



April 22, 2022

## NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the City of Visalia City Council Chambers {707 W. Acequia, Visalia, CA} on Wednesday April 27, 2022 beginning at 4:30PM in open session; at 4:31PM in a closed session pursuant to Government Code 54956.9(d)(1), 54956.9(d)(2), 54956.9(4)(d) and Health and Safety Code 1461 and 32155; at 5:30PM an open session and immediately following the 5:30PM open session, a closed meeting pursuant to Government Code 54957(b)(1).

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

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

KAWEAH DELTA HEALTH CARE DISTRICT  
Mike Olmos, Secretary/Treasurer

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

Cindy Moccio  
Board Clerk / Executive Assistant to CEO

DISTRIBUTION:  
Governing Board  
Legal Counsel  
Executive Team  
Chief of Staff

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

# KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

**Wednesday April 27, 2022**

## **OPEN MEETING AGENDA {4:30PM}**

- 1. CALL TO ORDER**
- 2. APPROVAL OF AGENDA**
- 3. PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or [cmoccio@kaweahhealth.org](mailto:cmoccio@kaweahhealth.org) to make arrangements to address the Board.
- 4. APPROVAL OF THE CLOSED AGENDA – 4:31PM**
  - 4.1. Conference with Legal Counsel** – Existing Litigation – Pursuant to Government Code 54956.9(d)(1) – *Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*
    - A. Martinez (Santillan) v. KDHCD Case # VCU279163
    - B. Richards v KDHCD Case # VCU280708
    - C. Foster v KDHCD Case # 280726
    - D. Stalcup v KDHCD Case # 284918
    - E. Stanger v Visalia Medical Center Case # VCU284760
    - F. Price v. KDHCD Case # VCU287060
    - G. Rocha v. KDCHD Case # VCU288014
    - H. Shipman v. KDHCD Case # VCU287291
    - I. Albright v. KDHCD Case # VCU289549
    - J. Franks v. KDHCD Case # VCU290542
  - 4.2. Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 4 Cases - *Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*
  - 4.3. Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee —*Evelyn McEntire, Director of Risk Management*

- 4.4. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case – *Dianne Cox, Chief Human Resources Officer and Rachele Berglund, Legal Counsel*
- 4.5. **Conference with Legal Counsel – Anticipated Litigation** - Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9(4)(d): 1 Case – *Marc Mertz, Chief Strategy Officer and Rachele Berglund, Legal Counsel*
- 4.6. **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*
- 4.7. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — *Monica Manga, MD Chief of Staff*
- 4.8. **Approval of the closed meeting minutes** – March 23, 2022.

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

*Action Requested – Approval of the April 27, 2022 closed meeting agenda.*

## 5. ADJOURN

### CLOSED MEETING AGENDA {4:31PM}

#### 1. CALL TO ORDER

- 2. [CONFERENCE WITH LEGAL COUNSEL – Existing Litigation](#) – Pursuant to Government Code 54956.9(d)(1)

*Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*

- A. Martinez (Santillan) v. KDHCDC Case # VCU279163
- B. Richards v KDHCDC Case # VCU280708
- C. Foster v KDHCDC Case # 280726
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- G. Rocha v. KDCHD Case # VCU288014
- H. Shipman v. KDHCDC Case # VCU287291
- I. Albright v. KDHCDC Case # VCU289549
- J. Franks v. KDHCDC Case # VCU290542
- K. Whaley v. KDHCDC Case #288850

3. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 6 Cases.  
*Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*
4. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.  
*Evelyn McEntire, Director of Risk Management*
5. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case.  
*Dianne Cox, Chief Human Resources Officer and Rachele Berglund, Legal Counsel*
6. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** - Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9(4)(d): 1 Case.  
*Marc Mertz, Chief Strategy Officer and Rachele Berglund, Legal Counsel*
7. **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*
8. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.  
*Monica Manga, MD Chief of Staff*
9. **APPROVAL OF THE CLOSED MEETING MINUTES – March 23, 2022**  
*Action Requested – Approval of the closed meeting minutes – March 23, 2022.*
10. **ADJOURN**

## OPEN MEETING AGENDA {5:30PM}

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](mailto:cmoccio@kaweahhealth.org) to make arrangements to address the Board.

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*Mike Olmos – Zone I  
Secretary/Treasurer*

*Lynn Havard Mirviss – Zone II  
Vice President*

*Garth Gipson – Zone III  
Board Member*

*David Francis – Zone IV  
President*

*Ambar Rodriguez – Zone V  
Board Member*

4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request approval of the March 23 and April 13, 2022 open minutes.  
**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.

*Action Requested – Approval of the open meeting minutes March 23 and April 13, 2022 open board of directors meeting minutes.*

6. **RECOGNITIONS** – *Director Ambar Rodriguez*
  - 6.1. Presentation of [Resolution 2159](#) to [Sonya Fajardo, 4N CNA](#), in recognition as the Kaweah Health World Class Employee of the Month recipient – April 2022.
  - 6.2. Approval of [Resolution 2160](#) proclaiming that July 18-24 is forever more Float Pool Nursing Week at Kaweah Health.

7. **INTRODUCTIONS – New Director**
  - 7.1. Kevin Bartel – Director of Orthopedics, Neurosciences, and Specialty Practice
  - 7.2. Emma Camarena, RN - Director of Nursing Practice

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

*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.*

9. **CHIEF OF STAFF REPORT** – Report relative to current Medical Staff events and issues.  
*Monica Manga , MD Chief of Staff*

10. [PATIENT THROUGHPUT PERFORMANCE](#) - Review of patient throughput performance improvement progress report.

*Keri Noeske, DNP, Chief Nursing Officer; The Chartis Group: Mark Krivopal and Martha Bailey*

11. **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 April 27, 2022 Consent Calendar.*

### 11.1. REPORTS

- A. [Physician Recruitment](#)
- B. [Risk Management](#)
- C. [Maternal Child Health](#)

- 11.2. [Rejection of claim, Henry L. Oney](#) vs. Kaweah Health presented to the Board of Directors of Kaweah Health March 15, 2022.
- 11.3. [Rejection of claim, Alondra Nunez](#) vs. Kaweah Health presented to the Board of Directors of Kaweah Health on February 25, 2022.
- 11.4. [Rejection of claim, Xavien Burns-Nunez](#) vs. Kaweah Health presented to the Board of Directors of Kaweah Health on February 25, 2022.
- 11.5. [Grant the application for leave to present late claim](#) on behalf of claimant Moises Mora dated March 14, 2022 presented to Kaweah Health on March 14, 2022.
- 11.6. [Rejection of claim, Moises Mora](#) vs. Kaweah Health presented to the Board of Directors of Kaweah Health on March 14, 2022.
- 11.7. [Rejection of claim, Christopher Renfro](#) vs. Kaweah Health presented to the Board of Directors of Kaweah Health on March 23, 2022.
- 11.8. Approval of revisions to the [Board Bylaws](#) reflecting the amended title of the Executive Team members removing Vice President and amending the titles to Chief.
- 11.9. Policies
- A. Administrative
    - 1) [AP.39](#) – Catering Guidelines {Revised}
    - 2) [AP.31](#) – Physician Referral {Revised}
  - B. Board of Directors
    - 1) [BOD7](#) – Presentation of Claims and Service Process {Revised}
    - 2) [BOD2](#) – Chief Executive Officer (CEO) Transition {Revised}

C. [Environment of Care](#)

- 1) EOC 1033 - Water Management Program - Revised
- 2) EOC 4000 - Hazard Material Management Plan - Revised
- 3) EOC 4012 - Disposal of Radioactive Materials - Revised
- 4) EOC 7001- Utilities Management Plan - Revised
- 5) EOC 7404 - Code Tubes Down System - Revised

**11.10. [Approval of the third addendum](#)** to Professional Services Agreement (Pediatric PSA) regarding Pediatric Hospitalist and Pediatric Specialty Services and Professional Services Agreement (NICU PSA) regarding Neonatology and Pediatric Specialty Services effective May 1, 2022 by and between Kaweah Delta Health Care District and Valley Children’s Medical Group.

**11.11. Medical Executive Committee April 2022.**

- A. [Privileges in Podiatry](#)
- B. [Privileges in Vascular Surgery](#)

**12. [QUALITY REPORT - Maternal Child Health](#)** – A review of key quality metrics and quality improvement initiatives related to the maternal child health population.

*Julianne Randolph, OD, Medical Director & Chair, Department of Pediatrics, Sandra Boseman, MD, OB/GYN Department Chair & Tracie Sherman, MSN, RN-OB, NE-BC, Director of Maternal Child Health*

**13. [STRATEGIC PLAN - Ideal Work Environment](#)** – Detailed review of Strategic Plan Initiative.  
*Dianne Cox, Chief Human Resources Officer & Raleen Larez, Director of Employee Relations and Engagement*

**14. [FINANCIALS](#)** – Review of the most current fiscal year financial results and budget.  
*Malinda Tupper – Chief Financial Officer*

**15. REPORTS**

**15.1. [Chief Executive Officer Report](#)** - Report relative to current events and issues.  
*Gary Herbst, Chief Executive Officer*

**15.2. [Board President](#)** - Report relative to current events and issues.  
*David Francis, Board President*

**16. APPROVAL OF CLOSED AGENDA AS FOLLOWS:** Closed Meeting Agenda – Immediately following the 5:30PM open session

- **CEO Evaluation** – Discussion of with the Board and the Chief Executive Officer relative to the evaluation of the Chief Executive Officer pursuant to Government Code 54957(b)(1) – *Gary Herbst, CEO, Rachele Berglund, Legal Counsel, Craig Strom (consultant) & Board of Directors*

**17. ADJOURN**

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Vice President*

*Garth Gipson – Zone III  
Board Member*

*David Francis – Zone IV  
President*

*Ambar Rodriguez – Zone V  
Board Member*

## CLOSED MEETING AGENDA

1. **CALL TO ORDER**
2. **CEO EVALUATION** – Board and the Chief Executive Officer relative to the evaluation of the Chief Executive Officer pursuant to Government Code 54957(b)(1).  
*Gary Herbst, CEO, Rachele Berglund, Legal Counsel, Craig Strom (consultant) & Board of Directors*
3. **ADJOURN**

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



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MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY MARCH 23, 2022 AT 4:30PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Francis, Gipson, Havard Mirviss, Olmos & Rodriguez; 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; 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 4:30PM by Director Francis.

Director Francis entertained a motion to approve the agenda.

*MMSC (Havard Mirviss/Rodriguez) 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 – 4:31PM**

- Conference with Legal Counsel – Anticipated Litigation – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 2 Cases - Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel
- Conference with Legal Counsel – Anticipated Litigation – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case – Dianne Cox, Vice President & Chief Human Resources Officer 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
- Approval of the closed meeting minutes – February 23, 2022.

**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board – No public present.

*MMSC (Olmos/Havard Mirviss) to approve the March 23, 2022 closed agenda. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis*

**ADJOURN** - Meeting was adjourned at 4:31PM

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

ATTEST:  
Mike Olmos, Secretary/Treasurer  
Kawah Delta Health Care District Board of Directors

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY MARCH 23, 2022 AT 5:15PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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; 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 5:15PM by Director Francis.

Director Francis asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – None.

**CLOSED SESSION ACTION TAKEN:**

Approval the closed minutes from February 23, 2022.

**OPEN MINUTES** – Request approval of the open meeting minutes February 23, March 2, and March 8, 2022.

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

*MMSC (Havard Mirviss/Gipson) to approve the open minutes from February 23, March 2, and March 8, 2022. This was supported unanimously by those present. Vote: Yes – Gipson, Olmos, Havard Mirviss, Rodriguez, and Francis.*

**RECOGNITIONS** – Director Francis presented Resolution 2156 to Lakeia Green, Patient Access Specialist in recognition as the World Class Employee of the Month recipient – March 2022.

**CEO REPORT** – Mr. Herbst noted that he would like to have our Chief Nursing Officer present the nursing recognition for Nursing Leadership Physician Leader presentations.

- Teacher – Leland Beggs, M.D.
- Professional Collaboration – Christian Borberg, M.D.
- Communication – Ryan Howard, M.D.
- Compassionate Care – Michael Tedaldi, M.D.
- Patient Advocacy – Christopher Bencomo, M.D.

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

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

Director Francis requested a motion for the approval of the credentials report with the exclusion of Timothy Bunnell, DDS.

*MMSC (Havard Mirviss/Rodriguez) 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*

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

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

Director Francis requested a motion for the approval of the credentials for Timothy Bunnell, DDS.

*MMSC (Havard Mirviss/Rodriguez) 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 and Francis Abstained - Gipson*

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

- No Report.

**PATIENT THROUGHPUT PERFORMANCE** - Review of patient throughput performance improvement progress report (copy attached to the original of these minutes and considered a part thereof) - Jag Batth, PT, DPT, Vice President of Ancillary, Surgery, and Post-Acute Services; The Chartis Group: Martha Bailey, Mark Krivopal

**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).

**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/Olmos) to approve the consent calendar as submitted. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis.

**QUALITY REPORT - Centers for Medicare & Medicaid Services (CMS) Star Rating** – A review of quality indicators that make up the CMS Star Rating and which initiatives impact Kaweah Health's star ratings (copy attached to the original of these minutes and considered a part thereof) - Sandy Volchko, RN, DNP, Director of Quality and Patient Safety

**UNITEK NURSING SCHOOL PARTNERSHIP** – Presentation of a proposal to expand the RN educational opportunities in Tulare County (copy attached to the original of these minutes and considered a part thereof) as reviewed and supported by the Academic Development Committee on March 15<sup>th</sup> and the Finance, Property, Services, and Acquisition Committee on March 16<sup>th</sup> - Dianne Cox, VP & Chief Human Resources Officer and Jamie Morales, Director of Talent Acquisition

**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/Rodriguez) Authorize management to enter into the necessary agreements and take all necessary steps for the development of a Bachelor of Science in Nursing (BSN) program with Unitek College to prepare baccalaureate registered nurses to help address workforce shortages in our region with funding for the program to be included in the Fiscal Year 2022-2023 budget. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis.*

**USC UROLOGY PROGRAM MANAGEMENT AND SUBSPECIALITY SERVICES AND FULL-TIME UROLOGY SERVICES** – Review of two proposed service agreements as reviewed and supported by the Finance, Property, Services, and Acquisition Committee between Kaweah Delta Health Care District dba Kaweah Health and the University of Southern California (USC) and the Keck School of Medicine of USC Department of Urology (copy attached to the original of these minutes and considered a part thereof) - 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.

*MMSC (Havard Mirviss/Olmos) To authorize management to take all necessary steps to finalize and enter into service agreements; USC Urology Full Time Urologist Professional Services Agreement and USC Urology Subspecialty Professional Services Agreement for a three year term. 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 and Chief Financial Officer

**CALIFORNIA HEALTH FACILITIES FINANCIAL AUTHORITY (CHFFA)** - Review of proposed resolution 2155 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 (copy attached to the original of these minutes and considered a part thereof) - 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.

*MMSC (Olmos/Havard Mirviss) To Approve Resolution 2155, a resolution of Kaweah Delta Health Care District authorizing its Chief Financial Officer, and/or its Director of Finance to execute and deliver 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. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis.*

**2022 REFUNDING REVENUE BONDS** – As reviewed and supported by the Finance, Property, Services, and Acquisition Committee on March 16, 2022 for the Board of Directors, review and requested approval of Resolution 2154, a resolution of the Board of Directors of Kaweah Delta Health Care District authorizing the issuance of its revenue refunding bonds series 2022, and the execution and delivery of a twelfth supplemental indenture, one or more bond purchase agreement(s), one or more depository trust agreements(s) and certain relative matters and authorizing the President of the Board, the District’s Chief Executive Officer, its Chief Financial Officer, and/or its Director of Finance to execute documents and take any and all action needed to carry out the

intended purpose of Resolution 2154 on behalf of the District and issue the Revenue Refunding Bonds, Series 2022, subject to the conditions that the principal amount does not exceed \$32,200,000, the final maturity does not exceed June 1, 2031 and the true interest cost does not exceed 2.10% (copy attached to the original of these minutes and considered a part thereof)

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

*MMSC (Gipson/Havard Mirviss) to approval of Resolution 2154, a resolution of the Board of Directors of Kaweah Delta Health Care District authorizing the issuance of its revenue refunding bonds series 2022, and the execution and delivery of a twelfth supplemental indenture, one or more bond purchase agreement(s), one or more depository trust agreements(s) and certain relative matters and authorizing the President of the Board, the District's Chief Executive Officer, its Chief Financial Officer, and/or its Director of Finance to execute documents and take any and all action needed to carry out the intended purpose of Resolution 2154 on behalf of the District and issue the Revenue Refunding Bonds, Series 2022, subject to the conditions that the principal amount does not exceed \$32,200,000, the final maturity does not exceed June 1, 2031 and the true interest cost does not exceed 2.10%. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis.*

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

- COVID update – we are down to 17 in house and only 19 employees out with COVID.
- Our occupancy rate is down to 92% with only 13 holding in the Emergency Department.
- The Heritage Club dinner will be held on April 5<sup>th</sup>.

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

- April 13<sup>th</sup> will be the final Redistricting meeting and the Board will adopt the new zones for the District.

**ADJOURN** - Meeting was adjourned at 7:33PM

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

ATTEST:

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

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY APRIL 13, 2022, AT 5:30PM, IN THE SEQUOIA REGIONAL CANCER CENTER MAYNARD FAUGHT CONFERENCE ROOM

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

The meeting was called to order at 5:30PM by Director Francis.

Director Francis asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – Director Francis noted that the whole meeting is for public participation relative to the redistricting process.

**REDISTRICTING PROCESS – Working Session #3** – Review and discussion of maps created by Redistricting Insights and the community using the 2020 census data to restructure the current district zone’s to make adjustments using the principles of redistricting {population equality, federal voting rights act section 2, communities of interest, compactness, and contiguity. Final review and adoption of new Kaweah Delta Health Care District Board of Directors Map. Interactive maps can be viewed at: <https://www.google.com/maps/d/u/0/edit?mid=1g4s4eWEkwi2dqUes5wja3c5qLodFETuw&usp=sharing>

*Matt Rexroad, Chief Legal Counsel*

- Mr. Rexroad addressed the Board and meeting participants noting that our Board has gone above and beyond what the law requires and that we put more effort than any special district that he has dealt with in the entire State. The Board has before them for consideration several maps including a community submitted map and they all meet the requirements of the law.
- Director Francis thank Angel for the work and effort that he put into his public submission map.
- Director Francis asked for any comments from the Board.
  - Director Olmos thanked Mr. Rexroad for a fine effort and process and noted that our Board has walked through this carefully and we have three options before us that all meet the letter of the law and any of these maps will meet the needs of the community. Director Olmos noted his support for Map 5A.

*MMSC (Olmos/Havard Mirviss) Adoption of Map 5A - approval of Resolution 2157 and authorization for the Chief Executive Officer and the Board Clerk to take all necessary steps to facilitate implementation of the newly adopted zone boundaries effective April 13, 2022. Vote: Yes – Havard Mirviss, Olmos, Gipson, and Francis No – Rodriguez*

**ADJOURN** - Meeting was adjourned at 5:39PM

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

ATTEST:

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



## **RESOLUTION 2159**

**WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT are recognizing Sonya Fajardo, 4N CNA, with the Service Excellence Award for the Month of April 2022, for consistent outstanding performance, and,**

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

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

**PASSED AND APPROVED this 27<sup>th</sup> day of April 2022 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

**ATTEST:**

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

## **Sonya Fajardo – 4N C.N.A**

### **April Kaweah Health World Class Employee of the Month**

Sonya Fajardo would make an excellent Employee of the Month because she is the perfect example of Kaweah Care. She cares so deeply for her patients and coworkers. She provides compassionate service to all patients she encounters. She goes above and beyond by purchasing pajamas and hair ties for her patients that are in need. She is respectful in all communication to patients and coworkers. She orients new CNA's to our unit when needed. When she trains new employees she displays teamwork and quality care. Her coworkers describe Sonya as "always so nice" and "she always helps out anytime needed". Another coworker states "her patients are well taken care of and rooms are clean". Another states "she is extra kind and helpful to all her patients". When you see Sonya she always says a polite "Hi" with a smile on her face. We are very lucky that Sonya chose 4 North to be a CNA!

*4 North leadership noticed a change in a long term patient. A patient who arrived shy, refusing care, and staying in her room was all of a sudden at the nurse's station talking with staff. She had clean hair and new clean pajamas on. She was happy and smiling. Rebekah the nurse manager looked to see who was providing care for the patient that day and saw Sonya was assigned as her CNA. Bekah noticed right away Sonya had made a connection with this patient. The patient was no longer afraid. Sonya went above and beyond to make a difference in this patient's life.*

**Amy Baker MSN, RN**



## **RESOLUTION 2160**

**WHEREAS, the Board of Directors of Kaweah Delta Health Care District dba Kaweah Health are recognizing the Kaweah Health Float Pool Nursing team, and,**

**WHEREAS, the Board of Directors of Kaweah Health is aware of the special skills in providing nursing care to a wide variety of patients within Kaweah Health's many facilities and service lines.**

**WHEREAS, the Kaweah Health Float Pool team demonstrates aptitude and willingness to learn new responsibilities, demonstrate excellent organizational, interpersonal, and customer service skills.**

**WHEREAS, as a member of the Float Pool team they multi-task and solve problems, they communicate with other members of the healthcare team to ensure the best outcomes for our patients.**

**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 proclaim that July 18-24 is forever more Float Pool Nursing Week at Kaweah Health.**

**PASSED AND APPROVED this 27<sup>th</sup> day of April 2022 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

**ATTEST:**

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

# Patient Throughput Initiative Update

Board of Directors

April 27, 2022





# Agenda

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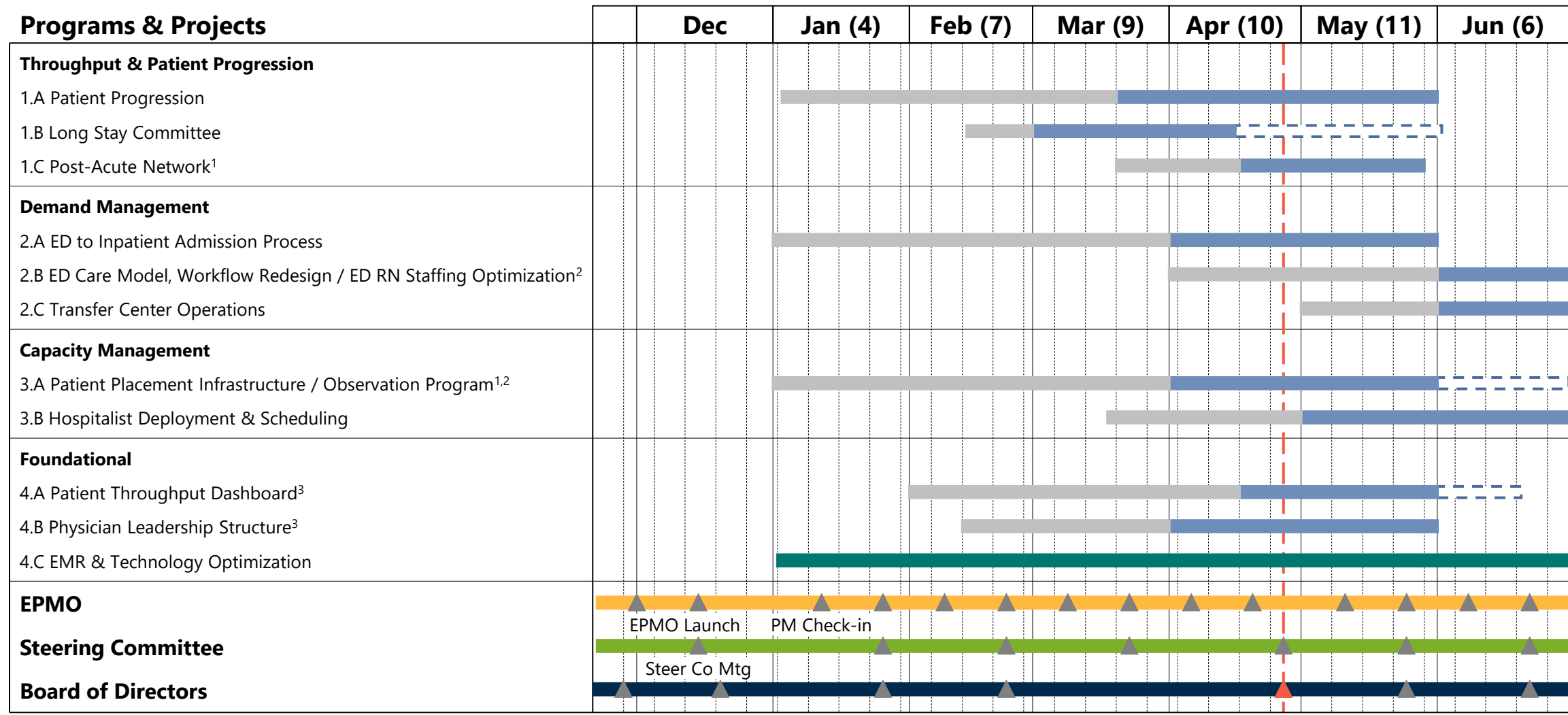
**1 Patient / Family / Staff Stories**

**2 March Performance Scorecard**

**3 What's Planned for May**

- Design
- Implement and Sustain
- Continued Implementation
- Cross-functional
- Steering Committee
- EPMO
- Board of Directors

# Implementation Timeline



Notes: <sup>1</sup>Accelerated project timeline, <sup>2</sup>Consolidated projects, <sup>3</sup>Accelerated project kickoff

We Are Here

# Patient Progression – Team Rounds Pilot

Patient / Family / Staff Stories

What we are hearing...

“ Brought everyone into the circle ”

“ Knowing the plan and goals for the day for the team to work towards together ”

“ Better communication and connection with the patient ”

“ Better collaboration of ideas ”

“ Huge benefit for the relationship between provider and nursing ”

“ Discharged sooner, less questions, and less contact after rounds ”

“ I have all the answers and felt involved in care for the first time ~ Patient ”

“ “We’re here for you!” and “Moving forward together” are some of the team’s mottos ”

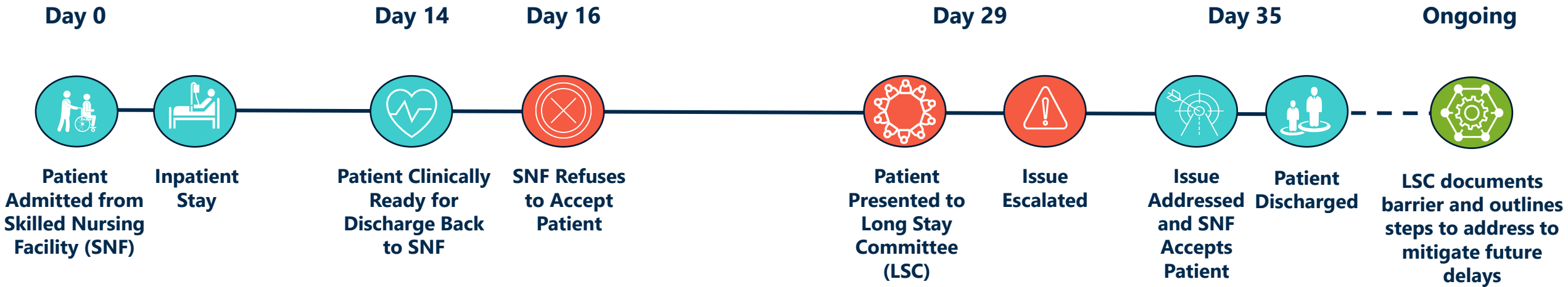
“ A general feeling of having the information right up front ”

# Long Stay Committee

## Patient / Family / Staff Stories

The Long Stay Committee (LSC) provides a forum for care teams to escalate complex discharge barriers for interdisciplinary discussion and resolution. The LSC is developing standard operating procedures and corresponding staff education in response to patterns of issues identified.

### Patient Journey and Timeline



# Draft Performance Scorecard

## Leading Performance Metrics – Inpatient & Observation

Metric	Patient Type	Definition	Goal	Current Performance Compared to Baseline					
				Jan - Nov '21 Baseline (Monthly Average or Median)	Dec '21	Jan '22	Feb '22	Mar '22	Apr '22
<b>Observation Average Length of Stay (Obs ALOS)</b> <i>(Lower is better)</i>	<b>Overall</b>	Average length of stay (hours) for observation patients	<b>38.0</b>	<b>42.2</b>	TBD	TBD	TBD	TBD	
<b>Inpatient Average Length of Stay (IP ALOS)</b> <i>(Lower is better)</i>	<b>Overall</b>	Average length of stay (days) for inpatient discharges	<b>5.64</b>	<b>6.31</b>	7.03	6.11	6.54	6.59	
	Non-COVID		<b>N/A</b>	<b>5.62</b>	6.31	5.71	5.78	5.72	
	COVID		<b>N/A</b>	<b>10.63</b>	13.77	6.27	9.19	20.32	
<b>Inpatient Observed-to-Expected Length of Stay</b> <i>(Lower is better)</i>	<b>Overall</b>	ALOS / geometric mean length of stay for inpatient discharges	<b>1.32</b>	<b>1.48</b>	1.65	1.48	1.56	1.67*	
<b>% of Discharges Before 12 PM</b> <i>(Higher is better)</i>	<b>Overall</b>	% of inpatients discharged before 12 PM	<b>35%</b>	<b>11.5%</b>	15.1%	11.9%	12.7%	10.9%	
<b>Surgical Backfill Volume</b> <i>(Higher is better)</i>	<b>Overall</b>	Incremental inpatient elective surgical cases over baseline; pending established baseline	<b>TBD</b>	<b>TBD</b>	TBD	TBD	TBD	TBD	
<b>Discharges</b>	<b>Overall</b>	Count of IP & observation discharges	<b>N/A</b>	<b>1,938</b>	1,760	1,694	1,594	1,829	
	Inpatient-Non-COVID	Count of non-COVID IP discharges	<b>N/A</b>	<b>1,264</b>	1,218	1,092	984	1,280	
	Inpatient-COVID	Count of COVID IP discharges	<b>N/A</b>	<b>197</b>	130	299	282	81	
	Observation	Count of observation discharges	<b>N/A</b>	<b>477</b>	412	303	328	468	

\*O/E LOS to be updated to include cases with missing DRG when available.

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

# Draft Performance Scorecard

## Leading Performance Metrics – Emergency Department

					Current Performance Compared to Baseline					
Metric	Patient Type	Definition	Goal	Jan - Nov '21 Baseline (Monthly Average or Median)	Dec '21	Jan '22	Feb '22	Mar '22	Apr '22	
ED Boarding Time <i>(Lower is better)</i>	Overall	Median time (minutes) for admission order written to check out for inpatients and observation patients	286	336	727	998	1,085	378		
	Inpatients	Median time (minutes) for admission order written to check out for admitted patients	287	338	721	983	1,070	376		
	Observation Patients	Median time (minutes) for admission order written to check out for observation patients	259	304	1,110	1,284	1,295	444		
ED Admit Hold Volume <i>(Lower is better)</i>	Overall	Count of patients (volume) with ED boarding time	N/A	1,028	1,185	1,245	1,139	1,153		
	Overall >4 Hours	Count of patients (volume) with ED boarding time $\geq$ 4 hours	N/A	640	902	1,061	951	756		
ED Average Length of Stay (ED ALOS) <i>(Lower is better)</i>	Overall	Median ED length of stay (minutes) for admitted and discharged patients	N/A	347	352	362	422	359		
	Discharged Patients	Median ED length of stay (minutes) for discharged patients	214	268	264	276	310	277		
	Inpatients	Median ED length of stay (minutes) for admitted inpatients	612	720	1,127	1,449	1,538	739		
	Observation Patients	Median ED length of stay (minutes) for observation patients	577	679	1,272	1,524	1,569	839		
ED Visits	Overall	Count of ED visits	N/A	5,596	5,339	5,975	4,956	5,520		
	Discharged	Count of ED visits for discharged patients	N/A	3,998	3,801	4,431	3,546	3,971		
	Inpatients	Count of ED Visits for admitted patients	N/A	1,216	1,229	1,312	1,129	1,172		
	Observation Patients	Count of ED Visits for observation patients	N/A	380	313	231	278	377		

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

# What's Planned for May

1



**Finalize Patient Placement Infrastructure project recommendations**

2



**Continue ED RN Staffing Optimization / Care Model Redesign**

3



**Launch Transfer Center Operations project**

4



**Collaborate with project teams to develop transition plans**

# Appendix

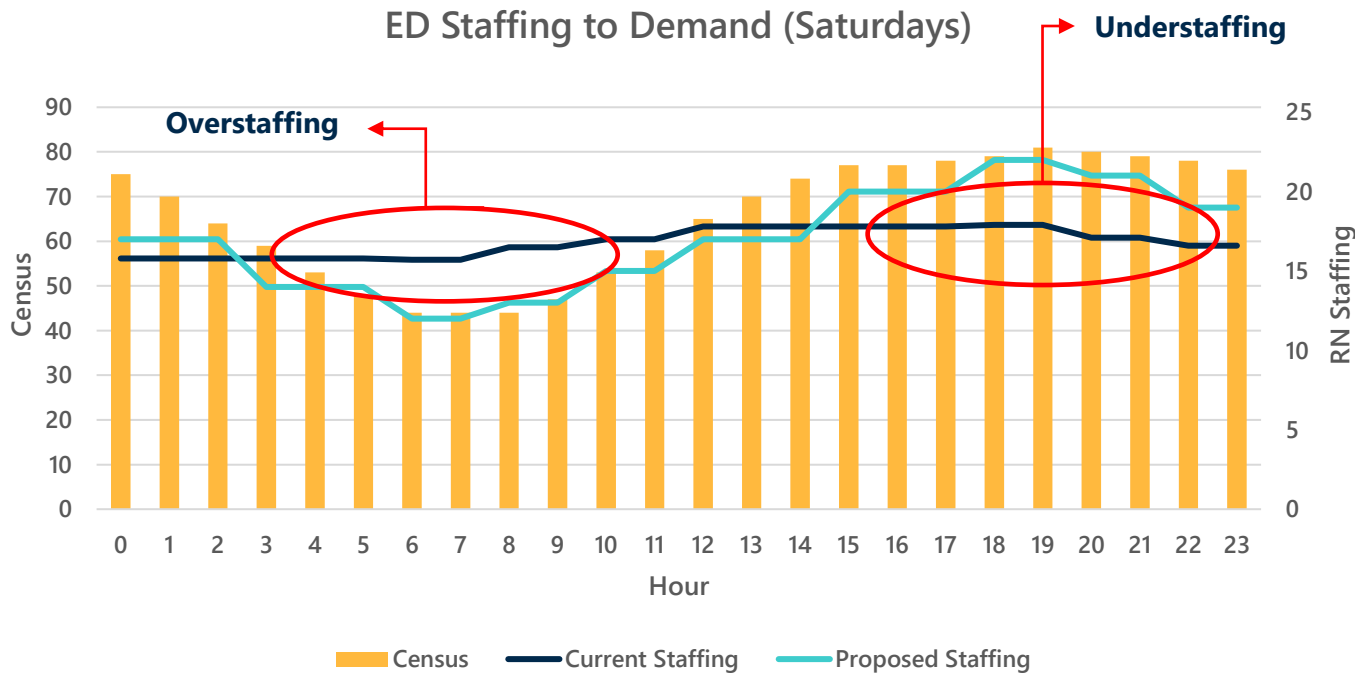


# ED RN Staffing Optimization

Project Kicked-off 3/14/22

## ED Census by Day of Week and Hour of Day

	12AM	1AM	2AM	3AM	4AM	5AM	6AM	7AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM
Sun	72	68	64	59	54	51	47	46	47	50	55	60	66	71	75	78	78	79	78	79	78	77	77	76
Mon	73	71	67	63	58	55	52	52	53	58	65	72	79	86	92	94	95	98	99	100	101	99	97	93
Tue	88	83	75	70	66	59	56	55	56	59	65	72	79	84	88	90	91	92	93	95	95	92	88	85
Wed	79	74	70	62	58	54	50	49	50	54	60	67	73	79	82	85	86	87	88	89	88	87	84	80
Thu	76	71	66	61	55	51	47	47	48	54	62	69	76	82	86	87	88	90	91	93	91	88	85	81
Fri	75	68	63	57	52	48	44	44	46	51	56	64	72	78	83	86	88	90	91	93	91	87	83	80
Sat	75	70	64	59	53	48	44	44	44	47	53	58	65	70	74	77	77	78	79	81	80	79	78	76



## PROJECT OBJECTIVE

- **Problem** – ED RN staffing is constrained due to numerous open positions and a **lack of staffing to demand**
- **Solution** – **Reconfigure the staffing schedule** to optimally staff to demand by day of week and hour of day

## PROGRESS TO-DATE

- Developed **updated schedule that aligns closely to demand**
- **Identified targeted hiring of vacant positions** to shifts with greatest variance
- **Forecasted future demand patterns** based on ED length of stay goals

## NEXT STEPS

- **Utilize staffing software Clairvia** to optimize adherence to optimal schedule
- **Balance staffing schedules variably based on day of the week demand**, rather than consistent scheduling across the week
- **Emphasize and implement mid shifts** to cover 12P-12A more effectively with arrival patterns

# Patient Progression

Project Kicked-off 1/11/22

## Team Rounds Implementation Timeline

Key: ★ Meeting



## PROJECT OBJECTIVE

- Problem** – Care team **roles and responsibilities are not aligned**; current huddles and rounds **do not meet the needs** of the care team members to achieve multidisciplinary approach to care facilitation and timely discharges
- Solution** – **Leverage 2 North Team Rounds Pilot** to launch rounds across the hospital and **clearly delineate care team roles and responsibilities**

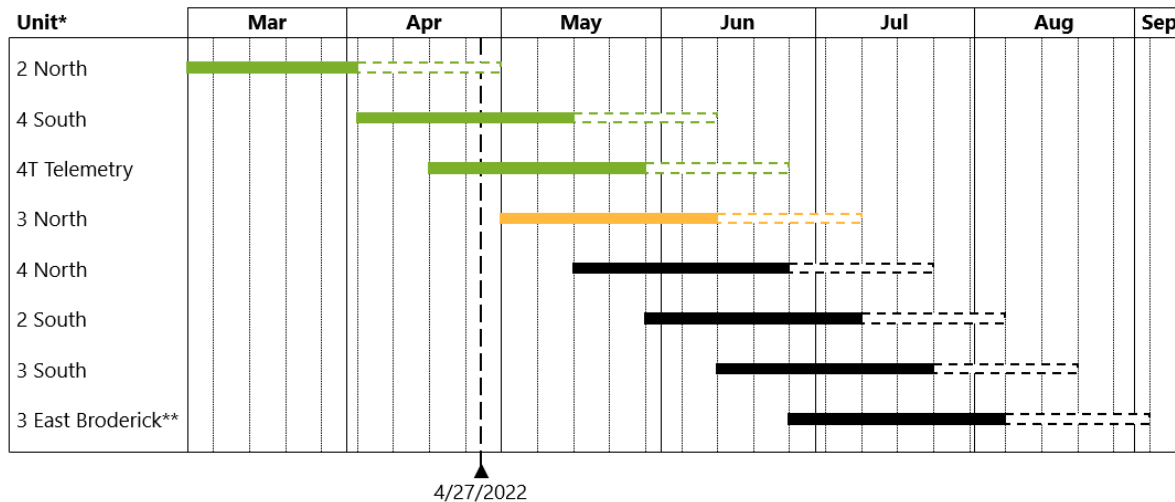
## PROGRESS TO-DATE

- Finalized **updated implementation plan and timeline** for Team Rounds Pilot with 2 North team, nursing and physician leadership
- Implemented 2N improvement initiatives** and **launched rounds on 4 South and 4 Tower**
- Finalized **clearly delineated roles and responsibilities for Case Management / Social Work / Nursing**

## NEXT STEPS

- Launch team rounds** on remaining med / surg units
- Implement hospital huddle** to proactively identify and resolve patient throughput issues
- Develop and implement **potential date of discharge (PDD) training**

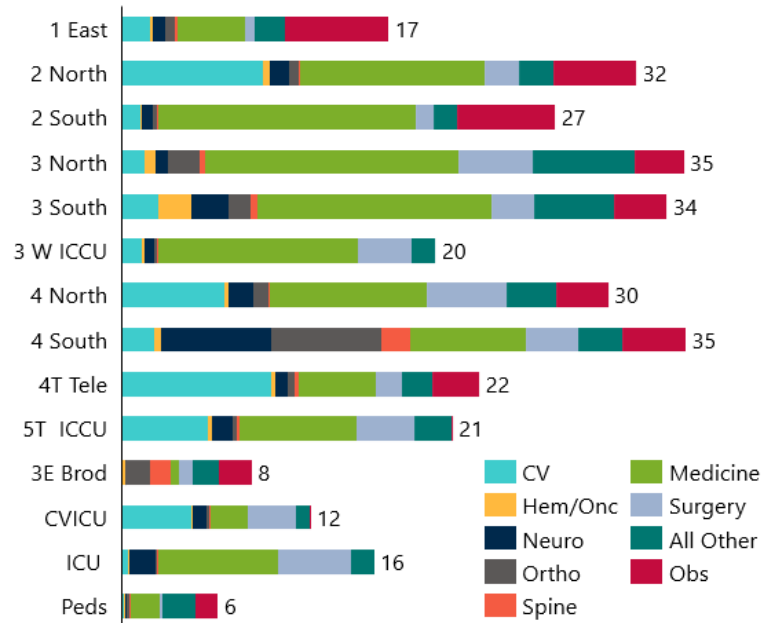
## Updated Team Rounds Implementation Timeline



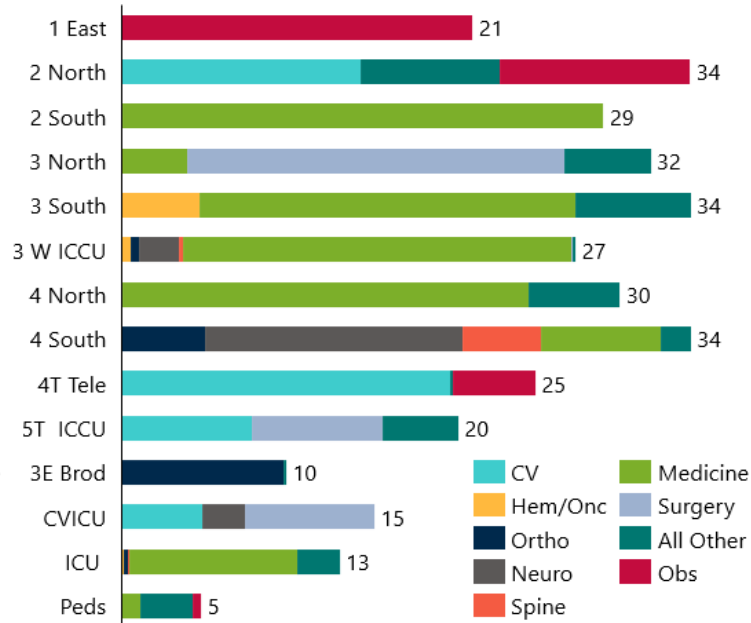
# Patient Placement Infrastructure

Project Kicked-off 2/10/22

### Current State Patient Population by Unit and Service Line



### DRAFT Scenario 4 Patient Population by Unit and Service Line



## PROJECT OBJECTIVE

- **Problem** – Patients of similar clinical cohorts and providers are **spread across the hospital** contributing to inefficient care facilitation
- **Solution** – Design an **optimized configuration** based on clinical and provider priorities to enable enhanced patient progression

## PROGRESS TO-DATE

- **Finalized patient scenario** to gather feedback on proposed cohort and placement guidelines
- **Drafted patient placement guideline, including primary and secondary units** for placement in cases of limited capacity
- Reviewed **draft patient placement guideline** with project team

## NEXT STEPS

- **Finalize patient placement guideline** with input from a variety of key stakeholders (Nursing Directors, Physician Stakeholders, Steering Committee)
- **Develop implementation plan**, including staff education and communication

\*Current State does not account for patients who are Med/Surg in an ICU Bed/CCU Bed (ADC 3.9)  
Source: Kaweah Census Data 01/01/21-12/31/21, includes BH, Newborn, Mother, and Baby

# Progress Report

Project				
Overarching	Patient Progression	ED to Inpatient Admission Process	Patient Placement Infrastructure	ED RN Staffing Optimization / Care Model Redesign
<ul style="list-style-type: none"> <li>• Held Weekly Keri &amp; Jag Update Meeting (5)</li> <li>• Held Weekly Enterprise Project Management Office (EPMO) Meeting (4)</li> <li>• Provided Biweekly Executive Team (ET) Updates (2)</li> </ul>	<ul style="list-style-type: none"> <li>• Launched Team Rounds on 4 South and 4 Tower</li> <li>• Updated Anticipated Discharge Date (ADD) Education to Potential Discharge Date (PDD)</li> <li>• Held Hospital Huddle Working Session to Design Revised Agenda &amp; Approach</li> <li>• Finalized Team Rounds Education Materials to Distribute to Subsequent Units</li> <li>• Held Case Management / Social Work / Nursing Roles &amp; Responsibilities Working Session (3)</li> <li>• Drafted Unit-Based Discharge Before Noon Dashboard</li> <li>• Held Patient Progression Huddles Working Session (1)</li> <li>• Held Team Leads Meeting (3)</li> <li>• Held Design Sessions (2)</li> <li>• Observed 2 North Team Rounds Pilot (2) and 4 South Team Rounds</li> </ul>	<ul style="list-style-type: none"> <li>• Finalized 3rd Emergency Department (ED) Case Manager (CM) Launch Date</li> <li>• Met with Team Leads to Identify Next Areas of Focus</li> <li>• Continued Future State ED CM &amp; ED Held Team Leads Meeting (2)</li> <li>• Held Design Session (2)</li> </ul>	<ul style="list-style-type: none"> <li>• Met With Team to Continue Patient Aggregation and Service Selection (PASS) Analytics Discussion and Develop Primary and Secondary Placements</li> <li>• Shared Future State Scenario 4</li> <li>• Developed Approach to Capture Renal Patients</li> <li>• Continued Alignment with Cerner Team</li> <li>• Held Team Leads Meeting (3)</li> <li>• Held Design Sessions (2)</li> </ul>	<ul style="list-style-type: none"> <li>• Partnered with ED Director to Developing Strategies for ED Registered Nurse (RN) Staffing Optimization</li> <li>• Shared Recommendations for ED Registered Nurse (RN) Staffing Optimization with ED Director and Members of Executive Team</li> <li>• Developed 30-60-90+ Day Plan to Implement Coverage Model via Shift Alignment and Prioritized Hiring of Key Shifts</li> <li>• Conducted ED Observations</li> </ul>

# Progress Report

Project					
Long Stay Committee	Observation Program	Post-Acute Network	Physician Leadership Structure	Hospitalist Deployment	Patient Throughput Dashboard
<ul style="list-style-type: none"> <li>• Provided Project Management (PM) Support and Feedback to Internal Consulting Team</li> <li>• Met With Team and Continue To Refine Long Stay Committee (LSC) Approach (4)</li> <li>• Held Team Leads Meeting (2)</li> <li>• Held Design &amp; Implementation Session (2)</li> </ul>	<ul style="list-style-type: none"> <li>• Identified Data Discrepancy and Met with Kaweah Health (KH) Key Stakeholders to Understand &amp; Resolve Issue (2)</li> </ul>	<ul style="list-style-type: none"> <li>• Assessed Current State Process Flow</li> <li>• Met with Team Leads to Discuss Strategy for Design Session</li> <li>• Established Bi-Weekly Recap Meeting with Team Leads</li> <li>• Held Design Session</li> </ul>	<ul style="list-style-type: none"> <li>• Held Meetings With Medical Executive Committee (MEC) Members and Discussed Next Steps</li> </ul>	<ul style="list-style-type: none"> <li>• Assessed Valley Hospitalist and Family Health Care Network (FHCCN) Hospitalist Current State Deployment &amp; Staffing</li> <li>• Held Design Session (2)</li> </ul>	<ul style="list-style-type: none"> <li>• Developed Transition Plan, Timeline and Approach for Performance Scorecard</li> </ul>

# Performance Scorecard Optimization & Transition Planning

Over the course of the project, we have refined and updated a series of metrics and goals on the Performance Scorecard based on feedback and project updates. A complete list of updates is outlined below.

## Inpatient Discharges & Observations Scorecard Updates

- **IP/Observation ALOS Goals** – Updated Goal column to reflect 10% reduction target
- **Observation LOS** – Metric definition is under-review based
- **O/E LOS Metric** – Adjusted O/E LOS metric to account for monthly reconciliation of encounters missing Final DRG during prior month's data file
- **Discharges Baseline Metrics** – Updated volume metrics to align with 11-month baseline period
- **Discharges Definitions** – Removed the word average to align with monthly reporting rather than baseline metrics

## Emergency Department Scorecard Updates

- **ED LOS** – Updated ED LOS metric goals to reflect 10% reduction target for inpatient / observation patients and 15% reduction target for discharged patients
- **Discharges Baseline Metrics** – Updated volume metrics to align with 11-month baseline period
- **Discharges Definitions** – Removed the word average to align with monthly reporting rather than baseline metrics

## Transition Planning

- **Goal** – Transition performance scorecard build to Cerner HealtheAnalytics platform and management to Kaweah team by mid-June
- **Progress to Date** – Team has begun develop dashboards and aligning on metrics definitions and inclusion criteria



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

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

Date prepared: 4/20/2022

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

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

<b>Frederick W. Mayer MD Inc.</b>	
Cardiothoracic Surgery	2

<b>Kaweah Health Medical Group</b>	
Audiology	1
Chief Medical Officer/Medical Director	1
Dermatology	2
Endocrinology	1
Family Medicine	3
Gastroenterology	2
Neurology	1
Orthopedic Surgery (Hand)	1
Otolaryngology	2
Pulmonology	1
Radiology - Diagnostic	1
Rheumatology	1

<b>Kaweah Health Medical Group (Cont.)</b>	
Urology	3

<b>Oak Creek Anesthesia</b>	
Anesthesia - Critical Care	1
Anesthesia - General	4
Anesthesia - Obstetrics	1
CRNA	3.5

<b>Orthopaedic Associates Medical Clinic, Inc.</b>	
Orthopedic Surgery (Trauma)	1

<b>Other Recruitment</b>	
Neurology - Inpatient	1

<b>Sequoia Oncology Medical Associates Inc.</b>	
Hematology/Oncology	1

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

### Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Anesthesia	Oak Creek Anesthesia	Sanguino, M.D.	Luis	08/23	Curative - 3/30/22	Currently under review
Anesthesia	Oak Creek Anesthesia	Sinha, M.D.	Ashish	05/22	Medicus Firm - 2/16/22	Site Visit: 4/5/22
Anesthesia	Oak Creek Anesthesia	Gonzalez, M.D.	Henry	ASAP	Medicus Firm - 2/21/22	Site Visit: 3/22/22; Offer accepted
Anesthesia	Oak Creek Anesthesia	Kim, D.O.	Christopher	08/23	Medicus Firm - 3/16/22	Currently under review
Anesthesia - Cardiac	Oak Creek Anesthesia	Nagm, M.D.	Hussam	06/22	Direct/Referral	Site Visit: 11/9/21; Tentative Start Date: 6/1/22
Anesthesia - Critical Care	Oak Creek Anesthesia	Tsytsikova, M.D.	Libby	08/22	Medicus Firm - 3/2/22	Site Visit: 5/9/22
Anesthesia - OB	Oak Creek Anesthesia	Dyer, M.D.	James	TBD	Direct - 3/10/22	Site Visit: 4/29/22
Cardiothoracic Surgery	Independent	Williams, M.D.	Julio	TBD	Direct - 4/19/22	Site Visit: 4/22/22
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Havlicak	Ashley	TBD	Direct/Referral	Site Visit: 4/29/22
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Knittel	Michael	03/22	Direct - 10/19/21	Offer accepted; Start Date: 4/5/22
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Lopez	Ramon	03/22	Direct - 11/2/21	Offer accepted; Start Date: 4/5/22
Chief Medical Officer/Medical Director	Kaweah Health Medical Group	Quackenbush, M.D.	Todd	ASAP	Direct - 3/1/22	Interview: 3/28/22; Offer extended
Dermatology - Mohs Surgery	Kaweah Health Medical Group	Nguyen, M.D.	Harrison	09/23	Curative - 3/18/22	Site visit pending dates
Family Medicine	Kaweah Health Medical Group	Edmonds, D.O.	Sheena	04/22	Direct	Offer accepted; Start date: 4/18/22
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; Start Date: 8/1/22
Gastroenterology	Key Medical Associates	Eskandari, M.D.	Armen	11/21	Direct	Offer accepted; Start Date: 4/5/22
Hospitalist	Central Valley Critical Care Medicine	Obad, M.D.	Nashwan	ASAP	Vista Staffing Solutions - 1/10/22	Offer accepted; Start Date: 4/27/22
Hospitalist	Valley Hospitalist Medical Group	Kaur, M.D.	Kamalmeet	08/22	Direct	Offer accepted; Tentative Start Date: August 2022
Intensivist	Central Valley Critical Care Medicine	Athale, M.D.	Janhavi	09/22	Comp Health - 1/6/22	Offer extended
Intensivist	Central Valley Critical Care Medicine	De Freese, M.D.	Marissa	TBD	Direct/referral - 1/18/22	Site visit pending dates
Intensivist	Central Valley Critical Care Medicine	Mfone, M.D.	Fuhbe	TBD	PracticeMatch - 4/18/22	Currently under review
Intensivist	Central Valley Critical Care Medicine	Soto-Arape, M.D.	Ivan	TBD	HealthPlus Staffing	Pending offer
Intensivist	Central Valley Critical Care Medicine	Sourial, M.D.	Mina	09/22	PracticeMatch - 4/11/22	Site Visit: 5/13/22



### Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Internal Medicine/Sleep Medicine	Kaweah Health Medical Group	Sarrami, M.D.	Kayvon	08/22	Direct - 11/27/21; Fiancé is current 2nd Year Anesthesia Resident at KH.	Site Visit: 1/10/22; Offer accepted; Tentative Start Date: August 2022
Medical Oncology	Sequoia Oncology Medical Associates	Mohammadi, M.D.	Oranus	08/23	PracticeMatch - 3/31/22	Phone Interview: 4/18/22
Medical Oncology	Sequoia Oncology Medical Associates	Palla, M.D.	Amruth	08/22	Direct/referral - 1/26/22	Site visit pending dates (Nov/Dec 2022 - Tentative)
Neonatology	Valley Children's	Al Kanjo, M.D.	Mohamed	08/23	Valley Children's - 3/14/22	Site Visit: 4/7/22; Offer pending
Neonatology	Valley Children's	Sharma, M.D.	Amit	TBD	Valley Children's - 3/1/22	Site Visit: 3/29/22; Offer extended
Neonatology	Valley Children's	Singh, M.D.	Himanshu	08/22	Valley Children's - 3/31/21	Site Visit: 4/19/2021; Offer accepted. Start date 8/29/2022
Pediatric Cardiology	Valley Children's	Ozdemir, M.D.	Ege	08/22	Valley Children's - 3/1/22	Site Visit: 3/23/22; Offer extended
Pediatric Hospitalist	Valley Children's	Mittal, M.D.	Daaman	07/22	Valley Children's - 2/17/22	Site visit: 2/21/22; Offer accepted; Start Date: 8/1/22
Pediatrics	Kaweah Health Medical Group	Galindo, M.D.	Ramon	09/22	Direct/referral - 6/28/21	Site visit: 9/14/21; Offer accepted; Tentative Start Date: 08/2022
Pediatrics	Kaweah Health Medical Group	Renn, M.D.	Caitlin	05/22	LocumTenens.com	Offer accepted
Pediatrics	Kaweah Health Woodlake Clinic	Alosh, M.D.	Humam	04/22	Direct - 1/2022	Offer accepted; Start Date: 4/19/22
Physical Therapist	Kaweah Health Medical Group	McGovern	Eric	08/22	CliniPost - 4/1/22	Currently under review
Physical Therapist	Kaweah Health Medical Group	Khoury	Nadia	06/22	CliniPost - 4/15/22	Currently under review
Physician Assistant - Quick Care	Kaweah Health Medical Group	Parker, PA	Katelyn	03/22	PracticeMatch - 12/14/21	Offer accepted; Start Date: 3/28/22
Rheumatology	Kaweah Health Medical Group	Li, M.D.	Zi Ying (Kimmie)	08/22	Direct - 11/27/21	Phone Interview: 12/15/21; Site Visit: 4/5/22
Urology	Kaweah Health Medical Group	Aram, M.D.	Pedram	45108	PracticeMatch - 3/1/22	Site Visit: 5/26/22

# BOD Risk Management Report – Open 1st Quarter 2022

Evelyn McEntire, Director of Risk Management  
559-624-5297 / [emcentir@kawahhealth.org](mailto:emcentir@kawahhealth.org)



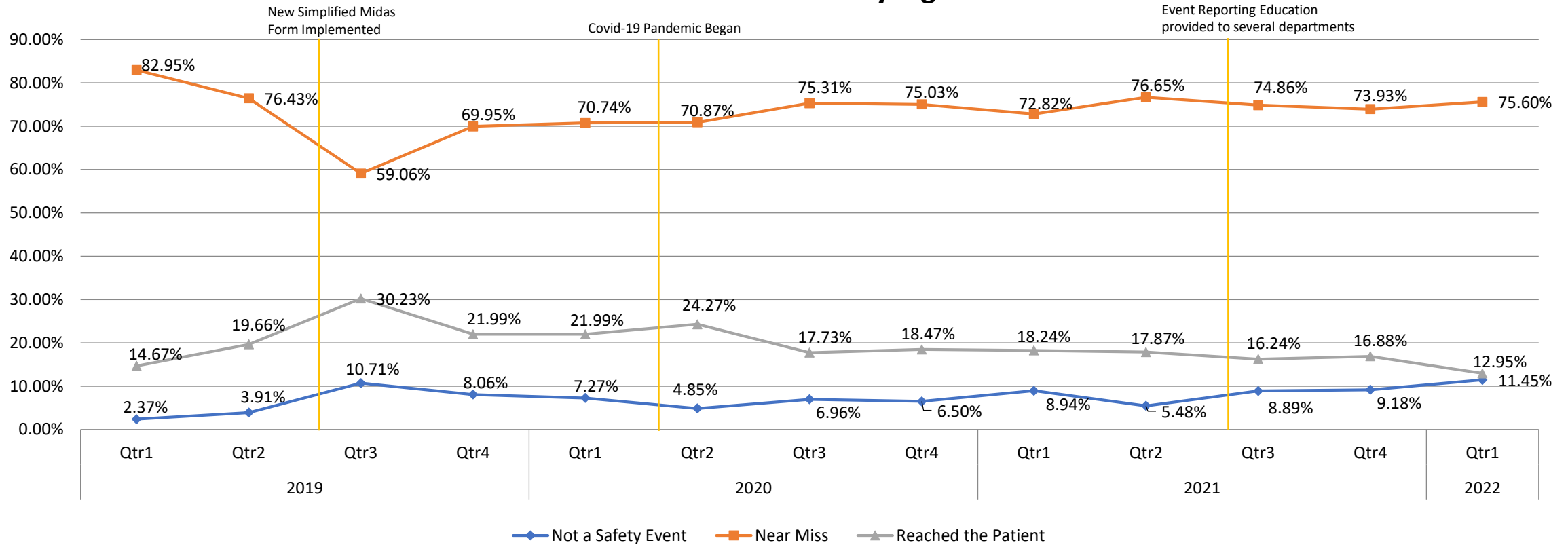
[kawahhealth.org](https://www.kawahhealth.org)



# Risk Management Goals

1. Promote a safety culture as a proactive risk reduction strategy.
2. Reduce frequency and severity of harm (patient and non-patient).
  - Zero incidents of “never events”
3. Reduce frequency and severity of claims.

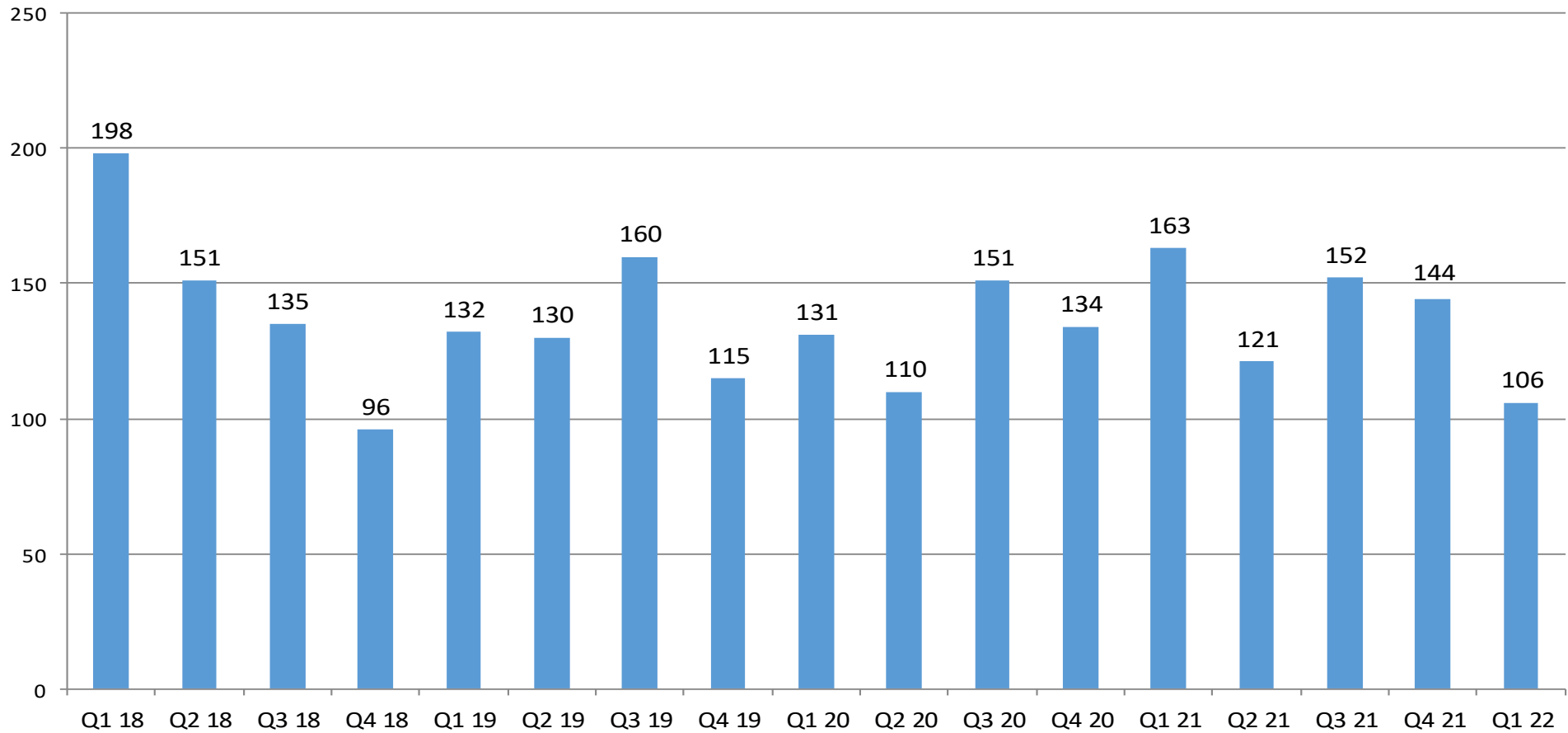
## Midas Risk Events - Rate by Significance



This graph represents the total number of Midas event reports submitted per quarter. They are also categorized by “*Not a safety event,*” “*Near miss,*” or “*Reached the patient.*”

**Goal:** To *increase* the total number of event reports submitted by staff/providers while *decreasing* those events which reach the patient.

# Complaints & Grievances 2018-2022



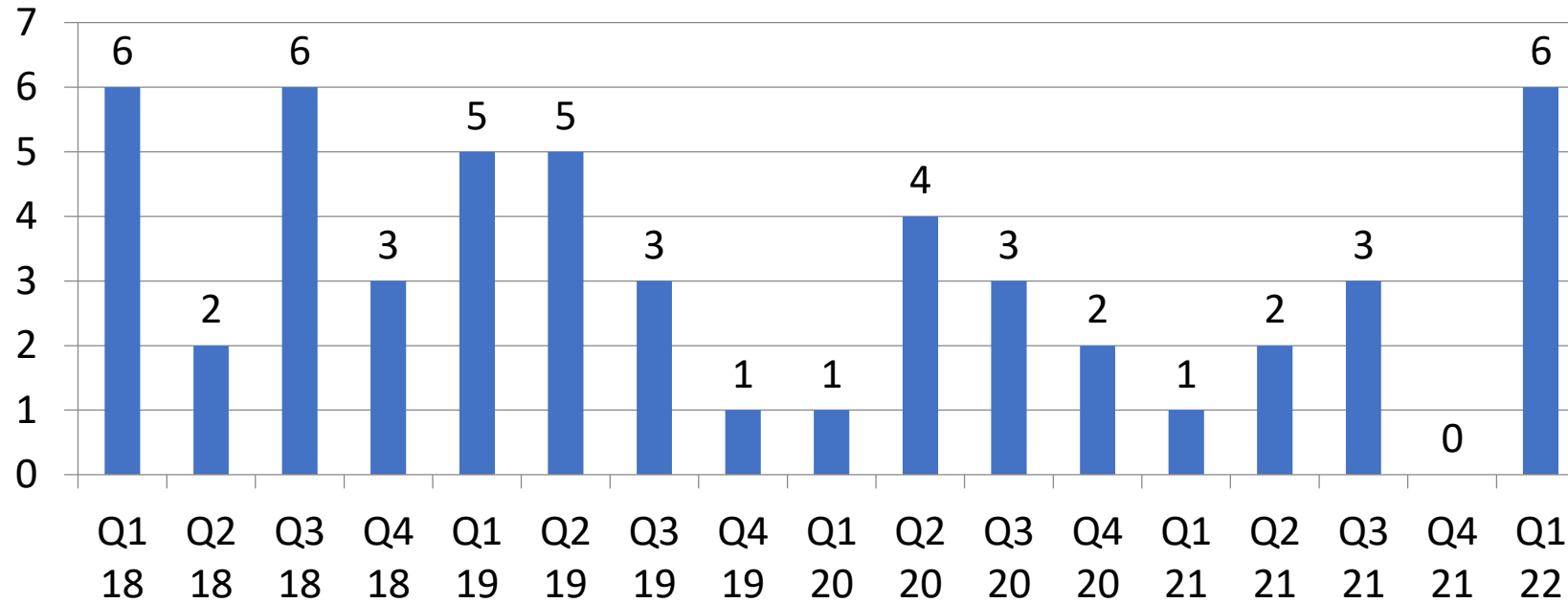
## Most Common Complaints:

- Clinical Care - Staff
- Communication - Staff
- Lost Belongings

NOTE: Effective January 2022, lost belongings will be captured within Kaweah's new Lost & Found software ([lostreturns.com](https://lostreturns.com)).

Data reflected on this slide will now only reflect lost belongings which were reimbursed by the Risk Management department due to medical necessity (e.g.: dentures, eyeglasses, walkers).

# Claims 2018 - 2022



Number of New Claims Received per  
Quarter

Total cases closed during 1st Quarter 2022 - (4)  
Four

# Live with passion.

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



# Kaweah Delta Health Care District Annual Report to the Board of Directors

## **Maternal Child Health**

Tracie Sherman MSN, RNC-OB, NE-BC  
Director Maternal Child Health  
[tplunket@kdhcd.org](mailto:tplunket@kdhcd.org)  
Ph. 624-5338  
April 2022

## Summary Issue/Service Considered

- Seek opportunities to grow volumes in Labor and Delivery, Post-Partum, Labor Triage, NICU, and Pediatrics.
- Continue to recruit to and develop the Laborist Program.
- Continue to improve care for those patients who are Low Gestational Age in the Neonatal Intensive Care Unit (NICU).
- Continue to seek opportunities to decrease labor and supply costs.
- Continue to increase exclusive breast-feeding rates for new moms.

## Quality/Performance Improvement Data

- HCAHPS Scores for overall patient satisfaction for Fiscal Year 2022 for Postpartum and Labor & Delivery were 79.5%. This surpassed the organizational goal of 76.5  
Nursing scores were focused on Nursing communication, courtesy & respect and listening were 82% surpassing the goal of 78.5%.
- The exclusive breast-feeding rate for 2021 was 63.9%. This is above the Joint Commission benchmark of 52%. This is an increase of 3%.
- The Postpartum Unit continues to focus on increasing Exclusive Breastfeeding. We have refined our use of the Breastfeeding Bundle that was implemented last year. The bundle included adjusting lactation staff schedules to improve our ability to assist new mothers 7 days a week with breast-feeding. We have shifted half of the lactation staff hours to be spent on the Labor & Delivery, Labor Triage and Antenatal Units to increase the focus on education and commitment prior to delivery. This has allowed patients to have a lactation counselor to be present for the first feeding with is crucial to successful breastfeeding. The new survey that was developed asking patients what their feeding preference for their baby was on admission, whether or not they met their goals and why or why not, has given us valuable information related to when and why patients are failing to achieve exclusive breastfeeding of their babies. We continue to use feeding orders to help increase collaboration with our physician staff when a mother decides to formula feed. In collaboration with the Information Technology (IT) Department, we now have a report to that shows us exactly when a patient fails to meet their goal of exclusive breastfeeding and who was caring for the patient at that time. This allows us to follow up and coach or make improvements where indicated. The Breast is Best Committee that was developed last year has proven to effective in understanding the barriers that patients and nursing staff have in pursuit of exclusive breastfeeding. This committee includes members from all areas of MCH as well as leaders and physicians. This committee reviews the patients who did not meet their goals. Subsequently, their nurse and physician come to the



meeting to discuss the barriers that caused their patient not to meet their goal of exclusive breastfeeding. These actions have caused our current breastfeeding rates to improve to 63.9 for 2021

- The Neonatal Intensive Care Unit (NICU) continues to participate in the California Perinatal Quality Care Collaborative (CPQCC). The NICU had 117 ventilator days in 2021 and zero Ventilator Associated Pneumonia (VAP). There were 689 central line days and zero Central Line Associated Blood Stream Infections (CLABSI) for 2021. NICU continues to hire new nursing staff and develop them with the new core curriculum for all NICU and Respiratory Therapists working in the NICU. This education is focused on the care of Very Low Birth Weight (VLBW) Babies. We have been successful in our ability to keep more VLBW babies in our NICU and keeping them in our community. We have been successful in keeping babies as low as 24 weeks gestation weighing 600 grams, for the duration of their care through discharge. The NICU Staff are growing in their abilities to care for these tiny patients every day.
- The Neonatologists along with NICU Leadership continue to meet with our Maternal Fetal Medicine Physicians on a regular basis to discuss our high-risk patients and their impending births. This allows us to meet with our parents prior to delivery to make a plan and address the special needs for their situation. This is an integral part of patient safety to ensure that everyone involved in the care of the mother and baby are included in the development of the plan of care prior to birth and after delivery.
- The NICU, Mother Baby and Pediatric staff, in collaboration with our Neonatologists and Pediatric Hospitalists, are about to launch a new program called Eat, Sleep Console. This program is specifically designed to care for our Drug Exposed Infants (DEI). This is a program that focuses on trying to keep babies with their mothers if at all possible and out of the NICU. Historically our drug exposed infants have been treated with methadone if they start to experience withdrawal. This is an evidence based program that focuses on trying to support the baby through this time by helping them to eat, sleep and increase their ability to be consoled. This is a collaborative effort between our units and our medical staff to improve the bonding and nurturing of this patient population.
- Labor and Delivery continues to participate in the California Maternal Quality Care Collaborative (CMQCC) Program to develop policies and procedures to minimize non-medically indicated (elective) deliveries before 39 weeks gestation, also known as Early Elective Deliveries (EED). We achieved an EED rate of 1.7% for 2021. The current benchmark for this measure is Zero. We continue to monitor administration of Antenatal Steroids for patients between 24-34 weeks gestation who are at risk for pre-term delivery where we are 100% compliant for 2021. Primary C-Section Rates for Low Risk Pregnancies is another area we continue working on and are at 25% for 2021 down 1.4%. The state target is 23.6%. In February this year, Active Labor Management Guidelines and Rounds were implemented on the Labor & Delivery Unit. Rounds are focused on review of the plan of care and identification of barriers to care. Rounds are completed each shift at the bedside with Leaders and bedside staff, including patients and support persons. Through rounding and focusing on actively managing our patients, we have been able to improve timely care of patients by creating accountability through communication and education and resolving barriers in the moment.
- Last August the Labor & Delivery and Mother Baby Departments, in collaboration with our Medical staff providers, implemented the Enhanced Recovery After C-section (ERAC) Program. This is similar to the Enhanced Recovery After Surgery (ERAS) Program, which was implemented in the Main Operating Rooms for orthopedic and gastrointestinal surgeries. Data is being gathered and reviewed allowing for leaders and staff to evaluate and celebrate the great work being done and identify opportunities for improvement. ERAC is proven to improve the healing process and reduce postoperative infections.
- Maternal Child Health (MCH) is beginning work related to multidisciplinary simulation training. For many years, the nursing staff in the MCH Division has been required to attend and participate in simulation training on a quarterly basis. We are now taking steps towards

creating regular multidisciplinary simulations including our Medical Staff, Rapid Response Teams and Emergency Department staff and physicians. This is very exciting and will lead to better coordination, communication and understanding of and between teams.

- Pediatrics is at zero for Central Line Associated Blood Stream Infections (CLABSI) and Catheter Associated Urinary Tract Infections (CAUTI). Pediatrics had no injury falls in 2021, and Pediatric Early Warning Scoring completed in 96% of patients. Collaboration between the Pediatric Nursing Department and the Pediatric Hospitalist Physicians related to Pediatric Rapid Response and Code Whites continues. This team responds to all Pediatric Emergencies in the hospital including the Emergency Department and the Post Anesthesia Care Units. The Pediatric Department in collaboration with the Emergency Department staff, physicians, educators and leaders are responsible for making this happen for the betterment and safety of our pediatric patients in all areas.
- Pediatric Clinical Pathways were developed and implemented last year in collaboration with the Pediatric Medical Director. Clinical Pathways are proven to consistently improve care and outcomes. Current clinical pathways include a Sepsis Pathway, Constipation Pathway, Pneumonia Pathway, Croup Pathway, Soft Tissue/Cellulitis Pathway, Influenza Pathway
- Through the efforts of our Foundation Department, Kaweah Health was awarded a grant that helped to purchase new physiologic monitors for the Pediatric Unit. These funds will also allow us to have the unit, which was opened in 1992, to be refurbished. They will have all new paint, flooring, counters and surfaces installed this year. This is a great way to show support for our pediatric community.
- All areas of Maternal Child Health continued to work diligently on all initiatives related to COVID 19 in our hospital and on our units. We were entering the second year of the pandemic. The department census and staffing resources were very impacted. An enormous amount work was done to ensure that the most up to date safety measures and best practices were in place for patients and staff. Our patient population had very different and specialized needs and requirements specifically related to COVID 19. Labor and Delivery continued COVID Testing of all patients admitted to the unit. In total, we have tested 6386 pregnant mothers and had 334 positive patients since July 2020. The final COVID surge looked very different in the Maternal Child Health areas than all the previous surges. Instead of seeing fewer pediatric and maternal COVID patients we saw many more. There were multiple maternal COVID Patients needing Intensive Care Services. Labor and Delivery Nurses and physicians now moved to the Intensive Care Unit to provide nursing care to pregnant mothers in collaboration with the Critical Care Team. Coordination between the Intensive Care Team, Labor & Delivery, NICU and Mother Baby Teams was critical to determine and provide for the best outcome for our mothers and our babies. Valley Children's Hospital was greatly impacted as children were experiencing a much higher rate of infection with the Delta Variant. With Valley Children's so impacted they experienced times when there was no bed capacity for neonatal or pediatric patients and closed their units to admission off and on throughout the final surge. This caused a huge obstacle when trying to transfer our critically ill pediatric patients that needed a higher level of care than we could provide. This required us to look outside the area for Pediatric Intensive Care and NICU beds. We transferred babies and children as far away as San Jose, Stanford, Children's of Los Angeles and farther to get the care they needed. The transfer process which was usually a 2-3 hour process was suddenly a 12-24 hour process looking for beds. This was a very stressful time for our entire community. The Delta Variant not only caused an increase in COVID infections affecting our census, but it deeply affected our ability to staff our units across the board. Collaboration between nursing and medical staff providers regarding bed and staffing ability went on continually, all hours of the day and night. We are very proud of the contributions made by our teams to the organizational efforts, goals and outcomes during the COVID Pandemic.

## Policy, Strategic or Tactical Issues

- Valley Children's' Medical Group continues to provide Maternal Fetal Medicine Services for our patients as well as Pediatric Hospitalist and Neonatology Services. All Pediatric Hospitalist positions are now filled. Neonatology is recruiting to fill two more positions. Kaweah Health NICU continues to be staffed 24/7 by neonatologists.
- The Laborist Program was implemented on March 16, 2019. This program has improved patient safety for all Obstetrical Patients in the hospital. The goal of this program is to provide 24/7 on site Obstetric Physician coverage. We continue to recruit for this program. Currently we are able to staff night shift and 24-hour weekend coverage on site. Day shifts are covered with off-site providers. However, progress is being made, in that recently, we have been able to staff 2 days shifts per week on-site as well. We are working with Family Health Care Physicians to allow them to participate in the call schedule further increasing our ability to staff this program with on-site coverage 24/7.
- The Maternal Fetal Medicine Clinic in Visalia has a fully scheduled patient list every day.

## Recommendations/Next Steps

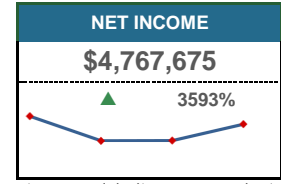
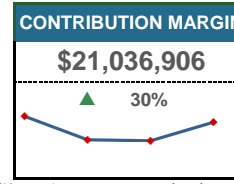
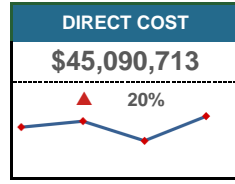
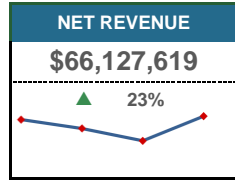
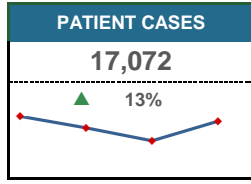
- Continue to encourage Shared Governance and Unit Based Councils, as well as participation in our Comprehensive Unit Based Safety Programs (CUSP). Continue to support the Just Culture Program throughout our Departments. These initiatives have continued with minor interruption during the COVID Pandemic. Staff are engaged and invested in these committees as a way to work together for the good of our patients and to improve workflows.
- Collaborate with Marketing to promote our Labor Triage Unit, our NICU and Maternal Fetal Medicine Program, Laborist Program and Pediatric Departments. We are currently collaborating with the Marketing Department on creating an article in Vital Signs to highlight our Pediatric Unit. Work is also being done to create a television commercial highlighting the services that Kaweah Health provides to our community in Labor & Delivery and NICU care, and the many options for a patient's birth experience.
- Continue to collaborate with our Emergency Department Colleagues to improve pediatric care and outcomes. There was much collaboration with the Emergency Department over the last year to improve care for pediatric patients in the hospital.
- Collaborate with Marketing and Physicians' offices to promote breastfeeding as the most beneficial and preferred way to feed your baby, as well as informing the public about breastfeeding classes offered.
- Continue to carefully and thoughtfully, evaluate our visiting policy. We have learned many things about how our patients have improved and recovered with fewer visitors during the COVID Pandemic. While we want to retain the positive elements of fewer visitors, we also want to provide our patients with the support they need from family members visiting.
- Support new Obstetrician's and Pediatricians practicing at Kaweah Delta. Continue to recruit Obstetricians to the community to increase those participating in our Laborist Program and increase on site coverage in the daytime hours.
- Continue to hire and fill all nursing vacancies in the Maternal Child Health areas. We will continue to over-hire to address the staffing issues related to employees on Leaves of Absence. We will continue the mentor program and roll out to all Maternal Child Health Units as a way to address nurse retention. Maternal Child Health has endured many staffing challenges due to the COVID Pandemic. We continue to use contract labor to meet patient care needs while recruiting for staffing resources.

## Approvals/Conclusions

- Strive for overall quality outcomes and set goals to continue to improve.
- Financial Performance Key Takeaways:

1. Maternal Child Health Fiscal Year 2022 contribution margin estimated at \$21 million.
  2. Increased patient volumes have improved contribution margin this year>
  3. Governmental supplemental funding contributes \$19.3 million of the \$21 million contribution margin. Maternal Child Health services are heavily Medi-Cal and Medi-Cal Managed Care, thus drawing a larger share of the funds than other District services.
  4. Expense controls have been key in maintaining substantial contribution margin. Direct costs per case down overall.
  5. Neonatology contribution margin more than doubled due to a 27% increase in patient days.
- The Maternal Child Health Division will continue to work to develop financially responsible, realistic budgets and continue to be productive.

**KEY METRICS - FY 2022 Eight Months Ended February 28, 2022 Annualized**



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

**METRICS BY SERVICE LINE - FY 2022**

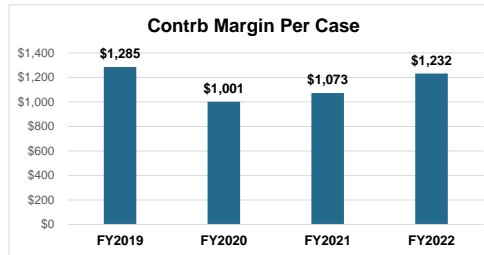
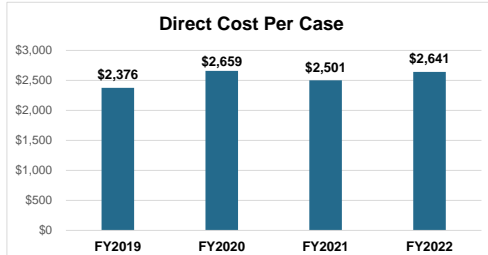
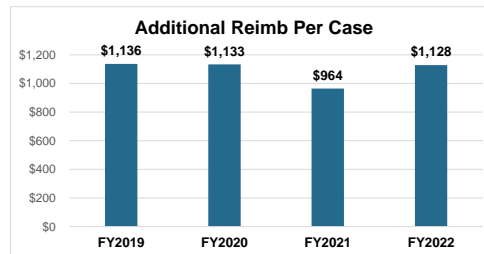
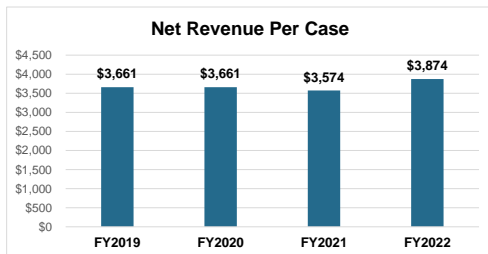
SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
OB/Delivery	4,656	\$29,704,689	\$18,866,198	\$10,838,492	\$3,631,077
Neonatology	2,115	\$23,736,138	\$17,035,310	\$6,700,829	\$1,128,041
Normal Newborns	2,694	\$4,580,205	\$2,449,802	\$2,130,404	\$1,177,064
Pediatrics	470	\$4,758,398	\$2,957,205	\$1,801,193	\$746,210
Other OB	321	\$2,340,042	\$1,246,523	\$1,093,520	\$657,863
OP Obstetrics	6,816	\$1,008,147	\$2,535,677	(\$1,527,530)	(\$2,572,578)
<b>Maternal Child Health Total</b>	<b>17,072</b>	<b>\$66,127,619</b>	<b>\$45,090,713</b>	<b>\$21,036,906</b>	<b>\$4,767,675</b>

\*Annualized

**METRICS SUMMARY - 4 YEAR TREND**

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	17,595	16,392	15,072	17,072	▲ 13%	
Net Revenue	\$64,410,052	\$60,003,157	\$53,874,463	\$66,127,619	▲ 23%	
Direct Cost	\$41,807,018	\$43,587,970	\$37,702,080	\$45,090,713	▲ 20%	
Additional Reimb	\$19,993,992	\$18,570,375	\$14,532,742	\$19,261,073	▲ 33%	
Contribution Margin	\$22,603,034	\$16,415,187	\$16,172,383	\$21,036,906	▲ 30%	
Indirect Cost	\$15,575,969	\$16,366,442	\$16,043,269	\$16,269,231	▲ 1%	
Net Income	\$7,027,065	\$48,745	\$129,114	\$4,767,675	▲ 3593%	
Net Revenue Per Case	\$3,661	\$3,661	\$3,574	\$3,874	▲ 8%	
Additional Reimb Per Case	\$1,136	\$1,133	\$964	\$1,128	▲ 17%	
Direct Cost Per Case	\$2,376	\$2,659	\$2,501	\$2,641	▲ 6%	
Contrb Margin Per Case	\$1,285	\$1,001	\$1,073	\$1,232	▲ 15%	
CM w/o Add Reim Per Case	\$148	(\$131)	\$109	\$104	▼ -4%	

**PER CASE TRENDED GRAPHS**



**Notes:**

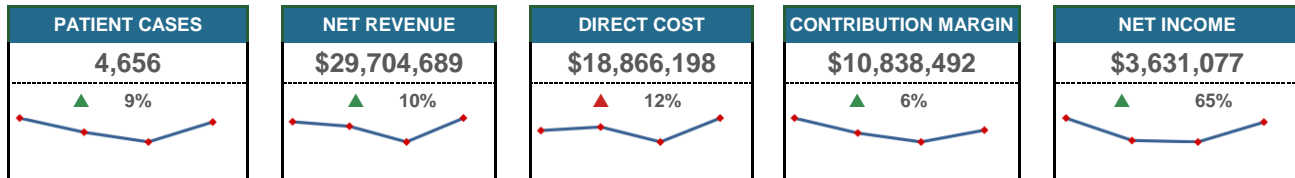
Source: Inpatient and Outpatient Service Line Reports  
 Selection Criteria Inpatient and Outpatient Data: ServiceLine IN (OB/Delivery, Normal Newborn, Neonatology, Pediatrics (age 0-18), Other OB and OP Obstetrics)

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Maternal Child Health Services - Inpatient OB/Delivery Service Line

FY2022 Annualized

### KEY METRICS - FY 2022 Eight Months Ended February 28, 2022 Annualized

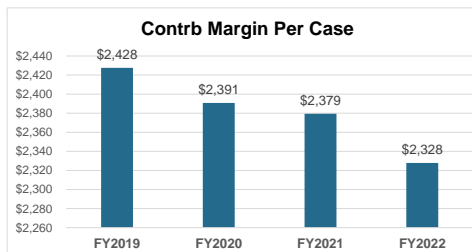
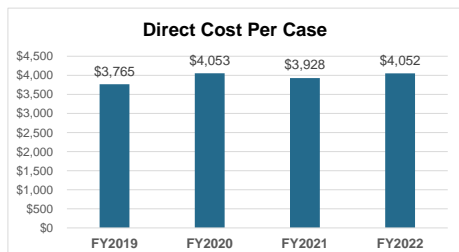
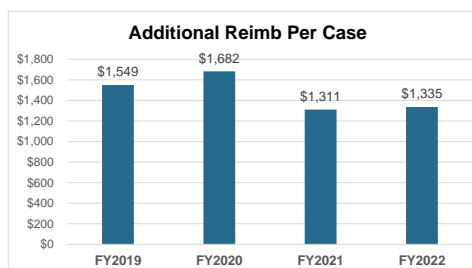
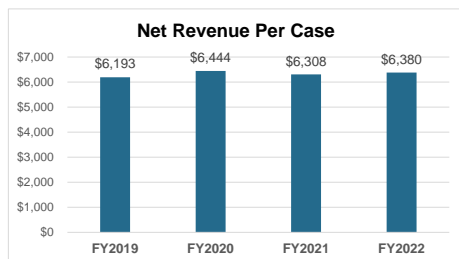


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	4,730	4,468	4,290	4,656	▲ 9%	
Patient Days	9,920	9,128	8,853	9,416	▲ 6%	
ALOS	2.10	2.04	2.06	2.02	▼ -2%	
Net Revenue	\$29,292,679	\$28,790,019	\$27,060,433	\$29,704,689	▲ 10%	
Additional Reimb	\$7,295,160	\$7,514,690	\$5,622,631	\$6,217,759	▲ 11%	
Direct Cost	\$17,810,107	\$18,108,187	\$16,852,626	\$18,866,198	▲ 12%	
Contribution Margin	\$11,482,572	\$10,681,832	\$10,207,807	\$10,838,492	▲ 6%	
Indirect Cost	\$7,556,509	\$8,371,966	\$8,001,453	\$7,207,415	▼ -10%	
Net Income	\$3,926,063	\$2,309,866	\$2,206,354	\$3,631,077	▲ 65%	
Net Revenue Per Case	\$6,193	\$6,444	\$6,308	\$6,380	▲ 1%	
Additional Reimb Per Case	\$1,549	\$1,682	\$1,311	\$1,335	▲ 2%	
Direct Cost Per Case	\$3,765	\$4,053	\$3,928	\$4,052	▲ 3%	
Contrb Margin Per Case	\$2,428	\$2,391	\$2,379	\$2,328	▼ -2%	
CM w/o Add Reim Per Case	\$885	\$709	\$1,069	\$992	▼ -7%	

### PER CASE TRENDED GRAPHS

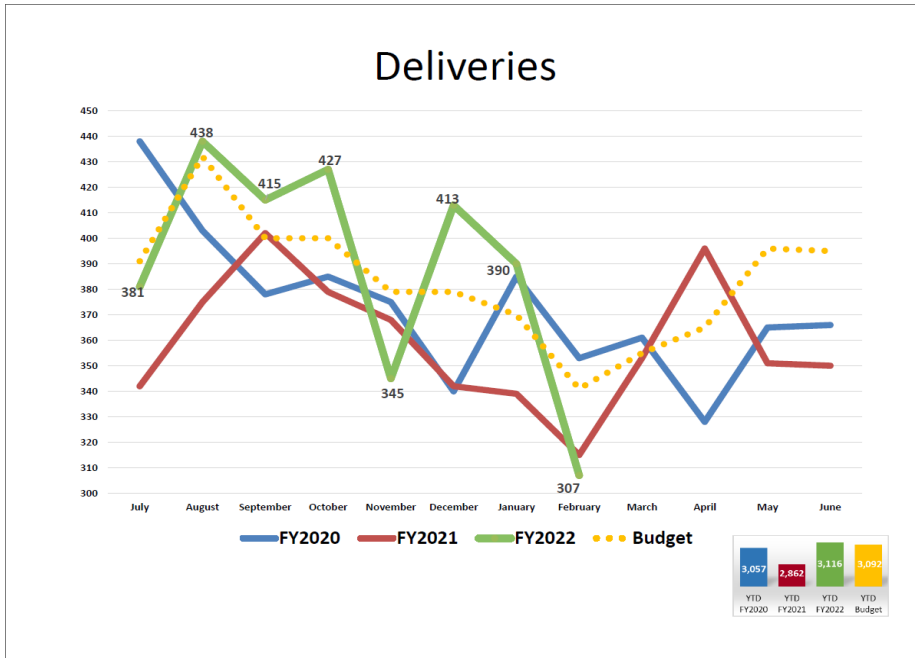
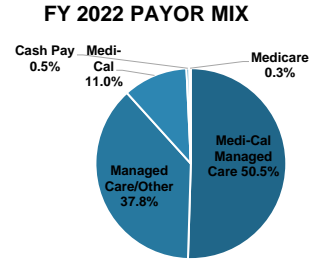


**KAWEAH HEALTH ANNUAL BOARD REPORT**  
**Maternal Child Health Services - *Inpatient OB/Delivery Service Line***

FY2022 Annualized

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

PAYER	FY2019	FY2020	FY2021	FY2022
Medi-Cal Managed Care	48.1%	47.8%	49.0%	50.5%
Managed Care/Other	35.8%	37.3%	38.3%	37.8%
Medi-Cal	15.5%	14.1%	11.8%	11.0%
Cash Pay	0.3%	0.5%	0.7%	0.5%
Medicare	0.3%	0.2%	0.2%	0.3%



Notes:  
 Source: Inpatient Service Line Report  
 Selection Criteria: ServiceLine = OB/Delivery

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Maternal Child Health Services - *Inpatient Neonatology Service Line*

FY2022 Annualized

### KEY METRICS - FY 2022 Eight Months Ended February 28, 2022 Annualized



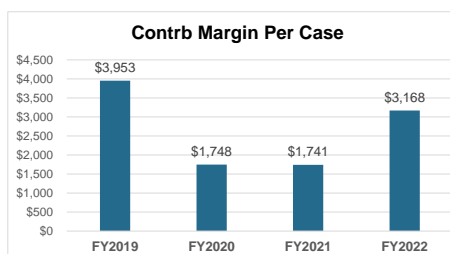
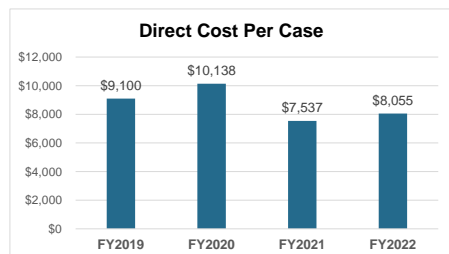
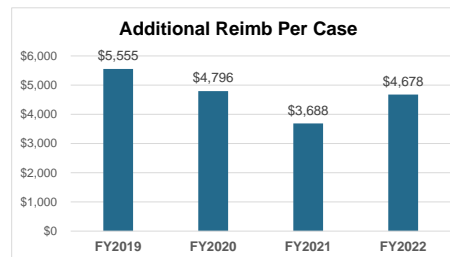
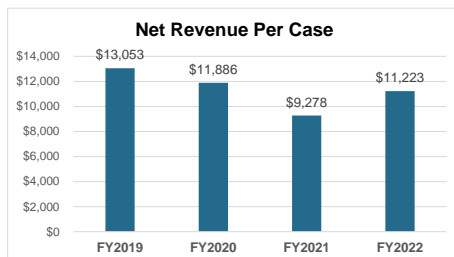
\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

\*Annualized

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	1,511	1,532	1,762	2,115	▲ 20%	
Patient Days	7,368	6,649	6,889	8,727	▲ 27%	
ALOS	4.88	4.34	3.91	4.13	▲ 6%	
Net Revenue	\$19,723,708	\$18,208,719	\$16,347,687	\$23,736,138	▲ 45%	
Additional Reimb	\$8,389,898	\$7,347,491	\$6,497,507	\$9,893,012	▲ 52%	
Direct Cost	\$13,750,247	\$15,530,682	\$13,280,602	\$17,035,310	▲ 28%	
Contribution Margin	\$5,973,461	\$2,678,037	\$3,067,085	\$6,700,829	▲ 118%	
Indirect Cost	\$3,419,861	\$3,541,773	\$4,629,865	\$5,572,788	▲ 20%	
Net Income	\$2,553,600	(\$863,736)	(\$1,562,780)	\$1,128,041	▲ 172%	
Net Revenue Per Case	\$13,053	\$11,886	\$9,278	\$11,223	▲ 21%	
Additional Reimb Per Case	\$5,555	\$4,796	\$3,688	\$4,678	▲ 27%	
Direct Cost Per Case	\$9,100	\$10,138	\$7,537	\$8,055	▲ 7%	
Contrb Margin Per Case	\$3,953	\$1,748	\$1,741	\$3,168	▲ 82%	
CM w/o Add Reim Per Case	(\$1,599)	(\$3,048)	(\$1,947)	(\$1,509)	▲ 22%	

### PER CASE TRENDED GRAPHS





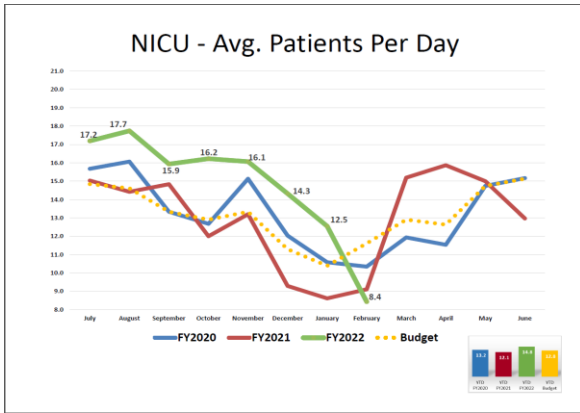
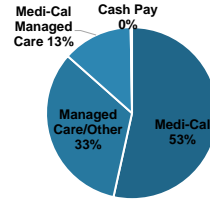
**KAWEAH HEALTH ANNUAL BOARD REPORT**  
**Maternal Child Health Services - *Inpatient Neonatology Service Line***

FY2022 Annualized

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

PAYER	FY2019	FY2020	FY2021	FY2022
Medi-Cal	59%	53%	53%	53%
Managed Care/Other	30%	35%	35%	33%
Medi-Cal Managed Care	11%	11%	11%	13%
Cash Pay	1%	1%	1%	0%

**FY 2022 Payer Mix**



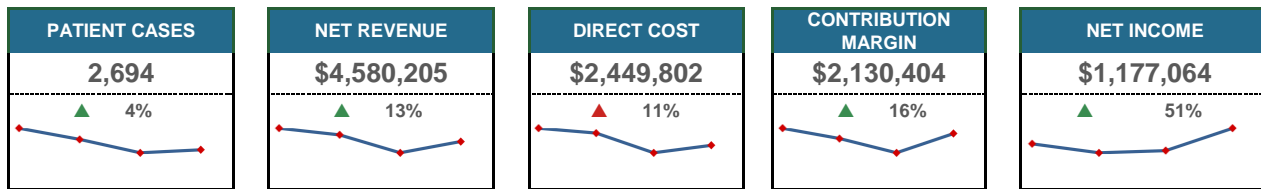
Notes:  
 Source: Inpatient Service Line Report  
 Selection Criteria: Entity = Neonatology

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Maternal Child Health Services - *Inpatient Normal Newborns Service Line*

FY2022 Annualized

### KEY METRICS - FY 2022 Eight Months Ended February 28, 2022 Annualized

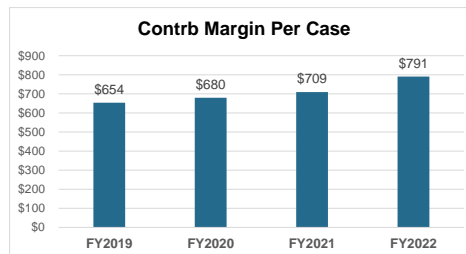
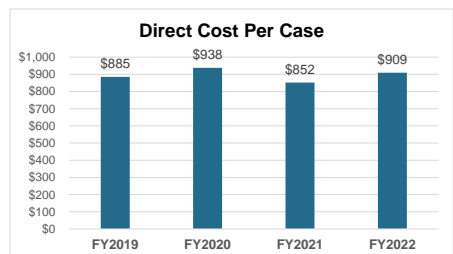
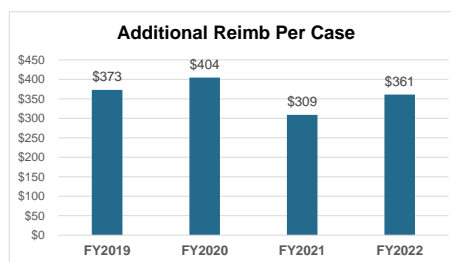
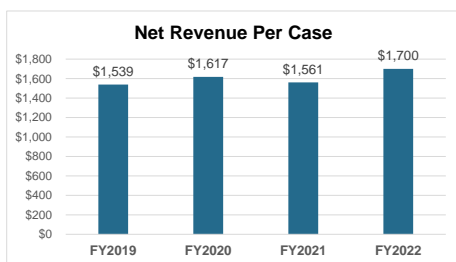


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	3,382	3,024	2,597	2,694	▲ 4%	
Patient Days	5,063	4,331	3,631	3,845	▲ 6%	
ALOS	1.50	1.43	1.40	1.43	▲ 2%	
Net Revenue	\$5,203,927	\$4,891,221	\$4,054,258	\$4,580,205	▲ 13%	
Additional Reimb	\$1,257,490	\$1,223,130	\$802,293	\$972,591	▲ 21%	
Direct Cost	\$2,993,080	\$2,836,321	\$2,212,480	\$2,449,802	▲ 11%	
Contribution Margin	\$2,210,847	\$2,054,900	\$1,841,778	\$2,130,404	▲ 16%	
Indirect Cost	\$1,310,512	\$1,312,851	\$1,060,976	\$953,340	▼ -10%	
Net Income	\$900,335	\$742,049	\$780,802	\$1,177,064	▲ 51%	
Net Revenue Per Case	\$1,539	\$1,617	\$1,561	\$1,700	▲ 9%	
Additional Reimb Per Case	\$373	\$404	\$309	\$361	▲ 17%	
Direct Cost Per Case	\$885	\$938	\$852	\$909	▲ 7%	
Contrb Margin Per Case	\$654	\$680	\$709	\$791	▲ 12%	
CM w/o Add Reim Per Case	\$282	\$275	\$400	\$430	▲ 7%	

### PER CASE TRENDED GRAPHS



# KAWEAH HEALTH ANNUAL BOARD REPORT

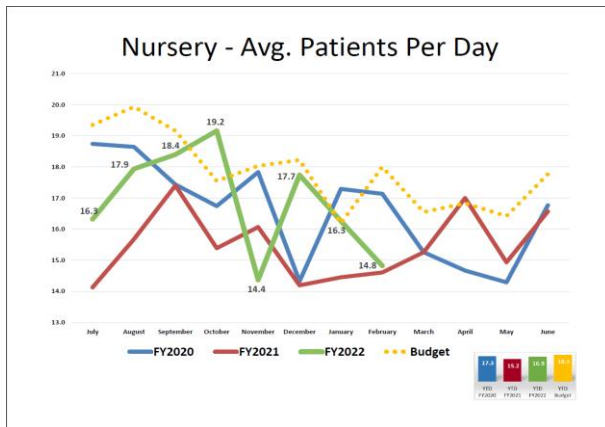
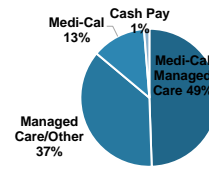
## Maternal Child Health Services - *Inpatient Normal Newborns Service Line*

FY2022 Annualized

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

PAYER	FY2019	FY2020	FY2021	FY2022
Medi-Cal Managed Care	48%	47%	50%	49%
Managed Care/Other	36%	37%	36%	37%
Medi-Cal	16%	15%	13%	13%
Cash Pay	1%	1%	1%	1%

FY 2022 Payer Mix



Notes:  
 Source: Inpatient Service Line Report  
 Selection Criteria: ServiceLine = Normal Newborn

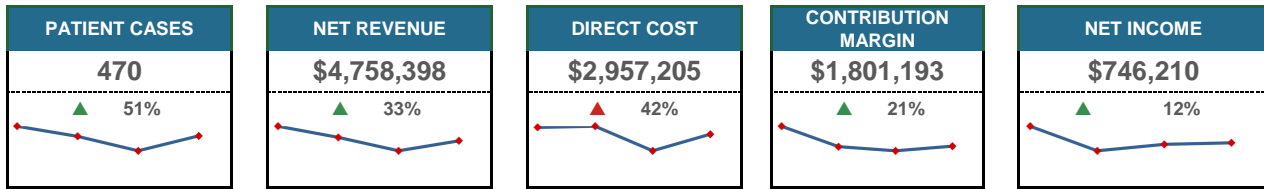
# KAWEAH HEALTH ANNUAL BOARD REPORT

## Maternal Child Health Services - Inpatient Pediatrics (Age < 19)

Excludes Normal Newborn, OB/Delivery, Other OB and Neonatology Service Lines

FY2022 Annualized

### KEY METRICS - FY 2022 Eight Months Ended February 28, 2022 Annualized



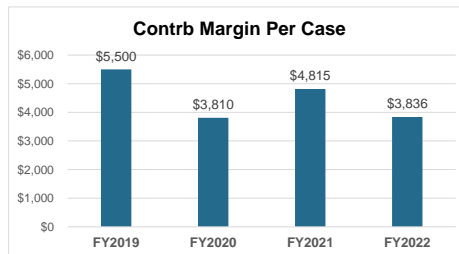
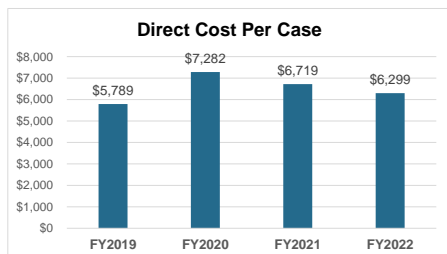
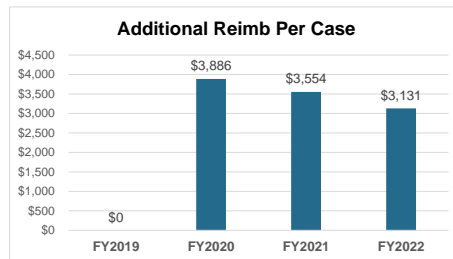
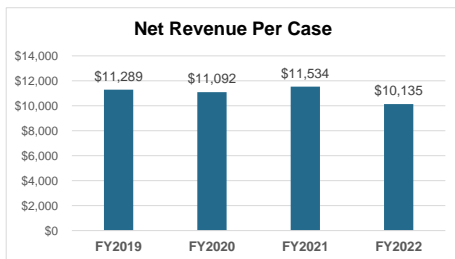
\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

\*Annualized

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	574	465	310	470	▲ 51%	
Patient Days	1,702	1,398	1,152	1,572	▲ 36%	
ALOS	2.97	3.01	3.72	3.35	▼ -10%	
Net Revenue	\$6,479,960	\$5,157,894	\$3,575,494	\$4,758,398	▲ 33%	
Additional Reimb	\$2,206,148	\$1,807,045	\$1,101,736	\$1,469,815	▲ 33%	
Direct Cost	\$3,322,689	\$3,386,155	\$2,082,784	\$2,957,205	▲ 42%	
Contribution Margin	\$3,157,271	\$1,771,739	\$1,492,710	\$1,801,193	▲ 21%	
Indirect Cost	\$1,564,168	\$1,432,233	\$826,119	\$1,054,983	▲ 28%	
Net Income	\$1,593,103	\$339,506	\$666,591	\$746,210	▲ 12%	
Net Revenue Per Case	\$11,289	\$11,092	\$11,534	\$10,135	▼ -12%	
Additional Reimb Per Case		\$3,886	\$3,554	\$3,131	▼ -12%	
Direct Cost Per Case	\$5,789	\$7,282	\$6,719	\$6,299	▼ -6%	
Contrb Margin Per Case	\$5,500	\$3,810	\$4,815	\$3,836	▼ -20%	
CM w/o Add Reim Per Case		(\$76)	\$1,261	\$706	▼ -44%	

### PER CASE TRENDED GRAPHS



# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2022 Annualized

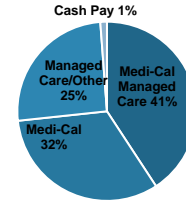
## Maternal Child Health Services - *Inpatient Pediatrics (Age < 19)*

Excludes Normal Newborn, OB/Delivery, Other OB and Neonatology Service Lines

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

PAYER	FY2019	FY2020	FY2021	FY2022
Medi-Cal Managed Care	44%	40%	40%	41%
Medi-Cal	35%	30%	31%	32%
Managed Care/Other	20%	28%	24%	25%
Cash Pay	1%	1%	2%	1%

### FY 2022 Payer Mix

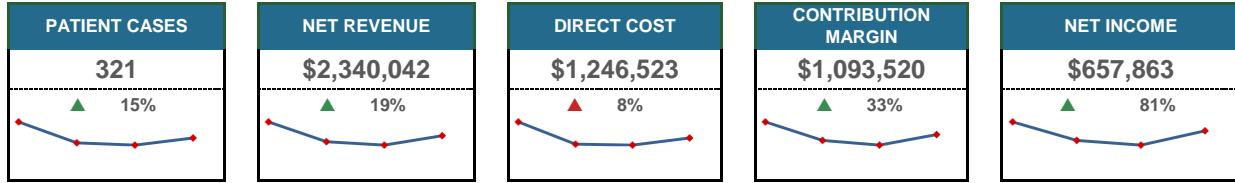


Notes:

Source: Inpatient Service Line Report

Selection Criteria : Pediatric Patients Ages 0-18, KDMC campus only, excluding the following Service Lines: OB/Delivery, Other OB, Normal Newborn, Neonatology.

**KEY METRICS - FY 2022 Eight Months Ended February 28, 2022 Annualized**

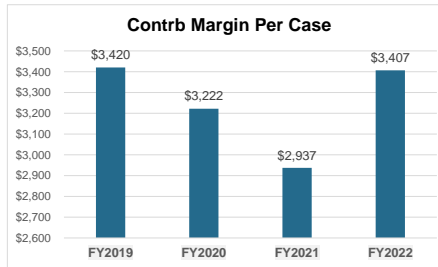
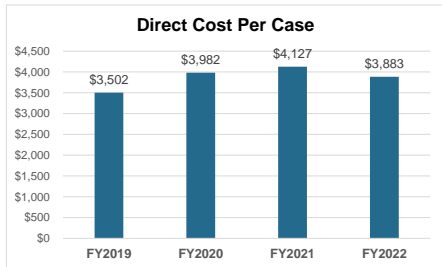
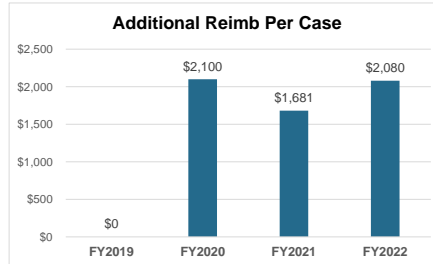
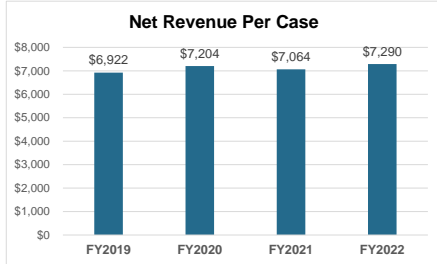


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

**METRICS SUMMARY - 4 YEAR TREND**

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	417	292	279	321	▲ 15%	
Patient Days	982	687	716	809	▲ 13%	
ALOS	2.4	2.4	2.6	2.5	▼ -2%	
Net Revenue	\$2,886,537	\$2,103,549	\$1,970,816	\$2,340,042	▲ 19%	
Additional Reimb	\$783,569	\$613,057	\$468,988	\$667,697	▲ 42%	
Direct Cost	\$1,460,280	\$1,162,784	\$1,151,322	\$1,246,523	▲ 8%	
Contribution Margin	\$1,426,257	\$940,765	\$819,494	\$1,093,520	▲ 33%	
Indirect Cost	\$581,835	\$481,079	\$455,987	\$435,657	▼ -4%	
Net Income	\$844,422	\$459,686	\$363,507	\$657,863	▲ 81%	
Net Revenue Per Case	\$6,922	\$7,204	\$7,064	\$7,290	▲ 3%	
Additional Reimb Per Case		\$2,100	\$1,681	\$2,080	▲ 24%	
Direct Cost Per Case	\$3,502	\$3,982	\$4,127	\$3,883	▼ -6%	
Contrb Margin Per Case	\$3,420	\$3,222	\$2,937	\$3,407	▲ 16%	
CM w/o Add Reim Per Case		\$1,122	\$1,256	\$1,327	▲ 6%	

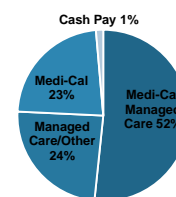
**PER CASE TRENDED GRAPHS**



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

PAYER	FY2019	FY2020	FY2021	FY2022
Medi-Cal Managed Care	56%	60%	56%	52%
Managed Care/Other	25%	23%	29%	24%
Medi-Cal	19%	15%	14%	23%
Cash Pay	1%	2%	1%	1%

**FY 2022 PAYOR MIX**



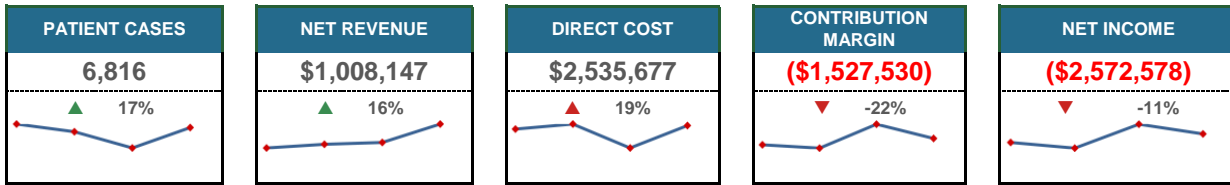
Notes:  
 Source: Inpatient Service Line Reports  
 Selection Criteria: ServiceLine = OTHER OB

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Maternal Child Health Services - *Outpatient Obstetrics Service Line*

FY2022 Annualized

### KEY METRICS - FY 2022 Eight Months Ended February 28, 2022 Annualized

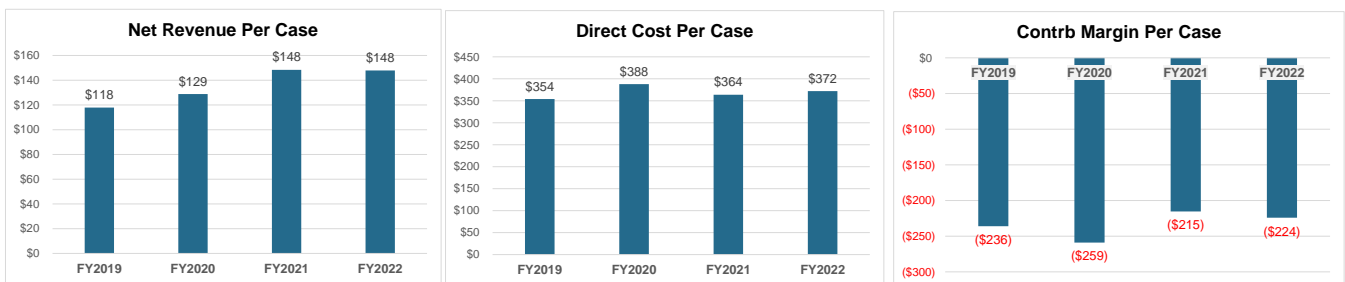


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

Metric	FY2019	FY2020	FY2021	FY2022	% Change from Prior Yr	4 Yr Trend
Patient Cases	6,981	6,611	5,834	6,816	▲ 17%	
Net Revenue	\$823,241	\$851,755	\$865,775	\$1,008,147	▲ 16%	
Direct Cost	\$2,470,615	\$2,563,841	\$2,122,266	\$2,535,677	▲ 19%	
Contribution Margin	(\$1,647,374)	(\$1,712,086)	(\$1,256,491)	(\$1,527,530)	▼ -22%	
Indirect Cost	\$1,143,084	\$1,226,540	\$1,068,869	\$1,045,049	▼ -2%	
Net Income	(\$2,790,458)	(\$2,938,626)	(\$2,325,360)	(\$2,572,578)	▼ -11%	
Net Revenue Per Case	\$118	\$129	\$148	\$148	▶ 0%	
Direct Cost Per Case	\$354	\$388	\$364	\$372	▲ 2%	
Contrb Margin Per Case	(\$236)	(\$259)	(\$215)	(\$224)	▼ -4%	

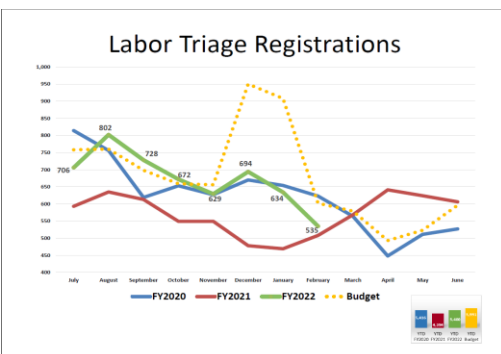
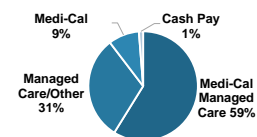
### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (Vists)

PAYER	FY2019	FY2020	FY2021	FY2022
Medi-Cal Managed Care	62%	57%	58%	59%
Managed Care/Other	24%	27%	31%	31%
Medi-Cal	14%	15%	10%	9%
Cash Pay	0%	1%	1%	1%

### FY 2022 PAYOR MIX



Notes:

Source: Outpatient Service Line Reports  
Selection Criteria : ServiceLine = OP Obstetrics



April 27, 2022

Stephanie A. Johnson Esq.  
Johnson Moore  
100 E. Thousand Oaks Blvd., Suite 229  
Thousand Oaks, CA 91360

**Sent via Certified Mail No.  
70201290000129798292  
Return Receipt Required**

**RE: Notice of Rejection of Claim of Henry L. Oney vs. Kaweah Health**

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on March 15, 2022, was rejected on its merits by the Board of Directors on April 27, 2022

**WARNING**

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

Sincerely,

Mike Olmos  
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law





April 27, 2022

Kenneth M. Sigelman, Esq.  
Kenneth M. Sigelman & Associates  
1901 First Avenue, 2nd Floor  
San Diego, CA 92101-2382

**Sent via Certified Mail No.  
70160340000002566936  
Return Receipt Required**

**RE: Notice of Rejection of Claim of Alondra Nunez vs. Kaweah Health**

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on February 25, 2022, was rejected on its merits by the Board of Directors on April 27, 2022

**WARNING**

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

Sincerely,

Mike Olmos  
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law



April 27, 2022

**Sent via Certified Mail No.  
70201290000129798308  
Return Receipt Required**

Kenneth M. Sigelman, Esq. Kenneth  
M. Sigelman & Associates  
1901 First Avenue, 2nd Floor  
San Diego, CA 92101-2382

**RE: Notice of Rejection of Claim of Xavien Burns-Nunez vs. Kaweah Health**

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on February 25, 2022, was rejected on its merits by the Board of Directors on April 27, 2022

**WARNING**

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

Sincerely,

Mike Olmos  
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

April 27, 2022

Carl A. McMahan, Esq.  
McMahan Law  
11755 Wilshire Blvd. Suite 2370  
Los Angeles, CA 90025

**RE: Notice of Granting of Application for Leave to Present Late Claim for Moises Mora**

NOTICE IS HEREBY GIVEN that the Application for Leave to Present Late Claim on Behalf of Claimant Moises Mora, dated March 14, 2022, which you presented to Kaweah Health on March 14, 2022, was granted on April 27, 2022.

**RE: Notice of Rejection of Claim of Moises Mora**

NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of Directors of Kaweah Health on March 14, 2022 was rejected on its merits by the Board of Directors on April 27, 2022

**WARNING (Pursuant to Govt. Code §913(b))**

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6.

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

Mike Olmos  
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law



April 27, 2022

Christopher Renfro  
P.O. Box 495  
Tipton, CA 93272

**RE: Notice of Return of Untimely Claim of Christopher Renfro v. Kaweah Delta Health Care District**

Notice is hereby given that the claim, which you presented to the Board of Directors of the Kaweah Delta Health Care District on March 28, 2022, is being returned because it was not presented within six months after the event or occurrence as required by law. See Section 901 and 911.2 of the Government Code. Because the claim was not presented within the time allowed by law, no action was taken on the claim.

**WARNING**

Your only recourse at this time is to apply without delay to Kaweah Delta Health Care District for leave to present a late claim. See Section 911.4 to 912.2, inclusive, and Section 946.6 of the Government Code. Under some circumstances, leave to present a late claim will be granted. See Section 911.6 of the Government Code.

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

If you dispute the Board of Directors of Kaweah Delta Health Care District's conclusion that your claim was untimely, the following warning may be applicable.

Sincerely,

Michael Olmos  
Secretary/Treasurer, Board of Directors

cc: Rachele Berglund, Attorney at Law

# 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](http://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](http://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 RESPONSIBILITIES - 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) 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 within the jurisdiction 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, Chief Strategy Officer, 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 (CQO), 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 assets 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 health 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~~ an Executive Team member 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~~ a member of the Executive Team, 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 ~~26<sup>th</sup>~~-27<sup>th</sup> day of ~~January~~April, 2022.

President  
Kaweah Delta Health Care District

Secretary/Treasurer  
Kaweah Delta Health Care District



Policy Number: AP39	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Executive Team A	
<b>Catering Guidelines</b>	

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

**Policy:** The primary purpose of the Catering Department within the District is to provide catering service to the staff of ~~Kaweah Delta Health Care District~~Kaweah Health. Non-profit groups may schedule an event as space and services are available.

**Procedure:** The Food & Nutrition Service Departments of ~~the District~~Kaweah Health will provide full catering for meetings of the ~~District~~Kaweah Health Board, Administration, Medical Executive Committee and Foundation without ~~Vice President (VP)~~Executive Team authorization. In addition Medical Staff committee meetings and Human Resource meetings do not require ~~VP~~Executive Team authorization. All other request for catering exceptions must be approved by the ~~VP~~Executive Team member who oversees of the requesting department.

All requests for ~~room reservations and catering for~~ standing meetings are to be completed using Catertrax Online. ~~Standing meeting can be made Via CaterTrax online up to 12 months in advance. HR Online by November 15<sup>th</sup> for the following year. Confirmations will be sent automatically by HR Online. The on-line catering system is set up to have 15 minute increments in between catering events to allow staff time for clean-up, and set-up of catering events.~~

All catering events are charged to departments or areas using the service. Hospital District representatives will utilize in-house catering unless ~~a VP~~an Executive Team member authorizes otherwise or unless outside catering is more cost effective. Charges are based on the number of guests ordered not the number of guests who were serviced. When rooms are reserved with no food ordered, the group is responsible for returning the room to its original condition. ~~If the room is not left clean and orderly, the group will be charged a fee of \$30.00 per room. N.~~ A minimum charge of \$25 will be assessed for orders not meeting the minimum amount of \$25 unless approved by the Vice President.

A catering menu is available online via CaterTrax. ~~HR Online. At the Downtown Campus, all~~ All catering requests must be received within the Food & Nutrition Service Department no less than 48 Hours prior to the actual occurrence of the event or meeting.

Commented [HL1]: VP's have not been approving. Can be designated to be approved in Catertrax system.

Commented [HL2]: We don't charge a fee from FNS

Commented [HL3]: We

Full meal service will be limited to meetings held in any of the district facilities; ~~ddowntown~~ Medical Center campus, south campus and west campus. Please call 624-~~5084-2727~~ for pre-approval of other sites.

#### PROCEDURE:

##### I. Catering Requests ~~s-Forms~~

Catering Requests can only be made using CaterTrax. Access to Catertrax will be granted to authorized personnel by calling The food service department at ext. 2781. forms are available on the KDNNet via HR Online . The on-line request form must be completed appropriately providing all necessary information and must be received by food services-Catering Reservations 48 hours prior to the for event.~~s~~ Any changes to the original order must be done prior to 24 hours of the event.

##### II. Food & Nutrition Service requires 24 -hour notice for cancellation of a scheduled catering event. Failure to provide 24 -hour notice will result in the ordering department being charged for food cost of the event. The department/individual that ordered the event is responsible for canceling the event online using CaterTrax Online. using HR Online.

##### III. Completion of Catering Request ~~Forms~~

A. The On-line Catering Request ~~-form~~ must contain all of the information requested including:

1. Name, telephone number, and department of individual requesting service;
2. Name, date, day, time, and location of event;
3. Number of individuals expected to attend; and,
4. Menu items requested.

B. If after the catering request form has been completed and submitted via ~~HR Online~~ and the information provided requires revision, i.e., number of individuals attending changes, it is the responsibility of the requester to immediately notify Catering Reservations at (559) 624-2292 with updated information.

Commented [HL4]: Catertrax

##### ~~III. Catering Menu call 2727 or 2292~~

##### IV. Cost Accounting

Department catering cost reports are available from CaterTrax Online. A monthly summary of costs associated with catering will be prepared and forwarded to the Manager of departments utilizing catering services. A monthly summary of the catering costs will be forwarded to tThe Finance Department will transfer and these costs will be transferred to the requesting departments cost center.

##### V. Catering Guidelines for Service

#### Catering Guidelines for service

#### Catering Guidelines

#### Type of Food Service Available

<b>Hospital Committees</b>	Menus developed with the Executive Chef
<b>Board Committees</b>	Menus developed with the Executive Chef
<b>Dept Meetings &lt; 2 hrs</b>	Call 624- <del>27275084</del>
<b>Dept Meetings &gt; 2 hrs</b>	Call 624- <del>50842727</del>
<b>Open House</b>	Menu to be developed with Food and Nutrition Service
<b>Educational Events</b>	
Lamaze Class	Beverage Service Only
Staff Member Class	Beverage Service Only
Community Class	Beverage/Muffins or Cookies
Student Tours	Juice and Cookies
<b>Special Events</b>	Special Requests require <u>VP_Executive Team member</u> Signature
<b>Outside Groups</b>	Special Requests require <u>VP_Executive Team member</u> Signature

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



Policy Number: AP31	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
<b>Physician Referral</b>	

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

**POLICY:** When requested to recommend and/or make a referral to a physician, Kaweah Delta Health Care District dba Kaweah Health staff will direct the requesting individual to the Kaweah HealthDelta website ([www.kaweahhealthdelta.org](http://www.kaweahhealthdelta.org)), PHYSICIANS tab. If the requestor does not have computer access, staff will provide the requesting individual with a list of applicable medical staff members of the applicable specialty or subspecialty.

Field Code Changed

During normal business hours, staff may direct the requesting individual to the medical staff office; after hours to PBX.

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



Policy Number: BOD7	Date Created: 10/30/2013
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Approvers: Board of Directors (Administration)	
<b>Presentation of Claims and Service Process</b>	

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

**POLICY:** Suits for money or damages filed against a public entity such as Kaweah Delta Health Care District dba Kaweah Health are regulated by statutes contained in division 3.6 of the California Government Code, commonly referred to as the Government Claims Act. Government Code § 905 requires the presentation of all claims for money or damages against local public entities such as Kaweah Health, subject to certain exceptions. Claims for personal injury and property damages must be presented within six (6) months after accrual; all other claims must be presented within one (1) year.

Presentation of a claim is generally governed by Government Code § 915 which provides that a claim, any amendment thereto, or an application for leave to present a late claim shall be presented to Kaweah Health by either delivering it to the clerk, secretary or auditor thereof, or by mailing it to the clerk, secretary, auditor, or to the governing body at its principal office.

Service of process on a public entity such as Kaweah Health is generally governed by Code of Civil Procedure § 416.50 which provides that a summons may be served by delivering a copy of the summons and complaint to the clerk, secretary, president, presiding officer or other head of its governing body.

This policy is intended to precisely identify those individuals who may receive claims on behalf of Kaweah Health and those individuals who may receive a summons and complaint on behalf of Kaweah Health.

**PROCEDURE:**

**I. Presentation of a Government Claim**

- A. Personal Delivery. Only the Board Clerk, the Board Secretary, or the Auditor are authorized to receive delivery of a Government Claim on behalf of Kaweah Health. In the absence of the Board Clerk, the Board Secretary, and the Auditor, the ~~Vice President~~, Chief Compliance and Risk Officer is authorized to receive personal delivery of a government claim on behalf of Kaweah Health. No other individual is authorized to receive delivery of a Government Claim on behalf of Kaweah Health.
- B. Mailing. Only the Board Clerk, the Board Secretary, or the Auditor are authorized to receive mailing of a Government Claim on behalf of Kaweah Health. No other

individual is authorized to receive mailing of a Government Claim on behalf of Kaweah Health, unless the claim is addressed to the Board of Directors and mailed to the Board of Directors of Kaweah Health at 400 West Mineral King Avenue, Visalia, CA, 93291, the principal office of the Board of Directors.

- C. Processing a Presented Claim. If a claim is (1) delivered to the Board Clerk, the Board Secretary, or the Auditor. In the absence of the Board Clerk, the Board Secretary, and the District's Auditor, the ~~Vice President~~, Chief Compliance and Risk Officer is authorized to receive personal delivery of a government claim on behalf of the District; or (2) received in the mail addressed to the Board Clerk, the Board Secretary, or the Auditor; or (3) received in the mail addressed to the Board of Directors of Kaweah Health at 400 West Mineral King Avenue, Visalia, CA, 93291, the claim shall be immediately provided to the Board Clerk so the date, time and manner of delivery/ mailing can be recorded by the Board Clerk in a log to be maintained in the Board Clerk's office. The Board Clerk shall then make prompt arrangements to have a copy of the claim, as well as the log information for the claim, provided to the Kaweah Health Risk Management Department and to the legal counsel for Kaweah Health who will be representing Kaweah Health with respect to the claim. In the event that a claim is accepted by the Auditor, in the absence of the Board Clerk, the claim shall be marked with the date/time and manner of delivery/ mailing recorded. The claim shall be immediately forwarded to the Risk Management Department to be processed as noted above.

If delivery of a claim is attempted on any individual other than the Board Clerk, the Board Secretary, or the Auditor, then the person attempting delivery shall be advised by the individual on whom delivery of a claim is being attempted that he/she is not authorized to receive delivery of a claim on behalf of Kaweah Health and he/she shall decline to accept delivery. If a claim is delivered to any individual other than the Board Clerk, the Board Secretary, or the Auditor, then the claim shall be promptly forwarded directly to Kaweah Health's general counsel for possible return to the sender. The general counsel shall advise the District's Risk Management Department of the handling of the improperly presented claim.

If a claim is received in the mail that is not addressed to the Board Clerk, the Board Secretary, or the Auditor and is not addressed to the Board of Directors of the District at 400 West Mineral King Avenue, Visalia, CA, 93291, then the claim shall be promptly forwarded directly to Kaweah Delta's general counsel for possible return to the sender. Kaweah Delta's general counsel shall advise the Risk Management Department of the handling of the improperly presented claim.

## II. **Service of Summons and Complaint.**

- A. Personal Delivery. Only the Board Clerk, the Board Secretary or the Board President is authorized to accept delivery of a summons and complaint on behalf of Kaweah Delta. In the absence of the Board Clerk, the Board Secretary, or the Board President, the Chief Compliance and Risk Management Officer is authorized to receive personal delivery of a Summon and Complaint on behalf of Kaweah Delta. In the absence of the Board Clerk, Board Secretary, Board President and the Chief Compliance and Risk Management Officer, the Administration

Department staff will contact Kaweah Delta's general counsel who will advise how to proceed with the service of the summons and complaint. No other individual, and no other manner of service, is authorized in the absence of a court order or a specific authorization from the Board President, who is granted limited authority as described in this policy.

- B. Processing a Delivered Summons and Complaint.** If a summons and complaint are delivered to the Board Clerk, the Board Secretary or the Board President, they shall be immediately provided to the Board Clerk so the date, time and manner of delivery can be recorded by the Board Clerk in a log to be maintained in the Board Clerk's office. In the absence of the Board Clerk, the Board Secretary, or the Board President, the Vice President, Chief Compliance & Risk Management Officer is authorized to receive personal delivery of a Summon and Complaint on behalf of the District. The Board Clerk shall then make prompt arrangements to have a copy of the summons and complaint, as well as the log information for the summons and complaint, provided to the Risk Management Department and to the legal counsel for Kaweah Health who will be representing Kaweah Health with respect to the litigation.

If service of a summons and complaint is attempted on any individual other than the Board Clerk, the Board Secretary or the Board President, then the person attempting delivery shall be advised by the individual on whom delivery is being attempted that he/she is not authorized to accept service of a summons and complaint on behalf of Kaweah Health and he/she shall decline to accept service.

An exception to the forgoing may be made only in circumstances where legal counsel for Kaweah Health receives prior authorization from the Board President to accept service of a summons and complaint on behalf of Kaweah Health.

If a summons and complaint is received under circumstances other than by delivery to the Board Clerk, the Board Secretary or the Board President, or through receipt by legal counsel with prior authorization from the Board President to accept service on behalf of Kaweah Health, then the summons and complaint shall be promptly forwarded directly to Kaweah Health's general counsel for possible return to the party who attempted service. Kaweah Health's general counsel shall advise the Risk Management Department of the handling of the improperly served summons and complaint.

*"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."*





<b>Policy Number:</b> BOD2	<b>Date Created:</b> 09/01/2004
<b>Document Owner:</b> Cindy Moccio (Board Clerk/Exec Assist-CEO)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration)	
<b>Chief Executive Officer (CEO) Transition</b>	

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

**PURPOSE:** It is the belief of the Board of Directors of Kaweah Delta Health Care District dba Kaweah Health that the continued proper functioning of the District, the maintenance of the highest quality of patient care and the preservation of the District’s financial integrity require that the District have a pre-established and orderly process for replacement of the CEO, in the event of the CEO’s death, disability or termination of his/her employment relationship with the District.

Accordingly the Board adopts the following policy.

**POLICY:**

- I. **Temporary Succession of CEO when unable to perform duties.** In the event the CEO becomes unable to perform his/her duties as the result of death or the sudden onset of disability, or in the event the Board decides to immediately terminate the District’s employment relationship with the CEO, the Chief Nursing Officer shall immediately assume those responsibilities pending further action of the Board Of Directors. In the event the Chief Nursing Officer is unable to immediately assume those responsibilities because of death, disability or vacancy in the position of Chief Nursing Officer, then the Chief Financial Officer shall immediately assume those responsibilities pending further action of the Board of Directors.
- II. **Death of the CEO** - In the event of the CEO’s death, the Board shall immediately commence the process for hiring a new CEO.
- III. **Temporary Disability of the CEO** - If the disability of the CEO is temporary, as determined by Board in the reasonable exercise of its discretion, after reviewing appropriate medical information, the CEO shall again assume the duties of CEO as soon as he/she is able.
- IV. **Permanent Disability of the CEO** - If the disability of the CEO is permanent (i.e. will extend for 6 months or more) and prevents the CEO from performing his/her duties, as determined by the Board in the reasonable exercise of its discretion, after reviewing appropriate medical information, the Board may terminate the CEO’s contract, in accordance with the contract provisions, and commence the process for hiring a new CEO.
- V. **Voluntary termination of the CEO’s employment contract** - If the CEO advises the Board of his/her intention to voluntarily end his/her employment relationship with the District, or if

the Board makes a decision to terminate the CEO's contract or a decision not to renew the CEO's contract at the expiration of its term, the Board shall commence the process for hiring a new CEO expeditiously so as to minimize, or avoid if possible, the time during which there would be no CEO under contract with the District.

#### VI. **Involuntary Termination of the CEO**

- A. Basis. During the term of his/her contract, the CEO's employment may be terminated by the Board if the CEO fails to properly carry out the responsibilities of the CEO, if the CEO engages in conduct which reflects poorly on the District, if the CEO engages in conduct which is criminal or which involves moral turpitude, or if, for any other reason, the Board loses confidence in the CEO's ability to properly discharge the duties of CEO.
- B. Interim Suspension. In the event the Board makes a preliminary determination to terminate the employment of the CEO, the Board shall have the right, in the exercise of its discretion, to immediately suspend all or any part of the responsibilities of the CEO, pending the outcome of the hearing described in Subparagraph 3 below.
- C. Confirmatory Hearing. If the Board makes a decision to terminate the employment of the CEO, the CEO shall have the right, within five (5) days of being advised of the Board's decision, to request, in writing, a hearing on the Board's decision. The written request shall be delivered to the Board President. Failure to request a hearing within that time, and in the manner described, shall be deemed a waiver of the hearing.

If properly requested, the hearing shall be held within ten (10) days of the CEO's request and shall be conducted before one of the personnel hearing officers appointed by the Board to conduct personnel hearings of District employees. The purpose of the hearing will be to allow the hearing officer to review the evidence relevant to the Board's decision to terminate the employment of the CEO, and to have the hearing officer render an opinion indicating his/her agreement or disagreement with the Board's decision. Each side may be represented by counsel and may offer oral and/or documentary evidence and may cross examine the witnesses who testify. The strict rules of evidence will not apply. The hearing officer will have the discretion to admit or deny whatever evidence he/she deems appropriate and to give whatever weight he/she deems warranted to the evidence admitted. The hearing officer will render a written opinion within two (2) days of the hearing.

The decision of the hearing officer is advisory only. Nothing in this policy or in the conduct of the hearing shall be interpreted or deemed to reflect a right in the CEO to continued employment beyond the specific terms of this policy and the CEO's contract.

#### VII. **Hiring of a new CEO**

- A. Recruitment and Search. When it becomes necessary for the Board to replace the CEO, the District will look internally as well as advertising the position widely and/or engage a consultant to assist in the search, in a manner which the Board determines at that time will be effective for attracting qualified candidates. If, however, in the Board's opinion, a qualified candidate (or candidates) are already employed by the District, the Board, at

its discretion, may waive the foregoing requirements. The Board may consult with the District's ~~Vice President for~~Chief Human Resources Officer to acquire information on processes available for advertising the position or for engaging a consultant to assist in the search for a new CEO. At the time of the search, the Board will establish criteria for selecting its new CEO.

- B. Interviews of Prospective CEO Candidates. Interviews of prospective CEO candidates will be done by the entire Board. The Board will determine in the exercise of its discretion if individuals other than elected Board members will participate in the actual CEO candidate interviews. In the course of evaluating potential candidates, the Board will consult with the President of the District's Medical Staff and ask him/her to make recommendations to the Board on the candidates under consideration.
- C. CEO Contract. The CEO shall be employed for a definite period of time pursuant to a written contract which sets forth the specific terms of the CEO's employment, including the compensation and other consideration to be paid, the term of the agreement, a detailed description of the duties of the CEO, the specific criteria to be used by the Board to evaluate the CEO's performance, and the bases upon which the contract can be terminated by either the Board or the CEO. The contract shall require the CEO to provide at least six (6) months' notice of the CEO's voluntary termination of the contract.

It is the policy of the District to compensate the CEO in a manner that is appropriately competitive in the marketplace, taking into consideration, among other things, the compensation paid to CEOs of similar sized California hospitals. Accordingly, the Board will review surveys of salaries paid to CEOs of California hospitals as part of the process of setting the CEO's compensation. The Board may consult with the District's ~~Vice President for~~Chief Human Resources Officer to acquire information on available survey information.

*"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."*



Subcategories of Department Manuals  
not selected.

Policy Number: EOC 1033	Date Created: 01/11/2022
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness), Cindy Moccio (Board Clerk/Exec Assist-CEO), Maribel Aguilar (Safety Officer/Life Safety Mgr)	
<b>Water Management Program</b>	

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

**Purpose:**

To avoid risk of waterborne pathogens, specifically Legionella, causing patient/employee harm.

**Policy:**

- A. The Water Management Program is managed and executed by representatives from Administration, Facilities, Environmental Services, Laboratory, and Infection Prevention. The plan is reviewed annually and when any of the following events occur:
  1. New construction
  2. Changes in treatment products (e.g. disinfectants)
  3. Changes in water usage (e.g. restrictions due to drought)
  4. Changes in municipal water supply
  5. One or more cases of Legionella are identified
  6. Changes occur in applicable laws, regulations, standards, or guidelines

**Procedure:**

- I. Maintenance
  1. Routine Testing
    - a. Water sample testing performed at least weekly on cooling towers for total dissolved solids, Biocide concentration, and scale.
    - b. Logs kept are kept in Facilities.
  2. EVS routinely runs ~~unused~~ showers in patient rooms for approximately 2 minutes or until water is warm during the cleaning process.
  3. Water Flow System Diagrams with descriptions
  
- II. Risks

- A. Legionellosis is a waterborne disease. Man-made water supplies that aerosolize water, such as potable water systems (showers), air conditioning cooling towers, whirlpool spas, and decorative fountains, are the common sources for transmission. Conditions conducive to Legionella growth include warm water temperatures (25-42°C), stagnation, scale and sediment, and low biocide levels.
- B. There are more than 34 known species and more than 50 serogroups of Legionella. Many of the species have not been implicated in disease. The Legionella pneumophila serogroup 1 is most frequently implicated in disease and most frequently found in the environment.
- C. The incubation period for Legionnaires Disease is 2 to 10 days.
  - 1. Clinical description of Legionellosis is associated with two clinically and epidemiologically distinct illnesses:
    - a. Legionnaires' disease, which is characterized by fever, myalgia, cough, and clinical or radiographic pneumonia; and
    - b. Pontiac Fever, a milder illness without pneumonia

D. Legionella pneumophila is ubiquitous in aquatic systems. Susceptible individuals, specifically those who are immunocompromised, have a greater risk of contracting Legionellosis. Individuals seeking medical care typically are in a state of weakened immunity. Therefore, patients and visitors at any Kaweah Health facility have a potentially compromised immune system and must be safeguarded against risk of infection cause by Legionella pneumophila.

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#### D.E. Legionella Risk Areas

- 1. See Water Flow System Risk Area Diagrams

### III. Legionella Outbreaks

#### A. Case Classification

- 1. Hospital acquired pneumonia **and**
- 2. 1 or more of the following:
  - a. By culture: isolation of any Legionella organism from respiratory secretions, lung tissue, pleural fluid, or other normally sterile fluid.
  - b. By detection of Legionella pneumophila serogroup 1 antigen in urine using validated reagents.
  - c. By seroconversion: Fourfold or greater rise in specific serum antibody titer to Legionella pneumophila serogroup 1 using validated reagents.

#### B. Actions

- 1. Upon identification of a Legionella case, Infection Prevention will:
  - a. Perform a full investigation to determine whether the case is healthcare associated.
  - b. For healthcare associated Legionellosis, determine potential water source(s) attributed to the infection.
- 2. Notify Facilities to implement Legionella Control Measures (see Legionella

Control Measures Diagrams).

3. Report event to all appropriate agencies.

IV. Mitigation

- A. Continue to monitor for new Legionellosis cases.
- B. Consider methods to avoid future incidents.

**References:**

CDC. *Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings – A Practical Guide to Implementing Industry Standards*. June 524, 2017-2021. Version 1.1

Heyman, David, MD. *Control of Communicable Diseases Manual – Legionellosis*. American Public Health Association Press, 20<sup>th</sup> Edition. pg. 335.

State of California – Health and Human Services Agency. *Legionellosis Case Report*. CDPH 8588 (revised 7/14/)

*"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**

Subcategories of Department Manuals  
not selected.

Policy Number: EOC 4000	Date Created: 10/01/2009
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
<b>Hazard Material Management Plan</b>	

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

I. OBJECTIVE

The objectives of the Management Plan for Hazardous Materials and Waste Management at Kaweah Health (~~KDHCDKH~~) is to emphasize safety within the premises and off site areas, to promote safety awareness as a means of prevention, and to comply with all federal, state and local laws on safety and health. The hazardous materials and waste management program is designed to minimize the risks associated with exposures to hazardous materials and waste, to identify hazards, recommend appropriate corrective action, and evaluate implemented corrective action. This is accomplished through the inventory and control of hazardous materials and waste as defined by the authorities having jurisdiction, from point of entry into the facility to disposal.

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II. SCOPE

The scope of this management plan applies to ~~KDHCDKH~~, and any off site areas, per ~~KDHCD-KH~~ License.

Off-site areas are monitored for compliance with this plan during routine surveillance by Environment of Care (EOC) committee members. It is the responsibility of the Safety Officer to assess off site areas relative to their usage of hazardous materials and waste. Hazardous materials -related issues may be brought to the attention of the EOC Committee. The scope of the plan and program includes, but is not limited to the following safety-related activities: surveillance activities, and applicable safety policies and procedures, educational and performance improvement activities.

### III. AUTHORITY

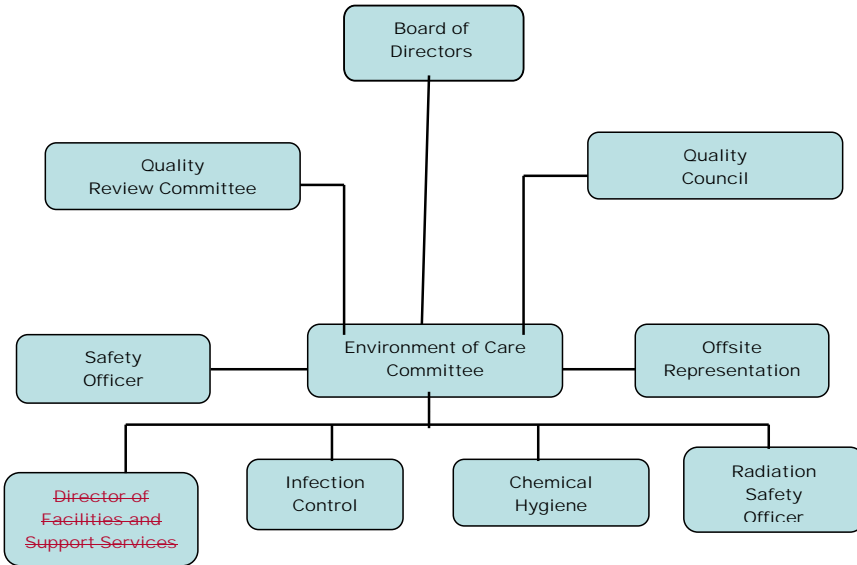
The authority for the Management Plan for Safety is EC. 01.01.01 and EC. 02.02.01. The authority for overseeing and monitoring the hazardous materials management plan and program lies in the EOC Committee, for the purpose of ensuring that hazardous materials activities are identified, monitored and evaluated, and for ensuring that regulatory activities are monitored and enforced as necessary. The ~~Director of Facilities~~Hospital Safety Officer has the authority to oversee the hazardous materials and waste program at KDHCDKH.

### IV. ORGANIZATION

The following represents the organization of hazardous materials management at KDHCDKH:



**Organization – Hazardous Materials Management**



**V. RESPONSIBILITIES**

Leadership, managers and staff have varying levels of responsibility relating to the Hazardous Materials and Waste Management program as follows:

**Board of Directors:** The Board of Directors supports the Hazardous Materials and Waste Management plan by:

- Review and feedback if applicable of the quarterly **EOC** reports
- Endorsing budget support as applicable, which is needed to implement a safety or health improvement identified through the activities of the Hazardous Materials and Waste Management Program.

**Quality Council:** Reviews annual **EOC** Committee report, and provides broad direction in the establishment of performance monitoring standards.

**Administrative Staff:** Administrative staff provides active representation on the **EOC** Committee meetings and sets an expectation of accountability for compliance with the Hazardous Materials and Waste Management Program.

**Environment of Care Committee:** **EOC** Committee members review and approve the quarterly (**EOC**) reports, which contain a Hazardous Materials and Waste Management component. Members also monitor and evaluate the Hazardous Materials and Waste Management program (EC .04.01.01-1), and afford a multidisciplinary process for resolving issues relating to hazardous materials and hazardous waste. Committee members represent clinical, administrative and support services when applicable.

**Directors and Department Managers:** These individuals support the Hazardous Materials and Waste Management Program by:

- ❑ Reviewing and correcting hazardous materials and waste management deficiencies identified through the hazard surveillance process.
- ❑ Communicating recommendations from the EOC Committee to affected staff in a timely manner.
- ❑ Developing education programs or training within each department that ensures compliance with hazardous materials and waste management policies.
- ❑ Setting clear expectations for employee participation in safe practices relating to hazardous materials and hazardous waste to include a disciplinary policy for employees who fail to meet the expectations.
- ❑ Serving as a resource for staff relating to applicable hazardous materials and waste management practices.
- ❑ Ensuring that the procedure for work-related exposures to hazardous materials is followed, and that accident investigation is completed immediately post injury or exposure, and documented on the appropriate form.
- ❑ Ensuring employees have access to the applicable spill kits in their department
- ❑ Informing employees of the location of Safety Data Sheets (SDS) and other information related to hazardous substances, and teaching employees how to obtain an SDS from KD [Compass](#): ~~Through KD Central~~.

A Hard copy of SDS is available in Emergency Department and Safety

**Employees.** Employees of ~~KDHCD-KH~~ are required to participate in the Hazardous Materials and Hazardous Waste Management Program by:

- ❑ Knowing where the SDS contact information is located
- ❑ Properly labeling hazardous waste
- ❑ Ensuring labels are present on hazardous materials
- ❑ Completing unit-specific and annual education as required, which includes a hazardous materials component
- ❑ Wearing the appropriate personal protective equipment.
- ❑ Ensuring that hazardous waste is disposed of properly.
- ❑ Staff is responsible for knowing how to access spill kits, and for following safety procedures when working with hazardous chemicals.

**Radiation Safety Officer:** The Radiation Safety Officer implements the various aspects of the radiation safety program. Some of the responsibilities are: required radiation surveys, personnel radiation exposure monitoring program, maintenance of the hospital radioactive materials license, radiation protection training program, radiation incident response, radioactive waste management and radioactive material inventory records. The Radiation Safety Officer ensures that radiation safety activities are being performed according to approved policies and procedures, and that all ALARA guidelines and regulatory requirements are complied with in the daily operation of the licensed program.

**Chemical Hygiene Officer, Pathology:** Provides guidance with spills procedures and prevention including transportation issues, oversees air monitoring requirements in Pathology and is responsible for keeping a current updated Chemical Hygiene Plan, and related requirements within the plan. The Chemical Hygiene Officer acts as a resource for departments relating to hazardous materials and waste.

**Director of Facilities and Safety Officer:**

- Provides technical guidance relating to the following, as they may impact on the Hazardous Materials program: Hazardous materials storage: site construction, planning, transportation, relocation as necessary, permits for air discharge, water discharge, UST, waste treatment and waste disposal, and any follow-up related to Air Toxic Hot Spots and Industrial Wastewater Discharge, Underground Storage Tank Monitoring,
- Ensures no hazardous waste is left on the premises from construction activities, and ensures the appropriate SDS is provided in the event hazardous materials in a product is used for work within the premises.
- Performs air-monitoring activities in the OR on an annual basis and in departments requiring monitoring due to the use of regulated chemicals (e.g., formaldehyde, xylene, glutaraldehyde).

**Medical Staff:** Medical Staff will support the Hazardous Materials and Waste Management Program by practicing safe work practices while performing procedures that include hazardous materials, and assisting in the care of employees who receive a hazardous materials exposure.

EC. 02.02.01-EP 1\_The hospital maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates. The only materials that need to be included on the inventory are those that address handling, use and storage by law and regulation.

**Criteria for Identifying, Evaluating and Inventorying Hazardous Materials:**

- A. **Identification.** The Radiation Safety Officer identifies the criteria for radioactive usage and waste at the hospital. Infection Control defines infectious waste in accordance with the applicable regulation. The Facilities Director/Safety Officer identifies the definitions of hazardous chemicals in accordance with the applicable law or regulation. Labels and warning signs are placed on hazardous chemicals, to further assist staff in knowing what the physical and health hazards are. Hazardous substances are those that create a health or physical hazard.

Any substance on the following lists is considered a hazardous material:

- 29 CFR 1910, Subpart Z, Toxic and Hazardous Substances
- The Threshold Limit Values for Chemical Substances and Physical Agents in the Work Environment, published by the American Conference of Governmental Industrial Hygienists (ACGIH).
- The Annual Report on Carcinogens published by the National Toxicology Program (NTP).
- Monographs published by the International Agency for Research on Cancer (IARC).
- If the hazardous material causes or significantly contributes to an increase in mortality or an increase in serious irreversible illness or death or if the hazardous material poses a substantial hazard to human health or the environment when improperly treated, stored, transported, or disposed of or otherwise managed.

Categories of Hazardous Waste Include:

- **Flammable/Ignitable:** Substances with a flashpoint of less than 140 degrees F. (Examples: acetone, benzene, ethylene, methanol and xylene).
- **Corrosives.** Substances with a pH of less than 2.0 or greater than 12.5; that can cause destruction of or irreversible damage to living tissue (Examples include: hydrochloric acid, sulfuric acid and sodium hydroxide).
- **Chemically Reactive:** substances such as hydrogen peroxide and picric acid that are unstable in air.
- **Toxic Substances:** Substances that meet certain specified toxicity criteria or that are included in the State EPA list of hazardous or extremely hazardous materials. (Examples include lead, mercury, chromium, arsenic and chemotherapeutics).

The definition of hazardous does not apply to the following:

- Tobacco
- Wood or wood product
- A manufactured item which is formed to a specific shape and does not release or result in exposure to a hazardous chemical, under normal conditions of use, such as pens, typewriter ribbons, and the like.
- Food, drugs, or cosmetics intended for personal consumption by employees.
- Any consumer product or hazardous substance which is used in the same manner as normal consumers use, and which use results in a duration and frequency of exposure which is not greater than exposure experienced by a consumer.
- Any drug in solid, final form for direct administration to the patient, (i.e., tablets or pills).

- B. Use of Alternate Sources.** Whenever possible, alternate chemicals are evaluated for use in an effort to contain the use of hazardous materials. For example, when possible, alkaline batteries may be substituted where mercury batteries are used, and lead-based paint will not be used. Or water-based paint will be used instead of oil-based; flammable thinners will be avoided, and only organic fertilizers will be used on the grounds. Whenever possible, evaluation will be made for hazardous materials that may be recycled, such as waste oil.

Other hazardous waste reduction strategies include:

- Available Waste Reduction Methods (source reduction, recycling) and source reduction techniques (good housekeeping practices, material substitution, modification of the technology, inventory control, regular inspections of hazardous materials and waste storage areas).
- Hazardous Items: fluorescent light tubes (recycled or manifested as hazardous waste), small household batteries (disposed as hazardous waste), asbestos waste (manifested), waste elemental mercury (subject to regulations until it is recycled), waste oil (subject to regulations until it is recycled), silver waste (treated and recycled offsite), chemotherapeutic waste and trace cytotoxic wastes (manifested), lead acid batteries (sent to a facility that fully complies with the waste management requirements for hazardous wastes).

- C. Inventory.** Policy and procedure identify the inventory process at the hospital. On an annual basis, it is the responsibility of the department directors to complete an annual

chemical inventory for the Safety Officer, and submit copies of SDS. This process increases the likelihood that the central file of all SDS is as current as possible.

#### EC.02.02.01-3 and 4

The hospital has written procedures, including the use of precautions and personal protective equipment to follow in response to hazardous material and waste spills or exposures. ~~KDHCD-KH~~ ensures Safety Data Sheets (SDS) are available for staff using hazardous materials, which identify the appropriate precautions and required personal protective equipment to be used when handling the hazardous material. Written procedures to follow in response to a hazardous material and waste spill or exposure include the following:

#### Emergency Procedures

##### A. Spills

Major Spills, i.e., spills constituting a danger or threat: In the event a hazardous spill occurs that creates an unsafe condition for personnel, patients or the hospital, 9-911 will be dialed and the local Haz-Mat Team will be summoned from the Fire Department. In addition, PBX is called, by dialing 44, to ensure that proper internal procedures are established to prevent further contamination from spills, without endangering employees (which may include evacuating staff, closing doors to contain the spill, providing caution tape to deny entry to the area). A major spill occurs under the following conditions:

- A life-threatening condition exists;
- The condition requires the assistance of emergency personnel
- The condition requires the immediate evacuation of all employees from the area or the building
- The spill involves quantities that exceed a specified volume
- The contents of the spilled material is unknown
- The spilled material is highly toxic, bio-hazardous, radioactive or flammable
- Employees feel physical symptoms from the exposure.

Minor Spills: Minor spills are spills that constitute no immediate danger or threat. Spills causing no immediate danger or threat to personnel or the District may be safely cleaned with the appropriate spill kit by the staff member involved in the spill.

#### EC.02.02.01-5 and 6

**KDHCD minimizes risks associated with selecting, handling, storing, transporting, using and disposing hazardous chemicals and radioactive materials.**

##### **Selecting, Handling, Storing, Using and Disposing Hazardous Materials (Chemicals)**

Selecting: Hazardous materials are ordered and received by the Materials Management Department, and transported to the end users. The Materials Management Department is responsible for distributing the SDS to the using department.

Handling: SDS provide guidelines to users regarding the handling of hazardous materials and wastes, including the appropriate personal protective equipment to be worn (e.g., gloves, goggles, aprons, masks, etc.), appropriate storage and proper disposal. Any questions regarding disposal are to be referred to the supervisor or Safety Officer. All chemicals must be properly labeled so they can be properly identified prior to use. Department specific policies will address handling and use

in areas such as Radiology – for radioactive substances, Laboratory – for chemicals, Environmental Services and Nursing for infectious materials.

**Storing:** Hazardous materials are stored, with attention to the appropriate segregation practices. These are determined by the using site, and by the type of chemicals to be stored. For example, acids are stored separately from bases, flammables are stored in a flammable-resistant containers. Hazardous Materials waste may not be stored on the hospital premises for more than 90 days.

**Using.** The SDS show staff information relating to specific usage regarding the hazardous chemicals. In certain instances, policies and procedures are in place, and when necessary, specialized education where necessary, that describes to staff how hazardous chemicals will be used.

**Transporting.** Hazardous materials must be transported in approved containers and carts to minimize the risk of spill or damage to the primary container. Pressure vessels/cylinders must be transported in approved carts.

**Disposing:** Disposal methods used depend on the nature of the waste material. Bio-hazardous waste is separate from hazardous waste, governed by the Medical Waste Act of 2017, and disposed in special containers, both at a terminal collection point on the using unit, and in a terminal collection point outside the hospital. Pharmaceuticals may be returned to the manufacturer/distributor, or disposed in accordance with Pharmacy policy. RCRA pharmaceutical waste is disposed of in special containers at a terminal collection point on the unit. Radioactive materials are decayed to background radiation levels on site and then disposed as normal waste or returned to the manufacturer/distributor. Trace amounts of chemotherapeutic drugs are disposed of in special chemotherapy waste receptacles. Pourable or scrapable amounts are disposed of as chemotherapy waste. If the nature of hazardous waste is not known, the Safety Officer will contract with a licensed hazardous waste hauler and request a profile of the unknown hazardous waste, and when the profile has been completed, the waste will be manifested. When a hazardous waste is manifested, the District's generator identification must be used (i.e., EPA number).

**The Management of Waste.** It is the responsibility of the hospital to determine if the waste generated is hazardous. Hazardous wastes are separated into hazardous waste streams according to their compatibility and similarity, handling requirements, recycling and disposal. Each waste stream can consist of more than one type of waste provided they are chemically and physically compatible and can be treated or recycled in the same manner. Separation is important for economic reasons. Disposal costs for different types of wastes vary, and mixing a small amount of a waste having a high disposal cost with a larger volume of other waste may not be economically feasible. Hazardous chemical waste comes from a variety of sources within the hospital. It is collected at the point of use and segregated into containers intended for only one kind of chemical waste. Waste from chemicals is not to be mixed together because of the potential for reactions. Chemical waste must be treated as follows:

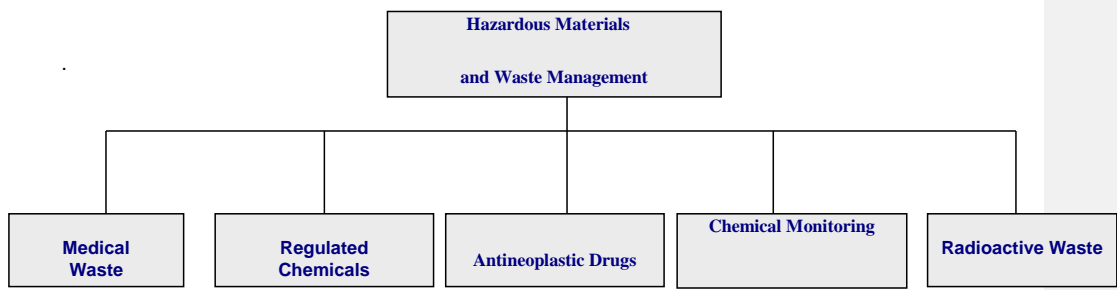
1. The chemical waste is labeled.
2. The chemical waste is placed in the appropriate container.
3. The chemical waste is removed from the area as soon as possible.
4. The chemical waste may not be stored for more than 90 days
5. The chemical waste is manifested in accordance with regulation.

**Radioactive Waste**

A large proportion of the radioactive materials used in the District have a relatively short half-life. Materials with a short half-life can be handled by storage in a safe location on-site until the radioactivity level has decayed to the point where the level of radioactivity is approaching the natural background level. The materials can be safely discharged into the regular waste stream. The following applies to radioactive waste:

- o All containers of radioactive materials are to be appropriately labeled.
- o Areas where radioactive materials and waste are stored must be secured against unauthorized entry and possible removal of the materials.
- o All “hot” and “decay” areas are to be designated as controlled areas for the purpose of surveillance and posting, and appropriate caution signs are to be used in these areas.
- o Controlled areas are to be tested or monitored with equipment capable of detecting and measuring airborne radioactive levels in order to ensure the safety and integrity of the storage area.
- o Appropriate personal protective equipment such as disposable gloves are worn whenever personnel handle radioactive materials.
- o Special handling procedures are in place for contaminated linen, water, equipment and supplies.

Special Note: Radioactivity and Safeguards: Precautions are in place relating to safeguards that minimize risk during the use, transport, storage and disposal of radioactive materials. Direct deliveries are made to the using areas by trained, certified Fed Ex personnel, and all deliveries are logged upon entering and exiting the District. The logs are kept indefinitely, under the oversight of the Radiation Safety Officer (RSO). Unused radioactive sources are shipped back to the vendor. The radioactive waste is kept at the facility for decay-in-storage and deposited in the normal trash after ten half-lives, as determined by the RSO. If radioactive materials are brought to the OR, they are carried by the RSO or Medical Physicist, with any leftover sources brought directly back to the Hot Lab by the RSO.



**EC.02.02.01-7**

KDHCD minimizes risks associated with selecting and using hazardous energy sources. Note: Hazardous emergency sources include, but are not limited to, those generated while using ionizing or non-ionizing radiation equipment and lasers.

**Radiation Safety** The hospital has a Radiation Safety Officer and radiation safety policies. Quarterly radiation safety meetings are held to monitor overall compliance with radiation and radioactive activities, and legal requirements as defined by the applicable codes. The principle of “ALARA” (As Low As Reasonably Achievable) drives how the radiation safety activities are implemented and monitored (ALARA= keeping radiation exposure as low as reasonably achievable): Radiation safety processes in place include the following, but are not limited to:

- Identification of qualifications for physicians who practice fluoroscopy.
- Record keeping, and monitoring of radiation exposures (doses, personnel dosimetry, posting, labeling, warning system. For CT, PET or NM services, staff dosimetry results are reviewed at least quarterly by the Radiation Safety Officer or diagnostic medical physicist to assess whether staff radiation exposure levels are as low as reasonably achievable (ALARA) and below regulatory limits.
- Leak testing for sealed sources
- Appropriate signage for areas where radiation may be present.
- Regulations and reporting of theft or loss of licensed materials
- Correct usage of personal protective equipment
- Equipment calibration

#### **Laser Safety**

Laser safety is the avoidance of laser accidents, especially those involving eye injuries. The safe usage of laser is subject to governmental regulations. Laser safety in the Operating Room is the responsibility of the Laser Safety Officer. Maximum permissible exposure limits are in place, and monitored. A classification system defines the type of warning labels that must be in place at specific laser emission levels.

#### **EC.02.02.01-8 and MM.01.01.03-4)**

##### **The hospital minimizes risk associated with disposing hazardous medications**

**Managing Chemotherapeutic Waste** Chemotherapeutic waste is defined as toxic substance waste, and must be placed in designated containers with covers. The container must have the appropriate label affixed to it. Chemotherapeutic waste must be segregated into two waste classifications or waste streams as follows:

1. “Trace Chemotherapeutic Waste” for trace amounts and,
2. “Pourable Hazardous Chemotherapeutic Waste” for pourable/scrapable amounts.

The Pharmacy is responsible for labeling the “Pourable Hazardous Chemotherapeutic Waste” container, and the waste generating department is responsible for labeling the “Chemotherapeutic Waste” (trace amounts).

Procedures are in place that identify where the chemotherapeutic waste will be stored, how long it will be stored, and how frequently the pick-up will be. The responsibility for the collection of trace waste is identified (Environmental Services). Hazardous chemo waste is transported through the hospital in a hazardous materials cart, separate from other wastes, to the approved storage area. Chemotherapeutic waste (trace) is transported separately from non-medical waste and manifested within 90 days as hazardous waste. The appropriate tracking documents are generated (manifests) and only licensed haulers are used to transport the waste.

#### **EC. 02.02.01-9**

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**The hospital minimizes risks associated with selecting, handling, storing, transporting, using and disposing hazardous gases and vapors.** Note: Hazardous gases and vapors include, but are not limited to, glutaraldehyde, ethylene oxide, vapors generated while using cauterizing equipment and lasers, and gases such as nitrous oxide.

#### **Minimization of Risks**

- There are practices in place to minimize the risks associated with selecting, handling, storing, transporting, using and disposing hazardous gases and vapors.
- Selection of hazardous gases and vapors. The selection of hazardous gases and vapors is based upon the effectiveness of the hazardous substance with respect to treatment options, infection prevention, and or other benefits to the care of the patient.
- Handling/Storing/Transporting/Using hazardous gases and vapors. Hazardous gases are stored in rigid containers, and handled with care by staff who transport or use the hazardous gas. Or hazardous gas may be piped into critical units, based upon need and usage (e.g., nitrous oxide). Employees are knowledgeable of the use of hazardous gases by labeling, reading the appropriate Safety Data Sheet, or by receiving unit-specific training at the department level.
- Disposal of hazardous gases and vapors. Engineering controls and or alarms are in place to minimize the escape of hazardous gases and vapors.

#### **EC. 02.02.01-10**

**The hospital monitors levels of hazardous gases and vapors to determine if they are in safe range.**

Note: Law and regulation determine the frequency of monitoring hazardous gases and vapors as well as acceptable ranges.

Internal processes that support this standard include:

- 1) Scheduled monitoring plan for hazardous gases and vapors. Annual monitoring occurs in Pathology for xylene, formaldehyde, and glutaraldehyde.
- 2) WAG System Checking in the Operating Room. The Operating room is scheduled annually for waste anesthetic gas monitoring (nitrous oxide), coordinated by Facilities.
- 3) Equipment in the OR. Procedures are in place in the Operating Room to prevent the possibility of oxygen ignition. These include “Oxygen-enriched Environment Education”, and at least one fire drill is conducted annually in the OR.

#### **EC.02.02.01-11**

**For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and materials safety data sheets required by law and regulation.**

Internal processes that support these activities include:

Permits, Licenses: All permits and licenses (e.g., permit to generate hazardous and biological waste, permit for an Underground Storage Tank, Hazardous Materials disclosure fees, ) are maintained in the Facilities Department. It is the responsibility of Facilities personnel to ensure the permits are current on an annual basis with the agency having jurisdiction.

#### **EC.02.02.01-12**

**~~KDHCD-KH~~ labels hazardous materials and waste. Labels identify the contents and hazard warnings.**

Footnote: The Occupational Safety and Health Administration’s (OSHA) Bloodborne Pathogens and Hazard Communications Standards and the National Fire Protection (NFPA) provide details on labeling requirements.

Labeling of Hazardous Materials: All hazardous materials used throughout the District must be labeled with the information that is generated from the manufacturer. If a hazardous material is transferred from the original container to a secondary container, the secondary container must have the same information as the manufacturer’s label, unless all of the hazardous material in the secondary container is going to be used immediately after pouring. The user of the hazardous materials is responsible for affixing the appropriate label to the secondary container

EC 02.02.01-17-18

The results of staff dosimetry monitoring are reviewed at least quarterly by the radiation safety officer, diagnostic medical physicist, or health physicist to assess whether staff radiator exposure levels are “as low as reasonably achievable” (ALARA) and below regulatory limits. Radiation workers are checked periodically, by the use of exposure meters or badge tests, for the amount of radiation exposure.

The Radiation safety committee meets on a regular basis to review all radiation safety topics. Staff working in those areas wear exposures meters to measure amount of radiation exposure.

**Labeling of Hazardous Wastes:** All spent hazardous wastes must have the appropriate label ~~affixed~~ affixed to the container holding the hazardous waste. The name of the chemical must be on the container, as well as the “start accumulation date” relating to the storage of the hazardous waste. No hazardous waste will be stored for more than 90 days. The following information from NFPA 704 and the Bloodborne Pathogen standard is used on warning labels:

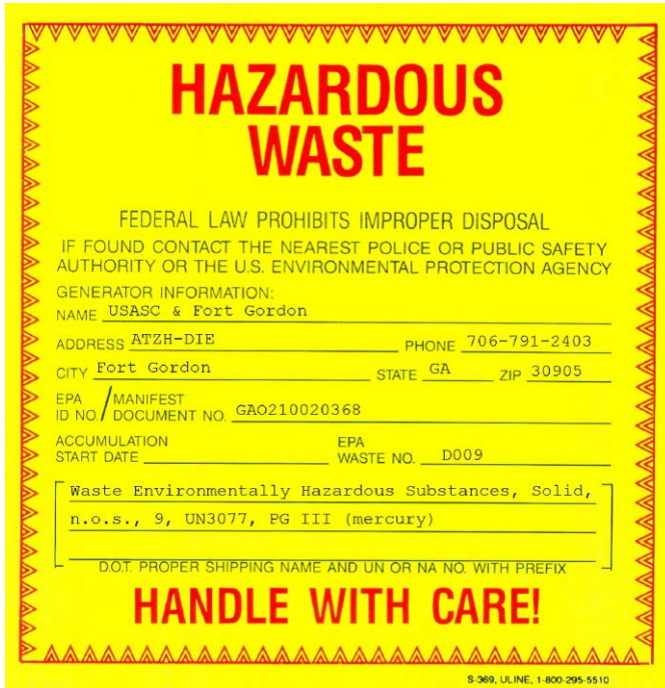


**Bloodborne Pathogen Warning**



All hazardous waste must contain a hazardous waste label that identifies the name of the medical center, address, phone number, manifest document, and EPA Waste Number as follows:

**Hazardous Waste Label for Manifest - Sample**



**INFORMATION COLLECTION SYSTEM TO MONITOR CONDITIONS IN THE ENVIRONMENT**

**EC.04.01.01-EP's 1-11**

The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following:

- Hazardous materials and waste spills and exposures

Through the Environment of Care Committee structure, hazardous materials and waste spills and exposures are reported quarterly. Minutes and agendas are kept for each Environment of Care meeting and filed in the Safety office.

**ANNUAL EVALUATION OF THE HAZARDOUS MATERIALS AND WASTE MANAGEMENT PLAN**

**EC..04.01.01-EP-15**

Every twelve months, *Environment of Care* Committee members evaluate the Management Plan for Hazardous Materials and Waste Management, as part of a risk assessment process. Validation of the management plan occurs to ensure contents of each plan support ongoing activities within the medical center. Based upon findings, goals and objectives will be determined for the subsequent year. A report will be written and forwarded to the Governing Board. The annual evaluation will include a review of the following:

**The objectives:**

The objective of the Hazardous Materials and Waste Management plan will be evaluated to determine continued relevance for the medical center (i.e., the following questions will be asked; was the objective completed? Did activities support the objective of the plan? If not, why not? What is the continuing plan? Will this objective be included in the following year? Will new objective(s) be identified? Will specific goals be developed to support the identified objective?).

**The scope.**

The following indicator will be used to evaluate the effectiveness of the scope of the Hazardous Materials and Waste Management plan: the targeted populations for the management plan will be evaluated (e.g.) did the scope of the plan reach employee populations in the off-site areas, and throughout the medical center?)

**Performance Standards.**

Specific performance standards for the Hazardous Materials and Waste Management plan will be evaluated, with plans for improvement identified. Performance standards with threshold is not met an analysis will occur to determine the reasons, and actions will be identified to reach the identified threshold in the subsequent quarter.

**Effectiveness.**

The overall effectiveness of the objectives, scope and performance standards will be evaluated with recommendations made to continue monitoring, add new indicators if applicable or take specific actions for ongoing review.

**PRIORITY IMPROVEMENT PROJECT****EC.04.01.03-EP-3**

At least annually, one or more priority Improvement activities may be selected by the *Environment of Care* Committee. The priority improvement activity is based upon ongoing performance monitoring and identified risk within the environment. The priority improvement activity may be related to processes within the Hazardous Materials and Waste Management program if risk has been identified.

**(KDHCD) IMPROVES ITS ENVIRONMENT OF CARE****EC.04.01.05-EP1-3**

Performance standards are identified monitored and evaluated that measure effective outcomes in the area of Hazardous Materials and Waste Management. The standards are approved and monitored by the Environment of Care Committee with appropriate actions and recommendations made. Whenever possible, the environment of care is changed in a positive direction by the ongoing monitoring, and changes in actions that promote an improved performance.

**Patient Safety**

Periodically there may be an environment of care issue that has impact on the safety of our patients. This may be determined from Sentinel Event surveillance, environmental surveillance, patient safety standards or consequential actions identified through the risk management process. When a patient-safety issue emerges it is the responsibility of the Safety Officer or designee to bring forth the issue through the patient safety process. If there is risk identified within the Hazardous Materials and Waste Management processes that impact the safety of the patient, the issues will be brought forth to Patient Safety.

*"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."*



Subcategories of Department Manuals not selected.

Policy Number: EOC 4012	Date Created: 04/01/2010
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
<b>Disposal of Radioactive Materials</b>	

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

**POLICY:** ~~It is the policy of Radiation handling Departments to provide guidelines for radioactive waste disposal will occur in accordance with written guidelines.~~

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**PURPOSE:** ~~The purpose of this policy and procedure is to provide written guidelines to all personnel within Radiation handling Departments.~~

**RESPONSIBILITY:** ~~The Radiation handling Departments are responsible for all disposal of radioactive waste.~~

**PROCEDURE:**

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~~There are five methods of disposal of radioactive waste used at the medical facility:~~

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- Decay-in-storage:** This method may be used for disposal of radionuclides with half-lives less than 65 days.

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**Requirements.** Radioactive waste to be disposed of in this manner will be:

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- Held for decay for the twelve (12) half-lives. Conventional 10 half-lives criterion overridden to make the waste more radiation safe.
- Monitored to ensure that activity is indistinguishable from background using a low-level survey instrument.
- Disposed of as ordinary trash after all radioactive labels have been removed or obliterated.

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Radioactive materials with half-lives less than 65 days will undergo storage and eventual disposal. The single exception to this is that the Nuclear Medicine Department may hold nuclides with half-lives less than one week for decay in storage. These radionuclides include:

Isotope	Half-life	Hold for
Technetium - 99m	6 hr	3 days
Iodine-123	13 hr	6.5 days
Gallium-67	79 hr	39.5 days
Indium-111	2.8 d	33.6 days
Thallium-201	74 hr	37 days

- These materials are stored in designated radioactive waste storage areas.
- Each bag will be tagged with a "Decay-in-Storage" tag to allow quick identification of the bag. The tag will include at least the following information:

- Date tagged.
- Lot # (sequential, by year)
- Isotope
- Form of contents
- Survey information

Initials of person tagging bag.  
"Store Until" date.

- c. The appropriate columns of the Source and Radioactive waste log will be completed.
- d. The material will be contained as necessary to prevent leakage while in storage.
- e. Decay-in-storage radioactive waste will be inventoried quarterly.

Record Keeping. All disposals of decay-in-storage materials will be logged. As a minimum, the following information will be logged:

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- Date of disposal
- Date placed in storage.
- Radionuclide.
- Survey instrument used.
- Background dose rate.
- Dose rate at container surface.
- Name of person who performed disposal.
- These records will be retained for at least 3 years.

- 2. **Transfer to Licensed Disposal Site:** All solid radioactive materials with half-lives greater than 65 days will be disposed of in accordance with directives on the shipment of radioactive material.

Requirements. These wastes will be:

- 1. Segregated from non-radioactive wastes. Every effort should be made to minimize the quantities of radioactive waste generated.
- 2. ~~Containers of these wastes will be kept~~ Containers of these wastes will be kept for storage and disposal in proper containers.

Method:

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- 1. These wastes are stored until shipment is arranged in accordance with current directives. An inventory list will be maintained and verified quarterly of all wastes in storage awaiting transfer to a disposal site.
- 2. These wastes must be stored in designated radioactive waste storage areas.
- 3. Each item will be tagged with a "Disposal by Shipment" tag to allow quick identification of the item. The tag will contain at least the following information:

- Date tagged.
- Isotope.
- Lot # (sequential, by year).
- Contents.
- Survey results.
- Initials of person tagging bag.

Record Keeping. Copies of all correspondence and shipping documents should be maintained for five years.

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- 3. **Incineration:** Incineration of radioactive material is prohibited without the written approval of the Radiation Safety Officer.

Requirements. The following requirements must be met before the Radiation Safety Officer will allow incineration of radioactive materials:

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- 1. Must give written permission for the incineration.
- 2. Must determine that the incineration is allowed by the facilities Radioactive Materials License.
- 3. Must determine by calculation that incinerator effluent concentrations will be less than applicable limits.
- 4. Must determine ash and/or effluent sampling requirements.



The single exception to these requirements is that animal tissues containing less than 0.05 microcuries per gram, averaged over the weight of the entire animal, of Hydrogen-3 (tritium) and Carbon-14 may be incinerated without prior notification of the Radiation Safety Officer.

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However, appropriate records must be kept. This exception is outlined in the Radioactive Materials License.

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Method:

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The method of incineration and any special requirements, such as sampling, will be specified by the Radiation Safety Officer when permission for incineration is granted.

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Record Keeping:

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All incinerations of radioactive materials will be recorded. As a minimum, the following information will be logged:

- Date of incineration.
- Radionuclide.
- Estimated activity.
- Incinerator used.
- Personnel performing incineration.

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The records will be maintained indefinitely.

4. **Return to Supplier:** In certain cases, unused, expired, or decayed radionuclides (limited quantities) may be returned to the supplier. In addition, empty shipping containers may be returned to the supplier.

Requirements for Limited Quantities. The following requirements must be met to return limited quantities of radioactive materials to the supplier:

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Any restrictions placed on the return by the supplier must be observed. Return the material in the original container, complying with the following requirements:

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1. For liquids, the total quantity may not exceed applicable federal or state guidelines.
2. For solids, the total quantity may not exceed applicable federal or state guidelines.
3. A2 values can be found in 49 CFR 435 for each isotope.
4. If more than one isotope is in the package, the sum of the ratios of the quantity of each isotope to applicable federal or state guidelines for that isotope must be less than one isotope.

Use the following formula to determine this:

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$$\frac{1}{A_2} > \left( \frac{\text{quantity of Isotope \#1}}{A_2 \text{ of Isotope \#1}} \right) + \left( \frac{\text{quantity of Isotope \#2}}{A_2 \text{ of Isotope \#2}} \right) + \text{etc.}$$
  
 A2 values for some commonly used isotopes are as follows:

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Isotope	A2 value (Ci)	A2 value (TBq)
Co-57	90	3.33
Cr-51	600	22.2
Ga-67	100	3.7
I-123	50	1.85
I-131	1	0.037
In-111	25	0.925
Tc-99m	100	3.7
Tl-201	200	7.4
Xe-133	1000	37

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On-contact radiation readings, open window, do not exceed 0.5 mR/hr.  
 Surface contamination on the exterior of the container, as determined by swipe, does not exceed 6600 dpm/swipe. Swipes are taken over an area of 300 sq. cm.  
 The outside of the package is labeled "Radioactive."  
 A packing list containing the following information is enclosed:  
 A complete list of all radionuclides and their quantities.  
 The statement, "Shipped by \_\_\_\_\_."  
 The statement, "This package conforms to the conditions and limitations specified in applicable federal and state guidelines (specify the code and number)."

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Record Keeping.

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A log will be maintained of all radioactive material returned to the supplier. These records should be maintained for 3 years.  
 The following information will be recorded in the log:

- Date.
- Container number.
- Dose rate at surface.
- Swipe results.
- Proper label affixed.
- Container within quantity limits.
- Destination.
- Initials.

Return of Empty Containers. Empty radioactive material shipping containers may be returned. This return must comply with the requirements of applicable federal and state guidelines, such that:

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All "Radioactive" (yellow or white) labels are removed and an "Empty" label affixed.  
 On-contact radiation readings do not exceed .5 mRem/hr.  
 Loose surface contamination on the outside of the container must not exceed 6600 dpm on a 300 cm<sup>2</sup> swipe.  
 Loose surface contamination on the inside of the container does not exceed 220,000 dpm on a 300 cm<sup>2</sup> swipe.  
 Records are maintained of the following information in a log:

- Date of return.
- Surface contamination reading.
- On-contact reading.
- Personnel performing return.
- Indicate the container was empty.

5. **Disposal in the Sanitary Sewer:** Liquids containing radioactive materials may be disposed of in the sanitary sewer.

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Requirements. The following conditions must be met prior to disposing of radioactive materials in the sanitary sewer:

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1. The Lab may dispose of certain radioactive materials (I-125 or Co-57 from in-vitro test kits) in the sanitary sewer without prior written approval.
2. Any other location must have written approval from the Radiation Safety Officer prior to commencing disposal.
3. The radioactive material must be readily soluble or dispersible in water.
4. The disposal must take place in a sink designated by the Radiation Safety Officer for this purpose. Only one sink per area can be designated.
5. The quantities specified in applicable federal and state guidelines must not be exceeded.

Method. The following method will be used:

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The radioactive material must be completely dissolved in water or other solvent readily mixable with water.  
The material will be carefully poured into the sink.  
Thoroughly flush the sink with water to ensure that the radioactive material has entered the sewer system.  
All restrictions on the disposal of hazardous or toxic materials must be complied with.  
Records must be maintained of all disposals.

Record Keeping. As a minimum, the following information will be logged:

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Date.  
Location.  
Activity per unit volume.  
Isotope.  
Volume.  
Person performing disposal.  
These logs should be retained indefinitely.

"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."



Subcategories of Department Manuals  
not selected.

Policy Number: EOC 7001	Date Created: 07/01/2010
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
<b>Utilities Management Plan</b>	

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

**I. OBJECTIVES**

The objectives of the Management Plan for Utility Equipment at Kaweah Delta Health Care District herein after referred to as Kaweah Health (KH)~~(KDHCD)~~ are to manage effective, safe, and reliable operations of utility equipment that provides a safe, controlled physical environment for the patients, employees, physicians, and visitors who enter the premises. Inherent in utility equipment processes are operational reliability of utility equipment, the development of a utility equipment inventory and program, and an inspection and maintenance program designed to minimize risks to our patients and the physical environment. Specific programs in place to support the objectives of the utility equipment management plan include the following:

- o Preventive Maintenance Program
- o Corrective Maintenance Program
- o Annual maintenance on inventoried equipment/systems
- o User/maintainer training
- o Performance indicators
- o Annual Evaluation of the Management Plan for Utility Equipment

**SCOPE**

The scope of the Utility Management Plan applies to ~~KDHCD-KH~~ with the Director of Facilities Planning Operations and Support Services, overseeing the management of the utility systems, and with broad oversight by the *Environment of Care (EOC)* Committee. With respect to the offsite areas per ~~KDHCD-KH~~ license, the Facilities Planning Director has oversight responsibility for the utility system that provides services to the offsite areas. Each offsite area manager will have the responsibility of the day-to-day operations relating to utility services, which often means working in partnership with a lessor, or building owner if applicable. Utility failure plans are required for each offsite area, and are the responsibility of the offsite manager. Utility issues for the offsite areas may be brought to the attention of the *EOC* Committee.

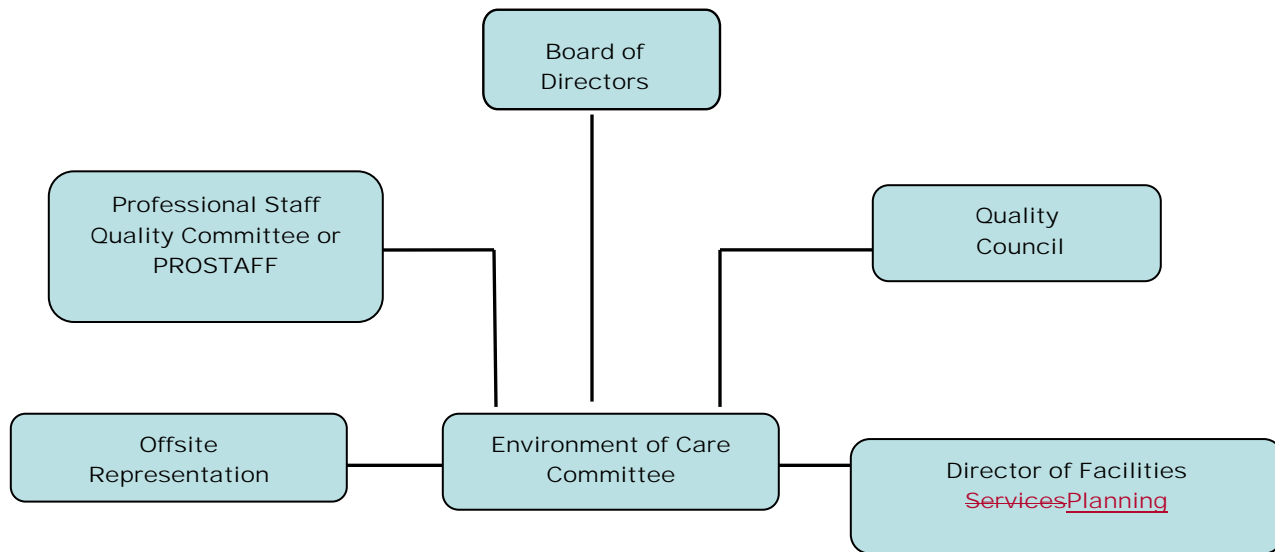
**AUTHORITY**

The authority for the Management Plan for Utility Equipment is EC. 02.05.01. The authority for overseeing and monitoring the utility equipment plan and program lies in the *EOC* Committee, whose members will ensure activities relating to utility equipment management are identified, monitored and evaluated, and for ensuring that regulatory activities are monitored and enforced as necessary.

**ORGANIZATION**

The following represents the organization of the Management Plan for Utility Equipment at ~~KDHCDKH~~:

**Organization – Management Plan for Utility Equipment**



**RESPONSIBILITIES**

Leadership within Kaweah ~~Delta\_~~ Health ~~Care District~~ have varying levels of responsibility and work together in the management of utility equipment as identified below:

**Board of Directors:** The Board of Directors supports the Utility Equipment Management Plan by:

- Review and feedback if applicable of the quarterly and annual *EOC* reports.
- Endorsing budget support as applicable for capital purchases relating to utility equipment.

**Quality Council:** Reviews annual *EOC* report from the *EOC* Committee, and provides broad direction in the establishment of performance monitoring standards relating to utility equipment risks.

**Professional Staff Quality Committee or PROSTAFF:** Reviews annual *EOC* report from the *EOC* Committee, providing feedback if applicable.

**Administrative Staff:** Administrative staff provides active representation on the *EOC* Committee meetings and sets an expectation of accountability for compliance with the Utility Equipment Program

**Environment of Care Committee:** *EOC* Committee members review and approve the quarterly *EOC* reports, which contain a Utility Equipment component, and oversee any issues relating to the overall utility equipment program.

**Directors and Department Managers:** These individuals support the Utility Equipment Management Program by:

- Reviewing and correcting deficiencies identified through the hazard surveillance process that relate to utility equipment risks.
- Communicating recommendations from the *EOC* Committee to affected staff in a timely manner.
- Providing information/in-services to staff that insure compliance with applicable policies of the within the Utility Equipment Management program.
- Serving as a resource for staff on matters of utility equipment usage.

**Employees:** Employees of Kaweah ~~Delta\_~~ Health ~~Care District~~ are required to participate in the Utility Equipment Management program by:

- Completing applicable utility equipment training.
- Reporting utility equipment failures to their supervisor and to Facilities

- Reporting any observed or suspected unsafe conditions to his or her department manager as soon as possible after identification that may pose a utility equipment risk, which include, but are not limited to: frayed electrical cords, use of extension cords, overuse of power adaptors, equipment brought in by patients, or any loss of utility power.

**Medical Staff:** Medical Staff will support the Utility Equipment Management Program by abiding by the ~~District's Kaweah Health's~~ policies and procedures relating to the use of utility equipment

The [organization] manages risks associated with its utility systems.

EC. 02.05.01-1

EC.02.06.05-1.2

When planning for new, altered or renovated space that will impact utility systems, ~~KDHCD-KH~~ uses one of the following design criteria:

-State rules and regulations, and

-*Guidelines for Design and Construction of Hospitals and Healthcare Facilities*, current edition, published by the American Institute of Architects.

When the above rules, regulations and guidelines do not meet specific design needs, other reputable standards and guidelines are used that provide equivalent design criteria. When planning for demolition, construction or renovation, a pre-construction risk assessment is used that addresses utility requirements that affect care, treatment and services. If any utility-related risks are identified during the pre-construction assessment, ~~KDHCD-KH~~ will take action to minimize the identified utility risks. After construction projects are completed, the Director ~~Facilities Planning~~ will ensure the acquisition of as-built drawings, and in addition will insure that other utility system maps and drawings are updated and current.

**~~The District~~KH maintains a written inventory of all operating components of utility systems or maintains a written inventory of selected operating components of utility systems based on risk for infection, occupant needs, and systems critical to patient care (including all life support systems). ~~The District~~Kaweah Health evaluates new types of utility components before initial use to determine whether they should be included in the inventory.**

EC.02.05.01-2-3 through 67

EC.02.05.05, EPs 1, 3-5 through 6

#### Written Inventory

~~KDHCD-KH~~ maintains a written inventory of utility systems, which includes (but not limited to) the following:

- Water Supply System
- Irrigation Water System
- Domestic Hot Water System
- Hot Water Heat Recovery System
- Water Softening System
- Patio Storm Drain System
- Sewage System
- Basement Sump Pump
- Natural Gas System
- Fuel Oil System
- Steam Boilers and Distribution System
- Condensate Return
- Medical Air System
- Medical Vacuum System
- Medical Oxygen System
- Heating, Ventilation and Air Conditioning System
- Electrical System 7 Emergency Generators 7 Transfer Switch
- Elevator System
- Nurse Call System
- Kitchen Fire Extinguishing System
- Fire Sprinkler System
- MRI Halon Fire Extinguisher System
- Fire Alarm Monitoring System – API
- Paging System
- Telephone System and Telephones

Two-Way Radio System  
 Pagers  
 ICU/CCU Monitor System  
 Master Clock System  
 Sterilizers  
 ETO Abator System  
 Trash Compactor  
 Bailer

Any new utility equipment purchased for ~~KDHCD-KH~~ is evaluated for inclusion into the written inventory. The utility management program includes equipment that meets the following criteria:

- Equipment maintains the climatic environment in patient care areas.
- Equipment that constitutes a risk to patient life support upon failure.
- Equipment is a part of a building system, which is used for infection control.
- Equipment that is part of the communication system, which may affect the patient or the patient care environment.
- Equipment is an auxiliary or ancillary part of a system control or interface to patient care environment, life support, or infection control.

### Inspection and Maintenance Activities

Documentation of inspection, testing and maintenance demonstrates systems and components performance within prescribed limits and adherence to established schedules. The minimum required documentation is exception reporting. This documentation lists all items tested and indicates pass or fail. Those items that fail have additional documentation of repair and subsequent testing indicating performance within standards. As part of utility system operational plans, planned or preventive maintenance is a key factor in assuring the ongoing performance and reliability of utility systems whereby each system is properly identified, operated, and maintained. A system is no more reliable than the individual pieces of equipment, or components, within it. Each component within a system is evaluated to determine the content and frequency of testing procedures, inspections, calibrations, and the servicing and replacement of parts. In the development of preventive maintenance programs, a review is made from various sources of information, such as manufacturers recommendations, codes, standards, and federal, state, and local laws and regulations. The basic sources of information are invaluable as start-up aids; however, over time it is essential that local operating experience be factored in to modify the program. Through this process, initial levels of risk are maintained or reduced.

### Minimization of Pathogenic Biological Agents

The Utility Management plan includes processes for activities that will reduce the potential for hospital-acquired illnesses that could be transmitted through the Utility Systems. These include policies and or procedures relating to:

- **Cooling Towers/Open and Closed Water Systems:** Biological and/or chemical treatment(s) and testing or cultures are in place wherein the potential for hospital-acquired illness could occur within ~~the~~ [District's Kaweah Health's](#) cooling and heating systems.
- **Domestic Hot and Cold Water Systems:** Periodic biological testing of the hot and cold water systems are in effect as part of the utility management program.
- **Equipment Maintenance - HVAC:** A filter change program is in effect to reduce the risks associated with air borne contaminants within the major air handling systems.
- **Air Pressure Monitoring/Maintenance:** A program is in place in Facilities that allows for the air pressure monitoring, maintenance, and balancing for the following critical areas: surgical operating rooms, critical care areas, including ICU, special procedure rooms, isolation rooms and the labor and delivery suites.
- **Construction.** Protocol and procedures are in place to coordinate Infection Control and construction activities that establishes how an area will be assessed before and during construction for the purpose of minimizing the risks associated with air-borne biological contaminants (e.g., aspergillosis).

The Facilities [Planning](#) Director/Safety Officer is responsible for the proper and safe functioning of all equipment within the facility and the general condition of the facility. Facilities management requires written procedures that are developed and specify the action to be taken during the failure of essential equipment and major utility services. The written procedures include a call system for summoning essential personnel and outside assistance when required. The following essential equipment and services are included: Major air conditioning equipment, air handling systems (ventilation, filtration, quantitative exchanges, humidity), boilers, electrical power services, fire alarm and extinguishing systems, water supply, all waste disposal systems, and

medical gas and vacuum systems. Qualified engineering consultative advice is available as needed. In the event that the in-house personnel cannot correct the problem and restore the operation of the equipment, then Administration, the Facilities [Planning](#) Director and Safety Officer, or their designated representative shall have full authorization to call in an outside resource to correct the situation.

**The ~~District-Kaweah Health~~ maps the distribution of its utility systems**

**EC.02.05.01-~~17~~**

Layout maps or blueprints for utilities with complicated infrastructures are maintained to enhance troubleshooting effectiveness. Distribution maps are located in Facilities, and are for plumbing, medical gases and electrical.

**The ~~District-Kaweah Health~~ labels utility system controls to facilitate partial or complete emergency shutdowns. EC.02.05.01-~~89~~**

Controls for Utility Systems are labeled in an efficient manner. Most importantly, controls that are located remotely from related equipment are clearly labeled. The label explains the equipment that is controlled and the power source panel identification. Medical gas valves are clearly labeled as to what areas they isolate. Other plumbing valves are labeled in correspondence with a master valve list.

**The ~~District-Kaweah Health~~ has written procedures for responding to utility system disruptions EC.02.05.01-~~910~~**

Policies and procedures are in place in Facilities, which identify emergency procedures for utility system disruptions or failures. Systems are in place to mitigate the consequences of a utility failure, such as the emergency generators, battery operated equipment, staff interventions in the event equipment fails and the use of outside vendors for emergency assistance as may be needed.

**The ~~District's-Kaweah Health's~~ procedures address shutting off the malfunctioning system and notifying staff in affected areas.**

**EC.02.05.01-~~4011~~**

Staff and employees are notified in affected areas when a partial or total system shutdown is necessary. When a utility system must be shutdown, notification is made to Administration, Nursing, and the Department Director(s)/managers of the affected department(s), and agencies having jurisdiction if applicable.

**The ~~District's-Kaweah Health's~~ procedures address performing emergency clinical interventions during utility systems disruptions.**

**EC.02.05.01-~~4412~~**

In the event of a utility system disruption that impacts the flow of electrical-operated medical equipment, clinical interventions are to be provided based upon the scope of practice of the patient care provider, and may include such interventions as:

- Use of portable monitors and ventilators
- Manual bagging of a patient if the patient is on a ventilator that loses power and does not have a battery back-up
- Battery-operated equipment
- Manual intravenous administration in the event IV equipment fails, and does not have battery back-up

~~The District's procedures address how to obtain emergency repair services~~

~~EC.02.05.01-42~~

~~The Director of Facilities maintains a list of vendors for emergency repair services that include, but are not limited to, the following systems:~~

~~Heating, Ventilation and Air Conditioning System  
Generators, Transfer Switches, Electrical System  
Sump Pump  
Steam Boilers and Distribution System  
Medical Gas and Vacuum  
Kitchen Fire Extinguishing System  
Fire Sprinkler System  
Fire Alarm System  
Telephone System  
Nurse Call System  
ICU/CCU Monitoring System~~



**The [organization] has a reliable emergency electrical power source****EC.02.05.03-1-16**

~~KDHCD-KH~~ provides and maintains a reliable emergency power system that is adequately sized, designed and fueled as required by the LSC occupancy requirements and the services provided, and supplies emergency power to the following areas and systems:

- i. Alarm Systems
- ii. Egress illumination
- iii. Elevator (1)
- iv. Emergency Communication Systems
- v. Exit Sign Illumination
- vi. Blood, Bone and Tissue Storage Units
- vii. Emergency Care Areas (Urgent Care)
- viii. Intensive Care
- ix. Medical Air Compressors
- x. Medical/Surgical Vacuum Systems
- xi. Newborn Nurseries
- xii. OB Delivery Rooms
- xiii. Operating Rooms
- xiv. Recovery Rooms
- xv. Special Care Units
- xvi. Lighting at emergency generator locations
- xvii. Emergency Rooms
- xviii. Dispensing Cabinets
- xix. Medication Carousels
- xx. Central Medication Robots (if applicable)
- xxi. Medication Refrigerators
- ~~xvi~~-xxii. Medication Freezers

**The [organization] inspects, tests, and maintains utility systems.**

**Note:** At times, maintenance is performed by an external service, and ~~KDHCD-KH~~ must have access to this documentation.

**EC.02.05.05- 4-2 and 3-4 through 56**

On a regular and consistent basis, inspection, testing, and maintenance is part of a process to assure system and component performance. The initial inspection and test are part of the acceptance of new systems and components. Ongoing inspection, testing and maintenance increases reliability, systems and components life, and user confidence. The intervals for inspection, testing and maintenance are based on the needs of the systems and components. The intervals may be less than or more than one year. The exception is the required weekly testing of the emergency generators. If an interval greater than one year is selected, it must be approved by the EOC committee. The Facilities Planning Director will apply or obtain professional judgment to set intervals so known risks, hazards and maintenance needs are managed. In Facilities a computerized maintenance system is used to facilitate the scheduling, inspection, testing, maintenance, monitoring, and documentation of equipment for the utilities systems.

**Equipment Currently in Inventory:**

- o Scheduled maintenance work orders are issued on a monthly basis to Facility's staff.
- o Maintenance is performed in accordance with the instructions included in the work order. The assigned engineer documents the maintenance, including any pertinent observations, on the work order. When maintenance and documentation are completed, the engineer returns the work order to the Facility's department.
- o If scheduled maintenance cannot be performed (i.e., parts not available), the reason is documented on the work order and returned to Facilities. There is a system of evaluation for equipment not serviced within the scheduled time frame.
- o If systems' equipment must be removed from the user area for more than one day, the engineer prepares a corrective maintenance work order.
- o If scheduled maintenance is to be performed by an outside vendor, the Facility Director or designee contacts the vendor and instructs the vendor to perform the maintenance as detailed in the work order, document the maintenance and any associated work done on the work order. A copy of this documentation is maintained in Facilities.

**Incoming Equipment:**

- Requests for new equipment are reviewed and approved by the ~~Facilities Planning~~ Director or designee for proper safety features, including electrical needs, drainage needs, ventilation needs and space consideration as required by manufacturer specifications.
- After receipt of new equipment, but prior to its installation, it must be inspected, with electrical and mechanical tests performed, and determined by Facilities that it meets all appropriate safety standards.
- If the equipment fails to pass the required tests and inspection, the engineer will return the equipment to Purchasing unless the deficiency is corrected. The equipment is not assigned an identification number until the equipment has passed all the requirements.
- After passing inspection, and if recommended by manufacturer, the new equipment will be entered on the Preventive Maintenance ~~Data~~ Base. At this time, the equipment is assigned an identification number, and the engineer performing the inspection will install the respective tag with the assigned equipment number, and then process the necessary data entry of the specific procedures and frequency to be followed during the preventive maintenance as recommended by the manufacturer.
- If the manufacturer does not recommend preventive maintenance to the equipment, i.e., microwave oven, addressograph, the engineer performing the inspection will apply a tag with the date the inspection was performed, and will place the equipment on the Non-Clinical Equipment Inspection Log, and will be subject to visual inspection once a year to verify proper operation.
- In the event that equipment not belonging to ~~the District Kaweah Health~~ is brought into ~~the District KH~~ for use, they must be inspected and determined to be safe by the Clinical Engineering Department. This would apply to any items brought by patients, visitors or employees (radios, televisions, coffee makers, etc.). The ~~Facilities Planning~~ Director or designee is authorized to remove any item, which is found to be unsafe for use in the District. This will include any demonstration equipment brought in by any vendor.

Documentation is maintained in the Facilities Department, and includes, but is not limited to the following:

- A current, accurate and separate inventory of utility components identified in this plan
- Performance and safety testing of each critical component before initial use.
  - Maintenance of critical components of ~~life support utility~~ High Risk Utility systems/equipment consistent with the maintenance strategies identified in this plan.
  - Maintenance of critical components of infection control utility systems/equipment for ~~high-risk patients~~ consistent with the maintenance strategies identified in this plan.
  - Maintenance of critical components of non-~~life support~~ high risk utility systems/equipment on the inventory consistent with maintenance strategies identified in this plan.

**The [organization] inspects, tests and maintains emergency power systems  
EC.02.05.07- 1 through 10**

1. At 30-day intervals, a functional test is performed of battery-powered lights required for egress for a minimum duration of 30 seconds. The completion date of the test is documented and maintained in Facilities.
2. Every 12 months, ~~Facilities either replaces the battery-powered lights for egress, performing a random test of 10% of all batteries for 1 ½ hours, OR~~ performs a functional test of battery-powered lights required for egress and exit signs for a duration of 1 ½ hours. The completion date of the tests or replacement is documented and maintained in facilities.
3. SEPSS (Stored Electrical Energy Emergency and Standby Power Systems) testing: **Not applicable.**
4. At least weekly, the hospital inspects the emergency power supply system (EPSS), including all associated components and batteries. The results and completion dates of weekly inspections are documented-**Not applicable.**
5. The generators are tested monthly by Facilities for at least 30 continuous minutes. The completion date of the tests is documented and kept on file in Facilities.
6. The emergency generator tests are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature.
7. Monthly, the automatic transfer switches are tested, and the completion date of the tests is documented and maintained in Facilities.
8. At least annually, the hospital tests the fuel quality to ASTM standards. The test results and completion dates are documented.
9. At least once every 36 months, each emergency generator is tested for a minimum of 4 continuous

hours. The completion date of the tests is documented and maintained in Facilities.

10. The 36-month emergency generator test uses a dynamic or static load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature.

If the required emergency power system test fails, ~~KDHCD-KH~~ will implement measures to protect patients, visitors and staff until necessary repairs or corrections are completed. This is the responsibility of Facilities personnel. If a required emergency power system test fails, Facilities personnel will perform a retest after making the necessary repairs or corrections.

**~~The [organization] Kaweah - inspects~~ Health inspects, tests and maintains medical gas and vacuum systems.**

**EC.02.05.09-1 through 143**

Facilities inspects, tests, and maintains critical components of piped medical gas systems, including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexile connectors, and outlets. The plan for inspecting, testing and maintaining medical gas and vacuum system includes, but is not limited to:

- o Annual inspection of alarm panel
- o Annual inspection of area alarms

A routine PM schedule is in place for automatic pressure switches, shutoff valves, flexible connectors and outlets (annual testing for patient-care areas, and annual for non-patient care areas).

When the systems are installed, modified, or repaired including cross-connections testing, piping purity testing and pressure testing, a qualified individual (e.g., a contractor/certified licensed technician) insures that the medical gas systems are installed/maintained/repaired. When the installation is completed, or when maintenance or repair work is done, the qualified individual ensures that cross connection testing, piping purity testing and pressure testing are included in the process, and that code requirements are met. The systems will be additionally tested (to ensure it is connected properly so that a sufficient volume is yielded at each outlet) following periods of construction or if there is evidence that the system has been breached.

~~KDHCD-KH~~ maintains the main supply valve and area shut-off valves of piped medical gas and vacuum systems and ensure they are accessible and clearly labeled. To maintain safety in the event of an emergency, a current and complete set of documents indicating the distribution of the medical gas systems and control for partial or complete shutdown is maintained. The documents include "as-built" drawings, construction or design drawings, line or isometric drawings, shop drawings, or any combination of these if they reflect present conditions.

When the hospital has bulk oxygen systems above ground, they are in a locked enclosure (such as a fence) at least 10 feet from vehicles and sidewalks. There is permanent signage stating "OXYGEN – NO SMOKING – NO OPEN FLAMES."

The hospital's emergency oxygen supply connection is installed in a manner that allows a temporary auxiliary source to connect to it.

The hospital tests piped medical gas and vacuum systems for purity, correct gas, and proper pressure when these systems are installed, modified, or repaired. The test results and completion dates are documented.

The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control.

[Locations containing only oxygen or medical air have doors labeled "Medical Gases: NO Smoking or Open Flame." Locations containing other gases have doors labeled "Positive Pressure Gases: NO Smoking or Open Flame. Room May Have Insufficient Oxygen. Open Door and Allow Room to Ventilate Before Opening."](#)

**Ongoing Education for Users and Maintainers**

**HR.01.05.03-1**

The Facility's Education Department and the department managers hold responsibility for coordinating and implementing the education and training of the utility equipment users jointly.

USER EDUCATION:

Employees will receive a general overview of the Utility Equipment Plan at initial and annual orientation. Department Directors will provide department specific orientation and education to their employees to insure that utility equipment users will be able to describe and/or demonstrate the following items:

1. Basic operating and safety features for users to follow
2. Emergency procedures to follow when utility equipment fails.
3. ~~KDHCD's~~ KH's process for reporting utility equipment Management problems, failures and user errors (i.e., they are reported to Facilities, who in turn reports this information to the EOC Committee).

#### **Maintainer Education**

For the maintainers of utility equipment, thorough training about the capabilities and limitations of equipment is made by the manufacturer. Self-assessment can be used annually, through the competency process, to determine the need for additional training. Training may be provided by:

- Formal academic courses
- Seminars, in-service training
- On-the-job training
- Service schools

#### **Information collection system to monitor conditions of the environment.**

1. ~~The District~~ Kaweah Health establishes a process(es) for continually monitoring, internally reporting, and investigating the following:
  - Utility equipment management problems, failures and user errors

Through the EOC Committee structure, utility problems, failures and user errors are reported by Facilities, who investigate the issue, and provide corrective actions. Minutes and agendas are kept for each Environment of Care meeting and filed in Performance Improvement.

#### **Annual Evaluation of the Utility Management Plan.**

EC.04.01.01-EP-15

On an annual basis EOC Committee members evaluate the Management Plan for Utility Equipment, as part of a risk assessment process. Validation of the management plan occurs to ensure contents of each plan support ongoing activities within KDHCD. Based upon findings, goals and objectives will be determined for the subsequent year. A report will be written and forwarded to the Governing Board. The annual evaluation will include a review of the following:

- The objectives: The objective of the Utility Equipment Management plan will be evaluated to determine continued relevance for KDHCD-KH (i.e., the following questions will be asked; was the objective completed? Did activities support the objective of the plan? If not, why not? What is the continuing plan? Will this objective be included in the following year? Will new objective(s) be identified? Will specific goals be developed to support the identified objective?)
- The scope. The following indicator will be used to evaluate the effectiveness of the scope of the utility equipment management plan: the targeted population for the management plan will be evaluated (e.g., did the scope of the plan reach applicable employee populations in the off-site areas, and throughout KDHCDKH?)
- Performance Standards. Specific performance standards for the Utility Equipment Management plan will be evaluated, with plans for improvement identified. Performance standards will be monitored for achievement. Thresholds will be set for the performance standard identified. If a threshold is not met an analysis will occur to determine the reasons, and actions will be identified to reach the identified threshold in the subsequent quarter.
- Effectiveness. The overall effectiveness of the objectives, scope and performance standards will be evaluated with recommendations made to continue monitoring, add new indicators if applicable or take specific actions for ongoing review.

KDHCD analyzes identified EOC issues.

EC.04.01.03-EP-4+2

EOC issues relating to utility equipment are identified and analyzed through the EOC Committee with recommendations made for resolution. It is the responsibility of the EOC Committee chairperson to establish an agenda, set the meetings, coordinate the meeting and ensure follow-up occurs where indicated. Quarterly Environment of Care reports are communicated to Performance Improvement, the Medical Executive Committee and the Board of Directors.

~~Priority improvement project recommended to the Board of Directors for approval.~~

~~EC.04.01.03-EP-2~~

~~The hospital uses the results of data analysis to identify opportunities to resolve environmental safety issues. The priority improvement activity is based upon ongoing performance monitoring and identified risk within the environment. Based upon risk assessment, a priority improvement project may be related to utility equipment issues.~~

KDHCD improves its EOC

EC.04.01.05-EP1

Performance standards are identified monitored and evaluated that measure effective outcomes in the area of utility equipment management. Performance standards are also identified for Safety, Security, Hazardous Materials, Emergency Management, Fire Prevention and Medical equipment management. The standards are approved and monitored by the EOC Committee with appropriate actions and recommendations made.

Whenever possible, the *environment of care* is changed in a positive direction by the ongoing monitoring, and changes in actions that promote an improved performance.

#### **Patient Safety.**

Periodically there may be an EOC issue that has impact on the safety of our patients relating to utility equipment.

This may be determined from *Sentinel Event* surveillance, environmental surveillance, user errors, patient safety standards or consequential actions identified through the risk management process. When a patient-safety issue relating to utility equipment emerges, it is the responsibility of the Safety Officer or designee to bring forth the issue through the patient safety process.

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

Policy Number: EOC 7404	Date Created: 06/11/1997
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr)	Date Approved: Not Approved Yet
Approvers: Maribel Aguilar (Safety Officer/Life Safety Mgr)	
<b>Code Tubes Down System</b>	

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

**Policy:** Staff will follow procedure detailed below to ensure timely delivery of medications, specimens, and supplies to and from areas requiring these services when the pneumatic tube system is inoperable.

**Procedure:**

- I. ~~When an individual finds a tube system down, they will notify PBX who will notify Maintenance and the House Supervisor. A Berbee text message will be sent to Cisco phones on the main campus to alert staff that the tube system is out of service. PBX will announce overhead, "Tube system is out of service." Between 2100 and 0700 hours, PBX will notify individual areas by telephone.~~
- II. Maintenance will assess the system to determine the length of time necessary to complete repair and report to PBX within 15 minutes of initial notification that system is inoperable. If repairs are estimated to take greater than 30 minutes, PBX will notify the House Supervisor ~~and the Berbee message will indicate activation of the courier system and announce, "Tube system is down, activate courier system", two times.~~
- III. For the duration that the tubes remain inoperable, Pharmacy and Lab will notify individual areas when services are required. Each unit shall be responsible for their own pickups and deliveries during the time the tube system remains inoperable.
- IV. ~~Maintenance~~ ~~House Supervisor~~ will communicate with ~~House Supervisor~~ ~~Maintenance~~ for length of down time. If tubes are to be down for an extended period of time, the House Supervisor will determine if extra staff will be called in or reassigned to act as couriers until tubes are operational.
- V. Maintenance will notify PBX when tube system is operational. PBX will notify the House Supervisor and ~~Berbee message will announce announce overhead,~~ "Tube system is up, cancel courier system" ~~, two times.~~

**Commented [ME1]:** Seems like maintenance needs to communicate with House Supervisor, not the other way around.  
**Formatted:** Outline numbered + Level: 1 + Numbering Style: I, II, III, ... + Start at: 1 + Alignment: Left + Aligned at: 0" + Tab after: 0.5" + Indent at: 0.5"

**Related Documents:**

None

**References:**

None

*"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."*

## **Executive Summary – Valley Children’s Medical Group Amendment**

1. Amends the Neonatologist shift rate to \$2,374 per shift.
2. Amends the Pediatric Hospitalist shift rate to \$1,738 per shift.
3. Extends the term of the agreement to April 30, 2025 (3 years).



**THIRD ADDENDUM**  
**TO**  
**PROFESSIONAL SERVICES AGREEMENT (“Pediatric PSA”)**  
Regarding **Pediatric Hospitalist and Pediatric Specialty Services**  
**AND**  
**PROFESSIONAL SERVICES AGREEMENT (“NICU PSA”)**  
Regarding **Neonatology and Pediatric Specialty Services**

This **Third Addendum to the Pediatric and NICU PSAs** (collectively, the “**Agreement(s)**”) is entered into as of May 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 & Safety Code §§32000 *et seq.*, and **VALLEY CHILDREN’S MEDICAL GROUP** (“**Medical Group**”), a California nonprofit public benefit corporation.

**RECITALS**

1. Effective February 1, 2017, the parties entered into (i) the Pediatric PSA under which District retained Medical Group to provide admission and inpatient medical management services, including Pediatrics and other Specialty Pediatrics; and (ii) the NICU PSA under which District retained Medical Group to provide admission and inpatient medical management services for the NICU, and Pediatric Cardiology and other Specialty Pediatrics.
2. Effective September 2018, the parties entered into the First Addenda to the Agreements to memorialize the results of a reconciliation of the compensation payments due to Medical Group during the initial year of the Agreements and to incorporate the reconciliation process in the Agreements.
3. Effective January 1, 2020, the parties entered into the Second Addenda to the Agreements to make various changes to each Agreement regarding the staffing structure and compensation terms, and make certain additional amendments consistent with those changes.
4. The parties now wish to amend the Agreements to revise compensation terms and extend the agreement.

**NOW, THEREFORE**, in consideration of the mutual agreements set out below, the parties agree as follows:

**AGREEMENT**

1. Paragraph 2.1 of **Exhibit B** to the NICU PSA and Paragraph 4.3 of **Exhibit C** to the NICU PSA are amended to indicate that the Shift Rate for a Neonatologist Shift is \$2,374 per shift.
2. Paragraph 2.1 of **Exhibit B** to the Pediatric PSA and Paragraph 4.3 of **Exhibit C** to the Pediatric PSA are amended to indicate that the Shift Rate for a Pediatric Hospitalist Shift is \$1,738 per shift.
3. Section 1.1 of the Agreements is amended to extend the expiration date of the Agreements to April 30, 2025
4. All defined terms used in this Addendum shall have the same meaning as the terms defined in the

7197286.2

Agreements.

5. Except as otherwise amended by this Addendum, the Agreements shall remain in full force and effect in accordance with their respective terms.

**IN WITNESS WHEREOF**, the parties hereto have duly executed this Third Addendum as of the date first set forth above. This Third Addendum shall be binding when all signatories below have executed this Third Addendum.

**DISTRICT:**

**KAWEAH DELTA HEALTH CARE DISTRICT**

By: \_\_\_\_\_  
Gary K. Herbst, Chief Executive Officer

**MEDICAL GROUP:**

**VALLEY CHILDREN'S MEDICAL GROUP**

By: \_\_\_\_\_  
Dr. David Christensen, President

### Privileges in Podiatry

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

<b>PODIATRY PRIVILEGES – Criteria</b>					
<b>Education:</b> DPM; <b>AND</b> successful completion of a podiatric medicine residency program from an accredited American College of Podiatric Medicine <b>AND</b> Current certification or active participation in the examination process leading to certification within 5 years by the American Board of Podiatric Medicine, American Board of Podiatric Surgery or American Board of Foot and Ankle Surgery (applicants completing training prior to 1968 will be grandfathered in)					
<b>Initial Clinical Experience:</b> Documentation of at least 50 podiatric procedures in the past 2 years or successful completion of a podiatric medicine residency program in the past 12 months					
<b>Renewal Criteria:</b> A minimum of 50 podiatric procedures in the last 2 years <b>AND</b> Maintain current certification or active participation in the examination process leading to Certification by the American Board of Podiatric Surgery.					
<b>FPPE Requirements:</b> Direct observation of five (5) procedures with concurrent chart review (may include advanced procedures – excluding hyperbaric)					
<b>PODIATRY CORE PRIVILEGES</b>					
Request	Procedure				Approve
<input type="checkbox"/>	<b>Core Privileges include:</b> <ul style="list-style-type: none"> <li>Evaluate, diagnose, consult (may include telehealth), perform H&amp;P and provide surgical and non-surgical treatment/care to patients of all ages presenting with illnesses, injuries and disorders of the foot, and ankle, including basic fore foot and rear foot procedures and tendon repair and transfer.</li> <li>Amputations: to all joints of the foot and ankle of the lower extremity.</li> <li>Wound Care: Surgical debridement of wounds, transcutaneous oximetry interpretation, complicated wound management, local and regional anesthesia, wound biopsy and preparation of wound bed and application of skin substitute.</li> </ul>				<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active or Courtesy staff status)				<input type="checkbox"/>
<b>ADVANCED PROCEDURES</b>					
(Must meet Core Privileges Criteria and Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship, or other acceptable experience.)					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE Requirements	Approve
<input type="checkbox"/>	Ankle Arthroscopy	Documentation of training and a minimum of 2 procedures in the last 2 years.	Documentation of a minimum of 2 procedures in the last 2 years.	Direct observation of first case with concurrent chart review	<input type="checkbox"/>
<input type="checkbox"/>	Complex Rear Foot/Ankle	Documentation of training and a minimum of 5 procedures in the last 2 years.	Documentation of a minimum of 5 procedures in the last 2 years.	Direct observation of first case with concurrent chart review	<input type="checkbox"/>
<input type="checkbox"/>	Complex External Fix	Documentation of training and a minimum of 2 procedures in the last 2 years.	Documentation of a minimum of 2 procedures in the last 2 years.	Direct observation of first case with concurrent chart review	<input type="checkbox"/>
<input type="checkbox"/>	Hyperbarics Supervision (limited to wounds below the knee). Treatment of conditions requiring hyperbaric oxygen delivery at the Kaweah Health wound center.	Completion of 40 hour Hyperbaric Course approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) and <del>20</del> 10 procedures in the last two years.	20 procedures in the last 2 years.	Direct observation of the first two cases with concurrent chart review	<input type="checkbox"/>
<b>ADDITIONAL PRIVILEGES</b>					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE Requirements	Approve
<input type="checkbox"/>	Outpatient Services at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: ___ Dinuba ___ Exeter ___ Lindsay ___ Tulare ___ Woodlake ___ SHWC – Willow ___ Chronic Disease Management Center	Initial Core Criteria <b>AND</b> Contract for Outpatient Clinical services with Kaweah Delta Health Care District.	Maintain initial criteria	None	<input type="checkbox"/>

<input type="checkbox"/>	Administration of Procedural Sedation	Must successfully pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	Must successfully pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	None	<input type="checkbox"/>
<input type="checkbox"/>	Supervision of a technologist using fluoroscopy equipment	Meet Initial Criteria AND Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	None	<input type="checkbox"/>

**Acknowledgment of Practitioner:**

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

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

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

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

Signature: \_\_\_\_\_  
*Department of Surgery Chair* *Date*

**Privileges in Vascular Surgery**

Name: \_\_\_\_\_

*Please Print*

**VASCULAR SURGERY**

**Education & Training:** MD or DO; **AND** Successful completion of a general surgery residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA) or by the Royal College of Physicians & Surgeons of Canada if board certified by an ABMS board or actively pursuing board certification by an American Board/American Osteopathic Board within 5 years; **AND** successful completion of an accredited vascular surgery fellowship ; **AND** current board certification or actively pursuing certification by the American Board/American Osteopathic Board of Vascular Surgery within 5 years.

**Current Clinical Competence:** Documentation of the performance of at least 100 vascular procedures in the past 2 years, the majority being reconstructive; (excluding cardiac surgery) or successful completion of a residency or clinical fellowship in the past 12 months

**Renewal Criteria:** Maintenance of Board Certification and documentation of 70 procedures reflective of the privileges requested.

**FPPE:** Direct observation of a minimum of five (5) diverse procedures

Request	CORE PRIVILEGES	Approve
<input type="checkbox"/>	<b>VASCULAR SURGERY CORE PRIVILEGES INCLUDE:</b> Medical H&P (may include telehealth); work up, diagnosis, ordering and prescribing medication, ordering diagnostic tests, as well as surgical and non-surgical treatment of patients of all ages presenting with diseases/disorders of the arterial, venous, and lymphatic circulatory systems, excluding the heart and intracranial vessels. Vascular surgery procedures include but are not limited to: <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm repair</li> <li>• Amputations, upper extremity, lower extremity;</li> <li>• Aneurysmectomy</li> <li>• Angio-access for dialysis, chemotherapy</li> <li>• Central vascular access, permanent: fistula, graft, shunt</li> <li>• Embolectomy (non-dialysis access related); arterial, graft, venous</li> <li>• Endarterectomy - Carotid; Peripheral</li> <li>• Endovascular abdominal and thoracic aneurysm repair</li> <li>• Endovascular percutaneous interventions/repairs</li> <li>• Intraoperative angiography</li> <li>• Peripheral arterial bypass grafts - Obstructive bypass</li> <li>• Peripheral venous procedures (includes varicose veins)</li> <li>• Skin Grafts</li> </ul>	<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active or Courtesy staff status)	<input type="checkbox"/>

**ADVANCED PROCEDURES**

**FPPE:** Direct observation of the first 3 cases of each privilege granted.

Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Peripheral and Carotid Angiography - Includes: Subclavian, Axillary, Brachial (not by axillary approach) Renals, Common Carotid, Vertebral and Internal Carotid (diagnostic only) <b>Prerequisite: Fluoroscopy</b>	Documentation of 100 diagnostic angiograms (at least 50 as primary) in the last 2 years.	25 Diagnostic angiograms in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Peripheral Vascular Interventions (peripheral balloon, stent placement, artherectomy and peripheral catheter directed thrombolysis). Includes: Abdominal Aorta; Use of approved artherectomy devices; Femoropopliteal, Subclavian, Axillary, Brachial (not by axillary approach) Infrapopliteal, Renals <b>Prerequisite: Peripheral Angiography</b>	Meets initial training criteria <b>OR</b> , if trained before 1995, must have performed at least 50 peripheral balloon angioplasties (25 as primary operator within the last 2 years.	25 balloon angioplasties and/or stent placements in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Carotid Interventions (Includes: carotid stenting and angiography)	Meets initial training criteria <b>OR</b> documentation of 30 Cervico-cerebral angiograms (15 as primary) & 25 carotid stent procedures (13 as primary)	10 procedures in the last two years.	<input type="checkbox"/>

<b>ADVANCED PROCEDURES</b>				
<b>FPPE:</b> Direct observation of the first 3 cases of each privilege granted, except Hyperbaric which requires the first 2 cases observed and charts reviewed. Direct observation of 2 TCAR procedures.				
Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Laparoscopic placement of peritoneal dialysis catheter	Completion of General Surgery Residency OR Fellowship in Vascular Surgery AND documentation of 10 procedures in the last 2 years	5 procedures in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	TransCarotid Artery Revascularization (TCAR)	Completion of Fellowship in Vascular Surgery AND Minimum of 3 TCAR procedures in the last 2 years, OR documentation of TCAR training certification.	3 TCAR procedures in the last 2 years as primary operator	<input type="checkbox"/>
<input type="checkbox"/>	<b>Wound Care:</b> Surgical debridement of wounds, transcutaneous oximetry interpretation, complicated wound management, local and regional anesthesia, wound biopsy and preparation of wound bed and application of skin substitute	Meets initial criteria for core and documentation of a minimum of 20 procedures in the last two years.	Documentation of 5 procedures in the last 2 years.	<input type="checkbox"/>
<input type="checkbox"/>	Hyperbaric Oxygen Therapy	Document completion of a training program in hyperbaric oxygen therapy (HBOT) of a minimum of 40 hours, approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) AND <del>20</del> -10 dives in the last 2 years.	Documentation of 20 dives in the last 2 years.	<input type="checkbox"/>
<b>ADDITIONAL PROCEDURES</b>				
<b>FPPE:</b> None				
Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Fluoroscopy	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	<input type="checkbox"/>
<input type="checkbox"/>	Procedural Sedation	Pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	Pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	<input type="checkbox"/>
<input type="checkbox"/>	Outpatient Services at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: ___ <b>Dinuba</b> ___ <b>Exeter</b> ___ <b>Lindsay</b> ___ <b>Tulare</b> ___ <b>Woodlake</b> ___ <b>SHWC</b> – <b>Willow</b> ___ <b>Chronic Disease Management Center</b> ___ <b>Wound Care Center</b>	Initial Core Criteria AND Contract for Outpatient Clinical services with Kaweah Delta Health Care District.	Maintain initial criteria	<input type="checkbox"/>

**Acknowledgment of Practitioner:**

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

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

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

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

Signature: \_\_\_\_\_  
*Department of Cardiovascular Services Chair* Date

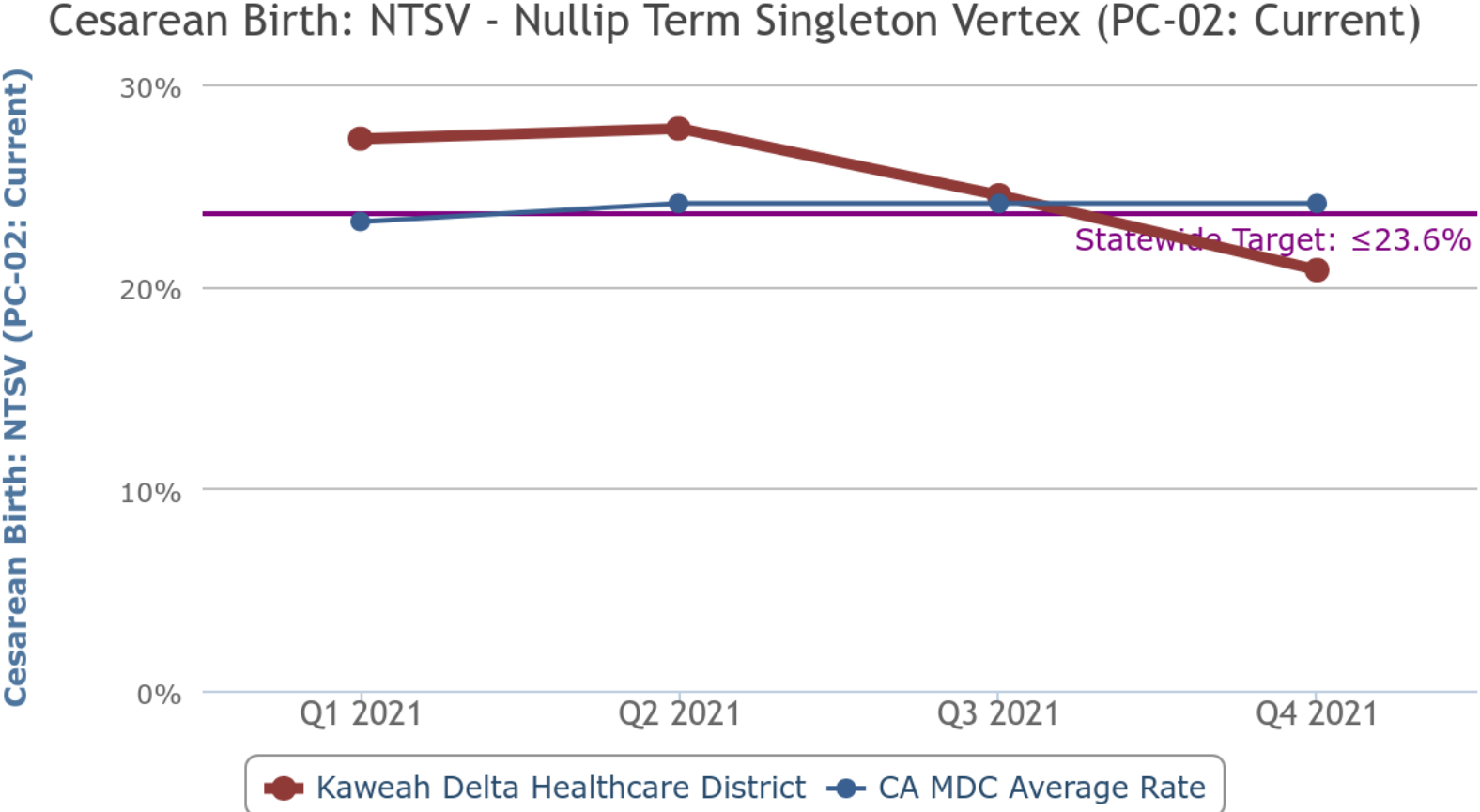


[kawahhealth.org](https://www.kawahhealth.org)



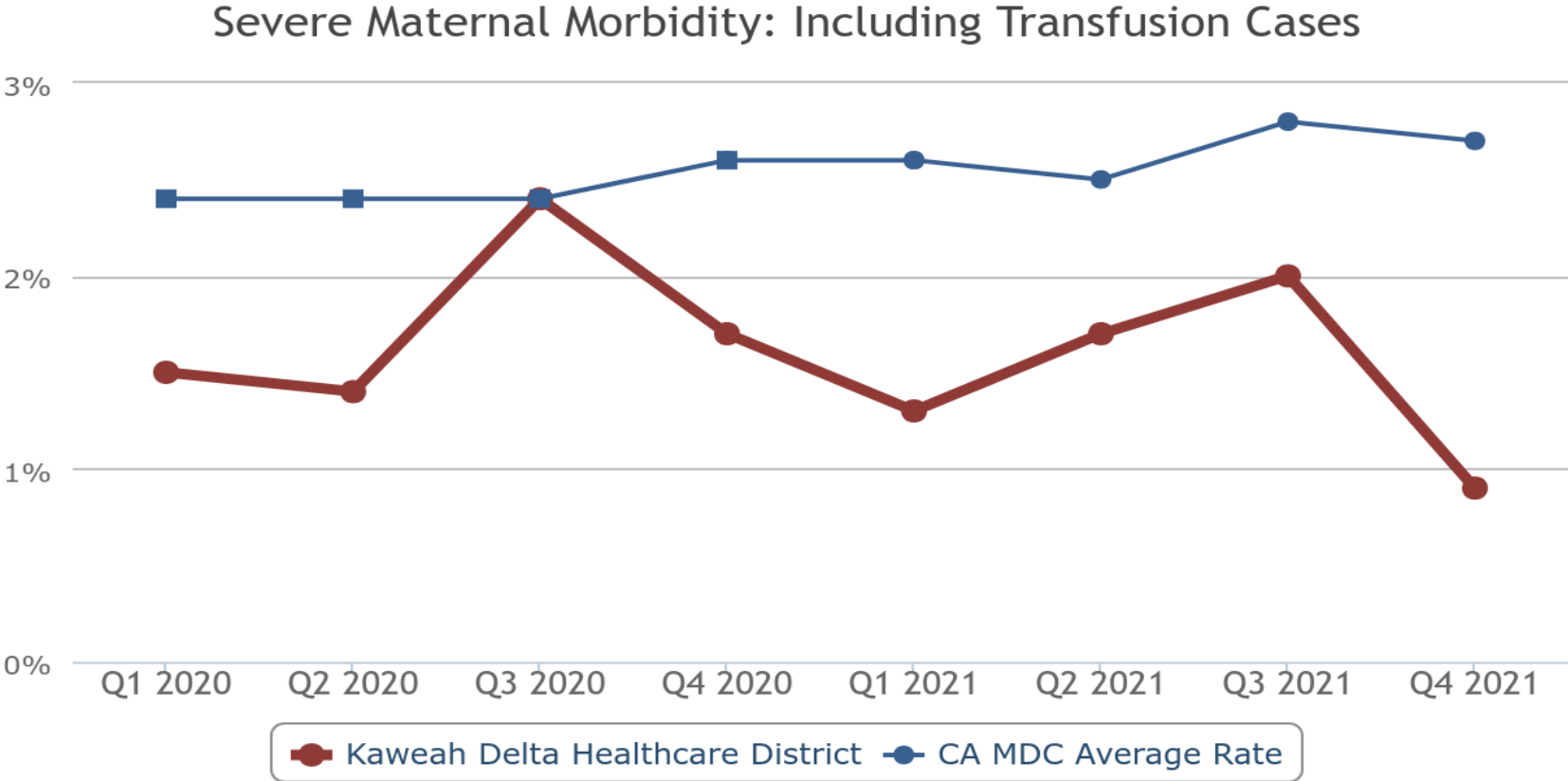
# **Maternal Child Health Quality Report April, 2022**

# Labor & Delivery Data

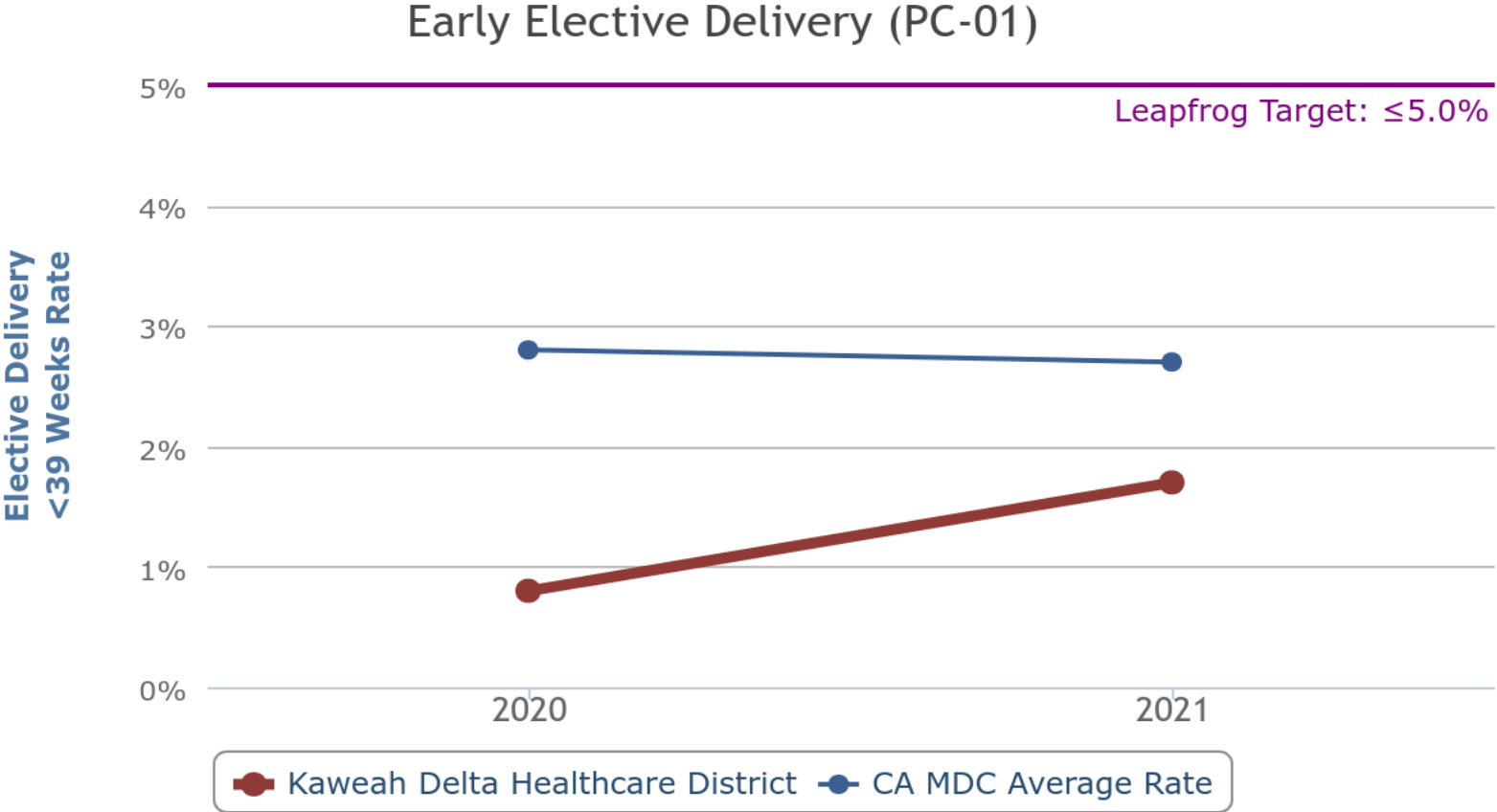


\*Healthy People 2030 Target Rate

# Data Continued



# Data Continued



# Other Measures

- Episiotomy Rate: 4.1%  
than 5%      State Average: 4.4      Goal: Less
- Operative Vaginal Delivery Rate: 3.3%      State Average: 6.5      Goal: Less is better
- 3<sup>rd</sup> & 4<sup>th</sup> Degree Laceration Rate: 1.4%      State Average: 2.5%      Goal: Less is better

# Active Labor Management Rounds

- February 23, 2022 Active Labor Management Rounds were implemented on the Labor & Delivery Unit.
- Participants in the rounds include the Labor & Delivery Leaders (Director, Manager, Charge Nurse and the Bedside Nurse)
- Rounds are done each shift, at the bedside to include the patient and support person.
- The focus of the rounding is to support our nursing staff and patients by identifying any barriers to care that may exist.
- The bedside nurse will present her patient and the plan of care for the shift to the group.
- Leaders and patient/support person may ask questions and contribute to the plan of care
- Leaders will make a plan with the nurse to resolve any barriers that are identified to providing all cares that are in the orders and plan of care, in a timely manner.

# How's it going??.....GREAT!!

- Benefits of rounding and identification of barriers to care, include quicker patient throughput, creating more bed space and nursing resources for the next patient, provides support to staff and patients and ultimately improves patient outcomes.
- Staff and patients are engaged and report that they enjoy the rounds and the support in the moment.
- Staff see the benefits of actively managing their patients and how that affects their workflows and decreases overload patients and creates less stress
- As a result of rounding we have not had to delay scheduled inductions of Labor due to staffing or bed resources since February.
- Please note in the table below, as a result of rounding we have seen improvement of Active Management of Pitocin for induction/augmentation

	Pre-rounding	Post rounding
Pitocin Initiation within 1 hour of the order	79%	96%
Increasing Pitocin Drip as Ordered	76%	80%

# ERAC Data

## Enhanced Recovery After C-Section Dashboard

	Benchmark	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
<b>Early Mobilization</b>															
% of elective C-Section cases who ambulate within 24 hrs post op	90%	97.00%	97.30%	94.30%	98.50%	100.00%	95.80%	98.80%	95.00%	94.50%	97.61%	100.00%	98.20%	97.90%	95.30%
numerator/denominator		65/67	73/75	50/53	67/68	77/77	70/73	83/84	76/80	86/91	41/42	73/73	56/57	48/49	41/43
<b>Early Urinary Catheter Removal</b>															
% of elective C-section cases who have foley catheter removed within 12 hrs after delivery (start time when they leave PACU)	90%	47.70%	45.30%	47.10%	64.10%	62.30%	64.30%	69.00%	61.20%	65.93%	73.80%	83.10%	85.40%	83.70%	77.50%
numerator/denominator		32/67	34/75	25/53	43/67	48/77	47/73	58/84	49/80	60/91	31/42	59/71	47/55	41/49	31/40
<b>Breastfeeding Support</b>															
% Lactation Consult postpartum	TBD	100%	100%	88.60%	94.10%	98.60%	100.00%	100.00%	98.70%	97.80%	97.61%	100.00%	100.00%	97.90%	95.30%
numerator/denominator		67/67	75/75	47/53	64/68	75/76	73/73	84/84	79/80	89/91	41/42	74/74	57/57	48/49	41/43
<b>Breastfeeding Support and Maternal Infant Bonding</b>															
% skin to skin contact /breastfeeding attempted in OR/PACU	90%	76.10%	80.20%	77.00%	82.20%	68.00%	74.20%	74.00%	81.30%	83.52%	87.17%	87.50%	94.40%	97.90%	97.50%
numerator/denominator		48/63	57/71	37/48	51/62	51/75	49/66	57/77	61/75	71/85	34/39	63/72	51/54	47/48	40/41
<b>Multimodal Analgesia</b>															
% of elective C-Section cases who have multimodal analgesia administered within 12 hours of surgery end time (usually use toradol/tylenol)	TBD	100%	100%	100%	98.50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
numerator/denominator		67/67	75/75	54/54	67/68	77/77	73/73	84/84	80/80	91/91	42/42	74/74	57/57	49/49	43/43
<b>Antibiotic Prophylaxis</b>															
% of elective C-Section cases who have antibiotic prophylaxis before cut time (anesthesia record)	TBD	100%	100%	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.20%	100.00%	100.00%
numerator/denominator		67/67	75/75	54/54	68/68	77/77	73/73	84/84	80/80	91/91	42/42	74/74	56/57	49/49	43/43
<b>Promotion of Return of Bowel Function</b>															
% of elective C-sections without ANY administered IV opioids postpartum	TBD	95.50%	97.30%	92.40%	88.20%	100.00%	95.80%	92.80%	96.20%	98.90%	97.61%	92.40%	92.90%	97.90%	97.60%
numerator/denominator		64/67	73/75	49/53	60/68	77/77	70/73	78/84	77/80	90/91	41/42	73/79	53/57	46/47	42/43

KEY

>10% above goal/benchmark

Within 10% of goal/benchmark

Outperforming/meeting goal/benchmark

248/403

Data includes elective C-sections only



# NICU 2020 Data

- Central Line Associated Blood Stream Infections: **0/686** central line days
- Ventilator Associated Pneumonia: **0/117** vent days
- Biovigil Hand Hygiene Compliance: **97.6%**

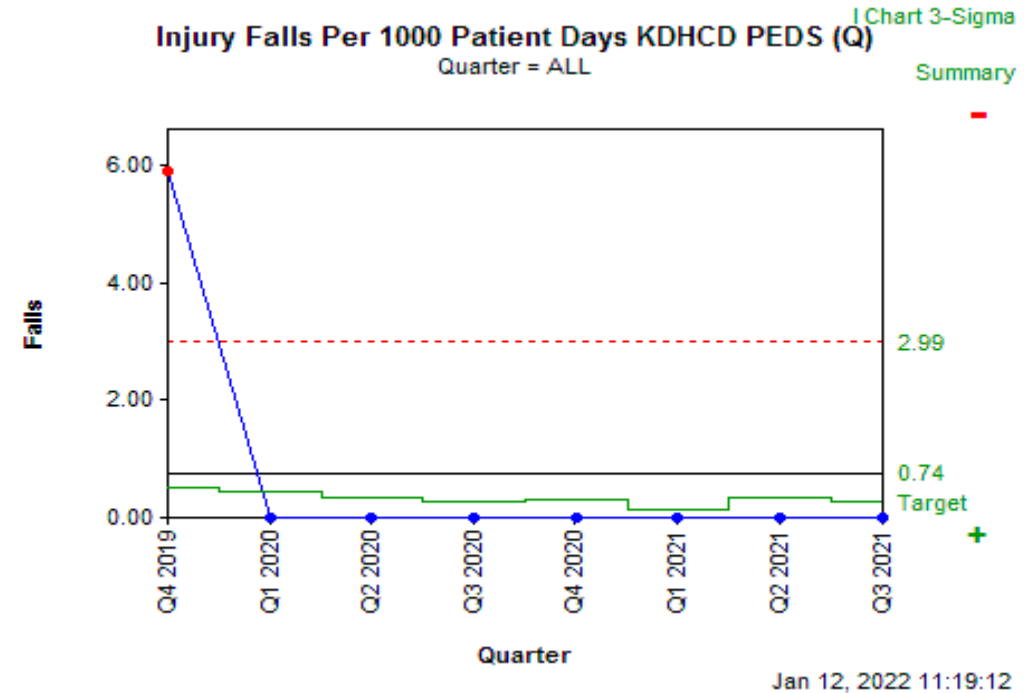
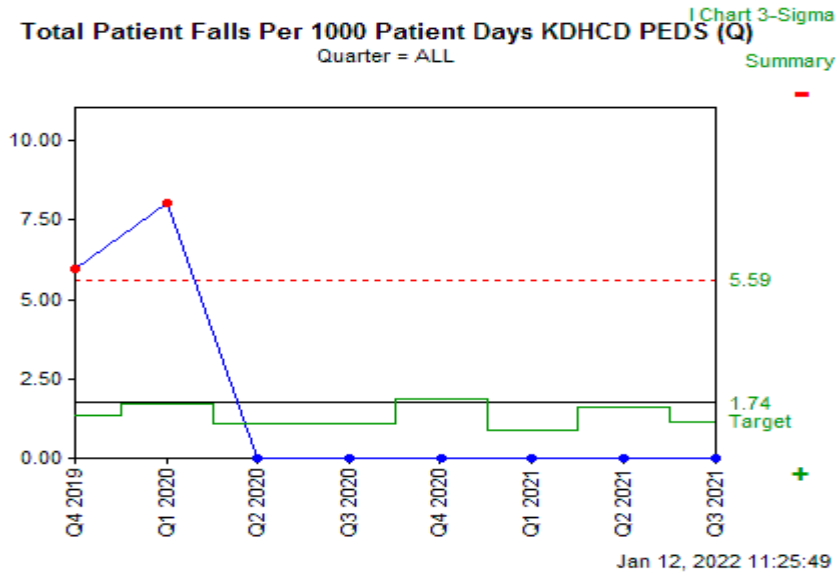
# Eat, Sleep, Console

- Eat, Sleep, Console is an evidence based program that improves patient outcomes in our Drug Exposed Infant Patient Population. It is proven to significantly reduce length of stay and costs related to these babies by:
  1. Sending an empowering message to the parents that they can improve the outcomes for their babies.
  1. Training staff that non-pharmacologic treatment interventions are equivalent to pharmacologic treatment.
  1. Developing a novel tool that simplifies Neonatal Abstinence Syndrome assessment and management (Grossman et al, 2018).

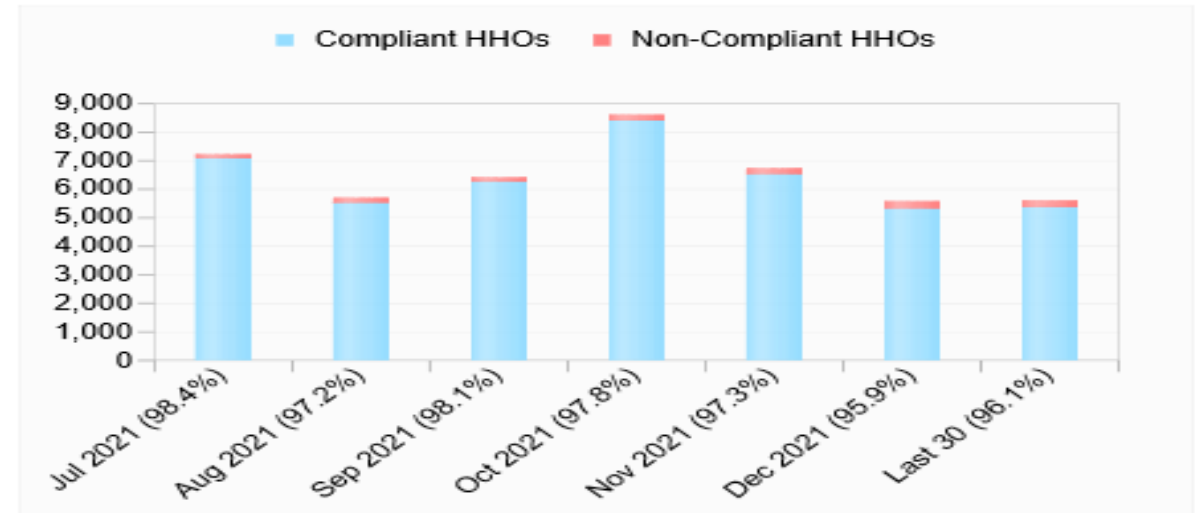
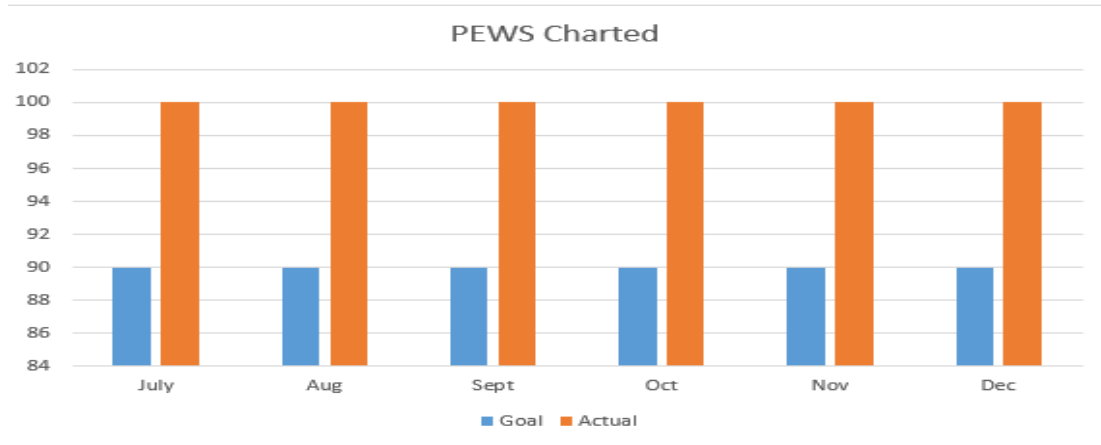
# Interventions

- Can the baby eat? Can the baby sleep? Can the baby be consoled? If the answer is yes, then supportive care strategies can continue. If the answer is no, then pharmacologic therapy should be considered in addition to supportive care.
- Family Centered Team Approach: Treat the maternal/infant dyad rather than the infant alone. Recognize positive parenting efforts. Provide education on infant cues, newborn care and soothing techniques. Use supportive, non-judgmental language
- Nutrition and Feeding Practices: If mother is stable on methadone or buprenorphine maintenance, use mother's own milk (MOM). Using MOM can decrease NAS scores and pharmacologic therapy need. Consider donor milk when MOM unavailable. Small frequent feeds may reduce reflux while satisfying sucking need. Provide for increased calories if needed. Use slow flow nipples and provide supportive positioning and containment to minimize disruptive feeding behaviors.
- Supportive Care in a Protective Environment: Provide for a dark, quiet environment close to mom. Effective consoling by parents, team members and volunteers is essential. Supportive positioning and the 5 S's of soothing (Swaddle, Shush, Swing, Suck, Side or Stomach position) to provide state organization and self-regulation. Support non-nutritive sucking, skin to skin holding with parents, infant massage to provide proprioceptive input and relax hypertonicity, skin protection to prevent diaper dermatitis
- Adjunct therapies to decrease intensity of withdrawal symptoms: Swaddled bathing and use of swing in a slow mode

# Pediatric Data



# Pediatric Data Cont.

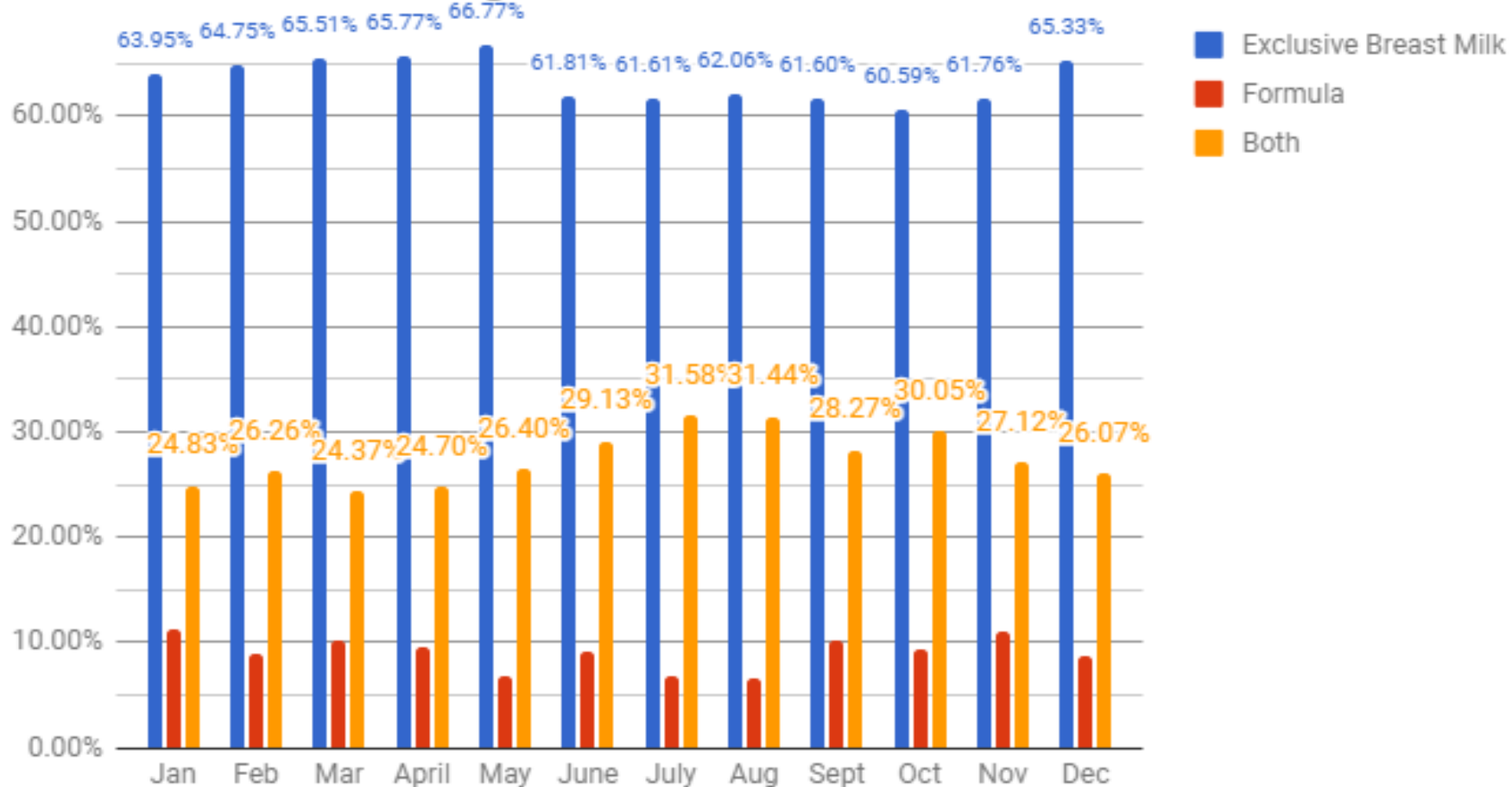


# Pediatric Dashboard

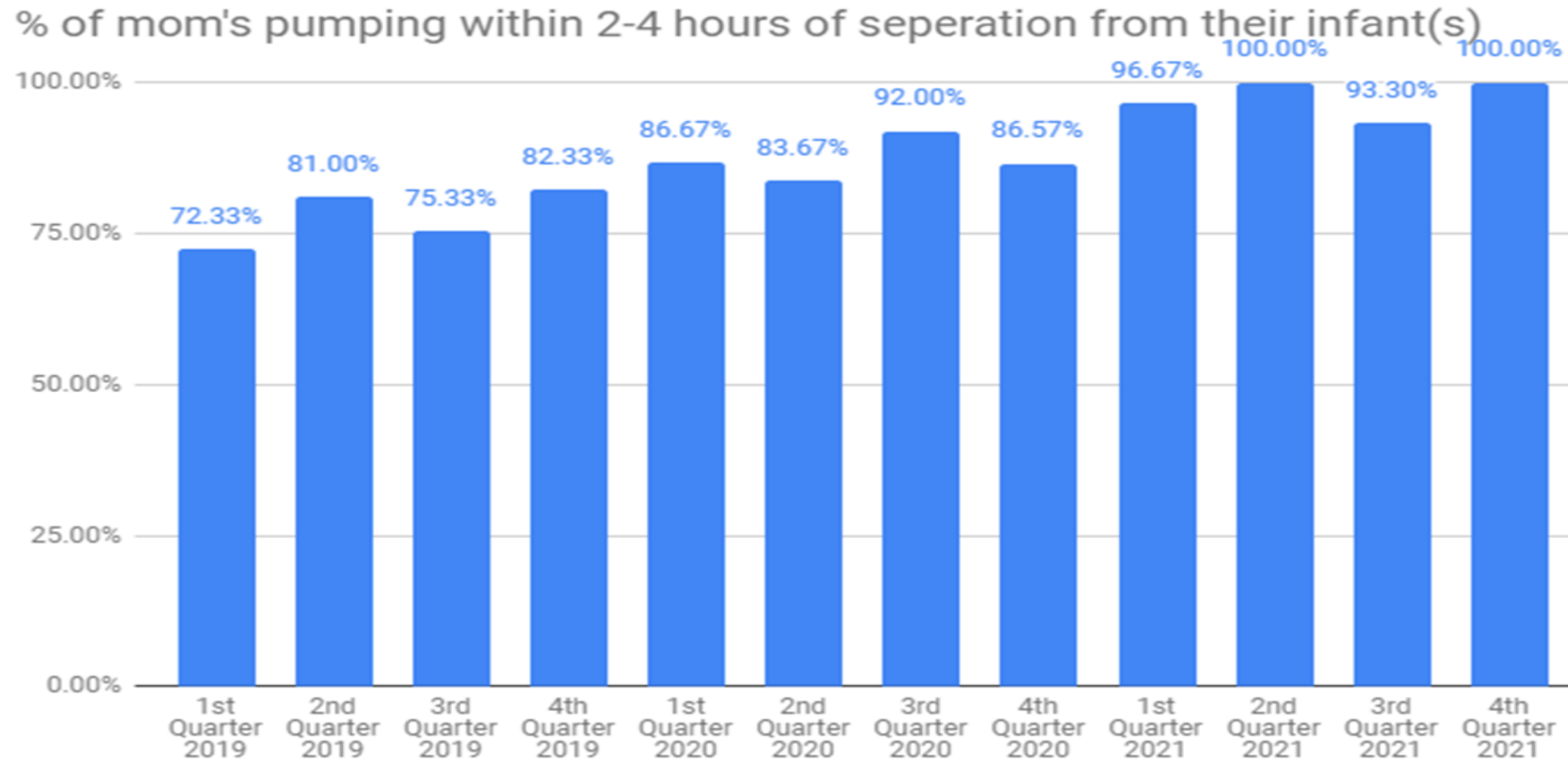
AVERAGE LENGTH OF STAY		Benchmark	Jan	Feb	March	April	May	June
Bronchiolitis			2.857	2	2.667			
Sepsis		7 (actual days)		NA	NA			
Asthma			0	5	2.333			
Pneumonia			1	3	2.333			
<b>BRONCHIOLITIS</b>								
% of patients that receive antibiotics	0%		17% (2/12)	100% (1/1)	50% (1/2)			
% of patients that receive steroids	0%		17% (2/12)	100% (1/1)	50% (1/2)			
% of patients that receive steroids on Pediatric Unit	0%		100%(2/12)	100%(1/1)	50% (1/2)			
% of patients that receive steroids in ED	0%		0%	0%	50% (1/2)			
<b>ASTHMA</b>								
Volume of pts			1	10	4			
% of patients that receive steroids	100%		100%	100%	100%			
% of patients that receive beta agonists	100%		100%	100%	100%			
<b>ED TRANSFERS OUT</b>								
% of patients that were transferred out of ED								
<b>PNEUMONIA</b>								
% of patients that receive blood cultures	0%		0%(0/2)	0% (0/2)	0% (0/3)			
% of patients that receive antibiotics	100%		100%(2/2)	100%(2/2)	30% (1/3)			
<b>SOFT TISSUE INFECTIONS/CELLULITIS</b>								
% of patients with blood cultures	100%		NA	NA	NA			
<b>KEY</b>			>10% above goal/benchmark	Within 10% of goal/benchmark	Outperforming/meeting goal/benchmark			

# Mother-Baby Data

## 2021 Breastfeeding Statistics

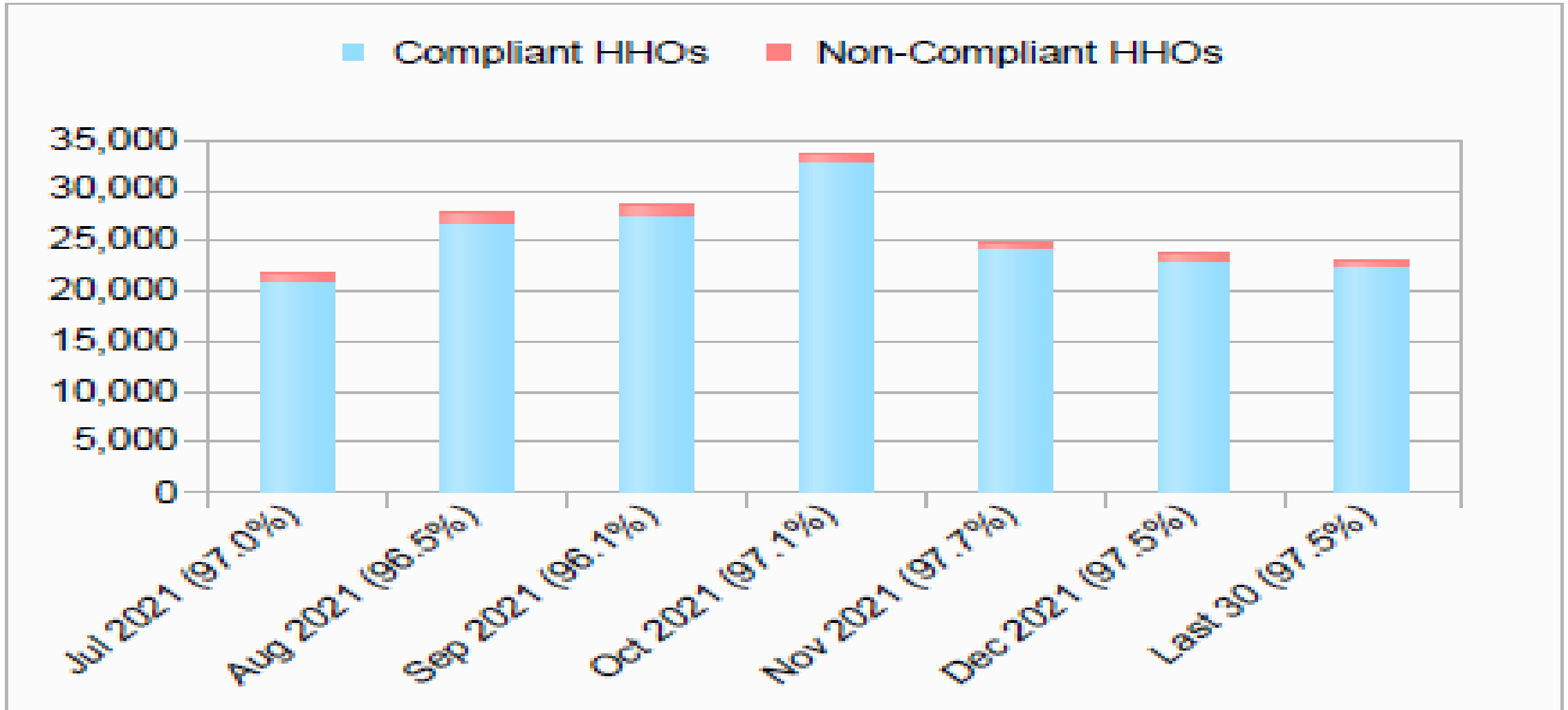


# NICU MOM's Pumping





# Mother Baby Data Cont.



Compliance percentage in parenthesis

# QUESTIONS





# Live with passion.

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



# FY22 Quarter 2 Ideal Work Environment

# Ideal Work Environment Metrics Performance

<b>Decrease New Hire Turnover Rate</b>	<b>Goal</b>	<b>Baseline</b>		<b>Comments</b>
Decrease new hire turnover rate	12%	13%	In Progress	
<b>Kaweah Health Team Members Satisfaction</b>				
EE - Weighted average of 27	4.08	4.04	In Progress	Pulse survey end of FY
PE - Overall I am satisfied working at Kaweah Health	3.99	3.97	In Progress	Pulse survey end of FY
RE - TBD	TBD	TBD		
<b>Decrease Employee Turnover Rate</b>				
Decrease Employee Turnover Rate	13%	14%	In Progress	Pulse survey end of FY
<b>I Get the Training I need to Do a Good Job</b>				
EE - I get the tools and resources I need to provide the best care/services for our customers/patients	4.01	3.97	In Progress	Pulse survey end of FY
EE - I get the training I need to do a good job	3.96	3.92	In Progress	Pulse survey end of FY
PE - I get the tools and resources I need to provide the best care/services for our customers/patients	9.69	3.67	In Progress	Pulse survey end of FY
RE - TBD	TBD	TBD		
<b>Kaweah Health Team Works Well Together</b>				
EE - My unit/department works well together	4.01	3.97	In Progress	Pulse survey end of FY
EE - Employees in my unit/department help others accomplish their work	3.96	3.92	In Progress	Pulse survey end of FY
EE - Communication between shifts is effective in my unit/department	3.69	3.67	In Progress	Pulse survey end of FY
EE - Employees in my unit/department treat each other with respect	4.21	4.17	In Progress	Pulse survey end of FY
PE - Different departments work well together at Kaweah Health	3.93	3.91	In Progress	Pulse survey end of FY
RE - TBD	TBD	TBD		

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

# New Hire Turnover Rate

## Champions: ~~Dan Allain~~, Raleen Larez, Dianne Cox

### Problem / Goals & Objectives

**Problem Statement:** Kaweah Health is facing the same challenges as many employers in the labor market and needs to respond accordingly through enhanced training and onboarding checkpoints to welcome staff.

**Goals and Objectives:** Decrease new hire turnover to **12%**, by improving the onboarding process, recognizing new employees for outstanding work, and ensuring leader's accountability to new employees.

### Critical Issues / Deliverables

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

Have not met 12% goal – information to be shared with Retention Committee starting April 2022.

**Deliverables:**

1 Started January 2022 – results to be shared with the Retention Committee starting April 2022.

2 Started January 2022 (60 days and six months checkpoints) – results to be shared with the Retention Committee starting April 2022.

3 Executives are distributing Welcome cards to new hires; luncheons were difficult to schedule.

4 All departments use a standardized 48-hour checklist for newly hired or transferred employees.

5 Most positions now receive a sign-on bonus; amounts greater than \$2,500 have a work commitment attached.

6 Stay surveys are underway beginning March 2022 – results to be shared with the Retention Committee starting April 2022.

### Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Pulse Survey with questions focused on retention (6 months?)	2021	1/2022	Hannah and HR	●
2	30/60/90 day touch points, Manager/Director/VP	2021	1/2022	Jamie	●
3	New Hire VP quarterly Luncheon and Recognition (modified for scheduling purposes – welcome cards now being distributed)	2021	6/2022	VPs	●
4	Standardized Onboarding at the unit level – training and education to be included	2021	6/2022	Hannah	●
5	Evaluate use of sign-on bonus with retention guideline based on staged payouts	2021	6/2022	HR	●
6	Pulse and stay survey at 1 <sup>st</sup> year anniversary	2021	3/2022	Hannah and HR	●

# Kaweah Health Team Member Satisfaction

## Champions: ~~Dan Allain~~, Raleen Larez, Dianne Cox

### Problem / Goals & Objectives

**Problem Statement:** Kaweah Health staff satisfaction is below goal and initiatives are in the works to address concerns around retention.

**Goals and Objectives:** Utilizing the Employee Engagement, Physician Engagement, and Resident surveys, gauge the satisfaction of the entire Kaweah Health Team. Improve the survey scores to:

- EE – Weighted average of 27 – 4.08
- PE – Overall I am satisfied working at Kaweah Health – 3.99

#### Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Cascading information/knowledge, review communication strategies, staff meetings mandatory	2021	6/2022	VPs	●
2	Communication, timely responses, weekly summary updates, email etiquette	TBD	TBD	HR	●
3	Staff participation and input with department processes and changes, along with employee engagement group participation	2021	6/2022	Dan/ Raleen	●
4	On time performance evaluations	2021	6/2022	VPs/ Directors	●
5	Measure through pulse survey	2021	6/2022	Hannah/ HR	●

### Critical Issues / Deliverables

1 Monthly leadership meetings are distributed to leaders for staff meeting/communication updates; we continue with monthly communication board updates; in person staff meetings are starting to occur again.

2 We have not established communication etiquette rules this year. Consider for FY23 with Service Standards.

3 Staff participation and input will be evaluated in the June 2022 Pulse Survey; it has been on the goals of Directors for FY2022.

4 A report has been completed and distributed to the Executive Team for follow up.

5 The Pulse Survey is scheduled for June 2022.



# Decrease Employee Turnover

Champions: ~~Dan Allain~~, Raleen Larez, Dianne Cox

## Problem / Goals & Objectives

**Problem Statement:** Kaweah Health is facing employment challenges in recruitment and retention and more focus on retention is critical.

**Goals and Objectives:** Develop tools, assessments, and programs to increase employee retention and decrease the overall Kaweah Health Team member turnover rate to 13%.

## Critical Issues / Deliverables

1 Ongoing in monthly Leadership meetings; a Certification Program will kick off FY2023.

2 Ongoing; Kaweah offers many recognition programs through our Employee Connection Committee.

3 Stay surveys are underway beginning March 2022 – results to be shared with the Retention Committee starting April 2022.

4 Executive rounding has included executives shadowing employees.

5 Ongoing implementation of market adjustments; the Pulse Survey for employee benefits is scheduled for May 2022.

6 The Pulse Survey is scheduled for June 2022.

## Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Provide initial and refresher training on Just Culture awareness/Safety	2021	6/2022	Hannah	●
2	Develop real time Recognition Program <b>Complete</b>	2021	6/2022	Dan/ Raleen	●
3	Stay Interviews, Press Ganey Pulse Survey <b>Complete</b>	2021	3/2022	Hannah and HR	●
4	A day in the life of an employee <b>Complete</b>	2021	6/2022	Execs Rounding/ Shadowing	●
5	Evaluate annually and as market dictates, Wage, benefits, retention bonus	2021	6/2022	HR	●
6	What's working? - Survey	2021	6/2022	HR	●

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

265/403

# I Get the Training I Need to Do a Good Job

## Champions: ~~Dan Allain~~, Raleen Larez, Dianne Cox

### Problem / Goals & Objectives

**Problem Statement:** The most recent Employee Engagement survey suggested there was room for improvement in ensuring Kaweah Health team members have the tools and equipment they need to provide world class services.

**Goals and Objectives:** Utilize the Employee Engagement, Physician Engagement, and Resident surveys, gauge the satisfaction of the entire Kaweah Health Team. Improve the survey scores to:

- EE – I get the training I need to do a good job – 3.96
- EE – I get the tools and resources I need to provide the best care/services for our customers/patients – 4.01
- PE - I get the tools and resources I need to provide the best care/services for our customers/patients – 4.01

### Critical Issues / Deliverables

1 and 2 Onboarding Checkpoints administered through Press Ganey should give us some insight. These started March 2022.

3 Midas does not provide an option to pull reports based on topic. This process will have to remain manual. Will consider for FY23.

4 Pulse survey June 2022 will better understand needs of team members and where training/tools may be lacking.

### Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Assess initial and ongoing training and equipment needs, at hire and annually	2021	6/2022	HR	●
2	Train on new equipment, procedures, and processes before implementation Develop Educational bundles and roll out prior to implementation of new process, products or equipment	2021	6/2022	Unit Directors and Unit educators	●
3	Assess trends in Midas/events reported to Risk to determine focus of the educational topics	2021	6/2022	Dan/ Raleen	●
4	Success measured through our pulse survey	2021	6/2022	HR/ Raleen	●

# Kaweah Health Team Works Well Together

## Champions: ~~Dan Allain~~, Raleen Larez, Dianne Cox

### Problem / Goals & Objectives

**Problem Statement:** There is a need to continue to align the efforts of all Kaweah Health teams to ensure world class service.

**Goals and Objectives:** Utilizing the Employee Engagement, Physician Engagement, and Resident surveys, gauge how well the Kaweah Health Team works together. Improve the survey scores to:

- EE – My unit/department works well together – 4.30
- EE – Employees in my unit/department help others accomplish their work – 4.25
- EE – Communication between shifts is effective in my unit/department – 4.08
- EE – Employees in my unit/department treat each other with respect – 4.21
- PE – Different departments work well together at Kaweah Health – 3.93

### Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Engage (focus groups) What are individual's definition or perception of working well together? Use open ended questions in a Pulse Survey	TBD	TBD	HR	●
2	Engage and collaborate with all stakeholders on decision making and process changes, physician, nursing, etc. – Will launch committee with results to identify action items and develop smaller focus groups	TBD	TBD	HR	●
3	Civility training: being civil with each other, professionalism and collegial interaction training	2021	6/2022	HR	●
4	Setting parameters for conversations to be effective, de-escalation of argumentative communications	2021	6/2022	HR	●
5	Hardwire SBAR usage as best practice throughout organization	2021	6/2022	HR/Clinical Leadership	●
6	Pulse survey to measure progress	2021	6/2022	HR	●

267/403

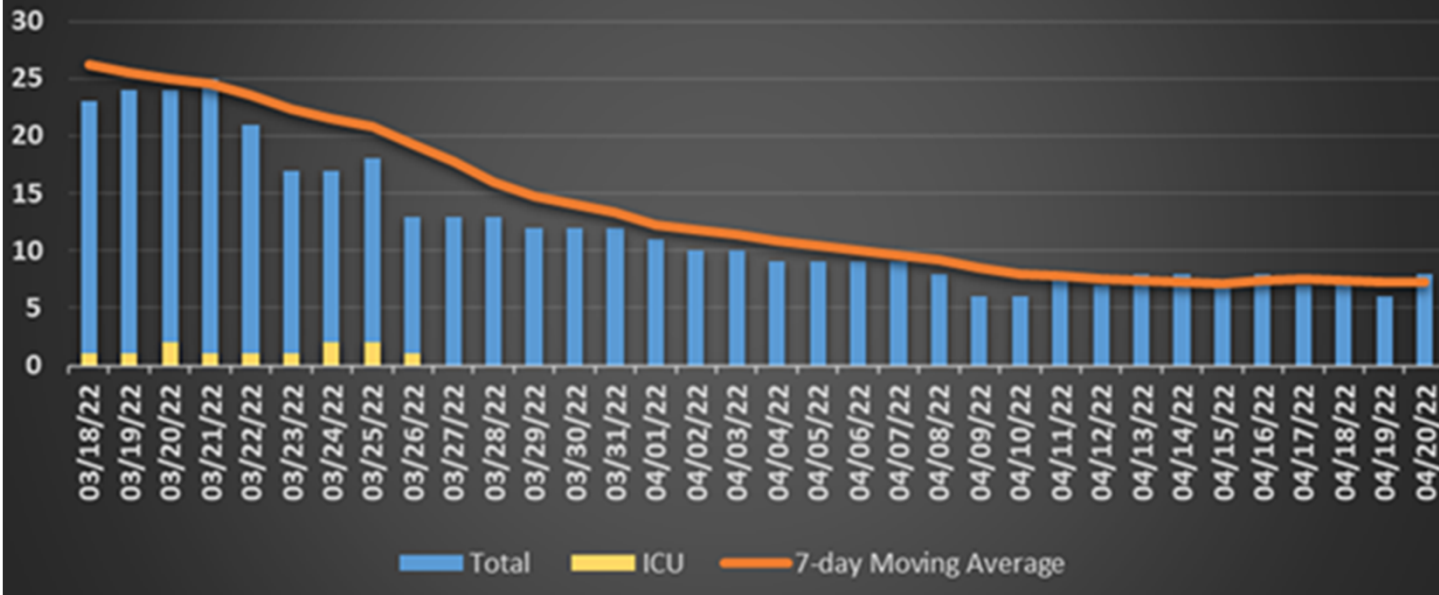
### Critical Issues / Deliverables

- 1 Pulse not done; discussions occurring on what working well together looks like.
- 2 Discussions occurring.
- 3 and 4 HR/Raleen now offering weekly training to leaders on employee relations, civility, difficult conversations.
- 5 SBAR process being revamped as part of organizational throughput initiative.
- 6 The Pulse Survey is scheduled for June 2022.

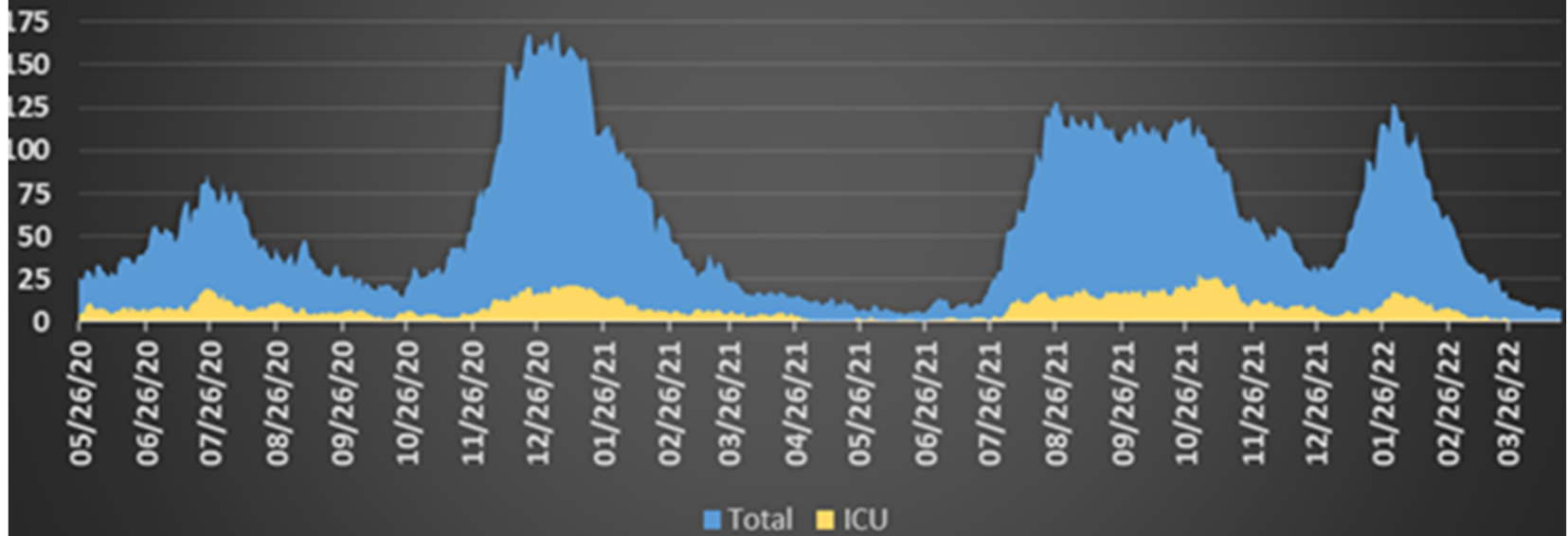
# CFO Financial Report

## April 20, 2022

## Kaweah Health COVID+ Inpatients



## Kaweah Health COVID+ Inpatients (entire pandemic)



# COVID-19 Financial Activity

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HHS Extended the public health emergency (PHE) for another 90 days through 4/16/22. A number of regulatory flexibilities, including post-acute payments, a 6.2% Medicaid payment boost and Medicare telehealth waivers are tied to the PHE.

In December, it was announced that the 2% sequestration to our Medicare payments would follow the following schedule.

- No payment adjustment (reduction) through March 31, 2022
- **1% payment adjustment April 1 – June 30, 2022**
- 2% payment adjustment beginning July 1, 2022

**Round 4 Stimulus Funds** - On September 10<sup>th</sup>, 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 – 4/13 Received \$9,344,902**

- 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 2 <sup>nd</sup> payment	\$1,225,939	Received 4/24/20
Stimulus Funds – KDMF 2 <sup>nd</sup> 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 3 <sup>rd</sup> wave of federal payments	\$11,120,347	Received 1/27/21
Stimulus Funds – KDMF 3 <sup>rd</sup> 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 – Part I of the 4 <sup>th</sup> wave of federal payments	\$5,837,002	Received 11/23/21
<b>Stimulus Funds – Part II of the 4<sup>th</sup> wave of federal payments</b>	<b>\$9,344,902</b>	<b>Received 4/13/22</b>
<b>Impact to Net Revenue</b>	<b>\$54,163,987</b>	

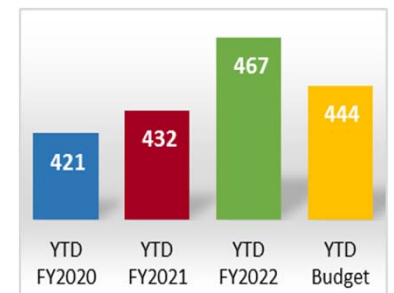
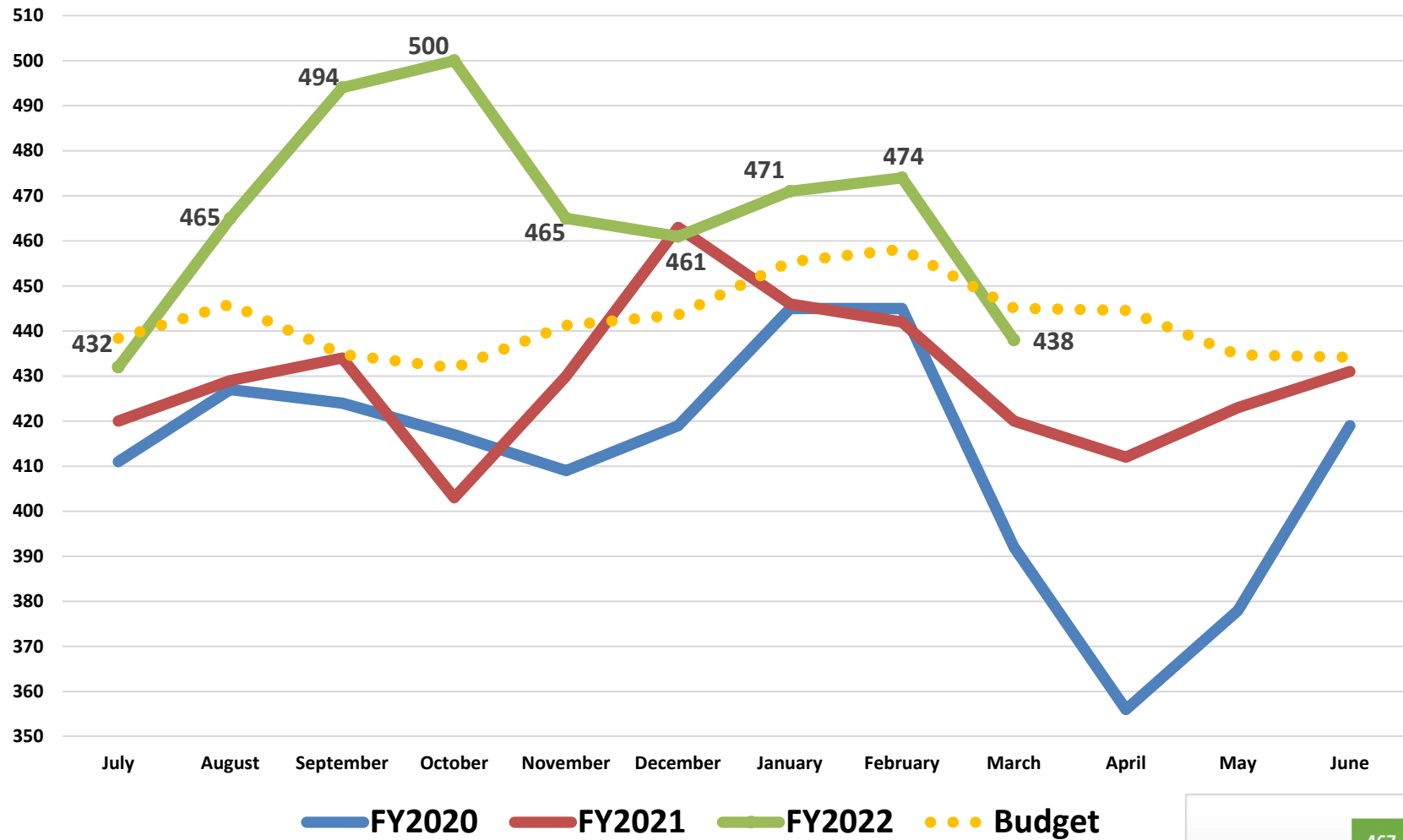
# COVID IMPACT (000's)

March 2020 - Mar  
2022

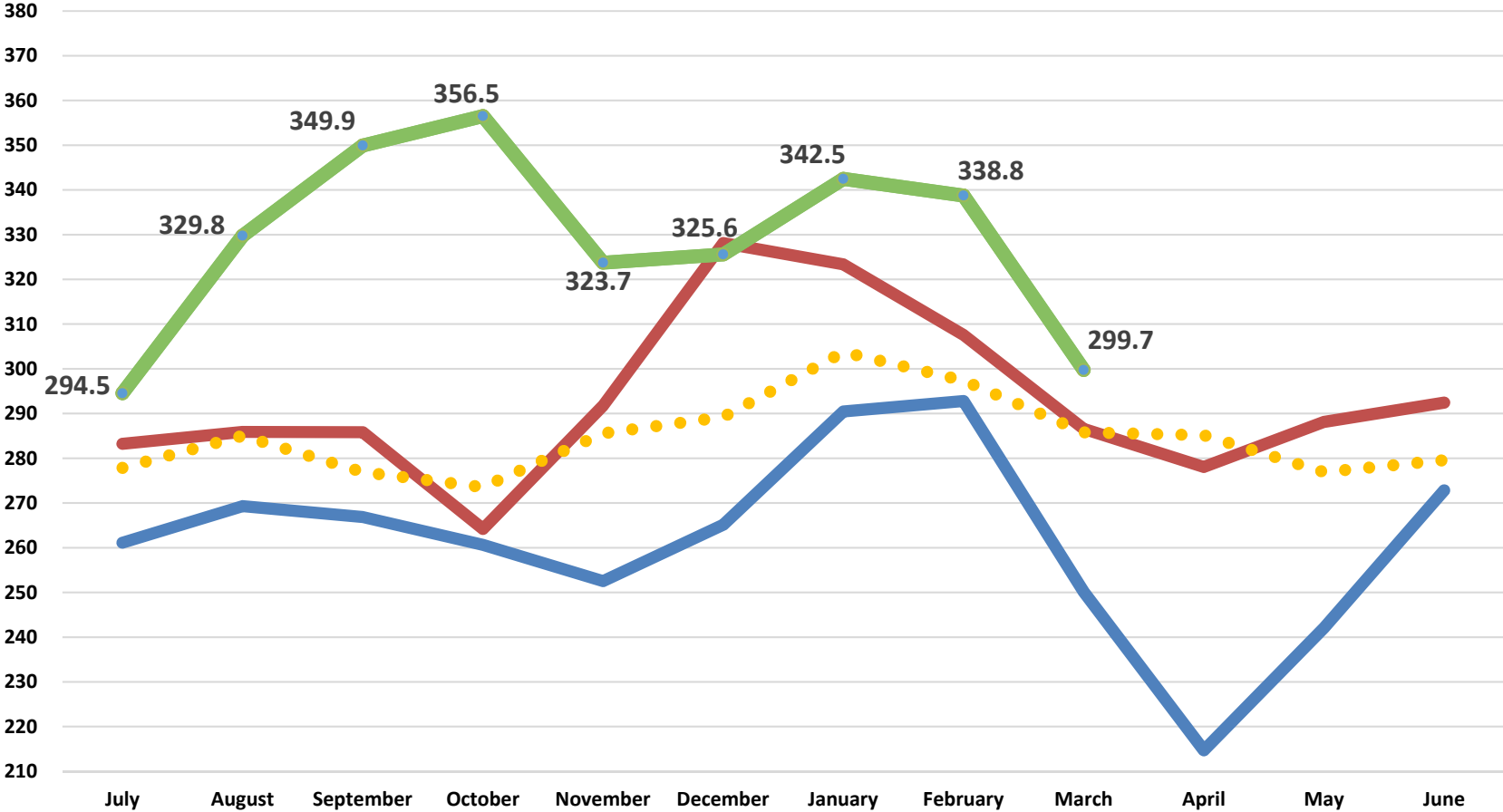
<b>Operating Revenue</b>	
Net Patient Service Revenue	\$1,227,916
Supplemental Gov't Programs	130,945
Prime Program	27,307
Premium Revenue	124,549
Management Services Revenue	72,527
Other Revenue	46,916
Other Operating Revenue	402,244
<b>Total Operating Revenue</b>	<b>1,630,157</b>
<b>Operating Expenses</b>	
Salaries & Wages	691,955
Contract Labor	33,067
Employee Benefits	117,773
<b>Total Employment Expenses</b>	<b>842,797</b>
Medical & Other Supplies	271,287
Physician Fees	209,185
Purchased Services	39,218
Repairs & Maintenance	56,165
Utilities	15,878
Rents & Leases	12,860
Depreciation & Amortization	66,079
Interest Expense	14,233
Other Expense	43,021
Humana Cap Plan Expenses	72,812
Management Services Expense	71,589
<b>Total Other Expenses</b>	<b>872,325</b>
Total Operating Expenses	1,715,123
<b>Operating Margin</b>	<b>(\$84,966)</b>
Stimulus Funds	\$63,982
<b>Operating Margin after Stimulus</b>	<b>(\$20,984)</b>
Nonoperating Revenue (Loss)	10,508
<b>Excess Margin</b>	<b>(\$10,477)</b>



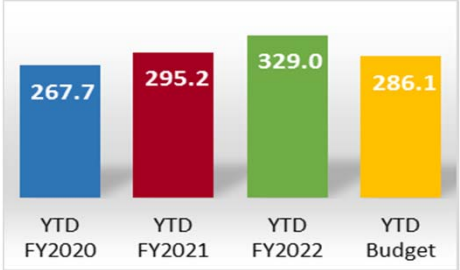
# Average Daily Census



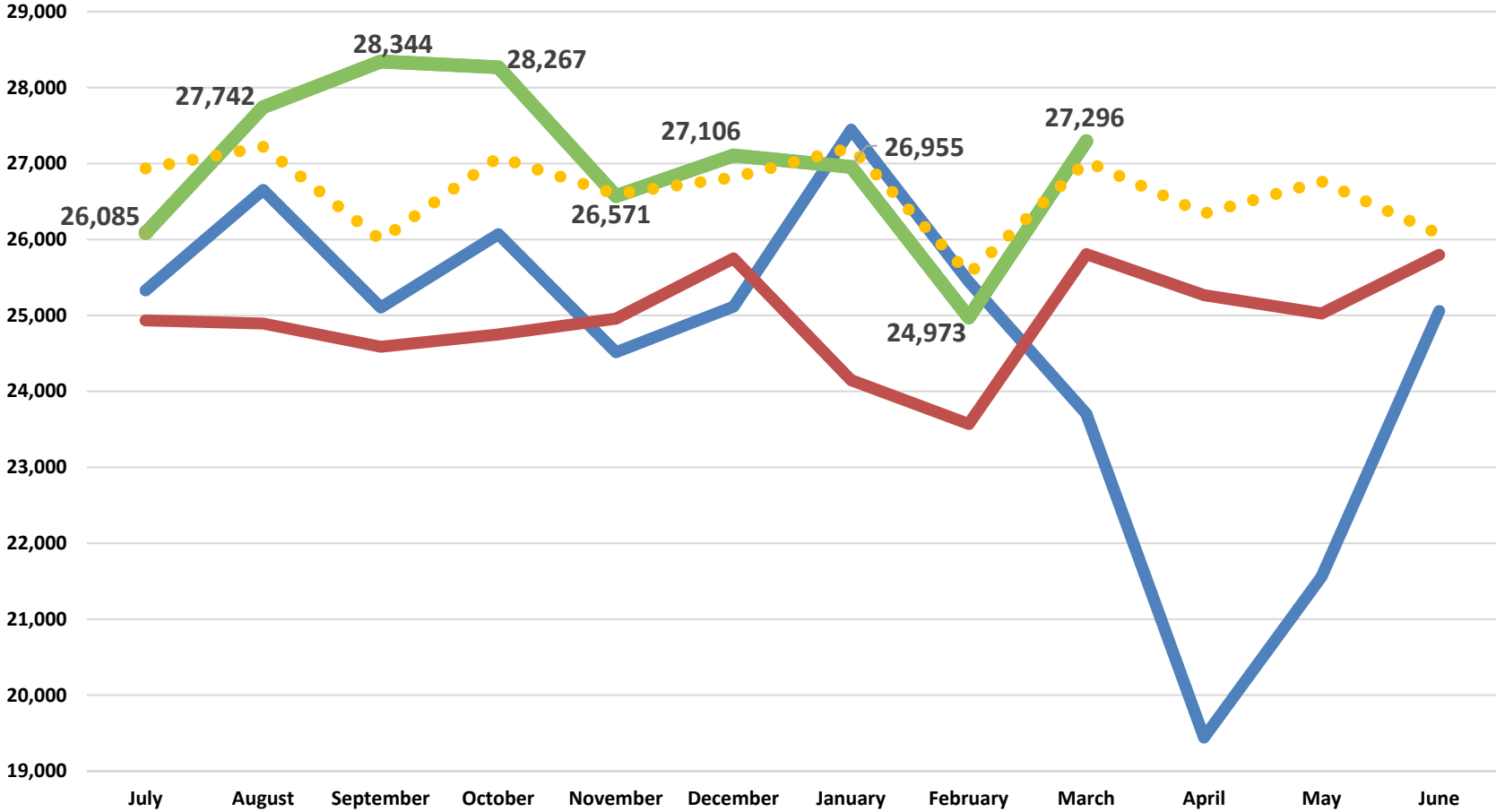
# Medical Center – Avg. Patients Per Day



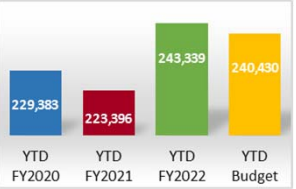
—●— FY2020   
 —●— FY2021   
 —●— FY2022   
 ●●● Budget



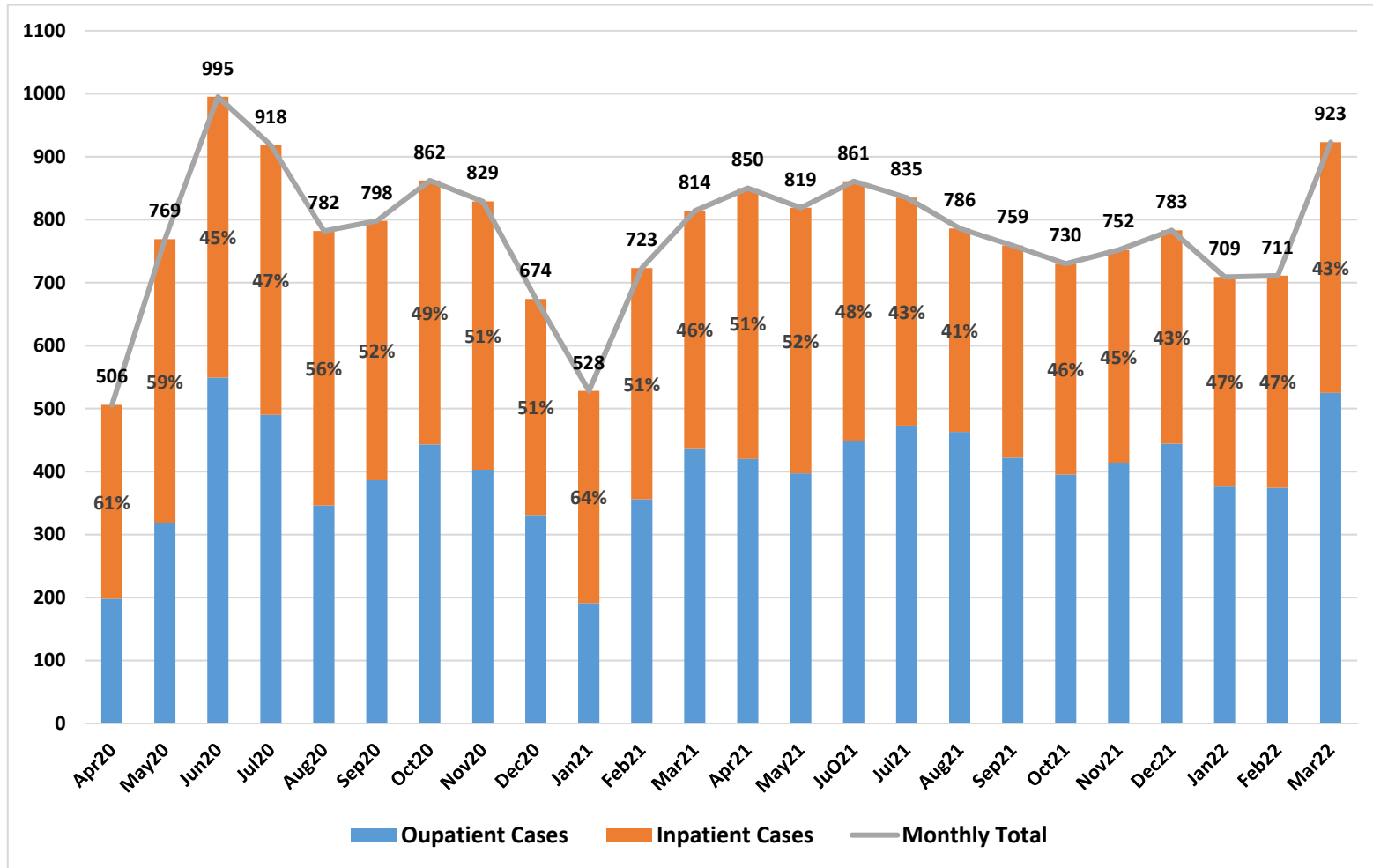
# Adjusted Patient Days



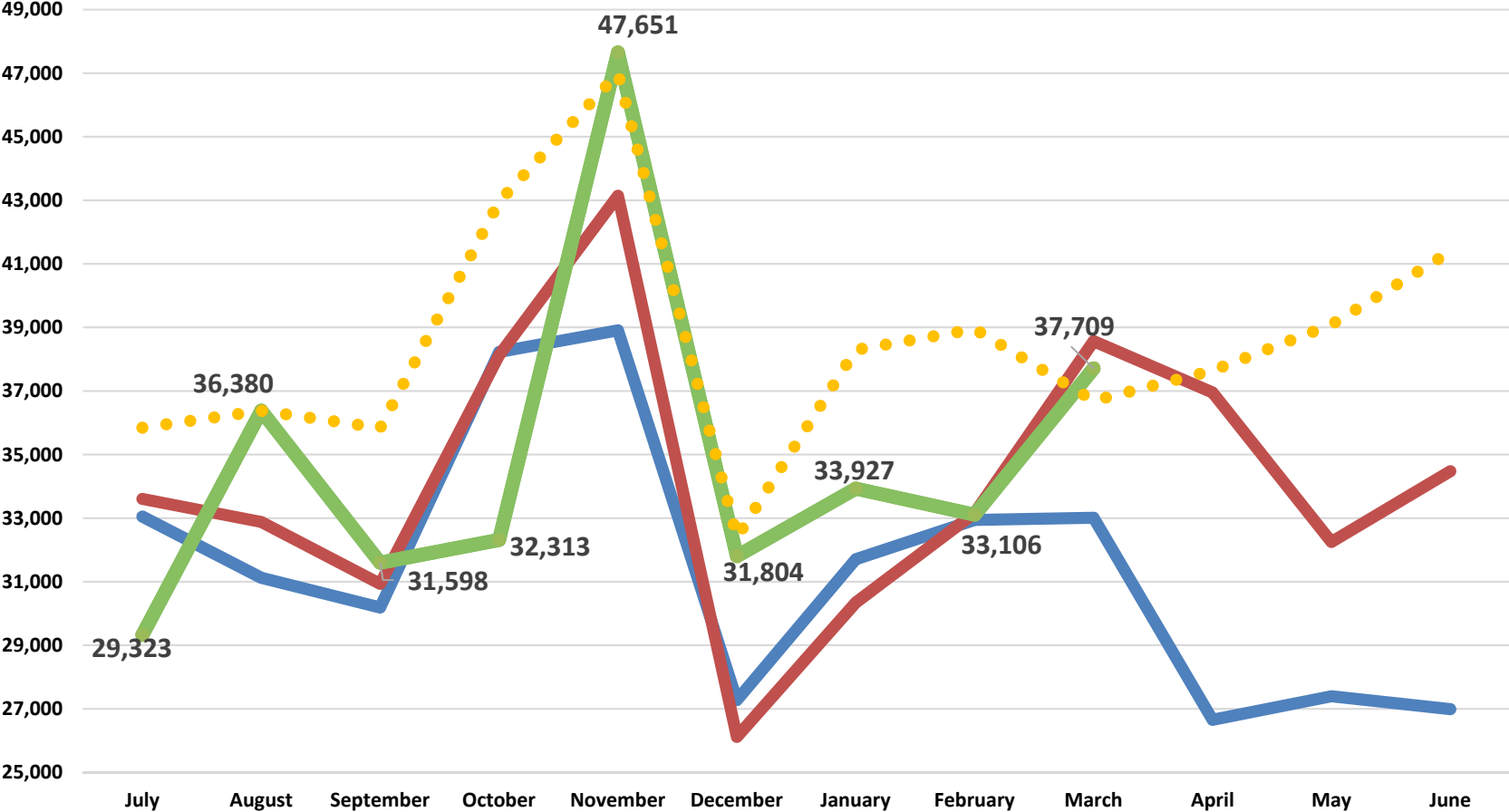
— **FY2020**    
 — **FY2021**    
 — **FY2022**    
 ●●● **Budget**



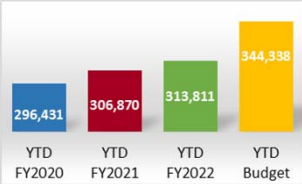
# Surgery Cases



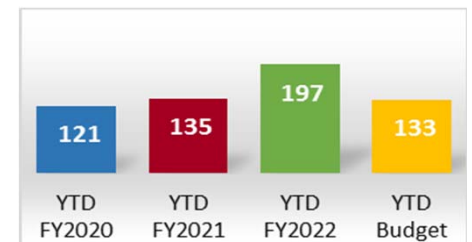
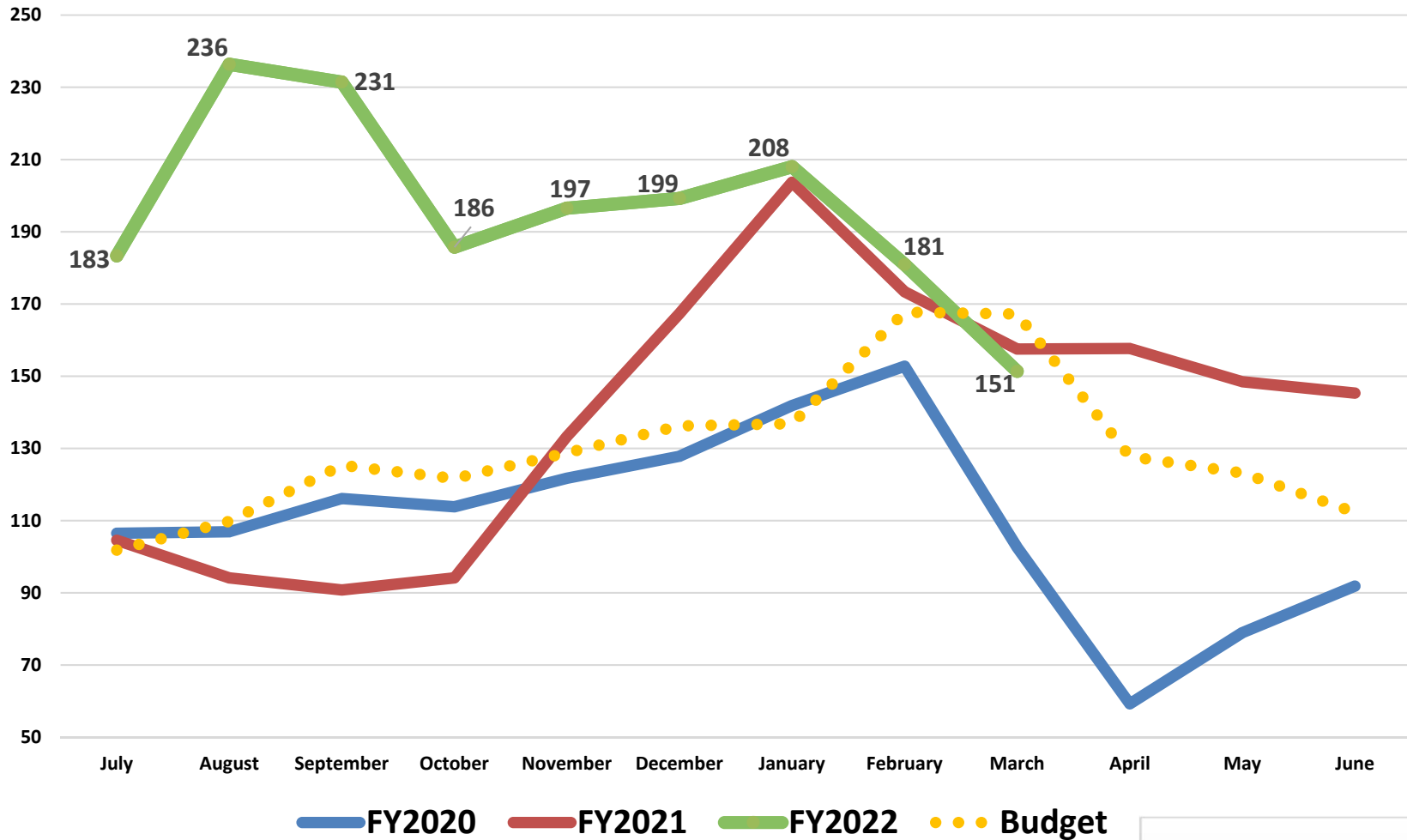
# KHMG RVU's



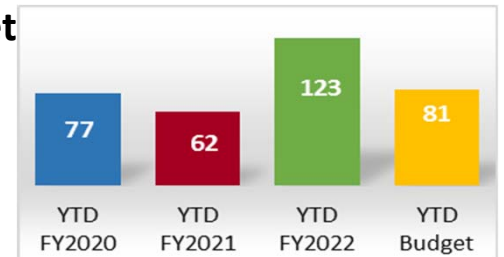
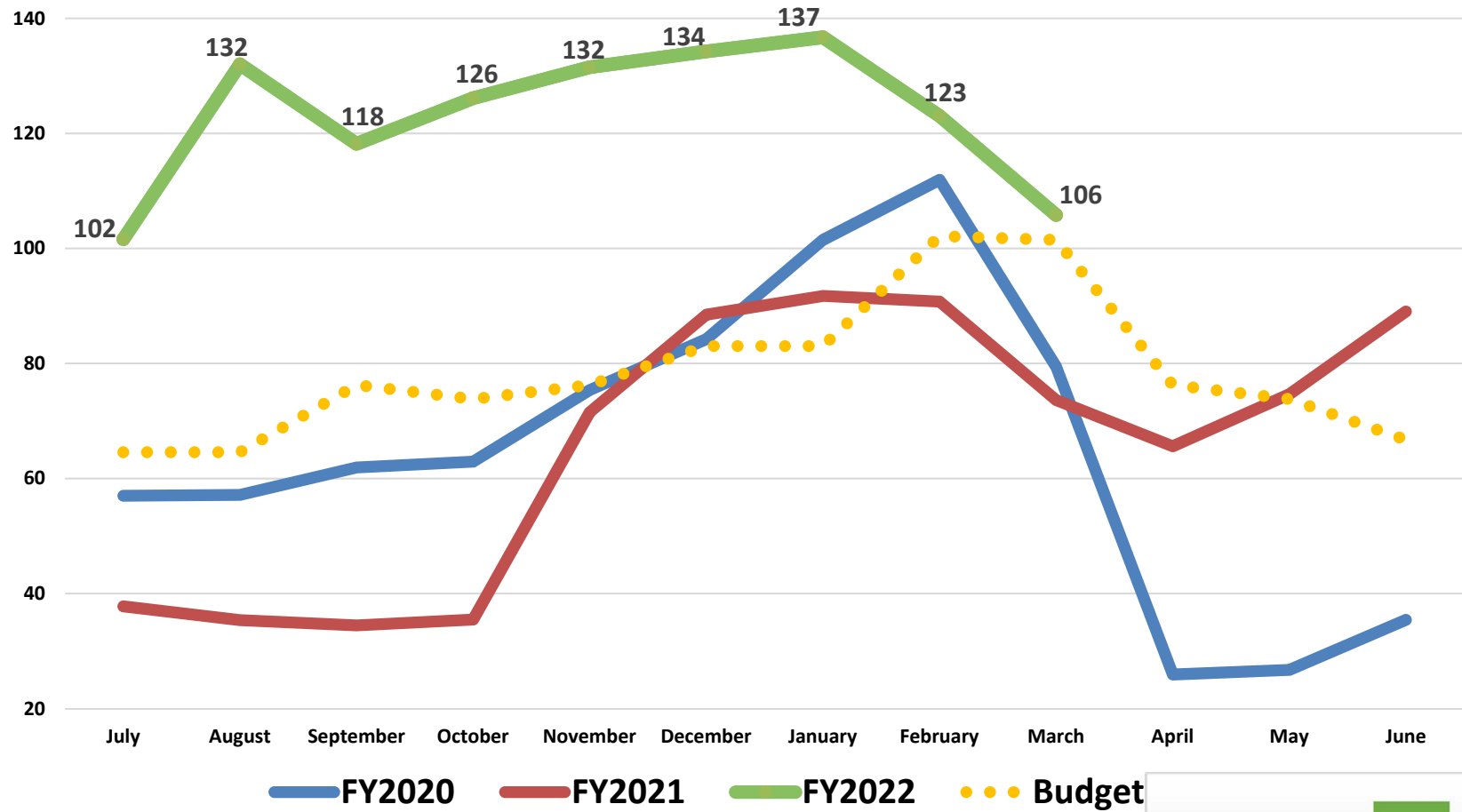
— **FY2020**   
 — **FY2021**   
 — **FY2022**   
 ●●● **Budget**



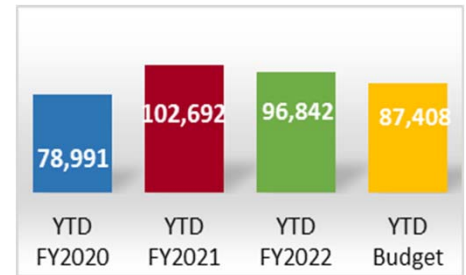
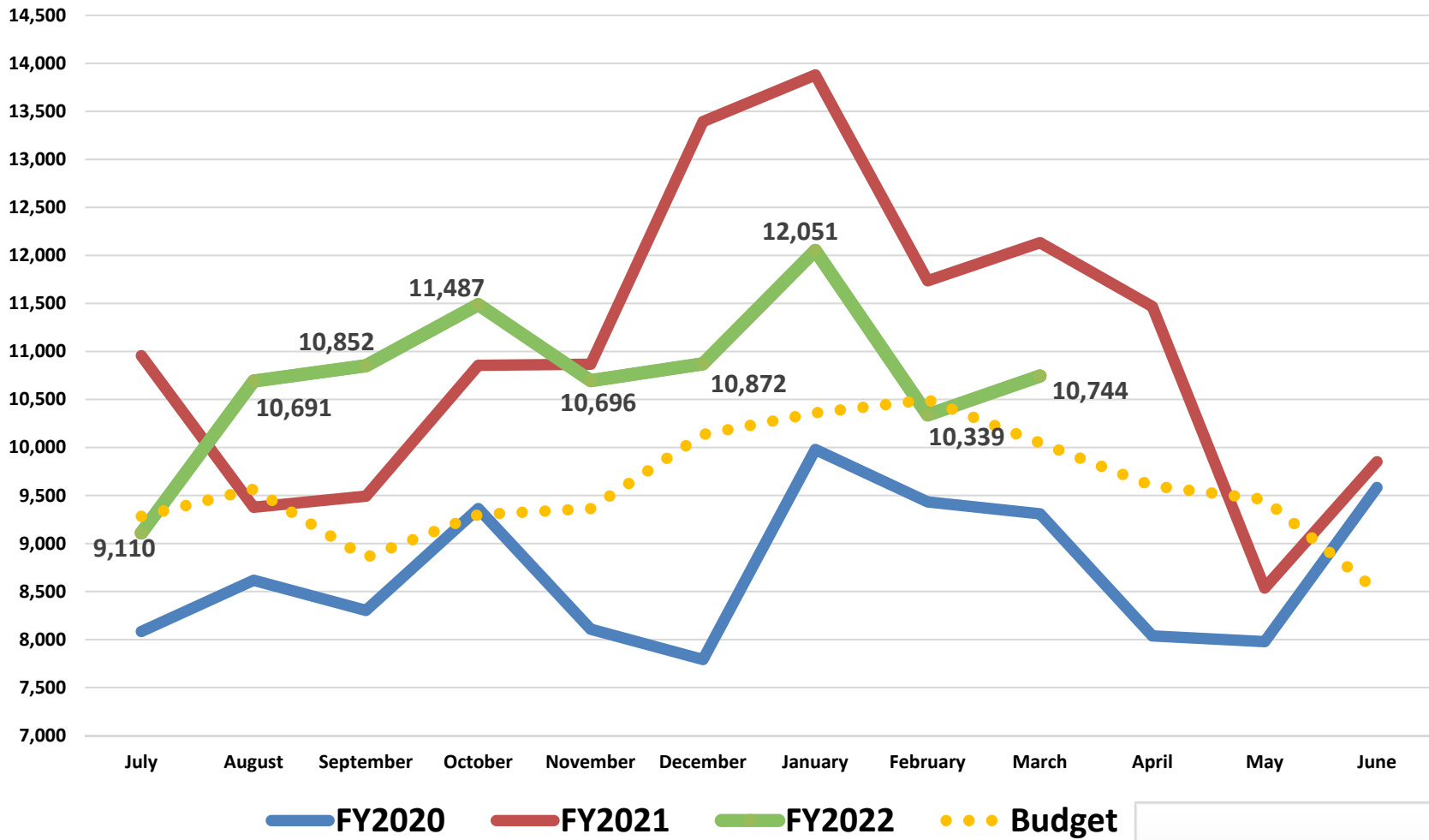
# Urgent Care – Court Average Visits Per Day



# Urgent Care – Demaree Average Visits Per Day



# Rural Health Clinic Registrations





## Statistical Results – Fiscal Year Comparison (Mar)

Actual Results			Budget	Budget Variance	
Mar 2021	Mar 2022	% Change	Mar 2022	Change	% Change

<b>Average Daily Census</b>	<b>420</b>	<b>438</b>	<b>4.1%</b>	<b>445</b>	<b>(7)</b>	<b>(1.6%)</b>
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### KDHCD Patient Days:

Medical Center	8,884	9,292	4.6%	8,860	432	4.9%
Acute I/P Psych	1,016	1,246	22.6%	1,445	(199)	(13.8%)
Sub-Acute	867	842	(2.9%)	957	(115)	(12.0%)
Rehab	612	509	(16.8%)	632	(123)	(19.5%)
TCS-Ortho	321	364	13.4%	427	(63)	(14.8%)
TCS	386	410	6.2%	563	(153)	(27.2%)
NICU	471	445	(5.5%)	400	45	11.3%
Nursery	473	462	(2.3%)	513	(51)	(9.9%)

<b>Total KDHCD Patient Days</b>	<b>13,030</b>	<b>13,570</b>	<b>4.1%</b>	<b>13,797</b>	<b>(227)</b>	<b>(1.6%)</b>
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<b>Total Outpatient Volume</b>	<b>46,097</b>	<b>47,523</b>	<b>3.1%</b>	<b>47,657</b>	<b>(134)</b>	<b>(0.3%)</b>
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## Statistical Results – Fiscal Year Comparison (Jul-Mar)

	Actual Results			Budget	Budget Variance	
	FYTD 2021	FYTD 2022	% Change	FYTD 2021	Change	% Change
<b>Average Daily Census</b>	<b>433</b>	<b>467</b>	<b>7.9%</b>	<b>444</b>	<b>23</b>	<b>5.2%</b>
<b>KDHCD Patient Days:</b>						
Medical Center	80,853	90,103	11.4%	78,371	11,732	15.0%
Acute I/P Psych	11,136	10,560	(5.2%)	12,853	(2,293)	(17.8%)
Sub-Acute	8,199	7,529	(8.2%)	8,434	(905)	(10.7%)
Rehab	3,832	4,365	13.9%	5,083	(718)	(14.1%)
TCS-Ortho	3,295	3,108	(5.7%)	3,719	(611)	(16.4%)
TCS	3,624	3,586	(1.0%)	4,645	(1,059)	(22.8%)
NICU	3,407	4,060	19.2%	3,510	550	15.7%
Nursery	4,175	4,570	9.5%	4,962	(392)	(7.9%)
<b>Total KDHCD Patient Days</b>	<b>118,521</b>	<b>127,881</b>	<b>7.9%</b>	<b>121,577</b>	<b>6,304</b>	<b>5.2%</b>
<b>Total Outpatient Volume</b>	<b>388,667</b>	<b>436,608</b>	<b>12.3%</b>	<b>421,223</b>	<b>15,385</b>	<b>3.7%</b>

# Other Statistical Results – Fiscal Year Comparison (Mar)

	Actual Results				Budget	Budget Variance	
	Mar 2021	Mar 2022	Change	% Change	Mar 2022	Change	% Change
<b>Adjusted Patient Days</b>	<b>25,820</b>	<b>27,296</b>	<b>1,476</b>	<b>5.7%</b>	<b>27,021</b>	<b>275</b>	<b>1.0%</b>
<b>Outpatient Visits</b>	<b>46,097</b>	<b>47,523</b>	<b>1,426</b>	<b>3.1%</b>	<b>47,657</b>	<b>(134)</b>	<b>(0.3%)</b>
Urgent Care - Demaree	2,283	3,280	997	43.7%	3,146	134	4.3%
Infusion Center	358	430	72	20.1%	426	4	0.9%
ED Visit	6,162	6,624	462	7.5%	7,172	(548)	(7.6%)
Radiology/CT/US/MRI Proc (I/P & O/P)	16,141	16,835	694	4.3%	15,599	1,236	7.9%
Dialysis Treatments	1,571	1,616	45	2.9%	1,969	(353)	(17.9%)
Hospice Days	4,321	4,433	112	2.6%	4,198	235	5.6%
GME Clinic visits	1,158	1,184	26	2.2%	1,173	11	0.9%
Surgery Minutes (I/P & O/P)	1,184	1,178	(6)	(0.5%)	1,411	(233)	(16.5%)
Physical & Other Therapy Units	19,590	19,420	(170)	(0.9%)	19,311	109	0.6%
Home Health Visits	3,233	3,204	(29)	(0.9%)	2,900	304	10.5%
O/P Rehab Units	21,989	21,763	(226)	(1.0%)	21,575	188	0.9%
KHMG RVU	38,566	37,709	(857)	(2.2%)	36,694	1,015	2.8%
OB Deliveries	353	343	(10)	(2.8%)	355	(12)	(3.4%)
Urgent Care - Court	4,883	4,692	(191)	(3.9%)	5,184	(492)	(9.5%)
Radiation Oncology Treatments (I/P & O/P)	2,391	2,251	(140)	(5.9%)	2,535	(284)	(11.2%)
Endoscopy Procedures (I/P & O/P)	523	466	(57)	(10.9%)	565	(99)	(17.5%)
RHC Registrations	12,133	10,744	(1,389)	(11.4%)	10,048	696	6.9%
Cath Lab Minutes (IP & OP)	393	321	(72)	(18.3%)	409	(88)	(21.5%)

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

	Actual Results				Budget	Budget Variance	
	FY 2021	FY 2022	Change	% Change	FY 2022	Change	% Change
<b>Adjusted Patient Days</b>	<b>223,874</b>	<b>243,373</b>	<b>19,499</b>	<b>8.7%</b>	<b>240,382</b>	<b>2,991</b>	<b>1.2%</b>
<b>Outpatient Visits</b>	<b>388,667</b>	<b>436,608</b>	<b>47,941</b>	<b>12.3%</b>	<b>421,223</b>	<b>15,385</b>	<b>3.7%</b>
Urgent Care - Demaree	16,959	33,768	16,809	<b>99.1%</b>	22,022	11,746	<b>53.3%</b>
Urgent Care - Court	37,043	53,988	16,945	<b>45.7%</b>	36,301	17,687	<b>48.7%</b>
Infusion Center	2,886	3,615	729	<b>25.3%</b>	3,219	396	<b>12.3%</b>
ED Visit	53,855	60,047	6,192	<b>11.5%</b>	63,504	(3,457)	<b>(5.4%)</b>
Radiology/CT/US/MRI Proc (I/P & O/P)	134,439	147,283	12,844	<b>9.6%</b>	137,255	10,028	<b>7.3%</b>
OB Deliveries	3,215	3,459	244	<b>7.6%</b>	3,447	12	<b>0.3%</b>
Endoscopy Procedures (I/P & O/P)	4,250	4,432	182	<b>4.3%</b>	4,672	(240)	<b>(5.1%)</b>
O/P Rehab Units	171,255	175,223	3,968	<b>2.3%</b>	174,473	750	<b>0.4%</b>
KHMG RVU	306,869	313,812	6,943	<b>2.3%</b>	344,338	(30,526)	<b>(8.9%)</b>
Physical & Other Therapy Units	155,554	157,805	2,251	<b>1.4%</b>	169,922	(12,117)	<b>(7.1%)</b>
Hospice Days	38,359	38,478	119	<b>0.3%</b>	36,702	1,776	<b>4.8%</b>
GME Clinic visits	10,030	9,956	(74)	<b>(0.7%)</b>	10,933	(977)	<b>(8.9%)</b>
Surgery Minutes (I/P & O/P)	8,958	8,866	(92)	<b>(1.0%)</b>	12,210	(3,344)	<b>(27.4%)</b>
Cath Lab Minutes (IP & OP)	2,930	2,865	(65)	<b>(2.2%)</b>	3,577	(712)	<b>(19.9%)</b>
RHC Registrations	102,692	96,842	(5,850)	<b>(5.7%)</b>	87,408	9,434	<b>10.8%</b>
Dialysis Treatments	14,850	13,993	(857)	<b>(5.8%)</b>	16,679	(2,686)	<b>(16.1%)</b>
Radiation Oncology Treatments (I/P & O/P)	18,852	17,687	(1,165)	<b>(6.2%)</b>	21,205	(3,518)	<b>(16.6%)</b>
Home Health Visits	26,809	25,043	(1,766)	<b>(6.6%)</b>	26,053	(1,010)	<b>(3.9%)</b>

# Trended Financial Comparison (000's)

Kaweah Delta Health Care District  
Trended Income Statement (000's)

	25,807	25,268	25,026	25,797	26,085	27,742	28,344	28,267	26,571	27,106	26,955	24,973	27,296
Adjusted Patient Days	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
<b>Operating Revenue</b>													
Net Patient Service Revenue	\$56,144	\$52,593	\$50,531	\$43,233	\$51,502	\$49,714	\$57,879	\$55,674	\$54,846	\$51,115	\$56,862	\$47,933	\$52,555
Supplemental Gov't Programs	5,279	4,990	4,990	6,845	4,286	4,286	4,286	4,383	11,778	10,297	4,383	5,579	5,192
Prime Program	715	4,872	715	721	667	667	667	667	667	667	3,285	667	667
Premium Revenue	4,894	4,710	5,036	6,584	4,902	5,425	5,163	5,156	5,054	5,173	5,272	6,574	5,772
Management Services Revenue	3,303	3,301	2,877	3,251	3,172	3,298	3,523	3,137	2,690	2,921	2,536	2,910	2,988
Other Revenue	2,915	1,810	2,074	2,188	2,009	2,348	1,873	2,250	1,974	2,300	1,993	1,796	1,990
Other Operating Revenue	17,106	19,684	15,692	19,589	15,036	16,024	15,513	15,592	22,162	21,358	17,469	17,526	16,609
<b>Total Operating Revenue</b>	<b>73,250</b>	<b>72,277</b>	<b>66,223</b>	<b>62,822</b>	<b>66,537</b>	<b>65,737</b>	<b>73,391</b>	<b>71,266</b>	<b>77,008</b>	<b>72,473</b>	<b>74,331</b>	<b>65,459</b>	<b>69,164</b>
<b>Operating Expenses</b>													
Salaries & Wages	28,879	26,741	27,786	26,249	27,474	28,198	31,872	30,538	28,408	29,967	29,407	27,297	30,503
Contract Labor	887	1,694	1,169	2,080	1,116	1,358	1,721	1,872	1,745	3,238	4,958	3,882	1,299
Employee Benefits	5,739	8,650	5,087	(7,812)	4,087	3,878	4,728	4,217	3,481	4,161	4,566	4,923	6,119
<b>Total Employment Expenses</b>	<b>35,505</b>	<b>37,084</b>	<b>34,042</b>	<b>20,517</b>	<b>32,678</b>	<b>33,434</b>	<b>38,321</b>	<b>36,627</b>	<b>33,634</b>	<b>37,366</b>	<b>38,931</b>	<b>36,102</b>	<b>37,920</b>
Medical & Other Supplies	10,923	11,011	10,170	11,772	9,596	13,004	11,942	11,714	10,623	10,687	10,913	10,406	11,180
Physician Fees	8,278	8,320	7,754	8,207	7,922	8,527	7,736	9,674	10,261	9,479	9,210	8,812	9,045
Purchased Services	1,538	1,520	1,383	2,697	1,100	1,368	1,680	1,683	1,565	1,745	1,261	1,511	1,304
Repairs & Maintenance	2,019	2,544	2,282	2,319	2,074	2,425	2,425	2,702	2,330	2,331	2,324	2,588	2,251
Utilities	523	630	729	1,175	688	740	696	860	760	654	753	736	723
Rents & Leases	487	535	489	504	475	519	487	474	522	505	528	525	515
Depreciation & Amortization	2,412	2,413	2,923	3,924	2,635	2,632	2,636	2,634	2,636	2,631	2,614	2,634	2,583
Interest Expense	555	555	555	666	555	646	499	501	500	498	655	671	671
Other Expense	2,762	1,840	1,537	2,053	1,450	1,466	1,641	1,563	1,557	1,804	2,110	1,731	2,019
Humana Cap Plan Expenses	3,164	3,771	3,780	3,018	3,472	2,503	3,642	3,982	3,130	2,902	2,327	2,617	5,196
Management Services Expense	3,531	3,088	2,892	3,521	2,768	3,115	3,734	2,988	2,628	2,462	2,570	2,835	3,003
<b>Total Other Expenses</b>	<b>36,191</b>	<b>36,227</b>	<b>34,493</b>	<b>39,856</b>	<b>32,735</b>	<b>36,945</b>	<b>37,116</b>	<b>38,774</b>	<b>36,512</b>	<b>35,698</b>	<b>35,266</b>	<b>35,066</b>	<b>38,491</b>
<b>Total Operating Expenses</b>	<b>71,696</b>	<b>73,310</b>	<b>68,535</b>	<b>60,373</b>	<b>65,413</b>	<b>70,379</b>	<b>75,437</b>	<b>75,402</b>	<b>70,146</b>	<b>73,064</b>	<b>74,197</b>	<b>71,168</b>	<b>76,412</b>
<b>Operating Margin</b>	<b>\$1,554</b>	<b>(\$1,033)</b>	<b>(\$2,312)</b>	<b>\$2,449</b>	<b>\$1,124</b>	<b>(\$4,642)</b>	<b>(\$2,046)</b>	<b>(\$4,136)</b>	<b>\$6,862</b>	<b>(\$591)</b>	<b>\$134</b>	<b>(\$5,709)</b>	<b>(\$7,247)</b>
Stimulus Funds	\$3,449	\$920	\$1,076	\$525	\$0	\$438	\$0	\$137	\$6,542	\$0	\$0	\$93	\$9,345
<b>Operating Margin after Stimulus</b>	<b>\$5,003</b>	<b>(\$113)</b>	<b>(\$1,236)</b>	<b>\$2,974</b>	<b>\$1,124</b>	<b>(\$4,204)</b>	<b>(\$2,046)</b>	<b>(\$3,999)</b>	<b>\$13,404</b>	<b>(\$591)</b>	<b>\$134</b>	<b>(\$5,616)</b>	<b>\$2,098</b>
Nonoperating Revenue (Loss)	(1,182)	1,725	753	248	582	552	(388)	595	587	2,495	568	693	(9,815)
<b>Excess Margin</b>	<b>\$3,821</b>	<b>\$1,612</b>	<b>(\$483)</b>	<b>\$3,222</b>	<b>\$1,706</b>	<b>(\$3,651)</b>	<b>(\$2,434)</b>	<b>(\$3,404)</b>	<b>\$13,991</b>	<b>\$1,904</b>	<b>\$702</b>	<b>(\$4,924)</b>	<b>(\$7,718)</b>

## March Financial Comparison (000's)

	Actual Results		Budget	Budget Variance	
	Mar 2021	Mar 2022	Mar 2022	Change	% Change
<b>Operating Revenue</b>					
Net Patient Service Revenue	\$56,144	\$52,555	\$54,117	(\$1,562)	(2.9%)
Other Operating Revenue	17,106	16,609	16,149	460	2.8%
<b>Total Operating Revenue</b>	<b>73,250</b>	<b>69,164</b>	<b>70,266</b>	<b>(1,102)</b>	<b>(1.6%)</b>
<b>Operating Expenses</b>					
Employment Expense	35,505	37,920	33,820	4,100	12.1%
Other Operating Expense	36,191	38,491	35,595	2,896	8.1%
<b>Total Operating Expenses</b>	<b>71,696</b>	<b>76,412</b>	<b>69,415</b>	<b>6,997</b>	<b>10.1%</b>
<b>Operating Margin</b>	<b>\$1,554</b>	<b>(\$7,247)</b>	<b>\$852</b>	<b>(\$8,099)</b>	
Stimulus Funds	3,449	9,345	101	9,244	
<b>Operating Margin after Stimulus</b>	<b>\$5,003</b>	<b>\$2,098</b>	<b>\$953</b>	<b>\$1,145</b>	
Non Operating Revenue (Loss)	(1,182)	(9,815)	542	(10,357)	
<b>Excess Margin</b>	<b>\$3,821</b>	<b>(\$7,717)</b>	<b>\$1,494</b>	<b>(\$9,211)</b>	

Operating Margin %	2.1%	(10.5%)	1.2%
OM after Stimulus%	6.8%	3.0%	1.4%
Excess Margin %	5.1%	(11.2%)	2.1%
Operating Cash Flow Margin %	6.2%	(5.8%)	6.3%

## March Financial Comparison To Forecast (000's)

	Actual	Forecast	Actual - Forecast Variance		
	Mar-21	Mar-21	Change	% Change	
<b>Operating Revenue</b>					
Net Patient Service Revenue	52,555	53,494	(939)	(1.8%)	
Other Operating Revenue	16,609	16,250	359	2.2%	
<b>Total Operating Revenue</b>	<b>69,164</b>	<b>69,744</b>	<b>(580)</b>	<b>(0.8%)</b>	
<b>Operating Expenses</b>					
Employment Expense	37,920	35,910	2,010	5.3%	Due to the continued reliance on Contract labor and Shift bonus and increased employee benefits
Other Operating Expense	38,491	36,428	2,063	5.4%	Due to Humana MA third party costs
<b>Total Operating Expenses</b>	<b>76,411</b>	<b>72,338</b>	<b>4,073</b>	<b>5.3%</b>	
<b>Operating Margin</b>	<b>(\$7,247)</b>	<b>(\$2,594)</b>	<b>(\$4,653)</b>		
Stimulus Funds	9,345	0	9,345		Received 2 <sup>nd</sup> part of 4 <sup>th</sup> round of stimulus funds
<b>Operating Margin after Stimulus</b>	<b>\$2,098</b>	<b>(\$2,594)</b>	<b>\$4,692</b>		
Nonoperating Income					
Non-operating Gain/Loss	(9,815)	541	(10,356)		Loss in Investment portfolios due to market rates
<b>Excess Margin</b>	<b>(\$7,717)</b>	<b>(\$2,053)</b>	<b>(\$5,664)</b>		

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

	Actual Results FYTD Jul-Mar		Budget FYTD	Budget Variance	FYTD
	FYTD2021	FYTD2022	FYTD2022	Change	% Change
<b>Operating Revenue</b>					
Net Patient Service Revenue	<b>\$448,018</b>	<b>\$478,079</b>	<b>\$476,616</b>	<b>\$1,462</b>	<b>0.3%</b>
Other Operating Revenue	125,355	157,725	139,820	17,905	12.8%
<b>Total Operating Revenue</b>	<b>573,373</b>	<b>635,804</b>	<b>616,437</b>	<b>19,367</b>	<b>3.1%</b>
<b>Operating Expenses</b>					
Employment Expense	297,240	325,025	292,652	32,373	11.1%
Other Operating Expense	304,440	326,604	313,445	13,159	4.2%
<b>Total Operating Expenses</b>	<b>601,680</b>	<b>651,628</b>	<b>606,097</b>	<b>45,532</b>	<b>7.5%</b>
<b>Operating Margin</b>	<b>(\$28,307)</b>	<b>(\$15,824)</b>	<b>\$10,340</b>	<b>(\$26,165)</b>	
Stimulus Funds	29,940	16,117	897	15,220	
<b>Operating Margin after Stimulus</b>	<b>\$1,633</b>	<b>\$293</b>	<b>\$11,237</b>	<b>(\$10,945)</b>	
Nonoperating Revenue (Loss)	4,733	(4,129)	4,381	(8,511)	
<b>Excess Margin</b>	<b>\$6,366</b>	<b>(\$3,837)</b>	<b>\$15,618</b>	<b>(\$19,455)</b>	

<b>Operating Margin %</b>	<b>(4.9%)</b>	<b>(2.5%)</b>	<b>1.7%</b>
<b>OM after Stimulus%</b>	<b>0.3%</b>	<b>0.0%</b>	<b>1.8%</b>
<b>Excess Margin %</b>	<b>1.0%</b>	<b>(0.6%)</b>	<b>2.5%</b>
<b>Operating Cash Flow Margin %</b>	<b>(0.2%)</b>	<b>2.0%</b>	<b>6.5%</b>



## March Financial Comparison (000's)

	Actual Results			Budget	Budget Variance	
	Mar 2021	Mar 2022	% Change	Mar 2022	Change	% Change
<b>Operating Revenue</b>						
Net Patient Service Revenue	\$56,144	\$52,555	(6.4%)	\$54,117	(\$1,562)	(2.9%)
Supplemental Gov't Programs	5,279	5,192	(1.7%)	4,426	766	17.3%
Prime Program	715	667	(6.8%)	679	(13)	(1.9%)
Premium Revenue	4,894	5,772	18.0%	5,876	(103)	(1.8%)
Management Services Revenue	3,303	2,988	(9.5%)	3,082	(94)	(3.0%)
Other Revenue	2,915	1,990	(31.7%)	2,086	(96)	(4.6%)
Other Operating Revenue	17,106	16,609	(2.9%)	16,149	460	2.8%
<b>Total Operating Revenue</b>	<b>73,250</b>	<b>69,164</b>	<b>(5.6%)</b>	<b>70,266</b>	<b>(1,102)</b>	<b>(1.6%)</b>
<b>Operating Expenses</b>						
Salaries & Wages	28,879	30,503	5.6%	28,652	1,850	6.5%
Contract Labor	887	1,299	46.3%	529	769	145.4%
Employee Benefits	5,739	6,119	6.6%	4,638	1,481	31.9%
<b>Total Employment Expenses</b>	<b>35,505</b>	<b>37,920</b>	<b>6.8%</b>	<b>33,820</b>	<b>4,100</b>	<b>12.1%</b>
Medical & Other Supplies	10,923	11,180	2.4%	10,806	374	3.5%
Physician Fees	8,278	9,045	9.3%	8,316	729	8.8%
Purchased Services	1,538	1,304	(15.2%)	1,348	(43)	(3.2%)
Repairs & Maintenance	2,019	2,251	11.5%	2,433	(182)	(7.5%)
Utilities	523	723	38.1%	479	244	51.0%
Rents & Leases	487	515	5.8%	517	(2)	(0.3%)
Depreciation & Amortization	2,412	2,583	7.1%	2,954	(371)	(12.6%)
Interest Expense	555	671	21.0%	614	57	9.2%
Other Expense	2,762	2,019	(26.9%)	1,920	99	5.2%
Humana Cap Plan Expenses	3,164	5,196	64.2%	3,159	2,037	64.5%
Management Services Expense	3,531	3,003	(14.9%)	3,049	(46)	(1.5%)
<b>Total Other Expenses</b>	<b>36,191</b>	<b>38,491</b>	<b>6.4%</b>	<b>35,595</b>	<b>2,896</b>	<b>8.1%</b>
<b>Total Operating Expenses</b>	<b>71,696</b>	<b>76,412</b>	<b>6.6%</b>	<b>69,415</b>	<b>6,997</b>	<b>10.1%</b>
<b>Operating Margin</b>	<b>\$1,554</b>	<b>(\$7,247)</b>	<b>(566%)</b>	<b>\$852</b>	<b>(\$8,099)</b>	<b>(951%)</b>
Stimulus Funds	3,449	9,345	171%	101	9,244	9153%
<b>Operating Margin after Stimulus</b>	<b>\$5,003</b>	<b>\$2,098</b>	<b>(58.1%)</b>	<b>\$953</b>	<b>\$1,145</b>	<b>120%</b>
Nonoperating Revenue (Loss)	(1,182)	(9,815)	730%	542	(10,357)	(1912%)
<b>Excess Margin</b>	<b>\$3,821</b>	<b>(\$7,717)</b>	<b>(302%)</b>	<b>\$1,494</b>	<b>(\$9,211)</b>	<b>(617%)</b>

Operating Margin %	2.1%	(10.5%)		1.2%
OM after Stimulus%	6.8%	3.0%		1.4%
Excess Margin %	5.1%	(11.2%)		2.1%
Operating Cash Flow Margin %	6.2%	(5.8%)		6.3%

## YTD Financial Comparison (000's)

	Actual Results FYTD Jul-Mar			Budget FYTD	Budget Variance	FYTD
	FYTD2021	FYTD2022	% Change	FYTD2022	Change	% Change
<b>Operating Revenue</b>						
Net Patient Service Revenue	\$448,018	\$478,079	6.7%	\$476,616	\$1,462	0.3%
Supplemental Gov't Programs	39,257	54,471	38.8%	39,830	14,642	36.8%
Prime Program	4,359	8,618	97.7%	6,005	2,613	43.5%
Premium Revenue	40,759	48,491	19.0%	48,306	185	0.4%
Management Services Revenue	24,738	27,174	9.8%	27,242	(68)	(0.2%)
Other Revenue	16,242	18,969	16.8%	18,437	532	2.9%
Other Operating Revenue	125,355	157,725	25.8%	139,820	17,904	12.8%
<b>Total Operating Revenue</b>	<b>573,373</b>	<b>635,804</b>	<b>10.9%</b>	<b>616,437</b>	<b>19,367</b>	<b>3.1%</b>
<b>Operating Expenses</b>						
Salaries & Wages	243,376	263,676	8.3%	247,458	16,218	6.6%
Contract Labor	4,835	21,189	338.3%	4,649	16,539	355.7%
Employee Benefits	49,029	40,160	(18.1%)	40,544	(384)	(0.9%)
<b>Total Employment Expenses</b>	<b>297,240</b>	<b>325,025</b>	<b>9.3%</b>	<b>292,652</b>	<b>32,373</b>	<b>11.1%</b>
Medical & Other Supplies	98,201	100,064	1.9%	94,358	5,706	6.0%
Physician Fees	72,409	80,666	11.4%	74,844	5,823	7.8%
Purchased Services	13,630	13,215	(3.0%)	11,908	1,307	11.0%
Repairs & Maintenance	18,999	21,450	12.9%	21,562	(112)	(0.5%)
Utilities	4,859	6,611	36.1%	5,581	1,030	18.5%
Rents & Leases	4,664	4,550	(2.5%)	4,647	(97)	(2.1%)
Depreciation & Amortization	22,386	23,635	5.6%	24,486	(851)	(3.5%)
Interest Expense	4,995	5,196	4.0%	5,430	(235)	(4.3%)
Other Expense	15,162	15,343	1.2%	16,955	(1,612)	(9.5%)
Humana Cap Plan Expenses	24,189	29,773	23.1%	26,727	3,046	11.4%
Management Services Expense	24,947	26,101	4.6%	26,949	(848)	(3.1%)
<b>Total Other Expenses</b>	<b>304,440</b>	<b>326,604</b>	<b>7.3%</b>	<b>313,445</b>	<b>13,159</b>	<b>4.2%</b>
<b>Total Operating Expenses</b>	<b>601,680</b>	<b>651,628</b>	<b>8.3%</b>	<b>606,097</b>	<b>45,532</b>	<b>7.5%</b>
<b>Operating Margin</b>	<b>(\$28,307)</b>	<b>(\$15,824)</b>	<b>44.1%</b>	<b>\$10,340</b>	<b>(\$26,165)</b>	<b>(253%)</b>
Stimulus Funds	29,940	16,117	(46.2%)	897	15,220	1697%
<b>Operating Margin after Stimulus</b>	<b>\$1,633</b>	<b>\$293</b>	<b>82.1%</b>	<b>\$11,237</b>	<b>(\$10,945)</b>	<b>(97.4%)</b>
Nonoperating Revenue (Loss)	4,733	(4,129)	(187.2%)	4,381	(8,511)	(194%)
<b>Excess Margin</b>	<b>\$6,366</b>	<b>(\$3,837)</b>	<b>(160%)</b>	<b>\$15,618</b>	<b>(\$19,455)</b>	<b>(125%)</b>

Operating Margin %	(4.9%)	(2.6%)		1.7%
OM after Stimulus%	0.3%	0.0%		1.8%
Excess Margin %	1.0%	(0.6%)		2.5%
Operating Cash Flow Margin %	(0.2%)	2.0%		6.5%

## FY22 Forecast

### COVID & Staffing Impact on Expenses | FYTD 2022

	9 months FYTD 22
Shift Bonus	\$14.0 M
Premium on Contract Labor	\$8.0 M
Premium on OT (over normal)	\$2.0 M
COVID Expense – payroll and COVID Sick pay	\$2.4 M
COVID Expense - Other operating	\$6.7 M
Humana 3 <sup>rd</sup> party expenses estimated COVID related	\$2.1 M
<b>Total COVID Related Expense</b>	<b>\$35.2 M</b>
Current Operating Margin July-March 2022	<b>(\$15.8 M)</b>
Less COVID Related Expense	<b>\$35.2 M</b>
Total Operating Margin without COVID	<b>\$19.4 M</b>

# Reforecasting Q4 FY2022

# FY22 Forecast

## Forecasted Changes (000's) | FY 2022 Quarters 4

	Actual			Forecast		Budget FY22	\$ Change	% Change
	Q1	Q2	Q3	Q4	FY22			
<b>Operating Revenue</b>								
Net Patient Service Revenue	\$159,094	\$161,635	\$157,350	\$159,307	\$637,386	\$634,620	\$2,766	0.4%
Supplemental Gov't Programs	12,859	26,458	15,154	13,277	67,748	53,106	14,642	27.6%
Prime Program	2,000	2,000	4,619	1,995	10,614	8,000	2,614	32.7%
Premium Revenue	15,490	15,383	17,618	19,011	67,502	66,017	1,485	2.2%
Management Services Revenue	9,992	8,748	8,434	9,048	36,222	36,290	(68)	-0.2%
Other Revenue	6,230	6,960	5,779	6,450	25,419	24,560	859	3.5%
Other Operating Revenue	46,571	59,549	51,604	49,780	207,504	187,973	19,531	10.4%
<b>Total Operating Revenue</b>	<b>205,665</b>	<b>221,184</b>	<b>208,954</b>	<b>209,087</b>	<b>844,890</b>	<b>822,593</b>	<b>22,297</b>	<b>2.7%</b>
<b>Operating Expenses</b>								
Salaries & Wages	87,545	88,924	87,207	86,859	350,535	330,396	20,139	6.1%
Contract Labor	4,195	6,855	10,139	7,800	28,989	6,204	22,785	367.3%
Employee Benefits	12,693	11,859	15,608	18,951	59,111	53,922	5,189	9.6%
<b>Total Employment Expenses</b>	<b>104,433</b>	<b>107,638</b>	<b>112,954</b>	<b>113,610</b>	<b>438,635</b>	<b>390,522</b>	<b>48,113</b>	<b>12.3%</b>
Medical & Other Supplies	34,542	33,023	32,499	32,315	132,379	125,503	6,876	5.5%
Physician Fees	24,185	29,415	27,067	26,231	106,898	99,783	7,115	7.1%
Purchased Services	4,147	4,992	4,076	3,960	17,175	15,866	1,309	8.2%
Repairs & Maintenance	6,923	7,364	7,163	7,222	28,672	28,699	(27)	-0.1%
Utilities	2,124	2,275	2,212	2,240	8,851	7,308	1,543	21.1%
Rents & Leases	1,481	1,500	1,568	1,552	6,101	6,169	(68)	-1.1%
Depreciation & Amortization	7,902	7,902	7,831	9,092	32,727	33,552	(825)	-2.5%
Interest Expense	1,699	1,499	1,997	1,803	6,998	7,234	(236)	-3.3%
Other Expense	4,558	4,924	5,860	5,673	21,015	22,630	(1,615)	-7.1%
Humana Cap Plan Expenses	9,618	10,014	10,140	8,527	38,299	36,254	2,045	5.6%
Management Services Expense	9,617	8,076	8,408	9,150	35,251	35,899	(648)	-1.8%
<b>Total Other Expenses</b>	<b>106,796</b>	<b>110,984</b>	<b>108,821</b>	<b>107,765</b>	<b>434,366</b>	<b>418,897</b>	<b>15,469</b>	<b>3.7%</b>
<b>Total Operating Expenses</b>	<b>211,229</b>	<b>218,622</b>	<b>221,775</b>	<b>221,374</b>	<b>873,000</b>	<b>809,419</b>	<b>63,581</b>	<b>7.9%</b>
<b>Operating Margin</b>	<b>(5,564)</b>	<b>2,562</b>	<b>(12,821)</b>	<b>(12,287)</b>	<b>(28,110)</b>	<b>13,174</b>	<b>(41,284)</b>	
Stimulus Funds	438	6,241	9,438	300	16,417	1,195	15,222	
<b>Operating Margin after Stimulus</b>	<b>(5,126)</b>	<b>8,803</b>	<b>(3,383)</b>	<b>(11,987)</b>	<b>(11,693)</b>	<b>14,369</b>	<b>(26,062)</b>	
Nonoperating Revenue (Loss)	746	3,678	(8,554)	0	(4,130)	4,568	(8,698)	
<b>Excess Margin</b>	<b>(\$4,380)</b>	<b>\$12,481</b>	<b>(\$11,937)</b>	<b>(11,987)</b>	<b>(\$15,823)</b>	<b>18,937</b>	<b>(\$34,760)</b>	
<b>Operating Margin %</b>	<b>-2.7%</b>	<b>1.2%</b>	<b>-6.1%</b>	<b>-5.9%</b>	<b>-3.3%</b>	<b>1.6%</b>		
<b>OM after Stimulus%</b>	<b>-2.5%</b>	<b>4.0%</b>	<b>-1.6%</b>	<b>-5.7%</b>	<b>-1.4%</b>	<b>1.7%</b>		
<b>Excess Margin %</b>	<b>-2.1%</b>	<b>5.6%</b>	<b>-5.7%</b>	<b>-5.7%</b>	<b>-1.9%</b>	<b>2.3%</b>		

# FY22 Forecast

## Bond Covenant Forecast(000's) | FY 2022

BOND COVENANT FORECAST (Consolidated financial statements)				
	Jun-21	Annualized Mar-22	FY22 Budget	FY22 Projection
<b>DAYS CASH ON HAND COMPUTATION</b>				
Cash, cash equivalents and board designated funds	\$ 387,774,000	\$ 303,460,574	\$ 371,249,460	\$ 287,573,875
Total operating expenses	\$ 804,384,156	\$ 868,044,929	\$ 809,419,000	\$ 857,191,280
Less depreciation and amortization	(31,645,725)	(31,484,519)	(33,552,000)	(33,552,000)
Adjusted operating expenses	\$ 772,738,431	\$ 836,560,409	\$ 775,867,000	\$ 823,639,280
Number of days in the period	365	365	365	365
Average daily adjusted operating expenses	\$ 2,117,092	\$ 2,291,946	\$ 2,125,663	\$ 2,256,546
<b>Days cash on hand</b>	<b>183.2</b>	<b>132.4</b>	<b>174.7</b>	<b>127.4</b>
<b>Requirement Measured at 6/30</b>				<b>90</b>
<b>LONG-TERM DEBT SERVICE COVERAGE RATIO CALCULATION</b>				
Net income (loss)	\$ 12,413,788	\$ (5,111,243)	\$ 18,937,000	\$ (15,823,469)
Depreciation and amortization	31,645,725	31,484,519	33,552,000	33,552,000
Interest (non-GO)	6,770,637	6,921,161	7,234,000	7,234,000
GO Bond tax revenue (net of interest)	(1,792,963)	(1,182,560)	(1,780,916)	(1,780,916)
Net income available for debt service	\$ 49,037,187	\$ 32,111,877	\$ 57,942,084	\$ 23,181,615
Maximum annual debt service (without GO bonds)	\$ 16,967,599	\$ 16,967,599	\$ 16,967,599	\$ 16,967,599
<b>Long-term debt service coverage ratio</b>	<b>2.89</b>	<b>1.89</b>	<b>3.41</b>	<b>1.37</b>
<b>Requirement:</b>				
Measured at 12/31 and 6/30 - if below must fund Reserve Fund (\$17M)				<b>1.35</b>
Measured at 6/30 - if below must employ independent consultant or have 75 days cash on hand				<b>1.25</b>
After compliance with independent consultant recommendations (or with 75 days COH) - not below				<b>1.10</b>

# Kaweah Health Medical Group

## Fiscal Year Financial Comparison (000's)

	Actual Results FYTD July – Mar			Budget FYTD	Budget Variance	FYTD
	Feb 2021	Feb 2022	% Change	Feb 2022	Change	% Change
<b>Operating Revenue</b>						
Net Patient Service Revenue	\$35,329	\$35,849	1.5%	\$39,775	(\$3,926)	(9.9%)
Other Operating Revenue	184	1,068	479.3%	631	437	69.2%
<b>Total Operating Revenue</b>	<b>35,514</b>	<b>36,917</b>	<b>4.0%</b>	<b>40,407</b>	<b>(3,489)</b>	<b>(8.6%)</b>
<b>Operating Expenses</b>						
Salaries & Wages	8,509	8,825	3.7%	9,301	(476)	(5.1%)
Contract Labor	0	0	0.0%	0	0	0.0%
Employee Benefits	1,592	1,376	(13.6%)	1,517	(141)	(9.3%)
<b>Total Employment Expenses</b>	<b>10,101</b>	<b>10,201</b>	<b>1.0%</b>	<b>10,818</b>	<b>(617)</b>	<b>(5.7%)</b>
Medical & Other Supplies	4,928	4,741	(3.8%)	5,191	(450)	(8.7%)
Physician Fees	19,826	21,970	10.8%	22,605	(636)	(2.8%)
Purchased Services	643	758	17.9%	636	123	19.3%
Repairs & Maintenance	1,793	1,633	(8.9%)	2,053	(420)	(20.5%)
Utilities	332	336	1.3%	372	(36)	(9.7%)
Rents & Leases	2,102	1,894	(9.9%)	1,948	(54)	(2.7%)
Depreciation & Amortization	720	582	(19.2%)	825	(243)	(29.5%)
Interest Expense	3	1	(71.6%)	1	(0)	(3.7%)
Other Expense	965	969	0.4%	1,264	(295)	(23.4%)
<b>Total Other Expenses</b>	<b>31,311</b>	<b>32,883</b>	<b>5.0%</b>	<b>34,895</b>	<b>(2,012)</b>	<b>(5.8%)</b>
<b>Total Operating Expenses</b>	<b>41,412</b>	<b>43,084</b>	<b>4.0%</b>	<b>45,713</b>	<b>(2,629)</b>	<b>(5.8%)</b>
Stimulus Funds	0	194	0.0%	0	194	0.0%
<b>Excess Margin</b>	<b>(\$5,898)</b>	<b>(\$5,973)</b>	<b>(1.3%)</b>	<b>(\$5,306)</b>	<b>(\$666)</b>	<b>(12.6%)</b>
<b>Excess Margin %</b>	<b>(16.6%)</b>	<b>(16.2%)</b>		<b>(13.1%)</b>		

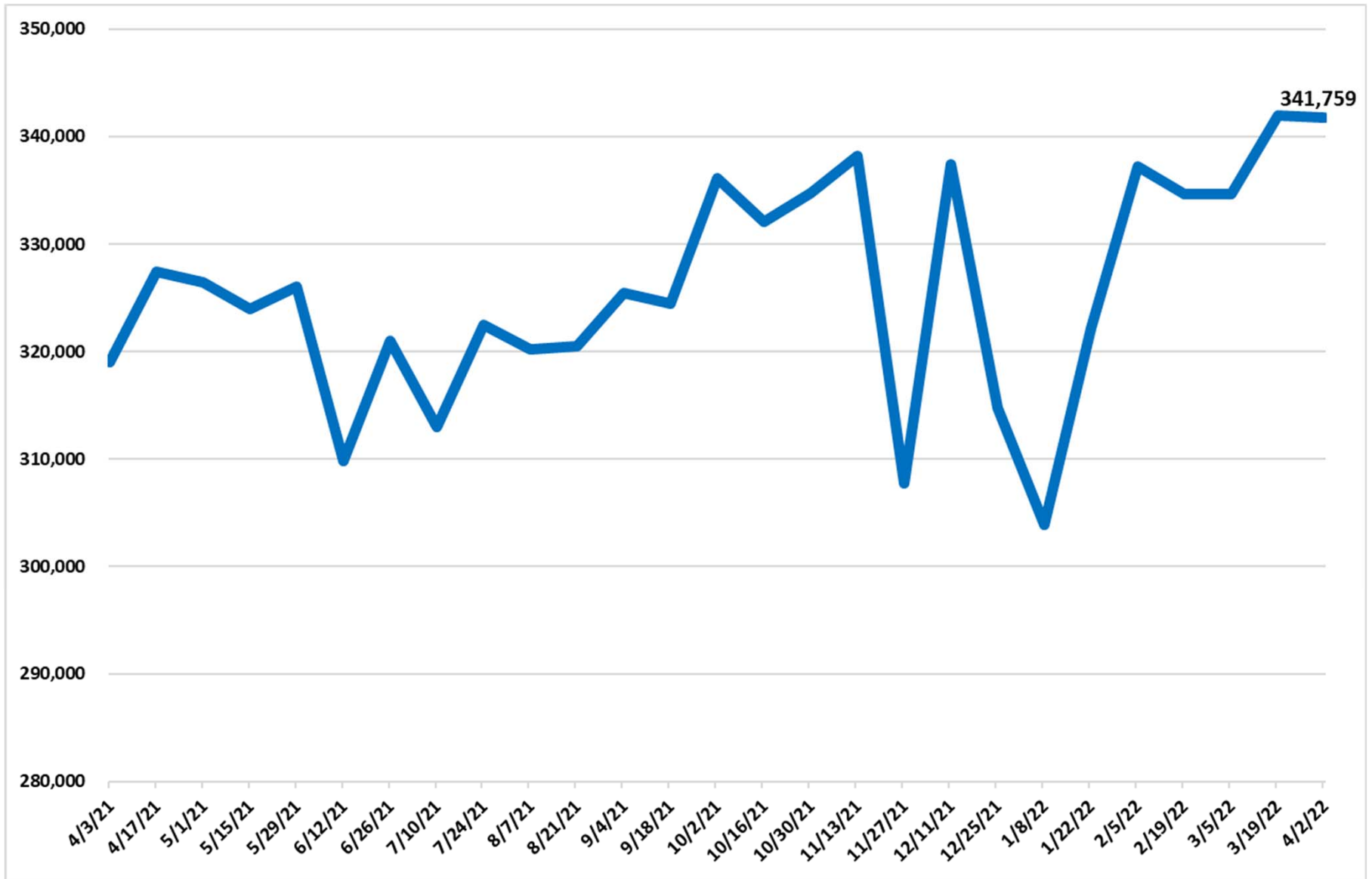
# Month of March - Budget Variances

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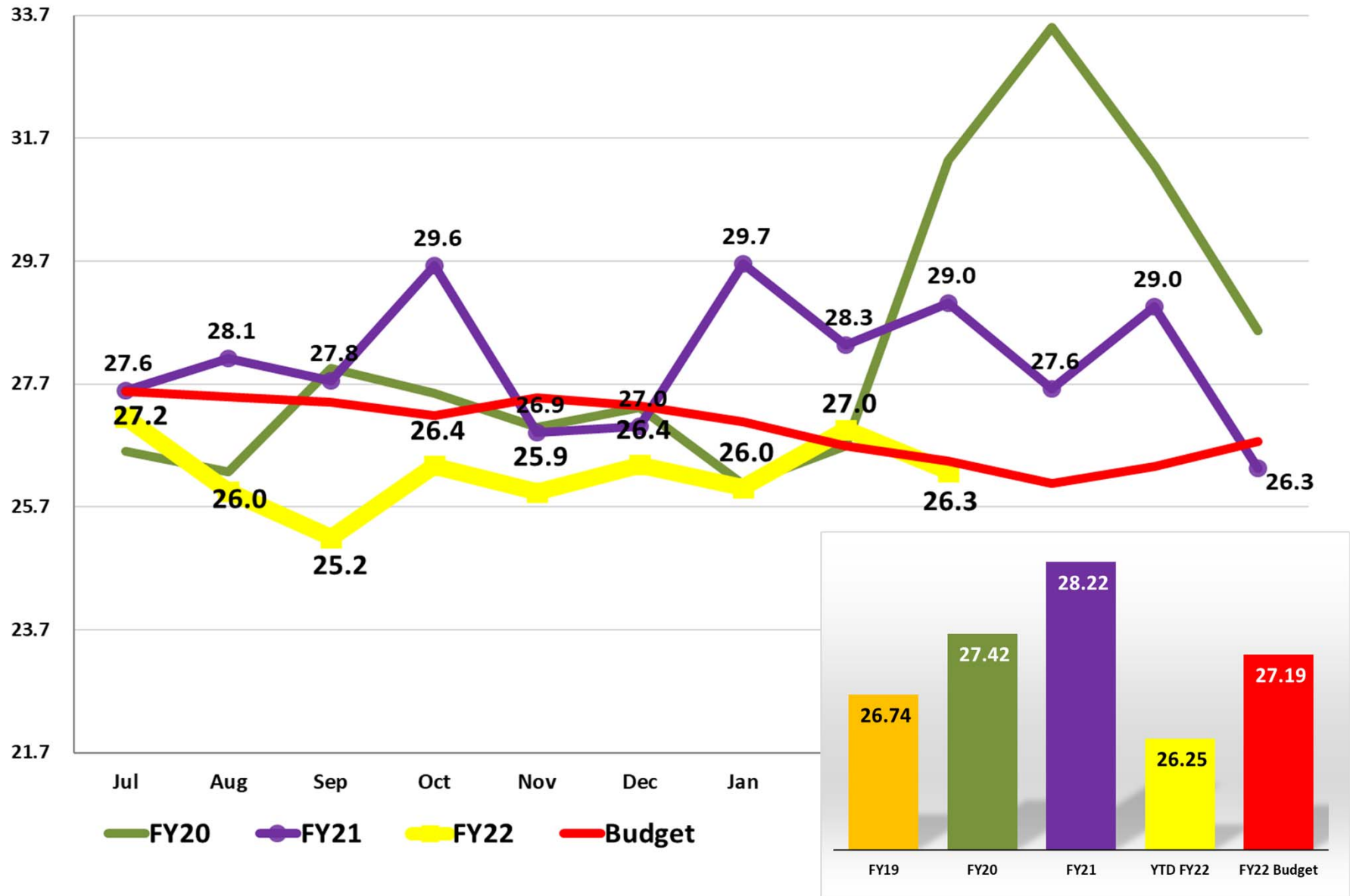
- **Net Patient Revenues:** Net patient revenue fell short of budget by \$1.6M (2.9%) primarily due to less revenue recognized on an adjusted patient day basis. This was mainly due to less surgeries and cardiac catheterization procedures than expected in March.
- **Salaries and Contract Labor:** We experienced an unfavorable budget variance of \$2.6M in March. The unfavorable variance is primarily retroactive COVID sick pay (\$1.3M) and shift bonuses (\$1.0M) paid in March.
- **Employee Benefits:** Benefits expense exceeded budget by \$1.5M primarily due to the increased cost of employee health insurance claims.
- **Humana Cap Plan Expenses:** The amount of claims paid to third party providers for the care of our Humana plan participants exceeded budget by \$2.0M in March.
- **Stimulus Funds:** We recognized \$9.3M of Phase 4 Federal PRF funding received in mid-April.
- **Non-operating (loss):** Our District and Foundation investment portfolios are reconciled to market values at each quarter end. We recognized significant unrealized losses on both portfolios during the quarter (\$10.2M combined).



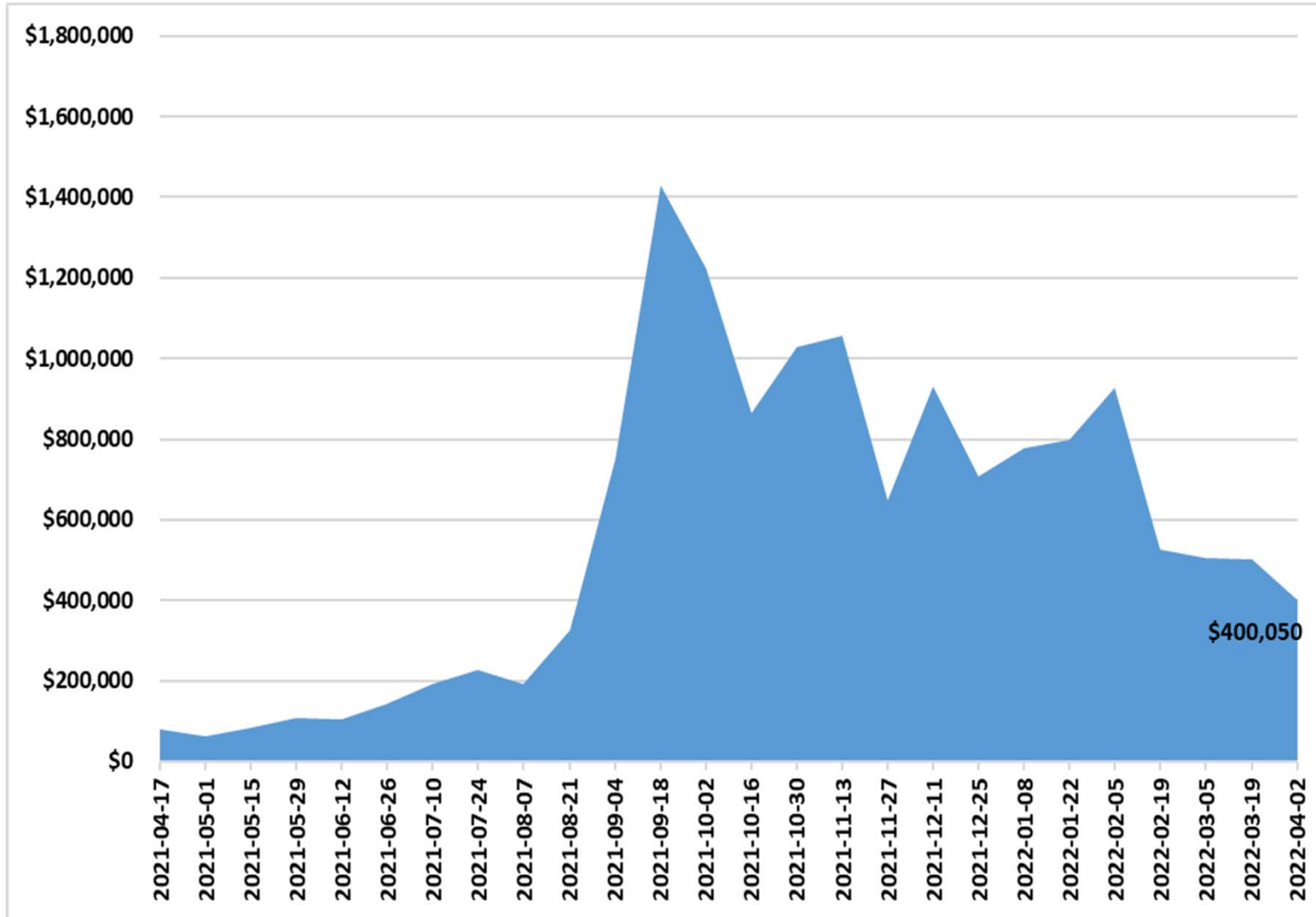
# Productive Hours



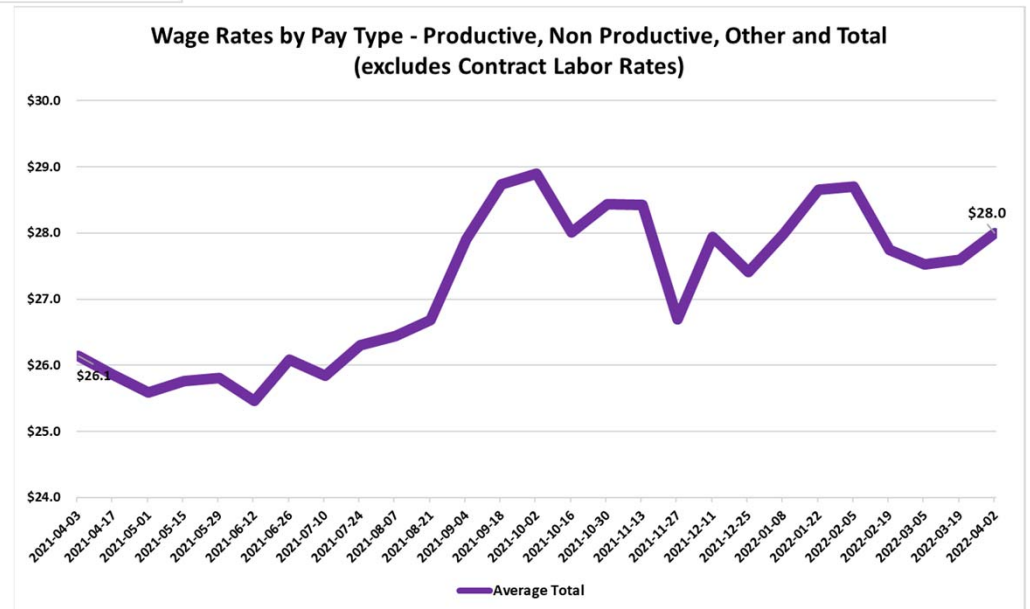
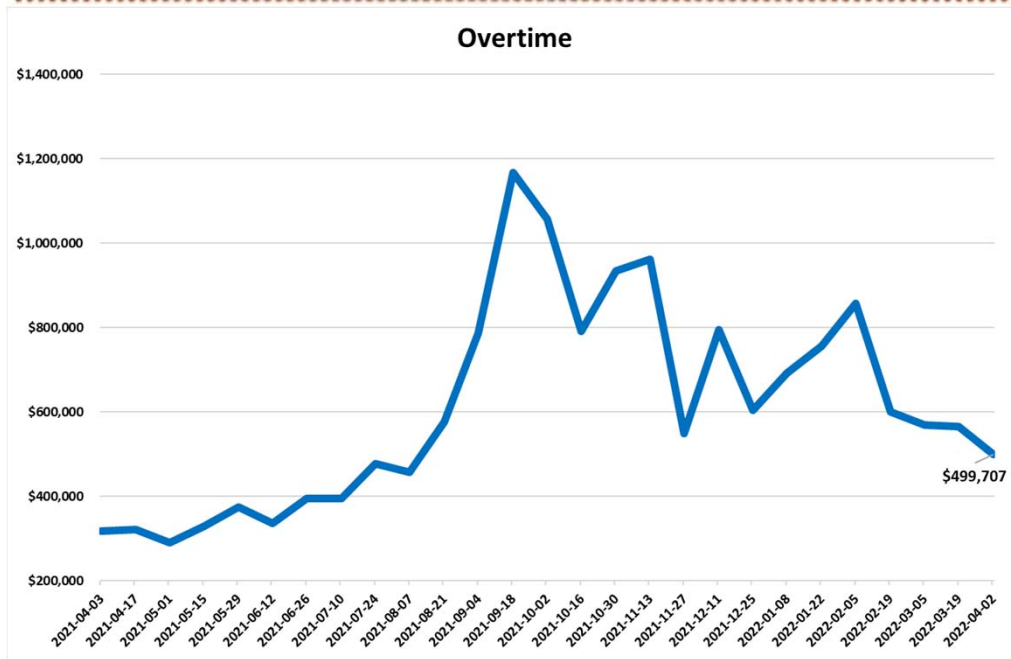
# Productivity: Worked Hours/Adjusted Patient Days



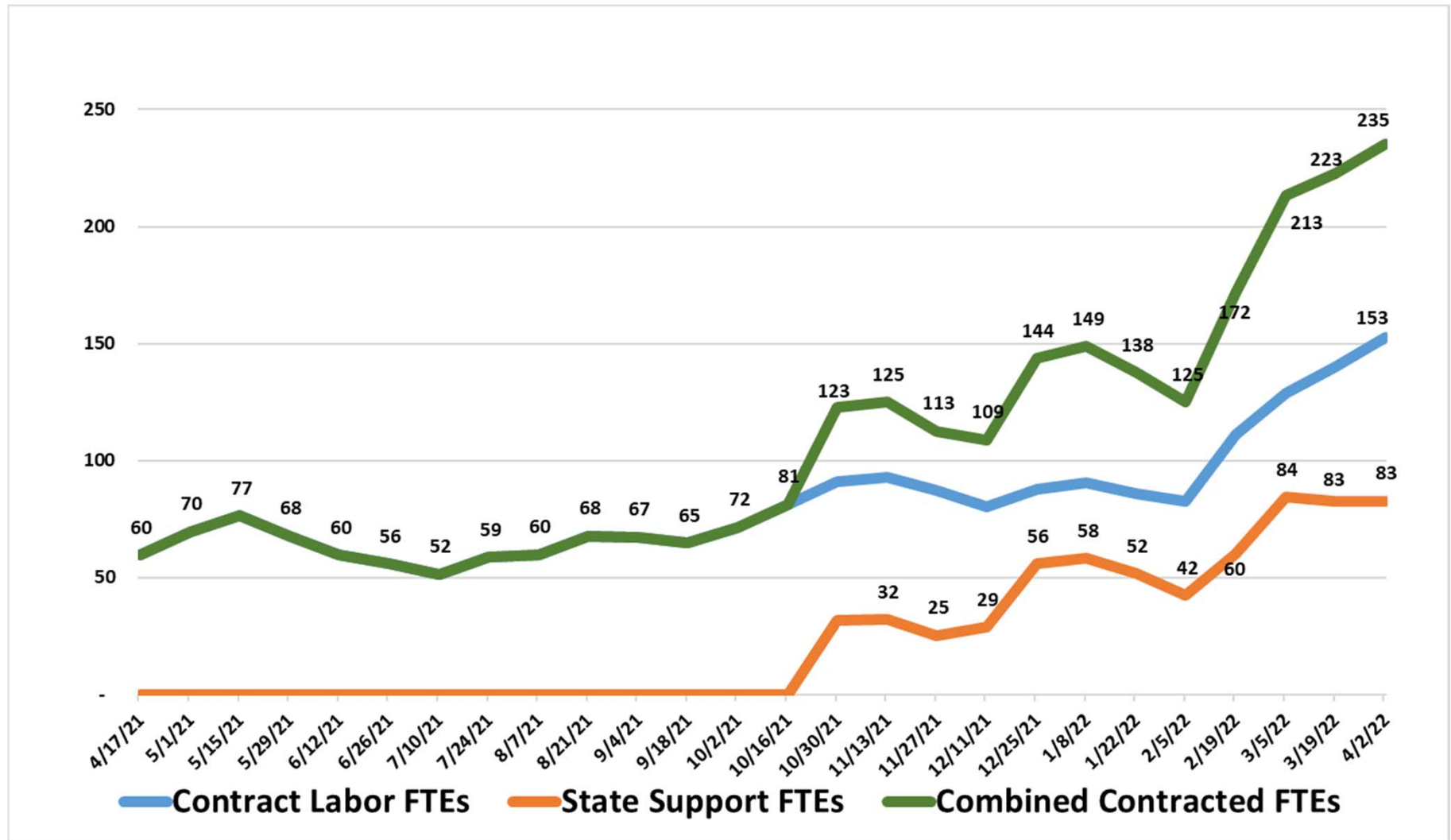
# Shift Bonus



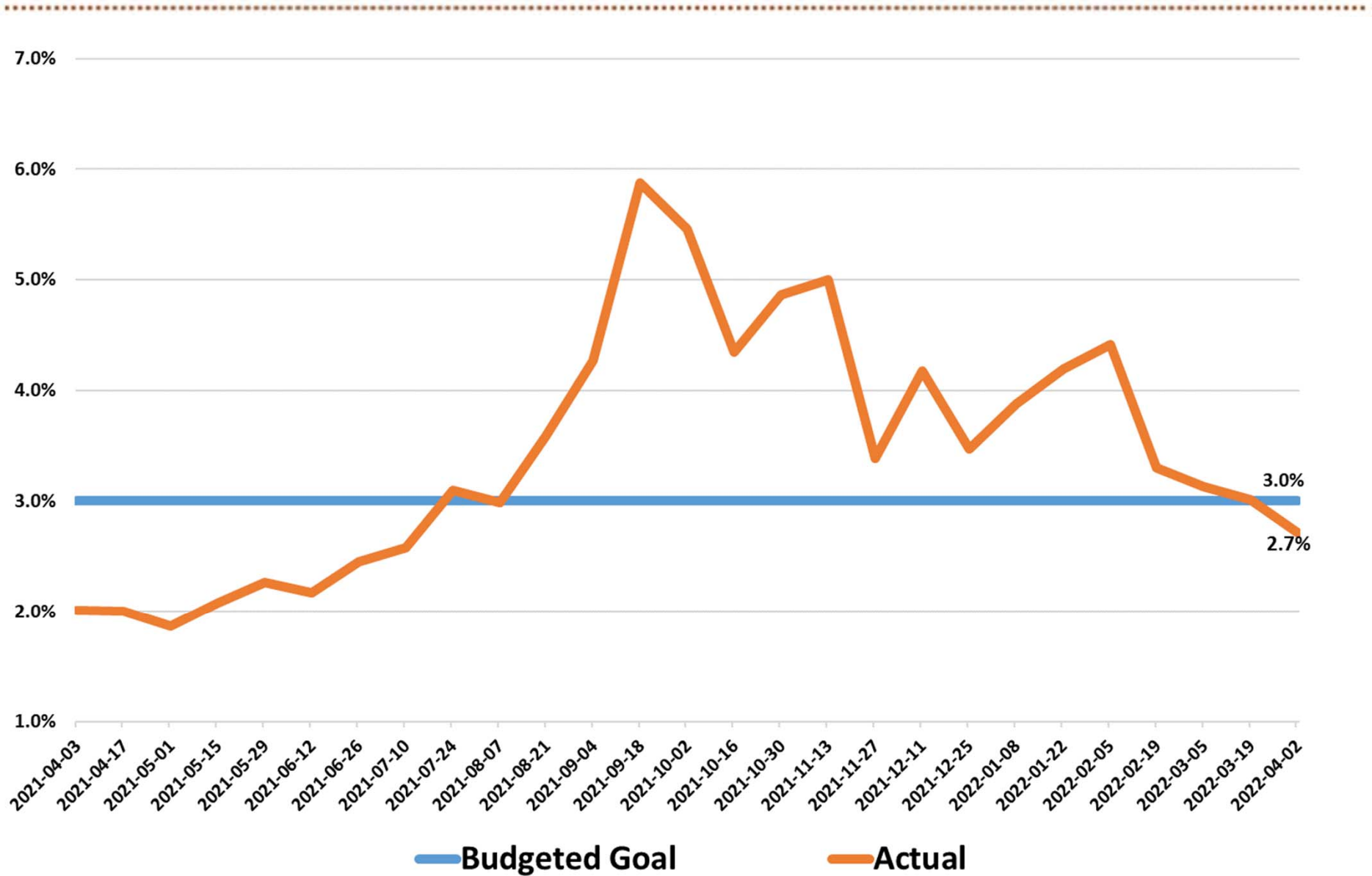
# Overtime & Extra Pay Impact on Rates

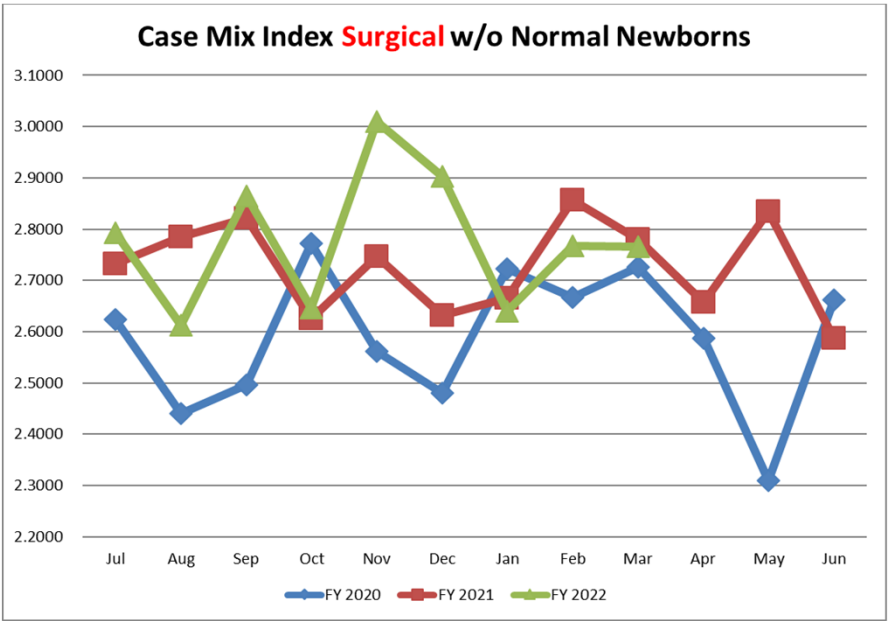
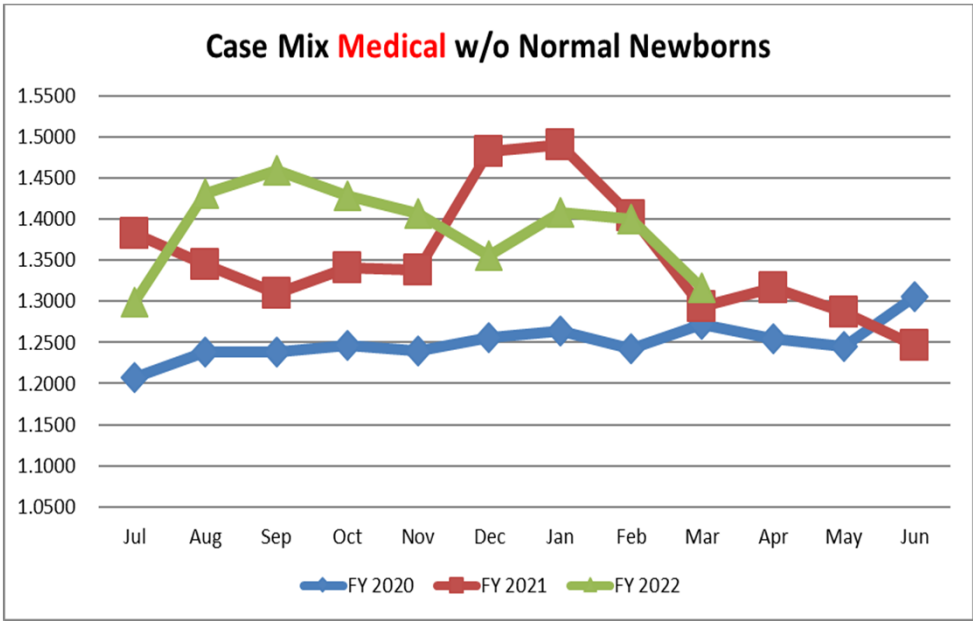
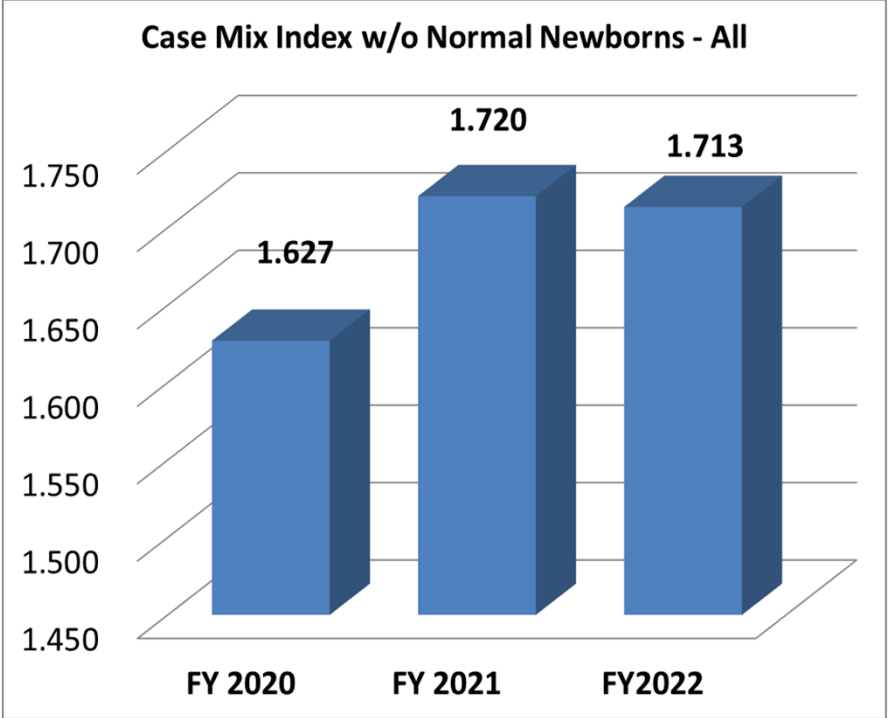
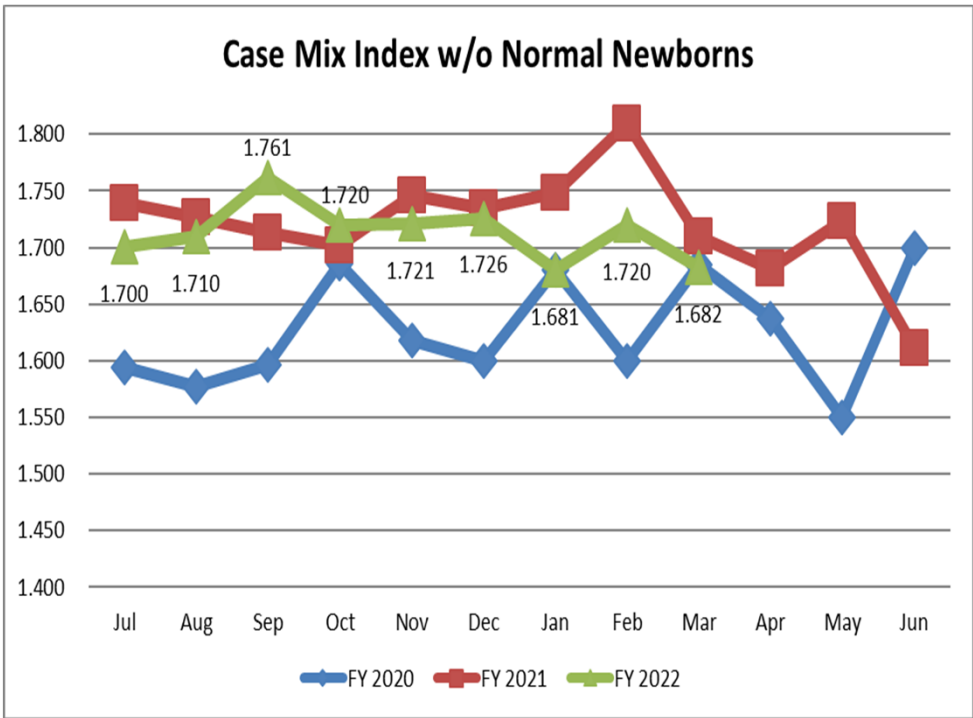


# Contract Labor Full Time Equivalents (FTEs)

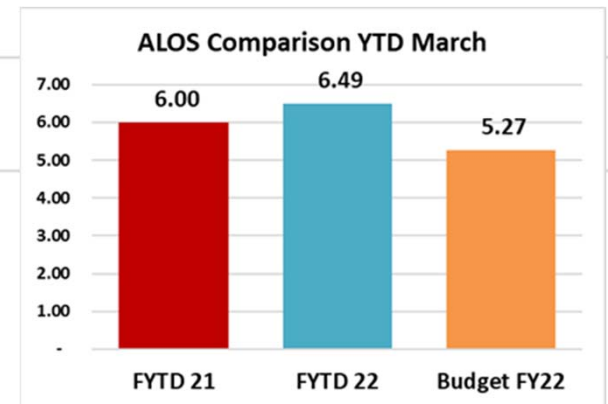
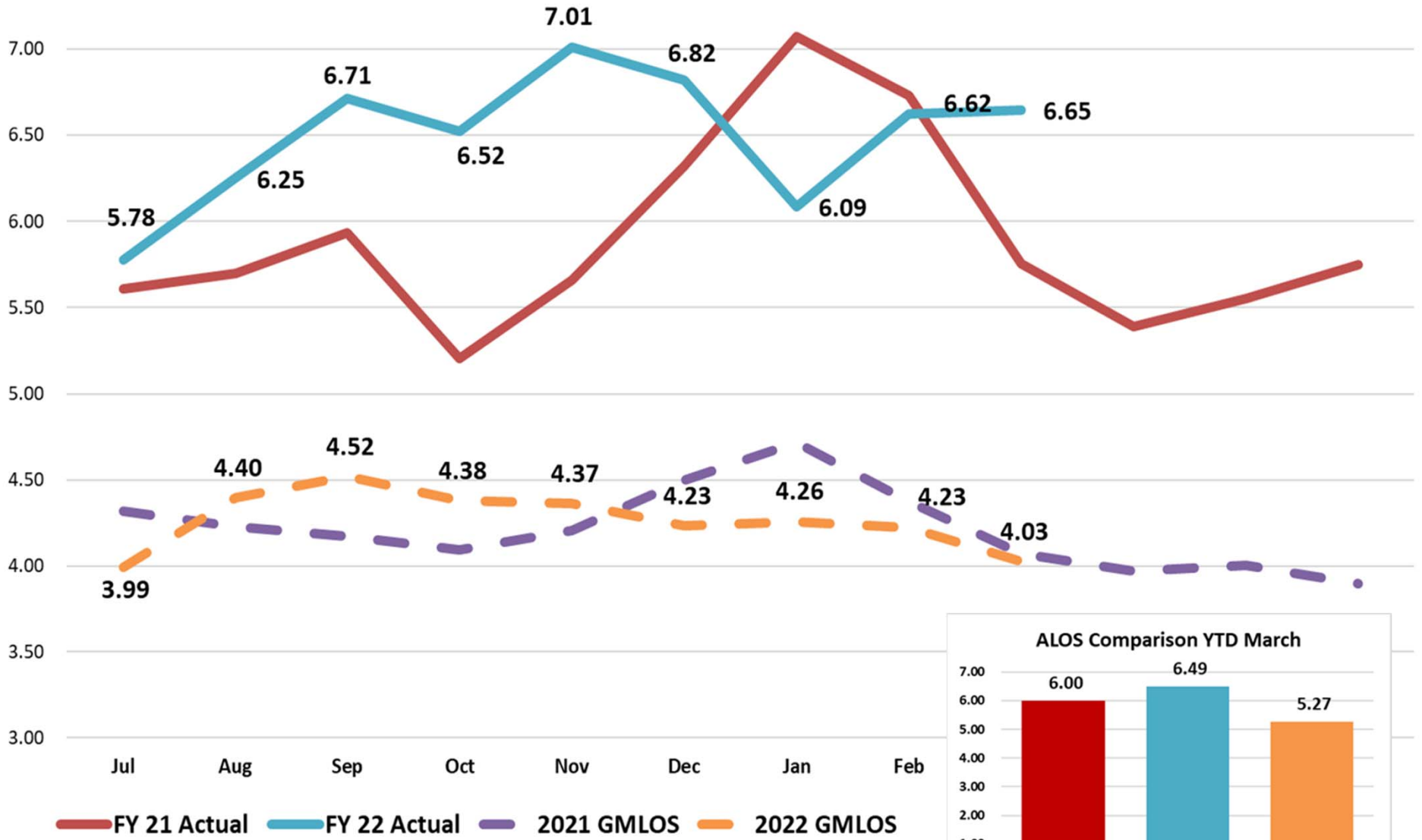


# Overtime





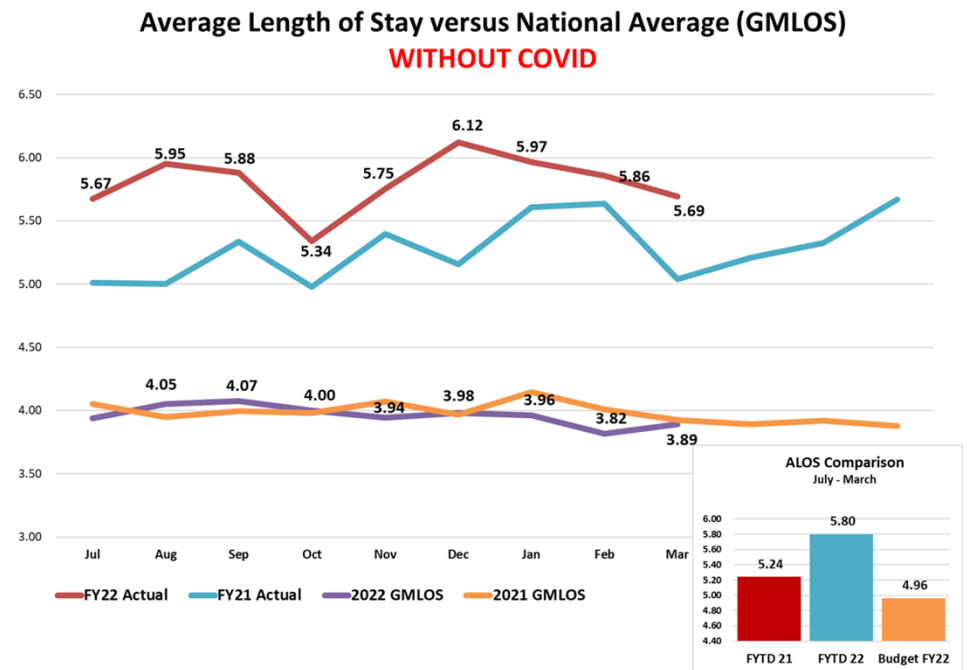
# Average Length of Stay versus National Average (GMLOS)





# Average Length of Stay versus National Average (GMLOS)

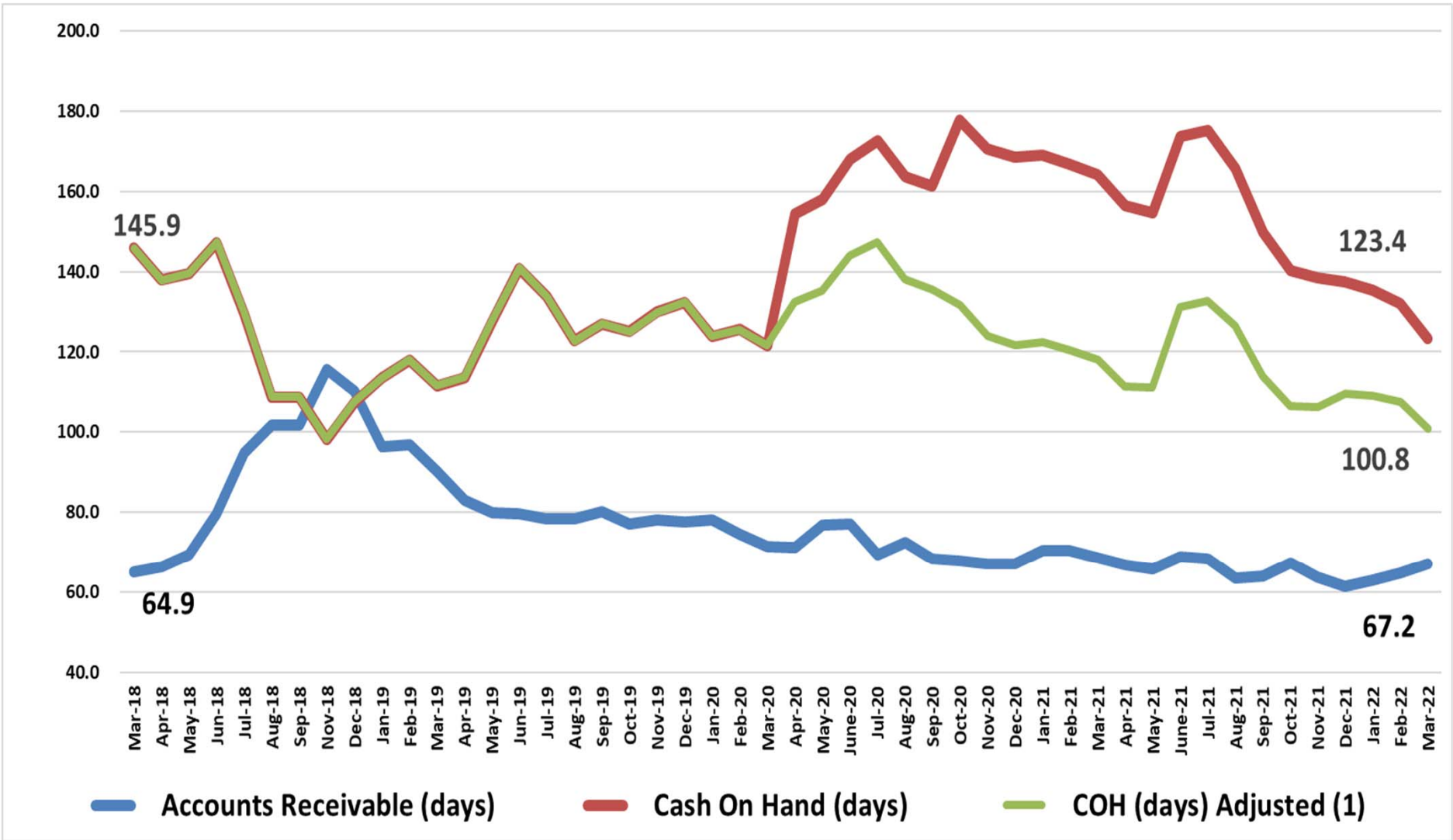
	Including COVID Patients			Excluding COVID Patients			Gap Diff	%
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP		
Mar-20	5.20	4.04	1.16	5.16	4.03	1.13	0.03	2%
Apr-20	5.30	4.25	1.05	5.19	4.17	1.03	0.02	2%
May-20	5.25	4.16	1.09	4.74	4.06	0.68	0.40	37%
Jun-20	5.61	4.11	1.50	4.98	3.95	1.03	0.47	31%
Jul-20	5.60	4.31	1.29	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	4.00	1.33	0.43	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	6.71	4.52	2.19	5.88	4.07	1.81	0.38	17%
Oct-21	6.52	4.38	2.14	5.34	4.00	1.34	0.80	37%
Nov-21	7.00	4.36	2.64	5.74	3.94	1.80	0.84	32%
Dec-21	6.82	4.23	2.59	6.12	3.98	2.14	0.45	17%
Jan-22	6.09	4.26	1.83	5.97	3.96	2.01	(0.18)	-10%
Feb-22	6.62	4.23	2.39	5.86	3.82	2.04	0.35	15%
Mar-22	6.65	4.03	2.62	5.69	3.89	1.80	0.82	31%
<b>Average</b>	<b>6.02</b>	<b>4.22</b>	<b>1.80</b>	<b>5.43</b>	<b>3.99</b>	<b>1.44</b>	<b>0.36</b>	<b>20%</b>



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



# 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

MARCH 31, 2022

	June 30,			2020 Moody's		
	Current	Prior	2021	Median Benchmark		
	Month	Month	Audited	Aa	A	Baa
	Value	Value	Value			
<b>LIQUIDITY RATIOS</b>						
Current Ratio (x)	1.7	1.6	1.2	1.5	1.7	1.8
Accounts Receivable (days)	67.0	64.7	67.0	47.2	46.3	45.9
Cash On Hand (days)	123.4	132.1	173.3	334.8	261.4	207.2
Cushion Ratio (x)	17.9	19.1	22.9	45.9	28.8	19
Average Payment Period (days)	67.2	71.7	93.2	100.5	89.4	95.2
<b>CAPITAL STRUCTURE RATIOS</b>						
Cash-to-Debt	126.9%	135.1%	164.4%	285.0%	200.8%	149.7%
Debt-To-Capitalization	31.5%	31.3%	31.2%	24.8%	31.7%	40.1%
Debt-to-Cash Flow (x)	7.1	5.3	4.6	2.4	3	3.9
Debt Service Coverage	1.9	2.5	2.9	7.5	5.2	3.7
Maximum Annual Debt Service Coverage (x)	1.9	2.5	2.9	6.6	4.4	3
Age Of Plant (years)	14.3	14.2	13.5	10.6	11.8	12.9
<b>PROFITABILITY RATIOS</b>						
Operating Margin	(2.5%)	(1.5%)	(3.5%)	2.2%	1.4%	0.6%
Excess Margin	(.6%)	0.7%	1.5%	6.3%	4.8%	3.0%
Operating Cash Flow Margin	2.0%	3.0%	1.4%	7.4%	7.6%	6.2%
Return on Assets	(.6%)	0.6%	1.3%	4.4%	3.8%	2.8%

# KAWEAH DELTA HEALTH CARE DISTRICT

## CONSOLIDATED INCOME STATEMENT (000's)

FISCAL YEAR 2021 & 2022

Fiscal Year	Operating Revenue			Operating Expenses				Operating Expenses Total	Operating Income	Non-Operating Income	Net Income	Operating Margin %	Excess Margin
	Net Patient Revenue	Other Operating Revenue	Operating Revenue Total	Personnel Expense	Physician Fees	Supplies Expense	Other Operating Expense						
<b>2021</b>													
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%
<b>2021 FY Total</b>	<b>\$ 596,175</b>	<b>\$ 181,697</b>	<b>\$ 777,872</b>	<b>\$ 389,923</b>	<b>\$ 96,690</b>	<b>\$ 131,449</b>	<b>\$ 187,317</b>	<b>\$ 805,379</b>	<b>\$ (27,507)</b>	<b>\$ 39,921</b>	<b>\$ 12,414</b>	<b>(3.5%)</b>	<b>1.5%</b>
<b>2022</b>													
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%
Dec-21	51,115	21,358	72,473	37,366	9,479	10,687	15,532	73,064	(591)	2,495	1,904	(0.8%)	2.6%
Jan-22	56,862	17,469	74,331	38,931	9,210	10,913	15,143	74,197	134	568	702	0.2%	0.9%
Feb-22	47,933	17,619	65,552	36,102	8,812	10,406	15,848	71,168	(5,616)	693	(4,924)	(8.6%)	(7.5%)
Mar-22	52,555	16,609	69,164	37,920	9,045	11,180	18,266	76,412	(7,247)	(470)	(7,717)	(10.5%)	(11.2%)
<b>2022 FY Total</b>	<b>\$ 478,079</b>	<b>\$ 157,725</b>	<b>\$ 635,804</b>	<b>\$ 325,025</b>	<b>\$ 80,666</b>	<b>\$ 100,064</b>	<b>\$ 145,873</b>	<b>\$ 651,628</b>	<b>\$ (15,824)</b>	<b>\$ 11,988</b>	<b>\$ (3,837)</b>	<b>(2.5%)</b>	<b>(0.6%)</b>
<b>FYTD Budget</b>	<b>476,616</b>	<b>140,717</b>	<b>617,334</b>	<b>292,652</b>	<b>74,844</b>	<b>94,358</b>	<b>144,243</b>	<b>606,097</b>	<b>11,237</b>	<b>4,381</b>	<b>15,618</b>	<b>1.8%</b>	<b>2.5%</b>
<b>Variance</b>	<b>\$ 1,462</b>	<b>\$ 17,007</b>	<b>\$ 18,470</b>	<b>\$ 32,373</b>	<b>\$ 5,823</b>	<b>\$ 5,706</b>	<b>\$ 1,630</b>	<b>\$ 45,532</b>	<b>\$ (27,062)</b>	<b>\$ 7,607</b>	<b>\$ (19,455)</b>		
<b>Current Month Analysis</b>													
<b>Mar-22</b>	<b>\$ 52,555</b>	<b>\$ 16,609</b>	<b>\$ 69,164</b>	<b>\$ 37,920</b>	<b>\$ 9,045</b>	<b>\$ 11,180</b>	<b>\$ 18,266</b>	<b>\$ 76,412</b>	<b>\$ (7,247)</b>	<b>\$ (470)</b>	<b>\$ (7,717)</b>	<b>(10.5%)</b>	<b>(11.2%)</b>
<b>Budget</b>	<b>54,117</b>	<b>16,250</b>	<b>70,367</b>	<b>33,820</b>	<b>8,316</b>	<b>10,806</b>	<b>16,473</b>	<b>69,415</b>	<b>953</b>	<b>542</b>	<b>1,494</b>	<b>1.4%</b>	<b>2.1%</b>
<b>Variance</b>	<b>\$ (1,562)</b>	<b>\$ 359</b>	<b>\$ (1,203)</b>	<b>\$ 4,100</b>	<b>\$ 729</b>	<b>\$ 374</b>	<b>\$ 1,793</b>	<b>\$ 6,997</b>	<b>\$ (8,200)</b>	<b>\$ (1,012)</b>	<b>(9,211)</b>		

# KAWEAH DELTA HEALTH CARE DISTRICT

## FISCAL YEAR 2021 & 2022

Fiscal Year	Patient Days	ADC	Adjusted	I/P Revenue %	DFR & Bad Debt %	Net Patient	Personnel	Physician	Supply	Total	Personnel Expense/ Net Patient Revenue	Physician Fees/ Net Patient Revenue	Supply	Total
			Patient Days			Revenue/ Ajusted Patient Day	Expense/ Ajusted Patient Day	Fees/ Ajusted Patient Day	Expense/ Ajusted Patient Day	Operating Expense/ Ajusted Patient Day			Expense/ Net Patient Revenue	Operating Expense/ Net Patient Revenue
<b>2021</b>														
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%
<b>2021 FY Total</b>	<b>156,913</b>	<b>430</b>	<b>300,105</b>	<b>52.3%</b>	<b>75.9%</b>	<b>1,987</b>	<b>1,299</b>	<b>322</b>	<b>438</b>	<b>2,684</b>	<b>65.4%</b>	<b>16.2%</b>	<b>22.0%</b>	<b>135.1%</b>
<b>2022</b>														
Jul-21	13,388	432	26,085	51.3%	76.2%	1,974	1,253	304	368	2,508	63.4%	15.4%	18.6%	127.0%
Aug-21	14,421	465	27,742	52.0%	77.3%	1,792	1,205	307	469	2,537	67.3%	17.2%	26.2%	141.6%
Sep-21	14,836	495	28,344	52.3%	75.0%	2,042	1,352	273	421	2,662	66.2%	13.4%	20.6%	130.4%
Oct-21	15,518	501	28,267	54.9%	75.8%	1,970	1,296	342	414	2,667	65.8%	17.4%	21.0%	135.4%
Nov-21	13,969	466	26,571	52.6%	74.8%	2,064	1,266	386	400	2,640	61.3%	18.7%	19.4%	127.9%
Dec-21	14,305	461	27,106	52.8%	76.4%	1,886	1,378	350	394	2,695	73.1%	18.5%	20.9%	142.9%
Jan-22	14,611	471	26,955	54.2%	74.3%	2,109	1,444	342	405	2,753	68.5%	16.2%	19.2%	130.5%
Feb-22	13,263	474	24,973	53.1%	75.8%	1,919	1,446	353	417	2,850	75.3%	18.4%	21.7%	148.5%
Mar-22	13,570	438	27,296	49.7%	76.7%	1,925	1,389	331	410	2,799	72.2%	17.2%	21.3%	145.4%
<b>2022 FY Total</b>	<b>127,881</b>	<b>467</b>	<b>243,373</b>	<b>52.5%</b>	<b>75.8%</b>	<b>1,964</b>	<b>1,336</b>	<b>331</b>	<b>411</b>	<b>2,677</b>	<b>68.0%</b>	<b>16.9%</b>	<b>20.9%</b>	<b>136.3%</b>
<b>FYTD Budget</b>	<b>121,577</b>	<b>444</b>	<b>240,382</b>	<b>50.6%</b>	<b>75.6%</b>	<b>1,983</b>	<b>1,217</b>	<b>311</b>	<b>393</b>	<b>2,490</b>	<b>61.4%</b>	<b>15.7%</b>	<b>19.8%</b>	<b>127.2%</b>
<b>Variance</b>	<b>6,304</b>	<b>23</b>	<b>2,990</b>	<b>2.0%</b>	<b>0.2%</b>	<b>(18)</b>	<b>118</b>	<b>20</b>	<b>19</b>	<b>187</b>	<b>6.6%</b>	<b>1.2%</b>	<b>1.1%</b>	<b>9.1%</b>
<b>Current Month Analysis</b>														
<b>Mar-22</b>	<b>13,570</b>	<b>438</b>	<b>27,296</b>	<b>49.7%</b>	<b>76.7%</b>	<b>1,925</b>	<b>1,389</b>	<b>331</b>	<b>410</b>	<b>2,799</b>	<b>72.2%</b>	<b>17.2%</b>	<b>21.3%</b>	<b>145.4%</b>
<b>Budget</b>	<b>13,797</b>	<b>445</b>	<b>27,021</b>	<b>51.1%</b>	<b>75.7%</b>	<b>2,003</b>	<b>1,252</b>	<b>308</b>	<b>400</b>	<b>2,543</b>	<b>62.5%</b>	<b>15.4%</b>	<b>20.0%</b>	<b>128.3%</b>
<b>Variance</b>	<b>(227)</b>	<b>(7)</b>	<b>275</b>	<b>(1.3%)</b>	<b>1.0%</b>	<b>(77)</b>	<b>138</b>	<b>24</b>	<b>10</b>	<b>256</b>	<b>9.7%</b>	<b>1.8%</b>	<b>1.3%</b>	<b>17.1%</b>

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

	Mar-22	Feb-22	Change	% Change	Jun-21 (Audited)
<b>ASSETS AND DEFERRED OUTFLOWS</b>					
<b>CURRENT ASSETS</b>					
Cash and cash equivalents	\$ 16,298	\$ 13,462	\$ 2,835	21.06%	\$ 30,081
Current Portion of Board designated and trusted assets	21,637	20,232	1,405	6.95%	13,695
Accounts receivable:					
Net patient accounts	128,358	126,682	1,677	1.32%	121,553
Other receivables	15,376	26,836	(11,460)	-42.70%	16,048
	143,735	153,518	(9,783)	-6.37%	137,601
Inventories	12,203	12,375	(172)	-1.39%	10,800
Medicare and Medi-Cal settlements	60,031	45,672	14,359	31.44%	37,339
Prepaid expenses	11,300	12,855	(1,556)	-12.10%	12,210
Total current assets	265,203	258,114	7,089	2.75%	241,726
<b>NON-CURRENT CASH AND INVESTMENTS -</b>					
less current portion					
Board designated cash and assets	279,403	303,321	(23,919)	-7.89%	349,933
Revenue bond assets held in trust	22,316	22,313	3	0.01%	22,271
Assets in self-insurance trust fund	1,941	2,055	(115)	-5.58%	2,073
Total non-current cash and investments	303,659	327,690	(24,031)	-7.33%	374,277
<b>CAPITAL ASSETS</b>					
Land	17,542	17,542	-	0.00%	17,542
Buildings and improvements	385,255	385,255	-	0.00%	384,399
Equipment	320,802	320,750	52	0.02%	316,636
Construction in progress	58,162	57,754	407	0.71%	53,113
	781,761	781,302	460	0.06%	771,690
Less accumulated depreciation	450,206	447,697	2,509	0.56%	427,307
	331,555	333,605	(2,049)	-0.61%	344,383
Property under capital leases -					
less accumulated amortization	(180)	(122)	(58)	47.12%	376
Total capital assets	331,376	333,483	(2,107)	-0.63%	344,759
<b>OTHER ASSETS</b>					
Property not used in operations	1,597	1,601	(4)	-0.27%	1,635
Health-related investments	5,110	5,135	(25)	-0.49%	5,216
Other	12,592	12,457	135	1.08%	11,569
Total other assets	19,298	19,193	105	0.55%	18,419
Total assets	919,536	938,480	(18,944)	-2.02%	979,182
<b>DEFERRED OUTFLOWS</b>					
	(36,112)	(36,082)	(30)	0.08%	(35,831)
Total assets and deferred outflows	\$ 883,424	\$ 902,398	\$ (18,974)	-2.10%	\$ 943,351

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

	Mar-22	Feb-22	Change	% Change	Jun-21 (Audited)
<b>LIABILITIES AND NET ASSETS</b>					
<b>CURRENT LIABILITIES</b>					
Accounts payable and accrued expenses	\$ 76,825	\$ 89,358	\$ (12,534)	(14.03%)	\$ 114,900
Accrued payroll and related liabilities	65,903	62,974	2,929	4.65%	71,537
Long-term debt, current portion	11,216	11,227	(12)	(0.11%)	11,128
Total current liabilities	153,943	163,560	(9,617)	(5.88%)	197,565
<b>LONG-TERM DEBT, less current portion</b>					
Bonds payable	248,248	248,306	(57)	(0.02%)	250,675
Capital leases	98	86	12	13.81%	123
Total long-term debt	248,346	248,391	(45)	(0.02%)	250,797
<b>NET PENSION LIABILITY</b>	(40,640)	(38,600)	(2,041)	5.29%	(22,273)
<b>OTHER LONG-TERM LIABILITIES</b>	34,584	34,270	314	0.91%	30,894
Total liabilities	396,233	407,622	(11,389)	(2.79%)	456,983
<b>NET ASSETS</b>					
Invested in capital assets, net of related debt	96,734	98,807	(2,073)	(2.10%)	107,949
Restricted	40,098	41,943	(1,846)	(4.40%)	31,668
Unrestricted	350,360	354,026	(3,666)	(1.04%)	346,751
Total net position	487,191	494,776	(7,585)	(1.53%)	486,368
Total liabilities and net position	<b>\$ 883,424</b>	<b>\$ 902,398</b>	<b>\$ (18,974)</b>	<b>(2.10%)</b>	<b>\$ 943,351</b>



**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
March 31, 2022**

Board designated funds	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
LAIF		0.37	Various		75,000,000	
CAMP		0.42	CAMP		11,802,781	
PFM		0.01	Money market		271,924	
Wells Cap		0.01	Money market		42,140	
PFM	25-Aug-22	2.31	ABS	FHLMC	390,000	
PFM	2-Dec-22	2.04	CD	Dnb Bank Asa Ny CD	630,000	
PFM	27-Dec-22	2.28	U.S. Govt Agency	FNMA	295,705	
Torrey Pines Bank	5-Mar-23	0.35	CD	Torrey Pines Bank	3,055,323	
PFM	17-Mar-23	0.59	CD	Credit Suisse Ag CD	665,000	
Wells Cap	8-Apr-23	0.30	Municipal	Foothill Ca	850,000	
Wells Cap	15-Apr-23	1.27	Municipal	San Diego Ca	1,300,000	
Wells Cap	15-Apr-23	0.75	MTN-C	Apple, Inc	800,000	
PFM	20-Apr-23	0.13	Supra-National Agen	Intl Bk	620,000	
PFM	20-Apr-23	0.38	U.S. Govt Agency	FHLMC	1,325,000	
PFM	24-Apr-23	2.88	MTN-C	Bank of America	640,000	
PFM	11-May-23	1.14	MTN-C	Chevron Corp	250,000	
PFM	15-May-23	0.13	U.S. Govt Agency	US Treasury Bill	200,000	
Wells Cap	15-May-23	3.10	MTN-C	State Street Corp	359,000	
Wells Cap	16-May-23	2.66	MTN-C	Bank of Ny Mtn	300,000	
PFM	24-May-23	0.50	Supra-National Agen	Inter Amer Bk	915,000	
PFM	3-Jun-23	0.80	MTN-C	Amazon Com Inc	445,000	
PFM	8-Jun-23	0.80	MTN-C	Paccar Financial Mtn	140,000	
PFM	30-Jun-23	0.13	U.S. Govt Agency	US Treasury Bill	2,100,000	
PFM	1-Jul-23	1.09	Municipal	Port Auth NY	245,000	
Wells Cap	1-Jul-23	1.89	Municipal	San Francisco	1,070,000	
PFM	5-Jul-23	0.70	MTN-C	John Deere Mtn	230,000	
PFM	5-Jul-23	0.70	MTN-C	John Deere Mtn	295,000	
PFM	10-Jul-23	0.25	U.S. Govt Agency	FNMA	1,710,000	
Wells Cap	15-Jul-23	0.65	MTN-C	Intuit Inc	800,000	
PFM	24-Jul-23	2.91	MTN-C	Goldman Sachs	900,000	
PFM	25-Jul-23	3.20	ABS	FHLMC	10,787	
PFM	1-Aug-23	2.00	Municipal	Chaffey Ca	265,000	
PFM	1-Aug-23	2.00	Municipal	San Diego Ca Community	165,000	
PFM	1-Aug-23	1.97	Municipal	Tamalpais Ca Union	370,000	
Wells Cap	1-Aug-23	0.98	Municipal	Carson Ca Redev Ag	300,000	
Wells Cap	1-Aug-23	1.30	Municipal	Desert Sands Ca	315,000	
Wells Cap	1-Aug-23	0.58	Municipal	Palomar Ca	700,000	
Wells Cap	1-Aug-23	0.68	Municipal	Upper Santa Clara	1,100,000	
Wells Cap	11-Aug-23	0.43	MTN-C	Chevron USA Inc	1,300,000	
PFM	21-Aug-23	0.74	ABS	GM Fin Auto Lease	178,161	
Wells Cap	31-Aug-23	2.75	U.S. Govt Agency	US Treasury Bill	930,000	
PFM	1-Sep-23	2.13	Municipal	San Jose Ca Ref	765,000	
Wells Cap	8-Sep-23	0.25	U.S. Govt Agency	FHLMC	500,000	
PFM	20-Sep-23	3.45	MTN-C	Toyota Motor	550,000	
PFM	30-Sep-23	1.38	U.S. Govt Agency	US Treasury Bill	905,000	
PFM	10-Oct-23	3.63	MTN-C	American Honda Mtn	395,000	
PFM	16-Oct-23	0.00	ABS	Nissann Auto Lease	242,079	
Wells Cap	31-Oct-23	3.00	U.S. Govt Agency	US Treasury Bill	550,000	
PFM	13-Nov-23	0.54	MTN-C	Bristol Myers Squibb	280,000	
PFM	15-Nov-23	2.51	ABS	Capital One Prime	95,524	
PFM	15-Nov-23	0.25	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	15-Nov-23	0.25	U.S. Govt Agency	US Treasury Bill	350,000	
PFM	24-Nov-23	0.25	Supra-National Agen	Intl Bk	1,265,000	
PFM	25-Nov-23	3.06	U.S. Govt Agency	FHLMC	415,000	
Wells Cap	30-Nov-23	2.13	U.S. Govt Agency	US Treasury Bill	145,000	
Wells Cap	30-Nov-23	2.13	U.S. Govt Agency	US Treasury Bill	700,000	
PFM	4-Dec-23	0.25	U.S. Govt Agency	FHLMC	595,000	
Wells Cap	1-Jan-24	2.12	Municipal	New York ST	585,000	
PFM	15-Jan-24	0.13	U.S. Govt Agency	US Treasury Bill	910,000	
PFM	23-Jan-24	3.50	MTN-C	PNC Financial	395,000	
PFM	25-Jan-24	0.40	ABS	BMW Auto Leasing LLC	215,000	
PFM	25-Jan-24	0.53	MTN-C	Morgan Stanley	335,000	
Wells Cap	31-Jan-24	2.50	U.S. Govt Agency	US Treasury Bill	3,575,000	
Wells Cap	2-Feb-24	0.35	MTN-C	Paccar Financial Mtn	1,000,000	
Wells Cap	8-Feb-24	0.35	MTN-C	National Rural	1,400,000	
PFM	29-Feb-24	2.38	U.S. Govt Agency	US Treasury Bill	1,470,000	
PFM	7-Mar-24	2.90	MTN-C	Merck Co Inc.	405,000	
PFM	7-Mar-24	3.25	MTN-C	Unilever Capital	200,000	
PFM	15-Mar-24	2.95	MTN-C	Pfizer Inc.	465,000	
PFM	16-Mar-24	0.70	MTN-C	JP Morgan	215,000	
PFM	18-Mar-24	0.75	MTN-C	Schwab Charles	90,000	
Wells Cap	18-Mar-24	0.75	MTN-C	Schwab Charles	1,625,000	
Wells Cap	22-Mar-24	0.75	MTN-C	Verizon	730,000	
PFM	25-Mar-24	3.35	U.S. Govt Agency	FNMA	311,555	
PFM	1-Apr-24	3.38	MTN-C	Mastercard Inc.	395,000	
PFM	5-Apr-24	0.73	MTN-C	Morgan Stanley	230,000	
Wells Cap	5-Apr-24	0.73	MTN-C	Morgan Stanley	700,000	

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
March 31, 2022**

PFM	15-Apr-24	3.70	MTN-C	Comcast Corp	395,000
PFM	26-Apr-24	0.50	MTN-C	Bank of Ny Mtn	170,000
Wells Cap	26-Apr-24	0.50	MTN-C	Bank of Ny Mtn	1,000,000
PFM	30-Apr-24	2.00	U.S. Govt Agency	US Treasury Bill	1,285,000
Wells Cap	30-Apr-24	2.25	U.S. Govt Agency	US Treasury Bill	500,000
Wells Cap	1-May-24	0.36	Municipal	Wisconsin ST	1,320,000
Wells Cap	1-May-24	0.43	Municipal	Wisconsin ST	500,000
PFM	12-May-24	0.45	MTN-C	Amazon Com Inc	250,000
Wells Cap	12-May-24	0.45	MTN-C	Amazon Com Inc	875,000
PFM	15-May-24	0.55	MTN-C	JP Morgan	195,000
PFM	15-May-24	2.50	U.S. Govt Agency	US Treasury Bill	950,000
PFM	15-May-24	2.50	U.S. Govt Agency	US Treasury Bill	425,000
Wells Cap	15-May-24	0.58	Municipal	University Ca	1,000,000
PFM	20-May-24	0.00	ABS	GM Fin Auto Lease	445,000
Wells Cap	20-May-24	0.00	ABS	GM Fin Auto Lease	1,175,000
PFM	28-May-24	0.70	MTN-C	Astrazeneca LP	300,000
Wells Cap	31-May-24	2.00	U.S. Govt Agency	US Treasury Bill	3,710,000
Wells Cap	1-Jun-24	0.59	Municipal	Orange Ca	500,000
Wells Cap	1-Jun-24	0.64	Municipal	Torrance Ca	1,450,000
PFM	15-Jun-24	0.25	U.S. Govt Agency	US Treasury Bill	865,000
Wells Cap	15-Jun-24	0.52	Municipal	Louisiana ST	500,000
Wells Cap	30-Jun-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	1-Jul-24	1.96	Municipal	Arizona ST	675,000
PFM	1-Jul-24	2.00	Municipal	Connecticut ST	150,000
PFM	1-Jul-24	0.62	Municipal	Wisconsin ST	470,000
Wells Cap	1-Jul-24	0.63	Municipal	El Segundo Ca	510,000
Wells Cap	1-Jul-24	5.00	Municipal	Los Angeles Calif Ca	1,500,000
PFM	15-Jul-24	0.00	MTN-C	Nissan Auto	115,914
PFM	30-Jul-24	2.40	MTN-C	US Bancorp	415,000
PFM	1-Aug-24	0.51	Municipal	Maryland ST	355,000
PFM	1-Aug-24	2.05	Municipal	San Diego Ca Community	80,000
PFM	1-Aug-24	0.70	Municipal	San Juan Ca	195,000
PFM	1-Aug-24	2.02	Municipal	Tamalpais Ca Union	305,000
PFM	9-Aug-24	0.75	ABS	American Honda Mtn	190,000
PFM	12-Aug-24	0.75	ABS	BMW US Cap LLC	120,000
PFM	12-Aug-24	0.75	ABS	BMW US Cap LLC	220,000
PFM	12-Aug-24	0.63	MTN-C	Unilever Capital	100,000
PFM	15-Aug-24	2.30	MTN-C	Honeywell	330,000
PFM	15-Aug-24	2.15	MTN-C	Paccar Financial Mtn	210,000
Wells Cap	16-Aug-24	2.02	MTN-C	Exxon Mobil	1,320,000
PFM	30-Aug-24	1.75	MTN-C	Walt Disney Co	780,000
PFM	10-Sep-24	0.63	MTN-C	Deere John Mtn	85,000
Wells Cap	13-Sep-24	0.60	MTN-C	Caterpillar Finl Mtn	500,000
PFM	14-Sep-24	0.61	MTN-C	Nestle Holdings	640,000
PFM	23-Sep-24	0.50	Supra-National Agen	Inter Amer Bk	870,000
PFM	30-Sep-24	1.50	U.S. Govt Agency	US Treasury Bill	425,000
PFM	15-Oct-24	0.70	ABS	Toyota Auto Recvcs	275,083
PFM	18-Oct-24	0.37	ABS	Honda Auto	375,000
PFM	24-Oct-24	2.10	MTN-C	Bank of NY	150,000
PFM	25-Oct-24	0.00	ABS	BMW Vehicle Owner	133,785
PFM	25-Oct-24	0.85	MTN-C	Bank of Ny Mtn	390,000
PFM	30-Oct-24	0.78	MTN-C	Citigroup Inc	445,000
PFM	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	1,500,000
Wells Cap	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	650,000
PFM	1-Nov-24	0.57	Municipal	Mississippi ST	300,000
PFM	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn	850,000
Wells Cap	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn	600,000
Wells Cap	15-Nov-24	1.60	ABS	Capital One Prime	668,788
PFM	30-Nov-24	1.50	U.S. Govt Agency	US Treasury Bill	1,000,000
Wells Cap	30-Nov-24	1.50	U.S. Govt Agency	US Treasury Bill	700,000
Wells Cap	5-Dec-24	4.02	MTN-C	JP Morgan	1,050,000
Wells Cap	6-Dec-24	2.15	MTN-C	Branch Banking Trust	1,300,000
PFM	15-Dec-24	0.00	ABS	Hyundai Auto	240,297
Wells Cap	15-Dec-24	1.00	U.S. Govt Agency	US Treasury Bill	550,000
Wells Cap	31-Dec-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	7-Jan-25	1.63	U.S. Govt Agency	FNMA	1,510,000
Wells Cap	9-Jan-25	2.05	MTN-C	John Deere Mtn	500,000
PFM	10-Jan-25	1.38	Supra-National Agen	Cooperatieve	440,000
Wells Cap	15-Jan-25	1.13	U.S. Govt Agency	US Treasury Bill	3,300,000
Wells Cap	21-Jan-25	2.05	MTN-C	US Bank NA	1,400,000
Wells Cap	24-Jan-25	1.76	MTN-C	Goldman Sachs	725,000
PFM	25-Jan-25	0.53	U.S. Govt Agency	FHLMC	272,936
PFM	7-Feb-25	1.88	MTN-C	National Rural Mtn	125,000
PFM	12-Feb-25	1.50	U.S. Govt Agency	FHLMC	1,000,000
PFM	13-Feb-25	1.80	MTN-C	Toyota Motor	420,000
PFM	14-Feb-25	1.75	MTN-C	Novartis Capital	425,000
Wells Cap	15-Feb-25	1.50	U.S. Govt Agency	US Treasury Bill	750,000
PFM	20-Feb-25	0.00	MTN-C	Verizon Owner	455,000
PFM	1-Mar-25	2.90	MTN-C	Lockheed Martin	205,000
Wells Cap	7-Mar-25	2.13	MTN-C	Deere John Mtn	550,000

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
March 31, 2022**

PFM	10-Mar-25	2.13	MTN-C	Roche Holding Inc	730,000
PFM	15-Mar-25	0.00	ABS	Carmax Auto Owner	239,807
PFM	1-Apr-25	3.25	MTN-C	General Dynamics	395,000
Wells Cap	1-Apr-25	0.88	Municipal	Bay Area Toll	250,000
PFM	14-Apr-25	0.50	U.S. Govt Agency	FHLB	1,340,000
PFM	15-Apr-25	2.70	MTN-C	Home Depot Inc	65,000
PFM	22-Apr-25	0.63	U.S. Govt Agency	FNMA	1,530,000
PFM	1-May-25	0.98	MTN-C	Citigroup Inc	440,000
Wells Cap	1-May-25	0.74	Municipal	San Diego County	300,000
PFM	11-May-25	1.13	MTN-C	Apple, Inc	655,000
PFM	15-May-25	0.93	Municipal	University Calf Ca	185,000
Wells Cap	15-May-25	0.00	ABS	Toyota Auto Recvcs	1,000,000
PFM	1-Jun-25	1.35	MTN-C	Honeywell	220,000
PFM	1-Jun-25	3.15	MTN-C	Emerson Electric Co	265,000
PFM	1-Jun-25	1.35	MTN-C	Honeywell	180,000
PFM	1-Jun-25	0.82	MTN-C	JP Morgan	725,000
PFM	1-Jun-25	0.82	MTN-C	JP Morgan	275,000
Wells Cap	1-Jun-25	0.92	Municipal	Connecticut ST	400,000
PFM	17-Jun-25	0.50	U.S. Govt Agency	FNMA	1,800,000
Wells Cap	17-Jun-25	0.50	U.S. Govt Agency	FNMA	2,000,000
Wells Cap	30-Jun-25	0.25	U.S. Govt Agency	US Treasury Bill	350,000
PFM	1-Jul-25	1.26	Municipal	Florida ST	600,000
PFM	1-Jul-25	0.77	Municipal	Wisconsin ST	440,000
PFM	21-Jul-25	0.50	ABS	GM Financial	100,000
PFM	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	520,000
Wells Cap	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	1,500,000
PFM	31-Jul-25	0.25	U.S. Govt Agency	US Treasury Bill	185,000
PFM	1-Aug-25	0.77	Municipal	Los Angeles Ca	335,000
PFM	1-Aug-25	0.85	Municipal	San Juan Ca	190,000
Wells Cap	1-Aug-25	2.17	Municipal	Santa Cruz Ca	400,000
PFM	15-Aug-25	0.78	ABS	Carmax Auto Owner	215,000
PFM	15-Aug-25	0.62	ABS	Kubota Credit	195,000
Wells Cap	15-Aug-25	0.00	ABS	Honda Auto Rec Own	1,350,000
Wells Cap	25-Aug-25	0.38	U.S. Govt Agency	FNMA	1,500,000
Wells Cap	31-Aug-25	0.25	U.S. Govt Agency	US Treasury Bill	250,000
Wells Cap	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000
PFM	15-Sep-25	0.00	ABS	Hyundai Auto	190,000
PFM	15-Sep-25	3.88	MTN-C	Abbott Laboratories	195,000
Wells Cap	15-Sep-25	0.36	ABS	John Deere Owner	685,000
Wells Cap	15-Sep-25	0.50	ABS	Santander Drive	1,800,000
PFM	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	835,000
Wells Cap	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	750,000
Wells Cap	25-Sep-25	0.98	MTN-C	Bk of America	1,300,000
Wells Cap	29-Oct-25	0.55	MTN-C	Procter Gamble Co	1,300,000
Wells Cap	31-Oct-25	0.25	U.S. Govt Agency	US Treasury Bill	770,000
PFM	17-Nov-25	0.56	ABS	Kubota Credit	165,000
Wells Cap	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	1,200,000
Wells Cap	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	1,350,000
PFM	15-Dec-25	0.00	ABS	Carmax Auto Owner	140,000
PFM	31-Dec-25	0.38	U.S. Govt Agency	US Treasury Bill	445,000
PFM	31-Dec-25	0.38	U.S. Govt Agency	US Treasury Bill	950,000
PFM	31-Dec-25	2.63	U.S. Govt Agency	US Treasury Bill	2,000,000
PFM	31-Jan-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Wells Cap	6-Feb-26	1.75	MTN-C	State Street Corp	350,000
Wells Cap	6-Feb-26	1.75	MTN-C	State Street Corp	650,000
PFM	12-Feb-26	0.86	MTN-C	Goldman Sachs	205,000
PFM	15-Feb-26	1.63	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	17-Feb-26	0.00	ABS	Carmax Auto Owner	285,000
PFM	28-Feb-26	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	30-Mar-26	2.90	MTN-C	State Street Corp	420,000
PFM	31-Mar-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Wells Cap	31-Mar-26	0.75	U.S. Govt Agency	US Treasury Bill	675,000
PFM	2-Apr-26	3.38	MTN-C	Bank of America	250,000
PFM	19-Apr-26	3.50	MTN-C	Bank of America	295,000
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	435,000
Wells Cap	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,900,000
Wells Cap	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	450,000
Wells Cap	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
Wells Cap	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,875,000
PFM	15-May-26	3.30	MTN-C	IBM Corp	410,000
PFM	28-May-26	1.20	MTN-C	Astrazeneca LP	265,000
PFM	31-May-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-May-26	2.13	U.S. Govt Agency	US Treasury Bill	1,200,000
PFM	15-Jun-26	0.00	ABS	Carmax Auto Owner	550,000
Wells Cap	18-Jun-26	1.13	MTN-C	Toyota Motor	1,400,000
PFM	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	750,000
PFM	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	240,000
Wells Cap	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	1,850,000
PFM	1-Jul-26	1.46	Municipal	Los Angeles Ca	270,000
Wells Cap	1-Jul-26	1.89	Municipal	Anaheim Ca Pub	1,000,000

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
March 31, 2022**

PFM	8-Jul-26	3.05	MTN-C	Walmart INC	205,000
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	280,000
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	600,000
PFM	31-Aug-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	14-Sep-26	1.15	MTN-C	Caterpillar Finl Mtn	220,000
PFM	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000
Wells Cap	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,210,000
Wells Cap	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	1-Oct-26	2.95	MTN-C	JP Morgan	415,000
Wells Cap	31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill	800,000
PFM	4-Nov-26	0.02	MTN-C	American Express Co	445,000
PFM	15-Nov-26	3.55	MTN-C	Lockheed Martin	405,000
PFM	16-Nov-26	0.00	ABS	Capital One Multi	640,000
PFM	30-Nov-26	1.25	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	30-Nov-26	1.25	U.S. Govt Agency	US Treasury Bill	200,000
PFM	30-Nov-26	1.25	U.S. Govt Agency	US Treasury Bill	1,000,000
Wells Cap	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	1,100,000
Wells Cap	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	900,000
PFM	31-Dec-26	1.25	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Dec-26	1.25	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	11-Jan-27	1.70	MTN-C	Deere John Mtn	220,000
PFM	15-Jan-27	1.95	MTN-C	Target Corp	115,000
PFM	15-Jan-27	1.95	MTN-C	Target Corp	215,000
Wells Cap	15-Jan-27	1.95	MTN-C	Target Corp	900,000
Wells Cap	31-Jan-27	1.50	U.S. Govt Agency	US Treasury Bill	650,000
Wells Cap	31-Jan-27	1.50	U.S. Govt Agency	US Treasury Bill	750,000
Wells Cap	31-Mar-27	2.38	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	15-Sep-28	0.00	MTN-C	Discover Card Exe	495,000
PFM	20-Jul-32	0.00	ABS	Toyota Lease Owner	235,000
PFM	1-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	500,000

\$ 269,861,586

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
March 31, 2022**

<u>Maturity Date</u>	<u>Yield</u>	<u>Investment Type</u>	<u>G/L Account</u>	<u>Amount</u>	<u>Total</u>
<b><u>Self-insurance trust</u></b>					
Wells Cap		Money market	110900	1,312,186	
Wells Cap		Fixed income - L/T	152300	2,019,237	
					3,331,423
<b><u>2012 revenue bonds</u></b>					
US Bank		Principal/Interest payment fund	142112	3,357,568	
					3,357,568
<b><u>2015A revenue bonds</u></b>					
US Bank		Principal/Interest payment fund	142115	332,498	
					332,498
<b><u>2015B revenue bonds</u></b>					
US Bank		Principal/Interest payment fund	142116	1,380,217	
US Bank		Project Fund	152442	11,685,674	
					13,065,890
<b><u>2017A/B revenue bonds</u></b>					
US Bank		Principal/Interest payment fund	142117	881,944	
					881,944
<b><u>2017C revenue bonds</u></b>					
US Bank		Principal/Interest payment fund	142118	3,460,141	
					3,460,141
<b><u>2020 revenue bonds</u></b>					
Signature Bank		Project Fund	152446	10,628,462	
US Bank		Principal/Interest payment fund	142113	820,841	
					11,449,304
<b><u>2014 general obligation bonds</u></b>					
LAIF		Interest Payment fund	152440	2,331,530	
					2,331,530
<b><u>Operations</u></b>					
Wells Fargo Bank	0.16	Checking	100000	(2,206,859)	
Wells Fargo Bank	0.16	Checking	100500	8,831,071	
					6,624,212
<b><u>Payroll</u></b>					
Wells Fargo Bank	0.16	Checking	100100	(98,508)	
Wells Fargo Bank	0.16	Checking	100201	443,115	
Wells Fargo Bank	0.16	Checking	100200	12,091	
Wells Fargo Bank		Checking	100205	2,181	
Bancorp		Checking	100202	47,575	
					406,454
					7,030,666
				<b>Total investments</b>	<b>\$ 315,102,550</b>

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
March 31, 2022**

**Kaweah Delta Medical Foundation**

Wells Fargo Bank	Checking	10050		<b>\$ 9,465,305</b>
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**Sequoia Regional Cancer Center**

Wells Fargo Bank	Checking	100535	276,822	<b>\$ 276,822</b>
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**Kaweah Delta Hospital Foundation**

VCB Checking	Investments	100501	465,839	
Various	S/T Investments	142200	7,592,738	
Various	L/T Investments	142300	11,698,421	
Various	Unrealized G/L	142400	3,605,194	
				<b>\$ 23,362,191</b>

**Summary of board designated funds:**

Plant fund:

Uncommitted plant funds	\$ 216,876,202			142100
Committed for capital	19,511,755			142100
		236,387,957		
GO Bond reserve - L/T	1,992,658			142100
401k Matching	7,025,676			142100
Cost report settlement - current	2,135,384			142104
Cost report settlement - L/T	1,312,727			142100
		3,448,111		
Development fund/Memorial fund	104,184			112300
Workers compensation - current	5,625,000			112900
Workers compensation - L/T	15,278,000			113900
		20,903,000		
		<b>\$ 269,861,586</b>		

	<b>Total Investments</b>	<b>%</b>	<b>Trust Accounts</b>	<b>Surplus Funds</b>	<b>%</b>
<b><u>Investment summary by institution:</u></b>					
Bancorp	\$ 47,575	0.0%		47,575	0.0%
CAMP	11,802,781	3.7%		11,802,781	4.3%
Local Agency Investment Fund (LAIF)	75,000,000	23.8%		75,000,000	27.1%
Local Agency Investment Fund (LAIF) - GOB Tax Rev	2,331,530	0.7%	2,331,530	-	0.0%
Wells Cap	95,051,351	30.2%	3,331,423	91,719,927	33.1%
PFM	88,283,555	28.0%		88,283,555	31.9%
Torrey Pines Bank	3,055,323	1.0%		3,055,323	1.1%
Wells Fargo Bank	6,983,090	2.2%		6,983,090	2.5%
Signature Bank	10,628,462	3.4%	10,628,462		0.0%
US Bank	21,918,883	7.0%	21,918,883		0.0%
<hr/>					
<b>Total investments</b>	<b>\$ 315,102,550</b>	<b>100.0%</b>	<b>\$ 38,210,299</b>	<b>276,892,252</b>	<b>100.0%</b>

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
March 31, 2022**

<u>Investment summary of surplus funds by type:</u>		<u>Investment Limitations</u>
Negotiable and other certificates of deposit	\$ 4,350,323	83,068,000 (30%)
Checking accounts	7,030,666	
Local Agency Investment Fund (LAIF)	75,000,000	75,000,000
CAMP	11,802,781	
Medium-term notes (corporate) (MTN-C)	47,764,914	83,068,000 (30%)
U.S. government agency	91,545,196	
Municipal securities	22,210,000	
Money market accounts	314,064	55,378,000 (20%)
Asset Backed Securities	12,764,309	55,378,000 (20%)
Supra-National Agency	4,110,000	83,068,000 (30%)
	<u>\$ 276,892,252</u>	

**Return on investment:**

<b>Current month</b>	<u><b>0.94%</b></u>
<b>Year-to-date</b>	<u><b>1.06%</b></u>
<b>Prospective</b>	<u><b>0.91%</b></u>
<b>LAIF (year-to-date)</b>	<u><b>0.24%</b></u>
<b>Budget</b>	<u><b>1.65%</b></u>

**Fair market value disclosure for the quarter ended March 31, 2022 (District only):**

	<u>Quarter-to-date</u>	<u>Year-to-date</u>
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	(3,687,720)
Change in unrealized gain (loss) on investments (income statement effect)	\$ (7,576,971)	(6,578,596)

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
 March 31, 2022

**Investment summary of CDs:**

Credit Suisse Ag CD	\$ 665,000
Dnb Bank Asa Ny CD	630,000
Torrey Pines Bank	3,055,323
	<u>\$ 4,350,323</u>

**Investment summary of asset backed securities:**

American Honda Mtn	\$ 190,000
BMW Vehicle Owner	133,785
BMW Auto Leasing LLC	215,000
BMW US Cap LLC	340,000
Capital One Multi	640,000
Capital One Prime	764,311
Carmax Auto Owner	1,429,807
FHLMC	400,787
Gm Fin Auto Lease	1,798,161
Gm Financial	100,000
Honda Auto	375,000
Honda Auto Rec Own	1,350,000
Hyundai Auto	430,297
John Deere Owner	685,000
Kubota Credit	360,000
Nissann Auto Lease	242,079
Santander Drive	1,800,000
Toyota Auto Recvs	1,275,083
Toyota Lease Owner	235,000
	<u>\$ 12,764,309</u>



**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
 March 31, 2022

**Investment summary of medium-term notes (corporate):**

Abbott Laboratories	\$ 195,000
Amazon Com Inc	1,570,000
American Express Co	445,000
American Honda Mtn	395,000
Apple, Inc	1,455,000
Astrazeneca LP	565,000
Bank of America	1,185,000
Bank of NY	150,000
Bank of NY Mtn	1,860,000
Bk of America	1,300,000
Branch Banking Trust	1,300,000
Bristol Myers Squibb	280,000
Caterpillar Finl Mtn	2,170,000
Chevron Corp	250,000
Chevron USA Inc	1,300,000
Citigroup Inc	885,000
Comcast Corp	395,000
Deere John Mtn	855,000
Discover Card Exe	495,000
Emerson Electric Co	265,000
Exxon Mobil	1,320,000
General Dynamics	395,000
Goldman Sachs	1,830,000
Home Depot Inc	65,000
Honeywell	730,000
IBM Corp	410,000
Intuit Inc	800,000
John Deere Mtn	1,025,000
JP Morgan	2,875,000
Lockheed Martin	610,000
Mastercard Inc.	395,000
Merck Co Inc.	405,000
Morgan Stanley	1,265,000
National Rural	1,400,000
National Rural Mtn	125,000
Nestle Holdings	640,000
Nissan Auto	115,914
Novartis Capital	425,000
Paccar Financial Mtn	1,350,000
Pfizer Inc.	465,000
PNC Financial	395,000
Procter Gamble Co	1,300,000
Roche Holding Inc	730,000
Schwab Charles	1,715,000
State Street Corp	1,779,000
Target Corp	1,230,000
Toyota Motor	2,370,000
Unilever Capital	300,000
US Bancorp	415,000
US Bank NA	1,400,000
Verizon	730,000
Verizon Owner	455,000
Walmart INC	205,000
Walt Disney Co	780,000
	<u>\$ 47,764,914</u>

**Investment summary of U.S. government agency:**

Federal National Mortgage Association (FNMA)	\$ 10,657,260
Federal Home Loan Bank (FHLB)	1,865,000
Federal Home Loan Mortgage Corp (FHLMC)	7,712,936
US Treasury Bill	71,310,000
	<u>\$ 91,545,196</u>

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
March 31, 2022**

**Investment summary of municipal securities:**

Arizona ST	\$ 675,000
Anaheim Ca Pub	1,000,000
Bay Area Toll	250,000
Carson Ca Redev Ag	300,000
Chaffey Ca	265,000
Connecticut ST	550,000
Desert Sands Ca	315,000
El Segundo Ca	510,000
Florida ST	600,000
Foothill Ca	850,000
Los Angeles Ca	605,000
Los Angeles Calif Ca	1,500,000
Louisiana ST	500,000
Maryland ST	355,000
Mississippi ST	300,000
New York ST	585,000
Orange Ca	500,000
Palomar Ca	700,000
Port Auth NY	245,000
San Diego Ca	1,300,000
San Diego Ca Community	245,000
San Diego County	300,000
San Francisco	1,070,000
San Jose Ca Ref	765,000
San Juan Ca	385,000
Santa Cruz Ca	400,000
Tamalpais Ca Union	675,000
Torrance Ca	1,450,000
University Ca	1,000,000
University Calf Ca	185,000
Upper Santa Clara	1,100,000
Wisconsin ST	2,730,000
	<u>\$ 22,210,000</u>

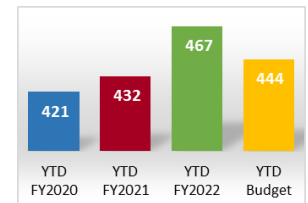
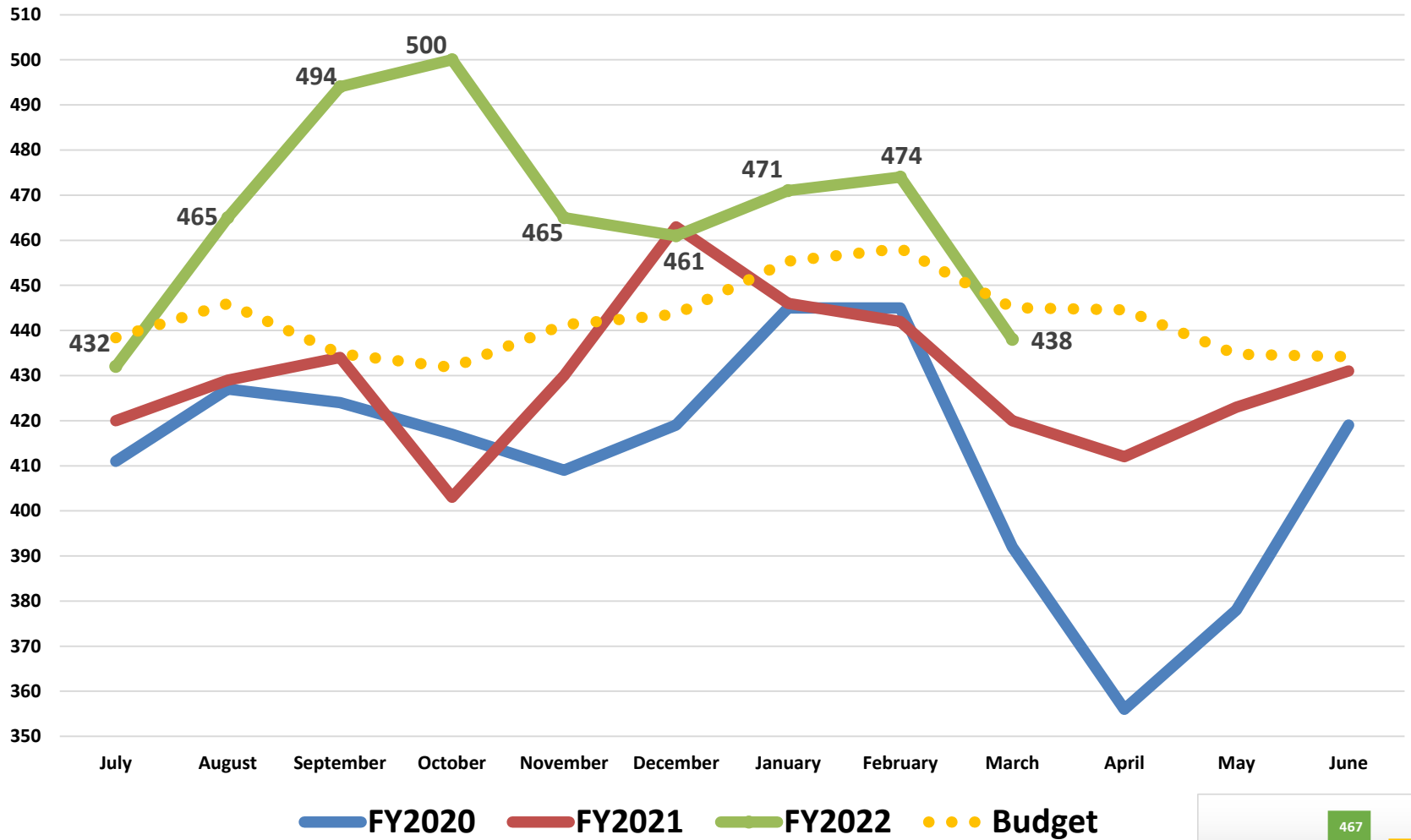
**Investment summary of Supra-National Agency:**

Cooperative	\$ 440,000
Inter Amer Bk	1,785,000
Intl Bk	1,885,000
	<u>\$ 4,110,000</u>

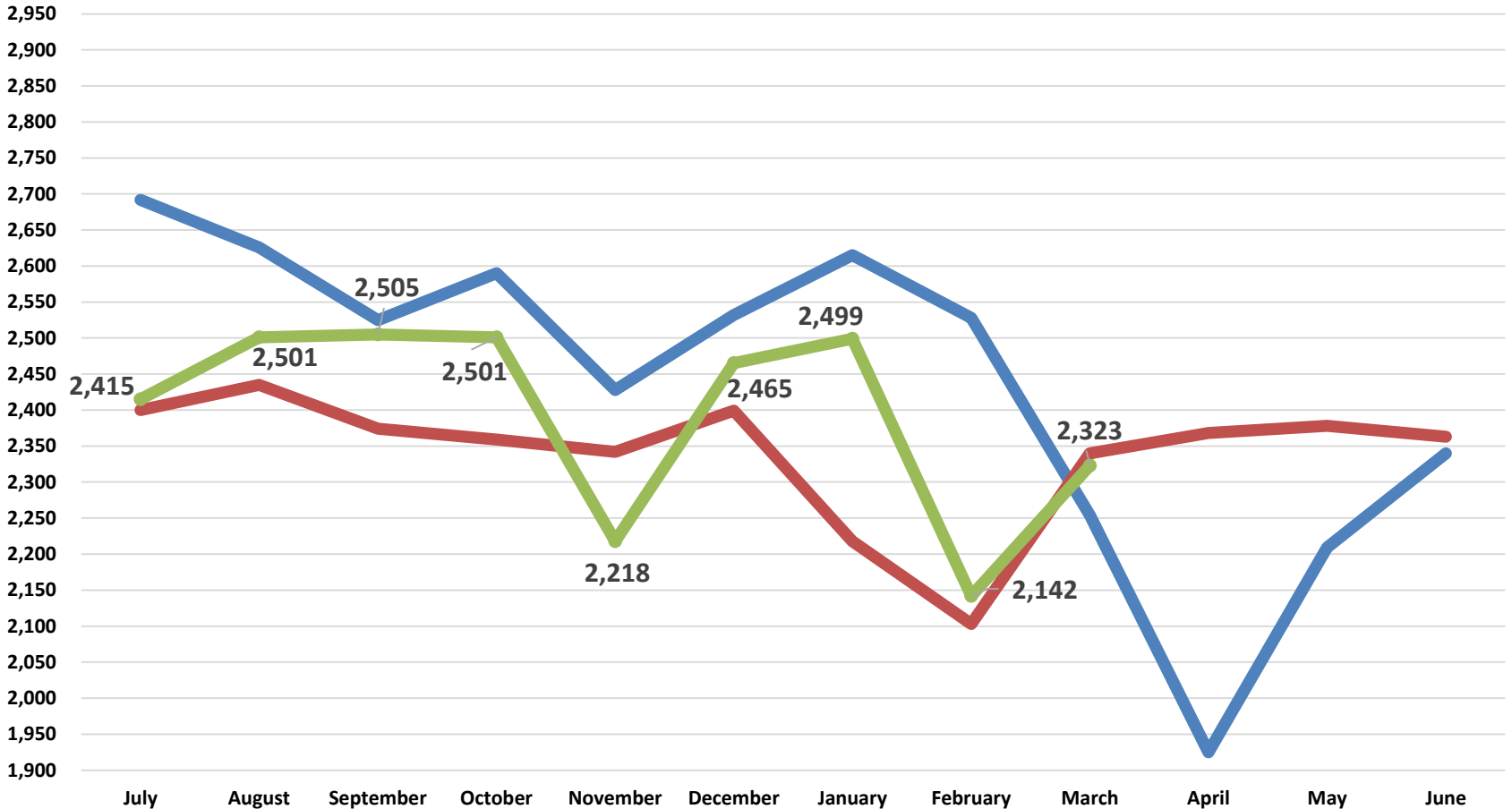
# Statistical Report

## April 2022

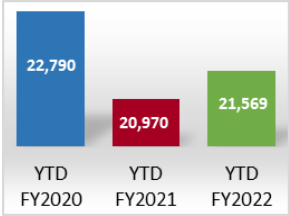
# Average Daily Census



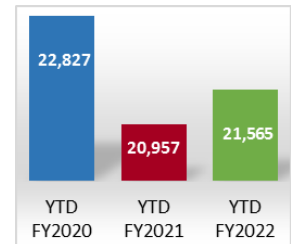
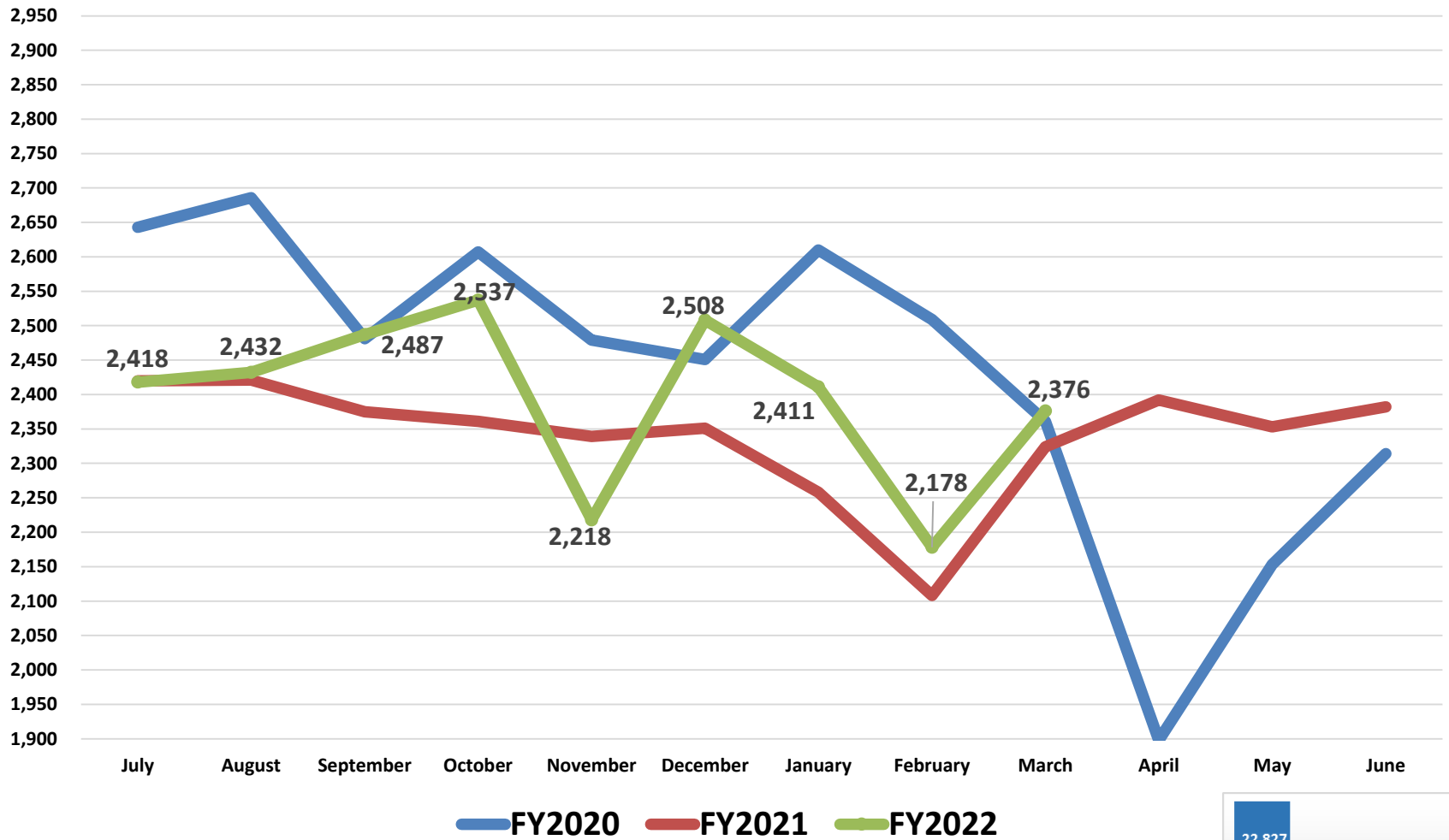
# Admissions



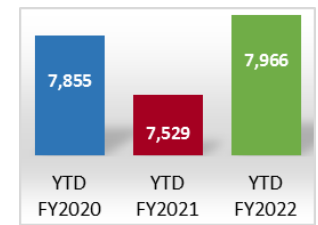
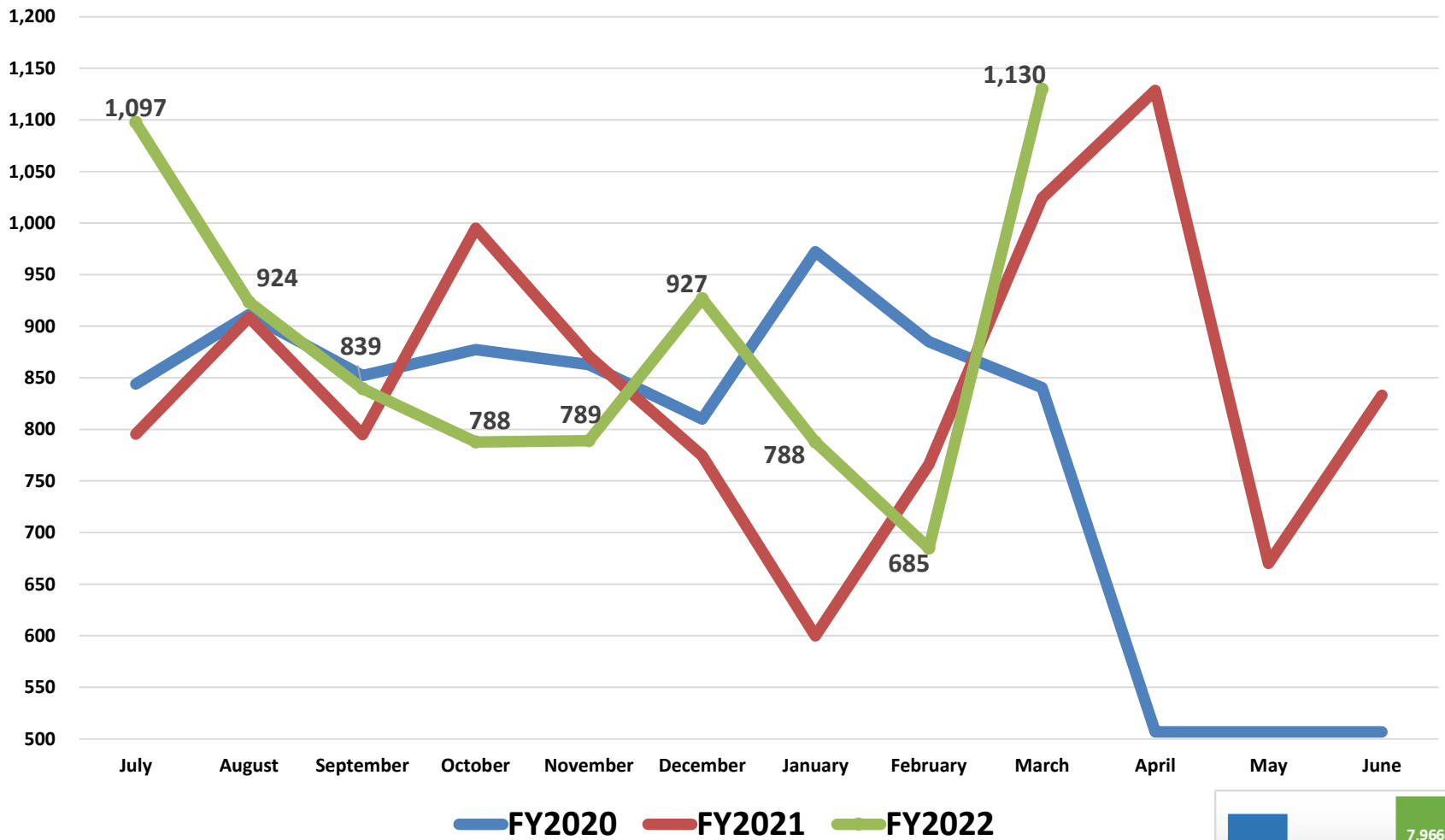
— FY2020 — FY2021 — FY2022



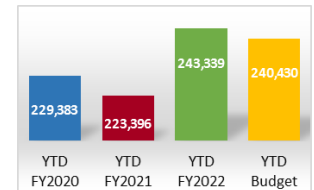
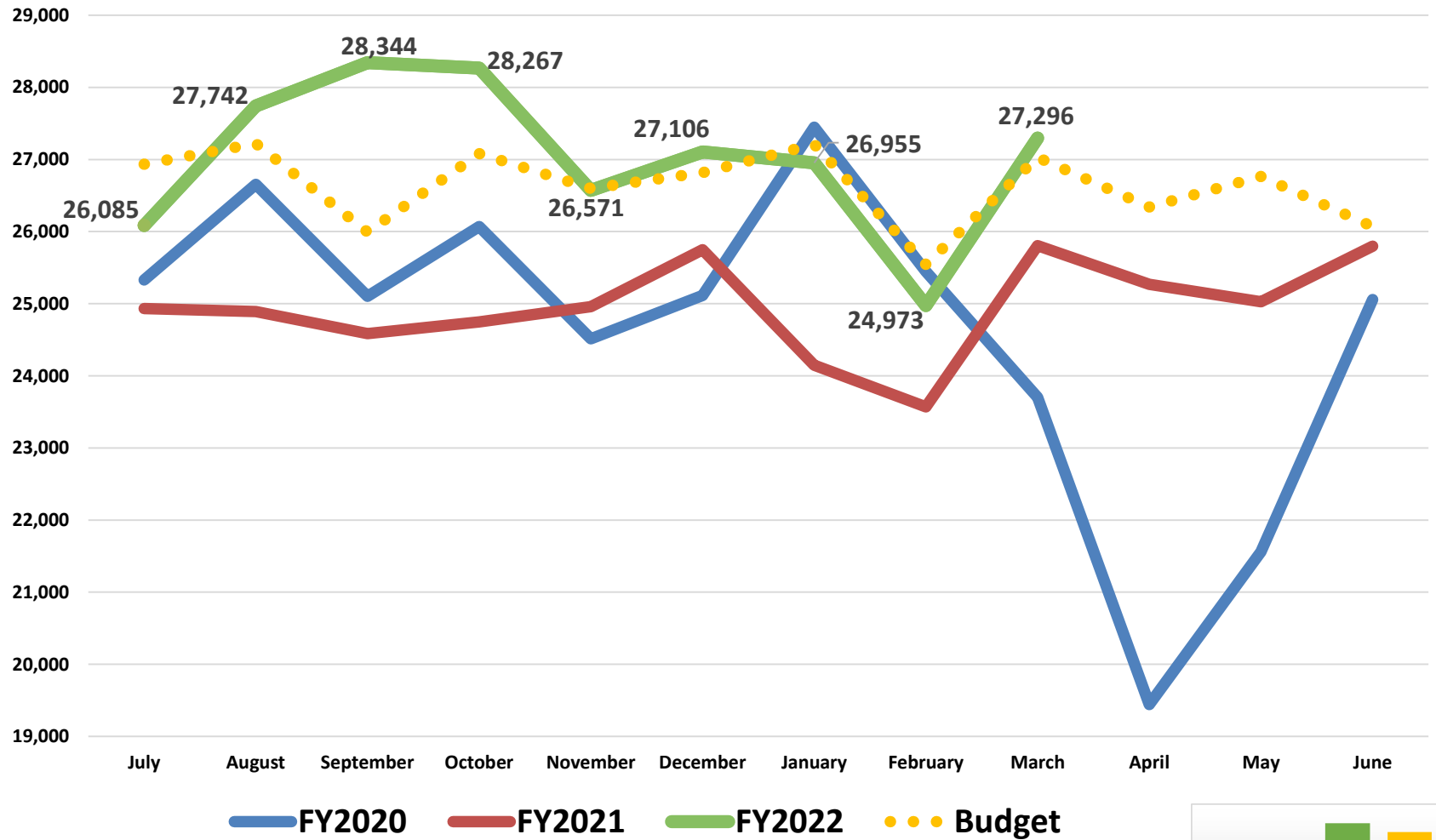
# Discharges



# Observation Days

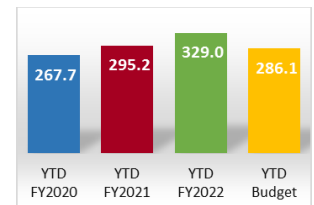
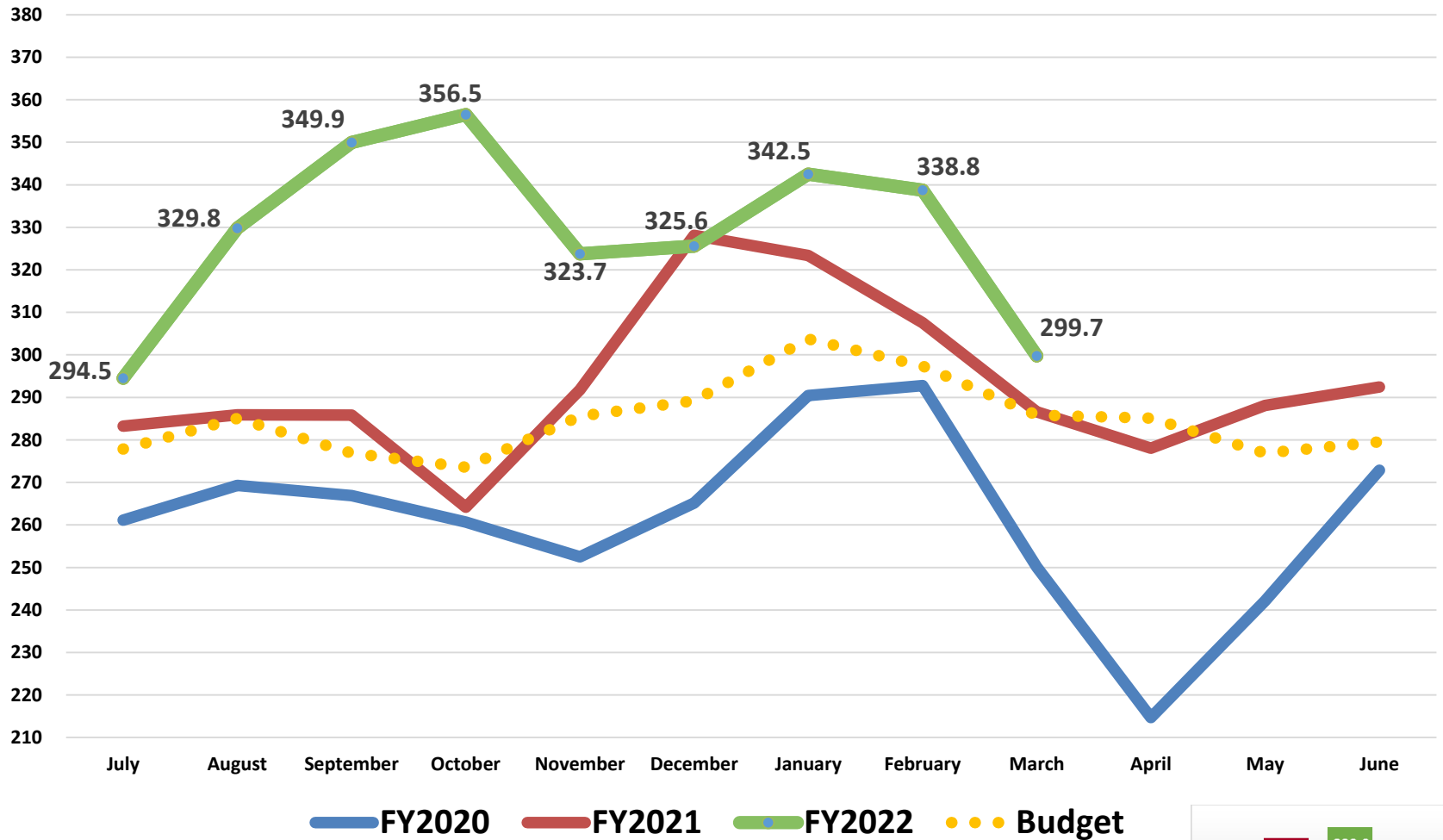


# Adjusted Patient Days

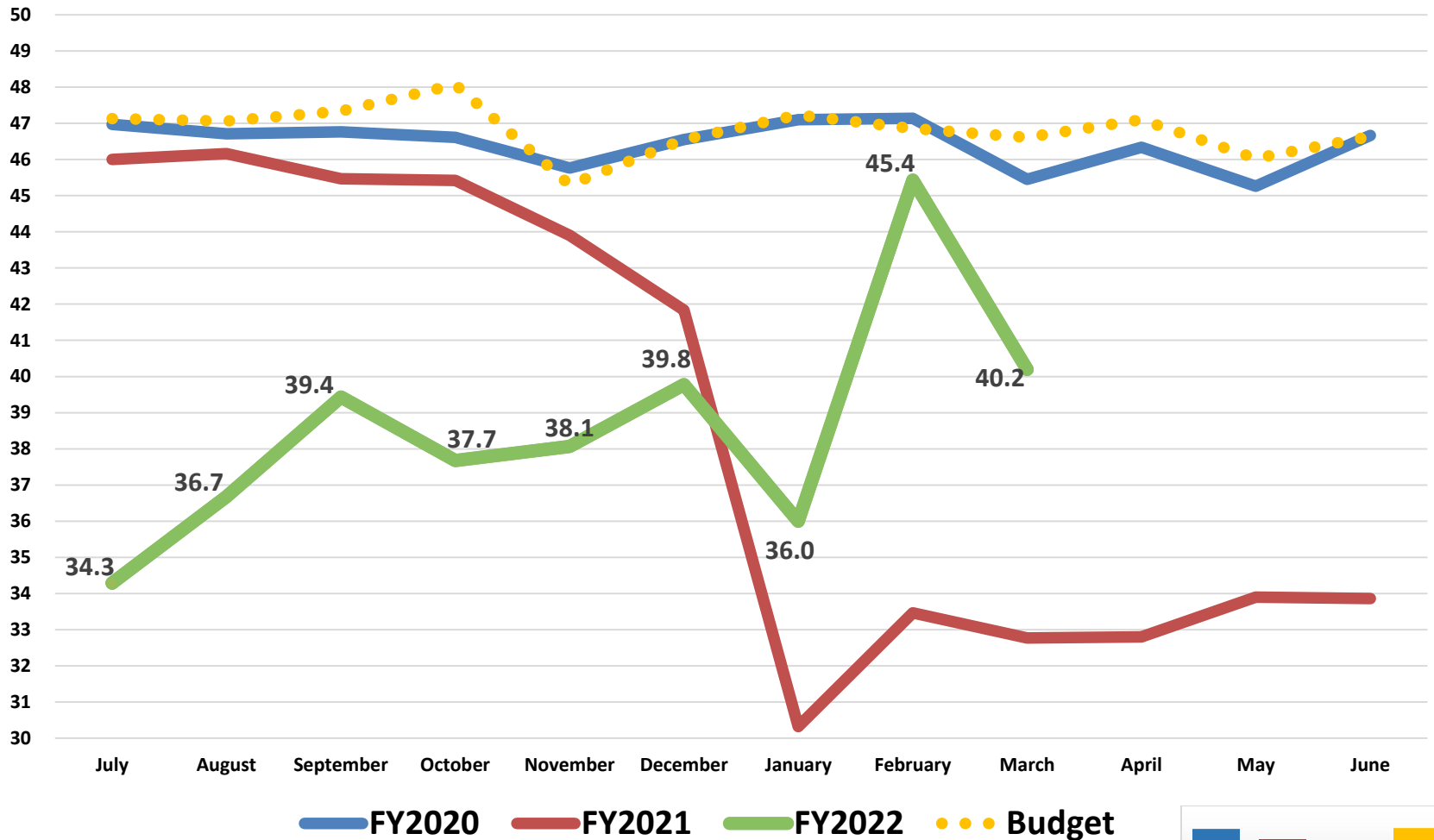




# Medical Center – Avg. Patients Per Day

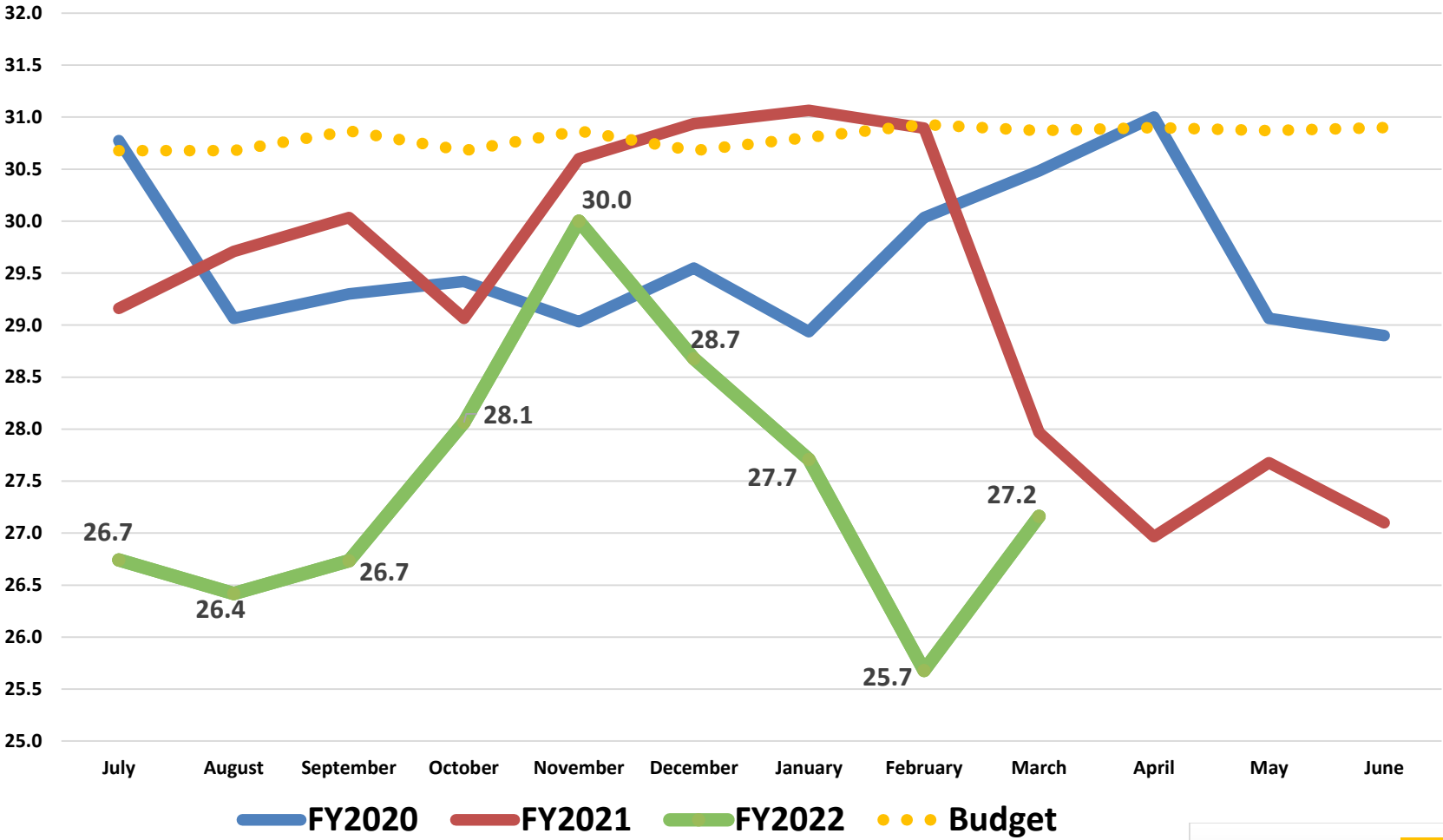


# Acute I/P Psych - Avg. Patients Per Day

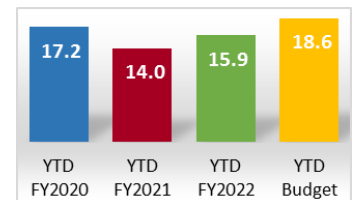
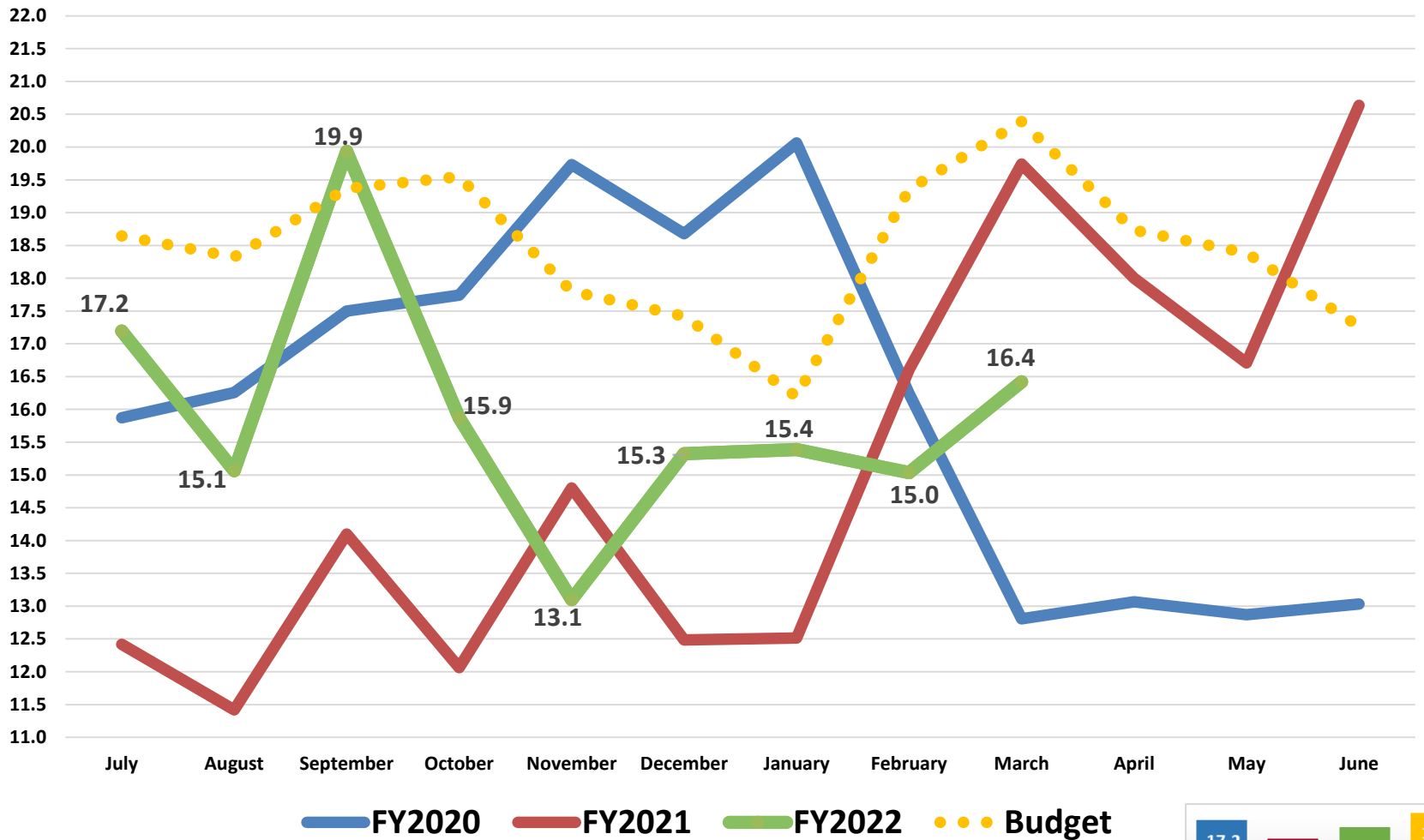


46.6	40.6	38.6	46.9
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

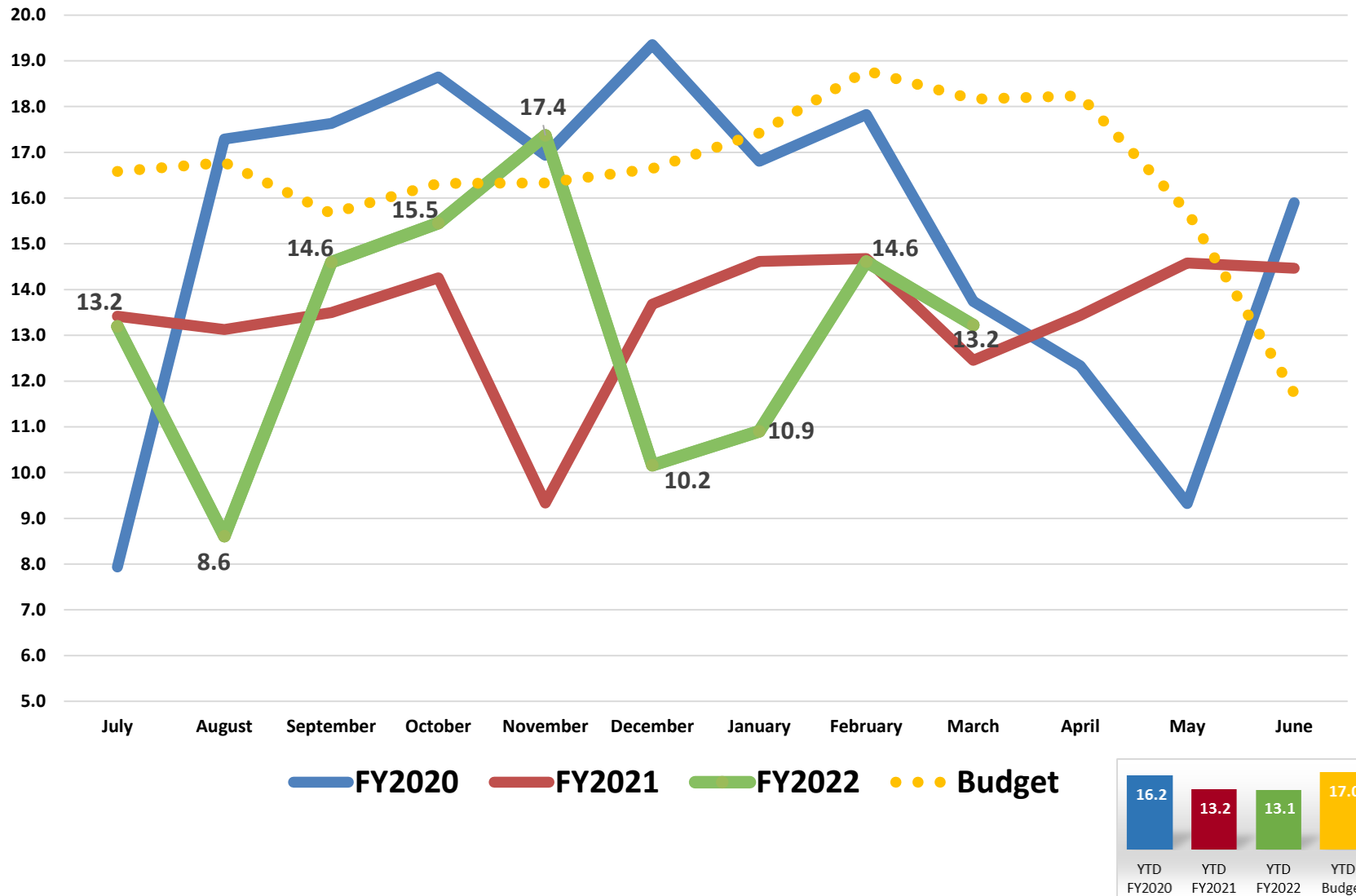
# Sub-Acute - Avg. Patients Per Day



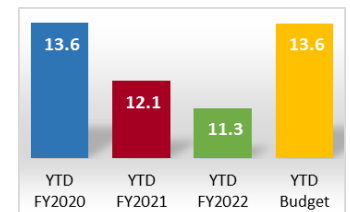
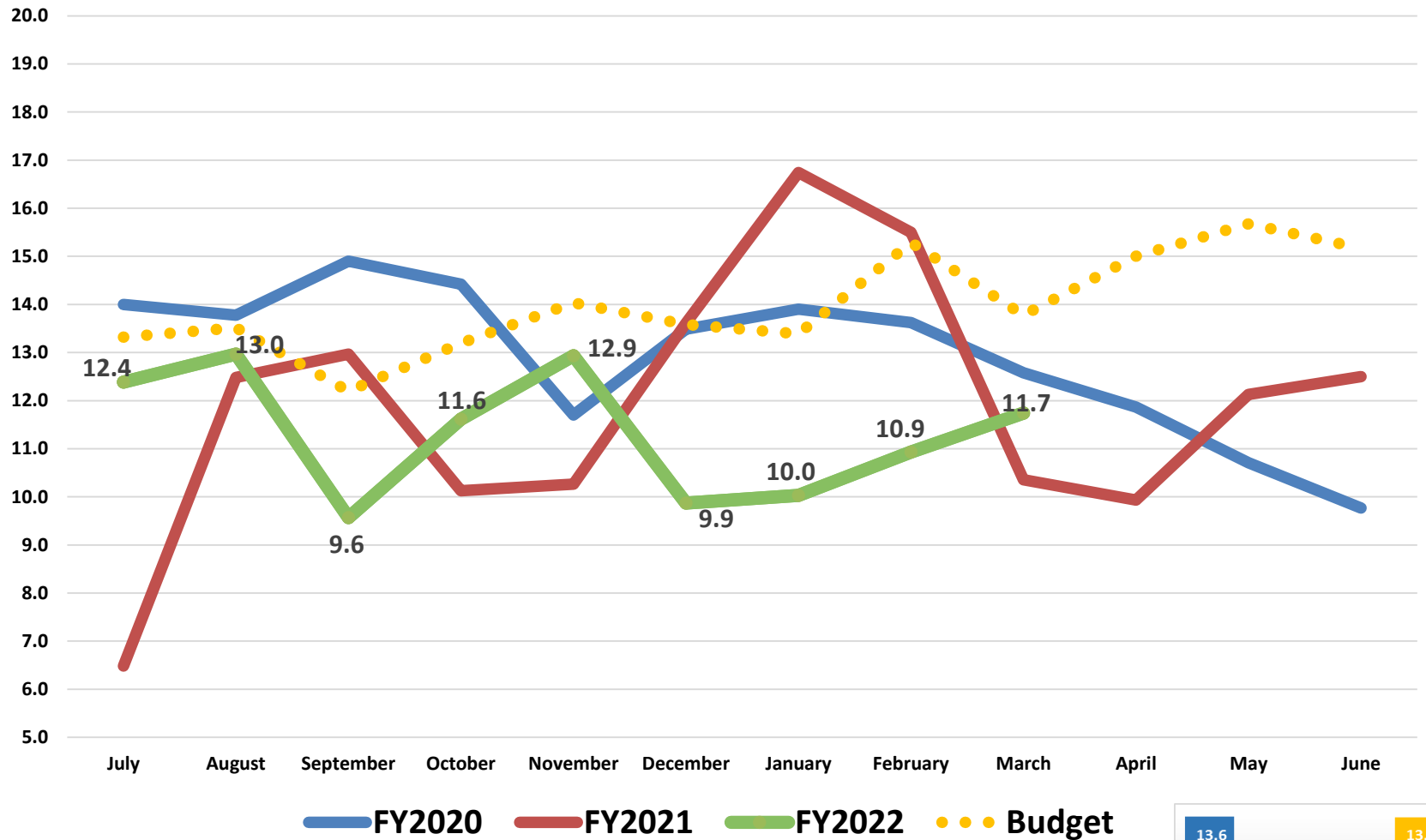
# Rehabilitation Hospital - Avg. Patients Per Day



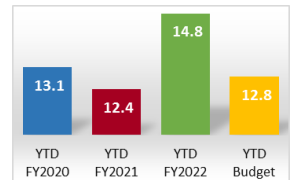
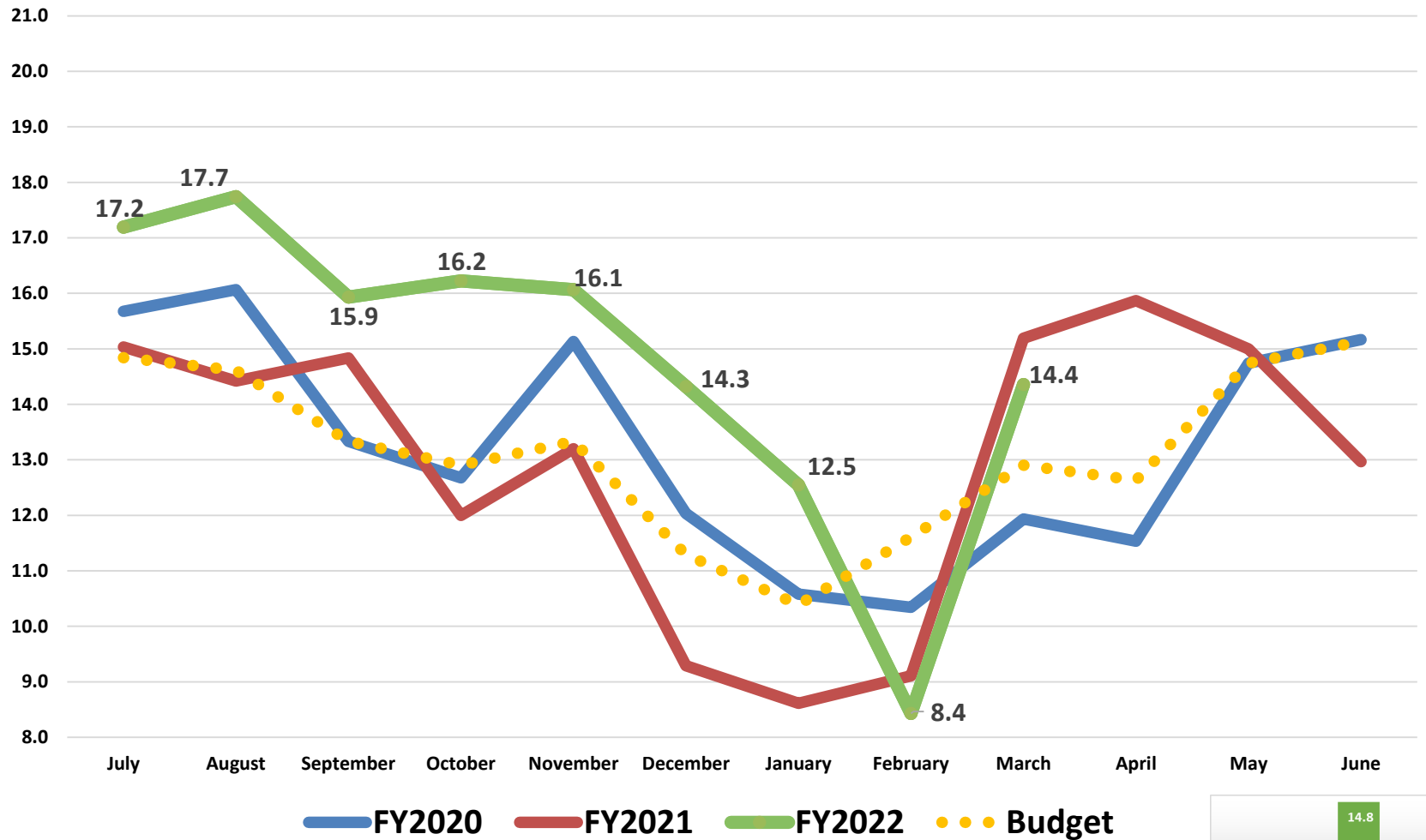
# Transitional Care Services (TCS) - Avg. Patients Per Day



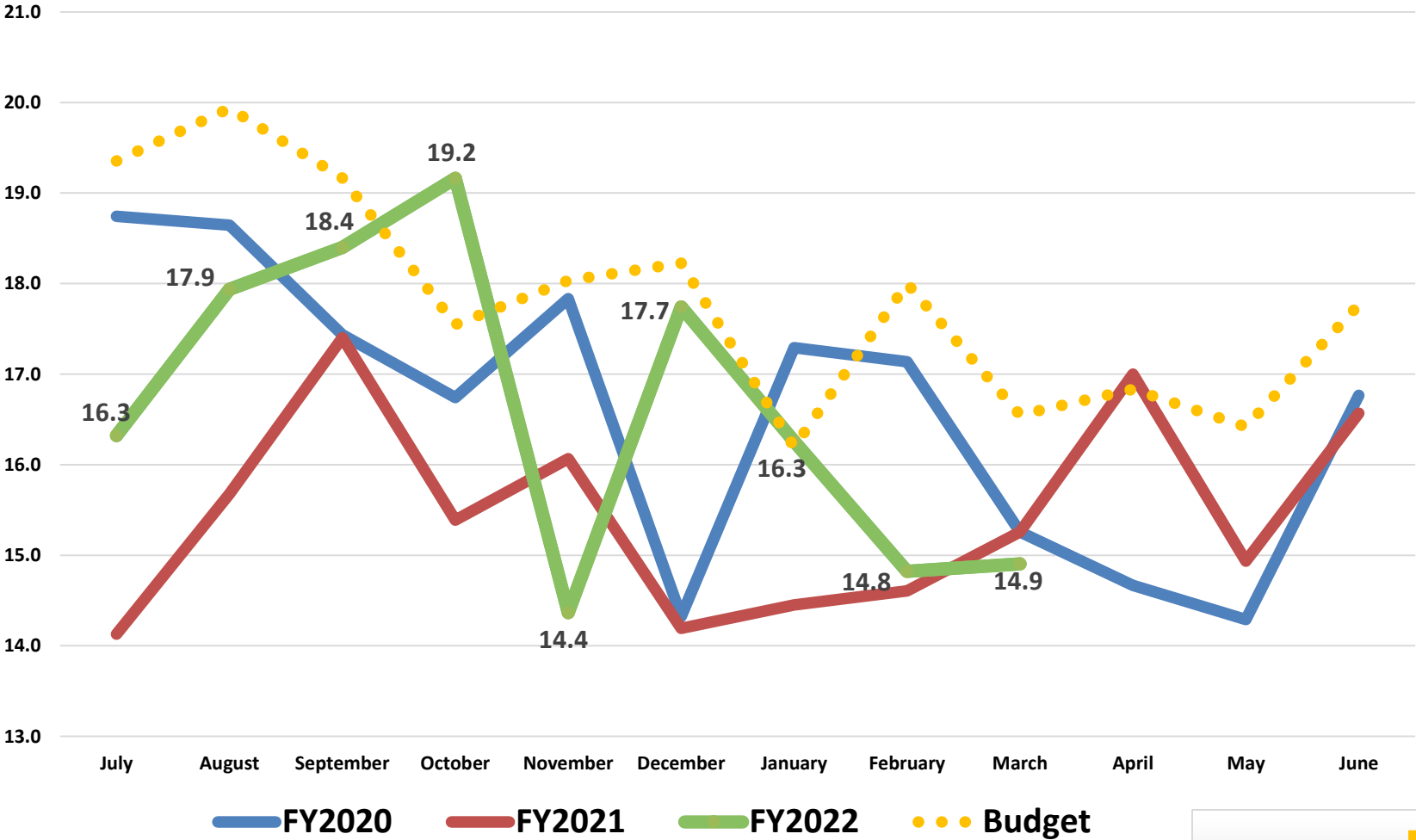
# TCS Ortho - Avg. Patients Per Day



# NICU - Avg. Patients Per Day



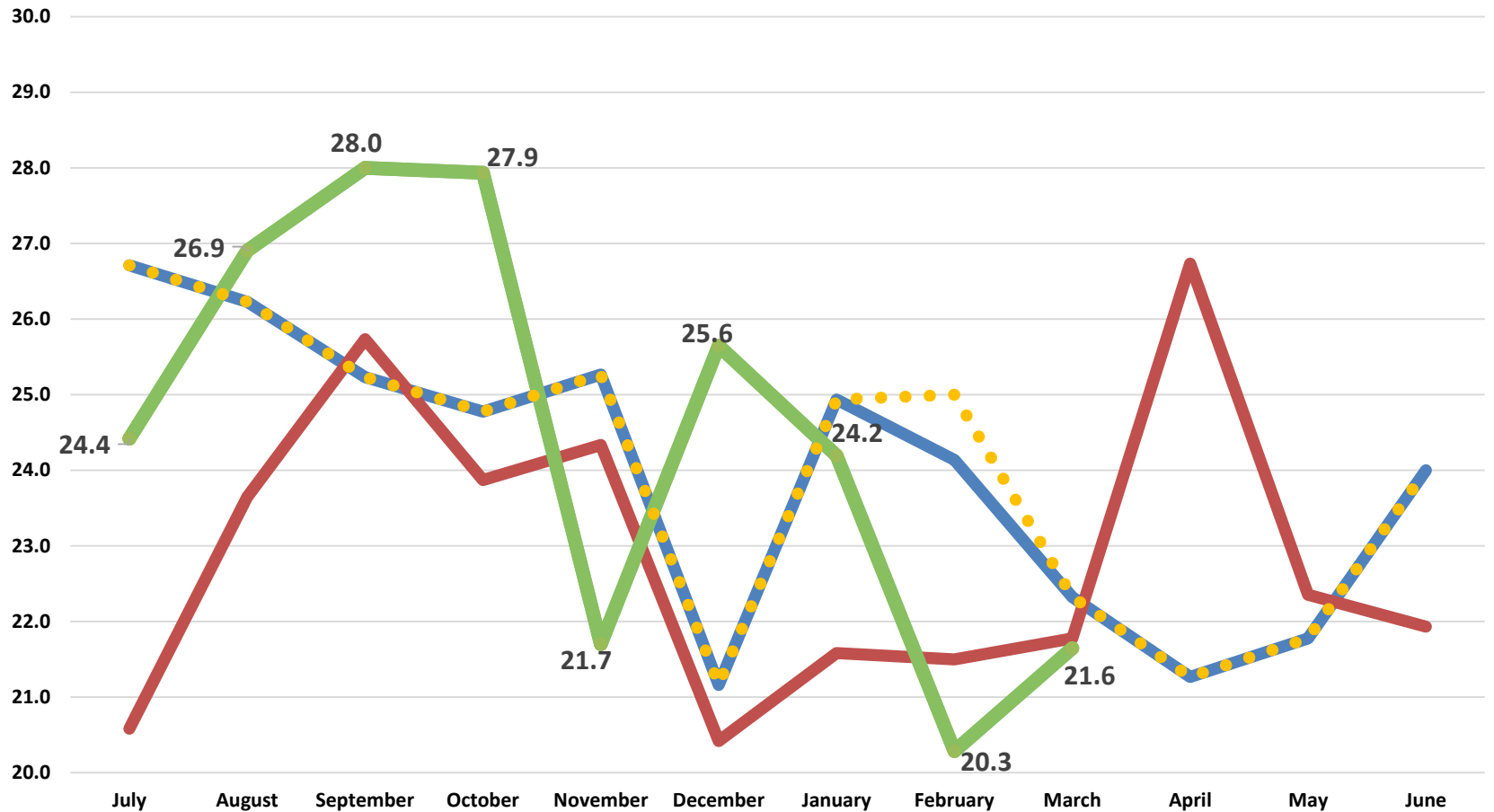
# Nursery - Avg. Patients Per Day



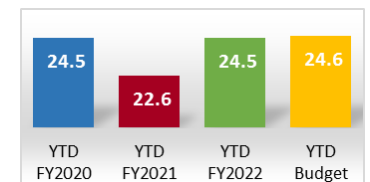
17.0	15.2	16.7	18.1
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget



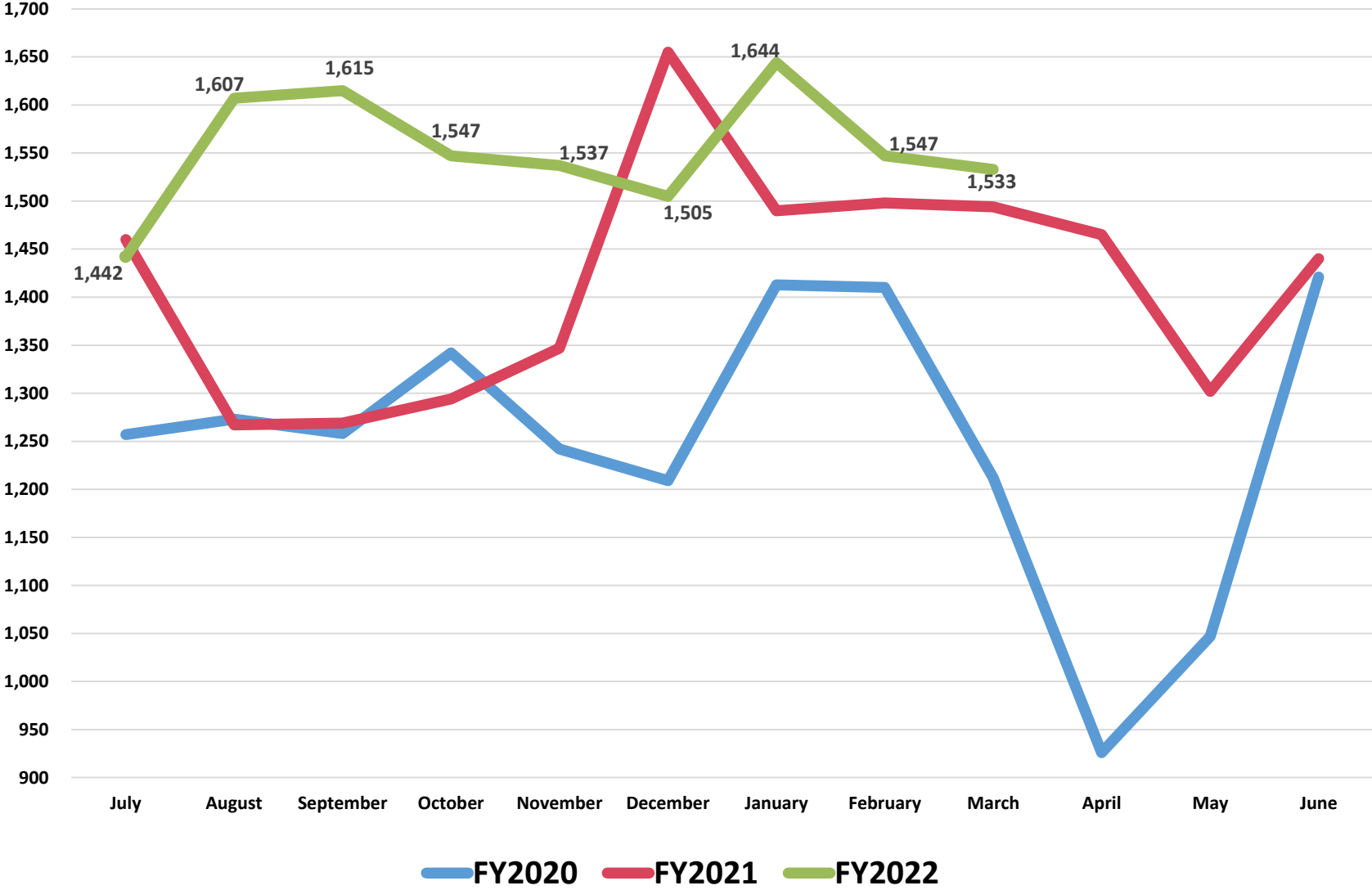
# Obstetrics - Avg. Patients Per Day



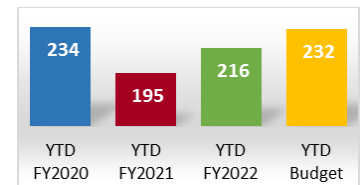
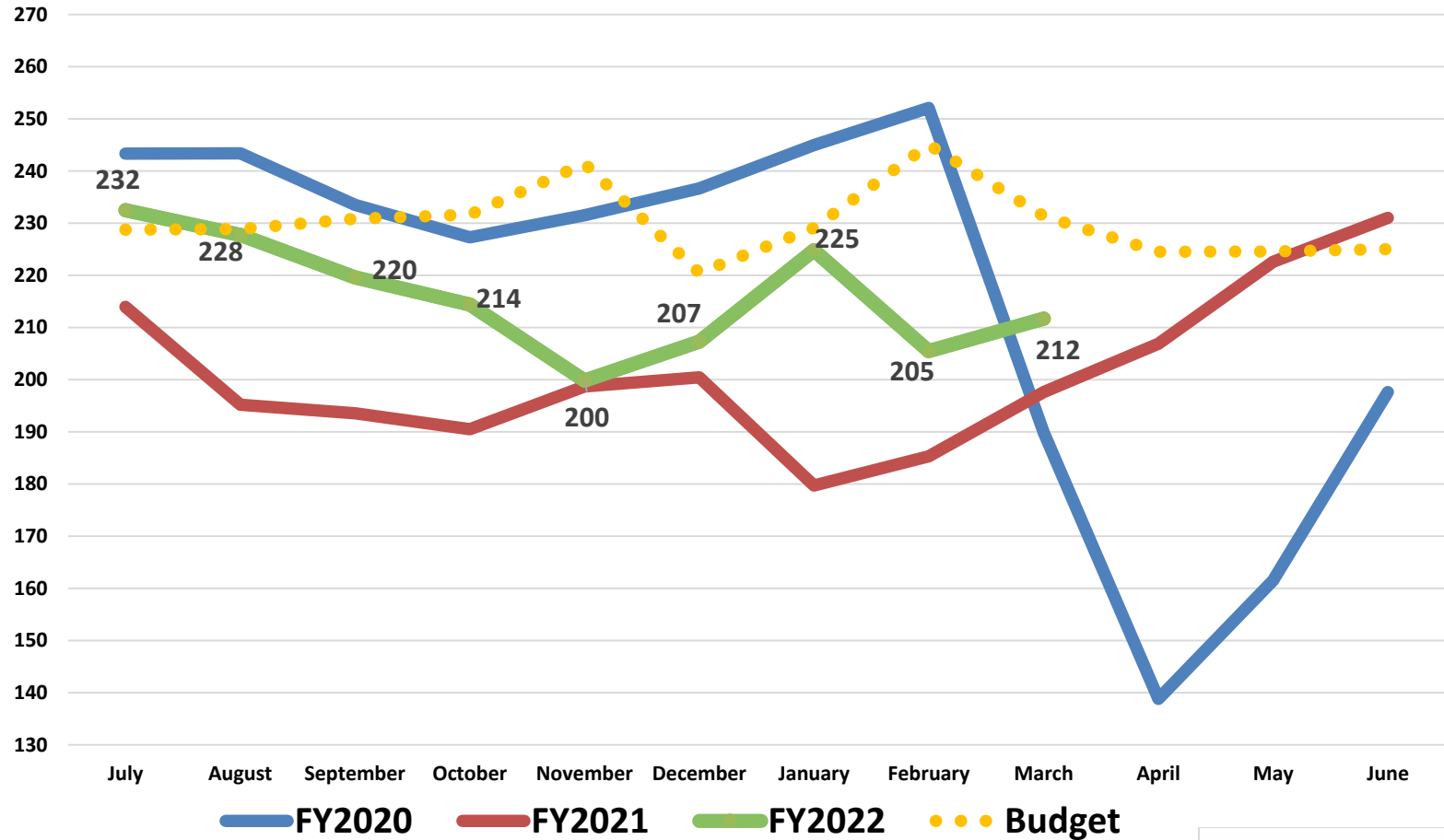
— FY2020   
 — FY2021   
 — FY2022   
 ●●● Budget



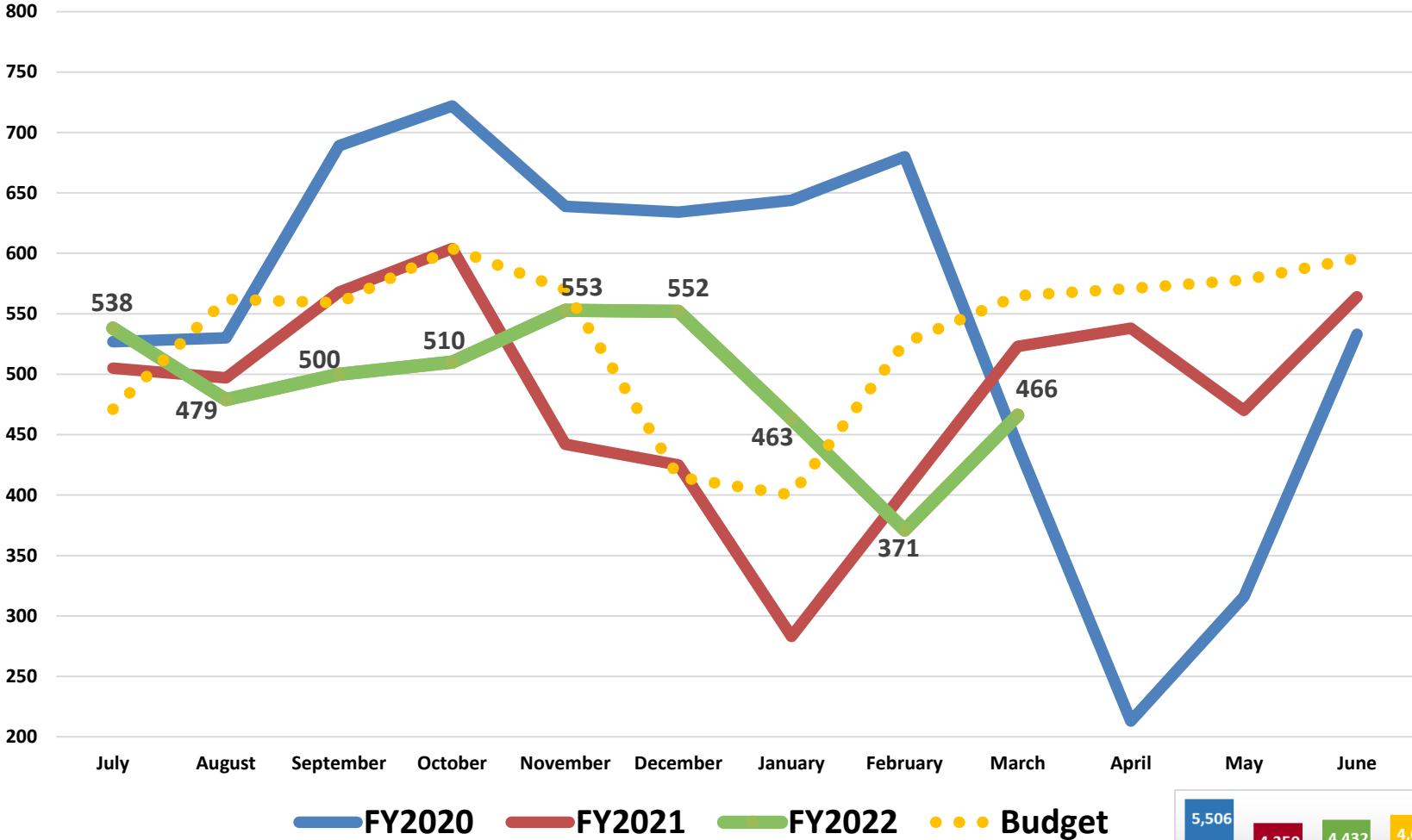
# Outpatient Registrations per Day



# Emergency Dept – Avg Treated Per Day

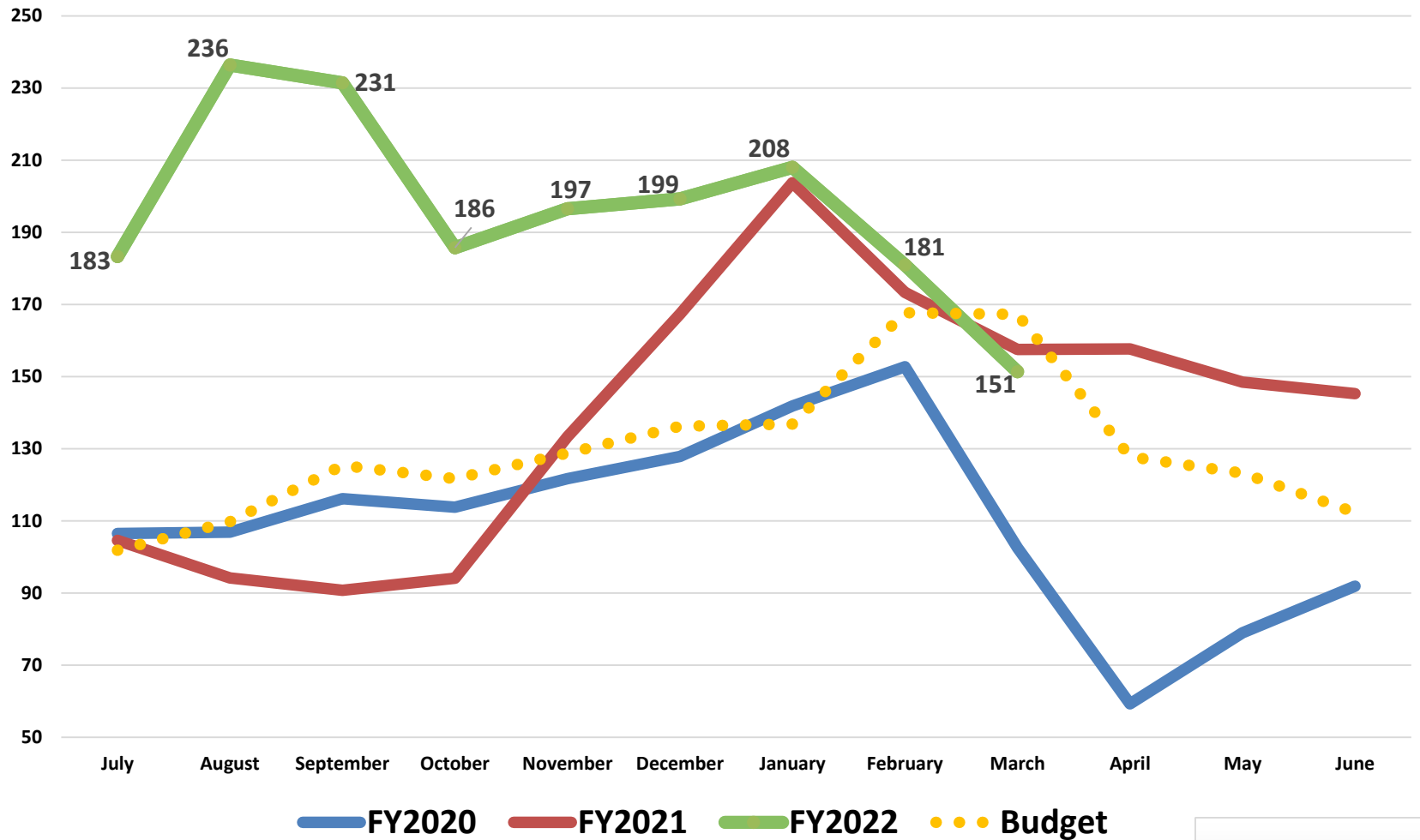


# Endoscopy Procedures



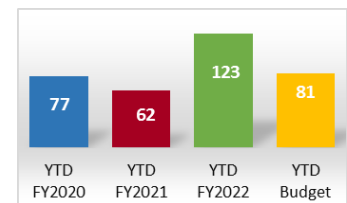
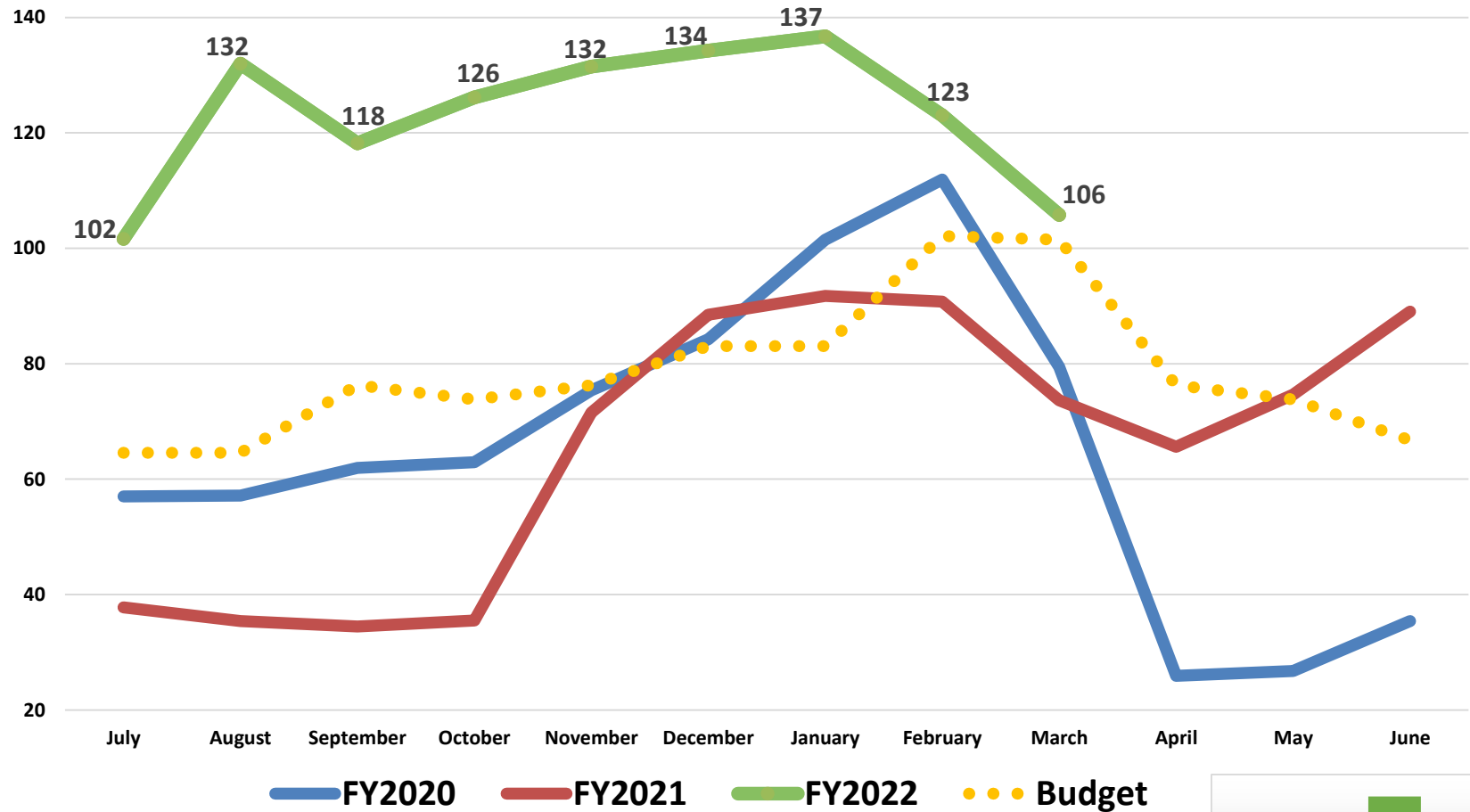
5,506	4,250	4,432	4,672
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# Urgent Care – Court Average Visits Per Day

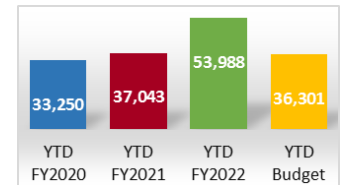
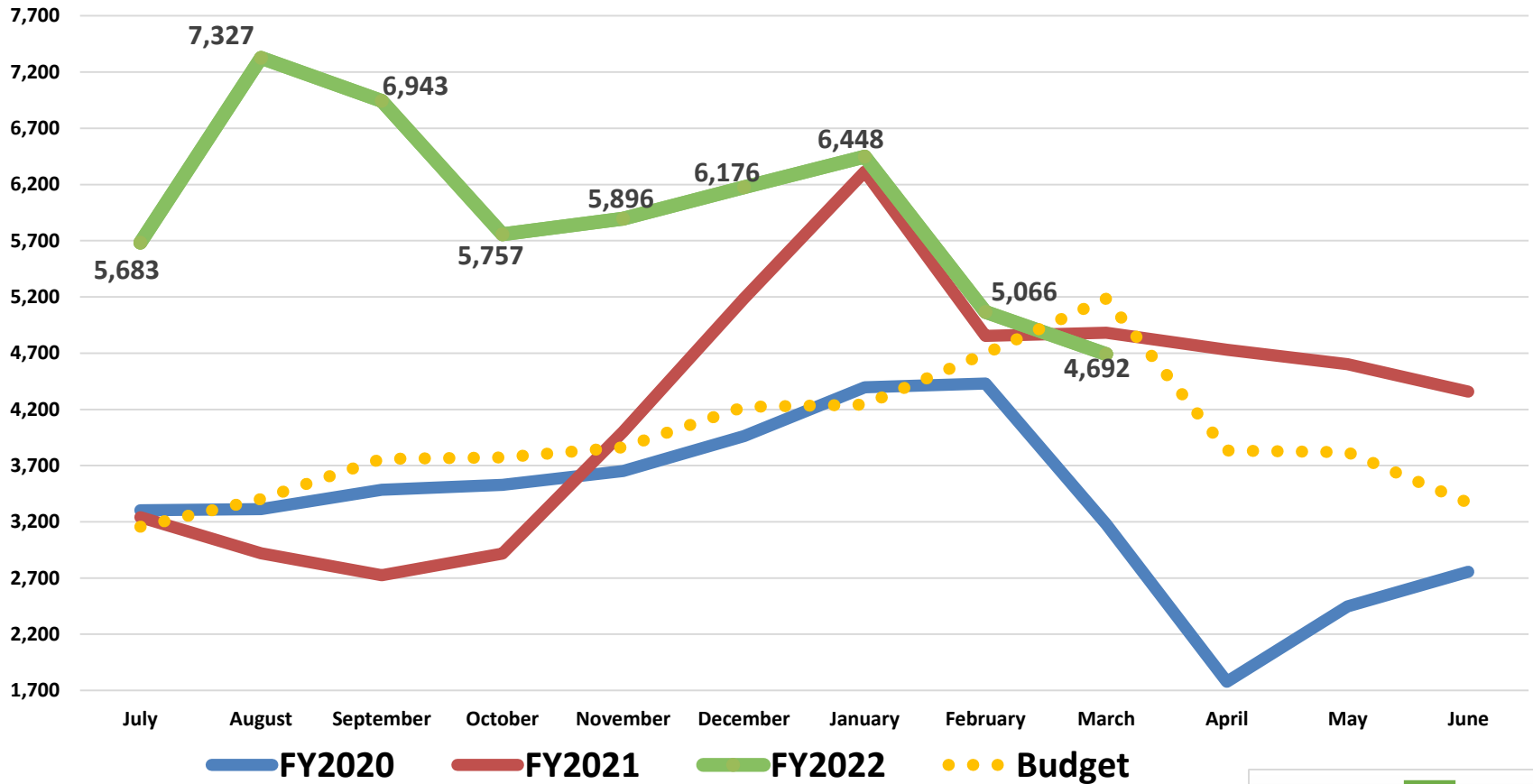


121	135	197	133
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

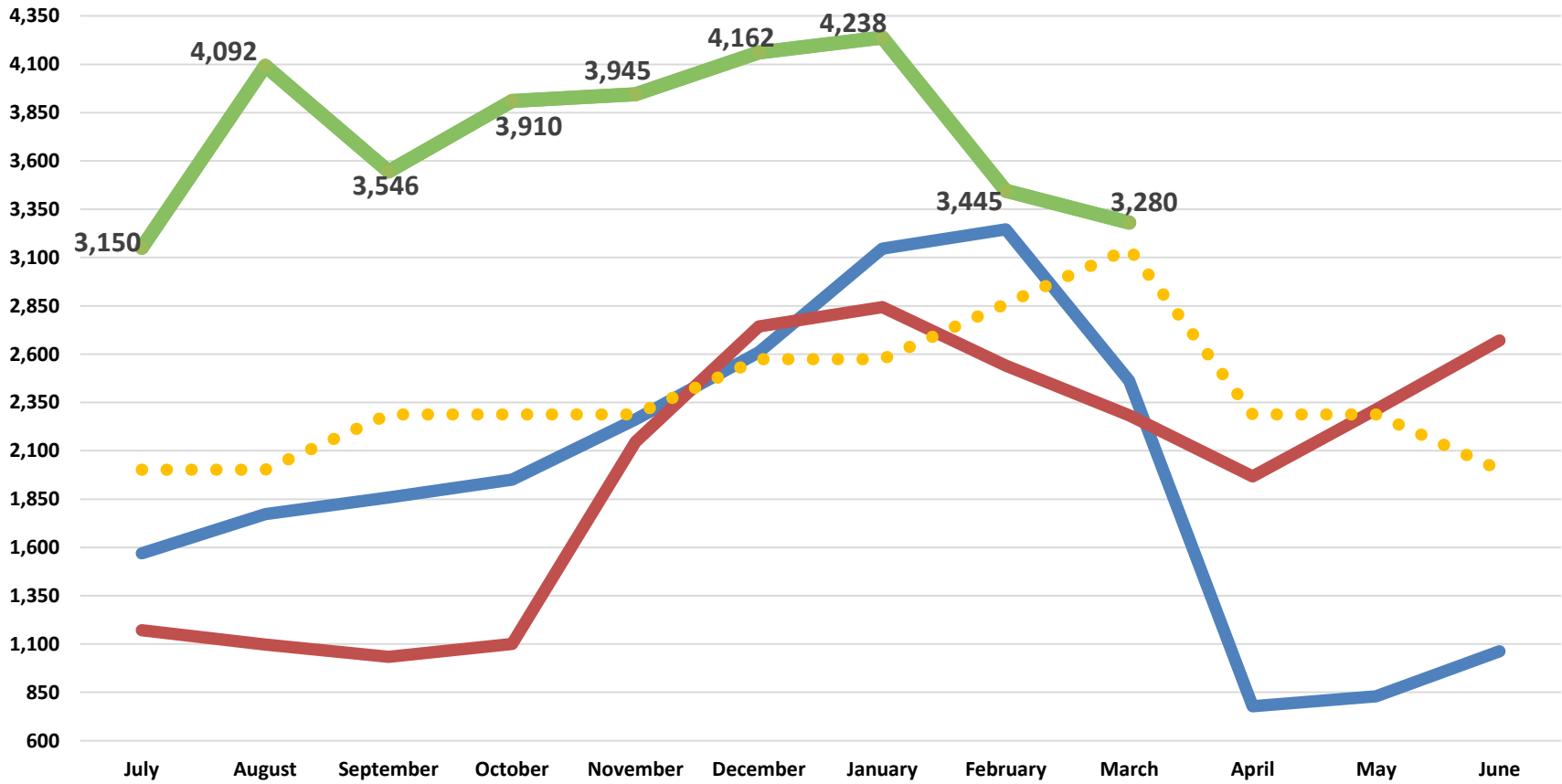
# Urgent Care – Demaree Average Visits Per Day



# Urgent Care – Court Total Visits



# Urgent Care – Demaree Total Visits

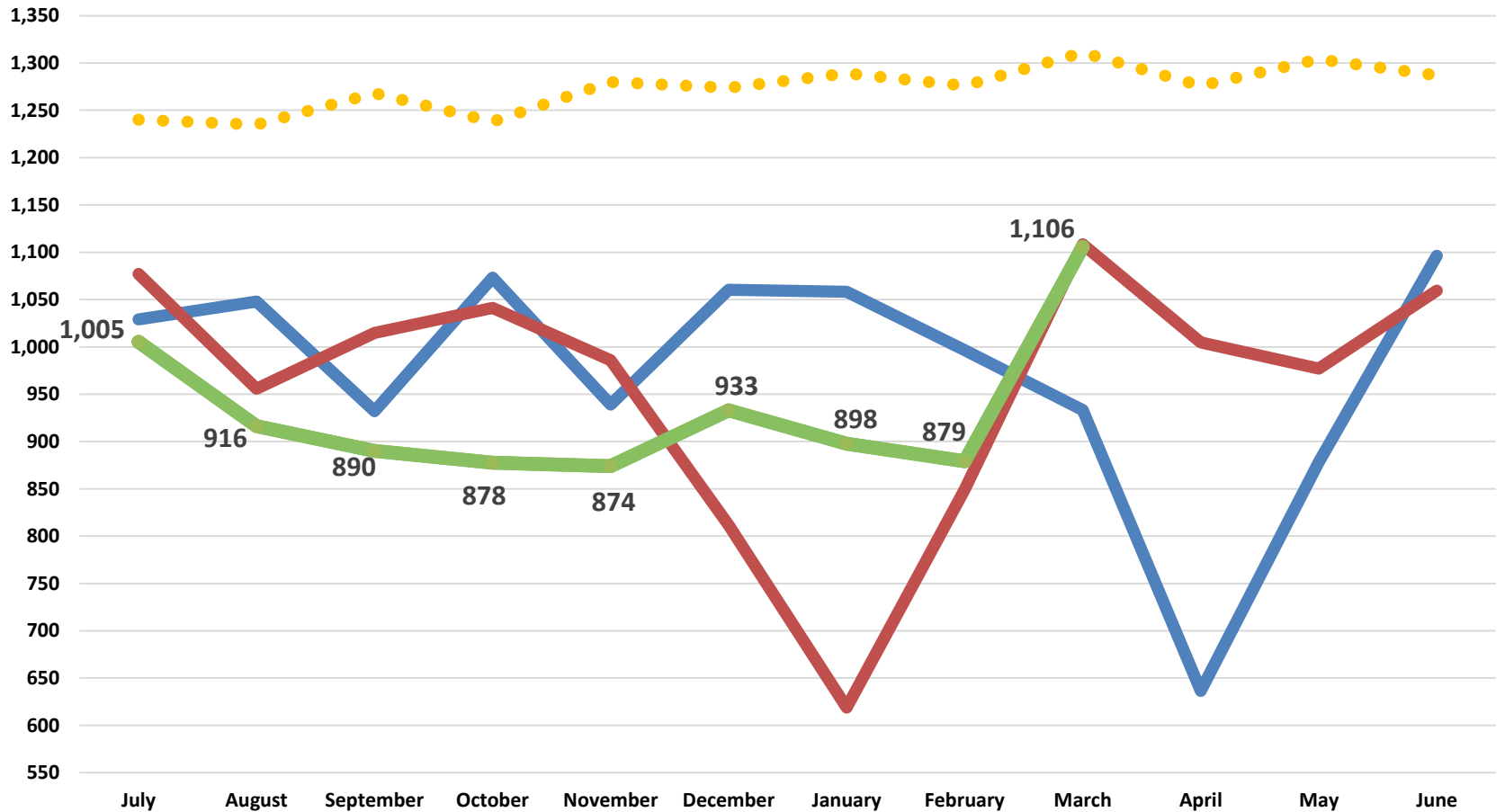


— **FY2020**   
 — **FY2021**   
 — **FY2022**   
 ●●● **Budget**

20,877	16,959	33,768	22,022
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget



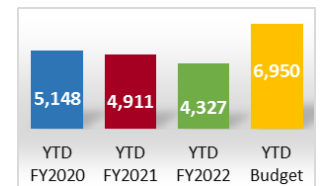
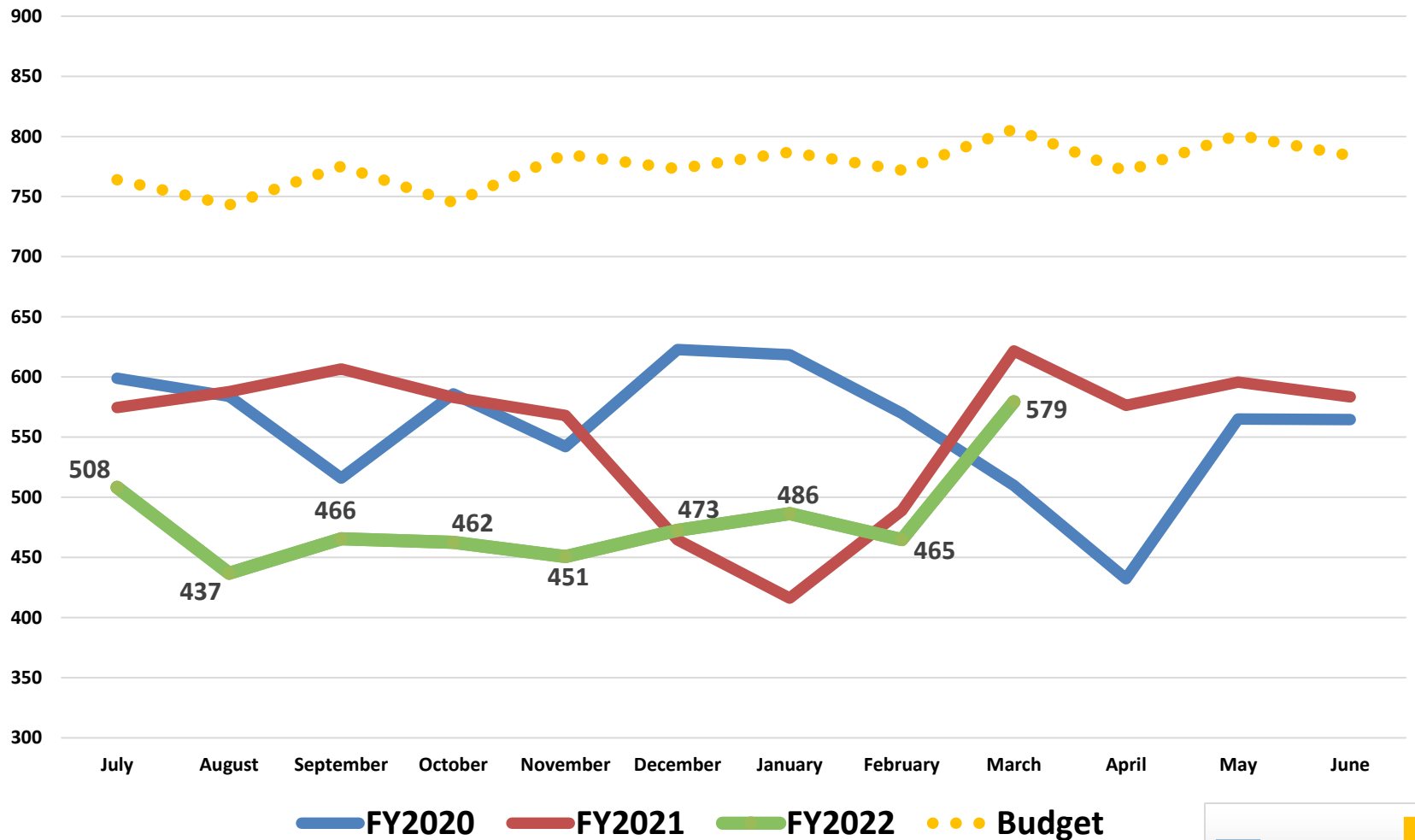
# Surgery (IP & OP) – 100 Min Units



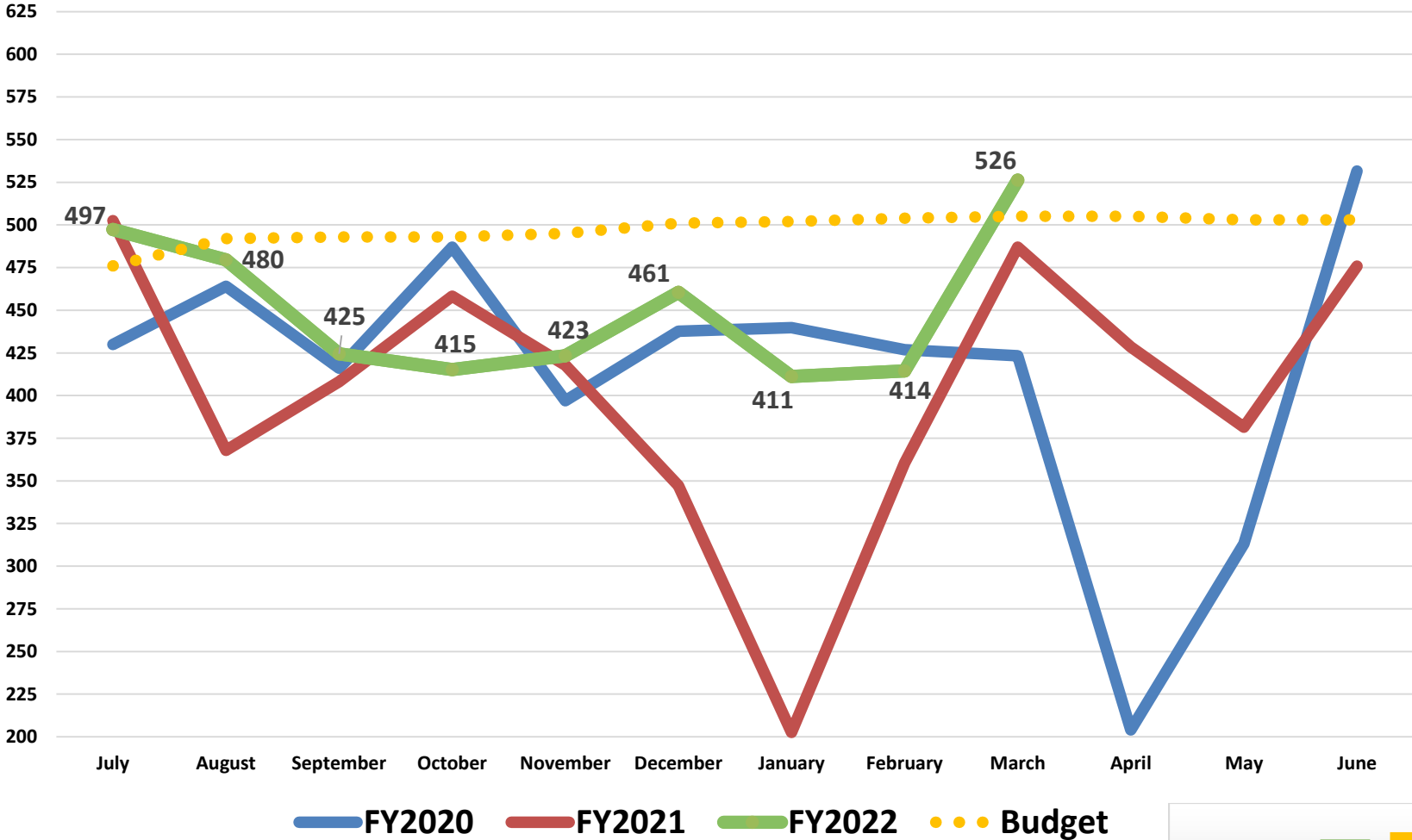
— **FY2020**   
 — **FY2021**   
 — **FY2022**   
 ●●● **Budget**

9,070	8,463	8,379	11,411
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# Surgery (IP Only) – 100 Min Units

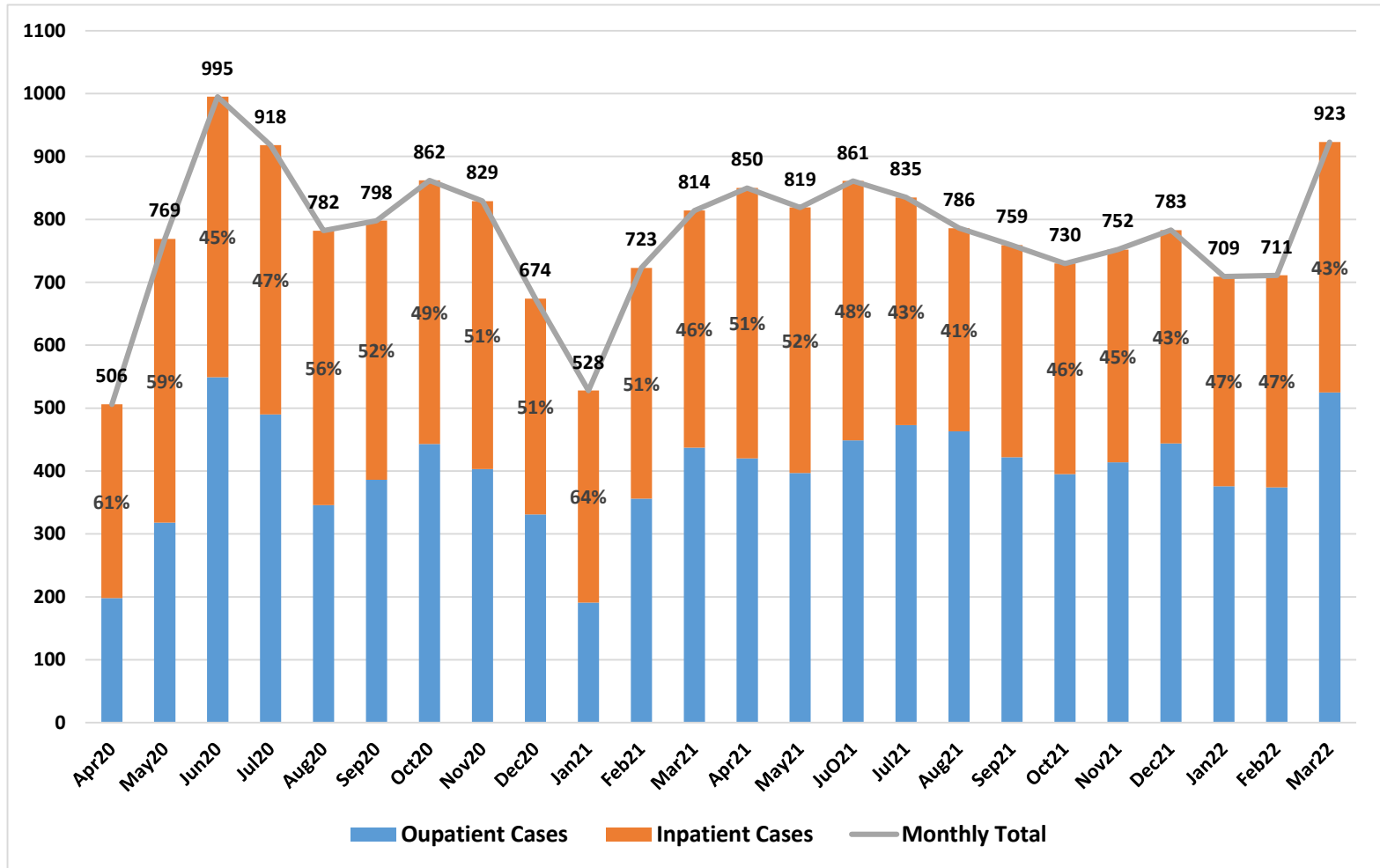


# Surgery (OP Only) – 100 Min Units

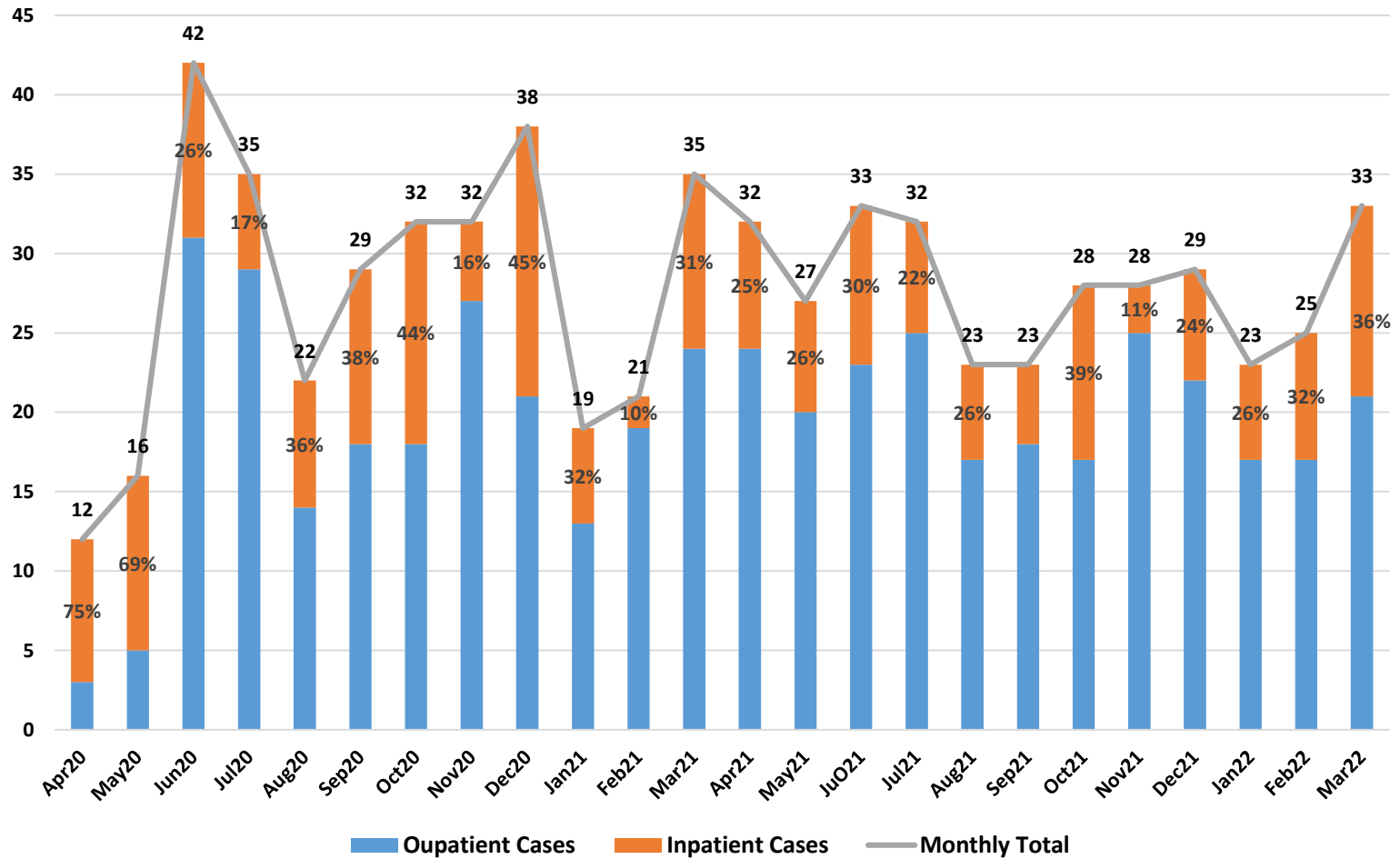


3,922	3,552	4,052	4,461
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

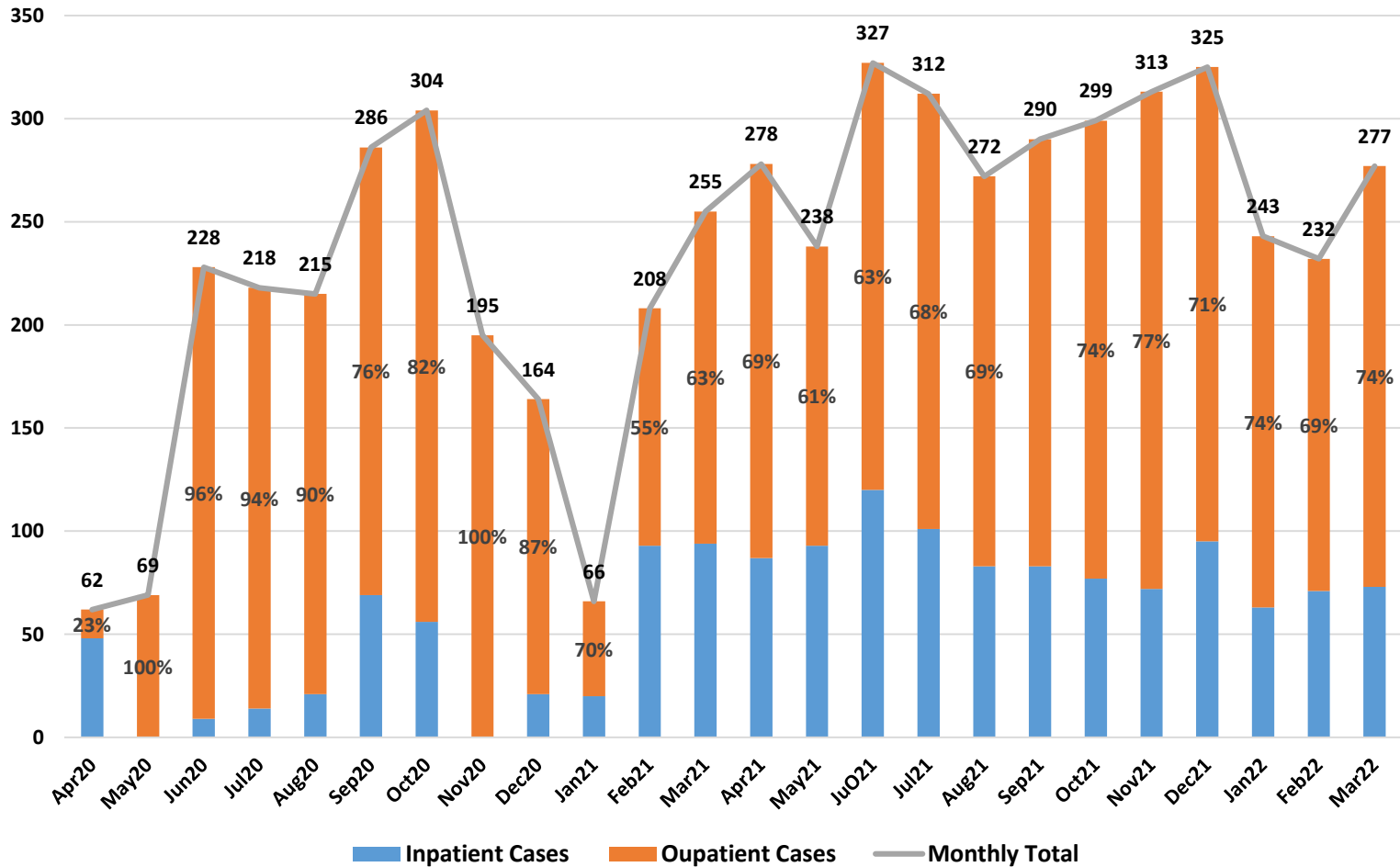
# Surgery Cases



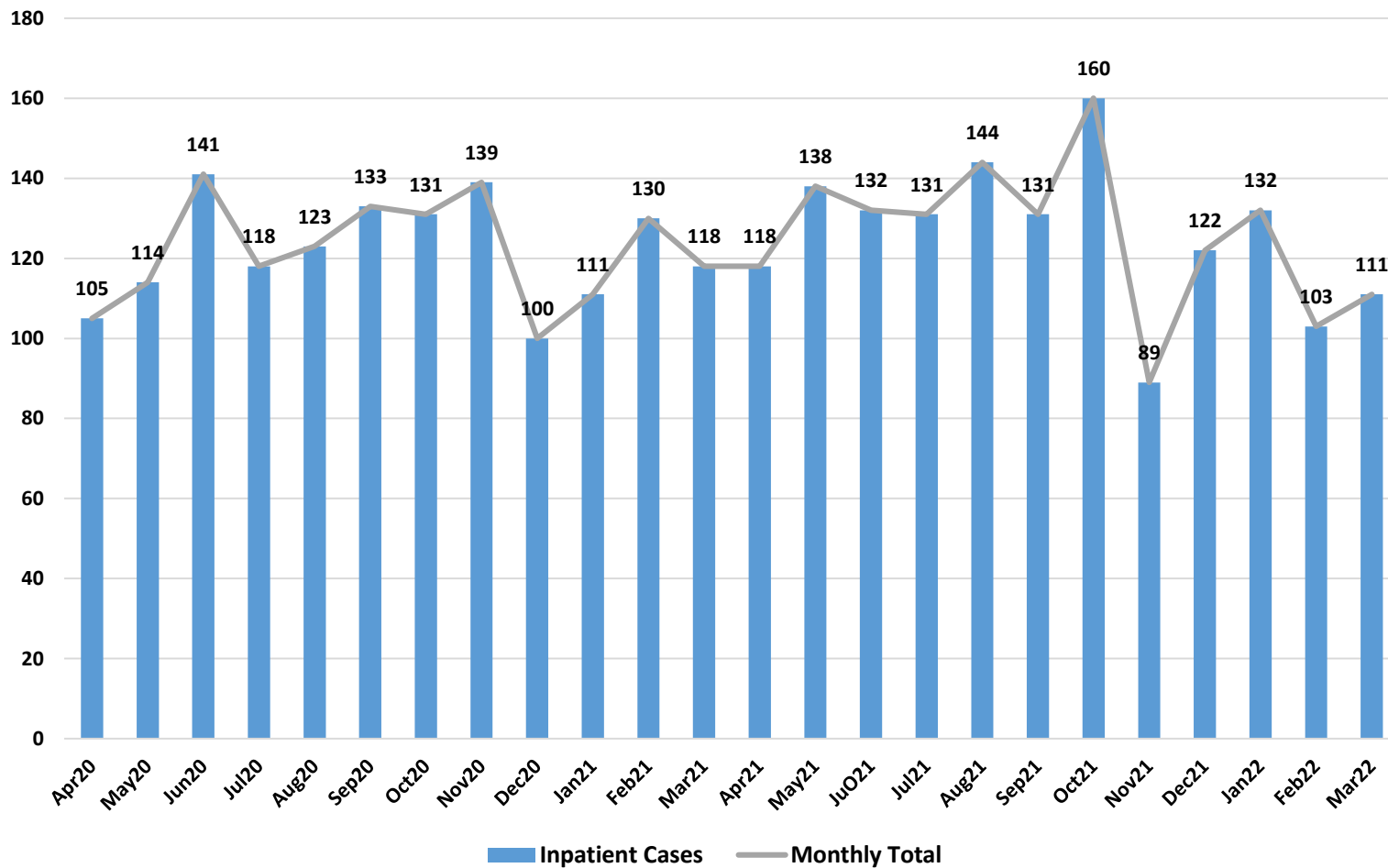
# Robotic Cases



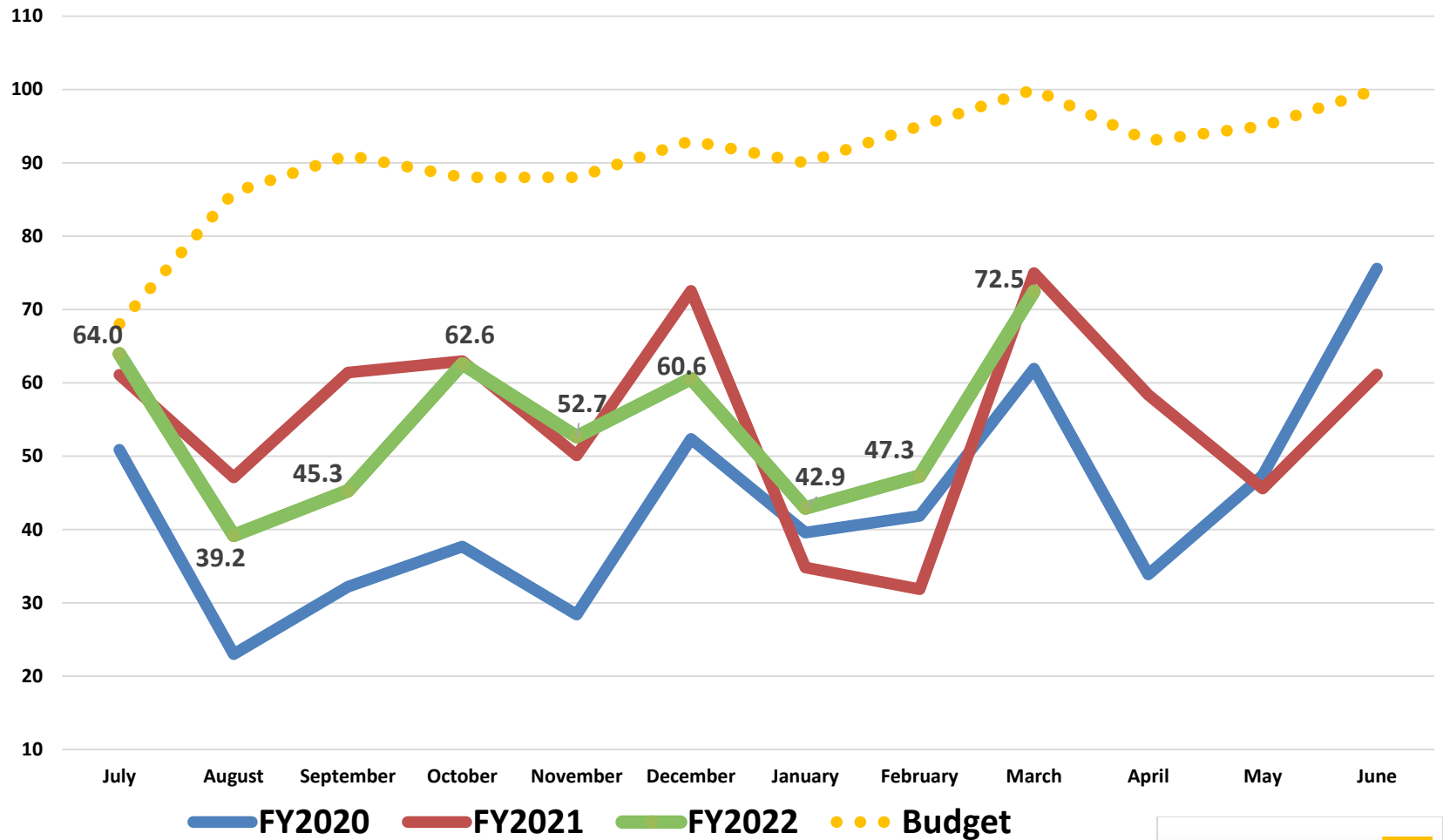
# Endo Cases (Endo Suites)



# OB Cases



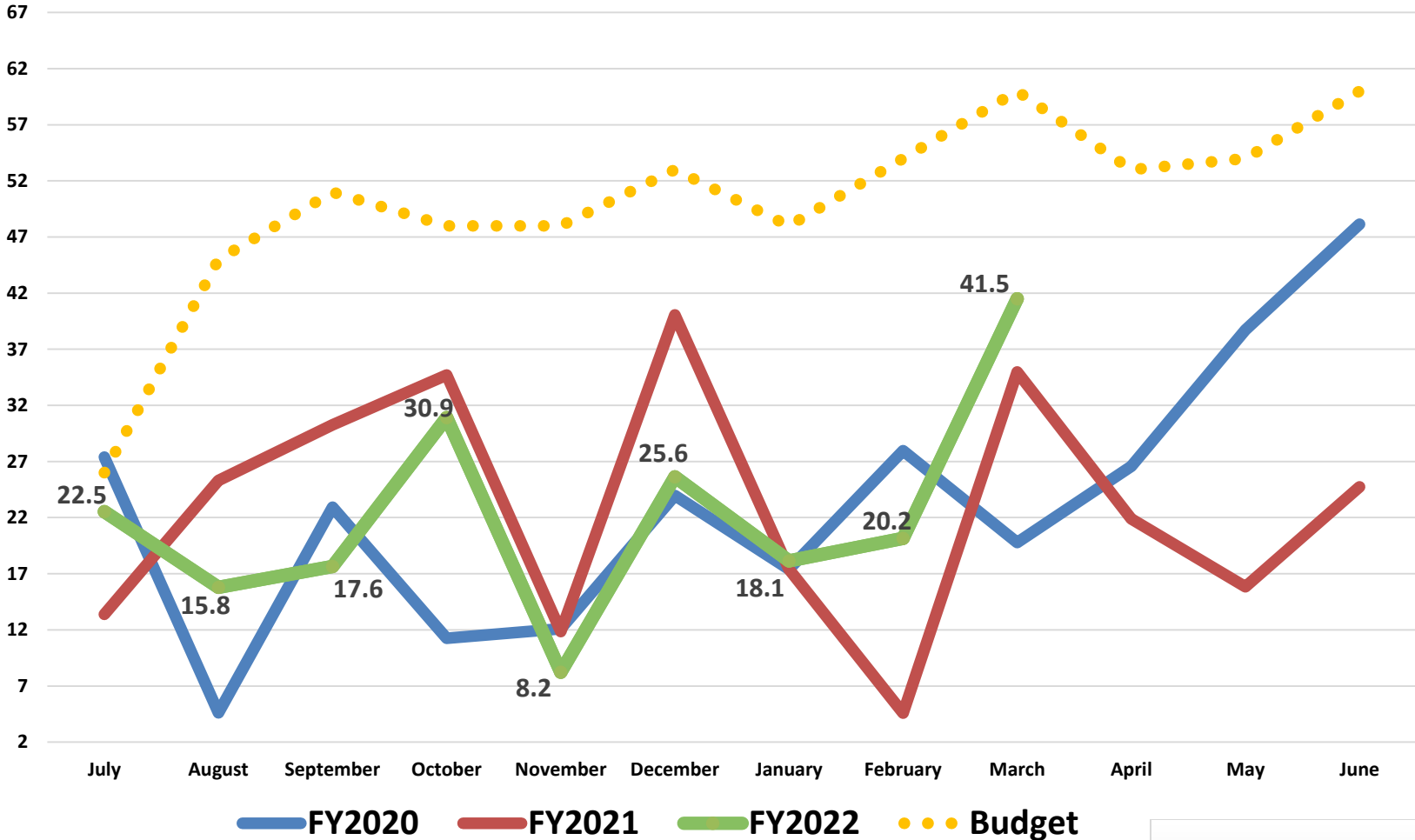
# Robotic Surgery (IP & OP) – 100 Min Units



367.9	496.9	487.0	799.0
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

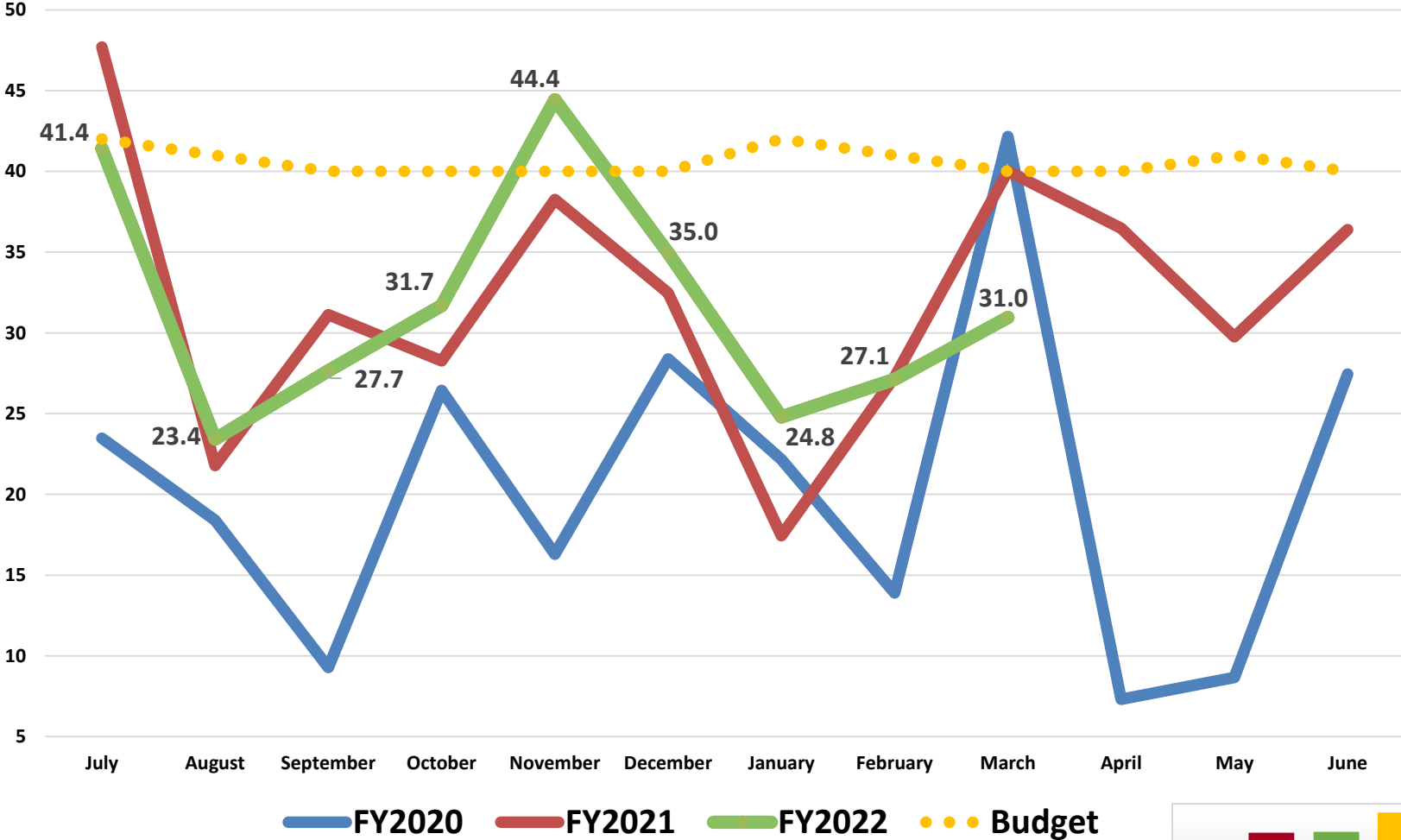


# Robotic Surgery (IP Only) – 100 Min Units



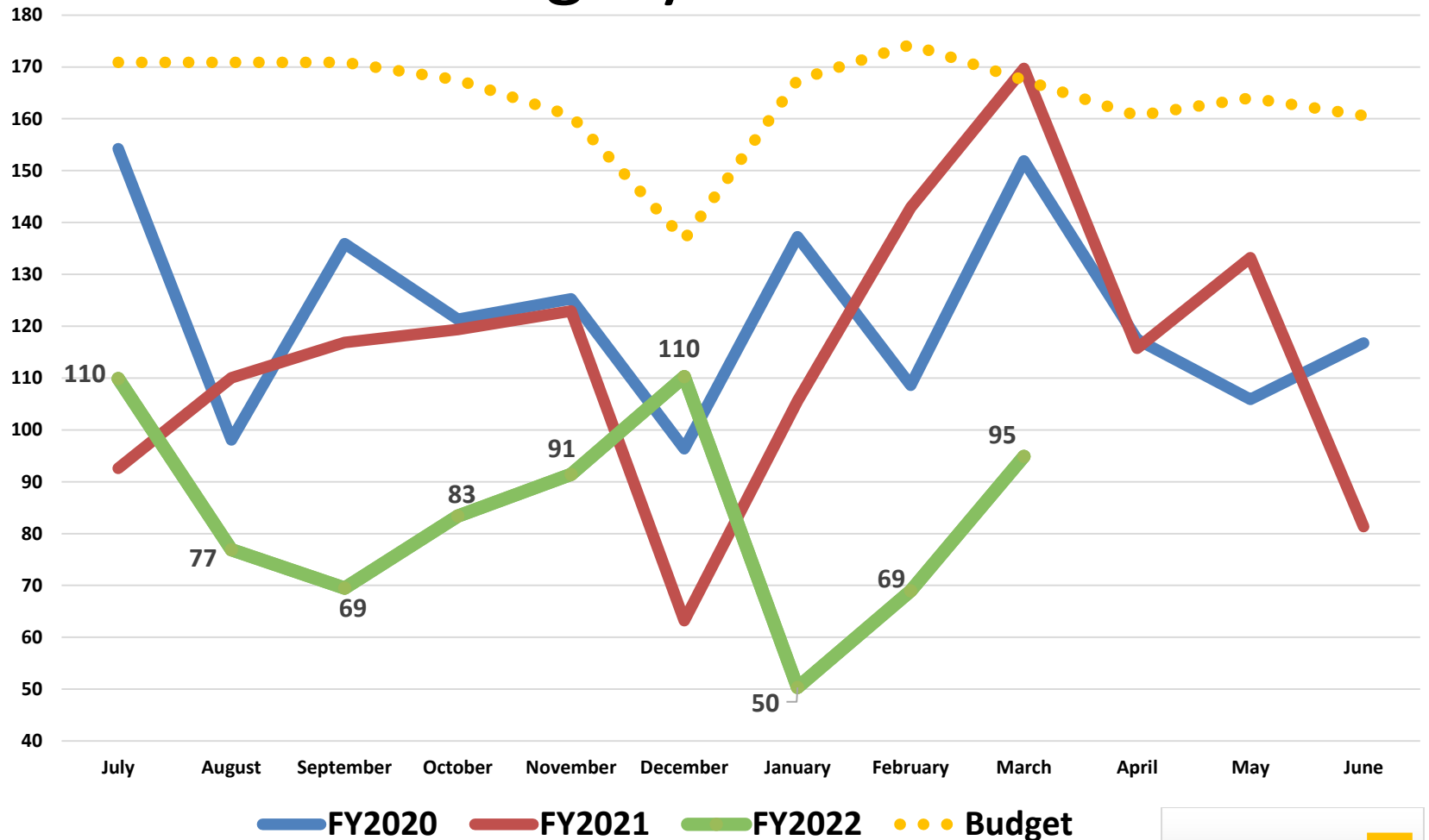
167.4	212.5	200.5	433.0
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# Robotic Surgery (OP Only) – 100 Min Units



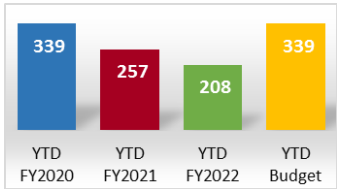
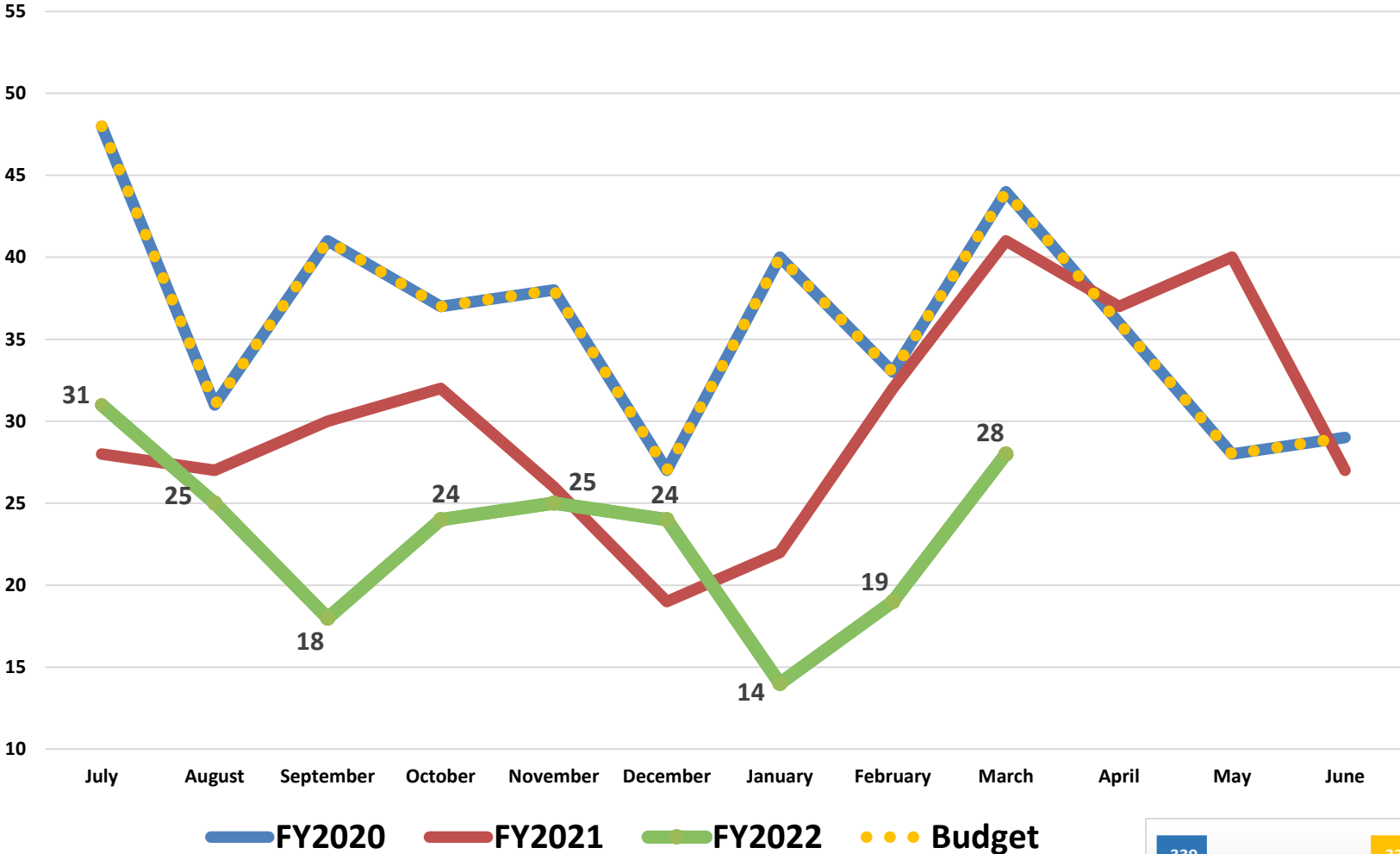
200.5	284.4	286.5	366.0
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# Cardiac Surgery – 100 Min Units



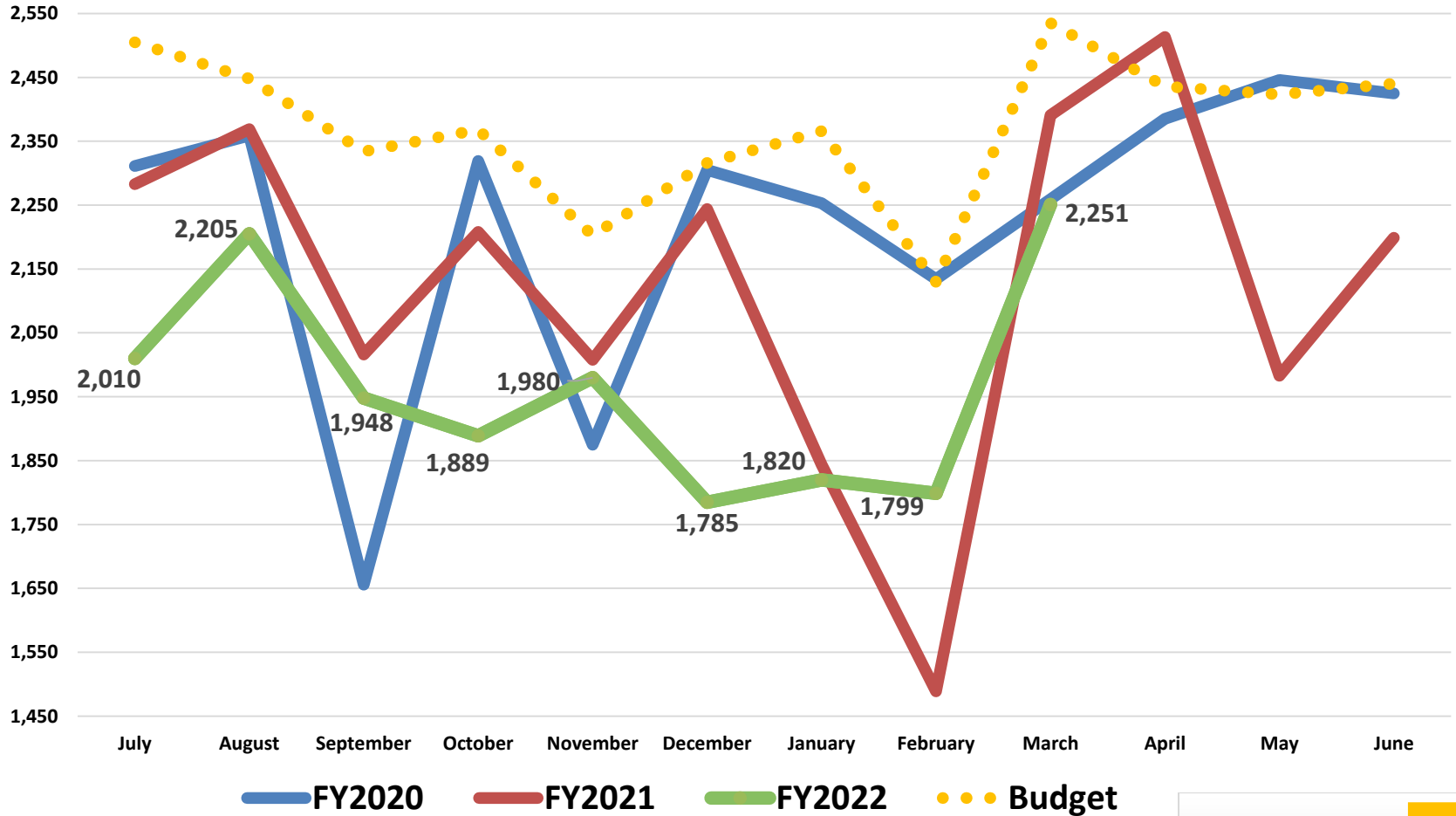
1,129	1,043	756	1,487
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# Cardiac Surgery – Cases



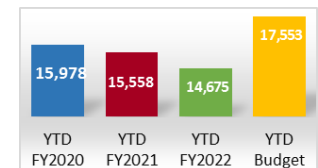
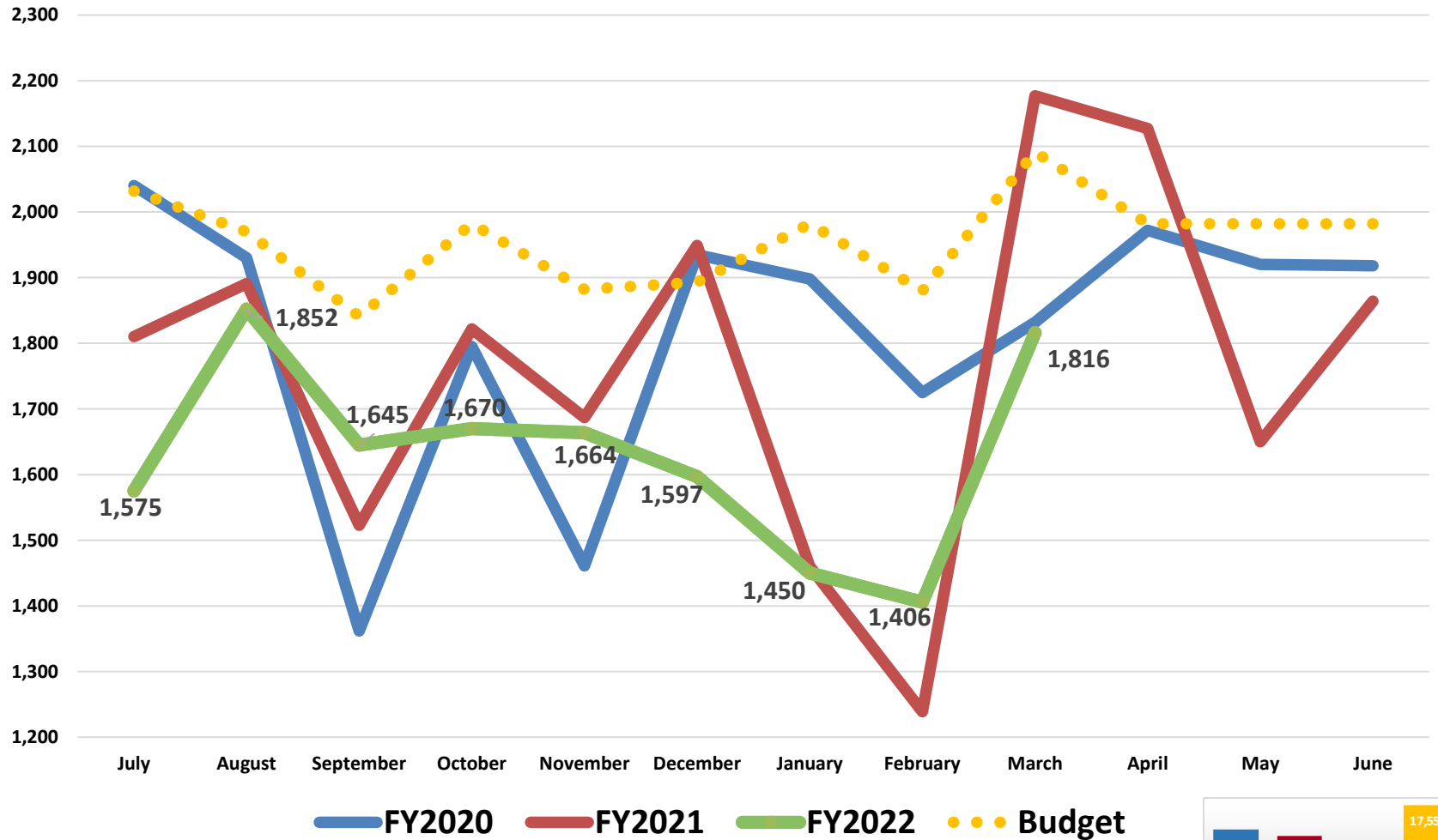
# Radiation Oncology Treatments

## Hanford and Visalia

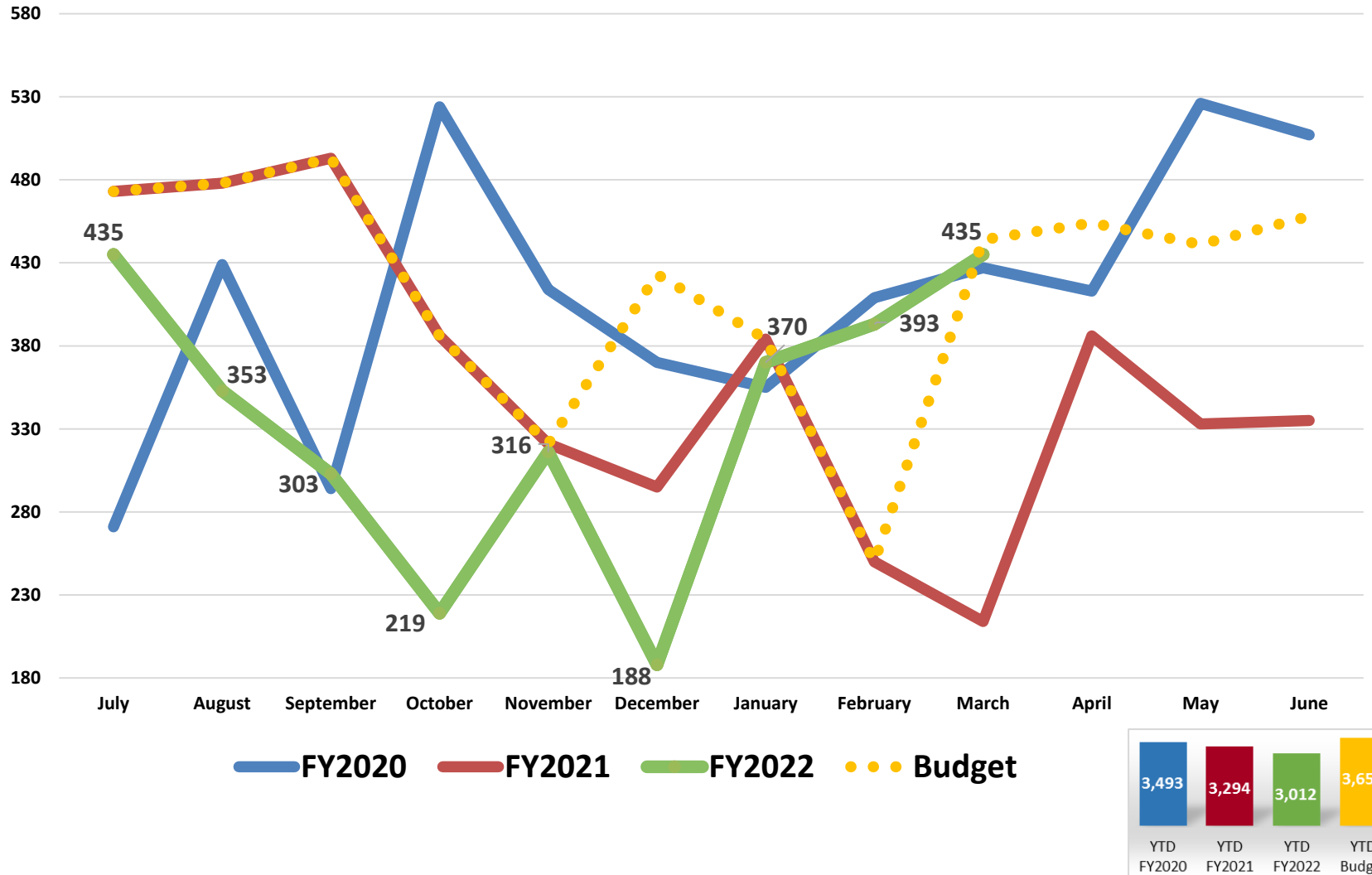


19,471	18,852	17,687	21,205
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

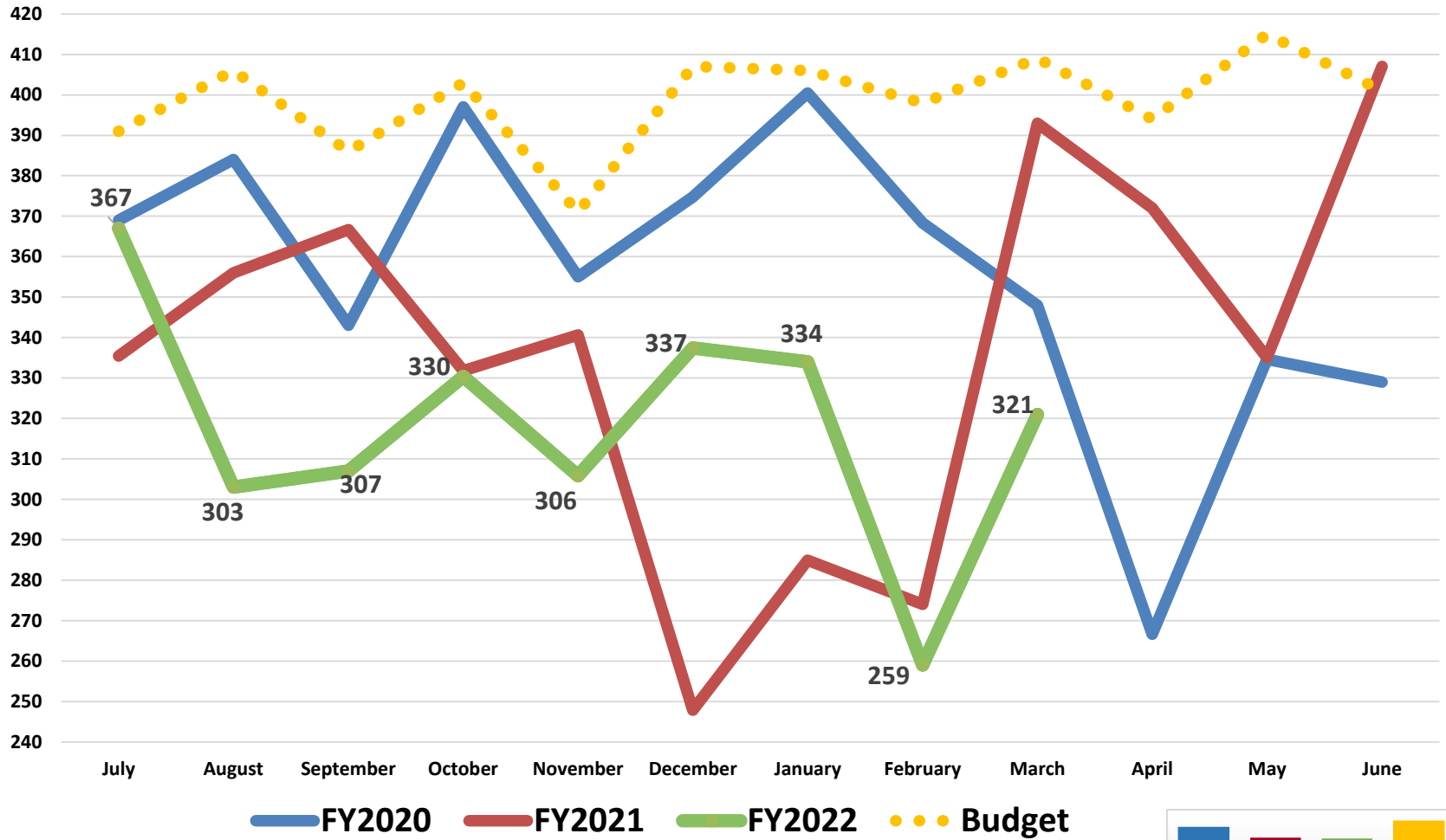
# Radiation Oncology - Visalia



# Radiation Oncology - Hanford

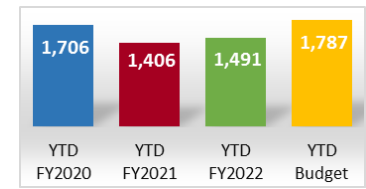
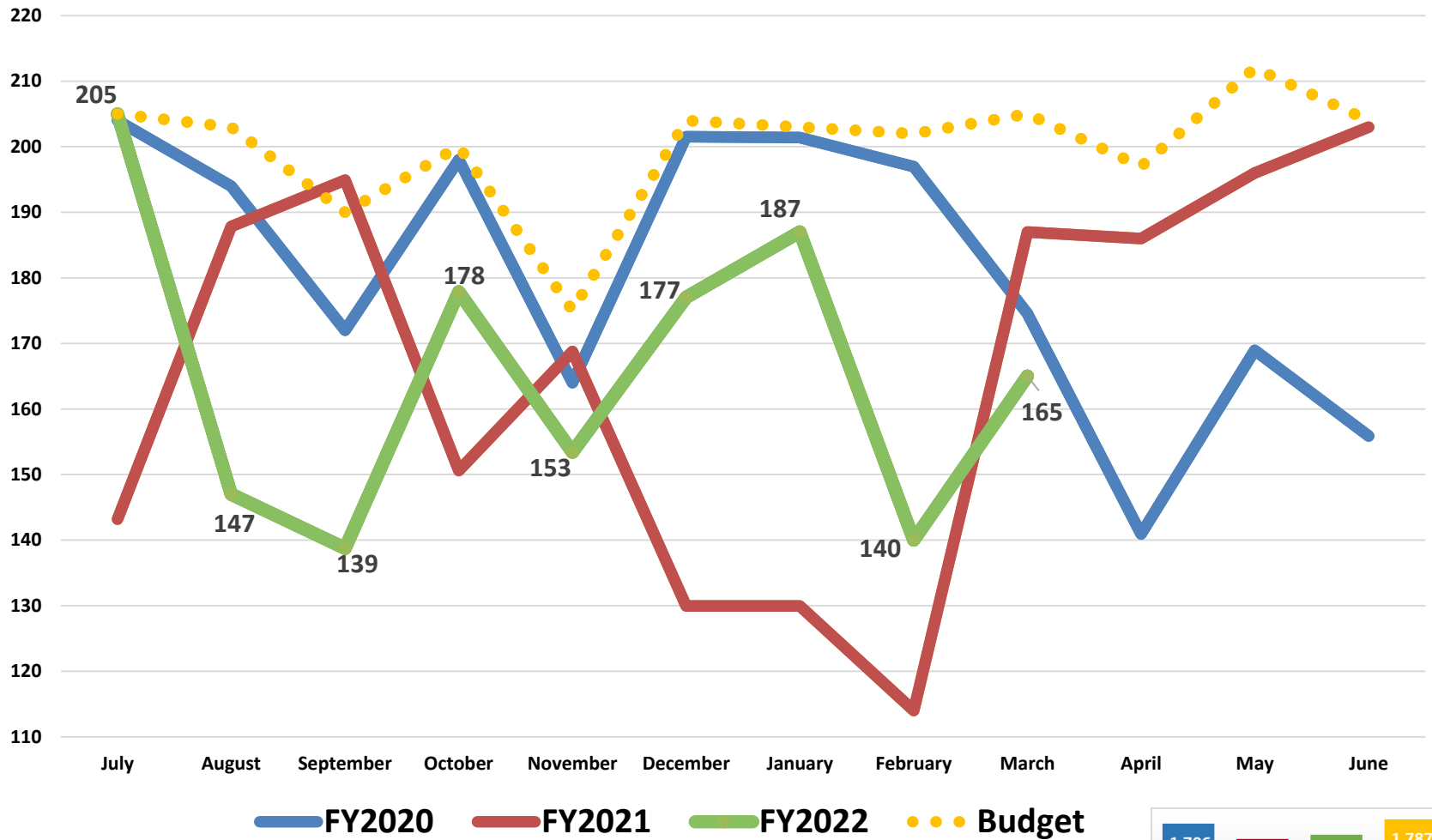


# Cath Lab (IP & OP) – 100 Min Units

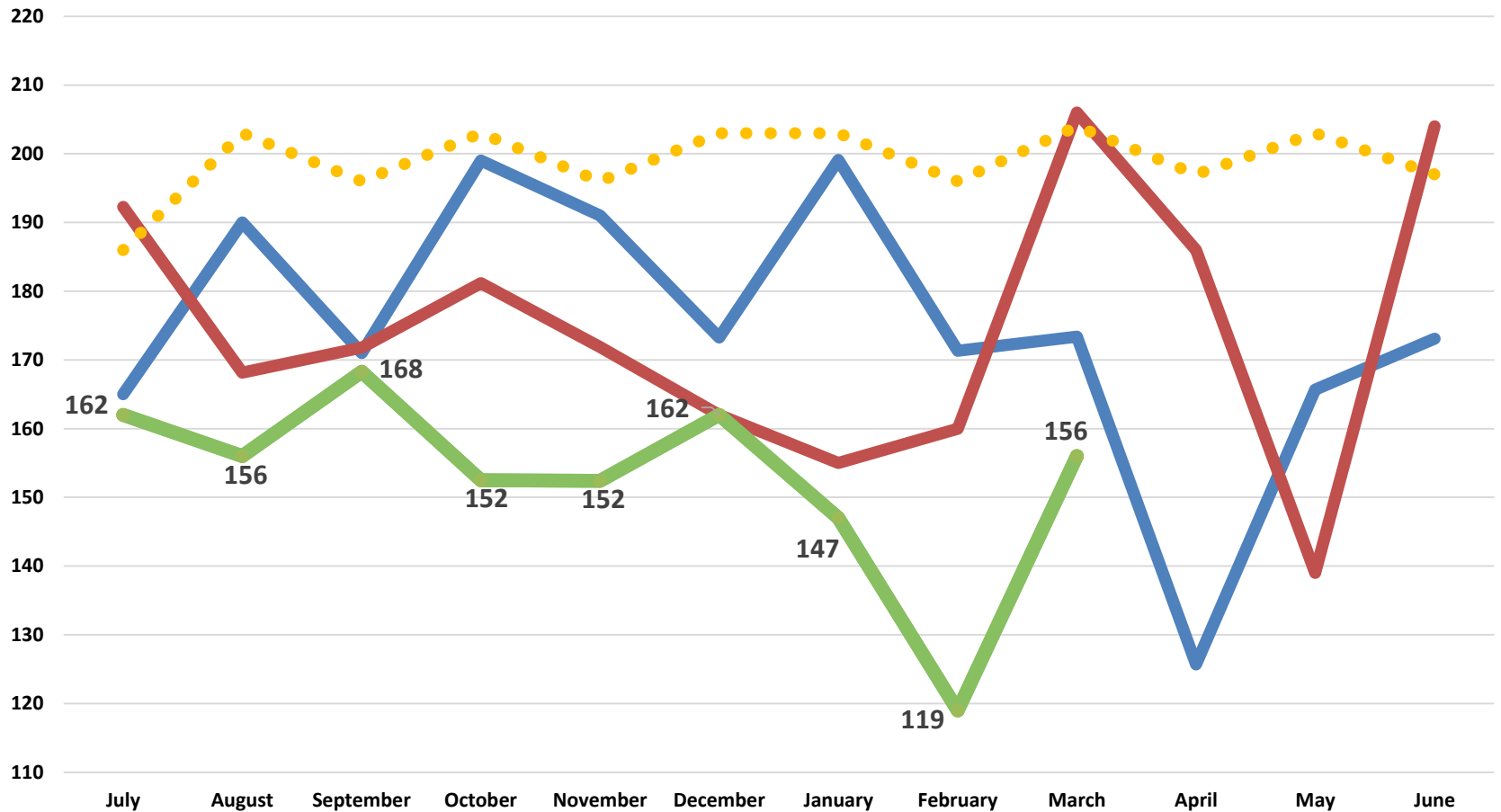




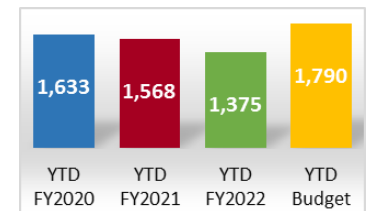
# Cath Lab (IP Only) – 100 Min Units



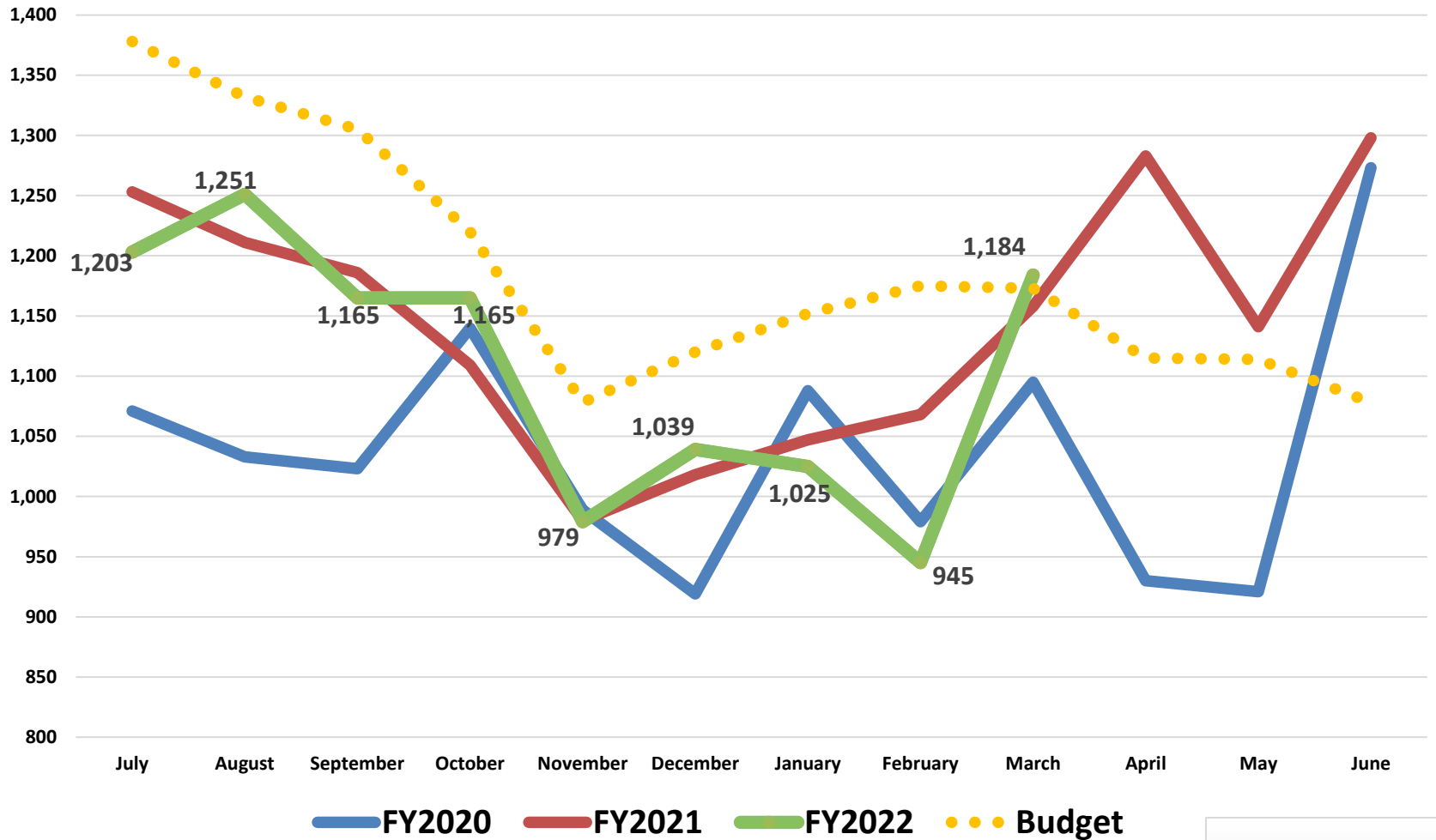
# Cath Lab (OP Only) – 100 Min Units



— **FY2020**   
 — **FY2021**   
 — **FY2022**   
 ●●● **Budget**

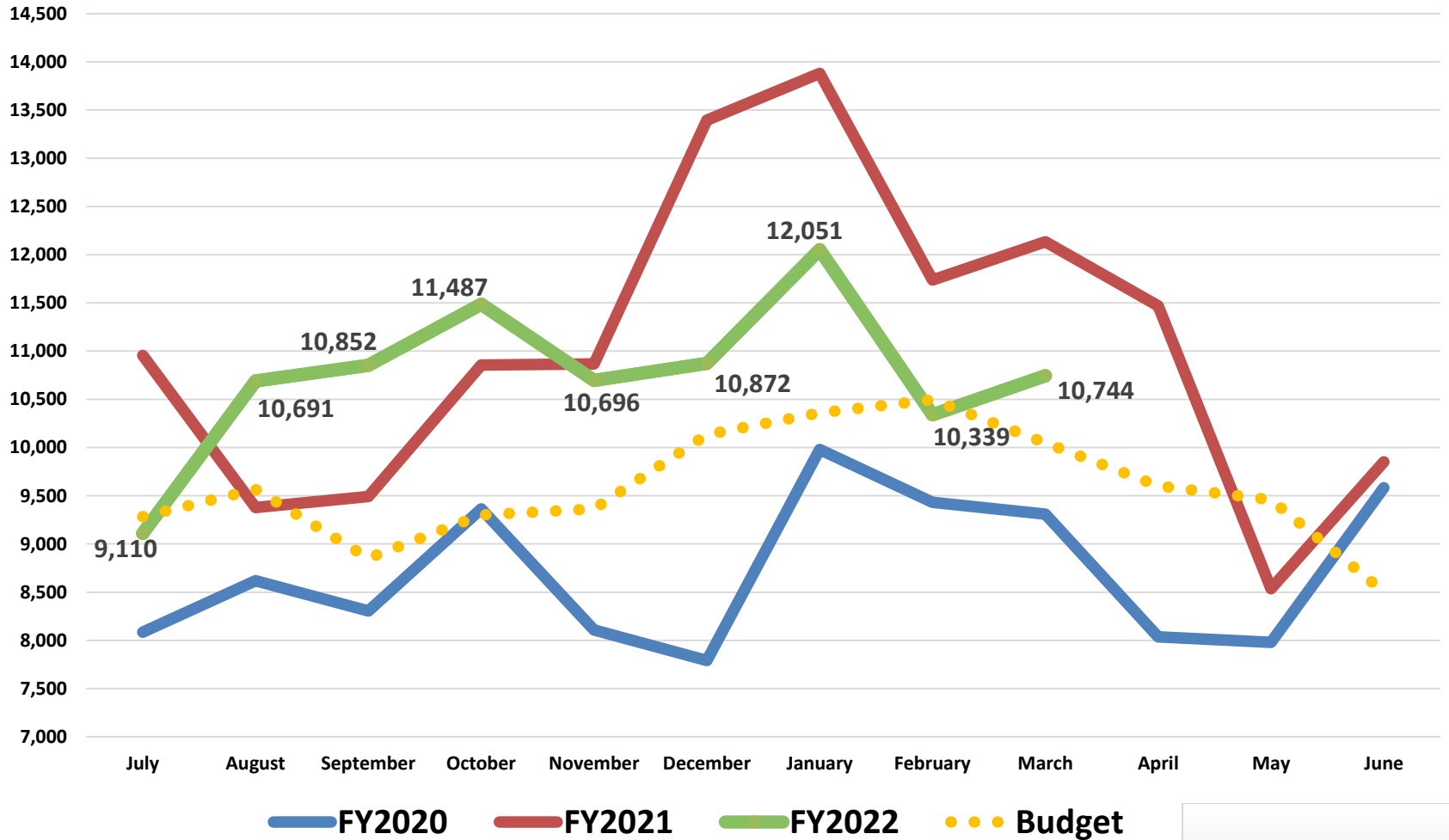


# GME Family Medicine Clinic Visits



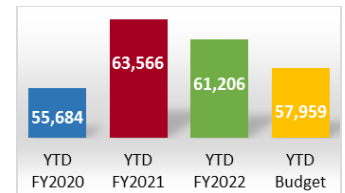
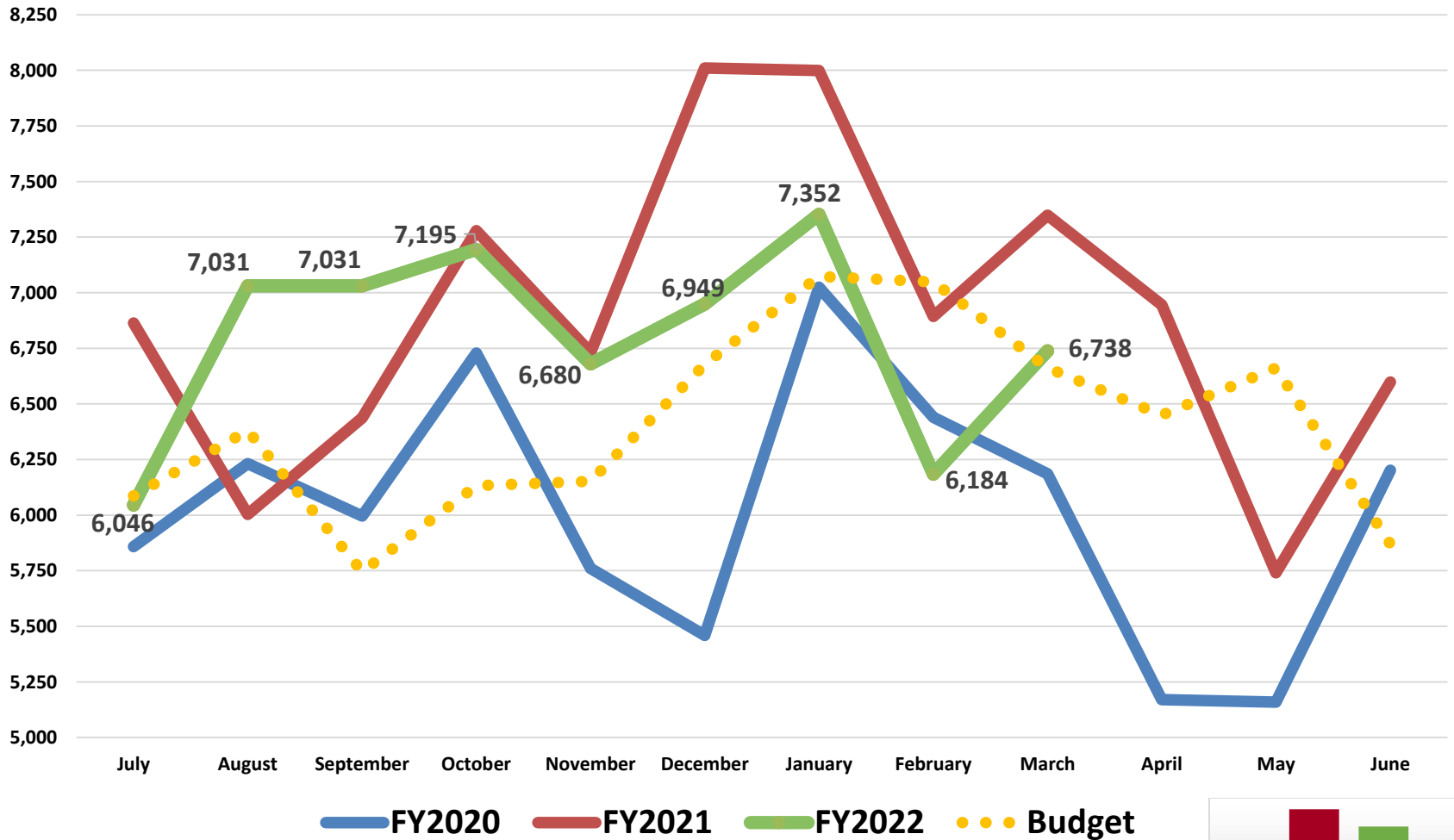
9,337	10,030	9,956	10,933
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# Rural Health Clinic Registrations

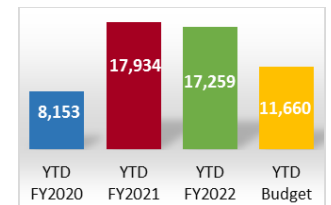
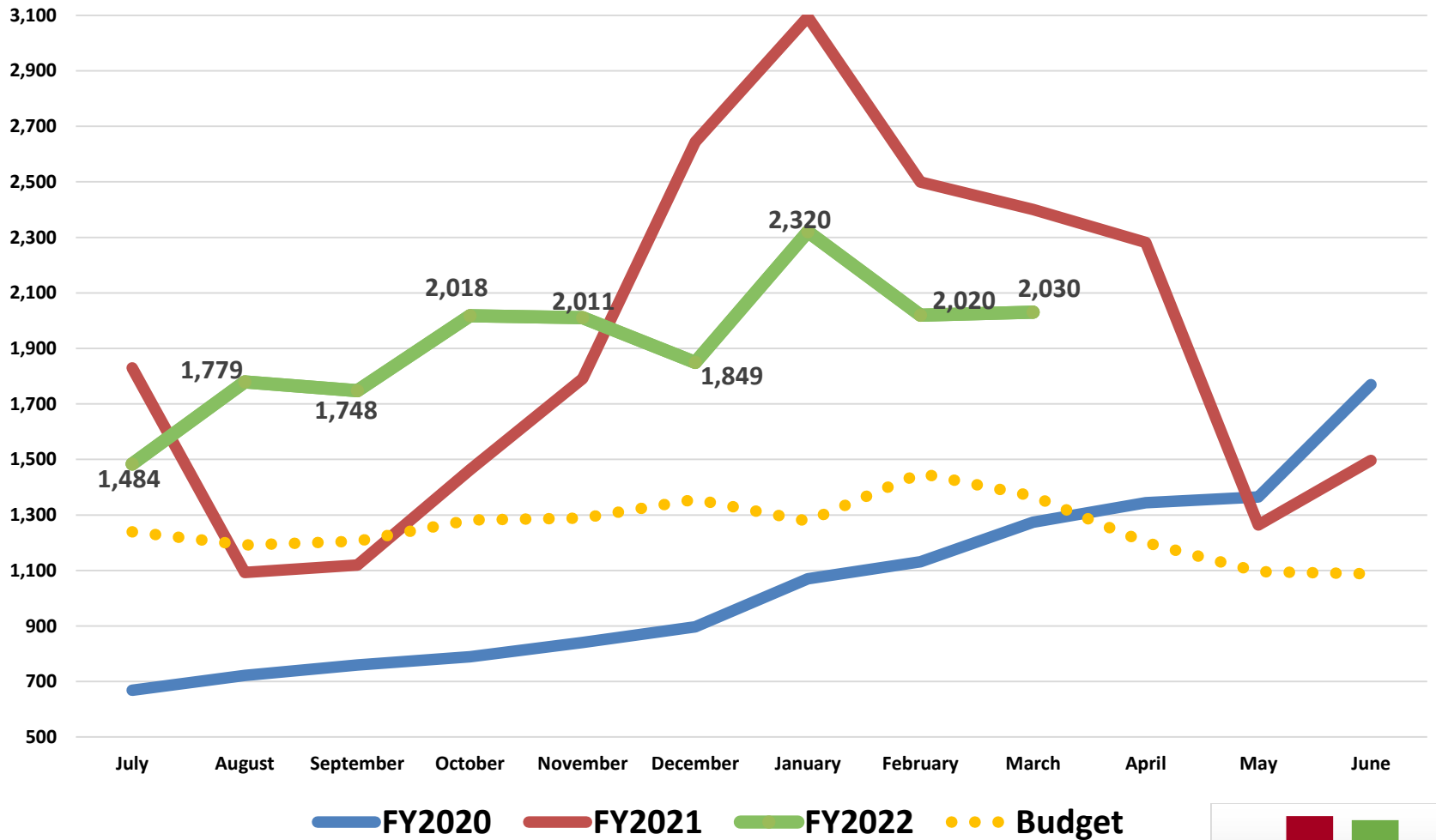


78,991	102,692	96,842	87,408
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

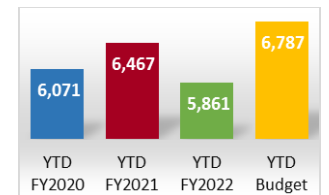
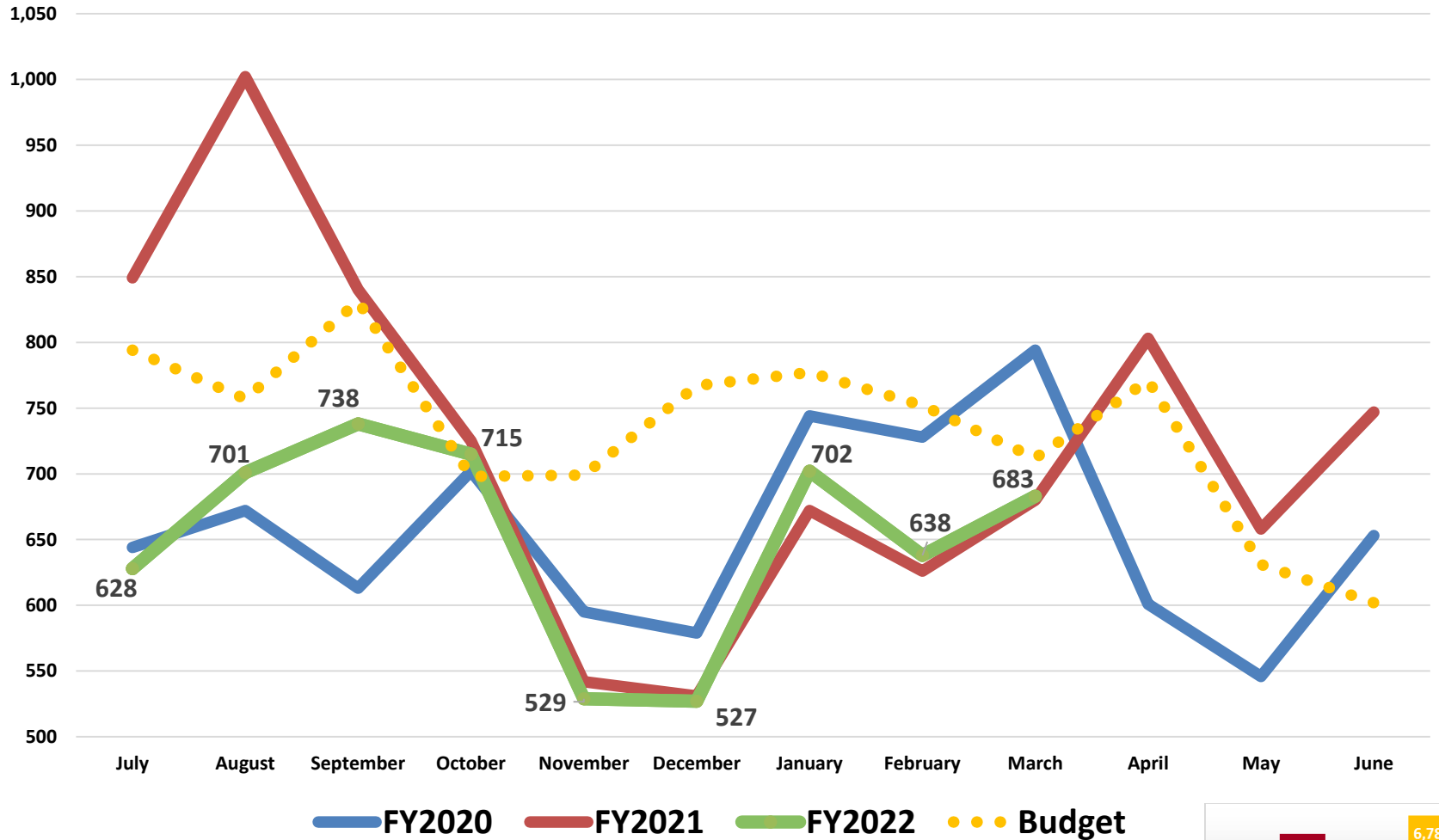
# Exeter RHC - Registrations



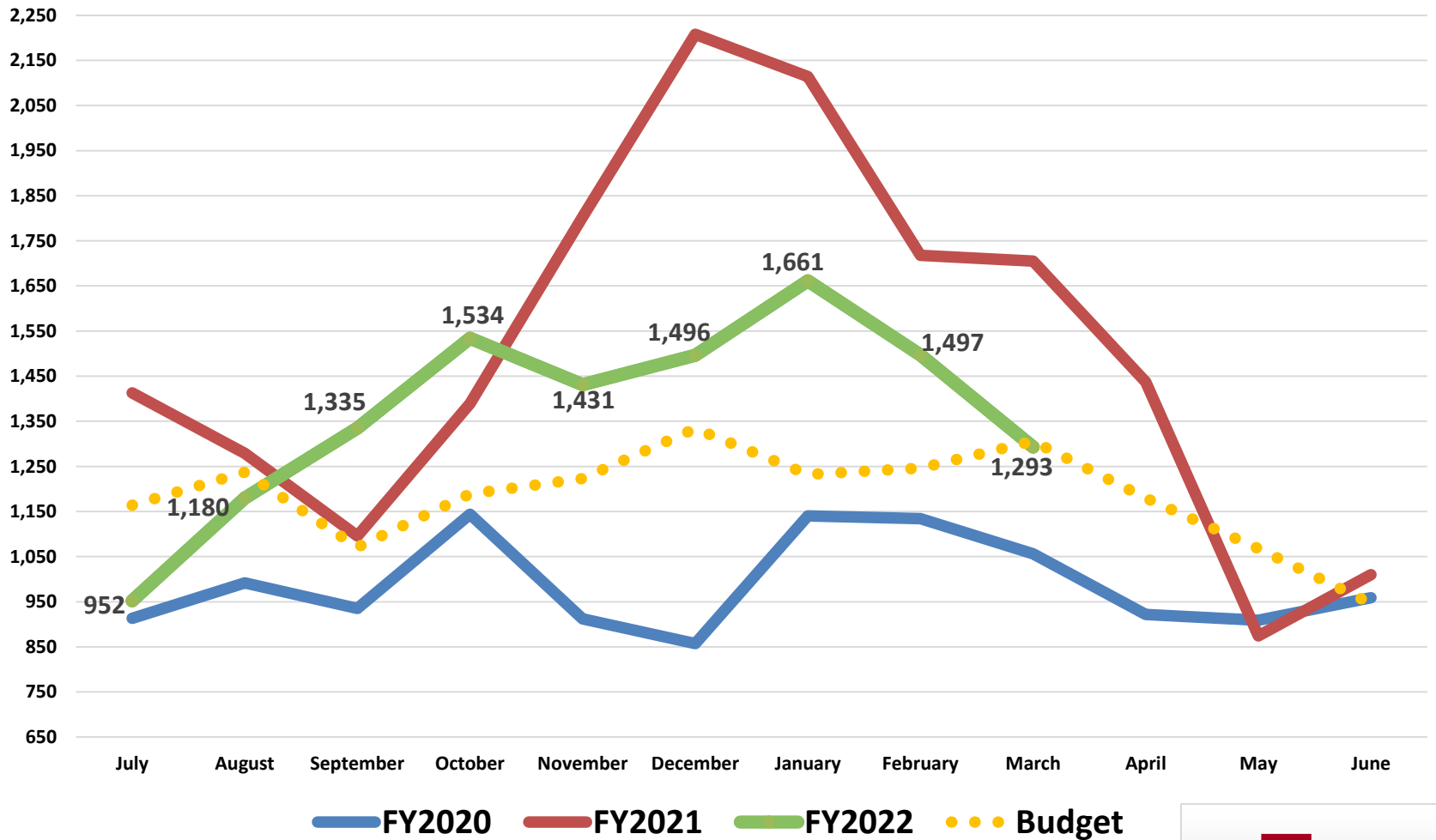
# Lindsay RHC - Registrations



# Woodlake RHC - Registrations



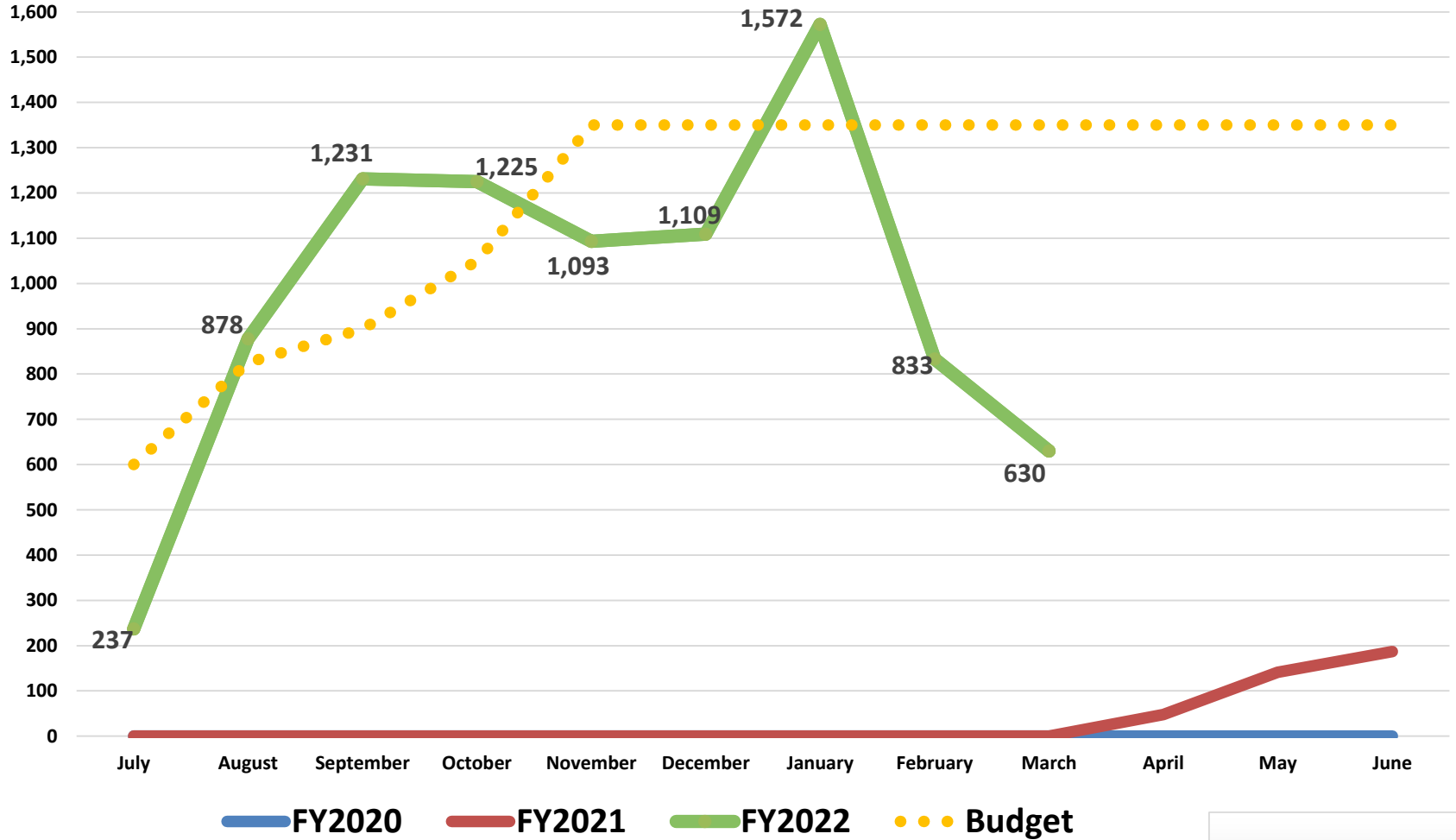
# Dinuba RHC - Registrations



9,083	14,725	12,379	11,002
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

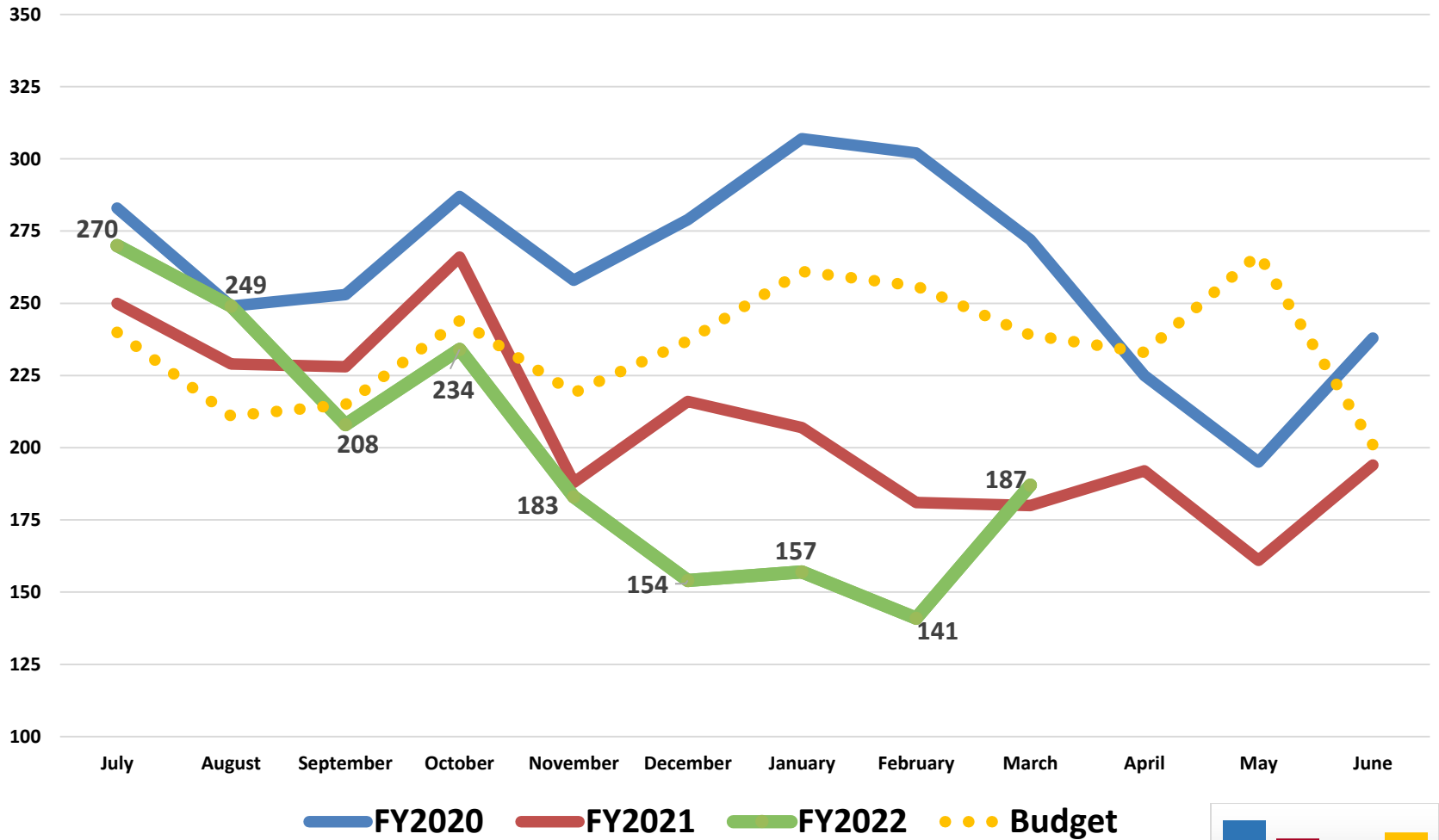


# Tulare RHC - Registrations



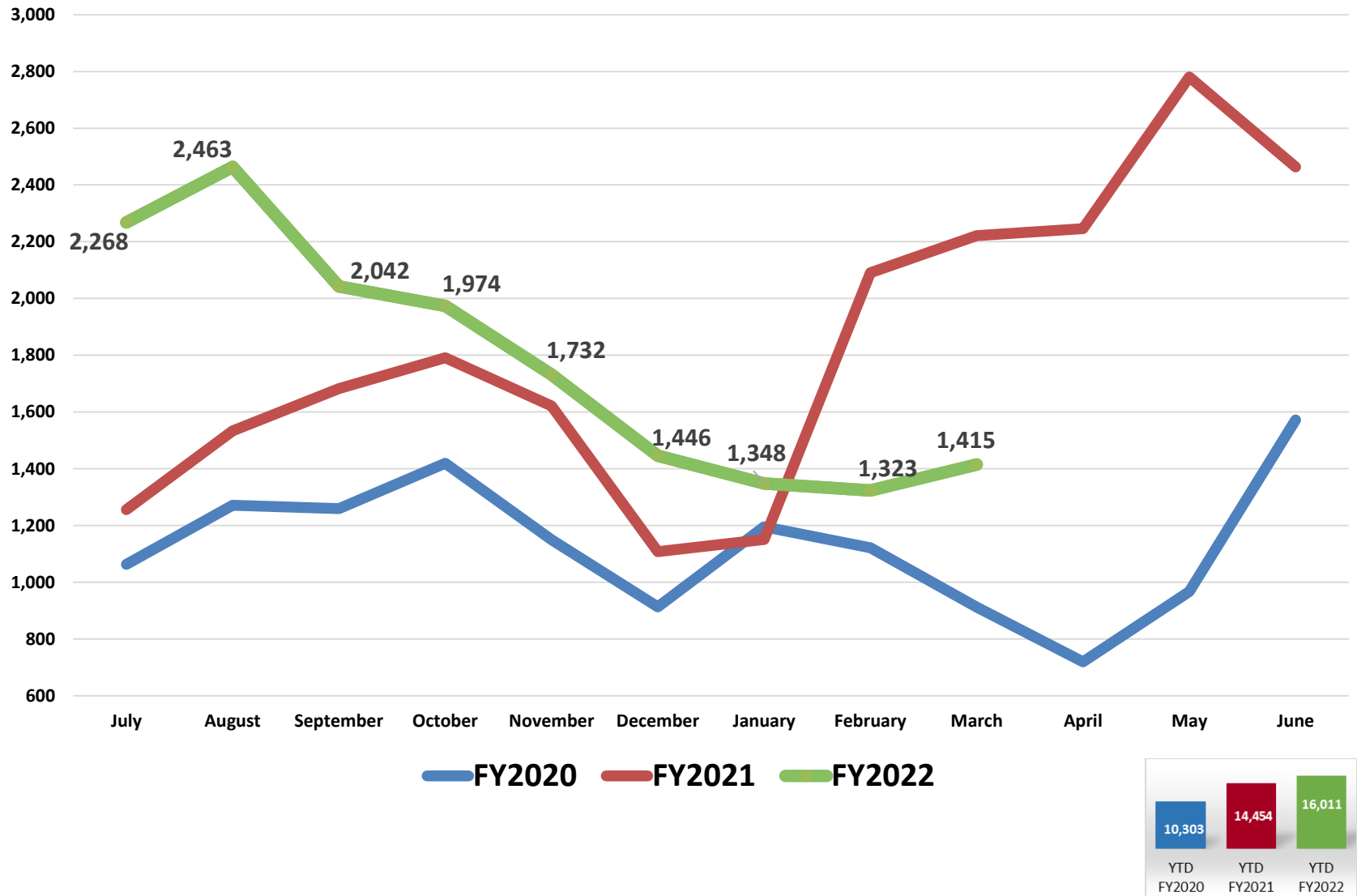
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget
0	0	8,808	10,125

# Neurosurgery Clinic - Registrations

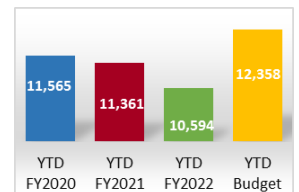
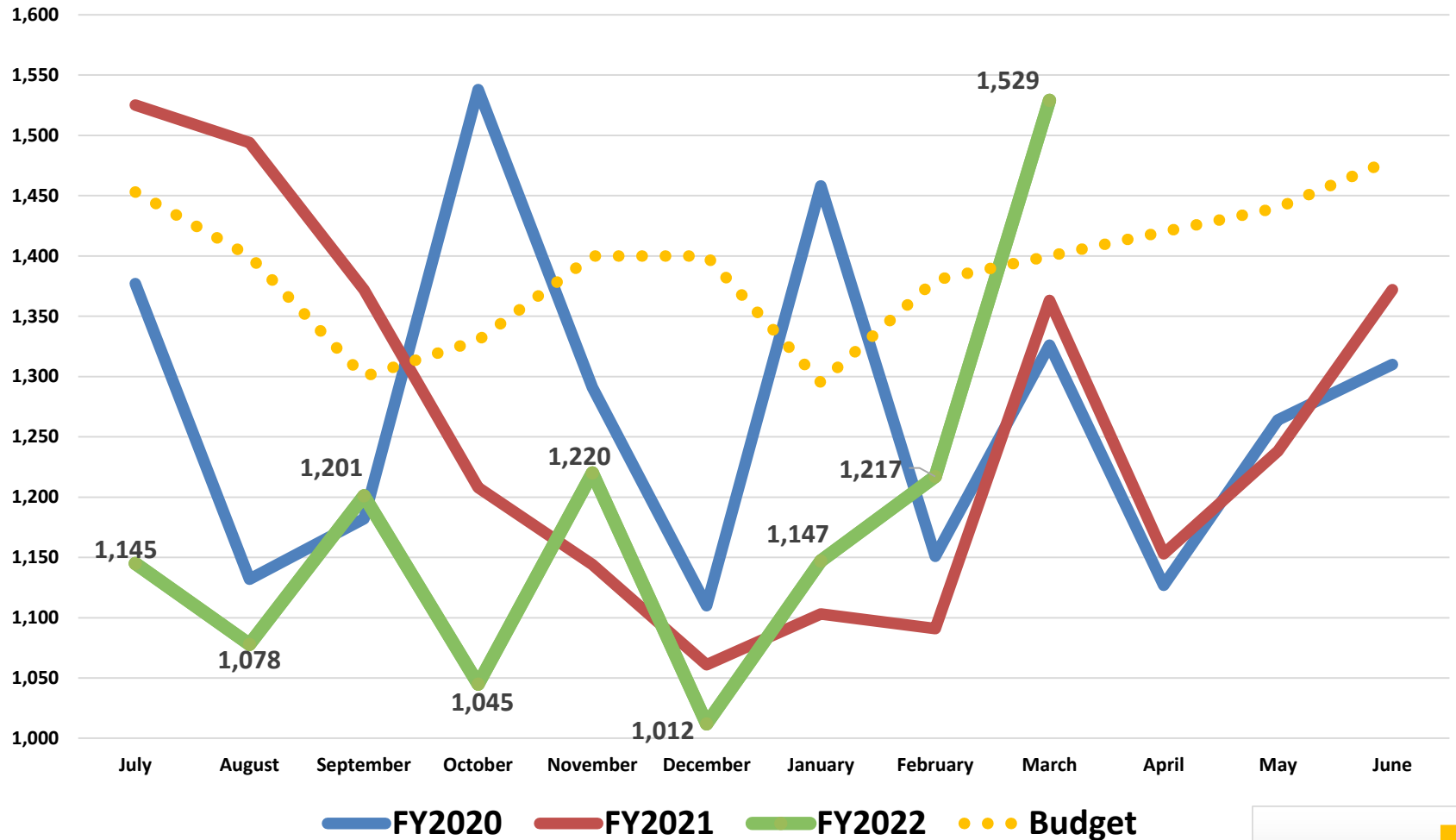


2,490	1,945	1,783	2,122
YTD	YTD	YTD	YTD
FY2020	FY2021	FY2022	Budget

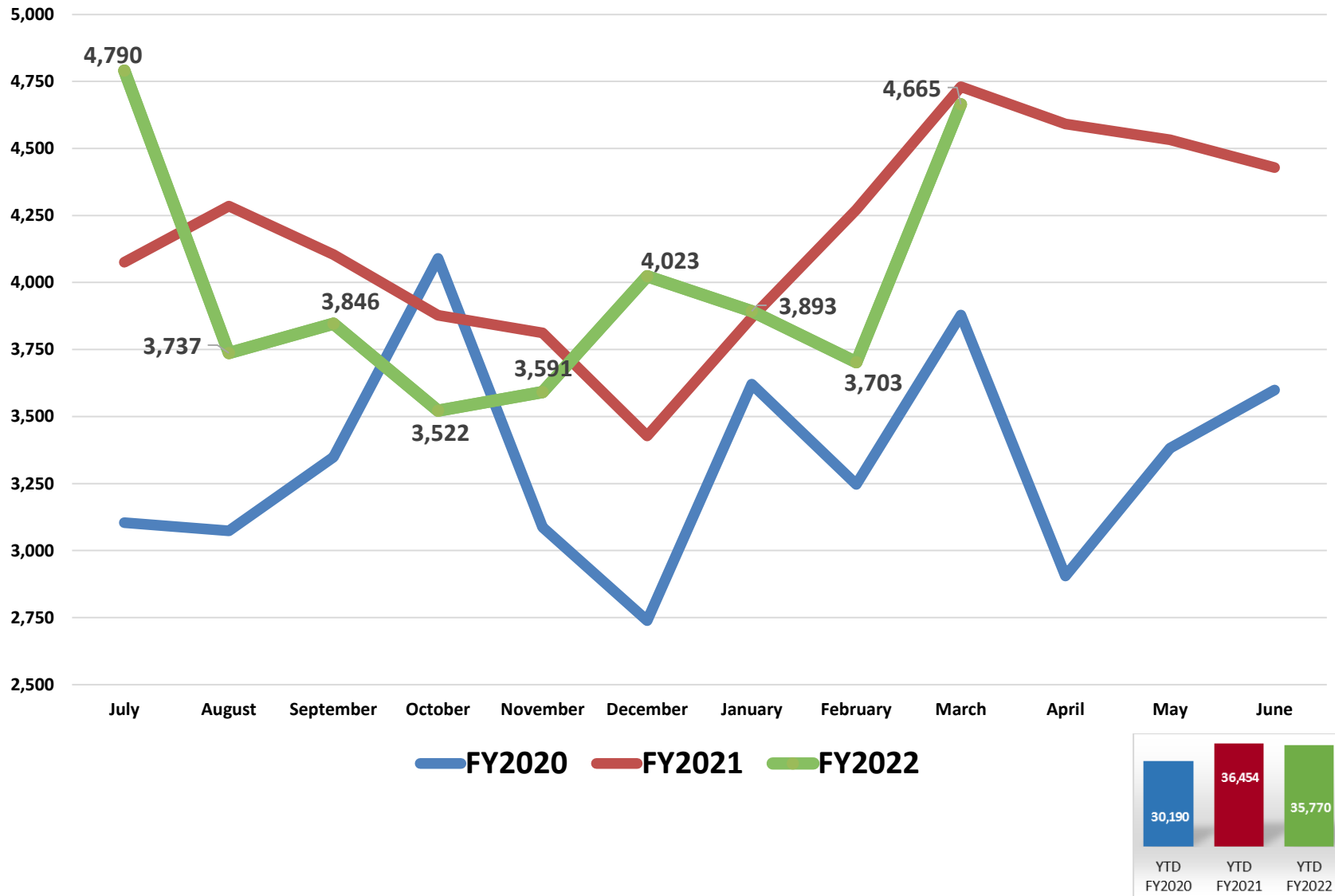
# Neurosurgery Clinic - wRVU's



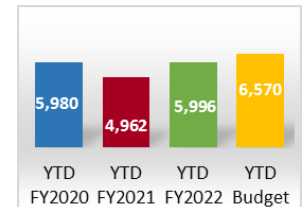
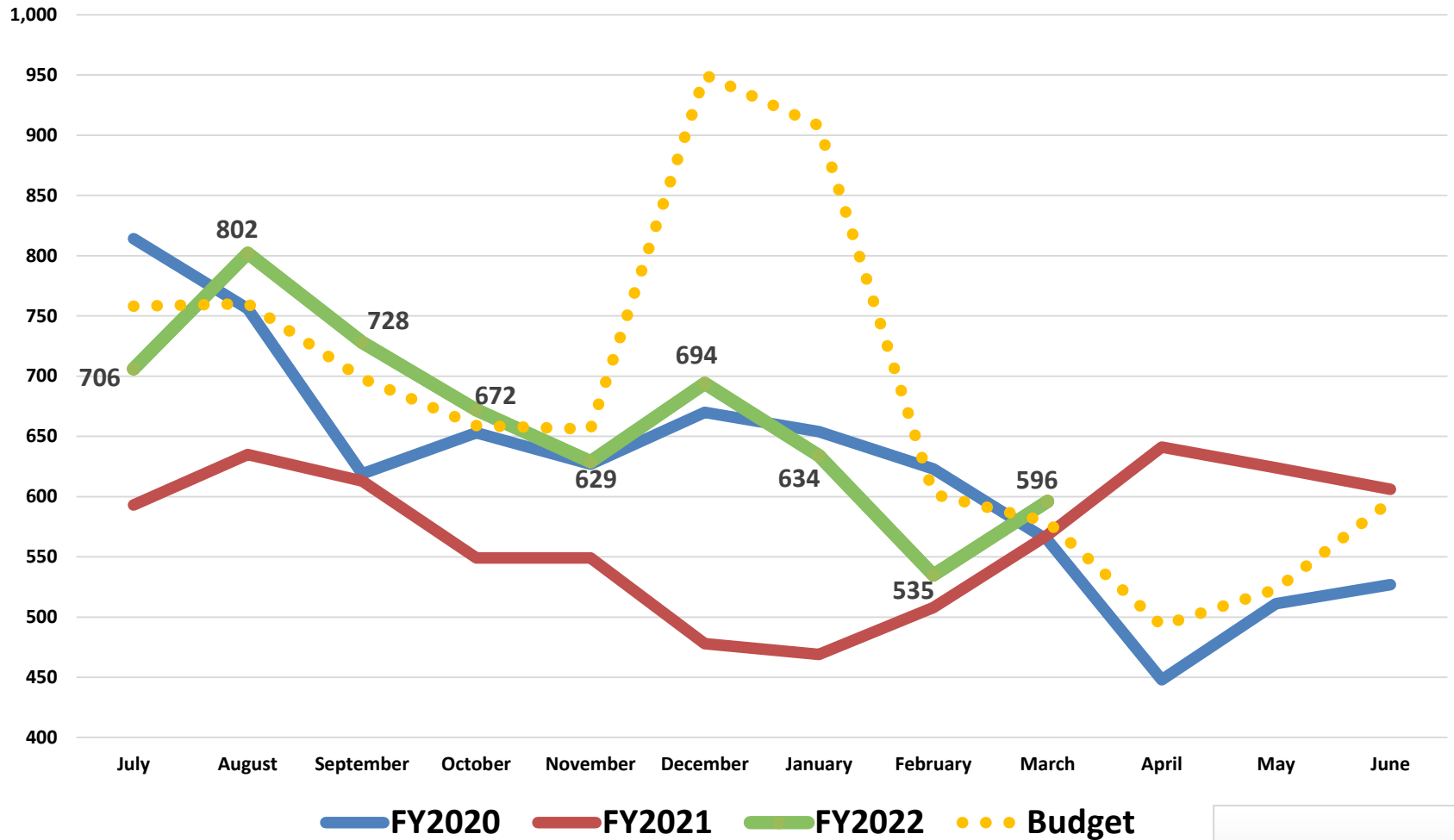
# Sequoia Cardiology - Registrations



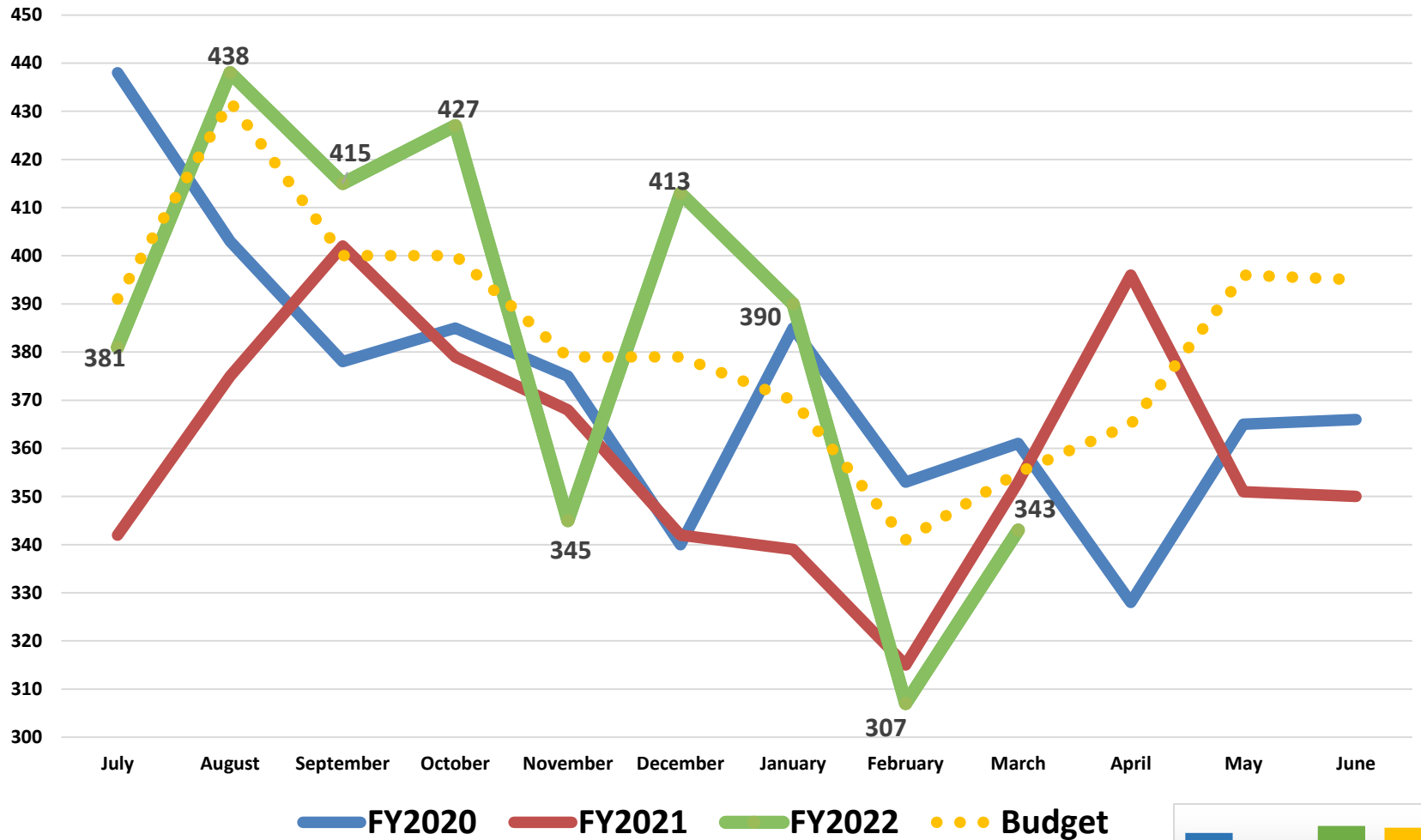
# Sequoia Cardiology – wRVU's



# Labor Triage Registrations

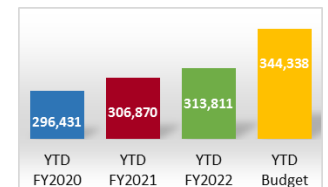
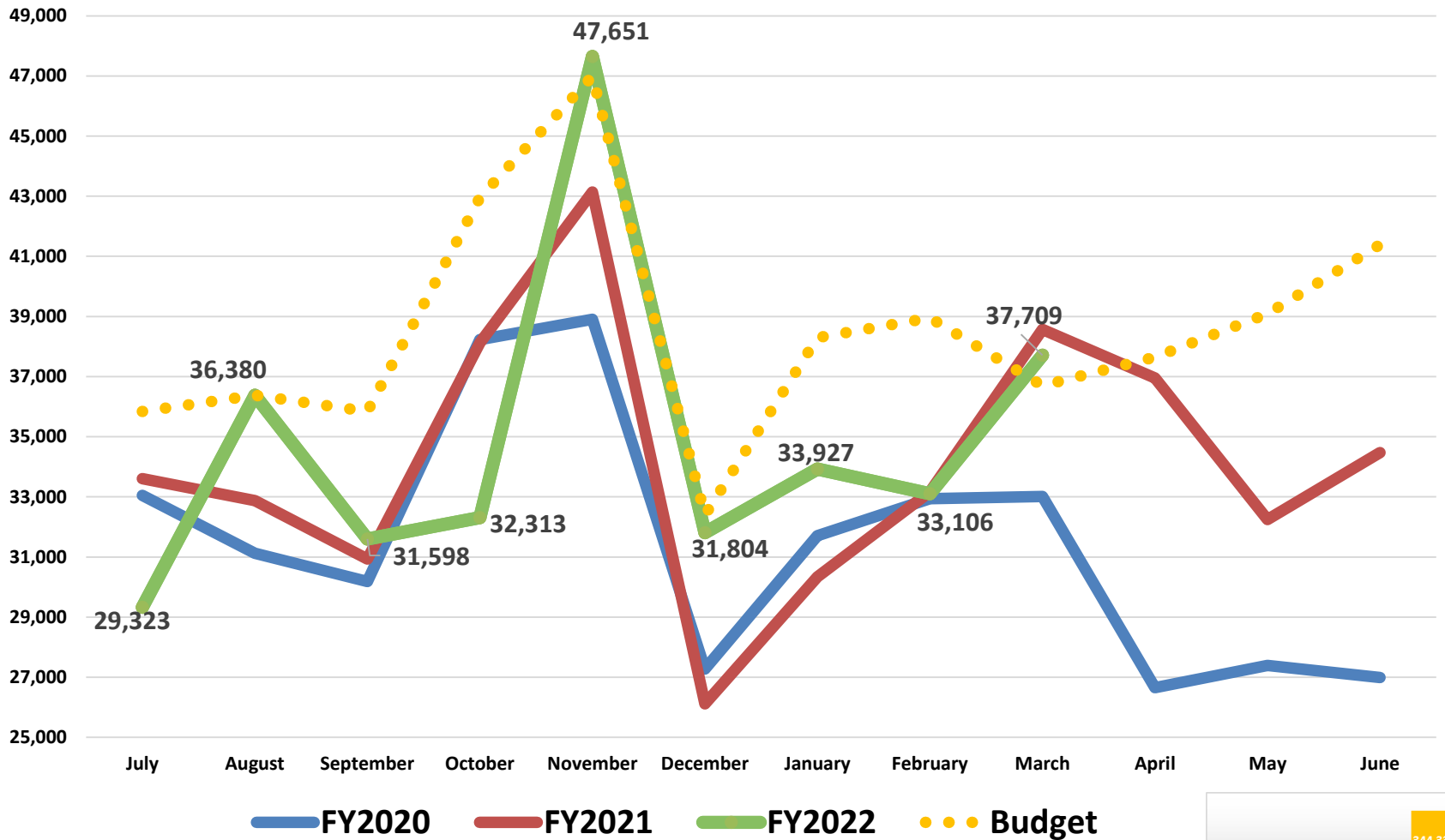


# Deliveries



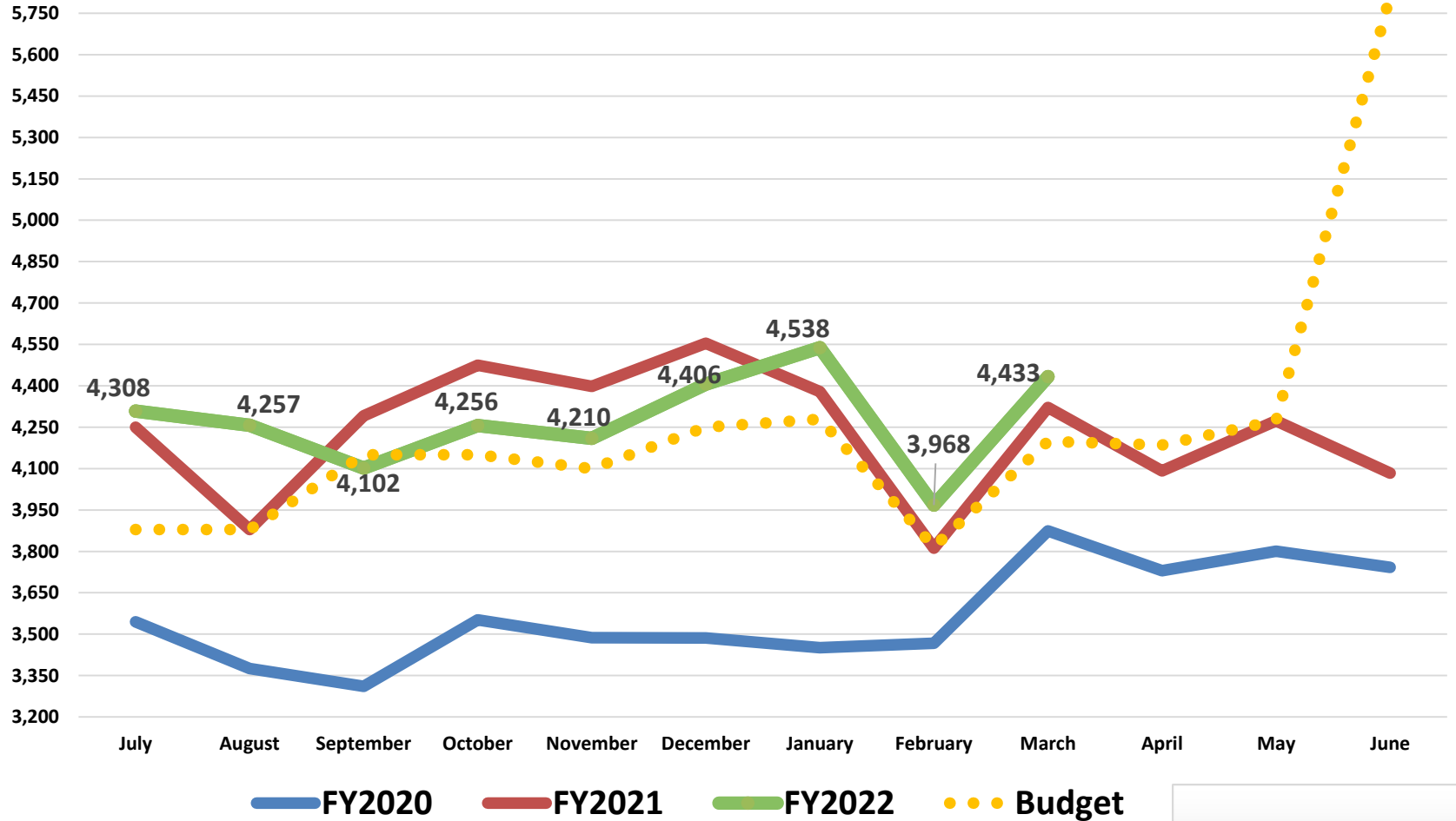
3,418	3,215	3,459	3,447
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# KHMG RVU's



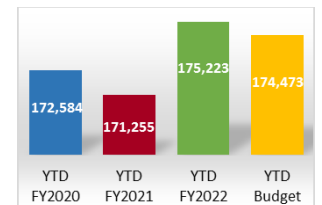
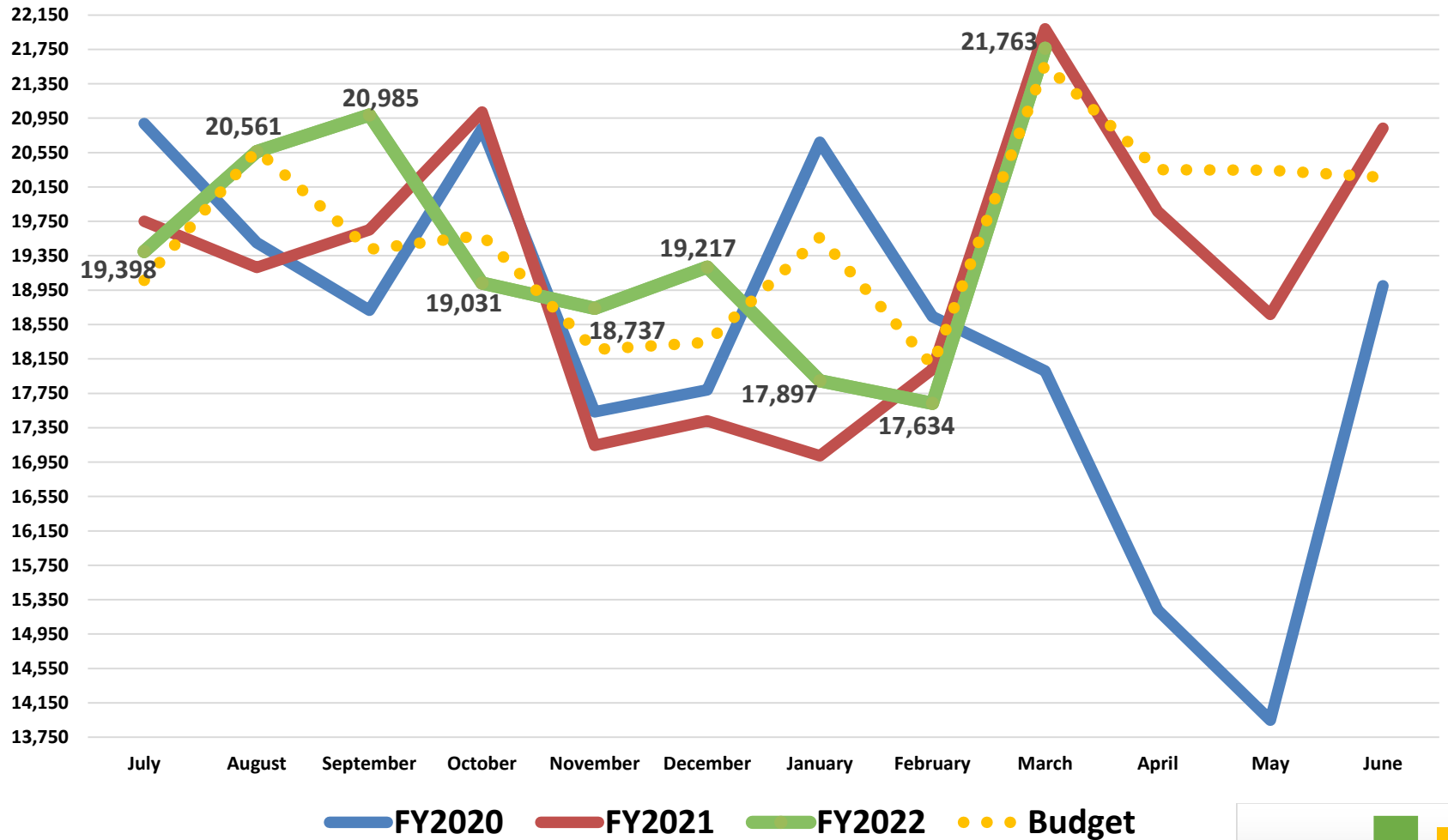


# Hospice Days

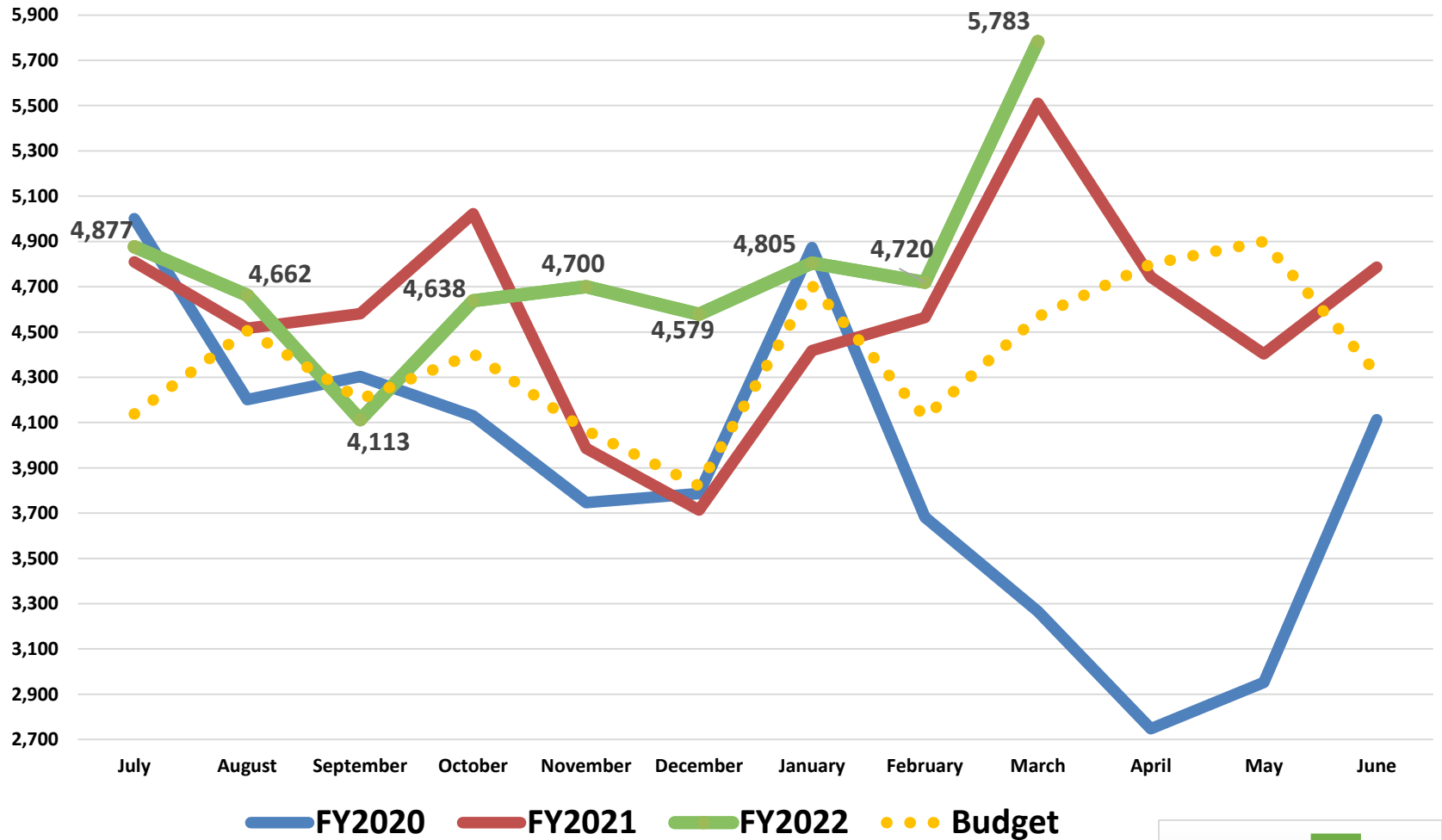


31,548	38,359	38,478	36,702
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# All O/P Rehab Services Across District

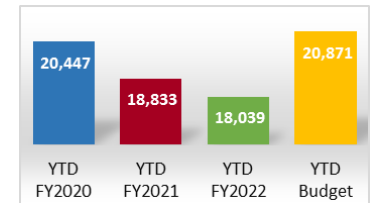
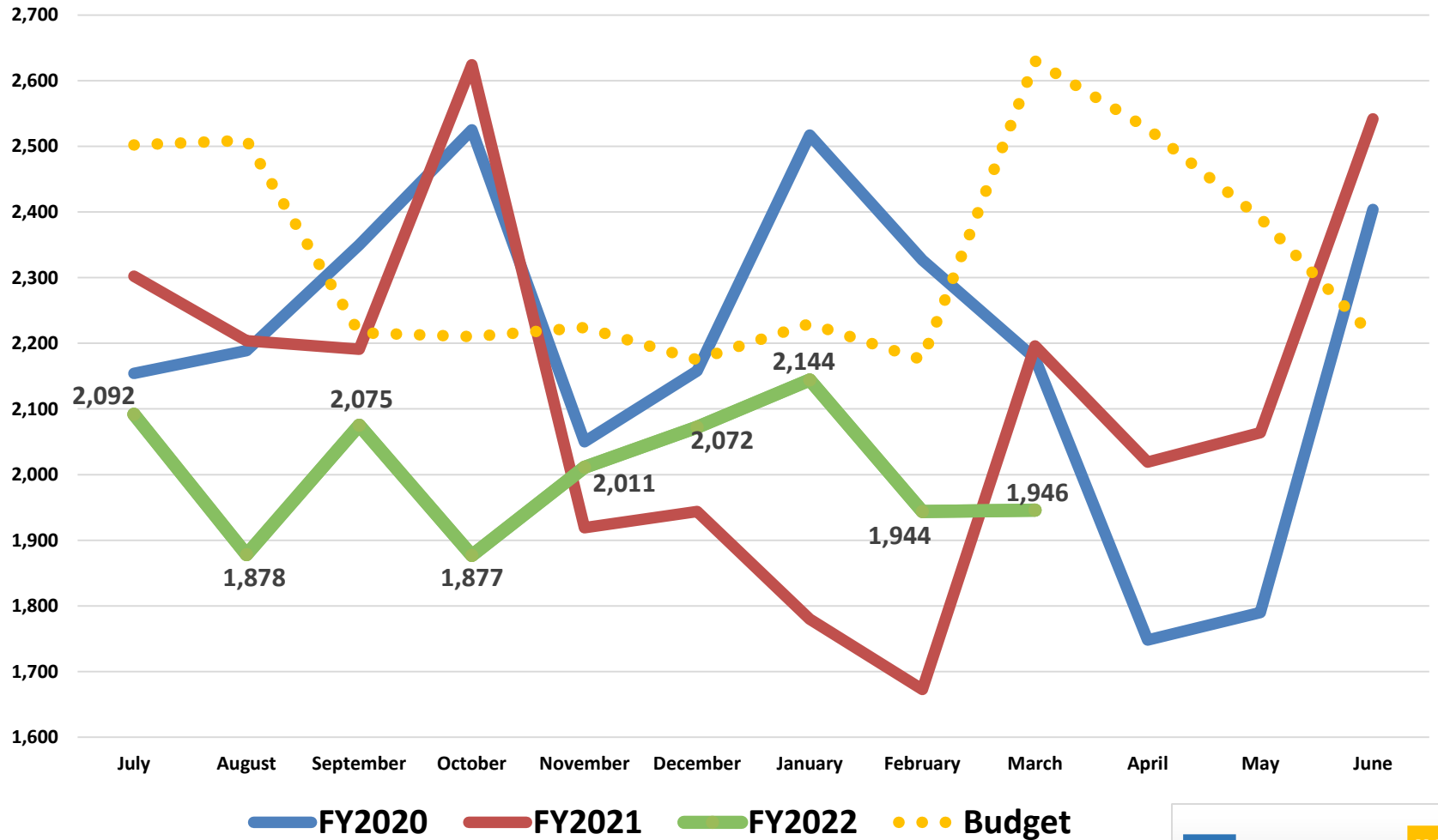


# O/P Rehab Services

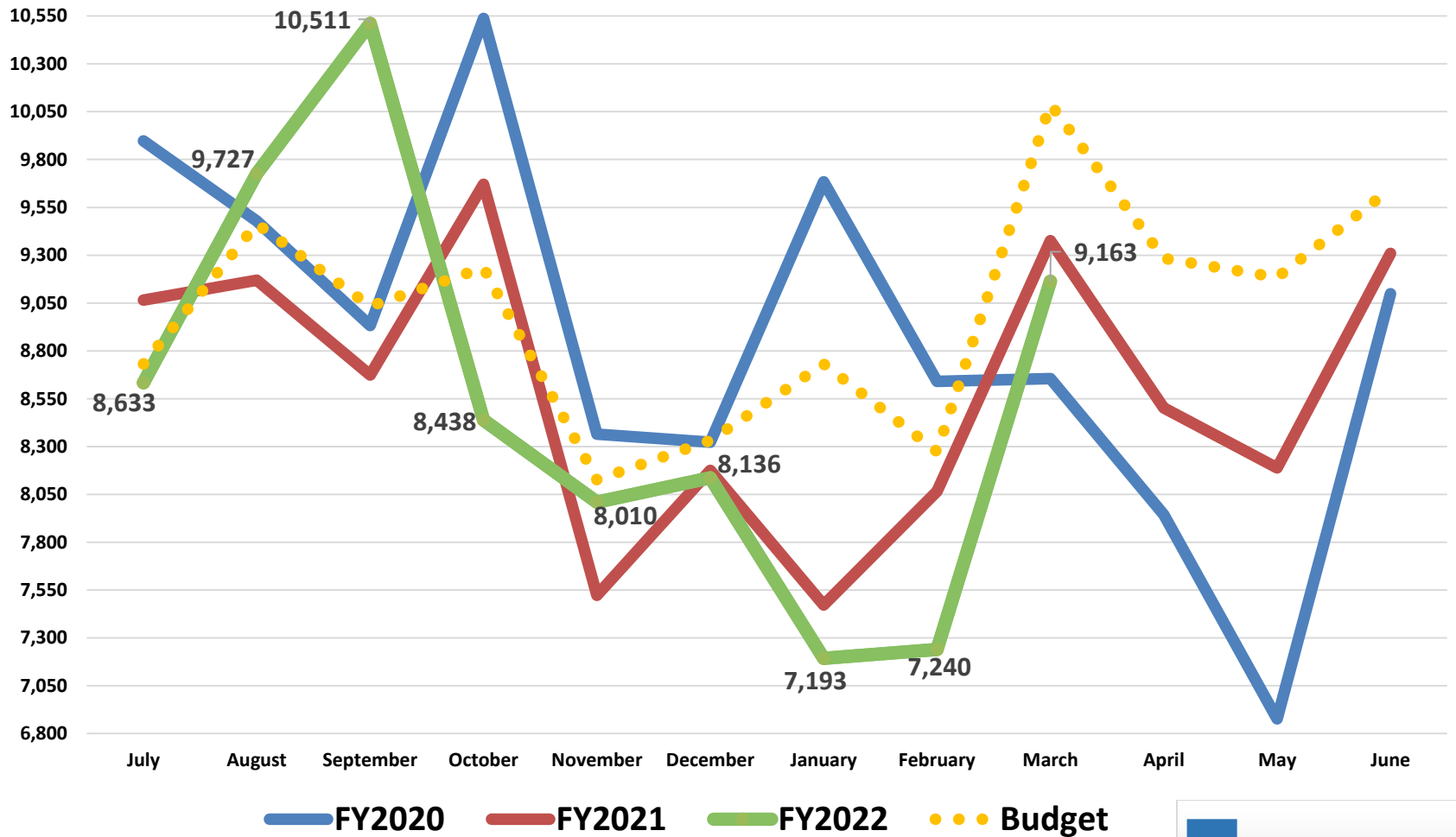


36,989	41,122	42,877	38,533
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# O/P Rehab - Exeter

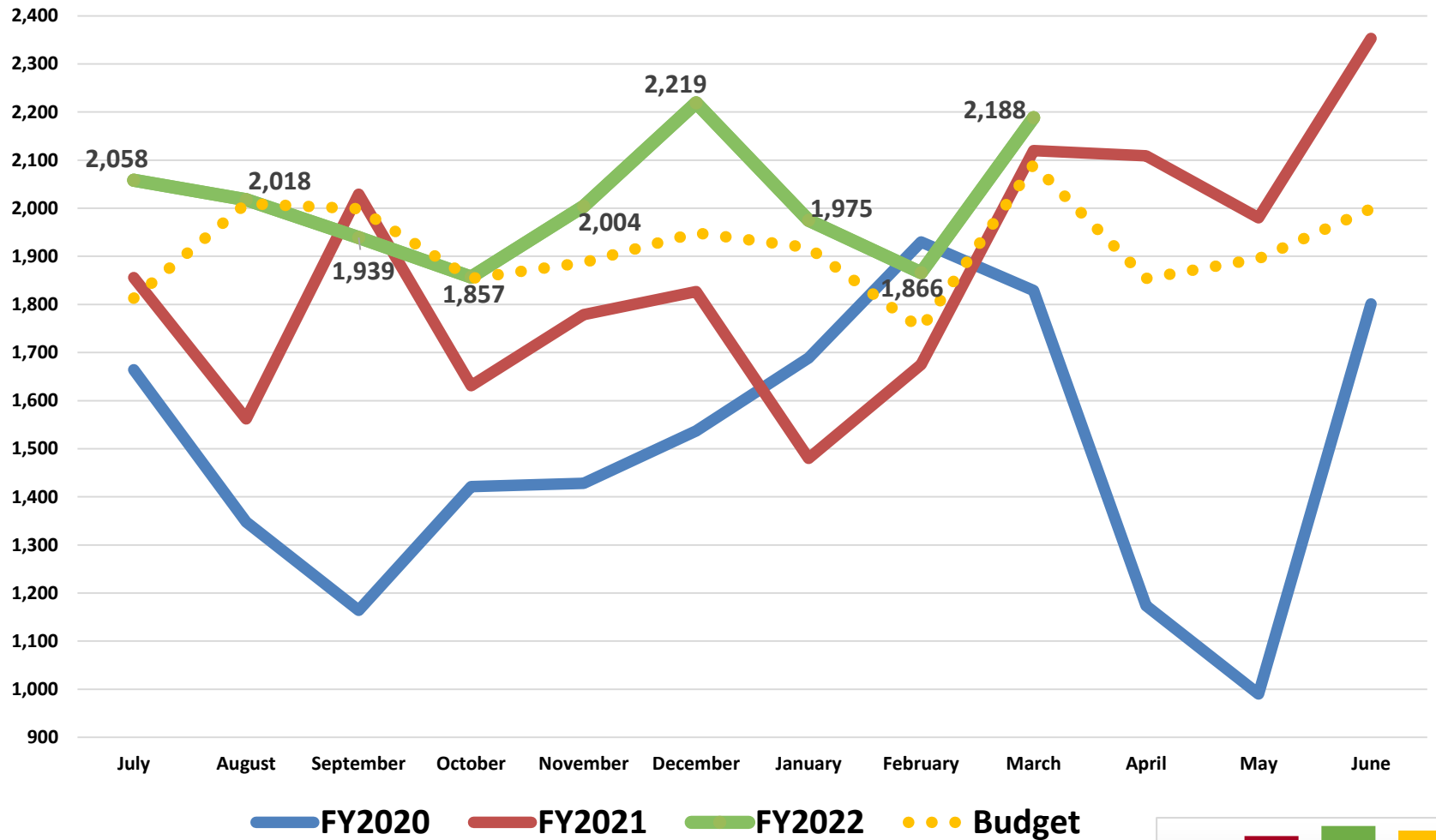


# O/P Rehab - Akers



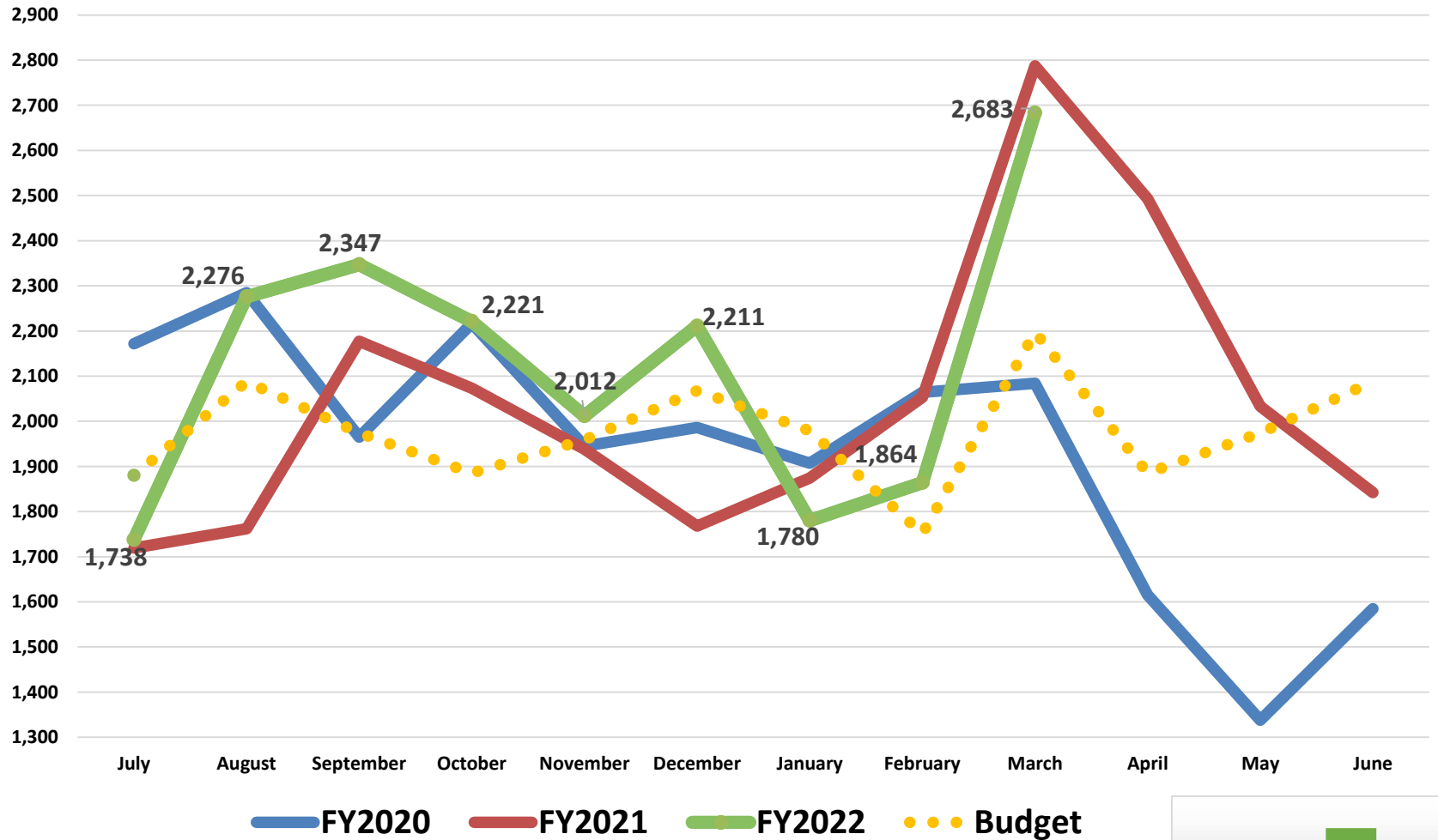
82,513	77,190	77,051	80,017
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# O/P Rehab - LLOPT



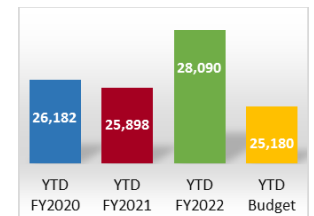
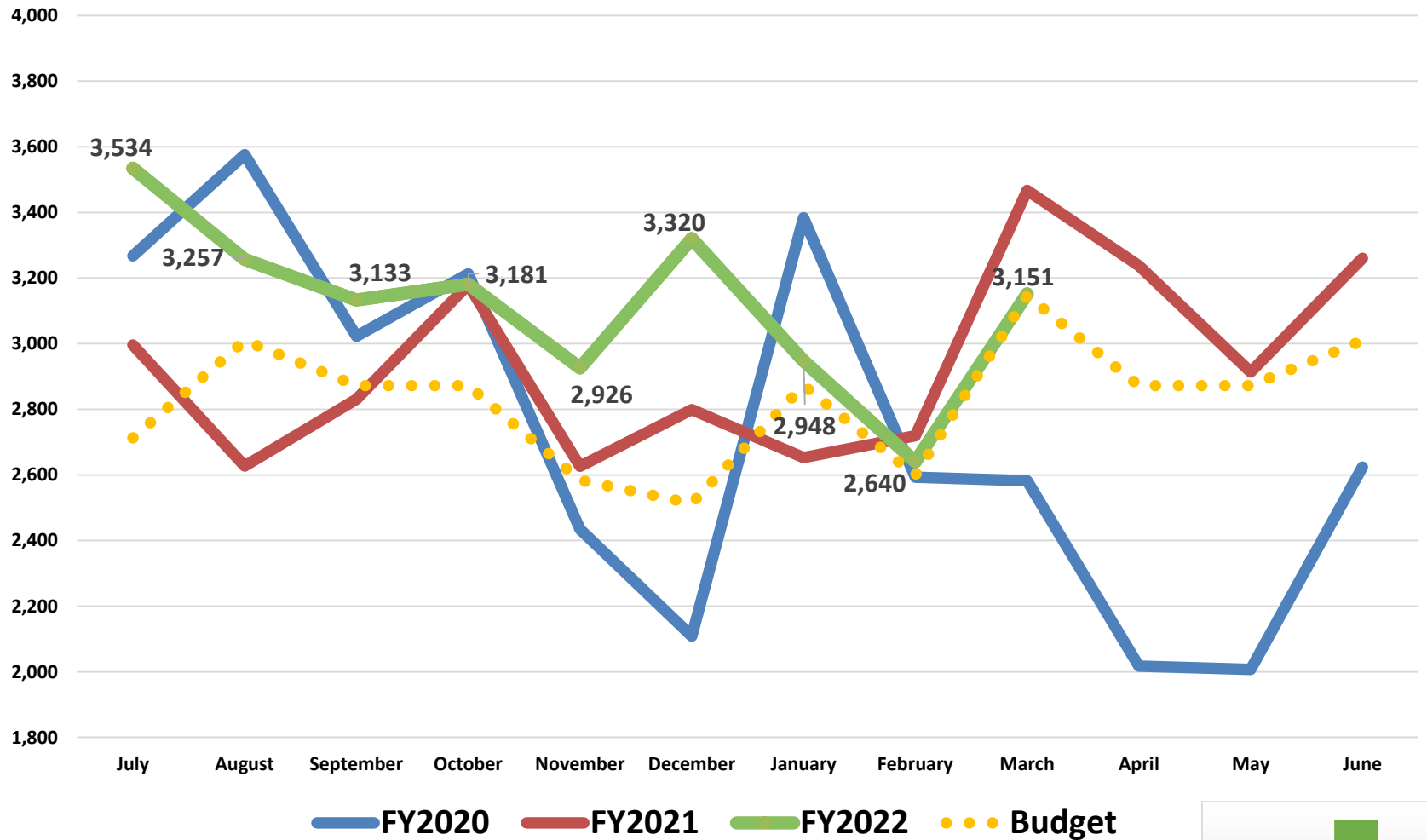
14,010	15,959	18,124	17,271
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# O/P Rehab - Dinuba



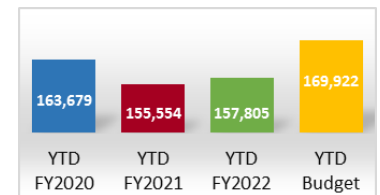
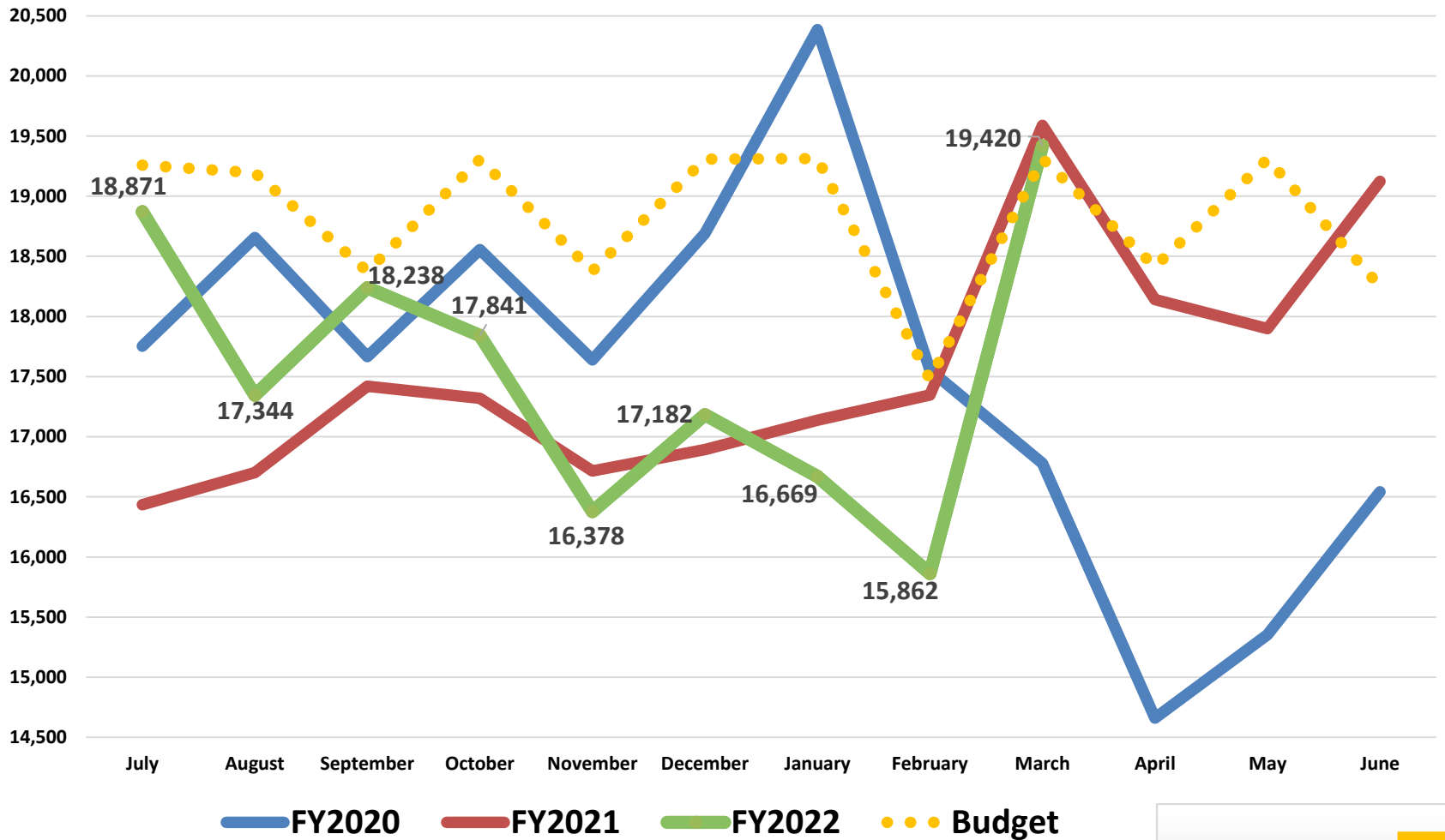
18,625	18,151	19,132	17,781
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# Therapy - Cypress Hand Center

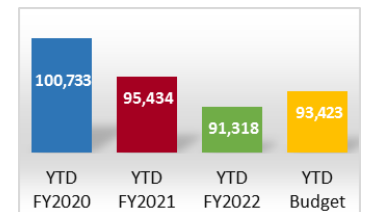
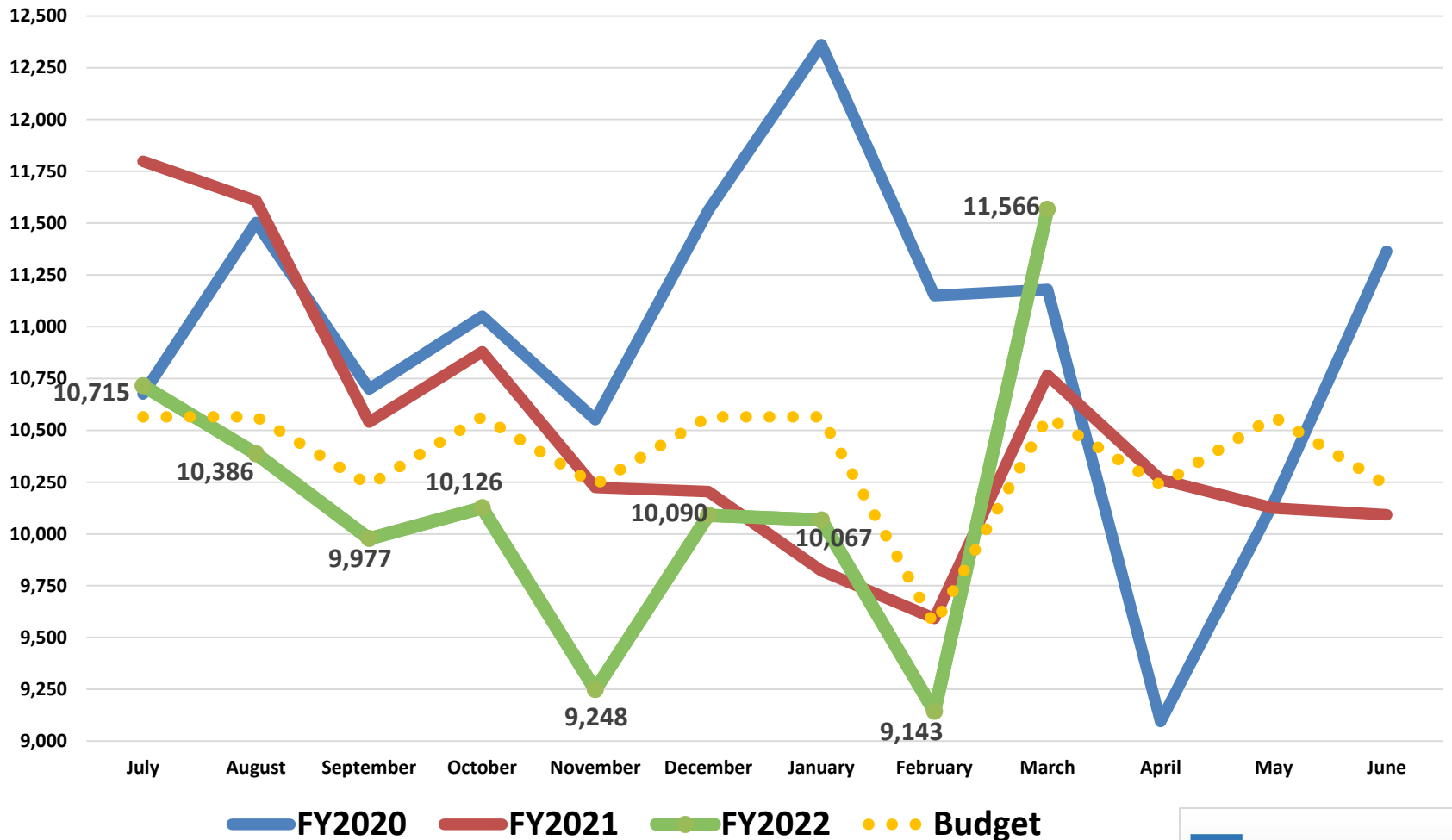




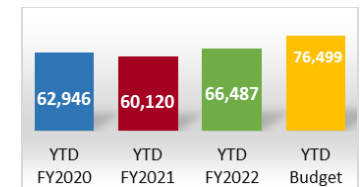
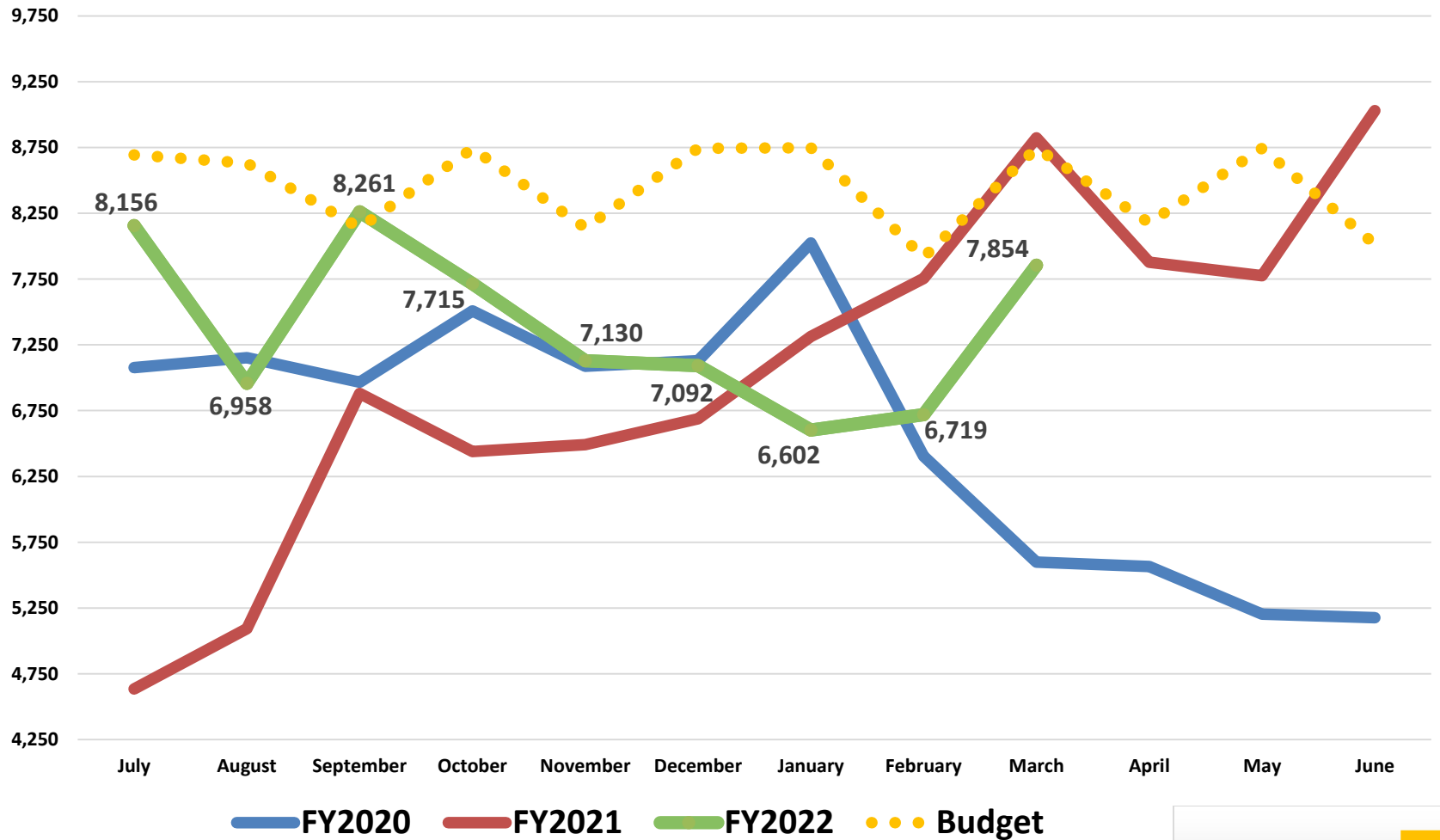
# Physical & Other Therapy Units (I/P & O/P)



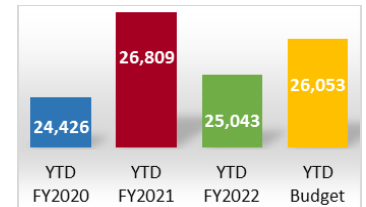
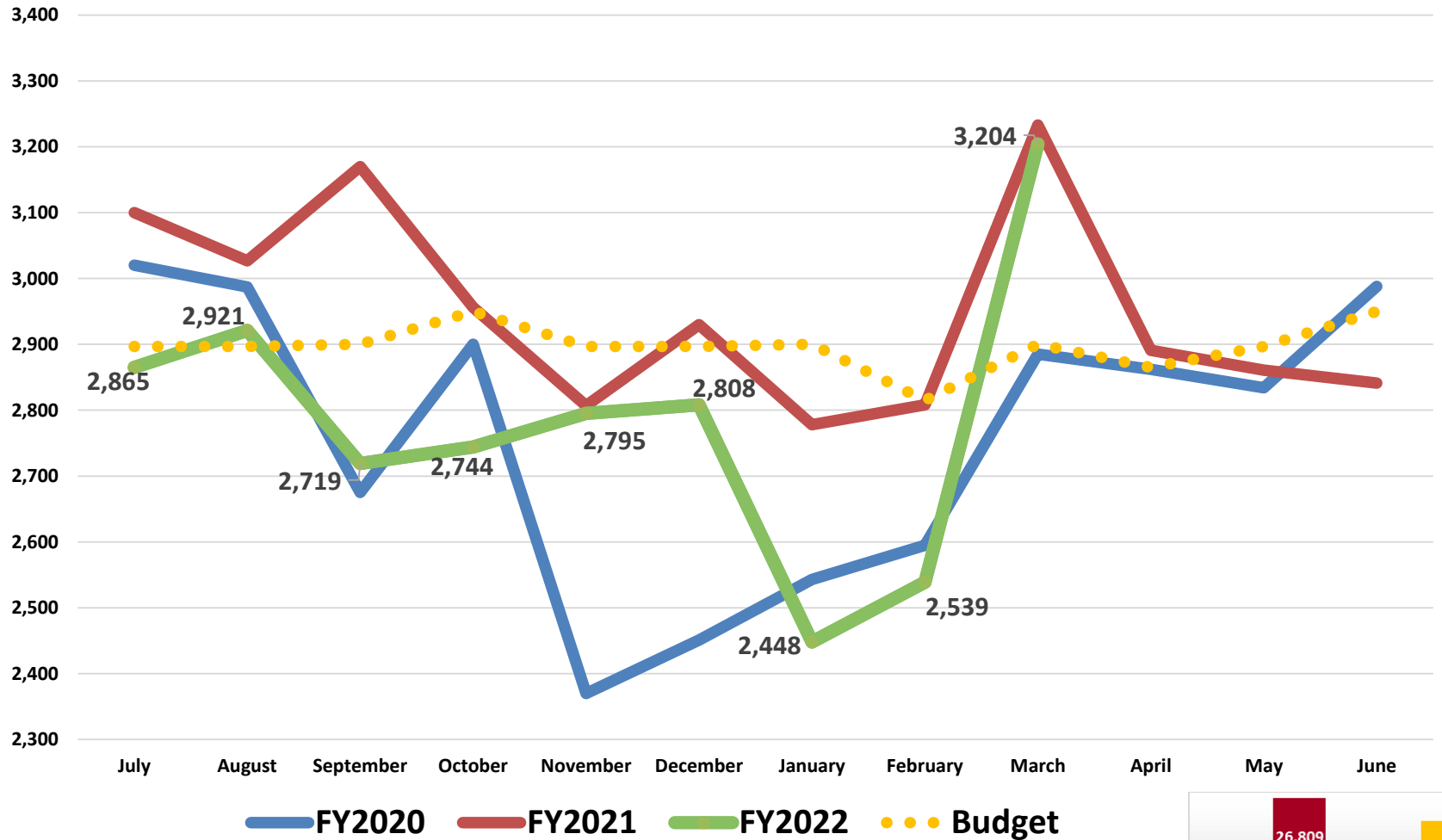
# Physical & Other Therapy Units (I/P & O/P)-Main Campus



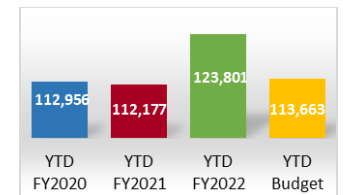
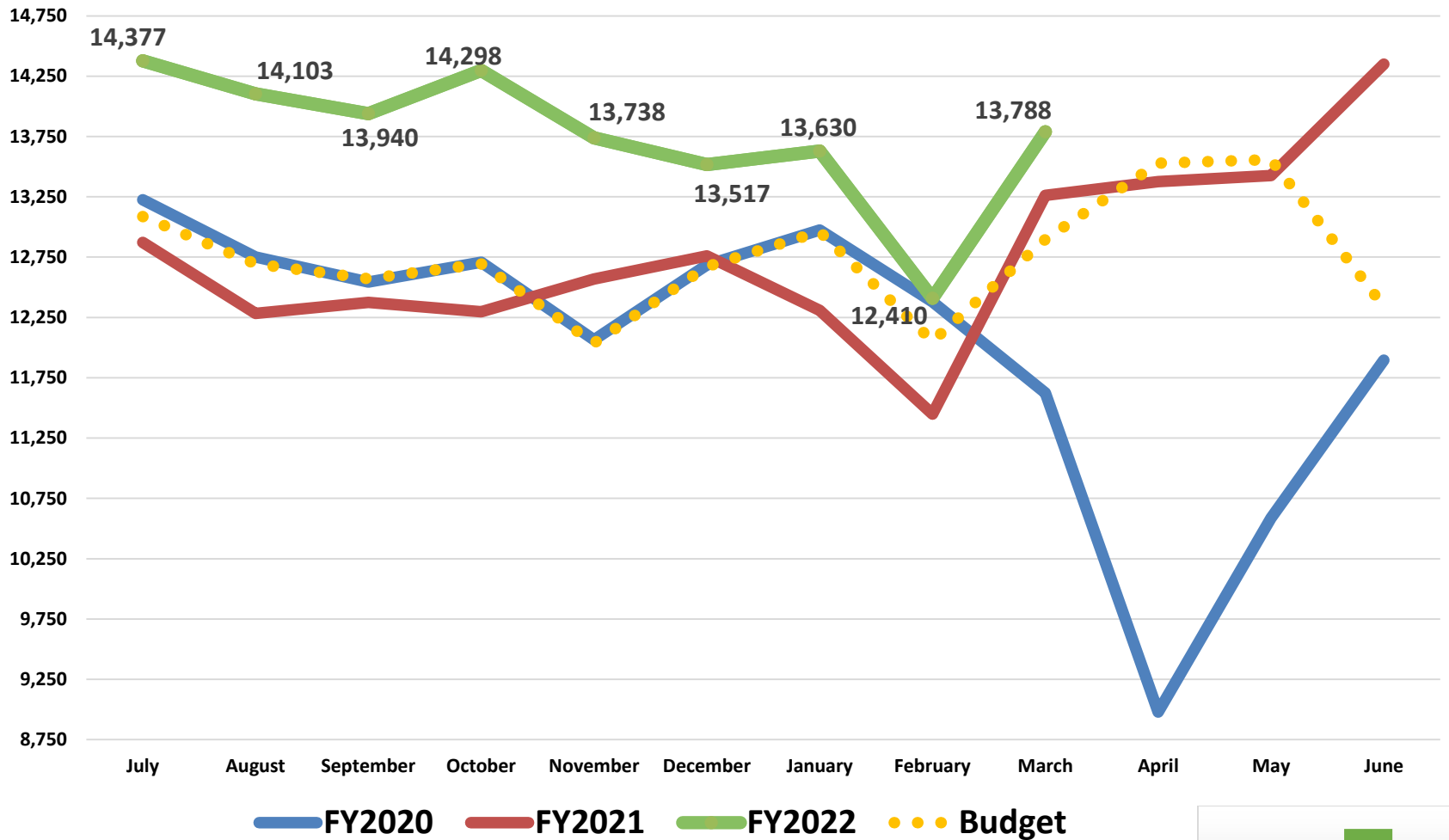
# Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



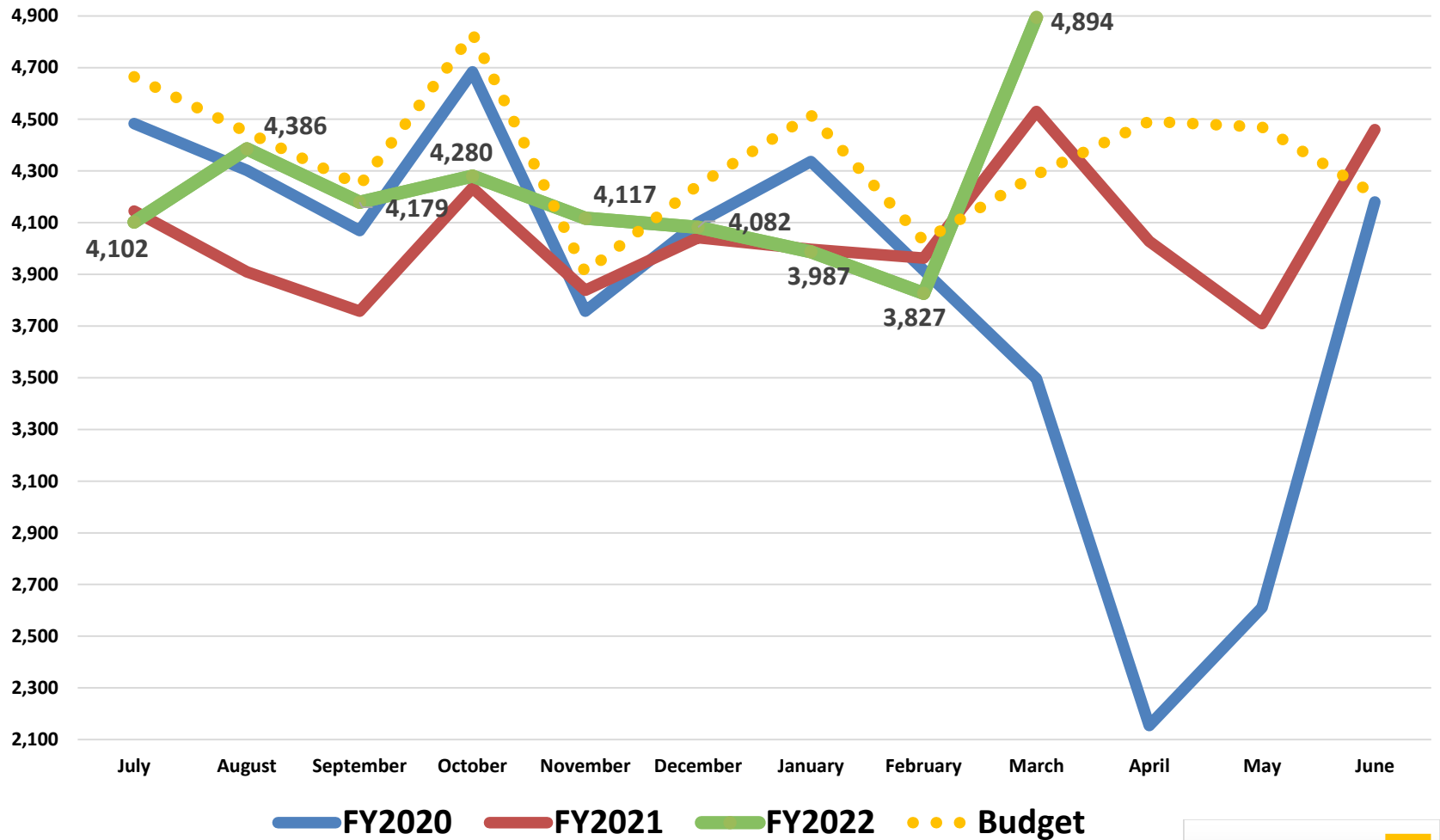
# Home Health Visits



# Radiology – Main Campus

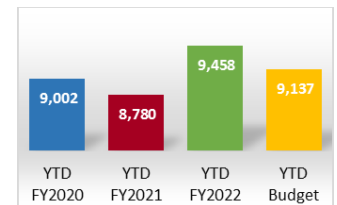
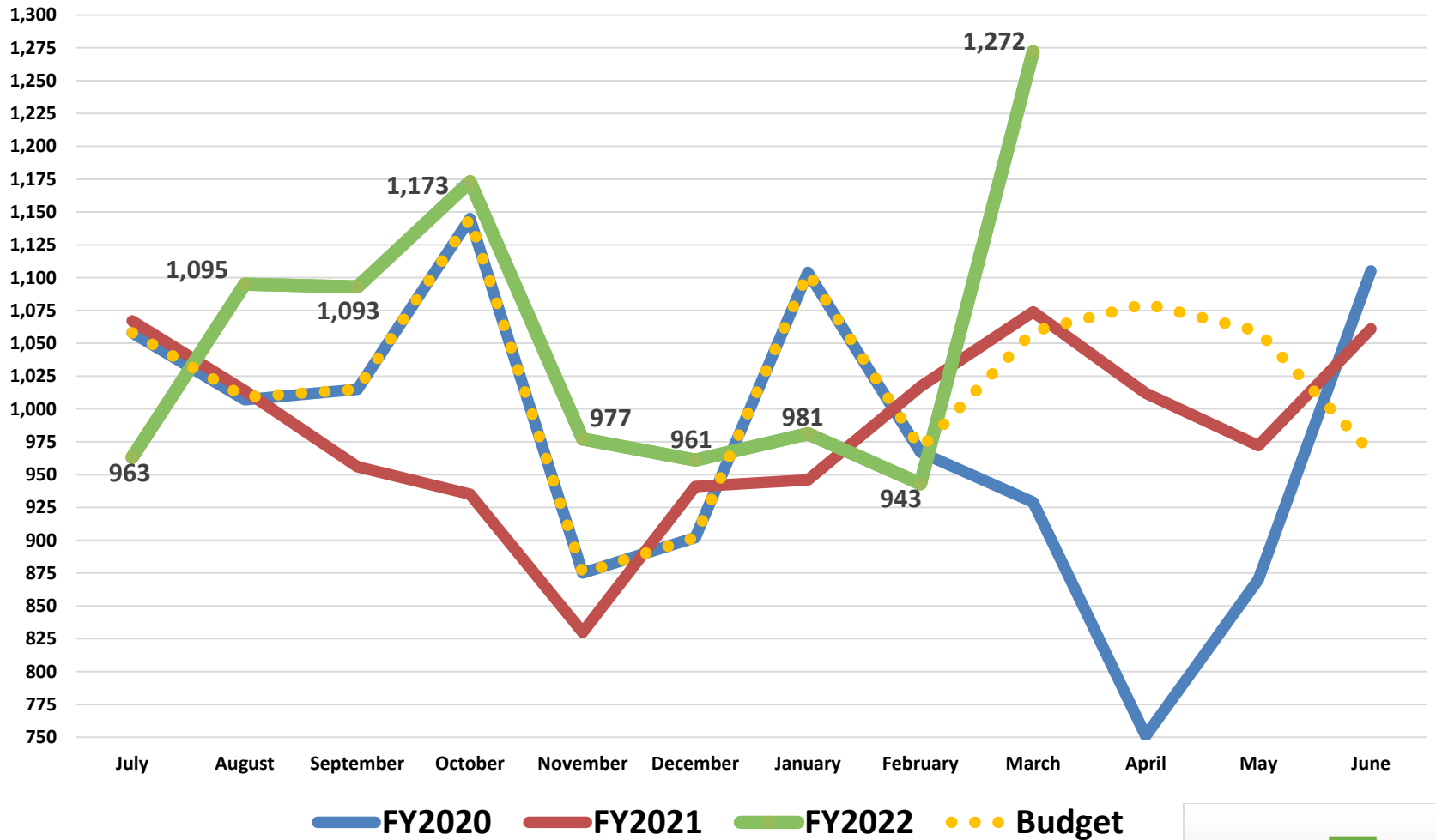


# Radiology – West Campus Imaging

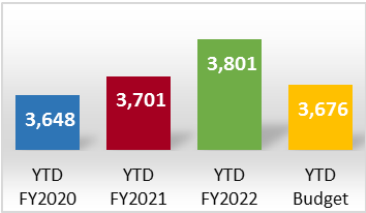
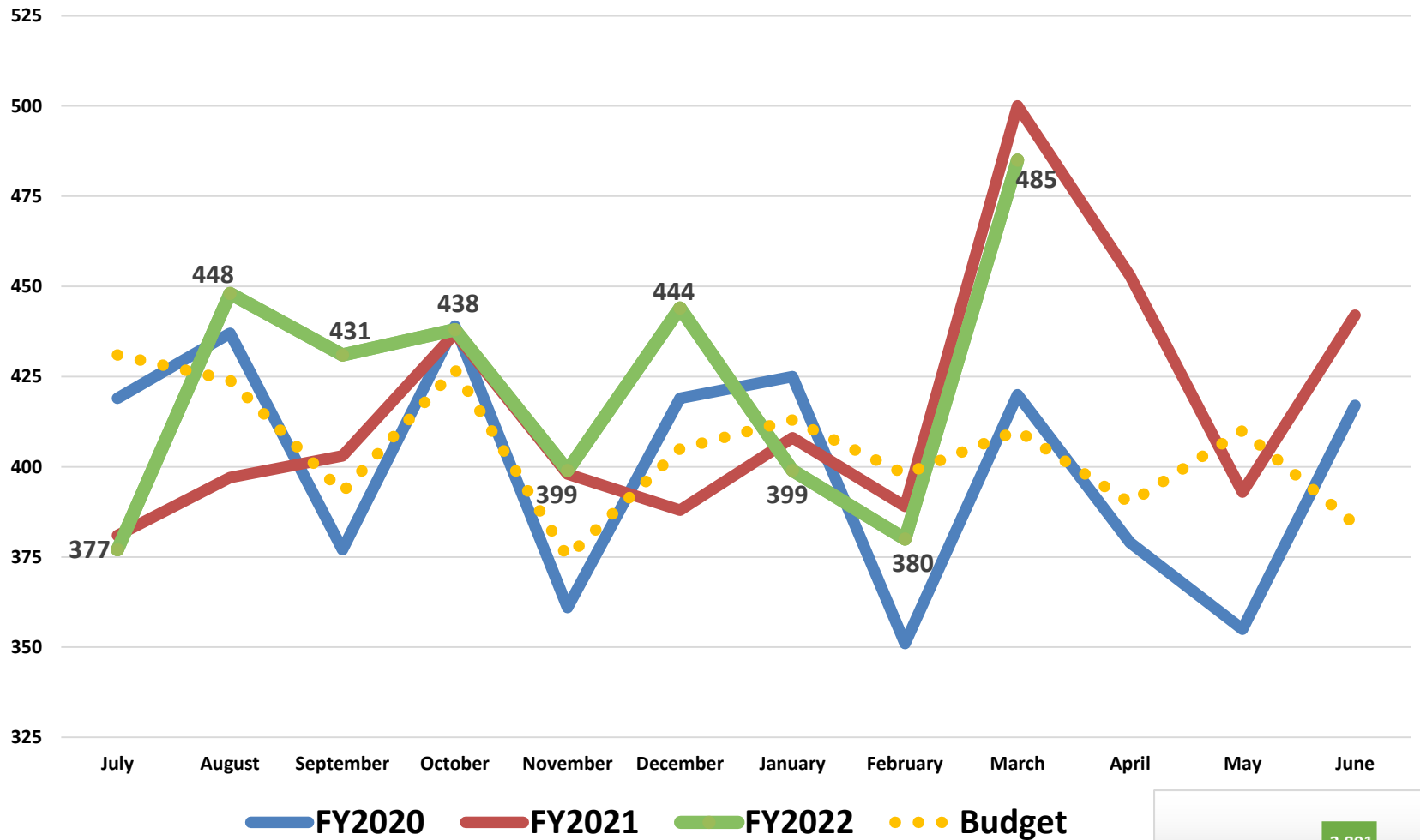


37,145	36,417	37,854	39,176
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# West Campus – Diagnostic Radiology

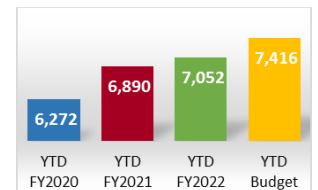
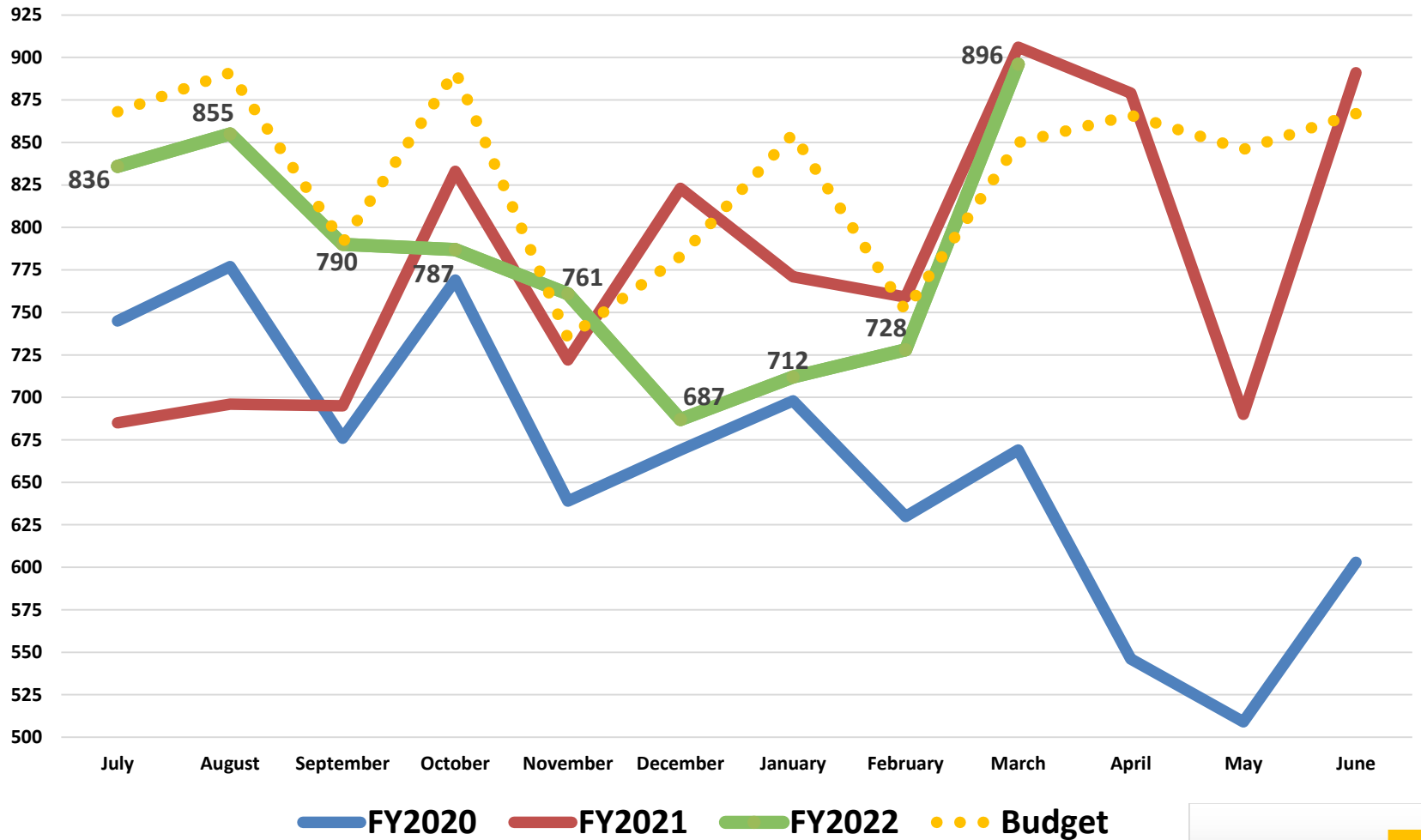


# West Campus – CT Scan

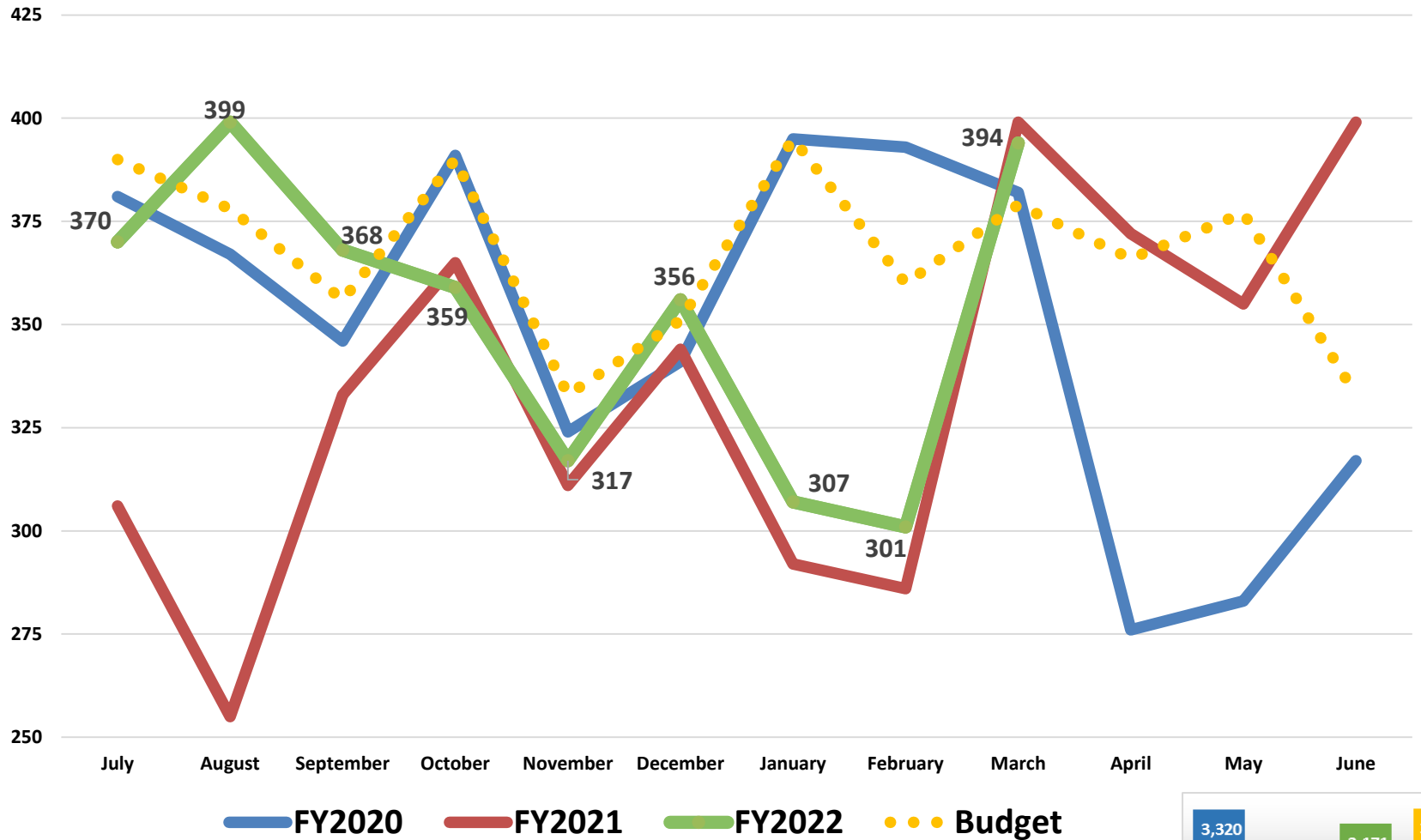




# West Campus - Ultrasound

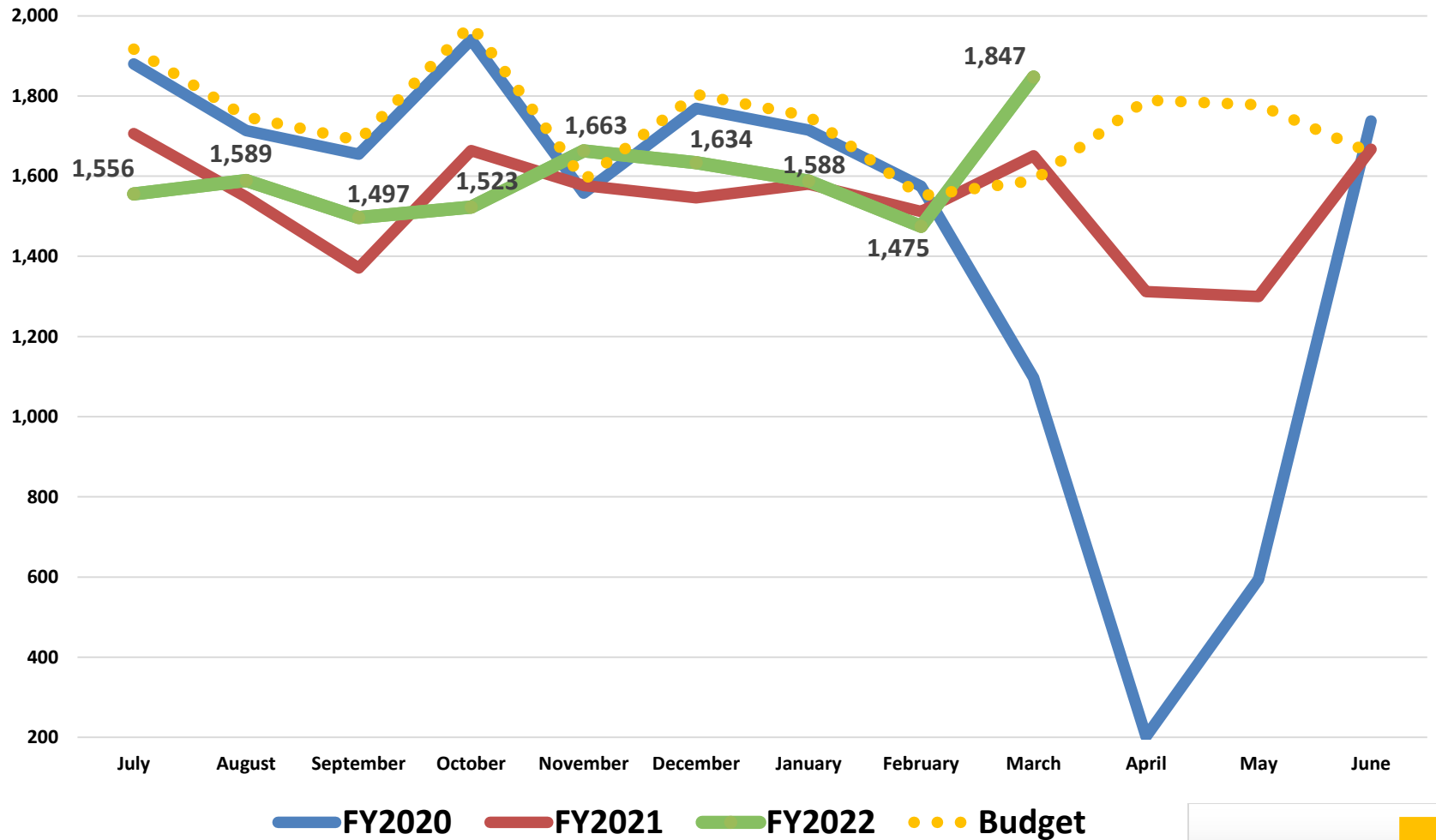


# West Campus - MRI



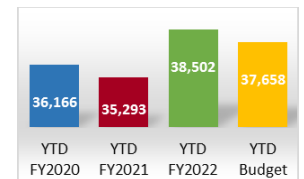
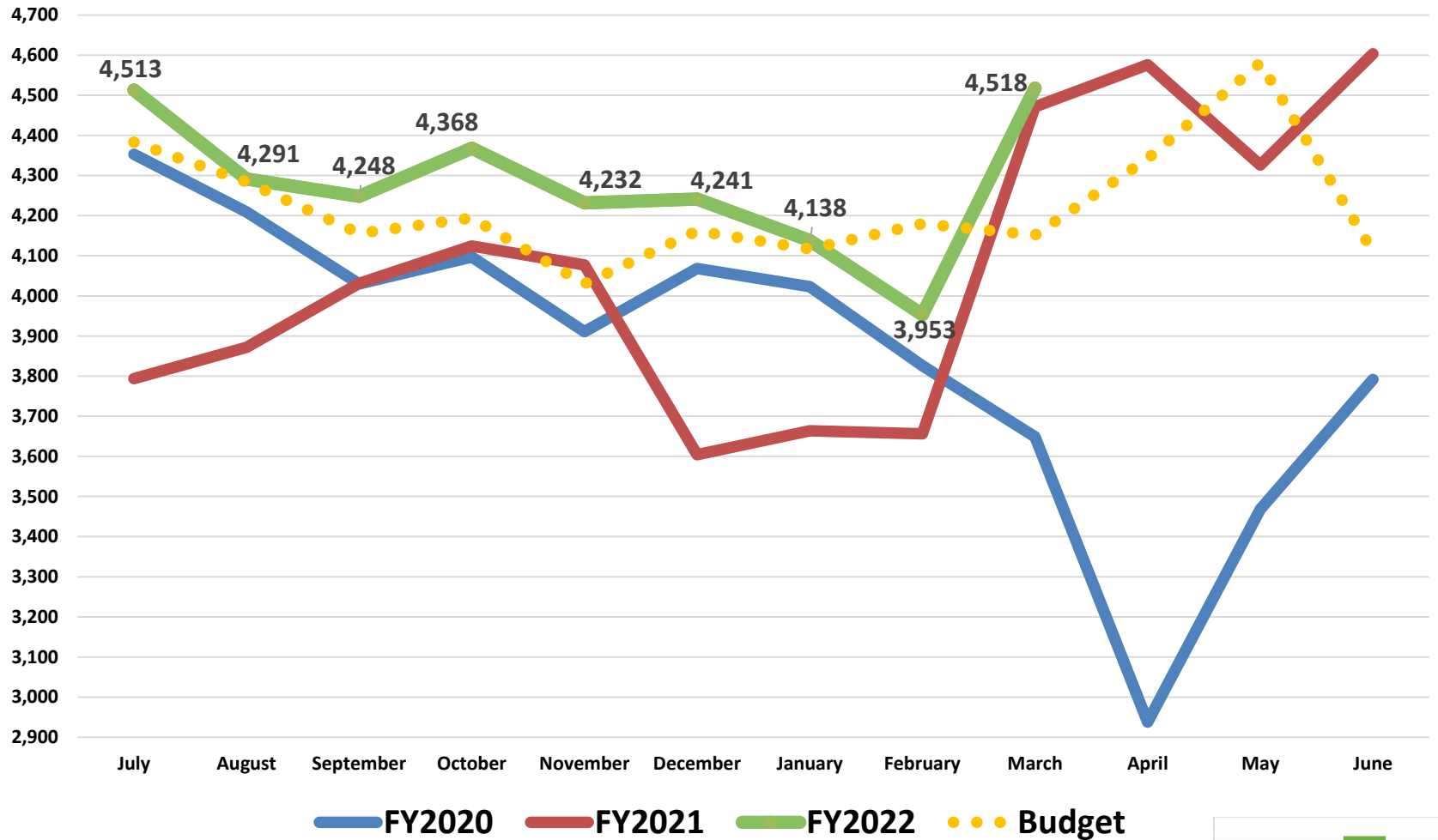
3,320	2,891	3,171	3,332
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# West Campus – Breast Center

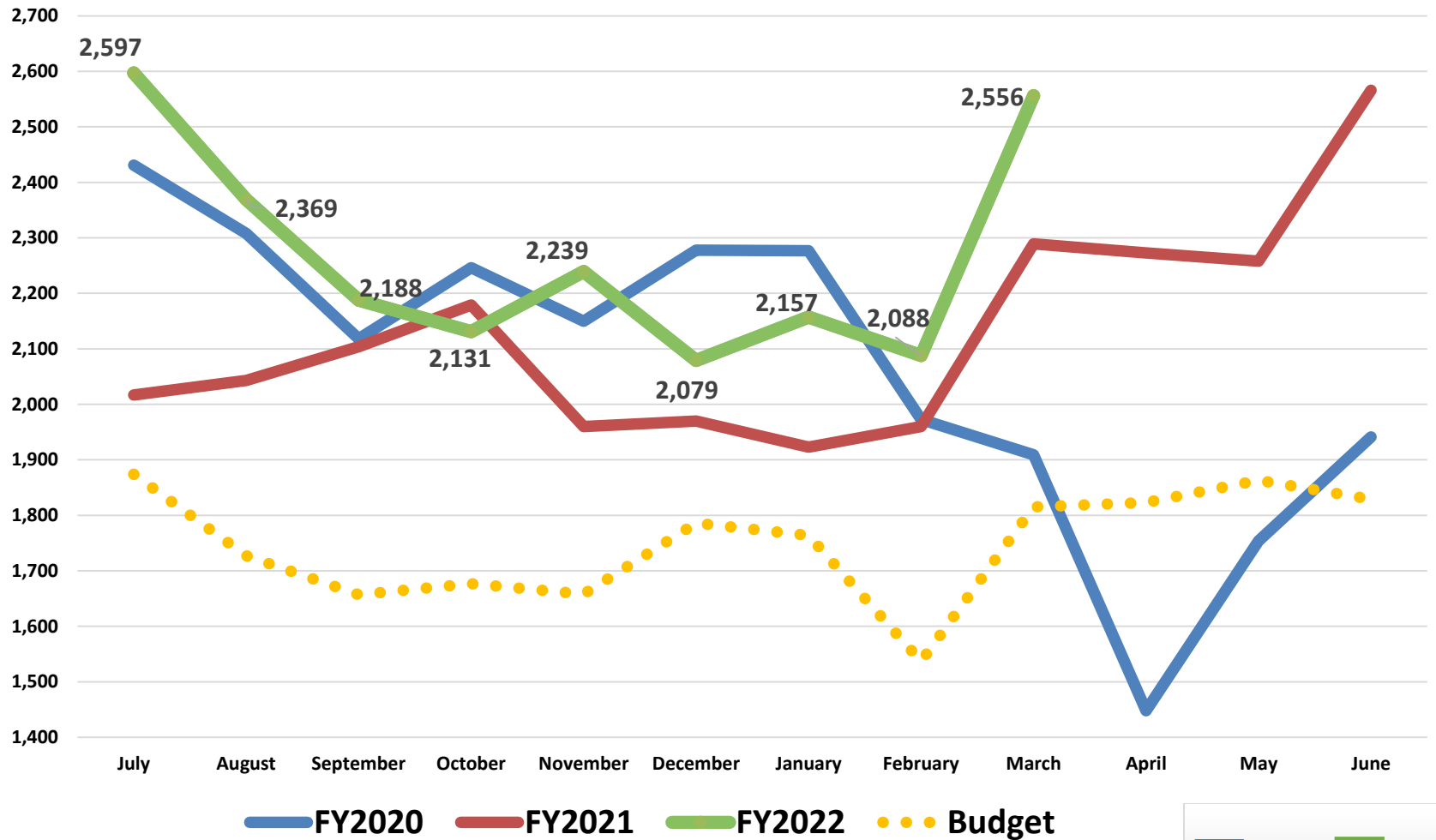


14,903	14,155	14,372	15,615
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# Radiology all areas – CT

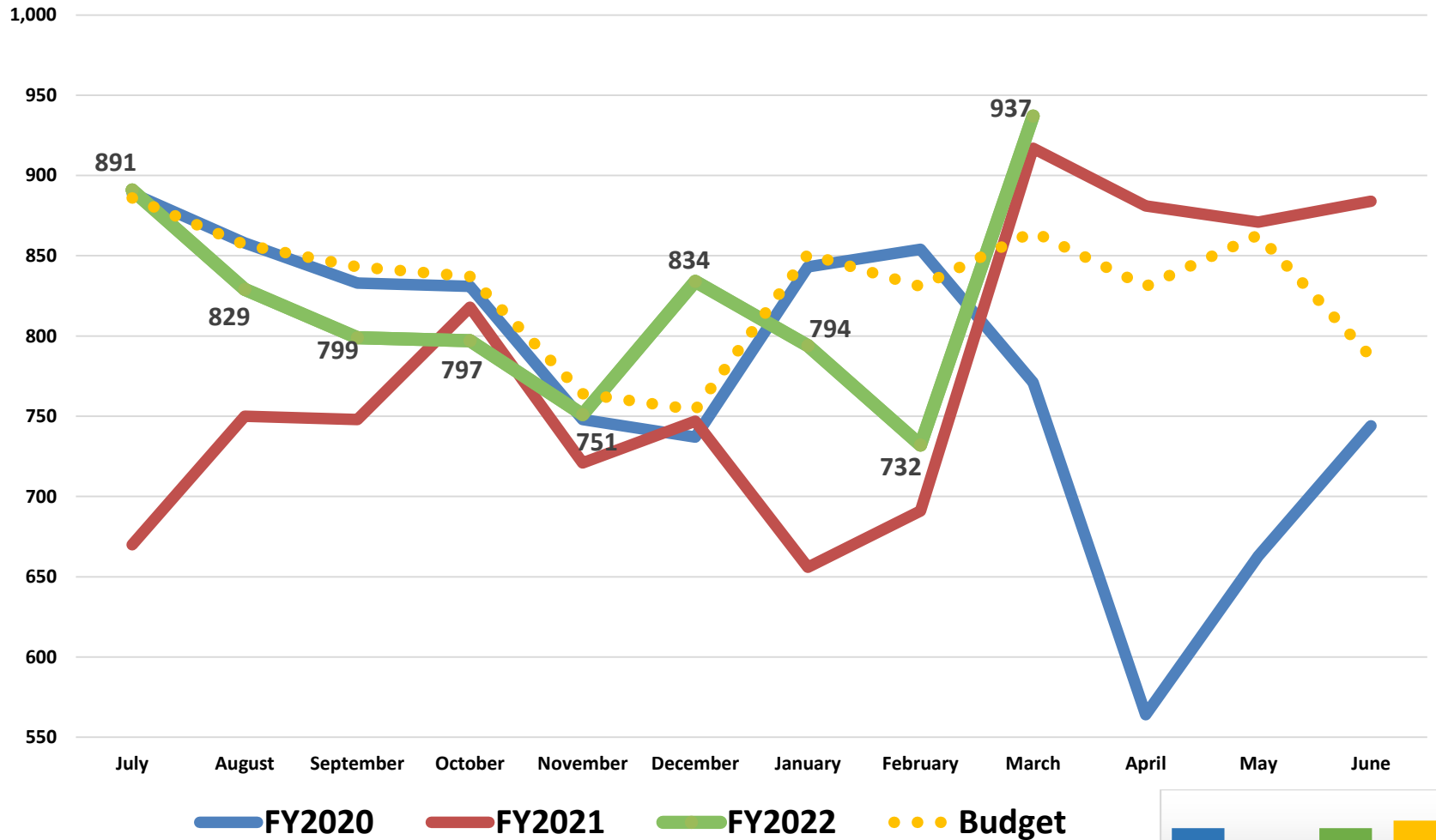


# Radiology all areas – Ultrasound



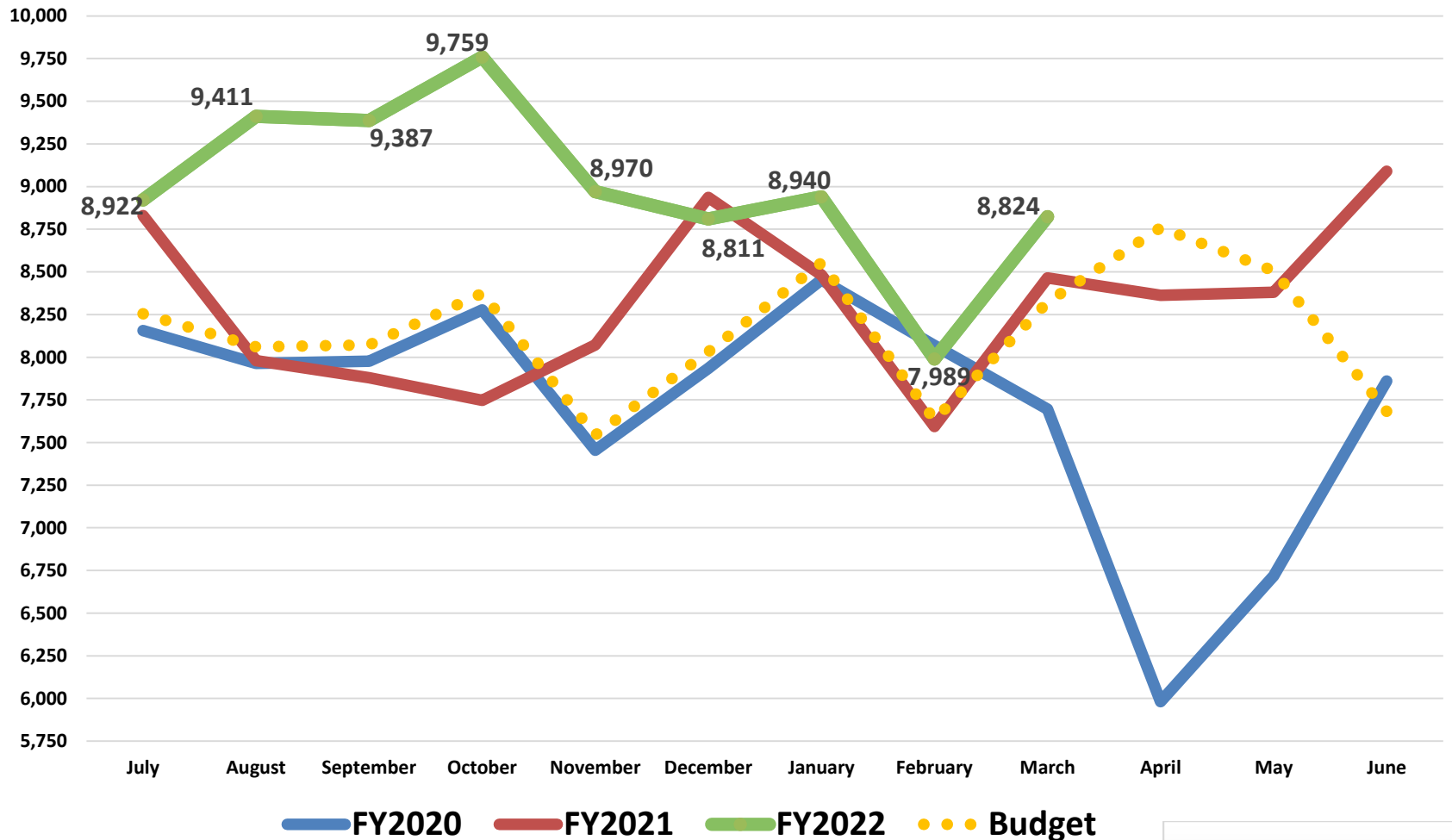
19,690	18,445	20,404	15,495
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# Radiology all areas – MRI



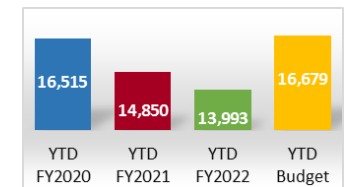
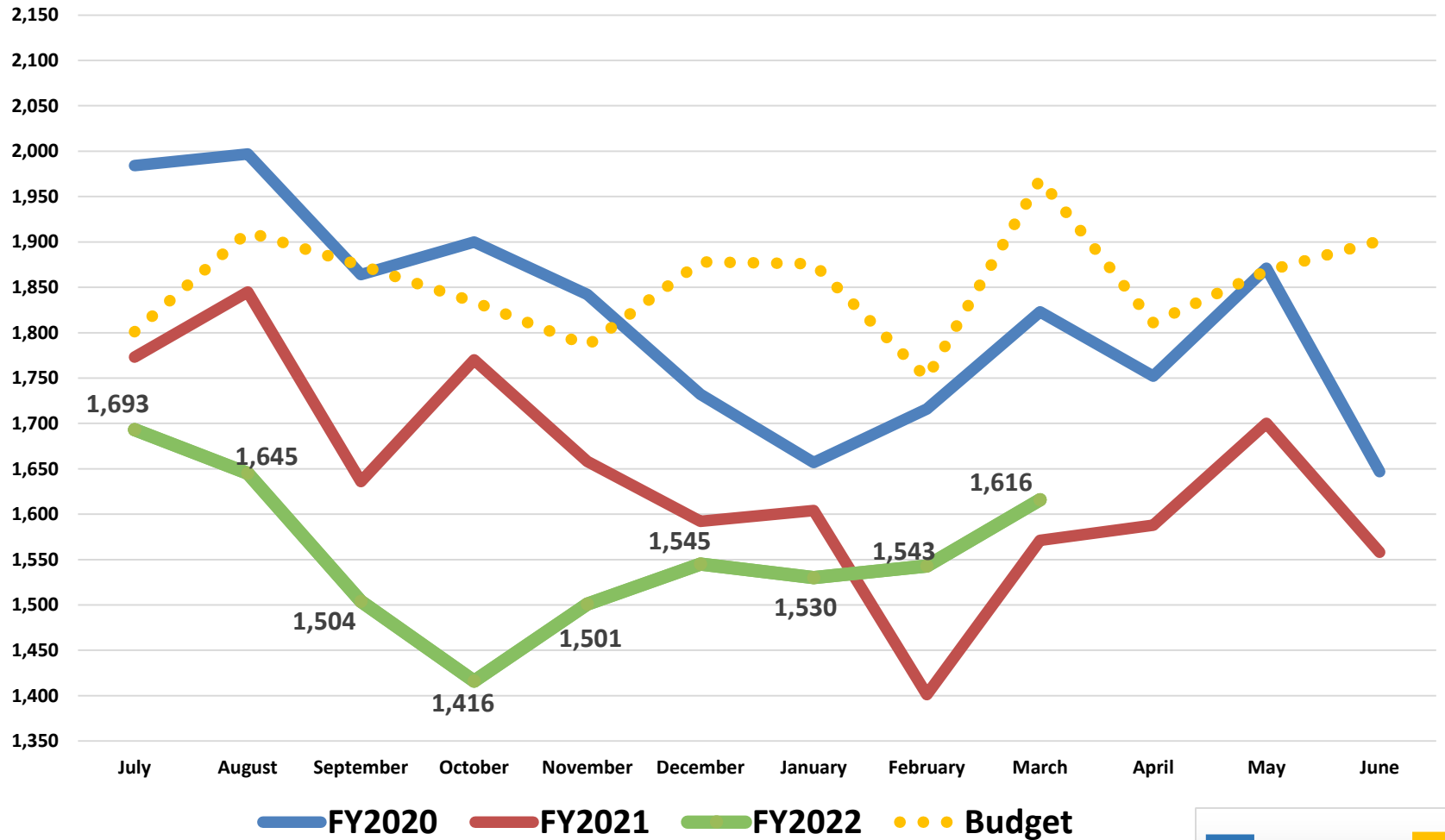
7,364	6,718	7,364	7,488
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# Radiology Modality – Diagnostic Radiology



71,978	73,983	81,013	72,843
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

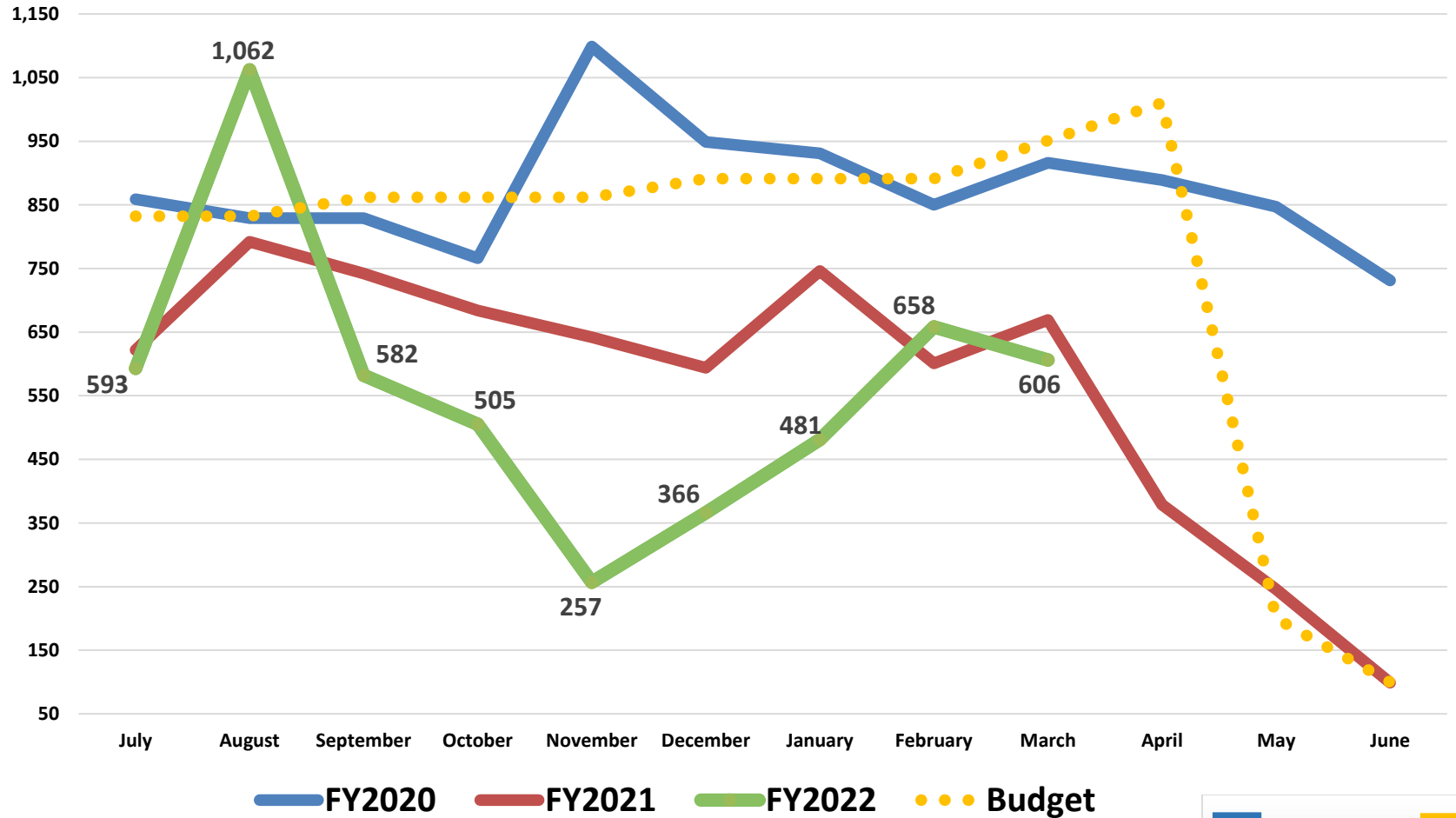
# Chronic Dialysis - Visalia





# CAPD/CCPD – Maintenance Sessions

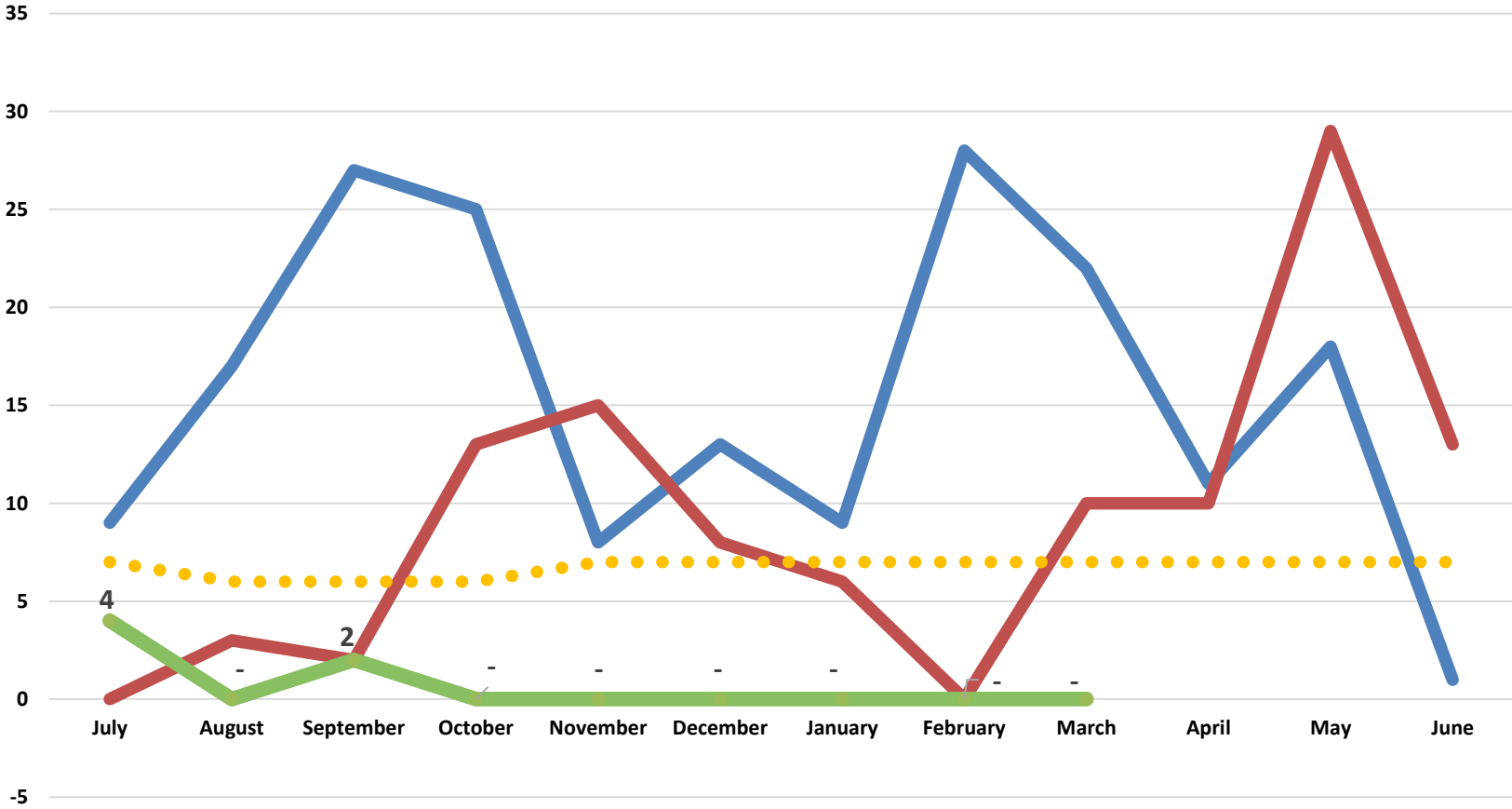
(Continuous peritoneal dialysis)



8,028	6,092	5,110	7,874
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# CAPD/CCPD – Training Sessions

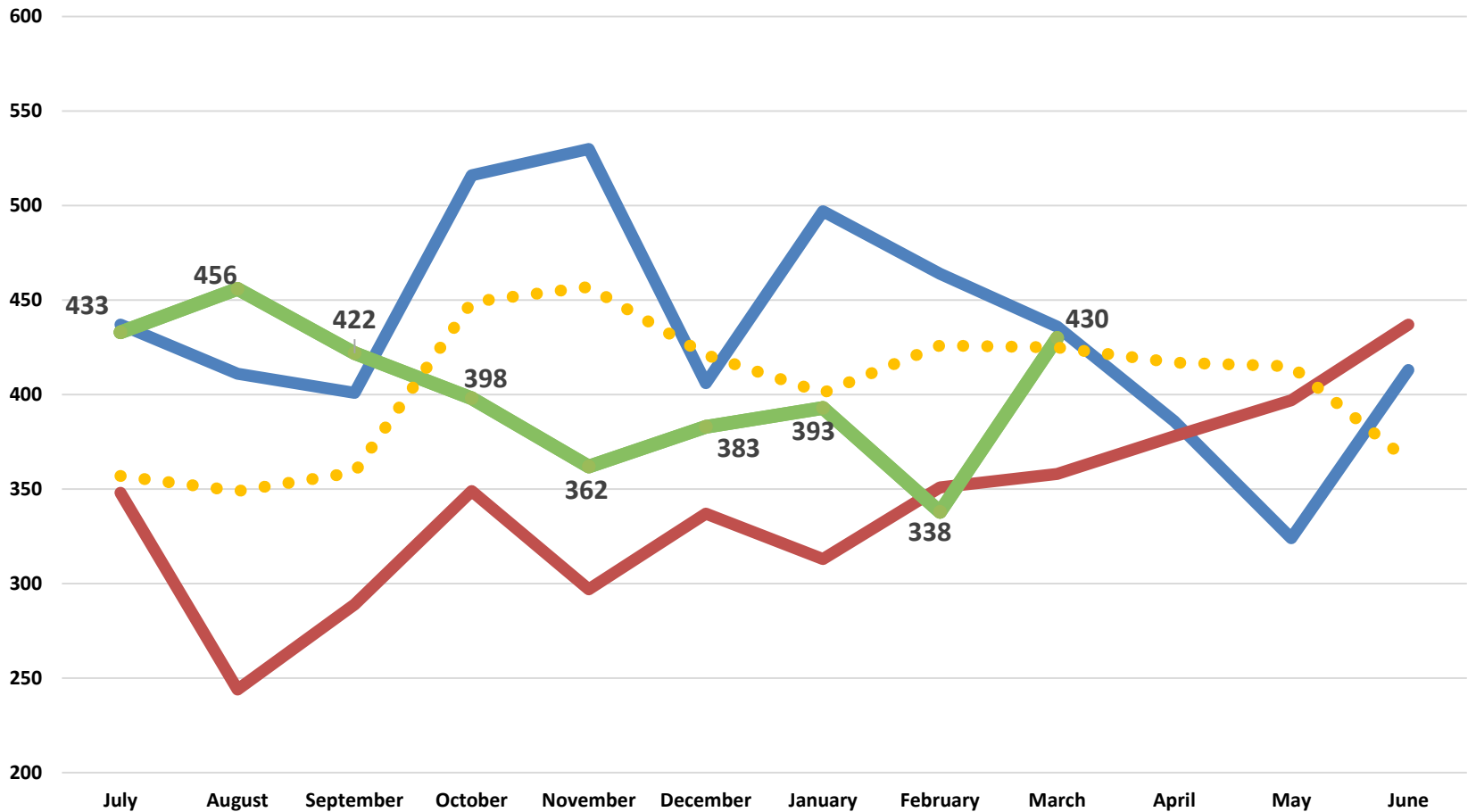
(Continuous peritoneal dialysis)



—●— **FY2020**   
 —●— **FY2021**   
 —●— **FY2022**   
 ●●● **Budget**

158	57	6	60
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

# Infusion Center – Outpatient Visits



— **FY2020**    
 — **FY2021**    
 — **FY2022**    
 ●●● **Budget**

4,098	2,886	3,615	3,644
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget