

June 26, 2020 – 3:00PM

## NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the Kaweah Delta Lifestyle Center Conference Room {5105 W. Cypress Avenue, Visalia} on Monday June 29, 2020 beginning at 3:30PM. **Due to the maximum capacity allowed in this room per CDC social distancing guidelines {25}, members of the public are requested to attend the open sessions of the Board meeting via GoTo meeting - <https://global.gotomeeting.com/join/307146341> or you can also dial in 646-749-3122 Access Code: 307146341**

The Board of Directors of the Kaweah Delta Health Care District will meet in an Open Board of Directors at 3:30PM (location and GoTo information above).

The Board of Directors of the Kaweah Delta Health Care District will meet in a Closed Board of Directors meeting at 3:31PM pursuant Government Code 54956.9(d)(2), and Health and Safety Code 1461 and 32155.

The Board of Directors of the Kaweah Delta Health Care District will meet in an Open Board of Directors meeting at 4:00PM (location and GoTo information above).

The Board of Directors of the Kaweah Delta Health Care District will meet in a Closed Board of Directors meeting immediately following the 4:00PM Open meeting pursuant to Health and Safety Code 1461 and 32155.

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 Delta Medical Center, Mineral King Wing entry corridor between the Mineral King lobby and the Emergency Department waiting room.

Due to COVID 19 visitor restrictions to the Medical Center - the disclosable public records related to agendas can be obtained by contacting the Board Clerk at Kaweah Delta Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA via phone 559-624-2330 or email: [cmoccio@kdhcd.org](mailto:cmoccio@kdhcd.org), or on the Kaweah Delta Health Care District web page <http://www.kaweahdelta.org>.

KAWEAH DELTA HEALTH CARE DISTRICT  
David Francis, Secretary/Treasurer



Cindy Moccio - Board Clerk / Executive Assistant to CEO

DISTRIBUTION:  
Governing Board  
Legal Counsel  
Executive Team  
Chief of Staff  
[www.kaweahdelta.org](http://www.kaweahdelta.org)



## KAWEAH DELTA HEALTH CARE DISTRICT - BOARD OF DIRECTORS MEETING

The Lifestyle Center – Conference Rooms  
5105 W. Cypress Avenue, Visalia, CA 93277

*Due to the maximum capacity (25) allowed in this room per CDC social distancing guidelines - members of the public are requested to attend via GoTo meeting*

Join from your computer, tablet or smartphone  
<https://global.gotomeeting.com/join/307146341>  
or Dial In: 646-749-3122 / Access Code: 307-146-341

Monday June 29, 2020

### OPEN MEETING AGENDA {3:30PM}

1. CALL TO ORDER
2. APPROVAL OF AGENDA
3. 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 subject matter jurisdictions of the Board are requested to identify themselves at this time.
4. APPROVAL OF THE CLOSED AGENDA – 3:31PM
  - 4.1. Approval of closed meeting minutes – April 29, 2020, May 27, 2020 and June 11, 2020.
  - 4.2. Conference with Legal Counsel – Anticipated Litigation – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 3 Cases – Anu Banerjee, VP & Chief Quality Officer and Dennis Lynch, Legal Counsel
  - 4.3. Credentialing - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – Byron Mendenhall, MD Chief of Staff
  - 4.4. Quality Assurance pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — Byron Mendenhall, MD Chief of Staff
5. ADJOURN

### CLOSED MEETING AGENDA {3:31PM}

1. CALL TO ORDER
2. APPROVAL OF CLOSED MEETING MINUTES - [April 29, 2020](#), [May 27, 2020](#) and [June 11, 2020](#).  
*Action Requested – Approval of the closed meeting minutes – April 29, 2020, May 27, 2020 and June 11, 2020.*

Monday June 29, 2020

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Herb Hawkins – Zone I  
Board Member

Lynn Havard Mirviss – Zone II  
Vice President

Garth Gipson – Zone III  
Board Member  
2/364

David Francis – Zone IV  
Secretary/Treasurer

Nevin House – Zone V  
President

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

3. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 3 Cases.

*Anu Banerjee, VP & Chief Quality Officer and Dennis Lynch, Legal Counsel*

4. **CREDENTIALING** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155

*Byron Mendenhall, MD Chief of Staff*

5. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee

*Byron Mendenhall, MD Chief of Staff*

## ADJOURN

## OPEN MEETING AGENDA {4:00PM}

***Due to the maximum capacity (25) allowed in this room per CDC social distancing guidelines - members of the public are requested to attend via GoTo meeting***

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<https://global.gotomeeting.com/join/307146341>  
or Dial In: 646-749-3122 / Access Code: 307-146-341

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **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 subject matter jurisdictions of the Board are requested to identify themselves at this time.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request approval of the [May 27](#), [June 11](#), and [June 24](#) 2020 meeting minutes.  
**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.  
*Action Requested – Approval of the open meeting minutes – May 27, June 11, June 24, 2020 open board of directors meeting minutes.*
6. **RECOGNITIONS** – Service Excellence (April and June) - *Nevin House*
  - 6.1. Presentation of [Resolution 2077 to Estee Zamora-Bonilla](#), Service Excellence Award for April 2020.
  - 6.2. Presentation of [Resolution 2079 to Alison Bradshaw](#), Service Excellence Award for June 2020.

**7. RECOGNITIONS – Retirements - David Francis**

**7.1.** Presentation of [Resolution 2080 to Dru Quesnoy](#), Director of Marketing and Communications retiring from Kaweah Delta – 15 years

**7.2.** Presentation of [Resolution 2081 to Thomas Rayner](#), SVP & COO, retiring from Kaweah Delta – 17 years.

**8. CONSENT CALENDAR - All matters under the Consent Calendar will be approved by one motion, unless a Board member requests separate action on a specific item.**

**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.

*Action Requested* – Approval of the June 29, 2020 Consent Calendar.

**8.1. REPORTS**

- A. [Environment of Care](#)
- B. [Physician Recruitment](#)

**8.2. POLICIES**

A. Administrative

- 1) [Protocol for Moves Within Kaweah Delta Health Care District](#) – AP.83 (revised)
- 2) [Allocation of Resources](#) – AP.85 (revised)
- 3) [Patient Privacy Administrative and Compliance Requirements](#) – AP.108 (revised)
- 4) [Insufficient Fund Checks](#) (Returned Checks) – AP.120 (revised)
- 5) [Traffic and Parking Regulations](#) – AP.142 (revised)
- 6) [Parking Citation Appeal](#) – AP-143 (revised)
- 7) [Mobile Device](#) (cellular phone, smartphone, tablet, laptop) and Mobile Voice & Data Services – AP.160 (revised)
- 8) [Debt Policy](#) – AP.176 (revised)

B. Human Resources (as reviewed and recommended for Board approval by the Human Resources Committee on June 18, 2020).

- 1) [Meal Period Rest Breaks Breastfeeding](#) – HR.70 (revised)
- 2) [Standby and Callback Pay](#) – HR.72 (revised)
- 3) [Docking Staff](#) – HR.80 (revised)
- 4) [Anti-Harassment and Abusive Conduct](#) – HR.13 (revised)
- 5) [Employee Reduction in Force](#) – HR.221- (revised)
- 6) [Paid Family Leave](#) – HR-244 (revised)

**8.3.** Resolution 2082 [rejection of claim Valerie Taylor and Michael Taylor](#) vs. Kaweah Delta Health Care District.

**8.4.** Resolution 2083 [rejection of application for leave to present a claim, Estate of James Snow, Jr.](#) vs. Kaweah Delta Health Care District.

**8.5.** Resolution 2084 [rejection of claim Jessica Conrad](#) vs. Kaweah Delta Health Care District.

**8.6.** Kaweah Delta Health Care, Inc. appointment of Board members;

- A. Appointment of Dianne Cox to replace Thomas Rayner effective June 29, 2020.
- B. Appointment of Alex Lechtman, MD to replace Darrin Smith, MD effective June 29, 2020.



8.7. Recommendations from the Medical Executive Committee (May 2020)

A. Privileges

1) [Emergency Medicine](#)

2) [Neonatology](#)

B. [Bylaws & Rules and Regulations Revision](#) – Telemedicine Bylaws Excerpt

9. [STRATEGIC PLANNING](#) – Progress report and review of draft Strategic Plan for fiscal year 2020/2021.

*Marc Mertz, Vice President Chief Strategy Officer*

10. [2020/2021 ANNUAL OPERATING AND CAPITAL BUDGET](#) – Review of the annual operating and capital budget.

*Malinda Tupper –Vice President & Chief Financial Officer*

**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.

*Recommended action: Approval of the 2020/2021 Annual Operating and Capital Budget*

11. [FINANCIALS](#) – Review of the most current fiscal year 2020 financial results.

*Malinda Tupper, VP & Chief Financial Officer*

12. **CREDENTIALING** – Medical Executive Committee requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval.

**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.

*Recommended Action: Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the MEC, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, Be it therefore resolved that the following medical staff be approved or reappointed (as applicable), as attached, to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files.*

**8. REPORTS**

- 8.1. Chief of Staff – Report relative to current Medical Staff events and issues.  
*Byron Mendenhall, MD, Chief of Staff*
- 8.2. Chief Executive Officer Report -Report relative to current events and issues.  
*Gary Herbst, Chief Executive Officer*
- 8.3. Board President - Report relative to current events and issues.  
*Nevin House, Board President*

**9. APPROVAL OF CLOSED AGENDA AS FOLLOWS:** Closed Meeting Agenda — Immediately following the open session

- **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee - *Monica Manga, MD Vice Chief of Staff & Gary Herbst, CEO*

**ADJOURN**

**CLOSED MEETING AGENDA**

**Confidential Call Information provided to the Board of Directors**

- 1. **CALL TO ORDER**
- 2. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.  
*Monica Manga, MD Vice Chief of Staff & Gary Herbst, CEO*
- 3. **ADJOURN**

*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.*

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

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**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 7-69**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**MONDAY JUNE 29, 2020**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 7-69**

**Place holder for OPEN Minutes #1 – May 27 –  
to be uploaded by end of the day Friday 6/26  
or early Monday 6/29.**

**Place holder for OPEN Minutes – June 11 – to be uploaded by end of the day Friday 6/26 or early Monday 6/29.**

**Place holder for OPEN Minutes – June 24 – to be uploaded by end of the day Friday 6/26 or early Monday 6/29.**





## RESOLUTION 2077

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT are recognizing Estee Zamora-Bonilla, with the Service Excellence Award for the Month of April 2020, for consistent outstanding performance, and,

WHEREAS, the Board of Directors of the KAWEAH DELTA HEALTH CARE DISTRICT is aware of her excellence in caring and service,

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the KAWEAH DELTA HEALTH CARE DISTRICT on behalf of themselves, the hospital staff, and the community they represent, hereby extend their congratulations to Estee Zamora-Bonilla for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.

PASSED AND APPROVED this 29<sup>th</sup> day of June 2020 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

Secretary/Treasurer, Kaweah Delta Health Care District  
and of the Board of Directors, thereof

ezamorab           altorres "Estee Zamora-Bonilla has just been nominated for the SERVICE EXCELLENCE AWARD by Alma Torres-Nguyen

BEHAVIORAL STANDARDS OF PERFORMANCE:

- Compassionate Service: She is passionate about community engagement

COMMENTS:

Within the last 7 years that Eustolia (Estee) has been working with the District, she has demonstrated that she is an innovative leader. She has taken on projects beyond her scope and has worked tirelessly with both Resident Leaders and organizational leaders on projects that help promote healthy behaviors and create environmental changes that can lead to healthier communities. For example, she led the efforts to revitalize the certified Dinuba Farmers' Market which continues to thrive 6 years later with the help of the City of Dinuba and another group Network Leaders on Move Tulare County partnership (NLOM) that includes local organizations and resident leaders. She also leads the NLOM.

Estee has worked closely with self-identified Resident Leaders in various cities and empowered them to become Zumba instructors to provide low/no cost physical activity opportunities in their communities. Not only do they run over 10 weekly Zumba classes but they also provide other services to the community such as social clubs, walking clubs and have become involved in school committees and participated in many focus groups. Estee maintains excellent relationships with our community partners. Recently she worked with Altura Health Center and connected close to ten Resident Leaders to work with Altura and receive a monthly stipend for providing the Zumba classes they are already doing as well as other Outreach work. This ensures that the work will continue long after she retires. Estee has given generously of her own time in order to provide free Zumba classes herself and work on the leadership development of the Resident Leaders. Estee also provides an annual teacher training for early childhood teacher to deliver age appropriate lessons to preschool children. The teachers look forward to the training and always have positive reviews about the training. She is described as being energetic, enthusiastic, innovative and FUN! When she sets a goal she completes it and when barriers arise she finds a way to make things happen keeping in mind respect and partnerships. She always looks for the win - win situations. Estee is more than deserving of the Service Excellence Award.

SUPERVISOR:

Alma Torres-Nguyen

This entry has been submitted to HR for consideration." Altorres



## RESOLUTION 2079

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT are recognizing Alison Bradshaw, with the Service Excellence Award for the Month of June 2020, for consistent outstanding performance, and,

WHEREAS, the Board of Directors of the KAWEAH DELTA HEALTH CARE DISTRICT is aware of her excellence in caring and service,

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the KAWEAH DELTA HEALTH CARE DISTRICT on behalf of themselves, the hospital staff, and the community they represent, hereby extend their congratulations to Alison Bradshaw for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.

PASSED AND APPROVED this 29<sup>th</sup> day of June 2020 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

Secretary/Treasurer, Kaweah Delta Health Care District  
and of the Board of Directors, thereof

"Alison Bradshaw has just been nominated for the SERVICE EXCELLENCE AWARD by Ed Largoza

BEHAVIORAL STANDARDS OF PERFORMANCE:

- Compassionate Service:
- Respect:
- Communication:
- Personal Ownership:
- Safety:
- Professional Image:
- Commitment to Colleagues:

COMMENTS:

Recently I was involved in a couple of patient cases and both families raved about CVICU RN Allison Bradshaw. They spoke about her attentiveness to their loved ones as well as to the needs of the family. They appreciated that she listens to concerns and questions and genuinely wants to help. The families said that Allison is gifted in explaining things and makes it easy for others to understand. Her support and compassion are so sincere that it caused one family member to question, ""Where does she hide her wings."" Allison has certainly served as an angel for countless patients and families.

From watching her interactions with her CVICU team members it is obvious that Allison is well respected by her colleagues and by the physicians she works with. This respect seems to come from her outstanding clinical skills balanced with her positive, can-do attitude and her caring heart.

Allison Bradshaw is a Kaweah Care standout that consistently provides world-class care and embodies the best that Kaweah Delta has to offer!

SUPERVISOR:

Ryan Taylor

This entry has been submitted to HR for consideration."



## RESOLUTION 2080

WHEREAS, Dru Quesnoy, Director of Marketing and Communications is retiring from duty at Kaweah Delta Health Care District after 15 years of service; and,

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her loyal service and devotion to duty;

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Dru Quesnoy for 15 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 29<sup>th</sup> day of June 2020 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

Secretary/Treasurer, Kaweah Delta Health Care District  
and of the Board of Directors, thereof



## RESOLUTION 2081

WHEREAS, Thomas Rayner, Senior Vice President and Chief Operating Officer is retiring from duty at Kaweah Delta Health Care District after 17 years of service; and,

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of his loyal service and devotion to duty;

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Thomas Rayner for 17 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 29<sup>th</sup> day of June 2020 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

Secretary/Treasurer, Kaweah Delta Health Care District  
and of the Board of Directors, thereof



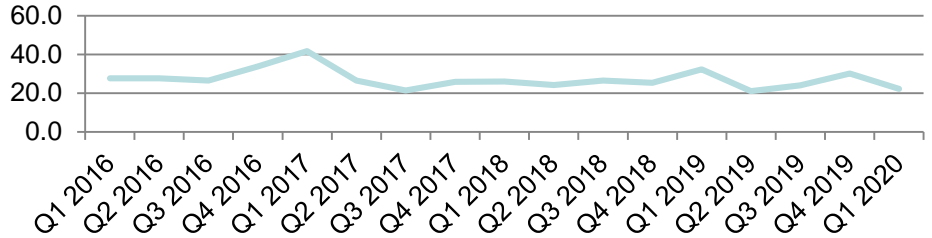
**Environment of Care  
1<sup>st</sup> Quarter Report  
January 1, 2020 through March 31, 2020  
Presented by  
Maribel Aguilar, Safety Officer**

**Kaweah Delta Healthcare District  
Performance Monitoring 1<sup>st</sup> Quarter 2020**

**EOC Component: SAFETY**

**Performance Standard:** **Employee Health:** Reduce Occupational Safety & Health Administration (OSHA) recordable work related injury cases by 10% from 2019. No more than 193 injuries in 2020.  
**Goal:** Reduce OSHA recordable injuries by 10% in 2020.  
**Minimum Performance Level:** Reduce OSHA recordable injuries by 10% in 2020.

# of injuries /1000 Employees



Type of injury					Totals	Annual	Totals	Per 1000 employees
	Q1	Q2	Q3	Q4	2020	% chg	2019	
Total Accidents	112				112	-15.0%	527	22.24
OSHA recordable	43				43	-20.0%	215	8.54
Lost time cases	20				20	-44.1%	143	3.97
Strain/sprain	27				27	0.9%	107	5.36
Bruise/Contusion	6				6	-33.3%	36	1.19
Cum Trauma	1				1	-20.0%	5	0.20
Sharps Exp	21				21	5.0%	80	4.17
BBF Splash	5				5	5.3%	19	0.99
# EE end of QTR	5037							

**Evaluation:**

There were 43 Occupational Safety & Health Administration (OSHA) reportable injuries during the 1<sup>st</sup> quarter 2020.

Provided 21 ergonomic evaluations in 1<sup>st</sup> quarter to prevent cumulative trauma injuries/claims.

Goal for 1<sup>st</sup> quarter was met.

**Plan for Improvement:**

- Identify employees with > 3 OSHA recordable injuries in last 2 years- 5 total employees from Security, GME and Sterile Processing. Identify trends and educational opportunities. Detail will be sent to Managers/Directors to determine prevention opportunities, re-education and/or re-training.
- Will be evaluating employees with multiple injuries for coaching opportunities.
- Departments with 3 or more OSHA recordable injuries Qtr. 1- Counseling none. Same day on-site incident investigation with employee. Follow-up with manager for prevention opportunities and/or process changes and policy review. Investigation/follow-up may include photos, video and interview of witnesses/ manager.
- Increase Sharps education in general orientation and Manager orientation with Infection Prevention.
- Utilize physical therapy assistant in Employee Health for Ergo evaluations, evaluate for proper body mechanics to prevent injury, stretching exercises and equipment recommendations to ensure safety with our jobs.

**OSHA reportable injuries and illnesses are as follows:**

- Fatalities, regardless of the time between the injury and death or the length of the illness.
- Any case, other than a fatality that resulted in lost workdays.
- Cases that did not have lost workdays but where the employee was transferred to another job or was terminated.
- Cases that required medical treatment other than first aid.
- Cases that involve loss of consciousness or restriction of work or motion (this includes any diagnosed occupational illnesses that are reported but not classified as fatalities or lost workdays).



## EOC Component:

## EMERGENCY PREPAREDNESS

### Performance Standard:

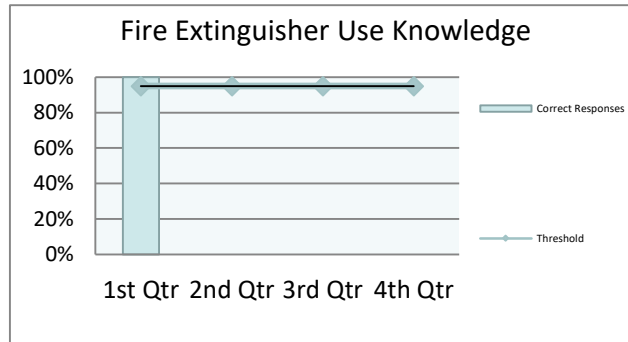
During routine hazard surveillance rounds employees will be queried on proper use of a fire extinguisher  
 Goal: 100% Compliance.

Minimum Performance Level: Employees able to answer correctly 95% of the time.

#### Evaluation:

Fourteen departments were surveyed in the 1st quarter. In all departments surveyed staff were able to verbalize proper use of the fire extinguisher, which resulted in a 100% compliance rate.

95% minimum performance level was met for this quarter.



#### Plan for Improvement:

In each department visited there was knowledge of Fire Extinguisher Use. Employees have been able to verbalize proper procedure when using a fire extinguisher.

We will continue to monitor through hazard surveillance rounding and during the quarterly mini drills.

## EOC Component:

## SAFETY

### Performance Standard:

**Risk Management:** Non-patient injuries will be monitored to ensure reports are made within 7 days of events.

**Goal:** 100% of non-patient safety related events reported within 7 days

**Minimum Performance Level:** 90% of events reported within 7 days.

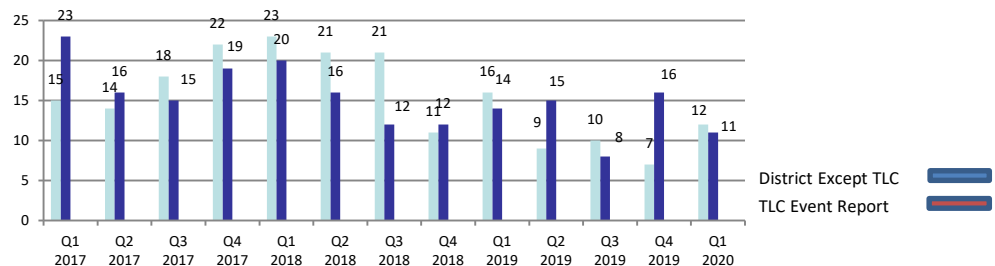
#### Evaluation:

There were 23 non-patient safety reports filed during the 1st quarter 2020, all were received within 7 days of event.

Two incidents resulting in serious injuries were sustained.

Goal is currently being met.

### Risk Management – Non-Patient Safety Reports Filed



#### Plan for Improvement:

This performance standard is being met or exceeded. Risk Management will continue to conduct a trend analysis of all visitor falls and injuries that have occurred to identify trends.

#### TLC Types of Events:

Falls related to pool and Rockwall padding

#### District Type of Events:

Slip and Fall  
 Self-trips

81/364

**Performance Standard:**

In order to improve Code Gray event outcomes, the Security Department will track: 1, number of CPI responders arriving to a Code Gray event; 2, identify if roles/assignments are clearly stated; 3, debriefing taking place after every event.

**Goal:** 90% compliance with Code Grey event outcomes.

**Evaluation:**

Item 1: There were 40 recorded code gray events in the Medical Center in the First Quarter. Out of 40 Code Gray events, only two (2) events resulted in low number of CPI trained first responders. This is an acceptable percentage rate (.05%). **Goal met**

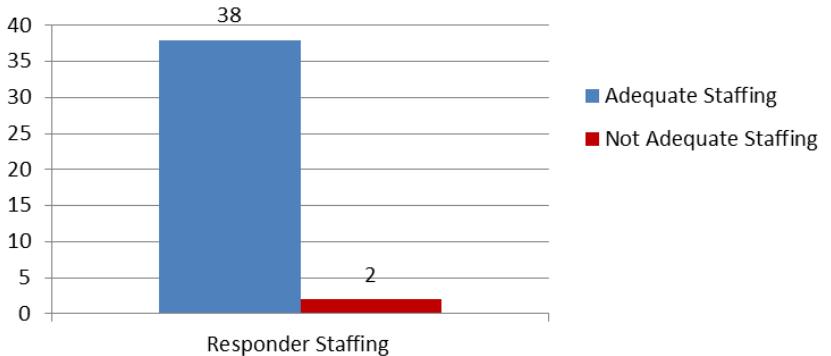
Item 2: Of the 40 Code Gray events, only five (5) events resulted in poor or unclear role delegation with responding CPI trained personnel. **Goal met**

Item 3: Of the 40 events, ½ of the events did not result in a group debriefing after the event. **Goal NOT met**

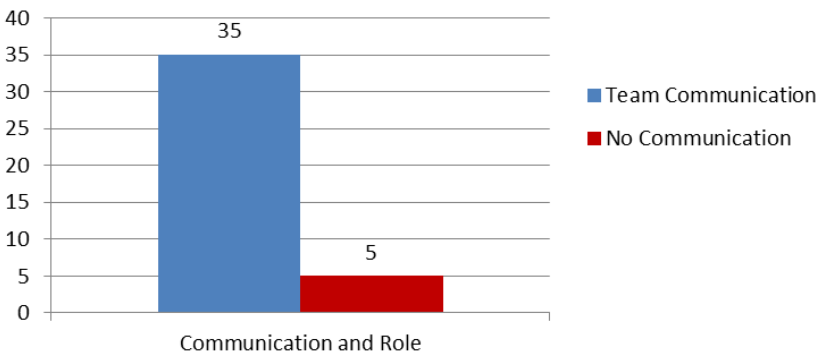
**Plan for Improvement:**

Security personnel responding to Code Gray events will help prompt the patient care Nurse or event Team Leader to debrief with the team after the event has resolved.

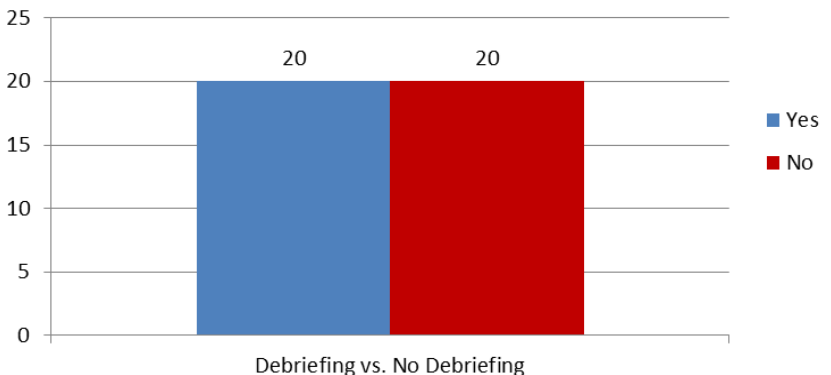
**Was the number of staff responding to the event adequate to resolve event?**



**Did Code Gray Team communicate role to CPI responders?**



**Did the Team debrief after the Code Gray ?**



## EOC Component:

## SAFETY

### Performance Standard:

**Risk Management:** No patient death or serious disability\* associated with a fall while being cared for in a KDHC facility.

**Goal:** 100% Compliance.

**Minimum Performance Level:** 100% Compliance.

### Evaluation:

There were no incidents of patient death or serious disability associated with a fall while being cared for in a KDHC facility.

The Minimum Performance Level was met for this standard.

\*Serious disability means physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function if the impairment lasts more than seven (7) days, or is still present at the time of discharge, or loss of a body part.

### Plan for Improvement:

Hazardous Surveillance inspections of all KDHC facilities conducted on a scheduled basis. Safety issues identified are resolved by department manager.

Continue to monitor.

## EOC Component:

## UTILITIES MANAGEMENT

### Performance Standard:

**High Risk, Non-High Risk and Infection Control** systems preventive maintenance will be performed on a regular basis.

**Goal:** 100% of **High Risk, Non-High Risk and Infection Control** systems will be serviced and/or inspected on schedule.

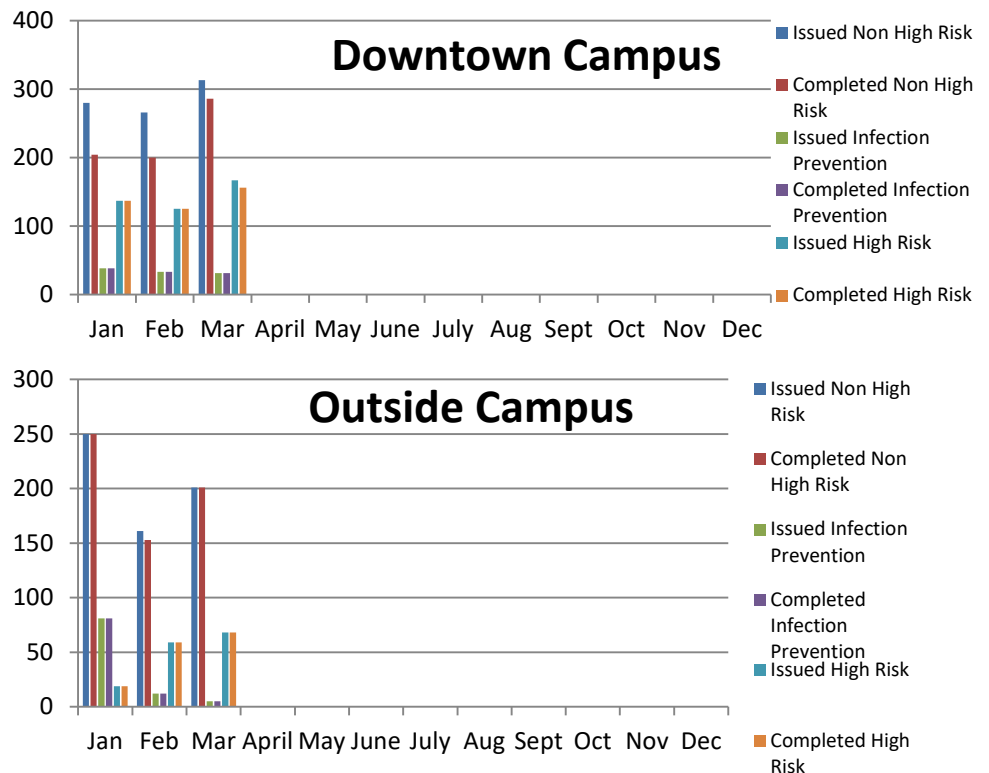
**Minimum Performance Level:** 100% of critical utility systems will be serviced and/or inspected schedule.

### Evaluation:

For the downtown campus there were 690/859 Non-high risk, 102/102 Infection prevention and 418/429 High-risk preventative maintenance work orders completed, an average 87% completion rate. The non-high risk work orders were all related to HVAC in patient rooms, due to census were unable to gain access. The high risk were related to boiler preventative maintenance conducted by an outside vendor. **All work orders were completed and up-to-date by 4/28/2020.**

For the other campuses there were 604/612 Non-high risk, 98/98 Infection prevention and 146/146 High-risk preventative maintenance work orders completed, an average, 99% completion rate. **Work orders all completed.**

The Minimum Performance Level was not met.



### Plan for Improvement:

Downtown campus: Working with vendor and department leadership for timely scheduling of maintenance activities. Schedule will be reviewed prior to due date and outside vendors held to strict schedule compliance.

Other campuses: Working with staff to review work orders before due date. All work orders will be reviewed 1 week before the end of the month to ensure compliance.

## EOC Component:

### Performance Standard:

#### Evaluation:

During the 1<sup>st</sup> quarter many locations achieved 90% or greater compliance with Infection Prevention Practices. Only fallouts were Emergency Department, ASC, Endoscopy, PACU, Woodlake Clinic, Damaree Urgent Care and Outpatient Dialysis

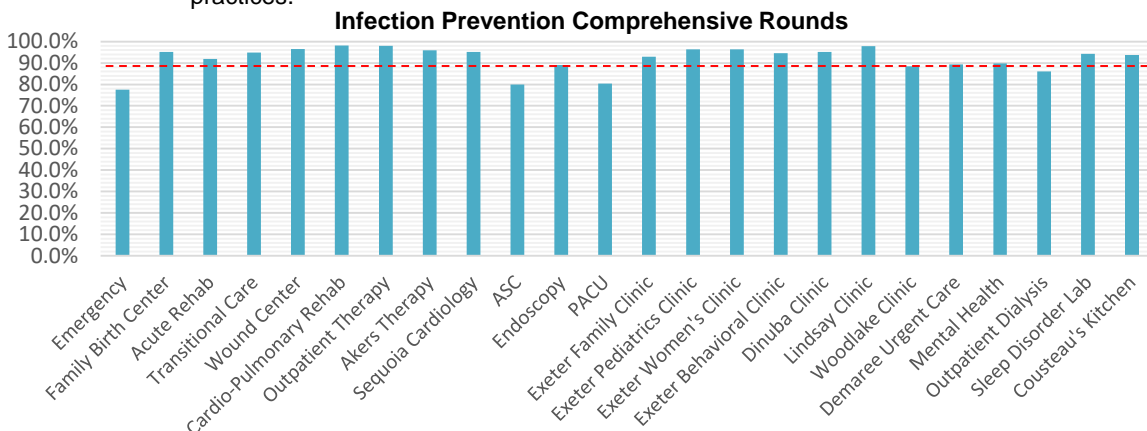
Minimum Performance Level was not met.

## SAFETY

**Infection Prevention:** Enhance patient safety, optimize the environment of care and identify opportunities for improvement complying with regulatory guidelines by rounding each unit twice yearly.

**Goal:** Units will demonstrate 100% compliance with IP best practices

**Minimum Performance Level:** Units will demonstrate 90% compliance with IP best practices.



#### Plan for Improvement:

Each manager receives their completed observation checklist. If there are fallouts they are required submit a plan for improvement within 7 days to infection prevention. Some of the actions taken to resolve fallouts include:

- Remove unapproved disinfectants from the workplace.
- Ensure medication rooms remain clean, uncluttered and sharps containers are removed immediately when they are ¾ full.
- Deploy covered drink corrals, designated spots for healthcare personnel drinks. Staff food is prohibited in clinical workspaces.
- Those departments that are repeatedly non compliant (2x) will be referred to the responsible Vice President for resolution.

## EOC Component:

## FIRE PREVENTION/LIFE SAFETY

### Performance Standard:

Equipment and supply storage compliance will be monitored during hazard surveillance inspections. Supplies are not to be stored on the floor. There also needs to be a clearance of 18" to the ceiling in sprinklered rooms and 24" in non-sprinklered rooms per California Fire Code & The Joint Commission requirements.

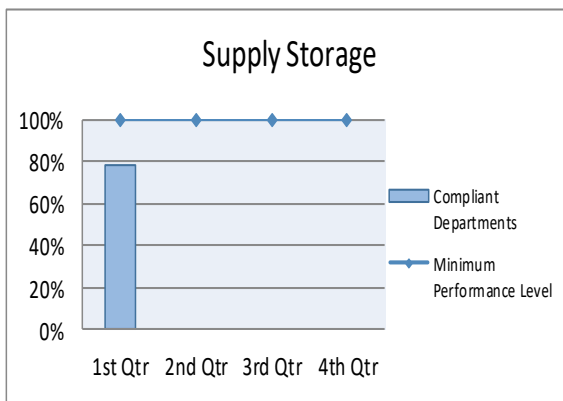
**Goal:** 100% of departments inspected will be compliant.

**Minimum Performance Level:** 100% of department inspected will be compliant.

#### Evaluation:

Fourteen departments were surveyed in the 1<sup>st</sup> quarter. In 3 of the departments inspected supplies were found to be stored too close to the ceiling (18" clearance required). This resulted in an 78% compliance rate.

Minimum Performance Level was not achieved during this quarter.



#### Plan for Improvement:

We will continue to monitor through hazard surveillance and report to appropriate director and VP. Non-compliant departments will be sent reminder email regarding storage and proper clearance.

Continue to monitor through rounding during hazard surveillance

**EOC Component:**

**CLINICAL ENGINEERING 1st Quarter CY 2020**

**Performance Standard:**

To ensure PM Completion of High Risk including Life Support Devices is managed effectively; Keep number of missing high risk devices less than 1% of total. High Risk Inventory measured quarterly.  
 Goal: Attain <1% Missing in Action Count on High Risk devices Quarterly.  
 Minimum Performance Level: <1% Missing in Action( MIA) of total High Risk Device

**Evaluation:**

Department staff will strive to keep the High Risk (HR) and Life Support (LS), unable to locate device count under 1% of the total inventory of those devices

Goal of <1% HR including LS Devices in a MIA status:

1<sup>st</sup> Qtr. 2020 1.32%

Goal: NOT MET

**Departmental Process Improvement Goal**



Quarter	Q1 2020 (Jan-Mar)	Q2 2020 (Apr-Jun)	Q3 2020 (Jul-Sep)	Q4 2020 (Oct-Dec)
<b>Total HR &amp; LS equipment MIA</b>	62			
<b>High Risk inc. Life Support Inventroy count</b>	4686			
<b>% of HRLS inventory</b>	1.32%			

**Plan for Improvement:**

The data will be reviewed, inventory corrections will be identified and made and the final list of devices officially "Missing in Action" will be distributed to the departments that own the equipment. The department manager will be expected to report on the status of the equipment and make it available for maintenance completion ASAP. Clinical Engineering will continue to search for the device until removed from active inventory.

At the end of June 2020 if still not located, these devices will be marked Missing in Action (MIA) following Joint Commission guidelines. The machine has a PM Sticker on it with a due date between January and March 2020. If the device is found, it is to be reported to the Clinical Engineering Department whereby it will be assessed for proper operation to the manufacturers standards and returned to its owing department for use.

**EOC Component:**

**CLINICAL ENGINEERING 1st Quarter CY 2020**

**Performance Standard:**

The Clinical Engineering Department will complete preventative maintenance for 12184 assigned preventive maintenance tasks as required per policy EOC 6001.  
 Goal: 100% Compliance **Minimum Performance Level: 100% Compliance**

**Medical Equipment Preventative Maintenance Compliance**

**Evaluation:**

PM Compliance:

**High Risk (including Life Support):**

Goal **100.0%**

1<sup>st</sup> Qtr. Compliance 100%

1<sup>st</sup> Qtr. Goal: **MET**

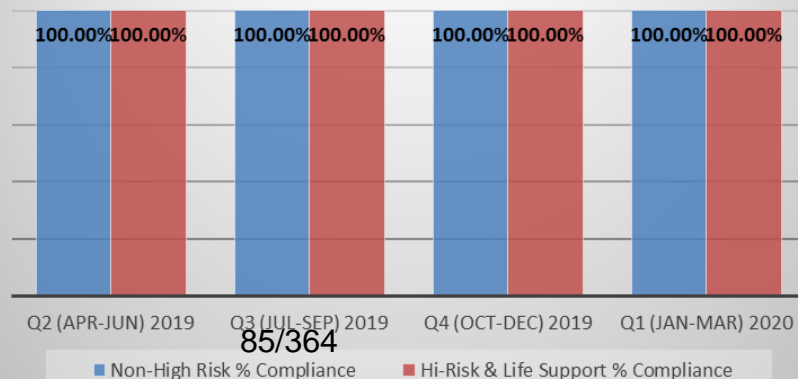
**Non-High Risk:**

Goal **100.0%**

1<sup>st</sup> Qtr. Compliance: 100%

1<sup>st</sup> Qtr. Goal: **MET**

**Preventive Maintenance Compliance**



**Kaweah Delta Physician Recruitment and Relations  
Medical Staff Recruitment Report - June 2020**

Prepared by: Brittany Taylor, Director of Physician Recruitment and Relations - btaylor@kdhcd.org - (559)624-2899

Date prepared: 6/24/20

<b>Central Valley Critical Care Medicine</b>	
Adult Hospitalist	2
Intensivist	2

<b>Delta Doctors Inc.</b>	
OB/Gyn	1

<b>Kaweah Delta Faculty Medical Group</b>	
Family Medicine Associate Program Director	1
Family Medicine Core Faculty	2

<b>Key Medical Associates</b>	
Internal Medicine/Family Medicine	2

<b>Other Recruitment</b>	
Palliative Medicine	1
Colorectal Surgery	1

<b>Somnia</b>	
Anesthesiology - Cardiac	1

<b>Valley Children's Health Care</b>	
Maternal Fetal Medicine	2
Neonatology	1

<b>Visalia Medical Clinic (Kaweah Delta Medical Foundation)</b>	
Dermatology	1
Gastroenterology	1
OB/GYN	3
Gynecology	1
Orthopedic Surgery (Hand)	1
Otolaryngology	1
Radiology - Diagnostic	1
Rheumatology	1
Urology	2

### Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Colorectal Surgery	Visalia Medical Clinic (Kaweah Delta Medical Foundation)/IQ Surgical Associates	Ota, M.D.	Kyle	09/21	Current KD General Surgery resident	Offer pending
Dermatology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Saunders, M.D.	Kent	04/21	Fidelis Partners - 11/27/19	Phone interview pending
Diagnostic Radiology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Fonte, M.D.	Joseph	TBD	Pacific Companies - 4/13/20	Site visit pending dates
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Bland, D.O.	Scott	08/21	Direct - 9/15/19	Pending site visit in Summer 2020
Family Medicine	Key Medical Associates/Delta Doctors	Castillo, M.D.	Fausto	08/20	Direct - 5/3/20	Site visit: 6/29/20
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Geiger, D.O.	Michael	08/21	Direct - UCSF Fresno Career Fair	Site visit pending dates
Family Medicine - Core Faculty	Kaweah Delta Faculty Medical Group	Ananth, M.D.	Mina Parvati	08/20	Direct - Referred by previous community physician	Site visit pending dates
Family Medicine - Core Faculty	Kaweah Delta Faculty Medical Group	Roepcke, M.D.	Faye	08/20	Direct - Prior UCSF Fresno resident	Currently under review
Family Medicine	Key Medical Associates	Janvelian, M.D.	Vladimir	09/20	Carson Kolb - 11/28/18	Site Visit: 2/15/19; Offer accepted; Tentative Start Date - 9/2020
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Patty, M.D.	Christina	08/20	Direct - Local Candidate	Site Visit: 2/5/19; Offer accepted; Start Date: 1/4/21
Family Medicine	Visalia Family Practice	Suleymanova, M.D.	Violetta	07/20	Direct -4/21/20 UCSF Fresno Career Fair	Offer accepted; Tentative Start Date: 7/2020

### Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Gastroenterology	Valley Hospitalist Medical Group/ VMC	Penfield, M.D.	Joshua	TBD	Practicematch 6/7/20	Phone interview pending
GI Hospitalist	Valley Hospitalist Medical Group	Eskandari, M.D.	Armen	08/20	Direct Referral	Site Visit: 6/5/20; Interested in a 3-4 month trial period. Start date pending credentialing.
Hospitalist	Central Valley Critical Care Medicine	Aung, M.D.	Khin	TBD	Vista Staffing - 2/15/20	Site visit pending dates
Hospitalist	Central Valley Critical Care Medicine	Ching, M.D.	Steven	TBD	Direct - 5/11/20	Currently under review
Hospitalist	Central Valley Critical Care Medicine	Elagnaf, M.D.	Mohamed	TBD	PracticeLink	Currently under review
Hospitalist	Central Valley Critical Care Medicine	Gazi, M.D.	Tawhid	TBD	PracticeMatch 4/28/20	Currently under review
Hospitalist	Central Valley Critical Care Medicine	Lee, M.D.	Wilson	TBD	Vista Staffing Solutions 3/9/20	Currently under review
Hospitalist	Central Valley Critical Care Medicine	Moers, D.O.	Diana	08/20	Direct - PracticeLink 3/24/2020	Offer extended
Hospitalist	Central Valley Critical Care Medicine	Patadia, M.D.	Sasha	08/20	Direct email	Currently under review
Hospitalist	Central Valley Critical Care Medicine	Portgual, M.D.	Lesley	TBD	Vista Staffing - 2/6/2020	Site visit pending dates
Hospitalist	Central Valley Critical Care Medicine	Rattan, M.D.	Bharat	TBD	PracticeLink 5/1/20	Offer pending
Hospitalist	Central Valley Critical Care Medicine	Rayale, M.D.	Mahad	TBD	Direct	Currently under review
Hospitalist	Central Valley Critical Care Medicine	Sherpa, M.D.	Meena	TBD	PracticeLink - 5/7/20	Currently under review
Hospitalist	Central Valley Critical Care Medicine	Diramerian, M.D.	Liza	08/20	Referral - Dr. Umer Hayyat	Site Visit: 12/17/19; Offer accepted



### Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Hospitalist	Central Valley Critical Care Medicine	Hayyat, M.D.	Umer	08/20	Practice Link	Site Visit: 8/14/19; Start Date: 9/15/20
Hospitalist	Valley Hospitalist Medical Group	Kalsi, M.D.	Ramneek	08/20	Direct - UCSF Fresno Residency Program	Offer accepted; Start date pending: August 2020
Hospitalist	Valley Hospitalist Medical Group	Kim, M.D.	Matthew	08/20	Direct - Current KDH Resident	Offer accepted: 8/12/20
Hospitalist	Valley Hospitalist Medical Group	Manalaysay, D.O.	April	08/20	Direct - UCSF Fresno Residency Program	Offer accepted; Start date pending: August 2020
Hospitalist	Valley Hospitalist Medical Group	Mann, M.D.	Jasneet	08/20	Direct - Current KDH Resident	Offer accepted; Start date: 8/4/20
Hospitalist	Central Valley Critical Care Medicine	Ramakuri, M.D.	Monica	08/20	Vista Staffing - 7/19/2020	Start date pending credentialing
Hospitalist	Central Valley Critical Care Medicine	Upton, M.D.	Tracy	07/20	Vista Staffing - 9/12/19	Site Visit: 10/17/19; Offer accepted; Start Date: 7/22/20
Hospitalist	Valley Hospitalist Medical Group	Zhao, D.O.	Lu	08/20	Direct - UCSF Fresno Residency Program	Offer accepted; Start date pending: August 2020
Intensivist	Central Valley Critical Care Medicine	Arab, M.D.	Talal	08/20	Vista Staffing - 1/18/20	Virtual Interview: 6/18/20
Intensivist (part-time)	Central Valley Critical Care Medicine	Athale, M.D.	Janhavi	TBD	PracticeLink - 4/10/20	Offer extended
Intensivist	Central Valley Critical Care Medicine	Hanna, M.D.	Sameh	08/20	Vista Staffing Solutions	Currently under review
Intensivist/Cardiac Anesthesia	Central Valley Critical Care Medicine	Huh, M.D.	Marc	TBD	Comp Health - 4/2/20	Pending f/up on Intensivist opportunity. Practicing as locums with Somnia as Cardiac Anesthesiologist for 12-weeks.
Intensivist	Central Valley Critical Care Medicine	Nishi, M.D.	Gregg	07/20	PracticeLink - 4/1/20	Currently under review

### Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Intensivist	Central Valley Critical Care Medicine	John, D.O.	Avinaj	08/21	Vista Staffing - 10/25/19	Site visit: 12/13/19; Offer accepted
Intensivist	Central Valley Critical Care Medicine	Rubinchkova, M.D.	Yelena	07/20	Fidelis Partners - 8/14/19	Site Visit: 10/21/19; offer accepted; Tentative Start Date: August 2020
Internal Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Malik, M.D.	Sara	08/21	Direct - Dr. Umer Hayyat's spouse	Site visit pending dates - Summer 2020
General Surgery - Hand	Visalia Medical Clinic (Kaweah Delta Medical Foundation)/Orthopaedic Associates, Inc.	Whitaker, M.D.	Garrison	TBD	MD Staffers 6/2/20	Site visit: 6/29/20
Pediatric Hospitalist	Valley Children's Hospital	Loomba, M.D.	Ashish	06/20	Valley Children's - 3/26/2020	Virtual Interview and Site Visit: 4/12/20; Offer accepted; Tentative start date: July 2020
Psychiatry	Precision Psychiatry	Dailey, D.O.	Mark	07/20	Precision Psychiatry - 6/10/2020	Offer accepted; Tentative Start Date: 7/2020
Psychiatry	Precision Psychiatry	Singh, M.D.	Jasbir	07/20	Precision Psychiatry - 6/10/2020	Offer accepted; Tentative Start Date: 8/2020
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Hamdi, M.D.	Anas	08/22	Direct - Referral	Site visit pending - Late 2020
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Patel, M.D.	Neil	TBD	Los Angeles Career MD Fair 5/7/20	Site visit pending dates - July 2020
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Talanki, M.D.	Varun	08/21	HealthCareers - 1/24/2020	Site visit pending dates



Policy Number: AP83	Date Created: 12/01/2001
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
<b>Protocol for Moves Within Kaweah Delta Health Care District</b>	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**POLICY:** This policy applies to District Kaweah Delta moves for individual staff or groups that involve the relocation of computer equipment, removal or relocation of office furniture, repainting, flooring repair or replacement, supplies, and other services necessary. Moves must be accomplished in an organized, cost effective and timely manner, while providing good customer service for District Kaweah Delta staff.

**PROCEDURE:**

1. A request to move an individual or a group from one office or work area to another must be forwarded to the Facilities Planning Director, with a completed 'Move Request Form' (form attached to this policy).
  - 1.1 The 'Move Request Form' identifies selected departments who must sign the form to acknowledge the request.
  - 1.2 The 'Move Request Form' identifies items of work necessary to complete the move satisfactorily.
2. The Facilities Planning Director must consult with the appropriate Executive Team member and the Facilities Maintenance Director for the approval or disapproval of the move request.
3. If approved, the approval will be e-mailed to the requesting department Director, and a copy to the EVS Manager, the Facilities Manager, the IT Services Delivery Manager, and the ISS Project Analyst. The request will be assigned an Approved Move Number. If disapproved, the requesting department Director will be notified.
4. Once approved, the requesting department will be responsible to submit maintenance work orders, ISS service requests, EVS service requests, and any other related services necessary for the move. Work orders and service requests must refer to the Approved Move Number.
5. To maintain an organized and efficient support delivery process, service departments responding to move-related work orders and service requests must verify that the move is approved.

*"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical*

circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."

## KAWEAH DELTA HEALTH CARE DISTRICT POLICY AP83 MOVE REQUEST FORM

Director Requesting : \_\_\_\_\_ Dept No. \_\_\_\_\_

Director Signature : \_\_\_\_\_ Date: \_\_\_\_\_

### **Details of Move**

How many staff is/are moving: \_\_\_\_\_

Name(s) of staff moving: \_\_\_\_\_

**Moving From:** Unit/Rm # \_\_\_\_\_ Floor \_\_\_\_\_ Building \_\_\_\_\_

**Moving To:** Unit/Rm # \_\_\_\_\_ Floor \_\_\_\_\_ Building \_\_\_\_\_

Briefly explain reason(s) for moving: \_\_\_\_\_

### **ISS SERVICES REQUIRED** (check box, which applies):

- Computer move
- Printer/copier/fax move
- Telephones and/or other IT hardware move
- New phone/data outlet(s), how many \_\_\_\_\_

### **Acknowledged by ISS Technical Services, signature required:**

ISS Director or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

### **MAINTENANCE SERVICES REQUIRED** (check box, which applies):

- New power outlet(s); how many: \_\_\_\_\_
- Furniture move (relocation or removal); describe furniture: \_\_\_\_\_
- Vinyl flooring /carpet; please check if \_\_\_\_\_ repair or \_\_\_\_\_ replacement
- Repainting
- Door keys; how many \_\_\_\_\_

### **Acknowledged by Facilities Maintenance, signature required:**

Maintenance Director or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

- EVS clean up required.

### **Acknowledged by EVS Department, signature required:**

EVS Director or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FORWARD THIS FORM, WITH REQUIRED SIGNATURES, TO THE FACILITIES  
PLANNING DIRECTOR FOR REVIEW AND APPROVAL. THANK YOU.**

Approved  Not Approved Date: \_\_\_\_\_ **APPROVED MOVE NUMBER** \_\_\_\_\_

approval



Policy Number: AP85	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
<b>Allocation of Resources</b>	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**POLICY:** Facilities, space (both interior and exterior) and capital planning is a dynamic process. These resources will be carefully allocated to insure that the mission, vision, and goals—pillars of the DistrictKaweah Delta are met in the best possible way.

**PROCEDURE:**

- I. The Facilities Planning Director is responsible for overseeing space planning, facility planning, and space allocation and works with the Board Finance / Property, Services & Acquisition Committee.
  - A) Space is allocated based upon the following ing prioritization:
    - Patient Care Needs
    - Support Services Needs
    - Administrative Needs
  - B) New space needs and the remodeling of space is reviewed as part of the annual budget process.
  - B)C) The change of use of an existing space or vacated space is reviewed for compliance with current codes and regulations.
  - CD) Department Directors and Managers recommend requirements for space and other resources pursuant to their job descriptions.
- II. The Vice President of DevelopmentChief Strategy Officer is responsible for overseeing property acquisition and works with the Board Finance / Property, & Services & Acquisition Committee.
- III. The Senior Vice President / Chief Financial Officer is responsible for overseeing capital and operational budget preparation and works with the Board Finance / Property, Services & Acquisition Committee.
  - A) Capital is allocated on the basis of:
    - Strategic Plan and annual goals
    - Maintenance and improvements in safety, quality, function and service.
  - B) An operational and a capital budget are prepared annually to incorporate the resource allocation input from medical staff and

hospital leadership and other interested parties and presented to the Board by June of each year.

- C) Department Directors and Managers recommend requirements for space and other resources pursuant to their job descriptions.

All Vice Presidents get input from appropriate [District Kaweah Delta](#) staff, the Joint Conference Committee, Medical Staff and other leaders and individuals affected by these resource planning efforts.

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Policy Number: AP108	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
<b>Patient Privacy Administrative and Compliance Requirements</b>	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**PURPOSE:** ~~To his policy outlines how~~ Kaweah Delta Health Care District's ("the District~~Kaweah Delta~~") ~~complies with the compliance with~~ administrative requirements of ~~Federal and State~~, Privacy regulations.

**POLICY:** ~~Kaweah Delta employees and its agents shall~~ The District will comply with all Federal and State ~~privacy r~~egulations with governing the protection and use of ~~regards to protecting patient privacy and using~~ patient information.

**DEFINITIONS:**

- I. "Hybrid Entity" means a single legal entity that is a covered entity whose business included both covered and non-covered functions.
- II. "Protected Health Information" (PHI) means health and demographic information created by Kaweah Delta ~~the District~~ and relating to the physical or mental health or the provision of care to an individual that identifies the individual. It includes oral, written or electronically maintained information.
- III. "Privacy notice" means a written document provided to each ~~District~~ Kaweah Delta patient before services are provided. The ~~n~~Notice outlines Kaweah Delta's legal duties governing the protection and use of PHI ~~the individual's rights and District's legal duties with respect to the privacy of their protected health information~~.
- IV. "Workforce" includes all ~~District~~ Kaweah Delta employees, independent contractors ~~providing ongoing service to District, Residents, Medical Students and Residents, and~~ students working with Kaweah Delta ~~District~~ patients in the course of their learning processes, temporary help and all volunteers of the Kaweah Delta~~District~~ Guild.

**PROCESS:** ~~The District~~ Kaweah Delta has established ~~has~~ the following structures and processes ~~in place~~ to protect patient privacy and administrate appropriate use of patient information:

- I. Entity designations:



- A. ~~The District Kaweah Delta~~ has two functions that are not healthcare components of our business. The Lifestyle Center and Quail Park are both designated as is a District department that is a non-covered functions.
- B. ~~The District is an owner of Quail Park, which is also designated as a non-covered function.~~

II. Personnel designations:

- A. The Kaweah Delta Chief Compliance Officer (CCO) is designated as the institutions of District is also the Privacy Officer, and is responsible to oversee the development and implementation of privacy policies and procedures as required by law. The CCO Compliance and Privacy Officer shall monitor compliance with the law and with District Kaweah Delta privacy policies and procedures.
- B. Designated contacts:
  - 1. ~~The District Compliance and Privacy Officer~~ The CCO is the designated contact person for receiving complaints about patient privacy. Privacy Complaints received by the Risk Management Department through the Complaint and Grievance Management process ~~(as outlined in AP.08 Patient Complaint & Grievance Management)~~ will be forwarded to the District Compliance Department and Privacy Officer for ~~the~~ investigation and resolution.
  - 2. The District CC Compliance Department is the designated contact persons for patients or family members who have questions about the ~~District's~~ Kaweah Delta Privacy Notice.

III. Training:

- A. Each member of ~~the District's~~ Kaweah Delta's workforce shall ~~shall~~ have a signed confidentiality statement on file in Human Resources. ~~Guild volunteers shall have a signed confidentiality statement on file with the Guild Director.~~ Medical Staff members shall have a signed confidentiality statement on file in the Medical Staff Office.
- B. Each new employee of ~~the District~~ Kaweah Delta shall receive education about patient privacy, including ~~the District Kaweah Delta~~ policies and procedures at New Hire Orientation.
- C. Each volunteer or student/intern will receive privacy training provided by the ~~supervising manager/director~~ of the area where the student will be working. Additionally, if they will be using fax transmission in the course of their assignments, they will review the fax transmission policy.
- D. When changes are made to privacy policies and procedures, all staff ~~whose work is~~ affected by the change shall be notified of the change and how their work is impacted.
- E. Training records shall be retained for a period of six (6) years.

## IV. Safeguards:

- A. ~~It is the responsibility of each member of the District workforce. Every member of the Kaweah Delta workforce shall~~ to prevent intentional and unintentional inappropriate use or disclosure of patients' PHI/protected health information.
- B. Each ~~e~~Department shall follow the safeguards established by Information Systems policies including Information Security Administration, Physical Access Control Procedure, Network Security, Data Integrity Controls and Logical Access Control. Department Directors shall implement additional department-specific policies as may be necessary to protect patient privacy in their own department.

## V. Complaints:

- A. Patients or their personal representatives have the right to submit a complaint or grievance to ~~the District~~ Kaweah Delta regarding ~~District~~ patient privacy policies or practices.
- B. Complaints shall be handled as any other patient complaint or grievance as outlined in AP.08 Complaint and Grievance Management Patient Complaint & Grievance Management. ~~The Director of Risk Management~~ Patient Experience shall notify the Compliance ~~Department and Privacy Officer~~ immediately upon receipt of a complaint related to privacy.

## VI. Monitoring:

- A. ~~The District~~ Kaweah Delta shall will establish proactive audit processes to monitor access to protected health information. Audit process may include, but are not limited, to:
1. Proactive audits of high-valued, widely publicized or VIP patients.
  2. Random audits of access by patient or user.
  - 2.3. Complaint driven audits
  - 3.4. Focused audits by stated criteria (e.g. co-worker, same last name, same address, unit-based, etc.)
- B. The Compliance Department will complete periodic random audits by ~~doing~~ conducting observations in key business and clinical areas. ~~of the District that use fax machines to release patient information~~ patient information. ~~Documentation and~~ The results will be documented ~~logged a~~ and maintained in the Compliance Department and reported to the Compliance and Audit Committee as appropriate. Feedback of deficiencies will be communicated to ~~m~~ Management for corrective actions.

## VII. Sanctions:

- A. ~~All members of the Kaweah Delta workforce shall~~ ~~It is the responsibility of each member of the District workforce to~~ comply with all District privacy policies and procedures.
- B. Appropriate sanctions, in accordance with Human Resources policies HR.216 ~~Progressive Discipline~~ Progressive Discipline and HR.217 ~~Involuntary Termination~~ Involuntary Termination shall be applied against members of ~~the District~~ Kaweah Delta workforce who fail to comply with all requirements of ~~District~~ privacy policies and procedures.
- C. Documentation of sanctions applied against employees or independent contractors shall be kept on file in Human Resources. Documentation of sanctions applied against Guild volunteers shall be maintained by the Guild Director.
- D. Documentation of ~~sanctions~~ applied to non-~~District~~ Kaweah Delta employees shall be kept on file in the Compliance Department.

VIII. Mitigation:

- A. Any actual or suspected use or disclosure of PHI in violation of ~~District Kaweah Delta~~ policies and procedures shall be reported immediately to the ~~District's~~ Compliance Department.
- B. The Compliance Department shall investigate the incident in accordance with CP.05 ~~Compliance Issue Investigation and Resolution~~ Compliance and Privacy Issues Investigation and Resolution. ~~As necessary, Once investigation has been completed Compliance will convene the Privacy Breach Task Force to review findings to determine if State and Federal reporting responsibilities exist.~~
- C. The Compliance Department, asif required by Federal and State law, will notify the patient and Federal and State agencies, ~~should the breach warrant such notification.~~

IX. Refraining from intimidating or retaliatory acts:

~~A. The District Kaweah Delta and/or members of its workforce~~ shall not intimidate, threaten, coerce, discriminate or take other retaliatory action against any individual for exercising any right to privacy as required by law. Examples include, but are not limited to:

~~B.A. The District shall not intimidate, threaten, coerce, discriminate or take other retaliatory action against any individual or other person for:~~

1. ~~Exercising any right to privacy as permitted by law;~~
2. Filing a complaint with the Secretary of the Department of Health and Human Services (“the Secretary”);
3. Testifying, assisting or participating in an investigation, compliance review, proceeding or hearing;
4. Opposing any act or practice made unlawful by privacy regulations as long as the manner of opposition is reasonable

and does not involve a disclosure of protected health information.

X. Waiver of rights:

- A. ~~The District~~Kaweah Delta, nor any member of its workforce, shall require any individual to waive their rights to privacy as a condition for the provision of treatment.
- B. Any actual or suspected incident of any member of ~~the District~~Kaweah Delta workforce asking any individual to waive their rights to privacy shall be reported immediately to the ~~District's~~ Compliance Department.

XI. Policies and Procedures:

- A. ~~The District~~Kaweah Delta shall implement, maintain and modify (as necessary) policies and procedures which are designed to comply with Federal and State privacy laws.
- B. When ~~ever there is a change in~~ the law that necessitates a change to policies and procedures, the ~~CCO~~Compliance and Privacy Officer shall ensure that changes are made promptly ~~made~~, documented and immediately implemented.
- C. Any changes in ~~District~~Kaweah Delta privacy practices shall be reflected in the ~~District~~ policies and procedures and/or Privacy Notice.
  - 1. Changes made to ~~District~~Kaweah Delta privacy policies and procedures shall be documented according to Section XII below.
  - 2. ~~The District~~Kaweah Delta Privacy Notice shall reserve the right to change privacy practices. ~~The District~~Kaweah Delta shall revise its Privacy Notice to reflect the change in privacy practices prior to implementing any changes to policies and procedures.
- D. ~~The District~~Kaweah Delta may change policies and procedures if the changes do not materially affect the content of its Privacy Notice. Such changes shall comply with all Federal and State privacy laws and shall be documented according to AP.38 ~~District~~Kaweah Delta Policy Manuals [Policy Manuals](#) .

XII. Documentation:

- A. ~~The District~~Kaweah Delta shall maintain documentation in written or electronic form of:
  - 1. All privacy policies and procedures;
  - 2. All communication required by privacy rules and regulations;
  - 3. All actions and activities taken or designations made to comply with privacy rules and regulations.

- B. Policies and procedures shall be retained for a period of six (6) years from the date of its creation or the date when it was last in effect. Old policies shall be archived in Risk Management per AP.38—~~District Kaweah Delta~~ Policy Manuals [Policy Manuals](#) .

XIII. Compliance:

- A. ~~The District Kaweah Delta~~ shall keep records and submit compliance reports as ~~may be~~ required by the Secretary.
- B. ~~The District Kaweah Delta~~ shall cooperate with the Secretary, if the Secretary undertakes an investigation of a complaint or a compliance review of ~~District~~ policies, procedures or practices.

~~The District Kaweah Delta~~ shall permit the Secretary, during normal business hours, to access its facilities, books, records, accounts and other information pertinent to ascertaining compliance with applicable requirements and standards.

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Policy Number: AP120	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Executive Team A	
<b>Insufficient Fund Checks (Returned Checks)</b>	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**POLICY:** Kaweah Delta Health Care District ([Kaweah Delta](#)) will account for all returned unpaid items in a standard manner and in accordance with California Civil Code (CCC) Section 1719 Part 3 – Obligations Imposed by Law.

**PROCEDURE:**

- I. All items returned unpaid by ~~the District~~ [Kaweah Delta](#)'s bank will initially be processed by a designated Finance staff member.
- II. Returned unpaid items will be classified as:
  - A. ~~Insufficient Funds 1<sup>st</sup> time (NSF 1) – Checks returned unpaid for the first time are automatically re-deposited by the bank. These checks are not returned to the District. due to non-sufficient funds in customer's bank account. Checks unpaid for the first time are automatically re-deposited by the bank. These checks are not returned to the District.~~
  - B. ~~Insufficient Funds 2<sup>nd</sup> time (NSF 2) – Checks processed by the bank for a second time and returned unpaid for a second time. After the second failed attempt to process the bank will physically return these checks to the District for resolution and handling.~~
  - ~~C.~~ B. Unable to Locate (UTL) – Checks returned unpaid because the bank cannot locate the account ~~of the drawer of the check.~~
  - ~~D.~~ C. Stale Dated (SD) – Checks returned unpaid because the check date is past the time allowed ~~to cash it against the drawer's account.~~
  - ~~E.~~ D. Closed – Checks returned unpaid because the ~~drawer~~ account is closed.
  - ~~F.~~ E. Stopped – Checks returned unpaid because ~~the drawer has placed a "Stop Payment" order on the check~~ has been placed.
  - ~~G.~~ F. Refer to Maker (RTM) – Checks returned unpaid for various reasons, i.e. check was made out to another party, drawer account is in bankruptcy proceedings, etc.
- III. All departments that receive cash payments, both patient and non-patient related must have a policy and procedure in place to properly account for all returned items.
- IV. All returned items will be assessed a minimum service charge of twenty-five dollars (\$25) plus additional costs pursuant to CCC 1719.3.

- V. Pursuant to CCC 1719.3, a notice must be placed in a conspicuous location indicating the service charge to be assessed for NSF checks.

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approval





Policy Number: AP142	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
<b>Traffic and Parking Regulations</b>	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**PURPOSE:** Traffic and parking regulations are developed by the Kaweah Delta Health Care District (Kaweah Delta), approved by the Board of Trustees and published in the appropriate publications. The Traffic and Parking regulations are needed to provide safe vehicular movement, and to provide as many parking spaces as possible to Patients, Visitors and family members.

**POLICY:** The Board of Trustees authorizes the Kaweah Delta ~~Health Care District~~ Security Officers to enforce parking regulations on Kaweah Delta ~~Health Care District~~ property. Citations may be issued for violating the following regulations, codes or ordinances:

Parking regulations established by the Board of Trustees of Kaweah Delta ~~Health Care District~~.

California Vehicle Code, Section 21113.

Ordinances of the County of Tulare and the City of Visalia.

**POSTED SIGNS:** Signs shall be posted at every ingress and egress of Kaweah Delta ~~Health Care District~~ parking facilities, advising users of the enforcement of parking regulations. These signs will be at a minimum 17 inches, by 22 inches, with lettering not less than 1 inch. These signs shall be black and white in color.

**FINES:** The fines for any violations of Sections 1, 2, & 3 above, shall be the same as set forth by the City of Visalia Police Department.

**PROCEDURE:**

**California Vehicle Code Authority:** It shall be an infraction for any person to do any act forbidden or fail to perform any act required in these articles (Calif. Vehicle Code, Section 21113):

I. Section 101: EFFECTIVE DAYS AND HOURS OF ENFORCEMENT

All parking regulations shall apply throughout the year on all Kaweah Delta ~~Health Care District~~ campuses.

All other regulations set forth in the Traffic and Parking Regulations will apply throughout the year.

Violations of the California Vehicle Code, not included in the Traffic and Parking Regulations, will be enforced at all times throughout the year.



II. Section 102: SPEED LIMIT

Where not otherwise posted, the maximum speed limit for any vehicle on Kaweah Delta ~~Health Care District~~ property shall be a maximum 10 mph.

III. Section 103 UNAUTHORIZED VISITORS PARKING

Vehicles parked in the visitors parking area is limited to family members and friends of patients who are being treated at ~~KDHCD~~Kaweah Delta. Employees of ~~KDHCD~~Kaweah Delta who are on duty are prohibited from parking in the visitor parking area.

IV. Section 104 LOADING ZONE PARKING (20 MINUTES)

Vehicles may be parked in Loading Zones only for the purpose of loading and unloading and only for as long as is necessary for that purpose. In no case may a vehicle remain in a Loading Zone in excess of 20 minutes.

V. Section 105 VISITOR PARKING (GREEN CURB) ZONES

No vehicle may park in Visitor Parking Zones in excess of 20 minutes.

VI. Section 106 NO PARKING/STOPPING (RED CURB) ZONES

No vehicle may be parked or stopped in a no-parking (red curb) zone.

VII. Section 107 DRIVING AND PARKING WITH TRAFFIC FLOW

In all Kaweah Delta ~~Health Care District~~ parking areas, all motor vehicle shall be driven and parked in the same direction as the designated traffic flow as indicated by the direction of the parking spaces and/or by posted signs or markings.

VIII. Section 108 PARKING WITHIN ALLOTTED SPACES

Motor vehicles shall not be parked in Kaweah Delta ~~Health Care District~~ parking spaces in such a way as to protrude from spaces to the extent that traffic flow is impeded or other motorists cannot effectively utilize adjacent spaces.

IX. Section 109 AREAS AUTHORIZED FOR MOTOR VEHICLE OPERATION

No motor vehicles shall be driven or parked on sidewalks, lawns, landscaped areas or other areas not designated for motor vehicle traffic or parking. This restriction shall not apply to emergency and maintenance vehicles while the driver is performing necessary duties.

X. Section 110 ABANDONED VEHICLES

Non-District owned vehicles left on Kaweah Delta ~~Health Care District~~ property without prior authorization of the Board of Trustees or their designee in excess of 72 hours may be towed away at the registered owner's expense. (Ref: CVC 22651 k/Visalia City Ordinance 10.16.050)

XI. Section 111 TRAFFIC BLOCKAGE / HAZARDOUS CONDITION

Vehicles parked or stopped in such a manner and location as to create a traffic blockage or endangerment to the community may be towed away at the registered owner's expense. (Ref: CVC 22651 b)

**XII. Section 112 PERSISTENT VIOLATORS – VEHICLES TOWED**

Persistent violators of Kaweah Delta ~~Health Care District~~'s Traffic and Parking Regulations may, at the discretion of the Board of Trustees or their designee, may be permanently denied authorization to drive or park on ~~District Kaweah Delta~~ property. Any vehicle parked on ~~District Kaweah Delta~~ property found to have five or more un-cleared citations, may be impounded at the owner's expense. Such vehicles will be released to the owner upon written proof the outstanding citations have been cleared.

**XIII. Section 113 SLEEPING IN VEHICLES**

No person shall sleep in any vehicle parked on Kaweah Delta ~~Health Care District~~ property between the hours of 10 p.m. and 8 a.m. unless authorized by Board of Trustees or their designees.

**XIV. Section 114 PEDESTRIAN RIGHT-OF-WAY**

Pedestrians on Kaweah Delta ~~Health Care District~~ property shall have right-of-way over all vehicles, including bicycles, motor driven cycles, motorcycles, carts and all other mechanical methods of conveyance.

**XV. Section 115 PROHIBITED METHODS OF CONVEYANCE**

No person shall go upon any roadway, path, interior service road, sidewalk, landscaped area, lawn or other paved or hard surfaced area on Kaweah Delta ~~Health Care District~~ property while operating a bicycle, coaster, roller or blade skates, skateboard, toy vehicle or other similar device. Security Officers while on duty utilizing a bicycle shall be exempt from this section.

**XVI. Section 116 LOUD MUSIC OR NOISE**

No person shall operate a vehicle on Kaweah Delta ~~Health Care District~~ property while projecting amplified music or other noise that is so loud as to disturb others.

**XVII. Section 117 DISABLED PARKING**

Only those vehicles bearing State of California disabled placards may park in spaces designated for disabled parking.

**XVIII. Section 118 NO LITTERING**

No pedestrian or driver or occupant of a vehicle shall throw or deposit upon any portion of Kaweah Delta ~~Health Care District~~ property any bottle, can garbage, glass, nail, paper, wire or any substance likely to injure or damage vehicles or pedestrians. Prohibited substances also include any noisome, nauseous, or offensive matter of any kind.

**XIX. Section 119 NO UNAUTHORIZED POSTING/DISTRIBUTION OF HANDBILLS**

No person, without authorization from the Board of Trustees or their designee, shall post handbills upon vehicles, buildings, or other stationary objects on Kaweah Delta ~~Health Care District~~ property.

**XX. Section 120 NO POSTING VEHICLES FOR SALE**

No vehicles shall be parked over (12) twelve hours, while posted for sale, on Kaweah Delta ~~Health Care District~~ property.

XXI. Section 121 NO BLOCKING TRAFFIC FLOW

No vehicle shall block normal traffic flow as per California Vehicle Code Section 22500 (b) crosswalk, (e) driveway, (f) sidewalk, (h) double parked, (i) bus stop, or (l) wheelchair ramp.

XXII. Section 122 PERMIT PARKING

When signs authorized by this policy are in place giving notice thereof, no person shall operate, park or stand any vehicle contrary to the directions and provisions of such signs.

REF: California Vehicle Code: Section 21113(a)

*"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."*



Policy Number: AP143	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
<b>Parking Citation Appeal</b>	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

**PURPOSE:** To define the process for persons wishing to appeal Parking Citations issued by Kaweah Delta Health Care District Security Officers.

**POLICY:** Disposition of parking citation appeals is conducted pursuant to California Vehicle Code 40215.

**PROCEDURE:** Appeals may be pursued sequentially at three different levels.

**Administrative Review - First Level:** Administrative Reviews- First Level are conducted by ~~the~~ Security Services Management~~r~~ who will review written / documentary data. These requests are informal statements outlining why the citation should be dismissed, including copies of the documentation relating to the citation. The request for dismissal must be made in ~~person, by mail or telephone~~ writing via the Citation Contest Form (see Addendum A). The form (paper copy) can be picked up from the Hospital Security Department office in the Acequia Lobby and/or downloaded from the Parking Citation Service Center web site: <https://www.paymycite.com/kdhcd>. The completed form can be turned in to the security management office (Tel. 559-624-5591) or mailed to: Security Services Manager, Kaweah Delta Health Care District, 400 W. Mineral King, Visalia, Ca. 93291, Telephone (559) 624-5591. If the citation is upheld at this level a letter will be mailed to the person who requested the Administrative Review. The letter will explain the process to request an Administrative Hearing.

**Administrative Hearing - Second Level:** If the appellant wishes to pursue the matter beyond Administrative Review- First Level, an Administrative Hearing- Second Level may be conducted in person or by written application, at the election of the appellant. A hospital Vice President (or Designee) and Director of Facilities will perform an independent referee will review of the administrative file, amendments, and/or testimonial material provided by the appellant and may conduct further investigation or follow-up on their own. If the appellant is unsuccessful in having the citation dismissed at the Administrative Hearing- Second Level the appellant may appeal the citation to the Tulare County Superior Court. The Administrative Hearing Examiner will provide information explaining this process to the appellant.

**Superior Court Review -Third Level:** If the appellant wishes to pursue the matter beyond an Administrative Hearing- Second Level, a Superior Court Review may be presented in person by the appellant after an application for review and designated filing fees have been paid to the appropriate Court.

**Time Requirements:**

Administrative review or appearance before a hearing examiner will not be provided if the ~~violator~~appellant does not adhere to the mandated time limits.

- I. Requests for an Level One- Administrative Review must be postmarked within 21 days of issuance of the citation, or within 10 days of the mailing of the Notice of Delinquent Parking Violation.
- II. Requests for a Level Two- Administrative Hearings must be postmarked within 15 days of the notification mailing of the results of the Administrative Review (Level One).
- III. Requests for a Level Three- Superior Court Review~~appeal to the Court~~ must be made within 20 days of the mailing of the Administrative Hearing results.
- IV. Registered owners of leased or rented vehicles may transfer responsibility for the violation to the lessee or renter of the vehicle at the time of the violation if the name, address, and driver's license number of the lessee / renter is provided to the processing agency within 30 days of the mail date of the delinquent notice.

**Costs:**

- I. There is no cost for ~~an the~~ Administrative Review or Administrative Hearing.
- II. Appellants must pay the full amount due for the citation, or provide satisfactory proof of their inability to pay, before receiving an Administrative review.
- III. An appeal through Court requires prior payment of the filing costs including applicable court charges and fees. These costs will be reimbursed to the appellant in addition to any previously paid fines if appellant's liability is overruled by the Superior Court.

**ADDENDUM:**

A. Administrative Review: Citation Contest Form

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Policy Number: AP160	Date Created: 12/19/2013
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
<b>Mobile Device (cellular phone, smartphone, tablet, laptop) and Mobile Voice &amp; Data Services</b>	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**POLICY:** When an individual’s job duties require the use of a mobile device including a cellular phone, smartphone, tablet or laptop to conduct Kaweah Delta Health Care District (Kaweah Delta) business, the following procedure shall apply.

**PROCEDURE:**

I. Only those individuals with a justifiable need, as determined by the department Director~~Only those individuals with a justifiable need, as determined by the department Director~~, shall use District-Kaweah Delta issued or personal mobile devices (phone, smartphone, tablet, laptop) and mobile voice & data services (text, data) for the purpose of conducting district Kaweah Delta business.

~~II. Whenever possible, mobile devices needed for conducting District business shall be obtained through the District purchasing process (if minor capital, the device will be purchased through the ISS Technical Services departmental operating budget, if a capital item, the purchase will be purchased through the ISS capital budget).~~

~~III. With department Director approval, an individual may purchase a mobile device with an individual’s own funds and connect to District resources by following existing District standards for devices, connectivity, and security (contact ISS Helpdesk for latest supported configurations).~~

~~IV. II. Only those individuals with a justifiable need which includes the use of their own personal mobile device(s) and service(s) away from District-Kaweah Delta work area(s) to conduct District-Kaweah Delta business, as determined by the department Director, shall be reimbursed for the data and/or voice plan(s) at the District approved maximum reimbursement rates. Reimbursements will be submitted using policy AP.19receive a monthly stipend for use of their personal phone.~~

~~The monthly service plan(s) shall be reimbursed at following District approved maximum reimbursement rates based up justified need of each service:~~

~~A. Text \$ 10.00~~

<u>B. Mobile Data \$ 30.00</u>	
<u>C. Voice \$ 30.00</u>	
<u>D. Home (remote) Internet \$ 35.00</u>	
A. Text	\$ 10.00
B. Mobile Data	\$ 30.00
C. Voice	\$ 30.00
D. Home (remote) Internet	\$ 35.00

- ~~V-III. Limited exceptions will apply to provide Kaweah Delta-owned mobile devices. The individuals using District Kaweah Delta-owned mobile devices agrees to sign and abide by an “*Acknowledgment of Receipt of and Responsibility for District-Owned Equipment Equipment Use and Security Agreement*” at the time they are issued a mobile device. ~~which This~~ will be recorded by the Service Center (formerly PBX/Telecommunications) department. ~~ISS and is subject to change.~~~~
- ~~IV. Mobile Cellular phones (hardware and service) shall not be used while driving unless hands free capability is utilized, if the individual does not have a hands free capability, they need to pull safely to the side of the road to place a call. This policy is in adherence with SB 1613 which prohibits the use of cellular phones while operating a vehicle unless hands free capability is utilized. ~~are not provided for individual use by Kaweah Delta unless deemed appropriate by the Director of ISS Technical Services. ISS will maintain ownership and operations of such devices.~~~~
- ~~V. Mobile devices are to be requested by Kaweah Delta leaders in HROline system. The system access request “Laptop TAB” should be used.~~
- ~~VI. Mobile phone shall not be used while driving unless hands free capacity is utilized, and if the individual does not have a hands free capability, they need to pull safely to the side of the road to place a call. This policy is in adherence with SB 1613 which prohibits the use of cellular phones while operating a vehicle unless hand free capability is utilized.~~

*~~“These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document.”~~*

*~~“Responsibility for the review and revision of this Policy is assigned to the Vice President Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Delta will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Delta Policies and Procedures.”~~*





Policy Number: AP176	Date Created: 03/20/2017
Document Owner: Jennifer Stockton	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
<b>DEBT POLICY</b>	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**PURPOSE:** The Debt Policy has been developed to provide guidance in the issuance and management of debt by ~~the District~~Kaweah Delta Health Care District (Kaweah Delta) or its related entities and is intended to comply with Section 8855(i) of the California Government Code effective on January 1, 2017. The Code requires that the local debt policy shall include: the purposes for which debt proceeds may be used; the types of debt that may be issued; the relationship of the debt to, and integration with, the issuer’s capital improvement program or budget, if applicable; policy goals related to the issuer’s planning, goals and objectives; and the internal control procedures that the issuer has implemented, or will implement, to ensure that the proceeds of any proposed debt issuance will be directed to the intended use.

**DEBT POLICY OBJECTIVES:**

This Debt Policy shall govern the issuance and management of all ~~District~~Kaweah Delta’s debt. The policy provides a framework for debt management and capital planning by the ~~District~~Kaweah Delta. The primary objectives of ~~the District~~Kaweah Delta’s debt and financing activities are to:

- a. Maintain ~~the District~~Kaweah Delta’s sound financial position.
- b. Preserve future financial flexibility and ensure that debt capacity and affordability are adequately considered.
- c. Protect ~~the District’s~~Kaweah Delta’s credit-worthiness, including maintaining the highest possible credit rating and good investor relations.
- d. Achieve the lowest cost of borrowing while identifying mitigation factors for any additional risk to ~~the District~~Kaweah Delta, and to minimize ~~the District~~Kaweah Delta’s interest and issuance costs.
- e. Ensure that all debt is structured in order to protect the interests of ~~the District~~Kaweah Delta and those it serves.
- f. Ensure that ~~the District~~Kaweah Delta’s debt management is consistent with ~~the District~~Kaweah Delta’s planning goals and objectives and capital improvement program or budget, as applicable.
- g. Support strong financial management and internal control policies and practices, and to provide complete financial disclosure and reporting.



**POLICY:****A. Purposes For Which Debt May Be Issued**

In General, ~~the District~~Kaweah Delta will consider the use of debt financing primarily for capital improvement projects when the project's useful life will equal or exceed the term of the financing and when resources are identified sufficient to fund the debt service requirements. An exception to this capital driven focus is the issuance of short-term instruments such as bank lines of credit, which are to be used for prudent cash management purposes, as described below.

- (i) Long-Term Debt. Long-term debt may be issued to finance or refinance the construction, acquisition, and rehabilitation of capital improvements and facilities, equipment and land to be owned and/or operated by ~~the District~~Kaweah Delta.
  - a) Long-term debt financings are appropriate when the following conditions exist:
    - i. The project to be financed is necessary to provide Board approved services.
    - ii. The project to be financed will provide benefit to ~~the District~~Kaweah Delta and those it serves over multiple years.
    - iii. The contemplated debt issuance proposed supports the debt policy objectives.
    - iv. The debt is used to refinance outstanding debt in order to produce debt service savings or to realize the benefits of a debt restructuring.
  - b) Long-term debt financings will not generally be considered appropriate for current operating expenses and routine maintenance expenses.
  - c) ~~The District~~Kaweah Delta may use long-term debt financings subject to the following conditions:
    - i. The project to be financed has been or will be approved by the Board.
    - ii. The weighted average maturity of the debt (or the portion of the debt allocated to the project) will not exceed the average useful life of the project to be financed by more than 20%, unless specific conditions exist that would mitigate the extension of time to repay the debt and it would not cause ~~the District~~Kaweah Delta to violate any covenants to maintain the tax-exempt status of such debt, if applicable.
    - iii. ~~The District~~Kaweah Delta estimates that sufficient income or revenues will be available to service the debt through its maturity.
    - iv. ~~The District~~Kaweah Delta determines that the issuance of the debt will comply with the applicable requirements of state and federal law.
    - v. ~~The District~~Kaweah Delta considers the improvement/facility to be of vital, time-sensitive need of the community and other plausible alternative

financing sources have been considered.

- d) Periodic reviews of outstanding long-term debt will be undertaken to identify refunding opportunities. Refundings will be considered (within federal tax law constraints, if applicable) if and when there is an economically viable net economic benefit of the refunding (see below). Refundings which are non-economic may be undertaken to achieve ~~District Kaweah Delta's~~ objectives relating to changes in covenants, call provisions, operational flexibility, tax status of the issuer, or the debt service profile.

In general, refundings which produce a net present value savings of at least 4% of the principal amount of refunded debt will be considered economically viable. Refundings which produce a net present value savings of less than 4% or negative savings will be considered on a case-by-case basis.

- (ii) Short-term debt. ~~The District Kaweah Delta~~ may use a line of credit or similar short-term product as a source of temporary funding of operational cash flow deficits, or to provide interim financing for capital projects in anticipation of the issuance of long-term debt and/or other sources of funding. Short-term debt may also be used to finance short-lived capital projects (for example, lease-purchase financing for equipment). Short-term obligations shall consist of obligations with a final maturity of less than seven years.

## B. Types of Debt

In order to maximize the financial options available to benefit the public, it is the policy of ~~the District Kaweah Delta~~ to allow for the consideration of issuing all generally accepted types of debt, including, but not limited to the following:

- (i) General Obligation (GO) Bonds: General Obligation Bonds are suitable for use in the purchase of real property and in the construction or acquisition of improvements to real property that benefit the public at large, such as new hospital facilities. All GO bonds shall be authorized by the requisite number of voters in order to pass.
- (ii) Revenue Bonds: Revenue Bonds are limited-liability obligations tied to a specific enterprise or special fund revenue stream where the projects financed clearly benefit or relate to the enterprise or are otherwise permissible uses of the special revenue. ~~The District Kaweah Delta~~ repays its Revenue Bonds with all revenues and income generated by ~~the District Kaweah Delta~~.
- (iii) Lease Financing: Lease obligations are a routine and appropriate means of financing capital equipment and sometimes facility improvements, and are a commonly used form of debt that allows a public entity to finance projects where the debt service is secured via a lease agreement or installment sale agreement. Tax-exempt lease financing structures should be considered when applicable.
- (iv) Direct Line of Credit: Structured as a short-term agreement with a financial institution providing the line of credit.

~~The District Kaweah Delta~~ may from time to time find that other forms of debt would be beneficial to further its public purposes and may approve such debt without an amendment of this Debt Policy.

To maintain a predictable debt service burden, ~~the DistrictKaweah Delta~~ will give preference to debt that carries a fixed interest rate. An alternative to the use of fixed rate debt is variable rate debt. ~~The DistrictKaweah Delta~~ may choose to issue securities that pay a rate of interest that varies according to a pre-determined formula or results from a periodic remarketing of securities. When making the determination to issue bonds in a variable rate mode, consideration will be given in regards to the useful life of the project or facility being financed or the term of the project requiring the funding, market conditions, credit risk and third party risk analysis, and the overall debt portfolio structure when issuing variable rate debt for any purpose. The maximum amount of variable-rate debt should be limited to no more than 20 percent of the total debt portfolio.

~~The DistrictKaweah Delta~~ will limit the use of derivatives, such as interest rate swaps, in its debt program. A derivative product is a financial instrument which derives its own value from the value of another instrument, usually an underlying asset such as a stock, bond, or an underlying reference such as an interest rate. Derivatives are commonly used as hedging devices in managing interest rate risk and thereby reducing borrowing costs. However, these products bear certain risks not associated with standard debt instruments.

### **C. Relationship of Debt to Capital Improvement Program and Budget**

~~The DistrictKaweah Delta~~ intends to issue debt for the purposes stated in this Debt Policy and to implement policy decisions incorporated in ~~the DistrictKaweah Delta's~~ capital budget and its capital spending plan.

~~The DistrictKaweah Delta~~ shall strive to fund the upkeep and maintenance of its infrastructure and facilities due to normal wear and tear through the expenditure of available operating revenues. ~~The DistrictKaweah Delta~~ shall seek to avoid the use of debt to fund infrastructure and facilities improvements that are the result of normal wear and tear, unless a specific revenue source has been identified for this purpose.

~~The DistrictKaweah Delta~~ shall integrate its debt issuances with the goals of its capital improvement program by timing the issuance of debt to ensure that projects are available when needed in furtherance of ~~the DistrictKaweah Delta's~~ public purposes.

~~The DistrictKaweah Delta~~ shall seek to issue debt in a timely manner to avoid having to make unplanned expenditures for capital improvements or equipment from its operating funds.

### **D. Policy Goals Related to Planning Goals and Objectives**

~~The DistrictKaweah Delta~~ is committed to financial planning, maintaining appropriate reserve levels and employing prudent practices in governance, management and budget administration. ~~The DistrictKaweah Delta~~ intends to issue debt for the purposes stated in this Debt Policy and to implement policy decisions incorporated in ~~the DistrictKaweah Delta's~~ annual operating budget.

It is a policy goal of ~~the DistrictKaweah Delta~~ to utilize conservative financing methods and techniques so as to obtain the highest practical credit ratings (if applicable) and the lowest practical borrowing costs.

~~The DistrictKaweah Delta~~ will comply with applicable state and federal law as it pertains to the maximum term of debt and the procedures for levying and imposing any related

taxes, assessments, rates and charges.

Except as described in Section A(i)(d) above, when refinancing debt, it shall be the policy goal of ~~the DistrictKaweah Delta~~ to realize, whenever possible, and subject to any overriding non-financial policy considerations a minimum net present value debt service savings equal to or greater than 4% of the principal amount of refunded debt.

#### **E. Internal Control Procedures**

When issuing debt, in addition to complying with the terms of this Debt Policy, ~~the DistrictKaweah Delta~~ shall comply with any other applicable policies regarding initial bond disclosure, continuing disclosure, post-issuance compliance, and investment of bond proceeds.

~~The DistrictKaweah Delta~~ will periodically review the requirements of and will remain in compliance with the following:

- (i) any existing covenants imposed in connection with ~~the DistrictKaweah Delta~~'s presently outstanding debt,
- (ii) any continuing disclosure undertakings under SEC Rule 15c2-12,
- (iii) any federal tax compliance requirements, including without limitation arbitrage and rebate compliance, related to any prior bond issues, and
- (iv) ~~the DistrictKaweah Delta~~'s investment policies as they relate to the investment of bond proceeds.

Whenever reasonably possible, proceeds of debt will be held by a third-party trustee and ~~the DistrictKaweah Delta~~ will submit written requisitions for such proceeds. ~~The DistrictKaweah Delta~~ will submit a requisition only after obtaining the authorized signature as outlined in the documents governing the debt issuance.

#### **Waivers of Debt Policy**

There may be circumstances from time to time when strict adherence to a provision of this Debt Policy is not possible or in the best interests of ~~the DistrictKaweah Delta~~ and the failure of a debt financing to comply with one or more provisions of this Debt Policy shall in no way affect the validity of any debt issued by ~~the DistrictKaweah Delta~~ in accordance with applicable laws.

#### **PROCEDURES:**

##### **I. Post-Issuance Compliance Procedures:**

The purpose of these Post-Issuance Compliance Procedures is to maximize the likelihood that post-issuance requirements of federal income tax law and continuing disclosure regulations applicable to the various issues of bonds, certificates, leases or other tax-exempt obligations (the "Bonds") are met.

##### **A. External Advisors / Documentation**

~~The DistrictKaweah Delta~~ shall consult with bond counsel and other legal counsel and advisors, as needed, throughout the Bond issuance process to

identify requirements and to establish procedures necessary and appropriate so that the Bonds will continue to qualify for tax-exempt status. ~~The DistrictKaweah Delta~~ also shall consult with bond counsel and/or other legal counsel and advisors, as needed, following issuance of the Bonds to ensure that all applicable post-issuance requirements in fact are met. This shall include, without limitation, consultation in connection with any potential changes in the use of Bond-financed or refinanced assets.

~~The DistrictKaweah Delta~~ shall determine (or obtain expert advice to determine) whether arbitrage rebate calculations have to be made for the Bond issue. If it is determined that such calculations are, or are likely to be required, ~~the DistrictKaweah Delta~~ shall engage expert advisors (each a "Rebate Service Provider") to assist in the calculation of arbitrage rebate payable with respect to the investment of Bond proceeds. ~~The DistrictKaweah Delta~~ shall make any rebate payments required on a timely basis including the signing and filing of appropriate IRS forms (e.g., Form 8038-T). Unless otherwise provided by the indenture (or similar document) relating to the Bonds, unexpended Bond proceeds shall be held by a trustee or other financial institution, and the investment of Bond proceeds shall be managed by ~~the DistrictKaweah Delta~~. ~~The DistrictKaweah Delta~~ shall prepare (or cause the trustee or other financial institution to prepare) regular, periodic statements regarding the investments and transactions involving Bond proceeds.

#### **B. Arbitrage Rebate and Yield**

The Chief Financial Officer and/or Director of Finance of ~~the DistrictKaweah Delta~~ shall be responsible for overseeing compliance with arbitrage rebate requirements under federal tax law:

- 1) If, at the time of Bond issuance, based on ~~the DistrictKaweah Delta's~~ reasonable expectations, it appears likely that the Bond issue will qualify for an exemption from the rebate requirement, ~~the DistrictKaweah Delta~~ may defer taking any of the actions set forth in subsection (2) below. Not later than the time of completion of construction or acquisition of the capital projects financed with proceeds of the Bonds, and depletion of all funds from the project fund, ~~the DistrictKaweah Delta~~ shall make, determine, or cause its Rebate Service Provider to determine, whether any of the Bond proceeds qualified for a spending exception or other exception from the rebate requirements. If a rebate exception is determined to be applicable for all of the proceeds of the Bonds, ~~the DistrictKaweah Delta~~ shall prepare and keep in the permanent records of the Bond issue a memorandum evidencing this conclusion together with records of expenditure (or other records) to support such conclusion. If the transaction does not qualify for an exception to the rebate requirement, for all of the proceeds of the Bonds, ~~the DistrictKaweah Delta~~ shall initiate the steps set forth in subsection (2) below.
- 2) If, at the time of Bond issuance it appears likely that arbitrage rebate calculations will be required, or upon determination that calculations

are required pursuant to subsection (1) above, ~~the District~~Kaweah Delta shall:

- i. engage the services of a Rebate Service Provider and, prior to each rebate calculation date, cause the trustee or other financial institution investing Bond proceeds to deliver periodic statements concerning the investment of Bond proceeds to the Rebate Service Provider;
- ii. provide to the Rebate Service Provider additional documents and information reasonably requested by the Rebate Service Provider;
- iii. monitor the efforts of the Rebate Service Provider;
- iv. assure the payment of required rebate amounts, if any, no later than 60 days after each 5-year anniversary of the issue date of the Bonds, and no later than 60 days after the last Bond of each issue is redeemed;
- v. during the construction period of each capital project financed in whole or in part by Bonds, monitor the investment and expenditure of Bond proceeds and consult with the Rebate Service Provider to determine compliance with any applicable exceptions from the arbitrage rebate requirements, including during each 6-month spending period up to 6 months, 18 months or 24 months, as and if applicable, following the issue date of the Bonds;
- vi. retain copies of all arbitrage reports and trustee statements as described below under "Record Keeping Requirements" and, upon request, provide such copies to the trustee; and
- vii. establish procedures to ensure that investments that are acquired with Bond proceeds are so acquired at their fair market value.

**C. Use of Bond Proceeds and Bond Financed or Refinanced Assets**

The Chief Financial Officer and/or Director of Finance of ~~the District~~Kaweah Delta shall be responsible for monitoring the use of Bond proceeds and Bond financed assets:

- 1) monitoring the use of Bond proceeds (including investment earnings and including reimbursement of expenditures made before Bond issuance) and the use of Bond-financed or refinanced assets (e.g., facilities, furnishings or equipment) throughout the term of the Bonds to ensure compliance with covenants and restrictions set forth in the Tax Certificate relating to the Bonds;
- 2) maintaining records identifying the assets or portion of assets that are financed or refinanced with proceeds of each issue of Bonds (including investment earnings and including reimbursement of expenditures made before Bond issuance), including a final allocation of Bond proceeds as described below under Record Keeping Requirements;
- 3) consulting with bond counsel and other legal counsel and advisers in the review of any change in use, or potential change in use, of Bond-financed or refinanced assets to ensure compliance with all covenants and restrictions set forth in the Tax Certificate relating to the Bonds;



- 4) maintaining records for any contracts or arrangements involving the use of Bond-financed or refinanced assets as described below under Record Keeping Requirements; and conferring at least annually with personnel responsible for Bond-financed or refinanced assets to identify and discuss any existing or planned use of Bond-financed or refinanced assets and to ensure that those uses are consistent with all covenants and restrictions set forth in the Tax Certificate relating to the Bonds; and to the extent that ~~the District Kaweah Delta~~ discovers that any applicable tax restrictions regarding use of Bond proceeds and Bond-financed or refinanced assets will or may be violated, consulting promptly with bond counsel and other legal counsel and advisers to determine a course of action to remediate all nonqualified Bonds or take other remedial action, if such counsel advises that a remedial action is necessary. All relevant records and contracts shall be maintained as described below.

#### **D. Record Keeping Requirements**

The Chief Financial Officer and/or Director of Finance of ~~the District Kaweah Delta~~ shall be responsible for maintaining the following documents for the term of each issue of Bonds (including refunding Bonds, if any) plus at least three years:

- 1) a copy of the Bond closing transcript(s) and other relevant documentation delivered to ~~the District Kaweah Delta~~ at or in connection with closing of the Bonds;
- 2) a copy of all material documents relating to capital expenditures financed or refinanced by Bond proceeds, including (without limitation) construction contracts, purchase orders, invoices, trustee requisitions and payment records, as well as documents relating to costs reimbursed with Bond proceeds and records identifying the assets or portion of assets that are financed or refinanced with Bond proceeds, including a final allocation of Bond proceeds;
- 3) a copy of all contracts and arrangements involving the use of Bond-financed or refinanced assets; and
- 4) a copy of all records of investments, investment agreements, credit enhancement, arbitrage reports and underlying documents, including trustee statements, in connection with any investment agreements, and copies of all bidding documents, if any.

#### **E. Continuing Disclosure Compliance Requirements**

The Chief Financial Officer and/or Director of Finance of ~~the District Kaweah Delta~~ shall be responsible for maintaining the following Continuing Disclosure items for each issue of Bonds Outstanding that contain a Continuing Disclosure Agreement:

- 1) Annual Report (send to Dissemination Agent 15 business days prior to the December 27th due date)
  - i. Revenue Bonds: Audited financials, bed complement, total capitalization and net long-term debt as a percentage of total capitalization, debt service coverage ratio, days cash on hand, gross

- patient service revenues by payer type, medical staff information, and utilization.
- ii. General Obligation Bonds: as required by bank purchaser.
- 2) Quarterly Reports (Send to Dissemination Agent 5 business days prior to the due dates November 15, February 15, and May 15):
- i. Revenue Bonds: Unaudited quarterly balance sheet and unaudited quarterly statement of revenues and expenditures.
  - ii. General Obligation Bonds: as required by bank purchaser.
- 3) Reporting to Dissemination Agent any of the following listed events within 10 business days after the occurrence of an event:
- i. Reportable Events:
    - (a) Principal and interest payment delinquencies.
    - (b) Unscheduled draws on debt service reserves reflecting financial difficulties.
    - (c) Unscheduled draws on credit enhancements reflecting financial difficulties.
    - (d) Substitution of credit or liquidity providers, or their failure to perform.
    - (e) Defeasances.
    - (f) Rating changes.
    - (g) Tender offers.
    - (h) Bankruptcy, insolvency, receivership or similar event of the obligated person.
    - (i) Adverse tax opinions, the issuance by the Internal Revenue Service of proposed or final determinations of taxability, Notices of Proposed Issue (IRS Form 5701-TEB) or other material notices of determinations with respect to the tax status of the security, or other material events affecting the tax status of the security.
  - ii. Material Reportable Events:
    - (a) Non-payment related defaults.
    - (b) Modifications to rights of security holders.
    - (c) Bond calls.
    - (d) The release, substitution, or sale of property securing repayment of the securities.
    - (e) The consummation of a merger, consolidation, or acquisition involving an obligated person or the sale of all or substantially all of the assets of the obligated person, other than the ordinary course of business, the entry into a definitive agreement to undertake such an action or the termination of a definitive agreement relation to any such actions, other than pursuant to its terms.



- (f) Appointment of a successor or additional trustee, or the change of name of a trustee.
- 4) Maintain the following “best practices” for upholding the continuing disclosure responsibilities, including, in particular:
- i. Establish written policies and procedures to ensure that ~~the DistrictKaweah Delta~~ submits all documents, reports and notices required to be submitted to the Dissemination Agent or EMMA/MSRB in a timely manner. Review and update these policies and procedures annually, as needed.
  - ii. Review offering documents, including the Continuing Disclosure Agreement, confirm compliance with existing continuing disclosure obligations at the time of each new issue and promptly rectify any continuing disclosure lapses.
  - iii. Disclose in each official statement any instances during the prior five years of any failure to comply in all material respects with applicable continuing disclosure obligations.
  - iv. Implement annual training for personnel involved in the bond offering and disclosure process, including familiarity with the significant events described in the Continuing Disclosure Agreement and an understanding of ~~the DistrictKaweah Delta~~'s written policies and procedures governing disclosure practices, including continuing disclosure.
  - v. Identify an individual or individuals who will be responsible for reviewing and complying with ~~the DistrictKaweah Delta~~'s continuing disclosure obligations on a regular basis.
  - vi. Maintain a complete and accurate record of ~~the DistrictKaweah Delta~~'s continuing disclosure undertakings and filings, including electronic confirmation of continuing disclosure submissions.
  - vii. Confirm with EMMA that all continuing disclosure postings are complete and have been filed in a timely manner.
  - viii. Ensure that Dissemination Agent files its notice with EMMA if ~~the DistrictKaweah Delta~~ has been late in filing or missed filing any documents with EMMA.
  - ix. Develop a calendar reminder system to track annual filing deadlines and requirements.
  - x. Consult with counsel as needed to resolve potential issues and address any questions.

#### F. Education and Training

~~The DistrictKaweah Delta~~ will provide responsible staff with education and training on federal tax requirements for post-issuance compliance applicable to the Bonds. ~~The DistrictKaweah Delta~~ will enable and encourage responsible staff to attend and participate in educational and training programs offered by professional organizations and other entities with regard to monitoring compliance with federal tax requirements for the Bonds.

*"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."*

approval



Policy Number: HR.70	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Human Resources)	Date Approved: 05/31/2018
Approvers: Board of Directors (Administration), Dianne Cox (VP Human Resources)	
<b>Meal Periods, Rest Breaks and Breastfeeding <u>and/or Lactation Accommodation</u></b>	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**PURPOSE:**

It is important ~~that to the District Kaweah Delta~~ that employees receive their meal periods and breaks. ~~The District Kaweah Delta~~ will facilitate meal and rest periods by relieving employees of ~~all~~ duties for specified amounts of time. In addition, ~~the District Kaweah Delta~~ will provide rest and recovery periods related to heat illness for occupations that may be affected by same (i.e. ~~Engineering-Maintenance~~ employees who work outdoors). ~~The District Kaweah~~ ~~supports~~ ~~Delta supports~~ new mothers who desire to express milk for their infants while at work. ~~The District Kaweah Delta~~ will provide the use of a room, or other location to the nursing mothers work area for expressing milk.

**MEAL PERIOD POLICY AND PROCEDURE:**

For non-exempt employees working more than five hours per day, ~~the District Kaweah Delta~~ will provide a 30-minute duty-free meal period. It is each employee’s responsibility to ensure that they are taking appropriate meal periods as set forth in the policy.

Meal periods will be unpaid. Non-exempt employees may leave the premises during meal periods, but should notify their supervisor if they do leave, and inform them when they return.

An employee who is not provided with a meal period according to policy must notify their supervisor to attempt to reallocate resources to provide a meal period. Employees unable to take a meal period will be paid for the time.

The beginning and end of each meal period must be accurately recorded on the timecard or timekeeping system.

**REST BREAK POLICY AND PROCEDURE:**

Non-exempt employees are also authorized and permitted to take ~~at two~~ 15-minute rest breaks ~~for every four hours of work or major fraction thereof along with the meal period~~. Employees must work at least 3.5 hours to be entitled to a rest break. Rest breaks should be taken in the middle of each 4- hour period in so far as it is practicable. These rest breaks are authorized by the department management; but it is each employee’s responsibility to ensure that they are taking appropriate rest breaks.

Rest breaks are considered paid-time, and employees should not clock-out and clock-in for taking such breaks. Leaving the premises is not permitted during a rest break.

**ADDITIONAL INFORMATION:**

Employees may not shorten the normal workday by not taking or combining breaks, nor may employees combine rest breaks and meal periods for an extended break or meal period

~~The District Kaweah Delta~~ –will provide a reasonable amount of break time to allow an employee to express breast milk for that employee’s infant child. The break time will run concurrently, if possible, with any break time already provided to the nursing mother. ~~If it is not possible for the break time that is already provided to the employee, the break time shall be unpaid. Please know that existing law exempts an employer from the break time requirement if the employer’s operations would be seriously disrupted by providing that time to employees desiring to express milk.~~

~~Kaweah Delta will make reasonable efforts to provide the nursing mother with the use of a room or other location in close proximity to their work area for the nursing mother to express milk in private. If a refrigerator cannot be provided, Kaweah Delta may provide another cooling device suitable for storing milk, such as a lunch cooler.~~

~~There are several designated lactation rooms that may be found throughout Kaweah Delta. Their locations are the following:~~

- ~~a) Mineral King Wing, 2<sup>nd</sup> Floor on the right heading to ICU~~
- ~~b) Mineral King Wing, 3<sup>rd</sup> Floor on the left heading to 3 West just past the stairwell~~
- ~~c) Acequia Wing, Mother/Baby Department~~
- ~~d) Support Services Building, 3<sup>rd</sup> Floor, (Computer available)~~
- ~~e) South Campus, next to Urgent Care Lobby~~
- ~~f) Imaging Center, Dexa Exam Room (Computer available)~~
- ~~g) Mental Health Hospital, Breakroom Suite~~
- ~~h) Visalia Dialysis, Conference Room, (Computer available)~~
- ~~i) KDMF, GYN Department~~
- ~~j) Exeter Health Clinic, Family Practice Department, (Computer available)~~
- ~~k) Woodlake Health Clinic, (Computer available)~~
- ~~l) Dinuba Health Clinic, (Computer available)~~
- ~~m) Lindsay Health Clinic, (Computer available)~~

~~In addition, the District will provide rest and recovery periods related to heat illness for occupations that may be affected by same (i.e. Engineering employees who work outdoors).~~

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~~“These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care.”~~

~~New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."~~



Policy Number: HR.72	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Chief HR Officer)	Date Approved: 12/19/2019
Approvers: Board of Directors (Administration)	
<b>Standby and Callback Pay</b>	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**PURPOSE:**

To establish standards for Standby and Call Back requirements and to compensate employees who, at Kaweah Delta’s request, are required to make themselves available for work if called.

**POLICY:**

Employees assigned to take Standby will be available to work as needed. Standby pay is based on factors such as whether the employee is “sufficiently restricted,” supply and demand of the position, market pay for similar roles, and the frequency with which an employee may be called back to work. Standby is paid at 25% a percentage of the minimum of the position range unless there is another method established. Standby pay is not required if the employee is unrestricted, such as available by mobile phone.

In addition, certain departments are eligible for Call Back and/or a minimum amount of time or monies, which will be paid in Call Back when on standby. Call Back pay will not apply if Call Back occurs on a previously scheduled regular shift. Kaweah Delta reserves the right to adjust the Standby rate and Call Back paid to specific positions as conditions warrant.

**PROCEDURE:**

1. While on Standby, an employee will not be required to remain on Kaweah Delta premises, but is required to leave word at his/her residence or where he/she can be reached, and/or carry a beeper/pager, or may voluntarily utilize their own cell phone in lieu of a provided beeper/pager. Because an employee who carries a beeper/pager or a cell phone for Kaweah Delta business is generally not “sufficiently restricted,” Kaweah Delta is not required to pay Standby; however, may do so if market demands warrant.
2. Standby and Call Back time will be recorded via regular timekeeping. Standby and Call Back will not be paid for the same hours. In addition, Standby should be not worked within 8 hours after the end of a shift for which the employee has claimed sick time.

3. If the employee has been called off from his/her regular schedule and placed on Standby:
  - a. The hours for which the employee will receive Standby payment will be determined by the department leader. In addition to recording Standby on the timekeeping system, PTO Mandatory Dock or Mandatory Dock- No Pay is to be recorded for the employee to receive Paid Time Off and EIB accruals.
  - b. If the employee is called back to work, the hours worked will be paid at the employee's base rate, unless the employee has met overtime requirements.
  
4. When on pre-scheduled Standby (primarily Cath Lab and Surgical Services), employees do not record Mandatory Dock pay codes, but are paid Call Back pay for work. Call Back begins when the employee arrives at and is ready to begin work.
  - ~~a. Travel time is not paid except in areas of Home Health and Hospice and in accordance with Federal law. The employee remains on Standby during travel to the workplace.~~
  - b.a. An employee answering questions by telephone for Call Back is paid for the actual hours worked only.
  - b.b. Call Back will not be paid for hours during which the employee is working his/her regular schedule.
  - b.c. Leaders who take Call Back must be assigned a second job as a clinical staff person. When called into work as a clinical staff person, they will be paid in accordance with the above stated rules, using their clinical staff base rate for calculating compensation for Call Back and Standby.
  - b.d. Surgical Services receive a minimum of two hours Call Back when called in and the need does not require them to be on site two hours. However, if the employee leaves and comes back within the same two-hour period, they may not double dip. The two-hour period will extend from the second time of arrival.
  - b.e. Travel time is not paid except in areas of Home Health and Hospice and in accordance with Federal law. The employee remains on Standby during travel to the workplace.

e.

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Policy Number: HR.80	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Chief HR Officer)	Date Approved: 10/31/2019
Approvers: Board of Directors (Administration)	
<b>Docking Staff</b>	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**POLICY:**

The fluctuating workload and census inherent with hospitals and health care may occasionally cause need for a reduced workforce. When this situation occurs, non-exempt personnel may have their hours reduced in accordance with this policy. Exempt staff are not normally included in the docking rotation. Each department's management will be responsible for recommending and implementing sound staffing decisions in accordance with Kaweah Delta's goals for effective resource management. Employees who report to work, and are not provided any work, and are subsequently docked are guaranteed one (1) hour of pay.

**PROCEDURE:**

~~I.~~ At times the workload or census may require that employees who are scheduled to work but indicated to dock be put on Sstandby. In these cases employees will stay on Sstandby until called back into work or subsequently docked until their shift ends. Employees will not have the right to refuse Sstandby for regularly scheduled shifts. Pay for Sstandby and Ceallback will be in accordance with policy entitled STANDBY AND CALLBACK PAY (HR. 72). Additionally, dock time will be documented in the time-keeping ~~er~~ system to allow appropriate application of hours. ~~as described in Section~~

~~III.~~ ~~Employees may only be put on standby if they are in an eligible department and job classification as defined in the policy entitled STANDBY AND CALLBACK PAY (HR. 72).~~

Each department establishes a plan for docking that sets out the criteria by which decisions for docking are made, utilizing the prioritization noted below. When docking is indicated, the determination of which employees will be scheduled for docking will be made by the department leader or designee.

II. Mandatory dock time will be applied in the following order

A. Overtime shifts

A.B. Employees who volunteer to be docked

B.C. Per Diem

C.D. Part-Time Staff

D.E. Full-Time Staff



Prior to mandatory docking employees, leaders may ask if any employee wishes to take time off rather than work the shift or remainder of the shift.

~~Employees who volunteer for time off are not considered for mandatory dock hours under this policy. Instead, they are considered to have requested time off from work. Hours of work and use of Paid Time Off (if used) is recorded as usual for purposes of timekeeping.~~

If no employee desires time off, then leaders ~~will~~should apply the mandatory dock time ~~in order stated in Section II above~~ as it meets the functional needs of the department.

To ensure fairness, each department will rotate their employees through docking procedures as appropriate to their staffing needs.

### ~~III.~~ Timekeeping

Timekeeping is noted as PTO Mandatory Dock or Mandatory Dock/No Pay.

Dock hours are applied to:

- A. Hours required to maintain employee benefits eligibility.
- B. Accruals earned each pay period,
- C. Qualified service hours used to compute what level Paid Time Off accrual is earned.

~~IV.~~ Department management who routinely dock employees will review staffing needs. Those who are actively recruiting to fill vacancies within their department will analyze the need for extra staff and, when not justified, will notify Human Resources if it is determined that a current vacancy should not be posted or if a full-time opening should be changed to part-time or per-diem.

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Policy Number: HR.13	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Chief HR Officer)	Date Approved: 05/08/2019
Approvers: Board of Directors (Administration)	
<b>Anti-Harassment and Abusive Conduct</b>	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**POLICY:**

It is the policy of ~~the District~~Kaweah Delta to provide a work environment free from abusive conduct, sexual or unlawful harassment, and/or any behaviors that undermine a culture of safety. This includes, but is not limited to, harassment or abusive conduct as a result of one's race, religion, religious creed (including religious dress and grooming), color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition, marital status, age, sex (including pregnancy, childbirth, medical conditions related to pregnancy, childbirth, or breastfeeding), gender, gender identity, and gender expression, transgender, transsexual, sexual orientation, genetic information (GINA act of 2008), equal pay/compensation, military and veteran status or any other basis made unlawful by federal, state or local ordinance or regulation is prohibited. This policy applies to all phases of the employment relationship, including recruitment, testing, selection, hiring, promotion, demotion, transfer, layoff, termination, rate of pay, benefits, and selection for training.

This policy applies to all employees and individuals involved in the operations of ~~the District~~Kaweah Delta, including but not limited to, employees, vendors, independent contractors, individuals working through a temporary service agency, unpaid interns, students, or volunteers, and others doing business with ~~the District~~Kaweah Delta.

Harassment and Abusive Conduct as defined is prohibited by ~~the District~~Kaweah Delta and is against the law. All must be aware of:

- a. What Sexual Harassment and Abusive Conduct is;
- b. Steps to take if harassment occurs;
- c. Prohibition against retaliation for reporting

~~District~~Kaweah Delta management and supervisors have a responsibility to maintain a workplace free of all forms of abusive conduct and sexual or unlawful harassment. ~~The District~~Kaweah Delta will take all reasonable steps to prevent abusive conduct and harassment from occurring.

Sexual harassment is defined as any unwelcome sexual advances, or visual, verbal, or physical harassment of a sexual nature. It is critical to note that it is the perception of the receiver rather than the intention of the offender that will define behavior which constitutes Sexual Harassment. This definition includes various forms of offensive behavior:

- 1. Verbal Harassment Examples:  
Sexual comments, derogatory comments or slurs, epithets, name-calling, belittling, sexually explicit or degrading words to describe an individual, sexually explicit jokes, comments about an employee's anatomy and/or dress, sexually oriented noises or

- remarks, questions about a person's sexual practices, use of patronizing terms or remarks, verbal abuse, graphic verbal commentaries about the body.
2. Physical Harassment Examples:  
Physical touching, assault, impeding or blocking movement, pinching, patting, grabbing, brushing against or poking another employee's body, hazing or initiation that involves a sexual component, requiring an employee to wear sexually suggestive clothing, any physical interference with normal work or movement, when directed at an individual.
  3. Visual Harassment Examples:  
Displaying sexual pictures, derogatory posters, cartoons or drawings, displaying sexual media or electronic information, such as computer images, text messages, emails, web pages, or multimedia content, displaying sexual writings or objects obscene letters or invitations, staring at an employee's anatomy, leering, sexually oriented gestures, mooning, unwanted love letters or notes.

It is impossible to define every action or all words that could be interpreted as Sexual Harassment. The examples listed above are not meant to be a complete list of objectionable behavior nor do they always constitute Sexual Harassment.

Sexual Harassment does not typically refer to behavior or occasional compliments of a socially acceptable nature. Sexual harassment refers to behavior that is not welcome, that is personally offensive, that fails to respect the rights of others, and unreasonably interferes with work effectiveness.

Abusive Conduct is conduct of an employer or employee, in the workplace, with malice that a reasonable person would find hostile, offensive and unrelated to an employer's legitimate business interests. Abusive conduct may include repeated infliction of verbal abuse, such as the use of derogatory remarks, insults, epithets, verbal or physical conduct that a reasonable person would find threatening, intimidating, or humiliating or the gratuitous sabotage or undermining of a person's work performance.

Abusive conduct behaviors foster medical errors, contribute to poor employee and patient satisfaction, contribute to adverse outcomes, increase the cost of care, and cause employees, and individuals to seek new positions in more professional environments.

Those who are affected or witnesses of Abusive Conduct are encouraged to report any such incidences.

Examples of abusive conduct, intimidating and/or disruptive behaviors include but are not limited to:

- a. Condescending language or voice intonation;
- b. Profane or disrespectful language;
- c. Angry outbursts or yelling, raised voice, name calling;
- d. Disruption of meetings;
- e. Refusal to complete a task or carry out duties;
- f. Intentional failure to follow District Kaweah Delta's policies;
- g. Retaliation against any person;
- h. Derogatory remarks about others;
- i. Inappropriate touching or assault;
- j. Starting false rumors about others; gossip
- k. Exclusion or social isolation;

- l. Throwing instruments, charts or other things;
- m. Bullying or demeaning behavior;
- n. Abusive treatment of patients or coworkers;
- o. Sexual harassment; sexual comments/innuendos;
- p. Racial, ethnic, or socioeconomic slurs;
- q. Physical attacks, pinching, patting, slapping, or unwanted touch;
- r. Non-constructive criticism to intimidate, undermine confidence, belittle;
- s. Persistent hostility toward a co-worker;
- t. Blames or shames others for possible adverse outcomes;
- u. Threatening to get someone fired;
- v. Unnecessary sarcasm or cynicism;
- w. Threats of violence or retribution;
- x. Criticizing other caregivers in front of patients or others

Overt and passive behaviors undermine team effectiveness and can compromise the safety and satisfaction of patients and employees. Disruptive behaviors are unprofessional, and are subject to Progressive Discipline (see HR.216) up to and including termination.

Unlawful harassment or abusive conduct in any form, including verbal, physical, or visual behaviors, threats, demands or harassing conduct that affect tangible job benefits, that interfere unreasonably with an individual's work performance, or that create an intimidating, hostile, or offensive working environment, is strictly prohibited. Retaliation for reporting such conduct is also prohibited.

#### DISTRICT KAWEAH DELTA'S RESPONSIBILITY

~~The District Kaweah Delta~~ has an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory, abusive and harassing conduct.

Every department must assure that the work environment is free from all types of unlawful discrimination – including abusive conduct and sexual harassment. Awareness of sexual harassment and abusive conduct requires prompt corrective action from supervisors and managers.

By law, management is held responsible and has personal liability regardless of whether the employer knew or should have known and/or did not do anything about the harassment, and for the actions of their staff members.

In accordance with California AB 1825, all management will receive at least two (2) hours of Sexual Harassment prevention training every two (2) years. Management who is hired, or personnel promoted to management positions will complete the training within six (6) months of hire or promotion.

In accordance with California AB 2053, abusive conduct training has been incorporated into the sexual harassment prevention training for District Kaweah Delta management in order to prevent abusive conduct in the workplace. In addition, in compliance with SB1343, all employees are required to complete a dedicated one-hour training module every other year.

#### RESPONSIBILITIES OF DISTRICT KAWEAH DELTA PERSONNEL

In accordance with SB425- Kaweah Delta will report any written complaint of sexual abuse or misconduct to the appropriate licensing board within 15 days of receiving the written complaint. Individuals may not be aware that their behavior is offensive or potentially harassing. Once advised of the offending behavior the problem may resolve. If you as an employee are found to have engaged in sexual harassment, or if you as a manager know about the harassing conduct of an employee or individual doing business with the

company and do nothing, condone or ratify it, you may be personally liable for monetary damages.

The

~~District Kaweah Delta~~ will not pay damages assessed against you personally. ~~The District Kaweah Delta~~ takes seriously its obligation to take all reasonable steps to prevent discrimination and harassment from occurring and recognizes its own responsibility and potential liability for harassment by its supervisors or agents. If harassment does occur, ~~the District Kaweah Delta~~ will take effective action to stop any further harassment and to correct any effects of the harassment. \_

Whenever possible personnel who feel harassed should inform the harasser that the behavior is unwelcome and unwanted. If this does not resolve the problem, or if the person feels uncomfortable in expressing their concern, they should follow the following procedure:

PROCEDURE:

- I. Any individual who believes that the actions or words of management, fellow personnel, or another person in the workplace constitutes unlawful harassment or abusive conduct, even if there is no loss of job or economic benefit, has a responsibility to report or complain as soon as possible to their chain of command or to the Vice President of Human Resources or designee or CEO.

Anyone with knowledge and certainly anyone in a supervisory or management role has a responsibility to inform the Vice President of Human Resources or designee as soon as possible of any complaint made consistent with this policy.

Individuals can raise concerns and make reports without fear of reprisal or retaliation. All allegations of sexual harassment will be investigated. To the extent possible, confidentiality of the reporting personnel and that of any witnesses and the alleged harasser will be protected against unnecessary disclosure.

- II. The Vice President of Human Resources or designee will inform the complainant of their rights under appropriate law and the staff member's obligation to secure those rights. Staff members can contact the Department of Fair Employment and Housing for additional information at 800-884-1684 or at [www.dfeh.ca.gov](http://www.dfeh.ca.gov)
- III. The Vice President of Human Resources or designee will conduct a thorough, objective, timely and complete investigation of the complaint and recommend imposition of appropriate disciplinary actions, up to and including immediate termination of employment, against violator(s).

The investigation process will include but not be limited to the following:

- A. A timely response;
  - B. An investigation performed by qualified personnel in a timely and impartial manner;
  - C. Documentation and tracking for reasonable progress;
  - D. Appropriate options for remedial actions and resolutions;
  - E. Closure in a timely manner
- IV. Results of the investigation will be communicated to the complainant, to the alleged harasser, and, as appropriate, to ~~184/864~~ directly concerned.

- V If an investigation reveals that a member of ~~the District~~Kaweah Delta's Medical Staff is involved or implicated, the matter will be investigated by the Vice President of Human Resources or designee in consultation with the Medical Staff Leadership. The appropriate ~~District~~Kaweah Delta Vice President, Chief Medical Officer and Chief Executive Officer will be kept informed as appropriate.

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Policy Number: HR.221	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Chief HR Officer)	Date Approved: 11/21/2017
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (VP Chief HR Officer)	
<b>Employee Reduction in Force - or- Reassignment Resulting in Demotion</b>	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**POLICY:**

~~The District~~Kaweah Delta is committed to continued growth and increased productivity and will make all reasonable attempts to avoid cutbacks and reductions in force (RIF) or demotions whenever feasible. However, when ~~the District~~Kaweah Delta experiences circumstances it cannot maintain the existing staffing levels in one or more departments, it may decide in its discretion to implement a reduction in force or realignment in accordance with the following guidelines. ~~The District~~Kaweah Delta reserves the right to deviate from the guidelines contained in this policy when it determines, in its sole discretion that such deviations(s) is/are appropriate.

**GUIDELINES:**

I. Appropriate Staffing

~~District~~Kaweah Delta Management will determine the appropriate number of employees needed to effectively staff their departments. Staffing patterns will include the number of employees needed by department number, job number and full or part time status. Full-time employees, part-time employees and per diems are considered separate classifications.

II. Attrition and or Hiring Freeze

The preferred method to reduce staffing ~~levels is~~levels is through attrition. Attrition occurs when employees terminate and are not replaced. Also staff currently on Personal Leave of Absence can be informed that their job has been eliminated.

A hiring freeze may be implemented on a ~~District~~Kaweah Delta-wide, division-wide, department-wide, or job classification-specific basis or any combination of such basis. Because there are areas where specific training and/or licensure are necessary, if in-service training and/or internal transfer cannot meet the staffing needs, it may be necessary to recruit from outside the current ~~District~~Kaweah Delta workforce. If a hiring freeze is implemented, and qualified employees are not available through internal transfer, jobs may be posted by going through the position control process.



### III. Furlough

A furlough is a temporary lay-off/ leave of an employee due to special needs of an employer, generally due to economic conditions. A furlough will not generally be extended for longer than three months. However, Kaweah Delta reserves the right to deviate from this standard under extraordinary circumstances. When a furlough is applied, the employee may apply for Unemployment Benefits. The employee is required to be available to work when called back to duty. If the employee is not available to work, a voluntary termination may be applied. (See section IV for guidelines)

### III.IV. Reduction in Force (RIF)

When a department ~~Di~~director and VP determine that there are more employees employed within a job classification or department or any unit or units of employment than is necessary to support ~~the District~~Kaweah Delta's needs, ~~→~~a RIF may be proposed. All requests for RIF's must be approved by ~~the District~~Kaweah Delta's Chief Executive Officer.

Once approved, Human Resources department will determine which employees will be reduced by following this policy. For the purposes of this policy each department is considered separately. Each job number in the department is considered separately. Managerial and lead positions will be considered separate job classifications from the positions held by employees that they manage/lead. Also part-time, full-time and per diem employee categories will be considered separately.

- A. Generally, employee reductions will be based on the following factors in the order listed below. However, ~~the District~~Kaweah Delta may decide in its discretion to deviate from these guidelines, particularly where patient care or other important functions of ~~the District~~Kaweah Delta may be affected:
1. Employees on Personal Leave of Absence will be reduced first and are not eligible for Reduction in Force benefits.
  2. Employees who have not successfully completed introductory period at ~~the District~~Kaweah Delta.
  3. Employees with documented job performance issues based on progressive discipline noted.
  4. Employees with the lowest documented job performance evaluations:
  5. In all other cases, where all considerations are equal, employees with the longest service based on date of hire with ~~the District~~Kaweah Delta will be the deciding factor.
  6. Where special skills, licensure, qualifications, experience or other key attributes are important to assist in carrying out the functions of ~~the District~~Kaweah Delta, ~~the District~~Kaweah Delta may deviate from the above criteria.
- B. Reduced employees will have some choices to make and deadlines in which to make them. The deadlines must be met.

1. The right to appeal the reduction (see section X);
2. The choice to take a three month RIF Personal Leave of Absence to look for a transfer (see section IV) while receiving salary continuance as reflected on the severance schedule below;  
- or -
3. The choice to take a severance lump sum and terminate employment (see section V).

IV.V. Three month RIF Personal Leave of Absence

It is expected that employees will apply for a transfer to a new ~~DistrictKaweah Delta~~ job during their RIF Leave of Absence. Employees who have not been accepted into a new job with ~~the DistrictKaweah Delta~~ by the end of the three month RIF Personal Leave of Absence will be terminated their employment and they will become eligible for a severance lump sum. In addition, RIF employees who select the three month RIF Personal Leave of Absence, may choose at ~~anytimeany time~~ within the three months to instead terminate their employment and take a severance lump sum. Employees who find a new ~~DistrictKaweah Delta~~ job within three months will retain their original date of hire and the severance salary continuance will end.

#### V.VI. Severance Pay and Termination

Severance pay will be paid according to the schedule below. The pay will be based on straight time excluding any differentials or standby pay. Part-time employees will receive one-half the amount on the schedule below. Per diems are not eligible.

	Full-time Employees
Years of Service	Weeks to be Paid
0 - 1	1.00
2 - 4	2.00
5 - 9	3.00
10 - 14	4.00
15 - 20	5.00
More than 20	8.00

The average number of hours which the employee worked per pay period during the ~~six months~~~~six-month~~ period prior to the Reduction in Force will be reviewed and considered to determine the appropriate status (i.e. Full-time vs. Part- time).

Severance pay will be paid out upon termination of employment or if on a personal leave (see section IV). Employees with unpaid PTO accrued in their banks will be paid for those hours. EIB bank will not be paid out.

In consideration of the severance pay, there is no further financial obligation to the employee on the part of ~~the DistrictKaweah Delta~~ aside from earned retirement benefits.

#### V.VII. Reassignment Resulting in Demotion

Based on staffing patterns it is sometimes necessary to change a employee's job duties. When this change results in a lower salary grade or salary, it is considered a demotion. Employees who are demoted are given the choice of transfer to the new role offered to them at a lower grade and salary, or take a ~~3-month~~~~3-month~~ Personal Leave of Absence as described in this policy or take severance terminating employment as described in this policy. An employee has the right to appeal the reassignment resulting in demotion (see



### ~~VII~~.VIII. Benefits

An employee with Group Health, Dental and Vision Insurance benefits who is placed on furlough or separates from employment as a result of RIF is entitled to continue his/her insurance benefits. For three months following furlough or separation from employment, the employee may continue group health, dental, and vision insurance at the active employee rates. An employee choosing to continue coverage beyond that period of time, may do so at full COBRA rates. For details, see policy entitled CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA) (HR.129), and/or the RxFlex Summary Plan Description available through Human Resources.

The benefits offered through this policy are only exclusively to employees who separate from employment with ~~the District Kaweah Delta~~ as a result of a RIF. They are not available to employees who separate from employment with ~~the District Kaweah Delta~~ for other reasons such as a resignation or involuntary termination.

### ~~VIII~~.IX. Re-Employment

Employees who separate from employment with ~~the District Kaweah Delta~~ as a result of a RIF and receive a severance payment are free to reapply for employment with ~~the District Kaweah Delta~~. However, if after separation has occurred a former employee is selected to fill a vacancy, their employment will be considered as any other newly hired employee.

### ~~IX~~.X. Appeal Rights for Reassignment Resulting in Demotion

Employees may not grieve or appeal termination of employment as a result of a reduction in force through the policy entitled GRIEVANCE PROCEDURE (HR.215). However, employees who have served greater than one hundred eighty (180) days employment with ~~the District Kaweah Delta~~ immediately prior to the termination and who have passed introductory period may access their rights under policy entitled NOTIFICATION REQUIREMENTS AND APPEAL PROCESS FOR INVOLUNTARY TERMINATION AND DEMOTION (HR.218).

### ~~X~~.XI. Appeal Rights for Employee Reduction in Force

You are entitled to appeal this separation orally, or in writing, by contacting your Vice President no later than the time indicated on your Layoff Notice (typically one business day).

~~XI~~.XII. Under special circumstances, ~~alternative~~ alternative severance packages may be developed and offered to employees. Where this is the case, acceptance of

an alternate severance package will cause the employee to be ineligible for the benefits offered in this policy.

~~"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."~~

"Responsibility for the review and revision of this Policy is assigned to the Vice President of Human Resources. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Delta will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Delta Policies and Procedures."



Policy Number: HR.244	Date Created: v
Document Owner: Dianne Cox (VP Human Resources)	Date Approved: v
Approvers: Board of Directors (Administration),	
<b>Paid Family Leave</b>	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

**Policy:**

Paid Family Leave is a type of unemployment compensation paid to workers who have a wage loss when they take time off from work for up to eight (8) weeks to care for a seriously ill family member or bond with a new child. To be eligible for California PFL benefits for bonding with a new child or have welcomed a new child into the family in the past 12 months either through birth, adoption, or foster care placement. This benefit provides compensation through accrued Paid Time Off (PTO), Extended Illness Bank (EIB) and California sponsored Paid Family Leave (PFL).

NOTE: Due to coordination of information between departments and outside agencies, and the requirement that certain records be maintained to demonstrate compliance with State and Federal law, it is important that paperwork and documentation be completed and submitted to Human Resources in a timely manner by department leadership and employees.

**Procedure:**

This policy is based on the California Paid Family Leave (PFL) and is intended to provide eligible employees with all of the benefits mandated by the State of California Employment Development Department. However, in the event that these laws or the regulations implementing these laws are hereafter amended or modified, this policy may be amended or modified to conform with any change or clarification in the law.

1. Reason for Leave:

May be eligible under FMLA and CFRA please refer to the Family Medical Leave of Absence Policy.

2. Employee Eligibility:

a) Have paid into State Disability Insurance, (noted as "CASDI" on paystubs) in the past 5 to 18 months.

b) This benefit applies to all employees regardless of length of service. If an employee does not also qualify for a leave under the FMLA or CFRA guidelines, a Personal Leave of Absence may apply upon the

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Have welcomed a new child into the family in the past 12 months either through birth, adoption, or foster care placement.¶
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- Commented [RC1]: Suggestion to remove this section a., b., and c., as PFL is not only for Bonding. Revert back and keep section d as a.  
Add b. PFL is for bonding, care of child, parent, spouse, registered domestic partner, grandparent, grandchild, sibling, or parent-in-law. Please visit [www.edd.ca.gov](http://www.edd.ca.gov) Paid Family Leave for eligibility and requirements.
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- Deleted: <#>Not have taken the maximum of 6 weeks of PFL in the past 12 months. ¶  
<#>Fun fact: You can break up your six weeks of leave. You do not have to take it all at once!¶  
<#>Note: If you are a mother who has a pregnancy related disability insurance claim, you will receive a transitional PFL claim form, Claim for Paid Family Leave (PFL) New Mother (DE 2501FP), with your final disability insurance payment. If your pregnancy related disability insurance claim ends prior to July 1, 2020, you can wait to submit the DE2501FP form until July 1, 2020, or any date thereafter to file your transitional PFL bonding claim to be eligible for the eight weeks of benefits.¶
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manager's discretion. Please review HR.148 Personal Leave Policy.

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3. Compensation Available:

Refer to the Notice to Employees from the Employment Development Department (EDD) for more information.

a. Employees may use 24 hours of EIB/KIN (see b.) and/or PTO starting day one at integration of 30%-40% of their FTE status.

Deleted: <#>Employees must may use 24 hours of EIB/Kin (see b.) and PTO to equal one week of accrued PTO or EIB (see below) before FTDI benefitsPFL begins.¶  
<#>Paid Family Leave 2¶

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b. Applying the Extended Illness Bank (EIB) utilization guidelines, EIB/Kin may be used to attend to the illness of a child, parent, spouse, grandparent, grandchild, sibling, registered domestic partner or parent-in-law. Up to 50% of the annual EIB accrual can be used if the employee has worked a full 12 months; otherwise the utilization will be limited to 50% of the employee's annual accrued EIB. A maximum of 50% of accrued hours in a 12-month period may be utilized. This is referred to as "Kin Care."

c. An employee may be paid up to eight (8) weeks of leave during a 12-month period. A 12-month period begins on the date of an employee's first use of PFL leave. Successive 12-month periods commence on the date of an employee's first use of such compensation after the preceding 12-month period has ended. If eligible, PFL runs concurrent with FMLA and CFRA Leaves of Absence.

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4. Certification:

Refer to the Family Medical Leave of Absence Policy in the Manual.

5. Periodic Reports:

Refer to the Family Medical Leave of Absence Policy in the Manual.

6. Benefits During Leave:

Refer to the Family Medical Leave of Absence Policy in the Manual.

7. Reinstatement:

Refer to the Family Medical Leave of Absence Policy in the Manual.

"Responsibility for the review and revision of this Policy is assigned to the Vice President of Human Resources. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Delta will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Delta Policies and Procedures."

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June 29, 2020

**Sent via Certified Mail  
No. 7016034000002569104  
Return Receipt Required**

David M. Moeck, Esq.,  
Quinlan, Kershaw & Fanucchi  
2125 Merced Street  
Fresno, CA 93721

**RE: Notice of Rejection of Claim of Valerie Taylor and Michael Taylor vs.  
Kaweah Delta Health Care District**

Notice is hereby given that the claim, which you presented to the Board of Directors of the Kaweah Delta Health Care District on June 01, 2020, was rejected on its merits by the Board of Directors on June 29, 2020

**WARNING**

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Sincerely,

Nevin House  
Board President

cc: Richard Salinas, Attorney at Law

June 29, 2020

**Sent Via Certified Mail**  
**No. 7016034000002570001**  
**Return Receipt Requested**

National Choice Lawyers  
6345 Balboa Blvd., Building 111, Suite 273  
Encino, CA 91316

**NOTICE OF ACTION ON APPLICATION FOR LATE CLAIM RELIEF (Gov.  
Code sec. 911.4)**

RE: Estate of James Snow JR., Deceased, by and through his Personal Representative, Joy Snow, and Joy Snow, an individual.

NOTICE IS HEREBY GIVEN that your application, which you presented on May 18, 2020, for leave to present a claim after expiration of the time allowed by law for doing so was **denied** on June 29, 2020.

**WARNING**

If you wish to file a court action on this matter, you must first petition the appropriate court for an order relieving you from the provisions of Government Code 945.4 (claims presentation requirement). See Government Code Section 946.6. Your petition must be filed with the court within six (6) months after the date, set forth above, on which your application for leave to present a late claim was denied.

You may seek the advice of an attorney of your choice in connection with this matter. If you wish to consult an attorney, you should do so immediately.

Sincerely,

Nevin House  
Board President

cc: Richard Salinas, Attorney at Law



June 29, 2020

Owdom Law Firm  
632 W. Oak Avenue  
Visalia, CA 93291

**RE: Notice of Rejection of Claim of Jessica Conrad vs. Kaweah Delta Health Care District**

Notice is hereby given that the claim, which you presented to the Board of Directors of the Kaweah Delta Health Care District on June 02, 2020, was rejected on its merits by the Board of Directors on June 29, 2020

**WARNING**

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Sincerely,

Nevin House  
Board President

cc: Dennis Lynch, Attorney at Law

**Privileges in Emergency Medicine**

Name: \_\_\_\_\_  
Please Print

EMERGENCY MEDICINE PRIVILEGES - INITIAL CRITERIA	
<p><b>Education: M.D. or D.O. and</b> successful completion of an ACGME or AOA accredited residency/fellowship in emergency medicine <b>AND</b> Current certification or active participation in the examination process leading to certification in Emergency Medicine by the ABEM or AOBEM, with certification obtained within 5 years of completion of residency. (Physicians on staff prior to 2015, not fulfilling the Emergency Board Certification requirement, are grandfathered in under their specialty Board Certification.)</p> <p><b>OR Physicians licensed in California and enrolled in the 3<sup>rd</sup> or last year of an ACGME accredited Residency Program can apply for privileges to work under the indirect supervision of a Board-Certified physician. (PGY3 or above may not moonlight at sites that are part of their training rotation, or supervise other learners)</b></p> <p><b>Certifications:</b> ACLS, ATLS, and PALS or APLS. <b>Required ONLY for physicians not Board Certified or not actively participating in the examination process leading to certification by the ABEM or AOBEM in Emergency Medicine.</b></p> <p><b>Current Initial Clinical Criteria:</b> A minimum of 1 year of continuous, full time experience in an emergency department, to include completion of the final year of residency training.</p> <p><b>FPPE Requirement:</b> Concurrent and/or retrospective review of the first 5 cases.</p> <p><b>Renewal Criteria:</b> Minimum of 600 hours in an Emergency Department required in the past two years</p>	

CORE PRIVILEGES		
Request	Procedure	Approve
<input type="checkbox"/>	<p><b>Core Privileges include:</b></p> <ul style="list-style-type: none"> <li>Assess, work up and perform differential diagnosis by means of H&amp;P, medical decision making, laboratory and/or other studies, ECG's and diagnostic imaging;</li> <li>Provide services necessary to ameliorate minor illnesses or injuries; AND stabilizing treatment to patients who present with major illnesses or injuries and determine whether more definitive services are necessary.</li> <li>Administration of Procedural Sedation</li> </ul> <p><i>Privileges do not include admitting privileges, long-term care of patients on an inpatient basis, or the performance of scheduled elective procedures.</i></p>	<input type="checkbox"/>

ADDITIONAL PRIVILEGES					
Request	Procedure	Initial Criteria	Renewal	FPPE	Approve
<input type="checkbox"/>	Emergency Ultrasound, <b>Core</b> applications: Aorta, Trans Thoracic Echocardiography, EFAST, DVT, Pregnancy, Biliary, Urinary tract, Soft Tissue/Musculoskeletal, Bowel, Ocular and procedural guidance	1) Board Certified in Emergency Medicine <b>OR</b> board eligible and actively pursuing Certification 2) Completion of an ACGME/ AOA approved residency training program that included training specific to point of care ultrasound within the past 2 years; <b>OR</b> 3) Completion of a practice based program that meets ACEP recommendations for ultrasound interpretation.  If training was completed more than 2 years ago for (#2 or #3), documentation required for a minimum of 25 point of care ultrasound exams in the past 2 years or a total of 150 ultrasounds if seeking global ultrasound privileges.	Maintain EM Board Certification	2 reviewed exams per each application  Not required for <b>KDHCED EM Residency graduates Accredited GME EM residency</b> within last 2 years.	<input type="checkbox"/>
<input type="checkbox"/>	Emergency Ultrasound, <b>Advanced</b> applications: (Check request)  <input type="checkbox"/> Scrotal US for torsion/flow/mass <input type="checkbox"/> Adnexal US for mass/flow/torsion <input type="checkbox"/> Transcranial	1) Board Certified in Emergency Medicine <b>OR</b> 2) Completion of an ACGME/-AOA approved residency training program that included training specific to point of care ultrasound or an EM Ultrasound Fellowship; <b>OR</b> 3) Completion of a practice based program that meets ACEP recommendations for ultrasound interpretation.  <b>AND</b> documentation of 25 successful procedures for each application requested.	5 procedures per application in 2 years	2 Reviewed exams per each application	<input type="checkbox"/>
<input type="checkbox"/>	Trans Esophageal Echocardiography (TEE): Limited to use during CPR or in intubated patients when TTE does not provide adequate views	1) Completion of an ACGME or AOA approved residency training program that included training specific to TEE; <b>OR</b> 2) Credentialed in TTE and; 3) Completion of 2 or more hours of TEE specific CME, didactics, or web based resources AND 10 TEE exams A maximum of 5 out of the 10 may be simulation	25 procedures in the past 2 years of which up to 15 may be done in SimLab.	2 direct and or over reads, at the discretion of the proctor.	<input type="checkbox"/>
<input type="checkbox"/>	<b>Supervision of a technologist using fluoroscopy equipment</b>	<b>Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit</b>	<b>Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA</b>	<b>None.</b>	<input type="checkbox"/>

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			Radiology Supervisor and Operator Permit		
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**Acknowledgment of Practitioner:**

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise and I understand that

- (a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) **Emergency Privileges** – In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Name: \_\_\_\_\_  
*Print*

Signature: \_\_\_\_\_  
*Applicant* *Date*

\_\_\_\_\_  
*Department of Emergency Medicine Chairperson's Signature* *Date*

### Privileges in Neonatology

 Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please Print*

<b>NEONATOLOGY PRIVILEGES</b>					
(Definitions: Neonate – from birth to age 1 month)					
<p><b>Education &amp; Training:</b> MD or DO and successful completion of an ACGME or AOA- accredited residency in neonatal-perinatal medicine or neonatology and/or current subspecialty certification or active participation in the examination process (with achievement in 5 years leading to subspecialty certification in neonatal perinatal medicine by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.. Certification must be obtained within 5 years.</p> <p><b>Initial Criteria:</b> Meet initial current AND Neonatal Resuscitation Program certification (NRP) AND Documentation of 30 patient contacts of sick and premature newborn infants in the last 2 years.</p> <p><b>Renewal Criteria:</b> Minimum 30 cases required in the past two years AND Current Neonatal Resuscitation Program certification. <b>FPPE:</b> Minimum of 5 concurrent and/or retrospective reviews reflective of CORE privileges requested.</p>					
<b>NEONATOLOGY CORE PRIVILEGES</b>					
Request	Procedure				Approve
<input type="checkbox"/>	<p><b>CORE PRIVILEGES</b> includes <u>pre-natal consultation for high risk pregnancies (preterm and term fetus,</u> provision of health supervision, diagnosis and treatment for infants &lt;32 weeks gestation, and those &gt;32 weeks gestation who have medical conditions requiring specialized knowledge or skills usually achieved during fellowship training in a pediatric subspecialty including but not limited to any of the interventions enumerated below</p> <ul style="list-style-type: none"> <li>• Administration of continuous positive airway pressure for any period longer than 4 hours</li> <li>• Mechanical ventilation</li> <li>• Management of inhaled nitric oxide</li> <li>• Administration of IV cardiotoxic or vasoactive drugs</li> <li>• Placement and maintenance of umbilical vein or artery catheters for any period-longer than 48 hours</li> <li>• Exchange transfusion</li> <li>• Placement of CVP catheter</li> <li>• Placement of PICC line</li> <li>• Intraosseous infusion</li> <li>• Paracentesis</li> <li>• Needle Thoracotomy /Tube thoracostomy</li> <li>• Pericardiocentesis</li> <li>• Insertion of peripheral arterial catheter</li> <li>• Management of cardiac failure or shock</li> <li>• Management of liver failure</li> <li>• Management of renal failure</li> <li>• Arterial cutdown</li> <li>• Venous cutdown</li> <li>• Neonatal transport medical control officer</li> <li>• Parenteral nutrition</li> <li>• Tracheal intubation</li> </ul>				<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active or Courtesy staff status)				<input type="checkbox"/>
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Administration of Moderate Sedation	Successful completion of KDHCDC sedation exam	Completion of KDHCDC sedation exam	None	<input type="checkbox"/>

**Acknowledgment of Practitioner:**

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise and I understand that

- (a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) I may participate in the Kaweah Delta Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility.
- (c) **Emergency Privileges** – In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

 Signature: \_\_\_\_\_  
*Applicant* *Date*

*Department of Pediatrics Chair Signature*

*Date*



June 8, 2020

Attached are the Medical Staff Approved Proposed Bylaws & Rules and Regulations Revisions forwarded to the Board of Directors

Vote Statistics:

Sent to Active Medical Staff Members (373)

Bylaws 5.A.7

Approve	96.19 %	(101)
Not Approve	3.81%	(4)

Bylaws 11.A

Approve	95.19%	(99)
Not Approve	4.81%	(5)

Bylaws 12.E.1

Approve	91.26%	(94)
Not Approve	8.74%	(9)

Bylaws 12.R.1

Approve	93.20%	(96)
Not Approve	6.80%	(7)

Bylaws Appendix B

Approve	91.35%	(95)
Not Approve	8.65%	(9)

## Telemedicine Bylaws Excerpt

### 5.A.7 Telemedicine Privileges:

- (a) A qualified individual may be granted telemedicine privileges regardless of whether the individual is appointed to the Medical Staff.
- (b) Telemedicine privileges include providing interpretive, diagnostic, or treatment services by means of telemedicine devices (including interactive audio, video or data communication) ~~diagnostic or treatment services provided by physicians or advanced practice providers from a distant site to hospital-district patients via telemedicine devices (audio, video, or data communications). Telemedicine does not include telephone or electronic mail communications~~.
- (c) Requests for initial or renewed telemedicine privileges shall be processed through one of the following options:
  - (1) A request for telemedicine privileges may be processed through the same process for Medical Staff applications, as set forth in the Bylaws. In such case, the individual must satisfy all qualifications and requirements set forth in the Bylaws, except those relating to geographic location, coverage arrangements, and emergency call responsibilities.
  - (2) If the individual requesting telemedicine privileges is practicing at a distant hospital that participates in Medicare or a telemedicine entity (as that term is defined by Medicare), a request for telemedicine privileges may be processed using an abbreviated process that relies on the credentialing and privileging decisions made by the distant hospital or telemedicine entity. In such cases, the District must ensure through a written agreement that the distant hospital or telemedicine entity will comply with all applicable Medicare regulations and accreditation standards. The distant hospital or telemedicine entity must provide:
    - (i) confirmation that the practitioner is licensed in California;
    - (ii) a current list of privileges granted to the practitioner;
    - (iii) information indicating that the applicant has actively exercised the relevant privileges during the previous 12 months and has done so in a competent manner;
    - (iv) a signed attestation that the applicant satisfies all of the distant hospital or telemedicine entity's qualifications for the clinical privileges granted;
    - (v) a signed attestation that all information provided by the distant hospital or telemedicine entity is complete, accurate, and up-to-date; and
    - (vi) any other attestations or information required by the agreement or requested by the District.

This information shall be provided to the Credentials Committee and MEC for review and recommendation to the Board for final action. Notwithstanding the process set forth in this subsection, the District may determine that an applicant for telemedicine privileges is ineligible for appointment or clinical privileges if the applicant fails to satisfy the threshold eligibility criteria set forth in the Bylaws.

- (d) Telemedicine privileges, if granted, shall be for a period of not more than two years.
- (e) Individuals granted telemedicine privileges shall be subject to the District's peer review activities. The results of the peer review activities, including any adverse events and complaints filed about

## Telemedicine Bylaws Excerpt

the practitioner providing telemedicine services from patients, other practitioners or staff, will be shared with the hospital or entity providing telemedicine services.

- (f) Telemedicine privileges granted in conjunction with a contractual agreement shall be incident to and coterminous with the agreement.

**Rationale:** Practice and industry requirements changes

**ARTICLE 1**  
**CLINICAL DEPARTMENTS**

**11.A. DEPARTMENTS**

The Medical Staff shall be organized into the following departments:

Anesthesiology

Cardiovascular Services

Critical Care, Pulmonary & Adult Hospitalists

Emergency Medicine

Family Medicine

Internal Medicine

Obstetrics and Gynecology

Pathology

Pediatrics

Psychiatry & Neurosciences

Radiology

Surgery

Update all references to Psychiatry Department in the Bylaws and Rules and Regulations to state: Psychiatry & Neurosciences

**Rationale:** A request has been made by the Neurologists, Neurosurgeons, and the Department of Psychiatry to create this new department following the procedures outlined in the Medical Staff Bylaws Section 11.B.

## 12.E. MEDICAL EXECUTIVE COMMITTEE

### 12.E.1 Composition:

- (a) The MEC shall consist of:
- the Chief of Staff;
  - the Vice Chief of Staff;
  - the Secretary-Treasurer of the Medical Staff;
  - the Immediate Past Chief of Staff;
  - the Chairs of the Credentials, Peer Review, and Graduate Medical Education Committees; and
  - the department chairs (in the event that a department chair cannot attend a meeting, he or she may request that the vice chair attend in his or her absence and serve as a voting member of the MEC at that meeting).
- (b) The Chief of Staff will chair the MEC.
- (c) The CEO, COO, CMO, CNO, and Medical Director of Quality and Patient Safety or the CQO shall be *ex officio* members of the MEC, without vote.
- (d) Other Medical Staff members or District personnel may be invited to attend a particular MEC meeting (as guests, without vote) in order to assist the MEC in its discussions and deliberations regarding an issue(s) on its agenda. These individuals shall be present only for the relevant agenda item(s) and shall be excused for all others. Such individuals are an integral part of the professional practice evaluation process and are bound by the same confidentiality requirements as the standing members of the MEC, including a requirement to sign any necessary confidentiality agreement.

***Rationale: To allow for a Quality Representative at MEC.***

12.R. PROFESSIONAL STAFF QUALITY COMMITTEE

12.R.1 Composition:

- (a) The Professional Staff Quality Committee shall be comprised of the following voting members: the Vice Chief of Staff (who shall serve as the Chair of the Committee), the Chief of Staff, the Secretary-Treasurer, the Immediate Past Chief of Staff, the Medical Directors of the Hospitalist Service, Emergency Department, Infectious Disease, Critical Care, Surgical Services, Clinical Documentation, and Health Informatics, the Chief Quality Officer, the Quality and Patient Safety Medical Director, the Director of Quality and Patient Safety, the Director of Risk, ~~the Director of Pharmacy, the Director of Nursing Practice, the Assistant Chief Nursing Officer,~~ the Director of Medical Staff Services, and an IS representative. ~~The Committee shall also include the following ex-officio, non-voting members: the Chief of Staff, the Secretary-Treasurer, the CNO, the CMO, and the CEO.~~

The following members of this committee are ad-hoc members that will attend when requested to address areas pertinent to their services: All Kaweah Delta Medical Directors, The Director of Pharmacy, and the Director of Nursing Practice.

- (b) The following committee members shall participate in setting the agenda for meetings: the Vice Chief of Staff, the Quality and Patient Safety Medical Director, the Quality and Patient Safety Director, the Chief of Staff, the Secretary-Treasurer, and the ~~CMOCQO~~.
- (c) The Professional Staff Quality Committee may appoint subcommittees to help fulfill the responsibilities and duties set forth below. All duly authorized subcommittees shall report to the Professional Staff Quality Committee at a frequency designated by that committee.

12.R.2 Duties:

The Professional Staff Quality Committee shall:

- (a) recommend for approval of the MEC plans for maintaining quality patient care throughout the District. These may include mechanisms to (i) establish systems to identify potential problems in patient care or significant departures from established patterns of clinical practice; (ii) set priorities for action on problem correction; (iii) refer priority problems for assessment and corrective action to appropriate departments or committees; (iv) monitor the results of quality assessment and improvement activities throughout the District, i.e., blood utilization review; and (v) coordinate quality improvement activities that ensure that the findings, conclusions, recommendations, and actions taken to improve the organization's performance are communicated to the appropriate Medical Staff members; and
- (b) submit regular confidential reports to the MEC on the quality of medical care provided and on quality review activities conducted.

- (c) measure, assess, and improve the following:
- (i) patient safety, including processes to respond to patient safety alerts, meet patient safety goals, and reduce patient safety risks;
  - (ii) the District's and individual practitioners' performance on Joint Commission and Centers for Medicare & Medicaid Services ("CMS") core measures;
  - (iii) medical assessment and treatment of patients;
  - (iv) medication usage, including review of significant adverse drug reactions, medication errors, and the use of experimental drugs and procedures;
  - (v) the utilization of blood and blood components, including review of significant transfusion reactions;
  - (vi) operative and other invasive procedures, including tissue review and review of discrepancies between pre-operative and post-operative diagnoses;
  - (vii) appropriateness of clinical practice patterns;
  - (viii) significant departures from established patterns of clinical practice;
  - (ix) the use of developed criteria for autopsies;
  - (x) sentinel events, including root cause analyses and responses to unanticipated adverse events;
  - (xi) nosocomial infections and the potential for infection;
  - (xii) unnecessary procedures or treatment;
  - (xiii) appropriate resource utilization;
  - (xiv) education of patients and families;
  - (xv) coordination of care, treatment, and services with other practitioners and District personnel;
  - (xvi) accurate, timely, and legible completion of medical records;
  - (xvii) the required content and quality of history and physical examinations, as well as the time frames required for completion, all of which are set forth in Appendix A to these Bylaws;
  - (xviii) review of findings from the ongoing and focused professional practice evaluation activities that are relevant to an individual's performance; and
  - (xix) communication of findings, conclusions, recommendations, and actions to improve performance to appropriate Medical Staff members, the MEC, and the Board.

**Rationale:** Restructure of committee members to better fulfill duties required.

**APPENDIX B**  
**APPROVED CATEGORIES OF ADVANCED PRACTICE PROVIDERS**

Certified Nurse Midwife (CNM)

Certified Registered Nurse Anesthetist (CRNA)

Nurse Practitioner (NP)

Physician Assistant (PA)

Ambulatory Care Pharmacist

**Rationale:** Clarification of which pharmacists are credentialed





# Kaweah Delta Board of Directors Strategic Plan Update- For Information Only

June 29, 2020

# FY 2021 Strategic Plan

This draft of the FY2021 Strategic Plan is being shared with the Board of Directors for information only at this point. No action is being requested. We welcome feedback and questions from the Board and will be bringing the Strategic Plan back to the Board in July for potential action.

Please note that some details in the Strategic Plan are still being developed.

# Contents

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# Overview of Kaweah Delta's Strategy Structure



# Overview of Strategic Plan Documents

Kaweah Delta Strategic Plan Framework 2020-2021 <b>DRAFT</b>			
	Strategic Initiative	Metrics	Strategies/ Tactics
<p><b>Our Mission</b> (The reason we exist)</p> <p><b>Health is our passion. Excellence is our focus. Compassion is our promise.</b></p>	<p><b>Organizational Efficiency and Effectiveness</b> <i>Increase the efficiency and the effectiveness of the organization to reduce costs, lower length of stay, and improve outcomes.</i></p>	<ul style="list-style-type: none"> <li>ALOS within 0.75 days of GMLDS</li> <li>Drug/supply/testing utilization or spend-TBD</li> <li>Surgical implant standardization-TBD</li> <li>Staffing metrics-TBD</li> <li>OR efficiency indicator-TBD</li> <li>Spending per beneficiary target-TBD</li> </ul>	<ul style="list-style-type: none"> <li>Utilize the updated Resource Effectiveness Committee (REC) structure to improve patient flow, population management, and cost-savings.</li> <li>Better align staffing levels with patient volumes/units of service.</li> <li>Assess utilization of diagnostic testing, lab testing, and use of medications and make reductions, as appropriate.</li> <li>Standardize supplies and medical implants</li> </ul>
<p><b>Our Vision</b> (What we aspire to be)</p> <p><b>To be your world-class healthcare choice, for life.</b></p>	<p><b>Kaweah Care Culture</b> <i>Recruit, develop, and retain the best staff and physicians to create an ideal work environment and ensure that patients receive excellent compassionate care.</i></p>	<ul style="list-style-type: none"> <li>Pulse Survey - improve 250% Tier 3 Teams to Tier 2 or higher</li> <li>EE Engagement survey - 4.19 engagement score</li> <li>Physician Engagement survey - 3.68 alignment score</li> <li>SAD Teamwork: 66%; Safety 75%</li> <li>Increase % compliance with manager response to events (TBD - data pending)</li> <li>HCAHPS Overall Rating: 76.5% 9s and 10s during FY21</li> <li>ED Patient experience: Overall Rating: 70% during FY21</li> </ul>	<ul style="list-style-type: none"> <li>Pulse &amp; Employee Engagement Survey and action planning</li> <li>Leadership Development programs</li> <li>Just Culture Commitment - Staff awareness</li> <li>GME faculty and Medical Staff Leadership Development</li> <li>Physician Engagement Committee work</li> <li>Operation Always - Patient engagement</li> <li>Safety attitudes questionnaire (SAD) and action planning</li> <li>Increase Kaweah Care recognitions and celebrations</li> <li>Develop performance scorecards for leaders, physicians, medical directors and department chairs</li> </ul>
<p><b>Our Pillars</b></p> <p><b>Achieve outstanding community health</b></p> <p><b>Deliver excellent service</b></p> <p><b>Provide an ideal work environment</b></p> <p><b>Empower through education</b></p> <p><b>Maintain financial strength</b></p> <p>June 9, 2020</p>	<p><b>Outstanding Health Outcomes</b> <i>Demonstrate that we are a high-quality provider so that patients and payers choose Kaweah Delta.</i></p>	<ul style="list-style-type: none"> <li>Leapfrog</li> <li>CAUTI's 0.774</li> <li>CLABSI's 0.687</li> <li>MRSA's 0.768</li> <li>Sepsis bundle 270%</li> <li>100% of Leapfrog/NDP Safe Practices points</li> </ul>	<ul style="list-style-type: none"> <li>Quality focus teams</li> <li>Daily catheter and central line Gemba rounds</li> <li>Improve compliance with sepsis bundle</li> <li>Create diagnosis-specific committees to address mortality and readmissions</li> <li>Infection prevention hand hygiene program</li> </ul>
	<p><b>Strategic Growth and Innovation</b> <i>Grow intelligently by expanding existing services, adding new services, and serving new communities.</i></p>	<ul style="list-style-type: none"> <li>2% growth in market share (FPSA)</li> <li>11.2% increase in IP surgical volume</li> <li>Net 30 increase in the number of physicians in the market</li> <li>Retain 11 KD residents (40%) in the Central Valley</li> <li>Two new ambulatory locations</li> <li>Launch telehealth services</li> <li>Introduce new branding</li> </ul>	<ul style="list-style-type: none"> <li>Develop a comprehensive and coordinated ambulatory network strategy</li> <li>Better monitor and manage patient referrals to ensure continuity of care</li> <li>Enhance physician relations capabilities to improve recruitment, onboarding, and retention of physicians</li> <li>Promote key service lines to a broader geographic market (e.g. Fresno, Bakerfield)</li> <li>Continue work with community advisory groups and use public perception data to improve community relations</li> <li>Refresh of organization branding and naming strategy</li> <li>Complete master facility plan to modernize and expand facilities</li> </ul>
	<p><b>High Performing OP Delivery Network</b> <i>Improve the performance of our ambulatory services to provide greater access to care and keep people healthy.</i></p>	<ul style="list-style-type: none"> <li>Employee engagement ≥ 50th percentile</li> <li>OP patient satisfaction score ≥ 50th percentile</li> <li>OP Outcome measures (A1c &lt; 9), blood pressure, depression screening, flu vaccine)</li> <li>Clinic visits ≥ 100% of budget</li> <li>Net income ≥ 100% of budget</li> <li>Labor productivity ≥ 100% of budget</li> <li>Provider deficiencies 0%</li> <li>RAF score of TBD</li> </ul>	<ul style="list-style-type: none"> <li>People: Leadership rounding with staff and physicians</li> <li>Service: Leadership rounding with patients</li> <li>Population health: Improve documentation/coding/billing processes for clinical documentation</li> <li>Growth: Develop existing provider productivity/opportunity reports and identify new primary/specialty care opportunities</li> <li>Finance: Monthly accountability meetings a round operational measure</li> </ul>

## Plan Framework

- Single page summary of the entire Strategic Plan
- Includes the Mission, Vision, Pillars, and the current fiscal year's Strategic Initiatives, performance metrics, and strategies/tactics
- Is a great overview of the Strategic Plan that should routinely be shared with staff, the Board, the medical staff, and others.
- The listed metrics are aligned with the annual organizational goals, although the Strategic Plan will typically include more metrics that the goals
  - Organizational goals are indicated by **bolded blue font**
- On a quarterly basis, the metrics will be color coded to indicate achievement of performance metrics. This can serve as a "stop-light" report to ET, the Board, and others. See slide 9 as an example.

## Strategic Plan Framework

- Strategic Initiative Charters
- Strategy Summaries

# Overview of Strategic Plan Documents

## Strategic Initiative Charter: Kaweah Care Culture

### Objective

Recruit, develop, and retain the best staff and physicians to create an ideal work environment and ensure that patients receive excellent compassionate care.

### Chair

Laura Goddard

### ET Sponsor

Dianne Cox

Performance Measure	Baseline	FY21 Goal	FY22 Goal	FY23 Goal
Employee Engagement	4.12	4.19	TBD	TBD
Physician Engagement	3.55 alignment score	3.68 alignment score	TBD	TBD
Patient Engagement	July 19-March 20 73.8% HCAHPS 64.5% ED PEC	76.5% HCAHPS 70% ED PEC	80.4% HCAHPS 72% ED PEC	82.8% HCAHPS 75% ED PEC
Safety Culture	SAQ Teamwork: 63% Safety: 69%	SAQ Teamwork: 66% Safety: 73%	TBD	TBD

### Team Members

Teresa Boyce  
Ed Largoza  
Keri Noeske  
Brittany Taylor  
Sandy Volchko  
Anu Banerjee

Strategies (Tactics)	Net Annual Impact (\$)*
Employee Engagement	
Physician Engagement	
Patient Engagement	
Safety Culture (Safety Climate & Teamwork Climate)	

\* Average annual impact over 3 years

## Strategic Initiative Charters

- Each of the five Strategic Initiatives has a Charter. This is a 1 or 2 page summary of the Initiative's objective, performance metrics, and the key strategies that will make us successful
- The Charter also indicates the team members that helped prepare the Strategic Initiative materials
- Whenever possible, we have projected the financial impact of the strategies
  - Beginning with next year's strategic planning process, Finance will be involved more directly in the planning process so that we can better estimate the financial impact of the strategic plan before the annual budget is prepared

## Strategic Plan Framework

- **Strategic Initiative Charters**
  - Strategy Summaries



# Overview of Strategic Plan Documents

## Strategy Summary for: Service Line Expansion and Optimization

Strategic Initiative: Strategic Growth and Innovation

### Objective

Expand key Kaweah Delta Service lines through addition of related services not currently offered, new affiliations, new specialty or sub-specialty providers, and new locations.

### Key Components

- Expand operating room capacity through improved efficiency, expanded hours/days, and/or development of new rooms
- Expand neurosciences, urology, and gastroenterology service offerings through marketing, potential partnerships, and improved physician relations/alignment

Outcomes	FY21	FY22	FY23
Increase number of patients/enrolled lives in condition-specific clinics	15%	15%	15%
Increase volume in IP surgery volume	11.2%	TBD	TBD
Increase volume in OP surgery volume	16.7%	TBD	TBD
Neurosurgery market share (FPSA) <sup>[1]</sup>	35%	40%	45%
Orthopedic market share (FPSA) <sup>[1]</sup>	57%	60%	64%
Open heart surgery market share (FPSA) <sup>[1]</sup>	70%	72%	75%
Recruit additional urologists	2	2	0

[1] Based on OS+PD data CY2018

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

### Team Members

Coby La Blue, Marc Mertz, Ryan Gates, and Dan Allain

## Strategy Summary

- Under each Strategic Initiative, there is a 1-page Strategic Summary for each of the indicated strategies or tactics
- The Strategic Summary provides more details regarding the specific actions we will take as well as more performance metrics that will be used to monitor our achievement of this strategy
- The summary includes three-year performance targets whenever possible
- Beginning with the next strategic planning process, we will be providing more details regarding the financial impact of each strategy, including capital requirements and operating income and expenses. This information will be used to prioritize strategies and will inform the annual budget process.

## Strategic Plan Framework

- Strategic Initiative Charters
- Strategy Summaries**

# Kaweah Delta Fiscal Year 2020 Strategic Plan- 3<sup>rd</sup> Quarter Update with Performance





# Kaweah Delta Strategic Plan Framework 2019- 2020: Quarter 3 Update

**Our Mission**  
*(The reason we exist)*

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

**Our Vision**  
*(What we aspire to be)*

**To be your world-class  
healthcare choice, for life.**

**Our Pillars**

Achieve **outstanding  
community health**

Deliver **excellent service**

Provide an **ideal work  
environment**

Empower through **education**

Maintain **financial strength**

Better than target; at target; worse than target; pending/in process

Strategic Initiative	Metrics	Strategies/ Tactics
<p><b>Operational Efficiency</b> <i>Increase the efficiency of our hospital so that patients get to the right bed faster, receive the appropriate care, and are discharged sooner and healthier.</i></p>	<ul style="list-style-type: none"> <li>• <b>Adult Acute Medical Surgical Length of Stay- reduce LOS to within 0.75 days of GMLOS</b></li> </ul>	<ul style="list-style-type: none"> <li>• Use Resource Effectiveness Committee structure</li> <li>• Improve processes and efficiency</li> <li>• Resource management</li> <li>• Data management</li> <li>• Improved Access</li> <li>• Patient Flow</li> <li>• Population Health Management</li> <li>• Costs Savings Initiatives</li> </ul>
<p><b>Kaweah Care Culture</b> <i>Recruit, develop, and retain the best staff and physicians to create an ideal work environment and ensure that patients receive excellent compassionate care.</i></p>	<ul style="list-style-type: none"> <li>• <b>4.24 employee engagement</b></li> <li>• <b>Approval of Emp. Engagement Action Plans</b></li> <li>• Improve ≥50% Tier 3 Teams to Tier 2 or higher</li> <li>• Physician engagement improve over baseline</li> <li>• SAQ Teamwork: 66%; Safety 73%</li> <li>• <b>76.5% patient experience overall rating-12/19</b></li> <li>• <b>62% patient experience ED overall rating-12/19</b></li> </ul>	<ul style="list-style-type: none"> <li>• Employee engagement</li> <li>• Physician engagement                             <ul style="list-style-type: none"> <li>• Physician retention</li> <li>• GME engagement and retention</li> </ul> </li> <li>• Patient engagement</li> <li>• Safety attitudes questionnaire (SAQ)</li> </ul>
<p><b>Outstanding Health Outcomes</b> <i>Demonstrate that we are a high-quality provider so that patients and payers choose Kaweah Delta.</i></p>	<ul style="list-style-type: none"> <li>• <b>CMS Star Rating: 3/4 Star</b></li> <li>• <b>Leapfrog A rating</b></li> <li>• <b>Successful Joint Commission</b></li> <li>• <b>CAUTI &lt;=0.828</b></li> <li>• <b>CLABSI &lt;= 0.784</b></li> <li>• <b>MRSA &lt;= 0.815</b></li> <li>• <b>Sepsis Core Measure &gt;= 70%</b></li> </ul>	<ul style="list-style-type: none"> <li>• Leverage existing teams for mortality, palliative care, and infection prevention</li> <li>• IV Safety Team</li> <li>• Hand hygiene monitoring system pilot</li> <li>• Clinical Decision Support for KDHub, medication bar coding, proactive risk assessments</li> <li>• Accreditation monitoring activities</li> </ul>
<p><b>Strategic Growth and Innovation</b> <i>Grow intelligently by expanding existing services, adding new services, and serving new communities.</i></p>	<ul style="list-style-type: none"> <li>• <b>Increase market share in cardiovascular, neurosurgery, and orthopedics</b></li> <li>• <b>Increase number of all community physicians by 51 FTEs</b></li> <li>• <b>1% increase in outpatient net revenue</b></li> <li>• <b>2 new clinical services</b></li> <li>• Public perception survey scores</li> </ul>	<ul style="list-style-type: none"> <li>• Network strategy</li> <li>• Physician recruitment and retention</li> <li>• Service line expansion and optimization</li> <li>• New service line growth</li> <li>• Branding</li> </ul>
<p><b>High Performing OP Delivery Network</b> <i>Improve the performance of our ambulatory services to provide greater access to care and keep people healthy.</i></p>	<ul style="list-style-type: none"> <li>• <b>Outpatient Patient Satisfaction Score (CG-CAHPS): 74.91</b></li> <li>• <b>% of referrals completed: 45.05%</b></li> <li>• <b>% of referrals with initial response within 5-days: 31.07%</b></li> <li>• <b>Improve accuracy of PCP identifications: 4%</b></li> <li>• Composite MIPS score: 88.25</li> <li>• <b>Performance on PRIME: 73%</b></li> <li>• <b>Admits/1000 for Humana: &lt;180</b></li> </ul>	<ul style="list-style-type: none"> <li>• Single point scheduling across the organization</li> <li>• Improve referral process</li> <li>• Online pre-registration availability</li> <li>• Use patient satisfaction scores to drive specific interventions</li> <li>• Improve documentation/coding/billing processes to close quality and hierarchical condition category gaps</li> <li>• Improve care-coordination (Virtual Care Team, CDMC, Transitions of Care, Care Navigators, CHWs)</li> <li>• Develop IT/ data sharing &amp; population health analytics</li> </ul>

# DRAFT Kaweah Delta Fiscal Year 2021 Strategic Plan



# Kaweah Delta Strategic Plan Framework 2020-2021 **DRAFT**

	Strategic Initiative	Metrics	Strategies/ Tactics
<p><b>Our Mission</b> <i>(The reason we exist)</i></p> <p><b>Health is our passion. Excellence is our focus. Compassion is our promise.</b></p>	<p><b>Organizational Efficiency and Effectiveness</b> <i>Increase the efficiency and the effectiveness of the organization to reduce costs, lower length of stay, and improve outcomes.</i></p>	<ul style="list-style-type: none"> <li>• <b>ALOS within 0.75 days of GMLOS</b></li> <li>• Drug/supply/testing utilization or spend- <b>TBD</b></li> <li>• Surgical implant standardization- <b>TBD</b></li> <li>• Staffing metrics- <b>TBD</b></li> <li>• OR patient-out-patient-in within 30 minutes or less</li> <li>• Spending per beneficiary score &lt; 0.97</li> </ul>	<ul style="list-style-type: none"> <li>• Utilize the updated Resource Effectiveness Committee (REC) structure to improve patient flow, population management, and cost savings.</li> <li>• Better align staffing levels with patient volumes/units of service.</li> <li>• Assess utilization of diagnostic testing, lab testing, and use of medications and make reductions, as appropriate.</li> <li>• Standardize supplies and medical implants</li> <li>• Improve OR efficiency and block utilization</li> </ul>
<p><b>Our Vision</b> <i>(What we aspire to be)</i></p> <p><b>To be your world-class healthcare choice, for life.</b></p>	<p><b>Kaweah Care Culture</b> <i>Recruit, develop, and retain the best staff and physicians to create an ideal work environment and ensure that patients receive excellent compassionate care.</i></p>	<ul style="list-style-type: none"> <li>• <b>Pulse Survey - Improve ≥50% Tier 3 Teams to Tier 2 or higher</b></li> <li>• EE Engagement survey - 4.19 engagement score (65th ptile)</li> <li>• Physician Engagement survey – 3.68 alignment score</li> <li>• SAQ Teamwork: 66%; Safety 73%</li> <li>• <b>HCAHPS Overall Rating: 76.5% 9s and 10s during FY21</b></li> <li>• <b>ED Patient experience: Overall Rating: 70% during FY21</b></li> </ul>	<ul style="list-style-type: none"> <li>• Pulse &amp; Employee Engagement Survey and action planning</li> <li>• Leadership Development programs</li> <li>• Just Culture Commitment – Staff awareness</li> <li>• GME faculty and Medical Staff Leader Development</li> <li>• Physician Engagement Committee work</li> <li>• Operation Always - Patient engagement</li> <li>• Safety attitudes questionnaire (SAQ) and action planning</li> <li>• Increase Kaweah Care recognitions and celebrations</li> <li>• Develop performance scorecards for leaders, physicians, medical directors and department chairs</li> </ul>
<p><b>Our Pillars</b></p> <p>Achieve <b>outstanding community health</b></p> <p>Deliver <b>excellent service</b></p> <p>Provide an <b>ideal work environment</b></p>	<p><b>Outstanding Health Outcomes</b> <i>Demonstrate that we are a high-quality provider so that patients and payers choose Kaweah Delta.</i></p>	<ul style="list-style-type: none"> <li>• Leapfrog B</li> <li>• <b>CAUTI ≤ 0.774</b></li> <li>• <b>CLABSI ≤ 0.687</b></li> <li>• <b>MRSA ≤ 0.763</b></li> <li>• <b>Sepsis bundle ≥70%</b></li> <li>• 100% of Leapfrog/NQP Safe Practices points</li> <li>• Zero Defect performance- 100%</li> </ul>	<ul style="list-style-type: none"> <li>• Quality focus teams</li> <li>• Daily catheter and central line Gemba rounds</li> <li>• Improve compliance with sepsis bundle</li> <li>• Create diagnosis-specific committees to address mortality and readmissions</li> <li>• Infection prevention hand hygiene program</li> <li>• <b>Expand adoption and compliance with Cleveland Clinic quality metrics and best practices</b></li> </ul>
<p>Empower through <b>education</b></p> <p>Maintain <b>financial strength</b></p>	<p><b>Strategic Growth and Innovation</b> <i>Grow intelligently by expanding existing services, adding new services, and serving new communities.</i></p>	<ul style="list-style-type: none"> <li>• 2% growth in market share (FPSA)</li> <li>• 11.2% increase in IP surgical volume</li> <li>• Net 30 increase in the number of physicians in the market</li> <li>• Retain 11 KD residents (40%) in the Central Valley</li> <li>• Two new ambulatory locations</li> <li>• <b>TBD % increase in total OR capacity (available hours/minutes)</b></li> <li>• Launch telehealth services</li> <li>• Introduce new branding</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a comprehensive and coordinated ambulatory network strategy</li> <li>• Better monitor and manage patient referrals to ensure continuity of care</li> <li>• Enhance physician relations capabilities to improve recruitment, onboarding, and retention of physicians</li> <li>• Promote key service lines to a broader geographic market (e.g. Fresno and Kern Counties)</li> <li>• Continue work with community advisory groups and use public perception data to improve community relations</li> <li>• Refresh of organization branding and naming strategy</li> <li>• Complete master facility plan to modernize and expand facilities</li> </ul>
	<p><b>High Performing OP Delivery Network</b> <i>Improve the performance of our ambulatory services to provide greater access to care and keep people healthy.</i></p>	<ul style="list-style-type: none"> <li>• Employee engagement ≥ 50th percentile</li> <li>• OP patient satisfaction score ≥ 50th percentile</li> <li>• OP Outcome measures (A1c &lt; 9), blood pressure, depression screening, flu vaccine)</li> <li>• Clinic visits ≥ 100% of budget</li> <li>• Net income ≥ 100% of budget</li> <li>• Labor productivity ≥ 100% of budget</li> <li>• Provider deficiencies 0%</li> <li>• <b>RAF score of TBD, resulting in \$750,000 increase in revenue</b></li> </ul> <p style="text-align: right;"><b>171/364</b></p>	<ul style="list-style-type: none"> <li>• People: Leadership rounding with staff and physicians</li> <li>• Service: Leadership rounding with patients</li> <li>• Population health: Improve documentation/coding/billing processes for clinical documentation</li> <li>• Growth: Develop existing provider productivity/opportunity reports and identify new primary/specialty care opportunities</li> <li>• Finance: Monthly accountability meetings around operational measures</li> </ul>

# Organizational Efficiency and Effectiveness



# Strategic Initiative Charter: Organizational Efficiency & Effectiveness

## Objective

***Increase the efficiency and the effectiveness of the organization to reduce costs, lower length of stay, and improve outcomes.***

## Chair

Keri Noeske

## ET Sponsor

Regina Sawyer

Performance Measure	Baseline	FY21 Goal	FY22 Goal	FY23 Goal
Adult Acute Med/Surg Length of Stay	1.08 above GMLOS (4/2020)	ALOS within 0.75days of GMLOS	ALOS within 0.70 days of GMLOS	ALOS within 0.65 days of GMLOS
<b>Staffing Metrics</b>	<b>Prod hours/UOS</b>		<b>TBD</b>	<b>TBD</b>
Reduction of supply utilization/ price	<b>\$</b>	\$1,817,364	<b>TBD</b>	<b>TBD</b>
<b>Surgical implant standardization or spend</b>	<b>\$\$\$</b>		<b>TBD</b>	<b>TBD</b>
Average patient-out-patient-in time in the OR	30 minutes	28 Minutes	<b>TBD</b>	<b>TBD</b>
Spending per beneficiary score	0.97	0.97	0.96	0.95

## Team Members

Tom Rayner  
 Doug Leeper  
 Malinda Tupper  
 Ryan Gates  
 Dan Allain  
 Suzy Plummer

Strategies (Tactics)	Net Annual Impact (\$)*
Utilize the updated Resource Effectiveness Committee (REC) structure to improve patient flow, population management, and cost savings.	\$4,775,000
<b>Better align staffing levels with patient volumes/units of service.</b>	
<b>Assess utilization of diagnostic testing, lab testing, and use of medications and make reductions, as appropriate.</b>	
Standardize supplies and surgical implants to increase operational efficiency and reduce costs	\$1,817,364
<b>Improved OR efficiency</b>	

# Strategy Summary for: Resource Effectiveness Committee

Strategic Initiative: Organizational Efficiency & Effectiveness

## Objective

Through effective processes and practices, we will achieve maximum productivity with minimum wasted effort or expense.

## Key Components

- Implement performance improvement strategies to impact patient throughput, length of stay, and cost savings initiatives throughout the Kaweah Delta continuum.
- Identify barriers to improvement strategies, implement action plans related to the barriers with engagement from both Kaweah Delta staff and medical staff.
- Provide resources and remove barriers to REC teams to facilitate success of the identified goals and improvement strategies.
- Ensure REC and subcommittees are aligned with the strategic plan goals of the organization.

## Financial Impact

	FY2021	FY2022	FY2023
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs	(\$4,775,000)		
Contribution Margin			

Outcomes	FY21	FY22	FY23
Reduced Adult Acute Medical Surgical Length of Stay (1.08 above GMLOS effective April 2020)	ALOS w/i 0.75days of GMLOS	ALOS w/i 0.70 days of GMLOS	ALOS w/i 0.65 days of GMLOS
Reduced expenses from lower LOS	\$4,775,000	TBD	TBD

## Team Members

Keri Noeske, Regina Sawyer, Tom Rayner, Malinda Tupper, Doug Leeper, Dan Allain, Ryan Gates, Suzy Plummer

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# Strategy Summary for: Efficient Staffing Levels

Strategic Initiative: Organizational Efficiency & Effectiveness

**Objective**

Better align staffing levels with patient volumes and/or units of service.

**Key Components**

- Use daily labor and productivity reports to make decisions regarding staffing levels and flexing
- Identify and execute on opportunities to reduce overtime and contract labor

**Financial Impact**      FY2021      FY2022      FY2023

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Outcomes	FY21	FY22	FY23
Productive hours per UOS? Per discharge?			

**Team Members**

Keri Noeske, Regina Sawyer, Tom Rayner, Malinda Tupper, Doug Leeper, Dan Allain, Ryan Gates, Suzy Plummer

# Strategy Summary for: Resource Utilization

Strategic Initiative: Organizational Efficiency & Effectiveness

## Objective

Assess the organization’s utilization rates for diagnostics, imaging, lab, and pharmacy to identify and execute on opportunities for improvement and overall cost savings.

## Key Components

- Reduction of readmissions

Outcomes	FY21	FY22	FY23
MSPB KD Penalty \$	< 151,800	< 110,000	<70,000
MSPB KD Rate	0.97	0.96	0.95
MSPB Hospital Amount	< \$21,544.14	<\$20,544.14	<\$19,544.14
Compliance with American College of Radiology testing rates			

## Financial Impact

	FY2021	FY2022	FY2023
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

## Team Members

Keri Noeske, Regina Sawyer, Tom Rayner, Malinda Tupper, Doug Leeper, Dan Allain, Ryan Gates, Suzy Plummer



# Strategy Summary for: Standardize Use of Supplies and Implants

Strategic Initiative: Organizational Efficiency & Effectiveness

## Objective

Increase the standardization of supplies and surgical implants to achieve cost savings and operational efficiency.

## Key Components

- Work with orthopedic co-management committee to reduce the number of implant vendors (currently 7)
- Assess the utilization rate of supplies, identify opportunities, and execution of improvement strategies
- Standardize supply vendors and negotiate pricing

Outcomes	FY21	FY22	FY23
Implant utilization or spend?	TBD		
Number of orthopedic implant vendors	TBD		
Supply utilization and/or spend reduction	\$1,817,364	TBD	TBD

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Financial Impact	FY2021	FY2022	FY2023
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies	(\$1,817,364)		
Other			
Total Costs			
Contribution Margin			

## Team Members

Keri Noeske, Regina Sawyer, Tom Rayner, Malinda Tupper, Doug Leeper, Dan Allain, Ryan Gates, Suzy Plummer

# Strategy Summary for: Operating Room Efficiency

Strategic Initiative: Organizational Efficiency & Effectiveness

## Objective

Improve operating room efficiency to reduce costs and increase patient capacity.

## Key Components

- Work with physicians to improve the percentage of on-time start times for the first OR cases of the day
- Process improvement initiatives to reduce room turn around times
- Increase OR capacity with expanded hours of operation
- Work with OR governance committee to reallocate block times to increase utilization and to provide more surgeons with necessary block time

Outcomes	FY21	FY22	FY23
Average patient-out-patient-in time	28 minutes		
Block time utilization rate			
First case on-time start rate			

## Financial Impact

	FY2021	FY2022	FY2023
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

## Team Members

Keri Noeske, Regina Sawyer, Tom Rayner, Malinda Tupper, Doug Leeper, Dan Allain, Ryan Gates, Suzy Plummer

# Kaweah Care Culture

# Strategic Initiative Charter: Kaweah Care Culture

## Objective

Recruit, develop, and retain the best staff and physicians to create an ideal work environment and ensure that patients receive excellent compassionate care.

## Chair

Laura Goddard

## ET Sponsor

Dianne Cox

Performance Measure	Baseline	FY21 Goal	FY22 Goal	FY23 Goal
Employee Engagement	4.12 (51 <sup>st</sup> ptile)	4.19 (65 <sup>th</sup> ptile)	TBD	TBD
Physician Engagement	3.55 alignment score	3.68 alignment score	TBD	TBD
Patient Engagement	July 19-March 20 73.8% HCAHPS 64.5% ED PEC	76.5% HCAHPS 70% ED PEC	78.0% HCAHPS 72% ED PEC	80.0% HCAHPS 75% ED PEC
Safety Culture	SAQ Teamwork: 63% Safety: 69%	SAQ Teamwork: 66% Safety: 73%	TBD	TBD

## Team Members

Teresa Boyce  
Ed Largoza  
Keri Noeske  
Brittany Taylor  
Sandy Volchko  
Anu Banerjee

Strategies (Tactics)	Net Annual Impact (\$)*
Employee Engagement	
Physician Engagement	
Patient Engagement	
Safety Culture (Safety Climate & Teamwork Climate)	

\* Average annual impact over 3 years

# Strategy Summary for: Employee Engagement

Strategic Initiative: Kaweah Care Culture

## Objective

Create an inspiring and supportive culture to attract, engage, develop and retain the best people to provide personal, professional and compassionate care.

## Key Components

- Pulse Survey of 22 Tier 3 groups
- Employee Engagement Survey and action planning
- Kaweah Care Recognition and celebrations
- Leadership Development and Emerging Leaders programs
- Kaweah Care Culture Virtual Community (intranet launch)
- Kaweah Care University
- Compensation/PTO/Benefits Review
- Employee Performance/Retention Review
- Employee wellness and wellbeing

Outcomes	FY21	FY22	FY23
Employee Engagement Survey	4.19	TBD	TBD
Pulse Survey	≥50% Tier 3 Teams to Tier 2 or higher	TBD	TBD

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

## Team Members

Laura Goddard, Dianne Cox, Teresa Boyce, Ed Largoza, Keri Noeske, Brittany Taylor, Sandy Volchko

# Strategy Summary for: Physician Engagement

Strategic Initiative: Kaweah Care Culture

## Objective

Create an inspiring and supportive culture to attract, engage, develop and retain the best people to provide personal, professional and compassionate care.

## Key Components

- Promote provider participation in 2019 survey action plans
- Promote 2021 Physician Engagement survey participation.
- Establish and communicate 2021 action plans to Medical Staff, leadership and Board of Directors
- Exit Interviews to inform better Physician retention
- GME engagement and retention events
- Promote & empower Physician Engagement Committee

Outcomes	FY21	FY22	FY23
Physician Engagement Survey	3.68 align score	TBD	TBD
Patient Throughput Improvement	ALOS +0.75 of GMLOS	TBD	TBD
GME Retention	40%	TBD	TBD

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue (ALOS goal)			
Expenses	No additional		
Labor	No additional		
Supplies	No additional		
Other			
Total Costs			
Contribution Margin			

## Team Members

Laura Goddard, Dianne Cox, Teresa Boyce, Ed Largoza, Keri Noeske, Brittany Taylor, Sandy Volchko

# Strategy Summary for: Patient Engagement

Strategic Initiative: Kaweah Care Culture

## Objective

Promote a patient-centered focus in all of our work.

### Key Components

- Operation Always commitments and tracking
  - Leader Rounding
  - Communication Boards/Medicine Guide/Patient Guide
- Communicate monthly survey results to leadership, Board of Directors, providers, and organization
- Support increased communication amongst physicians for better coordinated plan of care
- Work with underperforming areas to implement strategies to improve patient experience
- Develop scorecards to drive improvement by increasing visibility of performance data and requiring accountability

Outcomes	FY21	FY22	FY23
HCAHPS Overall Rating	76.5% (75 <sup>th</sup> )	78.0 (75 <sup>th</sup> )	80.0 (83 <sup>rd</sup> )
ED PEC Overall Rating	70% (50 <sup>th</sup> )	72% (75 <sup>th</sup> )	75% (90 <sup>th</sup> )

Financial Impact	FY21	FY22	FY23
Capital Requirements	None	None	None
Revenue (Domain Earnback)	\$574,212	TBD	TBD
Expenses <sup>[1]</sup>			
Labor	\$231,384	\$237,860	\$244,520
Supplies	\$8,000	\$8,000	\$8,000
Other	\$150,000	\$150,000	\$150,000
Total Costs	\$389,384	\$395,860	\$402,520
Contribution Margin	\$184,828	TBD	TBD

### Team Members

[1] Already included in FY21 budget

Laura Goddard, Ed Largoza, Dianne Cox

# Strategy Summary for: Safety Culture

Strategic Initiative: Kaweah Care Culture

## Objective

Support an ever-improving safety culture to promote trust, encourage transparency and examination of patient safety to prevent errors and injuries.

## Key Components

- Safety Attitudes Questionnaire (SAQ) and action planning
- CUSP team support and expansion
- TeamSTEPPS leadership training cohort and tool implementation
- Just Culture staff awareness
- Safety recognition and awards

Outcomes	FY21	FY22	FY23
SAQ – Teamwork Climate score	66%	TBD	TBD
SAQ – Safety Climate score	73%	TBD	TBD

Financial Impact	2020	2021	2022
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

## Team Members

Laura Goddard, Dianne Cox, Teresa Boyce, Ed Largoza, Keri Noeske, Brittany Taylor, Sandy Volchko, Anu Banerjee



# Outstanding Health Outcomes

# Strategic Initiative Charter: Outstanding Health Outcomes

## Objective

Over the next 2-3 years, achieve an “A” Leapfrog Safety Score and a CMS 4 Star Rating through the consistent application of best practices and innovative strategies.

## Chair

Sandy Volchko

## ET Sponsor

Anu Banerjee

Performance Measure	Baseline FYTD	FY21 Goal	FY22 Goal	FY23 Goal
Infection Prevention Measure Bundle (CMS population only)	CAUTI 0.969 CLABSI 0.94 MRSA 1.33	CAUTI ≤ 0.774* CLABSI ≤ 0.687* MRSA ≤ 0.763*	CAUTI ≤ 0.735 (-5%) CLABSI ≤ 0.653 (-5%) MRSA ≤ 0.725 (-5%)	CAUTI ≤ 0.698 (-5%) CLABSI ≤ 0.620 (-5%) MRSA ≤ 0.689 (-5%)
Patient Safety Indicators (PSI90)**	0.86 (3/1/19-4/30/20)	≤ 0.75	≤ 0.71 (-5%)	≤ 0.67 (-5%)
Sepsis Bundle Compliance (SEP-1)	TBD end of FY20	≥70%	≥75% (+7%)	≥80% (+7%)
COPD Mortality o/e	2.5 (7/1/19-3/31/20)	2.25 (-10%)	2.02 (-10%)	1.82 (-10%)
AMI 30 Day Readmission	12.613	11.98% (-5%)	11.98% (-5%)	11.98% (-5%)
CABG 30 Day Readmission	9.091	8.64% (-5%)	8.64%	8.64%
Heart Failure 30 Day Readmission	18.713	16.84% (-10%)	15.00%(-5%)	14.25%(-5%)
COPD 30 Day Readmission	11.111	10.00% (-10%)	9.5% (-5%)	9.05% (-5%)
Pneumonia 30 Day Readmission	17.021	15.38%	14.61% (-5%)	13.88% (-5%)
Hip/Knee 30 Day Readmission	1.724	0	0	0
Leapfrog/NQF Safe Practices	100% of points	100% of points	100% of points	100% of points
Leapfrog	C	B	A	A
Zero Defects Goal		100%	186/364 100%	100%

## Team Members

Sandy Volchko  
Anu Banerjee  
Tom Gray, MD  
Evelyn McEntire  
Shawn Elkin

\*2021 VBP thresholds  
\*\*Included in 2023 VBP

PSI90 Benchmarks:  
Midas (4/1/19-3/31/20): All Payor – 0.90,  
Medicare 0.75  
CMS: 1.0 (2018)

Readmission benchmarks:  
CMS: 15.3% (Q317 - Q218)  
Midas: 8.92% (Pacific Nw), 9.46 National

# Strategic Initiative Charter: Outstanding Health Outcomes

## Objective

Over the next 2-3 years, achieve an “A” Leapfrog Safety Score and a CMS 4 Star Rating through the consistent application of best practices and innovative strategies.

## Chair

Sandy Volchko

## ET Sponsor

Anu Banerjee

## Strategies (Tactics)

## Net Annual Impact (\$)\*

## Team Members

### Infection Prevention Measure Bundle:

1. CAUTI, CLABSI/MRSA Quality Focus Teams
2. Daily catheter and central line Gemba rounds
3. Enhanced daily huddles, education/awareness, culture of culturing

2% Medicare reimbursement per beneficiary (star rating); CMS HAC & VBP Program penalties

Sandy Volchko  
Anu Banerjee  
Tom Gray, MD  
Evelyn McEntire  
Shawn Elkin

### Patient Safety Indicators (PSI):

1. PSI Committee; timely review of PSI from CDI, HIM, Surgeon Champion and Quality & P/S; clinical system enhancements

CMS HAC and VBP Program penalties

### Sepsis Bundle Compliance

1. Multidisciplinary Quality Focus Team
2. Sepsis Coordinators
3. Focus Six Sigma QI Strategies to address root causes of bundle non-compliance

Reduction to length of stay

### Mortality/Readmissions

1. Enhanced diagnostic specific workgroups/committees

Readmission Reduction Program & VBP

### Leapfrog/NQF Safe Practice

1. Med Safety Initiatives, SAQ administration, dissemination & QI, nursing staffing/adverse events, CPOE

No financial impact

### Zero Defects

1. Achieve zero defects, or “never events”

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# Strategy Summary for: Infection Prevention Measure Bundle

Strategic Initiative: Outstanding Health Outcomes

## Objective

Over the next 2-3 years, achieve an “A” Leapfrog Safety Score and a CMS 4 Star Rating through the consistent application of best practices and innovative strategies.

## Key Components

- CAUTI, CLABSI, MDROC Quality Focus Teams
- IV Safety Team
- Hand hygiene monitoring system
- IUC/CL Gemba Rounds
- Enhanced shift safety huddles
- Enhanced bundle awareness/education

Outcomes	FY21	FY22	FY23
CAUTI	≤ 0.774	≤ 0.735	≤ 0.698
CLABSI	≤ 0.687	≤ 0.653	≤ 0.620
MRSA	≤ 0.763	≤ 0.725	≤ 0.689

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Impact to VBP penalties/incentives

## Team Members

Sandy Volchko, Anu Banerjee, Tom Gray, MD, Evelyn McEntire, Shawn Elkin

# Strategy Summary for: Patient Safety Indicators (PSIs)

Strategic Initiative: Outstanding Health Outcomes

## Objective

Over the next 2-3 years, achieve an “A” Leapfrog Safety Score and a CMS 4 Star Rating through the consistent application of best practices and innovative strategies.

## Key Components

- PSI Multidisciplinary Committee (MD, HIM, CDI & Q&P/S)
- Proactive CDI review
- Surgeon champion and Q&P/S review; peer review and system changes when indicated

## Financial Impact

	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance during budgeting process

Outcomes	FY21	FY22	FY23
PSI90	≤ 0.75	≤ 0.71 (-5%)	≤ 0.67

## Team Members

Sandy Volchko, Anu Banerjee, Tom Gray, MD, Evelyn McEntire, Shawn Elkin

# Strategy Summary for: (SEP-1) Sepsis Bundle Compliance

Strategic Initiative: Outstanding Health Outcomes

## Objective

Over the next 2-3 years, achieve an “A” Leapfrog Safety Score and a CMS 4 Star Rating through the consistent application of best practices and innovative strategies.

## Key Components

- Joint Commission Accreditation
  - Accreditation – Regulatory Committee (ARC)
  - Unit and system tracers
  - Workgroups addressing compliance

## Financial Impact

	2020	2021	2022
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance during budgeting process

Outcomes	FY21	FY22	FY23
SEP-1	≥70%	≥75%	≥80%

## Team Members

Sandy Volchko, Anu Banerjee, Tom Gray, MD, Evelyn McEntire, Shawn Elkin

# Strategy Summary for: CMS Mortality and Readmissions

Strategic Initiative: Outstanding Health Outcomes

## Objective

Over the next 2-3 years, achieve an “A” Leapfrog Safety Score and a CMS 4 Star Rating through the consistent application of best practices and innovative strategies.

## Key Components

- Enhanced diagnosis specific workgroups/committees
- Standardized care based on evidence

Outcomes	FY21	FY22	FY23
COPD Mortality o/e	-10%	-5%	-5%
AMI 30 Day Readmission	11.98% (-5%)	11.98% (-5%)	11.98% (-5%)
CABG 30 Day Readmission	8.64% (-5%)	8.64%	8.64%
Heart Failure 30 Day Readmission	16.84% (-10%)	15.00%(-5%)	14.25%(-5%)
COPD 30 Day Readmission	10.00% (-10%)	9.5% (-5%)	9.05% (-5%)
Pneumonia 30 Day Readmission	15.38%	14.61% (-5%)	13.88% (-5%)
Hip/Knee 30 Day Readmission	0	0	0 191/364

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance during budgeting process

## Team Members

Sandy Volchko, Anu Banerjee, Tom Gray, MD, Evelyn McEntire, Shawn Elkin

# Strategy Summary for: Leapfrog/NQF Safe Practices

Strategic Initiative: Outstanding Health Outcomes

## Objective

Over the next 2-3 years, achieve an “A” Leapfrog Safety Score and a CMS 4 Star Rating through the consistent application of best practices and innovative strategies.

## Key Components

### Leapfrog/NQF Safe Practices

- Safety Attitudes Questionnaire (SAQ)
  - Administration
  - Dissemination
  - QI strategies
- Medication safety workgroups addressing bar code scanning
- Workgroups addressing clinical decision support in CPOE
- Workgroup addressing safe practices in maternal child health
- Infection prevention hand hygiene program
- Workgroup addressing nurse staffing and adverse events

## Financial Impact

	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance during budgeting process

Outcomes	FY21	FY22	FY23
Leapfrog/NQF Safe Practice Score	100% of points	100% of points	100% of points

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## Team Members

Sandy Volchko, Anu Banerjee, Tom Gray, MD, Evelyn McEntire, Shawn Elkin



# Strategy Summary for: ZERO DEFECTS / ZERO PATIENT HARM

Strategic Initiative: Outstanding Health Outcomes

## Objective

Over the next 2-3 years, achieve a ZERO DEFECTS for NEVER Events through improved engagement, high reliability interventions, reducing variation across clinical practices.

## Key Components

### Achieve ZERO DEFECTS and ZERO PATIENT HARM Events:

- Wrong side / Wrong patient / Wrong Procedure
- Unintended Retention of Foreign Object (RFO)
- Medication Errors resulting in patient harm
- Mislabeled Lab Specimens
- Failure to Provide Safe Handling of Tissues, Organs and parts to another facility
- Failure to follow safety and evaluation processes for Mental Health patients identified as at risk for Suicide
- Patient Death / Disability associated with Patient Elopement
- Blood Transfusion Errors

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance during budgeting process

Outcomes	FY21	FY22	FY23
ZERO DEFECTS GOAL	100%	100%	100% 193/364

## Team Members

Sandy Volchko, Anu Banerjee, Tom Gray, MD, Evelyn McEntire, Alexandra Bennett

# Strategic Growth and Innovation

# Strategic Initiative Charter: Strategic Growth and Innovation

**Objective**

**Grow intelligently** by expanding existing services, adding new services, and serving new communities.

**Chair**

Coby La Blue

**ET Sponsor**

Marc Mertz

Performance Measure	Baseline	FY21 Goal	FY22 Goal	FY23 Goal
Market Share (FPSA) <sup>[1]</sup>	63%	65%	67%	69%
Net new physicians in the market	n/a	30	TBD	TBD
New ambulatory locations	n/a	2	3	1
Increased IP surgery volume	n/a	11.2%	TBD	TBD

**Team Members**

Minty Dillion  
 John Leal  
 Ryan Gates  
 Dan Allain

Strategies (Tactics)	Net Annual Impact (\$)*
Ambulatory Network Strategy	
Physician Recruitment and Retention	
Service Line Expansion and Optimization	
New Service Line Growth	
Branding	
Facility Planning	

[1] Based on OSHPD data CY2018

\* Average annual impact over 3 years

# Strategy Summary for: Ambulatory Network Strategy

Strategic Initiative: Strategic Growth and Innovation

## Objective

Provide access to care for all of the population through expansion of Kaweah Delta's network reach through acquisition/expansion of service locations, service areas, and innovative payer contracting strategies.

## Key Components

- Develop a comprehensive and coordinated ambulatory care strategy that expands access across a broad range of service models and locations (FQHC, RHC, KDMF, school/employer-based medicine)
- Develop a centralized referral process for efficient connection of patients to needed services
- Assess the opportunities of a managed Medi-Cal strategy
- Develop additional strategic affiliations that will increase patient access points and market share
- Expand access to specialty physicians (e.g. cardiology, neurosurgery, urology, etc.) in the RHCs and FQHC

Outcomes	FY21	FY22	FY23
Increased "at risk" lives within a Managed Medi-Cal strategy	7,500	10,000	12,000
Overall referral rate to in-network providers	Baseline	+5%	+5%

Financial Impact	FY21	FY22	FY23
Capital Requirements	\$6,000,00	\$10,500,000	\$4,000,000
Revenue	Capital expenses are for new		
Expenses	locations.		
Labor	Use Tulare Clinic pro forma to		
Supplies	estimate impact of new clinics		
Other			
Total Costs	Impact of referral rate		
Contribution Margin	increase?		

## Team Members

Coby La Blue, Marc Mertz, Ryan Gates, Minty Dillon

# Strategy Summary for: Physician Recruitment and Retention

Strategic Initiative: Strategic Growth and Innovation

## Objective

Increase the number of primary and specialty physicians in the community.

### Key Components

- Recruit needed primary care providers and key specialists (GI, Urology, Psychiatry)
- Increase number of physicians in KDMF
- Evaluate development of new residency programs
- Develop residential facilities in Visalia to support rotating medical students, residents, and other individuals
- Build on affiliation with USC and potentially other institutions, as appropriate
- Development of a comprehensive physician onboarding program
- Expand physician relations and liaison programs/activities

Outcomes	FY21	FY22	FY23
Achieve a net gain of physicians year-over-year	30	TBD	TBD
Achieve the increase in KDMF physicians projected in the KDMF budget and Physician Staffing Plan	12	TBD	TBD
Reduce the number of practicing physicians that leave the area	<7% (national average)	<7%	<7% 197/364
Increase retention of KD residents in Central Valley	11 physicians (40%)	40%	40%

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

### Team Members

Coby La Blue, Marc Mertz, Brittany Taylor

# Strategy Summary for: Service Line Expansion and Optimization

Strategic Initiative: Strategic Growth and Innovation

## Objective

Expand key Kaweah Delta Service lines through addition of related services not currently offered, new affiliations, new specialty or sub-specialty providers, and new locations.

## Key Components

- Expand operating room capacity through improved efficiency, expanded hours/days, and/or development of new rooms
- Expand neurosciences, urology, and gastroenterology service offerings through marketing, potential partnerships, and improved physician relations/alignment
- Target new markets for growth of key service lines (e.g. Fresno and Kern Counties)

Outcomes	FY21	FY22	FY23
Increase number of patients/enrolled lives in condition-specific clinics	15%	15%	15%
Increase volume in IP surgery volume	11.2%	TBD	TBD
Increase volume in OP surgery volume	16.7%	TBD	TBD
Neurosurgery market share (FPSA) <sup>[1]</sup>	35%	40%	45%
Orthopedic market share (FPSA) <sup>[1]</sup>	57%	60%	64%
Open heart surgery market share (FPSA) <sup>[1]</sup>	70%	72%	75%
Recruit additional urologists	2	2	0

[1] Based on OSHPD data CY2018

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses	Use contribution margin by service to project \$\$ increase related to market share increases		
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

## Team Members

Coby La Blue, Marc Mertz, Ryan Gates, and Dan Allain

# Strategy Charter for: New Service Line Growth

Strategic Initiative: Strategic Growth and Innovation

## Objective

Implement new and innovative services needed by the communities served by Kaweah Delta.

## Key Components

- Comprehensive outpatient behavioral health program, potentially supported by state BHI grant, including expansion of services in RHCs and new Medicare/Commercial clinic
- Launch telehealth / home monitoring services, to include local physicians
- Establish a comprehensive bariatric surgery program
- Consider addition of other needed services (e.g. occupational health, adult day care, adolescent residential services)

Outcomes	FY21	FY22	FY23
Bariatric IP cases	50	100	120
Telehealth visits	8,800	10,000	15,000
New behavioral health locations (via pending BHI grant)	3	1	0

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

## Team Members

Coby La Blue, Marc Mertz, John Leal, Tracy Salsa

# Strategy Charter for: Branding

Strategic Initiative: Strategic Growth and Innovation

## Objective

Increase community awareness of the Kaweah Delta name and services offered through consistent branding, marketing and community education.

## Key Components

- Market additional capabilities of key services such as cardiology/CV surgery, neurosurgery, orthopedics, and vascular surgery
- Refresh of organization branding and naming strategy
- Promote affiliations with Cleveland Clinic and University of Southern California to increase awareness and market share
- Marketing with emphasis on community involvement and full continuum of services
- Continue work with community advisory groups to use public perception survey results to improve community relations

Outcomes	FY21	FY22	FY23
Successful launch of new branding	Launch		
PSA market share	79%	80%	81%
SSA market share	34%	36%	38%
FPSA market share	65%	67%	69%
Measured improvement in public perception surveys	Baseline- TBD	+5%	+5%

Financial Impact	FY21	FY22	FY23
Capital Requirements	\$450,000		
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs	\$165,000		
Contribution Margin			

## Team Members

Coby La Blue and Marc Mertz

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# Strategy Charter for: Facility Planning

Strategic Initiative: Strategic Growth and Innovation

## Objective

Modernize and expand Kaweah Delta's facilities to better meet the needs of our growing community.

## Key Components

- Complete the master facility planning process
- Launch a community engagement campaign to share and solicit input on facility planning options
- Add primary care access points in new markets
- Develop plans to increase access to outpatient surgery and endoscopy services
- Develop multi-year plan to increase OR capacity
- Work with local providers to increase access to skilled nursing homes so that KD patients can be discharged earlier

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Outcomes	FY21	FY22	FY23
New RHC locations	1	1	0
New KDMF locations	1	1	0
New FQHC locations (not including conversions)	0	1	1
Increased OR capacity (IP and OP)	TBD	TBD	TBD

## Team Members

Marc Mertz, Deborah Volosin, Ryan Gate, Paul Schofield, Dan Allain, Julieta Moncata

# High Performing OP Network

# Strategic Initiative Summary: High Performing OP Delivery Network

## Objective

*Develop, maintain and grow a high-performing OP delivery network*

## Chair

Jessica Rodriguez  
Sonia Duran-Aguilar

## ET Sponsor

Ryan Gates

High Priority Performance Measures and the Pillars they Support	Baseline	FY21 Goal	FY22 Goal	FY23 Goal
<b>People – Provide an ideal work environment</b>				
Employee Engagement Score		50 <sup>th</sup> %ile (4.11)	60 <sup>th</sup> %ile (4.17)	75 <sup>th</sup> %ile (4.24)
Physician Engagement Score		TBD	TBD	TBD
<b>Service –Deliver excellent service</b>				
Outpatient Patient Satisfaction Score (CG-CAHPS-Overall Doctor Rating)		50 <sup>th</sup> %ile (81%)	60 <sup>th</sup> %ile (83%)	75 <sup>th</sup> %ile (87%)
<b>Population Health – Achieve outstanding community health</b>				
Outpatient Patient Outcome Measures (A1c <9, Blood Pressure, Depression Screening, Flu Vaccines)		TBD	TBD	TBD
Overall risk adjustment factor (RAF) score	XXXX	TBD	TBD	TBD
<b>Growth – Maintain financial strength</b>				
Clinic Visits		100% to budget	100% to budget	100% to budget
<b>Finance – Maintain financial strength</b>				
Net Income		100% to budget	100% to budget	100% to budget
Labor Productivity		100% to budget	100% to budget	100% to budget
Provider deficiencies		0% variance	0% variance	0% variance

## Team Members

- Marc Mertz
- Dr. Monica Manga
- Dr. Mario Martinez
- Ed Largoza
- Luke Schneider
- Lacy Jensen
- Leslie Bodoh
- Clint Brown
- Gail Robinson
- Jill Anderson
- John Leal
- Ivan Jara
- Tracy Salsa
- Barry Royce
- Pico Griffith

Strategies (Tactics)	Net Annual Impact (\$)
People: Leadership rounding with staff and physicians	Turn over reduction % to get \$\$ saved
Service: Leadership rounding with patients	\$\$ gained for CGCAPS scores in PRIME
Population Health: Improve documentation/coding/billing processes for clinical documentation ** Close quality and hierarchical condition category gaps for SIH plan ** Focused committee efforts around clinical quality measurement improvement	\$\$ saved by closing SIH gaps \$\$ increased through PMPM performance \$\$ associated in PRIME for quality measures
Growth: Develop existing provider productivity/opportunity reports & identify new primary/specialty opportunities to add	Opportunity # of visits able to be captured by low volume & new providers
Finance: Monthly accountability meetings around operational measures ** Including financial targets of visit volume, provider productivity, labor productivity, expenses and completion of provider deficiencies	% of last year budget gap to this year budget actual

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# Strategy Summary for: People – Provide an Ideal Work Environment

Strategic Initiative: High Performing OP Delivery Network

## Objective

*Develop, maintain and grow a high-performing OP delivery network*

### Key Components

1. Use SAQ and Employee Engagement results to identify areas for improvement and ensure management and staff work together with leadership to resolve
2. Use Physician Survey results to identify areas for improvement and ensure management and staff work together with physicians and leadership to resolve
3. Leadership rounding with staff and physicians
4. Executive rounding with staff and physician
5. Incorporate into monthly dashboard rolled up overall and drilled down to clinic/provider level coupled with monthly accountability meetings around operational measures

### Financial Impact

	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Outcomes	FY21	FY22	FY23
Employee Engagement Score	50 <sup>th</sup> %ile (4.11)	60 <sup>th</sup> %ile (4.17)	75 <sup>th</sup> %ile (4.24)
Physician Engagement Score	TBD	TBD	TBD

### Team Members

Ryan Gates, Jessica Rodriguez, John Leal, Ivan Jara

# Strategy Charter for: Service – Deliver Excellent Service

Strategic Initiative: High Performing OP Delivery Network

## Objective

*Develop, maintain and grow a high-performing OP delivery network*

### Key Components

1. Assess Outpatient Patient Satisfaction Scores (CG-CAHPS-Overall Doctor Rating) and develop opportunities for improvements based on patient feedback
2. Monthly monitoring of MIDAS reports of patient grievances and patient safety/adverse events and develop corrective action plans when applicable
3. Monthly Continuous Quality Improvement Committee (CQI) and Population Health Initiative Steering Committees to provide oversight and guidance in ensuring the delivery of excellent service
4. Incorporate into monthly dashboard rolled up overall and drilled down to clinic/provider level coupled with monthly accountability meetings around operational measures

### Financial Impact

	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Outcomes	FY21	FY22	FY23
Outpatient patient satisfaction scores (CG-CAHPS) <ul style="list-style-type: none"> <li>- Overall Doctor Rating</li> <li>- Office Staff Quality</li> <li>- Provider Communication</li> <li>- Access</li> </ul>	50 <sup>th</sup> %ile (81%)	60 <sup>th</sup> %ile (83%)	75 <sup>th</sup> %ile (87%)

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### Team Members

Ryan Gates, Jessica Rodriguez, John Leal, Ivan Jara

# Strategy Charter for: Population Health – Achieve Outstanding Community Health

## Strategic Initiative: High Performing OP Delivery Network

### Objective

*Develop, maintain and grow a high-performing OP delivery network*

### Key Components

1. Participation in a myriad of population health programs (i.e. PRIME, Health Homes, QIP, BHI, health plan incentives, etc.)
2. As metrics are met, retire and replace with other prioritized metrics. Through our various population health programs we report on over 80 metrics but will focus on in metrics in a prioritized fashion to ensure focus and impact
3. Identify opportunities for improvement (i.e. Cerner enhancements, clinic workflows, care coordination, patient outreach, provider documentation, etc.)
4. Leverage LVN care coordinators, community outreach workers, providers and clinic teams to use COZEVA and Cerner registries under development to close quality and HCC gaps
5. Incorporate into monthly dashboard rolled up overall and drilled down to clinic/provider level coupled with monthly accountability meetings around operational measures

### Financial Impact

	FY21	FY22	FY23
Capital Requirements			
Revenue	\$750,000		
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Outcomes	FY21	FY22	FY23
A1c <9%	TBD	TBD	TBD
High Blood Pressure	TBD	TBD	TBD
Depression Screening	TBD	TBD	TBD
Flu Vaccinations	TBD	TBD	TBD
RAF Score Improvement	\$750,000	TBD	TBD

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### Team Members

Sonia Duran-Aguilar, Ryan Gates, Jessica Rodriguez, John Leal, Ivan Jara

# Strategy Charter for: Growth – Maintain Financial Strength

Strategic Initiative: High Performing OP Delivery Network

## Objective

*Develop, maintain and grow a high-performing OP delivery network*

## Key Components

1. Clinic visit volume remains the strongest objective link to financial strength
2. Develop existing provider productivity/opportunity reports
3. Identify new primary/specialty opportunities to add
4. Incorporate into monthly dashboard rolled up overall and drilled down to clinic/provider level coupled with monthly accountability meetings around operational measures
5. Implementation and mature use of telehealth technologies
6. Aggressive marketing to community and targeted physician recruitment

Outcomes	FY21	FY22	FY23
Clinic Visits	100% to budget	100% to budget	100% to budget

## Financial Impact

	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

## Team Members

Ryan Gates, Jessica Rodriguez, John Leal, Ivan Jara

# Strategy Charter for: Finance – Maintain Financial Strength

Strategic Initiative: High Performing OP Delivery Network

**Objective**

*Develop, maintain and grow a high-performing OP delivery network*

**Key Components**

1. Incorporate into monthly dashboard rolled up overall and drilled down to clinic/provider level coupled with monthly accountability meetings around operational measures
2. Localize clinic management to provide real time management of staffing and productivity
3. Add additional locations and services in line with community needs and strategic plan
4. Convert strategic clinics to FQHC for PPS rate reimbursement to improve financial performance and sustainability

**Financial Impact**      FY21      FY22      FY23

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Outcomes	FY21	FY22	FY23
Net Income	100% to budget	100% to budget	100% to budget
Labor Productivity	100% to budget	100% to budget	100% to budget
Provider Deficiencies	0% variance	0% variance	0% variance

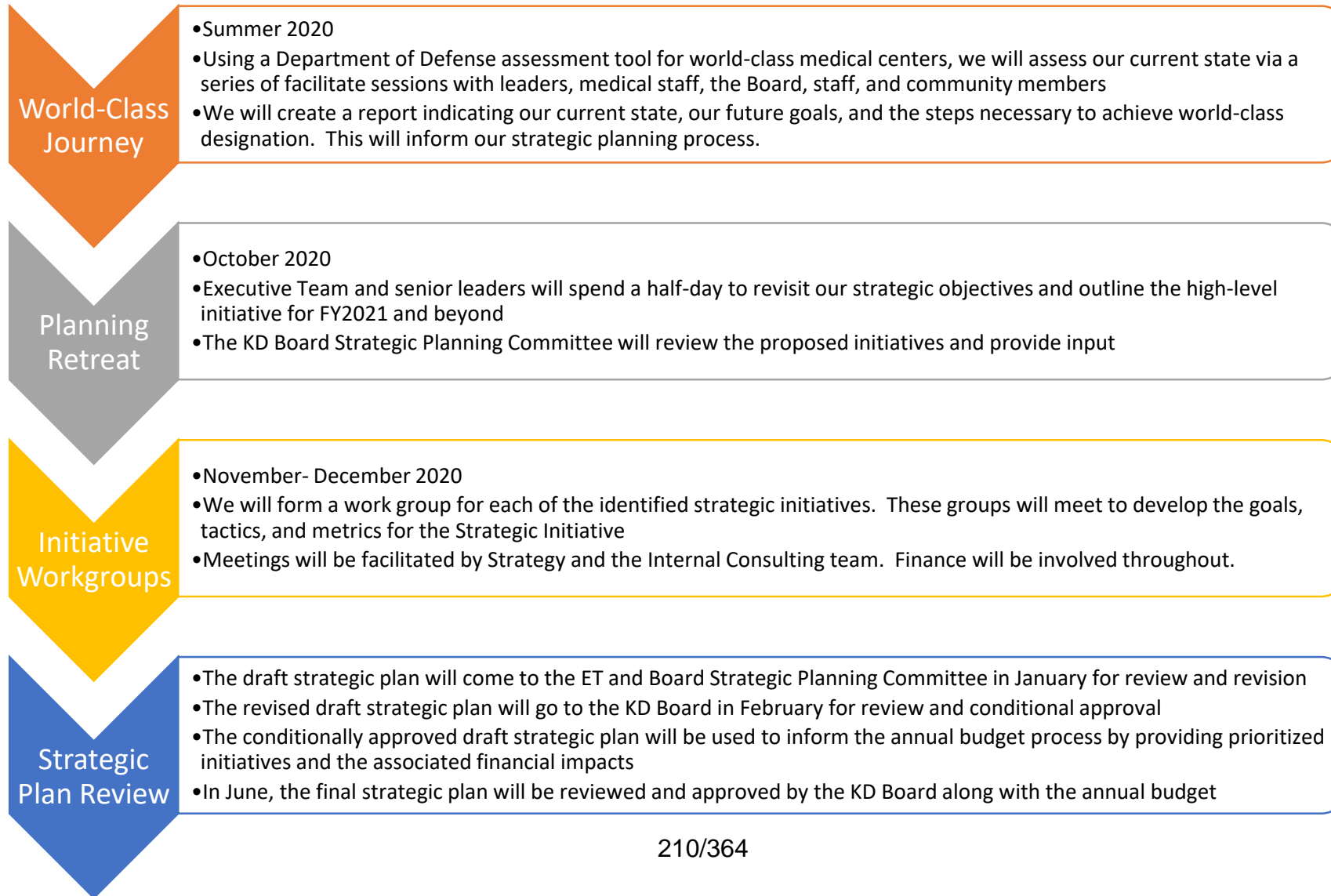
**Team Members**

Malinda Tupper, Ryan Gates, Jessica Rodriguez



# Proposed Kaweah Delta Fiscal Year 2022 Strategic Planning Process

# Proposed Fiscal Year 2022 Strategic Planning Process



M O R E T H A N M E D I C I N E . L I F E .

 Kaweah Delta Medical Center

# 2020-2021 Annual Budget Review

June 29, 2020



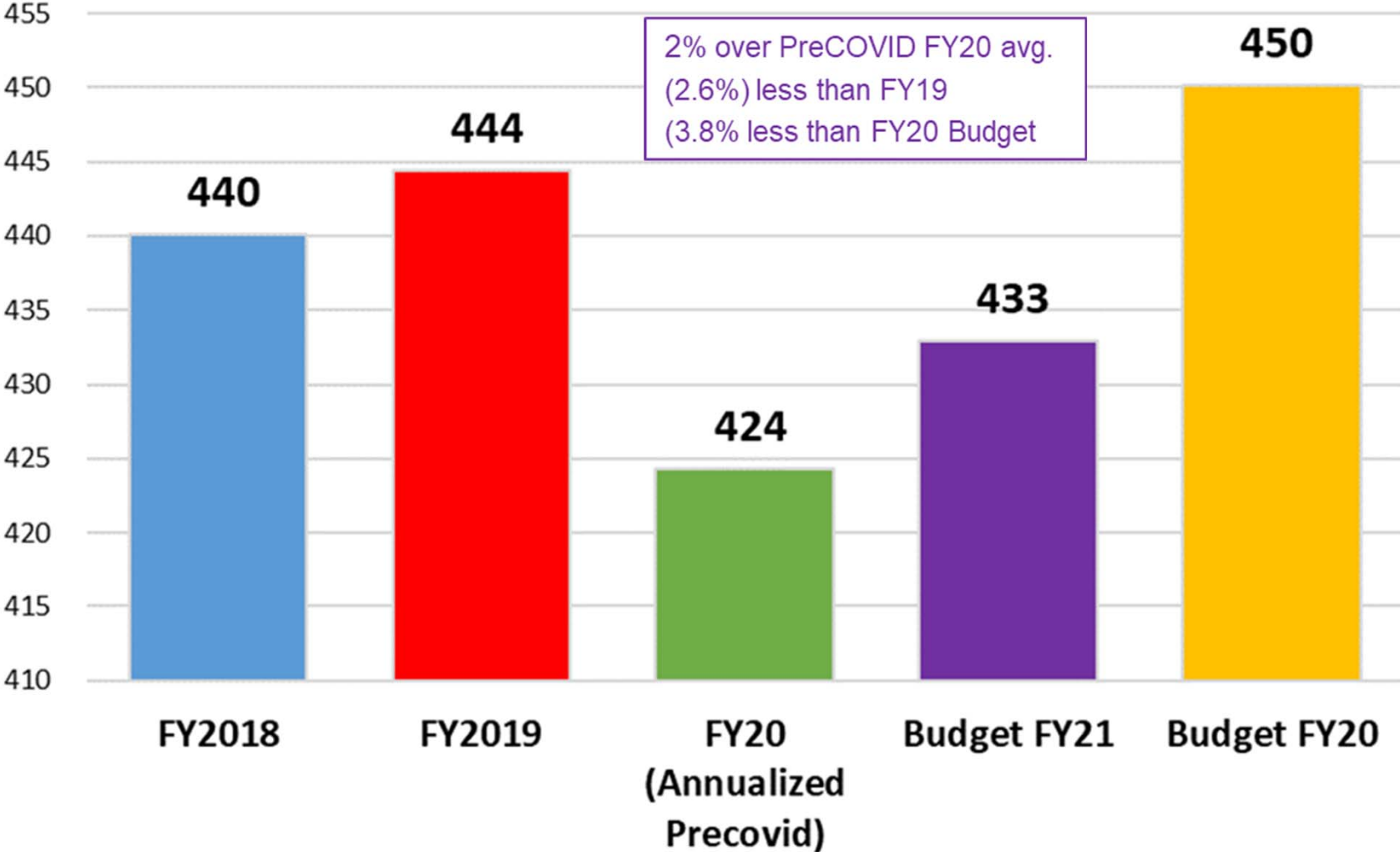
Kaweah Delta  
HEALTH CARE DISTRICT

2117364

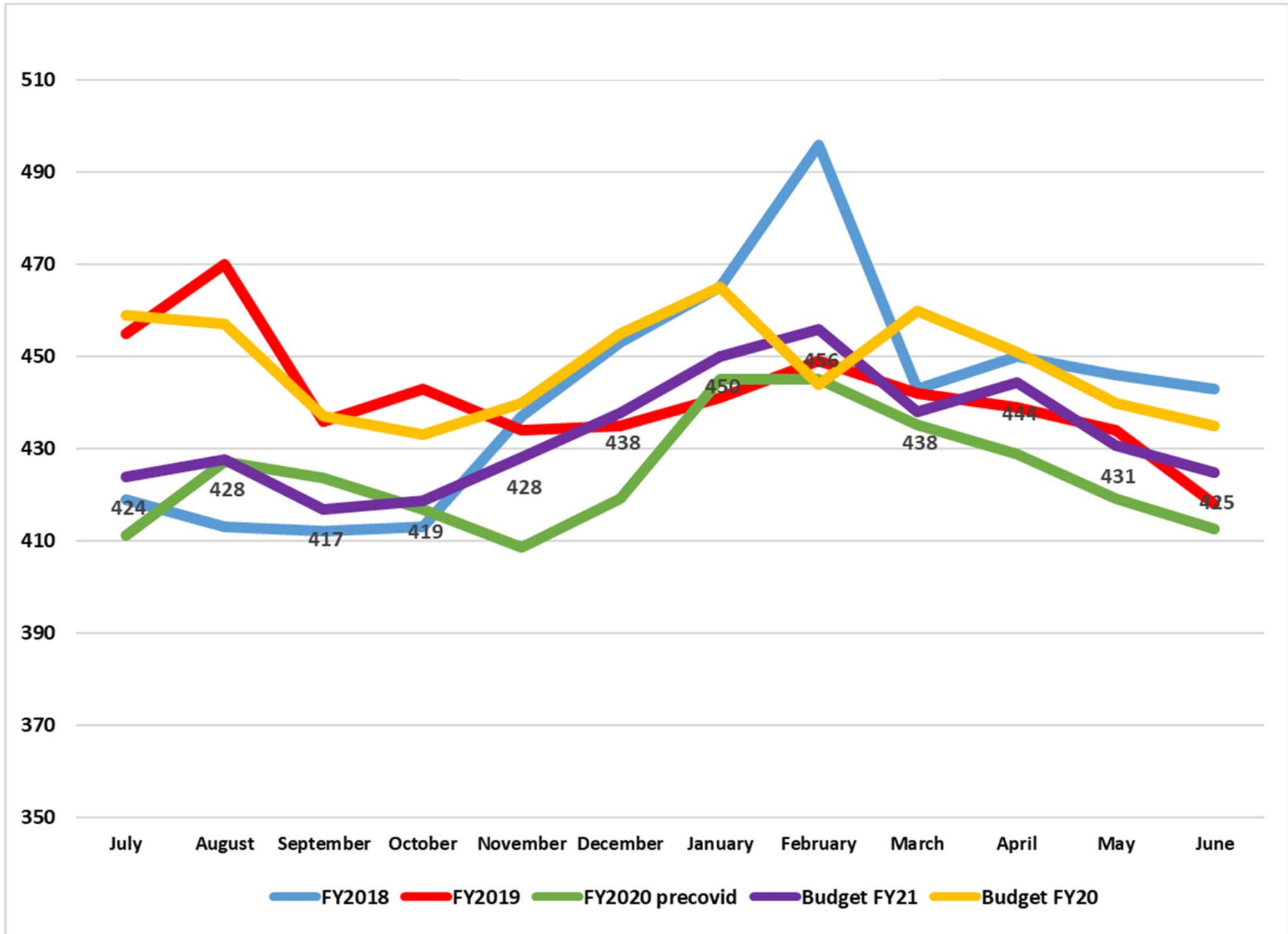
# 2020-2021 Annual Budget Review

- Quarterly Budget Review and Reforecast
- Budget Assumptions - Volume
- FY 21 Budgeted Income Statement Comparison
- Explanations Behind Significant Variances
- Budgeted Capital Purchases
- Projected Cash Flow
- Financial Ratios
- Additional Information

# Inpatient Volume



# Average Daily Census



# Inpatient Volumes

	FY 20 Annualized (Jul-Feb)	FY 21 Budget	Change	% Change
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**Average Daily Census**

**424                      433                      9                      2.0%**

**Patient Days:**

Medical Center	98,663	98,141	(522)	(0.5%)
Acute I/P Psych	17,092	17,092	0	0.0%
Sub-Acute	10,803	11,289	486	4.5%
Rehab	6,504	6,624	120	1.8%
TCS-Ortho	5,026	7,300	2,274	45.2%
TCS	6,052	6,031	(21)	(0.3%)
NICU	4,849	5,030	181	3.7%
Nursery	6,321	6,509	188	3.0%

**Total Patient Days**

**155,310                      158,016                      2,706                      1.7%**



# Other Volume Assumptions

	FY 20 Annualized Jul-Feb	FY 21 Budget	Change	% Change
<b>Adjusted Patient Days</b>	<b>308,383</b>	<b>323,675</b>	<b>15,293</b>	<b>4.9%</b>
<b>Equivalent Outpatient Volume</b>	<b>153,073</b>	<b>165,659</b>	<b>12,587</b>	<b>8.2%</b>

Kaweah Delta Medical Foundation	396,985	437,210	<b>40,042</b>	<b>10.1%</b>
Emergency Department Visits	88,802	91,112	<b>2,310</b>	<b>2.6%</b>
Surgery Minutes	12,231	13,891	<b>1,660</b>	<b>13.6%</b>
Cath Lab Minutes	8,122	8,844	<b>722</b>	<b>8.9%</b>
Cardiac Surgeries	458	577	<b>119</b>	<b>26.0%</b>
Deliveries	4,586	4,723	<b>137</b>	<b>3.0%</b>
Rural Health Clinic Visits	30,538	34,352	<b>3,814</b>	<b>12.5%</b>
Sequoia Cardiology Clinic	15,344	17,107	<b>1,763</b>	<b>11.5%</b>
Lab – Outpatient Volume	1,036,925	1,311,956	<b>275,031</b>	<b>26.5%</b>
Outpatient Rehabilitation Units	231,861	241,503	<b>9,642</b>	<b>4.2%</b>
Physical & Other Therapy Units	210,218	230,810	<b>20,592</b>	<b>9.8%</b>
Home Health Visits	32,312	32,636	<b>324</b>	<b>1.0%</b>
Hospice	41,511	46,166	<b>4,655</b>	<b>11.2%</b>
Radiation Oncology	25,801	26,489	<b>688</b>	<b>2.7%</b>
Radiology Xray	122,146	124,453	<b>2,307</b>	<b>1.9%</b>
Radiology CT	49,268	50,906	<b>1,638</b>	<b>3.3%</b>
Radiology MRI	9,871	9,969	<b>98</b>	<b>1.0%</b>
Radiology US	27,140	29,141	<b>2001</b>	<b>7.4%</b>



## Budgeted FY21 Income Statement: Financial Comparison (000's)

		For Comparison to Budget FY21					
		Budget FY20	Base Estimate	Annualized (Jul-Feb 20)	Budget FY21	Variance Budget 21 - Annualized Feb 20	
<b>Operating Revenue</b>			With COVID	Pre-COVID			
Net Patient Service Revenue		<b>\$609,205</b>	<b>\$569,152</b>	<b>\$603,599</b>	<b>\$608,722</b>	<b>\$5,123</b>	<b>0.85%</b>
Supplemental Gov't Programs		51,830	58,545	54,273	49,334	(4,939)	(9.1%)
Care Transformation Revenue (PRIME)		11,053	15,817	12,264	7,728	(4,536)	(37.1%)
Premium Revenue		47,558	49,534	47,902	51,312	3,410	7.1%
Management Services Revenue		32,321	32,472	32,430	32,398	(32)	(0.1%)
Other Revenue		20,588	21,036	23,028	22,379	(649)	(2.8%)
Other Operating Revenue		163,350	177,404	169,897	163,151	(6,746)	(4.0%)
<b>Total Operating Revenue</b>		<b>772,555</b>	<b>746,556</b>	<b>773,496</b>	<b>771,873</b>	<b>(1,623)</b>	<b>(0.2%)</b>
<b>Operating Expenses</b>							
Salaries & Wages		304,523	307,597	306,681	317,502	10,821	3.5%
Contract Labor		3,781	10,175	11,498	6,733	(4,765)	(41.4%)
Employee Benefits		72,695	75,754	77,249	68,340	(8,909)	(11.5%)
<b>Total Employment Expenses</b>		<b>380,999</b>	<b>393,526</b>	<b>395,428</b>	<b>392,575</b>	<b>(2,853)</b>	<b>(0.7%)</b>
Medical & Other Supplies		111,269	115,661	119,134	122,797	3,663	3.1%
Physician Fees		94,805	91,619	91,149	89,801	(1,348)	(1.5%)
Purchased Services		36,787	41,974	42,725	41,641	(1,084)	(2.5%)
Repairs & Maintenance		26,828	24,992	25,375	27,492	2,117	8.3%
Utilities		5,981	5,898	6,188	6,434	246	4.0%
Rents & Leases		6,373	6,416	6,383	6,576	193	3.0%
Depreciation & Amortization		33,122	30,292	29,820	32,173	2,353	7.9%
Interest Expense		6,285	5,623	5,429	6,861	1,432	26.4%
Other Expense		20,843	19,083	20,000	13,538	(6,462)	(32.3%)
Management Services Expense		31,807	32,233	31,986	31,985	(1)	(0.00%)
<b>Total Other Expenses</b>		<b>374,100</b>	<b>373,791</b>	<b>378,189</b>	<b>379,298</b>	1,109	0.3%
<b>Total Operating Expenses</b>		<b>755,099</b>	<b>767,317</b>	<b>773,617</b>	<b>771,873</b>	<b>(1,744)</b>	<b>(0.2%)</b>
<b>Operating Margin</b>		<b>\$17,456</b>	<b>(\$20,761)</b>	<b>(\$121)</b>	<b>\$0</b>	<b>\$121</b>	<b>100%</b>
Stimulus funds			13,070				
Nonoperating Revenue (Loss)		6,648	11,906	12,913	5,793	(7,120)	(55.1%)
<b>Excess Margin</b>		<b>\$24,104</b>	<b>\$4,215</b>	<b>\$12,792</b>	<b>\$5,793</b>	<b>(\$6,999)</b>	<b>(54.7%)</b>

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## Comparison per Adjusted Patient Day (in 000's)

				PER APD							
				FY 20	FY 21	Variance	%				
				Annualized	Budget		Change				
				(Jul-Feb)	(Jul-Feb)						
<b>Operating Revenue</b>											
<b>Net Patient Service Revenue</b>				<b>\$603,599</b>	<b>\$608,722</b>	<b>\$ 5,123</b>	<b>0.85%</b>				
				<b>\$ 1,957</b>	<b>\$ 1,881</b>	<b>(77)</b>	<b>(3.9%)</b>				
	Supplemental Gov't Programs	54,273	49,334	(4,939)	(9.1%)	176	152	(24)	(13.4%)		
	Prime Program	12,264	7,728	(4,536)	(37.0%)	40	24	(16)	(39.9%)		
	Premium Revenue	47,902	51,312	3,410	7.1%	155	159	3	2.1%		
	Management Services Revenue	32,430	32,398	(32)	(0.1%)	105	100	(5)	(4.8%)		
	Other Revenue	23,028	22,379	(649)	(2.8%)	75	69	(6)	(7.4%)		
	Other Operating Revenue	169,897	163,151	(24,885)	(13.2%)	551	504	(47)	(8.5%)		
	<b>Total Operating Revenue</b>	<b>773,496</b>	<b>771,873</b>	<b>(1,623)</b>	<b>(0.2%)</b>	<b>2,508</b>	<b>2,385</b>	<b>(124)</b>	<b>(4.9%)</b>		
<b>Operating Expenses</b>											
	Salaries and Wages	306,681	317,502	10,821	3.5%	994	981	(14)	(1.4%)		
	Contract Labor	11,498	6,733	(4,765)	(41.4%)	37	21	(16)	(44.2%)		
	Employee Benefits	77,249	68,340	(8,909)	(11.5%)	250	211	(39)	(15.7%)		
	<b>Total Employment Expenses</b>	<b>395,428</b>	<b>392,575</b>	<b>(2,853)</b>	<b>(0.7%)</b>	<b>1,282</b>	<b>1,213</b>	<b>(69)</b>	<b>(5.4%)</b>		
	Medical and Other Supplies	119,134	122,797	3,663	3.1%	386	379	(7)	(1.8%)		
	Physician Fees	91,149	89,801	(1,348)	(1.5%)	296	277	(18)	(6.1%)		
	Purchased Services	42,725	41,641	(1,084)	(2.5%)	139	129	(10)	(7.1%)		
	Repairs and Maintenance	25,375	27,492	2,117	8.3%	82	85	3	3.2%		
	Utilities	6,188	6,434	246	4.0%	20	20	(0)	(0.9%)		
	Rents and Leases	6,383	6,576	193	3.0%	21	20	(0)	(1.8%)		
	Depreciation and Amortization	29,820	32,173	2,353	7.9%	97	99	3	2.8%		
	Interest Expense	5,429	6,861	1,432	26.3%	18	21	4	20.4%		
	Other Expenses	20,000	13,538	(6,462)	(32.3%)	65	42	(23)	(35.5%)		
	Management Services Expenses	31,986	31,985	(1)	(0.0%)	104	99	(5)	(4.7%)		
	<b>Total Operating Expenses</b>	<b>378,189</b>	<b>379,298</b>	<b>1,109</b>	<b>0.29%</b>	<b>1,226</b>	<b>1,172</b>	<b>(55)</b>	<b>(4.5%)</b>		
<b>Operating Margin</b>				<b>(\$121)</b>	<b>\$0</b>	121	100%	<b>\$ 0</b>	<b>\$ 0</b>	0	0%
	Nonoperating Revenue	12,913	5,793	(7,120)	(55.1%)	42	18	(24)	(57.3%)		
<b>Excess Margin</b>				<b>\$12,792</b>	<b>\$5,793</b>	<b>(\$6,999)</b>	<b>(54.7%)</b>	<b>\$ 41</b>	<b>\$ 18</b>	<b>(24)</b>	<b>(56.9%)</b>

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# Comparison of FY 2021 Budget to FY 2020 Pre-COVID (000's)

	FY 20 Annualized Jul-Feb (8 mos)	FY 21 Budget	Variance	% Change
<b>Operating Revenue</b>				
<b>Net Patient Service Revenue</b>	<b>\$603,599</b>	<b>\$608,722</b>	<b>\$5,123</b>	<b>0.85%</b>
Supplemental Gov't Programs	54,273	49,334	(4,939)	(9.1%)
Prime Program	12,264	7,728	(4,536)	(37.0%)
Premium Revenue	47,902	51,312	3,410	7.1%
Management Services Revenue	32,430	32,398	(32)	(0.1%)
Other Revenue	23,028	22,379	(649)	(2.8%)
Other Operating Revenue	169,897	163,151	(6,746)	(4.0%)
<b>Total Operating Revenue</b>	<b>773,496</b>	<b>771,873</b>	<b>(1,623)</b>	<b>(0.2%)</b>
<b>Operating Expenses</b>				
Salaries and Wages	306,681	317,502	10,821	3.5%
Contract Labor	11,498	6,733	(4,765)	(41.4%)
Employee Benefits	77,249	68,340	(8,909)	-11.5%
<b>Total Employment Expenses</b>	<b>395,428</b>	<b>392,575</b>	<b>(2,853)</b>	<b>(0.7%)</b>
Medical and Other Supplies	119,134	122,797	3,663	3.1%
Physician Fees	91,149	89,801	(1,348)	(1.5%)
Purchased Services	42,725	41,641	(1,084)	(2.5%)
Repairs and Maintenance	25,375	27,492	2,117	8.3%
Utilities	6,188	6,434	246	4.0%
Rents and Leases	6,383	6,576	193	3.0%
Depreciation and Amortization	29,820	32,173	2,353	7.9%
Interest Expense	5,429	6,861	1,432	26.4%
Other Expenses	20,000	13,538	(6,462)	(32.3%)
Management Services Expenses	31,986	31,985	(1)	(0.0%)
<b>Total Operating Expenses</b>	<b>773,617</b>	<b>771,873</b>	<b>(1,744)</b>	<b>(0.2%)</b>
<b>Operating Margin</b>	<b>(\$121)</b>	<b>\$0</b>	<b>\$121</b>	<b>100%</b>
Nonoperating Revenue	12,913	5,793	(7,120)	(55.1%)
<b>Excess Margin</b>	<b>\$12,792</b>	<b>\$5,793</b>	<b>(\$6,999)</b>	<b>(54.7%)</b>
<b>Operating Margin %</b>	<b>(0.02%)</b>	<b>0.00%</b>		
<b>Operating Cash Flow Margin %</b>	<b>4.54%</b>	<b>5.06%</b>		
<b>Excess Margin %</b>	<b>1.63%</b>	<b>0.74%</b>		

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# Reimbursement – Net Patient Revenue (000's)

	FY 20 Annualized Jul- Feb (8 mos)	FY 21 Budget	Variance	% Change
<b>Net Patient Service Revenue (000's)</b>	\$603,599	\$608,722	<b>5,123</b>	0.8%
Patient Volume/Service Increase			\$8,543	
Medicare Acute Inpatient			\$4,100	
Commercial Insurance Rate Increase			\$3,447	
Medicare Sequestration elimination			\$1,700	
Medicare Acute Outpatient			\$709	
Other Medicare			\$444	
COVID contingency			(\$13,820)	
			<b>\$5,123</b>	

## Comparison of FY 2021 Budget to FY 2020 Pre-COVID (000's)

	FY 20 Annualized Jul-Feb (8 mos)	FY 21 Budget	Variance	% Change
<b>Operating Revenue</b>				
<b>Net Patient Service Revenue</b>	<b>\$603,599</b>	<b>\$608,722</b>	<b>\$5,123</b>	<b>0.85%</b>
Supplemental Gov't Programs	54,273	49,334	(4,939)	(9.1%)
Prime Program	12,264	7,728	(4,536)	(37.0%)
Premium Revenue	47,902	51,312	3,410	7.1%
Management Services Revenue	32,430	32,398	(32)	(0.1%)
Other Revenue	23,028	22,379	(649)	(2.8%)
Other Operating Revenue	169,897	163,151	(6,746)	(4.0%)
<b>Total Operating Revenue</b>	<b>773,496</b>	<b>771,873</b>	<b>(1,623)</b>	<b>(0.2%)</b>
<b>Operating Expenses</b>				
Salaries and Wages	306,681	317,502	10,821	3.5%
Contract Labor	11,498	6,733	(4,765)	(41.4%)
Employee Benefits	77,249	68,340	(8,909)	(11.5%)
<b>Total Employment Expenses</b>	<b>395,428</b>	<b>392,575</b>	<b>(2,853)</b>	<b>(0.7%)</b>
Medical and Other Supplies	119,134	122,797	3,663	3.1%
Physician Fees	91,149	89,801	(1,348)	(1.5%)
Purchased Services	42,725	41,641	(1,084)	(2.5%)
Repairs and Maintenance	25,375	27,492	2,117	8.3%
Utilities	6,188	6,434	246	4.0%
Rents and Leases	6,383	6,576	193	3.0%
Depreciation and Amortization	29,820	32,173	2,353	7.9%
Interest Expense	5,429	6,861	1,432	26.4%
Other Expenses	20,000	13,538	(6,462)	(32.3%)
Management Services Expenses	31,986	31,985	(1)	(0.0%)
<b>Total Operating Expenses</b>	<b>773,617</b>	<b>771,873</b>	<b>(1,744)</b>	<b>(0.2%)</b>
<b>Operating Margin</b>	<b>(\$121)</b>	<b>\$0</b>	<b>\$121</b>	<b>100%</b>
Nonoperating Revenue	12,913	5,793	(7,120)	(55.1%)
<b>Excess Margin</b>	<b>\$12,792</b>	<b>\$5,793</b>	<b>(\$6,999)</b>	<b>(54.7%)</b>
<b>Operating Margin %</b>	<b>(0.02%)</b>	<b>0.00%</b>		
<b>Operating Cash Flow Margin %</b>	<b>4.54%</b>	<b>5.06%</b>		
<b>Excess Margin %</b>	<b>1.63%</b>	<b>0.74%</b>		

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# Other Operating Revenue (000's)

	FY 20 Annualized (Jul-Feb)	FY 21 Budget	Variance	% Change
<b>Other Operating Revenue</b>	\$169,897	\$163,151	<b>(\$6,746)</b>	<b>(4.0%)</b>
Growth in Premium revenue - Humana MA Lives and RAF score			\$3,405	
Palliative Care			\$879	
Other			(\$168)	
Decrease in Foundation Contributions - grants			(\$1,387)	
Reduction in PRIME grant funds			(\$4,536)	
Supplemental funds - 25% proposed DSH cuts			(\$4,939)	
			<b>(\$6,746)</b>	

# Comparison of FY 2021 Budget to FY 2020 Pre-COVID (000's)

	FY 20 Annualized Jul-Feb (8 mos)	FY 21 Budget	Variance	% Change
<b>Operating Revenue</b>				
<b>Net Patient Service Revenue</b>	<b>\$603,599</b>	<b>\$608,722</b>	<b>\$5,123</b>	<b>0.85%</b>
Supplemental Gov't Programs	54,273	49,334	(4,939)	(9.1%)
Prime Program	12,264	7,728	(4,536)	(37.0%)
Premium Revenue	47,902	51,312	3,410	7.1%
Management Services Revenue	32,430	32,398	(32)	(0.1%)
Other Revenue	23,028	22,379	(649)	(2.8%)
Other Operating Revenue	169,897	163,151	(6,746)	(4.0%)
<b>Total Operating Revenue</b>	<b>773,496</b>	<b>771,873</b>	<b>(1,623)</b>	<b>(0.2%)</b>
<b>Operating Expenses</b>				
Salaries and Wages	306,681	317,502	10,821	3.5%
Contract Labor	11,498	6,733	(4,765)	(41.4%)
Employee Benefits	77,249	68,340	(8,909)	(11.5%)
<b>Total Employment Expenses</b>	<b>395,428</b>	<b>392,575</b>	<b>(2,853)</b>	<b>(0.7%)</b>
Medical and Other Supplies	119,134	122,797	3,663	3.1%
Physician Fees	91,149	89,801	(1,348)	(1.5%)
Purchased Services	42,725	41,641	(1,084)	(2.5%)
Repairs and Maintenance	25,375	27,492	2,117	8.3%
Utilities	6,188	6,434	246	4.0%
Rents and Leases	6,383	6,576	193	3.0%
Depreciation and Amortization	29,820	32,173	2,353	7.9%
Interest Expense	5,429	6,861	1,432	26.4%
Other Expenses	20,000	13,538	(6,462)	(32.3%)
Management Services Expenses	31,986	31,985	(1)	(0.0%)
<b>Total Operating Expenses</b>	<b>773,617</b>	<b>771,873</b>	<b>(1,744)</b>	<b>(0.2%)</b>
<b>Operating Margin</b>	<b>(\$121)</b>	<b>\$0</b>	<b>\$121</b>	<b>100%</b>
Nonoperating Revenue	12,913	5,793	(7,120)	(55.1%)
<b>Excess Margin</b>	<b>\$12,792</b>	<b>\$5,793</b>	<b>(\$6,999)</b>	<b>(54.7%)</b>
<b>Operating Margin %</b>	<b>(0.02%)</b>	<b>0.00%</b>		
<b>Operating Cash Flow Margin %</b>	<b>4.54%</b>	<b>5.06%</b>		
<b>Excess Margin %</b>	<b>1.63%</b>	<b>0.74%</b>		

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# Personnel Expenses

	FY 20 Annualized (Jul-Feb)	FY 21 Budget	Variance	% Change
<b>Total Personnel Expense</b>	\$395,428	\$392,575	<b>(\$2,853)</b>	<b>(0.7%)</b>
Patient Volume			\$5,315	
FY20 pay for performance			\$3,485	
FY21 Minimum Wage Adjustments			\$2,800	
COVID contingency			\$2,200	
Overtime Decrease			(\$300)	
Eliminate PTO cash out and MLS			(\$530)	
Contract Labor Decrease			(\$4,764)	
Employee Benefits: Health Decreases			(\$2,735)	
Employee Benefits: Retirement Decrease			(\$8,324)	
			<b>(\$2,853)</b>	



## Comparison of FY 2021 Budget to FY 2020 Pre-COVID (000's)

	FY 20 Annualized Jul-Feb (8 mos)	FY 21 Budget	Variance	% Change
<b>Operating Revenue</b>				
<b>Net Patient Service Revenue</b>	<b>\$603,599</b>	<b>\$608,722</b>	<b>\$5,123</b>	<b>0.85%</b>
Supplemental Gov't Programs	54,273	49,334	(4,939)	(9.1%)
Prime Program	12,264	7,728	(4,536)	(37.0%)
Premium Revenue	47,902	51,312	3,410	7.1%
Management Services Revenue	32,430	32,398	(32)	(0.1%)
Other Revenue	23,028	22,379	(649)	(2.8%)
Other Operating Revenue	169,897	163,151	(6,746)	(4.0%)
<b>Total Operating Revenue</b>	<b>773,496</b>	<b>771,873</b>	<b>(1,623)</b>	<b>(0.2%)</b>
<b>Operating Expenses</b>				
Salaries and Wages	306,681	317,502	10,821	3.5%
Contract Labor	11,498	6,733	(4,765)	(41.4%)
Employee Benefits	77,249	68,340	(8,909)	(11.5%)
<b>Total Employment Expenses</b>	<b>395,428</b>	<b>392,575</b>	<b>(2,853)</b>	<b>(0.7%)</b>
Medical and Other Supplies	119,134	122,797	3,663	3.1%
Physician Fees	91,149	89,801	(1,348)	(1.5%)
Purchased Services	42,725	41,641	(1,084)	(2.5%)
Repairs and Maintenance	25,375	27,492	2,117	8.3%
Utilities	6,188	6,434	246	4.0%
Rents and Leases	6,383	6,576	193	3.0%
Depreciation and Amortization	29,820	32,173	2,353	7.9%
Interest Expense	5,429	6,861	1,432	26.4%
Other Expenses	20,000	13,538	(6,462)	(32.3%)
Management Services Expenses	31,986	31,985	(1)	(0.0%)
<b>Total Operating Expenses</b>	<b>773,617</b>	<b>771,873</b>	<b>(1,744)</b>	<b>(0.2%)</b>
<b>Operating Margin</b>	<b>(\$121)</b>	<b>\$0</b>	<b>\$121</b>	<b>100%</b>
Nonoperating Revenue	12,913	5,793	(7,120)	(55.1%)
<b>Excess Margin</b>	<b>\$12,792</b>	<b>\$5,793</b>	<b>(\$6,999)</b>	<b>(54.7%)</b>
<b>Operating Margin %</b>	<b>(0.02%)</b>	<b>0.00%</b>		
<b>Operating Cash Flow Margin %</b>	<b>4.54%</b>	<b>5.06%</b>		
<b>Excess Margin %</b>	<b>1.63%</b>	<b>0.74%</b>		

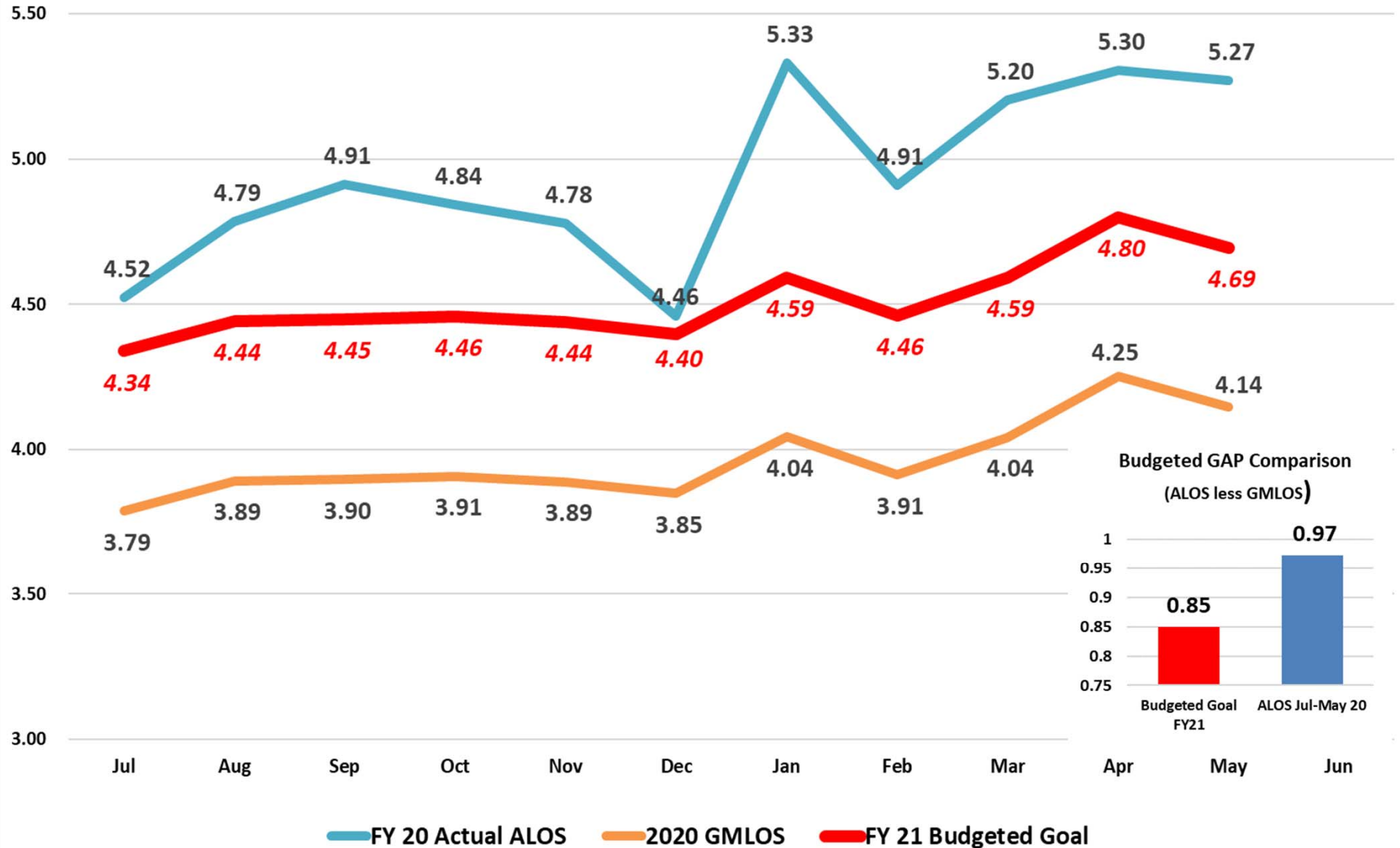
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# Other Operating Expense

	FY 20 Annualized Jul- Feb (8 mos)	FY 21 Budget	Variance	% Change
<b>Total Other Operating Expense</b>	\$378,189	\$379,298	<b>\$1,109</b>	0.29%
Supplies - Volume Increases			\$3,663	
Depreciation Increase			\$2,353	
Interest Expense Increase			\$1,432	
Humana MA Cost of Claims			\$1,354	
Recruiting			\$690	
Education and Travel			\$430	
Utilities Increase			\$246	
Other Expenses decrease			(\$1,119)	
Physician Fee Decrease			(\$1,348)	
Initiatives to Reduce Length of Stay (narrowing the difference between ALOS and GMLOS from our current 0.97 day gap to 0.85 day gap for the year) Note: Goal in FY20 was 0.75			(\$4,775)	
Initiatives to Supply Consumption and pricing			(\$1,817)	
			<b>\$1,109</b>	

# Average Length of Stay Goal

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# 2020-2021 Capital Budget

Obligated: Projects and Infrastructure	\$4,742,525
Obligated: ISS Capital	\$2,478,079
Obligated: Patient Care Equipment	\$3,180,979
Available for all other Capital Requests	\$5,598,417
<b>Recurring Capital</b>	<b>\$16,000,000</b>
Enterprise Capital	\$820,000
General Contingency Capital	\$340,000
<b>FY 2021 Capital Budget</b>	<b>\$17,160,000</b>

# Obligated Capital - \$10,401,583

Requested Item	Dept	Amount	Requested Item	Dept	Amount
Nihon Kohden - Patient Monitoring Project -Final year	BioMed	1,700,472	Kaweah Care District Refurbish	Facilities	100,000
Infusion Pumps	BioMed	1,415,780	MK OR 14 urology C-arm bed	Facilities	84,000
Fire Alarm Systems -phased over 3 years	Maintenance	800,000	Vital Signs in EMR	ISS	80,000
Server Infastructure	ISS	474,959	Recycling/Compactor/Composting Center	Maintenance	75,000
Medication Cabinet Computer Replacement	ISS	440,000	Cafeteria Bathrooms; Refurbishment	Maintenance	75,000
MK Surgery Lights replacement	Facilities	430,039	Laundry Heat Exchanger System with Back-Up	Maintenance	75,000
SAN Storage	ISS	408,178	Sequoia Surgery Center parking lot	Facilities	70,000
CVORs OR 8 and 9 surgery lights replacement	Facilities	353,286	GE Healthcare - Aisys (Anesthesia Upgrade)	BioMed	64,727
Mental Health Roof Replacement	Maintenance	300,000	Electronic Consent Forms	ISS	63,000
Card Access Software Update	Maintenance	300,000	Retail Pharmacy	ISS	59,000
Hardware/Software Additions, Replacements	ISS	250,000	Street Crossing Safety Enhancements; Willow/West	Maintenance	45,000
EMR-Tethered TeleHealth	ISS	250,000	Outpatient Therapies KD*Hub Integration	ISS	45,000
Mineral King Wing: OR Suites Nurse Call	Maintenance	225,000	Lounge Card Readers	Maintenance	36,000
Mineral King Wing: 2 South Nurse Call	Maintenance	225,000	Acequia Wing Cooling Tower Refurb	Maintenance	36,000
Acequia 3rd CT Suite - Design and OSHPD fees	Facilities	192,000	Gym System Circulation Pumps	Maintenance	35,000
Old NICU convert to Respiratory Dept	Facilities	182,000	PowerChart Touch Pilot	ISS	31,000
PowerChart ECG/EKG Only	ISS	177,000	MSC /611 Acequia/ 304 Johnson moves	Facilities	30,000
Acequia Wing Chiller 1& 2 Refurb	Maintenance	170,000	MK Radiology Rms 2 & 5 equipment replacement	Facilities	30,000
Respiratory convert to Pharmacy admin offices	Facilities	144,000	Med Vacuum Pumps: Replacement	Maintenance	27,000
Stevenson Parking Lot: Resurfacing	Maintenance	140,000	Microsoft Licensing	ISS	19,942
Capacity Management Implementation	ISS	133,000	Generator (Mental Health) Fuel Tank Replacement	Maintenance	18,000
Laundry Air Cleanliness Compliance Project	Maintenance	125,000	Wound Capture in EMR	ISS	17,000
Acequia Sterile Processing Equipment upgrades	Facilities	107,000	CAP Lab Quality Reporting	ISS	15,000
Misc. Moves/Furnishings	Facilities	100,000	Rehab Quality Measures Interface	ISS	15,000
Small Projects Contingency	Facilities	100,000	MSC gym badge reader system	Facilities	13,200
Interior Refurbishments: General	Maintenance	100,000			

# Additional Capital Request- \$11.3M Available \$5.7M

Dept	Amount	Dept	Amount
Surgery	2,024,003	Pediatrics-3E	30,000
Clinical Engineering	1,829,330	Acute Psych	30,000
Sequoia Cardiology Clinic	1,020,451	Laundry	27,000
CT Scan-KDMC	1,015,000	Neonatal ICU-NICU	24,000
Maintenance-KDMC	621,000	Clinical Laboratory	23,346
Facilities Planning	575,000	Therapies-KDRH	21,500
Marketing	453,282	Therapies-Akers	18,364
Sterile Processing	305,486	Food & Nutrition Svcs-West	17,301
Ultrasound-KDMC	280,000	Medical Transportation	16,325
Radiology-KDMC	280,000	Respiratory Therapy	12,368
PT-West	245,000	MRI-KDMC	12,000
Lifestyle Center	164,500	MRI-KDIC	11,600
SRCC Rad Onc-Visalia	160,000	M/S CDU-2S	10,797
Pharmacy-Primary Operations	109,603	Acute Rehab	10,170
Endoscopy	90,145	OT-West	8,500
Urgent Care Center-UCC South	81,558	Therapies-Lovers Lane	7,444
Environmental Svcs-KDMC	80,000	SWHC-Family Medicine-GME	7,267
Skilled Nursing-Short Stay-W	70,000	Therapies-Dinuba	6,371
Food & Nutrition Svcs-KDMC	57,706	KDMF Maintenance	942,293
Subacute	57,000	KDMF Cardiology	235,988
RHC-Dinuba Health Clinic	42,065	KDMF Laboratory	24,000
Urgent Care Center-UCC Demaree	40,779	KDMF Urology-South	23,760
Surgery-Cardiac	36,010	KDMF Podiatry	15,800
RHC-Exeter Health Clinic	35,370	KDMF Pediatrics	15,000
Nuclear Medicine-KDMC	34,000	KDMF Radiology	11,640
PACU	30,303	KDMF Urology-North	5,500

# 2020-2021 Surplus Cash Flows (000's)

<b>Excess Margin</b>	<b>\$5,793</b>
<u>Additional Sources (Uses) of Cash:</u>	
Capital Expenditures:	
Annual Recurring	(\$16,000)
Enterprise Capital	(\$820)
General Capital Contingency Fund	(\$340)
Depreciation/Amortization (Non-Cash)	\$31,373
Capitalized Interest Payments	(\$660)
Capitalized Employment Expense	(\$1,469)
Additional DB Plan Funding	(\$6,896)
Debt Service Payments (Principal)	(\$8,959)
<b>Total Additional Net Sources (Uses) of Cash</b>	<b>(\$2,971)</b>
<b>Projected Surplus Cash Flow (Deficit)</b>	<b>\$2,822</b>

## General Fund Cash Reserves (000's)

District without Kaweah Delta Hospital Foundation:

Projected Balance at July 1, 2020	\$328,114
Medicare accelerated payment recoupment	(42,518)
Deferral of employer social security tax – Dec 2020	8,280
Cash Flow from 2020-2021 Operations	<u>2,822</u>
Balance at June 30, 2021	<u><u>\$296,698</u></u>



# Credit Highlights (000's)

Consolidated District:

Ratio/Statistic	Moody's A (3)	2018	2019	2020 Projected	2021 Bdgt
Operating Income	\$13,569	\$23,640	\$15,570	(\$20,761)	\$0
Operating Cash Flow	\$56,822	\$54,188	\$51,875	\$15,154	\$39,034
Net Income	\$36,120	\$25,962	\$26,418	\$4,215	\$5,793
Unrestricted Cash	\$384,417	\$285,242	\$290,628	\$344,440	\$313,024
Operating Margin	1.6%	3.4%	2.1%	(0.5%)	0.0%
Excess Margin	4.2%	3.6%	3.5%	0.5%	0.7%
Operating Cash Flow Margin	7.8%	7.6%	6.9%	4.2%	5.1%
Maximum Debt Service Coverage x	4.2	3.6	4.0	2.4	2.7
<b>Days Cash on Hand</b>	<b>183.5</b>	<b>157.1</b>	<b>150.1</b>	<b>171.0</b>	<b>154.5</b>

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(1) Represents 2018 median ratios for all non-profit hospitals rated "A3" by Moody's Investor Services.

# Kaweah Delta Health Care District 2020-2021 Budget

## Questions?

# Additional Supporting Information

# Revenue Generating/Cost Reducing Initiatives

- Continued focus on our **throughput / length of stay** initiatives
- Reduction in the **over-utilization** of resources through our Resource Effectiveness Committee and leveraging Cerner applications with provider practices / protocols
- **Charge capture, documentation, and underpayment** focus with Cerner applications and oversight group (UDC)
- Continued reduction in **overtime, call back** and **unnecessary differential pay hours and practices** through consistent daily and biweekly monitoring by leadership

# Revenue Generating/Cost Reducing Initiatives

- Reduction in contract labor through focused recruitment and innovative retention & scheduling options
- Reduction of unnecessary hours through daily and biweekly efficiency variance reviews with departments using their budgeted unit of service per volume metric
- Improve supply controls through the development of applications, inventory management and a more stringent procurement process
- Continued the disciplined focus on budget variance reporting to drive accountability
- Continued expansion of services and payment / risk models and reconsideration on those with limited profitability

# Annual Budget 2020-2021 – Operating Revenues

	2019-2020 Budget	2019-2020 Projected With COVID *	2020-2021 Budget
<b><u>Net Patient Service Revenue</u></b>	\$609,205,000	\$569,152,000	<b>\$608,722,000</b>
<b><u>Supplemental Funds</u></b>	51,830,000	58,545,000	<b>49,334,000</b>
<b><u>Other Operating Revenue</u></b>			
Nonpatient food sales	3,371,000	2,984,000	<b>3,129,000</b>
Lifestyle Center	3,761,000	2,682,000	<b>3,613,000</b>
Kaweah Kids Center	939,000	742,000	<b>958,000</b>
County taxes	1,319,000	1,429,000	<b>1,501,000</b>
Management services	32,321,000	32,472,000	<b>32,398,000</b>
Premium revenue	47,558,000	49,534,000	<b>51,312,000</b>
Prime Projects revenue	10,862,000	15,817,000	<b>7,728,000</b>
Other	11,389,000	13,199,000	<b>13,178,000</b>
	111,520,000	118,859,000	<b>113,817,000</b>
<b>Net Operating Revenue</b>	<b>772,555,000</b>	<b>746,556,000</b>	<b>771,873,000</b>

\* Projected results for FY20 including the impact of COVID.

# Annual Budget 2020-2021 – Operating Expenses

	2019-2020 Budget	2019-2020 Projected With COVID	2020-2021 Budget
<b><u>Payroll:</u></b>			
Directors/Managers/Supervisors	33,059,000	33,337,000	<b>33,580,000</b>
Technical/Instructors	85,180,000	84,330,000	<b>88,445,000</b>
RN	103,893,000	106,612,000	<b>111,522,000</b>
LVN	4,664,000	5,528,000	<b>6,423,000</b>
Aide/Orderly	23,433,000	24,425,000	<b>26,649,000</b>
Clerical	26,437,000	25,476,000	<b>27,320,000</b>
Environmental	13,426,000	14,157,000	<b>13,798,000</b>
Other	14,431,000	13,732,000	<b>9,765,000</b>
	<b>304,523,000</b>	<b>307,597,000</b>	<b>317,502,000</b>
<b><u>Travelers and Contracted Staffing:</u></b>			
Therapist fees	561,000	1,330,000	<b>606,000</b>
Nurse registry	2,330,000	7,627,000	<b>5,481,000</b>
Contract staff	890,000	1,218,000	<b>646,000</b>
	<b>3,781,000</b>	<b>10,175,000</b>	<b>6,733,000</b>
<b><u>Employee benefits:</u></b>			
Social Security	21,973,000	22,209,000	<b>22,924,000</b>
State unemployment insurance	424,000	364,000	<b>826,000</b>
Medical, dental and vision	27,681,000	31,631,000	<b>28,896,000</b>
Life insurance	286,000	301,000	<b>324,000</b>
Workers' compensation	5,677,000	4,532,000	<b>6,130,000</b>
Employee retirement plans	14,961,000	13,337,000	<b>6,816,000</b>
Accrued vacation	950,000	1,528,000	<b>1,577,000</b>
Tuition/scholarships	600,000	740,000	<b>750,000</b>
Other benefits	143,000	1,112,000	<b>97,000</b>
	<b>72,695,000</b>	<b>75,754,000</b>	<b>68,340,000</b>
<b>Total Payroll and Benefits</b>	<b>380,999,000</b>	<b>393,526,000</b>	<b>392,575,000</b>

# Annual Budget 2020-2021 – Operating Expenses

	2019-2020 Budget	2019-2020 Projected With COVID	2020-2021 Budget
<b><u>Other Direct Expenses:</u></b>			
Physician fees	94,805,000	91,619,000	<b>89,801,000</b>
Consulting fees	2,266,000	2,850,000	<b>2,296,000</b>
Legal fees	1,338,000	1,669,000	<b>1,763,000</b>
Audit fees	150,000	148,000	<b>175,000</b>
Other professional fees	172,000	178,000	<b>113,000</b>
Prosthesis	19,800,000	20,704,000	<b>24,462,000</b>
Medical/surgical supplies	38,494,000	42,191,000	<b>43,096,000</b>
Oxygen	625,000	620,000	<b>679,000</b>
IV solutions	845,000	770,000	<b>818,000</b>
Pharmaceutical supplies	33,211,000	31,855,000	<b>34,353,000</b>
Radioactive material	943,000	817,000	<b>1,014,000</b>
Radiology film	1,000	3,000	<b>4,000</b>
Cost of goods sold	6,104,000	6,485,000	<b>6,767,000</b>
Food	2,685,000	2,741,000	<b>3,037,000</b>
Linen	267,000	352,000	<b>239,000</b>
Maintenance supplies	1,499,000	1,957,000	<b>1,650,000</b>
Office supplies	1,805,000	1,623,000	<b>1,693,000</b>
Uniforms	116,000	91,000	<b>103,000</b>
Minor medical equipment	896,000	894,000	<b>1,164,000</b>
Other minor equipment	3,870,000	4,463,000	<b>3,581,000</b>
Books	108,000	95,000	<b>137,000</b>
Medical purchased services	25,324,000	28,186,000	<b>28,599,000</b>
Repairs and maintenance	26,828,000	24,992,000	<b>27,492,000</b>
Collection services	1,558,000	2,579,000	<b>2,201,000</b>



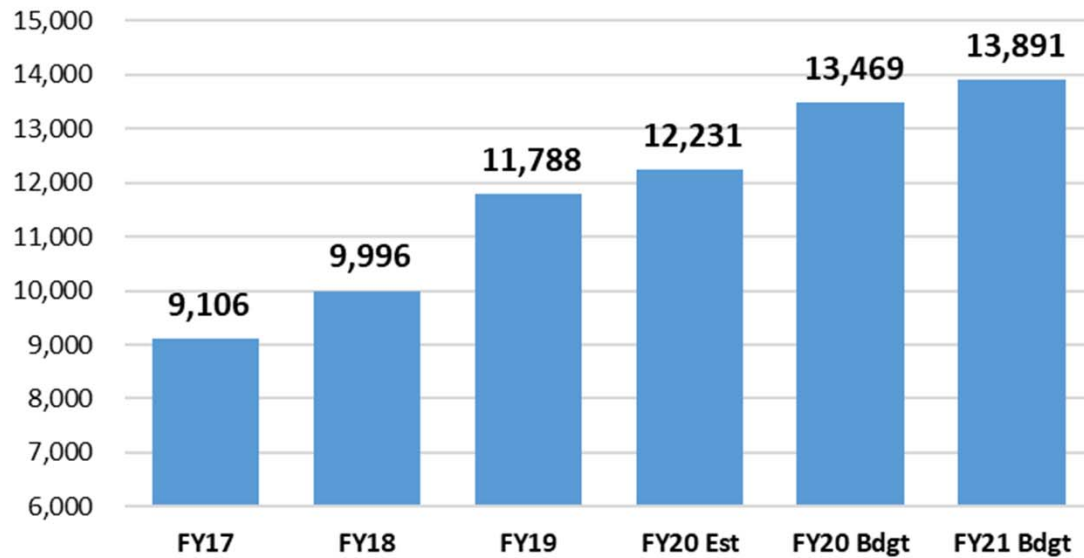
# Annual Budget 2020-2021 – Operating Expenses

	2019-2020 Budget	2019-2020 Projected With COVID	2020-2021 Budget
<b><u>Other Direct Expenses (continued):</u></b>			
Other purchased services	9,905,000	11,209,000	10,841,000
Amortization	1,044,000	1,072,000	800,000
Depreciation - building	6,061,000	12,017,000	11,890,000
Depreciation - leasehold improvements	367,000	364,000	359,000
Depreciation - equipment/building impr	25,650,000	16,839,000	19,124,000
Rent	6,373,000	6,416,000	6,576,000
Electricity	3,220,000	2,767,000	3,062,000
Gas	2,041,000	2,319,000	2,520,000
Water and sewer	720,000	812,000	852,000
Professional liability insurance	2,315,000	1,242,000	2,435,000
Other insurance	909,000	1,047,000	1,179,000
Licenses and taxes	1,017,000	1,048,000	1,062,000
Telephone	1,710,000	1,494,000	1,581,000
Dues and subscriptions	1,331,000	1,304,000	1,372,000
Education	972,000	453,000	887,000
Travel	1,238,000	920,000	904,000
Recruiting	2,800,000	2,141,000	2,850,000
Other direct expenses	4,625,000	4,417,000	(3,079,000)
Interest	6,285,000	5,795,000	6,861,000
Management services	31,807,000	32,233,000	31,985,000
	374,100,000	373,791,000	379,298,000
<b>Total Operating Expenses</b>	755,099,000	767,317,000	771,873,000

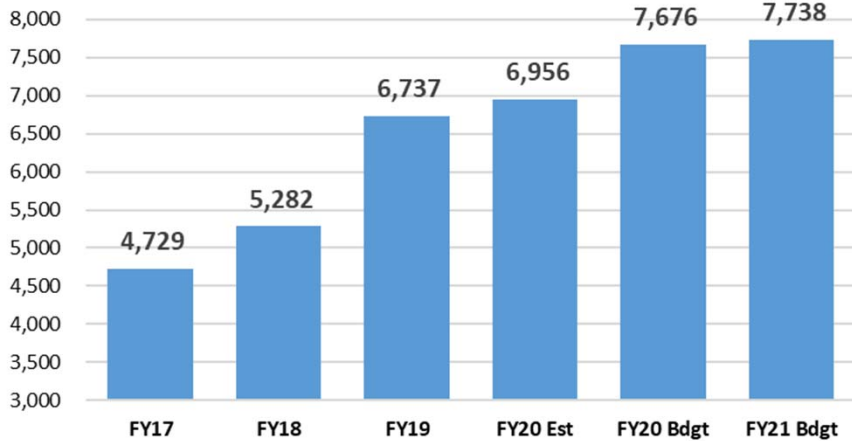
# Annual Budget 2020-2021

	2019-2020 Budget	2019-2020 Projected With COVID	2020-2021 Budget
<b>Operating Margin</b>	17,456,000	(20,761,000)	0
Non-operating revenues	6,648,000	11,906,000	5,793,000
Stimulus funding	0	13,070,000	0
<b>Excess Margin</b>	24,104,000	4,215,000	5,793,000
<b><u>Additional Sources (uses) of Cash</u></b>			
Capital expenditures			
Annual recurring	(16,000,000)	(16,000,000)	(16,000,000)
Enterprise capital	(820,000)	(820,000)	(820,000)
General capital contingency fund	(340,000)	(340,000)	(340,000)
Debt service payments	(7,593,000)	(7,593,000)	(8,959,000)
Capitalized interest payments	(1,202,000)	(1,895,000)	(659,700)
Capitalized employment expenses	(1,397,000)	(853,500)	(1,469,000)
Unfunded DB Plan amortization	(5,215,000)	(2,446,000)	(6,896,000)
Non-cash expenses			
Amortization	1,044,000	1,072,000	800,000
Depreciation	32,078,000	29,220,000	31,373,000
<b>Increase in Total Surplus Funds</b>	<b>\$24,659,000</b>	<b>\$4,559,500</b>	<b>\$2,822,300</b>
<b>Operating Margin</b>	2.3%	(2.8%)	0.0%
<b>Excess Margin</b>	3.1%	0.6%	0.7%
<b>Operating Cash Flow Margin</b>	7.4%	2.1%	5.1%
<b>Deductions from Revenue Percentage</b>	74.3%	75.2%	75.6%
<b>Compensation Ratio</b>	41.6%	44.5%	43.8%
<b>Maximum Annual Debt Service Coverage</b>	4.0	2.4	2.7
<b>Supplies as Percent of Net Operating Revenue</b>	15.0%	16.2%	16.6%
<b>Supplies as Percent of Net Patient Revenue</b>	18.3%	20.3%	20.2%

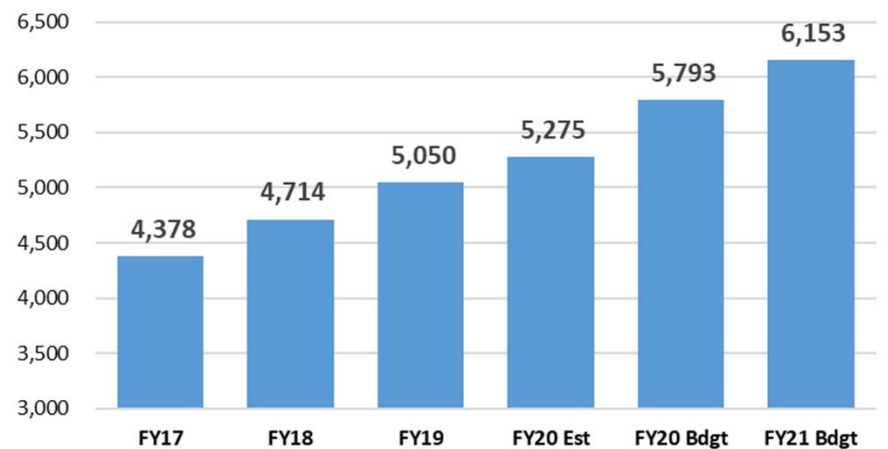
### Total Surgery Minutes per 100



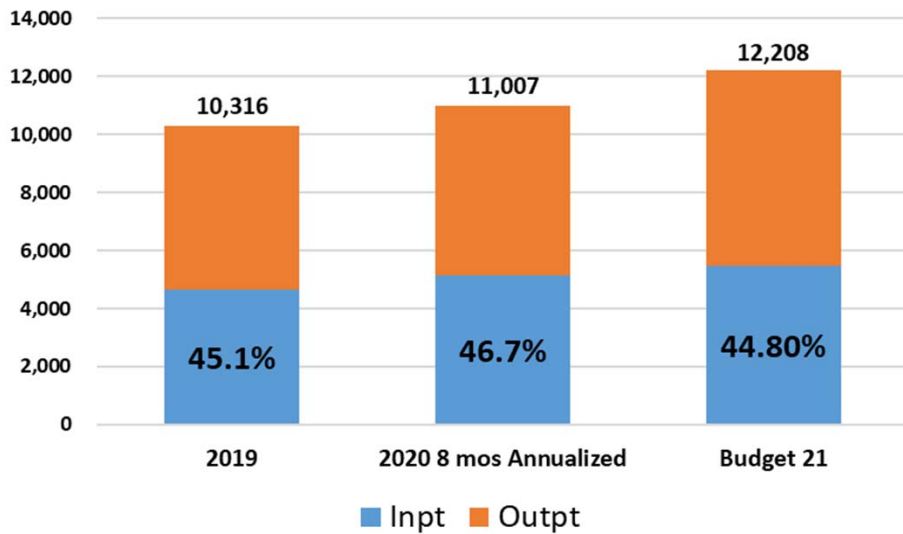
### Inpatient Surgery Minutes per 100



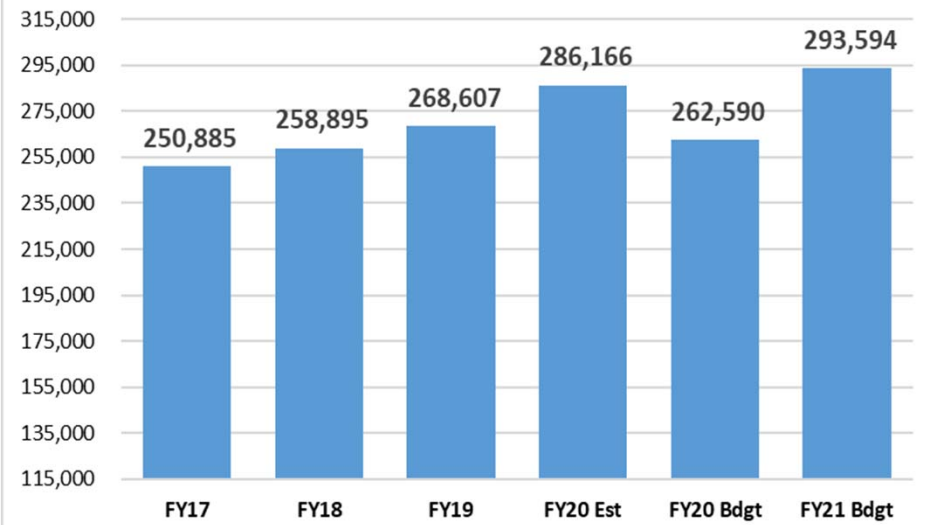
### Outpatient Surgery Minutes per 100



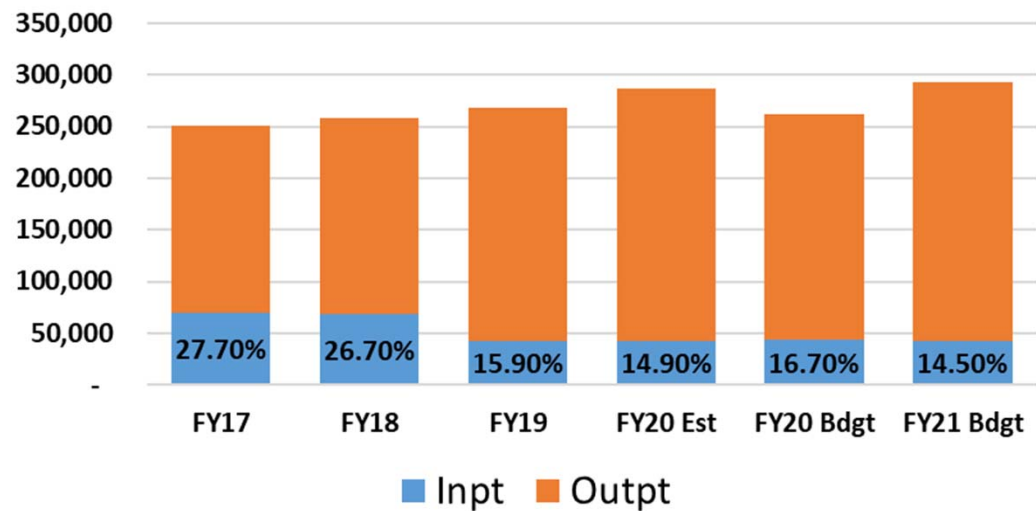
### Surgery Cases - Inpatient and Outpatient



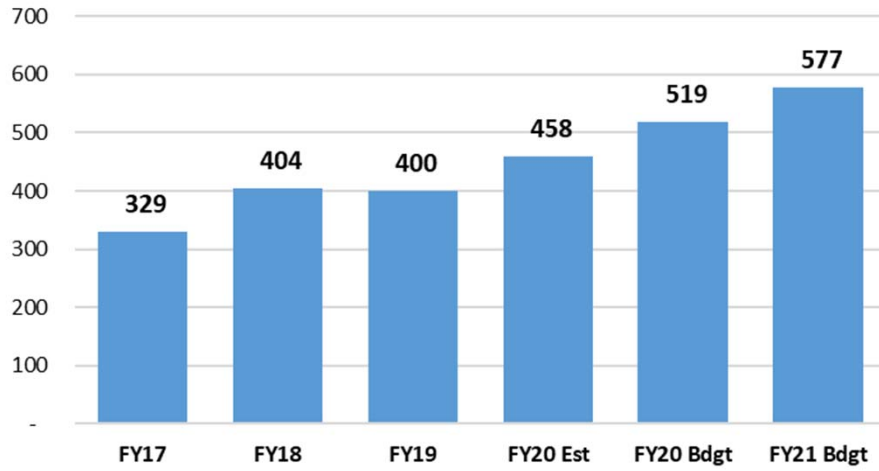
### All Modalities Radiology Procedures



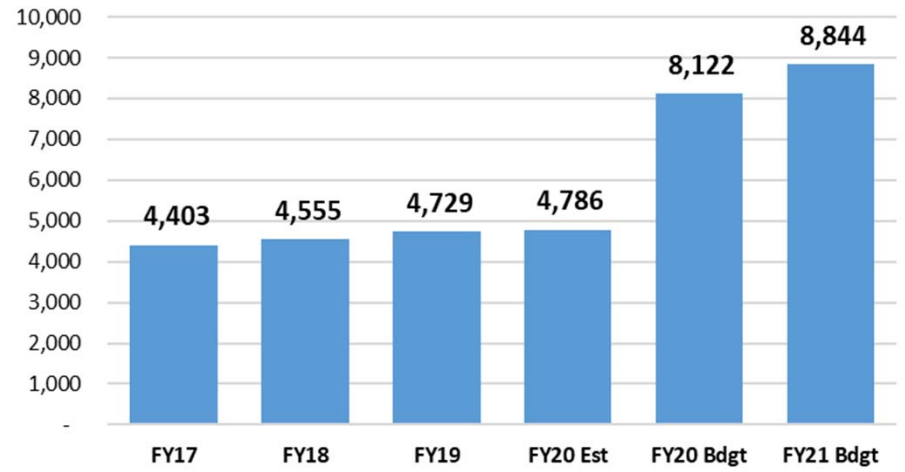
### Radiology All Modalities - Inpatient and Outpatient Procedures



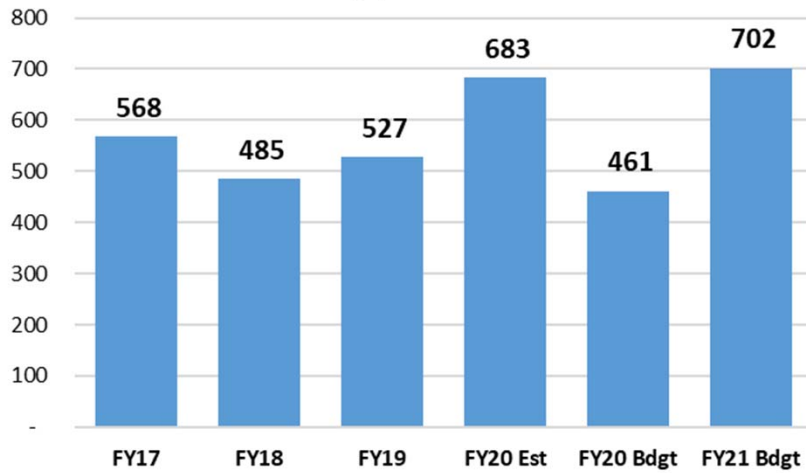
### Cardiac Surgeries



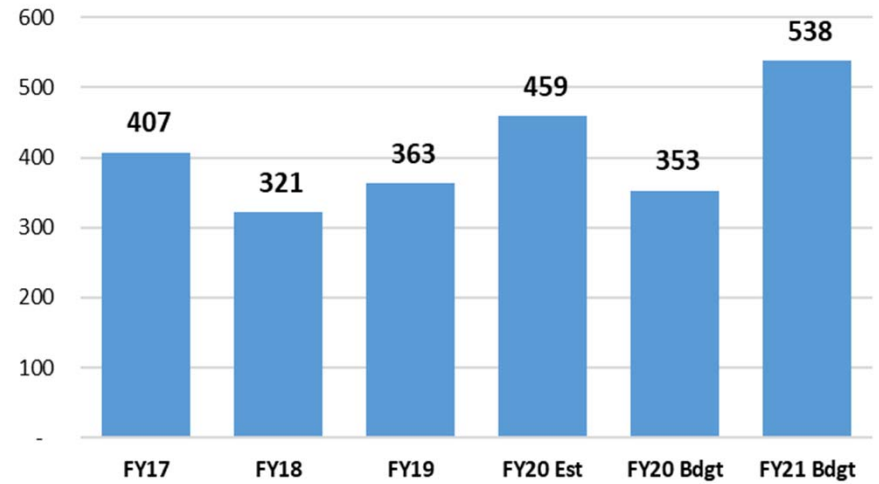
### Cath Lab Minutes per 100



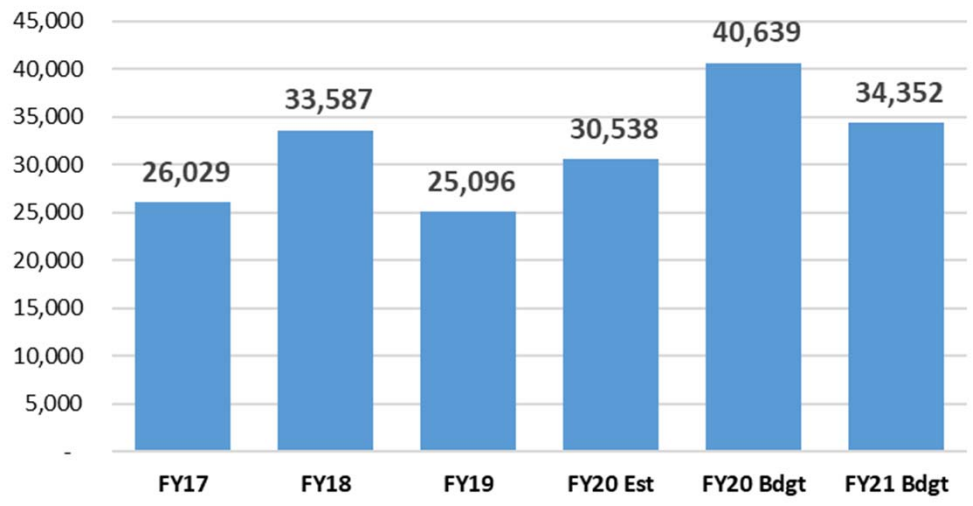
### Endoscopy Procedures



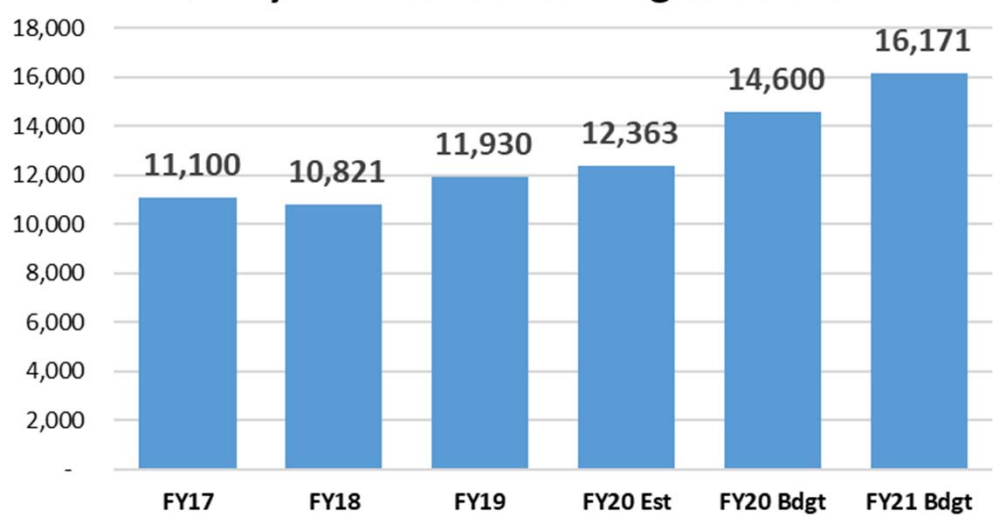
### Robotic Surgery Minutes per 100

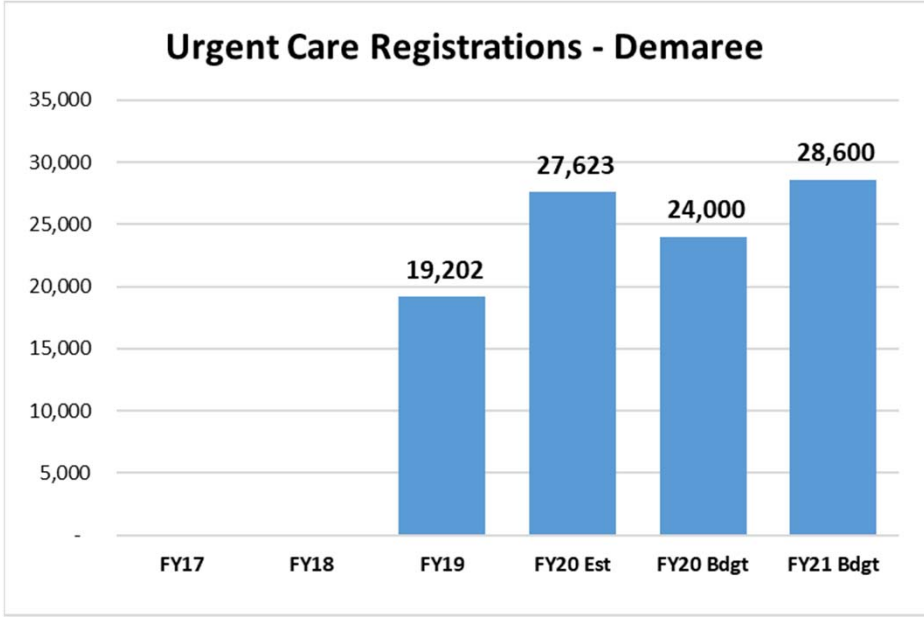
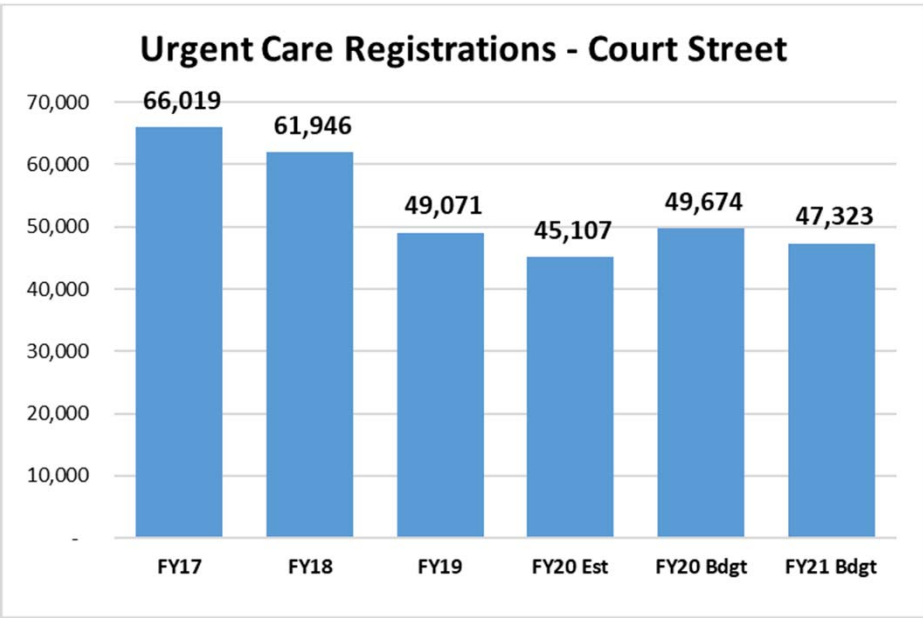
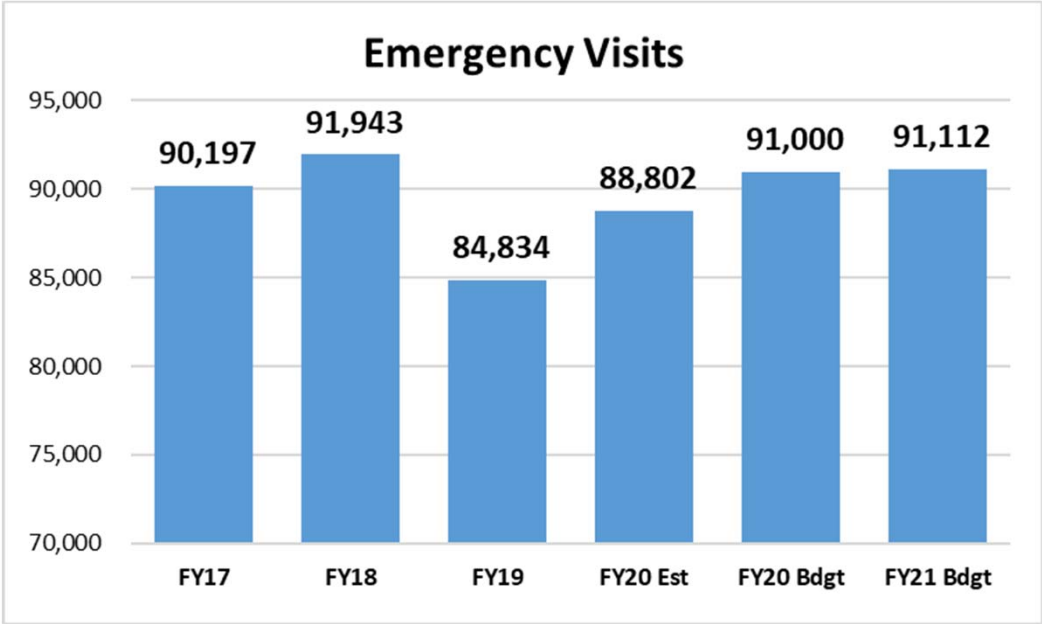


### Rural Health Clinics Registrations

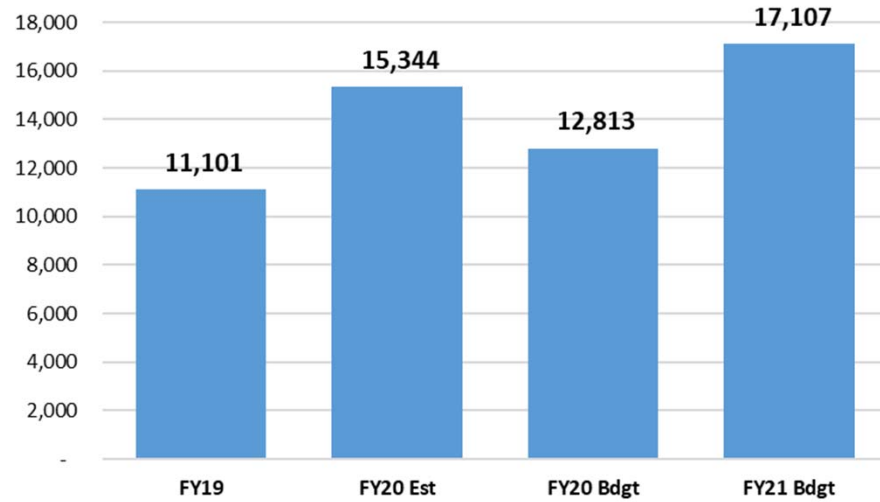
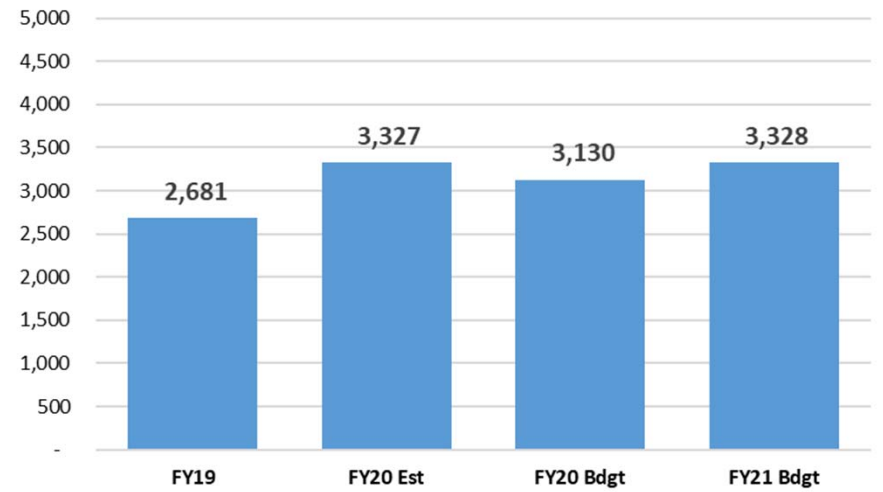
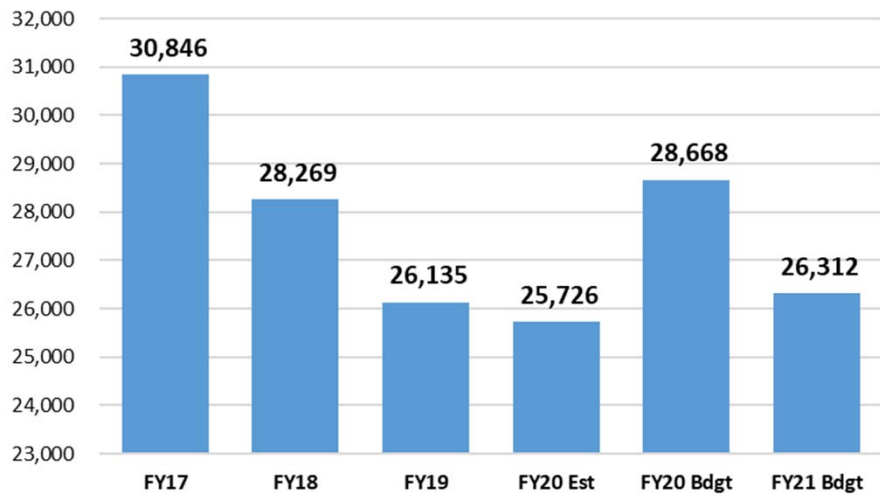
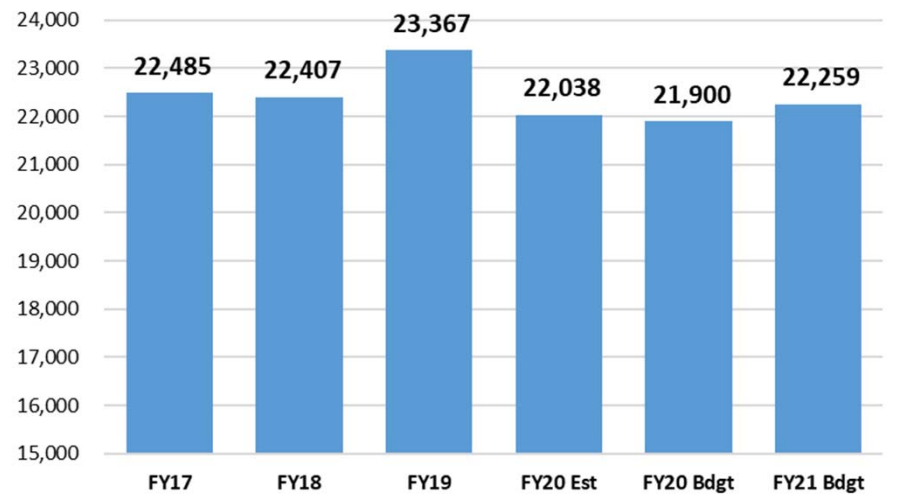


### Family Medical Center Registrations



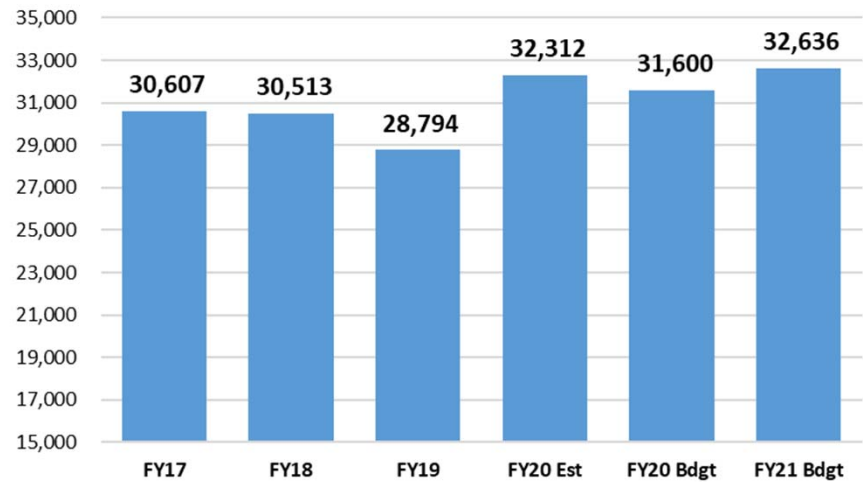


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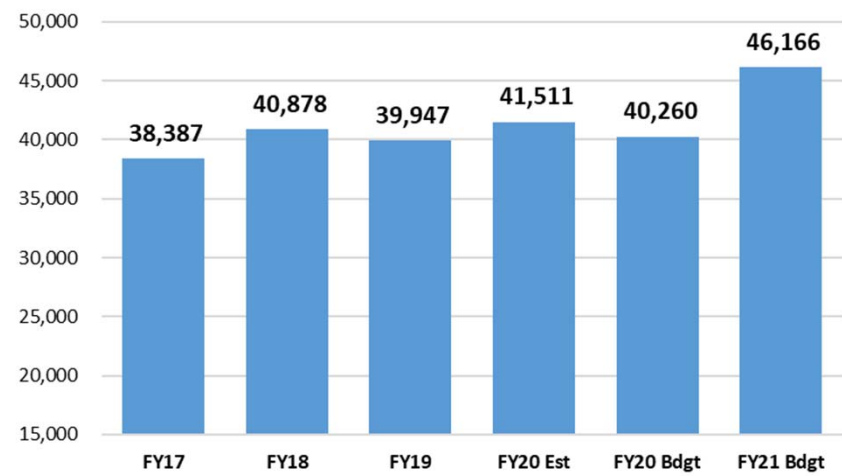
**Cardiology Clinic Registrations****Neuroscience Center Registrations****Wound Care Visits****Outpatient Dialysis Treatments**



### Home Health Outpatient Visits



### Hospice Outpatient Days



M O R E T H A N M E D I C I N E . L I F E .

 Kaweah Delta Medical Center

# CFO Financial Report

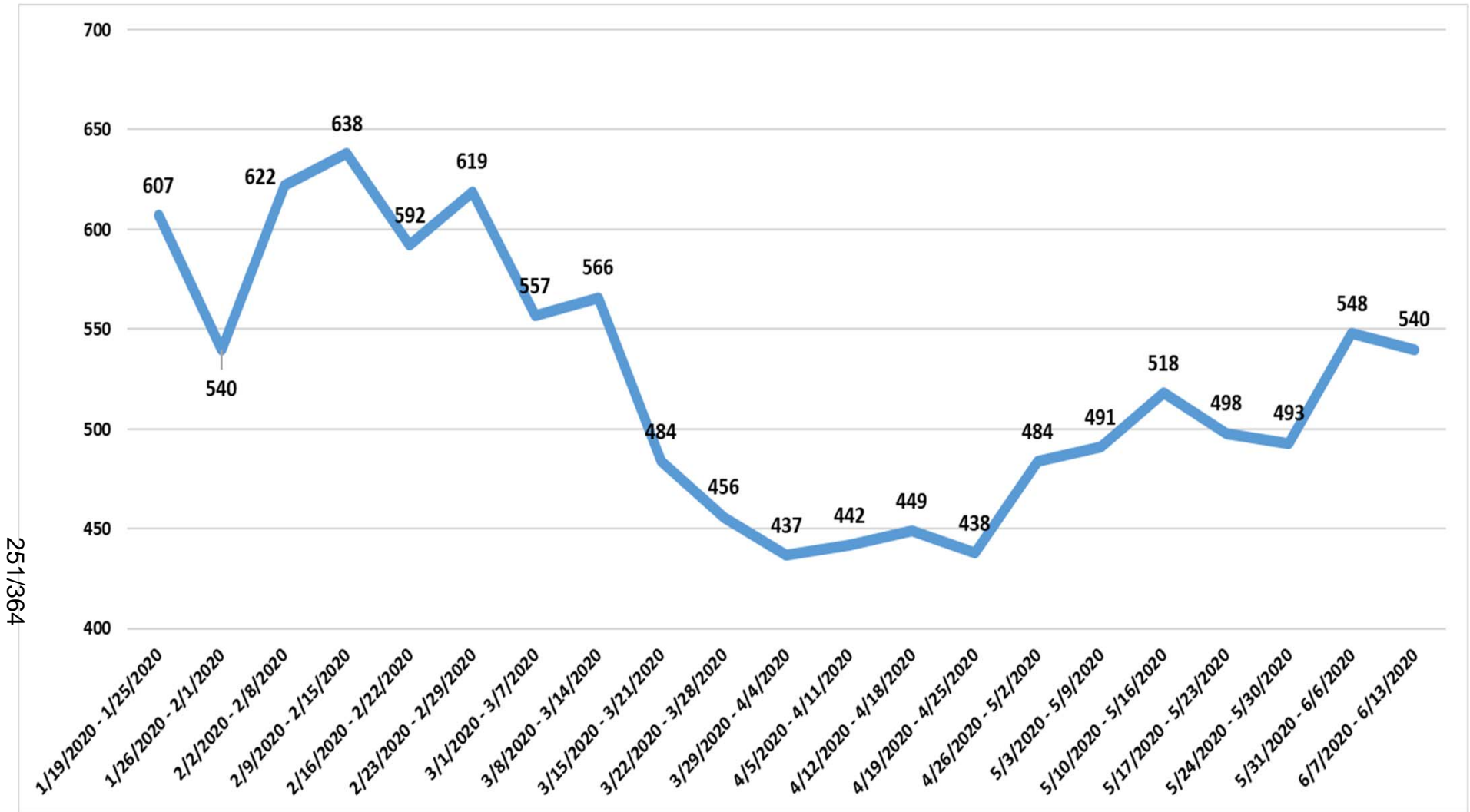
June 29, 2020



Kaweah Delta  
HEALTH CARE DISTRICT

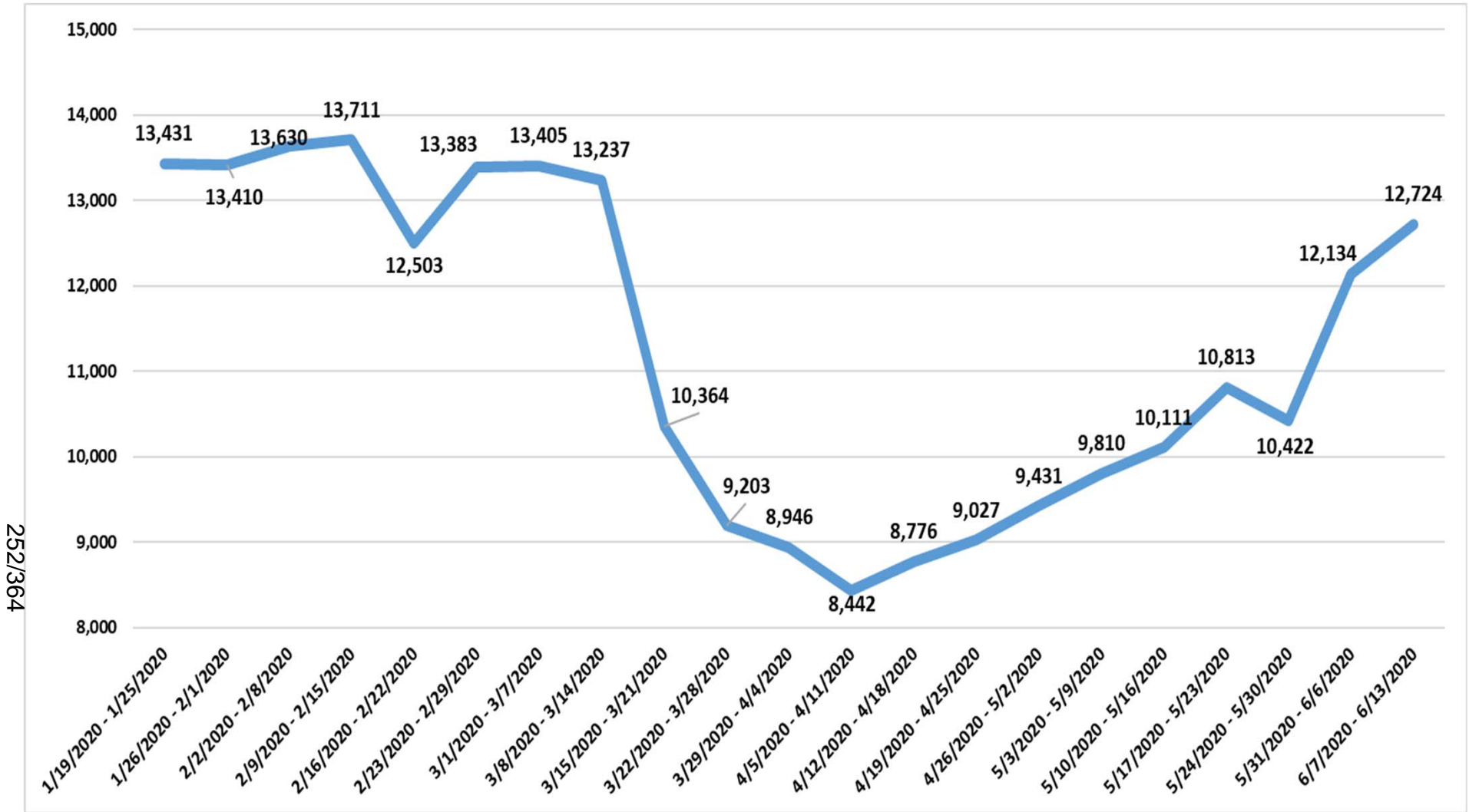
250/564

# Inpatient Weekly Encounters



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# Outpatient Weekly Encounters (excluding Home Health, Hospice, Home Infusions)



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# COVID-19 Financial Activity

## New Funds Received and Expected

Red indicates change since last reviewed

Stimulus Funds – Kaweah Delta	\$11,420,930	Received 4/11/20
Stimulus Funds – KDMF	\$684,104	Received 4/11/20
Stimulus Funds – KD 2 <sup>nd</sup> payment	\$1,225,939	Received 4/24/20
Stimulus funding – KDMF 2 <sup>nd</sup> payment	\$198,091	Received 5/26/20
California Hospital Association	\$28,014	Received 6/3 and 6/9/20
Removal of 2% Medicare Sequestration	\$2,100,000	Began May 2020
Stimulus funding -Testing at Rural Health Clinics	\$197,846	Received 5/20/20
Stimulus funding - Skilled Nursing Facility	\$225,000	Received 5/22/20
<b>Impact to Net Revenue</b>	<b>\$16,079,924</b>	

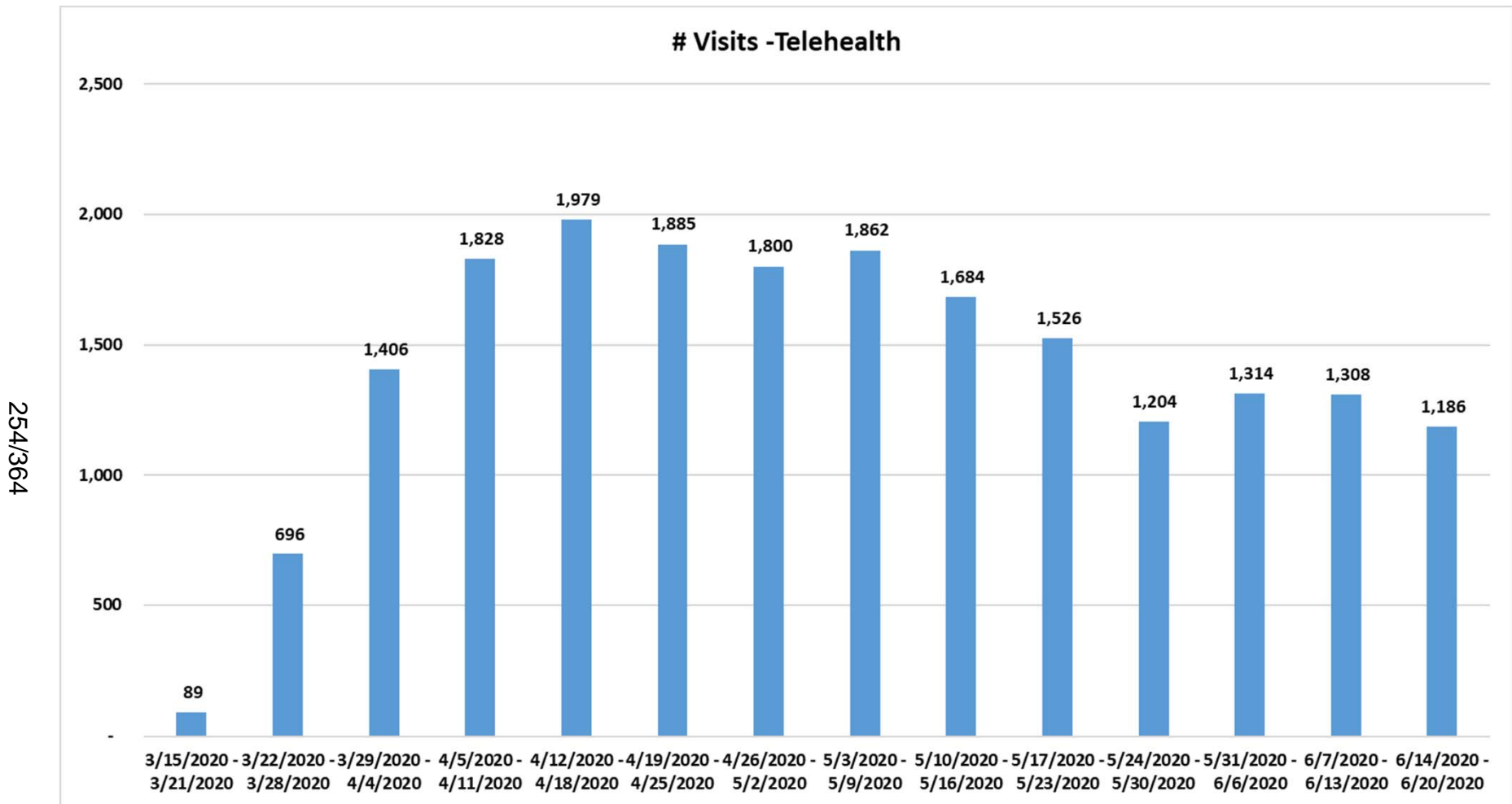
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<b>Cash Flow</b> – CMS Advanced Payments and FICA Tax Deferral Option	\$62,464,379	Received April 2020 – to be paid back beginning August 2020
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# COVID-19: Costs and Billing

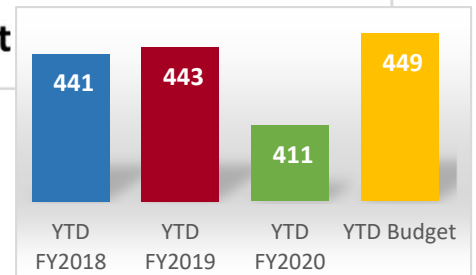
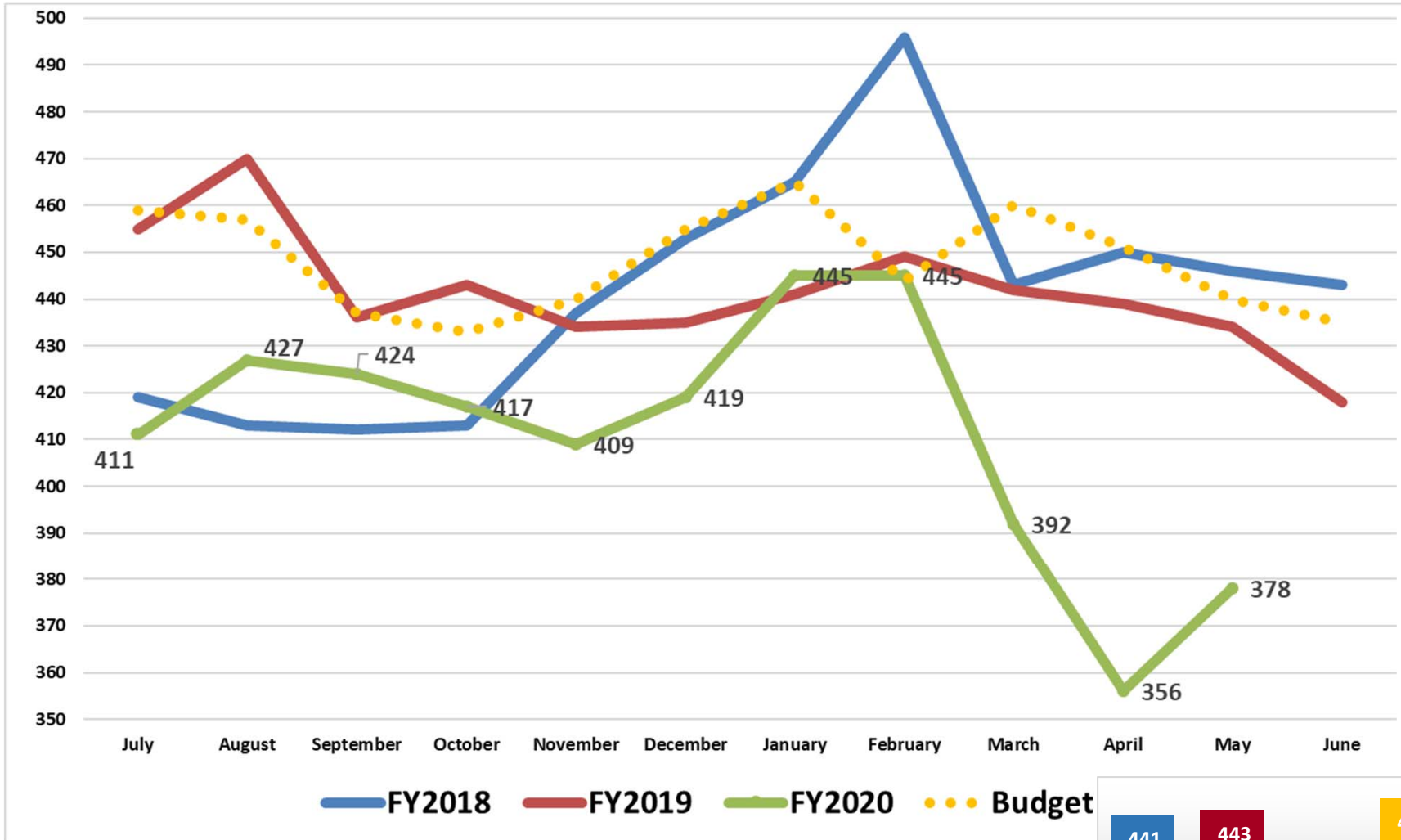
**Tracking Costs:** \$1.9M in COVID labor and expenses were identified in May 2020, \$5.4M YTD

**Volume New Services:** Telehealth including KDMF

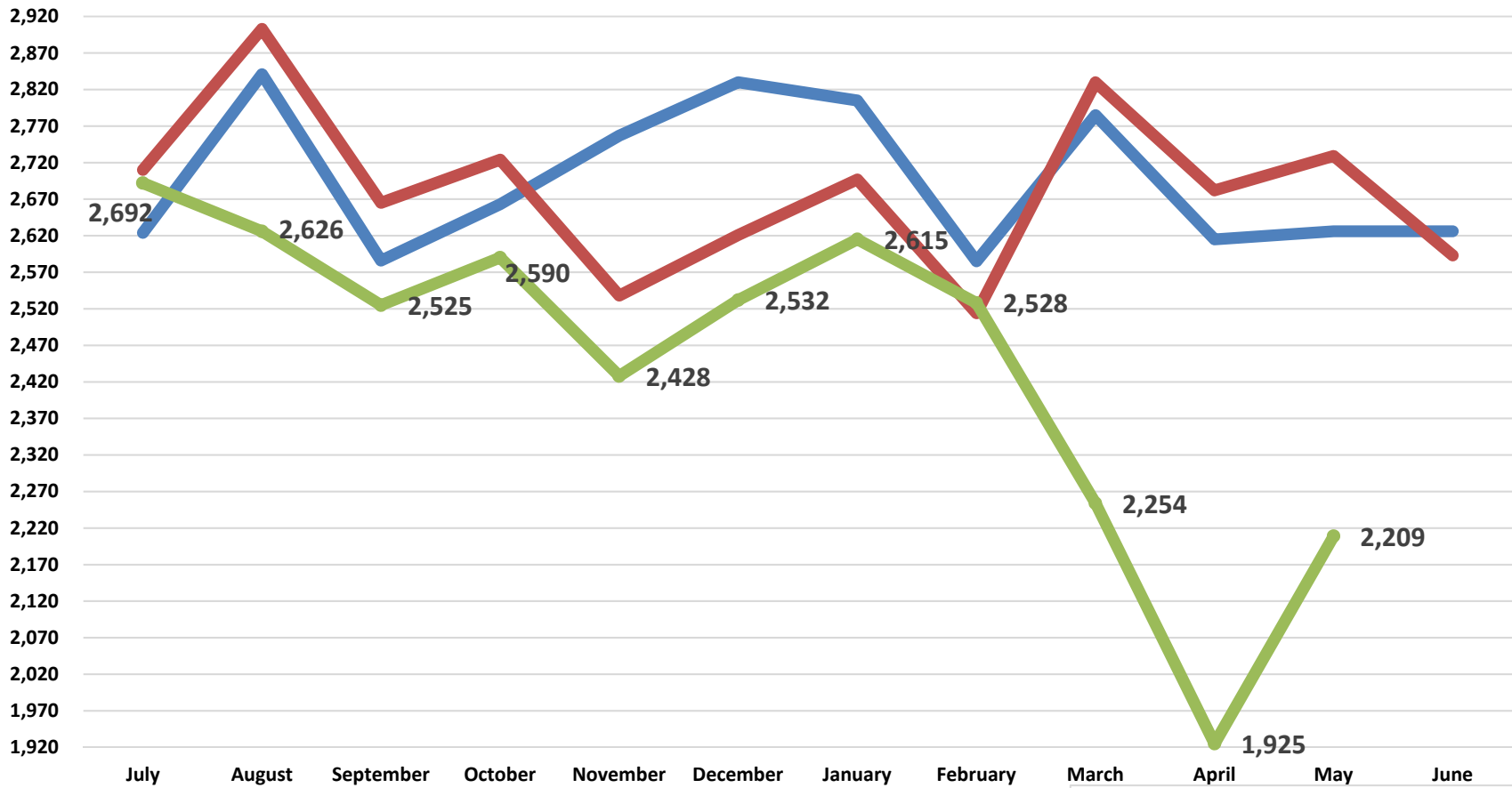




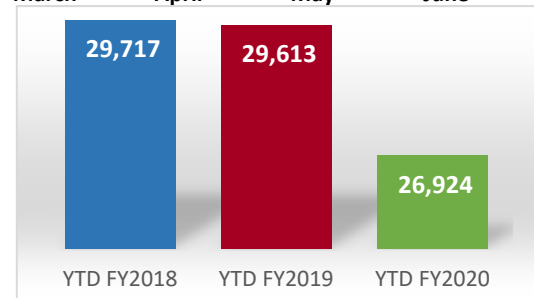
# Average Daily Census



# Admissions

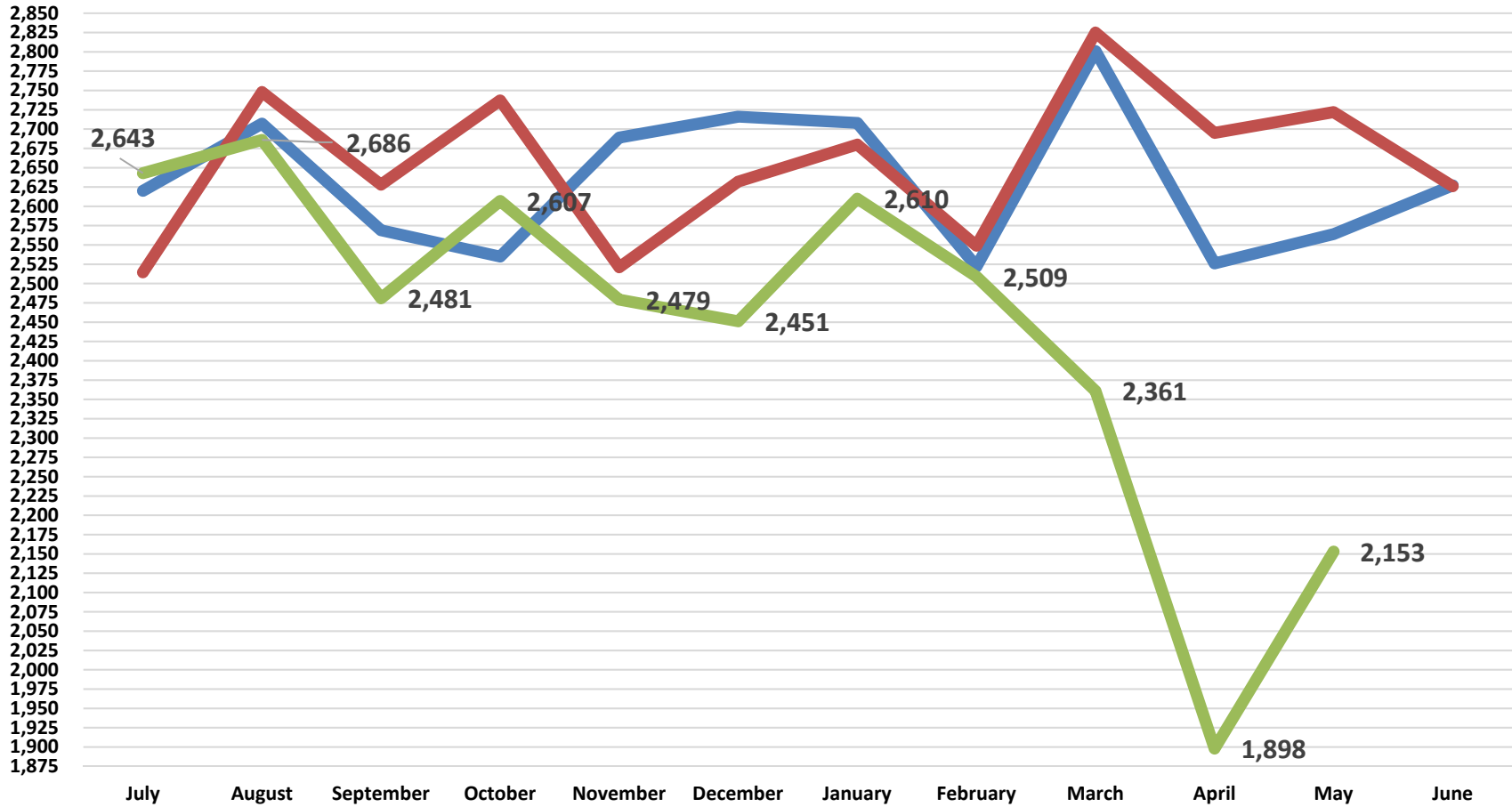


— FY2018 — FY2019 — FY2020

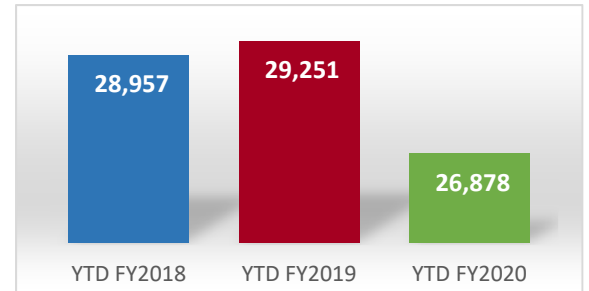




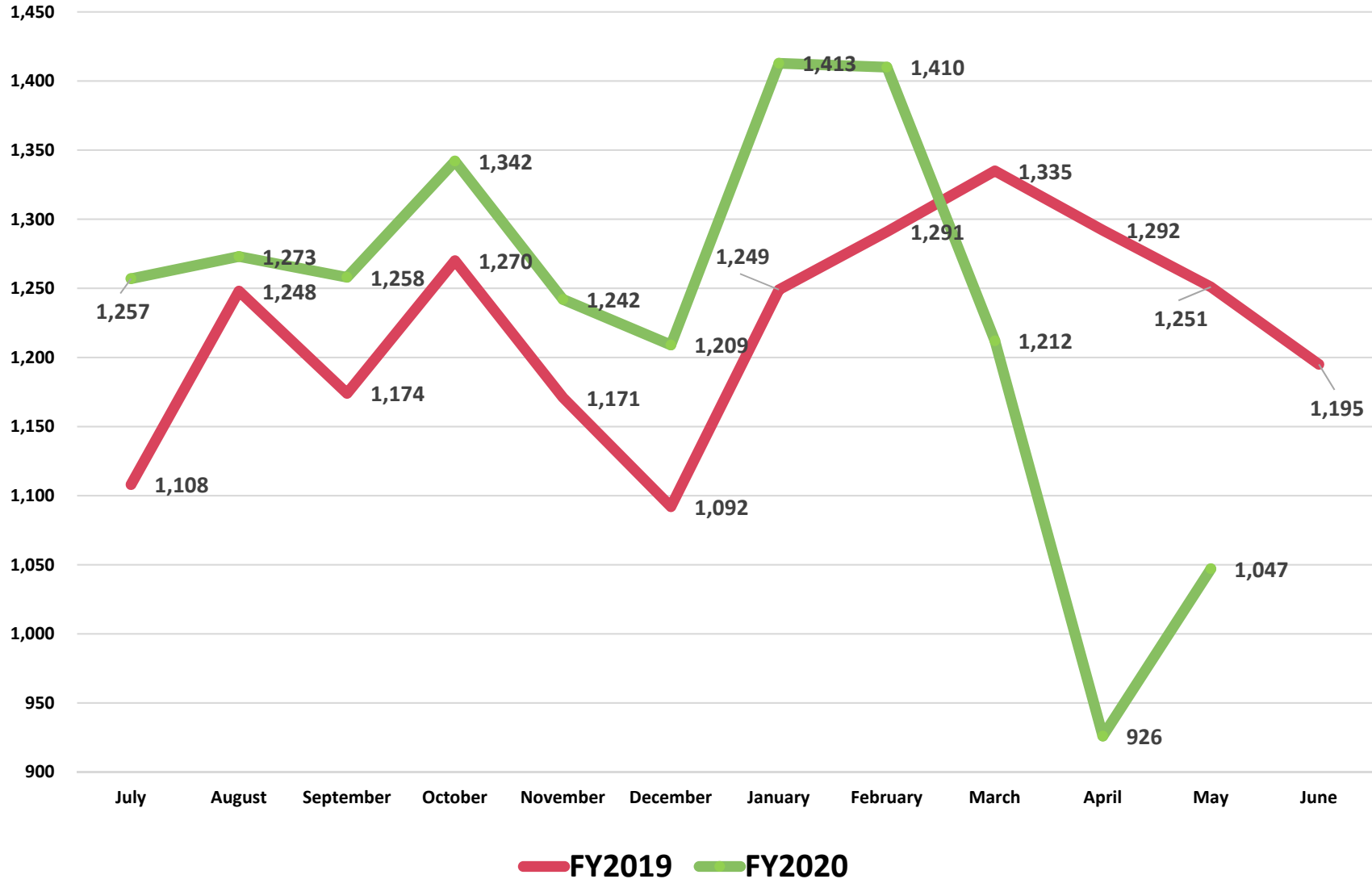
# Discharges



— FY2018 — FY2019 — FY2020



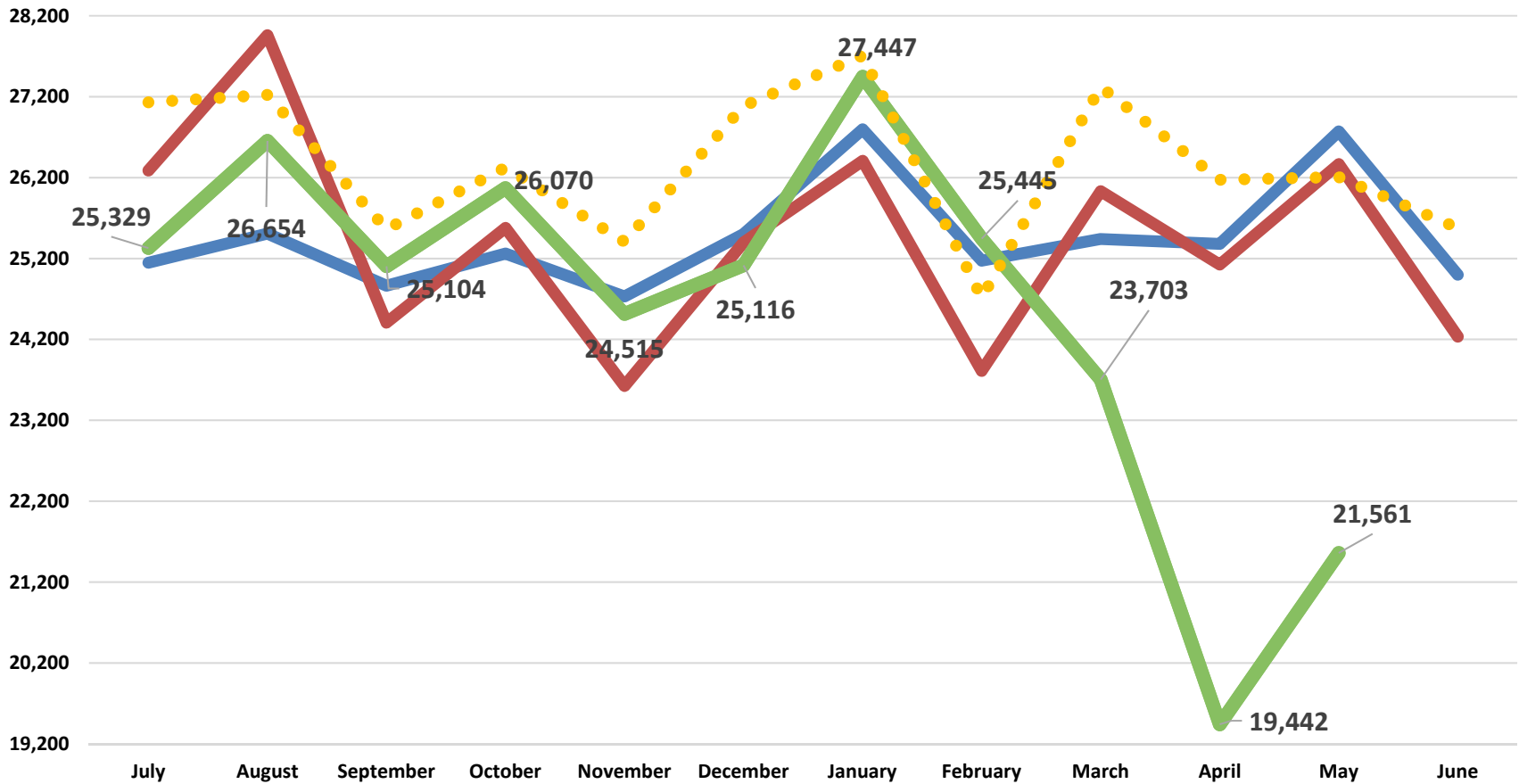
# Outpatient Registrations per Day



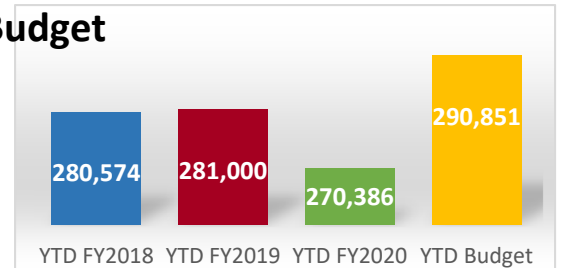
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# Adjusted Patient Days

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— FY2018   
 — FY2019   
 — FY2020   
 ●●● Budget



## Statistical Results – Fiscal Year Comparison (May)

Actual Results			Budget	Budget Variance	
May 2019	May 2020	% Change	May 2020	Change	% Change

<b>Average Daily Census</b>	<b>434</b>	<b>378</b>	<b>(12.7%)</b>	<b>440</b>	<b>(62)</b>	<b>(14.1%)</b>
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### KDHCD Patient Days:

Medical Center	8,496	7,505	(11.7%)	8,519	(1,014)	(11.9%)
Acute I/P Psych	1,462	1,403	(4.0%)	1,478	(75)	(5.1%)
Sub-Acute	970	901	(7.1%)	961	(60)	(6.2%)
Rehab	620	399	(35.6%)	638	(239)	(37.5%)
TCS-Ortho	469	332	(29.2%)	402	(70)	(17.4%)
TCS	440	289	(34.3%)	520	(231)	(44.4%)
NICU	500	457	(8.6%)	531	(74)	(13.9%)
Nursery	483	443	(8.3%)	604	(161)	(26.7%)

<b>Total KDHCD Patient Days</b>	<b>13,440</b>	<b>11,729</b>	<b>(12.7%)</b>	<b>13,653</b>	<b>(1,924)</b>	<b>(14.1%)</b>
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<b>Total Outpatient Volume</b>	<b>38,781</b>	<b>32,457</b>	<b>(16.3%)</b>	<b>41,147</b>	<b>(8,690)</b>	<b>(21.1%)</b>
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# Other Statistical Results – Fiscal Year Comparison (May)

	Actual Results				Budget	Budget Variance	
	May 2019	May 2020	Change	% Change	May 2020	Change	% Change
<b>Adjusted Patient Days</b>	<b>26,367</b>	<b>21,561</b>	<b>(4,806)</b>	<b>(18.2%)</b>	<b>26,206</b>	<b>(4,645)</b>	<b>(21.5%)</b>
<b>Outpatient Visits</b>	<b>38,781</b>	<b>32,457</b>	<b>(6,324)</b>	<b>(16.3%)</b>	<b>41,147</b>	<b>(8,690)</b>	<b>(26.8%)</b>
Home Infusion Days	10,644	12,615	1,971	18.5%	10,382	2,233	17.7%
Radiation Oncology Treatments (I/P & O/P)	2,147	2,446	299	13.9%	2,035	411	16.8%
Home Health Visits	2,556	2,834	278	10.9%	2,700	134	4.7%
OB Deliveries	350	365	15	4.3%	426	(61)	(16.7%)
Hospice Days	3,737	3,801	64	1.7%	3,290	511	13.4%
Dialysis Treatments	1,991	1,871	(120)	(6.0%)	1,886	(15)	(0.8%)
Surgery Minutes-General & Robotic (I/P & O/P)	1,050	926	(124)	(11.8%)	884	42	4.5%
Cath Lab Minutes (I/P & O/P)	383	335	(48)	(12.5%)	394	(59)	(17.6%)
KDMF RVU	33,260	27,396	(5,864)	(17.6%)	32,442	(5,046)	(18.4%)
GME Clinic visits	1,134	921	(213)	(18.8%)	1,240	(319)	(34.6%)
Physical & Other Therapy Units	19,168	15,354	(3,814)	(19.9%)	18,406	(3,052)	(19.9%)
Radiology/CT/US/MRI Proc (I/P & O/P)	16,178	12,603	(3,575)	(22.1%)	15,344	(2,741)	(21.7%)
ED Total Registered	7,191	5,033	(2,158)	(30.0%)	7,506	(2,473)	(49.1%)
Urgent Care - Court	3,562	2,448	(1,114)	(31.3%)	3,775	(1,327)	(54.2%)
O/P Rehab Units	21,132	13,947	(7,185)	(34.0%)	20,299	(6,352)	(45.5%)
Endoscopy Procedures (I/P & O/P)	520	316	(204)	(39.2%)	463	(147)	(46.5%)
Urgent Care - Demaree	1,680	829	(851)	(50.7%)	1,745	(916)	(110.5%)

# Other Statistical Results – Fiscal Year Comparison (Jul-May)

	Actual Results				Budget	Budget Variance	
	FY 2019	FY 2020	Change	% Change	FY 2020	Change	% Change
<b>Adjusted Patient Days</b>	<b>281,028</b>	<b>270,315</b>	<b>(10,713)</b>	<b>(3.8%)</b>	<b>290,856</b>	<b>(20,541)</b>	<b>(7.1%)</b>
<b>Outpatient Visits</b>	<b>411,692</b>	<b>415,013</b>	<b>3,321</b>	<b>0.8%</b>	<b>436,805</b>	<b>(21,792)</b>	<b>(5.0%)</b>
Urgent Care - Demaree	17,624	22,484	4,860	27.6%	22,556	(72)	(0.3%)
Endoscopy Procedures (I/P & O/P)	5,249	6,035	786	15.0%	5,086	949	18.7%
Home Health Visits	26,530	30,122	3,592	13.5%	28,909	1,213	4.2%
Hospice Days	36,418	39,079	2,661	7.3%	36,968	2,111	5.7%
Radiation Oncology Treatments (I/P & O/P)	22,814	24,302	1,488	6.5%	22,385	1,917	8.6%
Home Infusion Days	118,624	125,644	7,020	5.9%	121,468	4,176	3.4%
KDMF RVU	333,588	350,481	16,893	5.1%	367,206	(16,725)	(4.6%)
GME Clinic visits	10,870	11,188	318	2.9%	13,400	(2,212)	(16.5%)
Surgery Minutes-General & Robotic (I/P & O/P)	11,167	11,031	(136)	(1.2%)	12,935	(1,904)	(14.7%)
Physical & Other Therapy Units	196,499	193,693	(2,806)	(1.4%)	199,517	(5,824)	(2.9%)
Cath Lab Minutes (IP & OP)	4,059	3,941	(118)	(2.9%)	4,329	(388)	(9.0%)
Radiology/CT/US/MRI Proc (I/P & O/P)	164,359	158,732	(5,627)	(3.4%)	168,759	(10,027)	(5.9%)
ED Total Registered	77,715	74,363	(3,352)	(4.3%)	83,863	(9,500)	(11.3%)
Dialysis Treatments	21,388	20,138	(1,250)	(5.8%)	20,075	63	0.3%
OB Deliveries	4,388	4,111	(277)	(6.3%)	4,670	(559)	(12.0%)
O/P Rehab Units	217,757	201,759	(15,998)	(7.3%)	225,908	(24,149)	(10.7%)
Urgent Care - Court	45,761	37,476	(8,285)	(18.1%)	46,339	(8,863)	(19.1%)

# May Financial Comparison (000's)

	Actual Results			Budget	Budget Variance		Explanation
	May 2019	May 2020	% Change	May 2020	Change	% Change	
<b>Operating Revenue</b>							
Net Patient Service Revenue	47,078	35,995	(23.5%)	49,987	(\$13,992)	(28.0%)	
Supplemental Gov't Programs	8,876	5,572	(37.2%)	4,319	1,253	29.0%	See highlights slide
Prime Program	604	103	(83.0%)	905	(802)	(88.6%)	
Premium Revenue	3,716	4,542	22.2%	4,428	113	2.6%	
Management Services Revenue	3,185	2,569	(19.3%)	2,696	(127)	(4.7%)	
Other Revenue	2,134	1,968	(7.8%)	1,760	209	11.9%	
Other Operating Revenue	18,515	14,754	(20.3%)	14,109	646	4.6%	
<b>Total Operating Revenue</b>	<b>65,594</b>	<b>50,750</b>	<b>(22.6%)</b>	<b>64,096</b>	<b>(13,346)</b>	<b>(20.8%)</b>	
<b>Operating Expenses</b>							
Salaries & Wages	24,556	25,402	3.4%	25,558	(155)	(0.6%)	See highlights slide
Contract Labor	884	410	(53.6%)	309	101	32.7%	
Employee Benefits	6,665	6,486	(2.7%)	6,174	313	5.1%	See highlights slide
<b>Total Employment Expenses</b>	<b>32,104</b>	<b>32,299</b>	<b>0.6%</b>	<b>32,040</b>	<b>258</b>	<b>0.8%</b>	
Medical & Other Supplies	9,728	8,423	(13.4%)	8,911	(488)	(5.5%)	
Physician Fees	8,403	7,191	(14.4%)	7,901	(711)	(9.0%)	
Purchased Services	3,801	3,732	(1.8%)	3,300	432	13.1%	
Repairs & Maintenance	2,501	1,766	(29.4%)	2,242	(477)	(21.3%)	
Utilities	447	477	6.7%	508	(31)	(6.1%)	
Rents & Leases	538	511	(5.1%)	531	(20)	(3.8%)	
Depreciation & Amortization	2,667	2,685	0.7%	3,154	(469)	(14.9%)	
Interest Expense	460	493	7.2%	524	(31)	(5.9%)	
Other Expense	(14)	1,676	(123%)	1,797	(121)	(6.7%)	
Management Services Expense	2,866	2,739	(4.4%)	2,654	85	3.2%	
<b>Total Other Expenses</b>	<b>31,396</b>	<b>29,692</b>	<b>(5.4%)</b>	<b>31,522</b>	<b>(1,830)</b>	<b>(5.8%)</b>	
<b>Total Operating Expenses</b>	<b>63,501</b>	<b>61,991</b>	<b>(2.4%)</b>	<b>63,562</b>	<b>(1,571)</b>	<b>(2.5%)</b>	
<b>Operating Margin</b>	<b>\$2,093</b>	<b>(\$11,241)</b>	<b>(637.1%)</b>	<b>\$534</b>	<b>(\$11,775)</b>	<b>(2206.6%)</b>	
<b>Nonoperating Income</b>							
Nonoperating Revenue (Loss)	585	652	11.4%	670	(18)	(2.7%)	
Stimulus Funds	0	3,687	100.0%	0	3,687	100.0%	See highlights slide
<b>Excess Margin</b>	<b>\$2,678</b>	<b>(\$6,902)</b>	<b>(357.7%)</b>	<b>\$1,204</b>	<b>(\$8,106)</b>	<b>(673.3%)</b>	
<b>Operating Margin %</b>	<b>3.2%</b>	<b>(22.2%)</b>		<b>0.8%</b>			
<b>Excess Margin %</b>	<b>4.0%</b>	<b>(13.4%)</b>		<b>1.9%</b>			

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# YTD Financial Comparison (000's)

	Actual Results FYTD Jul-May			Budget FYTD	Budget Variance	FYTD
	FYTD2019	FYTD2020	% Change	FYTD2020	Change	% Change
<b>Operating Revenue</b>						
Net Patient Service Revenue	514,728	522,500	1.5%	560,800	(\$38,300)	(6.8%)
Supplemental Gov't Programs	66,942	51,512	(23.0%)	47,511	4,002	8.4%
Prime Program	12,237	9,287	(24.1%)	9,957	(669)	(6.7%)
Premium Revenue	36,251	44,992	24.1%	43,130	1,862	4.3%
Management Services Revenue	29,387	29,851	1.6%	29,628	224	0.8%
Other Revenue	21,830	20,596	(5.7%)	19,320	1,277	6.6%
Other Operating Revenue	166,647	156,240	(6.2%)	149,544	6,695	4.5%
<b>Total Operating Revenue</b>	<b>681,375</b>	<b>678,740</b>	<b>(0.4%)</b>	<b>710,345</b>	<b>(31,605)</b>	<b>(4.4%)</b>
<b>Operating Expenses</b>						
Salaries & Wages	263,897	282,386	7.0%	279,778	2,607	0.9%
Contract Labor	14,050	9,341	(33.5%)	3,491	5,850	167.6%
Employee Benefits	68,811	72,049	4.7%	66,724	5,325	8.0%
<b>Total Employment Expenses</b>	<b>346,758</b>	<b>363,776</b>	<b>4.9%</b>	<b>349,994</b>	<b>13,782</b>	<b>3.9%</b>
Medical & Other Supplies	106,000	106,176	0.2%	102,516	3,659	3.6%
Physician Fees	77,866	84,109	8.0%	87,004	(2,895)	(3.3%)
Purchased Services	35,699	38,532	7.9%	33,532	5,000	14.9%
Repairs & Maintenance	23,964	22,944	(4.3%)	24,597	(1,653)	(6.7%)
Utilities	5,186	5,416	4.4%	5,489	(74)	(1.3%)
Rents & Leases	5,532	5,890	6.5%	5,842	49	0.8%
Depreciation & Amortization	27,987	27,607	(1.4%)	29,496	(1,889)	(6.4%)
Interest Expense	5,015	5,106	1.8%	5,761	(655)	(11.4%)
Other Expense	15,751	18,376	16.7%	19,417	(1,042)	(5.4%)
Management Services Expense	28,612	29,630	3.6%	29,156	474	1.6%
<b>Total Other Expenses</b>	<b>331,613</b>	<b>343,786</b>	<b>3.7%</b>	<b>342,811</b>	<b>974</b>	<b>0.3%</b>
<b>Total Operating Expenses</b>	<b>678,371</b>	<b>707,562</b>	<b>4.3%</b>	<b>692,805</b>	<b>14,757</b>	<b>2.1%</b>
<b>Operating Margin</b>	<b>\$3,004</b>	<b>(\$28,822)</b>	<b>(1059.4%)</b>	<b>\$17,540</b>	<b>(\$46,362)</b>	<b>(264.3%)</b>
Nonoperating Income						
Nonoperating Revenue (Loss)	8,775	12,564	43.2%	7,264	5,300	73.0%
Stimulus Funds	0	9,806	100.0%	0	9,806	100.0%
<b>Excess Margin</b>	<b>\$11,779</b>	<b>(\$6,452)</b>	<b>(154.8%)</b>	<b>\$24,803</b>	<b>(\$31,256)</b>	<b>(126.0%)</b>

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Operating Margin %	0.4%	(4.2%)		2.5%
Excess Margin %	1.7%	(0.9%)		3.5%

# Kaweah Delta Medical Foundation

## Fiscal Year Financial Comparison (000's)

	Actual Results FYTD May			Budget FYTD	Budget Variance FYTD	
	Jul – May 2019	Jul - May 2020	% Change	Jul – May 2020	Change	% Change
<b>Operating Revenue</b>						
Net Patient Service Revenue	40,199	39,493	(1.8%)	43,328	(\$3,835)	(8.9%)
Other Operating Revenue	481	848	76.3%	578	270	46.7%
<b>Total Operating Revenue</b>	<b>40,680</b>	<b>40,341</b>	<b>(0.8%)</b>	<b>43,906</b>	<b>(3,565)</b>	<b>(8.1%)</b>
<b>Operating Expenses</b>						
Salaries & Wages	10,497	10,526	0.3%	11,103	(577)	(5.2%)
Contract Labor	132	51	(61.3%)	0	51	0.0%
Employee Benefits	2,744	2,654	(3.3%)	2,644	10	0.4%
<b>Total Employment Expenses</b>	<b>13,373</b>	<b>13,231</b>	<b>(1.1%)</b>	<b>13,747</b>	<b>(516)</b>	<b>(3.8%)</b>
Medical & Other Supplies	5,564	5,513	(0.9%)	5,836	(323)	(5.5%)
Physician Fees	20,728	22,504	8.6%	23,611	(1,107)	(4.7%)
Purchased Services	1,233	1,040	(15.6%)	591	449	76.0%
Repairs & Maintenance	1,660	1,982	19.4%	2,403	(421)	(17.5%)
Utilities	370	342	(7.4%)	385	(42)	(11.0%)
Rents & Leases	2,462	2,555	3.8%	2,630	(75)	(2.9%)
Depreciation & Amortization	1,136	922	(18.8%)	968	(46)	(4.7%)
Interest Expense	20	11	(46.0%)	22	(11)	(51.4%)
Other Expense	1,582	1,483	(6.2%)	1,674	(191)	(11.4%)
<b>Total Other Expenses</b>	<b>34,753</b>	<b>36,352</b>	<b>4.6%</b>	<b>38,119</b>	<b>(1,767)</b>	<b>(4.6%)</b>
<b>Total Operating Expenses</b>	<b>48,126</b>	<b>49,583</b>	<b>3.0%</b>	<b>51,865</b>	<b>(2,282)</b>	<b>(4.4%)</b>
<b>Excess Margin</b>	<b>(\$7,446)</b>	<b>(\$9,242)</b>	<b>(24.1%)</b>	<b>(\$7,959)</b>	<b>(\$1,283)</b>	<b>(16.1%)</b>

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<b>Excess Margin %</b>	<b>(18.3%)</b>	<b>(22.9%)</b>	<b>(18.1%)</b>
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# May Budget Variances

**Supplemental Funds:** The \$1.3M increase in supplemental funds in May was due to the impact of multiple adjustments to our initial estimates of supplemental funds.

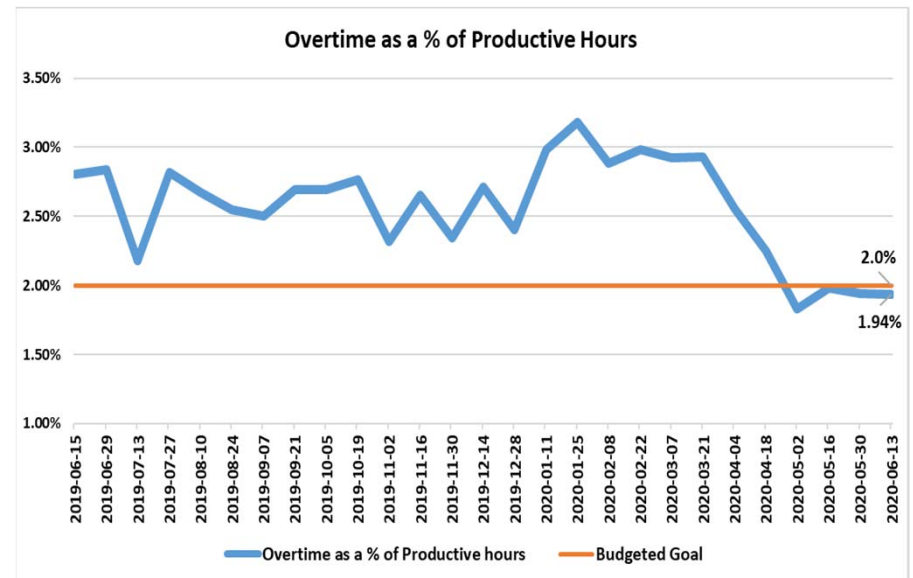
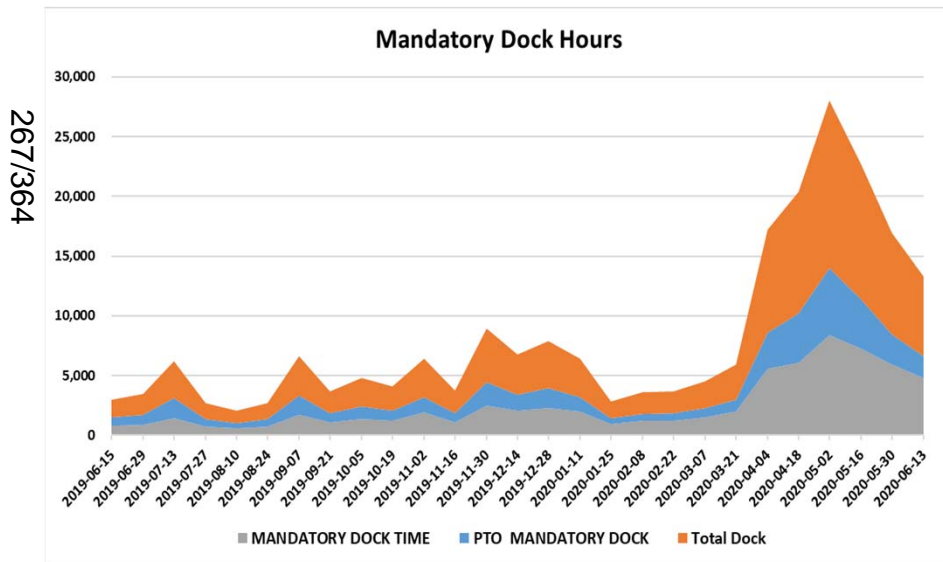
**Salaries:** While we did experience a reduction in payroll expenses and a favorable budget variance of \$155K in May, it was insignificant compared to the decrease in revenue. Several initiatives were launched in March and April to help provide additional timely data, accountability, transparency, and additional messaging about flexing the staff with the volume.

**Employee Benefits:** The \$313K unfavorable variance resulted primarily from an increase in the paid time off accrual in May.

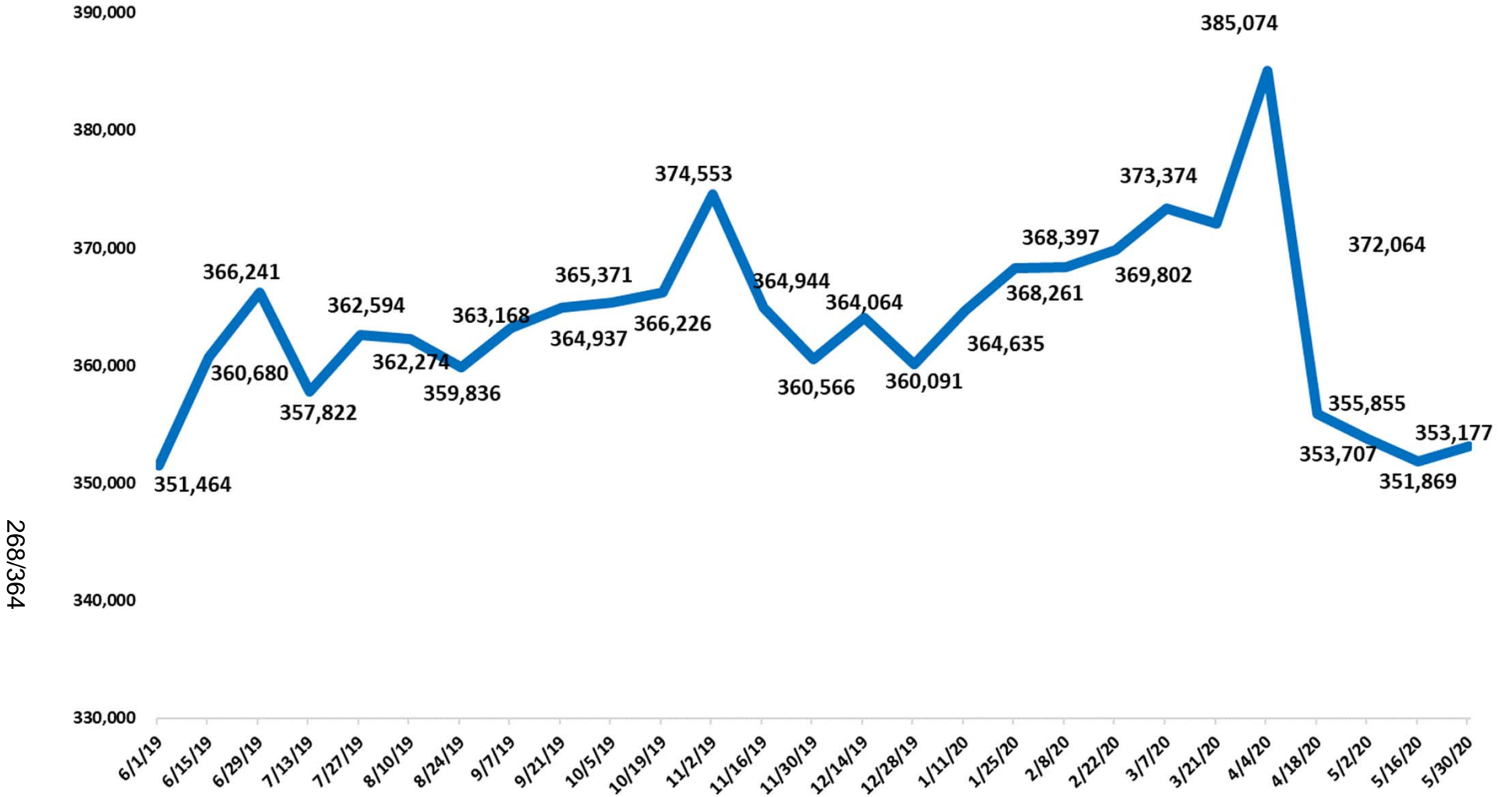
**Stimulus Funds:** \$3.69M was recognized from the COVID-19 Stimulus Funds that were received in April and May. These funds are being spread over April-June 2020.

## Current Staffing Initiatives

- Daily/Biweekly Productivity reports – expanded to more departments to help in improving leaderships ability to dock and schedule more strategically (see below)
- Overtime focused reports and messaging – reduce premium hours (see below)
- Reduction in Contract labor – reduce premium hours
- Improve controls on float pool to ensure appropriate level staff performing duties

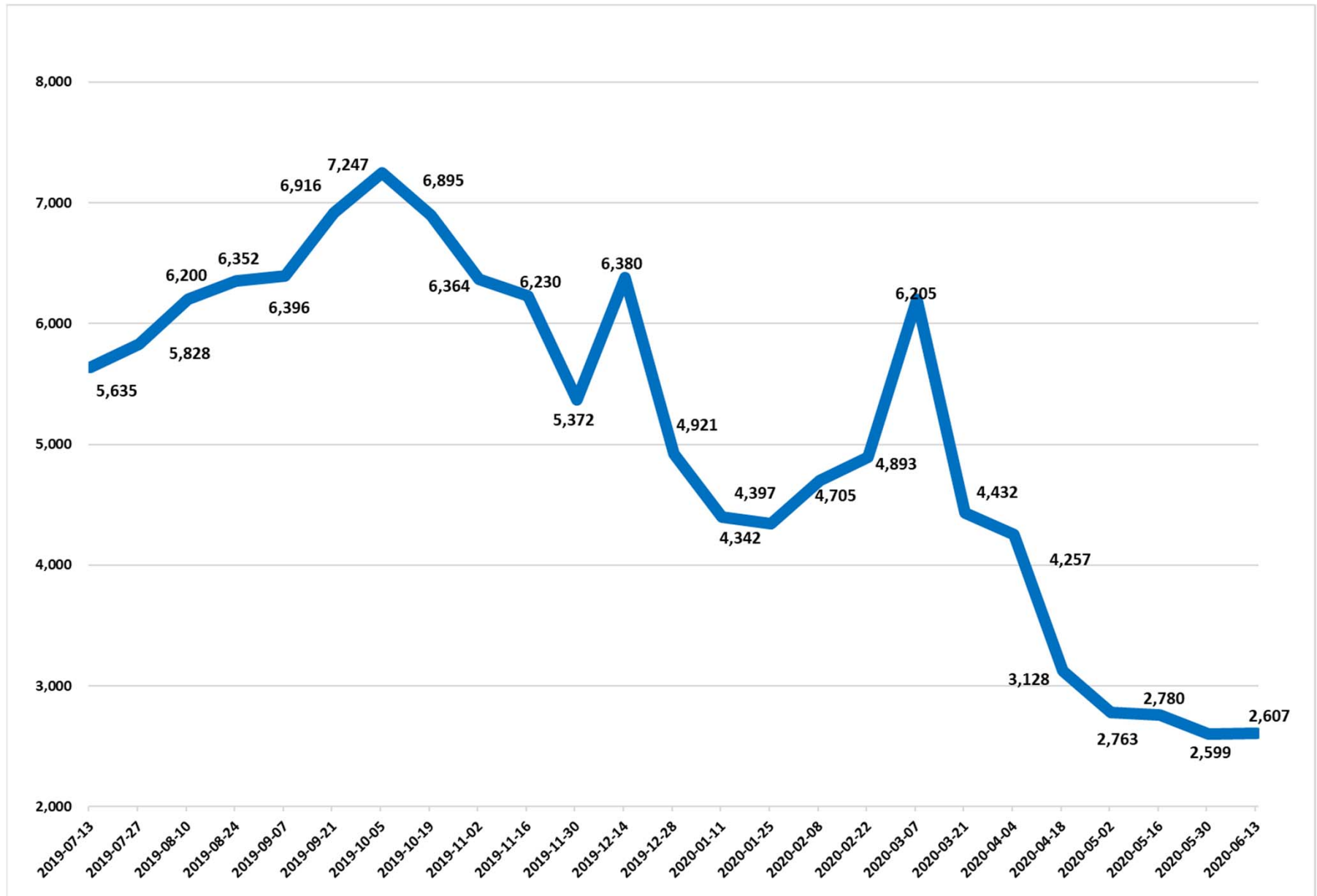


# Total Payroll Hours



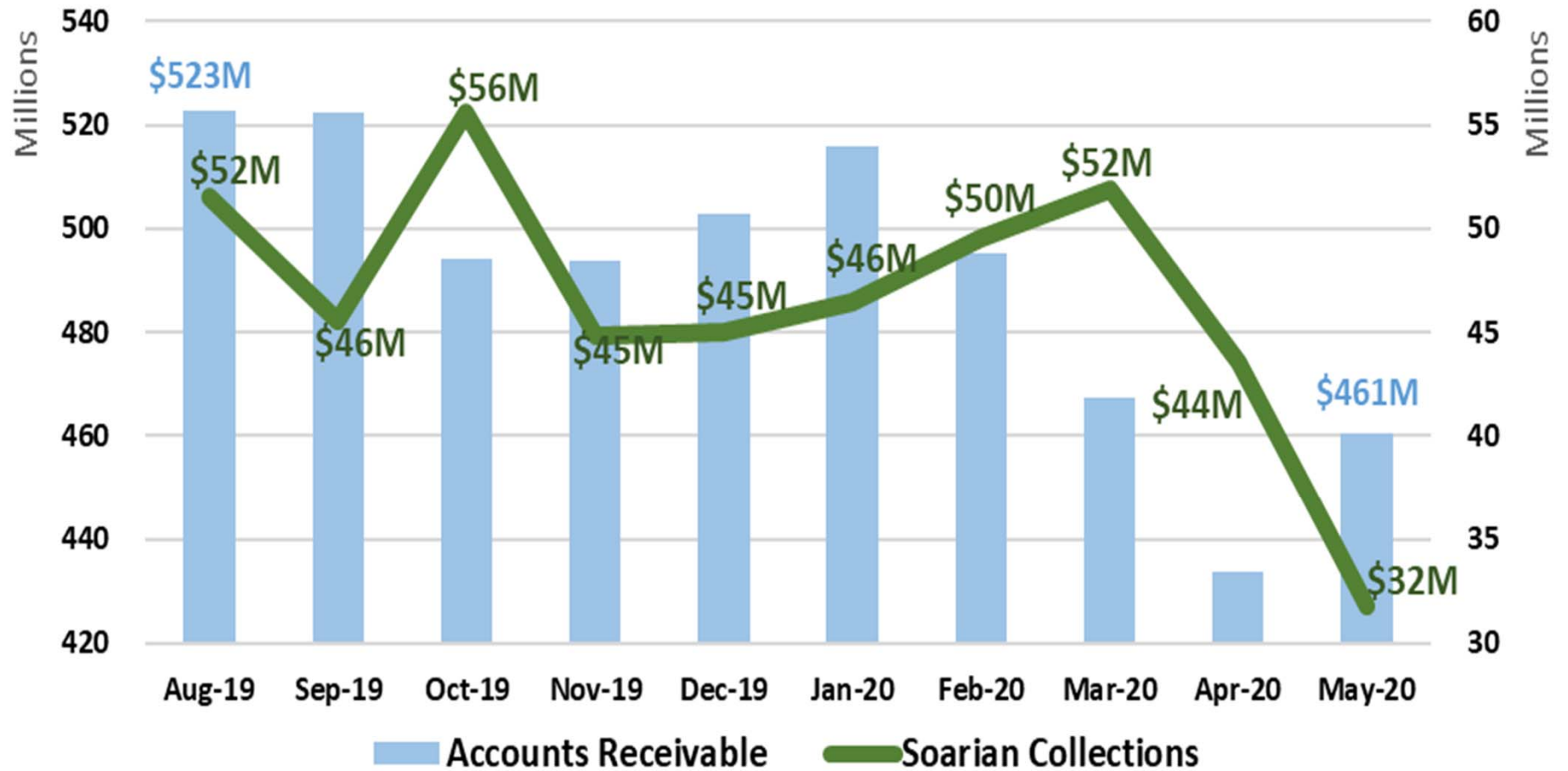
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# Contract Labor Hours

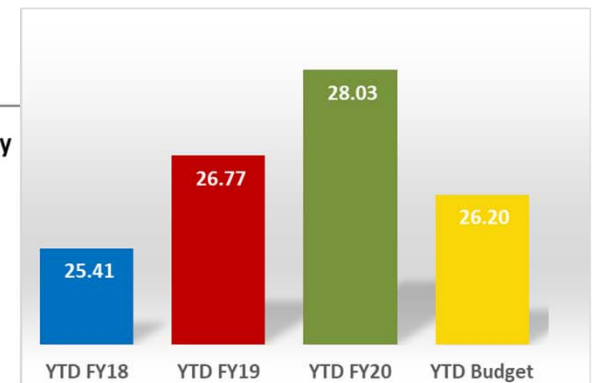
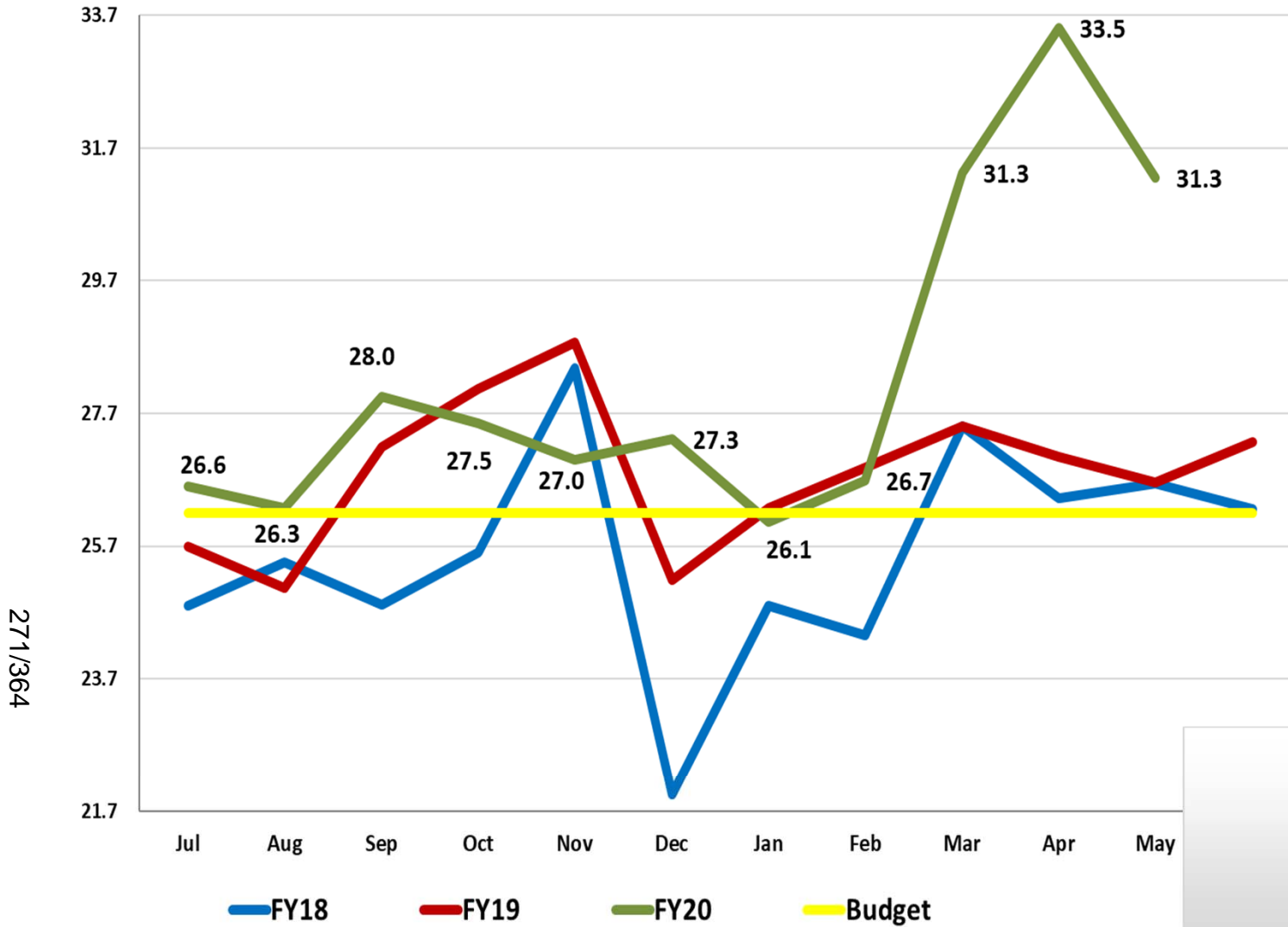


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# Patient Accounts Receivable and Soarian Collections

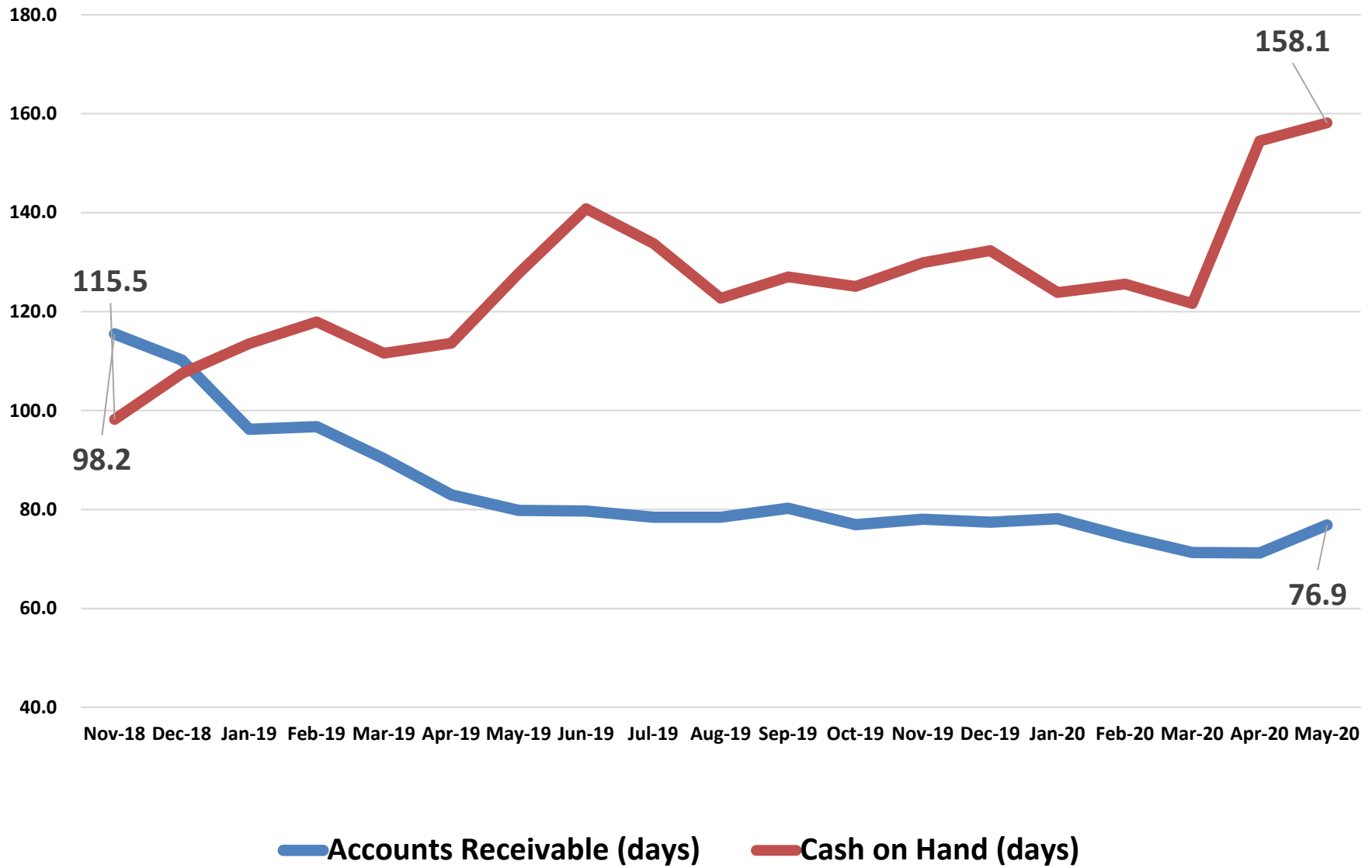


# Productivity: Worked Hours/Adjusted Patient Days



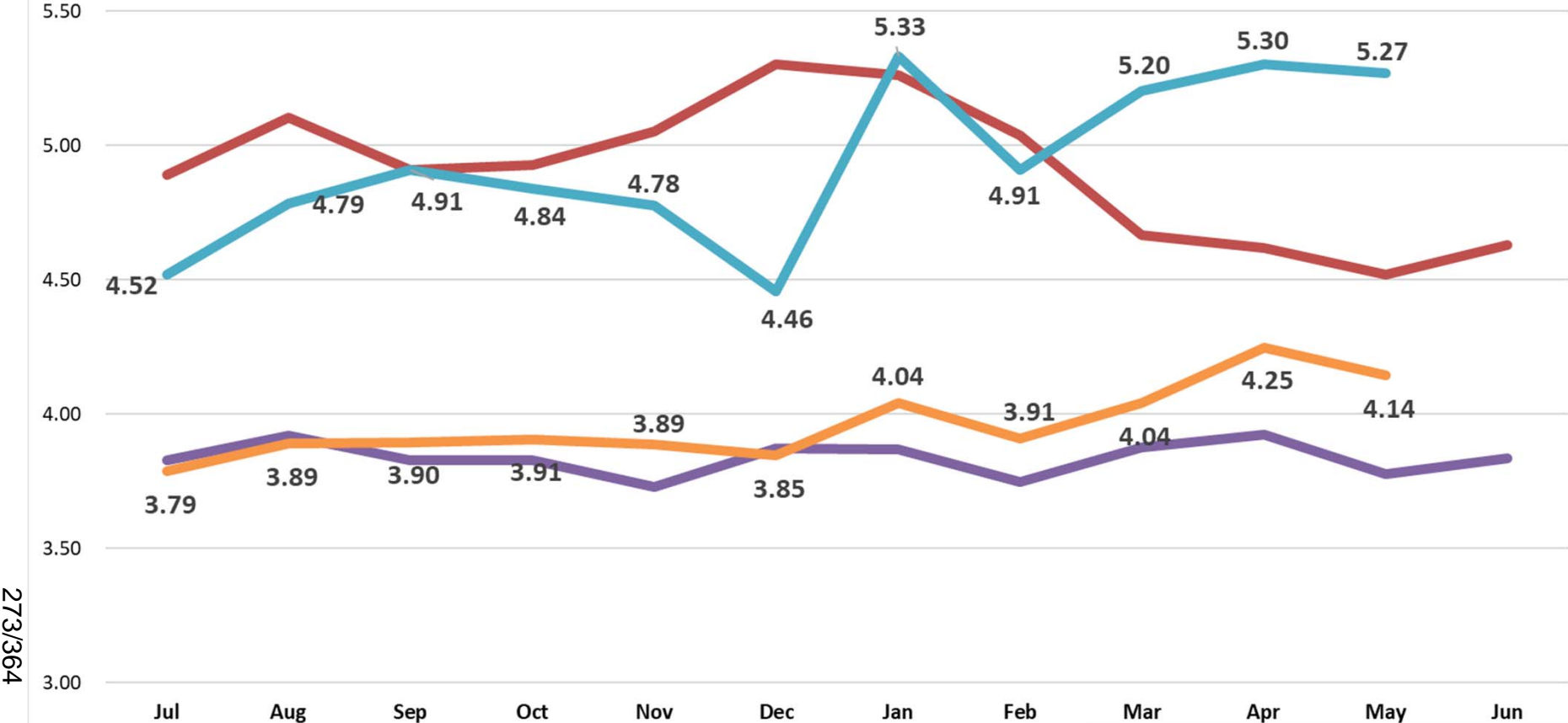
# Trended Liquidity Ratios

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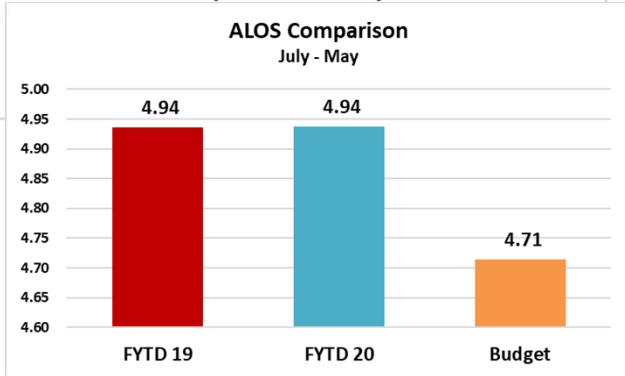


# Average Length of Stay versus National Average (GMLOS)



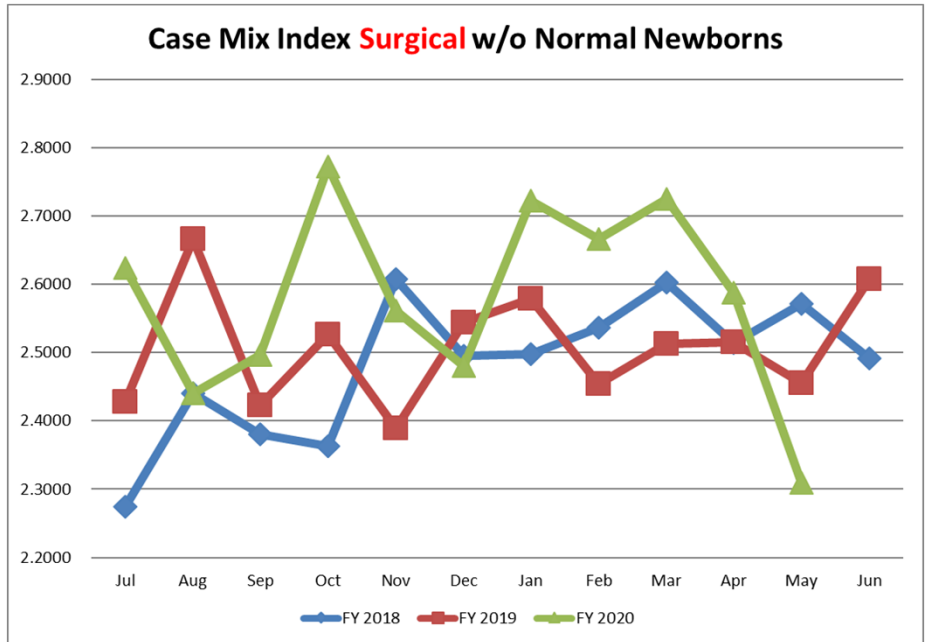
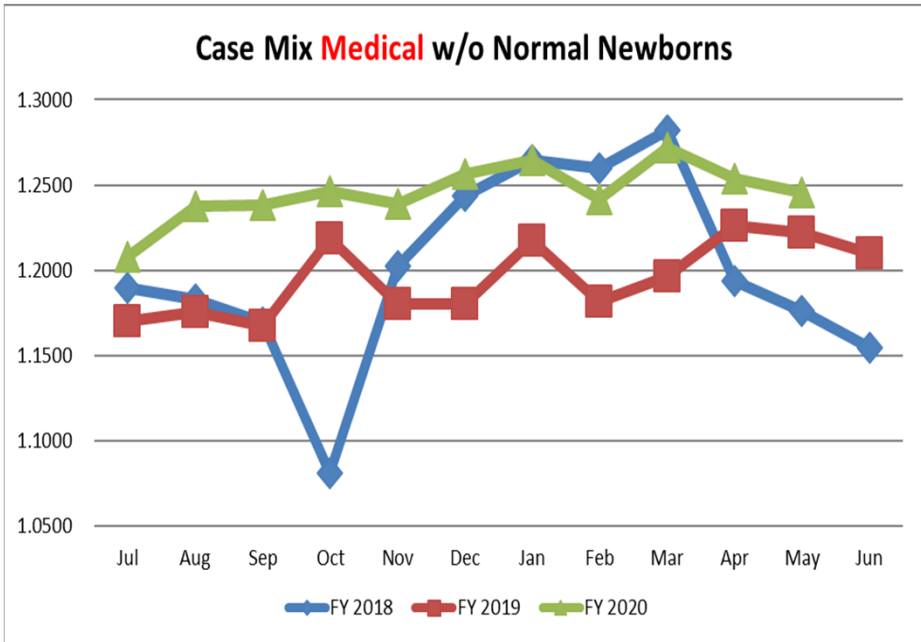
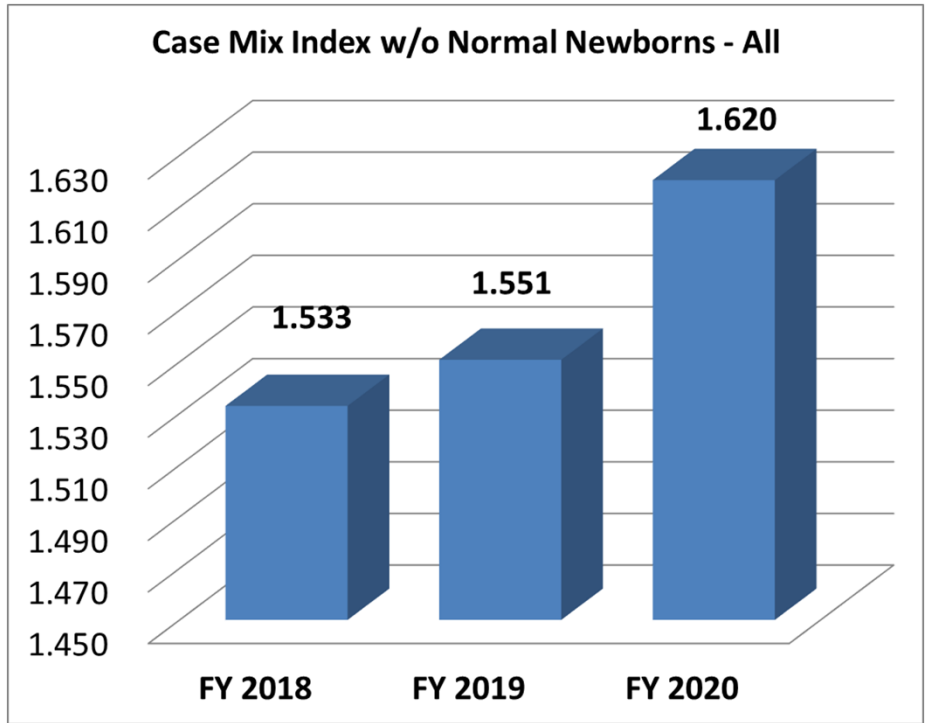
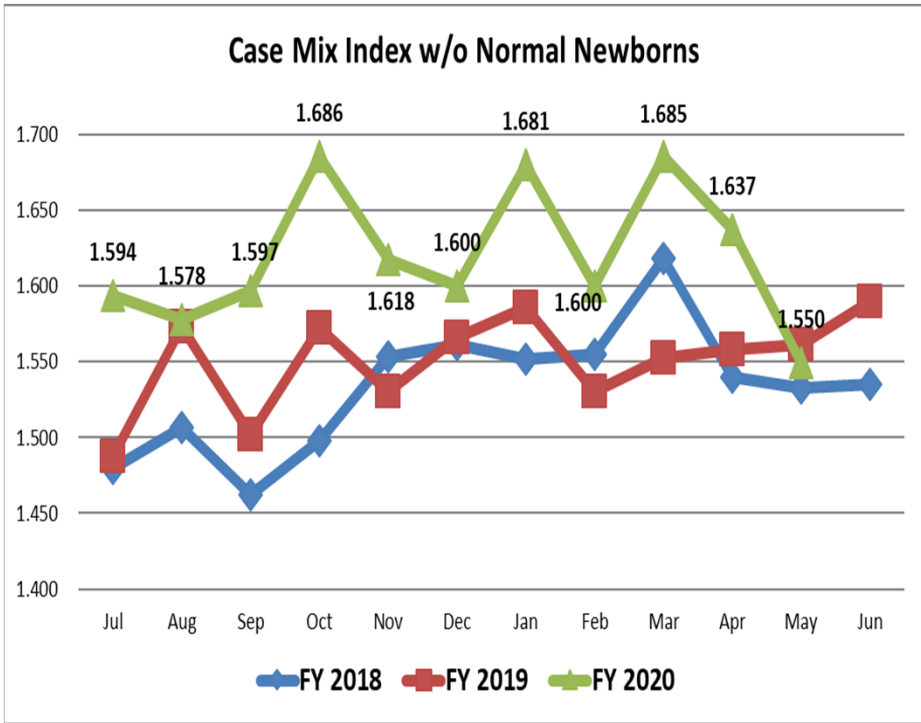
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FY19 Actual    FY 20 Actual    2019 GMLOS    2020 GMLOS



# Opportunity Cost for Reducing LOS to National Average (GMLOS)





**KAWEAH DELTA HEALTH CARE DISTRICT**  
**CONSOLIDATED INCOME STATEMENT (000's)**  
**FISCAL YEAR 2019 & 2020**

Fiscal Year	Operating Revenue			Operating Expenses								Operating Income	Non- Operating Income	Net Income	Operating Margin %	Excess Margin
	Net Patient Revenue	Other Operating Revenue	Operating Revenue Total	Personnel Expense	Physician Fees	Supplies Expense	Other Operating Expense	Operating Expenses Total								
<b>2019</b>																
Jul-18	49,124	11,390	60,514	30,147	6,300	9,585	12,701	58,733	1,781	434	2,215	2.9%	3.6%			
Aug-18	52,124	11,439	63,563	31,602	7,668	10,624	12,980	62,874	689	482	1,171	1.1%	1.8%			
Sep-18	46,634	11,659	58,293	29,835	6,524	8,862	13,361	58,582	(289)	912	624	(0.5%)	1.1%			
Oct-18	48,769	11,644	60,413	32,849	7,145	9,867	13,066	62,927	(2,514)	345	(2,169)	(4.2%)	(3.6%)			
Nov-18	43,870	18,365	62,235	31,066	7,310	10,195	13,900	62,470	(235)	449	214	(0.4%)	0.3%			
Dec-18	43,717	14,732	58,449	31,115	7,023	10,329	12,736	61,202	(2,754)	614	(2,140)	(4.7%)	(3.6%)			
Jan-19	44,312	18,178	62,489	34,290	6,624	8,909	13,104	62,927	(438)	460	22	(0.7%)	0.0%			
Feb-19	45,261	15,334	60,595	30,249	6,989	9,473	13,280	59,991	604	565	1,169	1.0%	1.9%			
Mar-19	48,012	18,073	66,085	32,229	6,775	9,219	13,606	61,830	4,255	3,325	7,580	6.4%	10.9%			
Apr-19	45,828	17,318	63,146	31,272	7,105	9,209	15,748	63,334	(188)	604	416	(0.3%)	0.7%			
May-19	47,078	18,515	65,594	32,104	8,403	9,728	13,265	63,501	2,093	585	2,678	3.2%	4.0%			
Jun-19	47,183	24,376	71,558	29,357	7,655	6,865	15,114	58,992	12,566	3,562	16,128	17.6%	21.5%			
<b>2019 FY Total</b>	<b>\$ 561,911</b>	<b>\$ 191,023</b>	<b>\$ 752,933</b>	<b>\$ 376,115</b>	<b>\$ 85,521</b>	<b>\$ 112,866</b>	<b>\$ 162,861</b>	<b>\$ 737,363</b>	<b>\$ 15,570</b>	<b>\$ 12,337</b>	<b>\$ 27,907</b>	<b>2.1%</b>	<b>3.6%</b>			
<b>2020</b>																
Jul-19	51,799	13,802	65,601	32,948	7,266	8,683	13,597	62,494	3,107	744	3,852	4.7%	5.8%			
Aug-19	50,243	13,937	64,181	33,307	7,284	9,986	14,583	65,160	(980)	662	(318)	(1.5%)	(0.5%)			
Sep-19	48,185	13,994	62,179	31,582	7,486	8,571	14,182	61,822	356	4,429	4,785	0.6%	7.2%			
Oct-19	52,165	13,896	66,061	33,546	8,287	10,551	14,477	66,862	(801)	774	(27)	(1.2%)	(0.0%)			
Nov-19	49,354	12,823	62,177	31,690	6,974	9,635	13,616	61,916	261	699	960	0.4%	1.5%			
Dec-19	51,458	13,542	65,001	32,939	7,113	10,521	13,476	64,049	951	726	1,678	1.5%	2.6%			
Jan-20	52,382	15,305	67,687	34,899	7,653	11,127	14,469	68,148	(461)	682	221	(0.7%)	0.3%			
Feb-20	46,813	15,966	62,778	32,707	8,702	10,347	13,539	65,295	(2,516)	733	(1,783)	(4.0%)	(2.8%)			
Mar-20	48,523	13,650	62,173	35,596	8,202	10,216	13,716	67,729	(5,555)	4,465	(1,091)	(8.9%)	(1.8%)			
Apr-20	35,582	14,570	50,152	32,263	7,950	8,115	13,768	62,097	(11,945)	4,118	(7,827)	(23.8%)	(15.6%)			
May-20	35,995	14,754	50,750	32,299	7,191	8,423	14,078	61,991	(11,241)	4,339	(6,902)	(22.2%)	(13.6%)			
<b>2020 FY Total</b>	<b>\$ 522,500</b>	<b>\$ 166,046</b>	<b>\$ 688,546</b>	<b>\$ 363,776</b>	<b>\$ 84,109</b>	<b>\$ 106,176</b>	<b>\$ 153,501</b>	<b>\$ 707,562</b>	<b>\$ (19,016)</b>	<b>\$ 12,564</b>	<b>\$ (6,452)</b>	<b>(2.8%)</b>	<b>(0.9%)</b>			
<b>FYTD Budget</b>	<b>560,800</b>	<b>149,544</b>	<b>710,345</b>	<b>349,994</b>	<b>87,004</b>	<b>102,516</b>	<b>153,291</b>	<b>692,805</b>	<b>17,540</b>	<b>7,264</b>	<b>24,803</b>	<b>2.5%</b>	<b>3.5%</b>			
<b>Variance</b>	<b>\$ (38,300)</b>	<b>\$ 16,501</b>	<b>\$ (21,799)</b>	<b>\$ 13,782</b>	<b>\$ (2,895)</b>	<b>\$ 3,659</b>	<b>\$ 210</b>	<b>\$ 14,757</b>	<b>\$ (36,556)</b>	<b>\$ 5,300</b>	<b>\$ (31,256)</b>					
<b>Current Month Analysis</b>																
<b>May-20</b>	<b>\$ 35,995</b>	<b>\$ 18,441</b>	<b>\$ 54,437</b>	<b>\$ 32,299</b>	<b>\$ 7,191</b>	<b>\$ 8,423</b>	<b>\$ 14,078</b>	<b>\$ 61,991</b>	<b>\$ (7,554)</b>	<b>\$ 652</b>	<b>\$ (6,902)</b>	<b>(13.9%)</b>	<b>(12.5%)</b>			
<b>Budget</b>	<b>49,987</b>	<b>14,109</b>	<b>64,096</b>	<b>32,040</b>	<b>7,901</b>	<b>8,911</b>	<b>14,710</b>	<b>63,562</b>	<b>534</b>	<b>670</b>	<b>1,204</b>	<b>0.8%</b>	<b>1.9%</b>			
<b>Variance</b>	<b>\$ (13,992)</b>	<b>\$ 4,333</b>	<b>\$ (9,659)</b>	<b>\$ 258</b>	<b>\$ (711)</b>	<b>\$ (488)</b>	<b>\$ (631)</b>	<b>\$ (1,571)</b>	<b>\$ (8,088)</b>	<b>\$ (18)</b>	<b>\$ (8,106)</b>					

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# KAWEAH DELTA HEALTH CARE DISTRICT

FISCAL YEAR 2019 & 2020

Fiscal Year	Patient Days	ADC	Adjusted Patient Days	I/P Revenue %	DFR & Bad Debt %	Net Patient Revenue/ Adjusted Patient Day	Personnel Expense/ Adjusted Patient Day	Physician Fees/ Adjusted Patient Day	Supply Expense/ Adjusted Patient Day	Total Operating Expense/ Adjusted Patient Day	Personnel Expense/ Net Patient Revenue	Physician Fees/ Net Patient Revenue	Supply Expense/ Net Patient Revenue	Total Operating Expense/ Net Patient Revenue
<b>2019</b>														
Jul-18	14,096	455	26,287	53.6%	72.4%	1,869	1,147	240	365	2,234	61.4%	12.8%	19.5%	119.6%
Aug-18	14,569	470	28,016	52.0%	76.0%	1,861	1,128	274	379	2,244	60.6%	14.7%	20.4%	120.6%
Sep-18	13,052	435	24,371	53.6%	73.5%	1,914	1,224	268	364	2,404	64.0%	14.0%	19.0%	125.6%
Oct-18	13,744	443	25,579	53.7%	73.5%	1,907	1,284	279	386	2,460	67.4%	14.7%	20.2%	129.0%
Nov-18	13,013	434	23,625	55.1%	74.9%	1,857	1,315	309	432	2,644	70.8%	16.7%	23.2%	142.4%
Dec-18	13,497	435	25,399	53.1%	76.2%	1,721	1,225	277	407	2,410	71.2%	16.1%	23.6%	140.0%
Jan-19	13,671	441	26,407	51.8%	76.9%	1,678	1,299	251	337	2,383	77.4%	14.9%	20.1%	142.0%
Feb-19	12,584	449	23,811	52.8%	75.9%	1,901	1,270	294	398	2,519	66.8%	15.4%	20.9%	132.5%
Mar-19	13,707	442	26,032	52.7%	76.9%	1,844	1,238	260	354	2,375	67.1%	14.1%	19.2%	128.8%
Apr-19	13,162	439	25,125	52.4%	76.9%	1,824	1,245	283	367	2,521	68.2%	15.5%	20.1%	138.2%
May-19	13,440	434	26,367	51.0%	75.3%	1,785	1,218	319	369	2,408	68.2%	17.8%	20.7%	134.9%
Jun-19	12,547	418	24,234	51.8%	75.6%	1,947	1,211	316	283	2,434	62.2%	16.2%	14.6%	125.0%
<b>2019 FY Total</b>	<b>161,082</b>	<b>441</b>	<b>305,353</b>	<b>52.8%</b>	<b>75.4%</b>	<b>1,840</b>	<b>1,232</b>	<b>280</b>	<b>370</b>	<b>2,415</b>	<b>66.9%</b>	<b>15.2%</b>	<b>20.1%</b>	<b>131.2%</b>
<b>2020</b>														
Jul-19	12,744	411	25,329	50.3%	73.8%	2,045	1,301	287	343	2,467	63.6%	14.0%	16.8%	120.6%
Aug-19	13,240	427	26,654	49.7%	74.8%	1,885	1,250	273	375	2,445	66.3%	14.5%	19.9%	129.7%
Sep-19	12,712	424	25,104	50.6%	74.1%	1,919	1,258	298	341	2,463	65.5%	15.5%	17.8%	128.3%
Oct-19	12,924	417	26,070	49.6%	74.6%	2,001	1,287	318	405	2,565	64.3%	15.9%	20.2%	128.2%
Nov-19	12,260	409	24,515	50.0%	74.4%	2,013	1,293	285	393	2,526	64.2%	14.1%	19.5%	125.5%
Dec-19	12,993	419	25,116	51.7%	73.8%	2,049	1,311	283	419	2,550	64.0%	13.8%	20.4%	124.5%
Jan-20	13,799	445	27,447	50.3%	75.3%	1,908	1,271	279	405	2,483	66.6%	14.6%	21.2%	130.1%
Feb-20	12,909	445	25,445	50.7%	76.9%	1,840	1,285	342	407	2,566	69.9%	18.6%	22.1%	139.5%
Mar-20	12,164	392	23,703	51.3%	74.1%	2,047	1,502	346	431	2,857	73.4%	16.9%	21.1%	139.6%
Apr-20	10,665	356	19,442	54.9%	76.1%	1,830	1,659	409	417	3,194	90.7%	22.3%	22.8%	174.5%
May-20	11,729	378	21,561	54.4%	79.5%	1,669	1,498	334	391	2,875	89.7%	20.0%	23.4%	172.2%
<b>2020 FY Total</b>	<b>138,139</b>	<b>411</b>	<b>270,315</b>	<b>51.1%</b>	<b>75.2%</b>	<b>1,933</b>	<b>1,346</b>	<b>311</b>	<b>393</b>	<b>2,618</b>	<b>69.6%</b>	<b>16.1%</b>	<b>20.3%</b>	<b>135.4%</b>
<b>FYTD Budget</b>	<b>150,980</b>	<b>449</b>	<b>290,856</b>	<b>51.9%</b>	<b>74.3%</b>	<b>1,928</b>	<b>1,203</b>	<b>299</b>	<b>352</b>	<b>2,563</b>	<b>62.4%</b>	<b>15.5%</b>	<b>18.3%</b>	<b>123.5%</b>
<b>Variance</b>	<b>(12,841)</b>	<b>(38)</b>	<b>(20,541)</b>	<b>(0.8%)</b>	<b>0.9%</b>	<b>5</b>	<b>142</b>	<b>12</b>	<b>40</b>	<b>55</b>	<b>7.2%</b>	<b>0.6%</b>	<b>2.0%</b>	<b>11.9%</b>
<b>Current Month Analysis</b>														
<b>May-20</b>	<b>11,729</b>	<b>378</b>	<b>21,561</b>	<b>54.4%</b>	<b>79.5%</b>	<b>1,669</b>	<b>1,498</b>	<b>334</b>	<b>391</b>	<b>2,875</b>	<b>89.7%</b>	<b>20.0%</b>	<b>23.4%</b>	<b>172.2%</b>
<b>Budget</b>	<b>13,653</b>	<b>440</b>	<b>26,206</b>	<b>52.1%</b>	<b>74.3%</b>	<b>1,907</b>	<b>1,223</b>	<b>302</b>	<b>340</b>	<b>2,948</b>	<b>64.1%</b>	<b>15.8%</b>	<b>17.8%</b>	<b>127.2%</b>
<b>Variance</b>	<b>(1,924)</b>	<b>(62)</b>	<b>(4,645)</b>	<b>2.3%</b>	<b>5.2%</b>	<b>(238)</b>	<b>275</b>	<b>32</b>	<b>51</b>	<b>(73)</b>	<b>25.6%</b>	<b>4.2%</b>	<b>5.6%</b>	<b>45.1%</b>

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**KAWEAH DELTA HEALTH CARE DISTRICT**

**RATIO ANALYSIS REPORT**

**MAY 31, 2019**

	Current Month Value	Prior Month Value	June 30, 2019 Audited Value	2018 Moody's Median Benchmark		
				Aa	A	Baa
<b>LIQUIDITY RATIOS</b>						
Current Ratio (x)	1.6	1.7	2.2	1.6	<b>1.9</b>	2.1
Accounts Receivable (days)	76.9	71.2	79.8	47.6	<b>45.9</b>	44.4
Cash On Hand (days)	158.1	154.5	140.8	257.6	<b>215.1</b>	158.0
Cushion Ratio (x)	19.9	19.6	18.5	36.2	<b>22.5</b>	14.4
Average Payment Period (days)	73.0	68.0	51.0	73.1	<b>59.2</b>	59.2
<b>CAPITAL STRUCTURE RATIOS</b>						
Cash-to-Debt	133.9%	131.5%	120.5%	228.8%	<b>167.7%</b>	119.7%
Debt-To-Capitalization	33.4%	33.1%	31.5%	26.9%	<b>32.2%</b>	40.4%
Debt-to-Cash Flow (x)	8.8	6.9	3.6	2.3	<b>2.9</b>	3.8
Debt Service Coverage	1.7	2.2	4.0	6.6	<b>5.2</b>	3.3
Maximum Annual Debt Service Coverage (x)	1.6	2.0	4.0	6.6	<b>4.7</b>	3.2
Age Of Plant (years)	13.1	13.2	12.1	10.3	<b>11.8</b>	12.1
<b>PROFITABILITY RATIOS</b>						
Operating Margin	(4.2%)	(2.8%)	2.0%	3.2%	<b>2.2%</b>	0.7%
Excess Margin	(.9%)	0.1%	3.6%	7.0%	<b>5.0%</b>	2.6%
Operating Cash Flow Margin	0.6%	1.9%	6.8%	9.1%	<b>8.5%</b>	6.8%
Return on Assets	(.7%)	0.1%	3.0%	5.0%	<b>3.9%</b>	2.6%

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**KAWEAH DELTA HEALTH CARE DISTRICT  
CONSOLIDATED STATEMENTS OF NET POSITION (000's)**

	May-20	Apr-20	Change	% Change	Jun-19 (Audited)
<b>ASSETS AND DEFERRED OUTFLOWS</b>					
<b>CURRENT ASSETS</b>					
Cash and cash equivalents	\$ 13,472	\$ 13,262	\$ 210	1.58%	\$ 4,220
Current Portion of Board designated and trusted assets	21,235	20,097	1,138	5.66%	12,577
Accounts receivable:					
Net patient accounts	121,356	120,466	890	0.74%	146,605
Other receivables	11,212	16,416	(5,204)	-31.70%	13,907
	132,568	136,882	(4,314)	-3.15%	160,512
Inventories	10,073	10,224	(151)	-1.48%	10,479
Medicare and Medi-Cal settlements	46,021	45,917	104	0.23%	30,759
Prepaid expenses	10,223	11,277	(1,054)	-9.35%	11,510
Total current assets	233,592	237,659	(4,067)	-1.71%	230,057
<b>NON-CURRENT CASH AND INVESTMENTS - less current portion</b>					
Board designated cash and assets	315,357	309,870	5,487	1.77%	278,883
Revenue bond assets held in trust	39,626	39,616	9	0.02%	33,569
Assets in self-insurance trust fund	4,297	4,290	7	0.17%	4,209
Total non-current cash and investments	359,280	353,776	5,504	1.56%	316,662
<b>CAPITAL ASSETS</b>					
Land	17,542	17,542	-	0.00%	16,137
Buildings and improvements	360,867	360,843	23	0.01%	356,887
Equipment	279,992	278,547	1,445	0.52%	275,513
Construction in progress	58,788	59,385	(597)	-1.01%	42,299
	717,189	716,318	871	0.12%	690,836
Less accumulated depreciation	380,708	378,139	2,569	0.68%	357,681
	336,481	338,179	(1,698)	-0.50%	333,155
Property under capital leases - less accumulated amortization	4,468	2,690	1,778	66.10%	3,204
Total capital assets	340,949	340,869	80	0.02%	336,359
<b>OTHER ASSETS</b>					
Property not used in operations	1,690	1,695	(4)	-0.25%	3,724
Health-related investments	7,742	7,726	16	0.20%	7,537
Other	11,396	10,562	834	7.90%	9,706
Total other assets	20,828	19,983	846	4.23%	20,967
Total assets	954,649	952,287	2,362	0.25%	904,045
<b>DEFERRED OUTFLOWS</b>	(2,718)	(2,683)	(35)	1.31%	(2,340)
<b>Total assets and deferred outflows</b>	<b>\$ 951,931</b>	<b>\$ 949,603</b>	<b>\$ 2,327</b>	<b>0.25%</b>	<b>\$ 901,705</b>

**KAWEAH DELTA HEALTH CARE DISTRICT  
CONSOLIDATED STATEMENTS OF NET POSITION (000's)**

	May-20	Apr-20	Change	% Change	Jun-19 (Audited)
<b>LIABILITIES AND NET ASSETS</b>					
<b>CURRENT LIABILITIES</b>					
Accounts payable and accrued expenses	\$ 76,558	\$ 73,268	\$ 3,290	4.49%	\$ 35,319
Accrued payroll and related liabilities	62,578	56,558	6,020	10.64%	59,163
Long-term debt, current portion	8,631	8,631	-	0.00%	9,360
Total current liabilities	147,767	138,457	9,310	6.72%	103,842
<b>LONG-TERM DEBT, less current portion</b>					
Bonds payable	270,430	270,487	(57)	-0.02%	258,553
Capital leases	139	174	(35)	-20.03%	174
Total long-term debt	270,569	270,661	(92)	-0.03%	258,727
<b>NET PENSION LIABILITY</b>	26,469	26,903	(435)	-1.62%	31,249
<b>OTHER LONG-TERM LIABILITIES</b>	33,498	33,146	352	1.06%	28,647
Total liabilities	478,303	469,167	9,136	1.95%	422,465
<b>NET ASSETS</b>					
Invested in capital assets, net of related debt	104,599	104,447	152	0.15%	105,427
Restricted	37,763	36,468	1,295	3.55%	30,090
Unrestricted	331,265	339,521	(8,256)	-2.43%	343,722
Total net position	473,627	480,436	(6,809)	-1.42%	479,239
Total liabilities and net position	<b>\$ 951,931</b>	<b>\$ 949,603</b>	<b>\$ 2,327</b>	<b>0.25%</b>	<b>\$ 901,704</b>



**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
May 31, 2020**

<b>Board designated funds</b>	<b>Maturity Date</b>	<b>Yield</b>	<b>Investment Type</b>	<b>G/L Account</b>	<b>Amount</b>	<b>Total</b>
LAIF		1.36	Various		71,387,087	
CAMP		0.67	CAMP		53,313,632	
PFM	31846V203	0.01	Money market		260,841	
Wells Cap	31846V203	0.01	Money market		99,802	
Torrey Pines Bank	5-Sep-21	1.11	CD	Torrey Pines Bank	3,005,520	
PFM	16-Oct-20	3.39	CD	Sumito MTSU	805,000	
PFM	16-Nov-20	2.27	CD	Swedbank	1,800,000	
PFM	12-Mar-21	2.75	MTN-C	Texas Instruments	180,000	
Wells Cap	15-Mar-21	1.71	ABS	Smart Trust	184,023	
PFM	1-Apr-21	2.80	Municipal	California ST	530,000	
Wells Cap	1-Apr-21	2.63	Municipal	California ST High	1,250,000	
Wells Cap	1-Apr-21	3.54	Municipal	Sacramento Ca Public	1,200,000	
PFM	2-Apr-21	2.83	CD	Credit Agricole CD	825,000	
Wells Cap	13-Apr-21	2.95	MTN-C	Toyota Motor	350,000	
Wells Cap	13-Apr-21	2.95	MTN-C	Toyota Motor	600,000	
PFM	15-Apr-21	2.50	MTN-C	Bank of NY	900,000	
Wells Cap	19-Apr-21	2.63	MTN-C	Bank of America	435,000	
Wells Cap	19-Apr-21	2.63	MTN-C	Bank of America	600,000	
PFM	21-Apr-21	2.50	MTN-C	Morgan Stanley	450,000	
PFM	21-Apr-21	2.50	MTN-C	Morgan Stanley	450,000	
Wells Cap	21-Apr-21	2.50	MTN-C	Morgan Stanley	750,000	
Wells Cap	29-Apr-21	2.15	MTN-C	PNC Bank	525,000	
Wells Cap	29-Apr-21	2.15	MTN-C	PNC Bank	400,000	
PFM	5-May-21	2.25	MTN-C	American Express	450,000	
PFM	10-May-21	2.05	MTN-C	BB T Corp	450,000	
Wells Cap	17-May-21	2.65	MTN-C	Caterpillar Finl Mtn	700,000	
PFM	19-May-21	1.95	MTN-C	State Street Corp	245,000	
Wells Cap	21-May-21	3.25	MTN-C	Charles Schwab Corp	1,300,000	
PFM	24-May-21	4.13	MTN-C	US Bancorp	900,000	
Wells Cap	14-Jun-21	2.25	MTN-C	Fifth Third Bank	800,000	
PFM	15-Jun-21	1.67	ABS	Ford Credit Auto	2,960	
Wells Cap	1-Jul-21	2.39	Municipal	San Francisco	935,000	
PFM	14-Jul-21	1.13	U.S. Govt Agency	FHLB	950,000	
PFM	23-Jul-21	2.75	Supra-National Age	Intl Bk	1,800,000	
Wells Cap	1-Aug-21	1.94	Municipal	San Diego Ca Community	500,000	
PFM	16-Aug-21	1.76	ABS	Hyundai Auto	43,747	
PFM	15-Sep-21	1.90	MTN-C	Oracle Corp	900,000	
PFM	20-Sep-21	1.85	MTN-C	Cisco Systems Inc	800,000	
Wells Cap	25-Sep-21	2.99	ABS	FHLMC	1,288,320	
PFM	6-Oct-21	1.70	MTN-C	Pepsico Inc	1,320,000	
PFM	15-Oct-21	1.82	ABS	John Deere	52,125	
PFM	15-Nov-21	2.00	ABS	Toyota Auto Recvcs	95,287	
PFM	30-Nov-21	1.75	U.S. Govt Agency	US Treasury Bill	1,555,000	
PFM	15-Dec-21	1.75	ABS	Ally Auto	96,410	
PFM	31-Dec-21	2.13	U.S. Govt Agency	US Treasury Bill	3,600,000	
PFM	15-Jan-22	1.63	MTN-C	Comcast Corp	450,000	
Wells Cap	24-Jan-22	4.50	MTN-C	JP Morgan	1,300,000	
Wells Cap	25-Jan-22	2.79	ABS	FHLMC	1,543,595	

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
May 31, 2020**

Wells Cap	(	7-Feb-22	2.60	MTN-C	Bank of NY	1,000,000
PFM	{	12-Feb-22	2.38	MTN-C	Microsoft Corp	450,000
PFM	{	14-Feb-22	1.80	CD	Societe Generale CD	865,000
Wells Cap	(	19-Feb-22	3.17	MTN-C	Citibank	500,000
PFM	{	8-Mar-22	3.30	MTN-C	PNC Funding Corp	494,000
PFM	(	1-Apr-22	2.75	MTN-C	BB T Corp	450,000
Wells Cap	(	1-Apr-22	1.70	Municipal	Bay Area Ca	1,000,000
Wells Cap	{	5-Apr-22	1.88	U.S. Govt Agency	FNMA	920,000
Wells Cap	{	15-Apr-22	2.25	U.S. Govt Agency	US Treasury Bill	1,795,000
PFM	(	25-Apr-22	2.75	MTN-C	Citigroup	1,000,000
Wells Cap	{	25-Apr-22	2.40	MTN-C	National Rural	950,000
Wells Cap	{	26-Apr-22	3.00	MTN-C	Goldman Sachs	440,000
PFM	{	15-May-22	1.75	U.S. Govt Agency	US Treasury Bill	2,300,000
Wells Cap	{	15-May-22	3.28	Municipal	Univ Of CA	400,000
PFM	{	16-May-22	2.35	MTN-C	United Parcel	450,000
PFM	(	17-May-22	3.50	MTN-C	Bank of America	300,000
Wells Cap	{	18-May-22	2.30	MTN-C	Costco Wholesale	1,000,000
Wells Cap	{	23-May-22	2.65	MTN-C	US Bank NA	1,300,000
Wells Cap	(	25-May-22	2.20	MTN-C	Coca Cola Co	500,000
PFM	(	1-Jun-22	3.38	MTN-C	Blackrock Inc.	395,000
Wells Cap	{	14-Jun-22	1.88	U.S. Govt Agency	FFCB	2,600,000
Wells Cap	{	30-Jun-22	1.75	U.S. Govt Agency	US Treasury Bill	630,000
PFM	{	15-Jul-22	1.75	U.S. Govt Agency	US Treasury Bill	2,100,000
Wells Cap	{	15-Jul-22	1.75	U.S. Govt Agency	US Treasury Bill	900,000
Wells Cap	{	1-Aug-22	1.93	Municipal	Ohlone Ca Cmnty	800,000
Wells Cap	{	1-Aug-22	2.30	Municipal	Poway Ca Unif Sch	565,000
Wells Cap	{	15-Aug-22	1.50	U.S. Govt Agency	US Treasury Bill	580,000
PFM	{	25-Aug-22	2.31	ABS	FHLMC	390,000
PFM	{	26-Aug-22	1.85	CD	Nordea Bk Abb Ny CD	860,000
PFM	{	26-Aug-22	1.86	CD	Skandin Ens CD	845,000
PFM	{	31-Aug-22	1.88	U.S. Govt Agency	US Treasury Bill	1,280,000
Wells Cap	{	31-Aug-22	1.75	U.S. Govt Agency	US Treasury Bill	590,000
PFM	{	8-Sep-22	2.15	MTN-C	Toyota Motor	450,000
Wells Cap	{	9-Sep-22	2.00	U.S. Govt Agency	FHLB	300,000
Wells Cap	(	11-Sep-22	1.92	ABS	BMW Vehicle Owner	1,120,000
Wells Cap	(	11-Sep-22	1.70	MTN-C	Apple, Inc	600,000
Wells Cap	{	26-Sep-22	2.00	MTN-C	Paccar Financial Mtn	375,000
PFM	{	30-Sep-22	1.88	U.S. Govt Agency	US Treasury Bill	750,000
Wells Cap	{	5-Oct-22	2.00	U.S. Govt Agency	FNMA	950,000
Wells Cap	(	27-Oct-22	2.70	MTN-C	Citigroup	750,000
Wells Cap	{	31-Oct-22	2.00	U.S. Govt Agency	US Treasury Bill	3,150,000
Wells Cap	{	1-Nov-22	1.71	Municipal	Oregon ST	1,000,000
PFM	{	15-Nov-22	1.63	U.S. Govt Agency	US Treasury Bill	1,000,000
Wells Cap	{	15-Nov-22	1.63	U.S. Govt Agency	US Treasury Bill	700,000
Wells Cap	{	21-Nov-22	1.99	ABS	Volkswagon Auto	710,000
Wells Cap	{	30-Nov-22	2.00	U.S. Govt Agency	US Treasury Bill	2,770,000
PFM	{	2-Dec-22	2.04	CD	Dnb Bank Asa Ny CD	630,000
PFM	{	15-Dec-22	3.02	ABS	Toyota Auto	915,000
PFM	{	15-Dec-22	2.70	MTN-C	Intel Corp	415,000
Wells Cap	{	15-Dec-22	1.84	ABS	Mercedes Benz Auto	750,000
PFM	{	27-Dec-22	2.28	U.S. Govt Agency	FNMA	537,103
PFM	{	31-Dec-22	2.13	U.S. Govt Agency	US Treasury Bill	1,180,000
PFM	{	17-Jan-23	3.03	ABS	Mercedes Benz Auto	497,543
PFM	{	31-Jan-23	1.75	U.S. Govt Agency	US Treasury Bill	1,200,000
Wells Cap	{	31-Jan-23	2.38	U.S. Govt Agency	US Treasury Bill	350,000
Wells Cap	{	28-Feb-23	2.63	U.S. Govt Agency	US Treasury Bill	2,100,000
PFM	{	15-Mar-23	2.25	MTN-C	3M Company	540,000
PFM	(	15-Mar-23	2.75	MTN-C	Berkshire Hathaway	370,000
Wells Cap	{	15-Mar-23	3.06	ABS	Nissan Auto	1,515,976
Wells Cap	{	15-Mar-23	3.18	ABS	Toyota Auto	1,400,000
Wells Cap	{	20-Mar-23	2.83	ABS	Honda Auto	1,135,000
Wells Cap	{	1-Apr-23	1.85	Municipal	San Diego County	1,275,000
Wells Cap	{	15-Apr-23	0.25	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	{	20-Apr-23	0.38	U.S. Govt Agency	FHLMC	1,770,000
Wells Cap	{	20-Apr-23	3.38	ABS	Verizon Owner Trust	600,000
PFM	(	24-Apr-23	2.88	MTN-C	Bank of America	640,000
PFM	{	1-May-23	0.75	MTN-C	Pepsico Inc	200,000
PFM	(	11-May-23	0.75	MTN-C	Apple, Inc	135,000
PFM	(	11-May-23	1.14	MTN-C	Chevron Corp	250,000
Wells Cap	(	11-May-23	0.75	MTN-C	Apple, Inc	800,000
PFM	{	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill	630,000
PFM	{	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill	1,100,000
PFM	{	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
May 31, 2020**

PFM	4	16-May-23	3.02	ABS	GM Financial	388,861
PFM	4	18-May-23	2.70	MTN-C	JP Morgan	1,000,000
Wells Cap	4	22-May-23	0.25	U.S. Govt Agency	FNMA	700,000
PFM	4	24-May-23	0.50	Supra-National Age	Inter Amer Bk	915,000
PFM	4	26-Jun-23	3.40	MTN-C	Walmart Inc.	800,000
Wells Cap	7	1-Jul-23	1.89	Municipal	San Francisco	1,070,000
Wells Cap	4	17-Jul-23	2.91	ABS	John Deere	400,000
PFM	4	24-Jul-23	2.91	MTN-C	Goldman Sachs	900,000
PFM	4	25-Jul-23	3.20	ABS	FHLMC	214,956
PFM	7	1-Aug-23	2.00	Municipal	Chaffey Ca	265,000
PFM	7	1-Aug-23	2.00	Municipal	San Diego Ca Community	165,000
PFM	8	1-Aug-23	1.97	Municipal	Tamalpais Ca Union	370,000
Wells Cap	4	1-Aug-23	1.30	Municipal	Desert Sands Ca	315,000
Wells Cap	4	31-Aug-23	2.75	U.S. Govt Agency	US Treasury Bill	1,240,000
PFM	7	1-Sep-23	2.13	Municipal	San Jose Ca Ref	765,000
PFM	8	20-Sep-23	3.45	MTN-C	Toyota Motor	550,000
PFM	4	30-Sep-23	1.38	U.S. Govt Agency	US Treasury Bill	1,150,000
PFM	4	10-Oct-23	3.63	MTN-C	American Honda Mtn	395,000
PFM	4	31-Oct-23	1.63	U.S. Govt Agency	US Treasury Bill	2,750,000
Wells Cap	4	31-Oct-23	3.00	U.S. Govt Agency	US Treasury Bill	550,000
PFM	7	15-Nov-23	2.51	ABS	Capital One Prime	480,000
Wells Cap	7	15-Nov-23	2.51	ABS	Capital One Prime	900,000
Wells Cap	4	30-Nov-23	2.13	U.S. Govt Agency	US Treasury Bill	835,000
Wells Cap	4	30-Nov-23	2.13	U.S. Govt Agency	US Treasury Bill	700,000
Wells Cap	4	15-Dec-23	2.99	ABS	American Express	1,410,000
Wells Cap	4	20-Dec-23	2.33	ABS	Verizon Owner Trust	600,000
PFM	4	31-Dec-23	2.25	U.S. Govt Agency	US Treasury Bill	2,195,000
Wells Cap	4	1-Jan-24	2.12	Municipal	New York ST	585,000
PFM	4	23-Jan-24	3.50	MTN-C	PNC Financial	395,000
Wells Cap	4	31-Jan-24	2.50	U.S. Govt Agency	US Treasury Bill	3,575,000
PFM	4	5-Feb-24	2.50	U.S. Govt Agency	FNMA	1,110,000
PFM	4	6-Feb-24	2.88	MTN-C	Microsoft Corp	410,000
PFM	4	13-Feb-24	2.50	U.S. Govt Agency	FHLB	1,220,000
PFM	4	29-Feb-24	2.38	U.S. Govt Agency	US Treasury Bill	2,110,000
Wells Cap	4	29-Feb-24	2.38	U.S. Govt Agency	US Treasury Bill	2,825,000
PFM	4	7-Mar-24	3.25	MTN-C	Unilever Capital	200,000
PFM	4	7-Mar-24	2.90	MTN-C	Merck Co Inc.	405,000
PFM	7	15-Mar-24	2.95	MTN-C	Pfizer Inc.	465,000
Wells Cap	4	15-Mar-24	1.94	ABS	Mercedes Benz Auto	810,000
PFM	4	25-Mar-24	3.35	U.S. Govt Agency	FNMA	446,648
PFM	4	1-Apr-24	3.38	MTN-C	Mastercard Inc.	395,000
PFM	4	30-Apr-24	2.00	U.S. Govt Agency	US Treasury Bill	1,285,000
Wells Cap	4	30-Apr-24	2.25	U.S. Govt Agency	US Treasury Bill	500,000
PFM	4	15-May-24	2.50	U.S. Govt Agency	US Treasury Bill	425,000
PFM	4	15-May-24	2.50	U.S. Govt Agency	US Treasury Bill	950,000
Wells Cap	4	31-May-24	2.00	U.S. Govt Agency	US Treasury Bill	4,350,000
Wells Cap	4	31-May-24	2.00	U.S. Govt Agency	US Treasury Bill	500,000
Wells Cap	4	30-Jun-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	4	1-Jul-24	1.96	Municipal	Arizona ST	675,000
PFM	4	1-Jul-24	2.00	Municipal	Connecticut ST	150,000
Wells Cap	4	1-Jul-24	5.00	Municipal	Los Angeles Calif Ca	1,500,000
PFM	4	30-Jul-24	2.40	MTN-C	US Bancorp	415,000
Wells Cap	4	31-Jul-24	1.75	U.S. Govt Agency	US Treasury Bill	1,850,000
PFM	7	1-Aug-24	2.05	Municipal	San Diego Ca Community	80,000
PFM	8	1-Aug-24	2.02	Municipal	Tamalpais Ca Union	305,000
PFM	7	15-Aug-24	1.72	ABS	Capital One Multi	1,600,000
PFM	4	15-Aug-24	2.30	MTN-C	Honeywell	330,000
PFM	4	15-Aug-24	2.15	MTN-C	Paccar Financial Mtn	210,000
Wells Cap	4	16-Aug-24	2.02	MTN-C	Exxon Mobil	1,320,000
PFM	4	30-Aug-24	1.75	MTN-C	Walt Disney Co	780,000
PFM	7	6-Sep-24	1.75	MTN-C	Coca Cola Co	425,000
PFM	4	15-Oct-24	1.89	MTN-C	Discover Card	615,000
PFM	4	24-Oct-24	2.10	MTN-C	Bank of NY	150,000
PFM	4	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	1,500,000
Wells Cap	4	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	650,000
PFM	7	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn	850,000
Wells Cap	7	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn	600,000
Wells Cap	7	15-Nov-24	1.60	ABS	Capital One Prime	1,000,000
PFM	4	30-Nov-24	1.50	U.S. Govt Agency	US Treasury Bill	1,000,000
Wells Cap	4	30-Nov-24	1.50	U.S. Govt Agency	US Treasury Bill	700,000
Wells Cap	4	6-Dec-24	2.15	MTN-C	Branch Banking Trust	1,300,000
Wells Cap	4	31-Dec-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
May 31, 2020**

PFM	⋮	7-Jan-25	1.63	U.S. Govt Agency	FNMA	1,510,000	
Wells Cap	⋮	9-Jan-25	2.05	ABS	John Deere	500,000	
PFM	⋮	12-Feb-25	1.50	U.S. Govt Agency	FHLMC	1,000,000	
PFM	⋮	13-Feb-25	1.80	MTN-C	Toyota Motor	420,000	
PFM	⋮	1-Mar-25	5.00	Municipal	California ST	185,000	
PFM	⋮	14-Apr-25	0.50	U.S. Govt Agency	FHLB	1,340,000	
PFM	⋮	22-Apr-25	0.63	U.S. Govt Agency	FNMA	1,530,000	
PFM	⋮	11-May-25	1.13	MTN-C	Apple, Inc	655,000	
							\$ 300,718,437

		Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
<b><u>Self-insurance trust</u></b>							
Wells Cap				Money market	110900	594,742	
Wells Cap				Fixed income - L/T	152300	4,209,550	4,804,292
<b><u>2012 revenue bonds</u></b>							
US Bank				Principal/Interest payment fund	142112	3,876,265	3,876,265
<b><u>2015A revenue bonds</u></b>							
US Bank				Principal/Interest payment fund	142115	1,416,319	1,416,319
<b><u>2015B revenue bonds</u></b>							
US Bank				Principal/Interest payment fund	142116	2,073,957	
US Bank				Project Fund	152442	28,888,801	30,962,759
<b><u>2017A/B revenue bonds</u></b>							
US Bank				Principal/Interest payment fund	142117	990,438	990,438
<b><u>2017C revenue bonds</u></b>							
US Bank				Principal/Interest payment fund	142118	1,445,171	1,445,171
<b><u>2020 revenue bonds</u></b>							
Signature Bank				Project Fund	152446	10,936,105	10,936,105
<b><u>2014 general obligation bonds</u></b>							
LAIF				Interest Payment fund	152440	3,312,611	3,312,611
<b><u>Operations</u></b>							
Wells Fargo Bank	(Checking)	0.16	Checking		100000	(1,742,497)	
Wells Fargo Bank	(Savings)	0.16	Checking		100500	6,783,762	5,041,265
<b><u>Payroll</u></b>							
Wells Fargo Bank	(Checking)	0.16	Checking		100100	(14,567)	
Wells Fargo Bank	(Checking)	0.16	Checking	Benesyst	100201	101,261	
Wells Fargo Bank			Checking	Resident Fund	100205	2,183	
Bancorp	(Checking)		Checking		100202	46,915	135,791
							5,177,057
<b>Total investments</b>							<b>\$ 363,639,453</b>

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
May 31, 2020**

**Kaweah Delta Medical Foundation**

Wells Fargo Bank	Checking	100050	<b>\$</b>	<b><u>7,486,969</u></b>
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**Sequoia Regional Cancer Center**

Wells Fargo Bank	(Medical) Checking	100535	\$	196,178
Wells Fargo Bank	(Radiation) Checking	100530		-
				<b>\$ <u>196,178</u></b>

**Kaweah Delta Hospital Foundation**

VCB Checking	Investments	100501	\$	549,903
Various	S/T Investments	142200		5,179,737
Various	L/T Investments	142300		10,817,661
Various	Unrealized G/L	142400		<u>(221,730)</u>
				<b>\$ <u>16,325,571</u></b>

**Summary of board designated funds:**

Plant fund:

Uncommitted plant funds	\$ 240,852,621	142100
Committed for capital	<u>20,800,719</u>	142100
	261,653,340	
GO Bond reserve - L/T	2,055,720	142100
401k Matching	13,443,081	142100
Cost report settlement - current	2,135,384	142104
Cost report settlement - L/T	<u>1,312,727</u>	142100
	3,448,111	
Development fund/Memorial fund	104,184	112300
Workers compensation - current	5,390,000	112900
Workers compensation - L/T	<u>14,624,000</u>	113900
	20,014,000	
	<b>\$ <u>300,718,437</u></b>	

	<b>Total Investments</b>	<b>%</b>	<b>Trust Accounts</b>	<b>Surplus Funds</b>	<b>%</b>
<b><u>Investment summary by institution:</u></b>					
Bancorp	\$ 46,915	0.0%		46,915	0.0%
CAMP	53,313,632	14.7%		53,313,632	17.4%
Local Agency Investment Fund (LAIF)	71,387,087	19.6%		71,387,087	23.3%
Local Agency Investment Fund (LAIF) - GOB Tax Rev	3,312,611	0.9%	3,312,611	-	0.0%
Wells Cap	92,671,008	25.5%	4,804,292	87,866,716	28.7%
PFM	85,145,482	23.4%		85,145,482	27.8%
Torrey Pines Bank	3,005,520	0.8%		3,005,520	1.0%
Wells Fargo Bank	5,130,142	1.4%		5,130,142	1.7%
Signature Bank	10,936,105	3.0%	10,936,105		0.0%
US Bank	38,690,952	10.6%	38,690,952		0.0%
<b>Total investments</b>	<b>\$ 363,639,453</b>	<b>100.0%</b>	<b>\$ 57,743,960</b>	<b>\$ 305,895,493</b>	<b>100.0%</b>

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
May 31, 2020**

<u>Investment summary of surplus funds by type:</u>		<u>Investment Limitations</u>
Negotiable and other certificates of deposit	\$ 9,635,520	\$ 91,769,000 (30%)
Checking accounts	5,177,057	
Local Agency Investment Fund (LAIF)	71,387,087	65,000,000
CAMP	53,313,632	
Medium-term notes (corporate) (MTN-C)	43,994,000	91,769,000 (30%)
U.S. government agency	82,783,751	
Municipal securities	15,885,000	
Money market accounts	360,643	61,179,000 (20%)
Asset Backed Securities	20,643,803	61,179,000 (20%)
Supra-National Agency	2,715,000	91,769,000 (30%)
	<u>\$ 305,895,493</u>	

**Return on investment:**

<b>Current month</b>	<u><b>2.79%</b></u>
<b>Year-to-date</b>	<u><b>2.32%</b></u>
<b>Prospective</b>	<u><b>1.68%</b></u>
<b>LAIF (year-to-date)</b>	<u><b>2.07%</b></u>
<b>Budget</b>	<u><b>2.28%</b></u>

**Fair market value disclosure for the quarter ended March 31, 2020 (District only):**

	<u>Quarter-to-date</u>	<u>Year-to-date</u>
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	\$ 3,312,369
Change in unrealized gain (loss) on investments (income statement effect)	\$ (2,892,898)	\$ (3,316,683)

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
May 31, 2020**

**Investment summary of CDs:**

Credit Agricole CD	\$ 825,000
Dnb Bank Asa Ny CD	630,000
Nordea Bk Abb Ny CD	860,000
Societe Generale CD	865,000
Skandin Ens CD	845,000
Sumito Mtsu	805,000
Swedbank	1,800,000
Torrey Pines Bank	3,005,520
	<u>\$ 9,635,520</u>

**Investment summary of asset backed securities:**

Ally Auto	\$ 96,410
American Express	1,410,000
BMW Vehicle Owner	1,120,000
Capital One Multi	1,600,000
Capital One Prime	2,380,000
Citibank Credit	0
FHLMC	3,436,871
Ford Credit Auto	2,960
GM Financial	388,861
Honda Auto	1,135,000
Hyundai Auto	43,747
John Deere	952,125
Mercedes Benz Auto	2,057,543
Nissan Auto	1,515,976
Smart Trust	184,023
Toyota Auto	2,315,000
Toyota Auto Recvs	95,287
Verizon Owner Trust	1,200,000
Volkswagon Auto	710,000
	<u>\$ 20,643,803</u>

**Investment summary of medium-term notes (corporate):**

3M Company	\$ 540,000.00
American Express	450,000
American Honda Mtn	395,000
Apple, Inc	2,190,000
Bank of America	1,975,000
Bank of NY	2,050,000
BB T Corp	900,000
Berkshire Hathaway	370,000
Blackrock Inc.	395,000
Branch Banking Trust	1,300,000
Caterpillar Finl Mtn	2,150,000
Charles Schwab Corp	1,300,000
Chevron Corp	250,000
Cisco Systems Inc	800,000
Citibank	500,000
Citigroup	1,750,000
Coca Cola Co	925,000
Comcast Corp	450,000
Costco Wholesale	1,000,000
Discover Card	615,000
Exxon Mobil	1,320,000
Fifth Third Bank	800,000
Goldman Sachs	1,340,000
Honeywell	330,000
Intel Corp	415,000
JP Morgan	2,300,000
Mastercard Inc.	395,000
Merck Co Inc.	405,000
Microsoft Corp	860,000
Morgan Stanley	1,650,000
National Rural	950,000
Oracle Corp	900,000
Paccar Financial Mtn	585,000

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**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
**May 31, 2020**

Pepsico Inc	1,520,000
Pfizer Inc.	465,000
PNC Bank	925,000
PNC Financial	395,000
PNC Funding Corp	494,000
State Street Corp	245,000
Texas Instruments	180,000
Toyota Motor	2,370,000
Unilever Capital	200,000
United Parcel	450,000
US Bancorp	1,315,000
US Bank NA	1,300,000
Walmart Inc.	800,000
Walt Disney Co	780,000
	<u>\$ 43,994,000</u>

**Investment summary of U.S. government agency:**

Federal National Mortgage Association (FNMA)	\$ 7,703,751
Federal Home Loan Bank (FHLB)	3,810,000
Federal Farmers Credit Bank (FFCB)	2,600,000
Federal Home Loan Mortgage Corp (FHLMC)	2,770,000
US Treasury Bill	65,900,000
	<u>\$ 82,783,751</u>

**Investment summary of municipal securities:**

Arizona ST	675,000
Bay Area Ca	\$ 1,000,000.00
California ST	715,000
California ST High	1,250,000
Chaffey Ca	265,000
Connecticut ST	150,000
Desert Sands Ca	315,000
Los Angeles Calif Ca	1,500,000
New York ST	585,000
Ohlone Ca Cmnty	800,000
Oregon ST	1,000,000
Poway Ca Unif Sch	565,000
Sacramento Ca Public	1,200,000
San Diego Ca Community	745,000
San Diego County	1,275,000
San Francisco	2,005,000
San Jose Ca Ref	765,000
Tamalpais Ca Union	675,000
Univ Of CA	400,000
	<u>\$ 15,885,000</u>

**Investment summary of Supra-National Agency:**

Intl Bk	\$ 1,800,000
Inter Amer Bk	915,000
	<u>\$ 2,715,000</u>



M O R E T H A N M E D I C I N E . L I F E .

 Kaweah Delta Medical Center

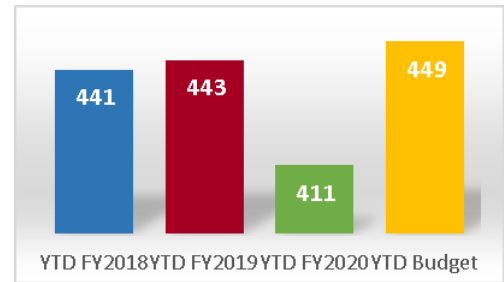
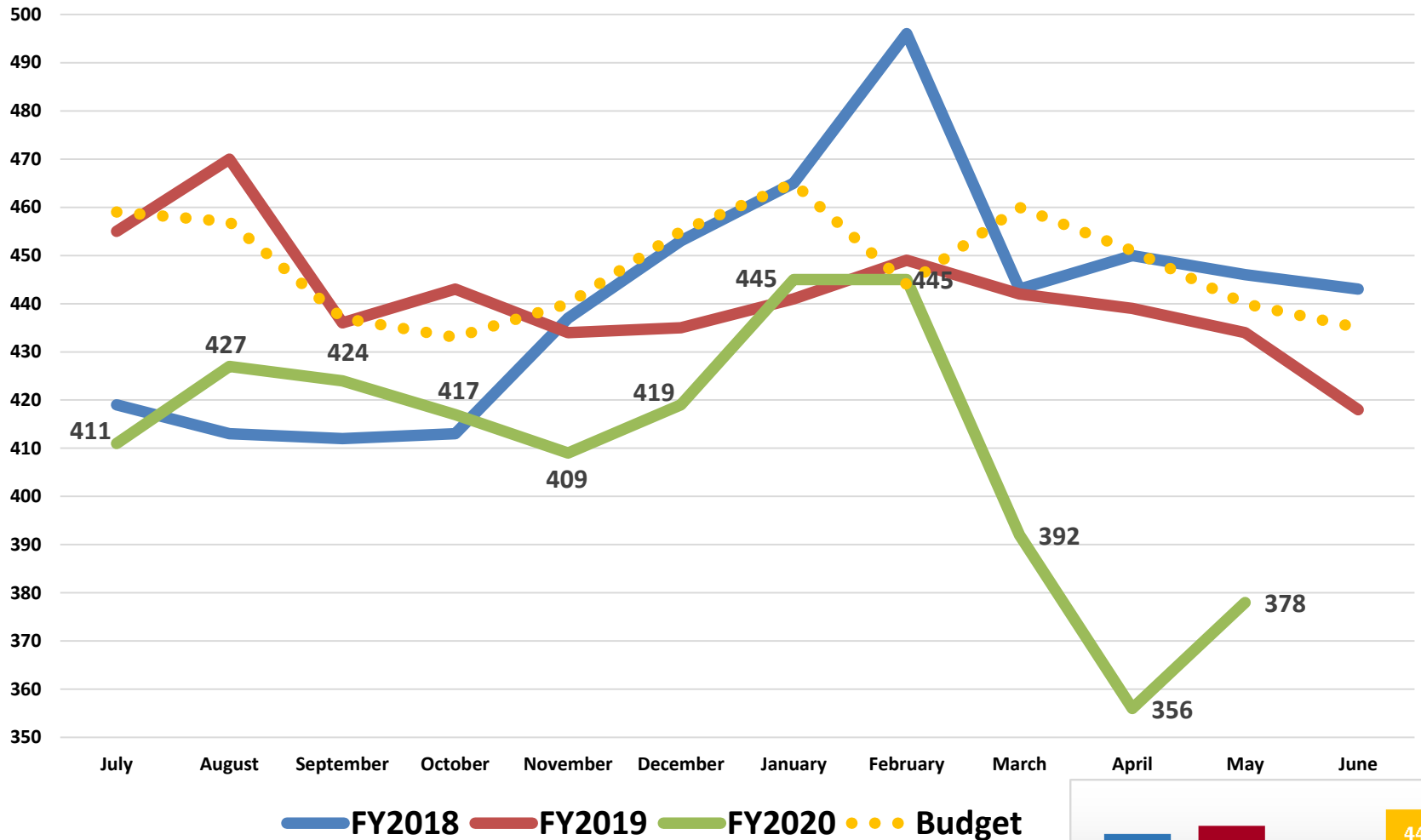
# Statistical Report

June 22, 2020

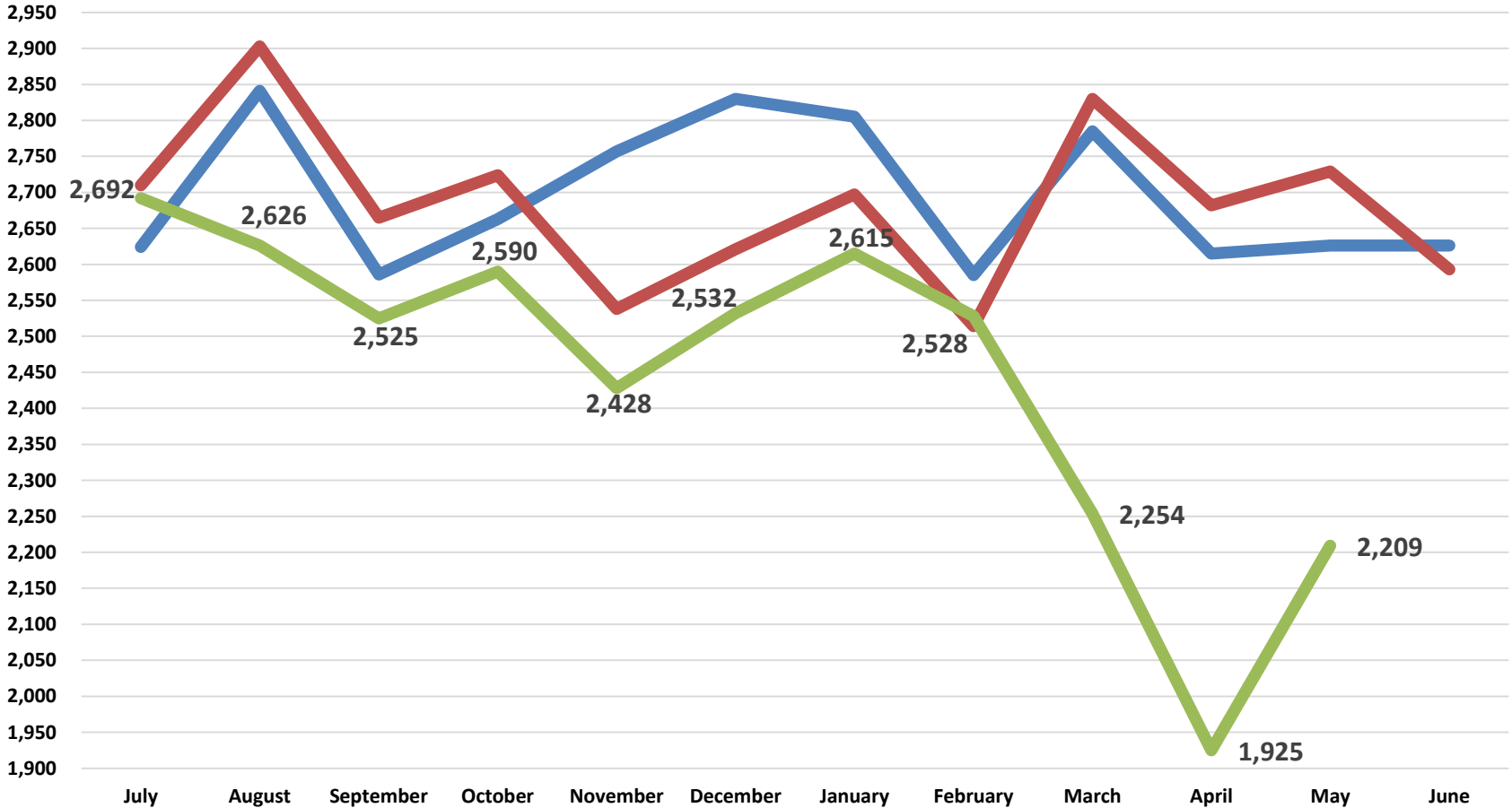
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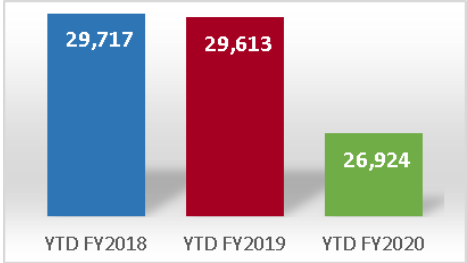
# Average Daily Census



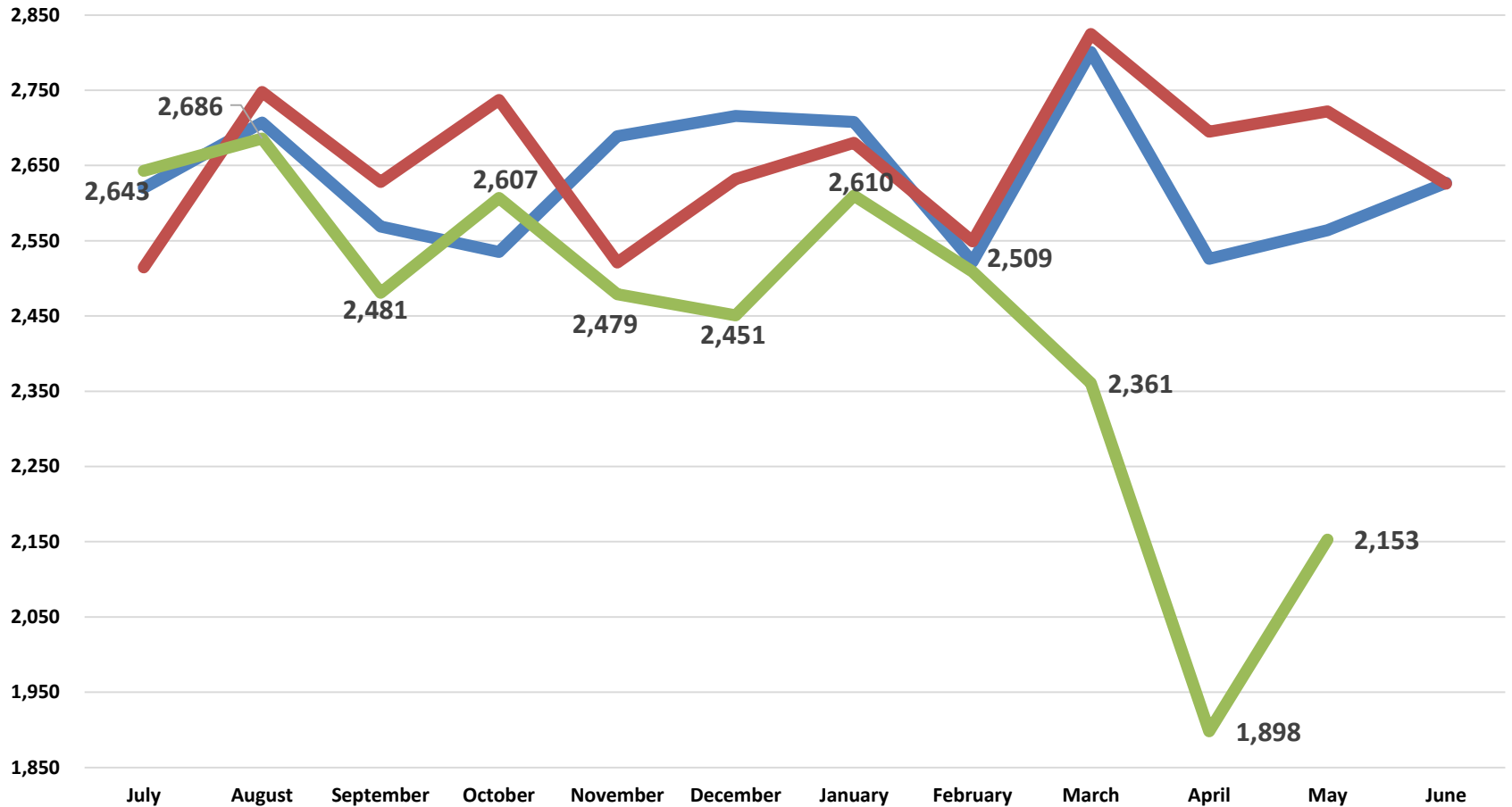
# Admissions



— **FY2018**
— **FY2019**
— **FY2020**

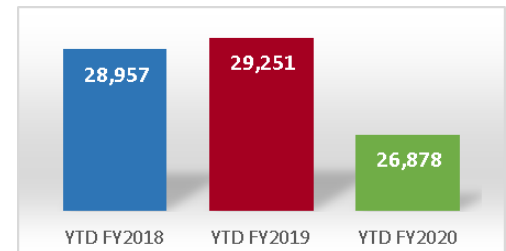


# Discharges

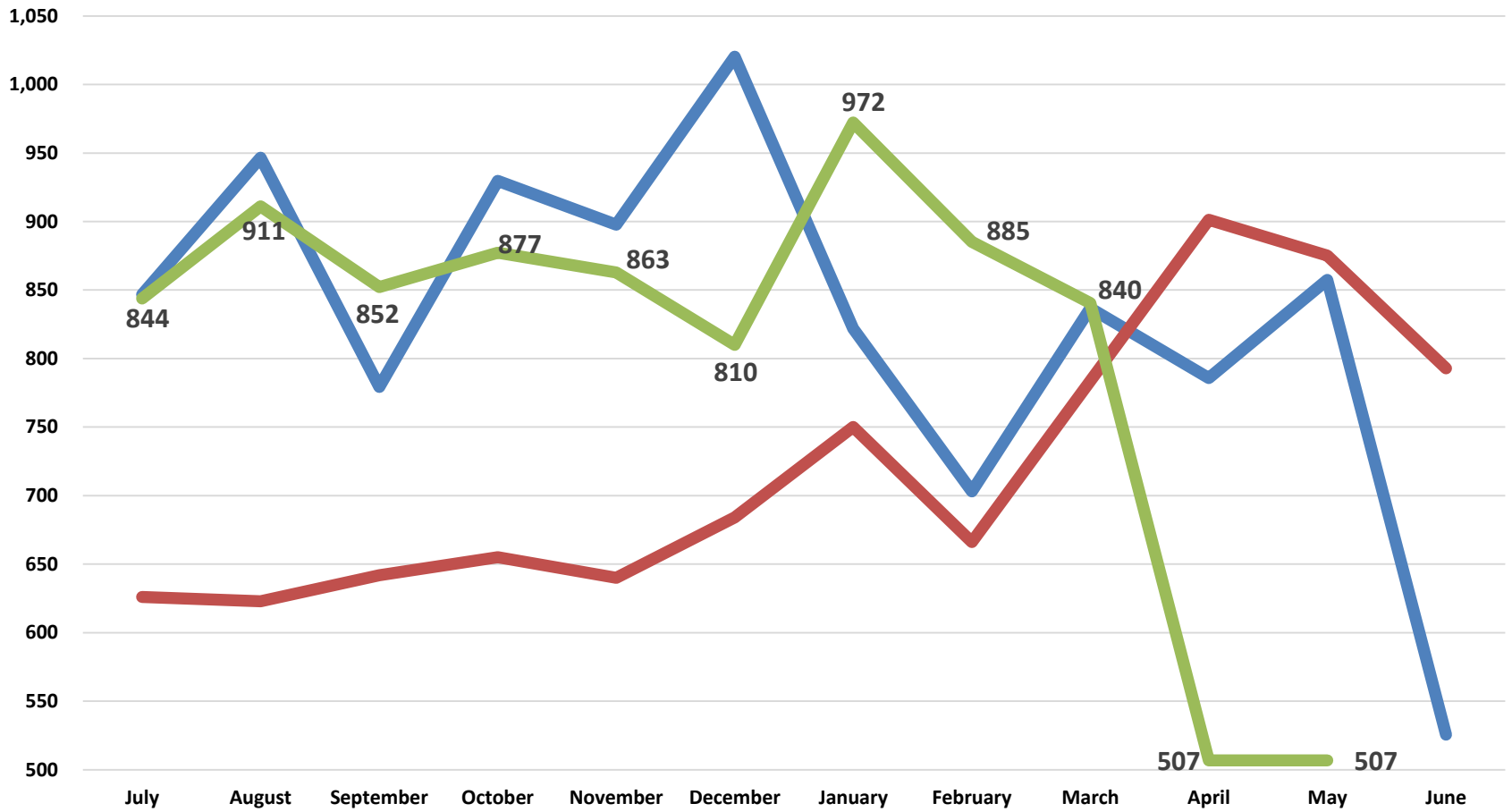


— **FY2018**
— **FY2019**
— **FY2020**

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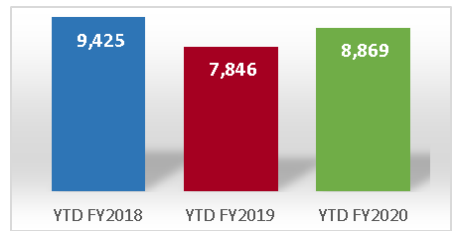


# Observation Days

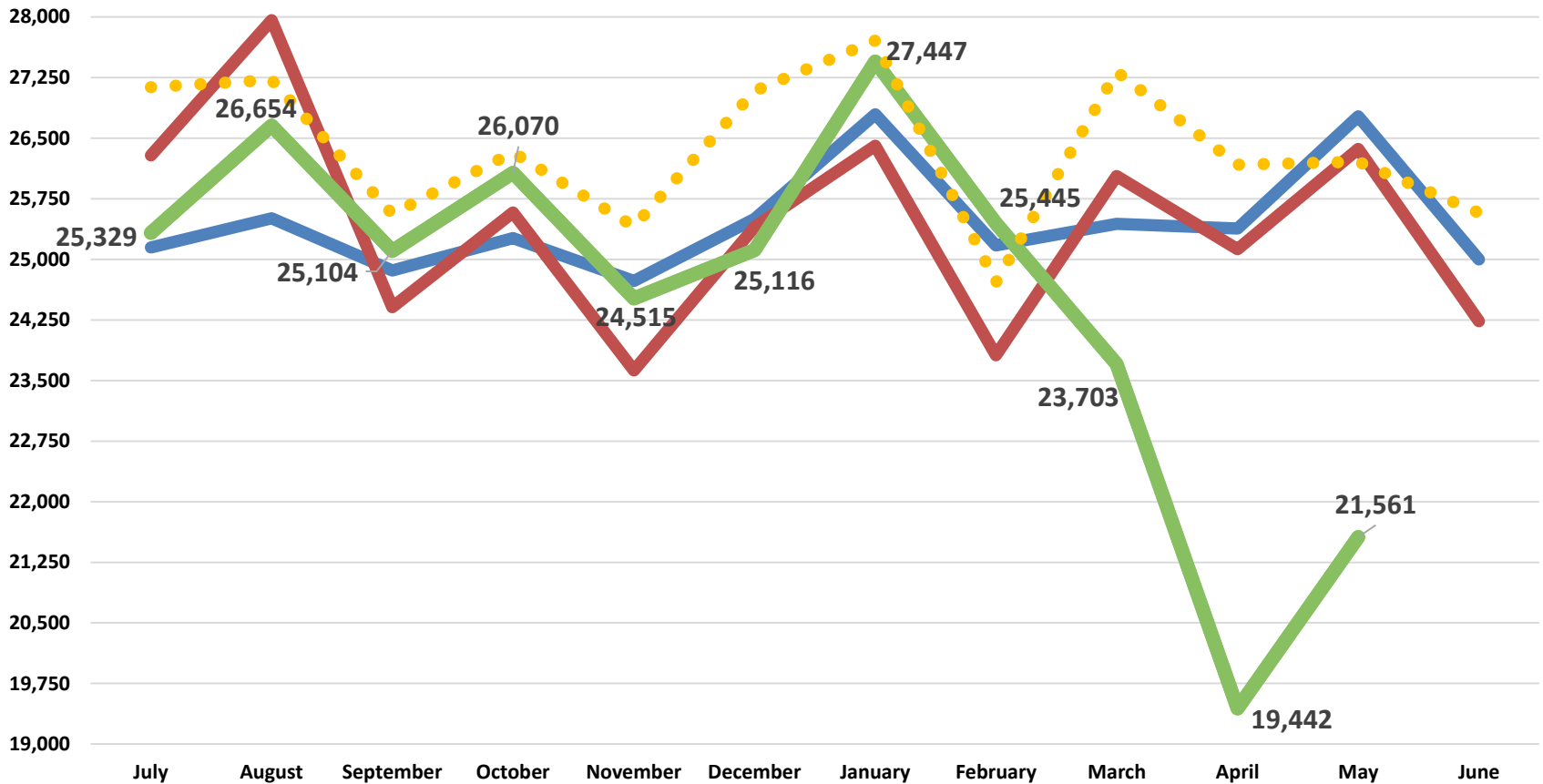


— **FY2018**
— **FY2019**
— **FY2020**

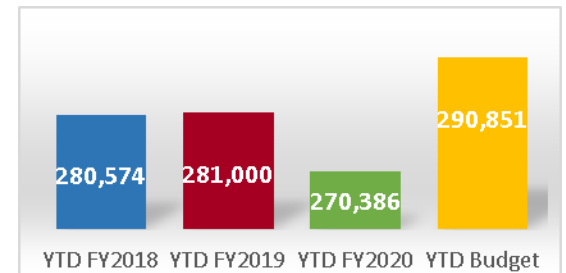
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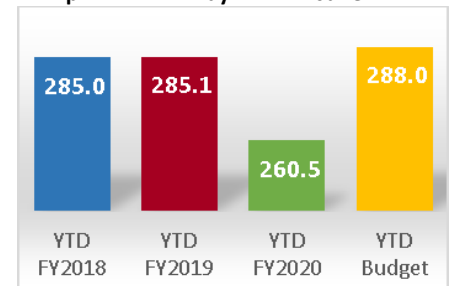
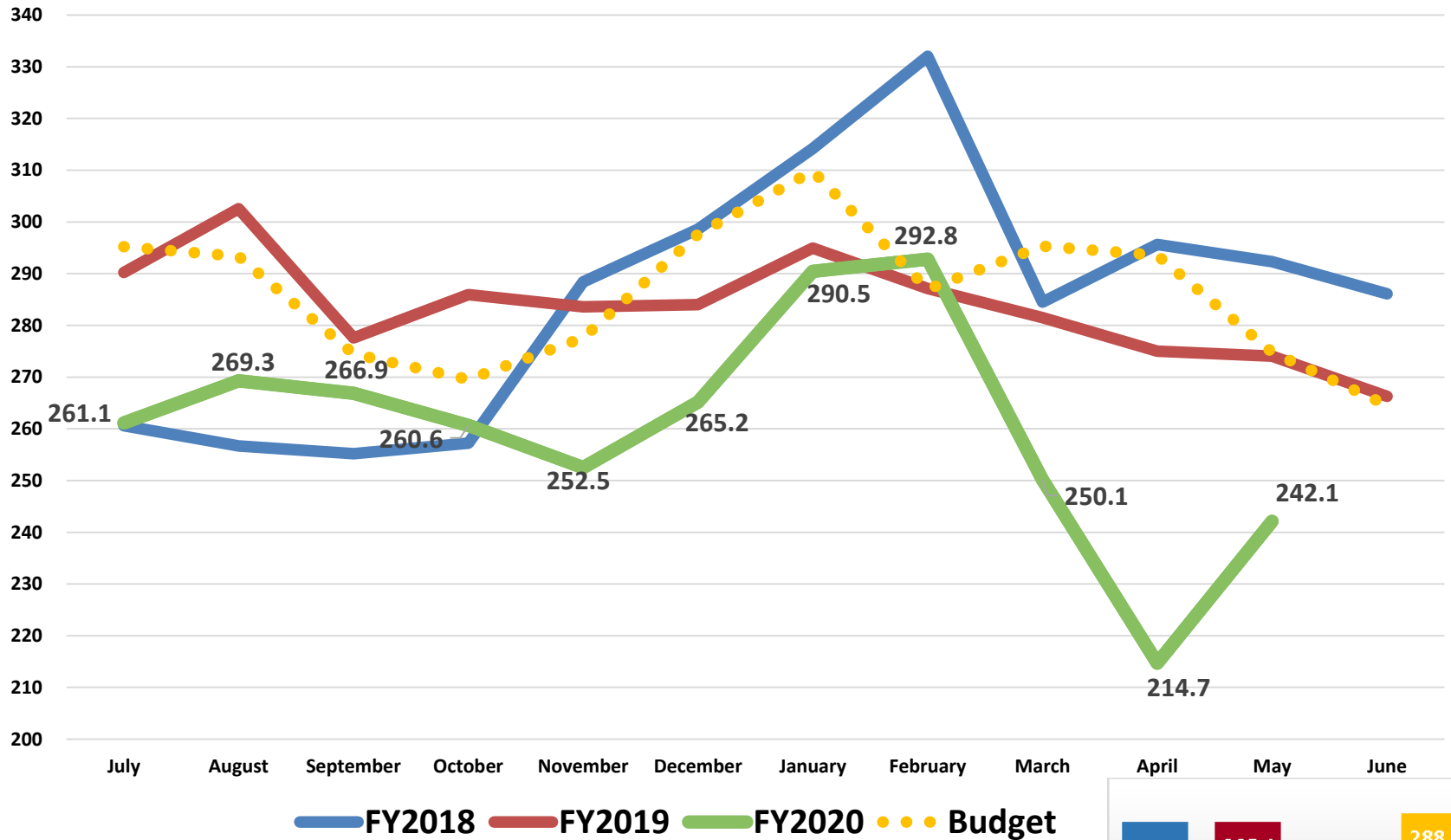
# Adjusted Patient Days



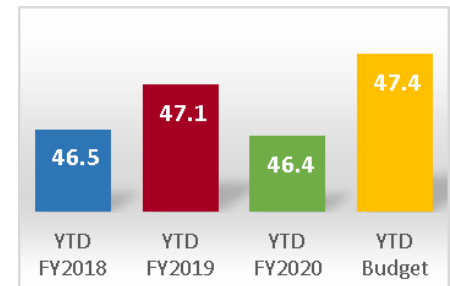
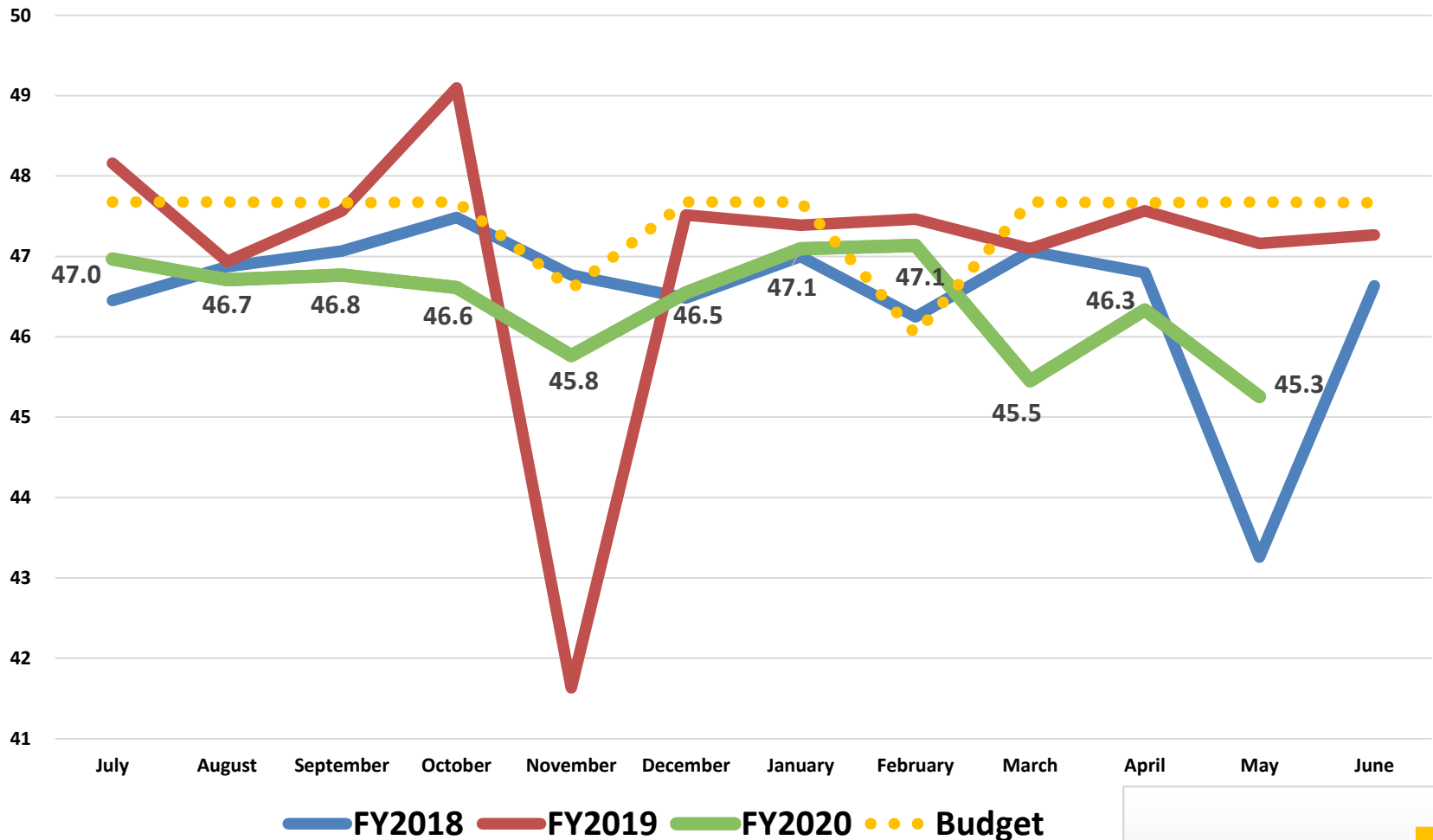
— **FY2018**  
 — **FY2019**  
 — **FY2020**  
 ●●● **Budget**



# Medical Center – Avg. Patients Per Day

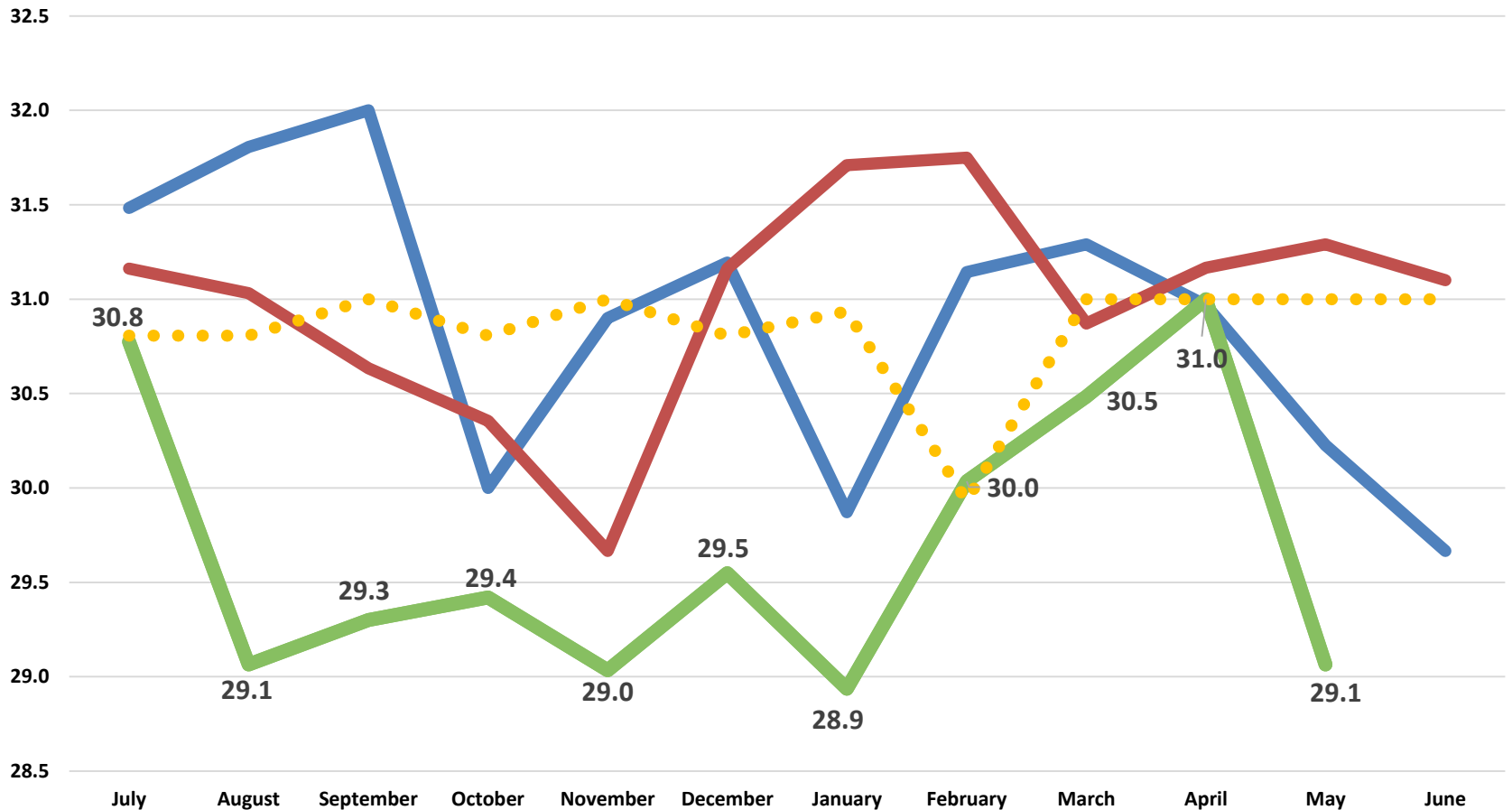


# Acute I/P Psych - Avg. Patients Per Day



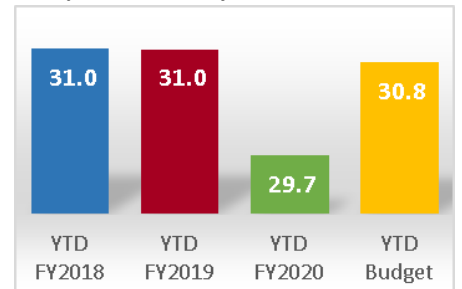


# Sub-Acute - Avg. Patients Per Day

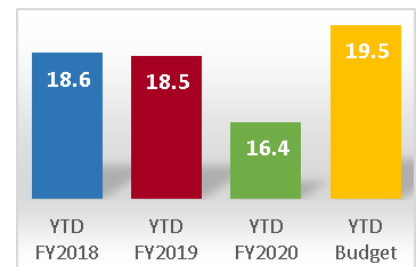
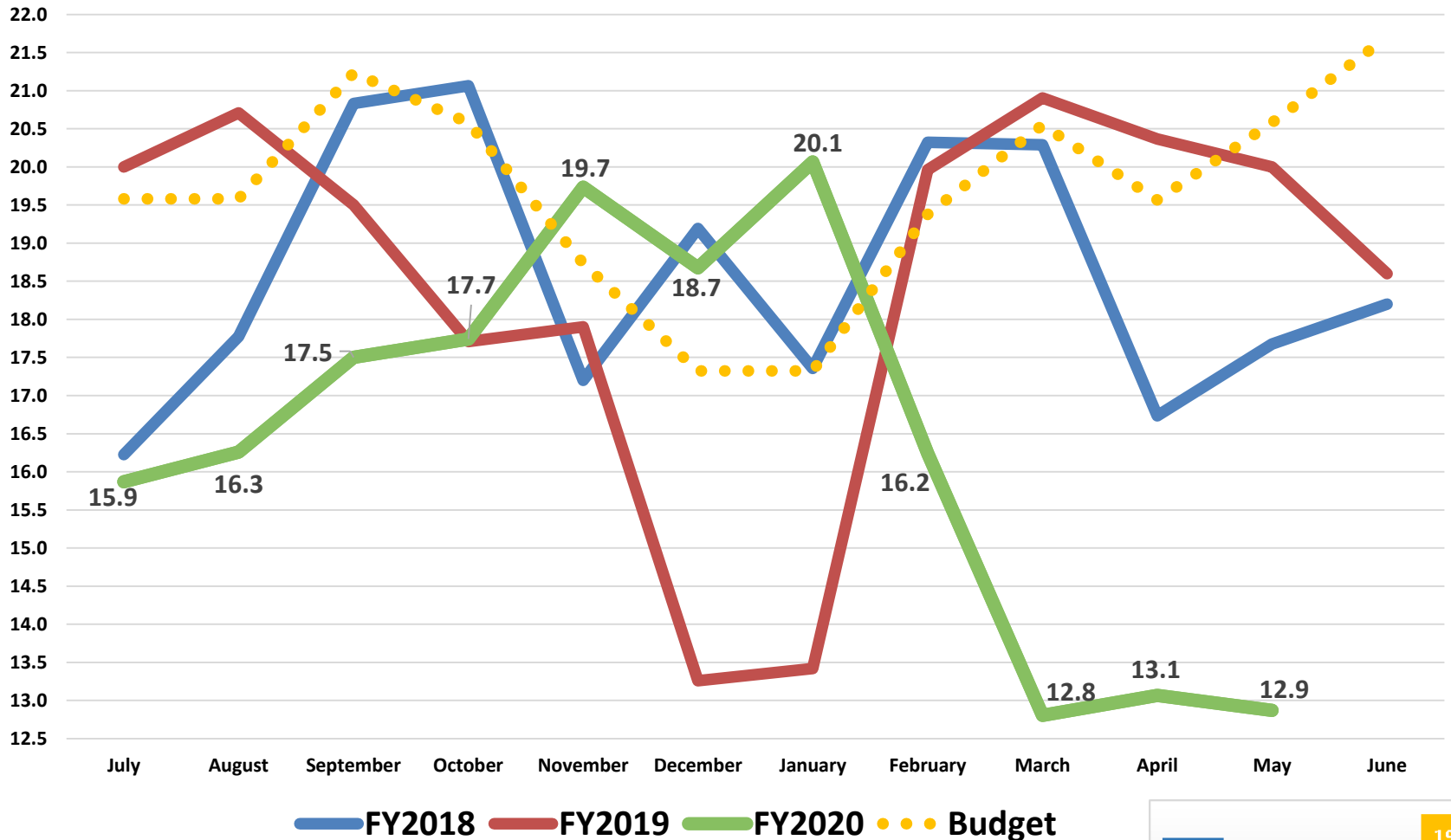


— **FY2018**
— **FY2019**
— **FY2020**
●●● **Budget**

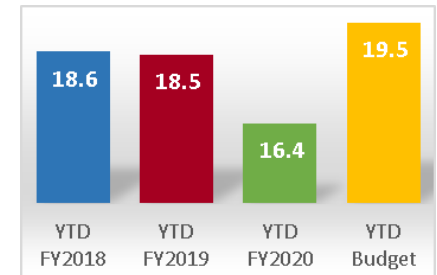
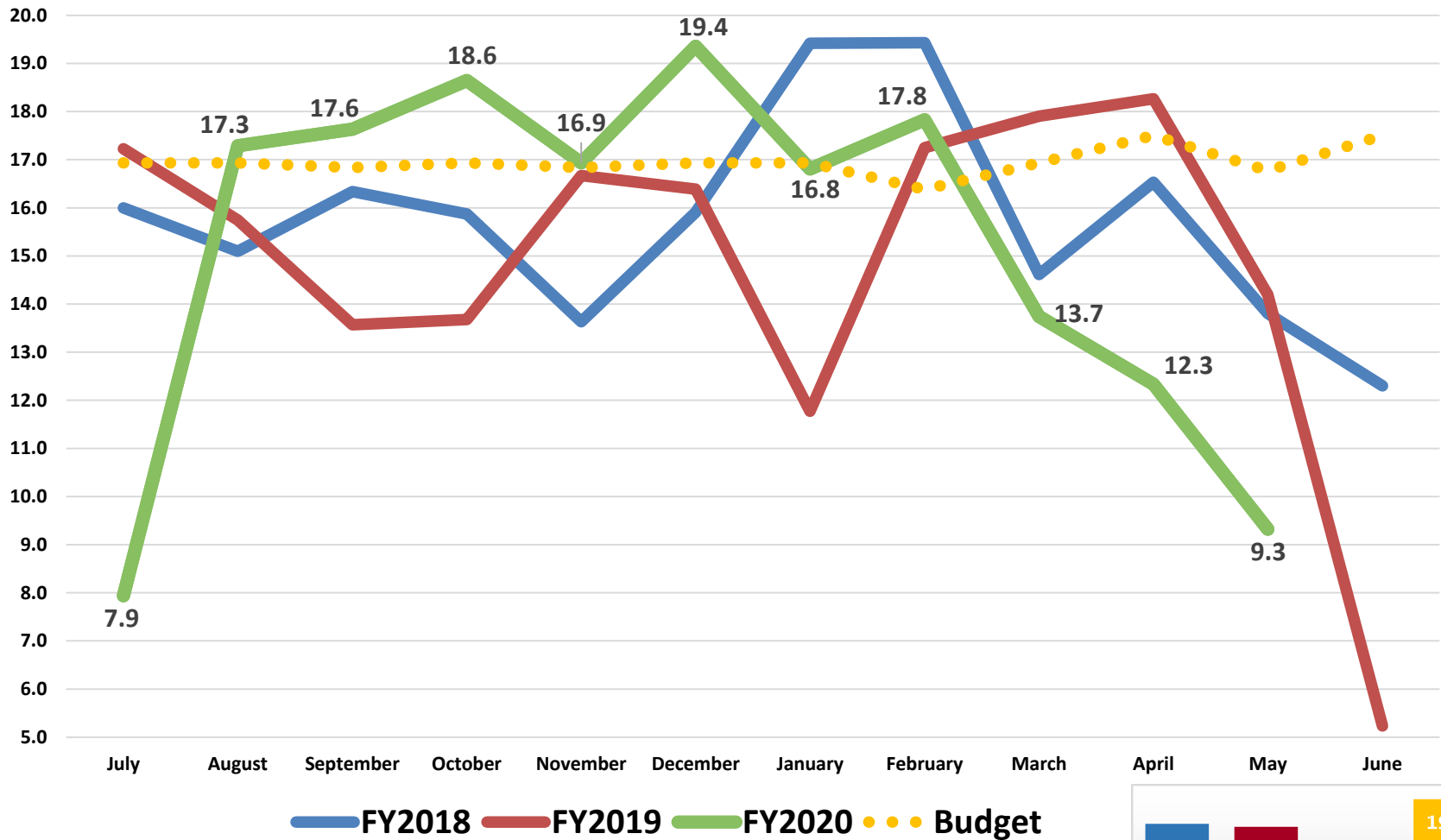
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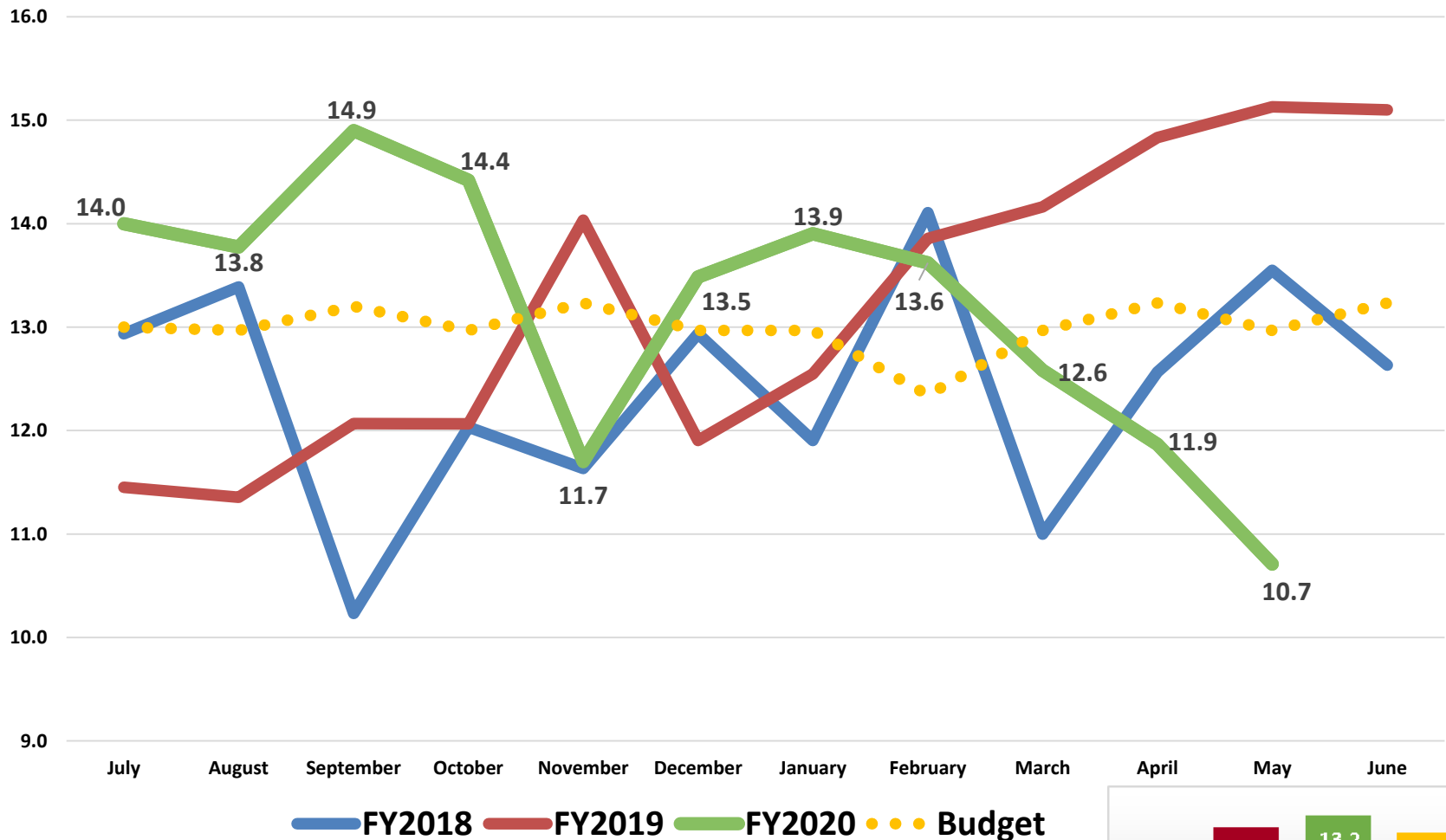
# Rehabilitation Hospital - Avg. Patients Per Day



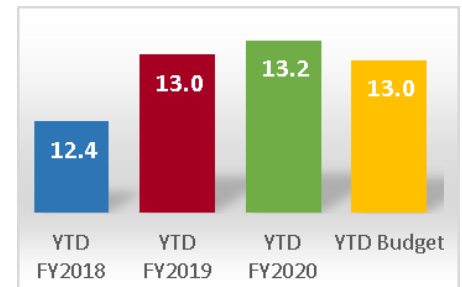
# Transitional Care Services (TCS) - Avg. Patients Per Day



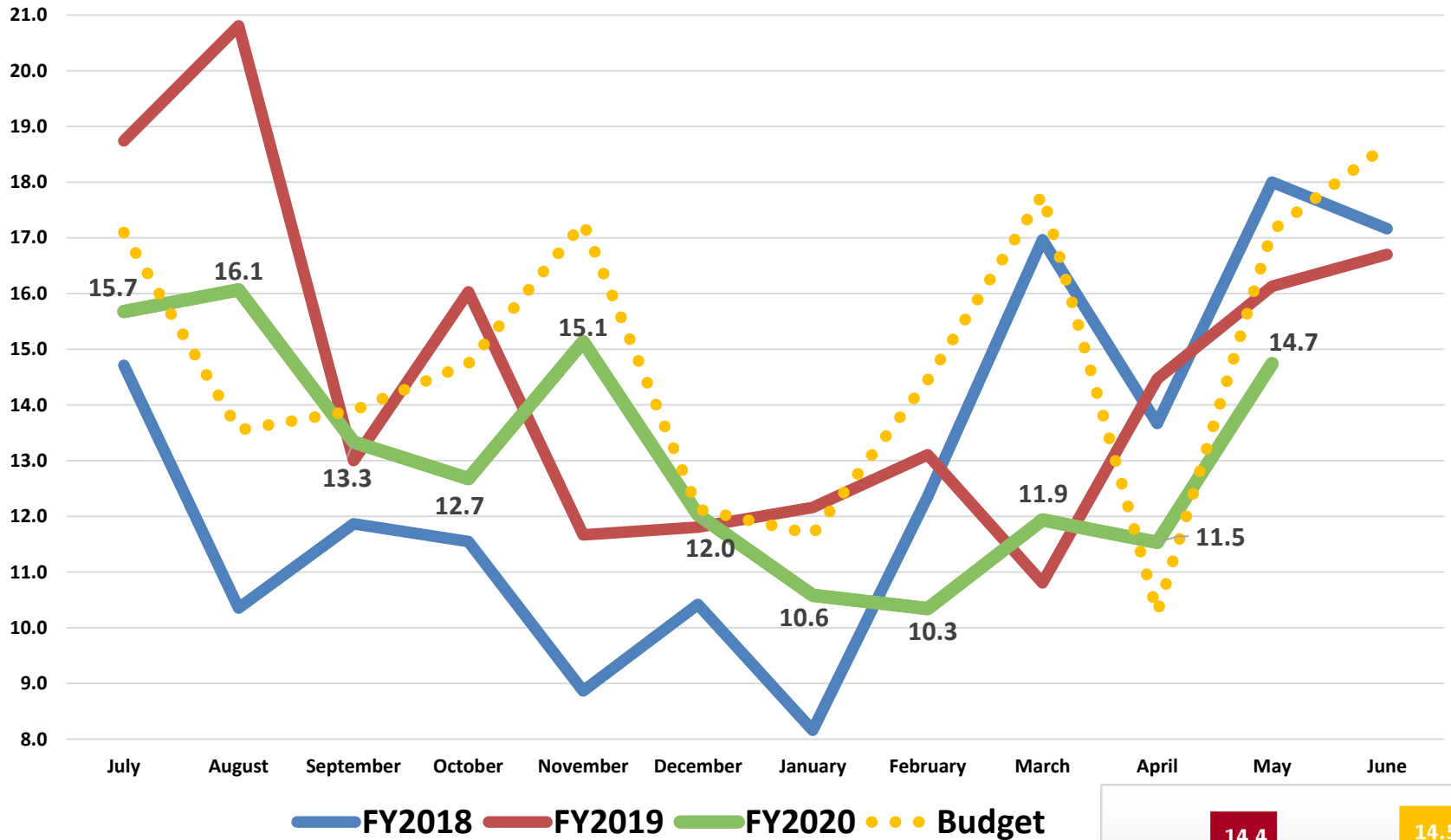
# TCS Ortho - Avg. Patients Per Day



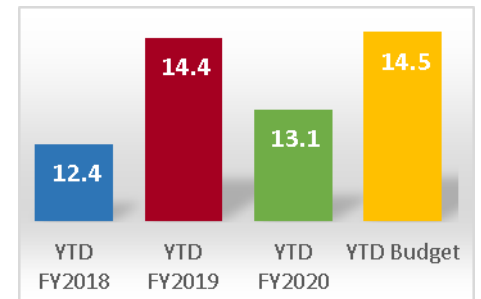
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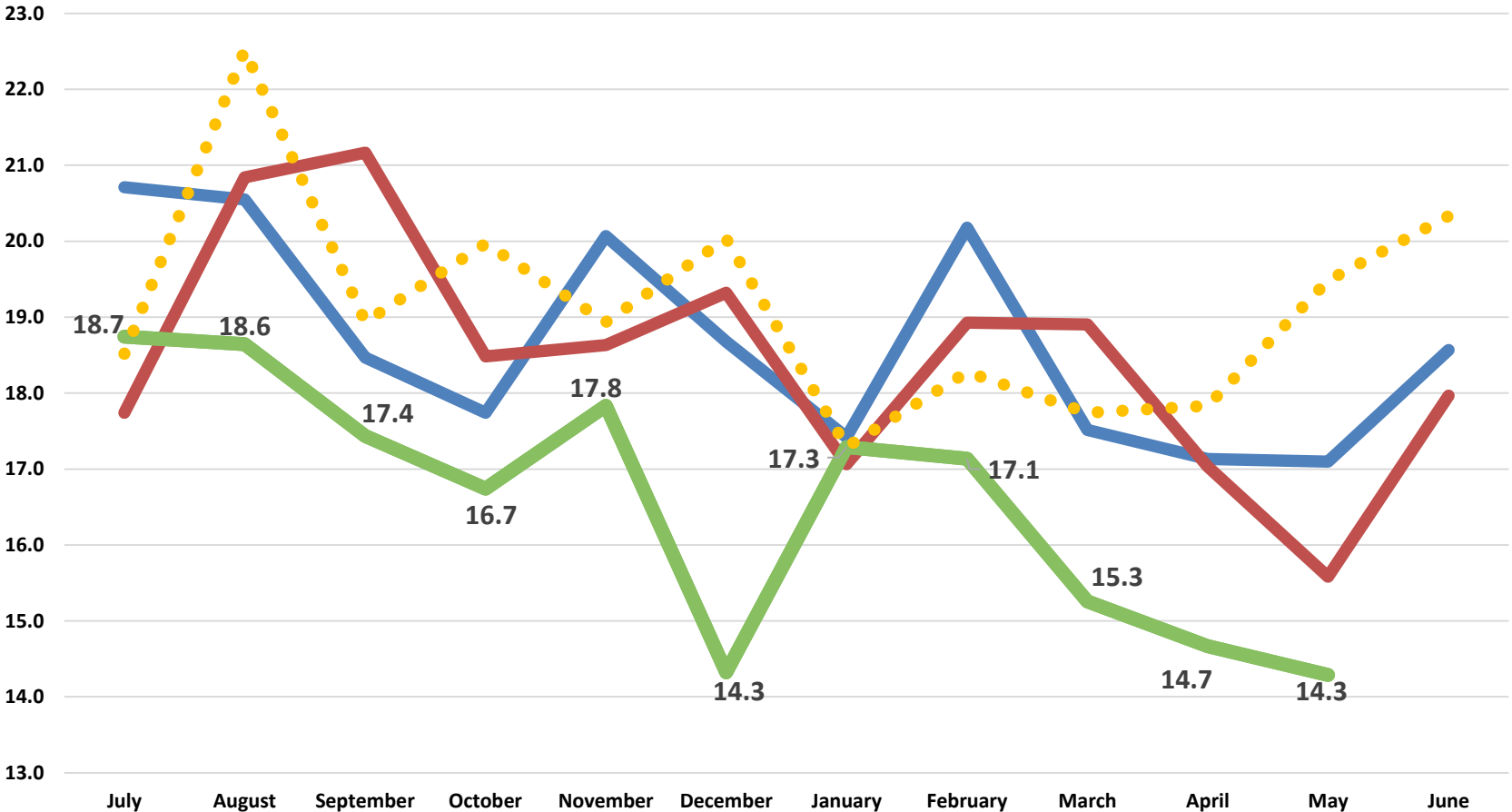
# NICU - Avg. Patients Per Day



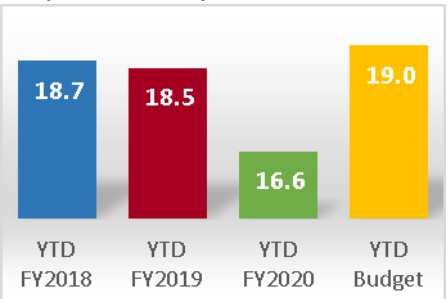
301/364



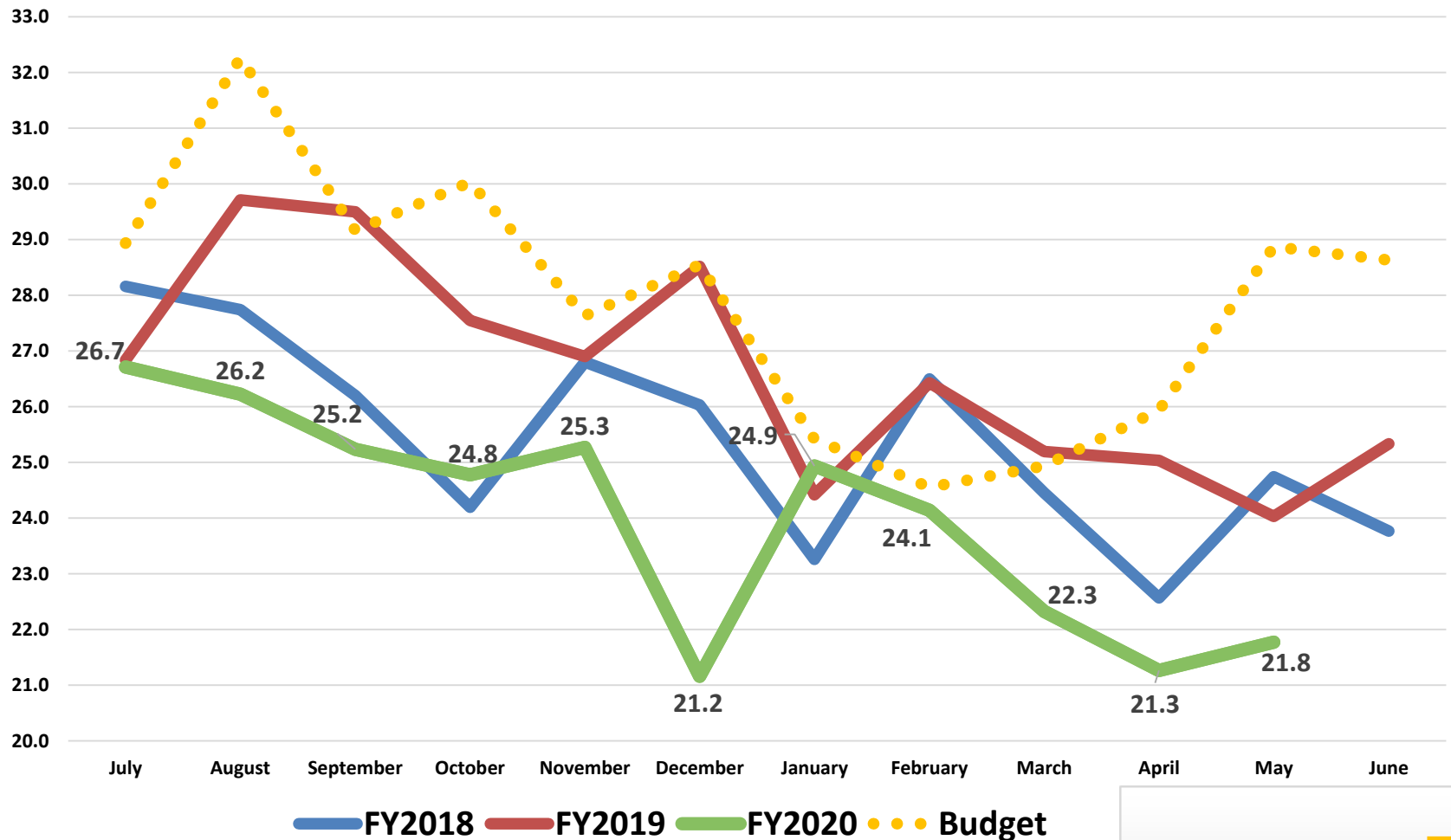
# Nursery - Avg. Patients Per Day



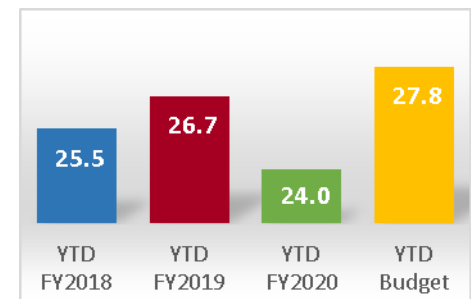
— FY2018 
 — FY2019 
 — FY2020 
 ●●● Budget



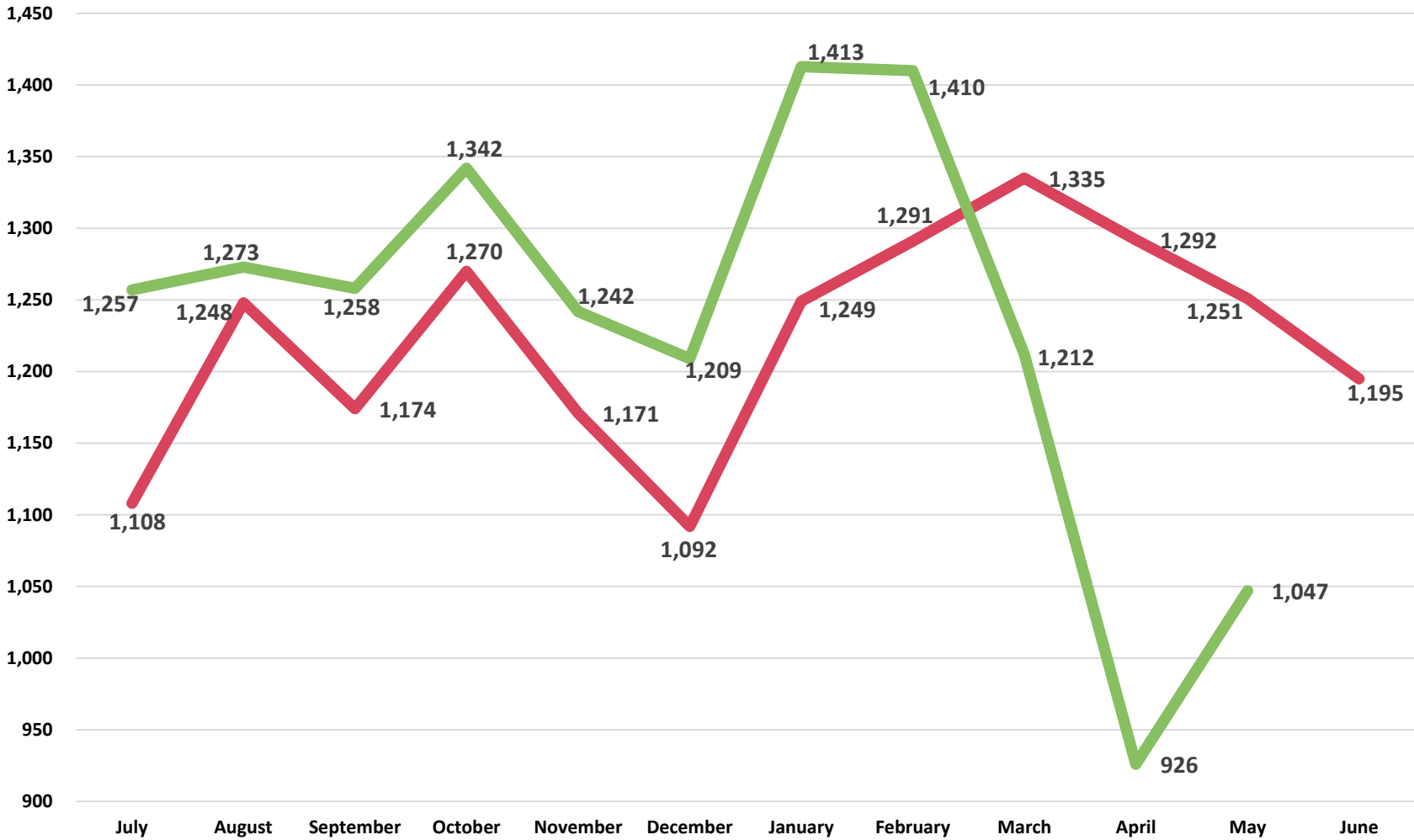
# Obstetrics - Avg. Patients Per Day



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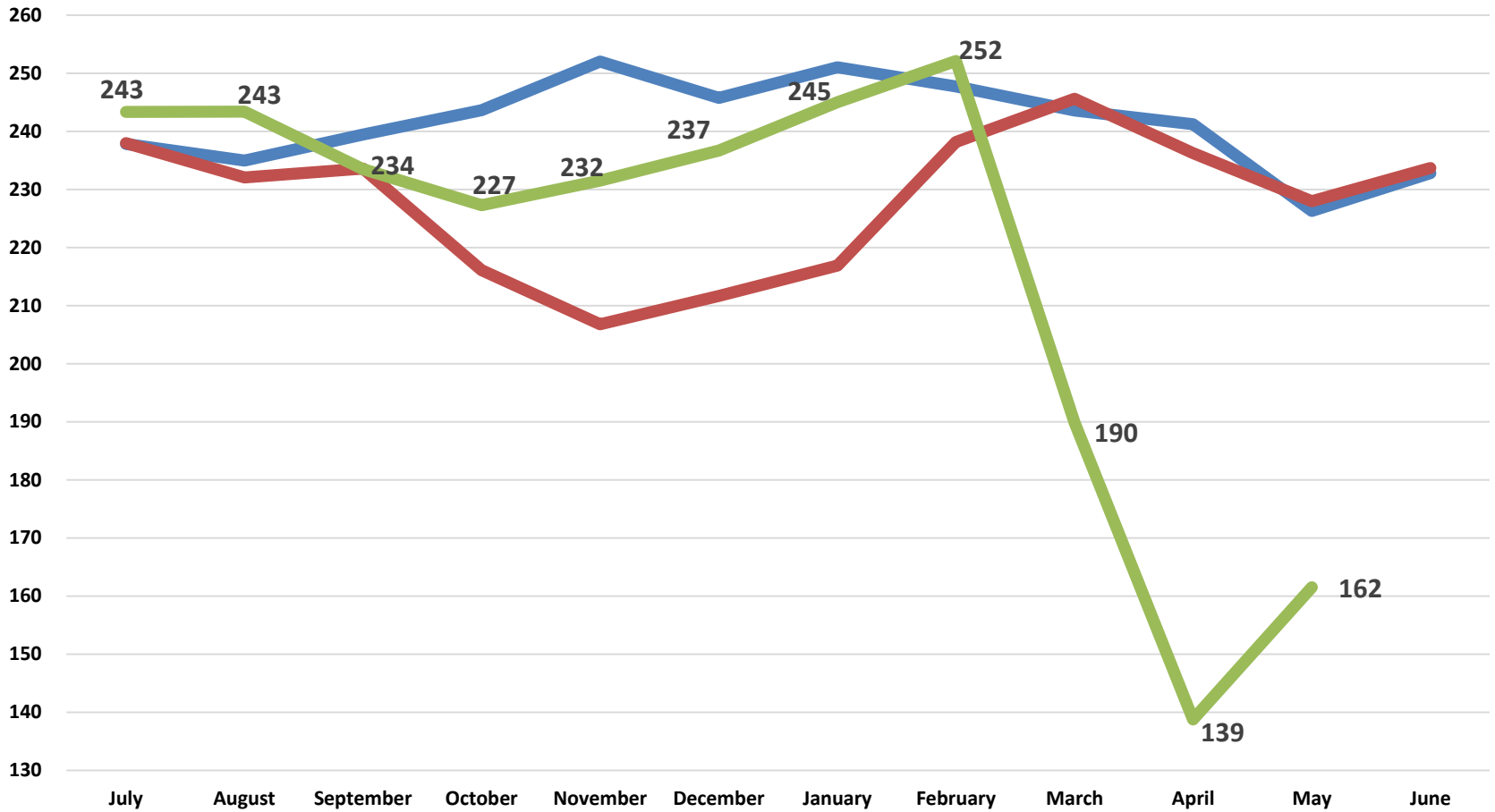
# Outpatient Registrations per Day



**FY2019** **FY2020**

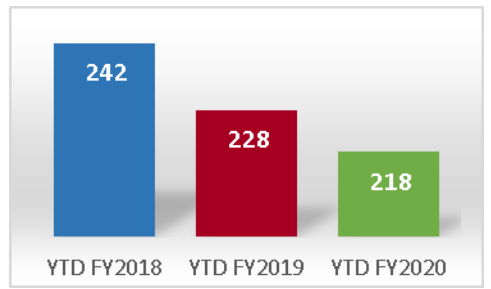


# Emergency Dept – Avg Treated Per Day

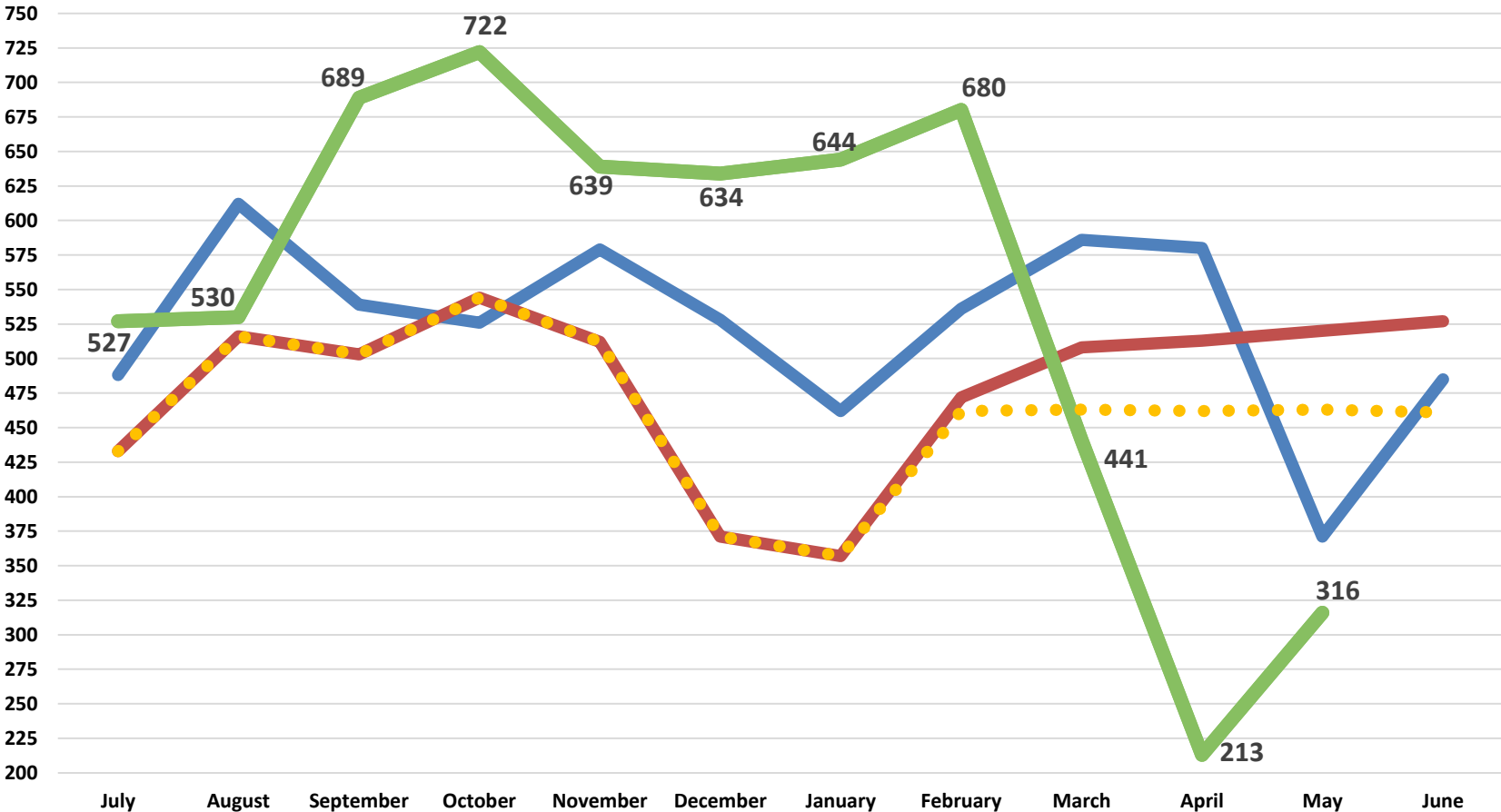


— FY2018 — FY2019 — FY2020

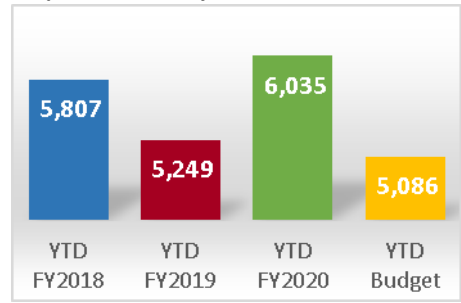
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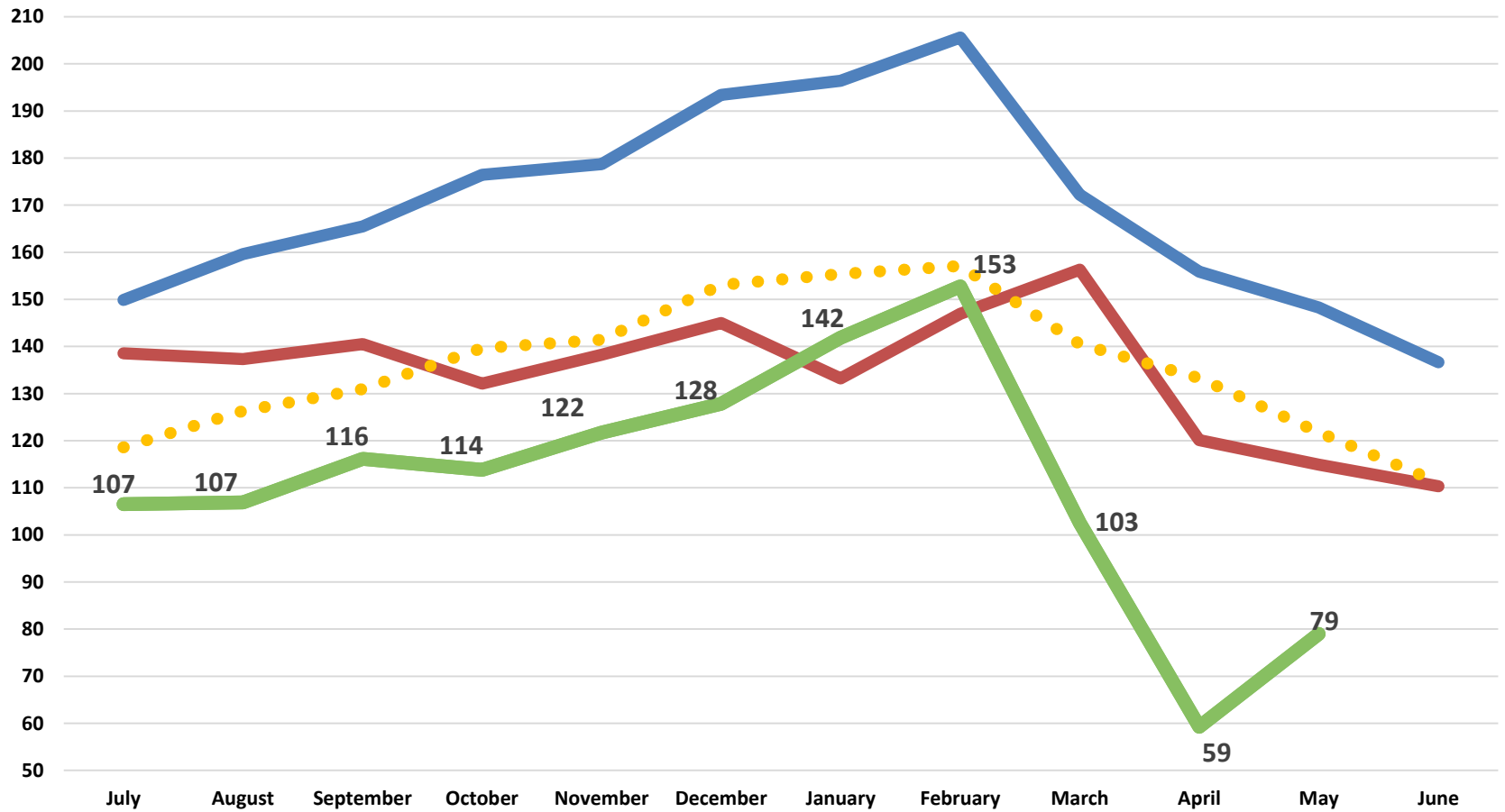
# Endoscopy Procedures



— FY2018 
 — FY2019 
 — FY2020 
 ●●● Budget

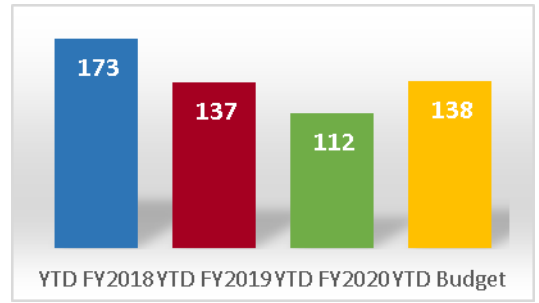


# Urgent Care – Court Average Visits Per Day



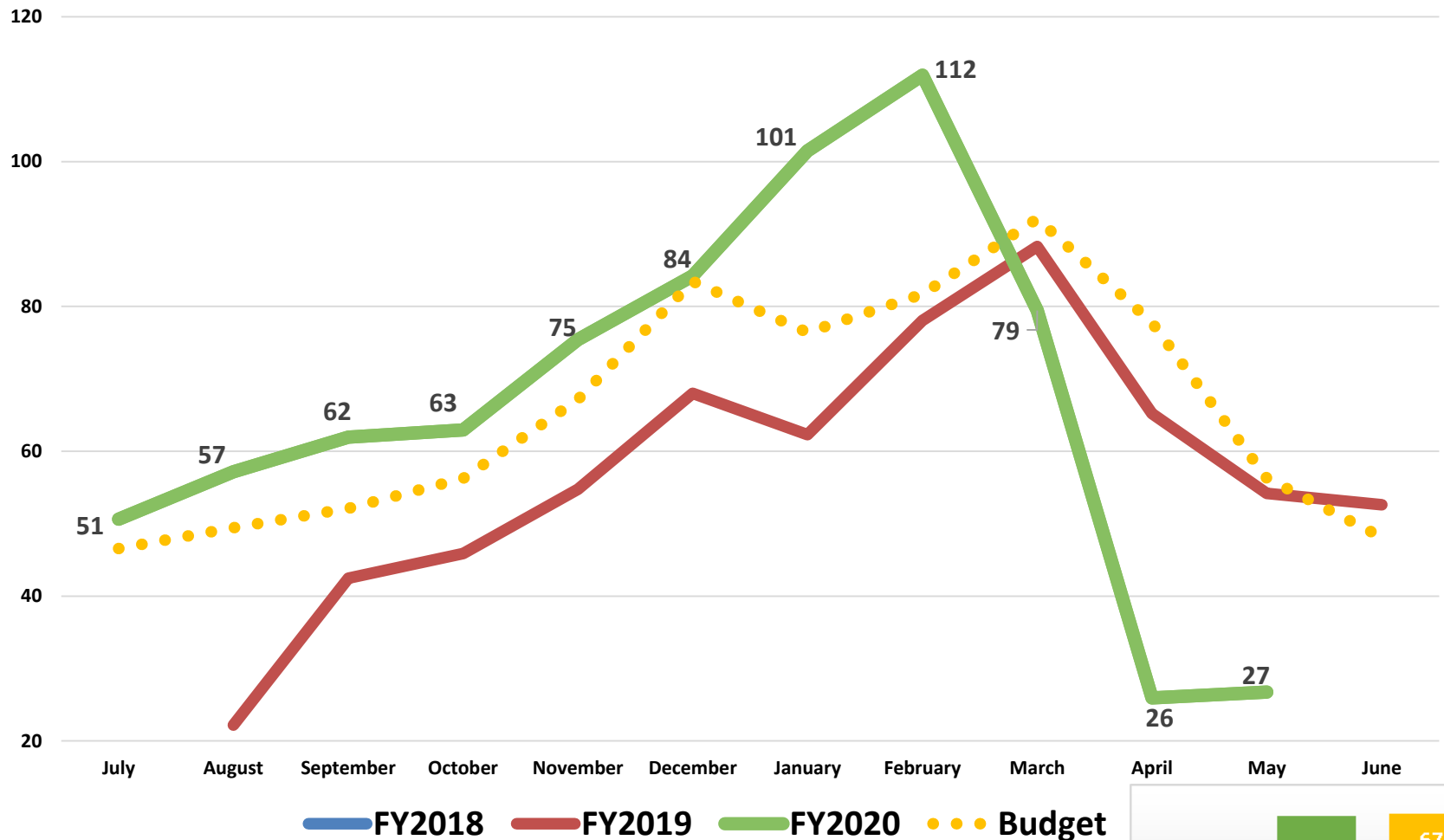
— **FY2018**
— **FY2019**
— **FY2020**
●●● **Budget**

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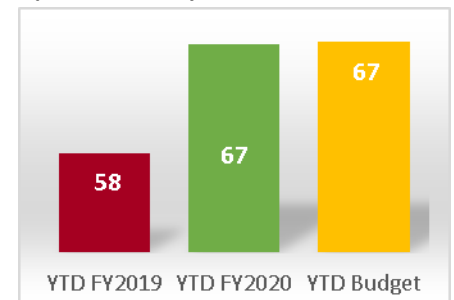


YTD FY2018 YTD FY2019 YTD FY2020 YTD Budget

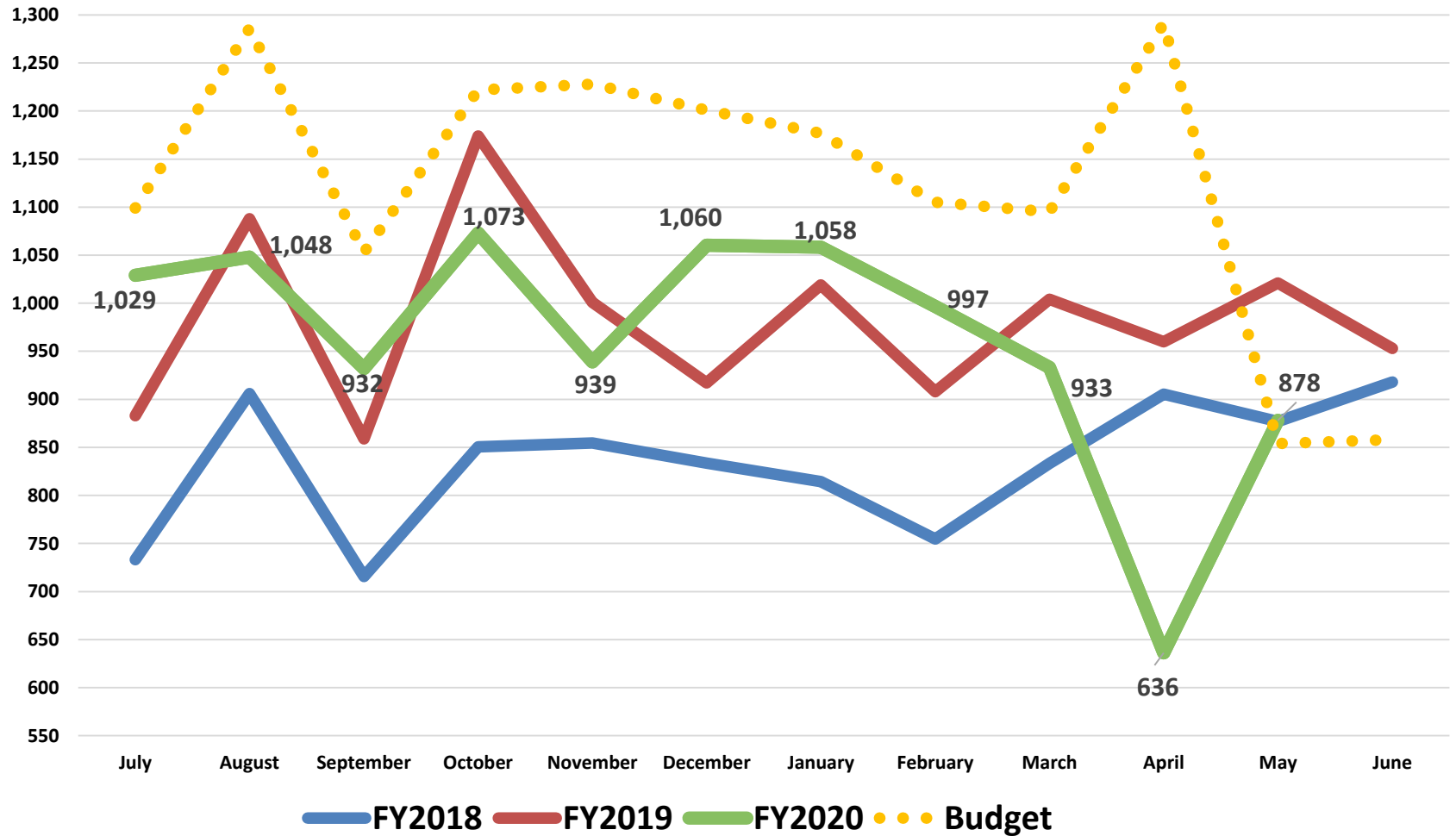
# Urgent Care – Demaree Average Visits Per Day



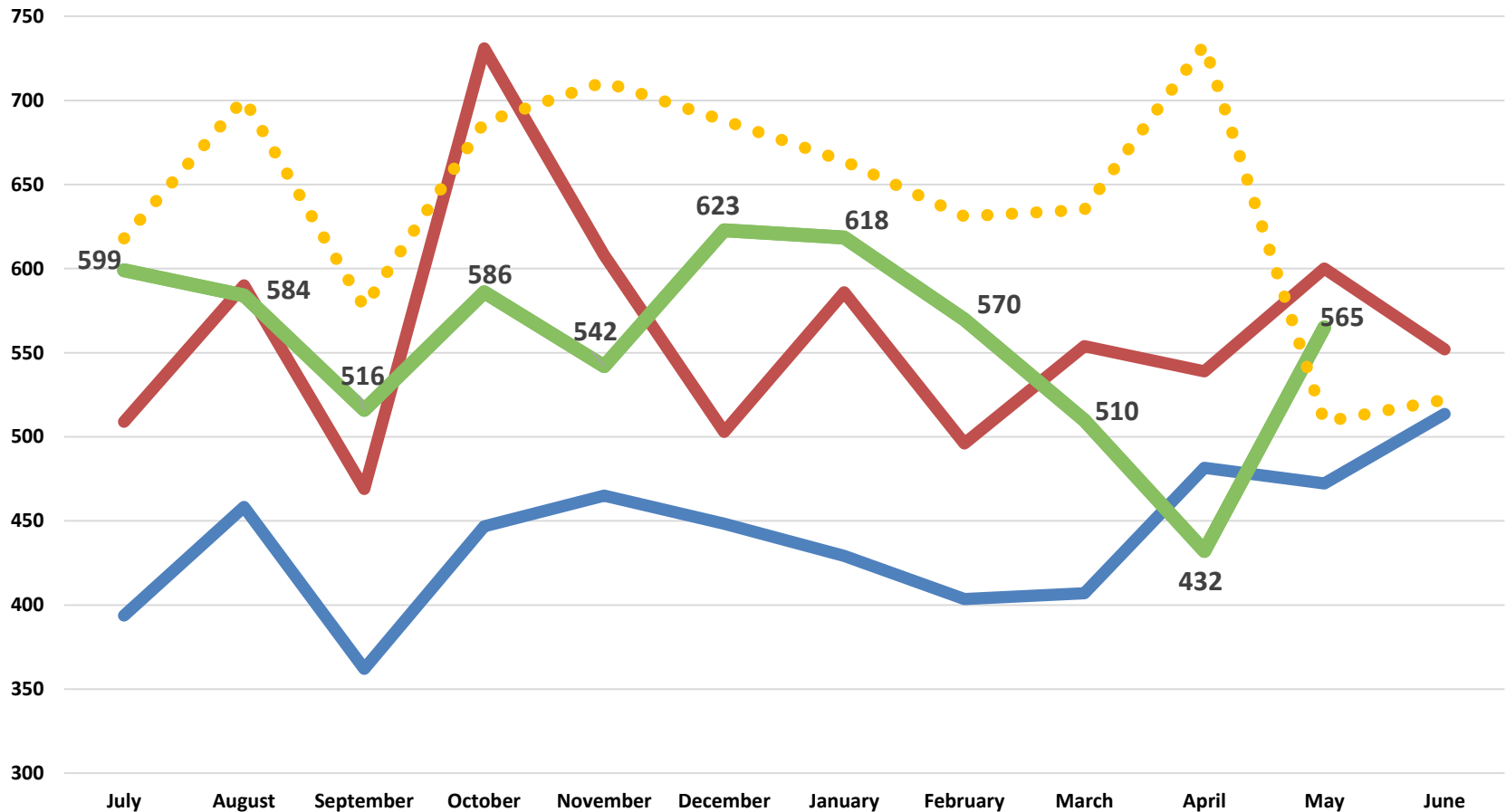
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# Surgery (IP & OP) – 100 Min Units

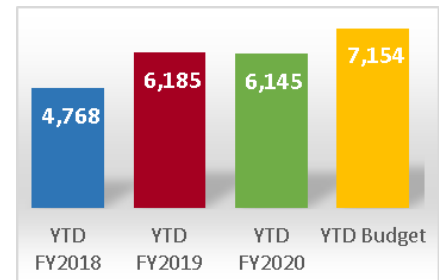


# Surgery (IP Only) – 100 Min Units

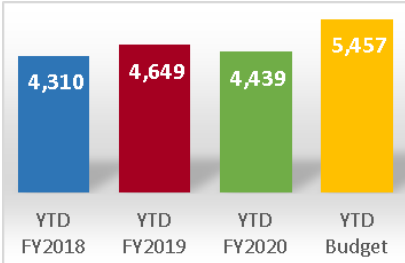
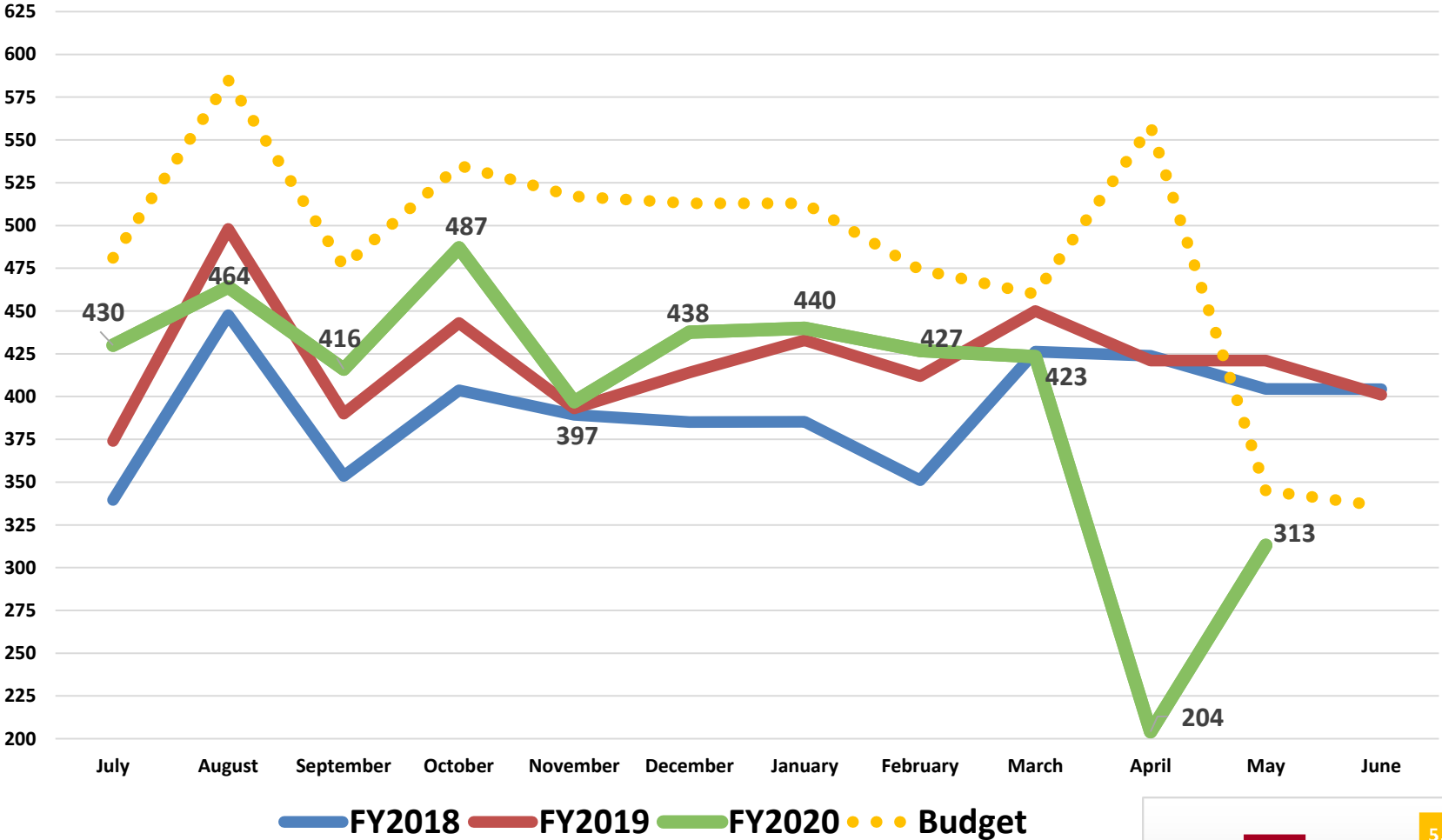


— FY2018 
 — FY2019 
 — FY2020 
 ●●● Budget

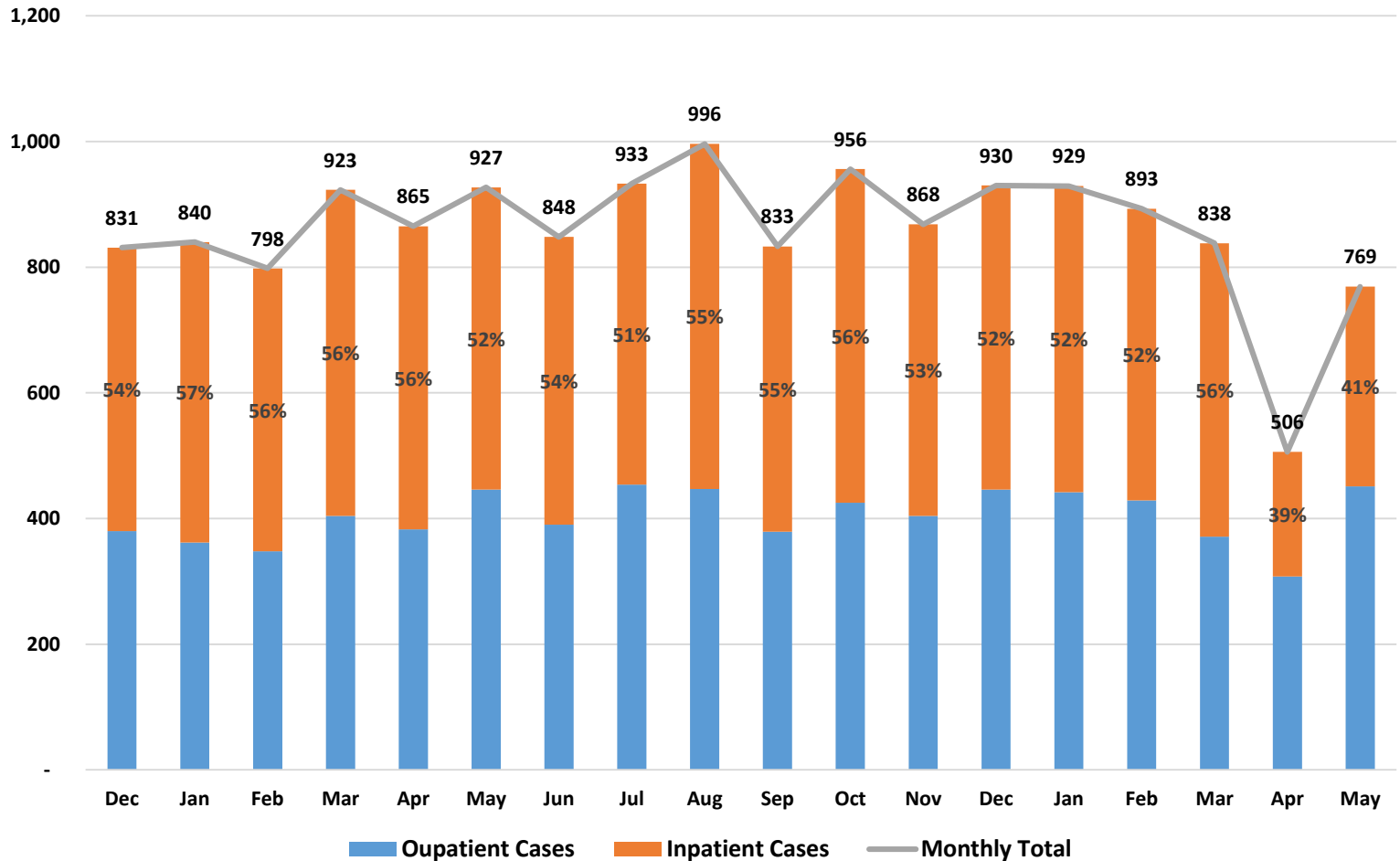
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# Surgery (OP Only) – 100 Min Units

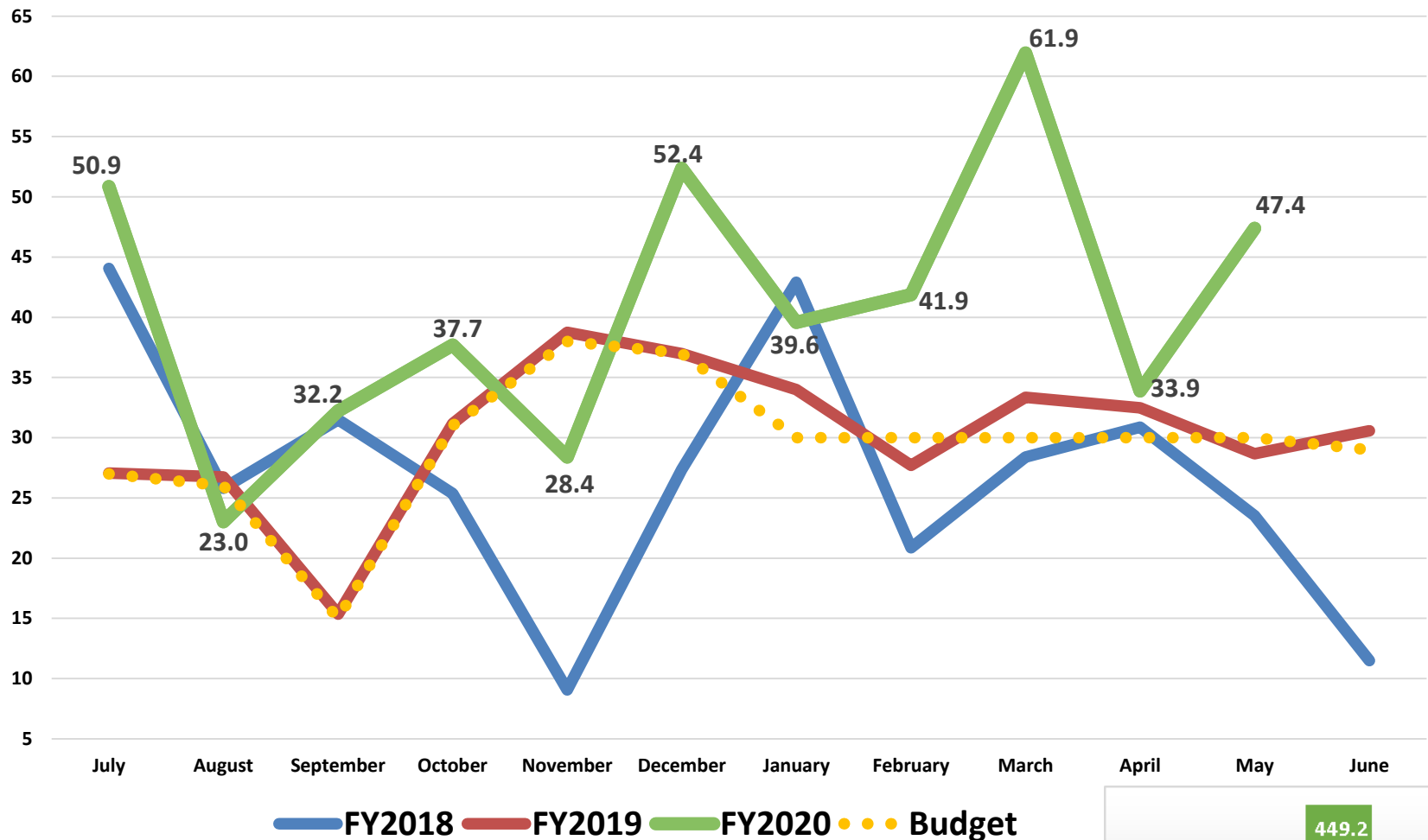


# Surgery (IP & OP) - Cases

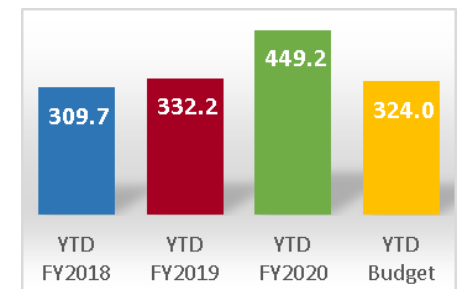




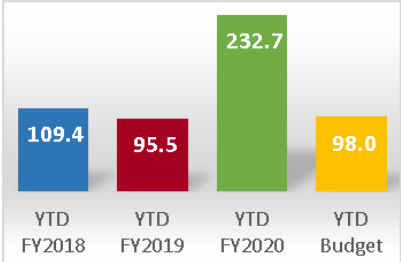
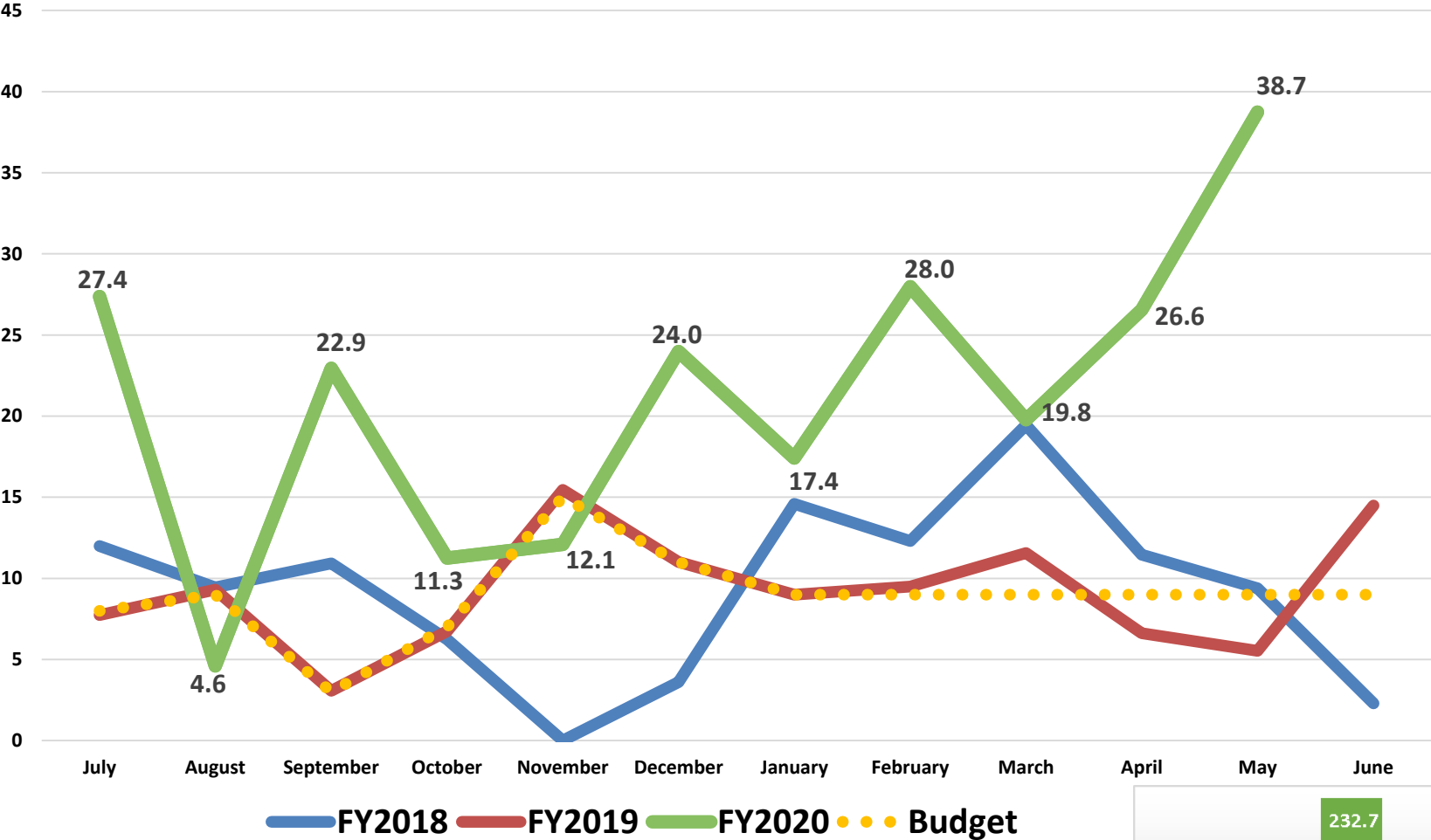
# Robotic Surgery (IP & OP) – 100 Min Units



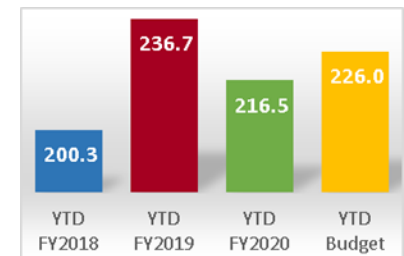
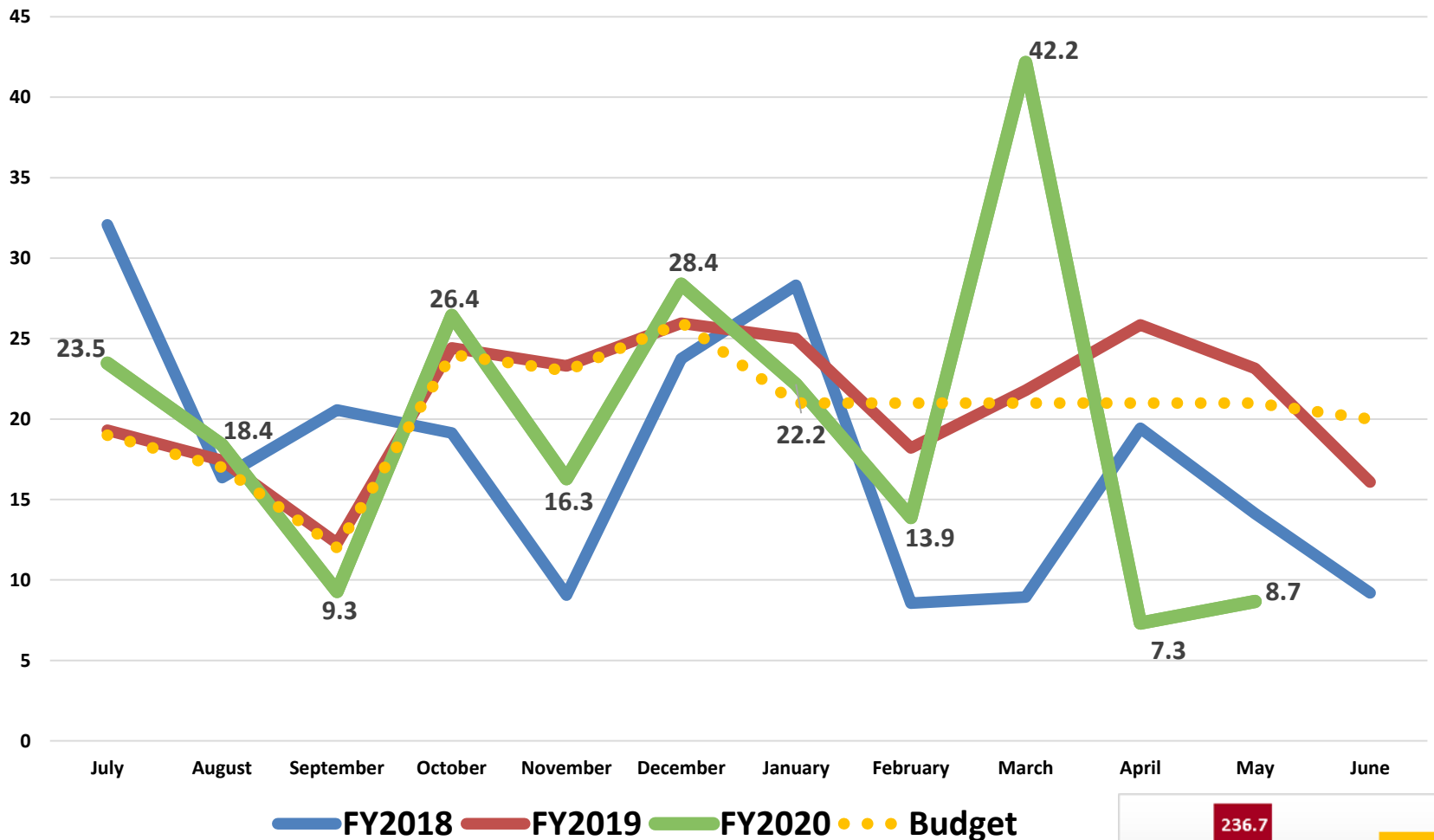
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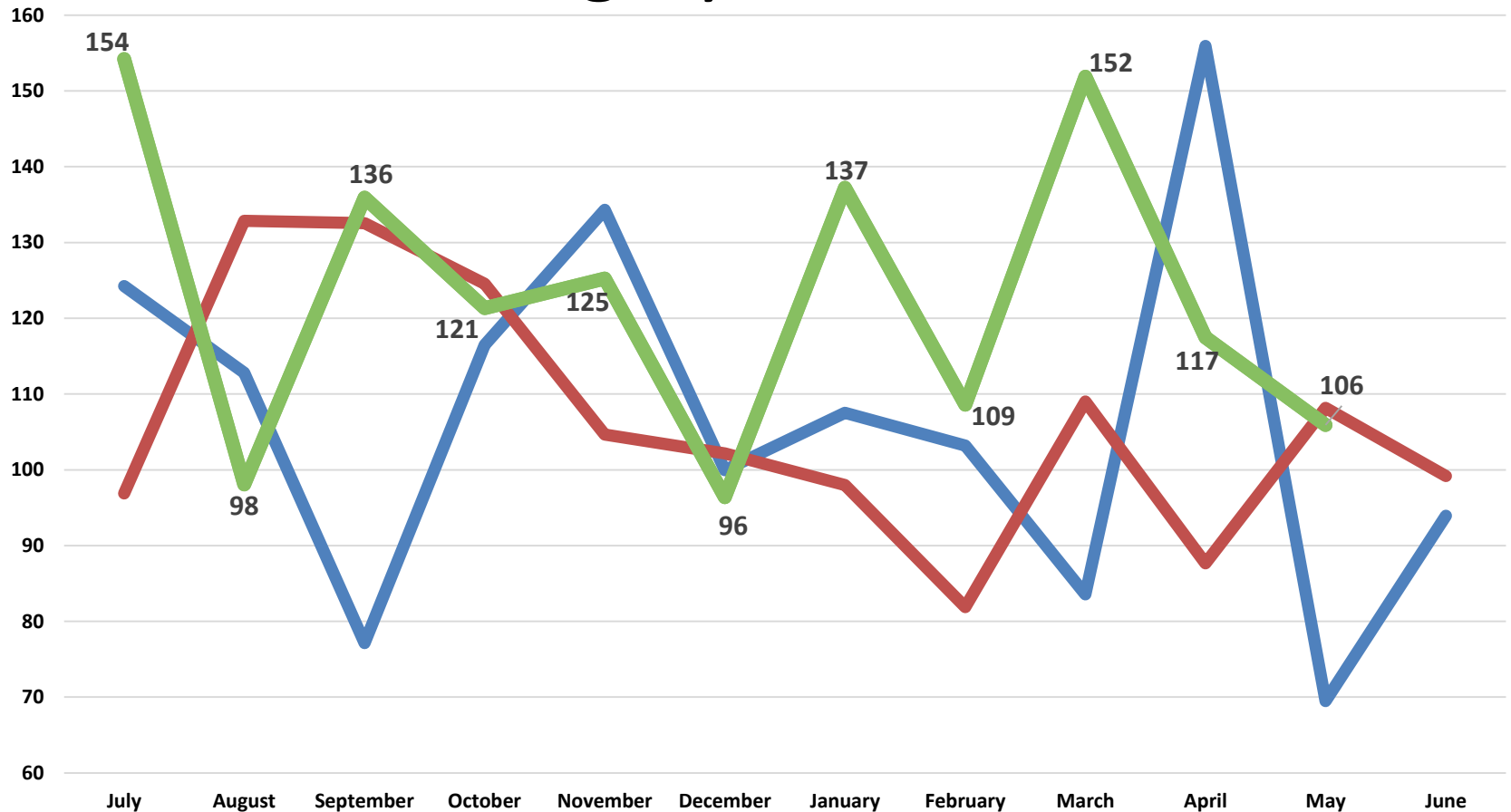
# Robotic Surgery (IP Only) – 100 Min Units



# Robotic Surgery (OP Only) – 100 Min Units

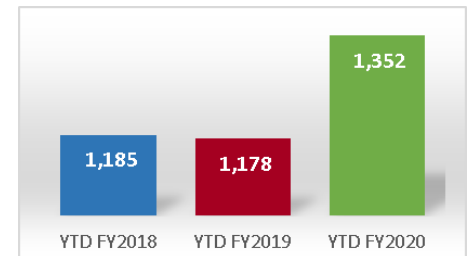


# Cardiac Surgery – 100 Min Units



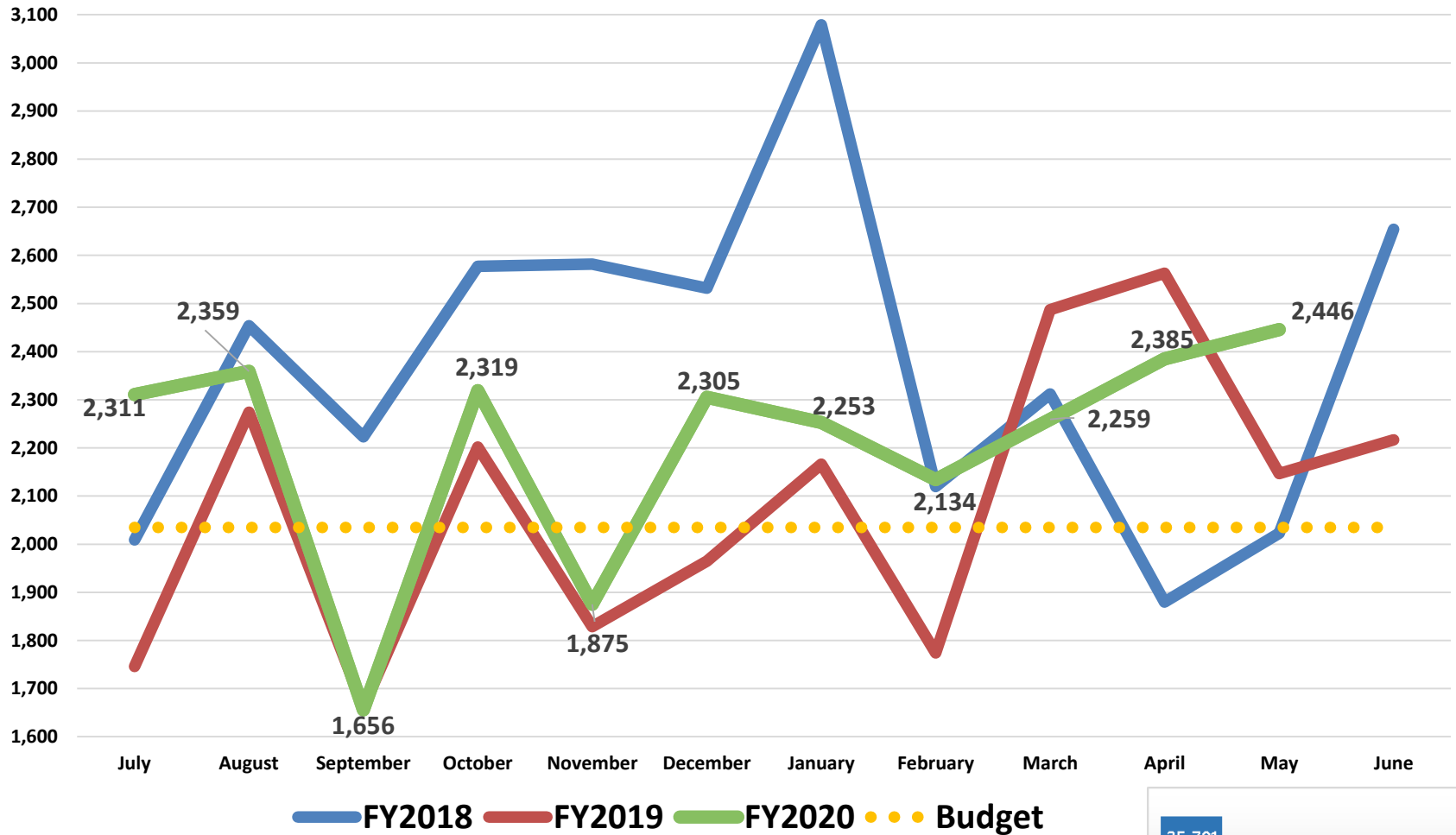
— **FY2018**   
 — **FY2019**   
 — **FY2020**

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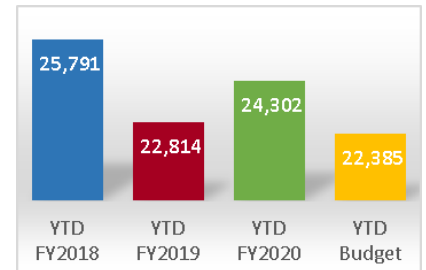


# Radiation Oncology Treatments

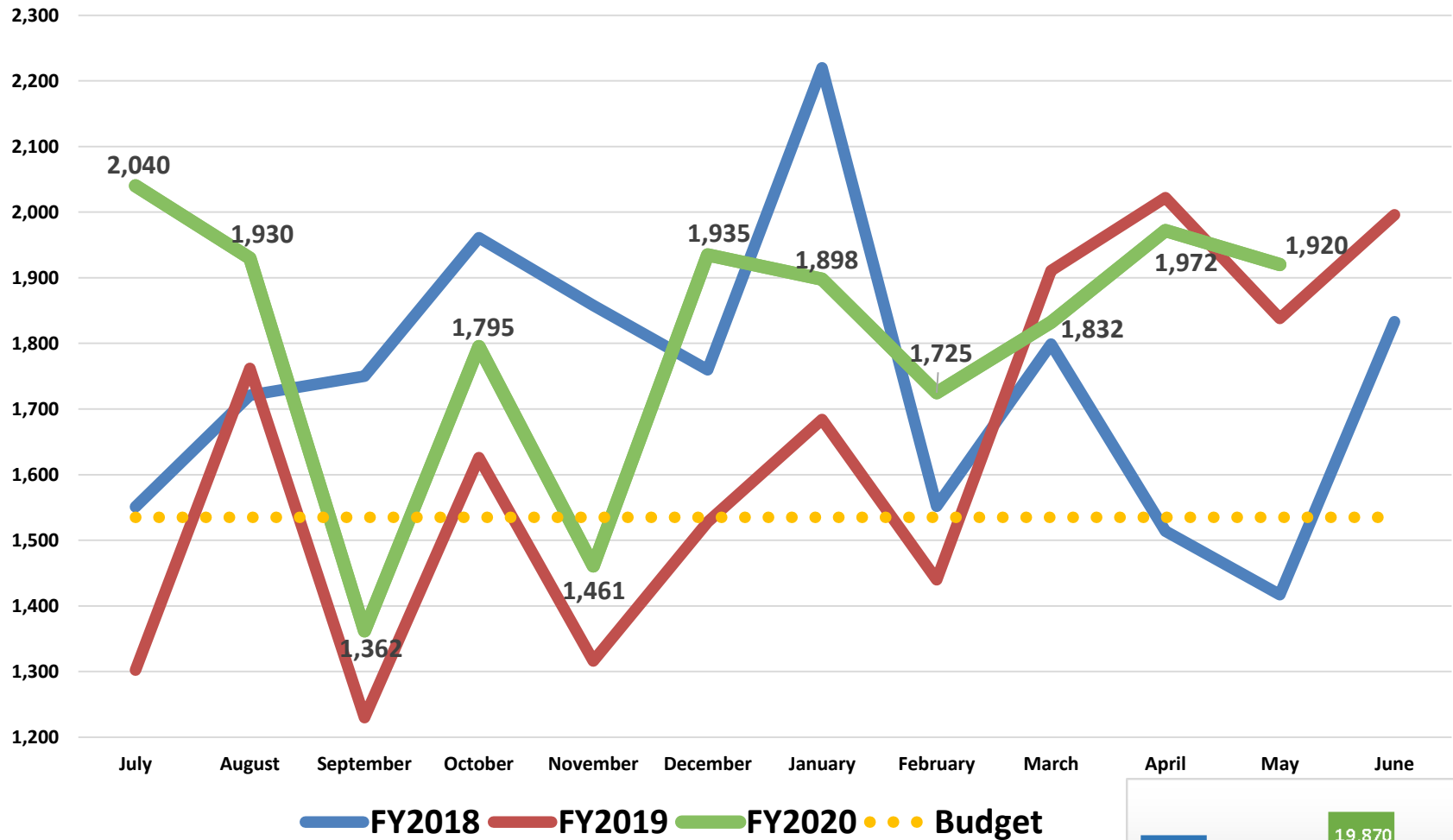
## Hanford and Visalia



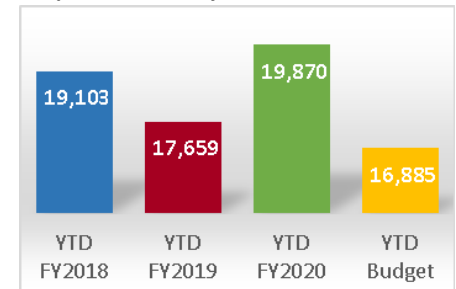
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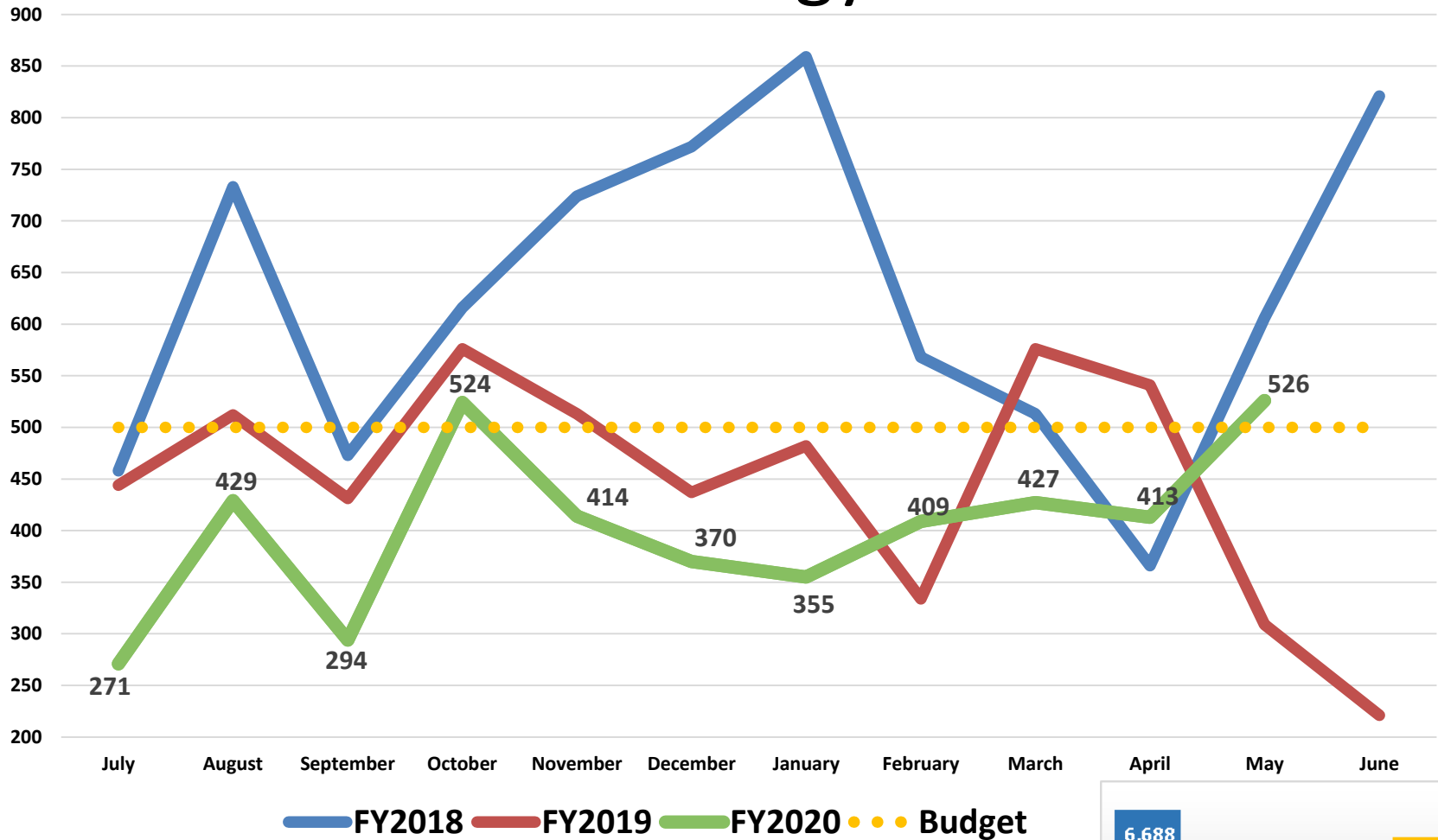
# Radiation Oncology - Visalia



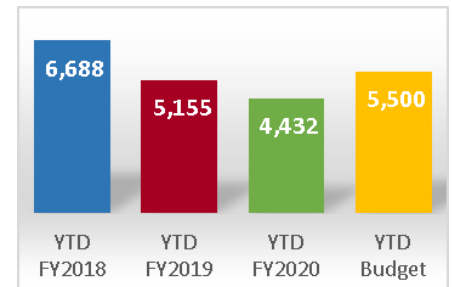
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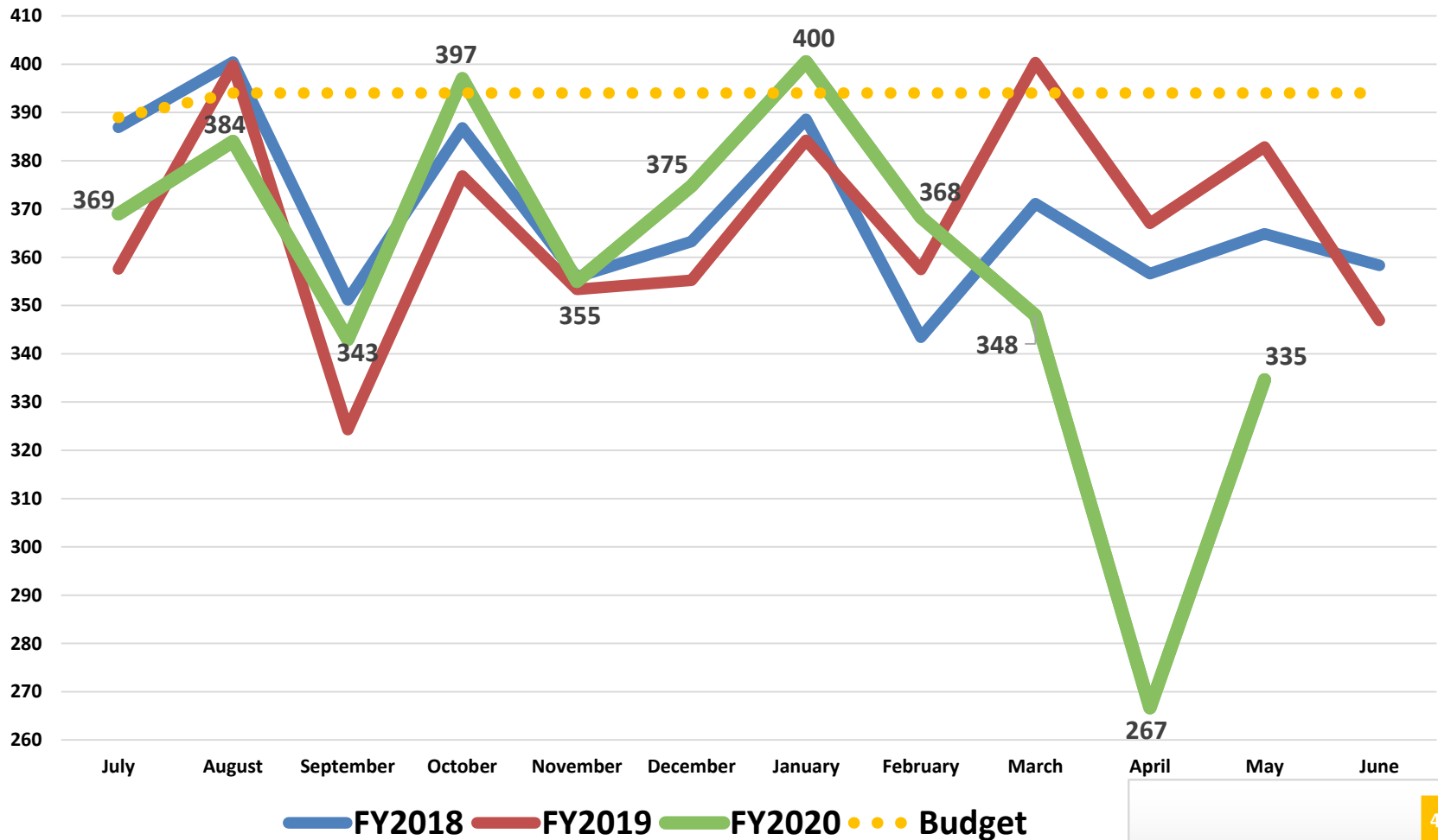
# Radiation Oncology - Hanford



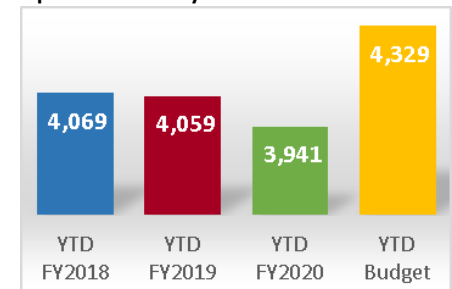
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# Cath Lab (IP & OP) – 100 Min Units

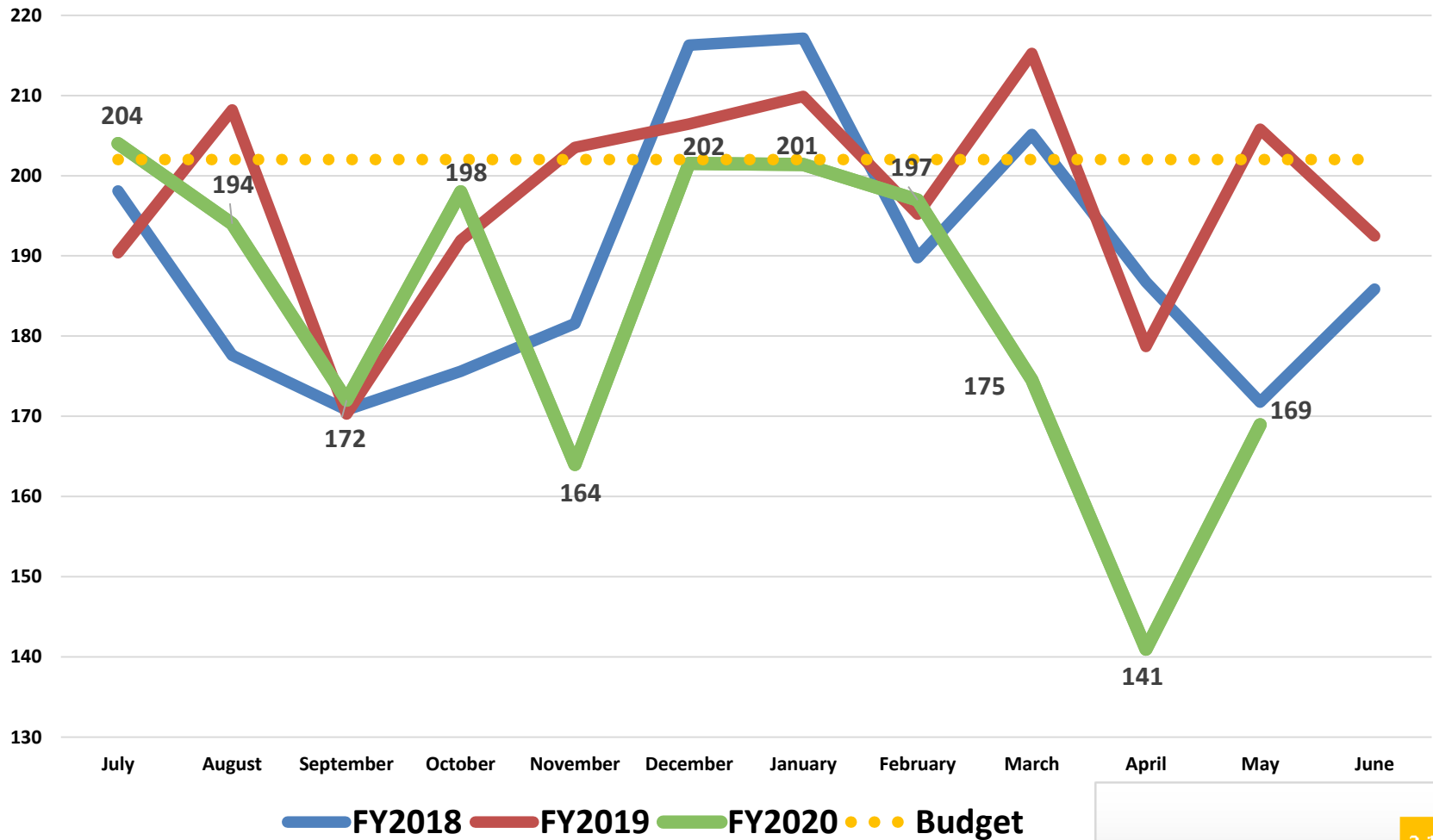


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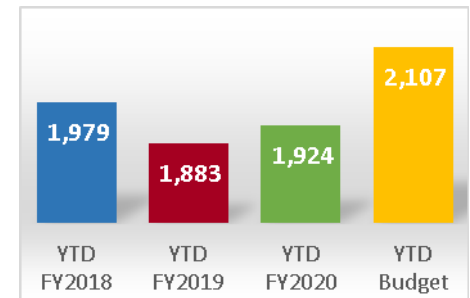




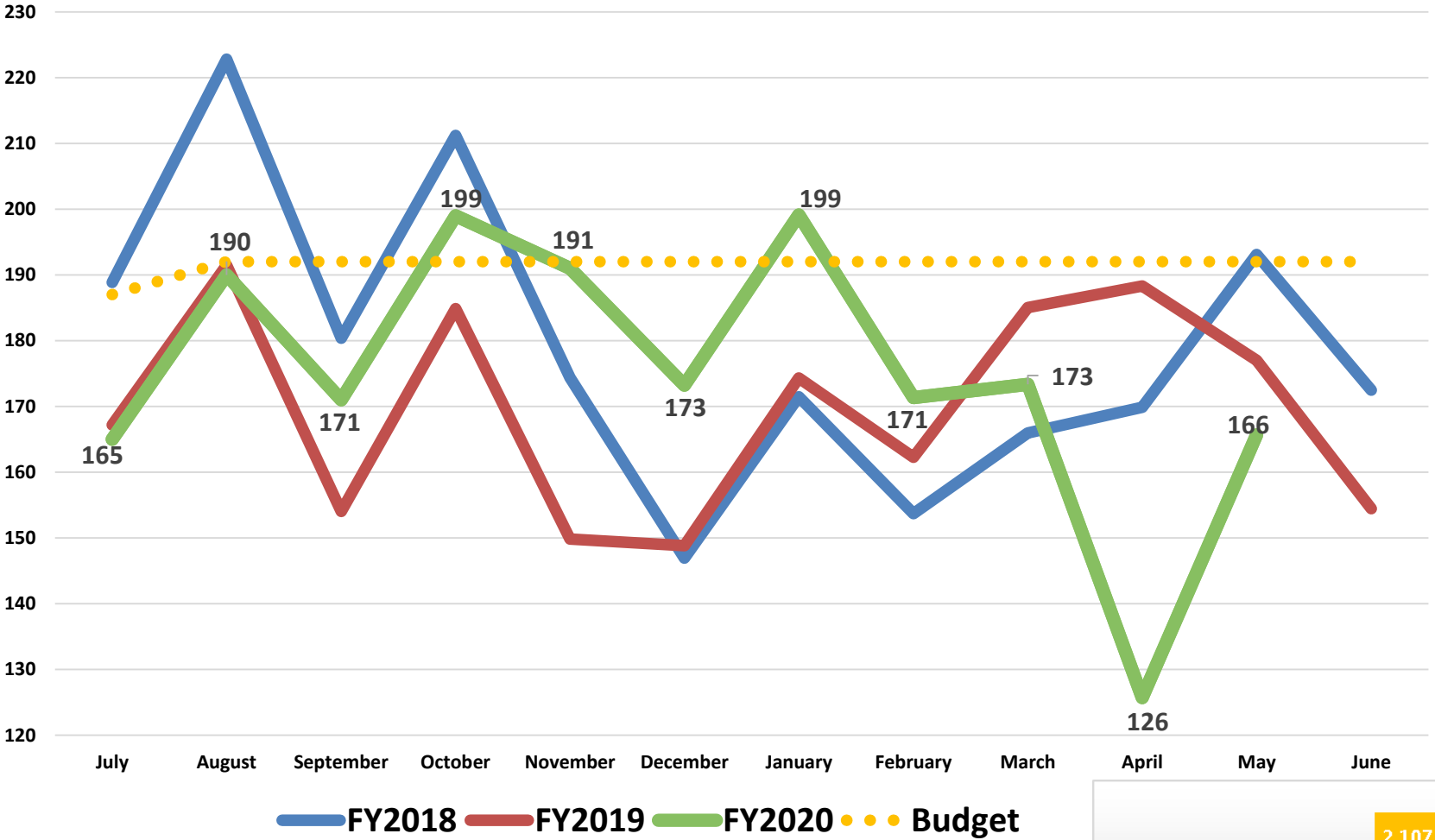
# Cath Lab (IP Only) – 100 Min Units



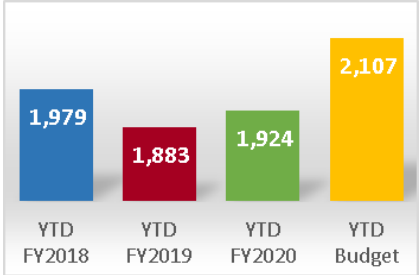
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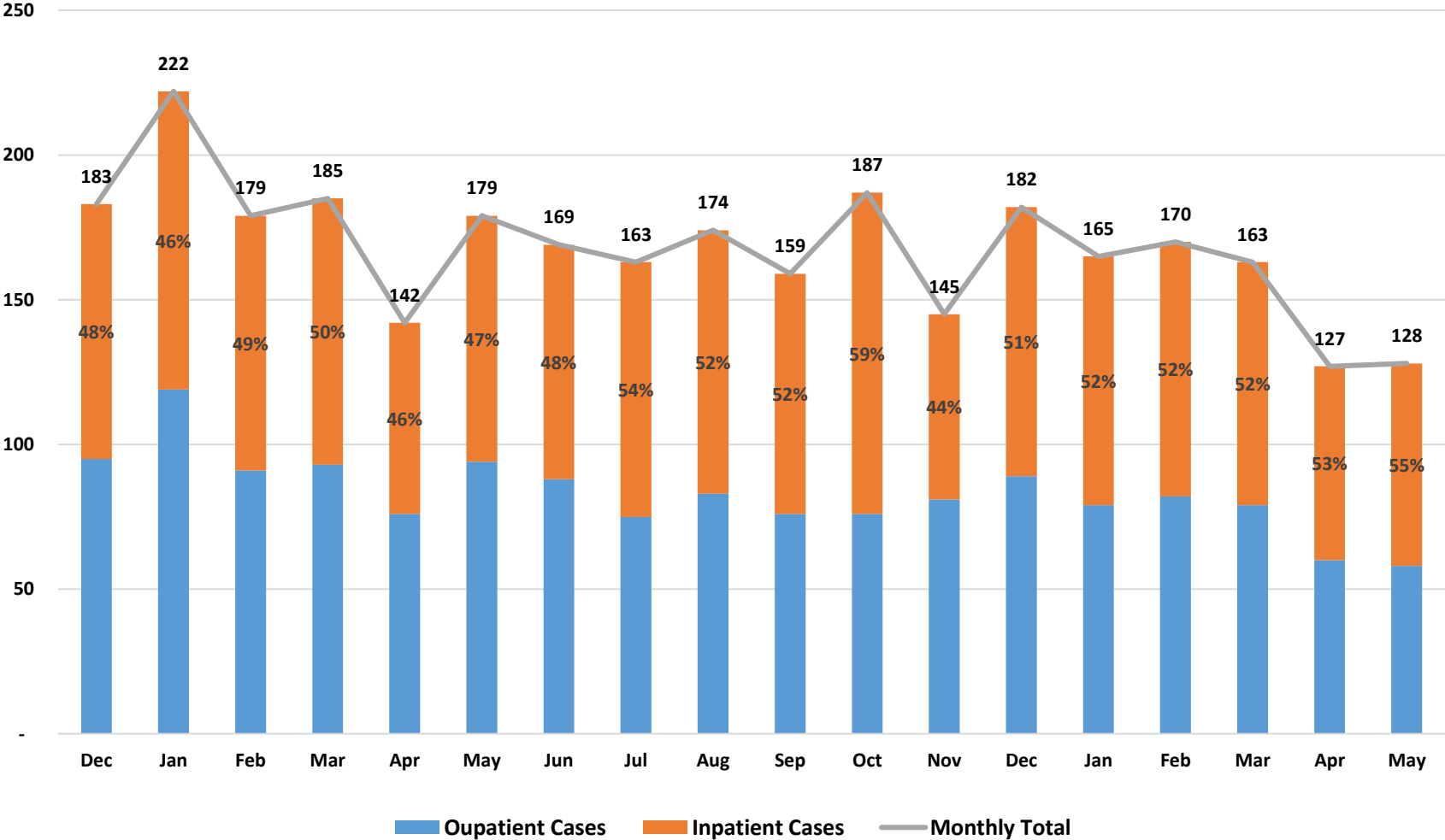
# Cath Lab (OP Only) – 100 Min Units



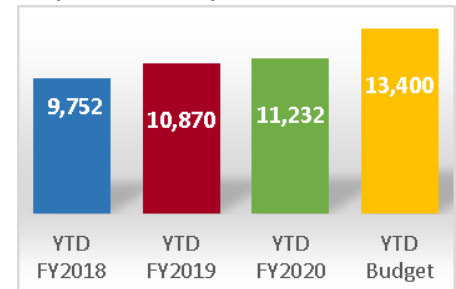
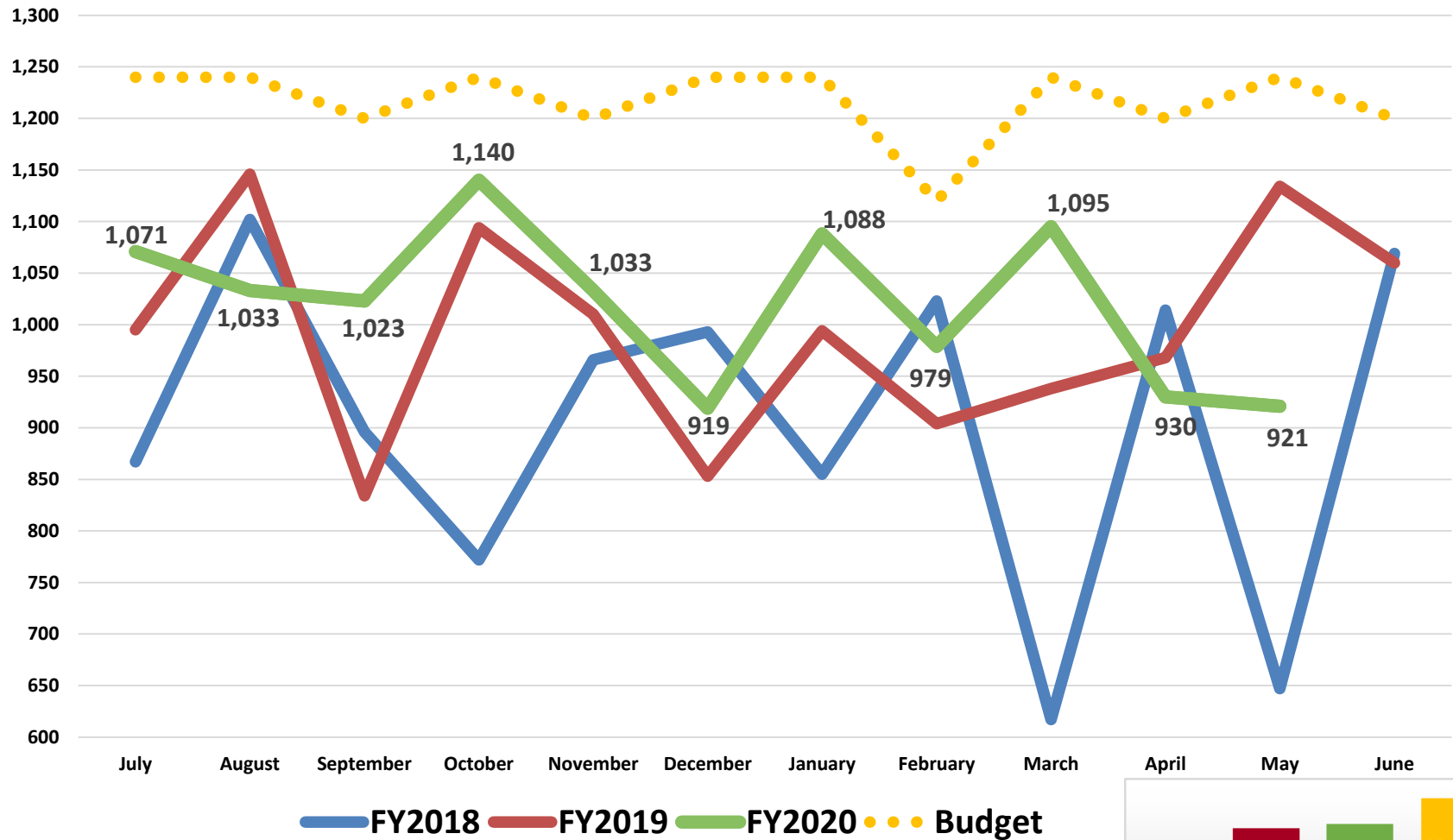
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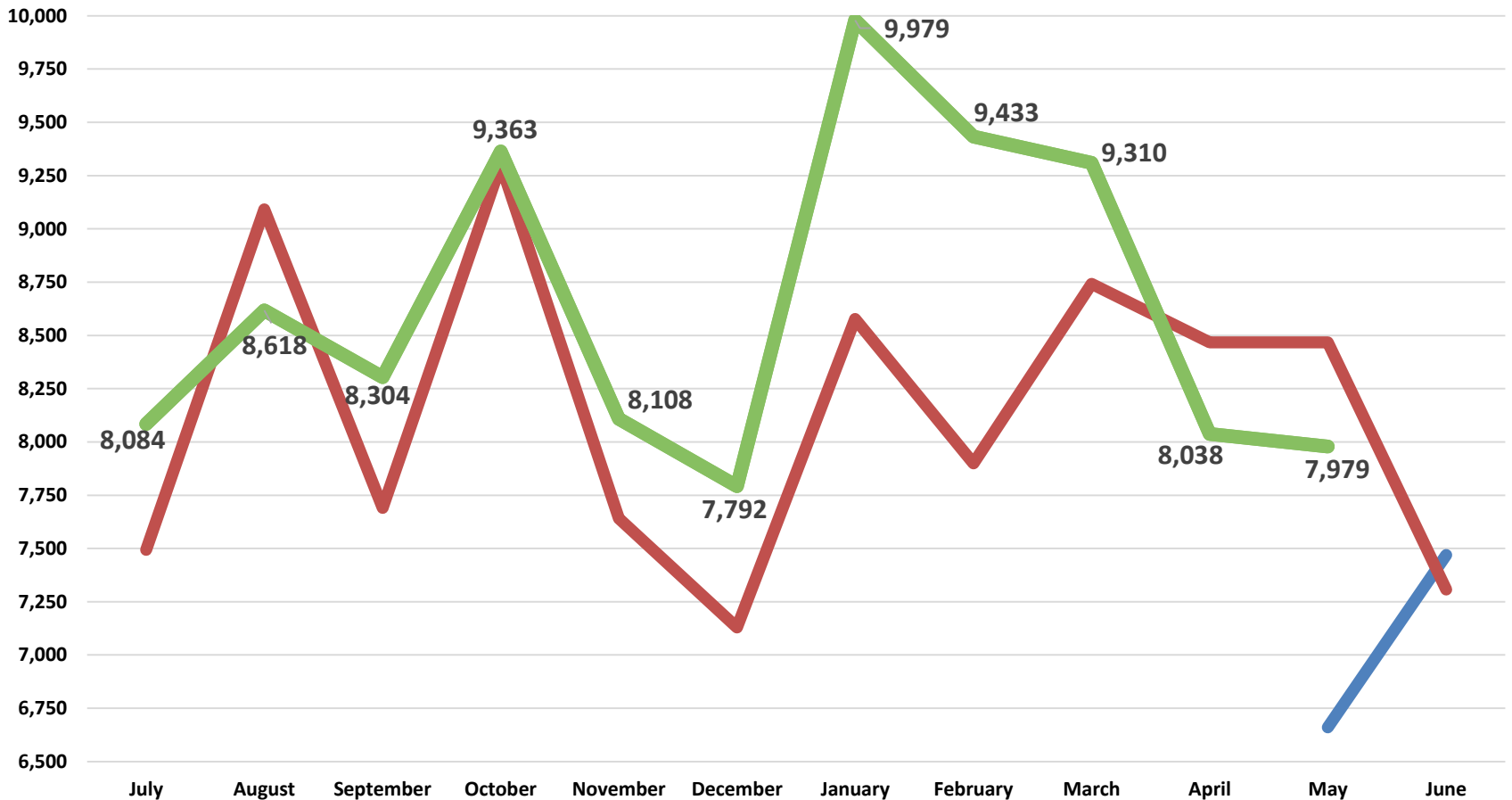
# Cath Lab (IP & OP) - Patients



# GME Family Medicine Clinic Visits



# Rural Health Clinic Registrations

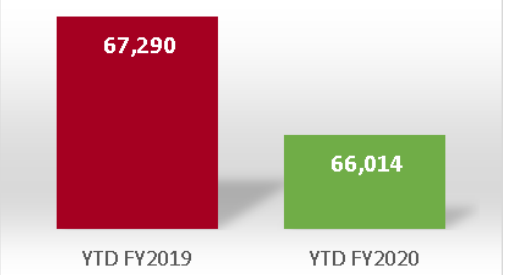


**FY2018**

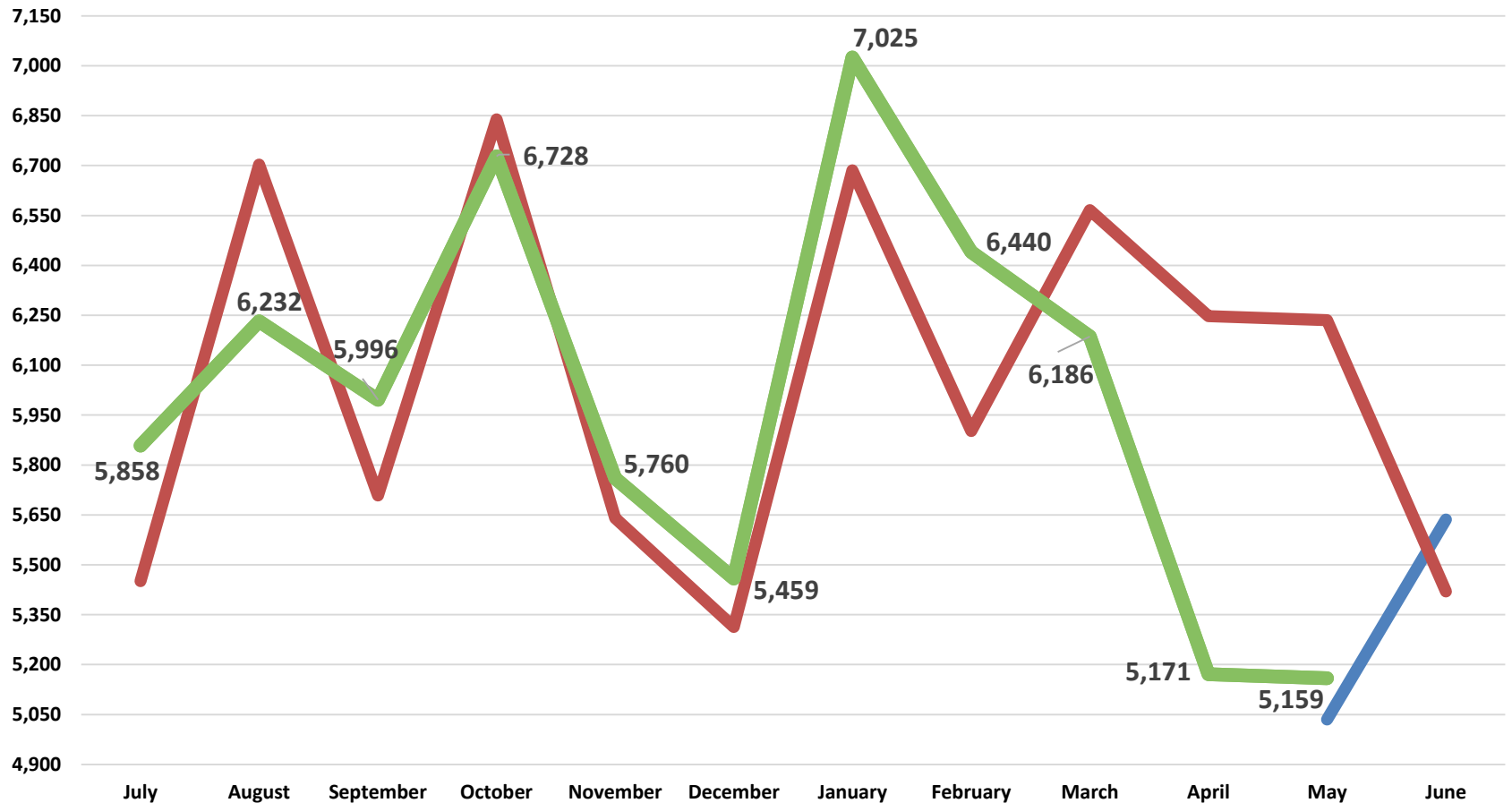
**FY2019**

**FY2020**

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# Exeter RHC - Registrations

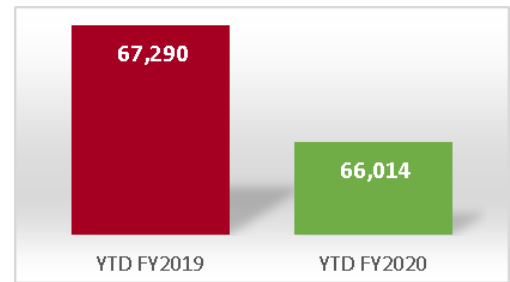


**FY2018**

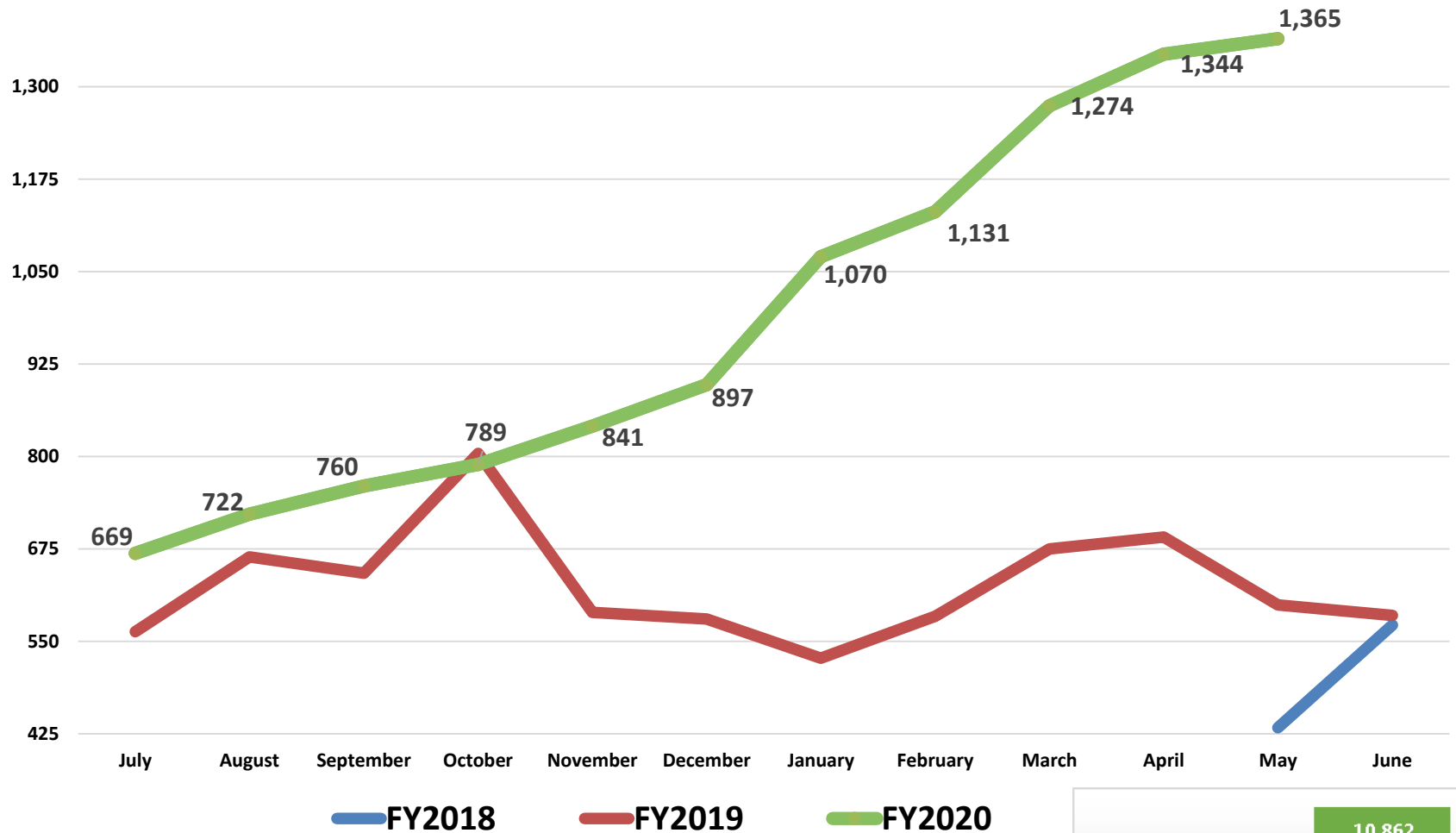
**FY2019**

**FY2020**

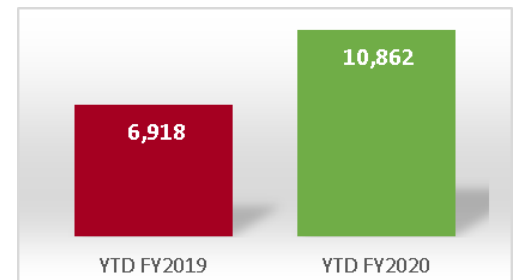
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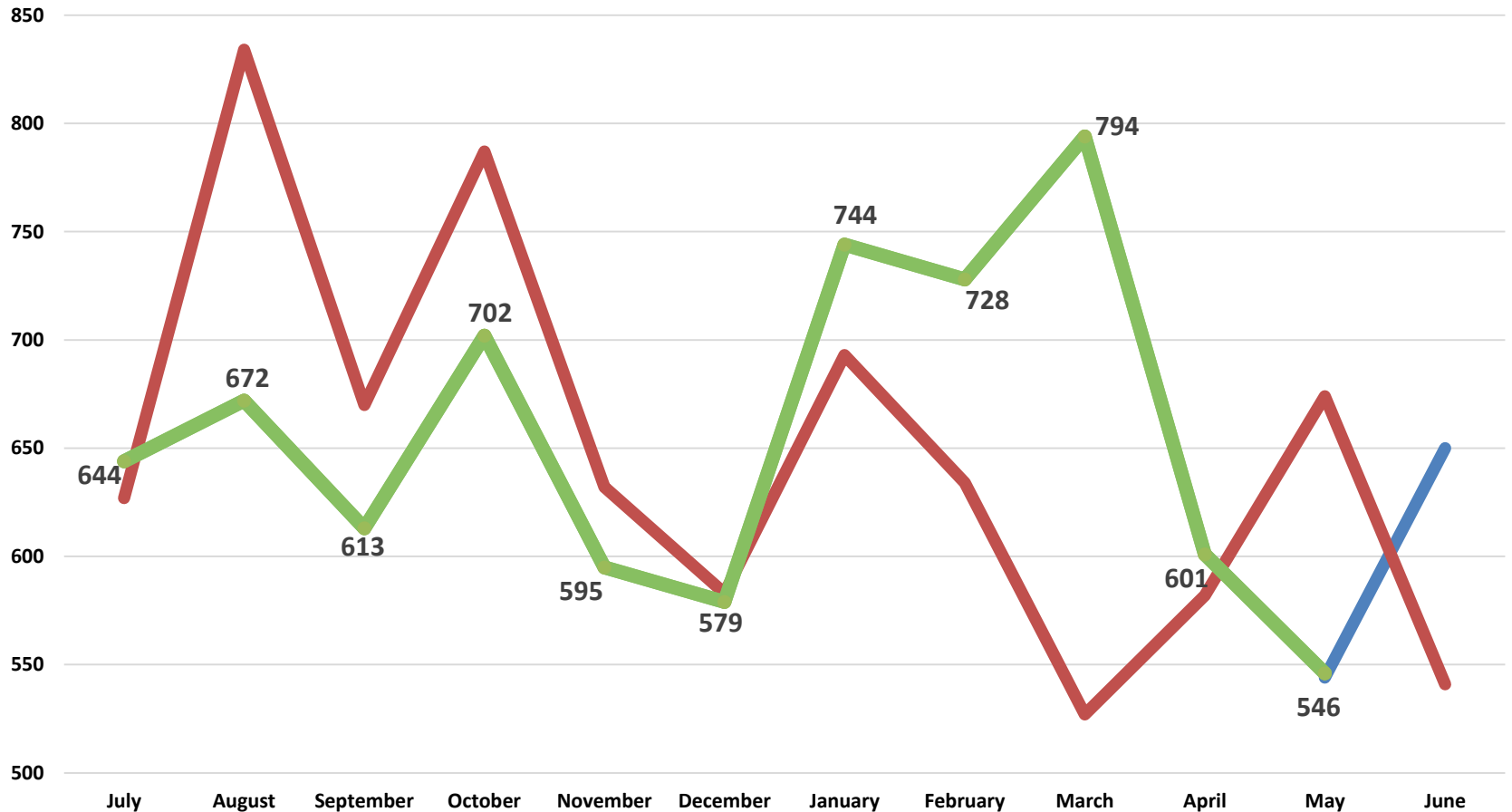
# Lindsay RHC - Registrations



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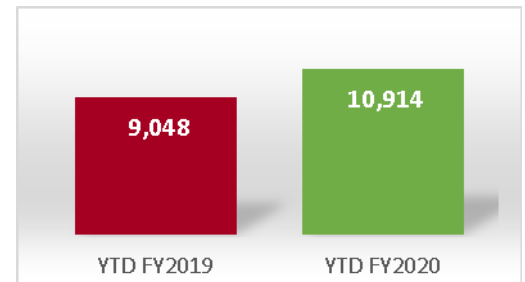


# Woodlake RHC - Registrations



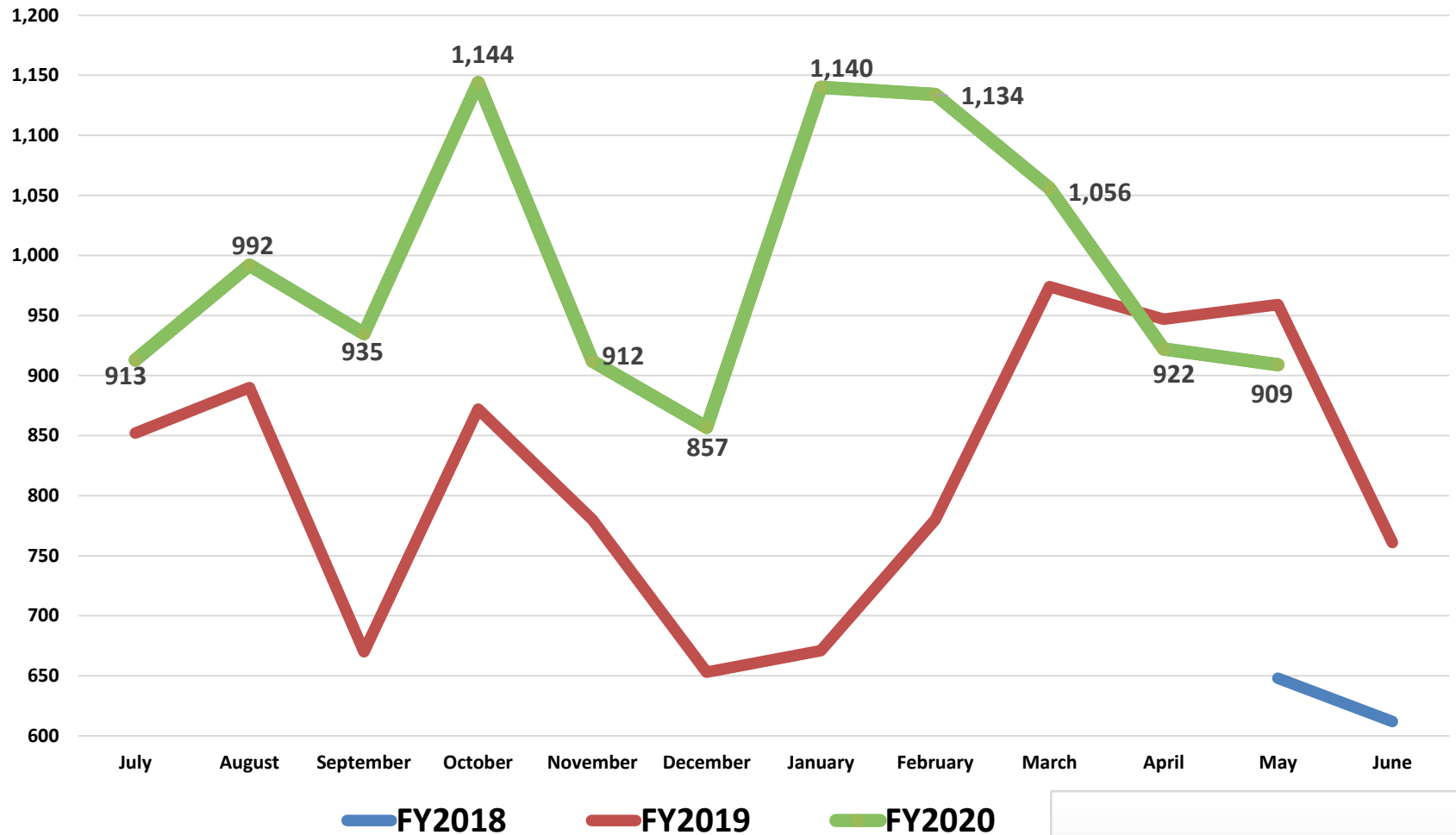
— **FY2018**     
 — **FY2019**     
 — **FY2020**

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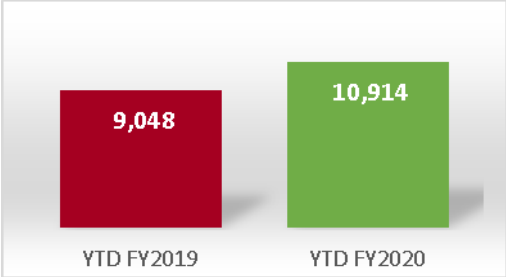




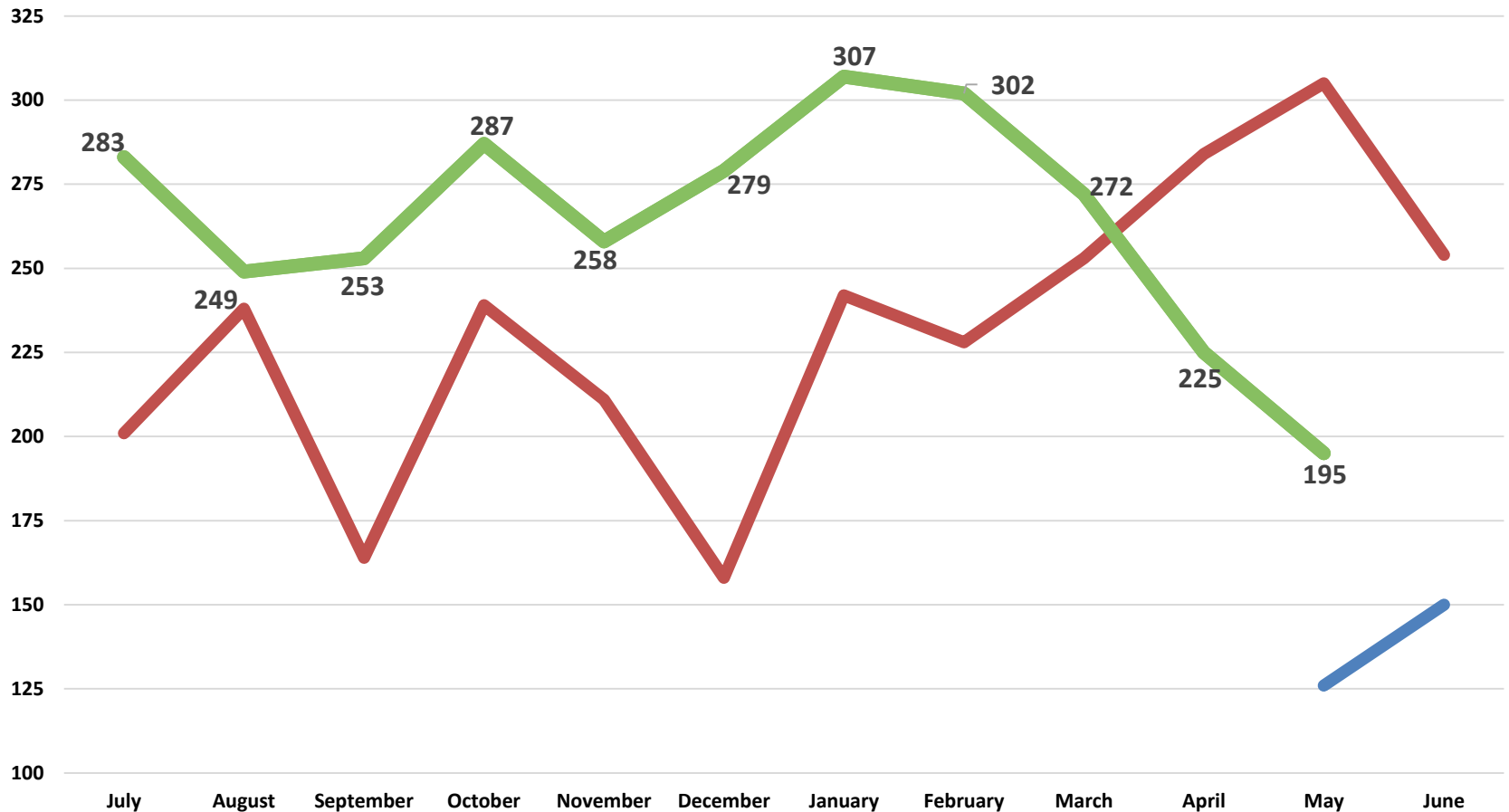
# Dinuba RHC - Registrations



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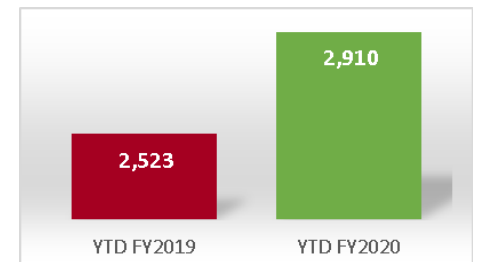


# Neurosurgery Clinic - Registrations

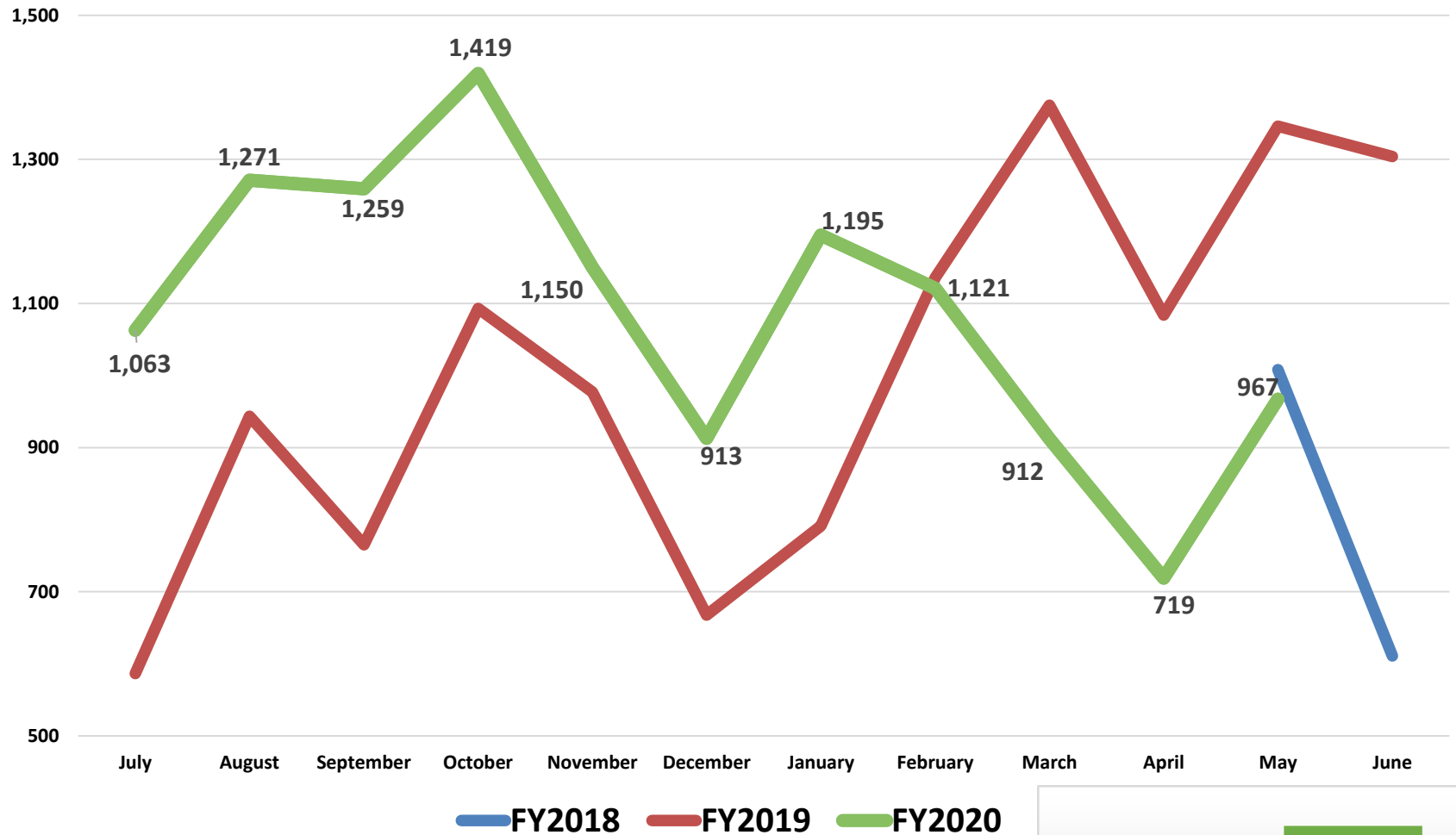


— **FY2018**
— **FY2019**
— **FY2020**

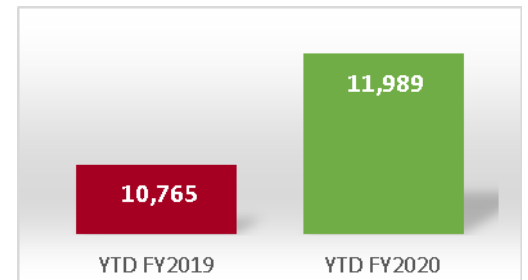
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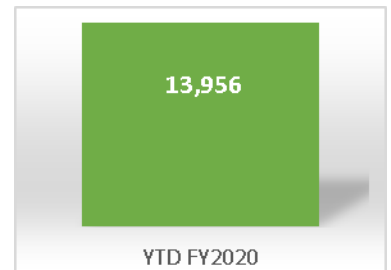
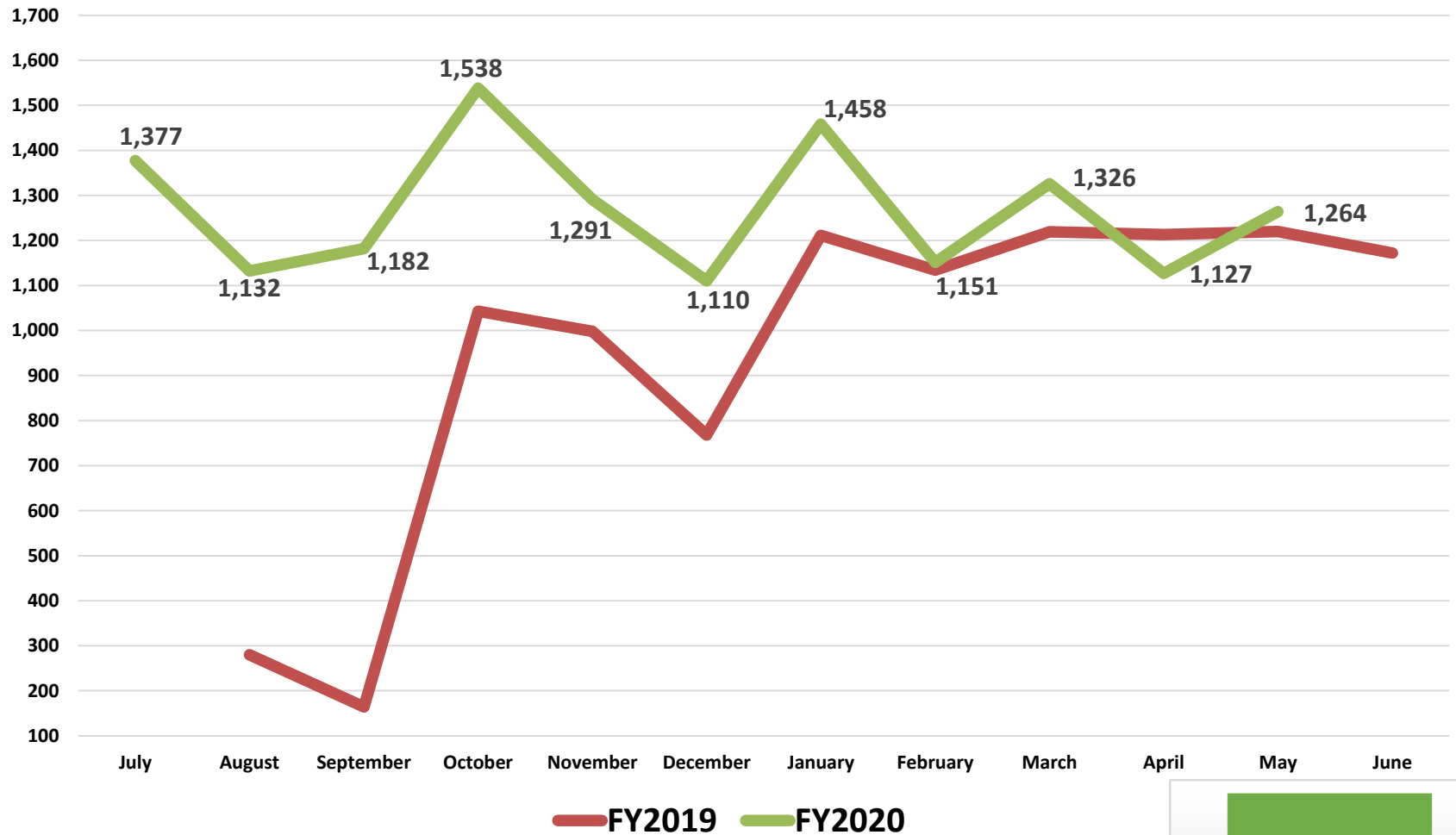
# Neurosurgery Clinic - wRVU's



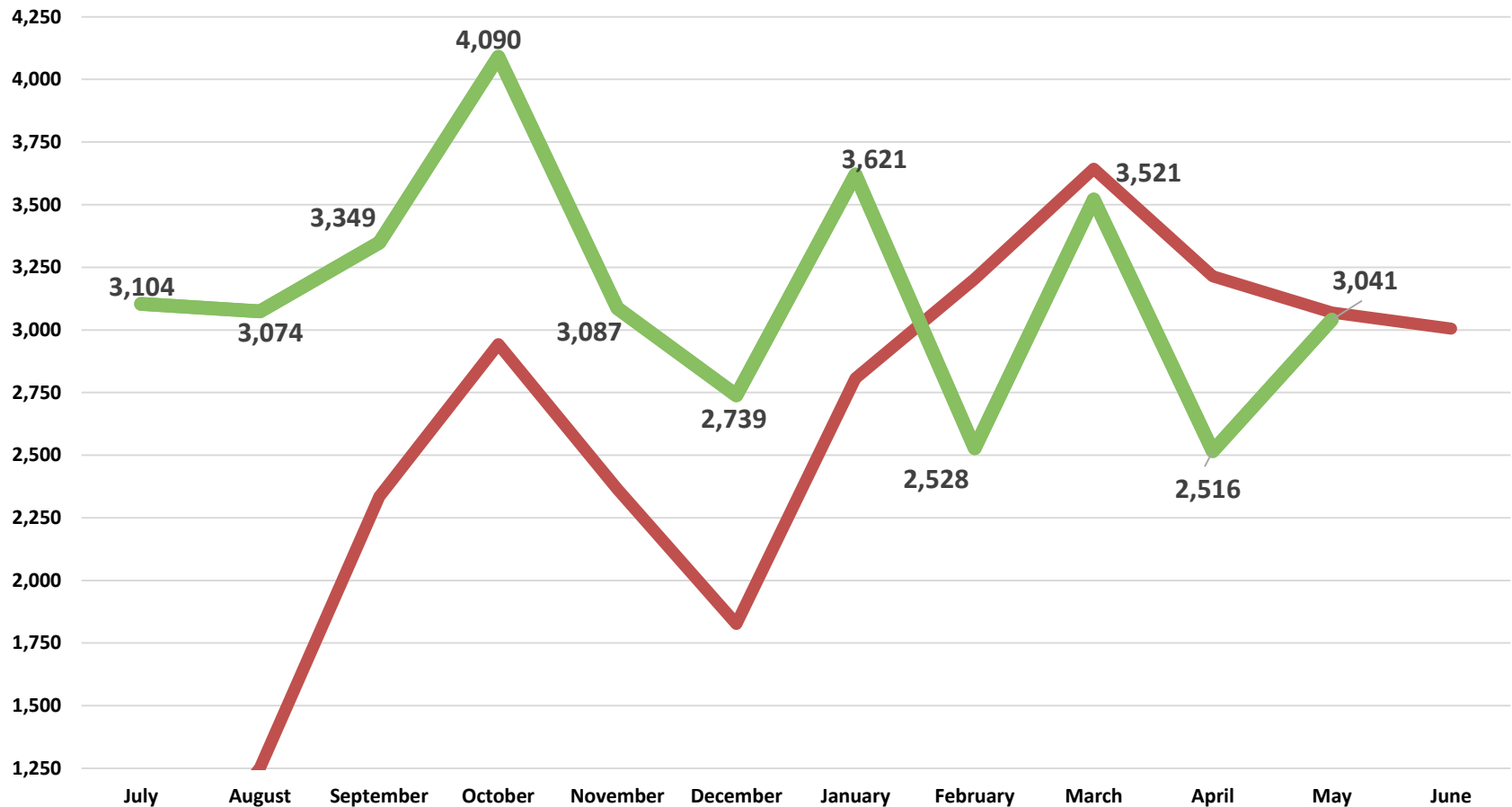
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# Sequoia Cardiology - Registrations

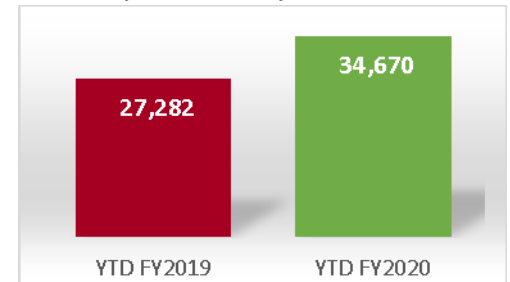


# Sequoia Cardiology – wRVU's

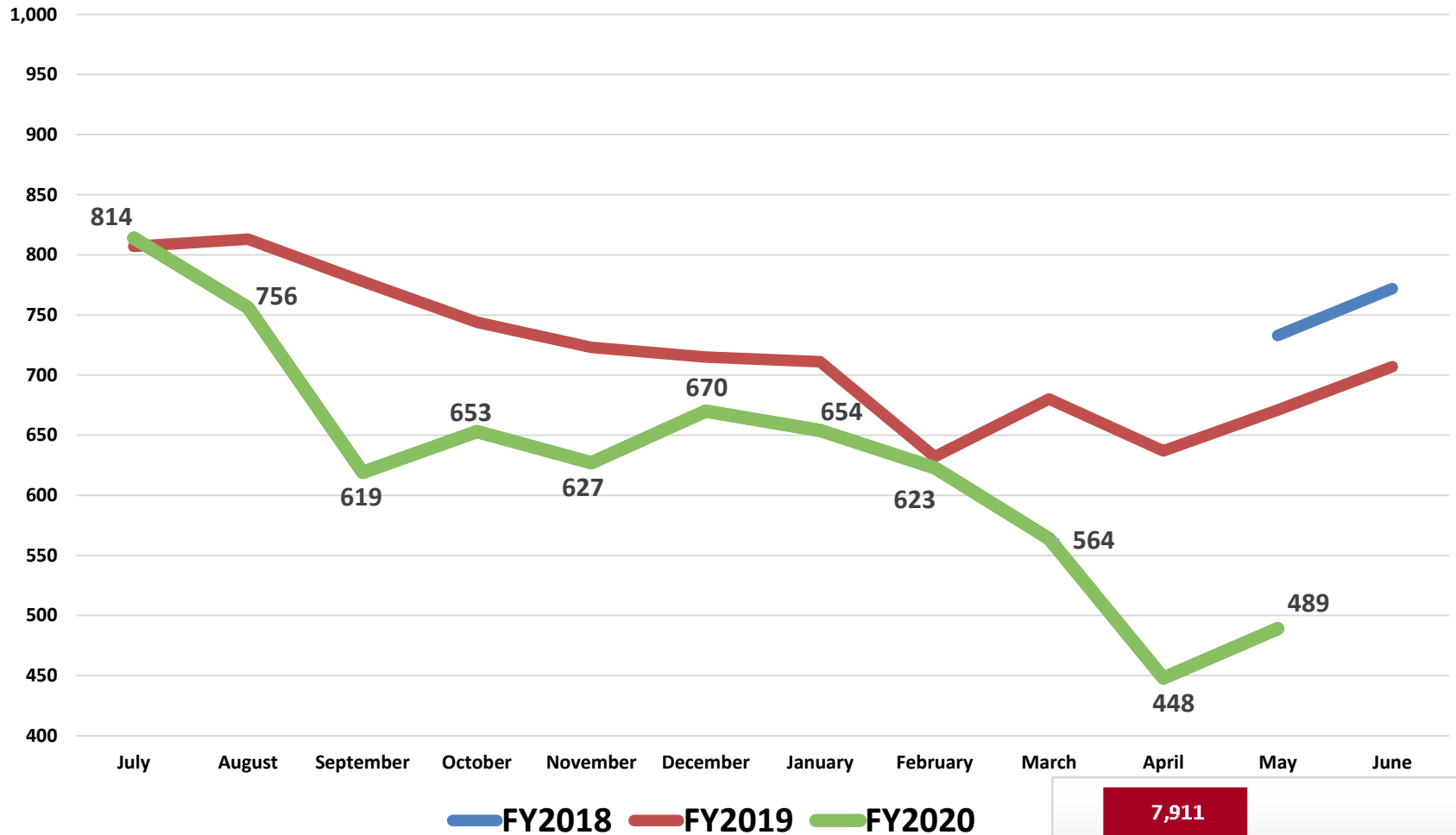


— FY2018 — FY2019 — FY2020

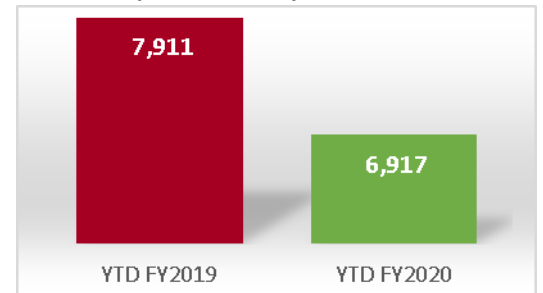
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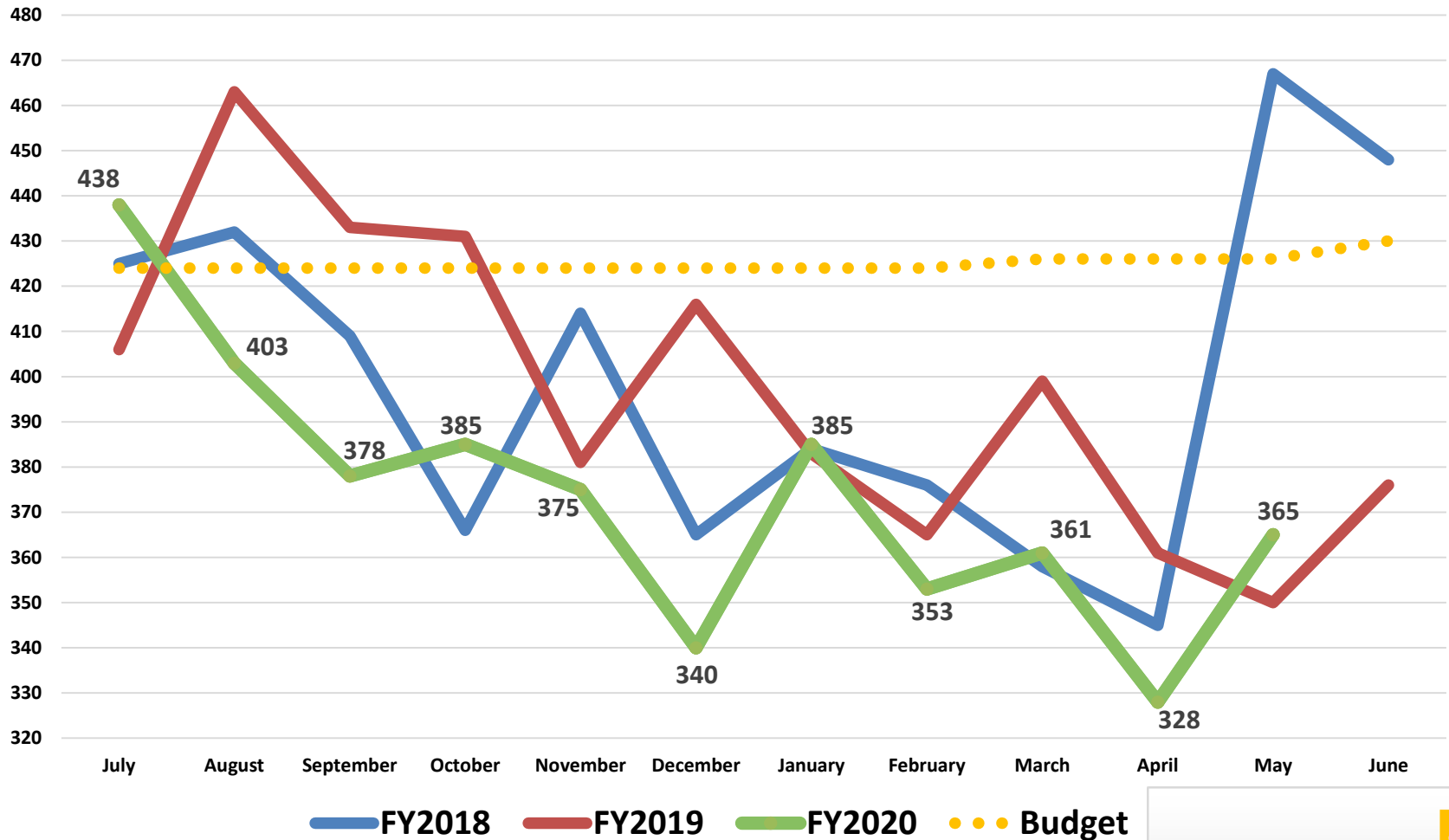
# Labor Triage Registrations



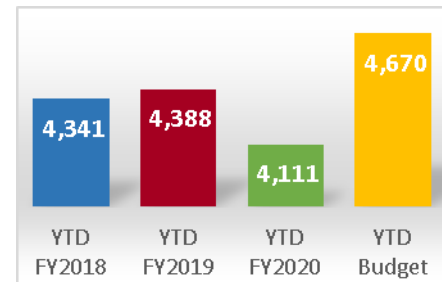
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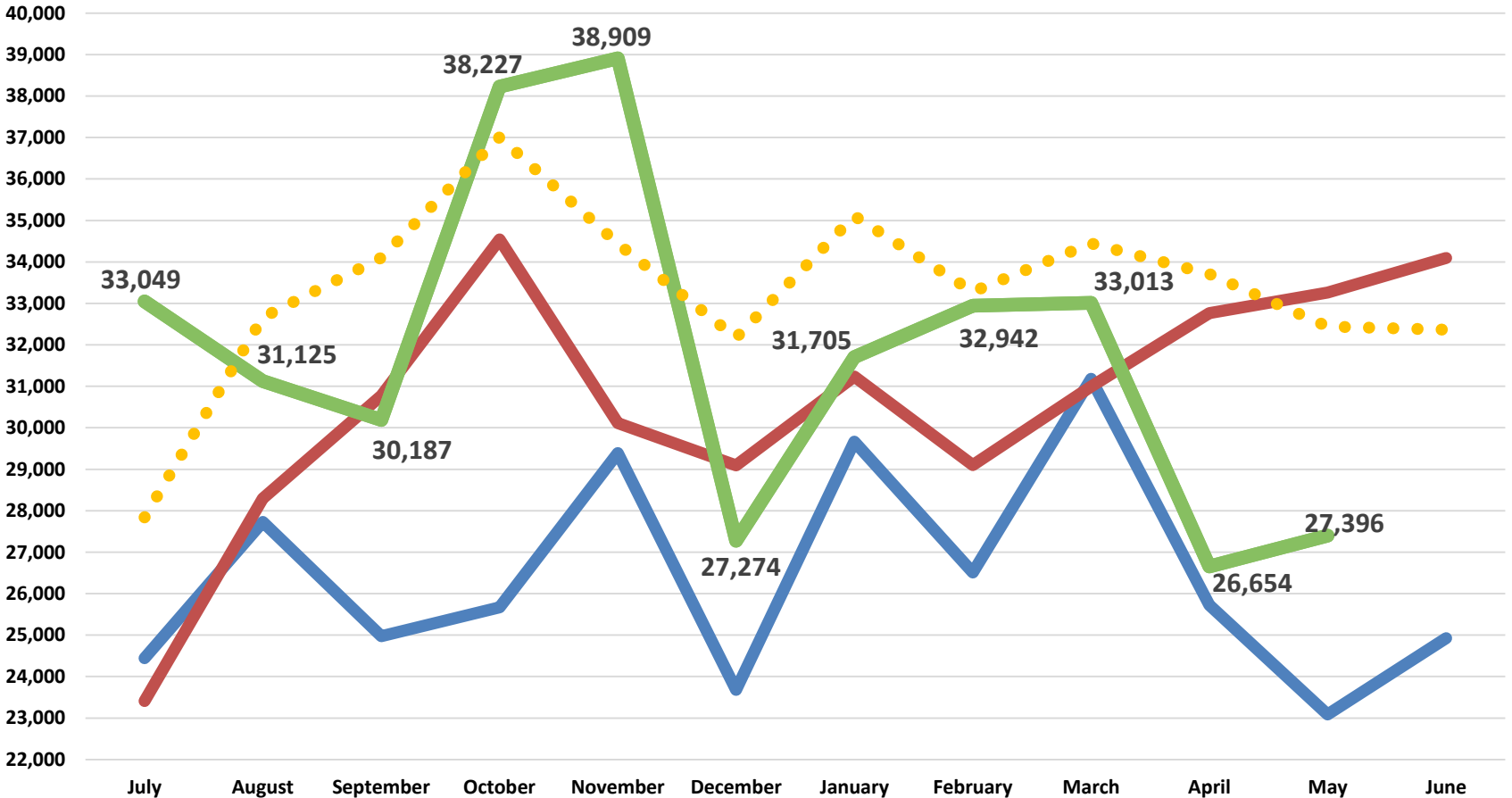
# Deliveries



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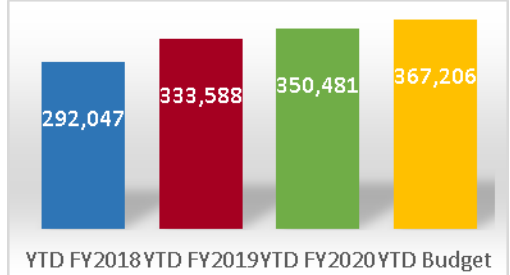


# KDMF RVU's



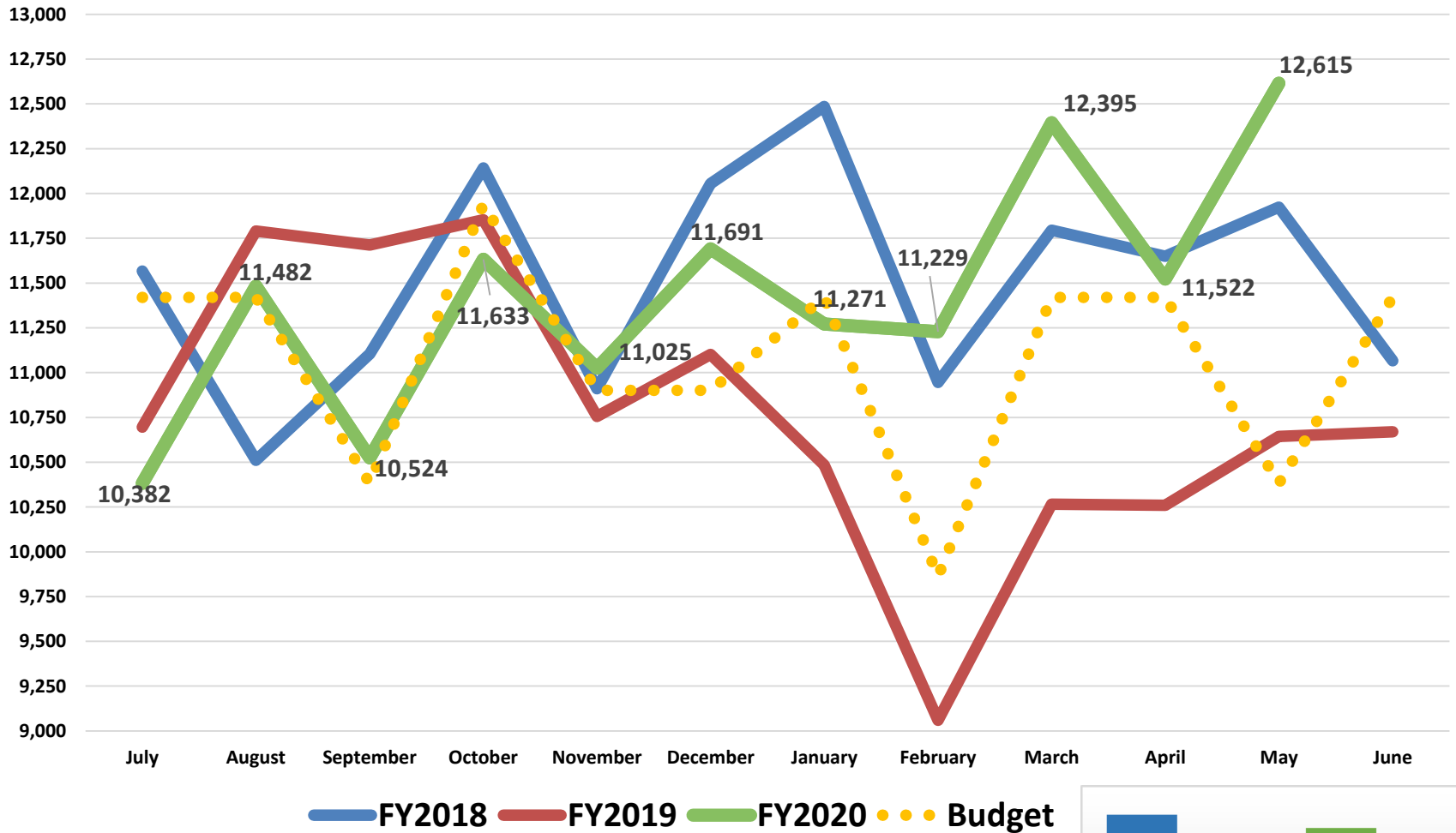
— FY2018 
 — FY2019 
 — FY2020 
 ●● Budget

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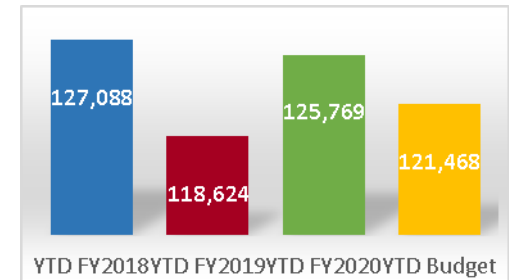




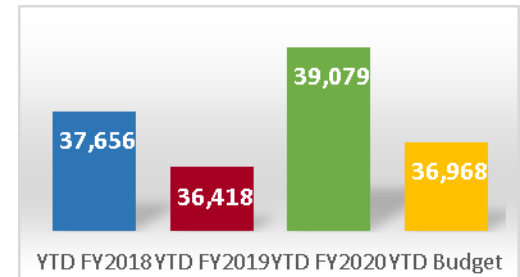
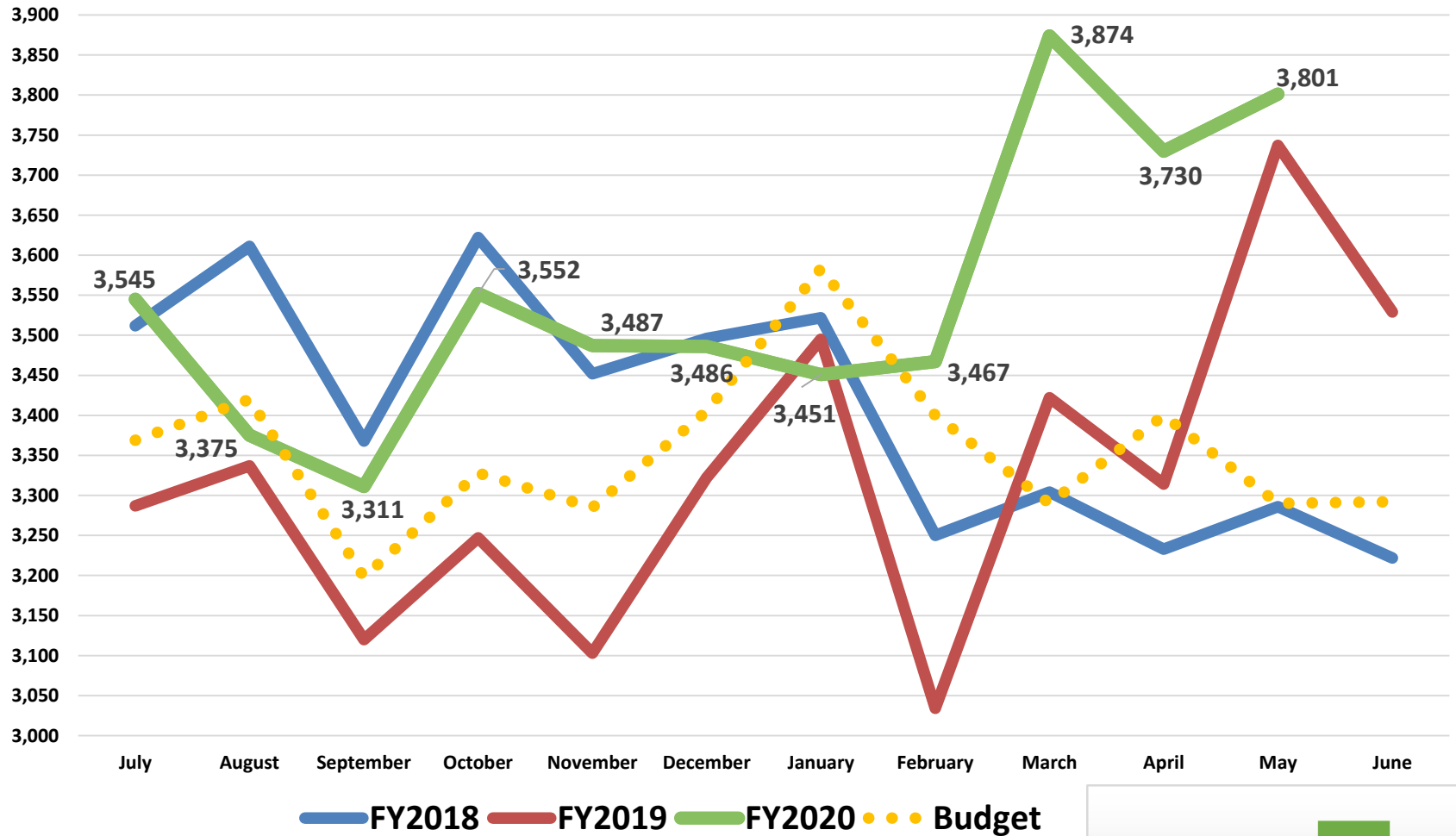
# Home Infusion Days



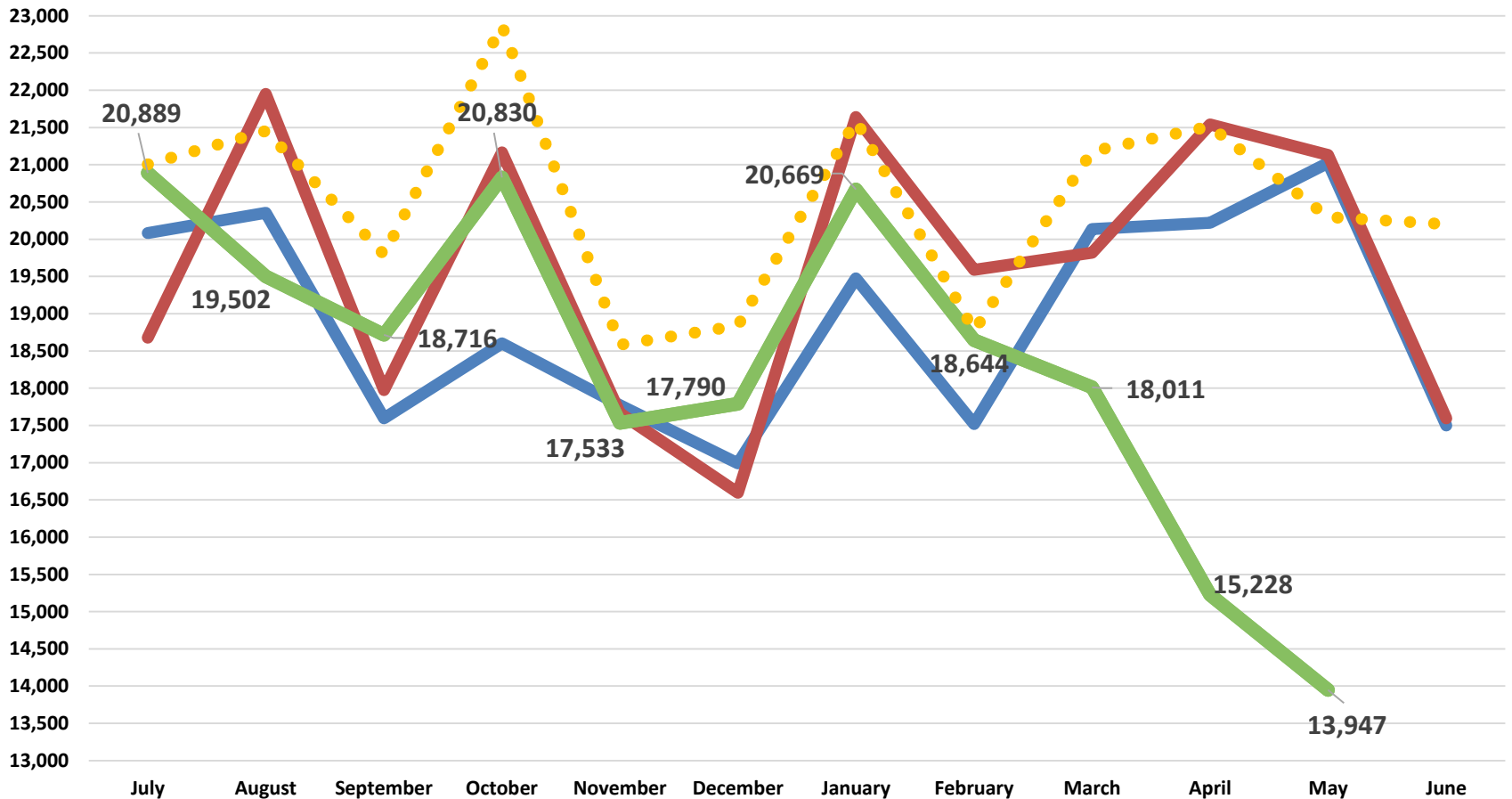
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# Hospice Days

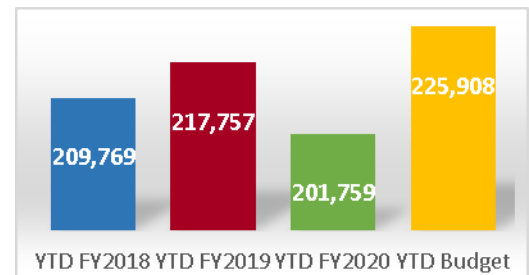


# All O/P Rehab Services Across District

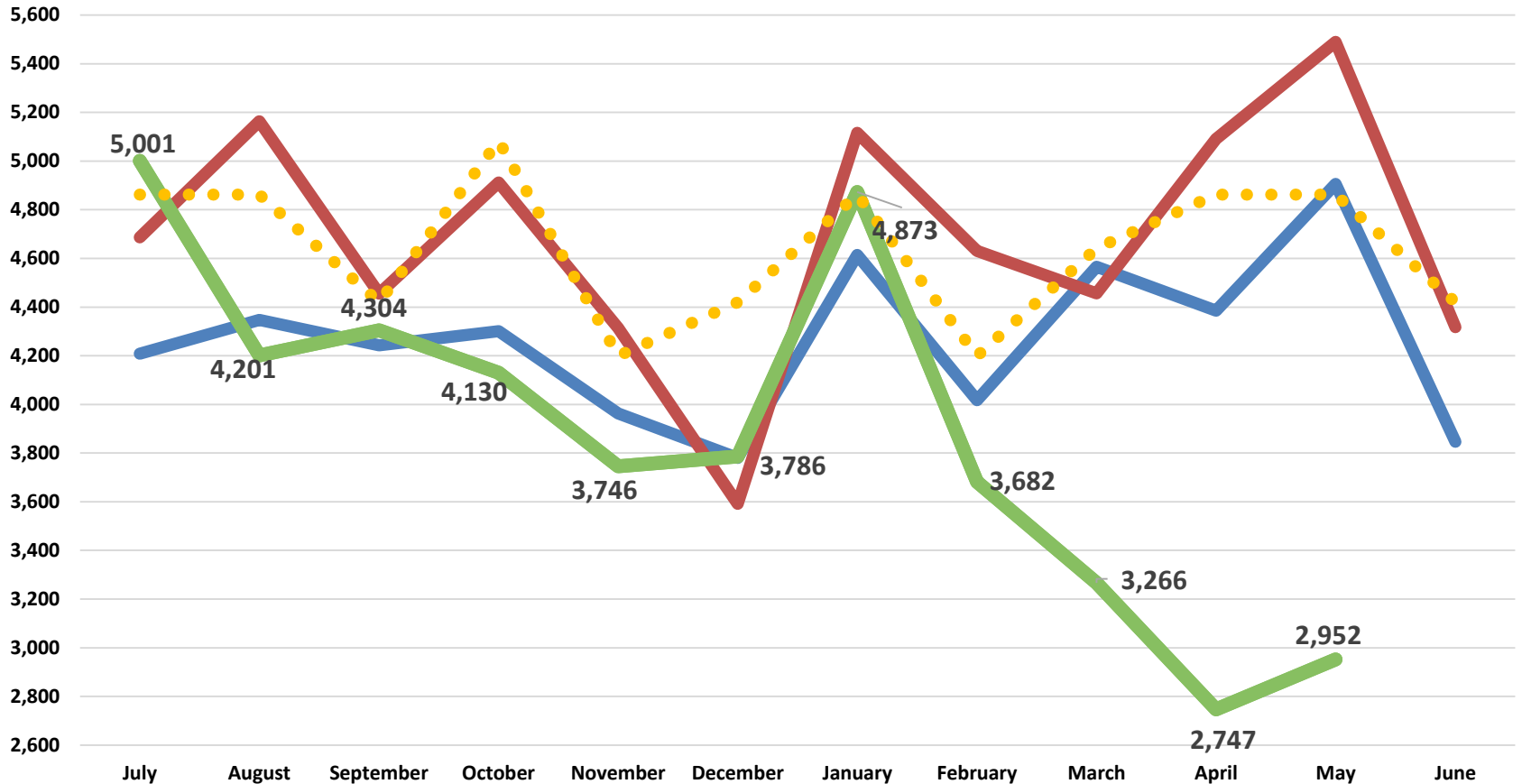


— FY2018 
 — FY2019 
 — FY2020 
 ●● Budget

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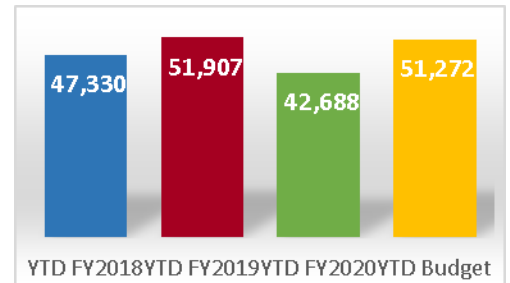


# O/P Rehab Services



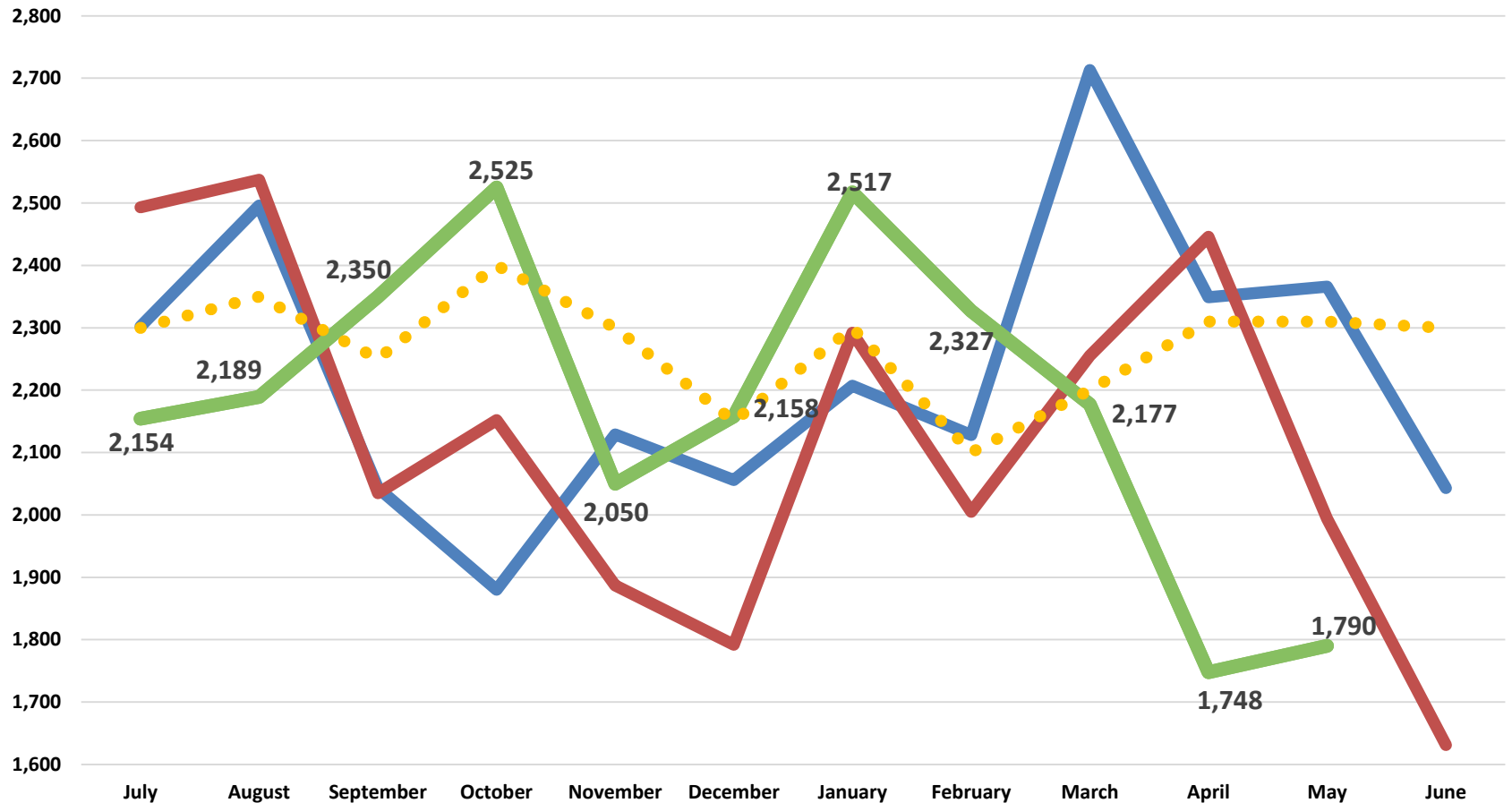
— FY2018 
 — FY2019 
 — FY2020 
 ●● Budget

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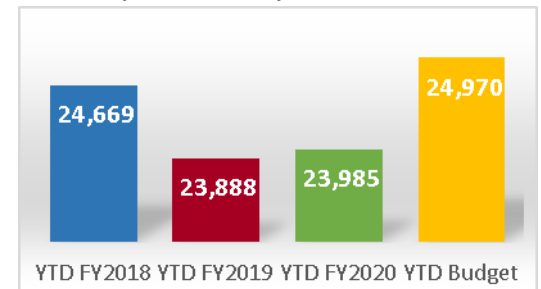
YTD FY2018 YTD FY2019 YTD FY2020 YTD Budget

# O/P Rehab - Exeter

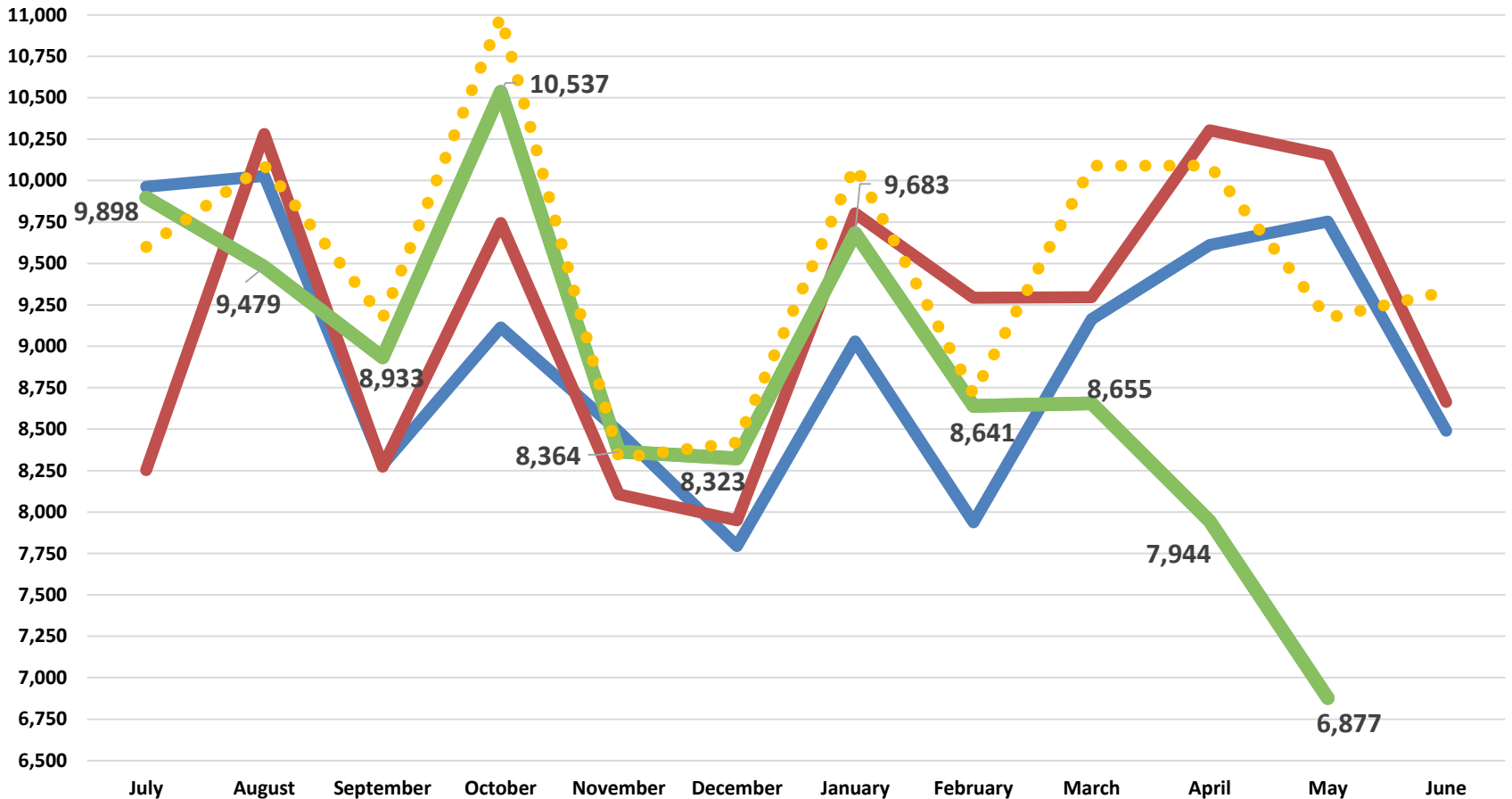


— FY2018 
 — FY2019 
 — FY2020 
 ••• Budget

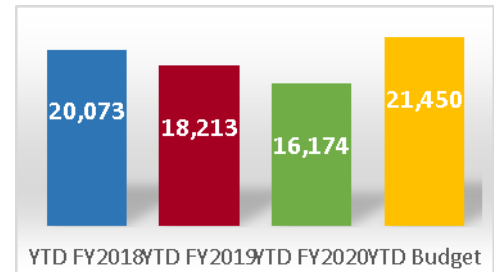
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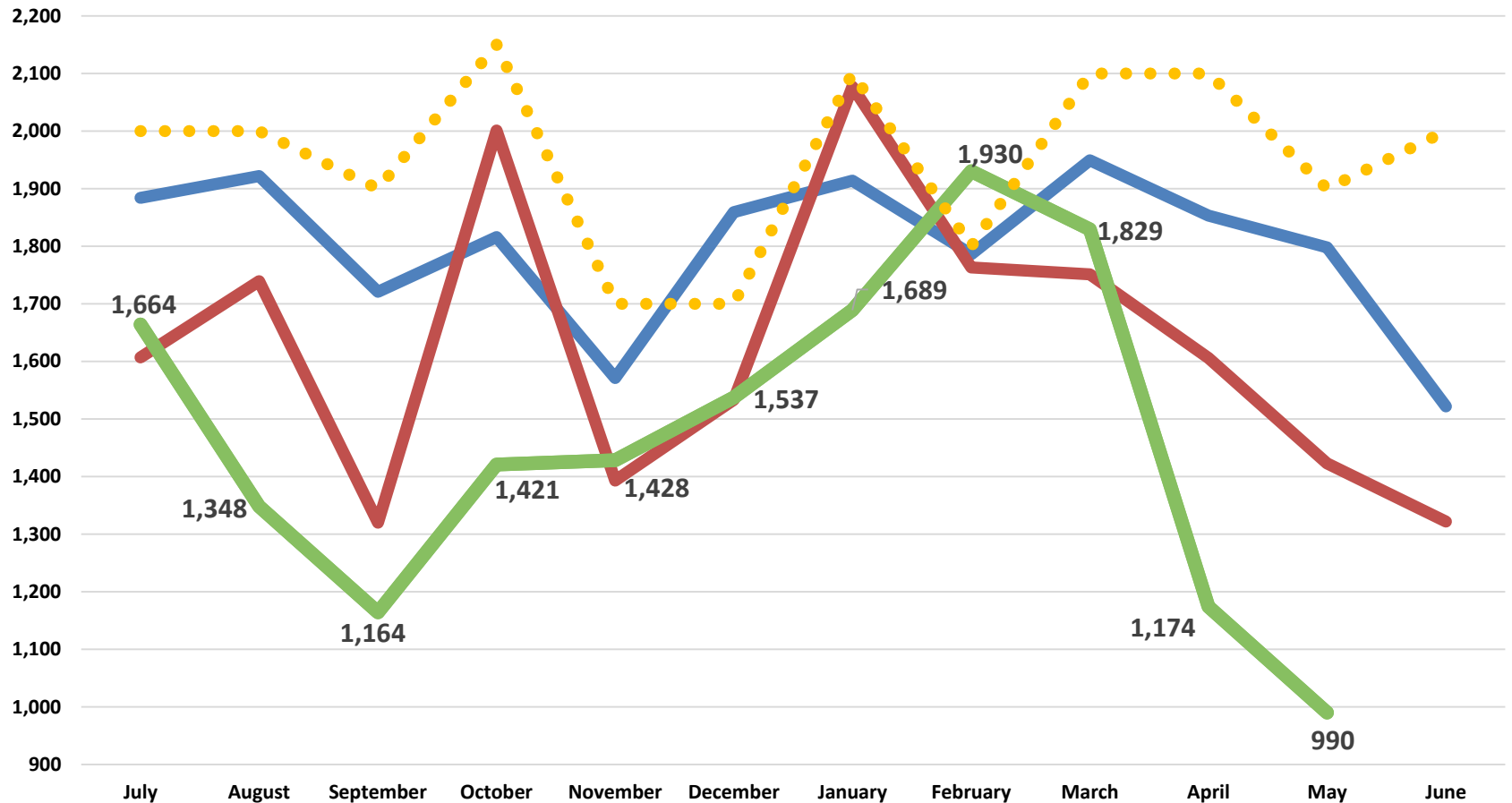
# O/P Rehab - Akers



— FY2018 
 — FY2019 
 — FY2020 
 ●● Budget

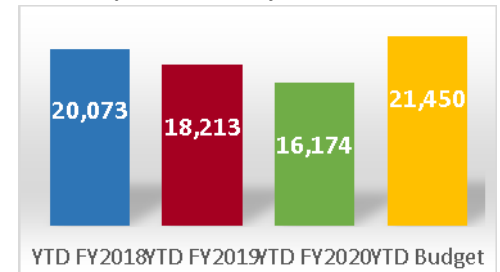


# O/P Rehab - LLOPT



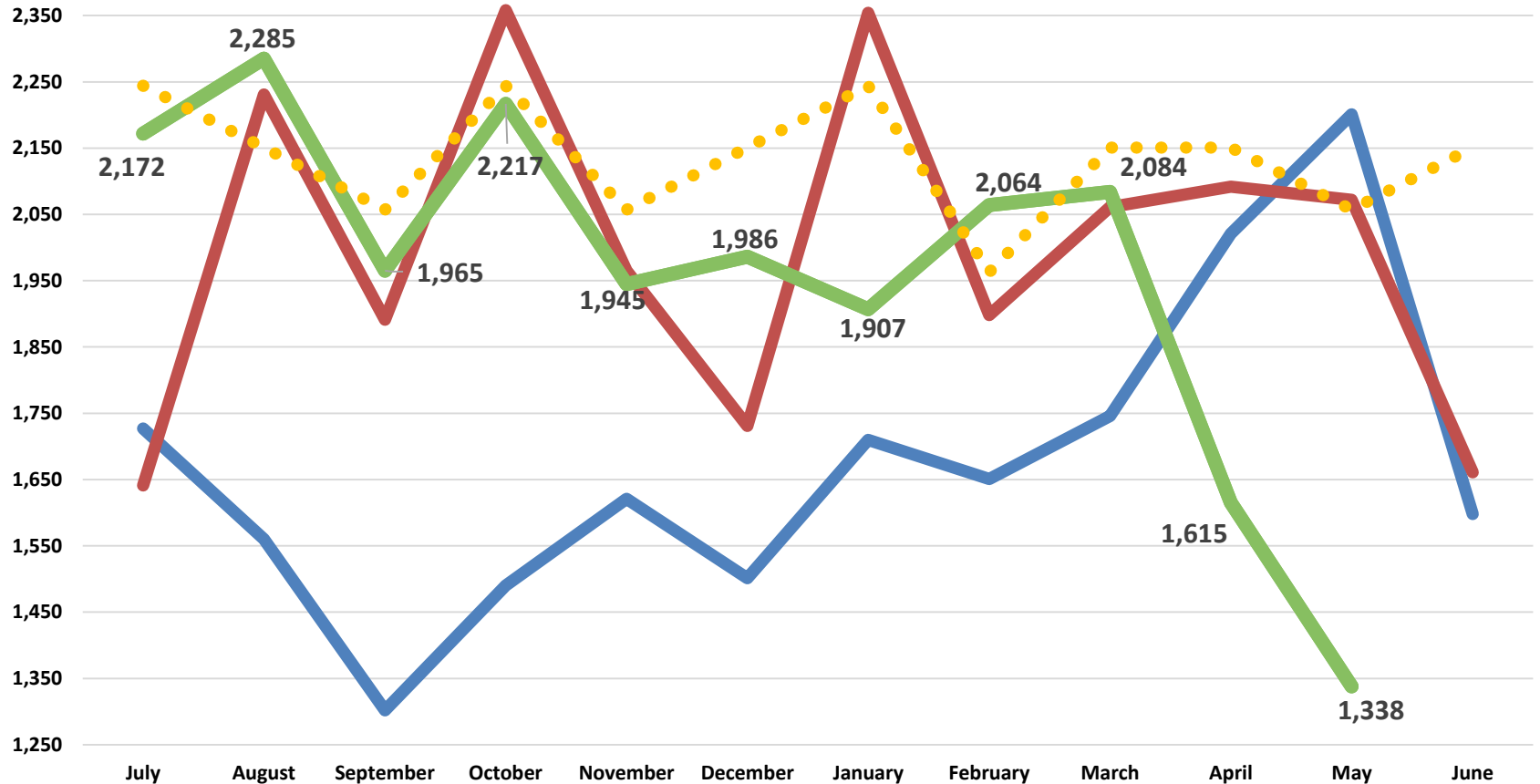
— FY2018 
 — FY2019 
 — FY2020 
 ●● Budget

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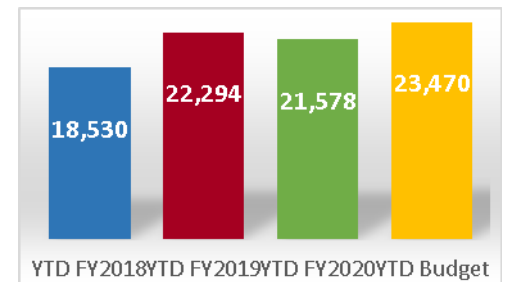
YTD FY2018 YTD FY2019 YTD FY2020 YTD Budget

# O/P Rehab - Dinuba



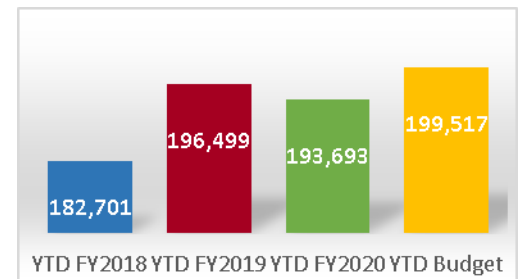
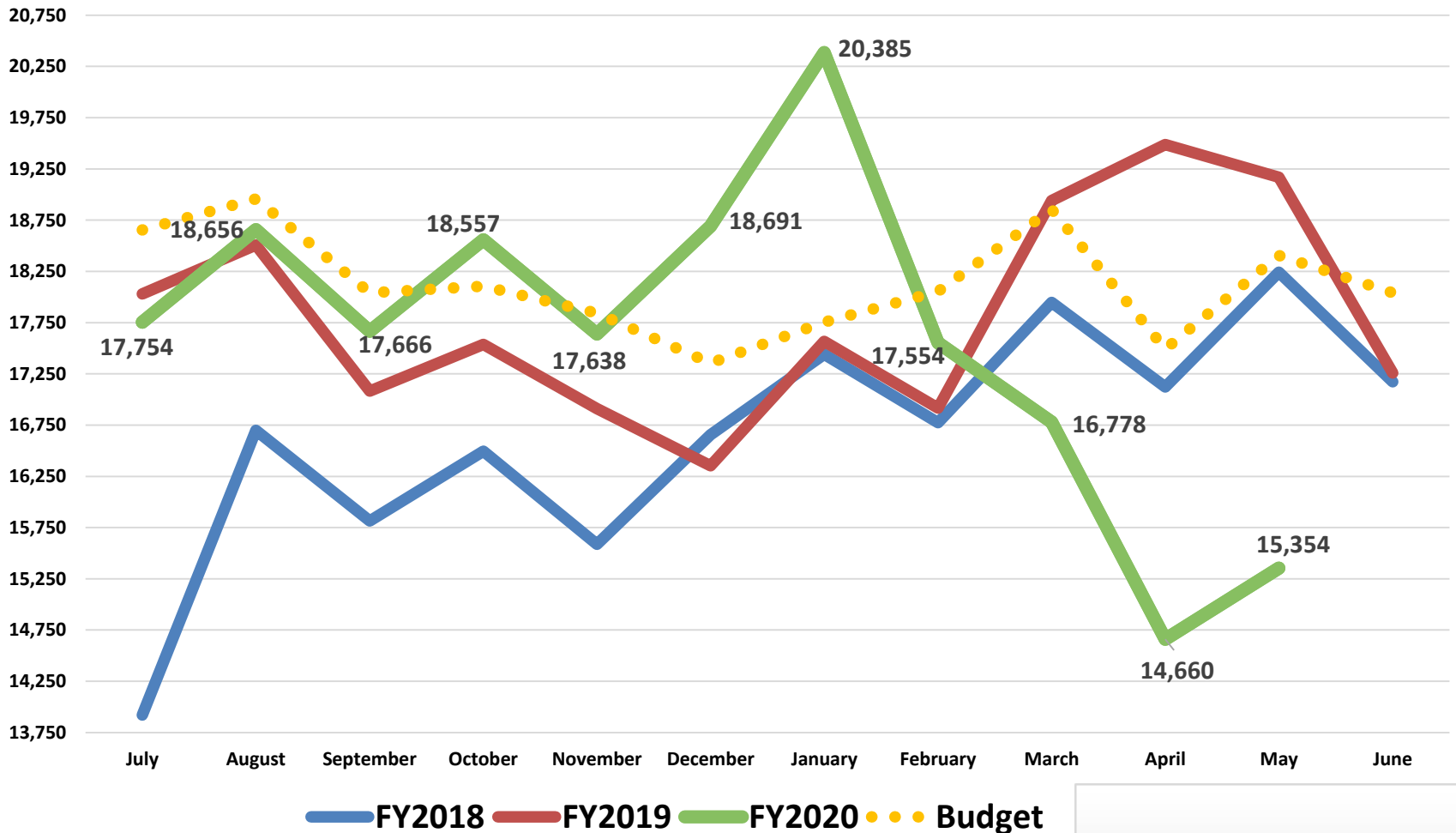
— FY2018 
 — FY2019 
 — FY2020 
 ●●● Budget

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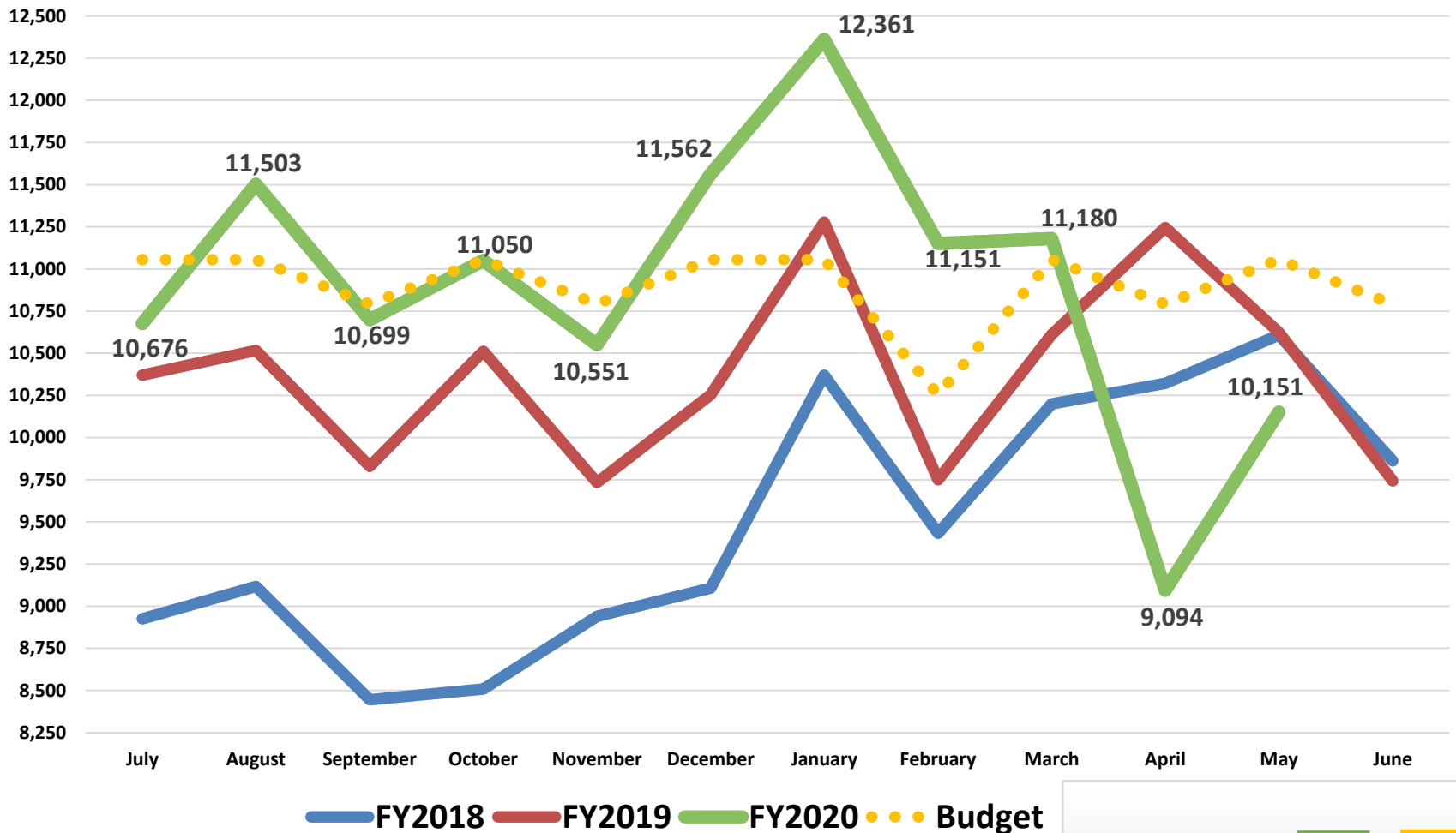




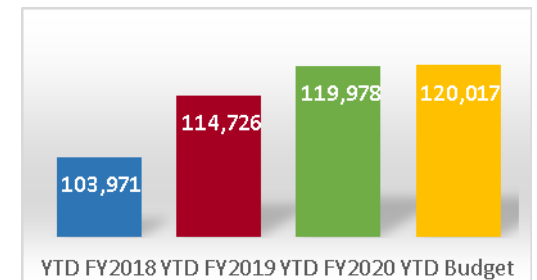
# Physical & Other Therapy Units (I/P & O/P)



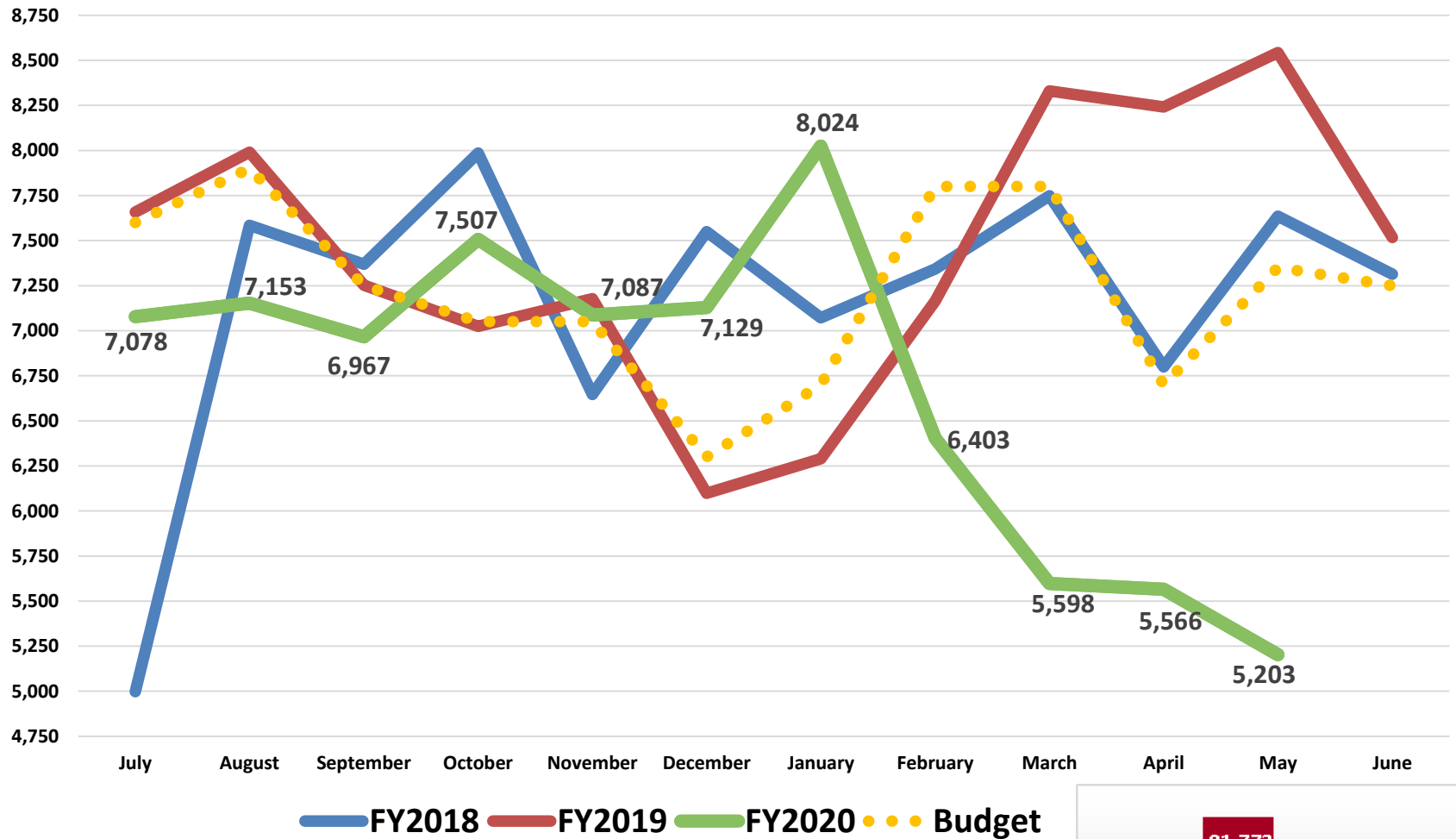
# Physical & Other Therapy Units (I/P & O/P)-Main Campus



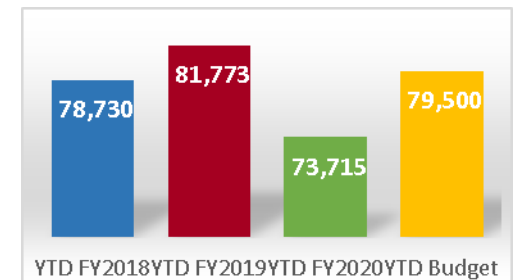
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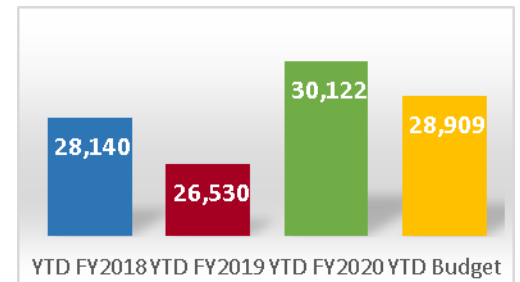
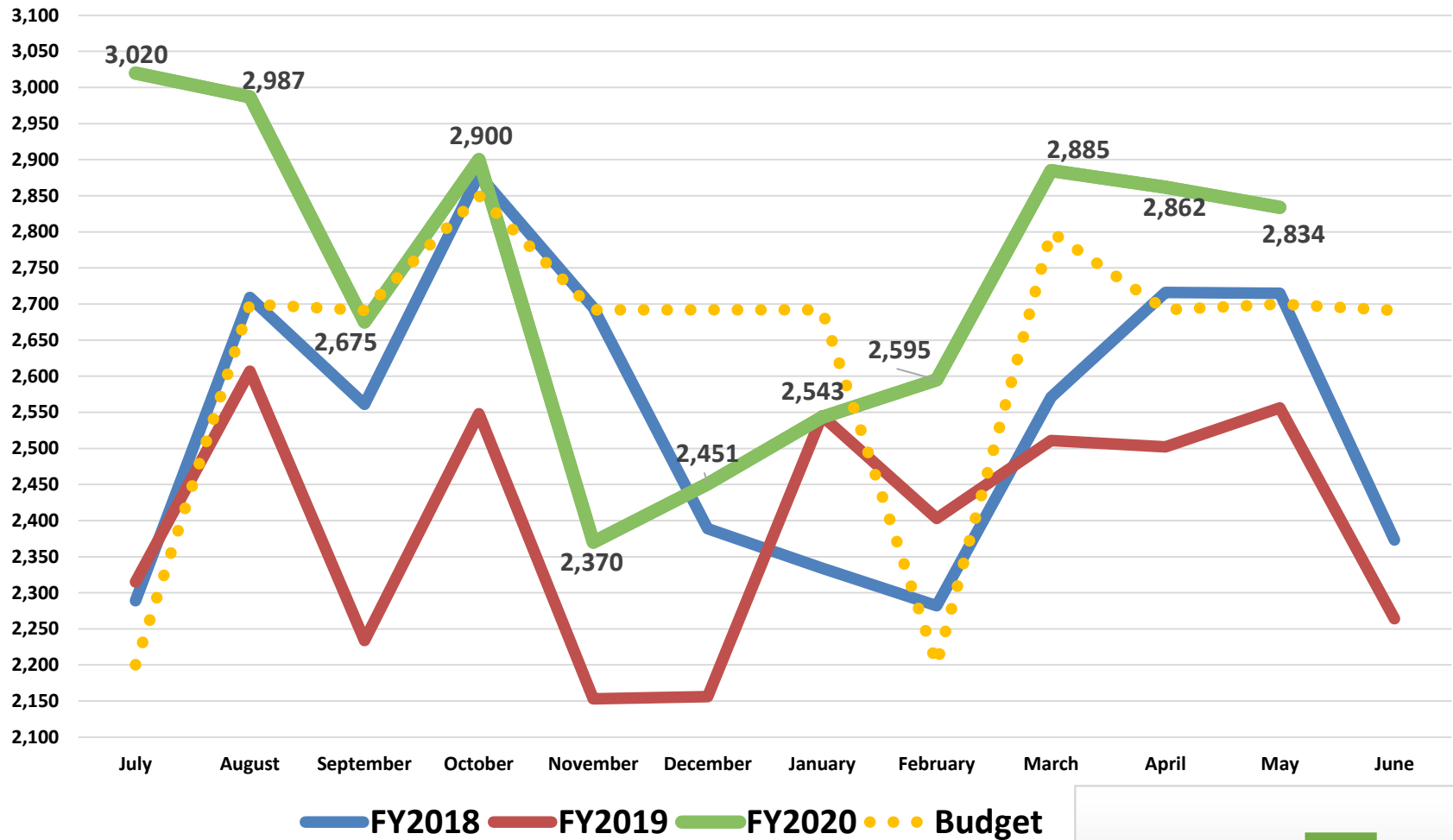
# Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



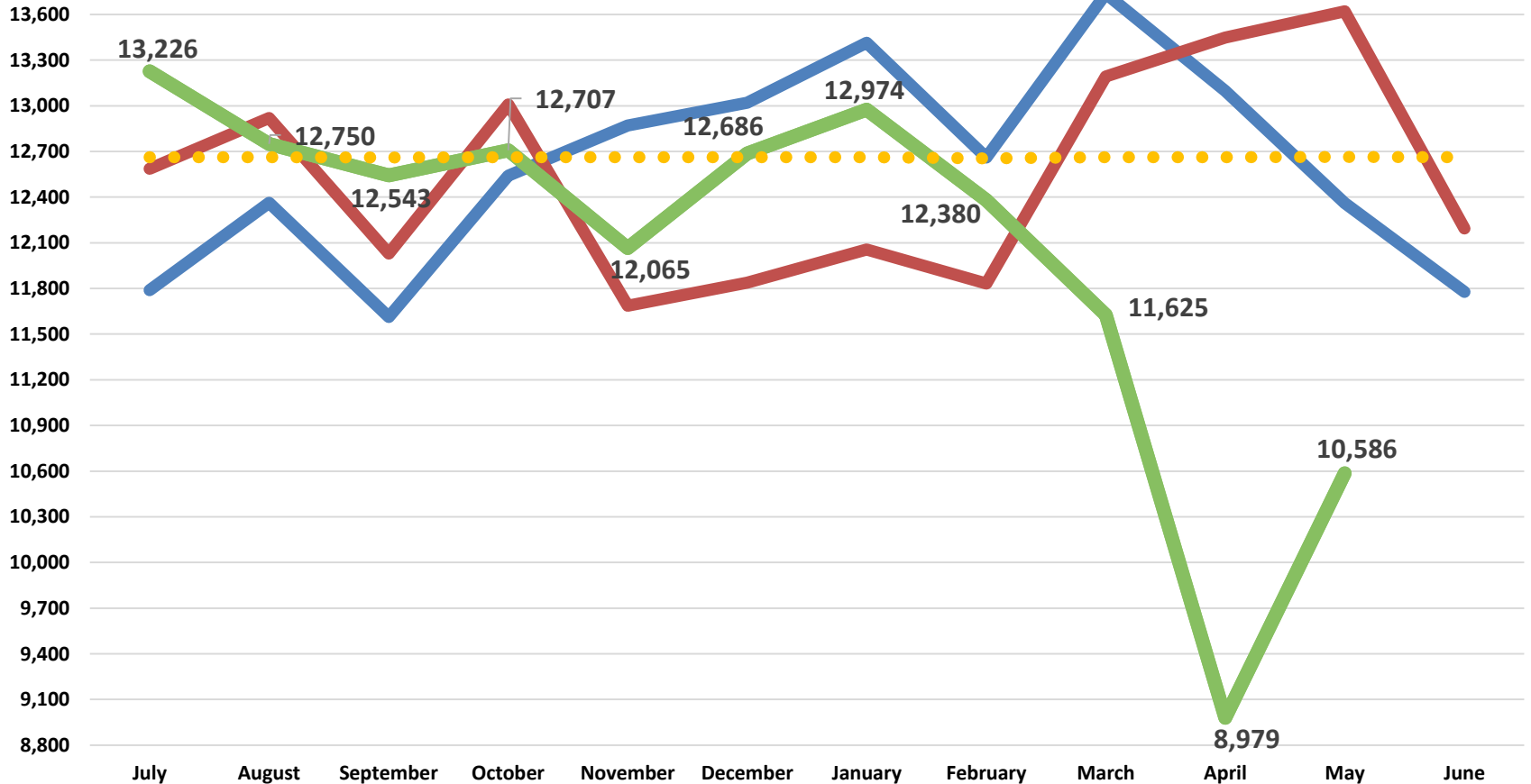
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# Home Health Visits

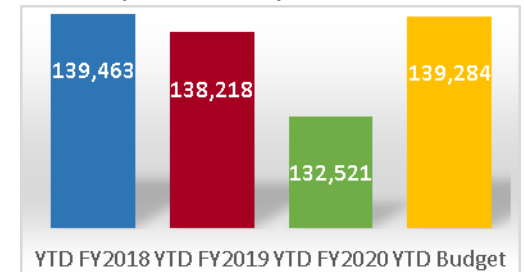


# Radiology – Main Campus

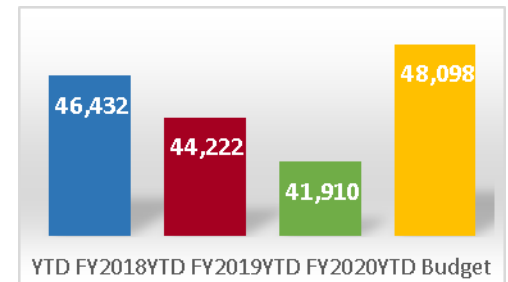
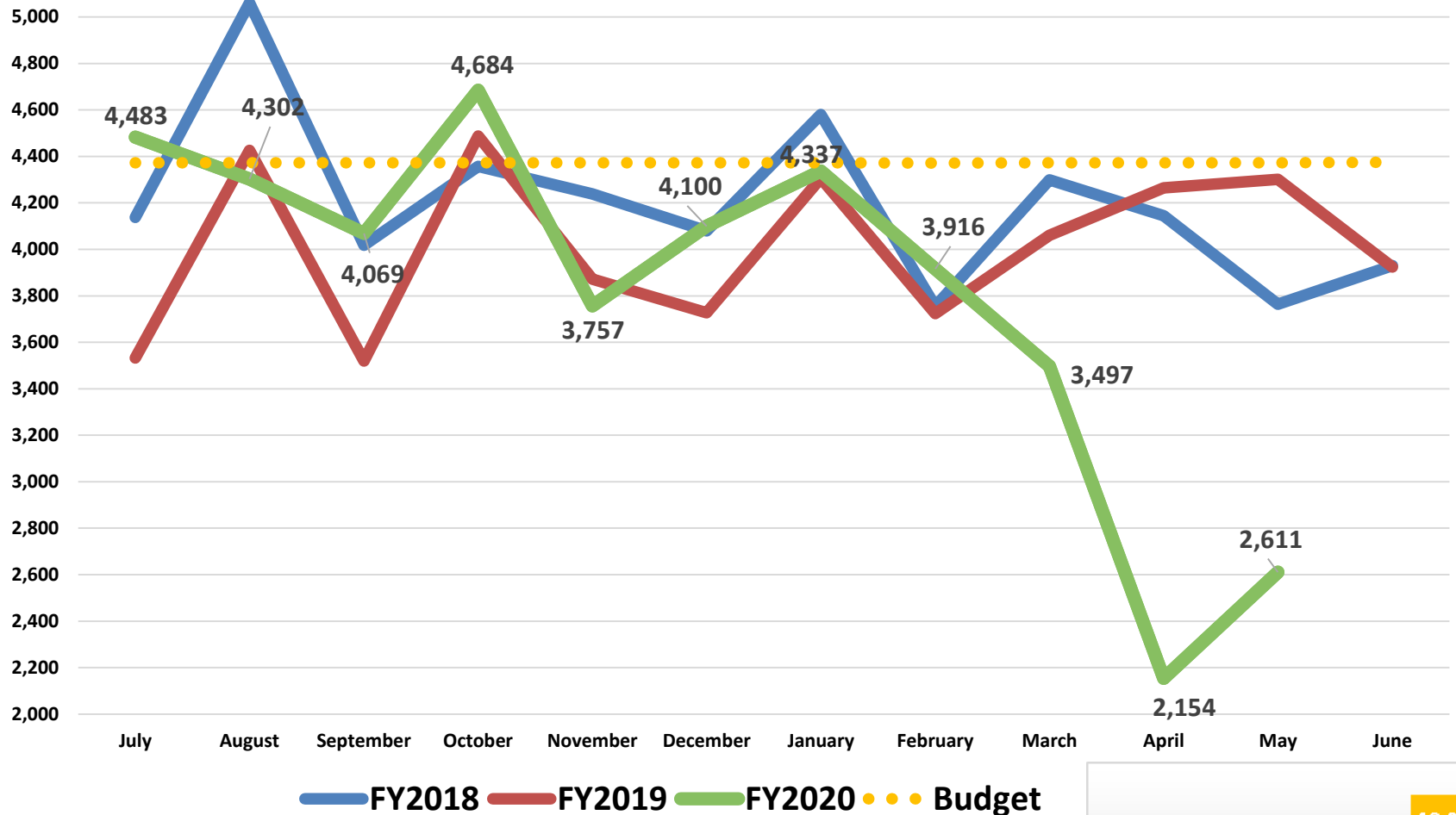


— FY2018 
 — FY2019 
 — FY2020 
 ●●● Budget

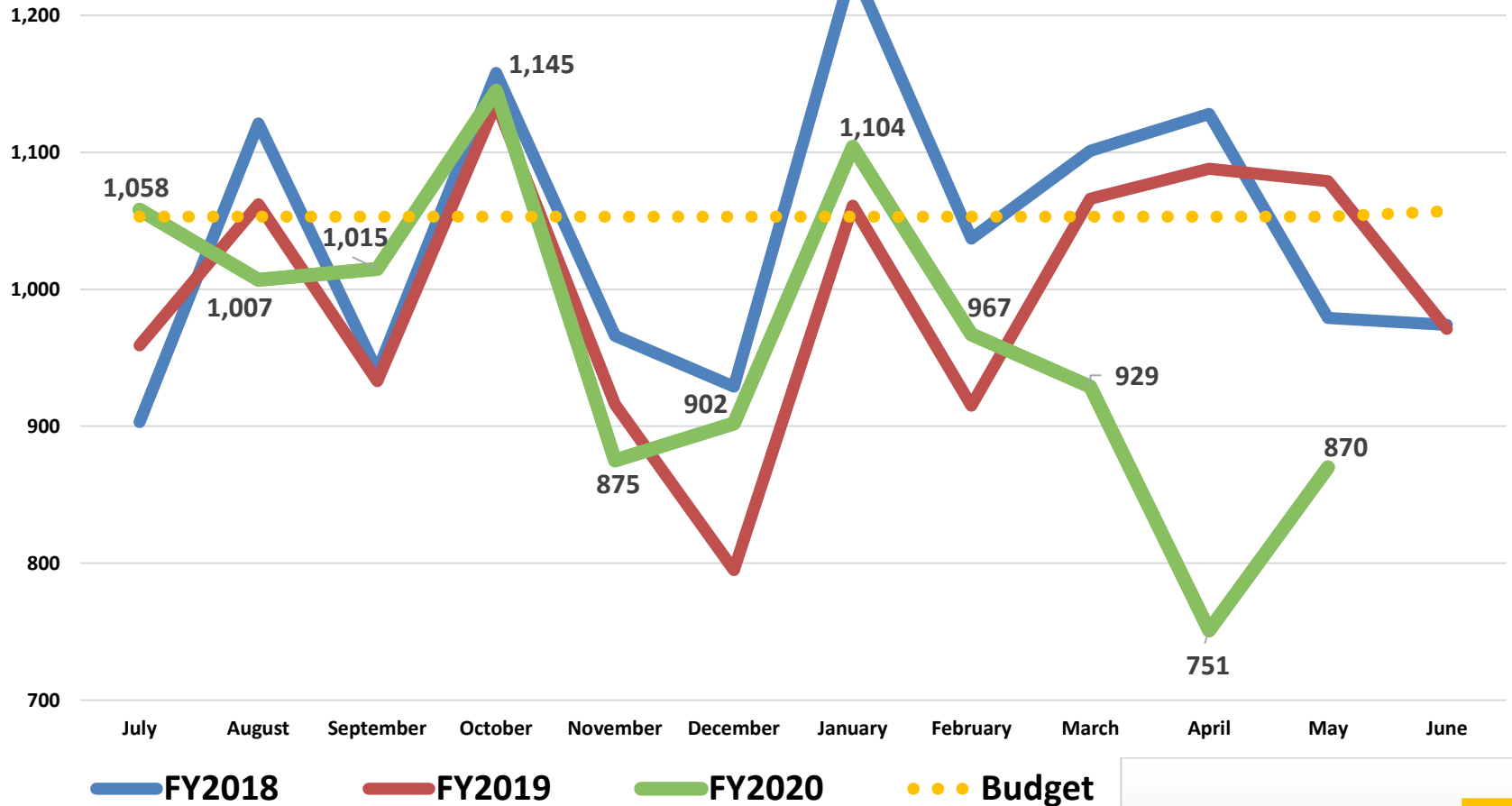
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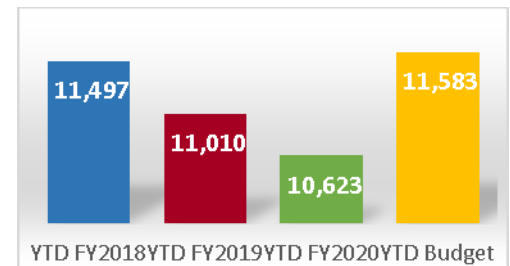
# Radiology – West Campus Imaging



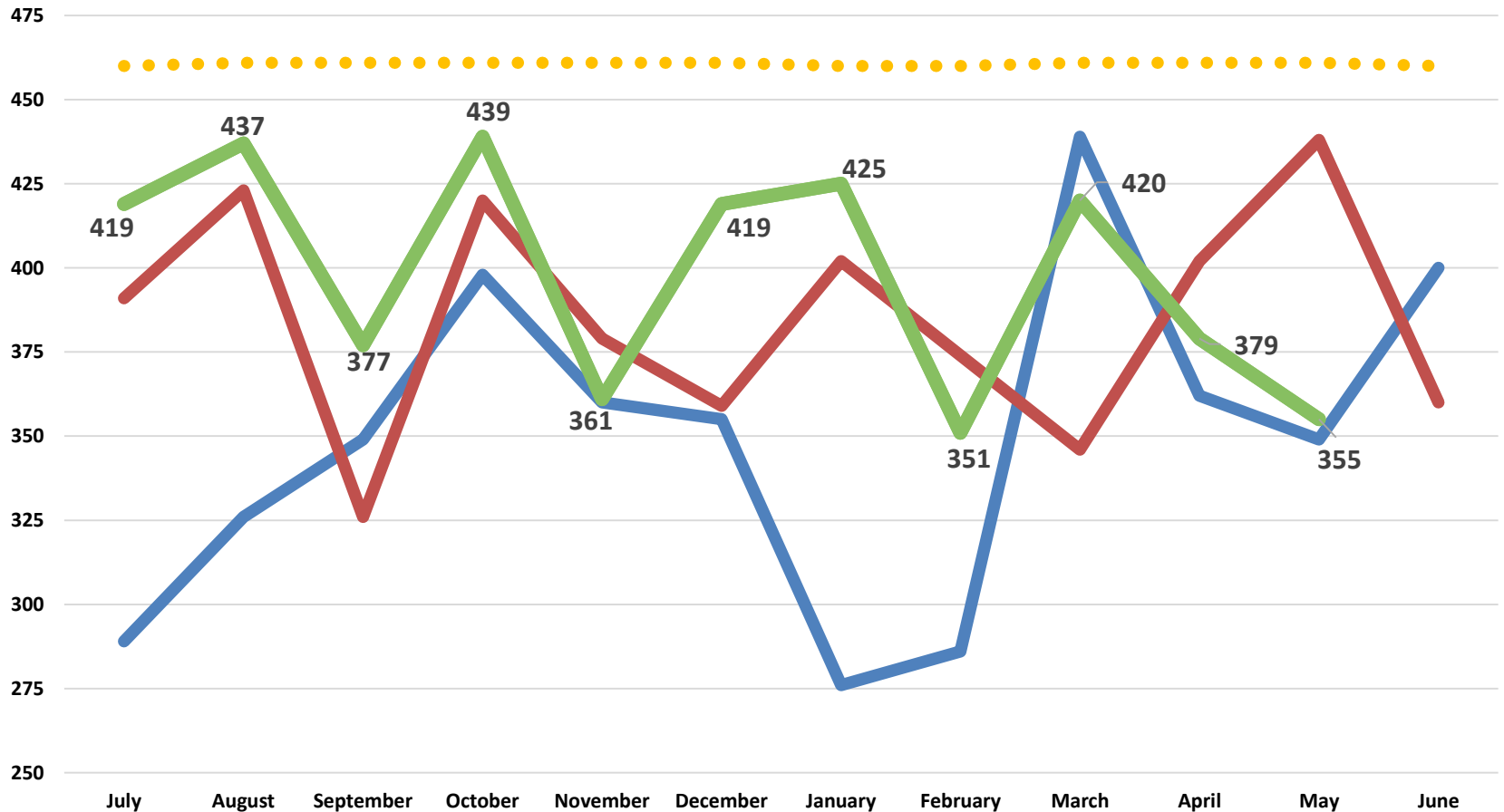
# West Campus – Diagnostic Radiology



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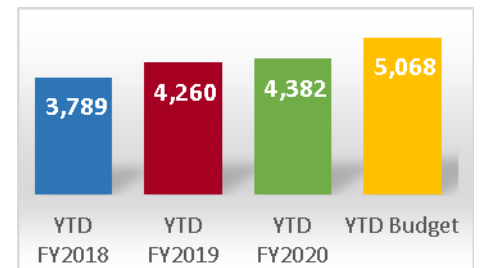


# West Campus – CT Scan



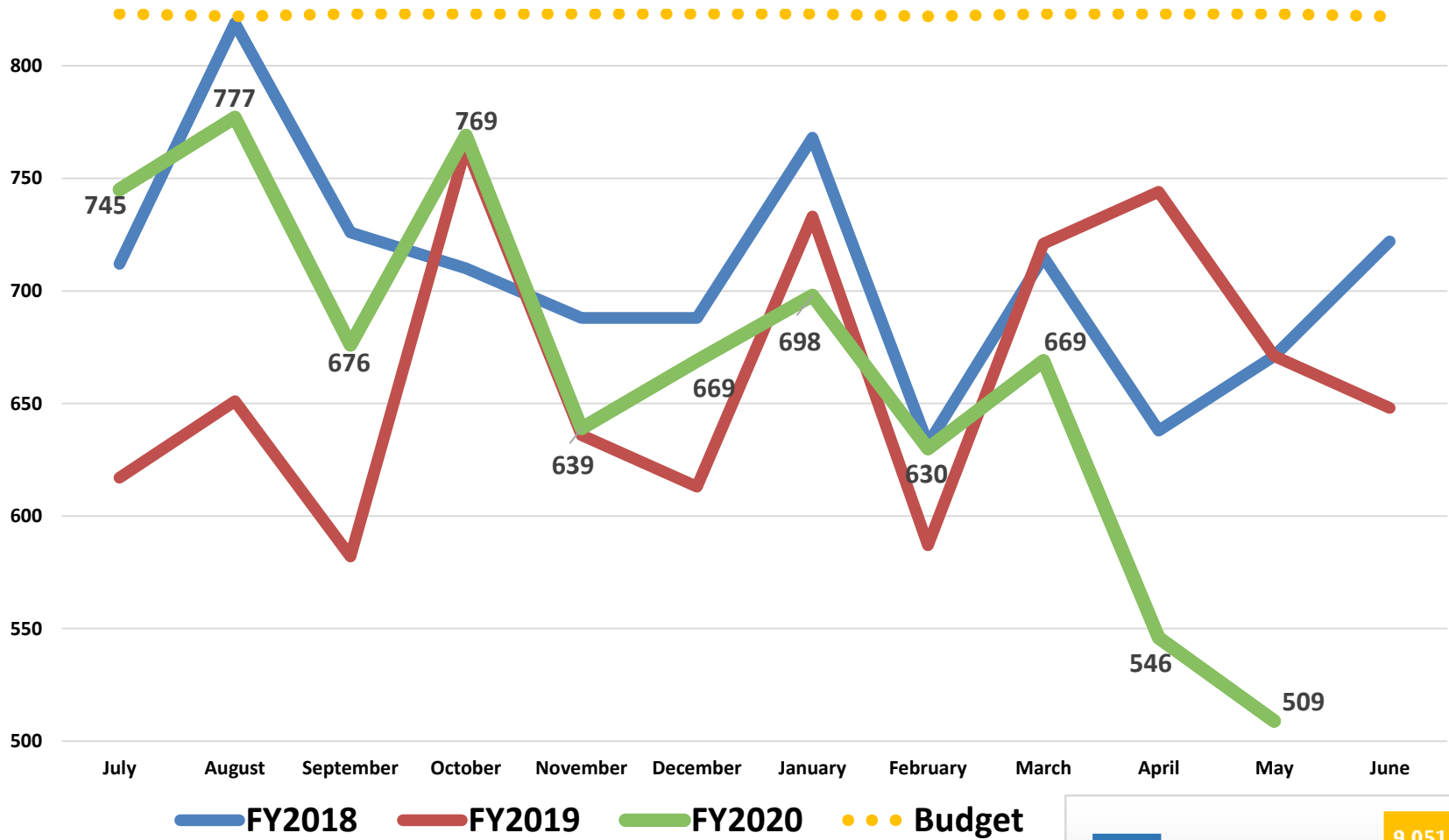
— **FY2018**    
 — **FY2019**    
 — **FY2020**    
 ●●● **Budget**

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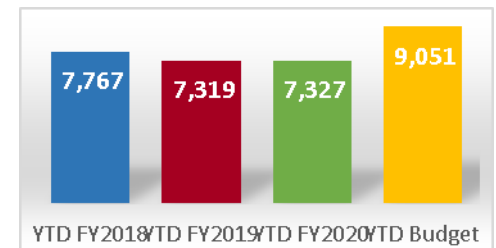




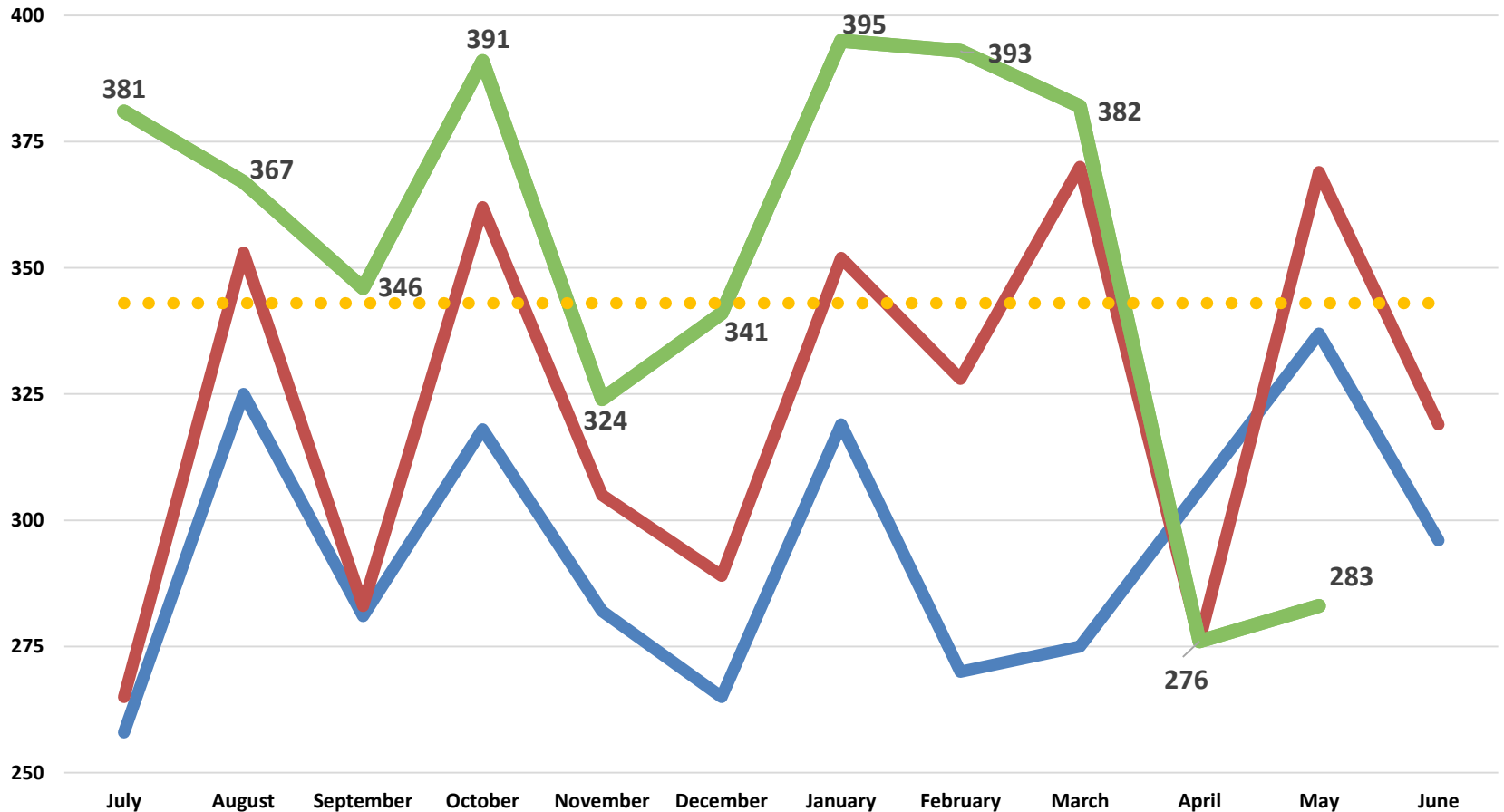
# West Campus - Ultrasound



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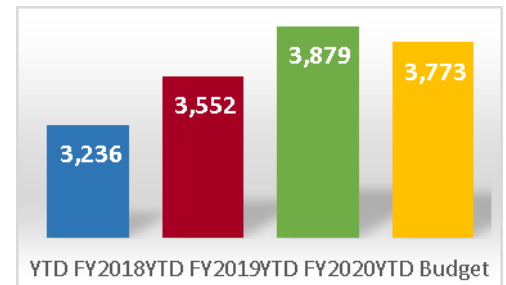


# West Campus - MRI

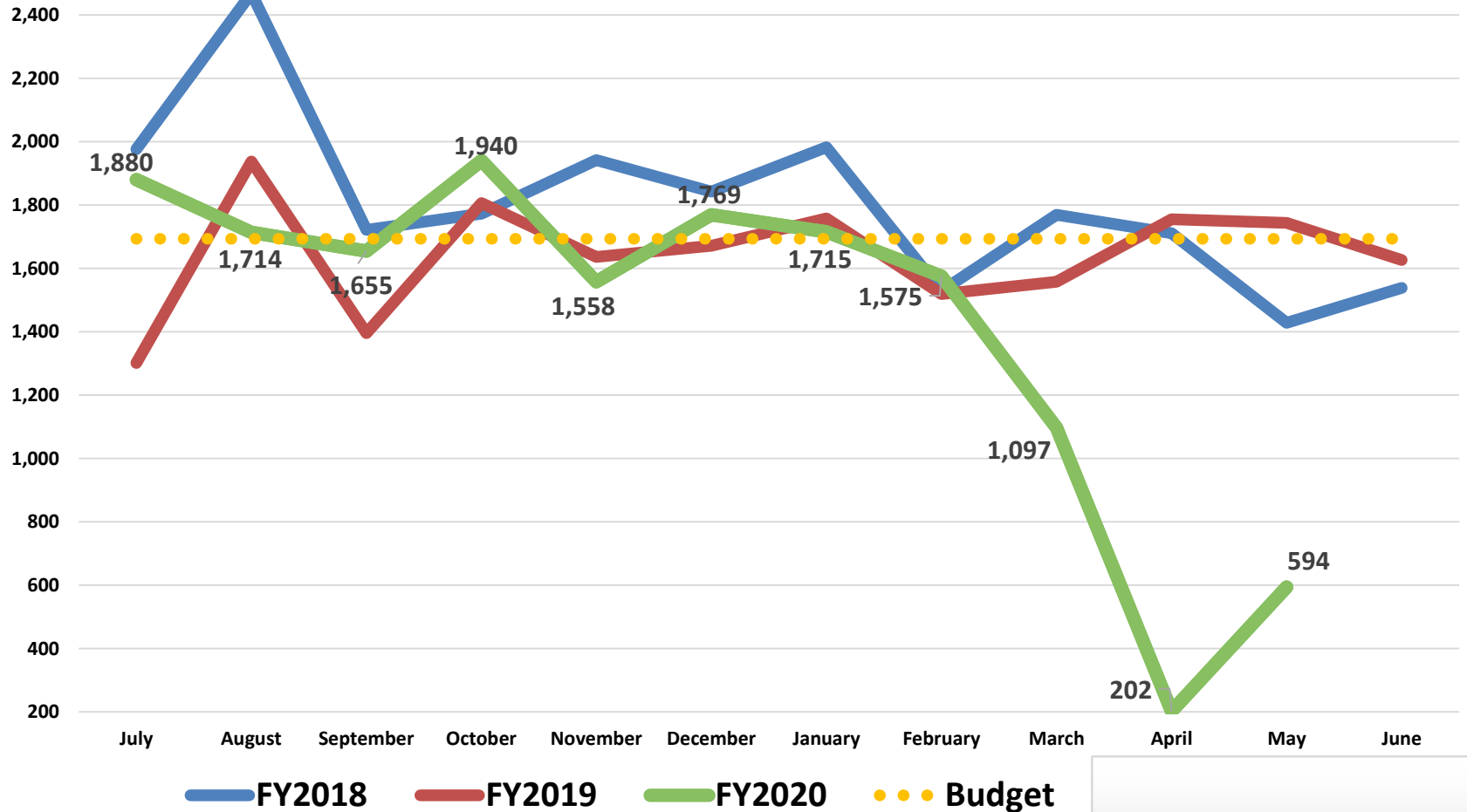


— **FY2018**   
 — **FY2019**   
 — **FY2020**   
 ●●● **Budget**

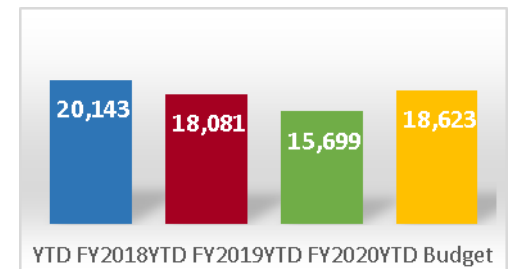
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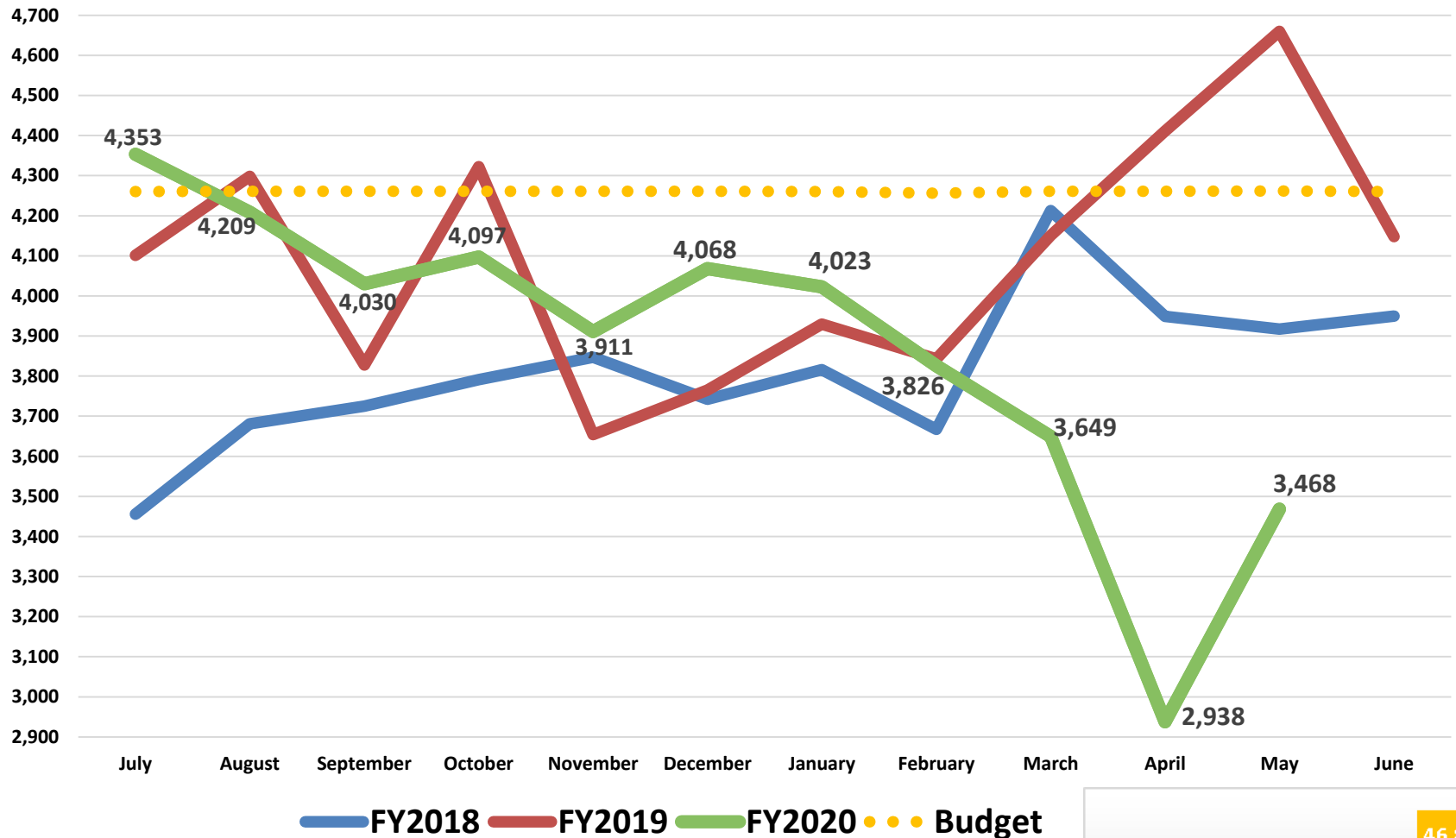
# West Campus – Breast Center



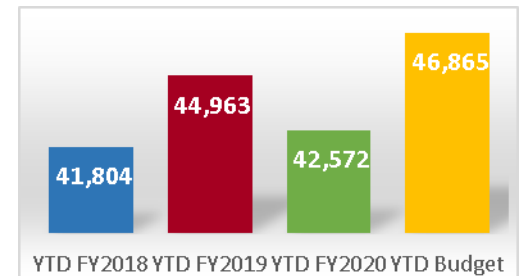
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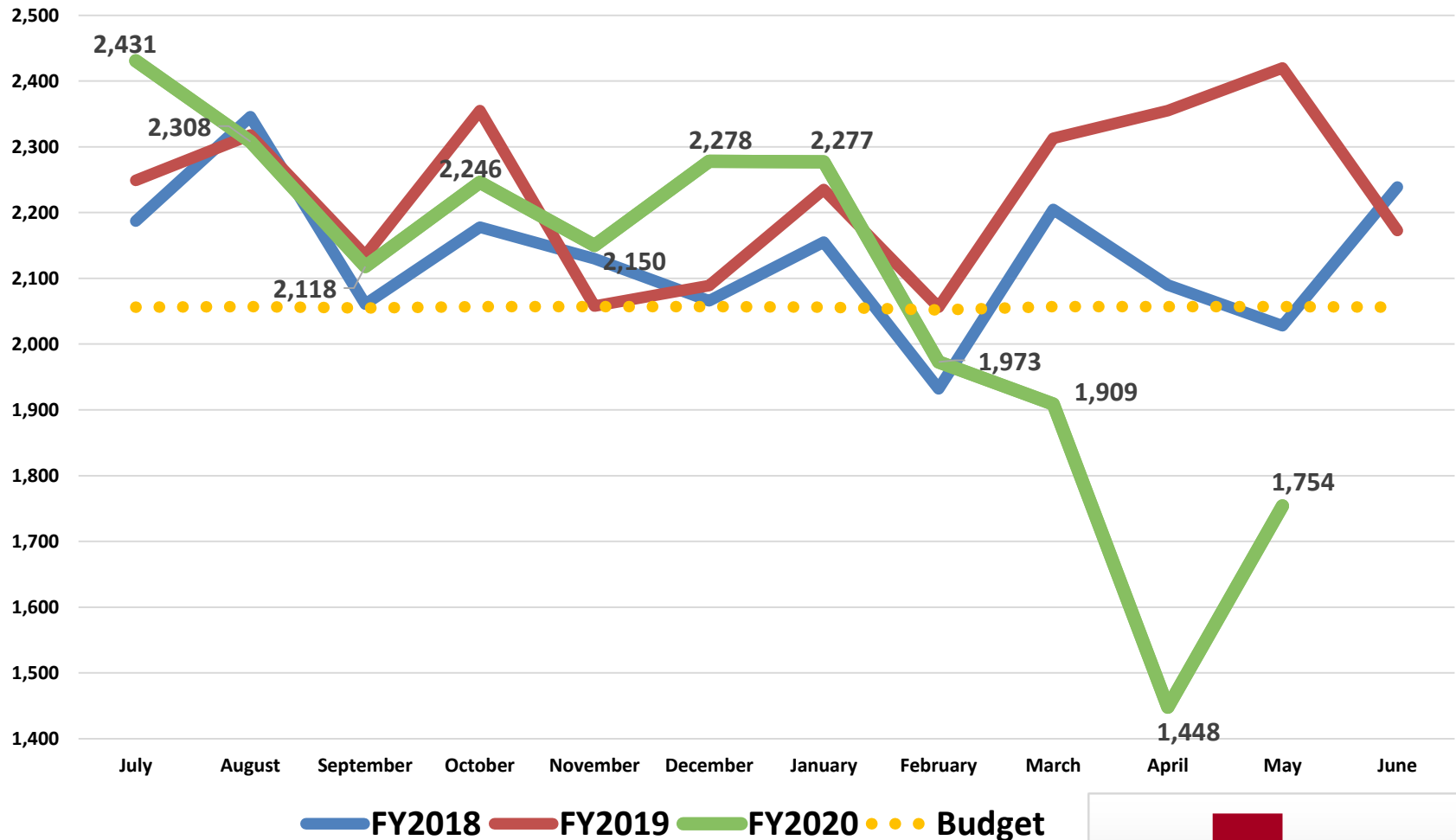
# Radiology all areas – CT



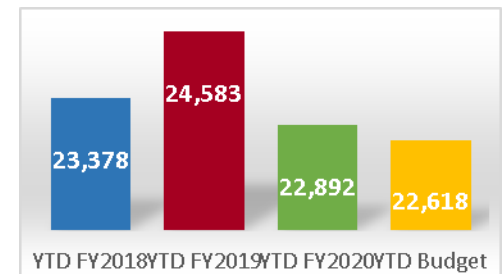
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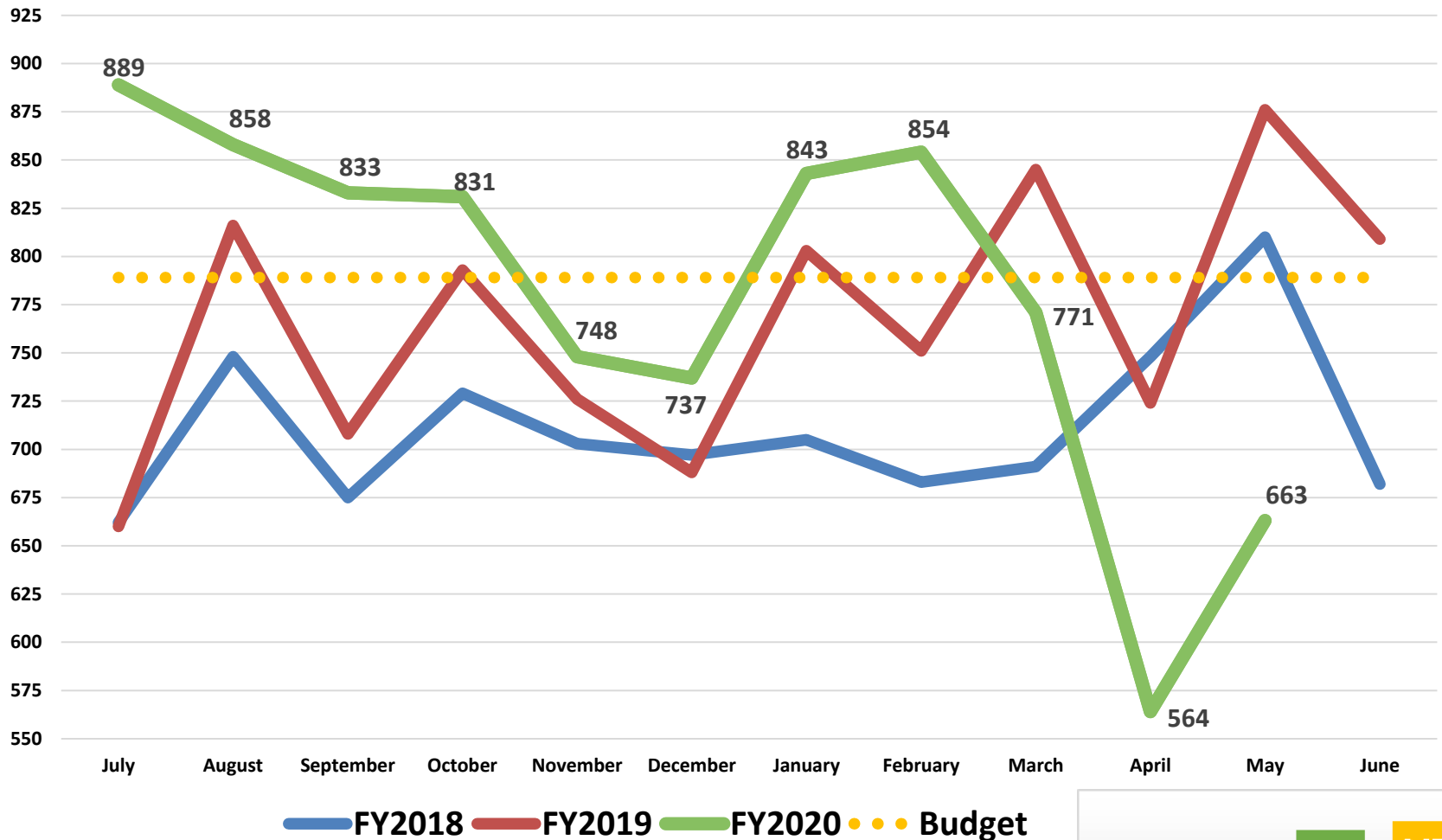
# Radiology all areas – Ultrasound



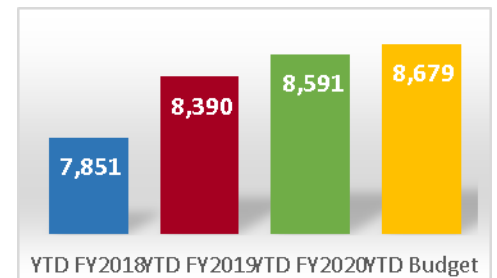
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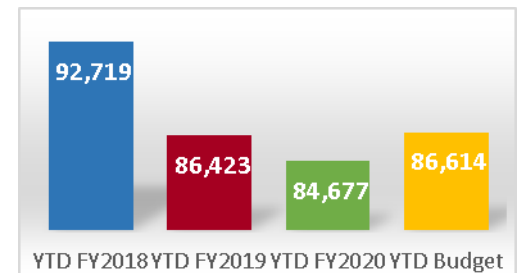
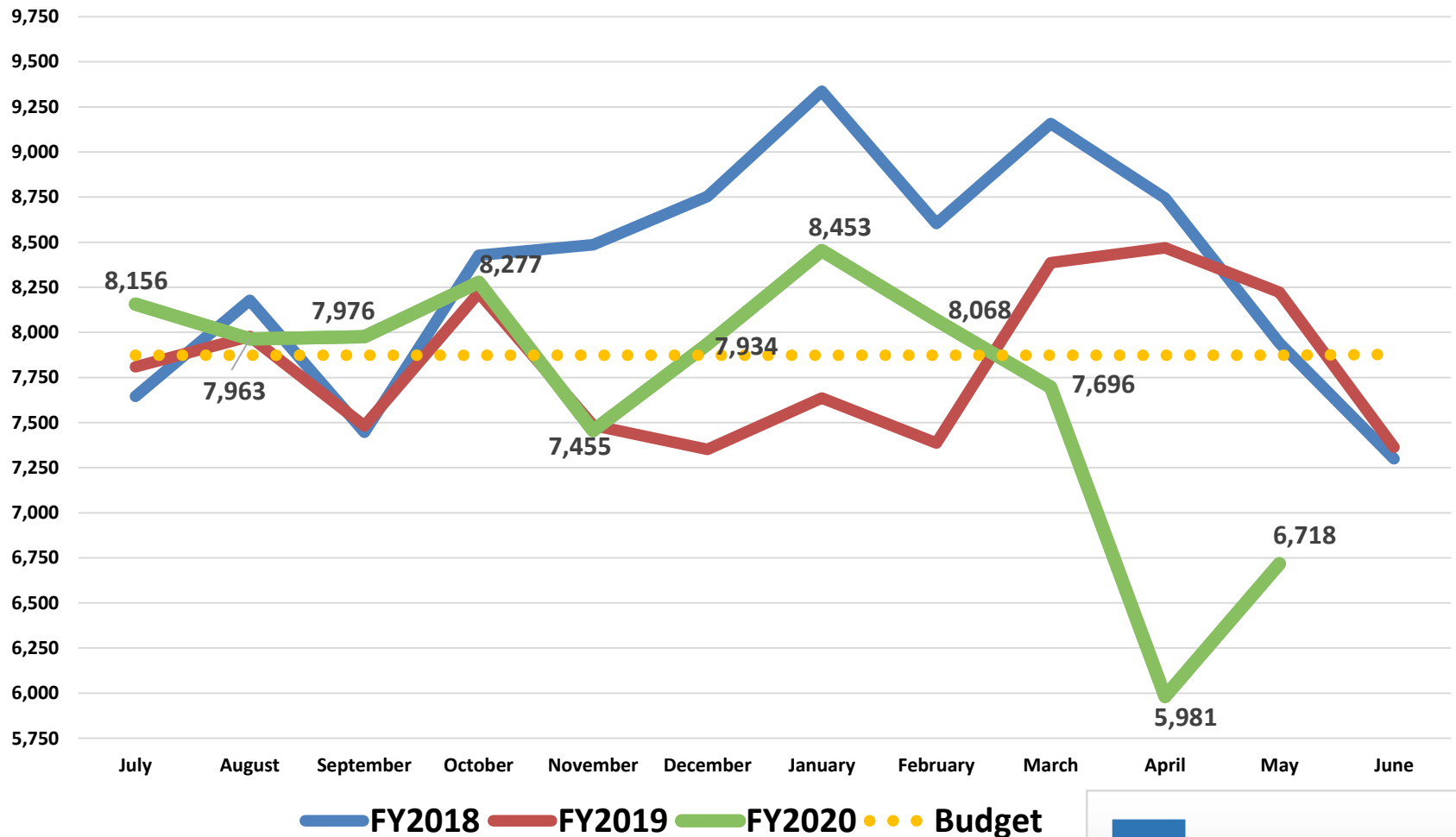
# Radiology all areas – MRI



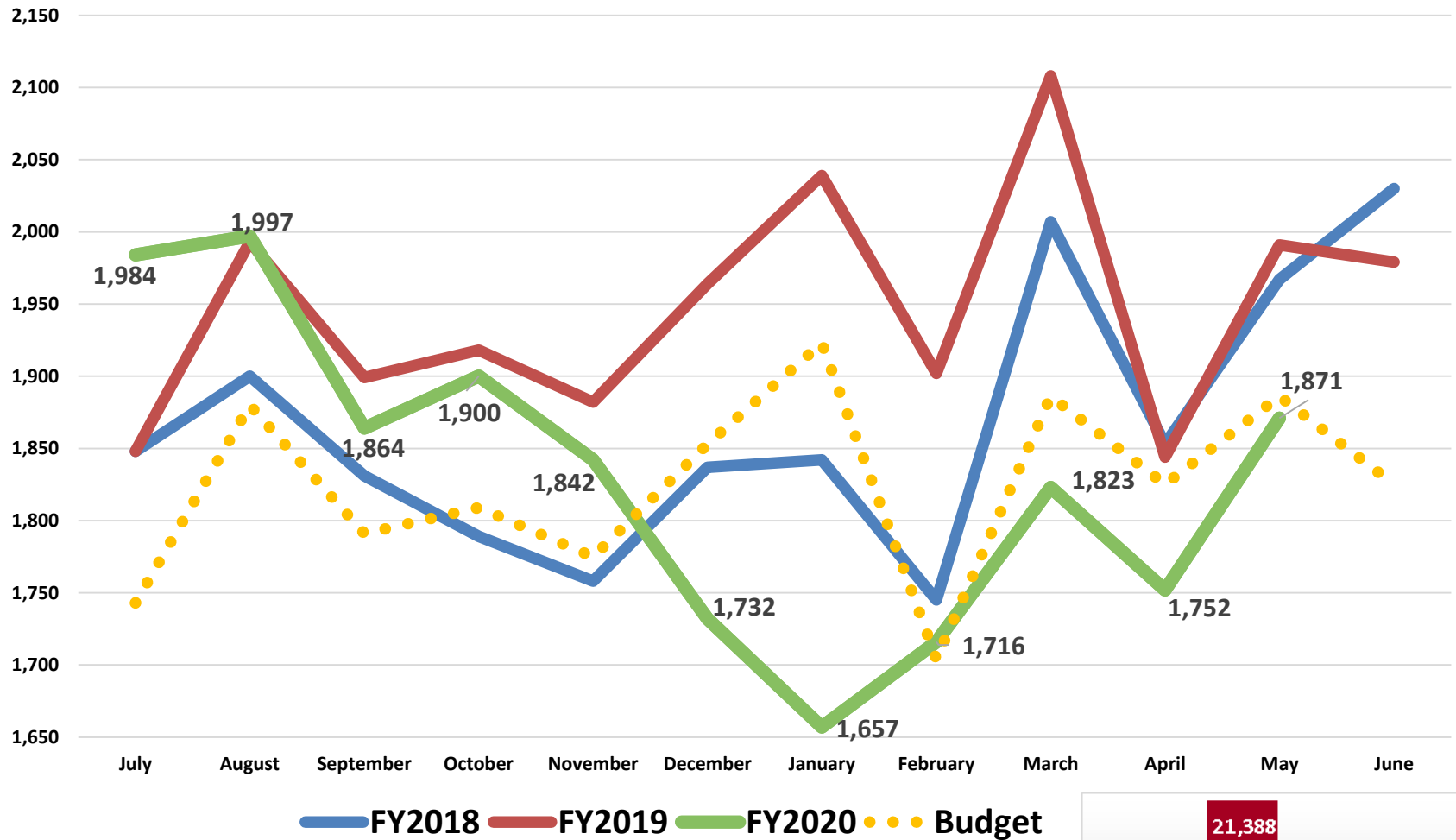
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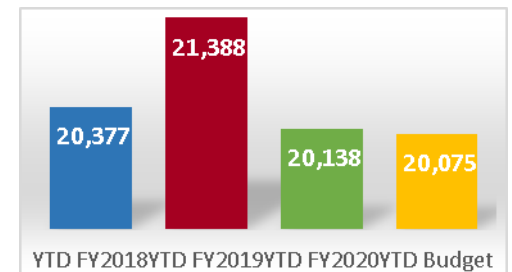
# Radiology Modality – Diagnostic Radiology



# Chronic Dialysis - Visalia



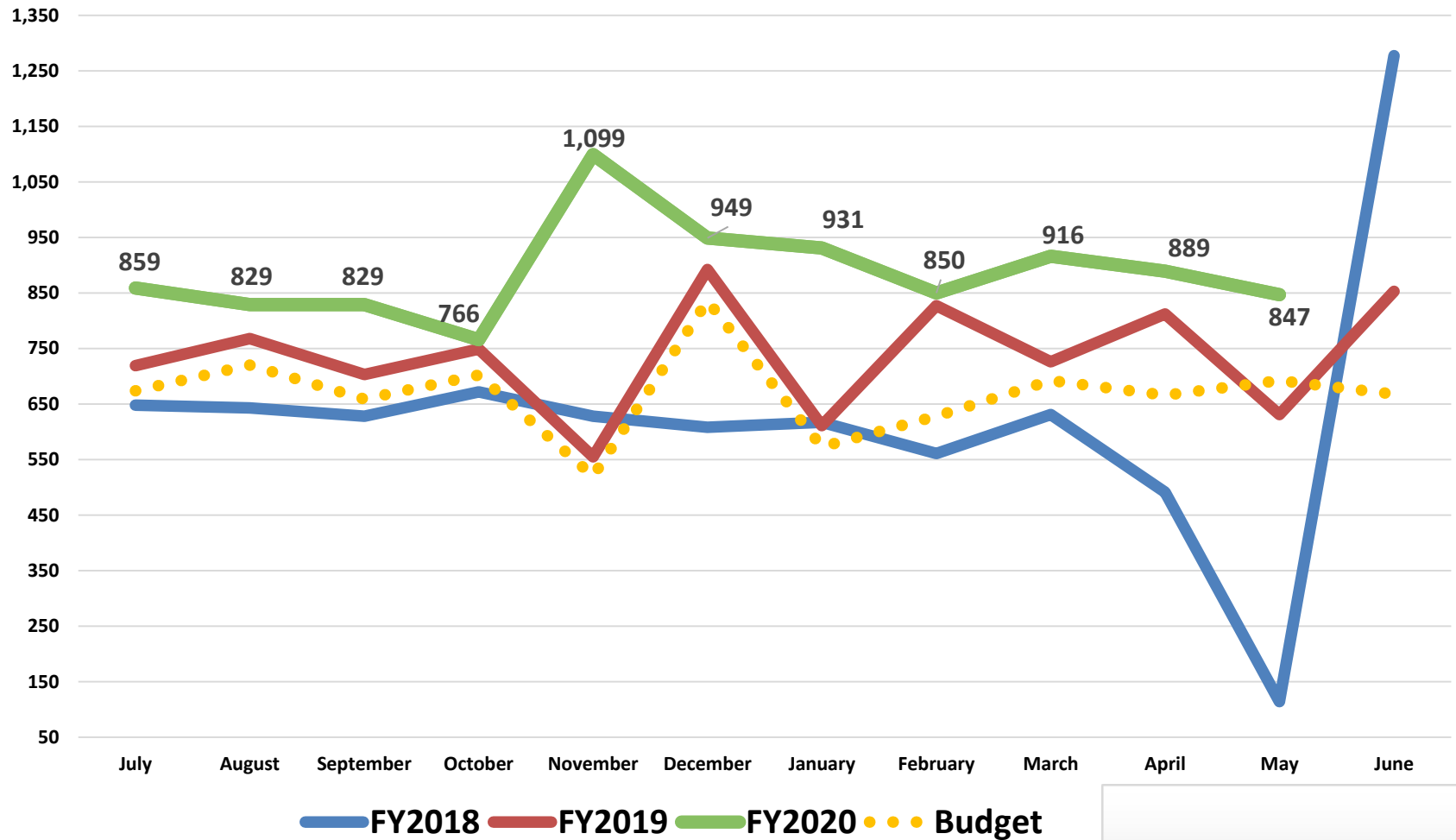
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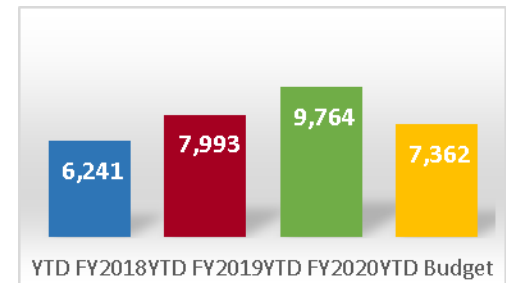


# CAPD/CCPD – Maintenance Sessions

(Continuous peritoneal dialysis)

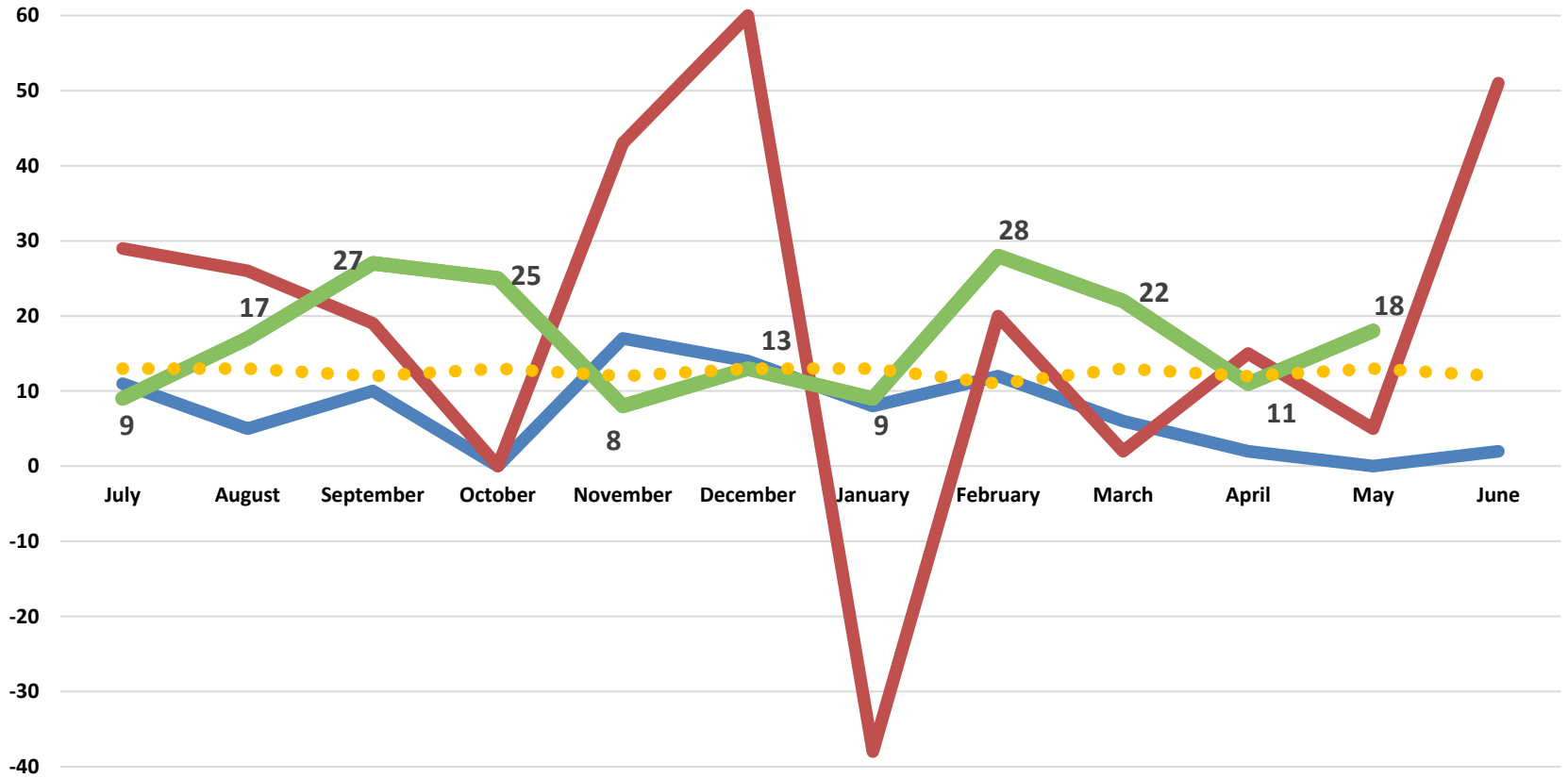


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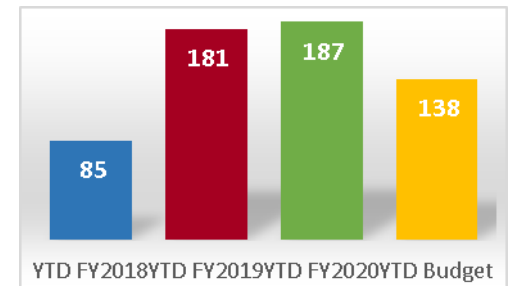
# CAPD/CCPD – Training Sessions

(Continuous peritoneal dialysis)

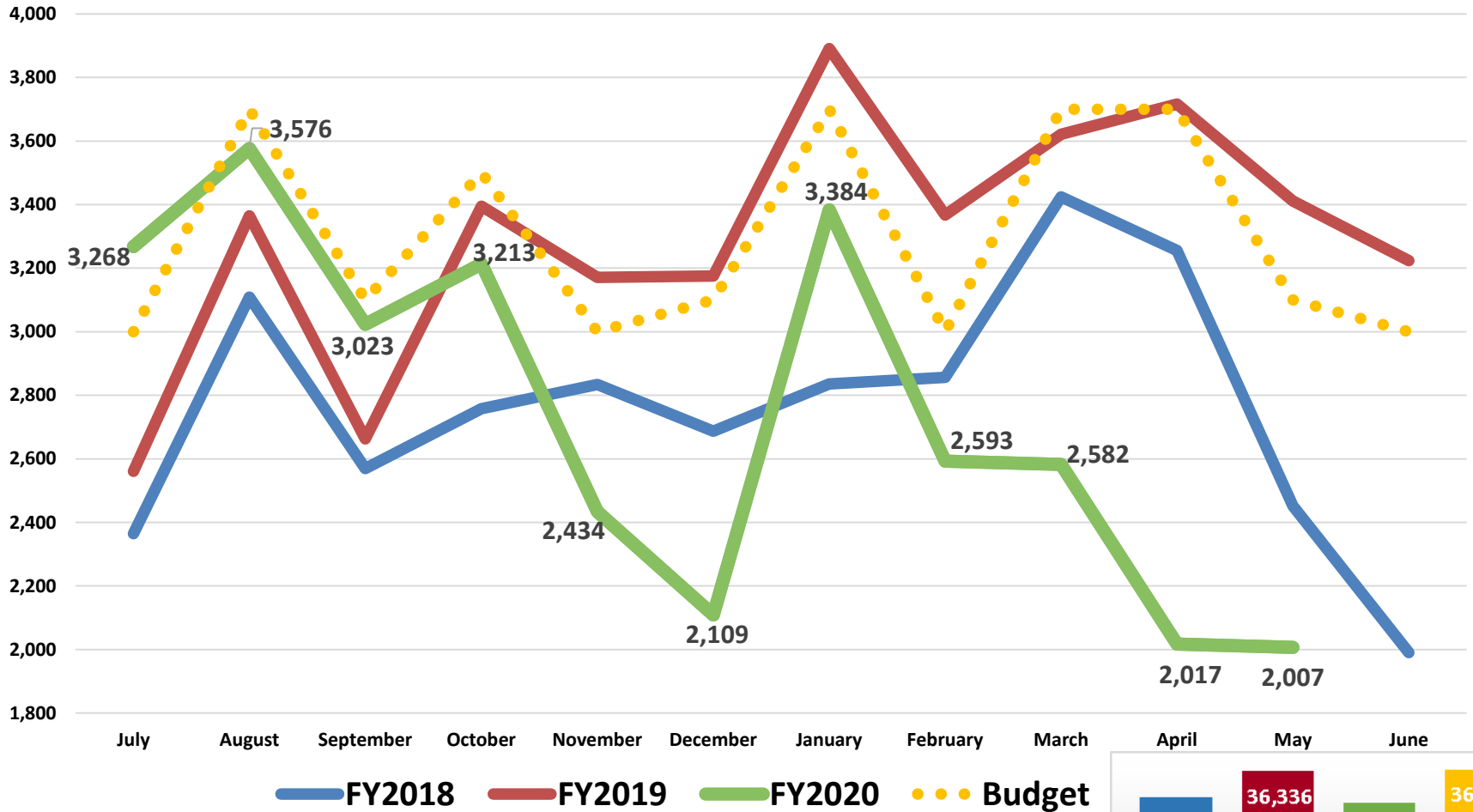


— FY2018 
 — FY2019 
 — FY2020 
 ●●● Budget

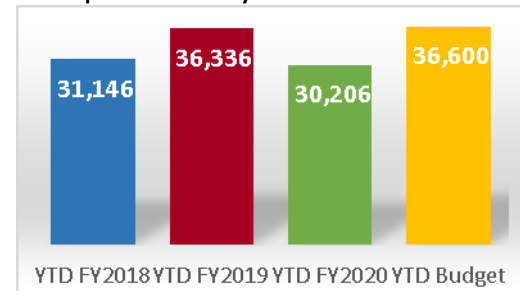
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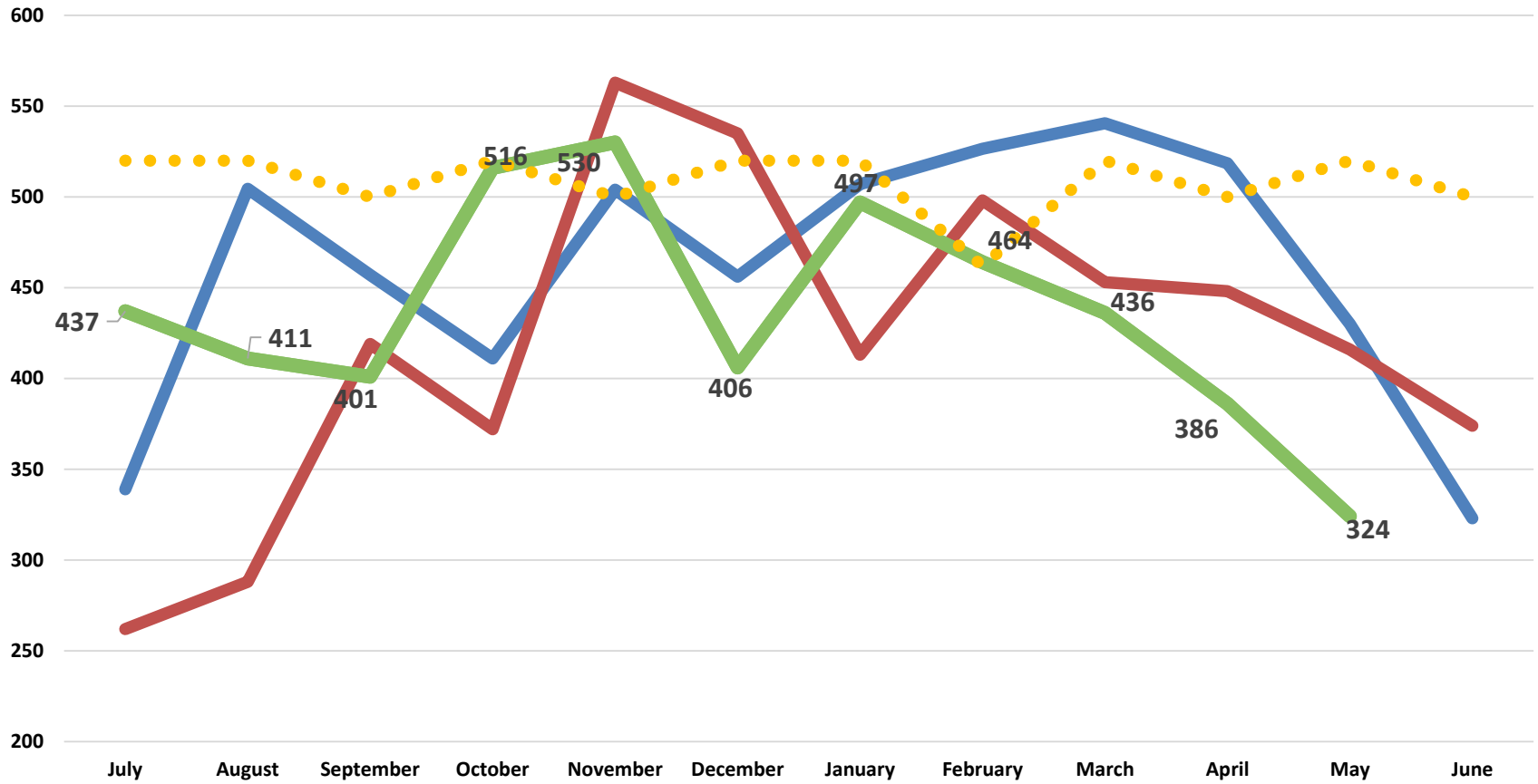
# Therapy - Cypress Hand Center



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# Infusion Center



— **FY2018**   
 — **FY2019**   
 — **FY2020**   
 ●● **Budget**

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