



September 8, 2023

## NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Patient Experience Committee meeting at 4:00PM on Tuesday September 12, 2023 in the Kaweah Health Medical Center Executive Offices Conference Room – 305 W. Acequia Avenue – Acequia Wing, Visalia, CA.

All Kaweah Delta Health Care District regular board meeting and committee meeting notices and agendas are posted 72 hours prior to meetings (special meetings are posted 24 hours prior to meetings) in the Kaweah Health Medical Center, Mineral King Wing entry corridor between the Mineral King lobby and the Emergency Department waiting room.

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

KAWEAH DELTA HEALTH CARE DISTRICT  
Mike Olmos, Secretary/Treasurer

A handwritten signature in black ink that reads "Cindy Moccio".

Cindy Moccio  
Board Clerk, Executive Assistant to CEO / CNO

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<http://www.kaweahhealth.org>



## **KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS PATIENT EXPERIENCE COMMITTEE**

Kaweah Health Medical Center  
305 W. Acequia Avenue, Executive Office Conference Room (1<sup>st</sup> Floor)

**Tuesday, September 12, 2023**

ATTENDING: Directors: David Francis & Ambar Rodriguez; Gary Herbst, Chief Executive Officer; Keri Noeske, Chief Nursing Officer; Dianne Cox, Chief Human Resources Officer; Michelle Peterson, Director of Emergency Services; Jennifer Cooper, Executive Assistant; Cindy Moccio, Recording

### **OPEN MEETING – 4:00PM**

- 1. CALL TO ORDER** – *David Francis, Board President*
- 2. PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. 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](mailto:cmoccio@kaweahhealth.org) to make arrangements to address the Board.
- 3. MISSION AND PURPOSE / REPORTING STRUCTURE** – Discussion relative to outlining the mission and purpose of the Patient Experience Board committee, review of the draft reporting schedule, and discussion relative to what the Board would like to see come from patient experience.

*Keri Noeske – Chief Nursing Officer*

- 4. STRATEGIC PLAN ACTION ITEMS** – Review patient experience and community engagement strategic plan action items.

*Keri Noeske – Chief Nursing Officer*

- 5. ADJOURN** – *David Francis, Board President*

*In compliance with the Americans with Disabilities Act, if you need special assistance to participate at this meeting, please contact the Board Clerk (559) 624-2330. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the Kaweah Delta Health Care District Board of Directors meeting.*

## **Patient Experience Steering Committee Charter**

### **Purpose**

Drive the strategic plan by improving interactions with patients and community.

### **Objectives**

- Implement processes to gather experience data that is actionable.
- Create action plans to address identified opportunities that are then distributed to organization leaders for implementation.
- Communicate patient experience updates at organizational meetings (i.e. Leadership Meeting, Director Meeting) with actionable items to share with their teams.
- Distribute progress updates with NRC data throughout organization.
- Ensure completion of action plans through specific monitoring or accountability measures.
- Review organizational data related to patient experience, community feedback and reputation and loyalty scores.

### **Membership:**

Patient Care Operations Executive Assistant/Patient Experience Specialist, Director of Community Engagement, Chief Nursing Officer, Director Food and Nutrition Services, Director of Facilities and Maintenance, Security Services Manager, Patient Access Manager, Director of Patient Navigation, Director of Environmental Services, Director of Marketing Services

### **Subcommittees:**

As designated by the Committee to address initiatives and opportunities.

### **Roles and Responsibilities of Membership:**

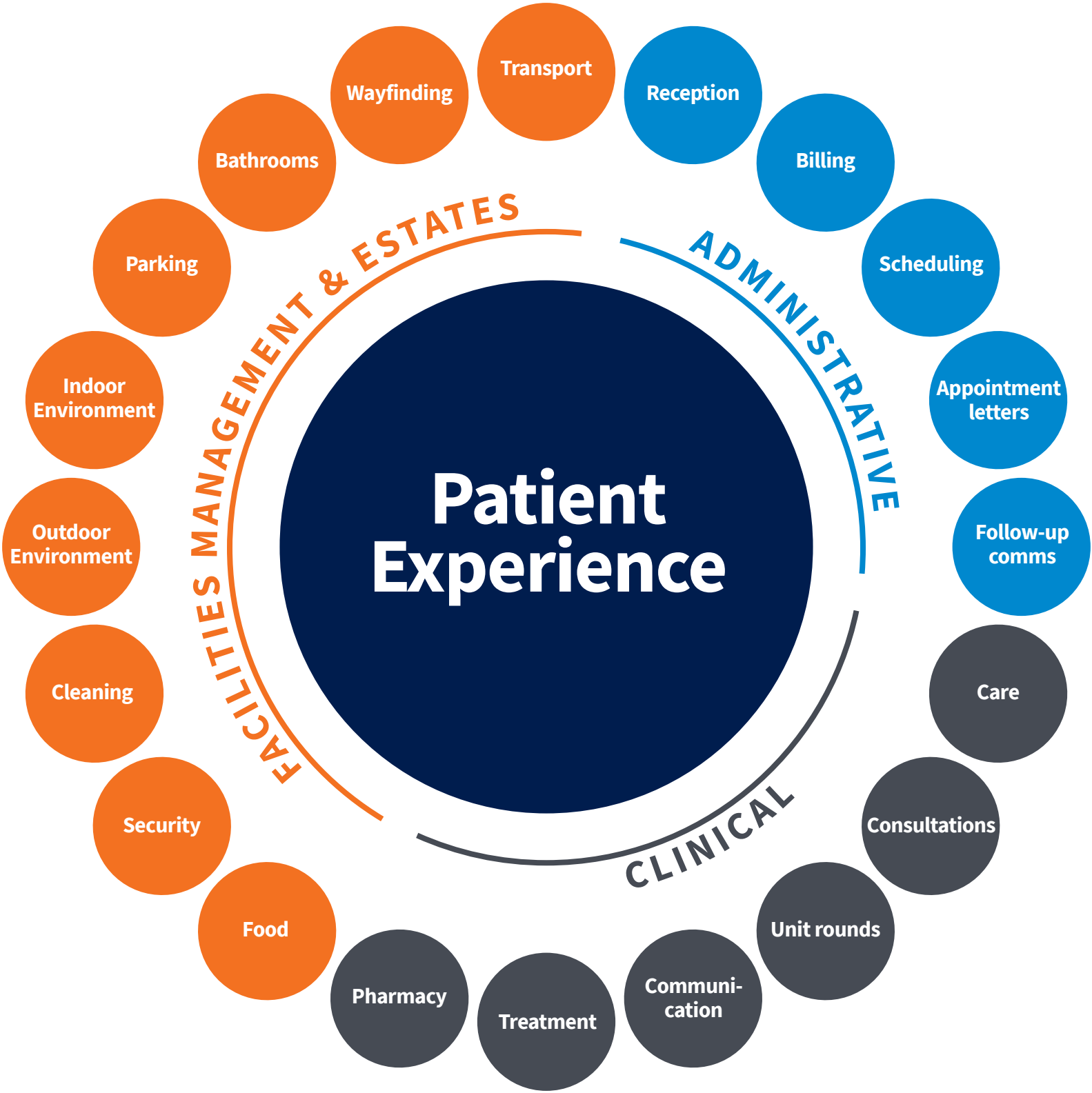
- Provide updates on department and subcommittee patient and community experience initiatives.
- Participate in collaborative discussions regarding potential improvements to patient and community experience.
- Ensure success and integration of initiatives into the system.
- Create and participate in subcommittees and/or workgroups to address improvement activities.

### ***Charter Effective Date and Next Review Date***

Effective: 7/3/2023

Next Review Date: 7/2024

Reference:



## PATIENT EXPERIENCE BOARD COMMITTEE REPORT SCHEDULE 2023/2024

Nov/Jan/Mar/May/July/Sept

Directors	NOVEMBER '23	JANUARY '24	MARCH '24	MAY '24	JULY '24	SEPTEMBER '24
Christine Aleman				X		
Renee Lauck			X			
Shannon Cauthen					X	
Melissa Quinonez	X					
Amy/Kari/Emma – MS Tele			X			
Melissa Filiponi					X	
Ivan/Tracy/Kevin - Outpt Clinics						X
Michelle Peterson						X
Lawrence Headley		X				
Tendai Zinyemba		X				
April McKee (ED and Hospitalists Medical Staff Leaders)				X		
Molly Niederreiter	X					

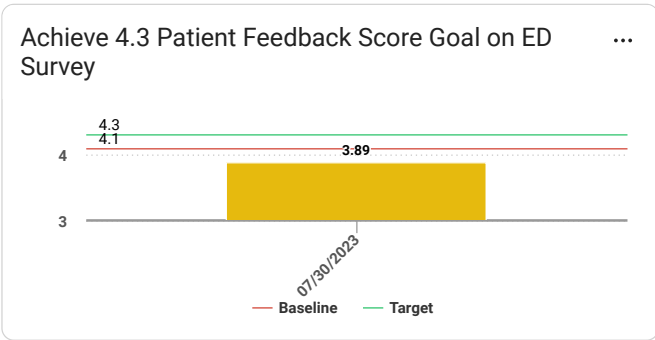
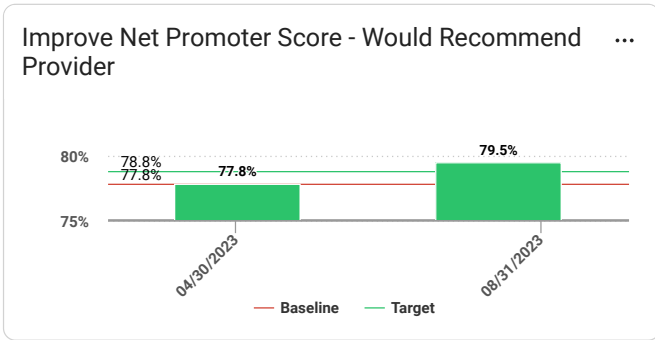
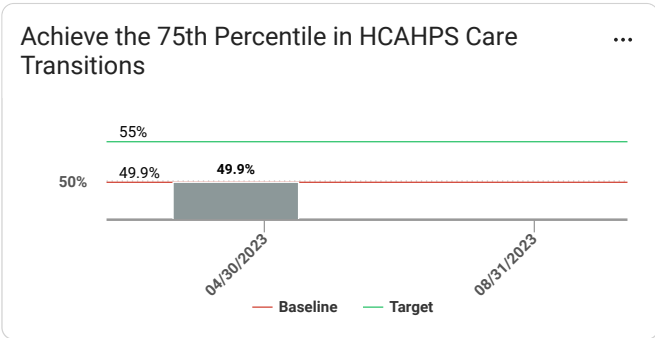
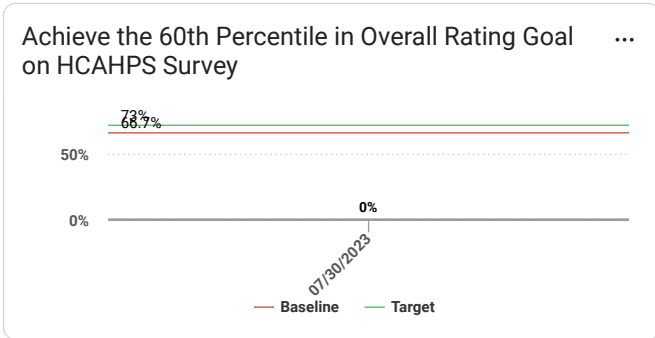
## World-Class Service Champion: Keri Noeske

**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	On Track	Added to objectives for Patient Experience Committee for FY24. Next steps develop stories and scenarios to share with teams.
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	On Track	A community wayfinding exercise is currently taking place at the main campus downtown. We have "secret shoppers" between the dates of 8/4/2023-8/26/2023. Once they reach their assigned destination, they will be completing a survey. At the completion of the exercise we will have an in-person meeting with the participants and the Patient Experience Steering Committee. (Comprised of the directors of EVS, Food Services, Security, Facilities, Marketing, Community Engagement; and the Chief Nursing Officer). We will be using the results of the surveys from this exercise to help guide the processes for replacement of signs, both inside and outside the main hospital, and for a better understanding of the needs of patients and visitors.
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	Data for FY24 will be 30 days behind d/t HCAHPS surveying timelines. Data for July 2023 will be updated in September 2023.
6.1.5	Outcome	Achieve Patient Feedback Score Goal on ED Survey	07/01/2023	06/30/2024	Keri Noeske	Off Track	Value below baseline. ED Operations team to assess feedback and recommend an action plan to Patient Experience Committee to address decrease.
6.1.6	Outcome	Achieve the 75th Percentile in HCAHPS Care Transitions Score	07/01/2023	06/30/2024	Keri Noeske	Not Started	Data for FY24 will be 30 days behind d/t HCAHPS surveying timelines. Data for July 2023 will be updated in September 2023.
6.1.7	Outcome	Improve Net Promoter Score (NPS) - Would Recommend Provider	07/01/2023	06/30/2024	Keri Noeske	On Track	July 2023 NPS for Kaweah Health Clinic Network.

World-Class Service Champion: Keri Noeske



## Increase Compassionate Communication

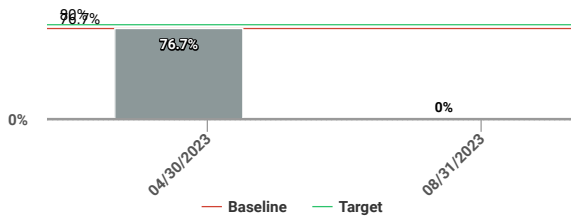
Champions: Dr. Carstens and Keri Noeske

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

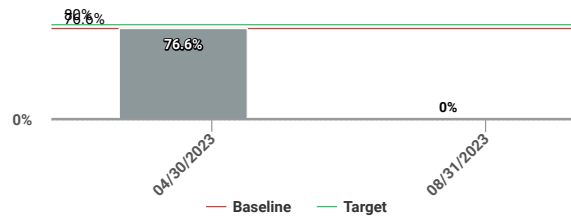
### Plan

#	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	Assigned to Patient Experience Committee objectives for FY24.
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	On Track	Rounds in place in all med/surg areas. Next steps to validate continued use of rounds to communicate with care team and the patient or family each day, including plan of care and discharge needs.
6.2.3	Outcome	Achieve the 60th Percentile in Physician Communication Score	07/01/2023	06/30/2024	Keri Noeske	Not Started	Data for FY24 will be 30 days behind d/t HCAHPS surveying timelines. Data for July 2023 will be updated in September 2023.
6.2.4	Outcome	Achieve the 60th Percentile in Nursing Communication Score	07/01/2023	06/30/2024	Keri Noeske	Not Started	Data for FY24 will be 30 days behind d/t HCAHPS surveying timelines. Data for July 2023 will be updated in September 2023.
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	Data for FY24 will be 30 days behind d/t HCAHPS surveying timelines. Data for July 2023 will be updated in September 2023.

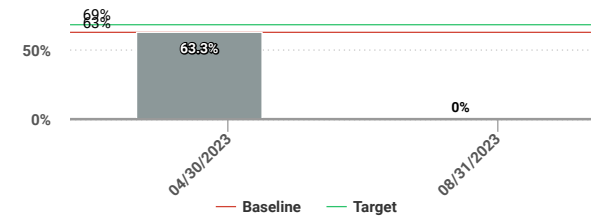
Achieve the 60th Percentile on Physician Communication Scores



Achieve the 60th Percentile on Nursing Communication Scores



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





## 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	On Track	We met with the five advisory councils in the month of July. We placed a hospital leader in a new service club, which gives us a total of 14 leaders in local community service clubs. We sponsored three community events and participated in the VEDC, Industrial Park Roundtable, Tulare Kings Hispanic Chamber of Commerce Ambassador Roundtable, and Visalia Chamber of Commerce Ambassador roundtable.
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	On Track	We meet monthly with 5 advisory councils. (H4TT, Diversity/CR, EDAC, PFAC, Employee Ambassadors)
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	On Track	We have added one new member to both the EDAC and the Diversity/CR councils and have added seven new members to the Employee Ambassador Group. We have merged the Diversity and Community Relations councils as both groups discuss a lot of the same topics.
6.4.5	Objective	Continue to promote Speakers Bureau	07/01/2023	06/30/2024	Deborah Volosin	On Track	We are currently scheduling multiple programs for the Downtown Rotary. Our Pop Health leadership spoke at the VEDC HR Roundtable meeting and is scheduled for the Industrial Park Roundtable meeting to get feedback and insights from industrial park organizations prior to the industrial park clinic opening.
6.4.6	Objective	Continue to monitor legislation around seismic regulations and financial implications related to replacing the Mineral King Wing and keep the community engagement participants informed of the legislative updates. If needed, plan community webinars, town halls, social media posts, and other communicative methods if these updates are concerning or have a significant impact to Kaweah Health.	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

Community Engagement Champion: Deborah Volosin and Keri Noeske



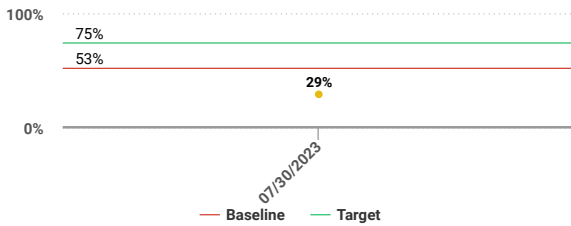
Enhancement of Environment Champion: Deborah Volosin

**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	On Track	The Green Committee met in June, and brainstormed ideas for making Kaweah a more environmentally friendly organization. Ideas included refillable water bottle stations, composting food waste, drought tolerant landscaping, recycling program, biodegradable silverware, and battery recycling.
6.3.2	Outcome	Reunite 75% of Lost Belongings with Owners	07/01/2023	06/30/2024	Keri Noeske	Off Track	Two of seven lost belongings were located and returned to owners in July 2023. Investigations still pending on two items. Monitor departments for lost belongings trends and mandate action plans reported into patient care committee as needed.
6.3.3	Outcome	Improve the Cleanliness of Clinic Environment	07/01/2023	06/30/2024	Keri Noeske	On Track	July 2023 Score is 86.1. Goal to be updated for next report. NRC benchmark for this item is 81.8.
6.3.4	Outcome	Achieve the 50th Percentile in HCAHPS Cleanliness Survey Score (Inpatient)	07/01/2023	06/30/2024	Keri Noeske	Not Started	Data for FY24 will be 30 days behind d/t HCAHPS surveying timelines. Data for July 2023 will be updated in September 2023.

Reunite 75% of Lost Belongings with Owners ...

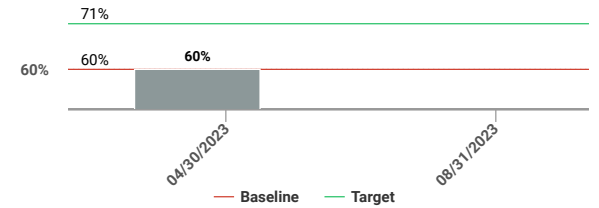


Improve Cleanliness of Clinic Environment ...



This plan item has no metric value

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



# Project Tracker

Project	Category	Assigned To	Estimated Start	Estimated Finish	Notes
Provide Training and Tools - deliver world class service (Weekly Huddle Stories on World Class Service)	World Class Service	Karen Tellalian/ Keri Noeske	9/1/2023	9/30/2023	Finished Product - 52 weeks of stories for leaders to use in huddles, implemented in organization department huddles.
Enhance Patient Navigation - across the health care continuum	World Class Service	Jacob Kennedy	8/1/2023	pending	Pending follow-up with Jacob on specific details for improvements.
Improve Patient Wayfinding	World Class Service	Deborah Volosin	8/1/2023	10/31/2023	Includes survey, focus group, action plans and action plan implementation. November - invite group to survey areas again for improvements and feedback.
Provider and Team Communication Training Development	Increase Compassionate Communication	Lawrence Headley/ Keri Noeske	10/1/2023	11/30/2023	Develop communication training for multiple disciplines and services.
Provider and Team Communication Training Implementation	Increase Compassionate Communication	Lawrence Headley/ Keri Noeske	12/1/2023	1/31/2023	Implement training to various disciplines.
Formalize Bedside Rounds with Health Care Team in M/S and CC	Increase Compassionate Communication	Keri Noeske	7/1/2023	12/31/2023	Rounds are in place in M/S and CC. Review and determine actions to improve and evolve the rounds. New CC partners in place 3/1/24.
Fornal campaign to improve cleanliness in all settings	Enhancement of Environment	Tendai Zinyemba	9/1/2023	12/31/2023	EVS leaders aware, will follow-up 1:1 with Tendai on specific plans to address improvements.
Stabilize tracking of belongings to minimize lost items and return found items	Enhancement of Environment	Miguel Morales	10/1/02023	11/30/2023	Responsibility of belongings will stay decentralized, will develop reporting and accountability by department for improvements through the steering committee.

Project	Category	Assigned To	Estimated Start	Estimated Finish	Notes
Formalize environmental rounds and follow-up plans - identify committee for oversight	Enhancement of Environment	Kevin Morrison	8/1/2023	10/31/2023	Environmental Rounds will and action plans will be ongoing. Use EOC for oversight.
Develop practices to create a more ecofriendly environment at Kaweah Health facilities	Enhancement of Environment	Kevin Morrison/ Deborah Volosin	7/1/2023	Ongoing	Initiated a Green Committee to identify and implement strategies and practices to create an environmentally friendly atmosphere in areas such as recycling, reduction of waste and others.