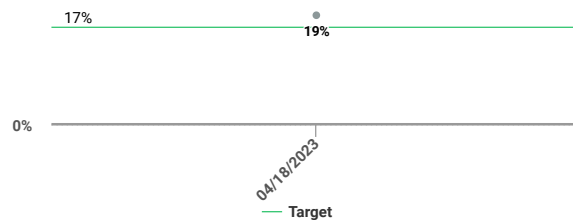
Plan

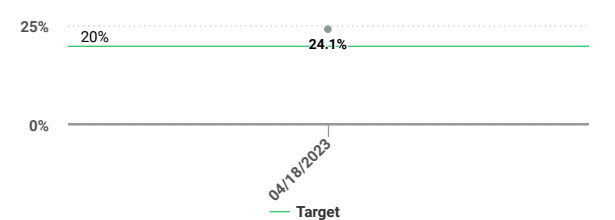| #	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.1	Objective	Restart Retention Committee Initiatives	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.1.2	Objective	Monitor Competitive Compensation and Benefits	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.1.3	Objective	Schwartz Programs Second Year Rollout (6 total by 6/30/24)	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.1.4	Objective	Health Equity - Study health/dental insurance analytics of our employee/member population by 6/30/24	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.1.5	Outcome	Decrease overall KH turnover rate to meet CHA statewide statistics	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.1.6	Outcome	Decrease Direct Patient Care RN Turnover Rate to meet CHA statewide statistics	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.1.7	Outcome	Decrease New Hire Turnover Rate (leaving < 6 months) with 30/90 days Check-in	07/01/2023	06/30/2024	Dianne Cox	Not Started	Baseline October 2022 - March 2023

Decrease overall KH turnover rate (< 15%)

15%   18.5%

0%

04/18/2023

— Target
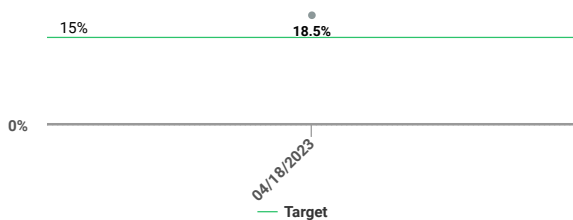
Decrease nursing turnover rate (< 17%)

17%   19%

0%

04/18/2023

— Target

Decrease new hire turnover rate w/in 6 months (< 20%)

25%   20%   24.1%

0%

04/18/2023
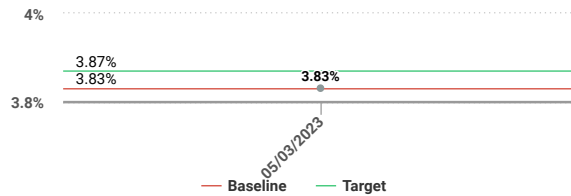
— Target

Kaweah Care Culture   Champion: Dianne Cox and Raleen Larez

Objective: *Recreate Kaweah Care culture into the various aspects of the organization.*

Plan

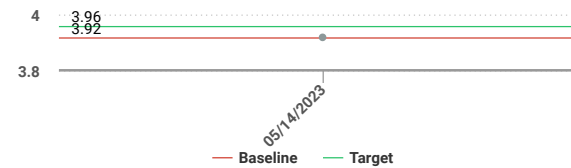| #	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.3.1	Objective	Reinvigorate post-COVID "World-Class Experiences. Every Person, Every Time."	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.3.2	Objective	Re-establish Kaweah Care Committee and Subcommittees by September 30, 2023	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.3.3	Objective	Establish goals and start implementation by June 30, 2024	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.3.4	Outcome	Improve Employee Engagement Surveys	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.3.5	Outcome	Improve Employee Feedback from Jan/Feb 2023 SAQ			Dianne Cox	Not Started	

Improve Employee Engagement Surveys (> 3.87%) ...

4%

3.87%
3.83%   3.83%

3.8%

05/03/2023

— Baseline   — Target

Improve Employee Feedback from Jan/Feb 2023 SAQ (> 3.96) ...

4   3.96
3.92

3.8

05/14/2023

— Baseline   — Target

Ideal Practice Environment   Champion: Dr. William Brien and Dr. Lori Winston

Objective: *Ensure a practice environment that is friendly and engaging for providers, free of practice barriers.*

Plan   ...

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.2.1	Objective	Improve Physician Retention and Resiliency	07/01/2023	06/30/2024	Dianne Cox	Not Started	Pending more details from Dianne
2.2.2	Objective	Develop a team of physician leaders to identify specific goals and initiatives to reach improved scores.	07/01/2023	06/30/2024	Dianne Cox	Not Started	This will be led by the Physician Governance Structure
2.2.3	Outcome	Improve Provider Feedback from Jan/Feb 2023 SAQ	07/01/2023	06/30/2024	Dianne Cox	Not Started	Baseline 170 providers responded (40% response rate)
2.2.4	Outcome	Improve Provider Engagement Surveys	07/01/2023	06/30/2024	Dianne Cox	Not Started	Baseline from 2021

Improve Provider Engagement Surveys   ...

Improve Provider Feedback from Jan/Feb 2023 SAQ   ...
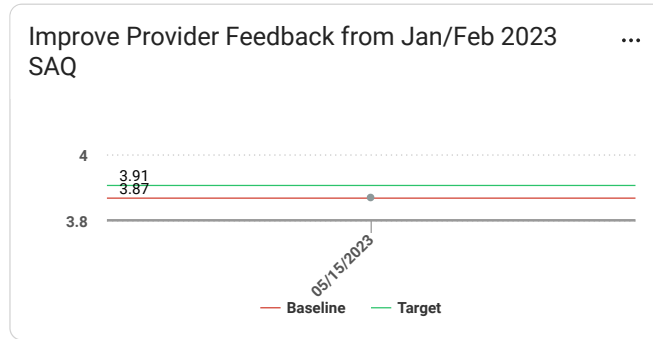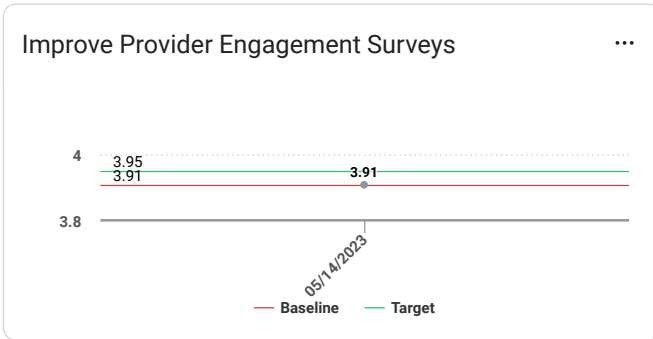
Expand Volunteer Programs   Champions: Kent Mishler, Kelly Pierce

Objective: *Increase the number of active volunteers (high school students and young adults) engaged with Kaweah Health year over year.*
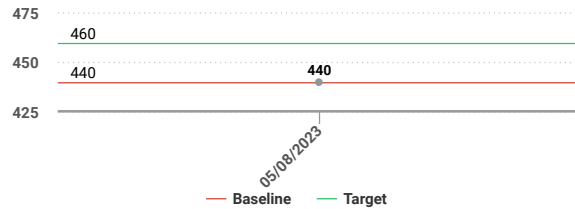
Plan

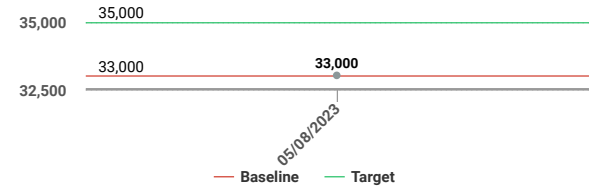| #	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.4.1	Objective	Increase partnerships with local high schools and colleges for internships/shadowing	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.4.2	Objective	Continue marketing of service opportunities at Kaweah Health to the public	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.4.3	Outcome	Increase Volunteer Locations (70)	07/01/2023	06/30/2024	Dianne Cox	Not Started	Baseline of 65 for FY23
2.4.4	Outcome	Increase Volunteer Numbers	07/01/2023	06/30/2024	Dianne Cox	Not Started	Baseline 440 from 7/1/22 - 4/31/23
2.4.5	Outcome	Increase Volunteer Hours (35,000)	07/01/2023	06/30/2024	Dianne Cox	Not Started	Baseline of 33,000 for FY23

Increase to 70 Volunteer Locations (by 6/30/24)

Baseline — Target
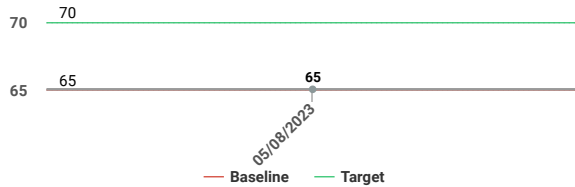
Increase to 460 Volunteers (by 6/30/24)

Baseline — Target

Increase to 35,000 Volunteer Hours (by 6/30/24)


Baseline — Target

Growth in School Partnerships   Champion: Jamie Morales

***Objective***: *Increase the pool of local RN candidates with the local schools to increase RN cohort seats.*

Plan

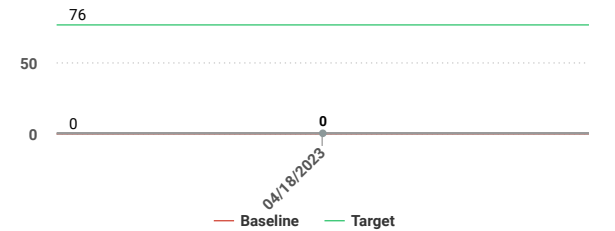| #	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.5.1	Objective	Continue to build partnerships with local colleges and universities for nursing programs; expand into other educational programs beyond nursing for KH employees	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.5.2	Objective	Continue promotion of Educational Assistance funding from Kaweah Health and governmental programs	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.5.3	Objective	Designate a single contact person as an external/internal resource for schools and employees	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.5.4	Outcome	Increase Unitek to two 25 seat programs	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.5.5	Outcome	Increase College of Sequoias (COS) offering of one 10 seat part-time RN program	07/01/2023	06/30/2024	Dianne Cox	Not Started	
2.5.6	Outcome	Expand College of Sequoias (COS) and San Joaquin Valley College (SJVC) PENDING	07/01/2023	06/30/2024	Dianne Cox	Not Started	Pending. Will know in May 2023.

Increase Unitek Program Seats (50 seats by 6/30/24)
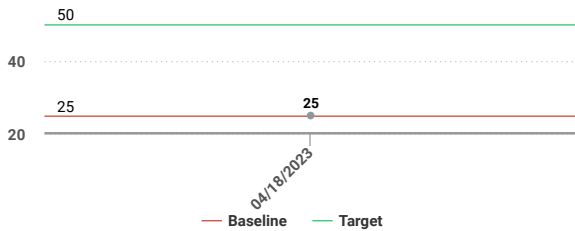
Increase COS program seats for part-time RN (10 seats by 6/30/24)
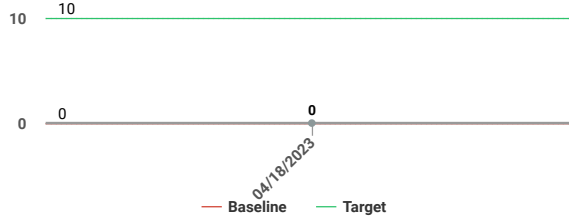
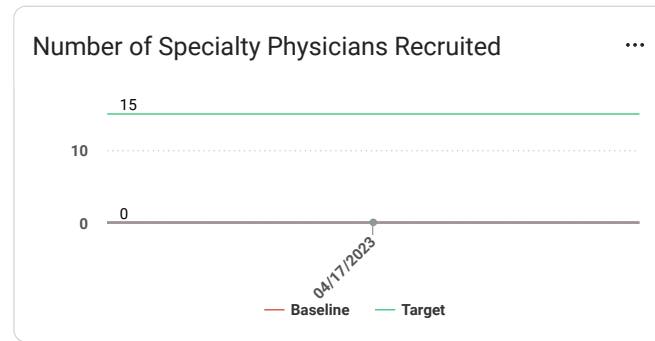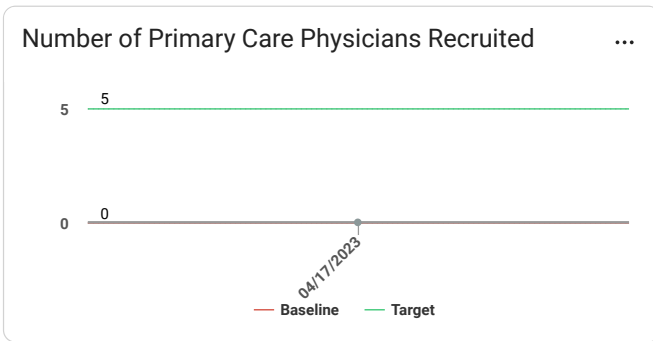### Expand COS and SJVC (76 seats by 6/30/24)

Strategic Growth and Innovation

Recruit and Retain Providers　　　Champions: JC Palermo

Objective: Develop and Implement Strategies and Practices to Recruit and Retain Providers.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.1.1	Objective	Develop Recruitment Strategy for Top Physician Needs	07/01/2023	06/30/2024	JC Palermo	Not Started	
3.1.1.1	Outcome	Recruit 5 Primary Care Physicians	07/01/2023	06/30/2024	JC Palermo	Not Started	
3.1.1.2	Outcome	Recruit 15 Specialty Physicians	07/01/2023	06/30/2024	JC Palermo	Not Started	

Number of Primary Care Physicians Recruited ...

```
5 ─ 5 ────────────────────────────
0   0 ──────────────●──────────────
          04/17/2023
      —— Baseline   —— Target
```

Number of Specialty Physicians Recruited ...

```
      15 ──────────────────────────
10 ········································
0    0 ──────────────●──────────────
          04/17/2023
      —— Baseline   —— Target
```

Inpatient and Surgery Volumes   **Champions: Tracy Salsa, Christine Aleman, Kevin Bartel**

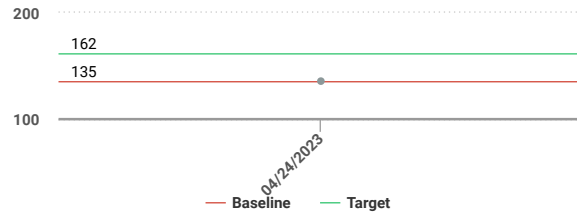*Objective: Increase Inpatient and Surgical Volumes in Targeted Areas.*

Plan

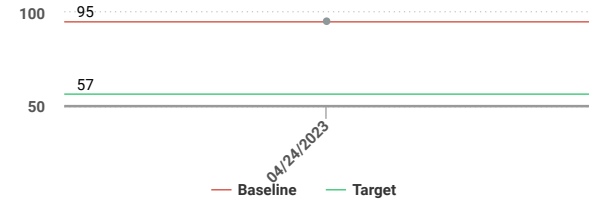| #	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.2.1	Objective	Focus Efforts to Increase Coronary Artery Bypass Graph Surgical Cases	07/01/2023	06/30/2024	Christine Aleman	Not Started	
3.2.1.1	Outcome	Increase the Percentage of Coronary Artery Bypass Graph Surgery Cases that are Elective	07/01/2023	06/30/2024	Christine Aleman	Not Started	
3.2.2	Objective	Focus Efforts to Increase Urology Surgical Cases	07/01/2023	06/30/2024	Kevin Bartel	Not Started	
3.2.2.1	Outcome	Increase Number of Urology Surgery Cases	07/01/2023	06/30/2024	Kevin Bartel	Not Started	
3.2.2.2	Outcome	Decrease the Number of Urology Cases Transferred out of Kaweah Health	07/01/2023	06/30/2024	Kevin Bartel	Not Started	

Increase the Percentage of Coronary Artery Bypass Graph Surgeries that are Elective   ...

No data exists for the selected time range

30%
24%
20%
17%

— Baseline — Target

Increase Number of Urology Surgery Cases   ...

200
162
135
100

04/24/2023

— Baseline — Target

Decrease the Number of Urology Cases Transferred out of Kaweah Health   ...

100 95
57
50

04/24/2023

— Baseline — Target

Outpatient Services   Champions: Ivan Jara, Theresa Croshoure, and Christine Aleman

Objective: Increase Outpatient Services and Volumes by Focusing on Targeted Areas for Expansion and Growth.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.1	Objective	Increase Outpatient Services and Volumes by Opening New Clinics and Expanding Outpatient Endoscopy Services	07/01/2023	06/30/2024	Ivan Jara	Not Started	
3.3.1.1	Outcome	Open 202 Willow Clinic (Commercial, Walk In and Employee Wellness Programs	05/01/2023	08/01/2023	Ivan Jara	Not Started	
3.3.1.2	Outcome	Open Industrial Park Clinic (Occupational Medicine)	10/31/2022	09/06/2023	Ivan Jara	Not Started	
3.3.1.3	Outcome	Open a Pediatric Crisis Stablization Unit	07/01/2023	05/01/2024	Theresa Croushore	Not Started	
3.3.1.4	Outcome	Increase Monthly Endoscopy Case Volume	07/01/2023	06/30/2024	Christine Aleman	Not Started	

Increase Monthly Endoscopy Case Volume   ···


— Baseline   — Target
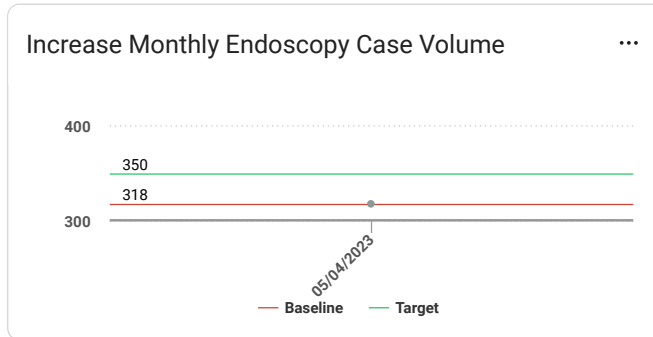
Innovation   Champions: Jacob Kennedy

Objective: Implement and Optimize Innovative Technological Solutions.

Plan

| #	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.4.1	Objective	Implement and Optimize Applications to Improve the Patient Experience, Patient Communication and Patient Outcomes	07/01/2023	06/30/2024	Jacob Kennedy	Not Started	
3.4.1.1	Outcome	Increase Volume of Text Messages to Patients as a Percent of Total Call Volume	07/01/2023	06/30/2024	Jacob Kennedy	Not Started	
3.4.1.2	Outcome	Reduce the Patient Call Abandonment Rate	07/01/2023	06/30/2024	Jacob Kennedy	Not Started	
3.4.1.3	Outcome	Reduce the Average Hold Time for Patients (in seconds)	07/01/2023	06/30/2024	Jacob Kennedy	Not Started	
3.4.1.4	Outcome	Reduce the Time to Receive Authorization Approval (in days)	11/01/2023	06/30/2024	Jacob Kennedy	Not Started	
3.4.1.5	Outcome	Reduce the Time From Referral to Scheduled Appointment (in days)	11/01/2023	06/30/2024	Jacob Kennedy	Not Started	
3.4.1.6	Outcome	Increase the Percent of Telehealth Visits vs Face to Face Visits	07/01/2023	06/30/2024	Jacob Kennedy	Not Started	

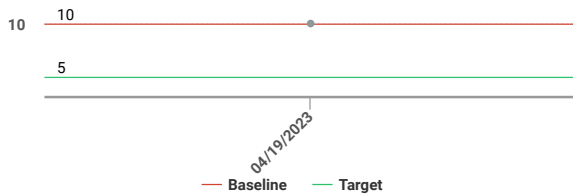### Increase Volume of Text Messages to Patients as a Percent of Total Call Volume   ...
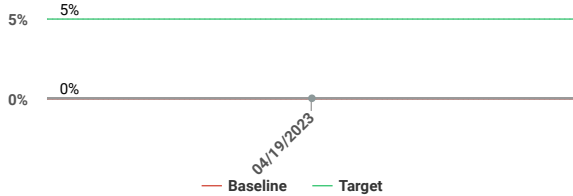
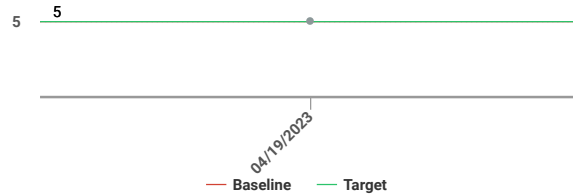### Reduce the Patient Call Abandonment Rate   ...
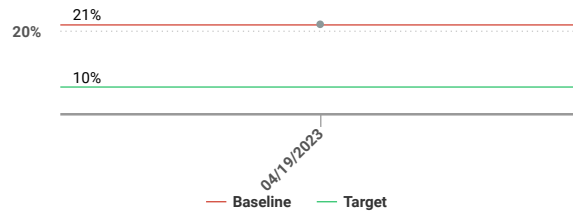
Reduce the Average Hold Time for Patients (in seconds)   ...

No data exists for the selected time range
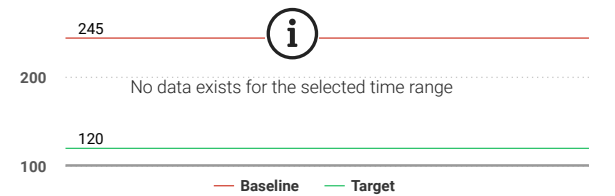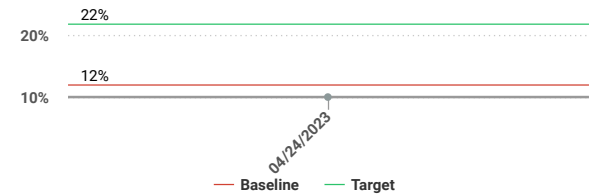

Reduce the Time to Receive Authorization Approval (in days)   ...

Reduce the Time From Referral to Scheduled Appointment (in days)   ...

Increase the Percent of Telehealth Visits vs Face to Face Visits   ...
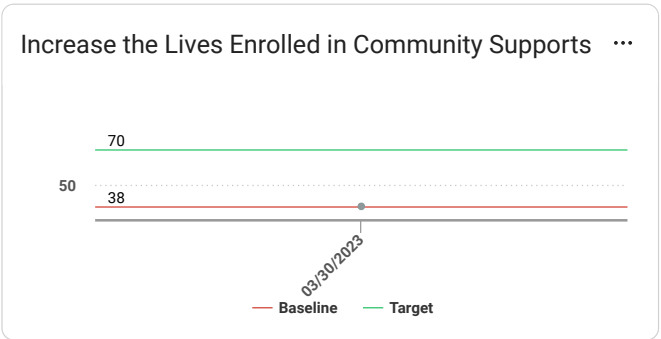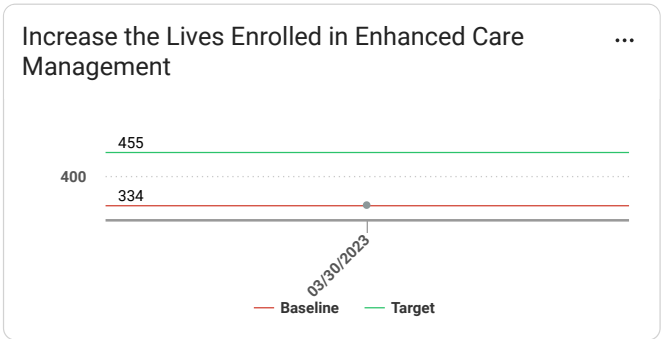
<p style="color:#c0392b;text-align:center;">Health Plan & Community Partnerships Champions: Marc Mertz and Sonia Duran Aguilar</p>

Objective: Expand Existing and Develop New Partnerships with Community Partners and Healthplans.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.5.1.1	Outcome	Develop a Plan for Gateway Partnerships, Including Financial Projections and Approval by the Board	07/01/2023	06/30/2024	Marc Mertz	Not Started	
3.5.1.2	Outcome	Cal AIM: Increase Enrollment in Enhanced Care Management	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	
3.5.1.3	Outcome	Cal AIM: Increase Enrollment in Community Supports	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Started	

Increase the Lives Enrolled in Enhanced Care Management ···

455
400
334
03/30/2023
— Baseline — Target

Increase the Lives Enrolled in Community Supports ···

70
50
38
03/30/2023
— Baseline — Target

# Organizational Efficiency and Effectiveness

Patient Throughput and Length of Stay   Champions: Rebekah Foster and Jag Batth

Objective: Improve Patient Throughput and Length of Stay.

Plan

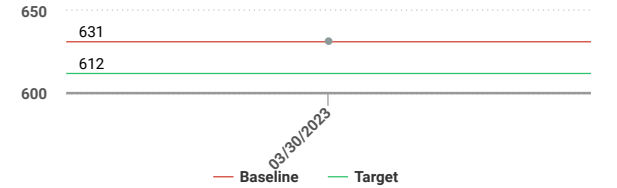| #	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.1	Objective	Using the Structure of the Throughput Steering Committee, Identify Opportunities and Implement Changes to Reduce Length of Stay	07/01/2023	06/30/2024	Rebekah Foster	Not Started	
4.1.1.1	Outcome	Decrease Inpatient Observed to Expected Length of Stay	07/01/2023	06/30/2024	Rebekah Foster	Not Started	
4.1.1.2	Outcome	Decrease Observation Patient Average Length of Stay	07/01/2023	06/30/2024	Rebekah Foster	Not Started	
4.1.1.3	Outcome	Decrease Emergency Department (IP) Average Length of Stay	07/01/2023	06/30/2024	Rebekah Foster	Not Started	

Decrease Inpatient Observed to Expected Length of Stay to 1.32 or Lower   ...
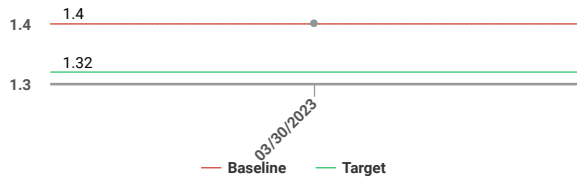
Decrease Observation Patient Average Length of Stay to 36 Hours or Less   ...
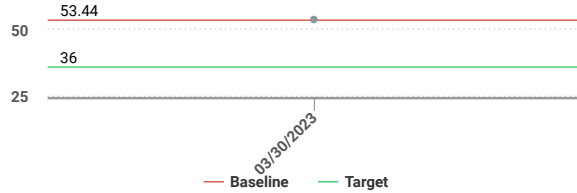
Decrease Emergency Department (IP) Average Length of Stay to 612 Minutes or Less   ...

2023-06-01 - 08:51:55AM PDT

Main and Cardiac Operating Room Efficiency   Champions: Jag Batth and Christine Aleman

Objective: Improve Efficiency and Capacity in the Main and Cardiac Operating Rooms.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.1	Objective	Monitor Key Performance Metrics in the Main and Cardiac ORs	07/01/2023	06/30/2024	Christine Aleman	Not Started	
4.2.1.1	Outcome	Improve Elective Case Main Operating Room Utilization	07/01/2023	06/30/2024	Christine Aleman	Not Started	
4.2.1.2	Outcome	Improve Elective Case Cardiac Operating Room Utilization	07/01/2023	06/30/2024	Christine Aleman	Not Started	
4.2.1.3	Outcome	Decrease Case Cancellation Rate-Main Operating Room	07/01/2023	06/30/2024	Christine Aleman	Not Started	
4.2.1.4	Outcome	Decrease Case Cancellation Rate-Cardiac Operating Room	07/01/2023	06/30/2024	Christine Aleman	Not Started	
4.2.1.5	Outcome	Improve On Time Starts-First case of the Day in the Main OR	07/01/2023	06/30/2024	Christine Aleman	Not Started	
4.2.1.6	Outcome	Improve On Time Starts-First Case of the Day in the Cardiac OR	07/01/2023	06/30/2024	Christine Aleman	Not Started	

Improve Elective Case Main Operating Room Utilization   ...

ⓘ

This plan item has no metric value

Decrease Case Cancellation Rate-Main Operating Room   ...

ⓘ

This plan item has no metric value

Improve On Time Starts-First Case of the Day in the Main Operating Room   ...

ⓘ

This plan item has no metric value

Improve Elective Case Cardiac Operating Room Utilization   ...

ⓘ

This plan item has no metric value

Reduce Case Cancellation Rate-Cardiac Operating Room   ...

ⓘ

This plan item has no metric value

Improve On Time Starts-First Case of the Day in the Cardiac Operating Room   ...

ⓘ

This plan item has no metric value

Use of Tests and Treatments   Champion: Jag Batth, Randy Kokka, and Renee Lauck

Objective: Create a Workgroup to Explore and Identify Benchmarks Related to the Use of Lab, Radiology and Therapy Tests and Treatments.

Plan

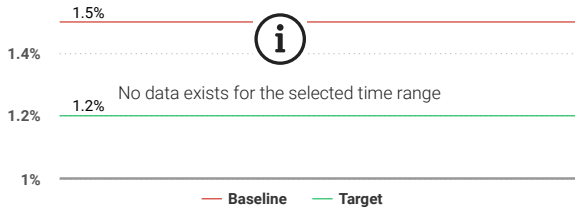| #	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.1	Objective	Create and Initiate a Workgroup to Identify Areas of Focus and Establish Benchmarks Related to the Use of Tests and Treatments	07/01/2023	06/30/2024	Rebekah Foster	Not Started	

Front End Collections and Denials Processes Champion: Frances Carrera

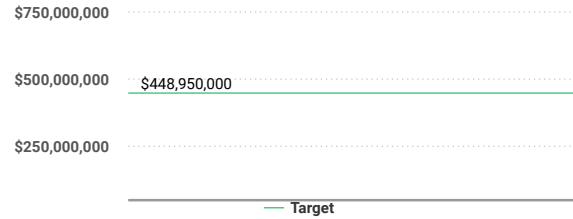*Objective: Increase Front End Collections and Reduce Denials.*

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.4.1	Objective	Focus Efforts on Key Revenue Cycle Metrics to Increase Collections and Reduce Denials	07/01/2023	06/30/2024	Frances Carrera	Not Started	
4.4.1.1	Outcome	Reduce Denials Percentage	07/01/2023	06/30/2024	Frances Carrera	Not Started	
4.4.1.2	Outcome	Increase Back Office Collections	07/01/2023	06/30/2024	Frances Carrera	Not Started	
4.4.1.3	Outcome	Increase Front End Collections	07/01/2023	06/30/2024	Frances Carrera	Not Started	

Reduce Denials Percentage ⋯

1.5%

1.4%

1.2% 1.2%

1%

ℹ️ No data exists for the selected time range

— Baseline — Target

Increase Back Office Collections ⋯

$750,000,000

$500,000,000 $448,950,000

$250,000,000

— Target

Increase Front End Collections ⋯

$4,000,000

$2,000,000 $2,130,000

$0 $0

— Target