



August 19, 2022

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the City of Visalia City Council Chambers {707 W. Acequia, Visalia, CA} on Wednesday August 24, 2022 beginning at 4:00PM in open session; at 4:01PM and immediately following the 4:30PM open meeting - closed sessions pursuant to Government Code 54956.9(d)(1), 54956.9(d)(2), Health and Safety Code 1461 and 32155; at 4:30PM an open session.

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

The disclosable public records related to agendas can be obtained by contacting the Board Clerk at Kaweah Health 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@kaweahhealth.org, or on the Kaweah Delta Health Care District web page <http://www.kaweahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT
Mike Olmos, Secretary/Treasurer

A handwritten signature in black ink that reads "Cindy Moccio". The signature is written in a cursive, flowing style.

Cindy Moccio
Board Clerk / Executive Assistant to CEO

DISTRIBUTION:
Governing Board
Legal Counsel
Executive Team
Chief of Staff

www.kaweahhealth.org

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

City of Visalia – City Council Chambers
707 W. Acequia, Visalia, CA

Wednesday August 24, 2022

OPEN MEETING AGENDA {4:00PM}

- 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 jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
- 4. APPROVAL OF THE CLOSED AGENDA – 4:01PM**
 - 4.1. 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 – *Monica Manga, MD Chief of Staff*
 - 4.2. Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — *Monica Manga, MD Chief of Staff*
 - 4.3. Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 3 Cases – *Rachele Berglund, Legal Counsel and Evelyn McEntire, Director of Risk Management*
 - 4.4. Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 8 Cases – *Ben Cripps, and Rachele Berglund, Legal Counsel*
 - 4.5. Approval of the closed meeting minutes** – July 27, 2022.

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 August 24, 2022 closed meeting agenda.

5. ADJOURN

CLOSED MEETING AGENDA {4:01PM}

1. **CALL TO ORDER**
2. **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.
Monica Manga, MD Chief of Staff
3. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.
Monica Manga, MD Chief of Staff
4. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 3 Cases.
Rachele Berglund, Legal Counsel and Evelyn McEntire, Director of Risk Management
5. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 8 Cases.
Ben Cripps, and Rachele Berglund, Legal Counsel
6. **APPROVAL OF THE CLOSED MEETING MINUTES** – [July 27, 2022](#).
Action Requested – Approval of the closed meeting minutes – July 27, 2022.
7. **ADJOURN**

OPEN MEETING AGENDA {4:30PM}

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 jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request approval of the [July 27](#) and [August 10, 2022](#) open 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 July 27 and August 10, 2022 open board of directors meeting minutes.

6. RECOGNITIONS – David Francis

6.1. Presentation of [Resolution 2171](#) to [Valarie Domingo](#), in recognition as the Kaweah Health World Class Employee of the Month recipient – August 2022.

7. INTRODUCTIONS – NEW DIRECTORS

7.1. Hannah Mitchell, Director of Organizational Development

8. CREDENTIALS - 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.

Marc Mertz, Chief Strategy Officer & Acting CEO

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

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 provision al 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 provision al 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.

9. 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 August 24, 2022 Consent Calendar.

9.1. REPORTS

- A. [Physician Recruitment](#)
- B. [Compliance](#)
- C. [Surgical Services / Endoscopy](#)
- D. [Value Based Purchasing](#)

- 9.2. Approval of notice of rejection of claim of [Michael Rice and Martha Rice](#) vs. Kaweah Delta Health Care District.
 - 9.3. Approval of notice of rejection of claim of [Elizabeth Olivas and Clint Olilvas](#) vs. Kaweah Delta Health Care District.
 - 9.4. Approval of notice of rejection of claim of [Heather Newport](#) vs. Kaweah Delta Health Care District.
 - 9.5. Approval of the revised [Kaweah Health Physician Recruitment Plan](#) for fiscal year 2023 based on the Provider Needs Assessment for Kaweah Delta Health Care District presented at the September 28, 2020 Board of Director meeting; Having reviewed and analyzed the Provider Needs Assessment conducted by Sg2 in 2020, which includes a specific list of the needed physician specialties through September 2023 in communities served by the District, the Board hereby finds that it will be in the best interests of the public health of the communities served by the District to have the District provide appropriate assistance in order to obtain licensed physicians and surgeons in the Needed Physician Specialties to practice in the communities served by the District. Therefore, the Board authorizes the District to provide the types of assistance authorized by Cal. Health & Safety Code §32121.3, to obtain licensed physicians and surgeons in the Needed Physician Specialties to practice in the communities served by the District.
10. **[QUALITY – STROKE PROGRAM](#)** - A review Kaweah Health’s Certified Stroke Program outcome and process metrics and improvement action plans.
Cheryl Smit, RN-BC, BSN, Stroke Manager & CME Programs, and Shawn Oldroyd, DO, Medical Director Stroke Program.
 11. **STRATEGIC PLAN**
 - 11.1. **Strategic Plan – [Final Fiscal Year 2022 results](#) and [new tool kit - Achievelt](#).**
Marc Mertz, Chief Strategy Officer & Acting CEO
 - 11.2. **[Organizational Effectiveness and Efficiency](#)** – Detailed review of Strategic Plan Initiative.
Jag Batth, Chief Operating Officer & Kassie Waters, Director Cardiac Critical Care Services
 12. **[EMPLOYEE ENGAGEMENT](#)** - Review of the 2022 Work Environment Pulse Survey.
Dianne Cox, Chief Human Resources Officer & Hannah Mitchell, Director of Organizational Development
 13. **[PATIENT THROUGHPUT PERFORMANCE](#)** - Review of patient throughput performance improvement progress report.
Jag Batth, Chief Operating Officer

14. [STANFORD CARDIOTHORACIC SURGERY PHYSICIAN STAFFING](#) – Discussion relative to potential surgeon deployment model and proforma with Stanford Health Care as reviewed and supported by the Board Finance, Property, Services and Acquisition Committee on August 17, 2022.

Marc Mertz, Chief Strategy Officer & Acting Chief Executive 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.

Action Requested – Authorize management to enter into the necessary agreements and take all necessary steps to enter into a professional services agreement with Stanford Health Care to provide Cardiothoracic Surgery Physician(s) Staffing for Kaweah Health Medical Center Cardiothoracic Surgery Program.

15. [BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM \(BHCIP\) GRANT FOR BEHAVIORAL HEALTH](#) – Review and discussion of State grant opportunity as reviewed and supported by the Board Finance, Property, Services and Acquisition Committee on August 17, 2022.

Marc Mertz, Chief Strategy Officer & Acting Chief Executive Officer; Theresa Croushore, Director of Behavioral Health ; and Jennifer Stockton, Director of Finance

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 – To authorize the officers and agents of Kaweah Delta Health Care District dba Kaweah Health to approve and execute any and all documents necessary to submit the Behavioral Health Continuum Infrastructure Program (BHCIP) grant application.

16. [OUTPATIENT PSYCHIATRY CLINIC PRO FORMA](#) – Review and discussion relative to an outpatient psychiatry clinic as reviewed and supported by the Board Finance, Property, Services and Acquisition Committee on August 17, 2022 .

Marc Mertz, Chief Strategy Officer & Acting Chief Executive Officer; Theresa Croushore, Director of Behavioral Health ; and Jennifer Stockton, Director of Finance

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 – Authorize management to enter into the necessary agreements and take all necessary steps to develop the Kaweah Health Psychiatric Outpatient Clinic.

17. [BUDGET INITIATIVES – CONTRACTS / UNDERPAYMENTS](#) – Review of budget initiatives.

Malinda Tupper – Chief Financial Officer and Kim Ferguson, Director of Reimbursement

18. [FINANCIALS](#) – Review of the most current fiscal year financial results and budget.

Malinda Tupper – Chief Financial Officer

19. REPORTS

19.1. Chief Executive Officer Report - Report relative to current events and issues.

Marc Mertz, Chief Strategy Officer and Acting CEO

19.2. Board President - Report relative to current events and issues.

David Francis, Board President

20. APPROVAL OF CLOSED AGENDA AS FOLLOWS: Closed Meeting Agenda – Immediately following the 4:30PM open session

20.1. Conference with Legal Counsel – Anticipated Litigation – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case - *Marc Mertz, Chief Strategy Officer & Acting Chief Executive Officer and Rachele Berglund, Legal Counsel*

21. ADJOURN

CLOSED MEETING AGENDA

1. CALL TO ORDER

2. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case.

Marc Mertz, Chief Strategy Officer & Acting Chief Executive Officer and Rachele Berglund, Legal Counsel

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

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY AUGUST 24, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-56

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JULY 27, 2022 AT 3:30PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Francis, Gipson, Harvard Mirviss, Olmos & Rodriguez; M. Manga, MD, Chief of Staff, K. Noeske, CNO & Acting CEO; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Officer & R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer, R. Berglund, Legal Counsel; and C. Moccio, recording

The meeting was called to order at 3:30PM by Director Francis.

Director Francis entertained a motion to approve the agenda.

MMSC (Harvard Mirviss/Gipson) to approve the open agenda. This was supported unanimously by those present. Vote: Yes – Harvard Mirviss, Olmos, Gipson, Rodriguez, and Francis

PUBLIC PARTICIPATION – None

APPROVAL OF THE CLOSED AGENDA – 3:31PM

- **Conference with Legal Counsel** – Existing Litigation – Pursuant to Government Code 54956.9(d)(1) – *Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*
 - Richards v KDHCDC Case # VCU280708
 - Stalcup v KDHCDC Case # 284918
 - Mora vs. Kaweah Health Case # VCU290884
 - Alcaraz-Perez vs. Kaweah Health, et.al. Case # VCU291670
 - Parnell vs. Kaweah Health Case # VCU292139
- **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 2 Cases - *Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*
- **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee —*Evelyn McEntire, Director of Risk Management*
- **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 – *Monica Manga, MD Chief of Staff*
- **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — *Monica Manga, MD Chief of Staff*
- **Approval of the closed meeting minutes** – June 29, 2022.

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 – No public present.

MMSC (Olmos/Havard Mirviss) to approve the June 29, 2022 closed agenda. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

ADJOURN - Meeting was adjourned at 3:31PM

David Francis, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

Mike Olmos, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JULY 27, 2022 AT 4:30PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Francis, Gipson, Havard Mirviss, Olmos & Rodriguez; M. Manga, MD, Chief of Staff, K. Noeske, CNO & Acting CEO; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Officer & R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer, R. Berglund, Legal Counsel; and C. Moccio, recording

The meeting was called to order at 4:30PM by Director Francis.

Director Francis asked for approval of the agenda.

MMSC (*Olmos/Havard Mirviss*) to approve the open agenda. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

PUBLIC PARTICIPATION – None.

CLOSED SESSION ACTION TAKEN:

Approval the closed minutes from June 29, 2022.

OPEN MINUTES – Request approval of the open meeting minutes June 29, 2022.

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.

MMSC (*Rodriguez/Havard Mirviss*) to approve the open minutes from June 29, 2022. This was supported unanimously by those present. Vote: Yes – Gipson, Olmos, Havard Mirviss, Rodriguez, and Francis.

RECOGNITIONS – Lynn Havard Mirviss

Presentation of Resolution 2169 to Kim Thompson, RN, in recognition as the Kaweah Health World Class Employee of the Month recipient – July 2022.

INTRODUCTIONS – NEW DIRECTORS

Kerry Sommers, Director of Accreditation

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.

Director Francis requested a motion for the approval of the credentials report.

MMSC (Havard Mirviss/Gipson) 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 Executive Committee of the Medical Staff, 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, excluding Emergency Medicine Providers as highlighted on Exhibit A (copy attached to the original of these minutes and considered a part thereof), be approved or reappointed (as applicable), 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 . This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

CHIEF OF STAFF REPORT – Monica Manga, MD – Chief of Staff.

- No report.

CONSENT CALENDAR – Director Francis entertained a motion to approve the consent calendar (copy attached to the original of these minutes and considered a part thereof). Director Olmos requested the removal of item 9.1B – Reports: Kaweah Health Medical Group. Mr. Francis noted that we also need to remove 9.7I – Human Resources Policies - HR.49 – Education Assistance as it needs further revisions.

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.

MMSC (Olmos/Gipson) to approve the consent calendar with the removal of 9.1B Reports – Kaweah Health Medical Group and to table 9.7I – Human Resources Policies - HR.49 – Education Assistance. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis.

REPORTS – KAWEAH HEALTH MEDICAL GROUP – Discussion relative the financials and inquiry as to if we have a plan relative to improving the financials and recruitment of physicians.

MMSC (Olmos/Havard Mirviss) to approve the consent calendar with the removal of 9.1B Reports – Kaweah Health Medical Group and to table 9.71 – Human Resources Policies - HR.49 – Education Assistance. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis.

QUALITY – NATIONAL QUALITY FORUM SAFE PRACTICE #9 – NURSING WORKFORCE - A review of key quality measures and improvement actions associated with care of the maternal child health population. (copy attached to the original of these minutes and considered a part thereof) – *Keri Noeske, Chief Nursing Officer*

PATIENT THROUGHPUT PERFORMANCE - Review of patient throughput performance improvement progress report (copy attached to the original of these minutes and considered a part thereof) - *Keri Noeske, Chief Nursing Officer*

- Director Francis noted concern about getting the rooms turned over, we have some natural barriers. Director Francis noted that he is going to shadow some of the staff, we need to have a standard for cleaning a room. Keri noted that cleaning of the room does not impact the discharges by noon.

FINANCIALS – Review of the most current fiscal year financial results and budget (copy attached to the original of these minutes and considered a part thereof) - *Malinda Tupper – Chief Financial Officer and Steve Bajari, Director of Procurement and Logistics*

CHIEF EXECUTIVE OFFICER REPORT – Report relative to current events and issues – *Keri Noeske, CNO & Acting CEO*

- We have plans for 3rd CT underway in the old Acequia Wing Conference Room with projected operational time in January 2023. We also need conference space and Kevin is working on a few plans, 2nd floor of Acequia Wing, SSB potentials spaces.
- Urology Clinic is underway, Dr. Gill should be licensed and ready to treat patients by the end of August.
- Cardiothoracic (CT) surgery – We are vetting Stanford relative to them being our provider group for CT surgery, we are vetting the contract, this will come to the Board for approval to enter into the agreement.
- Governance Restructure for the Medical Staff.
- Ms. Noeske thanked Board for the opportunity to be the acting CEO for the past month.

BOARD PRESIDENT REPORT – Report from David Francis, Board President

- No report.

ADJOURN - Meeting was adjourned at 6:32PM

David Francis, President

Kaweah Delta Health Care District and the Board of Directors

ATTEST:

Mike Olmos, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY AUGUST 10, 2022, AT 5:00PM, IN THE SEQUOIA REGIONAL CANCER CENTER MAYNARD FAUGHT CONFERENCE ROOM

PRESENT: Directors Francis, Gipson, Havard Mirviss, Olmos & Rodriguez; M. Mertz, Chief Strategy Officer & Acting CEO; R. Berglund, Legal Counsel; and C. Moccio, recording

The meeting was called to order at 5:00PM by Director Francis.

Director Francis asked for approval of the agenda.

MMSC (Gipson/Harvard Mirviss) to approve the open agenda. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

PUBLIC PARTICIPATION – None.

QUAIL PARK RETIREMENT VILLAGE – Review and discussion relative to the operational loan requested by Quail Park Retirement Village.

- With COVID the 90% occupancy rates have declined into the 70% range. These requested funds is an owners call loan at 5% interest \$220,000 from Kaweah Health and we would wire transfer it this week. We have requested the Foundation reimburse Kaweah Health to fund this amount from the Betty Quilla fund which currently has approximately \$4 million.

MMSC (Havard Mirviss/Rodriguez) Approval of requested Loan Call by Quail Park Retirement Village for \$220,000.00 to be funded from cash reserves. Vote: Yes – Havard Mirviss, Olmos, Gipson, Rodriguez, and Francis.

ACTING CHIEF EXECUTIVE OFFICER REPORT

- CDPH arrived to do a EMTALA survey on behalf of CMS. There was a three day survey of Emergency Department records and OB Emergency Services. The exit was this afternoon and they did not find any inappropriate transfers. There were some concerns that were very minor.

ADJOURN - Meeting was adjourned at 5:18PM

David Francis, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

Mike Olmos, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors



RESOLUTION 2171

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Valarie Domingo, with the World Class Service Excellence Award for the Month of August 2022, 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 Valarie for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.

PASSED AND APPROVED this 24th day of August 2022 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**

Valarie Domingo, Service Excellence August 2022

Val consistently exemplifies Kaweah Health's Behavioral Standards. The morning of our annual Holiday meal was no exception. It was rainy and a simple phone call to Central Logistics made everything fall right into place. The entire process with Val ran very smooth because of her commitment to look beyond her assigned duties and provide assistance where help was needed. Val consistently delivers excellent service to her customers when doing her daily activities, she communicates in words and actions that inspire trust and one can always count that the job will get done accurately and timely. Val's commitment to her colleagues makes it extremely easy to work with because she takes personal ownership to always do what is best for the organization. Thank you for your support and always going above and beyond!



**Physician Recruitment and Relations
Medical Staff Recruitment Report - August 2022**

Prepared by: Sarah Bohde, Physician Recruiter - sbohde@kaweahhealth.org - (559) 624-2772

Date prepared: 8/17/2022

Central Valley Critical Care Medicine	
Intensivist	1

Delta Doctors Inc.	
Family Medicine	2
OB/Gyn	1

Frederick W. Mayer MD Inc.	
Cardiothoracic Surgery	2

Kaweah Health Medical Group	
Audiology	1
Dermatology	2
Endocrinology	1
Family Medicine	3
Gastroenterology	2
Neurology	1
Orthopedic Surgery (Hand)	1
Otolaryngology	2
Pulmonology	1
Radiology - Diagnostic	1
Rheumatology	1
Urology	3

Key Medical Associates	
Adult Hospitalist	1
Dermatology	1
Family Medicine/Internal Medicine	3

Key Medical Associates (Cont.)	
Gastroenterology	1
Pulmonology	1

Oak Creek Anesthesia	
Anesthesia - Critical Care	1
Anesthesia - General	2
Anesthesia - Obstetrics	1
CRNA	3.5

Orthopaedic Associates Medical Clinic, Inc.	
Orthopedic Surgery (Trauma)	1

Other Recruitment	
EP Cardiology	1
Hospice & Palliative Medicine	1
Neurology - Inpatient	1

Sequoia Oncology Medical Associates Inc.	
Hematology/Oncology	1

Valley Children's Health Care	
Maternal Fetal Medicine	2
Neonatology	2
Pediatric Cardiology	1

Valley Hospitalist Medical Group	
Adult Hospitalist	1

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Anesthesia	Oak Creek Anesthesia	Aijaz, M.D.	Tabish	08/23	Medicus Firm - 5/1/22	Currently under review
Anesthesia	Oak Creek Anesthesia	Kim, D.O.	Christopher	08/23	Medicus Firm - 3/16/22	Site visit pending
Anesthesia - Critical Care	Oak Creek Anesthesia	Malamud, M.D.	Yan	08/22	Direct - PracticeMatch	Currently under review
Anesthesia	Oak Creek Anesthesia	Olalemi, M.D.	Hafeez	08/23	Comp Health - 5/10/22	Site visit pending
Cardiothoracic Surgery	Independent	Williams, M.D.	Julio	08/22	Direct - 4/19/22	Initial Screening: 4/22/22; Providing locums/temp coverage in September 2022.
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Liu	Jia	03/23	Comp Health - 5/16/22	Currently under review
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Coelho	Carly	TBD	Direct - 8/11/22	Offer accepted - contract in progress
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Havlicak	Ashley	01/23	Direct/Referral	Offer accepted
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Petersen	Lucille	07/22	Direct - 6/15/22	Offer accepted. Start date: 8/19/22
Certified Registered Nurse Anesthetist (Part-Time)	Oak Creek Anesthesia	Mendoza	Mayra	ASAP	Direct	Hospital credentialing in progress
Endocrinology	Kaweah Health Medical Group	Min, M.D.	Lie	ASAP	Direct - PracticeLink	Site visit pending dates
EP Cardiology	Independent	Cheema, M.D.	Kamal	08/23	Direct - PracticeLink	Currently under review
EP Cardiology	Independent	Mareddy, M.D.	Chinmaya	08/23	Direct - PracticeLink	Currently under review
EP Cardiology	Independent	Tsimploulis, M.D.	Apostolos	08/23	Direct - PracticeLink	Currently under review
Family Medicine	Kaweah Health Medical Group	Vanegas, M.D.	Alvin	ASAP	Direct email	Currently under review
Family Medicine	Delta Doctors	Whitlach, M.D.	Catherine	08/23	Kaweah Health Resident	Currently under review
Hospitalist	Valley Hospitalist Medical Group	Kaur, M.D.	Kamalmeet	08/22	Direct	Offer accepted; Start Date: 9/1/22
Hospitalist	Key Medical Associates	Lim, M.D.	Francis	ASAP	Direct - Spouse is Endocrinologist candidate, Dr. Lei Min	Currently under review
Intensivist	Central Valley Critical Care Medicine	De Freese, M.D.	Marissa	TBD	Direct/referral - 1/18/22	Site visit pending dates

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Intensivist	Central Valley Critical Care Medicine	Khanuja, M.D.	Simrandeep	TBD	Comp Health - 6/2/22	Currently under review
Intensivist	Central Valley Critical Care Medicine	Sourial, M.D.	Mina	09/22	PracticeMatch - 4/11/22	Offer accepted. Start date: 9/6/22
Internal Medicine	Kaweah Health Medical Group/Key Medical Associates	Virk, D.O.	Harman	09/23	Direct email	Currently under review
Interventional Radiology	Mineral King Radiology Group	Youssef Ali, M.D.	Mahmoud	09/23	Direct email	Currently under review
Medical Oncology	Sequoia Oncology Medical Associates	Mohammadi, M.D.	Oranus	08/23	PracticeMatch - 3/31/22	Site Visit: 9/16/22
Medical Oncology	Sequoia Oncology Medical Associates	Palla, M.D.	Amruth	08/22	Direct/referral - 1/26/22	Site visit pending dates (Nov/Dec 2022 - Tentative)
Neonatology	Valley Children's	Agrawal, M.D.	Pulak	08/23	Valley Children's - 5/14/22	Site Visit: 6/30/22
Neonatology	Valley Children's	Al Kanjo, M.D.	Mohamed	08/23	Valley Children's - 3/14/22	Site Visit: 4/7/22; Offer extended
Neonatology	Valley Children's	Balasundaram, M.D.	Palanikumar	08/23	Valley Childrens - 7/28/22	Site Visit: 9/30/22
Neonatology	Valley Children's	Nwokidu-Aderibigbe, M.D.	Uche	08/23	Valley Children's - 5/14/22	Site Visit: 6/17/22
Neonatology	Valley Children's	Sharma, M.D.	Amit	TBD	Valley Children's - 3/1/22	Site Visit: 3/29/22; Offer extended
Neonatology	Valley Children's	Singh, M.D.	Himanshu	08/22	Valley Children's - 3/31/21	Site Visit: 4/19/2021; Offer accepted. Start date 8/29/2022
Pediatric Cardiology	Valley Children's	Ozdemir, M.D.	Ege	08/22	Valley Children's - 3/1/22	Site Visit: 3/23/22; Offer extended
Pediatric Hospitalist	Valley Children's	Mittal, M.D.	Daaman	07/22	Valley Children's - 2/17/22	Site visit: 2/21/22; Offer accepted; Start Date: TBD
Pediatrics	Kaweah Health Medical Group	Galindo, M.D.	Ramon	09/22	Direct/referral - 6/28/21	Site visit: 9/14/21; Offer accepted; Tentative Start Date: 08/22/22
Radiology - Diagnostic	Kaweah Health Medical Group	Gyapong, M.D.	Sylvia	08/23	Pacific Companies - 8/16/22	Currently under review
Radiology - Diagnostic	Kaweah Health Medical Group	Noorani, D.O.	Azeem	TBD	Staff Care - 6/13/22	Site Visit: 7/18/22; Offer extended

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Radiology - Diagnostic	Kaweah Health Medical Group	Zurick, M.D.	Vernon	TBD	Current locum	Currently under review
Rheumatology	Kaweah Health Medical Group	Garg, M.D.	Arina	TBD	Enterprise Medical Recruiter - 8/16/22	Currently under review
Rheumatology	Kaweah Health Medical Group	Li, M.D.	Zi Ying (Kimmie)	08/22	Direct - 11/27/21	Phone Interview: 12/15/21; Site Visit: 4/5/22; Will decide on location in November 2022.
Urology	Kaweah Health Medical Group	Aram, M.D.	Pedram	07/23	PracticeMatch - 3/1/22	Site Visit: 5/26/22; 2nd site visit pending (August/September)

Compliance Program Activity Report – Open Session

May 2022 through July 2022

Ben Cripps, Chief Compliance & Risk Officer



[kawahhealth.org](https://www.kawahhealth.org)



Education

Live Presentations

- Compliance and Patient Privacy – Management Orientation
- Operational Compliance Educational Update – Kaweah Health Medical Group
- Compliance and Privacy Education – Sequoia Surgery Center
- New Resident Orientation

Written Communications – Bulletin Board / Area Compliance Experts (ACE) / All Staff

- Email Encryption Instructions
- Mandated Reporting
- Social Media and Healthcare Professionals

Prevention & Detection

Continuous

Review and Distribution of:

- California Department of Public Health (CDPH) All Facility Letters (AFL)
- Medicare and Medi-Cal Monthly Bulletins
- Office of Inspector General (OIG) Monthly Audit Plan Updates
- California State Senate and Assembly Bill Updates
- Patient Privacy Walkthrough
- User Access Privacy Audits
- Office of Inspector General (OIG) Exclusion Attestations
- Medicare PEPPER Report Analysis

Oversight, Research & Consultation

Ongoing

- Fair Market Value (FMV) Oversight
- Medicare Recovery Audit Contractor (RAC) and Medicare Probe Audit Activity
- Licensing Applications
- KD Hub Non-Employee User Access
- COVID-19 Incident Response
- Medicare Conditions of Participation (CoP) with Discharge, Transfer Notifications
- Business Associate Agreements

Oversight, Research & Consultation

New

Pharmacy Medications at Rural Health Clinics (RHC) – Research and consultation on the practice of outside/third-party pharmacies providing patient-specific specialty medications in the RHC's that Kaweah Health pharmacies do not carry. Regulations were reviewed and determined that there are no restrictions prohibiting Kaweah Health from administering medications for patient-specific use from an approved third-party pharmacy. Research and findings were shared with pharmacy leadership.

Freedom of Choice Guidance – Research and consultation regarding accommodations for patients declining placement in available Skilled Nursing Facilities (SNFs) and mileage limitations for patient placement. Research determined that there are no mileage limitations when seeking patient placement. If a patient denies placement in a suitable facility, the patient becomes financially responsible for costs incurred during their continued stay in the hospital. Research and findings were shared with leadership.

Oversight, Research & Consultation

New

Regulatory Guidance on Lab Equipment Point of Care (POC) Testing for Urology Clinic –Research and consultation on Clinical Laboratory Improvement Amendments (CLIA) certification requirements for the Urology Clinic. Research determined that the Urology Clinic will not require a CLIA certificate since the specimens will not be resulted in the clinic. Research and findings were shared with leadership.

Interpreter Services Guidance at Kaweah Health Medical Group –Research and consultation on whether staff can refuse to interpret for patients. Research determined that staff who speak another language can take an assessment to become a Language Resource Assistant (LRA). LRAs receive additional compensation based on the type of translation they provide. If staff is not designated as an LRA, they do not have a duty to interpret. Research and findings were shared with leadership.

Dialysis Charge Audit – Doxercalciferol Dose Quantity Dialysis Billing – Consultation on how to correct billing for Doxercalciferol due to a change from a single dose vial to a multi-dose vial. The charge processing and dose quantity should have been updated to implement the charge change. The matter did not result in a change to reimbursement. All previously billed claims were corrected and re-billed with correct billable units. Findings were shared with leadership.

Oversight, Research & Consultation

New

No Surprises Act – Provided oversight, research, and consultation to evaluate new compliance standards for the No Surprises Act (effective January 2022). The new law aims to protect consumers from excessive out-of-pocket costs and prohibits surprise balance bills when receiving emergency health care services from out-of-network providers at in-network facilities. The bill also requires healthcare facilities to provide good-faith estimates for procedures for cash-pay patients and new signage requirements. The work is ongoing as the Compliance Department continues to provide consultation and oversight to ensure appropriate implementation.

Oversight, Research & Consultation

Update

Operational Compliance Committee:

- Met with Kaweah Health Medical Group (KHMG) clinical leaders to set up audit plans for their departments.
- Held kickoff meetings with Lab, Diagnostic Imaging and Rural Health Clinics.
- Continued partnership and oversight of established Operational Compliance Committees

Auditing & Monitoring

New

Cardiac DRG Coding Audit – An external audit company completed a review of twenty-five (25) inpatient records was completed to assess the accuracy of DRG assignment, ICD-10-CM diagnosis codes, and ICD-10-PCS procedure codes. The external coding audit noted a 100% coding accuracy rate of DRG compliance. The results have been shared with Health Information Management (HIM) Leadership.

Complete Physician Orders – An internal audit of forty-five (45) randomly selected inpatient accounts was completed to evaluate physician orders. The audit noted a 91% compliance rate. The results of the review have been shared with leadership.

Live with passion.

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



REPORT TO THE BOARD OF DIRECTORS

Surgical Services

Brian Piarcy MSN, RN
Director of Surgical Services
bpiarcy@kawahhealth.org
(559) 624-2409

August 2022

Summary Issue/Service Considered

- Surgical Services has an FY 2022 contribution margin of \$12.9 million, down substantially from FY 2021.
 - We capped our inpatients to only eight a day (average is 12-15) from August 2021 to March 2022 due to the hospital's high census, which contributed to the decrease in contribution margin.
- Volumes are up 7% overall in FY 2022, driven by the outpatient side.
 - Some Total Joint Surgeries, Robotic cases, and Gynecology cases became more outpatient during COVID.
- Inpatient cases/discharges are down 10%, while the contribution margin is down 32% to \$18.4 million.
 - A contributing factor to these decreases was the eight months that inpatients were capped due to high census.
- Outpatient side: O/P Surgery contribution margin loss doubled in FY 2022, ending the year at a loss of -\$7.6 million.
 - Increased direct cost per case in Room/Board, OR/Anesthesia, and Implants.
- Several surgeons whom were expected to contribute a high volume of surgical cases during FY 2022 left the district.
- The reduction in contribution margin is largely due to the continued downward trend in inpatient surgeries, a 10% increase in outpatient surgeries, cost increases and the cap on inpatients.
- Endoscopy contribution margin is trending upward with a total of \$2.1 million in FY 2022.
 - Outpatient endoscopy cases grew from 2,071 in FY 2021 to 2,614 in FY 2022.
 - The endoscopy payer mix is changing with a continued increase in Medicare Managed Care and a decrease in Mgd. Care/Other each fiscal year since 2019.

Quality/Performance Improvement Data

1. Operating Room Efficiency and Effectiveness Strategic Plan

- First Case Delays: The first case days affect how the day runs and can cause the entire day to run late.
 - We are tracking the different delays and holding each group accountable. Surgeons have the highest percentage of delays.
 - The O.R. Governance is holding surgeons who have trends in first case delays accountable by removing morning block time for one quarter.
- Surgeon Block Utilization
 - Surgeons have assigned blocks throughout the month.
 - The O.R. Governance reviews the data every quarter. If a surgeon has trended below 50% utilization, the surgeon has 1 quarter to make improvements, or they could lose some of their assigned blocks.
 - Sending surgeons their block utilization data on a monthly basis.
 - Starting in September, surgery leadership will be reviewing surgeon variances based on what they are performing compared to what we budgeted for in FY 23. We will be meeting with the specific surgeons to understand their obstacles.
- Surgeon non-operative “wait time”
 - The time when a surgeon completes a surgical case to when they start on their next case.
 - The O.R. Task Force committee is a multidisciplinary team that is working on projects to help overall efficiencies.
 - Examples: Electronic consent, Timeliness of surgeon paperwork, creating a way to identify when the surgeon enters the hospital, O.R. storage room realignment (to create equipment in areas closer to staff), Staff ratios, and anesthesia medications being pre-filled.

2. Enhanced Recovery After Surgery (ERAS) Program

- Program refers to a patient-centered, evidence-based, multidisciplinary team that develops pathways for surgical specialties and hospitals to follow. The program reduces the length of stay, decreases the surgical stress response, and facilitates patient recovery.
- We currently have Colorectal and Orthopedic Surgery Pathways.
 - Gynecologic and Neuro Surgery are the next phases.

3. Center of Excellence in Minimally Invasive Gynecologic Surgery and Robotic Surgery.

- 1 of 8 facilities as Center of Excellence Gynecology in California
- 1 of 13 facilities as Center of Excellence in Robotic Surgery in California
 - However, we are the first in the Central Valley for both.

Policy, Strategic or Tactical Issues

1. Sterile Processing Construction Project and Location

- We are installing a third instrument washer, a new cart washer, and adding new sinks to wash instruments.
- The instrument washing process is currently completed in the Mineral King Decontam room, and all of the sterilizing is completed in the Acequia Wing Sterile Processing Department.
 - The project should be completed by the end of the year.

2. Staff Vacancies

- Multiple staff vacancies throughout the surgical services departments. We have staffed multiple areas with contracted labor to keep up with the volumes.

3. Main Operating Room Light Project

- We have a phased approach to replacing the main O.R. lights in each suite. The next phase is O.R. rooms 1, 9, and 6.

4. Female Surgeon Locker Room/ Resident Lounge Project

- In the Office of State-Wide Health Planning and Development (OSHPD)

Recommendations/Next Steps

1. Staff Vacancies

- We believe in growing our own and have sent one full-time staff to Surgical Technologist School at Porterville Adult School. This semester we are sending two more.
- We have sent two Registered Nurses to the Registered Nurse First Assistant School over the last two years.
- We have three Surgical Technologists who are currently in nursing school, one of them is a part of the COS part-time program.
- We have been working with Human Resources on tuition reimbursement for current staff. This is a morale booster for people who have a large number of student loans.
- We currently take three surgical technologists and three registered nurse students from various colleges. We start recruiting as soon as they hit the floor.

2. Main Operating Room Light Project

- Working with the light company to get costs associated with the project to get them replaced quickly.

3. Computer Software Program for the Main O.R. called TAGNOS

- Provides in-time data allowing surgeons, anesthesia, and surgery leadership the information needed to implement change in a timely manner.
- Tracks patients in time as they glide through their Perioperative experience. Provides information to the surgeons, anesthesia, nursing, and to the patient's family.
- Communicates to the surgical services team's key points that prompt them to prepare for the next phase of the patient as well as for the following patient. It takes away many of the unnecessary phone calls staff has to make.

4. Instrument Tracking System (*This is purchased and in the process of being built*).

- Tracks surgery case carts, instrument trays, loaner trays, instruments and trays that go out for repair, and staff productivity.
 - The build will take another six months to perfect. With the current distance from the O.R. to the sterile processing department, this will provide staff with knowledge of where instruments/carts are instead of having to look for in manually.

Approvals/Conclusions

Inpatient Key Takeaways

- Inpatient cases/discharges are down 10%, while the contribution margin is down 32% to \$18.4 million.
- General Surgery, which makes up 19% of our inpatient surgery contribution margin, is down \$3.2 million in contribution margin due to higher expenses and the lack of the handful of high-paying Medi-Cal COVID cases seen in FY 2021.
- Thoracic Surgery has small volumes, with big cases and long stays. The contribution margin is \$5.4 million, with an additional \$1.5 million in FY 2022. Large ECMO/TRACH stop loss cases in both years.
- Orthopedic surgery currently makes up 19% of our inpatient surgery contribution margin. Discharges are down 7%, with a contribution margin down \$1.4 million.
- Multiple Significant Trauma service line has small volumes of catastrophic cases. Consistent contribution margin over the years, however down \$1.5 million in FY 2022 due to lower volumes and cost increases.
- Vascular Surgery cases declined by 4%, and contribution margin declined by \$1 million due to higher cost per case and lower reimbursement rates in all payers except for Medicare.

OP Surgery

- Outpatient surgery cases grew by 10% in FY 2022.
- We saw 5,590 cases that lost \$1,367 per case, for a total loss of \$7.6 million, double the loss of the prior year and similar to the FY 2020 loss.

- The primary difficulty of this service is the low reimbursement we receive for Medi-Cal Managed Care cases. In FY 2022, this payer is responsible for a \$6 million loss.
- Another newer issue is the increase we are seeing in Medicare Managed Care cases, which has a CM loss per case of \$1,771. The total CM loss in FY 2022 is \$1.3 million, double that of FY 2021. The main cause is the direct cost increase, but also increasing volumes.
- Humana Cap is growing and is now 60% of volumes for Medicare Mgd. Care.

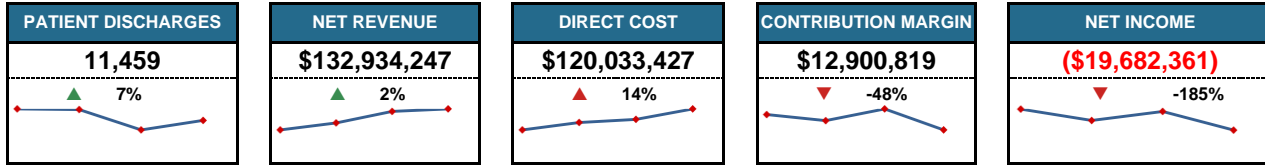
General Surgery

- Top Procedures are Lap Chole's, Major Bowel, Appendectomies, Infectious and Parasitic Diseases, and Amputation DRGs.
 - Case volumes downward trend over the last four years, ending down 3% in FY 2022.
 - Patient days consistent until FY 2022, then down 6%, ALOS at 7.4 days.
 - Non-COVID Opportunity LOS is currently 2 days.
 - Contribution margin is notably lower at \$5.3 million.
 - Drop in the typical contribution margin for this service line, ended lower due to:
 - Lower volumes
 - Lower reimbursement per case, mainly due to a lower number of higher paying COVID cases, and FY 2021 had a handful of very large Medi-Cal COVID cases not seen in FY 2022.
 - Direct cost per case increase is related to a longer LOS than pre-COVID, as well as a 10% increase in Room/Board cost per case and a 9% increase in OR/Anesthesia cost per case.
 - Payer mix mainly Medicare and Medi-Cal Managed Care

Orthopedic Surgery

- Top procedures Major Joints, Spines, and Hip & Femur Cases
 - Case volumes have taken a hit due to the closure of elective cases during the pandemic, as well as the continued movement of many Total Knees, and to some Total Hips, to the outpatient setting.
 - Contribution margin is down to its lowest point in 4 years at nearly \$3.5 million.

KEY METRICS - FY 2022 Twelve Months Ended June 30, 2022



*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

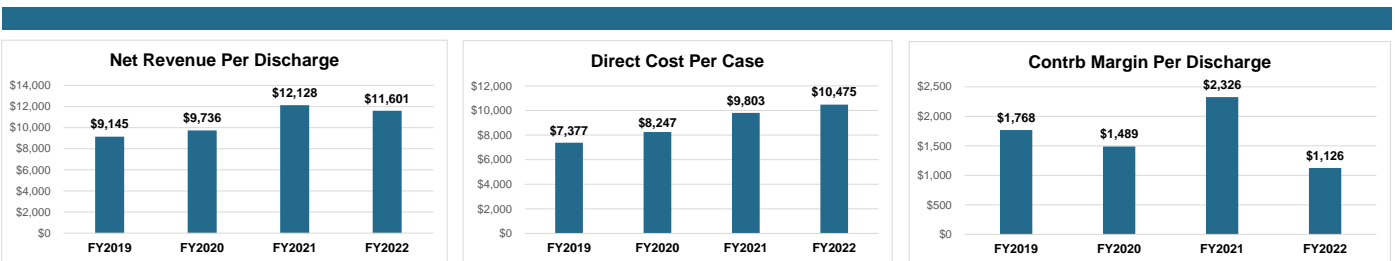
METRICS BY SERVICE LINE - FY 2022

SERVICE LINE	PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
General Surgery	1,083	\$28,389,773	\$23,033,130	\$5,356,643	(\$1,525,571)
Inpatient Thoracic Surgery	86	\$19,351,794	\$13,996,646	\$5,355,148	\$1,785,577
Inpatient Orthopedics	1,099	\$28,199,296	\$24,751,161	\$3,448,135	(\$2,301,122)
Inpatient Trauma MSDRGs	67	\$5,820,323	\$3,372,072	\$2,448,251	\$1,536,637
Endoscopy	2,614	\$4,546,118	\$2,400,781	\$2,145,337	\$1,371,051
Inpatient Vascular Surgery	241	\$5,860,307	\$4,685,382	\$1,174,925	(\$194,445)
Inpatient Robotic Surgery	89	\$1,747,391	\$1,236,048	\$511,343	\$28,579
Inpatient Gynecology	64	\$824,430	\$568,378	\$256,052	\$62,247
Outpatient Robotic Surgery	214	\$1,250,540	\$1,230,438	\$20,102	(\$574,489)
Inpatient Urology	37	\$911,764	\$900,006	\$11,758	(\$256,225)
Inpatient Neurosurgery	80	\$3,304,085	\$3,363,129	(\$59,044)	(\$851,707)
Inpatient Surgery in other SLs	195	\$5,373,053	\$5,498,417	(\$125,364)	(\$1,607,197)
Outpatient Surgery	5,590	\$27,355,373	\$34,997,839	(\$7,642,467)	(\$17,155,696)
Surgical Services Totals	11,459	\$132,934,247	\$120,033,427	\$12,900,819	(\$19,682,361)

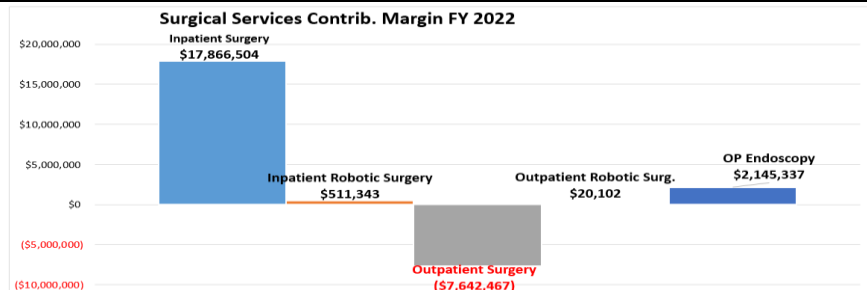
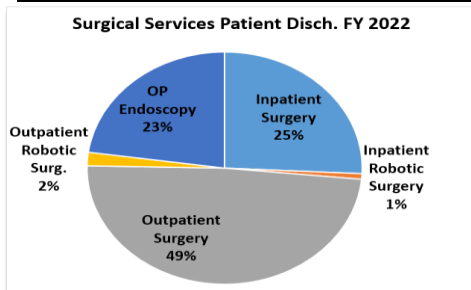
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	12,304	12,255	10,758	11,459	▲ 7%	
Net Revenue	\$112,520,876	\$119,315,179	\$130,477,627	\$132,934,247	▲ 2%	
Direct Cost	\$90,761,546	\$101,069,260	\$105,455,480	\$120,033,427	▲ 14%	
Contribution Margin	\$21,759,329	\$18,245,919	\$25,022,146	\$12,900,819	▼ -48%	
Indirect Cost	\$27,050,071	\$31,309,070	\$31,930,659	\$32,583,180	▲ 2%	
Net Income	(\$5,290,742)	(\$13,063,151)	(\$6,908,513)	(\$19,682,361)	▼ -185%	
Net Revenue Per Discharge	\$9,145	\$9,736	\$12,128	\$11,601	▼ -4%	
Direct Cost Per Discharge	\$7,377	\$8,247	\$9,803	\$10,475	▲ 7%	
Contrb Margin Per Discharge	\$1,768	\$1,489	\$2,326	\$1,126	▼ -52%	

GRAPHS

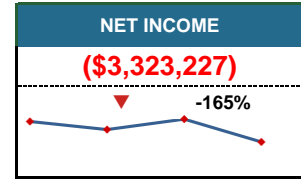
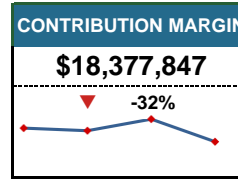
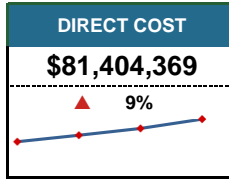
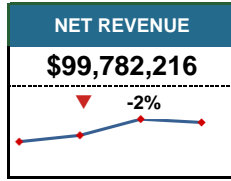
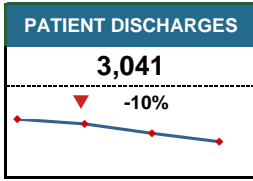


ADDITIONAL GRAPHS



Notes:
Source: Inpatient and Outpatient Service Line Reports
Criteria: Inpatient Surgeries, Outpatient Surgeries and Endoscopy
Criteria: specific selection for each Service Line (noted on the individual Service Line Tabs)

KEY METRICS - FY 2022 Twelve Months Ended June 30, 2022



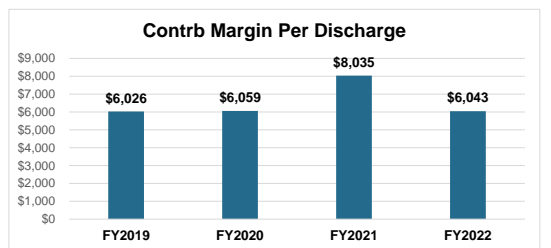
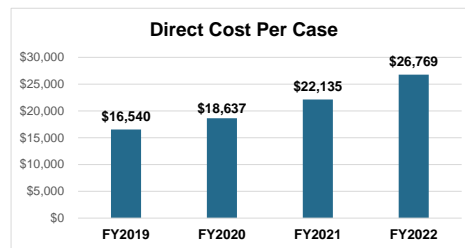
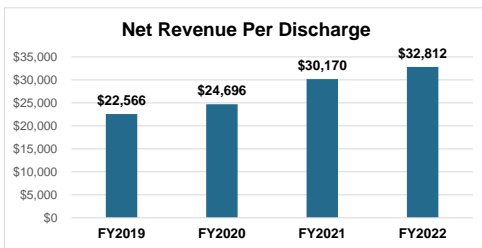
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS BY SERVICE LINE - FY 2022

SERVICE LINE	PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
General Surgery	1,083	\$28,389,773	\$23,033,130	\$5,356,643	(\$1,525,571)
Inpatient Thoracic Surgery	86	\$19,351,794	\$13,996,646	\$5,355,148	\$1,785,577
Inpatient Orthopedics	1,099	\$28,199,296	\$24,751,161	\$3,448,135	(\$2,301,122)
Inpatient Trauma MSDRGs	67	\$5,820,323	\$3,372,072	\$2,448,251	\$1,536,637
Inpatient Vascular Surgery	241	\$5,860,307	\$4,685,382	\$1,174,925	(\$194,445)
Inpatient Robotic Surgery	89	\$1,747,391	\$1,236,048	\$511,343	\$28,579
Inpatient Gynecology	64	\$824,430	\$568,378	\$256,052	\$62,247
Inpatient Urology	37	\$911,764	\$900,006	\$11,758	(\$256,225)
Inpatient Neurosurgery	80	\$3,304,085	\$3,363,129	(\$59,044)	(\$851,707)
Inpatient Surgery in other SLs	195	\$5,373,053	\$5,498,417	(\$125,364)	(\$1,607,197)
Inpatient Surgery Summary	3,041	\$99,782,216	\$81,404,369	\$18,377,847	(\$3,323,227)

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	3,921	3,734	3,371	3,041	▼ -10%	
Net Revenue	\$88,481,262	\$92,215,035	\$101,701,612	\$99,782,216	▼ -2%	
Direct Cost	\$64,853,476	\$69,592,146	\$74,615,802	\$81,404,369	▲ 9%	
Contribution Margin	\$23,627,786	\$22,622,889	\$27,085,810	\$18,377,847	▼ -32%	
Indirect Cost	\$19,408,118	\$21,400,971	\$22,011,781	\$21,701,074	▼ -1%	
Net Income	\$4,219,668	\$1,221,918	\$5,074,029	(\$3,323,227)	▼ -165%	
Net Revenue Per Discharge	\$22,566	\$24,696	\$30,170	\$32,812	▲ 9%	
Direct Cost Per Discharge	\$16,540	\$18,637	\$22,135	\$26,769	▲ 21%	
Contrb Margin Per Discharge	\$6,026	\$6,059	\$8,035	\$6,043	▼ -25%	

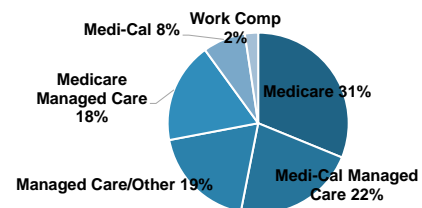
GRAPHS



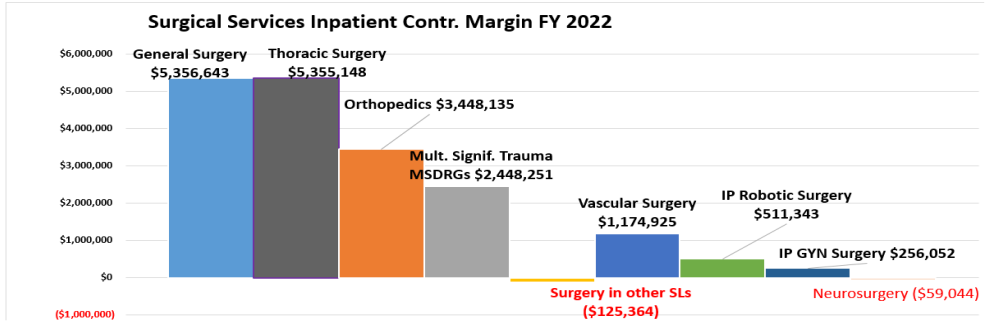
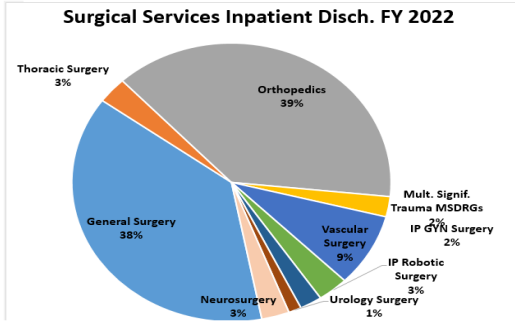
PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	39%	36%	31%	31%
Medi-Cal Managed Care	20%	20%	23%	22%
Managed Care/Other	20%	20%	20%	19%
Medicare Managed Care	12%	13%	15%	18%
Medi-Cal	6%	9%	8%	8%
Work Comp	3%	1%	2%	2%

FY 2022 PAYER MIX

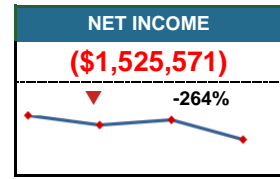
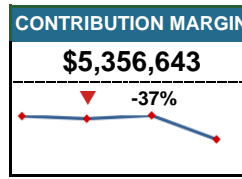
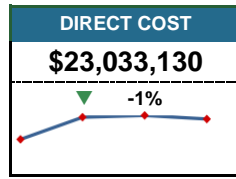
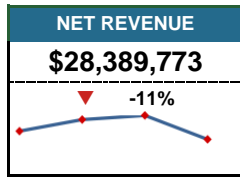
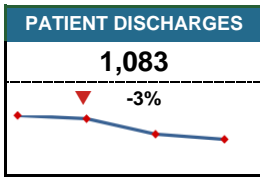


KEY METRICS - FY 2022 Twelve Months Ended June 30, 2022



Notes:
 Source: Inpatient Service Line Reports.

KEY METRICS - FY 2022 Twelve Months Ended June 30, 2022

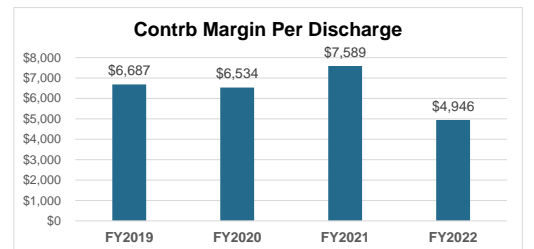
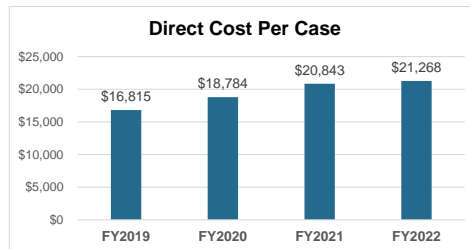
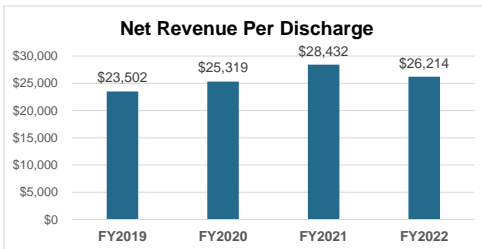


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	1,259	1,235	1,121	1,083	▼ -3%	
Patient Days	8,548	8,417	8,575	8,064	▼ -6%	
ALOS	6.8	6.8	7.6	7.4	▼ -3%	
GM LOS	5.3	5.5	5.5	5.4	▼ -3%	
Net Revenue	\$29,588,677	\$31,268,351	\$31,872,043	\$28,389,773	▼ -11%	
Direct Cost	\$21,170,220	\$23,198,823	\$23,364,835	\$23,033,130	▼ -1%	
Contribution Margin	\$8,418,457	\$8,069,528	\$8,507,208	\$5,356,643	▼ -37%	
Indirect Cost	\$6,935,465	\$7,784,061	\$7,579,690	\$6,882,214	▼ -9%	
Net Income	\$1,482,992	\$285,467	\$927,518	(\$1,525,571)	▼ -264%	
Net Revenue Per Discharge	\$23,502	\$25,319	\$28,432	\$26,214	▼ -8%	
Direct Cost Per Discharge	\$16,815	\$18,784	\$20,843	\$21,268	▲ 2%	
Contrb Margin Per Discharge	\$6,687	\$6,534	\$7,589	\$4,946	▼ -35%	

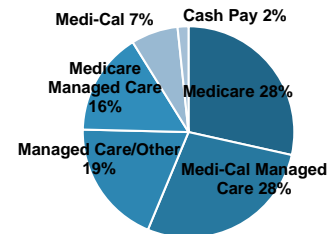
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

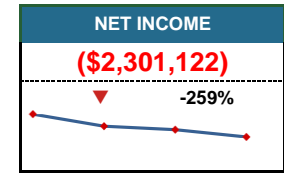
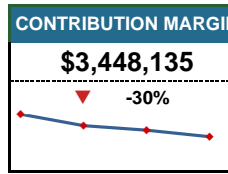
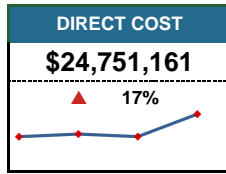
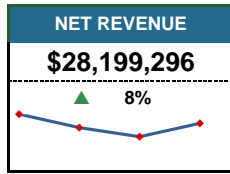
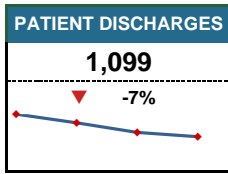
PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	36%	33%	28%	28%
Medi-Cal Managed Care	23%	25%	28%	28%
Managed Care/Other	23%	20%	17%	19%
Medicare Managed Care	8%	11%	15%	16%
Medi-Cal	8%	9%	10%	7%
Cash Pay	1%	1%	1%	2%

FY 2022 PAYER MIX



Notes:
 Source: Inpatient Service Line Report
 Selection Criteria: Inpatient Service Line is General Surgery, Surgery Flag= 1 and DaVinci Flag =0

KEY METRICS - FY 2022 Twelve Months Ended June 30, 2022

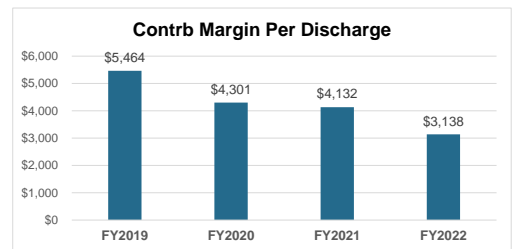
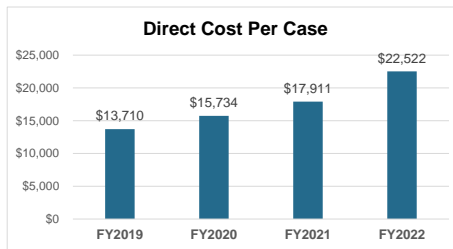
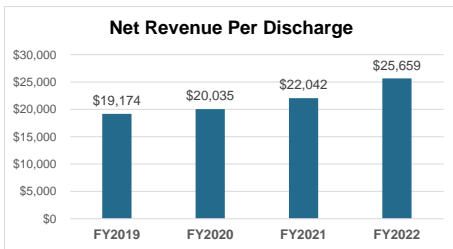


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

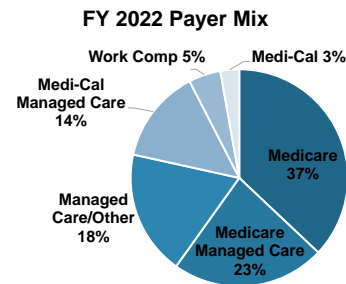
METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	1,546	1,374	1,184	1,099	▼ -7%	↓
Patient Days	5,255	4,525	4,843	5,649	▲ 17%	↓
ALOS	3.4	3.3	4.1	5.1	▲ 26%	↓
GM LOS	3.1	3.1	3.3	3.5	▲ 5%	↓
Net Revenue	\$29,643,176	\$27,528,232	\$26,097,950	\$28,199,296	▲ 8%	↓
Direct Cost	\$21,195,890	\$21,619,131	\$21,206,045	\$24,751,161	▲ 17%	↓
Contribution Margin	\$8,447,286	\$5,909,101	\$4,891,905	\$3,448,135	▼ -30%	↓
Indirect Cost	\$5,556,313	\$5,764,911	\$5,532,843	\$5,749,257	▲ 4%	↓
Net Income	\$2,890,973	\$144,190	(\$640,938)	(\$2,301,122)	▼ -259%	↓
Net Revenue Per Discharge	\$19,174	\$20,035	\$22,042	\$25,659	▲ 16%	↓
Direct Cost Per Discharge	\$13,710	\$15,734	\$17,911	\$22,522	▲ 26%	↓
Contrb Margin Per Discharge	\$5,464	\$4,301	\$4,132	\$3,138	▼ -24%	↓

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	43%	42%	38%	37%
Medicare Managed Care	16%	18%	22%	23%
Managed Care/Other	22%	23%	20%	18%
Medi-Cal Managed Care	13%	10%	12%	14%
Work Comp	3%	3%	3%	5%
Medi-Cal	3%	3%	4%	3%
Cash Pay	0%	1%	0%	1%



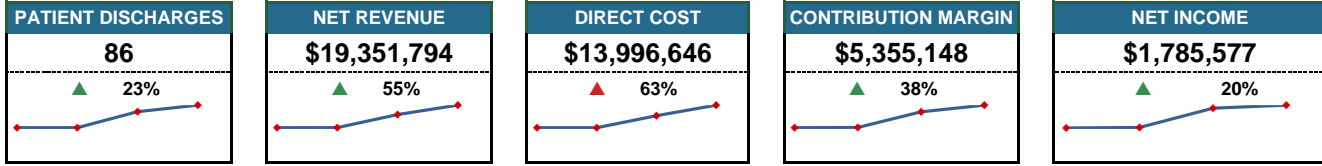
Notes:
 Source: Inpatient Service Line Report
 Selection Criteria: Inpatient Service Line is Orthopedics, Surgery Flag= 1 and DaVinci Flag =0

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Inpatient Thoracic Surgery

FY2022

KEY METRICS - FY 2022 Twelve Months Ended June 30, 2022

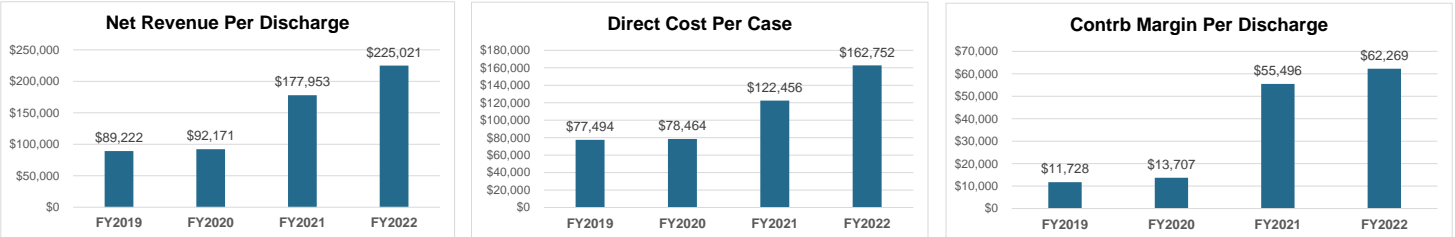


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

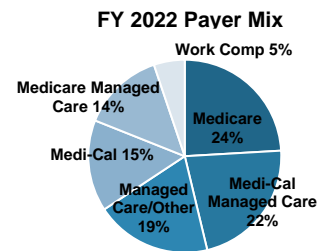
METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	31	31	70	86	▲ 23%	
Patient Days	801	782	2,660	4,042	▲ 52%	
ALOS	25.8	25.2	38.0	47.0	▲ 24%	
GM LOS	12.9	14.8	17.2	20.0	▲ 16%	
Net Revenue	\$2,765,870	\$2,857,289	\$12,456,687	\$19,351,794	▲ 55%	
Direct Cost	\$2,402,302	\$2,432,382	\$8,571,945	\$13,996,646	▲ 63%	
Contribution Margin	\$363,568	\$424,907	\$3,884,742	\$5,355,148	▲ 38%	
Indirect Cost	\$768,147	\$778,839	\$2,391,740	\$3,569,571	▲ 49%	
Net Income	(\$404,579)	(\$353,932)	\$1,493,002	\$1,785,577	▲ 20%	
Net Revenue Per Discharge	\$89,222	\$92,171	\$177,953	\$225,021	▲ 26%	
Direct Cost Per Discharge	\$77,494	\$78,464	\$122,456	\$162,752	▲ 33%	
Contrb Margin Per Discharge	\$11,728	\$13,707	\$55,496	\$62,269	▲ 12%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	29%	40%	22%	24%
Medi-Cal Managed Care	10%	37%	34%	22%
Managed Care/Other	19%	10%	29%	19%
Medi-Cal	3%	7%	6%	15%
Medicare Managed Care	14%	6%	7%	14%
Work Comp	24%	0%	2%	5%



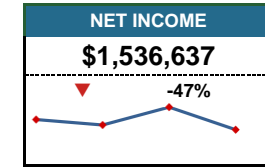
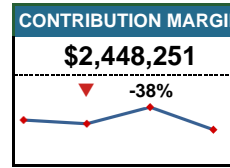
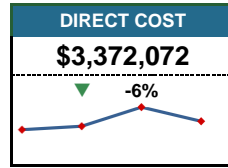
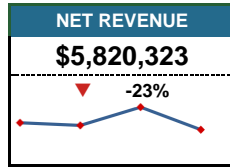
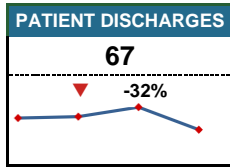
Notes:
 Source: Inpatient Service Line Report
 Selection Criteria: Inpatient Service Line is Thoracic Surgery, Surgery Flag= 1 and DaVinci Flag =0

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Multiple Significant Trauma Service Line*

FY2022

KEY METRICS - FY 2022 Twelve Months Ended June 30, 2022

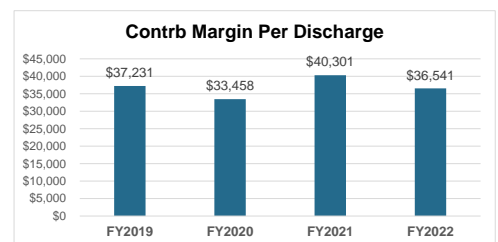
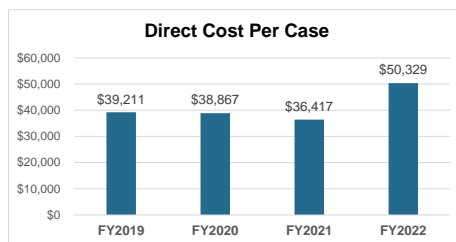
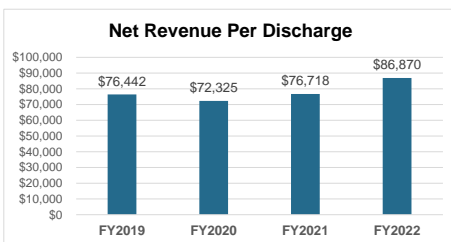


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

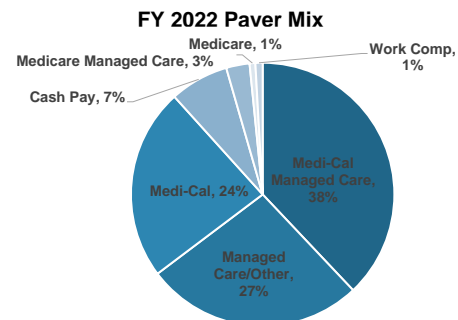
METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	83	85	98	67	▼ -32%	
Patient Days	957	938	1,048	1,024	▼ -2%	
ALOS	11.53	11.04	10.69	15.28	▲ 43%	
GM LOS	7.74	7.38	7.24	7.41	▲ 2%	
Net Revenue	\$6,344,716	\$6,147,653	\$7,518,381	\$5,820,323	▼ -23%	
Direct Cost	\$3,254,527	\$3,303,694	\$3,568,866	\$3,372,072	▼ -6%	
Contribution Margin	\$3,090,189	\$2,843,959	\$3,949,515	\$2,448,251	▼ -38%	
Indirect Cost	\$945,843	\$1,024,348	\$1,065,259	\$911,614	▼ -14%	
Net Income	\$2,144,346	\$1,819,611	\$2,884,256	\$1,536,637	▼ -47%	
Net Revenue Per Discharge	\$76,442	\$72,325	\$76,718	\$86,870	▲ 13%	
Direct Cost Per Discharge	\$39,211	\$38,867	\$36,417	\$50,329	▲ 38%	
Contrb Margin Per Discharge	\$37,231	\$33,458	\$40,301	\$36,541	▼ -9%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2019	FY2020	FY2021	FY2022
Medi-Cal Managed Care	35%	30%	34%	38%
Managed Care/Other	27%	15%	23%	27%
Medi-Cal	16%	29%	21%	24%
Cash Pay	0%	7%	0%	7%
Medicare Managed Care	3%	3%	3%	3%
Medicare	10%	14%	11%	1%
Work Comp	9%	2%	9%	1%



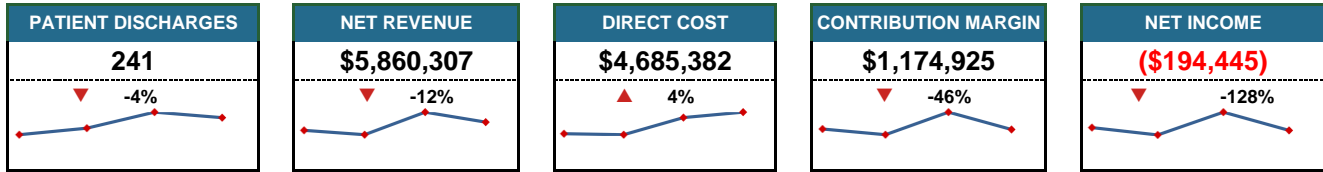
Notes:
 Source: Inpatient Service Line Report
 Selection Criteria: Inpatient Service Line is Trauma, Surgery Flag= 1 and DaVinci Flag =0
 *The Trauma Service Line is not the same thing as Trauma Activations. The Trauma Service Line is based upon MSDRGs.

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Inpatient Vascular Surgery

FY2022

KEY METRICS - FY 2022 Twelve Months Ended June 30, 2022

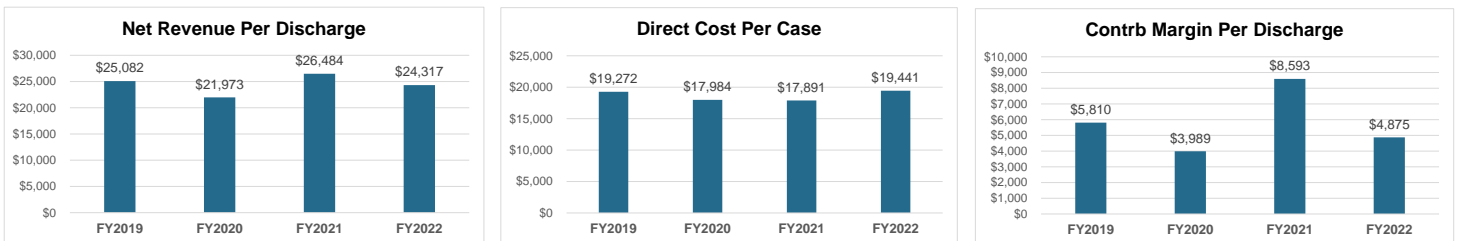


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

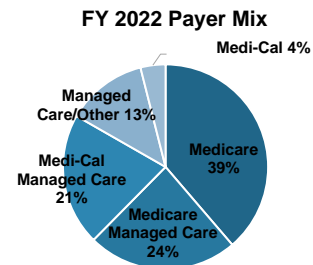
METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	207	220	252	241	▼ -4%	
Patient Days	1,602	1,357	1,728	1,631	▼ -6%	
ALOS	7.74	6.17	6.86	6.77	▼ -1%	
GM LOS	4.55	4.24	4.87	4.87	▶ 0%	
Net Revenue	\$5,192,008	\$4,834,162	\$6,673,893	\$5,860,307	▼ -12%	
Direct Cost	\$3,989,251	\$3,956,509	\$4,508,407	\$4,685,382	▲ 4%	
Contribution Margin	\$1,202,757	\$877,653	\$2,165,486	\$1,174,925	▼ -46%	
Indirect Cost	\$1,258,936	\$1,293,840	\$1,459,242	\$1,369,370	▼ -6%	
Net Income	(\$56,179)	(\$416,187)	\$706,244	(\$194,445)	▼ -128%	
Net Revenue Per Discharge	\$25,082	\$21,973	\$26,484	\$24,317	▼ -8%	
Direct Cost Per Discharge	\$19,272	\$17,984	\$17,891	\$19,441	▲ 9%	
Contrb Margin Per Discharge	\$5,810	\$3,989	\$8,593	\$4,875	▼ -43%	

PER CASE TRENDED GRAPHS



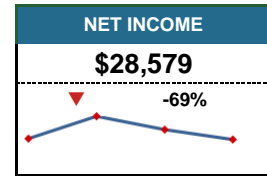
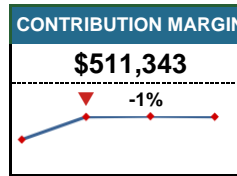
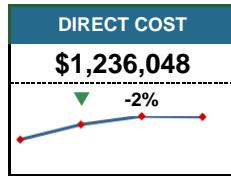
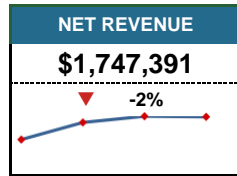
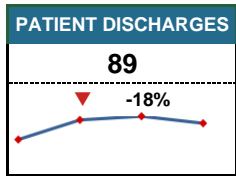
PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	61%	47%	41%	39%
Medicare Managed Care	11%	20%	22%	24%
Medi-Cal Managed Care	15%	20%	19%	21%
Managed Care/Other	9%	9%	13%	13%
Medi-Cal	3%	4%	5%	4%



Notes:
 Source: Inpatient Service Line Report
 Selection Criteria: Inpatient Service Line is Vascular Surgery, Surgery Flag= 1 and DaVinci Flag =0

KEY METRICS - FY 2022 Twelve Months Ended June 30, 2022

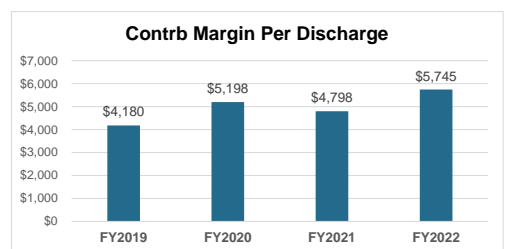
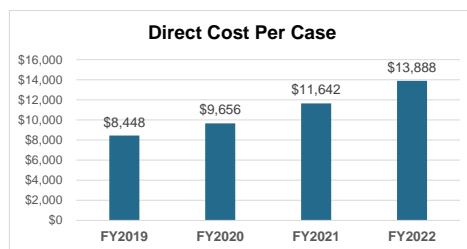
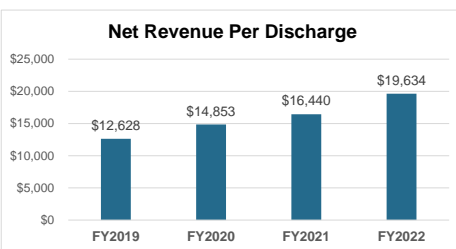


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

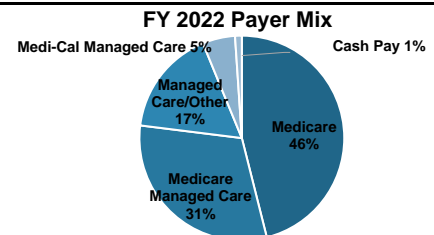
METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	45	98	108	89	▼ -18%	
Patient Days	107	272	345	339	▼ -2%	
ALOS	2.38	2.78	3.19	3.81	▲ 19%	
GM LOS	2.40	2.92	2.97	3.52	▲ 19%	
Net Revenue	\$568,252	\$1,455,635	\$1,775,547	\$1,747,391	▼ -2%	
Direct Cost	\$380,151	\$946,239	\$1,257,374	\$1,236,048	▼ -2%	
Contribution Margin	\$188,101	\$509,396	\$518,173	\$511,343	▼ -1%	
Indirect Cost	\$153,364	\$331,287	\$425,665	\$482,764	▲ 13%	
Net Income	\$34,737	\$178,109	\$92,508	\$28,579	▼ -69%	
Net Revenue Per Discharge	\$12,628	\$14,853	\$16,440	\$19,634	▲ 19%	
Direct Cost Per Discharge	\$8,448	\$9,656	\$11,642	\$13,888	▲ 19%	
Contrb Margin Per Discharge	\$4,180	\$5,198	\$4,798	\$5,745	▲ 20%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (Patient Volumes)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	36%	34%	37%	46%
Medicare Managed Care	13%	21%	21%	31%
Managed Care/Other	40%	29%	28%	17%
Medi-Cal Managed Care	11%	14%	13%	5%
Cash Pay	0%	0%	0%	1%



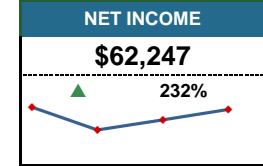
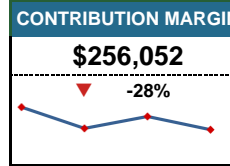
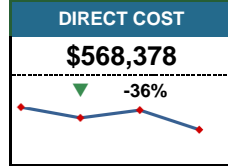
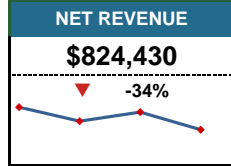
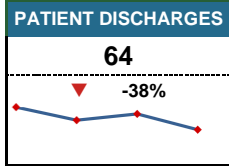
Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient Medical Center with Da Vinci Flag =1

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Inpatient Gynecology

FY2022

KEY METRICS - FY 2022 Twelve Months Ended June 30, 2022

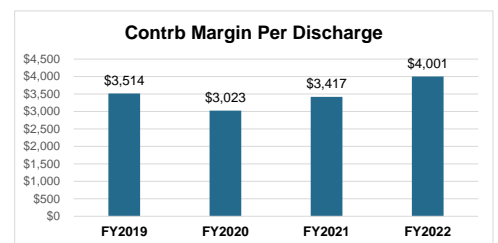
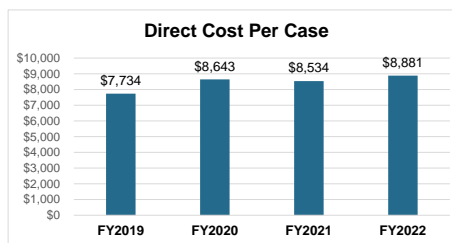
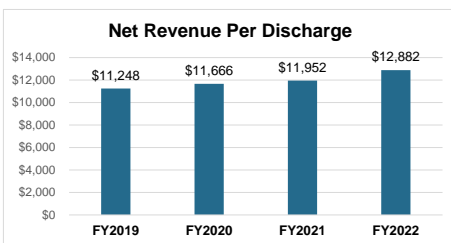


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	121	88	104	64	▼ -38%	
Patient Days	289	195	248	133	▼ -46%	
ALOS	2.39	2.22	2.38	2.08	▼ -13%	
GM LOS	2.22	2.29	2.13	2.12	▶ 0%	
Net Revenue	\$1,360,950	\$1,026,627	\$1,242,965	\$824,430	▼ -34%	
Direct Cost	\$935,790	\$760,564	\$887,552	\$568,378	▼ -36%	
Contribution Margin	\$425,160	\$266,063	\$355,413	\$256,052	▼ -28%	
Indirect Cost	\$353,317	\$289,485	\$336,680	\$193,805	▼ -42%	
Net Income	\$71,843	(\$23,422)	\$18,733	\$62,247	▲ 232%	
Net Revenue Per Discharge	\$11,248	\$11,666	\$11,952	\$12,882	▲ 8%	
Direct Cost Per Discharge	\$7,734	\$8,643	\$8,534	\$8,881	▲ 4%	
Contrb Margin Per Discharge	\$3,514	\$3,023	\$3,417	\$4,001	▲ 17%	

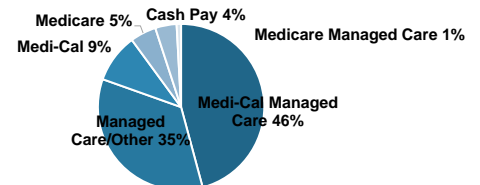
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2019	FY2020	FY2021	FY2022
Medi-Cal Managed Care	53%	41%	50%	46%
Managed Care/Other	26%	44%	31%	35%
Medi-Cal	4%	5%	4%	9%
Medicare	10%	5%	10%	5%
Cash Pay	6%	3%	3%	4%
Medicare Managed Care	2%	3%	3%	1%

FY 2022 Payer Mix



Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient Service Line is Gynecology, Surgery Flag= 1 and DaVinci Flag =0

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Inpatient Urology Surgery

FY2022

KEY METRICS - FY 2022 Twelve Months Ended June 30, 2022

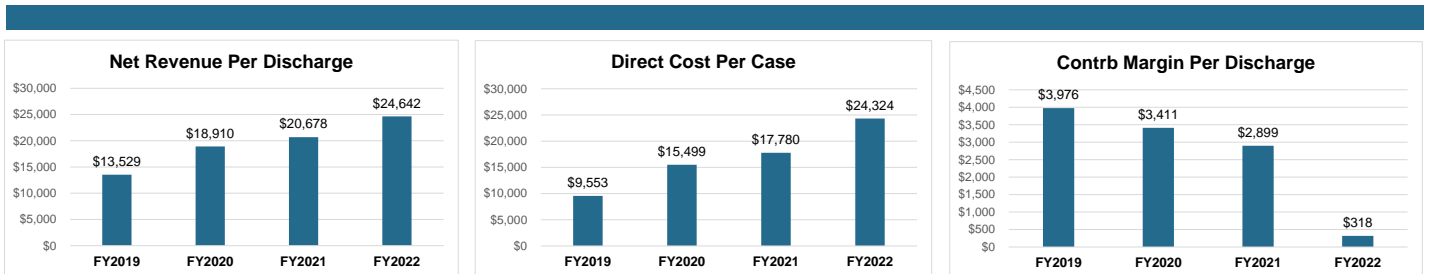


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

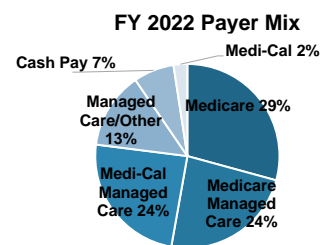
METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	197	167	76	37	▼ -51%	
Patient Days	807	1,018	503	350	▼ -30%	
ALOS	4.10	6.10	6.62	9.46	▲ 43%	
GM LOS	3.41	3.74	4.15	4.65	▲ 12%	
Net Revenue	\$2,665,142	\$3,157,907	\$1,571,544	\$911,764	▼ -42%	
Direct Cost	\$1,881,847	\$2,588,347	\$1,351,256	\$900,006	▼ -33%	
Contribution Margin	\$783,295	\$569,560	\$220,288	\$11,758	▼ -95%	
Indirect Cost	\$648,266	\$856,993	\$436,346	\$267,983	▼ -39%	
Net Income	\$135,029	(\$287,433)	(\$216,058)	(\$256,225)	▼ -19%	
Net Revenue Per Discharge	\$13,529	\$18,910	\$20,678	\$24,642	▲ 19%	
Direct Cost Per Discharge	\$9,553	\$15,499	\$17,780	\$24,324	▲ 37%	
Contrb Margin Per Discharge	\$3,976	\$3,411	\$2,899	\$318	▼ -89%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	21%	33%	36%	29%
Medicare Managed Care	12%	17%	11%	24%
Medi-Cal Managed Care	32%	20%	27%	24%
Managed Care/Other	24%	23%	25%	13%
Cash Pay	0%	0%	1%	7%
Medi-Cal	10%	8%	1%	2%



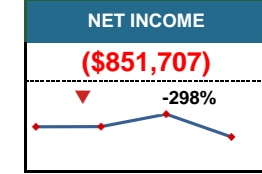
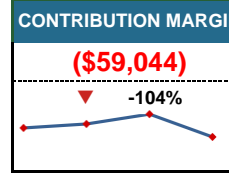
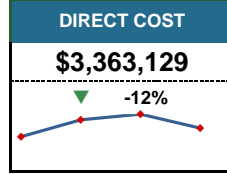
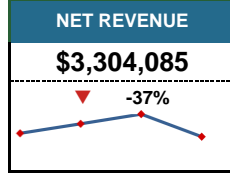
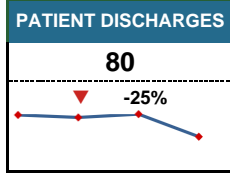
Notes:
 Source: Inpatient Service Line Report
 Selection Criteria: Inpatient Service Line is Urology, Surgery Flag= 1 and DaVinci Flag =0

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - Inpatient Neurosurgery

FY2022

KEY METRICS - FY 2022 Twelve Months Ended June 30, 2022

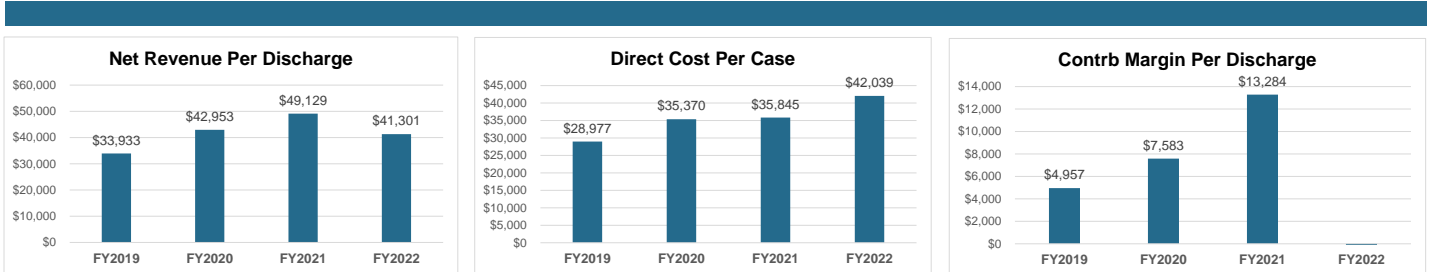


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

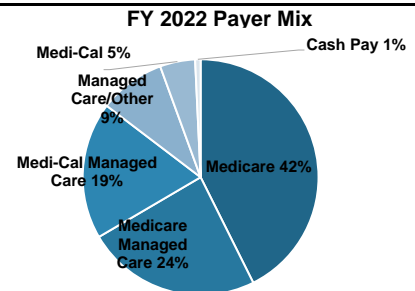
METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	106	103	107	80	▼ -25%	
Patient Days	864	1,028	1,119	866	▼ -23%	
ALOS	8.15	9.98	10.46	10.83	▲ 4%	
GM LOS	5.49	5.87	5.43	5.75	▲ 6%	
Net Revenue	\$3,596,910	\$4,424,117	\$5,256,786	\$3,304,085	▼ -37%	
Direct Cost	\$3,071,509	\$3,643,095	\$3,835,445	\$3,363,129	▼ -12%	
Contribution Margin	\$525,401	\$781,022	\$1,421,341	(\$59,044)	▼ -104%	
Indirect Cost	\$803,327	\$1,051,511	\$990,636	\$792,663	▼ -20%	
Net Income	(\$277,926)	(\$270,489)	\$430,705	(\$851,707)	▼ -298%	
Net Revenue Per Discharge	\$33,933	\$42,953	\$49,129	\$41,301	▼ -16%	
Direct Cost Per Discharge	\$28,977	\$35,370	\$35,845	\$42,039	▲ 17%	
Contrb Margin Per Discharge	\$4,957	\$7,583	\$13,284	(\$738)	▼ -106%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	42%	41%	27%	42%
Medicare Managed Care	11%	9%	9%	24%
Medi-Cal Managed Care	18%	18%	22%	19%
Managed Care/Other	11%	12%	22%	9%
Medi-Cal	14%	18%	20%	5%
Cash Pay	0%	0%	0%	1%



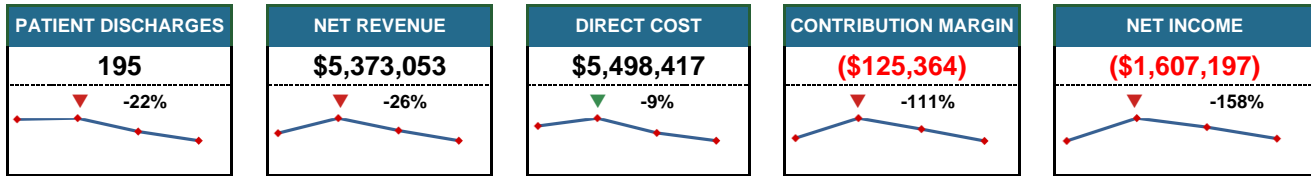
Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient Service Line is Neurosurgery, Surgery Flag= 1 and DaVinci Flag =0

KAWEAH HEALTH ANNUAL BOARD REPORT

Surgical Services - *Inpatient Surgery in other SLs*

FY2022

KEY METRICS - FY 2022 Twelve Months Ended June 30, 2022

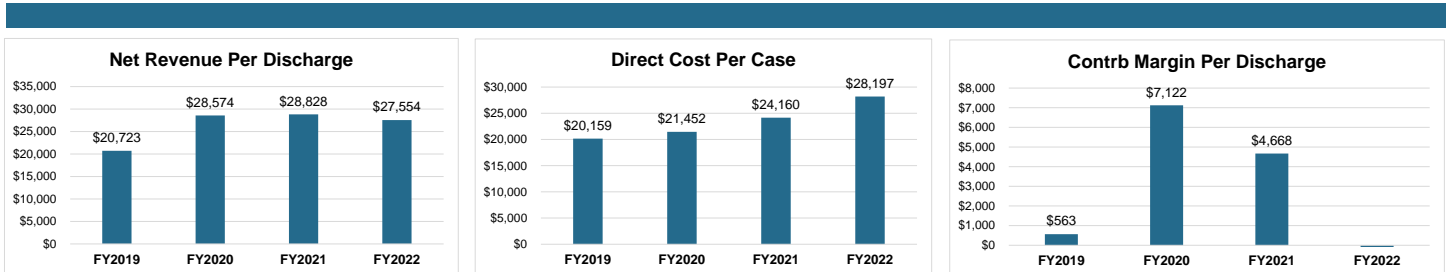


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	326	333	251	195	▼ -22%	
Patient Days	2,101	2,152	1,882	1,642	▼ -13%	
ALOS	6.44	6.46	7.50	8.42	▲ 12%	
GM LOS	3.66	3.84	3.83	3.75	▼ -2%	
Net Revenue	\$6,755,561	\$9,515,062	\$7,235,816	\$5,373,053	▼ -26%	
Direct Cost	\$6,571,989	\$7,143,362	\$6,064,077	\$5,498,417	▼ -9%	
Contribution Margin	\$183,572	\$2,371,700	\$1,171,739	(\$125,364)	▼ -111%	
Indirect Cost	\$1,985,140	\$2,225,696	\$1,793,680	\$1,481,833	▼ -17%	
Net Income	(\$1,801,568)	\$146,004	(\$621,941)	(\$1,607,197)	▼ -158%	
Net Revenue Per Discharge	\$20,723	\$28,574	\$28,828	\$27,554	▼ -4%	
Direct Cost Per Discharge	\$20,159	\$21,452	\$24,160	\$28,197	▲ 17%	
Contrb Margin Per Discharge	\$563	\$7,122	\$4,668	(\$643)	▼ -114%	

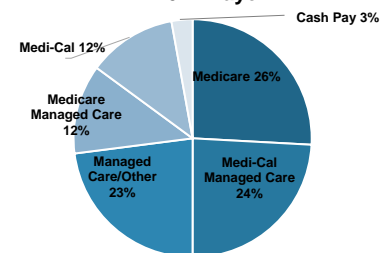
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	33%	29%	31%	26%
Medi-Cal Managed Care	26%	23%	25%	24%
Managed Care/Other	17%	17%	18%	23%
Medicare Managed Care	11%	10%	9%	12%
Medi-Cal	9%	17%	13%	12%
Cash Pay	0%	3%	0%	3%

FY 2022 Payer Mix



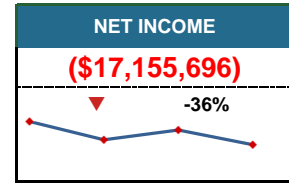
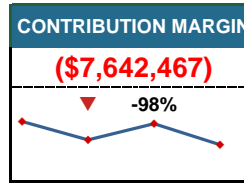
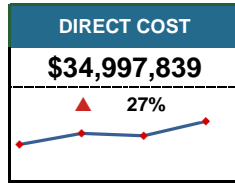
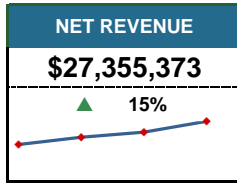
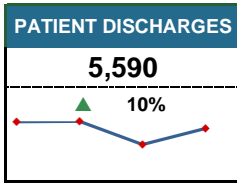
Notes:

Source: Inpatient Service Line Report

Selection Criteria: Inpatient Service Lines excluding General Surgery, Gynecology, Neurosurgery, Orthopedics, Thoracic Surgery, Trauma, Urology and Vascular Surgery.

Additional criteria: with Surgery Flag =1 and Da Vinci flag =0

KEY METRICS - FY 2022 Twelve Months Ended June 30, 2022

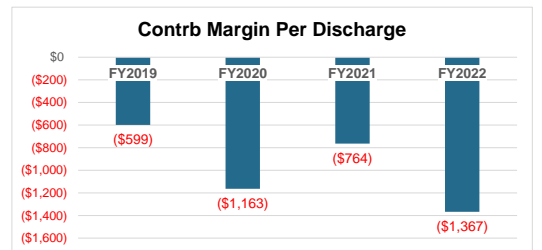
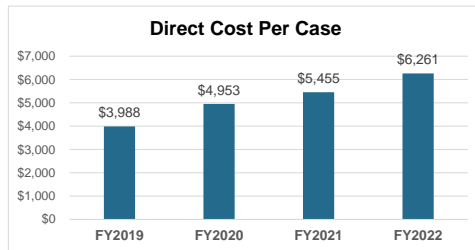
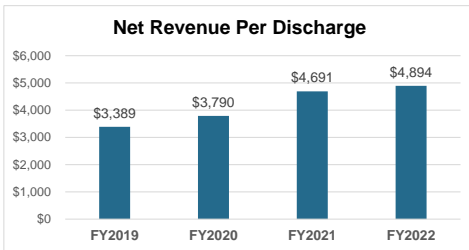


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

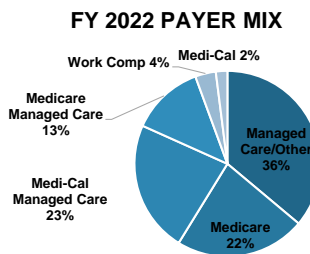
METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	5,809	5,824	5,063	5,590	▲ 10%	
Net Revenue	\$19,685,356	\$22,071,202	\$23,752,033	\$27,355,373	▲ 15%	
Direct Cost	\$23,164,036	\$28,846,911	\$27,620,088	\$34,997,839	▲ 27%	
Contribution Margin	(\$3,478,681)	(\$6,775,709)	(\$3,868,056)	(\$7,642,467)	▼ -98%	
Indirect Cost	\$6,574,082	\$8,866,051	\$8,787,377	\$9,513,229	▲ 8%	
Net Income	(\$10,052,763)	(\$15,641,760)	(\$12,655,433)	(\$17,155,696)	▼ -36%	
Net Revenue Per Discharge	\$3,389	\$3,790	\$4,691	\$4,894	▲ 4%	
Direct Cost Per Discharge	\$3,988	\$4,953	\$5,455	\$6,261	▲ 15%	
Conrb Margin Per Discharge	(\$599)	(\$1,163)	(\$764)	(\$1,367)	▼ -79%	

PER CASE TRENDED GRAPHS



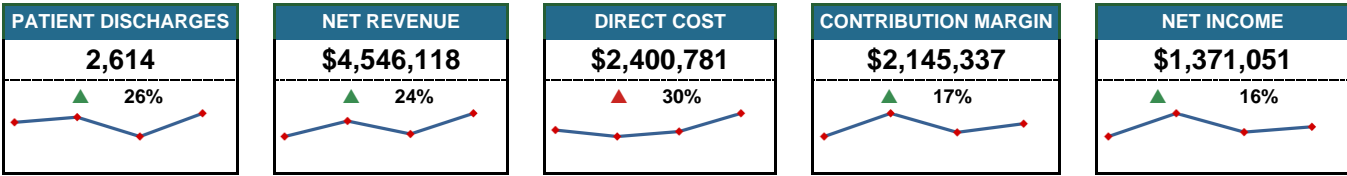
PAYER MIX - 4 YEAR TREND (Patient Volumes)

PAYER	FY2019	FY2020	FY2021	FY2022
Managed Care/Other	36%	36%	36%	36%
Medicare	24%	24%	23%	22%
Medi-Cal Managed Care	24%	23%	23%	23%
Medicare Managed Care	8%	9%	11%	13%
Work Comp	4%	4%	3%	4%
Medi-Cal	2%	2%	2%	2%



Notes:
 Source: Outpatient Service Line Reports

KEY METRICS - FY 2022 Twelve Months Ended June 30, 2022

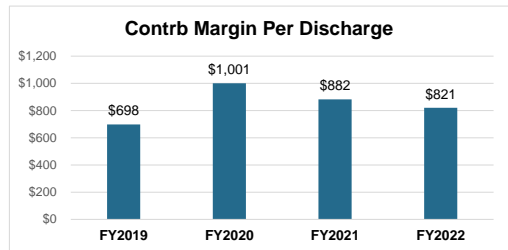
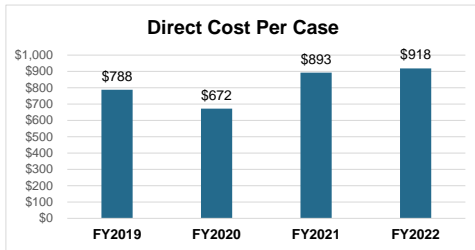
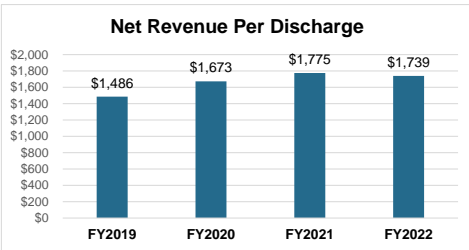


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	2,402	2,523	2,070	2,614	▲ 26%	
Net Revenue	\$3,568,745	\$4,220,775	\$3,674,146	\$4,546,118	▲ 24%	
Direct Cost	\$1,892,158	\$1,695,812	\$1,847,617	\$2,400,781	▲ 30%	
Contribution Margin	\$1,676,587	\$2,524,963	\$1,826,529	\$2,145,337	▲ 17%	
Indirect Cost	\$652,375	\$670,848	\$645,459	\$774,286	▲ 20%	
Net Income	\$1,024,212	\$1,854,115	\$1,181,070	\$1,371,051	▲ 16%	
Net Revenue Per Discharge	\$1,486	\$1,673	\$1,775	\$1,739	▼ -2%	
Direct Cost Per Discharge	\$788	\$672	\$893	\$918	▲ 3%	
Contrb Margin Per Discharge	\$698	\$1,001	\$882	\$821	▼ -7%	

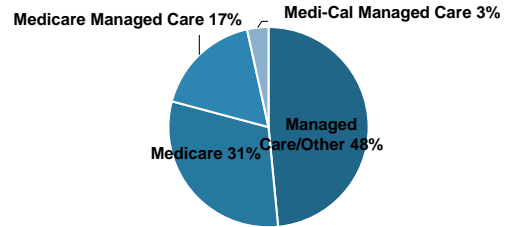
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (Patient Volumes)

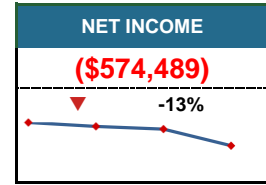
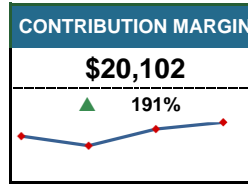
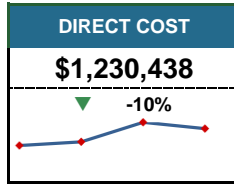
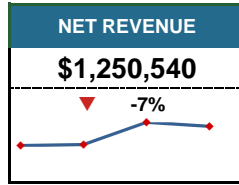
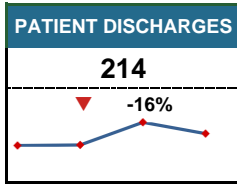
PAYER	FY2019	FY2020	FY2021	FY2022
Managed Care/Other	53%	52%	49%	48%
Medicare	31%	32%	31%	31%
Medicare Managed Care	12%	14%	16%	17%
Medi-Cal Managed Care	4%	2%	3%	3%

FY 2022 Payer Mix



Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line is Endoscopy

KEY METRICS - FY 2022 Twelve Months Ended June 30, 2022

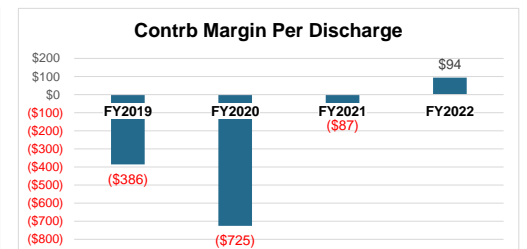
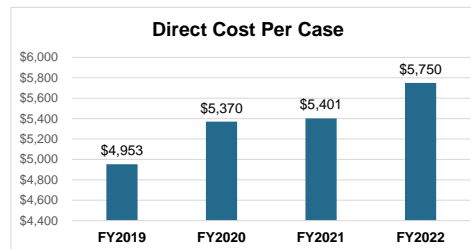
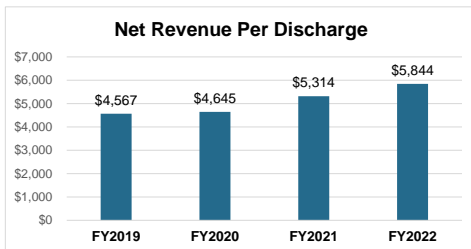


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	172	174	254	214	▼ -16%	
Net Revenue	\$785,513	\$808,167	\$1,349,836	\$1,250,540	▼ -7%	
Direct Cost	\$851,876	\$934,391	\$1,371,973	\$1,230,438	▼ -10%	
Contribution Margin	(\$66,363)	(\$126,224)	(\$22,137)	\$20,102	▲ 191%	
Indirect Cost	\$415,496	\$371,200	\$486,042	\$594,591	▲ 22%	
Net Income	(\$481,859)	(\$497,424)	(\$508,179)	(\$574,489)	▼ -13%	
Net Revenue Per Discharge	\$4,567	\$4,645	\$5,314	\$5,844	▲ 10%	
Direct Cost Per Discharge	\$4,953	\$5,370	\$5,401	\$5,750	▲ 6%	
Contrb Margin Per Discharge	(\$386)	(\$725)	(\$87)	\$94	▲ 208%	

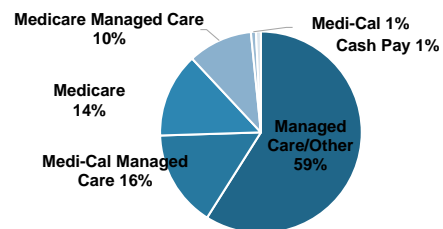
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (Patient Volumes)

PAYER	FY2019	FY2020	FY2021	FY2022
Managed Care/Other	56%	53%	59%	59%
Medi-Cal Managed Care	33%	29%	21%	16%
Medicare	8%	11%	13%	14%
Medicare Managed Care	1%	5%	6%	10%
Medi-Cal	1%	1%	0%	1%
Cash Pay	2%	2%	1%	1%

FY 2022 Payer Mix



Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line is DaVinci Flag



Value Based Purchasing Fiscal Year 2022

Board of Directors Report – August 2022

Tom Gray, MD Medical Director of Quality & Patient Safety &

Abbreviations

CMS: Centers for Medicare and Medicaid Services

DRG: Diagnosis Related Groups

ECE: Extraordinary Circumstances Exception

FY: Fiscal Year

CY: Calendar Year

TPS: Total Performance Score

VBP: Value Based Purchasing

CHA: California Hospital Association

CAUTI – Catheter Associated Urinary Tract Infection

SSI – Surgical Site Infection

CLABSI – Central Line Associated Blood Stream Infection

COPD – Chronic Obstructive Pulmonary Disease

PHE – Public Health Emergency

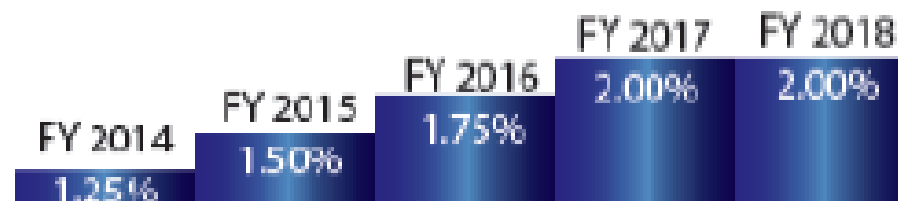
MRSA - Methicillin-resistant Staphylococcus Aureus

VBP – Value Based Purchasing

VBP Payment Method

- “The Hospital VBP Program is funded by a 2% reduction from participating hospitals’ base operating diagnosis-related group (DRG) payments for FY 2018 and beyond.
- Resulting funds are redistributed to hospitals based on their Total Performance Scores (TPS).
- The actual amount earned by each hospital depends on the range and distribution of all eligible/participating hospitals’ TPS scores for a FY.
- It is possible for a hospital to earn back a value-based incentive payment percentage that is less than, equal to, or more than the applicable reduction for that program year.”

CMS Quality Patient Assessment Instruments



VBP CMS Final Rule During Public Health Emergency (PHE) COVID-19 Pandemic

According to the CMS Final Rule Issued in early 2022 the following changes will be made to the VBP 2023 program due to the COVID-19 PHE.

- Establish the measure suppression policy for the duration of the COVID- 19 PHE;
- Suppress the Hospital Consumer Assessment of Healthcare Providers and Systems survey, Medicare Spending Per Beneficiary, and five HAI measures, for the FY 2022 program year;
- Suppress the Pneumonia (PN) 30-Day Mortality Rate measure for the FY 2023 program year; and
- Remove the Patient Safety and Adverse Events Composite (CMS PSI 90) measure beginning with the FY 2023 program year.
- As a result of the above measure suppressions for the FY 2022 program year, CMS believes that calculating a total performance score (TPS) for hospitals using only data from the remaining measures, all of which are in the Clinical Outcomes Domain, would not result in a fair national comparison. Therefore, **CMS will not calculate a TPS for any hospital based on one domain and will instead award to all hospitals a value-based payment amount for each discharge that is equal to the amount withheld.** CMS will also calculate measure rates for all measures and publicly report those rates where feasible and appropriately caveated. The agency will also update the baseline period for certain measures affected by the ECE granted in response
- **The following report represents Kaweah Health's performance if the PHE Pandemic did not occur as a means to measure progress over time.**

FY2022 VBP

Without the ECE, VBP 2022 would have affected Payment adjustment for discharges from Oct 1, 2021 through Sept 30, 2022 for performance achieved during the following performance periods:

- Safety, Efficiency and Engagement Domains Outcomes = CY 2020
- Clinical Care Domain Outcomes = July 1, 2017 through June 30, 2020

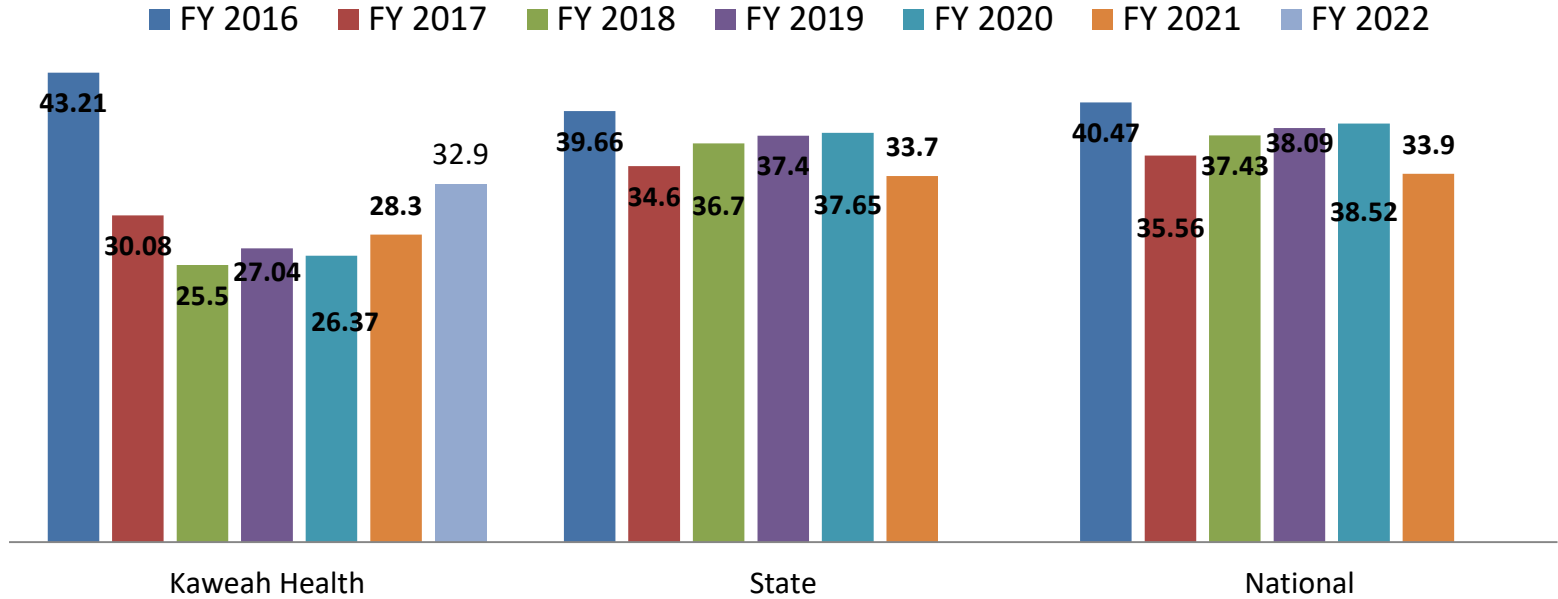
FY 2022 Hospital Value-Based Purchasing Guide			
Payment adjustment effective for discharges from October 1, 2021 through September 30, 2022			
Baseline Period July 1, 2012–June 30, 2015 Measures 30-Day Mortality, Acute Myocardial Infarction (MORT-30-AMI) 0.861793 0.881305 Coronary Artery Bypass Graft (CABG) Surgery 30-Day Mortality Rate (MORT-30-CABG) 0.968210 0.979000 30-Day Mortality, Heart Failure (MORT-30-HF) 0.879869 0.903608 30-Day Mortality, COPD (MORT-30-COPD) 0.920058 0.936962 Baseline Period July 1, 2012–June 30, 2015 Measure 30-Day Mortality, Pneumonia (MORT-30-PN) 0.836122 0.870506 Baseline Period April 1, 2012–March 31, 2015 Measure Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) Complication Rate (COMP-HIP-KNEE) 0.029833 0.021493	Performance Period July 1, 2017–June 30, 2020 Threshold Benchmark 0.881305 0.979000 0.903608 0.936962 0.870506 Performance Period September 1, 2017–June 30, 2020 Threshold Benchmark 0.870506 0.021493	Baseline Period January 1–December 31, 2018 HCAHPS Survey Dimensions Communication with Nurses 15.73 79.18 87.53 Communication with Doctors 19.03 79.72 87.85 Responsiveness of Hospital Staff 25.71 65.95 81.29 Communication about Medicines 10.62 63.59 74.31 Hospital Cleanliness and Quietness 5.89 65.46 79.41 Discharge Information 66.78 87.12 91.95 Care Transition 6.84 51.69 63.11 Overall Rating of Hospital 19.09 71.37 85.18	Performance Period January 1–December 31, 2020 HCAHPS Performance Standards Floor (%) Threshold (%) Benchmark(%) 79.18 87.53 79.72 87.85 65.95 81.29 63.59 74.31 65.46 79.41 87.12 91.95 51.69 63.11 71.37 85.18
Clinical Outcomes		Person and Community Engagement	
25%		25%	
Safety		Efficiency and Cost Reduction	
25%		25%	
Baseline Period January 1–December 31, 2018 Measures (Healthcare-Associated Infections) Central Line-Associated Bloodstream Infections (CLABSI) 0.633 0.000 Catheter-Associated Urinary Tract Infections (CAUTI) 0.727 0.000 Surgical Site Infection (SSI): Colon 0.749 0.000 SSI: Abdominal Hysterectomy 0.727 0.000 Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) 0.748 0.000 Clostridium difficile Infection (CDI) 0.646 0.047	Performance Period January 1–December 31, 2020 Threshold Benchmark 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.047	Baseline Period January 1–December 31, 2018 Measures Medicare Spending per Beneficiary (MSPB) Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period	Performance Period January 1–December 31, 2020 Threshold Benchmark Mean of the lowest decile Medicare Spending per Beneficiary ratios across all hospitals during the performance period
FY 2022 Value-Based Payments Funded by 2.0% Withhold		↓ = Lower Values Indicate Better Performance	

Estimated FY2022 VBP

Kaweah Health’s Estimated VBP Total Performance Score (if PHE exemption did not occur)

- Kaweah Health VBP Total Performance Score (TPS) improved over 3 consecutive years. 2019 = 26.37; 2022=32.9 and would have earned VBP funds if the PHE exemption were not in place
- Kaweah Health is exempt from VBP program for FY2022 due to PHE exemption; data represents KH’s performance, however the Total Performance Score will not be used in VBP 2022 per CMS Final Rule
- State and National TPS not released by CMS

VBP Total Performance Score (TPS)



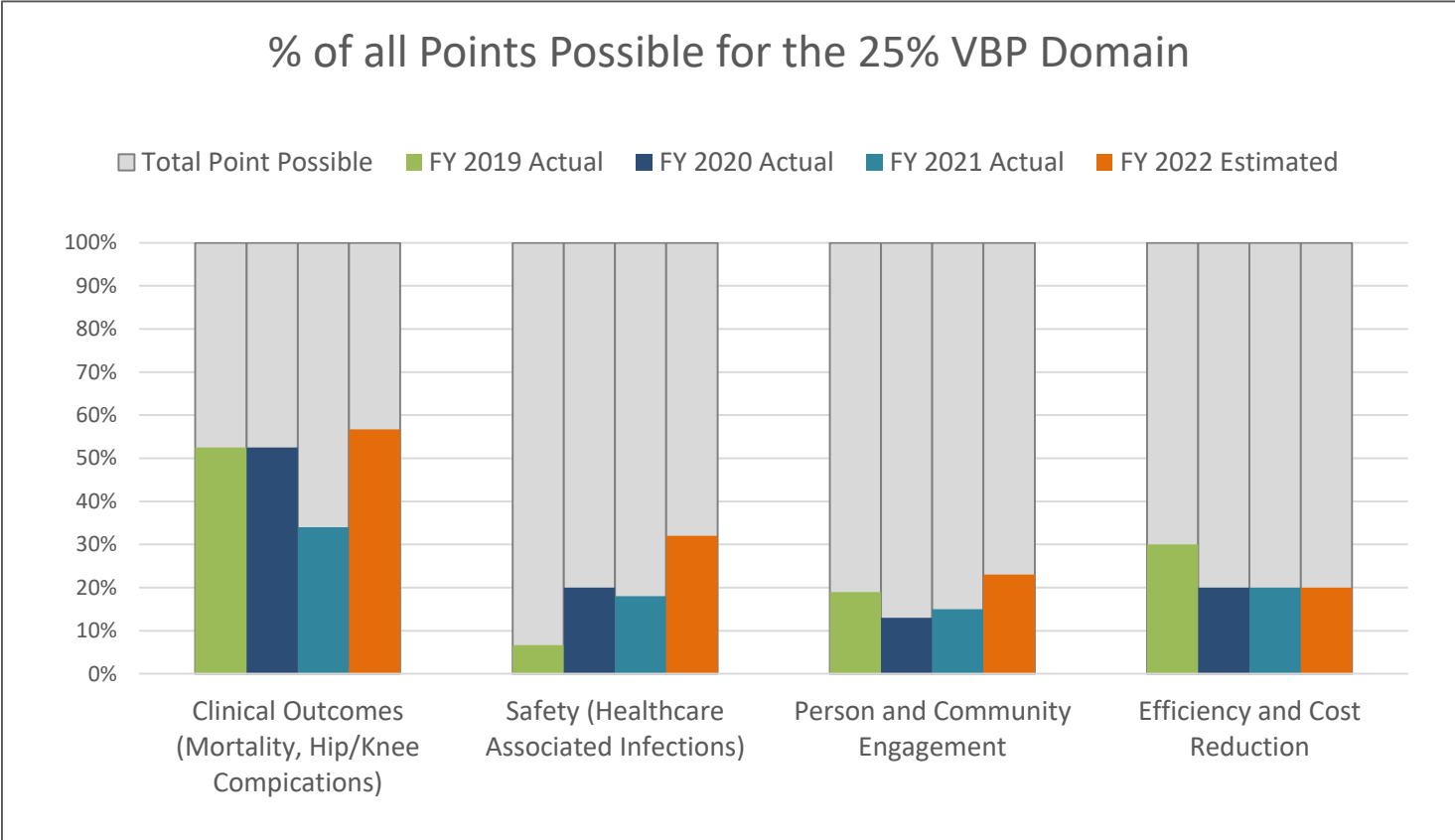
FY 2021 <u>Actual</u> VBP Cost	
Contribution	Payment Received
2% = \$1,868,400	1.48% = \$1,693,100
(\$175,300)	

FY 2022 <u>Estimated</u> VBP Cost	
Contribution	Payment Received
2% = \$1,939,700	(109.8 % of 2% withheld) \$2,130,000
\$190,300	

Estimated FY2022 VBP

Kaweah Health’s Estimated Domain Scores (if PHE exemption did not occur)

- FY2022 estimated VBP points improved from last 3 years in 3 domains: Clinical Outcomes, Safety and Person & Community Engagement; no change in points awarded for Efficiency and Cost Reduction Domain
- The Clinical Outcomes domain measures are the only measures included in the revised VBP 2022 program; Kaweah Health like many hospitals applied and received an exemption due to the PHE.



FY2023 VBPs

Payment adjustment effective for discharges from Oct 1, 2022 through Sept 30, 2023 for performance achieved during the following performance periods:

- Safety, Efficiency and Engagement Domains Outcomes = CY21
- Clinical Care Domain Outcomes = July 1, 2018 through June 30, 2021
- PSI90 removed from VBP 2023 as of the Final Rule issued in 2022 (CMS recognized it was a duplicative measure as it is included in the Hospital Acquired Condition Program)
- Hospitals are awarded points for achieving the benchmark and for improving from the hospitals baseline performance for each measure

FY 2023 Hospital Value-Based Purchasing Quick Reference Guide

Payment adjustment effective for discharges from October 1, 2022 to September 30, 2023

Clinical Outcomes	Mortality Measures		Performance Period		25%
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.866548	0.885499	
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.968747	0.979620	
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.919769	0.936349	
	MORT-30-HF	Heart Failure 30-Day Mortality	0.881939	0.906798	
	MORT-30-PN	Pneumonia 30-Day Mortality	0.840138	0.871741	
	Complication Measure		Performance Period		25%
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
	COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.027428	0.019779	
Person and Community Engagement	Baseline Period		Performance Period		25%
	HCAHPS Survey Dimensions		Floor (%)	Achievement Threshold (%)	
	Communication with Nurses		53.50	79.42	87.71
	Communication with Doctors		62.41	79.83	87.97
	Responsiveness of Hospital Staff		40.40	65.52	81.22
	Communication about Medicines		39.82	63.11	74.05
	Hospital Cleanliness and Quietness		45.94	65.63	79.64
	Discharge Information		66.92	87.23	92.21
	Care Transition		25.64	51.84	63.57
	Overall Rating of Hospital		36.31	71.66	85.39
Safety	Patient Safety Composite		Performance Period		25%
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
	★↓ PSI 90	Patient Safety and Adverse Events Composite	0.972658	0.760882	
	Healthcare-Associated Infections		Performance Period		
	Baseline Period		Jan. 1, 2021–Dec. 31, 2021		
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
	↓ CAUTI	Catheter-Associated Urinary Tract Infection	0.676	0.000	
	↓ CDI	Clostridium <i>difficile</i> Infection	0.544	0.010	
	↓ CLABSI	Central Line-Associated Bloodstream Infection	0.596	0.000	
	↓ MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>	0.727	0.000	
	↓ SSI	Colon Surgery	0.734	0.000	
		Abdominal Hysterectomy	0.732	0.000	
Efficiency and Cost Reduction	Baseline Period		Performance Period		25%
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
	↓ MSPB	Medicare Spending per Beneficiary	Median MSPB ratio across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period	

(*) These performance periods are impacted by the ECE granted by CMS on [March 22, 2020](#), further specified by CMS on [March 27, 2020](#) and amended in the August 25, 2020 [COVID-19 Interim Final Rule](#). Claims from Quarter (Q)1 2020 and Q2 2020 will not be used in the claims-based measure calculations.

↓ Indicates lower values are better for the measure.

★ Indicates a new measure in the Hospital VBP Program.

FY2023 VBPP

- CMS has not yet released any performance reports for VBP 2023, the following information presented shows Kaweah Health's performance on the Safety, Engagement and Outcomes domains using internal data sources to gage performance/improvement in the 2023 VBP measures
- Summary of 2023 VBP predicted performance direction:
 - Clinical Outcome Measures – 5/7 improved compared to performance from 2022 VBP
 - Safety Measures – 1/6 improved compared to performance from 2022 VBP (several measures impacted by COVID-19 pandemic)
 - Patient Engagement Measures – 6/8 measures improved compared to 2022 VBP

FY 2023 Hospital Value-Based Purchasing Quick Reference Guide

Payment adjustment effective for discharges from October 1, 2022 to September 30, 2023

Clinical Outcomes	Mortality Measures		Performance Period		25%	
	Measure ID	Measure Name	Achievement Threshold	Benchmark		
Clinical Outcomes	Baseline Period July 1, 2013–June 30, 2016		July 1, 2018–June 30, 2021*		25%	
	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.866548	0.885499		
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.968747	0.979620		
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.919769	0.936349		
	MORT-30-HF	Heart Failure 30-Day Mortality	0.881939	0.906798		
	MORT-30-PN	Pneumonia 30-Day Mortality	0.840138	0.871741		
	Complication Measure					25%
	Baseline Period April 1, 2013–March 31, 2016		Performance Period April 1, 2018–March 31, 2021*			
	Measure ID	Measure Name	Achievement Threshold	Benchmark		
	COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.027428	0.019779		
Person and Community Engagement	Baseline Period Jan. 1, 2019–Dec. 31, 2019		Performance Period Jan. 1, 2021–Dec. 31, 2021		25%	
	HCAHPS Survey Dimensions		Floor (%)	Achievement Threshold (%)		Benchmark (%)
	Communication with Nurses		53.50	79.42		87.71
	Communication with Doctors		62.41	79.83		87.97
	Responsiveness of Hospital Staff		40.40	65.52		81.22
	Communication about Medicines		39.82	63.11		74.05
	Hospital Cleanliness and Quietness		45.94	65.63		79.64
	Discharge Information		66.92	87.23		92.21
	Care Transition		25.64	51.84		63.57
	Overall Rating of Hospital		36.31	71.66		85.39
Safety	Patient Safety Composite		Performance Period		25%	
	Baseline Period Oct. 1, 2015–June 30, 2017		July 1, 2019–June 30, 2021*			
	Measure ID	Measure Name	Achievement Threshold	Benchmark		
	★↓ PSI 90	Patient Safety and Adverse Events Composite	0.972658	0.760882		
	Healthcare-Associated Infections					
	Baseline Period Jan. 1, 2019–Dec. 31, 2019		Performance Period Jan. 1, 2021–Dec. 31, 2021			
	Measure ID	Measure Name	Achievement Threshold	Benchmark		
	↓ CAUTI	Catheter-Associated Urinary Tract Infection	0.676	0.000		
	↓ CDI	Clostridium difficile Infection	0.544	0.010		
	↓ CLABSI	Central Line-Associated Bloodstream Infection	0.596	0.000		
↓ MRSA	Methicillin-Resistant Staphylococcus aureus	0.727	0.000			
↓ SSI	Colon Surgery Abdominal Hysterectomy	0.734 0.732	0.000 0.000			
Efficiency and Cost Reduction	Baseline Period Jan. 1, 2019–Dec. 31, 2019		Performance Period Jan. 1, 2021–Dec. 31, 2021		25%	
	Measure ID	Measure Name	Achievement Threshold	Benchmark		
↓ MSPB	Medicare Spending per Beneficiary	Median MSPB ratio across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period			

(*) These performance periods are impacted by the ECE granted by CMS on [March 22, 2020](#), further specified by CMS on [March 27, 2020](#) and amended in the August 25, 2020 [COVID-19 Interim Final Rule](#). Claims from Quarter (Q)1 2020 and Q2 2020 will not be used in the claims-based measure calculations.

↓ Indicates lower values are better for the measure.

★ Indicates a new measure in the Hospital VBP Program.

FY2023 VBPP

Clinical Outcome (25% of VBP Points)

Mortality monitored through the Midas system which is not a direct comparison to CMS mortality measures but provides a reliable indication of risk adjusted mortality outcomes. Midas is in hospital observed/expected ratio; CMS reports a risk adjusted 30 day mortality percentage.

	VBP FY 2022 Performance	VBP FY2023 Performance
Clinical Outcome Population Measure (Medicare population)	July 1, 2017 through June 30, 2020 (PN Sept 1, 2017 through June 30, 2020) (THA/TKA April 1, 2017--March 31, 2020) VBP 2022 Performance Period	July 1, 2018 through June 30, 2021 VBP 2023 Performance Period
Acute Myocardial Infarction (AMI) Mortality observed/expected	0.88 (28/32)	0.83 (23/28)
Coronary Artery Bypass Graft (CABG) Surgery; Mortality observed/expected	1.27 (5/4)	1.22 (4/3.28)
Heart Failure Mortality observed/expected	1.00 (56/56)	0.96 (46/47.9)
COPD Mortality observed/expected	1.15 (16/14)	1.27 (10/7.89)
Pneumonia –Viral Mortality observed/expected	0.67 (26/38)	0.84 (22/26.3)
Pneumonia –Bacterial Mortality observed/expected	1.00 (14/14)	0.95 (10/10.5)
Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) complication Rate	1.79 (11/614)	1.39 (5/360)

*Midas initiated June 2015; unable to obtain VBP 2023 baseline since the period for VBP 2023 is July 1, 2013 through June 30, 2016

FY2023 VBPP

Safety (25% of VBP Points)

	VBP FY 2022 Performance	VBP 2023 Baseline Performance	VBP FY2023 Performance
Safety Measure (Medicare population)	CY2020 VBP 2022 Performance Period	CY 2019 Infections PSI-90 3Q 2015–2Q 2017	CY 2021 (YTD ending July 2021) VBP 2023 Performance Period
CAUTI Standardized Infection Ratio	0.340	1.168	0.908
CLABSI Standardized Infection Ratio	0.598	0.790	0.956
MRSA Standardized Infection Ratio	2.481	1.218	2.020
C Diff Standardized Infection Ratio	0.123	0.226	0.498
SSI – Colon Standardized Infection Ratio	0.154	0.167	0.860
SSI – Hysterectomy Standardized Infection Ratio	0.000	1.145	1.275

*CMS through the VBP program awards achievement points and improvement points based on the organizations baseline performance

FY2023 VBPP

Patient Engagement (25% of VBP Points)

	VBP FY 2022 Performance	VBP 2023 Baseline Performance	VBP FY2023 Performance
HCAHPS Measure	CY2020 VBP 2022 Performance Period	CY 2019	CY 2021 VBP 2023 Performance Period
Communication with Nurses	76.52%	76.58%	77.48%
Communication with Doctors	76.42%	76.02%	78.20%
Responsiveness of Hospital Staff	65.45%	67.20%	69.82%
Communication about Medicines	64.64%	60.49%	62.77%
Hospital Quietness and Cleanliness	60.09%	58.64%	62.88%
Discharge Information	87.92%	86.56%	87.30%
Care Transition	44.45%	46.60%	49.90%
Overall Rating of Hospital	70.66%	71.64%	73.50%

*CMS through the VBP program awards achievement points and improvement points based on the organizations baseline performance

Kaweah Health Action Strategies for Improvement

Organizational priority is established to address domain measure groups through various priority Quality Focus Teams or program initiatives that each report into the Kaweah Health Quality Improvement Program. Improvement initiatives include:

- **Clinical Outcome Domain** – Best Practice Team initiative lead by Dr. Michael Tedaldi. Goals of reducing mortality, readmissions and length of stay by standardizing care to key populations
- **Safety Domain** – Quality Focus Teams established for CAUTI, CLABSI, MRSA. Surgical Site Infection (SSI) Committee lead by Dr. LaMar Mack (reports to Infection Prevention Committee) oversees SSI trends, case reviews and improvement work.
- **Patient Experience** – Board of Directors subcommittee established to oversee improvement action plans
- **Efficiency and Cost Reduction** – Operation Back in Black initiated in FY23 . This is a \$47M strategy focused on cost saving initiatives that are grouped in 7 categories with Executive and Director owners. The areas are Revenue Cycle, Contracts, Supplies & Contracted Services, Throughput, Managed Care Related, Provider Related and Employee Related. It is organized where each category has a target and is structured to develop, track and quantify the result of the teams strategies to help reduce costs.

Questions?

Live with passion.

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





August 24, 2022

**Sent via Certified Mail
No. 7016034000002569098
Return Receipt Required**

Ryan B. Kalashian, Esq.,
Quinlan, Kershaw & Fanucchi
2125 Merced Street
Fresno, CA 93721

RE: Notice of Rejection of Claim of Michael Rice and Martha Rice vs. Kaweah Health

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on August 2, 2022, was rejected on its merits by the Board of Directors on August 24, 2022

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,

Mike Olmos
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law



August 24, 2022

**Sent via Certified Mail
No. 70201290000129798346
Return Receipt Required**

Law Offices of Jordan Brown
5215 W. Noble Ave. Suite 107
Visalia, CA 93277

RE: Notice of Rejection of Claim of Elizabeth Olivas and Clint Olivas vs. Kaweah Health

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on July 21, 2022, was rejected on its merits by the Board of Directors on August 24, 2022

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,

Mike Olmos
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law



August 24, 2022

**Sent via Certified Mail
No. 70201290000129798339
Return Receipt Required**

Edward L. Fanucchi, Esq.,
Ryan B. Kalashian, Esq.,
Quinlan, Kershaw & Fanucchi
2125 Merced Street
Fresno, CA 93721

RE: Notice of Rejection of Claim of Heather Newport vs. Kaweah Health

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on July 27, 2022, was rejected on its merits by the Board of Directors on August 24, 2022

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,

Mike Olmos
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law



Physician Recruitment Plan Fiscal Year 2023

As supported by the Provider Needs Assessment conducted by Sg2 in 2020, below is a list of the specialties included in our fiscal year 2023 physician recruitment plan.

- Adult Hospitalist
- Anesthesiology
- Cardiothoracic Surgery
- Dermatology
- Diagnostic Radiology
- Endocrinology
- EP Cardiology
- Family Medicine
- Family Medicine Associate Program Director
- Family Medicine Core Faculty
- Gastroenterology
- Intensivist
- Internal Medicine
- Maternal Fetal Medicine
- Medical Oncology
- Neonatology
- Neurology
- OB/GYN
- Orthopedic Surgery_Hand
- Orthopedic Surgery_Trauma
- Otolaryngology
- Palliative Medicine (Added)
- Pediatrics
- Psychiatry
- Pulmonology
- Rheumatology
- Urology

Date Prepared: July 25, 2022

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

Provider Needs Assessment for Kaweah Delta Medical Center

Final Report: October 1, 2020

Table of Contents

	Page
I. Purpose, Methodology, and Background	3
II. Executive Summary	9
III. Service Area Definitions & Demographics	18
IV. Community Physician Needs	31
V. Physician Market Profile	41
VI. Recruitment Recommendations	53
VII. Appendices	57
A. Individuals Interviewed	
B. Physician Market Inventory List	
C. Service Area Definitions and Demographics	
D. Physician Needs Model excluding Medi-Cal population	

Purpose, Methodology, and Background

Executive Summary

Service Area Definitions & Demographics

Community Physician Needs

Physician Market Profile

Recruitment Recommendations

Appendices

Purpose and Objectives

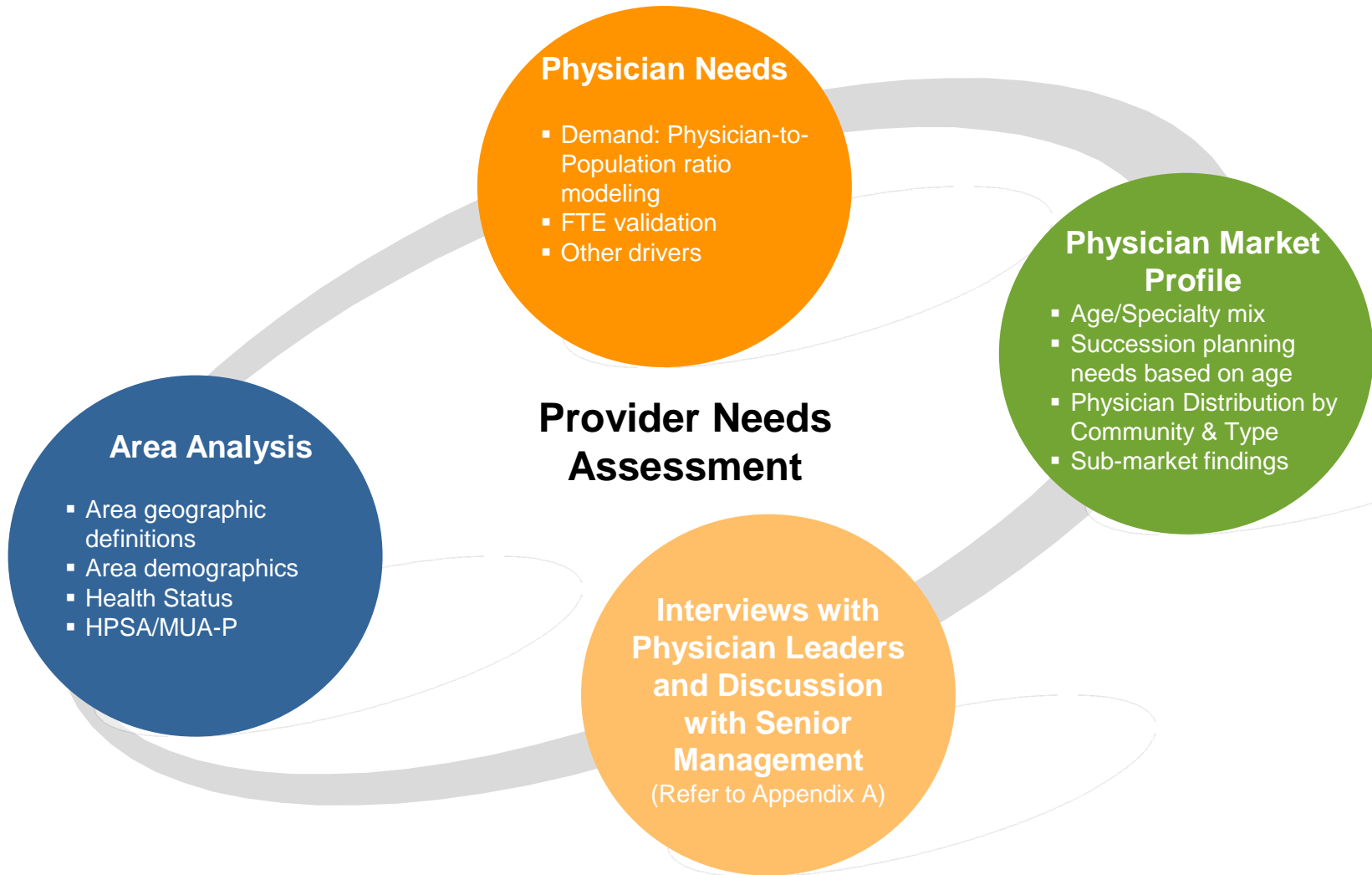
- Sg2 Consulting, a healthcare consulting firm headquartered in Chicago with regional offices in Los Angeles and Denver was retained by Kaweah Delta Medical Center (“KDMC” or “the Hospital”) under the Central Valley Health Care Alliance⁽¹⁾ to complete a provider needs planning analysis.

Objectives

- 1 **Assess & Quantify** current physician/provider supply and demand for selected market-based specialties/subspecialties for seven service areas. The first three service areas include the Counties of Tulare and Kings, and the Counties combined. Three additional service area definitions were provided by the Hospital, which include the Primary Service Area, Total Service Area, and Facility Planning Service Area. The last service area is defined by KDMC’s inpatient discharges which conforms to regulatory guidelines for CMS’s and IRS’s community physician needs service area definition. This is referred to as “GASH” (Geographic Area Served By Hospital). Refer to Appendix C pg 65 for legal definition.
- 2 **Profile the physician market** to highlight market indicators that include but are not limited to depth and breadth of specialty coverage, age mix, potential succession planning needs, and other relevant areas of need going forward.
- 3 **Interview and obtain qualitative feedback** from physician leaders and senior leadership management regarding physician/provider manpower needs, strategic recruitment/development objectives, current environmental impacts, and other relevant issues at KDMC.
- 4 **Create an objective, empirically-based, and legally supportable physician recruitment platform** for the Hospital to use over the next 24 to 36 months.

⁽¹⁾ Joint Powers Agreement formed between Sierra View Medical Center & Kaweah Delta Medical Center
Confidential and Proprietary © 2020 Sg2

Methodology



Methodology – cont'd

- Sg2's analysis incorporated a quantitative and qualitative approach and is as follows:
 - **Assess and quantify physician/provider needs in the defined service areas**
 - Evaluate net needs for physicians within the Hospital's service areas listed below using physician-to-population ratio (demand) and applying against current supply using KDMC's service areas' population. (Hospital-based physicians such as anesthesiology, emergency medicine, radiology, intensivists, & hospitalists were excluded)
 1. Tulare County
 2. Kings County
 3. Tulare & Kings County combined
 4. KDMC PSA
 5. KDMC TSA
 6. KDMC FPSA
 7. Community physician needs service area. The service area is referred to as "GASH" (Geographic Area Served By Hospital).
 - A review of nationally published physician-to-population ratios such as GMENAC (Graduate Medical Education National Advisory Committee), Hicks and Glenn, Merritt Hawkins, Sg2's proprietary dataset, and other available data.
 - Determination of appropriate ratios by specialty based on market-specific factors, including managed care penetration, age/sex distribution, and regional physician practice patterns.
 - Identification of current practicing physicians within the geographic service area(s) (supply). We have estimated clinical full-time equivalent status of physicians by specialty based on knowledge of the market, feedback/information from researching and calling physician groups and individual offices, and input from KDMC's administrative staff and staff physicians during our interviews. APPs were included in primary care at 0.80 FTE for this analysis, and excluded in medical and surgical specialties.

Methodology – cont'd

- **Profile physician market**

- Assessment of physician market to identify
 - Depth and breadth of specialty coverage;
 - Specialty/coverage gaps; and
 - Succession planning needs.
- Profile physician market age by specialty.
- Comparison of physician needs by sub-market.
- Physician distribution by community.

- **Interview and obtain qualitative feedback**

- Individual interviews were conducted with community physician leaders and senior leadership management. Refer to Appendix A on pg 58.
- Highlight needs identified by interviewees.

- **Create a medical staff development plan**

- Provide an objective recruitment plan for KDMC based on a review of pertinent internal and external planning information, relevant market information including demographics, health status, and health professional shortage area designations.

Physician Needs Indicators

The following indicators were evaluated in conjunction with assessing community ambulatory physician needs:

- Macro-level modeling: physician-to-population ratios were used for the defined service areas.
- Health Professional Shortage Area (HPSA) and Medically Underserved Area/Population (MUA/P) designations.
- Extent to which needs are indicated (through discussion) based on:
 - Availability/waiting time for consumers/patients to access physician practices (primary care and across specialties) indicated through interviews.
 - Extent to which practices are closed (completely or to certain payers).
 - Clinical gaps or desire to broaden out a subspecialty.
 - Other considerations.
- Physicians slowing practices/retiring/leaving area (succession planning).
- Service line gaps/development initiatives/market share growth opportunities (ie., curbing outmigration).

Purpose, Methodology, and Background

Executive Summary

Service Area Definitions & Demographics

Community Physician Needs

Physician Market Profile

Recruitment Recommendations

Appendices

Executive Summary

- KDMC's total service area has an estimated population of approximately 600,000. The sub-markets being evaluated range in population size from 388K to 600K residents.
- This area is designated as both a HPSA and MUA and is a fast-growing, young region with a high indigent population.
 - The percentage of Medi-Cal patients in the area ranges from 40% to 55% of the population.
 - The health status of the region is not favorable compared to California as a whole. Cancer and heart-related diseases are high.
- The area is surrounded by smaller acute care providers, which include Adventist Health and Sierra View Medical Center, with Kaweah being the preferred destination for care within this region.
- The physician operating landscape is a composite of several operating vehicles, providing flexibility and choice for physicians to operate under – Key Medical Associates, Visalia Medical Clinic (1206(I) medical foundation), and FQHC/RHC clinic models.
- On a geographic basis, the PSA has the highest per capita physician supply. As the geographic footprint expands, physician per capita continues to decrease at a higher rate. Care is heavily concentrated around the Hospital.

Executive Summary – cont'd

- Given the challenging market landscape (payer mix, location, etc), there are deficiencies in terms of manpower in many of the specialties in this analysis. Recruitment and retention has also been of concern and continues to be a challenge.
 - Many providers (Primary Care APPs) leave after fulfilling the requirements of their student loan forgiveness programs (typically 2-3 years).
- Aging of the physician workforce/succession planning vulnerability is a key theme for this region. While physicians in this market continue to provide care beyond the age of 65, there are anecdotes of older physicians expressing the desire to retire sooner than anticipated in response to COVID-19. The aging workforce and associated wave of potential retirements could leave the area with gaps in care.
- Specialties with particular vulnerabilities (aging workforce, supply challenges) include the following:
 - Primary Care
 - Oncology/Hematology
 - Orthopedic Surgery
 - Gastroenterology
 - Urology
 - ENT

Executive Summary – cont'd

- Due to low reimbursement rates, many specialists in the region are not accepting Medi-Cal beneficiaries. This has been challenging for the residents in the community and also for hospital inpatient coverage.
- Physician recruitment in the area is challenging based on national shortages of (and competition for) physicians in several specialties, financial/economic realities, and lifestyle issues.
 - When evaluating physician needs, it is important to consider whether there is enough volume to support additional physicians given the large Medi-Cal population to which private practices are closed and the financial challenges that arise in operating practices that are largely skewed toward government payors.
 - As a way to ameliorate shortages and retain physicians in the area, KDMC continues to build out residency programs. Currently, there are five programs and a transitional year program. There are anecdotal reports of success in residents (about half) staying in the community upon completion of training.
- The area is saturated with FQHCs who cater to Medi-Cal patients and care continuity has been a growing challenge. The model is very volume driven. APPs for primary care are heavily utilized under this model.

Physician Landscape Scorecard

Physician Landscape			
Indicator	Metric	Rating	Comments
Physician age mix assessment	<ul style="list-style-type: none"> Average age (53-55) 		<ul style="list-style-type: none"> 30% of physician workforce is over the age of 60 Some specialties are heavily skewed towards a more senior workforce
Physician supply/availability	<ul style="list-style-type: none"> Need indicators 		<ul style="list-style-type: none"> There are many community shortages in the area
Succession planning/high risk for departures	<ul style="list-style-type: none"> Key specialties present with above retirement age physicians 		<ul style="list-style-type: none"> Succession planning vulnerability present within the region Many high-producing providers are operating beyond retirement age (65)
Use of APPs	<ul style="list-style-type: none"> Extent to use of APPs 		<ul style="list-style-type: none"> PCP APPs are heavily utilized in this area 1:1 Physician to APP Medical and surgical specialties have not fully adopted the use of APPs
Physician availability to all payor type/mix	<ul style="list-style-type: none"> Physicians/providers available to provide coverage to the population 		<ul style="list-style-type: none"> Coverage in primary care is not restricted regardless of payor type (FQHC and RHC establishments) Many community-based/private physicians do not accept Medi-Cal

Physician Landscape Scorecard – cont'd

Physician Landscape			
Indicator	Metric	Rating	Comments
Physician use of telemedicine	<ul style="list-style-type: none"> › Extent of use of telemedicine to provide care 		<ul style="list-style-type: none"> › Telemedicine has been actively used during COVID.
Physician growth (net new providers)	<ul style="list-style-type: none"> › Recruitment › Retention 		<ul style="list-style-type: none"> › Recruitment – physician recruitment is challenging (location and payor mix). › Retention of primary care providers has been difficult. PCP APPs are leaving after completing their student loan forgiveness obligation.
Presence of Value-based care	<ul style="list-style-type: none"> › Fee for value vs fee for service behavior › Managed care coverage (Capitation/risk arrangements) 		<ul style="list-style-type: none"> › Sequoia Integrated Healthcare – Medicare Advantage 15K full risk. › Additional value-based delivery models are being discussed/contemplated (bundle payments, Medi-Cal cap).

Hospital Landscape Scorecard

Hospital Landscape			
Indicator	Metric	Rating	Comments
Hospital capacity and availability of services	<ul style="list-style-type: none"> ➤ Occupancy rate ➤ Diversion ➤ Operating room capacity 		<ul style="list-style-type: none"> ➤ Critical care issues and OR capacity issues ➤ No diversion (emergency department volume)
Population health	<ul style="list-style-type: none"> ➤ PCMH – primary care/disease management focus ➤ Telemedicine – both o/p and i/p ➤ Managed care ➤ Risk arrangements ➤ Clinically integrated network 		<ul style="list-style-type: none"> ➤ Kaweah application to form an FQHC integrated delivery medical home – to comprise of PCP, medical, and surgical specialist coverage ➤ SIQ – managed care full risk ➤ Moderate clinical alignment – 1206 (I) Visalia Medical Clinic fully clinically aligned (40+ providers), Key Medical Associates (growing)
Hospital and Physician Alignment/Relationship	<ul style="list-style-type: none"> ➤ Relationship between physicians and hospital (positive/negative) ➤ Degree of physician/hospital alignment (fragmentation-silo'd/integrated) 		<ul style="list-style-type: none"> ➤ Relationship between the Hospital and the physicians has been positive. Kaweah has been flexible creating different vehicles to support physicians in the area and tightening the relationship-Delta Doctors, Key Medical Associates, Visalia Medical Clinic (employed-like), and SIQ risk arrangement ➤ The market is a hybrid - slightly more fragmented than integrated – but has made positive and progressive strides

Hospital Landscape Scorecard – cont'd

Hospital Landscape			
Indicator	Metric	Rating	Comments
Hospital competition	<ul style="list-style-type: none"> ➤ Degree of competition present in the area (low/high) 		<ul style="list-style-type: none"> ➤ Low degree of competition ➤ Kaweah is the preferred hospital destination within Tulare County
Quality of care	<ul style="list-style-type: none"> ➤ HCAHPs ➤ Timely Effective Care ➤ VBC 		<ul style="list-style-type: none"> ➤ Patient experience: 2 out of 5 stars ➤ Timely effective care: 2 out of 5 stars ➤ VBC: 2 out of 5 stars
Clinically Integrated Delivery Network	<ul style="list-style-type: none"> ➤ Physician/Hospital Leadership ➤ Clinical Guidelines/Measurements ➤ Synchronized Data Technology ➤ Lateral or Vertical Alignment 		<ul style="list-style-type: none"> ➤ Sequoia Integrated Healthcare (Humana contract 10-15K senior lives)

Patient Population Landscape Scorecard

Patient Population Landscape			
Indicator	Metric	Rating	Comments
Health status	<ul style="list-style-type: none"> ➤ Overall health of the population 		<ul style="list-style-type: none"> ➤ The health of Tulare and Kings Counties residents is not favorable. A majority of the health status metrics fall below that of State levels.
Payor mix	<ul style="list-style-type: none"> ➤ Degree of commercial payors vs government assisted payors 		<ul style="list-style-type: none"> ➤ The area has an unfavorable payor mix and is expected to possibly worsen due to the current economic challenges our nation is facing.
Consumer accessibility to care PCP	<ul style="list-style-type: none"> ➤ Waiting period 		<ul style="list-style-type: none"> ➤ The proliferation of FQHCs/RHCs has made primary care services more accessible to this region.
Consumer accessibility to care Medical/Surgical specialties	<ul style="list-style-type: none"> ➤ Waiting period ➤ Network Exclusion ➤ Outmigration 		<ul style="list-style-type: none"> ➤ Access to care for commercial and Medicare patients is not of an issue. ➤ A majority of independents do not provide coverage for the Medi-Cal population.
Demographics	<ul style="list-style-type: none"> ➤ Senior population – aging, growth ➤ Median age ➤ Population growth 		<ul style="list-style-type: none"> ➤ The area is expected to grow 3-4% within the next five years. ➤ Median age is 33.9 vs 38.1 for CA ➤ Senior cohort will experience the highest growth.
HPSA/MUA	<ul style="list-style-type: none"> ➤ Medically underserved ➤ Health professional shortage 		<ul style="list-style-type: none"> ➤ Most of the region is HPSA/MUA designated.

Purpose, Methodology, and Background
Executive Summary

**Service Area Definitions &
Demographics**

Community Physician Needs

Physician Market Profile

Recruitment Recommendations

Appendices

Service Area Definitions Being Evaluated

- There are seven service areas being evaluated and are defined as the following:
 1. **Tulare County** area
 2. **Kings County** area
 3. **Tulare County & Kings County** combined
 4. **KDMC Strategic Service Areas (3)** - Service area definitions provided by the Hospital
 1. KDMC Primary Service Area (PSA)
 2. KDMC Total Service Area (PSA & SSA combined)
 3. KDMC Facility Planning Service Area (FPSA)
 5. **KDMC GASH (Community Provider Needs)** - Geographic Area Served By Hospital (GASH). 75% of KDMC inpatient discharges and is consistent with CMS's and IRS's legal requirement for defining community physician needs area definition. Should a hospital elect to provide income support (income guarantees, relocation payment, recruitment payment, etc.) and a need is present, monetary support is applicable.
- The following page displays the service area definitions for all sub-markets being evaluated.

KDMC Service Area Definitions

KDMC Total Service Area		
Zip Code	Community	Strategic Service Area
93603	Badger	PSA
93615	Cutler	PSA
93221	Exeter	PSA
93223	Farmersville	PSA
93227	Goshen	PSA
93235	Ivanhoe	PSA
93237	Kaweah*	PSA
93244	Lemon Cove	PSA
93646	Orange Cove	PSA
93647	Orosi	PSA
93271	Three Rivers	PSA
93277	Visalia	PSA
93290	Visalia	PSA
93291	Visalia	PSA
93292	Visalia	PSA
93278	Visalia*	PSA
93279	Visalia*	PSA
93286	Woodlake	PSA
93670	Yettem*	PSA

KDMC Total Service Area		
Zip Code	Community	Strategic Service Area
93201	Alpaugh	SSA
93202	Armona	SSA
93212	Corcoran	SSA
93618	Dinuba	SSA
93230	Hanford	SSA
93232	Hanford*	SSA
93631	Kingsburg	SSA
93242	Laton	SSA
93247	Lindsay	SSA
93628	Miramonte	SSA
93633	Miramonte	SSA
93641	Miramonte	SSA
93648	Parlier	SSA
93256	Pixley	SSA
93257	Porterville	SSA
93258	Porterville*	SSA
93675	Squaw Valley	SSA
93267	Strathmore	SSA
93666	Sultana	SSA
93270	Terra Bella	SSA
93272	Tipton	SSA
93673	Traver	SSA
93274	Tulare	SSA
93275	Tulare*	SSA
93282	Waukena	SSA

Source: KDMC 2020

*Per US Postal Service, these ZIP Codes are for Post Office

Note: TSA = PSA + SSA

KDMC Facility Planning Service Area	
Zip Code	Community
93615	Cutler
93618	Dinuba
93219	Earlimart
93221	Exeter
93223	Farmersville
93227	Goshen
93235	Ivanhoe
93247	Lindsay
93647	Orosi
93256	Pixley
93257	Porterville
93267	Strathmore
93271	Three Rivers
93272	Tipton
93673	Traver
93274	Tulare
93282	Waukena
93277	Visalia
93291	Visalia
93292	Visalia
93286	Woodlake

Source: KDMC 2020

KDMC GASH	
ZIP Code	Community
93277	Visalia
93291	Visalia
93274	Tulare
93292	Visalia
93257	Porterville
93221	Exeter
93618	Dinuba
93223	Farmersville
93247	Lindsay

Source: KDMC CY 2019

Service Area(s) Demographics Summary

- KDMC has defined three strategic service areas ranging in population size from 230K to 600K residents.
 - PSA: 229K
 - TSA: 597K
 - FPSA: 451K
- In addition, other service areas being evaluated have the following number of residents:
 - GASH: 388K
 - Tulare County: 464K
 - Kings County: 151K
- The area is predominantly Hispanic (60%-70%) followed by White (25%-30%).
- The median age of Tulare County is 33.9, compared to 38.1 for California as a whole.
- The proportion of females age 15-44 is higher in Tulare County than the State (21% vs 18%).
 - Within this subset of the female population, the median age in Tulare County is 28.8 vs 29.6 in California as a whole.
- The communities in the service areas have high-growth rates.
 - The 93291 ZIP Code (Visalia) with an estimated 60K residents is anticipated to have the highest population growth in the service area (5%) while many of the remaining communities are projected to have a 3% to 4% growth range.
- While each service area has an estimated 50% of residents under age 44, the senior population (age 65+) is projected to increase the most within the next five years.
- See Appendix C pg 60-69 for sub-market demographics and regulatory GASH definition.

Tulare County & Kings County: Health Insights

- Compared to California, residents of Tulare County and Kings County have a **lower life expectancy** and a **higher premature age-adjusted mortality**.
- Compared to California, both Counties have higher rates of:
 - Infant mortality
 - Frequent mental and physical distress
 - Food insecurity
 - Limited access to healthy foods
 - Uninsured adults

Health Indicator	Tulare County	Kings County	California
Life expectancy	78.5	79.7	81.6
Premature age-adjusted mortality	360	340	270
Infant mortality (per 1,00 live births)	6	5	4
Frequent physical distress	15%	13%	11%
Frequent mental distress	15%	13%	11%
Diabetes prevalence	9%	10%	9%
Food insecurity	13%	13%	11%
Limited access to healthy foods	8%	5%	3%
Uninsured adults	12%	12%	10%

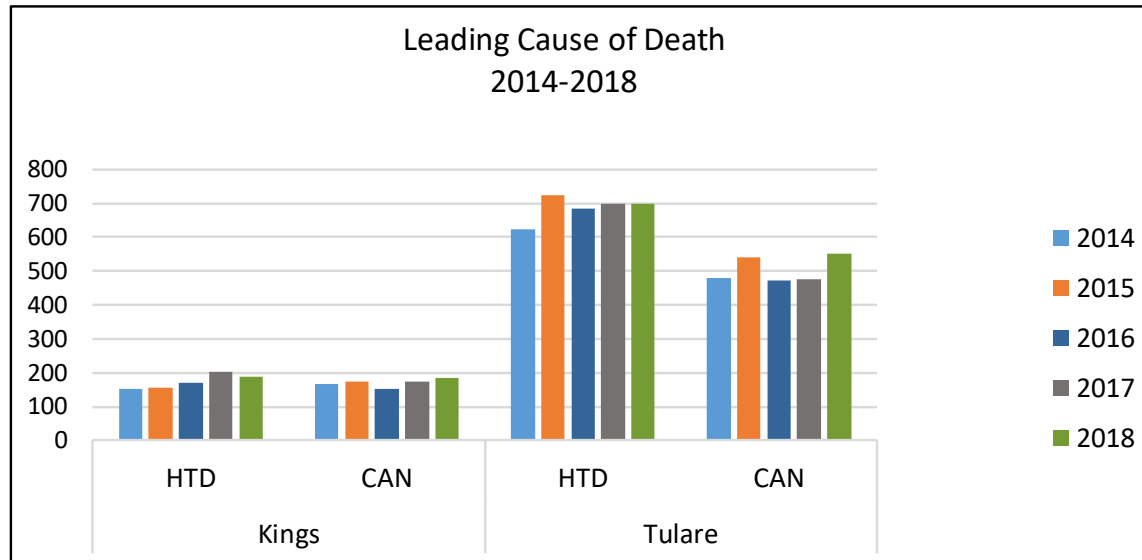
Source: County Health Rankings and Roadmaps accessed May 2020

Red text indicates below state levels; Green text indicates above state levels

Bold red indicates less desirable health indicator between Kings and Tulare County

Tulare County & Kings County: Health Insights – cont'd

The top two leading causes of death in both Counties include **heart-related diseases** and **cancer**, and are continuing to rise.



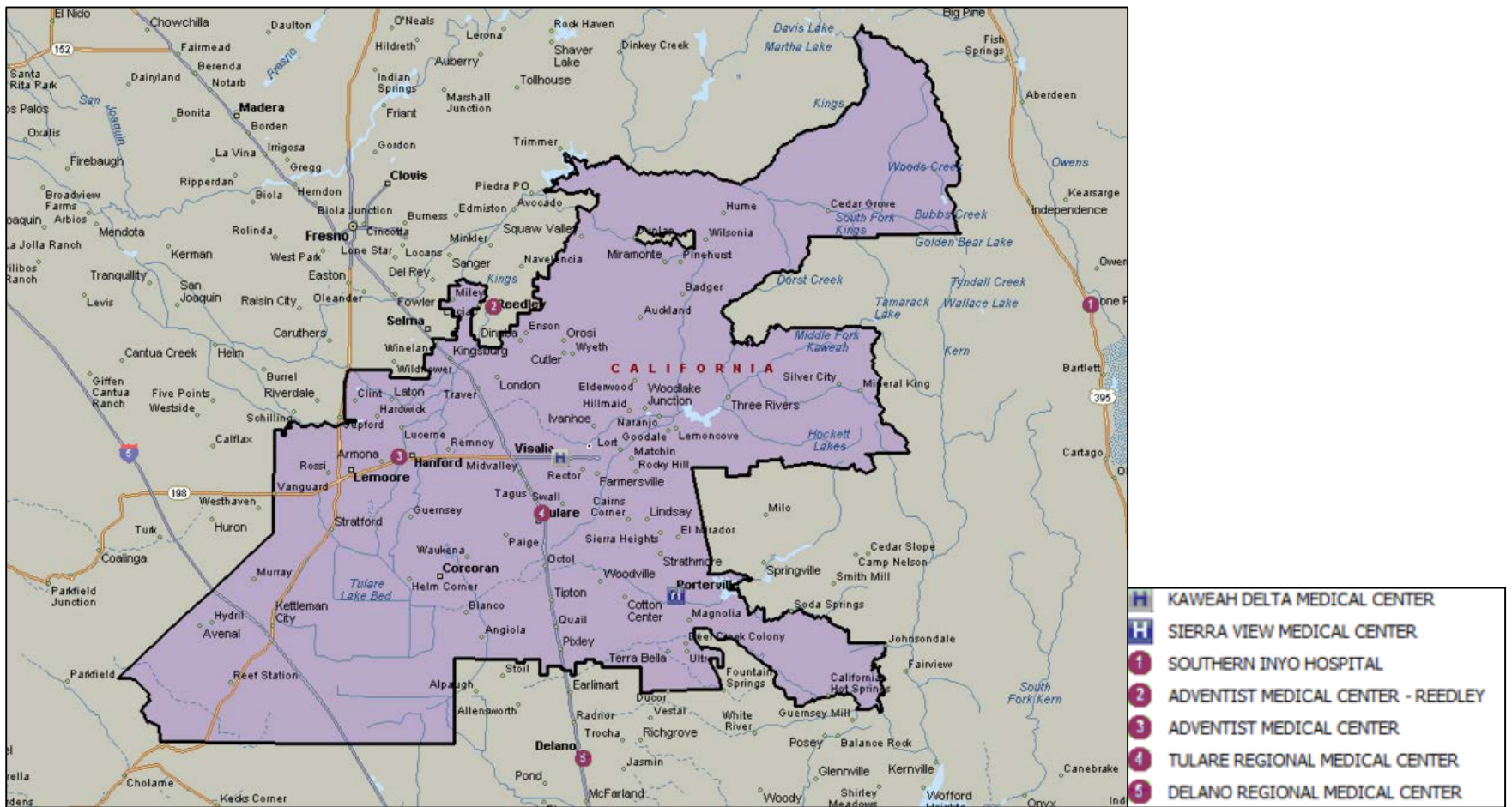
Source: California Health and Human Services Open Data Portal accessed May 2020

HTD: Disease of the Heart

CAN: Malignant Neoplasms (Cancers)

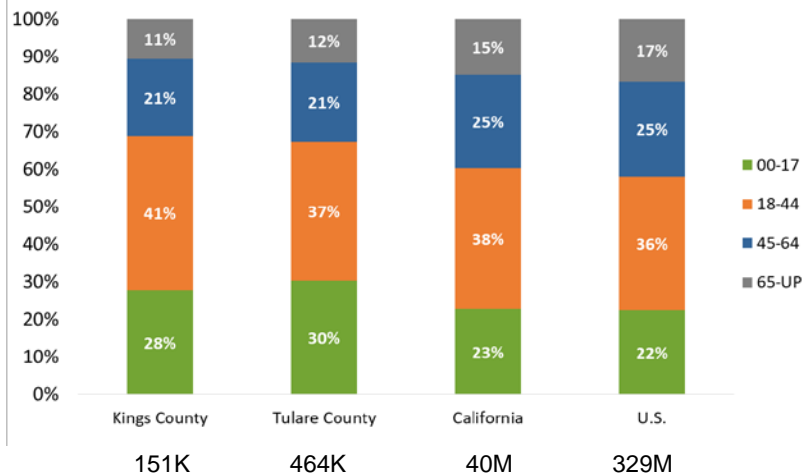
Notes: Cause-of-death between 1999 to present were coded using the Tenth Revision of the International Classification of Diseases codes (ICD-10). Counts that are less than 11 have been excluded.

Tulare County & Kings County Area Depiction

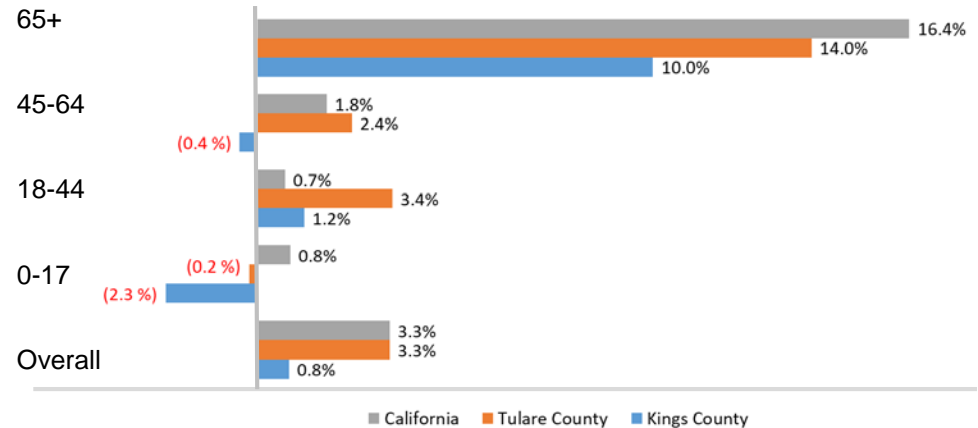


Age Profile – Tulare County & Kings County

Population by Age Cohort



% Change in Population by Age Cohort 2020 - 2025

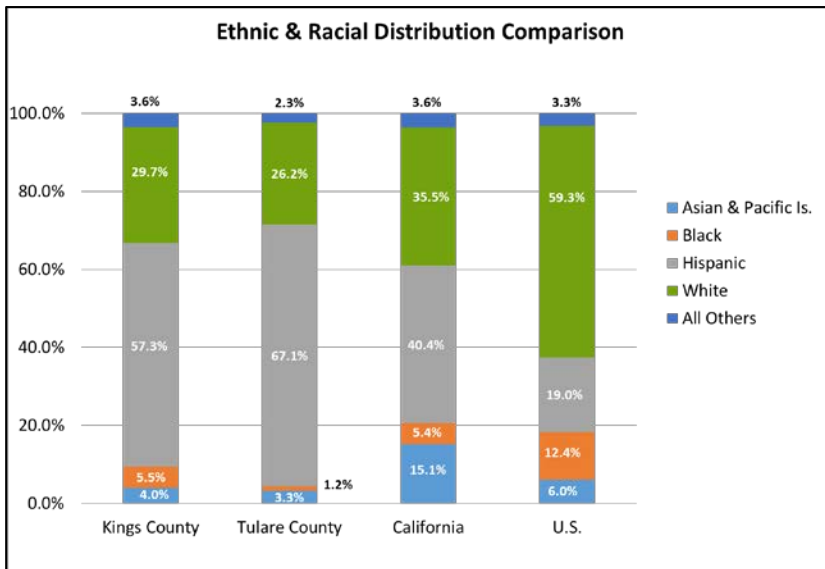


- Residents in both Tulare and Kings County are proportionally younger when compared to the State.
- Tulare County is anticipated to grow by 3% while Kings County is projected to have minimal growth (0.8%) in the next five years.
- While the age 65+ cohort comprises a small percentage of both Tulare and Kings County residents when compared to the State and Nation, this group is projected to have to highest growth (14% and 10% respectively).

Ethnic Profile – Tulare County & Kings County

Ethnic & Racial Distribution Comparison										
Ethnicity/Race	Kings County			Tulare County			California			U.S.
	2020 % of Total	2025 % of Total	Population % Change '20-'25	2020 % of Total	2025 % of Total	Population % Change '20-'25	2020 % of Total	2025 % of Total	Population % Change '20-'25	National 2020 % of Total
Asian & Pacific Is.	4.0%	4.2%	5.3%	3.3%	3.2%	2.3%	15.1%	16.1%	10.2%	6.0%
Black	5.5%	4.8%	(11.3 %)	1.2%	1.1%	(0.3 %)	5.4%	5.2%	(0.7 %)	12.4%
Hispanic	57.3%	60.5%	6.5%	67.1%	70.5%	8.6%	40.4%	41.9%	7.1%	19.0%
White	29.7%	26.9%	(8.5 %)	26.2%	22.8%	(9.9 %)	35.5%	33.0%	(3.7 %)	59.3%
All Others	3.6%	3.6%	1.4%	2.3%	2.3%	3.6%	3.6%	3.8%	8.0%	3.3%
Total	151,233	152,464	0.8%	463,814	479,324	3.3%	39,886,390	41,212,916	3.3%	100.0%

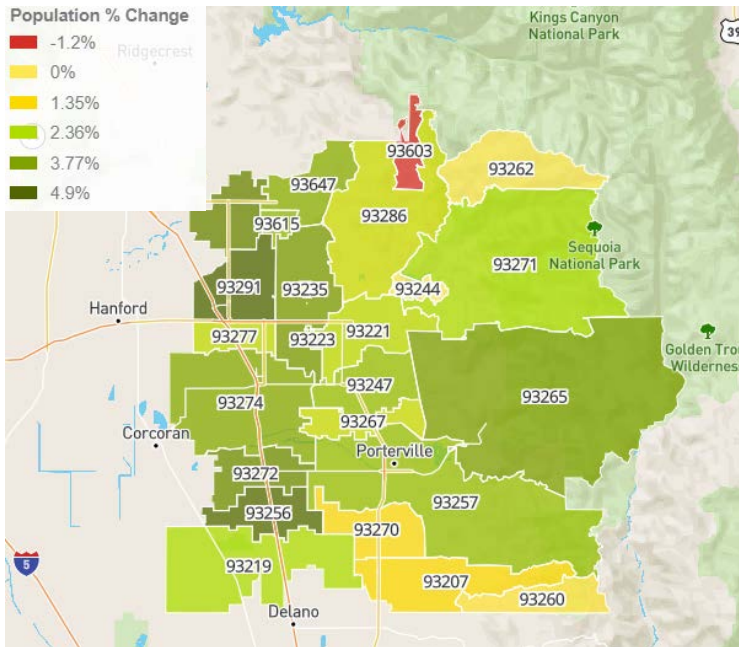
Source: Sg2 Market Demographics



- Tulare and Kings County are predominantly Hispanic (60%-70%) and White (~30%).
- Compared to California, the Hispanic population is proportionally higher in both Counties.
- The Hispanic population is projected to have the most growth in Tulare County (9%) and Kings County (7%).

Projected Growth: Tulare County

5-Year Population Growth Projected by ZIP Code



Population Growth by Age Cohort 2020 - 2025

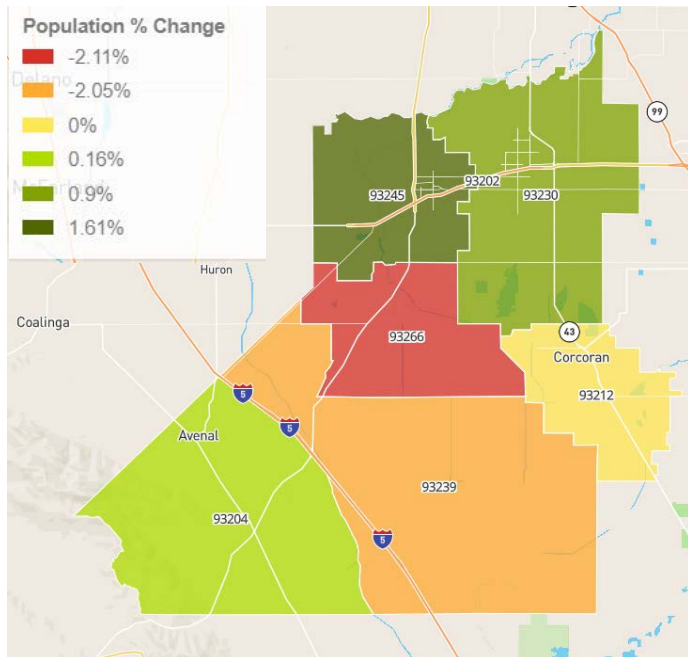
Age Group	Current Population		Population 5-Year % Change	
	Tulare County	Percent of Population	Market Growth Rates	California
0-17	140,206	30%	0%	1%
18-44	172,111	37%	3%	1%
45-64	96,891	21%	2%	2%
65-UP	54,606	12%	14%	16%
Overall	463,814	100%	3%	3%

Sg2 Market Demographics

- Tulare County is a fast-growing area.
- The 93291 ZIP Code (Visalia) with an estimated 60K residents is anticipated to have the highest population growth in the service area (5%).
- While the 65+ age cohort reflects a small segment of the population, this age cohort is projected to grow the most (14%) in the next five years.

Projected Growth: Kings County

5-Year Population Growth Projected by ZIP Code



Population Growth by Age Cohort 2020 - 2025

Age Group	Current Population		Population 5-Year % Change	
	Kings County	Percent of Population	Market Growth Rates	California
0-17	41,859	28%	-2%	1%
18-44	62,105	41%	1%	1%
45-64	31,205	21%	0%	2%
65-UP	16,064	11%	10%	16%
Overall	151,233	100%	1%	3%

Sg2 Market Demographics

- Kings County is projected to have limited growth.
- The 93245 ZIP Code (Lemoore) with an estimated 39K residents is anticipated to have the highest population growth in the service area (2%).
- While the 65+ age cohort represents a small percent of the population, this age cohort is projected to grow the most (10%) in the next five years.

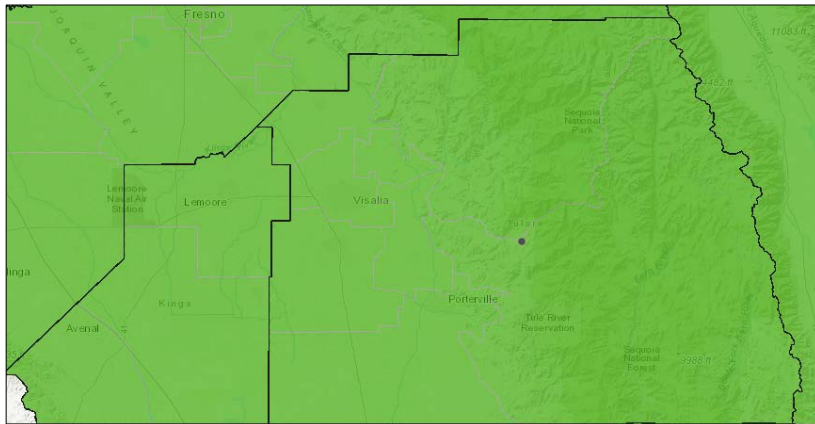
HPSA and MUA/P Designation

- **Health Professional Shortage Areas (HPSAs)** are designated by HRSA as having shortages of primary medical care providers and may be geographic, demographic, or institutional.
 - The benefits of being designated a Primary HPSA region include **state and federal programs providing recruitment assistance and financial incentives** to providers that practice in a HPSA area.
- Designated by HRSA, **Medically Underserved Areas (MUAs)** are designated by HRSA as areas in which residents have a shortage of personal health services. Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural, or linguistic barriers to healthcare.
 - The benefits of receiving a MUA/MUP designation include the **eligibility to develop** Community Health Centers, Migrant Health Centers, Federally Qualified Health Centers, and Rural Health Clinics, along with enhanced federal grant eligibility and a higher Medicare cap.
- Most of the communities within Kings and Tulare County, detailed on the following page, are both a HPSA-designated area and MUA/p-designated areas.

Service Area: HPSA and MUA/P Designation – cont'd

HPSA

- All of Tulare County and Kings County are HPSA-designated areas.

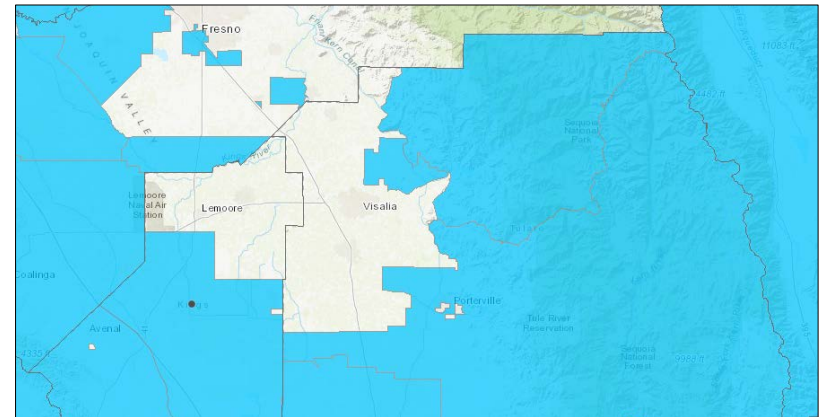


HPSA - Primary Care



MUA/p

- Within Tulare County, most of the communities except for the Western region are MUA/p designated areas while most of Kings County, except for the Northeast area is a MUA/p-designated area.



Medically Underserved Areas



Purpose, Methodology, and Background
Executive Summary
Service Area Definitions & Demographics
Community Physician Needs
Physician Market Profile
Recruitment Recommendations
Appendices

Physician Needs – Summary

- The tables on the following pages illustrate physician needs by specialty for the seven service areas being evaluated.
- The following specialties present a large need across all the service areas being evaluated:
 - Cardiology
 - Dermatology
 - Endocrinology
 - ENT
 - General surgery
 - GI
 - Ob/Gyn
 - Oncology/Hematology
 - Ophthalmology
 - Orthopedics
 - Primary care
 - Psychiatry
 - Urology
- Refer to Appendix D pg 70-71 which represents physician needs excluding the Medi-Cal population.

Comparison of Physician Needs by Service Area

Specialty	Population to Support One Physician	Tulare County & Kings County							
		KDMC GASH	Tulare County	Kings County	Kings County	KDMC PSA	KDMC TSA	KDMC FPSA	
		Net Need (Surplus)	Net Need (Surplus)	Net Need (Surplus)	Net Need (Surplus)	Net Need (Surplus)	Net Need (Surplus)	Net Need (Surplus)	
Primary Care									
Adult Primary Care (FM & IM)*	2,000	4.3	24.9	22.9	47.9	(44.5)	55.7	18.7	
Pediatrics (General)	8,000	0.2	8.3	8.3	16.6	(1.8)	15.4	6.7	
Medical									
Allergy & Immunology	75,000	(0.1)	0.9	1.7	2.7	(1.6)	2.5	0.7	
Cardiology	22,000	3.4	6.9	4.7	11.5	(0.8)	10.7	6.3	
- Electrophysiology	220,000	1.3	1.6	0.7	2.3	0.5	2.2	1.6	
- Interventional/Invasive	63,000	0.2	1.4	1.2	2.6	(1.4)	2.3	1.2	
- Medical/Non-Invasive	40,000	2.0	3.9	2.8	6.7	0.0	6.2	3.6	
Dermatology	40,000	5.4	7.3	3.1	10.4	1.7	9.9	7.0	
Endocrinology	60,000	3.6	4.8	2.3	7.2	1.9	6.9	4.6	
Gastroenterology	40,000	3.9	5.8	2.7	8.5	0.7	8.0	5.5	
Infectious Diseases	90,000	2.8	3.7	1.7	5.3	1.0	5.1	3.5	
Nephrology	85,000	(9.3)	(8.4)	1.7	(6.8)	(9.1)	(7.0)	(8.6)	
Neurology	44,000	1.0	2.7	2.9	5.7	(1.6)	5.3	2.5	
Obstetrics/Gynecology	10,000	11.1	17.8	5.6	23.4	6.7	21.9	16.3	
Oncology/Hematology	36,000	5.6	7.7	3.9	11.6	3.4	11.1	7.3	
Gynecology Oncology	100,000	3.9	4.6	1.5	6.2	2.3	6.0	4.5	
Physical Medicine & Rehabilitation	85,000	(0.9)	0.0	1.8	1.7	(2.6)	1.5	(0.2)	
Psychiatry	20,000	7.6	11.4	1.8	13.2	(0.4)	12.3	10.8	
Pulmonary Medicine	85,000	1.9	2.8	1.7	4.4	1.0	4.2	2.6	
Radiation Oncology	95,000	1.3	2.1	1.6	3.7	0.6	3.5	2.0	
Rheumatology	100,000	2.3	3.0	0.5	3.6	0.7	3.4	2.9	
Surgical									
Surgery									
- Cardiothoracic/vascular Surgery	150,000	0.6	1.1	1.0	2.1	(0.5)	2.0	1.0	
- Bariatric Surgery	100,000	3.4	4.1	1.5	5.7	1.8	5.5	4.0	
- Colon & Rectal Surgery	200,000	1.9	2.3	0.8	3.1	1.1	3.0	2.3	
- General Surgery	20,000	4.8	8.6	5.6	14.2	1.6	13.3	8.0	
- Vascular Surgery	125,000	(0.2)	0.4	0.7	1.1	(1.1)	1.0	0.3	
Neurosurgery	85,000	0.6	1.5	1.8	3.2	(1.3)	3.0	1.3	
Ophthalmology	34,000	1.8	4.0	3.9	8.0	(1.5)	7.5	3.7	
Orthopedic Surgery									
- General/Sports Medicine	26,000	6.6	9.5	4.3	13.9	2.5	13.2	9.1	
- Foot/Ankle	295,000	1.3	1.6	0.5	2.1	0.8	2.0	1.5	
- Hand Surgery	225,000	1.7	2.1	0.7	2.7	1.0	2.7	2.0	
- Total Joint Reconstructive Surgery	175,000	1.5	2.0	0.9	2.8	0.6	2.7	1.9	
- Trauma	160,000	2.1	2.6	0.9	3.5	1.1	3.4	2.5	
Otorhinolaryngology	37,000	7.1	9.1	2.4	11.5	3.9	11.0	8.8	
Plastic/Reconstructive Surgery	90,000	2.3	3.2	1.7	4.8	0.5	4.6	3.0	
Spine Surgery	175,000	0.9	1.4	0.3	1.6	0.0	1.5	1.3	
Urology	32,000	8.7	11.1	2.7	13.8	5.4	13.3	10.7	
Service Area Population		Need	388,430	463,814	151,233	615,047	228,808	597,438	451,460
		Adequate Supply							

Note: Ratios rounded

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

Tulare County Physician Needs Model

Tulare County					
Specialty	Population to Support One Physician	Gross Physician Need	FTE Physician Supply	Net Need (Surplus)	Current Supply % of Need
Primary Care					
Adult Primary Care (FM & IM)*	2,000	231.9	207.0	24.9	89.2%
Pediatrics (General)	8,000	58.0	49.7	8.3	85.7%
Medical					
Allergy & Immunology	75,000	6.2	5.3	0.9	84.9%
Cardiology	22,000	21.1	14.2	6.9	67.4%
- Electrophysiology	220,000	2.1	0.5	1.6	23.7%
- Interventional/Invasive	63,000	7.4	6.0	1.4	81.5%
- Medical/Non-Invasive	40,000	11.6	7.7	3.9	66.4%
Dermatology	40,000	11.6	4.3	7.3	37.1%
Endocrinology	60,000	7.7	2.9	4.8	37.5%
Gastroenterology	40,000	11.6	5.8	5.8	50.3%
Infectious Diseases	90,000	5.2	1.5	3.7	28.1%
Nephrology	85,000	5.5	13.9	(8.4)	254.7%
Neurology	44,000	10.5	7.8	2.7	74.0%
Obstetrics/Gynecology	10,000	46.4	28.6	17.8	61.7%
Oncology/Hematology	36,000	12.9	5.2	7.7	40.4%
Gynecology Oncology	100,000	4.6	0.0	4.6	0.0%
Physical Medicine & Rehabilitation	85,000	5.5	5.5	0.0	100.8%
Psychiatry	20,000	23.2	11.8	11.4	50.9%
Pulmonary Medicine	85,000	5.5	2.7	2.8	49.5%
Radiation Oncology	95,000	4.9	2.8	2.1	57.4%
Rheumatology	100,000	4.6	1.6	3.0	34.5%
Surgical					
Surgery					
- Cardiothoracic/vascular Surgery	150,000	3.1	2.0	1.1	64.7%
- Bariatric Surgery	100,000	4.6	0.5	4.1	10.8%
- Colon & Rectal Surgery	200,000	2.3	0.0	2.3	0.0%
- General Surgery	20,000	23.2	14.6	8.6	62.7%
- Vascular Surgery	125,000	3.7	3.3	0.4	88.9%
Neurosurgery	85,000	5.5	4.0	1.5	73.3%
Ophthalmology	34,000	13.6	9.6	4.0	70.4%
Orthopedic Surgery					
- General/Sports Medicine	26,000	17.8	8.3	9.5	46.5%
- Foot/Ankle	295,000	1.6	0.0	1.6	0.0%
- Hand Surgery	225,000	2.1	0.0	2.1	0.0%
- Total Joint Reconstructive Surgery	175,000	2.7	0.7	2.0	26.4%
- Trauma	160,000	2.9	0.3	2.6	10.3%
Otorhinolaryngology	37,000	12.5	3.4	9.1	27.1%
Plastic/Reconstructive Surgery	90,000	5.2	2.0	3.2	38.8%
Spine Surgery	175,000	2.7	1.3	1.4	49.0%
Urology	32,000	14.5	3.4	11.1	23.1%
Service Area Population	463,814				
					Need
					Adequate Supply

Note: Ratios rounded.

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

Kings County Physician Needs Model

Kings County					
Specialty	Population to Support One Physician	Gross Physician Need	FTE Physician Supply	Net Need (Surplus)	Current Supply % of Need
Primary Care					
Adult Primary Care (FM & IM)*	2,000	75.6	52.7	22.9	69.6%
Pediatrics (General)	8,000	18.9	10.6	8.3	56.1%
Medical					
Allergy & Immunology	75,000	2.0	0.3	1.7	12.4%
Cardiology	22,000	6.9	2.2	4.7	32.0%
- Electrophysiology	220,000	0.7	0.0	0.7	0.0%
- Interventional/Invasive	63,000	2.4	1.2	1.2	50.0%
- Medical/Non-Invasive	40,000	3.8	1.0	2.8	26.4%
Dermatology	40,000	3.8	0.7	3.1	18.5%
Endocrinology	60,000	2.5	0.2	2.3	7.9%
Gastroenterology	40,000	3.8	1.1	2.7	29.1%
Infectious Diseases	90,000	1.7	0.0	1.7	0.0%
Nephrology	85,000	1.8	0.1	1.7	5.6%
Neurology	44,000	3.4	0.5	2.9	14.5%
Obstetrics/Gynecology	10,000	15.1	9.5	5.6	62.8%
Oncology/Hematology	36,000	4.2	0.3	3.9	7.1%
Gynecology Oncology	100,000	1.5	0.0	1.5	0.0%
Physical Medicine & Rehabilitation	85,000	1.8	0.0	1.8	0.0%
Psychiatry	20,000	7.6	5.8	1.8	76.7%
Pulmonary Medicine	85,000	1.8	0.1	1.7	5.6%
Radiation Oncology	95,000	1.6	0.0	1.6	0.0%
Rheumatology	100,000	1.5	1.0	0.5	66.1%
Surgical					
Surgery					
- Cardiothoracic/Vascular Surgery	150,000	1.0	0.0	1.0	0.0%
- Bariatric Surgery	100,000	1.5	0.0	1.5	0.0%
- Colon & Rectal Surgery	200,000	0.8	0.0	0.8	0.0%
- General Surgery	20,000	7.6	2.0	5.6	26.4%
- Vascular Surgery	125,000	1.2	0.5	0.7	37.2%
Neurosurgery	85,000	1.8	0.0	1.8	0.0%
Ophthalmology	34,000	4.4	0.5	3.9	11.2%
Orthopedic Surgery					
- General/Sports Medicine	26,000	5.8	1.5	4.3	25.8%
- Foot/Ankle	295,000	0.5	0.0	0.5	0.0%
- Hand Surgery	225,000	0.7	0.0	0.7	0.0%
- Total Joint Reconstructive Surgery	175,000	0.9	0.0	0.9	0.0%
- Trauma	160,000	0.9	0.0	0.9	0.0%
Otorhinolaryngology	37,000	4.1	1.7	2.4	41.6%
Plastic/Reconstructive Surgery	90,000	1.7	0.0	1.7	0.0%
Spine Surgery	175,000	0.9	0.6	0.3	69.4%
Urology	32,000	4.7	2.0	2.7	42.3%
Service Area Population	151,233				
					Need
					Adequate Supply

Note: Ratios rounded.

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

Tulare County & Kings County Physician Needs Model

Tulare County & Kings County					
Specialty	Population to Support One Physician	Gross Physician Need	FTE Physician Supply	Net Need (Surplus)	Current Supply % of Need
Primary Care					
Adult Primary Care (FM & IM)*	2,000	307.5	259.6	47.9	84.4%
Pediatrics (General)	8,000	76.9	60.3	16.6	78.4%
Medical					
Allergy & Immunology	75,000	8.2	5.5	2.7	67.1%
Cardiology	22,000	27.9	16.4	11.5	58.7%
- Electrophysiology	220,000	2.8	0.5	2.3	17.9%
- Interventional/Invasive	63,000	9.8	7.2	2.6	73.8%
- Medical/Non-Invasive	40,000	15.4	8.7	6.7	56.6%
Dermatology	40,000	15.4	5.0	10.4	32.5%
Endocrinology	60,000	10.3	3.1	7.2	30.2%
Gastroenterology	40,000	15.4	6.9	8.5	45.1%
Infectious Diseases	90,000	6.8	1.5	5.3	21.2%
Nephrology	85,000	7.2	14.0	(6.8)	193.5%
Neurology	44,000	14.0	8.3	5.7	59.4%
Obstetrics/Gynecology	10,000	61.5	38.1	23.4	61.9%
Oncology/Hematology	36,000	17.1	5.5	11.6	32.2%
Gynecology Oncology	100,000	6.2	0.0	6.2	0.0%
Physical Medicine & Rehabilitation	85,000	7.2	5.5	1.7	76.0%
Psychiatry	20,000	30.8	17.6	13.2	57.2%
Pulmonary Medicine	85,000	7.2	2.8	4.4	38.7%
Radiation Oncology	95,000	6.5	2.8	3.7	43.2%
Rheumatology	100,000	6.2	2.6	3.6	42.3%
Surgical					
Surgery					
- Cardiothoracic/Vascular Surgery	150,000	4.1	2.0	2.1	48.8%
- Bariatric Surgery	100,000	6.2	0.5	5.7	8.1%
- Colon & Rectal Surgery	200,000	3.1	0.0	3.1	0.0%
- General Surgery	20,000	30.8	16.6	14.2	53.8%
- Vascular Surgery	125,000	4.9	3.8	1.1	76.2%
Neurosurgery	85,000	7.2	4.0	3.2	55.3%
Ophthalmology	34,000	18.1	10.1	8.0	55.8%
Orthopedic Surgery					
- General/Sports Medicine	26,000	23.7	9.8	13.9	41.4%
- Foot/Ankle	295,000	2.1	0.0	2.1	0.0%
- Hand Surgery	225,000	2.7	0.0	2.7	0.0%
- Total Joint Reconstructive Surgery	175,000	3.5	0.7	2.8	19.9%
- Trauma	160,000	3.8	0.3	3.5	7.8%
Otorhinolaryngology	37,000	16.6	5.1	11.5	30.7%
Plastic/Reconstructive Surgery	90,000	6.8	2.0	4.8	29.3%
Spine Surgery	175,000	3.5	1.9	1.6	54.1%
Urology	32,000	19.2	5.4	13.8	27.8%
Service Area Population		615,047			
					Need
					Adequate Supply

Note: Ratios rounded.

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

PSA Physician Needs Model

KDMC PSA					
Specialty	Population to Support One Physician	Gross Physician Need	FTE Physician Supply	Net Need (Surplus)	Current Supply % of Need
Primary Care					
Adult Primary Care (FM & IM)*	2,000	114.4	158.9	(44.5)	138.9%
Pediatrics (General)	8,000	28.6	30.4	(1.8)	106.3%
Medical					
Allergy & Immunology	75,000	3.1	4.7	(1.6)	152.4%
Cardiology	22,000	10.4	11.2	(0.8)	107.8%
- Electrophysiology	220,000	1.0	0.5	0.5	48.1%
- Interventional/Invasive	63,000	3.6	5.0	(1.4)	137.7%
- Medical/Non-Invasive	40,000	5.7	5.7	0.0	99.6%
Dermatology	40,000	5.7	4.0	1.7	69.9%
Endocrinology	60,000	3.8	1.9	1.9	49.8%
Gastroenterology	40,000	5.7	5.0	0.7	87.9%
Infectious Diseases	90,000	2.5	1.5	1.0	57.0%
Nephrology	85,000	2.7	11.8	(9.1)	438.4%
Neurology	44,000	5.2	6.8	(1.6)	130.8%
Obstetrics/Gynecology	10,000	22.9	16.2	6.7	70.8%
Oncology/Hematology	36,000	6.4	3.0	3.4	47.2%
Gynecology Oncology	100,000	2.3	0.0	2.3	0.0%
Physical Medicine & Rehabilitation	85,000	2.7	5.3	(2.6)	196.9%
Psychiatry	20,000	11.4	11.8	(0.4)	103.1%
Pulmonary Medicine	85,000	2.7	1.7	1.0	63.2%
Radiation Oncology	95,000	2.4	1.8	0.6	74.7%
Rheumatology	100,000	2.3	1.6	0.7	69.9%
Surgical					
Surgery					
- Cardiothoracic/Vascular Surgery	150,000	1.5	2.0	(0.5)	131.1%
- Bariatric Surgery	100,000	2.3	0.5	1.8	21.9%
- Colon & Rectal Surgery	200,000	1.1	0.0	1.1	0.0%
- General Surgery	20,000	11.4	9.8	1.6	85.7%
- Vascular Surgery	125,000	1.8	2.9	(1.1)	158.4%
Neurosurgery	85,000	2.7	4.0	(1.3)	148.6%
Ophthalmology	34,000	6.7	8.2	(1.5)	121.8%
Orthopedic Surgery					
- General/Sports Medicine	26,000	8.8	6.3	2.5	71.6%
- Foot/Ankle	295,000	0.8	0.0	0.8	0.0%
- Hand Surgery	225,000	1.0	0.0	1.0	0.0%
- Total Joint Reconstructive Surgery	175,000	1.3	0.7	0.6	53.5%
- Trauma	160,000	1.4	0.3	1.1	21.0%
Otorhinolaryngology	37,000	6.2	2.3	3.9	37.2%
Plastic/Reconstructive Surgery	90,000	2.5	2.0	0.5	78.7%
Spine Surgery	175,000	1.3	1.3	0.0	99.4%
Urology	32,000	7.2	1.8	5.4	24.5%
Service Area Population		228,808			
					Need Adequate Supply

Note: Ratios rounded.

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

TSA Physician Needs Model

KDMC TSA					
Specialty	Population to Support One Physician	Gross Physician Need	FTE Physician Supply	Net Need (Surplus)	Current Supply % of Need
Primary Care					
Adult Primary Care (FM & IM)*	2,000	298.7	243.0	55.7	81.3%
Pediatrics (General)	8,000	74.7	59.3	15.4	79.4%
Medical					
Allergy & Immunology	75,000	8.0	5.5	2.5	69.0%
Cardiology	22,000	27.1	16.4	10.7	60.4%
- Electrophysiology	220,000	2.7	0.5	2.2	18.4%
- Interventional/Invasive	63,000	9.5	7.2	2.3	75.9%
- Medical/Non-Invasive	40,000	14.9	8.7	6.2	58.2%
Dermatology	40,000	14.9	5.0	9.9	33.5%
Endocrinology	60,000	10.0	3.1	6.9	31.1%
Gastroenterology	40,000	14.9	6.9	8.0	46.4%
Infectious Diseases	90,000	6.6	1.5	5.1	21.8%
Nephrology	85,000	7.0	14.0	(7.0)	199.2%
Neurology	44,000	13.6	8.3	5.3	61.1%
Obstetrics/Gynecology	10,000	59.7	37.8	21.9	63.3%
Oncology/Hematology	36,000	16.6	5.5	11.1	33.1%
Gynecology Oncology	100,000	6.0	0.0	6.0	0.0%
Physical Medicine & Rehabilitation	85,000	7.0	5.5	1.5	78.3%
Psychiatry	20,000	29.9	17.6	12.3	58.9%
Pulmonary Medicine	85,000	7.0	2.8	4.2	39.8%
Radiation Oncology	95,000	6.3	2.8	3.5	44.5%
Rheumatology	100,000	6.0	2.6	3.4	43.5%
Surgical					
Surgery					
- Cardiothoracic/vascular Surgery	150,000	4.0	2.0	2.0	50.2%
- Bariatric Surgery	100,000	6.0	0.5	5.5	8.4%
- Colon & Rectal Surgery	200,000	3.0	0.0	3.0	0.0%
- General Surgery	20,000	29.9	16.6	13.3	55.4%
- Vascular Surgery	125,000	4.8	3.8	1.0	78.5%
Neurosurgery	85,000	7.0	4.0	3.0	56.9%
Ophthalmology	34,000	17.6	10.1	7.5	57.5%
Orthopedic Surgery					
- General/Sports Medicine	26,000	23.0	9.8	13.2	42.6%
- Foot/Ankle	295,000	2.0	0.0	2.0	0.0%
- Hand Surgery	225,000	2.7	0.0	2.7	0.0%
- Total Joint Reconstructive Surgery	175,000	3.4	0.7	2.7	20.5%
- Trauma	160,000	3.7	0.3	3.4	8.0%
Otorhinolaryngology	37,000	16.1	5.1	11.0	31.6%
Plastic/Reconstructive Surgery	90,000	6.6	2.0	4.6	30.1%
Spine Surgery	175,000	3.4	1.9	1.5	55.7%
Urology	32,000	18.7	5.4	13.3	28.7%
Service Area Population		597,438			
					Need
					Adequate Supply

Note: Ratios rounded.

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

FPSA Physician Needs Model

KDMC FPSA					
Specialty	Population to Support One Physician	Gross Physician Need	FTE Physician Supply	Net Need (Surplus)	Current Supply % of Need
Primary Care					
Adult Primary Care (FM & IM)*	2,000	225.7	207.0	18.7	91.7%
Pediatrics (General)	8,000	56.4	49.7	6.7	88.1%
Medical					
Allergy & Immunology	75,000	6.0	5.3	0.7	87.2%
Cardiology	22,000	20.5	14.2	6.3	69.3%
- Electrophysiology	220,000	2.1	0.5	1.6	24.4%
- Interventional/Invasive	63,000	7.2	6.0	1.2	83.7%
- Medical/Non-Invasive	40,000	11.3	7.7	3.6	68.2%
Dermatology	40,000	11.3	4.3	7.0	38.1%
Endocrinology	60,000	7.5	2.9	4.6	38.5%
Gastroenterology	40,000	11.3	5.8	5.5	51.7%
Infectious Diseases	90,000	5.0	1.5	3.5	28.9%
Nephrology	85,000	5.3	13.9	(8.6)	261.7%
Neurology	44,000	10.3	7.8	2.5	76.0%
Obstetrics/Gynecology	10,000	45.1	28.8	16.3	63.8%
Oncology/Hematology	36,000	12.5	5.2	7.3	41.5%
Gynecology Oncology	100,000	4.5	0.0	4.5	0.0%
Physical Medicine & Rehabilitation	85,000	5.3	5.5	(0.2)	103.6%
Psychiatry	20,000	22.6	11.8	10.8	52.3%
Pulmonary Medicine	85,000	5.3	2.7	2.6	50.8%
Radiation Oncology	95,000	4.8	2.8	2.0	58.9%
Rheumatology	100,000	4.5	1.6	2.9	35.4%
Surgical					
Surgery					
- Cardiothoracic/vascular Surgery	150,000	3.0	2.0	1.0	66.5%
- Bariatric Surgery	100,000	4.5	0.5	4.0	11.1%
- Colon & Rectal Surgery	200,000	2.3	0.0	2.3	0.0%
- General Surgery	20,000	22.6	14.6	8.0	64.5%
- Vascular Surgery	125,000	3.6	3.3	0.3	91.4%
Neurosurgery	85,000	5.3	4.0	1.3	75.3%
Ophthalmology	34,000	13.3	9.6	3.7	72.3%
Orthopedic Surgery					
- General/Sports Medicine	26,000	17.4	8.3	9.1	47.8%
- Foot/Ankle	295,000	1.5	0.0	1.5	0.0%
- Hand Surgery	225,000	2.0	0.0	2.0	0.0%
- Total Joint Reconstructive Surgery	175,000	2.6	0.7	1.9	27.1%
- Trauma	160,000	2.8	0.3	2.5	10.6%
Otorhinolaryngology	37,000	12.2	3.4	8.8	27.9%
Plastic/Reconstructive Surgery	90,000	5.0	2.0	3.0	39.9%
Spine Surgery	175,000	2.6	1.3	1.3	50.4%
Urology	32,000	14.1	3.4	10.7	23.7%
Service Area Population	451,460				
					Need
					Adequate Supply

Note: Ratios rounded.

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

157/403

GASH Community Physician Needs Model

KDMC GASH					
Specialty	Population to Support One Physician	Gross Physician Need	FTE Physician Supply	Net Need (Surplus)	Current Supply % of Need
Primary Care					
Adult Primary Care (FM & IM)*	2,000	194.2	189.9	4.3	97.8%
Pediatrics (General)	8,000	48.6	48.4	0.2	99.7%
Medical					
Allergy & Immunology	75,000	5.2	5.3	(0.1)	101.4%
Cardiology	22,000	17.6	14.2	3.4	80.5%
- Electrophysiology	220,000	1.8	0.5	1.3	28.3%
- Interventional/Invasive	63,000	6.2	6.0	0.2	97.3%
- Medical/Non-Invasive	40,000	9.7	7.7	2.0	79.3%
Dermatology	40,000	9.7	4.3	5.4	44.3%
Endocrinology	60,000	6.5	2.9	3.6	44.8%
Gastroenterology	40,000	9.7	5.8	3.9	60.0%
Infectious Diseases	90,000	4.3	1.5	2.8	33.6%
Nephrology	85,000	4.6	13.9	(9.3)	304.2%
Neurology	44,000	8.8	7.8	1.0	88.4%
Obstetrics/Gynecology	10,000	38.8	27.7	11.1	71.3%
Oncology/Hematology	36,000	10.8	5.2	5.6	48.2%
Gynecology Oncology	100,000	3.9	0.0	3.9	0.0%
Palliative Medicine (based on senior population)	20,000	2.3	1.0	1.3	43.4%
Physical Medicine & Rehabilitation	85,000	4.6	5.5	(0.9)	120.4%
Psychiatry	20,000	19.4	11.8	7.6	60.8%
Pulmonary Medicine	85,000	4.6	2.7	1.9	59.1%
Radiation Oncology	95,000	4.1	2.8	1.3	68.5%
Rheumatology	100,000	3.9	1.6	2.3	41.2%
Surgical					
Surgery					
- Cardiothoracic/vascular Surgery	150,000	2.6	2.0	0.6	77.2%
- Bariatric Surgery	100,000	3.9	0.5	3.4	12.9%
- Colon & Rectal Surgery	200,000	1.9	0.0	1.9	0.0%
- General Surgery	20,000	19.4	14.6	4.8	74.9%
- Vascular Surgery	125,000	3.1	3.3	(0.2)	106.2%
Neurosurgery	85,000	4.6	4.0	0.6	87.5%
Ophthalmology	34,000	11.4	9.6	1.8	84.0%
Orthopedic Surgery					
- General/Sports Medicine	26,000	14.9	8.3	6.6	55.6%
- Foot/Ankle	295,000	1.3	0.0	1.3	0.0%
- Hand Surgery	225,000	1.7	0.0	1.7	0.0%
- Total Joint Reconstructive Surgery	175,000	2.2	0.7	1.5	31.5%
- Trauma	160,000	2.4	0.3	2.1	12.4%
Otorhinolaryngology	37,000	10.5	3.4	7.1	32.4%
Plastic/Reconstructive Surgery	90,000	4.3	2.0	2.3	46.3%
Spine Surgery	175,000	2.2	1.3	0.9	58.6%
Urology	32,000	12.1	3.4	8.7	27.6%
Service Area Population		388,430			
					Need
					Adequate Supply

Note: Ratios rounded.

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

Purpose, Methodology, and Background
Executive Summary
Service Area Definitions & Demographics
Community Physician Needs
Physician Market Profile
Recruitment Recommendations
Appendices

Physician Market Summary

Physician Market Age Profile

The TSA has approximately 500 physicians of which an estimated 30% are over the age of 60 and the average age is 52.8. Certain specialties are vulnerable from a succession planning standpoint.

Physician Market by Type

While physician by type (PCP/medical/surgical/) are well represented, the area continues to have retention issues e.g. departures of APPs after fulfilling requirements of student loan forgiveness programs (est. 2-3 years).

Physician Distribution by Community

Physicians in the TSA are predominantly located in the Cities of Visalia, Hanford, Porterville, and Tulare.

Sub-market Physician Supply Comparison

The TSA is the most underserved service area overall while the PSA has the highest per capita physician supply.

Physician by Type

Primary Care

210

43.8% of market

Medical Specialists

180

37.5% of market

Surgical Specialists

90

18.8% of market

Physician Market Profile: Age by Specialty

Kaweah Delta Medical Center TSA Physician Market Age Profile								
Specialty	Total Physician	Average Age	Physician Age					Senior Workforce
			<40	41-50	51-60	61-70	71 +	% Age 61+
Primary Care								
Family Practice/General Practice	98	53.7	21	22	23	20	12	33%
Internal Medicine	43	52.7	11	6	15	9	2	26%
Pediatrics	69	49.4	22	16	17	12	2	20%
Subtotal	210		54	44	55	41	16	1
Medical Specialties								
Allergy & Immunology	9	55.2	0	3	4	2	0	22%
Cardiology	20	58.5	1	4	4	10	1	55%
Dermatology	9	57.3	0	3	2	3	1	44%
Endocrinology	4	46.7	1	2	1	0	0	0%
Gastroenterology	9	59.3	1	0	1	7	0	78%
Infectious Diseases	2	54.0	0	1	1	0	0	0%
Nephrology	22	50.4	5	9	3	3	2	23%
Neurology	10	52.2	2	2	5	1	0	10%
Obstetrics/Gynecology	44	55.0	9	8	12	7	8	34%
Oncology/Hematology	7	64.6	0	0	1	5	1	86%
Physical Medicine & Rehab	10	48.3	3	2	4	1	0	10%
Psychiatry	20	49.9	4	10	2	2	2	20%
Pulmonary Medicine	7	52.1	1	2	2	2	0	29%
Radiation Oncology / Radiation Therapy	4	60.0	1	0	0	2	1	75%
Rheumatology	3	62.0	0	0	1	2	0	67%
Subtotal	180		28	46	43	47	16	35%
Surgical Specialties								
Surgery								
Cardiothoracic/Vascular Surgery	2	48.5	0	2	0	0	0	0%
Bariatric Surgery	1	37.0	1	0	0	0	0	0%
General Surgery	20	49.6	3	9	3	4	1	25%
Vascular Surgery	7	45.3	3	2	2	0	0	0%
Neurosurgery	12	52.1	1	6	2	2	1	25%
Ophthalmology	15	48.5	6	3	3	2	1	20%
Orthopedic Surgery	15	52.8	4	5	1	2	3	33%
Otorhinolaryngology	8	59.9	1	1	1	4	1	63%
Plastic Surgery	3	59.3	0	1	1	0	1	33%
Urology	7	61.5	1	0	1	3	2	71%
Subtotal	90		20	29	14	17	10	30%
Physician Market Total	480	52.8	102	119	112	105	42	31%

- Specialties with an aging workforce include:
 - Primary Care
 - Cardiology
 - Dermatology
 - GI
 - OB/Gyn
 - Oncology/Hematology
 - Radiation Oncology
 - Rheumatology
 - Orthopedic Surgery
 - ENT
 - Urology

Physician Supply Service Area Comparison

Sub-market Physician Supply Comparison						
	KDMC				Tulare County	Kings County
	GASH	PSA	TSA	FPSA		
Population (2020)	388,430	228,808	597,438	451,460	463,814	151,233
% Pediatrics (0-17)	29.9%	29.0%	29.8%	30.3%	30.2%	27.7%
% Seniors (65+)	11.9%	12.4%	11.7%	11.6%	11.8%	10.6%
Adult PCP⁽¹⁾						
Total FTEs	238.3	189.3	302.3	256.7	256.7	63.3
1 PCP per X Population	1,630	1,209	1,977	1,759	1,807	2,391
Medical Specialists						
Total FTEs (Current supply)	112.9	88.2	135.3	114.0	113.8	21.8
1 Medical Specialist per X Population	3,440	2,593	4,416	3,959	4,075	6,953
Surgical Specialists						
Total FTEs (Current supply)	53.3	42.1	62.1	53.3	53.3	8.8
1 Surgical Specialist per X Population	7,288	5,441	9,628	8,470	8,702	17,284

Note: Specialist counts are for specialties evaluated in this analysis versus all specialties. For example, podiatry is not

⁽¹⁾ Includes APPs

- The PSA has the highest per capita physician supply (primary care, medical specialties, and surgical specialties).
- The GASH has the second-highest per capita physician supply across primary care, medical, and surgical care.
- KDMC's TSA is the most underserved service area overall.

Comparison of Physician Needs by Service Area

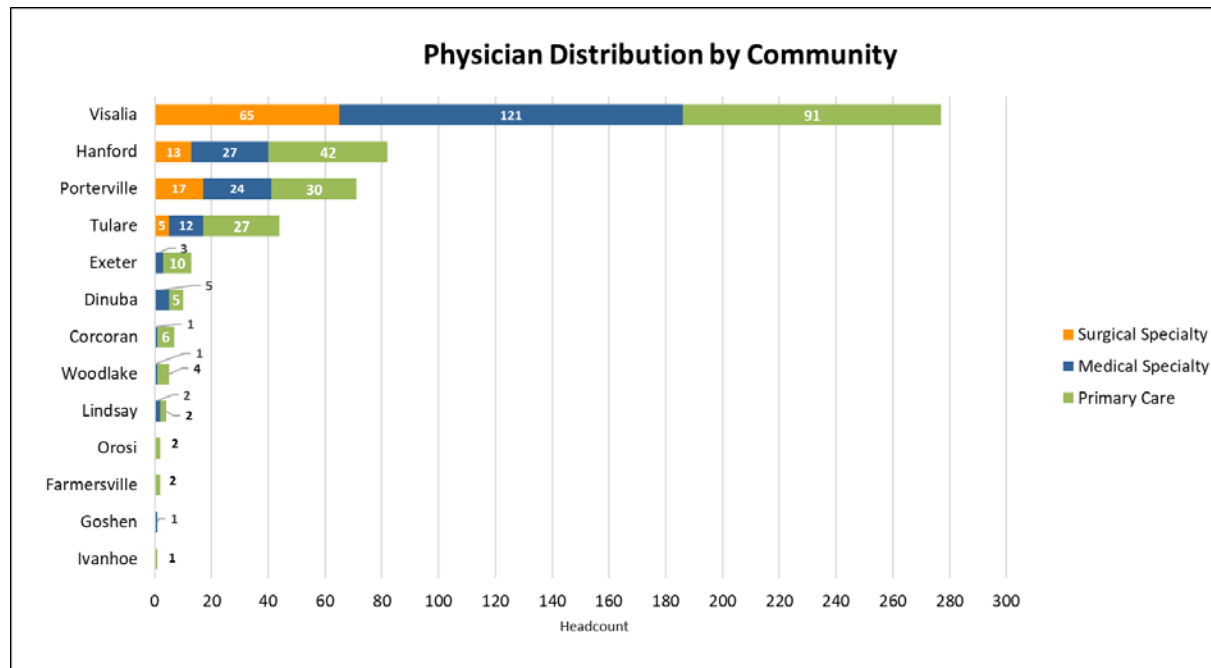
Specialty	Population to Support One Physician	Tulare County & Kings County							
		KDMC GASH	Tulare County	Kings County	Kings County	KDMC PSA	KDMC TSA	KDMC FPSA	
		Net Need (Surplus)	Net Need (Surplus)	Net Need (Surplus)	Net Need (Surplus)	Net Need (Surplus)	Net Need (Surplus)	Net Need (Surplus)	
Primary Care									
Adult Primary Care (FM & IM)*	2,000	4.3	24.9	22.9	47.9	(44.5)	55.7	18.7	
Pediatrics (General)	8,000	0.2	8.3	8.3	16.6	(1.8)	15.4	6.7	
Medical									
Allergy & Immunology	75,000	(0.1)	0.9	1.7	2.7	(1.6)	2.5	0.7	
Cardiology	22,000	3.4	6.9	4.7	11.5	(0.8)	10.7	6.3	
- Electrophysiology	220,000	1.3	1.6	0.7	2.3	0.5	2.2	1.6	
- Interventional/Invasive	63,000	0.2	1.4	1.2	2.6	(1.4)	2.3	1.2	
- Medical/Non-Invasive	40,000	2.0	3.9	2.8	6.7	0.0	6.2	3.6	
Dermatology	40,000	5.4	7.3	3.1	10.4	1.7	9.9	7.0	
Endocrinology	60,000	3.6	4.8	2.3	7.2	1.9	6.9	4.6	
Gastroenterology	40,000	3.9	5.8	2.7	8.5	0.7	8.0	5.5	
Infectious Diseases	90,000	2.8	3.7	1.7	5.3	1.0	5.1	3.5	
Nephrology	85,000	(9.3)	(8.4)	1.7	(6.8)	(9.1)	(7.0)	(8.6)	
Neurology	44,000	1.0	2.7	2.9	5.7	(1.6)	5.3	2.5	
Obstetrics/Gynecology	10,000	11.1	17.8	5.6	23.4	6.7	21.9	16.3	
Oncology/Hematology	36,000	5.6	7.7	3.9	11.6	3.4	11.1	7.3	
Gynecology Oncology	100,000	3.9	4.6	1.5	6.2	2.3	6.0	4.5	
Physical Medicine & Rehabilitation	85,000	(0.9)	0.0	1.8	1.7	(2.6)	1.5	(0.2)	
Psychiatry	20,000	7.6	11.4	1.8	13.2	(0.4)	12.3	10.8	
Pulmonary Medicine	85,000	1.9	2.8	1.7	4.4	1.0	4.2	2.6	
Radiation Oncology	95,000	1.3	2.1	1.6	3.7	0.6	3.5	2.0	
Rheumatology	100,000	2.3	3.0	0.5	3.6	0.7	3.4	2.9	
Surgical									
Surgery									
- Cardiothoracic/vascular Surgery	150,000	0.6	1.1	1.0	2.1	(0.5)	2.0	1.0	
- Bariatric Surgery	100,000	3.4	4.1	1.5	5.7	1.8	5.5	4.0	
- Colon & Rectal Surgery	200,000	1.9	2.3	0.8	3.1	1.1	3.0	2.3	
- General Surgery	20,000	4.8	8.6	5.6	14.2	1.6	13.3	8.0	
- Vascular Surgery	125,000	(0.2)	0.4	0.7	1.1	(1.1)	1.0	0.3	
Neurosurgery	85,000	0.6	1.5	1.8	3.2	(1.3)	3.0	1.3	
Ophthalmology	34,000	1.8	4.0	3.9	8.0	(1.5)	7.5	3.7	
Orthopedic Surgery									
- General/Sports Medicine	26,000	6.6	9.5	4.3	13.9	2.5	13.2	9.1	
- Foot/Ankle	295,000	1.3	1.6	0.5	2.1	0.8	2.0	1.5	
- Hand Surgery	225,000	1.7	2.1	0.7	2.7	1.0	2.7	2.0	
- Total Joint Reconstructive Surgery	175,000	1.5	2.0	0.9	2.8	0.6	2.7	1.9	
- Trauma	160,000	2.1	2.6	0.9	3.5	1.1	3.4	2.5	
Otorhinolaryngology	37,000	7.1	9.1	2.4	11.5	3.9	11.0	8.8	
Plastic/Reconstructive Surgery	90,000	2.3	3.2	1.7	4.8	0.5	4.6	3.0	
Spine Surgery	175,000	0.9	1.4	0.3	1.6	0.0	1.5	1.3	
Urology	32,000	8.7	11.1	2.7	13.8	5.4	13.3	10.7	
Service Area Population		Need	388,430	463,814	151,233	615,047	228,808	597,438	451,460
		Adequate Supply							

Note: Ratios rounded

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

*Same table as pg 20

Physician Distribution by Community



- Physicians are predominantly located within the Cities of Visalia, Hanford, Porterville, and Tulare.
- The City of Visalia has high representation of medical specialties and low representation of primary care physicians.

Physician Workforce Vulnerability Analysis

- The table on the following page highlights specialty vulnerability within the TSA based on key factors including:
 - Current need
 - Succession planning
 - Aging workforce
- The most vulnerable specialties include:
 - Primary Care
 - Gastroenterology
 - Oncology/Hematology
 - Urology
 - Orthopedic Surgery
 - ENT

Physician Workforce Vulnerability Analysis – cont'd

KDMC TSA							
Specialty	Total Physicians	Market Indicators			Succession Planning		Risk Level
	Headcount	Current Supply % of Need	FTEs Needed*	Expressed Need through Interviews	% of Physicians Age 60+	Departure/ Retirement Expressed	
Adult Primary Care (FM & IM)	141	81%	55.7	Yes	33%	Yes	High
Gastroenterology	9	46%	8.0	Yes	78%	Yes	High
Oncology/Hematology	7	33%	11.1	Yes	86%	Yes	High
Urology	7	29%	13.3	Yes	71%	Yes	High
Orthopedic Surgery	13	69%	24.0	Yes	38%	Yes	High
Otorhinolaryngology	8	32%	11.0	Yes	63%	Yes	High
Cardiology	20	60%	10.7	No	55%	Yes	Moderate
General Surgery ⁽¹⁾	21	56%	21.8	Yes	24%	Yes	Moderate
Radiation Oncology	4	45%	3.5	No	75%	Yes	Moderate
Dermatology	9	33%	9.9	Yes	33%	Yes	Moderate
Obstetrics/Gynecology	44	63%	21.9	Yes	27%	Yes	Moderate
Rheumatology	3	44%	3.4	Yes	67%	No	Moderate
Endocrinology	4	31%	6.9	Yes	n/a	Yes	Moderate
Psychiatry	20	59%	12.3	Yes	15%	No	Moderate
Infectious Diseases	2	22%	5.1	No	n/a	No	Moderate
Allergy & Immunology	9	69%	2.5	No	33%	Yes	Moderate
Cardiothoracic/vascular Surgery	2	50%	2.0	No	n/a	No	Low
Vascular Surgery	7	78%	1.0	No	14%	No	Low
Neurosurgery	9	57%	3.0	No	33%	Yes	Low
Pulmonary Medicine	7	40%	4.2	No	29%	No	Low
Neurology	10	61%	5.3	Yes	10%	No	Low
Ophthalmology	15	57%	7.5	No	20%	No	Low
Pediatrics (General)	69	79%	15.4	No	23%	No	Low
Physical Medicine & Rehabilitation	10	78%	1.5	No	10%	No	Low
Plastic/Reconstructive Surgery	3	30%	4.6	No	33%	Yes	Low
Nephrology	22	199%	(7.0)	No	23%	No	Low

* () indicates adequate supply
⁽¹⁾ General Surgery includes bariatric surgery and colorectal surgery
 Note: Ages for all physicians not available. The above metrics are best estimates with current data.

Physician Market Profile: Identified Succession Planning

Using 65 years of age as a benchmark for retirement/practice slowdown, the following physicians should be monitored for succession planning.

Last Name	First Name	Age	Specialty
Aminian	A	70	Allergy & Immunology
Baz	Malik	69	Allergy & Immunology
Meyer	Barry	75	Cardiology
Behl	Ashok	69	Cardiology
Gupta	Vinod	69	Cardiology
Cislawski	David	68	Cardiology
Johnson	Dennis	68	Cardiology
Verma	Ashok	68	Cardiology
Lively	Harry	65	Cardiology
Whitaker	Duane	73	Dermatology
Pearson	Earl	70	Dermatology
Villard	Christopher	68	Dermatology
Garcia	Raynado	82	Family Practice/General Practice
Marconi	Ronald	77	Family Practice/General Practice
Weisenberger	John	77	Family Practice/General Practice
Castillo	Fausto	75	Family Practice/General Practice
Kumar	Ravi	75	Family Practice/General Practice
Mimura	Gary	73	Family Practice/General Practice
Pentschev	Stefan	73	Family Practice/General Practice
Evans	Thomas	72	Family Practice/General Practice
Molina	Arthur	71	Family Practice/General Practice
Nguyen	Chi	71	Family Practice/General Practice
Roach	William	71	Family Practice/General Practice
Velasco	Oscar	71	Family Practice/General Practice
Sorensen	Eric	70	Family Practice/General Practice
Krishna	Vijay	69	Family Practice/General Practice
Sidhu	Jasvir	69	Family Practice/General Practice
Espinosa	Andrea	67	Family Practice/General Practice
Metts	Julius	67	Family Practice/General Practice
Cruz	Danilo	66	Family Practice/General Practice
Kamboj	Pradeep	66	Family Practice/General Practice
Miyakawa	Jon	66	Family Practice/General Practice
Soloniuk-Tays	Gaylene	66	Family Practice/General Practice
Welden	Arnold	66	Family Practice/General Practice
Booker	John	65	Family Practice/General Practice
Perez	Raul	65	Family Practice/General Practice
Princeton	Harvard	65	Family Practice/General Practice
Shah	Harish	65	Family Practice/General Practice
Zweiffler	John	65	Family Practice/General Practice

Last Name	First Name	Age	Specialty
Au	Alvin	65	Gastroenterology
Seralathan	Ramasamy	71	General Surgery
Chiu	Ching	77	Internal Medicine
Reddy	Ravindranath	76	Internal Medicine
Venkatesan	Kalpathy	69	Internal Medicine
Buttan	Vinay	68	Internal Medicine
Jindal	Rakesh	67	Internal Medicine
Woods	Robert	67	Internal Medicine
Nava	Adolph	66	Internal Medicine
Chen	Wei-Tzuoh	77	Nephrology
Heaney	David	73	Nephrology
Haley	Roger	70	Nephrology
Smith	Stephen	70	Nephrology
Thomas	Mohsen	66	Nephrology
Chahil	Boota	65	Neurology
Madsen III	Parley	72	Neurosurgery
Hoyt	Thomas	68	Neurosurgery
Acosta	Luis	77	Obstetrics/Gynecology
Salas	Jose	76	Obstetrics/Gynecology
Saljoughy	Togrol	75	Obstetrics/Gynecology
Nelson	David	72	Obstetrics/Gynecology
Pang	Kin	72	Obstetrics/Gynecology
Siddiqi	Naeem	72	Obstetrics/Gynecology
Khademi	Talaksoon	71	Obstetrics/Gynecology
Taksa	Charles	71	Obstetrics/Gynecology
Elnoe	Thomas	70	Obstetrics/Gynecology
Ellsworth	Richard	69	Obstetrics/Gynecology
Hibbert	Morton	69	Obstetrics/Gynecology
Cryns	David	68	Obstetrics/Gynecology
Overton	Katherine	67	Obstetrics/Gynecology
Bryson	David	71	Oncology/Hematology
Baloch	Anwer	68	Oncology/Hematology
Havard	Robert	65	Oncology/Hematology
Kuo	Samuel	65	Oncology/Hematology
Ruda Jr	Joseph	75	Ophthalmology
Beard	Bradley	65	Ophthalmology
Ganti	Shashi	65	Ophthalmology

Last Name	First Name	Age	Specialty
Allyn	Donald	77	Orthopedic Surgery
Redd	Burton	76	Orthopedic Surgery
Tindall	Mark	72	Orthopedic Surgery
Srivastava	Pramod	66	Orthopedic Surgery
Wong	Ronald	72	Otorhinolaryngology
Stillwater	Lyle	69	Otorhinolaryngology
Calloway	Craig	68	Otorhinolaryngology
Nagrani	Kishu	77	Pediatrics
Sidharaju	Rajeswari	75	Pediatrics
Kamboj	Prem	70	Pediatrics
Zorn	Elinor	70	Pediatrics
Haack	Susan	68	Pediatrics
Sobieralski	Theodore	67	Pediatrics
Hall	Kathryn	66	Pediatrics
Hwang	A. Grace	66	Pediatrics
Resa	Ramon	66	Pediatrics
Sidhom	Niazi	66	Pediatrics
Buttan	Poonam	65	Pediatrics
Mitts	Thomas	73	Plastic Surgery
Velosa	Luis	78	Psychiatry
Castillo-Armas	Edgar	67	Psychiatry
Warner	Gregory	69	Pulmonary Medicine
Ramsinghani	Veena	73	Radiation Oncology / Radiation Therapy
Hanalla	Youssef	65	Radiation Oncology / Radiation Therapy
Kim	Owen	65	Radiation Oncology / Radiation Therapy
Boniske	Charles	68	Rheumatology
Bhardwaj	Virinder	72	Urology
Dwivedi	Rajendra	71	Urology
Hong	Tu-Hi	69	Urology

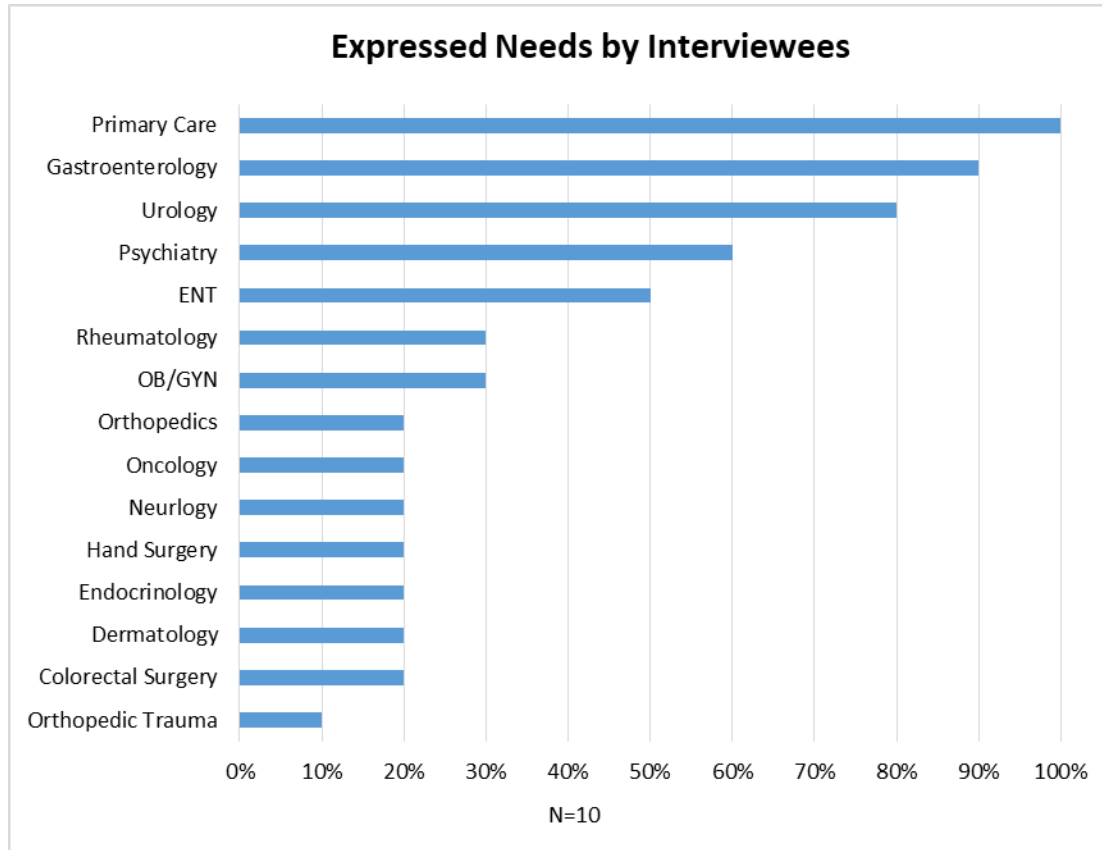
Key Findings/Reflections from Interviews

- KDMC has been and continues to pursue efforts to better meet the needs of the community.
 - The Hospital continues to build new residency programs to help alleviate the physician shortage and improve retention of physicians within the area.
 - Anecdotal reports indicate about half the residents remain in the area post-residency.
 - Residency programs have been geared towards specialties that are difficult to recruit for- e.g. behavioral health, emergency medicine, primary care, and surgery.
 - Kaweah has been flexible in creating different vehicles to support physicians and physician recruitment in the area e.g. Delta Doctors, Key Medical Associates, Visalia Medical Clinic (employed-like).
 - Despite that the area is largely FFS, KDMC has been progressive in its efforts to shift to FFV. The Hospital has created Sequoia Integrated Health to improve care quality/reduce costs under a risk-based model.
 - KDMC is exploring opportunities to build additional capacity to better accommodate growth, enhance access to care, and reduce potential leakage.

Key Findings/Reflections from Interviews – cont'd

- Many have expressed that the health of the Medi-Cal population seeking care in the FQHCs via APPs could be better managed with enhanced care continuity and potentially reduce avoidable emergency department visits.
 - Given the size of the Medi-Cal population in the area and the shift from FFS to FFV, KDMC's efforts to enter into the FQHC space will be important.
 - KDMC has applied for FQHC privilege and is exploring the ability to create a medical home – an integrated delivery model to monitor its patients throughout their continuum of care.
- Interviewees have expressed the following specialties as significant needs due to long wait and/or access issues in the following specialties:
 - Adult primary care
 - GI
 - Urology
 - Psychiatry (adult and pediatric)
 - ENT

Expressed Needs by Interviewees



Purpose, Methodology, and Background
Executive Summary
Service Area Definitions & Demographics
Community Physician Needs
Physician Market Profile
Recruitment Recommendations
Appendices






















Recommendation: Physician/Provider Recruitment and Development Targets


- Based on qualitative and quantitative analysis of the service area(s) and feedback from interviews, suggested physician/provider needs by specialty are detailed on the following pages.

Recommendation: Physician/Provider Recruitment and Development Targets – cont'd

Specialty	Minimum FTEs Needed	Indicated Need Through Interviews	Potential Succession Planning Needed	Community Need for Physicians	Comments
FM/IM	3-4				<ul style="list-style-type: none"> ➤ Access issues ➤ Practice slow down
Dermatology	1-2				<ul style="list-style-type: none"> ➤ Practice slowdown
Endocrinology	1				<ul style="list-style-type: none"> ➤ Anticipated retirement
Gastroenterology	2-3				<ul style="list-style-type: none"> ➤ Access issues ➤ Anticipated retirement ➤ ED call and I/P coverage issues ➤ Medi-Cal population not being seen
OB/GYN	1-2				<ul style="list-style-type: none"> ➤ Need for OB/Gyns for Medi-Cal population
Palliative Medicine	1				<ul style="list-style-type: none"> ➤ Growing community demand ➤ Only one physician present
Psychiatry	1-2				<ul style="list-style-type: none"> ➤ Access issues ➤ Need for pediatric psychiatrist(s)
Rheumatology	1				<ul style="list-style-type: none"> ➤ Access issues ➤ Leakage

Recommendation: Physician/Provider Recruitment and Development Targets – cont'd

Specialty	Minimum FTEs Needed	Indicated Need Through Interviews	Potential Succession Planning Needed	Community Need for Physicians	Comments
Colon & Rectal Surgery	1				➤ No physician currently present in the area
General Surgery	1-2				<ul style="list-style-type: none"> ➤ Access issues ➤ Growth
Orthopedic Surgery	1				<ul style="list-style-type: none"> ➤ Need for general and subspecialized surgeons ➤ Community leakage
ENT	1-2				<ul style="list-style-type: none"> ➤ Aging workforce ➤ Access and ED call issues
Urology	2-3				<ul style="list-style-type: none"> ➤ Aging workforce ➤ Access issues ➤ ED call and I/P coverage issues ➤ Community leakage
Neurology	1				➤ I/P coverage issues
Cardiology: Electrophysiology	1				➤ Additional depth and breath needed in service line



Purpose, Methodology, and Background
Executive Summary
Service Area Definitions & Demographics
Community Physician Needs
Physician Market Profile
Recruitment Recommendations
Appendices

Appendix A: Interviewees

KDMC Interviewees	
Name	Clinical Area/Administration
Gary Herbst	CEO - Kaweah Delta
Dr. Bruce Hall	Internist/CMO of Kaweah Delta Medical Foundation
Marc Mertz	VP Chief of Strategy
Ryan Gates	VP of Population Health Management
Brent Boyd	CEO of Foundation for Medical Care of Tulare & Kings Counties, Inc.
Dr. Mandeep Bagga	Psychiatry
Dr. Seth Criner	Orthopedic Surgery/Trauma
Dr. Monica Manga	Internal Medicine, Vice Chief of Staff
Dr. Onsy Said	Adult Hospitalist
Dr. Lori Winston	EM/Designated Institution Officer

Appendix B: Physician Market Inventory List

- Attached separately

Appendix C: Service Area Definitions and Demographics






- The following pages provide the below details:
 - KDMC Service Area maps by sub-market (PSA, TSA & FPSA)
 - KDMC Service Area demographics by sub-market (PSA, TSA & FPSA)
 - KDMC GASH
 - Legal definition
 - Area map and area definition
 - Demographics

Appendix C: KDMC Service Area Definitions & Area Depictions

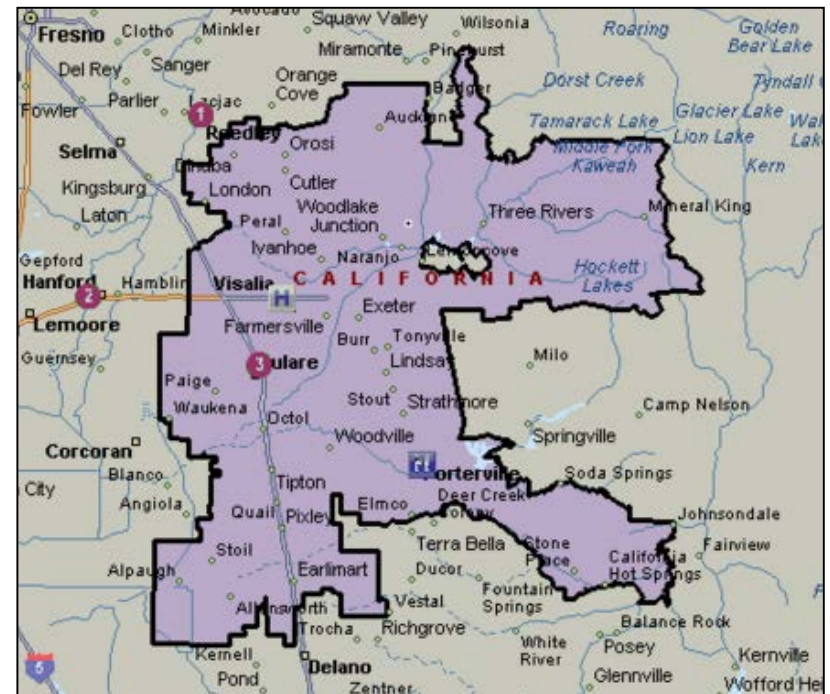
TSA








TSA = PSA + SSA

-  KAWEAH DELTA MEDICAL CENTER
-  SIERRA VIEW MEDICAL CENTER
-  ADVENTIST MEDICAL CENTER - REEDLEY
-  ADVENTIST MEDICAL CENTER
-  TULARE REGIONAL MEDICAL CENTER

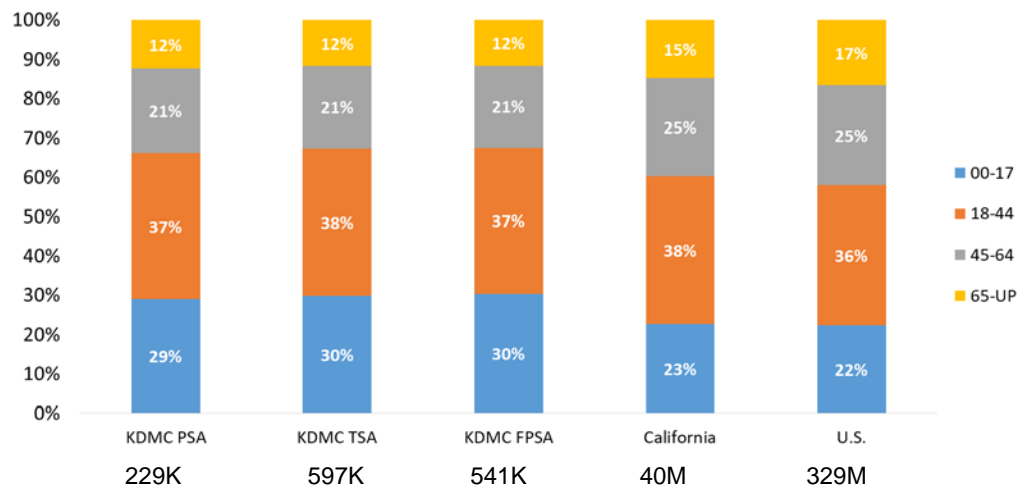
FPSA



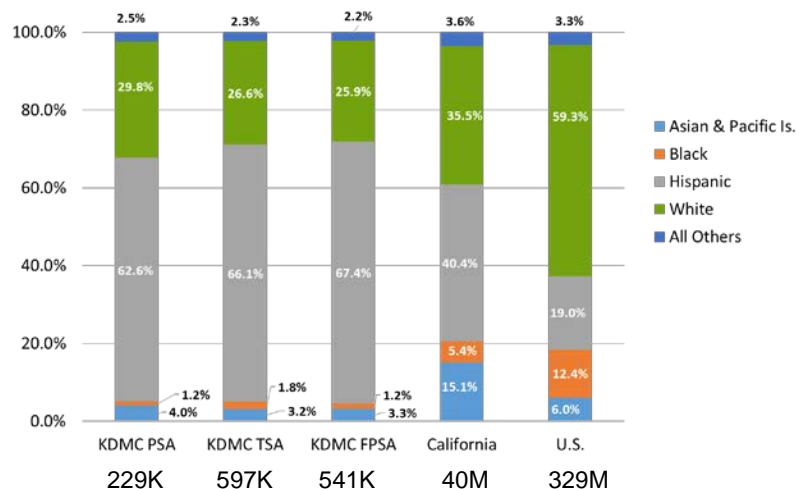
-  KAWEAH DELTA MEDICAL CENTER
-  SIERRA VIEW MEDICAL CENTER
-  ADVENTIST MEDICAL CENTER - REEDLEY
-  ADVENTIST MEDICAL CENTER
-  TULARE REGIONAL MEDICAL CENTER

Appendix C: Demographic Profile – KDMC Service Area(s)

Population by Age Cohort



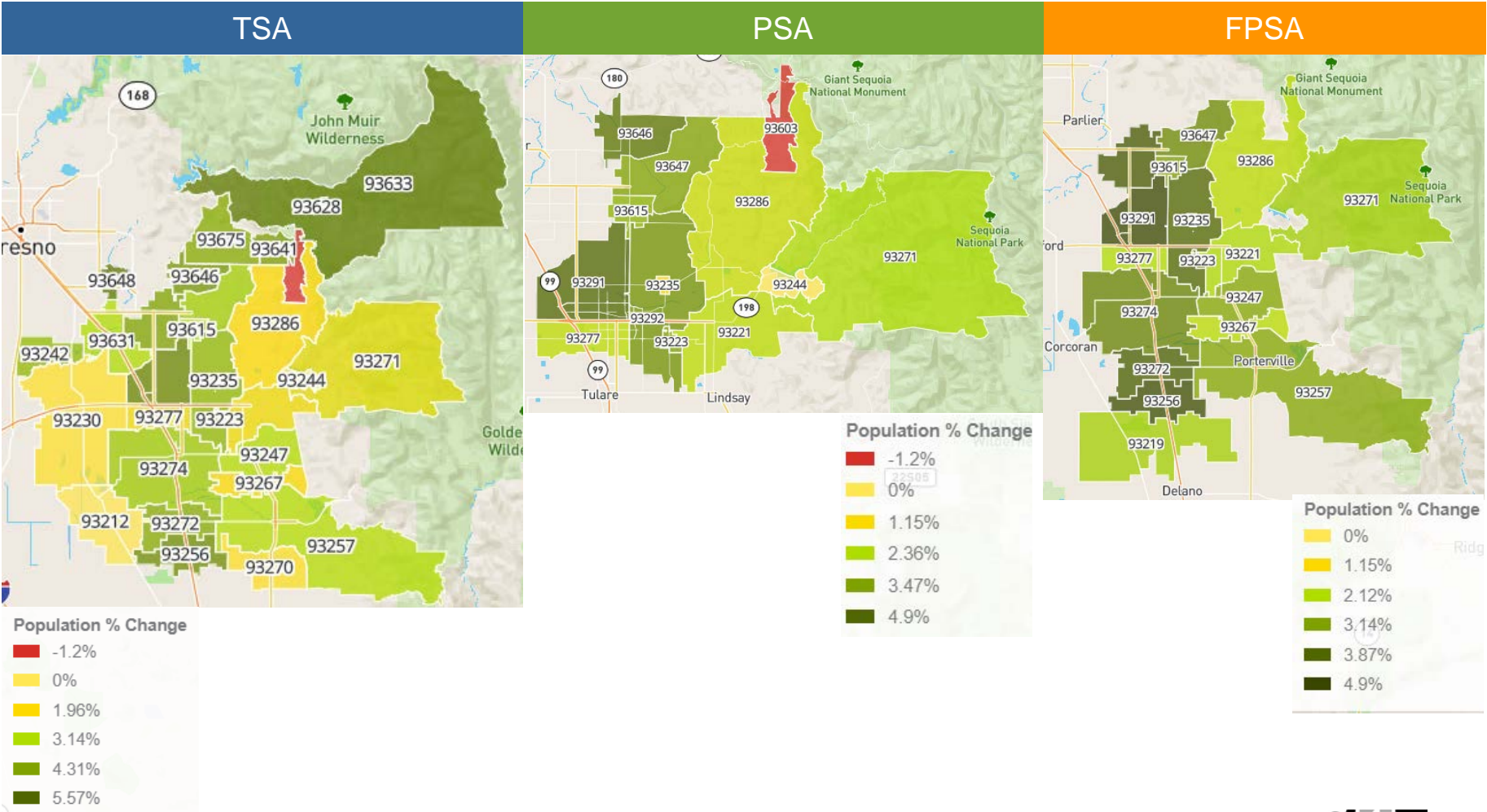
Ethnic & Racial Distribution Comparison



- The strategic service areas have younger populations when compared to California as a whole, and a correspondingly small segment of the senior population (65+).
- The pediatric population (age 00-17) is proportionally higher (30%) when compared to the State (23%).
- The service areas are largely Hispanic and White. Compared to the State, the Hispanic population is proportionally higher (60% to 70% vs 40%).

Appendix C: Projected Growth – KDMC Service Area(s)

5-Year Population Growth Projected by ZIP Code

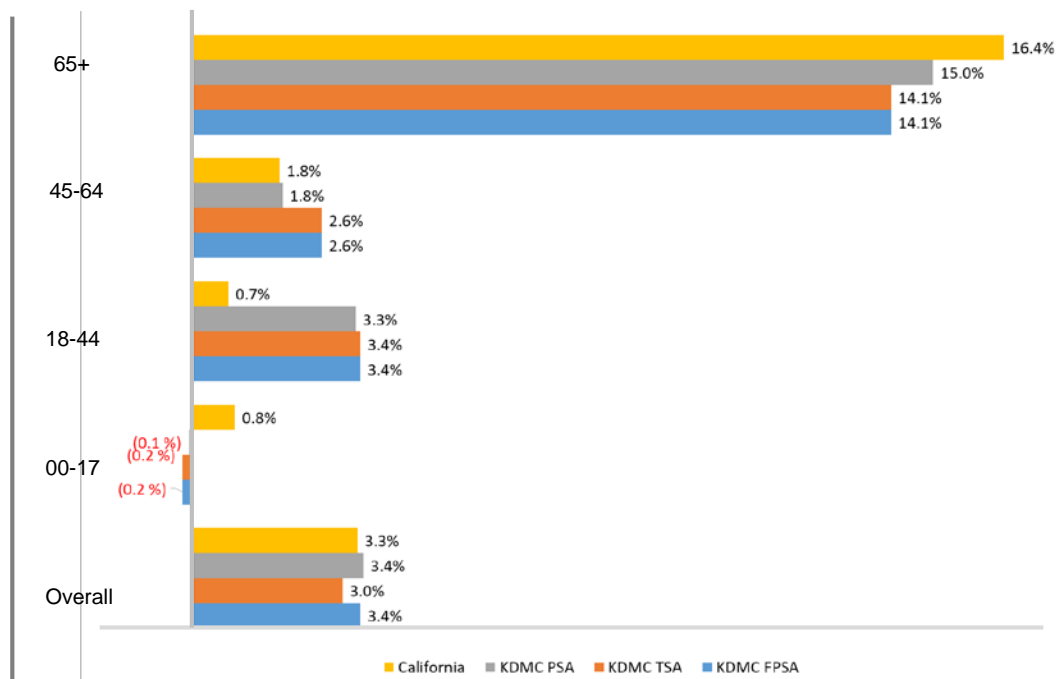


Appendix C: Projected Growth – KDMC Service Area(s) – cont'd

Population by Age Cohort 2020 - 2025

Age Group	Current Population		Population 5-Year % Change	
	Service Area	Percent of Population	Market Growth Rates	California
PSA				
0-17	66,411	29.0%	0%	1%
18-44	84,931	37.1%	3%	1%
45-64	49,171	21.5%	2%	2%
65-UP	28,295	12.4%	15%	16%
Overall	228,808	100%	3%	3%
TSA				
0-17	177,999	29.8%	0%	1%
18-44	224,357	37.6%	3%	1%
45-64	125,104	20.9%	2%	2%
65-UP	69,978	11.7%	13%	16%
Overall	597,438	100%	3%	3%
FPSA				
0-17	136,926	30.3%	0%	1%
18-44	168,104	37.2%	3%	1%
45-64	94,032	20.8%	3%	2%
65-UP	52,398	11.6%	14%	16%
Overall	451,460	100%	3%	3%

Sg2 Market Demographics



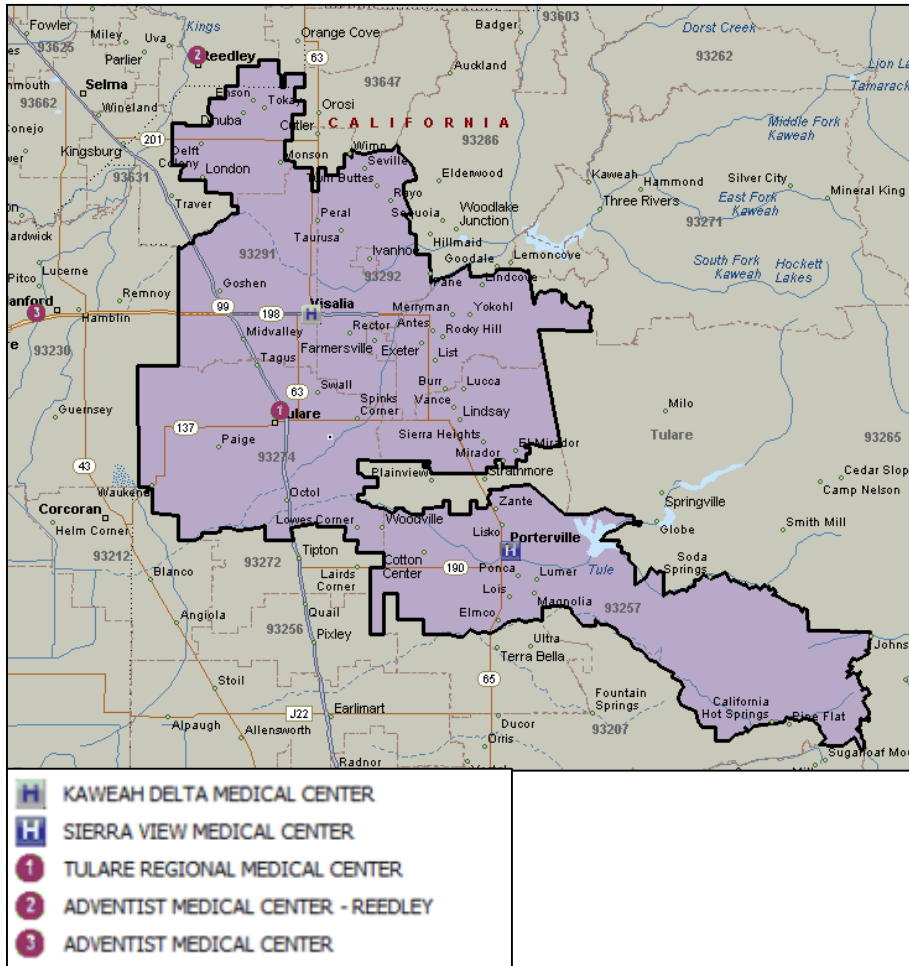
- Overall, the strategic service areas growth trends are similar to that of the State with the exception that the age 18-44 cohort and the age 45-64 cohort will grow at a more rapid rate compared to California.
- Despite the service areas being a younger population, it is the senior population that will have the biggest growth.

Appendix C: GASH Definition

- **Geographic Area Served by the Hospital (GASH):**

- The Centers for Medicare & Medicaid Services' Stark Regulations (42 CFR §411.357) states:
 - (2)(i) The “geographic area served by the hospital” is the area composed of the lowest number of contiguous ZIP Codes from which the hospital draws at least 75 percent of its inpatients. The geographic area served by the hospital may include one or more ZIP Codes from which the hospital draws no inpatients, provided that such ZIP Codes are entirely surrounded by ZIP Codes in the geographic area described above from which the hospital draws at least 75 percent of its inpatients.
 - (2)(iii) Special optional rule for rural hospitals. In the case of a hospital located in a rural area (as defined at §411.351), the “geographic area served by the hospital” may also be the area composed of the lowest number of contiguous ZIP Codes from which the hospital draws at least 90 percent of its inpatients. If the hospital draws fewer than 90 percent of its inpatients from all of the contiguous ZIP Codes from which it draws inpatients, the “geographic area served by the hospital” may include noncontiguous ZIP Codes, beginning with the noncontiguous ZIP Code in which the highest percentage of the hospital’s inpatients resides, and continuing to add noncontiguous ZIP Codes in decreasing order of percentage of inpatients.

Appendix C: KDMC GASH Definition & Area Depiction



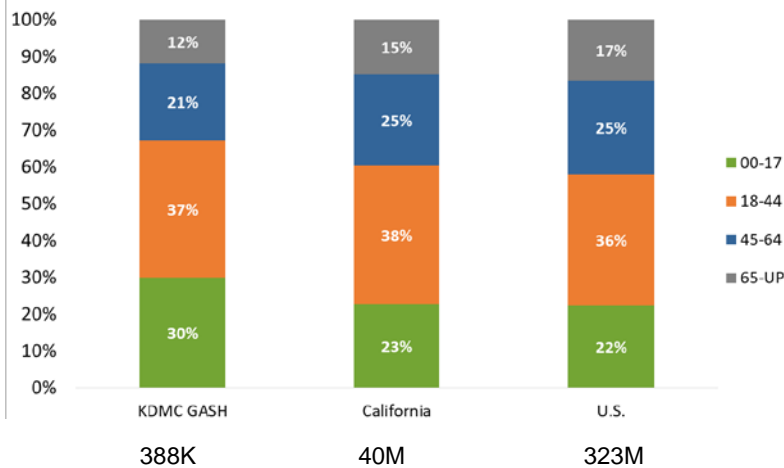
Kaweah Delta Medical Center Patient Origin				
Inpatient Discharges				
ZIP Code	Community	Total	%	Cumulative %
93277	Visalia	4,377	15.7%	15.7%
93291	Visalia	4,362	15.7%	31.4%
93274	Tulare	4,267	15.3%	46.7%
93292	Visalia	3,177	11.4%	58.1%
93257	Porterville	1,191	4.3%	62.4%
93221	Exeter	1,138	4.1%	66.5%
93618	Dinuba	853	3.1%	69.5%
93223	Farmersville	851	3.1%	72.6%
93247	Lindsay	777	2.8%	75.4%
Subtotal		20,993	75.4%	
Other ZIPs		6,860	24.6%	
Total		27,853	100.0%	

Note: Excludes normal newborns

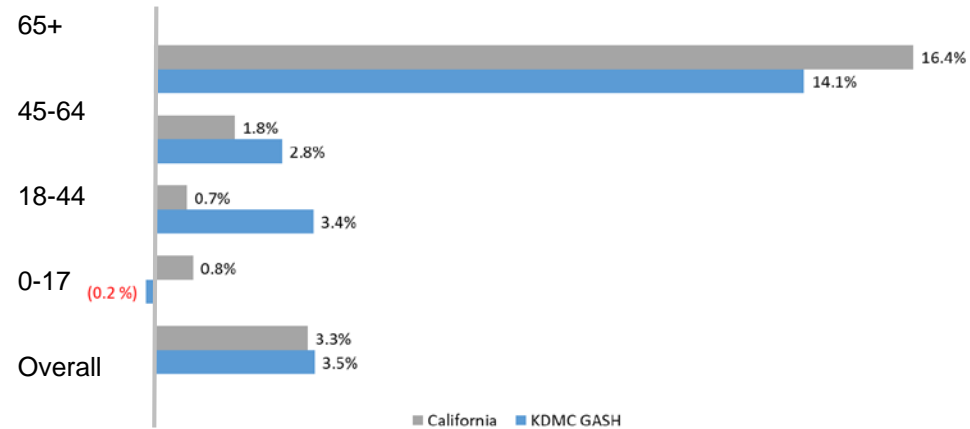
Source: KDMC CY 2019

Appendix C: Age Profile – KDMC GASH

Population by Age Cohort



% Change in Population by Age Cohort 2020 - 2025

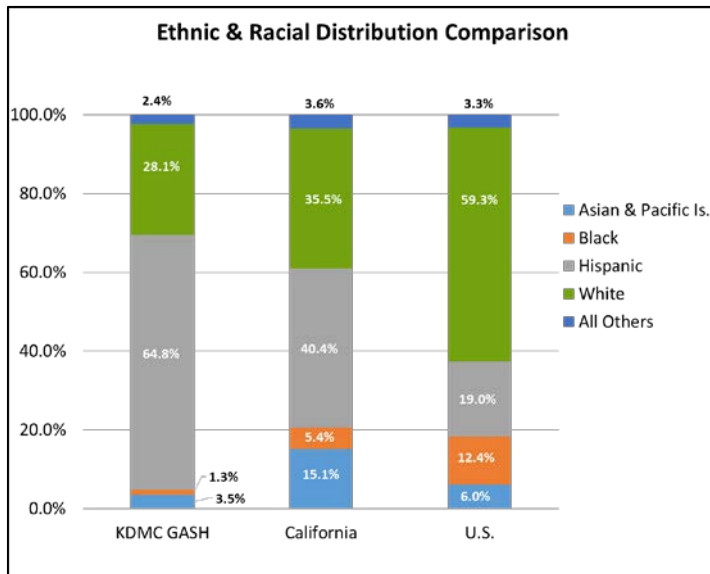


- Residents in the GASH are younger when compared to California as a whole.
- The population between the age of 18 and 64 is expected to grow at a more rapid rate compared to California.
- The senior population (age 65+) is expected to grow at a similar pace to California. However, this segment of the population comprises a small percentage of the GASH population.

Appendix C: Ethnic Profile – KDMC GASH

Ethnic & Racial Distribution Comparison							
Ethnicity/Race	KDMC GASH			California			U.S.
	2020 % of Total	2025 % of Total	Population % Change '20-'25	2020 % of Total	2025 % of Total	Population % Change '20-'25	National 2020 % of Total
Asian & Pacific Is.	3.5%	3.5%	3.3%	15.1%	16.1%	10.2%	6.0%
Black	1.3%	1.3%	0.2%	5.4%	5.2%	(0.7 %)	12.4%
Hispanic	64.8%	68.5%	9.4%	40.4%	41.9%	7.1%	19.0%
White	28.1%	24.4%	(10.1 %)	35.5%	33.0%	(3.7 %)	59.3%
All Others	2.4%	2.4%	4.0%	3.6%	3.8%	8.0%	3.3%
Total	388,430	401,921	3.5%	39,886,390	41,212,916	3.3%	100.0%

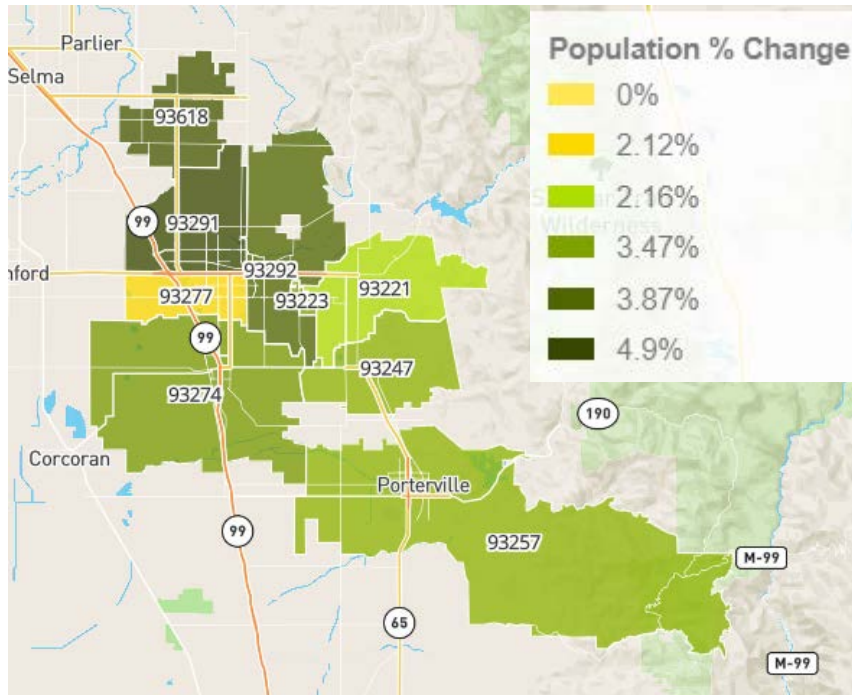
Source: Sg2 Market Demographics



- The GASH is predominantly Hispanic and White.
- The Hispanic population is proportionally higher when compared to California as a whole and will continue to grow.

Appendix C: Projected Growth – KDMC GASH

5-Year Population Growth Projected by ZIP Code



Population Growth by Age Cohort 2020 - 2025

Age Group	Current Population		Population 5-Year % Change	
	KDMC GASH	Percent of Population	Market Growth Rates	California
0-17	116,254	30%	0%	1%
18-44	144,358	37%	3%	1%
45-64	81,704	21%	3%	2%
65-UP	46,114	12%	14%	16%
Overall	388,430	100%	3%	3%

Sg2 Market Demographics

- The GASH population is young, and the area itself is rapidly growing.
- The 93291 ZIP Code (Visalia) with an estimated 60K residents is anticipated to have the highest population growth in the service area (5%).
- Despite being a young population, the senior cohort (65+) is expected to grow at almost five times the rate of the non-senior population.

Appendix D: Physician Needs Model excluding Medi-Cal

- Given that a large segment of the population is insured through Medi-Cal and not all practices accept Medi-Cal, the following pages highlight physician needs based on the exclusion of this population.
- KDMC provided the percentage of the population that is insured through Medi-Cal. As such, the needs model is reflective of this segmentation.
 - Tulare County: excludes 55% of the estimated 463K residents
 - PSA: excludes 39% of the estimated 228K residents
 - TSA: excludes 39% of the estimated 597K residents
- A majority of the specialties being evaluated are at or near adequate supply with the exception of
 - Dermatology
 - Oncology/hematology
 - General surgery
 - Orthopedics
 - ENT
 - Urology

Appendix D: Physician Needs Model excluding Medi-Cal – cont'd

Specialty	Tulare County				KDMC PSA				KDMC TSA				
	Population to Support One Physician	Gross Physician Need	FTE Physician Supply	Net Need (Surplus)	Current Supply % of Need	Gross Physician Need	FTE Physician Supply	Net Need (Surplus)	Current Supply % of Need	Gross Physician Need	FTE Physician Supply	Net Need (Surplus)	Current Supply % of Need
Adult Primary Care (FM & IM)*	2,000	104.4	207.0	(102.6)	198.3%	69.8	158.9	(89.1)	227.6%	182.2	243.0	(60.8)	133.3%
Pediatrics (General)	8,000	26.1	49.7	(23.6)	190.5%	17.4	30.4	(13.0)	174.2%	45.6	59.3	(13.7)	130.2%
Medical													
Allergy & Immunology	75,000	2.8	5.3	(2.5)	188.7%	1.9	4.7	(2.8)	249.9%	4.9	5.5	(0.6)	113.2%
Cardiology	22,000	9.5	14.2	(4.7)	149.8%	6.3	11.2	(4.9)	176.7%	16.6	16.4	0.2	99.1%
- Electrophysiology	220,000	0.9	0.5	0.4	52.7%	0.6	0.5	0.1	78.8%	1.7	0.5	1.2	30.2%
- Interventional/Invasive	63,000	3.3	6.0	(2.7)	181.1%	2.2	5.0	(2.8)	225.7%	5.8	7.2	(1.4)	124.5%
- Medical/Non-Invasive	40,000	5.2	7.7	(2.5)	147.6%	3.5	5.7	(2.2)	163.4%	9.1	8.7	0.4	95.5%
Dermatology	40,000	5.2	4.3	0.9	82.4%	3.5	4.0	(0.5)	114.6%	9.1	5.0	4.1	54.9%
Endocrinology	60,000	3.5	2.9	0.6	83.4%	2.3	1.9	0.4	81.7%	6.1	3.1	3.0	51.0%
Gastroenterology	40,000	5.2	5.8	(0.6)	111.7%	3.5	5.0	(1.5)	144.2%	9.1	6.9	2.2	76.1%
Infectious Diseases	90,000	2.3	1.5	0.8	62.5%	1.6	1.5	0.1	93.5%	4.0	1.5	2.5	35.8%
Nephrology	85,000	2.5	13.9	(11.4)	566.1%	1.6	11.8	(10.2)	718.6%	4.3	14.0	(9.7)	326.5%
Neurology	44,000	4.7	7.8	(3.1)	164.4%	3.2	6.8	(3.6)	214.4%	8.3	8.3	0.0	100.2%
Obstetrics/Gynecology	10,000	20.9	28.6	(7.7)	137.0%	14.0	16.2	(2.2)	116.1%	36.4	37.8	(1.4)	103.7%
Oncology/Hematology	36,000	5.8	5.2	0.6	89.7%	3.9	3.0	0.9	77.4%	10.1	5.5	4.6	54.3%
Gynecology Oncology	100,000	2.1	0.0	2.1	0.0%	1.4	0.0	1.4	0.0%	3.6	0.0	3.6	0.0%
Physical Medicine & Rehabilitation	85,000	2.5	5.5	(3.0)	224.0%	1.6	5.3	(3.7)	322.8%	4.3	5.5	(1.2)	128.3%
Psychiatry	20,000	10.4	11.8	(1.4)	113.1%	7.0	11.8	(4.8)	169.1%	18.2	17.6	0.6	96.6%
Pulmonary Medicine	85,000	2.5	2.7	(0.2)	110.0%	1.6	1.7	(0.1)	103.5%	4.3	2.8	1.5	65.3%
Radiation Oncology	95,000	2.2	2.8	(0.6)	127.4%	1.5	1.8	(0.3)	122.5%	3.8	2.8	1.0	73.0%
Rheumatology	100,000	2.1	1.6	0.5	76.7%	1.4	1.6	(0.2)	114.6%	3.6	2.6	1.0	71.3%
Surgical													
Surgery													
- Cardiothoracic/Vascular Surgery	150,000	1.4	2.0	(0.6)	143.7%	0.9	2.0	(1.1)	214.9%	2.4	2.0	0.4	82.3%
- Bariatric Surgery	100,000	2.1	0.5	1.6	24.0%	1.4	0.5	0.9	35.8%	3.6	0.5	3.1	13.7%
- Colon & Rectal Surgery	200,000	1.0	0.0	1.0	0.0%	0.7	0.0	0.7	0.0%	1.8	0.0	1.8	0.0%
- General Surgery	20,000	10.4	14.6	(4.2)	139.4%	7.0	9.8	(2.8)	140.4%	18.2	16.6	1.6	90.8%
- Vascular Surgery	125,000	1.7	3.3	(1.6)	197.6%	1.1	2.9	(1.8)	259.7%	2.9	3.8	(0.9)	128.6%
Neurosurgery	85,000	2.5	4.0	(1.5)	162.9%	1.6	4.0	(2.4)	243.6%	4.3	4.0	0.3	93.3%
Ophthalmology	34,000	6.1	9.6	(3.5)	156.4%	4.1	8.2	(4.1)	199.8%	10.7	10.1	0.6	94.2%
Orthopedic Surgery													
- General/Sports Medicine	26,000	8.0	8.3	(0.3)	103.4%	5.4	6.3	(0.9)	117.4%	14.0	9.8	4.2	69.9%
- Foot/Ankle	295,000	0.7	0.0	0.7	0.0%	0.5	0.0	0.5	0.0%	1.2	0.0	1.2	0.0%
- Hand Surgery	225,000	0.9	0.0	0.9	0.0%	0.6	0.0	0.6	0.0%	1.6	0.0	1.6	0.0%
- Total Joint Reconstructive Surgery	175,000	1.2	0.7	0.5	58.7%	0.8	0.7	0.1	87.8%	2.1	0.7	1.4	33.6%
- Trauma	160,000	1.3	0.3	1.0	23.0%	0.9	0.3	0.6	34.4%	2.3	0.3	2.0	13.2%
Otorhinolaryngology	37,000	5.6	3.4	2.2	60.3%	3.8	2.3	1.5	61.0%	9.8	5.1	4.7	51.8%
Plastic/Reconstructive Surgery	90,000	2.3	2.0	0.3	86.2%	1.6	2.0	(0.4)	129.0%	4.0	2.0	2.0	49.4%
Spine Surgery	175,000	1.2	1.3	(0.1)	109.0%	0.8	1.3	(0.5)	163.0%	2.1	1.9	0.2	91.2%
Urology	32,000	6.5	3.4	3.1	51.4%	4.4	1.8	2.6	40.1%	11.4	5.4	6.0	47.0%
Service Area Population excluding Medi-Cal population		208,716			Need Adequate Supply	139,573			Need Adequate Supply	364,437			Need Adequate Supply

Note: Ratios rounded.

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE



Sg2, a Vizient company, is the health care industry's premier authority on health care trends, insights and market analytics. Our analytics and expertise help hospitals and health systems achieve sustainable growth and ensure ongoing market relevance through the development of an effective System of CARE.

Sg2.com 847.779.5300

Stroke Quality Update August 2022

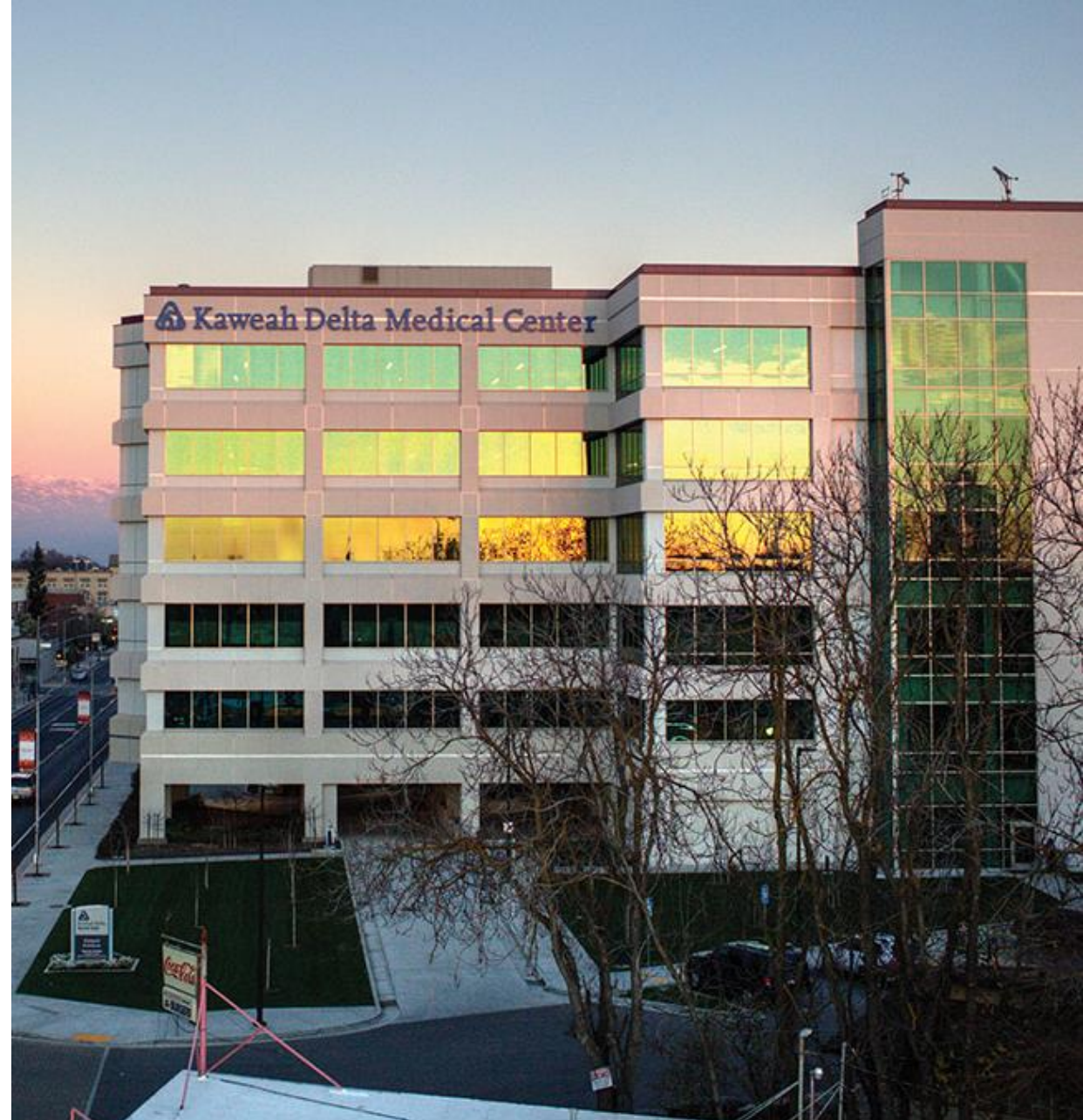


[kawahhealth.org](https://www.kawahhealth.org)

Stroke Program Leadership

Sean Oldroyd, DO
Stroke Program Medical Director

Cheryl Smit, RN
Stroke Program Manager



Abbreviations Used During this Presentation

TJC = The Joint Commission

AHA/ASA = American Heart Association; American Stroke Association

GWTG = Get with the Guidelines

EMS = Emergency Medical Services

ED = Emergency Department

ICU = Intensive Care Unit

TIA = Transient Ischemic Attack

Dc = Discharge

rt-PA or Alteplase = thrombolytic therapy “clot busting medication”

CT/CTA = Computed tomography scan/computed tomography angiography

LVO = Large vessel occlusion

CMS = Centers for Medicare and Medicaid Services

VTE = Venous thromboembolism

LDL = low-density lipoproteins

NIHSS = National Institutes of Health Stroke Scale

RRT = Rapid Response Team

STL = Stroke Team Lead

EMR = Electronic Medical Record

Primary Stroke Certification through The Joint Commission (TJC)

Full Re-Accreditation Status after Primary Stroke Survey on April 2021.

- Surveyor was impressed with:
 - How easily our staff spoke to the process and their level of knowledge of managing our stroke patient population
 - Innovative ways to educate our new medical staff and that we hold our residents to a higher standard by requiring NIHSS certification
 - 24/7 pharmacy coverage in the Emergency Department
- Minor documentation issues requiring corrective action plans include:
 - Neurological assessment documentation by nursing in the EMR
 - Alteplase administration and post-monitoring documentation by providers and nursing in the EMR
 - Appropriate medication route documentation in the EMR

2 year certification cycle

- Due to Covid and the limited survey capabilities in 2021, TJC stated all programs surveyed between January 2021 and June 2021 will be surveyed earlier than anticipated.
- Survey window: September 2022 – December 2022

Stroke Program Initiatives 2022-2023

ED Stroke Alert Process

- Process changes in 2020 as a result of AHA/ASA new guidelines for ischemic stroke patients (December 2019)
- RAPID software now available which will enhance imaging to evaluate patients who may be candidates for endovascular treatment. This requires a transfer to a tertiary care center
- Repeated stroke alerts may be called if the patient exhibits worsening stroke symptoms
- PowerPlan developed to address management of symptomatic intracranial bleeding occurring within 24 hours after administration of alteplase for treatment of ischemic strokes
- **2021 TJC CORRECTIVE ACTION ITEM:** Changes to the stroke alert packets to ensure compliance with the process and TJC corrective action plan
- **2021 TJC CORRECTIVE ACTION ITEM:** Modification to the Alteplase Critical Care Infusion PowerPlan
- **2021 TJC CORRECTIVE ACTION ITEM:** Education on the various corrective action items shared with ED staff and providers
- **2022 RECENT ACTION ITEM:** Changed stroke screening criteria from FAST to BE FAST
- **2022 RECENT ACTION ITEM:** Education on Medical ID. This has been shared with EMS, Skylife and ED staff and providers
- **2022 RECENT ACTION ITEM:** Planned Sim lab stroke alert training for all new Stroke Team Leads (STLs)

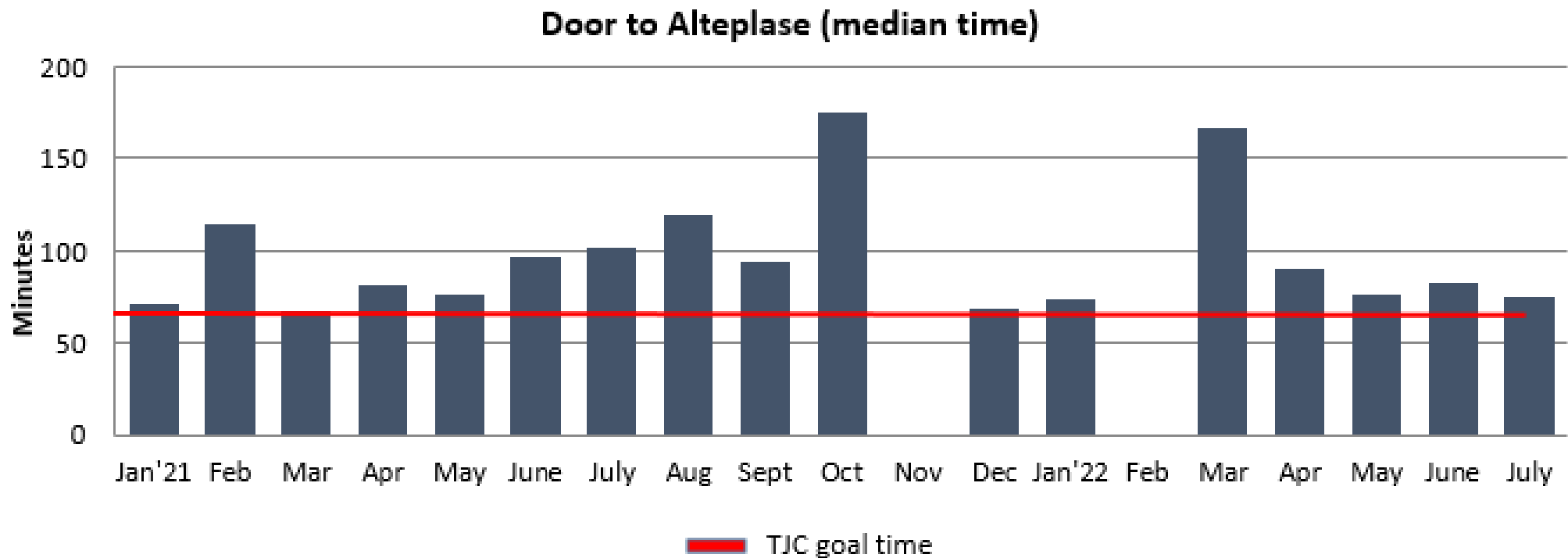
Key Initiatives to Improve Time to Thrombolytic Therapy

TJC expectation is to administer thrombolytics (Alteplase) within 60 minutes 50% of the time for all patients who meet criteria. AHA/ASA GWTG expectations were update in 2019 with new goal of 45 minutes at least 75% of the time for all patients who meet criteria. KH/ED goal is Door to Alteplase within 45 minutes of arrival.

Initiatives:

- Designated Stroke Team Lead in the ED
- Stroke Packet with documents needed for timely administration of thrombolytic therapy
- Patients go directly to CT from Triage or EMS after a brief physician evaluation
- Radiologist calls Stroke Team Lead when CT read and if a large vessel occlusion is found on CTA images
- Patient immediately evaluated by Resident/Physician upon return from CT
- 24/7 interpreter services available in the ED
- Staff, Physician, Resident and EMS education on stroke alert process
- Dotphrase was developed for the ED physicians with prompts to document reasons for delay in alteplase or why alteplase was not given if last known well (LKW) time was <4.5 hours
- **RECENT ACTION ITEM:** Follow up communication with key stakeholders after thrombolytic therapy. Cover what went well and what challenges we can improve
- **RECENT ACTION ITEM:** Post FASTest alteplase and transfer times in key areas

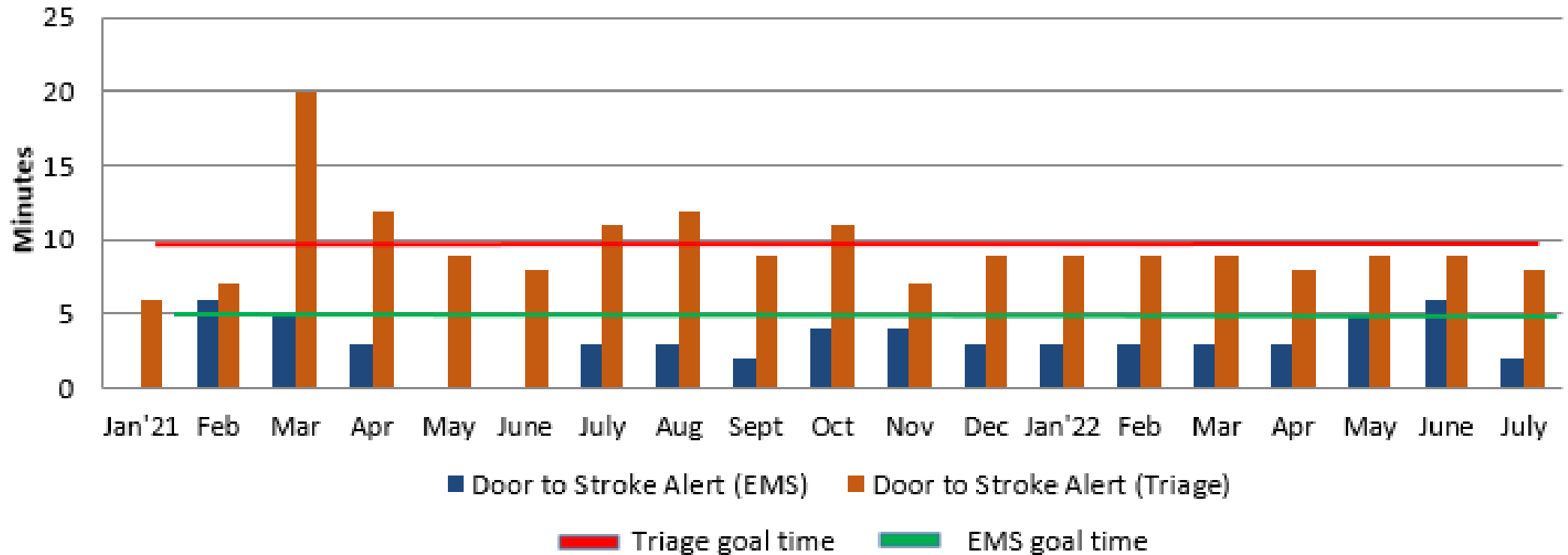
2021-2022 ED Stroke Alert Dashboard



The data in this graph includes all Alteplase patients which differs from the TJC rate because exclusion criteria is not used. TJC expectation is that IV thrombolytics are given within 60 minutes to eligible patients who present for stroke care. AHA/ASA GWTG expectations were update in 2019 with new IV thrombolytic goal time to 45 minutes at least 75% of the time (when applicable). To meet this goal, continued changes to the stroke alert process have been made.

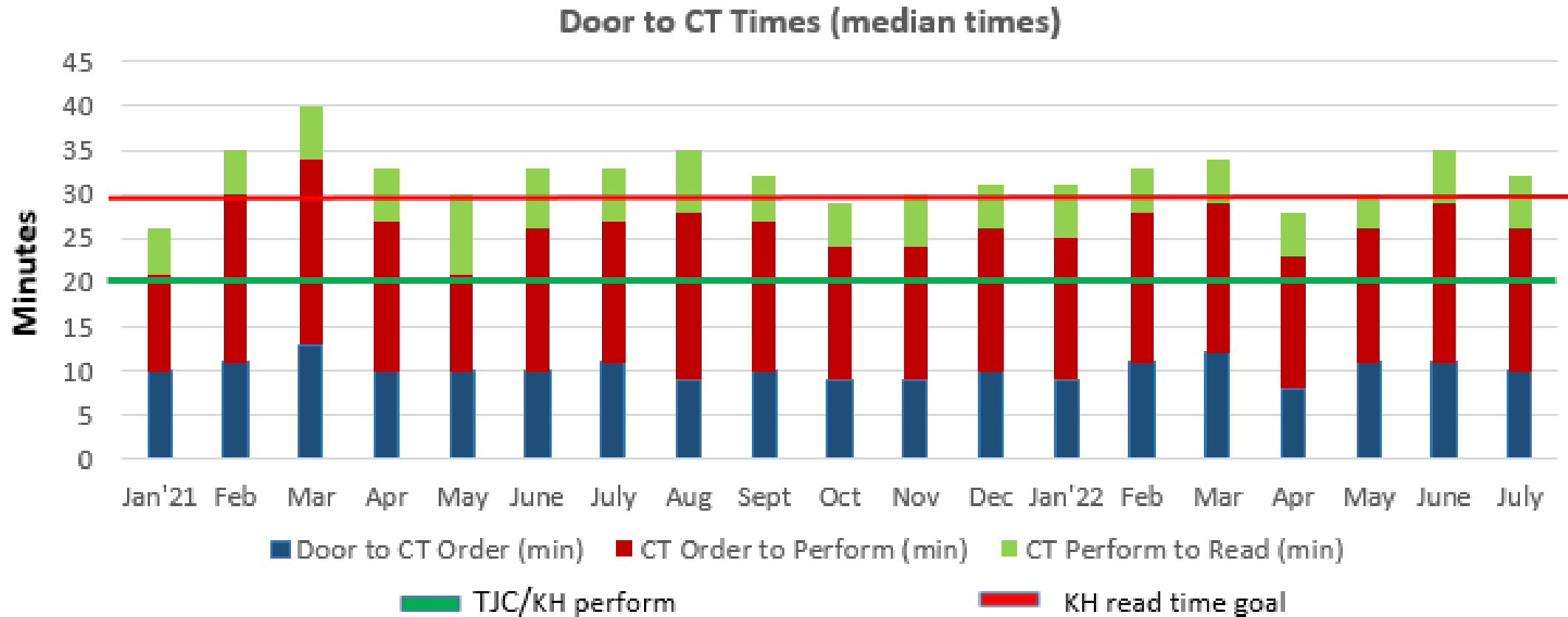
2021-2022 ED Stroke Alert Dashboard

Door to Stroke Alert (median times)



Per KH ED Stroke Alert process; stroke alerts to be called within 5 min for EMS and 10 min for Triage. Since the opening of the new Triage/zone 5 areas (summer of 2021), significant improvements have been noted in the Triage process.

2021-2022 ED Stroke Alert Dashboard



CMS and TJC expectation is that the CT will be performed by 20 minutes and read by 45 minutes of arrival. KH's CT read time goal is 30 minutes

Stroke Program Initiatives

2022-2023

ED Transfer Process on Ischemic/Hemorrhagic Stroke Patients

January 2019: TJC added door to transfer time metrics. Door to transfer goal <120 minutes.

Hemorrhage, IV Alteplase and Transfer “drip and ship”, Large Vessel Occlusion and Endovascular Eligible

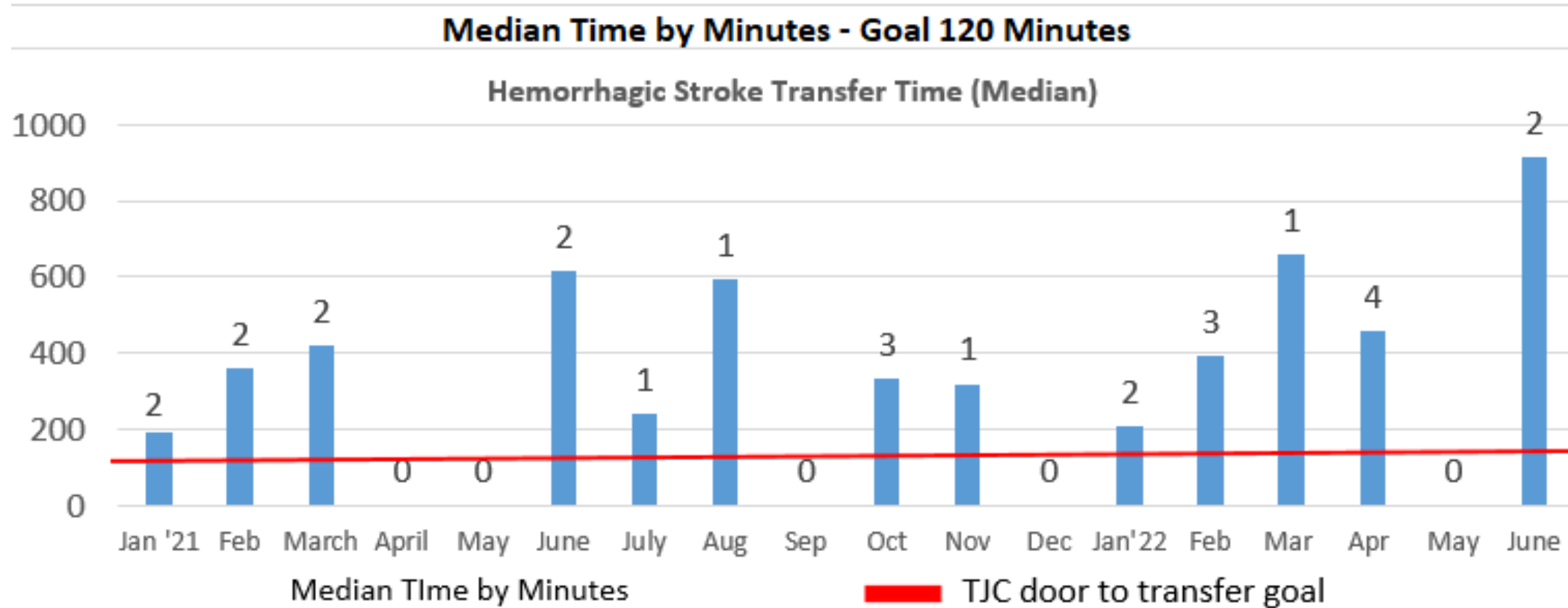
Large Vessel Occlusion, and Not Endovascular Eligible

No Large Vessel Occlusion and Not Endovascular Eligible

- Key stakeholders are involved in the transfer process; Skylife, EMS/American ambulance, ED and Case Management
- Ischemic/hemorrhagic stroke transfer guidelines established
- Transfer agreements signed with San Jose RMC and USC/Keck
- Education to physicians and staff regarding transfer goal time of <120 minutes
- RAPID software now available which will enhance imaging to evaluate if patients are candidates for endovascular treatment.
- **RECENT ACTION ITEM:** Immediate notification to EMS agencies of possible transfer. This helps to expedite transfer if helicopter transport is not possible. Transport to the airport if fixed wing is required or ground transport is needed
- **RECENT ACTION ITEM:** “Ready to Fly” checklist instituted to help improve transfer times
- **RECENT ACTION ITEM:** Collaborative effort between key stakeholders (USC/Keck, Skylife, EMS, KH) to improve processes when a combination of air/ground transport is needed
- **RECENT ACTION ITEM:** Follow up communication with key stakeholders after transfer. Cover what went well and what challenges we can improve

ED Transfer Process on Ischemic/Hemorrhagic Stroke Patients

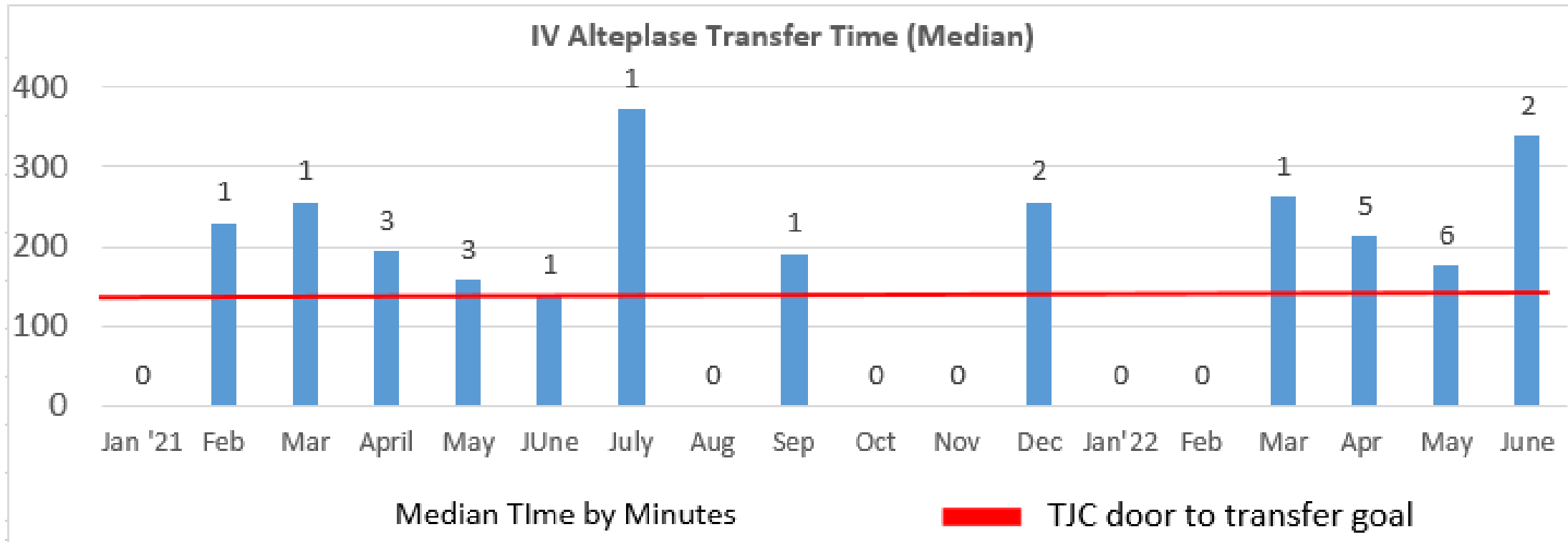
2021/2022 Transfer from ED to Another Acute Care Facility Dashboard



Hemorrhagic patients are transferred out for other procedures not done at KH, specifically coiling/clipping of aneurysms or bleeds. The ED Stroke Alert Committee reviews the process on an ongoing basis to help streamline the process, all action items are captured in PDSA document. The Covid 19 pandemic has caused delays in transfer times due to the additional precautions, resources and screening needed.

ED Transfer Process on Ischemic/Hemorrhagic Stroke Patients

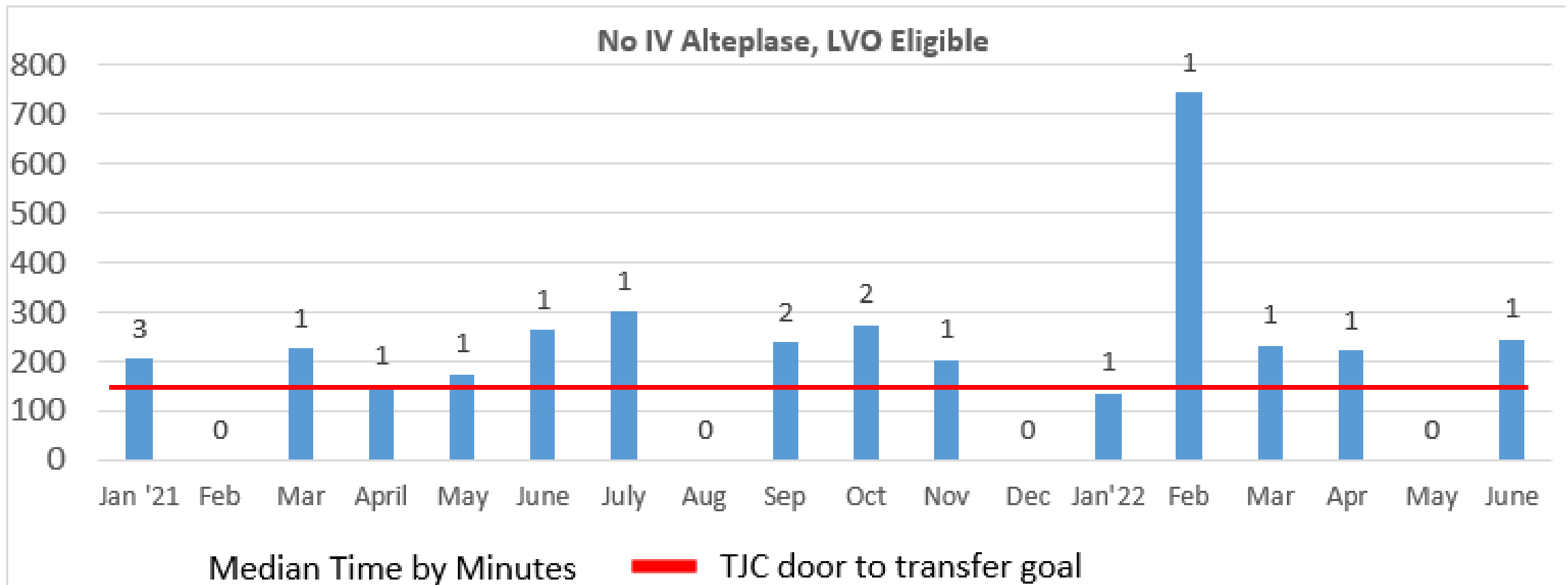
2021/2022 Transfer from ED to Another Acute Care Facility Dashboard



Transfers for ischemic strokes occur primarily if a large vessel occlusion is noted and would be eligible for endovascular treatment. As a result of the efforts made by the ED Stroke Alert Committee door to transfer times have improved; however the Covid 19 pandemic has caused delays in transfer times due to the additional precautions, resources, and screening needed in the recent months.

ED Transfer Process on Ischemic/Hemorrhagic Stroke Patients

2021/2022 Transfer from ED to Another Acute Care Facility Dashboard



This cohort of patients have a large vessel occlusion that would be eligible for endovascular treatment and do not meet criteria for Alteplase administration. The Covid 19 pandemic has caused delays in transfer times due to the additional precautions, resources and screening needed in the recent months.

FASTEST ALTEPLASE

Goal is <  45 mins.



DATE SET

060219

RECORD TO BEAT

29 mins.

ED staff: Dr. Herman, Dr. Goodwill, Leo Dorado, Donate Perez, Sam LaFollette, and Monica Mendoza

EMS: American Ambulance-Visalia: Nick Harp and Kellie Hudson

Radiology staff: Jann Flory, Sara Melissa Green-Jaramillo, and Dr. Nussdorfer

Neurologist: Dr. Pantera

FASTEST TRANSFER

Goal is <  120 mins.



DATE SET

082619

RECORD TO BEAT

103 mins.

Physicians: Dr. Sydney James, Dr. Daniel Khushigian

ED staff: Clarissa Alvarado, Karly Erikson, Emily Zerlang, Analicia Magallon, Ruth Pat, and Cesar Casas

Radiology staff: Dr. Shin and Jann Flory

EMS Lifestar: Geovanny Garcia and Martin Vasquez

Patient Outcome: Patient had NIHSS 8 with right MCA/ICA occlusion. Received alteplase and transferred to USC Keck. Thrombectomy was performed at USC; NIHSS was 0 at the time of discharge on hospital day two

Stroke Program Initiatives

2022-2023

- Process changes made as a result of the 2022 AHA/ASA Guidelines for the Management of Spontaneous Intracerebral Hemorrhage
- Stroke screening criteria changed from FAST to BE FAST. Education provided to all District staff, EMS agencies and throughout the community
- Education provided to all District staff, EMS agencies and throughout the community on smartphone Medical ID app information
- Patient stroke education booklet has been updated in both the English and Spanish versions
- Kaweah Health/Stroke Program website updated

Stroke Program

Performance Improvement Initiatives

Fiscal Year 2022-2023

- ED: Door to alteplase within 60 minutes
- ED/ICU: Post alteplase monitoring
- ED: Transfer of the ischemic/hemorrhagic stroke patient requiring potential endovascular procedures
- ED: Accurate and complete NIHSS by the providers
- ED: Effectiveness of BE FAST screening criteria to identify posterior stroke patients
- IN_HOUSE: Length of stay stroke patients
- STROKE PROGRAM: Follow up calls/patient perception
- STROKE PROGRAM: Order set compliance

Stroke Program Research Projects

Research projects related to the Stroke Program

- Rapid Identification of the Hemorrhagic Stroke Patient in the ED Triage Setting
 - Dr. Bennion and Dr. Rojas
- Management of the Post Alteplase Hemorrhage Patient
 - Dr. Strain

2021-2022 Stroke Program Dashboard

	Bench- marks	2020 Total	Jan'21	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan'22	Feb	Mar	Apr	May
<u>Grouping of Stroke Patients</u>																			
Ischemic		381	34	33	32	36	39	37	33	38	37	35	22	33	36	25	33	43	33
Hemorrhagic		78	5	12	8	5	9	12	7	7	8	3	8	9	4	6	7	14	7
TIA (in-patient and observation)		281	18	18	26	19	20	16	19	14	17	19	18	17	13	15	26	20	25
Transfers to Higher Level of Care (Ischemic)		35	3	1	2	4	4	2	2	0	3	2	1	2	1	1	2	1	5
Transfers to Higher Level of Care (Hemorrhagic)		24	2	2	2	0	0	2	1	1	0	3	1	0	2	3	1	4	0
TOTAL NUMBER OF PATIENTS		795	62	66	70	64	72	69	62	60	65	62	50	61	56	50	69	82	70
Total # of Pts who rec'd Alteplase (Admitted/Transferred)		44	1	2	1	5	7	5	3	3	7	2	0	4	4	0	4	3	7
% of Alteplase - Inpatient & Transfers		10%	3%	6%	3%	13%	16%	13%	9%	8%	18%	5%	0%	11%	11%	0%	11%	9%	18%
% Appropriate vital sign monitoring post Alteplase	90%	81%	100%	100%	100%	80%	100%	100%	100%	66%	63%	0%	NA	100%	100%	100%	25%	100%	86%
Rate of hemorrhagic complications for Alteplase pts	0%	0%	0%	0%	0%	0%	14%	0%	33%	0%	29%	0%	NA	0%	0%	NA	0%	0%	0%
Core Measure: OP-23 Head CT/MRI Results	72%	70%	NA	100%	100%	100%	67%	50%	67%	NA	100%	100%	50%	50%	100%	NA	67%	100%	100%
% Appropriate stroke order set used (In-Patient)	90%	95%	93%	96%	95%	90%	88%	87%	97%	94%	92%	91%	89%	91%	96%	97%	96%	94%	96%
% Appropriate stroke order set used (ED)	90%	90%	86%	88%	86%	91%	92%	88%	95%	83%	95%	78%	77%	84%	90%	80%	83%	91%	95%
STK-1 VTE (GWTG, TJC)	85%	93%	89%	92%	91%	90%	95%	70%	83%	91%	88%	88%	95%	85%	79%	88%	100%	89%	96%
STK-2 Discharged on Antithrombotic (GWTG, TJC)	85%	99%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
STK-3 Anticoag for afib/flutter ordered at Dc (GWTG, TJC)	85%	95%	100%	100%	NA	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
STK-4 Alteplase Given within 60 min (GWTG, TJC)	75%	93%	NA	NA	NA	100%	100%	100%	NA	NA	67%	NA	NA	NA	100%	0%	NA	NA	NA
STK-5 Early Antithrombotics by end of day 2 (GWTG, TJC)	85%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
STK-6 Discharged on Statin (GWTG, TJC)	85%	99%	90%	94%	100%	100%	100%	100%	100%	97%	93%	96%	100%	100%	100%	100%	100%	100%	100%
STK-8 Stroke Education (GWTG, TJC)	75%	95%	95%	97%	100%	100%	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
STK-10 Assessed for Rehab (GWTG, TJC)	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%
% Dysphagia Screen prior to po intake (GWTG)	75%	87%	78%	90%	88%	71%	90%	88%	89%	94%	91%	77%	88%	83%	84%	83%	88%	87%	79%
% Smoking Cessation (GWTG)	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% LDL Documented (GWTG)	75%	93%	100%	100%	100%	100%	100%	100%	100%	100%	98%	94%	96%	100%	100%	100%	100%	100%	100%
Intensive Statin Therapy (GWTG)	75%	92%	90%	94%	100%	100%	88%	100%	100%	97%	93%	94%	96%	100%	97%	96%	100%	97%	93%
% tPA Arrive by 3.5 Hrs; Treat by 4.5 Hrs (GWTG)	75%	97%	100%	NA	100%	100%	100%	100%	100%	NA	100%	NA	NA	100%	100%	NA	100%	100%	100%
% NIHSS Reported (GWTG)	75%	96%	100%	100%	90%	100%	100%	97%	95%	97%	97%	97%	96%	100%	97%	96%	97%	97%	100%
Ischemic ALOS/GMLOS excess	<1.0	1.46	1.9	2.76	3.63	0.75	1.43	2.3	1.13	2.06	2.2	3.06	0.97	2.87	3.43	8.74	2.49	4.69	5.04
Hemorrhagic ALOS/GMLOS excess	<1.0	2.99	3.46	3.05	11.17	1.12	6.2	2.26	0.58	-1.26	3.33	2.1	0.77	11.84	3.43	23.45	8.39	5.61	2.99
Ischemic Mortality ACA O/E Ratio (Midas)	<1.0	0.88	1.4	1.6	0	1.4	208/403	1.4	2.4	1.6	0	3.1	0	0	1.3	0	0.8	0.5	0

Key Initiatives to Improve Stroke Recognition and Treatment



FAST emergency treatment may reduce disability and save your life

Key Initiatives to Improve Stroke Recognition and Treatment: BE FAST Implementation

Task	Task	Task
Education/CBLs	Documentation/Standards of Care/Policy	Marketing/Social Media
District Wide	ED and Stroke Alert Packets	Magnets/Flyers
RN	Stroke Alert Policy	Large decals in various entry ways
RN Core Units	Update Documents in PolicyTech	BE FAST banner (May)
Patient Education Booklets	Discharge Instructions	T-shirt iron ons
ED	Triage 1 changes: BE FAST and breakdown for vision	Retractable banner
Critical Care	ED: Adult systems assessment/stroke	Badge Ribbons with BE FAST (Oct)
ED Providers/GME Residents	4S Core Unit competency	Compass Landing site/link (April)
Providers	Critical Care Unit Competency 3W and 5T ICU CVICU	Kaweah Website/Stroke Update
EMS	General Med-Surg Core Competency	24 hour lobby TV (April/May)
March ED Provider Meeting	4S General Orientation	April Communication Boards
MAT II testing	ED: Standards of Care, Adult	Update "on-hold" phone message
Clinic/Outpatient/Rehab Education		Social Media (April/May)
Foam Boards Stroke Alert Process ED EMS and ED Triage		Hospital week BBQ booth (May)
PCM Update		Radio Ads (May)
Manager Weekly Updates		
Pharmacy Alteplase/TNK Annual Competency		

Key Initiatives to Improve Stroke Recognition and Treatment: Medical ID

Setting up Medical ID on your smartphone is FREE, and it could save your life.

If you were injured or unconscious, would emergency medical personnel be able to access your phone for important medical information? If not, this is for you...

WHY DO IT? Setting up Medical ID on your phone can give first responders access to critical medical information, even if your phone is locked.

This information can be shared with emergency care providers, and makes it possible for your emergency contacts to be notified.

- Set up your Medical ID
- Show family and friends how to set their Medical ID
- Set a repeat reminder to ensure Medical ID is accurate

It's simple! Use these QR codes to access step-by-step instructions for setting up your Medical ID on your smartphone. It's easy, and it could save your life!

Visit strokeawareness.com

FOR IOS (iPhone)



FOR ANDROID



In partnership with:



Together inspired.



Health for Life.



A Member of Trinity Health

Action Steps Taken:

- Kaweah Health spearheaded this valley wide initiative to increase awareness and use of the smartphone Medical ID app
- Central valley stroke coordinator group agreed to share this information with their hospital and provider staff, patients and community
- Education provided to all KH staff at the hospital BBQ in May 2022
- Highlighted in Kaweah Compass in May 2022
- Available on Kaweah Health's website: <https://www.kaweahhealth.org/our-services/stroke-program/>
- Proposal to add Medical ID information in the patient discharge summary/instructions

Key Initiatives to Improve Stroke Treatment: Updated Patient Education Booklet



LEARN MORE: KaweahHealth.org/Stroke



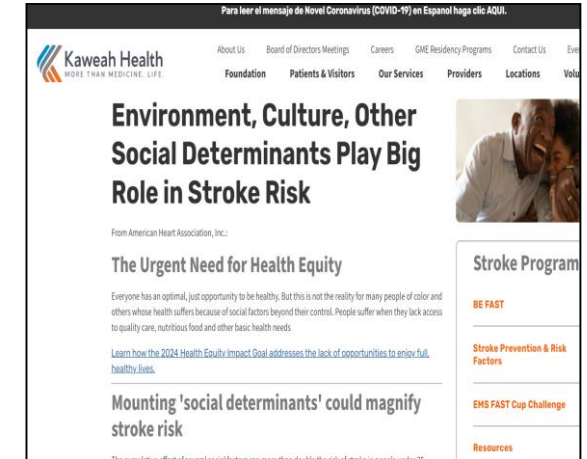
Key Initiatives to Improve Stroke Awareness: Community Education



Visalia Rawhide game: July 6, 2022



ABC30 Valley Spotlight: Stroke June 5, 2022



Kaveah Website: Addressing health disparities



Kaveah Hospital BBQ: May 18, 2022



Kaveah Rehab: Promoting BE FAST Awareness



Walk with the Doc: October 23, 2021

Kaweah Health Primary Stroke Certification through The Joint Commission (TJC)



The Joint
Commission®



American Heart
Association®
American Stroke
Association®

CERTIFICATION

Meets standards for

Primary Stroke Center



Live with passion.

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



Strategic Plan

Quarterly Update for Q4 Fiscal Year 2022
Presentation to the Board of Directors

August 24, 2022



[kaweahhealth.org](https://www.kaweahhealth.org)



Strategic Plan Quarterly Updates

- At the end of each fiscal quarter (including the end of the fiscal year), the Board of Directors will receive an report presenting Kaweah Health's efforts and progress related to the Strategic Plan
 - The goal of this report is to increase accountability and ensure that the Board is able to monitor performance throughout the entire year.
- The first component of the quarterly report is a 3-page Framework document that provides an overview of the entire Strategic Plan, including the six FY2022 Initiatives.
 - The Framework lists the Strategic and Metrics for each Initiative
 - Performance on the Metrics is indicated using a red/yellow/green methodology
- For each of the six Initiatives, the report includes a section containing:
 - A 1-2 page(s) report that tracks monthly performance on the Initiative's Metrics for the entire fiscal year ending June 2022.

FY22 Quarter 4 Framework

Kaweah Health Strategic Plan Framework 2022-2024

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**

Strategic Initiative	Strategies/ Tactics	Metrics
<p>Organizational Efficiency and Effectiveness <i>Increase the efficiency and the effectiveness of the organization to reduce costs, lower length of stay, and improve processes.</i></p>	<ul style="list-style-type: none"> Utilize the Resource Effectiveness Committee (REC) structure to implement patient flow processes that are effective and efficient to lower the overall length of stay (LOS). Utilize the work of the Operating Room (OR) Efficiency and the OR Governance Committees to improve OR Room Utilization and achievement of defined OR metrics. Analyze and identify waste, and cost savings with purchase services and specialty surgical implants. 	<ul style="list-style-type: none"> Reduce Length of Stay <ul style="list-style-type: none"> ALOS (Non Covid) 7/1/21-12/31/21 within 1.0 days of the GMLOS ALOS (Non Covid) 1/1/22-6/30/22 within .75 days of the GMLOS Increase Operating Room Block Time Utilization to 60% Identify \$350K savings in Spine and Trauma Implant purchases and contracts Identify \$1M savings through consolidation of purchases services
<p>Outstanding Health Outcomes <i>To consistently deliver high quality care across the health care continuum</i></p>	<ul style="list-style-type: none"> CAUTI, CLABSI/MRSA Quality Focus Teams Daily catheter and central line Gemba rounds Enhanced daily huddles, education/awareness, culture of culturing Vascular access team, TPN utilization Sepsis Coordinators Multidisciplinary Quality Focus Team Enhanced diagnostic specific workgroups/committees Expand palliative medicine Utilize the work of the pharmacy team to improve and achieve the medication-related metrics in the inpatient setting Utilize the work of the Clinic Network and Population Health teams to improve and achieve the defined quality metrics in the outpatient setting Multidisciplinary team rounding 	<ul style="list-style-type: none"> Standardized Infection Ratio (SIR) CAUTI, CLABSI, MRSA (CMS Data) <ul style="list-style-type: none"> CAUTI ≤ 0.676 CLABSI ≤ 0.596 MRSA ≤ 0.727 Percent Sepsis Bundle Compliance (SEP-1) (CMS Data) - $\geq 75\%$ Hospital Readmissions (%) <ul style="list-style-type: none"> AMI -11.01 COPD -12.87 HF - 14.58 PN Viral/Bacterial -11.30 Decrease Mortality Observed/Expected Rates <ul style="list-style-type: none"> AMI - 0.71 COPD -1.92 HF -1.42 PN Bacterial -1.48 PN Viral -1.07 Home Medication List Review of High Risk Patients - 100% Complete Initial Home Medication List w/in 24 hours of Inpatient Admission - Develop a report and establish the baseline data. Outpatient Medication Reconciliation w/in 30 days post discharge - 44% Team Round Implementation - Design and Roll out for 2 units

Kaweah Health Strategic Plan Framework 2022-2024

Strategic Initiative	Strategies/ Tactics	Metrics
<p>Our Mission <i>(The reason we exist)</i></p> <p>Health is our passion. Excellence is our focus. Compassion is our promise.</p> <hr/> <p>Our Vision <i>(What we aspire to be)</i></p> <p>To be your world-class healthcare choice, for life.</p> <hr/> <p>Our Pillars</p> <p>Achieve outstanding community health</p> <p>Deliver excellent service</p> <p>Provide an ideal work environment</p> <p>Empower through education</p> <p>Maintain financial strength</p>	<p>Patient and Community Experience <i>Develop and implement strategies to deliver World-Class experience</i></p> <ul style="list-style-type: none"> • Develop plan to achieve HCAHPS physician communication goals • Develop plan to achieve HCAHPS nursing communication goals • Develop standard contract language for medical director/groups to align with KH goals • Evaluate and add signage (wayfinding) in the Medical Center • Review, analyze, and prioritize system enhancements tools for implementation 	<ul style="list-style-type: none"> • Define “World-Class” Experience by 9/1/21 • Achieve Overall Rating Goal on HCAHPS Survey: FY22 76.5% • Achieve Overall Rating Goal on ED CAHPS Survey: FY22 70% • Achieve the 50th percentile on physician communication scores – 82% • Achieve the 50th percentile on nursing communication scores – 80% • System enhancements – Review, analyze, prioritize by 9/1/21 • Decrease lost belongings by 25% - 147 incidents per year
<p>Empower Through Education <i>Implement initiatives to develop the healthcare team and attract and retain the very best talent in support of our mission.</i></p>	<ul style="list-style-type: none"> • Increase CME/CEU offerings and educational courses • Improve the resiliency of the Kaweah Health Team • Increase and improve leadership education <ul style="list-style-type: none"> • Increase internal promotions and retention of leaders <ul style="list-style-type: none"> • Increase nursing cohorts • Implementation of rural track training programs • Increase Volunteerism throughout Kaweah Health 	<ul style="list-style-type: none"> • Finish build out of Lippincott System then assess for growth opportunities <ul style="list-style-type: none"> • Complete • Develop Schwarz Round program – Complete – First rounds in August 2023 • Increase and improve leadership education <ul style="list-style-type: none"> • EE – I respect my manager – 4.47 – Q4 Result 4.52 • EE – My director treats me with respect – 4.22- Q4 Result 4.23 • EE – My manager is a good communicator – 4.18- Q4 Result 4.14 • EE – My director is a good communicator – 4.05- Q4 Result 4.06 • Increase internal promotions and retention of leaders <ul style="list-style-type: none"> • EE – This organization provides career development opportunities – 3.76 – Q4 Result 3.85 • Promotions – 77% - Q4 Result 78.5% • Retention – 85% - Q4 Result 89% • Add nursing seats - +53 seats – Added 13 for COS, Prework to add 50 for FY23 with Unitek – SJVC applying for 35 more seats • Develop Child Adolescent (FY22) Complete and Psychiatry Programs (FY23) January 2023 for approval • Increase volunteers (+150 Adult/+200Student) – 415 Active volunteers

Kaweah Health Strategic Plan Framework 2022-2024

Strategic Initiative	Strategies/ Tactics	Metrics
<p>Our Mission <i>(The reason we exist)</i></p> <p>Health is our passion. Excellence is our focus. Compassion is our promise.</p> <hr/> <p>Our Vision <i>(What we aspire to be)</i></p> <p>To be your world-class healthcare choice, for life.</p> <hr/> <p>Our Pillars</p> <p>Achieve <i>outstanding community health</i></p>	<p>Ideal Work Environment <i>Foster and support healthy and desirable working environments for our Kaweah Health Teams</i></p> <ul style="list-style-type: none"> • Decrease new hire turnover • Increase Kaweah Health Team Member Satisfaction • Decrease employee turnover • I get the training I need to do a good job • The Kaweah Health Team works well together 	<ul style="list-style-type: none"> • New hire turnover – 12% - Q4 Result 22.6% • Kaweah Health Team Member Satisfaction <ul style="list-style-type: none"> • EE – Weighted Average of 27 – 4.08 – Q4 Result 4.16 • PE – Overall I am satisfied working at Kaweah Health – 3.99 – No pulse survey • Decrease employee turnover – 13% - Q4 Result 18.8% • Decrease nursing turnover – 18% -Q4 Result 25.1% • I Get the Training I need to Do a Good Job <ul style="list-style-type: none"> • EE – I get the tools and resources I need to provide the best care/services for our customers/patients – 4.01 – Q4 Result 4.00 • EE – I get the training I need to do a good job – 3.96 – Q4 Result 4.01 • PE – I get the tools and resources I need to provide the best care/services for our customers/patients – 3.69 – No pulse survey • Kaweah Health Team Works Well Together <ul style="list-style-type: none"> • EE – My unit/department works well together – 4.01 – Q4 Result 4.22 • EE – Employees in my unit/department help others accomplish their work – 3.96 – Q4 Result 4.17 • EE – Communication between shifts is effective in my unit/department – 3.69 – Q4 Result 3.96 • EE – Employees in my unit/department treat each other with respect – 4.21 – Q4 Result 4.14 • PE – Different departments work well together at Kaweah Health – 3.93 – No pulse survey • Physician survey coming in May 2023
<p>Deliver <i>excellent service</i></p> <p>Provide an <i>ideal work environment</i></p> <p>Empower through <i>education</i></p> <p>Maintain <i>financial strength</i></p>	<p>Strategic Growth and Innovation <i>Grow intelligently by expanding existing services, adding new services, and serving new communities. Find new ways to do things to improve efficiency and effectiveness.</i></p> <ul style="list-style-type: none"> • Physician Recruitment and Retention • Inpatient Growth • Outpatient Growth • Facility Modernization • Improve Community Engagement • Innovation 	<ul style="list-style-type: none"> • New physicians in the market – 20 – Q4 Result 20 • Inpatient Market Share (FPSA) – 62.0% - Q4 Result 58.3% • Annual Ambulatory Visits – 582,534 – Q4 Result 593,068 • Best Image and Reputation Score (via NRC Health) – 26.0 – Q4 Result 25.9

FY22 Quarter 4 Organizational Efficiency and Effectiveness

Organizational Efficiency and Effectiveness Metrics Performance

Charter Measures	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Reduce LOS (Non COVID patients)	1.0 GMLOS (7/1-12/31) .75 GMLOS (1/1-6/30)	1.72	1.90	1.81	1.34	1.8	2.14	2.01	2.04	1.77	1.67	1.73	1.80
Increase OR Block Time Utilization	60% (FY22)	51%	48%	39%	42%	46%	45%	38%	43%	49%	56%	56%	44%
Review of Spine an Trauma Implant Purchases and Contracts	\$350,000 reduction (FY22)-Annual	\$899,558											
Consolidation of Purchased Services	\$1,000,000 reduction (FY22)-Annual	\$349,989											

All Measures Per Strategy Summary

Resource Effectiveness Committee	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Reduce LOS (Non COVID patients)	1.0 GMLOS (7/1-12/31) .75 GMLOS (1/1-6/30)	1.72	1.90	1.81	1.34	1.8	2.14	2.01	2.04	1.77	1.67	1.73	1.80
Discharge Ready by 1000	25.6% of patients	20.10%	22.55%	18.80%	19.10%	17.86%	24.92%	24.46%	22.56%	23.84%	22%	24%	23%
Patients leaving the unit by 1200	2.06 of patients	2.56%	1.68%	1.62%	2.04%	1.71%	2.22%	8.18%	9.29%	10.09%	8.00%	12.00%	10.00%

Supply Management and Standardization	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Review of Spine an Trauma Implant Purchases and Contracts	\$350,000 reduction (FY22)-Annual	\$899,558											
Consolidation of Purchased Services	\$1,000,000 reduction (FY22)-Annual	\$349,989											

Operating Room Efficiency/Capacity	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Block time Utilization Rate Increased	60% (FY22)	51%	48%	39%	42%	46%	45%	38%	43%	49%	56%	56%	44%
Reduction in daily average first case delay minutes	Reduce daily average first case delay minutes to 25.88 or less per day by 1/1/22 through fiscal year end.	35.76	45.5	35.19	36.71	32	35.52	30.95	32.68	32.91	29.71	23.29	26.32
Physician wait time between cases defined as surgery stop time in previous case to start time of next case	Reduce physician wait time to 72 minutes or less by 1/1/22 through fiscal year end.	77	77	75	75	75	73	79	80	75	74	79	77

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

FY22 Quarter 4 Outstanding Health Outcomes

Outstanding Health Outcomes Metrics Performance

Standardized Infection Ration (SIR)	Goal	Baseline	FYTD Jul-21	FYTD Aug-21	FYTD Sept-21	FYTD Oct-21	FYTD Nov-21	FYTD Dec-21	FYTD Jan-22	FYTD Feb-22	FYTD Mar-22	FYTD April-22	FYTD May-22	FYTD June-22
Standard Infection Ration (SIR) CAUTI, CLABSI, MRSA (CMS Data)	CAUTI ≤ 0.676	CAUTI 0.84	N/A	N/A	1.649	1.436	1.319	1.177	1.600	1.180	1.220	1.66	1.129	1.092 <small>(0.66 w/o COVID)</small>
	CLABSI ≤ 0.596	CLABSI 1.33	N/A	N/A	1.573	1.600	1.372	1.261	1.261	1.054	1.093	1.119	1.092	1.132 <small>(0.66 w/o COVID)</small>
	MRSA ≤ 0.727	MRSA 2.53	N/A	N/A	1.767	2.571	2.293	2.293	2.293	1.894	1.704	1.872	1.859	1.585 <small>(1.40 w/o COVID)</small>
Sepsis Bundle Compliance (SEP-1)	Goal	Baseline	FYTD Jul-21	FYTD Aug-21	FYTD Sept-21	FYTD Oct-21	FYTD Nov-21	FYTD Dec-21	FYTD Jan-22	FYTD Feb-22	FYTD Mar-22	FYTD April-22	FYTD May-22	FYTD June-22
Sepsis Bundle Compliance (SEP-1) %	≥75%	75% (July-Dec2020)	N/A	N/A	65%	66%	70%	73%	73%	74%	74%	76%	76%	Pending final
Mortality and Readmissions	Goal	Baseline	FYTD Jul-21	FYTD Aug-21	FYTD Sept-21	FYTD Oct-21	FYTD Nov-21	FYTD Dec-21	FYTD Jan-22	FYTD Feb-22	FYTD Mar-22	FYTD April-22	FYTD May-22	FYTD June-22
Hospital Readmissions % (CMS Data)	AMI (non-STEMI) - 11.01	AMI - 12.34	N/A	N/A	7.14 (1/14)	10% (2/20)	N/A	10.5% (4/38)	N/A	N/A	9.43% (5/53)	8.77% (5/27)	8.07% (5/62)	7.35% (5/68)
	COPD - 12.87	COPD - 16.09	N/A	N/A	9.09 (1/11)	30.77% (4/13)	N/A	27.78% (5/18)	N/A	N/A	25.93% (7/27)	24.14% (7/29)	22.58% (7/31)	23.53% (8/34)
	HF - 14.58	HF - 18.22	N/A	N/A	15.79 (6/38)	15.39% (8/52)	N/A	13.92% (11/79)	N/A	N/A	12.32% (17/138)	14.56% (23/158)	13.56% (24/177)	13.02% (25/192)
	PN Viral/Bacterial - 11.30	PN Viral/Bacterial - 14.13	N/A	N/A	15.79 (6/38)	18.37% (9/49)	N/A	15.58% (12/77)	N/A	N/A	15.70% (19/121)	15.10% (21/139)	16.78% (25/149)	16.67% (27/162)
Decrease Mortality Rates	AMI (non-STEMI) - 0.71	AMI - 0.75	N/A	N/A	0.85 (2/2.35) (n=16)	0.85 (n=18)	N/A	0.90 (n=29)	N/A	N/A	0.98 (n=38)	0.99 (n=41)	0.99 (n=45)	0.99 (n=49)
	COPD - 1.92	COPD - 2.40	N/A	N/A	2.76 (1/0.362) (n=13)	2.66 (n=17)	N/A	2.52 (n=22)	N/A	N/A	1.87 (n=35)	1.42 (n=37)	1.42 (n=39)	1.41 (n=40)
	HF - 1.42	HF - 1.78	N/A	N/A	0.384 (1/2.6) (n=44)	0.49 9n=60)	N/A	0.54 (n=95)	N/A	N/A	0.87 (160)	0.58 (183)	0.54 (205)	0.52 (223)
	PN Bacterial - 1.48	PN Bacterial - 1.85	N/A	N/A	0 (0/0.15) (n=6)	1.52 (n=10)	N/A	1.05 (n=19)	N/A	N/A	0.98 (n=28)	0.57 (n=38)	0.56 (n=41)	0.53 (n=43)
	PN Viral - 1.07	PN Viral - 1.34	N/A	N/A	1.2 (2.1.06) (n=23)	1.32 (n=32)	N/A	1.49 (n=49)	N/A	N/A	1.38 (n=86)	1.28 (n=94)	1.22 (n=99)	1.09 (n=109)
Medication Measures	Goal	Baseline	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Home Medication List Review of High Risk (HR) Patients (inpatient admission)	100%	57% (Avg Oct 2020 and Feb 2021)	91%	87%	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Complete Initial Home Medication Review w/in 24 hours of Inpatient Admission	Develop a report and establish the baseline data.	N/A	In Progress										Completed	
Outpatient Medication Reconciliation w/in 30 days Post Discharge (MRP)	44%	N/A	44%	41%	68%	54%	69%	74%	69%	67%	68%	73%	71%	65%
Team Round Implementation	Goal	Baseline	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Team Round Implementation	Design & Pilot on 1-2 units	1 Unit - MICU	In Progress						Completed					

225/403

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

FY22 Quarter 4 Patient and Community Experience

Patient and Community Experience Metrics Performance

World-Class Service	Goal	Baseline	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Define "World-Class Experience"	Define by 9/1/21	N/A	In Progress			Completed								
Achieve Overall Rating Goal on HCAHPS Survey	76.5%, 68th Percentile	74.80%	75.07%	68.18%	71.60%	69.00%	83.25%	72.21%	69.50%	63.31%	80.52%	64.00%*	68.00%*	65.40%*
Achieve Overall Rating Goal on ED CAHPS Survey	70.0% , 50th Percentile	66.60%	66.37%	80.00%	90.00%	100%	61%	54.76%	46.15%	41.17%	70.84%	Data not available. Changed surveying vendor and tool.		
Physician Communication	Goal	Baseline	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Develop plan to achieve HCAHPS physician communication goals	Plan developed by 9/1/21	N/A	In Progress			Completed								
	Plan implemented by 11/1/21	N/A	In Progress			Completed								
Achieve the 50 th percentile on physician communication scores	82.00%	79.60%	78.52%	79.50%	76.56%	72.45%	86.30%	75.12%	76.70%	77.80%	82.03%	67.80%*	76.50%*	78.60%*
Nursing Communication	Goal	Baseline	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Develop plan to achieve HCAHPS nursing communication goals	Plan developed by 9/1/21	N/A	In progress			Completed								
	Plan implemented by 11/1/21	N/A	In progress			Completed								
	Leader Rounding - Compliance audit for 3 months > 90%	N/A	In progress						8.61%	19.72%	11.67%	30.00%	34.00%	31.00%
Achieve the 50 th percentile on nursing communication scores	80.00%	78.60%	79.74%	75.84%	77.55%	73.03%	84.44%	76.96%	76.40%	72.20%	80.43%	72.7%*	79.7%*	72.10%*
Enhancement of Systems and Environment	Goal	Baseline	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Evaluate and Add Signage (Wayfinding) Internal/External	Internal signage and community wayfinding completed by 12/31/21	N/A	In Progress			Completed								
System enhancements	1) Review, analyze, prioritize by 9/1/21	N/A	In Progress			Completed								
	2) Hold stakeholder demo by 11/1/21	N/A	In Progress			Completed								
	3) Implementation plan developed by 2/1/22	N/A	In Progress			Completed								
Decrease lost belongings by 25%	147	CY2020 - 196	8	7	11	7	7	6	12	5	5	2	3	2

* For the months of April-June, surveying mode was changed from phone to paper.

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

FY22 Quarter 4 Empower Through Education

Empower Through Education

Increase CME Offerings and Educational Programs	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
Gage current state of Lippincott system and ensure application is being utilized to its fullest	Finish buildout of Lippincott System	In Progress											Completed	
Improve Resiliency of the Kaweah Health Team	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
Deploy Schwartz Rounds in the organization	Research and plan for the deployment of Schwartz Rounds	In Progress											Completed	
Increase and Improve Leadership Education	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
EE – I respect my manager	4.47							N/A						4.52
EE – My director treats me with respect	4.22							N/A						4.23
EE – My manager is a good communicator	4.18							N/A						4.14
EE – My director is a good communicator	4.05							N/A						4.06
Increase Internal Promotions/Retention of Leaders	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
EE – This organization provides career development opportunities	3.76							N/A						3.85
Increase internal promotions and retention	77% Promotions 85% Retention							N/A N/A						78.5% 89%
Implementation of Rural Track Training Programs	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
Implement Child Adolescent Program	Implementation	N/A			100%									
Expand Volunteer Programs	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
Increase the number of volunteers at Kaweah Health	Student +200 Guild/Adult +150							N/A						415 Active
Increase Nursing cohort seats	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
Increase nursing cohort seats	Add seats							N/A						13
Drug Diversion	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
100% drug diversion education compliance	100%	N/A									100%			

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

FY22 Quarter 4 Ideal Work Environment

Ideal Work Environment

Decrease New Hire Turnover Rate	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Decrease new hire turnover rate	12%						N/A						22.6%
Kaweah Health Team Members Satisfaction	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
EE – Weighted average of 27	4.08						N/A						4.16
PE – Overall I am satisfied working at Kaweah Health	3.99						Physician Survey Coming May 2023						
Decrease Employee Turnover Rate	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Decrease employee turnover rate	13%						N/A						18.8%
Decrease nursing turnover rate	18%						N/A						25.1%
I Get the Training I need to Do a Good Job	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
EE – I get the tools and resources I need to provide the best care/services for our customers/patients	4.01						N/A						4.00
EE – I get the training I need to do a good job	3.96						N/A						4.01
PE – I get the tools and resources I need to provide the best care/services for our customers/patients	3.69						Physician Survey Coming May 2023						
Kaweah Health Team Works Well Together	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
EE – My unit/department works well together	4.01						N/A						4.22
EE – Employees in my unit/department help others accomplish their work	3.96						N/A						4.17
EE – Communication between shifts is effective in my unit/department	3.69						N/A						3.96
EE – Employees in my unit/department treat each other with respect	4.21						N/A						4.14
PE – Different departments work well together at Kaweah Health	3.93						Physician Survey Coming May 2023						

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

FY22 Quarter 3 Strategic Growth and Innovation

Strategic Growth and Innovation

Charter Measures	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Inpatient market share (OSHDP:FPSA)	62%						N/A						58.3%
Ambulatory visits (582,534 annual)	48,545	47,039	54,901	54,981	52,971	50,083	48,706	52,067	46,123	50,395	42,673	47,179	45,950
New physicians in the market (20 annual)	20	0	1	0	0	1	2	4	3	4	0	2	3
Best image and reputation score (NRC Health)	26.0	35.7	29.2	31.3	29.0	15.0	22.1	15.4	32.7	13.8	17.1	31.3	36.9 ^[1]

All Measures Per Strategy Summary

Physician Recruitment and Retention	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Number of new primary care physicians	5	0	0	0	0	1	1	1	1	1	0	1	0
Number of new specialty physicians	15	0	1	0	0	0	1	3	2	3	0	1	3
Physician retention rate	85%						N/A						88% ^[2]
Percentage of KH graduating residents staying in the Valley	50%						N/A						46%

Inpatient Growth	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Cardiac surgery cases (432 annual)	36	31	25	18	24	25	24	14	19	28	26	36	33
IP market share in secondary service area	30%						N/A						26.1%
IP market share in primary service area	79%						N/A						77.0%
Annual IP surgical cases (8,358 annual)	697	369	329	342	346	341	346	339	345	410	422	428	405

Outpatient Growth	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Additional ambulatory locations	1	0	1	0	0	0	0	0	0	0	0	0	0
Ambulatory visits (582,534 annual)	48,545	47,039	54,901	54,981	52,971	50,083	48,706	52,067	46,123	50,395	42,673	47,179	45,950
OP surgery cases (5,419 annual)	452	498	480	440	412	439	467	393	391	546	461	478	480
SRCC Volume (Visalia + Hanford 4,877 annual)	406	498	485	537	468	436	439	392	392	450	419	428	436

[1] Average for the 12 months was 25.9, short of the 26.0 target

[2] Estimated based on six month turn-over of 6%

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

Strategic Growth and Innovation

Modernization of Facilities	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Board decision regarding master plan	Achieve								Yes				
Approve development plan for Gateway	Achieve								No				
Improve Community Engagement	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Best image and reputation score (NRC Health)	26.0 ⁽¹⁾	35.7	29.2	31.3	29.0	15.0	22.1	15.4	32.7	13.8	17.1	31.3	36.9
Public support for bond – survey results	TBD								TBD				
Innovation	Goal	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Telehealth visits (50,000 annual)	4,167	5,305	9,917	11,832	13,231	12,074	12,702	15,367	11,096	6,764	5,807	6,019	5,872
ET/Board approved patient access center plan	Achieve								Yes				

[1] Average for the 12 months was 25.9

Kaweah Health Strategic Plan: Fiscal Year 2023

Our Mission

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

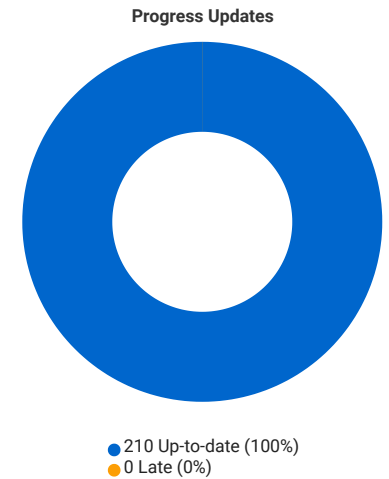
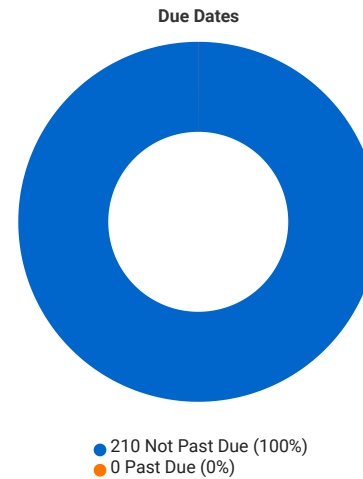
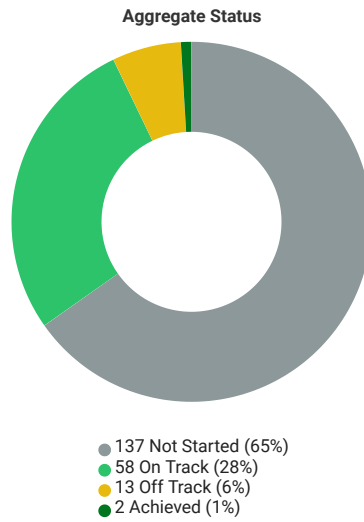
Our Vision

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

For a more detailed review of each individual Strategic Initiative use the hyperlinks below:

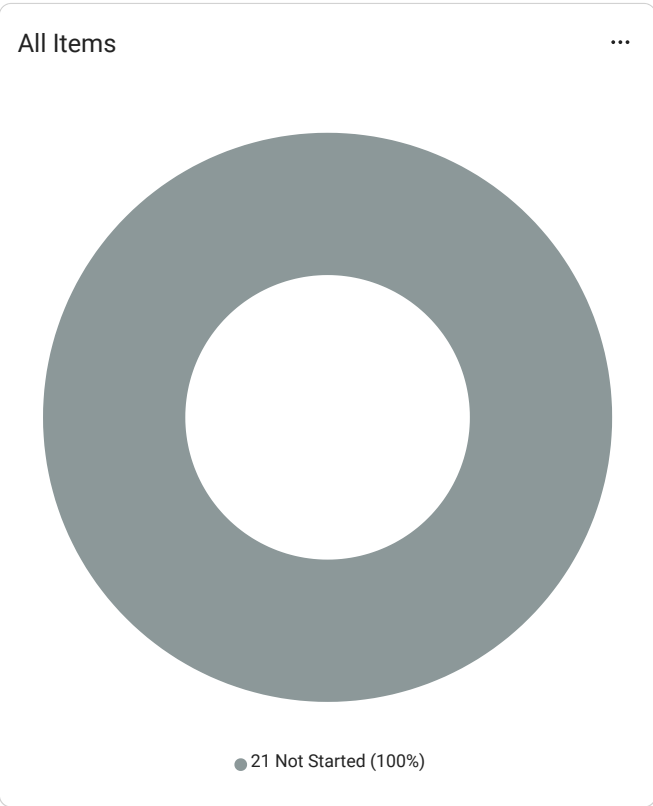
- [Empower Through Education](#)
- [Ideal Work Environment](#)
- [Strategic Growth and Innovation](#)
- [Organization Efficiency and Effectiveness](#)
- [Outstanding Health Outcomes](#)
- [Patient and Community Experience](#)

Kaweah Health Strategic Plan FY2023 Overview



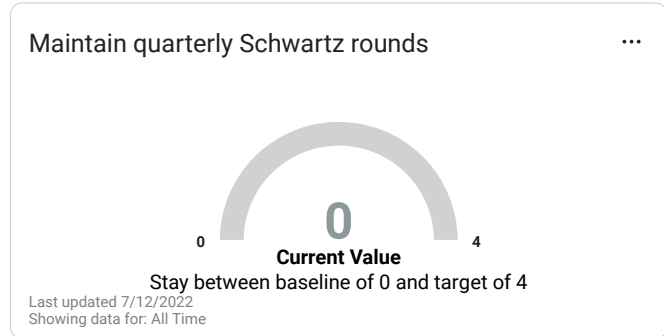
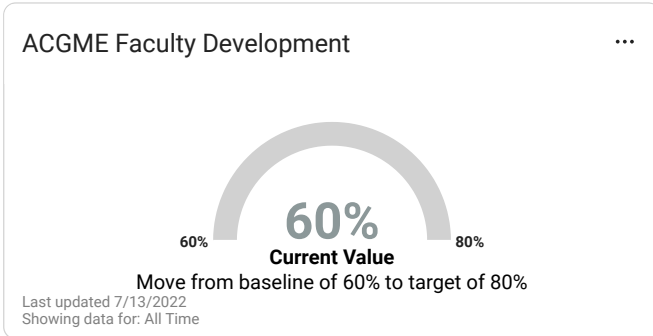
Empower Through Education

Objective: Implement initiatives to **develop the healthcare team** and **attract and retain** the very best talent in support of our mission.



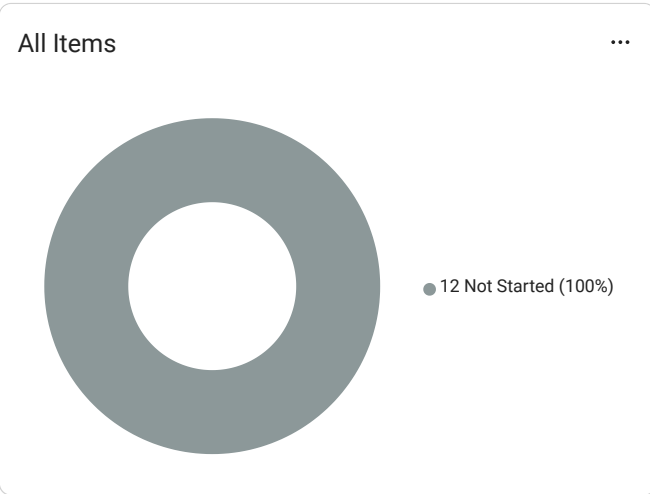
FY2023 Strategic Plan - Empower Through Education Strategies

#	Name	Description	Status	Assigned To
1.1	Expand Educational Offerings	Increase the expectations and participation of educational opportunities. Improve quality metrics through interdisciplinary educational opportunities.	Not Started	Lacey Jensen
1.1.3	Lippincott solutions implemented and adopted	Increase the expectations and participation of educational opportunities. Improve quality metrics through interdisciplinary educational opportunities.	Not Started	Lacey Jensen
1.2	Improve Resiliency of the Kaweah Health Team	Increase caregiver support and promote wellness.	Not Started	Dianne Cox
1.3	Increase and Improve Leadership Education	To increase the effectiveness of leadership, Kaweah Health will increase the number of mandatory and non-mandatory trainings, programs, and classes for leaders.	Not Started	Lacey Jensen
1.4	Mentorship and Succession Planning	Develop consistent and sustainable succession planning and mentorship programs throughout Kaweah Health. Improve employee satisfaction through career ladder development.	Not Started	Dianne Cox
1.5	Increase Nursing Cohort Seats	Kaweah Health has grown larger and faster than the local educational organizations. More opportunities, need expansion starting with RN seats in our local schools.	Not Started	Dianne Cox



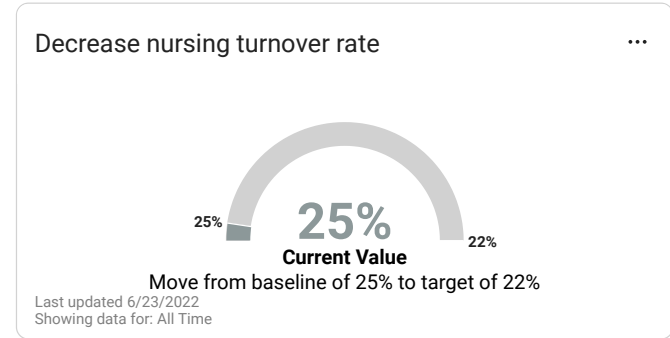
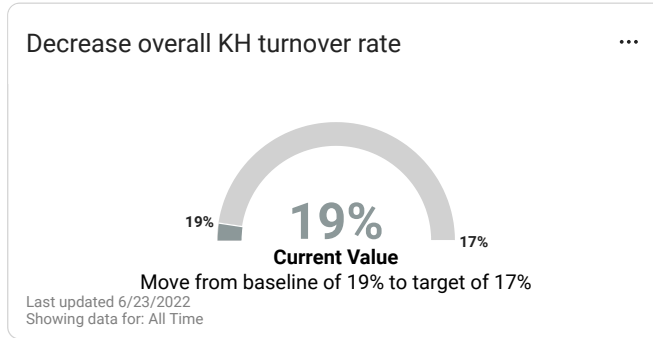
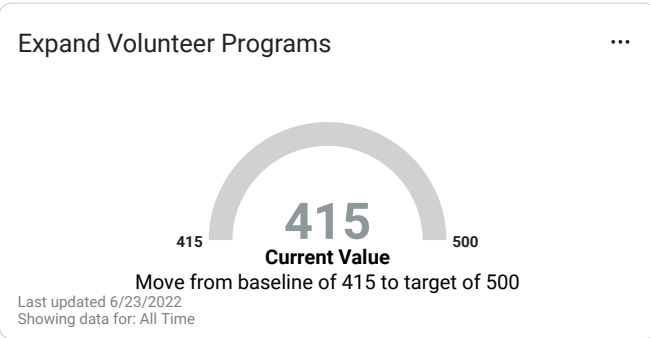
Ideal Work Environment

Objective: Foster and support healthy and desirable working environments for our Kaweah Health Teams



FY2023 Strategic Plan - Ideal Work Environment Strategies ...

#	Name	Description	Status	Assigned To
2.1	Employee Retention	Kaweah Health is facing the same challenges as many employers in the labor market and must make retention a top priority.	Not Started	Dianne Cox
2.2	Kaweah Health Team Works Well Together	There is a need to continue to align the efforts of all Kaweah Health teams to ensure world class service.	Not Started	Raleen Larez
2.3	Expand Volunteer Programs	Volunteer engagement has declined with the pandemic. Kaweah Health relies on a strong volunteer program to continue to spark career path engagement and to provide world class service.	Not Started	Dianne Cox
2.4	Strategy pending evaluation of Lifecycle Work Environment Survey	TBD	Not Started	Dianne Cox

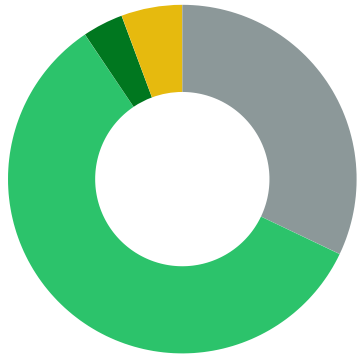


Strategic Growth and Innovation

Objective: *Grow intelligently* by expanding existing services, adding new services, and serving new communities. Find new ways to do things to **improve efficiency and effectiveness**.

All Items

...



- 17 Not Started (32%)
- 31 On Track (58%)
- 2 Achieved (4%)
- 3 Off Track (6%)

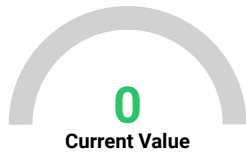
FY2023 Strategic Plan - Strategic Growth and Innovation Strategies

...

#	Name	Description	Status	Assigned To
3.1	Recruit and Retain Providers	Recruit and retain the best physicians and providers to address unmet community needs and to support Kaweah Health's growth.	Not Started	Marc Mertz
3.2	Grow Inpatient Volumes Primary Service Area	Grow our inpatient volumes, particularly the surgical cases, with an emphasis on key service lines and our expanded service area.	On Track	Marc Mertz
3.3	Grow Outpatient Volumes	Increase access to outpatient care in locations that are convenient to our community.	Not Started	Ivan Jara
3.4	Modernize our Facilities	Update our facilities to create a better patient experience and to provide our employees and medical staff with a better work environment.	Not Started	Marc Mertz
3.5	Improve Community Engagement	Continue and expand our efforts to engage our community so that we can better serve their health and wellness needs, and to gain the community's insights and support regarding our initiatives. Seek ways to expand our current reach and gain more widespread feedback and outreach	Not Started	Marc Mertz
3.6	Innovation	Create, develop, and implement new processes, systems, or services, with the aim of improving efficiency, effectiveness, or competitive advantage	Not Started	Marc Mertz
3.7	Expand Health Plan & Community Partnerships	Improve and strengthen relationships with health plans, community partners, and participate in local/state/federal programs and funding opportunities to improve access, quality, and outcomes for the community	Not Started	Ivan Jara

Increase surgical volumes through promotion of s...

...

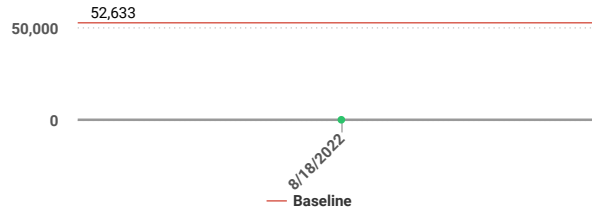


Inpatient Surgical Cases: 375

Last updated 8/12/2022
Showing data for: All Time

See 52,633 ambulatory visits per month

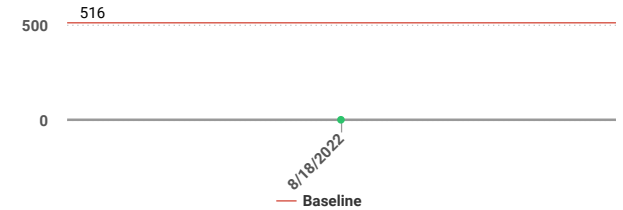
...



Showing data for: All Time

Perform 516 monthly outpatient surgeries

...



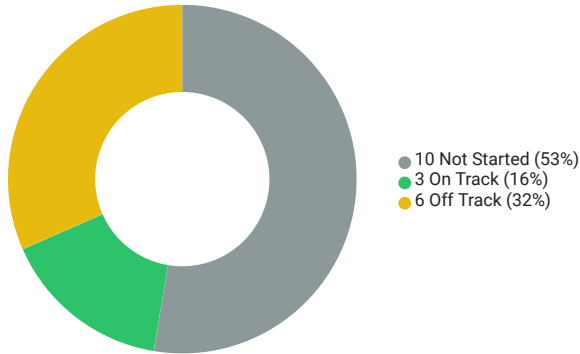
Showing data for: All Time

Organization Efficiency and Effectiveness

Objective: Increase the efficiency and effectiveness of the Organization to reduce costs, lower length of stay and improve processes.

All Items

...



FY2023 Strategic Plan - Organization Efficiency and Effectiveness Strategies

...

#	Name	Description	Status	Assigned To	Last Comment
4.1	Patient Throughput and Length of Stay	Implement patient flow processes that are effective and efficient to improve patient throughput and lower the overall Length of Stay.	Not Started		
4.2	Operating Room Efficiency/Capacity	Improve Operating Room Efficiency, Capacity and Utilization to meet surgery volume needs.	Not Started		
4.3	Supply Management and Standardization	Establish a process to identify revenue and cost savings opportunities across Kaweah Health.	Not Started		

Reduce Inpatient Observed to Expected Length of...

...

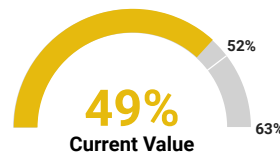


Move from baseline of 1.48 to target of 1.32

Last updated 7/31/2022
Showing data for: All Time

Overall OR Utilization

...

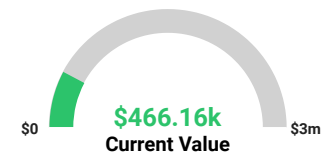


Move from baseline of 52% to target of 63%

Last updated 7/31/2022
Showing data for: All Time

Establish and implement a process to identify co...

...



Move from baseline of \$0 to target of \$3m

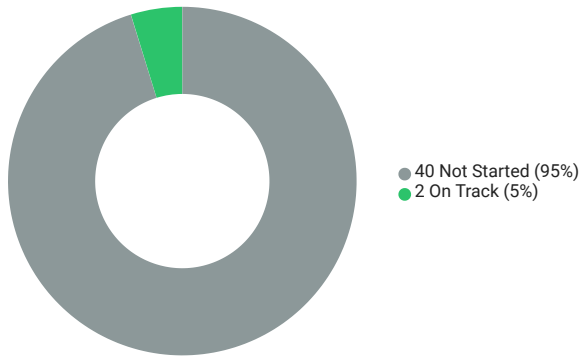
Last updated 7/31/2022
Showing data for: All Time

Outstanding Health Outcomes

Objective: To consistently *deliver high quality care* across the health care continuum.

All Items

...

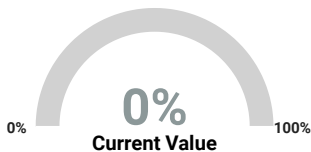


FY2023 Strategic Plan - Outstanding Health Outcomes Strategies

...

#	Name	Description	Status	Assigned To
5.1	Standardized Infection Ratio (SIR)	Over the next 3 years, achieve an "A" Leapfrog Safety Score and a CMS 5 Star Rating through the consistent application of best practices and innovative strategies.	Not Started	Sandy Volchko
5.2	Sepsis Bundle Compliance (SEP-1)	Over the next 3 years, achieve an "A" Leapfrog Safety Score and a CMS 5 Star Rating through the consistent application of best practices and innovative strategies	Not Started	Sandy Volchko
5.3	Mortality and Readmissions	Over the next 3 years, achieve an "A" Leapfrog Safety Score and a CMS 5 Star Rating through the consistent application of best practices and innovative strategies	Not Started	Sandy Volchko
5.4	Team Round Implementation	Enhance coordination of care and culture among the health care team	Not Started	Lori Winston
5.5	Quality Improvement Program (QIP) Reporting	Develop a comprehensive strategy to improve capture of quality data codes and improve QIP performance.	Not Started	Sonia Duran-Aguilar
5.6	HUMANA Medicare Advantage (MA)	Maintain a 4 STAR Medicare Advantage Rating and > 80% HCC reassessment/PAF visit completion rate for HUMANA MA Lives assigned to Kaweah Health Rural Health Clinics, SHWC and KHMG	Not Started	Sonia Duran-Aguilar
5.7	Diabetes Management	Optimize inpatient glycemic management	Not Started	Keri Noeske

Roll out to Primary Care physician groups and Ac... ..

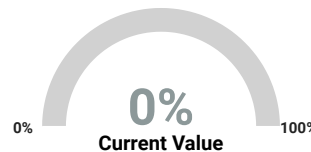


Move from baseline of 0% to target of 100%

Last updated 7/11/2022
Showing data for: All Time

Meet QIP measure performance

...

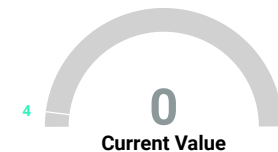


Move from baseline of 0% to target of 100%

Last updated 7/11/2022
Showing data for: All Time

Medicare Advantage STAR Rating for Humana live

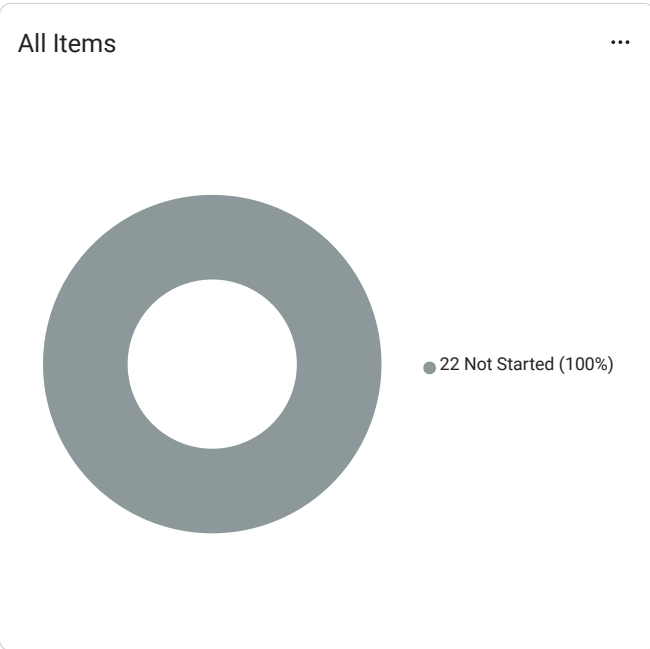
...



Last updated 7/11/2022
Showing data for: All Time

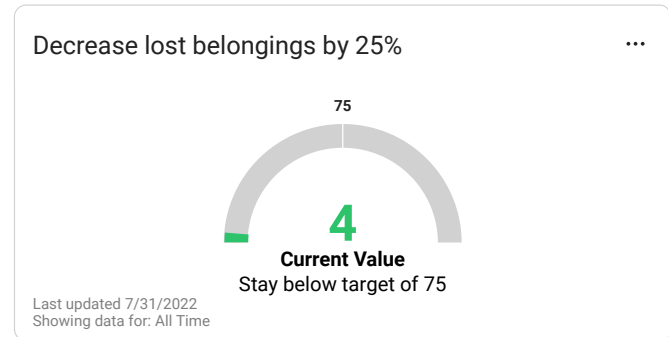
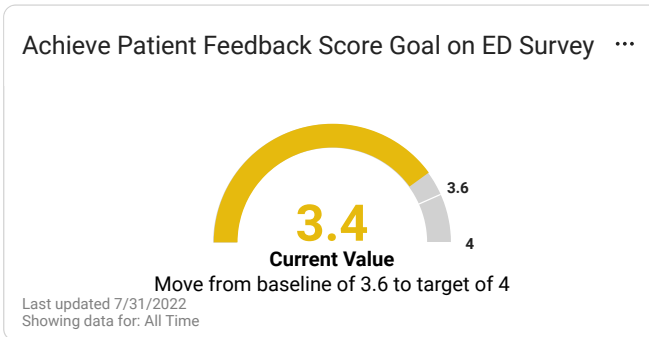
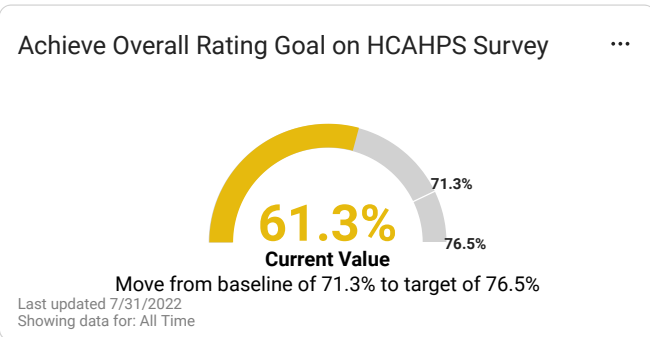
Patient and Community Experience

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



FY2023 Strategic Plan - Patient and Community Experience Strategies ...

#	Name	Description	Status	Assigned To
6.1	World-Class Service	Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.	Not Started	Ed Largoza
6.2	Physician Communication	Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.	Not Started	Ed Largoza
6.3	Nursing Communication	Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.	Not Started	Keri Noeske
6.4	Enhancement of Systems and Environment	Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.	Not Started	Ed Largoza



Organizational Efficiency and Effectiveness



[kawahhealth.org](https://www.kawahhealth.org)

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 processes.

Chair

Kassie Waters

ET Sponsor

Jag Batth

Board Member

Mike Olmos

Performance Measure	Baseline	FY23 Goal	FY24 Goal	FY25 Goal
Reduce Inpatient Observed to Expected Length of Stay	1.48	1.32	TBD	TBD
Increase Overall Operating Room Utilization	52%	63%	TBD	TBD
Establishment of an ongoing cost saving/revenue enhancement process	N/A	\$4,000,000	TBD	TBD

Strategies (Tactics)

Net Annual Impact (\$)*

Partner with the Chartis Group to implement new workflows, practices and patient flow processes that result in improved patient throughput and a reduction of the overall LOS.	\$8,600,000
Utilize the work of the Operating Room (OR) Efficiency and the OR Governance Committees to improve OR Room Utilization and achievement of defined OR metrics.	\$3,834,205
Establish a process to identify waste, revenue and cost savings opportunities across Kaweah Health.	\$4,000,000
Total	\$16,434,205

Strategy Summary for: Patient Throughput and Length of Stay

Strategic Initiative: Organizational Efficiency & Effectiveness

Objective

Implement patient flow processes that are effective and efficient to improve patient throughput and lower the overall Length of Stay

Key Components

The Chartis Group has been hired to partner with Kaweah Health on various projects to redesign processes and practices to improve patient throughput and lower overall length of stay. A number of subcommittees have been established and the metrics and goals for this initiative will be aligned with those established mutually by Kaweah Health and Chartis.

Outcomes	Baseline	FY23	FY24	FY25
Reduce Inpatient Observed to Expected Length of Stay	1.48	1.32	TBD	TBD
Average Length of Stay-Emergency Department Patients-Inpatients (minutes)	720	612	TBD	TBD
Average Length of Stay-Observation Patients (hours)	42.1	37.9	TBD	TBD

Financial Impact

	FY23	FY24	FY25
Capital Requirements		TBD	TBD
Revenue/Cost Savings		TBD	TBD
Expenses			
Labor		TBD	TBD
Supplies		TBD	TBD
Other		TBD	TBD
Total Costs		TBD	TBD
Contribution Margin	\$8,600,000	TBD	TBD

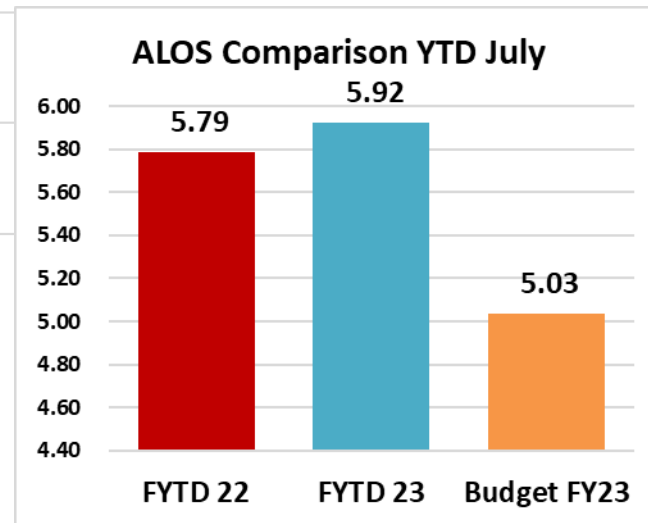
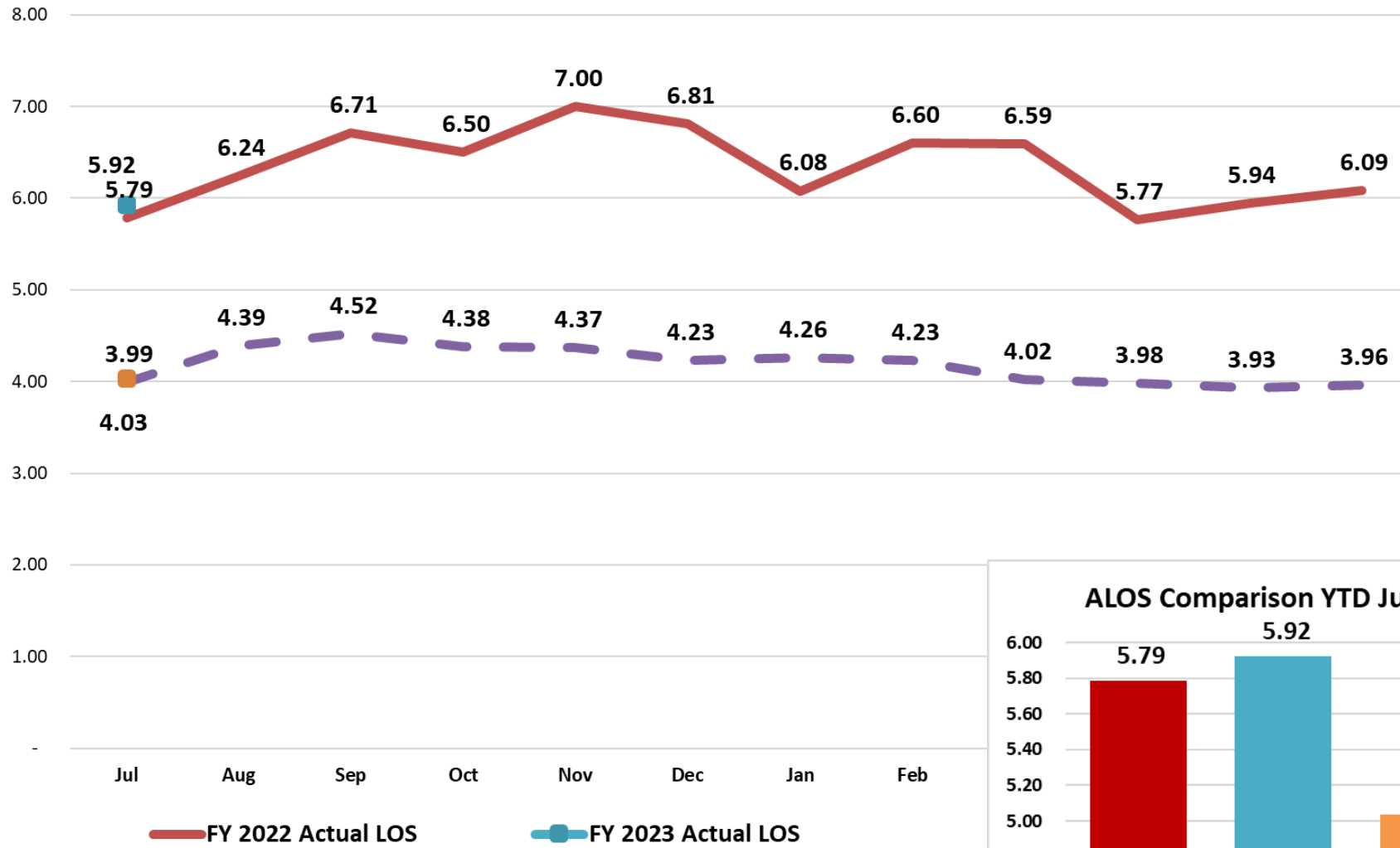
Individual/Department Responsible for Execution

Jag Batth, Keri Noeske, Kassie Waters, Rebekah Foster

Patient Throughput and Length of Stay

Project	KH Team Lead(s)	Other Key Stakeholders	PM Support	Notes
0.A Patient Throughput Steering Committee	Keri & Jag		JC	
1.A Patient Progression	Rebekah & Dee	Emma	Diana	
1.B Long Stay Committee	Rebekah & Kim	Malinda	Suzy	Coordination w/ Post- Acute Network
1.C Post-Acute Network	Tiffany & Elisa	Rebekah & Kim	Diana	Coordination w/ Long Stay Committee
2.A ED to Inpatient Admission Process	Michelle & Rebekah	Dr. Seng	JC	
2.B ED RN Staffing Optimization	Michelle		JC	
2.B ED Care Model Redesign	Dr. Seng & Michelle		JC	Coordination w/ ED Remediation Plan
2.C Transfer Center Operations	Dee & Dr. Kahwaji	Rebekah	JC	
3.A Patient Placement Infrastructure (PPI)	Kari & Kassie	Emma & Dee	Diana	Pending Observation Program
3.A Observation Program	Keri & Jag	Emma	Diana	
3.A Hospitalist Deployment / Scheduling	Dr. Said & Dr. Patel	Emma	Diana	Pending PPI
4.A Patient Throughput Dashboard	Julie & Jerry	Malinda & Doug	JC	

Average Length of Stay versus National Average (GMLOS)



Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients			Excluding COVID Patients			Gap Diff	%
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP		
Mar-20	5.20	4.04	1.16	5.17	4.03	1.14	0.02	2%
Apr-20	5.30	4.25	1.05	5.20	4.17	1.03	0.02	1%
May-20	5.25	4.16	1.09	4.74	4.06	0.68	0.40	37%
Jun-20	5.61	4.11	1.50	4.98	3.95	1.03	0.47	31%
Jul-20	5.61	4.32	1.29	5.01	4.05	0.96	0.33	25%
Aug-20	5.70	4.23	1.47	5.00	3.95	1.05	0.42	28%
Sep-20	5.93	4.17	1.76	5.33	4.00	1.33	0.43	24%
Oct-20	5.21	4.09	1.12	4.98	3.98	1.00	0.12	10%
Nov-20	5.66	4.21	1.45	5.40	4.07	1.33	0.12	8%
Dec-20	6.32	4.50	1.82	5.16	3.97	1.19	0.63	34%
Jan-21	7.07	4.72	2.35	5.61	4.15	1.46	0.90	38%
Feb-21	6.73	4.37	2.36	5.64	4.01	1.63	0.73	31%
Mar-21	5.75	4.07	1.68	5.04	3.92	1.12	0.56	33%
Apr-21	5.39	3.98	1.41	5.21	3.89	1.32	0.09	7%
May-21	5.57	4.00	1.57	5.34	3.92	1.42	0.15	10%
Jun-21	5.75	3.90	1.85	5.67	3.88	1.79	0.06	3%
Jul-21	5.78	3.99	1.79	5.68	3.94	1.74	0.05	3%
Aug-21	6.24	4.39	1.85	5.95	4.05	1.90	(0.05)	-3%
Sep-21	6.71	4.52	2.19	5.88	4.08	1.80	0.39	18%
Oct-21	6.50	4.38	2.12	5.33	4.00	1.33	0.79	37%
Nov-21	7.00	4.37	2.63	5.75	3.95	1.80	0.83	32%
Dec-21	6.81	4.23	2.58	6.11	3.98	2.13	0.45	17%
Jan-22	6.08	4.26	1.82	5.96	3.97	1.99	(0.17)	-9%
Feb-22	6.60	4.23	2.37	5.86	3.82	2.04	0.33	14%
Mar-22	6.59	4.02	2.57	5.66	3.89	1.77	0.80	31%
Apr-22	5.76	3.98	1.78	5.64	3.95	1.69	0.09	5%
May-22	5.95	3.93	2.02	5.60	3.90	1.70	0.32	16%
Jun-22	6.14	3.97	2.17	5.70	3.90	1.80	0.37	17%
Jul-22	5.92	4.03	1.89	5.64	3.87	1.77	0.12	6%
Average	6.00	4.19	1.82	5.46	3.98	1.48	0.34	19%

Strategy Summary for: Operating Room Efficiency/Capacity

Strategic Initiative: Organizational Efficiency & Effectiveness

Objective

Improve Operating Room Efficiency, Capacity and Utilization to meet surgery volume needs

Key Components

- Increase OR capacity with focused efforts on increasing Overall OR Utilization
- Work with OR governance committee to reallocate block times to increase utilization and to provide more surgeons with necessary block time
- Work with physicians to improve the percentage of on-time start times for the first OR cases of the day; increase physician accountability
- Process improvement projects to reduce physician wait times between cases

Outcomes	Baseline	FY23	FY24	FY25
Improve Overall OR Utilization	52%	63%	TBD	TBD
Improve OR Block Utilization	44%	55%	TBD	TBD
Reduction in daily average first case delay minutes	35.11/day	Reduce by 10 minutes per day beginning 1/1/23	TBD	TBD
Reduce Physician wait time between cases defined as surgery stop time in previous case to start time of the next case	76.4 minutes	73 minutes	TBD	TBD

Financial Impact

	FY23	FY24	FY25
Capital Requirements	\$0	TBD	TBD
Revenue/Cost Savings	\$3,900,000 (additional CM)	TBD	TBD
Expenses			
Labor	In Process	TBD	TBD
Supplies	In Process	TBD	TBD
Tagnos-Subscription	\$65,795	TBD	TBD
Total Costs	In Process	TBD	TBD
Contribution Margin	\$3,834,205	TBD	TBD

Individual/Department Responsible for Execution

Brian Pearcy, Amanda Tercero, Jag Batth

O.R. Solution Committee Projects

1. First Case Delays: *Changes going into effect 8/15/22*

- Created a timeline for Surgeons, Anesthesia, and Staff to follow.
 - **Surgeon:** All paperwork, site-marking, and consents completed **by 715 a.m.**
 - **Anesthesia:** All paperwork, preoperative nerve blocks, and interviews completed **by 715 a.m.**
 - **O.R Nurse:** Patient interview and review of paperwork completed **by 720 a.m.**
 - Start taking patient to the O.R. room by 725 a.m. to be in the room by **730 a.m.**
- **Leadership** will be rounding in ASC and having conversations “in-time” with staff, the surgeons, and anesthesia if there are delay
- Surgeon late and paperwork timeliness is the number one (1) delay for first case delays.
 - *Surgeons will lose morning block for trends in being late.*

2. Surgery Scheduling Forms and Surgeon Paperwork: *In process “Larger scale project”*

- Scheduling forms have been arriving to the surgery schedulers incomplete.
- Forms are sent back to offices for completion prior to the case being scheduled (*in process*).
- A sub-committee was created to revamp how we receive paperwork and consent forms. Working with ISS and team.
 - Creating a re-education for offices so that we simplify the process for the offices (*in process*).

3. O.R. Efficiency: Reviewing processes for “Patient In the Room to Surgery Start Time”.

- **Anesthesia:**
 - *Ideas:* Pre-filled medication syringes (*reviewing with pharmacy*), medication lock boxes to work ahead (*installed in each O.R.*), computer log in issues (*completed*).
- **RN:** For larger cases, create a float nurse who can help with positioning, counting, pulling medications, assist anesthesia, and check in the next case. *This nurse can bounce between 2 rooms. Nurse recruitment is an obstacle.*
- **Surgeon:** Be present in the room as soon as patient enters the room and assist the team.

4. Need an alert to inform the teams when the surgeon enters the hospital

- Currently staff do not know when the surgeon arrives to the hospital. This can delay first cases, especially if the surgeon has completed everything. *Surgeon must be on campus to take a patient into surgery.*
- Working with ISS and a company called Tagnos

Strategy Summary for: Supply Management and Standardization

Strategic Initiative: Organizational Efficiency & Effectiveness

Objective

Establish a process to identify revenue and cost savings opportunities across Kaweah Health

Key Components

- Review the Supply and Implant costs and contracts to identify potential savings
- Review purchased services across the organization to identify opportunities to consolidate vendors and improve pricing
- Establish an ongoing cost saving/revenue enhancement process

Outcomes	Baseline	FY23	FY24	FY25
Completion of focused purchased services review (IT, Facilities, and Clinical Engineering)	None	\$600,000	TBD	TBD
Established and implement a process to identify cost savings/revenue opportunities across the organization	None	\$2,000,000	TBD	TBD

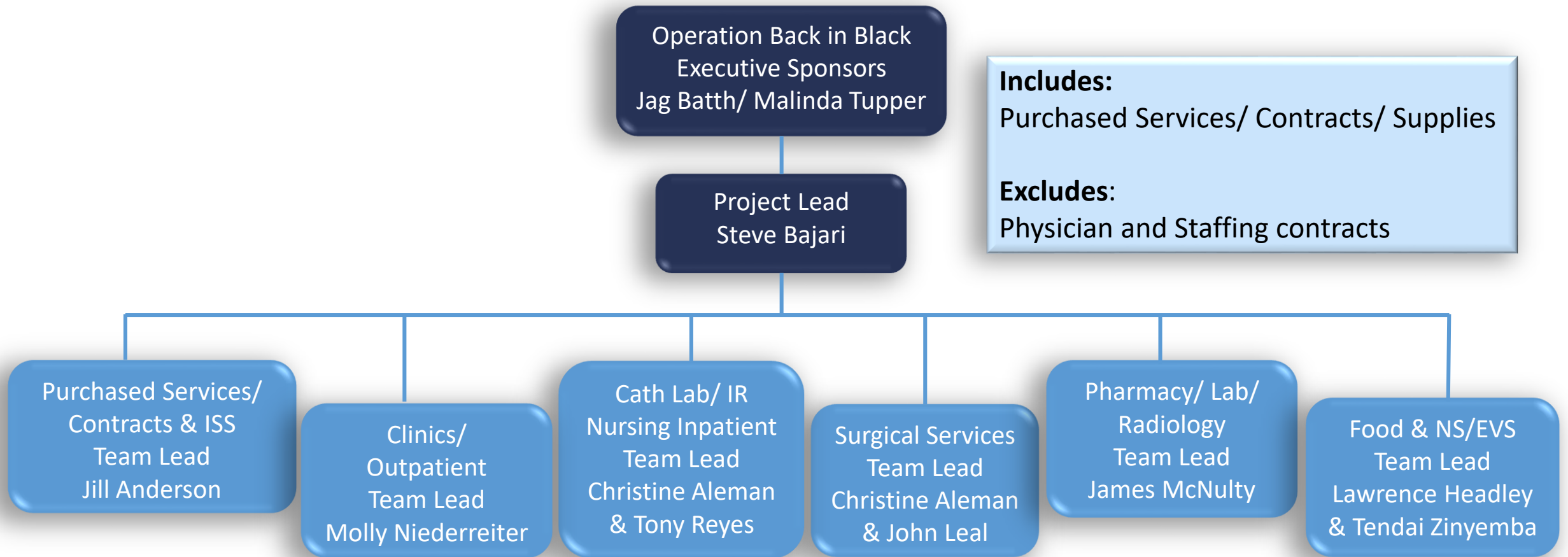
Financial Impact

	FY23	FY24	FY25
Capital Requirements	\$0	TBD	TBD
Revenue/Cost Savings	\$4,000,000	TBD	TBD
Expenses			
Labor	\$0	TBD	TBD
Supplies	\$0	TBD	TBD
Other-Vendor contract review	\$0	TBD	TBD
Total Costs	\$4,000,000	TBD	TBD
Contribution Margin	\$2,560,000	TBD	TBD

Individual/Department Responsible for Execution

Steve Bajari, Malinda Tupper, and Jag Batth

Create a Steering Committee with Team Leads



Next Steps



Live with passion.

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



2022 Work Environment Pulse Survey

Board of Directors Results Review



[kawahhealth.org](https://www.kawahhealth.org)



Pulse Survey Overview

- Follow up on 2021 Employee Engagement Survey items that could be influenced at the workgroup leadership level
- Used to help us continue action planning for our next survey and measure progress towards Director/ET goals
- This year's pulse survey:
 - June 13 - July 5
 - 27 items on a 5-point scale
 - 2 open-ended questions
 - 63% overall response rate (Press Ganey pulse average ~50%)



Pulse Survey Items

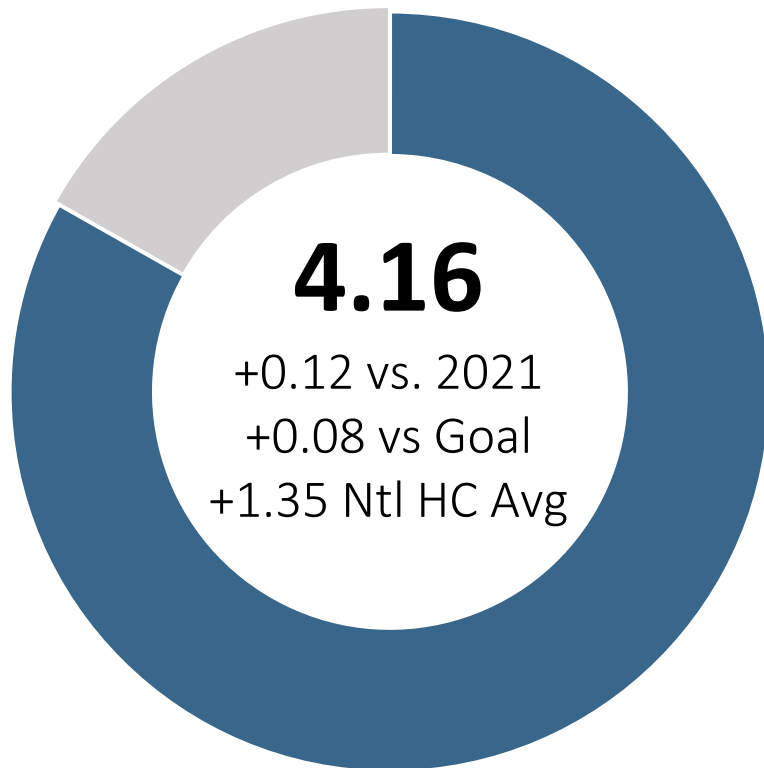
- I respect my manager.
- I respect my director.
- My manager treats me with respect.
- My unit/department provides high-quality care and service.
- Employees in my unit/department follow proper procedures for patient care/customer service.
- I respect the abilities of my manager.
- Employees in my unit/department make every effort to deliver safe, error-free care.
- My job responsibilities are clear.
- My workgroup leadership values great customer service.
- My manager encourages teamwork.
- My job makes good use of my skills and abilities.
- My director treats me with respect.
- My manager cares about my job satisfaction.
- My unit/department works well together.

Pulse Survey Items

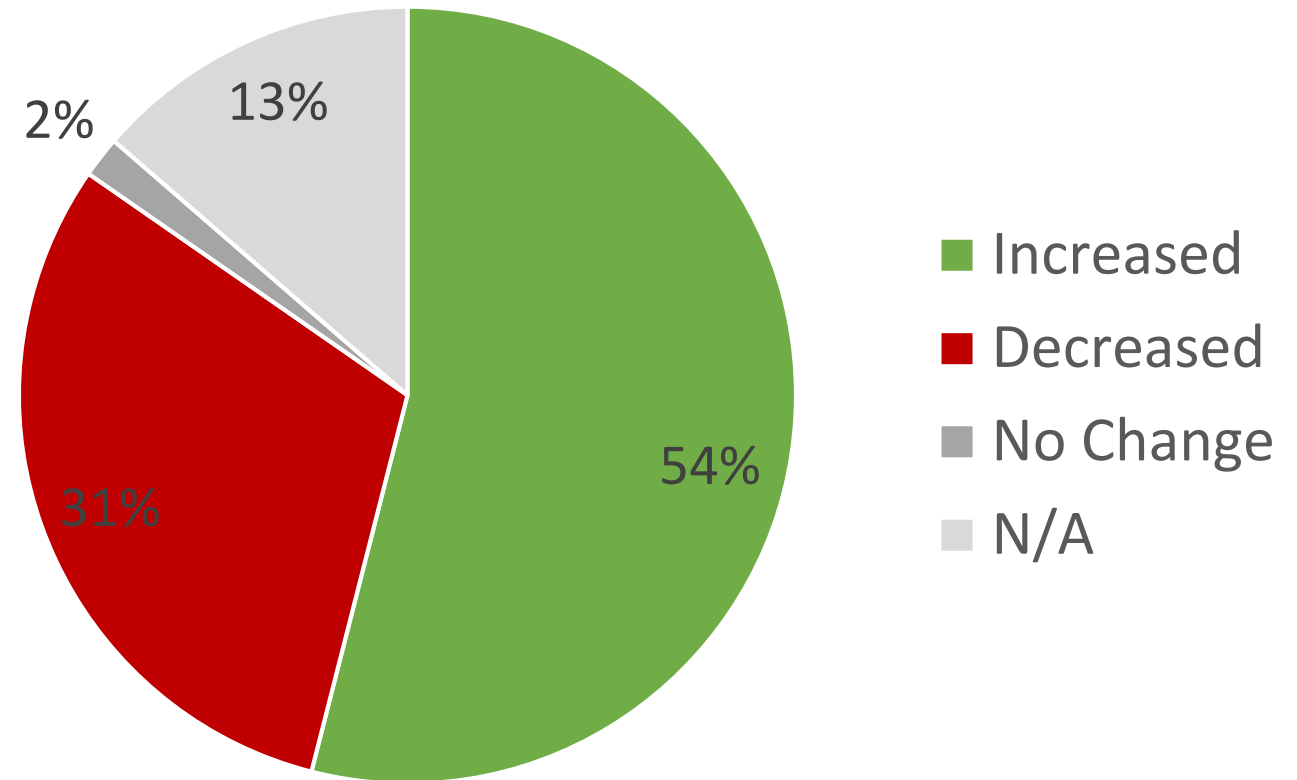
- Employees in my unit/department help others to accomplish their work.
- Employees in my unit/department treat each other with respect.
- My manager is a good communicator.
- The employees in my unit/department are careful in how they manage organization resources.
- My director is a good communicator.
- I get the training I need to do a good job.
- I get the tools and resources I need to provide the best care/service for our customers/patients.
- Communication between shifts is effective in my unit/department.
- This organization supports me in balancing my work life and personal life.
- I am satisfied with the recognition I receive for doing a good job.
- This organization provides career development opportunities.
- I have sufficient time to provide the best care/service for our customers/patients.
- I am involved in decisions that affect my work.

Survey Average

Organization Average



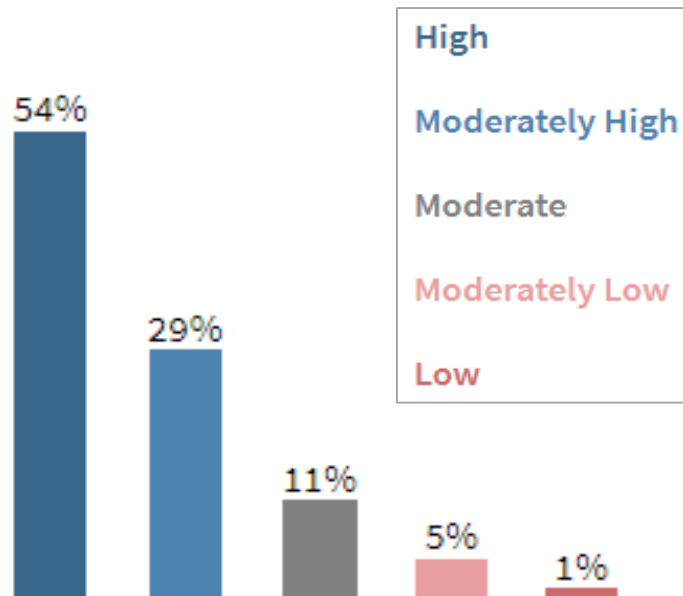
Workgroup Average Change



Leader Index

Leader Index

87 out of 100 (+3 vs. 2021)



Leader Index Items

Item	Score	vs. Ntl HC
My manager treats me with respect.	4.44	+0.02
My manager cares about my job satisfaction.	4.23	+0.06
I am involved in decisions that affect my work.	3.68	+0.02
My manager encourages teamwork.	4.28	+0.03
I respect the abilities of my manager.	4.33	+0.02
My manager is a good communicator.	4.14	+0.12

Top Strengths

Identified by Press Ganey based on score, percent favorable, and benchmark comparison

Item	Score	vs. Ntl HC
My job makes good use of my skills and abilities.	4.26	+0.17
I respect my manager.	4.52	+0.21
My job responsibilities are clear.	4.28	+0.09
My unit/department provides high-quality care and service.	4.39	+0.03
Employees in my unit/department follow proper procedures for patient care/customer service.	4.36	+0.03
My manager is a good communicator.	4.14	+0.12
My manager encourages teamwork.	4.28	+0.03
My manager treats me with respect.	4.44	+0.02
I respect the abilities of my manager.	4.33	+0.02
I respect my director.	4.44	+0.13

Note: No top concerns were identified by the Press Ganey Algorithm

Item Details

- 26 out of 27 survey items increased
- Largest Gain: I am satisfied with the recognition I receive for doing a good job. (+0.32)
- Only Loss: Employees in my unit/department make every effort to deliver safe, error-free care. (-0.02)
- Only items below benchmark:

Item	Score	vs. Ntl HC
My director treats me with respect.	4.23	-0.19
My workgroup leadership values great customer service.	4.28	-0.07
Employees in my unit/department make every effort to deliver safe, error-free care.	4.30	-0.04
Employees in my unit/department help others to accomplish their work.	4.17	-0.04
Communication between shifts is effective in my unit/department.	3.96	-0.01

Comment Themes

What do you find meaningful about your work at Kaweah Health?

Patient/Care
(1080)

Help/Helping
(672)

Team/People
(419)

Community
(179)

What does "Physicians and staff work well together" mean to you?

Respect
(747)

Communication
(700)

Next Steps

- Results to current workgroup Directors to share with their leaders/teams
 - Complete and send results recap document
 - Incorporate takeaways into action plan
 - Follow up on progress quarterly
- Results reviewed by Retention Committee
- Ongoing data collection through New Hire, Stay, and Exit Surveys
- Safety Attitudes Questionnaire in January 2023
- Physician Engagement Survey in May 2023
- Quarterly pulse surveys leading up to Employee Engagement Survey in May 2024

Throughput/LOS

August 2022 Board Update



[kawahhealth.org](https://www.kawahhealth.org)



Patient Progression

Monthly Accomplishments:

- Started Multidisciplinary rounds for hospitalists on all M/S floors.
- Started 3am/3pm huddles to identify early discharges for next day.
- Started 4am huddles to identify house-wide discharges before noon. PT/CM/HS utilizing this list to prioritize consults and needs.
- Education rolled out to teams about using the Anticipated Discharge Date (ADD) when talking to staff and patients.

Critical Issues/Barriers:

- Staffing challenges
- Alignment of staff incentives and organizational goals

Transfer Center Operations

Monthly Accomplishments:

- CM leadership meetings bimonthly with Dr. Kahwaji to discuss current processes and develop improvement strategies
- Identification of gaps in care with certain specialties
- Reached out to local sending facilities to inform them of need to repatriate patients back once stable.

Critical Issues/Barriers:

- Increased inpatient census makes accepting incoming transfers difficult
- On-call physician or surgeon declining cases without reviewing

Emergency Department (ED) to Inpatient Admission Process

Monthly Accomplishments:

- Implementation of staffing by demand matrix for the ED RNs started on 6/12/2022
- Initiated RN:RN hand-off, mitigating delays (sent to Clin ED for essential info flier for implementation)
- ED launch point auto update with bed status with Cap-man go live

Critical Issues/Barriers:

- Staffing limitations: nursing, case management, etc.
- Changing patient acuity and COVID patient volume
- Discrepancies between admission criteria between ED and inpatient providers
- Alignment of staff incentives and organizational goals

ED Care Model Redesign

Monthly Accomplishments:

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

Critical Issues/Barriers:

- Staffing limitations
- Changing acuity and surge

Long Stay Committee

Monthly Accomplishments:

- Shared Freedom of Choice information to all CM
- Shifted to reviewing 5-8 days along with touch base on complex team patients
- Medi-cal Pending process outlined for CM education

Critical Issues/Barriers:

Patient Placement

Monthly Accomplishments:

- Finalize patient placement matrix & communicated plan to all stakeholders
- Implemented phase 1 of patient placement matrix (by DRG)

Critical Issues/Barriers:

- Alignment with Cerner Capacity Manager implementation
- Optimize outpatient service line

Observation Program

Monthly Accomplishments:

Critical Issues/Barriers:

- This work will begin once the COVID+ patient census declines and stabilizes; properly cohorting patients in this environment is exceedingly difficult

Draft Performance Scorecard

Leading Performance Metrics – Inpatient & Observation

Metric	Patient Type	Definition	Goal	Current Performance Compared to Baseline					
				Jan - Nov '21 Baseline (Monthly Average or Median)	Mar '22	Apr '22	May '22	Jun '22	Jul '22
Observation Average Length of Stay (Obs ALOS) <i>(Lower is better)</i>	Overall	Average length of stay (hours) for observation patients	37.9	44.01	45.74	56.41	49.35	50.43	51.96
Inpatient Average Length of Stay (IP ALOS) <i>(Lower is better)</i>	Overall	Average length of stay (days) for inpatient discharges	5.64	6.31	6.59	5.87	6.01	6.17	6.03
	Non-COVID		N/A	5.62	5.72	5.74	5.71	5.67	5.75
	COVID		N/A	10.63	20.32	15.33	17.60	13.39	7.94
Inpatient Observed-to-Expected Length of Stay <i>(Lower is better)</i>	Overall	Observed LOS / geometric mean length of stay for inpatient discharges	1.32	1.48	1.68	1.48	1.56	1.58	1.53*
% of Discharges Before 12 PM <i>(Higher is better)</i>	Overall	% of inpatients discharged before 12 PM	35%	11.5%	10.9%	11.4%	13.6%	12.4%	13.0%
Surgical Backfill Volume <i>(Higher is better)</i>	Overall	Incremental inpatient elective surgical cases over baseline; pending established baseline	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Discharges	Overall	Count of IP & observation discharges	N/A	1,768	1,656	1,685	1,709	1,681	1,651
	Inpatient-Non-COVID	Count of non-COVID IP discharges	N/A	1,264	1,280	1,291	1,317	1,253	1,141
	Inpatient-COVID	Count of COVID IP discharges	N/A	197	81	18	35	88	170
	Observation	Count of observation discharges	N/A	307	295	376	357	340	340

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

Draft Performance Scorecard

Leading Performance Metrics – Emergency Department

Metric	Patient Type	Definition	Goal	Current Performance Compared to Baseline					
				Jan - Nov '21 Baseline (Monthly Average or Median)	Mar '22	Apr '22	May '22	Jun '22	Jul '22
ED Boarding Time <i>(Lower is better)</i>	Overall	Median time (minutes) for admission order written to check out for inpatients and observation patients	286	336	375	332	399	460	445
	Inpatients	Median time (minutes) for admission order written to check out for admitted patients	287	338	375	330	397	455	439
	Observation Patients	Median time (minutes) for admission order written to check out for observation patients	259	304	444	416	520	602	705
ED Admit Hold Volume <i>(Lower is better)</i>	Overall >4 Hours	Count of patients (volume) with ED boarding time \geq 4 hours	N/A	640	750	727	772	807	775
ED Average Length of Stay (ED ALOS) <i>(Lower is better)</i>	Overall	Median ED length of stay (minutes) for admitted and discharged patients	N/A	347	359	357	372	378	365
	Discharged Patients	Median ED length of stay (minutes) for discharged patients	214	268	277	277	294	300	299
	Inpatients	Median ED length of stay (minutes) for admitted inpatients	612	720	738	704	829	917	867
	Observation Patients	Median ED length of stay (minutes) for observation patients	577	679	839	801	1,086	1,164	1,079
ED Visits	Overall	Count of ED visits	N/A	5,596	5,513	5,578	5,931	6,127	6,392
	Discharged	Count of ED visits for discharged patients	N/A	3,998	3,971	4,056	4,356	4,585	4,842
	Inpatients	Count of ED Visits for admitted patients	N/A	1,216	1,165	1,138	1,213	1,167	1,184
	Observation Patients	Count of ED Visits for observation patients	N/A	380	377	384	362	375	366

*Previous month to be updated for admitted patients to align with exclusion criteria

Source: ED Encounter Data Excludes: Mother/Baby, Behavioral Health, and Pediatrics



To: Board of Directors

From: Marc Mertz

Subject: Cardiothoracic Surgery Physician Staffing

Date: August 24, 2022

BACKGROUND

As soon as Kaweah Health terminated its contract with Golden State Cardiothoracic Surgery we began aggressively recruiting new surgeons. Cardiothoracic surgery is a highly competitive market. We were extremely fortunate to have Frederick Mayer, M.D. come back to the program he helped start. Working with Dr. Mayer, we successfully recruited locum tenens (temporary) physicians to maintain the necessary staffing, but we have not found permanent surgeons.

We strongly believe that our ability to recruit high-quality physicians is improved when we partner with respected academic medical centers. The University of Southern California is a good example of how we have brought excellent neurosurgeons and urologists to our community. We contacted several academic medical centers, starting with Cleveland Clinic, regarding cardiothoracic surgery staffing. The institution that was far and away the most interested in working with us was Stanford. We were first introduced to Stanford's Chairman of Cardiothoracic Surgery, Dr. Joseph Woo, by local cardiologist Dr. Vinod Gupta. Dr. Gupta, Gary Herbst, and Marc Mertz had an initial call with Dr. Woo to explore the possibility of partnering to staff Kaweah Health's heart surgery program.

Over the course of several months, a proposed partnership model was developed. The program would remain the Kaweah Health cardiothoracic surgery program. We would remain affiliated with the Cleveland Clinic. But the surgeons would be employed by Stanford, who would in turn contract with Kaweah Health. Two surgeons will be recruited initially, and they will live and practice in this community. They would be employees of Stanford and would be faculty members under Dr. Woo's supervision. They would not rotate to other facilities. When one of the surgeons is on vacation or attending a continuing medical education event, Stanford will send one of their other faculty members to fill-in. Today, we rely on locum tenens for such coverage.

Stanford representatives have made several visits to Visalia to discuss this arrangement, culminating in a visit on August 11st. Dr. Woo and senior members of Stanford's administrative leadership met with employees and leaders in our cardiac departments and toured our facilities. Our employees had the opportunity to ask a lot of questions. In

the evening we hosted a dinner meeting for the Department of Cardiology. Attendance was excellent, with a majority of our cardiologists and both of our cardiac anesthesiologists present. Members of our Board of Directors, Executive Team, and Leadership team also attended. Dr. Woo shared an overview of the Stanford program (ranked #1 in California by HealthGrades and in the top 10 nationally), shared his vision for how our organizations can work together, and answered all of the physicians' questions. Dr. Woo is committed to recruiting physicians who want to be in this community and who are committed to keeping all appropriate care here. When a transfer to a higher level facility is necessary, that transfer would be coordinated between the local Stanford surgeons and Dr. Woo and his team at Stanford. The overall feedback from the physicians in attendance was extremely positive, with many pledging their full support.

PROPOSAL

Kaweah Health and Stanford would enter into a 3-year agreement for physician staffing of our cardiothoracic program. After one year, either party may terminate the agreement with 120 days' notice. Initial staffing would be two full-time surgeons, but that would increase to three upon mutual agreement of the two organizations. Stanford would be responsible for all salaries, employment costs, benefits, travel, continuing education, oversight, and quality assurance related to the surgeons. Kaweah Health would bill for all services provided by the surgeons and they would also retain all of the collected revenue. The annual fees for the two surgeon staffing would be approximately \$2,400,000.

ANALYSIS

The proposed fees to Stanford are essentially the same cost that Kaweah Health currently pays to staff our cardiothoracic program between Dr. Mayer and the locum tenens. It is not significantly higher than we previously paid to Golden State, which included the costs of locum tenens. We feel very strongly that the partnership with Stanford would provide us with excellent surgeons, it would expedite recruitment, it would elevate the quality of care provided in this community, it will help us provide new procedures at Kaweah Health, and it would help restore our heart program's surgical volumes to historic levels and beyond.

The Finance Department prepared a financial analysis (attached to this report) that demonstrates an overall favorable financial impact of the proposed partnership. In addition, the Compliance Office completed a fair market value analysis and confirmed that the arrangement falls within acceptable and approved fair market value guidelines approved (in policy) by the Kaweah Health Board of Directors.

RECOMMENDATION

To authorize the officers and agents of Kaweah Delta Health Care District dba Kaweah Health to negotiate and execute any and all documents necessary to formalize the partnership between Kaweah Health and Stanford, consistent with the terms outlined in this memo.

**Kaweah Health
Analysis of Stanford Proposed Contract
Growth to 400 cases and 2 Surgeon FTE's**

Cardiothoracic Surgery Service Line (includes OP clinic):

	Proforma based upon service line data discharge FY			
	2019	2020	2021	2022
Fiscal year patient cases	306	344	299	244
Fiscal year contribution margin	(\$1,615,962)	\$1,262,214	\$726,815	(\$29,013)
Adjustments for growth assumptions:				
Less: Medi-Cal supplemental allocation	(\$1,521,012)	(\$3,412,689)	(\$2,058,745)	(\$1,188,878)
Less: Physician fees and exp (net of collections)	1,229,862	\$1,557,012	\$1,342,248	\$2,248,261
Adjusted contribution margin before MD fees	(\$1,907,112)	(\$593,463)	\$10,317	\$1,030,370
Adjusted contribution margin per case	(\$6,232)	(\$1,725)	\$35	\$4,223
Adjusted contribution margin at proposed 400 cases	\$ (2,492,957)	\$ (690,074)	\$ 13,802	\$ 1,689,131
Adjustments after growth assumptions:				
Add back: Medi-Cal supplemental	\$ 1,521,012	\$ 3,412,689	\$ 2,058,745	\$ 1,188,878
Add back: New physician fee structure (guarantee less est. collections)	\$ (1,375,402)	\$ (1,375,402)	\$ (1,375,402)	\$ (1,375,402)
Estimated contribution margin based upon FY data	\$ (2,347,346)	\$ 1,347,214	\$ 697,146	\$ 1,502,607
Financial impact of proposed changes	\$ (731,385)	\$ 85,000	\$ (29,669)	\$ 1,531,621

Note:

Additional reimbursement from Medi-Cal supplemental programs is impacting the comparability of program profitability from year to year.

Medi-Cal and Medi-Cal Mgd Care percentage of total charges

16.8% 20.9% 19.5% 22.5%

Detail of historical physician fees:

	2019	2020	2021	2022	Proposed
Locum fees in FY	\$ 314,452	\$ 293,625	\$ 168,500	\$ 1,246,792	\$ -
Income Guarantee - physician group	1,436,099	1,663,642	1,585,856	1,198,256	2,451,908
Professional collections - offset	(1,016,895)	(1,012,295)	(986,636)	(805,144)	(1,319,914)
Reimb expenses (clinic and other)	496,206	612,040	574,528	608,357	243,408
	\$ 1,229,862	\$ 1,557,012	\$ 1,342,248	\$ 2,248,261	\$ 1,375,402

Kaweah Health

TO: Kaweah Health Board of Directors

FROM: Theresa Croushore, Director of Behavioral health Service Line
Kevin Morrison, Director of Facilities Planning

DATE: August 23, 2022

SUBJECT: Proposed Expansion of Mental Health Hospital at 1100 South Akers Street to add Child/Adolescent wing through BHCIP Grant funding

Introduction

Tulare County is in need of inpatient psychiatric hospital beds for children and adolescents. According to the 2021 US Census Reports, there are approximately 110,000 youth between the ages of 5 and 18. Statically, 22,000 will experience a mental health crisis every year. One in three go without treatment. Knowing that 75% of mental illnesses develop before the age of 24, without treatment, these youth are destined to life-long suffering from mental illness.

Kaweah Health proposes to open inpatient behavioral health beds for youth to help meet this need.

Location and Description of the Proposed Services

The Mental Health Hospital at 1100 South Akers Street, Visalia was designed for an additional wing to be added. Currently the building is 48,861 square feet and includes a lobby/reception area, administrative offices, social work offices, support services space, gym, and kitchen/cafeteria, which would be accessible to the additional child/adolescent services. The additional construction would add approximately 8,200 square feet, which would include 22 patient beds (14 adolescent and 8 child), group rooms, seclusion/restraint rooms, intake area, nursing stations, and office space. The design is flexible to accommodate fluctuation in the census of either age group, meaning that if the pediatric census was lower we could increase the number of adolescent beds. The current ambulance entry through a secured entrance will serve both the adult and youth population, with separate intake areas for adults. Separate outdoor areas for the children and adolescents is included in the design and supported by the total 9.59 acres of the site. Parking is adequate for the expected patient flow and employee parking.

Inpatient psychiatric services will include 24/7 nursing care, under the direction of the psychiatric staff. A psychiatrist will assess the child/adolescent daily and provide direction to the treatment team. Licensed therapists (social workers, marriage/family counselors, or clinical counselors) will complete psychosocial assessments on each child/adolescent, develop a multidisciplinary treatment and discharge plan, and provide individual, group, and family therapy. Recreational therapists will augment care by providing activities that encourage self-awareness and expression. Health education is

provided by registered nurses or licensed psychiatric technicians. Additionally, a special education teacher will assure that education time is not lost while the patient is hospitalized.

Financial Plan

The Behavioral Health Continuum Infrastructure Program (BHCIP) is funded by the California Department of Health Care Services (DHCS) Community Services Division. Round 4 of the program is focused on behavioral health care for youth. The grant supports the costs associated with design, construction, insurance, furniture, fixtures, equipment, landscaping, and marketing. With built-in contingencies, the estimated cost of expansion is approximately \$7 million. The grant application also adds additional project contingencies of approximately 20%. A 10% price match is required by the grant and will be met with the Akers Street land for the site, including the existing building, as well as current staff hours (i.e. Director of Facilities time acting as the Owners Representative.)

The hospital is currently licensed and designated as an LPS facility. This LPS designation will be extended through contract with Tulare County Mental Health Services for the admission of children and adolescents. The 5-year financial projections for the operation of additional beds have been prepared and demonstrate a positive contribution margin and cash flow the second year of operations. Both the cash flow and contribution margin significantly increase in the subsequent years, when the initial capital costs are completed and census projections increase. These projections were objectively based on the current operations of the adult Mental Health Hospital. Revenue is based on our current and expected rates for inpatient hospitalization. The full support of the Tulare County Mental Health Department assures the reimbursement for services provided to county funded individuals. Contracts with third-party payers will be updated to include coverage for children and adolescent inpatient psychiatric care.

The attached five-year pro forma demonstrates a positive contribution margin starting in year two and increasing during each of the following years as volumes increase. Staffing and physician costs have been increased to reflect expected inflation rates.

Conclusion

The Kaweah Health Executive Team supports this proposal to add a wing to the existing Akers Street Mental Health Hospital to serve children and adolescents needing inpatient psychiatric care. This expansion fits in the FY2022 Strategic Plan to expand behavioral health services through Kaweah. We believe that this service will contribute to the health of the community and the goals of Kaweah Health in meeting community needs.

Recommendation

To authorize management to submit an application for the State funded BHCIP Grant, Phase 4.

KAWEAH HEALTH
Child and Adolescent Inpatient Hospital - Renovation/Expansion
Capacity = 22

	Projected				
	Year 1	Year 2	Year 3	Year 4	Year 5
Average Patients per Day	11	18	18	18	18
Average length of stay	8	8	8	8	8
Total patient cases	502	821	821	821	821
Occupancy Rate	50%	82%	82%	82%	82%
Net Revenue (Room rate)	\$ 5,398,890	\$ 9,055,411	\$ 9,281,797	\$ 9,513,841	\$ 9,751,688
Net Revenue (Professional revenue)	492,570	806,024	806,024	806,024	806,024
Total Revenue	\$ 5,891,460	\$ 9,861,435	\$ 10,087,821	\$ 10,319,866	\$ 10,557,712
Direct Expenses:					
Salaries	\$ 3,144,475	\$ 3,794,880	\$ 3,889,752	\$ 3,986,996	\$ 4,086,671
Benefits	813,790	982,115	1,006,668	1,031,835	1,057,630
Physician fees	1,706,036	1,748,686	1,792,404	1,837,214	1,883,144
Supplies and other	47,650	73,200	75,030	76,906	78,828
Ancillary cost	253,767	425,637	436,277	447,184	458,364
Facility Expense	207,378	212,563	217,877	223,324	228,907
Depreciation	256,396	256,396	256,396	256,396	256,396
	\$ 6,429,492	\$ 7,493,477	\$ 7,674,404	\$ 7,859,855	\$ 8,049,941
Contribution Margin	\$ (538,032)	\$ 2,367,958	\$ 2,413,416	\$ 2,460,011	\$ 2,507,771
Indirect Expense Allocation	\$ 1,090,137	\$ 1,783,860	\$ 1,855,214	\$ 1,929,423	\$ 2,006,600
Net income	\$ (1,628,168)	\$ 584,098	\$ 558,202	\$ 530,588	\$ 501,171
Capital Requirement	\$ (697,000)				

Kaweah Health

TO: Kaweah Health Board of Directors

FROM: Theresa Croushore, Director of Behavioral health Service Line

DATE: August 23, 2022

SUBJECT: Proposed Behavioral Health Outpatient Clinic, located at 301 West Noble Street, Visalia, California

Introduction

Tulare County is in need of outpatient behavioral health therapy for residents not served by Tulare County Mental Health Services. The county is home to approximately 477,000 people according to the 2021 US Census Report. Of those, 37.5% have employer paid health insurance and another 16.9% have Medicare health insurance. This totals approximately 260,000 residents with private health insurance. Statically, 55,000 will experience a mental health crisis every year.

Kaweah Health proposes to open an outpatient behavioral health clinic to help meet this need.

Location and Description of the Proposed Services

310 West Noble Street is centrally located in Visalia and easily accessible from I-198. The proposed building, owned by Kaweah Health, is approximately 1500 square feet, and recently remodeled to serve at an outpatient health care facility. With minor modifications, the site can serve 3-4 clinicians in private offices, as well as space for group therapy, waiting room, reception, staff/kitchen area, and storage. Parking is adequate for the expected patient flow and employee parking. Kaweah Health facility/maintenance staff can accomplish most of the needed renovations. Capital costs of \$85,500 include furnishings, ISS connectivity and equipment, security enhancements, and office/medical equipment.

Licensed therapists (social workers, marriage/family counselors, or clinical counselors) will initially provide the behavioral health services. These services include individual, family, or couples therapy for all age groups. Additionally, many clients will benefit from group therapy, which scheduled several times daily. Hours of operation can be flexible, to include evenings and weekends, depending on staff schedules and client need.

Initially, clients will be referred to the Tulare Medical Clinic on North Cherry Street, for medication management. In the future, we will review the feasibility and need to offer psychiatric services at the Noble Street location.

Financial Plan

The location would be licensed as a freestanding (not hospital-based) clinic. The 5-year financial projections for the clinic have been prepared and demonstrate a positive contribution margin and cash flow the first year of operations. Both the cash flow and contribution margin significantly increase in the subsequent years, when the initial capital costs are completed. These projections were objectively based on public records/demographics and subjectively on the multiple requests for outpatient therapy requests received daily at Kaweah's Mental Health Hospital. Clinic volumes were based on 75% productive (face-to-face) time of the therapists, reduced during the first year in recognition that there will be a ramp up period with a brand new clinic. Revenue per visit is based on our current and expected rates and the blend of projected services (e.g. individual therapy and group therapy). The attached five-year pro forma demonstrates a positive contribution margin starting in year one and increasing during each of the following four years as volumes increase. Staffing and physician costs have been increased to reflect expected inflation rates.

Conclusion

The Kaweah Health Executive Team supports this proposal to add a frequently requested outpatient behavioral health clinic. This clinic fits in the FY2022 Strategic Plan to expand behavioral health services through Kaweah. We believe that this service will contribute to the health of the community and the goals of Kaweah Health in meeting community needs.

Recommendation

To authorize management to develop and operate the new clinic.

KAWEAH HEALTH
Psychiatric Outpatient (Noble Street Clinic)

	Projected				
	Year 1	Year 2	Year 3	Year 4	Year 5
Projected Visits	3,841	4,620	4,620	4,620	4,620
Net Therapy Revenue	\$ 756,484	\$ 932,978	\$ 956,302	\$ 980,210	\$ 1,004,715
Direct Expenses:					
Salaries	\$ 410,778	\$ 421,048	\$ 431,574	\$ 442,363	\$ 453,422
Benefits	106,309	108,967	111,691	114,484	117,346
IT, supplies and other	20,500	21,013	21,538	22,076	22,628
Facility expense	55,638	57,029	58,455	59,916	61,414
Start up	8,985	-	-	-	-
Depreciation	13,767	13,767	13,767	13,767	13,767
	<u>\$ 615,977</u>	<u>\$ 621,823</u>	<u>\$ 637,025</u>	<u>\$ 652,606</u>	<u>\$ 668,577</u>
Contribution Margin	\$ 140,506	\$ 311,155	\$ 319,278	\$ 327,604	\$ 336,138
Indirect Expense Allocation	\$ 147,369	\$ 177,257	\$ 184,348	\$ 191,721	\$ 199,390
Net income	<u>\$ (6,863)</u>	<u>\$ 133,897</u>	<u>\$ 134,930</u>	<u>\$ 135,882</u>	<u>\$ 136,748</u>
Capital Cost	\$ (85,500)				

**OPERATION
BACK IN
BLACK**

Managed Care/Reimbursement Team

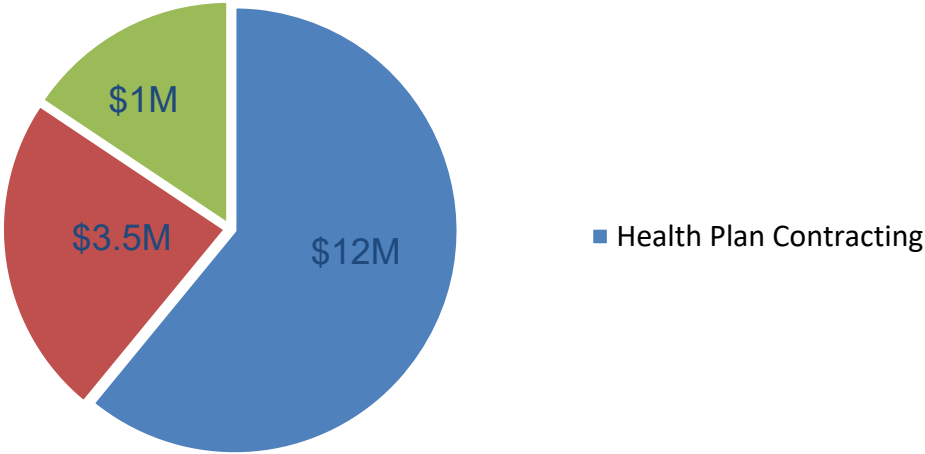
Managed Care/Reimbursement Team

Health Plan Contracting: \$12M

Underpayment/Reimbursement Opportunities: \$3.5M

Revenue Opportunities or Savings \$1M

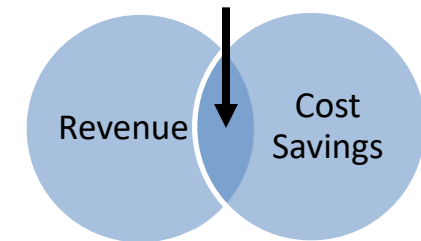
TOTAL OBJECTIVE: \$16.5 MILLION



Health Plan Contracting

GOAL: Increase Revenue Through Contract Negotiations By **\$12 Million**

Contract Renegotiations



REVENUE

- Unique Position With All Major Health Plan Contracts Presently In Their Renewal Period
 - A typical year results in two health plans being renegotiated for a two to three year window.
 - Presently, all seven major health plans are currently in negotiations
 - Permits an opportunity to negotiate higher reimbursements from the health plans
 - Address reimbursement reductions through health plan policies
 - New contract opportunities that will bring additional volume and revenue

COST SAVINGS

- Opportunity to minimize the administrative burden and cost shifts from the health plans to Kaweah.
 - Improve contract terms to reduce denials & payment issues.
 - Address policy changes that reduce volumes and delay payments.
 - Rate structure changes to address cost increases, administrative burden and staffing resources.
 - Example: Change rate methodology to move away from daily authorizations required to authorization per case. This will reduce the amount of clinical staff hours used, reduce denials and improve timeliness of collections.

Underpayments

GOAL: Achieve Underpayment Collections of **\$3.5 Million**

STRATEGY

- Fully Staffed
 - (3 FTE's Focused On Revenue Opportunities) (Prior Years, 1 FTE With 2 Open Positions)
 - Increased bandwidth to identify underpayment and revenue enhancement opportunities
 - Cerner contract pricing system managed by same team that negotiates contracts providing expected payment information at a high accuracy rate. This reduces the amount of time the staff have to manually price claims, streamlines the audit and clearly identifies potential underpayments.
- Strategic Coordination of Underpayment Audits
 - Review "high dollar" service lines quarterly
 - Ensure all other service lines are reviewed bi-monthly, quarterly, or annually depending upon volume and dollar impact.
- Cross Department Collaboration
 - Share audit findings with impacted departments to improve efficiencies around securing revenue quicker, reducing denials, and preventing underpayments.
 - Recent examples of audit findings resulting in potential process improvements:
 - Implant Invoice Project
 - L Code Project – Adjustment to coding resulting in payable implants that were previously not being paid.
 - Urgent Care Underpayments



Other Projects

– Service Line Audit

- ex: Review billing of lab and x-ray at urgent care, opportunities for additional revenue

– Chargemaster Changes

- Update areas where charges have dropped below contracted rates

– Trauma Program Updates

- Trauma criteria changed in 2022, currently updating contracts, billing and coding to adhere to new guidelines which will drive additional reimbursement.

– Transportation Initiative

- Reduce the cost of ambulance fees to Kaweah

– Long Stay Committee

- Providing support to committee on laws, regulations and payer obligations to reduce barriers to discharge.

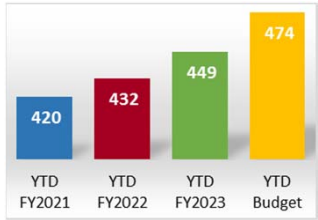
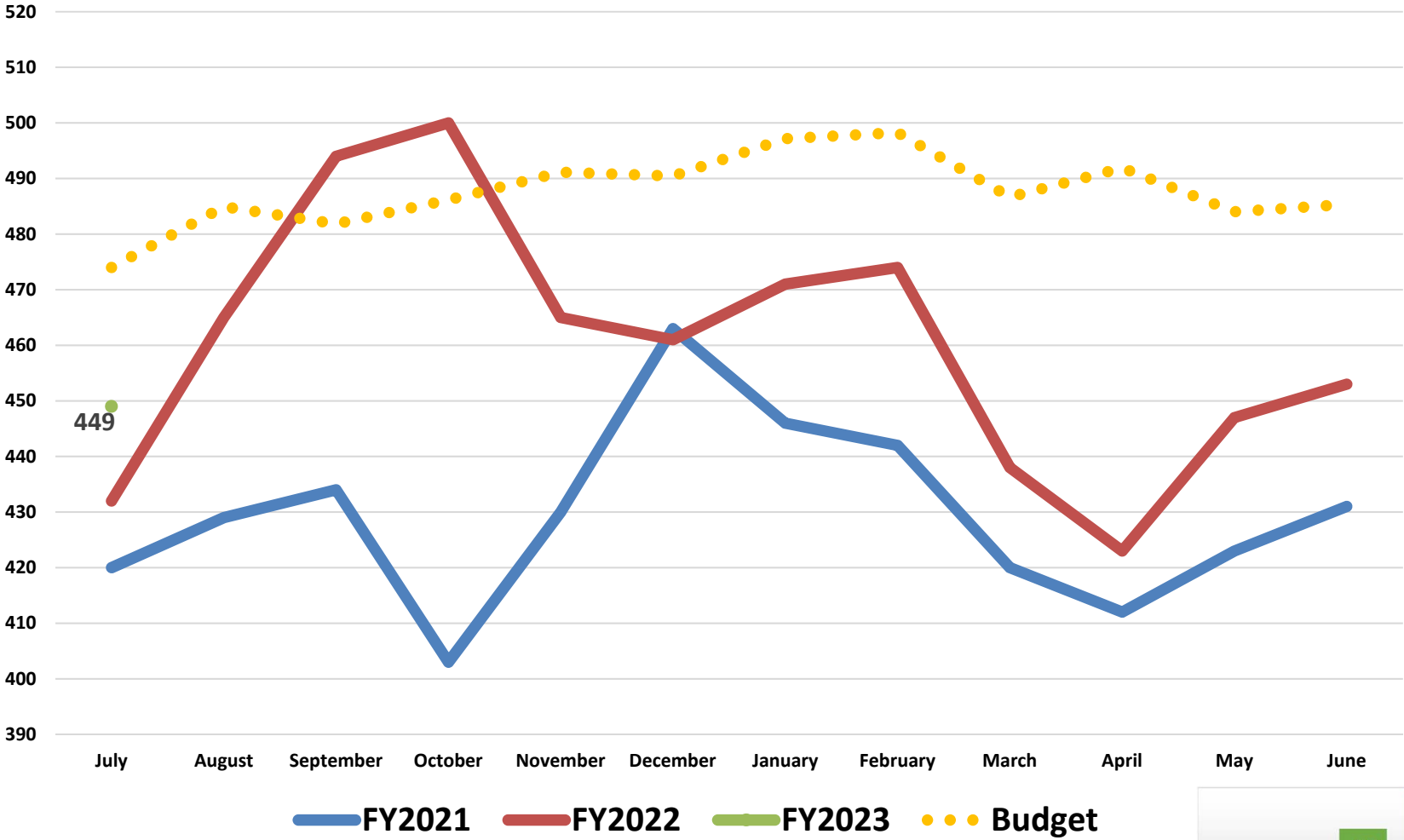
– Case Management Denials

- Specific to procedural/placement denials and health plan delays (not medical necessity), working with our Attorneys to develop letter templates to appeal these types of denials.

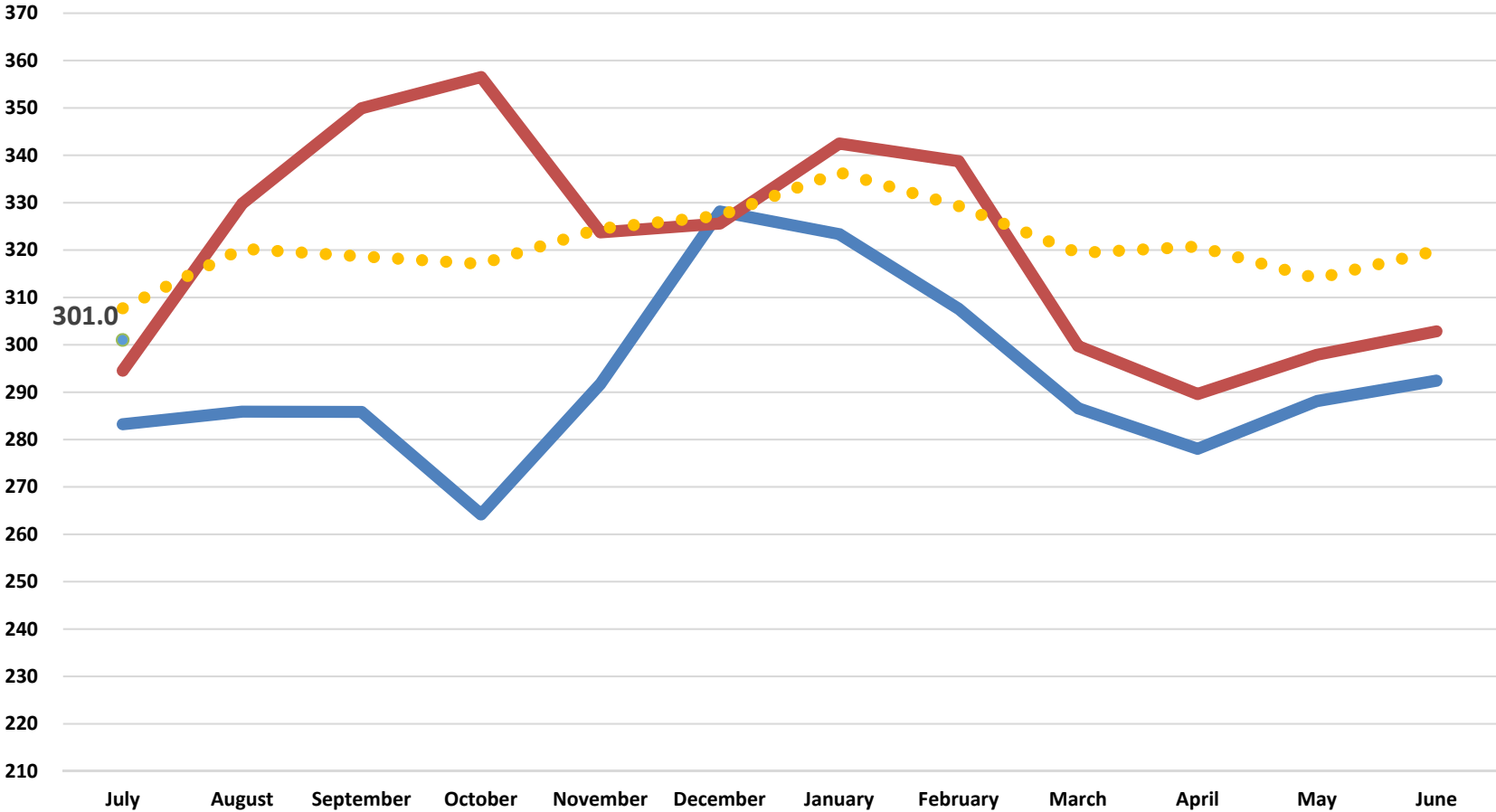
CFO Financial Report

August 17, 2022

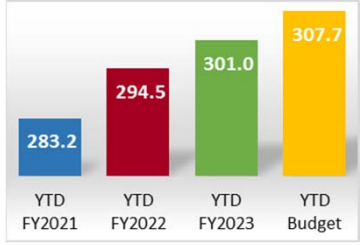
Average Daily Census



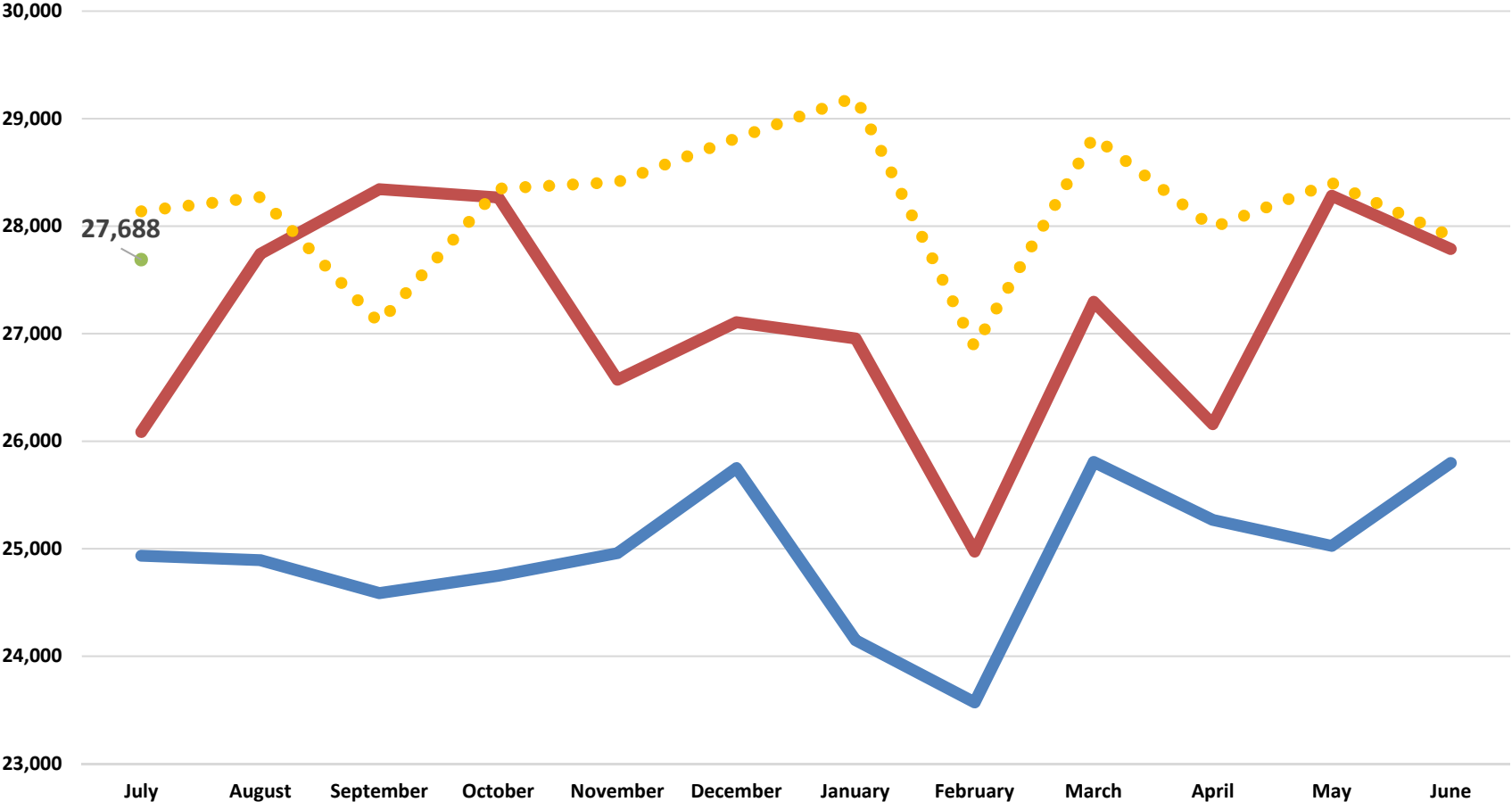
Medical Center – Avg. Patients Per Day



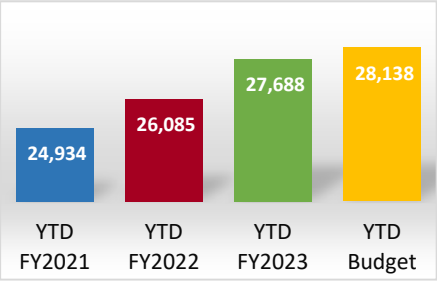
—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



Adjusted Patient Days



— FY2021
 — FY2022
 — FY2023
 ●● Budget



Statistical Results – Fiscal Year Comparison (July)

	Actual Results			Budget	Budget Variance	
	Jul 2021	Jul 2022	% Change	Jul 2022	Change	% Change
Average Daily Census	432	449	3.9%	474	(25)	(5.3%)
KDHCD Patient Days:						
Medical Center	9,131	9,331	2.2%	9,539	(208)	(2.2%)
Acute I/P Psych	1,063	1,225	15.2%	1,621	(396)	(24.4%)
Sub-Acute	829	899	8.4%	829	70	8.4%
Rehab	533	565	6.0%	578	(13)	(2.2%)
TCS-Ortho	384	368	(4.2%)	413	(45)	(10.9%)
TCS	409	504	23.2%	514	(10)	(1.9%)
NICU	533	482	(9.6%)	500	(18)	(3.6%)
Nursery	506	536	5.9%	600	(64)	(10.7%)
Total KDHCD Patient Days	13,388	13,910	3.9%	14,594	(684)	(4.7%)
Total Outpatient Volume	44,702	42,191	(5.6%)	48,146	(5,955)	(12.4%)

Other Statistical Results – Fiscal Year Comparison (July)

	Actual Results				Budget	Budget Variance	
	Jul 2021	Jul 2022	Change	% Change	Jul 2022	Change	% Change
Adjusted Patient Days	26,085	27,688	1,603	6.1%	28,132	(444)	(1.6%)
Outpatient Visits	44,702	42,191	(2,511)	(5.6%)	48,146	(5,955)	(12.4%)
OB Deliveries	381	396	15	3.9%	391	5	1.3%
ED Total Registered	7,307	7,493	186	2.5%	7,091	402	5.7%
Physical & Other Therapy Units	18,871	18,347	(524)	(2.8%)	19,181	(834)	(4.3%)
Surgery Minutes – General & Robotic (I/P & O/P)	1,069	1,014	(55)	(5.1%)	1,084	(70)	(6.5%)
Endoscopy Procedures (I/P & O/P)	538	510	(28)	(5.2%)	597	(87)	(14.6%)
Radiology/CT/US/MRI Proc (I/P & O/P)	16,923	15,964	(959)	(5.7%)	16,770	(806)	(4.8%)
Urgent Care - Demaree	3,150	2,967	(183)	(5.8%)	2,200	767	34.9%
KHMG RVU	29,319	27,558	(1,761)	(6.0%)	32,424	(4,886)	(15.0%)
RHC Registrations	9,110	8,171	(939)	(10.3%)	9,890	(1,719)	(17.4%)
Hospice Days	4,308	3,826	(482)	(11.2%)	4,283	(457)	(10.7%)
Home Health Visits	2,865	2,521	(344)	(12.0%)	3,006	(485)	(16.1%)
Dialysis Treatments	1,693	1,464	(229)	(13.5%)	1,541	(77)	(5.0%)
Cath Lab Minutes (IP & OP)	367	313	(54)	(14.7%)	391	(78)	(19.9%)
Urgent Care - Court	5,683	4,823	(860)	(15.1%)	3,250	1,573	48.4%
O/P Rehab Units	19,398	16,277	(3,121)	(16.1%)	19,444	(3,167)	(16.3%)
Radiation Oncology Treatments (I/P & O/P)	2,010	1,637	(373)	(18.6%)	2,467	(830)	(33.6%)
GME Clinic visits	1,203	871	(332)	(27.6%)	1,200	(329)	(27.4%)
Infusion Center	433	289	(144)	(33.3%)	433	(144)	(33.3%)

July Financial Comparison (000's)

	Actual Results		Budget	Budget Variance	
	July 2021	July 2022	July 2022	Change	% Change
Operating Revenue					
Net Patient Service Revenue	\$51,502	\$52,368	\$55,189	(\$2,822)	(5.1%)
Other Operating Revenue	15,035	18,113	18,450	(338)	(1.8%)
Total Operating Revenue	66,537	70,480	73,640	(3,159)	(4.3%)
Operating Expenses					
Employment Expense	32,678	41,319	37,767	3,552	9.4%
Other Operating Expense	32,735	37,087	37,148	(61)	(0.2%)
Total Operating Expenses	65,413	78,406	74,914	3,492	4.7%
Operating Margin	\$1,124	(\$7,926)	(\$1,275)	(\$6,651)	
Stimulus Funds	0	97	255	(158)	
Operating Margin after Stimulus	\$1,124	(\$7,829)	(\$1,020)	(\$6,809)	
Non Operating Revenue (Loss)	582	455	371	84	
Excess Margin	\$1,706	(\$7,374)	(\$649)	(\$6,725)	

Operating Margin %	1.7%	(11.2%)	(1.7%)
OM after Stimulus%	1.7%	(11.1%)	(1.4%)
Excess Margin %	2.5%	(10.4%)	(0.9%)
Operating Cash Flow Margin %	6.5%	(6.6%)	2.9%

July Financial Comparison (000's)

	Actual Results			Budget	Budget Variance	
	Jul 2021	Jul 2022	% Change	Jul 2022	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$51,502	\$52,368	1.7%	\$55,189	(\$2,822)	(5.1%)
Supplemental Gov't Programs	4,286	5,042	17.6%	5,257	(216)	(4.1%)
Prime/QIP Program	667	743	11.4%	757	(14)	(1.9%)
Premium Revenue	4,902	5,901	20.4%	6,459	(558)	(8.6%)
Management Services Revenue	3,172	2,932	(7.6%)	3,478	(546)	(15.7%)
Other Revenue	2,009	3,495	74.0%	2,499	996	39.9%
Other Operating Revenue	15,035	18,113	20.5%	18,450	(338)	(1.8%)
Total Operating Revenue	66,537	70,480	5.9%	73,640	(3,159)	(4.3%)
Operating Expenses						
Salaries & Wages	27,474	29,176	6.2%	29,484	(308)	(1.0%)
Contract Labor	1,116	5,864	425.3%	2,274	3,590	157.9%
Employee Benefits	4,087	6,279	53.6%	6,008	270	4.5%
Total Employment Expenses	32,678	41,319	26.4%	37,767	3,552	9.4%
Medical & Other Supplies	9,596	9,593	(0.0%)	10,312	(719)	(7.0%)
Physician Fees	7,922	8,892	12.2%	8,997	(104)	(1.2%)
Purchased Services	1,100	2,937	166.9%	1,672	1,265	75.7%
Repairs & Maintenance	2,074	2,237	7.9%	2,619	(383)	(14.6%)
Utilities	688	715	3.9%	722	(7)	(0.9%)
Rents & Leases	475	510	7.5%	579	(68)	(11.8%)
Depreciation & Amortization	2,635	2,657	0.8%	2,834	(177)	(6.2%)
Interest Expense	555	589	6.1%	611	(22)	(3.6%)
Other Expense	1,450	1,631	12.5%	2,162	(531)	(24.6%)
Humana Cap Plan Expenses	3,472	4,404	26.8%	3,205	1,199	37.4%
Management Services Expense	2,768	2,921	5.5%	3,436	(515)	(15.0%)
Total Other Expenses	32,735	37,087	13.3%	37,148	(61)	(0.2%)
Total Operating Expenses	\$1,124	(\$7,926)	(805.3%)	(\$1,275)	(\$6,651)	521.7%
Operating Margin	0	97	100.0%	255	(158)	(62.0%)
Stimulus Funds	\$1,124	(\$7,829)	(796.7%)	(\$1,020)	(\$6,809)	668%
Operating Margin after Stimulus	\$1,124	(\$7,926)	(805.3%)	(\$1,275)	(\$6,651)	522%
Nonoperating Income						
Nonoperating Revenue (Loss)	582	455	(21.8%)	371	84	22.5%
Excess Margin	\$1,706	(\$7,374)	(532.3%)	(\$649)	(\$6,725)	1037%

Operating Margin %	1.7%	(11.2%)		(1.7%)
OM after Stimulus%	1.7%	(11.1%)		(1.4%)
Excess Margin %	2.5%	(10.4%)		(0.9%)

Bond Covenant Ratios

BOND COVENANT FORECAST (Consolidated financial statements)				
	Unaudited	Annualized		
	Jun-22	Jul-22	FY23 Budget	FY23 Projection
DAYS CASH ON HAND COMPUTATION				
Cash, cash equivalents and board designated funds	\$ 295,495,602	\$ 265,136,708	\$ 279,071,696	\$ 242,232,472
Total operating expenses	\$ 893,566,916	\$ 923,168,052	\$ 906,206,822	\$ 909,284,128
Less depreciation and amortization	(32,354,374)	(31,283,236)	(34,003,152)	(34,003,152)
Adjusted operating expenses	\$ 861,212,542	\$ 891,884,816	\$ 872,203,670	\$ 875,280,976
Number of days in the period	365	365	365	365
Average daily adjusted operating expenses	\$ 2,359,486	\$ 2,443,520	\$ 2,389,599	\$ 2,398,030
Days cash on hand	125.2	108.5	116.8	101.0
Requirement Measured at 6/30				90
LONG-TERM DEBT SERVICE COVERAGE RATIO CALCULATION				
Net income (loss)	\$ (13,204,515)	\$ (86,820,248)	\$ (6,841,790)	\$ (9,919,096)
Depreciation and amortization	32,354,374	31,283,236	34,003,152	34,003,152
Interest (non-GO)	7,393,006	6,930,021	7,190,000	7,190,000
GO Bond tax revenue (net of interest)	(1,780,979)	(1,912,095)	(2,014,032)	(2,014,032)
Net income available for debt service	\$ 24,761,886	\$ (50,519,085)	\$ 32,337,330	\$ 29,260,024
Maximum annual debt service (without GO bonds)	\$ 17,559,131	\$ 17,559,131	\$ 17,559,131	\$ 17,559,131
Long-term debt service coverage ratio	1.41	(2.88)	1.84	1.67
Requirement:				
Measured at 12/31 and 6/30 - if below must fund Reserve Fund (\$17M)				1.35
Measured at 6/30 - if below must employ independent consultant or have 75 days cash on hand				1.25
After compliance with independent consultant recommendations (or with 75 days COH) - not below				1.10

***FY 22 Assumes exclusion of unrealized losses on District's investments as extraordinary non-cash item

Kaweah Health Medical Group

Fiscal Year Financial Comparison (000's)

	Actual Results FYTD July - July			Budget FYTD	Budget Variance	FYTD
	Jul 2021	Jul 2022	% Change	Jul 2022	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$3,269	\$3,622	10.8%	\$3,993	(\$371)	(9.3%)
Other Revenue	61	55	(8.7%)	100	(45)	(45.0%)
Other Operating Revenue	61	55	(8.7%)	100	(45)	(45.0%)
Total Operating Revenue	3,329	3,677	10.4%	4,094	(416)	(10.2%)
Operating Expenses						
Salaries & Wages	955	984	3.1%	1,055	(71)	(6.7%)
Employee Benefits	172	207	20.3%	216	(8)	(3.9%)
Total Employment Expenses	1,127	1,191	5.7%	1,271	(80)	(6.3%)
Medical & Other Supplies	454	597	31.5%	574	24	4.1%
Physician Fees	2,155	2,210	2.5%	2,396	(186)	(7.8%)
Purchased Services	74	79	5.8%	87	(8)	(9.4%)
Repairs & Maintenance	187	237	26.5%	233	4	1.8%
Utilities	34	53	55.3%	45	9	19.7%
Rents & Leases	206	217	5.3%	222	(5)	(2.3%)
Depreciation & Amortization	67	59	(12.3%)	64	(5)	(8.3%)
Interest Expense	0	0	(100.0%)	0	0	0.0%
Other Expense	97	87	(9.4%)	155	(67)	(43.4%)
Total Other Expenses	3,275	3,539	8.1%	3,775	(236)	(6.2%)
Total Operating Expenses	4,402	4,730	7.5%	5,046	(315)	(6.3%)
Stimulus Funds	0	0	0.0%	0	0	0.0%
Excess Margin	(\$1,073)	(\$1,053)	1.8%	(\$952)	(\$101)	(10.6%)
Excess Margin %	(32.2%)	(28.6%)		(23.3%)		

Month of July - Budget Variances

- **Net Patient Revenues:** Net patient revenue was under budget by \$2.8M (5.1%) in July. This decrease was mainly due to the lower than anticipated volume in inpatient services and several outpatient areas. There was also a decrease in the acuity of the patients resulting in a slightly lower than budgeted rate of reimbursement.
- **Salaries and Contract Labor:** The \$3.3M unfavorable variance is primarily due to the increase in the amount of contract labor utilized during the month (\$3.6M) and shift bonuses (\$791K) paid in July. We also paid \$758K of unbudgeted COVID supplemental sick pay in July. While costs are up, the productivity ratios are favorable in terms of worked hours per volume.
- **Purchase services:** In July, there was \$1.2M of grant related expense that was offset in the other revenue section on the income statement.
- **Humana Cap Plan expenses:** Third party claims for our Humana Medicare Advantage lives were \$1.2M higher than expected in July.

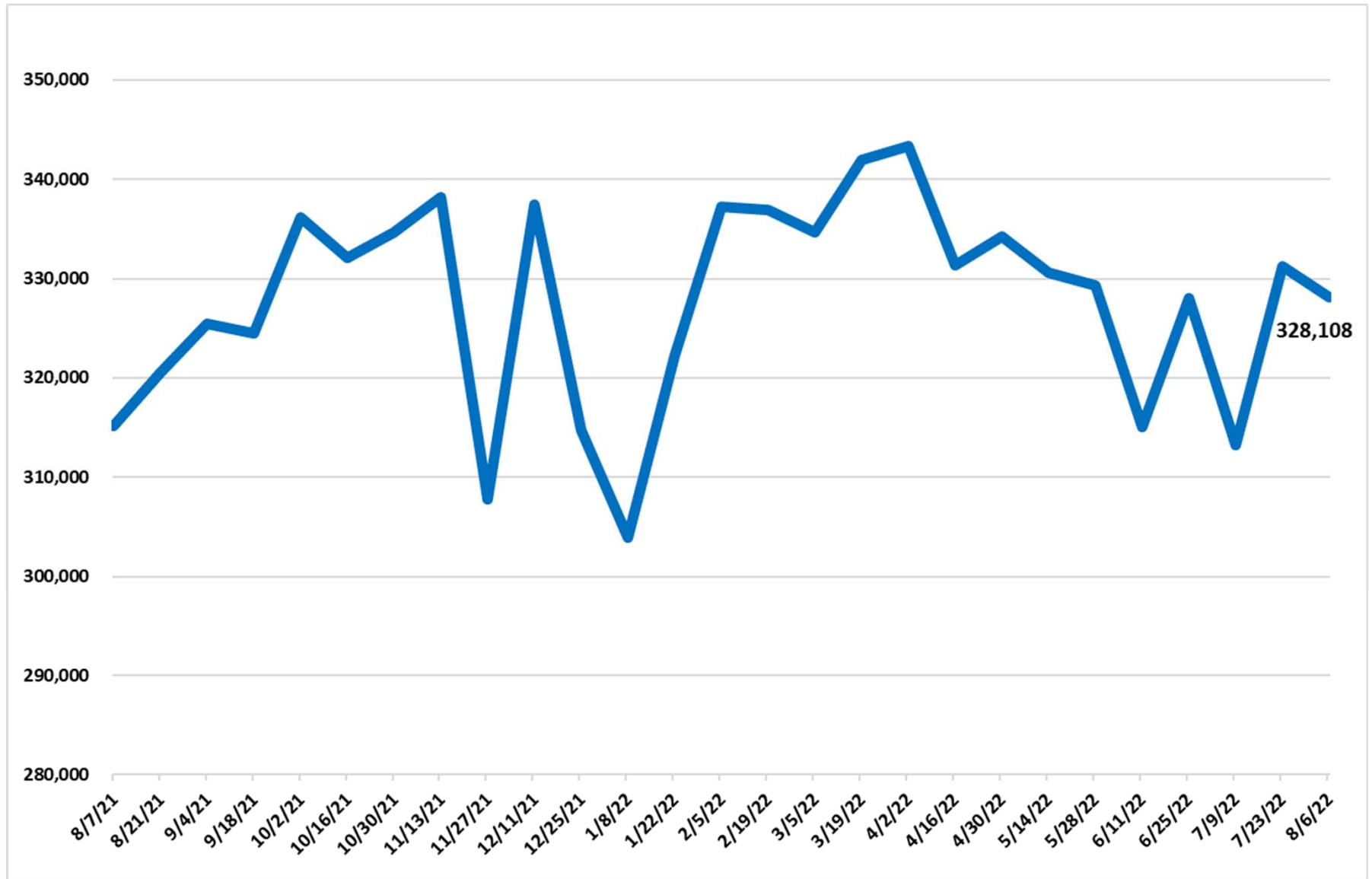
Trended Financial Comparison (000's)

Kaweah Delta Health Care District

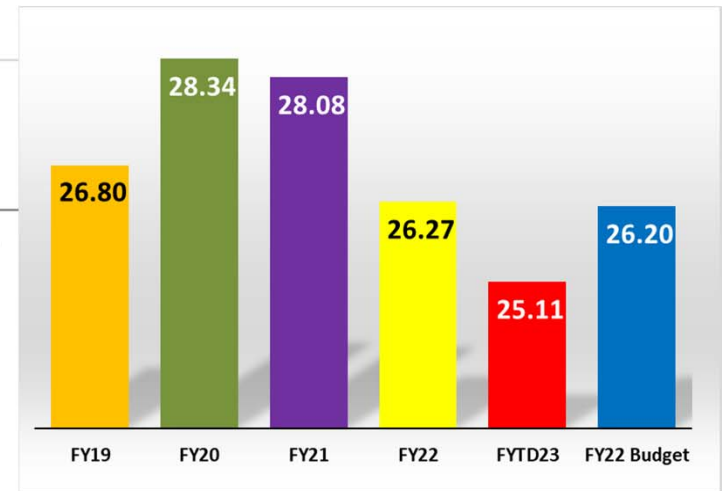
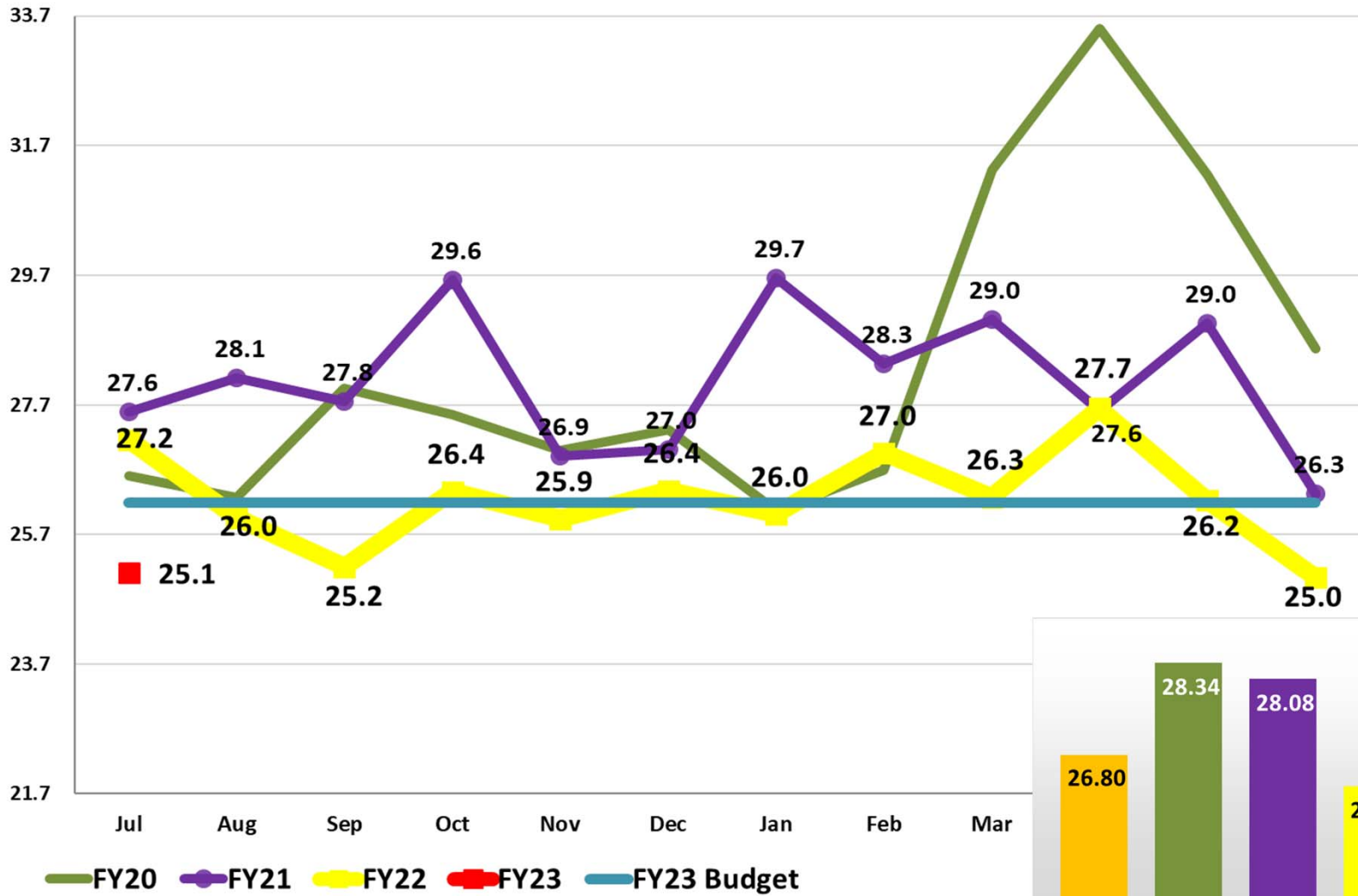
Trended Income Statement (000's)

	Adjusted Patient Days												
	26,085	27,742	28,344	28,267	26,571	27,106	26,955	24,973	27,296	26,159	28,283	27,788	27,688
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Operating Revenue													
Net Patient Service Revenue	\$51,502	\$49,714	\$57,879	\$55,674	\$54,846	\$51,115	\$56,862	\$47,933	\$52,555	\$49,729	\$56,673	\$50,790	\$52,368
Supplemental Gov't Programs	4,286	4,286	4,286	4,383	11,778	10,297	4,383	5,579	5,192	6,983	4,383	8,334	5,042
Prime Program	667	667	667	667	667	667	3,285	667	667	667	3,282	3,282	743
Premium Revenue	4,902	5,425	5,163	5,156	5,054	5,173	5,272	6,574	5,772	9,112	5,948	5,943	5,901
Management Services Revenue	3,172	3,298	3,523	3,137	2,690	2,921	2,536	2,910	2,988	2,885	2,813	3,188	2,932
Other Revenue	2,009	2,348	1,873	2,250	1,974	2,300	1,993	1,796	1,990	3,789	2,126	2,743	3,495
Other Operating Revenue	15,036	16,024	15,513	15,592	22,162	21,358	17,469	17,526	16,609	23,436	18,552	23,490	18,113
Total Operating Revenue	66,537	65,737	73,391	71,266	77,008	72,473	74,331	65,459	69,164	73,165	75,225	74,280	70,480
Operating Expenses													
Salaries & Wages	27,474	28,198	31,872	30,538	28,408	29,967	29,407	27,297	30,503	28,987	28,998	27,936	29,176
Contract Labor	1,116	1,358	1,721	1,872	1,745	3,238	4,958	3,882	1,299	5,784	7,813	6,650	5,864
Employee Benefits	4,087	3,878	4,728	4,217	3,481	4,161	4,566	4,923	6,119	6,057	3,229	16,653	6,279
Total Employment Expenses	32,678	33,434	38,321	36,627	33,634	37,366	38,931	36,102	37,920	40,828	40,040	51,239	41,319
Medical & Other Supplies	9,596	13,004	11,942	11,714	10,623	10,687	10,913	10,406	11,180	10,685	11,914	7,187	9,593
Physician Fees	7,922	8,527	7,736	9,674	10,261	9,479	9,210	8,812	9,045	8,829	9,329	9,538	8,892
Purchased Services	1,100	1,368	1,680	1,683	1,565	1,745	1,261	1,511	1,304	1,914	2,038	1,758	2,937
Repairs & Maintenance	2,074	2,425	2,425	2,702	2,330	2,331	2,324	2,588	2,251	2,204	2,380	2,358	2,237
Utilities	688	740	696	860	760	654	753	736	723	753	794	822	715
Rents & Leases	475	519	487	474	522	505	528	525	515	519	585	517	510
Depreciation & Amortization	2,635	2,632	2,636	2,634	2,636	2,631	2,614	2,634	2,583	2,649	2,610	3,460	2,657
Interest Expense	555	646	499	501	500	498	655	671	671	671	826	700	589
Other Expense	1,450	1,466	1,641	1,563	1,557	1,804	2,110	1,731	2,019	1,907	2,812	2,528	1,631
Humana Cap Plan Expenses	3,472	2,503	3,642	3,982	3,130	2,902	2,327	2,617	5,196	3,413	2,850	2,407	4,404
Management Services Expense	2,768	3,115	3,734	2,988	2,628	2,462	2,570	2,835	3,003	3,380	2,268	3,227	2,921
Total Other Expenses	32,735	36,945	37,116	38,774	36,512	35,698	35,266	35,066	38,491	36,924	38,405	34,502	37,087
Total Operating Expenses	65,413	70,379	75,437	75,402	70,146	73,064	74,197	71,168	76,412	77,752	78,445	85,742	78,406
Operating Margin	\$1,124	(\$4,642)	(\$2,046)	(\$4,136)	\$6,862	(\$591)	\$134	(\$5,709)	(\$7,247)	(\$4,588)	(\$3,220)	(\$11,461)	(\$7,926)
Stimulus Funds	\$0	\$438	\$0	\$137	\$6,542	\$0	\$0	\$93	\$9,345	\$0	\$0	\$3,028	\$97
Operating Margin after Stimulus	\$1,124	(\$4,204)	(\$2,046)	(\$3,999)	\$13,404	(\$591)	\$134	(\$5,616)	\$2,098	(\$4,588)	(\$3,220)	(\$8,433)	(\$7,829)
Nonoperating Revenue (Loss)	582	552	(388)	595	587	2,495	568	693	(9,815)	(568)	(436)	(3,356)	455
Excess Margin	\$1,706	(\$3,651)	(\$2,434)	(\$3,404)	\$13,991	\$1,904	\$702	(\$4,924)	(\$7,718)	(\$5,156)	(\$3,656)	(\$11,789)	(\$7,374)

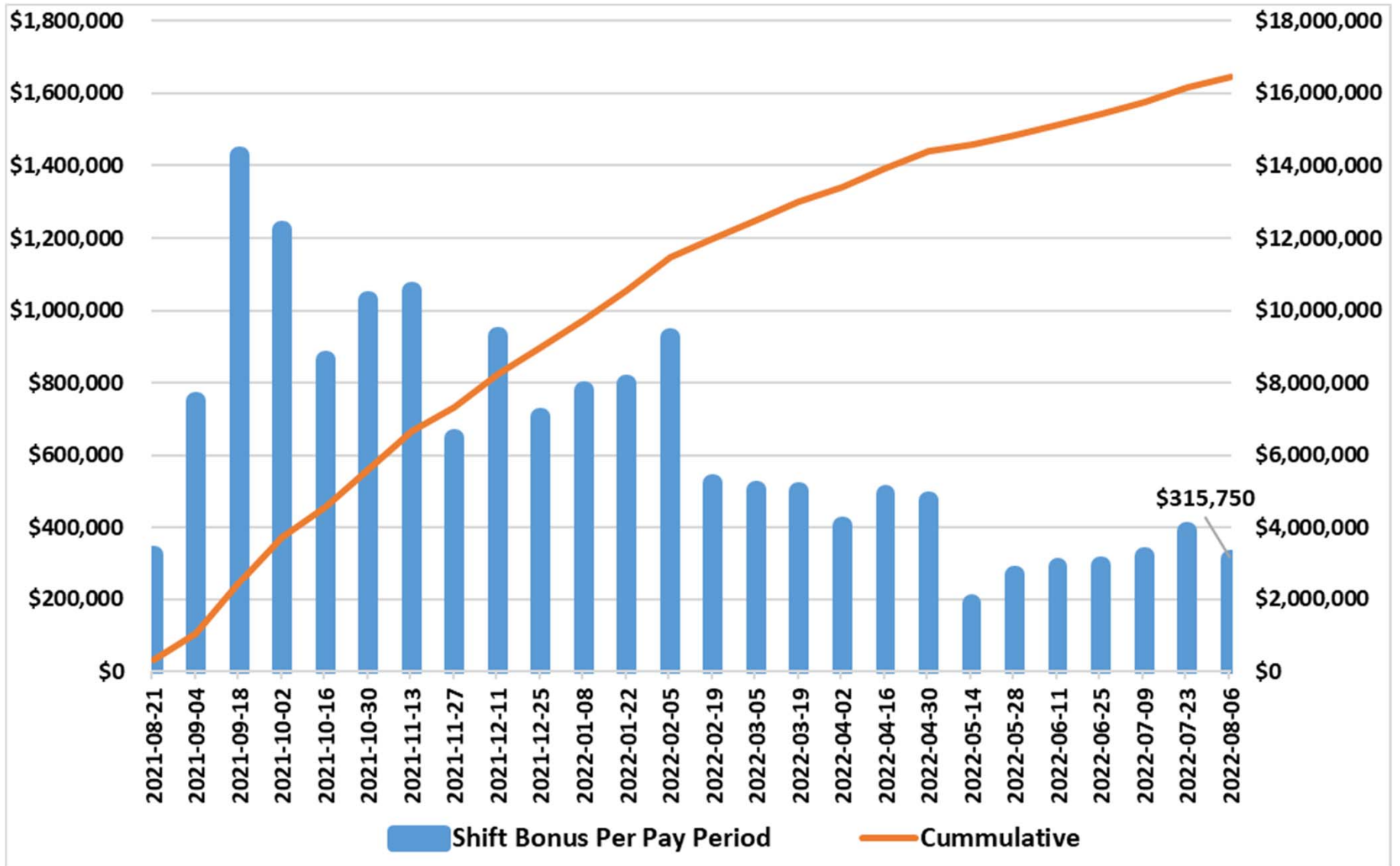
Productive Hours



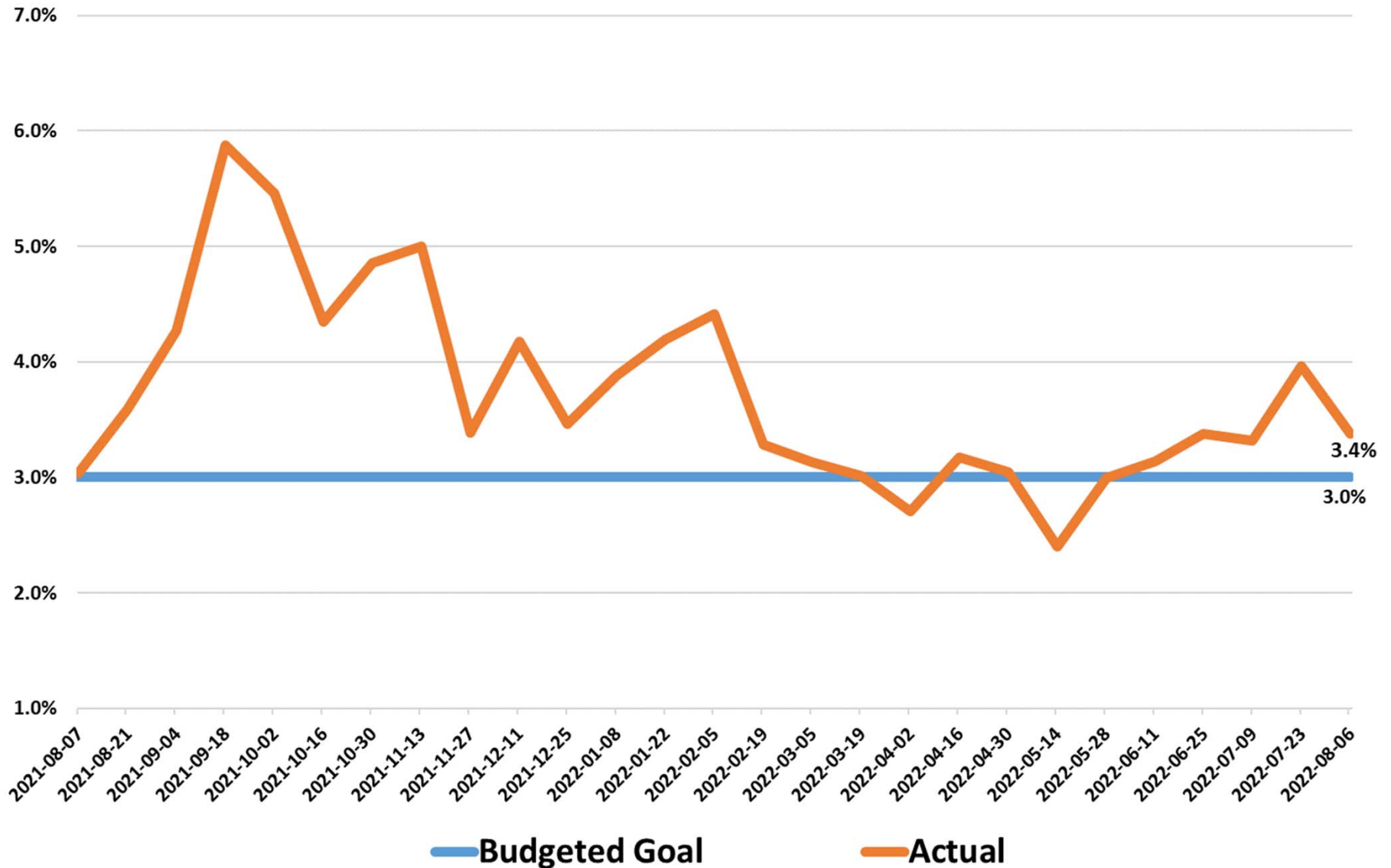
Productivity: Worked Hours/Adjusted Patient Days



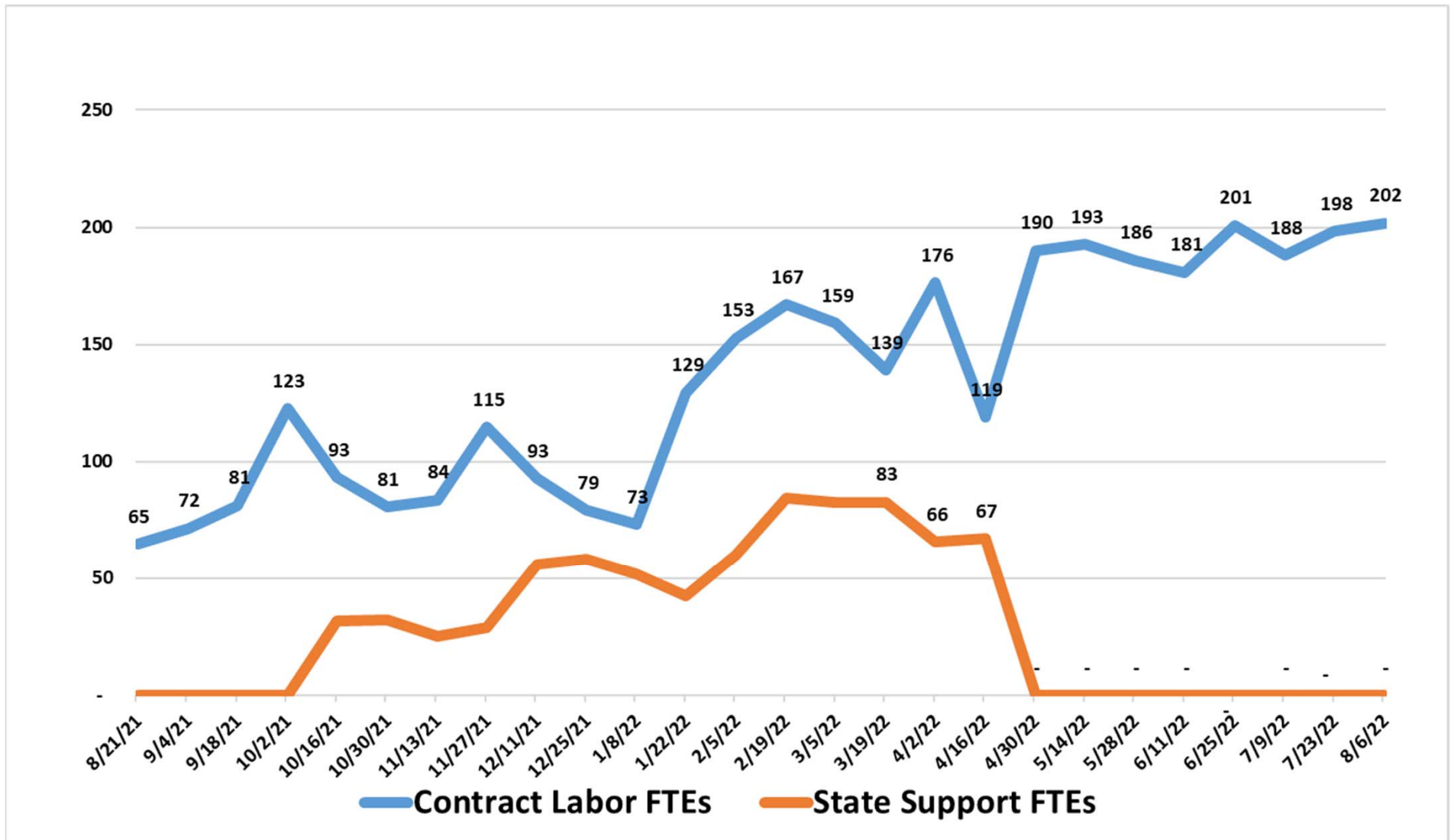
Shift Bonus



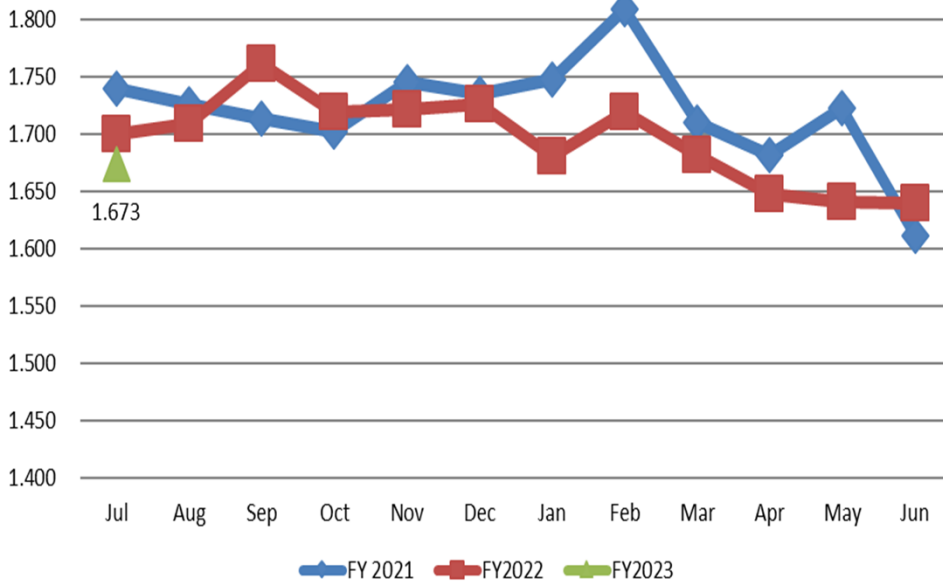
Overtime as a % of Productive Hours and \$



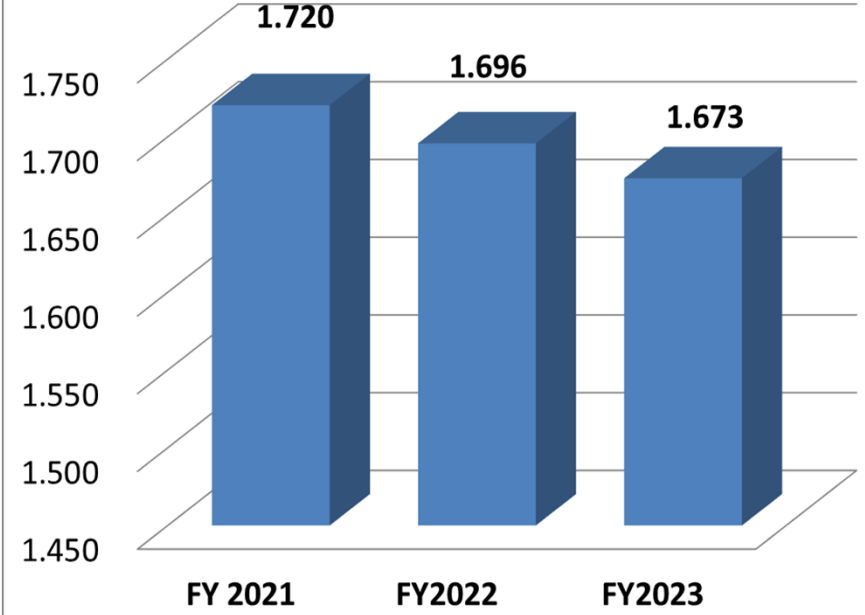
Contract Labor Full Time Equivalents (FTEs)



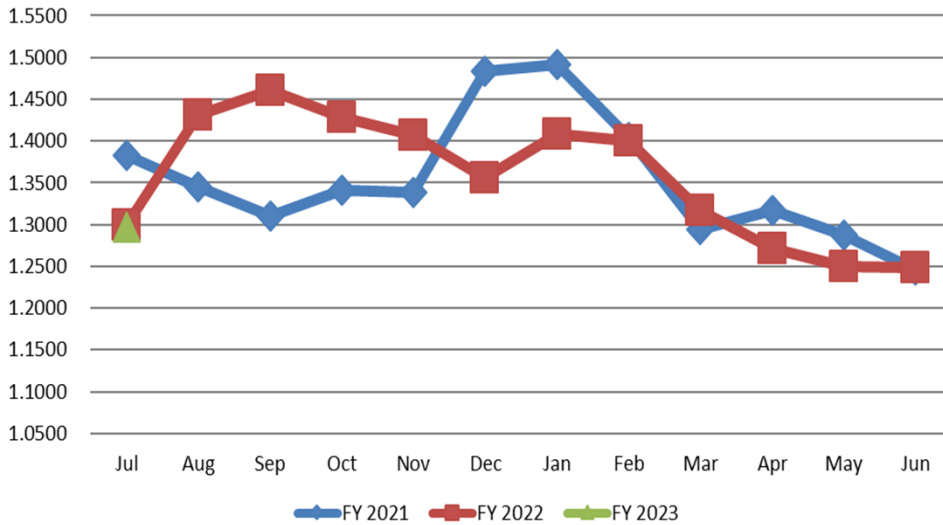
Case Mix Index w/o Normal Newborns



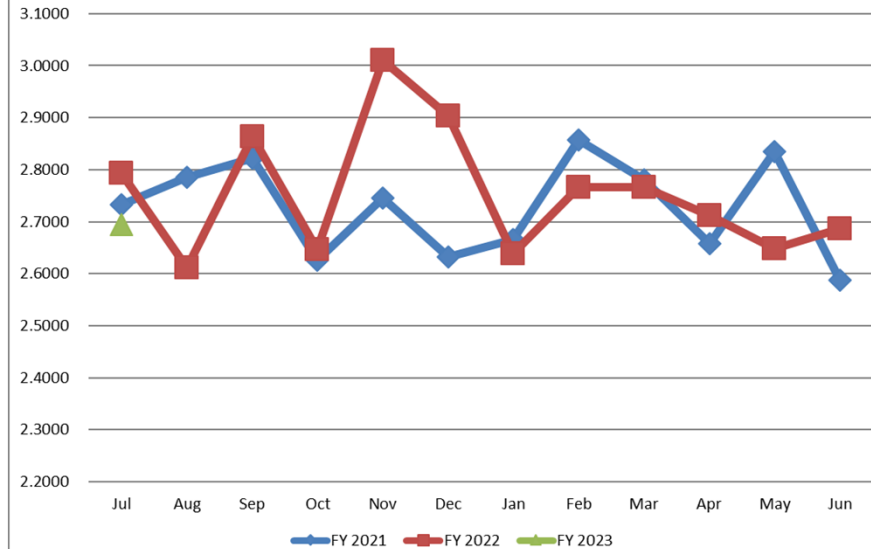
Case Mix Index w/o Normal Newborns - All



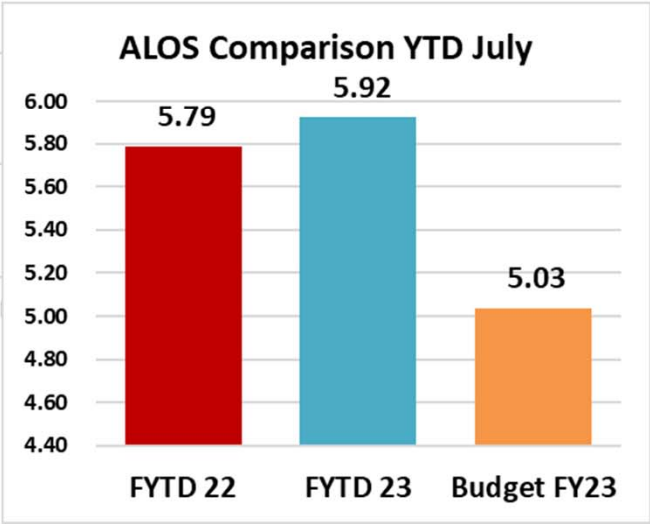
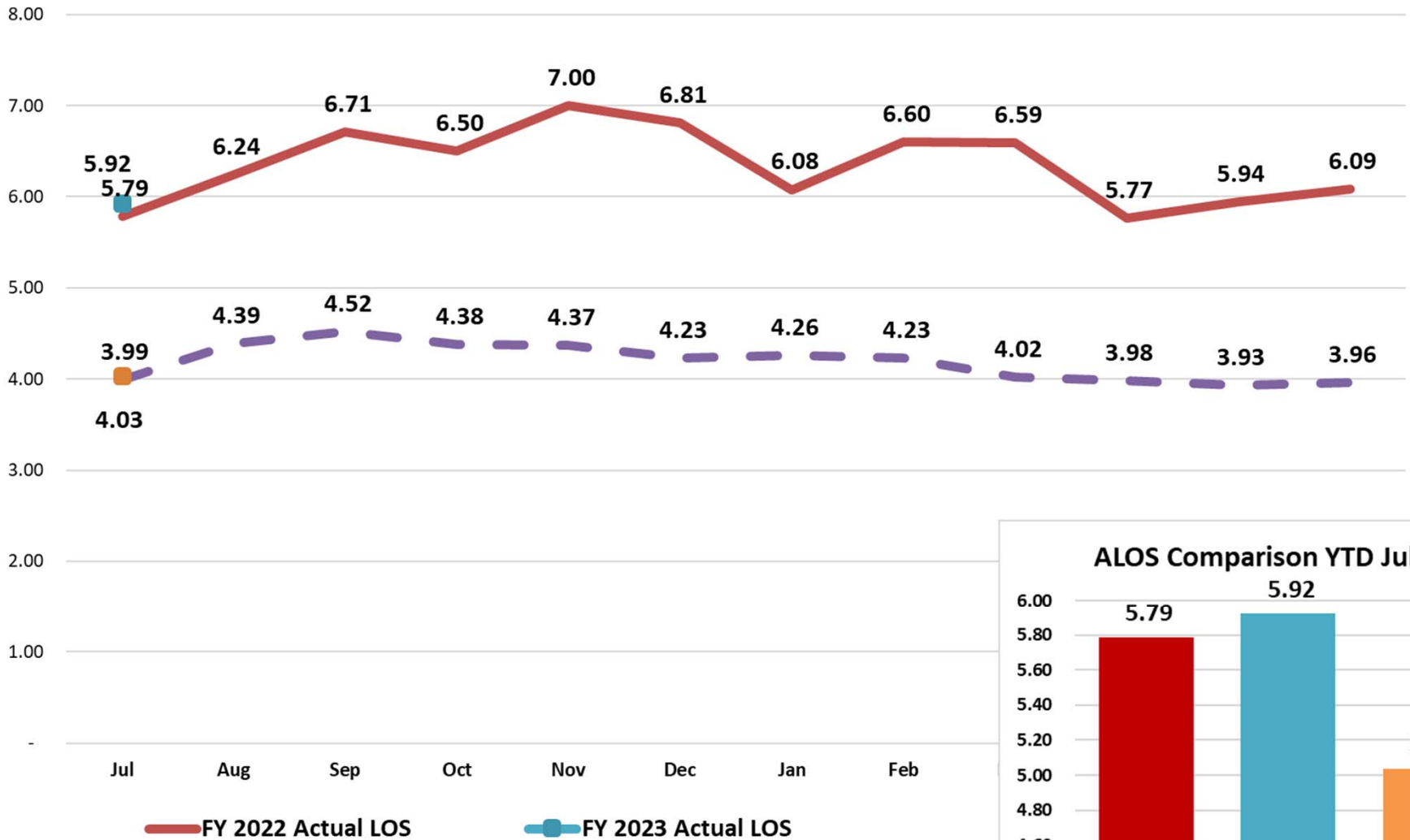
Case Mix **Medical w/o Normal Newborns**



Case Mix Index **Surgical w/o Normal Newborns**



Average Length of Stay versus National Average (GMLOS)



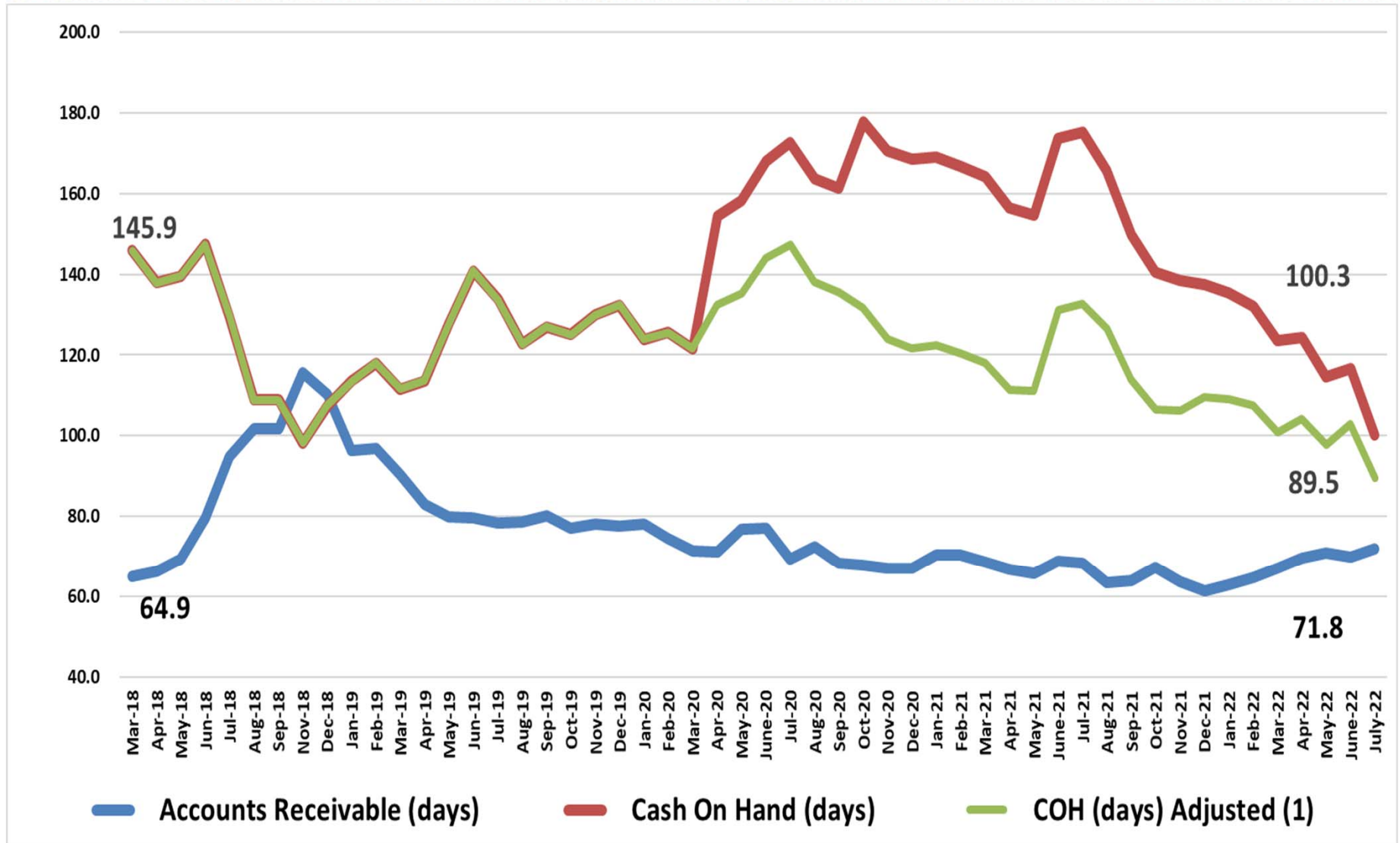
Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients			Excluding COVID Patients			Gap Diff	%
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP		
Mar-20	5.20	4.04	1.16	5.17	4.03	1.14	0.02	2%
Apr-20	5.30	4.25	1.05	5.20	4.17	1.03	0.02	1%
May-20	5.25	4.16	1.09	4.74	4.06	0.68	0.40	37%
Jun-20	5.61	4.11	1.50	4.98	3.95	1.03	0.47	31%
Jul-20	5.61	4.32	1.29	5.01	4.05	0.96	0.33	25%
Aug-20	5.70	4.23	1.47	5.00	3.95	1.05	0.42	28%
Sep-20	5.93	4.17	1.76	5.33	4.00	1.33	0.43	24%
Oct-20	5.21	4.09	1.12	4.98	3.98	1.00	0.12	10%
Nov-20	5.66	4.21	1.45	5.40	4.07	1.33	0.12	8%
Dec-20	6.32	4.50	1.82	5.16	3.97	1.19	0.63	34%
Jan-21	7.07	4.72	2.35	5.61	4.15	1.46	0.90	38%
Feb-21	6.73	4.37	2.36	5.64	4.01	1.63	0.73	31%
Mar-21	5.75	4.07	1.68	5.04	3.92	1.12	0.56	33%
Apr-21	5.39	3.98	1.41	5.21	3.89	1.32	0.09	7%
May-21	5.57	4.00	1.57	5.34	3.92	1.42	0.15	10%
Jun-21	5.75	3.90	1.85	5.67	3.88	1.79	0.06	3%
Jul-21	5.78	3.99	1.79	5.68	3.94	1.74	0.05	3%
Aug-21	6.24	4.39	1.85	5.95	4.05	1.90	(0.05)	-3%
Sep-21	6.71	4.52	2.19	5.88	4.08	1.80	0.39	18%
Oct-21	6.50	4.38	2.12	5.33	4.00	1.33	0.79	37%
Nov-21	7.00	4.37	2.63	5.75	3.95	1.80	0.83	32%
Dec-21	6.81	4.23	2.58	6.11	3.98	2.13	0.45	17%
Jan-22	6.08	4.26	1.82	5.96	3.97	1.99	(0.17)	-9%
Feb-22	6.60	4.23	2.37	5.86	3.82	2.04	0.33	14%
Mar-22	6.59	4.02	2.57	5.66	3.89	1.77	0.80	31%
Apr-22	5.76	3.98	1.78	5.64	3.95	1.69	0.09	5%
May-22	5.95	3.93	2.02	5.60	3.90	1.70	0.32	16%
Jun-22	6.14	3.97	2.17	5.70	3.90	1.80	0.37	17%
Jul-22	5.92	4.03	1.89	5.64	3.87	1.77	0.12	6%
Average	6.00	4.19	1.82	5.46	3.98	1.48	0.34	19%

Opportunity Cost of Reducing LOS to National Average - \$82M FY22



Trended Liquidity Ratios



(1) Adjusted for Medicare accelerated payments and the deferral of employer portion of FICA as allowed by the CARES act.

KAWEAH DELTA HEALTH CARE DISTRICT

RATIO ANALYSIS REPORT

JULY 31, 2022

	Current Month Value	Prior Month Value	June 30, 2022 Unaudited Value	2020 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.3	2.0	2.0	1.5	1.7	1.8
Accounts Receivable (days)	71.8	69.8	69.8	47.2	46.3	45.9
Cash On Hand (days)	100.3	116.7	116.7	334.8	261.4	207.2
Cushion Ratio (x)	15.1	17.4	17.4	45.9	28.8	19
Average Payment Period (days)	49.9	59.5	59.5	100.5	89.4	95.2
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	114.0%	128.2%	128.2%	285.0%	200.8%	149.7%
Debt-To-Capitalization	31.8%	31.4%	31.4%	24.8%	31.7%	40.1%
Debt-to-Cash Flow (x)	(4.2)	16.2	16.2	2.4	3	3.9
Debt Service Coverage	(3.0)	0.8	0.8	7.5	5.2	3.7
Maximum Annual Debt Service Coverage (x)	(2.9)	0.8	0.8	6.6	4.4	3
Age Of Plant (years)	14.8	14.2	14.2	10.6	11.8	12.9
PROFITABILITY RATIOS						
Operating Margin	(11.2%)	(4.1%)	(4.1%)	2.2%	1.4%	0.6%
Excess Margin	(10.4%)	(2.8%)	(2.8%)	6.3%	4.8%	3.0%
Operating Cash Flow Margin	(6.7%)	0.5%	0.5%	7.4%	7.6%	6.2%
Return on Assets	(10.0%)	(2.8%)	(2.8%)	4.4%	3.8%	2.8%

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED INCOME STATEMENT (000's)

FISCAL YEAR 2022 & 2023

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							
2022															
Jul-21	51,502	15,035	66,537	32,678	7,922	9,596	15,217	65,413	1,124	582	1,706	1.7%	2.5%		
Aug-21	49,714	16,024	65,737	33,434	8,527	13,004	15,414	70,379	(4,642)	990	(3,651)	(7.1%)	(5.5%)		
Sep-21	57,879	15,513	73,391	38,332	7,736	11,942	17,438	75,448	(2,056)	(388)	(2,445)	(2.8%)	(3.3%)		
Oct-21	55,674	15,592	71,266	36,627	9,674	11,714	17,386	75,402	(4,136)	732	(3,403)	(5.8%)	(4.7%)		
Nov-21	54,846	22,162	77,008	33,634	10,261	10,623	15,629	70,146	6,862	7,129	13,991	8.9%	16.6%		
Dec-21	51,115	21,796	72,911	37,366	9,479	10,687	15,532	73,064	(153)	2,057	1,904	(0.2%)	2.5%		
Jan-22	56,862	17,469	74,331	38,931	9,210	10,913	15,143	74,197	134	568	702	0.2%	0.9%		
Feb-22	47,933	17,525	65,458	36,102	8,812	10,406	15,848	71,168	(5,710)	787	(4,924)	(8.7%)	(7.4%)		
Mar-22	52,555	16,609	69,164	37,920	9,045	11,180	18,266	76,412	(7,247)	(470)	(7,717)	(10.5%)	(11.2%)		
Apr-22	49,729	23,436	73,165	40,828	8,829	10,685	17,410	77,752	(4,588)	(568)	(5,156)	(6.3%)	(7.1%)		
May-22	56,673	18,552	75,225	40,040	9,329	11,914	17,162	78,445	(3,220)	(436)	(3,656)	(4.3%)	(4.9%)		
Jun-22	50,790	23,474	74,264	51,319	9,801	8,179	18,683	87,983	(13,719)	19	(13,699)	(18.5%)	(18.4%)		
2022 FY Total	\$ 635,270	\$ 223,187	\$ 858,457	\$ 457,212	\$ 108,626	\$ 130,842	\$ 199,128	\$ 895,808	\$ (37,351)	\$ 11,002	\$ (26,349)	(4.4%)	(3.0%)		
2023															
Jul-22	52,368	18,113	70,480	41,319	8,892	9,593	18,601	78,406	(7,926)	552	(7,374)	(11.2%)	(10.4%)		
2023 FY Total	\$ 52,368	\$ 18,113	\$ 70,480	\$ 41,319	\$ 8,892	\$ 9,593	\$ 18,601	\$ 78,406	\$ (7,926)	\$ 552	\$ (7,374)	(11.2%)	(10.4%)		
FYTD Budget	55,189	18,705	73,895	37,767	8,997	10,312	17,839	74,914	(1,020)	371	(649)	(1.4%)	(0.9%)		
Variance	\$ (2,822)	\$ (593)	\$ (3,414)	\$ 3,552	\$ (104)	\$ (719)	\$ 762	\$ 3,492	\$ (6,906)	\$ 181	\$ (6,725)				
Current Month Analysis															
Jul-22	\$ 52,368	\$ 15,182	\$ 67,549	\$ 41,319	\$ 8,892	\$ 9,593	\$ 18,601	\$ 78,406	\$ (10,857)	\$ 3,486	\$ (7,371)	(16.1%)	(10.4%)		
Budget	55,189	18,705	73,895	37,767	8,997	10,312	17,839	74,914	(1,020)	371	(649)	(1.4%)	(0.9%)		
Variance	\$ (2,822)	\$ (3,524)	\$ (6,345)	\$ 3,552	\$ (104)	\$ (719)	\$ 762	\$ 3,492	\$ (9,837)	\$ 3,115	(6,722)				

KAWEAH DELTA HEALTH CARE DISTRICT

FISCAL YEAR 2022 & 2023

Fiscal Year	Patient Days	ADC	Adjusted		DFR & Bad Debt %	Net Patient Revenue/ Ajusted Patient Day	Personnel Expense/ Ajusted Patient Day	Physician Fees/ Ajusted Patient Day	Supply Expense/ Ajusted Patient Day	Total		Physician Fees/ Net Patient Revenue	Supply Expense/ Net Patient Revenue	Total Operating Expense/ Net Patient Revenue
			Patient Days	I/P Revenue %						Operating Expense/ Ajusted Patient Day	Personnel Expense/ Net Patient Revenue			
2022														
Jul-21	13,388	432	26,085	51.3%	76.2%	1,974	1,253	304	368	2,508	63.4%	15.4%	18.6%	127.0%
Aug-21	14,421	465	27,742	52.0%	77.3%	1,792	1,205	307	469	2,537	67.3%	17.2%	26.2%	141.6%
Sep-21	14,836	495	28,344	52.3%	75.0%	2,042	1,352	273	421	2,662	66.2%	13.4%	20.6%	130.4%
Oct-21	15,518	501	28,267	54.9%	75.8%	1,970	1,296	342	414	2,667	65.8%	17.4%	21.0%	135.4%
Nov-21	13,969	466	26,571	52.6%	74.8%	2,064	1,266	386	400	2,640	61.3%	18.7%	19.4%	127.9%
Dec-21	14,305	461	27,106	52.8%	76.4%	1,886	1,378	350	394	2,695	73.1%	18.5%	20.9%	142.9%
Jan-22	14,611	471	26,955	54.2%	74.3%	2,109	1,444	342	405	2,753	68.5%	16.2%	19.2%	130.5%
Feb-22	13,263	474	24,973	53.1%	75.8%	1,919	1,446	353	417	2,850	75.3%	18.4%	21.7%	148.5%
Mar-22	13,570	438	27,296	49.7%	76.7%	1,925	1,389	331	410	2,799	72.2%	17.2%	21.3%	145.4%
Apr-22	12,698	423	26,159	48.5%	77.0%	1,901	1,561	338	408	2,972	82.1%	17.8%	21.5%	156.4%
May-22	13,858	447	28,283	49.0%	74.6%	2,004	1,416	330	421	2,774	70.7%	16.5%	21.0%	138.4%
Jun-22	13,603	453	27,788	49.0%	77.7%	1,828	1,847	353	294	3,166	101.0%	19.3%	16.1%	173.2%
2022 FY Total	168,040	460	325,602	51.6%	75.9%	1,951	1,404	334	402	2,751	72.0%	17.1%	20.6%	141.0%
2023														
Jul-22	13,910	449	27,688	50.2%	75.6%	1,891	1,492	321	346	2,832	78.9%	17.0%	18.3%	149.7%
2023 FY Total	13,910	449	27,688	50.2%	75.6%	1,891	1,492	321	346	2,832	78.9%	17.0%	18.3%	149.7%
FYTD Budget	14,594	471	28,132	51.9%	75.2%	1,962	1,342	320	367	2,706	68.4%	16.3%	18.7%	135.7%
Variance	(684)	(22)	(445)	(1.6%)	0.5%	(70)	150	1	(20)	126	10.5%	0.7%	(0.4%)	14.0%
Current Month Analysis														
Jul-22	13,910	449	27,688	50.2%	75.6%	1,891	1,492	321	346	2,832	78.9%	17.0%	18.3%	149.7%
Budget	14,594	471	28,132	51.9%	75.2%	1,962	1,342	320	367	2,706	68.4%	16.3%	18.7%	135.7%
Variance	(684)	(22)	(445)	(1.6%)	0.5%	(70)	150	1	(20)	126	10.5%	0.7%	(0.4%)	14.0%

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

	Jul-22	Jun-22	Change	% Change	Jun-22 (Unaudited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	\$ 5,034	\$ 21,693	\$ (16,659)	(76.8%)	\$ 21,693
Current Portion of Board designated and trusted assets	16,383	14,121	2,262	16.0%	14,121
Accounts receivable:					
Net patient accounts	139,186	135,696	3,490	2.6%	135,696
Other receivables	29,261	28,575	686	2.4%	28,575
	168,448	164,271	4,176	2.5%	164,271
Inventories	14,575	14,025	550	3.9%	14,025
Medicare and Medi-Cal settlements	55,500	57,965	(2,465)	(4.3%)	57,965
Prepaid expenses	15,549	13,355	2,194	16.4%	13,355
Total current assets	275,490	285,430	(9,941)	(3.5%)	285,430
NON-CURRENT CASH AND INVESTMENTS -					
less current portion					
Board designated cash and assets	252,342	266,042	(13,700)	(5.1%)	266,042
Revenue bond assets held in trust	12	8	3	38.8%	8
Assets in self-insurance trust fund	1,042	1,040	2	0.2%	1,040
Total non-current cash and investments	253,396	267,091	(13,695)	(5.1%)	267,091
CAPITAL ASSETS					
Land	17,542	17,542	-	0.0%	17,542
Buildings and improvements	425,542	425,542	-	0.0%	425,542
Equipment	325,209	325,209	-	0.0%	325,209
Construction in progress	16,469	15,620	850	5.4%	15,620
	784,762	783,912	850	0.1%	783,912
Less accumulated depreciation	461,806	459,223	2,583	0.6%	459,223
	322,956	324,689	(1,734)	(0.5%)	324,689
Property under capital leases -					
less accumulated amortization	(410)	(353)	(58)	16.3%	(353)
Total capital assets	322,545	324,337	(1,791)	(0.6%)	324,337
OTHER ASSETS					
Property not used in operations	1,580	1,584	(4)	(0.3%)	1,584
Health-related investments	4,508	4,620	(112)	(2.4%)	4,620
Other	12,533	12,511	22	0.2%	12,511
Total other assets	18,621	18,715	(94)	(0.5%)	18,715
Total assets	870,051	895,573	(25,521)	(2.8%)	895,573
DEFERRED OUTFLOWS					
Total assets and deferred outflows	\$ 834,805	\$ 860,363	\$ (25,558)	(2.97%)	\$ 860,363

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

	Jul-22	Jun-22	Change	% Change	Jun-22 (Unaudited)
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	54,648	63,282	(8,635)	(13.6%)	63,282
Accrued payroll and related liabilities	64,476	74,165	(9,689)	(13.1%)	74,165
Long-term debt, current portion	2,903	2,903	-	0.0%	2,903
Total current liabilities	122,026	140,349	(18,323)	(13.1%)	140,349
LONG-TERM DEBT, less current portion					
Bonds payable	248,522	248,529	(7)	(0.0%)	248,529
Capital leases	72	72	-	0.0%	72
Notes payable	7,816	7,816	-	0.0%	7,816
Total long-term debt	256,410	256,417	(7)	(0.0%)	256,417
NET PENSION LIABILITY	(32,264)	(32,154)	(110)	0.3%	(32,154)
OTHER LONG-TERM LIABILITIES	30,835	30,622	213	0.7%	30,622
Total liabilities	377,007	395,233	(18,227)		395,233
NET ASSETS					
Invested in capital assets, net of related debt	74,548	76,362	(1,814)	(2.4%)	76,362
Restricted	33,686	31,582	2,105	6.7%	31,582
Unrestricted	349,564	357,186	(7,622)	(2.1%)	357,186
Total net position	457,798	465,130	(7,332)	(1.6%)	465,130
Total liabilities and net position	\$ 834,805	\$ 860,363	\$ (25,558)	(2.97%)	\$ 860,363

Focused Review

Other Operating Revenue

FY 2019	FY 2020	FY 2021	FY 2022	FY 2023 Budget	FY 22 % of Total Operating Revenue
---------	---------	---------	---------	-------------------	---

Operating Revenue (000's)

Net Patient Service Revenue	\$561,911	\$557,860	\$596,175	\$635,270	\$671,652	
Supplemental Gov't Programs	76,471	56,575	56,082	74,171	61,903	9%
Prime Program	17,717	16,196	10,668	15,850	8,911	2%
Premium Revenue	40,871	50,903	58,107	69,495	79,636	8%
Management Services	31,751	32,805	34,167	36,060	40,949	4%
Other Revenue	24,212	21,422	22,673	27,628	28,943	3%
Other Operating Revenue	\$191,023	\$177,901	\$181,697	\$223,203	\$220,343	26%
Total Operating Revenue	\$752,933	\$735,761	\$777,872	\$858,474	\$891,994	

Supplemental Gov't Programs (000's)

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY2023 Budget
1.Medi-Cal DSH	\$14,304	\$32,050	\$21,755	\$14,164	\$26,278	\$14,000
2.Rate Range	\$4,552	\$22,732	\$17,770	\$17,235	\$24,443	\$19,000
3.Fee for Service Expansion Funds	\$10,084	\$9,687	(\$3,726)	\$10,125	\$7,367	\$5,488
4.Hospital Quality Assurance Fee	\$12,288	\$12,003	\$20,776	\$14,558	\$16,082	\$23,415
Supplemental Income	\$41,227	\$76,471	\$56,575	\$56,082	\$74,171	\$61,903

Summary of Programs and Forecast

1. Medi-Cal DSH

The Disproportionate Share Hospital (DSH) Program is a Medi-Cal supplemental payment program that was established in 1981. It reimburses hospitals for some of the uncompensated care costs associated with furnishing inpatient hospital services to Medi-Cal beneficiaries and uninsured individuals. Kaweah's share of funding has grown significantly over the years due to the increased patient load and achievement of teaching hospital status a few years ago. *While overall funding levels of DSH have increased over time, there are currently significant reductions contained in federal law which propose to reduce the funding by over 50%. Previous hospital advocacy has been successful in delaying the federal DSH reductions on six prior occasions.*

2. Rate Range

Most Medi-Cal beneficiaries are enrolled in Managed Care Plans (MCP). MCP's are paid a per member per month (PMPM) amount by DHCS to arrange and pay for the care of their members. DHCS calculates a lower, midpoint, and upper PMPM rate and pays the MCP's at the lower rate. CMS will provide federal funding as high as the upper rate. Public hospitals provide IGT's to draw down "rate range", the difference between the upper and lower rates, thus providing public hospitals with more federal funding. Rate range increases when additional beneficiaries and services are transitioned to managed care. Over the past decade there has been a large shift in beneficiaries to managed care such that now more than 85% of beneficiaries are in managed care. *Managed care has stabilized but additional services will transition in 2023-2024 which could grow the amount of rate range by 10%-15% in a few years.*

3. FFS Inpatient Funds

Assembly Bill 113 (AB 113) established the district and municipal hospital IGT fund in 2011. AB 113 allows hospitals to claim federal funding for the uncompensated portion of inpatient care that hospitals provide to Medi-Cal beneficiaries in the fee-for-service program. The program uses 4 different tiers to determine the allocation of funds based on Charity Revenue, Bad Debt Revenue and Medi-Cal Charges. *The number of beneficiaries in the fee-for-service program has declined in the past decade as more beneficiaries were transitioned to managed care. In January the remaining rural areas transitioned to managed care and thus a small decrease in funding is expected over the next few years.*

4. Hospital Quality Assurance Fee

The hospital quality assurance fee (HQAF) was established in 2009 by private hospitals as a way for them to draw down federal funds for the uncompensated portion of care they provide to Medi-Cal beneficiaries (similar to our AB 113 program). When the HQAF was developed public hospitals negotiated to receive funding via this mechanism as well, both in the form of directed grants from private hospitals and from managed care payments based on an IGT. The funding methodology is based on inpatient volume with enhanced payments for hospitals which are critical access or rural. *Public hospital funding is renegotiated each time there is a new HQAF program (roughly every 3 years) and has remained level for a number of years.*

Prime/QIP Program (000's)

	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	Budget FY2023
Prime/QIP Revenue	\$15,617	\$20,444	\$17,719	\$16,196	\$10,668	\$15,850	\$8,911
Prime/QIP Expenses	\$1,283	\$3,400	\$4,076	\$2,983	\$905	\$1,038	

The DHLF's first quality program was the Public Hospital Redesign and Incentives in Med-Cal (PRIME) starting in 2015. PRIME was a pay for performance program in which California's public health care systems and District Hospitals used evidence-based quality improvement methods to achieve performance targets and improve the health outcomes for patients.

The Prime Program for District hospitals transitioned to another program called Quality Incentive Pool (QIP) Program in CY 2021. QIP is a pay for performance program with metrics focused on improving the quality of healthcare provided to Medi-Cal. While the level of funding is similar to PRIME, the payment mechanism has changed and the funds flow through our Managed Medi-Cal Health Plans – Anthem and Health Net. Due to the shift in payment mechanism, the timing of the cash has been delayed from early 2022 to June 2023.

QIP 1.0: Public Hospitals (DPH's) began in 2017 and only the Public Hospitals includes Program Years 1 & 2

- PY1= 7/1/2017-6/30/2018
- PY2=7/1/2018-6/30/2019

QIP 2.0:Program Year 3=7/1/2019-6/31/2020 only Public Hospitals

QIP Program Year (PY) 3.5: July 1, 2020-December 31,2020 transition from Prime both DPHs & DMPHs

QIP Program Year (PY) 4: Began 1/1/2021 and was approved by CMS for 3 years to include DMPHs

QIP Program Year (PY) 5= January 1, 2022- December 31, 2022

QIP Program Year (PY) 6= January 1, 2023- December 31, 2023

Premium Revenue – Humana MA (000's)

	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022
Premium Revenue	\$27,908	\$33,880	\$40,871	\$50,903	\$57,089	\$69,495

In June 2017, Kaweah began taking global risk through a plan to plan agreement with Humana for their Medicare Managed lives. Kaweah owns 50% of Sequoia Integrated Health (SIH), an Integrated Delivery Network, which wholly owns Sequoia Health Plan, a limited licensed Knox-Keene health plan. Originally there were 8,000 members which has grown to 12,549 in 2022.

Expense Side	FY2018 8,146 members	FY2019 9,283 members	FY2020 10,650 members	FY2021 11,617 members	FY2022 12,549 members
Purchase Services: Capitated 3 rd Party Claims	\$17,429	\$19,151	\$23,441	\$34,758	\$38,443
Estimated Internal Claims based on direct costs	\$13,721	\$24,431	\$27,124	\$31,654	\$37,210

Management Revenue (000's)

	FY 2018	FY 2019	FY2020	FY2021	FY2022
Management Revenue	\$28,767	\$31,751	\$34,167	\$34,167	\$36,060

SRCC- RO: Sequoia Regional Cancer Center which provides management services to the Radiation Oncology Department of the Hospital. Kaweah owns 75%, Hanford Adventist 25%

SRCC-MO: Sequoia Regional Cancer Center Medical Oncology which provides management services to a Medical Oncology Physician Group in Visalia and Hanford. Kaweah owns 45%, SOMA 40%, 15% Hanford Adventist

Expense Side

	FY 2018	FY 2019	FY2020	FY2021	FY2022
Management Expenses	\$28,241	\$31,359	\$34,447	\$34,427	\$34,977

Other Income > Material Items

	ACTUAL				BUDGET
	FY2019	FY2020	FY2021	FY2022	FY2023
Retail Pharmacy	\$2,279,223	\$3,545,312	\$7,857,334	\$9,014,270	\$6,859,941
The Lifestyle Center	\$2,066,556	\$2,086,229	\$814,841	\$2,966,811	\$3,210,000
Health Homes	\$0	\$0	\$998,815	\$2,799,996	\$2,800,000
Cafeteria Revenue	\$1,855,387	\$1,822,669	\$2,196,797	\$2,238,841	\$2,476,172
Tax Revenue	\$763,336	\$769,538	\$1,551,980	\$1,633,000	\$1,632,773
Behavioral Health Services - other op rev			\$1,903,568	\$1,591,925	\$1,769,895
KDMF Blue Cross Incentive Program	\$305,415	\$319,919	\$262,785	\$1,317,648	\$730,000
KD Foundation Contribution	\$656,878	\$1,055,305	\$1,362,486	\$1,306,220	\$963,200
Kaweah Kids Center - Tuition	\$530,959	\$490,111	\$893,888	\$957,608	\$958,000
Pharmacy 340B Program	\$214,251	\$640,718	\$951,704	\$699,665	\$790,684
Pharmacy Clinic Other Revenue	\$179,277	\$265,333	\$543,228	\$632,297	\$556,812
GME Family Medicine Grant	\$0	\$92,628	\$288,811	\$458,375	\$0
RHC Other Revenue	\$0	\$135,584	\$365,724	\$402,119	\$383,950
Sequoia Surgery Center	\$57,765	\$343,564	\$807,762	\$400,726	\$408,500
DHCS Navigator Grant			\$86,977	\$363,919	\$408,500
Well App Grant				\$227,600	\$0
MAHCC Clinic				\$263,100	\$0
Pharmacy & Family HRSA MD Program	\$150,228	\$181,789	\$73,424	\$249,504	\$152,386
Medical Record Sales	\$107,085	\$128,815	\$73,424	\$206,569	\$162,000
Kaweah Korner	\$269,694	\$270,782	\$88,980	\$156,851	\$203,000
SRCC Revenue	\$141,547	\$155,273	\$127,679	\$131,718	\$102,000
MATT access points			\$145,829	\$99,996	\$0
Diabetes Project Revenue	\$68,427	\$55,522	\$113,001	\$90,102	\$0
Plant Fund Revenue	\$84,877	\$84,953	\$92,457	\$79,621	\$101,286
Vendor Payment Discounts	\$98,843	\$94,970	\$51,340	\$66,862	\$111,100
Sequoia Integrated Health	\$153,032	\$138,600	\$66,431	\$20,867	\$354,949
GME VA Payments	\$65,861	\$74,379	\$65,783	\$15,967	\$78,000
Income from Investments-Laurel CT	\$0	\$187,000	\$77,000	\$0	\$143,000
Quail Park Investment Income	\$3,339,286	\$231,000	(\$1,137,149)	(\$989,038)	(\$1,112,646)

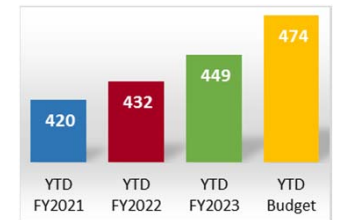
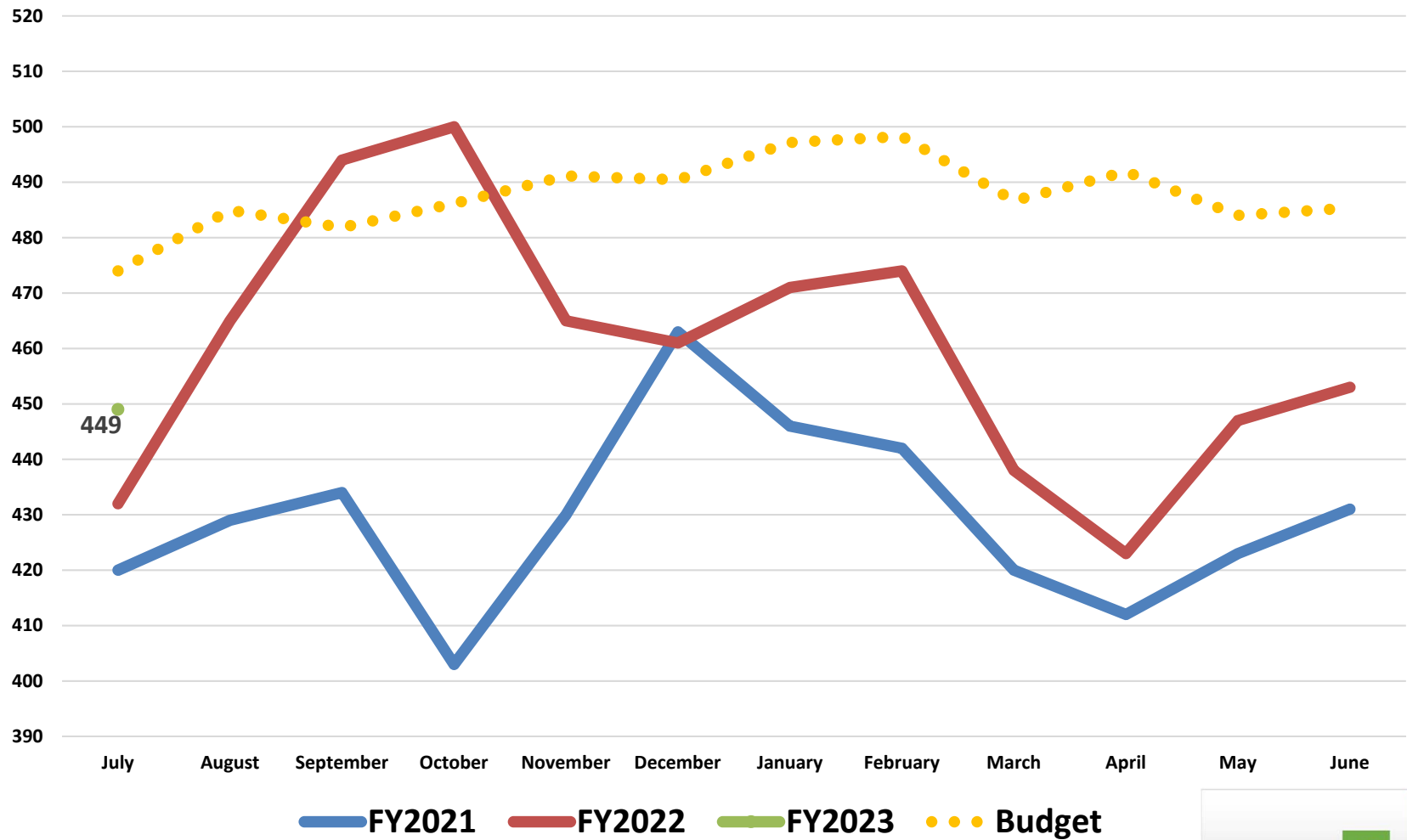
OPERATION: BACK IN BLACK

\$47M	Revenue Cycle	Contracts/ Underpmts	Supplies/ Contracted Services	Through-put	Humana MA	Provider Related	Employee Related	
Impact	\$2.5M	\$8M	\$4M	\$8.6M	\$10M	\$1M	\$12.7M	
Director Owner	Frances Carrera	Kim Ferguson	Steve Bajari	Rebekah Foster / Kassie Waters	Lori Mulliniks /Sonia Duran- Aguilar	Assigned Physician Director	All Directors \$2.7M Efficiency/\$4M Contract	
Executive Owner	Malinda Tupper	Malinda Tupper	Malinda Tupper/Jag Batth	Jag Batth/Keri Noeske	Ryan Gates/Paul Scholfield	Ben Cripps/Exec Team	Malinda/Keri/Dianne	
BOD meeting #1	Oct	Aug	Jul	Monthly	Nov	Dec	Jan	
BOD meeting #2	Feb	Dec	Nov	Monthly	Mar	April	May	
How	Initiatives	Initiatives	Initiatives	Initiatives	Initiatives	Focus Contracts-Ben	Reduce Hours	
	Collections - focus	Contracts	Key Director Champions	Chartis Plan	KHMG Plan	Contractual Opportunities	- Productivity/monitoring	
	Appeal Accountability	Underpayments	Molly Niederreiter, Christine Aleman, James, McNulty, Lawrence Headley, Tendai Zinyemba John Leal, Tony Reyes, Jill Anderson Kaweah Shares			Performance/Collections	- Close Services	
	Denial prevention	IGT negotiations						- Reduce utilization
	Service line focus						Provider Documentation Committee: Dr. Boone	Reduce Rates
	Charge Capture						Gail Robinson, Keith Adams, Teresa Boyce, Malinda/ Keri/Jag/Ryan	Pay Practices- unsch OT..
	Self Pay Collections							Reduce Contract Labor:
							*Retention efforts	
							*Contract Invoice Recon	
							*Shift bonus -increase usage/lower rate	
							*Patient Assignments	
							*Reduction in Force	

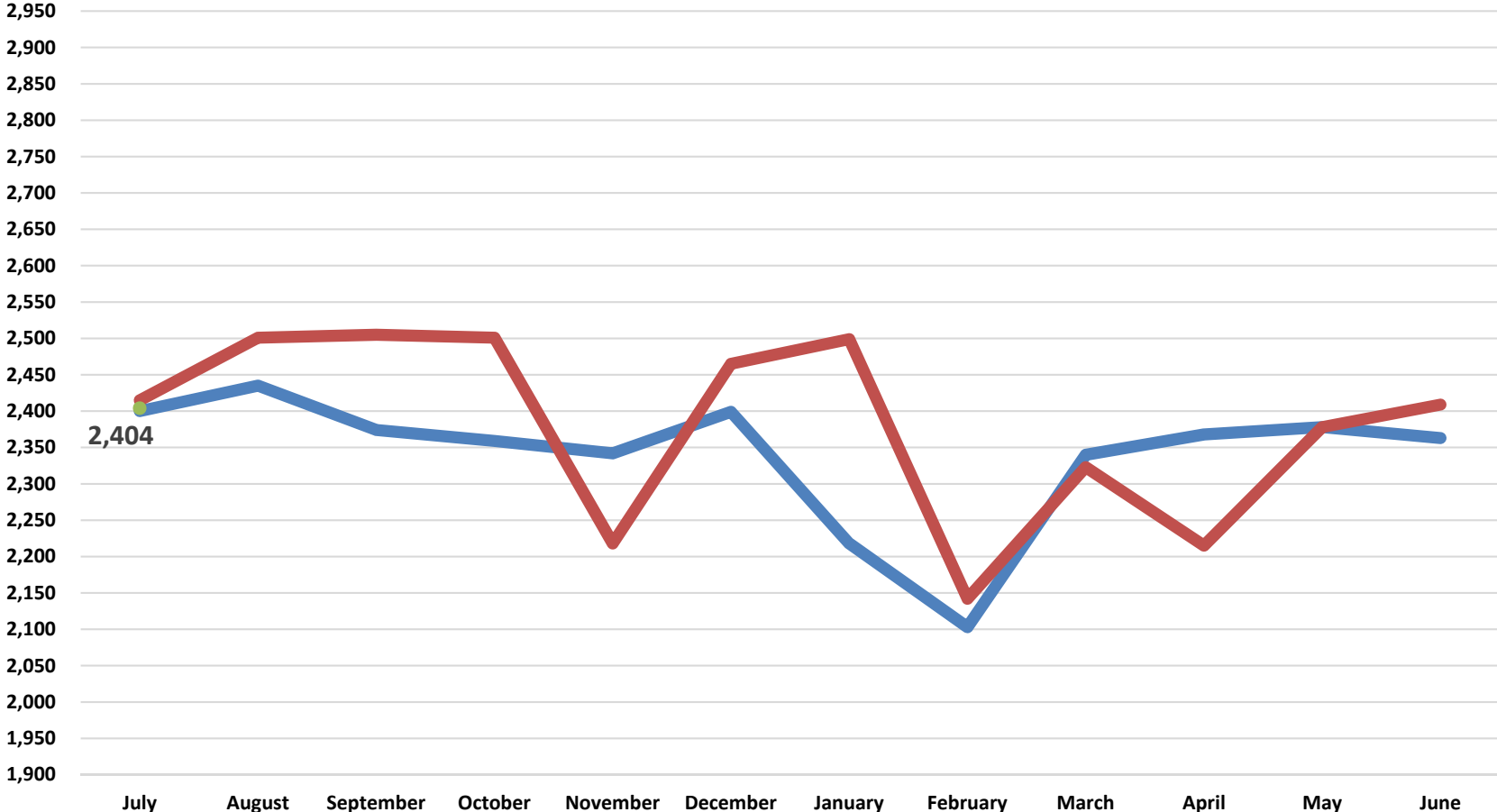
Statistical Report

July 2022

Average Daily Census



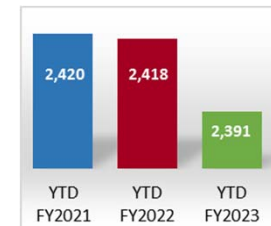
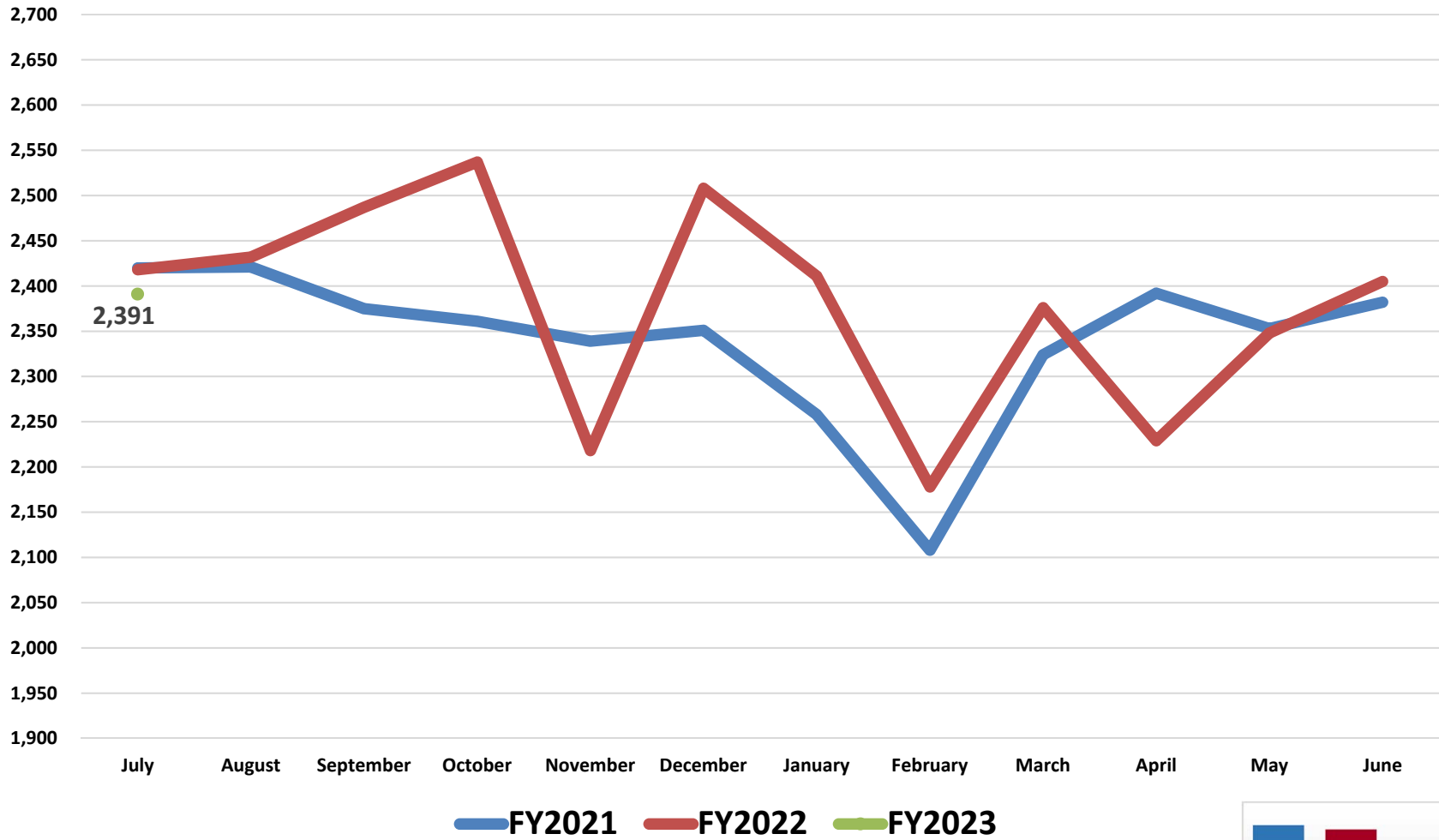
Admissions



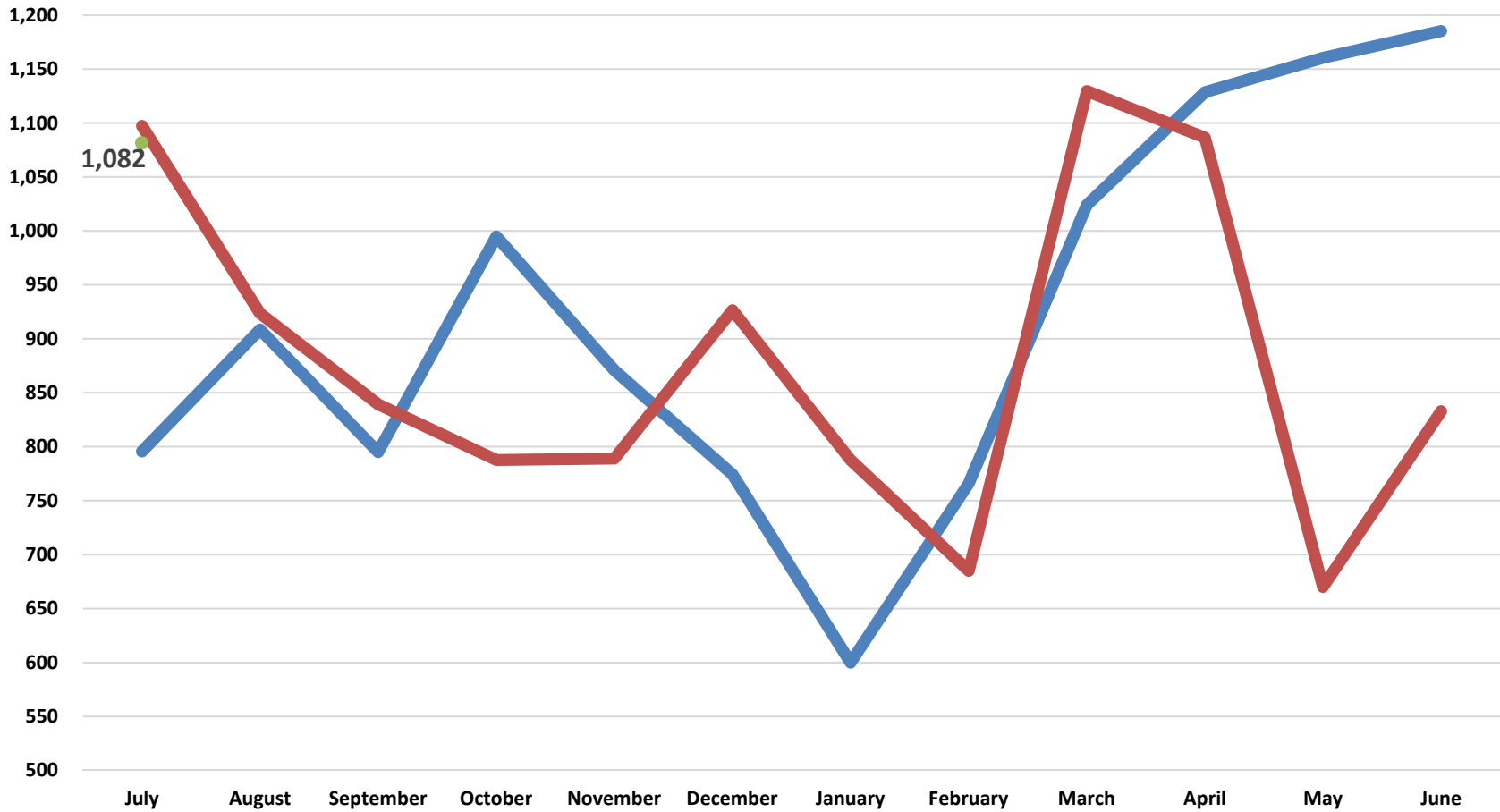
— FY2021 — FY2022 — FY2023



Discharges



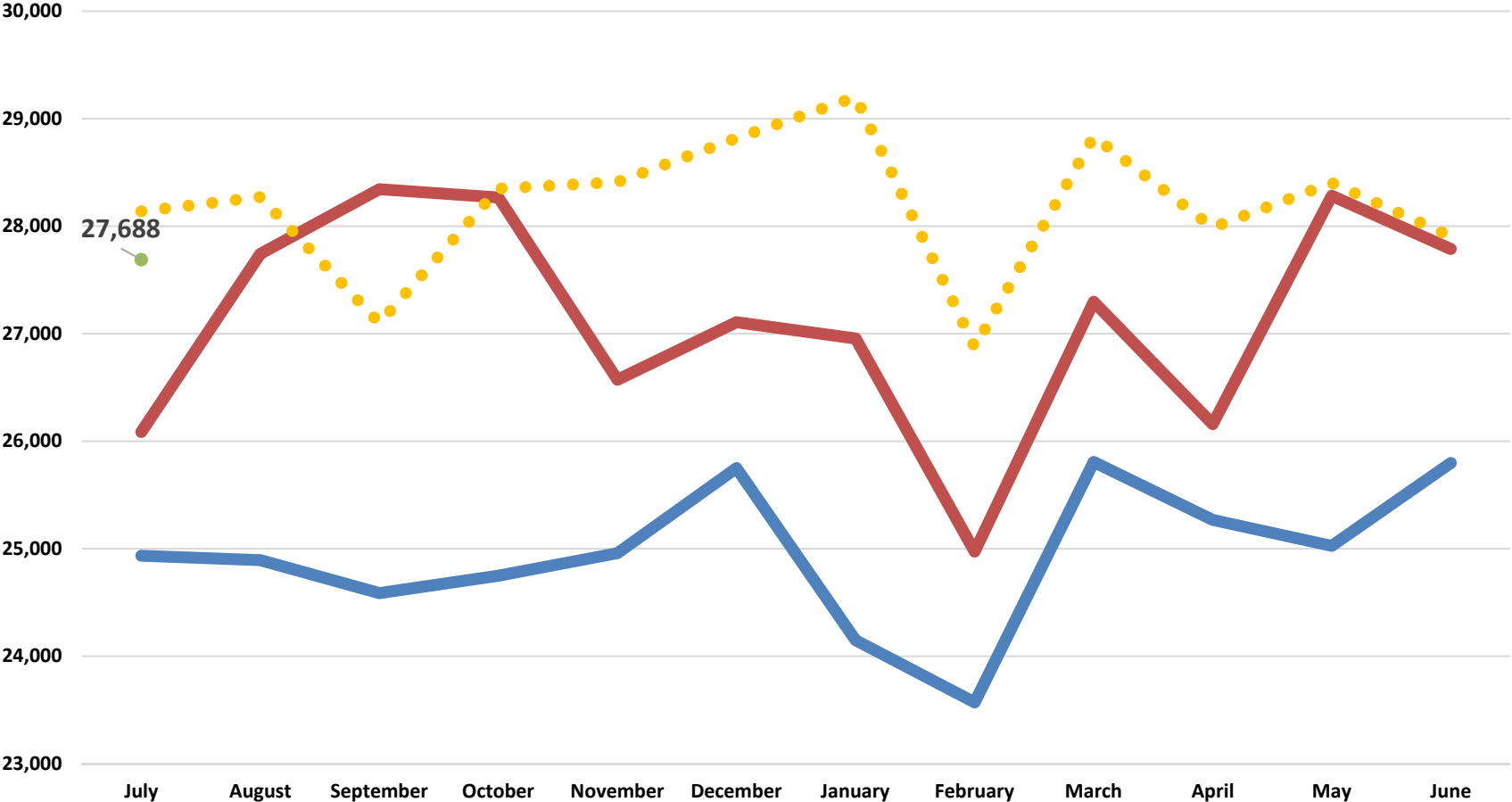
Observation Days



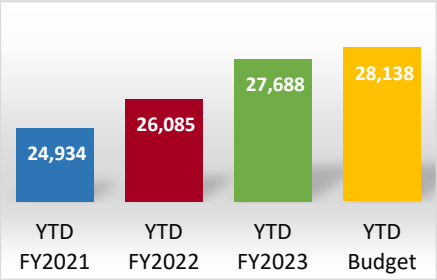
FY2021 FY2022 FY2023



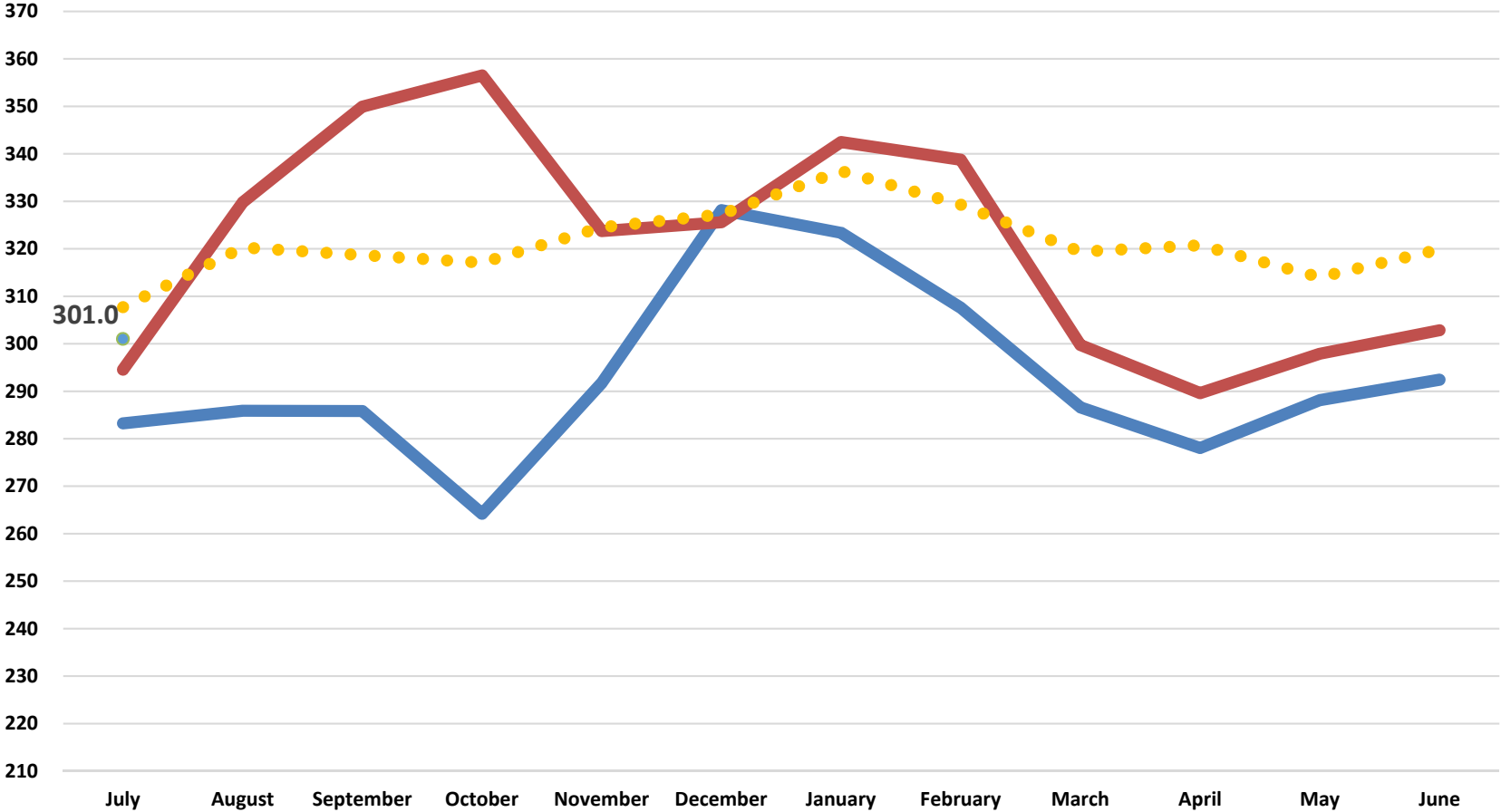
Adjusted Patient Days



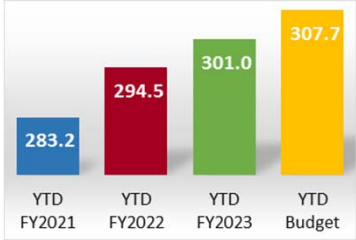
— **FY2021**
 — **FY2022**
 — **FY2023**
 ••• **Budget**



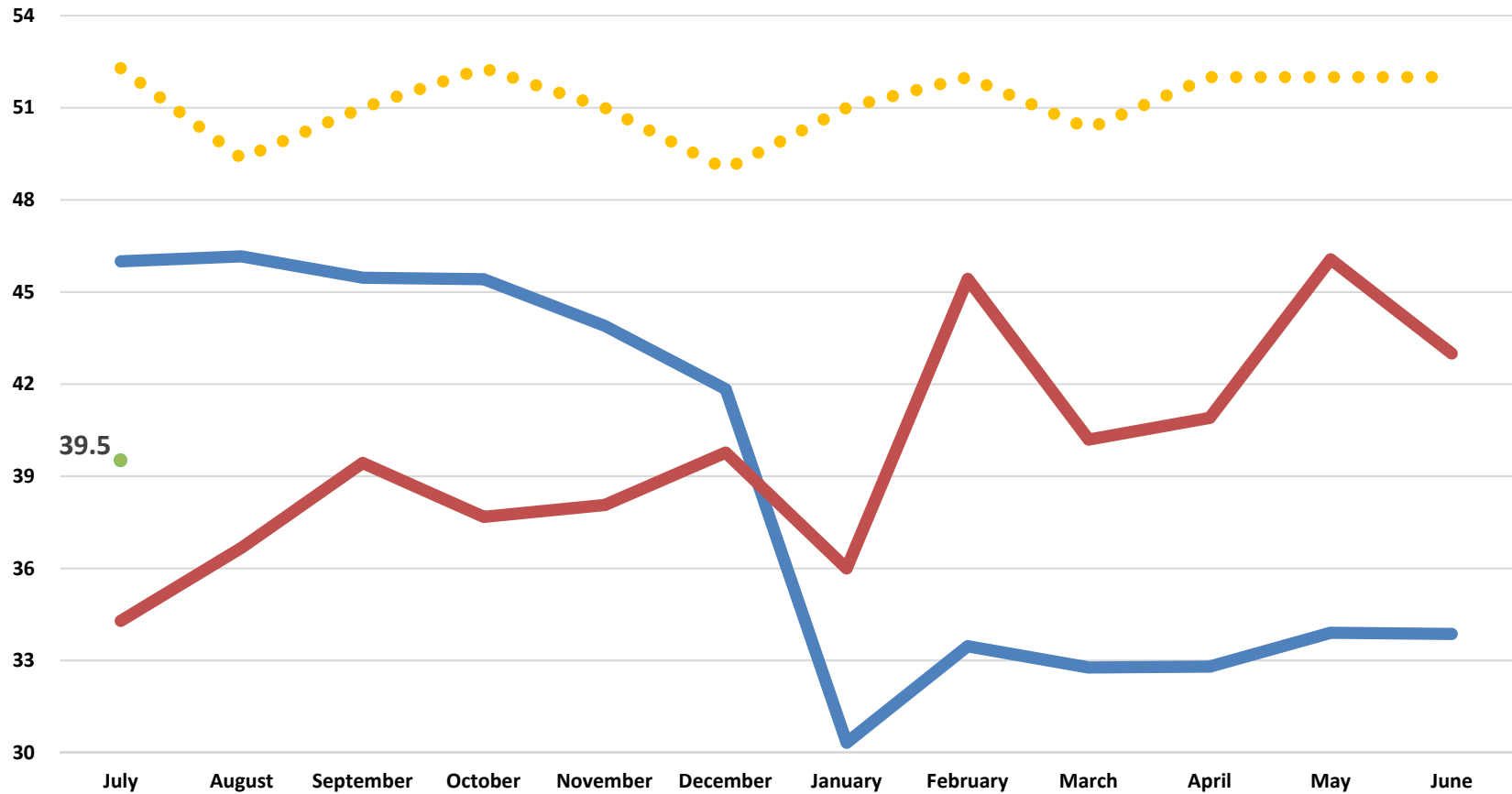
Medical Center – Avg. Patients Per Day



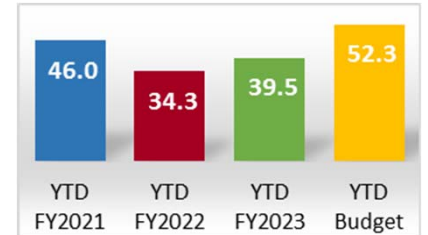
—●— **FY2021**
 —●— **FY2022**
 —●— **FY2023**
 ●●● **Budget**



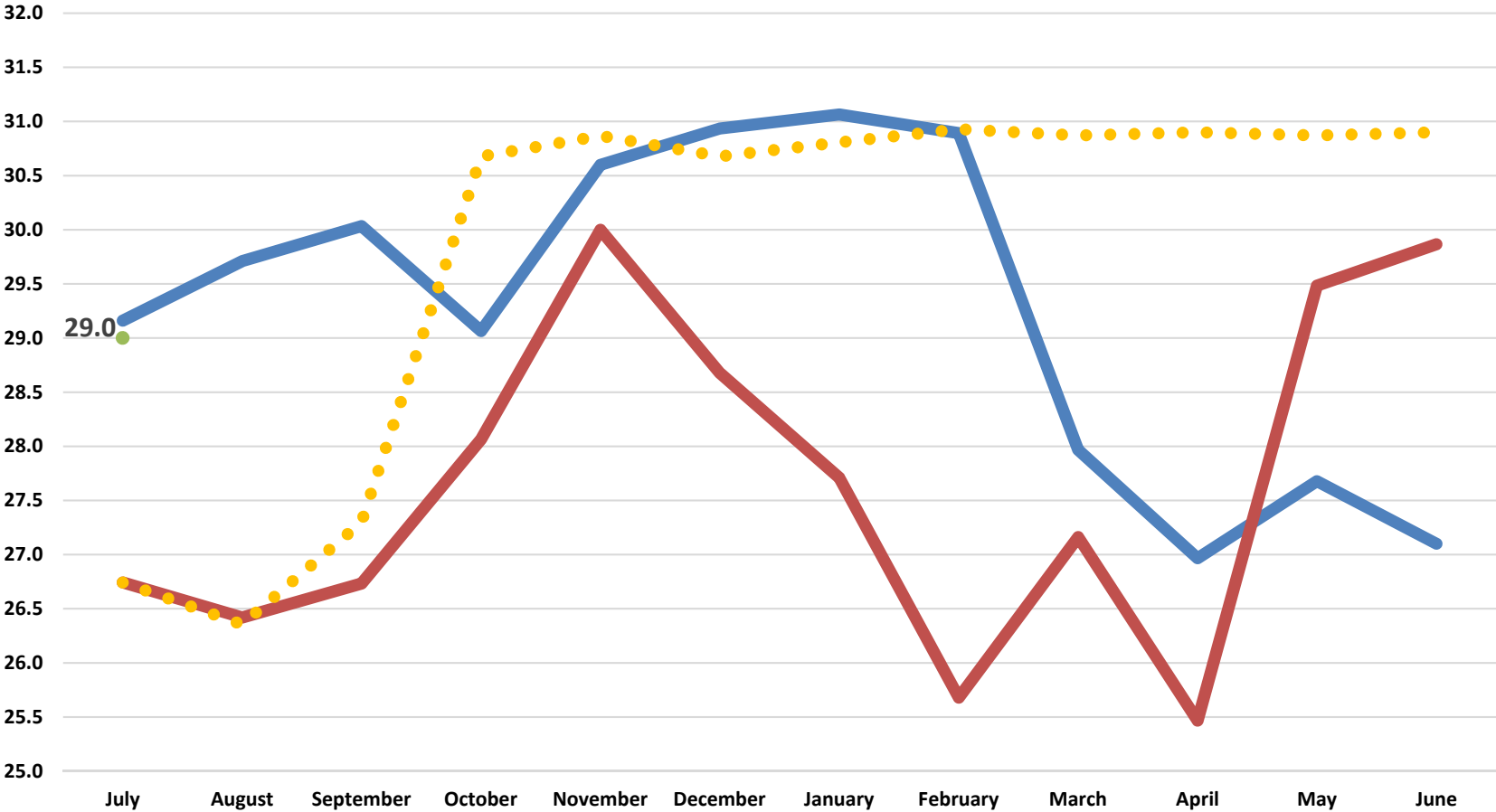
Acute I/P Psych - Avg. Patients Per Day



— FY2021
 — FY2022
 — FY2023
 ●●● Budget



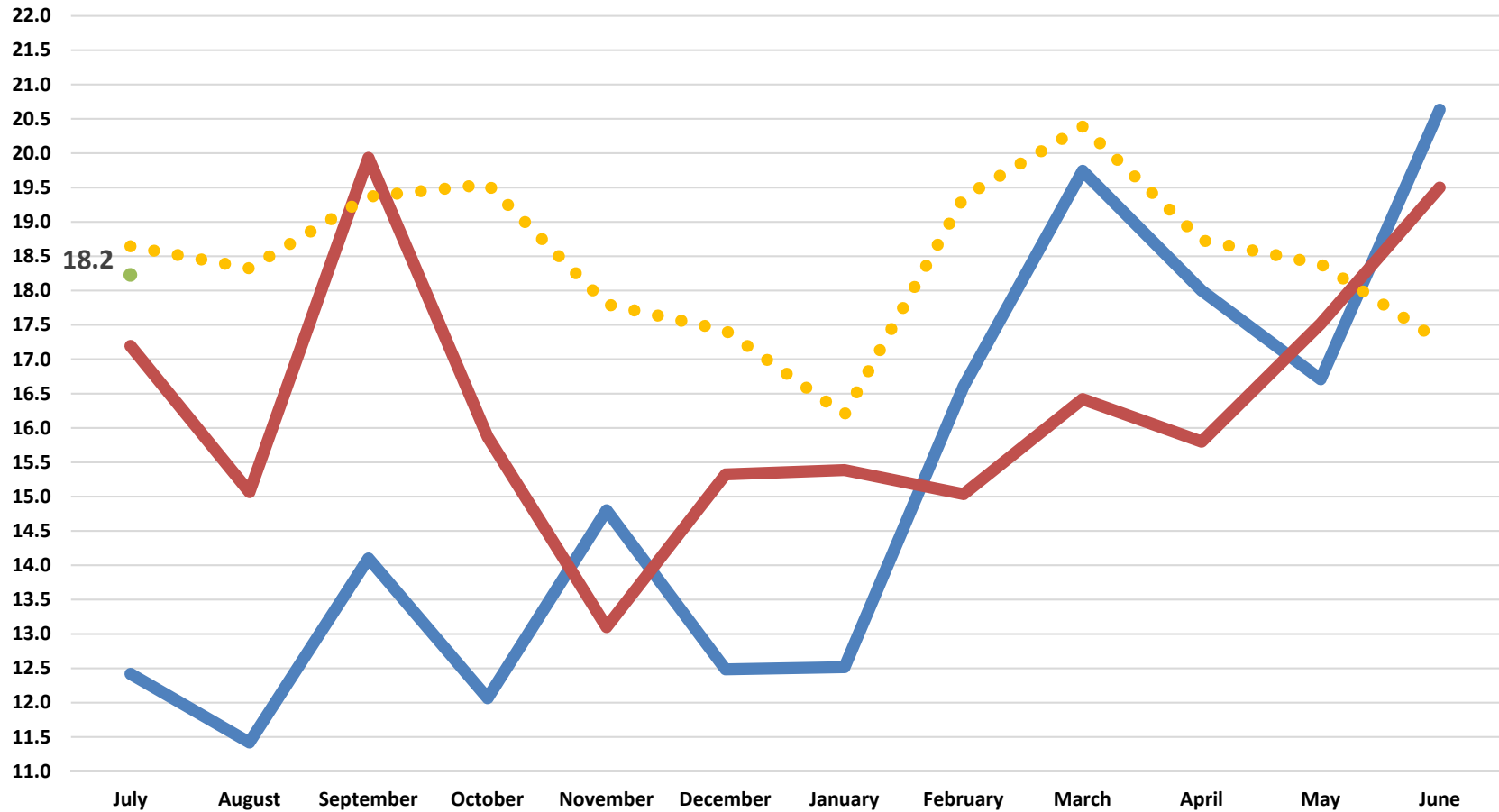
Sub-Acute - Avg. Patients Per Day



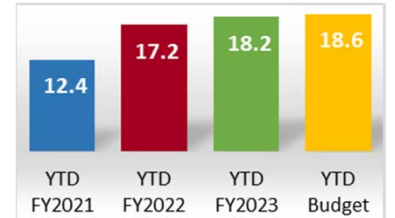
—● **FY2021**
 —● **FY2022**
 —● **FY2023**
 ●●● **Budget**



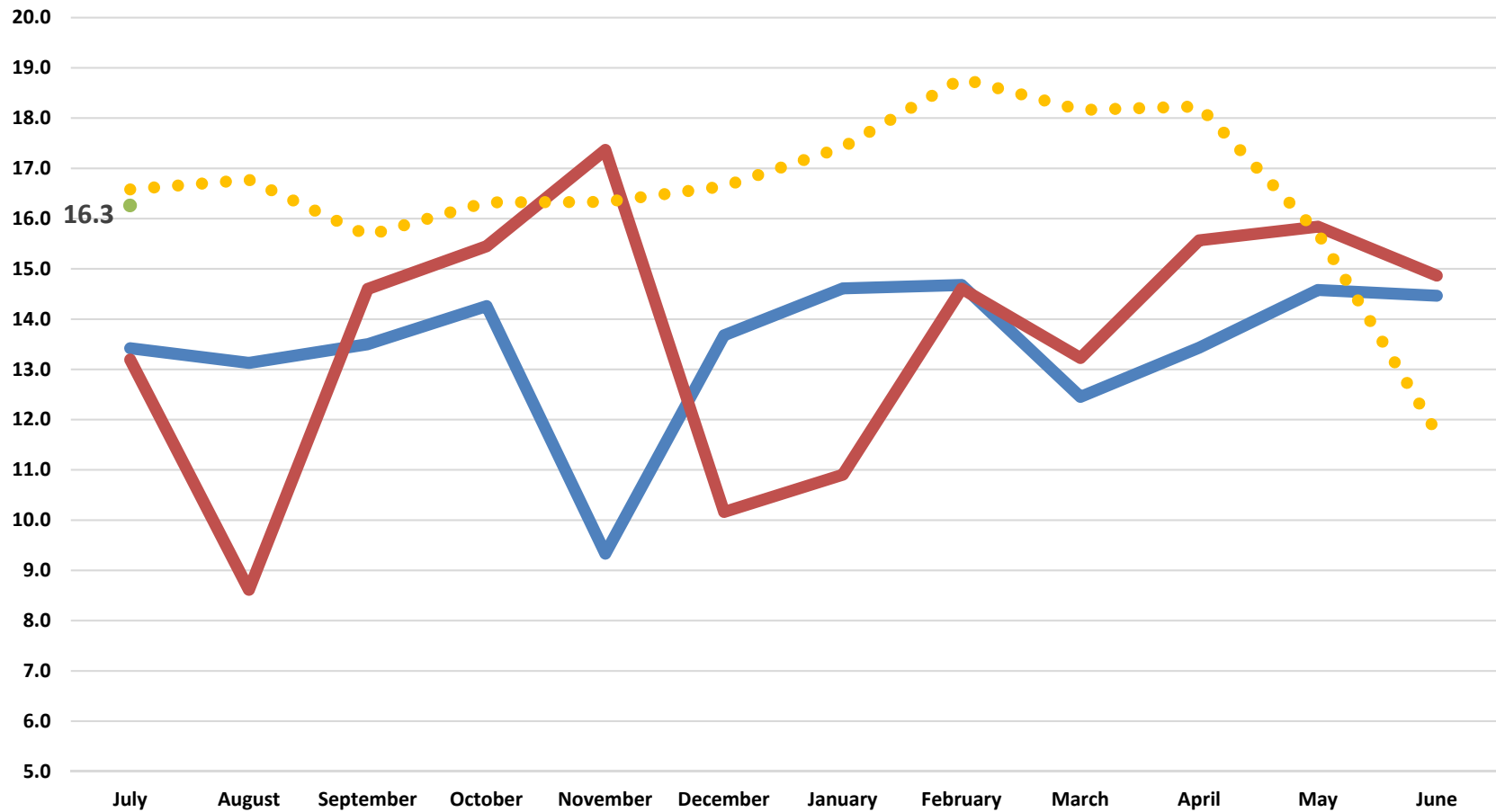
Rehabilitation Hospital - Avg. Patients Per Day



—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



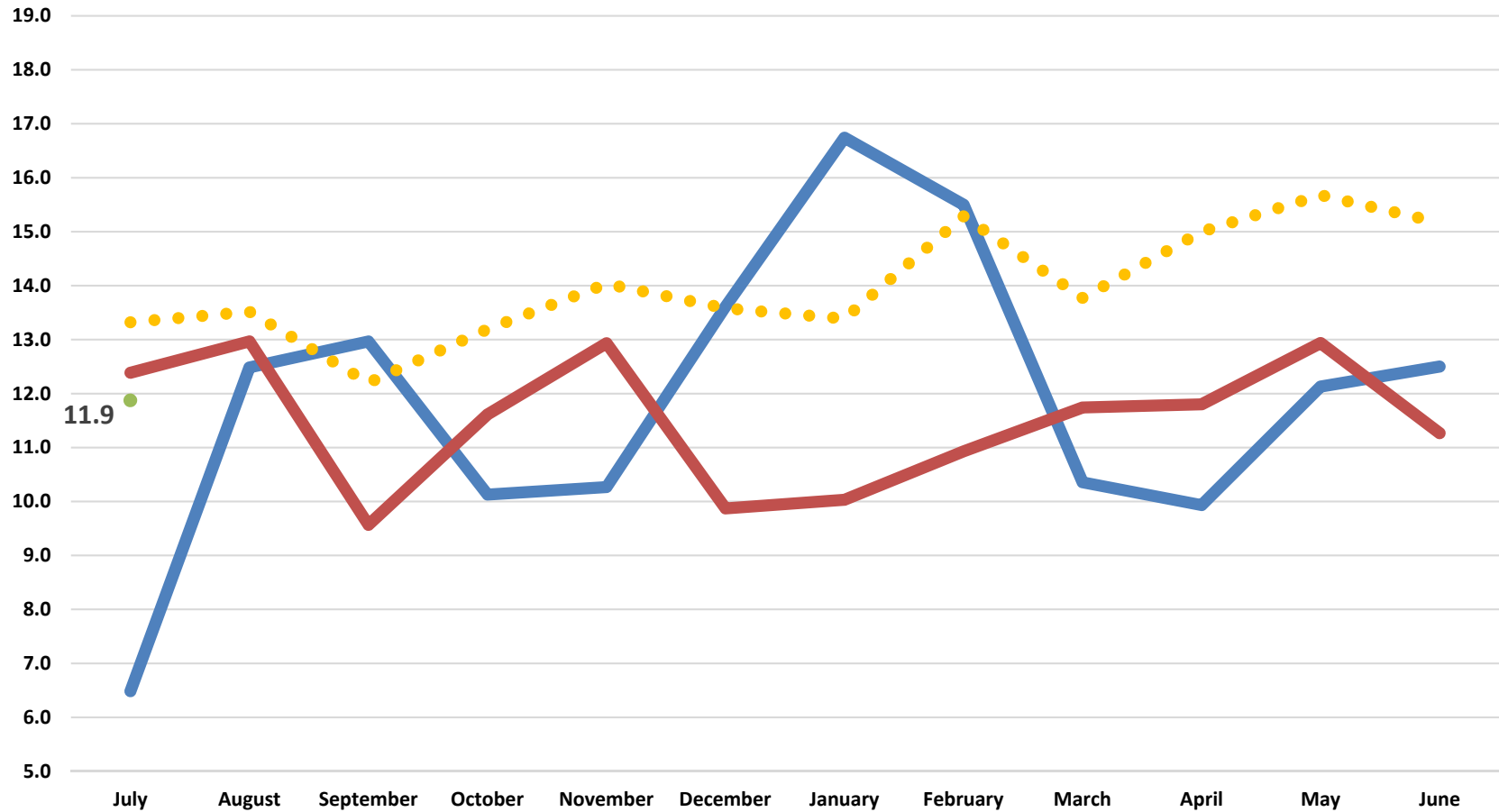
Transitional Care Services (TCS) - Avg. Patients Per Day



—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



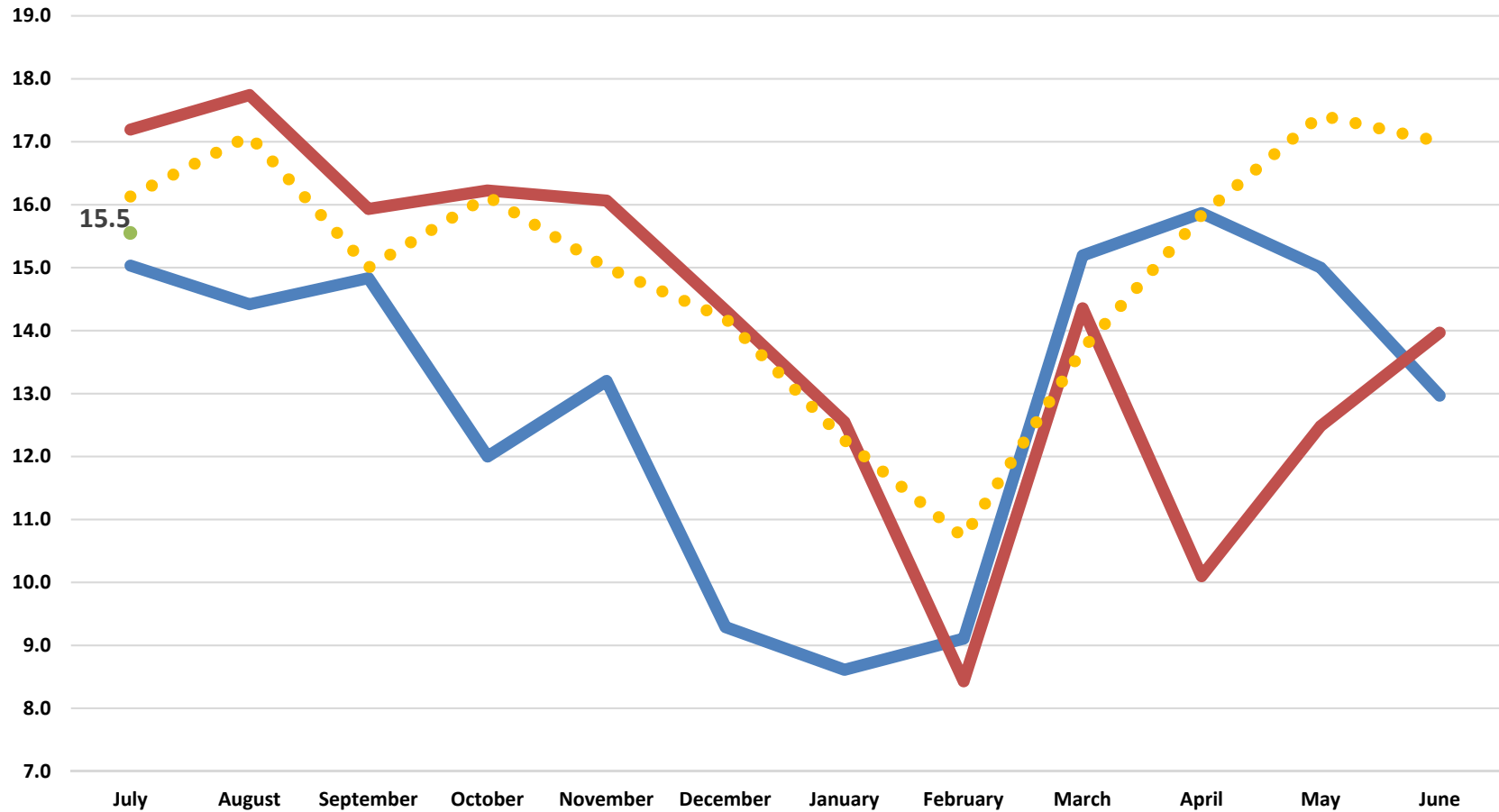
TCS Ortho - Avg. Patients Per Day



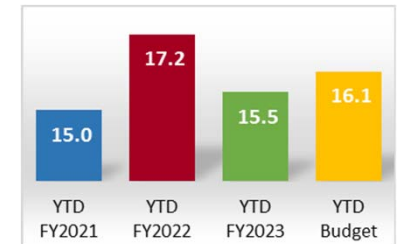
— FY2021
 — FY2022
 ● FY2023
 ●●● Budget



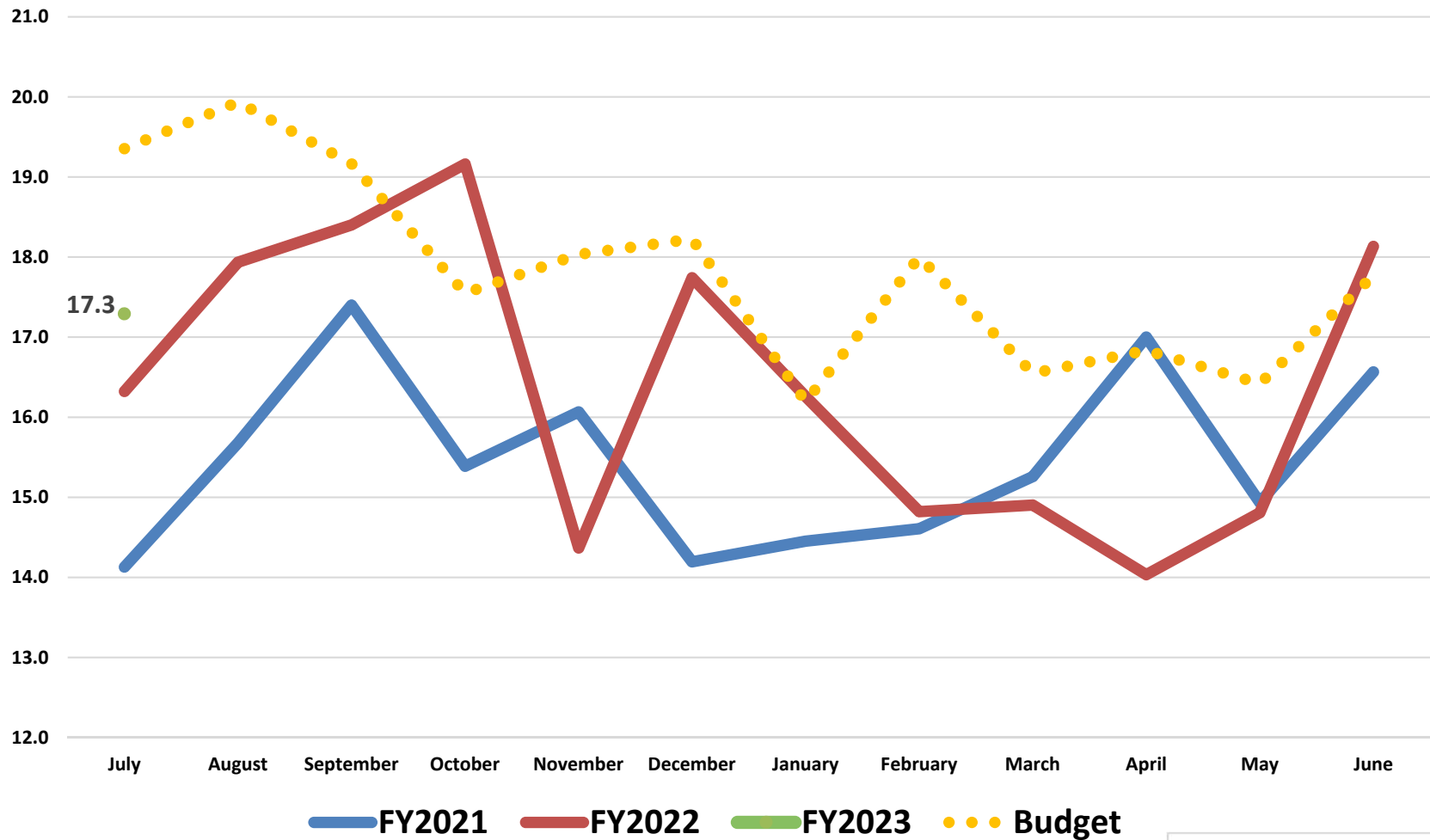
NICU - Avg. Patients Per Day



—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget

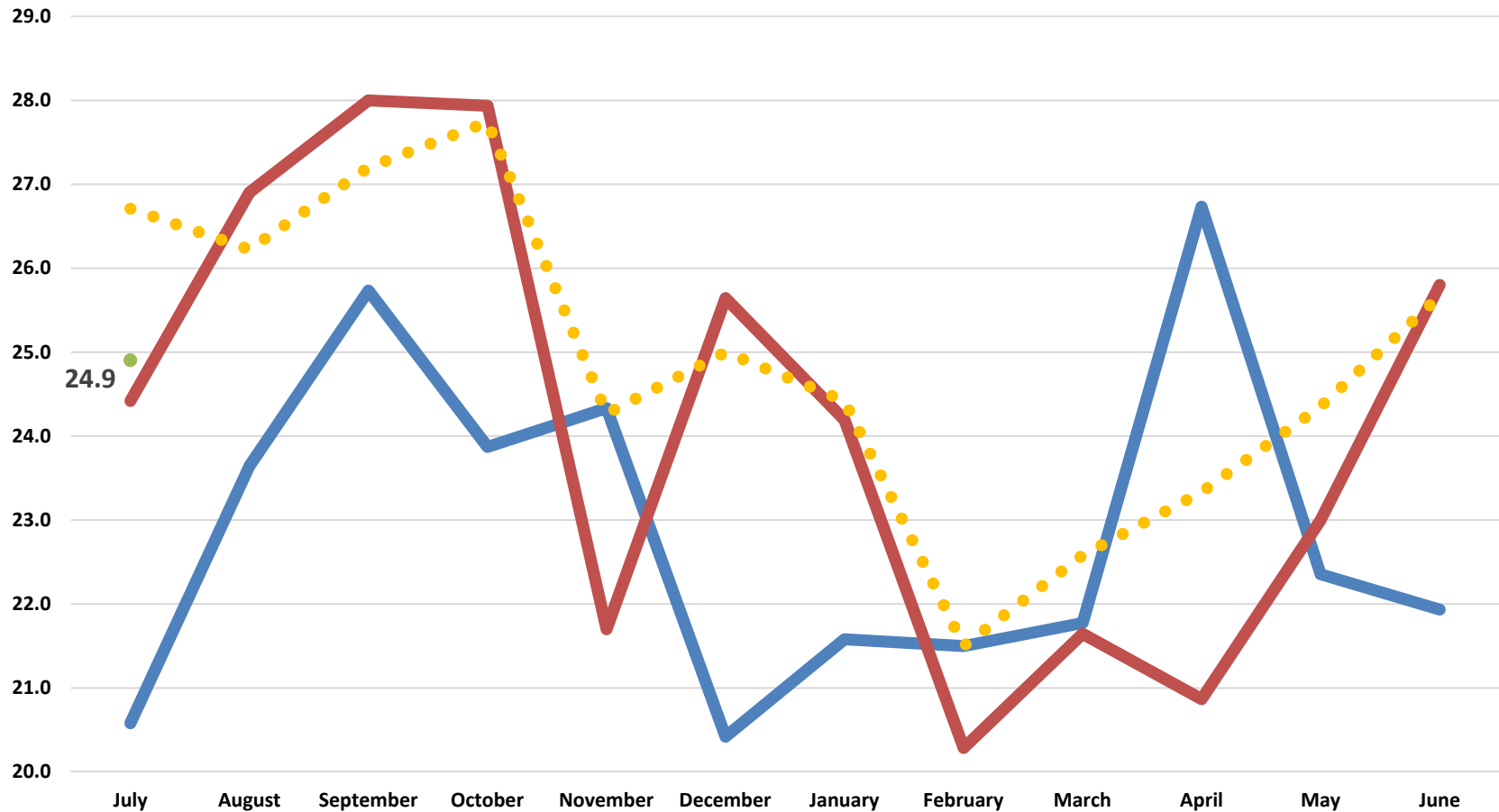


Nursery - Avg. Patients Per Day



14.1	16.3	17.3	19.4
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

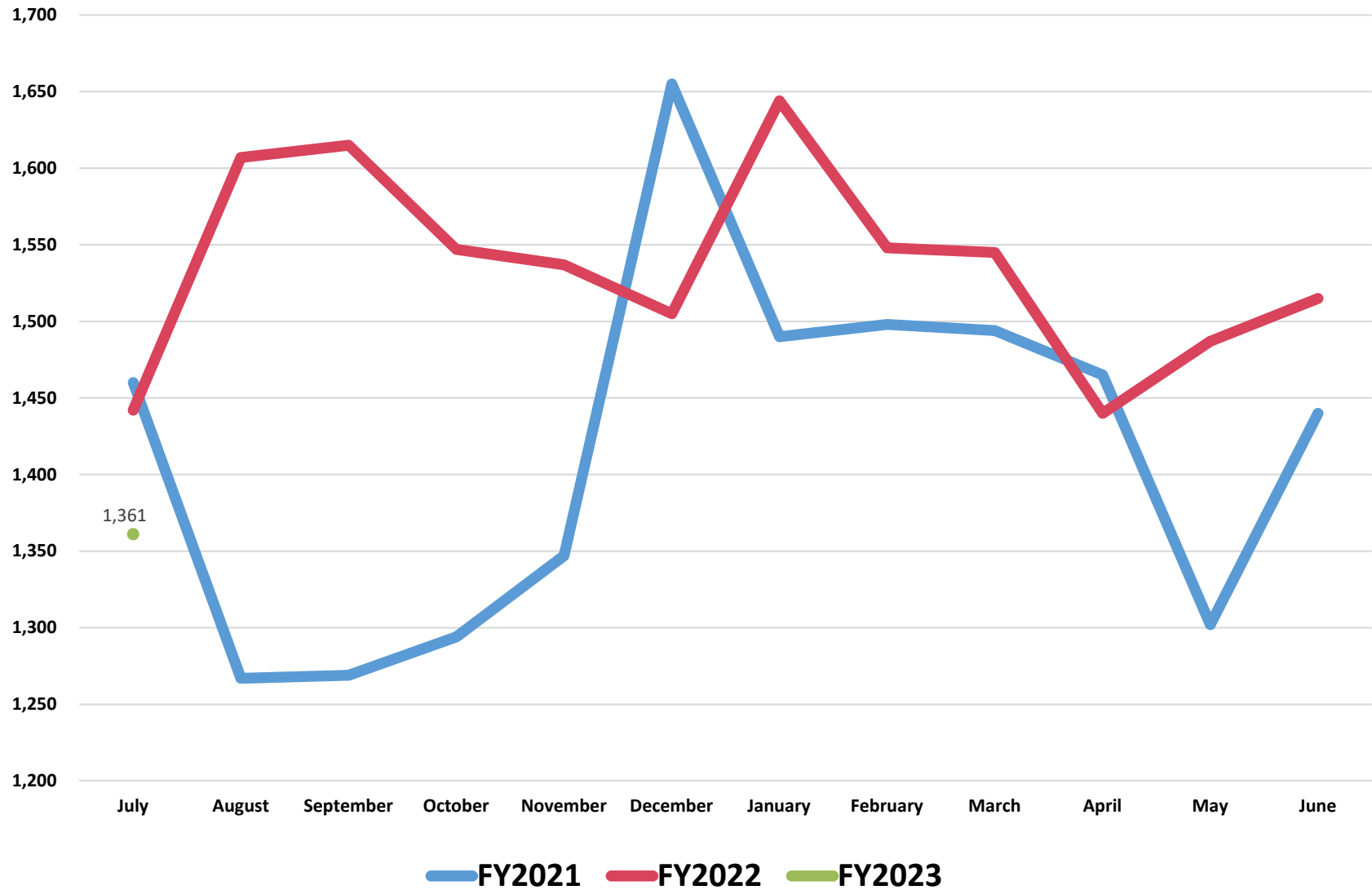
Obstetrics - Avg. Patients Per Day



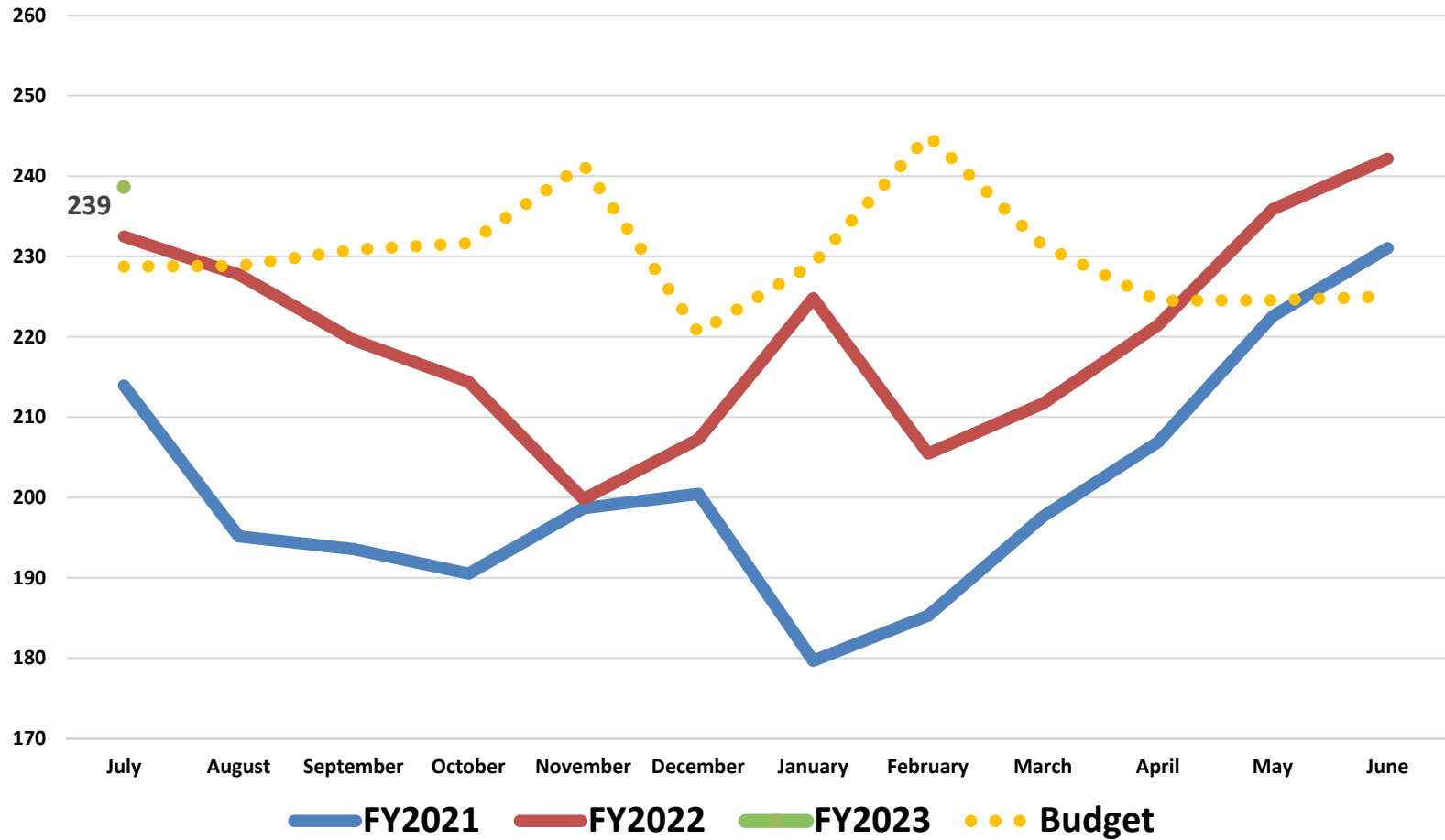
—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



Outpatient Registrations per Day

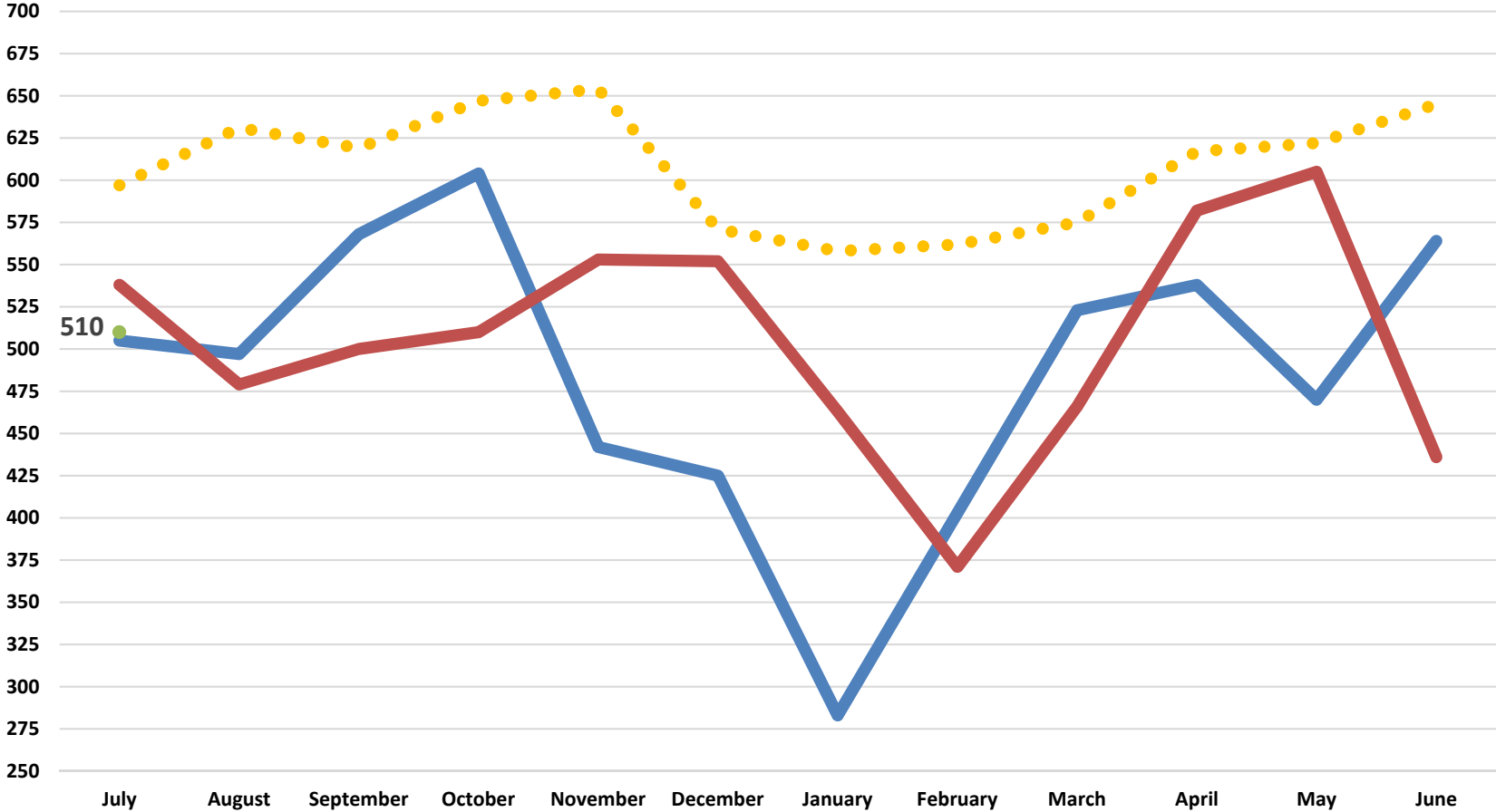


Emergency Dept – Avg Treated Per Day



214	232	239	229
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

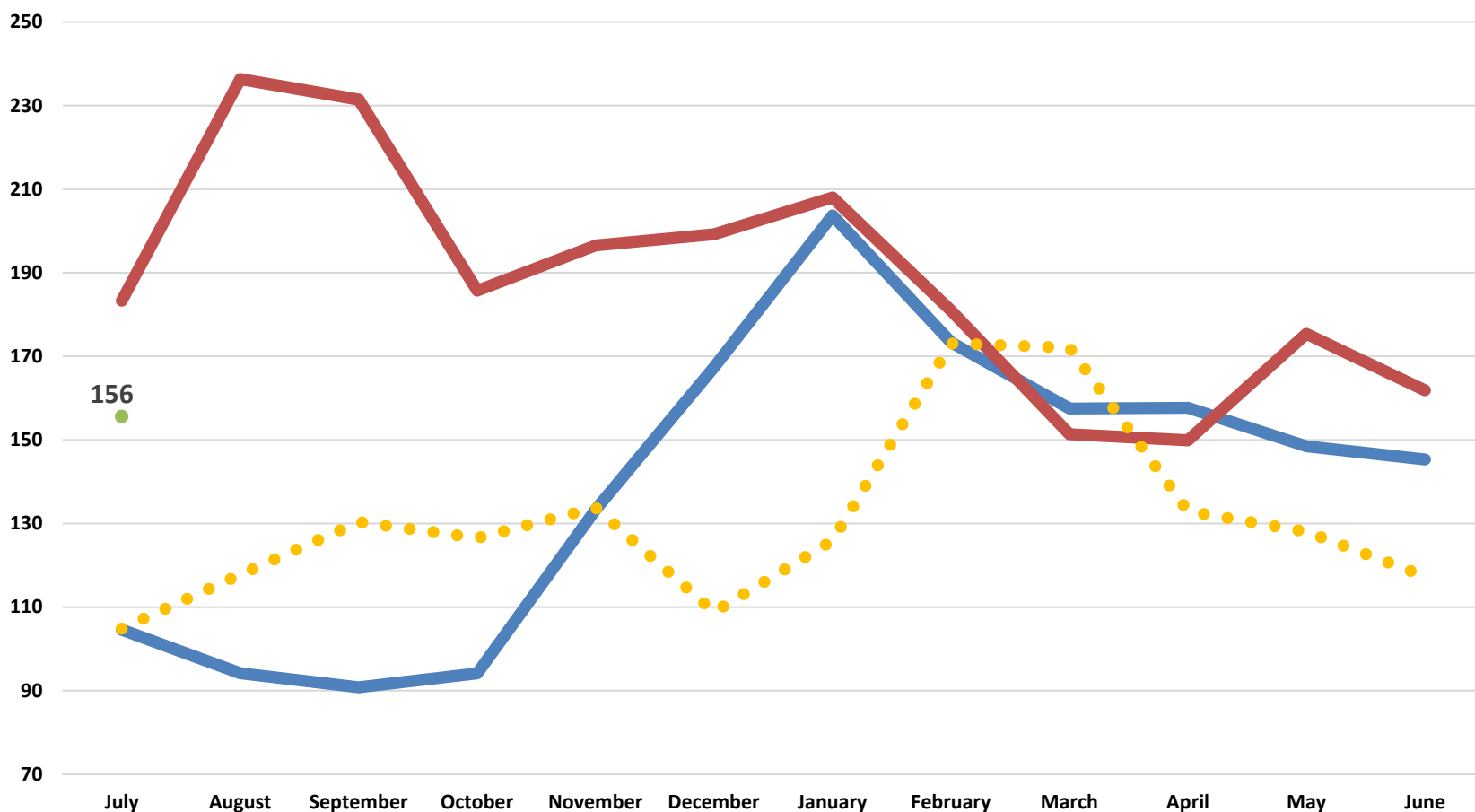
Endoscopy Procedures



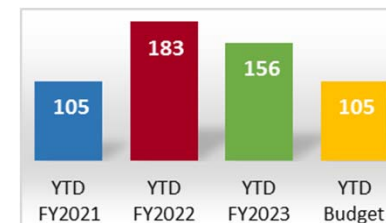
— FY2021
 — FY2022
 — FY2023
 ••• Budget

505	538	510	597
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

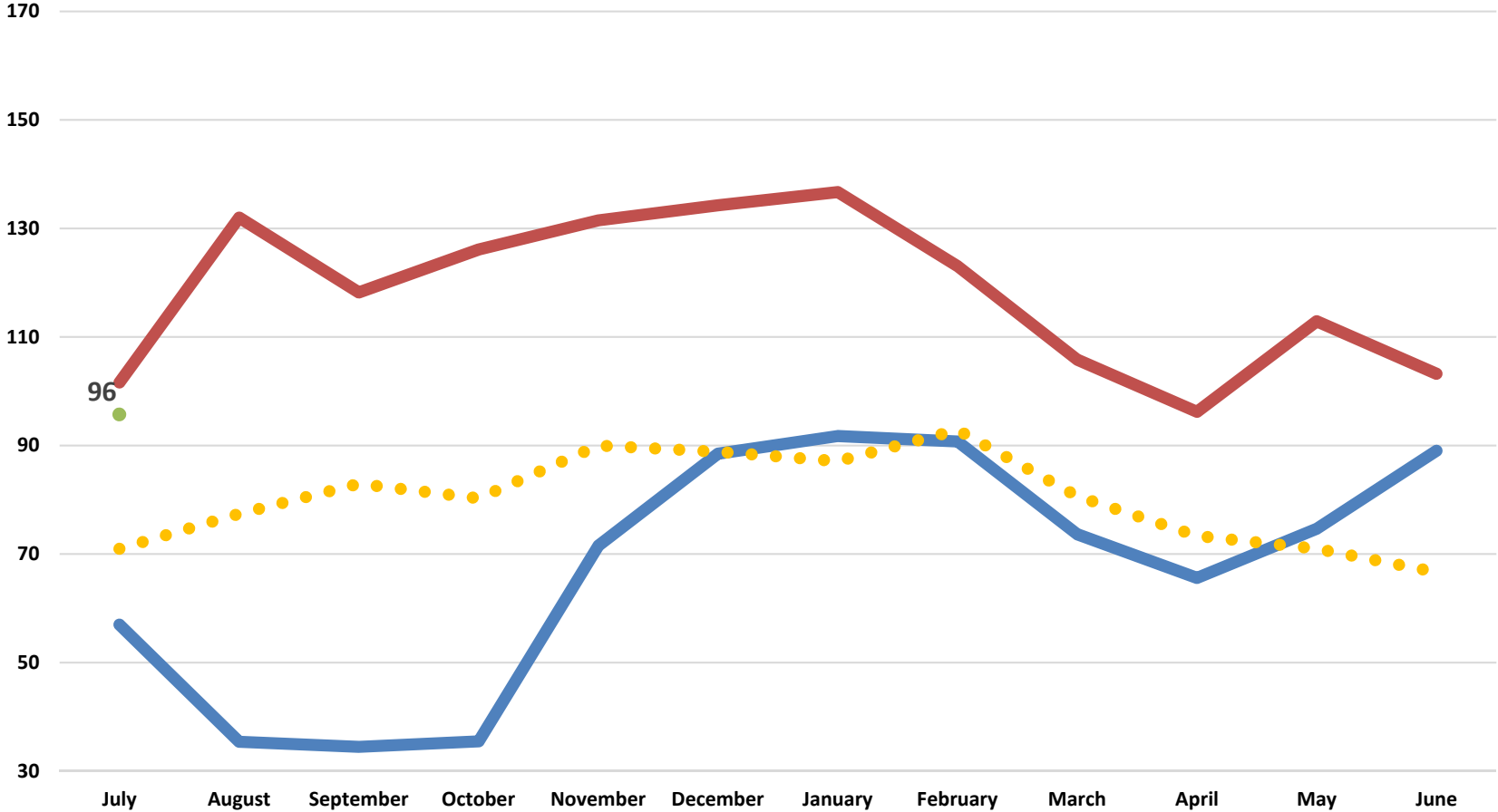
Urgent Care – Court Average Visits Per Day



—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



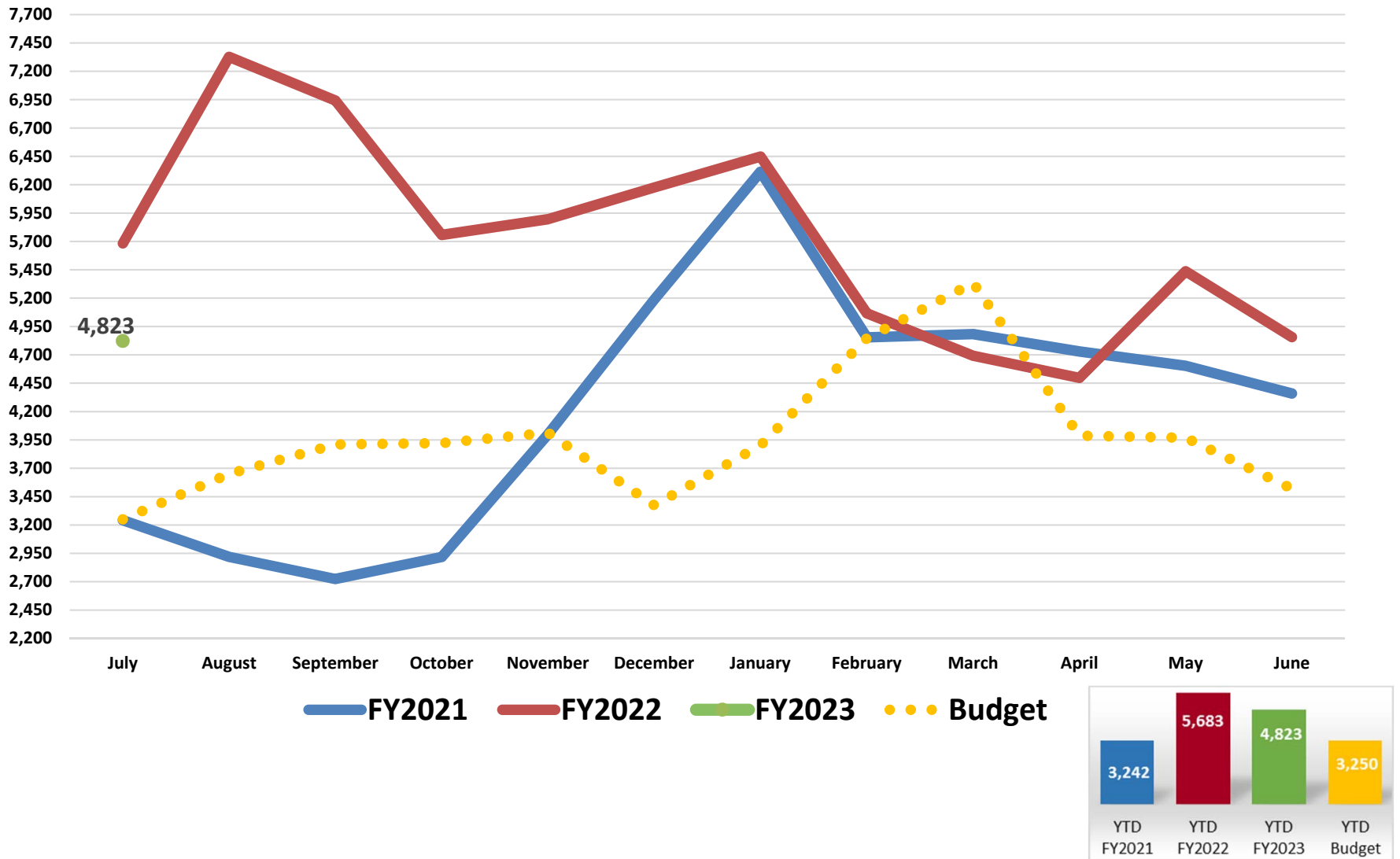
Urgent Care – Demaree Average Visits Per Day



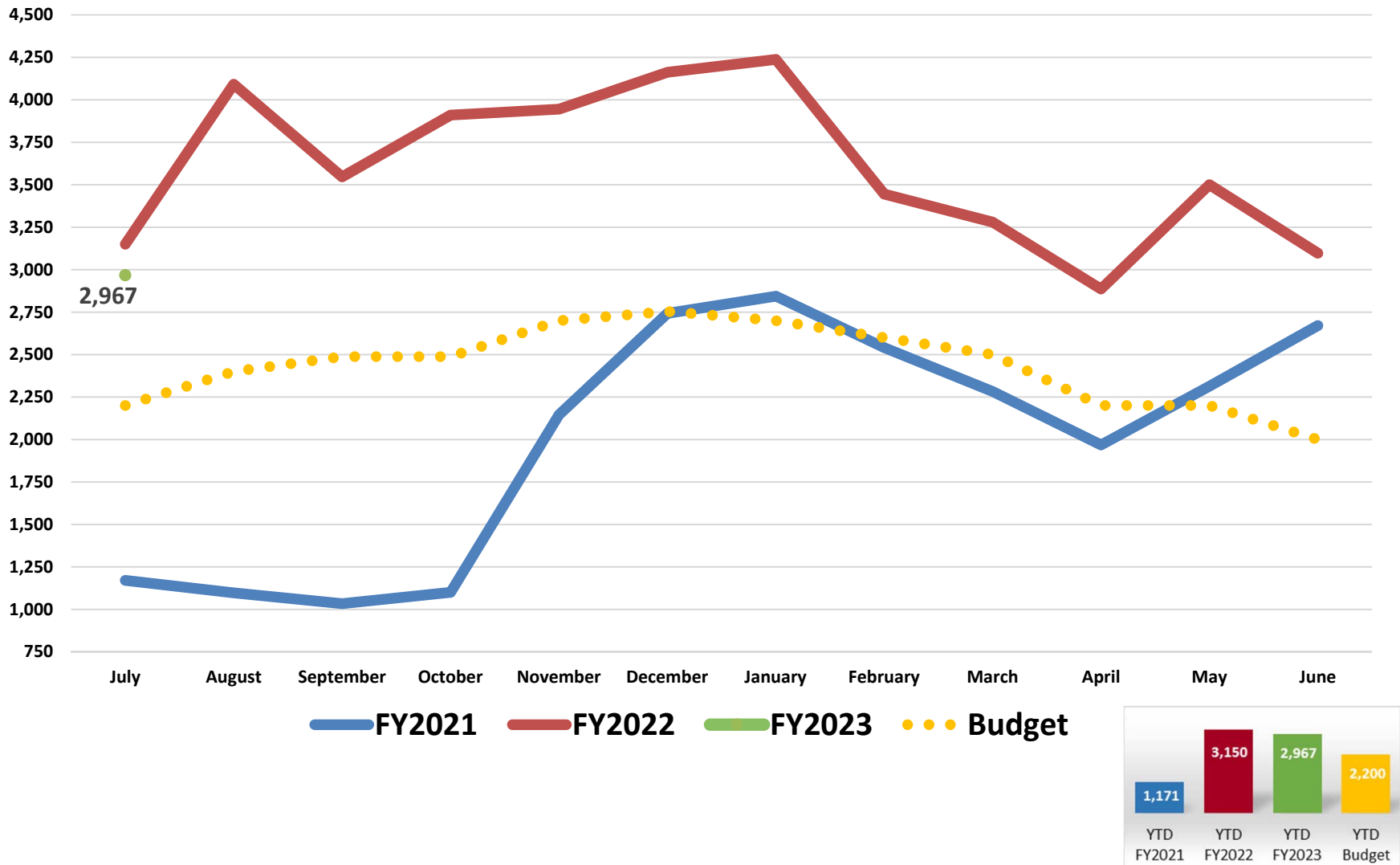
—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



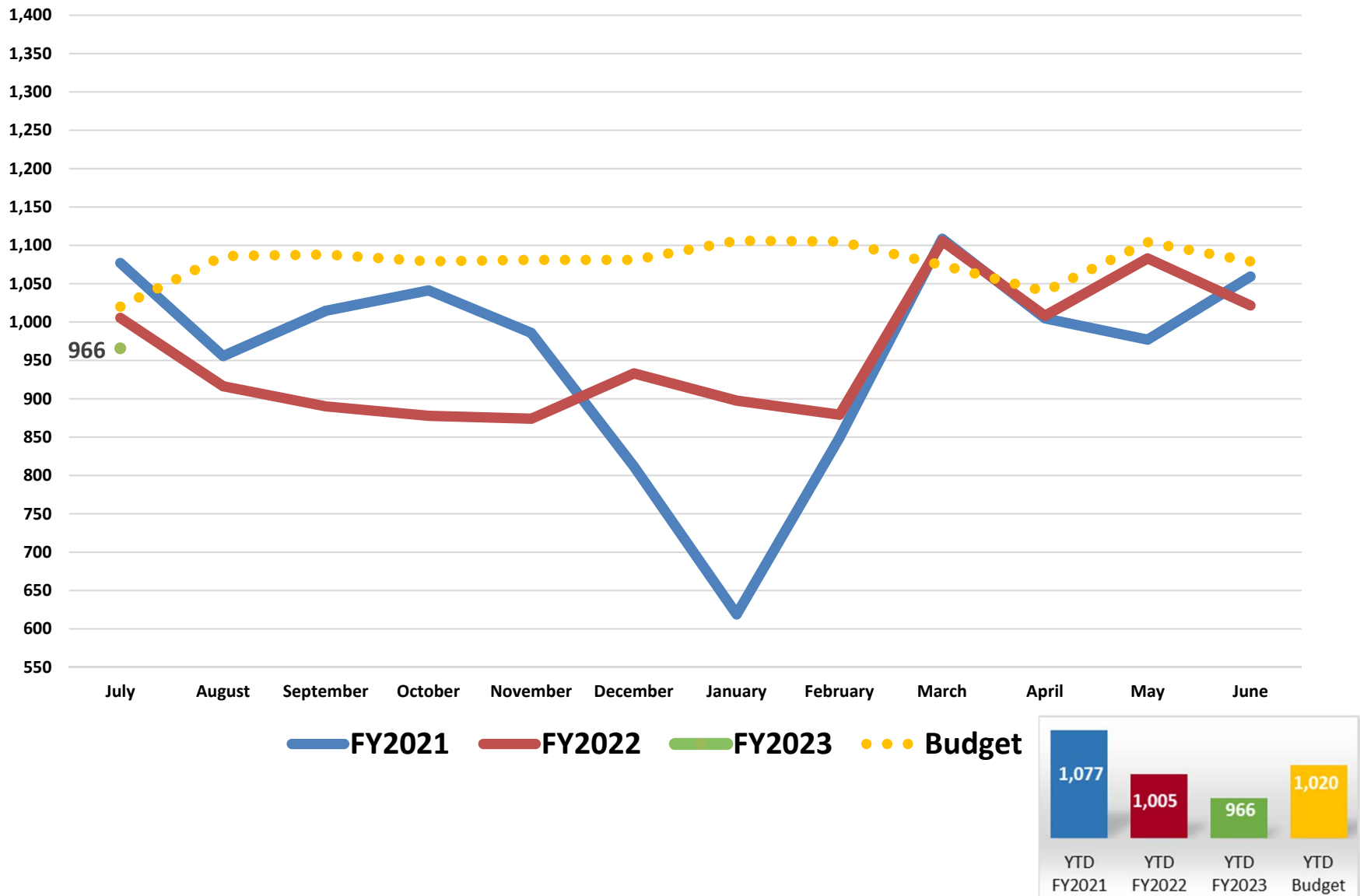
Urgent Care – Court Total Visits



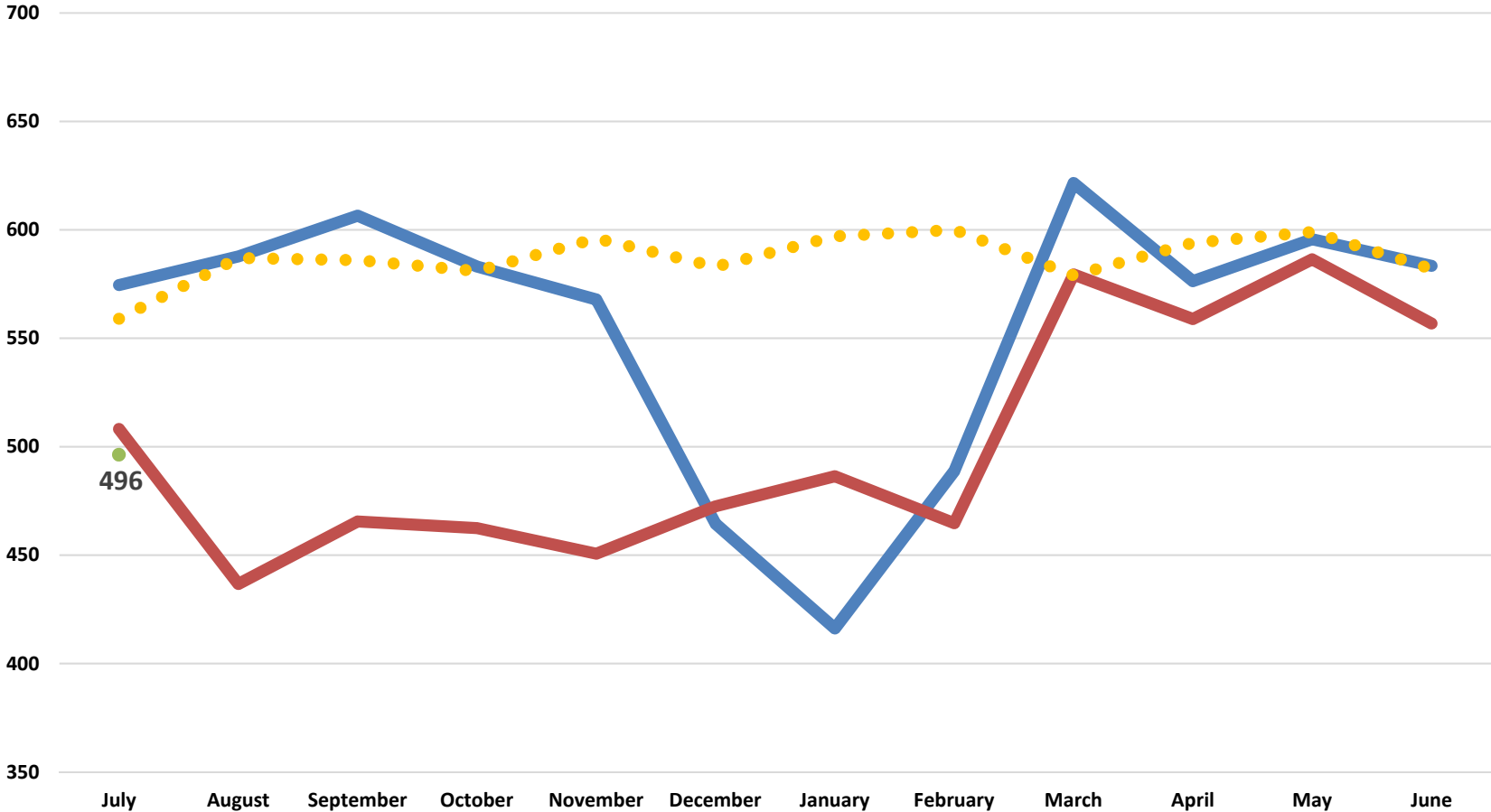
Urgent Care – Demaree Total Visits



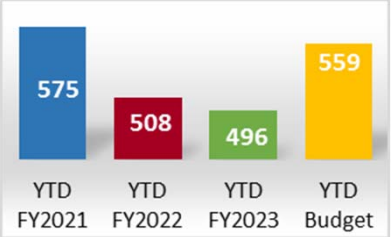
Surgery (IP & OP) – 100 Min Units



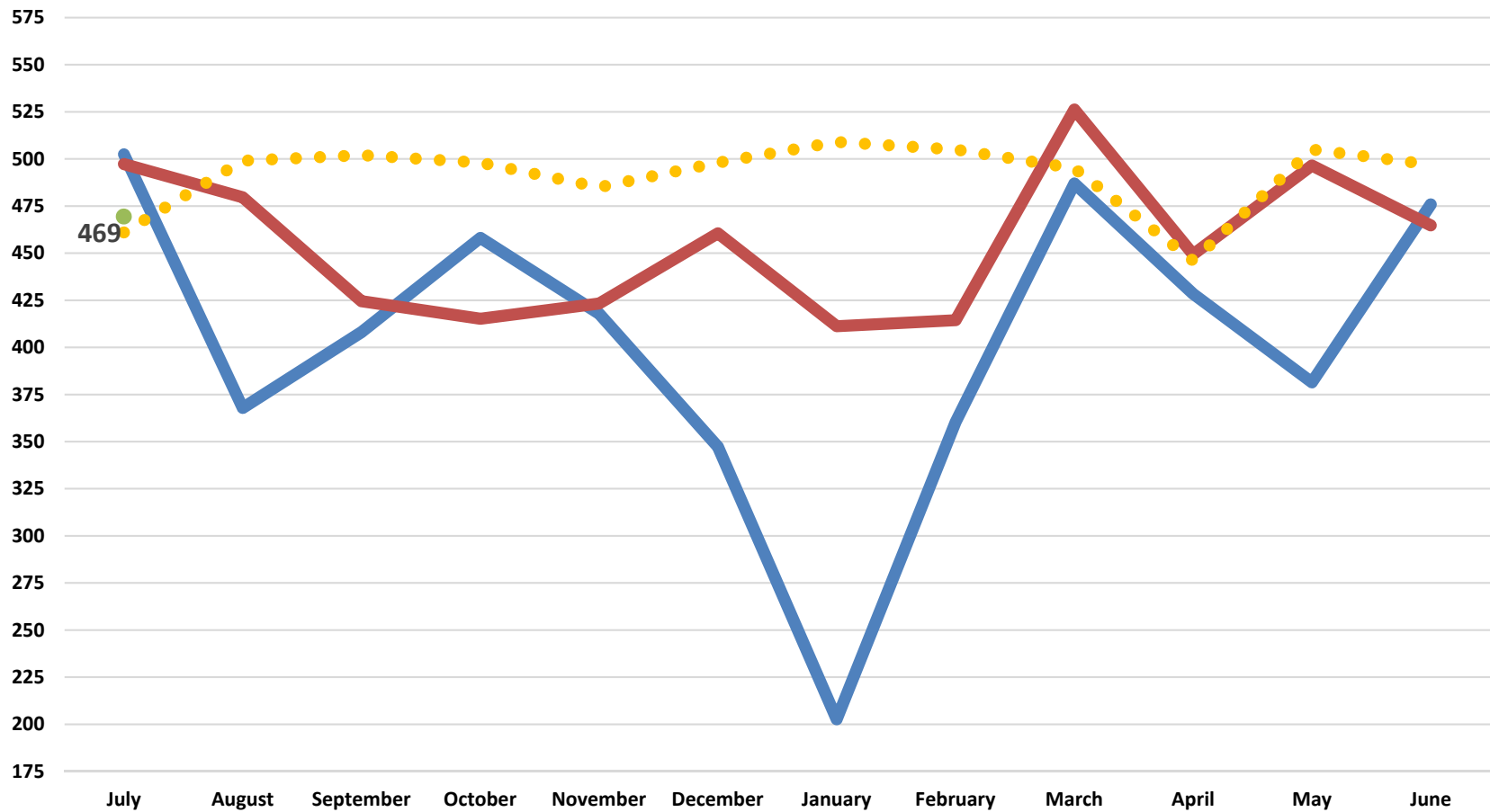
Surgery (IP Only) – 100 Min Units



—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



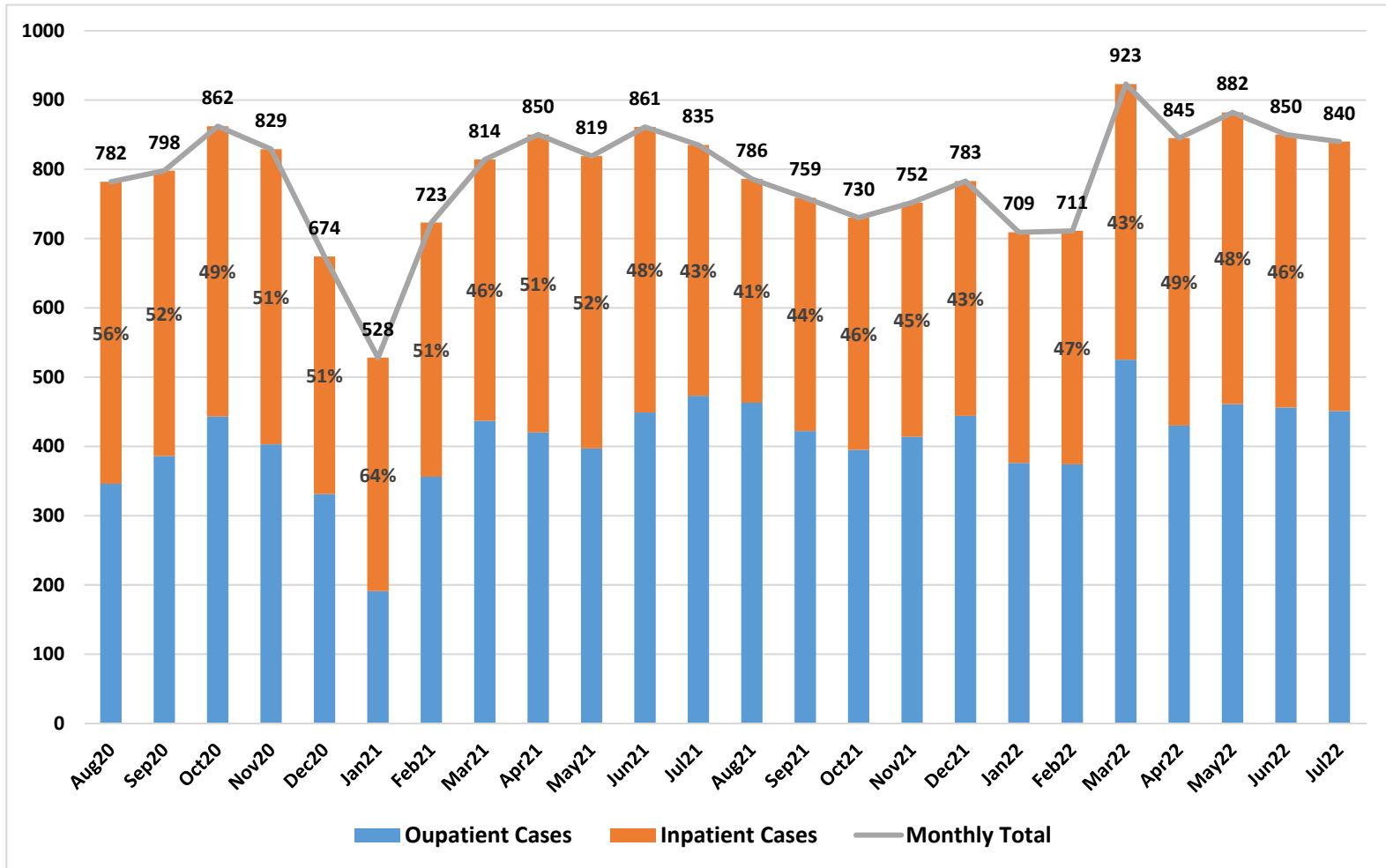
Surgery (OP Only) – 100 Min Units



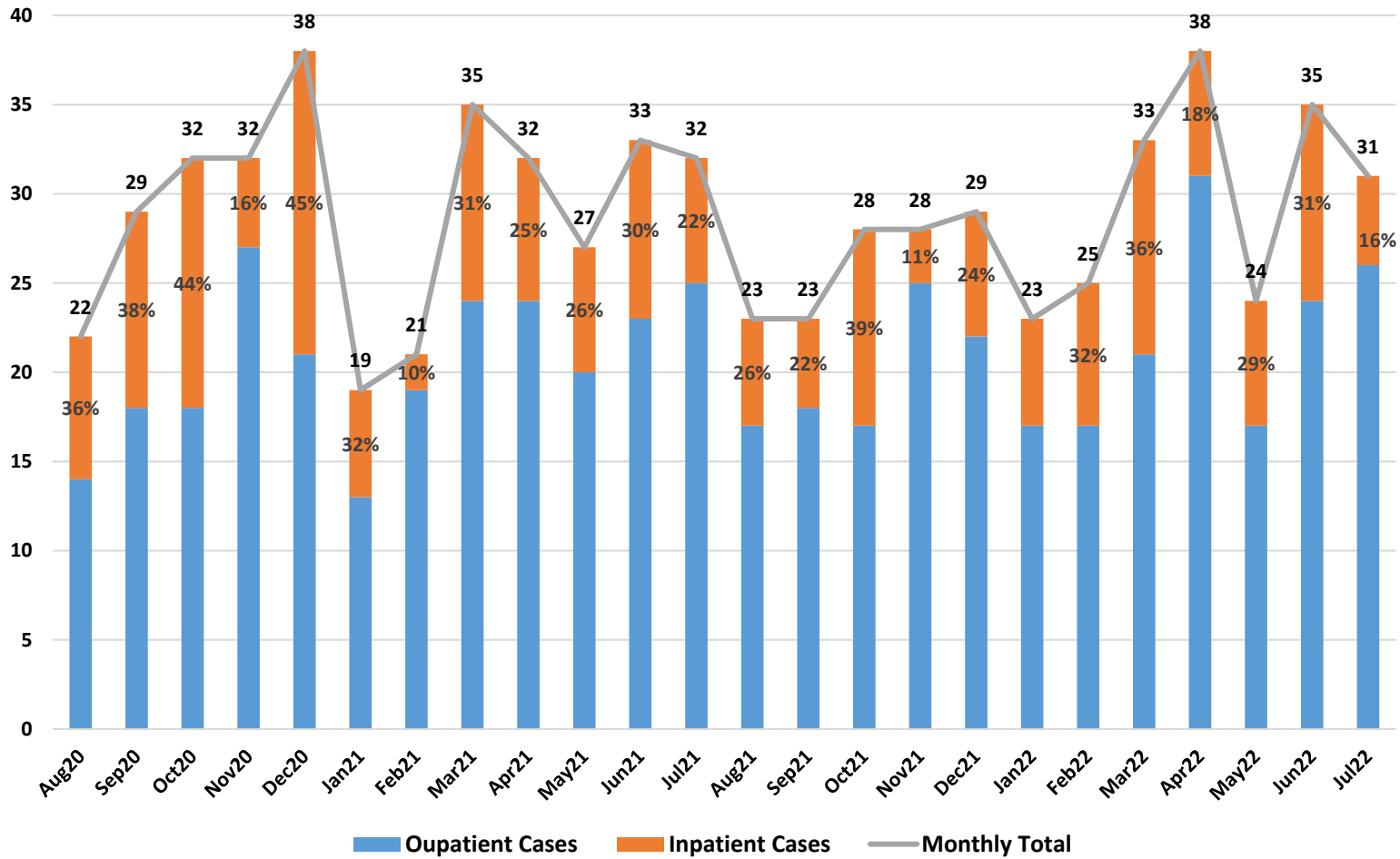
—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



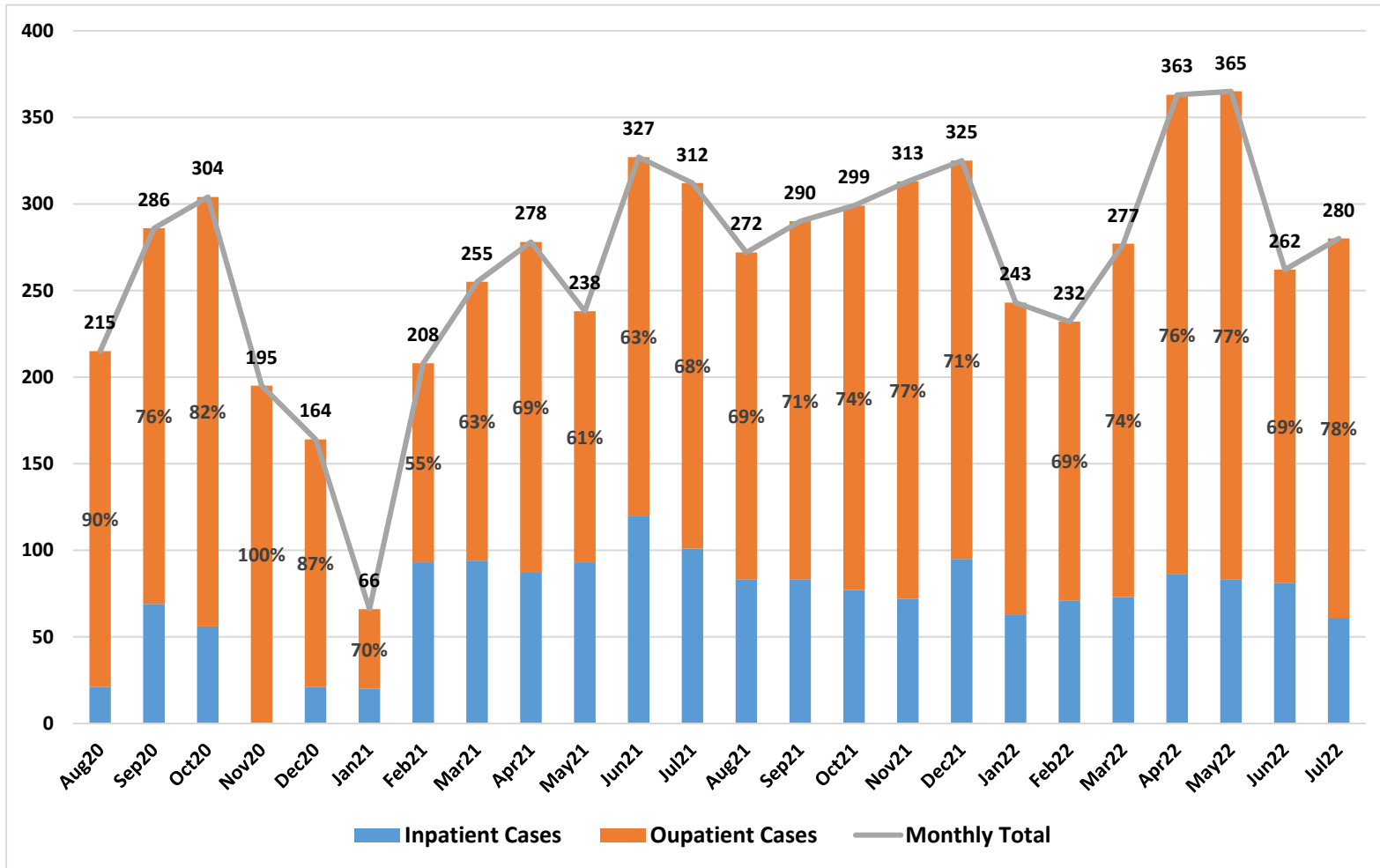
Surgery Cases



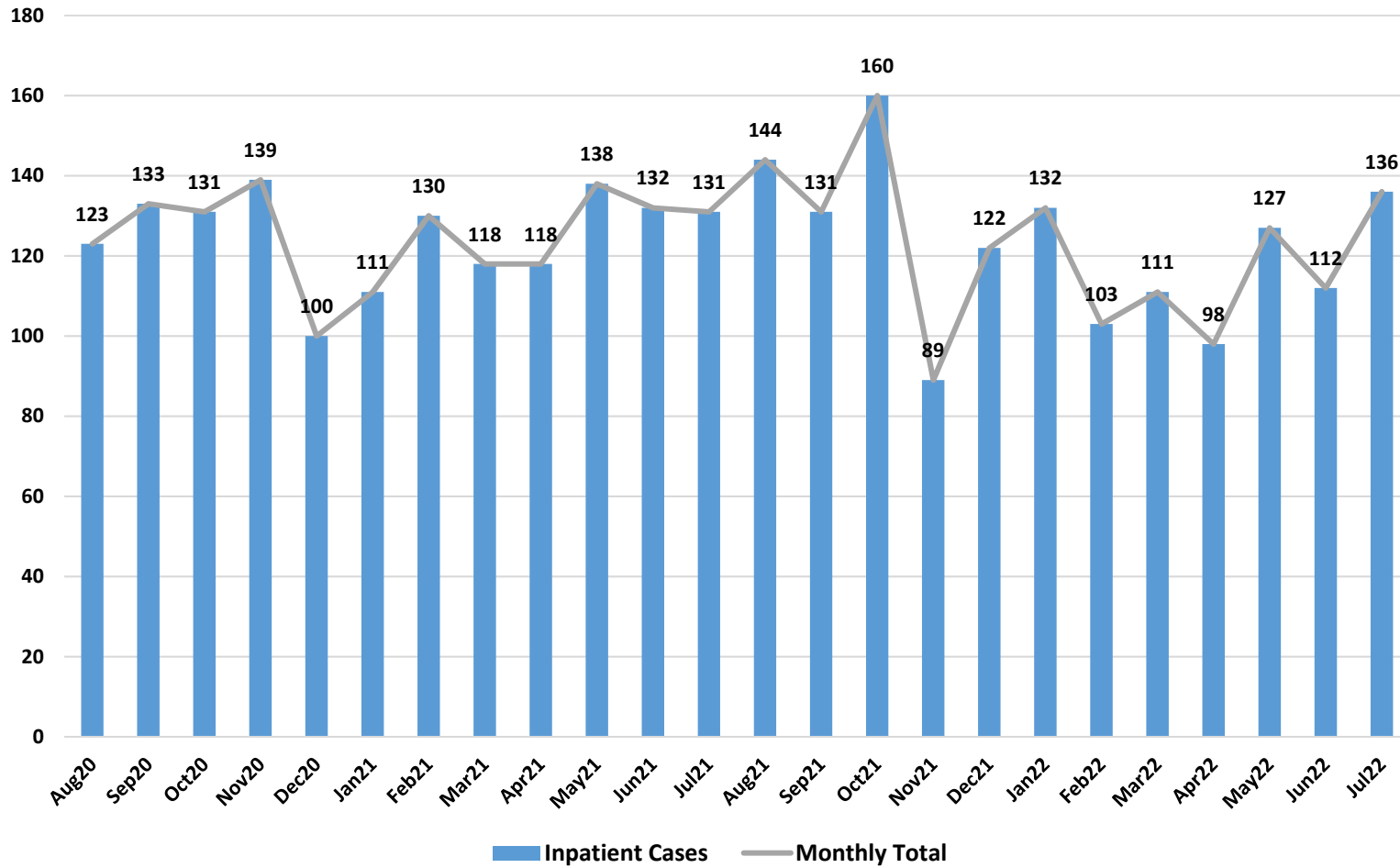
Robotic Cases



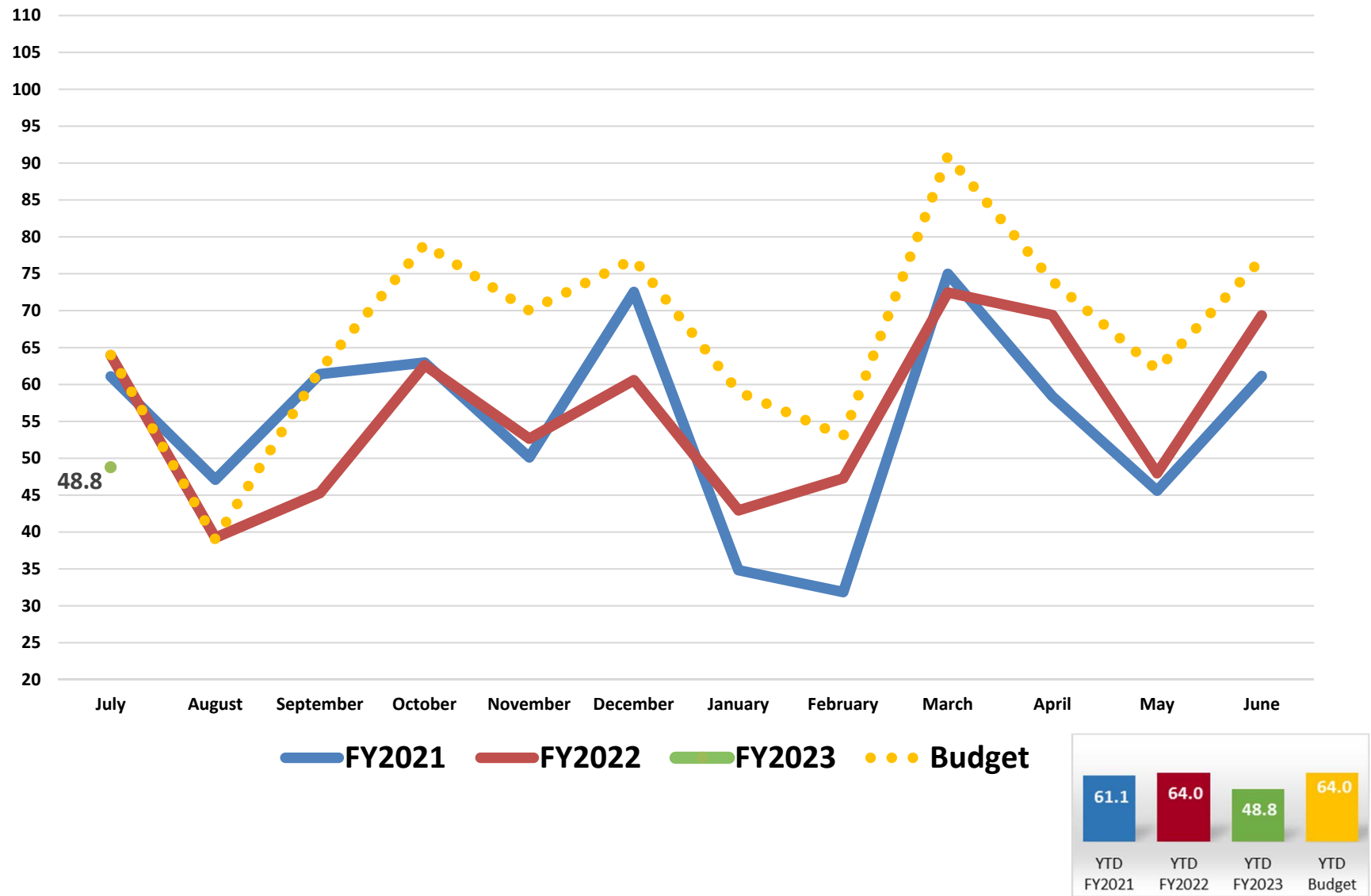
Endo Cases (Endo Suites)



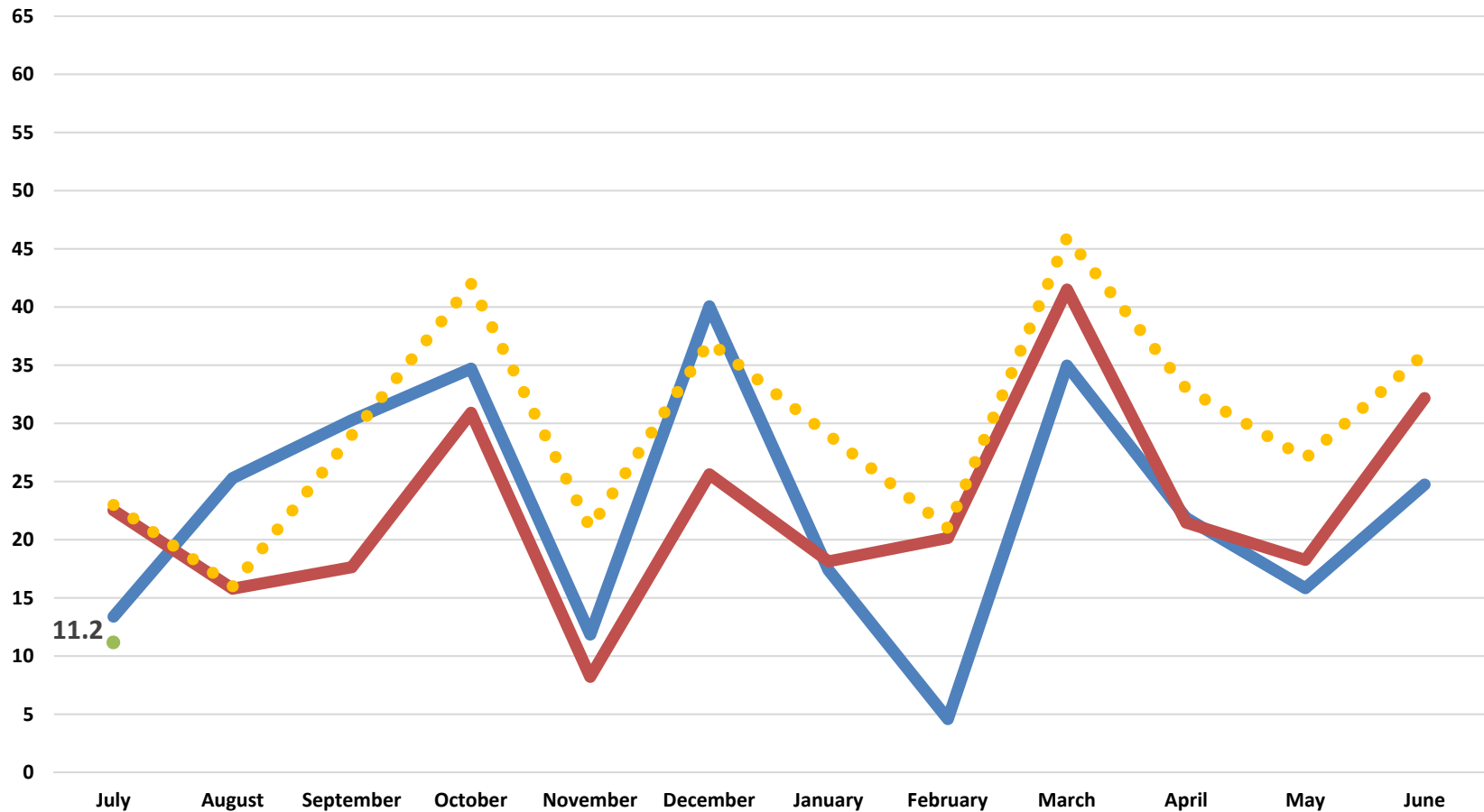
OB Cases



Robotic Surgery (IP & OP) – 100 Min Units



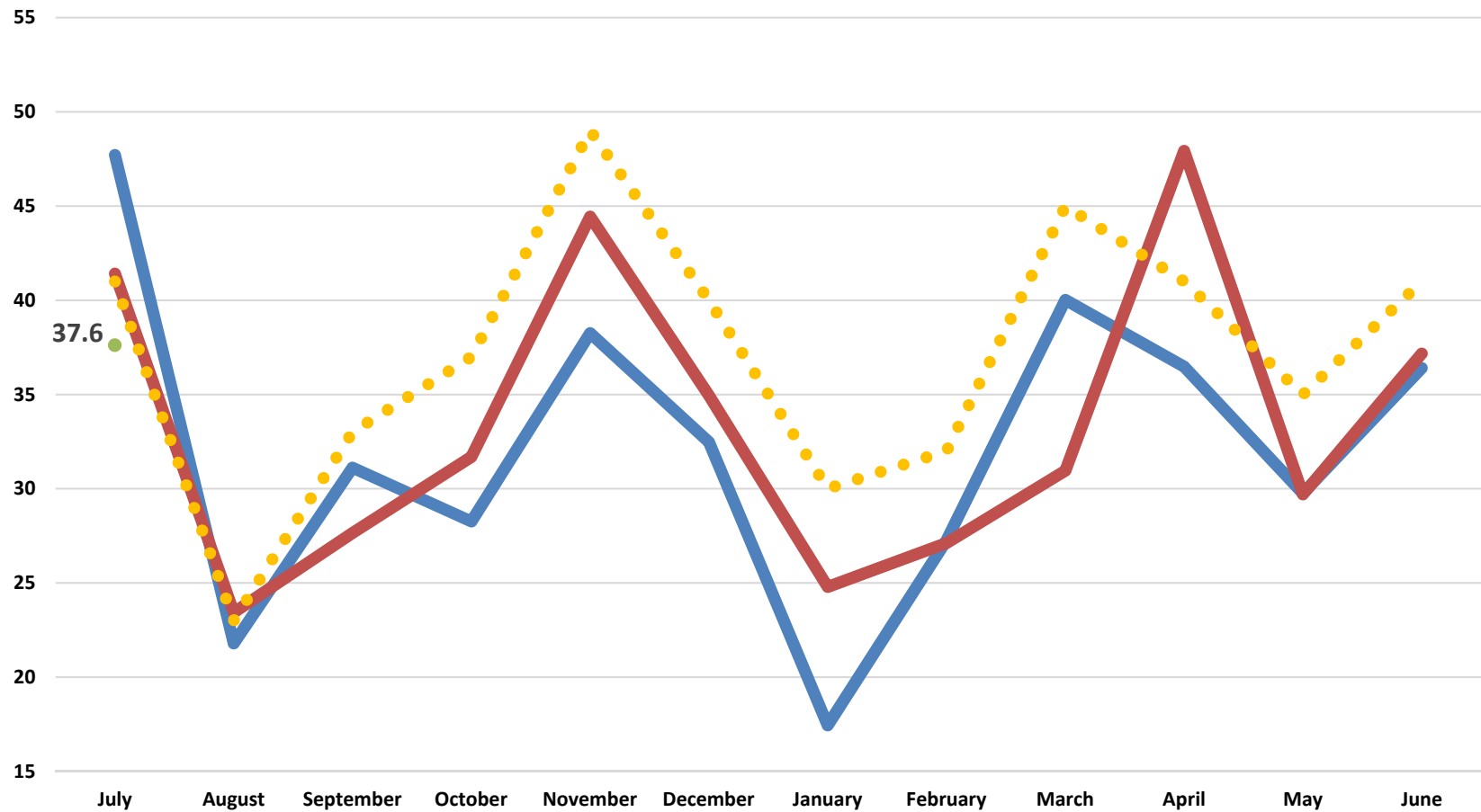
Robotic Surgery (IP Only) – 100 Min Units



—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



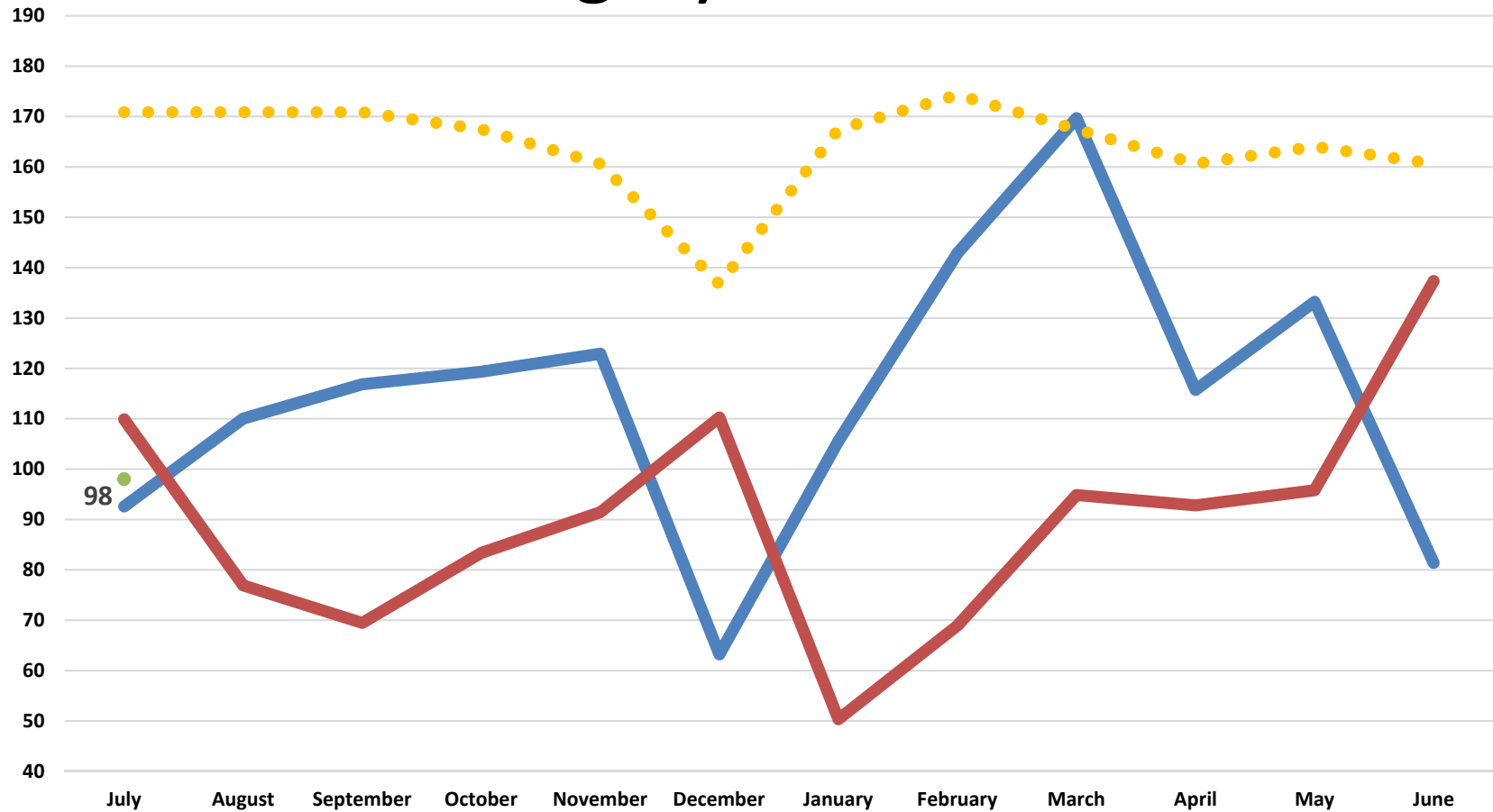
Robotic Surgery (OP Only) – 100 Min Units



— FY2021
 — FY2022
 — FY2023
 ••• Budget



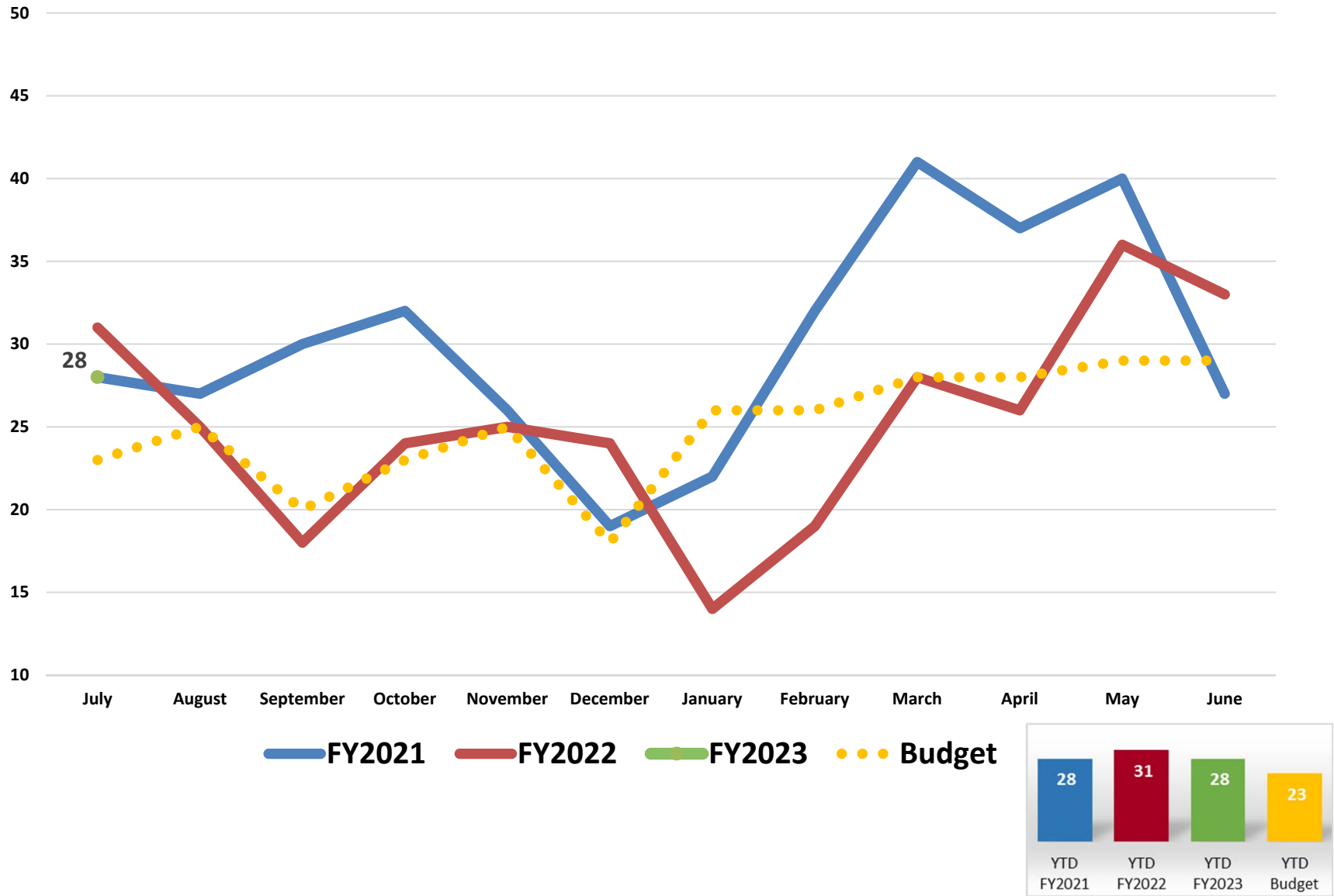
Cardiac Surgery – 100 Min Units



—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget

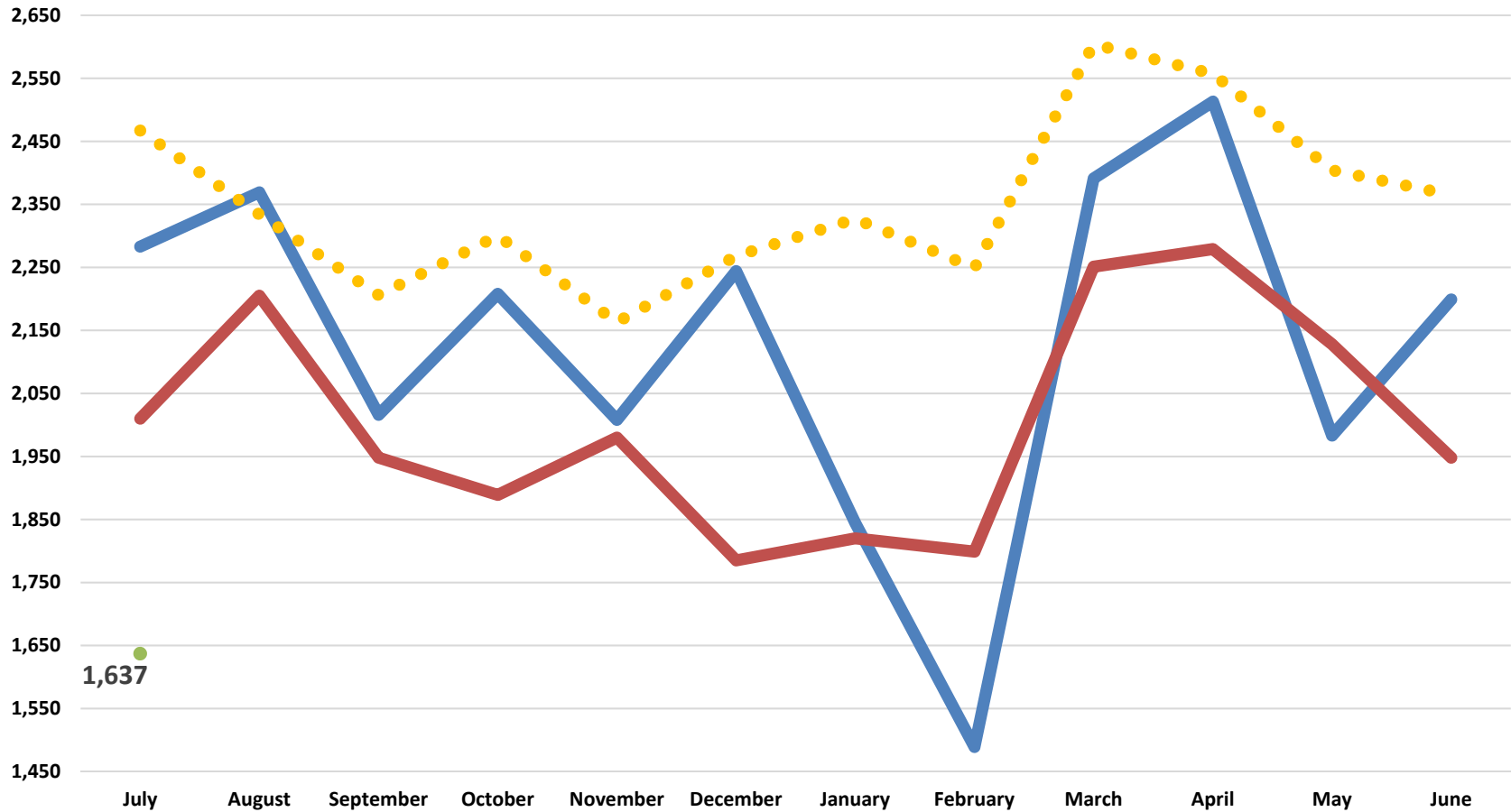


Cardiac Surgery – Cases



Radiation Oncology Treatments

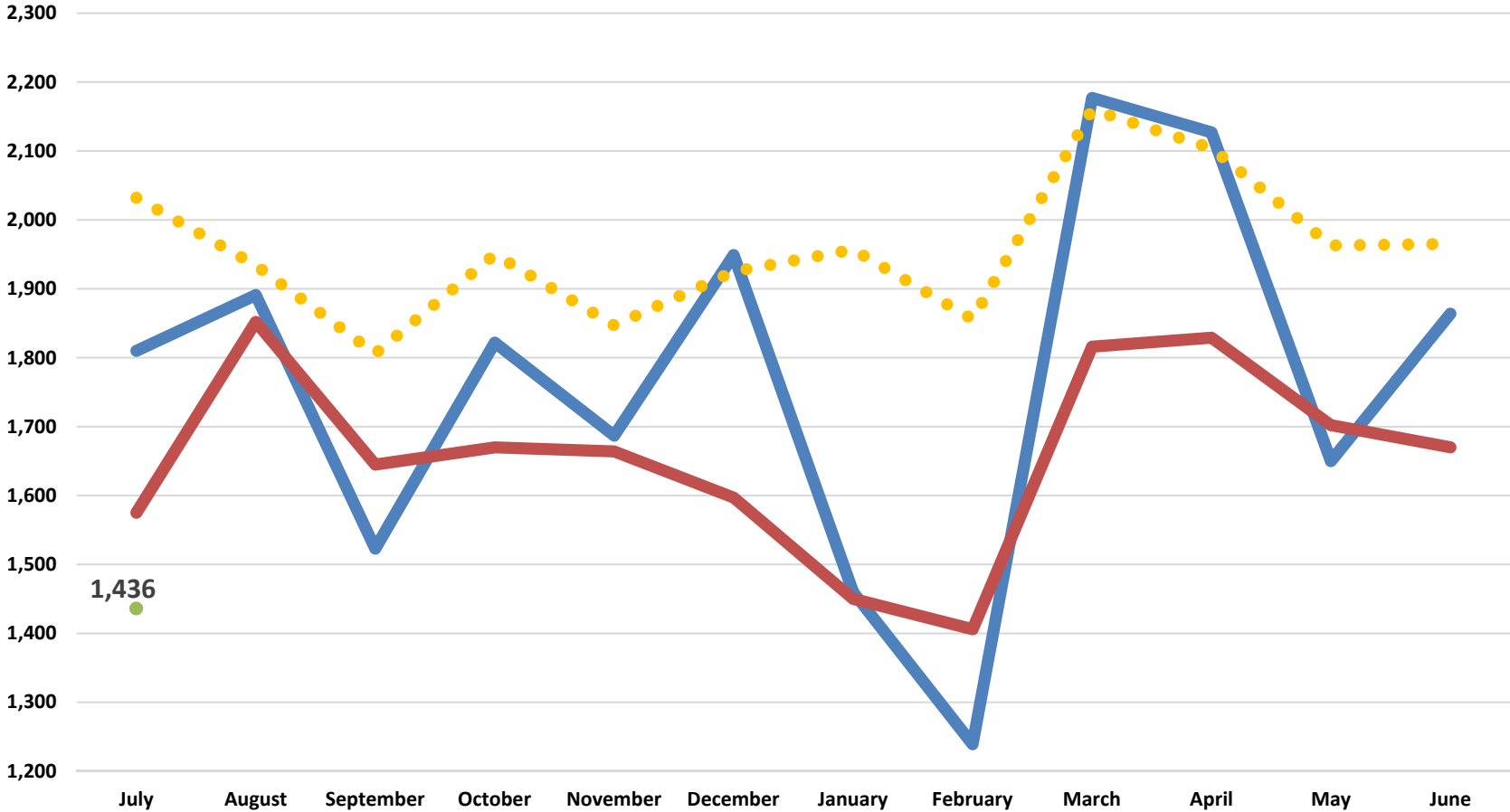
Hanford and Visalia



—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



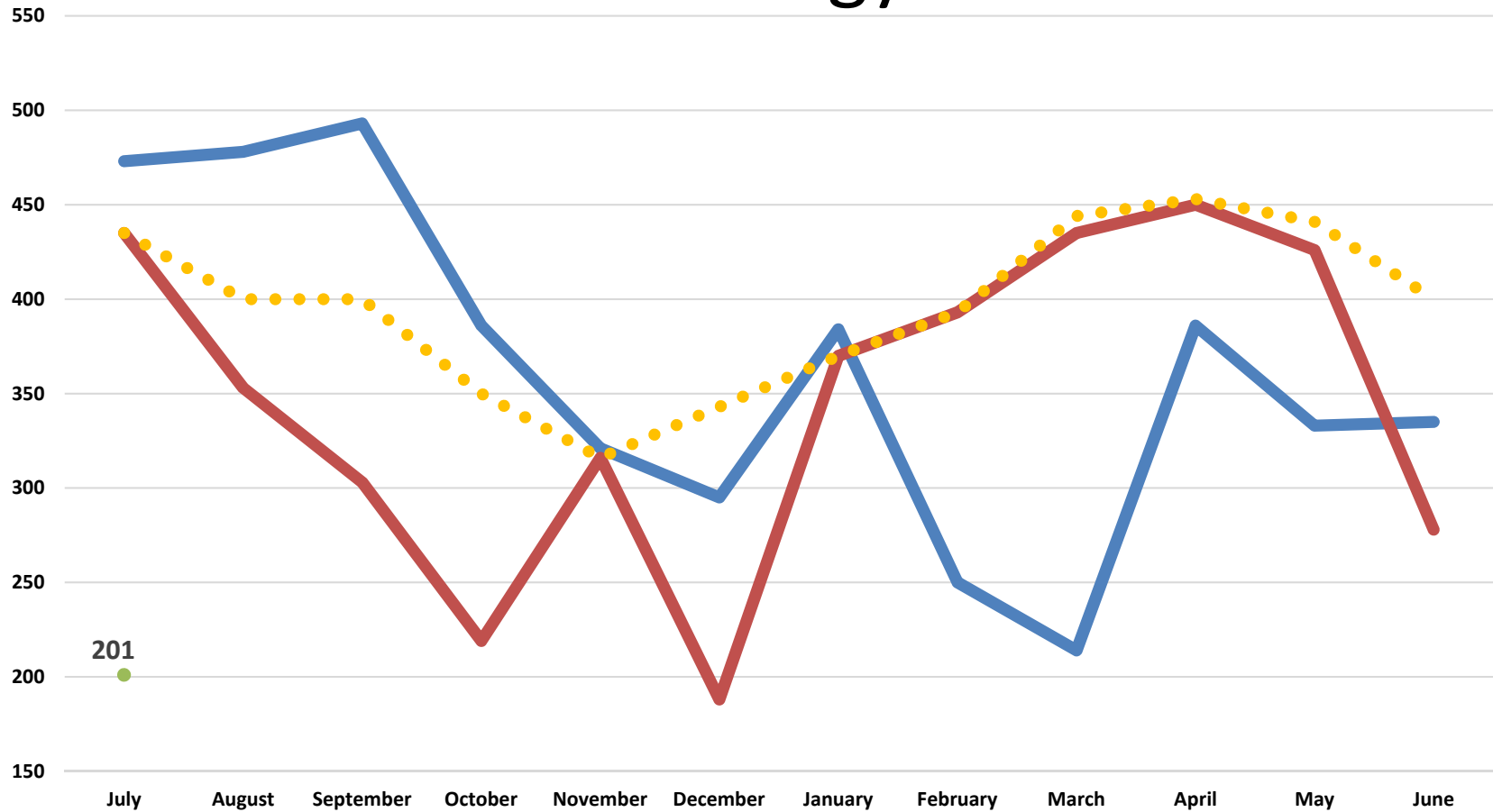
Radiation Oncology - Visalia



—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget

1,810	1,575	1,436	2,032
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

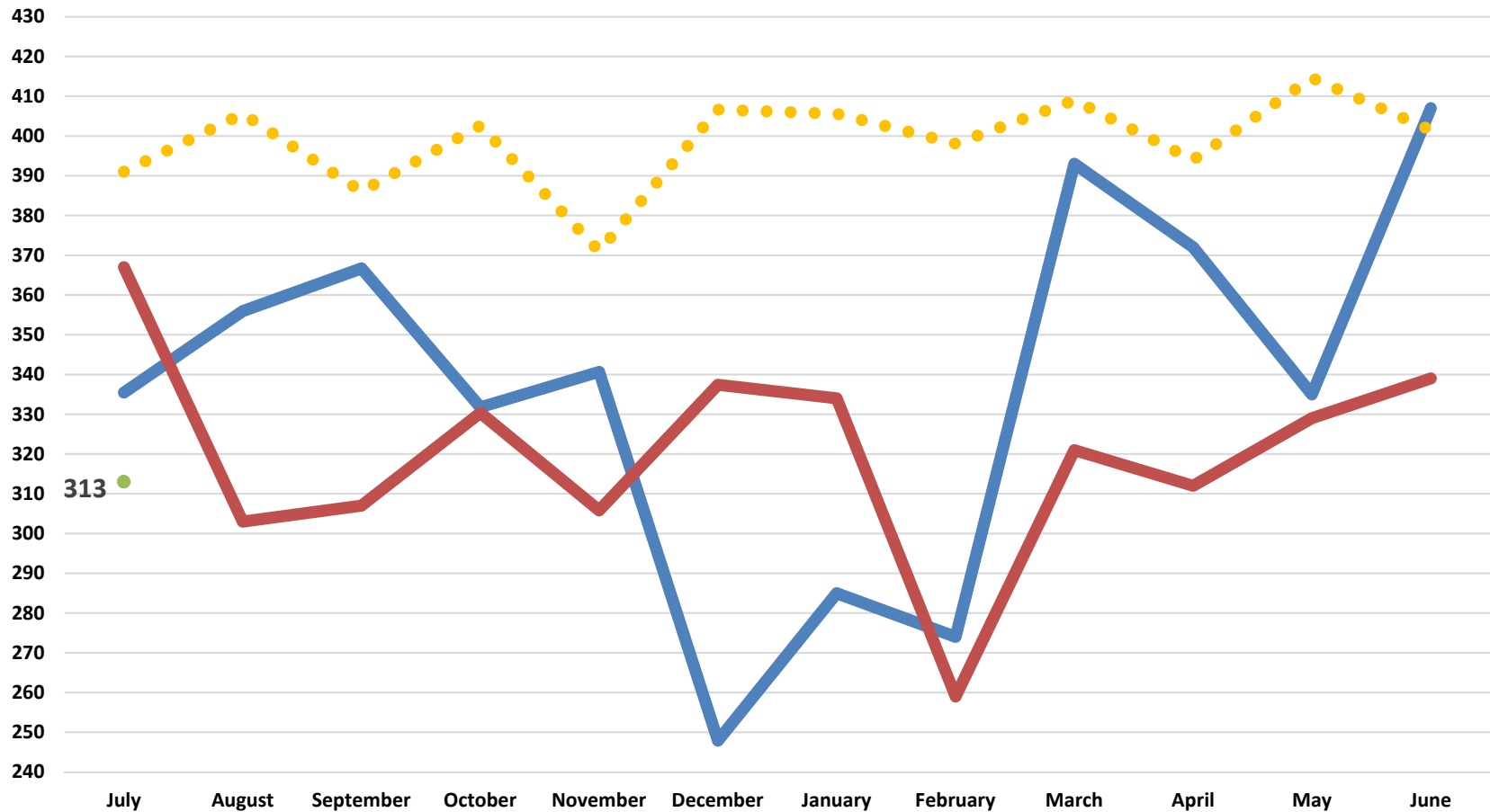
Radiation Oncology - Hanford



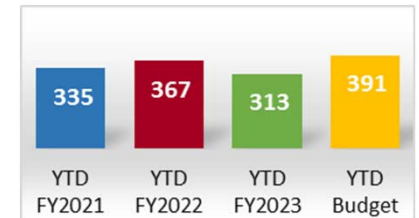
—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



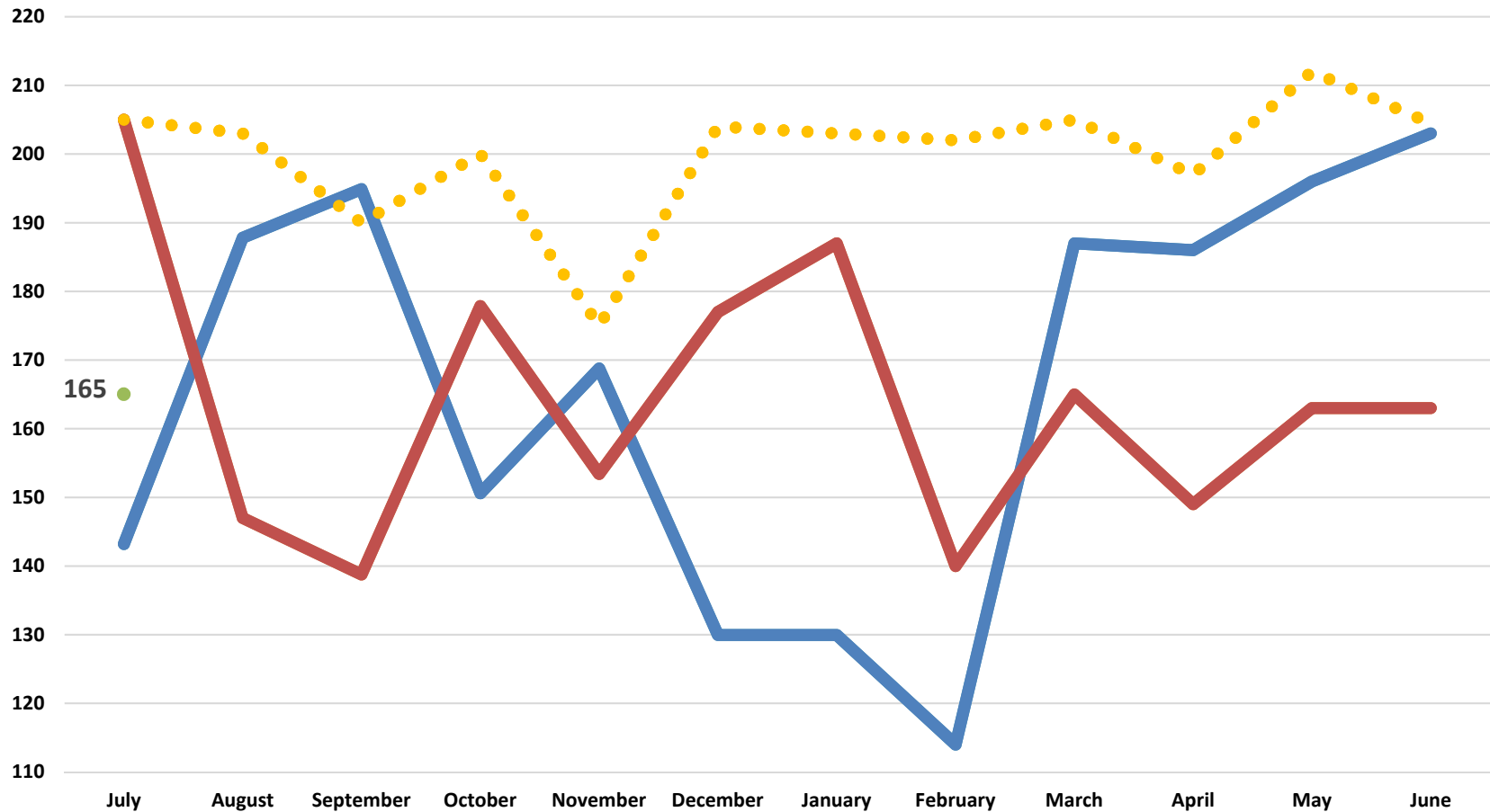
Cath Lab (IP & OP) – 100 Min Units



—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



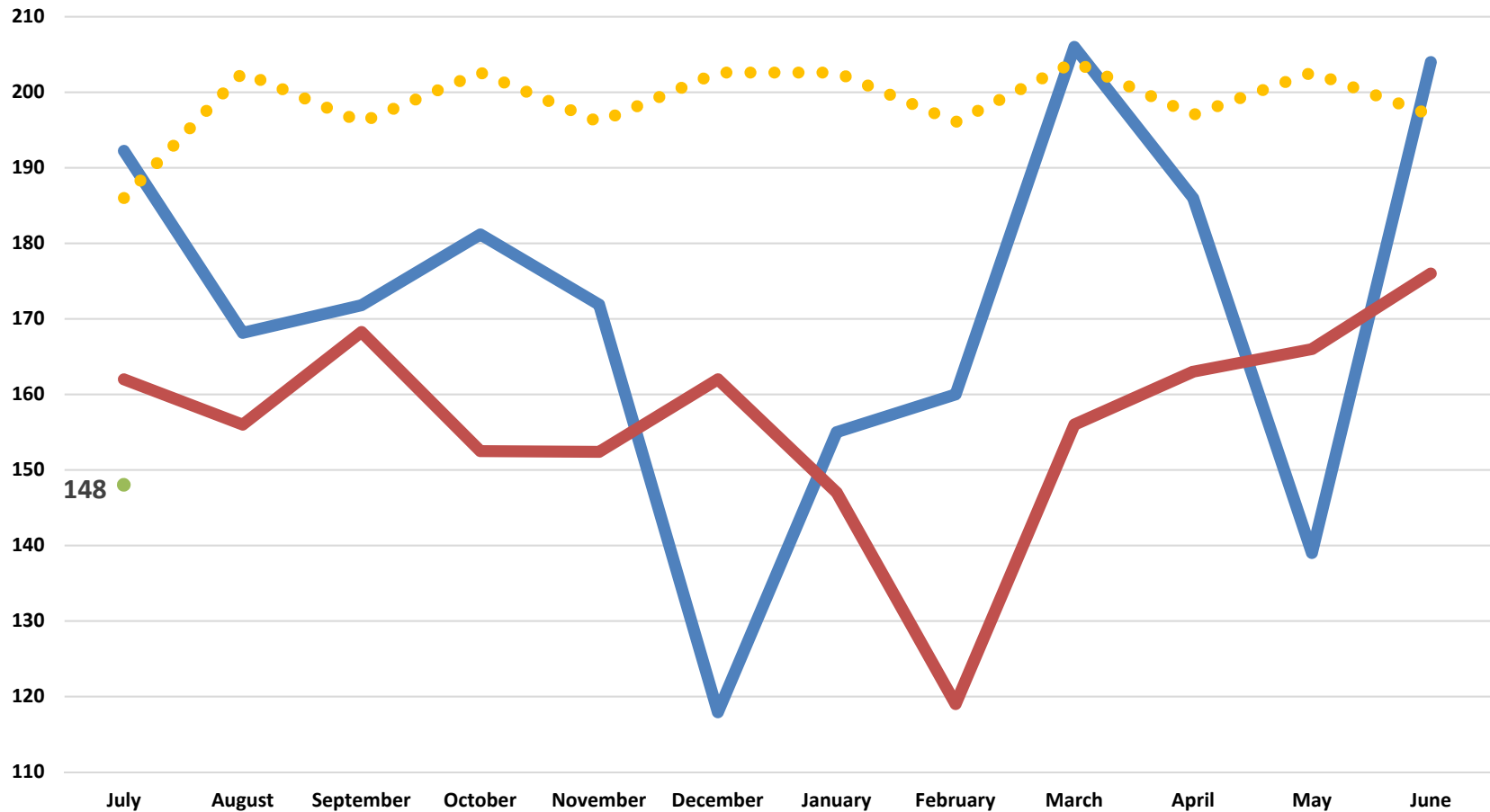
Cath Lab (IP Only) – 100 Min Units



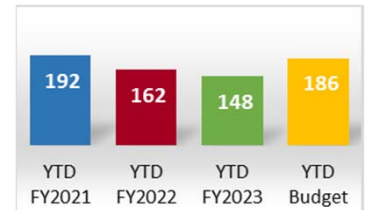
—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget

143	205	165	205
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

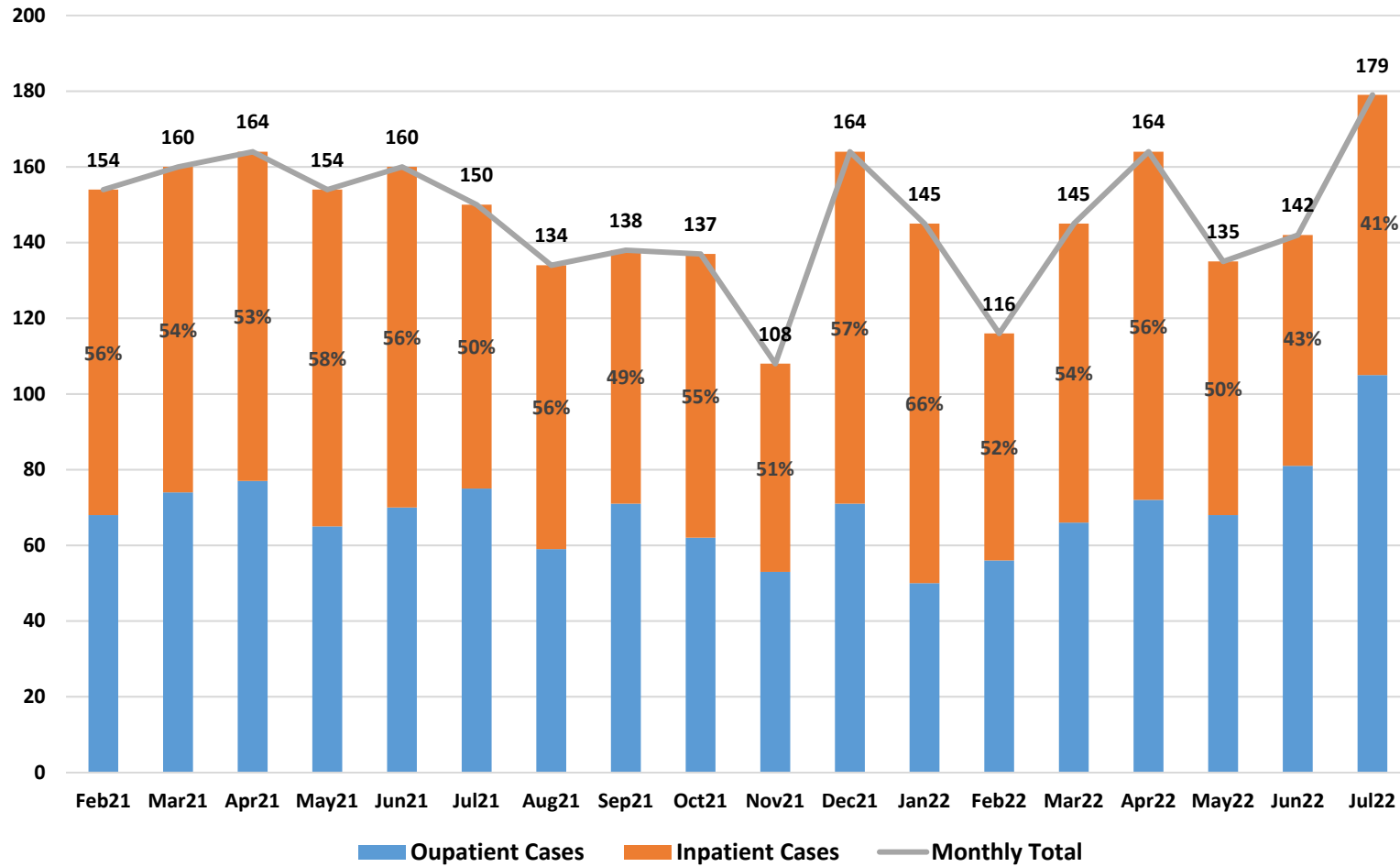
Cath Lab (OP Only) – 100 Min Units



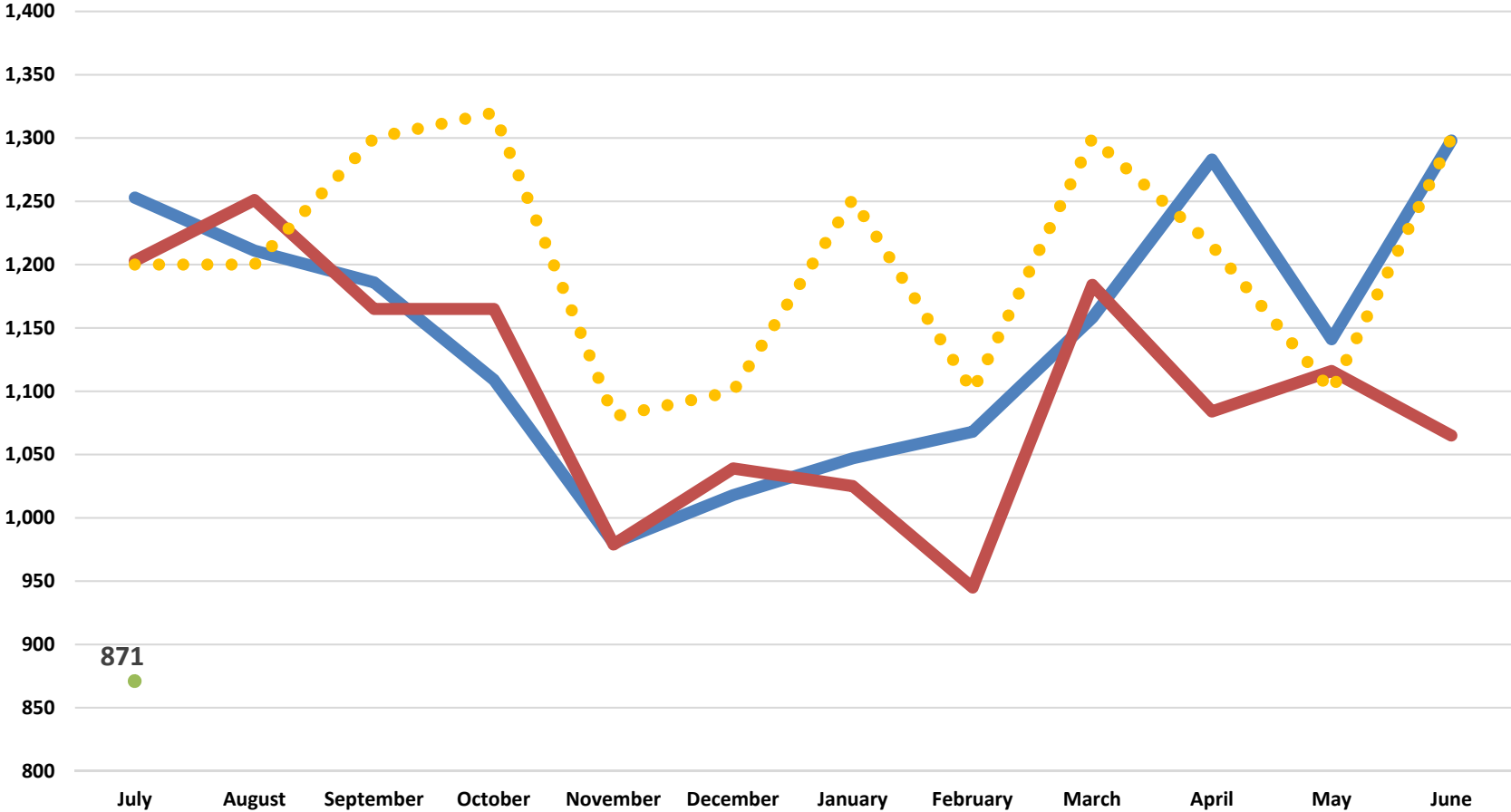
—● FY2021
 —● FY2022
 —● FY2023
 ●●● Budget



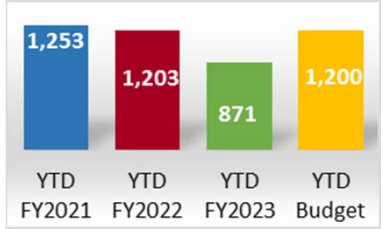
Cath Lab (IP & OP) - Patients



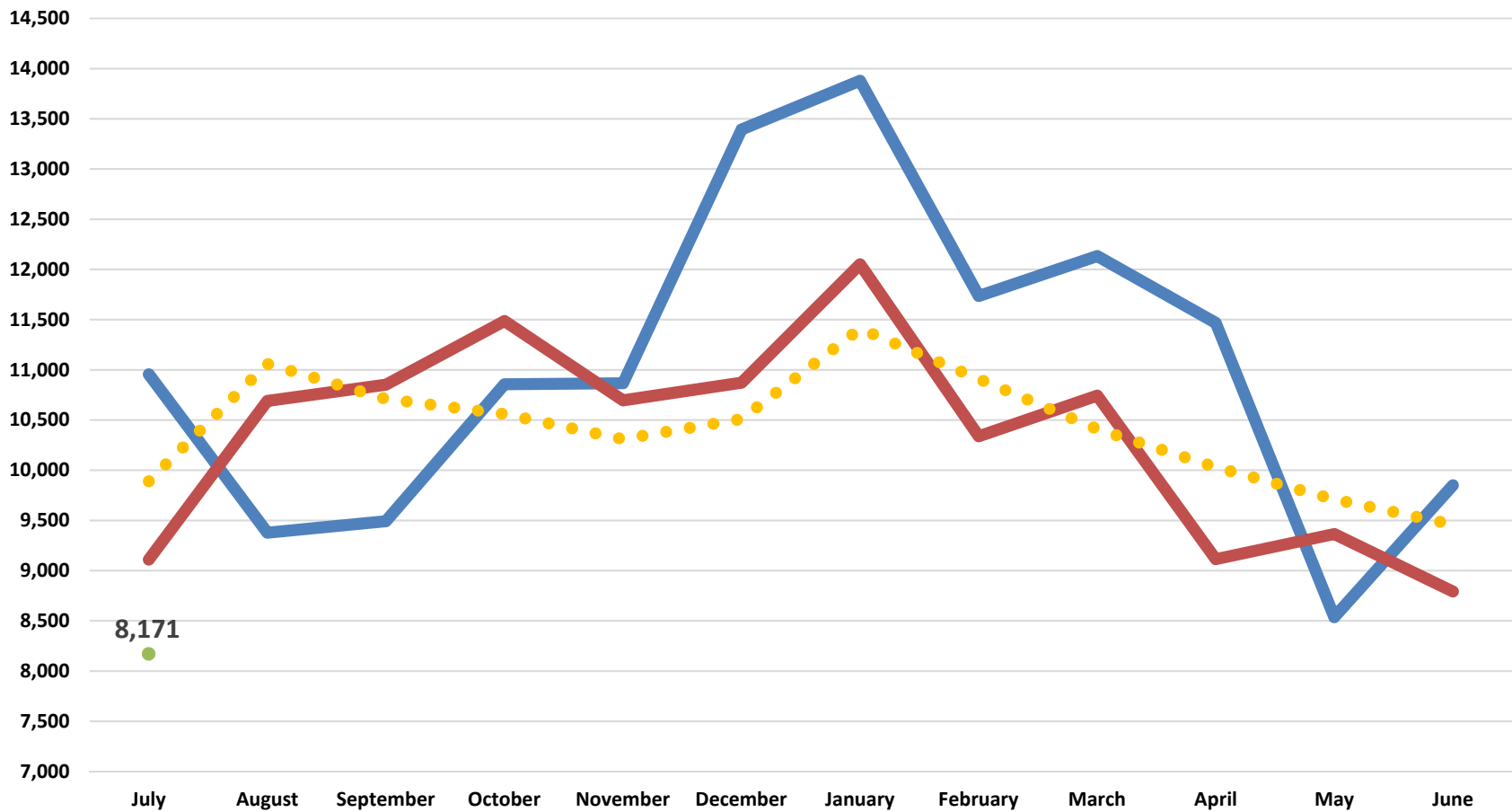
GME Family Medicine Clinic Visits



—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



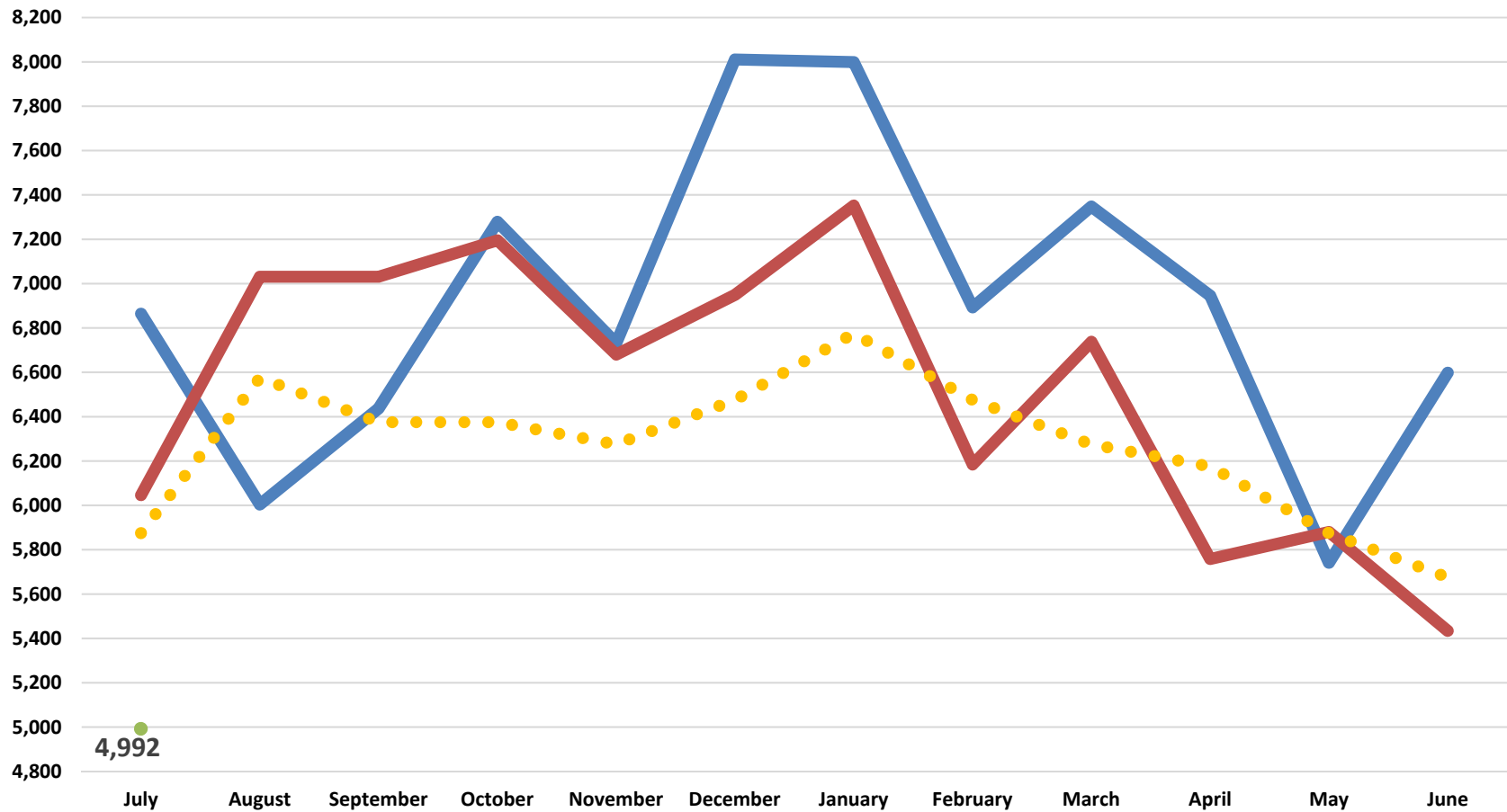
Rural Health Clinic Registrations



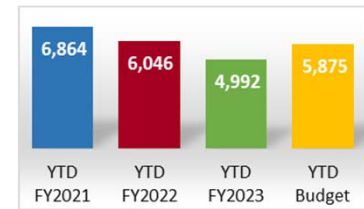
—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



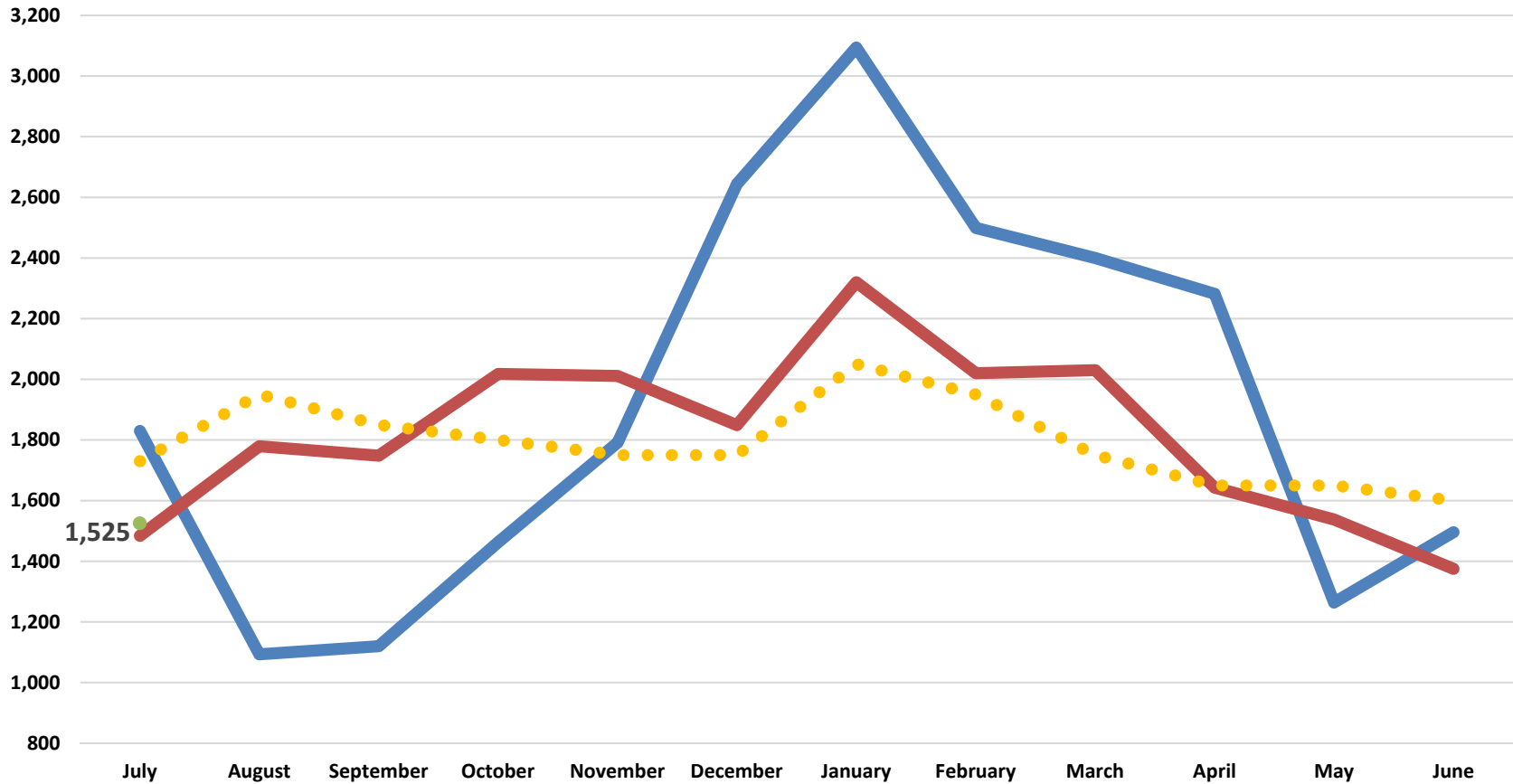
Exeter RHC - Registrations



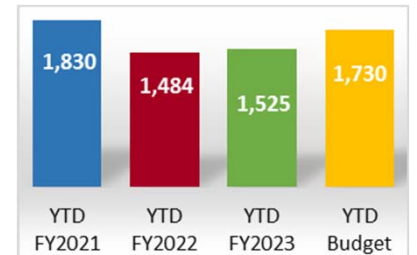
—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



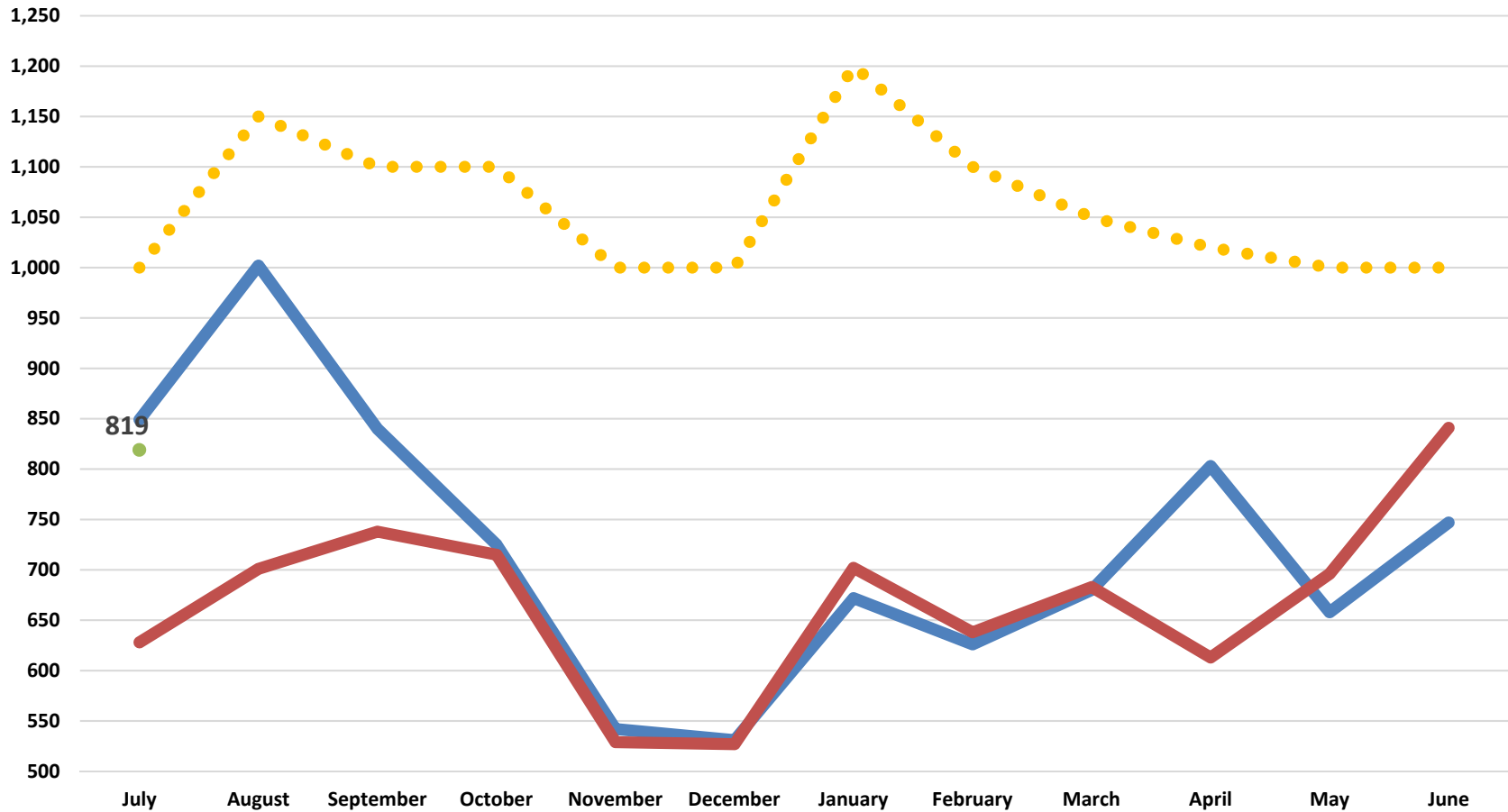
Lindsay RHC - Registrations



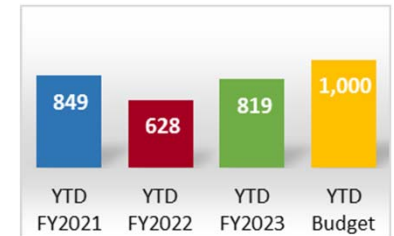
—● FY2021
 —● FY2022
 —● FY2023
 ●●● Budget



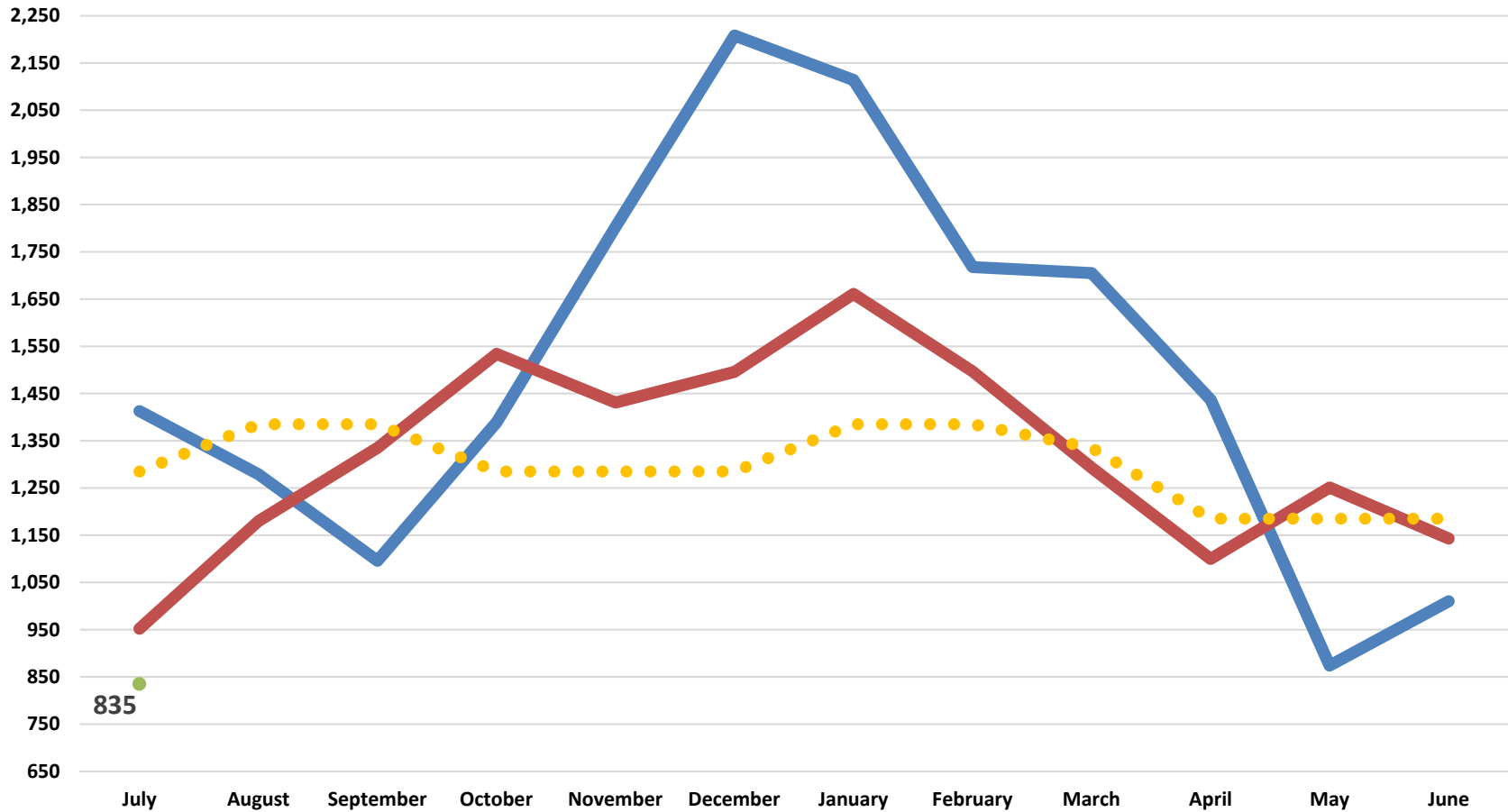
Woodlake RHC - Registrations



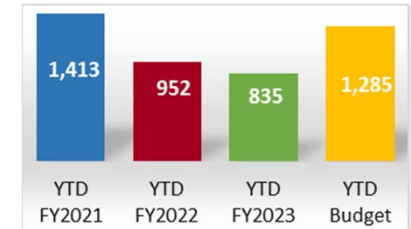
—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



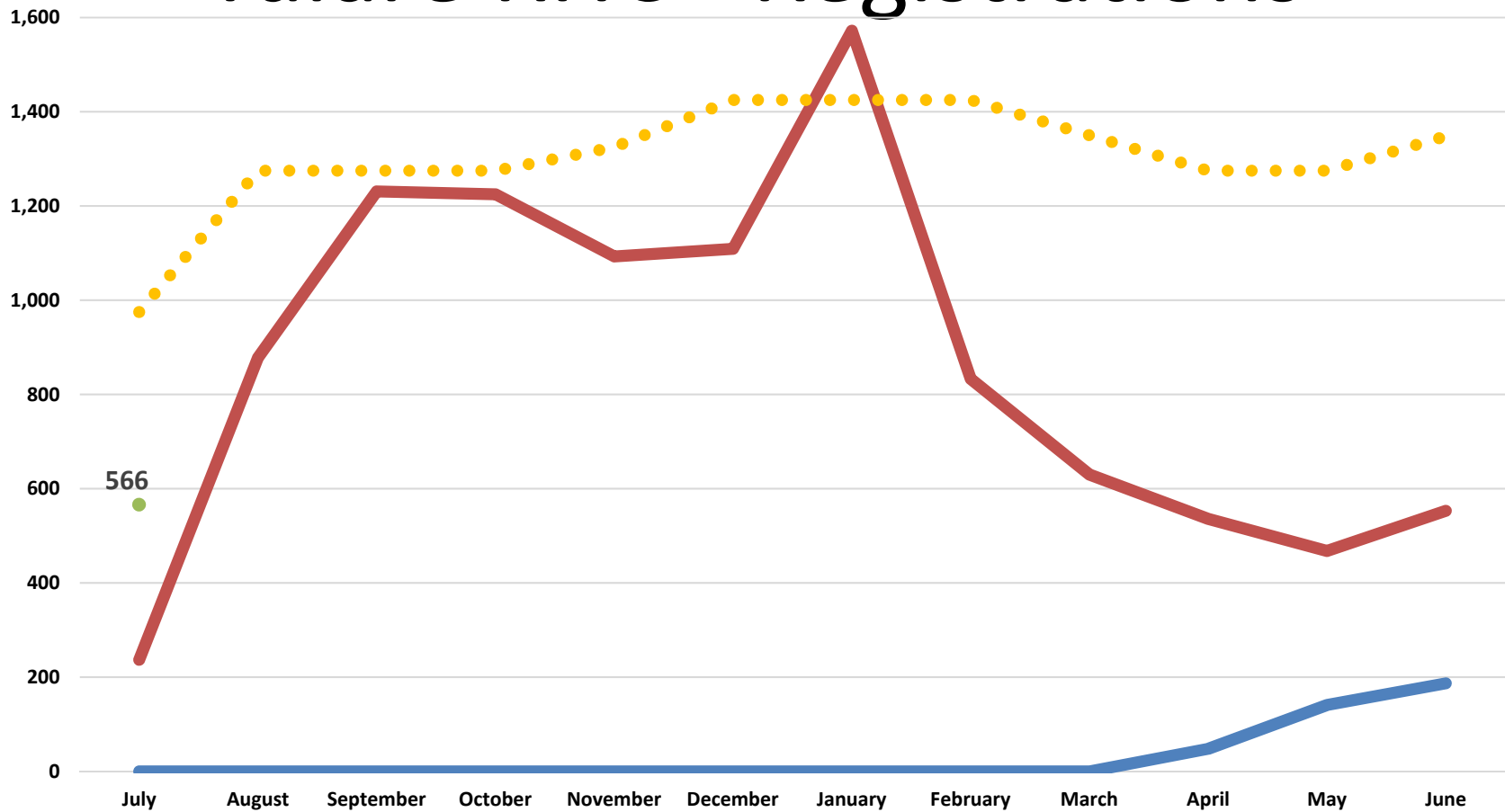
Dinuba RHC - Registrations



— FY2021
 — FY2022
 — FY2023
 ●●● Budget



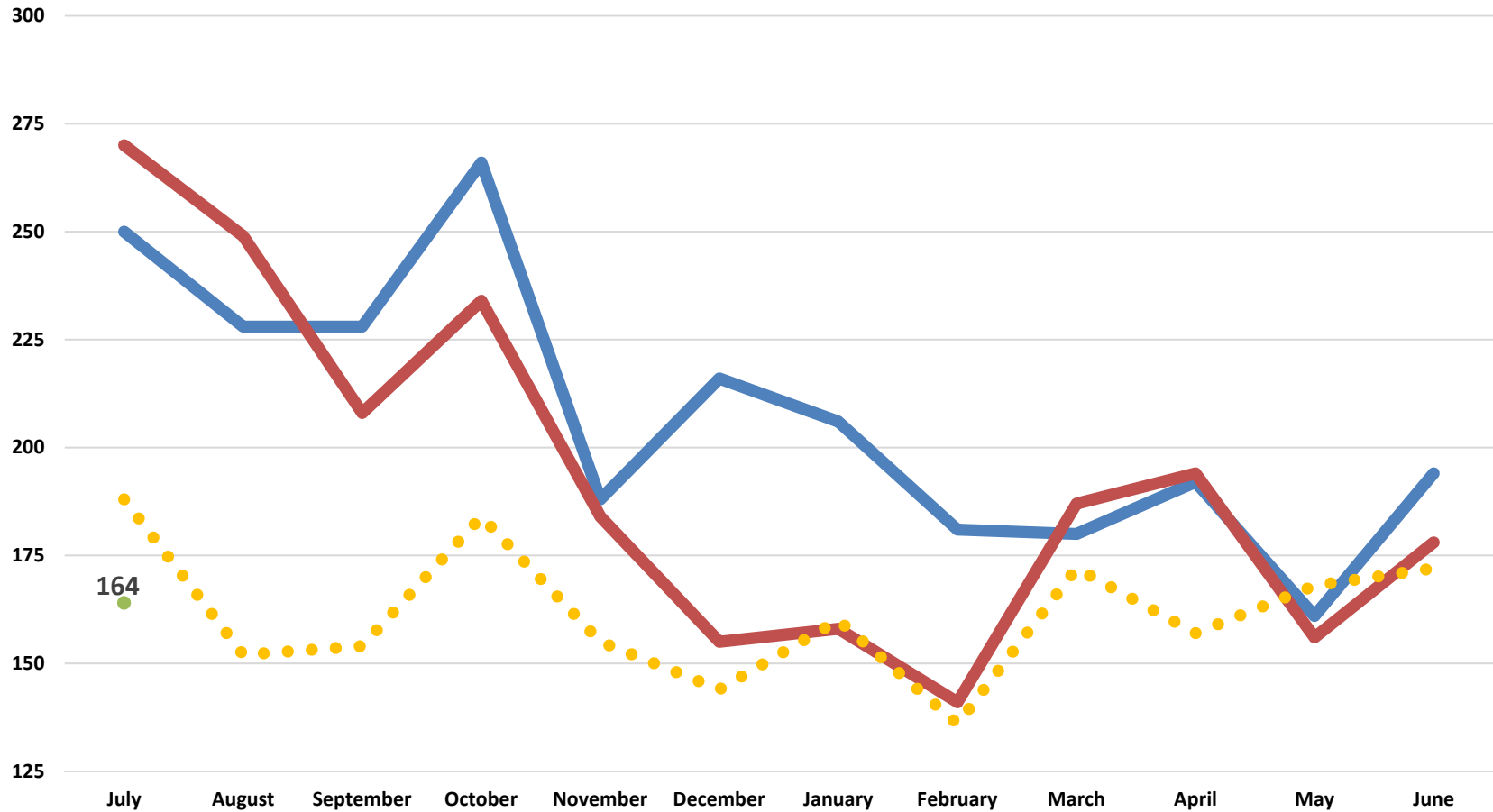
Tulare RHC - Registrations



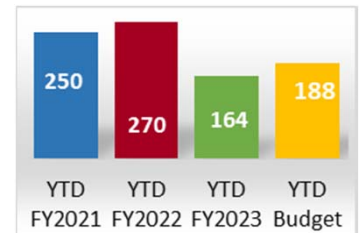
— FY2021
 — FY2022
 — FY2023
 ●●● Budget

-	237	566	975
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

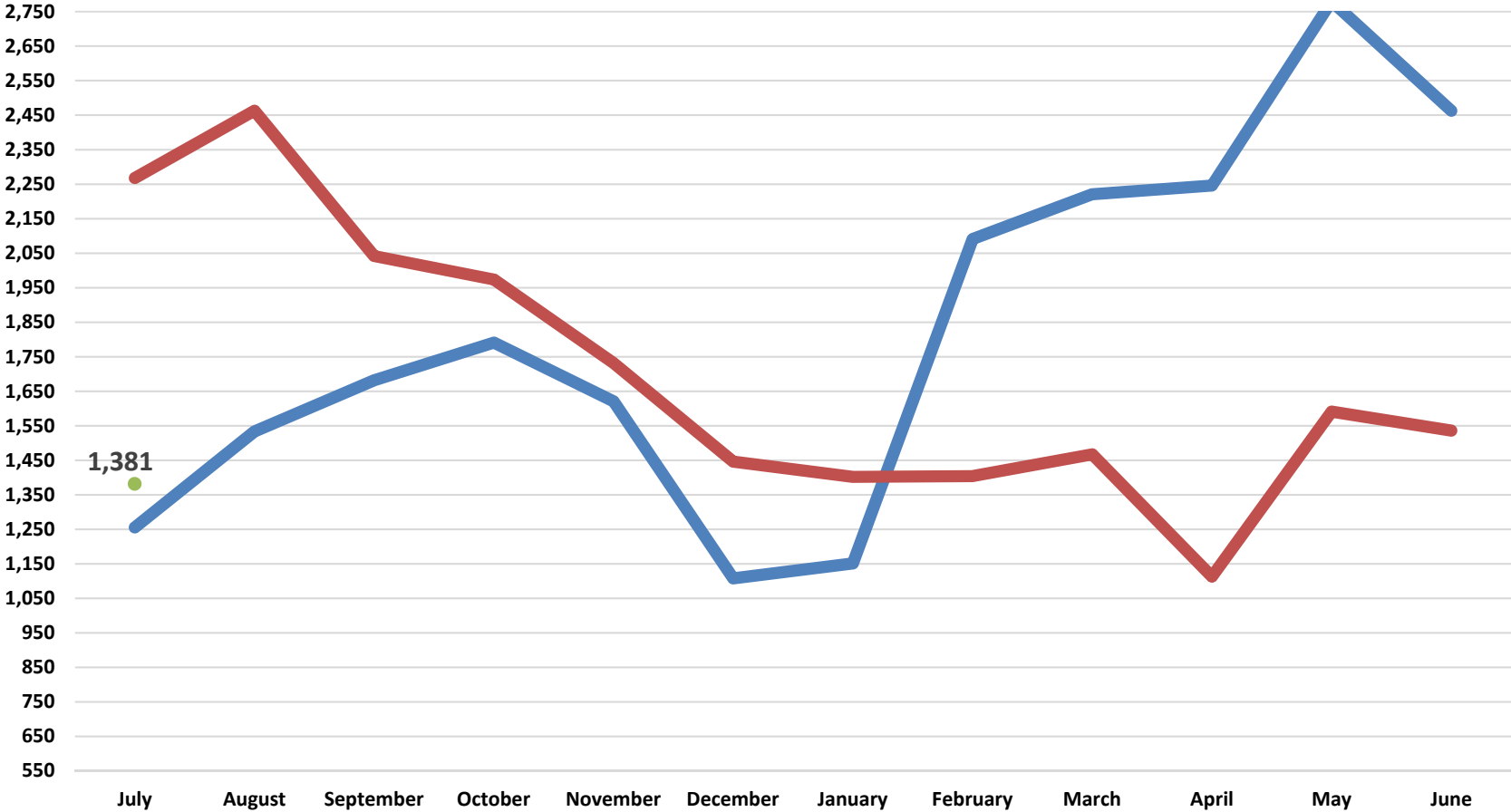
Neurosurgery Clinic - Registrations



—● FY2021
 —● FY2022
 —● FY2023
 ●●● Budget



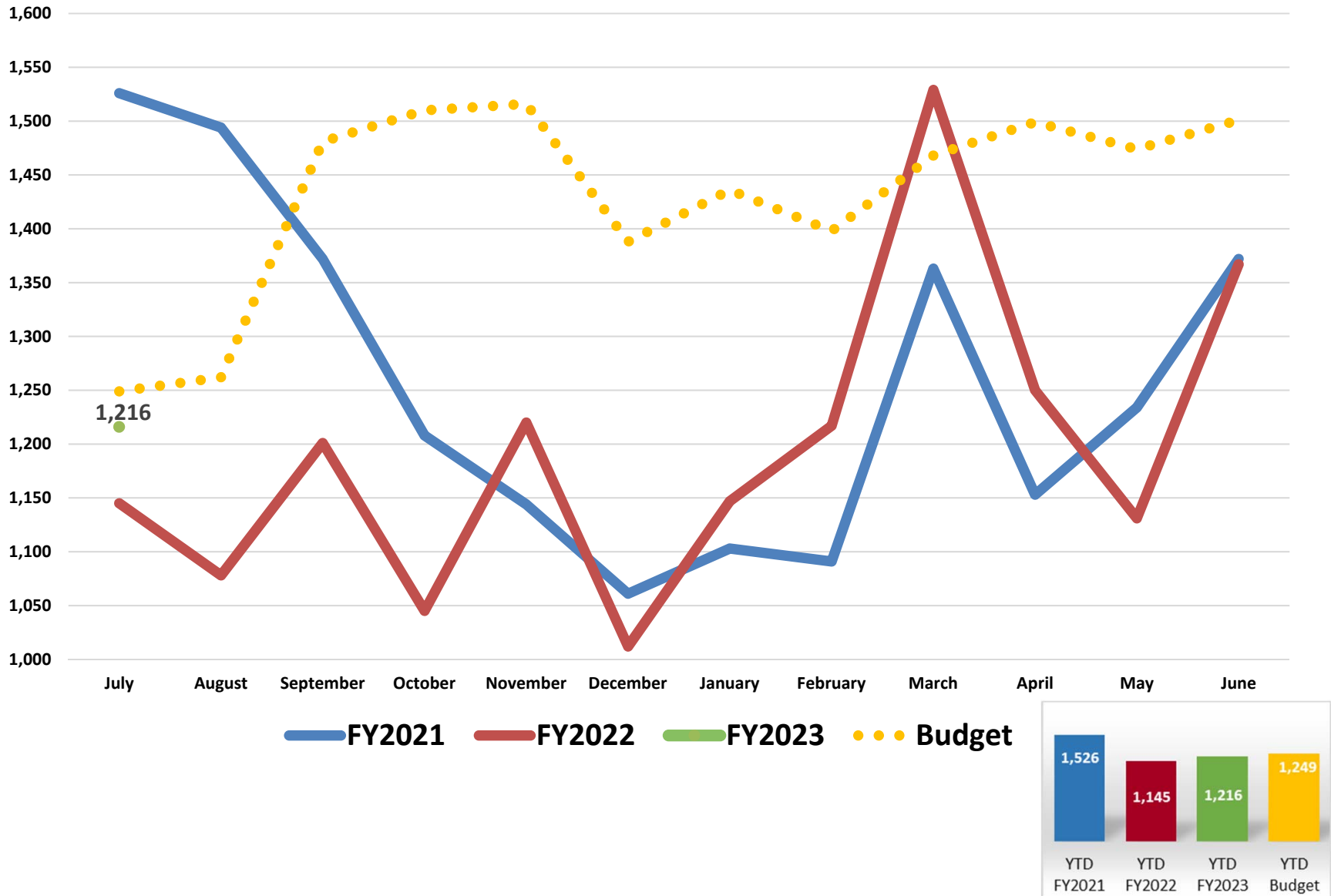
Neurosurgery Clinic - wRVU's



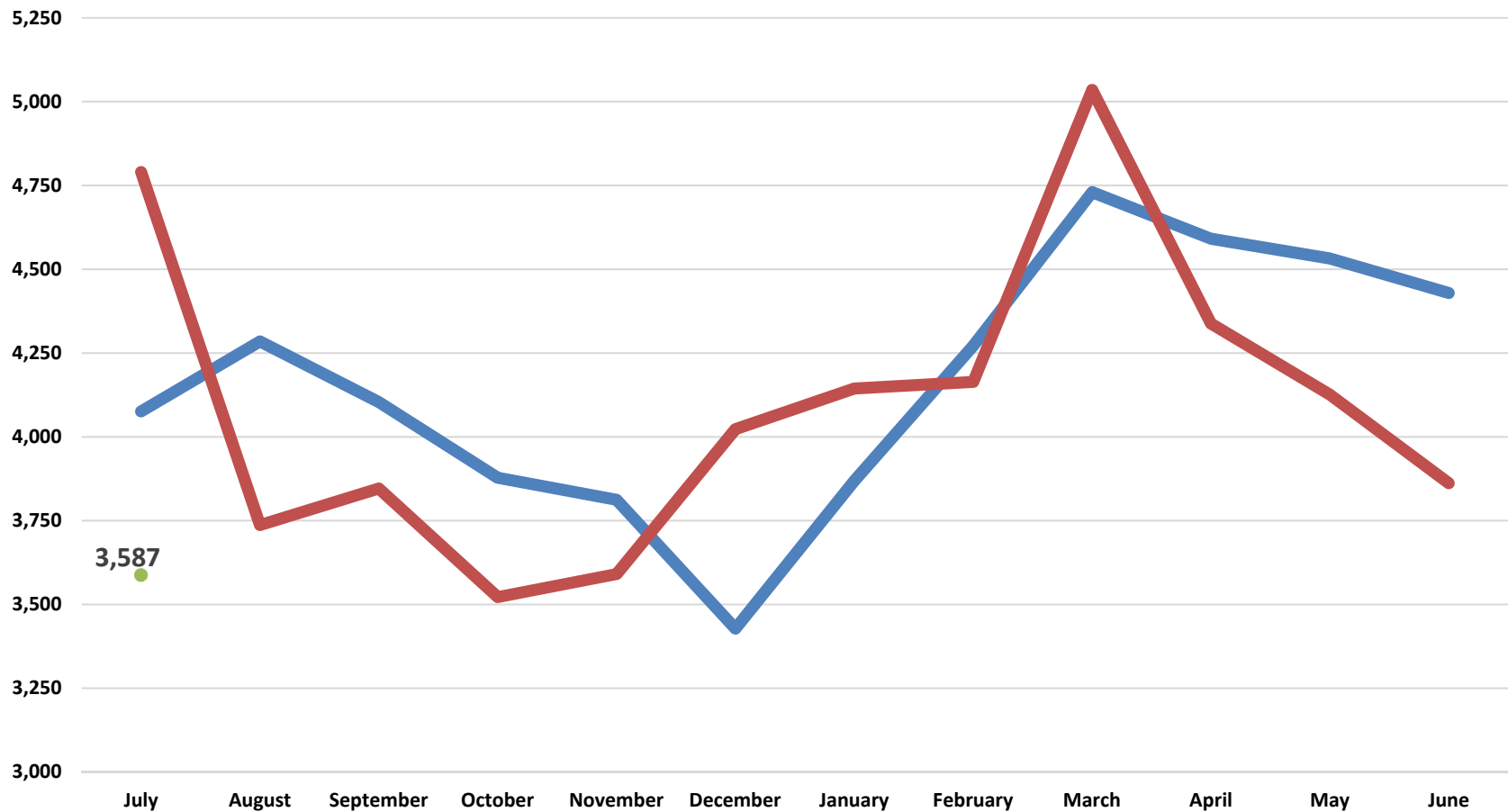
— FY2021 — FY2022 — FY2023

1,255	2,268	1,381
YTD FY2021	YTD FY2022	YTD FY2023

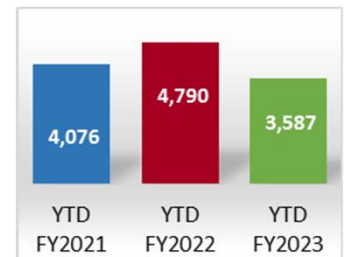
Sequoia Cardiology - Registrations



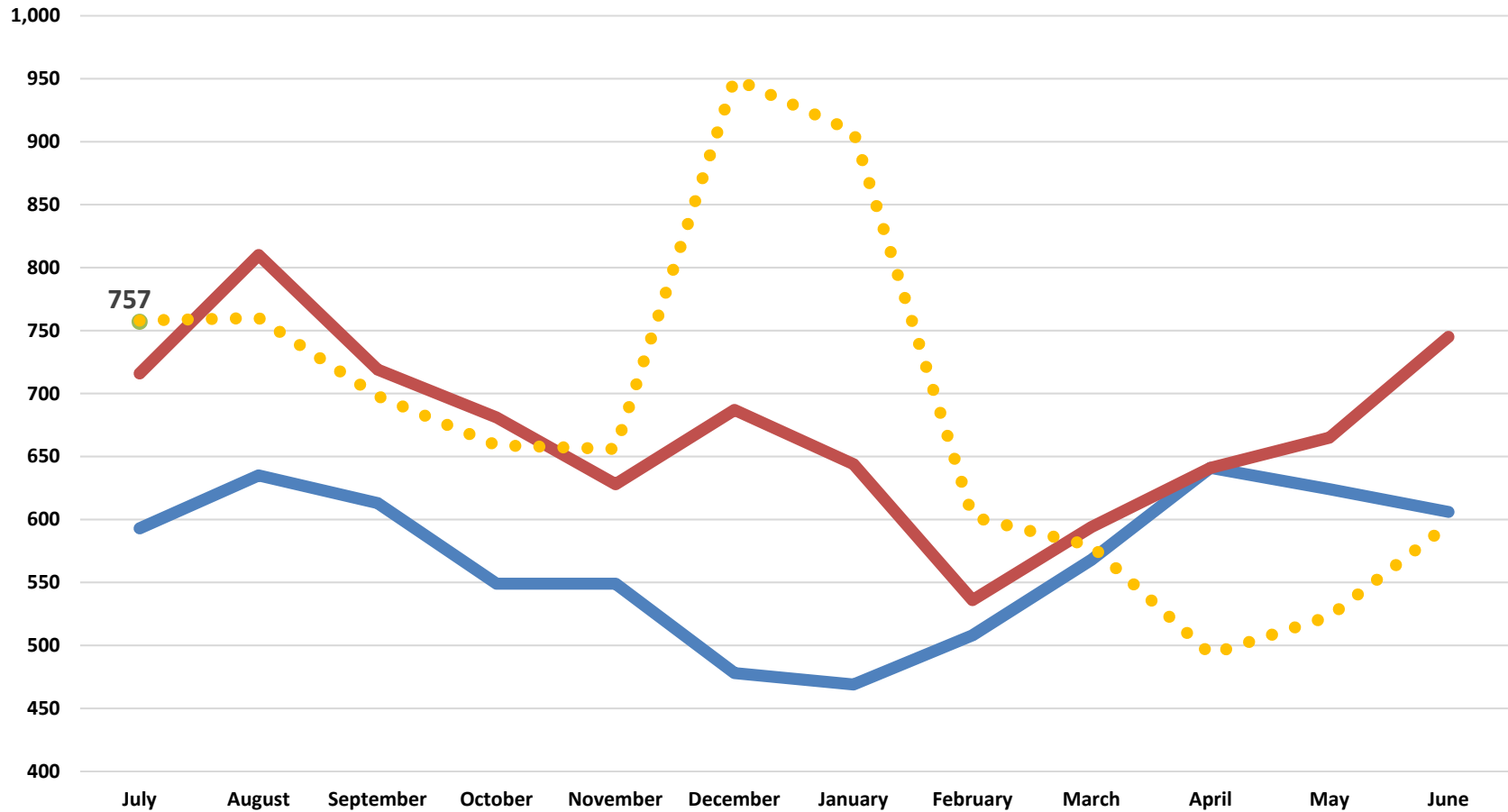
Sequoia Cardiology – wRVU's



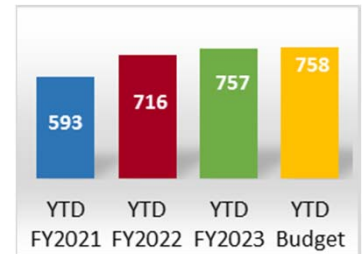
— FY2021 — FY2022 — FY2023



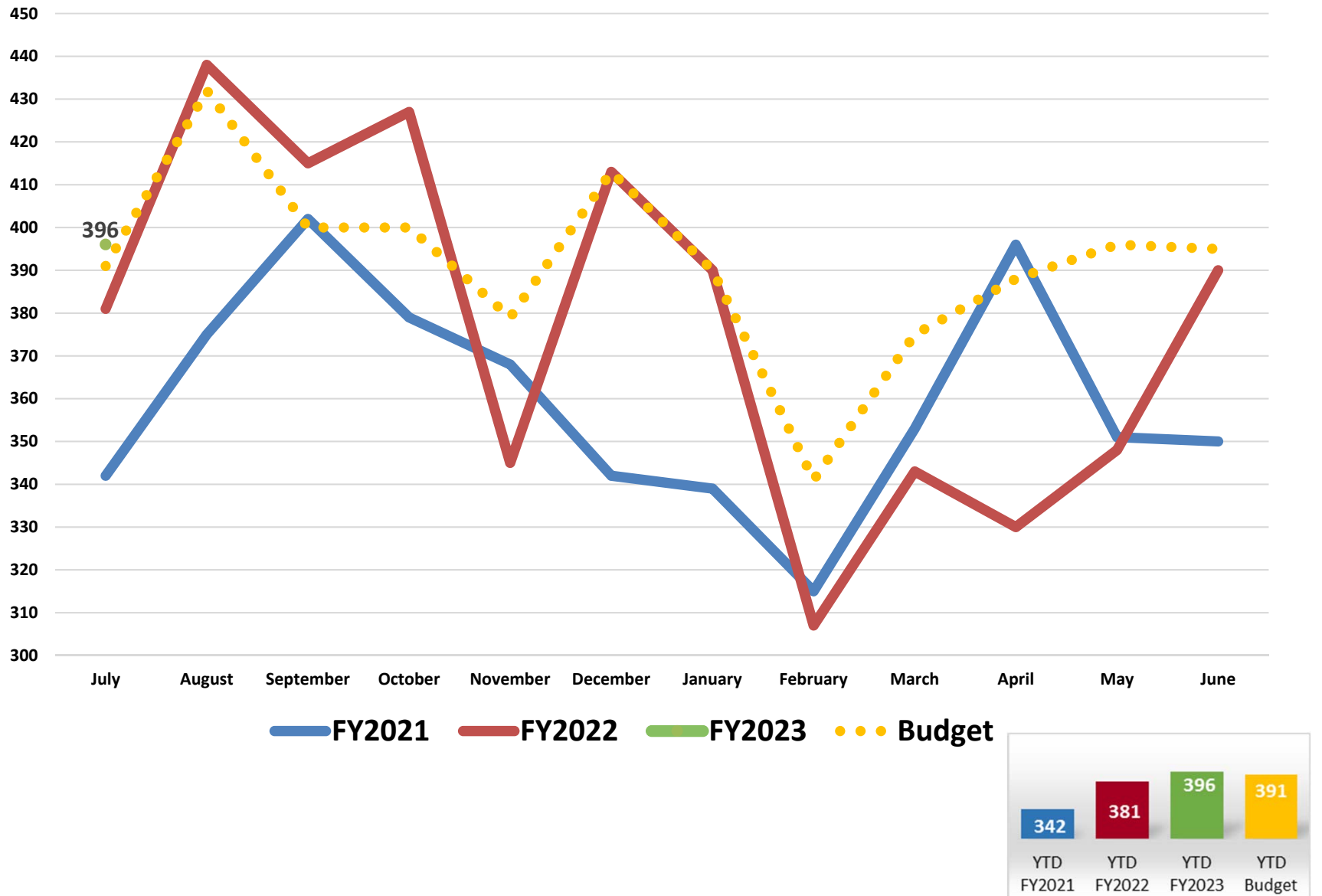
Labor Triage Registrations



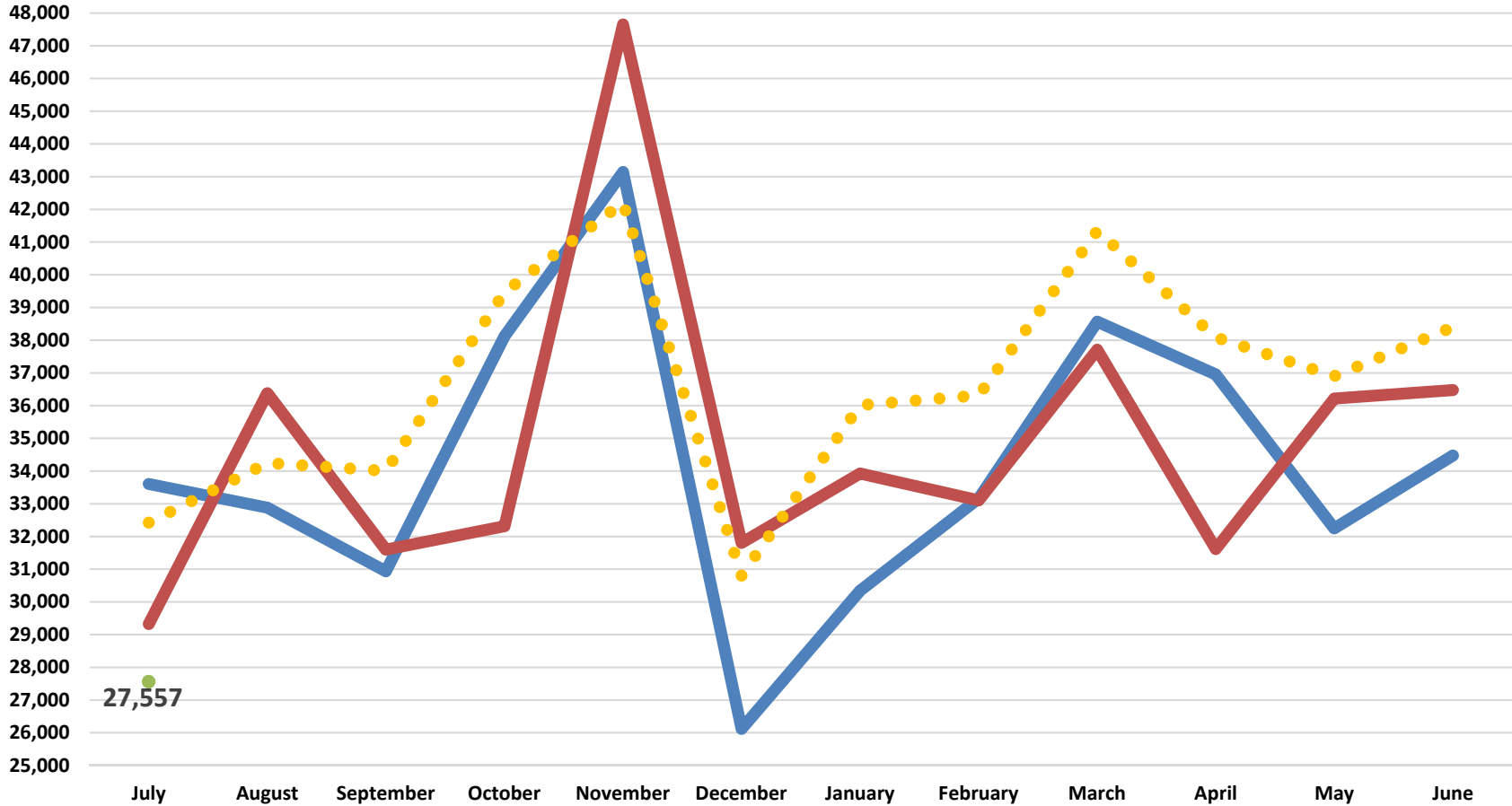
—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



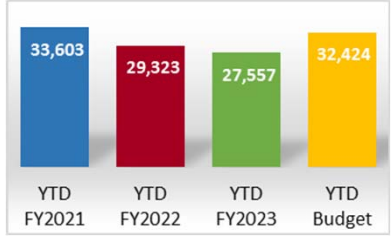
Deliveries



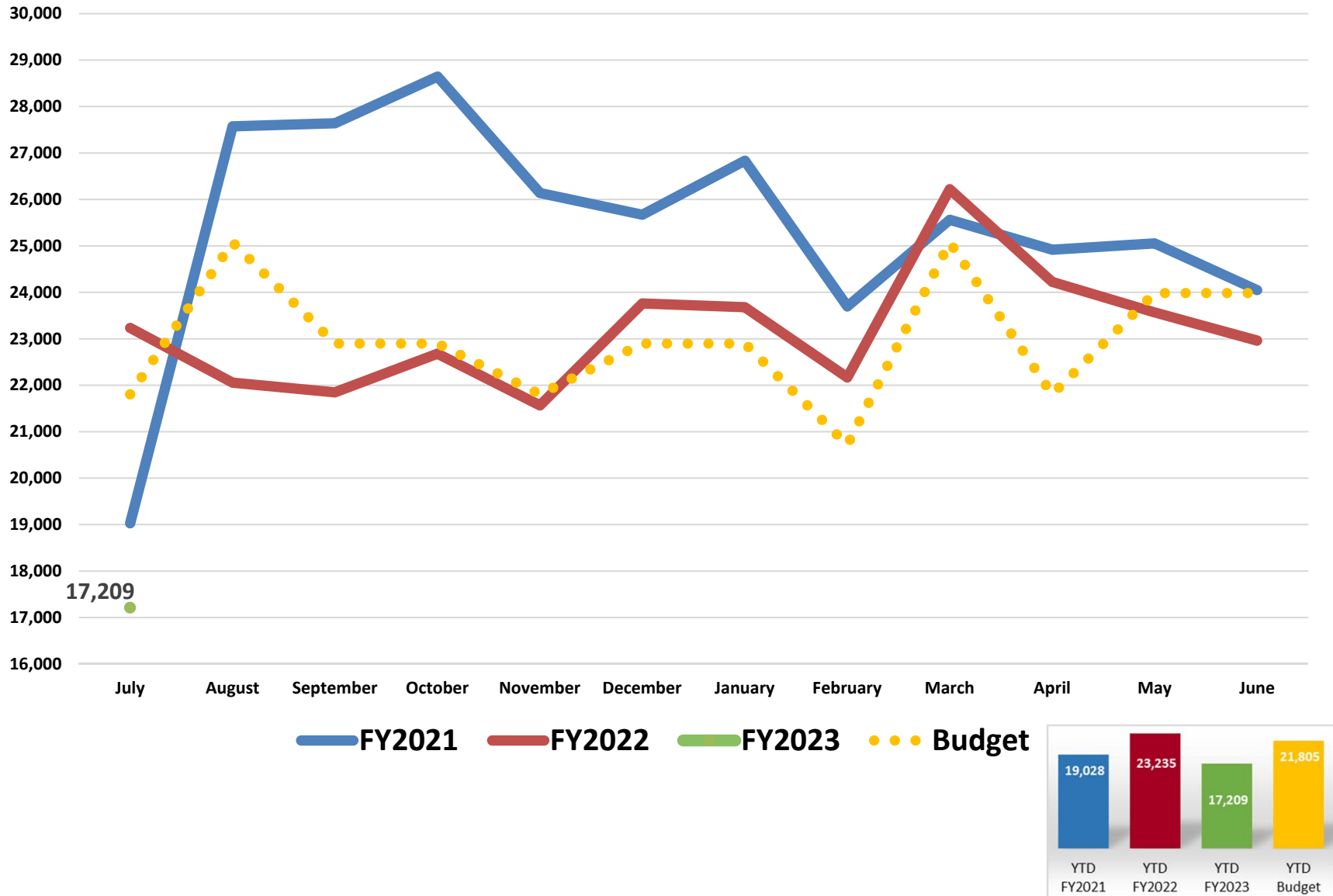
KHMG RVU's



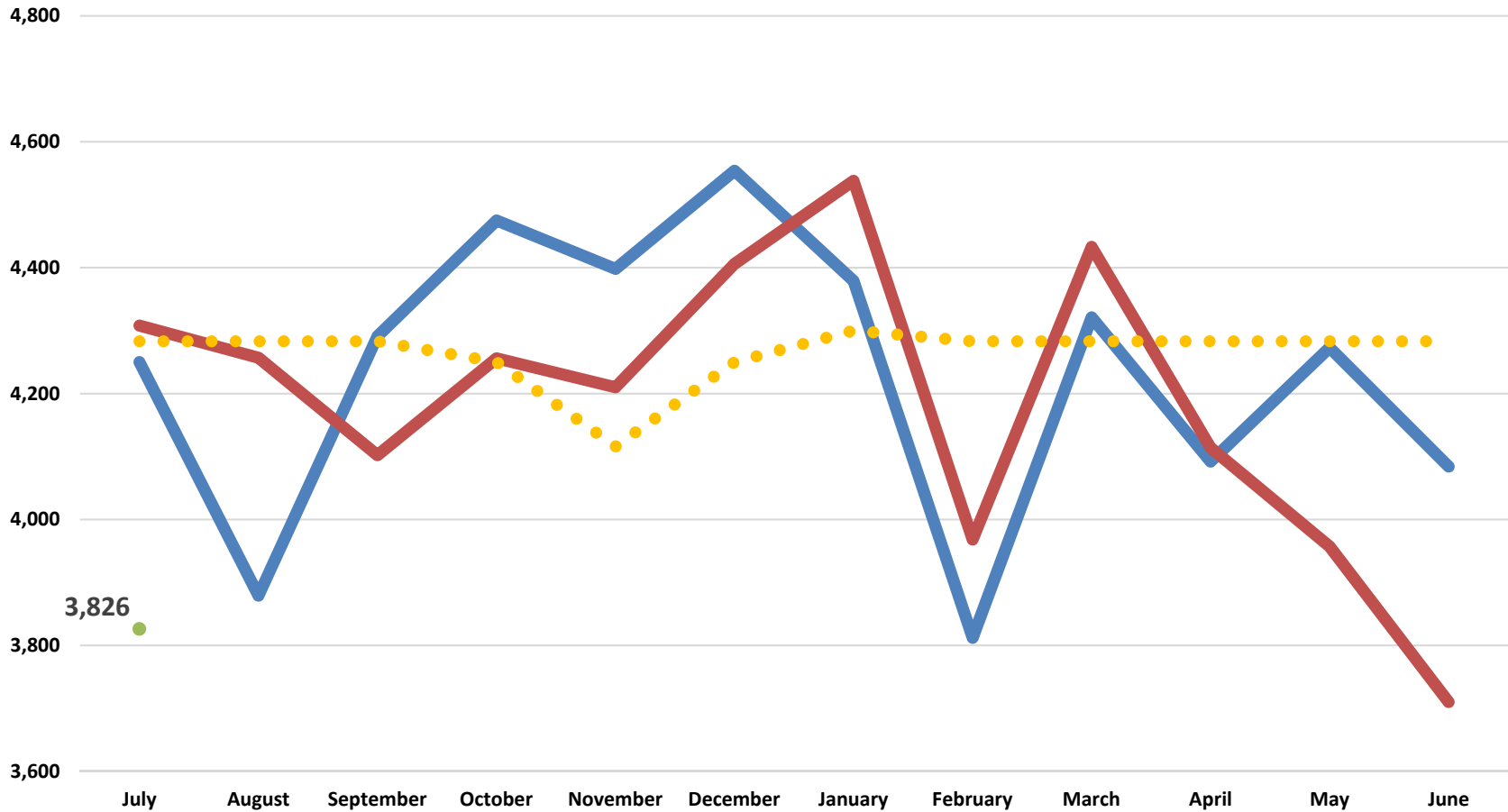
— **FY2021**
 — **FY2022**
 — **FY2023**
 ••• **Budget**



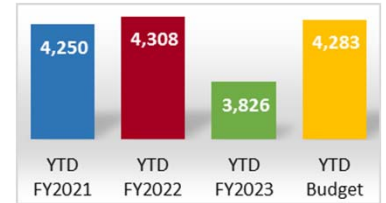
Home Infusion Days



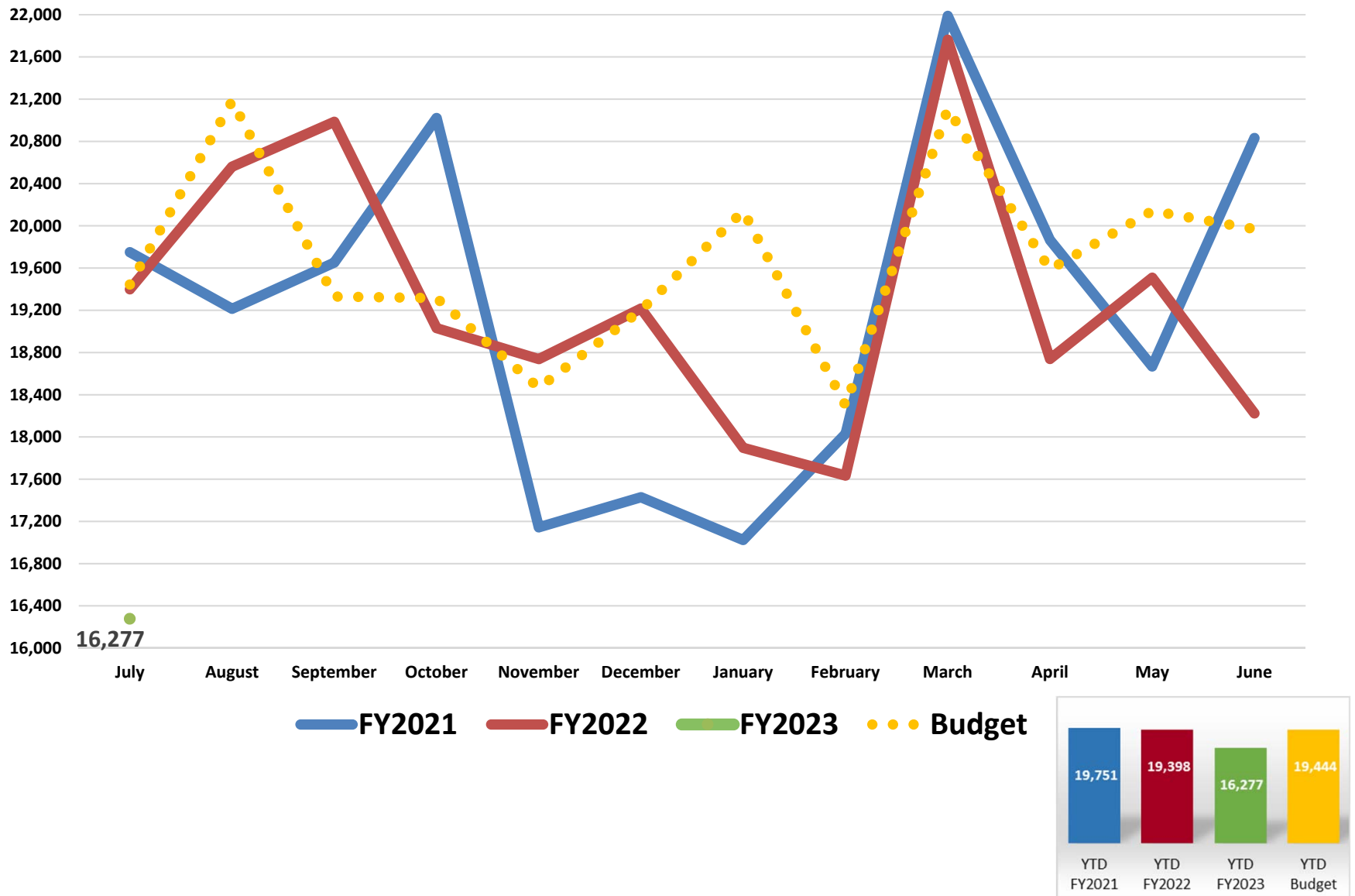
Hospice Days



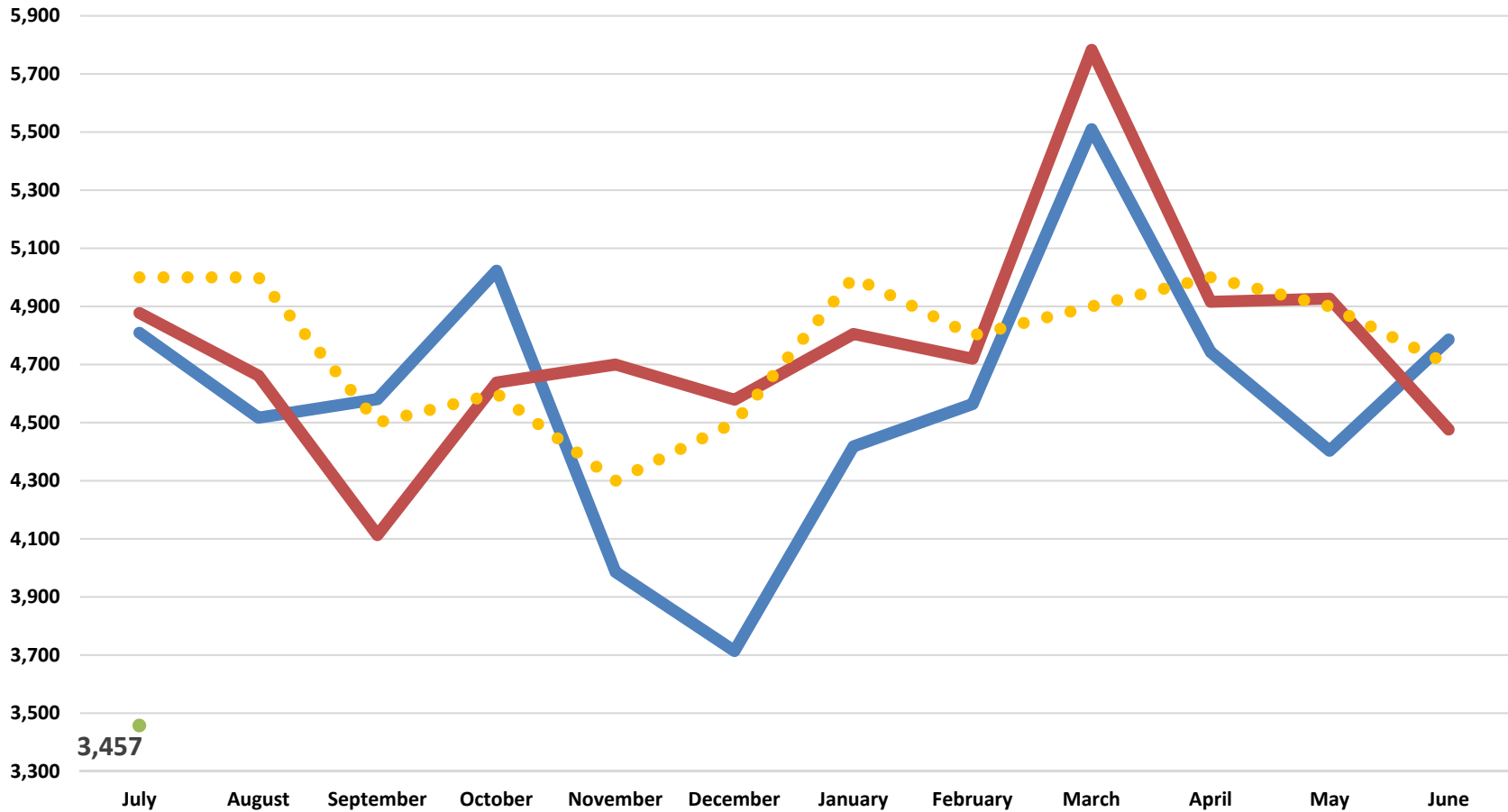
—●— **FY2021**
 —●— **FY2022**
 —●— **FY2023**
 ●●● **Budget**



All O/P Rehab Services Across District



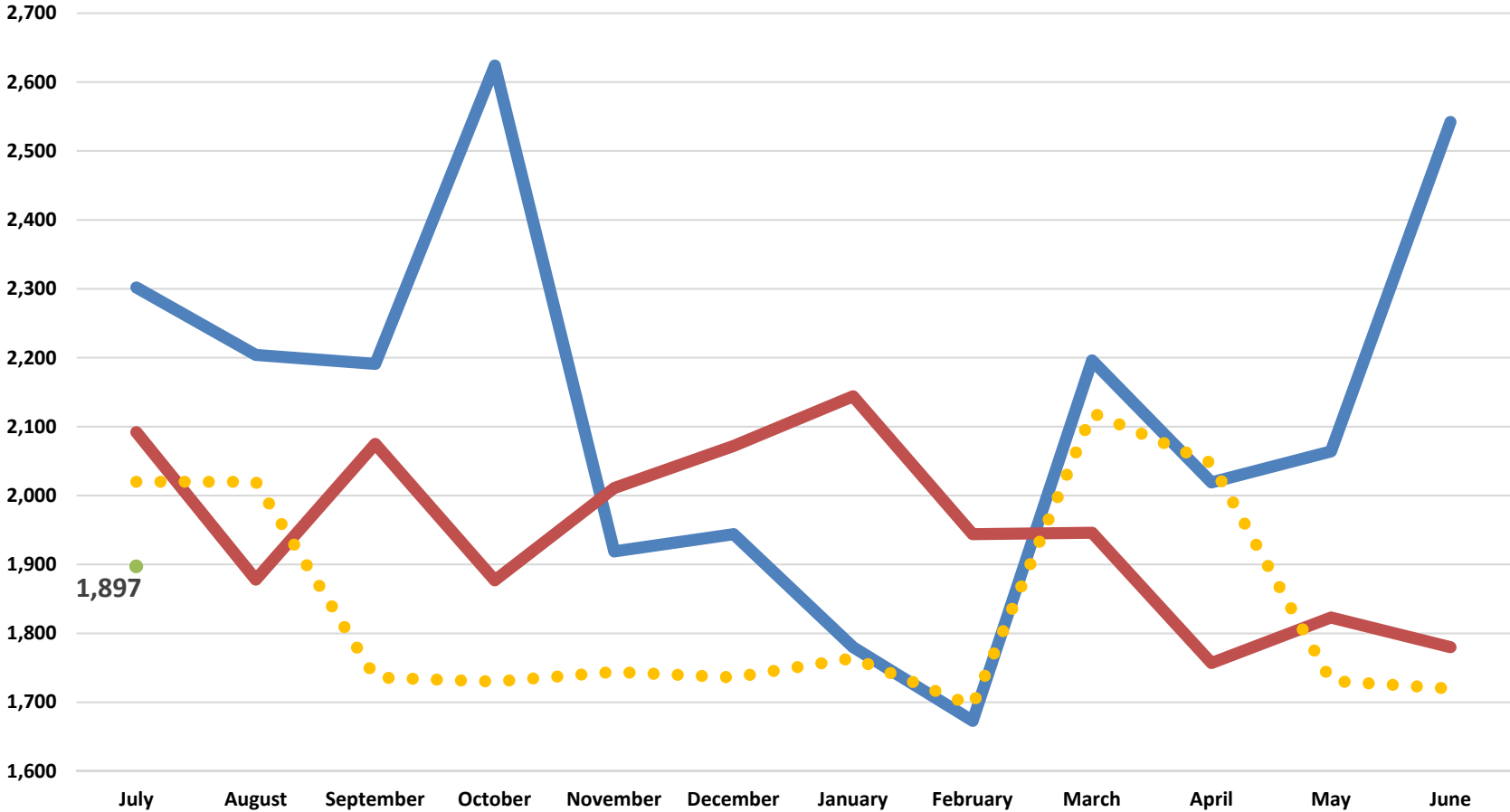
O/P Rehab Services



—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



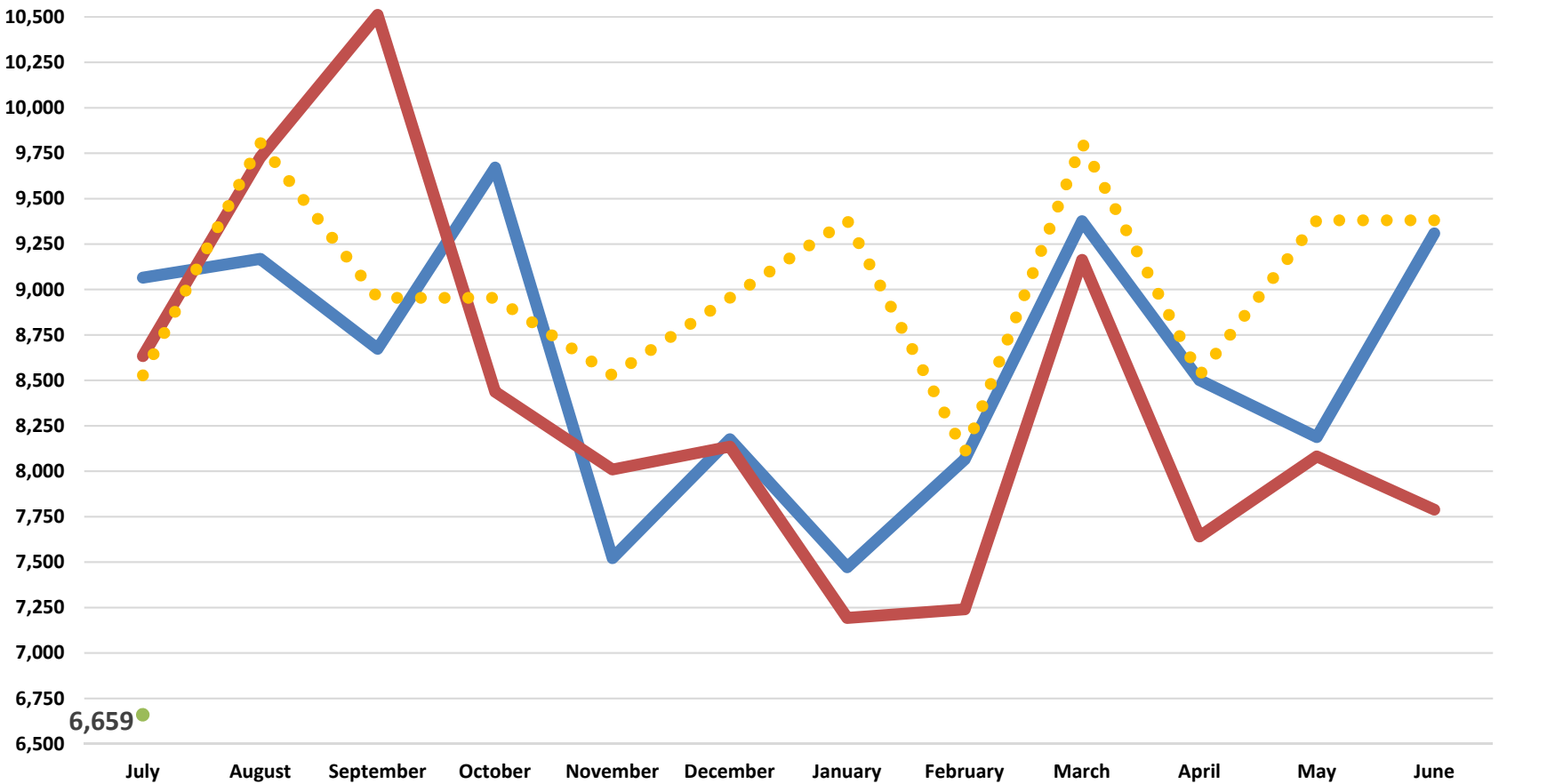
O/P Rehab - Exeter



—●— **FY2021**
 —●— **FY2022**
 —●— **FY2023**
 ●●● **Budget**



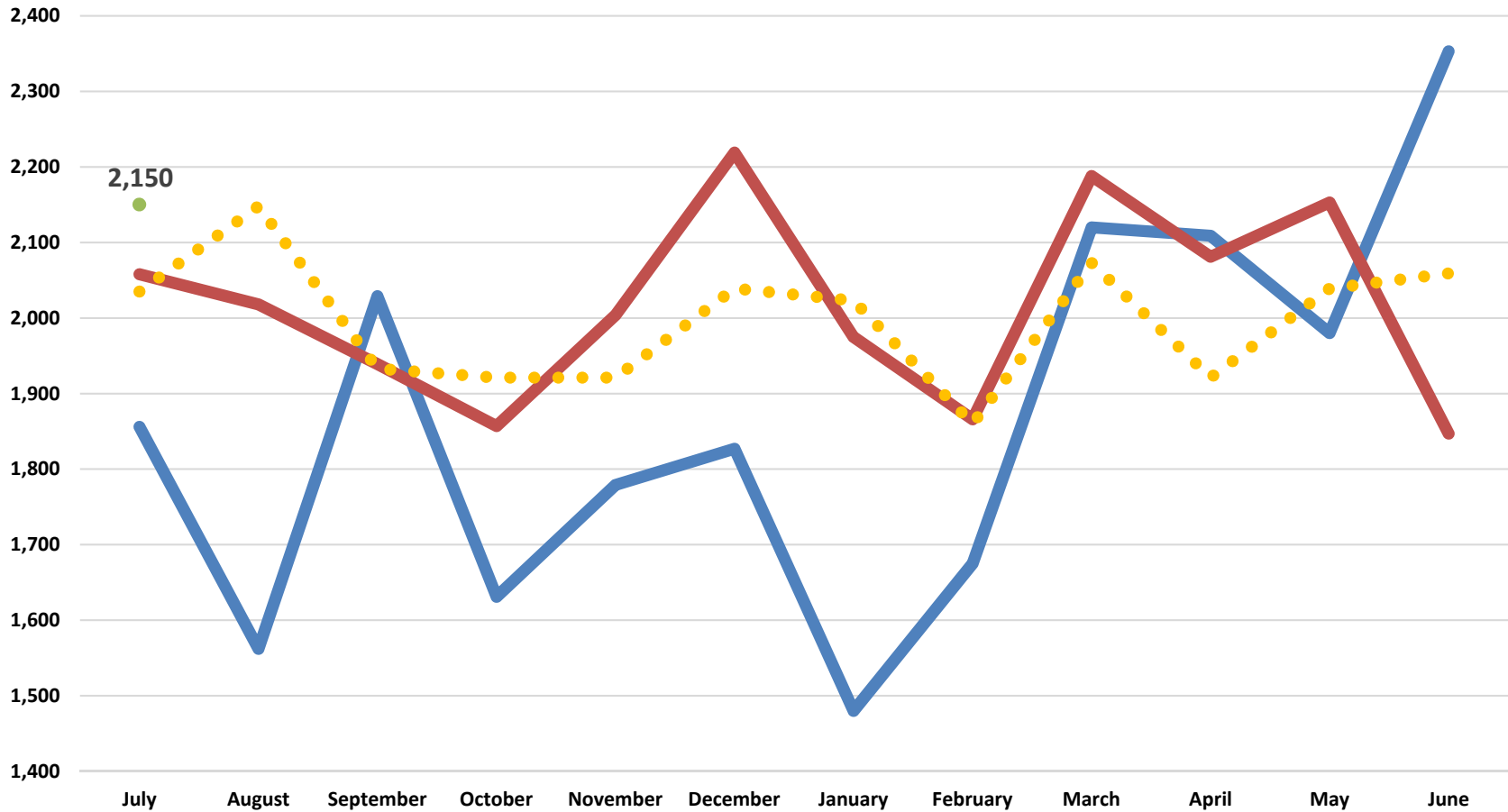
O/P Rehab - Akers



— **FY2021**
 — **FY2022**
 — **FY2023**
 ●●● **Budget**



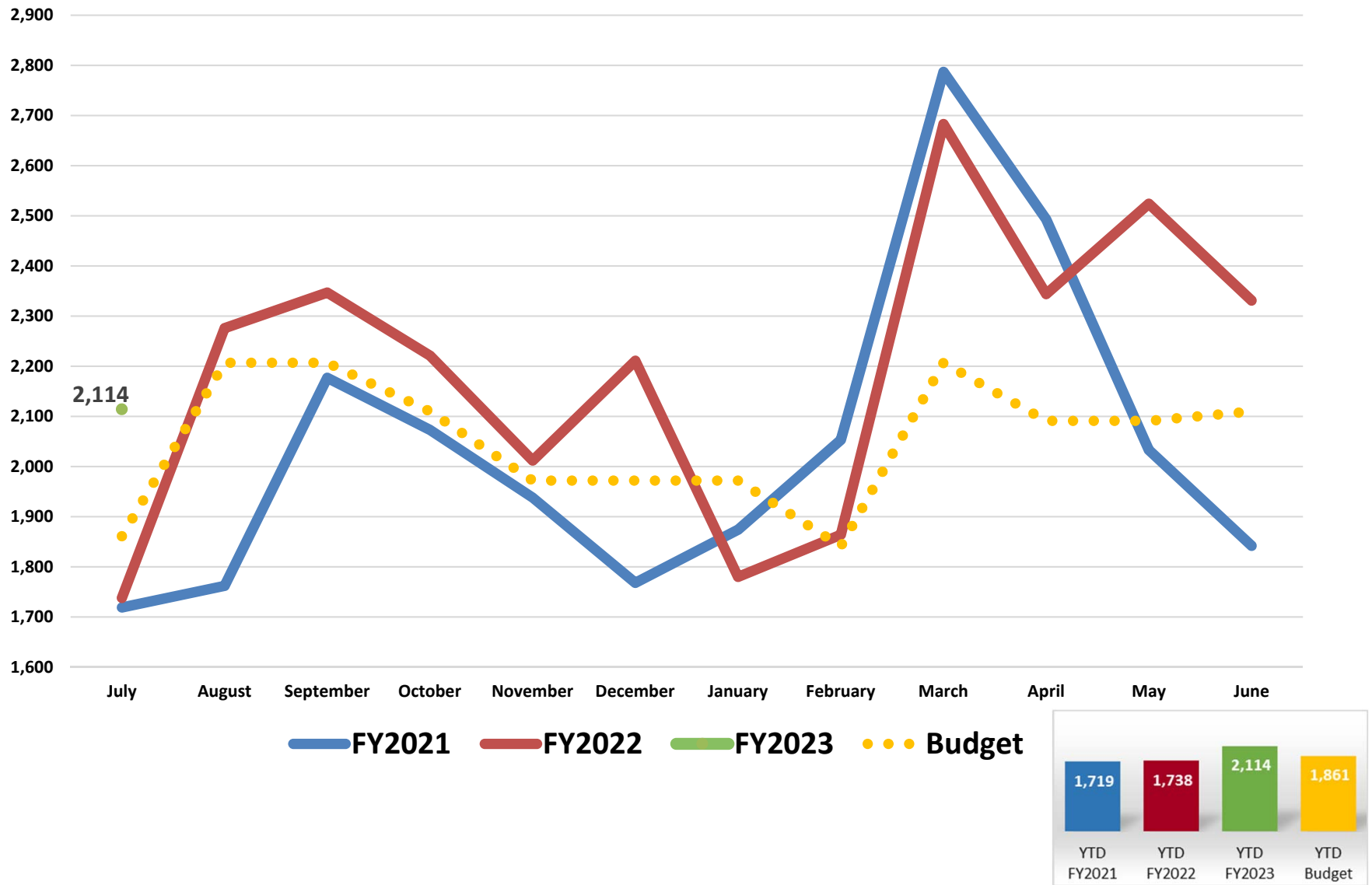
O/P Rehab - LLOPT



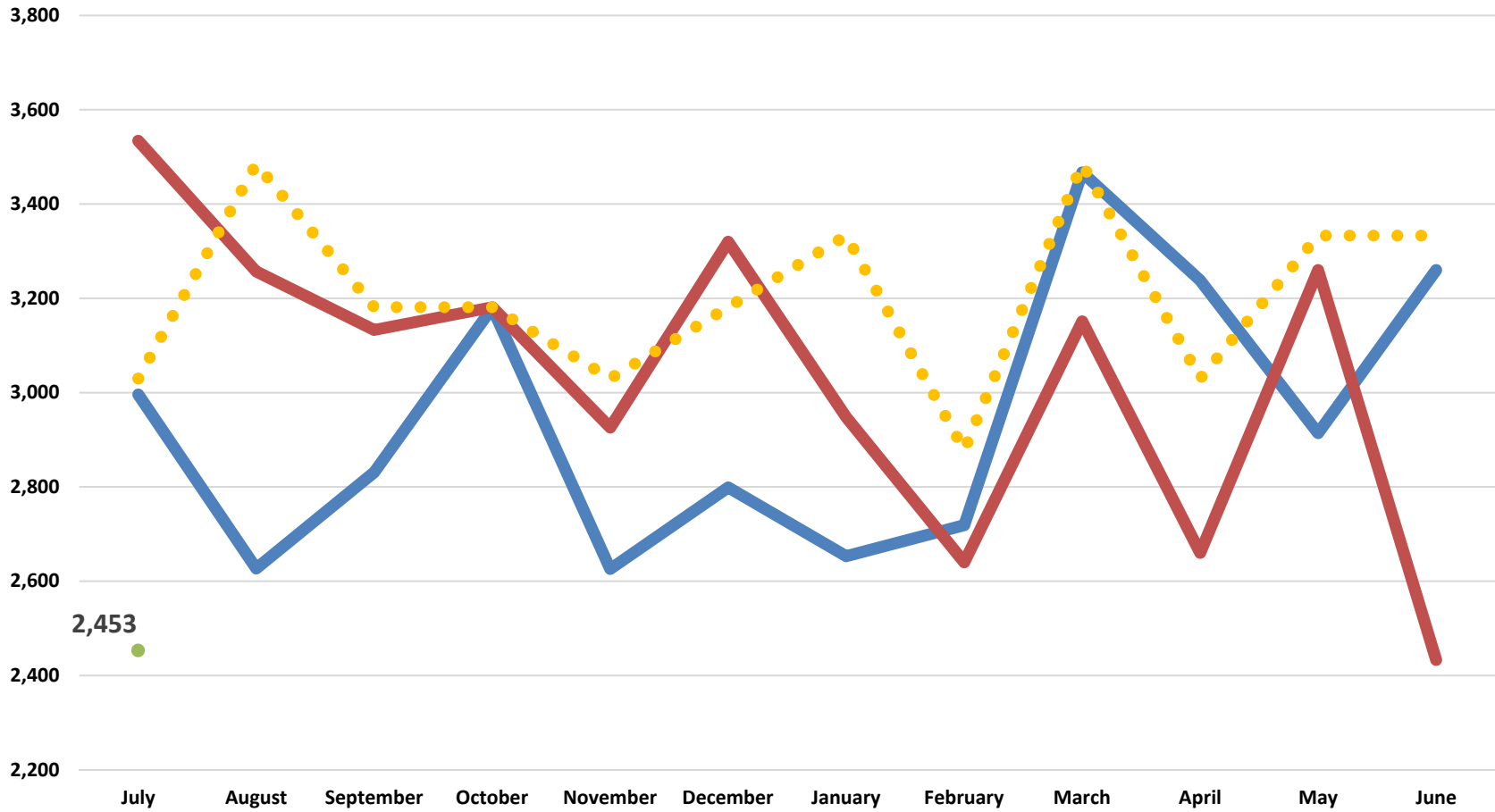
—●— **FY2021**
 —●— **FY2022**
 —●— **FY2023**
 ●●● **Budget**



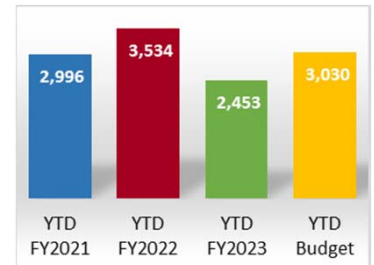
O/P Rehab - Dinuba



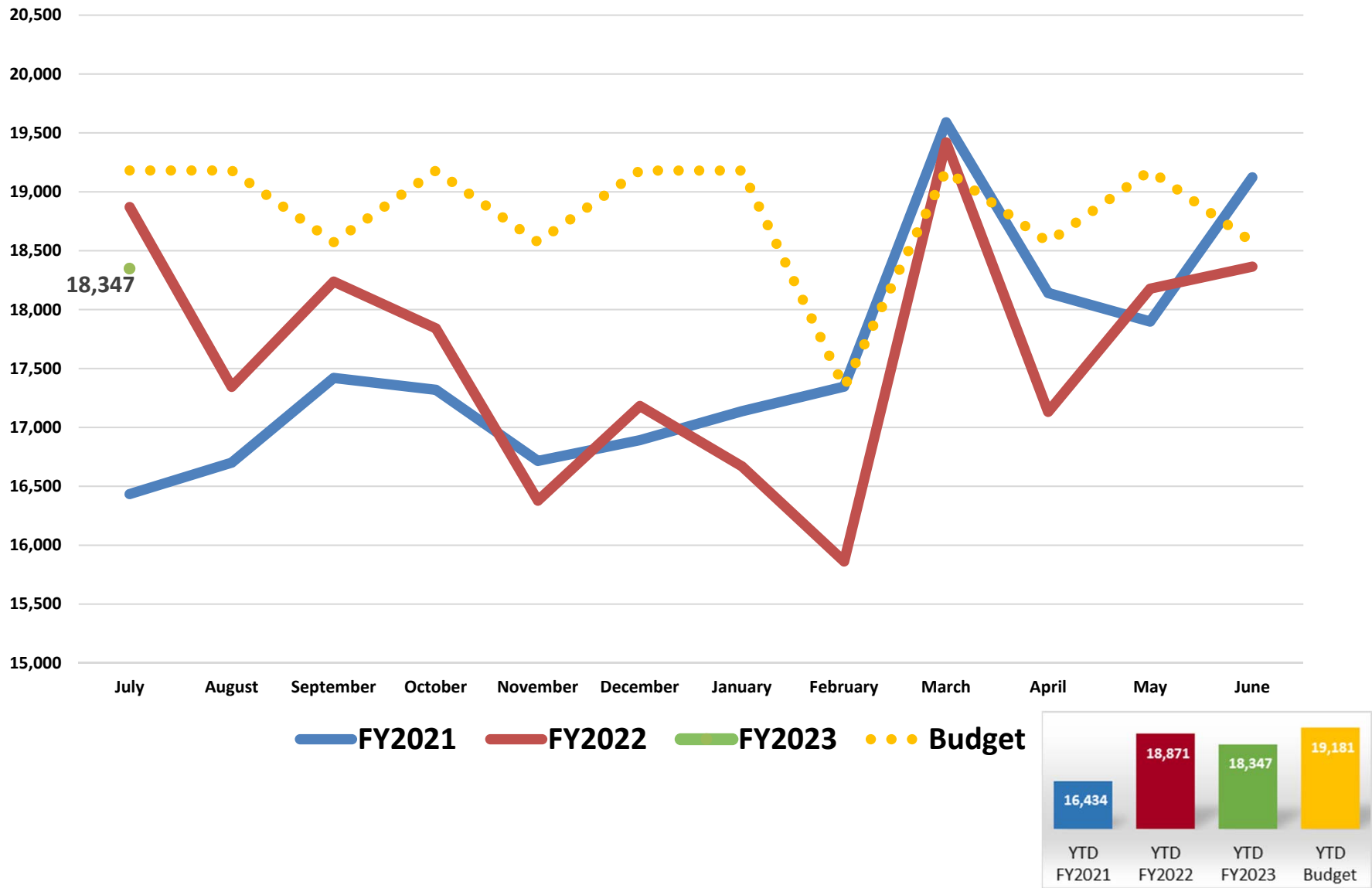
Therapy - Cypress Hand Center



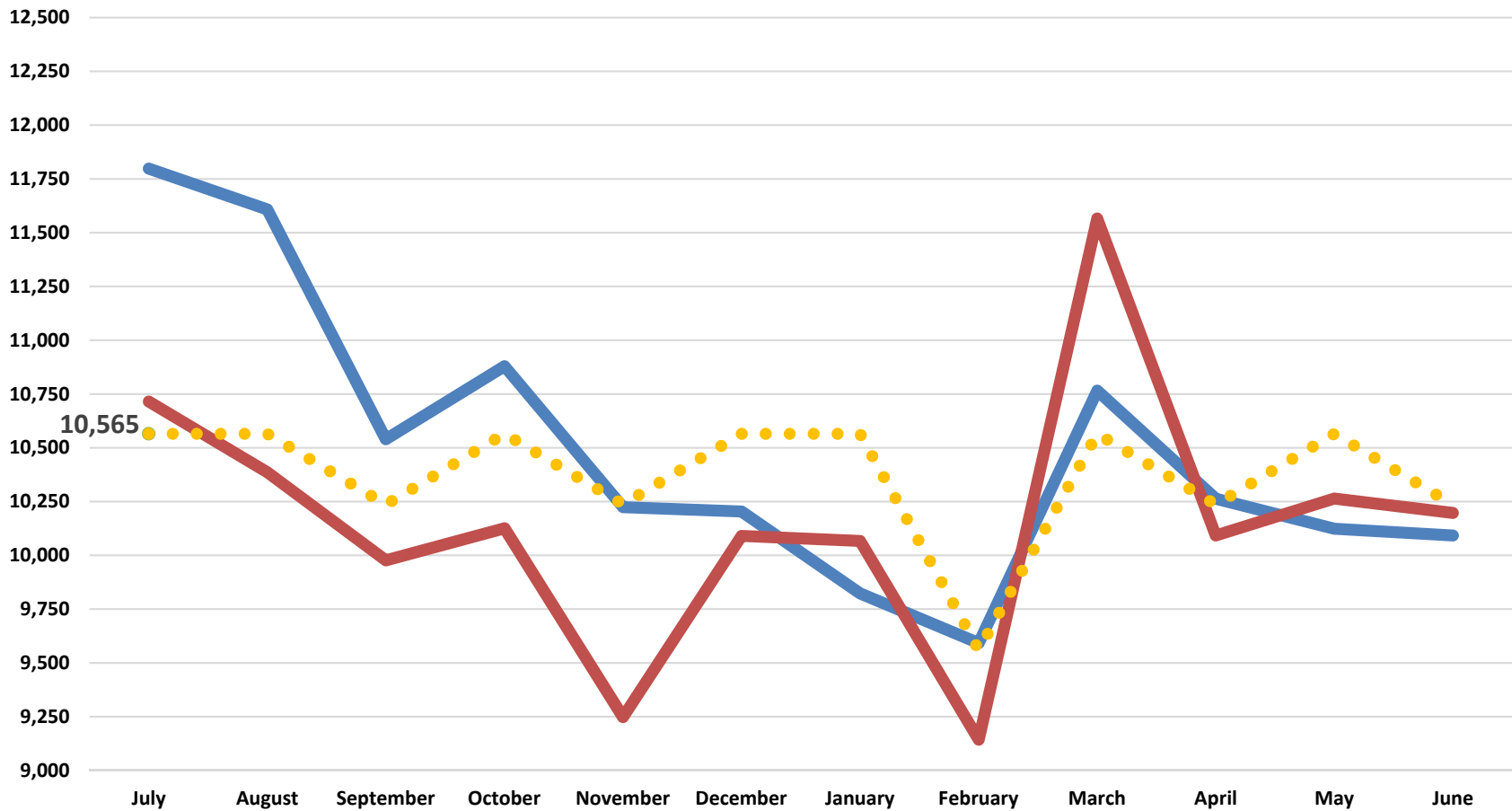
— FY2021
 — FY2022
 — FY2023
 ●●● Budget



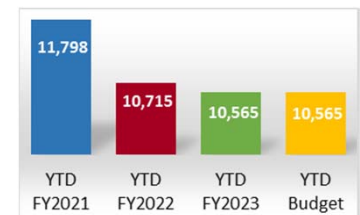
Physical & Other Therapy Units (I/P & O/P)



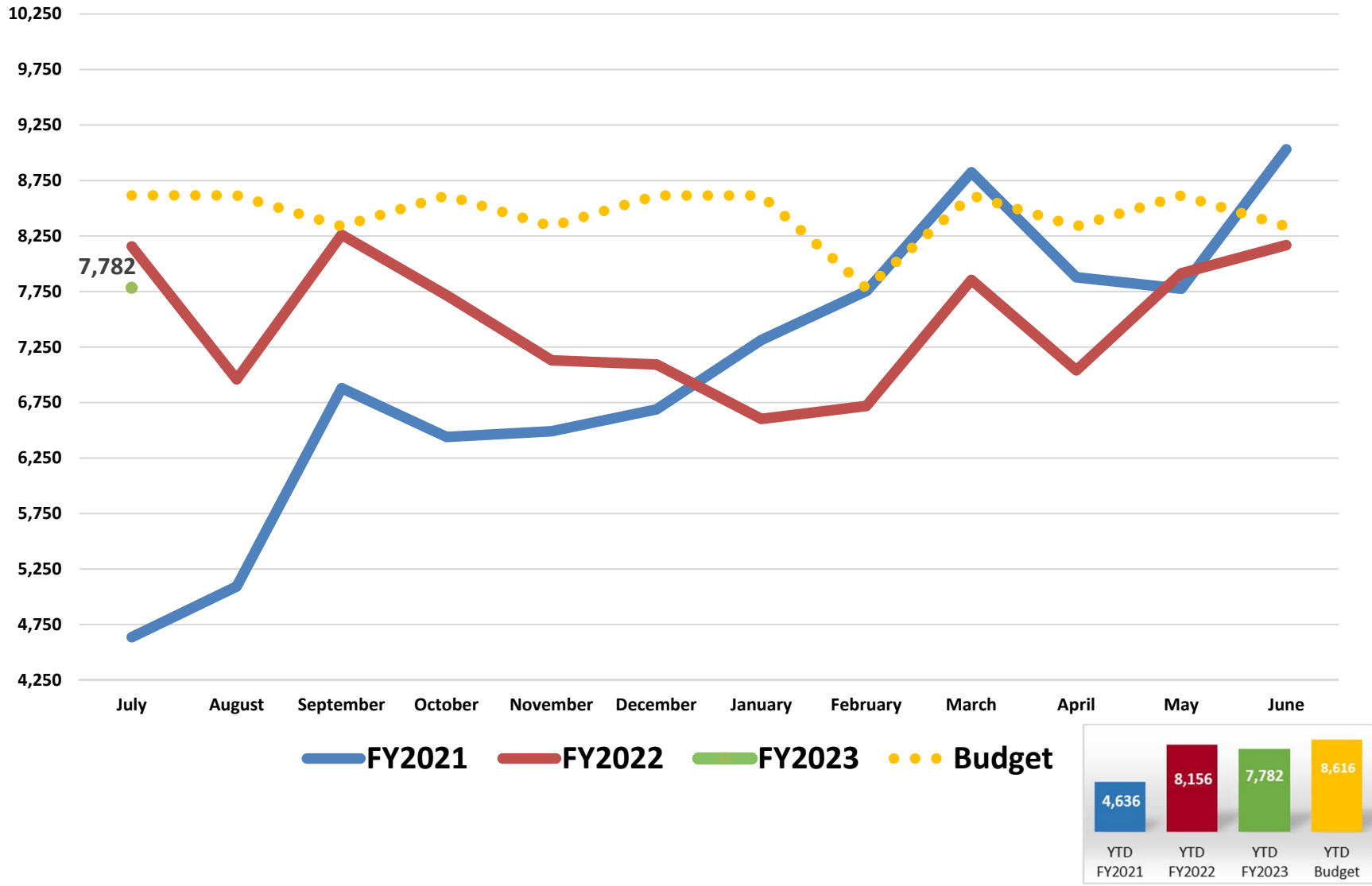
Physical & Other Therapy Units (I/P & O/P)-Main Campus



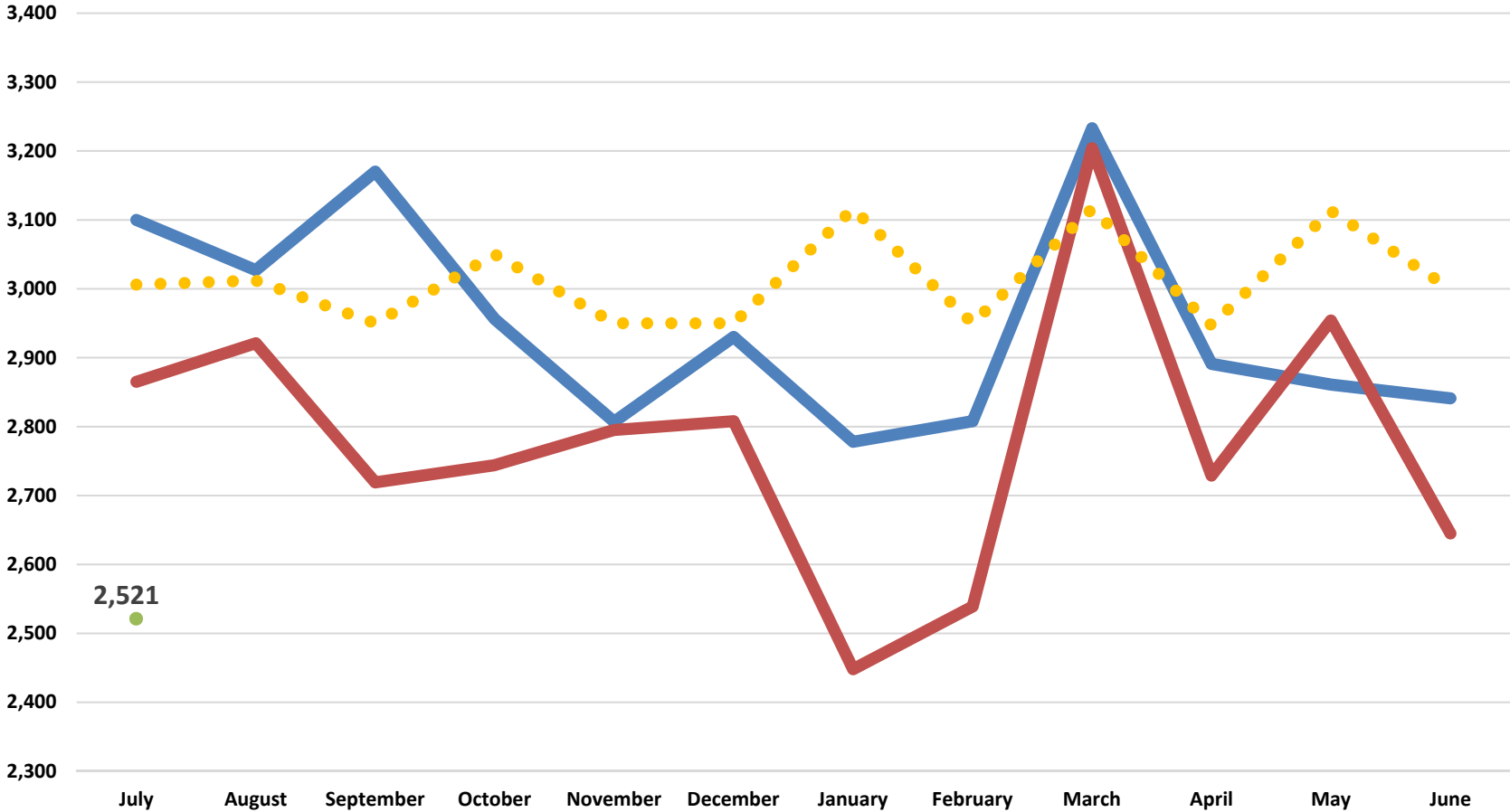
—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



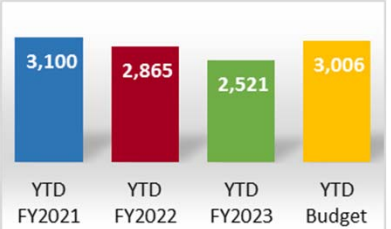
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



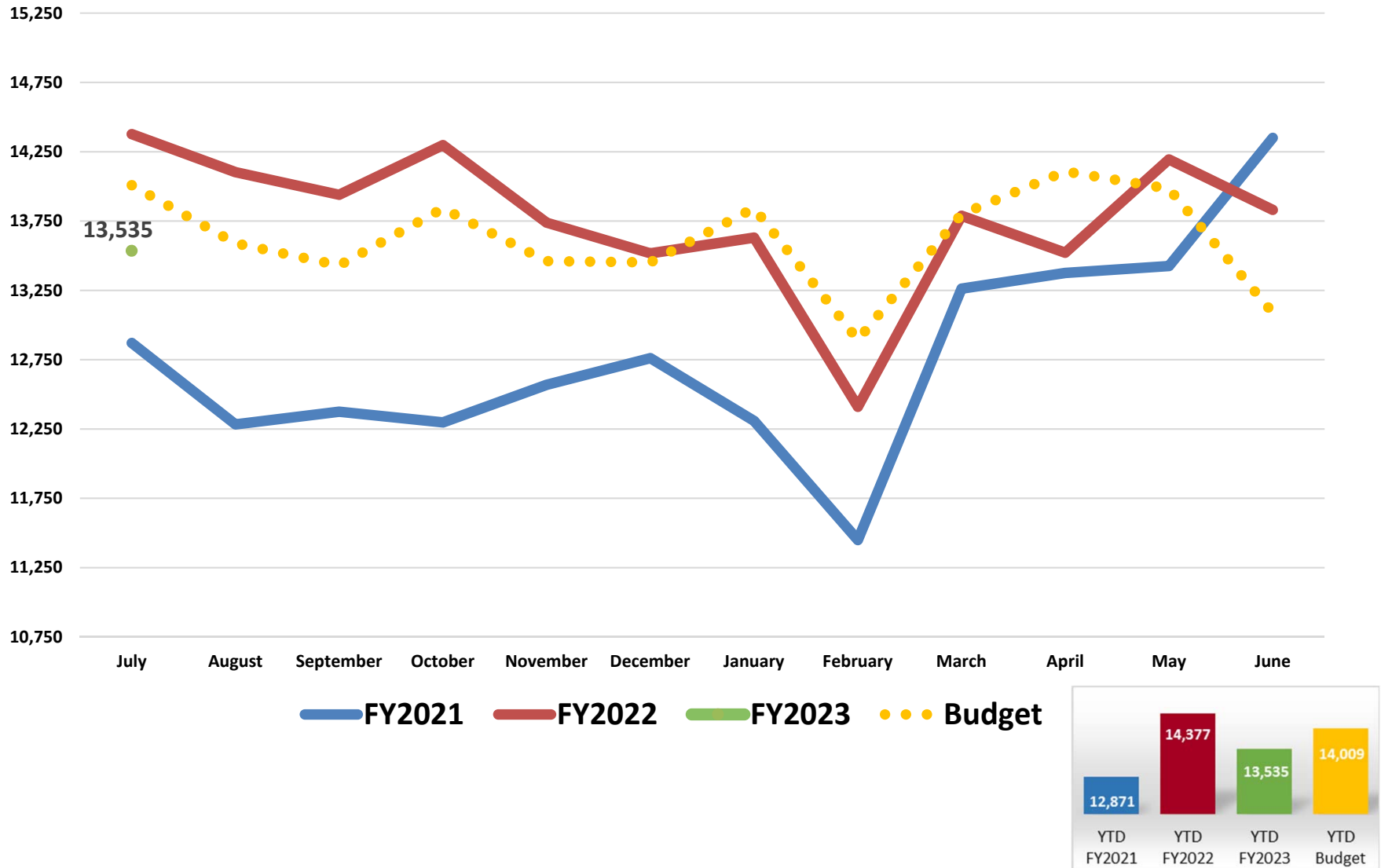
Home Health Visits



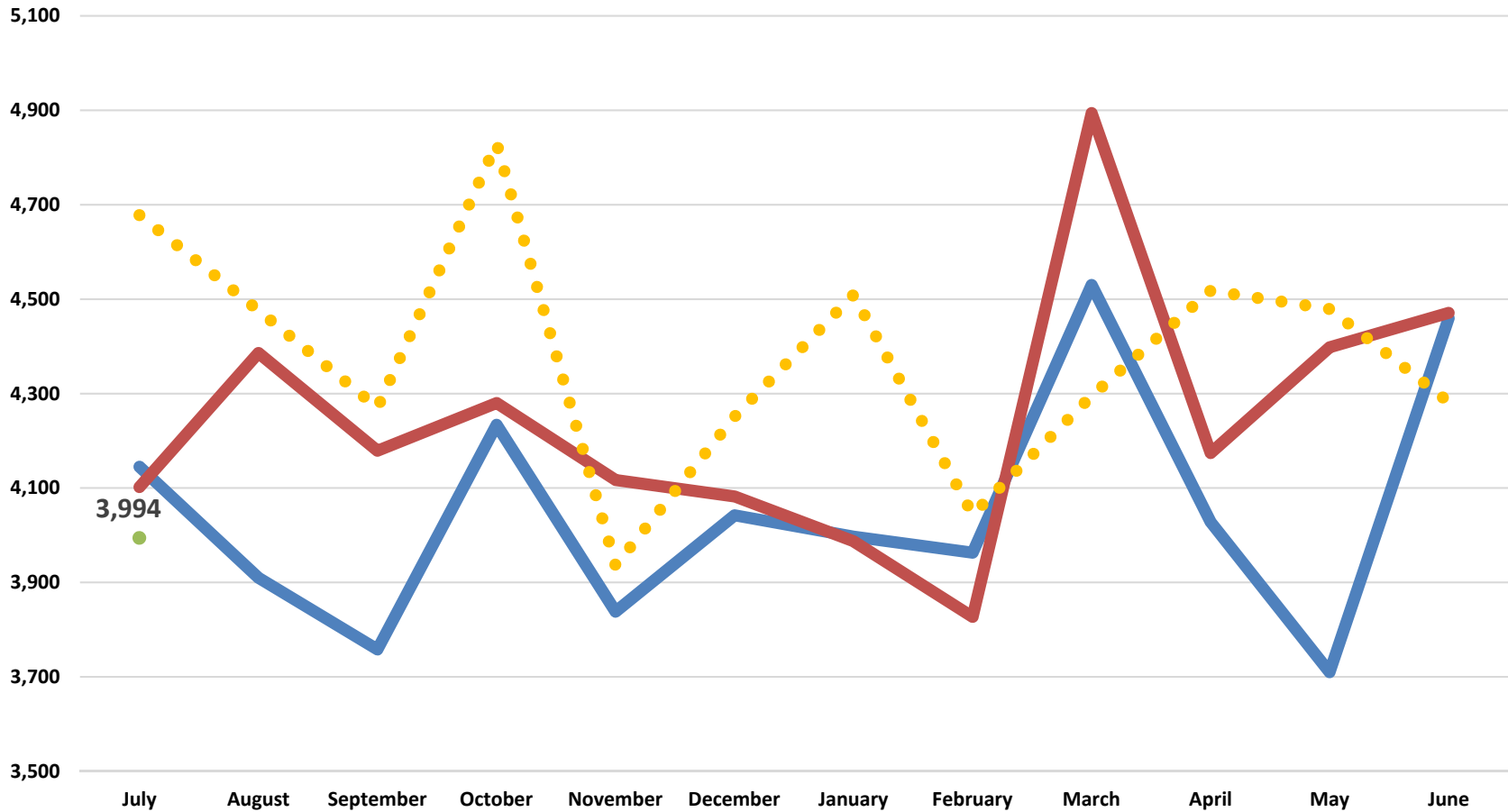
—●— **FY2021**
 —●— **FY2022**
 —●— **FY2023**
 ●●● **Budget**



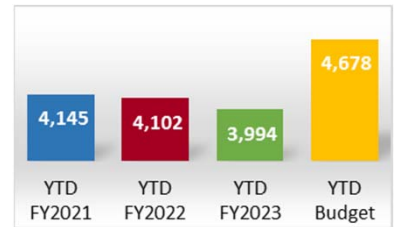
Radiology – Main Campus



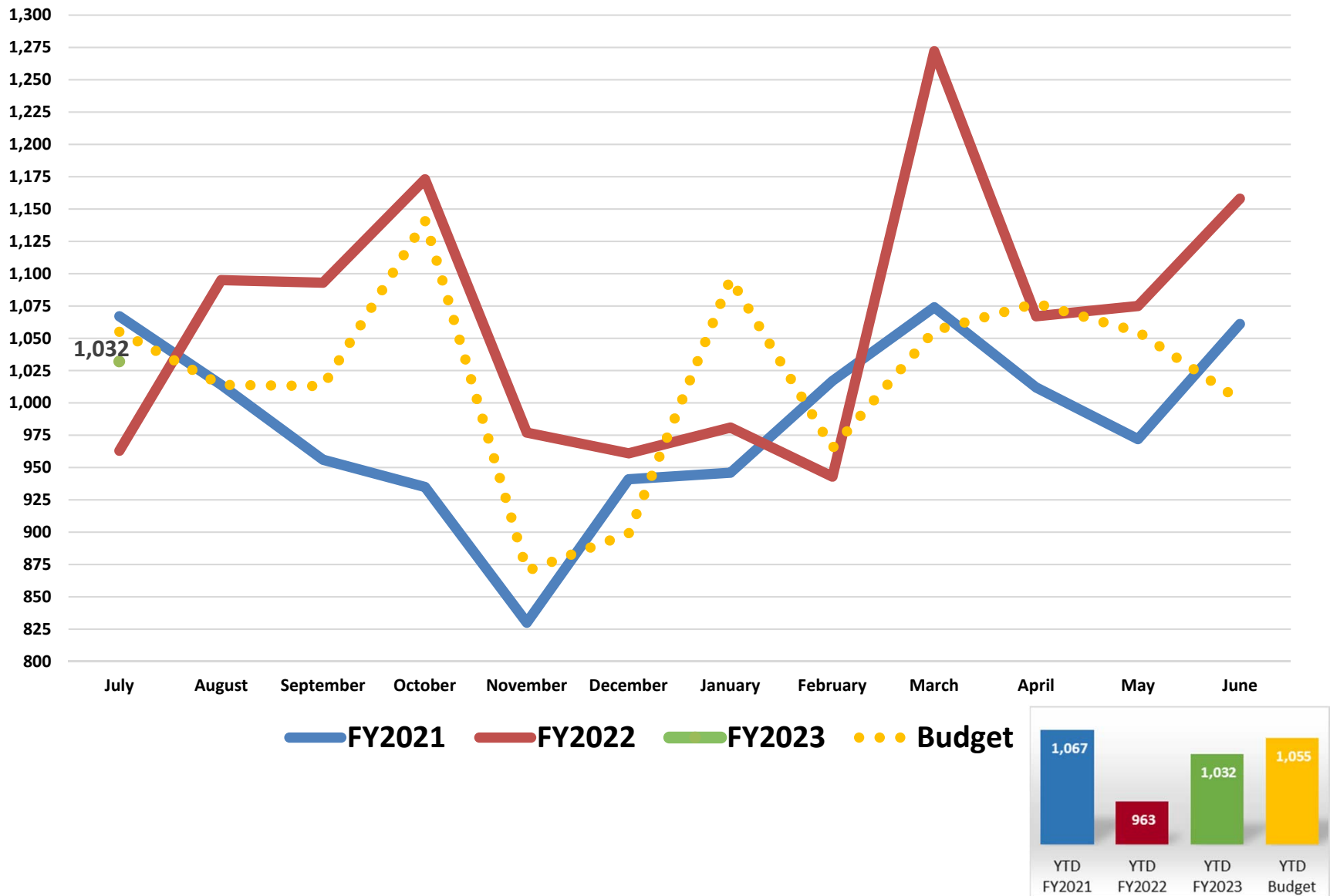
Radiology – West Campus Imaging



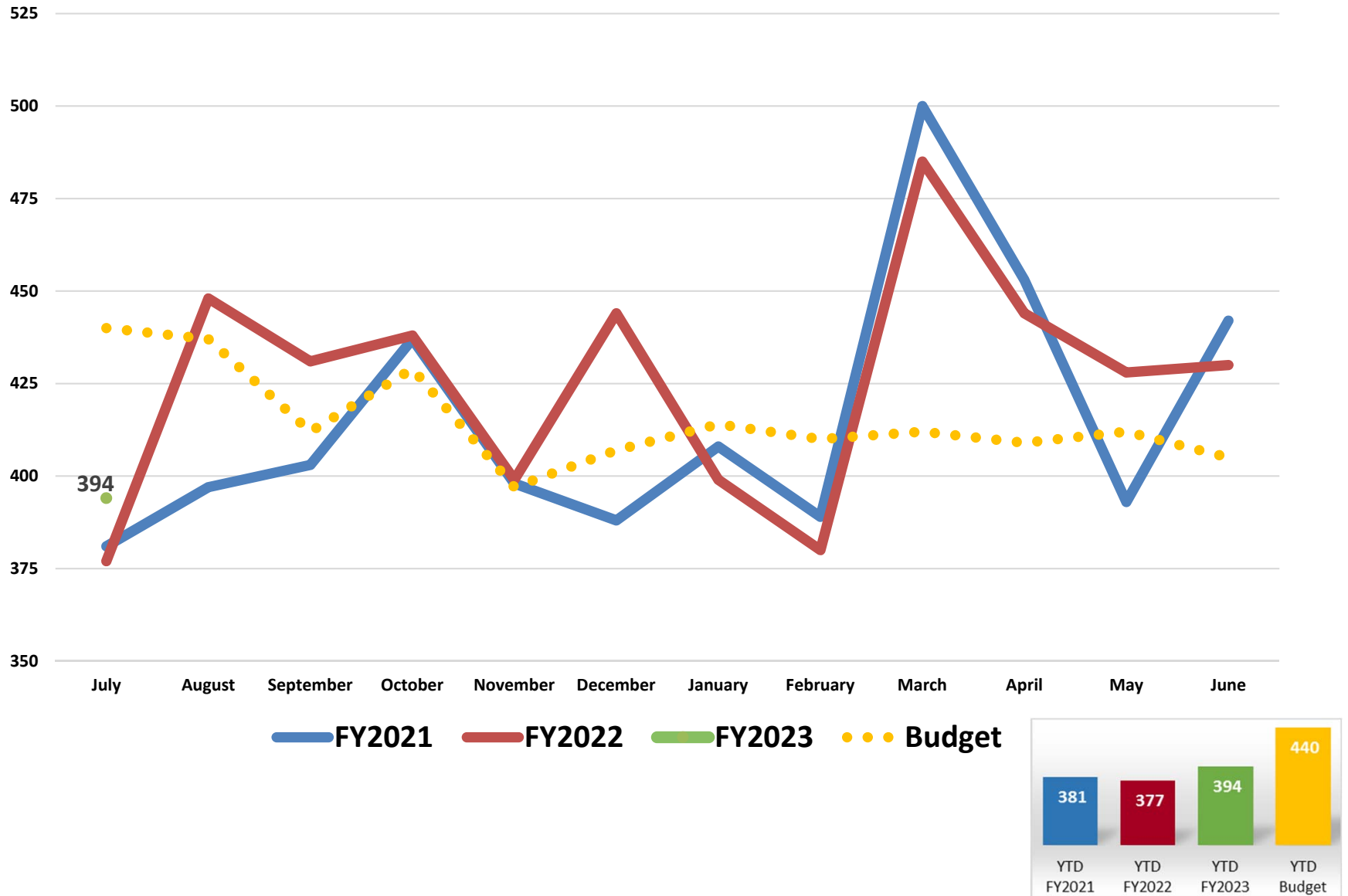
— FY2021
 — FY2022
 — FY2023
 ●●● Budget



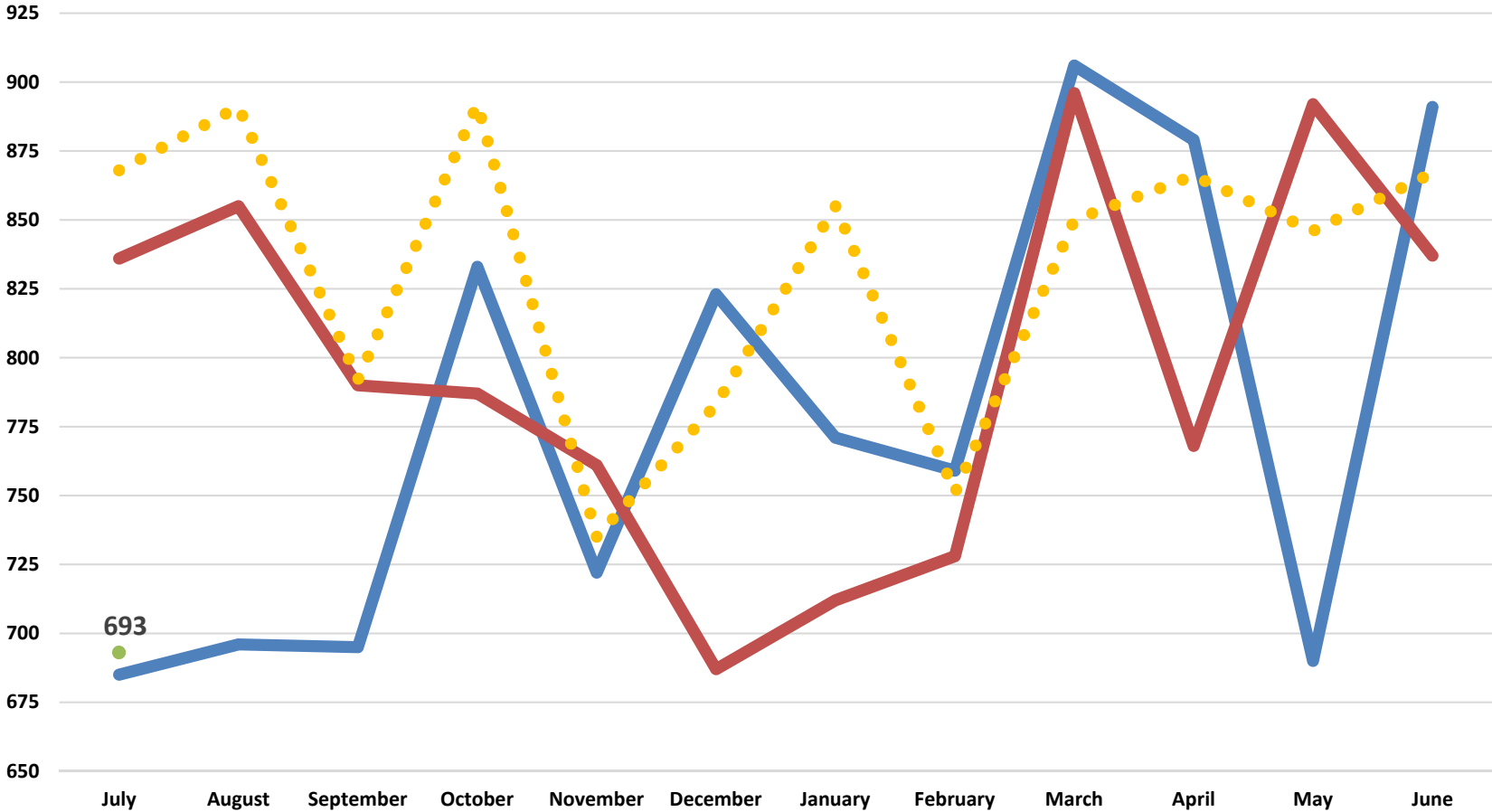
West Campus – Diagnostic Radiology



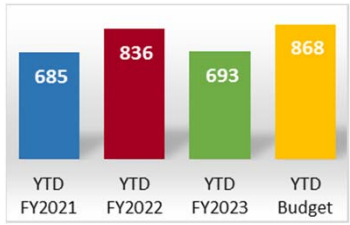
West Campus – CT Scan



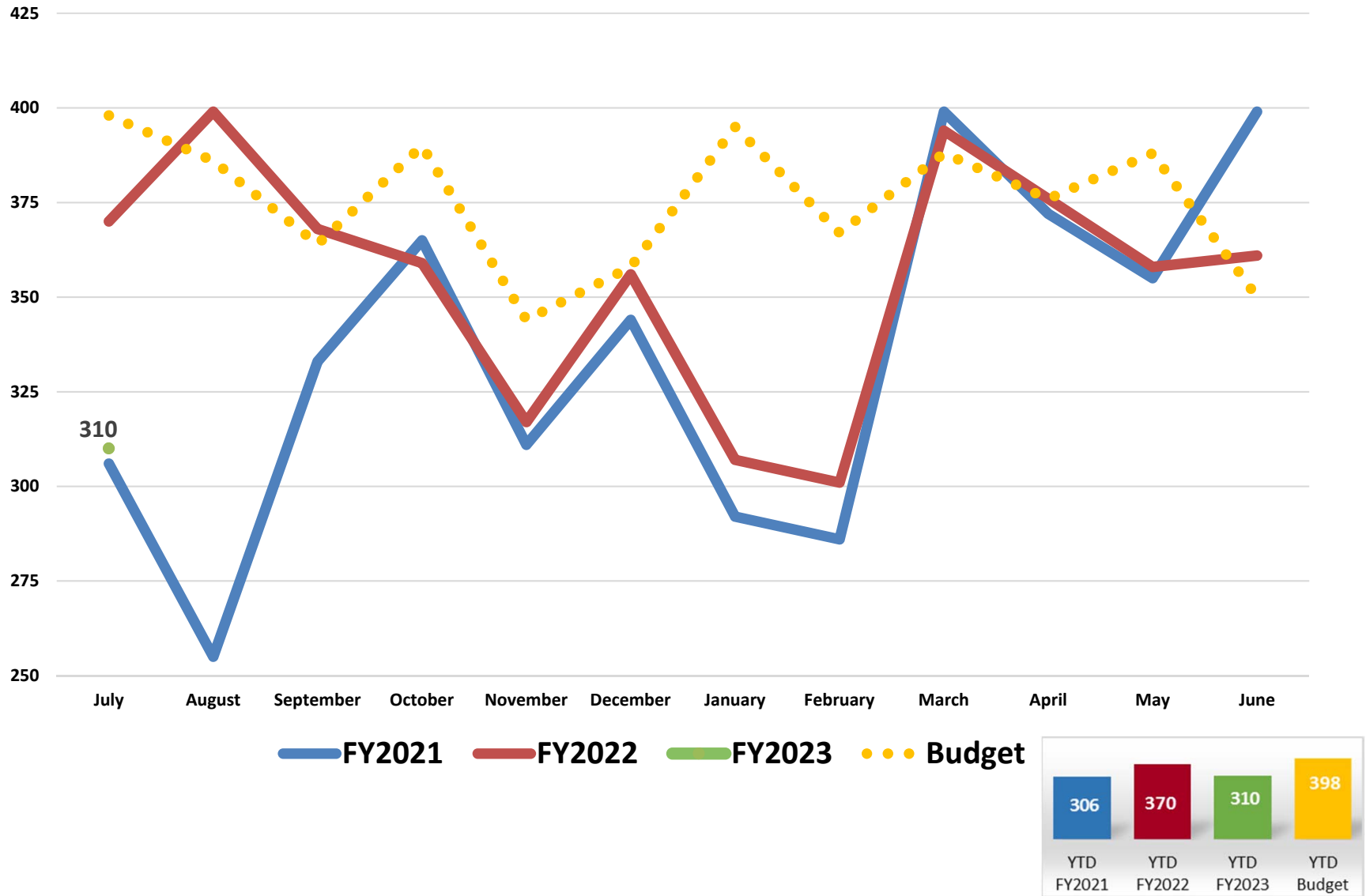
West Campus - Ultrasound



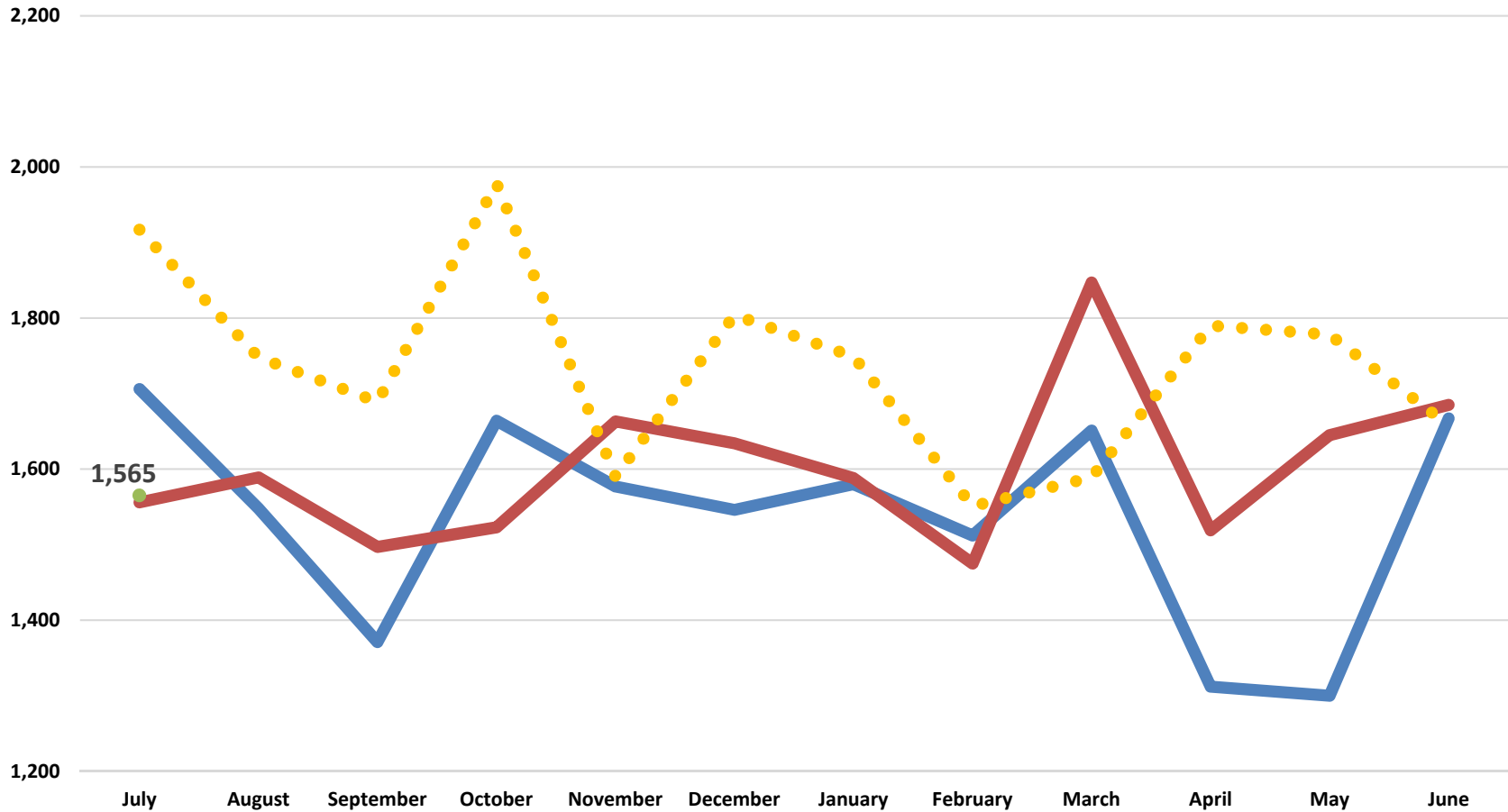
—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



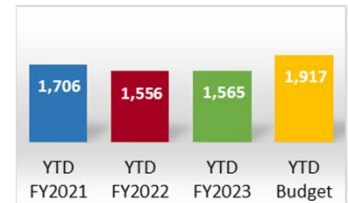
West Campus - MRI



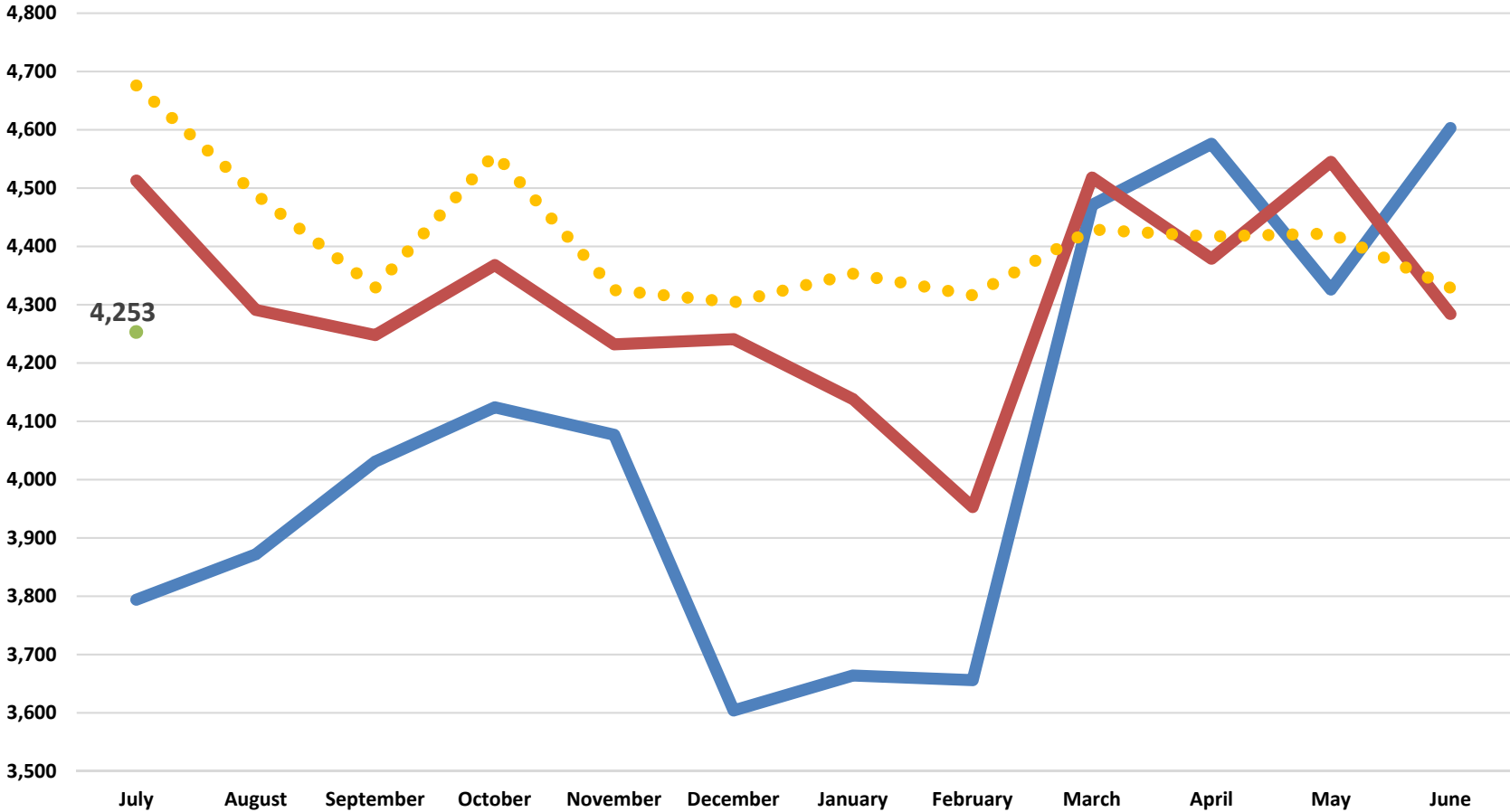
West Campus – Breast Center



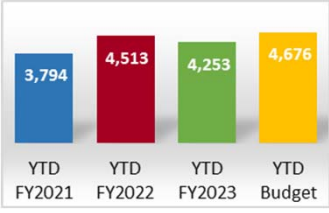
— **FY2021**
 — **FY2022**
 — **FY2023**
 ••• **Budget**



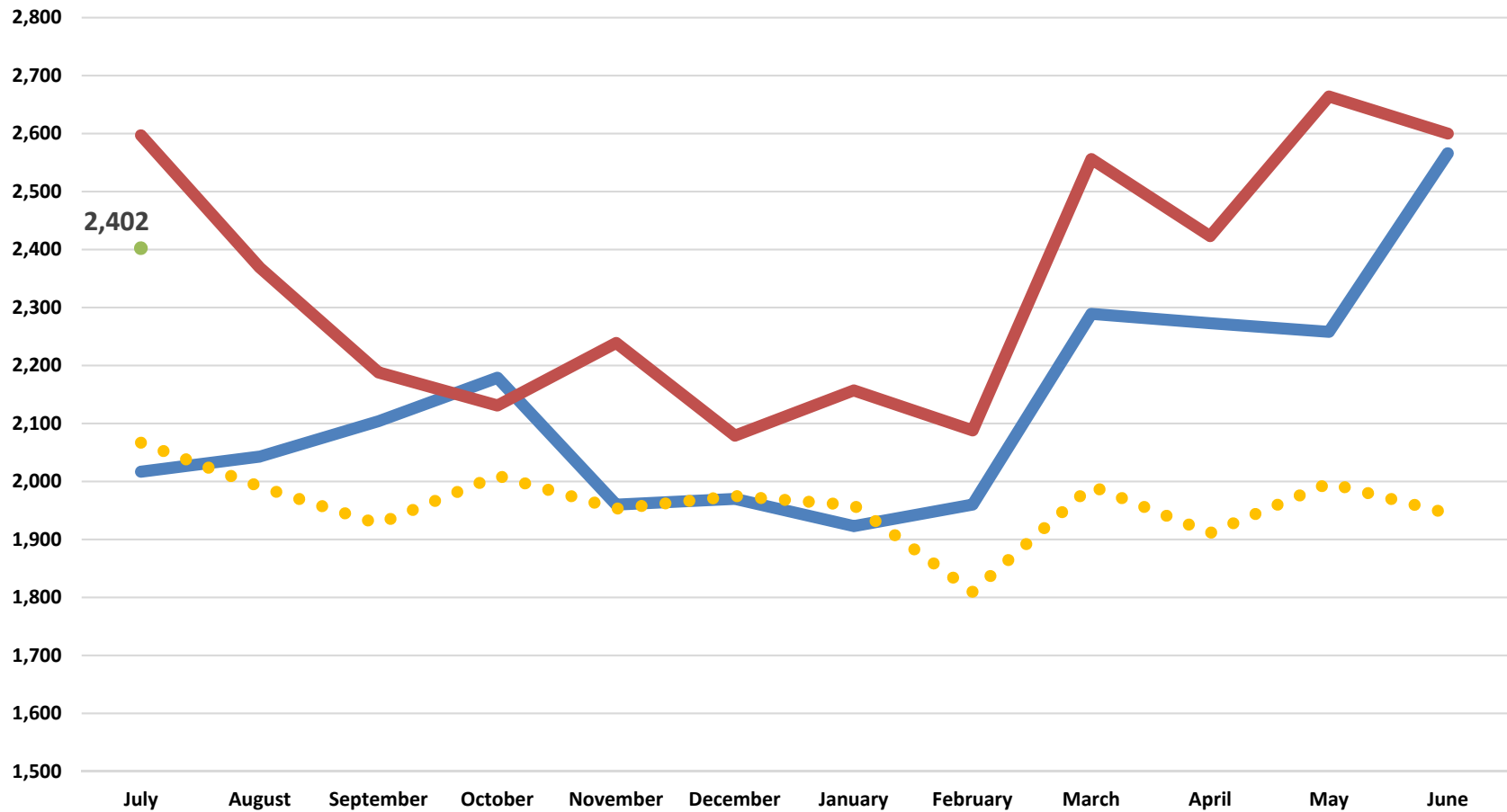
Radiology all areas – CT



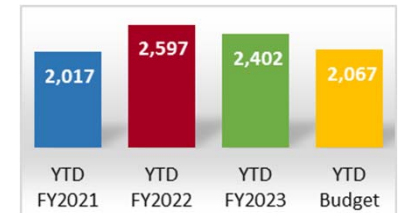
—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



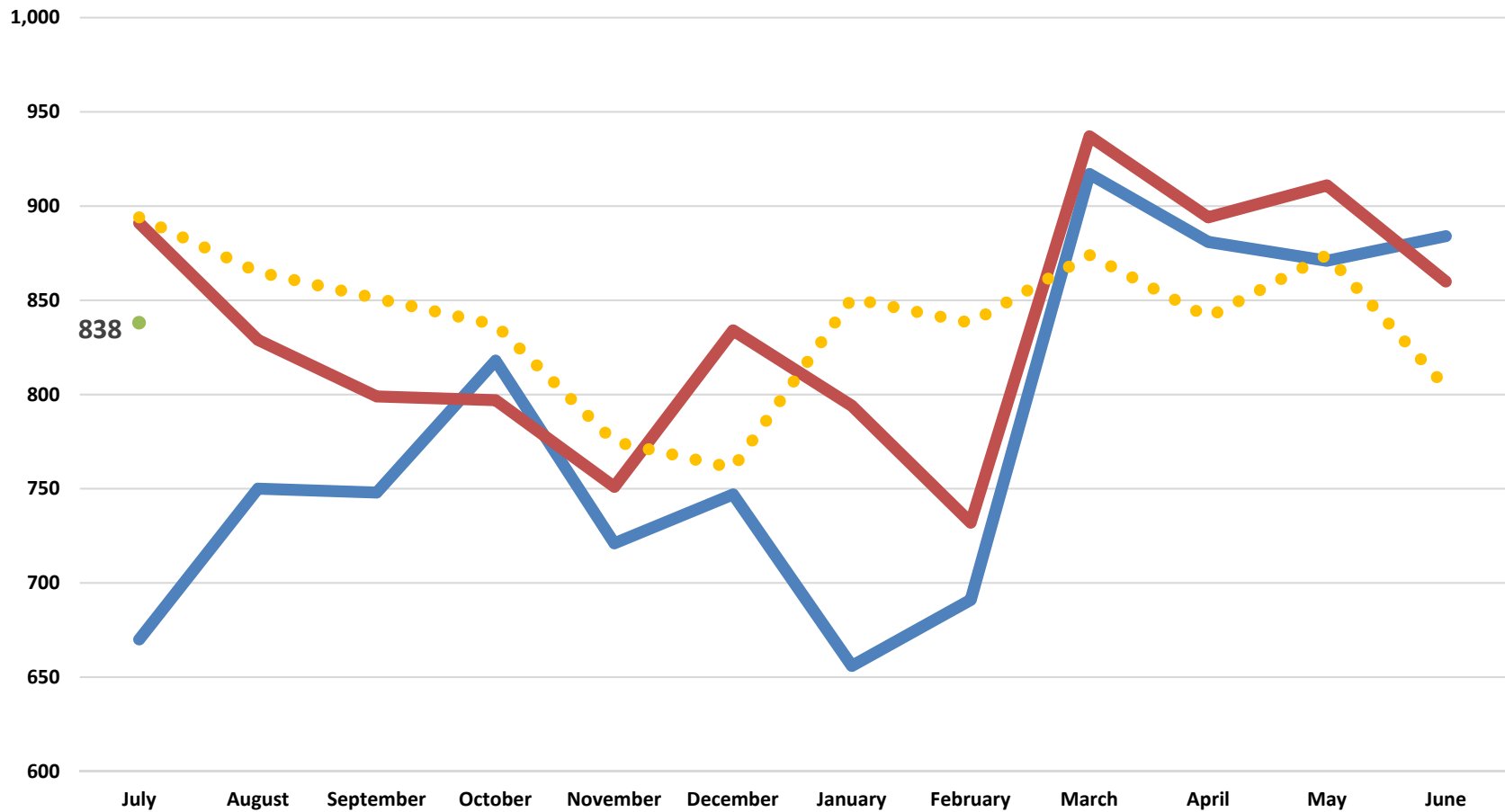
Radiology all areas – Ultrasound



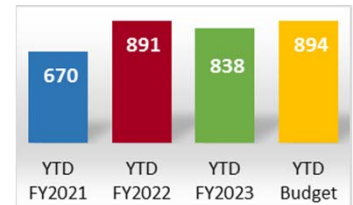
—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



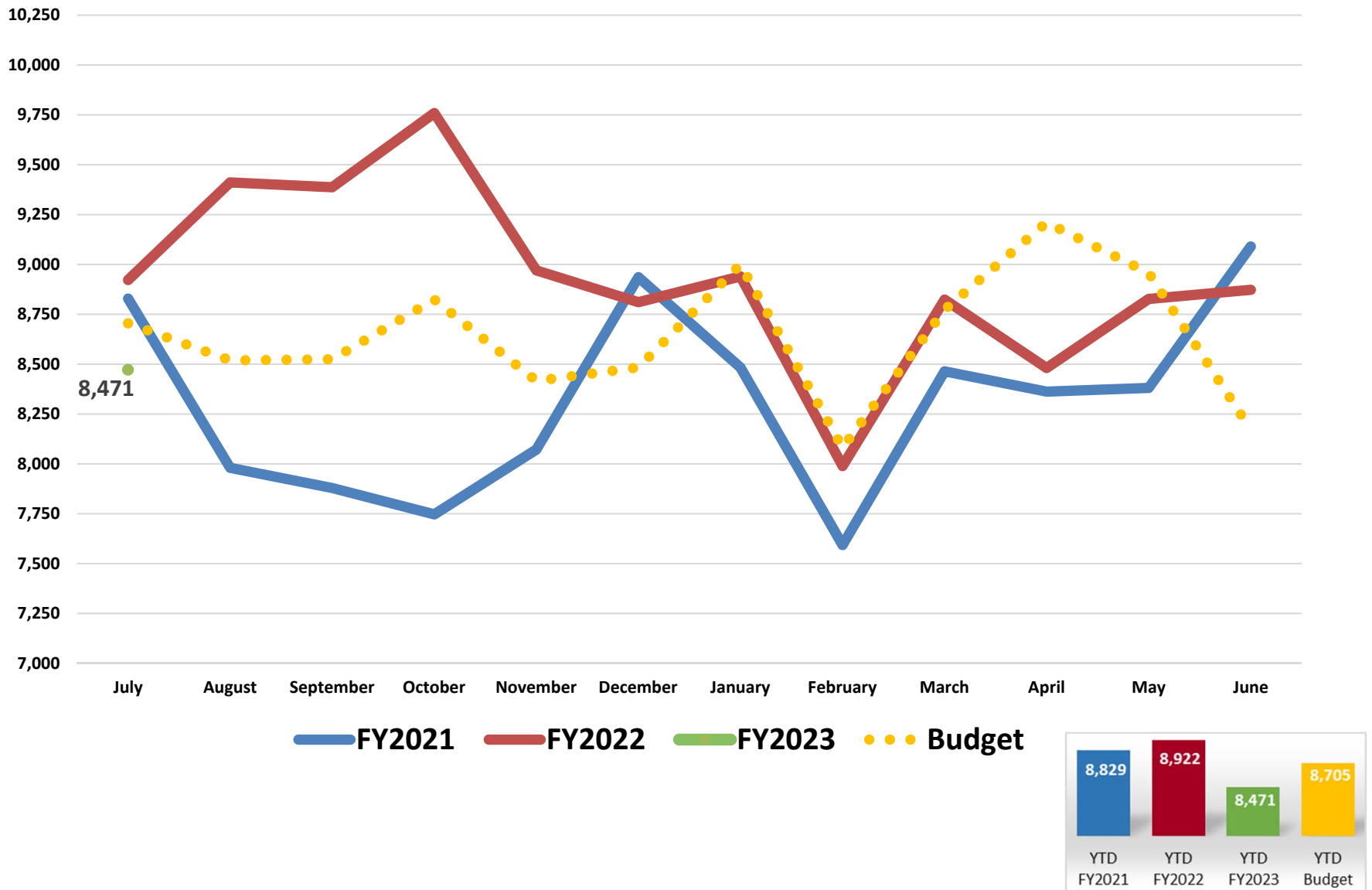
Radiology all areas – MRI



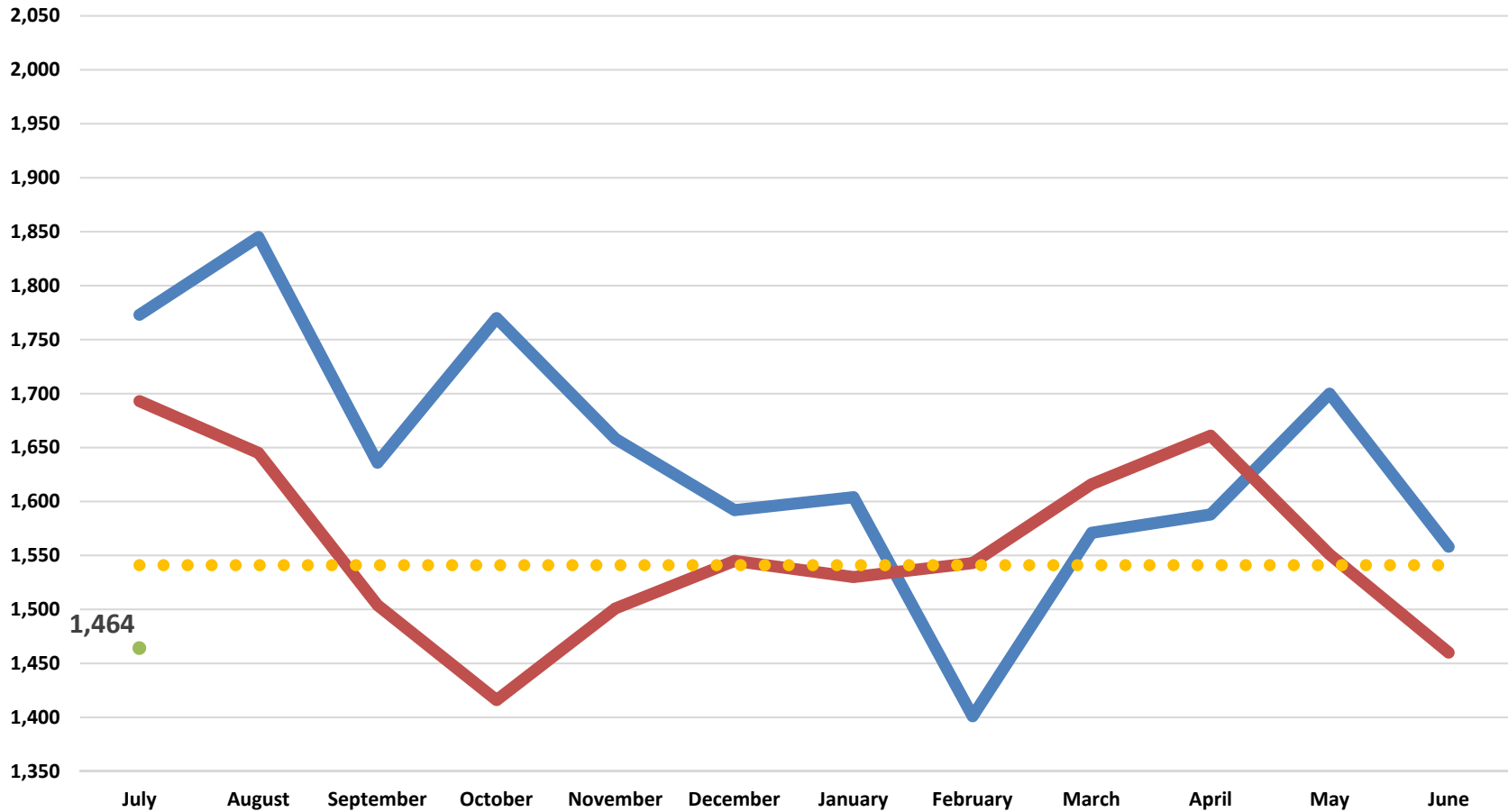
—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



Radiology Modality – Diagnostic Radiology



Chronic Dialysis - Visalia

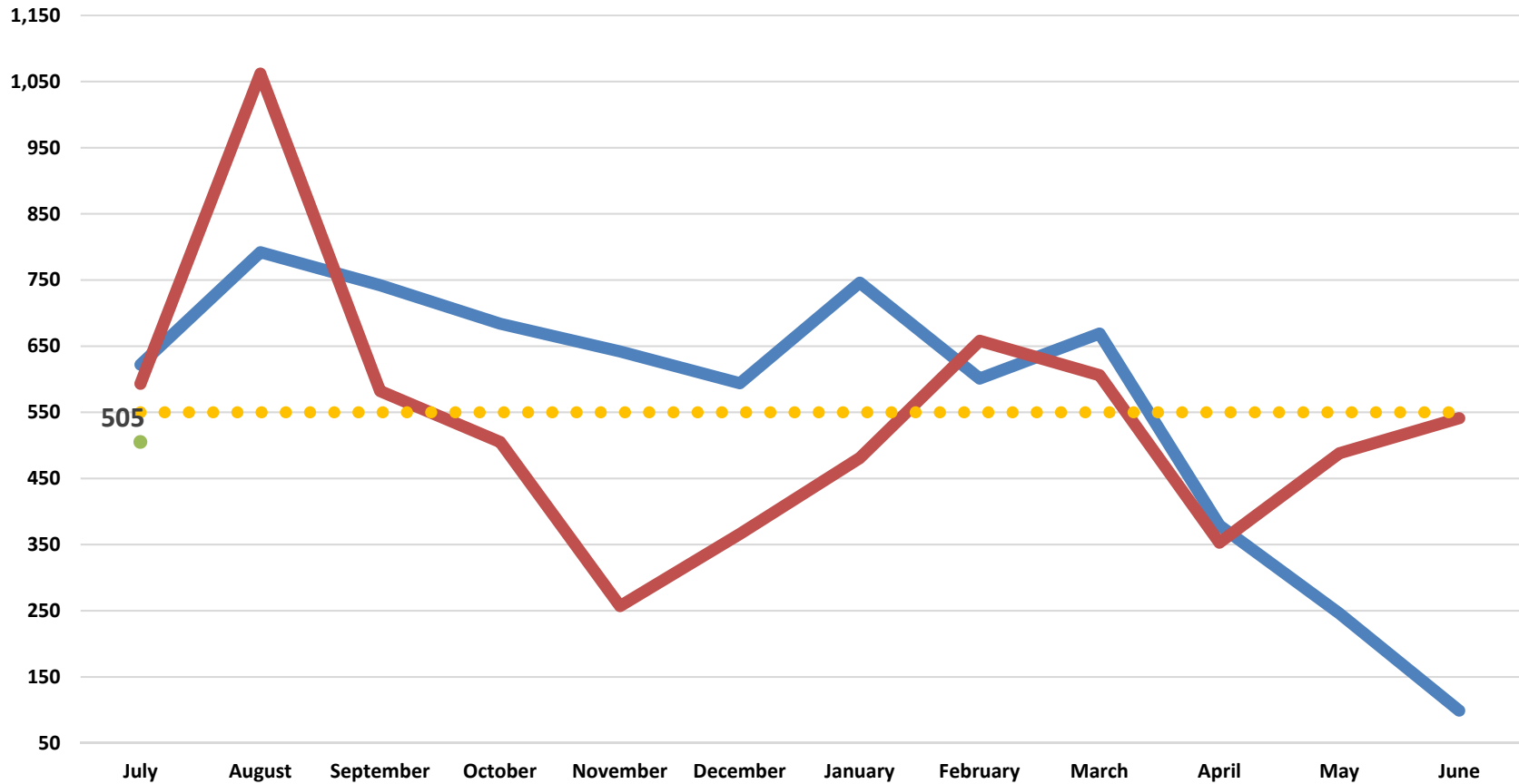


—●— **FY2021**
 —●— **FY2022**
 —●— **FY2023**
 ●●● **Budget**



CAPD/CCPD – Maintenance Sessions

(Continuous peritoneal dialysis)

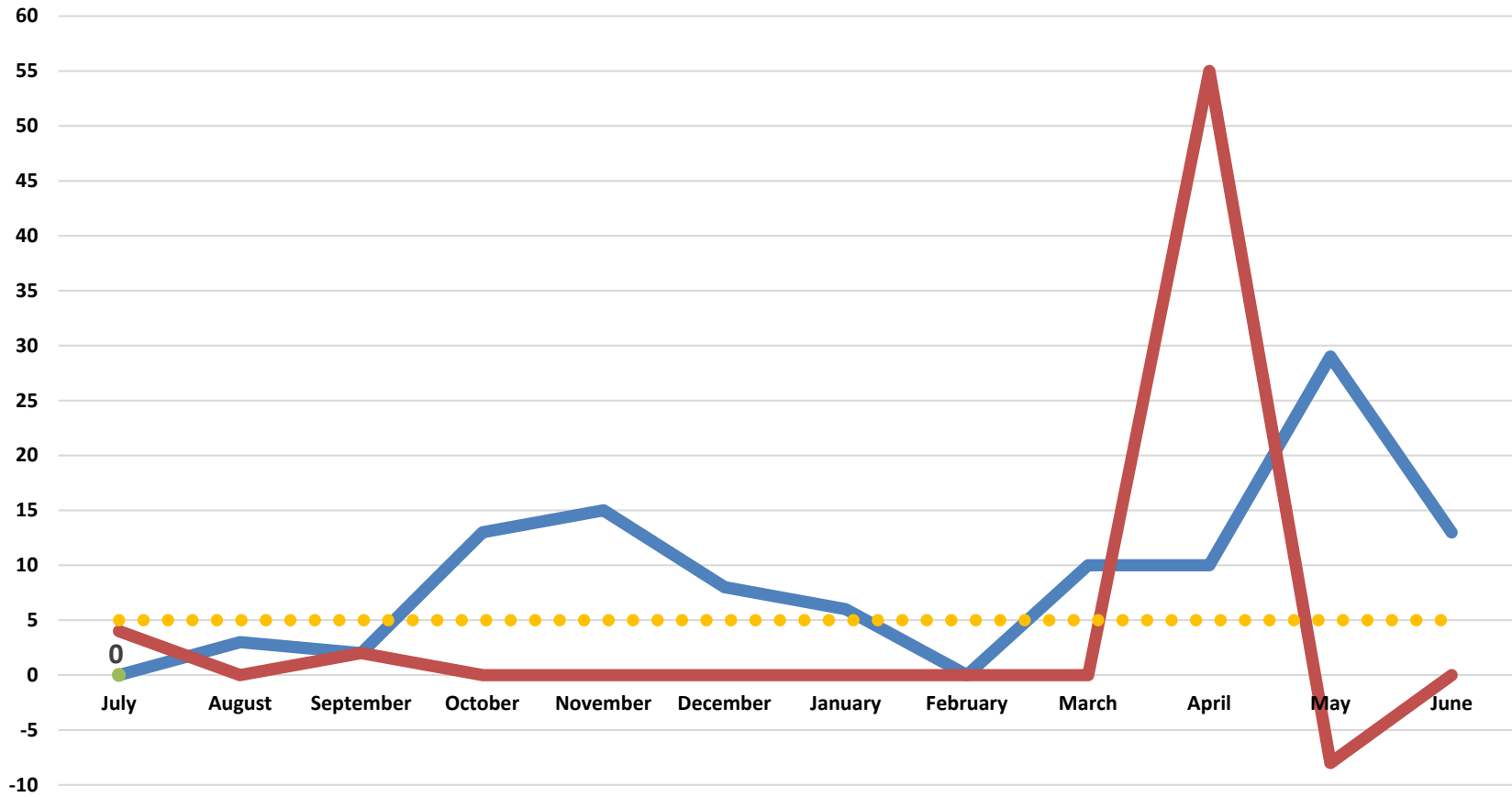


— FY2021
 — FY2022
 — FY2023
 ●●● Budget

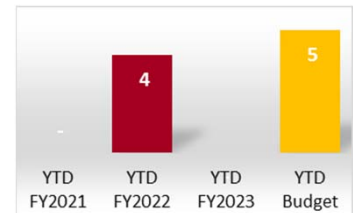
622	593	505	550
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

CAPD/CCPD – Training Sessions

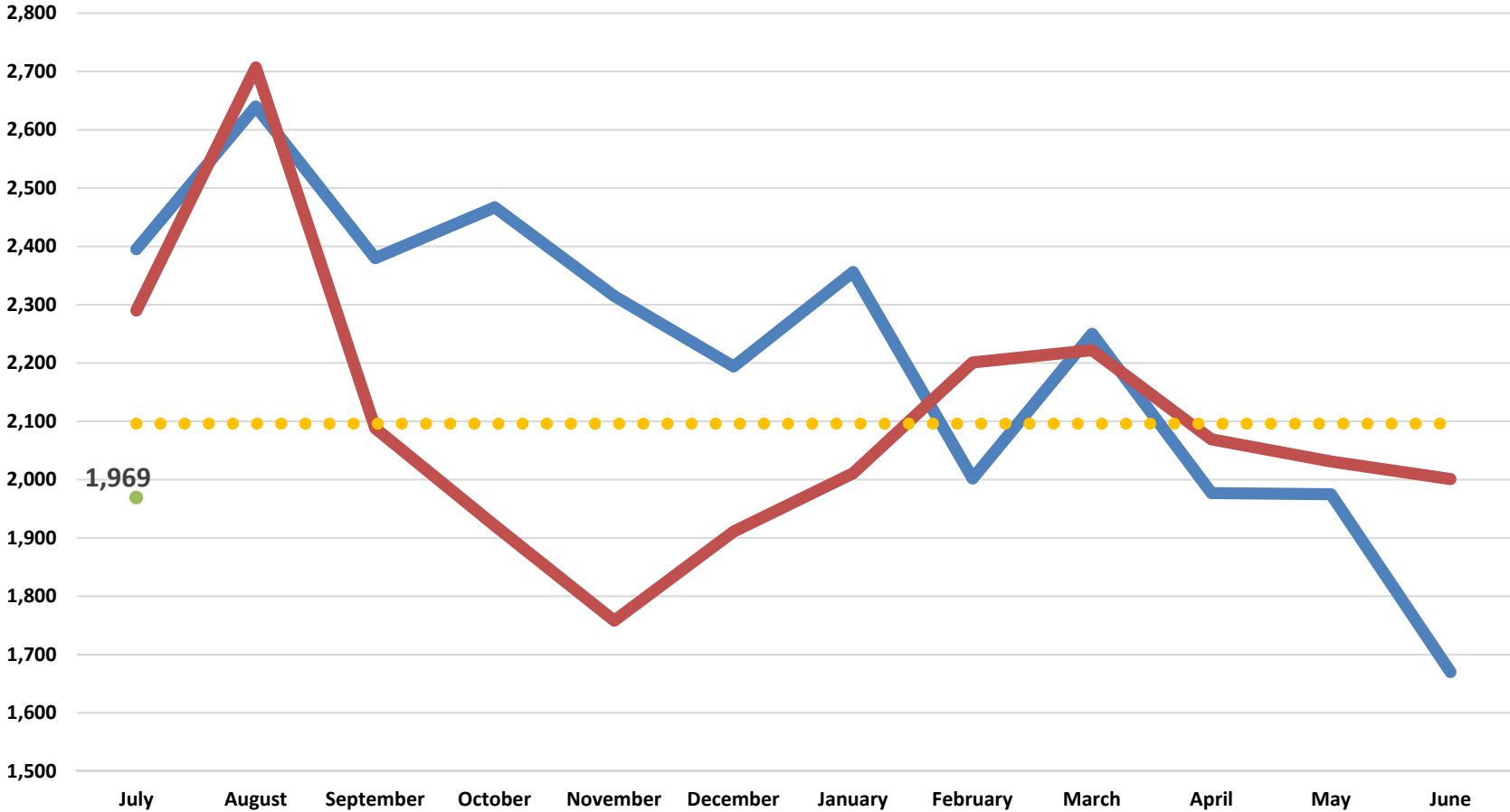
(Continuous peritoneal dialysis)



—●— FY2021
 —●— FY2022
 —●— FY2023
 ●●● Budget



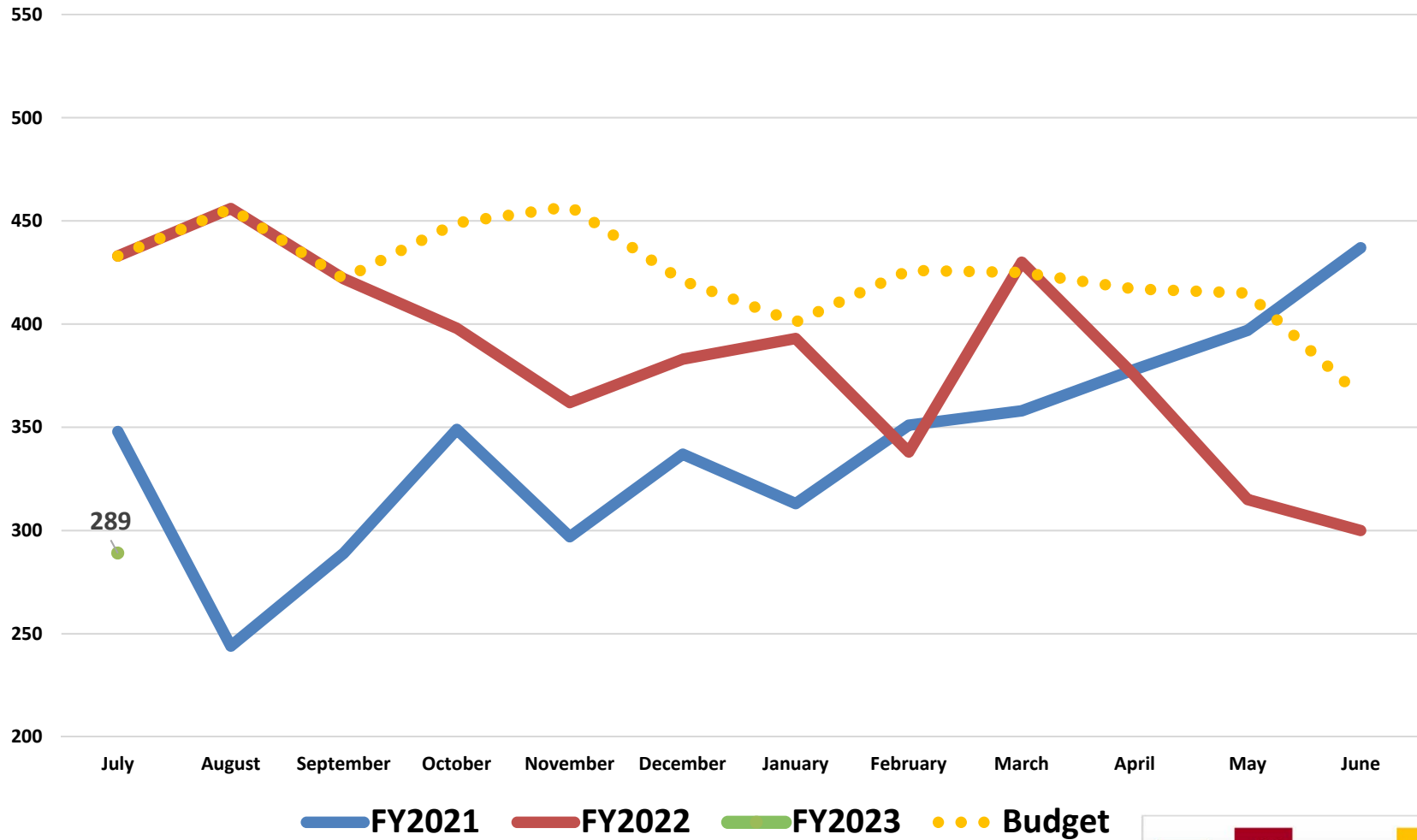
All CAPD & CCPD



— **FY2021**
 — **FY2022**
 — **FY2023**
 ●●● **Budget**

2,395	2,290	1,969	2,096
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget

Infusion Center – Outpatient Visits



348	433	289	433
YTD FY2021	YTD FY2022	YTD FY2023	YTD Budget