December 16, 2021

# NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the Sequoia Regional Cancer Center Maynard Faught Conference Room on Monday December 20, 2021 beginning at 3:30PM in open session followed by a closed session beginning at 3:31PM pursuant to Government 54956.9(d)(2) and Health and Safety Code 1461 and 32155 followed by an open session at 4:00PM.

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@kdhcd.org, or on the Kaweah Delta Health Care District web page http://www.kaweahhealth.org.

KAWEAH DELTA HEALTH CARE DISTRICT
Garth Gipson, Secretary/Treasurer

Cindy Moccio

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

Sequoia Regional Cancer Center - Maynard Faught Conference Room
4945 W. Cypress Avenue

## Monday December 20, 2021

## OPEN MEETING AGENDA {3:30PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION –** Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the 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 – 3:31PM**
   - 4.1. **Conference with Legal Counsel – Anticipated Litigation –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 4 Cases **-** *Ben Cripps, Vice President, Chief Compliance and Risk Officer and Rachele Berglund, Legal Counsel*
   - 4.2. **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*
   - 4.3. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee –– *Monica Manga, MD Chief of Staff*
   - 4.4. **Approval of the closed meeting minutes** – November 22, 2021.

   **<u>Public Participation</u>** – 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 December 20, 2021 closed meeting agenda.*
5. **ADJOURN**

# CLOSED MEETING AGENDA {3:31PM}

1. **CALL TO ORDER**

2. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 4 Cases.

   *Ben Cripps, Vice President, Chief Compliance and Risk Officer and Rachele Berglund, Legal Counsel*

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

   *Monica Manga, MD Chief of Staff*

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

   *Monica Manga, MD Chief of Staff*

5. **APPROVAL OF THE CLOSED MEETING MINUTES** – November 22, 2021.

   *Action Requested – Approval of the closed meeting minutes – November 22, 2021.*

6. **ADJOURN**

# 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. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.

5. **OPEN MINUTES** – Request approval of the November 22, 2021 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 – November 22, 2021 open board of directors meeting minutes.*

6. **RECOGNITIONS** – *Director Lynn Havard Mirviss*

   **6.1.** Presentation of Resolution 2144 to Maria Aguilar, RN in recognition as the World Class Employee of the Month recipient – December 2021.

7. **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.
   *Monica Manga, MD Chief of Staff*

   **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.*

8. **CHIEF OF STAFF REPORT** – Report relative to current Medical Staff events and issues.

   *Monica Manga , MD Chief of Staff*

9. **QUALITY REPORT - PATIENT THROUGHPUT PERFORMANCE** - Review of patient throughput performance improvement – design and implementation.

   *Keri Noeske, RN, BSW, DNP, Vice President & Chief Nursing Officer; The Chartis Group: Mark Krivopal*

**10. 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 December 20, 2021 Consent Calendar.*

**10.1. REPORTS**

A. Medical Staff Recruitment
B. Compliance
C. Chronic Disease Management Clinic
D. Diabetes Clinic
E. Infusion Center
F. Family Medicine
G. Inpatient Medical Services

**10.2.** Human Resources Policies

A. HR.14 Non-English/Limited English
B. HR.49 Education Assistance
C. HR.62 Exempt Employees Pay
D. HR.70 Meal Periods, Rest Breaks, Breastfeeding
E. HR.128 Employee Benefits Overview
F. HR.241 Paid Time Off (PTO)

**10.3.** Board Bylaws revisions reflecting the new regular meeting date and the changes in the Internal Audit division.

**10.4.** Kaweah Delta Health Care District and Visalia Pathology Medical Group second addendum to exclusive provider agreement dated January 1, 2021 effective January 1, 2022.

**10.5.** Kaweah Delta Health Care District exclusive provider agreement effective January 17, 2022 by and between Kaweah Delta Health Care District and Frederick W. Mayer, MD, Inc.

**10.6.** Approval of Resolution 2145 to Chris Lawry-Hawkins - retired June 2021 after 47 years of service to Kaweah Delta Health Care District.

**11. STRAGEGIC PLAN –** Review of the Kaweah Health Strategic Plan Initiative – Outstanding Health Outcomes.

*Doug Leeper, Vice President and Chief Information Officer & Sonia Duran-Aguilar, Director of Population Health*

**12.** **MASTER PLANNING** – Review and discussion of master planning process and options for Kaweah Delta Health Care District dba Kaweah Health.

*Gary Herbst, CEO and Marc Mertz, Vice President, Chief Strategy Officer*

**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: Authorized management to proceed with planning for option 1 or option 2 relative to the master planning process for Kaweah Delta Health Care Disctrict dba Kaweah Health.*

**13.** **CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY GRANT** – Request to revise the action taken at the October 25, 2021 Board of Director meeting relative to the grant application for the Investment in Mental Health Wellness Grant Program for Children & Youth. Kaweah Health will be the co-applicant and the Tulare County Health & Human Services Agency will serve as the lead applicant.

*Marc Mertz, Vice President, Chief Strategy Officer*

**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: 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 grant application to the California Health Facilities Financing Authority for the Investment in Mental Health Wellness Grant Program in an amount not to exceed $4,932,779 to specifically address a continuum of crisis services for children and youth, 21 years of age and under. This authorization is contingent upon the ongoing availability of sufficient resources of the County of Tulare and Kaweah Health to provide the specified services.*

**14.** **CALIFORNIA HEALTH FACILITIES FINANCIAL AUTHORITY (CHFFA)** - Review of proposed resolution authorizing execution and delivery of a loan and security agreement, promissory note, and certain actions in connection therewith for the CHFFA non-designated public hospital bridge loan program.

*Jennifer Stockton, Director of Finance*

**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: Approval of Resolution 2146, a resolution of Kaweah Delta Health Care District authorizing execution and delivery of a loan and security agreement, promissory note, and certain actions in connection therewith for the California Health Facilities Financing Authority Nondesignated Public Hospital Bridge Loan Program.*

15. **FINANCIALS** – Review of the most current fiscal year financial results and budget.
*Malinda Tupper –Vice President & Chief Financial Officer*

16. **ELECTION OF OFFICERS -** Kaweah Delta Health Care District – The offices of President, Vice President, and Secretary/Treasurer shall be selected at the first regular meeting in December of a non-election year of the District. To hold the office of President, a Board member must have at least one year of service on the Board of Directors. These officers shall hold office for a period of two (2) years or until the successors have been duly elected (or in the case of an unfulfilled term, appointed) and qualified. The officer positions shall be by election of the Board itself.
*Rachele Berglund, Legal Counsel*

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

*Action Requested Election of Kaweah Delta Health Care District Board of Directors Officers.*

17. **REPORTS**
    - **17.1.** Chief Executive Officer Report - Report relative to current events and issues.
      *Gary Herbst, Chief Executive Officer*
      - Redistricting (redrawing the Zones) status update - *Marc Mertz, Vice President, Chief Strategy Officer*
    - **17.2.** Board President - Report relative to current events and issues.
      *David Francis, Board President*

18. **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.*

# KAWEAH DELTA HEALTH CARE DISTRICT

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MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY NOVEMBER 22, 2021, AT 4:00PM, IN THE SEQUOIA REGIONAL CANCER CENTER MAYNARD FAUGHT CONFERENCE ROOM

PRESENT: Directors Francis, Gipson, Havard Mirviss, Olmos & Rodriguez; G. Herbst, CEO; M. Manga, MD, Chief of Staff, K. Noeske, VP& CNO; M. Tupper, VP & CFO; D. Cox, VP Chief HR Officer; M. Mertz, VP & Chief Strategy Officer; D. Leeper, VP & CIO; R. Gates, VP Population Health; D. Allain, VP Cardiac & Surgical Services; J. Batth, VP of Rehabilitation & Post-Acute Care; B. Cripps, Chief Compliance Officer, R. Berglund, Legal Counsel; and C. Moccio, recording

The meeting was called to order at 4:00PM by Director Francis.

Director Francis entertained a motion to approve the agenda.

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

**PUBLIC PARTICIPATION** – none

**APPROVAL OF THE CLOSED AGENDA – 4:01PM**

- **Conference with Legal Counsel – Anticipated Litigation –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case **-** *Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel*
- **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 & Gary Herbst, CEO*
- **Approval of the closed meeting minutes** – October 25, 2021.

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

**ADJOURN** - Meeting was adjourned at 4:02PM

Open meeting called back to order during the closed session due to a request for public comment. At 4:07PM Mr. Barry Caplan address the Board with the following concerns:

- Lack of signage identifying the meeting room.
- Brown Act Issues relative to the Board's agenda.
- He will address his concerns during the open meeting after the closed meeting is completed.

The Board closed this open session and return to the closed session at 4:11PM

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

ATTEST:
Garth Gipson, 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 MONDAY NOVEMBER 22, 2021, AT 5:00PM, IN THE SEQUOIA REGIONAL CANCER CENTER MAYNARD FAUGHT CONFERENCE ROOM

PRESENT: Directors Francis, Gipson, Havard Mirviss, Olmos & Rodriguez; G. Herbst, CEO; M. Manga, MD, Chief of Staff, K. Noeske, VP& CNO; M. Tupper, VP & CFO; D. Cox, VP Chief HR Officer; M. Mertz, VP & Chief Strategy Officer; D. Leeper, VP & CIO; R. Gates, VP Population Health; D. Allain, VP Cardiac & Surgical Services; J. Batth, VP of Rehabilitation & Post-Acute Care; B. Cripps, Chief Compliance Officer, R. Berglund, Legal Counsel; and C. Moccio, recording

The meeting was called to order at 4:20PM by Director Francis.

Director Francis asked for approval of the agenda.

*MMSC (Gipson/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** – Mr. Caplan addressed the Board relative to his perception of the Brown Act compliance of the Kaweah Health Board meeting. Mr. Caplan voiced concerns about the vaccination of staff members, medical staff members, requested that each Board agenda have information about the importance of COVID vaccinations.

**CLOSED SESSION ACTION TAKEN:**

MMSC (Gipson/Havard Mirviss) to approve the closed minutes from October 25, 2021. This was supported unanimously by those present. Vote: Yes – Gipson, Olmos, Havard Mirviss, Rodriguez, and Francis

**OPEN MINUTES** – Request approval of the open meeting minutes from October 25, 2001.

**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 (Havard Mirviss/Gipson) to approve the open minutes from October 25, 2021. This was supported unanimously by those present. Vote: Yes – Gipson, Olmos, Havard Mirviss, Rodriguez, and Francis*

**RECOGNITIONS** – Presentation of Resolution 2143 to Brisana Flores in recognition as the World Class Employee of the Month recipient – November 2021.

**ANNUAL AUDITED FINANCIAL STATEMENT** – Report to Board from Moss Adams relative to the annual audited financial statement for fiscal year 2020/2021 (copy attached to the original of these minutes and considered a part thereof) - Kaweah Delta; Malinda Tupper, VP & Chief Financial Officer, Jennifer Stockton, Director of Finance, Moss Adams; John Feneis, Chris Pritchard, and Nini Pham

*MMSC (Gipson/Olmos) Approval of the 2020/2021 Annual Audited Financial Statement. This was supported unanimously by those present. Vote: Yes – Gipson, Olmos, Havard Mirviss, Rodriguez, and Francis*

**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.

- Mr. Caplan addressed the Board relative and inquired about the vaccination rates of the Kaweah Health staff and medical staff and what we are doing to improve our vaccination rates noting the importance of the COVID vaccine.
- Mr. Herbst noted to Mr. Caplan that Kaweah Health is adhering the State guidelines.

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

*MMSC (Gipson/Havard Mirviss) 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** – Report from Monica Manga, MD – Chief of Staff (copy attached to the original of these minutes and considered a part thereof).

- Medical Staff succession committee has be established to promote leadership in the medical staff.
- A consultant has been engaged to work with the medical staff to assess if our medical staff needs modernization.

**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 Gipson requested the removal of item 10.1A and 10.3 for Board discussion.

**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.

Mr. Caplan requested to comment on item 10.4A {Medical Staff policy MS.47 Code of Conduct for Medical Staff & Advanced Practice Providers prior to Board action. Noted to the Board and Dr. Manga that he would like clarification relative to code of conduct and COVID vaccinations.

*MMSC (Olmos/Rodriguez) to approve the consent calendar with the removal of 10.1 A {Reports-Urgent Care Centers} and 10.3 {Kaweah Delta Health Care District Employees' Salary Deferral Plan 401(k) and Kaweah Delta Health Care District 457(b) Deferred Compensation Plan. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis*

**10.1 A {Reports-Urgent Care Centers} and 10.3** – Director Gipson inquired why the net income is down? It was noted that the largest impact is the COVID testing.

**Kaweah Delta Health Care District Employees' Salary Deferral Plan 401(k) and Kaweah Delta Health Care District 457(b) Deferred Compensation Plan** – Director Gipson asked for that we are reinstituting the match back for staff. It was confirmed that in 2020 there was no match, 2021 50% of the normal match, and for 2022 the plan is to return to 100% match.

*MMSC (Gipson/Havard Mirviss) to approve consent calendar item 10.1 A {Reports-Urgent Care Centers} and 10.3 {Kaweah Delta Health Care District Employees' Salary Deferral Plan 401(k) and Kaweah Delta Health Care District 457(b) Deferred Compensation Plan. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis*

**QUALITY – Healthgrades 2022 Quality Ratings Report and Leapfrog Safety Score Review–** A review of Healthgrades ratings based on population specific mortality and complications rates from 2018-2020 and the fall 2021 Leapfrog Safety Grade and associated indicators (copy attached to the original of these minutes and considered a part thereof) Sandy Volchko, DNP, RN, Director of Quality and Patient Safety

**QUALITY – Disparities in Care Committee –** A review of data analysis to identify disparities in care related to defined population groups (copy attached to the original of these minutes and considered a part thereof) - Inbal Epstein, MD, Emergency Medicine Resident & Lori Winston, MD, VP Medical Education

**MASTER PLANNING** – Review and discussion of master planning process and options for Kaweah Delta Health Care District (copy attached to the original of these minutes and considered a part thereof) - Gary Herbst, CEO and Marc Mertz, Vice President, Chief Strategy Officer

- This will return to the December Board meeting with a request for the Board to choose an option for the direction of the Master Plan for Kaweah Delta Health Care District dba Kaweah Health.

**PATIENT THROUGHPUT CONSULTING ENGAGEMENT** - Review a proposal from The Chartis Group consulting firm to assist Kaweah Health with a comprehensive patient throughput engagement (copy attached to the original of these minutes and considered a part thereof)- Keri Noeske, RN, BSW, DNP, Vice President & Chief Nursing Officer.

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

*MMSC Havard Mirviss/Gipson to authorized management to enter into the necessary agreements and take all necessary steps to execute a comprehensive patient throughput engagement with The*

*Chartis Group to be funded from operations and cash reserves. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis*

**FINANCIALS** – Review of the most current fiscal year financial results and budget.

Malinda Tupper (copy attached to the original of these minutes and considered a part thereof) – Vice President & Chief Financial Officer

**CHIEF EXECUTIVE OFFICER REPORT** – Report relative to current events and issues - Gary Herbst, Chief Executive Officer

- Mr. Herbst noted that we are down to 61 COVID patients.
- There will be a staff holiday meal served next week and all of the events will be placed on the Board calendar.

**BOARD PRESIDENT REPORT** – Report from David Francis, Board President

- Thanked the Board for a good meeting and engaging the Chartis organization
- Director Havard Mirviss thanked the staff for all that they do.

**ADJOURN** - Meeting was adjourned at 7:25PM

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

ATTEST:

Garth Gipson, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

# RESOLUTION 2144

**WHEREAS, Kaweah Delta Health Care District dba Kaweah Health recognizes Maria Aguilar, RN with the World Class Employee of the Month Award – December 2021 for consistent outstanding performance and,**

**WHEREAS, Maria embodies the Mission of Kaweah Health; *Health is our passion, Excellence is our focus, Compassion is our promise* and,**

**WHEREAS, Maria embraces the Pillar of Kaweah Health - *Deliver Excellent Service* 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 Kaweah Health staff, and the community they represent, hereby extend their congratulations to Maria for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.**

**PASSED AND APPROVED this 20th day of December 2021 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**

## 2021 DECEMBER EMPLOYEE OF THE MONTH

MARIA AGUILAR, Sub Acute

Maria is an amazing charge nurse on the Subacute Unit. She is always up for a challenge and volunteers to help anytime she is asked. She is the lead in the skin prevalence study and comes in extra when we do COVID response testing. Maria is selfless: she picked up extra shifts at the Medical Center during the first wave of COVID when we still did not know much about COVID. When Subacute did not have a manager, she stepped in to the interim Nurse Manager role. She is also our designated Birthday singer for patient and staff birthdays. She has a beautiful voice and is often heard singing to patients. Her son and daughter are also following in her footsteps. They are both Registered Nurses. How wonderful to be this influential. But that is not all. Maria volunteers at her church, gives cooking classes, cooks food for the unit, and is an avid runner. I can’t say enough about Maria and how much she does for our patients, the KH team, and our community. I cannot think of a more deserving nurse. Thank you Maria!

# Patient Throughput Performance Improvement: Design and Implementation

Board of Directors Update

December 20, 2021

THE CHARTIS GROUP

Kaweah Health
MORE THAN MEDICINE. LIFE.

# Agenda

1. Introductions
2. Chartis Perspective: Inpatient Throughput
3. Implementation Project Structure Overview, Steering Committee and Proposed Guiding Principles
4. Implementation Timeline
5. Draft Scorecard & Next Steps

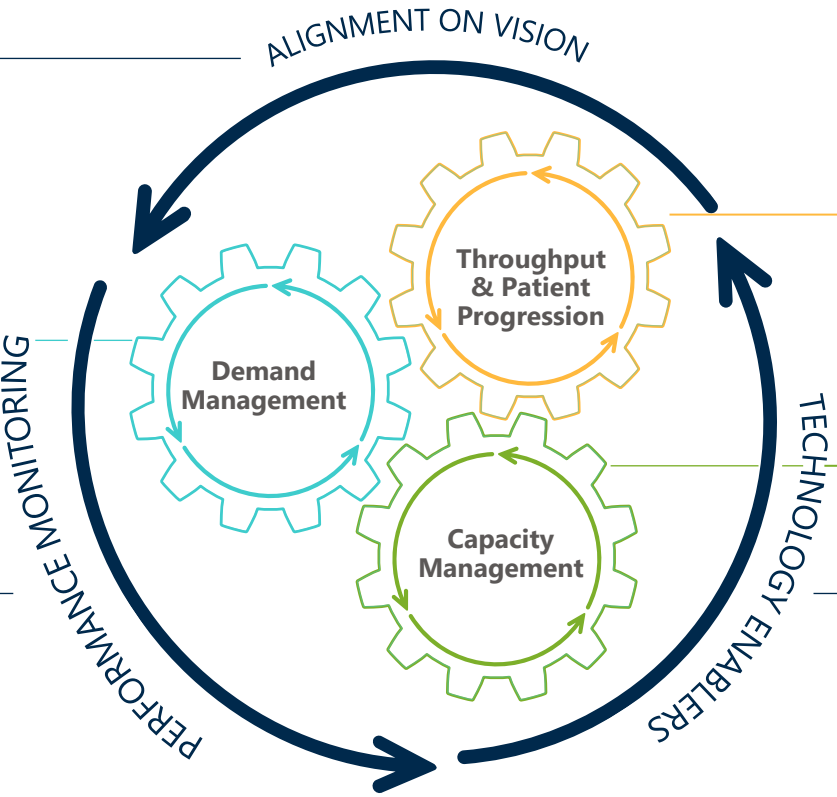
# Chartis Perspective: Inpatient Throughput

Inpatient throughput performance requires commitment and collaboration around workflows and roles by nursing, case management, social work, utilization management, hospital-based providers, bed management, etc.

**Alignment on Vision**
Clinical and Administrative leadership actively demonstrate alignment on the throughput goals and support for improvements

**Demand Management**
Processes and protocols in place to ensure patients receive the right care in the right place at the right time

**Performance Monitoring**
Data, analytics and actionable business intelligence to enable understanding of progress, accountability for execution and continuous performance improvement




**Throughput and Patient Progression**
Core inpatient workflows and roles are designed to promote the multidisciplinary collaboration required to safely and efficiently progress a patient through an acute care episode

**Capacity Management**
Acute care resources are optimally managed to meet patient demand

**Technology Enablers**
Technology deployed to optimize communication and transparency across the care team and functional areas to promote efficiency and performance

# Implementation Project Structure Overview

**Kaweah Health Executive Team**

- Provides oversight and guidance
- Approves recommendations

***Co-Chairs***
*Keri Noeske and Jag Batth*

**Implementation Steering Committee**

- Review/provide input to Design & Implementation projects' proposed solution sets
- Ensure solutions maintain "system mindset" perspective
- Role model transparency and communicate broadly and effectively
- Champion the project and engage colleagues

**EPMO Support & Communications**

- Manages implementation
- Recommends refinements to implementation plan
- Measures overall progress and impact
- Facilitates communication launch and ongoing updates
- Fields inquires

**Design & Implementation Projects**

| Throughput & Patient Progression | Demand Management | Capacity Management | Foundation |
|---|---|---|---|

**EMR & Technology Optimization**

*Each Design & Implementation project will report progress and results up through the Steering Committee; at any given time, there will be 5-10 projects in motion*

# Implementation Steering Committee

## Objectives

- Review/provide input to Design & Implementation projects' proposed solution sets
- Ensure solutions maintain “system mindset” perspective
- Role model transparency and communicate broadly and effectively
- Champion the project and engage colleagues

## Members

| Member | Role |
|---|---|
| Keri Noeske | Co-Chair; VP, Chief Nursing Officer |
| Jag Batth | Co-Chair; VP, Ancillary & Post Acute Services |
| Malinda Tupper | VP, Chief Financial Officer |
| Dr. Niraj Patel | Hospitalist Medical Director |
| Dr. Onsy Said | Hospitalist Medical Director |
| Doug Leeper | Chief Information Officer |
| Rebekah Foster | Director, Throughput & Specialty Care |
| Kassie Waters | Director, Cardiac Critical Care Services |
| Dr. Monica Manga | Chief Medical Officer |
| Dr. Sakona Seng | ED Medical Director |
| Marc Mertz* | VP, Chief Strategy Officer |
| Ryan Gates* | VP, Population Health |
| Linda Hansen* | HR Leader |
| Melissa Carrillo* | Communication & Marketing Leader |

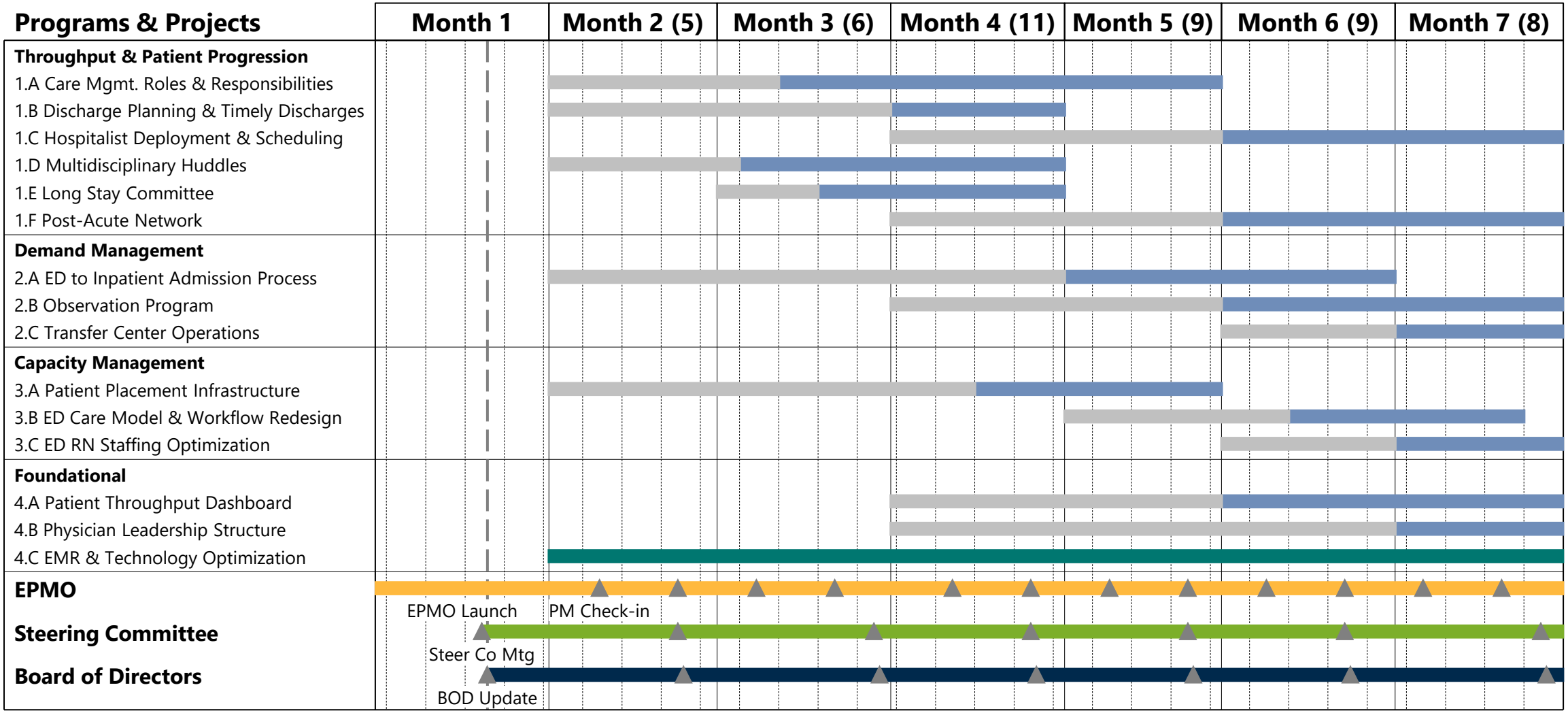
*Ad Hoc committee member

# Proposed Guiding Principles

As we design and implement the Patient Throughput Performance Improvement initiatives, we will ground our work in a set of guiding principles to ensure broad alignment with the mission and vision of Kaweah Health in everything we do

| Guiding Principles | |
|---|---|
|  | **Clinical Excellence** |
|  | **Consumer, Provider and Staff Centricity** |
|  | **Transparent and Open Process** |
|  | **Utilization of Digital and Physical Offerings** |
|  | **Attention to Time-to-Value** |
|  | **Avoid an "Opt Out" Culture** |

# Implementation Timeline



# Draft Scorecard

## *Proposed Leading Performance Metrics*

At-Goal | Small Gap To-Goal | At-Risk

| Metric | Definition | Goal | Performance: Status | Baseline | Jan | Feb | March | April | May | June | July | August |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ED Boarding Time** *(Lower is better)* | Median for admission order written to check out for inpatients, observation patients and surgical admission | TBD | | TBD | | | | | | | | |
| **ED Admit Hold Time** *(Lower is better)* | Count of patients with ED boarding time ≥ 4 hours | TBD | | TBD | | | | | | | | |
| **ED Average Length of Stay (ED ALOS)** *(Lower is better)* | Average length of stay for ED for admitted (inpatients, observation patients and surgical admission) and discharged patients | TBD | | TBD | | | | | | | | |
| **Observation Average Length of Stay (Obs ALOS)** *(Lower is better)* | Average length of stay for observation patients | TBD | | TBD | | | | | | | | |
| **Inpatient Average Length of Stay (IP ALOS)** *(Lower is better)* | Average length of stay for inpatient discharges | TBD | | TBD | | | | | | | | |
| **Inpatient Observed-to-Expected Length of Stay (IP O/E LOS)** *(Lower is better)* | ALOS / geometric mean length of stay for inpatient discharges | TBD | | TBD | | | | | | | | |
| **% of Discharges Before 12 PM** *(Higher is better)* | % of inpatients discharged before 12 PM | TBD | | TBD | | | | | | | | |
| **Surgical Backfill Volume** *(Lower is better)* | Incremental inpatient elective surgical cases over baseline; pending established baseline | TBD | | TBD | | | | | | | | |

## CHARTIS APPROACH

# Expected Results

Our work drives a positive impact on LOS and capacity management while equipping our clients with the tools and infrastructure to make the solutions sustainable.

**.5 DAY**
**REDUCTION**
in length of stay

Infrastructure for leadership to drive
**CONTINUAL OPTIMIZATION**

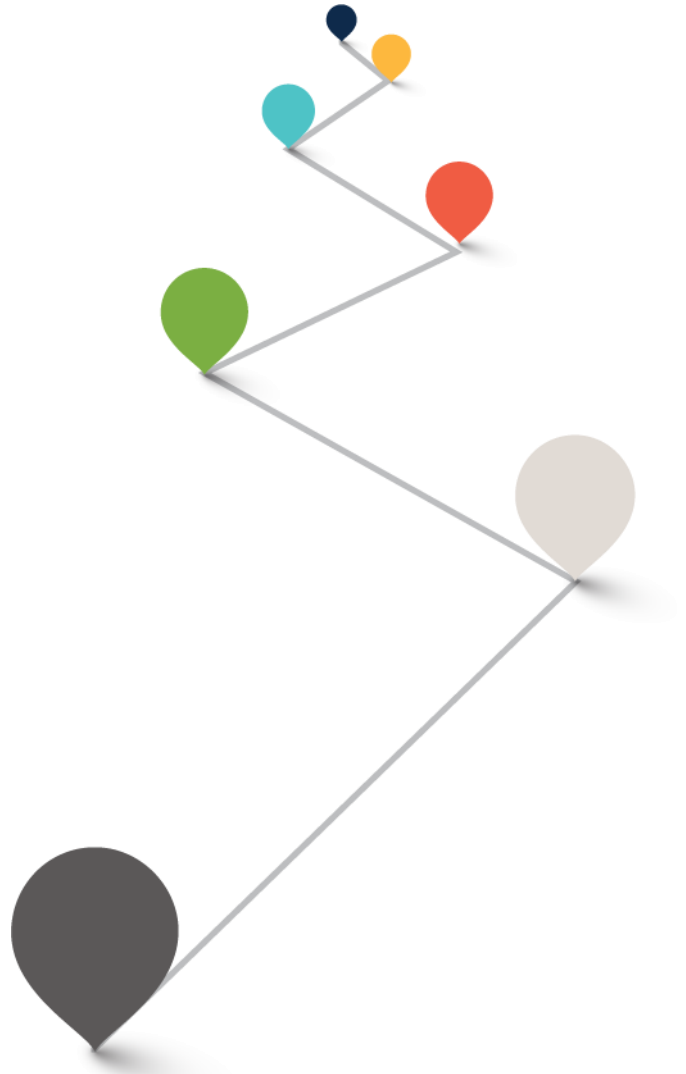
**INCREASED QUALITY OF CARE**
and patient experience by **reduced time in ED**

Established tools and processes for managers to
**SUSTAIN OUTCOMES**

**REDUCTION**
IN LONG STAY
**CASES (30%)**

Enhanced analytics and reporting to provide
**ACTIONABLE INSIGHTS**

# Next Steps



- Finalize project team charters
- Confirm performance metrics and build out monthly scorecard
- Align with in-flight Kaweah Health initiatives
- Conduct interviews and observations with key stakeholders and departments
- Communicate phase 1 project launch to all staff
- Kick-off phase 1 project teams in January & February

## Physician Recruitment and Relations

## Medical Staff Recruitment Report - December 2021

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

Date prepared: 12/14/2021

| Central Valley Critical Care Medicine | |
|---|---|
| Hospitalist | 2 |
| Intensivist | 3 |

| Delta Doctors Inc. | |
|---|---|
| OB/Gyn | 1 |

| Frederick W. Mayer MD Inc. | |
|---|---|
| Cardiothoracic Surgery | 2 |

| Kaweah Delta Faculty Medical Group | |
|---|---|
| Family Medicine Core Faculty | 1 |

| Kaweah Health Medical Group | |
|---|---|
| Advanced Practice Provider - Quick Care | 1 |
| Audiology | 1 |
| Dermatology | 2 |
| Family Medicine | 3 |
| Internal Medicine | 1 |
| Gastroenterology | 2 |
| Neurology | 1 |
| Orthopedic Surgery (Hand) | 1 |
| Otolaryngology | 2 |

| Kaweah Health Medical Group (Cont.) | |
|---|---|
| Pulmonology | 1 |
| Radiology - Diagnostic | 1 |
| Rheumatology | 1 |
| Urology | 3 |

| Oak Creek Anesthesia | |
|---|---|
| Anesthesia - Cardiac | 1 |
| Anesthesia - Critical Care | 1 |
| Anesthesia - Obstetrics | 1 |

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

| Other Recruitment | |
|---|---|
| Neurology - Inpatient | 1 |

| Sequoia Oncology Medical Associates Inc. | |
|---|---|
| Hematology/Oncology | 1 |

| Valley Children's Health Care | |
|---|---|
| Maternal Fetal Medicine | 2 |
| Neonatology | 1 |

| Candidate Activity | | | | | | |
|---|---|---|---|---|---|---|
| **Specialty/Position** | **Group** | **Last Name** | **First Name** | **Availability** | **Referral Source** | **Current Status** |
| Anesthesia - Cardiac | Oak Creek Anesthesia | Dahl, M.D. | Aaron | TBD | Direct Referral | Site Visit: 2/11/22 |
| Anesthesia - Cardiac | Oak Creek Anesthesia | Wijesinghe | Isuru | 06/22 | MDStaffers - 11/9/21 | Currently under review |
| Anesthesia - Cardiac | Oak Creek Anesthesia | Nagm, M.D. | Hussam | 06/22 | Direct Referral | Site Visit: 11/9/21; Verbally accepted offer |
| Anesthesia - OB | Oak Creek Anesthesia | Wang, M.D. | Allen | 07/23 | Direct - 11/26/21 | Currently under review |
| Anesthesia | Oak Creek Anesthesia | Berg, M.D. | Lamont | TBD | Direct | Offer accepted |
| Anesthesia | Oak Creek Anesthesia | He, M.D. | Chaoying | ASAP | Direct | Site Visit: 9/21/21; Offer accepted; Tentative Start Date: January 2022 |
| Anesthesia | Oak Creek Anesthesia | Lin, M.D. | Steven | ASAP | Direct | Site Visit: 9/21/21; Offer accepted; Tentative Start Date: January 2022 |
| Certified Registered Nurse Anesthetist | Oak Creek Anesthesia | Knittel | Michael | 03/22 | Direct - 10/19/21 | Offer accepted; contract in process |
| Certified Registered Nurse Anesthetist | Oak Creek Anesthesia | Lopez | Ramon | 03/22 | Direct - 11/2/21 | Offer accepted; Tentative Start Date: March 2022 |
| Certified Registered Nurse Anesthetist | Oak Creek Anesthesia | Sobotka | Tyler | 01/22 | Direct - 6/1/21 | Offer accepted; Tentative start date: January 2022 |

| Candidate Activity | | | | | | |
|---|---|---|---|---|---|---|
| **Specialty/Position** | **Group** | **Last Name** | **First Name** | **Availability** | **Referral Source** | **Current Status** |
| Certified Registered Nurse Anesthetist | Oak Creek Anesthesia | Spolsdoff | Allison | 12/21 | Direct | Offer accepted; Start date: 12/13/21 |
| Family Medicine | Kaweah Health Medical Group | Gong, M.D. | Michael | 07/22 | Direct - 12/13/21 | Currently under review |
| Family Medicine | Kaweah Health Medical Group/Visalia Family Practice | Shin, M.D. | Chang-Sung | 09/22 | Kaweah Health Resident | Initial interview: 10/15/21; Offer with Visalia Family Practice Pending |
| Family Medicine Core Faculty | Kaweah Delta Faculty Medical Group | Rangel-Orozco, M.D. | Daniela | 08/22 | Kaweah Health Resident | Site Visit: 10/28/21; Offer accepted |
| Gastroenterology - APP | Kaweah Health Medical Group | Almonte, NP-C | Wendy | 01/22 | Direct referral | Site Visit: 11/3/21; Offer accepted; Start Date: 01/03/22 |
| Gastroenterology | Key Medical Associates | Eskandari, M.D. | Armen | 11/21 | Direct | Offer accepted; Tentative Start Date: January 2022 |
| Hospitalist | Central Valley Critical Care Medicine | Cullan, M.D. | Jarrod | TBD | Direct - Internal Referral | Currently under review |
| Hospitalist | Central Valley Critical Care Medicine | Guo, M.D. | Denghui | 07/22 | Direct - PracticeLink - 11/19/21 | Currently under review |
| Hospitalist | Central Valley Critical Care Medicine | Grewal, M.D. | Sarbjot | 07/22 | Direct | Site Visit: 12/29/21 |
| Hospitalist | Valley Hospitalist Medical Group | Kaur, M.D. | Kamalmeet | 09/22 | Direct - 9/21/21 | Offer extended |
| Hospitalist | Central Valley Critical Care Medicine | Nagy, D.O. | Omar | 08/22 | Vista Staffing Solutions - 11/8/21 | Site Visit: 11/13/21 |
| Hospitalist | Central Valley Critical Care Medicine | Nguyen, M.D. | Hung | 02/22 | Vista Staffing Solutions - 11/18/21 | Site Visit: 12/18/21 |
| Hospitalist | Central Valley Critical Care Medicine | Singh, M.D. | Komaldeep | 07/22 | PracticeLink - 12/13/21 | Currently under review |
| Hospitalist | Central Valley Critical Care Medicine | Zaidi, M.D. | Syeda | 07/22 | Direct - CareerMD Career Fair | Currently under review |

| Candidate Activity | | | | | | |
|---|---|---|---|---|---|---|
| **Specialty/Position** | **Group** | **Last Name** | **First Name** | **Availability** | **Referral Source** | **Current Status** |
| Intensivist | Central Valley Critical Care Medicine | Sinha, M.D. | Nupur | TBD | CompHealth - 10/22/21 | Site Visit: 11/23/21 |
| Internal Medicine/Sleep Medicine | Central Valley Critical Care Medicine/ Kaweah Health Medical Group | Sarrami, M.D. | Kayvon | 08/22 | Direct - 11/27/21 | Site visit pending dates |
| Interventional Cardiology | Sequoia Cardiology Medical Group | Singla, M.D. | Atul | 01/22 | Direct referral | Site Visit: 6/14/21; Offer accepted; Tentative Start Date: 2/2022 |
| Neonatology | Valley Children's | Agu, D.O. | Cindy | TBD | Valley Children's - 9/1/21 | Site Visit: 9/20/21; Offer extended |
| Neonatology | Valley Children's | Kannekanti, M.D. | Naveem | 07/22 | Valley Children's - 12/7/21 | Site visit pending (January 2022) |
| Neonatology | Valley Children's | Kasniya, M.D. | Gangajal | 07/22 | Valley Children's - 12/10/21 | Site Visit: 1/10/22 |
| 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 |
| Pediatrics | Kaweah Health Medical Group | Galindo, M.D. | Ramon | 09/22 | Direct referral - 6/28/21 | Site visit: 9/14/21; Offer accepted |
| Physician Assistant - Quick Care | Kaweah Health Medical Group | Parker, PA | Katelyn | TBD | PracticeMatch - 12/14/21 | Currently under review |
| Physical Therapy | Kaweah Health Medical Group | Zigo | Dominique | Jan-22 | CliniPost - 8/25/21 | Offer accepted; Start date: 01/10/22 |
| Rheumatology | Kaweah Health Medical Group | Li, M.D. | Zi Ying (Kimmie) | 08/22 | Direct - 11/27/21 | Phone Interview: 12/15/21 |

COMPLIANCE PROGRAM ACTIVITY REPORT – Open Meeting
Ben Cripps, Vice President & Chief Compliance and Risk Officer
August 2021 through October 2021

## *EDUCATION*

Live Presentations

- Compliance and Patient Privacy – New Hire
- Compliance and Patient Privacy – Management Orientation
- Operational Compliance Educational Update – Kaweah Health Medical Group
- False Claims Act – Kaweah Health Medical Group Supervisors Meeting

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

- Social Media Posts, Access to Medical Record Portal
- False Claims Act

## *PREVENTION AND DETECTION*

- **California Department of Public Health (CDPH) All Facility Letters (AFL)** – Review and distribute AFLs to areas potentially affected by regulatory changes; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk

- **Medicare and Medi-Cal Monthly Bulletins** – Review and distribute bulletins to areas potentially affected by the regulatory change; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk

- **Office of Inspector General (OIG) Monthly Audit Plan Updates** – Review and distribute OIG Audit Plan issues to areas potentially affected by audit issue; department responses reviewed and tracked to identify potential current/future risk

- **California State Senate and Assembly Bill Updates** – Review and distribute legislative updates to areas potentially affected by new or changed bill; department responses reviewed and tracked to address regulatory change and identify potential current/future risk

- **Patient Privacy Walkthrough** – Monthly observations of privacy practices throughout Kaweah Health; issues identified communicated to area Management for follow-up and education

- **User Access Privacy Audits** – Daily monitoring of user access to identify potential privacy violations

- **Office of Inspector General (OIG) Exclusion Attestations** – Quarterly monitoring of department OIG Exclusion List review and attestations

- **Medicare PEPPER Report Analysis** – Quarterly review of Medicare Inpatient Rehabilitation, Hospice, Mental Health, and Acute Inpatient PEPPER statistical reports to identify outlier and/or areas of risk; evaluate with Kaweah Health leadership quarterly at PEPPER Review meeting

- **Centers for Medicare and Medicaid Services (CMS Final Rule)** – Review and distribution of the Inpatient Prospective Payment System (IPPS), Outpatient Prospective Payment System (OPPS), Inpatient Psychiatric Facility (IPF), Inpatient Rehabilitation Facility (IRF), Home Health and Hospice, and Physician Fee Schedule (PFS) policy and payment updates; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk

## *OVERSIGHT, RESEARCH & CONSULTATION*

- **Fair Market Value (FMV) Oversight** – Ongoing oversight and administration of physician payment rate setting and contracting activities including Physician Recruitment, Medical Directors, Call Contracts, and Exclusive and Non-Exclusive Provider Contracts

- **Medicare Recovery Audit Contractor (RAC) and Medicare Probe Audit Activity** – Records preparation, tracking, appeal timelines, and reporting

- **Licensing Applications** – Forms preparation and submission of licensing application to the California Department of Public Health (CDPH); ongoing communication and follow-up regarding status of pending applications

- **KD Hub Non–Employee User Access** – Oversight and administration of non-employee user onboarding, privacy education, and user profile tracking; evaluate, document, and respond to requests for additional system access; on-going management of non-employee KD Hub users; the annual renewal process with the new Compliance 360 workflow is currently in process

- **Covid-19 Incident Response** – Participation in Section Chief Meetings to advise on regulatory matters and to ensure ongoing compliance; ongoing oversight and review of Covid-19 regulatory review and response

- **Operational Compliance Committee** – Consultation, oversight, and prevention; in July 2020, the Compliance Department created the Operational Compliance Committee comprised of six (6) high-risk departments including Patient Accounting, Health Information Management, Revenue Integrity, Case Management, Patient Access and Clinical Documentation Improvement (CDI) Department, and Kaweah Health Medical Group; meetings are held monthly to discuss regulations, policies, auditing and monitoring, and educational efforts within the departments; Compliance developed and implemented the use of departmental dashboards designed to develop focused goals and measure effectiveness of the program

- **Medicare Conditions of Participation (CoP) with Discharge, Transfer Notifications** – Oversight and consultation; participation in review and assessment of regulatory guidance concerning the current electronic medical record (EMR); new CoP's require hospitals to allow

patients to consent to electronic notifications to be sent to the provider of their choice; a work plan was established to satisfy the requirement until the EMR system upgrade can take place; the Compliance Department is monitoring the progress and implementation of the work plan; System testing was completed and go-live is scheduled for December 7th with the Informed Provider notification out of Soarian Financials

- **Inpatient Rehab Quality Data Reporting Issue** – Oversight and consultation; worked with the Rehab Leadership team to ensure Quality Data reporting measurements for Clostridium difficile (C. diff) were submitted properly; is subject to a 2% reduction in payment for failure to submit timely

- **Continuing Medical Education (CME) Kit Documentation Review** – Consultation; worked with the Graduate Medical Education (GME) office to determine the validity of documentation submitted for faculty payment; investigation concluded the name of the course on the flyer contained the wrong location; payments made to faculty were deemed appropriate

- **Behavioral Health Release Process** – Oversight and consultation; working with the Health Information Management (HIM) Team and Rural Health Clinic (RHC) Behavioral Health Physicians to create a matrix for release of medical records

- **Nurse Practitioner (NP) Locum at Wound Center** – Research and consultation; worked with the Wound Center and Finance teams to assess NP Locum billing regulations; billing regulations researched, and system logic established to allow the Nurse Practitioner to treat patients at the Wound Center until Kaweah Health hires a permanent Nurse Practitioner.

- **Office for Civil Rights (OCR)** – Oversight; worked with Information Systems Services (ISS) to investigate a concern reported to the OCR regarding the use of the Guest network to transmit electronic Protected Health Information (PHI) between medical devices; following a review, we determined that Kaweah Health does not use the Guest network to transmit PHI; ISS Technical Services Team will continue to monitor, educate, and practice safe techniques

- **Present on Admission (POA) Indicator Quarterly Update and CMS Instruction** – Oversight; based on a quarterly update for POA Indicators, Compliance worked with Health Information Management, Information Systems and Patient Accounting to establish system logic and identify claims requiring an update to the POA Indicator and potential rebills

- **Contracts Management** – Consultation; working with Information System Services, Consulting Services, and Cardiac Service line leadership to establish the Kaweah Health Cardiothoracic Surgery Clinic and draft a new Exclusive Provider Agreement for Cardiothoracic Surgery

- **Business Associate Agreements** – Oversight; working with Materials Management to transition management of Business Associate Agreements to allow for improved tracking, monitoring, and reporting

- **Noridian Post Payment Probe Audit of Sleep Study** – Noridian (Medicare Claims Administrator) completed a post-payment Targeted Probe review of Outpatient Sleep Study claims. The review of five (5) claims was completed in May 2021. The review resulted in a 100% compliance rate. The audit is now closed.

- **Noridian Post Payment Probe Audit of Inpatient Rehabilitation Services** – Noridian (Medicare Claims Administrator) completed a post-payment Targeted Probe review of Inpatient Rehabilitation Service claims. The audit commenced in July 2021 and was completed on August 31, 2021. Noridian completed a review of two (2) claims and identified a 100% compliance rate. The audit is now closed.

- **National Government Services (NGS) Probe Audit of Hospice Services** – NGS has notified Kaweah Health of its intent to complete a post payment audit of Hospice services billed with Q5003/Q5004. The review affects Hospice claims for patients residing in Skilled Nursing Facilities. The audit is currently in progress. The results of the audit will be provided upon completion of the audit.

- **Charge Audit Review** – The Compliance Department completed an Outpatient Services Billing Review. The objective of the review was to determine the extent to which Kaweah Health complies with billing guidance for selected Outpatient Claims. The electronic health record was used to review and assess the following elements: whether the charge was supported by a physician's order, the appropriateness of the billing modifier (as necessary), the billing units noted on the order match the billing units submitted on the claim, the service ordered by the physician matches the service billed on the claim, any other exceptions noted during the review. Following a review of thirty (30) randomly selected outpatient claims for the period April 1, 2021 through July 1, 2021, the Compliance Department noted a 97% compliance rate. The results of the review were shared with the Patient Accounting leadership team for review and assessment.

- **KX Modifier Review –** The Compliance Department completed a review to evaluate billing compliance for single chamber or dual chamber cardiac pacemakers and use of KX modifier. The KX modifier is applied when certain diagnoses are met in order to receive proper payment. The electronic health record was used to review the coding attestation for the diagnosis, procedure note, UB-04 billing statement, and Remittance Advice to verify the proper use and application of the KX modifier. Following a review of thirty (30) randomly selected accounts for the period January 2021 – September 2021, the Compliance Department noted a 100% compliance rate. The results of the review were shared with Patient Accounting leadership for review and assessment.

# REPORT TO THE BOARD OF DIRECTORS

## Chronic Disease Management Center (CDMC)

Tracy M. Salsa RN, Director Cardiovascular Service Line, Neuroscience Center & Specialty Clinic
Contact Number: 559-624-4919 (office) or 909-226-3621 (mobile)

Board Meeting: December 20, 2021

### Summary Issue/Service Considered

The Chronic Disease service line (CDMC) is housed at the Kaweah Health Specialty Clinic. This service line focuses on chronic conditions such as diabetes, heart failure and COPD. Our specialty service line is not volume based – it is quality based with a focus on preventing emergency room visits and hospitalizations. A multi-disciplinary team consisting of a physician, physician assistant, pharmacists, a licensed vocational nurse, medical assistants, diabetes educators, pharmacy technicians, and community outreach specialists work together to provide medical care, education and home support to meet the patients' needs. We collaborate with Key Medical Group (KMG) to care for our most vulnerable and fragile patients within the community – people with gaps in care impacting Medicare reimbursement. Our novel programs provided to Humana Medicare Advantage patients have resulted in an accurate risk adjusted factor (RAF) which equates to Medicare reimbursement to care for these patients. Focus on gaps in care and quality/star metrics have resulted in saved health care dollars (KH is 50% at risk for these patients). The chronic disease service line also manages the Tulare-Kings Foundation for Medical Care (TKFMC) diabetes program for our employees and dependents, which results in KH dollars saved on prescriptions (filled at KH retail pharmacy). Other specialty programs provided at the Specialty Clinic include: a pharmacist led coagulation clinic, a pharmacist led pain management program (reducing ER visits for patients seeking medication), Med Assist program which helps patients afford their medications and/or to avoid the gap in coverage (or donut hole) thus preventing lapse in medication compliance which could lead to hospitalization, Employee and Dependent Wellness programs (diabetes management and specialty medication program [specific patient population with a diagnosis of HIV, Hepatitis C and rheumatoid arthritis – must be a patient of Dr. Boken or Dr. Boniske]; eligible prescriptions are filled KH Retail Pharmacy) and Transition of Care visits (one time visit for patients discharged from the hospital but cannot see their own primary care provider [PCP] within 7 days).

### Quality/Performance Improvement Data

The chronic disease team is currently working on several key initiatives:

*Outpatient referral processing time under 3 calendar days – this metric has been met 96.7% this past year; >90% new patients are scheduled within 2 weeks of completed

referral; outpatient clinic volume has increased 2% (3,157 visits from 3009 visits) from previous year.
*COPD program implemented Air X platform resulting in avoiding hospitalizations for two patients (Air X utilizes a telephonic platform contacting participating patients on a daily basis, ranking their risk and then treatment regime instituted)
*Focus on gap closures and accurate RAF scoring to improve financial reimbursement
*Population Health Management of patients through outreach programs aimed at reducing ER visits and hospitalizations; this includes proactive outreach to Humana/KMG patients with Hemoglobin A1c > 8, heart failure and/or COPD diagnosis.

## Policy, Strategic or Tactical Issues

Several key points:

*The chronic service line has historically operated at a loss but our services are measured in cost avoidance and improved Medicare funding based on avoidance of hospitalization/hospital utilization; with this in mind, contribution margin loss improved from $199,751 FY20 to $118,538 FY21 due staffing reduction and improved efficiencies
*Volume grew slightly at 2%, which is very positive considering the pandemic for the entire FY; telemedicine visit option helped considerably during this FY due to chronically ill patients not wanting to be out in public
*Direct cost per visit substantially declined from previous FY (-27% decline)
*Med Assist program demonstrated a 56% increase from FY20 in active patients (133 participating patients) with $205K direct patient savings and $1.15M in net 340b savings for KH (this represents a 131% increase from FY20)
*Employee and Dependent Wellness programs demonstrated an increase of in participating patients of 42% from FY20; average annual direct savings to patients: $1,400 per patient; this program represents $2M in gross margin for the retail pharmacy (19% increase from FY20) and 1.58M in 340b savings for KH. (20% increase from FY20)
*Pharmacist led pain management program demonstrated a total cost of $515K in medication related problems (MRP), a 36% increase from FY20; this represents nine months of FY21 (June 2020 – March 2021) thus remaining three months in FY21 will add more to the total cost avoidance
* Specialty Clinic building to be future site of urology clinic, performing procedures which in a hospital-based clinic have good reimbursement to off-set payor mix; also frees OR space for complex surgeries; investigating ROI of bariatric clinic in this space

## Recommendations/Next Steps

*Continued focus on clinic operations – flexing staff schedule to match patient volume and maximize provider time when in clinic
*Continued partnership with Key Medical Group to increase chronic disease management referrals from KMG PCPs in the community – proven record of accomplishment of multi-disciplinary team interventions resulting 93% reduction in A1c values for participating patients; also increase referrals to Med Assist program to maximize prescription spend savings for lives covered
*Future construction on general-purpose room to be two distinct procedure rooms for urology service line; new service lines will also maximize use of existing staff to reduce costs/maximize CM

## Approvals/Conclusions

Our continued partnership with KMG/Humana and TKFMC has demonstrated savings to Kaweah Health (despite low CM for this service line, revenue and cost savings attributed to the KH Retail Pharmacy has shown this model works well and is a benefit to our organization), has improved the quality and quantity of patient lives as well as increased enrollment in Humana Medicare Advantage program. This care model has shown a reduction in ER visits, hospitalizations, worsening co-morbidities, and high pharmacy costs. Population Health is the entire management of the patient, including socio-economic factors that significantly contribute to a patient's overall health. Proactive assessment and treatment for these vulnerable patients with multi-diagnoses results in positive results for the community. Future service lines for this clinic will provide much needed access to care (urology) and avoidance of care/procedures leaving this area for Fresno, Bakersfield, the Bay area and Southern CA. Plan for the remaining half of this FY is continued focus on quality metrics, daily assessment of clinic productivity reports to improve efficiency in the outpatient setting, and marketing strategies to increase community awareness of our unique and robust programs at the Specialty Clinic.

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

***Chronic Disease Management Clinic***

**KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021**

| Visits | NET REVENUE | DIRECT COST | CONTRIBUTION MARGIN | NET INCOME |
|---|---|---|---|---|
| 3,157 | $307,475 | $426,013 | ($118,538) | ($1,243,897) |
| ▲ 2% | ▼ -17% | ▼ -25% | ▲ 41% | ▲ 16% |

*Note: Arrows represent the change from prior year and the lines represent the 3-year trend

**METRICS SUMMARY - 4 YEAR TREND**

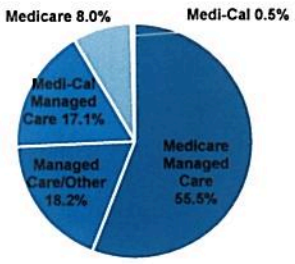
| METRIC | FY2018 | FY2019 | FY2020 | FY2021 | %CHANGE FROM PRIOR YR | 4 YR TREND |
|---|---|---|---|---|---|---|
| Visits | 2,698 | 2,496 | 3,099 | 3,157 | ▲ 2% | |
| Net Revenue | $338,636 | $308,154 | $369,260 | $307,475 | ▼ -17% | |
| Direct Cost | $787,090 | $1,120,650 | $569,011 | $426,013 | ▼ -25% | |
| Contribution Margin | ($448,454) | ($812,496) | ($199,751) | ($118,538) | ▲ 41% | |
| Indirect Cost | $1,045,492 | $1,113,657 | $1,272,355 | $1,125,359 | ▼ -12% | |
| Net Income | ($1,493,946) | ($1,926,153) | ($1,472,106) | ($1,243,897) | ▲ 16% | |
| Net Revenue Per Visit | $126 | $123 | $119 | $97 | ▼ -18% | |
| Direct Cost Per Visit | $292 | $449 | $184 | $135 | ▼ -27% | |
| Contrb Margin Per Visit | ($166) | ($326) | ($64) | ($38) | ▲ 42% | |

**Per Visit TRENDED GRAPHS**


**PAYER MIX - 4 YEAR TREND (VISITS)**

| PAYER | FY2018 | FY2019 | FY2020 | FY2021 |
|---|---|---|---|---|
| Medicare Managed Care | 39.3% | 41.1% | 53.3% | 55.5% |
| Managed Care/Other | 10.0% | 20.6% | 19.8% | 18.2% |
| Medi-Cal Managed Care | 29.8% | 21.6% | 15.6% | 17.1% |
| Medicare | 18.4% | 14.0% | 9.5% | 8.0% |
| Medi-Cal | 1.9% | 1.8% | 0.9% | 0.5% |
| ***Combined Medicare*** | ***57.7%*** | ***55.1%*** | ***62.8%*** | ***63.5%*** |

**FY 2021 Payer Mix - Based on Visits**




Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line is CDM Clinic

## Approvals/Conclusions

Our continued partnership with KMG/Humana and TKFMC has demonstrated savings to Kaweah Health (despite low CM for this service line, revenue and cost savings attributed to the KH Retail Pharmacy has shown this model works well and is a benefit to our organization), has improved the quality and quantity of patient lives as well as increased enrollment in Humana Medicare Advantage program. This care model has shown a reduction in ER visits, hospitalizations, worsening co-morbidities, and high pharmacy costs. Population Health is the entire management of the patient, including socio-economic factors that significantly contribute to a patient's overall health. Proactive assessment and treatment for these vulnerable patients with multi-diagnoses results in positive results for the community. Future service lines for this clinic will provide much needed access to care (urology) and avoidance of care/procedures leaving this area for Fresno, Bakersfield, the Bay area and Southern CA. Plan for the remaining half of this FY is continued focus on quality metrics, daily assessment of clinic productivity reports to improve efficiency in the outpatient setting, and marketing strategies to increase community awareness of our unique and robust programs at the Specialty Clinic.

# REPORT TO THE BOARD OF DIRECTORS

## Diabetes Education Clinic

Tracy M. Salsa RN, Director Cardiovascular Service Line, Neuroscience Center & Specialty Clinic
Contact Number: 559-624-4919 (office) or 909-226-3621 (mobile)

Board Meeting: December 20, 2021

### Summary Issue/Service Considered

The outpatient Diabetes Education Clinic provides must needed diabetes education to our community. This clinic has been in operation at Kaweah Health (KH) for over 30 years. Given the high prevalence of diabetes in our community, (Tulare County ranks #1 in CA), this is a much-needed service despite a history of financial loss. Cost avoidance such as decreased hospitalizations and/or decreased length of stay, as well as potential avoidance of post-surgical complications must be considered when assessing this service line. The Diabetes Education Clinic has maintained its American Diabetes Association (ADA) and Sweet Success certifications. Our Sweet Success program provides gestational diabetes education and management to gestational diabetics and post-delivery care. Insulin dosing, insulin pump dosing and education is also provided at this clinic. Our educators also provide diabetes education presentations to various community events.

### Quality/Performance Improvement Data

The Diabetes Education team is currently working on several key initiatives:

*Maintaining ADA certification which involves several quality metrics (foot checks, daily blood sugar log completion, quality of life assessment score [pre/post first and last education visit], behavior changes, diet adherence, patient satisfaction); recertification is up for renewal in Dec 2021;
*Above metrics exceeded baseline – all over 90% compliance with the standout of patient satisfaction which is 100% (for the 4th year in a row);
*Maintaining Sweet Success certification (quality metrics include post-delivery baby weight, daily blood sugar log completion);
*Above metrics exceeded baseline – all over 92% compliance;
*Referral processed within 5 days (PRIME metric) exceeded baseline at 93% resulting in increased PRIME funding to KH;

## Policy, Strategic or Tactical Issues

Several key points:

*Contribution margin (CM) loss consistently decreasing over last four years; Fiscal year (FY)21 showed progress towards CM negative gap at 16% (FY20 CM at -$268K to -$226K); this is due in part to decreasing direct costs and increase in volume;
*Number of visits increased by 21% from previous FY which is a strong gain due to the continuing pandemic and compliance of this very challenging patient population; telehealth visits accounted for 15% of this visit volume which represents a 114% increase from FY20;
*Direct cost per visit is down -19% from previous fiscal year ($202 per visit to $164 per visit);
*Very slight improvement in reimbursement/visit; historically averaged $60/visit prior to FY17; FY21 now averaging $68 - $70/visit; Managed Care showed slight improvement in reimbursement rate vs. 5% decrease per visit in Medicare and Medi-cal reimbursement;
*Community endocrinologist has start-up online/virtual diabetes education program with several payors reimbursing for these visits (Medicare, KMG); no big impact to our service line to date.

## Recommendations/Next Steps

*Volume remains biggest definer of this service line; historically this service line has a high no show rate (at approximately 25%; reduced to 15% pre-COVID; averaged no show rate this FY at approximately 13%);
*Appointment reminder system in place; currently using staff to make a phone call for appointment reminder as well as using automated calls; on-going communication from diabetes educators to referring provider includes visit compliance;
*Continue offering telehealth visits to patients who prefer this type of visit vs. in-person;
*Decreasing costs for this service line is continually assessed – have made positive strides towards decreased costs over the past several years however, staffing remains an area that changes are implemented to further decrease costs;
*Marketing efforts have produced increase in volume; continue with these efforts since this service line is very dependent on volume;
*Engage ISS team to develop online virtual care platform that surpasses the competition.

## Approvals/Conclusions

This service line is essential to our community. Our biggest challenge is to increase volume to help offset financial loss. This service line has three staff – two educators and one coordinator. This clinic has maximized its operations and runs as efficiently as possible. We must adapt to our changing environment (i.e. telehealth visits, group on-line education) for a service line that uses food portion models and other hands-on teaching tools. Mismanagement of diabetes results in hospitalizations, many health complications such as amputations, heart disease requiring costly stent placement and/or open-heart surgery, infections, etc. It is the value this service line brings to our patients and community to prevent these complications. The key is managing the costs

associated with this service, adapt to a changing virtual environment, decrease no show rate, and increase volume.

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

## *Diabetes Clinic*

**KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021**

| Visits | NET REVENUE | DIRECT COST | CONTRIBUTION MARGIN | NET INCOME |
|---|---|---|---|---|
| 2,415 | $169,868 | $396,151 | ($226,283) | ($427,852) |
| ▲ 21% | ▲ 25% | ▼ -2% | ▲ 16% | ▲ 9% |

*Note: Arrows represent the change from prior year and the lines represent the 3-year trend

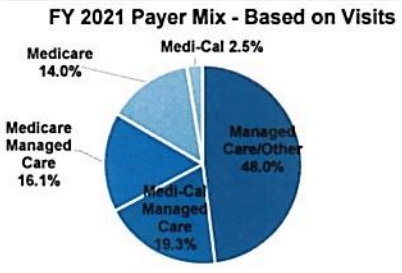
**METRICS SUMMARY - 4 YEAR TREND**

| METRIC | FY2018 | FY2019 | FY2020 | FY2021 | %CHANGE FROM PRIOR YR | 4 YR TREND |
|---|---|---|---|---|---|---|
| Visits | 3,130 | 2,893 | 2,001 | 2,415 | ▲ 21% | |
| Net Revenue | $181,644 | $186,336 | $135,497 | $169,868 | ▲ 25% | |
| Direct Cost | $531,734 | $542,789 | $403,848 | $396,151 | ▼ -2% | |
| Contribution Margin | ($350,090) | ($356,453) | ($268,351) | ($226,283) | ▲ 16% | |
| Indirect Cost | $531,793 | $489,085 | $203,094 | $201,569 | ▼ -1% | |
| Net Income | ($881,883) | ($845,538) | ($471,445) | ($427,852) | ▲ 9% | |
| Net Revenue Per Visit | $58 | $64 | $68 | $70 | ▲ 4% | |
| Direct Cost Per Visit | $170 | $188 | $202 | $164 | ▼ -19% | |
| Contrb Margin Per Visit | ($112) | ($123) | ($134) | ($94) | ▲ 30% | |

**Per Visit TRENDED GRAPHS**


**PAYER MIX - 4 YEAR TREND (VISITS)**

| PAYER | FY2018 | FY2019 | FY2020 | FY2021 |
|---|---|---|---|---|
| Managed Care/Other | 43.7% | 37.7% | 47.9% | 48.0% |
| Medi-Cal Managed Care | 20.3% | 31.0% | 22.7% | 19.3% |
| Medicare Managed Care | 11.6% | 8.1% | 14.3% | 16.1% |
| Medicare | 13.1% | 10.8% | 11.1% | 14.0% |
| Medi-Cal | 11.1% | 12.3% | 3.9% | 2.5% |
| Medi-Cal Combined | | | 27% | 22% |
| Medicare Combined | | | 25% | 30% |




Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line is Diabetes Clinic

# REPORT TO THE BOARD OF DIRECTORS

## Infusion Center

Tracy M. Salsa RN, Director Cardiovascular Service Line, Neuroscience Center & Specialty Clinic
Contact Number: 559-624-4919 (office) or 909-226-3621 (mobile)

Board Meeting: December 20, 2021

### Summary Issue/Service Considered

Our outpatient Infusion Center remains an integral part of Kaweah Health, providing infused medications, central line care, and central line lab draws. The infusion center has a large chronic patient population that requires regularly infused medications for a variety of diagnoses. Blood transfusions, hydration, and antibiotic therapy makes up the rest of our patient population. The infusion center provides some medications that are in the chemotherapeutics class of medications. The infusion center is not licensed to administer full chemotherapeutic agents nor is our staff chemo certified, both are requirements to administer chemotherapeutic agents however, some classified chemotherapeutic agents are approved for administration in a non-chemo certified outpatient infusion center.

### Quality/Performance Improvement Data

The infusion center team is currently working on several key initiatives:

*Complete review of all IC policies; many revisions completed to update Standards of Practice to evidence-based practices published by the Intravenous Nurses Society; this is the industry recognized leader in evidence-based care thus our policies follow their peer-reviewed care guidelines.
*Blood Transfusion Record – continued vigilance remains a focus as with previous years; 99% completed transfusion record for the FY
*Medication ordering/tracking workflow to prevent delays in care and/or wasted medications due to no shows.
*Workflow for new medication referral received; this has decreased time from referral received to infusion date as well as fiscal oversight for new medication administered and 340b compliance.
*100% compliance hand hygiene for FY20

## Policy, Strategic or Tactical Issues

Several key points:

*Volume remained similar to FY20, slight increase by 1% however, this is positive considering the continuing pandemic.
*Infusion center has historically operated at a positive contribution margin (CM); this FY is no different → CM is up from FY20 by 33% - equates to $2.88M which is highest CM in past 4 years.
*Net income increased 108% up to $1.6M from $766K.
*CM per visit increased by 32% from previous FY ($1401 per visit vs. $1063 from FY20).
*Drug costs increased this FY however net revenue increased by 15% from $9.2M to $10.6M; direct costs increased slightly by 9% despite the increase in drug costs.
*Net Revenue per visit increased with three top payors (Medicare, Managed Care and Managed Medi-cal).
*Infusion center remains closed on weekends due to mostly to low demand, especially during pandemic; this is continually assessed to provide hours of operation that meet the demand and need of the community & to help off-set "outpatient in a bed" status for weekend infusions due to hospital high census.
*Developed patient contract to reduce no shows which, at times, causes drug wastage.
*Update to Most Favored Nation (MFN) (executive order signed by previous administration in September 2020) – District court issued temporary injunction which is still in effect (current administration keeping this injunction); MFN will have fiscal implications for the infusion center; MFN is comprised of a list of 50 medications (mostly biologics), with more to be added over time, that brings total reimbursement lower; these are high dollar therapies for patients with mostly chronic conditions needing this medication on a regular basis (usually monthly).

## Recommendations/Next Steps

*Key stakeholders met regularly to discuss MFN and plan should this go into effect; this group is on hold due to the stay of the MFN executive order.
*Expansion plans for adding 6 more infusion chairs completed by architect and submitted to the city for review; tentative construction to commence around March 2022.
*Increased capability to add more blood transfusion patients to schedule to avoid patients receiving blood transfusion in the ER.
*Continue with current workflow established to help eliminate drug wastage due to no shows.
*Initial assessment to install & implement BioVigil system.
*Asses pharmacy labor standard/cost applied to this service to have accurate fiscal representation including all labor costs associated with care; currently no pharmacy staff costs are applied to this cost center; budgetary changes may be implemented in FY23.
*Continued discussions with ISS team for power plan (electronic orders) build to reduce handwritten & faxed orders; this would dramatically improve efficiencies for the entire IC team and provide electronically safe practices for medication ordering and administration.

*Continue with marketing efforts to increase community awareness of infusion center to increase volume; marketing plan for expansion in development; IC brochure developed for target audience of providers & patients.

## Approvals/Conclusions

The Infusion Center remains a much-needed service to the community, especially during the pandemic so patients do not have to be in the hospital to receive their infused medication. Despite lower volumes in the first half of FY21, volume has steadily increased. This service line remains profitable with a strong CM. Marketing efforts should help improve volume as well as being on the forefront of providing newly approved FDA medications. Expansion of this profitable service line remains a focus for the remaining FY and for FY23.

# KAWEAH HEALTH ANNUAL BOARD REPORT

***Infusion Center***

FY2021

**KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021**

| Visits | NET REVENUE | DIRECT COST | CONTRIBUTION MARGIN | NET INCOME |
|---|---|---|---|---|
| 2,059 | $10,613,795 | $7,729,138 | $2,884,657 | $1,596,280 |
| ▲ 1% | ▲ 15% | ▲ 9% | ▲ 33% | ▲ 108% |

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

**METRICS SUMMARY - 4 YEAR TREND**

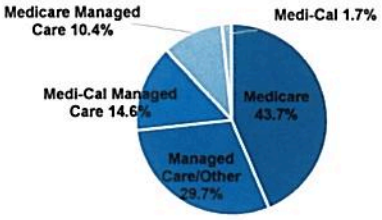
| METRIC | FY2018 | FY2019 | FY2020 | FY2021 | %CHANGE FROM PRIOR YR | 4 YR TREND |
|---|---|---|---|---|---|---|
| Visits | 3,290 | 2,091 | 2,044 | 2,059 | ▲ 1% | |
| Net Revenue | $5,702,178 | $7,498,382 | $9,235,902 | $10,613,795 | ▲ 15% | |
| Direct Cost | $3,374,027 | $5,917,674 | $7,062,398 | $7,729,138 | ▲ 9% | |
| Contribution Margin | $2,328,151 | $1,580,708 | $2,173,504 | $2,884,657 | ▲ 33% | |
| Indirect Cost | $275,042 | $697,467 | $1,407,256 | $1,288,377 | ▼ -8% | |
| Net Income | $2,053,109 | $883,241 | $766,248 | $1,596,280 | ▲ 108% | |
| Net Revenue Per Visit | $1,733 | $3,586 | $4,519 | $5,155 | ▲ 14% | |
| Direct Cost Per Visit | $1,026 | $2,830 | $3,455 | $3,754 | ▲ 9% | |
| Contrb Margin Per Visit | $708 | $756 | $1,063 | $1,401 | ▲ 32% | |

**Per Visit TRENDED GRAPHS**


**PAYER MIX - 4 YEAR TREND (VISITS)**

| PAYER | FY2018 | FY2019 | FY2020 | FY2021 |
|---|---|---|---|---|
| Medicare | 43.5% | 46.3% | 46.1% | 43.7% |
| Managed Care/Other | 27.7% | 26.9% | 31.1% | 29.7% |
| Medi-Cal Managed Care | 13.1% | 15.0% | 12.5% | 14.6% |
| Medicare Managed Care | 11.4% | 9.6% | 9.1% | 10.4% |
| Medi-Cal | 3.7% | 1.8% | 1.1% | 1.7% |
| *Combined Medicare* | *54.9%* | *55.9%* | *55.2%* | *54.1%* |

**FY 2021 Payer Mix - Based on Visits**

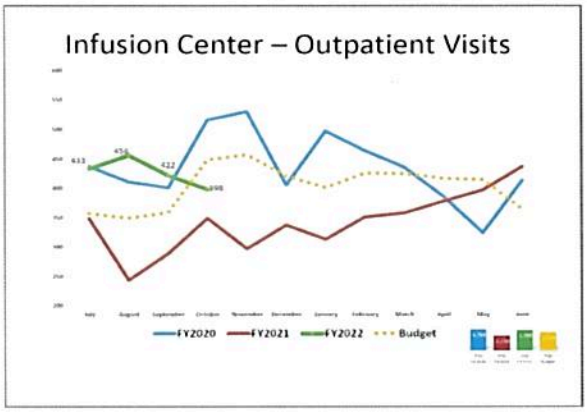


# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

***Infusion Center***

**KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021**




Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line is Infusion Center

# REPORT TO THE BOARD OF DIRECTORS

## Family Medicine Center

Anthony R. Olivares, Director of Urgent Cares & Family Medicine Center, 559-759-5072
December 2021

## Summary Issue/Service Considered

1. Kaweah Health currently operates one Family Medicine Center to support the Graduate Medical Education (GME) program by providing a continuity clinic for the family medicine residents and faculty.
    a. 202 West Willow Avenue, 5th Floor Visalia, CA 93291 with hours of operation from 8:00am – 5:00pm Monday – Friday.
2. Kaweah Health Family Medicine Center hosts a total of 21 residents and 7 faculty members.
3. Family Medicine is a 3-year program and graduates 7 residents and welcomes 7 new residents to the program on an annual basis.
4. The Family Medicine Center came under a new leadership structure, which merged clinic operations and outpatient quality under the newly formed Population Health Division. This collaboration has led to the implementation of a variety of changes that have improved efficiencies as well as quality and financial outcomes.
5. Kaweah Health Family Medicine Center implemented a telehealth service line with online scheduling capability in response to the market demand during the COVID-19 pandemic.

## Quality/Performance Improvement Data

1. **Quality Performance Data**
    a. Body Mass Index (BMI) Screening & Follow-up Plan: Goal ≥ 41%
        i. 41% of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit and, when the BMI is outside of normal parameters, a follow-up plan is documented screening for Hypertension.
    b. Colorectal Cancer Screening: Goal ≥ 27%
        i. 24% of adults 50–75 years of age who had appropriate screening for colorectal cancer. Goal of 27%
    c. Depression Remission at 12 Months: Goal ≥ 16%
        i. 16% of patients aged 12 years and older with major depression or dysthymia AND PHQ9 score >9 who reached remission (score < 5) 12 months (+/- 60 days) after the index event.
2. **Financial Performance Data**
    a. Net Revenue: $1,444,017 (12% increase)
    b. Direct Cost: $3,122,527 (18% increase)
    c. Indirect Cost: $487,499 (14% decrease)
    d. Contribution Margin: -$1,678,510 (24% decrease)
3. **Operational Data**
    a. Patient Cases: 13,713 (9% increase)

b. Telehealth: 24,032 visits. Telehealth visits represented 33% of FY 2021 visits, and provided 45% of the contribution margin.
c. Family Medicine Center had 5,000 Telehealth visits in FY 2021, up from 1,150 in FY 2020.
d. Non-telehealth visits were at 8,700, down from 11,400 in FY 2020.

## Next Steps

1. Continue to enhance and improve team based care and integration of population health focused initiatives that improve quality, efficiency and patient, provider and staff experience.
2. Continue to pursue the implementations of new technologies to drive efficiencies and patient engagement and patient experience.
3. Expand access through the use of telehealth, becoming the service provider of choice for community partners, supporting patients that are discharged from the ED, and through the implementation of industry best practices for medically underserved communities.

## Conclusions

The Kaweah Health Family Medicine Center has been instrumental in helping the community navigate through the COVID-19 pandemic and embracing the challenges that have been faced throughout the past year and a half. The organization Family Medicine Center also experienced a large investment in capital and resources focused on the FQHC business model, which has contributed to the center's negative contribution margin. The Family Medicine Center will continue to expand high quality access to care for the communities we serve while in parallel supporting our valuable clinicians and staff members delivering the care.

# KAWEAH HEALTH ANNUAL BOARD REPORT

***FAMILY MEDICINE CENTER***

FY2021

**KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021**

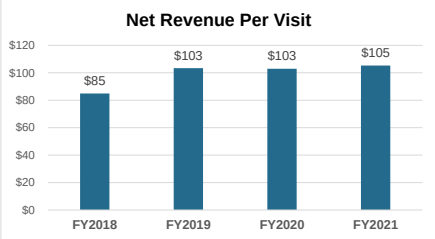
| PATIENT VISITS | NET REVENUE | DIRECT COST | CONTRIBUTION MARGIN | NET INCOME |
|---|---|---|---|---|
| 13,713 | $1,444,017 | $3,122,527 | ($1,678,510) | ($2,166,009) |
| ▲ 9% | ▲ 12% | ▲ 18% | ▼ -24% | ▼ -13% |

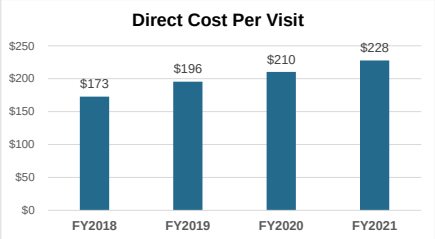
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

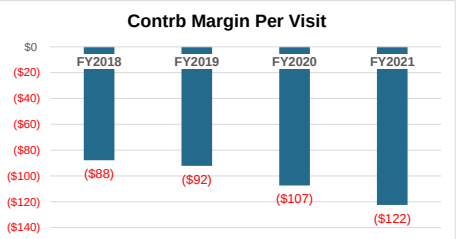
**METRICS SUMMARY - 4 YEAR TREND**

| METRIC | FY2018 | FY2019 | FY2020 | FY2021 | %CHANGE FROM PRIOR YR | 4 YR TREND |
|---|---|---|---|---|---|---|
| Patient Visits | 10,860 | 11,899 | 12,559 | 13,713 | ▲ 9% | |
| Net Revenue | $921,827 | $1,229,957 | $1,292,879 | $1,444,017 | ▲ 12% | |
| Direct Cost | $1,875,440 | $2,326,784 | $2,641,324 | $3,122,527 | ▲ 18% | |
| Contribution Margin | ($953,612) | ($1,096,827) | ($1,348,445) | ($1,678,510) | ▼ -24% | |
| Indirect Cost | $455,196 | $389,350 | $566,191 | $487,499 | ▼ -14% | |
| Net Income | ($1,408,808) | ($1,486,177) | ($1,914,636) | ($2,166,009) | ▼ -13% | |
| Net Revenue Per Visit | $85 | $103 | $103 | $105 | ▲ 2% | |
| Direct Cost Per Visit | $173 | $196 | $210 | $228 | ▲ 8% | |
| Contrb Margin Per Visit | ($88) | ($92) | ($107) | ($122) | ▼ -14% | |

**PER CASE TRENDED GRAPHS**

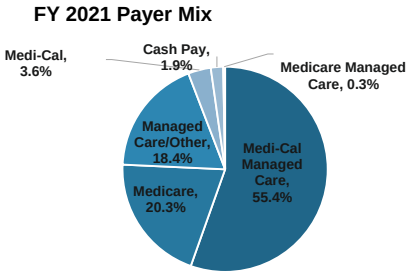


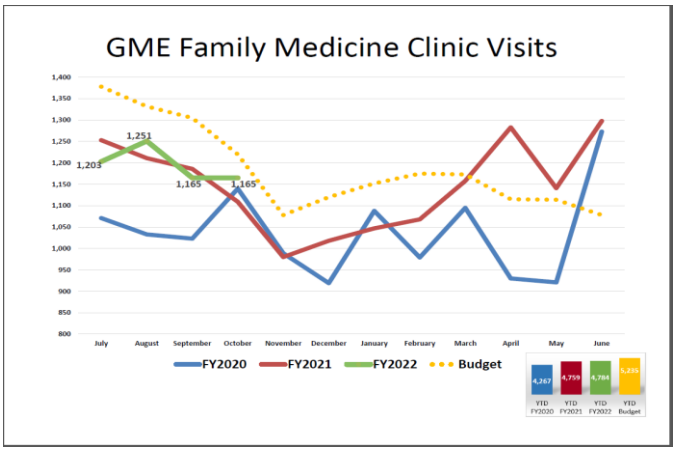




**PAYER MIX - 4 YEAR TREND (VISITS)**

| PAYER | FY2018 | FY2019 | FY2020 | FY2021 |
|---|---|---|---|---|
| Medi-Cal Managed Care | 55.8% | 56.8% | 54.5% | 55.4% |
| Medicare | 21.3% | 22.0% | 22.0% | 20.3% |
| Managed Care/Other | 15.9% | 15.0% | 16.7% | 18.4% |
| Medi-Cal | 4.5% | 4.5% | 3.9% | 3.6% |
| Cash Pay | 1.3% | 1.5% | 2.5% | 1.9% |
| Medicare Managed Care | 1.2% | 0.2% | 0.5% | 0.3% |
| *Kaweah Health Employees* | | *2.7%* | *3.2%* | *3.0%* |
| *Remaining Managed Care* | | *12.3%* | *13.5%* | *15.4%* |



**KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021**




Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line is Family Medicine Clinic

REPORT TO THE BOARD

# Inpatient General Medicine (General Medicine, Gastroenterology, Neurology, Endocrine, Nephrology, Multiple Significant Trauma (MST), Dermatology, and Urology)

Emma Mozier, MSN, RN, CNML
Director of Medical Surgical Services
559-624-2825
December 20, 2021

## Summary Issue/Service Considered

- Case type examples for included medical services:
  - General Medicine: Mainly Sepsis
  - Gastroenterology: G.I. hemorrhage, Cirrhosis & alcoholic hepatitis, Disorders of pancreas & liver, GI Obstruction
  - Neurology: Intracranial hemorrhage or cerebral infarction, Transient ischemia, Seizures
  - Endocrine: Nutritional & misc metabolic disorders, Diabetes, Endocrine Disorders
  - Nephrology: Renal failure, Kidney & urinary tract infections
  - MST: Multiple Significant Trauma, Major Chest Trauma, Traumatic Injury, Non-extensive Burns
  - Dermatology: Cellulitis, Trauma to the skin, subcutaneous tissue & breast, Skin Ulcers
  - Urology: Urinary stones w/o lithotripsy w/o MCC, Inflammation of Reproductive System
- Main themes for FY 2021 are similar to last year's report: case/discharge volumes remain down, average length of stay (LOS) continues to rise and expense trend is increasing on the nursing units.
- Revenue and direct cost per case is going up but so is contribution margin per case
- COVID patients have significantly higher costs, also higher reimbursement
- Non-COVID LOS opportunity is at 1.24 days, representing possible savings of $13.4 million annually.
- Contribution margin for the selected inpatient medical services is $26.2 million for FY 2021, with $10.8 million provided by supplemental governmental funding.
- Quality initiatives continue to be a focus for our inpatient units: Catheter Associated Urinary Tract Infections (CAUTI), Central Line Associated Blood Stream Infections (CLABSI), Falls, Hospital Acquired Pressure Injuries (HAPI), Surgical Site Infections (SSI).
- Nursing retention and recruitment continue to be a high priority for both nursing leadership as well as our Human Resources department.

## Quality/Performance Improvement Data

| CLINICAL QUALITY | Organization Wide | | | | |
|---|---|---|---|---|---|
| | 2Q20 | 3Q20 | 4Q20 | 1Q21 | 2Q21 |
| Central line associated blood stream infection (CLABSI) | 1.630 | 1.280 | 1.200 | 0.697 | 0.376 |
| Target | 0.784 | 0.633 | 0.633 | 0.633 | 0.633 |
| Catheter associated urinary tract infection (CAUTI) | 1.020 | 0.780 | 1.040 | 0.189 | 1.266 |
| Target | 0.828 | 0.727 | 0.727 | 0.727 | 0.727 |
| Falls/1000 pt days | 2.53 | 1.66 | 2.19 | 2.22 | 2.09 |
| Target | 2.60 | 2.50 | 2.69 | 3.70 | 2.37 |
| Injury Falls/1000 pt days | 0.27 | 0.34 | 0.41 | 0.35 | 0.30 |
| Target | 0.52 | 0.56 | 0.51 | 0.60 | 0.49 |
| HAPI Stage 2+/1000 pt days *Hospital Acquired Pressure Injury | 3.57 | 3.54 | 5.80 | 5.38 | 1.57 |
| Target | 2.34 | 2.11 | 2.30 | 2.43 | 2.02 |
| Hand Hygiene Compliance | 98.9% | 98.4% | 97.6% | 97.2% | 97.4% |
| Target | 95% | 95% | 95% | 95% | 95% |

Quality Focus Teams (QFT) for CLABSI, CAUTI, HAPI, and Sepsis are still actively working on quality of care improvements. Each group is working on initiatives related to their focus. Significant changes made in practice around hygiene care, documentation, lab collections, and necessity of indwelling catheters or central lines.

## Policy, Strategic or Tactical Issues

- All units monitor clinical and LOS performance. As barriers and themes are identified, the leader works with the respective committee groups for support.
    - Our LOS committee is collaborating with the Chartis group on various initiatives. Some strategic planning groups are working on other clinical and LOS/throughput improvement projects.
    - Unit based councils also discuss and brainstorm at the unit level to improve discharge processes, times and follow-up.
    - An interdisciplinary approach is in place to ensure collaboration in the inpatient process for patients receiving timely access to procedures, tests and decisions
- These particular medical services are often in addition to other reasons for hospitalization. The care for these services is sometimes secondary to another diagnosis and the response for this care can be delayed. Opportunity to ensure length of stay does not end up extending due to patients waiting for secondary services that can be followed up in the outpatient settings. Working closely with our hospitalist group to identify opportunities to streamline schedule and care.
- COVID challenges/barriers: This year there has been a lot of work by our leaders to integrate COVID into our daily routines and resume prior projects or initiatives. However, the demand of changes and education related to COVID are still prevalent. Entire departments continue to be dedicated to COVID patient care. This includes most of 2S, 3W, and ICU. We have converted other units depending on our COVID census (3N and 2N).

- Leadership engages with their staff through action planning from the Safety Attitude's Questionnaire and Employee Engagement Survey.

## Recommendations/Next Steps

- Maintain momentum to care and adapt to the COVID pandemic and the needs it brings.
- Continue to focus on quality and LOS initiatives to meet organizational goals.
- Work with Human Resources, Clinical Education, and the Advance Practice Nurses to onboard, support and train new and existing nurses to improve recruitment and retention.
- Identify education opportunities and create curriculum to advance the knowledge of clinical staff.
- Engage with quality for development and implementation of best practice teams work around frequent diagnoses and standardizing care.
- Promote active engagement of our physician partners to increase efficiency of care and use of resources and services while patient in our care.
- Collaborate with physician leaders to strengthen nurse/physician collaboration in patient care.
- Engage with therapy services on mobility initiative and best practices to support improved patient outcomes and earlier discharges.
- Complete pulse surveys on safety, engagement and employee perspective with benefit changes.

## Approvals/Conclusions

- Leadership continues to work through employee engagement opportunities and provide support to frontline care staff.  We value the team members and want to ensure they have the best environment to care for their patients.
- Strive for overall quality outcomes and set goals to continue to improve.  We still have opportunities to improve LOS as well as quality goals related to CAUTI, CLABSI and HAPI.  These are still a primary focus.
- Leadership remains vigilant, reviewing budget reports and striving for financial strength within each department.  This includes monitoring staff pay practices, supply management, and LOS.

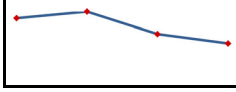
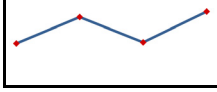
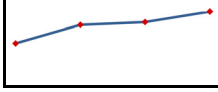
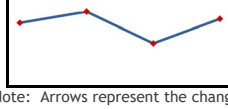
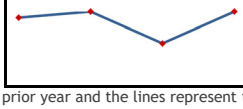
# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

***Inpatient Medical Service Lines (not already reported) - Inpatient Summary***

**KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021**

| PATIENT CASES | NET REVENUE | DIRECT COST | CONTRIBUTION MARGIN | NET INCOME |
|---|---|---|---|---|
| 6,495 | $89,088,256 | $62,881,244 | $26,207,011 | $6,053,696 |
| ▼ -5% | ▲ 9% | ▲ 4% | ▲ 23% | ▲ 2652% |

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

**METRICS BY SERVICE LINE - FY 2021**

| SERVICE LINE | PATIENT CASES | NET REVENUE | DIRECT COST | CONTRIBUTION MARGIN | NET INCOME |
|---|---|---|---|---|---|
| GENERAL MEDICINE | 1,843 | $33,543,568 | $24,514,346 | $9,029,222 | $1,484,180 |
| GASTROENTEROLOGY | 1,558 | $18,831,887 | $12,441,836 | $6,390,051 | $2,322,483 |
| NEUROLOGY | 1,201 | $15,930,085 | $11,524,829 | $4,405,256 | $647,093 |
| ENDOCRINE | 787 | $7,980,432 | $5,640,393 | $2,340,039 | $474,539 |
| NEPHROLOGY | 677 | $7,514,619 | $5,301,901 | $2,212,718 | $443,088 |
| IP MEDICAL TRAUMA | 110 | $2,346,274 | $1,404,811 | $941,463 | $482,575 |
| DERMATOLOGY | 289 | $2,690,349 | $1,876,302 | $814,046 | $183,016 |
| UROLOGY | 30 | $251,042 | $176,825 | $74,217 | $16,723 |
| IP MEDICAL SERVICES TOTAL | 6,495 | $89,088,256 | $62,881,244 | $26,207,011 | $6,053,696 |

**METRICS SUMMARY - 4 YEAR TREND**

| METRIC | FY2018 | FY2019 | FY2020 | FY2021 | %CHANGE FROM PRIOR YR | 4 YR TREND |
|---|---|---|---|---|---|---|
| Patient Cases | 7,442 | 7,689 | 6,847 | 6,495 | ▼ -5% | |
| Patient Days | 36,007 | 35,818 | 32,308 | 34,056 | ▲ 5% | |
| ALOS | 4.84 | 4.66 | 4.72 | 5.24 | ▲ 11% | |
| Net Revenue | $81,671,398 | $87,808,819 | $81,946,600 | $89,088,256 | ▲ 9% | |
| Direct Cost | $56,281,930 | $60,142,212 | $60,706,002 | $62,881,244 | ▲ 4% | |
| Contribution Margin | $25,389,468 | $27,666,607 | $21,240,598 | $26,207,011 | ▲ 23% | |
| Indirect Cost | $20,467,572 | $21,619,008 | $21,020,662 | $20,153,315 | ▼ -4% | |
| Net Income | $4,921,896 | $6,047,599 | $219,936 | $6,053,696 | ▲ 2652% | |
| Net Revenue Per Case | $10,974 | $11,420 | $11,968 | $13,716 | ▲ 15% | |
| Direct Cost Per Case | $7,563 | $7,822 | $8,866 | $9,681 | ▲ 9% | |
| Contrb Margin Per Case | $3,412 | $3,598 | $3,102 | $4,035 | ▲ 30% | |
| Opportunity Days | 1.17 | 1.04 | 1.06 | 1.52 | | |









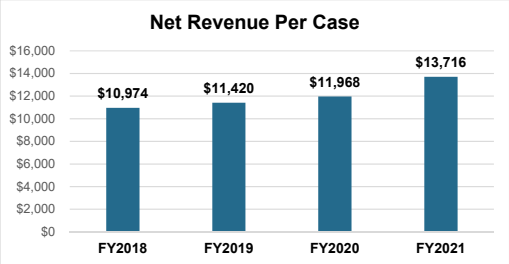


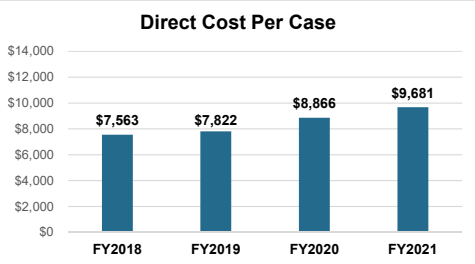
# KAWEAH HEALTH ANNUAL BOARD REPORT

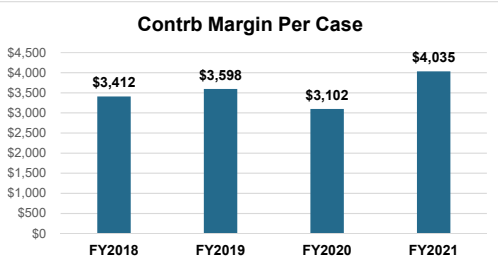
FY2021

***Inpatient Medical Service Lines (not already reported) - Inpatient Summary***

**GRAPHS**




Notes:
Source: Inpatient Service Line Reports
Criteria: Inpatient Medical Services, not yet reported.
Criteria: Service Name Kaweah Delta Medical Center

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

***Inpatient Medical Service Lines - General Medicine***

**KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021**

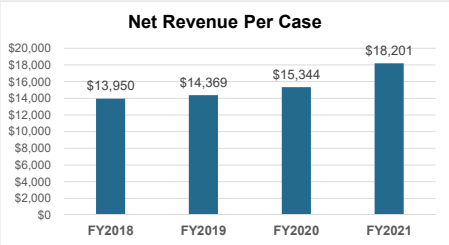
| PATIENT CASES | NET REVENUE | DIRECT COST | CONTRIBUTION MARGIN | NET INCOME |
|---|---|---|---|---|
| 1,843 | $33,543,568 | $24,514,346 | $9,029,222 | $1,484,180 |
| ▼ -2% | ▲ 16% | ▲ 10% | ▲ 36% | ▲ 269% |

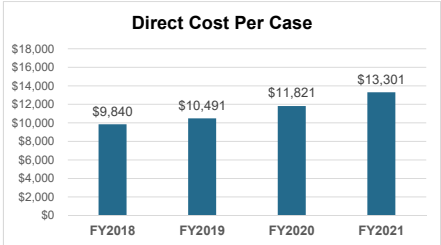
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

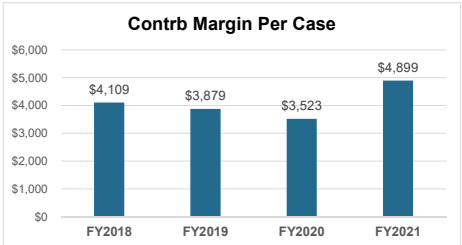
**METRICS SUMMARY - 4 YEAR TREND**

| METRIC | FY2018 | FY2019 | FY2020 | FY2021 | %CHANGE FROM PRIOR YR | 4 YR TREND |
|---|---|---|---|---|---|---|
| Patient Cases | 1,923 | 1,994 | 1,883 | 1,843 | ▼ -2% | |
| Patient Days | 11,543 | 11,412 | 11,068 | 12,399 | ▲ 12% | |
| ALOS | 6.00 | 5.72 | 5.88 | 6.73 | ▲ 14% | |
| GM LOS | 4.40 | 4.32 | 4.40 | 4.44 | ▲ 1% | |
| Net Revenue | $26,825,458 | $28,652,357 | $28,893,404 | $33,543,568 | ▲ 16% | |
| Direct Cost | $18,922,937 | $20,918,316 | $22,258,661 | $24,514,346 | ▲ 10% | |
| Contribution Margin | $7,902,521 | $7,734,040 | $6,634,743 | $9,029,222 | ▲ 36% | |
| Indirect Cost | $6,687,867 | $7,217,500 | $7,514,261 | $7,545,042 | ▶ 0% | |
| Net Income | $1,214,654 | $516,541 | ($879,518) | $1,484,180 | ▲ 269% | |
| Net Revenue Per Case | $13,950 | $14,369 | $15,344 | $18,201 | ▲ 19% | |
| Direct Cost Per Case | $9,840 | $10,491 | $11,821 | $13,301 | ▲ 13% | |
| Contrb Margin Per Case | $4,109 | $3,879 | $3,523 | $4,899 | ▲ 39% | |
| Opportunity Days | 1.60 | 1.41 | 1.48 | 2.29 | ▲ 54% | |

**PER CASE TRENDED GRAPHS**



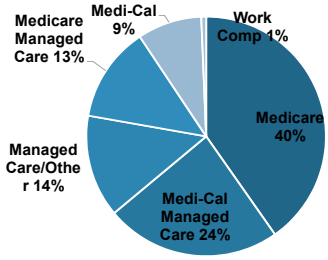



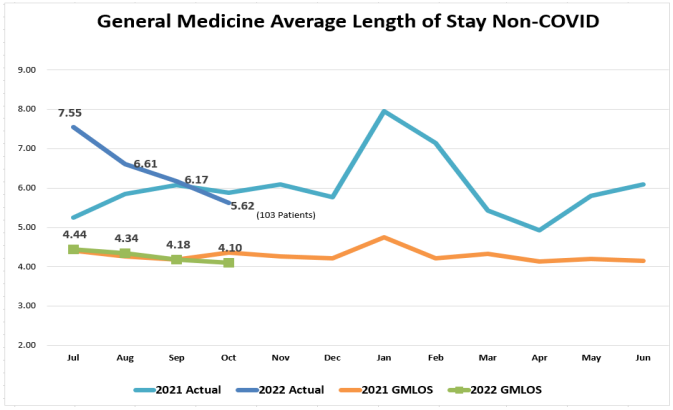



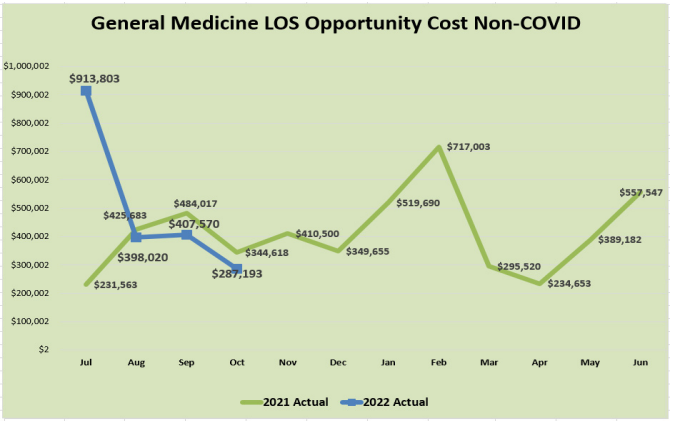

**PAYER MIX - 4 YEAR TREND (GROSS CHARGES)**

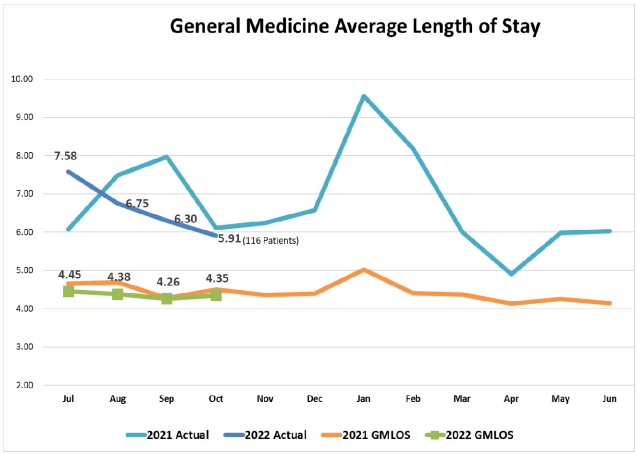
| PAYER | FY2018 | FY2019 | FY2020 | FY2021 |
|---|---|---|---|---|
| Medicare | 49% | 51% | 45% | 40% |
| Medi-Cal Managed Care | 23% | 20% | 19% | 24% |
| Managed Care/Other | 11% | 13% | 14% | 14% |
| Medicare Managed Care | 10% | 10% | 12% | 13% |
| Medi-Cal | 6% | 5% | 8% | 9% |
| Work Comp | 0% | 0% | 0% | 1% |
| Cash Pay | 0% | 1% | 2% | 1% |

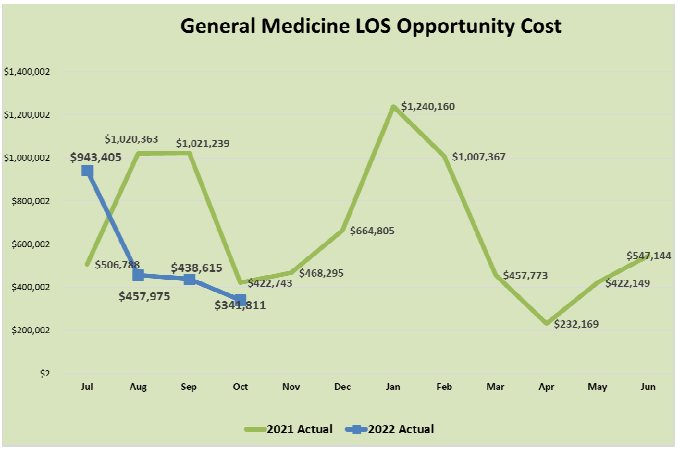
**FY 2021 PAYER MIX**






Notes:
Source: Inpatient Service Line Report
Criteria: Service Name Kaweah Delta Medical Center
Service Line is General Medicine

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

***Inpatient Medical Service Lines - Gastroenterology***

**KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021**

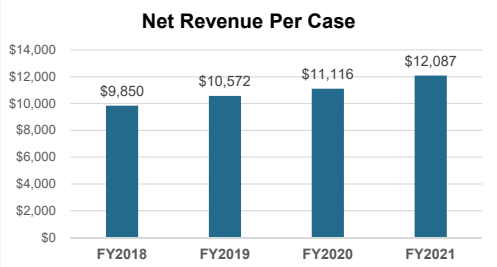
| PATIENT CASES | NET REVENUE | DIRECT COST | CONTRIBUTION MARGIN | NET INCOME |
|---|---|---|---|---|
| 1,558 | $18,831,887 | $12,441,836 | $6,390,051 | $2,322,483 |
| ▼ -8% | ▶ 0% | ▼ -8% | ▲ 20% | ▲ 238% |

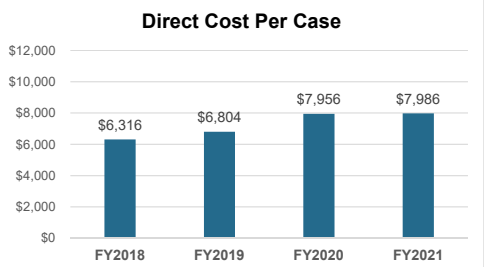
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

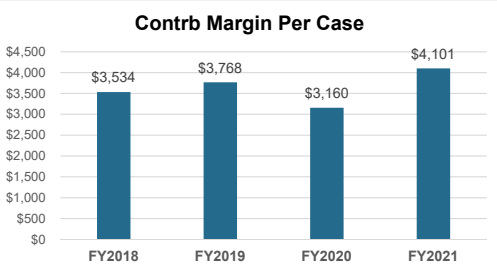
**METRICS SUMMARY - 4 YEAR TREND**

| METRIC | FY2018 | FY2019 | FY2020 | FY2021 | %CHANGE FROM PRIOR YR | 4 YR TREND |
|---|---|---|---|---|---|---|
| Patient Cases | 1,900 | 1,864 | 1,691 | 1,558 | ▼ -8% | |
| Patient Days | 7,885 | 7,904 | 7,110 | 6,673 | ▼ -6% | |
| ALOS | 4.15 | 4.24 | 4.20 | 4.28 | ▲ 2% | |
| GM LOS | 3.49 | 3.42 | 3.41 | 3.53 | ▲ 3% | |
| Net Revenue | $18,714,659 | $19,705,681 | $18,797,582 | $18,831,887 | ▶ 0% | |
| Direct Cost | $12,000,526 | $12,681,940 | $13,454,118 | $12,441,836 | ▼ -8% | |
| Contribution Margin | $6,714,133 | $7,023,741 | $5,343,465 | $6,390,051 | ▲ 20% | |
| Indirect Cost | $4,492,315 | $4,608,419 | $4,655,989 | $4,067,568 | ▼ -13% | |
| Net Income | $2,221,818 | $2,415,322 | $687,476 | $2,322,483 | ▲ 238% | |
| Net Revenue Per Case | $9,850 | $10,572 | $11,116 | $12,087 | ▲ 9% | |
| Direct Cost Per Case | $6,316 | $6,804 | $7,956 | $7,986 | ▶ 0% | |
| Contrb Margin Per Case | $3,534 | $3,768 | $3,160 | $4,101 | ▲ 30% | |
| Opportunity Days | 0.66 | 0.82 | 0.79 | 0.76 | ▼ -5% | |

**PER CASE TRENDED GRAPHS**



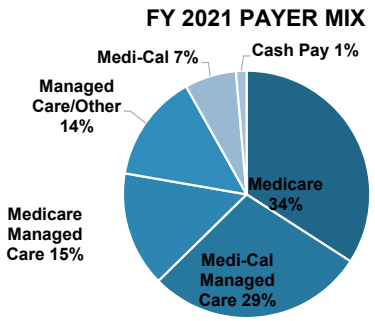
# KAWEAH HEALTH ANNUAL BOARD REPORT

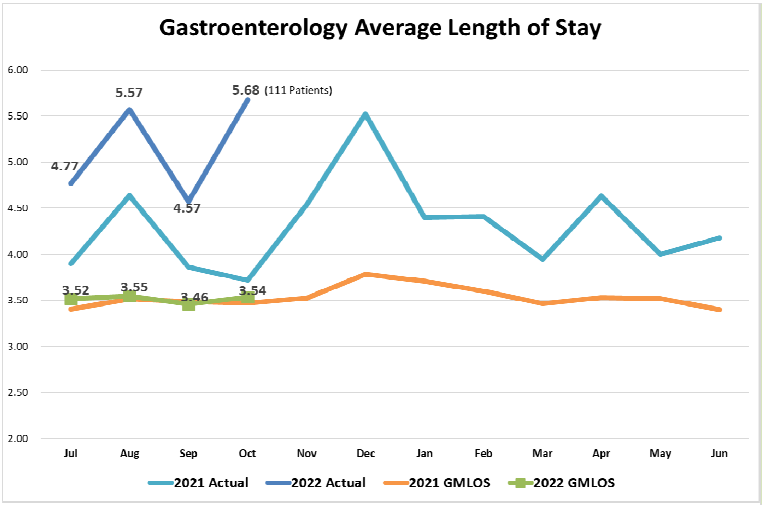
FY2021

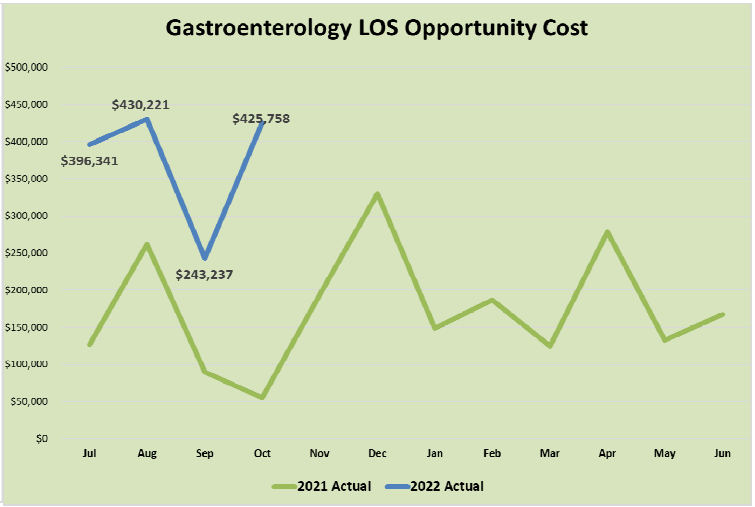
## *Inpatient Medical Service Lines - Gastroenterology*

**PAYER MIX - 4 YEAR TREND (GROSS CHARGES)**

| PAYER | FY2018 | FY2019 | FY2020 | FY2021 |
|---|---|---|---|---|
| Medicare | 45% | 42% | 41% | 34% |
| Medi-Cal Managed Care | 24% | 25% | 24% | 29% |
| Medicare Managed Care | 8% | 9% | 12% | 15% |
| Managed Care/Other | 15% | 15% | 15% | 14% |
| Medi-Cal | 7% | 8% | 8% | 7% |
| Cash Pay | 1% | 1% | 1% | 1% |




Notes:
Source: Inpatient Service Line Report
Criteria: Service Name Kaweah Delta Medical Center
Service Line is Gastroenterology and account type is medical

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

***Inpatient Medical Service Lines - Neurology***

**KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021**

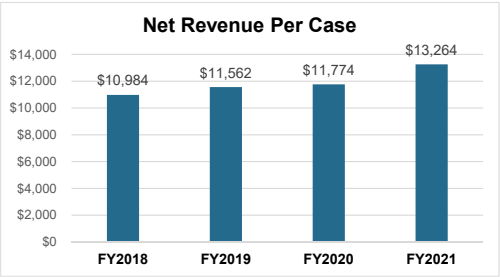
| PATIENT CASES | NET REVENUE | DIRECT COST | CONTRIBUTION MARGIN | NET INCOME |
|---|---|---|---|---|
| 1,201 | $15,930,085 | $11,524,829 | $4,405,256 | $647,093 |
| ▼ -3% | ▲ 9% | ▲ 8% | ▲ 12% | ▲ 432% |

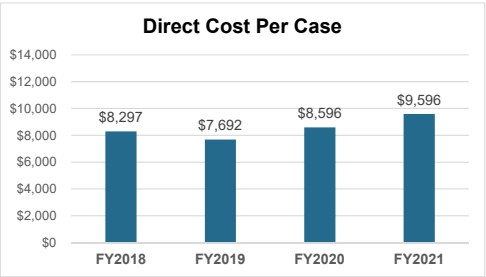
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

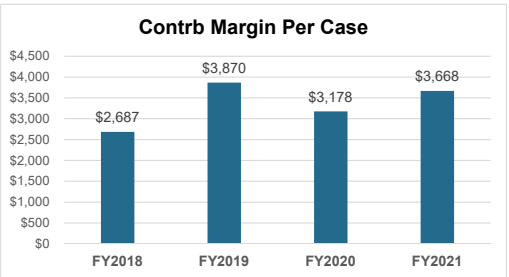
**METRICS SUMMARY - 4 YEAR TREND**

| METRIC | FY2018 | FY2019 | FY2020 | FY2021 | %CHANGE FROM PRIOR YR | 4 YR TREND |
|---|---|---|---|---|---|---|
| Patient Cases | 1,317 | 1,517 | 1,238 | 1,201 | ▼ -3% | |
| Patient Days | 6,364 | 6,874 | 5,909 | 6,425 | ▲ 9% | |
| ALOS | 4.83 | 4.53 | 4.77 | 5.35 | ▲ 12% | |
| GM LOS | 3.41 | 3.33 | 3.32 | 3.42 | ▲ 3% | |
| Net Revenue | $14,466,118 | $17,539,762 | $14,576,301 | $15,930,085 | ▲ 9% | |
| Direct Cost | $10,927,354 | $11,669,394 | $10,641,683 | $11,524,829 | ▲ 8% | |
| Contribution Margin | $3,538,764 | $5,870,368 | $3,934,618 | $4,405,256 | ▲ 12% | |
| Indirect Cost | $3,870,245 | $4,290,262 | $3,812,874 | $3,758,162 | ▼ -1% | |
| Net Income | ($331,481) | $1,580,107 | $121,744 | $647,093 | ▲ 432% | |
| Net Revenue Per Case | $10,984 | $11,562 | $11,774 | $13,264 | ▲ 13% | |
| Direct Cost Per Case | $8,297 | $7,692 | $8,596 | $9,596 | ▲ 12% | |
| Contrb Margin Per Case | $2,687 | $3,870 | $3,178 | $3,668 | ▲ 15% | |
| Opportunity Days | 1.42 | 1.20 | 1.45 | 1.93 | ▲ 32% | |

**PER CASE TRENDED GRAPHS**



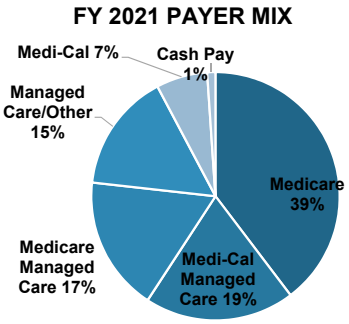
# KAWEAH HEALTH ANNUAL BOARD REPORT

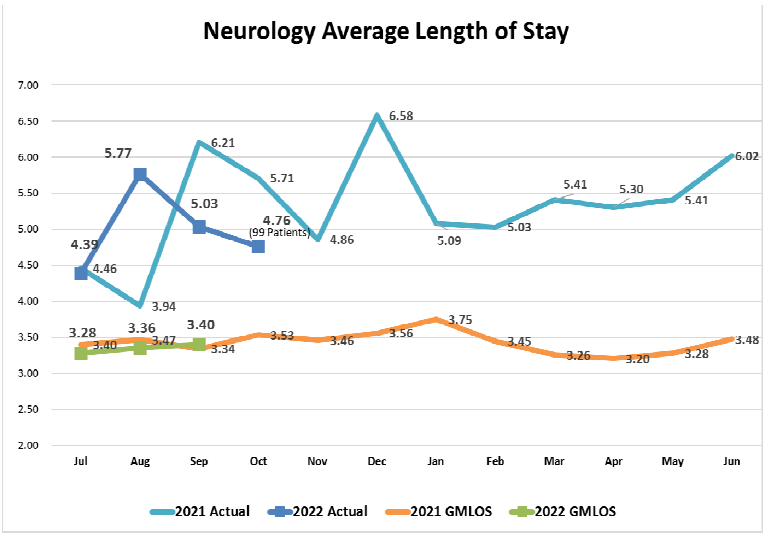
FY2021

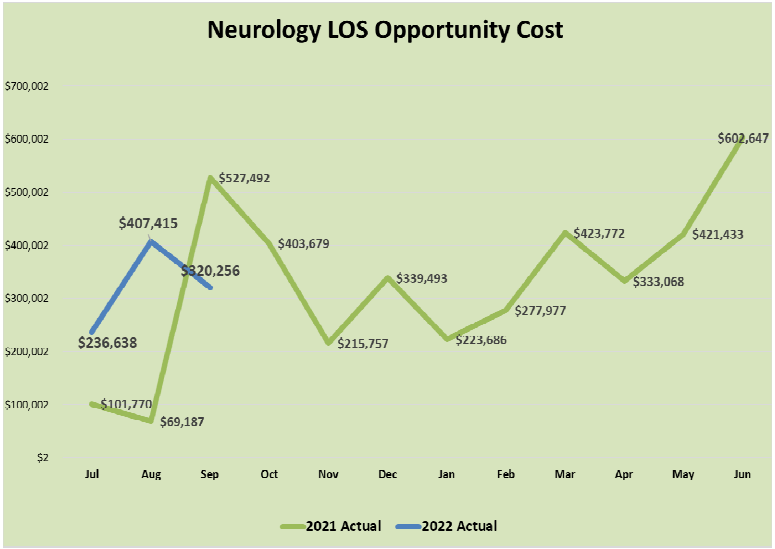
***Inpatient Medical Service Lines - Neurology***

**PAYER MIX - 4 YEAR TREND (GROSS CHARGES)**

| PAYER | FY2018 | FY2019 | FY2020 | FY2021 |
|---|---|---|---|---|
| Medicare | 49% | 46% | 41% | 39% |
| Medi-Cal Managed Care | 19% | 20% | 21% | 19% |
| Medicare Managed Care | 10% | 12% | 14% | 17% |
| Managed Care/Other | 13% | 14% | 15% | 15% |
| Medi-Cal | 6% | 7% | 7% | 7% |
| Cash Pay | 1% | 1% | 1% | 1% |




Notes:
Source: Inpatient Service Line Report
Criteria: Service Name Kaweah Delta Medical Center
Service Line is Neurology and account type is medical

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

***Inpatient Medical Service Lines - Endocrine***

**KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021**

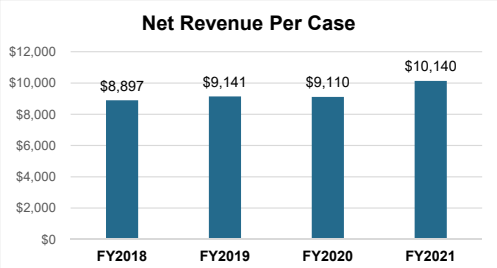
| PATIENT CASES | NET REVENUE | DIRECT COST | CONTRIBUTION MARGIN | NET INCOME |
|---|---|---|---|---|
| 828 | $7,543,357 | $5,435,256 | $2,108,102 | $184,869 |
| ▼ -5% | ▲ 6% | ▲ 4% | ▲ 11% | ▲ 157% |

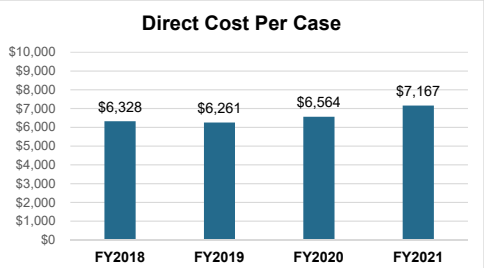
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

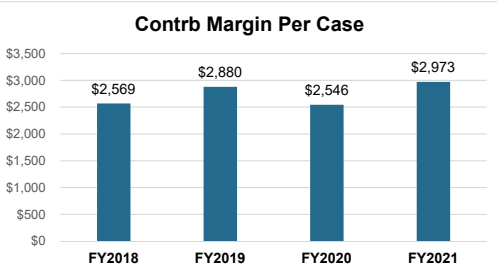
**METRICS SUMMARY - 4 YEAR TREND**

| METRIC | FY2018 | FY2019 | FY2020 | FY2021 | %CHANGE FROM PRIOR YR | 4 YR TREND |
|---|---|---|---|---|---|---|
| Patient Cases | 898 | 855 | 828 | 787 | ▼ -5% | |
| Patient Days | 3,798 | 3,272 | 2,951 | 3,197 | ▲ 8% | |
| ALOS | 4.23 | 3.83 | 3.56 | 4.06 | ▲ 14% | |
| GM LOS | 3.09 | 3.04 | 3.04 | 3.12 | ▲ 2% | |
| Net Revenue | $7,989,627 | $7,815,838 | $7,543,357 | $7,980,432 | ▲ 6% | |
| Direct Cost | $5,682,558 | $5,353,574 | $5,435,256 | $5,640,393 | ▲ 4% | |
| Contribution Margin | $2,307,069 | $2,462,264 | $2,108,102 | $2,340,039 | ▲ 11% | |
| Indirect Cost | $2,122,095 | $1,975,022 | $1,923,233 | $1,865,500 | ▼ -3% | |
| Net Income | $184,974 | $487,241 | $184,869 | $474,539 | ▲ 157% | |
| Net Revenue Per Case | $8,897 | $9,141 | $9,110 | $10,140 | ▲ 11% | |
| Direct Cost Per Case | $6,328 | $6,261 | $6,564 | $7,167 | ▲ 9% | |
| Contrb Margin Per Case | $2,569 | $2,880 | $2,546 | $2,973 | ▲ 17% | |
| Opportunity Days | 1.14 | 0.79 | 0.52 | 0.95 | ▲ 81% | |

**PER CASE TRENDED GRAPHS**



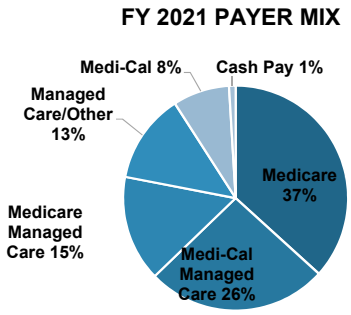
# KAWEAH HEALTH ANNUAL BOARD REPORT

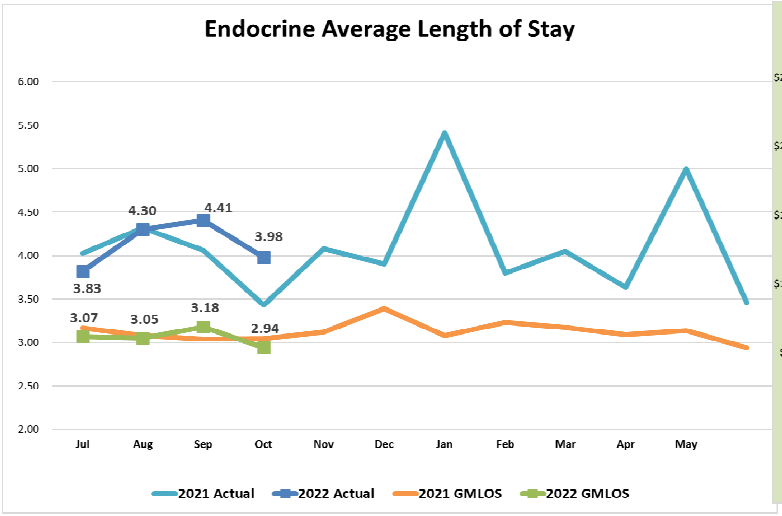
FY2021

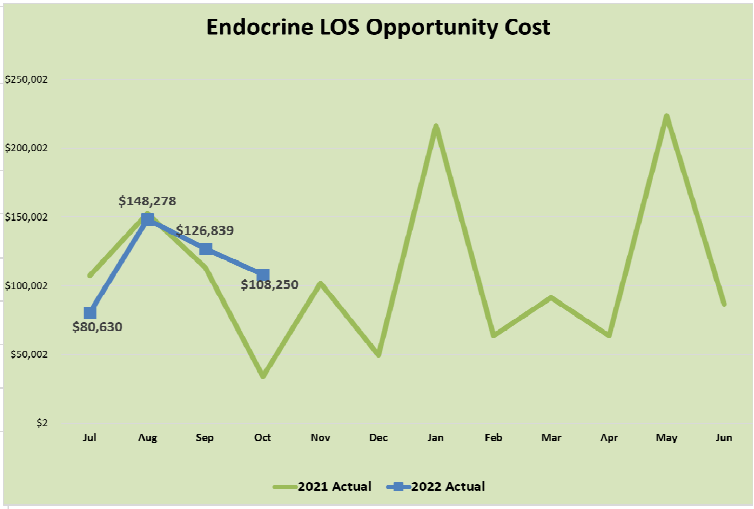
## *Inpatient Medical Service Lines - Endocrine*

**PAYER MIX - 4 YEAR TREND (GROSS CHARGES)**

| PAYER | FY2018 | FY2019 | FY2020 | FY2021 |
|---|---|---|---|---|
| Medicare | 46% | 43% | 45% | 37% |
| Medi-Cal Managed Care | 28% | 27% | 25% | 26% |
| Medicare Managed Care | 7% | 9% | 10% | 15% |
| Managed Care/Other | 11% | 14% | 12% | 13% |
| Medi-Cal | 6% | 7% | 6% | 8% |
| Cash Pay | 1% | 1% | 1% | 1% |




Notes:
Source: Inpatient Service Line Report
Criteria: Service Name Kaweah Delta Medical Center
Service Line is Endocrine and account type is medical

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

## *Inpatient Medical Service Lines - Nephrology*

**KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021**

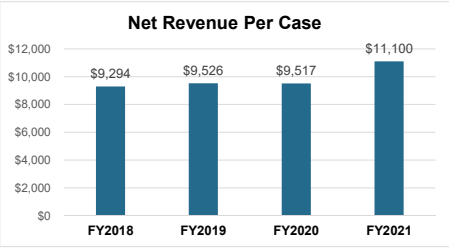
| PATIENT CASES | NET REVENUE | DIRECT COST | CONTRIBUTION MARGIN | NET INCOME |
|---|---|---|---|---|
| 677 | $7,514,619 | $5,301,901 | $2,212,718 | $443,088 |
| ▼ -13% | ▲ 2% | ▼ -7% | ▲ 32% | ▲ 246% |

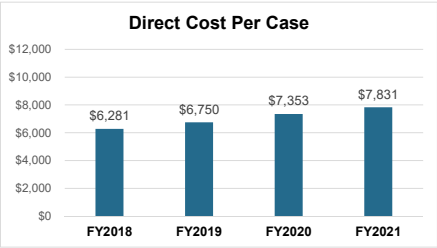
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

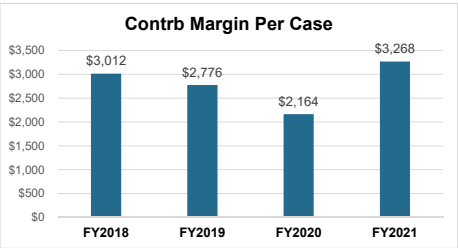
**METRICS SUMMARY - 4 YEAR TREND**

| METRIC | FY2018 | FY2019 | FY2020 | FY2021 | %CHANGE FROM PRIOR YR | 4 YR TREND |
|---|---|---|---|---|---|---|
| Patient Cases | 813 | 888 | 775 | 677 | ▼ -13% | |
| Patient Days | 3,863 | 4,008 | 3,356 | 3,280 | ▼ -2% | |
| ALOS | 4.75 | 4.51 | 4.33 | 4.84 | ▲ 12% | |
| GM LOS | 3.62 | 3.57 | 3.57 | 3.56 | ▶ 0% | |
| Net Revenue | $7,555,968 | $8,458,860 | $7,375,976 | $7,514,619 | ▲ 2% | |
| Direct Cost | $5,106,820 | $5,993,922 | $5,698,774 | $5,301,901 | ▼ -7% | |
| Contribution Margin | $2,449,148 | $2,464,938 | $1,677,202 | $2,212,718 | ▲ 32% | |
| Indirect Cost | $1,948,720 | $2,210,287 | $1,980,742 | $1,769,629 | ▼ -11% | |
| Net Income | $500,428 | $254,651 | ($303,539) | $443,088 | ▲ 246% | |
| Net Revenue Per Case | $9,294 | $9,526 | $9,517 | $11,100 | ▲ 17% | |
| Direct Cost Per Case | $6,281 | $6,750 | $7,353 | $7,831 | ▲ 7% | |
| Contrb Margin Per Case | $3,012 | $2,776 | $2,164 | $3,268 | ▲ 51% | |
| Opportunity Days | 1.13 | 0.95 | 0.76 | 1.29 | ▲ 70% | |

**PER CASE TRENDED GRAPHS**



# KAWEAH HEALTH ANNUAL BOARD REPORT

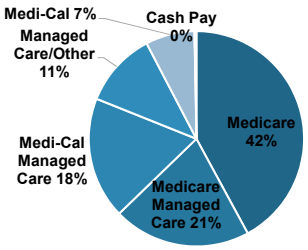
FY2021

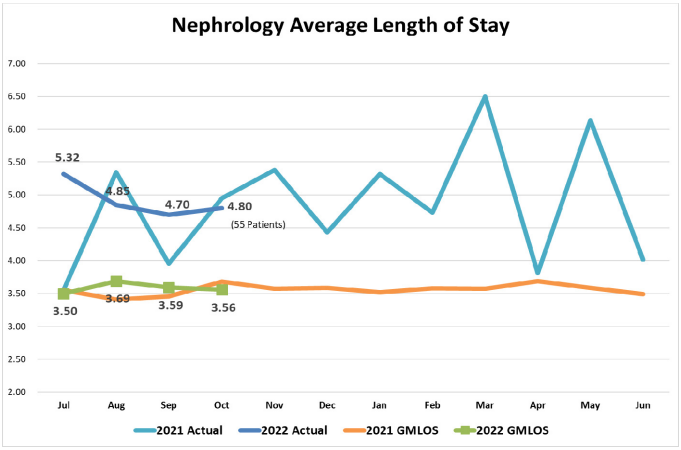
## *Inpatient Medical Service Lines - Nephrology*

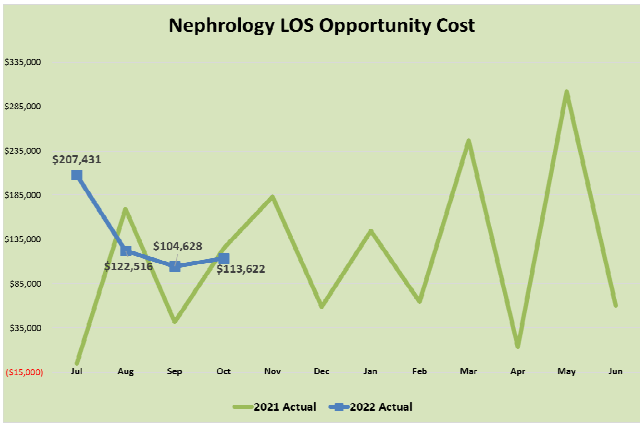
**PAYER MIX - 4 YEAR TREND (GROSS CHARGES)**

| PAYER | FY2018 | FY2019 | FY2020 | FY2021 |
|---|---|---|---|---|
| Medicare | 51% | 57% | 57% | 42% |
| Medicare Managed Care | 10% | 11% | 13% | 21% |
| Medi-Cal Managed Care | 22% | 16% | 18% | 18% |
| Managed Care/Other | 9% | 9% | 7% | 11% |
| Medi-Cal | 6% | 7% | 3% | 7% |
| Cash Pay | 1% | 0% | 1% | 0% |

**FY 2021 PAYER MIX**




Notes:
Source: Inpatient Service Line Report
Criteria: Service Name Kaweah Delta Medical Center
Service Line is Nephrology and account type is medical

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

***Inpatient Medical Service Lines - Multiple Significant Trauma***

**KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021**

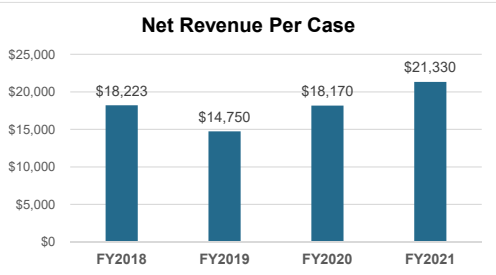
| PATIENT CASES | NET REVENUE | DIRECT COST | CONTRIBUTION MARGIN | NET INCOME |
|---|---|---|---|---|
| 110 | $2,346,274 | $1,404,811 | $941,463 | $482,575 |
| ▲ 6% | ▲ 24% | ▲ 40% | ▲ 6% | ▼ -8% |

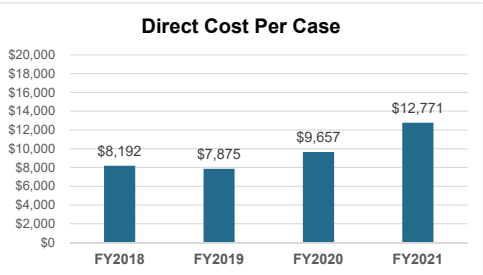
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

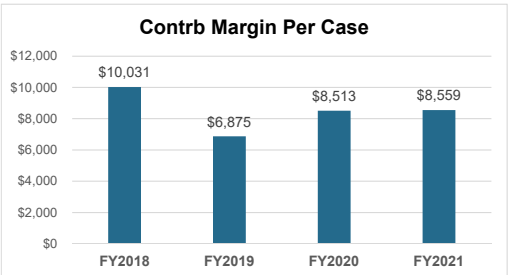
**METRICS SUMMARY - 4 YEAR TREND**

| METRIC | FY2018 | FY2019 | FY2020 | FY2021 | %CHANGE FROM PRIOR YR | 4 YR TREND |
|---|---|---|---|---|---|---|
| Patient Cases | 87 | 121 | 104 | 110 | ▲ 6% | |
| Patient Days | 374 | 598 | 525 | 741 | ▲ 41% | |
| ALOS | 4.30 | 4.94 | 5.05 | 6.74 | ▲ 33% | |
| GM LOS | 3.66 | 3.70 | 3.71 | 3.77 | ▲ 2% | |
| Net Revenue | $1,585,413 | $1,784,752 | $1,889,657 | $2,346,274 | ▲ 24% | |
| Direct Cost | $712,714 | $952,932 | $1,004,300 | $1,404,811 | ▲ 40% | |
| Contribution Margin | $872,699 | $831,820 | $885,358 | $941,463 | ▲ 6% | |
| Indirect Cost | $262,407 | $369,028 | $360,050 | $458,888 | ▲ 27% | |
| Net Income | $610,292 | $462,792 | $525,308 | $482,575 | ▼ -8% | |
| Net Revenue Per Case | $18,223 | $14,750 | $18,170 | $21,330 | ▲ 17% | |
| Direct Cost Per Case | $8,192 | $7,875 | $9,657 | $12,771 | ▲ 32% | |
| Contrb Margin Per Case | $10,031 | $6,875 | $8,513 | $8,559 | ▲ 1% | |
| Opportunity Days | 0.64 | 1.25 | 1.34 | 2.96 | ▲ 121% | |

**PER CASE TRENDED GRAPHS**



# KAWEAH HEALTH ANNUAL BOARD REPORT

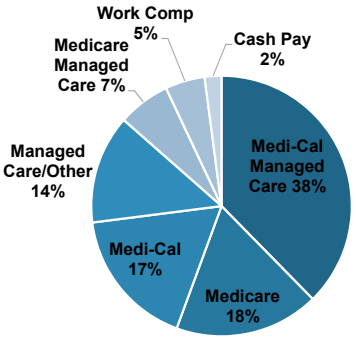
FY2021

***Inpatient Medical Service Lines - Multiple Significant Trauma***

**PAYER MIX - 4 YEAR TREND (GROSS CHARGES)**

| PAYER | FY2018 | FY2019 | FY2020 | FY2021 |
|---|---|---|---|---|
| Medi-Cal Managed Care | 28% | 22% | 24% | 38% |
| Medicare | 14% | 27% | 23% | 18% |
| Medi-Cal | 14% | 21% | 13% | 17% |
| Managed Care/Other | 31% | 16% | 22% | 14% |
| Medicare Managed Care | 2% | 5% | 7% | 7% |
| Work Comp | 4% | 4% | 5% | 5% |
| Cash Pay | 6% | 5% | 6% | 2% |

**FY 2021 PAYER MIX**




Notes:
Source: Inpatient Service Line Report
Criteria: Service Name Kaweah Delta Medical Center
Service Line is Trauma and account type is medical

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

***Inpatient Medical Service Lines - Dermatology***

**KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021**

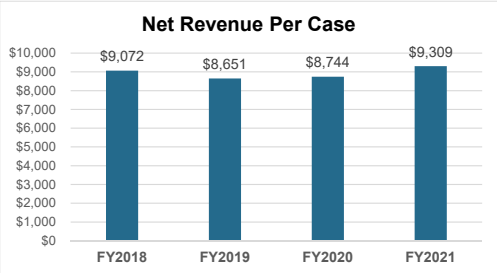
| PATIENT CASES | NET REVENUE | DIRECT COST | CONTRIBUTION MARGIN | NET INCOME |
|---|---|---|---|---|
| 289 | $2,690,349 | $1,876,302 | $814,046 | $183,016 |
| ▼ -5% | ▲ 2% | ▼ -10% | ▲ 46% | ▲ 206% |

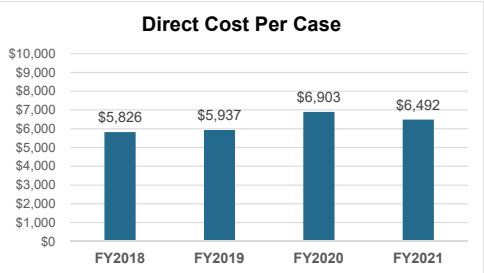
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

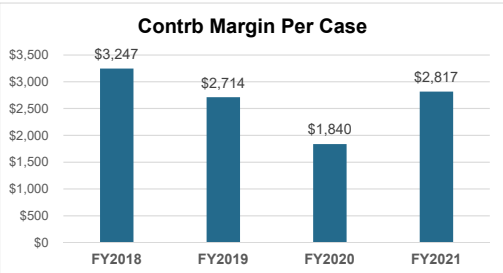
**METRICS SUMMARY - 4 YEAR TREND**

| METRIC | FY2018 | FY2019 | FY2020 | FY2021 | %CHANGE FROM PRIOR YR | 4 YR TREND |
|---|---|---|---|---|---|---|
| Patient Cases | 429 | 393 | 303 | 289 | ▼ -5% | |
| Patient Days | 1,896 | 1,607 | 1,310 | 1,237 | ▼ -6% | |
| ALOS | 4.42 | 4.09 | 4.32 | 4.28 | ▼ -1% | |
| GM LOS | 3.53 | 3.41 | 3.43 | 3.45 | ▶ 0% | |
| Net Revenue | $3,892,093 | $3,399,902 | $2,649,287 | $2,690,349 | ▲ 2% | |
| Direct Cost | $2,499,259 | $2,333,172 | $2,091,739 | $1,876,302 | ▼ -10% | |
| Contribution Margin | $1,392,834 | $1,066,730 | $557,548 | $814,046 | ▲ 46% | |
| Indirect Cost | $918,634 | $855,946 | $730,208 | $631,030 | ▼ -14% | |
| Net Income | $474,200 | $210,784 | ($172,660) | $183,016 | ▲ 206% | |
| Net Revenue Per Case | $9,072 | $8,651 | $8,744 | $9,309 | ▲ 6% | |
| Direct Cost Per Case | $5,826 | $5,937 | $6,903 | $6,492 | ▼ -6% | |
| Contrb Margin Per Case | $3,247 | $2,714 | $1,840 | $2,817 | ▲ 53% | |
| Opportunity Days | 0.89 | 0.68 | 0.89 | 0.83 | ▼ -7% | |

**PER CASE TRENDED GRAPHS**



# KAWEAH HEALTH ANNUAL BOARD REPORT

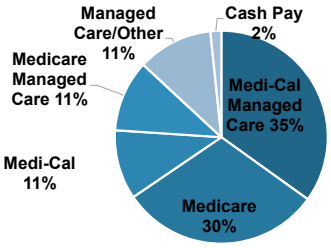
FY2021

***Inpatient Medical Service Lines - Dermatology***

**PAYER MIX - 4 YEAR TREND (GROSS CHARGES)**

| PAYER | FY2018 | FY2019 | FY2020 | FY2021 |
|---|---|---|---|---|
| Medi-Cal Managed Care | 29% | 33% | 25% | 35% |
| Medicare | 33% | 39% | 39% | 30% |
| Medi-Cal | 13% | 8% | 7% | 11% |
| Medicare Managed Care | 9% | 8% | 14% | 11% |
| Managed Care/Other | 13% | 10% | 12% | 11% |
| Cash Pay | 1% | 0% | 2% | 2% |

**FY 2021 PAYER MIX**




Notes:

Source: Inpatient Service Line Report
Criteria: Service Name Kaweah Delta Medical Center
Service Line is Dermatology and account type is medical

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

***Inpatient Medical Service Lines - Urology***

**KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021**

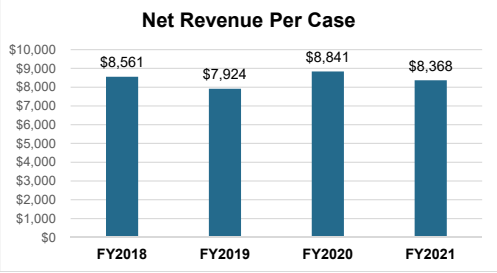
| PATIENT CASES | NET REVENUE | DIRECT COST | CONTRIBUTION MARGIN | NET INCOME |
|---|---|---|---|---|
| 30 | $251,042 | $176,825 | $74,217 | $16,723 |
| ▲ 20% | ▲ 14% | ▲ 46% | ▼ -25% | ▼ -70% |

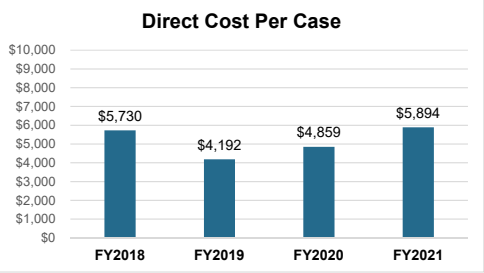
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

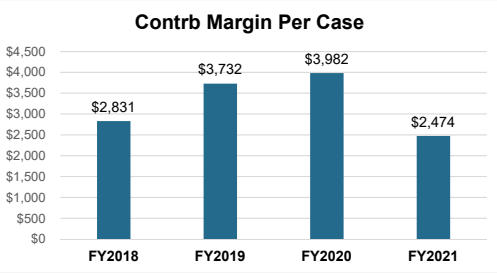
**METRICS SUMMARY - 4 YEAR TREND**

| METRIC | FY2018 | FY2019 | FY2020 | FY2021 | %CHANGE FROM PRIOR YR | 4 YR TREND |
|---|---|---|---|---|---|---|
| Patient Cases | 75 | 57 | 25 | 30 | ▲ 20% | |
| Patient Days | 284 | 143 | 79 | 104 | ▲ 32% | |
| ALOS | 3.79 | 2.51 | 3.16 | 3.47 | ▲ 10% | |
| GM LOS | 2.60 | 2.54 | 2.53 | 2.97 | ▲ 17% | |
| Net Revenue | $642,062 | $451,668 | $221,034 | $251,042 | ▲ 14% | |
| Direct Cost | $429,762 | $238,962 | $121,472 | $176,825 | ▲ 46% | |
| Contribution Margin | $212,300 | $212,705 | $99,562 | $74,217 | ▼ -25% | |
| Indirect Cost | $165,289 | $92,544 | $43,306 | $57,495 | ▲ 33% | |
| Net Income | $47,011 | $120,161 | $56,257 | $16,723 | ▼ -70% | |
| Net Revenue Per Case | $8,561 | $7,924 | $8,841 | $8,368 | ▼ -5% | |
| Direct Cost Per Case | $5,730 | $4,192 | $4,859 | $5,894 | ▲ 21% | |
| Contrb Margin Per Case | $2,831 | $3,732 | $3,982 | $2,474 | ▼ -38% | |
| Opportunity Days | 1.19 | (0.03) | 0.63 | 0.50 | ▼ -21% | |

**PER CASE TRENDED GRAPHS**



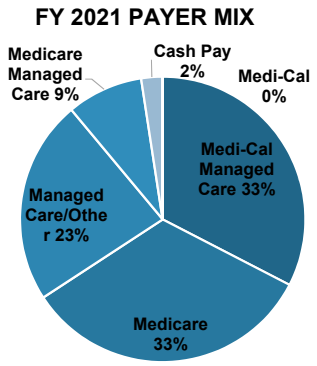
# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

***Inpatient Medical Service Lines - Urology***

**PAYER MIX - 4 YEAR TREND (GROSS CHARGES)**

| PAYER | FY2018 | FY2019 | FY2020 | FY2021 |
|---|---|---|---|---|
| Medi-Cal Managed Care | 37% | 39% | 48% | 33% |
| Medicare | 37% | 28% | 19% | 33% |
| Managed Care/Other | 14% | 16% | 18% | 23% |
| Medicare Managed Care | 7% | 5% | 1% | 9% |
| Cash Pay | 1% | 3% | 4% | 2% |
| Medi-Cal | 5% | 10% | 9% | 0% |




Notes:

Source: Inpatient Service Line Report

Criteria: Service Name Kaweah Delta Medical Center

Service Line is Urology and account type is medical.

Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

| | |
|---|---|
| **Policy Number: HR.14** | **Date Created: 06/01/2007** |
| **Document Owner: Dianne Cox (VP Chief HR Officer)** | **Date Approved: Not Approved Yet** |
| **Approvers: Board of Directors (Administration), Cindy Moccio (Board Clerk/Exec Assist-CEO)** | |

# Non-English/Limited English Speaking, and/or Hearing Impaired Individuals-Non Discrimination

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

POLICY:

It is the policy of Kaweah Delta that no otherwise qualified individual shall, solely by reason of his/her inability to either speak English, or solely as a result of his/her hearing impairment, be excluded from participation in, denied the benefits of, or be subjected to discrimination under any Kaweah Delta program or activity. This policy is pursuant to Section 504 of the Rehabilitation Act of 1973.

PROCEDURE:

I. Employees and Applicants for Employment

All aspects of employment with Kaweah Delta will be governed on the basis of merit, competence, and qualifications. However, because instant and coherent communication skills are mandated by the critical nature of patient care needs, fluency in the English language will be required of all employees having patient contact or with the potential of having patient contact. All employees, however, are free to speak in the language of their choice during meal and break periods.

II. Complaints and/or Reports of Discrimination

Complaints and/or grievances regarding this policy from applicants for employment and/or from employees should be directed to the Vice President of Human Resources or designee. Complaints and/or grievances regarding this policy from patients, their family members, and/or members of the public should be reported in accordance with the guidelines outlined in the Administration Policy Manual, AP.88.

| Policy Number: HR.49 | Date Created: 06/01/2007 |
|---|---|
| Document Owner: Dianne Cox (VP Human Resources) | Date Approved: 05/27/20 |
| Approvers: Board of Directors (Administration), Dianne Cox (VP Human Resources) | |

**Education Assistance**

- **Tuition, Books and Fees Reimbursement or Loan Repayment**
- **Educational Programs and Compensation**
- **Continuing Education and Conferences**
- **Professional Certification Fee Reimbursement and Awards**



POLICY:

Kaweah Delta recognizes the important of growth and development of all employees to improve work performance and increase job knowledge and skill. As an employee benefit and to support the recruitment and retention of qualified employees, Kaweah Delta offers a number of programs and opportunities as described in this policy.

Certain amounts reimbursed up to $5,250 in a calendar year received under this Educational Assistance program are excluded from wages and other compensation; monies are reimbursed without being subject to taxes. These programs include reimbursement for tuition, books and fees and for fees related to obtaining certifications. Other amounts paid are included as taxable wages, such as Loan Repayment and the Certification Award. Refer to IRC Section 127 for more information. Employees are responsible to ensure their annual tax withholdings and disclosures are appropriate.

Education Assistance - Tuition, Books and Fees Reimbursement or Loan Repayment

Full-time and part-time employees may apply for reimbursement of tuition, books and fees or loan repayment for educational programs which apply to positions at Kaweah Delta. An employee must have completed 2080 hours (1872 hours for 12-hour shift employees) of active employment and have received at least one performance evaluation before the start of the program in which they are enrolling or before submitting a Loan Repayment Form. Current employees as of 1/1/20 have to meet the above conditions and must wait until after their 2020 performance evaluation to apply for any remaining monies under the Loan Repayment Program. Employees who have received a performance

evaluation below a 2.5% rating or a Level II or III Performance Correction Notice within the12 months prior to the beginning of the program or eligibility for the Loan Repayment are not eligible for that year, even if they had been previously eligible. If performance in the subsequent year meets expectations and there are no Performance Correction Notices, the employee is eligible again for reimbursement or loan repayment. No retroactive payments are made; the lifetime amounts remain the same as long as eligibility and all requirements are met.

Lifetime maximum amounts for reimbursement or outstanding student loan repayments combined for each degree:

- Up to $2,500 for Associates Degree or educational programs leading to a certification required for a position at Kaweah Delta.

- Up to $10,000 for a Baccalaureate Degrees, limited to $2,500 per calendar year. Payments are made over four or more years if employee remains employed in an active full-time or part-time status.

- Up to $15,000 for a Masters' Degree, limited to $5,000 per calendar year. Payments are made over three or more years if employee remains employed in an active full-time or part-time status. If receiving reimbursement for a Baccalaureate Degree, reimbursable monies for a Master's Degree will begin once the Baccalaureate Degree reimbursement is completed.

- Up to $20,000 for Doctoral Degree (Pharmacy, Physical Therapy and Nursing Director or Manager, DNP or PhD in Nursing, or RN with BSN in a program for Nurse Practitioner that requires DNP), limited to $5,000 per calendar year. Payments are made over four years if employee remains employed in an active full-time or part-time status. If receiving reimbursement for a Bachelors' or Masters' Degree, reimbursable monies for a Doctoral Degree will being once the Masters' Degree reimbursement is completed.

  For all reimbursements or loan repayments, employees are required to exhaust all school, program, federal or state grant, scholarship and loan repayment opportunities offered prior to submitting a Reimbursement Form or Loan Repayment Form to Kaweah Delta. These include, but are not limited to:
  - Nurse Corps
  - Health Professions Education Foundation
  - CSLRP Loan Repayment Program

In no case will an employee receive more than $5,000 in a calendar year.

An employee may want pre-approval for the Tuition Reimbursement portion of this policy. If so, the employee must submit the form two weeks prior to the beginning of class or the program. A letter of approval/disapproval will be sent to the employee. If pre-approval is issued, all conditions of successful completion of the class or program must still be achieved to remain eligible for reimbursement. Reimbursement or Loan Repayment Forms are due within 30 days of each course completion or annually each year following the successful completion of the

performance evaluation.

The Reimbursement Form and original receipts as well as grades verifying course completion must be submitted to Human Resources. A grade of C or better in graded courses and/or a grade of “Credit” in a Credit/No Credit course indicates successful completion. For loan repayment, a current outstanding educational loan statement must be attached to the application. If prior loan repayments have been issued, at least 2/3 of the monies received from Kaweah Delta must show as a credit on the statement for the prior period. If not, there is no future eligibility for any Tuition, Books or Fee reimbursement nor Loan Repayment.

All signatures on applications are required to be obtained prior to submitting the application to Human Resources, including the employee’s Director or Vice President for Directors submitting for reimbursement, and the Director of Human Resources.

Terms and Conditions

Nothing in this policy shall be construed to bind either Kaweah Delta or the employee to any period of employment with the other. Each party recognizes that employment is terminable at the will of either party.

Class attendance and completion of study assignments will be accomplished outside of the employee’s regularly scheduled working hours. It is expected that educational activities will not interfere with the employee’s work.

EDUCATIONAL PROGRAMS AND COMPENSATION

Kaweah Delta provides various educational programs and opportunities for employees including but not limited to formal hospital/departmental/unit specific orientation, annual requirements, in-services related to new equipment or procedures, maintenance of certifications as required for identified positions, and staff meetings. Appropriate compensation must be provided in accordance with regulatory and Kaweah Delta established guidelines.

Mandatory Education

- Programs may be designed as mandatory by Kaweah Delta, a Vice President, a Director or a Manager. These programs may be offered during scheduled working hours or outside of scheduled working hours.

- Mandatory programs such as meetings, courses, and orientations will be compensated by Kaweah Delta. Education hours will be considered productive time and as such will be paid in compliance with overtime as applicable and are subject to adherence to the policies and procedures that govern productive time, i.e. – dress code, attendance, etc. (Refer to Policies HR.184—Attendance and Punctuality, HR.197 Dress Code - Professional Appearance Guidelines.)

- Courses may consist of instructor led training, computer based learning/testing, or blended learning defined as computer based learning followed by instructor led discussion or skills testing.

- With the exception of illness, approved absence or scheduled vacation, all employees must attend mandatory meetings. Reasonable notice is to be provided to employees of upcoming mandatory meetings. If the employee is unable to attend, he/she should request an absence. An employee who is unable to attend may be required to read and initial the meeting minutes or attend an additional meeting or program.

- Employees are to give 48 hours' notice for cancellation of any class or program in which they are enrolled, whichever voluntary or mandatory. Failure to give advance notice or arrive on time may count as an occurrence under the Attendance policy. (See HR.184 – Attendance and Punctuality)

- Assignment to attend during regular work hours will be made at the discretion of the department leader. Any deviations from mandatory attendance will be made at the discretion of the department leader.

COMPENSATION FOR KAWEAH DELTA ASSIGNED JOB REQUIREMENTS

- ***Employees who participate in and pass courses will be paid for such time if the course is required for their position or they have obtained manager approval prior to participating in the course.***

- ***Courses should be scheduled on non-work days and overtime should be avoided to the extent possible.***

- ***If the course is offered at KDHCD, no reimbursement will be provided for programs taken elsewhere unless manager approval is obtained prior to attending an outside course.***

- ***Instructor led training will be paid for actual time spent in the classroom. Staff who arrive late or unprepared will not be allowed to participate in the course and will not be paid for the attempt to participate.***

- ***Computer based courses/testing completed onsite will be paid for actual time spent completing the course/test. Computer based courses/testing completed off-site will be paid based on a predetermined amount of time. Fees charged to access online courses will not be reimbursed unless management approval is obtained prior to purchasing the course.***

- ***Time spent by employees attending training programs, lectures and meetings are not counted as hours worked if attendance is voluntary on the part of the employee or the course is not related to the employee's job.***

Employees must use the current time keeping system to record actual time for instructor led training and previously established hours for online training in order to receive compensation for education hours.

Established compensation for successful completion of online training includes but is not limited to the following:

| Online Training | Hours Paid |
|---|---|
| HeartCode BLS | 3 |
| ACLS/PALS required pre-course self-assessment | 2 |
| NRP | 4 |
| STABLE | 2 |
| NDNQI Pressure Ulcer Training | 1 (per module/max 4 modules) |
| NIHSS Stroke Certification | 4 |
| Off Duty completion of performance evaluation – self evaluation | 1 |
| Off Duty completion of NetLearning Modules/Testing | Variable based on module length, TBD prior to module release |
| Completion of Peer Evaluations | Not eligible – Must be done on duty |

## CONTINUING EDUCATION AND CONFERENCES

With the assistance of Human Resources and Clinical Education, department leaders plan, develop, and present educational offerings to Kaweah Delta employees on a continuous and on-going basis. Continuing education includes all forms of job-related training, whether offered by Kaweah Delta or by an outside organization.

Many different methods are used for staff education such as formal continuing education classes, in-services, web-based education, one-on-one instruction, teleconferences, self- learning modules, and conferences. Reference materials for staff education are available within their respective departments, Kaweah Delta Library, KDCentral and/or KDNet and resources online.

Types of educational offerings are determined as a result of Performance Improvement and Risk Management activities, new and changing technology, therapeutic and pharmacological intervention, regulatory and accreditation bodies, and identified or stated learning needs of employees.

Continuing education events may be required by Kaweah Delta and if mandatory, the costs and time for attendance will be paid. If a program is voluntary, whether the expense and time for attendance will be paid or reimbursed is determined by the department leader.

### Conferences

A department may budget for short-term conference or seminar-type trainings for employees. It is the responsibility of the employee to complete the Travel Reimbursement Form and secure approval in advance of the training for all anticipated expenses, including approval for the hours to attend and whether hours in attendance will be paid. Conferences may be required by Kaweah Delta and if mandatory, the costs and time for attendance will be paid.

Refer to AP19 Travel, Per Diem and Other Employee Reimbursements

PROFESSIONAL CERTIFICATION FEE REIMBURSEMENT AND AWARDS

As determined by the area Vice President, pre-approved professional certification fees are available to full-time and part-time employees attaining and/or maintaining professional certification(s) in their vocational area. Employees must have successfully completed six months of employment to be eligible for this reimbursement or awards.

Professional Certification Criteria: To be reimbursed for examination fees and to qualify for the monetary award, the professional certification attained by the employee must:

- Not be a requirement for the staff members job code;
- Be sponsored by a national professional organization
- Involve an initial written examination that is available nationally and tests a professional body of knowledge (i.e., not technical such as ACLS, BCLS, etc.);
- Specify a defined recertification interval

Professional Certification Exclusions: Certification necessary as a condition of employment or as a minimum requirement for the position in which the employee is employed with Kaweah Delta is not eligible under this program.

Employees may request reimbursement for exam and renewal fees associated with the examination up to a maximum of $250; the maximum an employee may receive for all exam and renewal fees under this program is $250 per calendar year. These fees are not taxable as long as the annual maximum received in reimbursement for tuition, books and fees is under $5,250. Expenses which are not eligible for reimbursement, include but are not limited to travel, food, and lodging. The continuing education costs themselves and renewal fees without an exam or continuing education requirement are not eligible. Reimbursements must be submitted to Human Resources within 30 days of obtaining certification. Reimbursement monies will be included on the employee’s next paycheck.

Employees receiving an initial certification or renewal are eligible for a monetary award in recognition of their accomplishment. Full-time and part-time employees will receive an award of $500. The maximum amount of award per calendar year is $500. Award monies are taxed in accordance with employee exemptions on file.

Employees requesting reimbursement for examination or renewal fees and/or a

monetary award may request the appropriate form through Human Resources.

All signatures on applications are required to be obtained prior to submitting the application to Human Resources, including the employee's Director or Vice President for Directors submitting for reimbursement, and the Director of Human Resources.

Any exceptions to this policy must be approved by the Vice President of Human Resources.

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

Exhibit A

REQUEST FOR PROFESSIONAL CERTIFICATION BONUS AND/OR REIMBURSEMENT

Kaweah Delta Health Care District

Name: _____ Employee Number: _____
Job Title: _____ Department: _____
Professional Certification: _____
Certifying Organization: _____

Eligibility for Reimbursement:
-Full and part time must be employed for six (6) months
-Must not be a requirement for employee's current job code
-Must be a national certification
-Must require a test to earn certification
-Must be submitted within 30 days of obtaining certification
-Must enhance the employee's current role with Kaweah Delta
**For examples and information regarding payment, please see reverse side**

Reimbursement Details:

Examination Expenses: $ _____
**RECEIPTS MUST BE ATTACHED**

This represents:
Examination Expenses (Maximum $250.00 for Full-Time and Part-Time employees)
Certification Bonus (Maximum $500.00 for Full-Time and Part-Time employees)

In accordance with the provisions of Human Resources policy HR.49, Professional Certification, I herby request reimbursement for examination fees and/or payment of a one-time bonus. I certify that all statements and submissions in support of this reimbursement/payment are true and correct to the best of my knowledge. Further, I understand that the certification I've received and sponsoring certifying body must be on the approved listing in order to qualify for reimbursement.

Staff Member's Signature

Date

Approvals: (all signatures required)

Supervisor: _____(sign) _____ (print) Date: _____
Director: _____(sign) _____ (print) Date: _____
HR: _____(sign) _____(print) Date: _____

Taxable $_____ Non-Taxable $_____

IMPORTANT: You must attach a copy of the certification and receipts for the reimbursement amount!!!

**Payment:**
Reimbursement Procedure: Reimbursements and bonuses will be included in your paycheck. A completed Professional Certification Reimbursement Form must be submitted to Human Resources. Once approved, your reimbursement will be included in your next paycheck.

**Examples:**
1. Imaging Tech is not eligible to receive reimbursement for obtaining or maintaining their CRT since this is required for all Imaging Techs.

If you have any questions, please contact Human Resources at 624-2644.

Kaweah Delta Health Care District

Human Resources

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| **Policy Number: HR.62** | **Date Created: 06/01/2007** |
| **Document Owner: Dianne Cox (VP Chief HR Officer)** | **Date Approved: Not Approved Yet** |
| **Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (VP Chief HR Officer)** | |

# Exempt Employees Pay/Salary Basis Safe Harbor Provision

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

POLICY:

In accordance with the Fair Labor Standards Act exempt employees of the District are required to be paid on a salary basis. That means that an exempt employee must regularly receive a predetermined amount of compensation each week without regard to the number of days or hours worked in a day (subject to the exceptions below). The District has a general expectation that regular business hours are 8:00am-5:00pm Monday through Friday. Arrival and departure time for exempt staff is determined by business needs and schedules of each department. Exempt employees need not be paid for any workweek in which they perform no work.

Exempt employees may hold concurrent jobs within the District but may not work more than twenty (20) hours of non-exempt work in a week.

PROCEDURE:

I. Exceptions to the Salary Basis Rule

The requirement to provide a predetermined amount of compensation each week, is subject to the following exceptions:

A. Accrued and unused Paid Time Off (PTO) must be utilized for absences of a full day. If the employee does not have PTO accrued to cover the absence the employee will be allowed to go into the negative, until accrual is earned back in successive pay periods.

B. The District can offset any amounts received by the employee as jury or witness fees or military pay for a particular week against the salary paid that week by the District for the leave in question.

C. Deductions from pay may be made for unpaid disciplinary suspensions of one or more full days imposed in good faith for workplace conduct rule

infractions. Employees with accrued and unused PTO may utilize this benefit during a disciplinary suspension.

D. The District is permitted to pay a proportionate part of an exempt employee's full weekly salary for the time actually worked in the first and last week of employment.

E. Partial day deductions are allowed.

1. The District is permitted to deduct from the salary of an exempt employee for unpaid leave taken in accordance with the Family and Medical Leave Act.

II. Deductions from an exempt employee's pay cannot be made as a result of absences due to the circumstances listed below.

A. Jury duty.

B. Attendance as a witness in a court proceeding.

C. Temporary military leave.

D. Absences of less than a full week caused by the employer.

E. Absences of less than a full week caused by the operating requirements of the business.

III. All exempt employees accrue Paid Time Off (PTO) and Extended Illness Bank (EIB) time beginning on the first pay period of employment.

IV. Managers, Directors, Executives, and Executive Assistants may take one day of "flextime" between January 1 and June 30, and July 1 and December 31 of each calendar year.

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V. An exempt employee may be required to use accrued Extended Illness Bank (EIB) for time off from work when applicable.

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

Kaweah Delta Health Care District

Human Resources

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| **Policy Number: HR.70** | **Date Created: 06/01/2007** |
| **Document Owner: Dianne Cox (VP Human Resources)** | **Date Approved: 05/31/2018** |
| **Approvers: Board of Directors (Administration), Dianne Cox (VP Human Resources)** | |

# Meal Periods, Rest Breaks and Breastfeeding and/or Lactation Accommodation

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

**PURPOSE:**

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

**MEAL PERIOD POLICY AND PROCEDURE:**

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

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

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

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

**REST BREAK POLICY AND PROCEDURE:**

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

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

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

Kaweah Health will provide a reasonable amount of break time to allow an employee to express breast milk for that employee's infant child. The break time will run concurrently, if possible, with any break time already provided to the nursing mother. If it is not possible for the break time that is already provided to the employee, the break time shall be unpaid.

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

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

a) Mineral King Wing, 1st Floor MK lobby by Lab Station
b) Mineral King Wing, 2nd Floor on the left heading to ICU
c) Mineral King Wing, 3rd Floor on the left just past the stairwell
d) Acequia Wing, Mother/Baby Department
e) Support Services Building, 3rd Floor, (Computer available)
f) South Campus, next to Urgent Care Lobby
g) Imaging Center, Dexa Exam Room (Computer available)
h) Mental Health Hospital, Breakroom Suite
i) Visalia Dialysis, Conference Room, (Computer available)
j) KHMG, GYN Department
k) Exeter Health Clinic, Family Practice Department, (Computer available)
l) Woodlake Health Clinic, (Computer available)
m) Dinuba Health Clinic, (Computer available)
n) Lindsay Health Clinic, (Computer available)

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

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Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

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| **Document Owner: Dianne Cox (VP Chief HR Officer)** | **Date Approved:06/28/2021** |
| **Approvers: Board of Directors (Administration)** | |
| **Employee Benefits Overview** | |

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

**POLICY:**

Eligible Kaweah Health Employees are provided a wide range of employee benefits. A number of the programs, such as Social Security, Workers' Compensation, and Unemployment Insurance, cover all employees in the manner prescribed by Federal or State law. Hospital-sponsored benefits eligibility is dependent upon a variety of factors, including employee classification. Human Resources maintains a listing of current benefits available. The controlling terms and conditions of all benefits are contained within the plan documents which define each benefits plan. In the event of discrepancies between other printed material and formal plan provisions describing Kaweah Health employee benefits programs, the official plan documents and instruments provisions govern.

Employees will be responsible for paying their insurance premiums and those for their enrolled dependents based on status and the date of eligibility. Enrollment in most plans must be completed within 30 days of the date of eligibility for the plan. Benefit eligible employees may also apply for offered benefits during Open Enrollment, normally offered in fall of each year for a January 1st effective date. If a full time employee does not elect or waive medical coverage, their coverage will default to the High Deductible Medical Plan Employee Only. Please review Summary Plan Documents for each plan for complete information.

**PROCEDURE:**

General:

1. Insurance premiums for medical, dental, vision, supplemental life, dependent life, etc., are deducted each pay period (24 per calendar year) from paychecks.

2. Eligible employees may opt to cover eligible dependents with timely enrollment and financial responsibility for any dependent coverage. If a spouse or registered domestic partner has coverage through his or her own outside employer (not KH); the KH plan will pay only as a secondary insurance.

3. If an event occurs which will change the amount of premium the employee pays, the employee will either be required to pay back premiums or will receive reimbursement for premiums already deducted, depending on the nature of the event.

4. All premium contributions for medical, dental and vision are deducted on pre-tax basis. The conditions of Internal Revenue Service Code, Section 125, specifically prohibit employees from changing their insurance benefit coverage until an Open Enrollment period is offered or unless there is a major life change or qualifying

Employee Benefits Overview 2

event. Certain qualifying events may permit an employee to apply for late enrollment or changes in the employee's enrolled dependents.

Normal Waiting Period:

1. Coverage for health benefits begin the first of the month following a status change to a benefit eligible position.

**Deleted:** normally begins the first of the month following 30 days of regular employment or first of the month following a status change

Status Change:

1. The department head will submit a Status Change Form to Human Resources when an employee changes employment status. The effective date of the status change is the first day of the pay period in which the status change occurs.

2. Human Resources will notify the employee of changes in eligibility and/or applicable premium levels for eligible benefits. If a full time employee does not elect or waive medical coverage, their coverage will default to the High Deductible Medical Plan Employee Only.

3. The premiums to be deducted are dependent on the date of the status change and may apply to the portion of the premium covering the employee as well as the dependent coverage.

4. If a Per Diem employee with coverage converts to Benefitted status, premiums deducted will be appropriately adjusted.

5. A newly eligible employee, i.e., one who converts from Part Time No Benefits or Per Diem (because of a qualifying event) to Benefitted or benefits eligible status, who has already satisfied the waiting period will not have to satisfy an additional waiting period.

6. An employee who was previously eligible and enrolled in the insurance plans and subsequently changed to a non-benefit eligible status, who has now converted to a benefits eligible status will not be subject to the waiting period.

7. An eligible employee who was eligible for, and declined benefits because of other coverage and then loses the other coverage is eligible to enroll in benefits with no waiting period under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The employee must enroll within 30 days of the loss of other coverage and provide a Certificate of Creditable Coverage from the other plan.

8. An employee who loses medical, vision, dental coverage or a medical spending account due to conversion to an ineligible status or termination of employment will be offered continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), except in the case of discharge for gross

misconduct. Eligibility, payment of premiums, and length of available coverage are determined by COBRA regulations.

9. In the case of a Leave of Absence, if an employee is on paid status (utilizing PTO/EIB), the employee may continue his/her normal premiums through payroll deduction. If on unpaid status, he/she is required to pay Kaweah Delta his/her portion of the premiums bi-weekly/monthly while on a leave of absence for a total of four months combined within a rolling 12 months. After four months, employees will be offered COBRA Continuation Coverage for applicable benefits. Group medical,

Employee Benefits Overview 3

dental and vision insurance coverage will cease on the last day of the month in which an employee reaches four months of leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan. In the case where Pregnancy Disability Leave (FMLA) combined with CFRA bonding leave applies, if an employee is on paid status (utilizing PTO/EIB), the employee may continue her normal premiums through payroll deduction. If on unpaid status, she is required to pay Kaweah Health her portion of the premiums monthly while on a leave of absence for a total of up to seven months; COBRA rules then apply.

Procedures for COBRA:

a. At the time of the qualifying event, Human Resources or the COBRA Administrator will forward the Employee Notice and Election Form to the employee via US mail.

   COBRA qualifiers: Death of a covered employee, divorce or legal separation, a covered employee becoming eligible for Medicare, or a covered dependent child who is no longer eligible for coverage under the group plan.

b. The employee, the separated or divorced spouse, or covered dependent will have no more than 60 days from the date of receipt of the COBRA letter to apply for continuance of medical, dental, or vision coverage. Notification is accomplished by completing the Employee Notice and Election form. If the employee, separated or divorced spouse, or covered dependent wishes to continue with medical, dental, or vision coverage, the initial premium payment to the COBRA Administrator must be received within 45 days of the date the employee signs the Employee Notice and Election Form and must be paid in full, back to the date of COBRA coverage.

c. Upon receipt of the initial payment, the COBRA Administrator will begin the COBRA coverage and will expect future premiums due. The employee or eligible dependent must continue payments each month in order to continue coverage. COBRA coverage will be terminated if payments are not made within the guidelines set forth.

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Kaweah Delta Health Care District

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| **Policy Number: HR.241** | **Date Created: 12/07/2021** |
| **Document Owner: Dianne Cox (VP Chief HR Officer)** | **Date Approved: 12/21/20** |
| **Approvers: Board of Directors (Administration), Cindy Moccio (Board Clerk/Exec Assist-CEO)** | |

# Paid Time Off (PTO) Cash Out

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

Kaweah Delta encourages employees to take vacation time; however, Kaweah Delta recognizes that, in a 24-hour setting, employees may not take the amount of Paid Time Off (PTO) they are generally granted yearly, thus accruing maximum amounts in their PTO bank.

**Procedure:**

Employees who meet eligibility requirements have the option of cashing out a portion of their PTO. However, to meet Internal Revenue Service regulations, calendar year PTO cash-out elections are made during a special Open Enrollment in the December preceding each calendar year.

I. All hours are cashed-out at the employee's base rate of pay.

II. During the Open Enrollment, the employee must complete an irrevocable PTO Cash-Out Election in HROnline.

III. The maximum cash-out for the calendar year is 120 hours. There are three dates available for cash-outs and any amount of hours may be requested so long as the minimum and maximum rules are met. PTO cash-outs are paid to the employee with their regular paycheck on the dates indicated in HROnline. Kaweah Delta requires that an employee keep available a "minimum utilization" of 40 hours of PTO in his/her accrual bank at the time of the cash-out, and cash-outs will be modified if 40 hours are not available.

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# Kaweah Delta Health Care District Bylaws

## Article I The District and Its Mission

**Section 1** Kaweah Delta Health Care District dba Kaweah Health is a community venture, operating under the authority granted through the California Health and Safety Code as a health care district. The purpose of the District is to provide quality health care within defined areas of expertise. It is the intent of the District that no person shall be denied emergency admission or emergency treatment based upon ability to pay. It is further the intent of the District that no person shall be denied admission or treatment based upon race, color, national origin, ethnic, economic, religious or age status or on the basis of sexual preference. The medical welfare of the community and its particular health needs will be fulfilled to the capacity of the District's financial limitations.

**Section 2** Kaweah Delta Health Care District operates under the authority of California Code for a health care district. {California Health & Safety Code – Division 23 – Hospital Districts – Sections 32000-32492} As such, Kaweah Delta Health Care District is publicly owned and operates as a non-profit entity.

**Section 3** As permitted by law, the District may, by resolution of the Board, conduct any election by all-mailed ballots pursuant to Division 4 (commencing with Section 4,000) of the California Elections Code.

**Section 4** The Mission of Kaweah Delta Health Care District is; Health is our passion. Excellence is our focus. Compassion is our promise.

**Section 5** The Vision of Kaweah Delta Health Care District is: To be your world-class healthcare choice, for life.

**Section 6** The Pillars of Kaweah Delta Health Care District are:

1. Achieve outstanding community health
2. Deliver excellent service
3. Provide an ideal work environment
4. Empower through education
5. Maintain financial strength

**Section 7** The mission, vision, and pillars of the District support the safety and quality of care, treatment, and service. {Joint Commission Standard LD.02.01.01}

**Section 8** The Code of Conduct of Kaweah Delta Health Care District is a commitment to ethical and legal business practices, integrity, accountability, and excellence. The Code is a founding document of the Compliance Program, developed to express Kaweah Health's understanding and obligation to comply with all applicable laws and regulations. {Joint Commission Standard LD.04.01.01}

## Article II The Governing Body

**Section 1** The Governing Body of the Kaweah Delta Health Care District is a Board of Directors constituted by the five (5) publicly elected directors, who are elected by zone, each for four (4) year terms, with two (2) being elected on staggered terms and three (3) being elected two (2) years later on staggered terms. {Health and Safety Code 32100} The election of the directors is to conform with the applicable California Code. {Government Code 1780} This publicly elected Governing Body is responsible for the safety and quality of care, treatment, and services, establishes policy, promotes performance improvement, and provides for organizational management and planning {Joint Commission Standard LD.1.10}.

**Section 2** The Governing Body, in accordance with applicable California Code, adopts the Bylaws of the organization.

**Section 3** The principal office of Kaweah Delta Health Care District is located at Kaweah Health Medical Center - Acequia Wing, Executive Offices, 400 West Mineral King Avenue, Visalia, CA 93291. Correspondence to the Board should be addressed to the Board of Directors at this address. Kaweah Health also maintains a Web site at www.kaweahhealth.org. All noticed meeting agendas and supporting materials for Board meetings and Board committee meetings can be obtained at **www.kaweahhealth.org/About-Us/Board-of-Directors**.

**Section 4** The duties and the responsibilities of the Governing Body are:

PRIMARY RESPONSIBILITY - This Board's primary responsibility is to develop and follow the organization's mission statement, which leads to the development of specific policies in the four key areas of:

A. Quality Performance
B. Financial Performance
C. Planning Performance
D. Management Performance

The Board accomplishes the above by adopting specific outcome targets to measure the organization's performance. To accomplish this, the Board must:

1) Establish policy guidelines and criteria for implementation of the mission. The Board also reviews the mission statements of any subsidiary units to ensure that they are consistent with the overall mission.
2) Evaluate proposals brought to the Board to ensure that they are consistent with the mission statement. Monitor programs and activities of the hospital and subsidiaries to ensure mission consistency.
3) Periodically review, discuss, and if necessary, amend the mission statement to ensure its relevance.

A. QUALITY PERFORMANCE RESPONSIBILITIES - This Board has the final moral, legal, and regulatory responsibility for everything that goes on in the

organization, including the quality of services provided by all individuals who perform their duties in the organization's facilities or under Board sponsorship. To exercise this quality oversight responsibility, the Board must:

1) Understand and accept responsibility for the actions of all physicians, nurses, and other individuals who perform their duties in the organization's facilities.
2) Review and carefully discuss quality reports that provide comparative statistical data about services, and set measurable policy targets to ensure continual improvement in quality performance.
3) Carefully review recommendations of the Medical Staff regarding new physicians who wish to practice in the organization and be familiar with the termination and fair hearing policies.
4) Reappoint individuals to the Medical Staff using comparative outcome data to evaluate how they have performed since their last appointment.
5) Appoint physicians to governing body committees and seek physician participation in the governance process to assist the Board in its patient quality-assessment responsibilities.
6) Fully understand the Board's responsibilities and relationships with the Medical Staff and maintain effective mechanisms for communicating with them.
7) Regularly receive and discuss malpractice data reflecting the organization's experience and the experience of individual physicians who have been appointed to the Medical Staff.
8) Adopt a Performance Improvement Plan and Risk Management Plan for the District and provide for resources and support systems to ensure that the plans can be carried out.
9) Regularly receive and discuss data about the Medical Staff to assure that future staffing will be adequate in terms of ages, numbers, specialties, and other demographic characteristics.
10) Ensure that management reviews and assesses the attitudes and opinions of those who work in the organization to identify strengths, weaknesses, and opportunities for improvement.
11) Monitor programs and services to ensure that they comply with policies and standards relating to quality.
12) Take corrective action when appropriate and necessary to improve quality performance.

B. FINANCIAL PERFORMANCE RESPONSIBILITIES - This Board has the ultimate responsibility for the financial soundness of the organization. To accomplish this the Board must:

1) Annually review and approve the overall financial plans, budgets {Joint Commission Standard LD.04.01.03}, and policies for implementation of

those plans and budgets on a short and long-term basis. The plan must include and identify in detail the objective of, and the anticipated sources of financing for each anticipated capital expenditure:

2) Approve an annual audited financial statement prepared by a major accounting firm and presented directly to the Board of Directors.
3) Approve any specific expenditure in excess of $75,000, which is not included in the annual budget.
4) Approve financial policies, plans, programs, and standards to ensure preservation and enhancement of the organization's assets and resources.
5) Monitor actual performance against budget projections and review and adopt ethical financial policies and guidelines.
6) Review major capital plans proposed for the organization and its subsidiaries.

C. PLANNING PERFORMANCE RESPONSIBILITIES - The Board has the final responsibility for determining the future directions that the organization will take to meet the community's health needs. To fulfill this responsibility, the Board must:

1) Review and approve a comprehensive strategic plan and supportive policy statements.
2) Develop long term capital expenditure plans as a part of its long range strategic planning.
3) Determine whether or not the strategic plan is consistent with the mission statement.
4) Assess the extent to which plans meet the strategic goals and objectives that have been previously approved.
5) Periodically review, discuss, and amend the strategic plan to ensure its relevance for the community.
6) Regularly review progress towards meeting goals in the plan to assess the degree to which the organization is meeting its mission.
7) Annually meet with the leaders of the Medical Staff to review and analyze the health care services provided by Kaweah Health and to discuss long range planning for Kaweah Health.

D. MANAGEMENT PERFORMANCE RESPONSIBILITES - The Board is the final authority regarding oversight of management performance by our Chief Executive Officer. To exercise this authority, the Board must:

1) Oversee the recruitment, employment, and regular evaluations of the performance of the Chief Executive Officer.
2) Evaluate the performance of the CEO annually using goals and objectives agreed upon with the CEO at the beginning of the evaluation cycle.
3) Communicate regularly with the CEO regarding goals, expectations, and concerns.

4) Periodically survey CEO at comparable organizations to assure the reasonableness and competitiveness of our compensation package.

5) Periodically review management succession plans to ensure leadership continuity.

6) Ensure the establishment of specific performance policies which provide the CEO with a clear understanding of what the Board expects, and ensure the update of these policies based on changing conditions.

E. The Board is also responsible for managing its own governance affairs in an efficient and successful way. To fulfill this responsibility, the Board must:

1) Evaluate Board performance bi-annually. Members of the governing body are elected by the public and, accordingly, are judged on their individual performance by the electorate.

2) Maintain written conflict-of-interest policies that include guidelines for the resolution of existing or apparent conflicts of interest. {Board of Directors policy BOD.05 – Conflict of Interest}

3) Participate both as a Board and individually in orientation programs and continuing education programs both within the organization and externally. As such, the District shall reimburse reasonable expenses for both in-state and out-of-state travel for such educational purposes. {Board Of Directors policy BOD.06 – Board Reimbursement for Travel and Service Clubs} {Health and Safety Code 32103}

4) Periodically review Board structure to assess appropriateness of size, diversity, committees, tenure, and turnover of officers and chairpersons.

5) Assure that each Board member understands and agrees to maintain confidentiality with regard to information discussed by the Board and its committees.

6) Assure that each Board member understands and agrees to adhere to the Brown Act ensuring that Board actions be taken openly, as required, and that deliberations be conducted openly, as required.

7) Adopt, amend, and, if necessary, repeal the articles and bylaws of the organization.

8) Maintain an up-to-date Board policy manual, which includes specific policies covering oversight responsibilities in the area of quality performance, financial performance, strategic planning performance, and management performance.

9) Review Kaweah Health's Mission, Vision & Pillar statements every two years.

**Section 5** The Board of Directors of the Kaweah Delta Health Care District shall hold regular meetings at a meeting place on the premises of the Kaweah Delta Health Care District on the fourth Wednesday of each month, as determined by the Board of Directors each month. {Health and Safety Code 32104}

The Board of Directors of the Kaweah Delta Health Care District may hold a special meeting of the Board of Directors as called by the President of the Board or in his/her absence the Vice President. In the absence of these officers of the Board a special meeting may be called by a majority of the members of the Board. A special meeting requires a 24-hour notice before the time of the meeting. {Government Code 54956}

Meetings of the Board of Directors shall be noticed and held in compliance with the applicable California Code for Health Care Districts. {The Ralph M. Brown Act - Government Code 54950}

Sections 32100.2 and 32106 of the Health and Safety Code of the State of California, as amended, indicate the attendance and quorum requirements for members of the Board of Directors of any health care district in the State of California. For general business the Board may operate under the rules of a small committee, however, upon the request of any member of the Governing Body immediate implementation of the Standard Code of Parliamentary Procedure (Roberts Rules of Order) shall be adopted for the procedure of that meeting.

**Section 6** The President of the Board of Directors shall appoint the committees of the Board and shall appoint the Chairperson and designate the term of office in a consistent and systematic approach. All committees of the Governing Body shall have no more than two (2) members of the Governing Body upon the committee and both Board members shall be present prior to the Board committee meeting being called to order. All committees of the Governing Body shall serve as extensions of the Governing Body and report back to the Governing Body for action.

The President of the Board of Directors may appoint, with concurrence of the Board of Directors, any special committees needed to perform special tasks and functions for the District.

Any special committee shall limit its activities to the task for which it was appointed, and shall have no power to act, except as specifically conferred by action of the Board of Directors.

The Chief of Staff shall be notified and shall facilitate Medical Staff participation in any Governing Board Committee that deliberates the discharge of Medical Staff responsibility.

The standing committees of the Governing Body are:

**A. Academic Development**

The members of this committee shall consist of two (2) Board members, Chief Executive Officer (CEO), Director of Graduate Medical Education,

Director of Pharmacy, and any other members designated by the Board President.

This committee will provide Board direction and leadership for the Graduate Medical Education Program, the Pharmacy Residency Program, and achievement of Kaweah Health's foundational Pillar "Empower through Education".

**B. Audit and Compliance**

The members of this committee shall consist of two (2) Board members (Board President or Secretary/Treasurer shall be a standing member of this committee), CEO, Chief Financial Officer (CFO), , Vice President, Chief Compliance and Risk Officer, Internal Audit Manager, Compliance Manager, legal counsel, and any other members designated by the Board President. The Committee will engage an outside auditor, meet with them pre audit and post audit, and review the audit log of the Internal Audit Manager. The Committee will examine and report on the manner in which management ensures and monitors the adequacy of the nature, extent and effectiveness of compliance, accounting and internal control systems. The Committee shall oversee the work of those involved in the financial reporting process including the Internal Audit Manager and the outside auditors, to endorse the processes and safeguards employed by each. The Committee will encourage procedures and practices that promote accountability among management, ensuring that it properly develops and adheres to a compliant and sound system of internal controls, that the Internal Audit Manager objectively assesses management's accounting practices and internal controls, and that the outside auditors, through their own review, assess management and the Internal Audit Manager's practices. This committee shall supervise all of the compliance activities of the District, ensuring that Compliance and Internal Audit departments effectively facilitate the prevention, detection and correction of violations of law, regulations, and/or District policies. The Vice President, Chief Compliance and Risk Officer will review and forward to the full Board a written Quarterly Compliance Report.

This committee, on behalf of the Board of Directors, shall be responsible for overseeing the recruitment, employment, evaluation and dismissal of the Vice President, Chief Compliance and Risk Officer. These responsibilities shall be performed primarily by the CEO and/or the CEO's designees, but final decisions on such matters shall rest with this committee, acting on behalf of the full Board.

**C. Community-Based Planning**

The members of this committee shall consist of two (2) Board members {Board President or Secretary/Treasurer shall be a standing member of this committee}, CEO, Facilities Planning Director and any other members designated by the Board President as they deem appropriate to the topic(s) being considered: community leaders including but not limited

to City leadership, Visalia Unified School District (VUSD) leadership, College Of the Sequoias leadership, County Board of Supervisors, etc.

The membership of this committee shall meet with other community representatives to develop appropriate mechanisms to provide for efficient implementation of current and future planning of the organization's facilities and services and to achieve mutual goals and objectives.

**D. Finance / Property, Services & Acquisitions**

The members of this committee shall consist of two (2) Board members - (Board President or Secretary/Treasurer will be a standing member of this committee), CEO, CFO, Chief Strategy Officer, Facilities Planning Director, and any other members designated by the Board President.

This committee will oversee the financial health of the District through careful planning, allocation and management of the District's financial resources and performance. To oversee the construction, improvement, and maintenance of District property as well as the acquisition and sale of property which is essential for the Health Care District to carry out its mission of providing high-quality, customer-oriented, and financially-strong healthcare services.

**E. Governance & Legislative Affairs**

The members of this committee shall consist of two (2) Board members {Board President or the Board Secretary/Treasurer}, CEO and any other members designated by the Board President. Committee activities will include: reviewing Board committee structure, calendar, bylaws and, planning the bi-annual Board self-evaluation, and monitor conflict of interest. Legislative activities will include: establishing the legislative program scope & direction for the District, annually review appropriation request to be submitted by the District, effectively communicating and maintaining collegial relationships with local, state, and nationally elected officials.

**F. Human Resources**

The members of this committee shall consist of two (2) Board members, CEO, Chief Human Resources Officer, Chief Nursing Officer (CNO) and any other members designated by the Board President. This committee shall review and approve all personnel policies. This committee shall annually review and recommend changes to the Salary and Benefits Program, the Safety Program and the Workers' Compensation Program. This committee will annually review the workers compensation report, competency report & organizational development report.

**G. Information Systems**

The members of this committee shall consist of two (2) Board members, CEO, CFO, CNO, Chief Information Officer (CIO), Medical Director of Informatics, and any other members designated by the Board President.

This committee shall supervise the Information Systems projects of the District.

**H. Marketing and Community Relations**

The members of this committee shall consist of two (2) Board members and CEO, Chief Strategy Officer, Marketing Director, and any other members designated by the Board President.

This committee shall oversee marketing and community relations activities in the District in order to increase the community's awareness of available services and to improve engagement with the population we serve. Additionally, create a brand that builds preference for Kaweah Health in the minds of consumers and creates a public image that instills trust, confidence, and is emblematic of Kaweah Health's mission and our vision to become "world-class". Further develops and fosters a positive perception that will attract the highest caliber of employees and medical staff

**I. Patient Experience**

The members of this committee shall consist of two (2) Board members and Chief Human Resources Officer, Director of Patient Experience, Director of Emergency Services, and any other members designated by the Board President.

This committee will work with the patient experience team and leadership to develop a patient experience strategy to ensure that patient experiences are meeting the Mission and Vision of Kaweah Health and its foundational Pillar "Deliver excellent service".

**J. Quality Council**

The members of this committee shall consist of two (2) Board members, CEO or designate, , CNO, Chief Quality Officer, Chief of the Medical Staff, chair of the Professional Staff Quality Committee (Prostaff), Medical Directors of Quality and Patient Safety, Director of Quality and Patient Safety, Director of Risk Management, and members of the Medical Staff as designated by the Board.

This committee shall review and recommend approval of the annual Quality Improvement (QI) plan and Patient Safety plans to the Board of Directors, determine priorities for improvement, monitor key outcomes related to Quality Focus Team activities, evaluate clinical quality, patient safety, and patient satisfaction, monitor and review risk management activities and outcomes, evaluate the effectiveness of the performance improvement program, foster commitment and collaboration between the District and Medical Staff for continuous improvement, and review all relevant matters related to Quality within the institution, including Performance Improvement, Peer Review, Credentialing/Privileging and Risk Management..

**K. Strategic Planning**

The members of this committee shall consist of two (2) Board members, CEO, Chief Strategy Officer, other Executive Team members, Medical Staff Officers, Immediate past Chief of Staff along with other members of the Medical Staff as designated by the Board and the CEO.

This committee shall review the budget plan, review the strategic plan and organize objectives, review changes or additions to service lines.

The Strategic Planning Committee will provide oversight and forward to the full Board the following reports:

1. Review of the Strategic Plan Annually
2. Strategic Plan initiatives progress and follow-up bi-monthly to full Board.

**L. Independent Committees**

The following independent committees may have Board member participation.

1. Cypress Company, LLC
2. Graduate Medical Education Committee (GMEC)
3. Joint Conference
4. Kaweah Health Medical Group
5. Kaweah Health Hospital Foundation
6. Quail Park {All entities}
7. Retirement Plans' Investment Committee
8. Sequoia Integrated Health, LLC
9. Sequoia Surgery Center, LLC
10. Sequoia Regional Cancer Center – Medical & Radiation, LLC
11. Tulare Kings Cancer (TKC) Development, LLC
    - The Board President shall serve as General Manager for TKC Development, LLC.
12. 202 W. Willow – Board of Owners
13. Central Valley Health Care Alliance - JPA

**M. Medical Affairs**

1) A member of the Board, as appointed by the President, shall also serve on the following Medical Staff Committees:
   a) Joint Conference Committee - This committee shall regularly meet to discuss current issues/concerns with Medical Staff, Board, and Administration.
   b) Credentials Committee - The Board shall participate in this committee to observe the Medical Staff process.

**Section 7** The Governing Body Bylaws:

The Governing Body Bylaws and any changes thereto may be adopted at any regular or special meeting by a legally constituted quorum of the Governing

Body. All portions of Governing Body Bylaws must be in compliance with applicable California Code, which is the ruling authority.

Any member of the Governing Body may request a review for possible revision of the Bylaws of the organization.

The Chief Executive Officer and the Governing Body shall review the Bylaws and recommend appropriate changes every year.

**Section 8** Members of the Governing Body shall annually sign a job description which outlines the duties and responsibilities of the Governing Body members including but not limited to adherence to the Board conflict of interest policy {Board of Directors policy - BOD5 – Conflict of Interest}, confidentiality, and the Brown Act.

**Section 9** Members of the Governing Body are publicly elected. The members of the Governing Body are expected to participate actively in the functions of the Governing Body and its committees and to serve the constituency who elected them. Notwithstanding any other provision of law, the term of any member of the board of directors shall expire if he or she is absent from three consecutive regular meetings, or from three of any five consecutive meetings of the board and the board by resolution declares that a vacancy exists on the board. {Health and Safety Code 32100.2}

**Section 10** The Chief Executive Officer shall provide an orientation program to all newly elected members of the Governing Body. {Board of Directors policy – BOD1 – Orientation of a New Board Member} All members of the Board of Directors shall be provided with current copies of the District Bylaws and the Medical Staff Bylaws and any revisions of these Bylaws.

**Section 11** All members of the Governing Body shall be provided with a copy of the Bylaws which govern the Board of Directors, a job description for the District Governing Body and the Board President or Individual Board Member as applicable.

## Article III Officers of the Board

**Section 1** The offices of President, Vice President, and Secretary/Treasurer shall be selected at the first regular meeting in December of a non-election year of the District. To hold the office of President, Vice President, or Secretary/Treasurer, a Board member must have at least one year of service on the Board of Directors. These officers shall hold office for a period of two (2) years or until the successors have been duly elected (or in the case of an unfulfilled term, appointed) and qualified. The officer positions shall be by election of the Board itself.

**Section 2** The duties and responsibilities of the Governing Body President are:

A. Keep the mission of the organization at the forefront and articulates it as the basis for all Board action.

B. Understand and communicate the roles and functions of the Board, committees, Medical Staff, and management.

C. Understand and communicate individual Board member, Board leader, and committee chair responsibilities and accountability.

D. Act as a liaison between the Board, management, and Medical Staff.

E. Plan agendas.

F. Preside over the meetings of the Board.

G. Preside over or attend other Board, Medical Staff, and other organization meetings.

H. Enforce Board and hospital bylaws, rules, and regulations (such as conflict of interest and confidentiality policies).

I. Appoint Board committee chairs and members in a consistent and systematic approach.

J. Act as a liaison between and among other Boards in the healthcare system.

K. Direct the committees of the Board, ensuring that the committee work plans flow from and support the hospital and Board goals, objectives, and work plans.

L. Provide orientation for new Board members and arrange continuing education for the Board.

M. Ensure effective Board self-evaluation.

N. Build cohesion among the leadership team of the Board President, CEO, and Medical Staff leaders.

O. Lead the CEO performance objective and evaluation process.

**Section 3** The duties and responsibilities of the Governing Body Vice President are:

A. The Vice President shall act as President in the absence of the President or the Secretary/Treasurer in the absence of the Secretary/Treasurer, and so acting shall have all the responsibility and authority of that position.

**Section 4** The Secretary/Treasurer shall act as the Secretary for the Board of Directors of Kaweah Delta Health Care District and in so doing shall:

A. maintain minutes of all meetings of the Board of Directors;

B. be responsible for the custody of all records and for maintaining records of the meetings;

C. be assured that an agenda is prepared for all meetings.

**Section 5** The Secretary/Treasurer shall be custodian of all funds of Kaweah Delta Health Care District as well as the health care facilities operated by the District. The Secretary/Treasurer shall assure that administration is using proper accounting

systems; that this is a true and accurate accounting of the transactions of the District; that these transactions are recorded and accurate reports are regularly reported to the Board of Directors. The Secretary/Treasurer in conjunction with the Board Audit and Compliance Committee shall see that a major accounting firm provides ongoing overview and scrutiny of the fiscal aspects of the District, and shall further assure that an annual audit is prepared by a major accounting firm and presented directly to the Board of Directors.

## Article IV The Medical Staff

**Section 1** The Governing Body shall appoint the Medical Staff composed of licensed physicians, surgeons, dentists, podiatrists, clinical psychologists, and all Allied Health Practitioners (including Physician Assistants, Nurse Practitioners and Nurse Midwives) duly licensed by the State of California. {Health and Safety Code of the State of California, Section 32128} The Governing Body, upon consideration of the recommendations of the Medical Staff coming from the Medical Executive Committee, through the Credentials Committee, affirms or denies appointment and privileges to the Medical Staff of Kaweah Delta Health Care District in accordance with the procedure for appointment and reappointment of medical staff as provided by the standards of the Joint Commission on Accreditation of Healthcare Organizations. {Joint Commission Standard MS.01.01.01} The Board of Directors shall reappoint members to the Medical Staff every two (2) years, as set forth in the Medical Staff Bylaws. The Governing Body requires that an organized Medical Staff is established within the District and that the Medical Staff submits their Bylaws, Rules and Regulations and any changes thereto, to the Governing Body for approval.

**Section 2** Members of the Medical Staff are eligible to run in public election for membership on the Governing Body in the same manner as other individuals.

**Section 3** All public meetings of the Governing Body may be attended by members of the Medical Staff. The Chief of Staff of Kaweah Delta Health Care District shall be notified and invited to each regular monthly meeting of the Governing Body and the Chief of Staff's input shall be solicited with respect to matters affecting the Medical Staff.

**Section 4** The Chief of Staff of Kaweah Delta Health Care District shall be invited to all meetings of the Governing Body at which credentialing decisions are made concerning any member of the Medical Staff of Kaweah Health Medical Center or at which quality assurance reports are given concerning the provision of patient care at Kaweah Health Medical Center. Quality assurance reports shall be made to the Board periodically. Credentialing decisions shall be scheduled on an as-needed basis. The Chief of Staff shall be encouraged to advise the Board on the content and the quality of the presentations, and to make recommendations concerning policies and procedures, the improvement of patient care and/or the provision of new services by the District.

Annually, the Governing Body shall meet with leaders of the Medical Staff to review and analyze the health care services provided by the District and to discuss long range planning as noted in Article II, Section 4, Item C7.

**Section 5** **The District has an organized Medical Staff that is accountable to the Governing Body. {Joint Commission Standard LD.01.05.01}** The organized Medical Staff Executive Committee shall make recommendations directly to the Governing Body for its approval. Such recommendations shall pertain to the following:

A. the structure of the Medical Staff;

B. the mechanism used to review credentials and delineate clinical privileges;

C. individual Medical Staff membership;

D. specific clinical privileges for each eligible individual;

E. the organization of the performance improvement activities of the Medical Staff as well as the mechanism used to conduct, evaluate, and revise such activities;

F. the mechanism by which membership on the Medical Staff may be terminated;

G. the mechanism for fair hearing procedures.

**Section 6** The Governing Body shall act upon recommendations concerning Medical Staff appointments, re-appointments, termination of appointments, and the granting or revision of clinical privileges within 120 days following the regular monthly meeting of the Governing Body at which the recommendations are presented through the Executive Committee of the organized Medical Staff.

**Section 7** The Governing Body requires that only a member of the organized Medical Staff with admitting privileges at Kaweah Health Medical Center may admit a patient to Kaweah Health Medical Center and that such individuals may practice only within the scope of the privileges granted by the Governing Body and that each patient's general medical condition is the responsibility of a qualified physician of the Medical Staff.

**Section 8** The Governing Body requires that members of the organized Medical Staff and all Allied Health Practitioners (including Physician Assistants, Nurse Practitioners and Nurse Midwives) maintain current professional liability insurance with approved carriers and in the amounts of $1,000,000/$3,000,000 (per occurrence / annual aggregate) or such other amounts as may be established by the Governing Body by resolution.

**Section 9** The Governing Body holds the Medical Staff responsible for the development, adoption, and annual review of its own Medical Staff Bylaws, Rules and Regulations that are consistent with Kaweah Health policy, applicable codes, and other regulatory requirements. Neither the Medical Staff nor The Governing Body may make unilateral amendments to the Medical Staff Bylaws or the Medical Staff Rules and Regulations.

The Medical Staff Bylaws and the Rules and Regulations adopted by the Medical Staff, and any amendments thereto, are subject to, and effective upon, approval of the Governing Body, such approval not to be unreasonably withheld.

**Section 10** The Medical Staff is responsible for establishing the mechanism for the selection of the Medical Staff Officers, Medical Staff Department Chairpersons, and Medical Staff Committee Chairpersons.

This mechanism will be included in the Medical Staff Bylaws.

**Section 11** The Governing Body requires the Medical Staff and the Management to review and revise all department policies and procedures as often as needed. Such policies and procedures must be reviewed at least every three (3) years.

In adherence with Title 22, {70203} Policies relative to medical service {those preventative, diagnostic and therapeutic measures performed by or at the request of members of the organized medical staff} shall be approved by the governing body as recommended by the Medical Staff.

In adherence with Title 22, {70213} Nursing Service Policies for patient care shall be developed, maintained and implemented by nursing services; policies which involve the Medical Staff shall be reviewed and approved by the Medical Staff prior to implementation.

**Section 12** Individuals who provide patient care services (other than District staff members), but who are not subject to the Medical Staff privilege delineation process, shall submit their credentials to the Interdisciplinary Practice Committee of the Medical Staff which shall, via the Executive Committee, transmit its recommendations to the Governing Body for approval or disapproval.

**Section 13** The quality of patient care services provided by individuals who are not subject to Medical Staff privilege delineation process, shall be included as a portion of the District's Performance Improvement program.

**Section 14** The Governing Body specifies that under the privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA), the Medical Staff and the District are in an Organized Health Care Arrangement (OHCA). The OHCA is a clinically integrated care setting in which individuals receive heath care from more than one provider and the providers hold themselves out to the public as participating in a joint arrangement. The Medical Staff is in an OHCA with the District for care provided at District facilities. This joint arrangement is disclosed to the patients in the Notice of Privacy Practices given to patients when they access care at any of the District's facilities.

## Article V Joint Committees

**Section 1** The President of the Governing Body or a member of the Board appointed by the President shall participate, along with the CEO, in the Joint Conference Committee, which is a committee of the Medical Staff. This committee shall serve as a systematic mechanism for communication between members of the Governing Body, Administration, and members of the Medical Staff. Specifically, issues which relate to quality of patient care shall be regularly addressed. Additionally, other matters of communication which are of importance to maintaining a sound working relationship between the Governing Body and the Medical Staff shall be discussed. The minutes, if any, shall be kept by the organized Medical Staff under the direction of its President. The proceedings and records of this committee are protected by Section 1157 of the evidence Code.

## Article VI Chief Executive Officer

**Section 1** The Governing Body shall be solely responsible for appointment or dismissal of the Chief Executive Officer. {Board of Directors policy – BOD2 – Chief Executive Officer (CEO) Transition}

**Section 2** The Governing Body shall assure that the Chief Executive Officer is qualified for their responsibilities through education and/or experience. {Board of Directors policy – BOD3 – Chief Executive Officer (CEO) Criteria}

**Section 3** The Chief Executive Officer shall act on behalf of the Governing Body in the overall management of the District.

**Section 4** In the absence of the Chief Executive Officer, a Vice President designated by the Chief Executive Officer or by the President of the Governing Body shall assume the responsibilities of this position. The Governing Body retains final authority to name the person to act during the absence or incapacity of the Chief Executive Officer.

**Section 5** Annually the Governing Body shall meet in Executive session to monitor the performance of the Chief Executive Officer. The conclusions and recommendations from this performance evaluation will be transmitted to the Chief Executive Officer by the Governing Body.

**Section 6** The Chief Executive Officer shall select, employ, control, and have authority to discharge any employee of the District other than any individual with the title or equivalent function of Vice President, or Board Clerk. Employment of new personnel shall be subject to budget authorization granted by the Board of Directors.

**Section 7** The Chief Executive Officer shall organize, and have the authority to reorganize the administrative structure of the District, below the level of CEO, subject to the limitations set forth in in Section 6 above. The District's organizational chart shall reflect that the Vice President, Chief Compliance and Risk Officer has direct, solid-line reporting relationships to the Board (functional) and to the CEO (administrative).

**Section 8** The Chief Executive Officer shall report to the Board at regular and special meetings all significant items of business of Kaweah Delta Health Care District and make recommendations concerning the disposition thereof.

**Section 9** The Chief Executive Officer shall submit regularly, in cooperation with the appropriate committee of the Board, periodic reports as required by the Board.

**Section 10** The Chief Executive Officer shall attend all meetings of the Board when possible and shall attend meetings of the various committees of the Board when so requested by the committee chairperson.

**Section 11** The Chief Executive Officer shall serve as a liaison between the Board and the Medical Staff. The Chief Executive Officer shall cooperate with the Medical Staff and secure like cooperation on the part of all concerned with rendering professional service to the end that patients may receive the best possible care.

**Section 12** The Chief Executive Officer shall make recommendations concerning the purchase of equipment and supplies and the provision of services by the District, considering the existing and developing needs of the community and the availability of financial and medical resources.

**Section 13** The Chief Executive Officer shall keep abreast and be informed of new developments in the medical and administrative areas of hospital administration.

**Section 14** The Chief Executive Officer shall oversee the physical plants and ground and keep them in a good state of repair, conferring with the appropriate committee of the Board in major matters, but carrying out routine repairs and maintenance without such consultation.

**Section 15** The Chief Executive Officer shall supervise all business affairs such as the records of financial transactions, collections of accounts and purchase and issuance of supplies, and be certain that all funds are collected and expended to the best possible advantage.

**Section 16** The Chief Executive Officer shall supervise the preservation of the permanent medical records of the District and act as overall custodian of these records.

**Section 17** The Chief Executive Officer shall keep abreast of changes in applicable laws and regulations and shall insure that a District compliance program, appropriate educational programs, and organizational memberships are in place to carry out this responsibility.

**Section 18** The Chief Executive Officer shall be responsible for assuring the organization's compliance with applicable licensure requirements, laws, rules, and regulations, and for promptly acting upon any reports and/or recommendations from authorized agencies, as applicable.

**Section 19** The Chief Executive Officer will ensure that the business of the Health Care District is conducted openly and transparently, as required by law.

**Section 20** The Chief Executive Officer will oversee the activities of the Health Care District's community relations committees to ensure meaningful participation of

community members and communication of the input and recommendation from the committee to the Board and to organization's management.

**Section 21** The Chief Executive Officer shall perform any special duties assigned or delegated to them by the Board.

## Article VII The Health Care District Guild

**Section 1** The Governing Body recognizes the Kaweah Delta Health Care District Guild in support of the staff and patients of the District.

**Section 2** The Chief Executive Officer is charged with effecting proper integration of the Guild within the framework of the organization.

## Article VIII Performance Improvement (PI)

**Section 1** The Governing Body requires that the Medical Staff and the Health Care District staff implement and report on the activities and mechanisms for monitoring and evaluating the quality of patient care, for identifying and resolving problems, and for identifying opportunities to improve patient care within the District.

**Section 2** The Governing Body, through the Chief Executive Officer, shall support these activities and mechanisms.

**Section 3** The Governing Body shall adopt a Performance Improvement Plan and Risk Management Plan for the District and shall provide for resources and support systems to ensure that the plans can be carried out.

**Section 4** The Governing Body requires that a complete and accurate medical record shall be prepared and maintained for each patient; that the medical record of the patient shall be the basis for the review and analysis of quality of care. The Governing Body holds the organized Medical Staff responsible for self-governance with respect to the professional work performed in the hospital and for periodic meetings of the Medical Staff to review and analyze at regular intervals their clinical experience. Results of such review will be reported to the Governing body at specific intervals defined by the Board.

**Section 5** The quality assurance mechanisms within any of the District's facilities shall provide for monitoring of patient care processes to assure that patients with the same health problem are receiving the same level of care within the District.

## Article IX Conflict of Interest

**Section 1** The Administration Policy Manual of Kaweah Delta Health Care District and the Board of Directors Policy Manual has a written Conflict of Interest Policy {Administrative Policy AP23 and Board of Directors Policy BOD5}, which requires

the completion and filing of a Conflict of Interest Statement disclosing financial interests that may be materially affected by official actions and provides that designated staff members must disqualify themselves from acting in their official capacity when necessary in order to avoid a conflict of interest. The requirements of this policy are additional to the provisions of Government Code § 87100 and other laws pertaining to conflict of interest; and nothing herein is intended to modify or abridge the provisions of the policies of Kaweah Delta Health Care District which apply to:

A. members of the Governing Body,
B. the executive staff,
C. employees who hold designated positions identified in Exhibit "A" of the District Conflict of Interest Code.

**Section 2** Each member of the Governing Body, specified executives, and designated employees must file an annual Conflict of Interest Statement as required by California Government Code – Section 87300-87313.

**Section 3** The Board shall assess the adequacy of its conflict-of-interest/confidentiality policies and procedures {Board of Directors Policy - BOD5 - and Administrative Policy 23 – Conflict of Interest} at least every two years.

## Article X Indemnification of Directors, Officers, and Employees

**Section 1** Actions other than by the District. The District shall have the power to indemnify any person who was or is a party, or is threatened to be made a party, to any proceeding (other than an action by or in the right of the District to procure a judgment in its favor) by reason of the fact that such person is or was a director, officer or employee of the District, against expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred in connection with such proceeding if that person acted in good faith and in a manner that the person reasonably believed to be in the best interest of the District and, in the case of a criminal proceeding, had no reasonable cause to believe the conduct of that person was unlawful. The termination by any proceeding by judgment, order, settlement, conviction or upon a plea of nolo contendere or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in the manner that the person reasonably believed to be in the best interests of the District person's conduct was unlawful.

**Section 2** Actions by the District. The District shall have the power to indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending, or completed action by or in the right of the District to procure a judgment in its favor by reason of the fact that such person is or was a director, officer, or employee of the District, against expenses actually and reasonably incurred by such person in connection with the defense or settlement of that action, if such person acted in good faith, in a manner such person believed to be in the best interest of the District and with such care,

including reasonable inquiry, as an ordinarily prudent person in a like position would use under a similar circumstance.

No indemnification shall be made under this Section:

A. with respect to any claim, issue or matter as to which such person has been adjudged to be liable to the District in their performance of such person's duty to the District, unless and only to the extent that the court in which that proceeding is or was pending shall determine upon application that, in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for the expenses which the court shall determine;

B. of amounts paid in settling or otherwise disposing of a threatened or pending action, with or without court approval;

C. of expenses incurred in defending a threatened or pending action that is settled or otherwise disposed of without court approval.

**Section 3** Successful defense by director, officer, or employee. To the extent that a director, officer or employee of the District has been successful on the merits in defense of any proceeding referred to in Section 1 or Section 2 of this Article X, or in defense of any claim, issue or matter therein, the director, officer or employee shall be indemnified as against expenses actually and reasonably incurred by that person in connection therewith.

**Section 4** Required approval. Except as provided in Section 3 of this Article, any indemnification under this Article shall be made by the District only if authorized in the specific case, upon a determination that indemnification of the officer, director or employee is proper in the circumstances because the person has met the applicable standard of conduct set forth in Sections 2 and 3 of this Article X, by one of the following:

A. a majority vote of a quorum consisting of directors who are not parties to the proceeding; or

B. the court in which the proceeding is or was pending, on application made by the District or the officer, director or employee, or the attorney or other person rendering services in connection with the defense, whether or not such other person is opposed by the District.

**Section 5** Advance of expenses. Expenses incurred in defending any proceeding may be advanced by the District before the final disposition of the proceeding upon receipt of an undertaking by or on behalf of the officer, director or employee to repay the amount of the advance unless it shall be determined ultimately that the officer, director or employee is entitled to be indemnified as authorized in this Article.

**Section 6** Other contractual rights. Nothing contained in this Article shall affect any right to indemnification to which persons other than directors and officers of this District may be entitled by contract or otherwise.

**Section 7** Limitations. No indemnification or advance shall be made under this Article except as provided in Section 3 or Section 4, in any circumstance where it appears:

A. that it would be inconsistent with the provision of the Articles, a resolution of the Board, or an agreement in effect at the time of accrual of the alleged cause of action asserted in the proceeding in which the expenses were incurred or other amounts were paid, which prohibits or otherwise limits indemnification; or

B. that it would be inconsistent with any condition expressly imposed by a court in approving a settlement.

**Section 8** Insurance. If so desired by the Board of Directors, the District may purchase and maintain insurance on behalf of any officer, director, employee or agent of the corporation, insuring against any liability asserted against or incurred by the director, officer, employee or agent in that capacity or arising out of the person's status as such, whether or not the District would have the power to indemnify the person against that liability under the provisions of this Article.

If any article, section, sub-section, paragraph, sentence, clause or phrase of these Bylaws is for any reason held to be in conflict with the provisions of the Health and Safety Code of the State of California, such conflict shall not affect the validity of the remaining portion of these Bylaws.

These Bylaws for Kaweah Delta Health Care District are adopted, as amended, this 20th day of December, 2021.

President
Kaweah Delta Health Care District

Secretary/Treasurer
Kaweah Delta Health Care District

**KAWEAH DELTA HEALTH CARE DISTRICT**
**AND**
**VISALIA PATHOLOGY MEDICAL GROUP**

# SECOND ADDENDUM TO EXCLUSIVE PROVIDER AGREEMENT

This Second Addendum ("**Second Addendum**") to the Exclusive Provider Agreement dated January 1, 2021 (the **"Agreement"**) is entered into effective January 1, 2022 ("**Effective Date**"), by and between **KAWEAH DELTA HEALTH CARE DISTRICT** ("**District"**), a local health care district organized and existing under the laws of the State of California, Health and Safety Code §§ 32000 *et seq*. and **VISALIA PATHOLOGY MEDICAL GROUP,** a California partnership (**"Group"** or **"VPMG"**):

## RECITALS

1. District operates health care facilities known as Kaweah Health Medical Center ("**Hospital**") and other health care related facilities (collectively, the "**Facilities**") and services, which serve communities in the County of Tulare, State of California ("**Service Area**"). In order to operate the Facilities, the District requires clinical laboratory and anatomic pathology services.

2. Pursuant to the Agreement, Group provides professional and technical anatomic pathology services for District.

3. Pursuant to the Agreement, District is solely responsible for billing and collecting charges for the technical component of anatomic pathology services rendered to Medicare outpatients of District. The parties seek to modify the process for District to compensate Medical Group for such services.

## AGREEMENT

In consideration of the mutual covenants and conditions contained herein, the Parties agree as follows:

1. **Billing and Compensation for Technical Component of Services to Medicare Outpatients and Inpatients.** Section 26 is amended by creating a new subsection (a), which shall begin immediately following the heading, and inserting a period immediately following "DISTRICT shall pay VPMG for technical anatomic pathology services provided to inpatients of the District at the rates set forth in Exhibit 'B', which shall remain in effect for the term of the Agreement." Section 26 is further amended by striking the remainder of Section 26 and inserting the following as a new subsection (b):

   (b) As compensation for technical anatomic pathology services provided to Medicare outpatients and Inpatients, District shall pay Medical Group an annual stipend in the amount of **six hundred seventy-two thousand dollars ($672,000)** for each twelve-month period of this Agreement. The Stipend will be payable in equal monthly installments by the tenth ($10^{th}$) of the month following the month after services are provided. In the event the Group performs an autopsy, the District shall compensate the group pursuant to Section 29 hereof. Within thirty (30) days following each anniversary date of the commencement of this Agreement, District shall reconcile the annual stipend with the actual rates paid by Medicare for such services. In the event the Stipend exceeds the actual payments from Medicare for such services, the following month's payment will be offset by the amount due to the District by Group. If the actual payments exceed the Stipend, District shall submit payment to Group within thirty (30) days of reconciliation.

2. **Term of Agreement**. Section 31 of the Agreement is amended to extend the term to December 31, 2024.

3. **Confirmation of Agreements**. Except as set forth in Section 1, the Agreement is hereby ratified and confirmed.

**IN WITNESS WHEREOF**, the parties hereto have duly executed this Second Addendum effective on the date first set forth above. This Second Addendum shall be binding when all signatories listed below have executed it.

***SIGNATURES APPEAR ON THE FOLLOWING PAGE.***

**DISTRICT:** **KAWEAH DELTA HEALTH CARE DISTRICT**

By: _____

Jag Batth

Vice President of Post-Acute Services

Date: _____

**MEDICAL GROUP:** **VISALIA PATHOLOGY MEDICAL GROUP**

By: _____

David M. Kaufman, M.D.

Date: _____

# RESOLUTION 2145

**WHEREAS, Chris Lawry-Hawkins, RN, retired from duty at Kaweah Delta Health Care District after 47 years of service; and,**

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

**NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Chris Lawry-Hawkins, RN for 47 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.**

**PASSED AND APPROVED this 20th day of December 2021 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**

# Strategic Plan

## Outstanding Health Outcomes

## Presentation to the Board of Directors
## December 20, 2021

# Strategic Initiative **Charter**: Outstanding Health Outcomes

| Objective | ET Sponsor | Chair |
|---|---|---|
| To consistently deliver high quality care across the health care continuum | Doug Leeper | Sonia Duran-Aguilar |

| Strategies (Tactics) | Planning Committee Members |
|---|---|
| **Standardized Infection Ratio (SIR) CAUTI, CLABSI, MRSA:**<br>1. CAUTI, CLABSI/MRSA Quality Focus Teams<br>2. Daily catheter and central line Gemba rounds<br>3. Enhanced daily huddles, education/awareness, culture of culturing<br>4. Vascular access team, TPN utilization | **Doug Leeper**<br>**Sonia Duran-Aguilar**<br>**Dave Francis**<br>**Marc Mertz**<br>**Anu Banerjee**<br>**Sandy Volchko**<br>**Shawn Elkin**<br>**Alexandra Bennett**<br>**Kari Knudsen**<br>**Amy Baker**<br>**Jessica Plummer**<br>**Dr. Sakona Seng**<br>**Dr. Bruce Hall**<br>**Dr. Lori Winston**<br>**Dr. Linda Herman**<br>**Dr. Michael Tang**<br>**Kim Ferguson**<br>**Lisa Harrold**<br>**James McNulty**<br>**Ryan Caliwag** |
| **Sepsis Bundle Compliance (SEP-1)**<br>1. Multidisciplinary Quality Focus Team<br>2. Sepsis Coordinators<br>3. Focus Six Sigma QI Strategies to address root causes of bundle non-compliance | |
| **Mortality/Readmissions**<br>1. Enhanced diagnostic specific workgroups/committees<br>2. Expand palliative medicine | |
| **Medication Measures:**<br>1. Utilize the work of the pharmacy team to improve and achieve the medication-related metrics in the inpatient setting<br>2. Utilize the work of the Clinic Network and Population Health teams to improve and achieve the defined quality metrics in the outpatient setting | |
| **Team Round Implementation**<br>1. Multidisciplinary team rounding | |

# Outstanding Health Outcomes- Lay of the Land

***To consistently deliver high quality care across the health care continuum***

Quality Measures

Transitions of Care Measures

Team Rounding

Patient & Community Experience
Provider Satisfaction
Ideal Work Environment

# Outstanding Health Outcomes Metrics Performance

**FY22 Outstanding Health Outcomes Strategic Initiative Metric Tracking Tool**

| **Standardized Infection Ration (SIR)** | **Goal** | **Baseline** | **Jul-21** | **Aug-21** | **Sep-21** | **Oct-21** | **Nov-21** | **Comments** |
|---|---|---|---|---|---|---|---|---|
| Standard Infection Ration (SIR) CAUTI, CLABSI, MRSA (CMS Data) | CAUTI ≤ 0.676 | CAUTI 0.84 | N/A | N/A | 1.649 | 1.436 | N/A | Performance data for July-Oct |
| | CLABSI ≤ 0.596 | CLABSI 1.33 | N/A | N/A | 1.573 | 1.600 | N/A | Performance data for July-Oct |
| | MRSA ≤ 0.727 | MRSA 2.53 | N/A | N/A | 1.767 | 2.571 | N/A | Performance data for July-Oct |
| **Sepsis Bundle Compliance (SEP-1)** | **Goal** | **Baseline** | **Jul-21** | **Aug-21** | **Sep-21** | **Oct-21** | **Nov-21** | **Comments** |
| Sepsis Bundle Compliance (SEP-1) % | ≥75% | 75% (July-Dec2020) | N/A | N/A | 66% | N/A | N/A | July-Sept |
| Sepsis ALOS Reduction | TBD | N/A | N/A | N/A | N/A | N/A | N/A | TBD |
| **Mortality and Readmissions** | **Goal** | **Baseline** | **Jul-21** | **Aug-21** | **Sep-21** | **Oct-21** | **Nov-21** | **Comments** |
| Hospital Readmissions % (CMS Data) | AMI (non-STEMI) – 11.01 | AMI – 12.34 | N/A | N/A | N/A | 10% (2/20) | N/A | Performance data for FYTD (July-Oct) |
| | COPD – 12.87 | COPD – 16.09 | N/A | N/A | N/A | 30.77% (4/13) | N/A | Performance data for FYTD (July-Oct) |
| | HF – 14.58 | HF – 18.22 | N/A | N/A | N/A | 15.39% (8/52) | N/A | Performance data for FYTD (July-Oct) |
| | PN Viral/Bacterial – 11.30 | PN Viral/Bacterial – 14.13 | N/A | N/A | N/A | 18.37% (9/49) | N/A | Performance data for FYTD (July-Oct) |
| Decrease Mortality Rates | AMI (non-STEMI) - 0.71 | AMI - 0.75 | N/A | N/A | N/A | 0.85 (n=18) | N/A | Performance data for FYTD (July-Oct) |
| | COPD – 1.92 | COPD – 2.40 | N/A | N/A | N/A | 2.66 (n=17) | N/A | Performance data for FYTD (July-Oct) |
| | HF – 1.42 | HF – 1.78 | N/A | N/A | N/A | 0.49 (n=60) | N/A | Performance data for FYTD (July-Oct) |
| | PN Bacterial – 1.48 | PN Bacterial – 1.85 | N/A | N/A | N/A | 1.52 (n=10) | N/A | Performance data for FYTD (July-Oct) |
| | PN Viral - 1.07 | PN Viral – 1.34 | N/A | N/A | N/A | 1.32 (n=32) | N/A | Performance data for FYTD (July-Oct) |
| **Medication Measures** | **Goal** | **Baseline** | **Jul-21** | **Aug-21** | **Sep-21** | **Oct-21** | **Nov-21** | **Comments** |
| Home Medication List Review of High Risk (HR) Patients (inpatient admission) | 100% | 57% (Avg Oct 2020 and Feb 2021) | 91% | 87% | 94% | 100% | 100% | |
| Complete Initial Home Medication Review w/in 24 hours of Inpatient Admission | Develop a report and establish the baseline data. | N/A | N/A | N/A | In Progress | In Progress | In Progress | Medication History being modified to provide the data needed to measure this metric. |
| Outpatient Medication Reconciliation w/in 30 days Post Discharge (MRP) | 44% | N/A | 44% | 41% | 68% | 66% | N/A | Visits that occur w/in 30 days post IP DC |
| **Team Round Implementation** | **Goal** | **Baseline** | **Jul-21** | **Aug-21** | **Sep-21** | **Oct-21** | **Nov-21** | **Comments** |
| Team Round Implementation | Design & Pilot on 1-2 units | 1 Unit - MICU | Not Started | Not Started | In Progress | In Progress | In Progress | 2N pilot unit identified<br>Rounding tool developed |

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

# Standard Infection Ratio (SIR): CAUTI, CLABSI & MRSA
# Champions: Sandy Volchko

## Problem / Goals & Objectives

**Problem Statement:** Healthcare acquired infections (HAIs) such as CAUTI, CLABSI and MRSA are often preventable complications of hospitalization. HAIs impact patient outcomes such as length of stay, can lead to death, and also increase costs of care.

**Goals and Objectives:** Reduce HAIs to the national 50th percentile in FTY22 as reported by the Centers for Medicare and Medicade Services.

## Plan

(brief desciption of tasks, consider feedback loop, measures for success & communication plan)

| # | Task | Start Date | Due Date | Who | Status R/Y/G |
|---|---|---|---|---|---|
| 1 | Execute QI strategies identified during the CAUTI Kaizen Reboot initiative focused on executing protocols/orders and cleanliness (CAUTI Quality Focus Team) | *10/1/21* | *7/31/22* | *Kari Knudsen* | ● |
| 2 | Baseline data collection, policy/process review for peripheral IV use in patients with central lines | *10/1/21* | *11/30/21* | *Amy Baker/ Quality* | ● |
| 3 | Supply processes redesigned due to shortages (i.e.. insertion kits); meeting with Bard rep for evaluation of supplies, practices, and policy | *12/21* | *12/31/21* | *Amy Baker* | ● |
| 4 | Establish MRSA Quality Focus Team to move improvement strategies to a dedicated team. Strategies include: 1) Hand Hygiene, 2) Decolonization (ICU & 4N Standardized procedure trial), 3) environment and equipment cleaning | *11/31/21* | *Ongoing* | *Tendai Zinyemba* | ● |
| 5 | ICU and 4N Decolonization Standardized procedure pilot project | *9/1/2021* | *12/7/21* | *MRSA QFT* | ● |

On target / not yet started (not due); delay/slight concern; off target/serious concerns

## Critical Issues / Deliverables

**Critical Issues (ie. Barriers):**

- MRSA decolonization standardized procedure ICU and 4N trial delayed due to Cerner ordering issues.

## Accomplishments / Next Steps

**Accomplishments:**

- Gemba rounds occurring daily (line rounds) with bedside RNs, educators, nurse manager, advanced practice RN, and infection prevention.
- CAUTI Kaizen Reboot full day event executed on 9/24/21 to review data, root causes and develop new improvement strategies.
- Letter to providers who were involved with a CAUTI event.
- EMR changes to improve catheter appropriateness, adherence to bundle elements and to manage retention.
- New alternatives to catheter products trials.
- CLABSI Peripheral IV QI - evaluated “just in case lines” and care practices
- Evaluated current process performance in MRSA decolonization. Dashboards developed.
- Bio Vigil onsite September 2021 addressed several issues and action plan developed for continued optimization.

# Sepsis Bundle Compliance (SEP-1)
# Champions: Sandy Volchko

## Problem / Goals & Objectives

**Problem Statement:** Non-compliance with SEP-1 bundle can lead to less than optimal outcomes for patients, such as increased mortality rates. SEP-1 is publically reported on CareCompare.gov and impacts public perception of care provided.

**Goals and Objectives:** Increase SEP-1 bundle compliance to overall 75% compliance rate for FY22 thorugh innovative improvement strategies based on root causes.

## Critical Issues / Deliverables

**Critical Issues (ie. Barriers):**

- Complexity of CMS SEP-1 measure.

**Deliverables:**

- Root Cause Analysis & QI strategies.

## Plan

(brief desciption of tasks, consider feedback loop, measures for success & communication plan)

| # | Task | Start Date | Due Date | Who | Status R/Y/G |
|---|---|---|---|---|---|
| 1 | Root cause re-identification of bundle non-compliance | *11/1/2021* | *11/30/21* | *Quality & P/S* | ● |
| 2 | Evaluation of sepsis alert functions in Cerner to reduce noise | *11/15/2021* | *1/31/22* | *Quality & P/S* | ● |
| 3 | Data report and evaluation of required provider notification process | *11/2/2021* | *1/15/22* | *Quality & P/S* | ● |
| 4 | Evaluate multidisciplinary simulation program for ED residents and RNs | *11/15/21* | *12/31/21* | *Quality & P/S* | ● |

On target / not yet started (not due); delay/slight concern; off target/serious concerns

## Accomplishments / Next Steps

**Accomplishments:**

- Sepsis “catch up” (SEP-1A) power plan developed to aid in ordering bundle elements when patient does not present in a clear septic situation.
- Dot phrases implemented to assist in documentation of sepsis (once ruled out).
- Required notification of provider of a patient who triggers a sepsis alert and has been in initially evaluated by an RN; providers made aware of sepsis order set upon notification.
- Re-initiation of required sepsis education.
- 2nd Sepsis Coordinator.
- 19 improvement strategies implemented over past 18 months.

# Mortality and Readmissions
# Champions: Sandy Volchko

## Problem / Goals & Objectives

**Problem Statement:** Mortality and readmission rates for Heart Failure (HF), Pneumonia (PN), Chronic Obstructive Pulmonary Disease (COPD), and Acute Myocardial Infartion (AMI) are higher than desired rates.

**Goals and Objectives:** Reduce observed/expected mortality, through application of standardized best practices, by 20% (5% for AMI) and reduce readmissions by 20% (10% for COPD) by end of FY22.

## Plan

(brief desciption of tasks, consider feedback loop, measures for success & communication plan)

| # | Task | Start Date | Due Date | Who | Status R/Y/G |
|---|---|---|---|---|---|
| 1 | Key performance indicators (KPIs) under development for each population | *9/24/21* | *11/1/21* | *BPT Core Teams* | ● |
| 2 | Dashboard development | *11/1/21* | *12/31/21* | *BPT Core Teams* | ● |
| 3 | Review and alignment of Clinical Practice Guidelines, Care Pathways and physician order plans | *11/1/21* | *2/28/22* | *BPT Core Teams* | ● |
| 4 | Improvement work on KPIs including that affects mortality, readmission and LOS, examples: proper discharge medication, immunization rates, order set utilization, timeliness of medication administration and therapeutic studies/treatment | *11/1/21* | *Ongoing* | *BPT Core Teams* | ● |

On target / not yet started (not due); delay/slight concern; off target/serious concerns

## Critical Issues / Deliverables

**Critical Issues (ie. Barriers):**

- Enlisting help to collect baseline key performance indicators.

**Deliverables:**

- Population specific dashboards
- Care Pathways

## Accomplishments / Next Steps

**Accomplishments:**

- Medical Director of Best Practice Teams in place.
- Planning and kick off meetings completed.
- Clinical Practice Guidelines selected for each population.
- Key Performance Indicators (KPIs) developed and data definitions completed and sent to report developer and potential data abstractors
- Review and alignment of Clinical Practice Guidelines, Care Pathways and physician order plans
- Improvement work on KPIs including that affects mortality, readmission and LOS, examples: proper discharge medication, immunization rates, order set utilization, timeliness of medication administration and therapeutic studies/treatment

# Medication Measures
# Champions: Sonia Duran-Aguilar

## Problem / Goals & Objectives

**Problem Statement:** Inaccurate medication list in medical record may contribute to increased length of stay, readmissions, and untoward patient health outcomes.

**Goals and Objectives:**
Improve the accuracy of the home medication list by inpatient and outpatient care teams to prevent untoward health outcomes.

## Plan

(brief desciption of tasks, consider feedback loop, measures for success & communication plan)

| # | Task | Start Date | Due Date | Who | Status R/Y/G |
|---|---|---|---|---|---|
| 1 | ISS to validate Home Medication Review Report, will adjust to include 24 hour timeframe | *9/1/21* | *10/1/21* | *Lacey* | ● |
| 2 | Nursing leadership to review baseline performance for Home Medication Review Report | *9/30/21* | *12/1/21* | *Kari* | ● |
| 3 | Modify Home Medication Review Report report, as needed | *11/1/21* | *1/1/22* | *TBD* | ● |
| 4 | Nursing leadership to establish reasonable Goal for FY22 given recent refinement | *9/30/21* | *12/1/21* | *TBD* | ● |

## Critical Issues / Deliverables

**Critical Issues (ie. Barriers):**

- Refine Complete Initial Home Medication Review Measure to align with Nursing Policy for Admission History within 24 hours
    - Lacking Baseline Data

**Deliverables:**

- Report to measure performance

## Accomplishments / Next Steps

**Accomplishments:**

- Addition of 2.5 Pharmacy Technicians & weekend coverage support increase in performance for *Home Medication List Review of High Risk (HR) Patients (Inpatient admission)*
- Use of Ambulatory Medication Reconciliation education and Cerner optimization June 2021, led to increase in performance for Outpatient Medication Reconciliation within 30 days of discharge.

**Next Steps:**

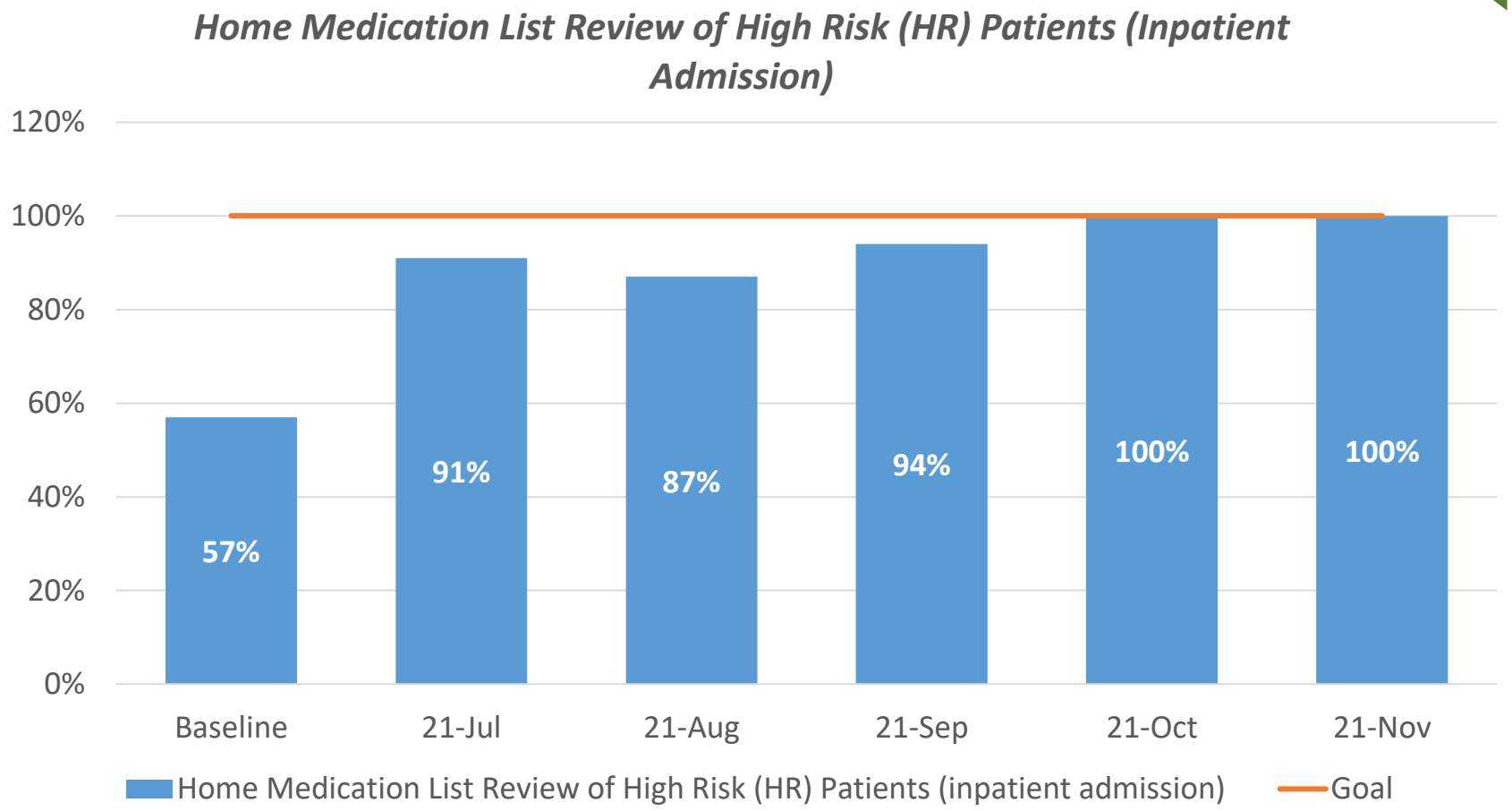
- Refine medication history review report.

On target / not yet started (not due); delay/slight concern; off target/serious concerns

# Medication Measures
# Champions: Sonia Duran-Aguilar

## *WINS!!!*

Improved performance on from 57% to 100%




## PERFORMANCE ON TRACK

**Contributing Factors:**

- Pharmacy Techs added in July & training finalized in September.
- Evening and weekend hour coverage support improved capture and goal achievement.



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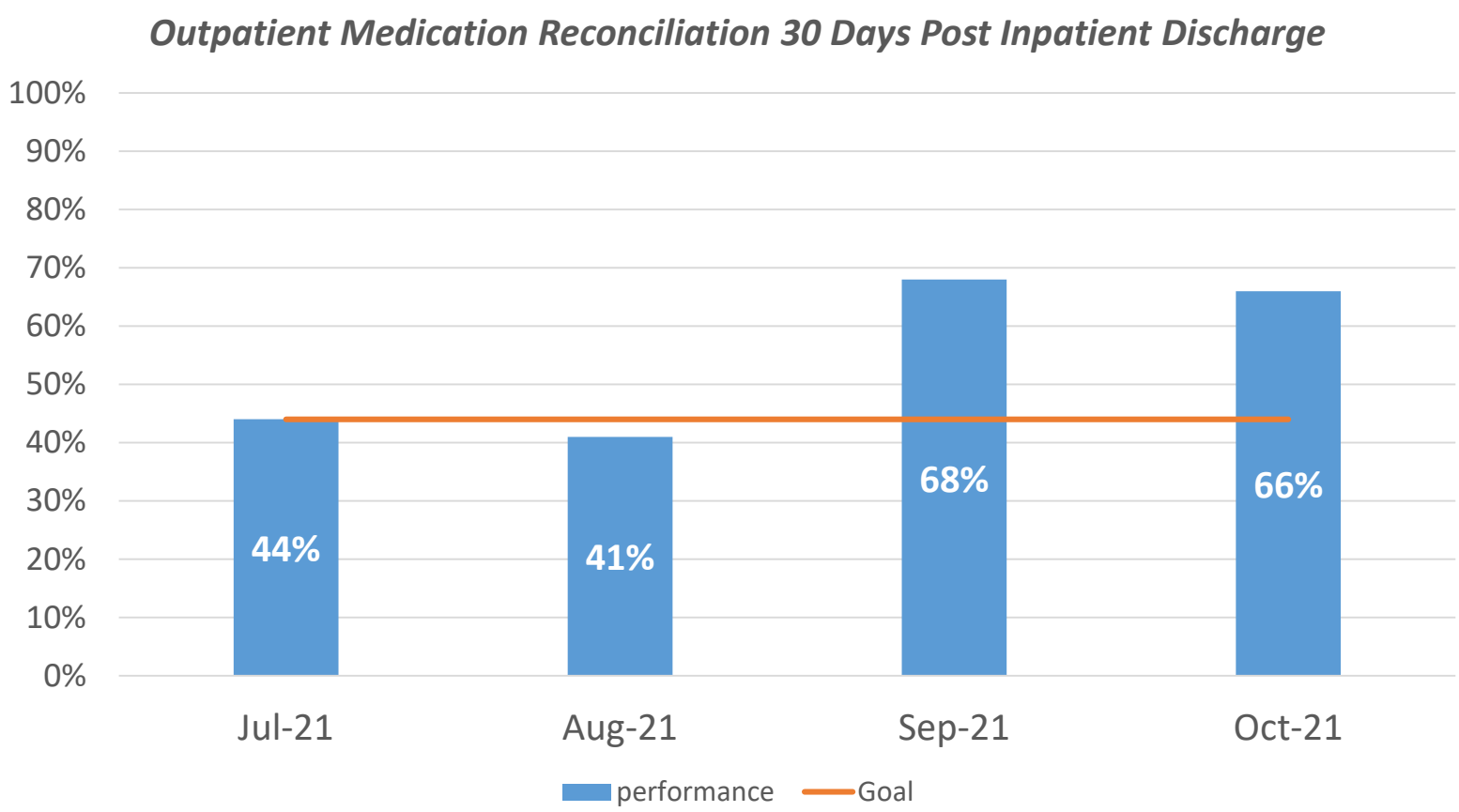
# Medication Measures
# Champions: Sonia Duran-Aguilar

## *WINS!!!*

Improved performance from 44% to 66%




**PERFORMANCE ON TRACK**

**Measure:** Percentage of discharges for individuals 18 years of age and older who had: Documentation of medication reconciliation on the date of discharge through 30 days after discharge.



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# Team Round Implementation
# Champions: Dr. Lori Winston

## Problem / Goals & Objectives

**Problem Statement:** Lack of clear communication between care providers create suboptimal work environment and can lead to increased length of stay, readmissions, and untoward patient health outcomes.

**Goals and Objectives:**
To design and pilot team rounds to improve work environment, patient care and outcomes by enhancing coordination of care, communication, and culture among the health care team.

## Plan
(brief desciption of tasks, consider feedback loop, measures for success & communication plan)

| # | Task | Start Date | Due Date | Who | Status R/Y/G |
|---|---|---|---|---|---|
| 1 | Review MICU Rounding Process Outline | *9/28/21* | *11/1/21* | *Emma and Kari* | ● |
| 2 | Review best practices for Team Rounding | *9/28/21* | *11/30/21* | *Dr. Winston Emma, Kari* | ● |
| 3 | Decision on pilot unit | *9/28/21* | *10/30/21* | *Dr. Winston, Emma, Kari* | ● |
| 4 | Develop process tool | *10/13/21* | *12/30/21* | *Group* | ● |
| 5 | Develop metrics data | *10/13/21* | *12/30/21* | *Group* | ● |
| 6 | Roll out with one unit in early 2022 and measure for six months | *1/1/22* | *6/30/22* | *Group* | ● |

On target / not yet started (not due); delay/slight concern; off target/serious concerns

## Critical Issues / Deliverables

**Critical Issues (ie. Barriers):**
- Existing rounds. Need to ensure it is not duplicative.
- Staff shortages (case management)

**Deliverables:**
- Team Round process and plan
- Outcomes measures

## Accomplishments / Next Steps

**Accomplishments:**
- Nursing leaders identified to support designing the process
- Two hospitalists identified as physician champions
- Identified 2N as the unit to pilot
- Checklist and Scripts developed for rounding
- Performance metrics identified
- Team Round Flyers created for posting on patient room doors, inviting patient/support person to attend.
- Decision to document on paper of round occurrence, and all other medical documentation within Cerner.

**Next Steps:**
- Identify reporting tools to monitor performance
- Explore opportunities to document electronically for sustainability long term and as more units get on board with Team Rounds.
- Staff Education in December
- Go-live January 4, 2022

# Live with passion.

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

Kaweah Health

# Master Facility Plan

## Summer/Fall 2021 Community Education

kaweahhealth.org

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# Summary of Participants

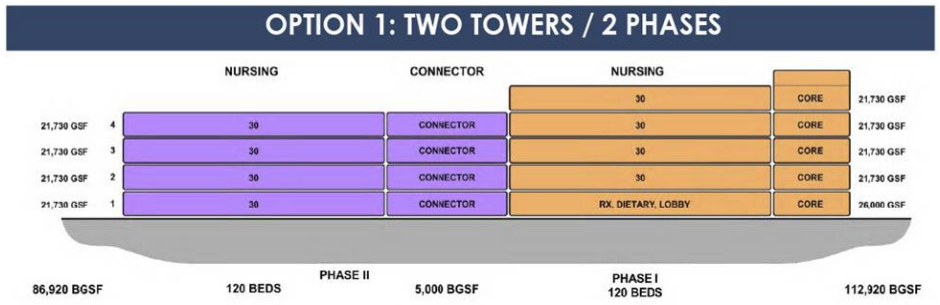
| | Probolsky | NRC | Community Stakeholders | Public via Website Survey |
|---|---|---|---|---|
| Groups | Online Focus Groups<br>54 Participants<br>(Likely Voters who live in the District) | Online Survey<br>906 Participants<br>(Staff, Physicians, Community Engagement) | In-Person Meetings<br>177 Participants<br>(Community Members) | 255 responses |
| Votes between Options | *"Residents generally prefer the 'cheaper' Option 2, citing less congestion and the elimination of elevator waiting time and congestion. Of residents that prefer Option 1, they cite the 'phase approach' because it leaves more room for error and corrections."*<br>Probolsky Report June 2021 | Option 1 - 35%<br>Option 2 – 65% | Option 1 – 16%<br>Option 2 – 84% | Option 1 – 39%<br>Option 2 – 61% |
| Support for Bond | *"Residents overwhelmingly say that they would support a bond measure."*<br>*"Residents say that they would like to see action on a bond measure sooner rather than later.*<br>*Probolsky Report June 2021* | Yes – 60%<br>Unsure – 34%<br>No – 7% | Only two groups were asked to vote. 100% of those two groups voted in support of a bond measure. | Yes – 59%<br>Unsure – 30%<br>No – 11% |

# Stakeholder Groups

This was a series of small group meetings that were held between October 11, 2021 and November 17, 2021.  Gary Herbst was the presenter.

| | | | |
|---|---|---|---|
| Emergency Department Advisory Council (8) | Ambassadors 1 (10) | Faith Leaders (8) | Hospital of Future (6) |
| Ambassadors (8) | Foundation Board (15) | Latino Leaders (9) | Realtors (12) |
| Young Professionals (9) | Employee Leaders (13) | Industrial Park (10) | Employee Ambassadors (17) |
| County Leaders (8) | City of Visalia Leaders (10) | Farmers/Land Owners (12) | Business Leaders (8) |
| Community Relations (9) | Physicians at MEC (20) | Board Members (5) | |

# Stakeholder Meetings Feedback on Option One




Phase 1 : 5-Storeys,120 beds, Pharmacy, Dietary, Lobby, 452-car Parking Structure
: Construction Start mid 2026 - Completion by January 2030
: $318.5 Million ($231 M 2020 cost + 4.5% yearly escalation to 2027 mid-point of construction+ EIR)

Phase 2 : 4-storeys,120 beds, 348-car Parking Structure
: Construction Start 2036 - Completion by January 2040
: $365 Million ($170 M 2020 cost + 4.5% yearly escalation to 2037 mid-point of construction + EIR)


OPTION 1 - SITE VIEW

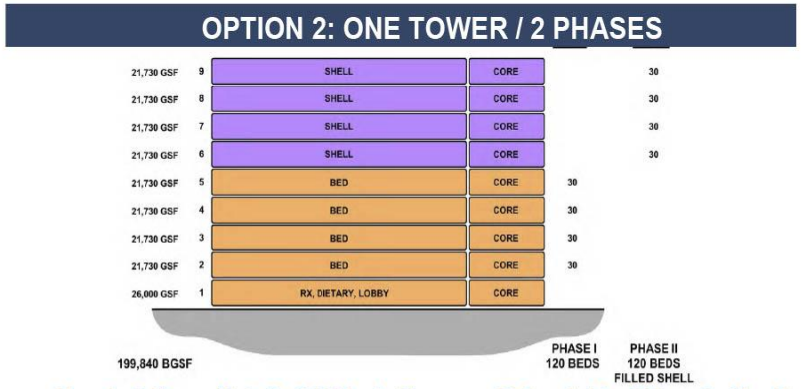
- Two towers gives Kaweah more time to communicate with the community.
- Two towers helps build trust in the community. If they see the first one completed on time and on budget, they will be more likely to give to a second bond.
- The 3D visual of two towers is beautiful.
- Multiple towers give it more of a complex look.
- Multiple towers would have smaller bond amount and right now people do not have an appetite for debt.
- The 9 story tower is too tall. What about power outages, evacuations, stalled elevators, etc.?

# NRC Survey Feedback on Option One

## More Parking, Two Towers

- ✓ “Fills the bed needs and parking needs of the hospital”
- ✓ “The cost at this day in time could change with in year’s difference if you do not have it locked in might even be higher than the quote.”
- ✓ “From a tax payer standpoint, it's not that much more per year. We should be build and expand as much as possible as quickly as possible.”
- ✓ “Buildings are united and have various benefits solely from having connecting buildings. If going with option 2, the other building should be dividing out Mother Baby/2E/Peds/NICU instead of having adult patients there.”
- ✓ “More room, more parking , etc.”
- ✓ “I like the layout... but the additional parking in option 1 is crucial to patients and employee’s.”
- ✓ “more feasible evacuation if necessary, less disruption in the event of electrical or mechanical failures, less dependence on elevators”
- ✓ “The two towers makes more sense for our downtown. Also having one fully completed by 2030 gives the best patient usage”
- ✓ “I like the two towers rather than the one tower. The extra costs per year is minimal related to property taxes. As more detailed information is presented than feedback may vary. I may vary feedback but feedback is a quick look into the question.”
- ✓ “Kaweah already has poor parking capacity, and needs more.”
- ✓ “It would allow for the continued growth and medical services needed for our expanding community and its needs. The difference is negligible to the homeowner/taxpayer. If understood, and while no one likes an increase in taxes, this would be for tangible services that most use at some point in they or their families lives.”
- ✓ “Keeps the structure height more in line with the existing hospital. Provides more future parking for patients, visitors, and employees.”
- ✓ “More parking, one tower might seem too high? Probably better to have two towers in the long run”

# Stakeholder Meetings Feedback on Option Two




Phase1 : 9-Storeys (4 shelled),120 beds, Pharmacy, Dietary, Lobby, 500-car Parking Structure
: Construction Start mid 2026 - Completion by January 2030
: $440 Million ($319 M 2020 cost + 4.5% yearly escalation to 2027 mid-point of construction + EIR)

Phase 2 : Infill 4-storeys,120 beds
: Construction Start 2036 (tentative) - Completion January 2040
: $101.5 Million ($48 M 2020 cost + 4.5% yearly escalation to 2037 mid-point of construction)


- The 9 story will allow us to build a second tower if we need to in the future.
- Smaller footprint and more green space.
- One building seems much more efficient for staff and patients.
- Lower cost
- If there are two towers it might be difficult to manage ancillary services.
- Fill in the whole tower and do one ask. Go big, go once!
- The one tower is less confusing for patients and visitors.

# NRC Survey Feedback on Option Two

## One Building, Less Cost

- ✓ “Less cost to the taxpayers who will be voting on this.  Especially in these Covid times we have already had several financial burdens”
- ✓ “Smaller footprint.  Lower cost.”
- ✓ “Less buildings which bodes to the Kaweah is taking over everything.  Also cheaper up front.
- ✓ “Would prefer a smaller footprint in the already crowded downtown area.”
- ✓ “Does not take away parking that was just built”
- ✓ “I believe it is easier to transfer patients in one building instead of two. In addition, it takes less ground space and if more space is needed than it can be rebuild in the future.”
- ✓ “Less cost, so easier to get funding.”
- ✓ “I like the idea building once and filling in as needed and the money is available. Building costs will only go up.”
- ✓ “logistically, one taller tower makes more sense.  it also costs less overall.”
- ✓ “It's cheaper but still fulfills the hospital / community needs.”
- ✓ “Less cost overall, seems the more fiscally responsible option”
- ✓ “As a health care worker, going up/down in the same building is much easier than going from building to building, especially if there aren't easy pass-throughs in between. This is especially important for people who respond to codes.”
- ✓ “To me makes sense to take up less land and build higher and leave room for growth after 2040.  Also net impact to the tax payers is less.”
- ✓ “Less cost and utilizes less land for the 240 bed renovation.”
- ✓ “Seems more ergonomically sound and efficient rather than having 2 separate buildings”
- ✓ “Cheaper, smaller foot print which preserves more land around the facility for green spaces, etc.  Also becomes a dominant physical feature in the skyline people will clearly see driving by on HWY 198.  This last point I think brings intangible value.  Throughout human history the height of buildings inspires societies and has always been a sign of greatness.”

# Common Feedback/Questions in all Three Methods

## District

- Why do people outside of the healthcare district not have to pay but are able to use the hospital?
- What are other health care districts that don't have hospitals doing with their special district monies?
- Can a merger of other health care districts be forced?

## SB1953

- What if the 2030 deadline gets extended?  Is there still a need?

## Mineral King Wing

- What is the plan for the MK Wing? Remodel, Educational Training Center, Offices?

## General Obligation Bond

- Was the community aware of what KH was contributing themselves during the Measure H campaign?
- 2022 is too soon.  There is a lot of distrust for everything and everyone.  Afraid to spend money.
- Do one bond vs. multiple bonds.
- How long will the bond last and when does Measure M end?
- Is there a cap to how much we can charge taxpayers?
- Do not go out in 2022, go in 2023
- Go now.  Positive perception for healthcare in general and we don’t want to miss opportunity.
- It seems like a heavy lift to be going to the public in this current political environment.
- Can you just max out the bond amount to save KH reserves and go for what you need?
- There has to be more education on the limitations around district hospital, why we are a district hospital, what KH is contributing, and how the money is monitored and spent.
- What does the polling data say?

# Common Feedback/Questions in all Three Methods, Cont'd

## Messaging

- If you decide to go in 2022, leverage the good-will in messaging. This is also a time when we have never before seen such a low capacity in hospitals.
- Kaweah Health must be physically visible at all events in the community.
- Don't desert regular traditional media.
- Partner with businesses on the messaging.
- There needs to be little one minute videos of the frequently asked questions being answered.
- Need to reach out to high school kids, who will soon be voters.
- People need to be more aware of the accolades and awards that Kaweah has earned.
- We need to reach the Hispanic community because non-English speaking parents rely on their kids for information.
- Talk about the strict regulations that are put on district hospitals in regards to spending the money as detailed in the voting details/explanation. The hospital does not change directions after a bond is passed like other organizations.
- Greatest opportunity for marketing is our employees. We need our employees to be educated.

# Live with passion.

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

Kaweah Health

**MEMO**

**To:** Board of Directors

**From:** Marc Mertz

**Subject:** California Health Facilities Financing Authority Round 3 Grant

**Date:** October 21, 2021

The mental health needs of our community, like the entire nation, are well known and documented. Kaweah Health is committed to increasing access to services that will help address these needs, and we are making great progress. Unfortunately, there are currently no mental health services available for children and youth in crisis needing higher levels of care, other than the emergency departments of our local hospitals. These emergency departments are extremely busy, leading to long wait times for patients, including youth in crisis. At any given time, our emergency department might have up to twelve children or youth boarding for mental health services. On average, there are two to three children boarding.

In 2016, Senate Bill 833 expanded the Investment in Mental health Wellness Act to specifically address a continuum of crisis services for children and youth, allocating funding to develop four mental health programs: crisis stabilization, crisis residential treatment, mobile crisis support teams, and family respite care. In August 2021, the California Health Facilities Financing Authority (CHFFA) opened a third round of funding under this program. Kaweah Health, in partnership with the County of Tulare, seeks to apply for this grant opportunity to develop a crisis stabilization unit (CSU) for children and youth aged 21 and under. This grant requires that the primary applicant be a county, but allows for Kaweah Health to be a co-applicant.

The proposed CSU would be a twelve bed unit that includes eight recliners and four private rooms for acutely agitated children and youth. Patients experiencing mental health crisis, but with no acute medical needs, could be brought directly to the CSU, bypassing the emergency department. The CSU would operate 24 hours per day and 7 days per week. The facility would be staffed by Kaweah Health employees, physicians from Precision Psychiatry, our psychiatry residents, and ultimately our child and adolescent psychiatry fellows.

Kaweah Health representatives have worked closely with the County of Tulare to define the scope of services, staffing requirements, facility needs, equipment and IT needs, and

operating costs. Our grant request is for $4,932,779. These funds would cover the acquisition of land, development of the CSU facility, and would cover the initial three months of operation. We have identified several lots of land that would be conducive for the CSU. If the grant is approved and the land was still available, the County would purchase the land and develop the facility using the grant funds. They would lease the facility to Kaweah Health at a nominal rate and Kaweah Health would staff and operate the CSU. If the land we have identified is no longer available when grant funds are awarded, we may also consider using land that Kaweah Health owns at Caldwell and Lovers Lane, or at the Sequoia Gateway development.

The grant requires that the facility be operated for 20 years. The CSU services are primarily funded by the County, but are also reimbursed by commercial payers. The County has asked the Kaweah Health sign a letter of intent to operate the CSU for 20 years. In return, we have asked that the County sign a letter of intent to provide the annual financial support necessary to support the CSU and Kaweah Health's associated expenses for the same 20 year period.

The grant application is due October 29, 2021 and management is seeking Board approval to proceed with the application.

**RECOMMENDATION**

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 grant application to the California Health Facilities Financing Authority for the Investment in Mental Health Wellness Grant Program in an amount not to exceed $4,932,779 to specifically address a continuum of crisis services for children and youth, 21 years of age and under. This authorization is contingent upon Kaweah Health receiving an irrevocable agreement from the County of Tulare to provide annual funds to sustain the CSU.

# RESOLUTION 2146

RESOLUTION OF **KAWEAH DELTA HEALTH CARE DISTRICT** AUTHORIZING EXECUTION AND DELIVERY OF A LOAN AND SECURITY AGREEMENT, PROMISSORY NOTE, AND CERTAIN ACTIONS IN CONNECTION THEREWITH FOR THE CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY NONDESIGNATED PUBLIC HOSPITAL BRIDGE LOAN PROGRAM

**Nondesignated Public Hospital Bridge Loan Program**

WHEREAS, **KAWEAH DELTA HEALTH CARE DISTRICT** (the "Borrower") is a nondesignated public hospital as defined in Welfare and Institutions Code Section 14165.55, subdivision (l), excluding those affiliated with county health systems pursuant to Chapter 240, Statutes of 2021 (SB 170), Section 25; and

WHEREAS, Borrower has determined that it is in its best interest to borrow an aggregate amount not to exceed **$1,132,002.00** from the California Health Facilities Financing Authority (the "Lender"), such loan to be funded with the proceeds of the Lender's Nondesignated Public Hospital Bridge Loan Program; and

WHEREAS, the Borrower intends to use the funds solely to fund its working capital needs to support its operations;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Borrower as follows:

Section 1. The Board of Directors of Borrower hereby ratifies the submission of the application for a loan from the Nondesignated Public Hospital Bridge Loan Program.

Section 2. **MALINDA TUPPER, CHIEF FINANCIAL OFFICER,(** an "Authorized Officer") is hereby authorized and directed, for and on behalf of the Borrower, to do any and all things and to execute and deliver any and all documents that the Authorized Officer(s) deem(s) necessary or advisable in order to consummate the borrowing of moneys from the Lender and otherwise to effectuate the purposes of this Resolution and the transactions contemplated hereby.

Section 3. The proposed form of Loan and Security Agreement (the "Agreement"), which contains the terms of the loan is hereby approved. The loan shall be in a principal amount not to exceed **$1,132,002.00,** shall not bear interest, and shall mature 24 months from the date of the executed Loan and Security Agreement between the Borrower and the Lender. The {Each} Authorized Officer(s) is (are) hereby authorized and directed, for and on behalf of the Borrower, to execute the Agreement in substantially said form that includes the redirection of up to 20% of Medi-Cal reimbursements (checkwrite payments) to Lender in the event of default, with such changes therein as the Authorized Officer(s) may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

Section 4. The proposed form of Promissory Note (the "Note") as evidence of the Borrower's obligation to repay the loan is hereby approved. The Authorized Officer(s) is (are) hereby authorized and directed, for and on behalf of the Borrower, to execute the Note in substantially said form, with such changes therein as the Authorized Officer(s) may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

Date of Adoption: _____

**SECRETARY'S CERTIFICATE**

I, _____**,** Secretary of **KAWEAH DELTA HEALTH CARE DISTRICT,** hereby certify that the foregoing is a full, true and correct copy of a resolution duly adopted at a regular meeting of the Board of Directors of **KAWEAH DELTA HEALTH CARE DISTRICT** duly and regularly held at the regular meeting place thereof on the _____ day of _____, 20___**,** of which meeting all of the members of said Board of Directors had due notice and at which the required quorum was present and voting and the required majority approved said resolution by the following vote at said meeting:

**Ayes:**

**Noes:**

**Absent:**

I further certify that I have carefully compared the same with the original minutes of said meeting on file and of record in my office; that said resolution is a full, true and correct copy of the original resolution adopted at said meeting and entered in said minutes; and that said resolution has not been amended, modified or rescinded since the date of its adoption, and is now in full force and effect.

_____

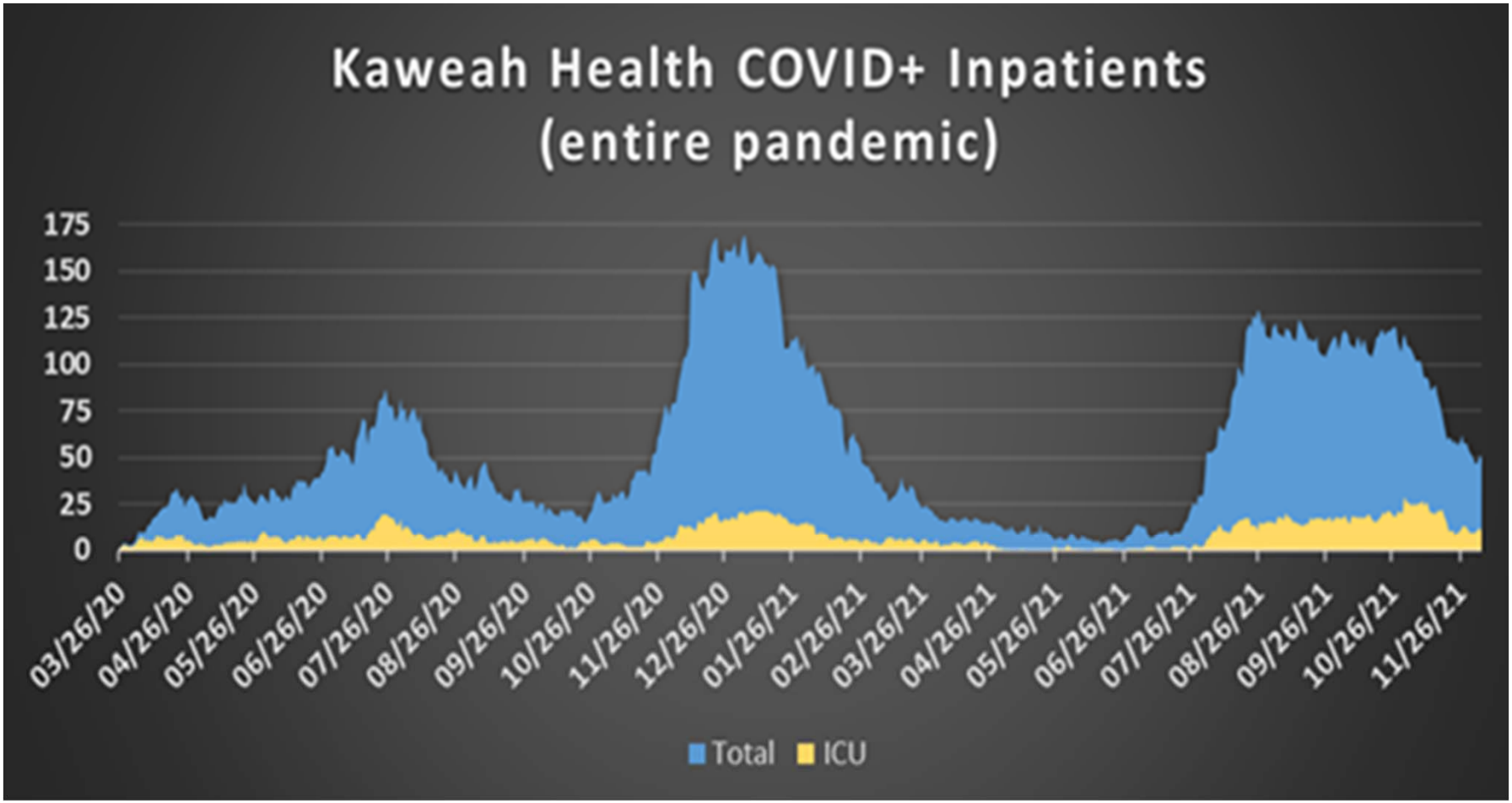
Secretary

Date: _____

# CFO Financial Report
# December 14, 2021

kaweahhealth.org

Kaweah Health
MORE THAN MEDICINE. LIFE.


Kaweah Health COVID+ Inpatients
(entire pandemic)
175
150
125
100
75
50
25
0
03/26/20
04/26/20
05/26/20
06/26/20
07/26/20
08/26/20
09/26/20
10/26/20
11/26/20
12/26/20
01/26/21
02/26/21
03/26/21
04/26/21
05/26/21
06/26/21
07/26/21
08/26/21
09/26/21
10/26/21
11/26/21
Total
ICU

# COVID-19 Financial Activity – **Round 4 Stimulus Funds**

On Friday September 10th, the U.S. Department of Health and Human Services announced it will allocate $25.5 billion in additional COVID-19 relief funding for Providers. Hopefully funding will occur before the new calendar year. There remains $20B left for a potential 5th round.

## Allocation method

### $17B from the Provider Relief Fund - Pending

- 75% will be based on Revenue Losses and COVID-19 related expenses: Large providers will receive minimum payment amount that is based on their loss revenues and expenses. (Qtrs.3&4 2020 & Qtr.1 2021) Medium and small providers will receive a base payment plus a supplement
- 25% will be used for bonus payments to providers based on the amount and type of services delivered to Medicaid, Children's Health Insurance Program, and Medicare patients. Providers who serve any patients living in rural areas and who meet the eligibility requirement will receive a minimum payment

### $8.5B from the American Rescue Plan – 11/23 Received $5,837,002

- Providers who service Medicaid, CHIP and Medicare patients who live in rural communities, as defined by the Federal Office of Rural Health Policy are eligible. Payments will be based on the amount and type of services provided to rural patients.

# COVID-19 Financial Activity

## Stimulus Funds Received

Red indicates changes since last reviewed

| | | |
|---|---|---|
| Stimulus Funds – Kaweah Delta | $11,420,930 | Received 4/11/20 |
| Stimulus Funds – KDMF | $684,104 | Received 4/11/20 |
| Stimulus Funds – KD 2nd payment | $1,225,939 | Received 4/24/20 |
| Stimulus Funds – KDMF 2nd payment | $198,091 | Received 5/26/20 |
| California Hospital Association - PPE | $28,014 | Received 6/3 and 6/9/20 |
| Stimulus Funds – 4 Physician Groups | $332 017 | Received April 2020 |
| Stimulus Funds -Testing at RHC | $197,846 | Received 5/20/20 |
| Stimulus Funds - Skilled Nursing Facility | $225,000 | Received 5/22/20 |
| Stimulus Funds – Rural Providers | $413,013 | Received 6/25/20 |
| Stimulus Funds – Due to servicing Rural Areas | $813,751 | Received 7/21/20 |
| Stimulus Funds – High Impact Areas | $10,900,000 | Received 7/29/20 |
| California Hospital Association – PPE II | $150,243 | Received 8/25/20 |
| Stimulus Funds – Skilled Nursing Facility | $159,328 | Received 8/27/20-12/9/20 |
| Stimulus Funds – KD 3rd wave of federal payments | $11,120,347 | Received 1/27/21 |
| Stimulus Funds – KDMF 3rd wave of federal payments | $920,477 | Received 4/16/21 |
| Business Interruption Insurance | $125,000 | Received 5/25/21 |
| Stimulus Funds – RHC Testing and Mitigation | $400,000 | Received 6/10/21 |
| Stimulus Funds – KH and KHMG 4thrd wave of federal payments | $5,837,002 | Received 11/23/21 |
| **Impact to Net Revenue** | **$44,819,085** | |

# COVID-19 Financial Activity - **Reimbursement and In Kind Impact**

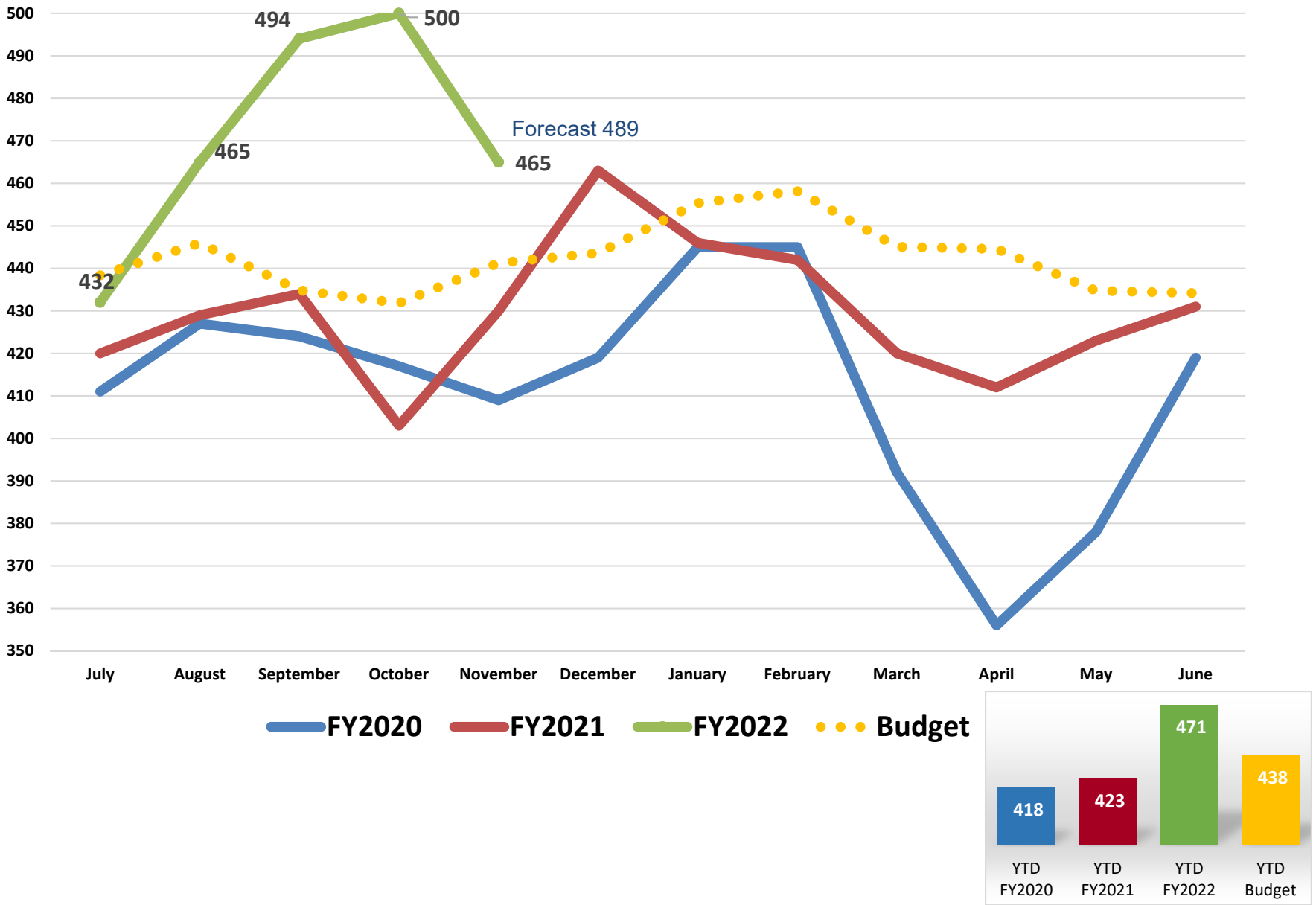
Red indicates changes since last reviewed

| | | |
|---|---|---|
| 20% increase in Medicare inpatient payments | $ 1,350,000 | Public health emergency extended through April 20, 2021 |
| 6.2% increase in FMAP - IGT matching | $ 1,200,000 | Extended through the 1st quarter in which emergency ends |
| 10% increase in Medi-Cal rates in SNF payments | $ 997,000 | Calendar year 2020 |
| 5% increase Blue Shield rates for certain procedures | $ 12,000 | 4 Month Estimate |
| Uninsured COVID Patients – Medicare Rates | **$ 1,351,336** | **Payments through 11/15/2021** |
| Department of Defense | $ 250,000 | In kind clinical support staff |
| 2% sequestration | $ 2,100,000 | Calendar year 2020 – extended through March 31, 2021 |
| Unemployment benefit costs ½ covered | $ 1,057,000 | 4 quarters – extended through Mar 14th 2021 |
| 5 County agreements – Lab testing, PPE, Pharmaceuticals, vaccination | **$6,264,808** | $8,578,800 max , the County will cover related costs as we submit invoices |
| COVID Payer Grants | $ 3,065,000 | October deposit |
| Repayment period of Medicare Advanced Payments extended - Initial funding $46.6M (4/7/2020) | Balance must be repaid in full 29 months from the first payment. | Medicare payments will be reduced by 25% for the first 11 months and 50% during the next 6 months. |
| Additional payments received from **Medicare Advanced Payments** Program - $40.2M (10/28/20) Total to date $86.8M | **($23.5M) recouped through November 2021** | 10/28/20 We received $40,173,945 additional funds to be repaid in 1 year |
| Social Security Tax Deferral – $13.5M | | Repayment of 50% due 12/31/21 and 50% 12/31/22 |
| DSH cuts were delayed through FFY2023 - $5,200,000 in FY2021 | | DSH cuts were delayed through FFY2023 |
| **Grants: HRSA RHC Vaccine Confidence program, CDPH Vax grants** | **$ 253,116** | **5/11/2021 HRSA grant to eligible RHCs and CDPH Vax Grant** |
| **Impact to Bottom Line** | **$ 17,900,260** | |

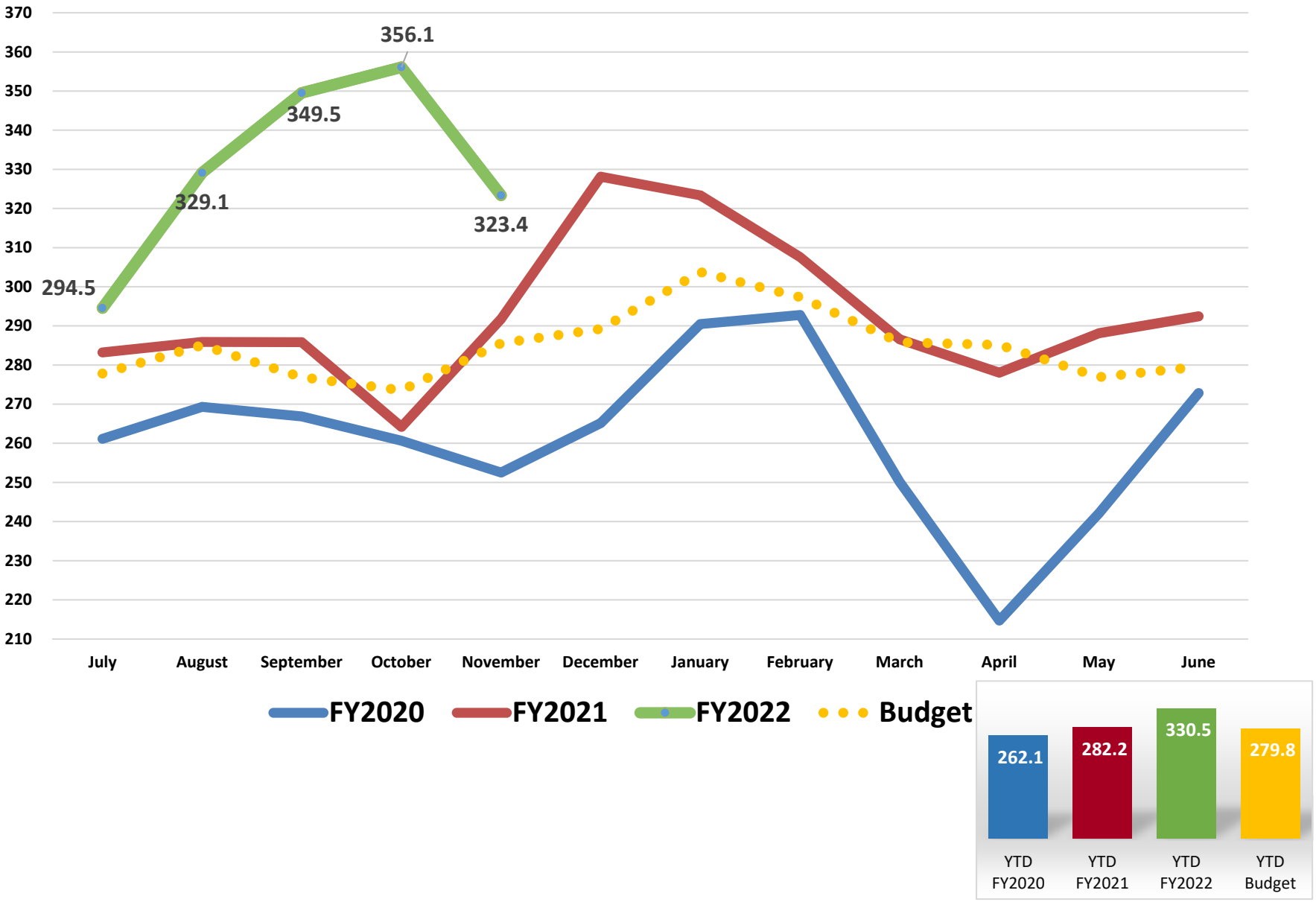
# COVID IMPACT (000's)

| | March 2020 - Nov 2021 |
|---|---|
| **Operating Revenue** | |
| Net Patient Service Revenue | **$1,019,451** |
| | |
| Supplemental Gov't Programs | 105,494 |
| Prime Program | 22,022 |
| Premium Revenue | 101,758 |
| Management Services Revenue | 61,172 |
| Other Revenue | 38,837 |
| Other Operating Revenue | 329,282 |
| **Total Operating Revenue** | **1,348,730** |
| **Operating Expenses** | |
| Salaries & Wages | 574,782 |
| Contract Labor | 19,691 |
| Employee Benefits | 98,004 |
| **Total Employment Expenses** | **692,477** |
| | |
| Medical & Other Supplies | 228,101 |
| Physician Fees | 172,639 |
| Purchased Services | 33,397 |
| Repairs & Maintenance | 46,671 |
| Utilities | 13,012 |
| Rents & Leases | 10,787 |
| Depreciation & Amortization | 55,617 |
| Interest Expense | 11,738 |
| Other Expense | 35,357 |
| Humana Cap Plan Expenses | 59,770 |
| Management Services Expense | 60,719 |
| **Total Other Expenses** | **727,804** |
| Total Operating Expenses | **1,420,282** |
| **Operating Margin** | **($71,552)** |
| Stimulus Funds | $54,544 |
| **Operating Margin after Stimulus** | **($17,008)** |
| Nonoperating Revenue (Loss) | 16,567 |
| **Excess Margin** | **($440)** |

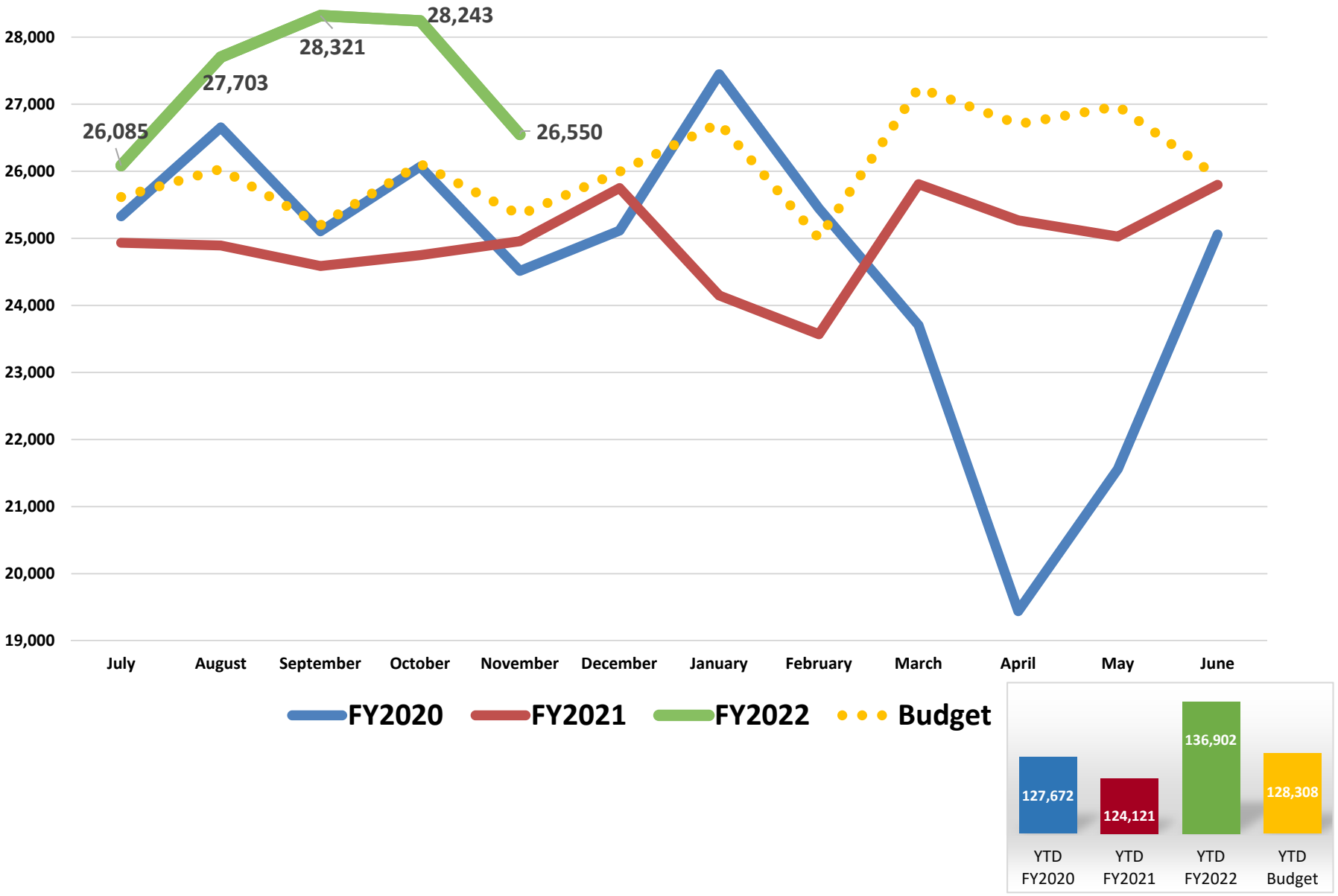
# Average Daily Census



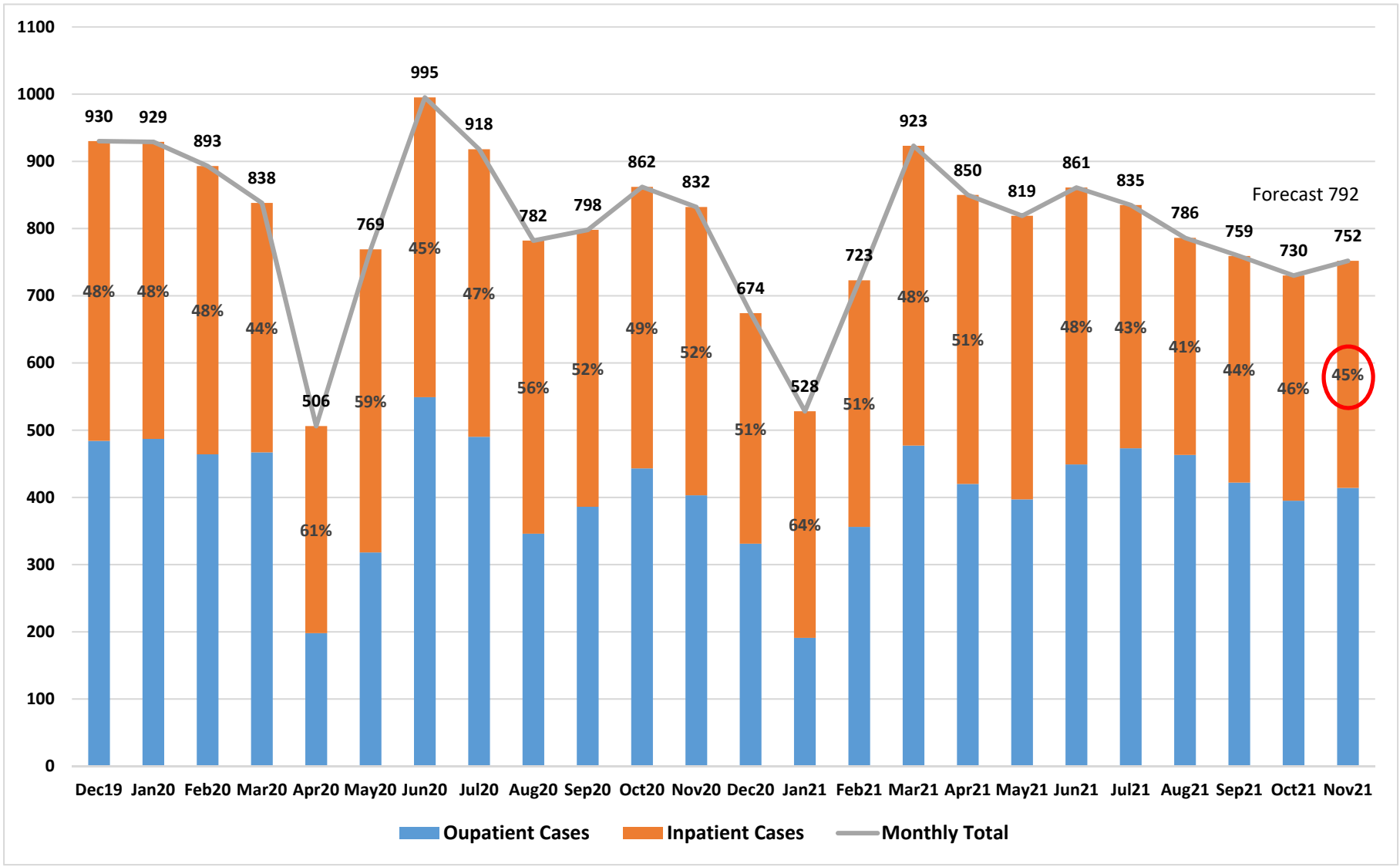
# Medical Center – Average Daily Census



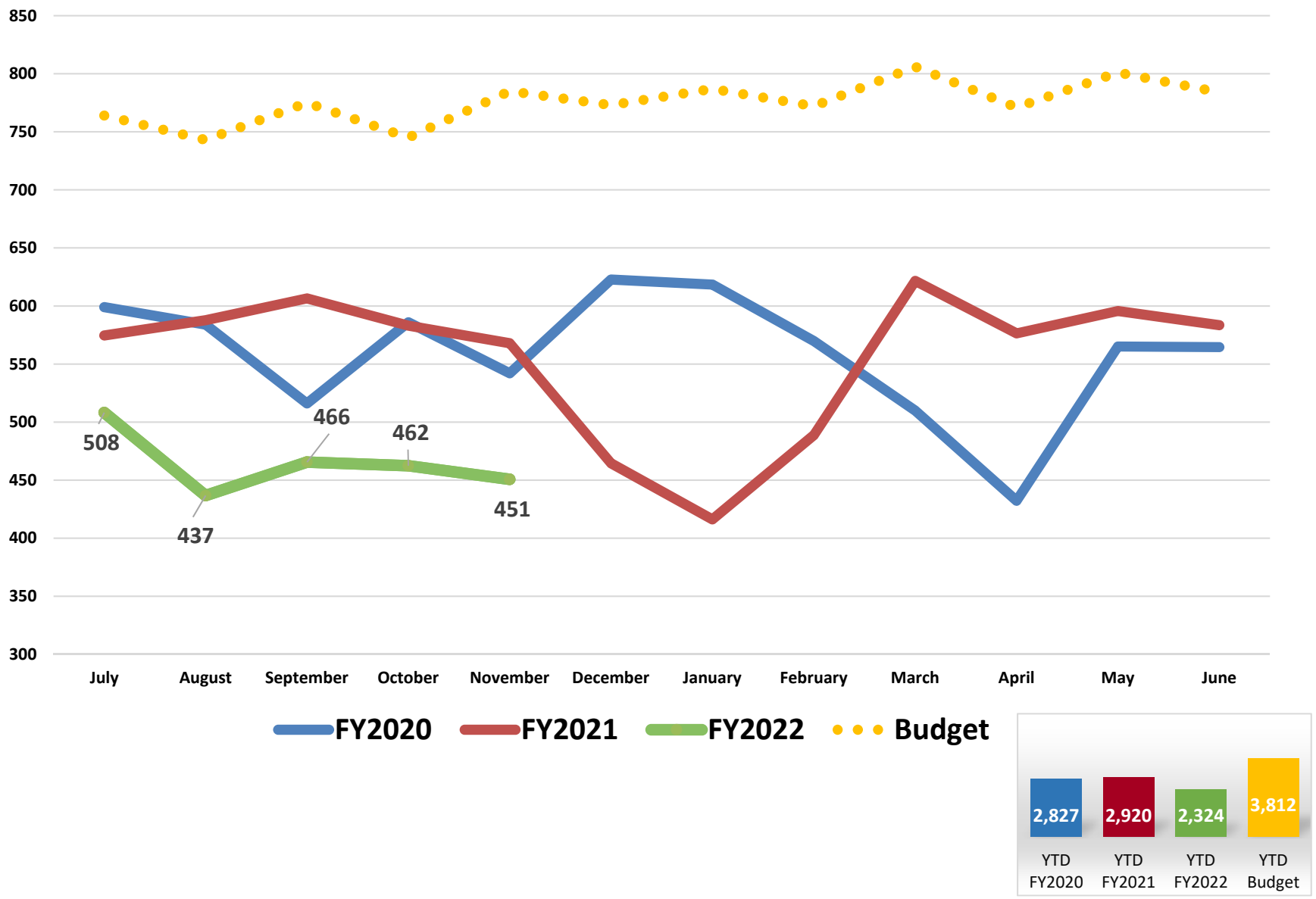
# Adjusted Patient Days



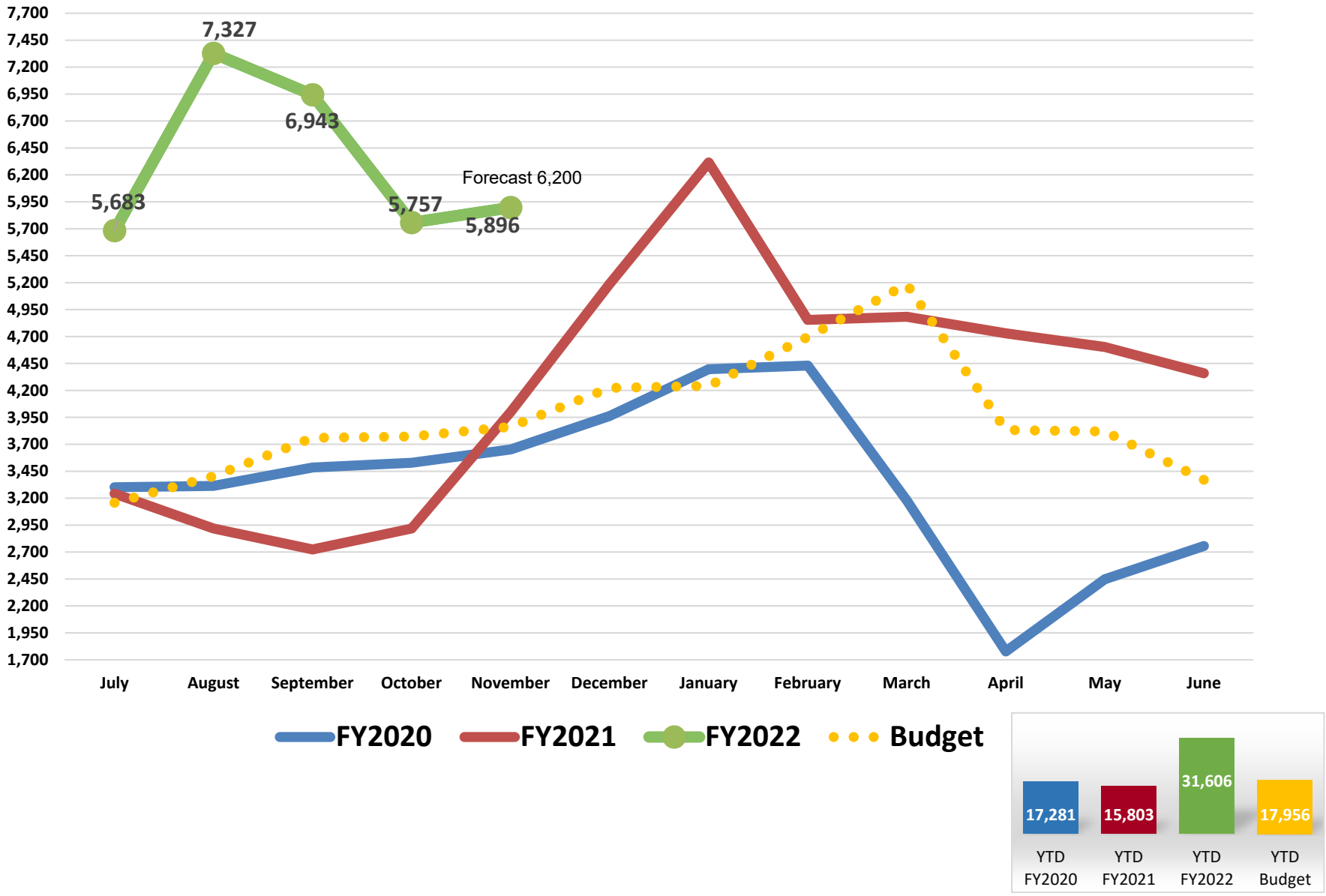
# Surgery Volume



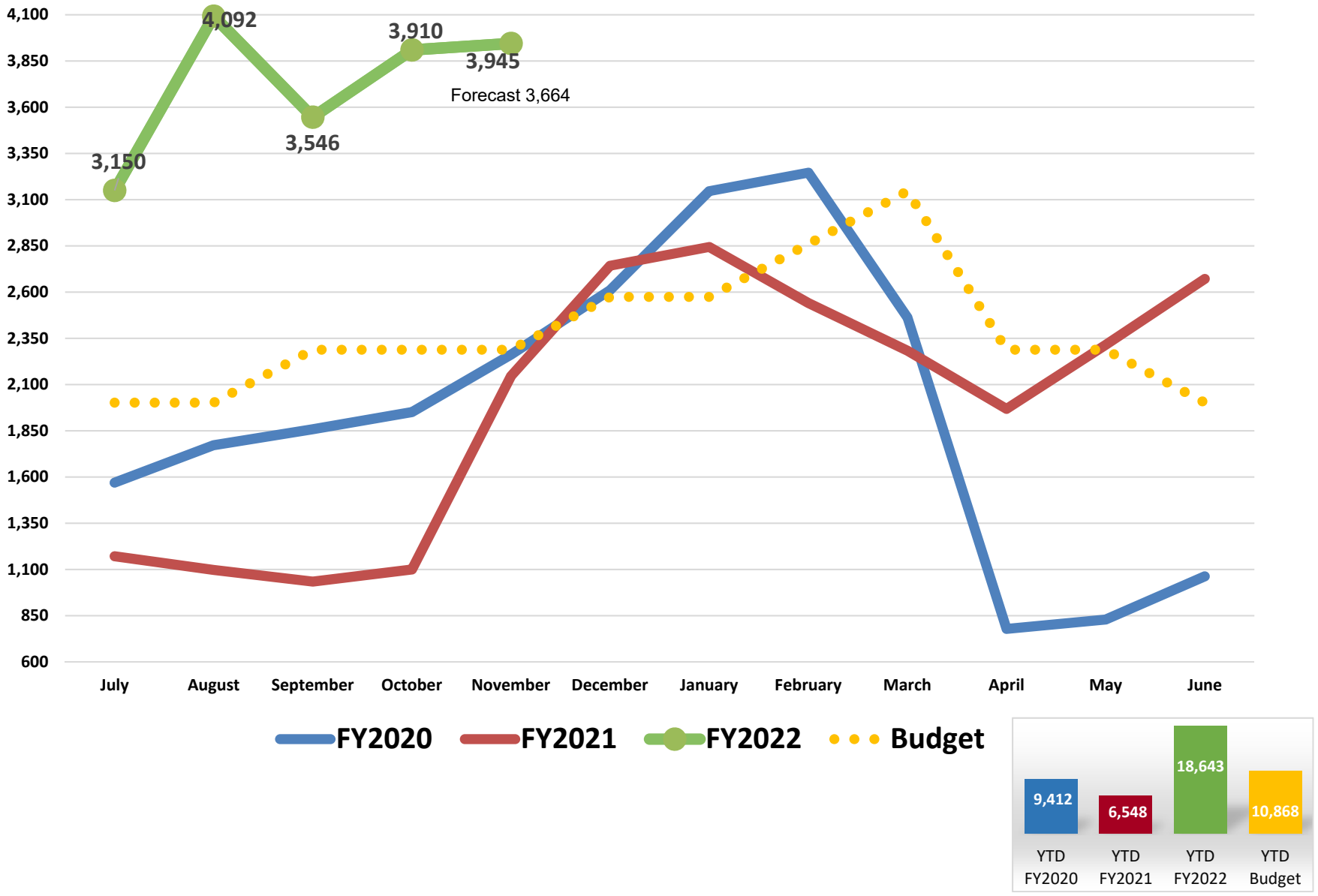
# Surgery (IP Only) – 100 min units



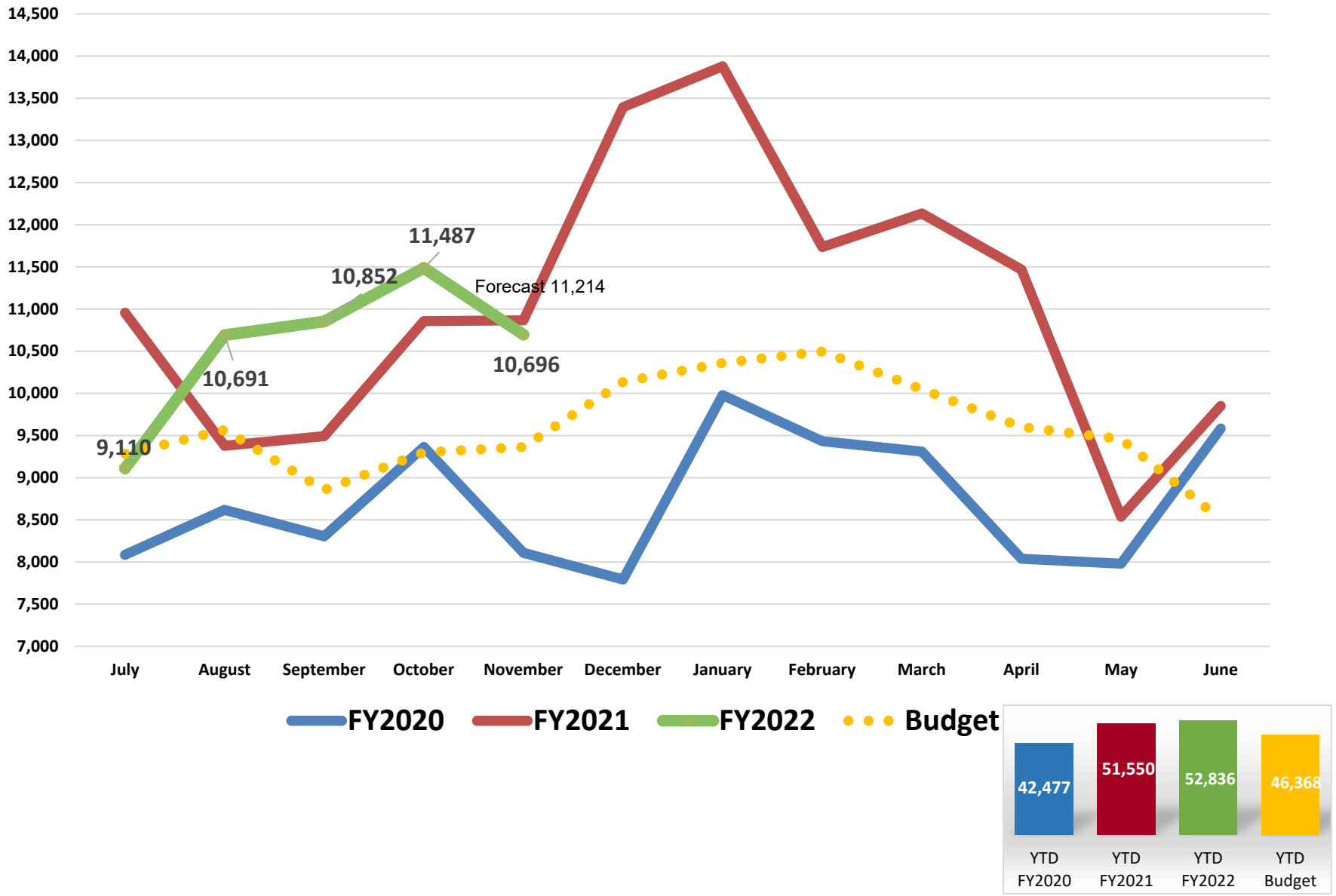
# Urgent Care – Court Total Visits



# Urgent Care – Demaree Total Visits



# Rural Health Clinic Registrations



# Statistical Results – Fiscal Year Comparison (Nov)

| | Actual Results | | | Budget | Budget Variance | |
|---|---|---|---|---|---|---|
| | Nov 2020 | Nov 2021 | % Change | Nov 2021 | Change | % Change |
| **Average Daily Census** | **430** | **465** | **8.2%** | **441** | **24** | **5.4%** |
| **KDHCD Patient Days:** | | | | | | |
| Medical Center | 8,753 | 9,701 | 10.8% | 8,567 | 1,134 | 13.2% |
| Acute I/P Psych | 1,317 | 1,142 | (13.3%) | 1,359 | (217) | (16.0%) |
| Sub-Acute | 918 | 900 | (2.0%) | 926 | (26) | (2.8%) |
| Rehab | 444 | 393 | (11.5%) | 534 | (141) | (26.4%) |
| TCS-Ortho | 308 | 388 | 26.0% | 421 | (33) | (7.8%) |
| TCS | 280 | 521 | 86.1% | 490 | 31 | 6.3% |
| NICU | 396 | 482 | 21.7% | 400 | 82 | 20.5% |
| Nursery | 482 | 431 | (10.6%) | 541 | (110) | (20.3%) |
| **Total KDHCD Patient Days** | **12,898** | **13,958** | **8.2%** | **13,238** | **720** | **5.4%** |
| **Total Outpatient Volume** | **40,410** | **45,660** | **13.0%** | **46,119** | **(459)** | **(1.0%)** |

# Statistical Results – Fiscal Year Comparison (Jul-Nov)

| | Actual Results | | | Budget | Budget Variance | |
|---|---|---|---|---|---|---|
| | FYTD 2021 | FYTD 2022 | % Change | FYTD 2022 | Change | % Change |
| **Average Daily Census** | **423** | **471** | **11.4%** | **438** | **33** | **7.4%** |
| **KDHCD Patient Days:** | | | | | | |
| Medical Center | 43,161 | 50,560 | 17.1% | 42,803 | 7,757 | 18.1% |
| Acute I/P Psych | 6,946 | 5,693 | (18.0%) | 7,189 | (1,496) | (20.8%) |
| Sub-Acute | 4,545 | 4,220 | (7.2%) | 4,705 | (485) | (10.3%) |
| Rehab | 1,980 | 2,483 | 25.4% | 2,867 | (384) | (13.4%) |
| TCS-Ortho | 1,599 | 1,821 | 13.9% | 2,028 | (207) | (10.2%) |
| TCS | 1,950 | 2,114 | 8.4% | 2,500 | (386) | (15.4%) |
| NICU | 2,126 | 2,546 | 19.8% | 2,113 | 433 | 20.5% |
| Nursery | 2,405 | 2,639 | 9.7% | 2,878 | (239) | (8.3%) |
| **Total KDHCD Patient Days** | **64,712** | **72,076** | **11.4%** | **67,083** | **4,993** | **7.4%** |
| **Total Outpatient Volume** | **203,131** | **236,433** | **16.4%** | **235,209** | **1,224** | **0.5%** |

# Other Statistical Results – Fiscal Year Comparison (Nov)

| | Actual Results | | | | Budget | Budget Variance | |
|---|---|---|---|---|---|---|---|
| | Nov 2020 | Nov 2021 | Change | % Change | Nov 2021 | Change | % Change |
| **Adjusted Patient Days** | **24,958** | **26,550** | **1,592** | **6.4%** | **26,599** | **(49)** | **(0.2%)** |
| **Outpatient Visits** | **40,410** | **45,660** | **5,250** | **13.0%** | **46,119** | **(459)** | **(1.0%)** |
| Urgent Care - Demaree | 2,146 | 3,945 | 1,799 | **83.8%** | 2,288 | 1,657 | **72.4%** |
| Urgent Care - Court | 4,000 | 5,896 | 1,896 | **47.4%** | 3,863 | 2,033 | **52.6%** |
| Endoscopy Procedures (I/P & O/P) | 442 | 553 | 111 | **25.1%** | 570 | (17) | **(3.0%)** |
| Infusion Center | 297 | 362 | 65 | **21.9%** | 457 | (95) | **(20.8%)** |
| KHMG RVU | 43,142 | 47,651 | 4,509 | **10.5%** | 46,994 | 657 | **1.4%** |
| O/P Rehab Units | 17,144 | 18,737 | 1,593 | **9.3%** | 18,261 | 476 | **2.6%** |
| Radiology/CT/US/MRI Proc (I/P & O/P) | 14,830 | 16,192 | 1,362 | **9.2%** | 14,359 | 1,833 | **12.8%** |
| ED Total Registered | 6,021 | 6,049 | 28 | **0.5%** | 7,242 | (1,193) | **(16.5%)** |
| GME Clinic visits | 980 | 979 | (1) | **(0.1%)** | 1,078 | (99) | **(9.2%)** |
| Home Health Visits | 2,807 | 2,795 | (12) | **(0.4%)** | 2,897 | (102) | **(3.5%)** |
| Radiation Oncology Treatments (I/P & O/P) | 2,008 | 1,980 | (28) | **(1.4%)** | 2,203 | (223) | **(10.1%)** |
| RHC Registrations | 10,867 | 10,696 | (171) | **(1.6%)** | 9,363 | 1,333 | **14.2%** |
| Physical & Other Therapy Units | 16,715 | 16,378 | (337) | **(2.0%)** | 18,377 | (1,999) | **(10.9%)** |
| Hospice Days | 4,398 | 4,210 | (188) | **(4.3%)** | 4,100 | 110 | **2.7%** |
| OB Deliveries | 368 | 345 | (23) | **(6.3%)** | 379 | (34) | **(9.0%)** |
| Dialysis Treatments | 1,658 | 1,501 | (157) | **(9.5%)** | 1,786 | (285) | **(16.0%)** |
| Cath Lab Minutes (IP & OP) | 341 | 306 | (35) | **(10.3%)** | 371 | (65) | **(17.5%)** |
| Surgery Minutes – General & Robotic (I/P & O/P) | 1,036 | 926 | (110) | **(10.6%)** | 1,368 | (442) | **(32.3%)** |

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

| | Actual Results | | | | Budget | Budget Variance | |
|---|---|---|---|---|---|---|---|
| | FY 2021 | FY 2022 | Change | % Change | FY 2022 | Change | % Change |
| **Adjusted Patient Days** | **124,117** | **136,908** | **12,790** | **10.3%** | **133,832** | **3,076** | **2.3%** |
| **Outpatient Visits** | **203,131** | **236,433** | **33,302** | **16.4%** | **235,209** | **1,224** | **0.5%** |
| Urgent Care - Demaree | 6,548 | 18,643 | 12,095 | **184.7%** | 10,868 | 7,775 | **71.5%** |
| Urgent Care - Court | 15,803 | 31,606 | 15,803 | **100.0%** | 17,956 | 13,650 | **76.0%** |
| Infusion Center | 1,527 | 2,071 | 544 | **35.6%** | 1,971 | 100 | **5.1%** |
| Radiology/CT/US/MRI Proc (I/P & O/P) | 74,415 | 83,692 | 9,277 | **12.5%** | 76,272 | 7,420 | **9.7%** |
| ED Total Registered | 30,586 | 33,995 | 3,409 | **11.1%** | 35,533 | (1,538) | **(4.3%)** |
| OB Deliveries | 1,866 | 2,006 | 140 | **7.5%** | 2,002 | 4 | **0.2%** |
| Physical & Other Therapy Units | 84,589 | 88,672 | 4,083 | **4.8%** | 94,513 | (5,841) | **(6.2%)** |
| RHC Registrations | 51,550 | 52,836 | 1,286 | **2.5%** | 46,368 | 6,468 | **13.9%** |
| O/P Rehab Units | 96,783 | 98,712 | 1,929 | **2.0%** | 96,916 | 1,796 | **1.9%** |
| GME Clinic visits | 5,739 | 5,763 | 24 | **0.4%** | 6,313 | (550) | **(8.7%)** |
| Hospice Days | 21,293 | 21,133 | (160) | **(0.8%)** | 20,158 | 975 | **4.8%** |
| KHMG RVU | 178,682 | 177,266 | (1,416) | **(0.8%)** | 198,009 | (20,743) | **(10.5%)** |
| Endoscopy Procedures (I/P & O/P) | 2,616 | 2,580 | (36) | **(1.4%)** | 2,766 | (186) | **(6.7%)** |
| Home Health Visits | 15,060 | 14,044 | (1,016) | **(6.7%)** | 14,541 | (497) | **(3.4%)** |
| Cath Lab Minutes (IP & OP) | 1,731 | 1,613 | (118) | **(6.8%)** | 1,957 | (344) | **(17.6%)** |
| Radiation Oncology Treatments (I/P & O/P) | 10,884 | 10,032 | (852) | **(7.8%)** | 11,858 | (1,826) | **(15.4%)** |
| Surgery Minutes – General & Robotic (I/P & O/P) | 5,357 | 4,827 | (530) | **(9.9%)** | 6,682 | (1,855) | **(27.8%)** |
| Dialysis Treatments | 8,682 | 7,759 | (923) | **(10.6%)** | 9,206 | (1,447) | **(15.7%)** |

# Trended Financial Comparison (000's)

**Kaweah Delta Health Care District**

**Trended Income Statement (000's)**

| *Adjusted Patient Days* | *24,958* | *25,750* | *24,148* | *23,570* | *25,807* | *25,268* | *25,026* | *25,797* | *26,085* | *27,703* | *28,321* | *28,243* | *26,550* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 |
| **Operating Revenue** | | | | | | | | | | | | | |
| Net Patient Service Revenue | **$50,994** | **$50,409** | **$49,949** | **$44,505** | **$56,144** | **$52,593** | **$50,531** | **$43,233** | **$51,502** | **$49,714** | **$57,879** | **$55,674** | **$54,846** |
| Supplemental Gov't Programs | 3,979 | 3,979 | 4,822 | 5,279 | 5,279 | 4,990 | 4,990 | 6,845 | 4,286 | 4,286 | 4,286 | 4,383 | 11,778 |
| Prime Program | 429 | 429 | 713 | 358 | 715 | 4,872 | 715 | 721 | 667 | 667 | 667 | 667 | 667 |
| Premium Revenue | 4,271 | 4,318 | 4,690 | 5,027 | 4,894 | 4,710 | 5,036 | 6,584 | 4,902 | 5,425 | 5,163 | 5,156 | 5,054 |
| Management Services Revenue | 2,569 | 2,583 | 2,867 | 2,430 | 3,303 | 3,301 | 2,877 | 3,251 | 3,172 | 3,298 | 3,523 | 3,137 | 2,690 |
| Other Revenue | 1,471 | 2,008 | 1,022 | 1,425 | 2,915 | 1,810 | 2,074 | 2,188 | 2,009 | 2,348 | 1,873 | 2,250 | 1,974 |
| Other Operating Revenue | 12,719 | 13,317 | 14,115 | 14,519 | 17,106 | 19,684 | 15,692 | 19,589 | 15,036 | 16,024 | 15,513 | 15,592 | 22,162 |
| **Total Operating Revenue** | **63,713** | **63,726** | **64,064** | **59,024** | **73,250** | **72,277** | **66,223** | **62,822** | **66,537** | **65,737** | **73,391** | **71,266** | **77,008** |
| **Operating Expenses** | | | | | | | | | | | | | |
| Salaries & Wages | 25,984 | 28,026 | 28,111 | 25,134 | 28,879 | 26,741 | 27,786 | 26,249 | 27,474 | 28,198 | 31,872 | 30,538 | 28,408 |
| Contract Labor | 242 | 303 | 226 | 1,404 | 887 | 1,694 | 1,169 | 2,080 | 1,116 | 1,358 | 1,721 | 1,872 | 1,745 |
| Employee Benefits | 4,998 | 5,969 | 5,671 | 5,027 | 5,739 | 8,650 | 5,087 | (7,812) | 4,087 | 3,878 | 4,728 | 4,217 | 3,481 |
| **Total Employment Expenses** | **31,225** | **34,298** | **34,008** | **31,565** | **35,505** | **37,084** | **34,042** | **20,517** | **32,678** | **33,434** | **38,321** | **36,627** | **33,634** |
| Medical & Other Supplies | 10,999 | 11,492 | 12,014 | 9,685 | 10,923 | 11,011 | 10,170 | 11,772 | 9,596 | 13,004 | 11,942 | 11,714 | 10,623 |
| Physician Fees | 8,079 | 8,024 | 8,421 | 8,484 | 8,278 | 8,320 | 7,754 | 8,207 | 7,922 | 8,527 | 7,736 | 9,674 | 10,261 |
| Purchased Services | 1,592 | 1,628 | 1,935 | 1,507 | 1,538 | 1,520 | 1,383 | 2,697 | 1,100 | 1,368 | 1,680 | 1,683 | 1,565 |
| Repairs & Maintenance | 2,091 | 2,146 | 2,192 | 2,115 | 2,019 | 2,544 | 2,282 | 2,319 | 2,074 | 2,425 | 2,425 | 2,702 | 2,330 |
| Utilities | 491 | 439 | 537 | 467 | 523 | 630 | 729 | 1,175 | 688 | 740 | 696 | 860 | 760 |
| Rents & Leases | 543 | 504 | 546 | 519 | 487 | 535 | 489 | 504 | 475 | 519 | 487 | 474 | 522 |
| Depreciation & Amortization | 2,473 | 2,458 | 2,451 | 2,423 | 2,412 | 2,413 | 2,923 | 3,924 | 2,635 | 2,632 | 2,636 | 2,634 | 2,636 |
| Interest Expense | 555 | 555 | 555 | 555 | 555 | 555 | 555 | 666 | 555 | 646 | 499 | 501 | 500 |
| Other Expense | 1,863 | 1,610 | 1,808 | 1,280 | 2,762 | 1,840 | 1,537 | 2,053 | 1,450 | 1,466 | 1,641 | 1,563 | 1,557 |
| Humana Cap Plan Expenses | 2,677 | 2,935 | 2,217 | 2,707 | 3,164 | 3,771 | 3,780 | 3,018 | 3,472 | 2,503 | 3,642 | 3,982 | 3,130 |
| Management Services Expense | 2,553 | 2,876 | 2,860 | 2,256 | 3,531 | 3,088 | 2,892 | 3,521 | 2,768 | 3,115 | 3,734 | 2,988 | 2,628 |
| **Total Other Expenses** | **33,915** | **34,668** | **35,536** | **31,998** | **36,191** | **36,227** | **34,493** | **39,856** | **32,735** | **36,945** | **37,116** | **38,774** | **36,512** |
| Total Operating Expenses | **65,140** | **68,965** | **69,544** | **63,562** | **71,696** | **73,310** | **68,535** | **60,373** | **65,413** | **70,379** | **75,437** | **75,402** | **70,146** |
| **Operating Margin** | **($1,427)** | **($5,240)** | **($5,480)** | **($4,538)** | **$1,554** | **($1,033)** | **($2,312)** | **$2,449** | **$1,124** | **($4,642)** | **($2,046)** | **($4,136)** | **$6,862** |
| Stimulus Funds | $1,724 | $0 | $5,758 | $3,460 | $3,449 | $920 | $1,076 | $525 | $0 | $438 | $0 | $137 | $6,542 |
| **Operating Margin after Stimulus** | **$297** | **($5,240)** | **$278** | **($1,078)** | **$5,003** | **($113)** | **($1,236)** | **$2,974** | **$1,124** | **($4,204)** | **($2,046)** | **($3,999)** | **$13,404** |
| Nonoperating Revenue (Loss) | 1,083 | 1,963 | 605 | 513 | (1,182) | 1,725 | 753 | 248 | 582 | 552 | (388) | 595 | 587 |
| **Excess Margin** | **$1,380** | **($3,276)** | **$883** | **($565)** | **$3,821** | **$1,612** | **($483)** | **$3,222** | **$1,706** | **($3,651)** | **($2,434)** | **($3,404)** | **$13,991** |

# November Financial Comparison (000's)

| | Actual Results | | Budget | Budget Variance | |
|---|---|---|---|---|---|
| | Nov 2020 | Nov 2021 | Nov 2021 | Change | % Change |
| **Operating Revenue** | | | | | |
| Net Patient Service Revenue | **$50,994** | **$54,846** | **$52,798** | **$2,048** | **3.9%** |
| Other Operating Revenue | 12,719 | 22,162 | 15,233 | 6,929 | 45.5% |
| **Total Operating Revenue** | **63,713** | **77,008** | **68,031** | **8,977** | **13.2%** |
| **Operating Expenses** | | | | | |
| Employment Expense | 31,225 | 33,634 | 32,212 | 1,422 | 4.4% |
| Other Operating Expense | 33,915 | 36,512 | 35,023 | 1,489 | 4.3% |
| **Total Operating Expenses** | **65,140** | **70,146** | **67,235** | **2,911** | **4.3%** |
| **Operating Margin** | **($1,427)** | **$6,862** | **$796** | **$6,066** | |
| Stimulus Funds | 1,724 | 6,542 | 98 | 6,444 | |
| **Operating Margin after Stimulus** | **$297** | **$13,404** | **$894** | **$12,510** | |
| Non Operating Revenue (Loss) | 1,083 | 587 | 389 | 198 | |
| **Excess Margin** | **$1,380** | **$13,991** | **$1,282** | **$12,708** | |

| | | | |
|---|---|---|---|
| **Operating Margin %** | **(2.2%)** | **8.9%** | **1.2%** |
| **OM after Stimulus%** | **0.5%** | **17.4%** | **1.3%** |
| **Excess Margin %** | **2.1%** | **16.6%** | **1.9%** |
| **Operating Cash Flow Margin %** | **2.5%** | **13.0%** | **6.2%** |

# YTD (July-Nov) Financial Comparison (000's)

| | Actual Results FYTD Jul-Nov | | Budget FYTD | Budget Variance | FYTD |
|---|---|---|---|---|---|
| | FYTD2021 | FYTD2022 | FYTD2022 | Change | % Change |
| **Operating Revenue** | | | | | |
| Net Patient Service Revenue | **$247,012** | **$269,614** | **$264,178** | **$5,436** | **2.1%** |
| Other Operating Revenue | 66,296 | 84,325 | 76,545 | 7,780 | 10.2% |
| **Total Operating Revenue** | **313,308** | **353,939** | **340,723** | **13,216** | **3.9%** |
| **Operating Expenses** | | | | | |
| Employment Expense | 161,864 | 174,705 | 163,228 | 11,477 | 7.0% |
| Other Operating Expense | 166,048 | 182,082 | 173,900 | 8,183 | 4.7% |
| **Total Operating Expenses** | **327,912** | **356,787** | **337,128** | **19,660** | **5.8%** |
| **Operating Margin** | **($14,603)** | **($2,848)** | **$3,595** | **($6,443)** | |
| Stimulus Funds | 17,273 | 7,117 | 501 | 6,616 | |
| **Operating Margin after Stimulus** | **$2,670** | **$4,269** | **$4,096** | **$173** | |
| Nonoperating Revenue (Loss) | 2,835 | 1,928 | 2,402 | (475) | |
| **Excess Margin** | **$5,504** | **$6,197** | **$6,499** | **($302)** | |

| | | | |
|---|---|---|---|
| **Operating Margin %** | **(4.7%)** | **(0.8%)** | **1.1%** |
| **OM after Stimulus%** | **0.9%** | **1.2%** | **1.2%** |
| **Excess Margin %** | **1.7%** | **1.7%** | **1.9%** |
| **Operating Cash Flow Margin %** | **0.3%** | **3.7%** | **5.7%** |

# November Financial Comparison (000's)

| | Actual Results | | | Budget | Budget Variance | |
|---|---|---|---|---|---|---|
| | Nov 2020 | Nov 2021 | % Change | Nov 2021 | Change | % Change |
| **Operating Revenue** | | | | | | |
| Net Patient Service Revenue | **$50,994** | **54,846** | **7.6%** | **$52,798** | **$2,048** | **3.9%** |
| Supplemental Gov't Programs | 3,979 | 11,778 | 196.0% | 4,426 | 7,353 | 166.1% |
| Prime Program | 429 | 667 | 55.4% | 658 | 9 | 1.4% |
| Premium Revenue | 4,271 | 5,054 | 18.3% | 5,148 | (94) | (1.8%) |
| Management Services Revenue | 2,569 | 2,690 | 4.7% | 2,983 | (293) | (9.8%) |
| Other Revenue | 1,471 | 1,974 | 34.2% | 2,019 | (45) | (2.2%) |
| Other Operating Revenue | 12,719 | 22,162 | **74.2%** | 15,233 | 6,929 | 45.5% |
| **Total Operating Revenue** | **63,713** | **77,008** | **20.9%** | **68,031** | **8,977** | **13.2%** |
| **Operating Expenses** | | | | | | |
| Salaries & Wages | 25,984 | 28,408 | 9.3% | 27,269 | 1,139 | 4.2% |
| Contract Labor | 242 | 1,745 | 620.1% | 511 | 1,234 | 241.7% |
| Employee Benefits | 4,998 | 3,481 | (30.4%) | 4,432 | (951) | (21.5%) |
| **Total Employment Expenses** | **31,225** | **33,634** | **7.7%** | **32,212** | **1,422** | **4.4%** |
| Medical & Other Supplies | 10,999 | 10,623 | (3.4%) | 10,437 | 186 | 1.8% |
| Physician Fees | 8,079 | 10,261 | 27.0% | 8,740 | 1,521 | 17.4% |
| Purchased Services | 1,592 | 1,565 | (1.7%) | 1,304 | 261 | 20.0% |
| Repairs & Maintenance | 2,091 | 2,330 | 11.5% | 2,368 | (37) | (1.6%) |
| Utilities | 491 | 760 | 55.0% | 552 | 208 | 37.7% |
| Rents & Leases | 543 | 522 | (3.9%) | 517 | 5 | 0.9% |
| Depreciation & Amortization | 2,473 | 2,636 | 6.6% | 2,812 | (176) | (6.3%) |
| Interest Expense | 555 | 500 | (9.9%) | 595 | (95) | (16.0%) |
| Other Expense | 1,863 | 1,557 | (16.4%) | 1,855 | (298) | (16.1%) |
| Humana Cap Plan Expenses | 2,677 | 3,130 | 16.9% | 2,892 | 238 | 8.2% |
| Management Services Expense | 2,553 | 2,628 | 2.9% | 2,951 | (323) | (11.0%) |
| **Total Other Expenses** | **33,915** | **36,512** | **7.7%** | **35,023** | **1,489** | **4.3%** |
| **Total Operating Expenses** | **65,140** | **70,146** | **7.7%** | **67,235** | **2,911** | **4.3%** |
| **Operating Margin** | **($1,427)** | **$6,862** | **581%** | **$796** | **$6,066** | **762%** |
| Stimulus Funds | 1,724 | 6,542 | 279.5% | 98 | 6,444 | 6576% |
| **Operating Margin after Stimulus** | **$297** | **$13,404** | **4405%** | **$894** | **$12,510** | **1399%** |
| Nonoperating Revenue (Loss) | 1,083 | 587 | (45.8%) | 389 | 198 | 51.0% |
| **Excess Margin** | **$1,380** | **$13,991** | **914%** | **$1,282** | **$12,708** | **991%** |

| | | | | |
|---|---|---|---|---|
| **Operating Margin %** | **(2.2%)** | **8.9%** | | **1.2%** |
| **OM after Stimulus%** | **0.5%** | **17.4%** | | **1.3%** |
| **Excess Margin %** | **2.1%** | **16.6%** | | **1.9%** |
| **Operating Cash Flow Margin %** | **2.5%** | **13.0%** | | **6.2%** |

# YTD Financial Comparison (000's)

| | Actual Results FYTD Jul-Nov | | | Budget FYTD | Budget Variance | FYTD |
|---|---|---|---|---|---|---|
| | FYTD2021 | FYTD2022 | % Change | FYTD2022 | Change | % Change |
| **Operating Revenue** | | | | | | |
| Net Patient Service Revenue | **$247,012** | **$269,614** | **9.2%** | **$264,178** | **$5,436** | **2.1%** |
| Supplemental Gov't Programs | 19,896 | 29,020 | 45.9% | 22,128 | 6,893 | 31.2% |
| Prime Program | 2,144 | 3,333 | 55.4% | 3,353 | (20) | (0.6%) |
| Premium Revenue | 21,829 | 25,699 | 17.7% | 25,557 | 142 | 0.6% |
| Management Services Revenue | 13,555 | 15,819 | 16.7% | 15,212 | 607 | 4.0% |
| Other Revenue | 8,871 | 10,453 | 17.8% | 10,295 | 158 | 1.5% |
| Other Operating Revenue | 66,296 | 84,325 | **27.2%** | 76,545 | 7,780 | 10.2% |
| **Total Operating Revenue** | **313,308** | **353,939** | **13.0%** | **340,723** | **13,216** | **3.9%** |
| **Operating Expenses** | | | | | | |
| Salaries & Wages | 133,226 | 146,502 | 10.0% | 138,031 | 8,471 | 6.1% |
| Contract Labor | 2,015 | 7,812 | 287.7% | 2,559 | 5,253 | 205.3% |
| Employee Benefits | 26,623 | 20,391 | (23.4%) | 22,638 | (2,247) | (9.9%) |
| **Total Employment Expenses** | **161,864** | **174,705** | **7.9%** | **163,228** | **11,477** | **7.0%** |
| Medical & Other Supplies | 54,087 | 56,878 | 5.2% | 52,563 | 4,315 | 8.2% |
| Physician Fees | 39,202 | 44,121 | 12.5% | 41,935 | 2,186 | 5.2% |
| Purchased Services | 7,021 | 7,394 | 5.3% | 6,650 | 745 | 11.2% |
| Repairs & Maintenance | 10,526 | 11,956 | 13.6% | 11,983 | (27) | (0.2%) |
| Utilities | 2,892 | 3,745 | 29.5% | 3,402 | 343 | 10.1% |
| Rents & Leases | 2,609 | 2,477 | (5.1%) | 2,564 | (87) | (3.4%) |
| Depreciation & Amortization | 12,643 | 13,173 | 4.2% | 12,885 | 287 | 2.2% |
| Interest Expense | 2,776 | 2,700 | (2.8%) | 3,032 | (333) | (11.0%) |
| Other Expense | 7,701 | 7,678 | (0.3%) | 9,468 | (1,790) | (18.9%) |
| Humana Cap Plan Expenses | 13,166 | 16,730 | 27.1% | 14,370 | 2,360 | 16.4% |
| Management Services Expense | 13,425 | 15,231 | 13.5% | 15,048 | 183 | 1.2% |
| **Total Other Expenses** | **166,048** | **182,082** | **9.7%** | **173,900** | **8,183** | **4.7%** |
| **Total Operating Expenses** | **327,912** | **356,787** | **8.8%** | **337,128** | **19,660** | **5.8%** |
| | | | | | | |
| **Operating Margin** | **($14,603)** | **($2,848)** | **80.5%** | **$3,595** | **($6,443)** | **(179%)** |
| Stimulus Funds | 17,273 | 7,117 | (58.8%) | 501 | 6,616 | 1321% |
| **Operating Margin after Stimulus** | **$2,670** | **$4,269** | **59.9%** | **$4,096** | **$173** | **4.2%** |
| Nonoperating Revenue (Loss) | 2,835 | 1,928 | (32.0%) | 2,402 | (475) | (19.8%) |
| **Excess Margin** | **$5,504** | **$6,197** | **12.6%** | **$6,499** | **($302)** | **(4.6%)** |

| | | | | |
|---|---|---|---|---|
| **Operating Margin %** | **(4.7%)** | **(0.8%)** | | **1.1%** |
| **OM after Stimulus%** | **0.9%** | **1.2%** | | **1.2%** |
| **Excess Margin %** | **1.7%** | **1.7%** | | **1.9%** |
| **Operating Cash Flow Margin %** | **0.3%** | **3.7%** | | **5.7%** |

# Kaweah Health Medical Group
# Fiscal Year Financial Comparison (000's)

| | Actual Results FYTD July - Nov | | | Budget FYTD | Budget Variance | FYTD |
|---|---|---|---|---|---|---|
| | Nov 2020 | Nov 2021 | % Change | Nov 2021 | Change | % Change |
| **Operating Revenue** | | | | | | |
| Net Patient Service Revenue | **$20,531** | **$20,371** | **(0.8%)** | **$23,024** | **($2,652)** | **(11.5%)** |
| Other Operating Revenue | 185 | 270 | 45.9% | 353 | (83) | (23.5%) |
| **Total Operating Revenue** | **20,716** | **20,641** | **(0.4%)** | **23,376** | **(2,735)** | **(11.7%)** |
| **Operating Expenses** | | | | | | |
| Salaries & Wages | 4,665 | 4,760 | 2.0% | 5,257 | (497) | (9.5%) |
| Contract Labor | 0 | 0 | 0.0% | 0 | 0 | 0.0% |
| Employee Benefits | 874 | 706 | (19.2%) | 857 | (151) | (17.6%) |
| **Total Employment Expenses** | **5,539** | **5,467** | **(1.3%)** | **6,115** | **(648)** | **(10.6%)** |
| Medical & Other Supplies | 2,885 | 2,892 | 0.2% | 2,973 | (81) | (2.7%) |
| Physician Fees | 11,255 | 12,248 | 8.8% | 12,991 | (744) | (5.7%) |
| Purchased Services | 346 | 400 | 15.8% | 355 | 45 | 12.8% |
| Repairs & Maintenance | 1,040 | 897 | (13.8%) | 1,141 | (244) | (21.4%) |
| Utilities | 215 | 220 | 2.7% | 245 | (24) | (9.9%) |
| Rents & Leases | 1,159 | 1,042 | (10.1%) | 1,082 | (40) | (3.7%) |
| Depreciation & Amortization | 450 | 330 | (26.8%) | 458 | (129) | (28.1%) |
| Interest Expense | 1 | 1 | (59.2%) | 0 | 0 | 43.5% |
| Other Expense | 470 | 558 | 18.8% | 706 | (148) | (21.0%) |
| **Total Other Expenses** | **17,821** | **18,587** | **4.3%** | **19,951** | **(1,364)** | **(6.8%)** |
| **Total Operating Expenses** | **23,360** | **24,054** | **3.0%** | **26,066** | **(2,012)** | **(7.7%)** |
| Stimulus Funds | 0 | 101 | 0.0% | 0 | 101 | 0.0% |
| **Excess Margin** | **($2,644)** | **($3,312)** | **(25.3%)** | **($2,690)** | **($622)** | **(23.1%)** |
| **Excess Margin %** | **(12.8%)** | **(16.0%)** | | **(11.5%)** | | |

# November 2021 | Forecast Variances to Actual

| | Actual | Forecast | Actual - Forecast Variance | | |
|---|---|---|---|---|---|
| | Nov 2021 | Nov 2021 | Change | % Change | |
| **Operating Revenue (000's)** | | | | | |
| Net Patient Service Revenue | **54,846** | **52,301** | **2,545** | **4.6%** | High Inpatient Volumes |
| Other Operating Revenue | 22,162 | 15,331 | **6,831** | 30.8% | Supplemental Rate Range Adj. of $7.4M due to the continuation of the pandemic related 6.2% increase in the federal matching (FMAP) through 2021 ($3.5M). This also includes $3.9M of unanticipated funding from Anthem – Fresno County that was for services provided to Fresno County patients at Kaweah Health. |
| **Total Operating Revenue** | **77,008** | **67,631** | **9,377** | **12.2%** | |
| **Operating Expenses** | | | | | |
| Employment Expense | 33,634 | 36,368 | (2,734) | (8.1%) | Employee benefits were $951K less than expected and shift bonus was $500K less than forecasted |
| Other Operating Expense | 36,512 | 36,482 | 30 | 0.1% | |
| **Total Operating Expenses** | **70,146** | **72,850** | **(2,704)** | **(3.9%)** | |
| **Operating Margin** | **6,862** | **($5,218)** | **$12,0830** | | |
| Stimulus Funds | 6,542 | 0 | 6,542 | | Stimulus funds received in November but forecasted in January-July 2022. |
| **Operating Margin after Stimulus** | **$13,404** | **($5,218)** | **$18,622** | | |
| NonOperating Revenue (Loss) | 587 | 389 | 198 | | |
| **Excess Margin (000's)** | **$13,991** | **($4,830)** | **$18,821** | | |

Kaweah Health
MORE THAN MEDICINE. LIFE.

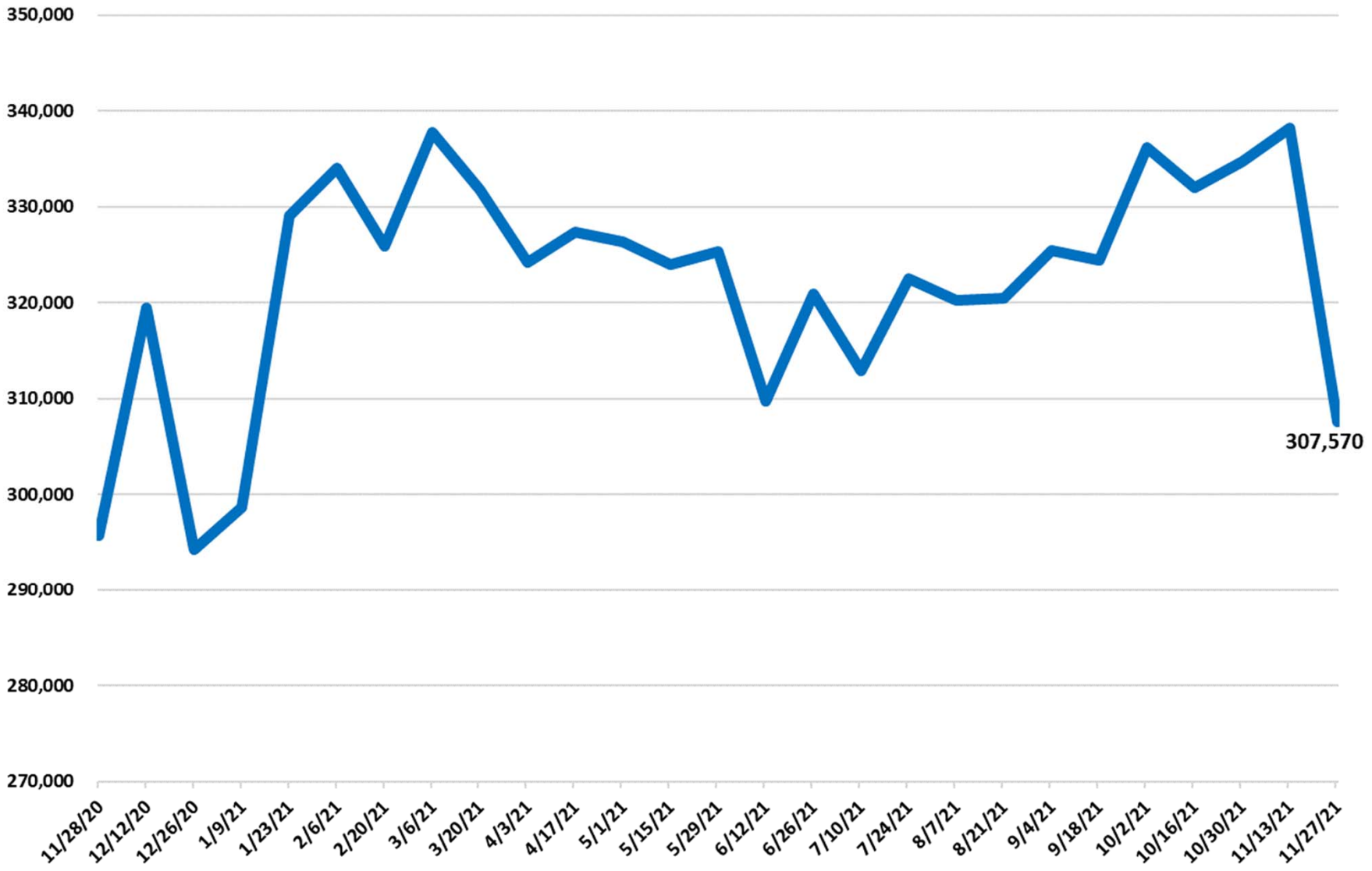
# Month of November - Budget Variances

- **Net Patient Revenues:** Net patient revenue exceeded budget by $2M (3.9%). This is primarily due to a 5.4% increase in inpatient days.
- **Supplemental Gov't Programs:** The $7.4M increase over budget is due to the extension of the COVID relief related increase of 6.2% in the federal matching (FMAP) through 2021 ($3.5M). This also includes $3.9M of unanticipated funding from Anthem – Fresno County that was for services provided to Fresno County patients at Kaweah Health.
- **Salaries and Contract Labor**: We experienced an unfavorable budget variance of $2.4M in November. The unfavorable variance is primarily due to the higher patient volume as well as the rates associated with contract labor hours ($1.2M) and shift bonuses ($1.8M)
- Employee Benefits: The primary reason for the $951K favorable variance is due to lower payments related to our employee benefits. We are trending lower than budget in FY2021.
- **Physician Fees:** Physician fees exceeded budget by $1.5M primarily due to the increased patient volume at the Urgent Care's and a new contract for our Adult Hospitalist group.

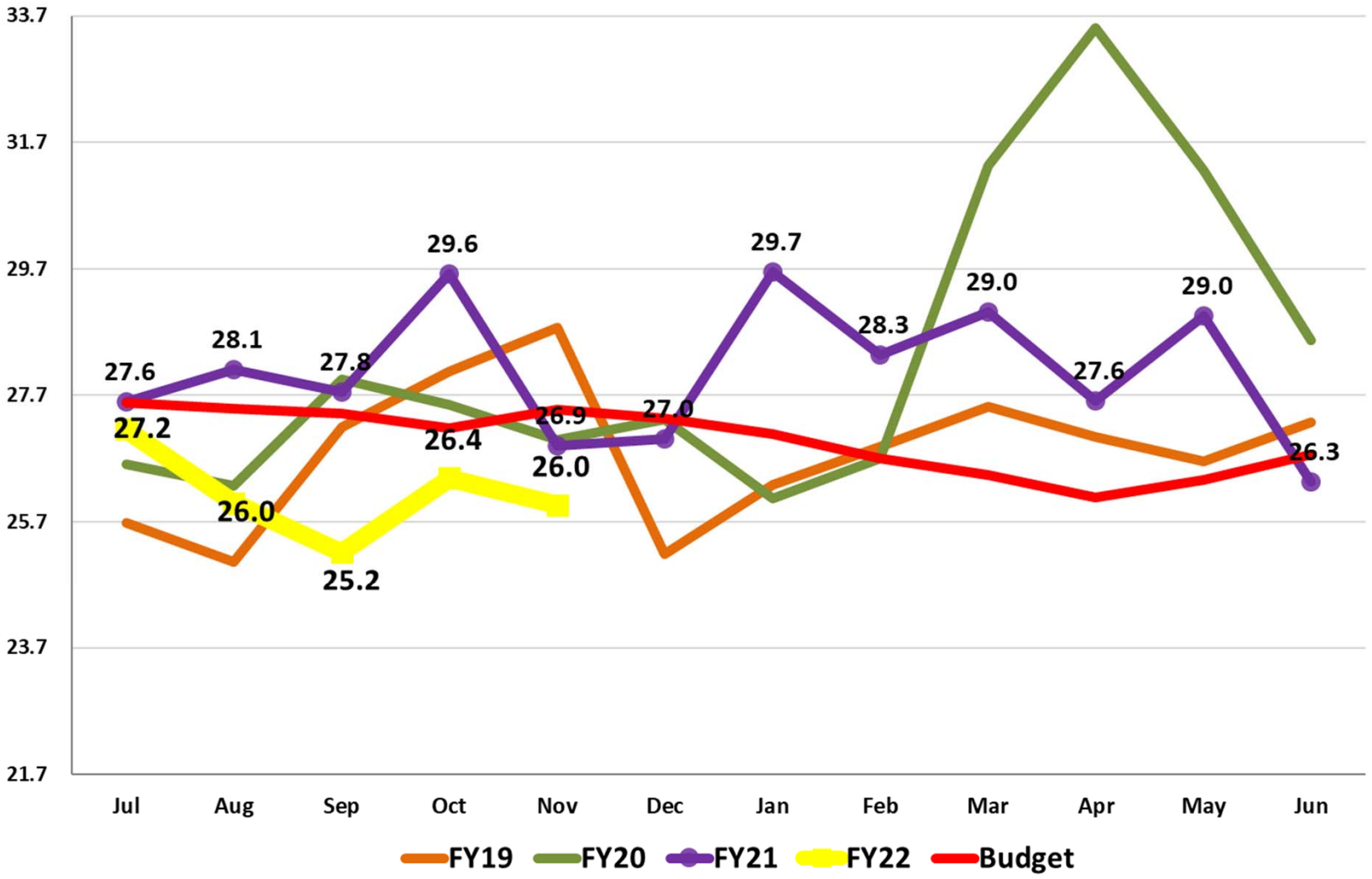
# Bond Covenant Forecast (Consolidated Financial Statements)

| | Jun-21 | FY22 Budget | FY22 Projection |
|---|---|---|---|
| **DAYS CASH ON HAND COMPUTATION** | | | |
| Cash, cash equivalents and board designated funds | $ 387,774,000 | $ 348,335,754 | $ 287,570,428 |
| Total operating expenses | $ 804,384,156 | $ 809,419,000 | $ 846,060,000 |
| Less depreciation and amortization | (31,645,725) | (33,552,000) | (33,552,000) |
| Adjusted operating expenses | $ 772,738,431 | $ 775,867,000 | $ 812,508,000 |
| Number of days in the period | 365 | 365 | 365 |
| Average daily adjusted operating expenses | $ 2,117,092 | $ 2,125,663 | $ 2,226,049 |
| **Days cash on hand** | **183.2** | **163.9** | **129.2** |
| **Requirement Measured at 6/30** | | | **90** |
| **LONG-TERM DEBT SERVICE COVERAGE RATIO CALCULATION** | | | |
| Net income (loss) | $ 12,413,788 | $ 18,937,000 | $ 9,706,556 |
| Depreciation and amortization | 31,645,725 | 33,552,000 | 33,552,000 |
| Interest (non-GO) | 6,770,637 | 7,234,000 | 7,234,000 |
| GO Bond tax revenue (net of interest) | (1,792,963) | (1,780,916) | (1,780,916) |
| Net income available for debt service | $ 49,037,187 | $ 57,942,084 | $ 48,711,640 |
| Maximum annual debt service (without GO bonds) | $ 16,967,599 | $ 16,967,599 | $ 16,967,599 |
| **Long-term debt service coverage ratio** | **2.89** | **3.41** | **2.87** |
| **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** |

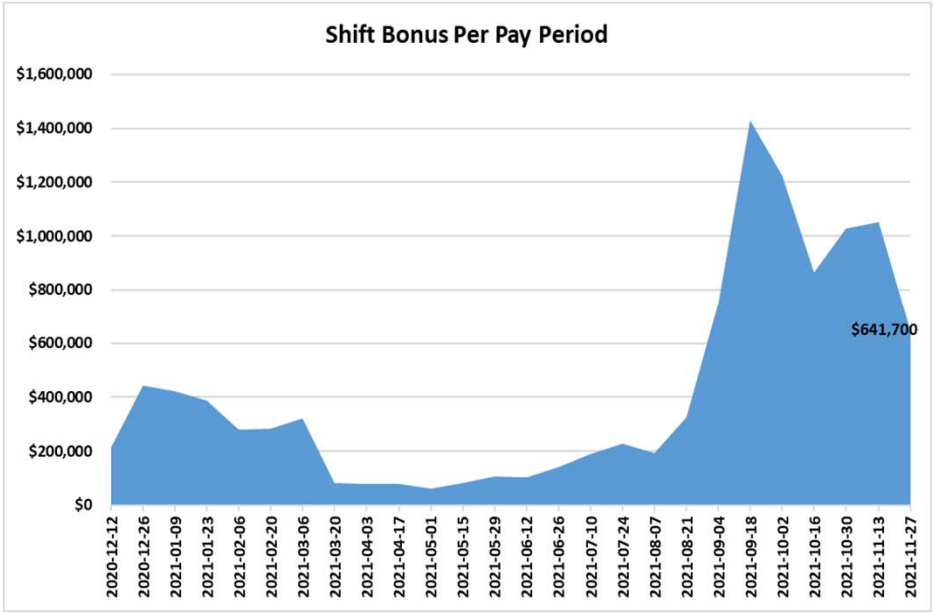
# Productive Hours

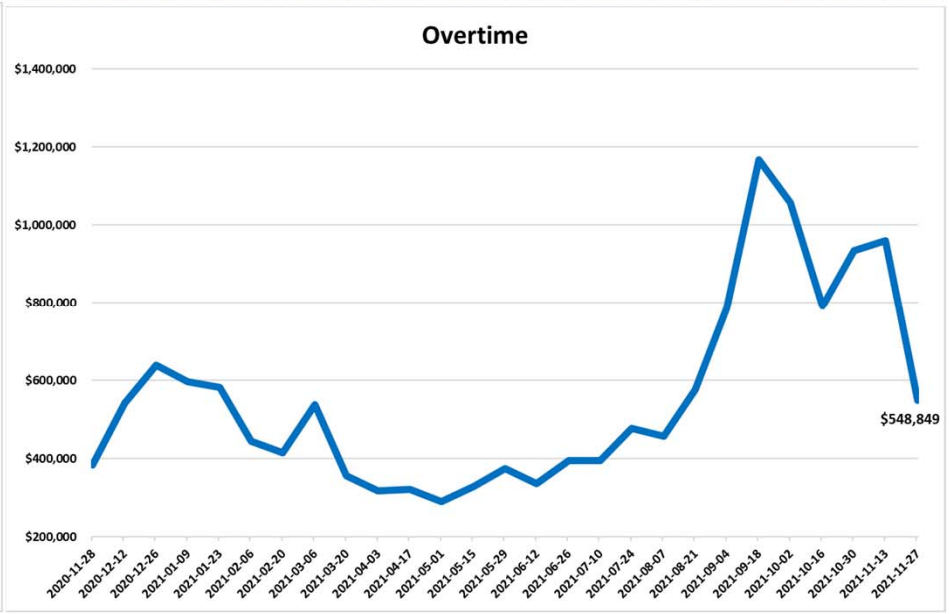


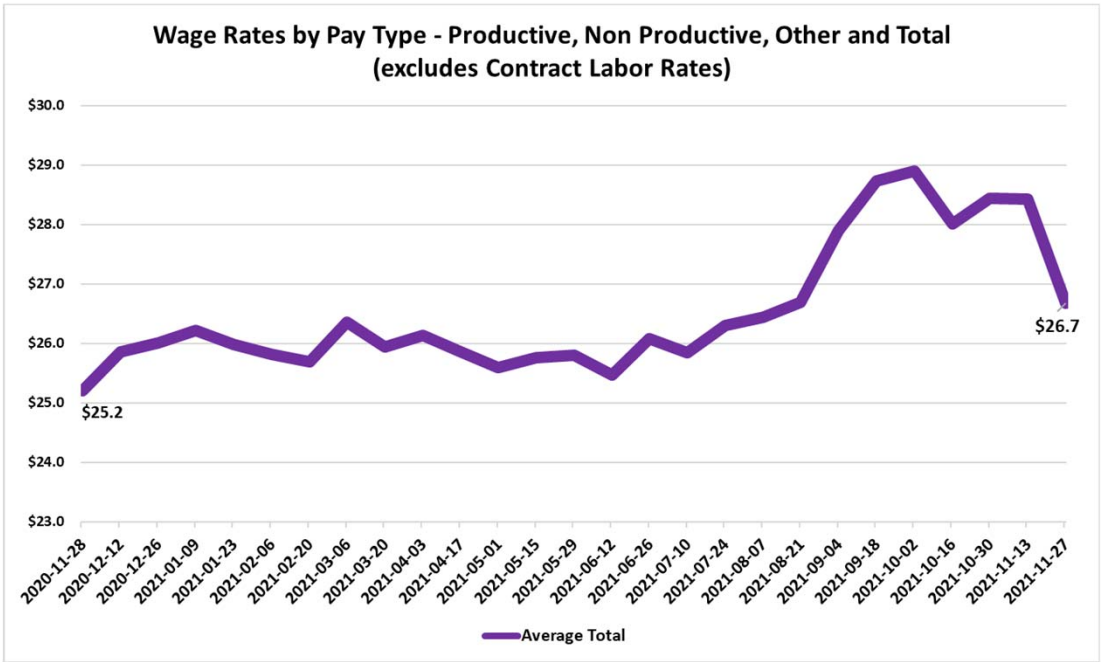
# Productivity: Worked Hours/Adjusted Patient Days



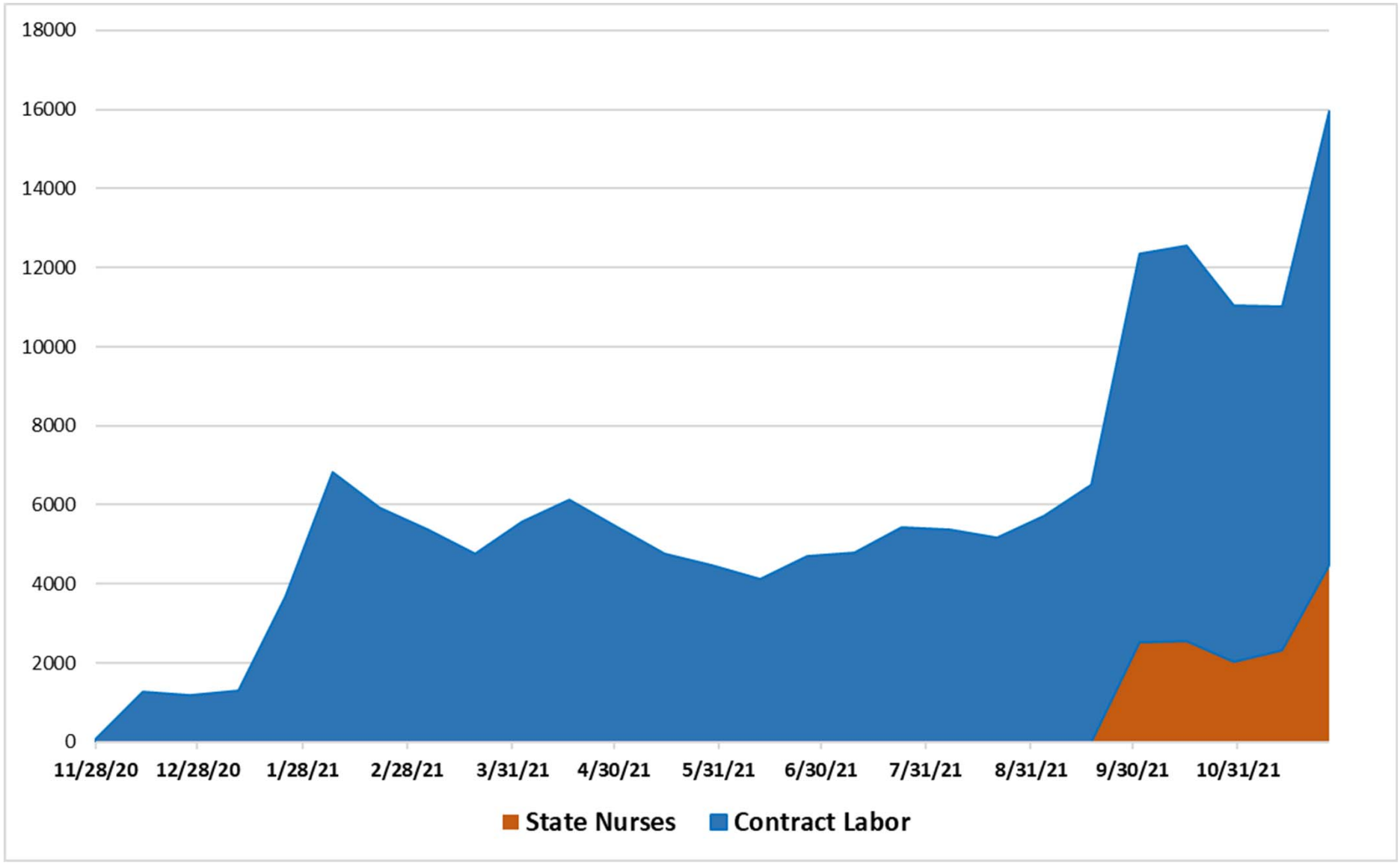
# Premium & Extra Pay Impact on Rates

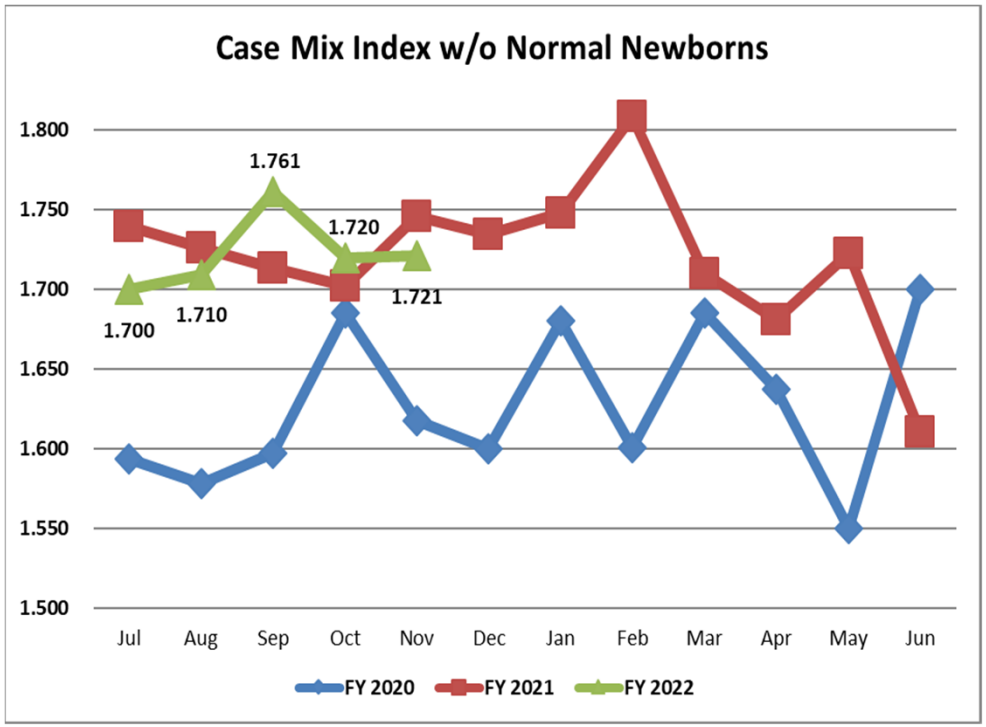


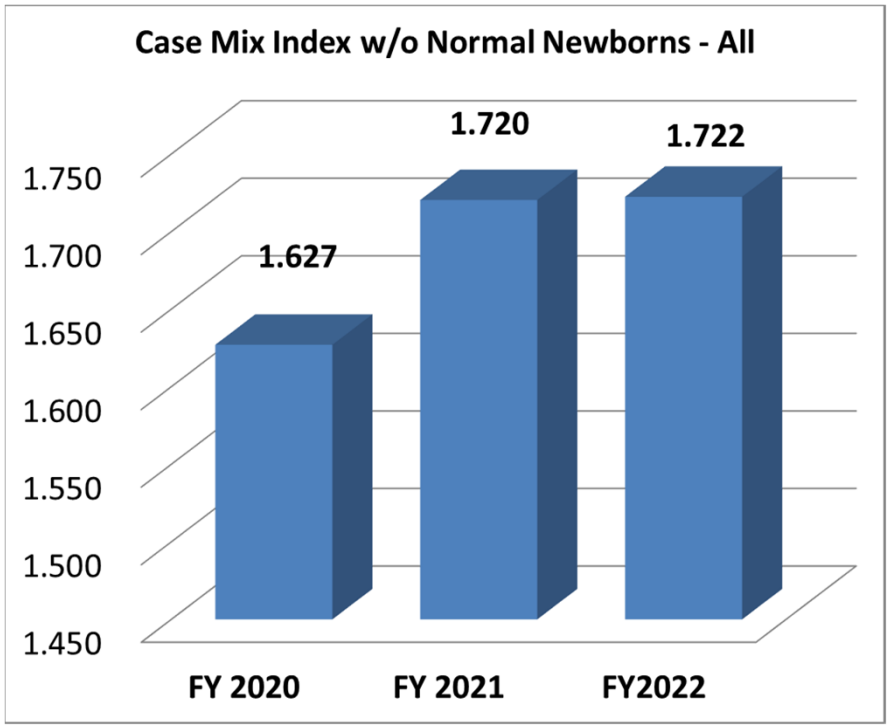



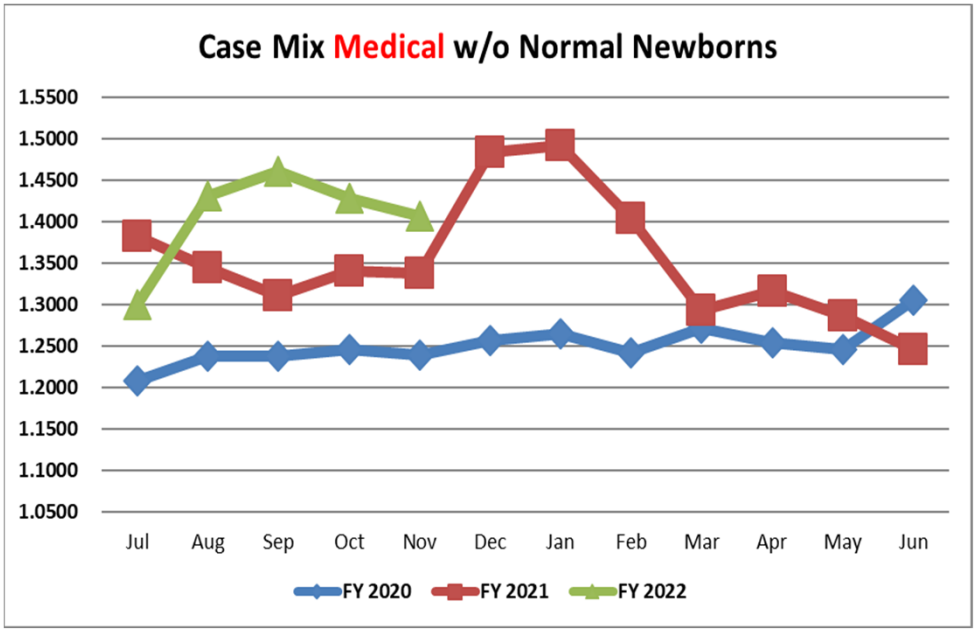



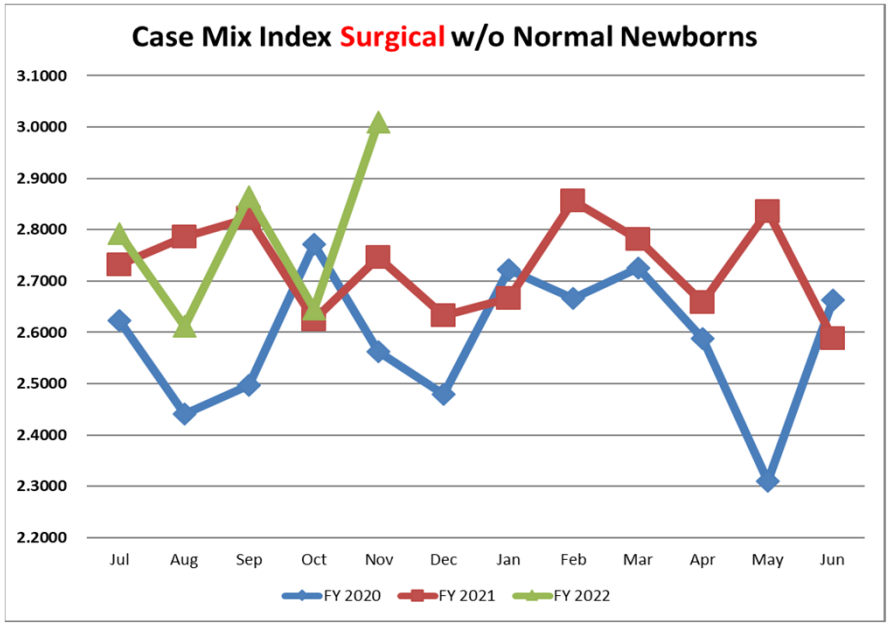
# Contract Labor Hours



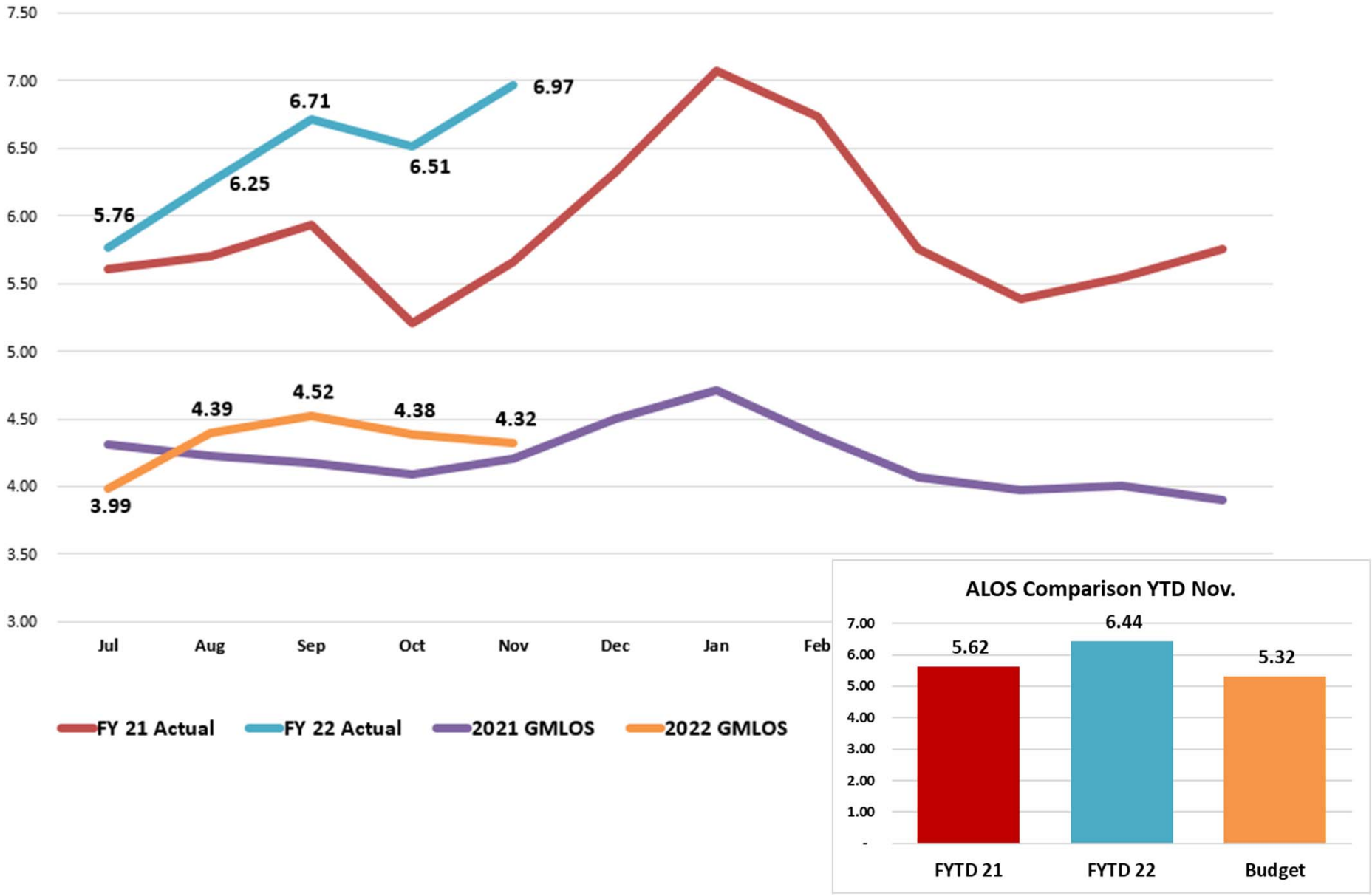

Case Mix Index w/o Normal Newborns
1.800
1.750
1.700
1.650
1.600
1.550
1.500
1.761
1.720
1.700
1.710
1.721
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2020
FY 2021
FY 2022


Case Mix Index w/o Normal Newborns - All
1.750
1.700
1.650
1.600
1.550
1.500
1.450
1.627
1.720
1.722
FY 2020
FY 2021
FY2022


Case Mix Medical w/o Normal Newborns
1.5500
1.5000
1.4500
1.4000
1.3500
1.3000
1.2500
1.2000
1.1500
1.1000
1.0500
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2020
FY 2021
FY 2022

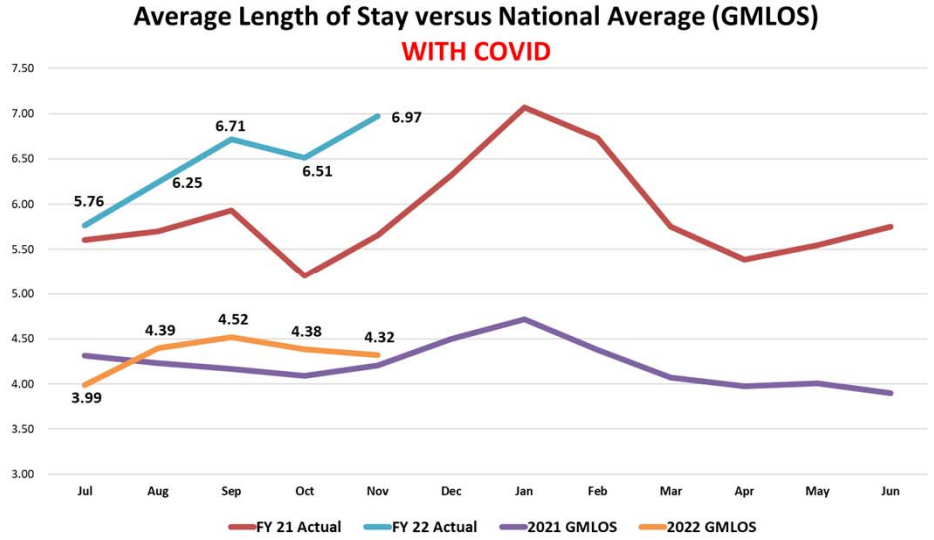

Case Mix Index Surgical w/o Normal Newborns
3.1000
3.0000
2.9000
2.8000
2.7000
2.6000
2.5000
2.4000
2.3000
2.2000
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2020
FY 2021
FY 2022

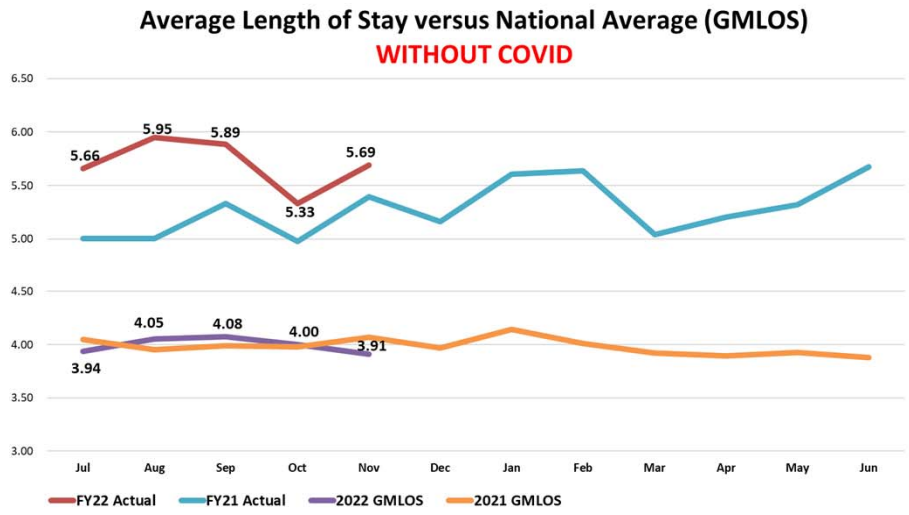
# Average Length of Stay versus National Average (GMLOS)



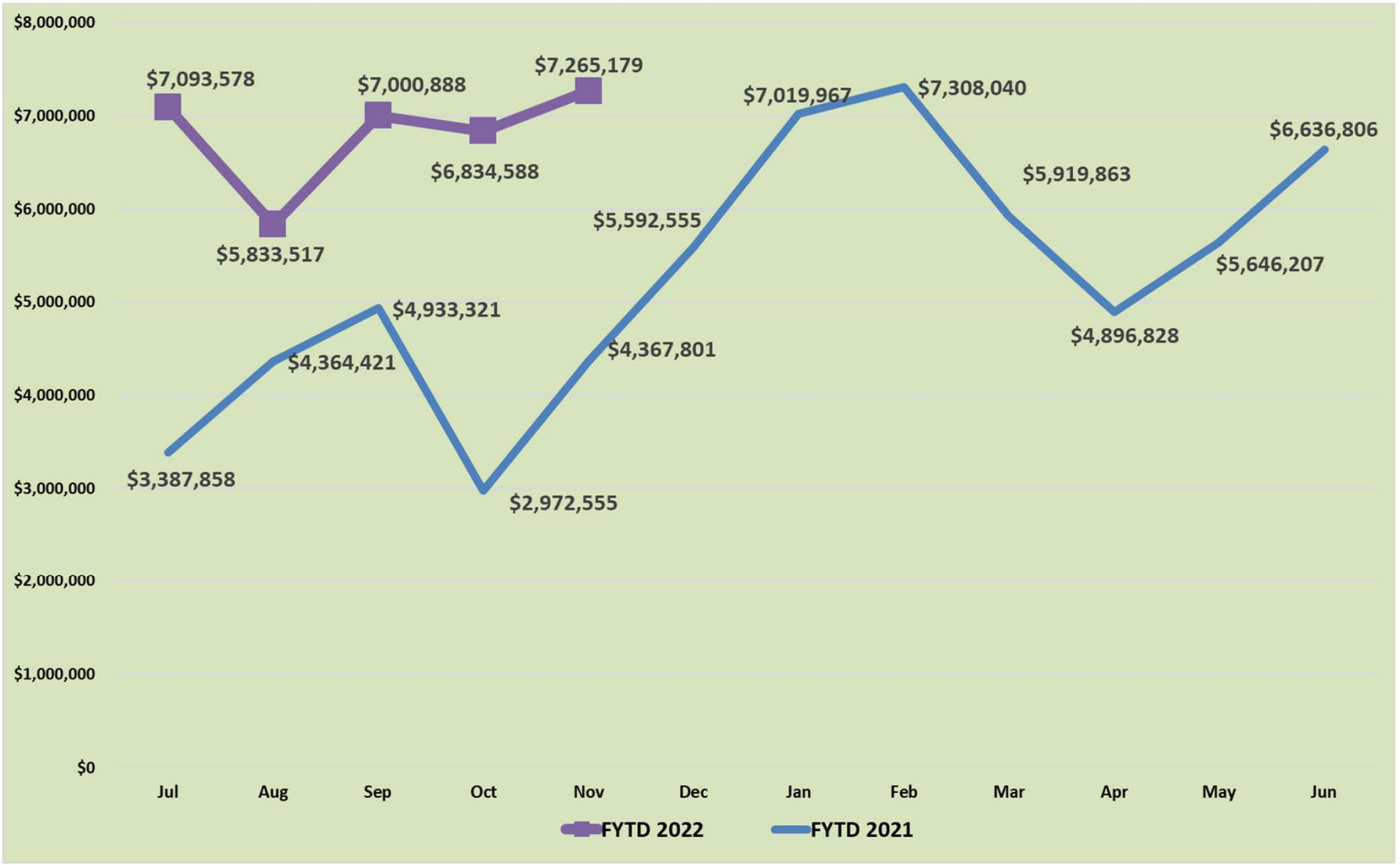
# Average Length of Stay versus National Average (GMLOS)

| | Including COVID Patients | | | Excluding COVID Patients | | | | |
|---|---|---|---|---|---|---|---|---|
| | ALOS | GMLOS | GAP | ALOS | GMLOS | GAP | Gap Diff | % |
| Mar-20 | 5.20 | 4.04 | 1.16 | 5.16 | 4.03 | 1.13 | 0.03 | 2% |
| Apr-20 | 5.30 | 4.25 | 1.05 | 5.19 | 4.17 | 1.03 | 0.02 | 2% |
| 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 | 5.60 | 4.31 | 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 | 3.99 | 1.34 | 0.42 | 24% |
| Oct-20 | 5.20 | 4.09 | 1.11 | 4.98 | 3.98 | 1.00 | 0.11 | 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 | 4.14 | 1.47 | 0.89 | 38% |
| Feb-21 | 6.73 | 4.38 | 2.35 | 5.64 | 4.01 | 1.63 | 0.72 | 31% |
| Mar-21 | 5.75 | 4.07 | 1.68 | 5.04 | 3.92 | 1.12 | 0.56 | 33% |
| Apr-21 | 5.38 | 3.97 | 1.41 | 5.20 | 3.89 | 1.31 | 0.10 | 7% |
| May-21 | 5.55 | 4.01 | 1.54 | 5.32 | 3.92 | 1.40 | 0.14 | 9% |
| Jun-21 | 5.75 | 3.90 | 1.85 | 5.67 | 3.88 | 1.79 | 0.06 | 3% |
| Jul-21 | 5.76 | 3.99 | 1.77 | 5.66 | 3.94 | 1.72 | 0.05 | 3% |
| Aug-21 | 6.25 | 4.39 | 1.86 | 5.95 | 4.05 | 1.90 | (0.04) | -2% |
| Sep-21 | 6.72 | 4.52 | 2.20 | 5.89 | 4.08 | 1.81 | 0.39 | 18% |
| Oct-21 | 6.51 | 4.38 | 2.13 | 5.33 | 4.00 | 1.33 | 0.80 | 38% |
| Nov-21 | 6.97 | 4.32 | 2.65 | 5.69 | 3.91 | 1.78 | 0.87 | 33% |
| Average | **5.92** | **4.23** | **1.69** | **5.33** | **4.00** | **1.33** | **0.36** | **21%** |

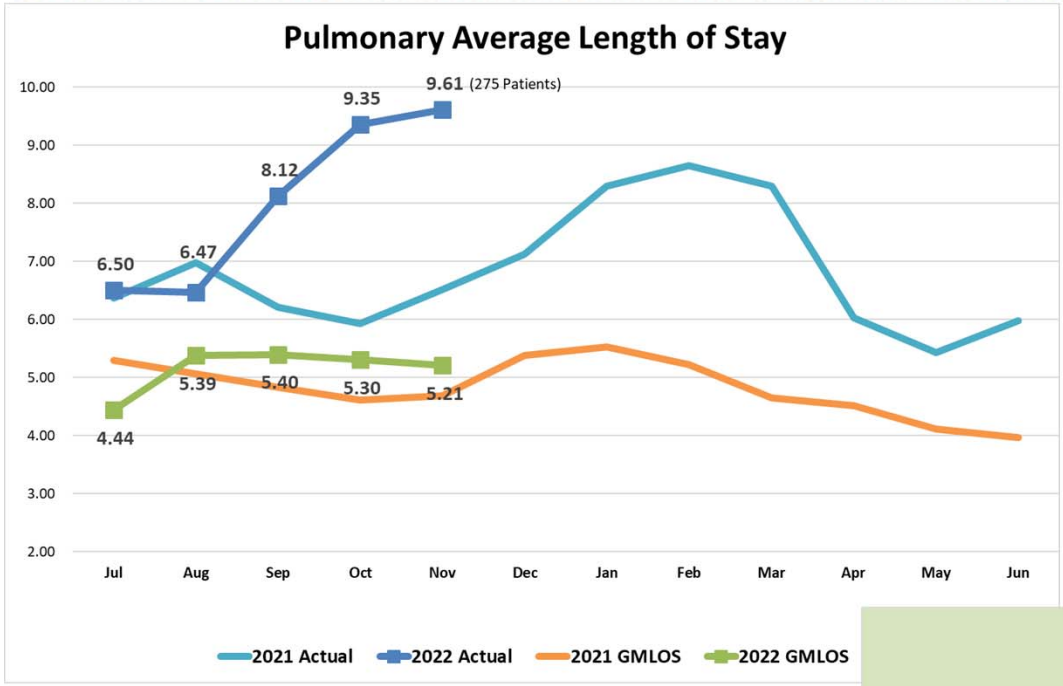


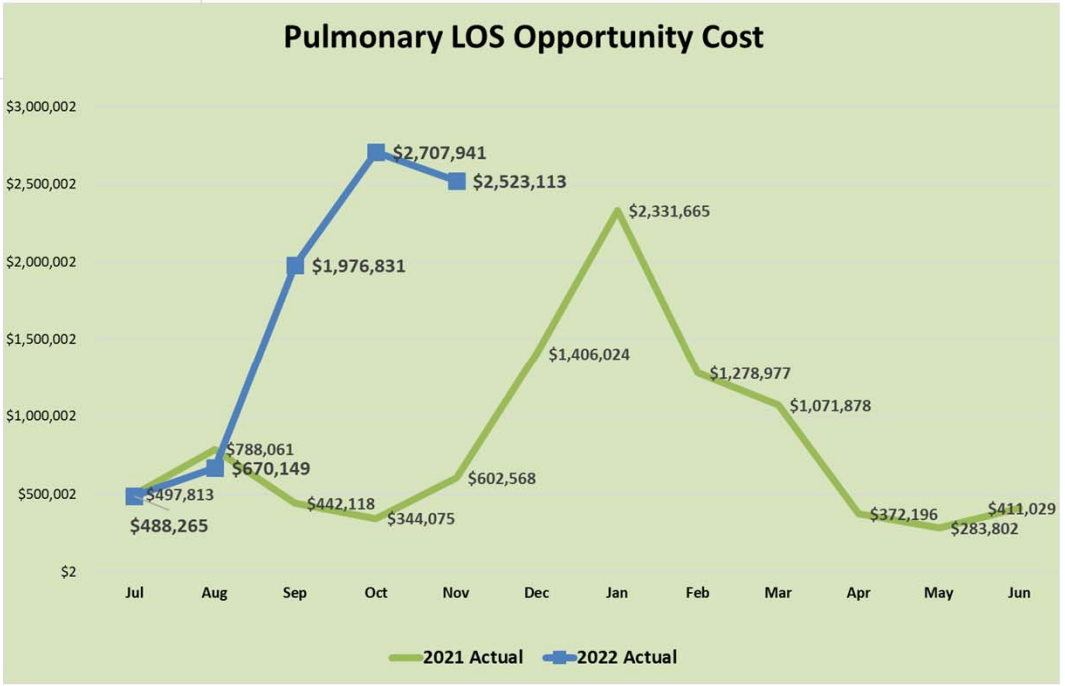



# Opportunity Cost of Reducing LOS to National Average - $62.7M FY21

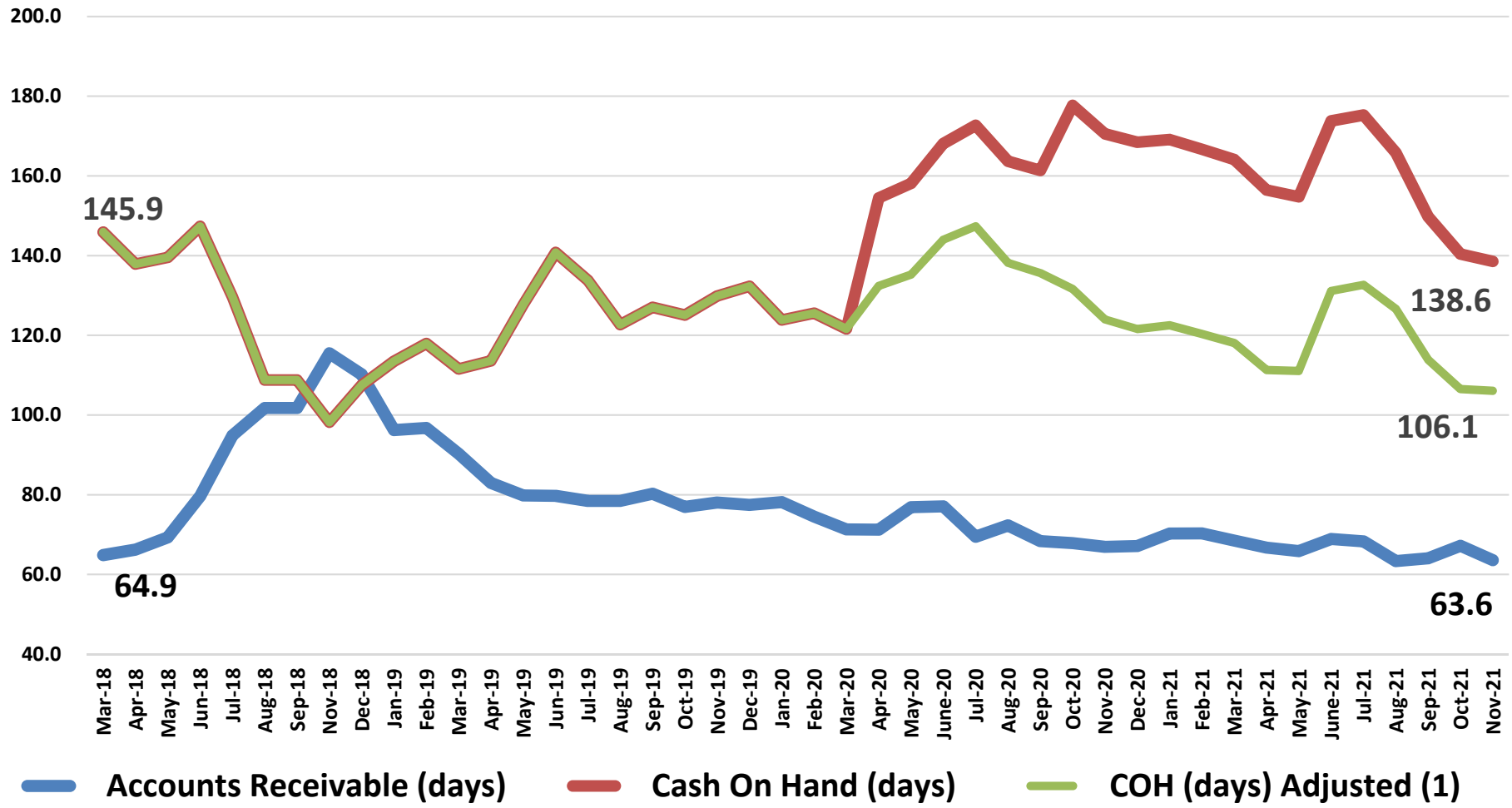


# Pulmonary Diagnosis Grouping – Average Length of Stay



# 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
## NOVEMBER 30, 2021

| | Current Month Value | Prior Month Value | June 30, 2021 Audited Value | 2019 Moody's Median Benchmark | | |
|---|---|---|---|---|---|---|
| | | | | Aa | A | Baa |
| **LIQUIDITY RATIOS** | | | | | | |
| Current Ratio (x) | 1.5 | 1.3 | 1.2 | 1.5 | **1.8** | 1.9 |
| Accounts Receivable (days) | 63.6 | 67.2 | 67.0 | 48.2 | **46.2** | 46.6 |
| Cash On Hand (days) | 138.6 | 140.4 | 173.3 | 276.1 | **215.1** | 162.5 |
| Cushion Ratio (x) | 19.6 | 19.8 | 22.9 | 37.8 | **23.5** | 14.6 |
| Average Payment Period (days) | 78.9 | 80.2 | 93.2 | 74.6 | **60.5** | 61.1 |
| **CAPITAL STRUCTURE RATIOS** | | | | | | |
| Cash-to-Debt | 139.4% | 141.1% | 164.4% | 244.9% | **176.8%** | 121.2% |
| Debt-To-Capitalization | 31.0% | 31.7% | 31.2% | 24.4% | **30.9%** | 38.4% |
| Debt-to-Cash Flow (x) | 4.4 | 17.3 | 4.6 | 2.1 | **2.7** | 4.0 |
| Debt Service Coverage | 3.0 | 0.8 | 2.9 | 8.2 | **5.5** | 3.4 |
| Maximum Annual Debt Service Coverage (x) | 3.0 | 0.8 | 2.9 | 7.1 | **4.7** | 3.1 |
| Age Of Plant (years) | 14.0 | 14.0 | 13.5 | 10.6 | **12.0** | 12.2 |
| **PROFITABILITY RATIOS** | | | | | | |
| Operating Margin | (.8%) | (3.5%) | (3.5%) | 4.4% | **2.7%** | 0.5% |
| Excess Margin | 1.7% | (2.8%) | 1.5% | 7.6% | **5.2%** | 2.6% |
| Operating Cash Flow Margin | 3.7% | 1.1% | 1.4% | 10.0% | **8.7%** | 6.3% |
| Return on Assets | 1.5% | (2.4%) | 1.3% | 5.3% | **4.4%** | 2.6% |

# KAWEAH DELTA HEALTH CARE DISTRICT

## CONSOLIDATED INCOME STATEMENT (000's)

### FISCAL YEAR 2021 & 2022

| | Operating Revenue | | | Operating Expenses | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fiscal Year | Net Patient Revenue | Other Operating Revenue | Operating Revenue Total | Personnel Expense | Physician Fees | Supplies Expense | Other Operating Expense | Operating Expenses Total | Operating Income | Non-Operating Income | Net Income | Operating Margin % | Excess Margin |
| **2021** | | | | | | | | | | | | | |
| Jul-20 | 47,402 | 13,608 | 61,009 | 32,213 | 7,807 | 10,036 | 13,502 | 63,559 | (2,550) | 4,542 | 1,993 | (4.2%) | 3.0% |
| Aug-20 | 48,393 | 13,339 | 61,732 | 32,203 | 8,699 | 10,720 | 14,744 | 66,366 | (4,634) | 4,444 | (191) | (7.5%) | (0.3%) |
| Sep-20 | 48,769 | 13,548 | 62,317 | 32,837 | 6,871 | 11,619 | 14,643 | 65,971 | (3,654) | 3,138 | (515) | (5.9%) | (0.8%) |
| Oct-20 | 51,454 | 13,083 | 64,537 | 33,385 | 7,746 | 10,713 | 15,033 | 66,876 | (2,339) | 5,177 | 2,837 | (3.6%) | 4.1% |
| Nov-20 | 50,994 | 12,719 | 63,713 | 31,225 | 8,079 | 10,999 | 14,837 | 65,140 | (1,427) | 2,807 | 1,380 | (2.2%) | 2.1% |
| Dec-20 | 50,409 | 13,317 | 63,726 | 34,298 | 8,024 | 11,492 | 15,152 | 68,965 | (5,240) | 1,963 | (3,276) | (8.2%) | (5.0%) |
| Jan-21 | 49,949 | 14,115 | 64,064 | 34,008 | 8,421 | 12,014 | 15,101 | 69,544 | (5,480) | 6,363 | 883 | (8.6%) | 1.3% |
| Feb-21 | 44,505 | 14,519 | 59,024 | 31,565 | 8,484 | 9,685 | 13,829 | 63,562 | (4,538) | 3,973 | (565) | (7.7%) | (0.9%) |
| Mar-21 | 56,144 | 17,106 | 73,250 | 35,505 | 8,278 | 10,923 | 16,990 | 71,696 | 1,554 | 2,267 | 3,821 | 2.1% | 5.1% |
| Apr-21 | 52,593 | 19,684 | 72,277 | 37,084 | 8,320 | 11,011 | 16,895 | 73,310 | (1,033) | 2,645 | 1,612 | (1.4%) | 2.2% |
| May-21 | 50,531 | 15,692 | 66,223 | 34,042 | 7,754 | 10,170 | 16,569 | 68,535 | (2,312) | 1,829 | (483) | (3.5%) | (0.7%) |
| Jun-21 | 45,033 | 20,967 | 66,000 | 21,557 | 8,207 | 12,067 | 20,023 | 61,854 | 4,146 | 773 | 4,919 | 6.3% | 7.4% |
| **2021 FY Total** | **$ 596,175** | **$ 181,697** | **$ 777,872** | **$ 389,923** | **$ 96,690** | **$ 131,449** | **$ 187,317** | **$ 805,379** | **$ (27,507)** | **$ 39,921** | **$ 12,414** | **(3.5%)** | **1.5%** |
| **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%) | (4.8%) |
| 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% | 18.2% |
| **2022 FY Total** | **$ 269,614** | **$ 84,325** | **$ 353,939** | **$ 174,705** | **$ 44,121** | **$ 56,878** | **$ 81,083** | **$ 356,787** | **$ (2,848)** | **$ 9,045** | **$ 6,197** | **(0.8%)** | **1.7%** |
| **FYTD Budget** | **264,178** | **77,046** | **341,224** | **163,228** | **41,935** | **52,563** | **79,402** | **337,128** | **4,096** | **2,402** | **6,499** | **1.2%** | **1.9%** |
| **Variance** | **$ 5,436** | **$ 7,279** | **$ 12,715** | **$ 11,477** | **$ 2,186** | **$ 4,315** | **$ 1,682** | **$ 19,660** | **$ (6,944)** | **$ 6,643** | **$ (302)** | | |
| **Current Month Analysis** | | | | | | | | | | | | | |
| **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%** |
| **Budget** | **52,798** | **15,331** | **68,129** | **32,212** | **8,740** | **10,437** | **15,847** | **67,235** | **894** | **389** | **1,282** | **1.3%** | **1.9%** |
| **Variance** | **$ 2,048** | **$ 6,831** | **$ 8,879** | **$ 1,422** | **$ 1,521** | **$ 186** | **$ (218)** | **$ 2,911** | **$ 5,968** | **$ 6,740** | **12,708** | | |

# KAWEAH DELTA HEALTH CARE DISTRICT

## FISCAL YEAR 2021 & 2022

| Fiscal Year | Patient Days | ADC | Adjusted Patient Days | I/P Revenue % | 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 Operating Expense/ Ajusted Patient Day | Personnel Expense/ Net Patient Revenue | Physician Fees/ Net Patient Revenue | Supply Expense/ Net Patient Revenue | Total Operating Expense/ Net Patient Revenue |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **2021** | | | | | | | | | | | | | | |
| Jul-20 | 13,016 | 420 | 24,934 | 52.2% | 76.8% | 1,901 | 1,292 | 313 | 403 | 2,549 | 68.0% | 16.5% | 21.2% | 134.1% |
| Aug-20 | 13,296 | 429 | 24,893 | 53.4% | 75.7% | 1,944 | 1,294 | 349 | 431 | 2,666 | 66.5% | 18.0% | 22.2% | 137.1% |
| Sep-20 | 13,024 | 434 | 24,587 | 53.0% | 75.6% | 1,984 | 1,336 | 279 | 473 | 2,683 | 67.3% | 14.1% | 23.8% | 135.3% |
| Oct-20 | 12,478 | 403 | 24,749 | 50.4% | 74.2% | 2,079 | 1,349 | 313 | 433 | 2,702 | 64.9% | 15.1% | 20.8% | 130.0% |
| Nov-20 | 12,898 | 430 | 24,958 | 51.7% | 74.0% | 2,043 | 1,251 | 324 | 441 | 2,610 | 61.2% | 15.8% | 21.6% | 127.7% |
| Dec-20 | 14,389 | 464 | 25,827 | 55.7% | 75.2% | 1,952 | 1,328 | 311 | 445 | 2,670 | 68.0% | 15.9% | 22.8% | 136.8% |
| Jan-21 | 14,002 | 452 | 24,471 | 57.2% | 75.5% | 2,041 | 1,390 | 344 | 491 | 2,842 | 68.1% | 16.9% | 24.1% | 139.2% |
| Feb-21 | 12,388 | 442 | 23,578 | 52.5% | 77.3% | 1,888 | 1,339 | 360 | 411 | 2,696 | 70.9% | 19.1% | 21.8% | 142.8% |
| Mar-21 | 13,030 | 420 | 25,820 | 50.5% | 74.9% | 2,174 | 1,375 | 321 | 423 | 2,777 | 63.2% | 14.7% | 19.5% | 127.7% |
| Apr-21 | 12,361 | 412 | 25,268 | 48.9% | 75.8% | 2,081 | 1,468 | 329 | 436 | 2,901 | 70.5% | 15.8% | 20.9% | 139.4% |
| May-21 | 13,115 | 423 | 25,026 | 52.4% | 76.4% | 2,019 | 1,360 | 310 | 406 | 2,739 | 67.4% | 15.3% | 20.1% | 135.6% |
| Jun-21 | 12,916 | 431 | 25,797 | 50.1% | 79.6% | 1,746 | 836 | 318 | 468 | 2,398 | 47.9% | 18.2% | 26.8% | 137.4% |
| **2021 FY Total** | **156,913** | **430** | **300,105** | **52.3%** | **75.9%** | **1,987** | **1,299** | **322** | **438** | **2,684** | **65.4%** | **16.2%** | **22.0%** | **135.1%** |
| **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 | 14,401 | 465 | 27,703 | 52.0% | 77.3% | 1,795 | 1,207 | 308 | 469 | 2,540 | 67.3% | 17.2% | 26.2% | 141.6% |
| Sep-21 | 14,824 | 494 | 28,321 | 52.3% | 75.0% | 2,044 | 1,353 | 273 | 422 | 2,664 | 66.2% | 13.4% | 20.6% | 130.4% |
| Oct-21 | 15,505 | 500 | 28,243 | 54.9% | 75.8% | 1,971 | 1,297 | 343 | 415 | 2,670 | 65.8% | 17.4% | 21.0% | 135.4% |
| Nov-21 | 13,958 | 465 | 26,550 | 52.6% | 74.8% | 2,066 | 1,267 | 386 | 400 | 2,642 | 61.3% | 18.7% | 19.4% | 127.9% |
| **2022 FY Total** | **72,076** | **471** | **136,908** | **52.6%** | **75.8%** | **1,969** | **1,276** | **322** | **415** | **2,606** | **64.8%** | **16.4%** | **21.1%** | **132.3%** |
| **FYTD Budget** | **67,083** | **438** | **133,832** | **50.1%** | **75.4%** | **1,974** | **1,220** | **313** | **393** | **2,462** | **61.8%** | **15.9%** | **19.9%** | **127.6%** |
| **Variance** | **4,993** | **33** | **3,075** | **2.5%** | **0.4%** | **(5)** | **56** | **9** | **23** | **144** | **3.0%** | **0.5%** | **1.2%** | **4.7%** |
| | | | | | | | | | | | | | | |
| **Current Month Analysis** | | | | | | | | | | | | | | |
| **Nov-21** | **13,958** | **465** | **26,550** | **52.6%** | **74.8%** | **2,066** | **1,267** | **386** | **400** | **2,642** | **61.3%** | **18.7%** | **19.4%** | **127.9%** |
| **Budget** | **13,238** | **441** | **26,599** | **49.8%** | **75.3%** | **1,985** | **1,211** | **329** | **392** | **2,532** | **61.0%** | **16.6%** | **19.8%** | **127.3%** |
| Variance | **720** | **24** | **(49)** | **2.8%** | **(0.6%)** | **81** | **56** | **58** | **8** | **110** | **0.3%** | **2.2%** | **(0.4%)** | **0.6%** |

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

| | Nov-21 | Oct-21 | Change | % Change | Jun-21 (Audited) |
|---|---|---|---|---|---|
| **ASSETS AND DEFERRED OUTFLOWS** | | | | | |
| **CURRENT ASSETS** | | | | | |
| Cash and cash equivalents | $ 18,775 | $ 862 | $ 17,913 | 2078.0% | $ 30,081 |
| Current Portion of Board designated and trusted assets | 15,444 | 17,511 | (2,067) | (11.8%) | 13,695 |
| Accounts receivable: | | | | | |
| Net patient accounts | 131,985 | 128,690 | 3,296 | 2.6% | 121,553 |
| Other receivables | 26,302 | 25,378 | 924 | 3.6% | 16,048 |
| | 158,287 | 154,067 | 4,220 | 2.7% | 137,601 |
| Inventories | 12,071 | 12,048 | 23 | 0.2% | 10,800 |
| Medicare and Medi-Cal settlements | 54,241 | 41,357 | 12,885 | 31.2% | 37,339 |
| Prepaid expenses | 11,445 | 12,079 | (634) | (5.2%) | 12,210 |
| Total current assets | 270,265 | 237,924 | 32,341 | 13.6% | 241,726 |
| **NON-CURRENT CASH AND INVESTMENTS -** | | | | | |
| less current portion | | | | | |
| Board designated cash and assets | 304,604 | 326,280 | (21,677) | (6.6%) | 349,933 |
| Revenue bond assets held in trust | 22,301 | 22,299 | 2 | 0.0% | 22,271 |
| Assets in self-insurance trust fund | 2,080 | 2,075 | 5 | 0.2% | 2,073 |
| Total non-current cash and investments | 328,984 | 350,654 | (21,670) | (6.2%) | 374,277 |
| **CAPITAL ASSETS** | | | | | |
| Land | 17,542 | 17,542 | - | 0.0% | 17,542 |
| Buildings and improvements | 384,707 | 384,488 | 220 | 0.1% | 384,399 |
| Equipment | 318,401 | 317,875 | 526 | 0.2% | 316,636 |
| Construction in progress | 57,196 | 56,487 | 709 | 1.3% | 53,113 |
| | 777,847 | 776,392 | 1,455 | 0.2% | 771,690 |
| Less accumulated depreciation | 440,073 | 437,516 | 2,557 | 0.6% | 427,307 |
| | 337,774 | 338,876 | (1,102) | (0.3%) | 344,383 |
| Property under capital leases - | | | | | |
| less accumulated amortization | 61 | 124 | (63) | (50.7%) | 376 |
| Total capital assets | 337,835 | 339,000 | (1,165) | (0.3%) | 344,759 |
| **OTHER ASSETS** | | | | | |
| Property not used in operations | 1,614 | 1,618 | (4) | (0.3%) | 1,635 |
| Health-related investments | 5,404 | 5,523 | (119) | (2.2%) | 5,216 |
| Other | 12,161 | 11,885 | 277 | 2.3% | 11,569 |
| Total other assets | 19,180 | 19,026 | 154 | 0.8% | 18,419 |
| Total assets | 956,264 | 946,604 | 9,660 | 1.0% | 979,182 |
| **DEFERRED OUTFLOWS** | (35,991) | (35,961) | (30) | 0.1% | (35,831) |
| Total assets and deferred outflows | **$ 920,273** | **$ 910,643** | **$ 9,630** | **1.1%** | **$943,351** |

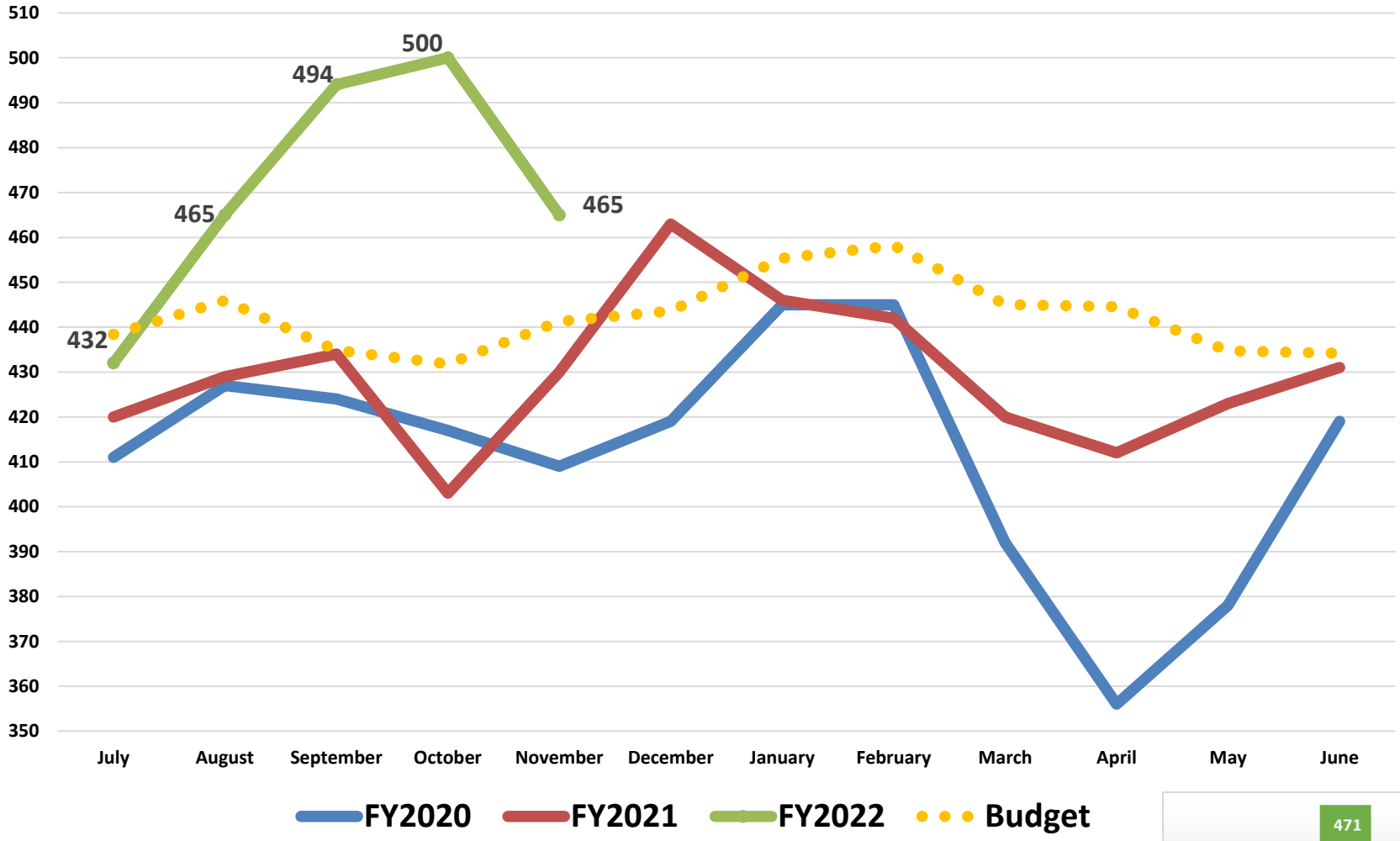
**KAWEAH DELTA HEALTH CARE DISTRICT**

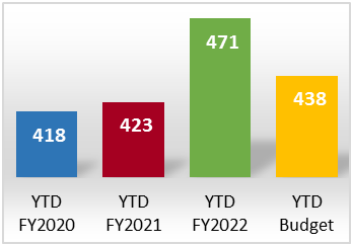
**CONSOLIDATED STATEMENTS OF NET POSITION (000's)**

| | Nov-21 | Oct-21 | Change | % Change | Jun-21 (Audited) |
|---|---|---|---|---|---|
| **LIABILITIES AND NET ASSETS** | | | | | |
| **CURRENT LIABILITIES** | | | | | |
| Accounts payable and accrued expenses | $ 92,095 | $ 95,867 | $ (3,772) | (3.9%) | $114,900 |
| Accrued payroll and related liabilities | 73,879 | 73,022 | 856 | 1.2% | 71,537 |
| Long-term debt, current portion | 11,239 | 11,245 | (6) | (0.1%) | 11,128 |
| Total current liabilities | 177,213 | 180,134 | (2,921) | (1.6%) | 197,565 |
| **LONG-TERM DEBT, less current portion** | | | | | |
| Bonds payable | 248,492 | 248,544 | (52) | (0.0%) | 250,675 |
| Capital leases | 96 | 104 | (8) | (8.0%) | 123 |
| Total long-term debt | 248,588 | 248,648 | (60) | (0.0%) | 250,797 |
| **NET PENSION LIABILITY** | (32,477) | (30,436) | (2,041) | 6.7% | (22,273) |
| **OTHER LONG-TERM LIABILITIES** | 33,099 | 32,482 | 616 | 1.9% | 30,894 |
| Total liabilities | 426,422 | 430,828 | (4,406) | (1.0%) | 456,983 |
| **NET ASSETS** | | | | | |
| Invested in capital assets, net of related debt | 103,016 | 104,139 | (1,123) | (1.1%) | 107,949 |
| Restricted | 33,483 | 35,709 | (2,226) | (6.2%) | 31,668 |
| Unrestricted | 357,351 | 339,967 | 17,384 | 5.1% | 346,751 |
| Total net position | 493,850 | 479,815 | 14,036 | 2.9% | 486,368 |
| Total liabilities and net position | **$ 920,273** | **$ 910,643** | **$ 9,630** | **1.1%** | **$943,351** |

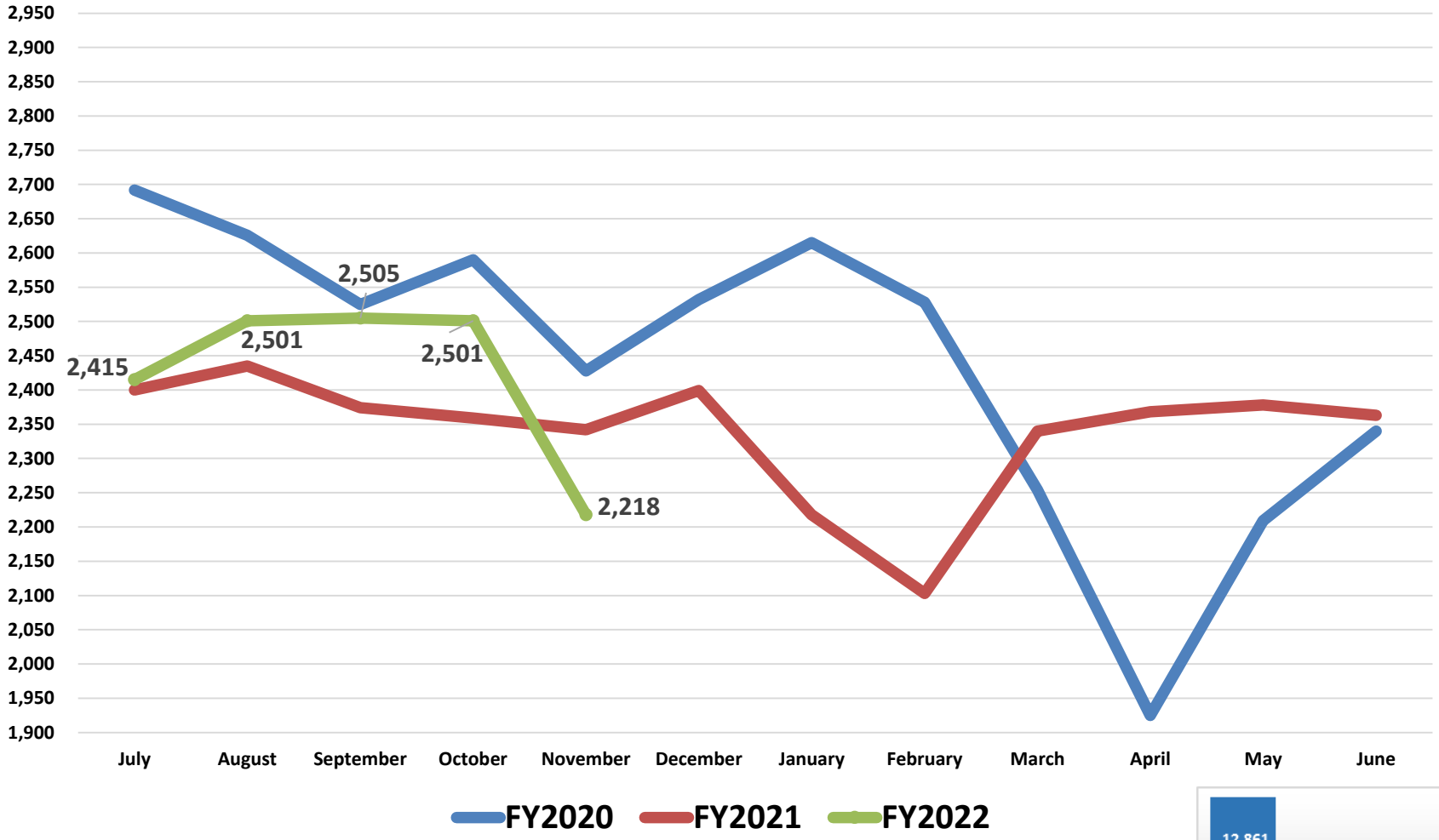
# Statistical Report
# December 2021

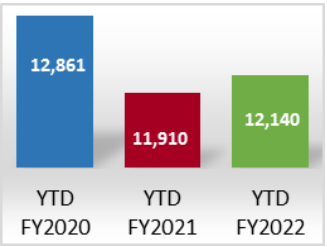
# Average Daily Census



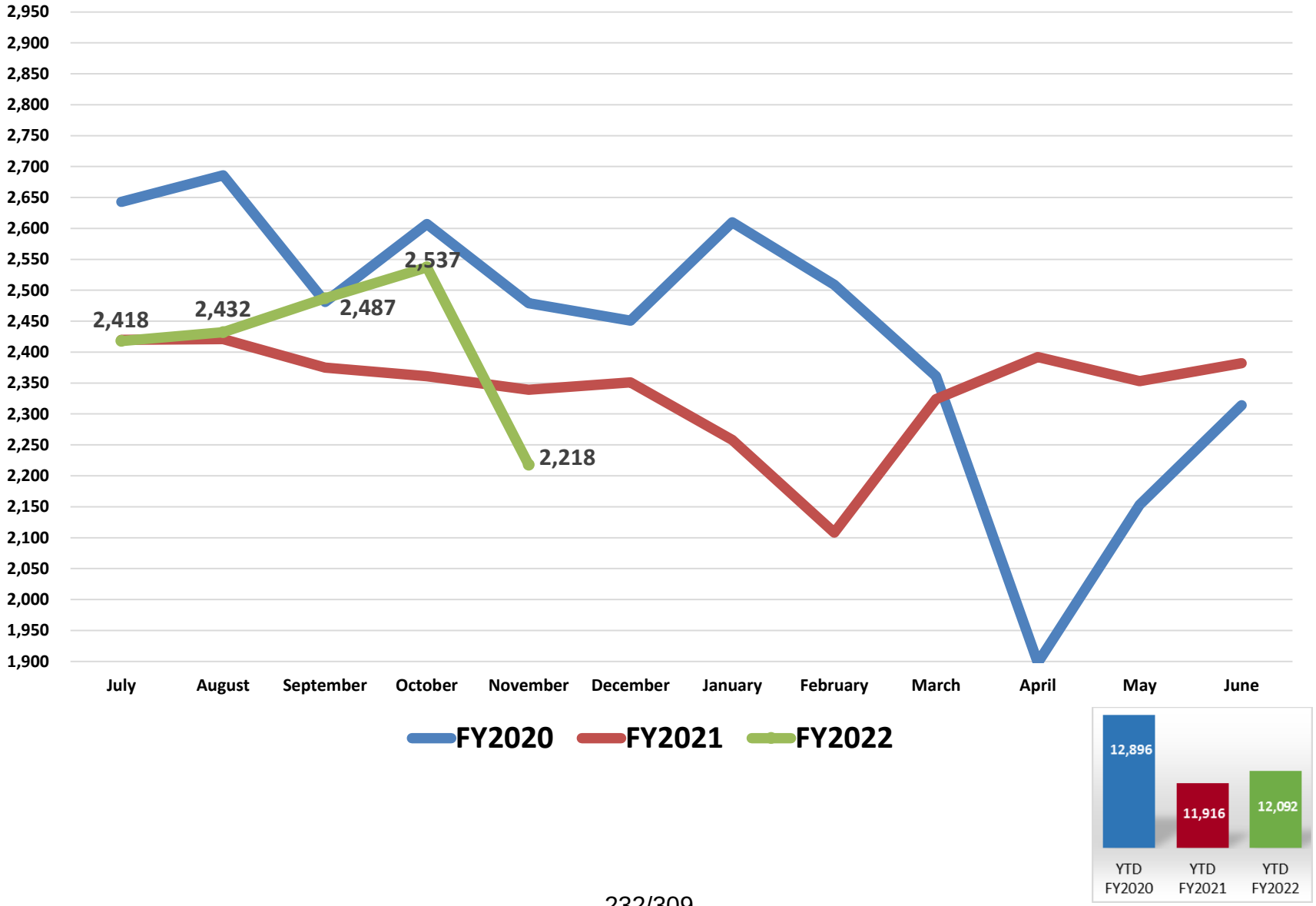



# Admissions


2,950
2,900
2,850
2,800
2,750
2,700
2,650
2,600
2,550
2,500
2,450
2,400
2,350
2,300
2,250
2,200
2,150
2,100
2,050
2,000
1,950
1,900
2,505
2,501
2,501
2,415
2,218
July
August
September
October
November
December
January
February
March
April
May
June
FY2020
FY2021
FY2022

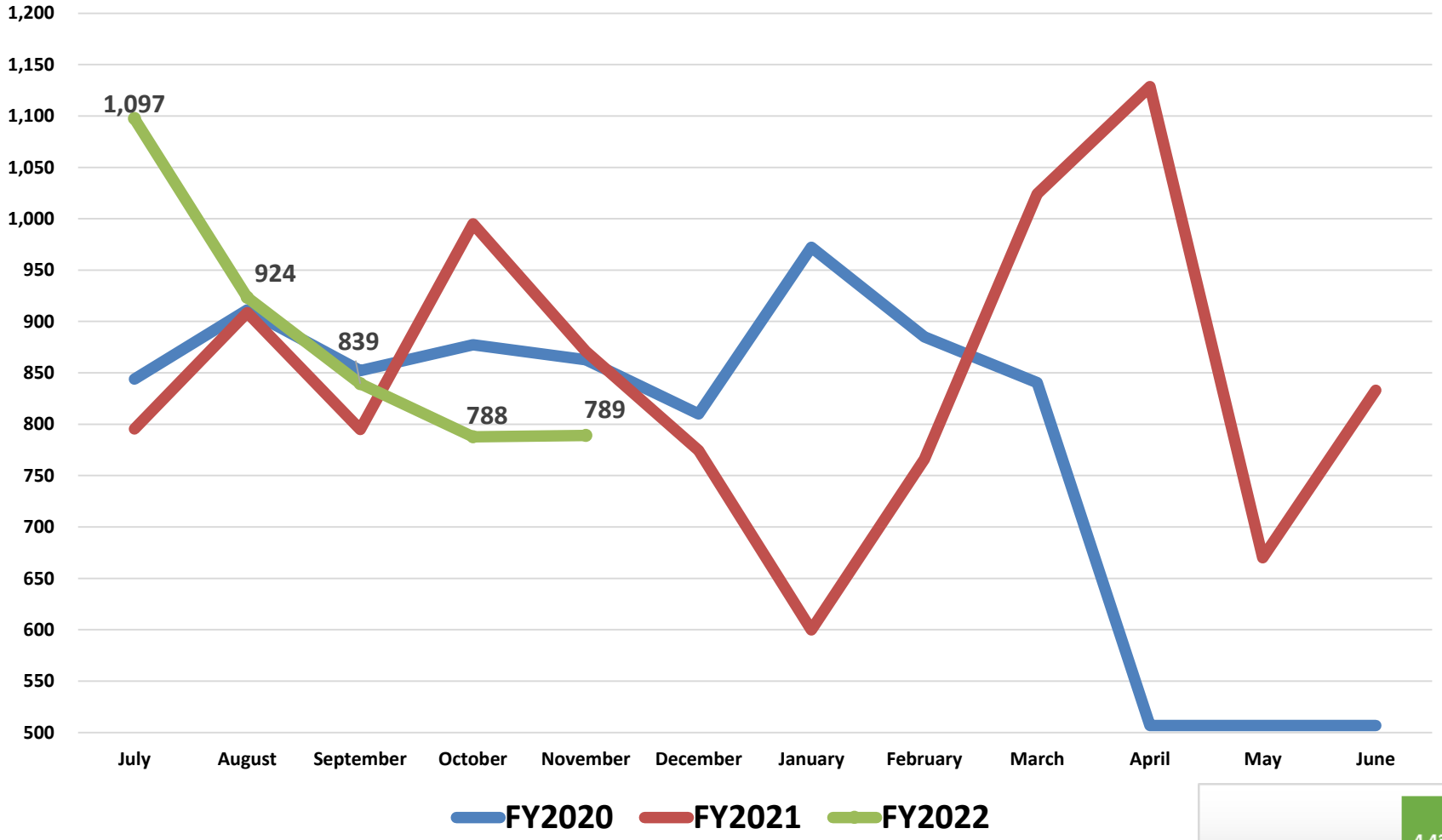

12,861
11,910
12,140
YTD FY2020
YTD FY2021
YTD FY2022

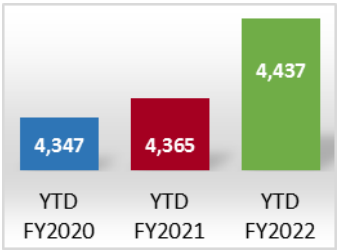
# Discharges


2,950
2,900
2,850
2,800
2,750
2,700
2,650
2,600
2,550
2,500
2,450
2,400
2,350
2,300
2,250
2,200
2,150
2,100
2,050
2,000
1,950
1,900
2,418
2,432
2,487
2,537
2,218
July
August
September
October
November
December
January
February
March
April
May
June
FY2020
FY2021
FY2022

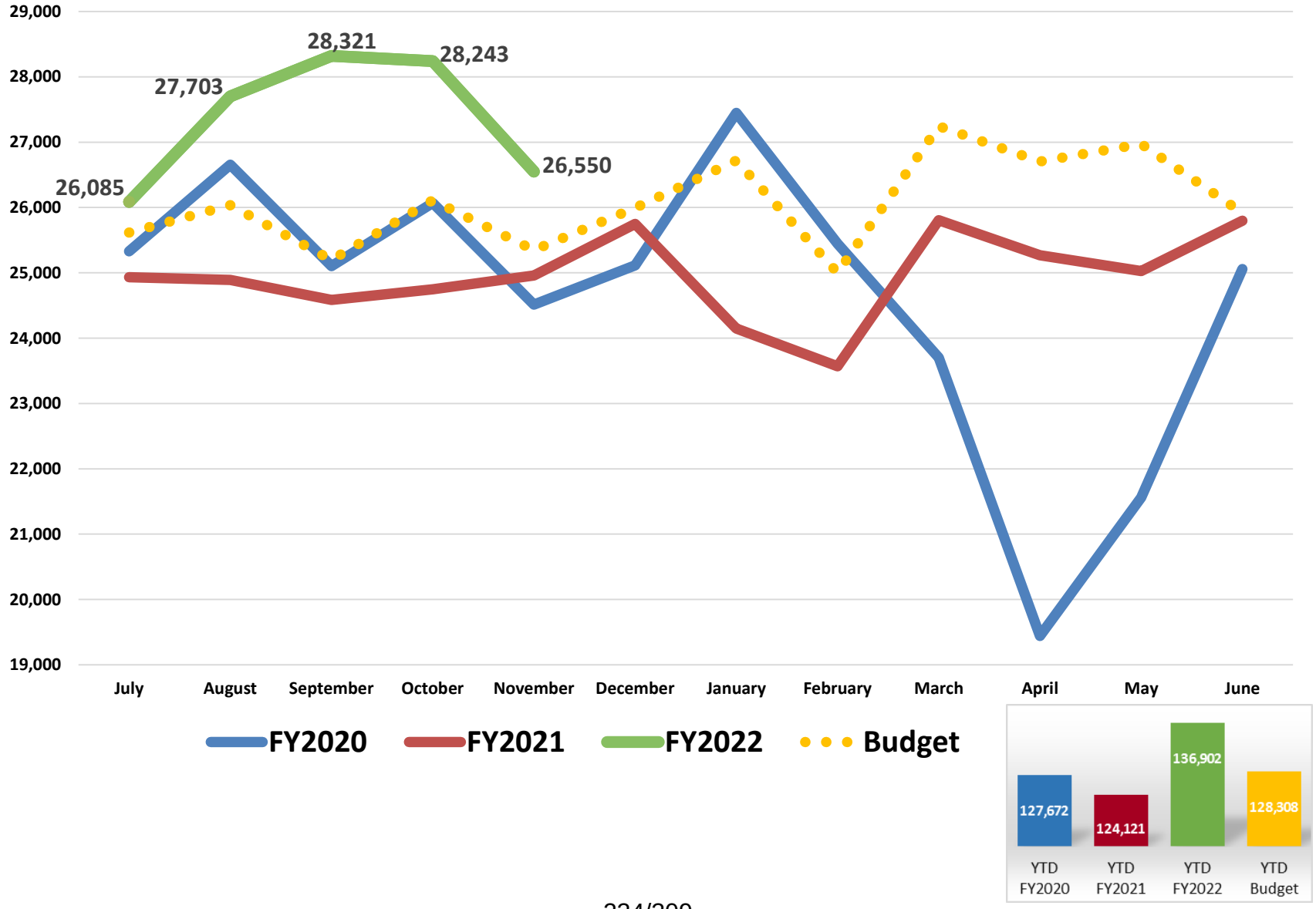

12,896
11,916
12,092
YTD FY2020
YTD FY2021
YTD FY2022

# Observation Days

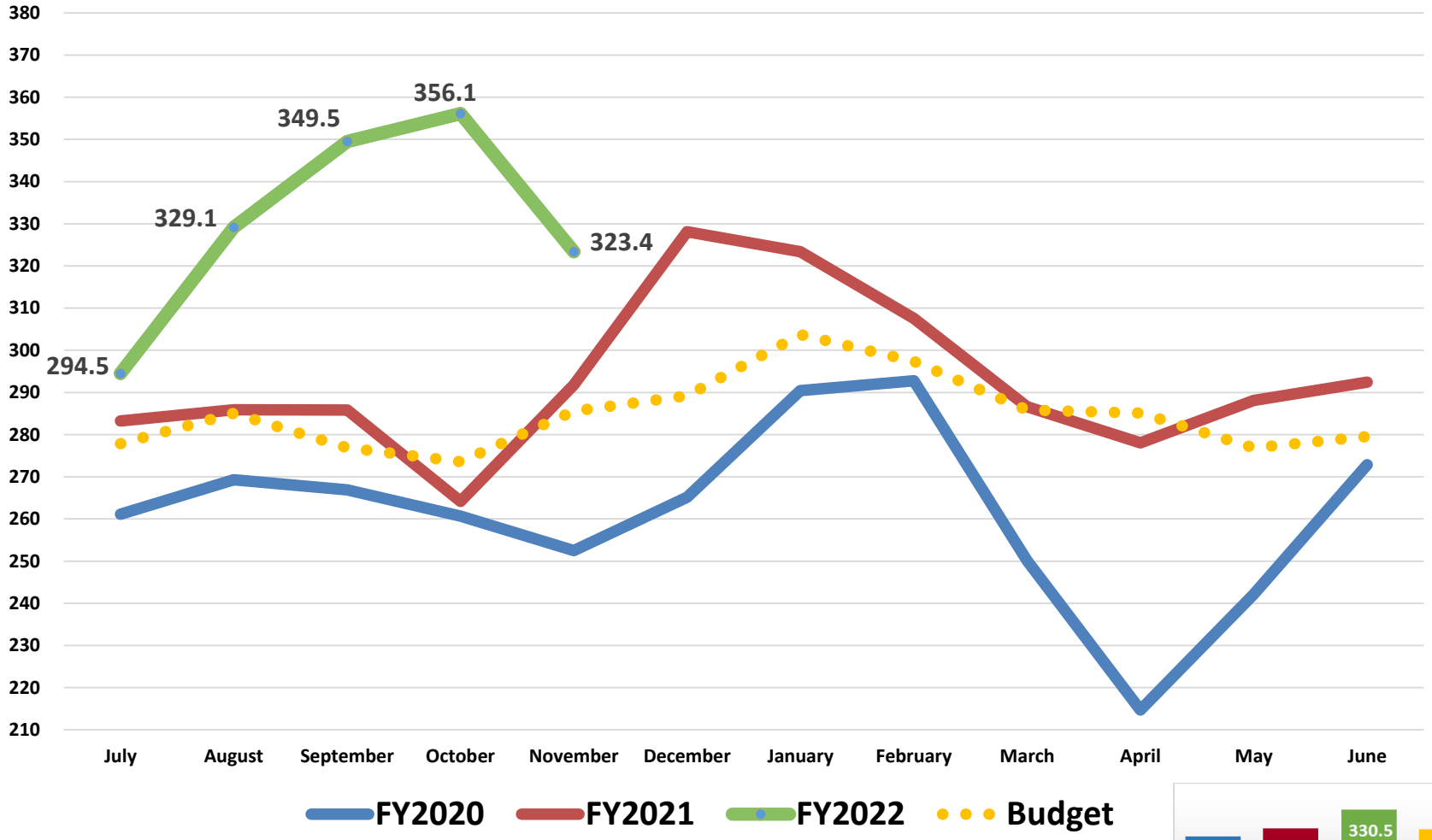


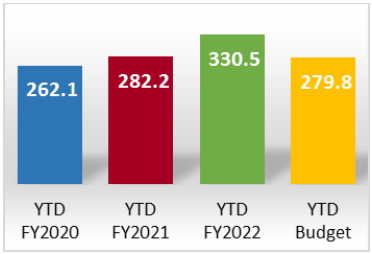



# Adjusted Patient Days

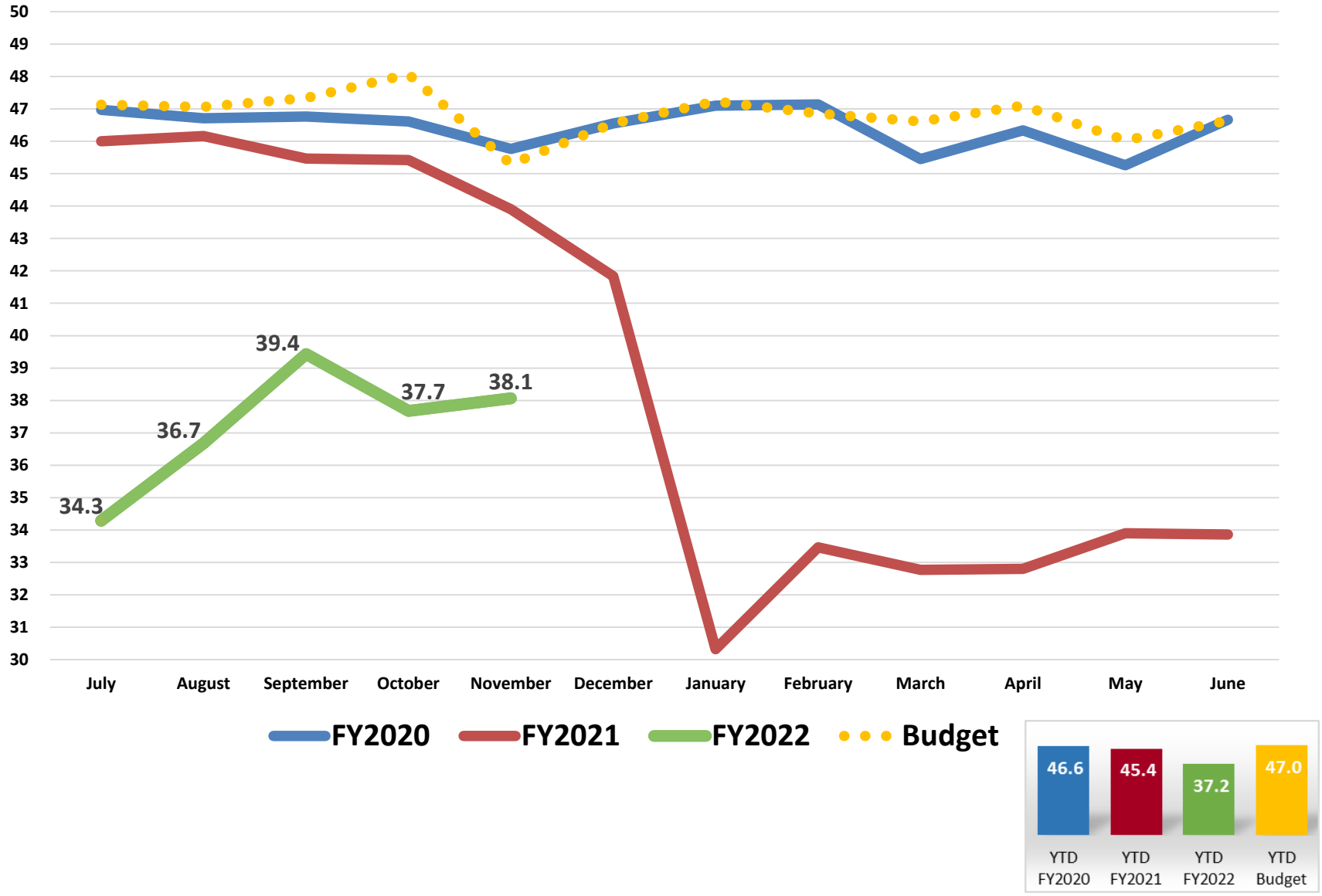


# Medical Center – Avg. Patients Per Day

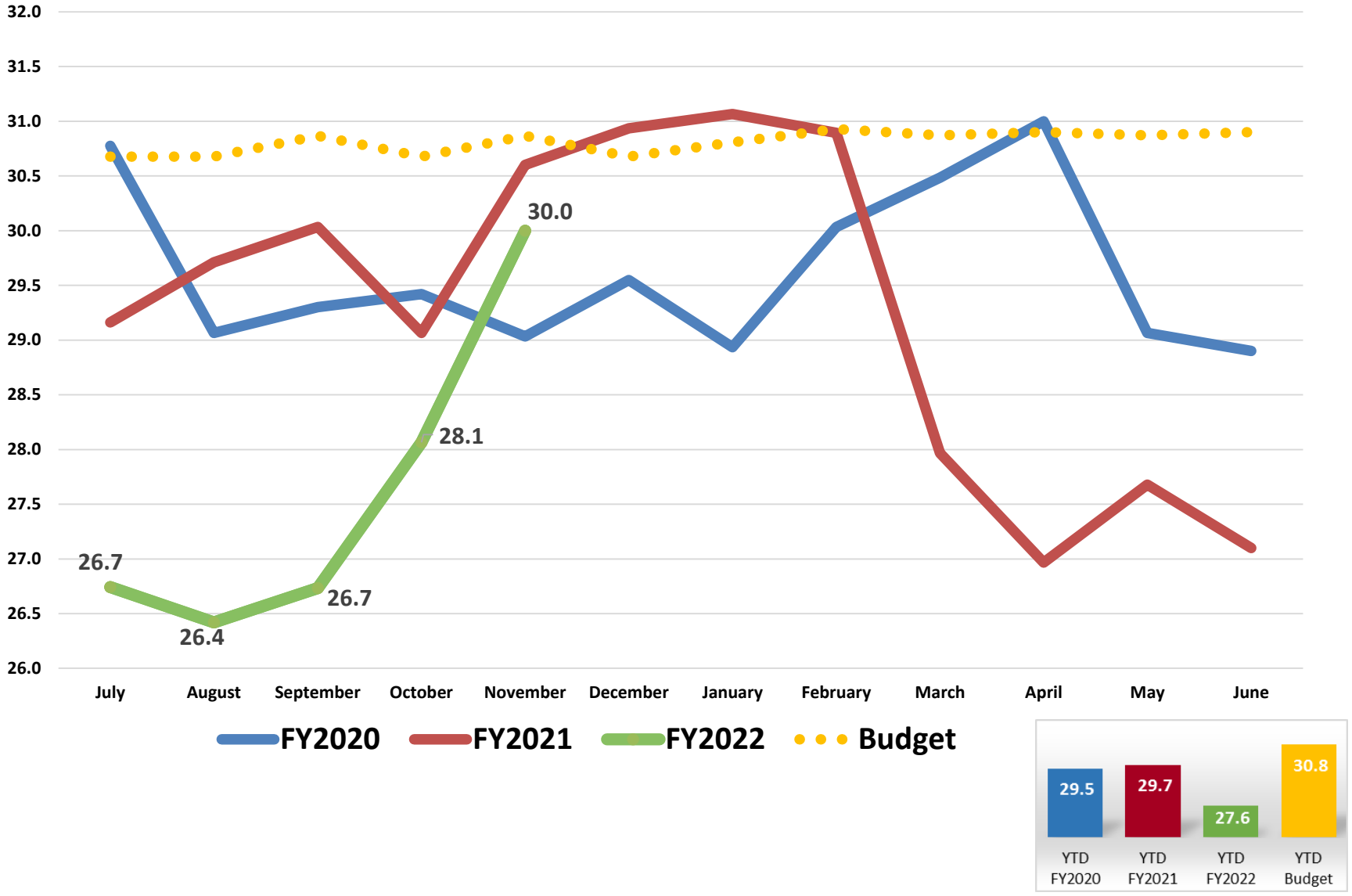


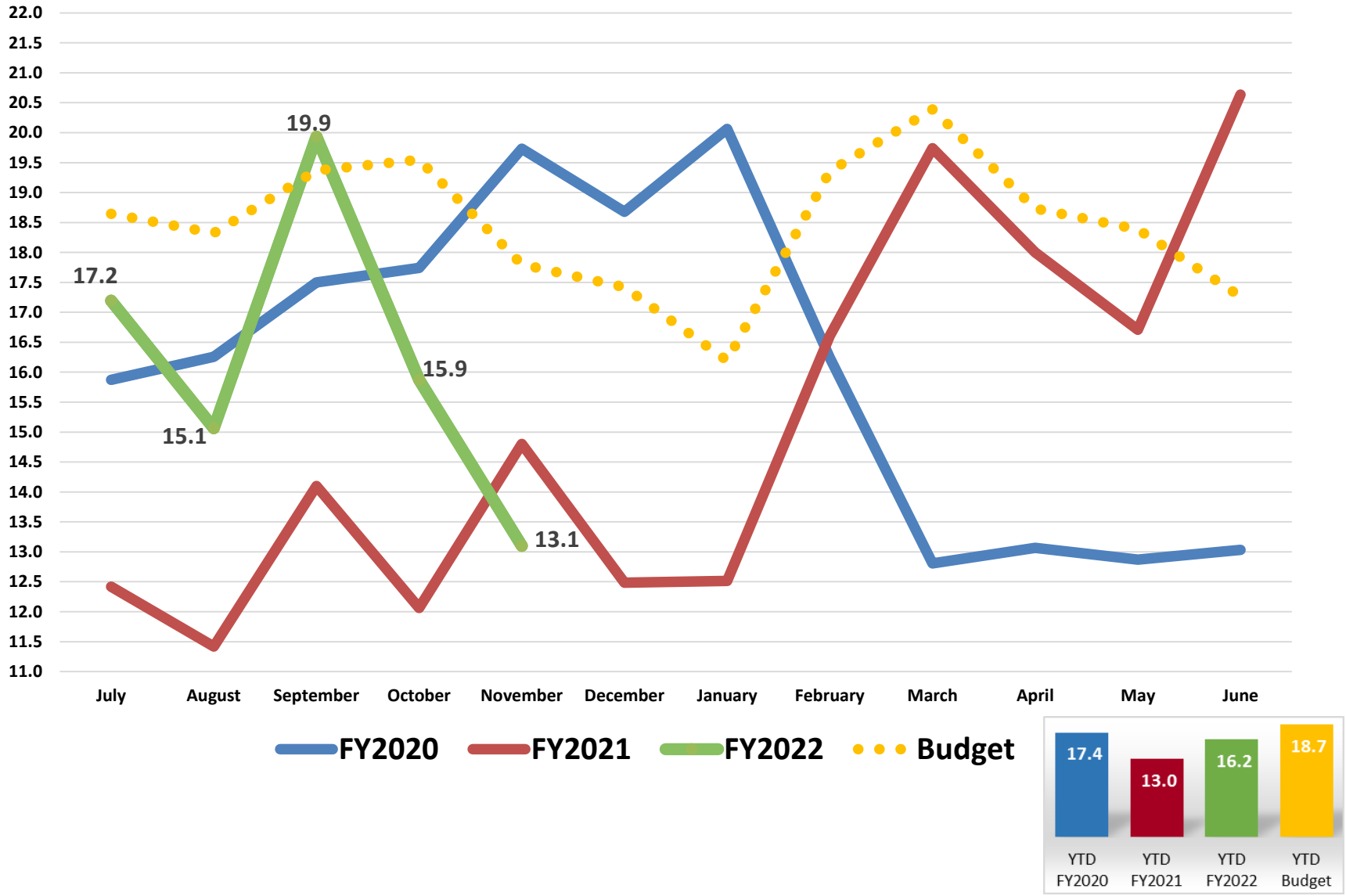
# Acute I/P Psych - Avg. Patients Per Day



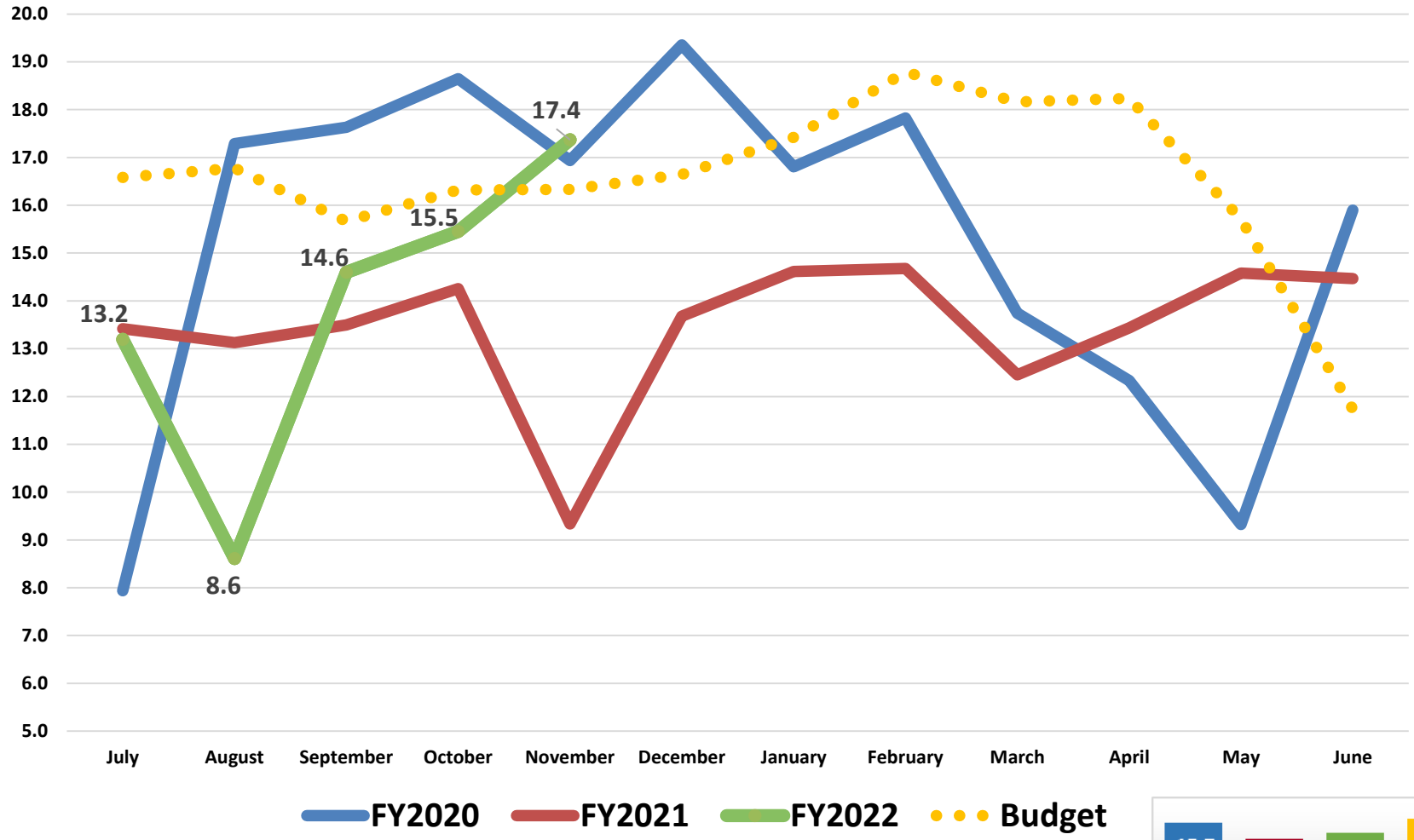
# Sub-Acute - Avg. Patients Per Day

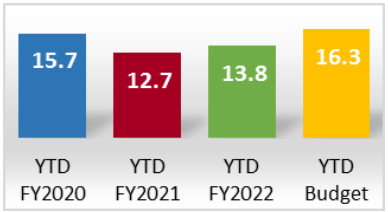


# Rehabilitation Hospital - Avg. Patients Per Day

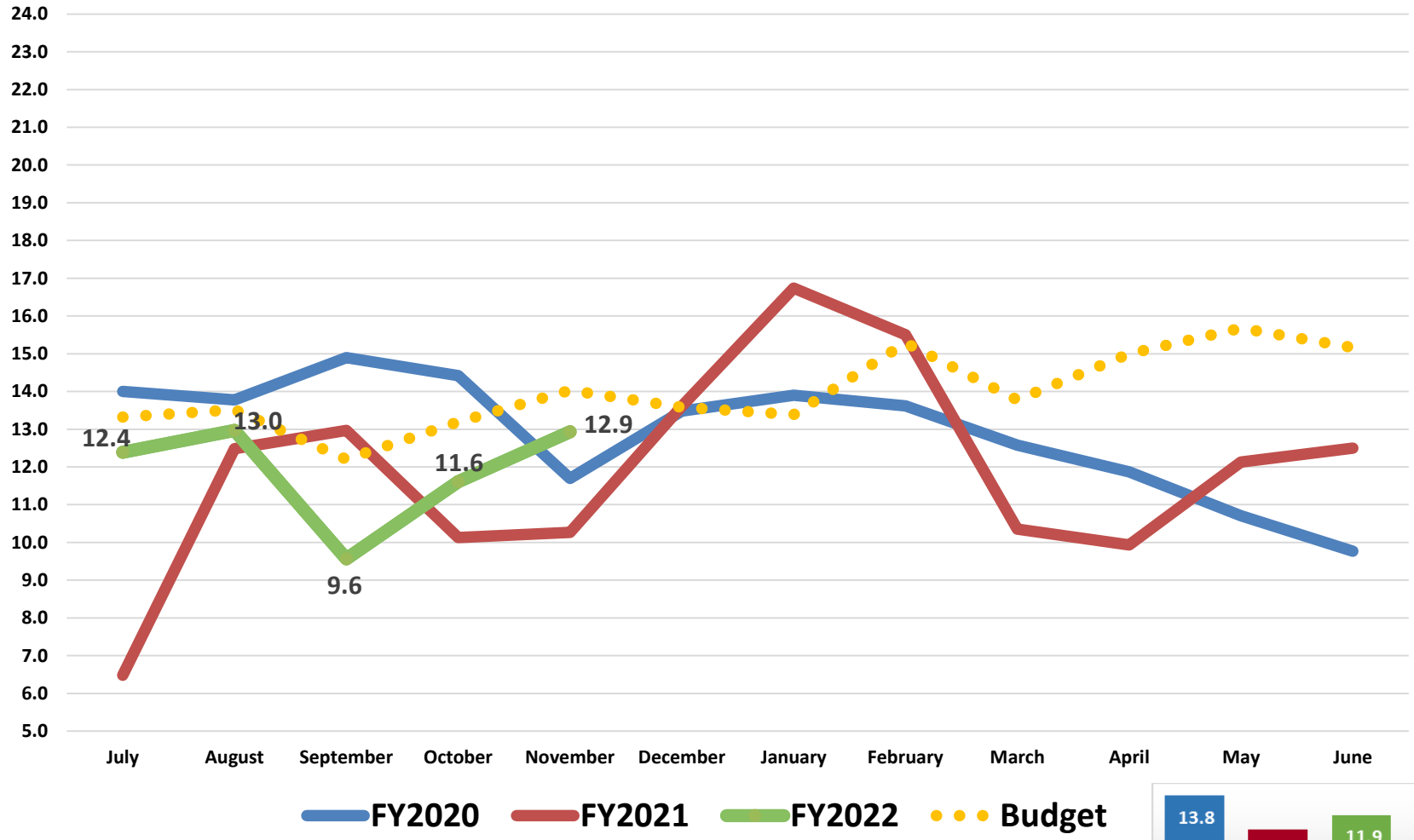


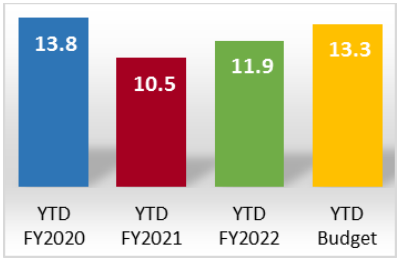
# Transitional Care Services (TCS) - Avg. Patients Per Day



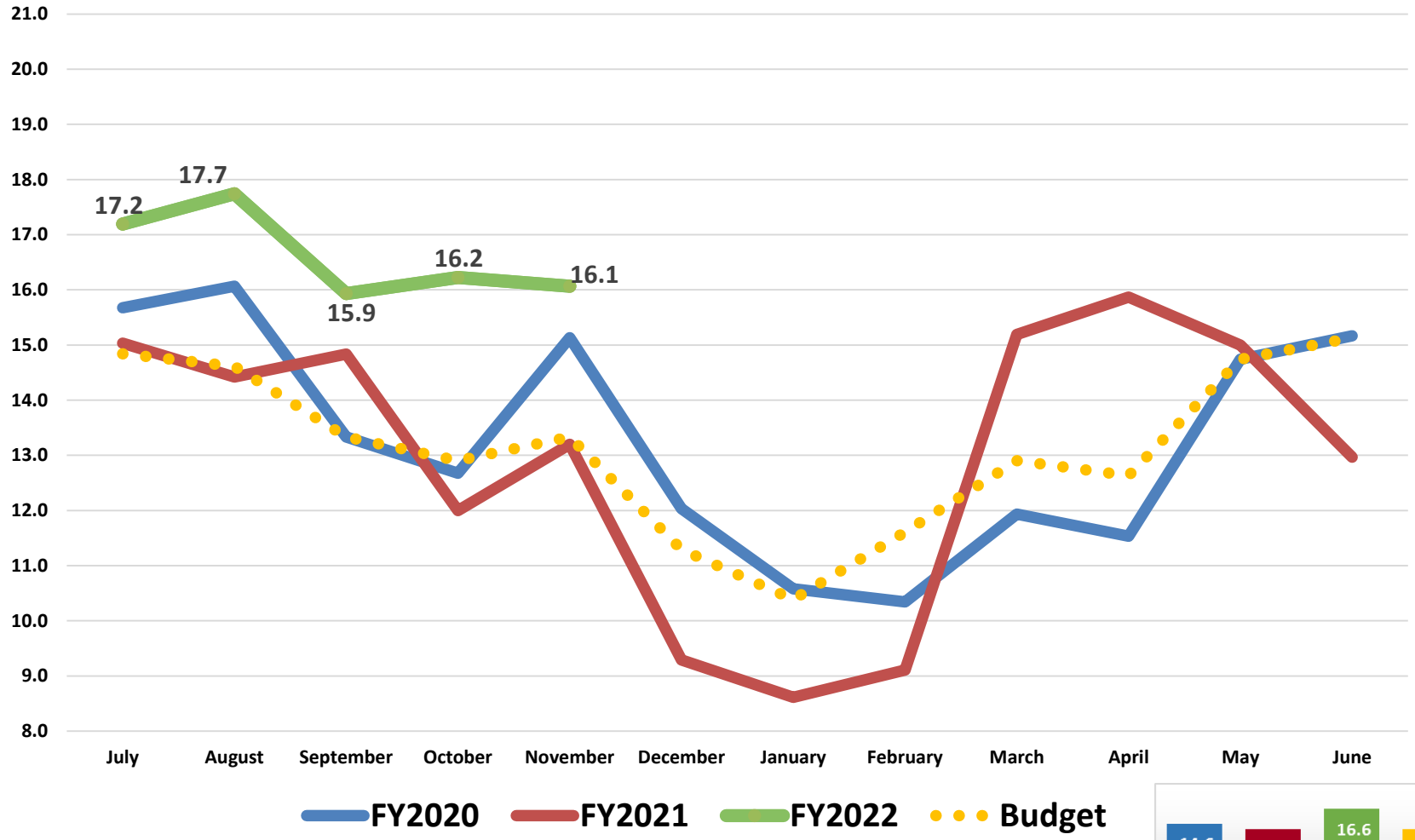



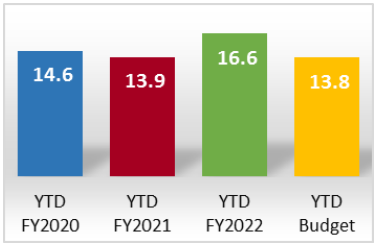
# TCS Ortho - Avg. Patients Per Day



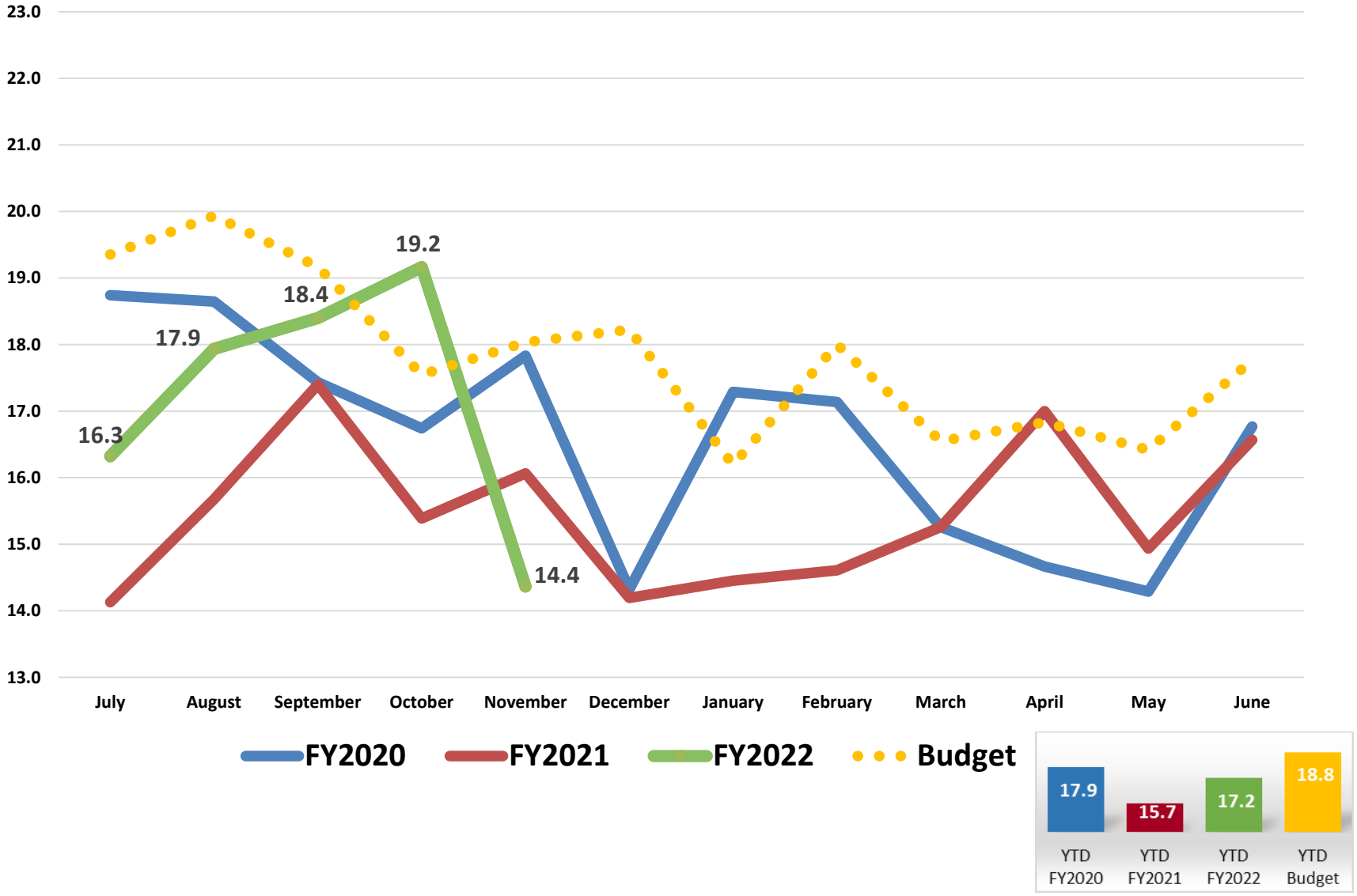



# NICU - Avg. Patients Per Day

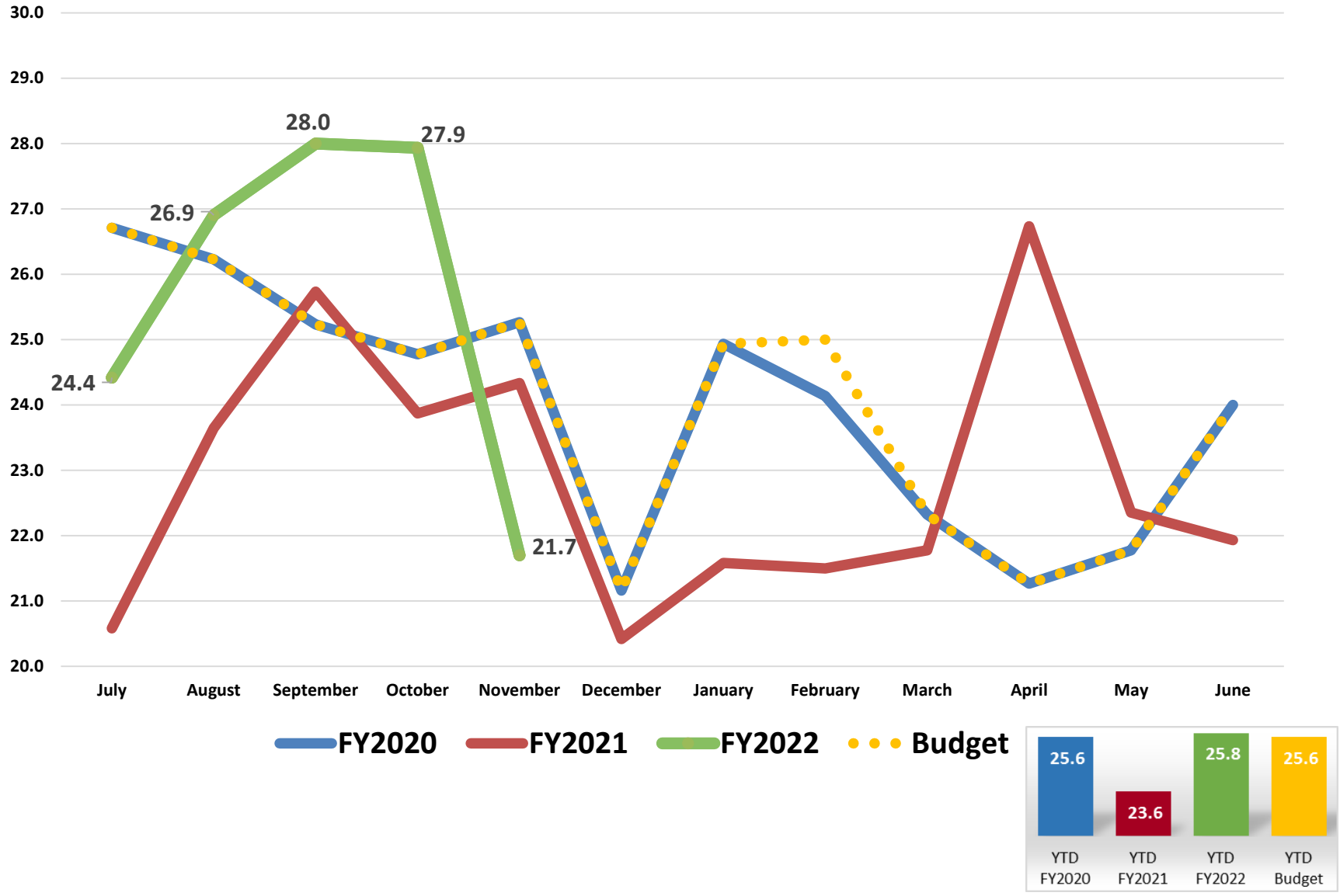


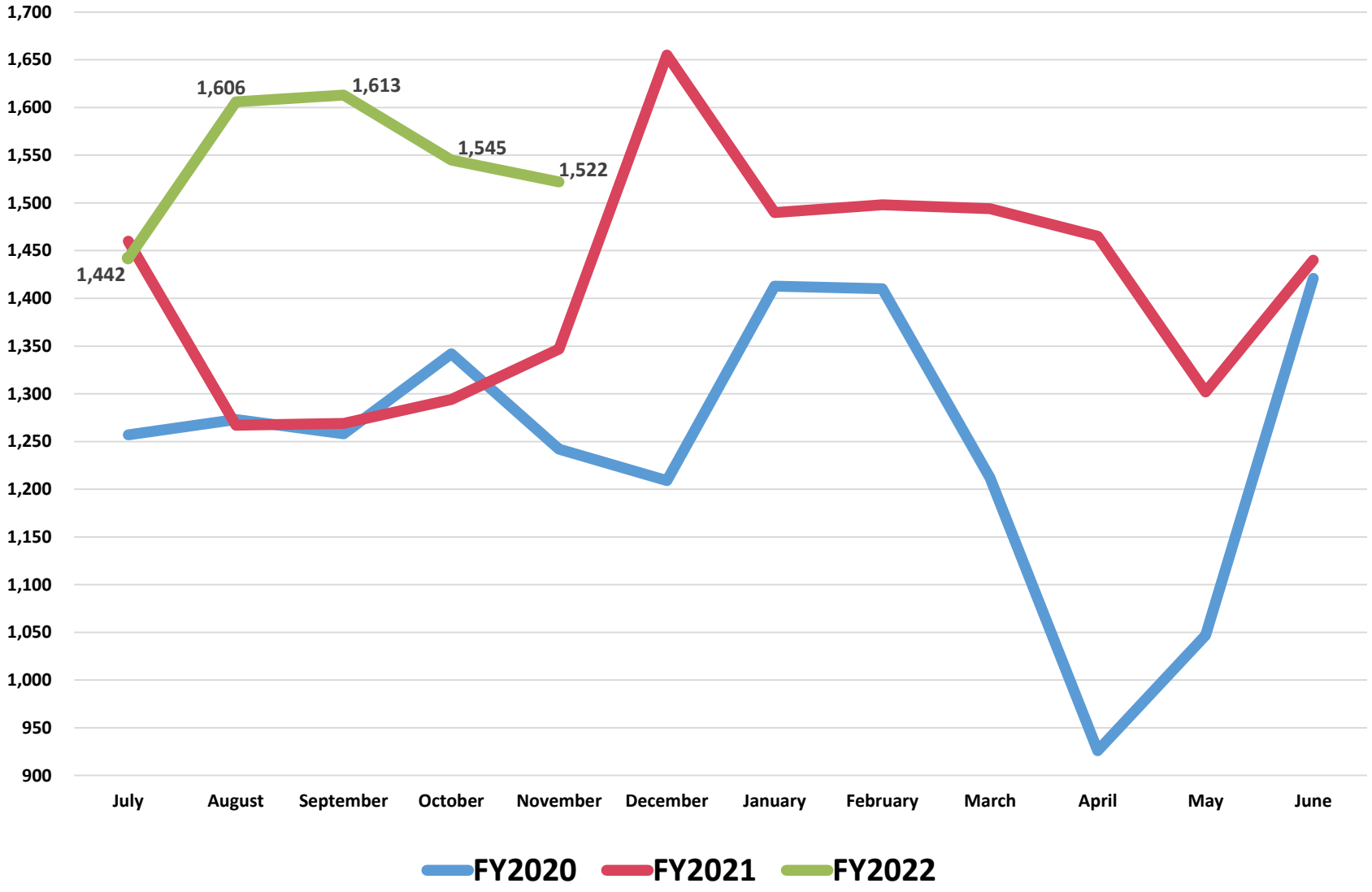
# Nursery - Avg. Patients Per Day



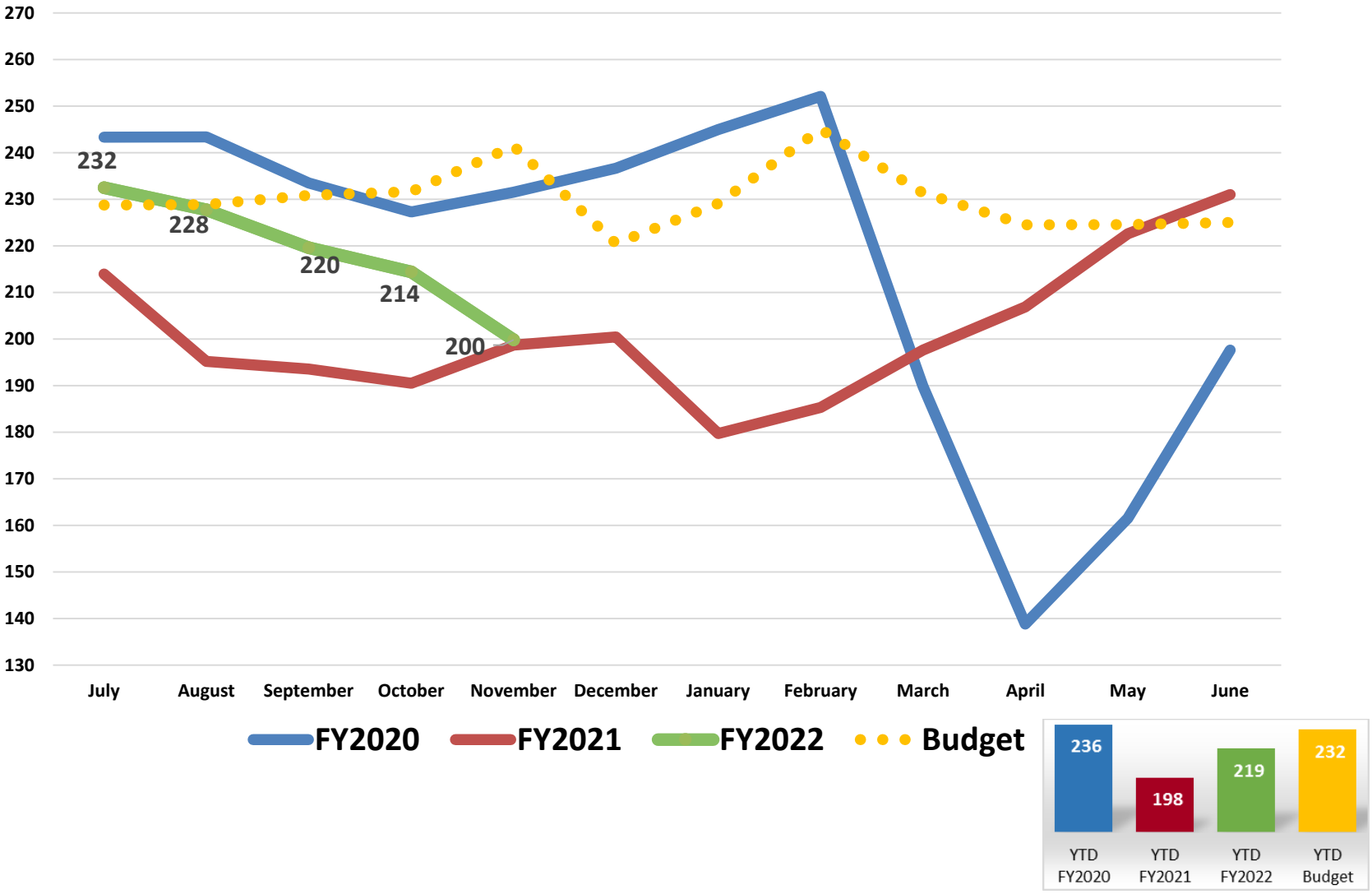
# Obstetrics - Avg. Patients Per Day



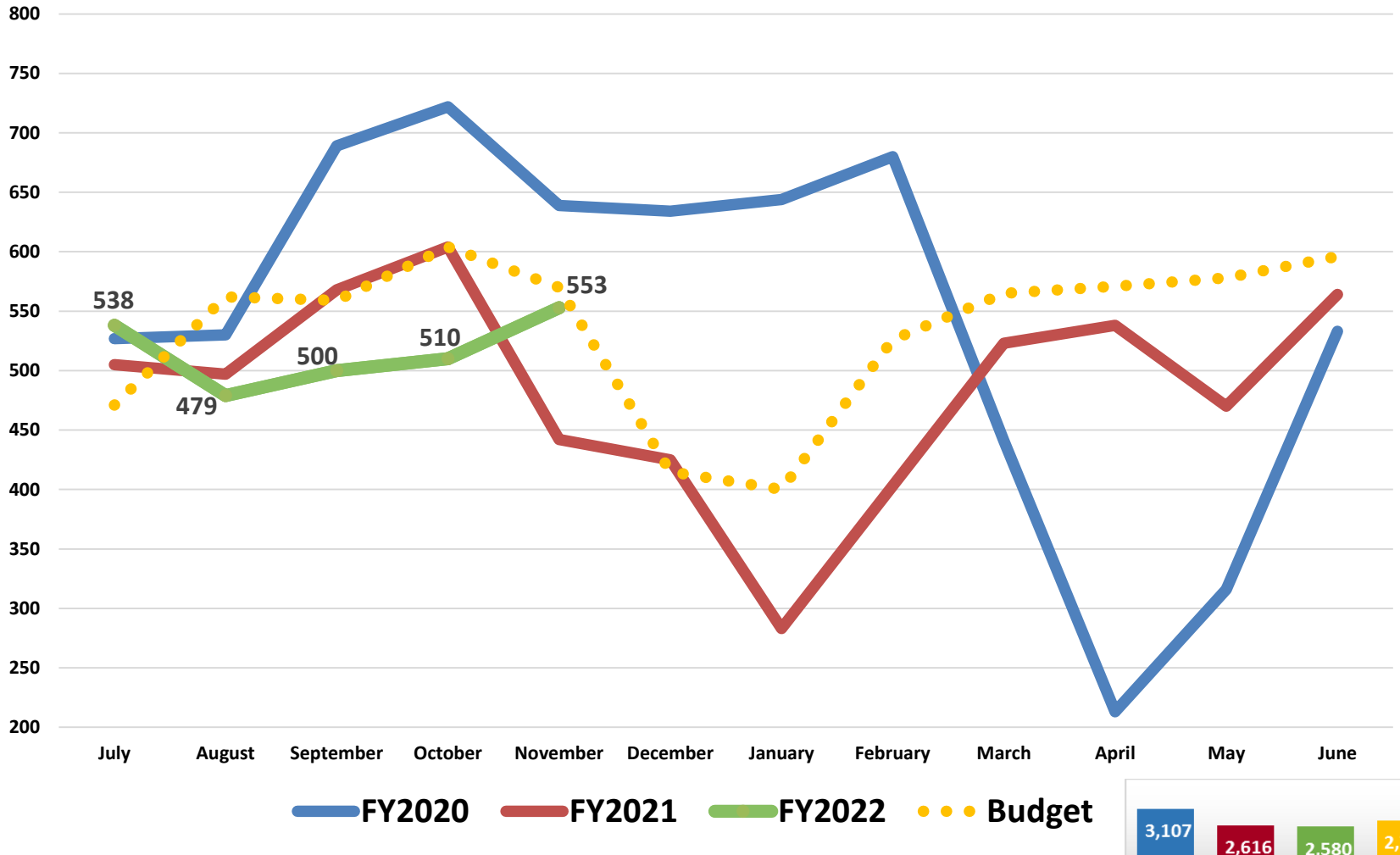
# Outpatient Registrations per Day

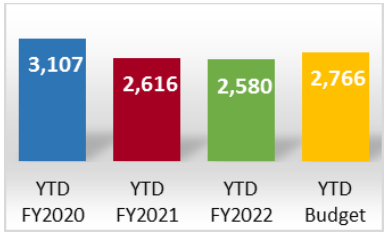


# Emergency Dept – Avg Treated Per Day

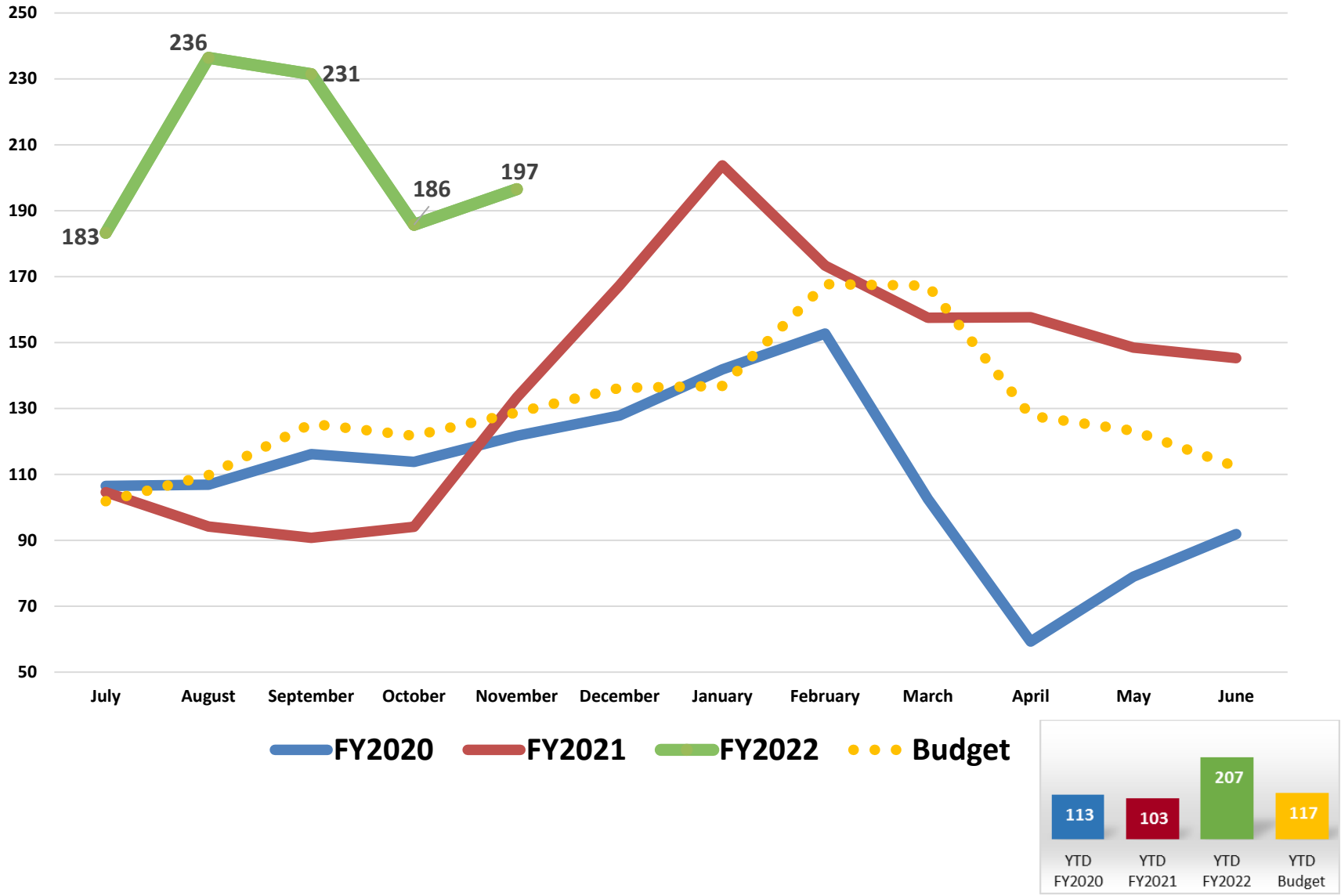


# Endoscopy Procedures

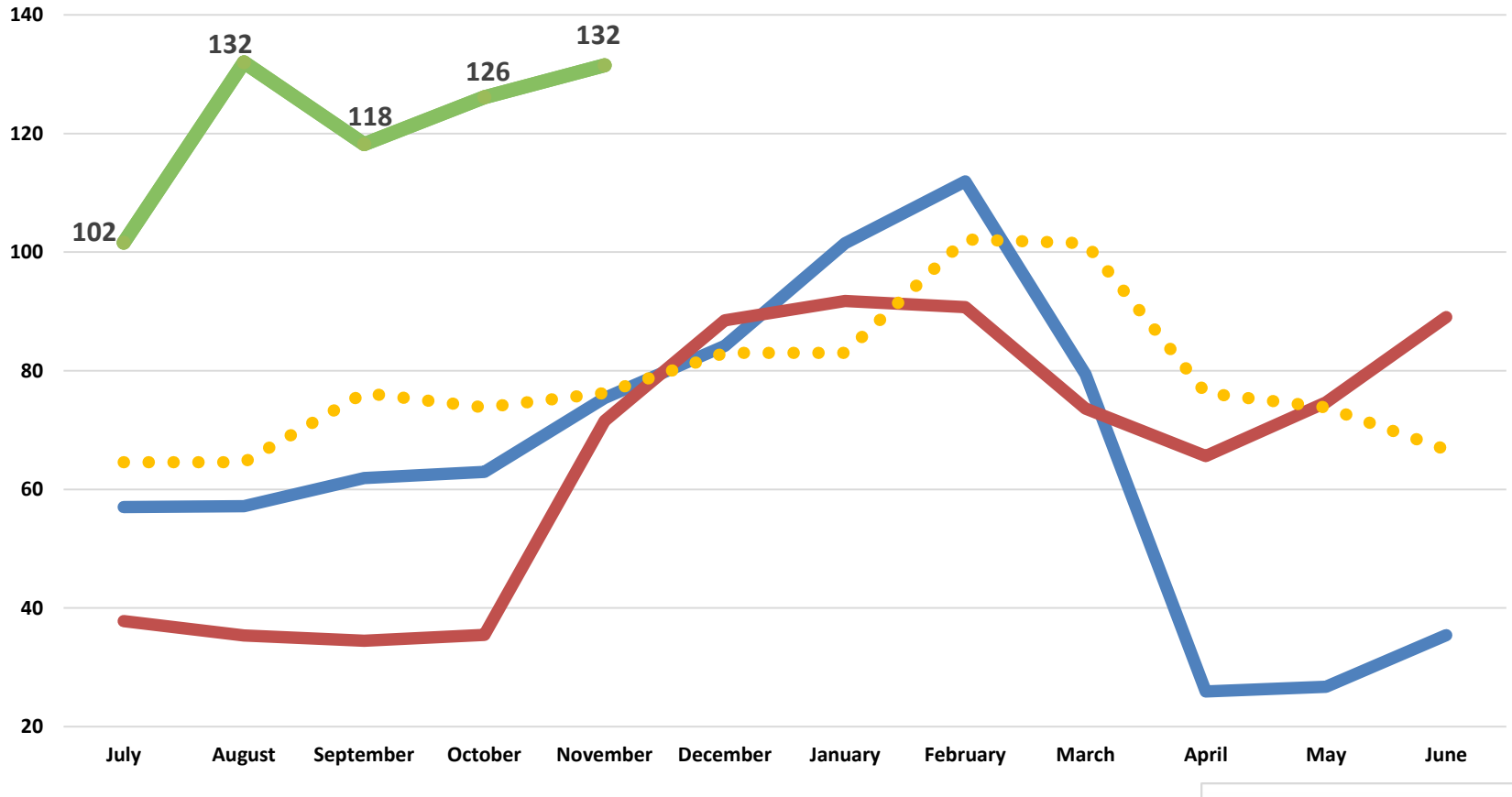


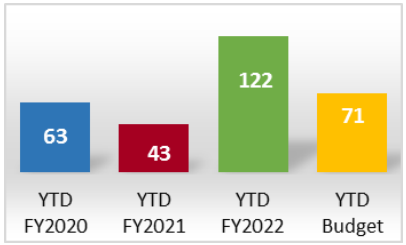



# Urgent Care – Court Average Visits Per Day

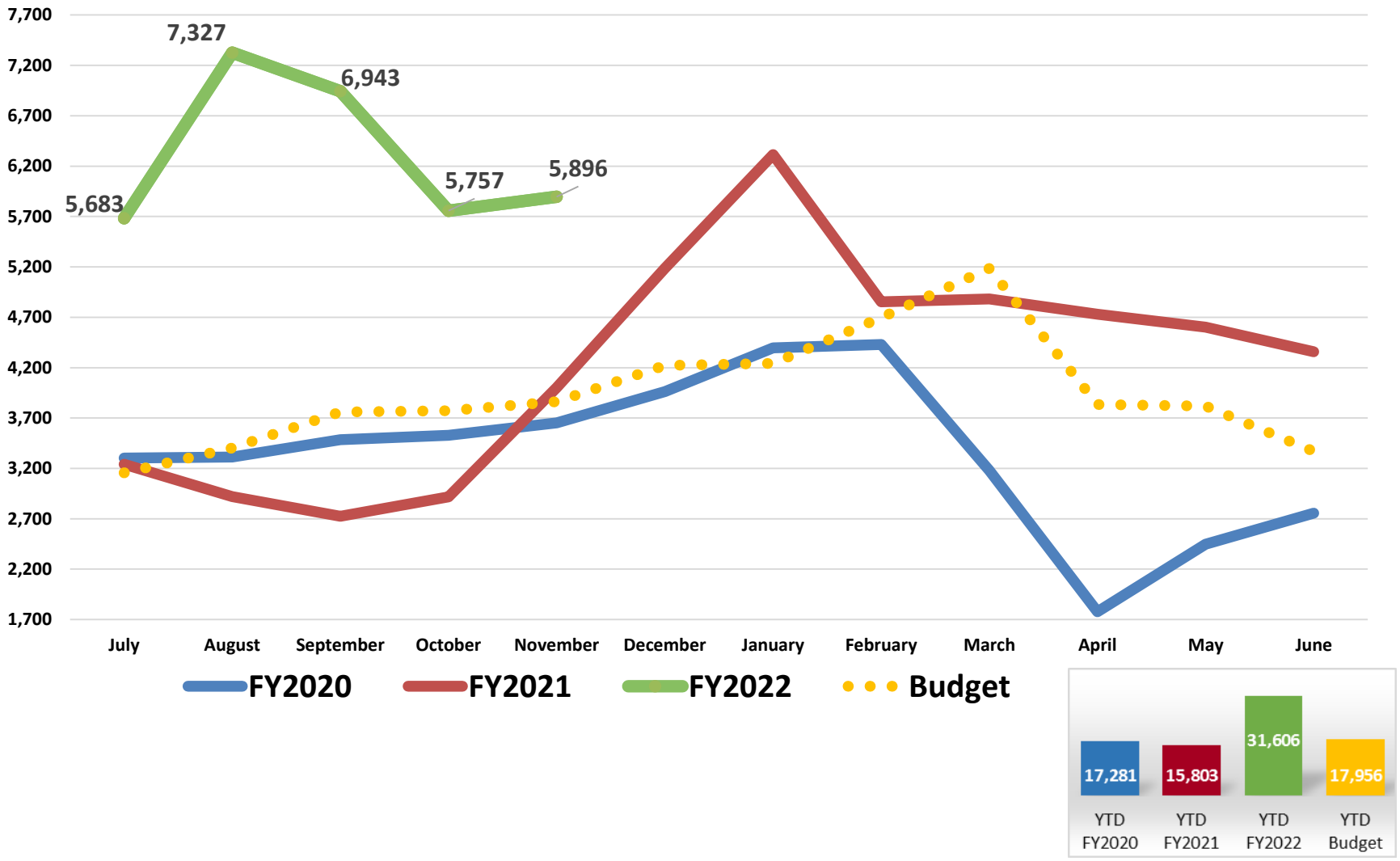


# Urgent Care – Demaree Average Visits Per Day

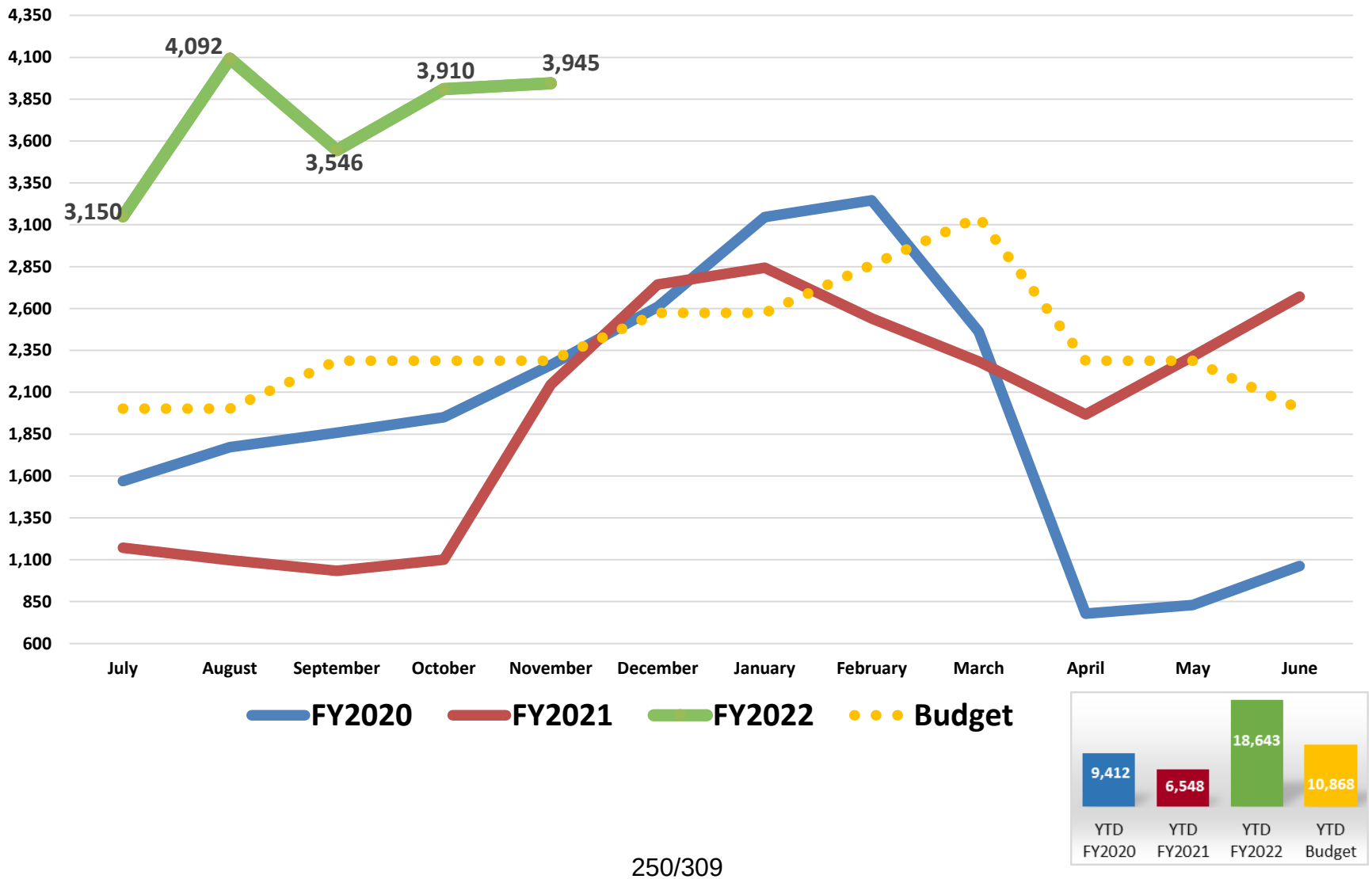


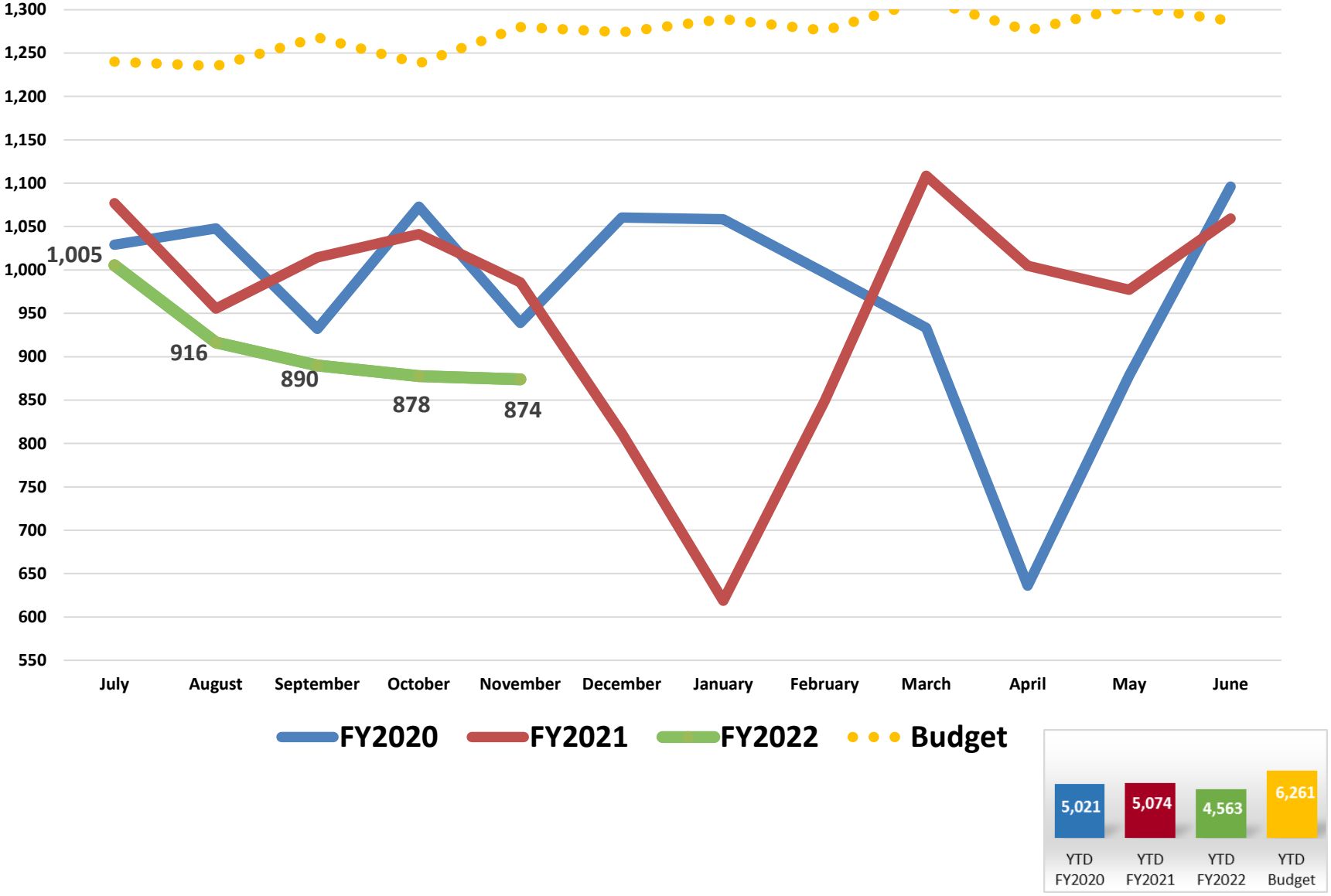
# Urgent Care – Court Total Visits



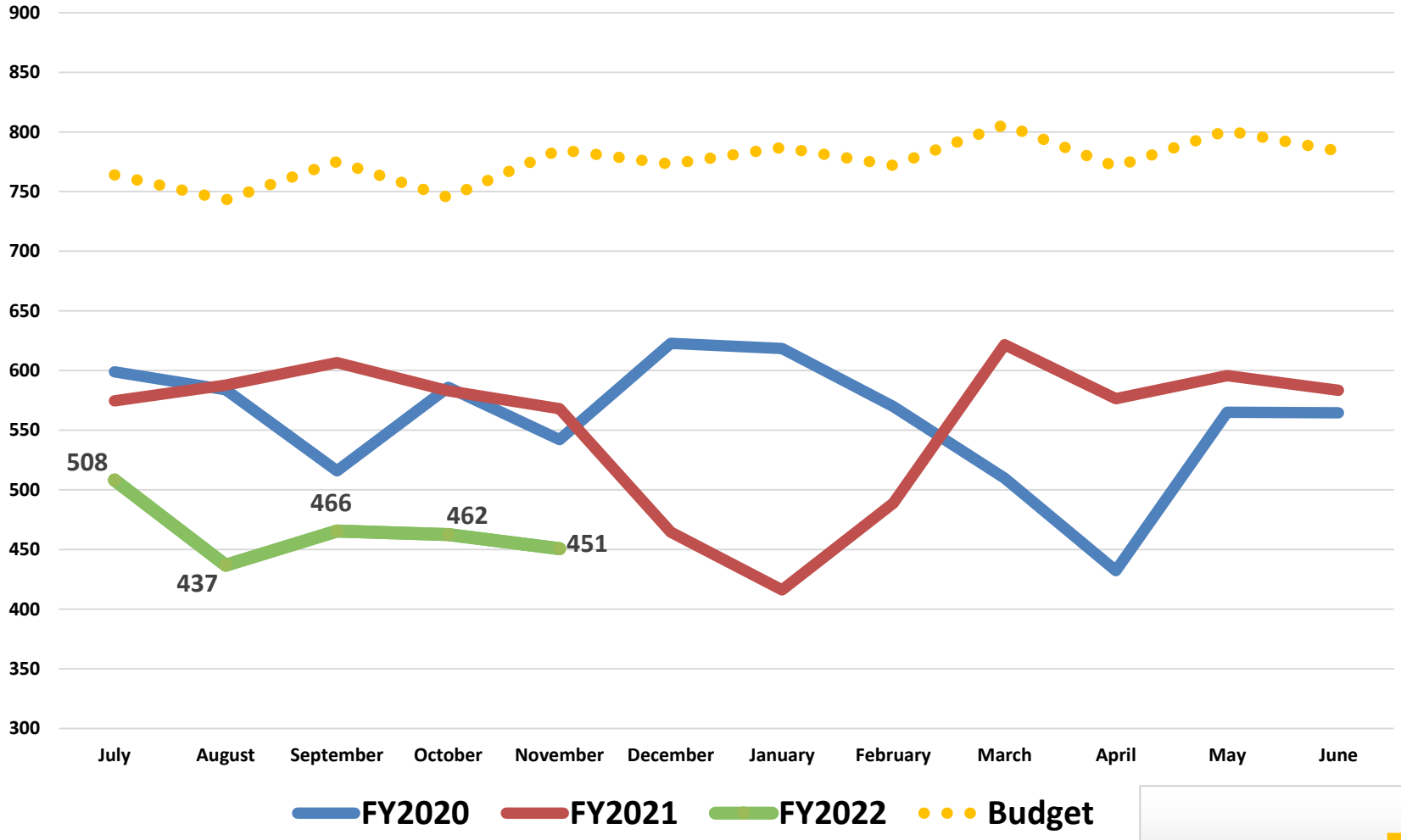
# Urgent Care – Demaree Total Visits

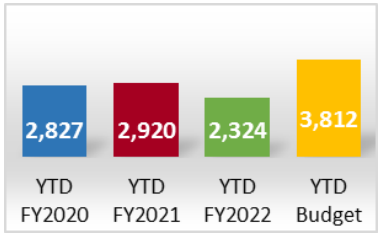


# Surgery (IP & OP) – 100 Min Units

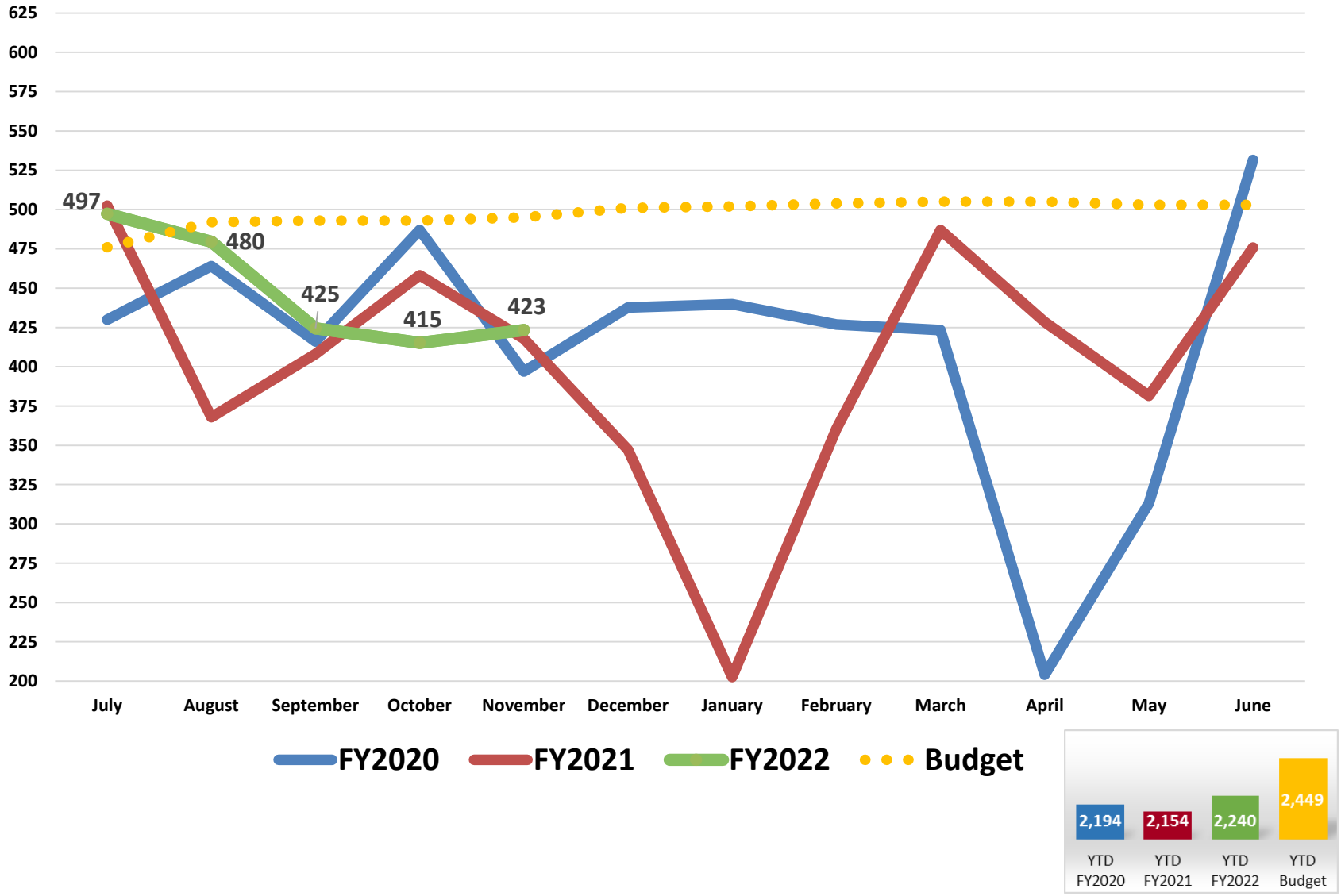


# Surgery (IP Only) – 100 Min Units

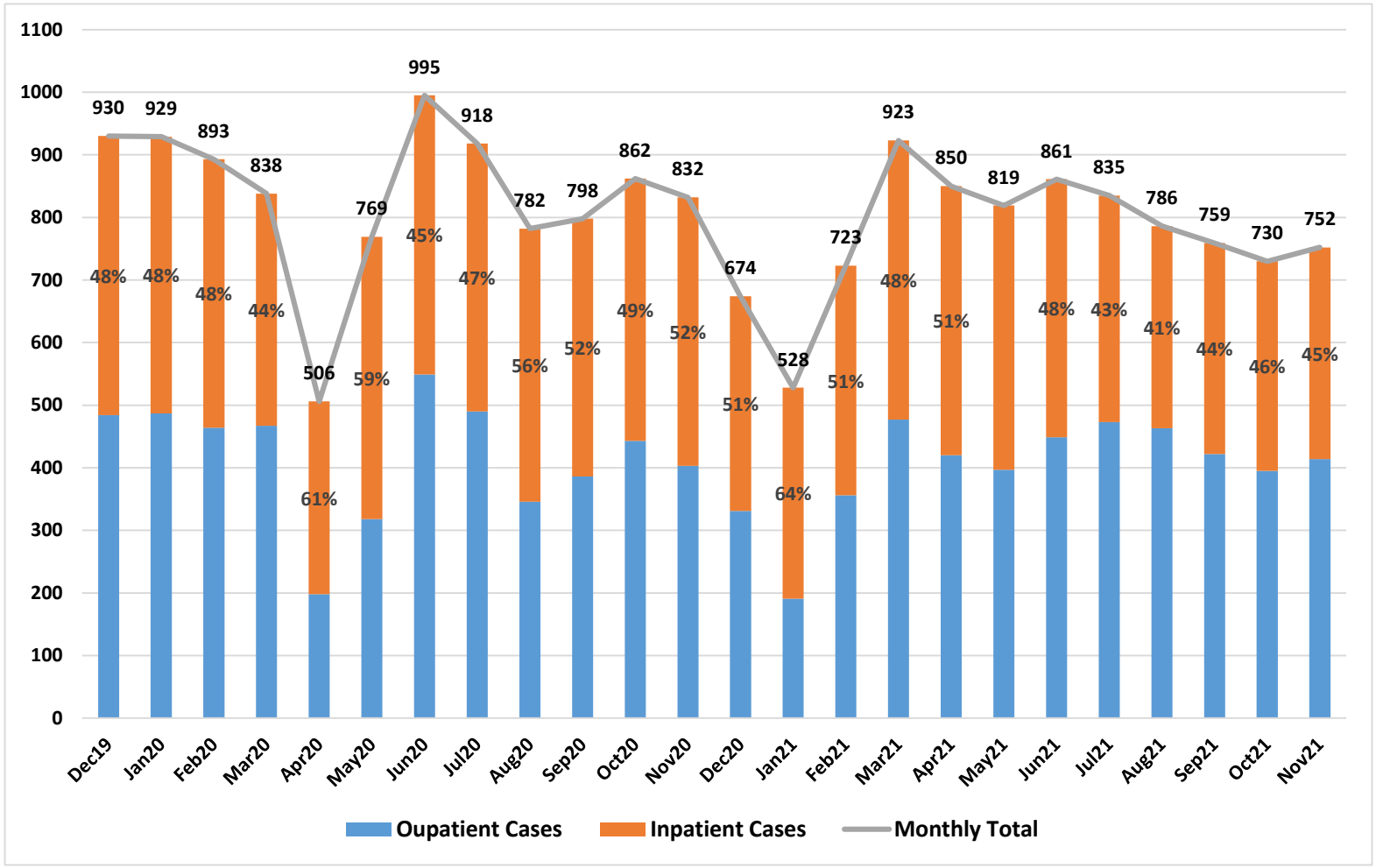


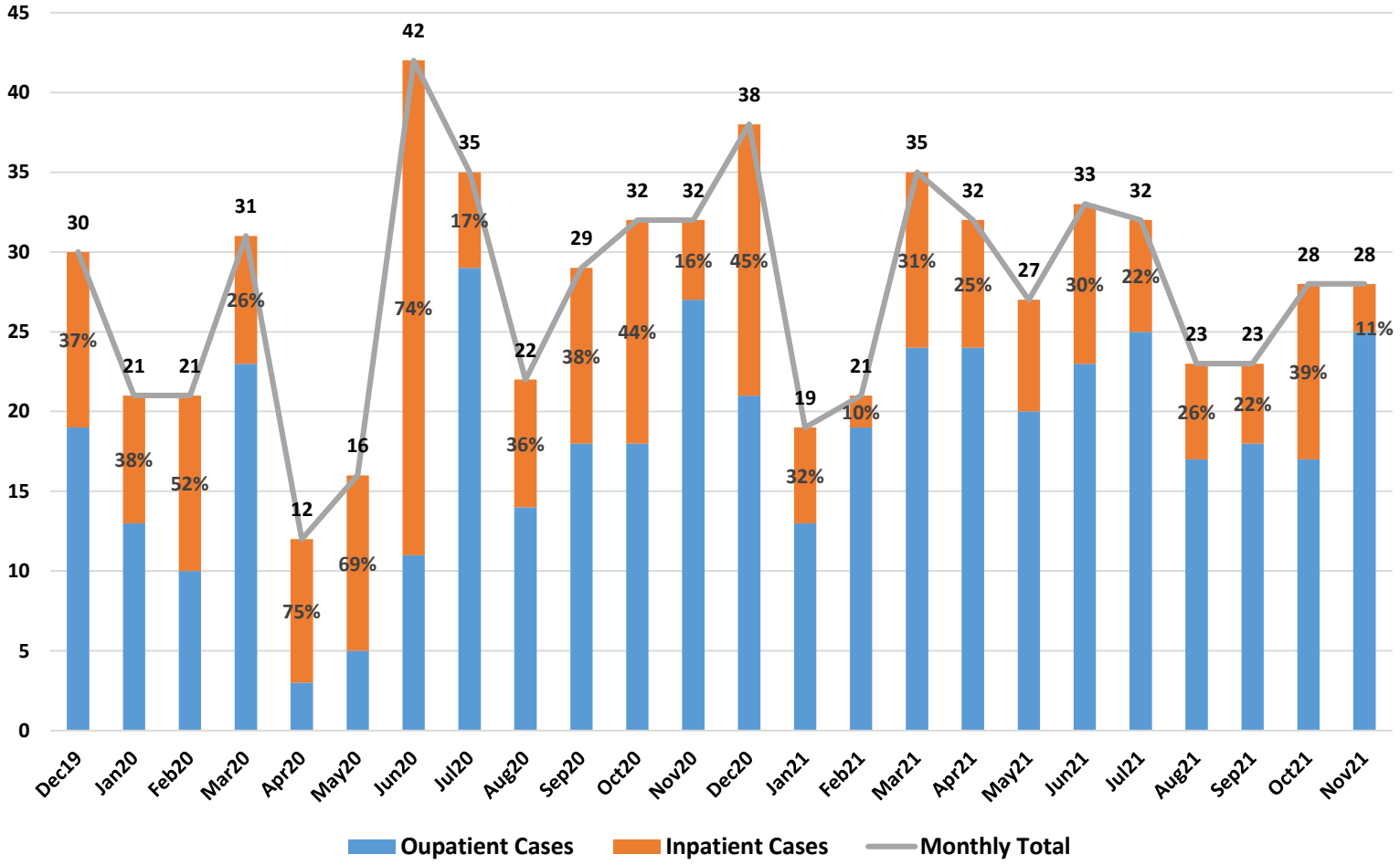
# Surgery (OP Only) – 100 Min Units



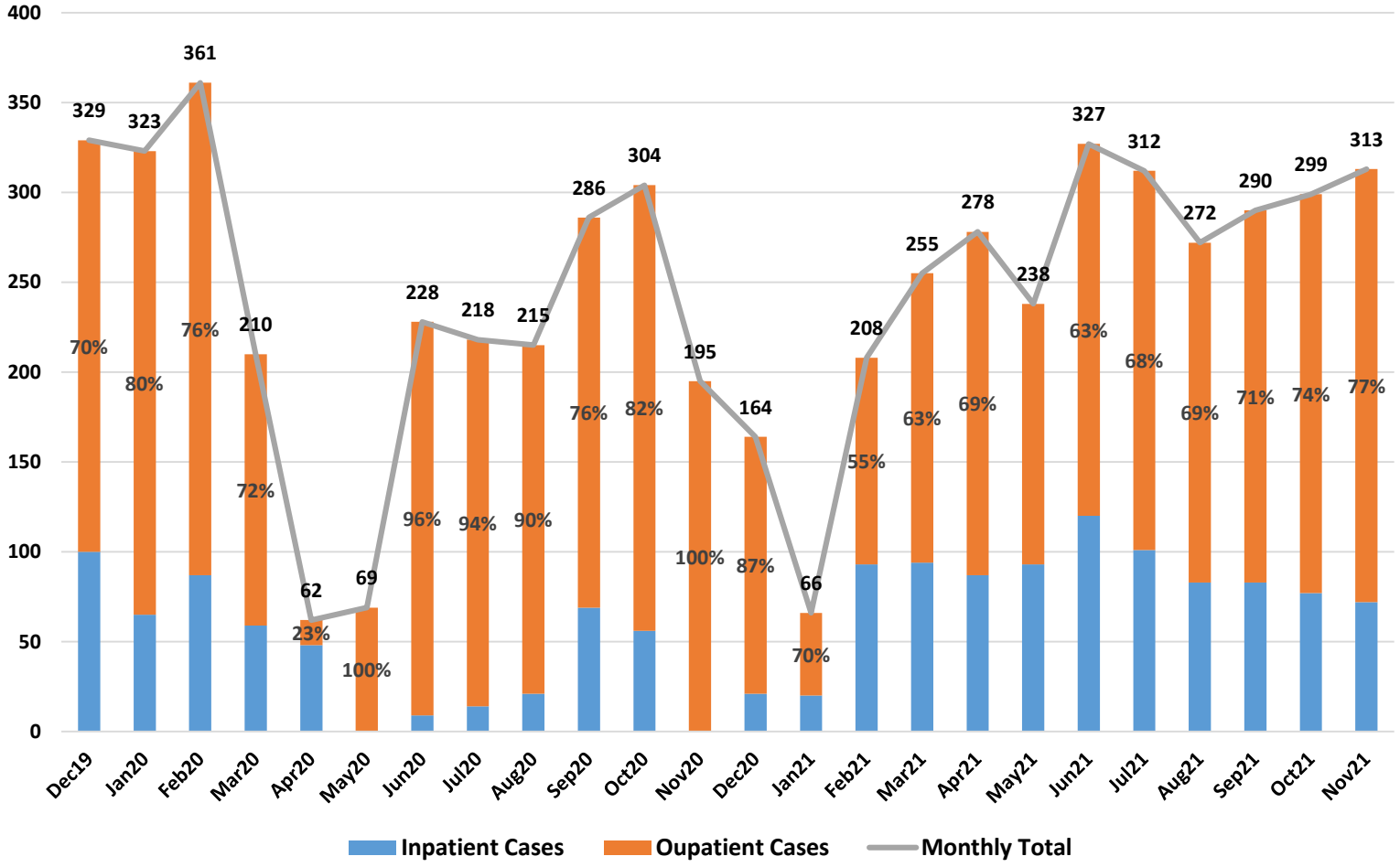
# Surgery Cases



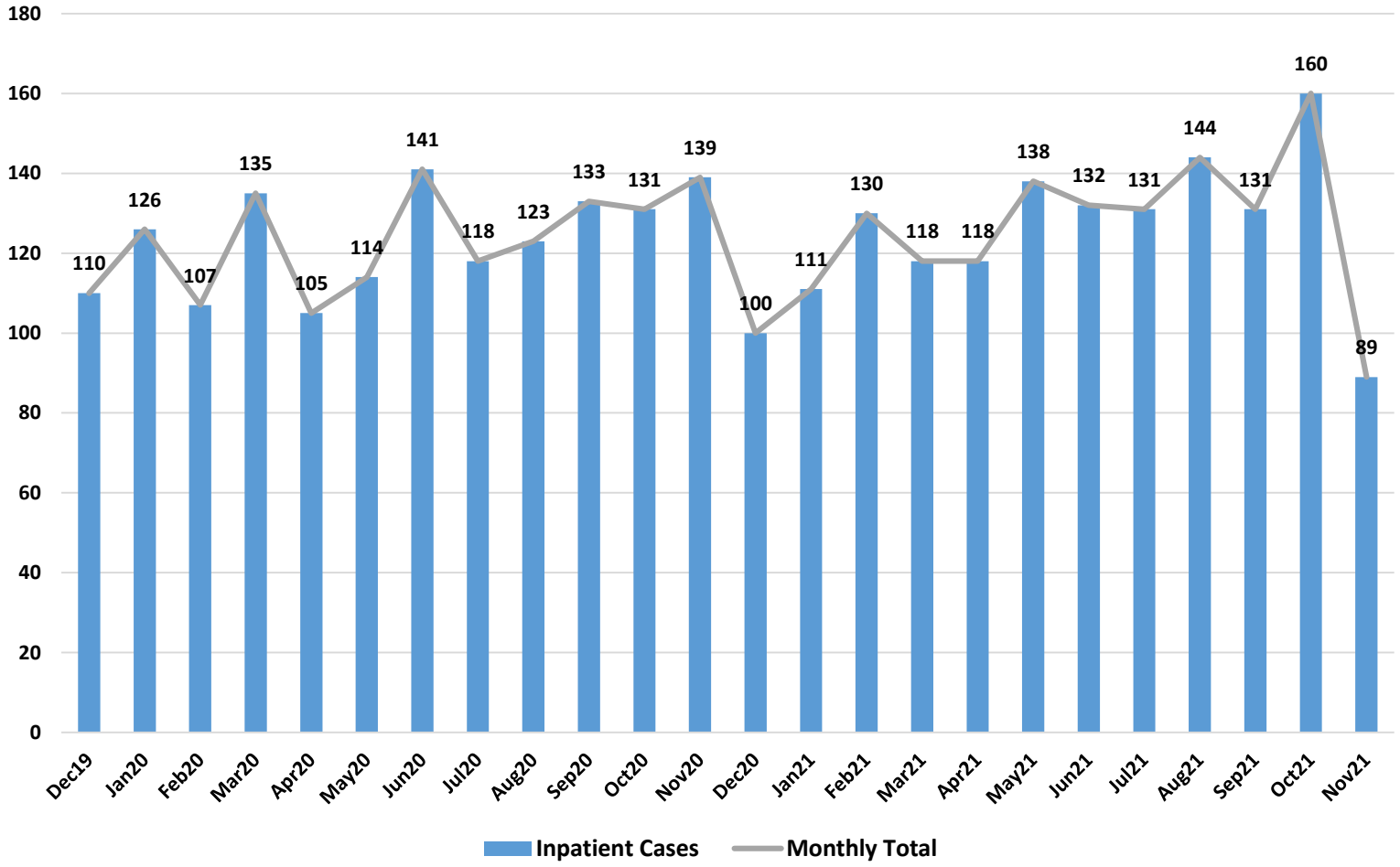
# Robotic Cases



# Endo Cases (Endo Suites)



# OB Cases


180
160
140
120
100
80
60
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107
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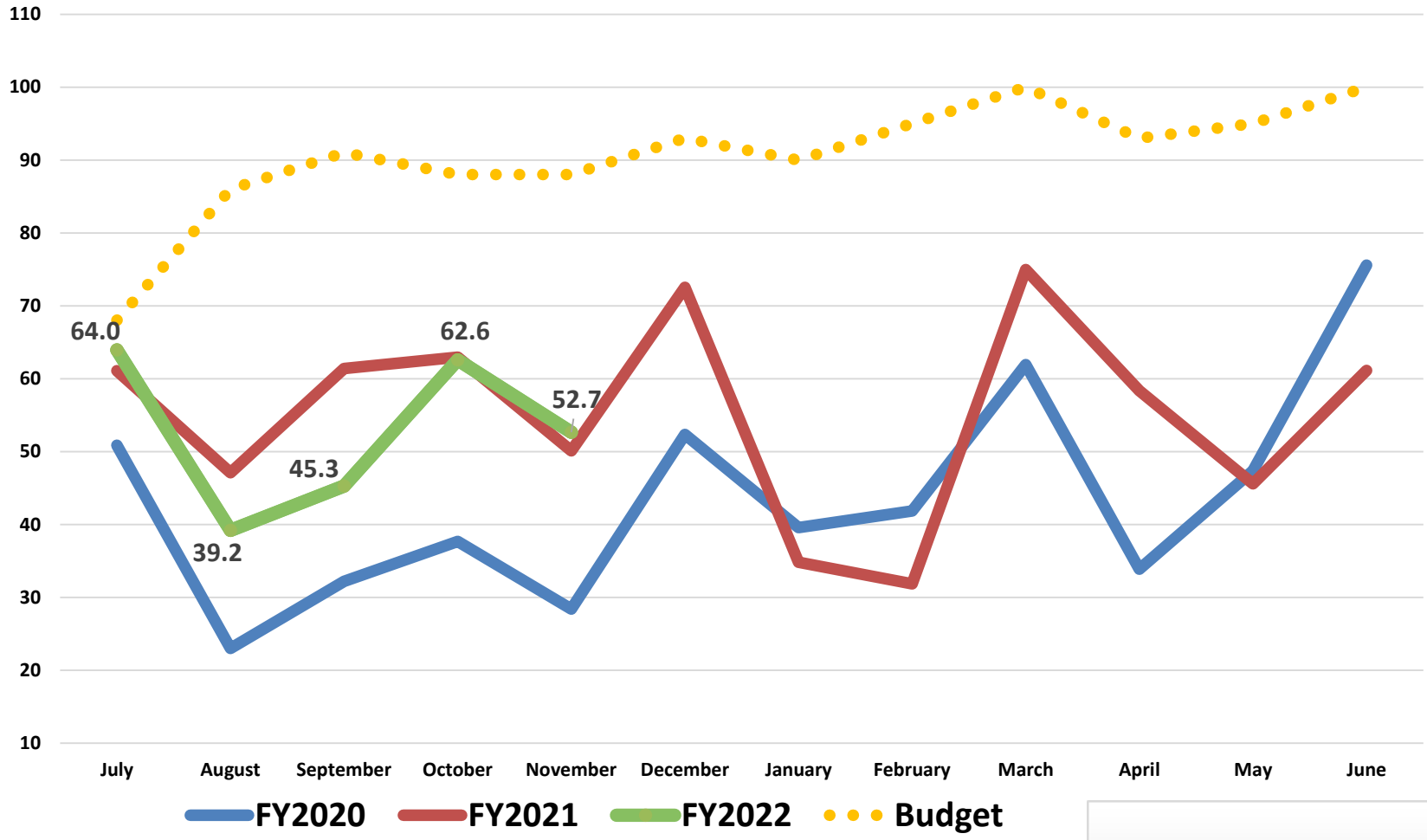
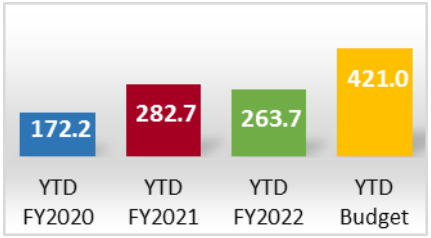
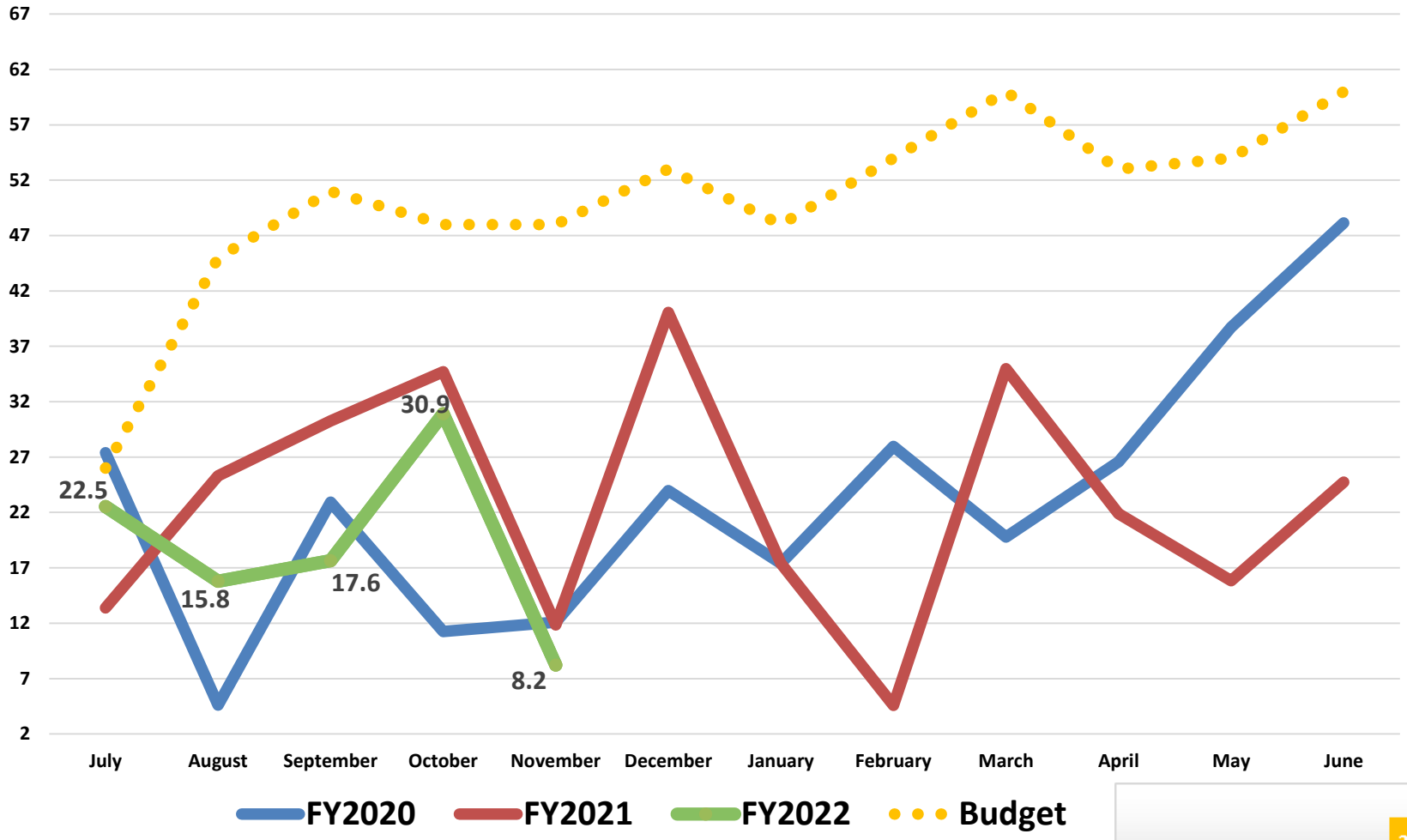
139
100
111
130
118
118
138
132
131
144
131
160
89
Dec19
Jan20
Feb20
Mar20
Apr20
May20
Jun20
Jul20
Aug20
Sep20
Oct20
Nov20
Dec20
Jan21
Feb21
Mar21
Apr21
May21
Jun21
Jul21
Aug21
Sep21
Oct21
Nov21
Inpatient Cases
Monthly Total

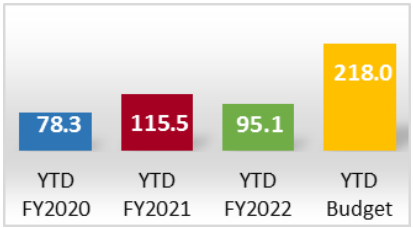
# Robotic Surgery (IP & OP) – 100 Min Units



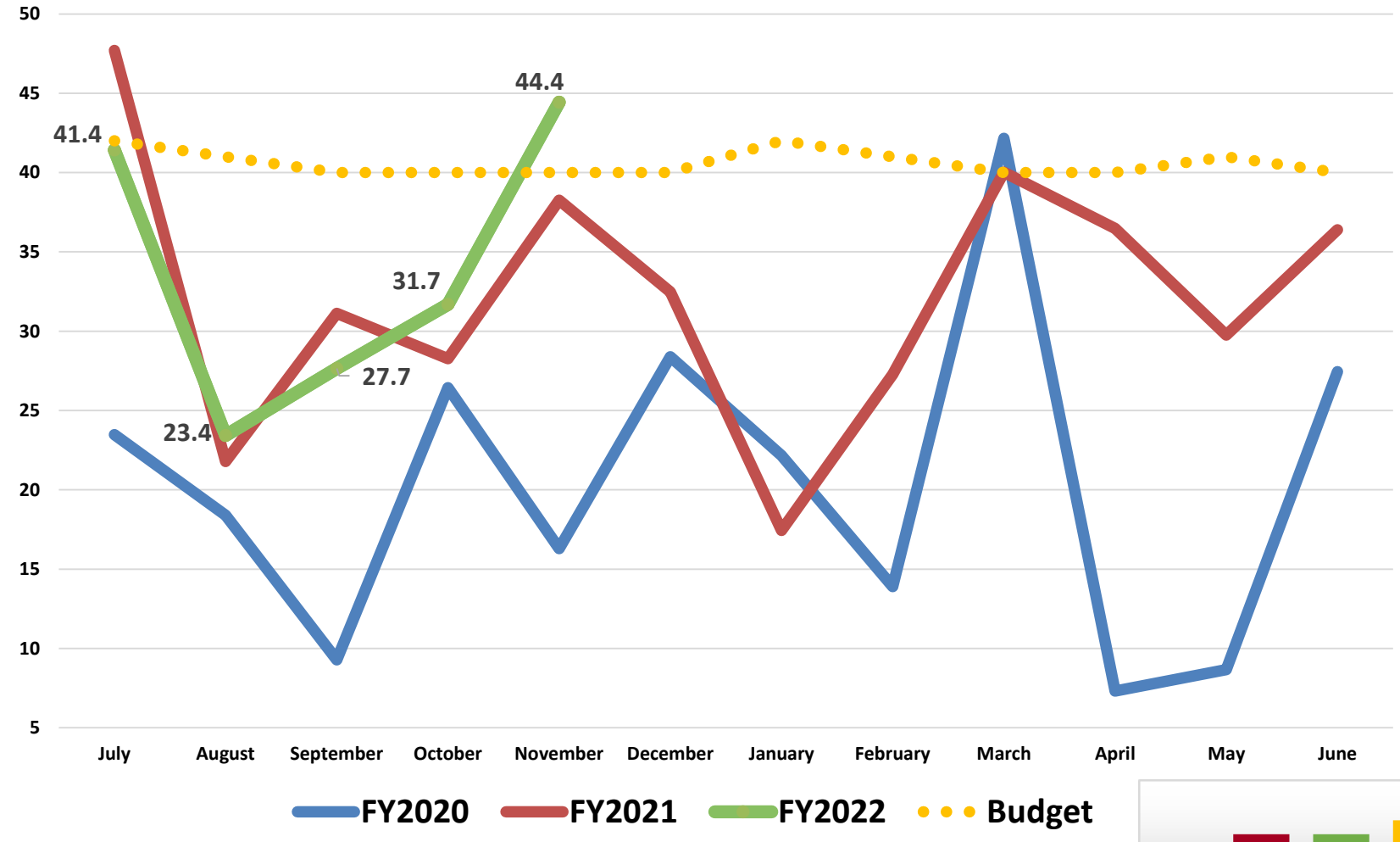



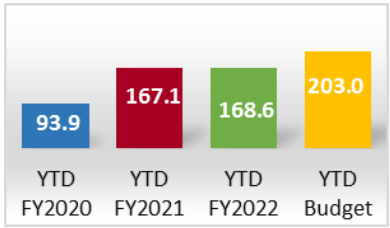
# Robotic Surgery (IP Only) – 100 Min Units



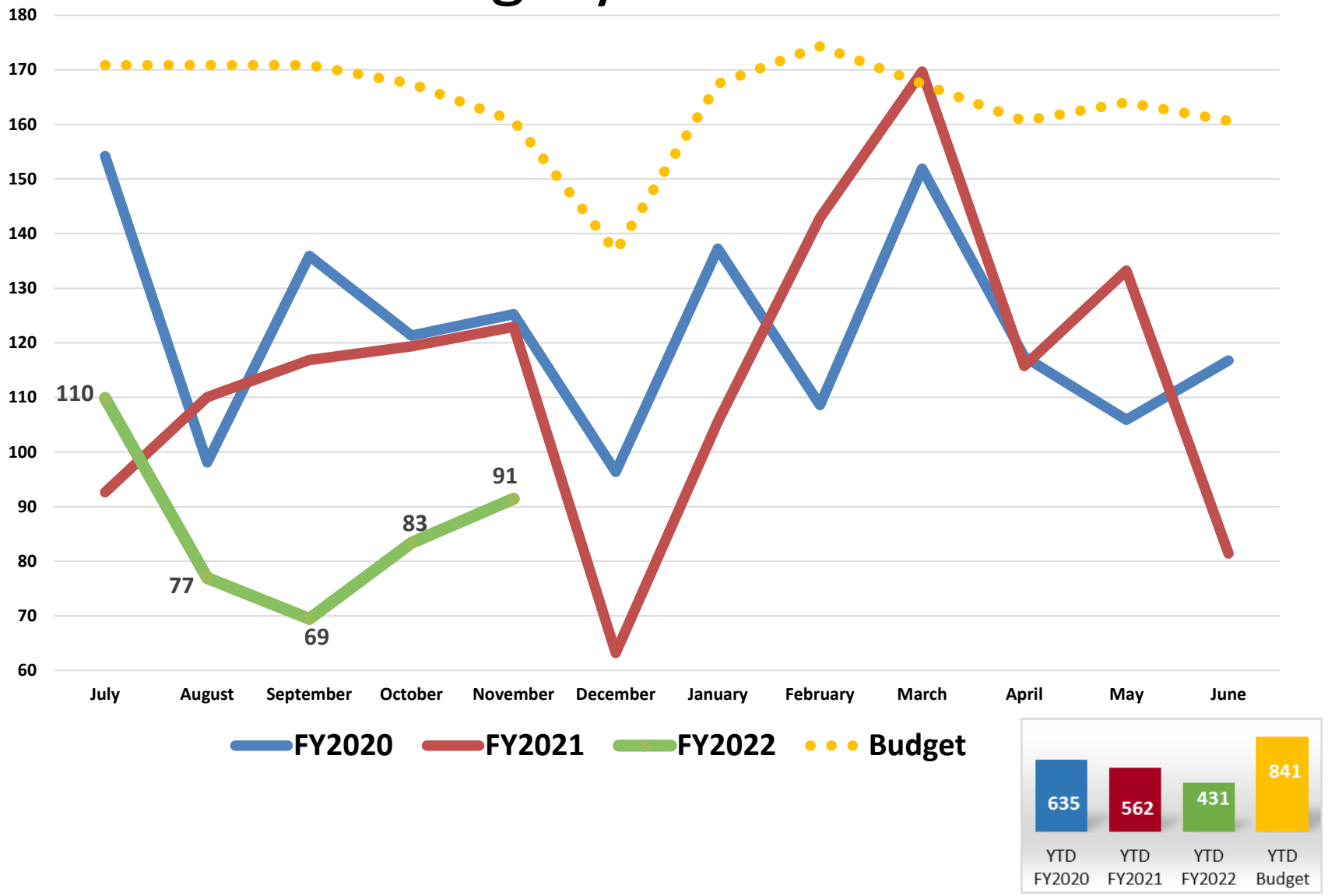



# Robotic Surgery (OP Only) – 100 Min Units

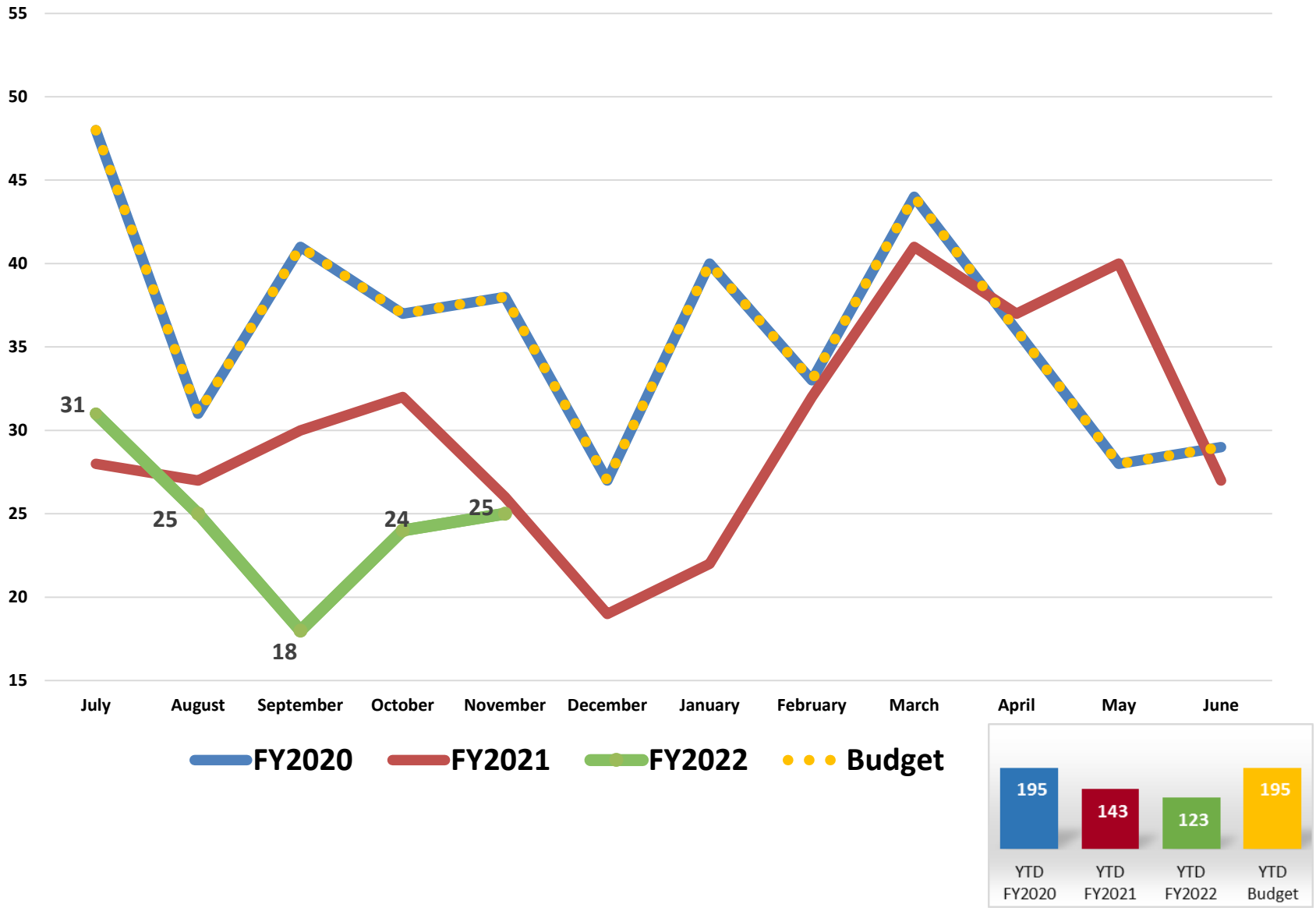


# Cardiac Surgery – 100 Min Units

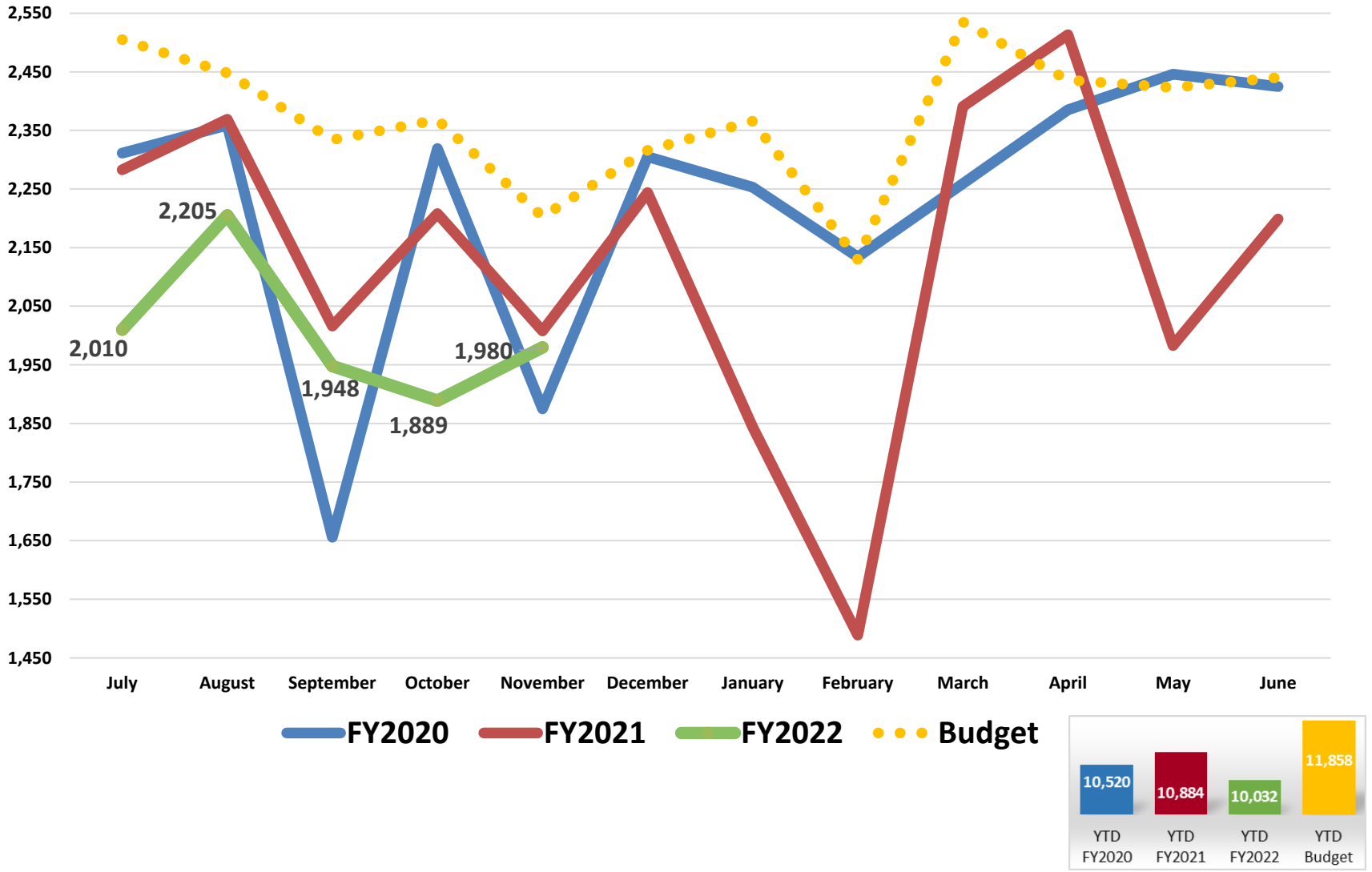


# Cardiac Surgery – Cases

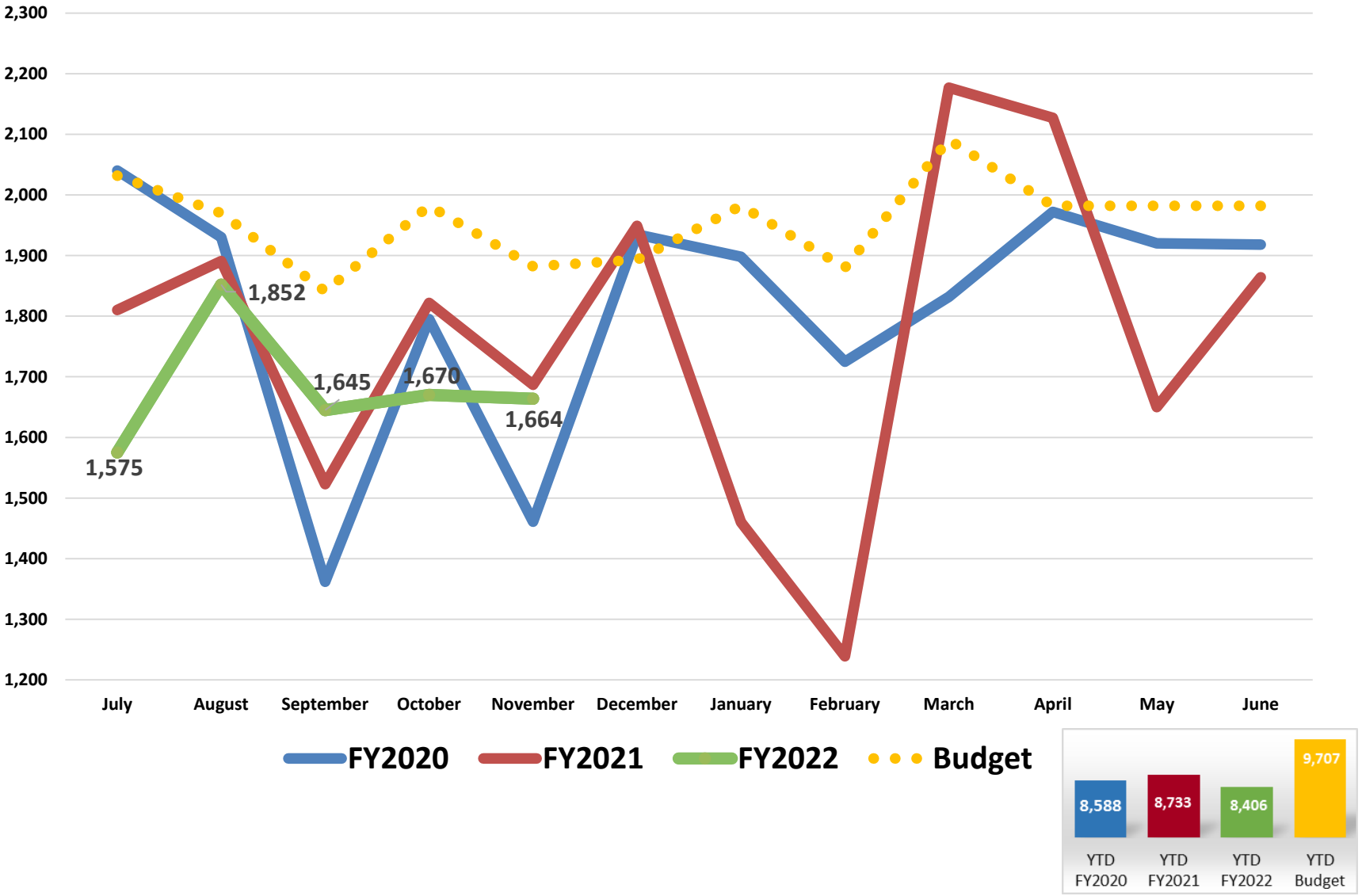


# Radiation Oncology Treatments

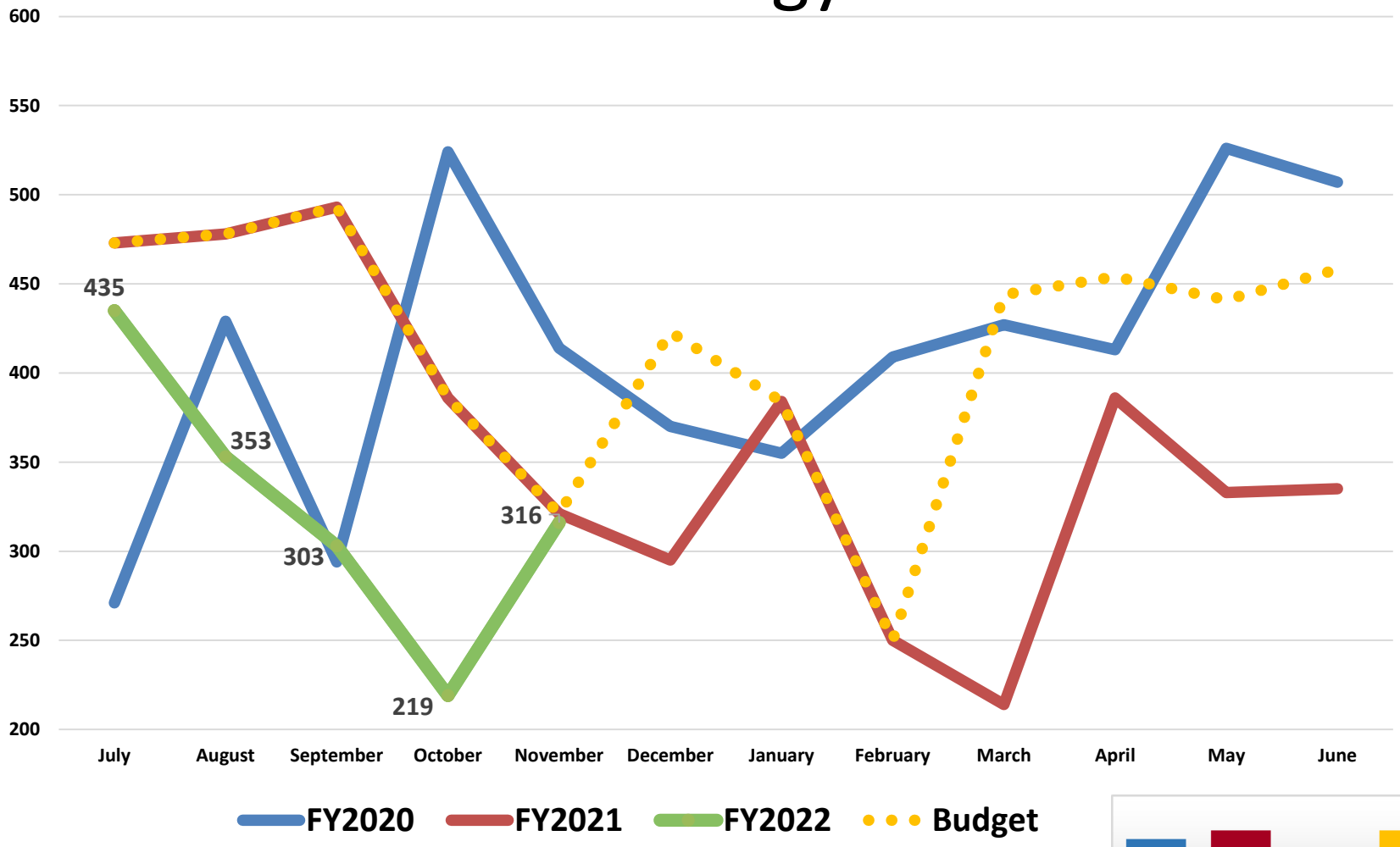
## Hanford and Visalia

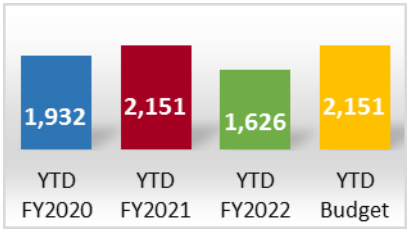


# Radiation Oncology - Visalia

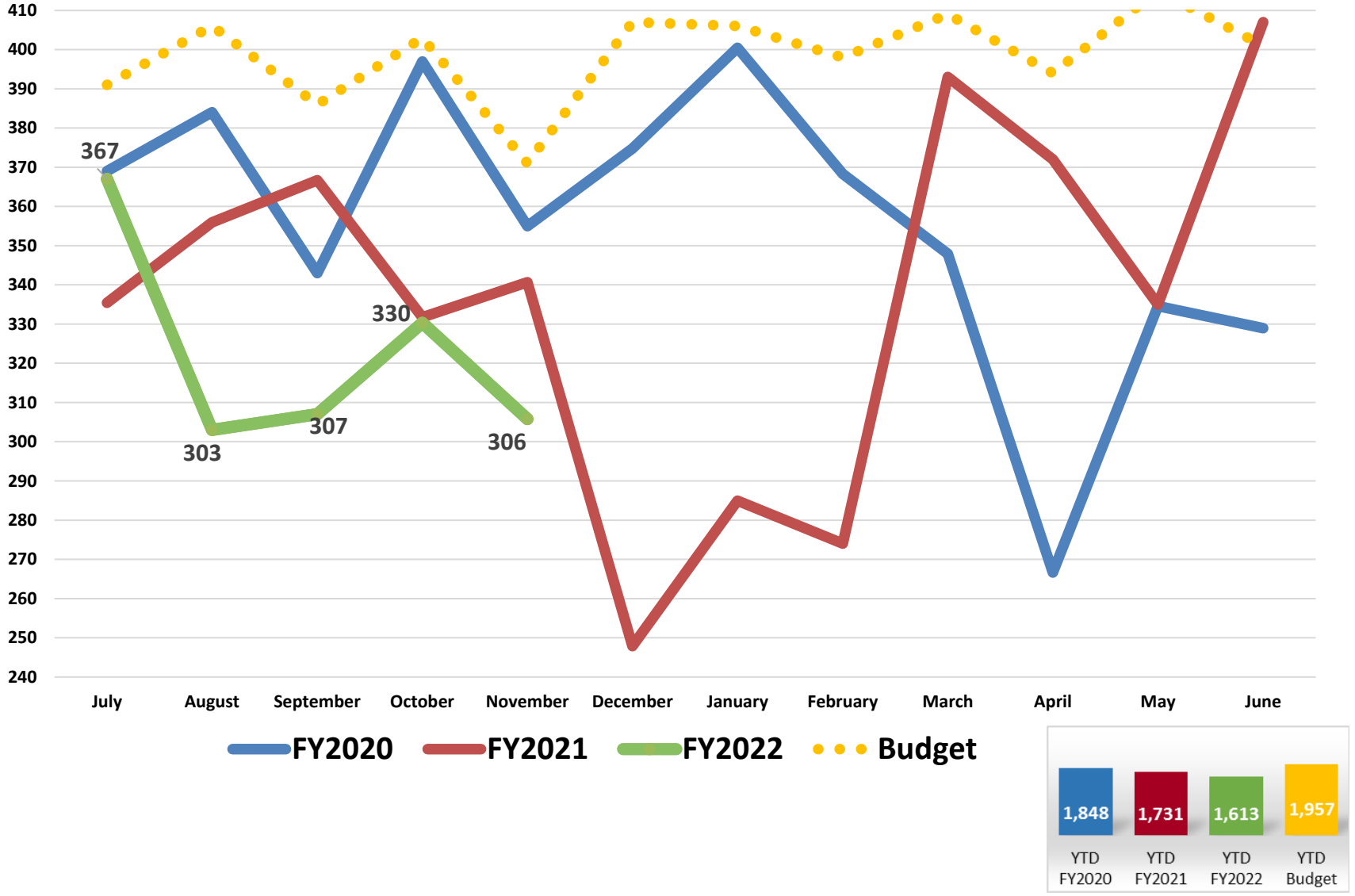


# Radiation Oncology - Hanford

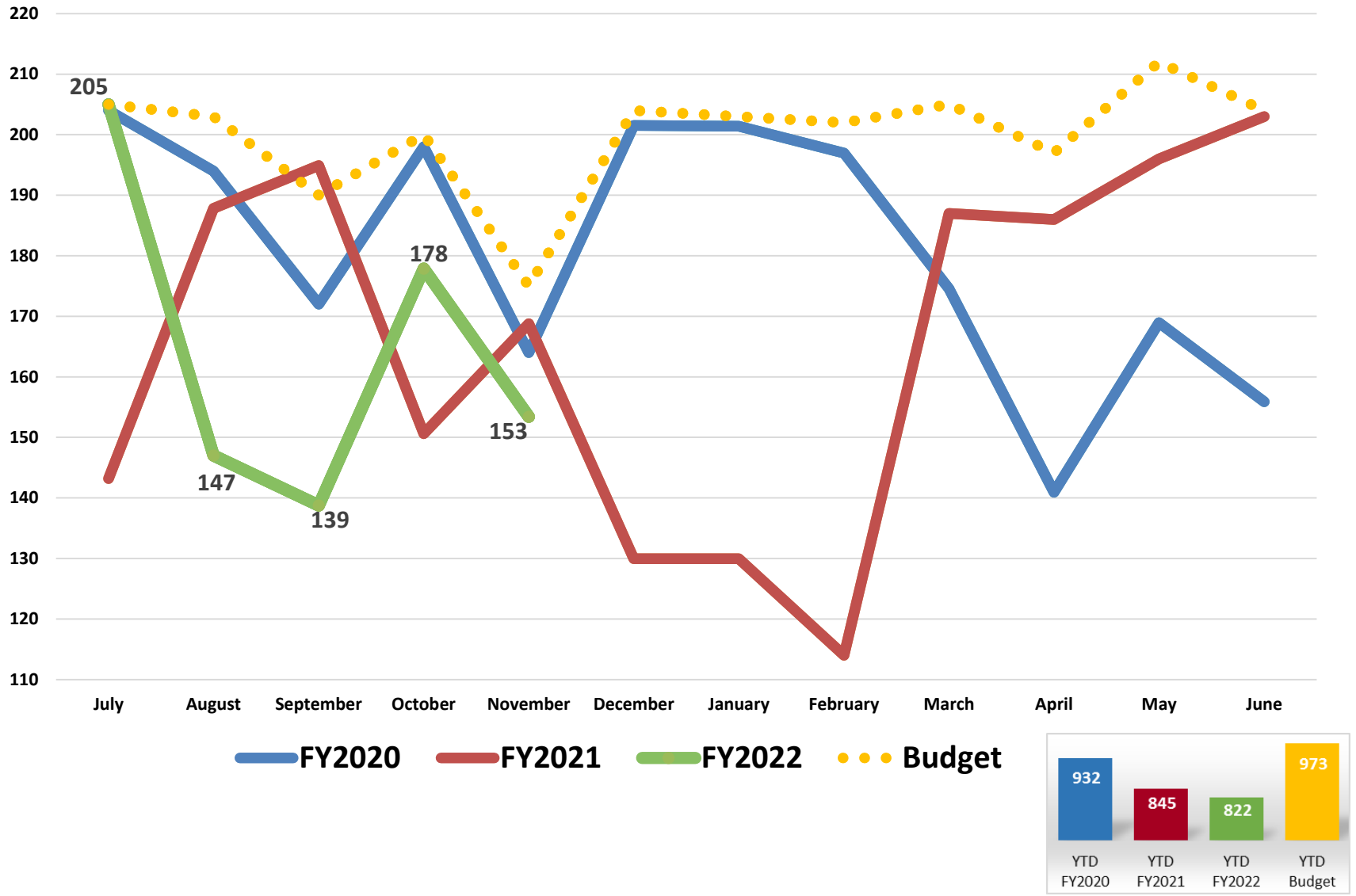


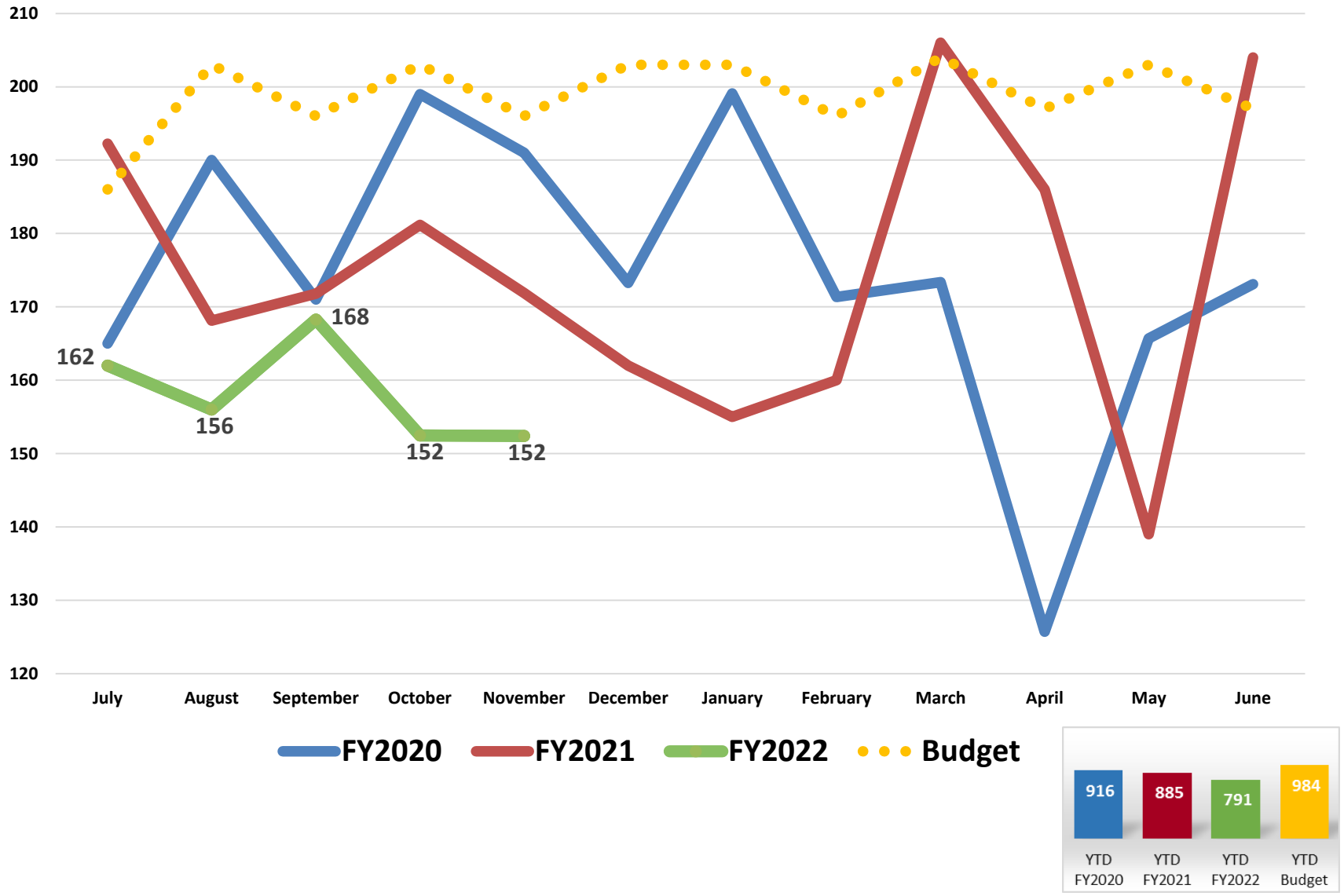
# Cath Lab (IP & OP) – 100 Min Units



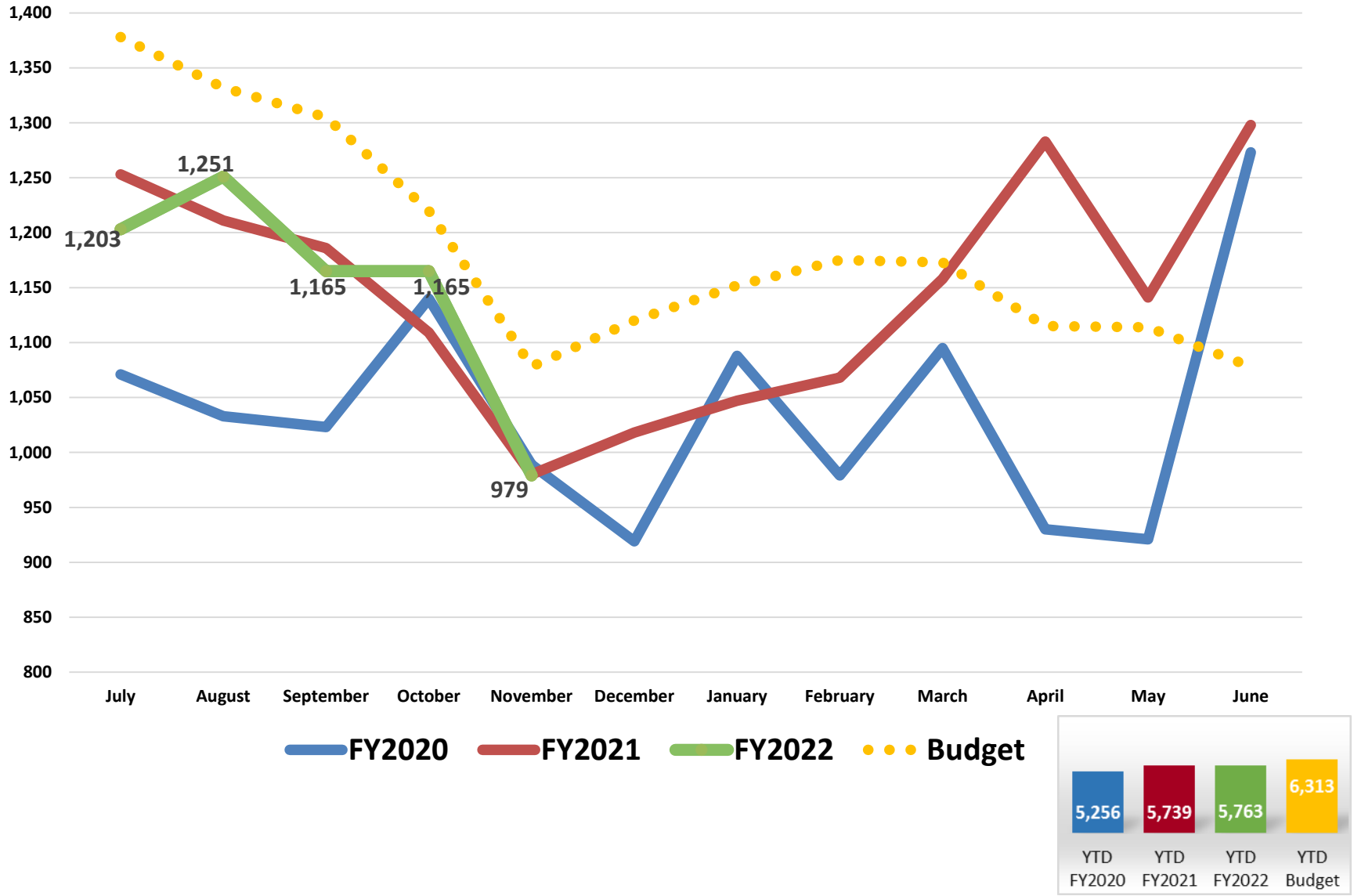
# Cath Lab (IP Only) – 100 Min Units



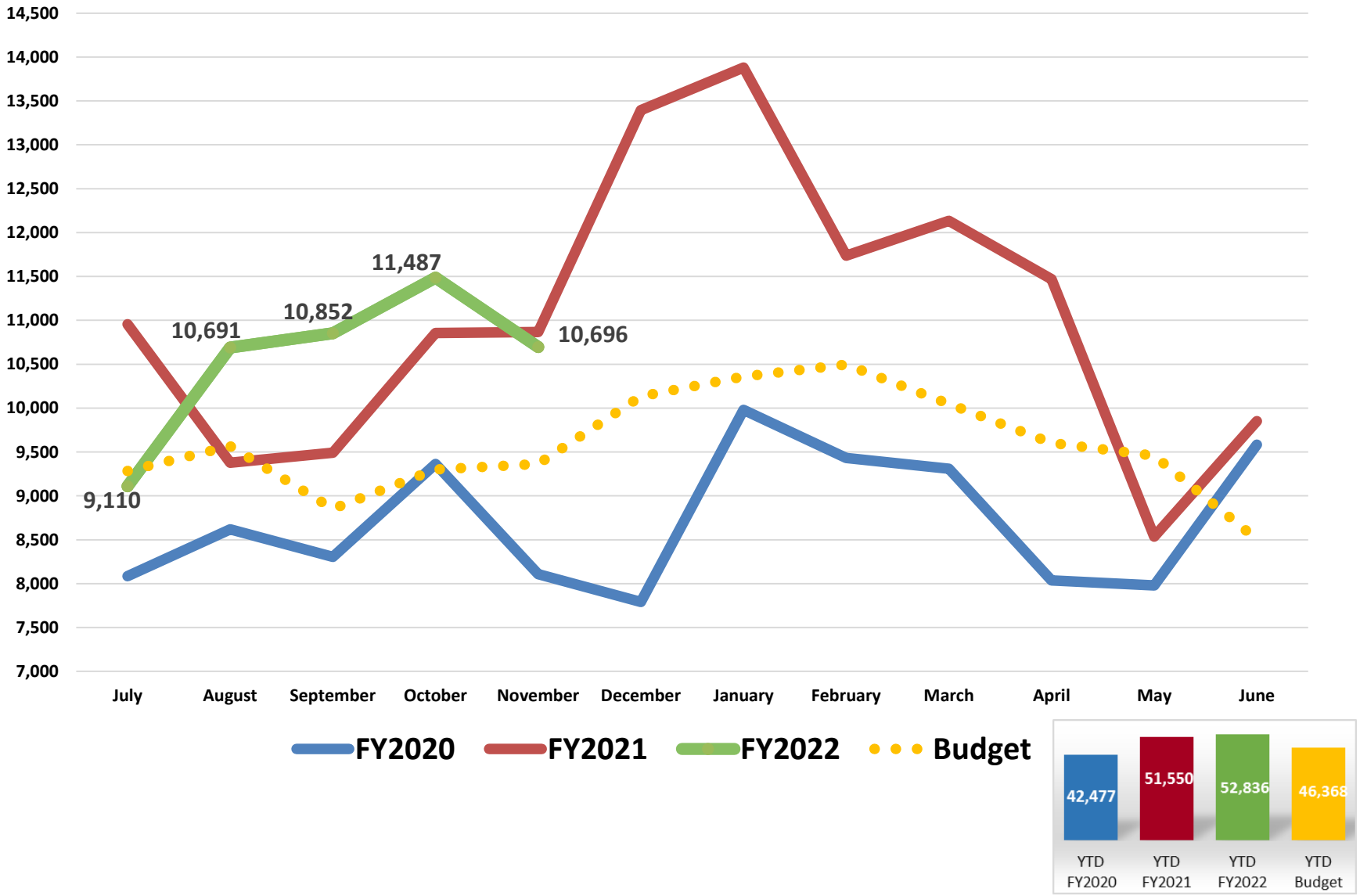
# Cath Lab (OP Only) – 100 Min Units



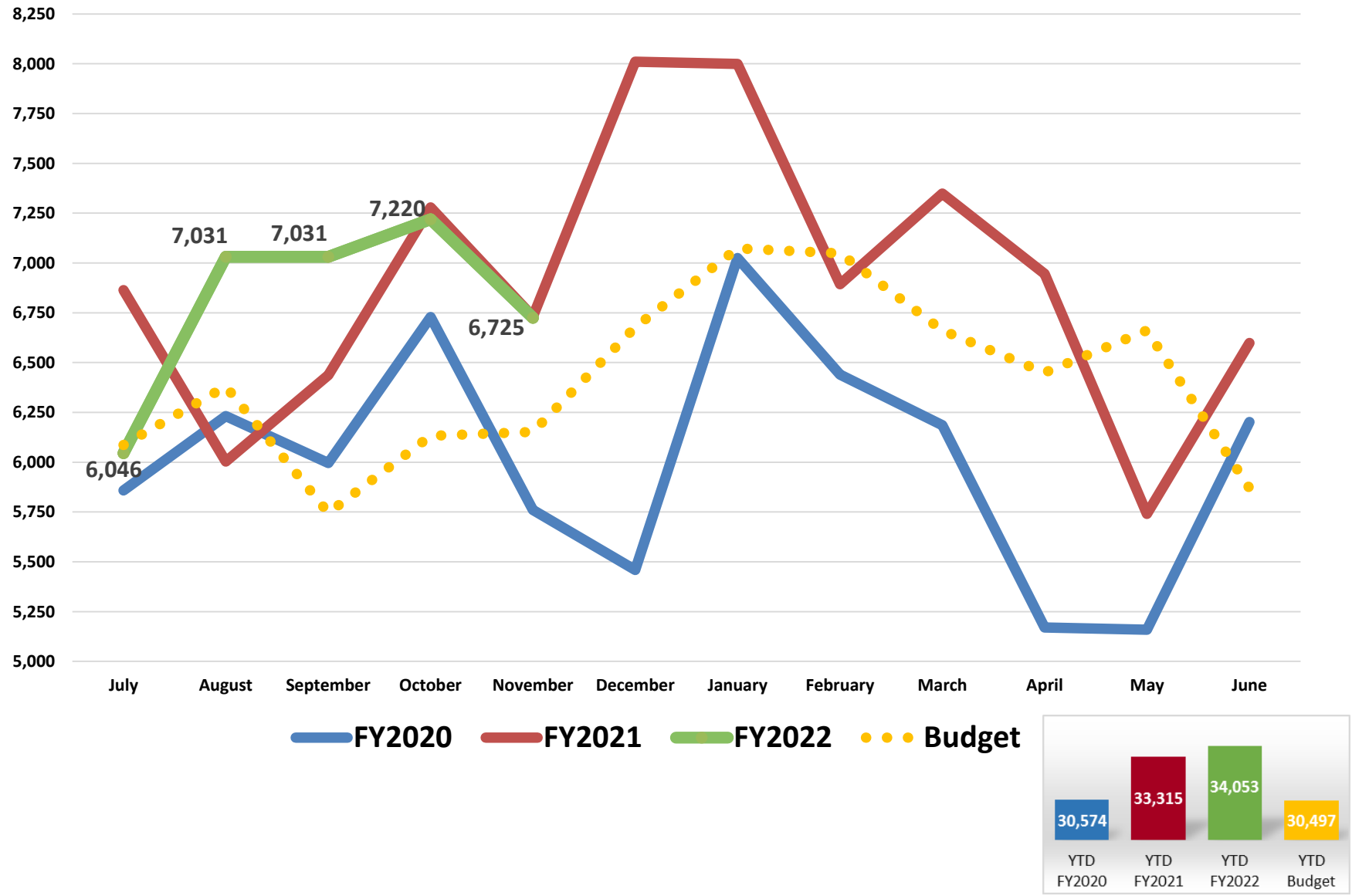
# GME Family Medicine Clinic Visits



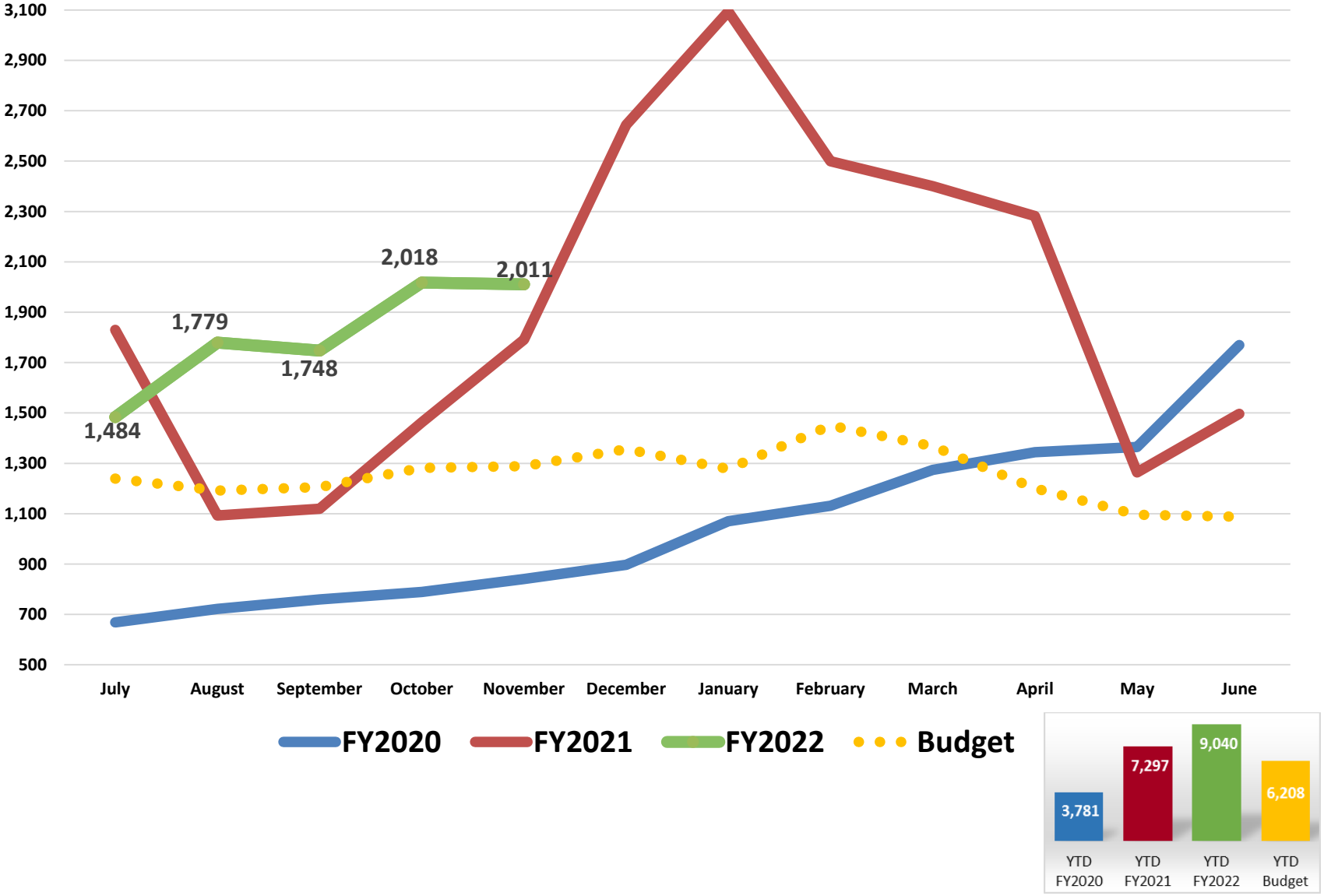
# Rural Health Clinic Registrations



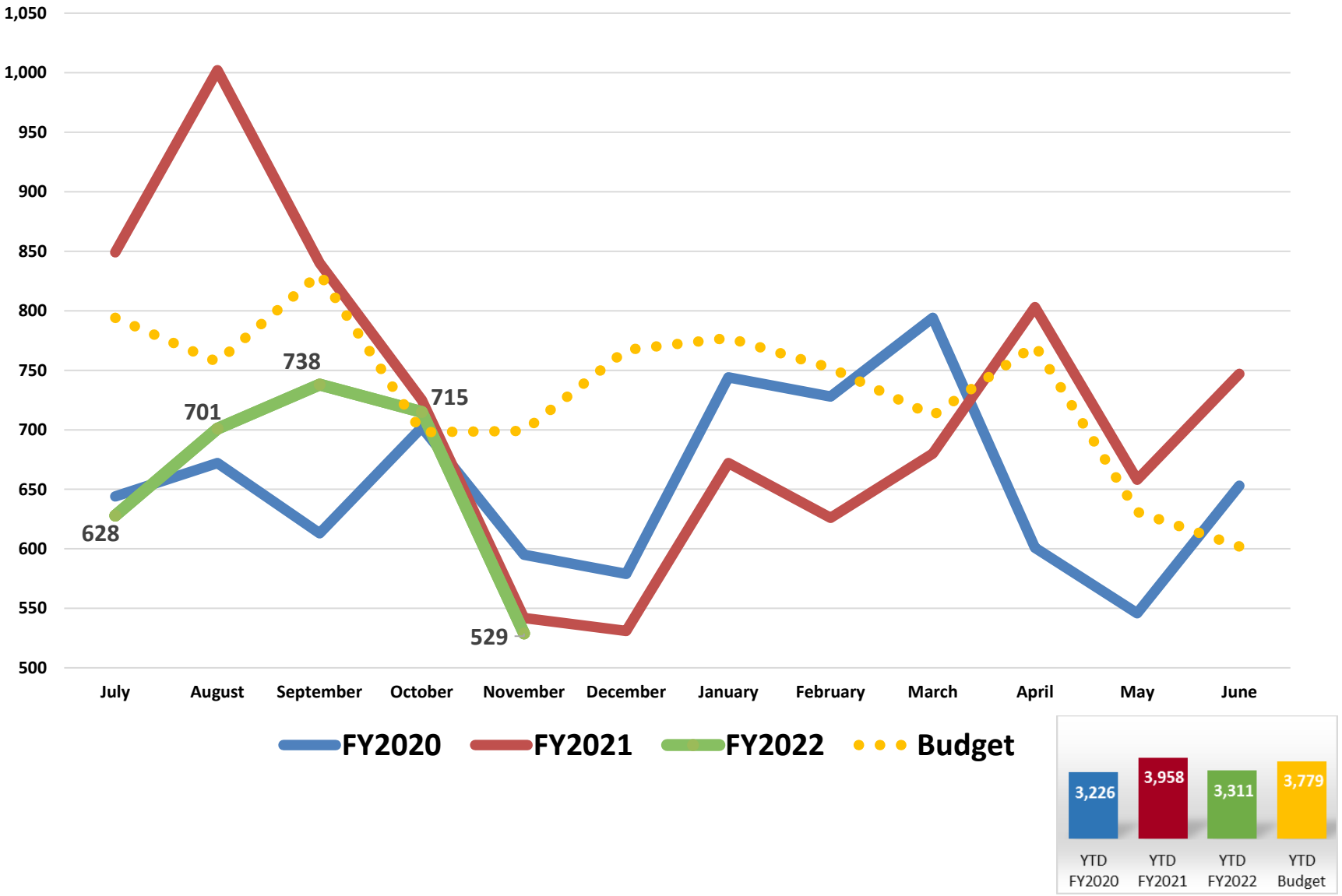
# Exeter RHC - Registrations



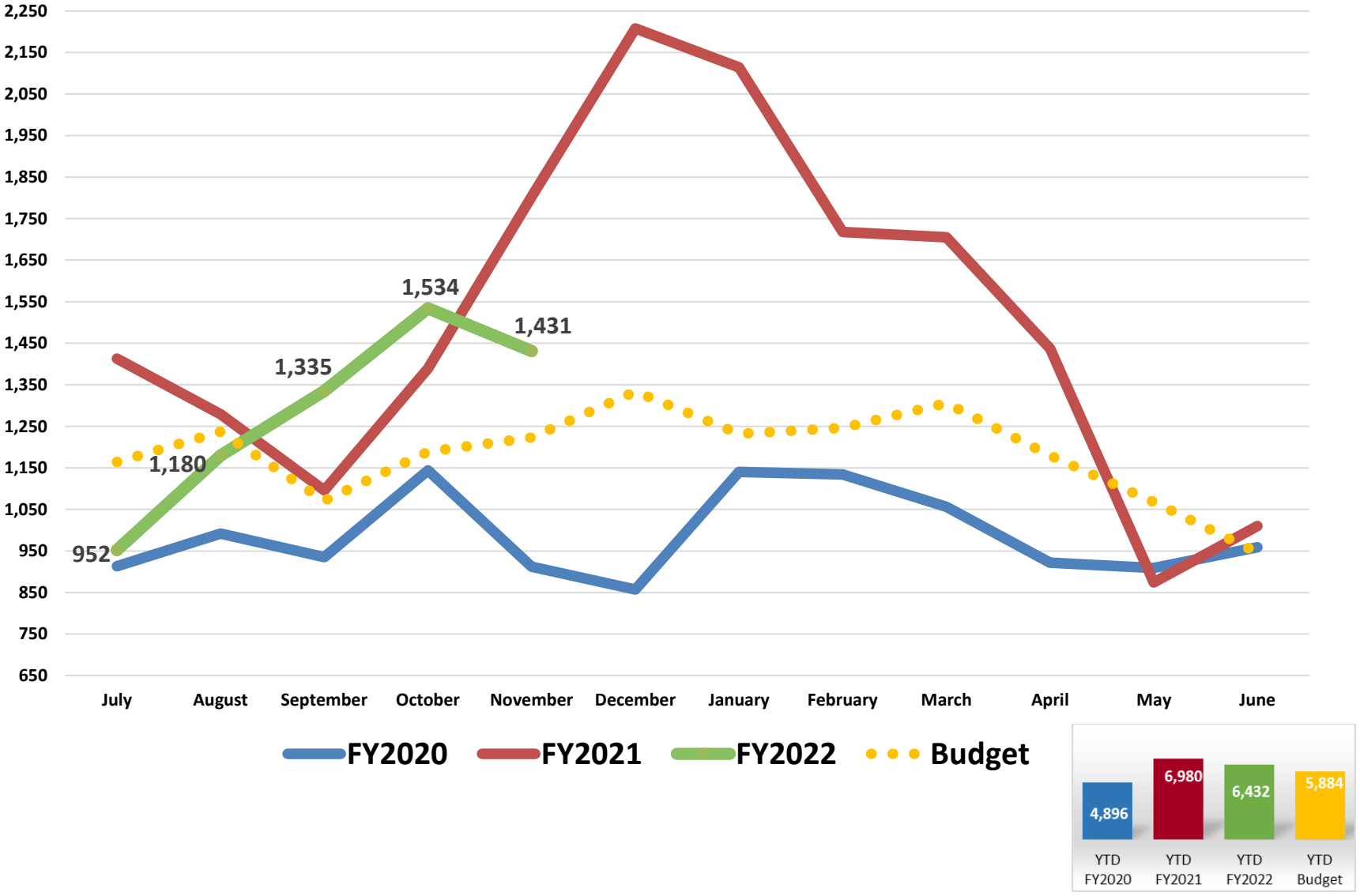
# Lindsay RHC - Registrations



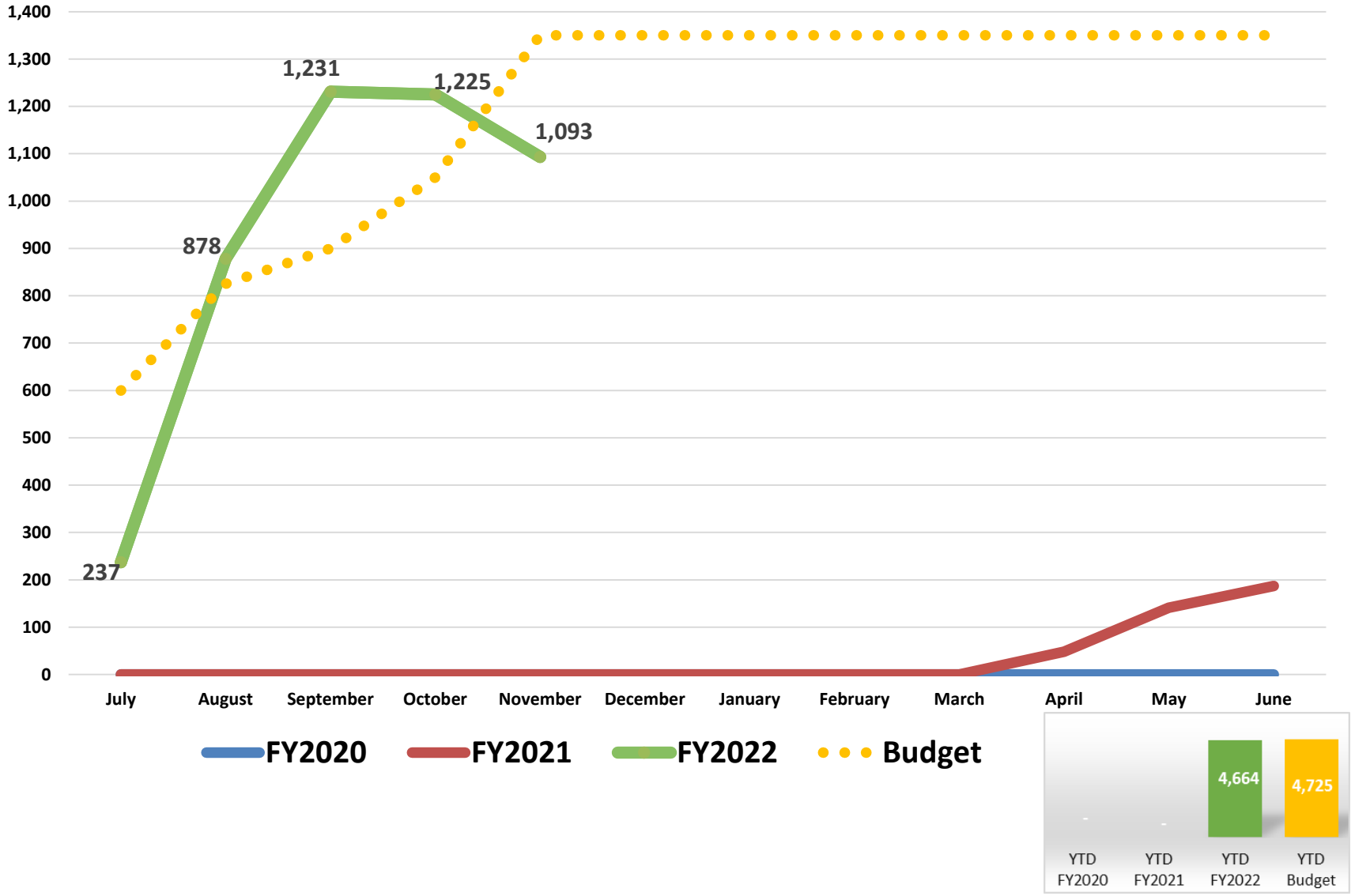
# Woodlake RHC - Registrations



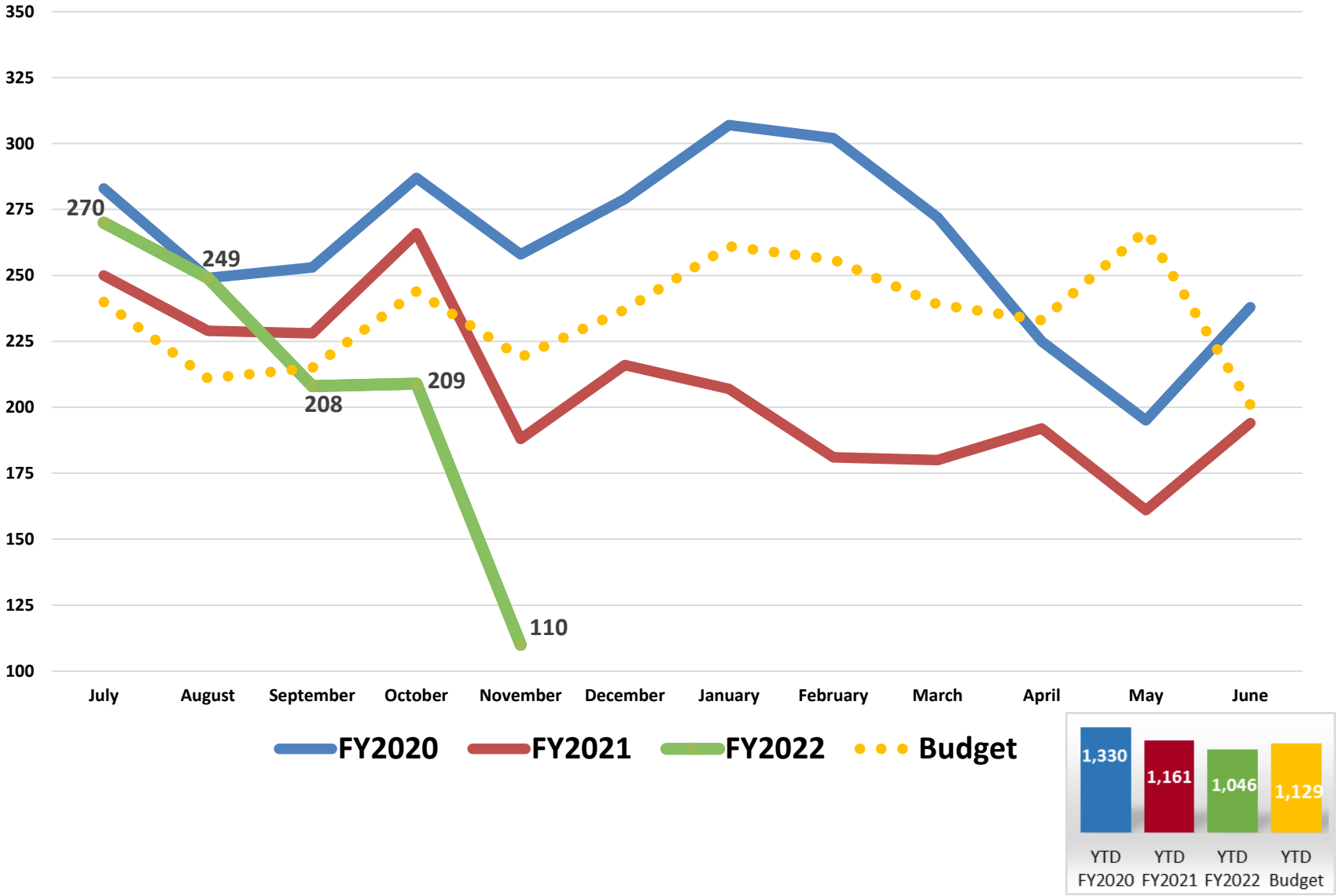
# Dinuba RHC - Registrations



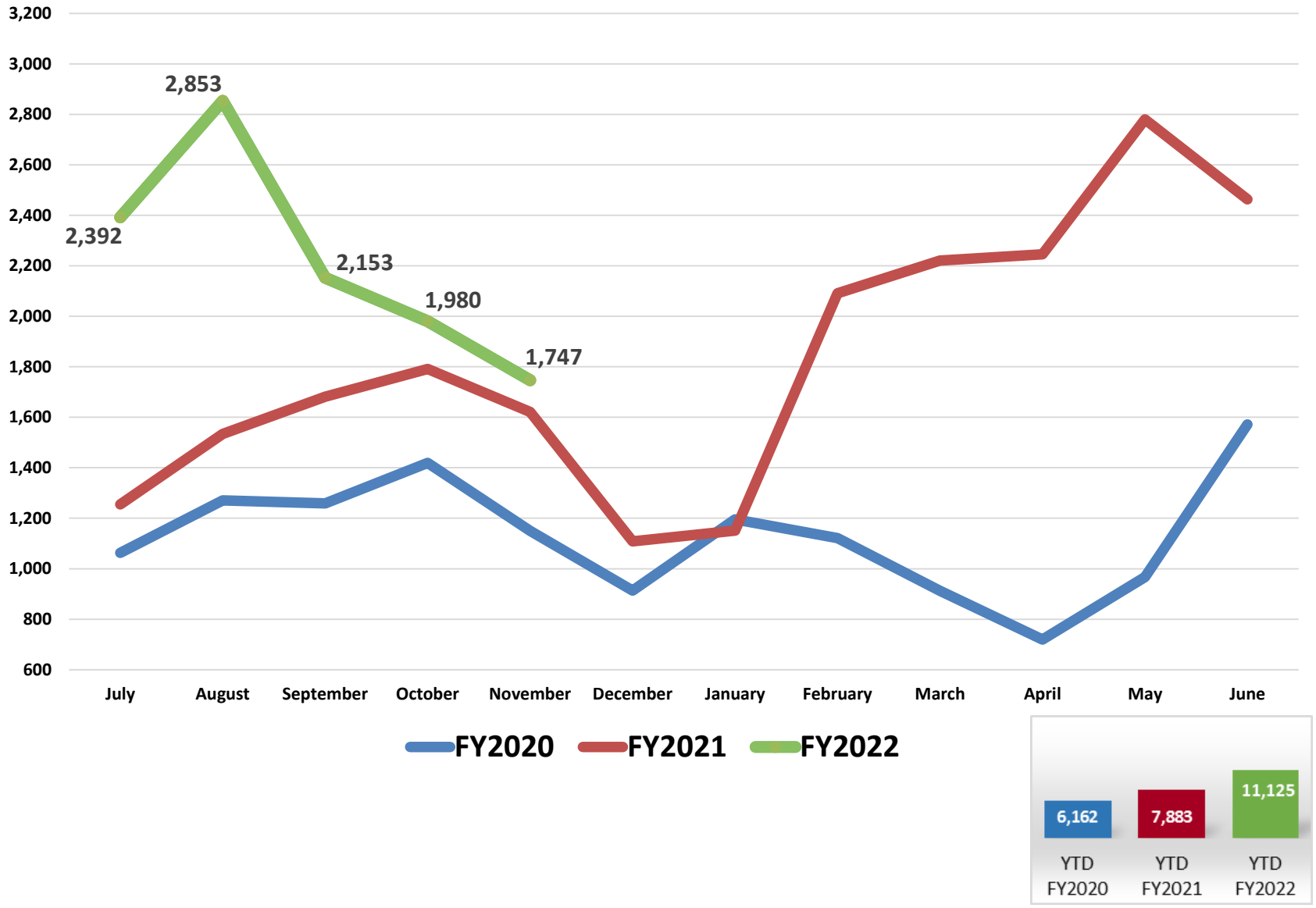
# Tulare RHC - Registrations



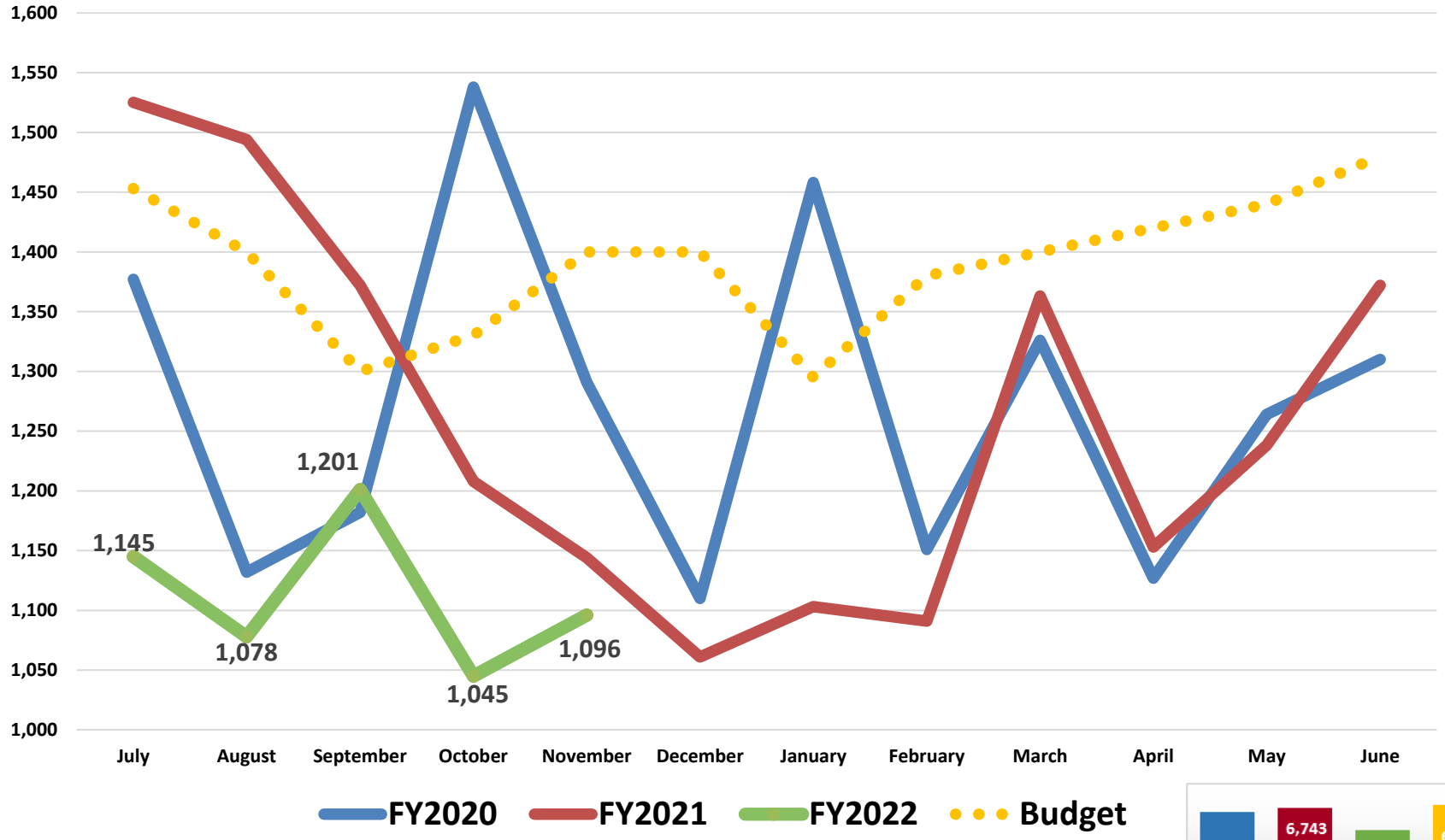
# Neurosurgery Clinic - Registrations

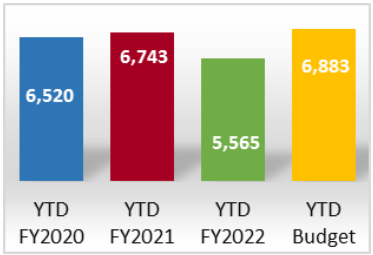


# Neurosurgery Clinic - wRVU's

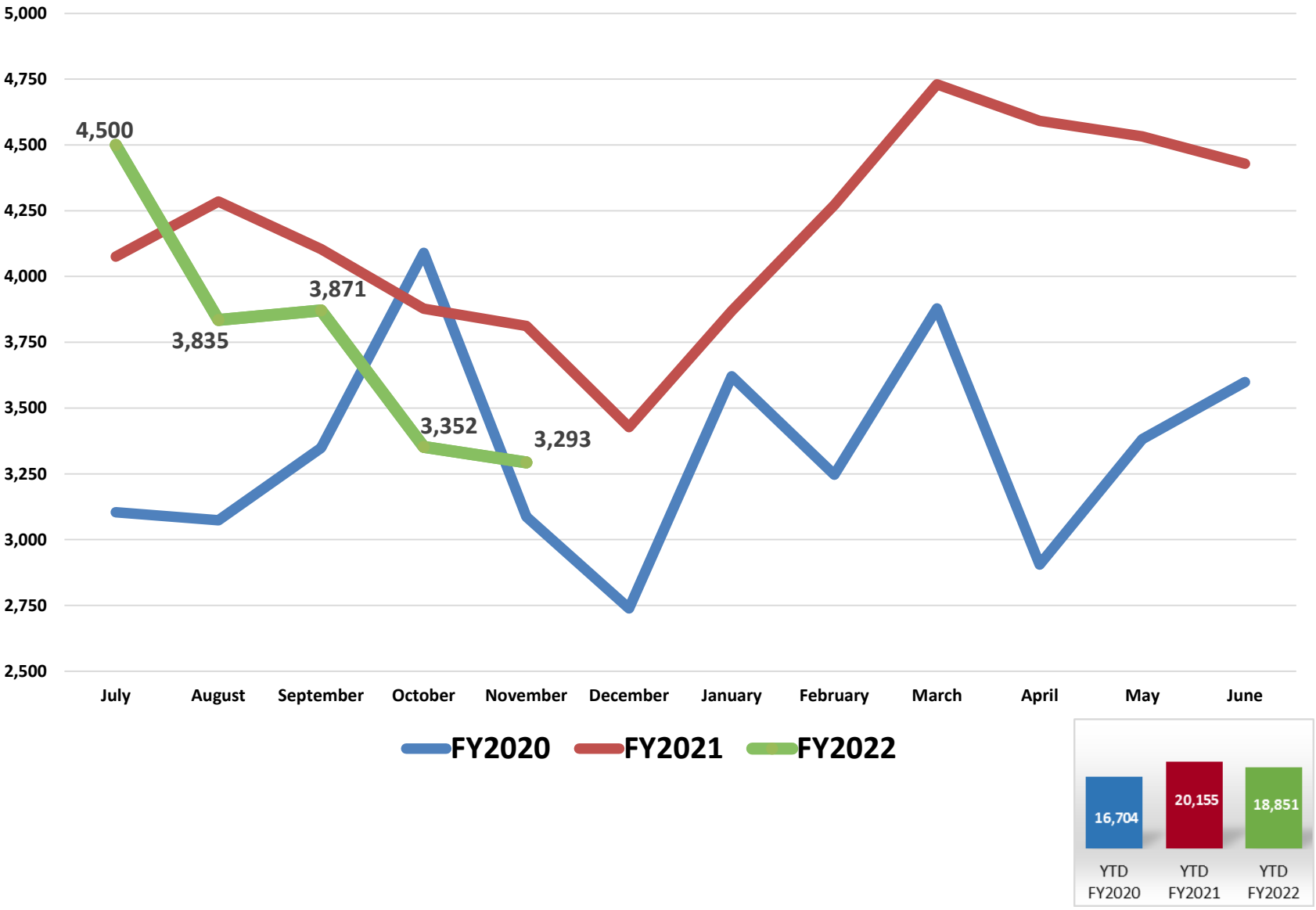


# Sequoia Cardiology - Registrations

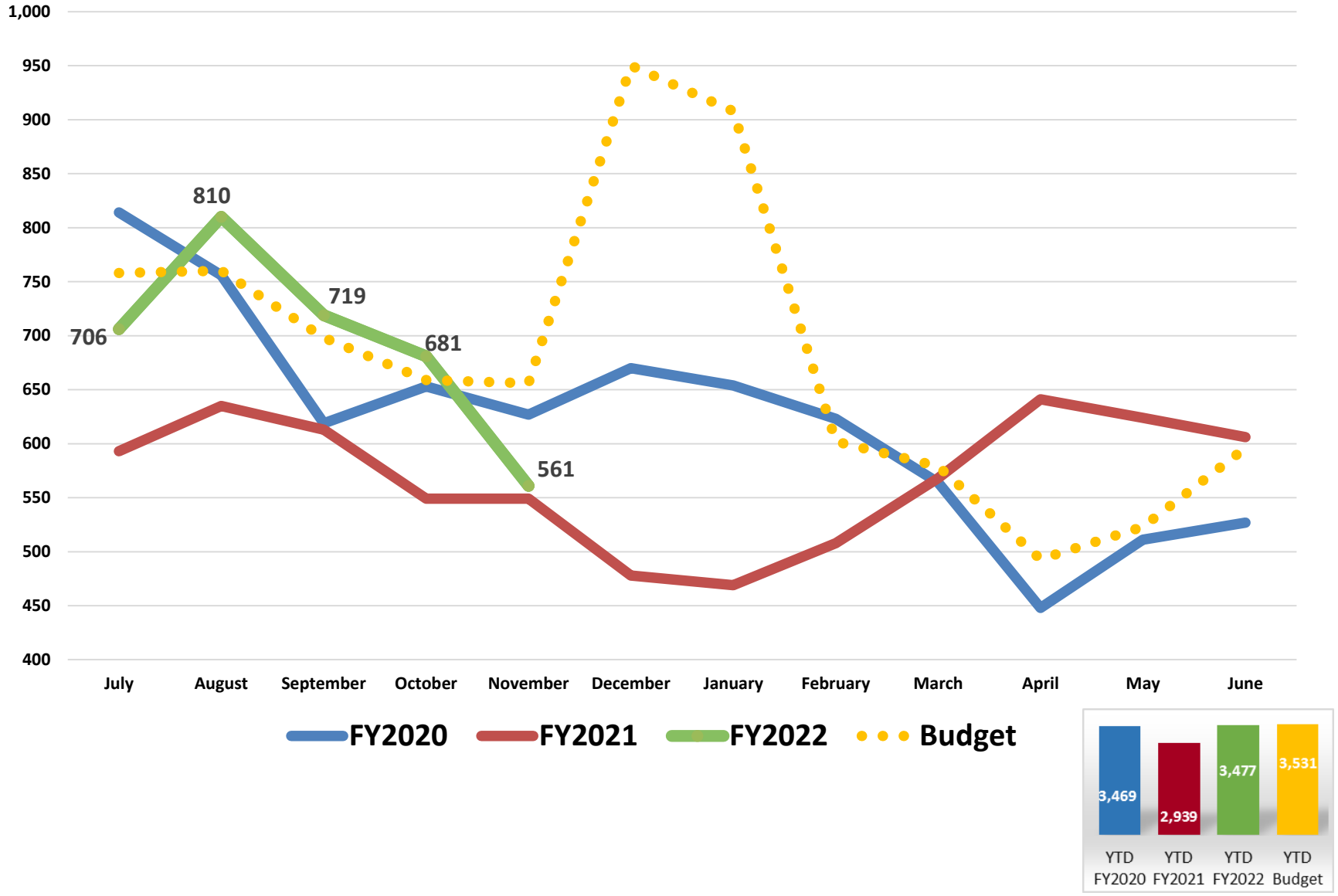


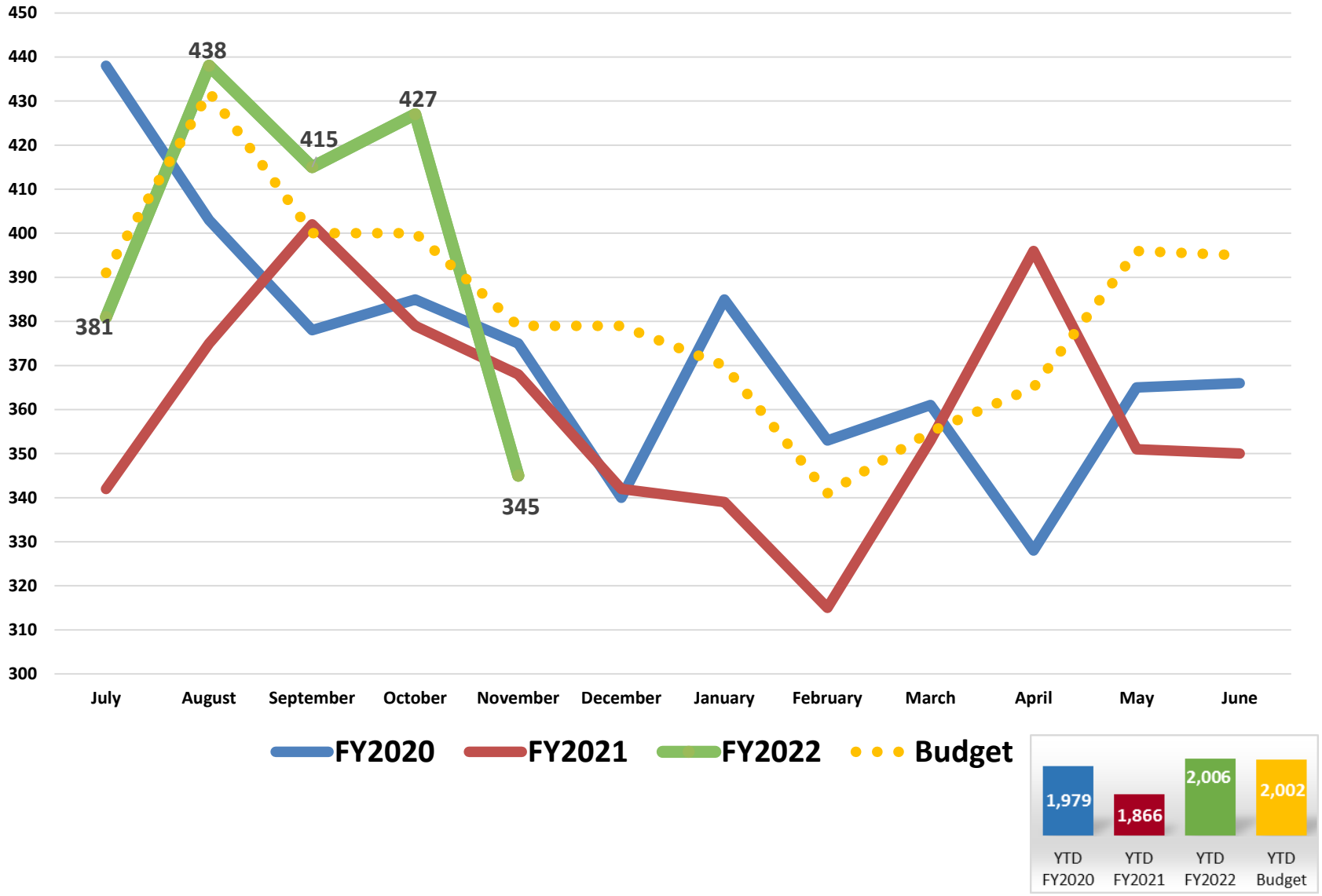
# Sequoia Cardiology – wRVU's



# Labor Triage Registrations



# Deliveries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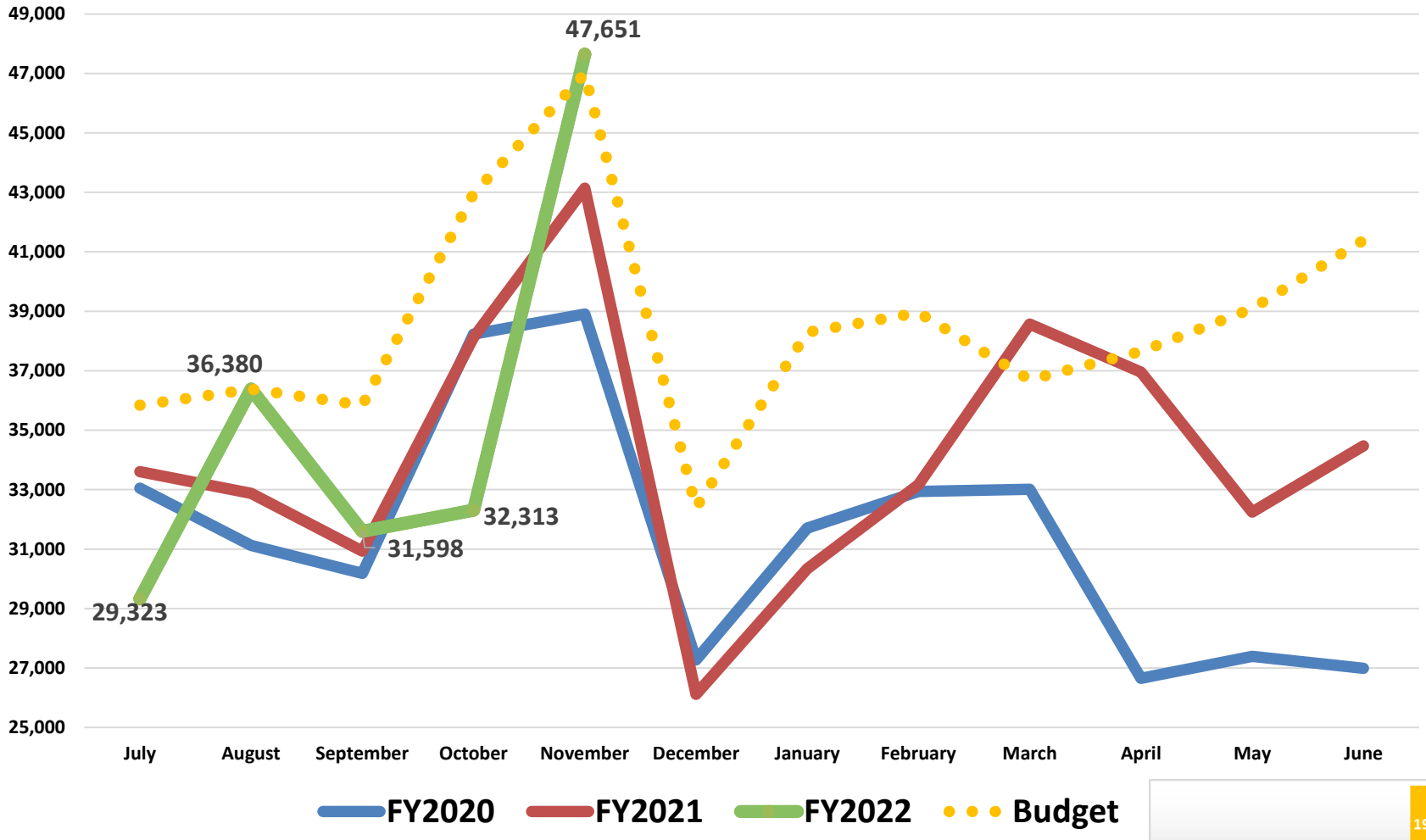
440
430
420
410
400
390
380
370
360
350
340
330
320
310
300
438
427
415
381
345
July
August
September
October
November
December
January
February
March
April
May
June
FY2020
FY2021
FY2022
Budget
1,979
1,866
2,006
2,002
YTD FY2020
YTD FY2021
YTD FY2022
YTD Budget

# KHMG RVU's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47,000
45,000
43,000
41,000
39,000
37,000
35,000
33,000
31,000
29,000
27,000
25,000
July
August
September
October
November
December
January
February
March
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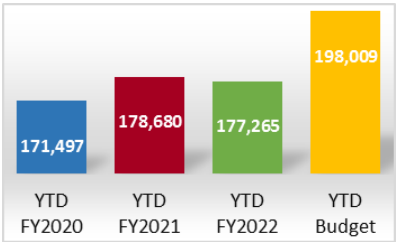
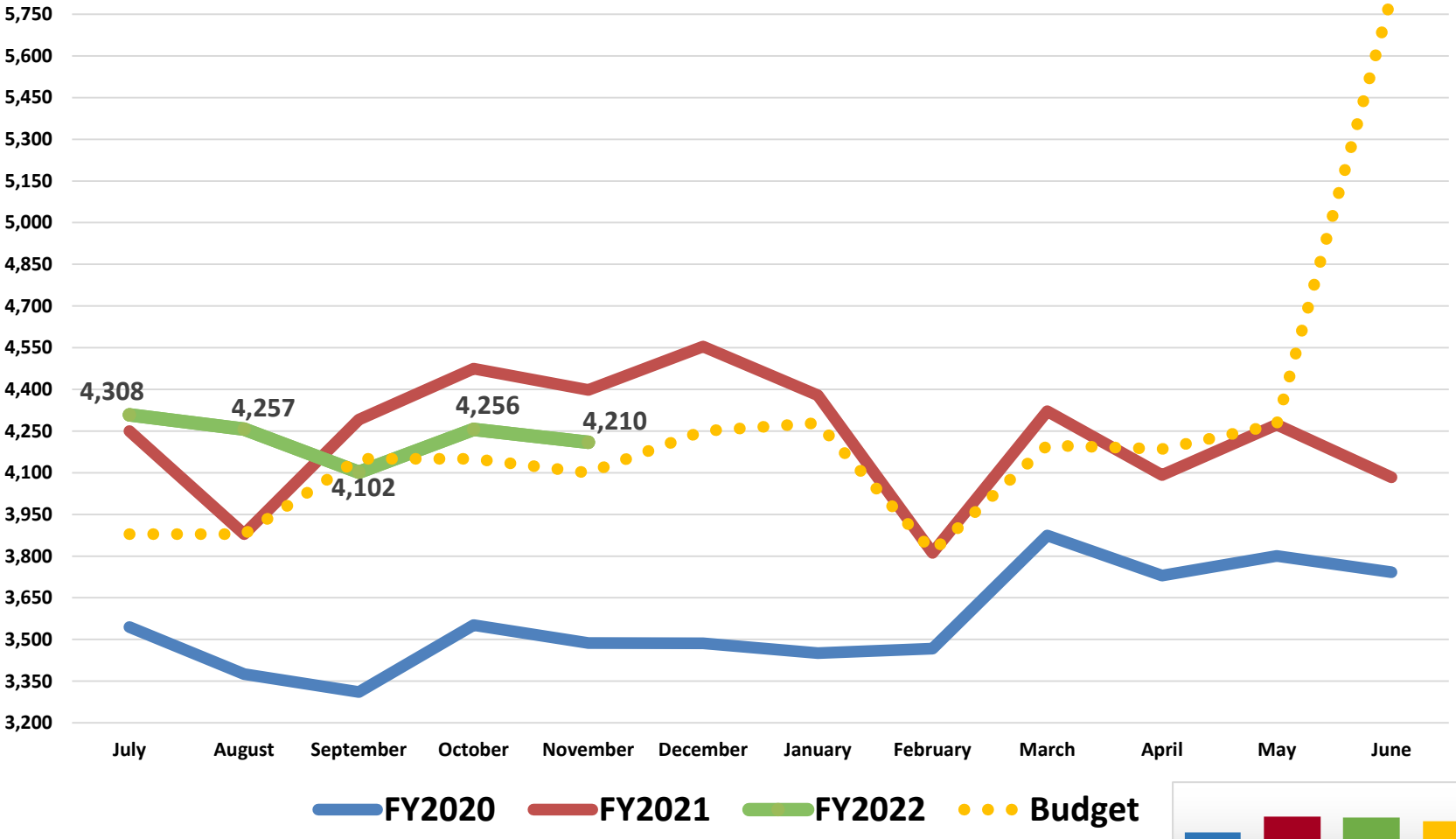
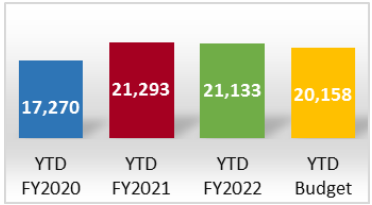
May
June
47,651
36,380
32,313
31,598
29,323
FY2020
FY2021
FY2022
Budget

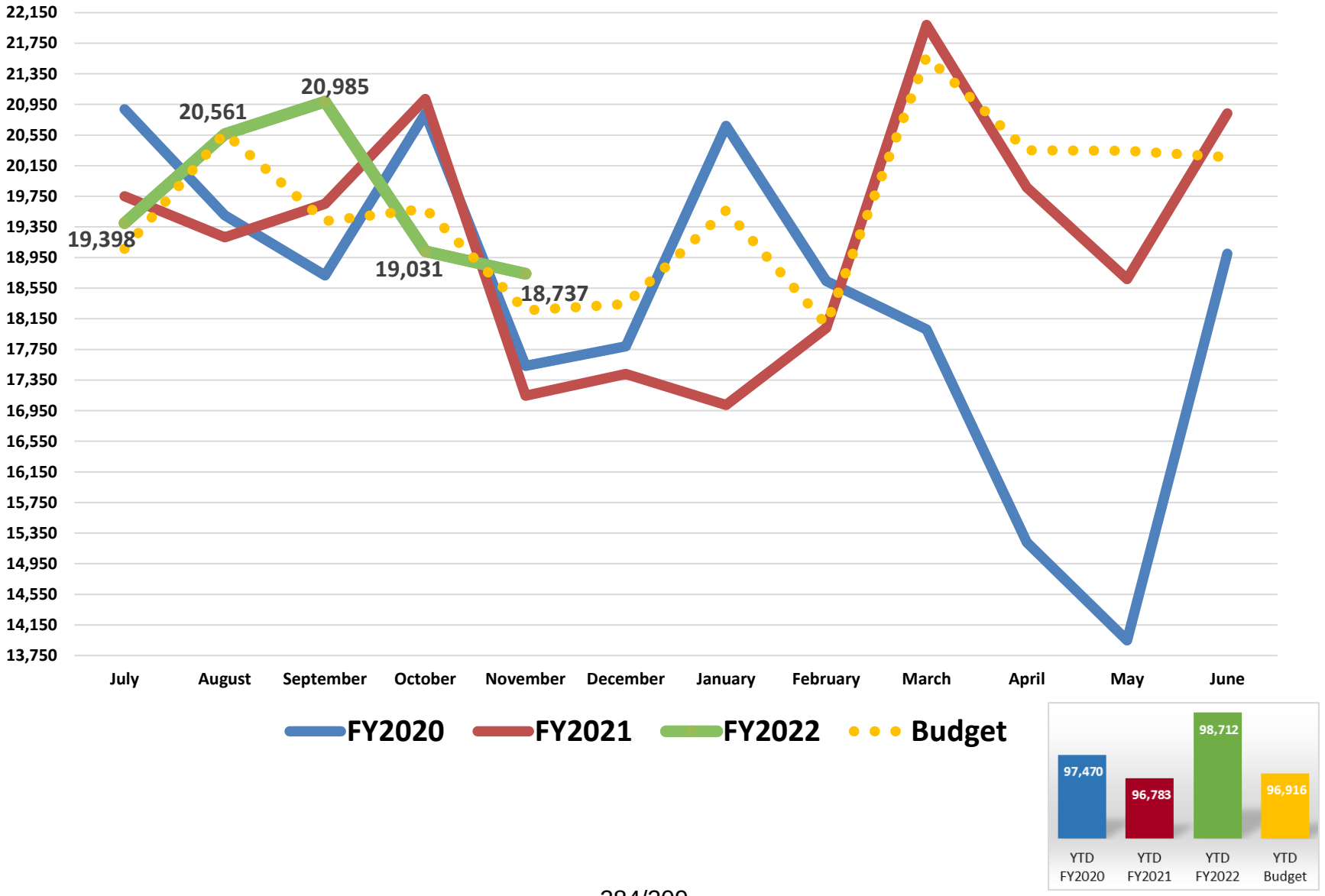

171,497
178,680
177,265
198,009
YTD FY2020
YTD FY2021
YTD FY2022
YTD Budget

# Hospice Days

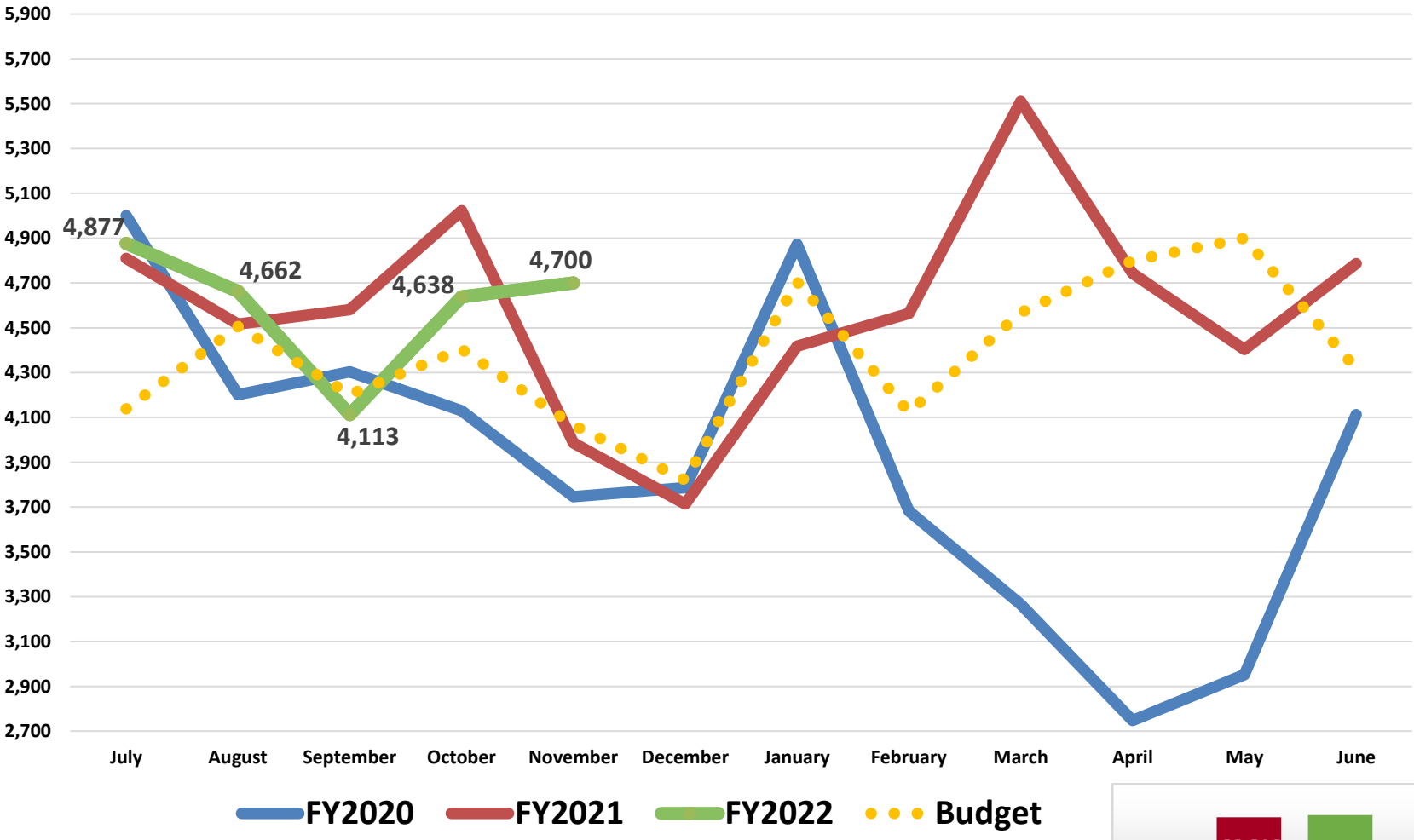


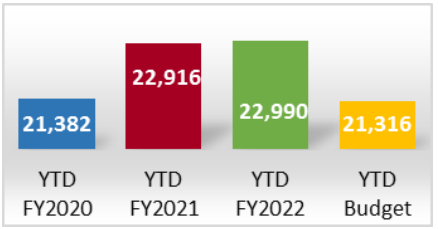



# All O/P Rehab Services Across District

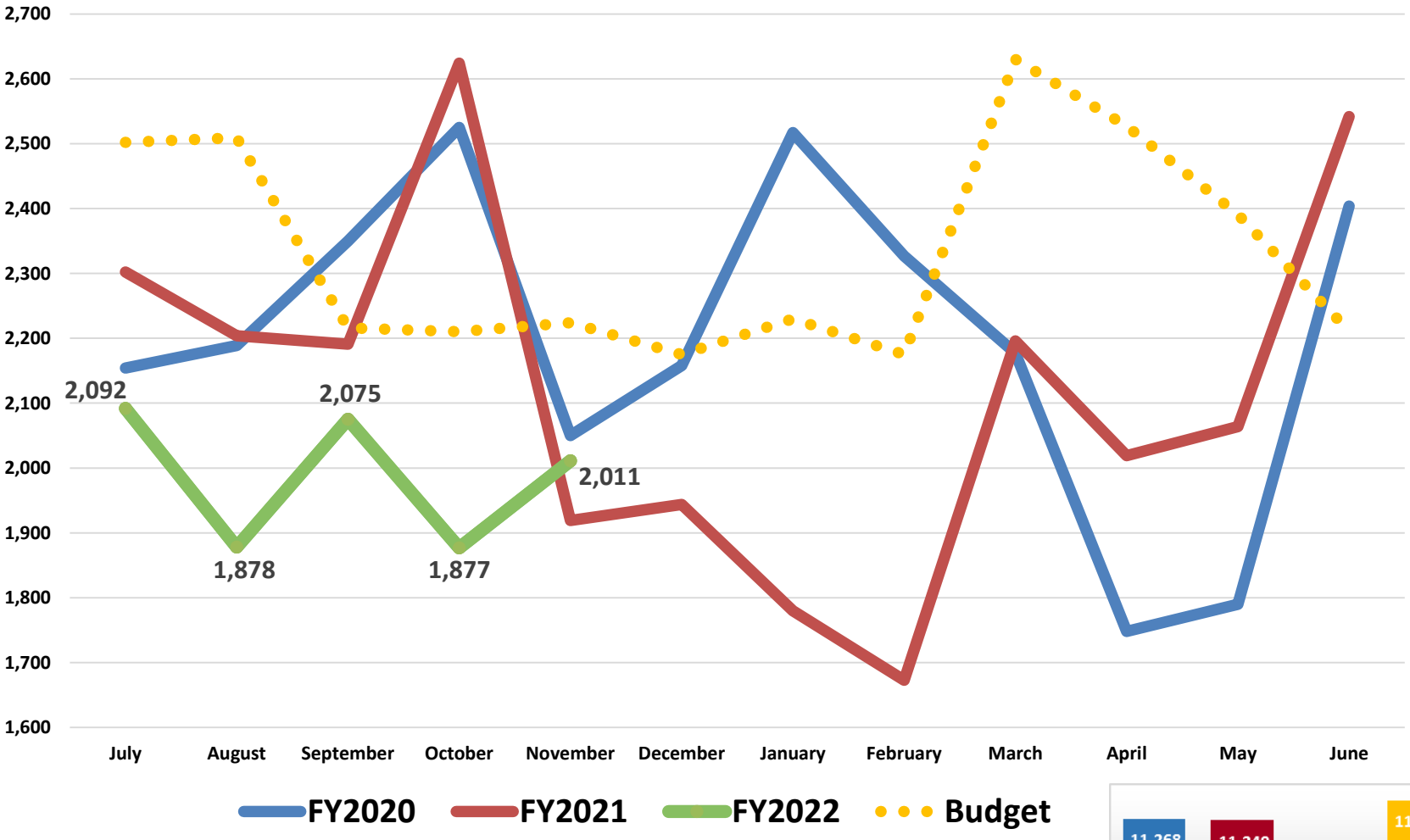


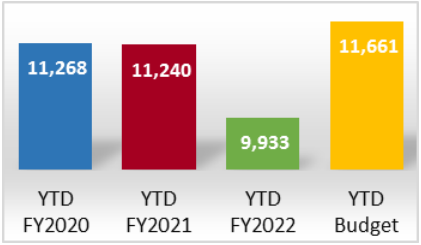
# O/P Rehab Services



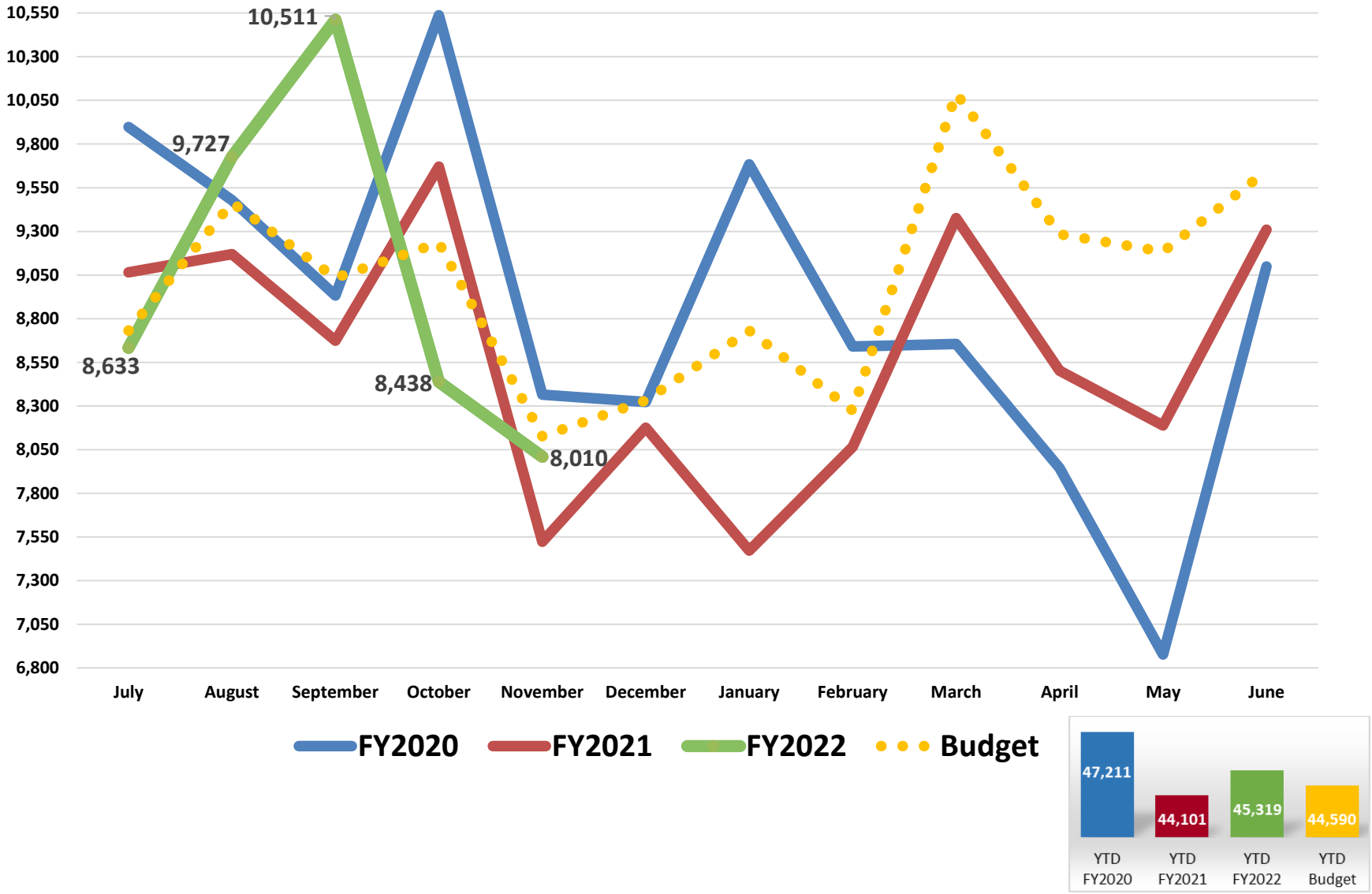



# O/P Rehab - Exeter

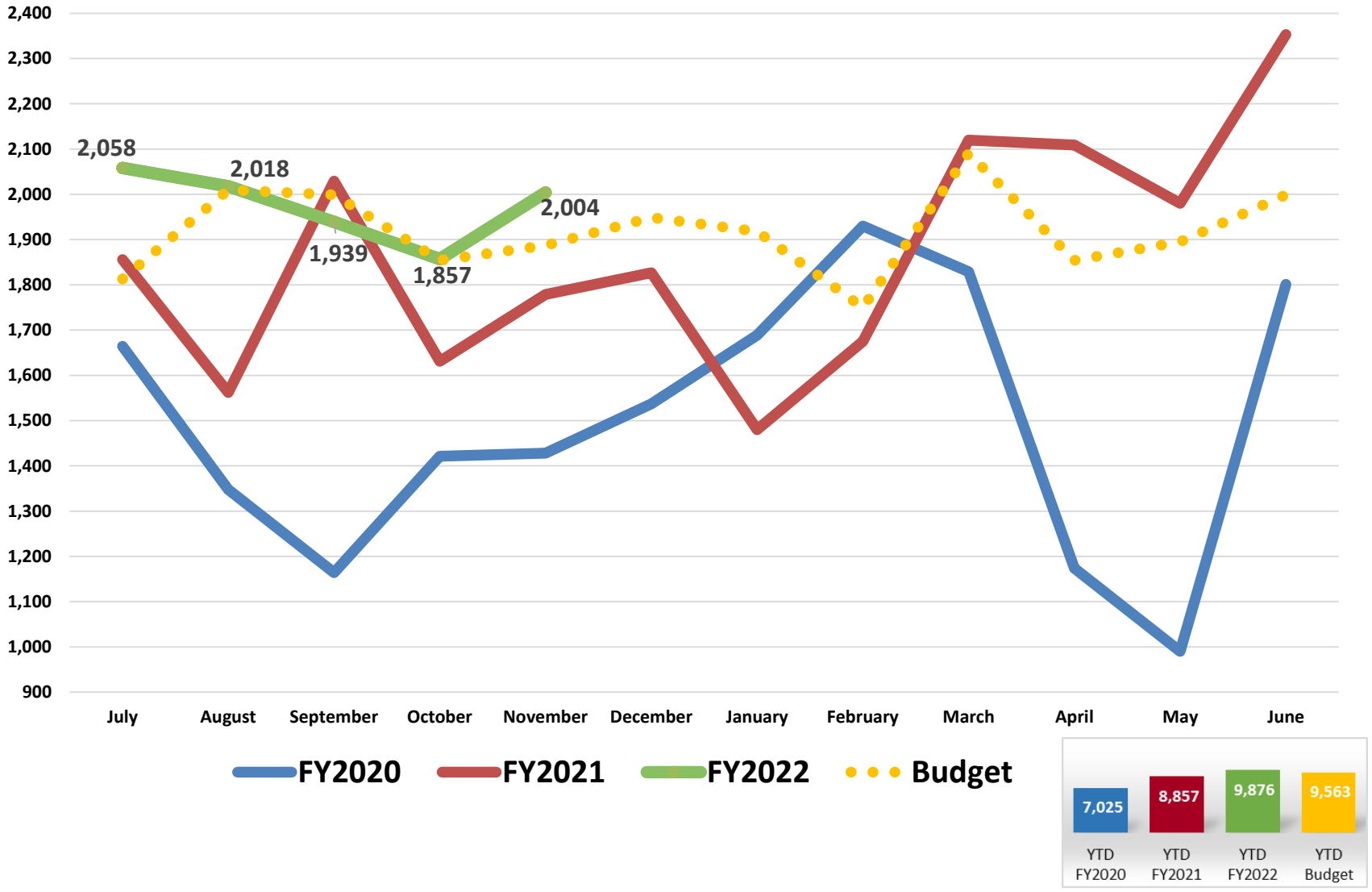


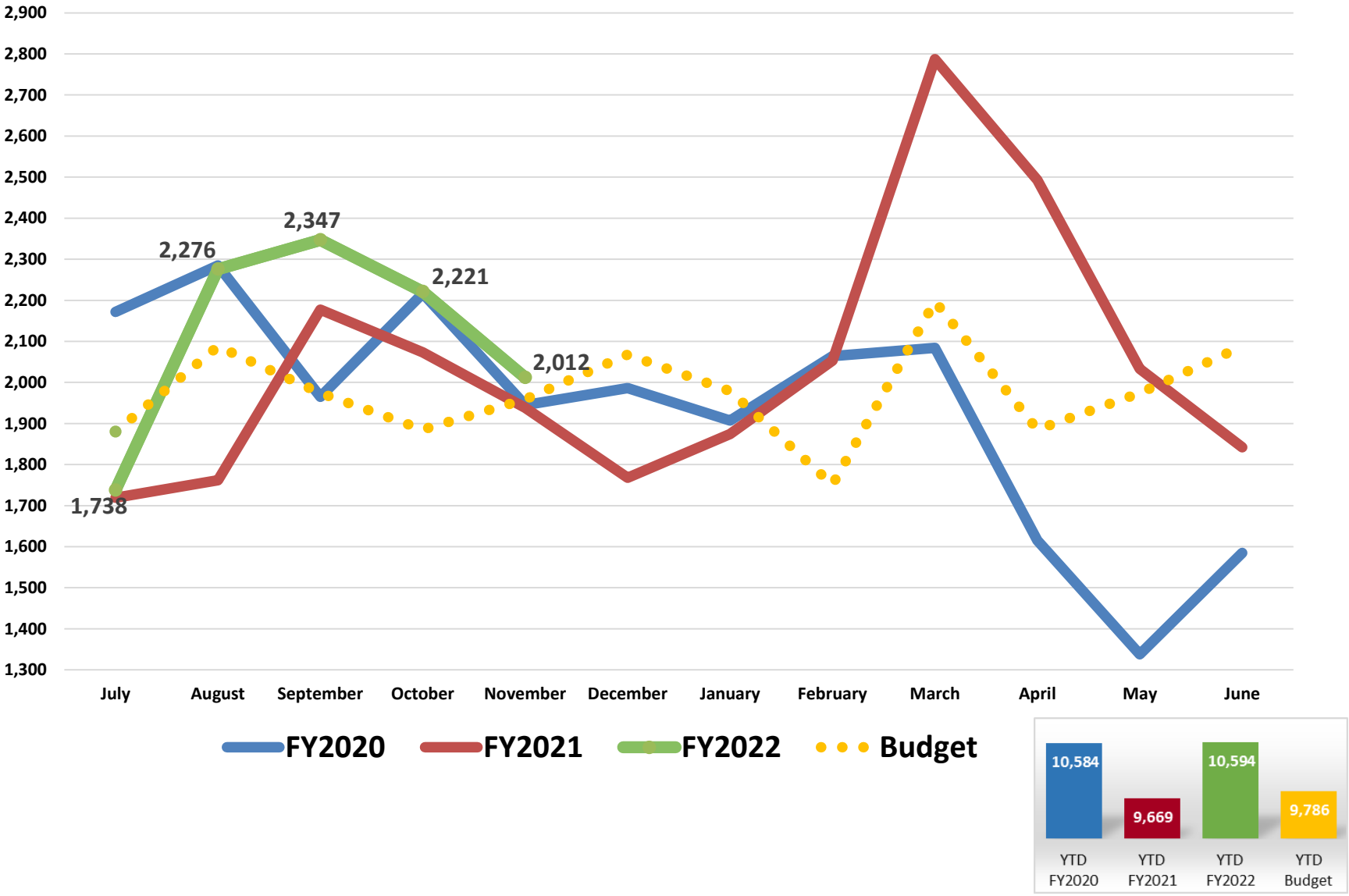
# O/P Rehab - Akers



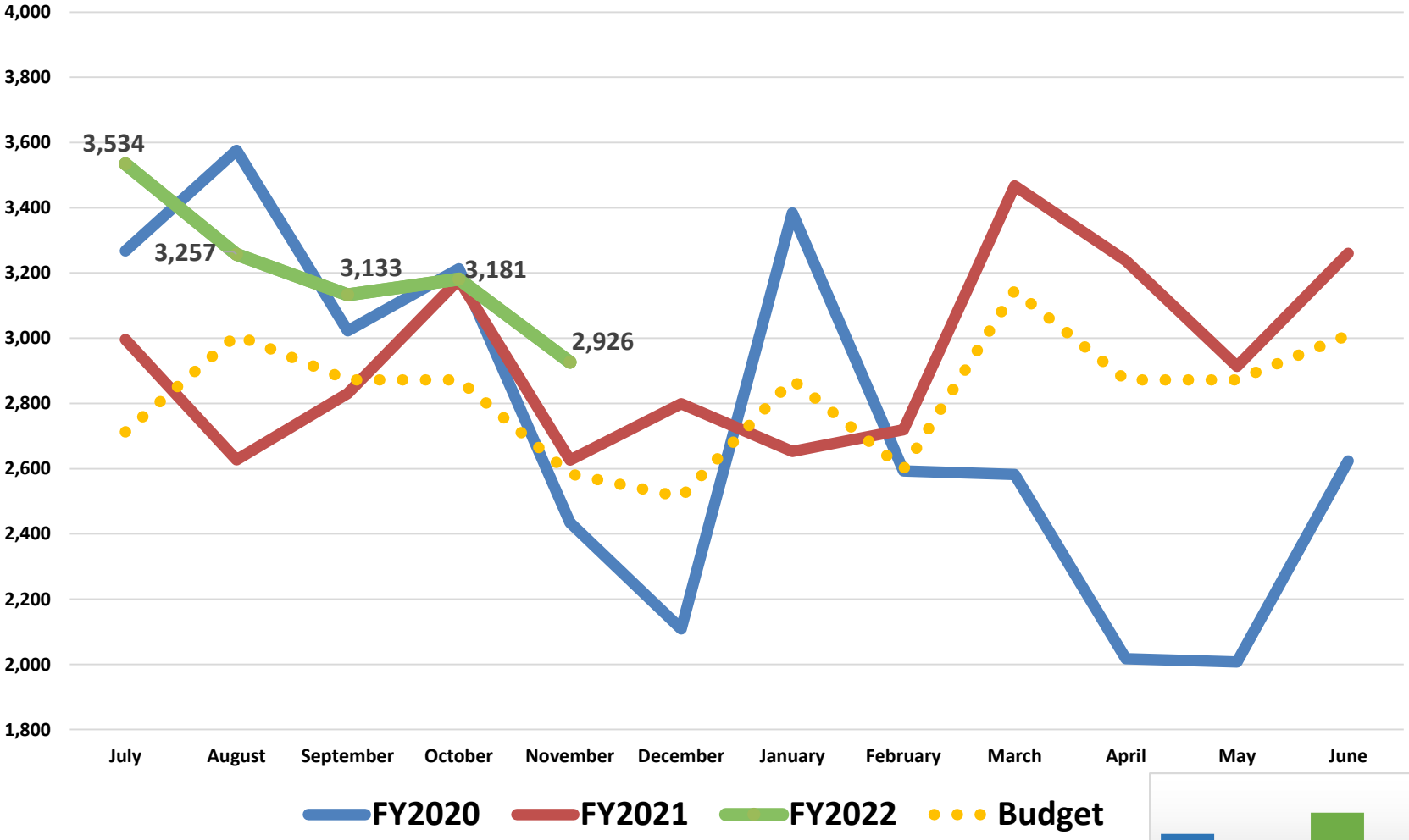
# O/P Rehab - LLOPT

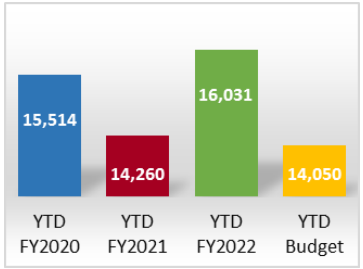


# O/P Rehab - Dinuba

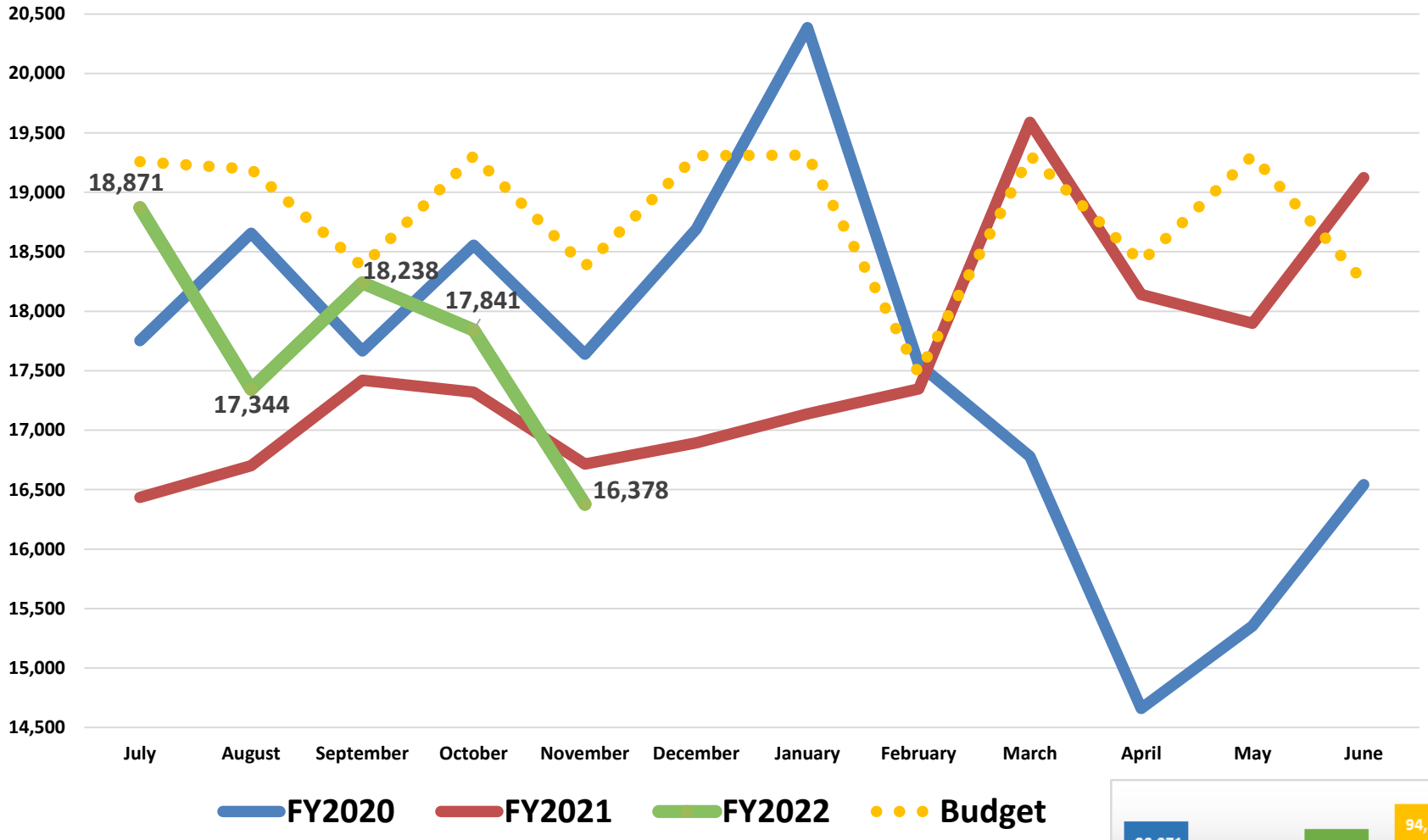


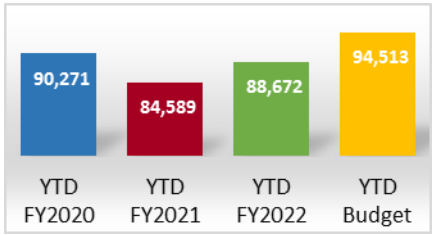
# Therapy - Cypress Hand Center



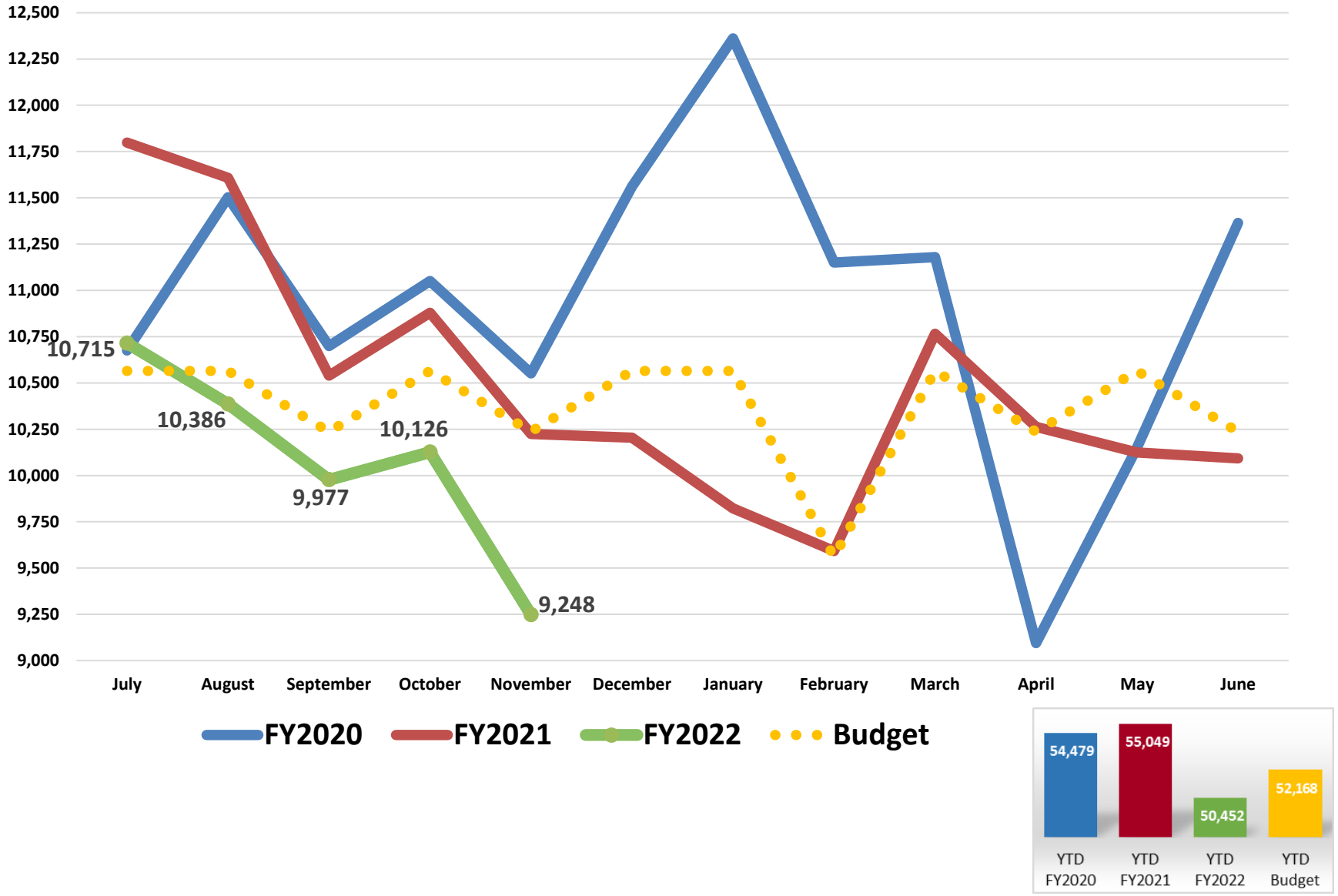



# Physical & Other Therapy Units (I/P & O/P)

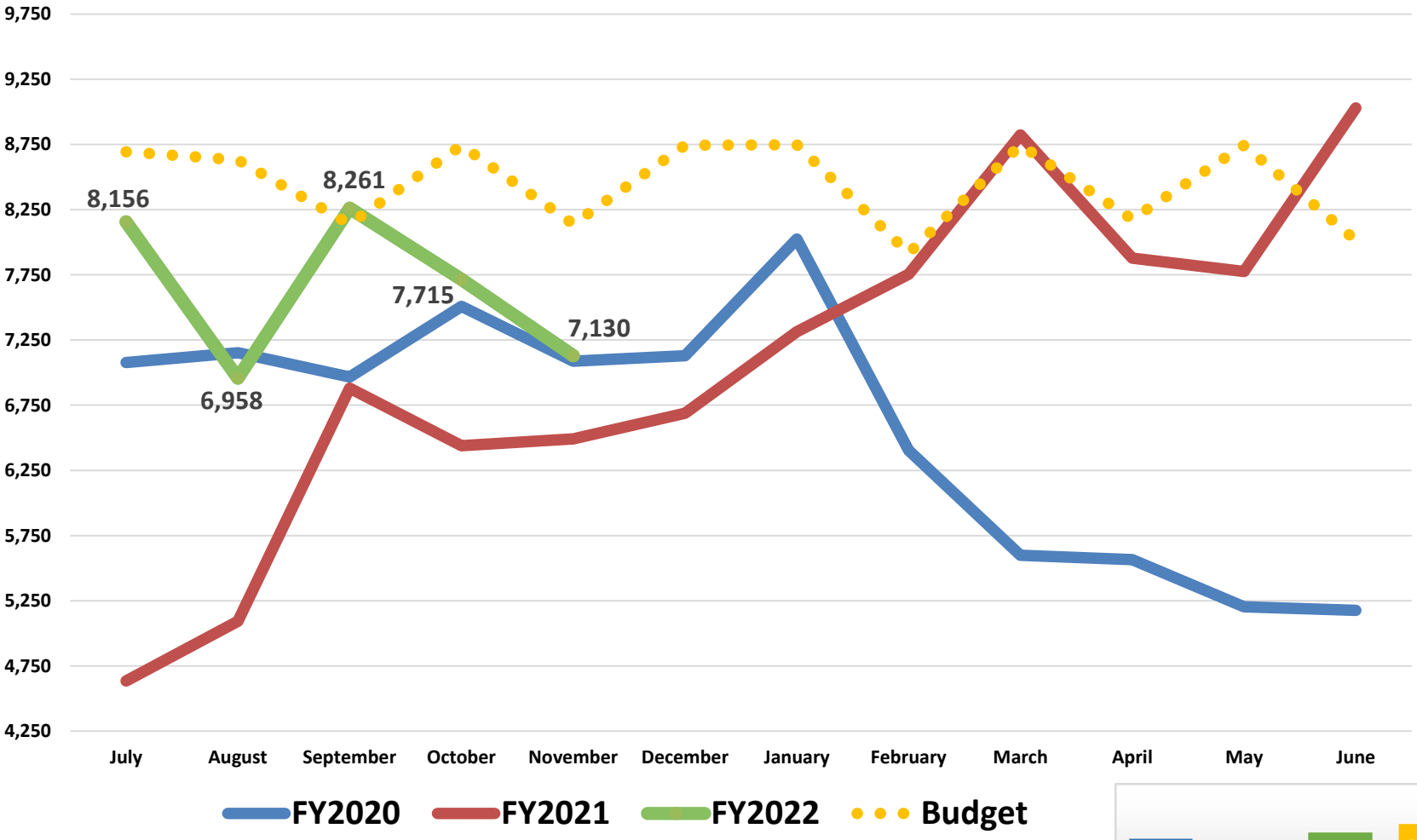


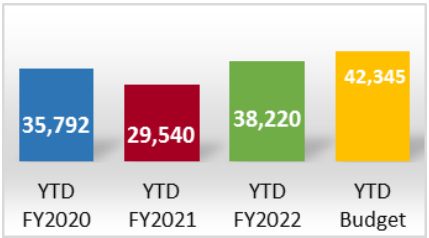



# Physical & Other Therapy Units (I/P & O/P)-Main Campus

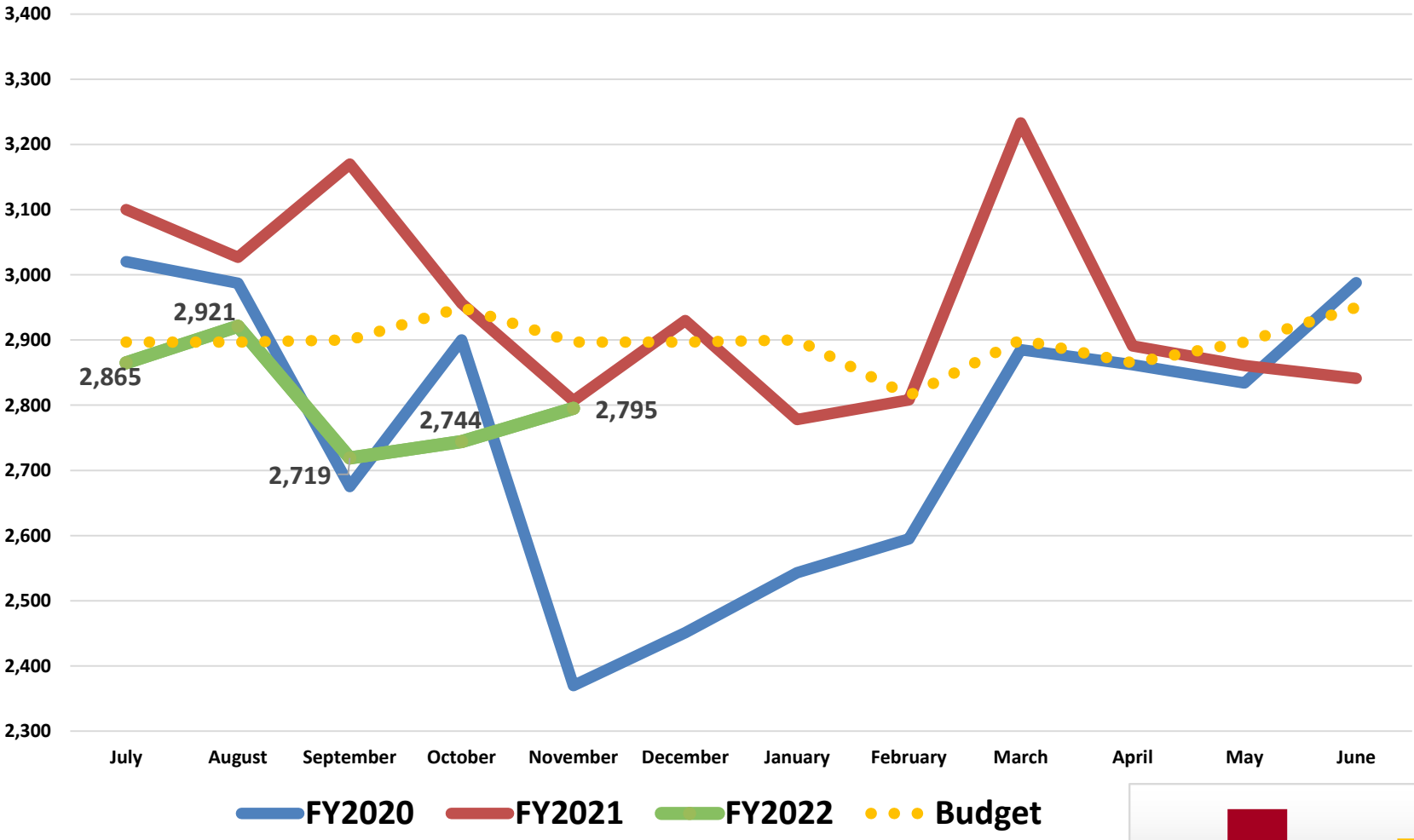


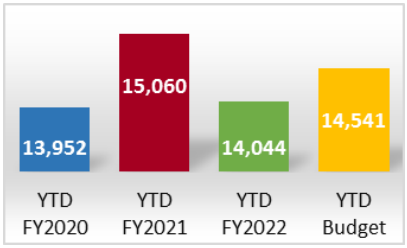
# Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



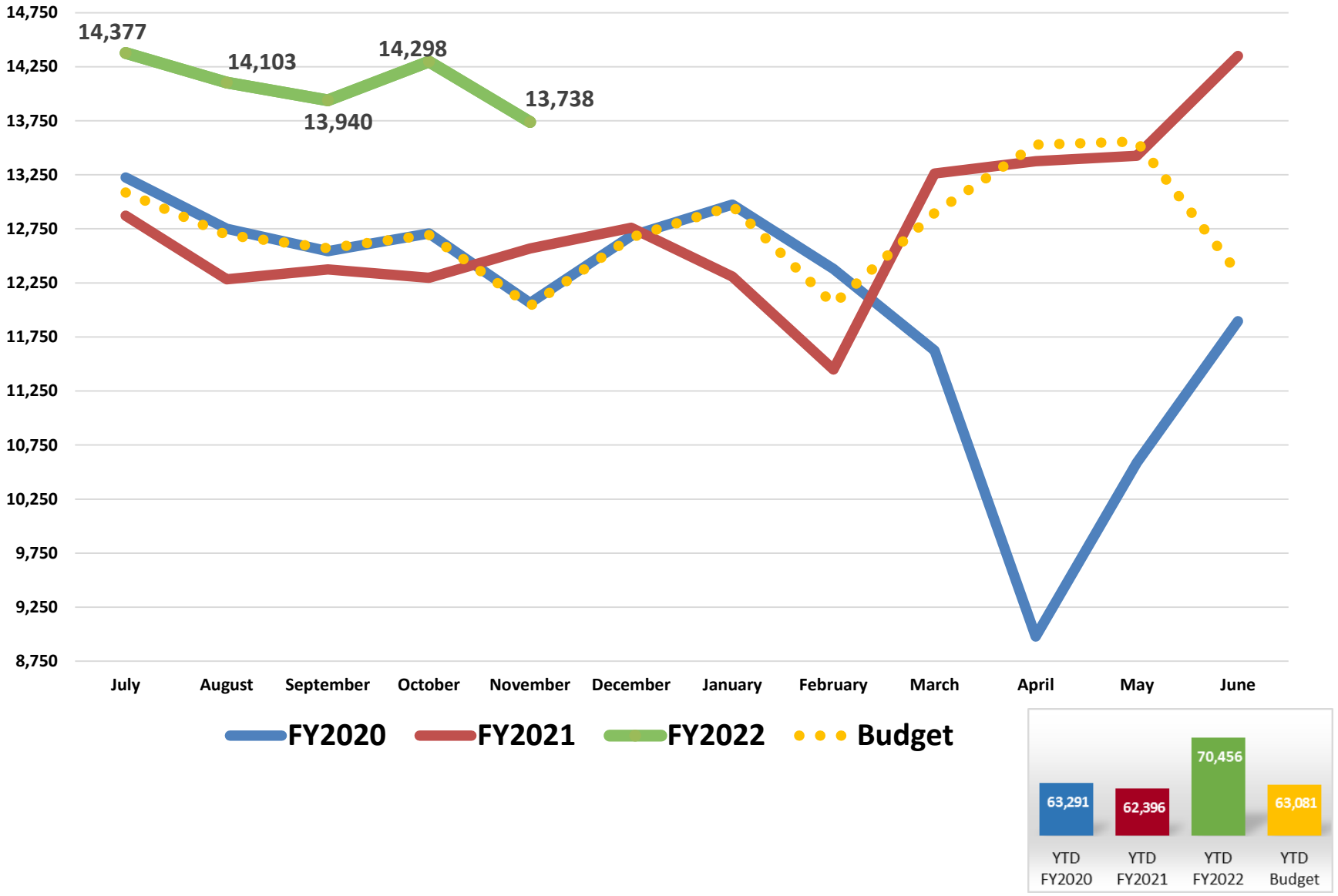



# Home Health Visits

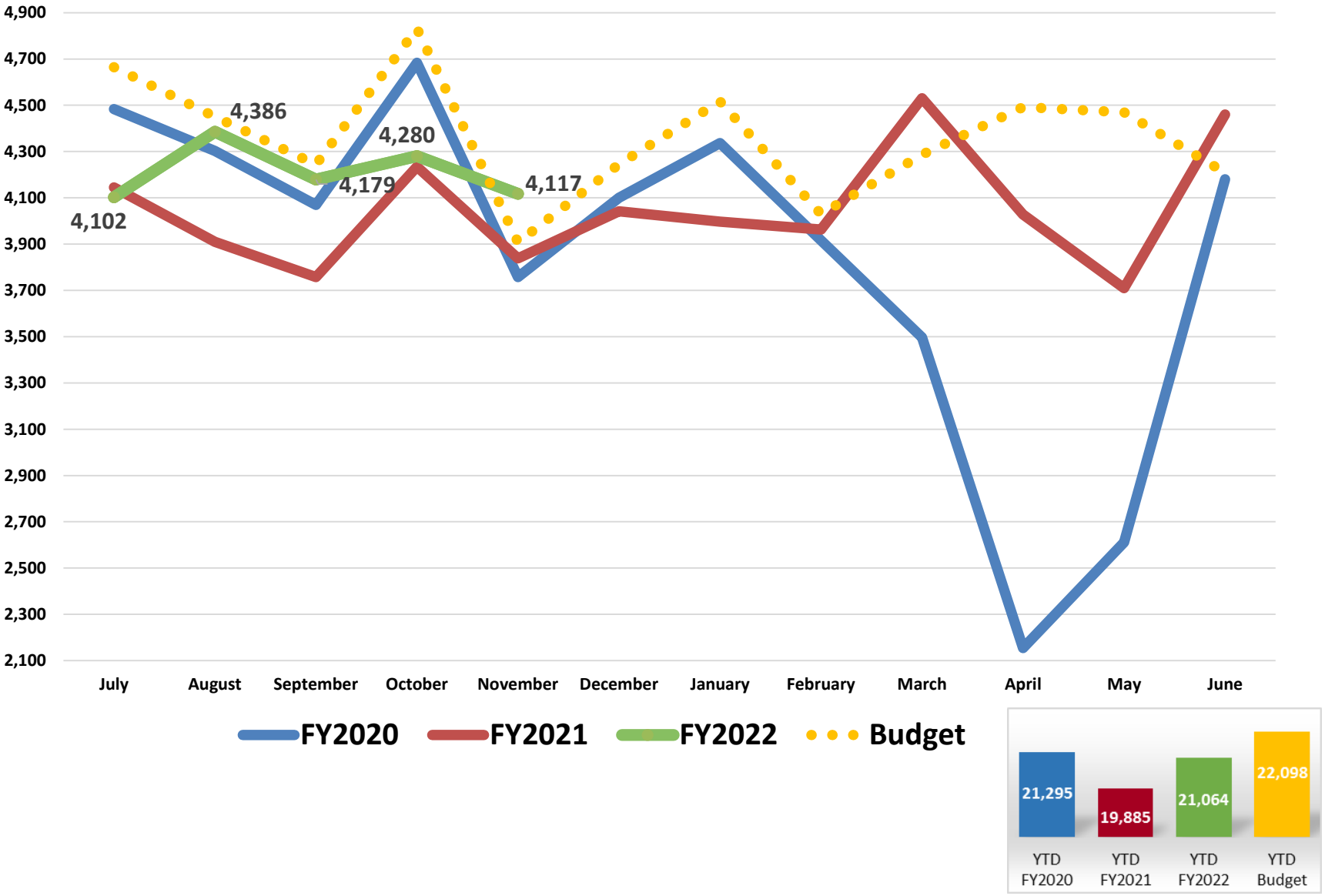


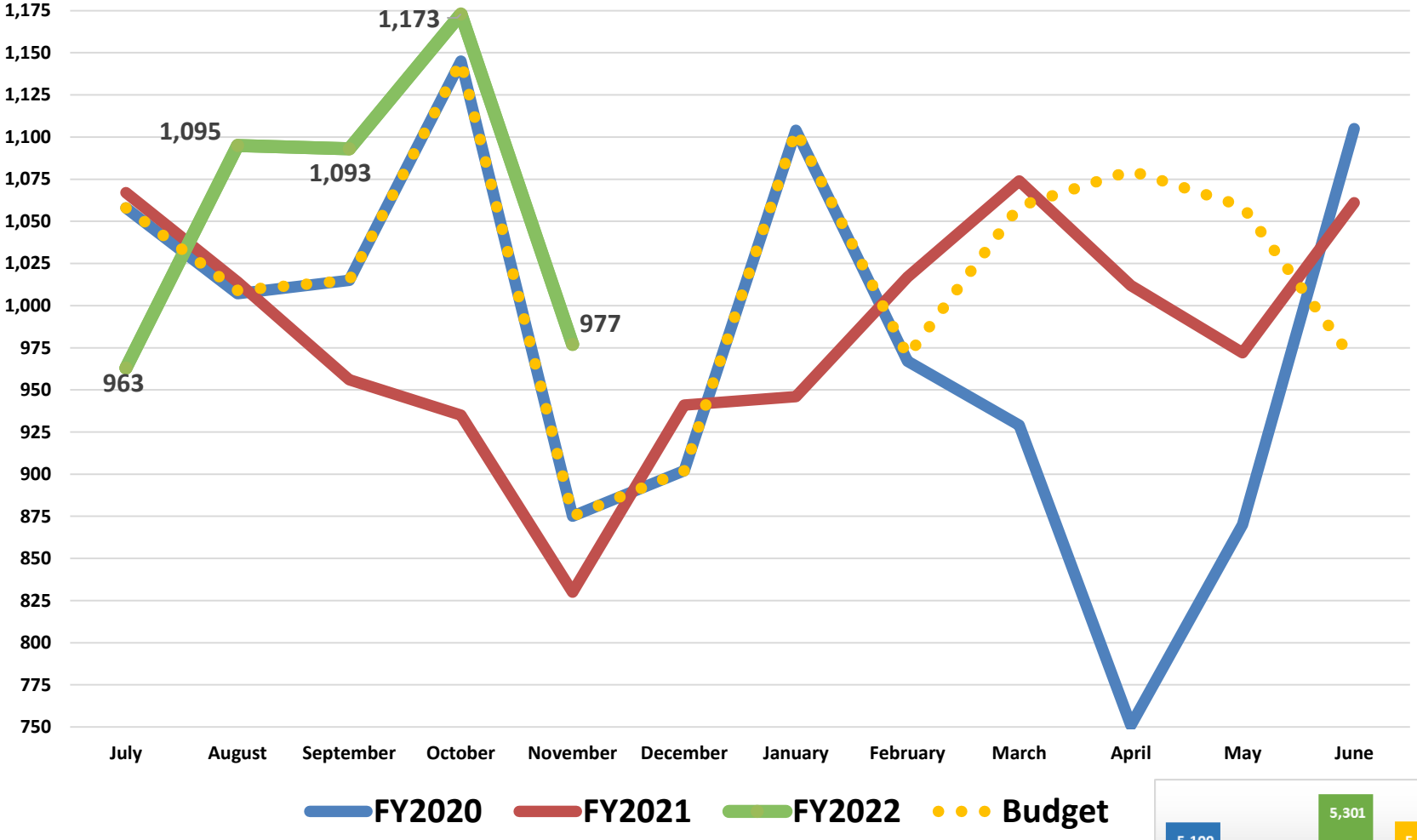
# Radiology – Main Campus

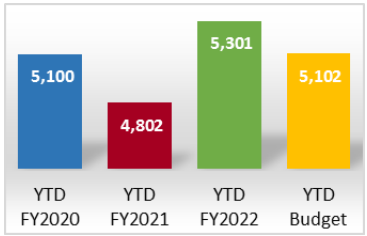


# Radiology – West Campus Imaging

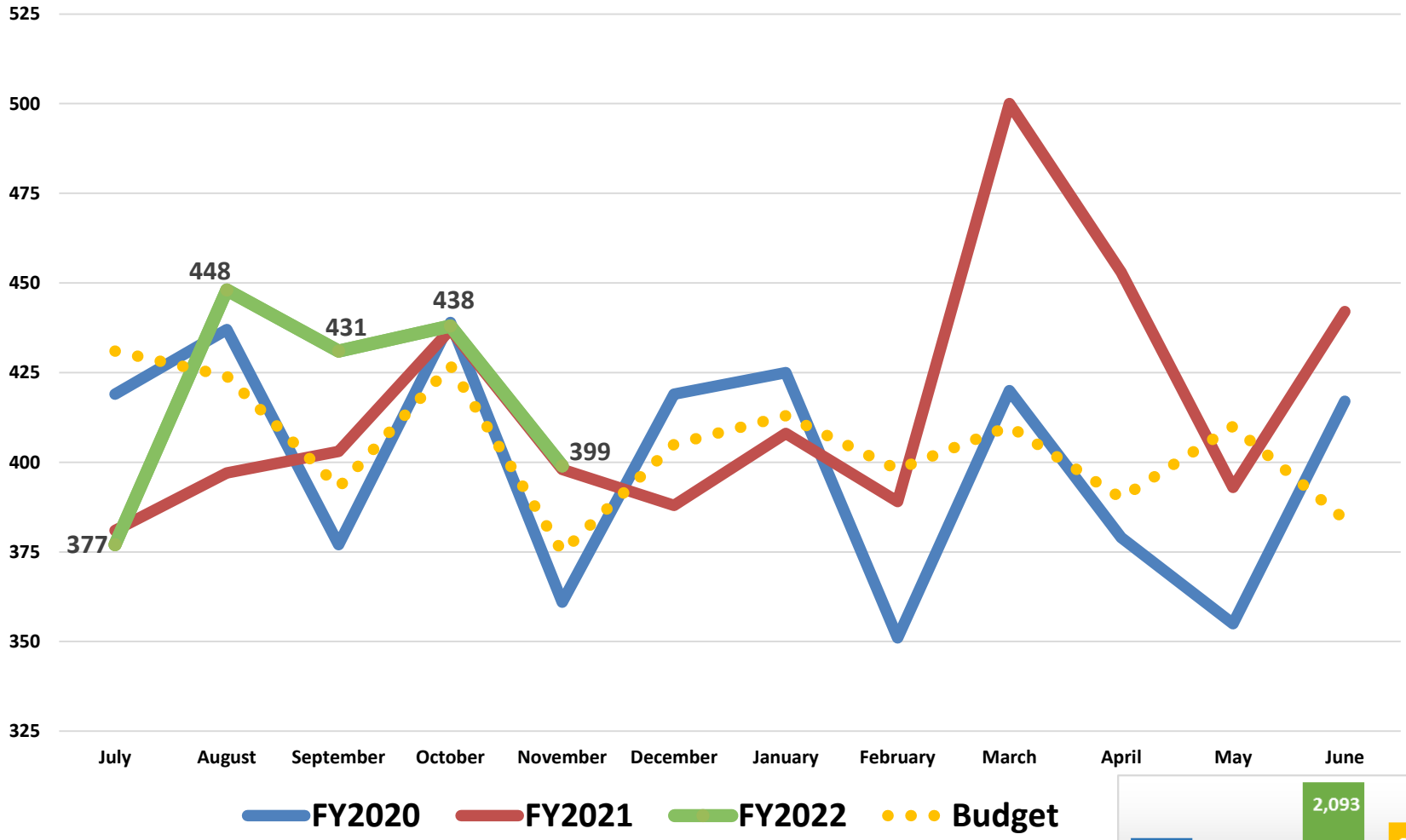


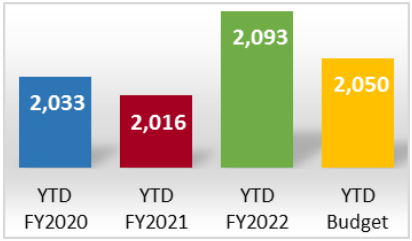
# West Campus – Diagnostic Radiology



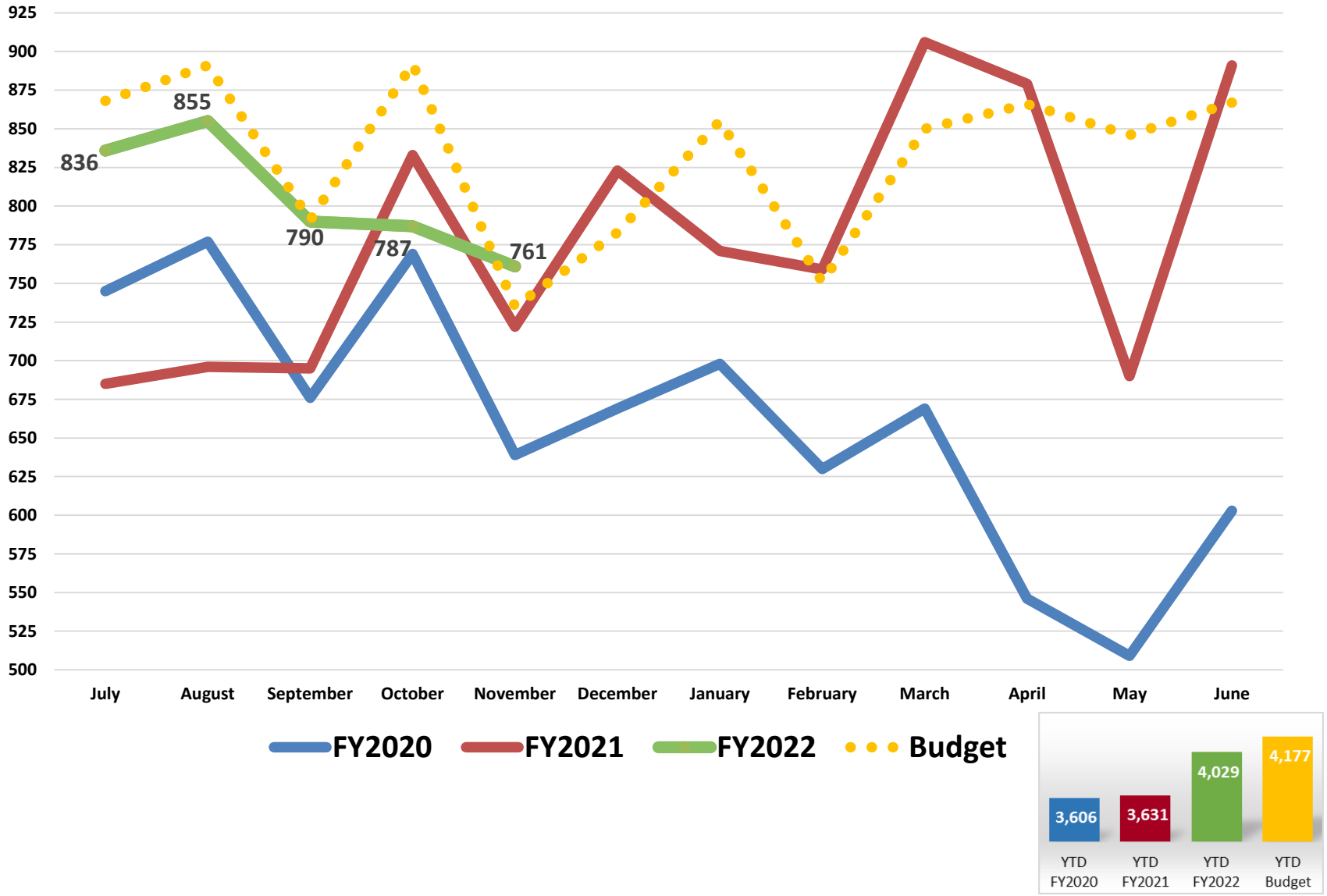



# West Campus – CT Scan

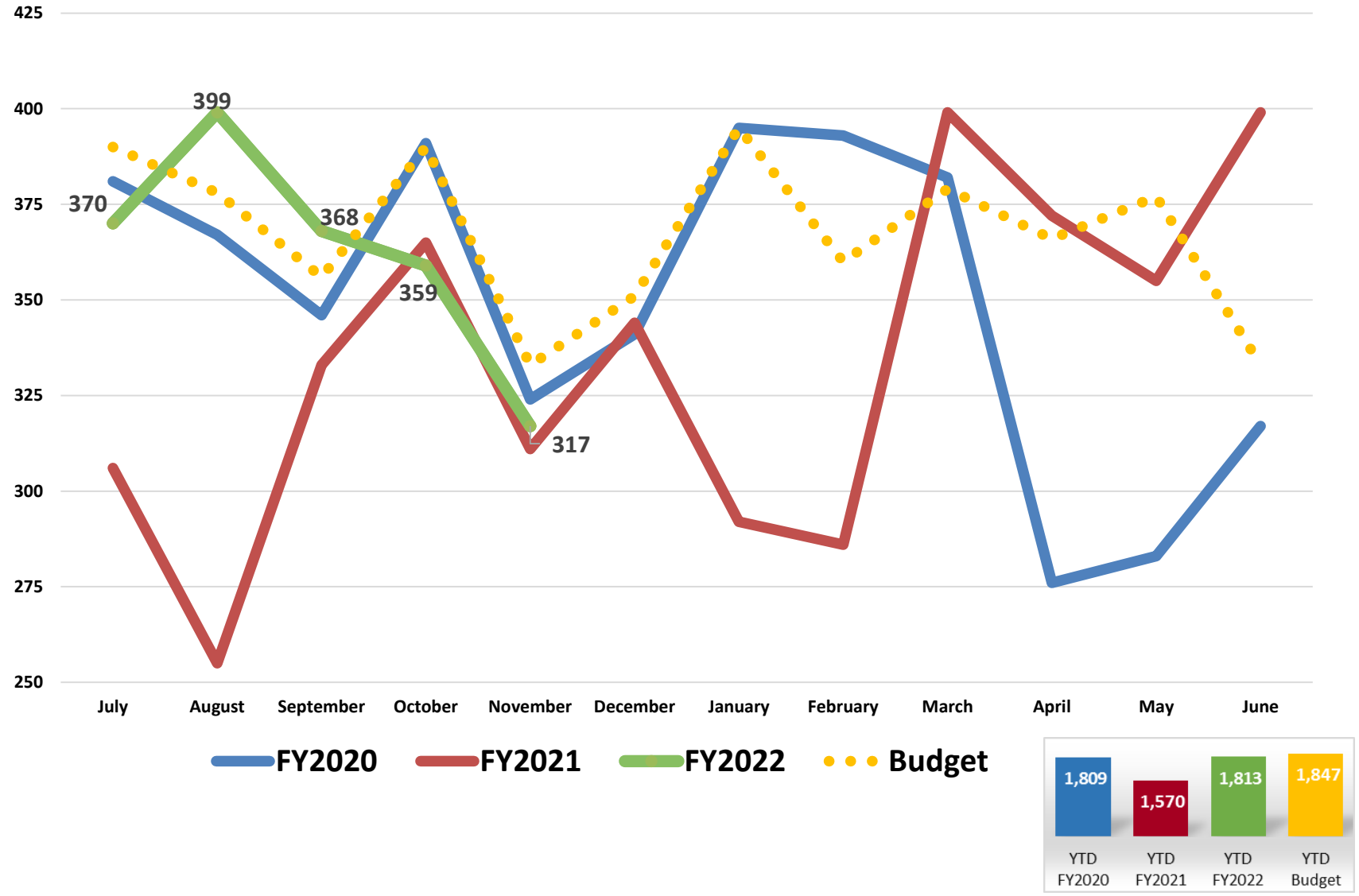


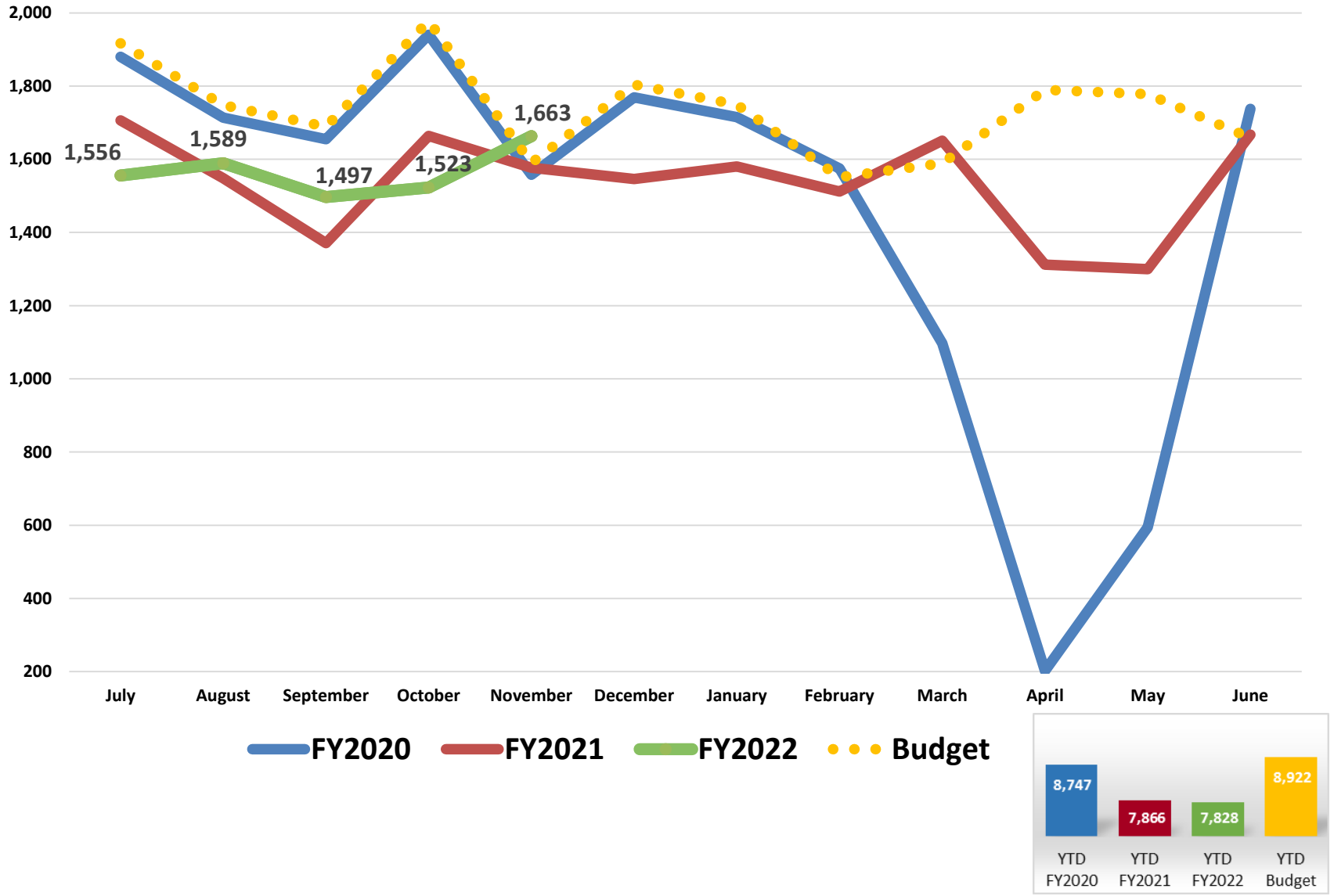
# West Campus - Ultrasound



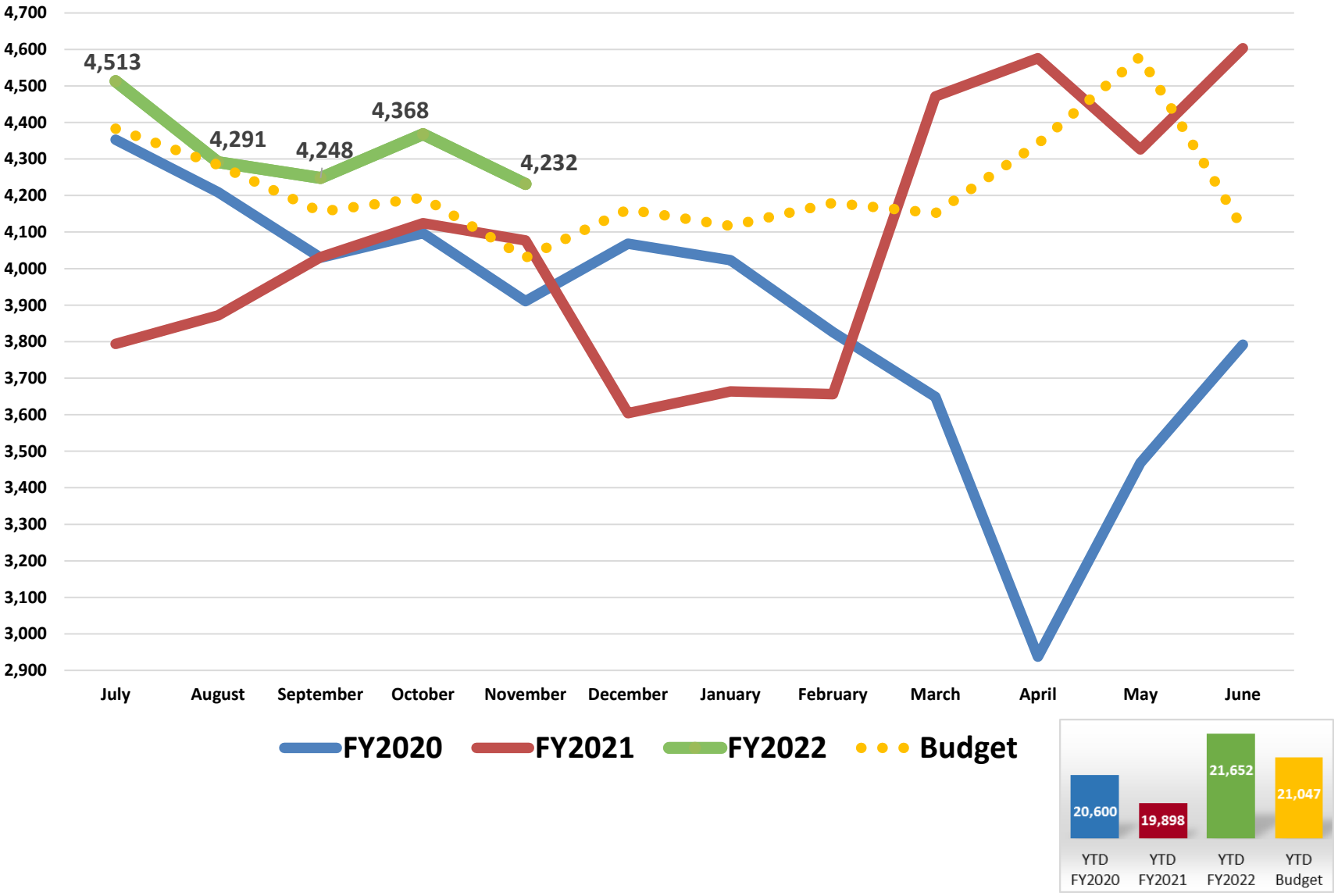
# West Campus - MRI



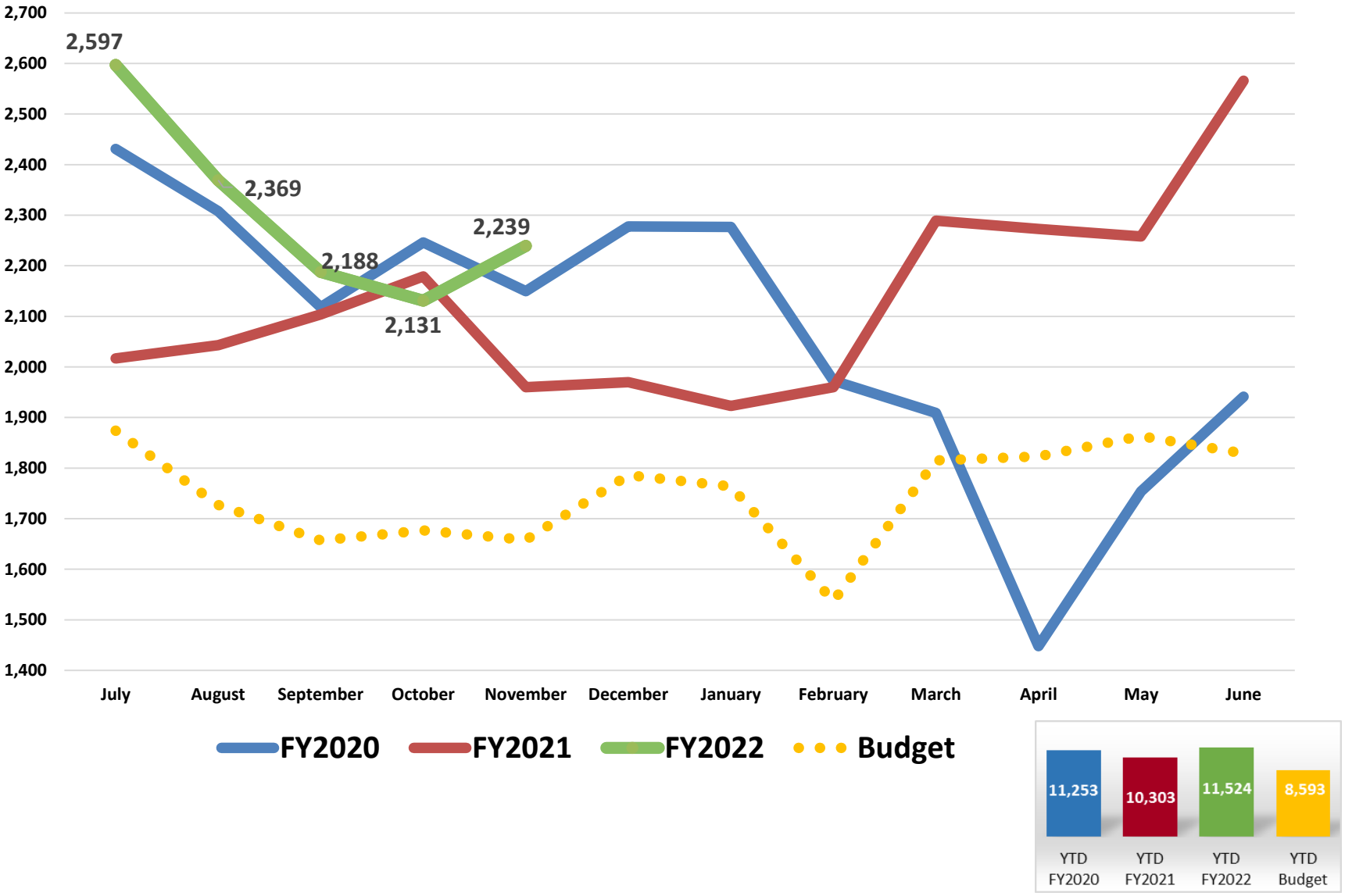
# West Campus – Breast Center



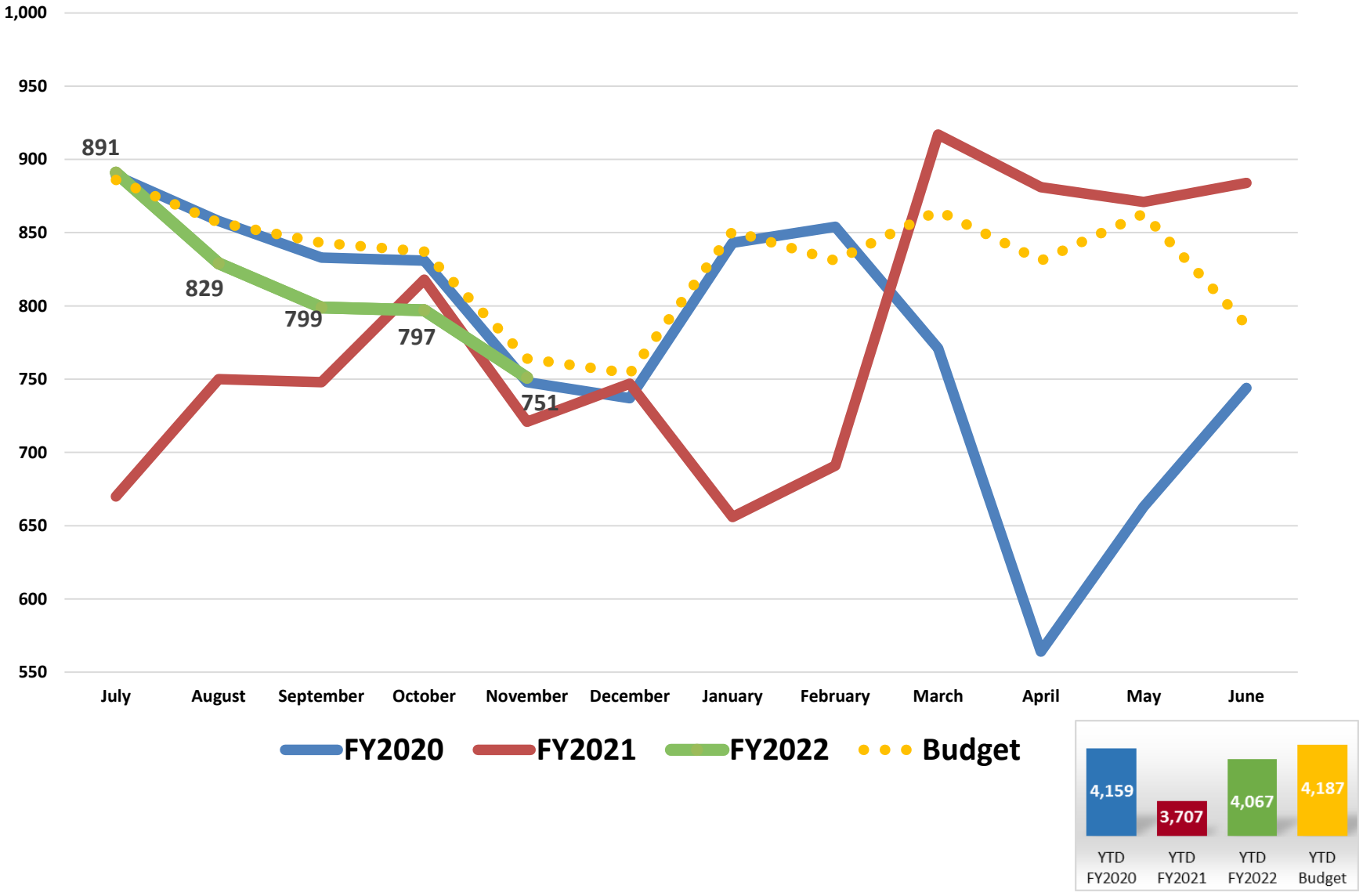
# Radiology all areas – CT



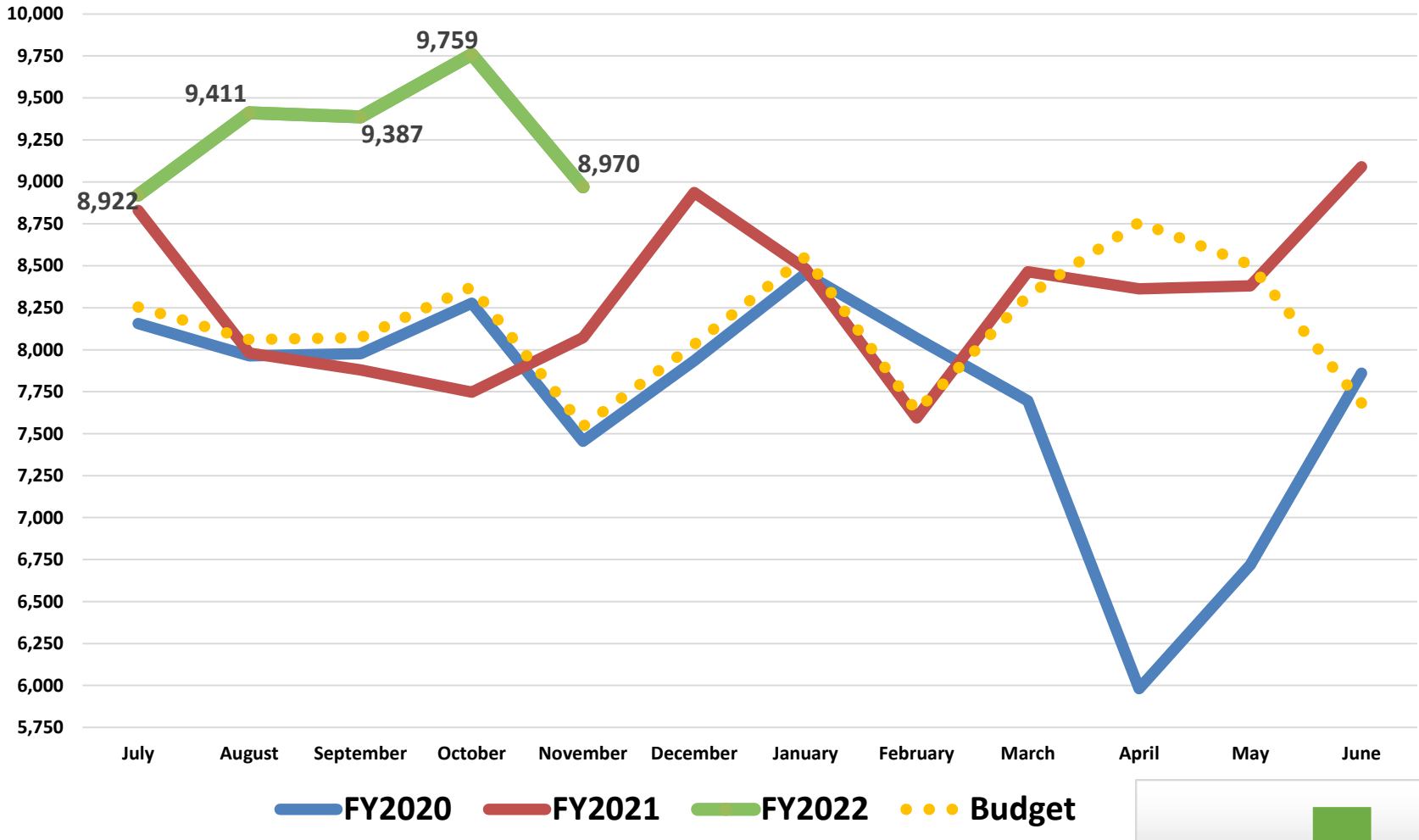
# Radiology all areas – Ultrasound

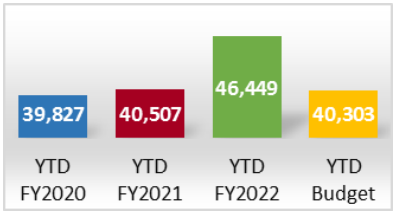


# Radiology all areas – MRI

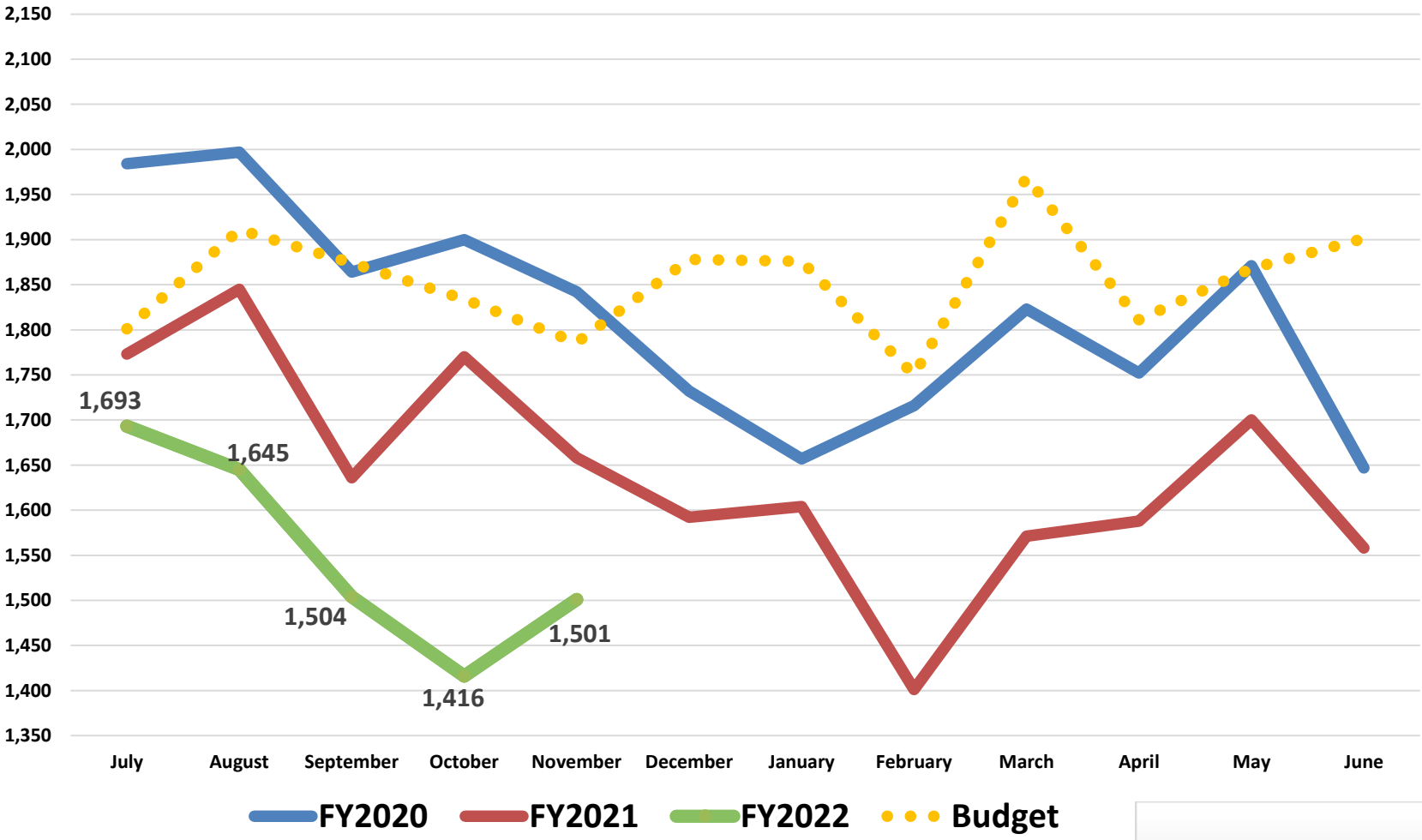


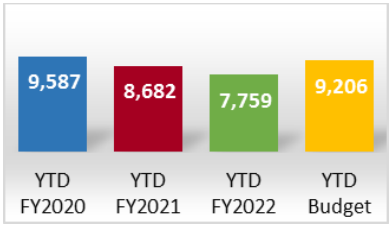
# Radiology Modality – Diagnostic Radiology



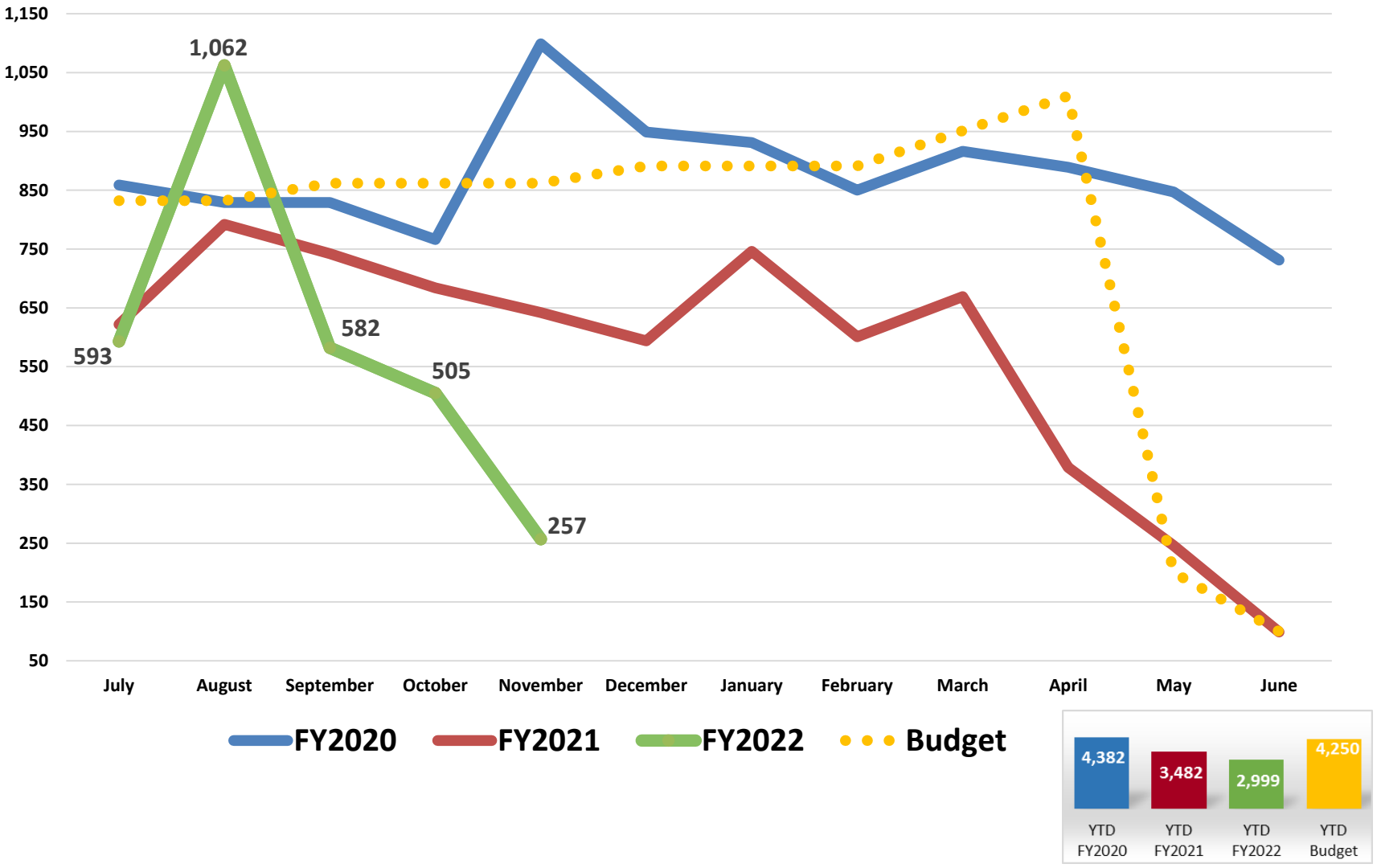
# Chronic Dialysis - Visalia



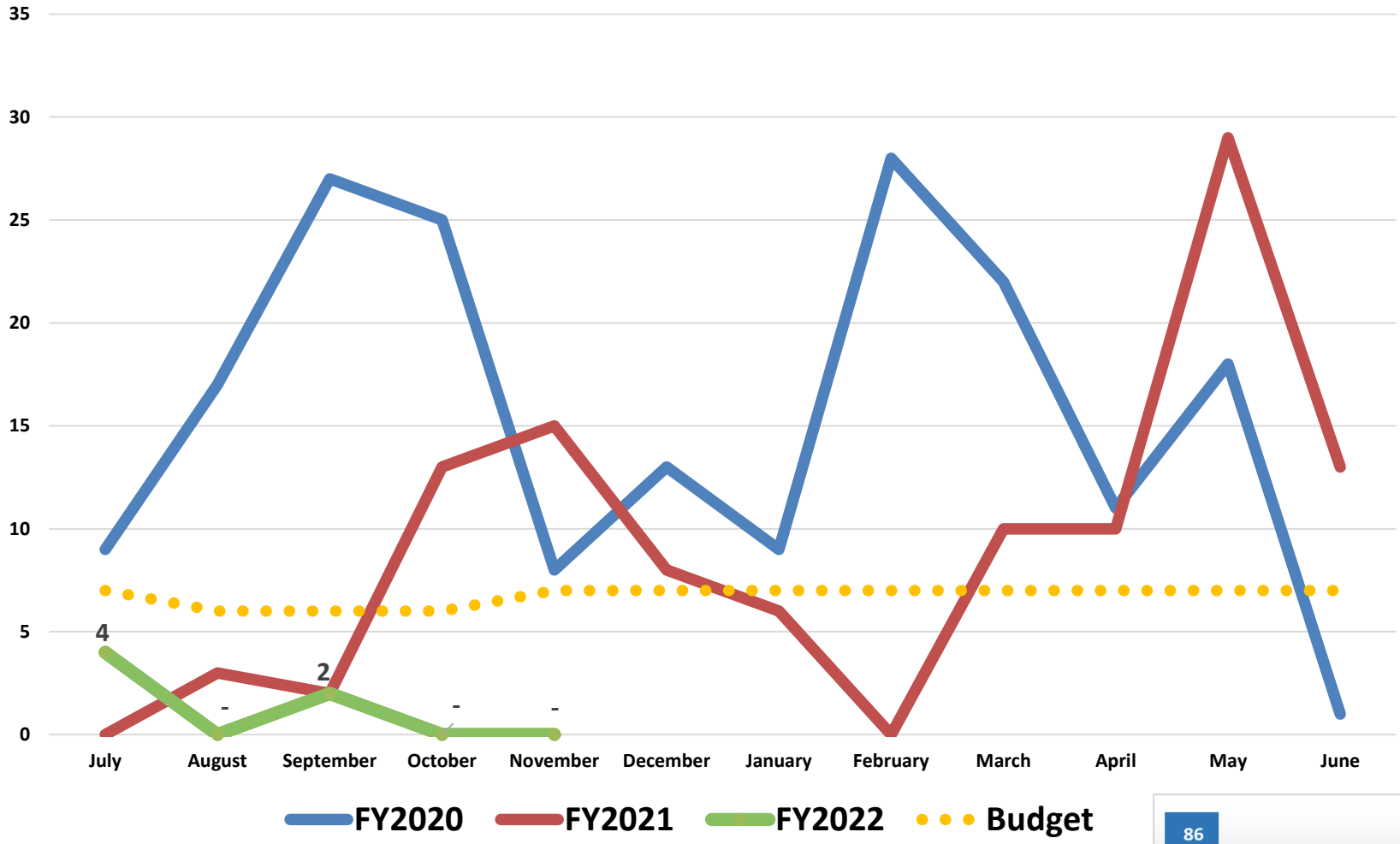
# CAPD/CCPD – Maintenance Sessions

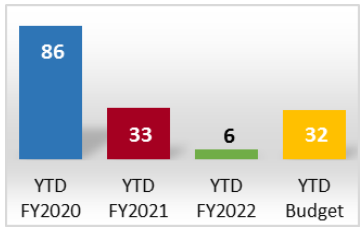
(Continuous peritoneal dialysis)



# CAPD/CCPD – Training Sessions

(Continuous peritoneal dialysis)



# Infusion Center – Outpatient Visits