



January 25, 2019

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Board of Directors meeting at 5:00PM on Monday January 28, 2019 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue}.

The Board of Directors of the Kaweah Delta Health Care District will meet in a closed Board of Directors meeting at 5:01PM on Monday January 28, 2019 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue} pursuant to Government Code 54956.9(d)(1), 549546.8, 54956.9(d)(2), Health and Safety Code 32106, 32155, & Safety Code 1461.

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Board of Directors meeting at 6:00PM on Monday January 28, 2019 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue}.

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

The disclosable public records related to agendas are available for public inspection at the Kaweah Delta Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA and on the Kaweah Delta Health Care District web page <http://www.kawahdelta.org>.

KAWEAH DELTA HEALTH CARE DISTRICT
Nevin House, Secretary/Treasurer

A handwritten signature in black ink that reads 'Cindy Moccio'.

Cindy Moccio - Board Clerk / Executive Assistant to CEO

DISTRIBUTION:

Governing Board

Legal Counsel

Executive Team

Chief of Staff

www.kawahdelta.org



KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

Kaweah Delta Medical Center {Blue Room}
400 West Mineral King Avenue, Visalia
www.KaweahDelta.org

Monday, January 28, 2019

OPEN MEETING AGENDA {5:00PM}

1. CALL TO ORDER

2. APPROVAL OF AGENDA

3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the subject matter jurisdictions of the Board are requested to identify themselves at this time.

4. APPROVAL OF THE CLOSED AGENDA – 5:01PM

- 4.1. **Credentialing** - Medical Executive Committee (December 2018) 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 pursuant to Health and Safety Code 1461 and 32155 *Harry Lively, MD, Chief of Staff*
- 4.2. **Conference with Legal Counsel – Existing Litigation** – Pursuant to Government Code 54956.9(d)(1) – *Dennis Lynch & Evelyn McEntire, Risk Manager*
 1. Mila Saiz – Case #276364
- 4.3. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 3 Cases - *Evelyn McEntire, Risk Manager & Dennis Lynch, Legal Counsel*
- 4.4. **Report involving trade secrets {Health and Safety Code 32106}** – Discussion will concern a proposed new services/programs as reviewed by the Board Finance, Property, Services and Acquisition Committee on January 24, 2019 – estimated date of disclosure is June 2019 - *Minty Dillon, Chief Executive Officer of Sequoia Integrated Health and Sequoia Health Plan*

- 4.5. **Conference with Real Property Negotiator {Government Code Section 54956.8}**:
Property: APN 094-327-001. Negotiating party: Kaweah Delta Health Care District: Deborah Volosin and Marc Mertz and Graham & Associates: Matt Graham – price and terms as reviewed by the Board Finance, Property, Services and Acquisition Committee on January 24, 2019 - *Deborah Volosin, Director of Community Engagement and Marc Mertz, Vice President of Strategic Planning and Business Development*
- 4.6. **Conference with Real Property Negotiator {Government Code 54956.8}**: Property: 304 S. Johnson Street, APN 093-206-015. Negotiating party: Kaweah Delta Health Care District: Deborah Volosin and Roger A. Johnson – price and terms as reviewed by the Board Finance, Property, Services and Acquisition Committee on January 24, 2019 – *Deborah Volosin, Director of Community Engagement and Marc Mertz, Vice President of Strategic Planning and Business Development*
- 4.7. **Report involving trade secrets {Health and Safety Code 32106}** – Discussion will concern a proposed new services/programs – estimated date of disclosure is March 2019 – *Gary Herbst, Chief Executive Officer*
- 4.8. **Approval of closed meeting minutes** – December 20, 2018.

5. ADJOURN

CLOSED MEETING AGENDA {5:01PM}

1. CALL TO ORDER

2. **CREDENTIALING** - Medical Executive Committee (December 2018) 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 pursuant to Health and Safety Code 1461 and 32155

Harry Lively, MD, Chief of Staff

3. CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION – PURSUANT TO GOVERNMENT CODE 54956.9(D)(1)

3.1. Mila Saiz – Case #276364

Dennis Lynch & Evelyn McEntire, Risk Manager

4. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION – SIGNIFICANT EXPOSURE TO LITIGATION PURSUANT TO GOVERNMENT CODE 54956.9(D)(2) – 3 Cases

Evelyn McEntire, Risk Manager & Dennis Lynch, Legal Counsel

5. **REPORT INVOLVING TRADE SECRETS {HEALTH AND SAFETY CODE 32106}** – Discussion will concern a proposed new services/programs as reviewed by the Board Finance, Property, Services and Acquisition Committee on January 24, 2019 – estimated date of disclosure is June 2019

Minty Dillon, Chief Executive Officer of Sequoia Integrated Health and Sequoia Health Plan

6. **CONFERENCE WITH REAL PROPERTY NEGOTIATOR {GOVERNMENT CODE SECTION 54956.8}**: Property: APN 094-327-001. Negotiating party: Kaweah Delta Health Care District: Deborah Volosin and Marc Mertz and Graham & Associates: Matt Graham – price and terms as reviewed by the Board Finance, Property, Services and Acquisition Committee on January 24, 2019.
Deborah Volosin, Director of Community Engagement and Marc Mertz, Vice President of Strategic Planning and Business Development
7. **CONFERENCE WITH REAL PROPERTY NEGOTIATOR {GOVERNMENT CODE 54956.8}**: Property: 304 S. Johnson Street, APN 093-206-015. Negotiating party: Kaweah Delta Health Care District: Deborah Volosin and Roger A. Johnson – price and terms as reviewed by the Board Finance, Property, Services and Acquisition Committee on January 24, 2019.
Deborah Volosin, Director of Community Engagement and Marc Mertz, Vice President of Strategic Planning and Business Development
8. **REPORT INVOLVING TRADE SECRETS {HEALTH AND SAFETY CODE 32106}** – Discussion will concern a proposed new services/programs – estimated date of disclosure is March 2019
Gary Herbst, Chief Executive Officer
9. **APPROVAL OF CLOSED MEETING MINUTES – December 20, 2018.**
Action Requested – Approval of the closed meeting minutes – December 20, 2018.
10. **ADJOURN**

OPEN MEETING AGENDA {6:00PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the subject matter jurisdictions of the Board are requested to identify themselves at this time.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request for approval of the December 20, 2018 Open Board of Directors meeting minutes.

Action Requested – Approval of the open meeting minutes – December 20, 2018.

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

6.1. REPORTS

- A. Medical Staff Recruitment
- B. Risk Management
- C. Performance Improvement Dashboard
- D. Radiology
- E. Clinical Laboratory
- F. Finance

6.2. POLICIES

A. ADMINISTRATIVE

- 1. Records Retention and Destruction AP.75 Revised

B. HUMAN RESOURCES

- 1. Non-English/Limited English Speaking, and/or
Hearing Impaired Individuals- Non Discrimination HR.14 Revised
- 2. Orientation of Kaweah Delta Personnel HR.46 Revised
- 3. Dress Code - Professional Appearance Guidelines HR.197 Revised

- 6.3. Recommendation from the Medical Executive Committee (January 2019).

A. Privileges in Obstetrics & Gynecology

- 6.4. Approval of the Kaweah Delta first addendum to professional services agreement
Emergency Department effective February 1, 2019 through July 31, 2020.

- 6.5. Approve Resolution 2017 rejecting the claim of Paul Douglas Shirk vs. Kaweah Delta
Health Care District.

Recommended Action: Approve the January 28, 2019 Consent Calendar.

7. **CLEVELAND CLINIC AFFILIATION** – Announcement of affiliation between Kaweah Delta and Cleveland Clinic.

Gary Herbst, Chief Executive Officer

8. QUALITY

- 8.1. Emergency & Trauma Department - Review of the Emergency Department and Trauma Department financials from the service line reports presented to the Board in November 2018.

Daniel Allain, Assistant Chief Nursing Officer and Thomas Siminski, Director of Emergency Services.

- 8.2. Annual Review of Kaweah Delta Quality and Patient Safety Plans - A review of the effectiveness of the Quality and Patient Safety Plans, key quality measures, achievements and key areas of focus for 2019

Sandy Volchko, DNP, RN, CPHQ, Director of Quality and Patient Safety

9. STRATEGIC PLANNING

- 9.1. Strategic Plan 2019 – Progress report and review of draft Strategic Plan for fiscal year 2019-2020.

Marc Mertz, Vice President of Strategic Planning and Business Development

- 9.2. Joint Powers Authority (JPA) / Central Valley Healthcare Alliance – Review and discussion relative to the appointment of the Kaweah Delta Health Care District (Kaweah Delta) representatives for the Central Valley Healthcare Alliance (JPA) Board of Directors; Kaweah Delta Board member.

Gary Herbst, Chief Executive Officer and Minty Dillon, Chief Executive Officer of Sequoia Integrated Health and Sequoia Health Plan

Recommended Action: Appointment of Kaweah Delta Board member to represent Kaweah Delta on the Central Valley Healthcare Alliance (JPA) Board of Directors.

10. **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.

Harry Lively, MD, Chief of Staff

Recommended Action: Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the 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 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.

11. REPORTS

- 11.1. Chief of Staff – Report relative to current Medical Staff events and issues.

Harry Lively, MD, Chief of Staff

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

Gary Herbst, Chief Executive Officer

11.2.1. Kaweah Delta Exeter Health Clinic's new Women's Health Center

11.2.2. District Hospital Leadership Forum Washington D.C. trip

11.2.3. Kaweah Delta Medical Foundation CEO recruitment

11.2.4. 2019 HealthGrades Awards

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

Lynn Havard Mirviss, Board President

ADJOURN

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

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

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MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD THURSDAY, DECEMBER 20, 2018 5:30PM, IN THE KAWEAH DELTA MEDICAL CENTER MINERAL KING WING BLUE ROOM, LYNN HAVARD MIRVISS PRESIDING

PRESENT: Directors Havard Mirviss, Hawkins Hipskind, House, & Francis; G. Herbst, Chief Executive Officer; T. Rayner, VP & COO; R. Sawyer, VP & CNO, M. Tupper, VP & CFO; D. Cox, VP of Human Resources, H. Lively, MD, Chief of Staff; D. Leeper, VP & CIO; Marc Mertz, VP of Strategic Planning and Business Development, D. Volosin, D. Lynch, Legal Counsel; C. Moccio, Board Clerk

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

Director Havard Mirviss asked for approval of the agenda.

MMSC (Francis/Hawkins) to approve the agenda. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, Hipskind, and Francis

Public participation – none

Director Havard Mirviss called for the approval of the closed agenda.

Approval of Closed Agenda as follows: Closed Meeting Agenda – 5:31PM

- **Credentialing** - Medical Executive Committee (December 2018) 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 pursuant to Health and Safety Code 1461 and 32155 *Harry Lively, MD, Chief of Staff*
- **Report involving trade secrets {Health and Safety Code 32106}** – Discussion will concern a proposed new service/program – estimated date of disclosure is February 2019 – *Gary Herbst, Chief Executive Officer*
- **Conference with Real Property Negotiator {Government Code 54956.8}**: Property: 301 W. Noble, Visalia, CA / APN 097-041-017. Negotiating party: Kaweah Delta Health Care District: Deborah Volosin and Marty Zeeb – price and terms – *Deborah Volosin, Director of Community Engagement and Marc Mertz, Vice President of Strategic Planning and Business Development*
- **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case - *Dennis Lynch, Legal Counsel*
- **Report involving trade secrets {Health and Safety Code 32106}** – Discussion will concern a proposed new services/programs – estimated date of disclosure is March 2019 – *Gary Herbst, Chief Executive Officer & Marc Mertz, Vice President of Strategic Planning and Business Development*
- **Approval of closed meeting minutes** – November 27, 2018.

MMSC (House/Hipskind) to approve the closed agenda. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, Hipskind, House, and Francis

Adjourn - Meeting was adjourned at 5:31PM

Lynn Havard Mirviss, President
Kaweah Delta Health Care District and the Board of Directors
Thereof

ATTEST:

Nevin House, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD THURSDAY DECEMBER 20, 2018 6:00PM, IN THE KAWEAH DELTA MEDICAL CENTER MINERAL KING WING BLUE ROOM, LYNN HAVARD MIRVISS PRESIDING

PRESENT: Directors Havard Mirviss, Hawkins, Hipkind, House, & Francis; G. Herbst, Chief Executive Officer; T. Rayner, VP & COO; R. Sawyer, VP & CNO, M. Tupper, VP & CFO; D. Cox, VP of Human Resources, H. Lively, MD, Chief of Staff; D. Leeper, VP & CIO; Marc Mertz, VP of Strategic Planning and Business Development, D. Volosin, D. Lynch, Legal Counsel; C. Moccio, Board Clerk

The meeting was called to order at 6:00PM by Director Havard Mirviss.

Director Havard Mirviss entertained a motion to approve the agenda with the recommendation that the finance portion of the Emergency Department report be tabled until the Board has had more time to review it.

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

PUBLIC/MEDICAL STAFF PARTICIPATION – None

CLOSED SESSION ACTION TAKEN: Approval of the closed meeting minutes – November 27, 2018.

OPEN MINUTES – Request for approval of the November 8th and November 27th 2018 Open Board of Directors meeting minutes (copy attached to the original of these minutes and considered a part thereof)

MMSC (Francis/House) to approve the open minutes from November 8th and November 27th 2018. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, Hipkind, and Francis

RECOGNITIONS – Director Hawkins presented the following resolution; Resolution 2014 to Robert Tercero - Service Excellence Award – December 2018.

CONSENT CALENDAR – Director Havard Mirviss entertained a motion to approve the consent calendar (copy attached to the original of these minutes and considered a part thereof).

MMSC (Hawkins/Francis) to approve the consent calendar as submitted. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, Hipkind, and Francis

FOOD AND NUTRITION SERVICES – Goals of the new Director of Food and Nutrition Services (copy attached to the original of these minutes and considered a part thereof)-
Lawrence Headley, R.D., Directors of Food and Nutrition Services

GRADUATE MEDICAL EDUCATION – Annual institution review (copy attached to the original of these minutes and considered a part thereof) - *Lori Winston, MD, Designated Institutional Official*

JOINT POWERS AUTHORITY – Review and discussion relative to the appointment of the Kaweah Delta Health Care District (Kaweah Delta) representatives for the JPA Board of Directors; one Kaweah Delta Board member and one Executive Team member - *Gary Herbst, Chief Executive Officer*

- The JPA – Central Valley Health Care Alliance establishment is moving forward. All of the documents are close to being finalized and should be completed after first of the year. Gary noted that we need to populate the four-member board of the JPA; 1 board member from each Board and one executive representative from each hospital. Gary nominating Marc Mertz from the Kaweah Delta Executive Team and requested the support of the Board for this nomination. Gary also requested a nomination from the Board for our Board representative. Both Nevin House and David Francis indicated interest in the appointment. Director Hipskind requested that we take their interest into consideration for a future vote.

MMSC (Francis/Hipskind) to appoint Marc Mertz as the executive representative of *Kaweah Delta on the Joint Powers Authority, Central Valley Health Care Alliance, Board of Directors. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, Hipskind, and Francis*

STRATEGIC PLANNING - Strategic Planning Process – Progress report on the strategic planning process for fiscal year 2019-2020 - *Marc Mertz, Vice President of Strategic Planning and Development.*

- Update on the planning process – The focus groups participated in a one-day retreat and developed five draft initiatives. For each initiative there are teams with an Executive Team sponsor. These will all be reviewed on January 9th with the Board Strategic Planning Committee and will be presented to the full Board in draft format at the January 2019 Board meeting.

CREDENTIALING – Harry Lively, MD – Chief of Staff - Medical Executive Committee request 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.

Director Havard Mirviss requested a motion for the approval of the credentials report excluding the Emergency Medicine providers highlighted on Exhibit A {copy attached to the original of these minutes and considered a part thereof}.

MMSC (Hipskind/Francis) 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. Vote: Director Havard Mirviss, House, Hawkins, Francis & Hipkind – Yes.

Director John Hipkind, MD left the room for the vote on the credentials, for the Emergency Medicine providers as highlighted on Exhibit A {copy attached to the original of these minutes and considered a part thereof}.

MMSC (House/Hawkins) 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 Emergency Medicine providers 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 Emergency Medicine providers 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. Vote: Director Havard Mirviss, House, Francis & Hawkins – Yes. Director Hipkind – Absent

CHIEF OF STAFF REPORT – Report from Harry Lively, MD, Chief of Staff:

- We are still working on IT issues related to the Cerner conversion.
- Medical Staff will now require harassment training for all existing medical staff members and new medical staff members.

CHIEF EXECUTIVE OFFICER REPORT – Report from Gary Herbst, Chief Executive Officer:

- Gary wished the Board and Executive Team a happy holiday season.

APPROVAL OF CLOSED AGENDA AS FOLLOWS: Closed Meeting Agenda – Kaweah Delta Medical Center Blue Room – Immediately following the open session

- **CEO EVALUATION** – Discussion with the Board and the Chief Executive Officer relative to the annual evaluation of the Chief Executive Officer pursuant to Government Code 54957(b)(1) – *Dennis Lynch, Legal Counsel & Board of Directors*
- **CEO COMPENSATION** – Discussion with designated representative relative to salary, salary schedule, and or compensation paid to the Chief Executive Officer pursuant to Government Code 54957.6(a) – *Dennis Lynch, Legal Counsel & Board of Directors*

MMSC (Hawkins/House) to approve the closed meeting agenda. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, Hipskind, and Francis

Adjourn - Meeting was adjourned at 7:37PM

Lynn Havard Mirviss, Board President
Kaweah Delta Health Care District and the Board of Directors
Thereof

ATTEST:

Nevin House, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

Kaweah Delta Physician Recruitment Open Position Snapshot - January 2019

Prepared by: Brittany Taylor, Senior Physician Recruiter btaylor@kdhcd.org - (559)624-2899

Date prepared: 1/21/2019

Central Valley Critical Care Medicine	
Intensivist	4
Hospitalist	6

IQ Surgical Associates	
GI Hospitalist	3

Kaweah Delta Medical Foundation	
Adult Primary Care	3
Dermatology	2
Endocrinology	1
ENT	1
Gastroenterology	2
OB/GYN	3
Orthopedic Surgery - Adult Reconstruction	1
Pediatrics	1
Psychiatry	2
Radiology	1
Rheumatology	1
Urology (1- physician; 1-APP)	2
Palliative Medicine	2

Kaweah Exeter Medical Group	
Adult Primary Care	2
OB/Gyn	2

Key Medical Group	
Adult Primary Care	1
Gastroenterology	1

Somnia	
Anesthesiology - Pain	1
Anesthesiology - General	1

Valley Children's Health Care	
Maternal Fetal Medicine	2
Neonatology	2

Valley Hospitalist Medical Group	
Hospitalist	3

Vituity - Family Medicine Clinic	
Family Medicine Core Faculty	1

Candidate Activity

Specialty	Group	Last Name	First Name	Availability	Board Certification	Miscellaneous	Current Status
Cardiothoracic Surgery	Golden State Cardiac & Thoracic Surgery	Carrizo, M.D.	Gonzalo	08/19	American Board of Thoracic Surgery, Certified	CA license in process; Bilingual in Spanish; Responded directly through Cleveland Clinic Foundation posting on 7/27/18	Site Visit: 9/27/18; Second site visit: 12/13/18; Offer Accepted
Dermatology	Kaweah Delta Medical Foundation	Liaqat, M.D.	Maryam	07/19	American Board of Internal Medicine, Eligible	CA license; Candidate applied directly to HealthCareers posting	Currently under review
Family Medicine	Kaweah Exeter Medical Group	Amari, M.D.	Ahmed	07/19	American Board of Family Medicine, Eligible	No CA license; Candidate applied directly upon recommendation from Dr. Swehli, KEMG	Site visit pending dates
Family Medicine	Kaweah Exeter Medical Group	Avila, M.D.	Vanesa	07/19	American Board of Family Medicine, Eligible	Current Kaweah Delta Family Medicine Resident	Currently under review
Family Medicine	Kaweah Delta Medical Foundation	Patty, M.D.	Christina	08/20	American Board of Family Medicine, Eligible	Currently completing training with UCSF in Fresno	References in process
Gastroenterology	Kaweah Delta Medical Foundation	Hsueh, M.D.	William	08/19	American Board of Internal Medicine, Certified	No CA license; Presented by Fidelis Partners on 7/25/17	Site Visit: 11/10/17; offer accepted
Hospitalist	Central Valley Critical Care Medicine	Daryanani, D.O.	Michelle	07/19	American Osteopathic Board of Critical Care, Certified; American Osteopathic Board of Anesthesiology, Certified	No CA license; Presented by Merritt Hawkins on 1/9/2019	Site Visit: 1/25/19
Hospitalist	Central Valley Critical Care Medicine	Goldstein, M.D.	Aaron	07/19	American Board of Internal Medicine, Eligible	CA Licensed; Candidate applied directly to DocCafe job posting on 12/11/18	Site Visit: 1/14/19
Hospitalist	Central Valley Critical Care Medicine	Jabri, M.D.	Zain	07/19	American Board of Internal Medicine, Eligible	No CA license; Candidate applied directly to DocCafe job posting on 12/19/18	Site Visit: 1/24/19
Hospitalist	Central Valley Critical Care Medicine	Lawler, M.D.	Scott	07/19	TBD	No CA license; Candidate presented by Vista Staffing Solutions	Site Visit: 12/23/18

Specialty	Group	Last Name	First Name	Availability	Board Certification	Miscellaneous	Current Status
Hospitalist	Central Valley Critical Care Medicine	Redinski, D.O.	John	07/19	TBD	CA Licensed; Candidate presented by Vista Staffing Solutions	Site Visit: 1/10/19
Hospitalist	Central Valley Critical Care Medicine	Shaikh, M.D.	Hammad	07/19	American Board of Family Medicine, Eligible	No CA License; Candidate applied directly to DocCafe job posting on 12/10/18	Site Visit pending dates
Hospitalist	Central Valley Critical Care Medicine	Su, M.D.	Cindy	07/19	TBD	CA license; Candidate applied directly to DocCafe job posting on 1/5/19	Currently under review
Hospitalist	Central Valley Critical Care Medicine	Abdelmisseh, M.D.	Mariam	07/19	American Board of Family Medicine, Eligible	CA Licensed; completing residency at Kern Medical in Bakersfield; Presented by Vista Staffing	Site Visit: 10/2/18; offer accepted
Hospitalist (Part time)	Valley Hospitalist Group	Martinez, M.D.	Elieth	TBD	American Board of Internal Medicine, Certified	CA license; Candidate reached out directly to inquire. Currently working in Fresno as a hospitalist. Spouse is Dr. Ali Saadi	Currently under review
Hospitalist	Valley Hospitalist Group	Mubashar, M.D.	Naila	08/19	American Board of Family Medicine, Eligible	CA license; Current Kaweah Delta Family Medicine resident; Fluent in Urdu, Hindi, and Punjabi	Currently under review; Pending references
Hospitalist (Part time)	Valley Hospitalist Group	Saadi, M.D.	Ali	TBD	American Board of Internal Medicine, Certified	CA license; Candidate reached out directly to inquire. Currently working in Fresno as a hospitalist. Spouse is Dr. Elieth Martinez	Currently under review
Hospitalist	Valley Hospitalist Group	Khalid, M.D.	Ahmer	08/19	American Board of Family Medicine, Eligible	Currently Kaweah Delta Family Medicine Resident	Currently under review. Meeting with Dr. Said on 1/2/19
Hospitalist	Valley Hospitalist Group	Tedaldi, M.D.	Michael	07/19	American Board of Internal Medicine, Eligible	CA Licensed; Spouse is currently Resident with KDHC General Surgery program; Candidate reached out directly on 11/10/17	Site Visit: 11/14/17; offer accepted

Specialty	Group	Last Name	First Name	Availability	Board Certification	Miscellaneous	Current Status
Intensivist	Central Valley Critical Care Medicine	Aftab, M.D.	Waqas	07/19	American Board of Internal Medicine, Certified; Nephrology, Certified; Critical Care, Eligible	CA Licensed; Candidate applied directly on 1/3/19	Currently under review
Intensivist	Central Valley Critical Care Medicine	Kaiser, M.D.	Meghann	TBD	American Board of Surgery - Surgical Critical Care, Certified	CA Licensed; Previous locum at KD; Candidate applied directly to association job posting on 11/8/18	Site Visit: 12/6/18
Intensivist	Central Valley Critical Care Medicine	Sazgar, M.D.	Sasan	07/20	American Board of Internal Medicine, Certified	CA Licensed; Candidate applied directly on 1/12/19 to HealtheCareers posting. Previously practiced in Fresno before going into fellowship.	Currently under review
Intensivist	Central Valley Critical Care Medicine	Wilson, M.D.	Lawrence	01/19	American Board of Internal Medicine, Eligible; Critical Care	CA Licensed; Presented by Vista Staffing Solutions	Site Visit: 10/11/18; offer accepted; Start Date: 2/3/19
Internal Medicine	Kaweah Delta Medical Foundation	Dullet, M.D.	Suneet	TBD	American Board of Internal Medicine, Diplomate	CA Licensed; Candidate presented by internal source on 12/13/18. Spouse is Dr. Navkirat Baiwa	Site Visit: 12/28/18
Interventional Radiology	Mineral King Radiology Group	Valles, M.D.	Francisco	07/19	American Board of Radiology, Eligible	Presented by Fidelis Partners on 11/30/18	Offer Accepted
Neonatology	Valley Children's Hospital	Ansari, M.D.	Aamir	07/19	American Board of Pediatrics, Certified	CA Licensed; Presented by VCH on 11/14/18	Site Visit: 12/19/18
Neonatology	Valley Children's Hospital	Chan, M.D.	Kwanchai	07/19	American Board of Pediatrics, Certified	No CA License; Presented by VCH on 12/12/18	Site Visit: 12/28/18
Neonatology	Valley Children's Hospital	Concina, M.D.	Vanessa	03/19	American Board of Pediatrics, Certified	No CA License; Presented by VCH on 11/12/18	Site Visit: 12/10/18
Neonatology	Valley Children's Hospital	Gerard, M.D.	Kimberley	07/19	TBD	No CA License; Presented by VCH on 11/28/18	Site Visit: 1/11/19

Specialty	Group	Last Name	First Name	Availability	Board Certification	Miscellaneous	Current Status
Neonatology	Valley Children's Hospital	Valentine, M.D.	Gregory	07/19	TBD	No CA License; Presented by VCH on 10/16/18	Site Visit: 10/29/18
Neonatology	Valley Children's Hospital	Aboaziza, M.D.	Ahmad	06/19	American Board of Pediatrics, Certified	CA Licensed; Candidate applied directly upon recommendation from Dr. Swehli, KEMG on 8/31/18	Site Visit: 11/06/18; offer accepted, tentative start date: 8/5/19
Orthopedic Surgery - Adult Reconstruction	Sequoia Institute for Surgical Services, Inc.	Sivananthan, M.D.	Sureshan	TBD	TBD	CA Licensed; Presented by Dr. Jonathan Liu on 11/19/18	Site Visit: 12/14/18; 2nd Site Visit: 1/11/19
Orthopedic Surgery - Spine	Sequoia Institute for Surgical Services, Inc.	Bajwa, M.D.	Navkirat	TBD	TBD	CA Licensed, Candidate presented by internal source on 12/13/18. Spouse is Dr. Suneet Dullet	Site Visit: 1/31/19
Orthopedic Surgery - Adult Reconstruction	Orthopaedic Associates	Kim, D.O.	Jun	08/19	American Board of Orthopedic Surgery, Eligible	No CA license; Direct candidate referred by Dr. Bruce Le on 12/11/17	Site visit: 3/1/18; offer accepted
Palliative Medicine	Kaweah Delta Medical Foundation	Khan, M.D.	Khurram	06/19	American Board of Pain Medicine, Certified; American Board of Hospice & Palliative Medicine, Certified	CA Licensed; Candidate applied directly on 10/25/18 via TextMatch Campaign	Site Visit: 1/4/19
Palliative Medicine	Kaweah Delta Medical Foundation	Watson, D.O.	Nori	04/18	American Osteopathic Board of Internal Medicine, Certified; American Board of Hospice & Palliative Medicine, Eligible	CA Licensed; Candidate presented by Doximity on 11/01/2018	Site Visit Pending April 2019
Pediatric Hospitalist	Valley Children's Hospital	Valladares, M.D.	Enrique	07/19	American Board of Pediatrics, Eligible	No CA license; Spouse is Internal Medicine physician considering FHCN; Presented by VCH on 8/15/18	Site Visit: 8/24/18; offer accepted
Podiatry	Kaweah Delta Medical Foundation	Ghai, D.P.M.	Ajay	08/19	American Board of Podiatric Medicine, Eligible	No CA License; Candidate applied directly on 8/1/2018	Site Visit: 9/27/18; offer accepted
Vascular Surgery	South Valley Vascular	Nye, D.O.	David	08/19	American Osteopathic Board of Surgery - General Surgery, Eligible	No CA License; Candidate applied directly with group	Site Visit: 8/8/18; offer accepted



Risk Management Report – Open
4th Quarter 2018
January 28, 2019

Evelyn McEntire
Director of Risk Management

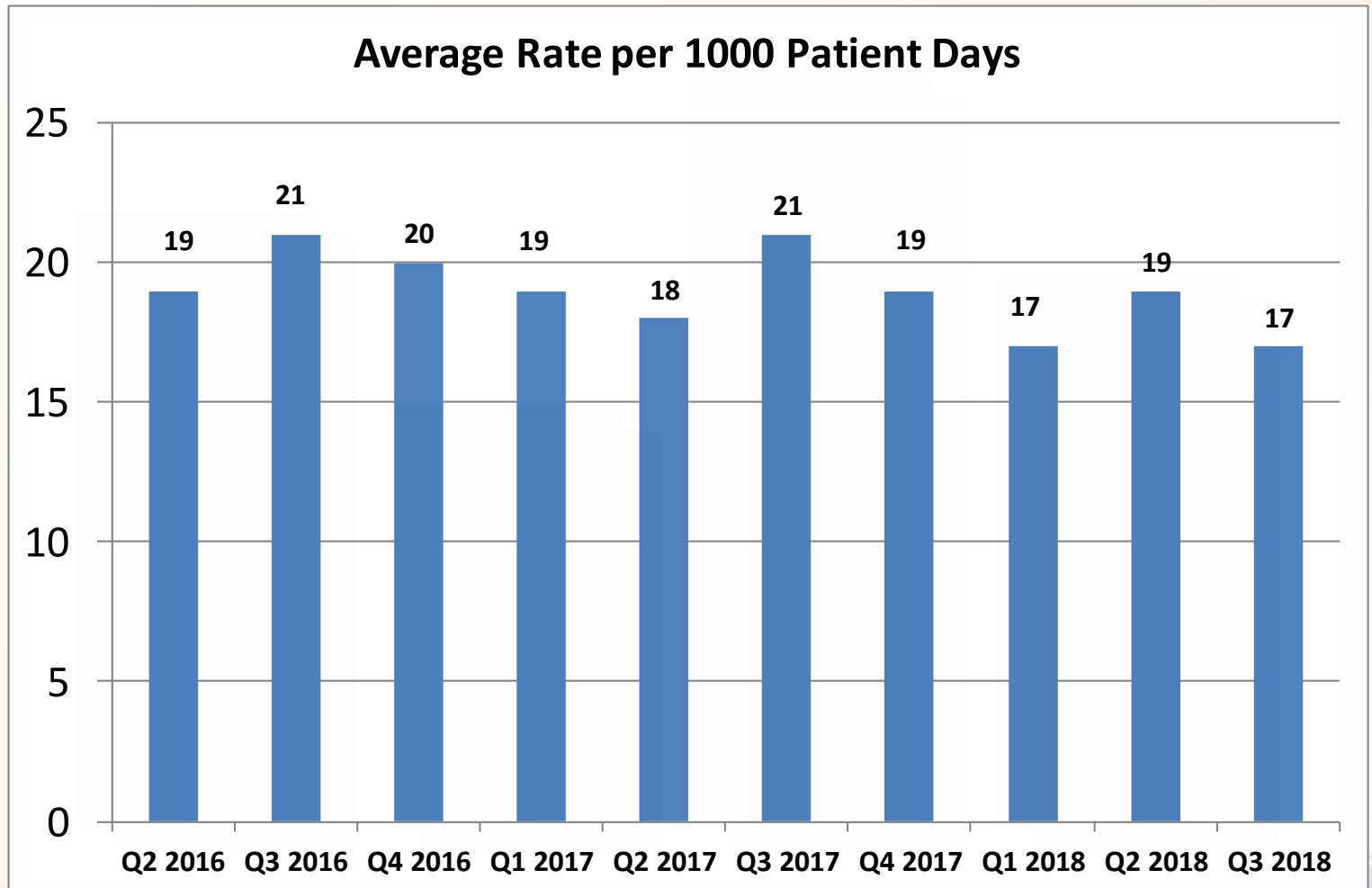
KAWEAH DELTA HEALTH CARE DISTRICT

Risk Management Goals

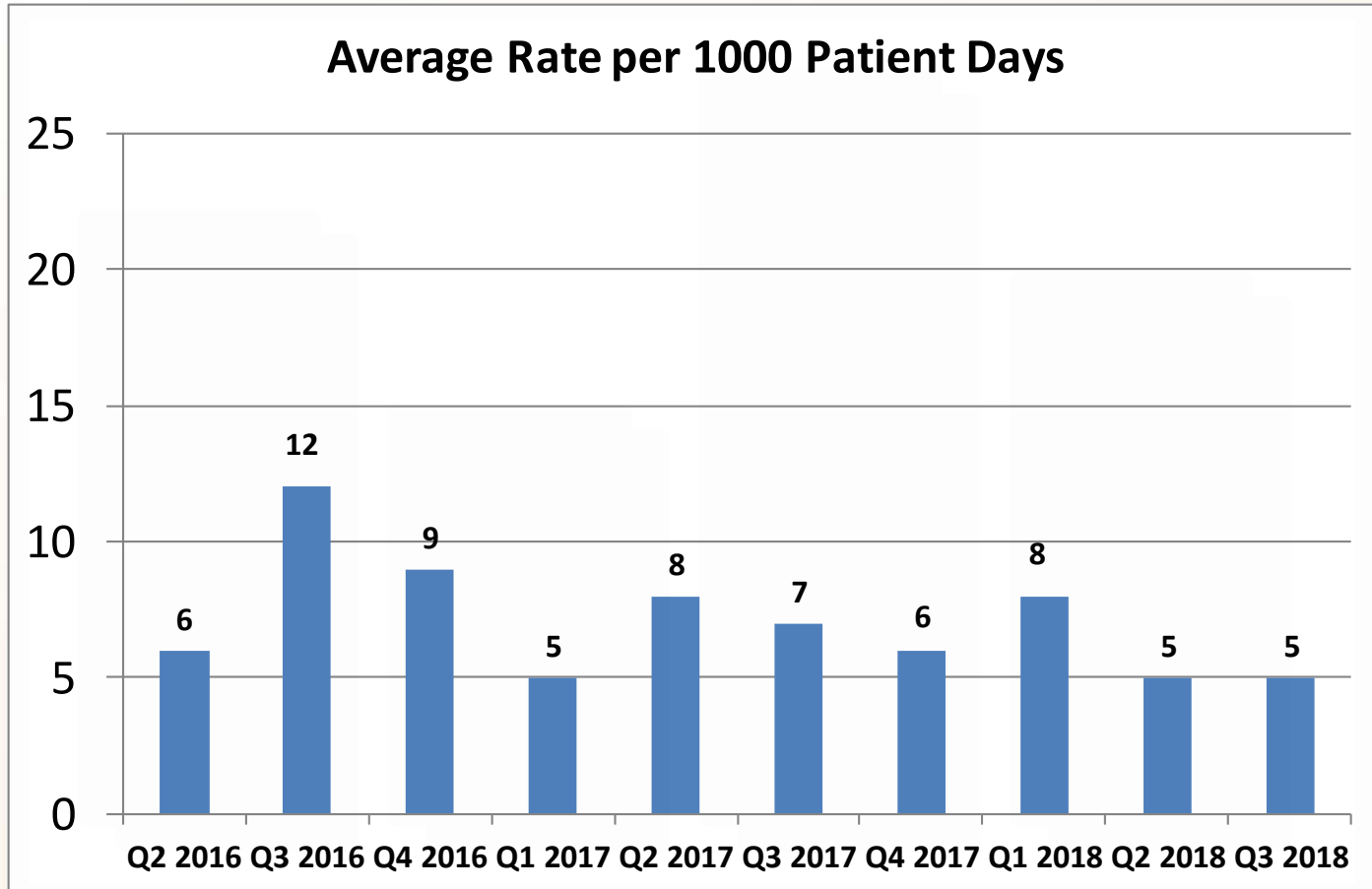
1. Promote a safety culture as a proactive risk reduction strategy.
2. Reduce frequency and severity of harm (patient and non-patient).
 - Zero incidents of “never events”
3. Reduce frequency and severity of claims.



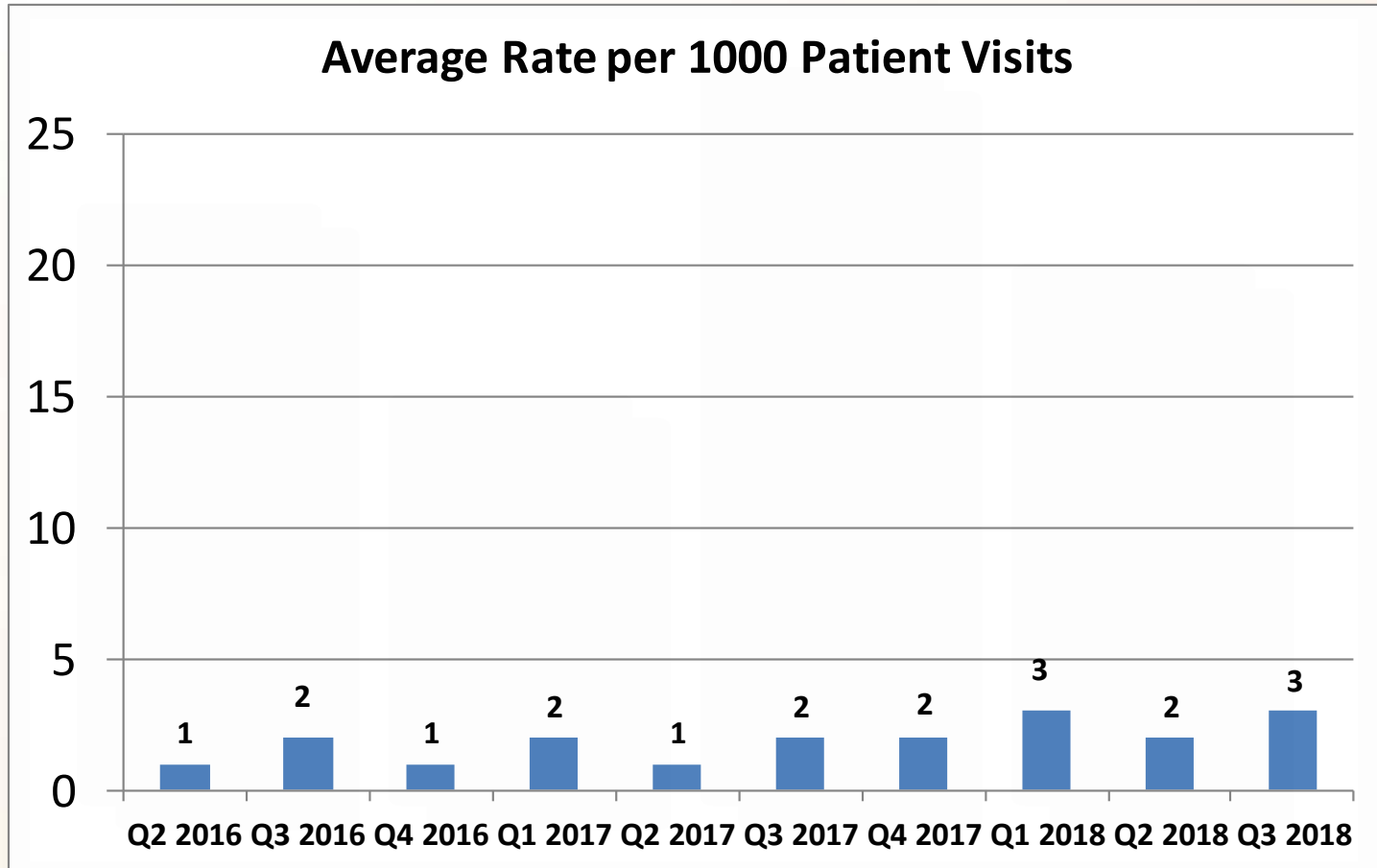
Acute Care Event Reports



Sub Acute Event Reports

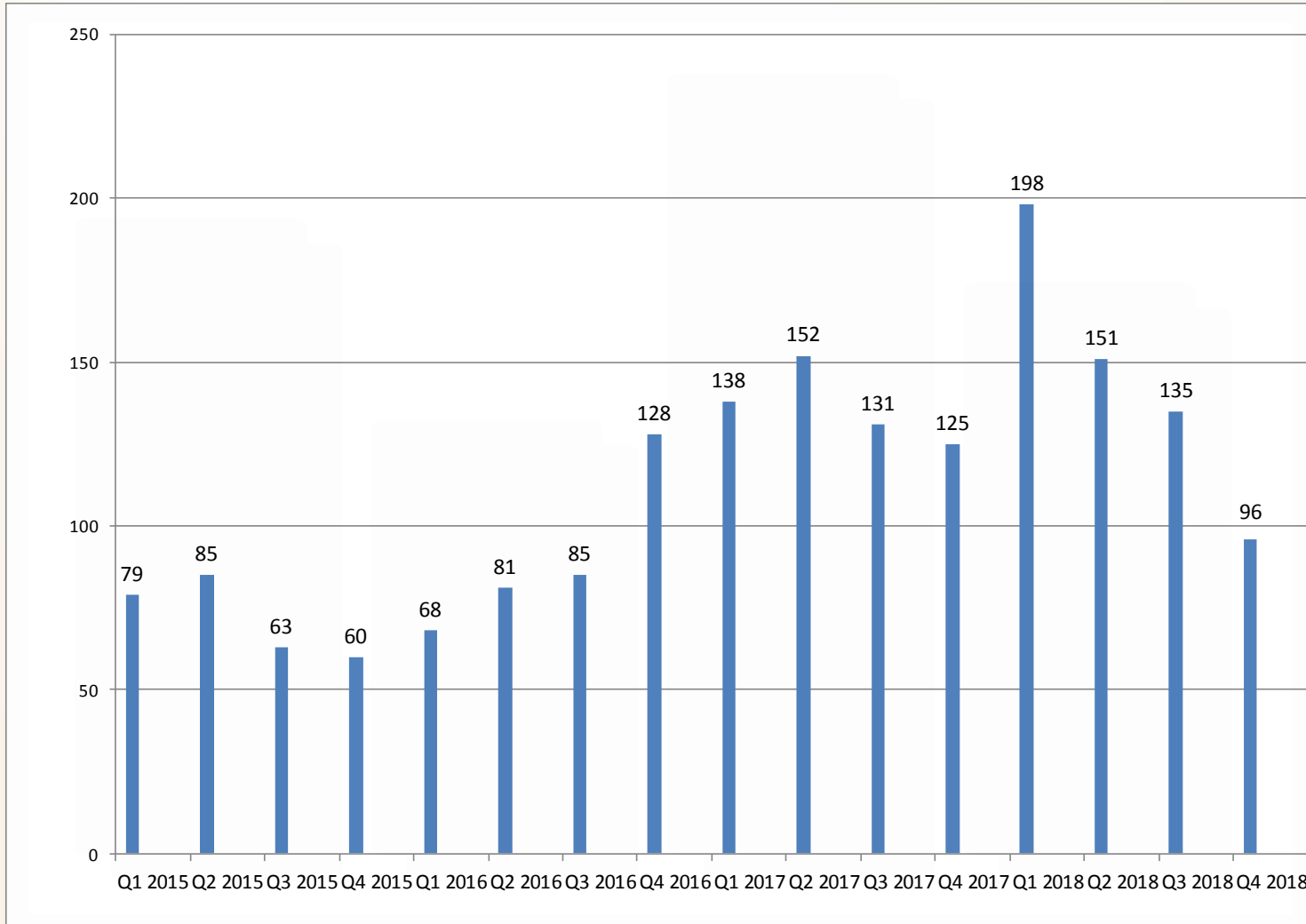


Outpatient Event Reports



Complaints & Grievances

2015-2018



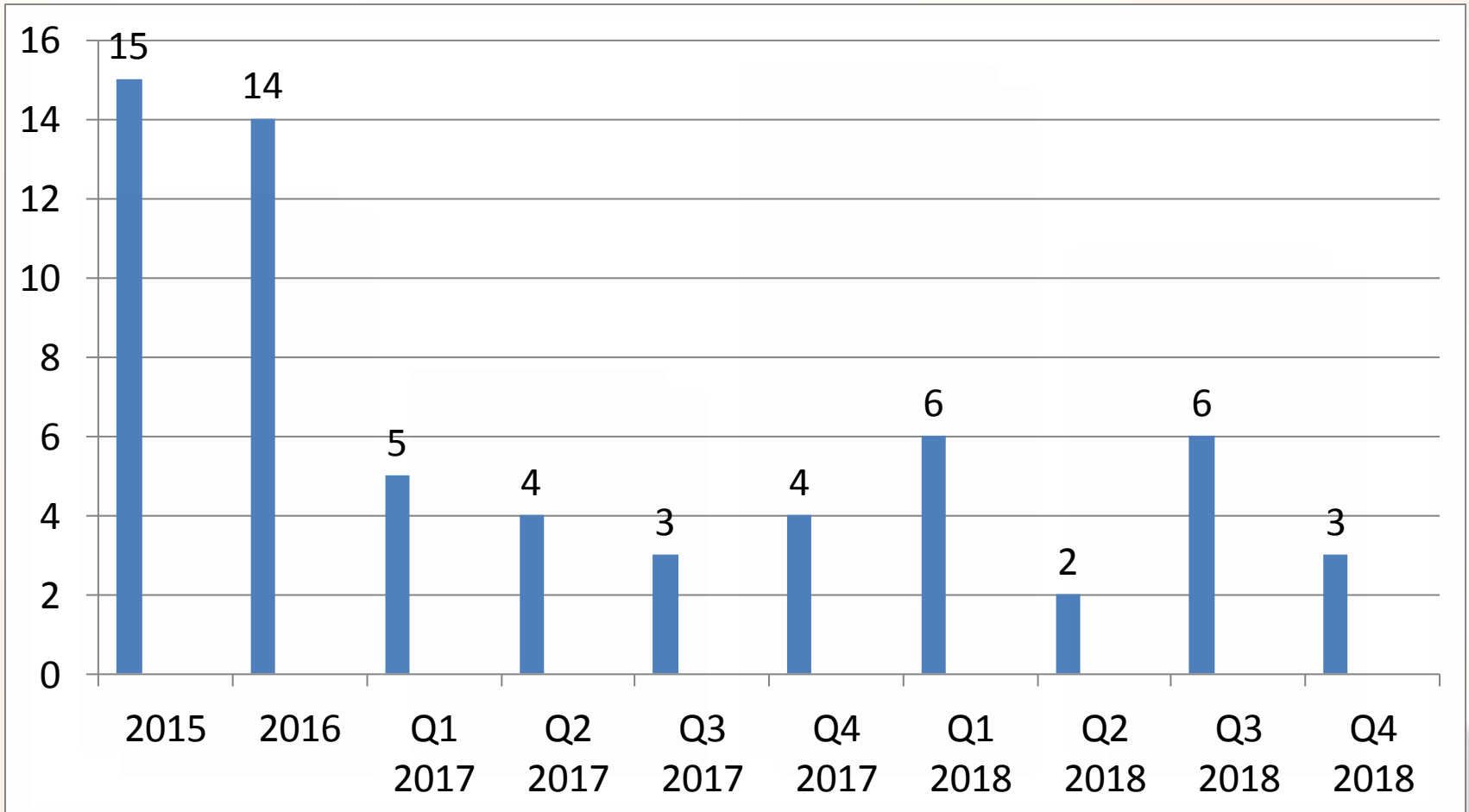
Trends:

- Lost Belongings
- Other
- Quality of Care [Physician]



Claims Frequency CY 2015 – 2018

Average of Claims/Year = 15





Current Topics of Focus

- Proactive risk assessment of Inpatient Pharmacy Clean Room
- Collaboration with Medical Staff to define a process of the evaluation of patients' decision-making capacity
- Enhance Just Culture at KDHCDC including increased occurrence reporting

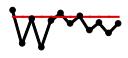
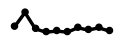


Board of Directors Quality and Patient Safety Dashboard 4th Quarter 2018



Emergency Department (Core Measure)					
ED Patient Throughput (Quarterly Report) 4th qtr 2015 - 3rd qtr 2018 (Tom Siminski)	Benchmark (Hospital Compare Average)	Trends (Red Line = Benchmark)	Last Data Point (green = benchmark achieved)	Compl Due Date	Comments / Actions
1) Median ED Arrival time to ED Departure Time for In-patients {minutes} - (down Trend Positive)	423 Minutes		501 Oct 2018	Nov 2018	ED is working with the ICU units to improve handoff, transfer to bed within 30 minutes of assignment, and decrease the amount of non emergent procedures that delay transfer to the ICU. These initiatives will help to decrease LOS of ICU patients.

Value Based Purchasing (VBP) Measure					
Measure	CMS Benchmark / *TJC National Rate	Trends (Red Line = Benchmark)	Last Data Point (green = benchmark achieved)	Compl Due Date	Comments / Actions
PCM-01 Early Elective Deliveries - down trend positive (Clinical Staff Sponsor - Tracie Plunkett)	*2.42%		0% Oct 2018	Jul 2018	No Fallouts - Benchmark maintained

Patient Satisfaction

A) Inpatient (Ed Largoza):	Benchmark (Internal)	Trends (Red Line = Benchmark)	Last Data Point (green = benchmark achieved)	Compl Due Date	Comments / Actions
1) Inpatient Satisfaction - HCAHPS Performance data (up trend positive)	76.5%		74.5% Oct 2018	Dec 2018	<ul style="list-style-type: none"> • Leaders rounding on patients • Rebuild Discharge Instructions • Utilize Medicine Guide • Back to basics – Introductions / Narrate the Care • Improve hygiene standards • Launch new patient menu • Enhance access to linens • Continue storytelling and recognition
B) ED (Tom Siminski / Ed Largoza):	Benchmark (Internal)	Trends (Red Line = Benchmark)	Last Data Point (green = benchmark achieved)	Compl Due Date	Comments / Actions
1) ED Patient Satisfaction - not included in HCAHPS (mean score - up trend positive)	50th Percentile		2nd percentile Oct 2018	Dec 2018	<ul style="list-style-type: none"> • LVN Patient Navigator launched and is proving effective in enhancing communication and coordination. • Redesigning patient flow in the ED waiting room, Start, PAT, Intake. • Develop and launch Fast Track.

Physician/Staff Satisfaction

Physician/Staff Satisfaction	Benchmark (Internal)	Trends (Red Line = Benchmark)	Last Data Point (green = benchmark achieved)	Compl Due Date	Comments / Actions
A) Physician Satisfaction (every 2 years, due 2011; up trend positive)	75th Percentile		46 percentile 2009; 37 in 2007	n/a	Pending data update
B) Employee Satisfaction (Dianne Cox) (every 2 years - due 2019; up trend positive)	N/A		4.20 +0.08 vs. Nat'l Healthcare Avg (63rd Percentile) 2017	n/a	<ul style="list-style-type: none"> • Jan – March 2018, Employee feedback sessions to identify opportunities • March 2018, Organizational Stoplight Report of workgroup TOP 3 Opportunities submitted to Board • Quarterly Stoplight Report follow-up (June, October, Jan) • Organizational opportunities identified • May 2019 Survey date established • 2019 Employee Engagement Goal approved by Board – 4.24




Human Resources

A) Employee Turnover 4th qtr 2015 - 3rd qtr 2018 (Dianne Cox) (reported quarterly):	Benchmark (CHA updated quarterly)	Trends (Red Line = Benchmark)	Last Data Point (green = benchmark achieved)	Compl Due Date	Comments / Actions
1) All Employees Turnover (down trend positive)	2.8%		3.3% 3rd qtr 2018	4th qtr 2018	With our recent new grad recruitment season and RN Interview Day event in December 2018, we've filled 40+ open RN positions. We can realistically attribute the hiring of 100 RN's per year with new graduates. Our Critical Care Nursing Internship (CCNI), with next cohort of 12 beginning March 2019, will continue to "grow our own" with a supportive training into nursing practice and the critical care environment. The CCNI program onboards 20 RNs annually, and may be expanding in the future. In addition to partnerships with local schools and programs, external recruitment efforts through targeted specialty events, clinical association conferences, job boards/sites and new recruitment services assist us in locating and connecting with experienced professionals.
2) RN Turnover (down trend positive)	2.8%		3.7% 3rd qtr 2018	4th qtr 2018	
B) Contracted / Traveler Staff - December 2018: 114 out of 4981 total staff (down trend positive)	1.02% (internal benchmark)		2.3% Dec 2018	Jan 2019	114 Contracted/Traveler staff used in December 2018; goal: reduce the number of Contractor/Traveler staff to 50.

Finance

A) Capital Structure (Malinda Tupper) (up trend positive):	Benchmark (Budget FY 2019)	Trends (Red Line = Benchmark)	Last Data Point (green = benchmark achieved)	Compl Due Date	Comments / Actions
1) Maximum Annual Debt Service Coverage: net income available to cover debt payments	3.3		2.5 Nov 2018	Dec 2018	Actions under review
B) Liquidity:					
1) Days Cash on Hand: number of days operating expenses covered by cash (up trend positive)	162.7		98.2 Nov 2018	Dec 2018	Actions under review

Finance (continued)

B) Liquidity (continued):	Benchmark (Budget FY 2019)	Trends (Red Line = Benchmark)	Last Data Point (green = benchmark achieved)	Compl Due Date	Comments / Actions
2) Net Days in Accounts Receivable: average number of days to collect a patient account (down trend positive)	55		115.5 Nov 2018	Dec 2018	Actions under review
C) Profitability (up trend positive):					
1) Operating Margin: profit from core-business revenue and expenses	1.2%		-0.2% Nov 2018	Dec 2018	Actions under review
2) Operating Cash Flow Margin: cash flow available to pay debt & purchase capital assets	6.4%		4.7% Nov 2018	Dec 2018	Actions under review

Abbreviations
CMS = Centers for Medicare & Medicaid Services
CHA = California Hospital Association
PSAT = Patient Satisfaction Action Tool
TJC = The Joint Commission

Color Code
Benchmark Achieved
Within 10% of Benchmark
>10% From Benchmark

Kaweah Delta Health Care District Annual Report to the Board of Directors 2017-2018

Medical Imaging Services

Renee Lauck, Director, (559) 624-2345
January 17, 2019

Summary Issue/Service In process to complete

As part of the push to nudge U.S. health care providers to adopt digital radiography, (DR), the Medicare system began reducing payments by 7% for any providers using computed radiography (CR) instead of DR starting in January of 2018. The 7% reduction will continue for 5 years or until DR is in place, moving to 10% reduction in payments in 2023. Plans are currently in process to complete Phase 2 transitioning all imaging areas to (DR) Digital Radiography. Projects began in 2016-17, with the purchase of 2 DR portables and 2 DR rooms. As the regulation went into place on January 2018, every attempt has been made to utilize DR technology for studies ordered at each outpatient area. In 2018, Imaging Services purchased 5 DR X-ray units. Replacement plans are being developed with architects now for these rooms. All of these units are replacing CR technology, currently in use. Our final phase (III) will be to replace the remaining 9 CR portable x-ray machines over the course of the next 3-5 years. There are 5 units at KDMC, 2 at South Campus Imaging (will be replaced by 1), 1 at Mental Health and 1 at KD Rehab Hospital. Over all, we will reduce our portable x-ray units by 1 unit.

Project Plans for 2018-2019

1. **KDMC:** Begin OSHPD submission with construction to follow on 2 Radiography/Fluoroscopy (R/F) rooms with DR technology. Projected OSHPD approval in 9-12 months.
2. **KDMC:** 1 new portable C-arm purchased by foundation in January 2018 is now heavily used as our surgery volume continues to get busier.
3. **South Campus:** Plan to begin OSHPD submission with construction to follow on 2 Floor mounted DR rooms. Projected OSHPD approval in 9-12 months.
4. **KDIC:** Plan to replace 1 CR unit are currently in place. As this is not OSHPD, we have an expected completing of May 2019.

Staffing 2018-2019

1. **KDMC:** Increased CT technologist and CT Aide staffing to meet increased volume. Volume continues to rise each year, with the most current year increasing by 20% in CT. We have experienced some staff turnover due to the high volumes and busy nature in our Imaging Service Department. Our staffing seems to be stabilizing and they are all more engaged and satisfied.
2. **KDMC:** We have recently recruited a second manager to assist with the oversight of staff and regulatory items. This position has been filled as of 01/28/2019. All managers are also able to step in and cover modalities as needed as well, giving us flexibility in busy times.

Summary Issue/Service to be Considered

1. **KDMC:** 2 new Portable C-Arms with a 12" image intensifier (II), to meet added surgery and interventional cases. We currently have 1 C arm with a larger II. The image intensifier is what helps capture the image. With a larger (II), you can capture a larger area during surgery. Often our Interventional and vascular physicians will need the larger field to perform the necessary surgery or intervention taking place.
2. **KDMC:** Purchase 3 DR portable x-ray units as part of Phase III DR Conversion from CR.
2. **KDBC/KDIC:** Consider a new ultrasound unit for Breast Center to replace Stereotactic Biopsy unit which will no longer be supported after December 2019. Most of our biopsies that were previously done on our stereotactic table, have now been moved over to our newer affirm 3D biopsy unit. Because of the sheer volume of diagnostic mammography exams, we tend to be several weeks out

on exams that are combined US and Mammography. A third Ultrasound unit would allow us to schedule patients sooner and reduce the wait time for exams.

Project Plans for consideration in 2019-2020

1. **KDMC:** Review possibility to acquire a 3rd CT scanner and Recovery area. Our volume of CT procedures has gone up approximately 50% which ties up one of 2 CT scanners impacting throughput.
2. **KDMC:** Review possibility to purchase 2 C arms for increased surgery loads. Currently have physicians wanting newer C-arms with larger field of view at the same time.
3. **KDMC:** Replace cabinets and paint in diagnostic technology area
4. **KDMC:** Review creating office space out of old IR area in Radiology. Manager is temporarily in one of the Radiologist reading rooms.

Quality/Performance Improvement

1. **Employee Safety/Satisfaction Surveys:** Continue to exceed District average across the board. Action items: Market review of Imaging technologist positions; Staffing - Recruitment
2. **Monthly Performance Improvement monitors:** Procedure complication rates, Emergency Department (ED) Imaging discrepancies, critical value compliance, image repeat analysis, turnaround time reports, mammography recall rates, stroke alert compliance rates.
3. **Organization, Patient and Employee Safety focus:** Patient falls; staff injury monitoring & compliance; CT & X-ray radiation reduction Initiatives; CT, MRI and fluoroscopy annual staff safety training as necessary for Joint Commission; Radiation Safety Committee, Unit Based Council; Cerner RadNet error worklists, Care Select program which is American College of Radiologists (ACR) National Decision Support (NDS) appropriateness criteria software. This software is mandatory 01/2020. Although we currently have required software in place, it is currently offline for updates. Once put back into place, the intent is that it will decrease CT, MRI, & Nuclear Med imaging over utilization.
4. **Ancillary Patient Throughput:** Tracking turnaround times for imaging, noninvasive cardiology, Physical Therapy and Lab. Reviewing with hospital wide initiatives to decrease length of stay. Staff are included in the tracking and utilization information to assure their support and help in achieving measures.

Policy, Strategic or Tactical Issues

1. Finalize upgrades or replacement of Diagnostic X-ray equipment to meet CMS regulations for DR technology.
2. Study the potential to increase Ultrasound aide staffing to meet increased volume demands from ED.
3. American College of Radiology (ACR) accreditation for KD imaging modalities at 95% completion. Nuclear Medicine will be focused on as our last modality.
4. Meet need for expanding surgery demands –Pending purchase of 2 C-arms and increased staff.
5. Continue to improve assessment process for coding and billing charges for all imaging services.

Recommendations/Next Steps

- Continue replacement of equipment beyond useful life, and adding of equipment as needed for expanded services and increasing volumes in all service lines
- Review the addition of a 3rd CT Scanner and recovery area to meet ED and IP demand: CT guided procedures and volumes are up by over 20%.
- Add 2 new C-Arms and staff to meet expanding imaging needs for Neurosurgical services and surgery volume.

Approvals/Conclusions

- Reductions in reimbursement for imaging services will continue to impact profitability. We are currently seeing this in all areas with the current practice of bundling of exams that formerly used to be billed individually.

- Overutilization of all imaging services require changes in clinician assessment processes which will be addressed with new Care Select, National Decision Support System.
- Continue to assess opportunities to improve turnaround times to support ED and inpatient length of stay.

Important Notes in Review of Financial and Statistical Information 2017 vs. 2018:

- **2.7% increase in total volumes**- Our total procedures increased by 4,427. With a total volume of (154,782 to 159,209)
- **Volume decreases/increases attributed to the following;**
 - o **Diagnostic KDMC – Up** by 5,568 procedures. These were increases in ED and surgery volumes. Although we were up by 12% in procedures, our net revenue did not increase significantly. Partly due to the 7% reduction in outpatient Medicare payments.
 - o **Radiology CHC – Down** 700 procedures for this report– This was attributed to Pre-op chest x-rays no longer being done as part of our preop process for surgery patients. NOTE** we have exceeded our volumes in FY 2019 by 1,539 exams, which is not part of this report.
 - o **Radiology KDIC – Up** by 758 procedures– This was partly due to moving several hospital outpatient procedures from KDMC to the Imaging Center to help with our goal of being more efficient in handling the rising ED volume.
 - o **3D Mammo Breast Center – Down due to bundling** of a previously captured computer aided detection software code, but NET **Revenue increased in Mammography by \$726,468.00** due to payors now covering the 3D portion of the exam and higher volume of biopsy procedures.
 - o **CT KDMC – UP** by 4724 procedures, due to increases in ED volume. This increase did not result in an increase in revenue. There has been a bundling of payments for CT cases when 2 or more procedures are completed during the same visit. Continuing to work on efficiencies within CT as well as ways to reduce costs.
 - o **CT KDIC –** No significant increases in CT at the Imaging Center as we were down with the new CT install for over a month in early 2018 as well as having to reduce the schedule for Cerner go-live. NOTE** we continue to grow in volume at the Imaging Center and have exceeded our volumes by in FY 2019 by 529 exams, which is not included on this report.
 - o **MRI KDMC – UP** by 273 procedures, due to increases in ED census and increases in physicians ordering MRI.
 - o **MRI KDIC – DOWN** by 352 procedures due to unit being down several days over the year as well as Cerner go live scheduling. Volume is currently trending up each month as of November 2018, which is not included on this report. This MRI unit is over 14 years old and is starting to show signs of age. Consider replacing in the next 2 years.
 - o **Ultrasound KDMC – Up** by 1382 procedures. Increases due to high ED census as well as high volume of outpatient procedures including biopsies, drainages, and ultrasounds from labor triage.
 - o **Ultrasound KDIC – UP** by 355 procedures. Created a part time evening shift to capture ultrasound cases as we continued to schedule several weeks out.
 - o **Nuclear Medicine KDMC – Down** slightly by 30 procedures due to higher volumes of cardiac stress tests which are time consuming and take up schedule spots we would have previously had outpatients scheduled. Working with Cardiac Services to possibly move some of these tests to cardiac ultrasound which would allow us to concentrate on our outpatient scheduling, yielding higher profitability.

- **PET/CT KDIC** – Stable with no growth over the last year. As we move forward with new PET/CT unit shared with Sequoia Cardiology, we expect our increased schedule availability to assist in our growth as physicians will have more options for schedule days.

- **Financial Summary**

- **3.5% increase in net revenue** - Our increase in total procedure volumes were slightly favorable in terms of reimbursement with an overall net revenue increase of \$459,627.
- **2.4% increase in Direct Costs**- Although we continued to experience increased volumes in most service lines, we were not able to experience a reduction of direct costs since it was necessary to increase staffing in several areas at KDMC (Diagnostic, CT, MRI and Ultrasound).
- **2% increase in Net Income**- Improvement in our Net Income due to increased volumes in most Imaging Service lines. Again, the primary contributor is our Breast Center services due to 3D Tomosynthesis and more insurance coming on board to pay for the higher technology.

**Kaweah Delta Health Care District
Annual Report to the Board of Directors
Financial & Statistical Information**

Medical Imaging Services

Renee Lauck, Director (624-2345)

January 2019

Service Line Report Data: Fiscal Year 2018 Annualized (Nine Months Ended March 31, 2018)

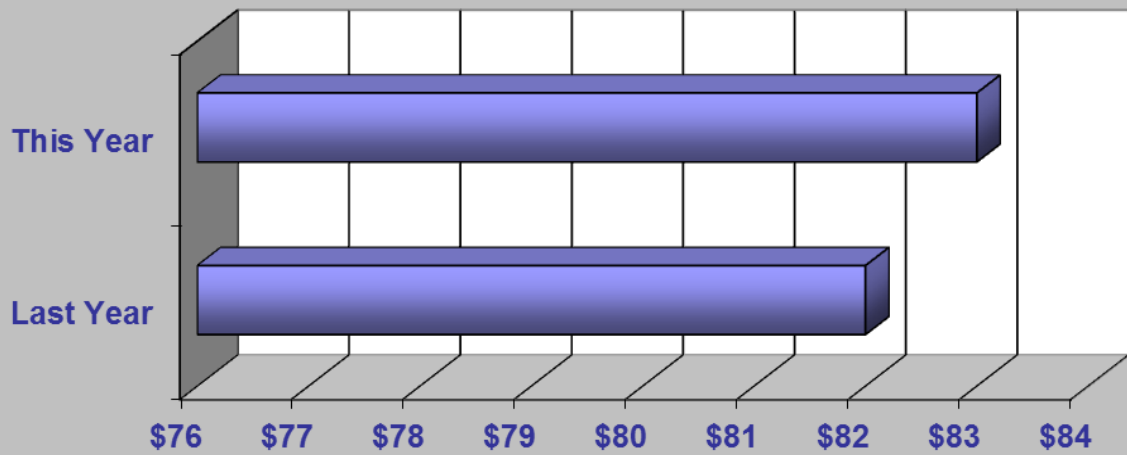
Service	Patient Procedures	Net Revenue	Direct Costs	Contribution Margin	Indirect Costs	Net Income
Diagnostic Imaging	44,905	\$275,807	\$283,291	(\$7,484)	\$94,477	(\$101,961)
Radiology - CHC	19,377	628,687	397,197	231,489	171,311	60,179
Radiology - KDIC	12,520	1,186,571	805,141	381,429	301,853	79,576
Breast Center	22,672	3,202,979	1,203,669	1,999,309	414,332	1,584,977
CT Scan	23,048	269,029	105,507	163,523	45,819	117,704
CT Scan - KDIC	4,101	1,588,884	461,689	1,127,195	257,284	869,911
MRI	2,021	77,605	30,081	47,524	18,389	29,135
MRI - KDIC	3,457	2,214,669	542,768	1,671,901	293,856	1,378,045
Ultrasound	12,593	99,676	45,859	53,817	24,217	29,600
Ultrasound - KDIC	8,611	1,126,752	340,755	785,997	134,693	651,304
Nuclear Medicine	5,084	832,449	377,113	455,336	112,561	342,775
PET Scan	820	1,661,311	793,175	868,136	67,772	800,364
Grand Total	159,209	\$13,164,419	\$5,386,245	\$7,778,173	\$1,936,565	\$5,841,608

Service Line Report Data: Fiscal Year 2017

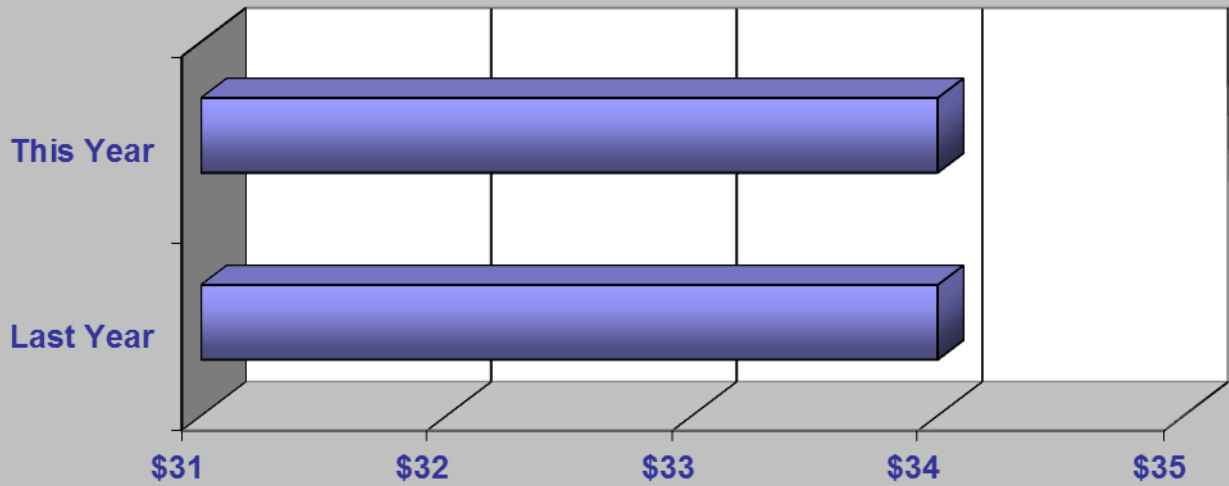
Service	Patient Procedures	Net Revenue	Direct Costs	Contribution Margin	Indirect Costs	Net Income
Diagnostic Imaging	39,337	\$272,830	\$283,391	(\$10,561)	\$96,905	(\$107,466)
Radiology - CHC	20,077	644,610	392,800	251,810	147,117	104,693
Radiology - KDIC	11,762	1,053,339	669,630	383,709	266,059	117,650
Breast Center	30,232	2,476,511	1,152,641	1,323,870	361,233	962,637
CT Scan	18,324	280,950	73,503	207,447	35,194	172,253
CT Scan - KDIC	4,091	1,630,056	454,169	1,175,887	225,639	950,248
MRI	1,748	132,688	67,706	64,982	30,809	34,173
MRI - KDIC	3,809	2,576,852	599,378	1,977,474	250,450	1,727,024
Ultrasound	11,211	113,570	58,035	55,535	31,084	24,451
Ultrasound - KDIC	8,256	1,037,827	325,744	712,083	119,255	592,828
Nuclear Medicine	5,114	859,320	404,082	455,238	104,072	351,166
PET Scan	821	1,626,194	775,891	850,303	59,976	790,327
Grand Total	154,782	\$12,704,747	\$5,256,970	\$7,447,777	\$1,727,793	\$5,719,984

Increase (Decrease)	4,427	\$459,672	\$129,275	\$330,396	\$208,772	\$121,624
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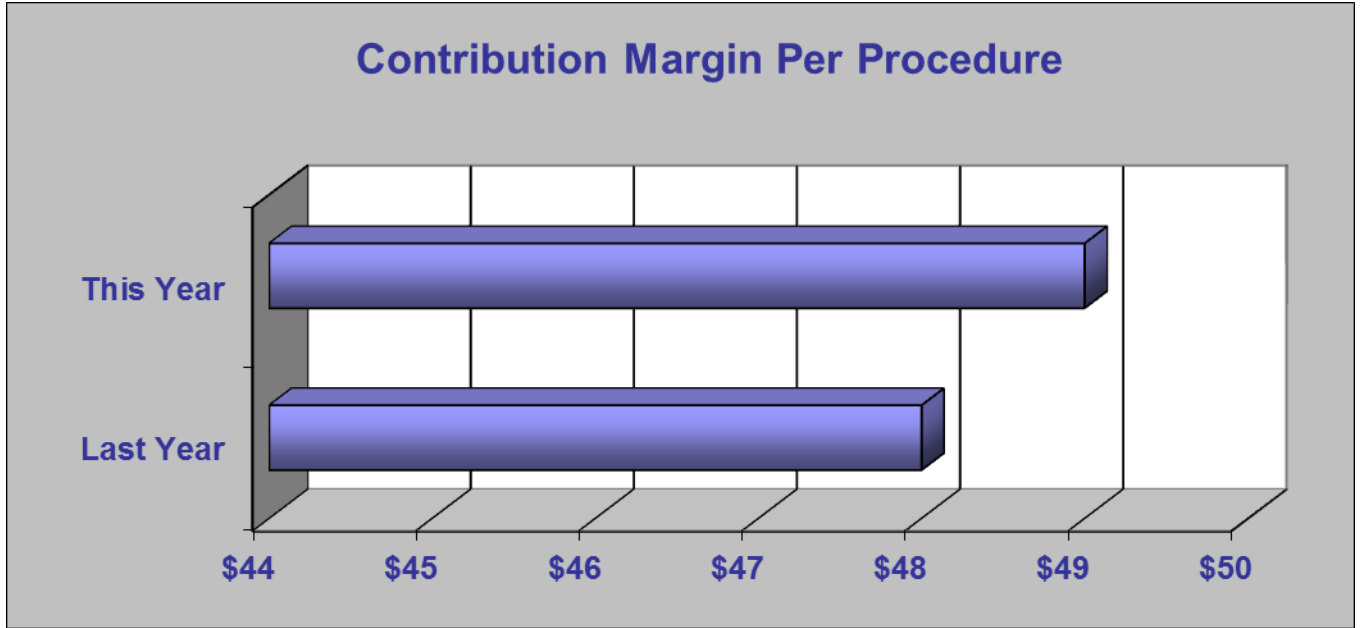
Net Revenue Per Procedure



Direct Cost Per Procedure



	<u>Last Year</u>	<u>This Year</u>
Net Revenue Per Case	\$82	\$83
Direct Cost Per Case	\$34	\$34
Contribution Margin Per Case	\$48	\$49



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

Clinical Laboratory Services

Randall Kokka (624-5053)
Director of Clinical Laboratory Services
December 26, 2018

Summary Issue/Service Considered

- For FY 2018, the Clinical Laboratory is on schedule to perform slightly over 4.9 million tests (+2.1% year over year) representing net revenue of approximately 8.8 million dollars (+2.3%) and net income of nearly 2.8 million dollars (outreach).
- Employee focus: improve staffing coverage and technical oversight, equity, and overall employee satisfaction.
- Quality improvement: continuation of initiatives to decrease blood culture contamination rates, blood and blood product wastage and stat test turnaround times, while increasing testing throughput (e.g. “morning run” workload).
- Equipment and technology initiatives: assess current diagnostic capabilities and strategically plan for future facility, equipment and automation needs to accommodate growing workload demands.
- Cerner (EMR) conversion and optimization: continue to optimize the Cerner Millennium system, including Bridge specimen collection, following the May 1st, 2018, go-live.

Quality/Performance Improvement Data

- The College of American Pathologists (CAP) proficiency testing programs were successfully completed and recorded. The Lab is CAP accredited.
- The Lab also successfully passed a CDPH (California Department of Public Health) validation survey in February of 2018, further confirmation of service quality and performance.
- Post Cerner go-live, the main focus continues to be optimization of the PathNet laboratory module (with Bridge) and the continued establishment of laboratory-related data analytics (e.g. turnaround times, blood culture contamination rates, etc).

Policy, Strategic or Tactical Issues

- Development of a replacement/enhancement strategy for the currently aging Chemistry automation line and other equipment. This effort includes the assessment of new technology and stands as the single most important goal for the immediate future.
- Policy development to decrease blood and blood products wastage and blood culture contamination rates. For example, the Lab/Nursing/Education/Quality “Blood Culture Contamination Taskforce” vetted the “Adult Peripheral Blood Culture Collection Procedure” and the recent (December) establishment of a blood utilization review process.
- A departmental “Lab Council” was established and made up of representatives from each area for the purpose of recognizing individual/group accomplishments and focusing on areas of employee interest. This has resulted in focused reporting and employee awards at monthly staff meetings. Lab leadership continues to round with employees to actively initiate discussion on employee satisfaction and workplace improvement.

Recommendations/Next Steps

- Complete the design and proposals to incorporate increased volume of tests and improved technology by way of technologically advanced automation.
- Staffing focus: continue to actively support the Clinical Laboratory Scientist (CLS) trainee program as an integral part of the overall staffing strategy. Increase per diem staff in the CLS and phlebotomist ranks to improve depth and further assess the need for additional staff - particularly on the NOC (night) shift.
- Assess Microbiology/Molecular advancements and their incorporation into the Lab's operations- particularly as it relates to automation.

Approvals/Conclusions

- For over the past two years, Laboratory management has worked with equipment manufacturers to develop (in some cases unique) proposals for improved service and testing capabilities. These ideas are now at the drawing phase with the projected goal of submission for consideration in calendar year 2019.
- Employee satisfaction: in the latter part of 2018 the Laboratory completed the remodel of the employee breakroom and the continuation of the employee recognition program. These efforts, along with District initiatives to improve compensation and staffing should be reflected in higher scores in the next round of employee surveys.
- The "Blood Culture Contamination Taskforce" actively vetted a variety of proposed objectives and efforts will continue with measured outcomes based on the monthly, by department, contamination rate reports. Additionally, the Lab is collaborating with an outside vendor, BioSeal, to develop an optimized blood collection pack.
- In the latter part of 2018, an additional technical position was added to the NOC shift. Immediate feedback confirmed the efficacy of this decision. In lieu of ongoing projects and proposed testing development, a QA/QC specialist will be vetted.
- Molecular programs have been initiated, or updated, to the benefit of our patient population. Currently, the BioFire system was acquired in December of 2018 and is actively being validated for early 2019 release. This technology and testing menu will greatly enhance the diagnostic capabilities of the District and improve patient care.
- Meetings with the ED, Facilities and Project personnel have led to plans for potential expanded Lab service opportunities associated with the current ED expansion project to include: movement of the Lab's outpatient draw station from the basement to the ground floor (projected to complete in the first quarter of 2019), the proposed establishment of a stat lab in the ED, and the aforementioned remodel of the Lab area to accommodate enhanced automation and testing needs.

**Kaweah Delta Health Care District
Annual Report to the Board of Directors
Financial & Statistical Information**

Clinical Lab - Outpatient

Randy Kokka (624-5053)

December 2018

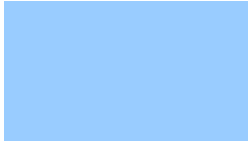
Service Line Report Data: Fiscal Year 2018 Annualized (Nine Months Ended March 31, 2018)

Service	Patient Cases	Net Revenue	Direct Costs	Contribution Margin	Indirect Costs
Clinical Lab - Outpatient	79,209	\$8,797,440	\$4,427,248	\$4,370,192	\$1,633,623

Service Line Report Data: Fiscal Year 2017

Service	Patient Cases	Net Revenue	Direct Costs	Contribution Margin	Indirect Costs
Clinical Lab - Outpatient	79,547	\$8,613,882	\$4,382,434	\$4,231,448	\$1,464,391
Increase (Decrease)	(338)	\$183,558	\$44,814	\$138,744	\$169,232

	<u>Last Year</u>	<u>This Year</u>
Net Revenue Per Case	\$108.29	\$111.07
Direct Cost Per Case	\$55.09	\$55.89
Contribution Margin Per Case	\$53.19	\$55.17



**Net
Income**

\$2,736,569



**Net
Income**

\$2,767,057

(\$30,488)

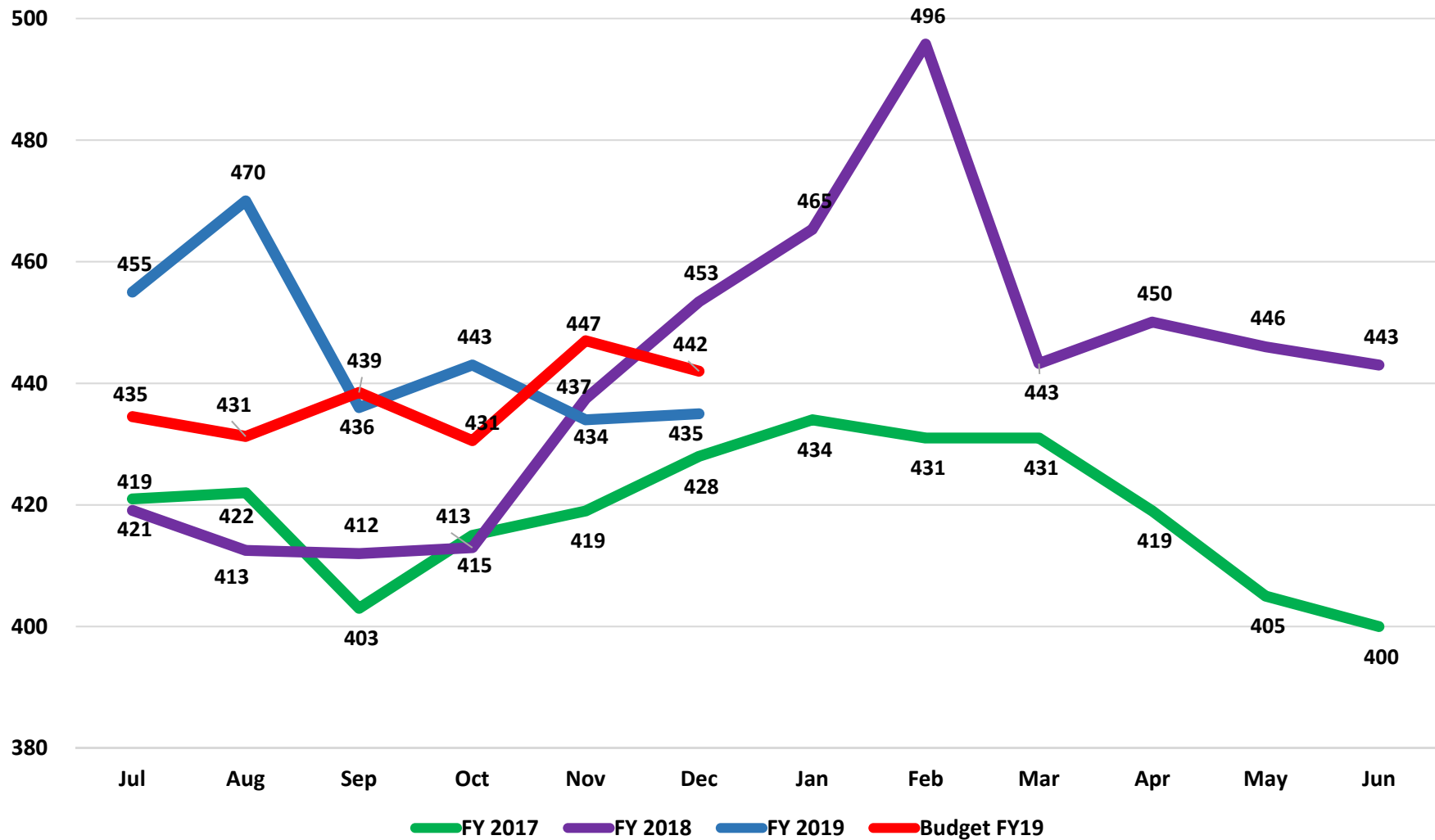


CFO Financial Report

KAWEAH DELTA HEALTH CARE DISTRICT

January 24, 2019

Average Daily Census



Statistical Results – Fiscal Year Comparison (December)

Actual Results			Budget	Budget Variance	
Dec 2017	Dec 2018	% Change	Dec 2018	Change	% Change

Average Daily Census **453** **435** **(4.0%)** **442** **(7)** **(1.6%)**

KDHCD Patient Days:

Medical Center	9,257	8,805	(4.9%)	8,877	(72)	(0.8%)
Acute I/P Psych	1,441	1,473	2.2%	1,449	24	1.7%
Sub-Acute	967	966	(0.1%)	944	22	2.3%
Rehab	595	411	(30.9%)	594	(183)	(30.8%)
TCS-Ortho	401	369	(8.0%)	370	(1)	(0.3%)
TCS	493	508	3.0%	549	(41)	(7.5%)
NICU	323	366	13.3%	372	(6)	(1.6%)
Nursery	579	599	3.5%	556	43	7.7%

Total KDHCD Patient Days **14,056** **13,497** **(4.0%)** **13,711** **(214)** **(1.6%)**

Total Outpatient Volume **11,446** **11,902** **4.0%** **12,207** **(305)** **(2.5%)**

Statistical Results – Fiscal Year Comparison (Jul-Dec)

	Actual Results			Budget	Budget Variance	
	FY 2018	FY 2019	% Change	FY 2019	Change	% Change
Average Daily Census	425	445	4.8%	437	8	1.7%
KDHCD Patient Days:						
Medical Center	49,574	52,879	6.7%	51,050	1,829	3.6%
Acute I/P Psych	8,621	8,619	(0.0%)	8,690	(71)	(0.8%)
Sub-Acute	5,746	5,644	(1.8%)	5,664	(20)	(0.4%)
Rehab	3,443	3,344	(2.9%)	3,559	(215)	(6.0%)
TCS-Ortho	2,246	2,233	(0.6%)	2,220	13	0.6%
TCS	2,848	2,861	0.5%	3,294	(433)	(13.1%)
NICU	2,080	2,829	36.0%	2,444	385	15.8%
Nursery	3,564	3,562	(0.1%)	3,551	11	0.3%
Total KDHCD Patient Days	78,122	81,971	4.9%	80,472	1,499	1.9%
Total Outpatient Volume	72,892	71,349	(2.1%)	76,739	(5,391)	(7.0%)

December Financial Comparison (000's)

	Actual Results			Budget	Budget Variance	
	Dec-17	Dec-18	% Change	Dec-18	Change	% Change
Operating Revenue						
Net patient service revenue	\$49,412	\$43,717	(11.5%)	\$52,174	(\$8,457)	(16.2%)
Supplemental Gov't Programs	2,656	6,429	142.1%	3,608	2,821	78.2%
Prime Program	230	997	334.4%	997	0	0.0%
Premium revenue	2,583	3,027	17.2%	2,725	302	11.1%
Management services revenue	2,151	2,533	17.8%	2,486	47	1.9%
Other Revenue	1,360	1,747	28.4%	1,549	198	12.8%
Other operating revenue	8,979	14,732	64.1%	11,364	3,367	29.6%
Total Operating Revenue	58,391	58,449	0.1%	63,538	(5,089)	(8.0%)
Operating Expenses						
Salaries and wages	22,356	24,243	8.4%	24,584	(341)	(1.4%)
Contract labor	584	1,111	90.0%	313	797	254.5%
Employee benefits	4,529	5,761	27.2%	6,178	(418)	(6.8%)
Total Employment Expenses	27,470	31,115	13.3%	31,076	38	0.1%
Medical and other supplies	9,768	10,329	5.7%	9,955	374	3.8%
Physician fees	6,035	7,023	16.4%	6,923	100	1.4%
Purchased services	3,204	2,639	(17.6%)	2,856	(217)	(7.6%)
Repairs and maintenance	2,024	1,996	(1.4%)	2,136	(141)	(6.6%)
Utilities	452	407	(10.1%)	499	(92)	(18.5%)
Rents and leases	473	594	25.7%	544	50	9.2%
Depreciation and amortization	1,991	2,527	26.9%	2,756	(229)	(8.3%)
Interest Expense	443	463	4.5%	501	(38)	(7.5%)
Other Expenses	1,471	1,571	6.8%	1,817	(245)	(13.5%)
Management Services Expenses	2,096	2,538	21.1%	2,441	97	4.0%
Total Operating Expenses	55,428	61,202	10.4%	61,504	(302)	(0.5%)
Operating Margin	\$2,963	(\$2,753)	(192.9%)	\$2,034	(\$4,788)	(235.4%)
Nonoperating Revenue	(326)	613	288.0%	516	98	19.0%
Excess Margin	\$2,637	(\$2,140)	(181.2%)	\$2,550	(\$4,690)	(183.9%)
Operating Margin %	5.1%	(4.7%)		3.2%		
Excess Margin %	4.5%	(3.7%)		4.0%		

Fiscal Year Financial Comparison (000's)

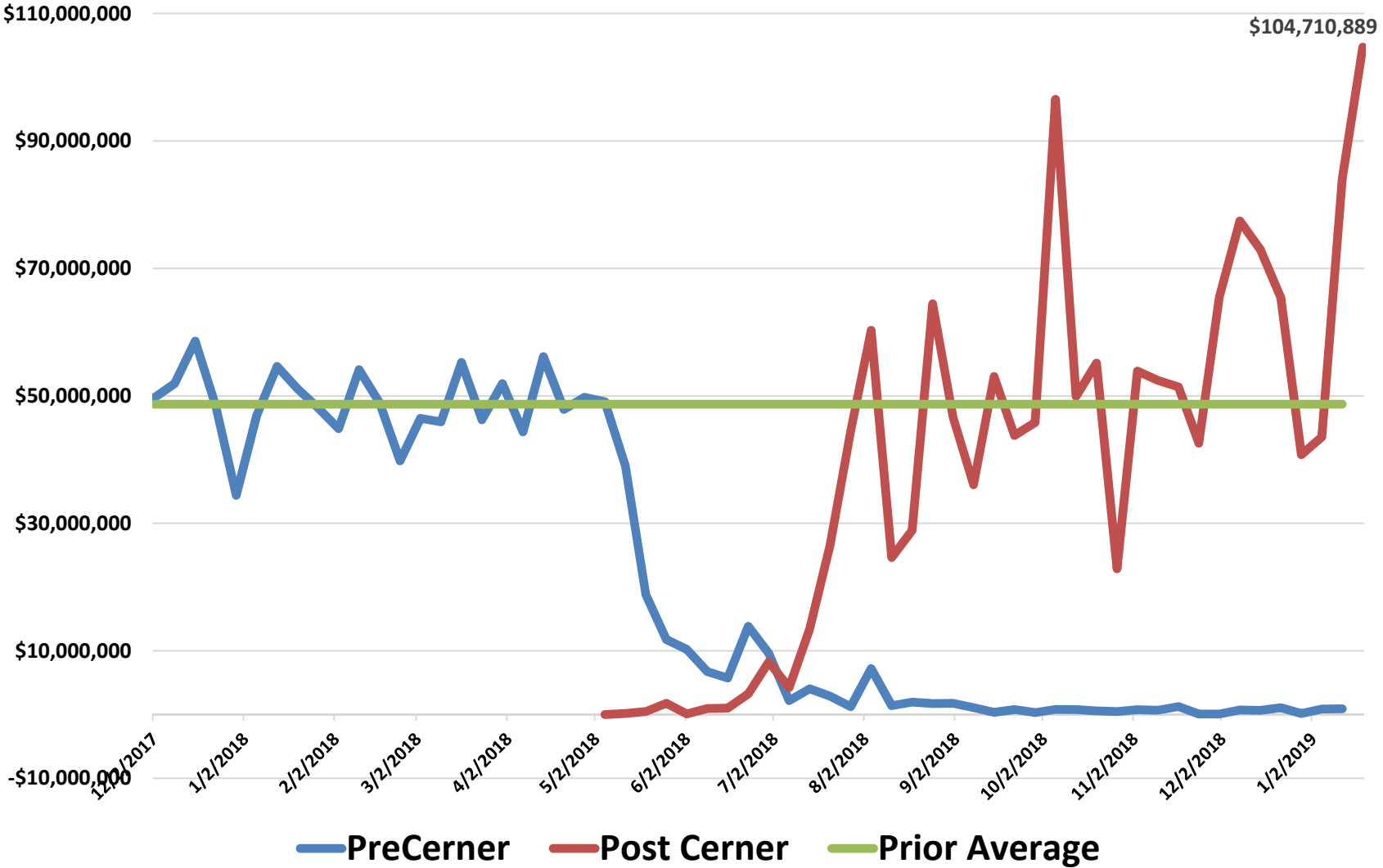
	Actual Results FYTD July-Dec.			Budget FYTD	Budget Variance FYTD	
	2017	2018	% Change	2018	Change	% Change
Operating Revenue:						
Net patient service revenue	\$280,748	\$284,237	1.2%	\$296,561	(\$12,324)	(4.2%)
Supplemental Gov't Programs	15,935	24,471	53.6%	21,650	2,821	13.0%
Prime Program	12,475	8,823	(29.3%)	5,982	2,841	47.5%
Premium revenue	15,020	18,037	20.1%	16,349	1,688	10.3%
Management services revenue	14,312	15,359	7.3%	14,754	605	4.1%
Other Revenue	8,590	12,573	46.4%	9,211	3,362	36.5%
Other operating revenue	66,331	79,263	19.5%	67,946	11,317	16.7%
Total Operating Revenue	347,079	363,500	4.7%	364,507	(1,007)	(0.3%)
Operating Expenses:						
Salaries and wages	131,338	143,728	9.4%	142,850	878	0.6%
Contract labor	3,449	7,675	122.5%	1,789	5,885	328.9%
Employee benefits	34,172	35,211	3.0%	36,685	(1,474)	(4.0%)
Total Employment Expenses	168,960	186,614	10.4%	181,324	5,289	2.9%
Medical and other supplies	53,967	59,462	10.2%	55,985	3,477	6.2%
Physician fees	34,832	41,970	20.5%	41,252	718	1.7%
Purchased services	17,594	17,599	0.0%	17,043	556	3.3%
Repairs and maintenance	11,584	12,629	9.0%	12,799	(170)	(1.3%)
Utilities	3,084	3,047	(1.2%)	2,962	85	2.9%
Rents and leases	2,793	3,113	11.4%	3,265	(152)	(4.7%)
Depreciation and amortization	11,927	15,097	26.6%	15,891	(794)	(5.0%)
Interest Expense	2,468	2,712	9.9%	3,004	(292)	(9.7%)
Other Expenses	8,704	9,468	8.8%	10,783	(1,314)	(12.2%)
Management Services Expenses	14,035	15,078	7.4%	14,488	590	4.1%
Total Operating Expenses	329,948	366,789	11.2%	358,795	7,994	2.2%
Operating Margin	\$17,131	(\$3,288)	(119.2%)	\$5,712	(\$9,000)	(157.6%)
Nonoperating Revenue	2,402	3,202	33.3%	3,065	137	4.5%
Excess Margin	\$19,533	(\$86)	(100.4%)	\$8,777	(\$8,863)	(101.0%)
Operating Margin %	4.9%	(0.9%)		1.6%		
Excess Margin %	5.6%	(0.0%)		2.4%		

Kaweah Delta Medical Foundation

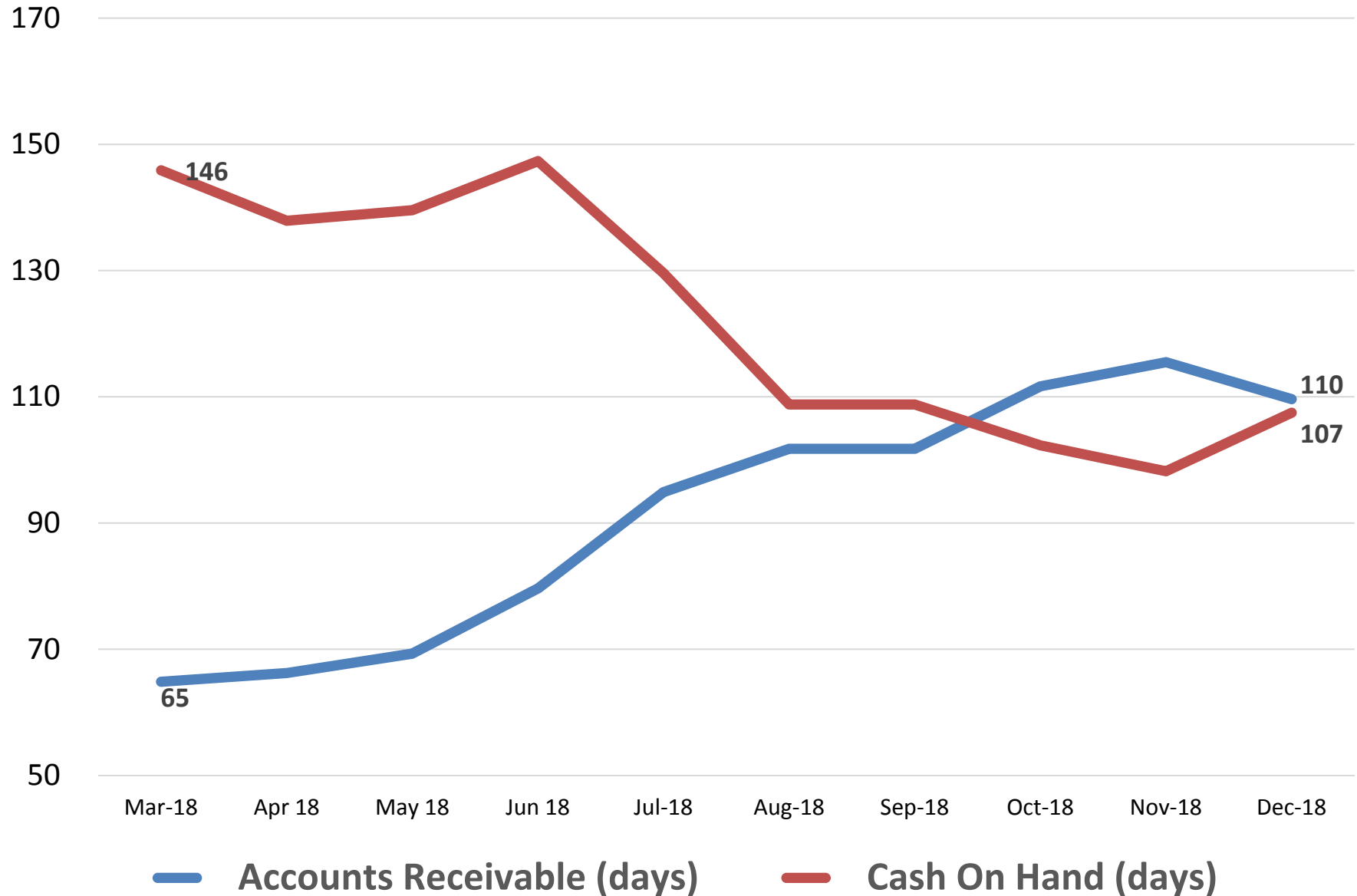
Fiscal Year Financial Comparison (000's)

	Actual Results FYTD July-Dec.			Budget FYTD	Budget Variance FYTD	
	2017	2018	% Change	2018	Change	% Change
Operating Revenue:						
Net patient service revenue	\$19,117	\$21,478	12.4%	\$23,081	(\$1,603)	(6.9%)
Other operating revenue	142	348	145.1%	210	138	65.7%
Total Operating Revenue	19,259	21,826	13.3%	23,291	(1,465)	(6.3%)
Operating Expenses:						
Salaries and wages	4,944	5,703	15.3%	5,759	(56)	(1.0%)
Contract labor	2	82	3184.4%	0	82	100.0%
Employee benefits	1,285	1,333	3.7%	1,463	(130)	(8.9%)
Total Employment Expenses	6,232	7,118	14.2%	7,222	(104)	(1.4%)
Medical and other supplies	2,410	3,091	28.3%	2,952	139	4.7%
Physician fees	9,357	10,728	14.7%	11,439	(711)	(6.2%)
Purchased services	671	582	(13.3%)	689	(107)	(15.5%)
Repairs and maintenance	924	984	6.4%	1,029	(45)	(4.4%)
Utilities	260	242	(7.1%)	231	11	4.8%
Rents and leases	1,224	1,370	11.9%	1,454	(84)	(5.8%)
Depreciation and amortization	565	588	4.1%	519	69	13.3%
Interest Expense	16	13	(20.4%)	19	(6)	(31.6%)
Other Expenses	623	821	31.8%	635	186	29.3%
Total Operating Expenses	22,283	25,537	14.6%	26,189	(652)	(2.5%)
Excess Margin	(\$3,025)	(\$3,711)	(22.7%)	(\$2,898)	(\$813)	(28.1%)
Excess Margin %	(15.7%)	(17.0%)		(12.4%)		

Billed Claims \$\$ - Pre and Post Cerner



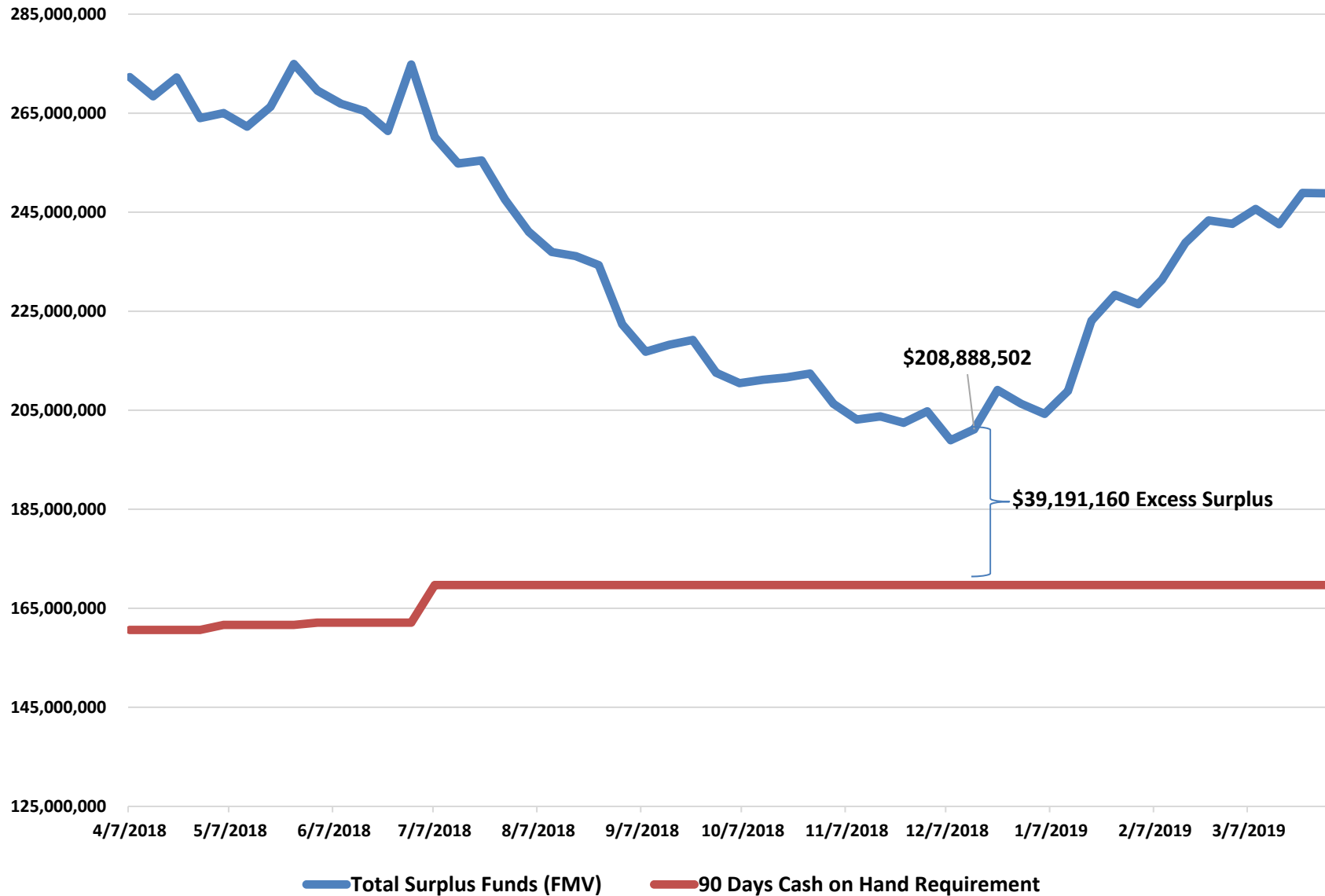
Liquidity Ratios



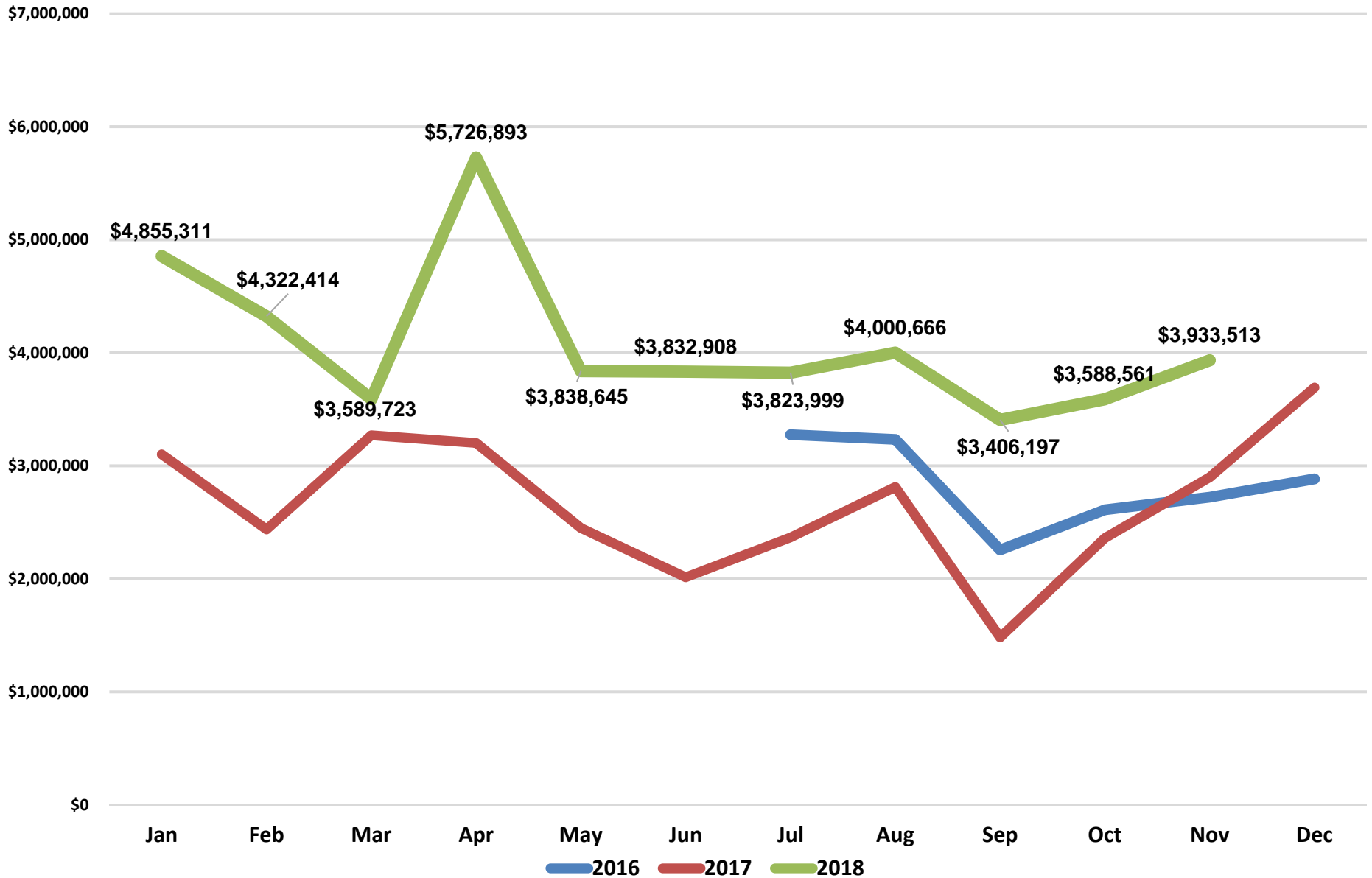
Cash Collections - Pre and Post Cerner



Cash Surplus: Actual and Projected



Opportunity Cost for Reducing LOS to National Average (GMLOS) Estimated \$48.6M Annual Impact



KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED INCOME STATEMENT (000's)
FISCAL YEAR 2018 & 2019

Fiscal Year	Operating Revenue			Operating Expenses								Operating Income	Non-Operating Income	Net Income	Operating Margin %	Excess Margin
	Net Patient Revenue	Other Operating Revenue	Operating Revenue Total	Personnel Expense	Physician Fees	Supplies Expense	Other Operating Expense	Operating Expenses Total								
2018																
Jul-17	45,574	9,538	55,112	27,540	5,046	8,360	11,461	52,407	2,705	492	3,197	4.9%	5.8%			
Aug-17	45,582	10,283	55,865	27,549	5,506	8,905	12,236	54,197	1,669	462	2,131	3.0%	3.8%			
Sep-17	43,354	10,246	53,599	27,950	5,505	8,372	11,751	53,577	22	855	877	0.0%	1.6%			
Oct-17	46,452	17,695	64,146	29,020	6,309	8,908	12,147	56,384	7,762	378	8,140	12.1%	12.7%			
Nov-17	50,375	9,591	59,965	29,430	6,430	9,654	12,441	57,955	2,010	541	2,551	3.4%	4.3%			
Dec-17	49,412	8,979	58,391	27,470	6,035	9,768	12,155	55,428	2,963	(326)	2,637	5.1%	4.5%			
Jan-18	50,813	9,879	60,692	29,912	6,289	10,672	12,175	59,047	1,645	612	2,256	2.7%	3.7%			
Feb-18	46,636	9,308	55,944	28,254	6,600	9,212	11,136	55,202	742	666	1,408	1.3%	2.5%			
Apr-18	45,936	13,610	59,546	30,332	6,715	8,948	13,107	59,103	443	583	1,026	0.7%	1.7%			
May-18	48,498	9,700	58,198	28,849	6,939	9,240	14,847	59,875	(1,677)	562	(1,115)	(2.9%)	(1.9%)			
Jun-18	46,257	24,860	71,116	31,029	6,325	8,658	16,702	62,713	8,403	502	8,905	11.8%	12.5%			
2018 FY Total	\$ 568,097	\$ 144,175	\$ 712,272	\$ 349,476	\$ 75,049	\$ 110,389	\$ 153,711	\$ 688,624	\$ 23,647	\$ 3,706	\$ 27,353	3.3%	3.8%			
2019																
Jul-18	49,124	11,390	60,514	30,147	6,300	9,585	12,701	58,733	1,781	434	2,215	2.9%	3.7%			
Aug-18	52,124	11,471	63,594	31,602	7,668	10,624	12,980	62,874	721	451	1,171	1.1%	1.8%			
Sep-18	46,634	11,659	58,293	29,835	6,524	8,862	13,361	58,582	(289)	912	624	(0.5%)	1.1%			
Oct-18	48,769	11,646	60,414	32,849	7,145	9,867	13,066	62,927	(2,513)	343	(2,169)	(4.2%)	(3.6%)			
Nov-18	43,870	18,365	62,235	31,066	7,310	10,195	13,900	62,470	(235)	449	214	(0.4%)	0.3%			
Dec-18	43,717	14,732	58,449	31,115	7,023	10,329	12,736	61,202	(2,753)	613	(2,140)	(4.7%)	(3.7%)			
2019 FY Total	\$ 284,237	\$ 79,263	\$ 363,500	\$ 186,614	\$ 41,970	\$ 59,462	\$ 78,743	\$ 366,789	\$ (3,288)	\$ 3,202	\$ (86)	(0.9%)	(0.0%)			
FYTD Budget	296,561	67,946	364,507	181,324	41,252	55,985	80,233	358,795	5,712	3,065	8,777	1.6%	2.4%			
Variance	\$ (12,324)	\$ 11,317	\$ (1,007)	\$ 5,289	\$ 718	\$ 3,477	\$ (1,491)	\$ 7,994	\$ (9,000)	\$ 137	(8,863)					
Current Month Analysis																
Dec-18	\$ 43,717	\$ 14,732	\$ 58,449	\$ 31,115	\$ 7,023	\$ 10,329	\$ 12,736	\$ 61,202	\$ (2,753)	\$ 613	\$ (2,140)	(4.7%)	(3.7%)			
Budget	52,174	11,364	63,538	31,076	6,923	9,955	13,550	61,504	2,034	516	2,550	3.2%	4.0%			
Variance	\$ (8,457)	\$ 3,368	\$ (5,089)	\$ 38	\$ 100	\$ 374	\$ (814)	\$ (302)	\$ (4,787)	\$ 98	(4,689)					

KAWEAH DELTA HEALTH CARE DISTRICT

FISCAL YEAR 2018 & 2019

Fiscal Year	Patient Days	ADC	Adjusted	I/P	DFR &	Net Patient	Personnel	Physician	Supply	Total	Personnel	Physician	Supply	Total
			Patient	Revenue	Bad	Revenue/	Expense/	Fees/	Expense/	Expense/	Expense/	Net Patient	Patient	Net
	Days		Days	%	Debt %	Ajusted	Ajusted	Ajusted	Ajusted	Ajusted	Revenue	Revenue	Revenue	Revenue
2018														
Jul-17	12,992	419	25,148	51.7%	72.8%	1,812	1,095	201	332	2,084	60.4%	11.1%	18.3%	115.0%
Aug-17	12,788	413	25,508	50.1%	73.9%	1,787	1,080	216	349	2,125	60.4%	12.1%	19.5%	118.9%
Sep-17	12,360	412	24,864	49.7%	72.9%	1,744	1,124	221	337	2,155	64.5%	12.7%	19.3%	123.6%
Oct-17	12,802	413	25,261	50.7%	73.8%	1,839	1,149	250	353	2,232	62.5%	13.6%	19.2%	121.4%
Nov-17	13,124	437	24,731	53.1%	71.6%	2,037	1,190	260	390	2,343	58.4%	12.8%	19.2%	115.0%
Dec-17	14,056	453	25,502	55.1%	73.4%	1,938	1,077	237	383	2,173	55.6%	12.2%	19.8%	112.2%
Jan-18	14,425	465	26,797	53.8%	73.4%	1,896	1,116	235	398	2,204	58.9%	12.4%	21.0%	116.2%
Feb-18	13,882	496	25,172	55.1%	73.2%	1,853	1,122	262	366	2,193	60.6%	14.2%	19.8%	118.4%
Mar-18	13,741	443	25,441	54.0%	73.9%	1,934	1,263	289	381	2,466	65.3%	14.9%	19.7%	127.5%
Apr-18	13,502	450	25,380	53.2%	74.4%	1,810	1,195	265	353	2,329	66.0%	14.6%	19.5%	128.7%
May-18	13,824	446	26,770	51.6%	73.6%	1,812	1,078	259	345	2,237	59.5%	14.3%	19.1%	123.5%
Jun-18	13,238	441	24,831	53.3%	72.3%	1,863	1,250	255	349	2,526	67.1%	13.7%	18.7%	135.6%
2018 FY Total	160,734	440	305,158	52.7%	73.3%	1,862	1,145	246	362	2,257	61.5%	13.2%	19.4%	121.2%
2019														
Jul-18	14,096	455	26,287	53.6%	72.4%	1,869	1,147	240	365	2,234	61.4%	12.8%	19.5%	119.6%
Aug-18	14,569	470	28,016	52.0%	76.0%	1,861	1,128	274	379	2,244	60.6%	14.7%	20.4%	120.6%
Sep-18	13,052	435	24,371	53.6%	73.5%	1,914	1,224	268	364	2,404	64.0%	14.0%	19.0%	125.6%
Oct-18	13,744	443	25,579	53.7%	73.5%	1,907	1,284	279	386	2,460	67.4%	14.7%	20.2%	129.0%
Nov-18	13,013	434	23,625	55.1%	74.9%	1,857	1,315	309	432	2,644	70.8%	16.7%	23.2%	142.4%
Dec-18	13,497	435	25,399	53.1%	76.2%	1,721	1,225	277	407	2,410	71.2%	16.1%	23.6%	140.0%
2019 FY Total	81,971	445	153,320	53.5%	74.5%	1,854	1,217	274	388	2,392	65.7%	14.8%	20.9%	129.0%
FYTD Budget	80,472	437	157,211	51.2%	72.5%	1,886	1,153	262	356	2,340	61.1%	13.9%	18.9%	121.0%
Variance	1,499	8	(3,892)	2.3%	2.0%	(32)	64	11	32	52	4.5%	0.9%	2.0%	8.1%
Current Month Analysis														
Dec-18	13,497	435	25,399	53.1%	76.2%	1,721	1,225	277	407	2,410	71.2%	16.1%	23.6%	140.0%
Budget	13,711	442	25,918	52.9%	72.6%	2,013	1,199	267	384	2,422	59.6%	13.3%	19.1%	117.9%
Variance	(214)	(7)	(519)	0.2%	3.7%	(292)	26	9	23	(12)	11.6%	2.8%	4.5%	22.1%

KAWEAH DELTA HEALTH CARE DISTRICT

RATIO ANALYSIS REPORT

DECEMBER 31, 2018

	Current Month Dec	Prior Month Value	June 30, 2018 Audited Value	2017 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	3.2	3.2	2.0	1.7	1.9	2.1
Accounts Receivable (days)	109.6	115.5	79.6	48.4	48.4	46.5
Cash On Hand (days) **	107.5	98.2	147.3	264.6	226.5	156.5
Cushion Ratio (x)	14.1	13.1	18.2	36.6	23.9	13.8
Average Payment Period (days)	42.6	42.6	52.6	75.0	59.6	59.6
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	88.3%	80.7%	114.2%	217.6%	169.6%	111.7%
Debt-To-Capitalization	32.9%	32.9%	33.6%	26.0%	32.9%	39.3%
Debt-to-Cash Flow (x)	6.8	6.0	4.5	2.2	3.0	4.5
Debt Service Coverage	2.2	2.5	3.5	7.1	5.4	3.0
Maximum Annual Debt Service Coverage (x)	2.2	2.5	3.6	6.4	4.7	2.8
Age Of Plant (years)	11.9	11.8	13.3	10.1	11.6	12.1
PROFITABILITY RATIOS						
Operating Margin	(.9%)	(.2%)	3.3%	3.5%	2.3%	(.4%)
Excess Margin	(.0%)	0.7%	3.6%	6.6%	5.2%	1.9%
Operating Cash Flow Margin	4.0%	4.7%	7.6%	9.2%	8.6%	6.0%
Return on Assets	(.0%)	0.6%	3.1%	5.3%	4.0%	1.7%

*For Moody's Reporting Purposes, bad debt is reflected as an operating expense

**Does not include the Hospital Foundation Cash

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

	Dec-18	Nov-18	Change	% Change	Jun-18 (Audited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	\$ 11,244	\$ 5,731	\$ 5,513	96.19%	\$ 5,325
Current Portion of Board designated and trusted assets	13,372	16,322	(2,950)	-18.07%	12,643
Accounts receivable:					
Net patient accounts	180,162	190,831	(10,668)	-5.59%	138,502
Other receivables	23,932	15,998	7,934	49.60%	7,863
	204,094	206,828	(2,734)	-1.32%	146,365
Inventories	8,666	8,775	(109)	-1.24%	8,408
Medicare and Medi-Cal settlements	23,254	23,569	(315)	-1.34%	20,088
Prepaid expenses	11,148	10,777	371	3.45%	10,967
Total current assets	271,779	272,003	(223)	-0.08%	203,796
NON-CURRENT CASH AND INVESTMENTS - less current portion					
Board designated cash and assets	202,615	191,967	10,648	5.55%	272,414
Revenue bond assets held in trust	40,433	49,052	(8,619)	-17.57%	57,845
Assets in self-insurance trust fund	4,617	4,562	55	1.21%	4,607
Total non-current cash and investments	247,666	245,581	2,085	0.85%	334,866
CAPITAL ASSETS					
Land	15,988	15,988	-	0.00%	15,869
Buildings and improvements	352,708	352,696	12	0.00%	343,422
Equipment	269,441	268,339	1,102	0.41%	265,819
Construction in progress	32,656	30,781	1,875	6.09%	25,196
	670,792	667,803	2,989	0.45%	650,306
Less accumulated depreciation	342,230	339,816	2,414	0.71%	328,323
	328,562	327,987	575	0.18%	321,983
Property under capital leases - less accumulated amortization	3,353	3,428	(76)	-2.21%	4,123
Total capital assets	331,915	331,415	499	0.15%	326,106
OTHER ASSETS					
Property not used in operations	3,760	3,766	(6)	-0.16%	3,796
Health-related investments	7,741	7,772	(31)	-0.40%	6,252
Other	8,933	8,760	173	1.98%	8,337
Total other assets	20,434	20,298	136	0.67%	18,385
Total assets	871,794	869,297	2,496	0.29%	883,154
DEFERRED OUTFLOWS					
	3,116	3,154	(38)	-1.20%	3,344
Total assets and deferred outflows	\$ 874,910	\$ 872,451	\$ 2,458	0.28%	\$ 886,498

KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED STATEMENTS OF NET POSITION

	Dec-18	Nov-18	Change	% Change	Jun-18
LIABILITIES AND NET ASSETS					(Audited)
CURRENT LIABILITIES					
Accounts payable and accrued expenses	\$ 30,207	\$ 28,603	\$ 1,604	5.61%	\$ 44,529
Accrued payroll and related liabilities	50,686	47,854	2,832	5.92%	46,064
Long-term debt, current portion	8,822	8,822	-	0.00%	8,976
Total current liabilities	89,714	85,279	4,435	5.20%	99,569
LONG-TERM DEBT, less current portion					
Bonds payable	264,758	264,815	(57)	-0.02%	266,631
Capital leases	908	1,122	(214)	-19.09%	2,156
Total long-term debt	265,667	265,938	(271)	-0.10%	268,787
NET PENSION LIABILITY	39,249	39,524	(276)	-0.70%	40,902
OTHER LONG-TERM LIABILITIES	29,510	28,932	578	2.00%	26,768
Total liabilities	424,140	419,673	4,466		436,026
NET ASSETS					
Invested in capital assets, net of related debt	101,646	109,528	(7,882)	-7.20%	110,175
Restricted	28,894	32,953	(4,059)	-12.32%	29,668
Unrestricted	320,230	310,297	9,933	3.20%	310,627
Total net position	450,770	452,778	(2,008)	-0.44%	450,471
Total liabilities and net position	\$ 874,910	\$ 872,451	\$ 2,458	0.28%	\$ 886,498

KAWEAH DELTA HEALTH CARE DISTRICT SUMMARY OF FUNDS December 31, 2018

Board designated funds	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
LAIF		2.29	Various		23,622,792	
Cal Trust		2.21	Cal Trust		16,191,528	
CAMP		2.46	CAMP		39,343	
Wells Cap		0.02	Money market		262,069	
PFM		0.02	Money market		251,183	
PFM	25-Jan-19	1.90	ABS	FNMA	10,102	
Torrey Pines Bank	5-Mar-19	0.30	CD	Torrey Pines Bank	3,018,088	
PFM	3-May-19	2.05	CD	Sumito MTSU	820,000	
Wells Cap	1-Jul-19	1.80	Municipal	Univ California Ca	1,000,000	
PFM	2-Aug-19	1.84	CD	Skandin Ens CD	2,000,000	
Wells Cap	12-Sep-19	1.13	Supra-National Age	Intl Bk	1,900,000	
PFM	25-Sep-19	1.65	ABS	FNMA	61,262	
Wells Cap	30-Sep-19	1.20	Supra-National Age	Intl Bk	1,500,000	
Wells Cap	7-Oct-19	1.88	Supra-National Age	Intl Bk	1,975,000	
Wells Cap	11-Dec-19	2.10	MTN-C	General Electric Cap	1,200,000	
PFM	7-Feb-20	2.67	CD	Credit Suisse	750,000	
PFM	20-Feb-20	2.72	CD	Nordea Bank	1,800,000	
PFM	15-Mar-20	1.57	ABS	Ally Auto	76,470	
PFM	16-Mar-20	1.51	ABS	Nissan Auto	43,159	
PFM	10-Apr-20	2.74	CD	Canadian C D	1,400,000	
Wells Cap	1-May-20	2.20	MTN-C	E I DU PONT DE	500,000	
Wells Cap	8-May-20	1.55	U.S. Govt Agency	FFCB	1,050,000	
Wells Cap	31-May-20	1.50	U.S. Govt Agency	US Treasury Bill	345,000	
PFM	5-Jun-20	3.08	CD	Bank of Nova	1,600,000	
PFM	5-Jun-20	1.80	MTN-C	Home Depot Inc	425,000	
PFM	15-Jun-20	1.25	ABS	John Deere	74,356	
Wells Cap	15-Jun-20	1.50	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	22-Jun-20	1.95	MTN-C	John Deere	200,000	
PFM	23-Jun-20	1.41	MTN-C	JP Morgan	1,000,000	
Wells Cap	29-Jun-20	2.63	MTN-C	BB T Corp	1,280,000	
PFM	20-Jul-20	2.00	MTN-C	American Honda Mtn	420,000	
PFM	22-Jul-20	1.41	MTN-C	Wells Fargo Company	1,150,000	
PFM	3-Aug-20	2.05	CD	Westpac Bking CD	1,570,000	
Wells Cap	18-Aug-20	2.55	MTN-C	State Street Corp	830,000	
Wells Cap	31-Aug-20	1.38	U.S. Govt Agency	US Treasury Bill	1,055,000	
PFM	4-Sep-20	1.85	MTN-C	Caterpillar Finl Mtn	670,000	
PFM	4-Sep-20	1.63	Supra-National Age	Intl BK	1,250,000	
PFM	12-Sep-20	1.56	Supra-National Age	Intl Bk	1,750,000	
PFM	15-Sep-20	1.56	ABS	Hyundai Auto	69,537	
Wells Cap	15-Sep-20	2.25	MTN-C	Automatic Data	800,000	
Wells Cap	15-Sep-20	2.75	MTN-C	Goldman Sachs	350,000	
Wells Cap	30-Sep-20	1.38	U.S. Govt Agency	US Treasury Bill	400,000	
Wells Cap	30-Sep-20	1.50	U.S. Govt Agency	US Treasury Bill	1,500,000	
Wells Cap	15-Oct-20	1.95	MTN-C	Unitedhealth Group	595,000	
PFM	16-Oct-20	3.39	CD	Sumito MTSU	805,000	
Wells Cap	26-Oct-20	1.75	U.S. Govt Agency	FFCB	1,400,000	
Wells Cap	31-Oct-20	1.25	U.S. Govt Agency	US Treasury Bill	400,000	
PFM	13-Nov-20	2.00	MTN-C	Apple, Inc	900,000	
PFM	16-Nov-20	2.27	CD	Swedbank	1,800,000	
Wells Cap	25-Nov-20	1.16	ABS	BMW Vehicle Owner	444,219	
Wells Cap	30-Nov-20	1.63	U.S. Govt Agency	US Treasury Bill	150,000	
Wells Cap	14-Dec-20	2.20	MTN-C	Visa Inc	700,000	
Wells Cap	14-Dec-20	2.20	MTN-C	Visa Inc	400,000	
PFM	15-Dec-20	2.13	Supra-National Age	Inter Amer Dev Bk	1,800,000	
Wells Cap	18-Dec-20	1.47	ABS	Honda Auto	474,155	
PFM	31-Dec-20	2.38	U.S. Govt Agency	US Treasury Bill	605,000	
Wells Cap	31-Dec-20	1.63	U.S. Govt Agency	US Treasury Bill	600,000	
PFM	8-Jan-21	2.35	MTN-C	John Deere	750,000	
PFM	20-Jan-21	1.80	MTN-C	IBM	900,000	
Wells Cap	25-Jan-21	2.25	Supra-National Age	Intl Bk	750,000	
PFM	16-Feb-21	1.73	ABS	Toyota Auto Recvrs	202,279	
Wells Cap	18-Feb-21	1.38	U.S. Govt Agency	FHLB	980,000	
Wells Cap	23-Feb-21	2.25	MTN-C	Apple, Inc	615,000	
Wells Cap	28-Feb-21	1.13	U.S. Govt Agency	US Treasury Bill	700,000	
PFM	12-Mar-21	2.75	MTN-C	Texas Instruments	180,000	
Wells Cap	12-Mar-21	2.75	MTN-C	Texas Instruments	630,000	

KAWEAH DELTA HEALTH CARE DISTRICT SUMMARY OF FUNDS December 31, 2018

Wells Cap	15-Mar-21	1.71	ABS	Smart Trust	928,147
Wells Cap	31-Mar-21	1.25	U.S. Govt Agency	US Treasury Bill	935,000
PFM	1-Apr-21	2.80	Municipal	California ST	530,000
Wells Cap	1-Apr-21	2.63	Municipal	California ST High	1,250,000
Wells Cap	1-Apr-21	3.54	Municipal	Sacramento Ca Public	1,200,000
Wells Cap	13-Apr-21	2.95	MTN-C	Toyota Motor	600,000
PFM	15-Apr-21	2.50	MTN-C	Bank of NY	900,000
PFM	15-Apr-21	1.29	ABS	Hyundai Auto	363,133
Wells Cap	19-Apr-21	2.63	MTN-C	Bank of America	435,000
PFM	21-Apr-21	2.50	MTN-C	Morgan Stanley	450,000
PFM	21-Apr-21	2.50	MTN-C	Morgan Stanley	450,000
Wells Cap	21-Apr-21	2.50	MTN-C	Morgan Stanley	750,000
Wells Cap	29-Apr-21	2.15	MTN-C	PNC Bank	400,000
Wells Cap	30-Apr-21	1.38	U.S. Govt Agency	US Treasury Bill	875,000
PFM	5-May-21	2.25	MTN-C	American Express	450,000
Wells Cap	6-May-21	1.25	U.S. Govt Agency	FNMA	700,000
PFM	10-May-21	2.05	MTN-C	BB T Corp	450,000
Wells Cap	17-May-21	1.70	ABS	USAA Auto Owner	370,000
PFM	19-May-21	1.95	MTN-C	State Street Corp	245,000
PFM	24-May-21	4.13	MTN-C	US Bancorp	900,000
Wells Cap	7-Jun-21	2.40	MTN-C	JP Morgan	910,000
Wells Cap	14-Jun-21	2.25	MTN-C	Fifth Third Bank	800,000
PFM	15-Jun-21	1.67	ABS	Ford Credit Auto	326,197
Wells Cap	30-Jun-21	1.00	U.S. Govt Agency	US Treasury Bill	400,000
Wells Cap	1-Jul-21	2.39	Municipal	San Francisco	935,000
PFM	14-Jul-21	1.13	U.S. Govt Agency	FHLB	1,775,000
PFM	23-Jul-21	2.75	Supra-National Age	Intl Bk	1,800,000
PFM	15-Aug-21	1.87	ABS	Honda Auto	900,000
PFM	16-Aug-21	1.76	ABS	Hyundai Auto	430,000
Wells Cap	16-Aug-21	1.74	ABS	Nissan Auto	1,050,000
Wells Cap	17-Aug-21	1.25	U.S. Govt Agency	FNMA	1,400,000
Wells Cap	17-Aug-21	1.25	U.S. Govt Agency	FNMA	1,500,000
PFM	31-Aug-21	2.00	U.S. Govt Agency	US Treasury Bill	5,600,000
Wells Cap	1-Sep-21	2.25	MTN-C	Ryder System Inc	420,000
PFM	15-Sep-21	6.72	ABS	FHLMC	1,772
PFM	15-Sep-21	1.90	MTN-C	Oracle Corp	900,000
PFM	20-Sep-21	1.85	MTN-C	Cisco Systems Inc	800,000
PFM	6-Oct-21	1.70	MTN-C	Pepsico Inc	1,320,000
PFM	15-Oct-21	1.82	ABS	John Deere	340,000
Wells Cap	30-Oct-21	2.35	MTN-C	Boeing Co	1,000,000
PFM	31-Oct-21	1.25	U.S. Govt Agency	US Treasury Bill	290,000
PFM	31-Oct-21	2.00	U.S. Govt Agency	US Treasury Bill	2,000,000
PFM	15-Nov-21	2.00	ABS	Toyota Auto Recvcs	250,000
Wells Cap	19-Nov-21	1.75	ABS	Citibank Credit	1,100,000
PFM	30-Nov-21	1.75	U.S. Govt Agency	US Treasury Bill	2,000,000
Wells Cap	30-Nov-21	1.75	U.S. Govt Agency	US Treasury Bill	1,160,000
PFM	15-Dec-21	1.75	ABS	Ally Auto	360,000
PFM	15-Dec-21	1.65	ABS	American Express	330,000
PFM	31-Dec-21	2.13	U.S. Govt Agency	US Treasury Bill	3,600,000
Wells Cap	31-Dec-21	2.00	U.S. Govt Agency	US Treasury Bill	1,225,000
PFM	15-Jan-22	1.63	MTN-C	Comcast Corp	450,000
PFM	18-Jan-22	1.93	ABS	Toyota Auto	625,000
Wells Cap	7-Feb-22	2.60	MTN-C	Bank of NY	1,000,000
PFM	12-Feb-22	2.38	MTN-C	Microsoft Corp	450,000
Wells Cap	28-Feb-22	1.88	U.S. Govt Agency	US Treasury Bill	390,000
Wells Cap	3-Mar-22	2.25	MTN-C	Johnson Johnson	500,000
PFM	4-Mar-22	2.45	MTN-C	Walt Disney Co	375,000
PFM	8-Mar-22	3.30	MTN-C	PNC Funding Corp	494,000
PFM	15-Mar-22	1.99	ABS	Ally Auto	735,000
PFM	15-Mar-22	2.01	ABS	Ford Credit Auto	945,000
PFM	1-Apr-22	2.75	MTN-C	BB T Corp	450,000
Wells Cap	5-Apr-22	1.88	U.S. Govt Agency	FNMA	920,000
Wells Cap	18-Apr-22	2.66	ABS	John Deere	500,000
PFM	25-Apr-22	2.75	MTN-C	Citigroup	1,000,000
Wells Cap	25-Apr-22	2.40	MTN-C	National Rural	950,000

KAWEAH DELTA HEALTH CARE DISTRICT SUMMARY OF FUNDS December 31, 2018

Wells Cap	26-Apr-22	3.00	MTN-C	Goldman Sachs	440,000
Wells Cap	30-Apr-22	1.88	U.S. Govt Agency	US Treasury Bill	800,000
PFM	15-May-22	1.75	U.S. Govt Agency	US Treasury Bill	2,300,000
Wells Cap	15-May-22	3.28	Municipal	Univ Of CA	400,000
PFM	16-May-22	2.35	MTN-C	United Parcel	450,000
PFM	17-May-22	3.50	MTN-C	Bank of America	300,000
Wells Cap	18-May-22	2.30	MTN-C	Costco Wholesale	1,000,000
Wells Cap	25-May-22	2.20	MTN-C	Coca Cola Co	500,000
PFM	1-Jun-22	3.38	MTN-C	Blackrock Inc.	395,000
Wells Cap	30-Jun-22	1.75	U.S. Govt Agency	US Treasury Bill	660,000
PFM	15-Aug-22	1.95	ABS	Bank of America	1,000,000
PFM	31-Aug-22	1.88	U.S. Govt Agency	US Treasury Bill	2,000,000
Wells Cap	31-Aug-22	1.75	U.S. Govt Agency	US Treasury Bill	590,000
PFM	8-Sep-22	2.15	MTN-C	Toyota Motor	450,000
Wells Cap	15-Sep-22	1.93	ABS	American Express	1,656,000
Wells Cap	15-Sep-22	1.82	ABS	Capital One	867,000
PFM	30-Sep-22	1.88	U.S. Govt Agency	US Treasury Bill	750,000
Wells Cap	5-Oct-22	2.00	U.S. Govt Agency	FNMA	950,000
PFM	17-Oct-22	2.67	ABS	American Express	420,000
Wells Cap	27-Oct-22	2.70	MTN-C	Citigroup	750,000
Wells Cap	31-Oct-22	2.00	U.S. Govt Agency	US Treasury Bill	3,150,000
Wells Cap	30-Nov-22	2.00	U.S. Govt Agency	US Treasury Bill	2,770,000
PFM	15-Dec-22	2.70	MTN-C	Intel Corp	415,000
PFM	15-Dec-22	3.02	ABS	Toyota Auto	915,000
PFM	31-Dec-22	2.13	U.S. Govt Agency	US Treasury Bill	1,810,000
PFM	17-Jan-23	3.00	ABS	Ally Auto	965,000
PFM	17-Jan-23	3.03	ABS	Mercedes Benz Auto	565,000
PFM	20-Jan-23	2.49	ABS	Citibank Credit	1,900,000
PFM	31-Jan-23	1.75	U.S. Govt Agency	US Treasury Bill	1,200,000
Wells Cap	31-Jan-23	2.38	U.S. Govt Agency	US Treasury Bill	350,000
Wells Cap	28-Feb-23	2.63	U.S. Govt Agency	US Treasury Bill	2,100,000
PFM	31-Mar-23	1.50	U.S. Govt Agency	US Treasury Bill	900,000
Wells Cap	20-Apr-23	3.38	MTN-C	Verizon Owner Trust	600,000
PFM	24-Apr-23	2.88	MTN-C	Bank of America	640,000
PFM	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill	3,000,000
PFM	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	16-May-23	3.02	ABS	GM Financial	415,000
PFM	24-Jul-23	2.91	MTN-C	Goldman Sachs	900,000
PFM	25-Jul-23	3.20	ABS	FHLMC	380,000
Wells Cap	31-Aug-23	2.75	U.S. Govt Agency	US Treasury Bill	1,240,000
PFM	20-Sep-23	3.45	MTN-C	Toyota Motor	550,000
Wells Cap	31-Oct-23	3.00	U.S. Govt Agency	US Treasury Bill	550,000
Wells Cap	1-Oct-26	8.00	Municipal	San Marcos Ca Redev	1,185,000

\$ 196,056,791.00

<p style="text-align: center;">KAWEAH DELTA HEALTH CARE DISTRICT SUMMARY OF FUNDS December 31, 2018</p>
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	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
<u>Self-insurance trust</u>						
Wells Cap			Money market	110900	718,314	
Wells Cap			Fixed income - L/T	152300	<u>4,656,386</u>	5,374,700
<u>2012 revenue bonds</u>						
US Bank			Principal/Interest payment fund	142112	<u>2,063,036</u>	2,063,036
<u>2015A revenue bonds</u>						
US Bank			Principal/Interest payment fund	142115	<u>444,721</u>	444,721
<u>2015B revenue bonds</u>						
US Bank			Principal/Interest payment fund	142116	353,332	
US Bank			Project Fund	152442	<u>40,364,127</u>	40,717,459
<u>2017A/B revenue bonds</u>						
US Bank			Principal/Interest payment fund	142117	<u>124,547</u>	124,547
<u>2017C revenue bonds</u>						
US Bank			Principal/Interest payment fund	142118	<u>510,827</u>	510,827
<u>2014 general obligation bonds</u>						
LAIF			Interest Payment fund	152440	<u>1,654,187</u>	1,654,187
<u>Operations</u>						
Wells Fargo Bank		0.20	Checking	100000	(979,795)	
Wells Fargo Bank		0.20	Checking	100500	8,185,171	
					<u>7,205,376</u>	
<u>Pavroll</u>						
Wells Fargo Bank		0.20	Checking	100100	(41,438)	
Wells Fargo Bank		0.20	Checking	100201	30,236	
Wells Fargo Bank			Checking	100205	1,152	
Bancorp			Checking	100202	16,483	
					<u>6,433</u>	7,211,809
Total investments					\$	<u>254,158,077</u>

KAWEAH DELTA HEALTH CARE DISTRICT SUMMARY OF FUNDS December 31, 2018

Kaweah Delta Medical Foundation

Wells Fargo Bank	Checking	100050	\$ 3,394,626
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Sequoia Regional Cancer Center

Wells Fargo Bank	Checking	100535	\$ 263,251
Wells Fargo Bank	Checking	100530	-
			\$ 263,251

Kaweah Delta Hospital Foundation

VCB Checking	Investments	100501	\$ 339,966
Various	S/T Investments	142200	4,685,351
Various	L/T Investments	142300	10,405,961
Various	Unrealized G/L	142400	490,961
			\$ 15,922,239

Summary of board designated funds:

Plant fund:

Uncommitted plant funds	\$ 128,374,893	142100
Committed for capital	33,017,047	142100
	<u>161,391,940</u>	
GO Bond reserve - L/T	2,014,220	142100
401k Matching	9,190,338	142100
Cost report settlement - cur	2,135,384	142104
Cost report settlement - L/T	<u>1,312,727</u>	142100
	3,448,111	
Development fund/Memorial fund	104,184	112300
Workers compensation - cu	5,368,000	112900
Workers compensation - L/T	<u>14,539,998</u>	113900
	19,907,998	
	\$ 196,056,791	

	Total Investments	%	Trust Accounts	Surplus Funds	%
<u>Investment summary by institution:</u>					
Bancorp	\$ 16,483	0.0%		16,483	0.0%
Cal Trust	16,191,528	6.4%		16,191,528	8.0%
CAMP	39,343	0.0%		39,343	0.0%
Local Agency Investment Fund (LAIF)	23,622,792	9.3%		23,622,792	11.6%
Local Agency Investment Fund (LAIF) - GOB Tax f	1,654,187	0.7%	1,654,187	-	0.0%
Wells Cap	76,321,290	30.0%	5,374,700	70,946,590	34.9%
PFM	82,238,450	32.4%		82,238,450	40.5%
Torrey Pines Bank	3,018,088	1.2%		3,018,088	1.5%
Wells Fargo Bank	7,195,326	2.8%		7,195,326	3.5%
US Bank	43,860,590	17.3%	43,860,590		0.0%
Total investments	\$ 254,158,077	100.0%	\$ 50,889,477	\$ 203,268,600	100.0%

KAWEAH DELTA HEALTH CARE DISTRICT SUMMARY OF FUNDS December 31, 2018

<u>Investment summary of surplus funds by type:</u>		<u>Investment</u>	
		<u>Limitations</u>	
Negotiable and other certificates of deposit	\$ 15,563,088	\$ 60,981,000	(30%)
Checking accounts	7,211,809		
Local Agency Investment Fund (LAIF)	23,622,792	65,000,000	
Cal Trust	16,191,528		
CAMP	39,343		
Medium-term notes (corporate) (MTN-C)	39,734,000	60,981,000	(30%)
U.S. government agency	61,075,000		
Municipal securities	6,500,000		
Money market accounts	513,252	40,654,000	(20%)
Asset Backed Securities	20,092,788	40,654,000	(20%)
Supra-National Agency	12,725,000	60,981,000	(30%)
	<u>\$ 203,268,600</u>		

Return on investment:

Current month	<u><u>1.85%</u></u>
Year-to-date	<u><u>1.19%</u></u>
Prospective	<u><u>2.05%</u></u>
LAIF (year-to-date)	<u><u>2.11%</u></u>
Budget	<u><u>1.66%</u></u>

Material current-month nonroutine transactions:

Sell/Called/Matured:	US Treasury, \$748,000, 1.375%
	US Treasury, \$415,000, 2.125%
	Bank of Tokyo CD, \$900,000, 2.070%
	Toyota Motor, \$550,000, 2.150%
	Connecticut St, \$500,000, 1.974%
Buy:	Univ Of Ca, \$400,000, 3.283%
	FHLMC, \$380,000, 3.203%
	US Treasury Nt, \$3,000,000, 1.750%
	Intel Corp, \$415,000, 2.700%
	Toyota, \$550,000, 3.450%

<u>Fair market value disclosure for the quarter ended December 31, 2018 (District only):</u>	<u>Quarter-to-date</u>	<u>Year-to-date</u>
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	\$ (2,080,172)
Change in unrealized gain (loss) on investments (income statement effect)	\$ 1,528,354	\$ 1,671,647

KAWEAH DELTA HEALTH CARE DISTRICT SUMMARY OF FUNDS December 31, 2018

Investment summary of CDs:

Bank of Nova	1,600,000
Canadian C D	1,400,000
Credit Suisse	750,000
Nordea Bank	1,800,000
Skandin Ens CD	2,000,000
Sumito Mtsu	1,625,000
Swedbank	1,800,000
Torrey Pines Bank	3,018,088
Westpac Bking CD	1,570,000
	\$ 15,563,088

Investment summary of asset backed securities:

Ally Auto	\$ 2,136,470
American Express	2,406,000
Bank of America	1,000,000
BMW Vehicle Owner	444,219
Capital One	867,000
Citibank Credit	3,000,000
FHLMC	381,772
FNMA	71,364
Ford Credit Auto	1,271,197
GM Financial	415,000
Honda Auto	1,374,155
Hyundai Auto	862,670
John Deere	914,356
Mercedes Benz Auto	565,000
Nissan Auto	1,093,159
Smart Trust	928,147
Toyota Auto	1,540,000
Toyota Auto Recvs	452,279
USAA Auto Owner	370,000
	\$ 20,092,788

Investment summary of medium-term notes (corporate):

American Express	\$ 450,000
American Honda Mtn	420,000
Apple, Inc	1,515,000
Automatic Data	800,000
Bank of America	1,375,000
Bank of NY	1,900,000
BB T Corp	2,180,000
Blackrock Inc.	395,000
Boeing Co	1,000,000
Caterpillar Finl Mtn	670,000
Cisco Systems Inc	800,000
Citigroup	1,750,000
Coca Cola Co	500,000
Comcast Corp	450,000
Costco Wholesale	1,000,000
E I DU PONT DE	500,000
Fifth Third Bank	800,000
General Electric Cap	1,200,000
Goldman Sachs	1,690,000
Home Depot Inc	425,000
IBM	900,000
Intel Corp	415,000
John Deere	950,000
Johnson Johnson	500,000
JP Morgan	1,910,000
Microsoft Corp	450,000
Morgan Stanley	1,650,000
National Rural	950,000
Oracle Corp	900,000
Pepsico Inc	1,320,000
PNC Bank	400,000
PNC Funding Corp	494,000
Ryder System Inc	420,000
State Street Corp	1,075,000

KAWEAH DELTA HEALTH CARE DISTRICT SUMMARY OF FUNDS December 31, 2018

Texas Instruments	810,000
Toyota Motor	1,600,000
Unitedhealth Group	595,000
United Parcel	450,000
US Bancorp	900,000
Visa Inc	1,100,000
Verizon Owner Trust	600,000
Walt Disney Co	375,000
Wells Fargo Company	1,150,000
	<u>\$ 39,734,000</u>

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	\$ 5,470,000
Federal Home Loan Bank (FHLB)	2,755,000
Federal Farmers Credit Bank (FFCB)	2,450,000
US Treasury Bill	50,400,000
	<u>\$ 61,075,000</u>

Investment summary of municipal securities:

California ST High	\$ 1,250,000
California ST	530,000
Sacramento Ca Public	1,200,000
San Francisco	935,000
Univ California Ca	1,000,000
San Marcos Ca Redev	1,185,000
Univ Of CA	400,000
	<u>\$ 6,500,000</u>

Investment summary of Supra-National Agency:

Intl Bk	\$ 10,925,000
Inter Amer Dev Bk	1,800,000
	<u>\$ 12,725,000</u>

Policy Submission Summary

Manual Name: Administrative			Date: January 2019
Support Staff Name: Cindy Moccio			
Policy/Procedure Title	#	Status – New, Revised, Reviewed, or Deleted	* Name and phone extension of person who wrote or revised policy - * for New and Revised policies only
Record Retention and Destruction	AP75	Revised	Ben Cripps 624-5006



Administrative

Policy Number: AP75	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Records Retention and Destruction	

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

POLICY: Kaweah Delta Health Care District will retain all pertinent records that pertain to all District operations in accordance with state and federal statute of limitations and regulatory retention requirements.

A “record” is defined as any “document, book, paper, photograph, recording or other material regardless of physical form or characteristics, made or received pursuant to law or in connection with the transaction of “official business.” This definition includes those records created, used and maintained in electronic form.

PROCEDURE:

1. Medical Records

- A. Medical records on adults, minors and emancipated minors shall be maintained and retained in accordance with state and federal records retention requirements.
- B. Records may be kept in either paper or electronic format. Where an electronic format exists, the paper format may be destroyed in accordance with Procedure IX Destruction upon Expiration or Electronic Storage.

2. Master Patient Index

Master Patient Index shall be maintained permanently either electronically or in hard copy format.

3. Tumor Registry Reports (Abstracts), Birth Logs, Emergency Room Logs

Tumor Registry Reports (Abstracts), Birth Logs, and Emergency Room Logs shall be maintained permanently.

4. Surgery Logs, Radiology Films

- A. Surgery Logs and Radiology films or digital images shall be maintained for a period of ~~ten~~seven (107) years following the date of service and 25 years for minors.
- B. Port films for radiation oncology shall be maintained permanently.

5. **Annual Reports to Governmental Agencies**

Annual reports to governmental agencies shall be permanently maintained.

6. **Utilization Review Worksheets, Physician Certification and Recertification**

Utilization Review Worksheets, Physician Certification and Recertification, shall be maintained for a period of six (6) years.

7. **Medical Staff Records and Reports**

Medical Staff Committee Reports/Minutes, Physician Files, Physician Continuing Educational Records, Physician Agreements, Physician Applications for Privileges that have been rejected and allied health professional files shall be maintained permanently.

8. **Financial Records**

All financial records shall be maintained in accordance with the California Hospital Association Record and Retention Schedule, current edition.

9. **Contracts and Grants**

Contract and Grant terms should be carefully reviewed to determine whether they contain any record retention obligations. Financial, statistical and non expendable property records and any other records pertinent to U.S. Department of Health and Human Services must be retained for three years from the date of submission of the final expenditure report, or until resolution of any litigation and federal audit findings.

10. **Destruction upon Expiration or Electronic Storage**

Upon expiration of the record retention period or electronic storage, the record may be destroyed by shredding. Shredding authorization shall be under the authority of the Director of Medical Records. Certifications of destruction shall be provided by the shredding service and shall be maintained as a permanent record.

11. **Electronic mail (email)**

Active electronic mail (email) on the District servers will be archived, retained and purged following these specific timeframes. All email will be retained based on the following guidelines except in situations where a Legal Hold has been requested by the Compliance Officer, Director of Risk Management, or Vice President of Human Resources (see below):

Retention within for six (6) years for the Management, Leadership, and Executive Team Members. Retention period for all other positions is three (3) years. Exception to the three year policy for non-management staff can be made at the discretion of the Compliance Officer or a member of the

~~Executive Team. After a specified amount of time (to be determined based on the performance of the active exchange server), the email record will be archived automatically and backed up on a routine basis as described below. Microsoft User Outlook Accounts (Exchange Server):~~

- ~~6 years of Inbox and Personal Folders~~
- ~~2 years of Sent Items~~
- ~~2 years of Deleted Items~~
- ~~Terminated employees - 1 year (all folders) from the date of termination~~

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Retention within email archive

- 6 years, all folders, all employees (active and terminated)

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A Legal Hold refers to the suspension of normal disposition procedures in the event of pending or actual litigation or investigation. In situations where District Legal Counsel has requested a Legal Hold, the Compliance Officer, Director of Risk Management, or Vice President of Human Resources will work directly with the Information System Services Management to impose and withdraw (when appropriate) the Legal Hold.

The Information Systems Services (ISS) Department has implemented timely and accurate backup processes that enable systems and data are backed up on a consistent and routine basis and that data is retrievable. See ISS Policy ISSW.2 – Information Systems Backup and Restores. Multiple copies of the email will be retained both at onsite and offsite locations.

12. References and Resources:

The following sources were used as references: The California Hospital Association Consent Manual, current edition; the California Hospital Association Records Retention Schedule, current edition and the California Department of Public Health Title 22. The California Hospital Association Record and Data Retention Schedule can be found on the following link:

<http://kdcentral.kdhcd.org/departments/8700/>

It is the Department Director's responsibility, where the California Hospital Association Record Retention Schedule is not specific enough or the law is unclear, to consult with the Director of Health Information Management (HIM), the Director of Risk Management, or the Compliance and Privacy Officer for further guidance. *"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 Submission Summary

Manual Name: Human Resources			Date: 1/14/19
Support Staff Name: Blanca Bedolla			
Policy/Procedure Title	#	Status (New, Revised, Reviewed, Deleted)	Name and Phone # of person who wrote the new policy or revised an existing policy
Non-English/Limited English Speaking, and/or Hearing Impaired Individuals- Non Discrimination	HR.14	Revised	Dianne Cox, VP Human Resources 624-2362
Orientation of Kaweah Delta Personnel	HR.46	Revised	Dianne Cox, VP Human Resources 624-2362
Dress Code - Professional Appearance Guidelines	HR.197	Revised	Dianne Cox, VP Human Resources 624-2362



Policy Number: HR.14	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Human Resources)	Date Approved: 05/01/2018
Approvers: Board of Directors (Administration), Dianne Cox (VP Human Resources)	
Non-Discrimination of Non-English/Limited English Speaking, and/or Hearing Impaired Individuals- <u>Non Discrimination</u>	

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

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

~~In support of our policy of non-discrimination against employees and applicants for employment, and against patients and visitors who are limited by their inability to converse fluently in the English language, or who are hearing impaired, the District maintains interpretation options to facilitate communication in many languages.~~

PROCEDURE: I. Employees and Applicants for Employment

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

II Complaints and/or Reports of Discrimination

Complaints and/or grievances regarding this policy from applicants for employment and/or from employees should be directed to the Vice President of Human Resources or designee. Complaints and/or grievances regarding this policy from patients, their family members, and/or members of the public should be

reported in accordance with the guidelines outlined in
the Administration Policy Manual, AP.88.

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



**Kaweah Delta
Health Care District**

Human Resources

Policy Number: HR.46	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Human Resources)	Date Approved: 03/17/2014
Approvers: Board of Directors (Administration), Debbie Wood (VP Human Resources)	
Orientation of Kaweah Delta Personnel	

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POLICY:

Kaweah Delta Health Care will conduct a structured General Orientation program for all new employees to ensure employees are knowledgeable of important topics and to assist them in adjusting to their new work environment. All newly hired and rehired employees of ~~Kaweah Delta the District~~ are required to attend General Orientation as their first day of employment and to complete any additional ~~Kaweah Delta District~~ orientation requirements (Patient Care, Nursing Services, RN orientations, etc.) within thirty (30) days of their initial day of employment.

Exceptions ~~will~~may be allowed based on staffing needs and must be approved by Human Resources.

All rehires must comply with the above mandated ~~Kaweah Delta District~~ orientation requirements, with the exception of employees who have had a break in service equaling less than 12 months and ~~who~~ have also completed Orientation/Annual Competencies for the job they are being hired into within the 12 months preceding their rehire date. ~~District General~~ Orientation is organized by Human Resources and the Organizational Development Department and is offered routinely. Additional District-Kaweah Delta orientation for clinical staff is organized by the Clinical Education Department.

Each department will conduct a department specific orientation for all personnel joining their department. (This includes new hires, re-hires, transfers, forensic staff, contracted/temporary agency staff, volunteers and clinical students).

Management of the department will also provide a specific orientation for ~~personnel~~personnel new to management/leadership positions.

All non-employee categories, including but not limited to Temporary staff, Travelers, Registry, Volunteers, Students, Agency and Contracted Staff are required to be oriented to ~~the District~~Kaweah Delta and department. Refer to HR Policy 233 Non-Employees for further detail.

PROCEDURE: ~~I.~~ Scheduling

Scheduling of employees ~~to in District~~ General Orientation will be coordinated by Human Resources and attendance monitored by Organizational Development. Managers and supervisors will be responsible for ensuring that all employees attend the orientation as scheduled.

~~II.~~ Completion of Computer Safety Tests

~~All employees will complete the appropriate computer safety tests within 30 days of the start of their employment.~~

Orientation Compensation

All orientation programs for employees will be considered as regular hours. Such hours will be included in computing hours worked and overtime, as well as hours toward qualification for benefit accruals.

Department Orientation Checklist

Within forty-eight (48) hours of the first day of work at their assigned location, each staff member will complete, have signed, and submit to Human Resources, the original copy of the KDHCD Department Orientation Checklist.

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Management Orientation Checklist

Each ~~staff member~~ staff member new to a management role will work with their direct supervisor to plan their management orientation using the Management Orientation Checklist. The completed checklist must be signed and submitted to Human Resources within 60 days of the date ~~the staff member assumed~~ of assuming the management role.

Non-Employee Orientation Requirements

As required by Joint Commission all personnel completing work on District Kaweah Delta premises are required to be oriented to Kaweah Delta the District and department. These Orientation packets are available in Organizational Development/Human Resources and should be completed prior to the start of their work assignment.

Clinical Student Interns/Externs Orientation Requirements

All student interns seeking clinical experience with ~~the District~~[Kaweah Delta](#) must have a fully executed student affiliation agreement contract on file in ~~the Organizational Development Department/~~Human Resources. As required by Joint Commission and DHS, all interns must be oriented to ~~the District~~[Kaweah Delta](#) and department. Department management is responsible to ensure Orientation occurs. Clinical Student Orientation packets and badges are available in ~~Organizational Development/~~Human Resources.

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

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Policy Number: HR.197	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Human Resources)	Date Approved: 10/23/2015
Approvers: Board of Directors (Administration), Dianne Cox (VP Human Resources)	
Dress Code - Professional Appearance Guidelines	

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

POLICY:

The professional appearance and conduct of our employees and contract staff are important parts of the experience for patients, their families and visitors in clinical and non-clinical areas. Dress and behavioral guidelines help Kaweah Delta employees and contract staff with expectations concerning appearance and conduct. This helps to ensure that our patients feel welcomed, respected, comfortable and safe. This policy provides expectations and guidelines for dress and personal appearance for employees, contract staff, and other individuals working at Kaweah Delta as well as while off duty.

PROCEDURE:

All individuals working at Kaweah Delta affect the overall image with patients, visitors, and the community. In as much, individuals are required to present a professional healthcare appearance and dress according to the requirements of this policy as well as adhere to their department-specific or job-specific dress standards.

Kaweah Delta has established the following criteria for personal appearance. These criteria are for the purpose of meeting our customers' and the community expectations and the image of what they expect of healthcare providers and administrative department personnel.

The following applies while at work and not at work if wearing any article that indicates "Kaweah Delta," or Kaweah Delta ID badge:

- a. Employees and contract staff are required to wear the official Kaweah Delta ID badge at all times while on duty. The ID badge must be worn so that the picture and name can be seen and must be chest high or above. **No marks, stickers (other than flu vaccine compliance), etc., or membership pins may be on the badge; it must include a current picture and not be faded or worn). Kaweah Delta recognition pins may be attached to the badge extender.** If an employee or contract staff member is visiting Kaweah Delta while not on duty, they are not to wear their ID badge, nor represent that they are on duty; they may not perform any work. At the option of an employee, the badge may include only the first name and initial of last name.
- b. Attire must be neat, clean, appropriately fitting, matched and coordinated and have a professional or business-like appearance. Scrubs must be appropriately fitting as well, neither too large nor too tight; pants may not touch the ground. Scrubs or jackets branded with another organization name or logo (including health care or a hospital) are prohibited.

- a. Revealing clothing (such as see-through or showing cleavage), sun-dresses, inappropriate length dresses or mini-skirts, bare-back dresses, halter tops, tank tops, t-shirts, casual denim or jeans, leggings, unprofessional casual capri pants with strings or cargo pockets, shorts or walking-shorts, army fatigue-print clothing, and thong/flip-flop sandals (even with back straps) are some examples of inappropriate attire. T-Shirts/Tops that expose chest hair are not allowed. Sleeveless attire is appropriate as long as it is coordinated with professional business dress, such as a suit. "Hoodies" or hooded jackets of any kind are not permitted; team jackets are to be approved by a manager.
- b. Those employees who work in departments that are exposed to the outside elements may wear hats while outside.
- c. With the exception of the front neck area above the collar line and the face, tattoos may be visible if the images or words do not convey violence, discrimination, profanity or sexually explicit content. Tattoos containing such messages must be covered with bandages, clothing, or cosmetics. Kaweah Delta reserves the right to judge the appearance of visible tattoos.
- d. Hickeys can be considered offensive, unprofessional and distracting in nature, and must be covered by clothing or band-aids.
- e. Excessive jewelry and watches that may affect safe patient care or violate infection control standards, multiple ear piercings or body piercings (except for a pin-size nose adornment) are not allowed. Ear expanders must be plugged with a flesh color plug.
- f. Shoes are to be worn as appropriate for the position and must be clean, in good repair, and meet the safety and noise abatement requirements of Kaweah Delta environment. Open-toed shoes may not be worn in patient care areas by those providing direct patient care. Socks are to be worn as appropriate for the position, (i.e. with Croc-type shoes that have holes). Closed toe shoes are required in the patient care areas and other areas in which safety requires closed toe shoes. Sandals or open-toed shoes are acceptable when safety does not dictate otherwise. Tennis shoes are appropriate if they apply to the position. Flip flops, thong shoes or locker-room sandals are not acceptable. High heels greater than three (3) inches and platform shoes are not safe in our work environment at Kaweah Delta and may not be worn.
- g. Hair is to be kept neat and clean, and may not be of abnormal color (purple, pink, unusual reds, etc.); extreme trends such as Mohawks (completely shaved but for hair down the middle of the head) are not permitted. Employees with long hair who have direct patient contact or work with food or machinery must have their hair pinned up off the shoulders, secured at the nape of the neck, or secured in a hair net. Beards, mustaches and sideburns must be clean and neat at all times.
- h. Kaweah Delta is fragrance-free due to allergies that present themselves with colognes, perfumes, aftershave lotions, hand lotions, etc. Body odor, smell of cigarette/e-cigarette/tobacco smoke or excessive makeup are examples of unacceptable personal grooming.
- i. Fingernails: Employees who have direct contact with patients (those employees who touch patients as a part of their job description) and those indirectly involved in patient care, such as Pharmacy, Housekeeping, Laboratory, and Sterile Processing must comply with the following guidelines. Some departments (i.e. Food and Nutrition Services) may have specific requirements that vary:
 1. Nails must be kept clean, short and natural.
 2. Artificial nails, acrylics or other artificial materials (including nail jewelry) applied

- over the nails are prohibited. These are dried grinded nail products (acrylics or gels).
3. Nail or Gel Polish is permissible **in most areas** if used in good taste, with non-shocking colors or decor, and is maintained without chips or cracks. **Polish is not allowed in Food and Nutrition Services.**
 4. Nails should not be visible when holding the palm side of the hand up.

Non-direct caregivers (those employees without “hands on” patient contact) must comply, as follows:

1. Nails (including artificial) must be kept clean and neatly trimmed or filed.
 2. Short nail length is defined as the white nail tip not greater than 1/4 inch.
 3. Polish is permissible if used in good taste, with non-shocking colors or decor, and is maintained without chips or cracks.
- j. Employees who are required to wear certain uniform-type attire must comply with the requirements set forth by their department head or Kaweah Delta, within the following guidelines: attire limited to a general color of fabric (i.e., dark, solid colors), business style jackets/blazers, white shirts/blouses, and/or black shoes. Any other attire required by Kaweah Delta will be provided to the employee at no cost.
- k. Employees attending Kaweah Delta staff meetings on Kaweah Delta premises may wear casual, but not inappropriate attire. It would be inappropriate to wear shorts, gym-wear, tank tops, nor anything similar. Jeans are appropriate as long as they are not frayed and torn. Employees must be modestly dressed. Employees attending on-site classes or other meetings are to wear office-casual attire, scrubs, or street clothes in good taste. Kaweah Delta employees and contract staff are not permitted to present in any way that would appear unprofessional to Kaweah Delta leadership.
- l. Kaweah Delta promotes organization-wide events and may allow Kaweah Delta-provided t-shirts for these days. These are allowed if appropriate for the employees’ work environment.
- m. Kaweah Delta promotes organization-wide events and may allow Kaweah Delta-provided t-shirts for these days. These are allowed if appropriate for the employees’ work environment. With the exception of specific areas where scrubs are laundered (i.e. Cath Lab, CVOR, OR, NICU, L&D) Kaweah Delta does not provide or launder scrubs or uniforms for employees, unless the garments are provided by Kaweah Delta and require dry-cleaning. However, employees who have received a splash of blood or body fluid during the normal course of their job need to change into clothing for protection under Standard Precautions are allowed to wear Kaweah Delta-provided, Kaweah Delta-laundered scrubs or uniforms furnished by Kaweah Delta **laundry**. These are to be returned to Kaweah Delta at the next shift worked. Upon arriving at and leaving from work, employees are provided with reasonable paid time to change. An employee may not wear these scrubs to and from Kaweah Delta or **outside of the hospital unless it is for work-related business (i.e. Employee Health, Human Resources, and Employee Pharmacy) and they must wear a white lab coat over the scrubs. Upon return to the department, personnel must change into fresh scrubs before returning to the semi-restricted or restricted areas. Refer to Policy SS4000.**
- n. The responsibility to determine the appropriateness of employee appearance and attire and for enforcing uniform/dress code requirements rests with leadership. For example, the Behavioral Health departments may allow exceptions to this policy as appropriate to their patient care population. Employees who fail to follow personal appearance and hygiene guidelines will be sent home and instructed to return to work in proper form. Under such circumstances, employees will not be compensated for the time away from work.

- o. Employees may be placed into the Progressive Disciplinary Action process for violation of this policy.

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

Privileges in Obstetrics & Gynecology

Name: _____

Please Print

OB/GYN Initial Criteria					
Education: Successful completion of an ACGME or AOA-accredited residency /fellowship in obstetrics & gynecology AND					
Certification: Current certification or active participation in the examination process leading to certification in obstetrics & gynecology by the American Board of Obstetrics & Gynecology or the American Osteopathic Board of Obstetrics & Gynecology. Board certification must be obtained within 5 years of completion of residency.					
Renewal Criteria: Maintenance of certification or active participation in the examination process leading to certification in obstetrics & gynecology by the American Board of Obstetrics & Gynecology or the American Osteopathic Board of Obstetrics & Gynecology.					
OBSTETRICS CORE PRIVILEGES					
Current Experience: Documentation or attestation of the management of a minimum of 100 deliveries in the past 2 years OR Completion of an approved residency program within the past 12 months.					
Renewal Criteria: Minimum of 100 deliveries required in the past 2 years					
FPPE: Minimum of 4 cases to include 2 Normal Deliveries; 2 Cesarean Sections					
Request	Procedures				Approve
<input type="checkbox"/>	<p>Obstetrics Core privileges include: privileges including performance of a history and physical, evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients presenting in any condition or stage of pregnancy, including injuries and disorders of the reproductive system, other than approved delineated special procedures.</p> <ul style="list-style-type: none"> Amniocentesis Amnioinfusion Amniotomy Application of internal fetal and uterine monitors Augmentation and induction of labor Cerclage Cervical biopsy or conization of cervix in pregnancy Cesarean hysterectomy, cesarean section, and post partum tubal ligation External version of breech Hypogastric artery ligation Interpretation of fetal monitoring Normal spontaneous vaginal delivery Manual removal of placenta, uterine curettage Management of high-risk pregnancy, inclusion of such conditions as preeclampsia, postdatism, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor, and placental abnormalities Management of patients with/without medical surgical or obstetrical complications for normal labor, including toxemia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques Operative vaginal delivery (including the use of obstetric forceps and/or the vacuum extractor) Performance of breech and multifetal deliveries Pudendal and paracervical blocks Repair of fourth-degree perineal lacerations or of cervical or vaginal lacerations Treatment of medical complications of pregnancy Vaginal birth after cesarean section (VBAC) 				<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active or Courtesy staff status)				<input type="checkbox"/>
OBSTETRICS SPECIAL PRIVILEGES (Must also meet OB/GYN Initial Criteria)					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Forceps Delivery	Completion of an ACGME/AOA approved residency training program that included training specific to forceps delivery within the past 2 years OR 5 cases in the last 2 years	2 of cases in the last 2 years.	Minimum of 2 cases	<input type="checkbox"/>
GYNECOLOGY CORE PRIVILEGES					

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Meets OB/GYN initial criteria &

Current Experience: Documentation or attestation of the management of a minimum of 50 gynecologic surgical procedures in the past 2 years **OR** completion of an approved residency program within the past 12 months.

Renewal Criteria: Minimum of 30 gynecological surgical procedures required in the past 2 years

FPPE: Minimum of 7 cases to include: 5 diverse gynecological surgical procedures (must include 2 hysterectomies); 2 laparoscopic procedures

Request	Procedures	Approve
<input type="checkbox"/>	<p>Gynecology Core privileges include: privileges including performance of a history and physical, evaluate, diagnose, consult, and provide pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages in the inpatient and outpatient setting presenting with illnesses, injuries, and disorders of the gynecological or genitourinary system and nonsurgical treatment of illnesses and injuries of the mammary glands, other than approved delineated special procedures.</p> <ul style="list-style-type: none"> • Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy • Aspiration of breast masses • Cervical biopsy including conization • Colpocleisis • Colpoplasty • Colposcopy • Cystoscopy as part of gynecological procedure • Diagnostic and therapeutic dilation and curettage • Diagnostic and operative laparoscopy (other than tubal sterilization) • Endometrial ablation • Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis, and adhesions • Gynecologic sonography • Hysterectomy, abdominal, vaginal, including laparoscopic • Hysterosalpingography • Hysteroscopy, diagnostic or ablative, including the use of the resection technique • Incidental appendectomy • Incision and drainage of pelvic abscess • Metroplasty • Myomectomy, abdominal • Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary or cervix • Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure • Operation for uterine bleeding (abnormal and dysfunctional) • Operations for sterilization (tubal ligation, transcervical sterilization, and laparoscopic) • Repair of rectocele, enterocele, cystocele, or pelvic prolapse • Tuboplasty and other infertility surgery (not microsurgical) • Uterosacral vaginal vault fixation, paravaginal repair • Uterovaginal, vesicovaginal, rectovaginal, and other fistula repair • Vulvar biopsy • Vulvectomy, simple • Loop electrosurgical excision procedures (LEEP) 	<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active or Courtesy staff status)	<input type="checkbox"/>

GYNECOLOGY SPECIAL PRIVILEGES
(Must also meet OB/GYN Initial Criteria)

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Intra-abdominal pelvic laser surgery	Successful completion of training course in Intra-abdominal pelvic laser surgery and a minimum of 5 cases in the last 2 years.	Minimum of 5 of cases in the last 2 years.	Minimum of 1 case	<input type="checkbox"/>
<input type="checkbox"/>	Laser Surgery of the lower genital tract	Successful completion of training course in Laser Surgery of the lower genital tract and 2 of cases in the last 2 years	Minimum of 5 of cases in the last 2 years.	Minimum of 1 case	<input type="checkbox"/>
<input type="checkbox"/>	Computer-enhanced (Robotic Assisted) minimally invasive surgery	Successful completion of formal training course in Robotic Surgical Skills AND 10 cases in the last 2 years.	Minimum of 10 cases performed in the last 2 years	Minimum of 3 cases to include 2 Hysterectomies AND 1 of the following: <ul style="list-style-type: none"> • Adnexectomy • Ovarian cystectomy • Sacrocolpopexy • Myomectomy 	<input type="checkbox"/>

GYNECOLOGIC ONCOLOGY CORE PRIVILEGES

Meets OB/GYN initial criteria & Certification: Successful completion of an ABOG- or AOA- approved fellowship in gynecologic oncology AND/OR current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in gynecologic oncology by the ABOG or completion of a certificate of special qualifications by the AOBG OR must provide evidence of significant postgraduate continuing medical education in gynecologic oncology Current Experience: a minimum of 24 of gynecologic oncological surgery cases in the last 2 years. Renewal Criteria: a minimum of 24 cases performed in the last 2 years FPPE: Minimum of 1 case				
Request	Procedure			Approve
<input type="checkbox"/>	Gynecology Oncology Core privileges include: privileges including performance of a history and physical, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and resulting complications, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina, and the performance of procedures on the bowel, urethra, and bladder, other than approved delineated special procedures. <ul style="list-style-type: none"> • Chemotherapy • Microsurgery • Myocutaneous flaps, skin grafting • Para aortic and pelvic lymph node dissection • Pelvic exenteration • Perform history and physical exam • Radical hysterectomy, vulvectomy, and staging by lymphadenectomy • Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, liver, spleen, diaphragm, and abdominal and pelvic wall as indicated • Treatment of invasive carcinoma of the vagina by radical vaginectomy, and other related surgery • Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection • Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease • Uterine/vaginal isotope implants 			<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active or Courtesy staff status)			<input type="checkbox"/>
MATERNAL FETAL MEDICINE CORE PRIVILEGES				
Meets OB/GYN initial criteria & Certification: Successful completion of an ABOG- or AOA- approved fellowship program in Maternal Fetal Medicine AND/OR current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in Maternal Fetal Medicine by the ABOG. Current Experience: a minimum of 50 provisions of care in the last 2 years or Completion of an approved residency, clinical fellowship, or research in a clinical setting within the past 12 months. Renewal Criteria: a minimum of 50 cases performed in the last 2 years FPPE: Minimum of 1 case				
Request	Procedure			Approve
<input type="checkbox"/>	Maternal-Fetal Medicine privileges include: evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy (e.g. maternal cardiac, pulmonary, metabolic, and connective tissue disorders, as well as fetal malformations, conditions, or disease). The MFM specialist may provide care to patients in the intensive care setting in conformance with unit policies. Core privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Core procedures include but are not limited to: <ul style="list-style-type: none"> • Cerclage (transabdominal & transvaginal) • Cesarean Section • Chorionic villus sampling • Genetic amniocentesis • Intraoperative support to obstetrician as requested, including operative first assist • Obstetrical ultrasound, including Doppler studies • Percutaneous umbilical blood sampling • Performance of history and physical exam • Vaginal Delivery 			<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active or Courtesy staff status)			<input type="checkbox"/>
ADDITIONAL PRIVILEGES				
Request	Procedure	Additional Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Procedural Sedation	Successful completion of KDHC sedation exam	Successful completion of KDHC sedation exam	<input type="checkbox"/>
<input type="checkbox"/>	Outpatient Services at a Kaweah Delta Health Care District Clinic. Please identify: ___ Dinuba ___ Exeter ___ Lindsay ___ Woodlake ___ Family Medicine Clinic ___ Chronic Disease Management Center	Initial criteria AND Contract for services with Kaweah Delta Health Care District or KDHC ACGME Family Medicine Program	Maintain initial criteria	<input type="checkbox"/>

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Acknowledgment of Practitioner:

Obstetrics & Gynecology

 Approved: 2.22.16; Revised: ~~7.28.16~~ 10.25.18

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

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

Name: _____
Print

Signature: _____
Applicant *Date*

Signature: _____
Department of OB/GYN Chairman *Date*

KAWEAH DELTA HEALTH CARE DISTRICT

**FIRST ADDENDUM TO
PROFESSIONAL SERVICES AGREEMENT
EMERGENCY DEPARTMENT**

This First Addendum (“**First Addendum**”) to the Emergency Department Professional Services Agreement (“**Agreement**”) is entered into as of **February 1, 2019** (“**Effective Date**”) by and between **KAWEAH DELTA HEALTH CARE DISTRICT** (“**District**” or “**KDHCD**”), a local health care district organized and existing under the laws of the State of California, Health & Safety Code §§32000 *et seq.*, and **CEP America – California**, a California general partnership d/b/a Vituity (formerly **California Physicians Medical Group**) (“**Medical Group**”).

RECITALS

Pursuant to the Agreement, the Medical Group provides Program Services for the Hospital’s Emergency Department. The Agreement has a stated expiration date of December 31, 2018, but the parties have continued to perform through the Effective Date of this Addendum under the same terms and conditions as originally in effect. The Parties now desire to extend the term of the Agreement and to amend various terms therein.

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

AGREEMENT

1. **Term.** Section 6.1 is amended to extend the term of the Agreement through July 31, 2020.
2. **Stipend.** The Stipend payable under Section 3.3.1(1) of the Agreement shall be one million eight hundred seventy-eight thousand three hundred and fifty dollars (\$1,878,350) annually for the period February 1, 2019 to January 31, 2020, and nine hundred and thirty-nine thousand one hundred seventy-five dollars (\$939,175) for the six (6) month period February 1, 2020 through July 31, 2020.
3. **Incentive Compensation and Bonus Compensation.** The Incentive Compensation payable under Section 3.3.1(2) of the Agreement and the Bonus Compensation payable under Section 3.3.1(3) of the Agreement are terminated for periods from and after the Effective Date of this First Addendum
4. **Compensation for staffed hours for ED Zone 6.** The District will provide compensation through an additional stipend for up to a maximum of fifteen (15) hours per day and five thousand four hundred and seventy-five (5,475) hours annually (pro-rated for any partial year) for advanced practice providers to staff ED Zone 6. The maximum daily and/or annual number of advanced practice provider hours may be evaluated periodically and adjusted (increased or decreased) upon mutual written consent by the parties. These additional advanced practice provider hours for staffing zone 6 will be itemized and submitted on a monthly basis and reimbursed at a rate of ninety dollars and forty-one cents (\$90.41) per hour.
5. **Increase in Compensation.** The compensation provided for in Section 3.3.1 is predicated on Medical Group’s furnishing 46,202 hours of clinical service annually by Physicians and Mid-Level Practitioners combined in zones 1 – 5. Under Section 3.3.2(1)(a) of the Agreement, the total payment due under Section 3.3.1 for each six-month period shall be increased by an amount determined by

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multiplying the sum of forty-seven and 95/100 dollars (\$47.95) for the period February 1, 2019 to January 31, 2020, and forty-nine and 15/100 dollars (\$49.15) for the six (6) month period February 1, 2020 through July 31, 2020, by the number (if any) by which the combined number of hours of clinical service provided in zones 1 – 5 during the six-month period exceeds 23,927.

6. **Reduction in Compensation.** Under Section 3.3.2(1)(b) of the Agreement, the total monthly stipend payable for each six month period shall be reduced by an amount determined by multiplying the sum of forty-seven and 95/100 dollars (\$47.95) for the period February 1, 2019 to January 31, 2020, and forty-nine and 15/100 dollars (\$49.15) for the six (6) month period February 1, 2020 through July 31, 2020, by the number (if any) by which the combined number of hours of clinical service provided in zones 1 – 5 during the six-month period falls below 22,276.
7. **Cross Referenced Agreements.** Section 12.10 is amended by deleting the second and third sentences and the table following, and inserting the following in their place: “In accordance with 42 CFR §411.357(d)(ii), any arrangements between Medical Group and District, or between any Physician and District, are listed in a master list of contracts that is maintained by District and updated centrally, preserves the historical record of contracts and is available for review by the Secretary of Health and Human Services upon request.”
8. **Medical Direction and Administrative Services.** Under Section 3.3.3, the maximum total monthly payment to Medical Group for medical direction and administrative services is Twenty-one Thousand Six Hundred Dollars (\$21,600).
9. **Exhibits.** **Exhibit A** and **Exhibit B** are deleted in their entirety and replaced with the attached **Exhibit A** and **Exhibit B**.
10. **Other Amendments.**
 - (a) All references to the emergency room shall be replaced with references to the emergency department.
 - (b) All references to “CEP” in the Agreement shall be deemed to be references to Medical Group.
 - (c) All references to Mid-Level Practitioners shall be replaced with references to Advance Practice Providers (APPs). The physician assistants and nurse practitioners providing services under this Agreement shall be referred to as “Medical Group Advanced Practice Providers.”
11. **Definitions.** Unless otherwise noted, all defined terms used in this First Addendum shall have the same meaning as the terms defined in the Agreement.
12. **Ratification.** Except as otherwise amended by this First Addendum, the Agreement shall remain in full force and effect in accordance with its terms.

[Signature Page Follows]

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

DISTRICT:

KAWEAH DELTA HEALTH CARE DISTRICT

By: _____
Regina Sawyer, DNP, RN-BC NE-BC PHM
Vice President/Chief Nursing Officer

Date: _____

MEDICAL GROUP:

CEP America - California

By: _____
David Birdsall, M.D.
COO

Date: _____

KAWEAH DELTA HEALTH CARE DISTRICT
EMERGENCY DEPARTMENT SERVICES AGREEMENT

EXHIBIT A
EMERGENCY DEPARTMENT

I. PHYSICIAN PERFORMANCE MEASURES

- A. **Patients per hour.** Medical Group will provide physician and/or physician extender coverage to provide sufficient hours to achieve an annualized average patient per physician/physician extender hour of 1.9 (the “Staffing Ratio”) in the ED. The Staffing Ratio will be adjusted (i.e. trauma, resuscitation) as events require. Documentation of the physician hours worked will be provided to KDHCDC by Medical Group.

Review: First report due March 31, 2019.

- B. **Patient Satisfaction Scores.** Medical Group and KDHCDC shall each work cooperatively with the other and shall each use their best efforts to support the ongoing ED performance improvement plan designed to improve Patient Satisfaction scores accepted by KDHCDC for the ED and physician subscale. Medical Group, in conjunction with ED administration, agrees to strive to achieve an eighty-five percent (85%) positive response rate on the four (4) questions in the patient satisfaction survey utilized by the District related to “Doctors Care” (over the twelve quarters of this contract). Progress toward this goal will be monitored biannually. If there is a deviation from the goal in any six (6) month period, Medical Group with ED administration will conduct an analysis of the potential causes for this deviation and prepare an action plan to address these causes and submit it to KDHCDC administration. The action plan shall address applicable contributing factors. Medical Group agrees to work with ED management on enhancing customer service scores in all areas of the ED.

Review: The first biannual report due June 30, 2019.

C. **ED Interpersonal Relations.**

1. Medical Group will monitor and enhance interpersonal behaviors and communications by and between physician members and staff. Medical Group will intervene, including education and counseling, and implement a corrective action plan with goals and time tables for those identified physician(s) to immediately address/permanently resolve inappropriate behaviors and language, when necessary. Medical Group understands that any continued inappropriate behaviors by physicians may result in termination of medical staff privileges of such physician, and/or termination of this contract for cause. The Press-Ganey Employee Survey and NDNQI Nursing Satisfaction Survey will be utilized to assess this annually, and Medical Group shall achieve at least a 70th percentile score on the Press-Ganey survey.

Review: Medical Group, in cooperation with KDHCDC's Human Resources Department and ED Nursing leadership, will develop a corrective action plan each year in response to such surveys.

2. Medical Group will cooperate with ED management to reduce professional turnover and implement a plan to address staff/physician job satisfaction, communication, interpersonal relationships and team collaboration. The plan demonstrates activities to respond to these identified needs and Medical Group agrees to participate in and support the activities of such a plan. Medical Group staff members will be held accountable by Medical Group for their individual performance.

D. **ED Performance Improvement.** Medical Group will work cooperatively with ED administration to maintain and improve upon a reasonable plan of action that will be designed to modify ED processes, for improved productivity, throughput efficiency and value-based purchasing indicators that does not compromise patient care. KDHCDC shall ensure adequate nurse and technician staffing in the ED, pursuant to Section 2.3 of this Agreement, to assist with patient throughput and patient satisfaction and, in the event that staffing levels fall below 90% of expected staffing levels, Hospital will prepare a written action plan, which it shall share with Medical Group. In addition, Hospital and Medical Group shall agree upon measures for adequate admissions out of the ED and appropriate lab and x-ray turnaround times, and Hospital agrees to use its best efforts to satisfy those measures.

These indicators will be assessed by Medical Group and ED management on a quarterly basis and shall be reported to the hospital. The action plan developed is based on the identified indicators for those areas in which the ED fails to meet the goal and shall provide aggregate performance standards on the ED physician's performance improvement indicators. KDHCDC recognizes that meeting these goals is a cooperative effort between the Hospital and Medical Group and Medical Group Physicians and will make best efforts to facilitate rapid turnaround of x-ray and lab tests, adequate ED non-physician staffing, and timely movement of admitted patients to their respective in-patient units.

Before the start of the second 6-month period of this Agreement, the parties will agree on the Performance Measures for the ensuing 6-month period, and will implement them by an addendum to this Agreement.

If a performance measure is noted as "Not yet implemented", it may be implemented by written agreement of the parties in advance of the first quarter for which it is to be in effect.

Substitution of Performance Measures. If at any time during the term of this Agreement: one or more criteria of a Performance Measure are incapable or impractical of measurement, KDHCDC shall waive Medical Group's failure to satisfy the Performance Measure.

Review: First report due 60 days after contract quarter end.

E. **Practice Protocols.** Medical Group will work with KDHCDC to develop at least one ED physician-driven cost containment protocol (Example: practice patterns/care maps/ancillary

testing) annually, based upon current evidence/best practices. Such protocols shall not compromise patient care and should reduce variability in practice. Medical Group and ED management will work together to develop and implement these protocols.

Review: The protocol shall be implemented, developed and reported in writing every twelve (12) months to KDHCDC administration.

- F. **Address and Comply.** Address and comply with issues raised by Medical Staff regarding medical care, communication and work environment delivered or created by current ED Physicians.

II. **OTHER SERVICES**

- A. **General Administration Services.** Medical Group shall provide clinical direction and guidelines for the medical activities of the non-physician staff and student professional staff in the ED, including, without limitation, those nurses, technicians, medical students, interns and residents that serve in the ED. Such direction and guidelines shall include, without limitation, the following:
1. Recommendations concerning staff by the nursing department.
 2. Recommendations concerning equipment and supplies and preparing the budget for the ED.
 3. Recommendations concerning ancillary support of the ED, such as laboratory, radiology, central supply, etc., so as to optimize the smooth and efficient functioning of the ED.
 4. Analysis of the efficiency and effectiveness of the ED.
 5. Participation on appropriate hospital and Medical Staff committees.
 6. Recommendation and assistance towards promoting good community relations and recognition for the ED.
 7. It is understood and agreed that any recommendations or analyses will be rendered to KDHCDC on a confidential basis.
- B. **Patient Treatment Protocols.** Medical Group shall develop, for KDHCDC's approval, the ED's professional policies, protocols, procedures and standards. Additionally, Medical Group will develop, for KDHCDC's approval, the ED's professional policies, protocols, procedures and standards necessary for pediatric patients.
- C. **Maintenance of EMS System.** Medical Group accepts responsibility to appropriately represent KDHCDC at meetings relevant to the establishment and continued operation of its local EMS system and to assist KDHCDC in meeting its specific responsibilities under its local EMS system.
- D. **In-Service Education.** Medical Group shall participate in the educational programs conducted by KDHCDC and the Medical Staff to train its personnel in order to ensure the provision of high quality medical services, and to ensure the ED's and KDHCDC's compliance with accrediting requirements.

- E. **Quality Assurance.** Medical Group shall participate in the quality assurance programs conducted by KDHCDC and its Medical Staff as necessary to ensure the ED's and KDHCDC's compliance with accreditation requirements and Joint Commission standards. Further, Medical Group and KDHCDC will carefully evaluate the data obtained through Press-Ganey and other patient satisfaction surveys conducted by KDHCDC, and Medical Group agrees to make its best effort to respond to the data by demonstrating continual improvement in this area, a basic expectation of Medical Group by KDHCDC under this Agreement.
- F. **Compliance with Universal Protocols.** Medical Group shall comply with the Joint Commission's Universal Protocol for Preventing Wrong Site, Wrong Procedure and Wrong Person Surgery, as amended from time to time.
- G. **Follow-up Instructions.** Medical Group will recommend a complete system of follow-up instructions for patients seen in the ED. Such instructions will be submitted to the appropriate Medical Staff committee for approval. Upon approval, software will be provided by KDHCDC in accordance with Section 2.1 under District obligations.
- H. **Peer Review.** Medical Group shall evaluate the professional abilities of each Medical Group Physician providing services in the ED and evaluate comments from staff physicians, nursing and administration.
- I. **Budget Review.** Medical Group shall, upon KDHCDC's request, assist in the preparation of the annual and long-term operating and capital budgets for the department.
- J. **Patient Complaints.** Medical Group and KDHCDC will jointly take the responsibility for evaluating and answering all complaints and inquiries of patients concerning services in the ED in a time period of three (3) business days. In addition, KDHCDC will be furnished an analysis of all complaints and recommendations on improving any deficiencies that occur. KDHCDC will provide copies of ALL complaints relative to operation of the ED to the Medical Director or his/her Quality Assurance Designate in a time period of three (3) business days for his review, comments, and action, if any is required.
- K. **Code Blue and In-House Emergency Response.** A Medical Group Physician will respond to Code Blues as requested by an intensivist or pediatric hospitalist.
- L. **Level III Trauma Center.** Medical Group and Medical Group Physicians shall participate in maintaining KDHCDC's Level III Trauma Center designation. Without limiting the foregoing, Medical Group and Medical Group Physicians shall:
- If non-boarded in emergency medicine, successfully complete an Advanced Trauma Life Support course approved by the American College of Surgeons, as required by Section 1.3.4(2)(b) and 1.3.5;
 - Assist in the development of protocols, policies and procedures required for the Trauma Program;
 - Participate in monthly Trauma Committee meetings, and other peer review committees and activities relating to the Trauma Center.

III. **PERFORMANCE EXPECTATIONS.** Beginning the Effective Date of the First Addendum, Medical Group and the Medical Group Physicians shall engage in the following activities on an ongoing basis.

A. **Patient Experience.**

1. **Improved Throughput.**

- a. Participate in throughput committees;
- b. Adhere to the internal surge plan;
- c. Attending Physician at Triage in place;
- d. Participate in and support efforts to utilize callback application to identify high utilizers of the emergency department and take steps to prevent revisits and possible readmissions;
- e. Participate and support efforts to streamline triage operations; and
- f. Monitor and report real-time data on throughput measures to share with other Emergency Department physicians.

2. **Patient Service.**

- a. Develop department-wide feedback on Patient Experience scores;
- b. Participate in meetings with the Patient Experience Director;
- c. Participate in the callback program utilizing phone application;
- d. Participate in the Bivaris texting program to allow for service recovery;
- e. Act as patient care advocates by assisting patients in making primary care appointments, updating patients' contact information, and connecting high utilizers to District resources; and
- f. Participate in the lanyard trial for UC referrals to better identify and greet patients.

3. **Improved Emergency Department Culture.**

- a. Attend monthly RN Staff meetings to encourage compassion and empathy;
- b. Participate and support efforts to improve nursing and tech recruiting and retention;
- c. Participate and support efforts wellness and burnout prevention efforts; and
- d. Develop educational opportunities for the Emergency Department through the Simulation Center.

B. **Prevent Inappropriate Admissions.**

- 1. Meet with Medical Executive Officers to seek real-time feedback;
- 2. Meet with Hospitalist leaders to review cases and identify improvement opportunities;

3. Collaborate with Care Management to bring resources to Emergency Department for patients with poor social circumstances;
4. Participate in and support efforts to develop UC referral system for additional diagnoses as appropriate; and
5. Encourage stress testing at CDMC and other District sites.

C. **Improve Quality and Resource Utilization.**

1. **Proper Utilization of Radiological Exams**

- a. Participate in and support efforts to order appropriate studies;
- b. Utilize the ACR program within Cerner, including:
 - (1) Entering the reason for exam prior to ordering a CT, and
 - (2) Areas of focus should include decreasing pre-op CXR, decreasing CT head for uncomplicated Syncope, and decreasing CT for pediatric patients presenting with minor head trauma; and
- c. Collaborate with Radiology Department to develop plan to deal with incidental findings to ensure appropriate communication to patient.

2. **Improve Relations with Skilled Nursing Facilities (SNFs)**

- a. Meet at a minimum of semi-annually with leaders of Redwood, Linwood and Westgate;
- b. Use the uniform referral form for all three facilities when it is available;
- c. Utilize a more transparent clinical history along with baseline status to help guide aggressiveness of workups; and
- d. Participate in and support efforts to reduce testing and admissions.

3. **Trauma/Sepsis/Stroke/STEMI**

- a. Actively participate in all arenas;
- b. Support development of STEMI Triage system in partnership with Cleveland Clinic, if applicable; and
- c. Support ACTS in development of ATLS course, if applicable.

KAWEAH DELTA HEALTH CARE DISTRICT
EMERGENCY DEPARTMENT SERVICES AGREEMENT

EXHIBIT B

MEDICAL DIRECTION AND ADMINISTRATIVE OBLIGATIONS

Regarding the Service of: **MEDICAL DIRECTOR OF EMERGENCY DEPARTMENT**
(herein called the "Services")

A. Medical Director's Obligations.

A.1 Organizational Status. Medical Group represents and warrants that the designated Medical Director is:

A.1.1 An individual health care provider duly licensed to practice medicine in the state of California, Board certified in emergency medicine and a history of successful ED medical direction or supervisor experience of three (3) or more years;

A.1.2 Not an excluded, debarred or suspended provider for any federal health care program, federal procurement program or of the U.S. Food and Drug Administration.

A.2 Medical Direction Obligations. Medical Group agrees Medical Director will spend up to **one thousand four hundred forty (1,440) hours annually** in performance of the itemized Medical Director Obligations in this Exhibit B. Medical Group agrees to perform the following undertakings through the Medical Director or other appropriate delegate:

A.2.1 Key Responsibilities.

A.2.1.1 Time Records. Must submit complete, accurate and contemporaneous time records documenting all time spent in providing services pursuant to this Agreement. Such time records must be submitted in intervals and on such forms as KDHCDC may require. The time record is used to account for time spent fulfilling duties specified in this Agreement. Compensation will be disbursed **only** on properly completed records in accordance with the terms of this Agreement. Medical Group agrees that Medical Director or delegate will attest that the hours shown on the time records as "incurred" will actually be performed by Medical Director or delegate. Additionally, Medical Group agrees that Medical Director or delegate will attest that the hours shown on the time records are for services consistent with those required in Exhibits A and B.

Medical Group's Medical Director or delegate **must** submit complete and accurate time records for Services rendered during the **previous month** to the Vice President, Chief Nursing Officer on **a monthly basis by the fifth (5th) day of each month**. The time record **must** include the **date**, the **length of time** and a **description** of Services provided.

- A.2.1.2 Substitute Medical Director. Provide, at Medical Group's sole cost and expense, a substitute physician as medical director for Medical Director if unable to provide services required under this Agreement for reasons including, but not limited to, absence. As a condition of providing services under this Agreement, any such substitute must first be approved by the Vice President, Chief Nursing Officer. Additionally, any such substitute must otherwise satisfy all qualification requirements applicable to Medical Director.
- A.2.1.3 Provide administrative services to KDHCDC for the benefit of all its patients.
- A.2.1.4 Provide leadership, planning, organization, staffing, coordination and evaluation for Department physician activities.
- A.2.1.5 Manage all medical administration, ED physician personnel and clinical activities in the ED.
- A.2.1.6 Ensure the ethical practice of emergency medicine within the Department.
- A.2.1.7 Directly supervise and have responsibility for emergency physicians, in clinical and assigned administrative duties, and is concerned with physician scheduling.
- A.2.1.8 Work cooperatively and supportively with the heads of diagnostic and therapeutic departments to ensure availability, quality and effective use of services and with Chiefs or Medical Directors of services to ensure that house staff services are appropriate.
- A.2.1.9 Provide significant input into the preparation of a departmental budget.
- A.2.1.10 Monitor community needs and provide significant input into EMS system and disaster planning.
- A.2.1.11 Act as a liaison between KDHCDC administration and the Medical Staff on emergency department functions.
- A.2.1.12 Assure that medical care provided to emergency patients meets or exceeds the standard of practice adequately, appropriately and timely.
- A.2.1.13 Consult with Chief Operating Officer, Chief Nursing Officer, and other coordinators, specialists and staff concerning KDHCDC's ability to meet patient needs.
- A.2.1.14 Participate in developing procedures for emergency treatment of patients; assist in arranging continuous physician coverage to handle medical emergencies; assist in developing procedures for the appropriate transfer of patients to other clinical care settings as necessary.
- A.2.1.15 Advise Chief Nursing Officer about the adequacy and appropriateness of the ED's scope of service, medical equipment and professional and support staff.

- A.2.1.16 Assure that ED records are timely, complete and meet current standards.
- A.2.1.17 Maintain a professional attitude with patients, visitors and other facility personnel while assuring the confidentiality of information.
- A.2.1.18 Assure that members of the medical group meet the ED Service Excellence Code of Conduct.
- A.2.1.19 Work with appropriate billing services to maximize emergency physician and hospital reimbursement in a broad range of practice and reimbursement configurations.
- A.2.1.20 Participate in all safety, security and infection control programs that are mandatory as well as those required and provided by the department.
- A.2.1.21 Work with the public relations department to provide an appropriate media spokesperson for emergency care related questions or events.
- A.2.1.22 Demonstrate work practices consistent with KDHCDC and department-specific safety, security and infection control policies.
- A.2.1.23 Conduct quality review processes for the medical group consistent with the standard of practice.
- A.2.1.24 Participate in ED and hospital quality review processes.
- A.2.1.25 Assure medical group actively participates in the ED Service Excellence initiative including, recommending, implementing and monitoring initiatives to improve care and customer satisfaction.
- A.2.1.25 Develop and maintain a system for communication with referring providers. The Chair of the Department (or designee) will request feedback from the MEC on communication process effectiveness semiannually (January and July)
- A.2.1.27 Help to ensure that the Chair of the Department actively works to reduce resource consumption by ED Providers and also enforce utilization of ED clinical pathways.
- A.2.1.28 The Chair of the Department (or designee) will attend all Medical Staff department meetings and the following Hospital-based Groups as requested: Adult Hospitalists, ACTSS, Critical Care, Pediatrics and Psychiatry.

A.2.2 Secondary Responsibilities.

A.2.2.1 Education.

- A.2.2.1.1 Require participation and initiation of in-service continuing education of physicians, staff and clerical personnel.
- A.2.2.1.2 Encourage the involvement of physician staff to participate in EMS/paramedic training and education.
- A.2.2.1.3 Establish and encourage participation in emergency medicine grand rounds for physicians.
- A.2.2.1.4 Encourage the involvement in ongoing focused education courses by the emergency department staff, as appropriate to that facility.
- A.2.2.1.5 Encourage an outreach program to the community and industry on topics of interest in the area of emergency medicine, and promote KDHCDC's capabilities.
- A.2.2.1.6 Annually, provide one (1) continuing medical education ("CME") course to the Medical Staff regarding the Service or other topics identified by the Chief Executive Officer and/or Chief Nursing Officer.

A.2.2.2 Legal Considerations.

- A.2.2.2.1 Educate the emergency physicians in proper documentation of charts and proper patient-physician interface:
 - (a) Document patient's complaint or lack of complaint;
 - (b) Document all findings – positive and pertinent negative;
 - (c) Document recommendation in chart and written instructions sent home with patient.
- A.2.2.2.2 Acquire an understanding of the laws pertaining to emergency medicine.
- A.2.2.2.3 Cooperate with administration and nursing leadership to ensure that departmental policies and procedures comply with legal requirements in clinical care, i.e., crime, coroner's cases, alcohol and substance abuse, minors and child abuse.

A.2.3 Clinic and Quality Responsibilities. Actively participate in KDHCDC staff and Medical Staff Performance Improvement ("PI") and Compliance activities as follows:

- A.2.3.1 Participate as requested in review and approval of manuals, policies, procedures and forms.

A.2.3.2 Collaborate with staff to establish PI objectives and monitoring systems to measure outcomes. Also, participate in outcome measures and management activities.

A.2.3.3 Ensure compliance with Joint Commission, California Department of Public Health (CDPH), Medicare Conditions of Participation (COP), and other relevant organizations' requirements.

A.2.3.4 Attend MEC meetings if needed to report.

A.2.3.5 Evaluate staff competencies in coordination with the management of KDHCDC.

A.2.3.6 Confer as needed with the Bioethics Committee.

A.2.3.7 Meet with attending physicians, consultants and KDHCDC staff to implement Clinical Pathways and Case and Utilization Management at the patient care level, when authorized by the Rules and Regulations of the Medical Staff or when delegated authority by the MEC and Clinical Department.

This does *not* include Medical Director's attendance or participation at Medical Staff meetings or for peer review which is Medical Director's responsibility as a member of the Medical Staff. Any activity which requires the peer expertise service of Medical Director is excluded from Medical Director's administrative responsibilities under this Agreement. However, if Medical Director is providing a formal presentation to Medical Staff while representing the Service, then the activity is compensable.

A.2.4 Administrative Responsibilities. Work effectively with KDHCDC's Medical Staff and KDHCDC staff to ensure the efficient and effective integration of service within the organization. Exercise Medical Director's authority to design systems, policies and procedures to affect the services identified in this section. Serve as a medical liaison to KDHCDC's Medical Staff, hospital staff and Board of Directors in the development and assessment of the following, as needed:

A.2.4.1 Policies and procedures

A.2.4.2 Financial planning and decision making which includes operating and capital budgets

A.2.4.3 Medical technologies and supplies

A.2.4.4 Information systems

A.2.4.5 Educational needs of staff and physicians

A.2.4.6 Strategic and long-range planning

A.2.4.7 Operating objectives and goals

A.2.4.8 Communications and marketing plans

- A.2.5 Schedule of Services. The Services must be conducted during those days and times which KDHCD determines to be necessary in order to properly address patient needs and effectively coordinate with other operations. KDHCD anticipates a variable need for Medical Director's services; provided that Medical Director will provide up to ***one hundred twenty (120) hours per month*** in performance of the Service as set forth in Section 3.3.3. If the Medical Director provides fewer than 120 hours in any month, the compensation set forth in Section 3.3.3 shall be reduced by \$180 for each hour of service less than 120.
- A.2.6 License. The Medical Director shall at all times keep and maintain a valid license to engage in the practice of medicine in the state of California and Medical Staff membership and/or privileges as may be required under the bylaws of Medical Staff and KDHCD for Medical Director to provide the services contemplated by Exhibits A and B.
- A.2.7 Records. The Medical Director shall prepare such administrative and business records and reports related to the Service in such format and upon such intervals as KDHCD may require.
- A.2.8 Information. The Medical Director shall furnish any and all information, records and other documents related to Medical Director's service hereunder which KDHCD may request in furtherance of its quality assurance, utilization review, risk management and any other plans and/or programs adopted by KDHCD to assess and improve the quality and efficiency of KDHCD's services. As reasonably requested, Medical Director will participate in one or more of such plans and/or programs.
- A.2.9 KDHCD Licenses and Permits. The Medical Director shall assist KDHCD in obtaining and maintaining any and all licenses, permits and other authorizations, plus achieving accreditation standards, which are dependent upon, or applicable to, in whole or in part, Medical Director's services under Exhibits A and B.
- A.2.10 Conflicts of Interest. The Medical Director shall inform KDHCD of any other arrangements which may present a conflict of interest or materially interfere in Medical Director's performance of duties.
- A.2.11 No Contracting Authority. The Medical Director or any member of the emergency department medical staff shall not enter into any contract in the name of the KDHCD or otherwise bind KDHCD in any way without the express consent of KDHCD because Medical Director does not have the right or authority. The Medical Director has no authority to enter into any contract in the name of Medical Group or otherwise bind Medical Group in any way without the express consent of the Chief Operating Officer of Medical Group.
- A.2.12 Standards. The Medical Director shall perform all services under this Agreement in accordance with any and all requirements and accreditation standards applicable to KDHCD and the Services, including, without limitation, those requirements imposed by the Joint Commission, the Medicare/Medicaid conditions of participation and any amendments thereto, and CDPH.

A.2.13 Bylaws, Rules and Regulations. The Medical Director shall comply with the bylaws, rules and regulations, policies and directives of KDHCDC and Medical Staff.

A.3 Notification of Certain Events. Medical Group must notify KDHCDC, in writing, within twenty-four (24) hours of the occurrence of any of the following: (1) Medical Director becomes the subject of, or otherwise materially involved in, any government investigation of Medical Group or Medical Director's business practices, the provision of Services pursuant to this Agreement or the provision of professional services, including, without limitation, being served with a search warrant in connection with such activities; (2) Medical Director's medical staff membership or clinical privileges at any facility are denied, suspended, restricted, revoked or voluntarily relinquished, regardless of the availability of civil or administrative hearing rights or judicial review with respect thereto; (3) Medical Director becomes the subject of any suit, action or other legal proceeding arising out of Medical Director's professional services and/or the Services provided pursuant to this Agreement; (4) Medical Group or Medical Director is required to pay damages or any other amount in any professional liability (malpractice) action by way of judgment or settlement; (5) Medical Director becomes the subject of any disciplinary proceeding or action before any state's medical board or similar agency responsible for professional standards or behavior; (6) Medical Director becomes incapacitated or disabled from providing the Services, or voluntarily or involuntarily retires from the practice of medicine; (7) Medical Director's license to practice medicine in the state of California is restricted, suspended or terminated, regardless of the availability of civil or administrative hearing rights or judicial review with respect thereto; (8) Medical Director changes his/her medical specialty; (9) Medical Director is charged with or convicted of a criminal offense other than one classified by law as an infraction; (10) Medical Director's federal Drug Enforcement Agency ("DEA") Number is revoked; (11) any event or occurrence which has a material adverse effect on Medical Director's ability to perform any or all of the Services under this Agreement; or, (12) Medical Director is debarred, suspended or otherwise ineligible to participate in any federal or state health care program.

A.4 Confidentiality. Medical Director understands and acknowledges that Medical Director will have access to confidential information ("Confidential Information") concerning KDHCDC's business and that Medical Director has a duty at all times not to use such information in competition with KDHCDC or to disclose such information or permit such information to be disclosed to any other person, firm, corporation, entity or third party, during the term of this Agreement or at any time thereafter. For purposes of this Agreement, "Confidential Information" shall include, without limitation, any and all secrets or confidential technology, proprietary information, customer or patient lists, trade secrets, records, notes, memoranda, data, ideas, processes, methods, techniques, systems, formulas, patents, models, devices, programs, computer software, writings, research, personnel information, customer or patient information, plans or any other information of whatever nature in the possession or control of KDHCDC that is not generally known or available to members of the general public or the medical profession, including any copies, worksheets or extracts from any of the above. Medical Director further agrees that if this Agreement is terminated for any reason, Medical Director will neither take nor retain, without prior written authorization from KDHCDC, originals or copies of any records, papers, programs, computer software, documents, x-rays or other imaging materials, slides, medical data, medical records, patient lists, fee books, files or any other matter of whatever nature which is or contains Confidential Information. This section shall survive the termination or expiration of this Agreement.

A.5 Documentation. Medical Director shall promote the use of the electronic medical record. All documentation shall be in compliance with any applicable Medical Staff requirements and any applicable state or federal regulation.

B. KDHCD's Obligations. KDHCD must perform the following undertakings:

B.1 Compensation. Compensate Medical Group for the performance of Medical Director's Obligations, as identified in Section A pursuant to this Agreement, as follows:

B.1.1 Component of Compensation Rate.

B.1.1.1 Disburse compensation payable by KDHCD for the Services performed by Medical Director at the rate of One Hundred Eighty Dollars (\$180) per hour.

B.1.1.2 Disbursement must not occur unless KDHCD receives complete, accurate and contemporaneous time records as identified in Section A.2.1.1 for all time spent in providing services pursuant to this Agreement.

B.2 Facilities and Services Provided by KDHCD.

B.2.1 KDHCD will provide on KDHCD premises the space designated by the KDHCD for the Services, plus any expendable supplies, equipment and services necessary for the proper operation of the Services. The minimum services to be provided by the KDHCD are janitor, standard facility telephone, laundry and utilities. Such space should be as close to the emergency department as is practicable in the determination of KDHCD. Such office space should also provide room for Medical Group onsite assistant who provides support to the group.

B.2.2 KDHCD will employ all non-physician technical and clerical personnel it deems necessary for the proper operation of the Services. The Medical Director of the Services will direct and supervise the clinical work and services of such Department personnel. However, KDHCD retains full administrative control and responsibility for all such Service personnel.

B.3 Insurance. KDHCD, at its sole cost and expense, will provide insurance coverage in amounts satisfactory to Medical Group with respect to Medical Director's administrative duties under this Agreement. It is understood by both parties that KDHCD is self-insured for professional and public liability.

B.4 KDHCD's Professional and Administrative Responsibilities. To the extent required by Title 22, California Code of Regulations § 70713, KDHCD retains professional and administrative responsibility for the Services rendered by Medical Director pursuant to this Agreement. KDHCD's retention of these responsibilities will not alter or modify, in any way the hold harmless, indemnification, insurance or independent contractor provisions set forth in this Agreement. Medical Director will apprise KDHCD's Vice President responsible for the administrative oversight of Services of recommendations, plans for implementation and continuing assessment through dated and signed reports, which will be retained by KDHCD's Vice President responsible for the administrative oversight of Services for follow-up action and evaluation of performance.

RESOLUTION 2017

WHEREAS, a claim on behalf of Paul Douglas Shirk has been presented on January 10, 2019 to the Board of Directors of the Kaweah Delta Health Care District,

IT IS HEREBY RESOLVED AS FOLLOWS:

1. The aforementioned claim is hereby rejected.
2. In accordance with Government Code Section 913, the Secretary of the Board of Directors is hereby directed to give notice of rejection of said claim to Paul Douglas Shirk, in the following form:

"Notice is hereby given that the claim which you presented to the Board of Directors of the Kaweah Delta Health Care District on January 10, 2019, was rejected by the Board of Directors on January 28, 2019."

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."

PASSED AND ADOPTED by unanimous vote of those present at a regular meeting of the Board of Directors of the Kaweah Delta Health Care District on January 28, 2019.

President, Kaweah Delta Health Care District

ATTEST:

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

/cm

KAWEAH DELTA HEALTH CARE

DISTRICT MEMO

To: Kaweah Delta Board of Directors
From: Tom Siminski, RN, 624-2410; Dan Allain, NP, MSN, 624-2536
Subject: Emergency Department Financial Analysis
Date: January 28, 2019

The Emergency Department financial Board report reflects a nearly \$4 million increase in direct costs. The analysis below highlights the primary reasons why the direct costs have increased:

- **Direct Cost increase of \$1.6 million, or 9.1%, in the outpatient 7010 Emergency Department, but only a 1% CDM quantity (volume) increase:**
 - Performance Report Salaries have increased by \$1.2 million (relates to both inpatient and outpatient volume)
 - RNs make up approximately \$800,000 of the increased expense
 - Performance Report Medical Supplies are up \$572,000 between FY 2017 and FY 2018 (relates to both inpatient and outpatient volume)
 - Direct Allocations from departments such as 7011 Emergency Call and 7014 Surgical Hospitalists, Nursing Administration, Case Management, Patient Family Services, etc., increased by \$1.1 million (allocation is made to 7010 within cost accounting and affects both inpatients and outpatients)

- **Substantial increases in observation quantities charged, with related direct cost increases totaling \$1.4 million:**
 - 6181 Medical /Surgical Overflow Infusion - 12.5% increase in quantities, \$386,000 increase in direct cost
 - 6290 Pediatrics – 41.3% increase in quantities, \$258,000 increase in direct cost
 - 6150 CVICU 16.6% increase in quantities, \$211,000 increase in direct cost
 - 6174 Medical/Renal, 6172 Surgical 3N, and 6173 Oncology 3S had additional substantial increases in quantities and a combined direct cost increase of \$541,000
 - There are additional cost increases in other nursing departments but these were the most impactful

- **Ancillary departmental increases in quantities charged, with direct cost increases totaling \$971,000:**

- Lab – 11.2% increase in quantities, direct cost is up by \$270,000
- Pharmacy – non zero charge item quantities are up by 15.3%, with an increase in direct cost of \$246,000
- Diagnostic Radiology – quantities are up 15.4%, driving direct costs up \$237,000
- Cat Scan – increase in quantities of 27.6%, with direct costs up \$218,000

These items explain the majority of the nearly \$4 million increase in the outpatient ED Service Line between FY 2017 and FY 2018.

Thomas Siminski, MSN, RN
Director Emergency Services
Kaweah Delta Medical Center
400 W Mineral King Ave
Visalia, CA 93291
Office: 559-624-2410

**Kaweah Delta Health Care District
Annual Report to the Board of Directors
Financial & Statistical Information**

Emergency Services - Emergency Department and Trauma Service

Thomas Siminski, ED Director Clinical and Nursing Service (62 (624-2410)

January 16, 2019

Service Line Report Data: Fiscal Year 2018 (O/P annualized on 9 mos. Data, I/P annualized on 10 mos. Data)

Service	Patient Cases	Net Revenue	Direct Costs	Contribution Margin	Indirect Costs	Net Income	Direct Cost Variance
ED (7010) - Outpatient**	71,084	\$38,648,664	\$39,346,439	(\$697,775)	\$15,998,327	(\$16,696,102)	\$3,980,433
Trauma (7013) - Inpatient	386	\$11,012,460	\$5,886,791	\$5,125,669	\$1,817,635	\$3,308,034	
Trauma (7013) -Outpatient	681	\$2,101,678	\$1,729,207	\$372,471	\$689,629	(\$317,158)	
Trauma Subtotal	1,067	\$13,114,138	\$7,615,998	\$5,498,140	\$2,507,264	\$2,990,876	(\$1,582,944)
Total	72,151	\$51,762,802	\$46,962,437	\$4,800,365	\$18,505,591	(\$13,705,226)	\$2,397,489
Per Case Totals		\$717	\$651	\$67	\$256	(\$190)	

Removed:

ED Outpatient Surgeries***	375	\$1,477,373	\$2,826,374	(\$1,349,001)	\$1,054,007	(\$2,403,008)	
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**Adjustment: Removed "Trauma (7013) Outpatient" activity in ED Service Line from "ED (7010) - Outpatient" results.

***Adjustment: Removed 5 "Trauma (7013) Outpatient" patients from "ED Outpatient Surgery" results.

Notes:

*Indirect Cost increases due to more accurate allocation in Soarian Cost Actg System and increased overhead costs.

Service Line Report Data: Fiscal Year 2017

Service	Patient Cases	Net Revenue	Direct Costs	Contribution Margin	Indirect Costs	Net Income
ED (7010) - Outpatient**	71,041	\$38,059,951	\$35,366,006	\$2,693,945	\$13,820,825	(\$11,126,880)
Trauma (7013) - Inpatient	455	\$11,637,726	\$7,770,106	\$3,867,620	\$2,162,724	\$1,704,896
Trauma (7013) -Outpatient	517	\$1,421,431	\$1,428,836	(\$7,405)	\$497,218	(\$504,623)
Trauma Subtotal	972	\$13,059,157	\$9,198,942	\$3,860,215	\$2,659,942	\$1,200,273
Total	72,013	\$51,119,108	\$44,564,948	\$6,554,160	\$16,480,767	(\$9,926,607)
Per Case Totals		\$710	\$619	\$91	\$229	(\$138)
Increase/Decrease per case	138	\$8	\$32	(\$24)	\$28	(\$52)
Increase/Decrease %		1.1%	5.2%	-26.9%	12.1%	37.8%

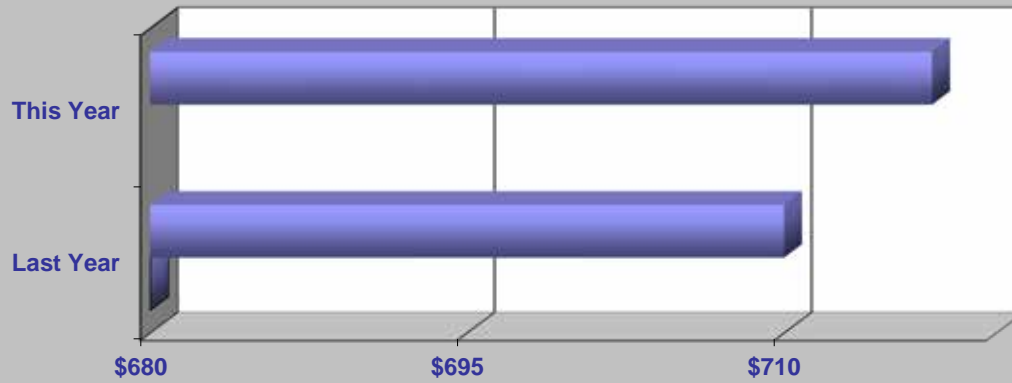
Removed:

ED Outpatient Surgeries***	349	\$1,383,088	\$2,383,651	(\$1,000,563)	\$858,726	(\$1,859,289)	
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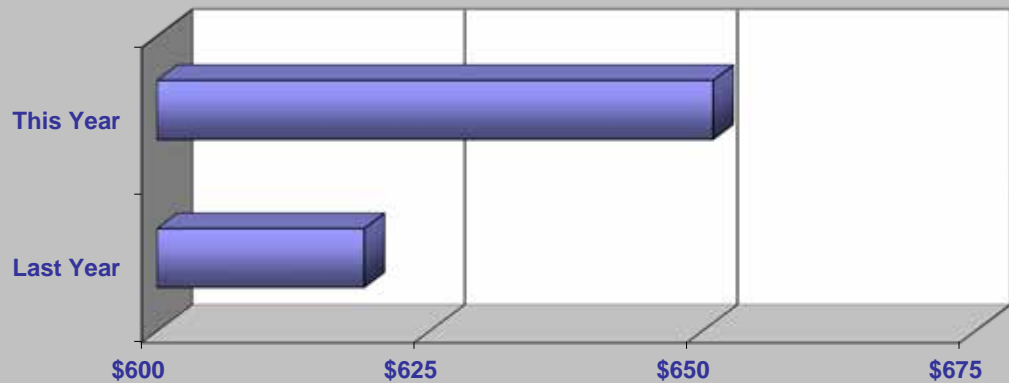
**Adjustment: Removed "Trauma (7013) Outpatient" activity in ED Service Line from "ED (7010) - Outpatient" results.

***Adjustment: Removed 9 "Trauma (7013) Outpatient" patients from "ED Outpatient Surgery" results.

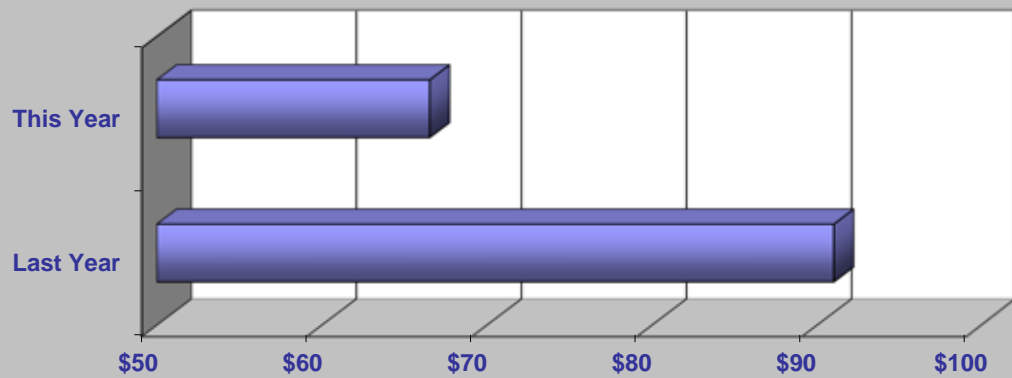
Net Revenue Per Case



Direct Cost Per Case



Contribution Margin Per Case



	<u>Last Year</u>	<u>This Year</u>
Net Revenue Per Case	\$710	\$717
Direct Cost Per Case	\$619	\$651
Contribution Margin Per Case	\$91	\$67



**Quality Improvement &
Patient Safety Plan Review
2018**

January 28, 2019

**Sandy Volchko DNP, RN, CPHQ
Director of Quality and Patient Safety**

KAWEAH DELTA HEALTH CARE DISTRICT

Kaweah Delta Quality and Patient Safety

Demonstrate top performance in clinical care, by achieving 100% compliance to evidenced-based practices

***Stoke Certification**

- Focus 2019: Transfers, dysphasia screening

***Core Measures (CMS)**

Continued Monitoring (all) Focus 2019

- HBIPS (Mental Health) - ED Throughput
- VTE - Endoscopy
- Sepsis - Sepsis
- Early Elective Delivery

Provide harm free care through reliable performance and elimination of defects that harm or have the potential to harm our patients.

***Infection Prevention (focus 2019)**

***Ortho complication rates**

***Patient Safety Indicators (PSIs)**

- Focus 2019: PSI 3 & PSI 4

***FMEA 2018-2019** - Heparin infusion process

*** Falls**

*** Clinical Decision Support (Leapfrog)**

***NSQIP**—Focus 2019 Enhanced Recovery (ERAS)

Increase the survival of patients cared for in the hospital environment to levels that meet or exceed the best care in the U.S.

Focus 2019

***Mortality Committee**

***Disease specific improvement teams**

- Pneumonia/COPD - Heart Failure
- Stroke - CABG (Cardiac Surgery)
- Acute Myocardial Infarction (AMI) - Sepsis

Advance hospital capability to achieve high reliability to take excellence to scale with zero defects

Focus 2019:

***Safety Culture**

***CUSP**

***TeamSTEPPS**

***Event Reporting**

***Just Culture**

***Good Catch Award & Hero of the Year**

***Safe Practices (Leapfrog)**

Create value through efficient, integrated systems of care that reduce the utilization of resources and costs associated with poor quality.

Focus 2019:

***Resource Effectiveness**

- Patient Flow (11 teams)
- Focused DRG/Population Management (10 teams)
- Cost-Savings Initiatives (6 teams)

Provide safe, high quality care though 100% compliance with regulatory standards

***State Relicensing Survey**

Focus 2019:

***Joint Commission Survey**

- Continuous monitoring
- Tracers (point of care and systems level)

OUTSTANDING HEALTH OUTCOMES

Quality Improvement Committee Structure 2018

Quality Improvement & Patient Safety Plan



March 2018 - Kaweah Delta awarded Primary Stroke Certification through The Joint Commission (TJC)

- 2 year certification cycle
- 100% compliant with all Standards; No plans for improvement requested
- Action items per recommendation of TJC surveyor:
 - Designate one unit as our stroke unit
 - 4S is now the ortho/neuro medical surgical unit
 - Update Stroke order sets per recommendations and include new 2018 AHA/ASA Ischemic Stroke guidelines
 - Streamline transfer process
 - Data verification process



Stroke Program Performance Improvement Initiatives Fiscal Year 2019

- Focused Stroke Performance Improvement Projects for FY 2019
 - Nutritional support for patients who fail swallow evaluations
 - Transfer process
 - Dysphagia screening process
 - Door to thrombolytic (Alteplase) timing
 - Post Alteplase monitoring
 - NIHSS (National Institutes of Health Stroke Scale) consistency/compliance
 - Nursing neurological assessment process



Stroke Program Dashboard

		2017												2018								
	Bench- marks	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	
Grouping of Stroke Patients																						
Ischemic		34	28	31	28	27	32	26	24	39	41	46	41	37	35	37	28	54	40	40	47	
Hemorrhagic		4	4	3	1	5	0	2	1	0	0	9	6	8	12	14	4	5	6	7	13	
TIA (in-patient and observation)		32	17	32	44	66	43	30	27	27	39	37	41	46	46	54	44	61	41	49	53	
Transfers to Higher Level of Care (Ischemic)																						
Transfers to Higher Level of Care (Hemorrhagic)																						
Transfers - Door to Transfer Times (Medium)		2 hrs.																				
% of tPA - Inpatient & Transfers		1%	10%	19%	7%	0%	25%	12%	12%	10%	13%	13%	20%	13%	14%	2%	4%	9%	12%	7%	11%	
Total # of Pts who rec'd tPA (Admitted Patients)		3	8	6	2	2	6	4	4	6	4	7	11	6	6	2	1	5	3	1	4	
Total # of Pts who rec'd tPA (& Transferred Out)														1	0	5	1	1	2	2	1	
Rate of hemorrhagic complications for tPA pts		0%	0%	0%	17%	0%	0%	0%	0%	20%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
% Appropriate vital sign monitoring post tPA		90%	0%	75%	67%	100%	100%	84%	100%	75%	100%	75%	80%	80%	71%	83%	86%	100%	57%	80%	100%	80%
Core Measure: OP-23 Head CT/MRI Results		99.2%	50%	100%	67%	75%	100%	100%	100%	33%	100%	50%	100%	100%	33%	NA	100%	NA	100%	100%	100%	
% tPA Arrive by 2 Hrs; Treat by 3 Hrs. (GWTG)		85%	100%	100%	100%	100%	NA	100%	100%	100%	100%	100%	100%	100%	67%	100%	100%	100%	100%	50%	83%	
% Early Antithrombotics *by end of day 2 (GWTG)		85%	100%	100%	100%	100%	97%	100%	100%	100%	100%	98%	100%	100%	97%	100%	100%	95%	100%	98%	97%	
% VTE Prophylaxis *by day after admit (GWTG)		85%	97%	100%	100%	100%	96%	96%	95%	100%	100%	100%	100%	100%	100%	100%	100%	87%	92%	90%	84%	
% Antithrombotic ordered at Dc (GWTG)		85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	98%	98%	
% Anticoag for afib/flutter ordered at Dc (GWTG)		85%	100%	100%	100%	89%	100%	100%	100%	100%	100%	100%	100%	71%	100%	100%	100%	100%	100%	100%	100%	
% Smoking Cessation GWTG)		85%	100%	91%	100%	100%	96%	90%	100%	86%	96%	100%	100%	90%	93%	86%	100%	85%	10%	91%	95%	
% LDL or ND - Statin ordered at Dc (GWTG)		85%	96%	100%	100%	97%	97%	92%	100%	95%	100%	92%	98%	95%	100%	100%	98%	95%	98%	100%	90%	
% Dysphagia Screen prior to po intake (GWTG)		75%	81%	77%	91%	96%	87%	83%	92%	80%	87%	81%	78%	84%	75%	98%	87%	91%	87%	90%	91%	90%
% Stroke Education Provided (GWTG)		75%	96%	100%	100%	100%	100%	100%	96%	100%	100%	100%	97%	100%	96%	100%	100%	100%	86%	77%	82%	93%
% Rehab Considered (GWTG)		75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	
% tPA Given within 60 min; all who Rec'd (GWTG)		75%	100%	67%	0%	NA	NA	83%	100%	NA	100%	50%	50%	50%	33%	75%	50%	NA	100%	100%	100%	75%
% LDL Documented (GWTG)		75%	85%	87%	100%	97%	91%	92%	82%	92%	97%	100%	92%	82%	83%	98%	94%	95%	91%	85%	90%	88%
Intensive Statin Therapy (GWTG)		75%	50%	80%	89%	80%	71%	73%	67%	91%	75%	84%	78%	76%	89%	100%	89%	90%	71%	58%	88%	79%
% tPA Arrive by 3.5 Hrs; Treat by 4.5 Hrs (GWTG)		75%	100%	100%	100%	100%	NA	100%	100%	100%	100%	75%	100%	100%	100%	80%	100%	100%	100%	100%	67%	83%
% NIHSS Reported (GWTG)		75%	100%	100%	100%	100%	92%	97%	100%	95%	97%	100%	98%	97%	97%	100%	100%	96%	98%	100%	97%	95%
% Appropriate stroke order set used (In-Patient)		90%	73%	91%	94%	93%	92%	91%	91%	95%	90%	93%	92%	81%	93%	96%	96%	96%	NA	84%	92%	92%
% Appropriate stroke order set used (ED)		90%					80%	77%	71%	71%	81%	79%	72%	69%	91%	80%	82%	NA	80%	78%	89%	
Ave Length of Stay (Throughput Reduction Plan 12/2018)		5.21	3.97	4.15	4.41	5.35	5.06	3.88	5.07	4.53	4.6	4.53	7.3	5.65	4.42	3.97	3.79	5.2	5.17	4.83		
Hemorrhagic		3.67	2.33	3.33	3	6.75	NA	4	11	0	0	2.7	13.83	13.86	6.11	7	8.75	9.8	7.75	7.29		
Ischemic		6.15	4.11	4.89	4.93	5.89	6.06	4.41	4.81	4.72	5.51	5.26	7.9	5.08	4.79	3.61	3.96	5.28	5.67	5.81		

OUTSTANDING HEALTH OUTCOMES

Emergency Department/Out Patient Core Measures

Metrics		CMS Excellence	CMS Bench mark	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Total
Core Measures - ED: Dr Seng & Tom Siminski, Director of Emergency Services. PCM: Dr. Lake & Tracie Plunkett, Director of Maternal Child Helath. Endoscopy: Dr. Wiseman, & Brian Pearcy, Interim Director of Surgery. All Other Core Measures: Dr. Gray & Kassie Waters, Quality & Patient Safety Manager																
ED-1b	Median Time from ED Arrival to ED Departure for Admitted	179	423 (Hosp Comp)	474	551	614	656	671	554	464	540	523	552	576	501	
ED-2b	Admit Decision Time to ED Departure for Admitted	42	180 (Hosp Comp)	128	211	260	263	372	203	215	204	204	256	314	233	
OP-18b	Median Time from ED Arrival to ED Departure	93	204 (Hosp Comp)	245	256	234	260	231	265	230	205	225	273	256	214	
OP-23	Head CT or MRI scan results for Stroke	100%	73%	50%	50%	100%	33%	100%	100%	N/C	100%	100%	100%	50%	50%	69.6%



OUTSTANDING HEALTH OUTCOMES

Immunization/Venous Thromboembolism/Endoscopy/Sepsis

Metrics	CMS Excellence	CMS Benchmark	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Total	
Core Measures - ED: Dr Seng & Tom Siminski, Director of Emergency Services. PCM: Dr. Lake & Tracie Plunkett, Director of Maternal Child Helath. Endoscopy: Dr. Wiseman, & Brian Pearcy, Interim Director of Surgery. All Other Core Measures: Dr. Gray & Kassie Waters, Quality & Patient Safety Manager																
IMM-2	Influenza Immunization	100%	93%	93%	99%	99%	98%	99%	98%	N/A	N/A	N/A	N/A	N/A	97.43%	
VTE-6	Hospital acquired potentially-preventable VTE	0%	2%	0%	0%	0%	0%	0%	0%	0%	N/C	0%	0%	0%	0.00%	
OP We b-29	Endoscopy/Polyp Surveillance - appropriate follow-up interval for normal colonoscopy in average risk patients	100%	85%	100%	83%	50%	67%	83%	67%	83%	100%	100%	67%	100%	67%	85%
OP We b-30	Endoscopy/Polyp Surveillance - Colonoscopy interval history of Adenomatous Polyps - avoidance of inappropriate use.	100%	90%	67%	67%	68%	60%	33%	50%	33%	33%	50%	14%	33%	67%	47%
Sep-1	Sepsis	N/A	47%	50%	50%	93%	50%	46%	54%	73%	64%	46%	62%	64%	63%	61%

OUTSTANDING HEALTH OUTCOMES

Hospital-Based inpatient Psychiatric Services (HBIPS) Core Measures

Metrics		Hospital Compare	CMS Standards of Excellence Benchmark	CMS Benchmark / *TJC National Rate	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
HBIP S-1	Admissions Screening		N/A	90%	63%	92%	92%	94%	100%	98%	90%	65%	12%	23%	25%	59%
HBIP S-2a	**Physical Restraint-Overall Rate - (down trend positive)	Y	N/A	44%	8%	25%	17%	0%	16%	15%	0%	43%	71%	47%	5%	2%
HBIP S-3a	**Seclusion-Overall Rate - (down trend positive)	Y	N/A	29%	12%	90%	20%	13%	74%	12%	97%	101%	50%	9%	7%	5%
HBIP S-5a	Multiple antipsychotic medications at discharge with appropriate justification - overall rate	Y	N/A	59%	100%	100%	100%	N/C	N/C	67%	N/C	100%	N/C	N/C	100%	100%
SUB-1 (MH)	Alcohol Use Screening	Y	N/A	92%	94%	88%	92%	88%	77%	89%	86%	98%	100%	100%	100%	100%
SUB-2 (MH)	Alcohol Use Intervention Provided/Offered	Y	N/A	70%	62%	75%	60%	40%	80%	63%	80%	100%	100%	100%	82%	67%
SUB-2A (MH)	Intervention provided	Y	N/A	62%	46%	50%	40%	0%	40%	63%	20%	100%	100%	86%	73%	67%
SUB-3 (MH)	Alcohol/Other Drug Use Tx provided/offered at D/C	Y	N/A	36%	100%	96%	97%	88%	76%	88%	52%	92%	96%	93%	100%	95%
SUB-3A (MH)	Alcohol/Other Drug Use Disorder Tx at D/C	Y	N/A	36%	100%	96%	97%	88%	76%	88%	58%	88%	96%	89%	100%	95%
IMM-2 (MH)	Influenza Immunization (Mental Health) Start Oct 2015	Y	N/A	80.98%	100%	100%	100%	100%	98%	100%	N/C	N/C	N/C	N/C	N/C	N/C

OUTSTANDING HEALTH OUTCOMES

Hospital-Based inpatient Psychiatric Services Core Measures

Metrics		Hospital Compare	CMS Standards of Excellence Benchmark	CMS Benchmark / *TJC National Rate	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
TOB-1 (MH)	Tobacco Use Screening	Y	N/A	96%	98%	86%	90%	84%	94%	92%	87%	98%	100%	100%	100%	100%
TOB-2 (MH)	Tobacco Treatment Provided - Offered during stay	Y	N/A	77%	40%	63%	75%	59%	56%	65%	54%	52%	95%	89%	96%	95%
TOB-2A (MH)	Tobacco Cessation FDA Approved Provided during stay.	Y	N/A	42%	40%	63%	75%	59%	56%	65%	54%	40%	55%	63%	56%	64%
TOB-3 (MH)	Tobacco Treatment Provided/Offered at Discharge	Y	N/A	41%	74%	76%	41%	57%	71%	64%	73%	67%	64%	63%	50%	43%
TOB-3A (MH)	Tobacco Cessation Medication FDA Approved Provided at Discharge	Y	N/A	10%	14%	12%	4%	10%	0%	14%	14%	4%	27%	19%	19%	10%
CT-2	Care Transitions w specified elements received by discharged patients	Y	N/A	30%	85%	89%	92%	83%	94%	83%	88%	83%	50%	41%	66%	57%
CT-3	Timely Transmission of Transition Record	Y	N/A	30%	80%	70%	81%	77%	74%	60%	70%	26%	42%	33%	47%	30%
SMD-1	Screening for Metabolic Disorders	Y	N/A	90%	88%	92%	93%	85%	97%	97%	95%	91%	97%	93%	91%	95%

OUTSTANDING HEALTH OUTCOMES

Perinatal Care Mother & Baby

Metrics		Hospital Compare	CMS Standards of Excellence Benchmark	CMS Benchmark / *TJC National Rate	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
PCB-04	Health Care Associated BSI in Newborns (down trend positive)		N/A	*3.25%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
PCB-05	Exclusive Breast Milk Feedings		N/A	*52.44%	47%	34%	40%	44%	44%	58%	49%	32%	64%	47%	39%	49%
PCM-01	Early Elective Deliveries (down trend positive)		0	*2.42%	0%	0%	0%	0%	0%	0%	0%	11%	0%	0%	0%	0%
PCM-2a	C-Section Overall Rate (down trend positive)		N/A	*25.54%	17%	26%	21%	34%	25%	19%	22%	20%	37%	32%	35%	23%
PCM-03	Antenatal Steroids		N/A	*97.29%	N/C	100%	N/C	N/C	N/C	100%	100%	100%	100%	100%	100%	100%



OUTSTANDING HEALTH OUTCOMES

Core Measures - Summary

2018 Achievements:

- 17 out of 18 Hospital Based Inpatient Psychiatric Services improved with implementation of KDHUB in May and exceeding national benchmarks.
- Sepsis early management bundle compliance above national benchmarks. Mortality has decreased since implementation of Sepsis Coordinator.
- Zero → Hospital Acquired VTE
- Early Elective Delivery improved with only one case in last 12 months.



OUTSTANDING HEALTH OUTCOMES

Core Measures - Summary

Areas of continued focus in 2019:

- **Emergency Department:** Expanding Emergency Department (2019), implementing Blue Jay Consulting group recommendations
- **Endoscopy:** Providing physician education and monitoring in real time for proper documentation before end of case. October 2018 is 100%
- **Sepsis:** Work to improve receiving blood culture before antibiotic administration and fluid resuscitation.
- **Ongoing monitoring of all core measures**



OUTSTANDING HEALTH OUTCOMES

Value Based Purchasing (VBP) Clinical & Safety Domain

Metrics	CMS Excellence	CMS Benchmark	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Total
Clinical Domain 25% (Also includes mortality)															
Complication elective THA/TKA	0.032	2.30	0.00	2.30	0.00	0.00	3.10	0.00	0.00	3.70	0.00	0.00	0.00	4.17	1.03
Hospital Acquired Infections Domain 25%															
CLABSI - Per 1000 line days	Incident Rate		1.9	0.8	0.0	2.1	1.5	1.7	2.3	0.0	0.0	6.6	1.6	1.1	1.6
Quarterly SIR	0.00	0.784	0.89			1.91			0.99			2.99			1.7
CAUTI - Per 1000 catheter days	Incident Rate		1.9	0.0	0.0	0.0	0.0	0.7	0.7	3.7	1.2	2.8	1.4	2.3	1.2
Quarterly SIR	0.00	0.828	0.51			0.23			1.88			1.76			1.1
SSI Colon - Rate Per 100 procedures	Incident Rate		6.7	6.3	7.7	0.0	0.0	0.0	25.0	28.6	5.0	0.0	6.66	0.0	7.2
Quarterly SIR	0.00	0.781	1.76			0.00			2.60			0.82			1.3
SSI Abdominal Hysterectomy - Rate Per 100 procedures	Incident Rate		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Quarterly SIR	0.00	0.722	0.00			0.00			0.00			0.00			0.0
C. difficile - Per 10,000 patient days	Incident Rate		3.1	4.6	7.6	6.2	4.3	9.1	3.4	2.2	1.2	2.5	0.0	0.2	3.7
Quarterly SIR	0.09	0.852	1.01			0.68			0.24			0.35			0.6
MRSA - Per 10,000 patient days	Incident Rate		0.0	2.3	0.0	5.1	1.1	1.1	1.1	0.0	0.0	1.3	1.1	0.04	1.1
Quarterly SIR	0.00	0.815	1.15			4.97			0.75			2.23			2.3

OUTSTANDING HEALTH OUTCOMES

Value Based Purchasing (VBP) Patient Experience Domain

Patient Experience Domain 25%															
Metrics	CMS Excellence	CMS Bench	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Total
Communication with Nurses	87.12	79.08	75.10%	80.80%	76.80%	75.90%	77.50%	79.90%	82.60%	Change Vendor	77.90%	79.60%	78.90%	77.10%	78.90%
Communication with Doctors	88.44	80.41	80.70%	81.50%	77.10%	75.30%	73.40%	80.00%	79.30%		74.30%	79.50%	86.40%	77.10%	79.50%
Responsiveness of Hospital Staff	80.14	65.07	66.40%	71.20%	72.30%	69.70%	67.90%	68.50%	67.20%		69.70%	65.80%	61.80%	67.20%	65.60%
Communication about Medicines			55.40%	74.20%	61.60%	63.00%	69.70%	66.50%	72.20%	Change Vendor	63.90%	66.80%	71.20%	67.20%	67.70%
Cleanliness of Hospital Environment			58.90%	74.10%	66.80%	66.70%	71.60%	70.50%	73.70%		67.00%	67.80%	67%	61.30%	64.00%
Quietness of Hospital Environment	79.42	65.72	57.70%	60.20%	56.10%	52.40%	52.60%	53.10%	51.40%		57.10%	54.20%	44.20%	50.20%	49.70%
Discharge Information	92.11	87.44	87.60%	92.00%	87.30%	81.50%	85.30%	87.30%	91.50%	Change Vendor	86.50%	86.50%	91.90%	82.50%	86.10%
Care Transition	62.5	51.14	36.20%	52.00%	46.00%	46.10%	54.80%	50.80%	50.10%		45.10%	49.90%	48.40%	43.30%	46.90%
Overall Rating of Hospital	85.12	71.59	75.20%	79.80%	73.80%	72.20%	73.90%	80.50%	74.90%		71.30%	71.80%	73%	70.30%	71.20%



OUTSTANDING HEALTH OUTCOMES

Value Base Purchasing - Summary

2018 Achievements:

- Complication of elective total knee and hip, hysterectomies surgical site infection, & C-Diff performing better than national benchmark .

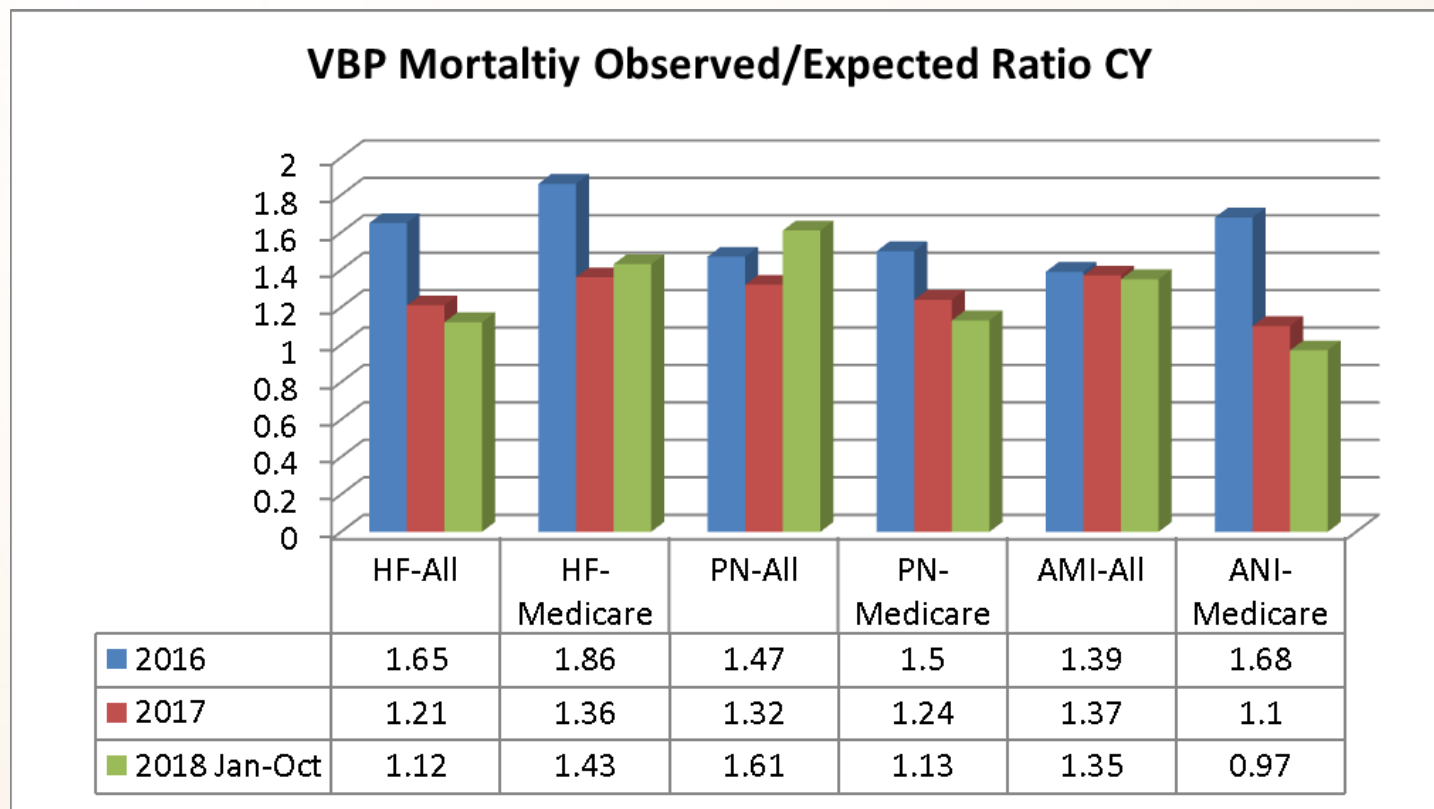
Areas of focus in 2019:

- Patient Satisfaction
- Mortality
- Hospital Acquired Infections



OUTSTANDING HEALTH OUTCOMES

KDHCD Mortality – Value Based Purchasing

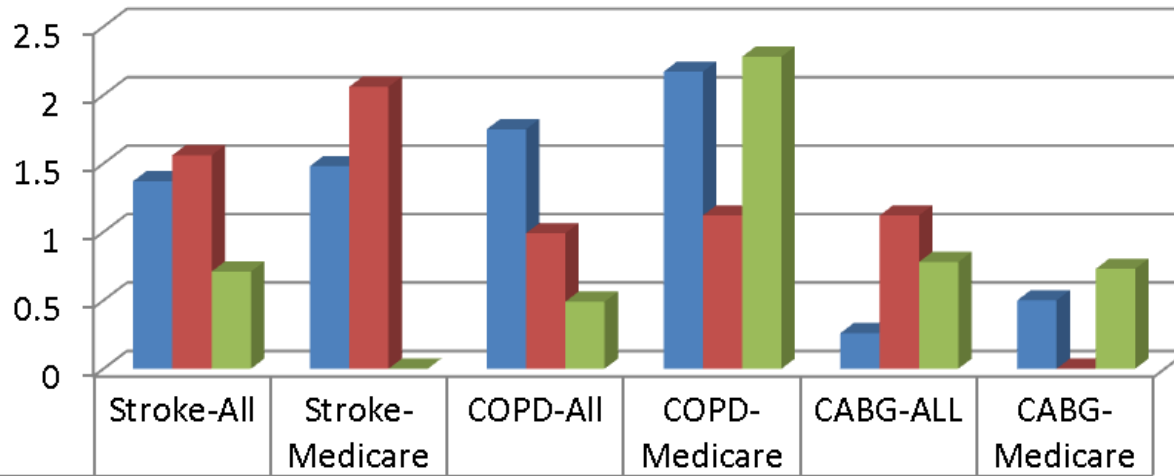


- Medicare-publicly reported

OUTSTANDING HEALTH OUTCOMES

KDHCD Mortality – Value Based Purchasing

Hospital Compare Mortality Observed/Expected Ratio CY



2016	1.37	1.48	1.75	2.17	0.26	0.5
2017	1.56	2.06	0.99	1.12	1.12	0
2018 Jan-Oct	0.71	0	0.49	2.28	0.78	0.73



- Medicare-publicly reported

OUTSTANDING HEALTH OUTCOMES

KDHCD Mortality – Value Based Purchasing

Focus for 2019:

- Diagnosis specific teams in place for each CMS diagnosis (COPD, Pneumonia, CHF, AMI, CABG, Stroke)
- Continue feedback letters to providers
 - More providers are consulting with Palliative Care team
- Evaluated “thoughtful pause” and proper patient selection
- Decrease in Sepsis mortality
 - Implemented Sepsis Coordinator, alert system, and mandatory 1 hour RN education
- Expand palliative care into skilled nursing
 - Skilled nursing has no or limited process to transition patients to comfort care
- General In-patient (GIP) hospice beds



OUTSTANDING HEALTH OUTCOMES

KDHCD Patient Safety Indicators (PSI)

Metrics		CMS Bench	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Total
PSI 03	Pressure Ulcer	0.41	2.27	0.00	2.06	2.79	2.18	0.95	0.00	0.98	0.00	2.12	0.98	0.00	1.21
PSI 04	Surgical deaths w treatable complications	161.73	411.77	300.00	269.23	352.94	166.67	333.33	200.00	142.86	83.33	117.65	200.00	125.00	238.57
PSI 05	Retained surgical item	0.03	0.00	0.00	0.00	0.00	0.00	0.61	0.00	0.00	0.00	0.00	0.00	0.00	0.05
PSI 06	Iatrogenic pneumothorax	0.29	0.00	0.00	0.00	0.67	0.00	0.00	0.00	0.00	0.00	0.00	0.69	0.00	0.12
PSI 08	Fall w hip fracture	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PSI 09	Perioperative hemorrhage	2.60	0	0	0	5.882	6.41	2.725	3.155	0	0	3.953	0	0	1.84
PSI 10	Postoperative kidney injury	1.32	0	0	0	0	0	0	0	0	0	0	13.88	19.23	3.63
PSI 11	Postoperative respiratory failure	7.88	0	0	0	19.802	0	0	0	28.986	0	9.434	0	0	4.36
PSI 12	Perioperative PE/DVT	3.86	0	5.362	5.051	0	0	2.632	0	0	0	0	0	0	1.27
PSI 13	Postoperative sepsis	5.23	16	0	7.752	9.009	0	0	0	0	0	0	6.897	0	3.59
PSI 14	Postoperative wound dehiscence	0.86	0	0	0	0	0	11.765	0	0	11.765	0	0	0	2.02
PSI 15	Accidental puncture/laceration	1.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.17	0.38
PSI 90	Adverse Events Composite	1.00	0.52	0.343	0.597	0.998	0.401	0.278	0.096	0.618	0.008	0.698	0.362	0.065	0.39

OUTSTANDING HEALTH OUTCOMES

Patient Safety Indicators - Summary

Achievements 2018:

- Hospital Compare Safety Domain containing patient safety indicators is above national average.

Focus in 2019:

- Monthly multi-disciplinary patient safety indicator team meetings to assess for proper documentation and coding of cases and clinical care.
- Implement 3M program to assess cases in real-time.



OUTSTANDING HEALTH OUTCOMES

2018 CMS Stars



Star rating measures include:

- Mortality – Same as National Average
- Patient Safety (ie. infection prevention, PSIs, HACs.) – Above National Average
- Patient experience – Below National Average
- Effectiveness of care (ie. proper discharge medications, early elective delivery) – Same as National Average
- Timeliness of care (i.e. throughput) – Below National Average
- Effective use of medical imaging – Same as National Average
- Readmission – Same as National Average (decreased)



*HAI Summary (1/18-9/18)

*HAI	# Infections**	Above or Below	Team	Strategy
SSI	30 events 10 superficial 20 deep/organ space	Decrease overall from 2016/2017 <i>Down from 34 events</i> Increase in Colorectal and C-section SSIs	SSI Sub- Committee	Significant reduction overall. 6 COLO – implemented a taskforce to address pre-op antibiotic administration 7 CSEC – implementing Clean- Closure practices <i>Action plan in process.</i>
VAE (Ventilator - Associated Events)	11 events ICU (2 VAP) 6 events CVICU (1 VAP) (VAP = Ventilator- associated Pneumonia) No NICU	Below Predicted # <i>More ventilator associated condition events due to manipulation of ventilator settings.</i>	VAE Sub- Committee	ICU/CVICU. Targeted oral care and mobility. Education regarding manipulation of ventilator settings. <i>Action plan in process.</i>
CLABSI***	19 (no NICU)	Increase from 2016- 2017 <i>Up from 15</i>	CLABSI Sub- Committee	Staff accountability for best practices. Nursing safety summit. IV Safety Team. New dressing kit/GuardIVa patch.

* Healthcare-Associated Infection

** Information from CDC NHSN Report 9/30/2018

*** Value-based Purchasing



*HAI Summary Cont.

*HAI	# Infections**	Above or Below	Team	Strategy
CAUTI***	18	Increase from 2016-2017 <i>Up from 12</i>	CAUTI Sub-Committee	New focus on Pericare, determining appropriateness for urine culture order.
C.diff***	20	Better than 2016-2017 <i>Down from 44</i>	MDRO-C Subcommittee	New C.diff algorithm. No testing for cure. Best IP practices all units.
Hand Hygiene	89% Overall average	Below 95% Benchmark	IPC	Need <i>new</i> focus. Reviewing automatic Hand Hygiene products.
MRSA Blood***	11	Worse - than NHSN National Benchmark, but improving.	MRSA Task Force	Focus removing expired peripheral IVs and hand hygiene.

* Healthcare-Associated Infection

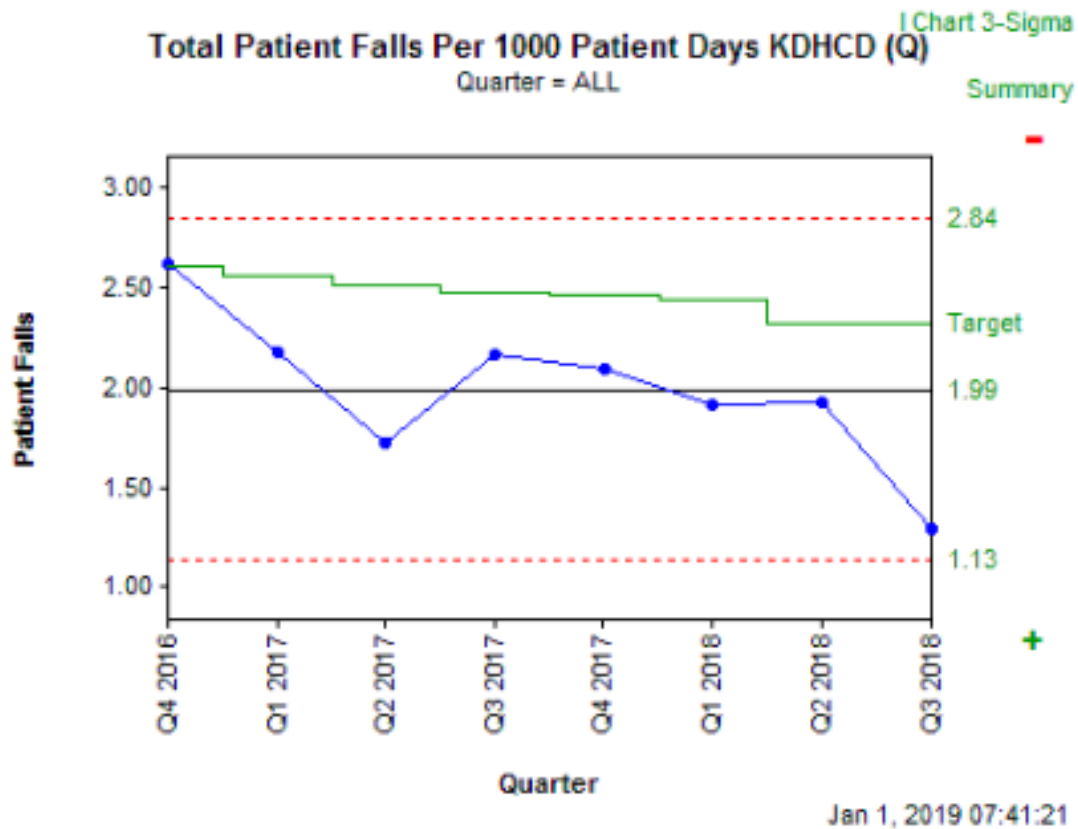
** Information from CDC NHSN Report 9/30/2018

*** Value-based Purchasing



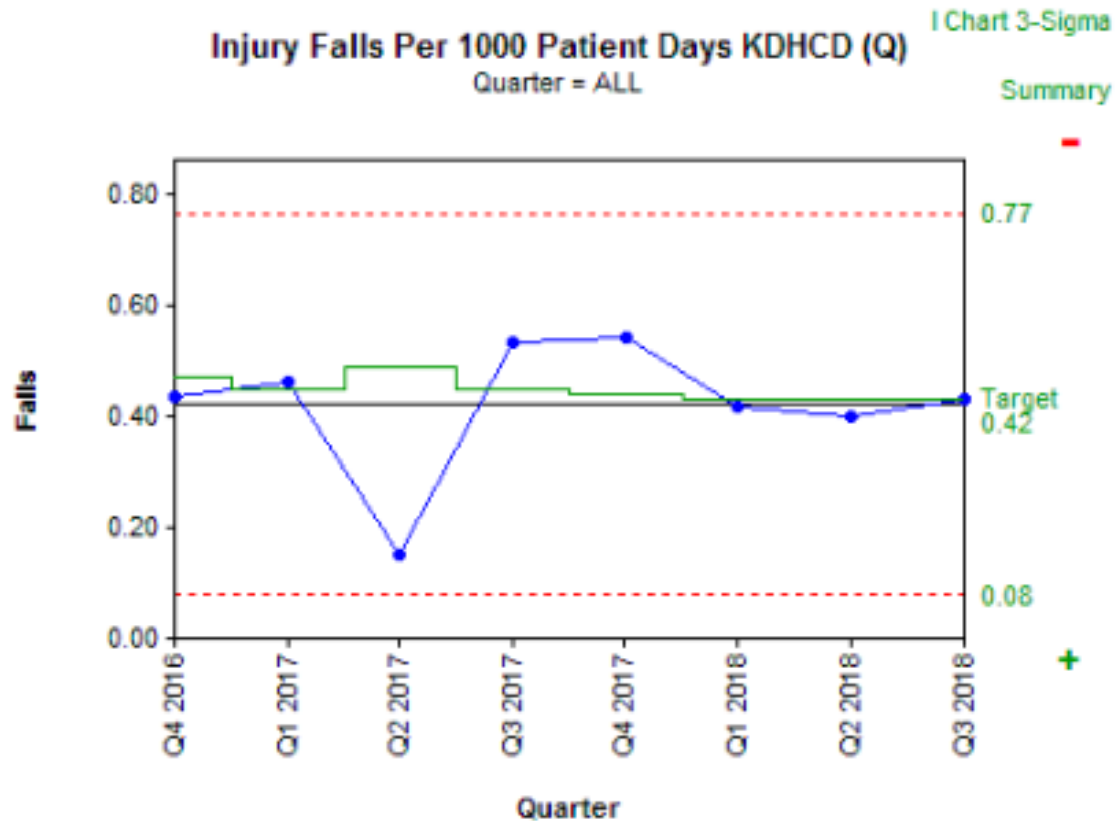
OUTSTANDING HEALTH OUTCOMES

KDHCD Falls



OUTSTANDING HEALTH OUTCOMES

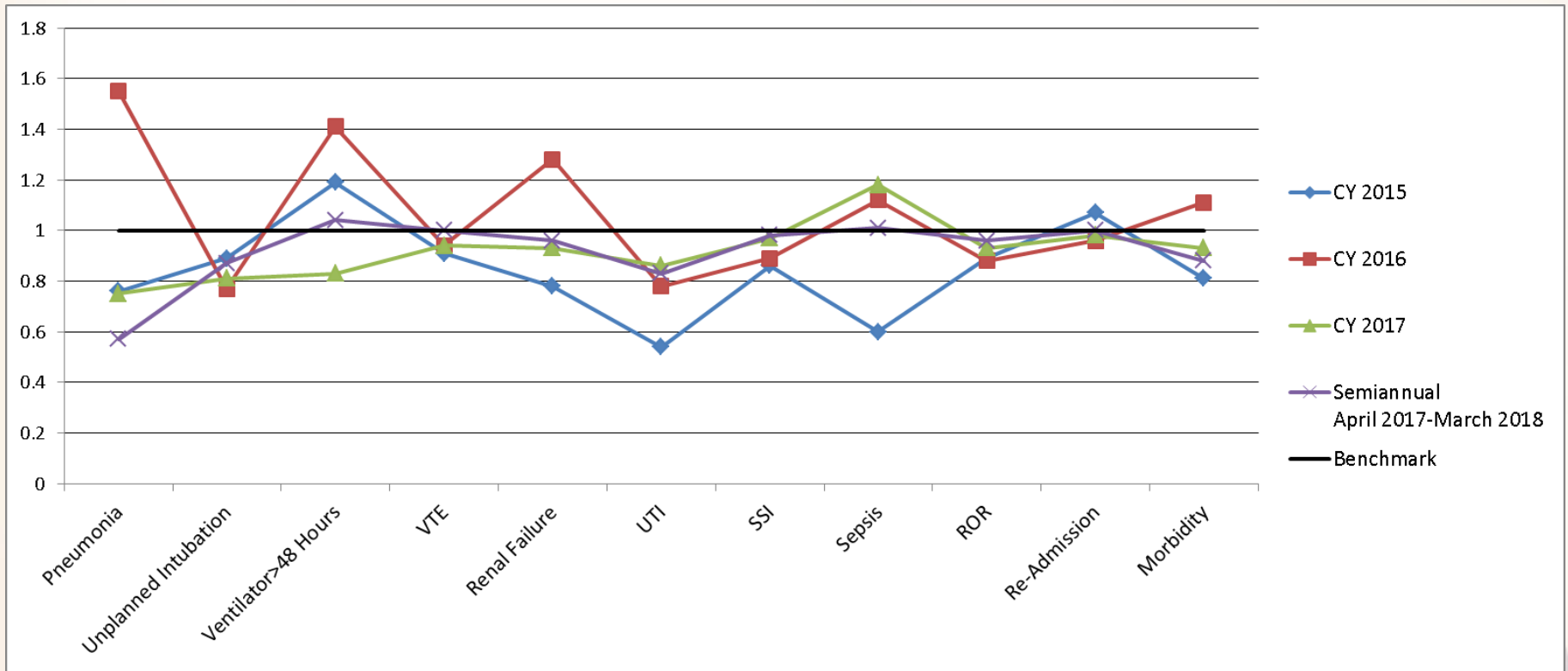
KDHCD Injury Falls



OUTSTANDING HEALTH OUTCOMES

National Surgical Quality Improvement Program (NSQIP) Post Surgical Complications Odds Ratio

*All post surgical complications are performing as expected or better than expected



* Goal is to be less than 1

Leapfrog

Hospital Safety Score Oct 2018

KDHCD Hospital Safety Score Oct 2018 = 2.8345

Letter Grade Key:

A = >3.133 B= >2.964 C= >2.476 D= >2.047

Date	Grade
May 2017	A
Oct 2017	B
May 2018	A
Oct 2018	C



OUTSTANDING HEALTH OUTCOMES

Components of the Hospital Safety Score

- PSIs/Healthcare Acquired Infections (HAIs) and Healthcare Acquired Conditions (HACs)
- Patient Experience
- 3 Sections of the Leapfrog Survey:
 - ICU physician Staffing
 - Computerized Provider Order Entry (CPOE)
 - Safe Practice Score



OUTSTANDING HEALTH OUTCOMES

Hospital Safety Score – Actionable Steps

- Continue with 100% Safe Practices
 - Commitment from Board and leadership to quality and safety culture improvement
- Continue optimizing CPOE
 - New infrastructure to manage alerts (received full points on December 2018 CPOE evaluation)
- Continue focused improvement efforts on:
 - HACs—Achieve ZERO events
 - PSIs—Achieve ZERO events



OUTSTANDING HEALTH OUTCOMES

Quality Improvement Committees 2018-2019

- 30+ Organizational Quality Improvement Teams/Committees

Examples:

- Several infection prevention groups
 - Disease specific: Stroke, sepsis, diabetes, heart failure, heart attack & wound care
 - Process specific: rapid response, fall prevention, throughput, medication safety, provider documentation
 - Does not include department/unit level improvement teams
- 18 CUSP Teams (Comprehensive Unit-Based Safety Program), 2 more starting 2019



OUTSTANDING HEALTH OUTCOMES

Restructuring Resource Effectiveness Committee

Restructuring/Renaming of Throughput Committee to Resource Effectiveness Committee (REC)

- A. Dividing efforts into 3 areas of focus
 - i. Patient Flow
 - ii. Focused DRG/Population Management
 - iii. Cost-Savings Initiatives
- B. Engage all departments, yet focus efforts on areas of low-hanging fruit
- C. REC to provide oversight, support and focus to subcommittee efforts

Patient Flow Committee

- Purpose: Research and implement process flow changes that improve patient movement throughout the care continuum.
- Goals & Objectives:
 - Improve throughput
 - Align Service lines and processes
 - Align with Medical Staff Champions
 - Explore alternative care delivery models
 - Facilitate well-coordinated transitions of care
 - Decrease unnecessary admissions and prevent readmissions
 - Improve patient, staff & physician experience
 - Develop processes/protocols for complicated cases
 - Increase bed, OR, procedure capacity
 - Improve ancillary turnover time to expedite clinical decision-making

DRG – Population Management: Purpose and Goals

- Purpose:**
- The DRG-Population Management workgroups will function as sub-committees of the Resource Effectiveness Committee with the primary purpose of identifying and executing opportunities to improve LOS in their respective areas/conditions
- Sub-Committee Goals:**
- Research best practices for respective areas/conditions that have been proven to decrease LOS
 - Review, track/trend, discuss and recommend data for respective area/condition
 - Primary outcome: length of stay (ALOS vs GLOS) for DRG grouping
 - Secondary outcome(s): thought to be directly connected to LOS are to be determined by each workgroup
 - Develop actionable plans to achieve the LOS goals for respective area/condition
 - Engage cross functional and interdisciplinary teams to execute interventions based on evidence based medicine, operational best practices and available resources
 - Effectively document project plans, actions and process so that lessons learned during the project can be captured and shared for future Cost Savings Initiatives

Cost Savings Initiatives: Purpose and Goals

- Committee Purpose:**
- The Cost Savings Initiatives Committee is a sub-committee of the Resource Effectiveness Committee. The work groups of the Cost Savings Initiatives Committee will identify cost savings/cost avoidance opportunities across the organization. The Committee will focus on various projects that include effective supply management, effective resource utilization, appropriate use of tests and treatments and development of services and service lines that result in cost savings or cost avoidance opportunities.
- Committee Goals:**
- Identify cost savings/cost avoidance projects to be implemented at Kaweah Delta
 - Lead teams to develop actionable plans to achieve the goals of each cost savings/cost avoidance project identified
 - Engage cross functional and interdisciplinary teams, as needed, to implement identified projects, including support of the Medical Staff
 - Using data driven decisions, evidence based medicine and operational best practices in development and implementation of identified projects
 - Develop monitoring tools to report on actual cost savings/cost avoidance achieved
 - Effectively document project plans, actions and process so that lessons learned during the project can be captured and shared for future Cost Savings Initiatives

OUTSTANDING HEALTH OUTCOMES

Safety Attitudes Questionnaire (SAQ)

- 2829 surveys were sent to KDHC staff, 2098 responded
- 2018 Response rate = 74%
 - Increase from 2016 response rate of 62%

2018 SAQ Category Scores:

- 5 categories below the 50th percentile, 1 above and 1 equal
- 3 domains have improved from 2016, 2 have decreased and 2 are unchanged

Improvement made since 2016 in lowest survey items:

LOWEST 3 ITEMS	% FAVORABLE	
The staffing levels in this work setting are sufficient to handle the number of patients.	36%	+1 since 2016 (Median=43%)
Problem personnel are dealt with constructively by our senior management.	55%	+7 since 2016 (median=50%)
Fatigue impairs my performance during emergency situations (e.g., emergency resuscitation, seizure).	57%	+8 since 2016 (Median=43%)

OUTSTANDING HEALTH OUTCOMES

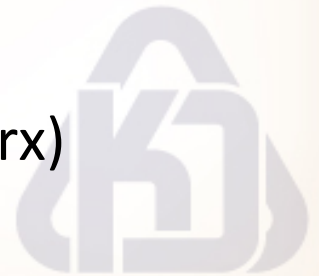
Safety Attitudes Questionnaire (SAQ)

Actions taken to improve safety culture 2018:

- Unit-level action plans
- CUSP teams with enhanced support (2017 action item)
- TeamSTEPPS® Training for Leaders and core team

Planned Action for 2019:

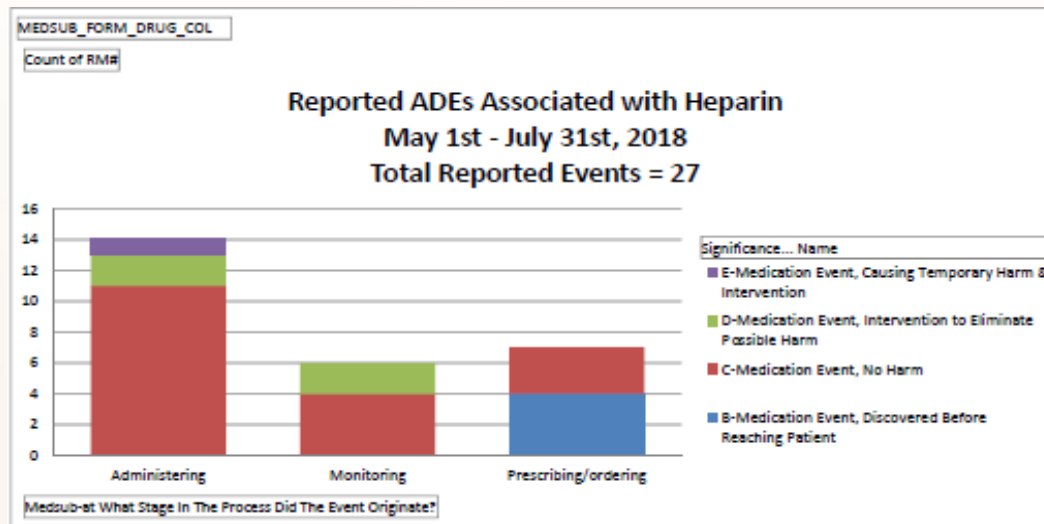
- Continue to broaden CUSP
- 2nd TeamSTEPPS® Leadership Cohort (national evidenced-based medical team training program)
- Just Culture Training from industry expert (David Marx)
- Leadership discussion on hierarchical gradients



OUTSTANDING HEALTH OUTCOMES

Proactive Risk Assessment: Failure Modes Effects Analysis (FMEA) 2018 -2019

- Initiation of Heparin Infusion FMEA
 - High risk, problem prone process
 - Target completion Spring 2019

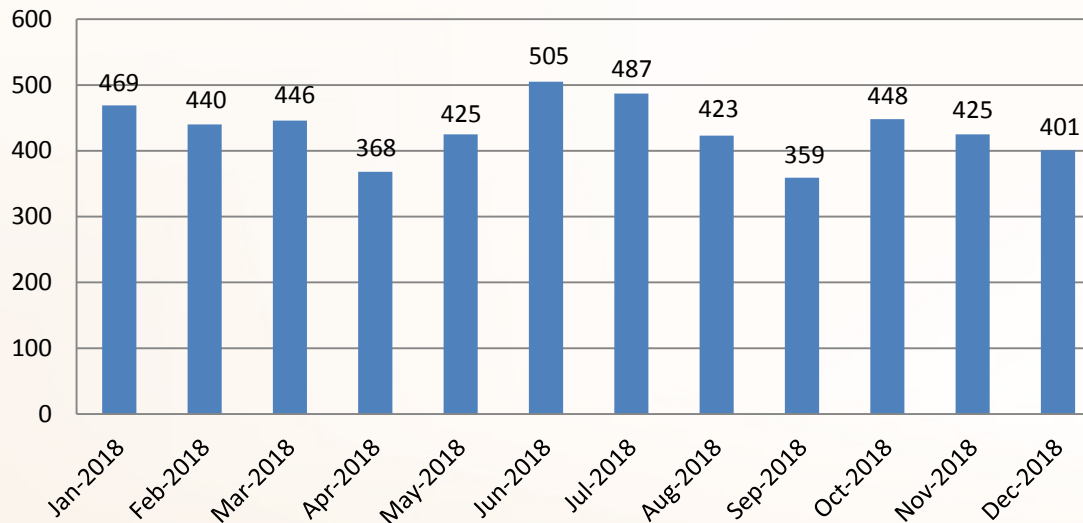


OUTSTANDING HEALTH OUTCOMES

Event Reporting

- 2019 Goal, increase volume of event reporting through:
 - Continued education & awareness
 - Implementing changes to the electronic system to make entering reports easier for staff and providers

Total MIDAS Event Entries - 2018



Monthly average
number of
submitted event
reports = 433



OUTSTANDING HEALTH OUTCOMES

Root Cause Analysis & Focused Reviews

- 3 Focused Reviews and 3 RCAs conducted in 2018

Resulting Error Proofing Strategies Implemented:

Error Proofing Strategy	Number Implemented 2018
Forcing Functions	1
Automation & Computerization	1
Standardization & Protocols	1
Rules & Policies	3
Education/Information	16
“Be more vigilant”	2



OUTSTANDING HEALTH OUTCOMES

Accreditation

- Successful State relicensing survey 2018

Focus 2019:

- Joint Commission Survey
 - Continuous monitoring (compliance and new standards)
 - Tracers (unit level and systems)



EXCELLENT SERVICE

Annual Patient Safety Training

- 1,200+ licensed staff received patient safety training

2018 Data-Driven Topics:

- Sepsis
- Hospital Acquired Pressure Injury
- Central Line Associated Blood Stream Infection (CLABSI)
- Catheter Associated Urinary Tract Infection (CAUTI)
- Evaluation data pending (Feb 2019)





EXCELLENT SERVICE

TeamSTEPPS Training



- TeamSTEPPS© is an evidence-based set of teamwork tools, aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals (Safety Culture).
- 32 KD formal and informal leaders participated in a 2 day “TeamSTEPPS© Coach” program administered by California Hospital Association (HQI).
- 22 TeamSTEPPS© tools were implemented post training in 17 units/clinics around KDHCDCD (some tools implemented in multiple locations specific to local needs)
- Examples of TeamSTEPPS© Tools:
 - Huddles, CUS, Situation monitoring, 2 Challenge Rule



EXCELLENT SERVICE

Patient Safety Symposium 2018

- Approximately 342 attendees
- 19 scientific posters presented
- 3 National speakers on team dynamics, event response and understanding safety culture; and KD Leader Ignite presentations

2019 Symposium Speaker topic:

- Just Culture leadership training from David Marx (industry expert); KD Ignite presentations



IDEAL WORK ENVIRONMENT

Comprehensive Unit-Based Safety Program (CUSP)

CUSP Teams working on patient safety in 2018:

- ED
- NICU
- 4N
- 3N
- OR
- Hospice
- Float Pool
- 2N
- ICU
- 3W
- Mother Baby
- Mental Health
- Urgent Care
- Pediatrics
- Labor & Delivery
- 3S
- Pharmacy
- Rural Health Clinics
- Environmental Services (2019)
- 4T (2019)

Johns Hopkins Comprehensive Unit-based Safety Program (CUSP)

CUSP is a 6-step safety program

Step 1: Safety Attitude Questionnaire (SAQ)

Step 2: Staff education on the Science of Safety

Step 3: 2-item Staff Safety Survey

- Please describe how you think the next patient in your unit/clinical area will be harmed?
- Please describe what you think can be done to prevent or minimize this harm?

Step 4: Executive Walk Rounds

Step 5:

a) Learning from our mistakes

b) Improve teamwork and communication

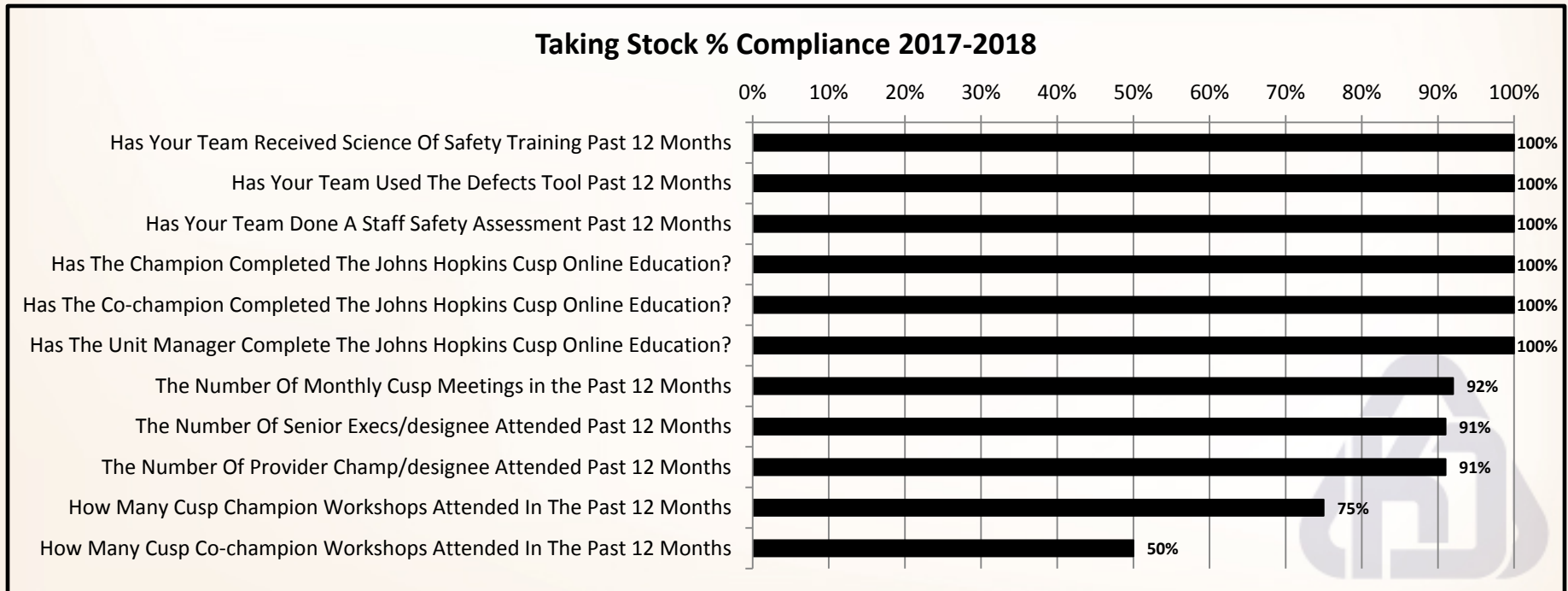
Step 6 : Resurvey staff about Safety Culture (annually)



IDEAL WORK ENVIRONMENT

Comprehensive Unit-Based Safety Program (CUSP)

- “Taking Stock” is a CUSP Program evaluation tool that survey’s each CUSP team on key components of the CUSP team process (This is first year KD has conducted this evaluation)
- Goal for 2019: increase attendance at quarterly CUSP workshops

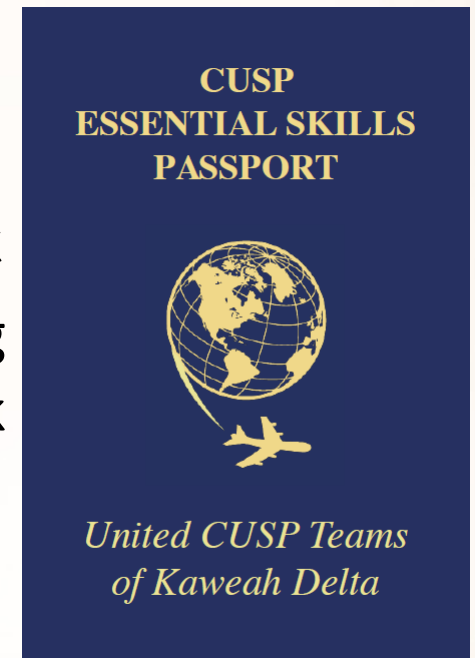


IDEAL WORK ENVIRONMENT

Comprehensive Unit-Based Safety Program (CUSP)

Focus for 2019:

- More CUSP Teams, with better support, measurable outcomes!
- CUSP Incentive Program: Passport Program
 - CUSP Incentive Program: Passport Program
 - The Goal of this program is to help teams grow and engage staff in patient safety work
 - Teams compete to earn points by completing tasks that enhance their CUSP team (ie. work with another CUSP team, tour unit with executive sponsor)
 - Share learnings from national quality and patient safety conference



IDEAL WORK ENVIRONMENT

Good Catch Award Program and Hero of the Year

Quality & Patient Safety
Department has awarded 12
“Good Catch Awards” in 2018!

2018 was our inaugural Patient
Safety Hero of the Year!



JENNIFER FOSTER

JENNIFER FOSTER | MAY 2018

According to the American Heart Association, stroke is one of the leading causes of death and serious, long-term disability in the United States. On average, someone suffers a stroke every 40 seconds; and someone dies from a stroke every four minutes. For this reason when it comes to stroke care, every second counts. Recognizing the first warning signs of stroke and accelerating expert medical help are critical to successful treatment and recovery.

This was the case for a patient that was admitted for syncope, DKA and new onset afib. On the third hospital day, the patient was sitting on side of bed, fell backwards and hit his head. This is where our Good Catch Award recipient, Jennifer Foster, RN, was working that day. On assessment, Jennifer noted changes in neurological status. Soon thereafter, the patient started exhibiting swallowing difficulty, increased confusion and slurred speech. Jennifer called an RRT and conducted an

NIHSS assessment. She immediately called the physician and got an order for stat CT and CTA resulting in findings suspicious of a stroke. Jennifer, along with the Resident, RRT RN and Stroke Manager, quickly consulted with Neurology and Neurosurgery. Due to the rapid decline in neurological status, an emergent craniotomy was needed to save this patient's life.



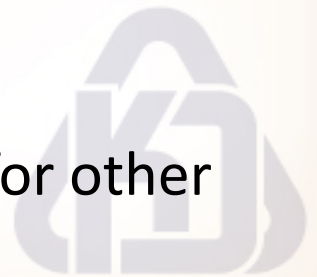
According to the CDC, one of every 10-20 hospitalized patients in the United States develops a hospital-associated infection (HAI). A recent national prevalence study on Infection Control found that 13 of every 1,000 inpatients were either infected or colonized with Clostridium difficile (C. diff), a serious gastrointestinal infection. The growing problem of C. difficile emphasizes the need for meticulous attention to infection prevention, implementing evidence-based

a new process was implemented requiring change of curtain at the time when isolation precautions for C- Diff patients is discontinued. This new process was implemented throughout the medical center; therefore, prevention against this infection has been strengthened for many years, and many patients to come.

SUMMARY

Focus for 2019:

- HAI reduction and monitoring
- Resource Effectiveness
- Disease Specific Teams to address mortality
- Continued monitoring of PSIs (Healthcare Acquired Conditions)
- TeamSTEPPs Leadership Cohort 2
- Just Culture Training (enterprise-wide)
- Joint Commission Survey
- Improving capability
 - Enhanced training on quality tools and methods for other district groups



Questions?



2019-2020 Strategic Framework

- The Strategic Framework is the single-page summary of the Kaweah Delta strategic plan. The document contains:
 - Mission Statement
 - Vision Statement
 - Four Pillars (formerly the four goals)
 - The five strategic initiatives for the 2019-2020 fiscal year
- Two draft Strategic Framework documents are attached:
 - The version shared with the Strategic Planning committee on January 9, 2019
 - A newer version that incorporates changes recommended by the Strategic Planning committee as well as additional revisions made by the Work Groups

Our Mission <i>(The reason we exist)</i>	Strategic Initiative	Metrics	Strategies/ Tactics	Timing	Responsible
<p>Your health is our passion. Excellence is our focus. Compassion is our way.</p>	<p>Operational Efficiency <i>Through effective processes and practices, we will achieve maximum productivity with minimum wasted effort or expense.</i></p>	<ul style="list-style-type: none"> Operational efficiency metrics per Resource Effectiveness Committee 	<ul style="list-style-type: none"> Improved processes Resource management KD*Hub optimization Data management Access Throughput 		<p>Keri Noeske Regina Sawyer Tom Rayner</p>
<p>Our Vision <i>(What we aspire to be)</i></p> <p>To be your world class healthcare choice, for life.</p>	<p>Kaweah Care Culture <i>Promote a professional and accountable culture that develops, supports, and sustains high performing people and teams in a great place for providers to practice, employees to work, and patients to receive excellent compassionate care.</i></p>	<ul style="list-style-type: none"> 90% employee retention 4.24 employee engagement TBD Physician engagement SAQ 76.5% patient experience 	<p>TBD by work group</p>		<p>Dianne Cox Laura Goddard</p>
<p>Our Pillars</p> <p>Achieve outstanding health outcomes for our patients</p> <p>Provide excellent service to our patients and customers</p> <p>Provide an ideal work environment for our staff and physicians</p> <p>Maintain financial strength to ensure the delivery of outstanding healthcare services</p>	<p>Outstanding Health Outcomes <i>To achieve and sustain exceptional health outcomes through the consistent application of best practices and innovative approaches.</i></p>	<ul style="list-style-type: none"> VBP- Safety and outcomes (by service line) Successful Joint Commission Leapfrog A rating 	<p>TBD by work group</p>		<p>Regina Sawyer (CQMO) Sandy Volchko</p>
	<p>Strategic Growth and Innovation <i>Identify and seize new opportunities for growth, innovation, and community engagement (e.g. new services, branding, affiliations, and payer contracting).</i></p>	<ul style="list-style-type: none"> Market share Number of managed lives Revenue PMPM revenue and expenses 	<ul style="list-style-type: none"> New markets New services Possible rebranding Payer contracting New OP delivery models JPA Social determinants of health (e.g. food availability) 		<p>Marc Mertz Coby La Blue</p>
	<p>High Performing OP Delivery Network <i>Improve care coordination and maximize access to care.</i></p>	<ul style="list-style-type: none"> Financial performance vs. budget Utilization rates (e.g. admits per 1000, ED visits per 1000, etc.) Access (3NA) Network adequacy (%) Physician supply 	<ul style="list-style-type: none"> Improve care coordination Increase access to care Aligning incentives (e.g. physician compensation) Operational best practices (e.g. staffing, referral process, care models, etc.) IT/ Data sharing and population health analytics 		<p>Malinda Tupper Minty Dillon Ryan Gates</p>

	Strategic Initiative	Metrics	Strategies/ Tactics	Timing	Responsible
<p>Our Mission <i>(The reason we exist)</i></p> <p>Your health is our passion. Education is our calling. Excellence is our focus. Compassion is our way.</p>	<p>Operational Efficiency <i>Through effective processes and practices, we will achieve maximum productivity with minimum wasted effort or expense.</i></p>	<ul style="list-style-type: none"> Adult Acute Medical Surgical Length of Stay 	<ul style="list-style-type: none"> Use Resource Effectiveness Committee structure Improve processes and efficiency Resource management Data management Improved Access Patient Flow Population Health Management Costs Savings Initiatives 		<p>Keri Noeske Regina Sawyer Tom Rayner</p>
<p>Our Vision <i>(What we aspire to be)</i></p> <p>To be your world class healthcare choice, for life.</p>	<p>Kaweah Care Culture <i>Promote a professional and accountable culture that develops, supports, and sustains high performing people and teams in a great place for providers to practice, employees to work, and patients to receive excellent compassionate care.</i></p>	<ul style="list-style-type: none"> 4.24 employee engagement Physician engagement improvement over TBD baseline SAQ Teamwork: 66%; Safety 73% 76.5% patient experience 	<ul style="list-style-type: none"> Employee engagement Physician engagement <ul style="list-style-type: none"> Physician retention GME engagement and retention Patient engagement Safety attitudes questionnaire (SAQ) 		<p>Laura Goddard Dianne Cox</p>
<p>Our Pillars Achieve outstanding health outcomes for our community patients</p> <p>Provide excellent service to our patients and customers</p> <p>Provide an ideal work environment for our healthcare team staff and physicians</p> <p>Maintain financial strength to ensure the delivery of outstanding healthcare services</p>	<p>Outstanding Health Outcomes <i>To achieve and sustain exceptional health outcomes through the consistent application of best practices and innovative approaches.</i></p>	<ul style="list-style-type: none"> CMS Star Rating: 3/4 Star Leapfrog A rating Successful Joint Commission 	<ul style="list-style-type: none"> Leverage existing teams for mortality, palliative care, and infection prevention IV Safety Team Hand hygiene monitoring system pilot Clinical Decision Support for KDHub, medication bar coding, proactive risk assessments Accreditation monitoring activities 		<p>Sandy Volchko Regina Sawyer (CQMO)</p>
	<p>Strategic Growth and Innovation <i>Identify and seize new opportunities for growth, innovation, and community engagement (e.g. new services, branding, affiliations, and payer contracting).</i></p>	<ul style="list-style-type: none"> Network utilization/ leakage Number of community physicians Increased net revenue/ market share Number of new services Public perception survey 	<ul style="list-style-type: none"> Network strategy Physician recruitment and retention Service line expansion and optimization New service line growth Branding 		<p>Coby La Blue Marc Mertz</p>
	<p>High Performing OP Delivery Network <i>Improve care coordination and maximize access to care.</i></p>	<ul style="list-style-type: none"> Outpatient patient satisfaction scores Referral timeliness Patient access to care MIPs scores PRIME measures Care coordination indicators 	<ul style="list-style-type: none"> Single point scheduling across the organization Improve access to appointments (e.g. referral process, number of providers, operational efficiency) Online pre-registration availability Improve documentation/coding/billing processes Develop IT/ data sharing & population health analytics Improve alignment with physicians 		<p>Minty Dillon Ryan Gates Malinda Tupper</p>

2019-2020 Strategic Plan

- For each of the five Strategic Initiatives, work groups have prepared:
 - A one-page Charter for the Strategic Initiative that summarizes the performance metrics, strategies/tactics, and team members for the initiative.
 - Individual summaries for each of the strategies/tactics. These provide more details regarding how Kaweah Delta will achieve its goals, key performance indicators, and financial projections.
- These documents are in draft form and will be revised based on feedback from the Board of Directors and additional work by the planning teams
- Final versions will be presented at the February Board of Directors meeting

Operational Efficiency

Strategic Initiative Charter: Operational Efficiency

Objective

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

Chair

Keri Noeske

ET Sponsor

Regina Sawyer

Performance Measure	Baseline	2020 Goal	2021 Goal	2022 Goal
Adult Acute Med/Surg Length of Stay	4.69 (FY18 ALOS)	4.44	4.19	3.94

Team Members

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

Strategies (Tactics)	Net Annual Impact (\$)*
Utilize the Resource Effectiveness Committee (REC) structure to meet committee identified goals around improved patient flow, population management and cost savings.	FY2020 \$2.42 million
REC steering committee guides and supports implementation of performance improvement goals impacting patient flow, population management, and cost savings initiatives throughout the Kaweah Delta continuum.	FY2021 \$4.89 million
Provide necessary resources and remove barriers identified by REC committees to ensure success of the specific committee identified goals.	FY2022 \$7.32 million
Maintain alignment with the strategic plan goals of the organization.	

Strategy Summary for: Resource Effectiveness

Strategic Initiative: Operational Efficiency

Objective

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

Key Components

- Resource Effectiveness Committee

Outcomes	2020	2021	2022
Reduced Adult Acute Medical Surgical Length of Stay (FY 18 ALOS 4.69)	4.44	4.19	3.94
Reduction rate	5.4%	10.9%	16.3%

Financial Impact

	2020	2021	2022
Capital Requirements			
Revenue	\$2.42 million	\$4.89 million	\$7.32 million
Expenses			
Labor	No additional non-budgeted expenses or capital		
Supplies			
Other			
Total Costs			
Contribution Margin			

Team Members

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

Kaweah Care Culture

Strategic Initiative Charter: Kaweah Care Culture

Objective

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

Chair

Laura Goddard

ET Sponsor

Dianne Cox

Performance Measure	Baseline	2019 Goal	2020 Goal	2021 Goal
Employee Engagement	4.2	4.24		
Physician Engagement		baseline		
Patient Engagement	74.5%	76.5%		
Safety Attitudes Questionnaire	Teamwork 63% Safety 69%	Teamwork 66% Safety 73%		

Team Members

Maribel Aguilar
 Linda Hansen
 Kari Knudsen
 Ed Largoza
 Keri Noeske
 Evelyn McEntire
 Sandy Volchko
 Brittany Taylor
 Teresa Boyce
 *GME representative
 pending

Strategies (Tactics)	Net Annual Impact (\$)*
Employee Engagement	
Physician Engagement	
Patient Engagement	
Safety Attitudes Questionnaire	

* Average annual impact over 3 years

Strategy Summary for : Employee Engagement

Strategic Initiative: Kaweah Care Culture

Objective

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

Key Components

- Employee Engagement Survey and action-planning
- Kaweah Care Recognition and celebrations
 - Employee Connection events/programs
 - STARRS events/programs
- Leadership Development & Emerging Leaders programs
 - Kaweah Care University
 - Management Competency Courses
 - Kaweah Care Service Teams
 - Emerging Leaders Opportunities
- Compensation/PTO/Benefits Review
 - Annual compensation reviews/marketing adjustments
 - PTO accrual review
 - Annual Health/Life benefits review
 - Education Assistance/Scholarships
- Employee Performance/Retention Review
- Employee Wellness Program

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

Analysis to be provided/supported by Finance

Outcomes	2020	2021	2022
Employee Engagement Survey	4.24		

Team Members

Maribel Aguilar, Linda Hansen, Kari Knudsen, Ed Largoza, Keri Noeske, Evelyn McEntire, Sandy Volchko, Brittany Taylor, Teresa Boyce, *GME representative pending, Laura Goddard, Dianne Cox

Strategy Summary for: Physician Engagement

Strategic Initiative: Kaweah Care Culture

Objective

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

Key Components

- Attract and recruit Physicians
 - Physician recruitment and onboarding strategic plan
- Engage physicians in operations, systems and quality improvements
 - Operations meeting groups
 - Cerner Physician committees
 - Quality and Resource Effectiveness Committees
 - Dedicated Chief Quality Officer
 - Patient Safety Committee
 - Pro-Staff Quality Committee
 - Patient Experience Committee (with Valley Hospitalist group)
 - Kaweah Care Physician Champions
 - CUSP Teams
- Develop physicians to support a Kaweah Care Culture
- Encourage retention of physicians
 - Recognition and celebration programs
 - CME
- GME engagement and retention
 - GME Human Resources Committee
 - Education and Research

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

Analysis to be provided/supported by Finance

Team Members

Maribel Aguilar, Linda Hansen, Kari Knudsen, Ed Largoza, Keri Noeske, Evelyn McEntire, Sandy Volchko, Brittany Taylor, Teresa Boyce, *GME representative pending, Laura Goddard, Dianne Cox

Outcomes	2020	2021	2022
Physician Engagement Survey	baseline		

Strategy Summary for: Patient Engagement

Strategic Initiative: Kaweah Care Culture

Objective

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

Key Components

- Improve Support Services contribution to the patient experience
 - Food and Nutrition Service – Patient Menu Update
 - EVS/Laundry – product and service improvements
 - Facilities – refurbishment plan for public areas/employee lounges
- Remove barriers to patient engagement in clinical areas
 - Patient Engagement Survey action-planning/Service Excellence
 - Transitions of Care project
 - Leaders rounding on patients
- Promote organizational efforts to engage the patient, family and visitors
 - Kaweah Care initiatives
 - Back-to-basics communication

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

Analysis to be provided/supported by Finance

Outcomes	2020	2021	2022
Patient Engagement Survey	76.5		

Team Members

Maribel Aguilar, Linda Hansen, Kari Knudsen, Ed Largoza, Keri Noeske, Evelyn McEntire, Sandy Volchko, Brittany Taylor, Teresa Boyce, *GME representative pending, Laura Goddard, Dianne Cox

Strategy Summary for: Safety Attitudes Questionnaire

Strategic Initiative: Kaweah Care Culture

Objective

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

Key Components

- Improve Teamwork Climate
 - TeamSteps
 - Senior Leader Rounding
 - Emotional Peer Support Program
 - Leadership – Healthcare Hierarchies
- Improve Safety Climate
 - SAQ team debriefs
 - Just Culture
 - CUSP Teams
 - Stress Recognition Training
 - CPI training and Workplace Violence Prevention Plan
 - CUS Training – all staff

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

Analysis to be provided/supported by Finance

Outcomes	2020	2021	2022
SAQ – Teamwork Climate score	66%		
SAQ – Safety Climate score	73%		

Team Members

Maribel Aguilar, Linda Hansen, Kari Knudsen, Ed Largoza, Keri Noeske, Evelyn McEntire, Sandy Volchko, Brittany Taylor, Teresa Boyce, *GME representative pending, Laura Goddard, Dianne Cox

Outstanding Health Outcomes

Strategic Initiative Charter: Outstanding Health Outcomes

Objective

To achieve and sustain exceptional health outcomes through the consistent application of best practices and innovative approaches.

Chair

Sandy Volchko

ET Sponsor

Regina Sawyer

Performance Measure	Baseline	2019 Goal	2020 Goal	2021 Goal
CMS Star Rating	3 Star	3 Star	4 Star	4 Star
Leapfrog Safety Grade	C (Oct 2018)	A (May & Oct 2019)	A (May & Oct 2020)	A (May & Oct 2021)
Joint Commission Accreditation	Accredited (Sept 2016)	Accredited (Fall 2019)	Monitoring - Non survey year	Monitoring - Non survey year

Team Members

Sandy Volchko
 Regina Sawyer
 Tom Gray, MD
 Kassie Waters
 Shawn Elkin

Strategies (Tactics)	Net Annual Impact (\$)*
CMS Start Rating: Mortality Committee, palliative care, disease specific QI Teams (AMI, HF, COPD , pneumonia, Ortho/total joints); dept specific M&Ms. Infection Prevention Committee and Healthcare Acquired Infection (HAI) Committees (CAUTI, CLABSI, MDROC, SSI); IV Safety Team, hand hygiene monitoring system pilot, unit level data & audits; broad education on best practices	2% Medicare reimbursement per beneficiary
Leapfrog Safety Grade: SAQ Survey/activities, Bar Coding, ICU Physician staffing, clinical decision support for CPOE evaluation, FMEA, adverse events and staffing	No financial impact
Joint Commission Accreditation: Tracers, Greeley Mock Survey, system tracers, education	Impacts insurance re-imburement

* Average annual impact over 3 years

Strategy Summary for: CMS Star Rating

Strategic Initiative: Outstanding Health Outcomes

Objective

To achieve and sustain exceptional health outcomes through the consistent application of best practices and innovative approaches.

Key Components

- Mortality
 - Mortality Committee
 - Disease Specific REC Teams:
 - COPD/Pneumonia
 - AMI
 - Heart Failure
 - CABG
 - Stroke
 - Sepsis
- Infection Prevention
 - Infection Prevention Committee
 - CAUTI, CLABSI, MDROC, subcommittees
 - IV Safety Team
 - Hand hygiene monitoring system pilot

Financial Impact

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

Analysis to be provided/supported by Finance

Outcomes	2020	2021	2022
CMS Star Rating	3	4	4

Team Members

Sandy Volchko, Regina Sawyer, Tom Gray, MD, Kassie Waters, Shawn Elkin

Strategy Summary for: Leapfrog Safety Score

Strategic Initiative: Outstanding Health Outcomes

Objective

To achieve and sustain exceptional health outcomes through the consistent application of best practices and innovative approaches.

Key Components

- Leapfrog Safety Score
 - National Quality Forum Safe Practice (SP) work groups
 - Nursing workforce
 - Risk Mitigation
 - Bar Coding
 - CPOE Evaluation (Clinical Documentation workgroup)
 - Safety Culture
 - Safety Attitudes Questionnaire (SAQ)
 - Infection Prevention Committees
 - Patient Safety Indicator Team
 - Patient Experience/Kaweah Care Teams

Financial Impact 2020 2021 2022

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance

Outcomes	2020	2021	2022
Leapfrog Safety Score	A	A	A

Team Members

Sandy Volchko, Regina Sawyer, Tom Gray, MD, Kassie Waters, Shawn Elkin

Strategy Summary for: Joint Commission Accreditation

Strategic Initiative: Outstanding Health Outcomes

Objective

To achieve and sustain exceptional health outcomes through the consistent application of best practices and innovative approaches.

Key Components

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

Financial Impact 2020 2021 2022

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance

Outcomes	2020	2021	2022
Joint Commission	Accredited	Accredited	Accredited

Team Members

Sandy Volchko, Regina Sawyer, Tom Gray, MD, Kassie Waters, Shawn Elkin

Strategic Growth and Innovation

Strategic Initiative Charter: Strategic Growth and Innovation

Objective

Identify and seize new opportunities for growth, innovation, and community engagement (e.g. new services, branding, affiliations, and payer contracting).

Chair

Coby La Blue

ET Sponsor

Marc Mertz

Performance Measure	Baseline	2019 Goal	2020 Goal	2021 Goal
Network utilization/ leakage				
Number of community physicians				
Increased net revenue /market share				
Number of new services/service lines				
Brand recognition				

Team Members

- Minty Dillion
- John Leal
- Jag Baath
- Barry Royce
- David Garrett
- Dru Quesnoy
- Deborah Volosin
- Jennifer Stockton
- Alex Lechtman, MD
- Lori Winston, MD
- Brent Boyd

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

* Average annual impact over 3 years

Strategy Summary for: Network Strategy

Strategic Initiative: Strategic Growth and Innovation

Objective

Expand Kaweah Delta’s network reach through acquisition/expansion of service locations, service areas or innovative payer contracting strategies.

Key Components

Outcomes	2020	2021	2022

Financial Impact 2020 2021 2022

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance

Team Members

Strategy Summary for: Physician Recruitment and Retention

Strategic Initiative: Strategic Growth and Innovation

Objective

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

Key Components

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Outcomes	2020	2021	2022
Net gain of physicians	5% net gain over current count (as reported in Coker Group study)	5% net gain over 2020	5% net gain over 2021
# of KDMF physicians	Meet pro forma projection of 54 employed and contracted physicians	Add 6-10 additional physicians	Add 6-10 additional physicians

Financial Impact

2020

2021

2022

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance

Team Members

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Strategy Summary for: Service Line Expansion and Optimization

Strategic Initiative: Strategic Growth and Innovation

Objective

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

Key Components

- Strategic planning session with cardiology co-management and CCHVI
 - Centralized condition-specific clinics (anti-coagulation clinic, heart failure clinic, etc.) that are provider neutral
 - Optimize existing space before building new
- Outpatient surgery/surgery center volume and capacity – elective cases
 - Track volume increases
 - Look for areas to add outpatient procedure capacity
 - Partnership with ambulatory surgery center to add capacity

Financial Impact

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

Analysis to be provided/supported by Finance

Outcomes	2020	2021	2022
# of patient/enrolled lives in condition-specific clinics			

Team Members

Strategy Summary for: New Service Line Growth

Strategic Initiative: Strategic Growth and Innovation

Objective

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

Key Components

<!-- Empty box for key components -->

Outcomes	2020	2021	2022
# of new service lines	1 new service line	1 new service line	1 new service line
Contribution margin	Breakeven contribution margin	5% positive contribution margin	10% positive contribution margin

Financial Impact

2020

2021

2022

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance

Team Members

<!-- Empty box for team members -->

Strategy Summary for: Branding

Strategic Initiative: Strategic Growth and Innovation

Objective

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

Key Components

- Marketing with emphasis on community involvement and all-encompassing service
- Market additional cardiology and neurosurgical capabilities
- Refresh of organization naming strategy for locations and services
- Increased social media presence

Outcomes	2020	2021	2022
Successful implementation of new branding	Complete rebranding		
ROI of new marketing strategies and campaigns	Market growth or reduction of outmigration of key service lines of 5%	Additional growth or reduction of 5%	Additional growth or reduction of 5%

Financial Impact 2020 2021 2022

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance

Team Members

High Performing OP Network

Strategic Initiative Charter: High Performing OP Delivery Network

Objective

Improve care coordination and maximize access to care

Chair

Minty Dillon
Ryan Gates

ET Sponsor

Malinda Tupper

High Priority Performance Measures	Baseline	2019 Goal	2020 Goal	2021 Goal
Improve Patient Access and Experience				
Outpatient Patient Satisfaction Score (CG-CAHPS)				
% of referrals completed (closing the referral loop)				
% of referrals with initial response within 5-days				
Improve Outpatient Outcomes				
Composite MIPS Score				
% performance on Outpatient PRIME Metrics				
Admits/1000 of our Humana Medicare Members (at-risk)				

Team Members

- Marc Mertz
- Dr. Sakona Seng
- Dr. Monica Manga
- Ben Cripps
- Jill Anderson
- Leslie Bodoh
- Jag Batth
- Clint Brown

Strategies (Tactics)	Net Annual Impact (\$)*
Streamline patient scheduling for KDHC services	
Improve referral processing	
Use current patient satisfaction scores to drive specific interventions	
Improve documentation/coding/billing processes to close quality and hierarchical condition category gaps	
Improve care-coordination (Virtual Care Team, CDMC, Transitions of Care, Care Navigators, CHWs)	
Develop IT/ data sharing & population health analytics to support proactive patient engagement & management	
Improve alignment with physicians	

* Average annual impact over 3 years

Strategy Summary for: Patient Access and Experience

Strategic Initiative: High Performing OP Delivery Network

Objective

Improve care coordination and maximize access to care

Key Components

1. Improve referral processing
2. Implement single point scheduling for entire District (Centralized phone – Online – App / Universal visibility/ability to schedule)
 - Onsite (Kiosk vs iPad)
 - From home (online/App)
3. Improve timeliness for appointments by:
 - Improving referral processing system
 - Increase number of specialty and primary care providers*
 - Improve operational efficiency
4. Outpatient Pharmacy Optimization (refill text reminders, Rx status visibility, etc.)
5. Use current patient satisfaction scores to drive specific interventions
6. Continue Community Outreach efforts to improve patient satisfaction (*Empowerment for Better Living, Diabetes Support groups, etc.*)
7. Streamlined authorization process with payers
8. Evaluate strategies to improve/increase access to care for uninsured

Outcomes	2020	2021	2022
Outpatient patient satisfaction scores (CG-CAHPS)			
% of referrals completed/closed (Closing the referral loop)			
% of referrals with initial response within 5-days			
% of services with pre-registration			
Time to 3 rd next available appointment (PCP, Specialty, Ancillary)			

Financial Impact

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

Analysis to be provided/supported by Finance

Team Members

Strategy Summary for: Improved Outcomes

Strategic Initiative: High Performing OP Delivery Network

Objective

Improve care coordination and maximize access to care

Key Components

1. Develop IT/ data sharing and population health analytics to support proactive patient engagement and management
 - Current state: PI reports. Future state: Health-e Analytics? Health-e Intent?
 - Cozeva for at-risk lives
2. Improve care coordination:
 - Transitions of Care Program
 - Patient Care Navigators in PCMH model
 - Community Health Worker assignment to patients meeting complex care criteria
 - SIH's Virtual Care Team – for at-risk lives
3. High-Utilizer/Risk Identification and management strategies
 - Predicted analytics/tool (HUGS, PI report?)
 - MIDAS report with PCP identification
4. Collaborate with providers to define outcomes in which to align agreements
5. Review current provider agreements for inclusion of expectations that align with
6. Develop provider agreement expectations that align with outcomes
7. Develop method to collect and present performance/quality to physicians to:
 - Identify high/low performers
 - Identify best practices and develop/offer help where needed
 - Drive behavior change via peer group/bench mark comparison

Financial Impact

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

Analysis to be provided/supported by Finance

Outcomes	2020	2021	2022
Composite MIPS Score			
% Performance of Outpatient PRIME Measures			
Improved Care Coordination for at-risk lives: <ul style="list-style-type: none"> - Risk Adjustment Factor score - Admits/1000 (PQI-90 Admits/1000) - ED visits/1000 (PQI-90 ED Visits/1000) - 30-Day Readmissions 			

Team Members