

May 2, 2024

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Academic Development Committee meeting at 4:00PM on Wednesday, May 8, 2024 in the Kaweah Health Medical Center – Support Services Building Copper Conference Room (2nd Floor) 520 West 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 (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 David Francis, Secretary/Treasurer

Kelsie K. Davis Board Clerk, Executive Assistant to CEO

DISTRIBUTION: Governing Board Legal Counsel Executive Team Chief of Staff http://www.kaweahhealth.org

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS ACADEMIC DEVELOPMENT

Wednesday May 8, 2024

Kaweah Health Support Services Building 520 West Mineral King – Copper Conference Room (2nd floor)

ATTENDING: Directors: Ambar Rodriguez (chair) & Mike Olmos; Lori Winston, M.D., Chief of Medical Education & Designated Institutional Official; Gary Herbst, CEO; Keri Noeske, CNO; Amy Shaver, Director of GME; Krystal Guzman, Manager of GME; James McNulty, Director of Pharmacy Services, Sean Oldroyd, DO, Emergency Medicine Program Director; Mara Lawson, RN, Director of Clinical Education; Lydia Marquez, Executive Assistant to the Chief of Medical Education & Designated Institutional Official, Recording

OPEN MEETING – 4:00PM

CALL TO ORDER – Ambar Rodriguez

Public/Medical Staff participation – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Kelsie Davis 559-624-2330) or kedavis@kaweahhealth.org to make arrangements to address the Board.

- 1. <u>MINUTES</u>- Approval of 3.13.2024 Meeting Minutes
- 2. <u>PSYCHIATRY RESIDENCY ANNUAL PROGRAM REVIEW</u> Review of the accreditation status, current citations, performance on institutional metrics, and a SWOT Analysis- *Mandeep* Bagga, MD, Psychiatry Program Director and Michelle Phillips, Psychiatry Residency Program Coordinator
- **3.** JEDI (JUSTICE EQUITY DIVERSITY AND INCLUSION) SUBCOMMITTEE OF GMEC Review of the AAMC Holistic Review Recommendations and Analysis of Trends in Self-Identified Demographic Recruitment Data for the Kaweah Health GME Programs- *Lori Winston, MD, Chief of Medical Education and Designated Institutional Official and Mario Martinez, MD, Family Medicine Program Director and Chair of JEDI Committee*

ADJOURN – Ambar Rodriguez

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

Mike Olmos – Zone ILynn Havard Mirviss – Zone IIDean Levitan, MD – Zone IIIDavid Francis – Zone IVAmbar Rodriguez – Zone VSecretary/TreasurerVice PresidentBoard MemberPresidentBoard Member

MISSION: Health is our Passion. Excellence is our Focus. Compassion is our Promise.

MINUTES

Academic Development Committee Wednesday March 13, 2024 Kaweah Health Medical Center SSB Copper Room (2nd Floor)

ATTENDING: Directors: Ambar Rodriguez (chair) & Mike Olmos; Lori Winston, MD, Chief of Medical Education & Designated Institutional Official; Gary Herbst, CEO; Keri Noeske, CNO; James McNulty, Director of Pharmacy Services; Mara Lawson RN, Director of Clinical Education, Nursing Professional Development Practitioner ; Amy Shaver, Director of GME; Nicole Gann, Inpatient Pharmacy Clinical Manager; Cory Nelson, Ambulatory Pharmacy Manager; Lydia Marquez, Recording

Called to order at 4:00PM

Public Participation - none

CLINICAL EDUCATION - Presentation of the Nursing Preceptor Program at Kaweah Health (copy of the attached to the original of these minutes and considered a part thereof) - *Mara Lawson, RN, Director of Clinical Education, Nursing Professional Development Practitioner*

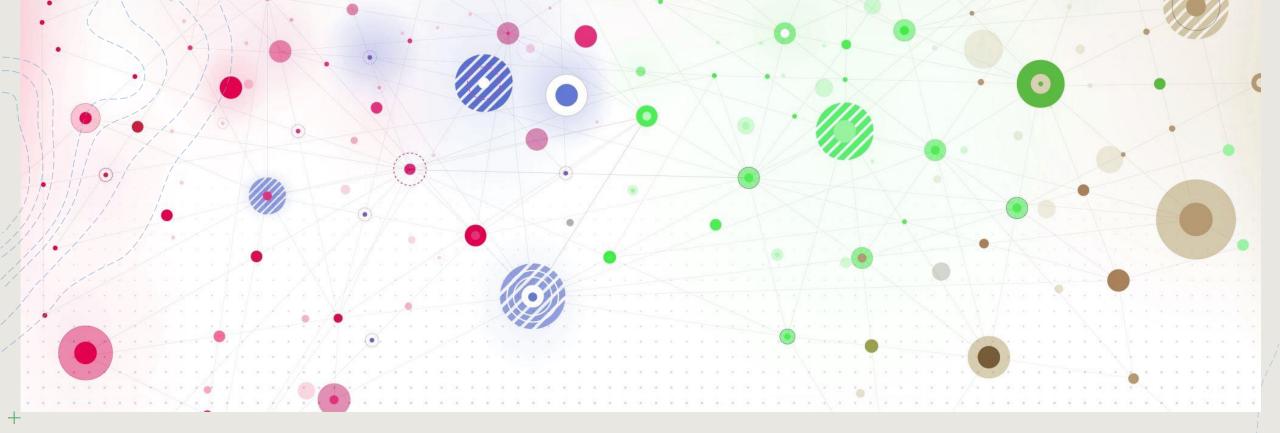
- The Clinical Education Department at Kaweah Health adopted the use of a Team Nursing Model for LVN's and RN's. This model provides a standardized orientation checklists, documentation guidelines, classes and resources to help create a clear workflow for the teams. This rollout has helped to strengthen partnerships between the Unit Leaders & Clinical Educators and helped to expand the RN staffing on many med/surg units. As an added benefit, many LVN's have been inspired to go back to school to complete the bridge to an RN.
- Although there continues to be a nursing shortage, Kaweah Health's collaboration with Unitek College is another way we are successfully addressing the shortage locally.

PHARMACY RESIDENCY PROGRAM ANNUAL PROGRAM REVIEW – Review of the accreditation status, current citations, performance on institutional metrics, and SWOT analysis (copy attached to the original of these minutes and considered a part thereof) – *Nicole Gann, Inpatient Pharmacy Clinical Manager & Cory Nelson, Ambulatory Pharmacy Manager*

The Pharmacy Residency Program at Kaweah Health has a PGY1 Pharmacy Residency Program and a PGY2 Residency Program. The programs have successfully matched this year. The PGY1 Program focuses more on general training in medication related care and the PGY2 Program focuses on a particular area of practice (i.e. Ambulatory, EM, Critical Care, etc.) and must go through the MATCH process separately. The PGY1 ASHP received accreditation in October 2023, pending final accreditation duration. The PGY2 ASHP received accreditation in July 2018. The next anticipated accreditation is in May 2024. Future interests for the program is to work with the Street Medicine Program, SIM, and in Mental Health. The two main advantages of the Pharmacy Resident Program at Kaweah Health are in recruitment & retention and patient care and quality & compliance.

Adjourned at 5:05PM

PSYCHIATRY RESIDENCY ANNUAL PROGRAM REVIEW –



Psychiatry Residency Program Board of Directors Report – SWOT

The Program

+4 year adult program

#2 year child fellowship (can fast track after 3rd year of adult)

+June 2024: Adult: 8+8+7+3 = 26 Child: 3+3 = 6



Psychiatry Performance on Institutional Indicators



Strengths: Building on Solid Foundations

•Unmatched Success: 100% Board Pass Rate (Best in the Central Valley)

•Program Growth: Expanded to 8 Residents per Year (2nd in size only to UC Davis...for now ③)

•Exceptional Compliance: Consistent Exemplary Status with ACGME Standards

•Top-Tier Satisfaction: Residents Highly Satisfied with Program (per ACGME anonymous surveys) •ZERO SRCs in the past 4 years

•Dedicated Faculty: Experienced and Passionate Mentors for residents

•Diverse Rotation Sites •CRT, STP/IMD, PHP/IOP, Jail •Growing towards full spectrum psychiatric experiences

Strengths: Building on Solid Foundations

• **Program Culture:** interdisciplinary, strong collegiality, patient care driven

•Graduate Success: Alumni in Leadership Positions Across California and are Highly Sought-After

•Fellowship Matching:

100% Match Rate into Top Choices for Child Psychiatry Fellows



•Consistent Match Rate:

We Fill All Residency Spots Every Year, no scrambling needed

•Medical Student Pipeline: Strong Academics and

Positive Culture recruits Medical Students for Residency

•Award-Winning Research: Residents Consistently Win Top Awards at Regional Conferences •(vs. UCSF Fresno, Kern Medical, UC Davis etc)

Weaknesses: Areas for Improvement

•Graduate Faculty Retention: Inability to stay competitive in the market •Newly recruited faculty have equal to or less than 2-year tenure

•Spanish-Speaking Residents: Difficulty Attracting •Most go to Ivy League or Large Academic Programs (ie Stanford, UCLA, UCSD etc)

•Lack of On-Site ECT: Limits Treatment Options and Program Attractiveness

Lack of Local Rotation Sites

Outsourcing of many rotation sites (Addictions, Geriatrics, Child Inpatient, etc)
Significant travel required by residents

•Visalia Location: Cost of Living Advantage has diminished

•Faculty Research

Opportunities: Seizing the Potential

- **Grant Funding opportunities**
- **New Child Crisis Stabilization Unit**
- New Child and Adolescent Inpatient Facility
- Partnerships to add ECT/TMS rotations
- Telepsychiatry
- Strengthen Medical Student pipeline
 - New Prime Program track with UC Davis
 - New partnership with UCSF/UC Merced

Threats: Challenges to Overcome

Increased Competition

•New Residency Programs Emerging in Region

•Faculty Departures

•Work environment •Burnout

Uncompetitive Pay

•Clinical vs Academic vs Productivity needs

Telepsychiatry

Administrative Hurdles in Recruitment

Delays in privileging and credentialingBonus disparitiesProcess delays



Medical leadership for mind, brain and body.

Take Home Points

We train some of the most highly qualified and highly sought after Psychiatrists in the state

We have changed the landscape of mental health care in the community

- + People drive over 2 hours to get care at our clinics
- + Our residents are deeply involved in every single level of mental health care available in the community (inpatient, outpatient, CRT, IMD, corrections, etc)

+ Everything we do is to make sure the people of our community receive the care we would want our own families to receive.





Credit due

+None of this would be possible without:+ Our dedicated faculty

+ Passionate residents

+ And most importantly, Michelle Phillips, our Program Coordinator

The End

Thank you!



JEDI (JUSTICE EQUITY DIVERSITY AND INCLUSION) SUBCOMMITTEE OF GMEC

Diversity, Equity, and Inclusion

Kaweah Health GME Data on Resident Diversity 2024

Mario Martinez, MD

Kaweah Health **Graduate** Medical Education

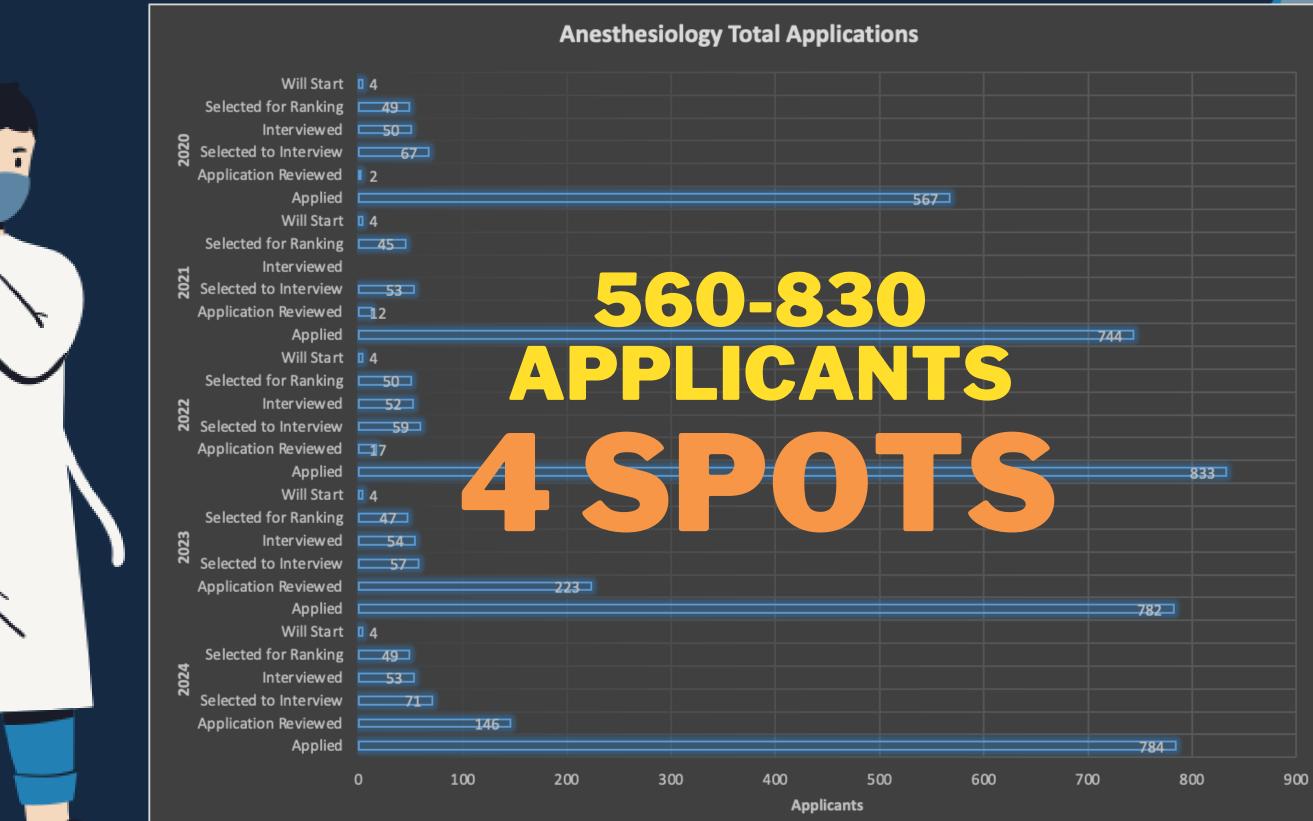


Why is Diversity in healthcare important?

- 01 Better Care for Diverse Populations-Empathy and Trust
- 02 Improves access to care and preventative measures taken = better outcomes
- **03** Higher retention and recruitment in the Healthcare workforce
- 04 Improves the perception of the care received
- 05 Better satisfaction of care when the doctor is of a similar background



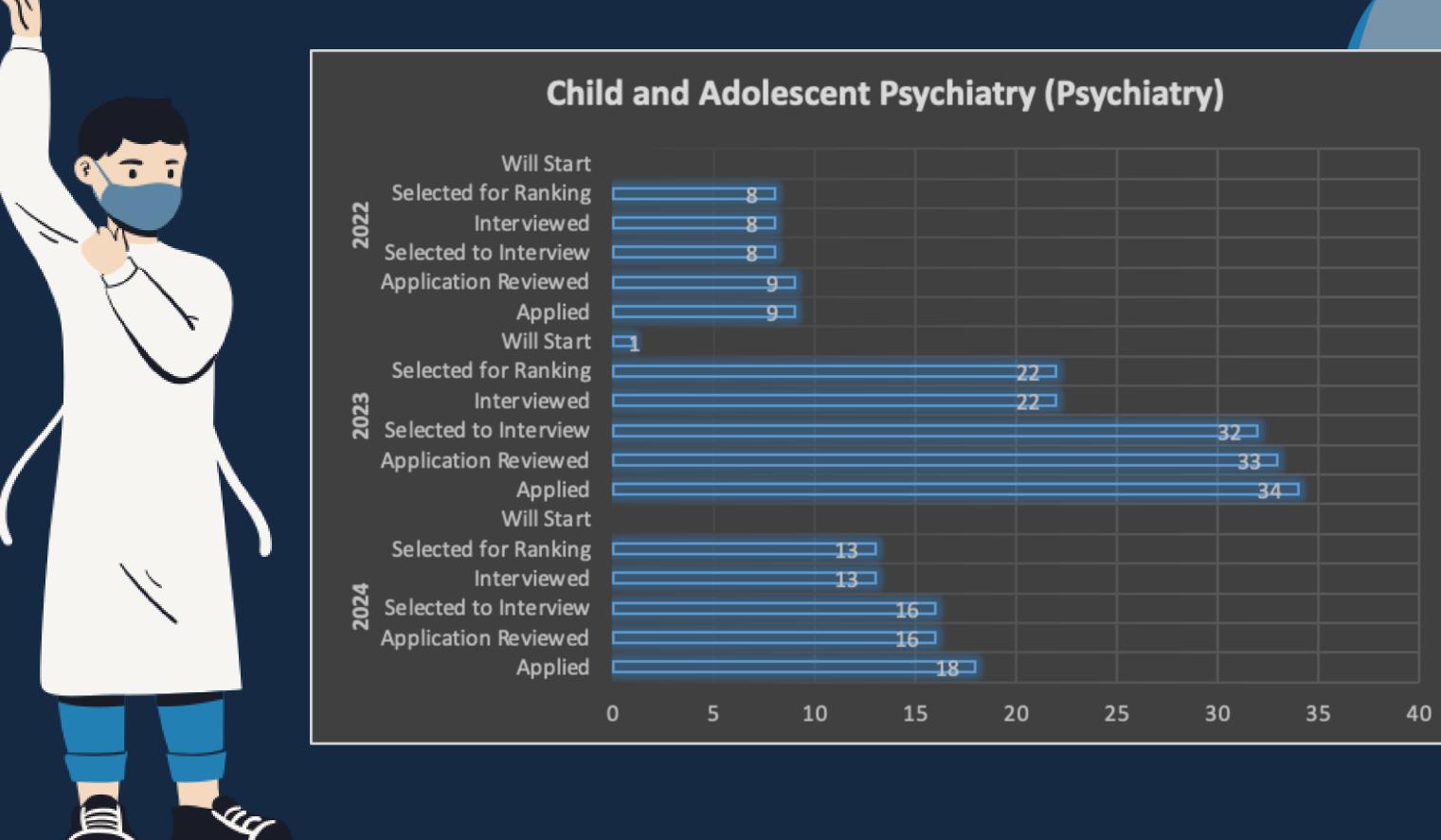
Anesthesia



SIG

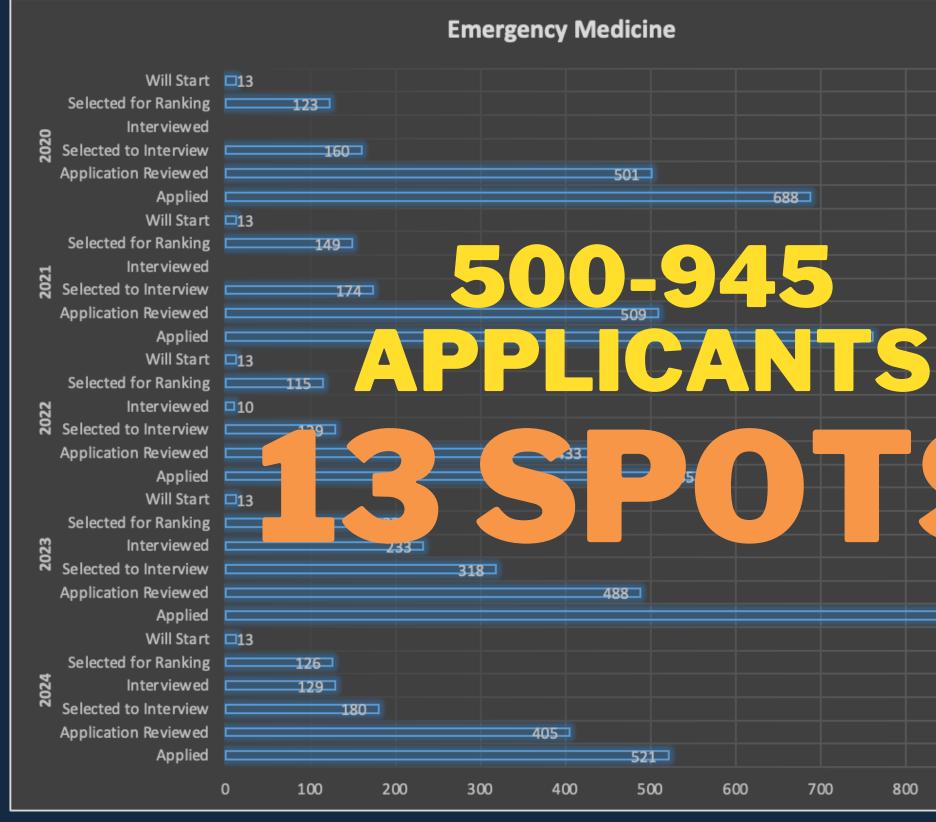


Child and Adolescent Psychiatry Fellowship





Emergency Medicine

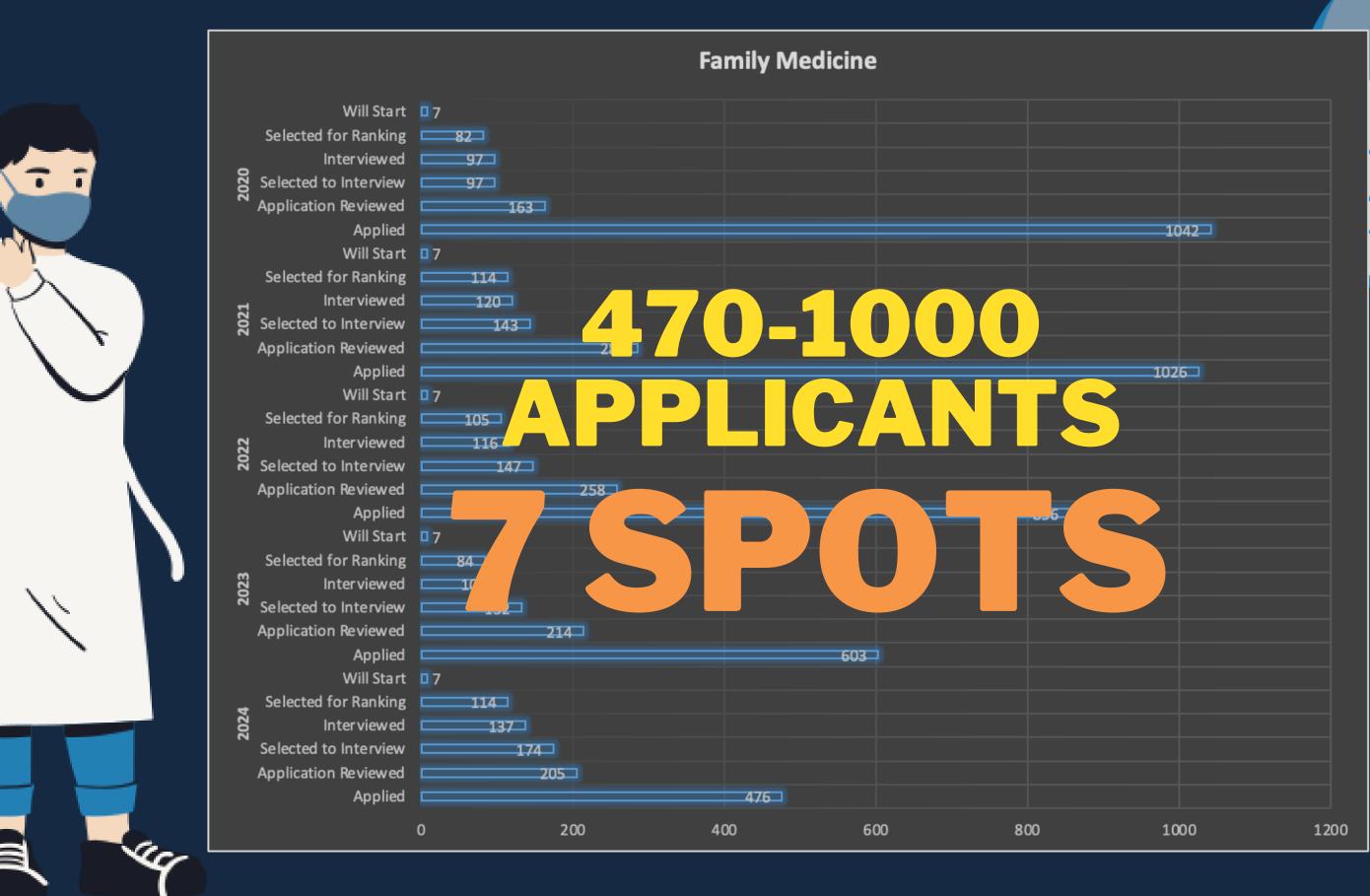






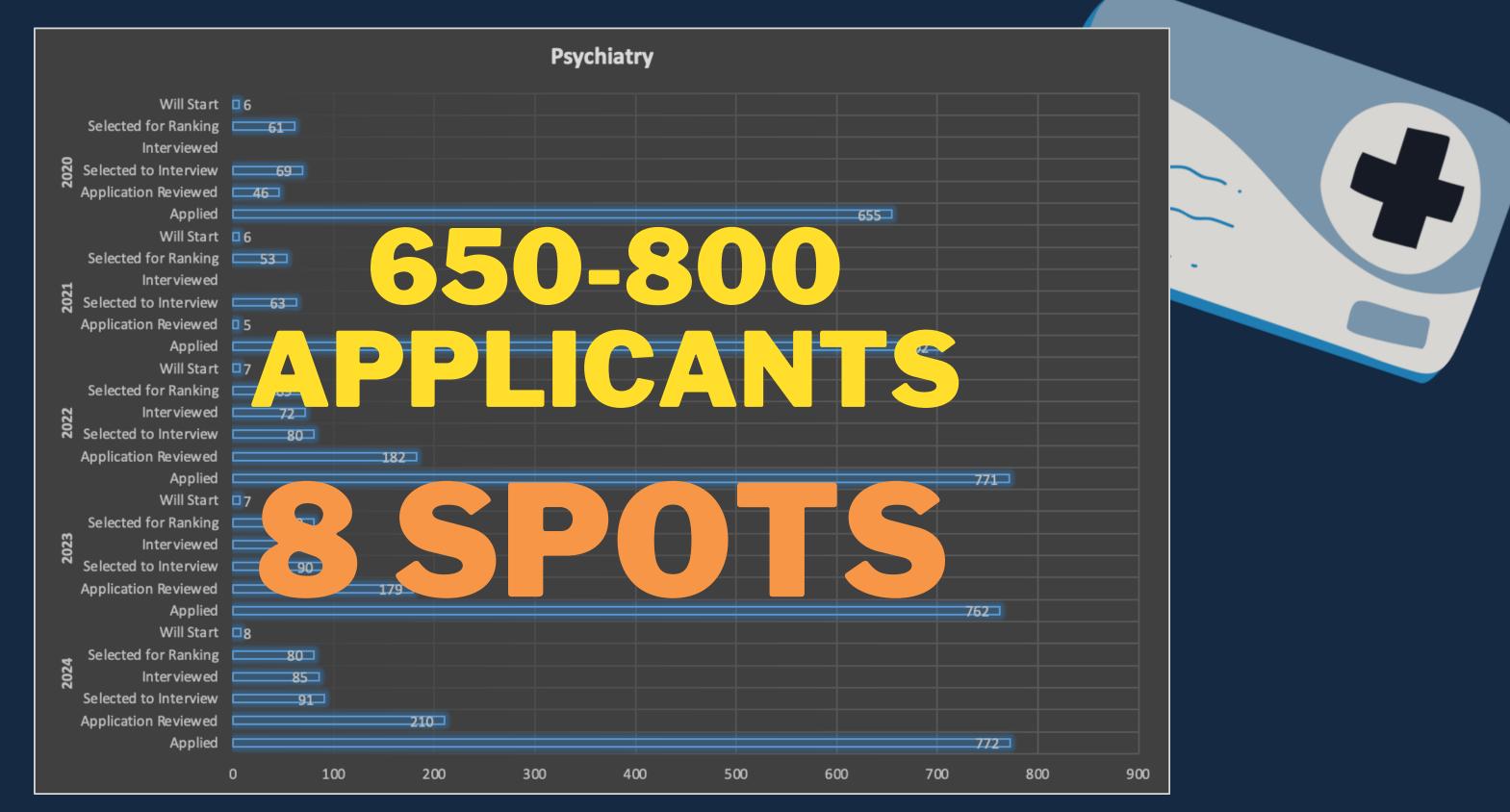


Family Medicine





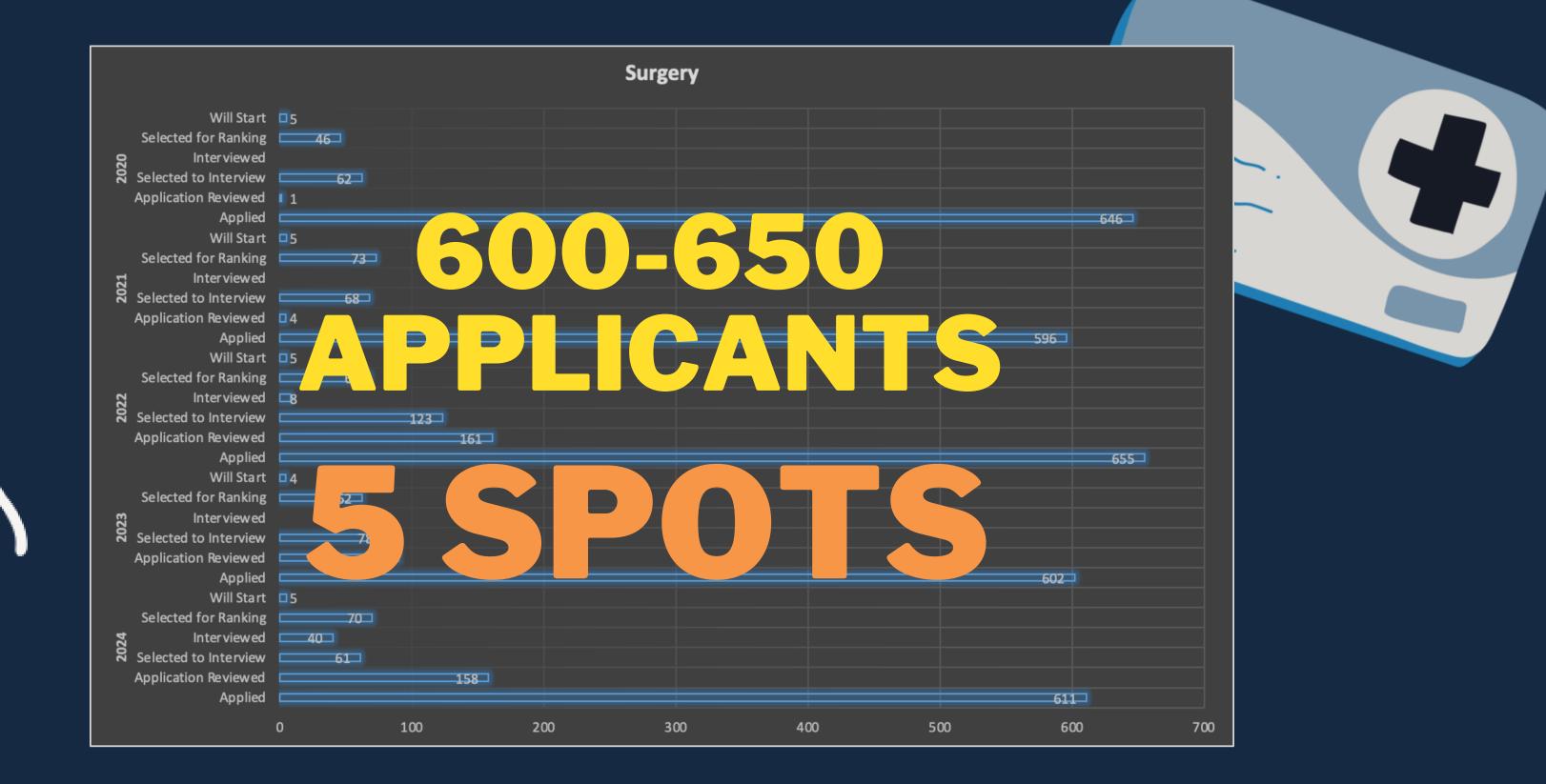
Psychiatry





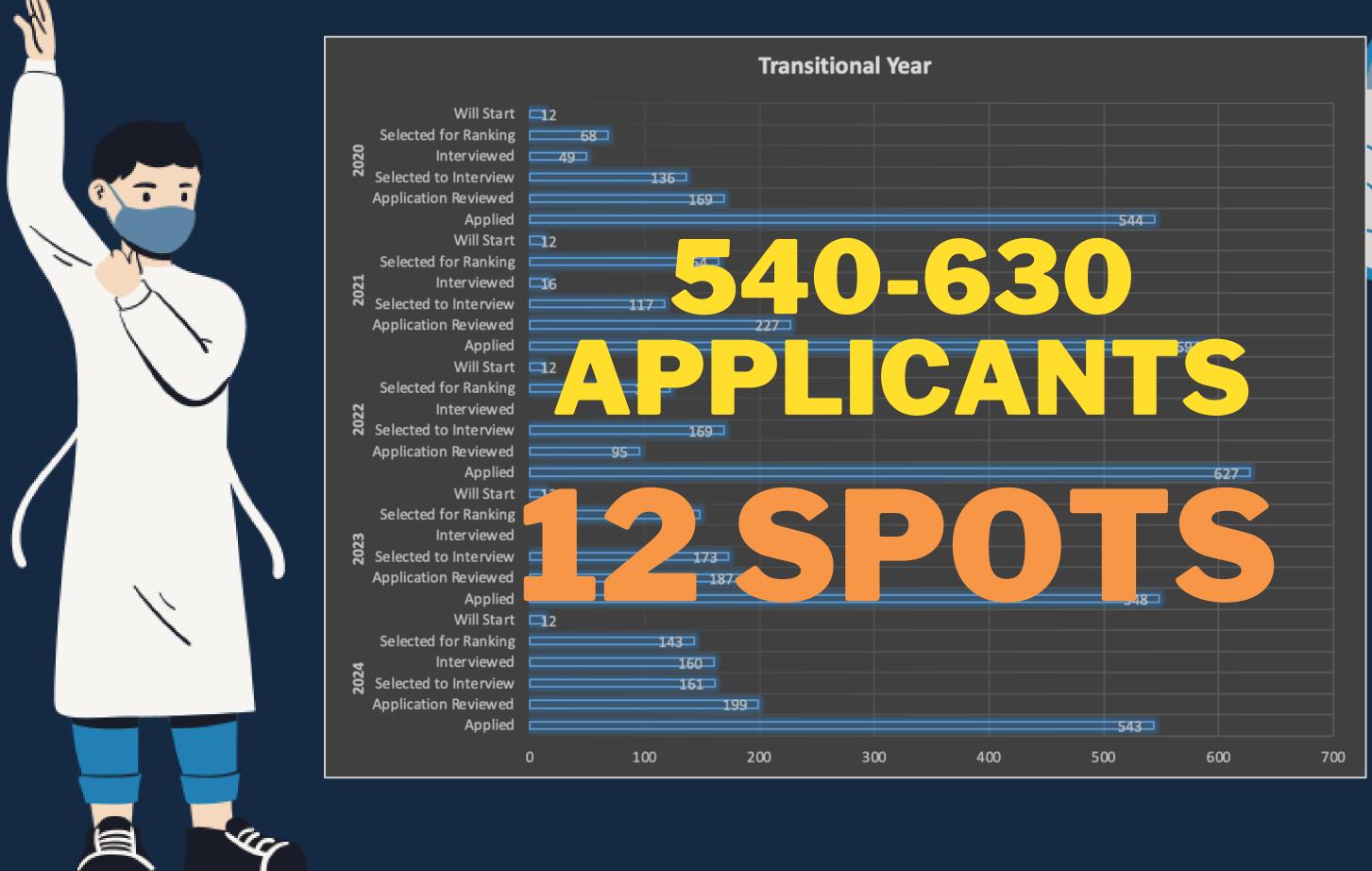


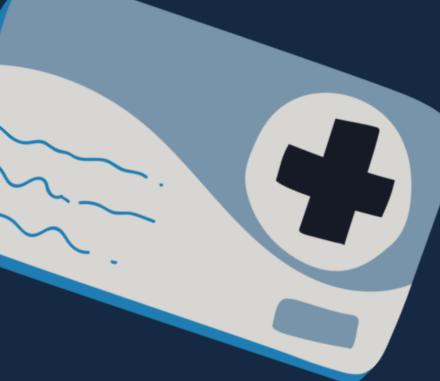
Surgery



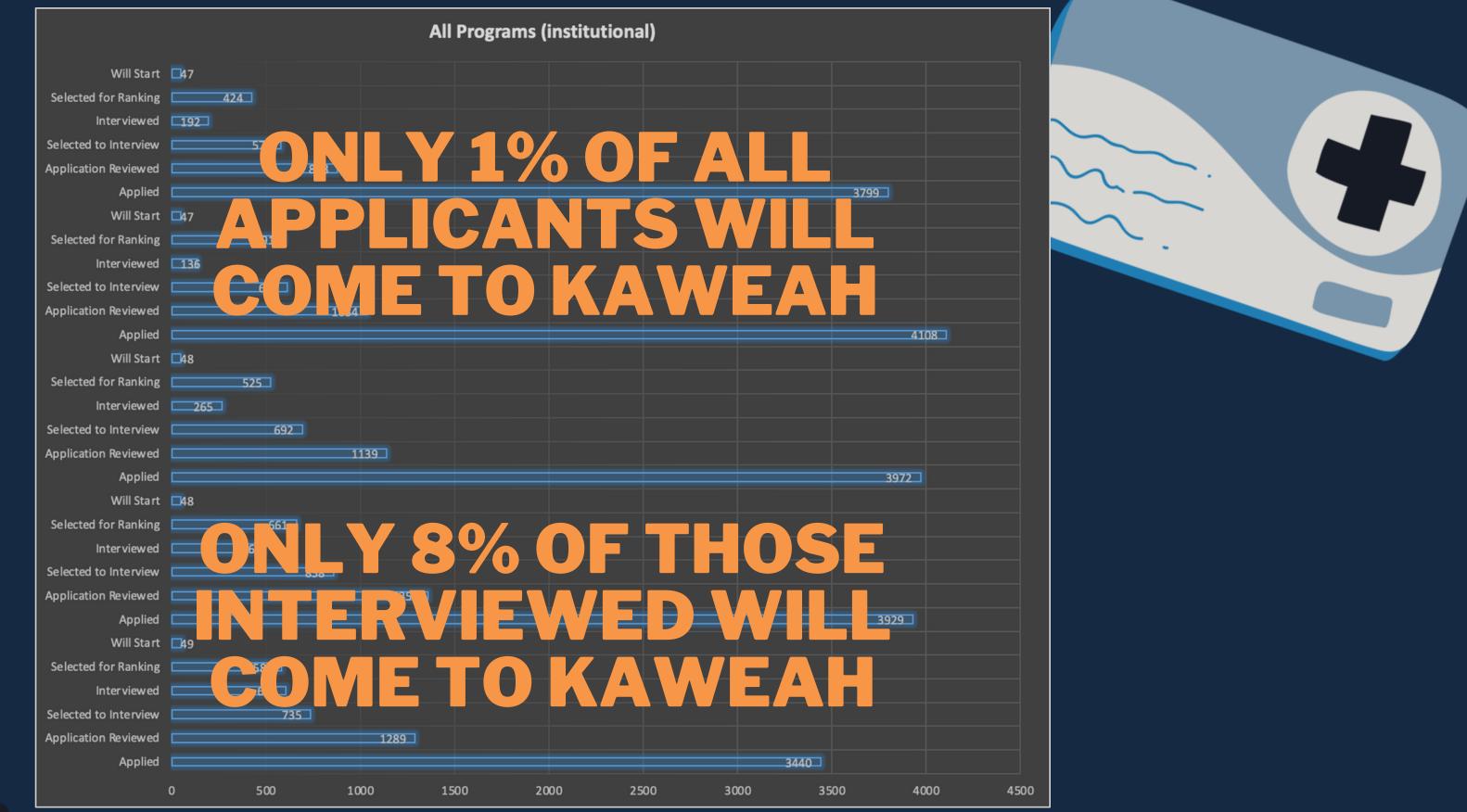


Transitional Year



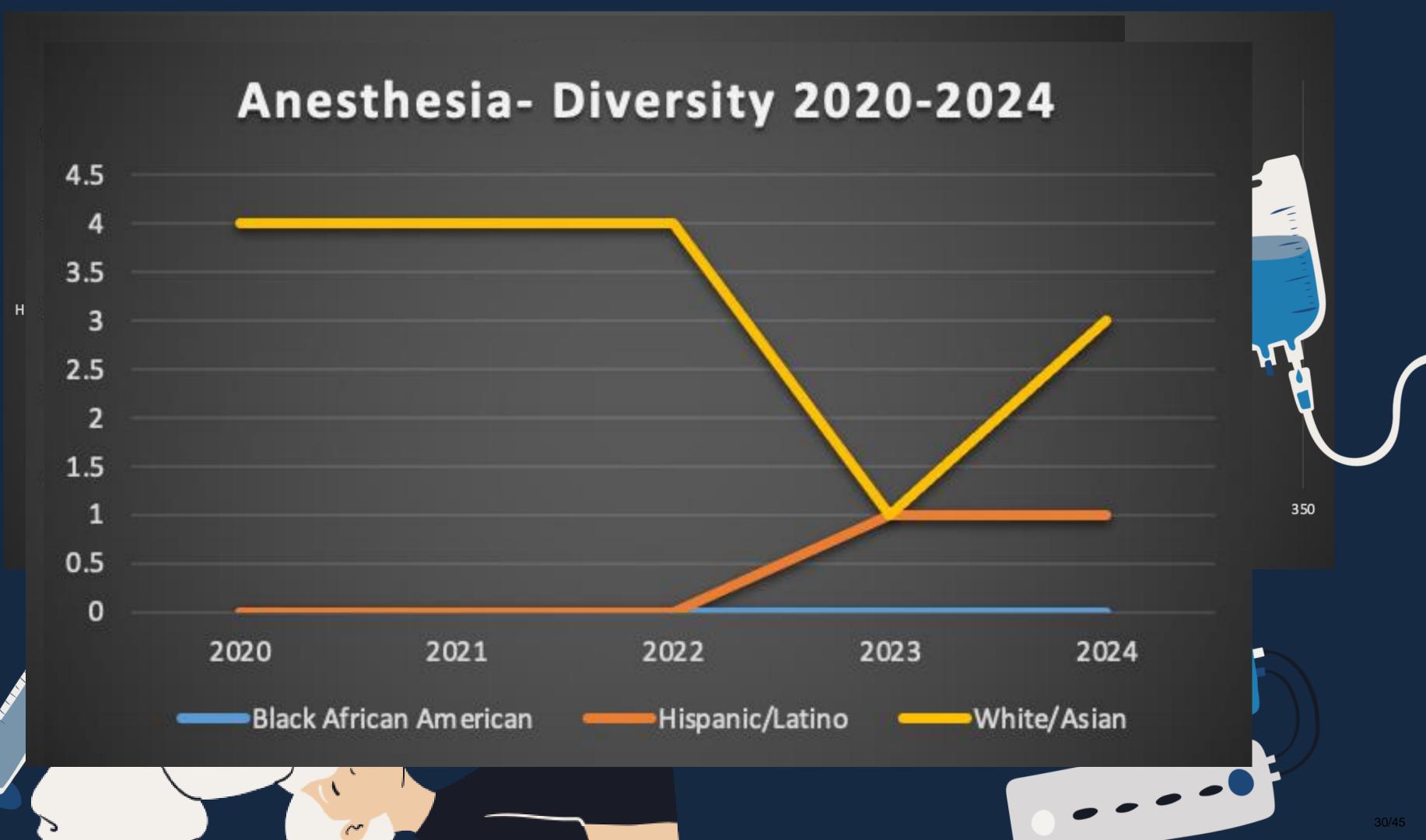


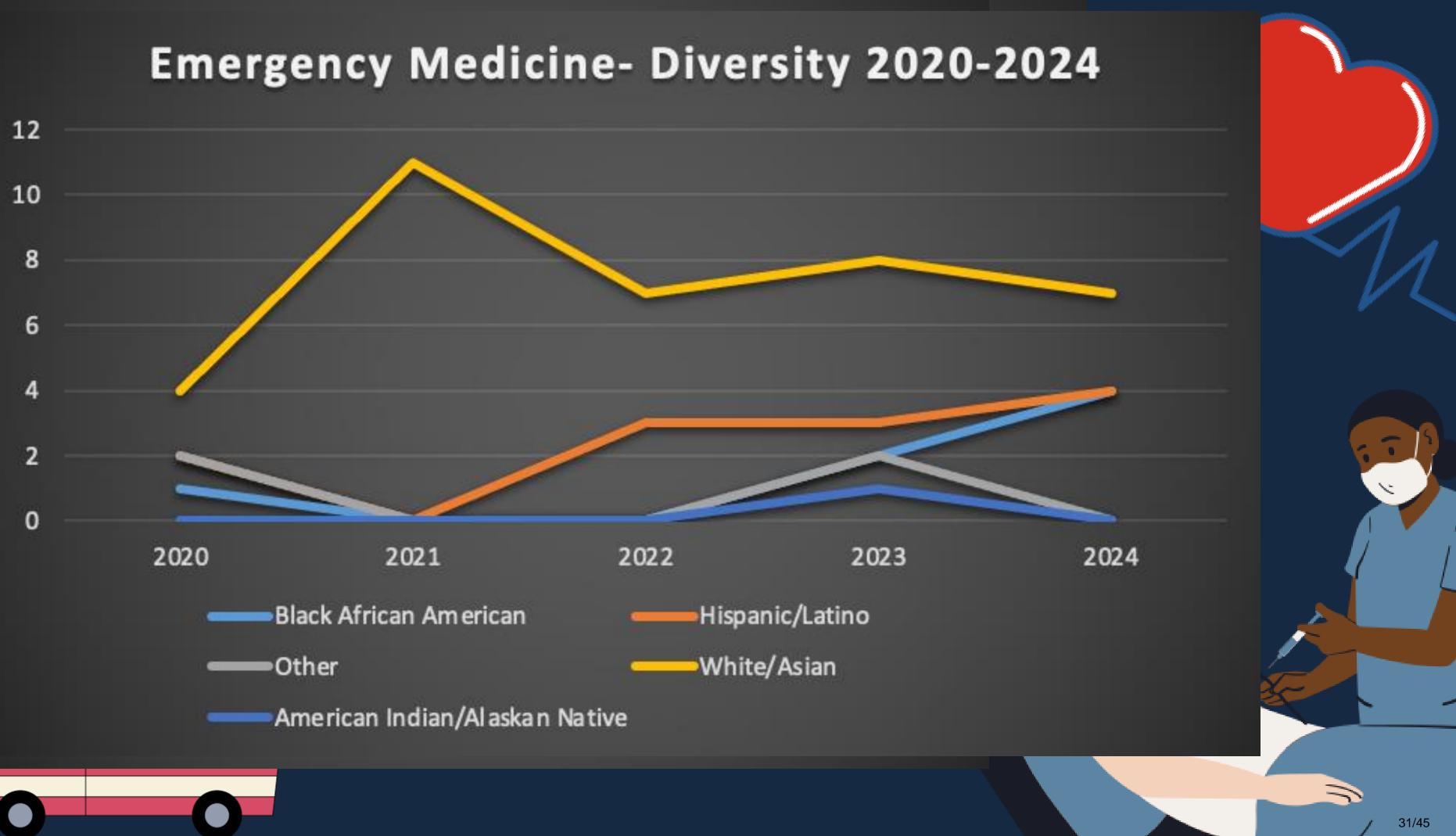
All GME Programs

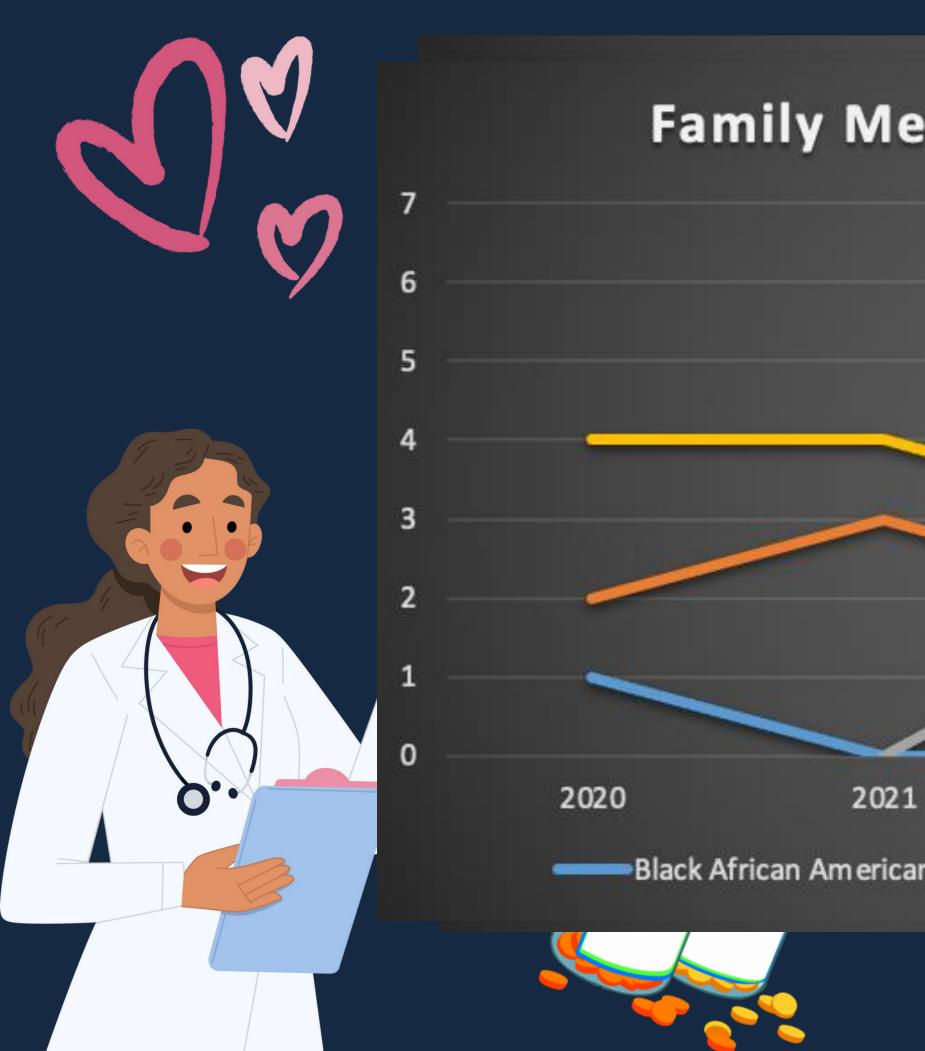




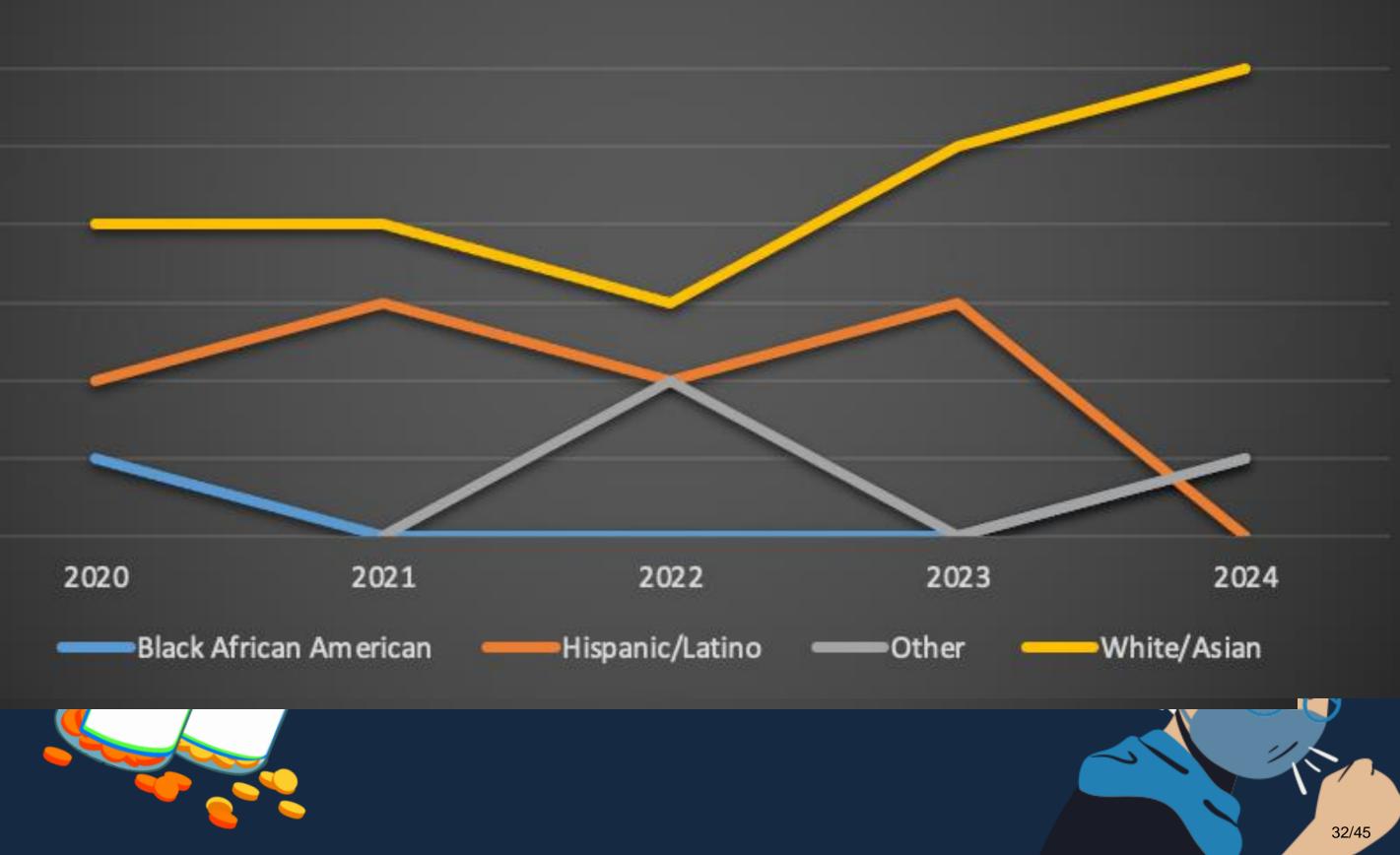
Welcome (Back) to California

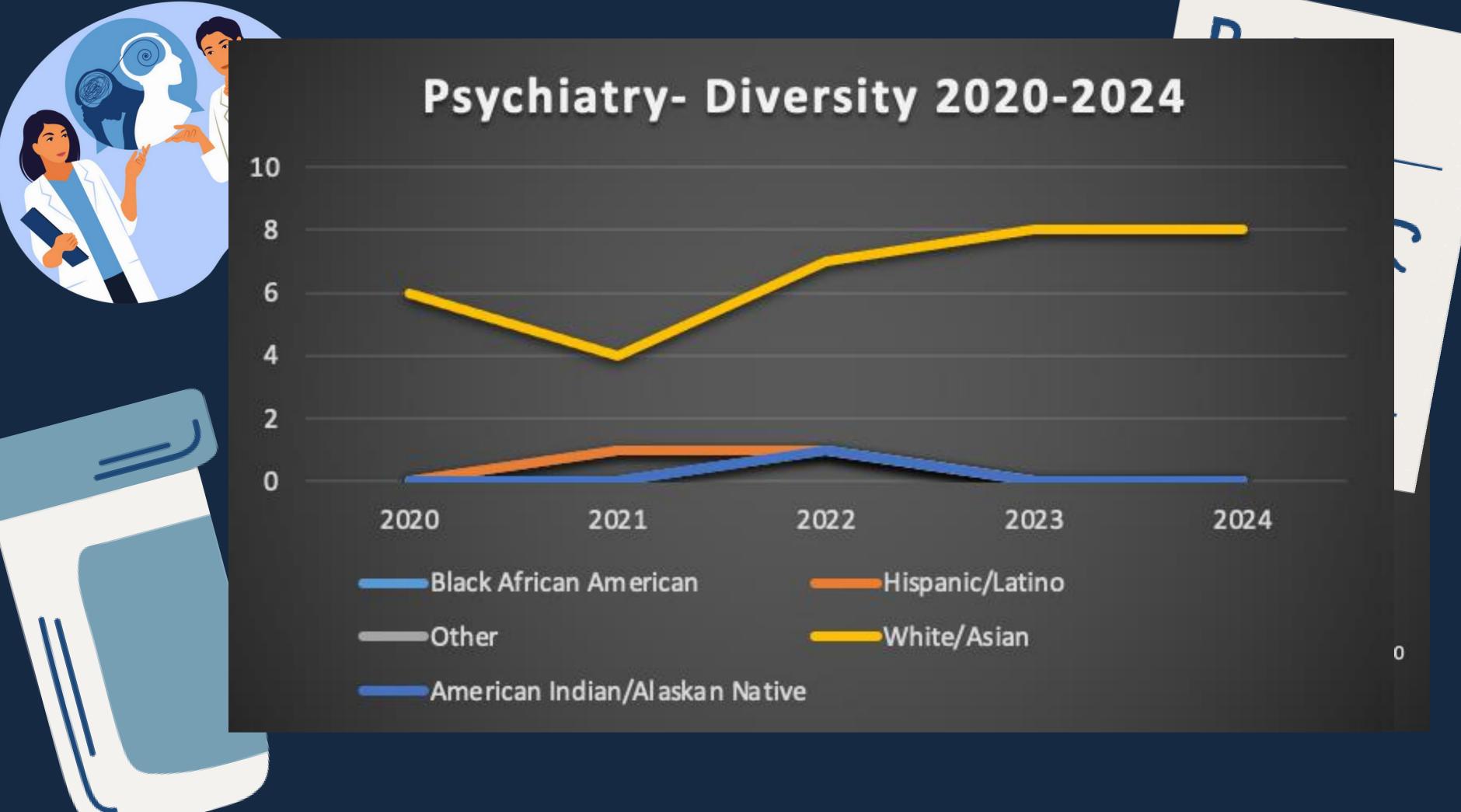


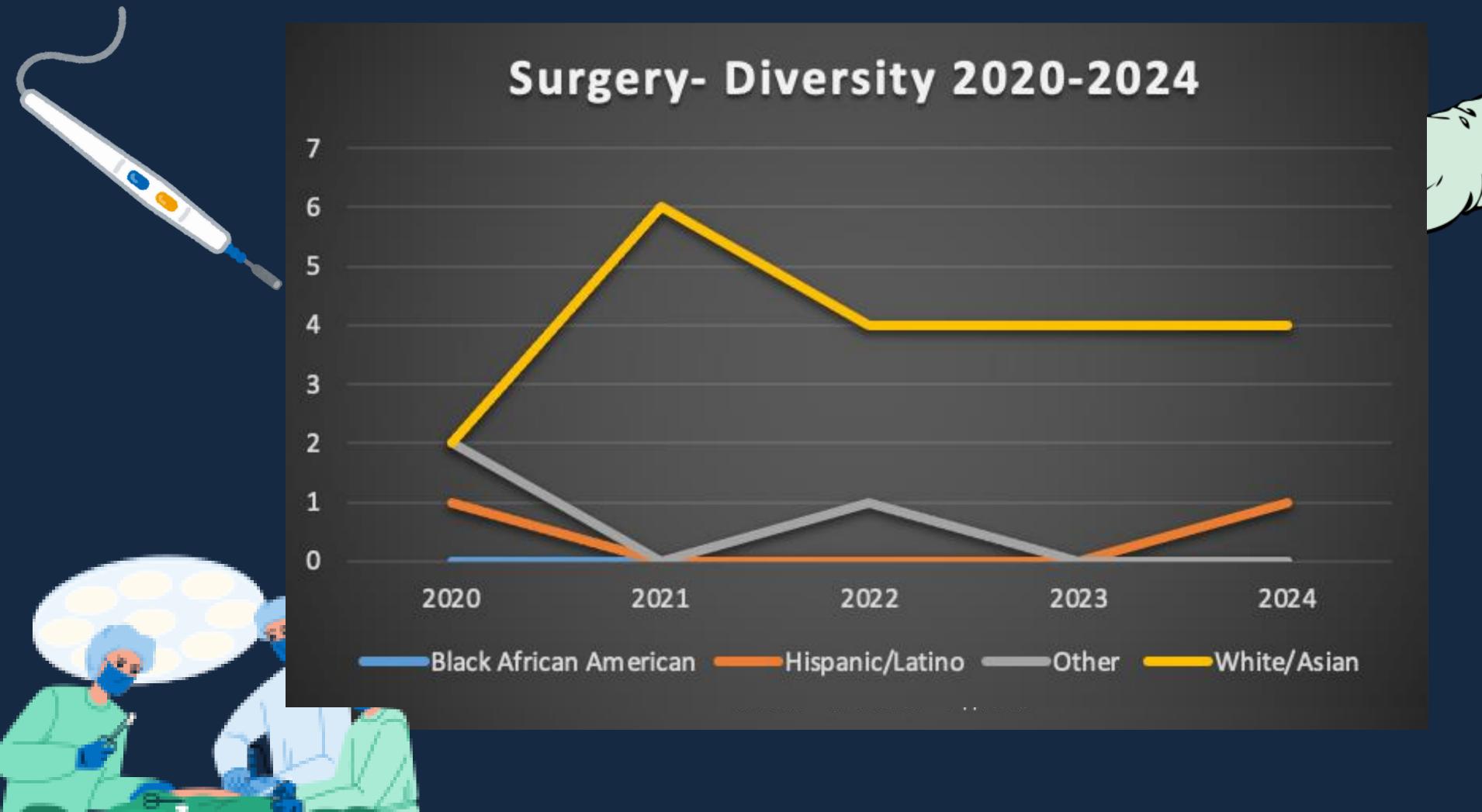


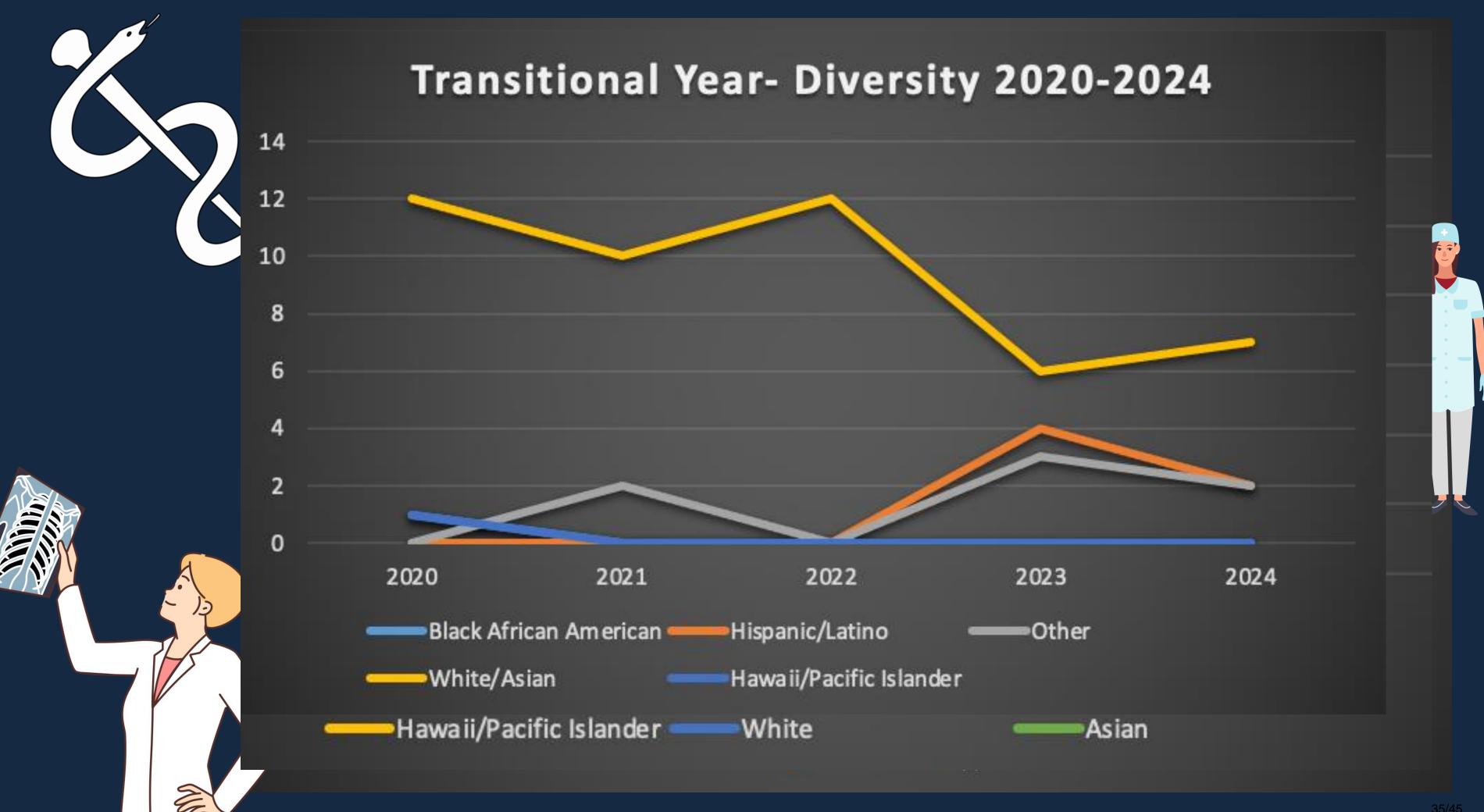


Family Medicine- Diversity 2020-2024

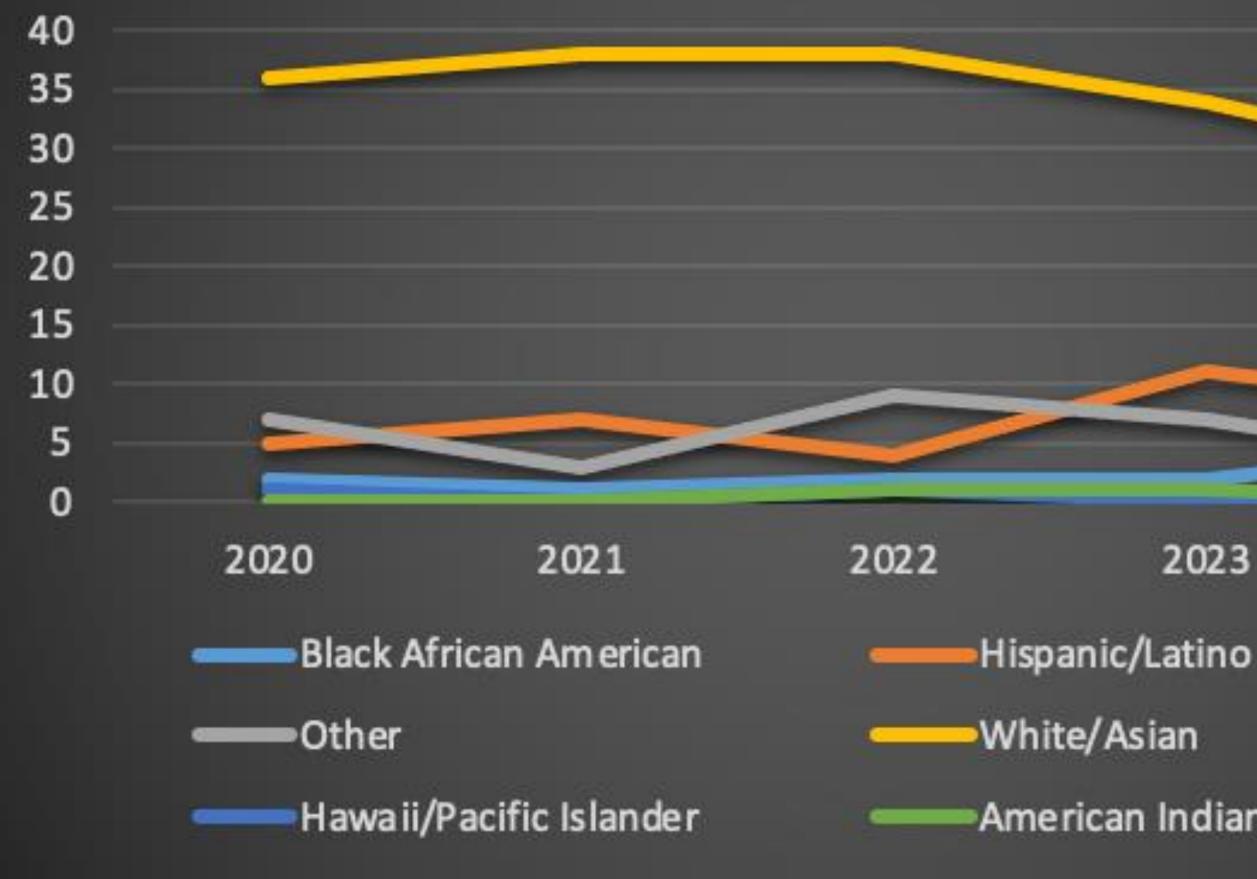


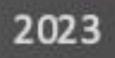






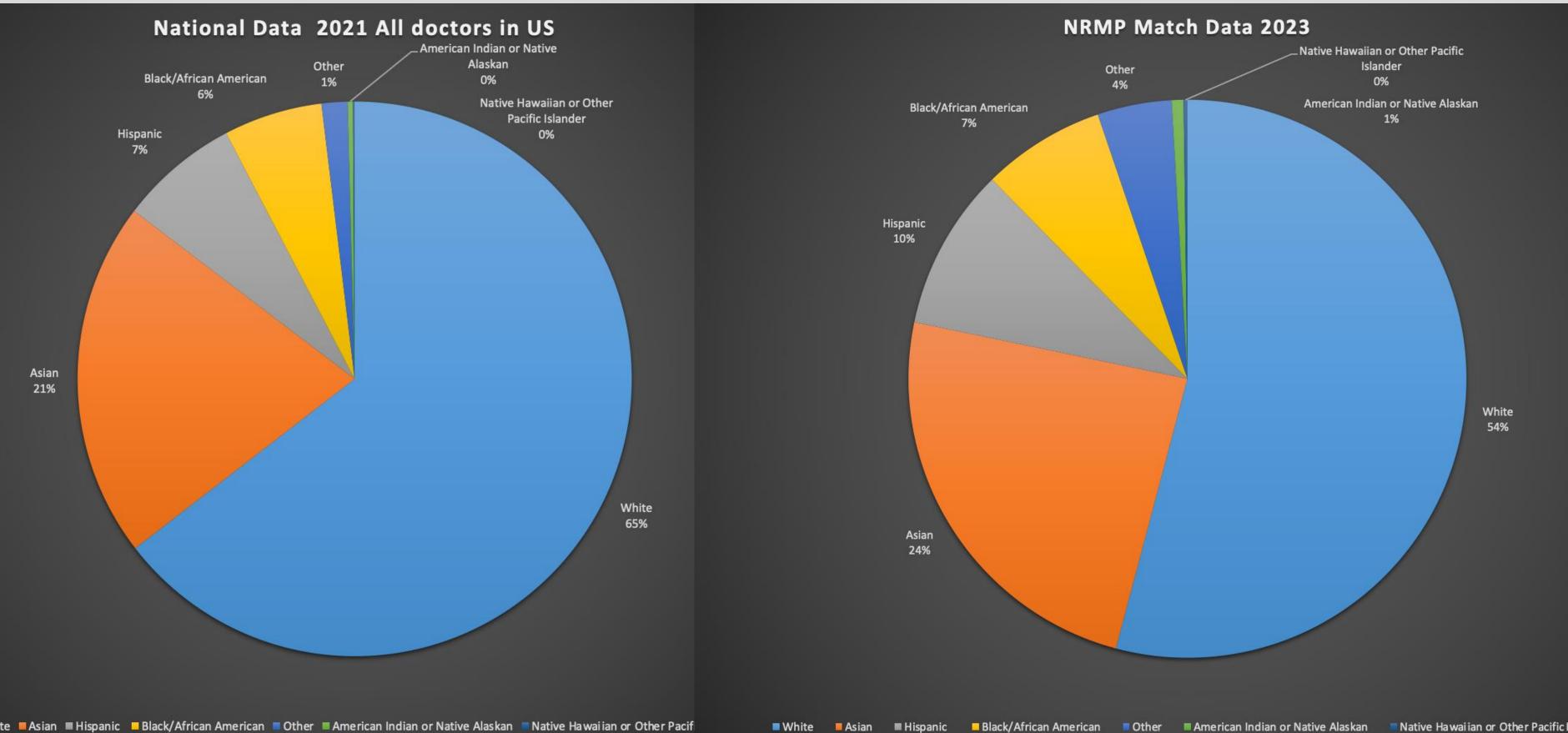
All Programs- Diversity 2020-2024

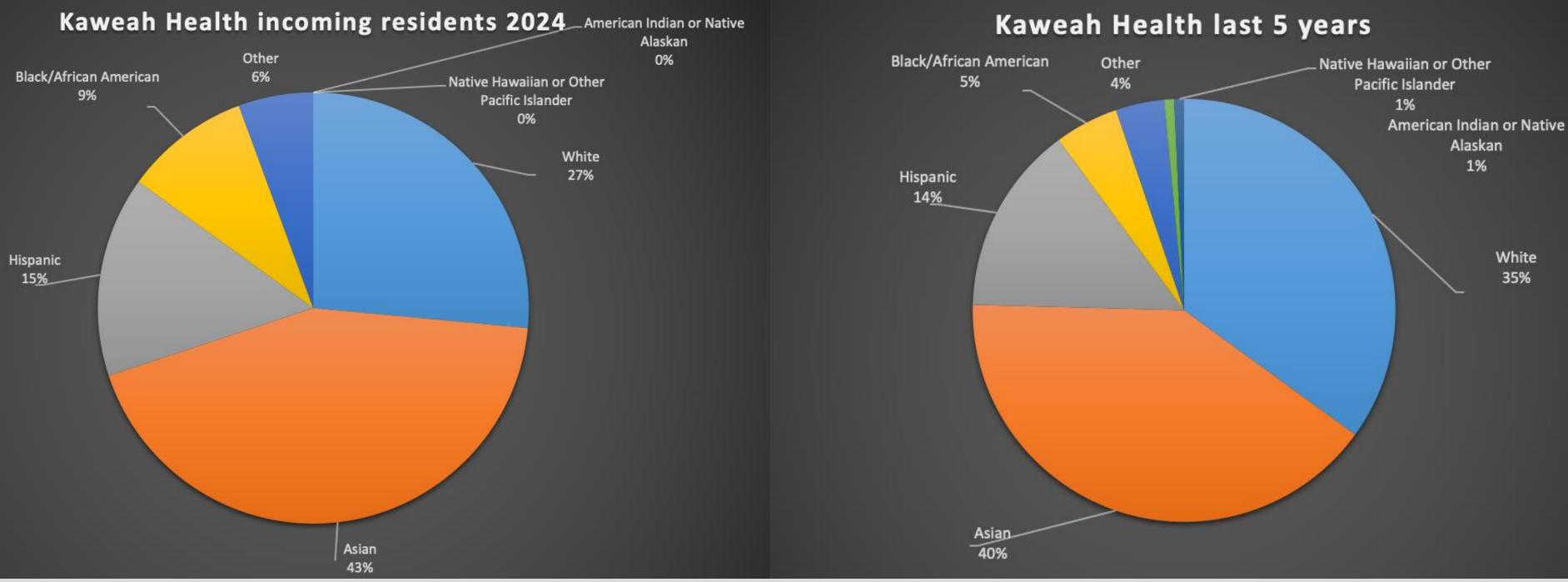




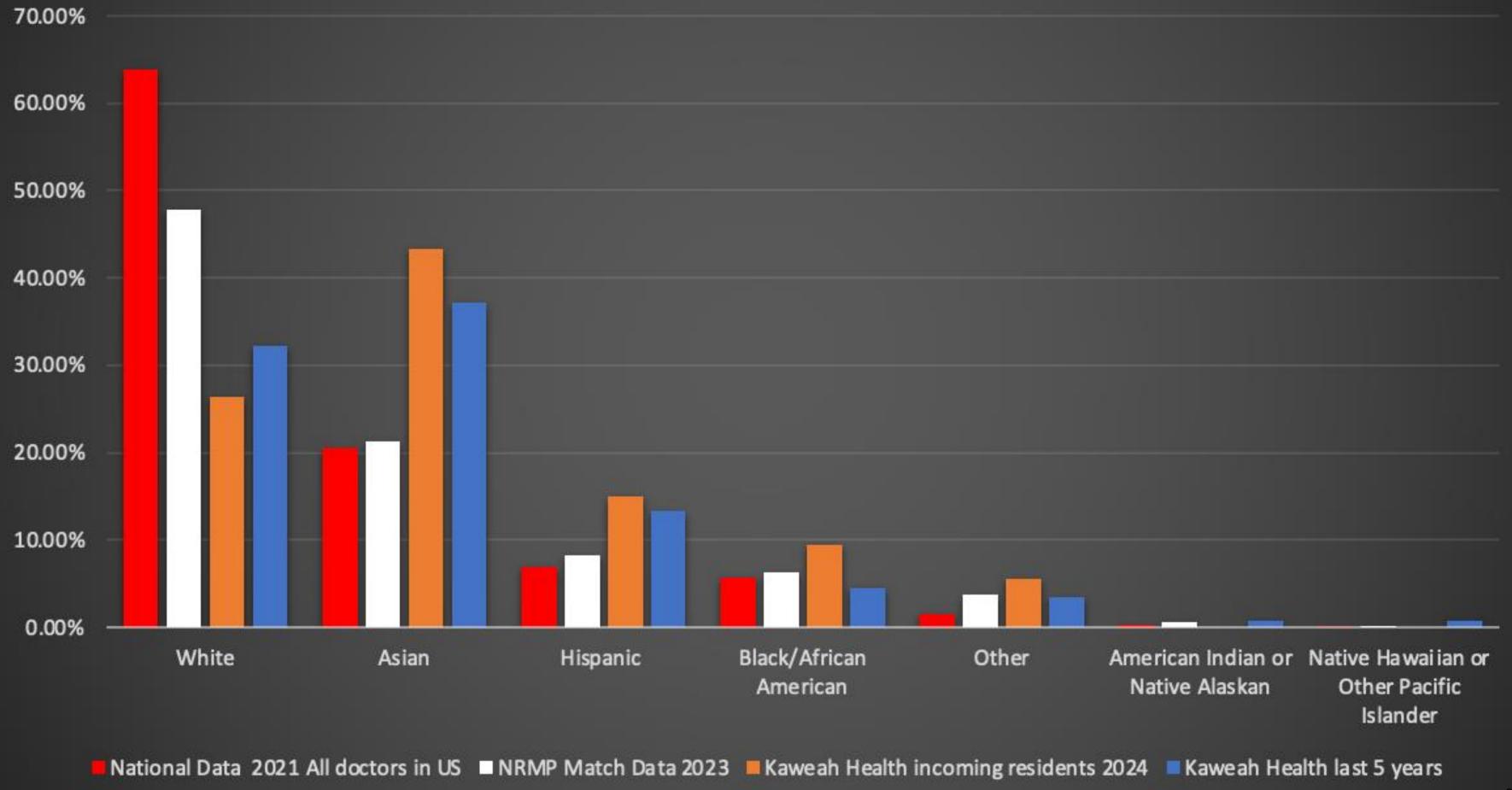


American Indian/Alaskan Native

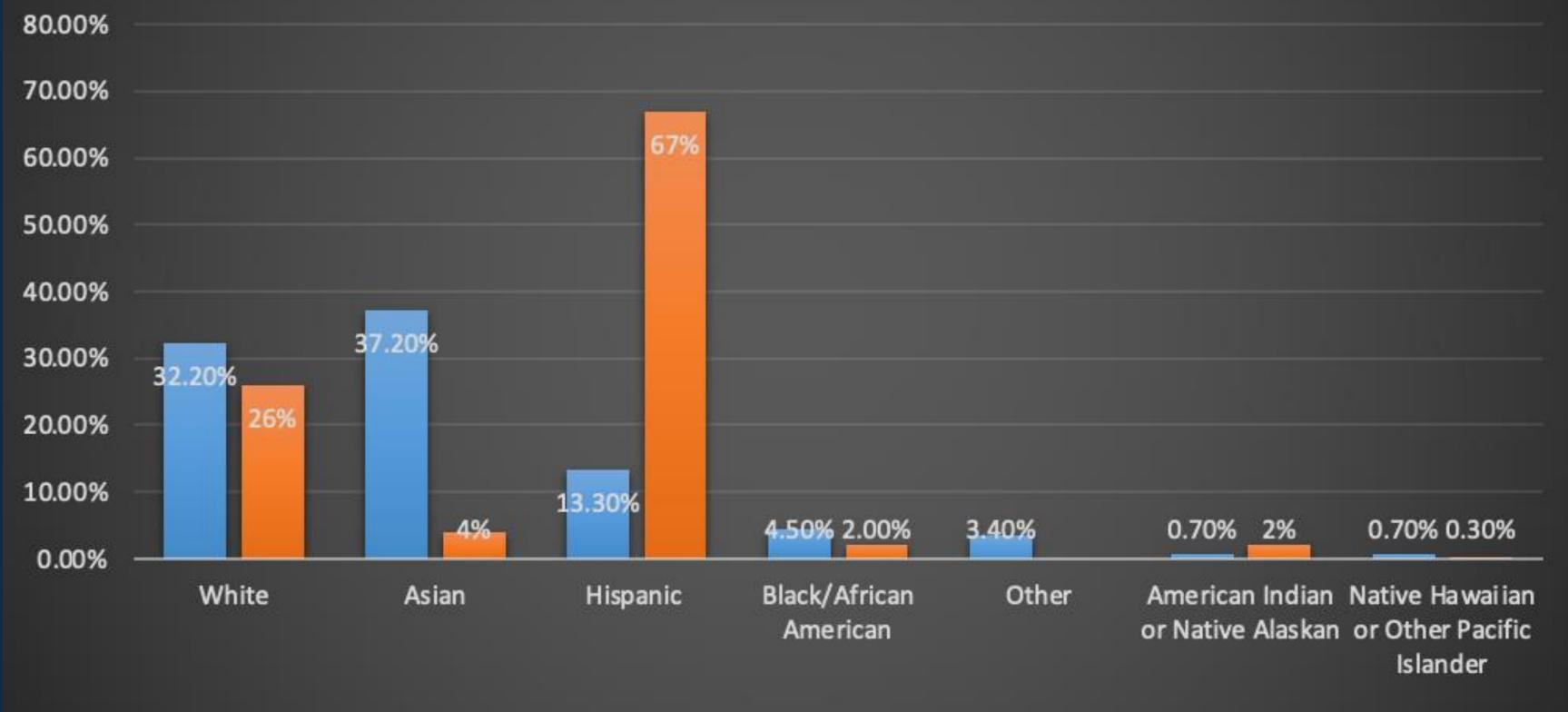




Kaweah vs the U.S.

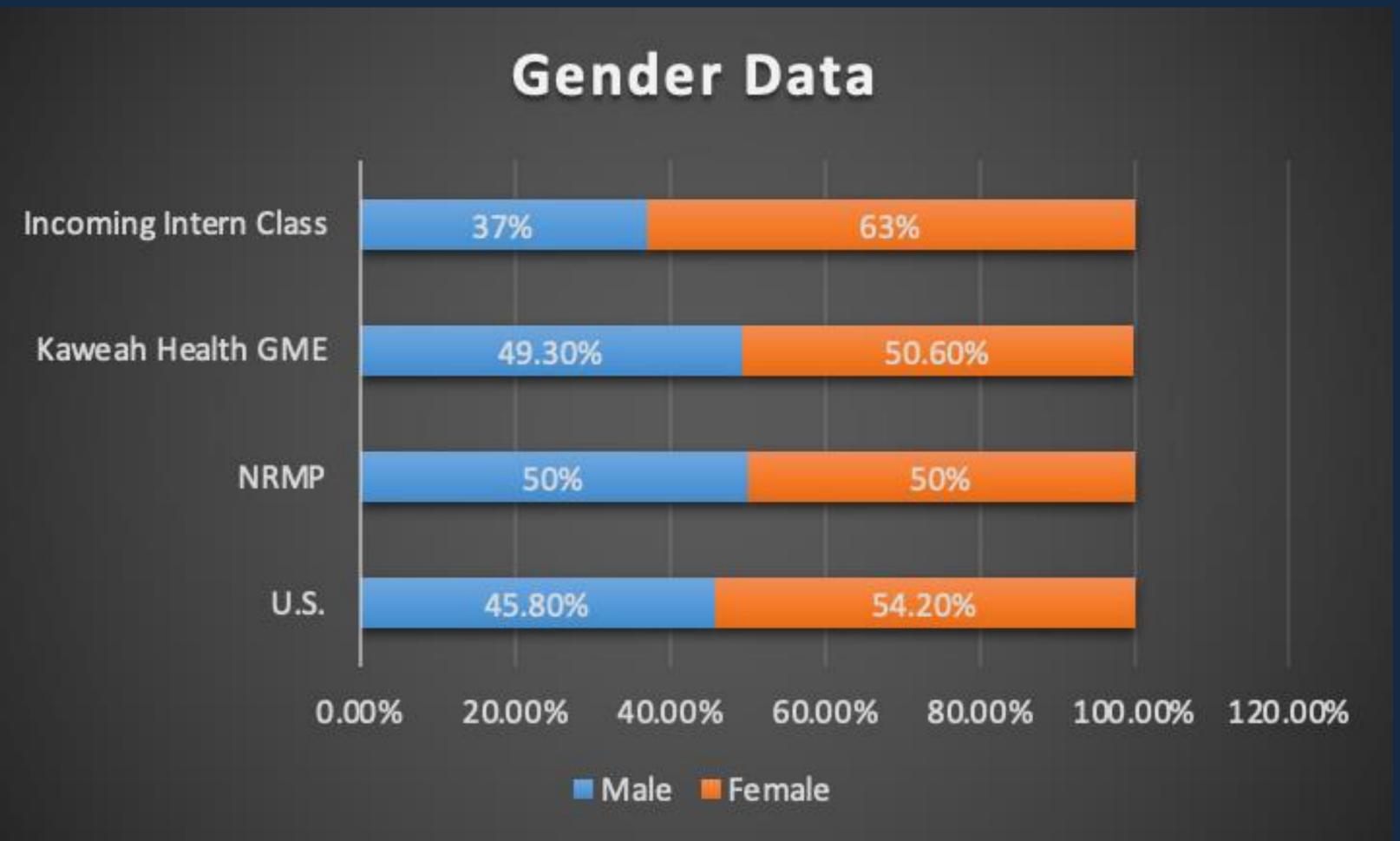


By Race Kaweah Residents vs Tulare County



Kaweah Residents in Last 5 years

Tulare County





Positive Impact of Diversity

- 1. Increased morale and inclusion: Employees often enjoy knowing they work for a company that wants to improve societal norms. This increase inclusion for the patients but also for healthcare workers.
- 2. Increased patient trust and comfort levels: Patient's values and beliefs are respected and those caring for them understand them.
- a. This leads to increased compliance/adherence and thereby better health outcomes 3. Increased innovation: Healthcare systems with diverse workforces tend to have more creative and innovative ideas due to their employees' various viewpoints and experiences.
- 4. Decreased health disparities:
 - a. Increase access to patients in underserved communities. b. With increased access and trust in their healthcare providers, patients are more likely to follow
 - their providers' recommendations.
 - c. Underrepresented Doctors are more likely to practice in underserved communities

Our Role In Promoting Diversity In Healthcare

- 1. Have an open dialogue about other beliefs and values:
- Encourage more diverse applicants in your healthcare system:
 Encouraging others to apply to your system can help promote inclusion for your patients
- Encouraging others to apply to your system can help p and other staff members.
- 4. Be open to learning about others' beliefs: Go into conversations willing to learn without bias.
- 5. Face biases head-on: We need to be honest with ourselves and continue to learn how to provide culturally competent care.
- 6. Diversity in healthcare is imperative for both healthcare providers and patients alike. Not only does it create inclusion for all, but it can also reduce the incidence of health disparities.
- 7. As healthcare workers, it is our responsibility to recognize the dangers of limited healthcare diversity and help promote a more diverse healthcare environment.

The pursuit of healthiness



