



February 22, 2019

**NOTICE**

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Board of Directors meeting at 5:30PM on Monday February 25, 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 5:31PM on Monday February 25, 2019 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue} pursuant to Government Code 54956.9(d)(2), Government Code 54956.8, and Health and Safety Code 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 February 25, 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](http://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](http://www.KaweahDelta.org)

Monday, February 25, 2019

## OPEN MEETING AGENDA {5:30PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after 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 – 5:31PM**
  - 4.1. **Credentialing** - Medical Executive Committee (February 2019) 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 – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 5 Cases - *Dennis Lynch, Legal Counsel & Ben Cripps, Compliance Officer*
  - 4.3. **Conference with Real Property Negotiator {Government Code Section 54956.8}**: Property: APN 126-130-028, 126-130-029, and 126-130-012. Negotiating party: Kaweah Delta Health Care District: *Deborah Volosin and Harvey May and Matt Graham* – price and terms - *Deborah Volosin, Director of Community Engagement and Marc Mertz, Vice President of Strategic Planning and Business Development*
  - 4.4. **Approval of closed meeting minutes** – January 28, 2019.
5. **ADJOURN**

## CLOSED MEETING AGENDA {5:31PM}

### 1. CALL TO ORDER

2. **CREDENTIALING** - Medical Executive Committee (February 2019) 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 – ANTICIPATED LITIGATION – SIGNIFICANT EXPOSURE TO LITIGATION PURSUANT TO GOVERNMENT CODE 54956.9(D)(2) – 5 Cases**

*Dennis Lynch, Legal Counsel & Ben Cripps, Compliance Officer*

4. **CONFERENCE WITH REAL PROPERTY NEGOTIATOR {GOVERNMENT CODE SECTION 54956.8}**: Property: APN 126-130-028, 126-130-029, and 126-130-012. Negotiating party: Kaweah Delta Health Care District: Deborah Volosin and Harvey May and Matt Graham – price and terms

*Deborah Volosin, Director of Community Engagement and Marc Mertz, Vice President of Strategic Planning and Business Development*

5. **APPROVAL OF CLOSED MEETING MINUTES – January 28, 2019.**

*Action Requested – Approval of the closed meeting minutes – January 28, 2019.*

6. **ADJOURN**

## OPEN MEETING AGENDA {6:00PM}

### CALL TO ORDER

1. **APPROVAL OF AGENDA**

2. **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.

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

4. **OPEN MINUTES** – Request for approval of the January 28, 2019 Open Board of Directors meeting minutes.

*Action Requested – Approval of the open meeting minutes – January 28, 2019.*

5. **RECOGNITIONS** – *John Hipkind, MD*
  - 5.1. Presentation of Resolution 2018 to Angie Pimentel, RN - Service Excellence Award – January 2019.
  - 5.2. Presentation of Resolution 2019 to Andres Ramirez – Service Excellence Award – February 2019.
  - 5.3. Presentation of Resolution 2020 to Peggy Escobedo, RN, Clinical Educator retiring from duty after twenty-two (22) years of service.

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. Compliance
- C. Sleep Disorders Center
- D. Oncology Services
- E. Endoscopy
- F. Respiratory Services

**6.2. POLICIES**

**A. ADMINISTRATIVE**

- |   |        |          |
|---|--------|----------|
| 1. Grants   | AP.148 | Revised  |
| 2. Bridge Policy for Federal Grants and Awards Mgmt                       | AP.179 | New      |
| 3. Conflict of Interest   | AP.23  | Revised  |
| 4. Messenger Model Guidelines for Managed Care Contracting for Physicians | AP.164 | Reviewed |
| 5. Public Bidding on Construction Contracts                               | AP.96  | Reviewed |
| 6. Competitive Bidding on Contracts                                       | AP.166 | Reviewed |

**B. EMERGENCY MANAGEMENT**

- |                                |        |         |
|--------------------------------|--------|---------|
| 1. Code Grey – Activation Plan | DM2203 | Revised |
|--------------------------------|--------|---------|

**C. ENVIRONMENT OF CARE**

- |  |          |         |
|--|----------|---------|
| 1. Property Acquisition  | EOC 1008 | New     |
| 2. Monitoring of Temperature and Humidity Levels in Sensitive Areas Procedural/Sterile Rooms | EOC 1021 | Revised |
| 3. Helipad Policy  | EOC 1050 | Revised |

**D. BOARD**

- |                         |       |         |
|-------------------------|-------|---------|
| 1. Conflict of Interest | BOD.5 | Revised |
|-------------------------|-------|---------|

**6.3. RECOMMENDATION FROM THE MEDICAL EXECUTIVE COMMITTEE (FEB. 2019).**

- A. Medical Staff Policies
  1. Medical Staff Fees MS03    Revised
- B. Privileges in Gastroenterology

*Recommended Action: Approve the February 25, 2019 Consent Calendar.*

## 7. COMMUNITY ENGAGEMENT

- 7.1. Community Advisory Committee - Hospital of the Future – Progress report of committee activities.

*Bill Kitchen (Co-Chair) and Samantha Mendoza (Back-Up Co-Chair)*

- 7.2. Community Engagement Initiatives - Report on the Kaweah Delta Community Engagement Initiative groups.

*Deborah Volosin, Director of Community Engagement*

## 8. QUALITY

- 8.1. Fall Prevention - A review of current KDHCD fall rates and current activities for continuous improvement in fall prevention.

*Rose Newsom, RN, Director of Nursing Practice*

## 9. STRATEGIC PLANNING

- 9.1. Strategic Plan 2019 – Review and approval request of the Strategic Plan for fiscal year 2019-2020.

*Marc Mertz, Vice President of Strategic Planning and Business Development*

*Recommended Action: Approval of the Kaweah Delta Strategic Plan 2019-2020, new Mission Statement, new Vision, and retitling current Goals to “Pillars”.*

10. **PROJECTS UPDATE** – Review of current construction projects throughout the District.

*Julieta Moncada, Facilities Planning Director*

11. **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.

**12. FINANCIALS** – Review of the most current fiscal year 2019 financial results.

*Malinda Tupper, VP & Chief Financial Officer*

**13. REPORTS**

**13.1.** Chief of Staff – Report relative to current Medical Staff events and issues.

*Harry Lively, MD, Chief of Staff*

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

*Gary Herbst, Chief Executive Officer*

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

13.2.2. Kaweah Delta Medical Foundation CEO recruitment

**13.3.** 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**

**BOARD OF DIRECTORS MEETING**

**THURSDAY FEBRUARY 25, 2019**

**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 7-23**

**BOARD OF DIRECTORS MEETING – CLOSED SESSION**

**KDHCD - BOARD OF DIRECTORS MEETING**

**THURSDAY FEBRUARY 25, 2019**

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**PAGES 7-23**



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**PAGES 7-23**



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**PAGES 7-23**

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**PAGES 7-23**

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**PAGES 7-23**

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**CLOSED MEETING SUPPORTING DOCUMENTS**

**PAGES 7-23**

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**PAGES 7-23**

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**PAGES 7-23**

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# Service Excellence January 2019

Angie Pimentel, RN, PACU {29 Years}

**Nominated By:** Tina Clontz

## BEHAVIORAL STANDARDS OF PERFORMANCE:

- Compassionate Service: community service and empathy always to patients and family
- Respect: always respectful to colleagues
- Communication: a positive voice on the team
- Safety: patient and staff safety, always
- Professional Image: No matter how tired, she is always positive and professional
- Commitment to Colleagues: Angie stepped up to the roll of UBC chair and is always promotes positive communication and support to staff. She is also an excellent preceptor.

**Comments:** Angie is someone who exemplifies commitment to excellence. She is a positive influence for the team, cares about the community by feeding the homeless, is an excellent preceptor, has taken on UBC chair, and is a mentor to the new generation of PACU nurses. Her years of experience have molded her into the kind of nurse all nurses should strive to be. I worked with her on a night when she had worked all day and was on call all night. After being awake 22 hours straight, she was as positive as the moment she walked in the prior day when we left after 7am--most nurses can't do this well. It is a pleasure to work with her and she is a great asset to the team.



# Service Excellence February 2019

**Andres Ramirez, Sr. Financial Analyst {6 Years}**

**Nominated By:** Jennifer Stockton

**Comments:** Andres celebrated his seventh service anniversary with Finance and Kaweah Delta in January. I would like to nominate Andres for the Service Excellence Award due to his consistent exemplification of the behavioral standards of performance of compassionate service, respect, communication, personal ownership, professional image and commitment to colleagues. Recently Andres led the development of new tools to create an improved financial statement package that is now utilized by Finance leadership, the Executive Team and the Board. Andres took on this challenge in addition to his normal scope of duties, which are already quite complex. He explored new Excel tools and watched internet videos on "how-to" each night at home until he found the ideal and most efficient way to perform the task. Andres is now responsible for the day-to-day treasury management and debt compliance functions within Finance, but has also previously had the functions of accounts receivable reconciliation and physician and service contract management. During his tenure with each of these roles, he has found ways to improve workflow and make the process more efficient and accurate. He has consistently been recognized for his kind and helpful attitude as well as his great work in these areas by his peers and members of Kaweah Delta's Leadership and Executive Teams. At the same time, he is truly committed to his Finance team members. He is always willing to take the time to help any of them as the "go-to" person for Excel in the department, even offering to conduct lunch learning sessions. He is positive, caring, professional and respectful at all times and a true role model to his colleagues. He is known for his quiet demeanor and great sense of humor. I'd like to thank Andres and recognize him for his significant contribution to Kaweah Delta by recognizing him with the Service Excellence Award.



## RESOLUTION 2020

WHEREAS, Peggy Escobedo, RN, is retiring from duty at Kaweah Delta Health Care District after 22 years of service; and,

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

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the Hospital Staff and the community they represent, hereby extend their appreciation to Peggy Escobedo, RN for 22 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 25<sup>th</sup> day of February 2019 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

## Kaweah Delta Physician Recruitment Open Position Snapshot - February 2019

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

Date prepared: 2/14/2019

<b>Central Valley Critical Care Medicine</b>	
Intensivist	4
Hospitalist	6

<b>IQ Surgical Associates</b>	
GI Hospitalist	3

<b>Kaweah Delta Medical Foundation</b>	
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

<b>Kaweah Exeter Medical Group</b>	
Adult Primary Care	2
OB/Gyn	2

<b>Key Medical Group</b>	
Adult Primary Care	1
Gastroenterology	1

<b>Orthopaedic Associates</b>	
Orthopedic Surgery - Spine	1
Orthopedic Surgery - Hand	1

<b>Sequoia Radiation Oncology Medical Associates</b>	
Radiation Oncology	1

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

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

<b>Valley Hospitalist Medical Group</b>	
Hospitalist	2
Nocturnist	1

<b>Vituity - Family Medicine Clinic</b>	
Family Medicine Core Faculty	1

### Candidate Activity

Specialty	Group	Last Name	First Name	Availability	Board Certification	Miscellaneous	Current Status
Anesthesiology (Part-time)	Somnia	Bah	Maimouna	08/19	TBD	No CA License	Currently under review
Anesthesiology	Somnia	Imiak	Saloman	TBD	TBD	No CA License; Must give 90-day notice	Currently under review
Anesthesiology	Somnia	Koronfel	Mohamed	TBD	TBD	CA Licensed	Currently under review
Anesthesiology (Per Diem)	Somnia	Said	Engy	TBD	American Board of Anesthesiology, Certified	CA Licensed; available upon credentialing	Currently under review
Anesthesiology (Part-time)	Somnia	Somal	Jaspreet	TBD	American Board of Anesthesiology - General, Certified; American Board of Anesthesiology - Critical Care Medicine	CA Licensed	Start date pending credentialing
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 Dermatology, Eligible	CA licensed; Candidate applied directly to HealthCareers posting	Site Visit pending dates
Family Medicine	Kaweah Exeter Medical Group	Amari, M.D.	Ahmed	07/19	American Board of Family Medicine, Eligible	No CA license; Candidate referred by Dr. Swehli, KEMG	Site Visit: 2/15/19
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	Site Visit: 2/5/19; Offer accepted

### Candidate Activity

Specialty	Group	Last Name	First Name	Availability	Board Certification	Miscellaneous	Current Status
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	Bartlett, M.D.	Christopher	TBD	American Board of Internal Medicine, Certified	CA Licensed; Presented by Vista Staffing Solutions 1/30/19	Site Visit Pending
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	Lee, M.D.	Vincent	07/19	American Board of Internal Medicine, Eligible	Candidate presented by Pacific Companies 1/25/19	Currently under review
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	Swe, M.D.	Khine	07/19	American Board of Internal Medicine, Certified	CA License; Candidate presented by Vista Staffing Solutions	Site Visit: 2/28/19
Hospitalist	Central Valley Critical Care Medicine	Zinoviev, M.D.	Radoslav	07/19	American Board of Internal Medicine, Eligible	Candidate presented by Vista Staffing Solutions	Site Visit: 2/20/19
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

### Candidate Activity

Specialty	Group	Last Name	First Name	Availability	Board Certification	Miscellaneous	Current Status
Hospitalist (Part time)	Valley Hospitalist Group	Martinez, M.D.	Elieth	04/19	American Board of Internal Medicine, Certified	CA licensed; Candidate reached out directly to inquire. Currently working in Fresno as a hospitalist. Spouse is Dr. Ali Saadi	Site Visit: 2/1/19
Hospitalist/ Family Medicine	Valley Hospitalist Group/Kaweah Exeter Medical 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 Puniabi	Site Visit date pending.
Hospitalist	Valley Hospitalist Group/Central Valley Critical Care Medicine	Mukhtar, D.O.	Nadeem	TBD	American Board of Internal Medicine, Eligible	No CA license; Candidate applied directly to PracticeMatch job position. Fluent in Urdu, Hindi, Punjabi, and basic Spanish	Currently under review
Hospitalist	Valley Hospitalist Group/Central Valley Critical Care Medicine	Ramos, D.O.	Courtney	09/19	American Board of Internal Medicine, Eligible	CA licensed; Candidate reached out directly to inquire	Currently under review
Hospitalist (Part time)	Valley Hospitalist Group	Saadi, M.D.	Ali	04/19	American Board of Internal Medicine, Certified	CA licensed; Candidate reached out directly to inquire. Currently working in Fresno as a hospitalist. Spouse is Dr. Elieth Martinez	Site Visit: 2/1/19
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

### Candidate Activity

Specialty	Group	Last Name	First Name	Availability	Board Certification	Miscellaneous	Current Status
Hospitalist	Valley Hospitalist Group	Tedaldi, M.D.	Michael	07/19	American Board of Internal Medicine, Eligible	CA Licensed; Spouse is currently Resident with KDHCD General Surgery program; Candidate reached out directly on 11/10/17	Site Visit: 11/14/17; offer accepted
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	Site visit pending dates
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	Landers	Sharon	07/19	American Board of Critical Care, Eligible	No CA license; Candidate presented by Merritt Hawkins	Site Visit pending dates
Intensivist	Central Valley Critical Care Medicine	Redinski, D.O.	John	07/19	American Osteopathic Board of Critical Care, Eligible	CA Licensed; Candidate presented by Vista Staffing Solutions	Site Visit: 1/10/19
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
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 Bajwa	References & phone interview pending

### Candidate Activity

Specialty	Group	Last Name	First Name	Availability	Board Certification	Miscellaneous	Current Status
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	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; Offer accepted. Tentative start date: 4/1/19
Neonatology	Valley Children's Hospital	Gerard, M.D.	Kimberley	07/19	American Board of Pediatrics, Eligible	No CA License; Presented by VCH on 11/28/18	Site Visit: 1/11/19; Offered Independent Contractor opportunity. Employment pending Board Certification Tentative start date: 1/6/20
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	Independent	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; Offer accepted
Orthopedic Surgery - Spine	Orthopaedic Associates	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; References in progress
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



### Candidate Activity

Specialty	Group	Last Name	First Name	Availability	Board Certification	Miscellaneous	Current Status
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
Plastic Surgery/OMF	Sequoia Institute for Surgical Services, Inc.	Nair, M.D.	Narayanan	TBD	American Board of Surgery, Certified	Presented by Dr. Jonathan Liu on 10/4/18	Site Visit pending dates
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
Radiation Oncology	Sequoia Radiation Oncology Medical Associates	Lee, M.D.	Joon	08/19	American Board of Radiology - Radiology Oncology, Eligible	No CA License; Candidate applied directly.	Site Visit: 2/7/19; offer extended
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



COMPLIANCE PROGRAM ACTIVITY REPORT – Open Meeting  
**Ben Cripps, Compliance and Privacy Officer**  
November 2018 through January 2019

**EDUCATION**

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Live Presentations by Compliance Department –

- Compliance and Patient Privacy – New Hire Orientation
- Compliance and Patient Privacy – Management Orientation
- Patient Privacy – Nursing Potpourri
- Medical Identity Theft – Health Information Management
- Privacy Breach Enforcement Update – Hospice, Patient Access, 3 West/ICCU, KDMF Leadership Team, Radiation Oncology, Outpatient Therapy, Imaging Services, Mental Health, 4 North, 3 South, Institution Review Board, Respiratory, Chronic Disease Management Center, Chaplaincy Services, Urgent Care, 2 North, Information Systems Services, Exeter Clinic

Written Communications sent from Compliance Department –

- National Compliance and Ethics Week (Email) – All Staff
- Compliance Matters Article – Reporting Compliance Concerns – Bulletin Board / All Staff
- Privacy Matters Article – Guidelines for Releasing Patient Information to Law Enforcement – Bulletin Board / All Staff
- Compliance Matters Article – Fraud, Waste, and Abuse: The False Claims Act – Bulletin Board / All Staff

**PREVENTION AND DETECTION**

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- **California Department of Public Health (CDPH) All Facility Letters (AFL)** – Review and distribute AFL's to areas potentially affected by regulatory changes; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk
- **Medicare and Medi-Cal Monthly Bulletins** – Review and distribute bulletins to areas potentially affected by the regulatory change; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk
- **Office of Inspector General (OIG) Monthly Audit Plan Updates** – Review and distribute OIG Audit Plan issues to areas potentially affected by audit issue; department responses reviewed and tracked to identify potential current/future risk
- **California State Senate and Assembly Bill Updates** – Review and distribute legislative updates to areas potentially affected by new or changed bill; department responses reviewed and tracked to address regulatory change and identify potential current/future risk
- **Patient Privacy Walkthrough** – Monthly observations of privacy practices throughout Kaweah Delta; issues identified communicated to area Management for follow-up and education
- **KD HUB (Cerner)** – Participation in system enhancements and optimization and risk mitigation strategies

- **User Access Privacy Audits** – Daily monitoring of user access to identify potential privacy violations
- **Office of Inspector General (OIG) Exclusion Attestations** – Quarterly monitoring of department OIG Exclusion List review and attestations
- **Medicare PEPPER Report Analysis** – Quarterly review of Medicare Inpatient Rehabilitation, Hospice, Mental Health and Acute Inpatient PEPPER statistical reports to identify outlier and/or areas of risk; evaluate with Kaweah Delta leadership (as appropriate)

## **OVERSIGHT, RESEARCH & CONSULTATION**

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- **Fair Market Value (FMV) Oversight** – Ongoing oversight and administration activities for physician payment rate setting/contracting activities including Physician Recruitment, Medical Directors, Call Contracts, and Exclusive and Non-Exclusive Provider Contracts
- **Medicare Recovery Audit Contractor (RAC) and Medicare Probe Audit Activity** – Records preparation, tracking, appeal timelines, and reporting
- **Licensing Applications** – Forms preparation and submission of licensing application to the California Department of Public Health; ongoing communication and follow-up regarding status of pending applications
  - *Emergency Department Fast Track,*
  - *Lab Draw Station*
  - *Neonatal Intensive Care Unit (NICU) Acequia Wing 6<sup>th</sup> Floor*
- **KD Hub Non – Employee User Access** – Oversight and administration of non-employee user onboarding, privacy education, and user profile tracking; evaluate, document, and respond to requests for additional system access; on-going management of approximately 950 non-employee KD Hub users
- **First Tier, Downstream, Related Entities (FDR) Fraud, Waste, and Abuse Training** – Research and consultation; evaluate Medicare Final Rule change to FDR Fraud, Waste, and Abuse training; provide recommendation to Kaweah Delta Medical Foundation (KDMF) on training and oversight requirements
- **Hospice General Inpatient (GIP) Billing** – Research and consultation; investigate GIP licensing requirements for GIP services in an Inpatient Rehabilitation Facility; provided recommendation
- **Patient Rights and Responsibilities Update** – Research and consultation; completed a review and update to the Patient Rights and Responsibilities postings throughout the facility to comply with regulatory requirements
- **Site/Service Line-Specific Medi-Cal Contracting** – Research and consultation; provided clarification of Medi-Cal Contracting requirements for site and service-line specific contracting for the KDMF
- **Skilled Nursing Facility (SNF) Required Forms** – Facilitate, coordinate, and monitor corrective efforts to ensure the appropriate and timely completion of mandatory admission forms for SNF patients
- **Senate Bill (SB) 1152 Homeless Discharge** – Research and consultation; provided support to Kaweah Delta Leadership to clarify regulations and implement processes to comply with Senate Bill 1152; a bill requiring significant documentation and care management practices for Homeless Patients
- **340b Retail Pharmacy Dispute** – Research and Investigation; worked with Legal Counsel to pursue an unpaid payment obligation due to Kaweah Delta through the 340b Retail Pharmacy program; demand letter prepared by Legal Counsel; two (2) payments have been received to date totaling approximately 25% of the amount outstanding; the balance is expected over the course of the next twelve (12) months

- **Hospice Fraud Matter** – Research and Investigation; worked with Legal Counsel and Kaweah Delta Leadership to investigate and report a fraudulent Hospice scheme; detailed documentation provided to Legal Counsel, Assistant US Attorney and District Attorney to be notified
- **Patient Family Services (PFS) LMFT Regulations** – Research and consultation; evaluated regulatory guidance concerning use of Licensed Marriage and Family Therapists (LMFT) as Social Workers in the inpatient setting; regulatory summary provided to PFS Leadership; re-education to leadership; employee name badges updated

## **AUDITING AND MONITORING**

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- **Quick Ultrasound Review** – The objective of the review was to assess Quick Ultrasound billing and documentation practices. The Compliance Department completed a review of thirty (30) claims for the period May – July 2018 and noted a 100% compliance rate. The review concluded that all of the patient encounters contained the necessary and appropriate documentation for payment. At this time, the Compliance Department does not recommend a follow-up review.
- **Home Health Home Bound Status Review** – The objective of the review was to assess the clinical findings and documentation supporting the need for skilled nursing and/or therapy services. The Compliance Department completed a review of thirty (30) Medicare Home Health encounters for the period May – June 2018 and noted a 100% compliance rate. The review concluded that each of the encounters contained the necessary and appropriate documentation for payment. At this time, the Compliance Department does not recommend a follow-up review.
- **Inpatient Rehab Probe Audit** – Noridian (Medicare Claims Administrator) completed a prepayment review of randomly selected Inpatient Rehabilitation Facility claims. Kaweah Delta was selected for the review based on data analysis indicating increased utilization compared to the previous utilization period. The review noted an 87% compliance rate. Management has reviewed the findings and will dispute the claim denials through the Medicare Appeals Process. Noridian has confirmed closure of the audit file and will not pursue further audit activities at this time.

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

## Sleep Disorders Center

Steven L. Hensley, RN, RRT, Director, (559) 624-2427  
Eric Altamirano, RPSGT, RCP, Manager (559) 624-6797  
February 2019

### Summary Issue/Service Considered

1. Continue to develop and achieve optimum balance of priorities that provide and sustain high quality care, outstanding service, regulatory compliance and profitability while sustaining an Ideal Work Environment.
2. Ensuring our Sleep Disorders Center continues to provide a full complement of sleep testing services that support the needs of our communities as a District Center of Excellence.
3. Continue to support/provide education for our community, physicians and residents regarding the benefits of preventative management of sleep disorders to mitigate long term risks associated with developing heart failure, hypertension, diabetes, and kidney disease in our at risk populations.

### Analysis of Financial/Statistical Data:

The Sleep Disorders Center experienced a slight decline in Contribution Margin and significant decline in Net Income secondary to an increase in In direct expense allocations. In spite of this we managed to achieve a minimal contribution margin for fiscal 2018 of \$120 per case. In addition, the Cerner implementation affected our operational efficiency temporarily, which resulted in decreased productivity.

### Quality/Performance Improvement Data

The following Quality measures have been developed based on American Academy of Sleep Medicine (AASM) standards to ensure the highest quality care is delivered to patients with sleep disordered breathing.

**Monitoring and Reporting:** The Sleep Center Performance Improvement (PI) program monitors and reports the following quarterly semiannually to our Prostaff Committee:

**Report Timeliness:**

Time from the date of study to the date of dictation. The Sleep Disorder Center (SDC) standard is 15 days or less. The PI threshold for total timeliness is  $\geq 90\%$

**Hook Up Procedure:**

Quality of electrode/ sensor application and the resulting quality of signal acquisition. The PI threshold for hook up quality is  $\geq 90\%$  for all American Board of Sleep Medicine (ABSM) cases.

**Adequacy of Positive Airway Pressure (PAP) Titration:**

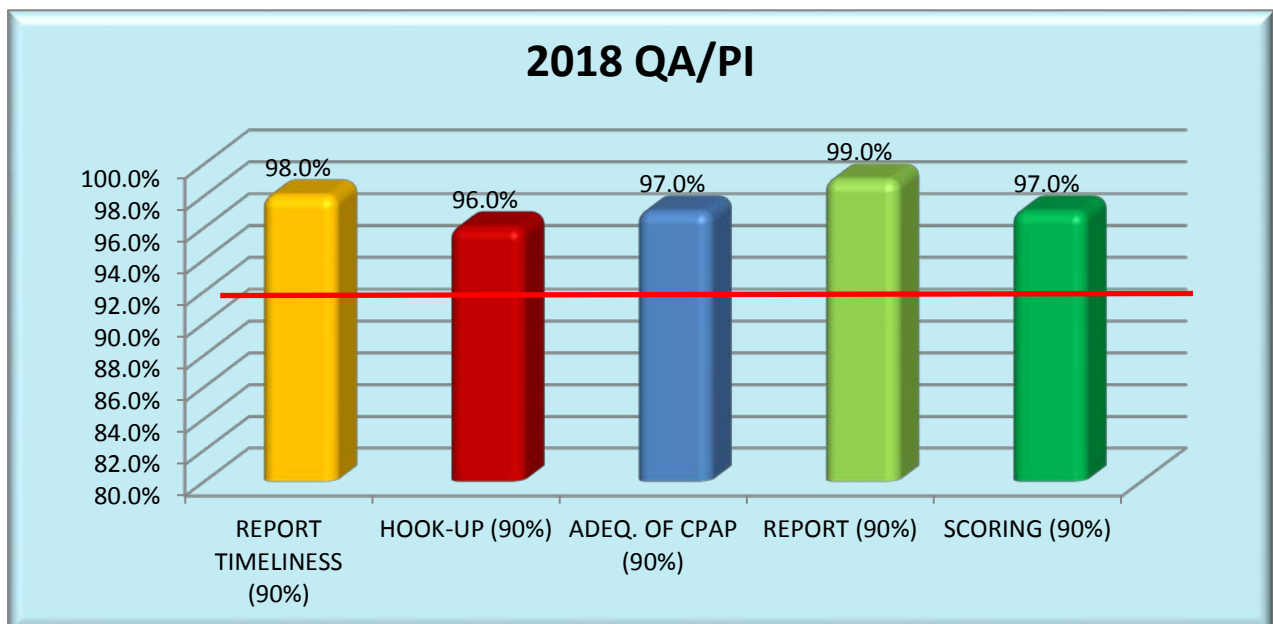
Patients receive expert assessment and intervention with optimal application of PAP ranges to correct obstructive sleep disorders. The Performance Improvement (PI) threshold for adequacy of PAP titration is  $>90\%$  as established by the ABSM.

**Reporting:**

There must be correlation between the preliminary technical report generated by the Sleep Technologist and the final report generated by the scoring Sleep Physician specific to the severity of sleep disordered breathing. The PI threshold for agreement is  $>90\%$  as established by the ABSM.

**Scoring:**

All sleep studies will be assessed for quality of signals/data, sleep staging, event recognition, appropriateness of interventions and identification of sleep disordered breathing with severity by Certified Technical and Professional Staffs. The PI threshold for the quality of technical scoring is  $>90\%$  as established by the ABSM.



## Policy, Strategic or Tactical Issues

1. Continue to monitor and implement latest Centers for Medicare & Medicaid Services (CMS) reimbursement guidelines.
2. Carefully monitor overall polysomnography reimbursement in an effort to sustain profitability including the monitoring and efficient management of Medi-Cal (payer) sources.
3. Continue to stay abreast of Home Sleep Study trends and potential impact on In-Lab testing.
4. Medical Director will continue to be actively engaged in educating both our community and the providers we serve.
5. Initiate 2 year Action Plan for successfully completing AASM Recertification in 2022.

## Recommendations/Next Steps

1. Continue to provide an ideal work environment for staff.
2. Develop and maintain an efficient budget that allows for both high quality diagnostic services, excellent patient outcomes and increased profitability.
3. Continue to meet or exceed quality benchmarks.
4. Maintain and or implement new practice standards set forth by the AASM.
5. Continue to work closely with our Medical Director in the ongoing development, planning and implementation of sleep disorder services that optimize diagnostic evaluation, treatment and preventative health care for our community.
6. Continue to respond to Medicare/Medi-Cal initiatives related to reimbursement for sleep testing at the State and National levels in order to optimally align our services with financial viability.

## Conclusions

1. Continue working to overcome financial challenges with identified payer groups.
2. Home Sleep Testing growth increase of 59% compared to 2017 and 120% compared to 2016.
3. In lab testing volumes continue to remain stable even with our increasing Home Sleep Testing insurance standards and increased volume.
4. Sustain staff job satisfaction score at 92% or greater.
5. Maintain patient experience scores >90%.

## Top Priorities for 2019:

- Patient and Provider satisfaction.
- Staff recognition, job satisfaction, reward, education and professional development.
- Continue the provision of highest quality sleep testing in the Valley.
- Focus on Physician education (Medical staff/GME) specific to Sleep Medicine.
- Focus on preventative medicine specific to Sleep Disordered Breathing.
- Remain provider of choice for sleep testing.
- Continue to improve financial strength through further expansion of our HST program.
- Acquire and gain the confidence of new referral sources within our community.

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

## **Oncology Services: February 25<sup>th</sup>, 2019**

Lucile Gibbs, Director of Medical Oncology Projects, 559.624.3257, Renee Lauck, Director of Imaging and Radiation Oncology Services, 559.624.2345, and Jon Knudsen Director of Renal and Oncology Services, 559.624.2503.

## **Summary Issue/Service Considered**

The District's oncology service line represents a continuum of shared medical and radiation services and programs provided by physicians, Kaweah Delta Health Care District (KDHCD), Hanford Community Medical Center (HCMC) and outside agencies through Sequoia Regional Cancer Center (SRCC), KDHCD acute inpatient and hospice outpatient programs, Cancer Registry, Tumor Board, Cancer Committee, and the American Cancer Society (ACS).

## **Quality/Performance Improvement Data**

**Medical Oncology:** During the past year we continued to utilize the most current releases of Generation 2 iKnowMed, one of the leading Medical Oncology Electronic Medical Record systems and the GE Centricity Practice Management System. We continue to be a reference site for McKesson utilizing the most recent technology and services that includes Lynx Mobile, Generation 2 iKnowMed, PharmaServ, Clear Value Plus (CVP), and Innovative Practice Services (IPS).

We have successfully expanded the use of our In-Office Dispensing (IOD) specialty pharmacy. With the increased availability of oral oncolytics, we are focused on maximizing convenience, access, and financial as well as educational support for patients who receive their oral chemotherapy medications from our IOD. By dispensing from our IOD we are able to expedite patient access, reduce out-of-pocket expenses, and provide patients with a timely positive experience.

We successfully attested for the Merit-based Incentive Payment System (MIPS) for 2017 and have started receiving incentive payments. We are in the process of preparing to attest for MIPS for 2018 and continue to work with Innovative Practice Services to achieve and report the results of our goals related to Quality, Advancing Care Information, and Improvement Activities.

In May of 2017 was hired a new Medical Oncologist, Dr. Sanjai Sharma. Dr. Sharma was offered partnership and accepted. We are proceeding with the process.

We have upgraded our pharmaceutical refrigerators and are utilizing the DicksonOne temperature monitoring system. We are also working with architectural consultants to determine the best way to renovate our chemotherapy compounding area in order to meet the USP 800 standards by December 1<sup>st</sup>, 2019.



**Cancer Registry:** We collected the pertinent data on 844 cases for 2017; of those 713 were analytic cases. Review of the cancer cases for 2017 revealed that our most frequent diagnosis was breast cancer followed by lung, colon, hematologic and prostate.

- We maintained a follow-up rate of 90.73% with the minimum standard at 80% for all eligible analytic patients from the cancer registry reference date. Maintained a follow-up rate of 84.17% with the minimum standard of 90% for all eligible analytical cases diagnosed within the last five (5) years or from the cancer registry date, whichever is shorter.
- We continue to abstract case remotely. This process enabled the registry to improve the timeliness of reporting analytical cases for 89% to 100%. During the past year we expanded our remote staff from two (2) to four (4) certified tumor registrars.
- Continued “Quality Improvement Study” utilizing our patient satisfaction survey. Responses are tracked, addressed as needed and reported at The Cancer Committee meetings.

**Cancer Programs:** In the past reports, we have brought to your attention the fact that there was not the volume of patients participating in clinical trials to meet the requirements for reaccreditation with the American College of Surgeons (ACOS). At present we are working with UC Merced on a study that will help meet this requirement. The study aims to develop an intervention for couples facing an advanced cancer diagnosis. This study will provide an opportunity to investigate an understudied population. At this point in time, after weighing the costs and benefits, our Medical Director, Dr. Havard, still recommends that we not seek reaccreditation.

**Radiation Oncology:** Radiation Oncology continues to move towards advanced in treatment programs and care through collaboration with neurosurgeons, radiologists and radiation oncologists as we begin our Stereotactic Radio Surgery (SRS) program.

- It has been a year of cross training with a commitment to reduce costly overtime that we’d experienced previously. With a few of our long term staff moving on, we have filled positions with high quality, conscientious staff members of the utmost integrity and a profound commitment to caring for our cancer patients.
- Last year we worked with a resolve to improve our team’s knowledge base through several training programs for our dosimetry, therapist and RN teams. One of our therapists completed training in dosimetry and obtained her Certificated Medical Dosimetrist license earlier this year. Two additional therapists have concluded training in CT Simulation, providing more coverage depth when our chief therapist is out or there’s a need to add late cases. We are currently cross training one of our RN’s at the imaging center so we can provide last minute coverage and eliminate costly RN overtime in the department.
- *TrueBeam* technology has provided us with therapy treatment times that are reduced by an average of 50% or more. We are seeing most of our cases on this unit as it delivers higher radiation doses that can reduce the total number of treatments given to our patients. It also improves the accuracy of the beam to sub-millimeter exactness. This ensures we are radiating cancer cells versus healthy cells. These improvements allow for better outcomes, shorter table time for our patients resulting in high patient satisfaction and comfort.

- Our future satisfaction scores remain near 100% satisfaction with services. Patients continue to give feedback that reiterates their love for our staff, noting often that they are astounded that a terrible diagnosis could be such a positive experience in their lives.
- We finalized the install of the new Elekta Brachytherapy High Dose Radiation (HDR) unit, which the foundation purchased for us last year. This insures that we are able to continue to treat (HDR) Brachytherapy cases. Our current program continues to be the most advanced in the central valley. We remain extremely busy with HDR cases and have recently begun taking on some patients referred by Fresno as they await licensure approvals at their new site. We feel honored they think highly of our program and sought to reach out to us as they referred their patients to SRCC Visalia until they are able to care for them at their new site.
- This year our radiation physicist received the long awaited approval of the Radioactive Materials License (RAM) which combines Sequoia Cardiology and the Visalia SRCC campus on a separate license from the KDMC Campus, as new regulations required.
- Earlier this year we began meetings with the new neurosurgery group, our radiation oncologists, radiologist and our radiation physicists to initiate our Stereotactic Radio Surgery (SRS) program. This is a collaborative program that will consist of Dr. Chen, Dr. Ramsinghani, and one of our Radiologists to actively review patients referred for SRS treatments and develop a concerted plan for treatment. This group will meet somewhat like tumor board as they discuss the patient's diagnosis, review images and create a dosimetry plan to move forward with the SRS treatments. Providing SRS at SRCC Visalia results in our patients ability to receive care near home, where they would previously have to drive outside of the area to receive treatment. Initially, we will begin treating metastatic brain tumors and will then move onto lung, abdomen and other areas in the near future.
- Our Kaweah Care Communication Board is updated monthly, which helps to keep our employees informed. Stoplight reports from our rounding sessions, safety and employee engagement surveys with all staff are posted so they can visualize improvements.
- Starting in October 2018, we began providing a weekly departmental newsletter to our staff, titled "The Friday Scoop". This has been very well received and we are getting weekly encouraging feedback from our staff.
- We are continually thankful to the Kaweah Delta board, our executive team and the foundation for their generous support on upgrades and new equipment throughout the last year.

### Oncology Acute Care Service Line:

\*Represents all patients with a primary diagnosis of any cancer on any inpatient unit

#### 10 months FY 2018

# Patients	Avg. LOS	Net Revenue	Direct Cost	Contr. Margin	DFR%
452	5.9	\$7,983,876	\$5,308,896	\$2,674,980	67.5

When factoring indirect costs, bottom line net income has improved 38.3% since fiscal year 2017.

#### Net Income

Fiscal year 2017	\$ 860,377
Fiscal year 2018	\$1,189,861
Improvement	\$ 329,484 (38.3%)

## Policy, Strategic or Tactical Issues

We continue to develop a multidisciplinary approach for medical oncology, radiation oncology, surgery, imaging, and genetic counseling, to provide responsive, orchestrated cancer treatment to patients in the Tulare and Kings Counties.

Focus on continued development of a strong regional presence in the oncology market in both Tulare and Kings Counties.

- Differentiate from competitors' oncology services available for patients. Focus on customer satisfaction, high quality service and the most advanced technology.
- Continue to support a seamless environment and optimize access for patients and physician.
- Maintain and nurture the "physician to physician" contact that has resulted in increased referrals in Tulare and Kings Counties.
- Maintain active role in Hanford Adventist Medical Center Tumor Board meetings.
- Improve efficiency of care and patient throughput.
- Continue to refine the patient care coordination function as well as monitor patient satisfaction.

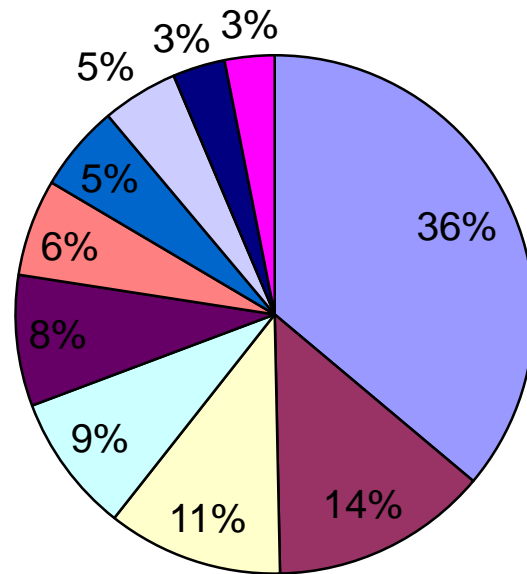
## Recommendations/Next Steps

1. Continue high standards of Cancer Registry and Tumor Board including community education.
  - Continue to increase referral base in Hanford and surrounding areas.
  - Continue to increase "physician to physician" contact in Hanford.
2. Continue to monitor customer satisfaction.
  - Continue to develop and incorporate "Kaweah Care, Choose Kind" in order to increase patient, physician, and employee satisfaction in all areas of SRCC.
  - Continue to survey patients and families for current satisfaction and identify opportunities for improvement.
  - Continue to survey physicians and employees in order to identify opportunities for improvement.
3. Explore potential relationships with institutions.

## Approvals/Conclusions

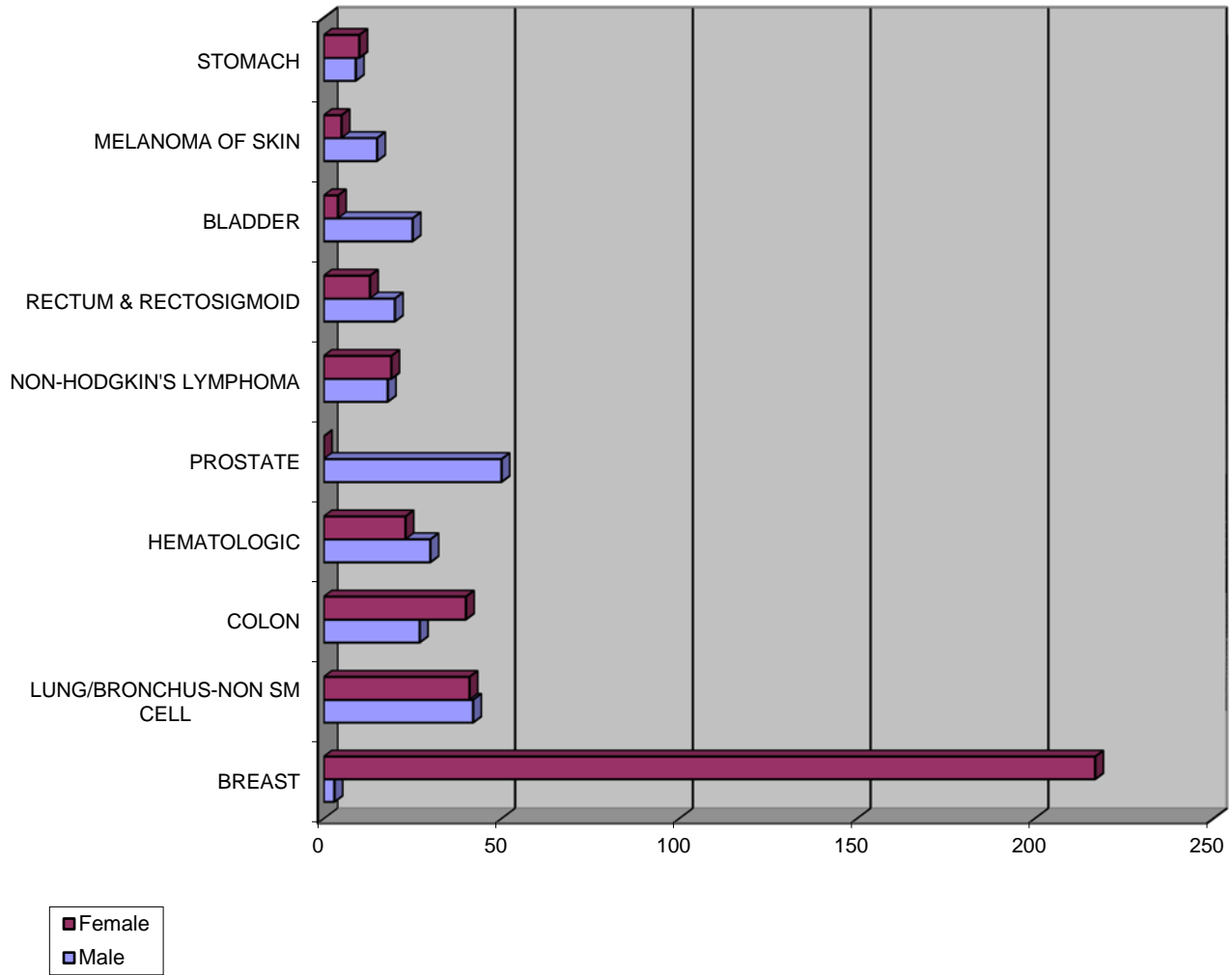
While we continue to work to address the strategic opportunities accessible to us and put into practice the various recommendations identified and listed above, our primary focus will be to continue to fully integrate our service line, create and maintain a seamless, high quality service and environment for our patients, improve our regional presence, and attain and preserve a meaningful profit margin.

# Top 10 Sites



- BREAST
- LUNG/BRONCHUS-NON SM CELL
- COLON
- HEMATOLOGIC
- PROSTATE
- NON-HODGKIN'S LYMPHOMA
- RECTUM & RECTOSIGMOID
- BLADDER
- MELANOMA OF SKIN
- STOMACH

### Site Group by Sex





CNExT Site Table - Database: KAW Facility: KDHCD Filter: 2017 site table

Group Code	Site Group	Total Cases	Class			Sex			Stage							
			Analytic	NonAn	Other	M	F	Other	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknownt	Applica	Missing
	ALL SITES	844	713	131	0	349	494	1	43	173	149	92	138	31	87	0
400	LIP	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0
410	TONGUE	4	2	2	0	2	2	0	0	0	0	1	1	0	0	0
420	SALIVARY GLANDS, MAJOR	2	1	1	0	2	0	0	0	0	0	0	1	0	0	0
430	GUM	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0
440	FLOOR OF MOUTH	1	1	0	0	0	1	0	0	0	0	0	1	0	0	0
450	MOUTH, OTHER & NOS	1	1	0	0	1	0	0	0	0	0	0	1	0	0	0
461	TONSIL	6	5	1	0	5	1	0	0	0	0	1	2	2	0	0
462	OROPHARYNX	2	2	0	0	2	0	0	0	0	0	1	0	1	0	0
500	ESOPHAGUS	9	9	0	0	8	1	0	0	1	2	2	3	1	0	0
510	STOMACH	19	18	1	0	9	10	0	0	4	3	6	4	1	0	0
520	SMALL INTESTINE	2	2	0	0	0	2	0	0	1	1	0	0	0	0	0
530	COLON	67	57	10	0	27	40	0	4	7	14	21	10	1	0	0
541	RECTUM & RECTOSIGMOID	33	28	5	0	20	13	0	0	6	6	8	7	1	0	0
542	ANUS,ANAL CANAL,ANORECTUM	7	6	1	0	0	7	0	2	1	2	0	0	1	0	0
550	LIVER	10	6	4	0	8	2	0	0	0	0	2	2	0	2	0
561	GALLBLADDER	2	0	2	0	0	2	0	0	0	0	0	0	0	0	0
562	BILE DUCTS	1	1	0	0	1	0	0	0	1	0	0	0	0	0	0
570	PANCREAS	15	9	6	0	5	10	0	0	0	1	1	7	0	0	0
582	PERITONEUM,OMENTUM,MESEN	1	1	0	0	0	1	0	0	0	0	0	0	1	0	0
600	NASAL CAVITY,SINUS,EAR	1	1	0	0	0	1	0	0	0	1	0	0	0	0	0
610	LARYNX	7	4	3	0	7	0	0	0	1	1	1	1	0	0	0
621	LUNG/BRONCHUS-SMALL CELL	11	11	0	0	8	3	0	0	0	0	2	8	1	0	0
622	LUNG/BRONCHUS-NON SM CELL	83	68	15	0	42	41	0	0	5	6	15	38	4	0	0
640	PLEURA	1	1	0	0	1	0	0	0	1	0	0	0	0	0	0
650	OTHER RESPIR & THORACIC	1	1	0	0	1	0	0	0	0	0	0	0	1	0	0
691	HEMATOLOGIC	53	42	11	0	30	23	0	0	1	0	0	0	0	41	0
692	MYELOMA	17	17	0	0	8	9	0	0	0	0	0	0	0	17	0
699	OTHER HEMATOPOIETIC	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0
710	SOFT TISSUE	12	8	4	0	11	1	0	0	0	1	2	0	0	5	0
731	MELANOMA OF SKIN	20	13	7	0	15	5	0	4	3	2	2	2	0	0	0
733	OTHER SKIN CA	1	1	0	0	1	0	0	0	0	0	0	1	0	0	0
740	BREAST	221	199	22	0	3	217	1	24	85	70	13	4	3	0	0
801	CERVIX IN SITU CA	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0
802	CERVIX UTERI	8	7	1	0	0	8	0	0	2	2	1	0	1	1	0
820	CORPUS UTERI	13	12	1	0	0	13	0	0	6	0	2	1	3	0	0
830	OVARY	10	9	1	0	0	10	0	0	2	0	1	6	0	0	0
841	VAGINA	2	1	1	0	0	2	0	0	0	1	0	0	0	0	0
842	VULVA	2	1	1	0	0	2	0	0	1	0	0	0	0	0	0
843	OTHER FEMALE GENITAL	2	1	1	0	0	2	0	0	0	0	0	1	0	0	0
850	PROSTATE	50	42	8	0	50	0	0	0	4	27	2	8	1	0	0
860	TESTIS	8	8	0	0	8	0	0	0	6	1	0	0	1	0	0
880	BLADDER	29	26	3	0	25	4	0	9	8	2	2	3	2	0	0
891	KIDNEY AND RENAL PELVIS	19	17	2	0	13	6	0	0	8	0	0	5	4	0	0
892	URETER	3	3	0	0	1	2	0	0	1	0	0	2	0	0	0
900	EYE	1	1	0	0	1	0	0	0	0	0	0	0	0	1	0
910	BRAIN	4	4	0	0	2	2	0	0	0	0	0	0	0	4	0
920	OTHER NERVOUS SYSTEM	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0
930	THYROID	18	17	1	0	2	16	0	0	11	0	5	1	0	0	0
961	HODGKIN'S DISEASE	4	4	0	0	2	2	0	0	0	0	1	3	0	0	0
962	NON-HODGKIN'S LYMPHOMA	37	30	7	0	18	19	0	0	7	6	0	15	1	1	0
999	UNKNOWN OR ILL-DEFINED	19	15	4	0	10	9	0	0	0	0	0	0	0	15	0

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

## Oncology Services: 2018

Lucile Gibbs, Director of Medical Oncology Projects, 559.624.3257, Renee Lauck, Director of Imaging and Radiation Oncology Services, 559.624.2345, and Jon Knudsen Director of Renal and Oncology Services, 559.624.2503.

## **Summary Issue/Service Considered**

The District's oncology service line represents a continuum of shared medical and radiation services and programs provided by physicians, Kaweah Delta Health Care District (KDHCD), Hanford Community Medical Center (HCMC) and outside agencies through Sequoia Regional Cancer Center (SRCC), KDHCD acute inpatient and hospice outpatient programs, Cancer Registry, Tumor Board, Cancer Committee, and the American Cancer Society (ACS).

## **Quality/Performance Improvement Data**

**Medical Oncology:** During the past year we continued to utilize the most current releases of Generation 2 iKnowMed, one of the leading Medical Oncology Electronic Medical Record systems and the GE Centricity Practice Management System. We continue to be a reference site for McKesson utilizing the most recent technology and services that includes Lynx Mobile, Generation 2 iKnowMed, PharmaServ, Clear Value Plus (CVP), and Innovative Practice Services (IPS).

We have successfully expanded the use of our In-Office Dispensing (IOD) specialty pharmacy. With the increased availability of oral oncolytics, we are focused on maximizing convenience, access, and financial as well as educational support for patients who receive their oral chemotherapy medications from our IOD. By dispensing from our IOD we are able to expedite patient access, reduce out-of-pocket expenses, and provide patients with a timely positive experience.

We successfully attested for the Merit-based Incentive Payment System (MIPS) for 2017 and have started receiving incentive payments. We are in the process of preparing to attest for MIPS for 2018 and continue to work with IPS to achieve and report the results of our goals related to Quality, Advancing Care Information, and Improvement Activities.

In May of 2017 was hired a new Medical Oncologist, Dr. Sanjai Sharma. Dr. Sharma was offered partnership and accepted. We are proceeding with the process.

We have upgraded our pharmaceutical refrigerators and are utilizing the DicksonOne temperature monitoring system. We are also working with architectural consultants to determine the best way to renovate our chemotherapy compounding area in order to meet the USP 800 standards by December 1<sup>st</sup>, 2019.



**Cancer Registry:** We collected the pertinent data on 844 cases for 2017; of those 713 were analytic cases. Review of the cancer cases for 2017 revealed that our most frequent diagnosis was breast cancer followed by lung, colon, hematologic and prostate.

- We maintained a follow-up rate of 90.73% with the minimum standard at 80% for all eligible analytic patients from the cancer registry reference date. Maintained a follow-up rate of 84.17% with the minimum standard of 90% for all eligible analytical cases diagnosed within the last five (5) years or from the cancer registry date, whichever is shorter.
- We continue to abstract case remotely. This process enabled the registry to improve the timeliness of reporting analytical cases for 89% to 100%. During the past year we expanded our remote staff from two (2) to four (4) certified tumor registrars.
- Continued "Quality Improvement Study" utilizing our patient satisfaction survey. Responses are tracked, addressed as needed and reported at The Cancer Committee meetings.

**Cancer Programs:** In the past reports, we have brought to your attention the fact that there was not the volume of patients participating in clinical trials to meet the requirements for reaccreditation with the American College of Surgeons (ACOS). At present we are working with UC Merced on a study that will help meet this requirement. The study aims to develop an intervention for couples facing an advanced cancer diagnosis. This study will provide an opportunity to investigate an understudied population. At this point in time, after weighing the costs and benefits, our Medical Director, Dr. Havard, still recommends that we not seek reaccreditation.

**Radiation Oncology:** Radiation Oncology continues to move towards advanced in treatment programs and care through collaboration with neurosurgeons, radiologists and radiation oncologists as we begin our Stereotactic Radio Surgery (SRS) program.

- It has been a year of cross training with a commitment to reduce costly overtime that we'd experienced previously. With a few of our long term staff moving on, we have filled positions with high quality, conscientious staff members of the utmost integrity and a profound commitment to caring for our cancer patients.
- Last year we worked with a resolve to improve our team's knowledge base through several training programs for our dosimetry, therapist and RN teams. One of our therapists completed training in dosimetry and obtained her CMD license earlier this year. Two additional therapists have concluded training in CT SIM, providing more coverage depth when our chief therapist is out or there's a need to add late cases. We are currently cross training one of our RN's at the imaging center so we can provide last minute coverage and eliminate costly RN OT in the department.
- TrueBeam technology has provided us with therapy treatment times that are reduced by an average of 50% or more. We are seeing most of our cases on this unit as it delivers higher radiation doses that can reduce the total number of treatments given to our patients. It also improves the accuracy of the beam to sub-millimeter exactness. This ensures we are radiating cancer cells versus healthy cells. These improvements allow for better outcomes, shorter table time for our patients resulting in high patient satisfaction and comfort.
- Our satisfaction scores remain near 100% satisfaction with services. Patients continue to give feedback that reiterates their love for our staff, noting often that they are astounded that a terrible diagnosis could be such a positive experience in their lives.

- We finalized the install of the new Elekta Brachytherapy High Dose Radiation (HDR) unit, which the foundation purchased for us last year. This insures that we are able to continue to treat (HDR) Brachytherapy cases. Our current program continues to be the most advanced in the central valley. We remain extremely busy with HDR cases and have recently begun taking on some patients referred by Fresno as they await licensure approvals at their new site. We feel honored they think highly of our program and sought to reach out to us as they referred their patients to SRCC Visalia until they are able to care for them at their new site.
- This year our radiation physicist received the long awaited approval of the Radioactive Materials License (RAM) which combines Sequoia Cardiology and the Visalia SRCC campus on a separate license from the KDMC Campus, as new regulations required.
- Earlier this year we began meetings with the new <sup>Neurosurgery</sup> neurology group, our radiation oncologists, radiologist and our radiation physicists to initiate our Stereotactic Radio Surgery (SRS) program. This is a collaborative program that will consist of Dr. Chen, Dr. Ramsinghani, and one of our Radiologists to actively review patients referred for SRS treatments and develop a concerted plan for treatment. This group will meet somewhat like tumor board as they discuss the patient's diagnosis, review images and create a dosimetry plan to move forward with the SRS treatments. Providing SRS at SRCC Visalia results in our patients ability to receive care near home, where they would previously have to drive outside of the area to receive treatment. Initially, we will begin treating metastatic brain tumors and will then move onto lung, abdomen and other areas in the near future.
- Our Kaweah Care Communication Board is updated monthly, which helps to keep our employees informed. Stoplight reports from our rounding sessions, safety and employee engagement surveys with all staff are posted so they can visualize improvements.
- Starting in October 2018, we began providing a <sup>weekly</sup> departmental newsletter to our staff, titled "The Friday Scoop". This is used to provide weekly *detailed* notes on all leadership information received, any staffing related items that require attention, like TB tests, flu shots, or online testing as well as compliance and safety related items. We list areas where we are addressing concerns raised during the employee engagement and safety surveys, which allows staff to correlate how the Kaweah Delta Board, Executive team and their management team are working to address the items they listed as, opportunities for improvement. We also list our success stories, introduce new staff, celebrate anniversaries and events happening in the department, hospital or the community. Our last Scoop for November, we included a physician spotlight to work on building a better relationship between staff and our physicians. We believe that getting to know each other helps our team in our focus on team work and developing a strong supportive culture. This has been very well received and we are getting weekly encouraging feedback from our staff.
- We are continually thankful to the Kaweah Delta board, our executive team and the foundation for their generous support throughout the last year. <sup>on upgrades & new equipment</sup>

## Oncology Acute Care Service Line:

\*Represents all patients with a primary diagnosis of any cancer on any inpatient unit

### 10 months FY 2018

# Patients	Avg. LOS	Net Revenue	Direct Cost	Contr. Margin	DFR%
452	5.9	\$7,983,876	\$5,308,896	\$2,674,980	67.5

When factoring indirect costs, bottom line net income has improved 38.3% since fiscal year 2017.

### Net Income

Fiscal year 2017	\$ 860,377
Fiscal year 2018	\$1,189,861
Improvement	\$ 329,484 (38.3%)

## Policy, Strategic or Tactical Issues

We continue to develop a multidisciplinary approach for medical oncology, radiation oncology, surgery, imaging, and genetic counseling, to provide responsive, orchestrated cancer treatment to patients in the Tulare and Kings Counties.

Focus on continued development of a strong regional presence in the oncology market in both Tulare and Kings Counties.

- Differentiate from competitors' oncology services available for patients. Focus on customer satisfaction, high quality service and the most advanced technology.
- Continue to support a seamless environment and optimize access for patients and physician.
- Maintain and nurture the "physician to physician" contact that has resulted in increased referrals in Tulare and Kings Counties.
- Maintain active role in Hanford Adventist Medical Center Tumor Board meetings.
- Improve efficiency of care and patient throughput.
- Continue to refine the patient care coordination function as well as monitor patient satisfaction.

## Recommendations/Next Steps

1. Continue high standards of Cancer Registry and Tumor Board including community education.
  - Continue to increase referral base in Hanford and surrounding areas.
  - Continue to increase "physician to physician" contact in Hanford.
2. Continue to monitor customer satisfaction.
  - Continue to develop and incorporate "Kaweah Care, Choose Kind" in order to increase patient, physician, and employee satisfaction in all areas of SRCC.
  - Continue to survey patients and families for current satisfaction and identify opportunities for improvement.
  - Continue to survey physicians and employees in order to identify opportunities for improvement.
3. Explore potential relationships with institutions.

## **Approvals/Conclusions**

While we continue to work to address the strategic opportunities accessible to us and put into practice the various recommendations identified and listed above, our primary focus will be to continue to fully integrate our service line, create and maintain a seamless, high quality service and environment for our patients, improve our regional presence, and attain and preserve a meaningful profit margin.

**Kaweah Delta Health Care District  
Report to the Board of Directors  
Financial/Statistic Information**

	SRCC - MO	SRCC - RO	TKC LEASING	KDHCD SUPP SERV	HOSPICE OF TULARE COUNTY	INPATIENT ONCOLOGY ACUTE CARE	INPATIENT ONCOLOGY SKILLED NURSING	TOTAL
<b>Comparison of Annualized FYTD18 and FY 2017</b>								
<i>Actual - For the period 7/1/17 - 6/30/18 - Annualized for Hospice from 3/31/18</i>								
Mgmt Services Revenue	\$ 28,788,079	\$ 7,561,716	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 36,349,795
Lease Revenue			2,840,315					2,840,315
Support Service Revenue				568,139				568,139
Interest Revenue								-
Net Patient Revenue					6,276,979	9,580,651	47,551	15,905,181
Other Revenue		106,755		-				106,755
<b>Total Operating Revenue</b>	<b>\$ 28,788,079</b>	<b>\$ 7,668,471</b>	<b>\$ 2,840,315</b>	<b>\$ 568,139</b>	<b>\$ 6,276,979</b>	<b>\$ 9,580,651</b>	<b>\$ 47,551</b>	<b>\$ 55,770,185</b>
<b>Total Expenses</b>	<b>\$ 28,671,778</b>	<b>\$ 7,136,282</b>	<b>\$ 1,232,251</b>	<b>\$ 494,034</b>	<b>\$ 6,821,551</b>	<b>\$ 8,390,790</b>	<b>\$ 70,922</b>	<b>\$ 52,817,608</b>
<b>Net income before minority interest expense</b>	<b>\$ 116,301</b>	<b>\$ 532,189</b>	<b>\$ 1,608,064</b>	<b>\$ 74,105</b>	<b>\$ (544,572)</b>	<b>\$ 1,189,861</b>	<b>\$ (23,371)</b>	<b>\$ 2,952,577</b>
<b>Minority interest expense</b>	<b>\$ 63,966</b>	<b>\$ 133,047</b>	<b>\$ 189,903</b>					<b>\$ 386,916</b>
<b>Net income after min. int. exp. 7/1/17-6/30/18 (Hospice 3/31/18 Annualized)</b>	<b>\$ 52,335</b>	<b>\$ 399,142</b>	<b>\$ 1,418,161</b>	<b>\$ 74,105</b>	<b>\$ (544,572)</b>	<b>\$ 1,189,861</b>	<b>\$ (23,371)</b>	<b>\$ 2,565,661</b>

**Kaweah Delta Health Care District  
Report to the Board of Directors  
Financial/Statistic Information**

	SRCC - MO	SRCC - RO	TKC LEASING	KDHCD SUPP SERV	HOSPICE OF TULARE COUNTY	INPATIENT ONCOLOGY ACUTE CARE	INPATIENT ONCOLOGY SKILLED NURSING	TOTAL
<b>Actual - For the period 7/1/16 - 6/30/17:</b>								
Mgmt Services Revenue	\$ 27,154,681	\$ 8,229,301						\$ 35,383,982
Lease Revenue			2,696,273					2,696,273
Support Service Revenue				609,063				609,063
Interest Revenue				(169)				(169)
Net Patient Revenue					6,768,798	9,411,480	128,780	16,309,058
Other Revenue		168,990		-				168,990
<b>Total Operating Revenue</b>	<b>\$ 27,154,681</b>	<b>\$ 8,398,291</b>	<b>\$ 2,696,273</b>	<b>\$ 608,894</b>	<b>\$ 6,768,798</b>	<b>\$ 9,411,480</b>	<b>\$ 128,780</b>	<b>\$ 55,167,197</b>
<b>Total Expenses</b>	<b>\$ 26,993,063</b>	<b>\$ 6,914,874</b>	<b>\$ 1,524,101</b>	<b>\$ 529,620</b>	<b>\$ 6,366,101</b>	<b>\$ 8,551,103</b>	<b>\$ 252,875</b>	<b>\$ 51,131,738</b>
<b>Net income before minority interest expense</b>	<b>\$ 161,618</b>	<b>\$ 1,483,416</b>	<b>\$ 1,172,172</b>	<b>\$ 79,274</b>	<b>\$ 402,697</b>	<b>\$ 860,377</b>	<b>\$ (124,095)</b>	<b>\$ 4,035,459</b>
<b>Minority interest expense</b>	<b>\$ 88,890</b>	<b>\$ 370,854</b>	<b>\$ 175,819</b>					<b>\$ 635,563</b>
<b>Net income after min. int. exp. 7/1/16-6/30/17</b>	<b>\$ 72,728</b>	<b>\$ 1,112,562</b>	<b>\$ 996,353</b>	<b>\$ 79,274</b>	<b>\$ 402,697</b>	<b>\$ 860,377</b>	<b>\$ (124,095)</b>	<b>\$ 3,399,896</b>

**Kaweah Delta Health Care District  
Report to the Board of Directors  
Financial/Statistic Information**

SRCC - MO	SRCC - RO	TKC LEASING	KDHCD SUPP SERV	HOSPICE OF TULARE COUNTY	INPATIENT ONCOLOGY ACUTE CARE	INPATIENT ONCOLOGY SKILLED NURSING	TOTAL
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**Comparison of Annualized FY 2018 and FY 2017**

Mgmt Services Revenue - incr. (decr.)	\$ 1,633,398	\$ (667,585)						\$ 965,813
Lease Revenue - incr. (decr.)	-		144,042					144,042
Support Service Revenue - incr. (decr.)	-			(40,924)				(40,924)
Interest Revenue - incr. (decr.)	-	-		169				169
Net Patient Revenue - incr. (decr.)	-				(491,819)	169,171	(81,229)	(403,877)
Other Revenue - incr. (decr.)	-	(62,235)			-	-	-	(62,235)
<b>Total Operating Revenue - incr. (decr.)</b>	<b>\$ 1,633,398</b>	<b>\$ (729,820)</b>	<b>\$ 144,042</b>	<b>\$ (40,755)</b>	<b>\$ (491,819)</b>	<b>\$ 169,171</b>	<b>\$ (81,229)</b>	<b>\$ 602,988</b>
<b>Total Expenses - incr. (decr.)</b>	<b>\$ 1,678,715</b>	<b>\$ 221,408</b>	<b>\$ (291,850)</b>	<b>\$ (35,586)</b>	<b>\$ 455,450</b>	<b>\$ (160,313)</b>	<b>\$ (181,953)</b>	<b>\$ 1,685,870</b>
<b>Net income before minority interest expense</b>	<b>\$ (45,317)</b>	<b>\$ (951,227)</b>	<b>\$ 435,892</b>	<b>\$ (5,169)</b>	<b>\$ (947,269)</b>	<b>\$ 329,484</b>	<b>\$ 100,724</b>	<b>\$ (1,082,882)</b>
<b>Minority interest expense (incr. (decr.))</b>	<b>\$ (24,924)</b>	<b>\$ (237,807)</b>	<b>\$ 14,085</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (248,646)</b>
<b>Net Change</b>	<b>\$ (20,393)</b>	<b>\$ (713,420)</b>	<b>\$ 421,808</b>	<b>\$ (5,169)</b>	<b>\$ (947,269)</b>	<b>\$ 329,484</b>	<b>\$ 100,724</b>	<b>\$ (834,235)</b>

**Kaweah Delta Health Care District  
Report to the Board of Directors  
Financial/Statistic Information**

	SRCC - MO	SRCC - RO	TKC LEASING	KDHCD SUPP SERV	HOSPICE OF TULARE COUNTY	INPATIENT ONCOLOGY ACUTE CARE	INPATIENT ONCOLOGY SKILLED NURSING	TOTAL
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**Comparison of the last two fiscal years financial performance - FY 2018 and FY 2017**

**Actual - For the period 7/1/17 - 6/30/18**

**Hospice actual to 3/31/18-Annualized**

Mgmt Services Revenue	\$ 28,788,079	\$ 7,561,716						
Lease Revenue			2,840,315					2,840,315
Support Service Revenue				568,139				568,139
Interest Revenue				-				-
Net Patient Revenue					6,276,979	9,580,651	47,551	15,905,181
Other Revenue	-	106,755		-				106,755

**Total Operating Revenue \$ 28,788,079 \$ 7,668,471 \$ 2,840,315 \$ 568,139 \$ 6,276,979 \$ 9,580,651 \$ 47,551 \$ 19,420,390**

**Total Expenses \$ 28,671,778 \$ 7,136,282 \$ 1,232,251 \$ 494,034 \$ 6,821,551 \$ 8,390,790 \$ 70,922 \$ 52,817,608**

**Net income before minority interest expense \$ 116,301 \$ 532,189 \$ 1,608,064 \$ 74,105 \$ (544,572) \$ 1,189,861 \$ (23,371) \$ 2,952,577**

**Minority interest expense \$ 63,966 \$ 133,047 \$ 189,903 \$ \$ \$ \$ \$ 386,916**

**Net income after min. int. exp. 7/1/17-6/30/18 \$ 52,335 \$ 399,142 \$ 1,418,161 \$ 74,105 \$ (544,572) \$ 1,189,861 \$ (23,371) \$ 2,565,661**

**Actual - For the period 7/1/16 - 6/30/17**

Mgmt Services Revenue	\$ 27,154,681	\$ 8,229,301						
Lease Revenue			2,696,273					2,696,273
Support Service Revenue				609,063				609,063
Interest Revenue				(169)				(169)
Net Patient Revenue					6,768,798	9,411,480	128,780	16,309,058
Other Revenue	-	168,990		-				168,990

**Total Operating Revenue \$ 27,154,681 \$ 8,398,291 \$ 2,696,273 \$ 608,894 \$ 6,768,798 \$ 9,411,480 \$ 128,780 \$ 19,783,215**



**Kaweah Delta Health Care District  
Report to the Board of Directors  
Financial/Statistic Information**

	SRCC - MO	SRCC - RO	TKC LEASING	KDHCD SUPP SERV	HOSPICE OF TULARE COUNTY	INPATIENT ONCOLOGY ACUTE CARE	INPATIENT ONCOLOGY SKILLED NURSING	TOTAL
<b>Total Expenses</b>	<b>\$ 26,993,063</b>	<b>\$ 6,914,874</b>	<b>\$ 1,524,101</b>	<b>\$ 529,620</b>	<b>\$ 6,366,101</b>	<b>\$ 8,551,103</b>	<b>\$ 252,875</b>	<b>\$ 51,131,738</b>
<b>Net income before minority interest expense</b>	<b>\$ 161,617.91</b>	<b>\$ 1,483,416</b>	<b>\$ 1,172,172</b>	<b>\$ 79,274</b>	<b>\$ 402,697</b>	<b>\$ 860,377</b>	<b>\$ (124,095)</b>	<b>\$ 4,035,459</b>
<b>Minority interest expense</b>	<b>\$ 88,890</b>	<b>\$ 370,854</b>	<b>\$ 175,819</b>					<b>\$ 635,563</b>
<b>Net i Net income after min. int. exp. 7/1/16-6/30/17</b>	<b>\$ 72,728</b>	<b>\$ 1,112,562</b>	<b>\$ 996,353</b>	<b>\$ 79,274</b>	<b>\$ 402,697</b>	<b>\$ 860,377</b>	<b>\$ (124,095)</b>	<b>\$ 3,399,896</b>

**Comparison of the last two fiscal years financial performance - FY 2018 and FY 2017**

<b>Mgmt Services Revenue - incr. (decr.)</b>	<b>\$ (1,633,398)</b>	<b>\$ 667,585</b>						<b>\$ (965,813)</b>
<b>Lease Revenue - incr. (decr.)</b>	<b>\$ -</b>		<b>(144,042)</b>					<b>(144,042)</b>
<b>Support Service Revenue - incr. (decr.)</b>	<b>\$ -</b>			<b>40,924</b>				<b>40,924</b>
<b>Interest Revenue - incr. (decr.)</b>	<b>\$ -</b>	<b>\$ -</b>		<b>(169)</b>				<b>(169)</b>
<b>Net Patient Revenue - incr. (decr.)</b>	<b>\$ -</b>	<b>\$ -</b>			<b>491,819</b>	<b>(169,171)</b>	<b>81,229</b>	<b>403,877</b>
<b>Other Revenue - incr. (decr.)</b>	<b>\$ -</b>	<b>\$ 62,235</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>62,235</b>
<b>Total Operating Revenue - incr. (decr.)</b>	<b>\$ (1,633,398)</b>	<b>\$ 729,820</b>	<b>\$ (144,042)</b>	<b>\$ 40,755</b>	<b>\$ 491,819</b>	<b>\$ (169,171)</b>	<b>\$ 81,229</b>	<b>\$ (602,988)</b>
<b>Total Expenses - incr. (decr.)</b>	<b>\$ (1,678,715)</b>	<b>\$ (221,408)</b>	<b>\$ 291,850</b>	<b>\$ 35,586</b>	<b>\$ (455,450)</b>	<b>\$ 160,313</b>	<b>\$ 181,953</b>	<b>\$ (1,685,870)</b>
<b>Net income before minority interest expense</b>	<b>\$ 45,317</b>	<b>\$ 951,227</b>	<b>\$ (435,892)</b>	<b>\$ 5,169</b>	<b>\$ 947,269</b>	<b>\$ (329,484)</b>	<b>\$ (100,724)</b>	<b>\$ 1,082,882</b>
<b>Minority interest expense (incr. (decr.))</b>	<b>\$ 24,924</b>	<b>\$ 237,807</b>	<b>\$ (14,085)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 248,646</b>
<b>Net Change</b>	<b>\$ 20,393</b>	<b>\$ 713,420</b>	<b>\$ (421,808)</b>	<b>\$ 5,169</b>	<b>\$ 947,269</b>	<b>\$ (329,484)</b>	<b>\$ (100,724)</b>	<b>\$ 834,235</b>

# Kaweah Delta Medical Center Inpatient Service Line Profitability Report Custom Report for Primary Diagnosis of Malignant Neoplasm Prin. ICD-10 Diag. Codes C00.0 - D49.9

## Payor Mix

Ten Months Ended April 30, 2018

	Patient Cases	Patient Days	ALOS	Gross Revenue	Net Patient Revenue	Direct Cost	Contrib. Margin	Indirect Cost	Net Income	Net Patient Rev. per Case	Direct Cost per Case	Contr. Margin per Case	DFR %
<b>Hospital 01: Kaweah Delta Medical Center</b>													
MEDI-CAL	32	248	7.8	2,102,555	1,050,448	422,733	627,715	133,870	493,845	32,827	13,210	19,616	50.0
<b>Medi-Cal</b>	<b>32</b>	<b>248</b>	<b>7.8</b>	<b>2,102,555</b>	<b>1,050,448</b>	<b>422,733</b>	<b>627,715</b>	<b>133,870</b>	<b>493,845</b>	<b>32,827</b>	<b>13,210</b>	<b>19,616</b>	<b>50.0</b>
<i>Totals per Patient Day</i>				8,478	4,236	1,705	2,531	540	1,991				
<i>Totals per Patient Case</i>				65,705	32,827	13,210	19,616	4,183	15,433				
MCALBLUECR	40	326	8.2	2,592,987	864,074	603,248	260,825	186,314	74,511	21,602	15,081	6,521	66.7
MCALHNET	50	227	4.5	2,164,022	670,882	474,997	195,885	145,483	50,402	13,418	9,500	3,918	69.0
<b>Medi-Cal Managed Care</b>	<b>90</b>	<b>553</b>	<b>6.1</b>	<b>4,757,009</b>	<b>1,534,956</b>	<b>1,078,246</b>	<b>456,710</b>	<b>331,798</b>	<b>124,913</b>	<b>17,055</b>	<b>11,981</b>	<b>5,075</b>	<b>67.7</b>
<i>Totals per Patient Day</i>				8,602	2,776	1,950	826	600	226				
<i>Totals per Patient Case</i>				52,856	17,055	11,981	5,075	3,687	1,388				
MEDICARE	166	1,102	6.6	9,432,315	2,741,200	2,105,700	635,501	666,277	-30,777	16,513	12,685	3,828	70.9
<b>Medicare</b>	<b>166</b>	<b>1,102</b>	<b>6.6</b>	<b>9,432,315</b>	<b>2,741,200</b>	<b>2,105,700</b>	<b>635,501</b>	<b>666,277</b>	<b>-30,777</b>	<b>16,513</b>	<b>12,685</b>	<b>3,828</b>	<b>70.9</b>
<i>Totals per Patient Day</i>				8,559	2,487	1,911	577	605	-28				
<i>Totals per Patient Case</i>				56,821	16,513	12,685	3,828	4,014	-185				
AETNA MCARE MGD CARE	1	5	5.0	40,494	18,288	7,238	11,050	2,454	8,597	18,288	7,238	11,050	54.8
HUMANA CAP	29	175	6.0	1,447,903	242,230	325,899	-83,669	100,129	-183,798	8,353	11,238	-2,885	83.3
MEDICARE HNET	1	1	1.0	28,421	13,497	5,020	8,478	1,761	6,717	13,497	5,020	8,478	52.5
MISC MEDICARE MGD CARE	14	101	7.2	787,557	184,299	186,337	-2,038	59,610	-61,648	13,164	13,310	-146	76.6
<b>Medicare Managed Care</b>	<b>45</b>	<b>282</b>	<b>6.3</b>	<b>2,304,375</b>	<b>458,314</b>	<b>524,493</b>	<b>-66,179</b>	<b>163,953</b>	<b>-230,132</b>	<b>10,185</b>	<b>11,655</b>	<b>-1,471</b>	<b>80.1</b>
<i>Totals per Patient Day</i>				8,172	1,625	1,860	-235	581	-816				
<i>Totals per Patient Case</i>				51,208	10,185	11,655	-1,471	3,643	-5,114				
AETNA	4	11	2.8	105,859	63,493	19,179	44,314	6,912	37,402	15,873	4,795	11,079	40.0
BC COVERED CA	8	26	3.3	346,333	163,476	62,637	100,839	22,575	78,264	20,435	7,830	12,605	52.8
BLUE CROSS	54	251	4.6	2,959,117	1,263,873	616,997	646,876	192,905	453,971	23,405	11,426	11,979	57.3
BLUE CROSS-KEY	1	5	5.0	69,620	19,414	13,802	5,612	4,452	1,161	19,414	13,802	5,612	72.1

	Patient Cases	Patient Days	ALOS	Gross Revenue	Net Patient Revenue	Direct Cost	Contrib. Margin	Indirect Cost	Net Income	Net Patient Rev. per Case	Direct Cost per Case	Contr. Margin per Case	DFR %
BLUE SHIELD	18	66	3.7	963,994	290,794	182,438	108,356	60,543	47,812	16,155	10,135	6,020	69.8
BLUE SHIELD-KEY	10	51	5.1	612,936	185,703	113,527	72,175	40,235	31,940	18,570	11,353	7,218	69.7
BS COVERED CA	3	5	1.7	70,342	15,741	11,439	4,301	4,826	-525	5,247	3,813	1,434	77.6
CHAMPUS	1	13	13.0	68,770	20,390	18,871	1,520	5,529	-4,009	20,390	18,871	1,520	70.4
CIGNA	1	2	2.0	31,271	16,939	6,391	10,548	2,341	8,207	16,939	6,391	10,548	45.8
HEALTH NET	1	3	3.0	32,130	12,306	7,907	4,399	1,847	2,552	12,306	7,907	4,399	61.7
INDEMNITY	2	4	2.0	103,058	41,470	14,449	27,021	6,215	20,807	20,735	7,225	13,511	59.8
INTERPLAN KDH EMP	2	8	4.0	79,865	0	14,428	-14,428	4,614	-19,042	0	7,214	-7,214	100.0
PACIFICARE	4	21	5.3	192,173	57,829	35,121	22,708	12,655	10,053	14,457	8,780	5,677	69.9
UNITED-PACIFICARE	4	9	2.3	115,657	37,989	19,693	18,296	7,235	11,060	9,497	4,923	4,574	67.2
<b>Mgd. Care/Other</b>	<b>113</b>	<b>475</b>	<b>4.2</b>	<b>5,751,125</b>	<b>2,189,418</b>	<b>1,136,880</b>	<b>1,052,538</b>	<b>372,885</b>	<b>679,653</b>	<b>19,375</b>	<b>10,061</b>	<b>9,314</b>	<b>61.9</b>
<i>Totals per Patient Day</i>				<i>12,108</i>	<i>4,609</i>	<i>2,393</i>	<i>2,216</i>	<i>785</i>	<i>1,431</i>				
<i>Totals per Patient Case</i>				<i>50,895</i>	<i>19,375</i>	<i>10,061</i>	<i>9,314</i>	<i>3,300</i>	<i>6,015</i>				
COMMUNITY RATE	5	11	2.2	185,252	9,540	34,290	-24,750	12,631	-37,381	1,908	6,858	-4,950	94.9
OTHER CASH PAY	1	2	2.0	32,787	0	6,554	-6,554	2,015	-8,569	0	6,554	-6,554	100.0
<b>Cash Pay</b>	<b>6</b>	<b>13</b>	<b>2.2</b>	<b>218,039</b>	<b>9,540</b>	<b>40,845</b>	<b>-31,304</b>	<b>14,646</b>	<b>-45,950</b>	<b>1,590</b>	<b>6,807</b>	<b>-5,217</b>	<b>95.6</b>
<i>Totals per Patient Day</i>				<i>16,772</i>	<i>734</i>	<i>3,142</i>	<i>-2,408</i>	<i>1,127</i>	<i>-3,535</i>				
<i>Totals per Patient Case</i>				<i>36,340</i>	<i>1,590</i>	<i>6,807</i>	<i>-5,217</i>	<i>2,441</i>	<i>-7,658</i>				
<b>Hospital 01: Kaweah Delta Medical Center</b>	<b>452</b>	<b>2,673</b>	<b>5.9</b>	<b>24,565,419</b>	<b>7,983,876</b>	<b>5,308,896</b>	<b>2,674,980</b>	<b>1,683,429</b>	<b>991,551</b>	<b>17,663</b>	<b>11,745</b>	<b>5,918</b>	<b>67.5</b>
<i>Totals per Patient Day</i>				<i>9,190</i>	<i>2,987</i>	<i>1,986</i>	<i>1,001</i>	<i>630</i>	<i>371</i>				
<i>Totals per Patient Case</i>				<i>54,348</i>	<i>17,663</i>	<i>11,745</i>	<i>5,918</i>	<i>3,724</i>	<i>2,194</i>				

	Patient Cases	Patient Days	ALOS	Gross Revenue	Net Patient Revenue	Direct Cost	Contrib. Margin	Indirect Cost	Net Income	Net Patient Rev. per Case	Direct Cost per Case	Contr. Margin per Case	DFR %
<b>Hospital 04: Kaweah Delta Rehabilitation Hospital</b>													
BLUE CROSS	1	13	13.0	46,540	33,397	13,243	20,154	7,278	12,876	33,397	13,243	20,154	28.2
BLUE SHIELD	1	6	6.0	24,047	9,552	6,197	3,355	3,313	43	9,552	6,197	3,355	60.3
<b>Mgd. Care/Other</b>	<b>2</b>	<b>19</b>	<b>9.5</b>	<b>70,587</b>	<b>42,949</b>	<b>19,440</b>	<b>23,509</b>	<b>10,591</b>	<b>12,918</b>	<b>21,475</b>	<b>9,720</b>	<b>11,755</b>	<b>39.2</b>
<i>Totals per Patient Day</i>				<i>3,715</i>	<i>2,260</i>	<i>1,023</i>	<i>1,237</i>	<i>557</i>	<i>680</i>				
<i>Totals per Patient Case</i>				<i>35,293</i>	<i>21,475</i>	<i>9,720</i>	<i>11,755</i>	<i>5,295</i>	<i>6,459</i>				
<b>Hospital 04: Kaweah Delta Rehabilitation Hospital</b>	<b>2</b>	<b>19</b>	<b>9.5</b>	<b>70,587</b>	<b>42,949</b>	<b>19,440</b>	<b>23,509</b>	<b>10,591</b>	<b>12,918</b>	<b>21,475</b>	<b>9,720</b>	<b>11,755</b>	<b>39.2</b>
<i>Totals per Patient Day</i>				<i>3,715</i>	<i>2,260</i>	<i>1,023</i>	<i>1,237</i>	<i>557</i>	<i>680</i>				
<i>Totals per Patient Case</i>				<i>35,293</i>	<i>21,475</i>	<i>9,720</i>	<i>11,755</i>	<i>5,295</i>	<i>6,459</i>				

	Patient Cases	Patient Days	ALOS	Gross Revenue	Net Patient Revenue	Direct Cost	Contrib. Margin	Indirect Cost	Net Income	Net Patient Rev. per Case	Direct Cost per Case	Contr. Margin per Case	DFR %
<b>Hospital 05: Kaweah Delta Transitional Care</b>													
MCALBLUECR	2	11	5.5	21,213	7,150	6,832	318	2,638	-2,320	3,575	3,416	159	66.3
MCALHNET	2	4	2.0	3,693	1,790	2,104	-314	936	-1,250	895	1,052	-157	51.5
<b>Medi-Cal Managed Care</b>	<b>4</b>	<b>15</b>	<b>3.8</b>	<b>24,906</b>	<b>8,940</b>	<b>8,936</b>	<b>4</b>	<b>3,574</b>	<b>-3,570</b>	<b>2,235</b>	<b>2,234</b>	<b>1</b>	<b>64.1</b>
<i>Totals per Patient Day</i>				<i>1,660</i>	<i>596</i>	<i>596</i>	<i>0</i>	<i>238</i>	<i>-238</i>				
<i>Totals per Patient Case</i>				<i>6,227</i>	<i>2,235</i>	<i>2,234</i>	<i>1</i>	<i>893</i>	<i>-892</i>				
MEDICARE	10	86	8.6	114,486	26,230	47,833	-21,603	20,303	-41,906	2,623	4,783	-2,160	77.1
<b>Medicare</b>	<b>10</b>	<b>86</b>	<b>8.6</b>	<b>114,486</b>	<b>26,230</b>	<b>47,833</b>	<b>-21,603</b>	<b>20,303</b>	<b>-41,906</b>	<b>2,623</b>	<b>4,783</b>	<b>-2,160</b>	<b>77.1</b>
<i>Totals per Patient Day</i>				<i>1,331</i>	<i>305</i>	<i>556</i>	<i>-251</i>	<i>236</i>	<i>-487</i>				
<i>Totals per Patient Case</i>				<i>11,449</i>	<i>2,623</i>	<i>4,783</i>	<i>-2,160</i>	<i>2,030</i>	<i>-4,191</i>				
BLUE SHIELD	1	4	4.0	6,175	4,456	2,333	2,123	998	1,125	4,456	2,333	2,123	27.8
<b>Mgd. Care/Other</b>	<b>1</b>	<b>4</b>	<b>4.0</b>	<b>6,175</b>	<b>4,456</b>	<b>2,333</b>	<b>2,123</b>	<b>998</b>	<b>1,125</b>	<b>4,456</b>	<b>2,333</b>	<b>2,123</b>	<b>27.8</b>
<i>Totals per Patient Day</i>				<i>1,544</i>	<i>1,114</i>	<i>583</i>	<i>531</i>	<i>249</i>	<i>281</i>				
<i>Totals per Patient Case</i>				<i>6,175</i>	<i>4,456</i>	<i>2,333</i>	<i>2,123</i>	<i>998</i>	<i>1,125</i>				
<b>Hospital 05: Kaweah Delta Transitional Care</b>	<b>15</b>	<b>105</b>	<b>7.0</b>	<b>145,567</b>	<b>-39,626</b>	<b>59,102</b>	<b>-19,476</b>	<b>24,874</b>	<b>-44,351</b>	<b>2,642</b>	<b>3,940</b>	<b>-1,298</b>	<b>72.8</b>
<i>Totals per Patient Day</i>				<i>1,386</i>	<i>377</i>	<i>563</i>	<i>-185</i>	<i>237</i>	<i>-422</i>				
<i>Totals per Patient Case</i>				<i>9,704</i>	<i>2,642</i>	<i>3,940</i>	<i>-1,298</i>	<i>1,658</i>	<i>-2,957</i>				

	Patient Cases	Patient Days	ALOS	Gross Revenue	Net Patient Revenue	Direct Cost	Contrib. Margin	Indirect Cost	Net Income	Net Patient Rev. per Case	Direct Cost per Case	Contr. Margin per Case	DFR %
<b>GRAND TOTAL</b>	<b>469</b>	<b>2,797</b>	<b>6.0</b>	<b>\$24,781,572</b>	<b>\$8,066,451</b>	<b>\$5,387,438</b>	<b>\$2,679,013</b>	<b>\$1,718,894</b>	<b>\$960,119</b>	<b>\$17,199</b>	<b>\$11,487</b>	<b>\$5,712</b>	<b>67.4</b>
<i>Totals per Patient Day</i>				<i>\$8,860</i>	<i>\$2,884</i>	<i>\$1,926</i>	<i>\$958</i>	<i>\$615</i>	<i>\$343</i>				
<i>Totals per Patient Case</i>				<i>\$52,839</i>	<i>\$17,199</i>	<i>\$11,487</i>	<i>\$5,712</i>	<i>\$3,665</i>	<i>\$2,047</i>				

**Source: TSI Data Warehouse, Run Date 9/3/2018**

Report Parameters:

[1] Discharge Dates between 7/01/17 and 4/30/18

[2] Total Charges > \$0

[3] Hospitals 1

**\*This Report includes KDMC Medi-Cal and Medi-Cal Managed Care Supplemental funds related to acute services for this specific time period.**

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

## Endoscopy

Brian Pearcy, Director of Surgical Services, (559) 624-2409  
February 25, 2019

### Summary Issue/Service Considered

- In fiscal year (FY) 2018 outpatient cases declined by nearly 30%, which translated into an overall drop in contribution margin (CM) of approximately one million dollars.
- On a per case basis, the CM improved year over year.
- Continue to provide personal, professional and compassionate care for our patients.
- Maintain highest quality care, compliance and profitability while sustaining an ideal work environment.

### Quality/Performance Improvement Data

- Stay up-to-date with cleaning and sterilizing processes required by The Joint Commission Standards of Care.
- We purchased a motorized cart for better accessibility of equipment and ease of use for employees which will result in better patient outcomes and satisfaction.
- We purchased updated equipment/scopes to enhance our ability to perform colonoscopy, endoscopy and bronchoscopy procedures in the department and house wide.
- Continue to work with the Quality Department, the Medical Directors of Surgical Services and the Health Information Management (HIM) Department to improve Endoscopy Core Measures.

### Policy, Strategic or Tactical Issues

- Endoscopy is currently undergoing a complete refurbish of the Endoscopy Center.
  - We have redesigned the old waiting area to complete minor procedures that typically would be done in one of the current procedure rooms. This will increase capacity and efficiency.
- Endoscopy transitioned from paper charting to the new KD\*Hub electronic medical record.
- Become the provider of choice for physicians and community.

## Recommendations/Next Steps

- Enhance recruitment of Gastroenterologists/Surgeons/Pulmonologists to increase procedure volume, reduce transfers, and meet patient demand.
- Tighten the current block schedule to increase utilization during day hours to reduce staffing costs and improve efficiency.

## Approvals/Conclusions

In FY 2019 the Endoscopy Lab will focus on:

- Remaining committed to providing high quality care and uncompromising patient-centered service excellence.
- Continually evaluate and implement process improvements designed to enhance patient and physician satisfaction through increased quality, efficiency, safety, and compassion.
- Repeatedly monitor our progress, achievement and alignment with Kaweah Delta's strategic goals.



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

**Endoscopy Services**

Brian Pearcy

February 2019

**Service Line Report Data: Fiscal Year 2018 (Annualized \*)**

Service	Patient Cases	Net Revenue	Direct Costs	Contribution Margin	Indirect Costs	Net Income
Gastroenterology-Inpatient	1,919	\$18,871,070	\$11,931,340	\$6,939,731	\$4,288,505	\$2,651,226
Endoscopy-Outpatient	2,403	3,734,633	1,270,007	2,464,626	599,768	1,864,858
<b>Grand Total</b>	<b>4,322</b>	<b>\$22,605,703</b>	<b>\$13,201,347</b>	<b>\$9,404,357</b>	<b>\$4,888,273</b>	<b>\$4,516,084</b>
Total per Patient Case		5,231	3,055	2,176	1,131	1,045

**Service Line Report Data: Fiscal Year 2017**

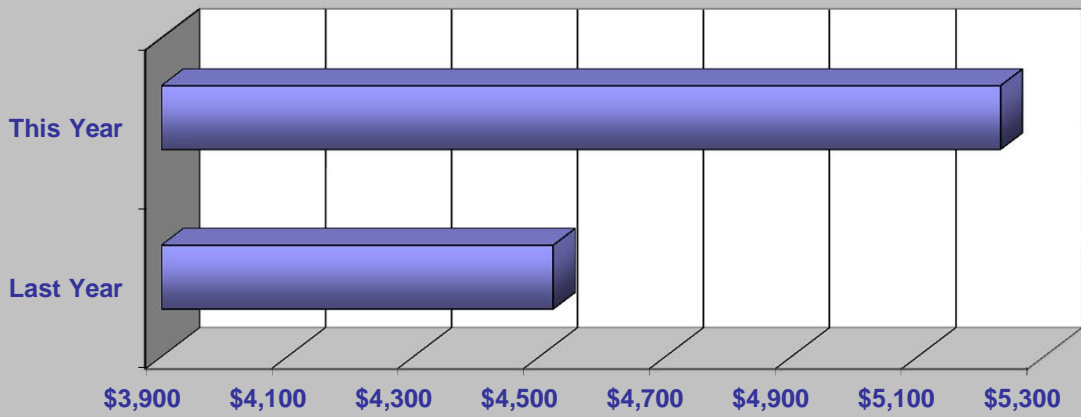
Service	Patient Cases	Net Revenue	Direct Costs	Contribution Margin	Indirect Costs	Net Income
Gastroenterology-Inpatient	1,824	\$18,345,768	\$11,716,466	\$6,629,302	\$3,614,988	\$3,014,314
Endoscopy-Outpatient	3,408	5,311,800	1,539,122	3,772,678	624,402	3,148,276
<b>Grand Total</b>	<b>5,232</b>	<b>\$23,657,568</b>	<b>\$13,255,588</b>	<b>\$10,401,980</b>	<b>\$4,239,390</b>	<b>\$6,162,590</b>
Total per Patient Case		4,522	2,534	1,988	810	1,178

<b>Increase (Decrease)</b>	<b>(910)</b>	<b>(\$1,051,865)</b>	<b>(\$54,241)</b>	<b>(\$997,623)</b>	<b>\$648,883</b>	<b>(\$1,646,506)</b>
% Change	-17.4%	-4.4%	-0.4%	-9.6%		

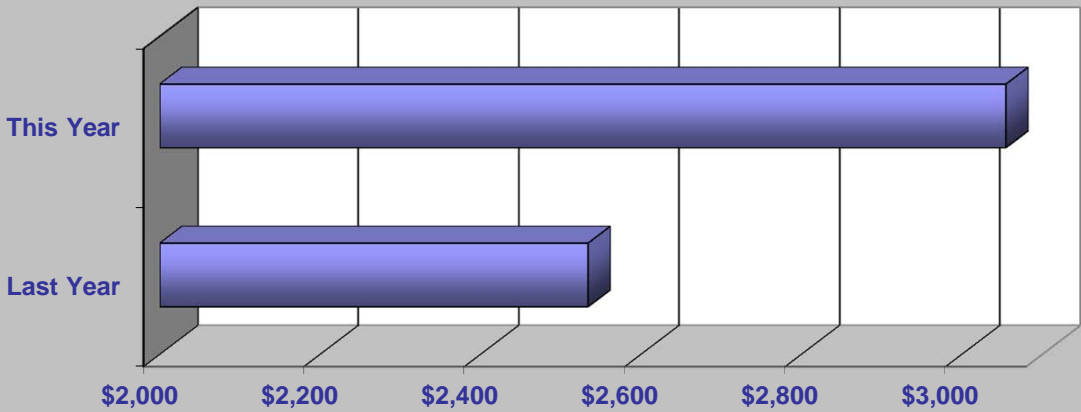
\*Inpatient Annualized based upon the ten months ended April 30, 2018.

\*Outpatient Annualized based upon the nine months ended March 31, 2018.

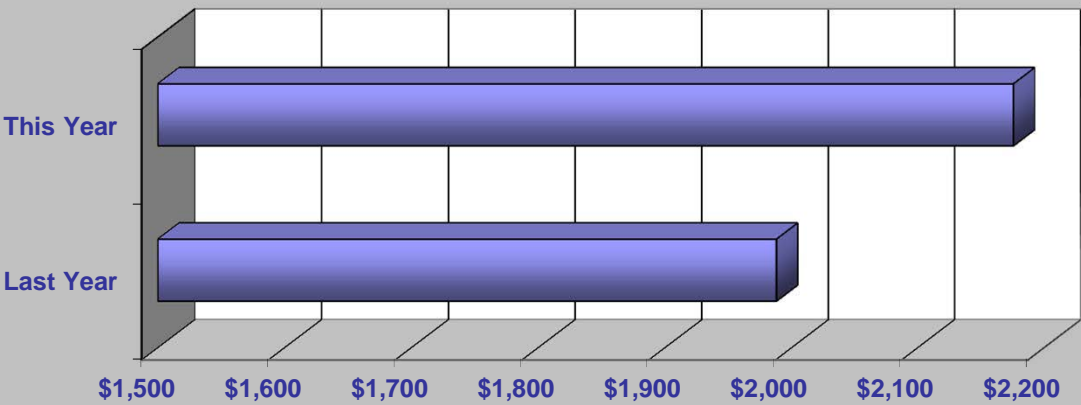
### Net Revenue Per Case



### Direct Cost Per Case



### Contribution Margin Per Case



	<u>Last Year</u>	<u>This Year</u>
Net Revenue Per Case	\$4,522	\$5,231
Direct Cost Per Case	\$2,534	\$3,055
Contribution Margin Per Case	\$1,988	\$2,176

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

## Respiratory Services

Steven L. Hensley, RN, RRT, Director, (559) 624-2427  
Wendy Jones BS, RRT, RPFT, Manager, (559) 624-2329  
February 2019

### Summary Issue/Service Considered

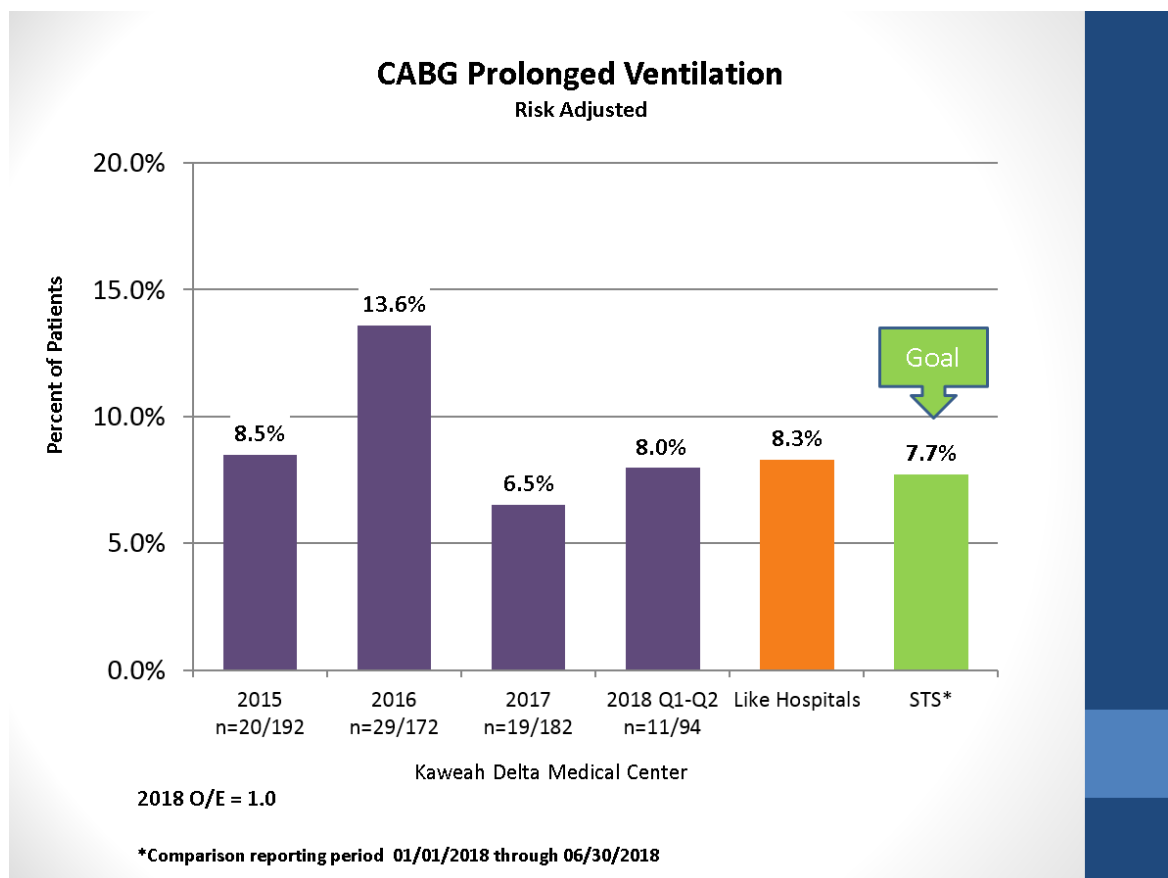
1. Respiratory Services will continue to provide/support primary and advanced respiratory care services emphasizing stabilization, maintenance, and restorative goal driven patient care.
2. As active and vital members of acute, emergent, critical, sub-acute and rehabilitative care teams, we continue to work jointly with physicians, nurses, Allied Health Leaders, and the Executive Team to assure the provision of:
  - High Quality Care
  - Optimal Patient safety
  - Service excellence
  - Optimal health outcomes
  - Financial Stability
  - Cultural change resulting in establishing and maintaining ideal work environments for our staffs and physicians.
3. Specific Clinical Focus:
  - In collaboration with our Critical Care Intensivists and RNs, we will continue to dedicate our full attention on utilization of our Ventilator Associated Events (VAE) bundle as a means to continue to reduce ventilator days associated with hospital acquired infections.
  - Continue to work collaboratively with Rapid Response Team (RRT) to:
    - \* Decrease RRT response time
    - \* Decrease code blue events
    - \* Decrease transfers to higher levels of care
    - \* Provide optimal care and patient safety by improving our knowledge and assessment skills through routine and frequent utilization of our 10 signs of vitality initiative.
    - \* Support Clinical Lab Technicians with performing ABG draws PRN during when certified Lab Technicians are not available.
  - Continue to actively support our Intensivist group while enculturating necessary change to assure a continuum of care and service excellence is sustained.
  - Continue to work collaboratively with our Neonatologists and nursing staffs in the provision of clinical excellence resulting in optimal patient outcomes.
  - Provide necessary resources to develop a Chronic Obstructive Pulmonary Disease (COPD) management program within acute care which will then transition to our newly developing Chronic Disease Management Clinic with the estimated goal of lowering/minimizing readmissions.
  - Continue to support integration of Respiratory Care Practitioners (RCP's) into the expanding Emergency Department staffing mix to provide advanced clinical expertise to this already stellar team.

- Adopt focus on “preventative care measures” as a platform driving respiratory health for our community through education and outreach opportunities.
- Continue to support respiratory care education for Residents.

## Quality/Performance Improvement Data

The following Quality measures are in place:

- Respiratory Care practitioners continue to work closely with Anesthesia, Cardiac Surgeons, Intensivists, and nursing staff on rapidly weaning patients post-coronary artery bypass graft (CABG) surgery in 24 hours or less. While we continue to improve we remain relentless in our pursuit and commitment to achieving The Society of Thoracic Surgeons (STS) national benchmark of 7.7%. As a direct result of our collaboration and commitment we have improved in 2018 to 8.0% which is 0.37% below Like Hospital and within 3.75% of achieving the STS benchmark.

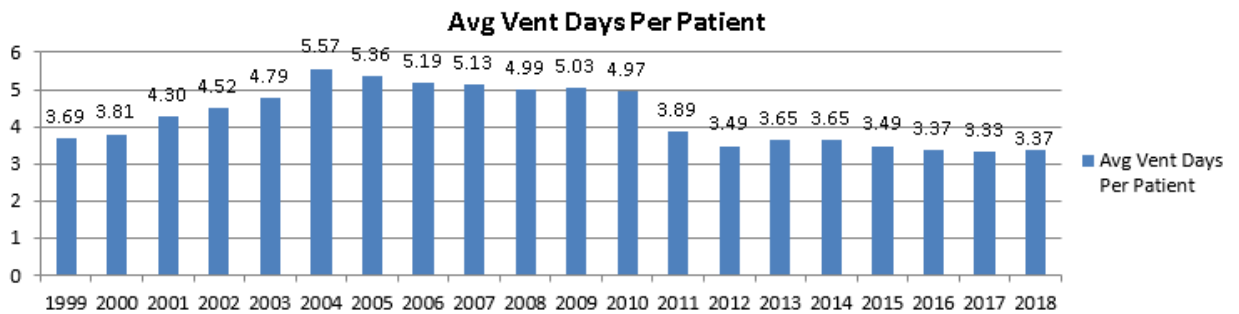


- **Average Ventilator Days Per Patient**

As a continuing reflection of the success of our collaboration with our multidisciplinary critical care team we continue to support and champion our Ventilator Acquired Pneumonia (VAP) bundle as key to continuing success with:

- Decreasing Ventilator Days
- Improving patient safety by rapid weaning and extubation
- Reduction in hospital acquired infections

- Increase throughput
- Reducing Direct Expense when possible



- **Reduction in hospital acquired infections:**
  - Ventilator Associated Complications/Events (VAC/E) bundle compliance for both ICU and CVICU was 99.2% during observation of 2499 observations. The high level of compliance has been achieved through the active management of this patient population by our care team, which includes the bedside RN's, RCP's and our Intensivists.

## Policy, Strategic or Tactical Issues

### Ideal Work Environment:

1. Provide staff with continuing education through the American Association for Respiratory Care (AARC) to help fulfill license requirements while advancing clinical knowledge in pursuit of best practices.
2. Reevaluate time aggregates used for staffing as established by the AARC.
3. Encourage staff to advance their education by offering loan repayment for baccalaureate level achievement.
4. Provide staff with educational resources culminating in Critical Care Certification.
5. Reward and recognize staff for living our values and standards.
6. Work collaboratively with our Medical Director on developing Respiratory Care Policies, Procedures and Processes designed to standardize/optimize best evidence based respiratory care throughout the District.
7. Develop an internal per diem pool of RCP's to support fluctuations in staffing in an effort to maintain uncompromising high quality care while optimizing our financial performance.

### Service Excellence:

1. Daily rounding with staff to identify top patient priorities on individualized care.
2. Celebrate staff achievements/contributions/recognition for supporting our Mission, Values, Goals and Behavioral Standards of Performance.
3. Weekly "news letter" from Manager informing staff of current events/education opportunities and staff recognition.

### Quality Outcomes:

1. Continue to support VAE improvement process.
2. Work collaboratively with District Leaders on hardwiring Kaweah Care initiatives

3. Continue to support/manage our quality initiatives resulting in our exceeding HCAPS benchmarks.

### **Financial Strength:**

1. Manage personnel resources and supply utilization to achieve productivity/financial goals set forth during the annual budget development process.
2. Continue to monitor and assess technological/professional advancements that add value, operational efficiency and improve profitability.
3. Validate value in all aspects of care and service.

### **Recommendations/Next Steps**

1. Develop top 10 scenarios utilized in simulation lab for critical care assessments.
2. Complete daily VAE check sheet for RCP's to complete sedation vacation/wean trial at 0500 daily and report to Intensivist during rounding.
3. Continue to recognize and reward staffs for walking the talk.
4. Develop education program for managing COPD in our acute care population that will transition to Chronic Disease Management Clinic.
5. Challenge every RCP with developing two cost saving initiatives per year.

### **Conclusions**

Although faced with wide variations in patient care demands our respiratory care service continues to provide exceptional acute, critical, emergent rehabilitative, and Sub-Acute Care for the communities we serve.

Top priorities for 2019:

- Staff recognition, reward, satisfaction, education and professional development.
- Work with the physician group from Valley Children's Hospital to advance our pediatric/neonatal services/expertise.
- Continue to support our Intensivist group through sustaining strong working relationships, shared vision, and standardized ventilator management.
- Sustain optimal clinical care and expertise designed to enhance Physician satisfaction and collaboration.
- Closely monitor vital clinical indicators/core measures to assure optimal patient outcomes, safety, experiences, operational efficiency and profitability.
- Continue to emphasize our professional paradigm shift to preventative health care management of Cardio-Pulmonary Disease for the communities we serve.

## Policy Submission Summary

<b>Manual Name: Administrative Policy</b>			<b>Date: 02/18/19</b>
<b>Support Staff Name:</b>			
<b>Policy/Procedure Title</b>	<b>#</b>	<b>Status</b> (New, Revised, Reviewed, Deleted)	<b>Name and Phone # of person who wrote the new policy or revised an existing policy</b>
Grants	AP.148	Revised	Liz Wynn – 624-2359
Bridge Policy for Federal Grants and Awards Management	AP.179	New	Suzy Plummer -624-5995 Jennifer Stockton – 624-5536
Conflict of Interest	AP.23	Revised	Cindy Moccio 624-2330
Messenger Model Guidelines for Managed Care Contracting for Physicians	AP.164	Reviewed	
Public Bidding on Construction Contracts	AP.96	Reviewed	
Competitive Bidding on Contracts	AP.166	Reviewed	



Policy Number: AP148	Date Created: Not Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: 07/19/2018
Approvers: Board of Directors (Administration)	
<b>Grants</b>	

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**PURPOSE:** To ensure that the appropriate guidelines and procedures are followed when applying for, administering and closing grants, regardless of which Kaweah Delta Health Care District department manages the grants.

**POLICY:** All grant requests will be prepared and submitted under the auspices of the Development Department following the procedures outlined in this policy.

Kaweah Delta Health Care District and Kaweah Delta Hospital Foundation by written agreement state that all grant funds awarded to the Foundation will be held by the Foundation and that the District will implement the grant programs. The Foundation will reimburse the District for appropriate grant expenditures after they are incurred.

**DEFINITION:** A "grant" is defined as: A funding commitment or contract that is received upon approval of the submitted "Application", "Request for Proposal" (RFP), "Request for Application" (RFA), inquiry letter or other such request that includes, at a minimum, a reason for the request, how the funds will be used and the amount of funds requested.

A "match" is defined as a requirement on the part of the District and/or grant partners to provide in-kind services and/or dollars matching the requested grant amount or a portion of it.

**PROCEDURE:**

All grants, at a minimum, must be approved by the Vice President of the requesting Department and the ~~Vice President~~Director of the Development Department.

**Process for grants under \$50,000**

For a grant under \$50,000, the ~~Vice President~~Director of Development has the authority to approve the grant request and submit it to the granting agency. The requesting department's vice president must approve the request and have the ~~Grants Development~~ Manager-Coordinator review/edit/assist in the completion of the application.

**Process for grants over \$50,000**

For grants over \$50,000, the Executive Team, at the recommendation of the ~~Vice President~~Director of Development, must approve the grant request. Minutes of the Executive Team meeting where approval is given are filed in the grant file maintained at the Development Department. A summary of the grant program and a proposed budget range, including any match requirements, is presented to the



Executive Team by the Vice President of the department requesting submission of the grant.

### **Preparation and submission of grant applications for all District departments**

Upon receipt of the appropriate approvals as outlined above, the vice president of the requesting department will assign a staff person to work with the ~~Grants Development~~ ~~Manager~~ ~~Coordinator~~ to complete the application, which may include the development of the proposed project, collection of data, development of the budget, contract policy compliance, financial requirements and any other requirements of the granting agency.

The ~~Grants Development~~ ~~Manager~~ ~~Coordinator~~ will complete the grant application in collaboration with the vice president and/or designated department staff. In some instances additional planning meetings may occur. Department staff will be responsible for coordinating these strategic planning sessions and including other staff and/or agencies. Completion of the proposal will be reviewed by the ~~Grants Development~~ ~~Coordinator~~ ~~Manager~~ and department staff. The ~~Vice President~~ ~~Director~~ of Development will review the final application prior to submission.

The ~~Grants Development~~ ~~Manager~~ ~~Coordinator~~ is responsible for submitting the grant application to the potential funder on time, with all pertinent and required information including a budget in a format established by the funder. The vice president and/or designee of the department submitting the proposed program for funding will receive a copy of the final grant application. The official version of the submitted grant application will be maintained in the grant file residing in the Development Department.

Drafts of grant application sections assigned to the departments and collaborating (outside) partners are due no later than 10 days prior to grant submission due date. If the draft is not provided by that time it may not be possible to submit the grant or the partner may not be included in the final grant application.

### **Grant acceptances / denials and grant contracts**

All notifications from the grantors of grant proposal acceptances or denials will be received by the Development Department. The ~~Grants Development~~ ~~Manager~~ ~~Coordinator~~ will notify the department personnel, finance department staff and department Vice President of the grantor's decision.

Once the grant contract is received by the Development Department, it will be reviewed by the ~~Grants Development~~ ~~Manager~~ ~~Coordinator~~, the ~~Vice President~~ ~~Director~~ of Development, the department vice president and the grant program director. The ~~Grants Development~~ ~~Manager~~ ~~Coordinator~~ will coordinate any questions or proposed edits (if allowed) to the grant contracts with the grantor. The final contract will be signed by the ~~Vice President~~ ~~Director~~ of Development on behalf of the Foundation. AP.179 Bridge Policy for Federal Grants and Awards Management may be included in compliance policies for HRSA grants.

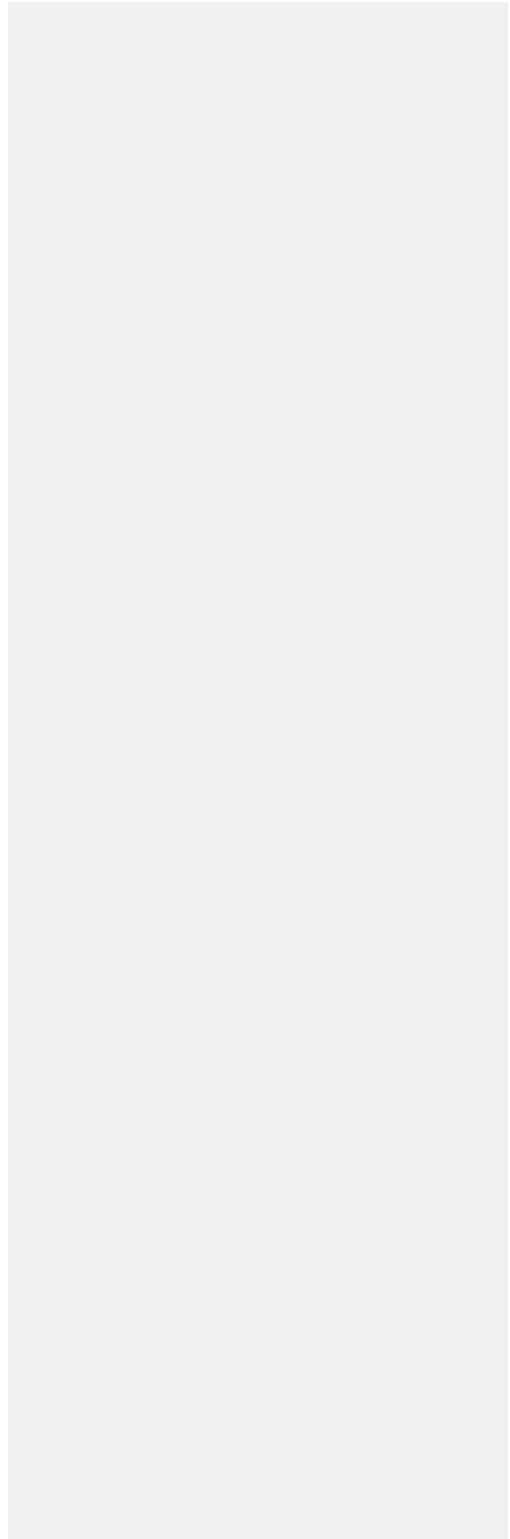
### **Education and training requirements for program managers**

Upon receipt of the grant, an orientation session will be provided by the ~~Grants Development~~ ~~Manager~~ ~~Coordinator~~ and the Development Coordinator. This session will review the grant contractual agreement, scope of work, budget, implementation process, necessary programmatic and fiscal documentation, subcontract process,

Grants

3

if appropriate, and any other issue pertinent to the implementation of the particular grant.



**Acquisition, management and disposal of equipment acquired with grant funds**

Unless a grant agreement states otherwise, all equipment acquired by the District for use in grant programs for which the Foundation reimburses the District is the property of the District.

**Grant management and changes**

The responsibility of the implementation and management of a grant-funded project lies with the vice president of the department in which the program resides. At the discretion of the vice president, this responsibility can be delegated to a director, coordinator or a position specific to the grant.

All proposed budget or program changes must be approved by the vice president of the department where the grant is being implemented and the Grants ~~Development Manager~~Coordinator, Development Coordinator or Director of Development. Once this internal approval is given and documented, the request for changes can be submitted to the funding agency by the director in charge of program implementation.

All progress and final grant reports (both programmatic and budgetary) are to be prepared by in conjunction with both development staff and grant program personnel. ~~Reports and~~ must be reviewed by the Vice President of that department, ~~the Grants Development Manager~~ and the Development Coordinator as evidenced by the signatures of these parties on the draft and/or final copies of the reports. All reports are expected to be submitted in accordance with the grantor's requirements.

A quarterly review of all District and Foundation grants is completed by the ~~District's Grants Review Committee, comprised of the Chief Operating Officer, Vice President of Development, Chief Nursing Officer, Grants Development Manager, and Development Coordinator. The~~ Foundation Grants Committee. The Committee will meet quarterly to review the report in person or via email. -If the meeting is held via email will be documented by a return email of a majority of committee members, as well. Departmental personnel responsible for the grants may be called upon to present information and/or answer questions about their grants at these quarterly meetings of the ~~Grants Review~~Foundation Grants Committee.

**Grant Expenditure Review and Payment Process (Responsibility of Development Coordinator)**

The reimbursement of all grant expenditures will comply with District reimbursement policies (see Administrative Policy Manual, AP 19) and any grant specific guidelines stated in the grant contract. All grant expenditures must have appropriate backup such as an invoice, receipt, etc. and any purchases from inventory will not be reimbursed.

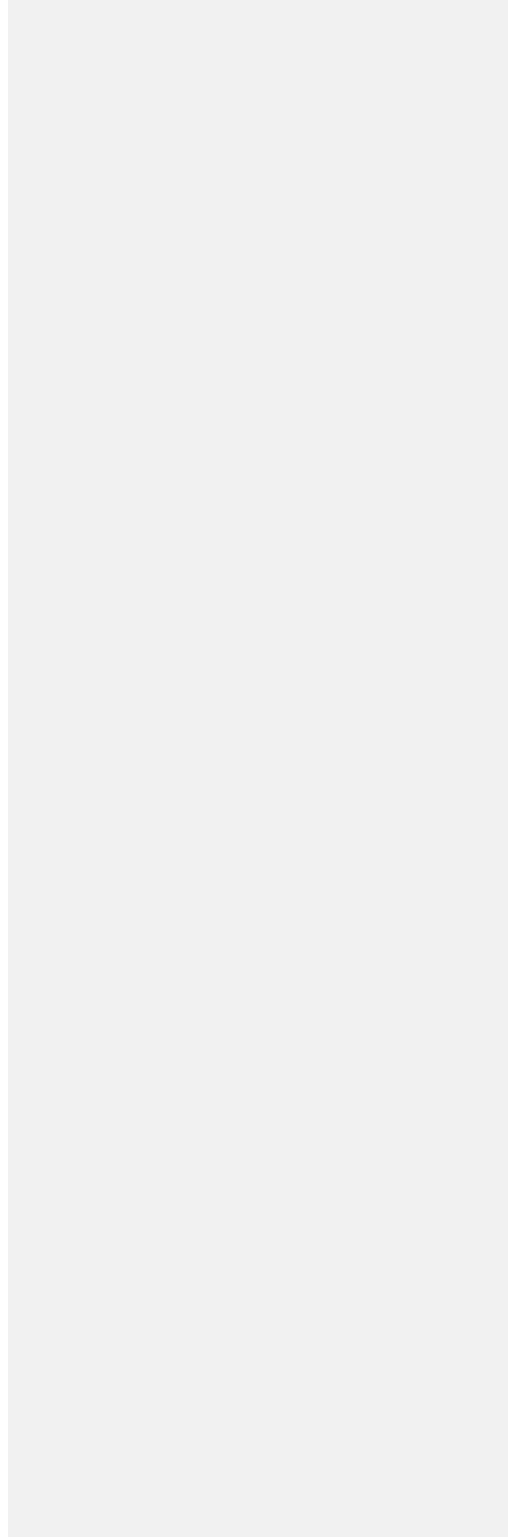
A review of all grant expenses by the department director, Development Coordinator and Grants ~~Development Manager~~Coordinator is completed prior to submission to the District for reimbursement is required.

Proper expenditure of grant funds is the ultimate responsibility of the ~~vice~~ president of the department implementing the grant. At their discretion they may delegate a staff person (program coordinator or department director) in the department implementing the grant.

Grants

5

| **Employee Salaries and Benefits Reimbursed by Grants**



If a grant limits the dollar amount of total payroll reimbursement and a grant employee's full salary is not able to be reimbursed under the grant without a modification to the benefit percentage, the reason for modification should be clearly documented within the grant file.

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District employee benefit percentages are established each year by the Director of Strategic Planning. When the grant budgets are being created, this percentage will be used. It will be clear what the grant will pay for, determined by the grant guidelines, and any match that KD is responsible to cover.

#### Grant Salary Information

District personnel salary information is used both for grant writing and reporting purposes. Salary and benefits information is made available to personnel who are directly responsible for the management of grant activity and also to those who are responsible for the preparation of grant reporting. The ~~Vice-President~~Director of Development ensures that all personnel who handle salary information are informed that they are expected to keep this information in the strictest confidence and are not to use this information for any other purpose other than grant-related business. The ~~Vice-President~~Director of Development has access to everyone's salary in the District in PeopleSoft reports. If Executive Team salary information is needed, either the appropriate vice president or the Vice President of Human Resources will provide this information.

#### Bioterrorism Grant Processes

The funds for Bioterrorism grants are distributed through the Tulare County Health and Human Services Agency and are paid out to the grantees either through expense reimbursement or by the County making the purchases on behalf of the grantees. The policies and procedures outlined herein shall be followed in the case of Bioterrorism Grant funds with the following exceptions:

- A. Receive letter or e-mail from the County verifying the amount of grant funds.
- B. Complete non-stocks of order and have signed by Supervisor, vice president of the department and submit to Development Department. Include all equipment costs, including shipping and tax. Must be signed that Development Department will reimburse by (1) Development Coordinator, and (2) ~~Vice-President~~Director of Development.
- C. Order from vendor through purchasing.
- D. Development Department will bill the county based upon the non-stocks submitted.
- E. Development Coordinator will reimburse the District once the items are received. This is tracked by approval of each item on the General Ledger report on the monthly performance report and then submitted to the Development Coordinator.
- F. Copy the Development Coordinator or ~~Development-Grant Manager~~Coordinator on correspondence.

#### Grant Close-Out Processes

Grants ~~Development Manager~~Coordinator will contact all grantor agencies during the process of closing grants if any fund balances remain to determine what should be done with these balances, unless already specified in the agreement with the grantor agency. All correspondence with the grantor agencies should be documented and kept in the grant files. If contact with any of the grantor agencies is made by telephone, a request should be made to the contact person at such agencies to document via letter or email the agreement that was reached related to the remaining funds. If grantor gives permission to use the remaining funds, efforts should be made to use the funds as soon as possible for the uses the grantor specifies. If the grantor requests return of unused funds, the Grants ~~Development Manager~~Coordinator will forward the request including all appropriate backup for the request, to the Development Coordinator so that refund check can be processed.

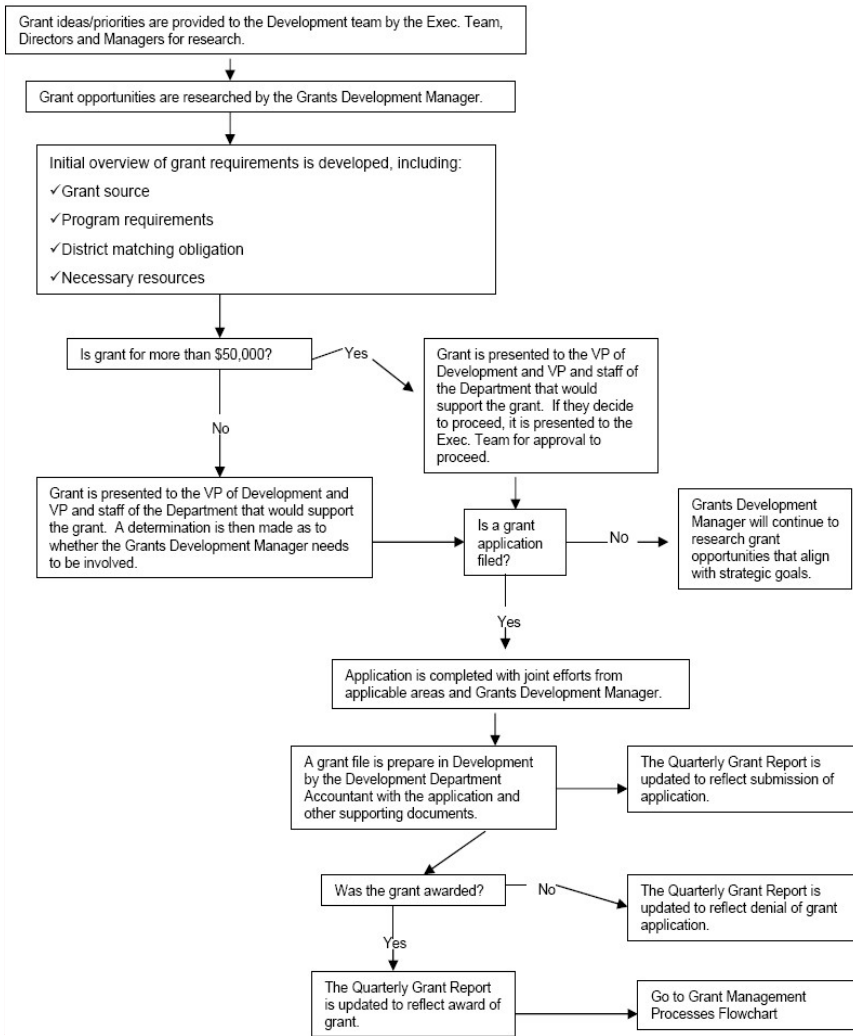
The Finance Department will post monthly interest to those grants requiring it. The Finance Department will be notified by the Development Coordinator when grant funds are exhausted and/or a grant is closed to help avoid the continued accrual of interest.

At the conclusion of each grant the Grants ~~Development Manager~~Coordinator will insure that a grant completion report containing a cost/benefit analysis is prepared within 30 days of grant completion utilizing the approved grant completion form. The Grants ~~Development Manager~~Coordinator will submit the grant completion report to the ~~Vice President~~Director of Development who will review it for completeness and then present it to the Kaweah Delta Executive Team.

#### **HIPAA Compliance in Grant Reporting**

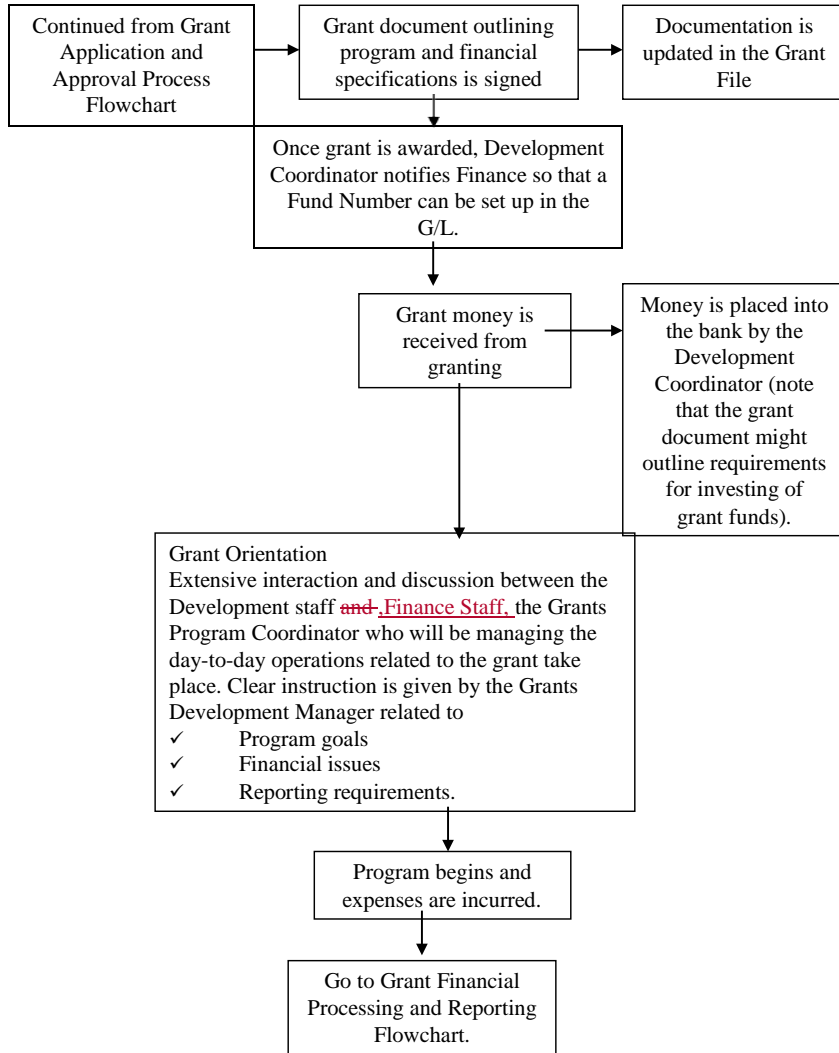
The ~~Vice President~~Director of Development and Grants ~~Development Manager~~Coordinator will review each grant before application is made to ensure that U.S. Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations are followed. All Development staff members must inform the ~~Vice President~~Director of Development of "informal" grant reporting requirements as well as formal grant reporting requirement.

### Kaweah Delta Hospital Foundation Grant Application and Approval Processes



**Commented [LW1]:** Grants Dev. Mgr to Grants Coordinator  
VP of Development to Director of Development

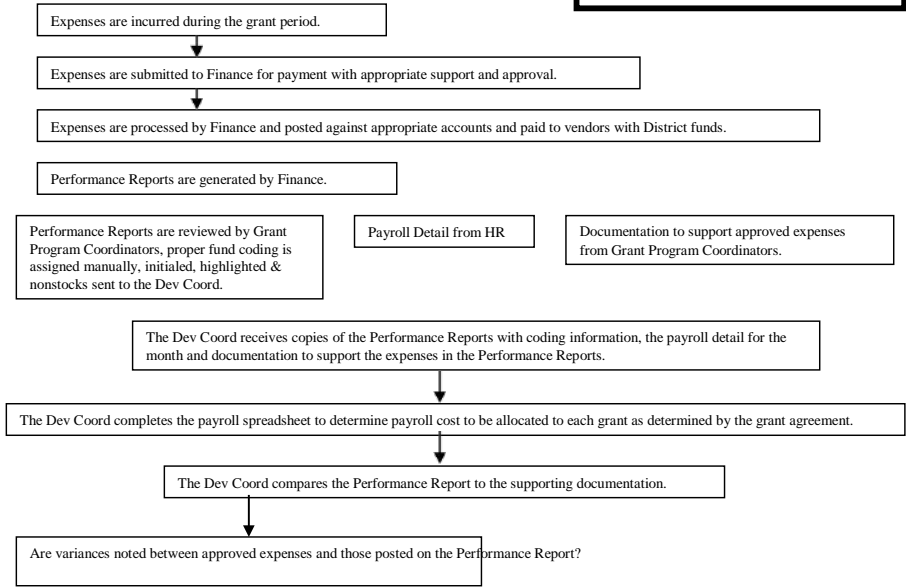
### Kaweah Delta Hospital Foundation Grant Management Processes





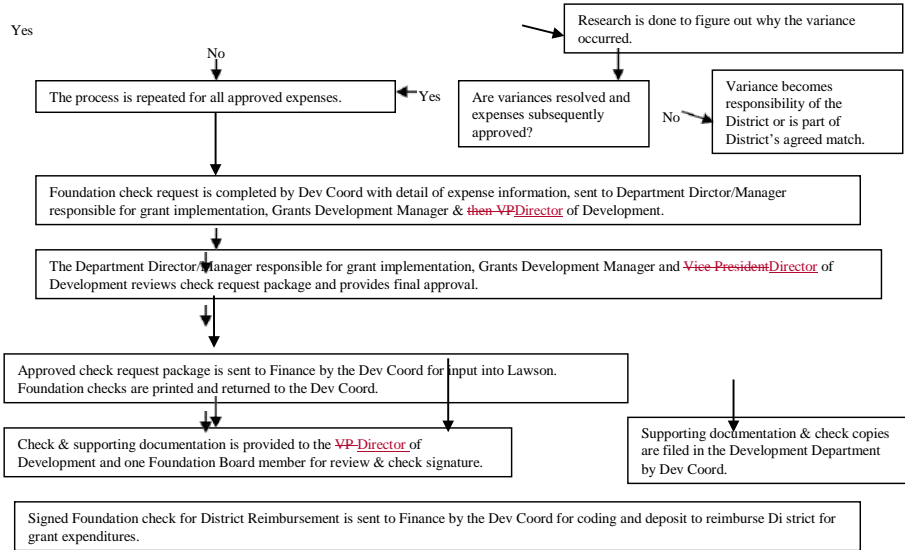
### Kaweah Delta Hospital Foundation Grant Financial Processing and Reporting

Development Coordinator = Dev Coord

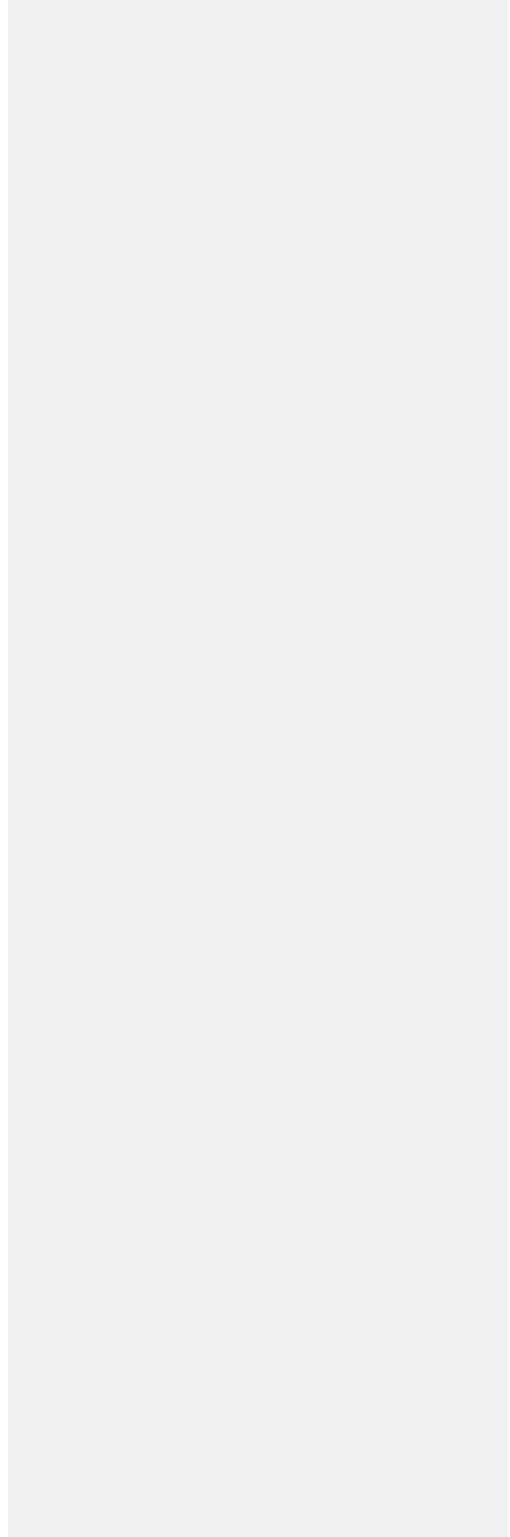


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*"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not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





Policy Number: AP179	Date Created: 12/14/18
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved:
Approvers: Board of Directors (Administration)	
<b>Bridge Policy for Federal Grants and Awards Management</b>	

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

**POLICY:** Kaweah Delta Health Care District may receive Federal Grant Awards. Therefore, the District’s accounting system shall operate in accordance with OMB Uniform Guidance when applicable to grant funded programs supported by Federal Awards. The Director of Development, the Grants Coordinator and the Director/and or Manager responsible for the department operating the Federal Grant are responsible for the education of, the monitoring of, and compliance with this policy.

The District’s Administrative and Department Policy manuals contain various policies relating to internal controls. The policy and procedures outlined below are intended to supplement those policies, and will override as to Federal Awards should there be a conflict.

Administrative Policy **AP.148 Grants** outlines the overall process for applying for, administering and managing grants in general.

In addition, Grants involving Federal Awards are subject to the following financial management policies and procedures:

**1. Cash Management**

Kaweah Delta requests funds on a reimbursement basis from the Payment Management System (PMS). This ensures that funds requested are the minimum amounts necessary to cover allowable project costs, that they are in alignment with actual cash expenditures related to the project and that they do not cover future expenses. The following process should be followed when requesting fund drawdowns:

- a. Using the departmental performance report for the grant cost center, the Development Coordinator will compile all invoices and receipts that support the draw down request into a packet.
- b. Submit the packet and the draw down request form to the Department Director and/or Manager operating the grant cost center, the Director of Development and the Grants Coordinator for approval.

- c. Once approved the packet will be provided to the Finance Department to initiate the draw down request. Allow 3-4 days for the draw down to be processed.
- d. All supporting documentation related to draw downs will be maintained in the Grant Department and the Finance Department.

## **2. Annual Audits**

A financial statement audit is conducted by independent external auditors annually for Kaweah Delta Health Care District. As part of the annual audit process, the Schedule of Expenditures of Federal Awards (SEFA) is prepared to determine whether a Single Audit is triggered, based on expenditures of federal awards in the amount of \$750,000 or more. The results of the Annual Financial Statement audit and any triggered Single Audits are presented to and reviewed by the Audit Committee and the Board of Kaweah Delta Health Care District.

Selection of the independent external auditors is completed by the Audit and Compliance Committee of the Board of Directors and is governed by Administrative Policy **AP.167** *Quote and Proposal Guidelines* which governs the selection of service providers.

If a Single Audit is required, the audit package and the data collection form shall be submitted to the Federal Audit Clearinghouse 30 days after receipt of the auditor's report, or 9 months after the fiscal year end, whichever comes first.

## **3. Accounting System**

Grant funding is accounted for in the District's financial records by assigning a cost center, referred to as an accounting unit in the accounting software system, to the grant to account for all incoming funding and outgoing expenditures. Monthly financial performance reports are generated that are provided to the Grant Manager for review. These processes are further outlined in Administrative Policy **AP.153** *Annual Operating and Capital Budget Development and Monitoring*.

Finance Department Policies **FDP.21** *General Ledger Chart of Accounts* and **FPD.41** *Guidelines for Natural Classification of Expense* govern the maintenance of the chart of accounts. Each accounting unit (cost center) in the accounting system has designated posting accounts. Each grant award will be designated a specific accounting unit number in the chart and will be assigned posting accounts and natural classes of expenditures, based upon the types of expenditures that are allowed by the grant. Any payment related to the grant will be coded to this accounting unit and correct account, or natural classification.

Source documents are retained electronically in most cases in accordance with Finance Department Policy **FDP.39 Record Retention**. This policy applies to grant source document for paid expenditures including authorization, bank statements and financial statements. These documents are housed in the Finance scanning system as well as in the Finance G: drive. Draw down reimbursement packages including authorization and all source documentation for expenditures, copies of federal awards, and copies of financial reports such as the SF 425 and FFR reports are retained electronically in the G: drive Grant folder online. In addition, the Development Department retains a complete grant file for each award including the electronic tracking of project budgets and comparison to actual expenditures, awards, obligations and unobligated balances.

#### **4. Bank Statements**

Finance Department Policy **FDP.25 Account Reconciliation Procedure** requires all general ledger balances, including bank account balances, to be reconciled within a timely manner. A timely manner is considered to be within 30 days of month end. Administrative Policy **AP.146 Cash Control** Also requires bank reconciliation and audit as applicable.

The Sr. Financial Analyst assigned to Treasury functions completes the monthly reconciliation process and reviews the statements. Monthly reconciliations, along with statements, are to be reviewed by the Finance GL Manager. In addition, the Finance Director completes a quarterly review and approval of all cash and investments reconciliations, including a review of statements. The Director of Finance does not process AP payments; they are released by the Finance AP Manager and processed by AP staff.

Bank Statements are obtained electronically from the Commercial Banking Online Portal. The Chief Executive Officer, Chief Financial Officer and Board treasurer are the only individuals listed as authorized signers on bank accounts and are authorized to approve the system administrator, the Director of Finance, of the Online Portal. The authorized signers are not users of the Online portal.

The Sr. Analyst assigned to Treasury who performs the bank account reconciliation does not have authority to process payments and is not an authorized bank signer. All checks are signed electronically and include the signature of the CEO and Board Treasurer. Only Accounts Payable staff authorized to process checks in the AP system are allowed access to the MHC system that generates checks.

#### **5. Disbursements/Procurement**

Kaweah Delta maintains all documentation related to expenditures of grant funds as outlined above in Cash Management. The following process should be followed when requesting fund drawdowns:

- a. Using the departmental performance report for the grant cost center, the Development Coordinator will compile all invoices and receipts that support the draw down request into a packet.
- b. Submit the packet and the draw down request form to the Department Director and/or Manager operating the grant cost center, the Director of Development and the Grants Coordinator for approval.
- c. Once approved the packet will be provided to the Finance Department to initiate the draw down request. Allow 3-4 days for the draw down to be processed.
- d. **All supporting documentation** related to draw downs will be maintained in the Grant Department and the Finance Department.

Grant expenditures adhere to Kaweah Delta's Administrative Policies, **AP.156 Standard Procurement Practices**, **AP.166 Competitive Bidding on Contracts** and **AP.167 Quote and Proposal Guidelines** to ensure appropriate and reasonable use of grant funds.

Expenditures area also in accordance with Kaweah Delta's purchase authorization process, whereby purchasing authority is granted by Directors and Vice Presidents related to both the types of purchases allowed, as well as the purchasing limits. These authorization forms are kept on file in the Finance Department as required by Materials Management Policy **MM.12 Purchase Authorization**. Purchase orders and non PO invoices require pre-approval by those with purchasing authority as outlined in Finance Department Policy **FDP.09 Accounts Payable Invoice Processing** as well as Materials Management Policies **MM.12** and **MM.17 Non-Stock Item Purchases**.

All checks are processed electronically and therefore there are no blank checks. Checks are also signed electronically as outlined above. The Accounts Payable Manager reviews and electronically releases all invoice batches and reviews supporting documents prior to the processing of checks. The batch release process is required by the AP system for payment of an invoice by check or ACH. Those authorized to enter Purchase Orders and Invoices are not authorized to release invoice batches for payment. Invoices will only be processed if applicable purchase authorization is verified upon invoice or PO entry as described above.

**FDP.44** *Accounts Payable Trade Vendor Maintenance* outlines the process for setting up new vendors in the AP system. The Finance AP Manager reviews all vendor setup and the Administrative Assistant enters new vendor information into the system. Those who process payments (AP Staff) do not have the authority to setup new vendors in the system. The Finance AP Manager reviews the AP vendor maintenance forms and releases batches, but now have system authority to enter invoices and does not process checks and ACH payments. The Administrative Assistant enters the vendors into the system.

**FDP .47** *Accounts Payable Check Runs* outlines the process for processing check and ACH payments. Invoices batches are entered by AP staff. Only the Finance Manager can release batches to be paid. Once they are released, the AP staff authorized can generate the check or ACH file. The Administrative Assistant assures check or ACH copies are matched to invoice documentation and scans into the electronic filing system. Wire transfer templates can only be approved by the CEO system administrator.

## **6. Matching or Cost Sharing**

For all Federal awards, any shared costs or matching funds and all contributions, including cash and third party in-kind contributions, are accepted as part of Kaweah Delta's Cost Sharing or Matching when the following criteria are met:

- a. The costs are verifiable from Kaweah Delta's records;
- b. The costs are not included as contributions for any other Federally assisted project or program;
- c. The costs are necessary and reasonable for proper and efficient accomplishment of project or program objectives;
- d. The costs are not paid by the Federal Government under another award, except where the Federal statute authorizing a program specifically provides that Federal funds made available for such program can be applied to matching or cost sharing requirements of other Federal programs; and
- e. The costs are allowable and provided for in the approved budget.

## **7. Consultants and Contractors**

Kaweah Delta's Administrative Policies, **AP.69** *Contracting with Outside Service Providers*, **AP.166**, *Competitive Bidding on Contracts* and **AP.167**, *Quote and Proposal Guidelines* should be followed related to the hiring or engagement of consultants and contractors. Further requirements must be satisfied related to Federal Awards:



- a. Internal capabilities must be assessed related to the proposed consultant or contractor work to be performed prior to obtaining this assistance outside of Kaweah Delta. This assessment will be documented by the Grants Manager and retained in the Grant File.
- b. To avoid unfair advantages, contractors who provide services to develop or draft grant applications, contract specifications, requirements, statements of work, invitations for bids and/or requests for proposal are excluded from competing for such opportunities.
- c. Prior to selecting a new consultant or contractor, the Excluded Parties List System, within the System for Award Management at <https://www.sam.gov/portal/public/SAM> should be reviewed to ensure that the party is not excluded from receiving federal funds.

## 8. Expenditure Analysis

Grant funding is accounted for in the District's financial records by assigning a cost center (department), called an accounting unit, to the grant to account for all incoming funding and outgoing expenditures. Monthly financial performance reports including budgeted and actual expenditures are generated that are provided to the Development Coordinator and Grant Coordinator for review. These budget monitoring processes are further outlined in Administrative Policy **AP.153** *Annual Operating and Capital Budget Development and Monitoring*. This policy requires those responsible to perform the analysis, understand reason for variance and make a plan for correction if applicable. **AP.148** *Grants* outlines this process as well.

Specific to federal grant funds, the Department Director responsible for the grant, the Grant Coordinator and the Development Coordinator monitor variances between budget estimates and actual expenditures in a separate spreadsheet in addition to departmental performance reports. These spreadsheets, that track budget, expenses and remaining balances are also submitted as support to the reimbursement package.

## 9. Indirect Costs

For Federal grants, the only current indirect cost rate being utilized is the fixed 8% rate allowed for training grants.

The indirect rate is applied to applicable expenditures and included in the draw down package submitted to be reimbursed. The Grants Coordinator, Development Coordinator, Department Director responsible for the Grant operation approve the package for reimbursement.

Applicable support for the indirect rate calculation is to be retained with the Grant file.

## **10. Credit Cards**

Federal Awards will follow Kaweah Delta's Administrative Policy, **AP.46**, *Commercial Card Expense Reporting Program* which governs the controls related to District issued credit cards through the CCER program.

## **11. Timekeeping**

Kaweah Delta's Human Resources Policy **HR. 63** *Timekeeping of Payroll Hours*, should be followed related to Timekeeping controls and practices. In addition, Federal Awards must adhere to the following practices:

- a. The Grants Manager and Department Director must monitor the hours and dollars charged to the grant on a regular basis to ensure that the amounts allocated to and supported by the grant are in accordance with the federal award. This will ensure that the hours and dollars charged to the grant are based on actual recorded and approved hours and include the total activity for which employees were compensated. Salaries and wages will not be based on budget estimates, but on actual hours recorded and approved in the timekeeping system.

## **12. Travel**

Kaweah Delta's Administrative Policies, **AP.19** *Travel, Per Diem and Other Employee Reimbursements* and **AP.84** *Mileage Reimbursement* should be followed related to travel expenses reimbursed by Federal Award dollars.

In addition, any travel related to federal awards should be budgeted and monitored and any specific restrictions of the award shall apply. There are to be no exceptions to rates published in the Federal Travel Regulations, unless otherwise justified.

## **13. Not applicable**

## **14. Conflict of Interest**

Administrative Policy **AP.23** *Conflict of Interest* covers certain District employees that are required to file a Statement of Economic Interest on an annual Basis. In addition, those administering Federal Grant Awards will adhere to the following conflict of Interest procedures:

**Conflict of Interest:** Any official action or any decision or recommendation by an individual acting in a capacity related to a grant-funded project, the effect of which would appear to or actually result in financial benefit to that individual or a member of the individual's household or a business with which the individual or a member of the individual's household is associated.

**Family Member:** The following relationships to an individual affiliated with a grant-funded project are defined as a family member: spouse or domestic partner, spouse's and domestic partner's parents, children, children's spouses or domestic partners, parents, parent's spouses or domestic partners, siblings, siblings spouses or domestic partners, grandparents, grandparent's spouses or domestic partners, grandchildren, grandchildren's spouses or domestic partners

**Financial Interest:** Anything of monetary value received or held by any member of Kaweah Delta Health Care District or Kaweah Delta Hospital Foundation or a member of his/her family, whether or not the value is readily ascertainable, including, but not limited to: salary or other payments for services (e.g., consulting fees, honoraria, or paid authorships for other than scholarly works); any equity interests (e.g., stocks, stock options, or other ownership interests); and the value of intellectual property rights and interests (e.g., patents, trademarks, service marks, and copyrights) and royalties or other income received from any such intellectual property.

Kaweah Delta Health Care District and Kaweah Delta Hospital Foundation ("The Organizations") encourage and support outside interactions of its staff with federal, state, and local governments, community organizations, non-profit groups, and business and industry as important parts of their daily work and community engagement activities. However, maintenance of the public's trust is critical to the mission and reputation of The Organizations. As such, it is critical that all members of The Organizations demonstrate that they hold themselves to the highest ethical standards, including the disclosure of their participation in any activity that will result in financial, professional, or personal benefit and that results in, or gives the appearance of, a Conflict of Interest.

The Organization's approach to identifying, evaluating and managing potential Conflicts of Interest, does not attempt to illustrate all possible situations that require disclosure. All persons related to grant funded projects are expected to be vigilant and ethical in all dealings in order to ensure any potential conflicts are addressed quickly and appropriately.

A Conflict of Interest would arise when an employee, Board Member, agent, or any member of his or her immediate family, has a financial or other interest in or may receive a tangible personal benefit from a firm considered for a contract. The standard against which this should be measured is whether a reasonable person with knowledge of the situation would question the impartiality of those involved. As such the following are restrictions apply:

- No employee, Board Member, or agent of The Organizations may participate in the selection, award, or administration of a contract supported by a federal award if he or she has a real or apparent Conflict of Interest.
- No employee, Board Member, agent or any member of his or her immediate family may solicit or accept gratuities, favors or anything of monetary value from contractors or parties to subcontracts.

Employees are expected to comply with any applicable requirements pertaining to Conflicts of Interest in their grant funded activities.

In cases where grant funding is given to sub recipients to conduct grant activities, including sub awards under 45 CFR §75.351, the sub recipient will be required to adhere to this Conflict of Interest Policy in its entirety and this requirement will be included in any agreements or contracts. When actual or perceived conflicts of interest are identified by the sub recipient, Kaweah Delta, the grant recipient, must be notified immediately upon identification.

Those participating in grant funded activities are required to certify that they have appropriately disclosed any Conflict of Interest related to the grant, which would reasonably appear to create a conflict. This certification is required by all grant participants on the attached Conflict of Interest Disclosure Form.

The Grant Manager will report the existence of any Conflict of Interest, financial or other, to the granting agency contact prior to the expenditure of any sponsor funds, and provide assurance that the conflict has been managed, reduced or eliminated within 30 days of discovery. If a conflict is identified after this initial report, another disclosure must be made to the Grant Manager within thirty (30) days of that identification, and such conflict must also be managed, reduced or eliminated within thirty (30) days of that identification. If required by the granting agency, a supplemental report detailing this conflict and its management will be provided.

If it is determined that a Conflict of Interest, financial or other, cannot be satisfactorily managed, the Grant Manager will notify in writing the appropriate granting agency contact.

Any disclosed grant-related Conflict of Interest, financial or other, will be reviewed promptly by the Grants Committee for a determination of whether it constitutes a Conflict of Interest. Notification will be provided to the sponsor of identified conflicts, including action taken to manage the Conflict, including the reduction or elimination of the conflict, as appropriate. This will be reported in accordance with 42 CFR § 75.112.

In addition, if it is determined that a Conflict of Interest was not identified or managed in a timely manner, a retrospective review of the activities funded by the grant will be conducted to determine if activities were impacted. This will be completed by the Grant Manager. Notification will be provided to the granting agency within 30 days of discovery, including how the conflict was managed.

The Grant Manager will administer this policy to the extent that a Conflict of Interest, financial or other, is grant-related, and maintain records of all filed disclosure forms and associated documents, including, but not limited to, documentation of actions taken by The Organizations to eliminate, reduce and/or manage Conflicts of Interest. All such records will be retained for a period of three years following completion of the grant.

Failure to comply with this policy may subject an Employee to corrective action up to and including dismissal. Violations of this policy must be reported to the Grants Manager and the Compliance and Privacy Officer.

### **Conflict of Interest Disclosure Form**

**Conflict of Interest:** Any official action or any decision or recommendation by an individual acting in a capacity related to a grant-funded project, the effect of which would appear to or actually result in financial benefit to that individual or a member of the individual's household or a business with which the individual or a member of the individual's household is associated.

**Family Member:** The following relationships to an individual affiliated with a grant-funded project are defined as a family member: spouse or domestic partner, spouse's and domestic partner's parents, children, children's spouses or domestic partners, parents, parent's spouses or domestic partners, siblings, siblings spouses or domestic partners, grandparents, grandparent's spouses or domestic partners, grandchildren, grandchildren's spouses or domestic partners

**Financial Interest:** Anything of monetary value received or held by any member of Kaweah Delta Health Care District or Kaweah Delta Hospital Foundation or a member of his/her family, whether or not the value is readily ascertainable, including, but not limited to: salary or other payments for services (e.g., consulting fees, honoraria, or paid authorships for other than scholarly works); any equity

interests (e.g., stocks, stock options, or other ownership interests); and the value of intellectual property rights and interests (e.g., patents, trademarks, service marks, and copyrights) and royalties or other income received from any such intellectual property.

A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominator(s)' other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Conflict of Interest Form should indicate whether the individual participating in grant activities, funded by federal award dollars, has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by participation in grant activities. The individual participating should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant Federally and organizationally established regulations and guidelines in financial conflicts must be abided by. Conflicts should be disclosed and actions taken to manage or eliminate the real or apparent conflict.

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

Position: \_\_\_\_\_

Grant/Federal Award to which this disclosure applies:

\_\_\_\_\_

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

\_\_\_\_\_ I have no conflict of interest to report.

\_\_\_\_\_ I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **15. Mandatory Disclosures**

Kaweah Delta will timely disclose, in writing to the granting agency, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the award.

See **Appendix A** of this policy for other Standard Terms of the NOA that are incorporated into this policy.

Administrative Policy **AP.53 Patients' Rights and Responsibilities, and Non-Discrimination** purpose is to comply with applicable State and Federal civil rights laws regarding non-discrimination and ensure patients' rights regardless of race, color, national origin, age, disability, religion, or sex. The policy outlines the process to file an internal grievance and to file an external complaint. It also provides for free language services to people whose primary language is not English.

As related to Federal awards, under terms of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended by (22 USC 7104):

#### **Trafficking in persons.**

1. As a recipient, Kaweah Delta, its employees, sub recipients of federal awards, and sub recipients' employees may not –
  - a. Engage in severe forms of trafficking in persons during the period of time the award is in effect;
  - b. Procure a commercial sex act during the period of time that the federal award is in effect; or

- c. Use forced labor in the performance of the award or sub awards under the award.

Kaweah Delta will inform HRSA immediately of any information we receive from any source alleging a violation of a prohibition of 1 a, b and c above of this award term.

Kaweah Delta will include the requirements in 1 a, b and c above of this award term related to Trafficking in any sub award made to a private entity.

See **Appendix C** for full text of this award term.

## **16. Legislative Mandates**

Kaweah Delta will adhere to all HRSA grant Legislative Mandates that could impact or limit the use of federal award dollars and include those as updates to these procedures. See **Appendix B** of this policy for the most current Grants Policy Bulletin related to Legislative Mandates.

In addition, on an annual basis, the Legislative Mandates for the coming year will be reviewed, assessed and incorporated into the policies and practices as appropriate.

## **17. Allowability of costs**

There are two types of costs related to grants: direct cost and indirect costs. Direct costs are expenses that are specifically associated with a particular sponsored project and can be directly assigned to such activities easily with a high degree of accuracy. Indirect costs are expenses that cannot be identified specifically with a particular project of activity. They are expenses that benefit more than one activity.

To be considered an allowable cost, the following criteria must be met:

- The cost must be reasonable. The cost is determined to be reasonable if a normal person, aware of the facts, would be willing to spend the same amount in similar circumstances.
- The cost must be allocable to the project and must benefit the grant programs or projects.
- The cost must be properly documented within the accounting system with source documentation as support.
- The costs must conform to all limitations and exclusions as set forth in the Notice of Award



- The costs must be treated consistently. A cost may not be attributed to one Federal Award as a direct cost when the same cost is attributed to another Federal Award as an indirect cost.

**18.**Not applicable.

## Appendix A – Current Federal Award NOA Standard Terms

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hrsa.gov/grants/hhsgrantpolicy.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. HRSA requires grantees to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:  
*"This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."*  
Grantees are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item ....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75 must be submitted as a Prior Approval action via Electronic Handbooks (EHBs). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.  
In addition to the prior approval requirements identified in Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 75, this requirement is in lieu of that in 45 CFR 75 which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Part 75 unless HRSA has specifically exempted the grantee from the requirement(s).]
6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or [PMSSupport@psc.hhs.gov](mailto:PMSSupport@psc.hhs.gov). For additional information please visit the Division of Payment Management Website at [www.DPM.PSC.GOV](http://www.DPM.PSC.GOV).
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: [Htips@os.dhhs.gov](mailto:Htips@os.dhhs.gov) or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800) 253-0696 toll free <https://harvester.census.gov/facweb/default.aspx/>.
9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.

10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Consolidated Appropriations Act, 2017, Division H, § 202, (P.L. 115-31) enacted May 5, 2017, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements to the Federal Executive Pay Scale Level II rate set at \$189,600, effective January, 2018. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.
12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/civil-rights/for-individuals/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov>. It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees ([https://www.sam.gov/sam/transcript/SAM\\_Quick\\_Guide\\_Grants\\_Registrations-v1.6.pdf](https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf)), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.
14. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.

**15. §75.113 Mandatory disclosures.**

Consistent with 45 CFR 75.113, applicants and non-federal entities must disclose, in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following address:

Department of Health and Human Services Health  
Resources and Services Administration Office of Federal  
Assistance Management Division of Grants Management  
Operations 5600 Fishers Lane, Mailstop 10SWH-03  
Rockville, MD 20879

**AND**

U.S. Department of Health and Human Services  
Office of Inspector General  
Attn: Mandatory Grant Disclosures, Intake Coordinator 330  
Independence Avenue, SW, Cohen Building Room 5527

Washington, DC 20201

Fax: (202)205-0604 (Include: "mandatory Grant Disclosures" in subject line) or Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321). The recipient must include this mandatory disclosure requirement in all sub-awards and contracts under this award.

Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII are required to report certain civil, criminal, or administrative proceedings to [www.sam.gov](http://www.sam.gov). Failure to make required disclosures can result in any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).





## Grants Policy Bulletin

### Legislative Mandates in Grants Management for FY 2019

Bulletin Number: 2019-02

Release Date: October 25, 2018

Related Bulletins: Replaces 2018-04

Issued by: Office of Federal Assistance Management (OFAM), Division of Grants Policy (DGP)

#### **Purpose**

The purpose of this Policy Bulletin is to clarify the requirements mandated by the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, Division B, Pub. L. 115-245, signed into law on September 28, 2018, which provides funding to the Health Resources and Services Administration (HRSA) for the fiscal year ending September 30, 2019. The intent of this policy bulletin is to provide information on the following statutory provisions that limit the use of funds on HRSA grants and cooperative agreements for FY 2019. Legislative mandates remain in effect until a new appropriation bill is passed setting a new list of requirements. There is one requirement mandated by the FY 2018 Consolidated Appropriations Act 2018 (Public Law 115-141), signed into law on March 23, 2018, that is currently under a continuing resolution. The FY 2019 list of legislative mandates for HRSA award recipients is the same as the FY 2018 list.

#### **Implementation**

**FY 2019 Legislative Mandates are as follows:**

##### **Division B, Title II**

- (1) Salary Limitation (Section 202)
- (2) Gun Control (Section 210)

##### **Division B, Title V**

- (3) Anti-Lobbying (Section 503)
- (4) Acknowledgment of Federal Funding (Section 505)
- (5) Restriction on Abortions (Section 506)
- (6) Exceptions to Restriction on Abortions (Section 507)
- (7) Ban on Funding Human Embryo Research (Section 508)
- (8) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)
- (9) Restriction of Pornography on Computer Networks (Section 520)
- (10) Restriction on Funding ACORN (Section 521)
- (11) Restriction on Distribution of Sterile Needles (Section 529)

**Division E, Title VII<sup>1</sup>**

(12) Confidentiality Agreements (Section 743)

**Details:**

**Division B, Title II:**

(1) Salary Limitation (Section 202)

"None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II."

The Executive Level II salary is currently set at \$189,600; however, we anticipate this changing January 1, 2019.

(2) Gun Control (Section 210)

"None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control."

**Division B, Title V**

(3) Anti-Lobbying (Section 503)

"(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control."

(4) Acknowledgment of Federal Funding (Section 505)

"When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all

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<sup>1</sup> FY 2018 Consolidated Appropriations Act 2018 (Public Law 115-141), signed into law on March 23, 2018.

grantees receiving Federal funds included in this Act, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state –

- (1) the percentage of the total costs of the program or project which will be financed with Federal money;
- (2) the dollar amount of Federal funds for the project or program; and
- (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources."

(5) Restriction on Abortions (Section 506)

“(a) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for any abortion.

(b) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion.

(c) The term “health benefits coverage” means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.”

(6) Exceptions to Restriction on Abortions (Section 507)

“(a) The limitations established in the preceding section shall not apply to an abortion –

- (1) if the pregnancy is the result of an act of rape or incest; or
- (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

(b) Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State’s or locality’s contribution of Medicaid matching funds).

(c) Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State’s or locality’s contribution of Medicaid matching funds).

(d)

- (1) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.
- (2) In this subsection, the term “health care entity” includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.”

(7) Ban on Funding of Human Embryo Research (Section 508)

“(a) None of the funds made available in this Act may be used for –

- (1) the creation of a human embryo or embryos for research purposes; or
- (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

(b) For purposes of this section, the term “human embryo or embryos” includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

(8) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)

"(a) None of the funds made available in this Act may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.

(b) The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage."

(9) Restriction of Pornography on Computer Networks (Section 520)

"(a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

(b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities."

(10) Restrictions on Funding ACORN (Section 521)

"None of the funds made available under this or any other Act, or any prior Appropriations Act, may be provided to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors."

(11) Restriction on Distribution of Sterile Needles (Section 529)

"Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law."

**The following Legislative Mandate is part of FY 2018 Consolidated Appropriations Act 2018 (Public Law 115-141), signed into law on March 23, 2018, and is part of a Continuing**



**Appropriation that is subject to change following the enactment of future FY19 appropriations.**

**Division E Title VII**

(11) Confidentiality Agreements (Section 743)

(a) None of the funds appropriated or otherwise made available by this or any other Act may be available for a contract, grant, or cooperative agreement with an entity that requires employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

(b) The limitation in subsection (a) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

**Resources**

- Department of Defense and Labor, Health and Human Services, and Education Appropriations Act 2019 <https://www.congress.gov/bill/115th-congress/house-bill/6157/text>
- Consolidated Appropriations Act, 2018 <https://www.congress.gov/bill/115th-congress/house-bill/1625>

**Inquiries**

Inquiries regarding this notice can be directed to:  
Office of Federal Assistance Management  
Division of Grants Policy  
Policy & Special Initiatives Branch  
Email: [DGP@HRSA.gov](mailto:DGP@HRSA.gov)  
Telephone: 301-443-2837

## Trafficking in Persons -- Award Term and Conditions

This award term implements Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 USC 7104), that can be found at 2 CFR § 175.15. This award term applies to all subawards; therefore, award recipients should include this term in their award(s) to subrecipients.

### Trafficking in persons.

#### **a. Provisions applicable to a recipient that is a private entity.**

1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not—

- i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
- ii. Procure a commercial sex act during the period of time that the award is in effect; or
- iii. Use forced labor in the performance of the award or subawards under the award.

2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity —

- i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or
- ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either—
  1. Associated with performance under this award; or
  2. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 376.

#### **b. Provision applicable to a recipient other than a private entity.**

We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity—

1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either—
  - i. Associated with performance under this award; or
  - ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, “OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement),” as implemented by our agency at 2 CFR part 376.

**c. Provisions applicable to any recipient.**

1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term.
2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:
  - i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and
  - ii. Is in addition to all other remedies for noncompliance that are available to us under this award.
3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.

**d. Definitions.** For purposes of this award term:

1. “Employee” means either:
  - i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
  - ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.
2. “Forced labor” means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor

or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3. “Private entity”:

i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR § 175.25.

ii. Includes:

A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR § 175.25(b).

B. A for-profit organization.

4. “Severe forms of trafficking in persons,” “commercial sex act,” and “coercion” have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102).



Policy Number: AP23	Date Created: 11/01/1995
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
<b>Conflict of Interest</b>	

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

**POLICY:** Government Code Section 87300 requires each state and local government agency to adopt and promulgate a Conflict of Interest Code. The Fair Political Practices Commission has adopted Section 18730 of Title 2 of the California Code of Regulations, which contains the terms of a model conflict of interest code (hereinafter "Standard Code") which may be adopted by reference by any state or local agency which desires to do so. For the purpose of providing a conflict of interest code for Kaweah Delta Health Care District, its Board of Directors, and its employees, the terms of the Standard Code and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference and made a part hereof as if set forth herein at length, and, along with Exhibits A and B attached hereto, in which officials and employees are designated and disclosure categories are set forth, such Standard Code shall constitute the Conflict of Interest Code for Kaweah Delta Health Care District, its Board of Directors, and its employees. The Chief Executive Officer shall ensure that a current copy of the Standard Code is kept on file in the District’s administrative office with this Conflict of Interest Code. A copy of the current version of the Standard Code is attached hereto as “Exhibit C” for information purposes only.

Pursuant to Section 4 of the Standard Code, designated employees shall file statements of economic interests with the Chief Executive Officer of Kaweah Delta Health Care District. Upon receipt of the statements filed by the designated employees of the department, the Chief Executive Officer shall make and retain a copy and forward the original of these statements to the code reviewing body, which in this case is the Tulare County Board of Supervisors.

Adopted by the Board of Directors of Kaweah Delta Health Care District effective November ~~29, 2016~~27, 2018.

**PROCEDURE:**

- I. Members, Board of Directors and Chief Executive Officer  
All members of the Kaweah Delta Health Care District Board of Directors and the individual occupying the position of Chief Executive Officer must complete and file Statements of Economic Interest with the Office of the Chief Executive Officer. Disclosure must include items listed in Exhibit “B”

## II. Other Affected Positions

Individuals occupying positions as noted in Exhibit "A" are also required to complete and file, with the office of the Chief Executive Officer of Kaweah Delta Health Care District, Statements of Economic Interest. The types of interest to be disclosed are identified on "Exhibit B" per position held with the District.

## III. Filing Deadlines

Individuals required to complete and file Statements of Economic Interest must do so with the appropriate office:

- A. within thirty (30) days after the effective date of the adoption of the Conflict of Interest Code, ;
- B. within thirty (30) days after assuming a position requiring filing such Statement;
- C. within thirty (30) days after leaving a position requiring filing of such Statement; and,
- D. annually, during the month of January, no later than April 1, for each year in which the individual occupies a position requiring a Statement.

**EXHIBIT "A"**

**KAWEAH DELTA HEALTH CARE DISTRICT**

**CONFLICT OF INTEREST CODE**

**Disclosure Categories**

<u>Designated Positions</u>	<u>Category of Interests Required to be Disclosed</u>
<b>Members of the Board of Directors</b>	1
 <b>Employees</b>	
Chief Executive Officer	1
<del>Senior</del> Vice President, Chief Financial Officer	1
Senior Vice President, Chief Operating Officer	1
<u>Vice President, Chief Quality Officer</u>	<u>1</u>
Vice President, Chief <del>Quality</del> /Medical Officer	1
Vice President, Chief Nursing Officer	1
Vice President, Chief Information Officer	1
Vice President of Human Resources	1
Vice President of <u>Strategic Planning &amp;</u> Development	1
District Compliance & Privacy Officer	1
Director - Internal Audit	<u>1</u>
Director of Procurement and Logistics Material Management	1
Kaweah Delta Medical Foundation Chief Executive Officer	1
Kaweah Delta Medical Foundation Chief Financial Officer	1
Director of Risk Management	1
Director of Facilities and <del>Support Services</del> <u>Security</u>	1
Director of Facilities Planning	1
All Directors of Kaweah Delta Health Care District	4B
 <b>Consultants</b>	
Legal Counsel to the Board of Directors	1

*["Consultants may be designated employees who must disclose financial interests as determined on a case-by-case basis. The District must make a written determination whether a consultant must disclose financial interests. The determination shall include a description of the consultant's duties and a statement of the extent of the disclosure requirements, if any, based upon that description. All such determinations are public records and shall be retained for public inspection with this conflict of interest code.*

*["Consultants can be deemed to participate in making a governmental decision when the consultant, acting within the authority of his or her position:*

- (1) Negotiates, without significant substantive review, with a governmental entity or private person regarding certain governmental decisions; or*
- (2) Advises or makes recommendations to the decision-maker either directly or without significant intervening substantive review, by:*
  - a. Conducting research or making an investigation, which requires the exercise of judgment on the part of the person and the purpose of which is to influence a governmental decision; or*
  - b. Preparing or presenting a report, analysis, or opinion, orally or in writing, which requires the exercise of judgment on the part of the person and the purpose of which is to influence the decision.”*

*(From the Tulare County Counsel)*

*{A consultant is also subject to the disclosure requirements if he/she acts in a staff capacity (i.e., performs the same or substantially all the same duties that would otherwise be performed by an individual holding a position specified in the Code).}*



**EXHIBIT "B"****KAWEAH DELTA HEALTH CARE DISTRICT**

## CONFLICT OF INTEREST CODE

**Disclosure Categories**1. **Full Disclosure:**

Designated persons in this category must report:

All interests in real property located entirely or partly within this District's jurisdiction or boundaries, or within two miles of this District's jurisdiction or boundaries or of any land owned or used by this District. Such interests include any leasehold, ownership interest or option to acquire such interest in real property.

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments.

2. **Full Disclosure (excluding interests in real property):**

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments.

3. **Interests in Real Property (only):**

All interests in real property located entirely or partly within this District's jurisdiction or boundaries, or within two miles of this District's jurisdiction or boundaries or of any land owned or used by this District. Such interests include any leasehold, ownership interest or option to acquire such interest in real property.

4. **General Contracting (two options):**

A. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that provide, or have provided in the last two years, leased facilities, goods, supplies, materials, equipment, vehicles, machinery, services, or the like, including training or consulting services, of the type utilized by the District.

[Intended for employees whose duties and decisions involve contracting and purchasing for the entire District.]

B. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that provide, or have provided in the last two years, leased facilities, goods, supplies, materials, equipment,

vehicles, machinery, services, or the like, including training or consulting services, of the type utilized by the employee's department or division.

[Intended for employees whose duties and decisions involve contracting and purchasing for a specific department or division of the District]

5. **Regulatory, Permit or Licensing Duties:**

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that are subject to the regulatory, permit or licensing authority of, or have an application for a license or permit pending before, the employee's department or division, or the District.

6. **Grant/Service Providers/Departments that Oversee Programs:**

- A. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, or income from a nonprofit organization, if the source is of the type to receive grants or other monies from or through a specific department or division of the District.

[Intended for employees whose duties and decision involve awards of monies or grants to organizations or individuals.]

**EXHIBIT "C"****KAWEAH DELTA HEALTH CARE DISTRICT**

## CONFLICT OF INTEREST CODE

**Standard Code****§ 18730. Provisions of Conflict of Interest Codes.**

(a) Incorporation by reference of the terms of this regulation along with the designation of employees and the formulation of disclosure categories in the Appendix referred to below constitute the adoption and promulgation of a conflict of interest code within the meaning of Government Code section 87300 or the amendment of a conflict of interest code within the meaning of Government Code section 87306 if the terms of this regulation are substituted for terms of a conflict of interest code already in effect. A code so amended or adopted and promulgated requires the reporting of reportable items in a manner substantially equivalent to the requirements of article 2 of chapter 7 of the Political Reform Act, Government Code sections 81000, *et seq.* The requirements of a conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Government Code section 87100, and to other state or local laws pertaining to conflicts of interest.

(b) The terms of a conflict of interest code amended or adopted and promulgated pursuant to this regulation are as follows:

(1) Section 1. Definitions.

The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission (2 Cal. Code of Regs. sections 18100, *et seq.*), and any amendments to the Act or regulations, are incorporated by reference into this conflict of interest code.

(2) Section 2. Designated Employees.

The persons holding positions listed in the Appendix are designated employees. It has been determined that these persons make or participate in the making of decisions which may foreseeably have a material effect on economic interests.

(3) Section 3. Disclosure Categories.

This code does not establish any disclosure obligation for those designated employees who are also specified in Government Code section 87200 if they are designated in this code in that same capacity or if the geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction in which those persons must report their economic interests pursuant to article 2 of chapter 7 of the Political Reform Act, Government Code sections 87200, *et seq.*

In addition, this code does not establish any disclosure obligation for any designated employees who are designated in a conflict of interest code for another agency, if all of the

following apply:

(A) The geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction of the other agency;

(B) The disclosure assigned in the code of the other agency is the same as that required under article 2 of chapter 7 of the Political Reform Act, Government Code section 87200; and

(C) The filing officer is the same for both agencies.<sup>1</sup>

Such persons are covered by this code for disqualification purposes only. With respect to all other designated employees, the disclosure categories set forth in the Appendix specify which kinds of economic interests are reportable. Such a designated employee shall disclose in his or her statement of economic interests those economic interests he or she has which are of the kind described in the disclosure categories to which he or she is assigned in the Appendix. It has been determined that the economic interests set forth in a designated employee's disclosure categories are the kinds of economic interests which he or she foreseeably can affect materially through the conduct of his or her office.

(4) Section 4. Statements of Economic Interests: Place of Filing.

The code reviewing body shall instruct all designated employees within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest code.<sup>2</sup>

(5) Section 5. Statements of Economic Interests: Time of Filing.

(A) Initial Statements. All designated employees employed by the agency on the effective date of this code, as originally adopted, promulgated and approved by the code reviewing body, shall file statements within 30 days after the effective date of this code. Thereafter, each person already in a position when it is designated by an amendment to this code shall file an initial statement within 30 days after the effective date of the amendment.

(B) Assuming Office Statements. All persons assuming designated positions after the effective date of this code shall file statements within 30 days after assuming the designated positions, or if subject to State Senate confirmation, 30 days after being nominated or appointed.

(C) Annual Statements. All designated employees shall file statements no later than April 1.

(D) Leaving Office Statements. All persons who leave designated positions shall file statements within 30 days after leaving office.

(5.5) Section 5.5. Statements for Persons Who Resign Prior to Assuming Office.

Any person who resigns within 12 months of initial appointment, or within 30 days of the date of notice provided by the filing officer to file an assuming office statement, is not deemed to have assumed office or left office, provided he or she did not make or participate in the making of, or use his or her position to influence any decision and did not receive or become entitled to receive any form of payment as a result of his or her

appointment. Such persons shall not file either an assuming or leaving office statement.

(A) Any person who resigns a position within 30 days of the date of a notice from the filing officer shall do both of the following:

(1) File a written resignation with the appointing power; and

(2) File a written statement with the filing officer declaring under penalty of perjury that during the period between appointment and resignation he or she did not make, participate in the making, or use the position to influence any decision of the agency or receive, or become entitled to receive, any form of payment by virtue of being appointed to the position.

(6) Section 6. Contents of and Period Covered by Statements of Economic Interests.

(A) Contents of Initial Statements.

Initial statements shall disclose any reportable investments, interests in real property and business positions held on the effective date of the code and income received during the 12 months prior to the effective date of the code.

(B) Contents of Assuming Office Statements.

Assuming office statements shall disclose any reportable investments, interests in real property and business positions held on the date of assuming office or, if subject to State Senate confirmation or appointment, on the date of nomination, and income received during the 12 months prior to the date of assuming office or the date of being appointed or nominated, respectively.

(C) Contents of Annual Statements. Annual statements shall disclose any reportable investments, interests in real property, income and business positions held or received during the previous calendar year provided, however, that the period covered by an employee's first annual statement shall begin on the effective date of the code or the date of assuming office whichever is later, or for a board or commission member subject to Government Code section 87302.6, the day after the closing date of the most recent statement filed by the member pursuant to 2 Cal. Code Regs. section 18754.

(D) Contents of Leaving Office Statements.

Leaving office statements shall disclose reportable investments, interests in real property, income and business positions held or received during the period between the closing date of the last statement filed and the date of leaving office.

(7) Section 7. Manner of Reporting.

Statements of economic interests shall be made on forms prescribed by the Fair Political Practices Commission and supplied by the agency, and shall contain the following information:

(A) Investments and Real Property Disclosure.

When an investment or an interest in real property<sup>3</sup> is required to be reported,<sup>4</sup> the statement shall contain the following:

1. A statement of the nature of the investment or interest;
2. The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;
3. The address or other precise location of the real property;
4. A statement whether the fair market value of the investment or interest in real property equals or exceeds two thousand dollars (\$2,000), exceeds ten thousand dollars (\$10,000), exceeds one hundred thousand dollars (\$100,000), or exceeds one million dollars (\$1,000,000).

(B) Personal Income Disclosure. When personal income is required to be reported,<sup>5</sup> the statement shall contain:

1. The name and address of each source of income aggregating five hundred dollars (\$500) or more in value, or fifty dollars (\$50) or more in value if the income was a gift, and a general description of the business activity, if any, of each source;
2. A statement whether the aggregate value of income from each source, or in the case of a loan, the highest amount owed to each source, was one thousand dollars (\$1,000) or less, greater than one thousand dollars (\$1,000), greater than ten thousand dollars (\$10,000), or greater than one hundred thousand dollars (\$100,000);
3. A description of the consideration, if any, for which the income was received;
4. In the case of a gift, the name, address and business activity of the donor and any intermediary through which the gift was made; a description of the gift; the amount or value of the gift; and the date on which the gift was received;
5. In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the loan.

(C) Business Entity Income Disclosure. When income of a business entity, including income of a sole proprietorship, is required to be reported,<sup>6</sup> the statement shall contain:

1. The name, address, and a general description of the business activity of the business entity;
2. The name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from such person was equal to or greater than ten thousand dollars (\$10,000).

(D) Business Position Disclosure. When business positions are required to be reported, a designated employee shall list the name and address of each business entity in which he or she is a director, officer, partner, trustee, employee, or in which he or she holds any position of management, a description of the business activity in which the business entity is engaged, and the designated employee's position with the business entity.

(E) Acquisition or Disposal During Reporting Period. In the case of an annual or leaving office statement, if an investment or an interest in real property was partially or wholly acquired or disposed of during the period covered by the statement, the statement shall contain the date of acquisition or disposal.

(8) Section 8. Prohibition on Receipt of Honoraria.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept any honorarium from any source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests. This section shall not apply to any part time member of the governing board of any public institution of higher education, unless the member is also an elected official.

Subdivisions (a), (b), and (c) of Government Code section 89501 shall apply to the prohibitions in this section.

This section shall not limit or prohibit payments, advances, or reimbursements for travel and related lodging and subsistence authorized by Government Code section 89506.

(8.1) Section 8.1 Prohibition on Receipt of Gifts in Excess of \$390.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept gifts with a total value of more than \$390 in a calendar year from any single source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests. This section shall not apply to any part time member of the governing board of any public institution of higher education, unless the member is also an elected official.

Subdivisions (e), (f), and (g) of Government Code section 89503 shall apply to the prohibitions in this section.

(8.2) Section 8.2. Loans to Public Officials.

(A) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the elected officer holds office or over which the elected officer's agency has direction and control.

(B) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the public official holds office or over which the public official's agency has direction and control. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(C) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which

that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status.

(D) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(E) This section shall not apply to the following:

1. Loans made to the campaign committee of an elected officer or candidate for elective office.
2. Loans made by a public official's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such persons, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.
3. Loans from a person which, in the aggregate, do not exceed five hundred dollars (\$500) at any given time.
4. Loans made, or offered in writing, before January 1, 1998.

(8.3) Section 8.3. Loan Terms.

(A) Except as set forth in subdivision (B), no elected officer of a state or local government agency shall, from the date of his or her election to office through the date he or she vacates office, receive a personal loan of five hundred dollars (\$500) or more, except when the loan is in writing and clearly states the terms of the loan, including the parties to the loan agreement, date of the loan, amount of the loan, term of the loan, date or dates when payments shall be due on the loan and the amount of the payments, and the rate of interest paid on the loan.

(B) This section shall not apply to the following types of loans:

1. Loans made to the campaign committee of the elected officer.
2. Loans made to the elected officer by his or her spouse, child, parent, grandparent,



grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.

3. Loans made, or offered in writing, before January 1, 1998.

(C) Nothing in this section shall exempt any person from any other provision of Title 9 of the Government Code.

(8.4) Section 8.4. Personal Loans.

(A) Except as set forth in subdivision (B), a personal loan received by any designated employee shall become a gift to the designated employee for the purposes of this section in the following circumstances:

1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.

2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:

a. The date the loan was made.

b. The date the last payment of one hundred dollars (\$100) or more was made on the loan.

c. The date upon which the debtor has made payments on the loan aggregating to less than two hundred fifty dollars (\$250) during the previous 12 months.

(B) This section shall not apply to the following types of loans:

1. A loan made to the campaign committee of an elected officer or a candidate for elective office.

2. A loan that would otherwise not be a gift as defined in this title.

3. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor has taken reasonable action to collect the balance due.

4. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor, based on reasonable business considerations, has not undertaken collection action. Except in a criminal action, a creditor who claims that a loan is not a gift on the basis of this paragraph has the burden of proving that the decision for not taking collection action was based on reasonable business considerations.

5. A loan made to a debtor who has filed for bankruptcy and the loan is ultimately discharged in bankruptcy.

(C) Nothing in this section shall exempt any person from any other provisions of Title 9 of the Government Code.

(9) Section 9. Disqualification.

No designated employee shall make, participate in making, or in any way attempt to use his or her official position to influence the making of any governmental decision which he or she knows or has reason to know will have a reasonably foreseeable material financial effect, distinguishable from its effect on the public generally, on the official or a member of his or her immediate family or on:

(A) Any business entity in which the designated employee has a direct or indirect investment worth two thousand dollars (\$2,000) or more;

(B) Any real property in which the designated employee has a direct or indirect interest worth two thousand dollars (\$2,000) or more;

(C) Any source of income, other than gifts and other than loans by a commercial lending institution in the regular course of business on terms available to the public without regard to official status, aggregating five hundred dollars (\$500) or more in value provided to, received by or promised to the designated employee within 12 months prior to the time when the decision is made;

(D) Any business entity in which the designated employee is a director, officer, partner, trustee, employee, or holds any position of management; or

(E) Any donor of, or any intermediary or agent for a donor of, a gift or gifts aggregating \$390 or more provided to, received by, or promised to the designated employee within 12 months prior to the time when the decision is made.

#### (9.3) Section 9.3. Legally Required Participation.

No designated employee shall be prevented from making or participating in the making of any decision to the extent his or her participation is legally required for the decision to be made. The fact that the vote of a designated employee who is on a voting body is needed to break a tie does not make his or her participation legally required for purposes of this section.

#### (9.5) Section 9.5. Disqualification of State Officers and Employees.

In addition to the general disqualification provisions of section 9, no state administrative official shall make, participate in making, or use his or her official position to influence any governmental decision directly relating to any contract where the state administrative official knows or has reason to know that any party to the contract is a person with whom the state administrative official, or any member of his or her immediate family has, within 12 months prior to the time when the official action is to be taken:

(A) Engaged in a business transaction or transactions on terms not available to members of the public, regarding any investment or interest in real property; or

(B) Engaged in a business transaction or transactions on terms not available to members of the public regarding the rendering of goods or services totaling in value one thousand dollars (\$1,000) or more.

#### (10) Section 10. Disclosure of Disqualifying Interest.

When a designated employee determines that he or she should not make a governmental decision because he or she has a disqualifying interest in it, the determination not to act may be accompanied by disclosure of the disqualifying interest.

(11) Section 11. Assistance of the Commission and Counsel.

Any designated employee who is unsure of his or her duties under this code may request assistance from the Fair Political Practices Commission pursuant to Government Code section 83114 and 2 Cal. Code Regs. sections 18329 and 18329.5 or from the attorney for his or her agency, provided that nothing in this section requires the attorney for the agency to issue any formal or informal opinion.

(12) Section 12. Violations.

This code has the force and effect of law. Designated employees violating any provision of this code are subject to the administrative, criminal and civil sanctions provided in the Political Reform Act, Government Code sections 81000 – 91014. In addition, a decision in relation to which a violation of the disqualification provisions of this code or of Government Code section 87100 or 87450 has occurred may be set aside as void pursuant to Government Code section 91003.

NOTE: Authority cited: Section 83112, Government Code.

Reference: Sections 87103(e), 87300-87302, 89501, 89502 and 89503, Government Code.

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<sup>1</sup> Designated employees who are required to file statements of economic interests under any other agency's conflict of interest code, or under article 2 for a different jurisdiction, may expand their statement of economic interests to cover reportable interests in both jurisdictions, and file copies of this expanded statement with both entities in lieu of filing separate and distinct statements, provided that each copy of such expanded statement filed in place of an original is signed and verified by the designated employee as if it were an original. See Government Code section 81004.

<sup>2</sup>See Government Code section 81010 and 2 Cal. Code of Regs. section 18115 for the duties of filing officers and persons in agencies who make and retain copies of statements and forward the originals to the filing officer.

<sup>3</sup>For the purpose of disclosure only (not disqualification), an interest in real property does not include the principal residence of the filer.

<sup>4</sup>Investments and interests in real property which have a fair market value of less than \$2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real property of an individual include those held by the individual's spouse and dependent children as well as a pro rata share of any investment or interest in real property of any business entity or trust in which the individual, spouse and dependent children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.

<sup>5</sup>A designated employee's income includes his or her community property interest in the income of his or her spouse but does not include salary or reimbursement for expenses

received from a state, local or federal government agency.

<sup>6</sup>Income of a business entity is reportable if the direct, indirect or beneficial interest of the filer and the filer's spouse in the business entity aggregates a 10 percent or greater interest. In addition, the disclosure of persons who are clients or customers of a business entity is required only if the clients or customers are within one of the disclosure categories of the filer.

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Subcategories of Department Manuals  
not selected.

Policy Number: DM 2203	Date Created: 07/01/2011
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
<b>Code Gray- Activation Plan</b>	

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

**POLICY**

Code Gray is designed to show a coordinated team response to protect our employees and others from any potential aggressor. The hospital has “zero tolerance” for violence.

In situations where hospital staff, physicians, or visitors are in a situation where they are not comfortable due to persons becoming aggressive, abusive, or threatening in any manner, a CODE GRAY may be called. This will initiate help, first from any personnel in the immediate area, and secondly from a follow-up team as described below. The intent of declaring a CODE GRAY will be to immediately have additional personnel show up, not necessarily to intervene directly, but to demonstrate a presence of other people in the area. The person calling the CODE GRAY will have the opportunity to request additional help or to dismiss staff responding.

Extremely violent situations will require a different approach. This area should be considered OFF LIMITS by initiating a Code Silver (See Policy #2204 Code Silver). Calling additional staff members to the scene puts additional people at risk. Calling an area OFF LIMITS will signal a STAT page to security and the Nursing Coordinator Supervisor. The Visalia Police Department would be notified immediately when any person reports that an individual is threatening violence with a weapon.

**Procedure**

**A. Response**

See attached checklist and flowchart.

**B. Supporting Information**

1. Combative or abusive behavior can be displayed by anyone; a patient, a patient’s family member, staff, staff family members, or acquaintances of employees and patients. Combative or abusive behavior can escalate into a more violent episode. A comprehensive workplace violence prevention policy should include procedures and responsibilities to be taken in the event of a violent incident in the workplace

2. Recognize early warning signs. The following are examples of warning signs but are not all inclusive.
  - a. Direct or verbal threats of harm.
  - b. Intimidation of others by words and or actions.
  - c. Refusing to follow policies.
  - d. Hypersensitivity or extreme suspiciousness.
  - e. Extreme moral righteousness.
  - f. Inability to take criticism of job performance.
  - g. Holding a grudge, especially against supervisor.
  - h. Often verbalizing hope for something to happen to the other person against whom the individual has the grudge.
  - i. Expression of extreme desperation over recent problems.
  - j. Intentional disregard for the safety of others.
  - k. Destruction of property.

## Emergency Management Manual

**CODE GRAY – ABUSIVE/ASSAULTIVE BEHAVIOR**

Purpose: To provide a safe and secure healthcare environment for patients, visitors, volunteers, physicians and employees. Also, to assist employees in managing and/or de-escalating the situation by a show of force, to gain the cooperation of the abusive or assaultive person, or to subdue and restrain the individual if necessary.

Note: If the situation involves a weapon, immediately notify PBX of “Code Silver and location.”

The Hospital Incident Command System (HICS) is not activated for a Code Gray unless the incident disrupts day-to-day hospital operations.

**STAFF RESPONSE CHECKLIST**

In the event a situation with an angry, belligerent or threatening person has escalated or has the potential to escalate; or, in the event of imminent danger where there is a potential for a violent or criminal act to occur; or, when a violent or criminal act is in progress:

- Dial the District operator at Ext. 44. Provide the operator with the following:
  - Where you are and where the incident is occurring
  - Description and number of person(s) involved. Do not hang up until the operator has all your information.

**Verbal Abuse:**

- Use a calm voice and attempt to verbally de-escalate the situation.
- If verbal abuse continues, call a second person to assist you. Move patients away from the hostile person, if safe to do so.
- Step back from person and try to get a barrier between you and the person. Direct others away from the area.

**Physical Battery:**

- Protect yourself and others from blows, attempt to get away from the person/area and defend yourself as necessary for personal safety.
- Put distance and/or barrier between the parties involved – only when safe to do so. Do not attempt to confront the person(s).
- Remove patients, staff and visitors from the immediate area. Remain calm and reassure those around you.
- Provide assistance and medical help for all injured persons when safe to do so.

**Documentation to Complete:**

- Per normal procedures, if employee is injured:
- Employee completes Incident Report and submits to supervisor, who completes, signs and forwards report to Risk Management

If you hear a “Code Gray” announcement for a distant location:

- [At least one employee from each department responds to the Trained available personnel respond to the Code and takes direction from Nursing \\_\\_ Supervisor-, charge staff or Security Officer.](#)
- Stand by for further instructions.
- Provide assistance as requested.

If you are at an off campus site:



In the event a situation has escalated and a violent or criminal act occurs call 9-911.

<b>PBX CHECKLIST</b>
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- When notified of a violent or potentially violent situation, immediately overhead page "Code Gray and location" (3x).
- Notify Security via radio.
- Notify Nursing Supervisor. (And notify police if instructed to do so by Nursing Supervisor by dialing 9-911.)
- At conclusion of incident and only when instructed by Nursing Supervisor or Security, announce by overhead page, "Code Gray, All Clear."

**PBX CHECKLIST-SOUTH CAMPUS**

When notified of a violent or potentially violent situation, immediately overhead page to South Campus "Code Gray and location" (3x).

Send out a Berbee page and Berbee message to South Campus.

Notify Security via radio.

Notify Nursing Supervisor. (And notify police if instructed to do so by Nursing Supervisor by dialing 9-911.)

At conclusion of incident and only when instructed by Nursing Supervisor Nurse Manager, Lead Nurse or Security, announce by overhead page, "Code Gray, All Clear."

<b>SECURITY CHECKLIST</b>
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**Upon notification of the potential for or actual occurrence of a violent or criminal act:**

dispatch Security personnel to the location as appropriate.

Security when responding to the scene and approach with caution. When using force, Security will use only the minimum amount of physical force necessary to restrain or protect the individual from self-injury and/or from injuring others.

If situation has potential to disrupt hospital operations:

- Notify Nursing Supervisor.
- Direct PBX to announce by overhead page "Code Gray, location."
- Monitor and coordinate incident per department procedures. Control crowds and provide direction at the scene.
- Request help from the police department if necessary or call in extra Security staff for long-term incidents.
- At conclusion of incident and when authorized by the Nursing Supervisor or Security, direct PBX to announce by overhead page "Code Gray, All Clear."
- If warranted, the Security Officer will file an Incident Report. Officers will determine if a report should be filed with law enforcement.

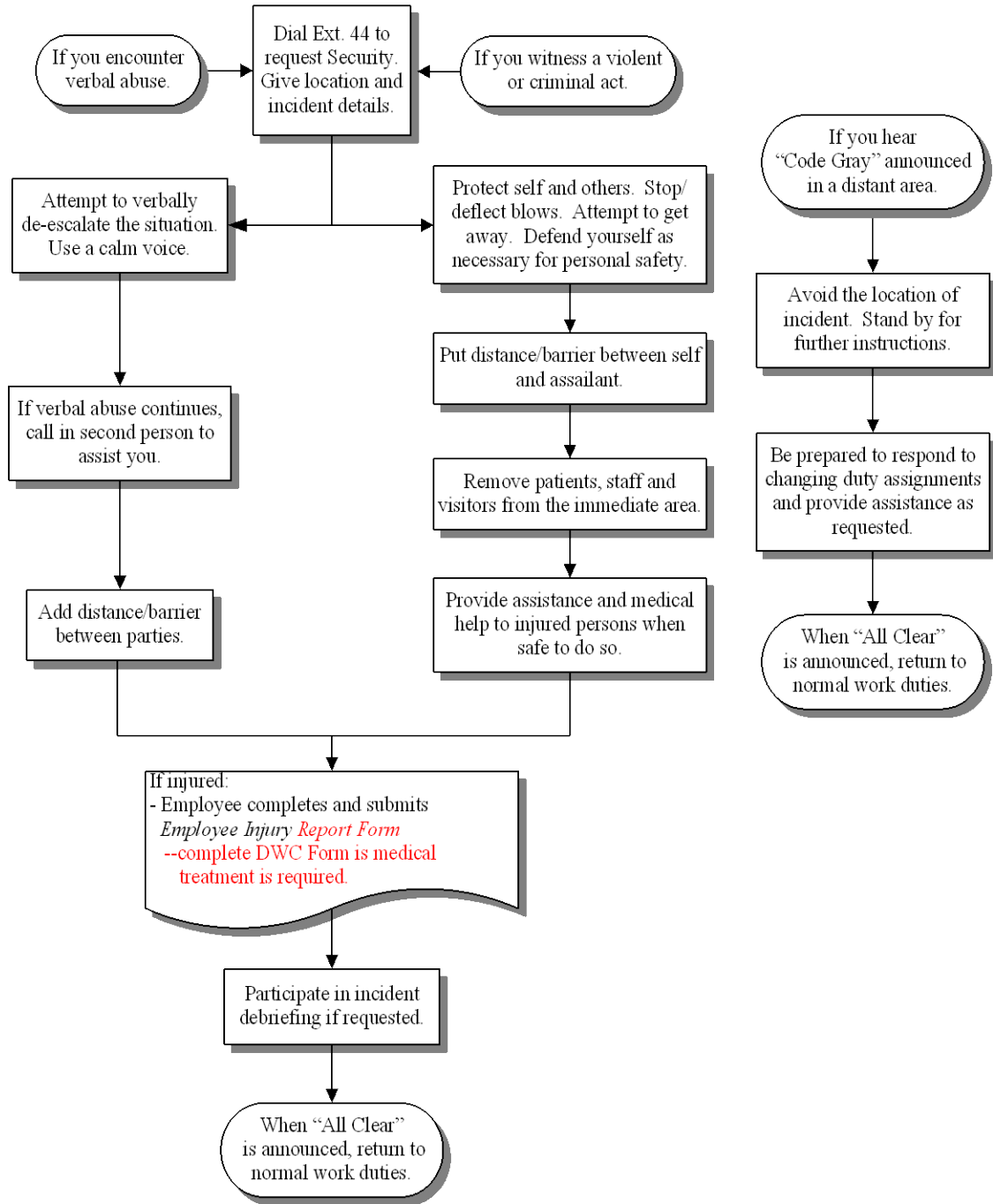
<b>ALL CLEAR</b>
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After "Code Gray, All Clear" is announced:

- Participate in incident debriefing if requested.
- Return to your normal work duties, unless otherwise directed.



### Emergency Management Manual Code Gray - Abusive/Assaultive Behavior





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Subcategories of Department Manuals  
not selected.

Policy Number: EOC 1008	Date Created: 03/13/2018
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr)	Date Approved: Not Approved Yet
<b>Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness), Cindy Moccio (Board Clerk/Exec Assist-CEO), Maribel Aguilar (Safety Officer/Life Safety Mgr)</b>	
<b>Property Acquisition</b>	

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

**Purpose:** To define a plan for consideration of the assessment of land/ property/realty prior to purchase, lease or rental.

**Policy:** The Vice President of Development shall work with the Director of Facilities in consideration of the following assessments prior to purchase, lease or rental of land/ property/realty.

**Procedure:**

**For land purchases consider:**

- Soil study for hazardous material
- Drainage study/flood zone documentation

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**For building purchases consider:**

- HVAC assessment
- Plumbing assessment- fiber optic scope all drain lines
- Electric assessment- panel condition and capacity
- Foundation assessment/structural assessment
- Exterior finish assessment (paint, stucco, brick, etc.)
- Parking assessment
- Pests/termites/vermin assessment
- Roof assessment
- Gutter assessment
- Windows assessment
- OSHPD 3 compliance assessment
- Exterior lighting assessment
- Landscaping/irrigation assessment
- Asbestos assessment
- Lead paint assessment
- Hazardous materials assessment
- Exterior lighting assessment
- Landscaping/irrigation assessment
- Structural assessment
- Appliance assessment
- Life Safety (sprinklers, smoke detectors, etc) assessment

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Property Acquisition

2

Elevator assessment

Radon assessment

The Director of Facilities shall coordinate these assessments and review findings with the VP of Development.

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Policy Number: EOC 1021	Date Created: 12/13/2012
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
<b>Monitoring of Temperature and Humidity Levels in Sensitive Areas Procedural/Sterile Rooms</b>	

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

**PURPOSE:**

To ensure a safe environment, by monitoring and maintaining the levels of temperature and humidity in sensitive areas (Title 24).

**POLICY:**

Temperature and Humidity levels are to remain at a level in accordance with the recommended HVAC (heating, ventilation and air conditioning) settings as determined by the American Institute of Architects, Association of Operating Room Nurses (AORN), Perioperative Standards and Recommended Practices, (National Fire Protection Association) NFPA 99, and California Mechanical Code Title 24, Part 4. But will also be adjusted when it is determined the needs of medical staff and/or patient requires temperatures outside of the stated range. See References.

**PROCEDURE:**

- A. Monitoring and maintenance of temperature and humidity in the environment will occur in the following areas (Title 24/AORN):**

Area	Temperature Range in Fahrenheit	Humidity in %
OR1 through OR 12	68-75	<del>20</del> 30-60
OR 14 (ANTE RM)	68-75	<del>20</del> 30-60
OR 14 (URO)	68-75	<del>20</del> 30-60
OR Back Hall	Max of 75	Max 60
OR Sterile Storage	Max of 75	Max 60
MKW PACU	70-75	<del>20</del> 30-60
LD OR 1	68-75	<del>20</del> 30-60
LD OR 2	68-75	<del>20</del> 30-60
LD OR Storage	72-78	Max60

LD Sterile Storage Supply	72-78	Max60
Nursery – 3T	72-78	30-60
Nursery – NC 2E	72-78	30-60
NICU	72-78	30-60
PACU – L&D	70-75	<del>20</del> 30-60
CVL 1	70-75	<del>20</del> 30-60
CVL 2	70-75	<del>20</del> 30-60
CVL 3	70-75	<del>20</del> 30-60
CVL 4	70-75	<del>20</del> 30-60
CVOR	68-75	<del>20</del> 30-60
AW EVOR 6	68-75	<del>20</del> 30-60
CVOR 7	68-75	<del>20</del> 30-60
CVOR 8	68-75	<del>20</del> 30-60
CVOR 9	68-75	<del>20</del> 30-60
CVOR Sterile Core	72-78	<60
MK SPD Decon	60-73	*NR
MK SPD packaging/storage	68-73	<60
AW SPD Decon	60-73	*NR
AW SPD packaging/storage	68-73	<60
Endo A	68-73	<del>20</del> 30-60
Endo B	68-73	<del>20</del> 30-60
Endo Clean Room	68-73	<70
ED Sterile Storage / Trauma	68-73	<70
ICU / CVICU	70-75	30-60

**\*No Recommendation (NR), AORN**

**B. Data collection:**

1. Temperature and humidity will be monitored and recorded a minimum of once daily.
2. If any area is found to be outside of the recommended temperature or humidity range, the following corrective plan will be adhered to:
  - a. The assigned staff member will notify maintenance for any temperature or humidity level out of range and document the response.
  - b. If a change can bring the parameter within range, the assigned staff member will recheck the parameter in 30 minutes and document on the log.
  - c. If the parameter cannot be met, the assigned staff member will notify charge staff/manager and involved medical staff, who shall collaboratively decide whether it is safe to continue current and/or future cases.
    - i. Note: It is standard practice/expectation of all staff to inspect surgical packs which contain sterile instruments, immediately prior to use in a case to assure patient safety. This close inspection is to determine if the

package is compromised in any way (wrinkled, discolored, loose, or tape lifted, etc.) and if so, the package would be discarded and/or instruments re-sterilized.

- d. All corrective action will be documented
- e. In the event of low humidity as described in the table listed above, a heightened fire alert will be noted.
- f. The temperature and humidity deficiency logs shall be reviewed by Facilities and Infection Prevention Department on an as needed basis.
- g. IP will note any outside of range readings and take into consideration these events during document review. The Infection Prevention Department may be consulted at any time for related questions or concerns.

**C. Log Key**

A -- Temperature out of Range	F -- Temp and Humidity within Range, Proceduralist/ Staff Notified, Case to Proceed
B -- Humidity out of Range	G -- Temp and/or Humidity Out of Range but case deemed safe to Continue by proceduralist and Manager
C -- Call Maintenance	H -- Unable to Proceed, see Action for Detail
D -- Unable to Correct. Management / Proceduralist Notified	I -- Packaging/Integrity verified
E -- Maintenance Notified. Corrective Action Taken. Temp/Humidity Recheck at 30 minutes as Scheduled	J -- Room Closed
K --Proceduralist preference, Mgr/Charge Staff informed, case deemed safe to proceed	

**REFERENCES:**

ANSI/ASHRAE/ASHE (American National Standards Institute, American Society of Heating, Refrigerating and Air Conditioning and Engineers, American Society for Healthcare Engineers) Standard 170-2008

Association for the Advancement of Medical Instrumentation.2010. *Comprehensive guide to steam sterilization and sterility assurance in health care facilities*. ANSI/AAMI ST79.Arlington, VA. .

California Mechanical Code. (2013). *Air Conditioning and Heating Systems*, 325.0. 51-52.

Perioperative Standards and Recommended Practices. (2017). Association of Operating Room Nurses. Denver, CO.

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Subcategories of Department Manuals  
not selected.

Policy Number: EOC 1050	Date Created: 11/09/2011
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
<b>Helipad Policy</b>	

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

**Policy:** The following procedures will be implemented for all landings and departures of helicopters at Kaweah Delta Medical Center (KDMC).

**Definitions:** MICN (Mobile Intensive Care Nurse), Emergency Department Registered Nurses trained and certified by the local EMS Agency to handle EMS Base Hospital Operations and EMS Communications.

**Procedure:**

A. Notification of Helicopter Landings or Departures:

1. The MICN will be responsible for the activation of the appropriate systems when there is incoming or departing helicopter traffic. MICN will complete a "Base Hospital Care Report" to document helicopter communications and helipad coordination.
- ~~2. Incoming helicopters typically will contact KDMC via the EMS Med Radio or they can contact the ambulance dispatch center who in turn will contact our MICN.~~
- ~~3-2. ED Unit secretary or MICN will immediately notify PBX by dialing 44 to activate hospital security once notification has been received for an incoming or departing helicopter. MICN will also need to notify ED Team Leader. Security will also need to be notified if the large SkyLife Helicopter is en route. The radio identifier for this larger helicopter is SkyLife 2.~~
- 4-3. Security and ED Helipad Tech will attend all every helicopter arrivals and any departures with a patient on board to secure the parking lot and helipad, provide emergency assistance as needed, and activate fire extinguisher system if necessary.
4. Prior to helicopter arrival and departure, Security will inspect helipad for debris. Security will monitor and control foot and vehicle traffic in the main parking lot when the helicopter is landing or departing.
- ~~5. & ED Staff member will don hearing and eye protection then stop all foot and vehicle traffic in the main parking lot in the area that is located directly beneath the helicopter final approach and departure paths to the helipad utilizing the designated Traffic Control Points. Once the helicopter has landed or departed away from the main parking lot area traffic control can be terminated.~~

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~~6.~~ For patients going to the ED, the ED Helipad Tech will obtain an ED gurney that will be used for the patient during their ED stay. ~~This will prevent from having to transfer the patient to another gurney once in the ED.~~ The ED Helipad Tech will obtain the dedicated helipad gurney for patients not going to the ED (with the mattress removed if needed). They will also assist in loading and unloading of patients, transferring the patient from the helicopter onto the gurney and then proceed to the ED. If patient is going to a unit other than the ED, the ED Helipad Tech will accompany the patient to the receiving unit and retrieve the gurney once the patient is received. The ED Team Leader may also designate other authorized ED Helipad Personnel to assist with helipad operations if the ED Helipad Tech is not available. Additional ED personnel may be required for loading or unloading (i.e., heavy patient, neonatal isolette, etc.).

~~7.5.~~ All personnel will stay off the helipad and remain in the helipad elevator building until the rotor blades have completely stopped turning and a flight crew member signals that it is ok to approach the helicopter. All personnel will stay off the helipad (including elevator, catwalk and stairway) until the pilot has shut down the engine. Once the helicopter engine has been shut down then staff may go up the elevator and wait behind the designated safety line. Personnel will not approach the helicopter until authorized by the pilot or flight crew member. ~~Even with the engine shut off do not approach the helicopter if rotor blades are still turning.~~

~~8.~~ Staff going to the helipad will have no loose articles that could get blown off the helipad or sucked into the helicopter rotor system or engine (i.e., hats, blankets, scarves).

~~6.~~ ED Team Leader, Case Management, Patient Family Services, Nursing Supervisor, and Transfer Center Responsibilities: All inbound and outbound Interfacility Transfers that utilize a helicopter must be communicated to the MICN at extension 2129 as they are responsible for coordination of helipad utilization. Early MICN notification is essential in this process.

~~9.~~

~~10.~~ All inbound and outbound Interfacility Transfers that utilize a helicopter must be communicated to the MICN as they are responsible for coordination of helipad utilization. Early MICN notification is essential in this process.

CB. General Responsibilities:

1. KDMC personnel are not allowed to assist in "Hot off-loads" (i.e., with rotors turning). All off-loads will be performed cold (without rotors turning) unless special circumstances exist. All hot off-loads will need to be done by the aircrew without any assistance from KDMC personnel.
2. Helipad keys will be kept by the ED Team Leader, ~~Security Officer, PBX, Nursing Supervisor,~~ Maintenance Department and Safety/HICS-Department.
3. All ED ~~Tech and RNs patient care staff,~~ Security Officers, or any other personnel directly involved with helipad operations must complete the KDMC Helipad safety in-service and competency.
4. While a helicopter is landing or taking off, the use of artificial light is not permitted for filming or photography. In dark conditions the helicopter pilots will

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~~typically be wearing night vision goggles (NVGs). Ensure the helipad walkway flood lights are turned off anytime the pilot is wearing NVGs as those lights impair the pilot vision. Those lights shall only be turned on when it is deemed safe by the flight crew for personnel to be out on the helipad. (i.e., photo flash bulbs or flood lights).~~

- 5. If the helipad elevator is broken or helipad is out of service for maintenance or repairs the MICN will place KDMC on Helipad Diversion in accordance with Central California EMS Agency policies. MICN will also need to notify Children's Hospital Central California Transfer Center and Hall Air Ambulance in Bakersfield of Helipad Diversion status as they do not receive Central California EMS Agency Diversion Alerts. All agencies will need to be notified by the MICN when Helipad Diversion status is terminated.

D.C. Safety:

- 1. In the event of compromised vision of anyone ~~of on~~ the helipad, ~~or~~ due to foreign body in the eyes, that person should immediately kneel on the ground in a stationary position.
- 2. Staff ~~are~~ to stay away from ~~the~~ edges of helipad. Keep gurneys away from ~~t~~The helipad edges to minimize tip-over potential.

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DE. Multiple Helicopters:

- 1. ~~If more than one aircraft is enroute to our helipad, the MICN will notify both flight crews that another helicopter is enroute. inbound to a single heliport, priority should be given to the more critical patient. MICN will ascertain which helicopter will have priority. The helicopter that does not have priority will have the following options:~~
  - ~~a) land at the Visalia Airport~~
  - ~~b) at the discretion of the pilot, utilize other viable options.~~
- 2. If the helipad is occupied and another helicopter is ~~enroute in-bound to KDMC~~, the MICN will ~~notify the in-bound helicopter that the helipad is currently occupied. If time permits, then attempt to~~ contact the pilot of the occupying helicopter to request ~~if it is possible to they~~ move the helicopter so ~~that~~ the in-bound helicopter can land. Note: Getting the helicopter moved (if possible) is not a quick process.

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**General Information:**

- A. The heliport is designed ~~for only to~~ accommodate one helicopter at a time. ~~Allowing more than one helicopter to occupy the heliport violates FAA regulations. No~~ helicopter over a gross weight of 12,000 pounds or with a main rotor diameter of over 48 feet will be allowed on the heliport.
- B. Unauthorized personnel are not allowed on the helipad unless accompanied by personnel authorized for helipad operations. Only authorized personnel are allowed on the helipad. Strict access control must be exercised.

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- C. The ED Helipad Tech will complete the helipad check off list every shift.
- ~~B-D.~~ Security will maintain the helipad log to record all helicopter landings and inspect the helipad lighting systems, nightly.
- ~~C-E.~~ The MICN will maintain the helipad status board, which is located in the ED Radio Room.
- ~~D.~~ Keep the entire heliport area clean of small objects and debris, at all times. Debris can seriously damage helicopter engines if ingested and can also be blown about by rotorwash, striking people or falling to lower levels. The Security Department will conduct a daily shift helipad safety inspection. These inspections will take place during daylight and nighttime hours when all safety equipment can be properly assessed.
- ~~F.~~
- ~~E.~~ Ensure that perimeter, obstruction and windcone lights are activated for night landings and takeoffs. Security should inspect all helipad lights nightly. Request that bad lights be replaced as soon as possible.
- ~~F.~~ Ensure that floodlights and/or walkway lights are *not* activated until after the helicopter lands and are switched off before takeoff to help protect pilot's night vision.
- ~~G.~~ The Maintenance Department will inspect the helipad pavement marking, warning signs and windsock condition semi-annually. The Maintenance Department will also inspect the helipad and helipad lighting systems, check, according to the manufacturer's recommendations, all lights on the helipad and replace immediately if burned out. When replacing bulbs, always replace existing gaskets with new to ensure water tightness.
- ~~G.~~
- ~~H.~~ Smoking is prohibited on the helipad.

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

## Policy Submission Summary

<b>Manual Name: Board</b>			<b>Date: 02/22/19</b>
<b>Support Staff Name: Cindy Moccio</b>			
<b>Policy/Procedure Title</b>	<b>#</b>	<b>Status</b> (New, Revised, Reviewed, Deleted)	<b>Name and Phone # of person who wrote the new policy or revised an existing policy</b>
Conflict of Interest	BOD.5	Revised	Cindy Moccio 624-2330





Policy Number: BOD5	Date Created: 11/01/2011
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
<b>Conflict of Interest</b>	

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

**POLICY:** Government Code Section 87300 requires each state and local government agency to adopt and promulgate a Conflict of Interest Code. The Fair Political Practices Commission has adopted Section 18730 of Title 2 of the California Code of Regulations, which contains the terms of a model conflict of interest code (hereinafter "Standard Code") which may be adopted by reference by any state or local agency which desires to do so. For the purpose of providing a conflict of interest code for Kaweah Delta Health Care District, its Board of Directors, and its employees, the terms of the Standard Code and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference and made a part hereof as if set forth herein at length, and, along with Exhibits A and B attached hereto, in which officials and employees are designated and disclosure categories are set forth, such Standard Code shall constitute the Conflict of Interest Code for Kaweah Delta Health Care District, its Board of Directors, and its employees. The Chief Executive Officer shall ensure that a current copy of the Standard Code is kept on file in the District’s administrative office with this Conflict of Interest Code. A copy of the current version of the Standard Code is attached hereto as “Exhibit C” for information purposes only.

Pursuant to Section 4 of the Standard Code, designated employees shall file statements of economic interests with the Chief Executive Officer of Kaweah Delta Health Care District. Upon receipt of the statements filed by the designated employees of the department, the Chief Executive Officer shall make and retain a copy and forward the original of these statements to the code reviewing body, which in this case is the Tulare County Board of Supervisors.

Adopted by the Board of Directors of Kaweah Delta Health Care District effective November 27, 2018.

**PROCEDURE:****I. Members, Board of Directors and Chief Executive Officer**

All members of the Kaweah Delta Health Care District Board of Directors and the individual occupying the position of Chief Executive Officer must complete and file Statements of Economic Interest with the Office of the Chief Executive Officer. Disclosure must include items listed in Exhibit "B"

**II. Other Affected Positions**

Individuals occupying positions as noted in Exhibit "A" are also required to complete and file, with the office of the Chief Executive Officer of Kaweah Delta Health Care District, Statements of Economic Interest. The types of interest to be disclosed are identified on "Exhibit B" per position held with the District.

**III. Filing Deadlines**

Individuals required to complete and file Statements of Economic Interest must do so with the appropriate office:

- A. within thirty (30) days after the effective date of the adoption of the Conflict of Interest Code, ;
- B. within thirty (30) days after assuming a position requiring filing such Statement;
- C. within thirty (30) days after leaving a position requiring filing of such Statement; and,
- D. annually, during the month of January, no later than April 1, for each year in which the individual occupies a position requiring a Statement.

**EXHIBIT "A"**

**KAWEAH DELTA HEALTH CARE DISTRICT**

**CONFLICT OF INTEREST CODE**

**Disclosure Categories**

<u>Designated Positions</u>	<u>Category of Interests Required to be Disclosed</u>
<b>Members of the Board of Directors</b>	1
<b>Employees</b>	
Chief Executive Officer	1
<del>Senior</del> Vice President, Chief Financial Officer	1
Senior Vice President, Chief Operating Officer	1
<u>Vice President, Chief Quality Officer</u>	<u>1</u>
Vice President, <del>Chief Quality and</del> Medical Officer	1
Vice President, Chief Nursing Officer	1
Vice President, Chief Information Officer	1
Vice President of Human Resources	1
Vice President of <u>Strategic Planning &amp;</u> Development	1
District Compliance & Privacy Officer	1
Director - Internal Audit	1
Director of Procurement and Logistics Material Management	1
Kaweah Delta Medical Foundation Chief Executive Officer	1
Kaweah Delta Medical Foundation Chief Financial Officer	1
Director of Risk Management	1
Director of Facilities and <del>Support Services</del> <u>Security</u>	1
Director of Facilities Planning	1
All Directors of Kaweah Delta Health Care District	4B

**Consultants**

Legal Counsel to the Board of Directors	1
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*["Consultants may be designated employees who must disclose financial interests as determined on a case-by-case basis. The District must make a written determination whether a consultant must disclose financial interests. The determination shall include a description of the consultant's duties and a statement of the extent of the disclosure requirements, if any, based upon that description. All such determinations are public records and shall be retained for public inspection with this conflict of interest code.*

*["Consultants can be deemed to participate in making a governmental decision when the consultant, acting within the authority of his or her position:*

- (1) Negotiates, without significant substantive review, with a governmental entity or private person regarding certain governmental decisions; or*
- (2) Advises or makes recommendations to the decision-maker either directly or without significant intervening substantive review, by:
  - a. Conducting research or making an investigation, which requires the exercise of judgment on the part of the person and the purpose of which is to influence a governmental decision; or*
  - b. Preparing or presenting a report, analysis, or opinion, orally or in writing, which requires the exercise of judgment on the part of the person and the purpose of which is to influence the decision.”**

*(From the Tulare County Counsel)*

*{A consultant is also subject to the disclosure requirements if he/she acts in a staff capacity (i.e., performs the same or substantially all the same duties that would otherwise be performed by an individual holding a position specified in the Code).}*

**EXHIBIT "B"****KAWEAH DELTA HEALTH CARE DISTRICT**

## CONFLICT OF INTEREST CODE

**Disclosure Categories**1. **Full Disclosure:**

Designated persons in this category must report:

All interests in real property located entirely or partly within this District's jurisdiction or boundaries, or within two miles of this District's jurisdiction or boundaries or of any land owned or used by this District. Such interests include any leasehold, ownership interest or option to acquire such interest in real property.

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments.

2. **Full Disclosure (excluding interests in real property):**

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments.

3. **Interests in Real Property (only):**

All interests in real property located entirely or partly within this District's jurisdiction or boundaries, or within two miles of this District's jurisdiction or boundaries or of any land owned or used by this District. Such interests include any leasehold, ownership interest or option to acquire such interest in real property.

4. **General Contracting (two options):**

A. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that provide, or have provided in the last two years, leased facilities, goods, supplies, materials, equipment, vehicles, machinery, services, or the like, including training or consulting services, of the type utilized by the District.

*[Intended for employees whose duties and decisions involve contracting and purchasing for the entire District.]*

B. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that provide, or have provided in the last two years, leased facilities, goods, supplies, materials, equipment, vehicles, machinery, services, or the like, including

training or consulting services, of the type utilized by the employee's department or division.

*[Intended for employees whose duties and decisions involve contracting and purchasing for a specific department or division of the District.]*

5. **Regulatory, Permit or Licensing Duties:**

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that are subject to the regulatory, permit or licensing authority of, or have an application for a license or permit pending before, the employee's department or division, or the District.

6. **Grant/Service Providers/Departments that Oversee Programs:**

A. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, or income from a nonprofit organization, if the source is of the type to receive grants or other monies from or through a specific department or division of the District.

*[Intended for employees whose duties and decision involve awards of monies or grants to organizations or individuals.]*

**EXHIBIT "C"****KAWEAH DELTA HEALTH CARE DISTRICT****CONFLICT OF INTEREST CODE****Standard Code****§ 18730. Provisions of Conflict of Interest Codes.**

(a) Incorporation by reference of the terms of this regulation along with the designation of employees and the formulation of disclosure categories in the Appendix referred to below constitute the adoption and promulgation of a conflict of interest code within the meaning of Government Code section 87300 or the amendment of a conflict of interest code within the meaning of Government Code section 87306 if the terms of this regulation are substituted for terms of a conflict of interest code already in effect. A code so amended or adopted and promulgated requires the reporting of reportable items in a manner substantially equivalent to the requirements of article 2 of chapter 7 of the Political Reform Act, Government Code sections 81000, *et seq.* The requirements of a conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Government Code section 87100, and to other state or local laws pertaining to conflicts of interest.

(b) The terms of a conflict of interest code amended or adopted and promulgated pursuant to this regulation are as follows:

(1) Section 1. Definitions.

The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission (2 Cal. Code of Regs. sections 18100, *et seq.*), and any amendments to the Act or regulations, are incorporated by reference into this conflict of interest code.

(2) Section 2. Designated Employees.

The persons holding positions listed in the Appendix are designated employees. It has been determined that these persons make or participate in the making of decisions which may foreseeably have a material effect on economic interests.

(3) Section 3. Disclosure Categories.

This code does not establish any disclosure obligation for those designated employees who are also specified in Government Code section 87200 if they are designated in this code in that same capacity or if the geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction in which those persons must report their economic interests pursuant to article 2 of chapter 7 of the Political Reform Act, Government Code sections 87200, *et seq.*

In addition, this code does not establish any disclosure obligation for any designated employees who are designated in a conflict of interest code for another agency, if all of the following apply:

(A) The geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction of the other agency;

(B) The disclosure assigned in the code of the other agency is the same as that required under article 2 of chapter 7 of the Political Reform Act, Government Code section 87200; and

(C) The filing officer is the same for both agencies. <sup>1</sup>

Such persons are covered by this code for disqualification purposes only. With respect to all other designated employees, the disclosure categories set forth in the Appendix specify which kinds of economic interests are reportable. Such a designated employee shall disclose in his or her statement of economic interests those economic interests he or she has which are of the kind described in the disclosure categories to which he or she is assigned in the Appendix. It has been determined that the economic interests set forth in a designated employee's disclosure categories are the kinds of economic interests which he or she foreseeably can affect materially through the conduct of his or her office.

(4) Section 4. Statements of Economic Interests: Place of Filing.

The code reviewing body shall instruct all designated employees within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest code. <sup>2</sup>

(5) Section 5. Statements of Economic Interests: Time of Filing.

(A) Initial Statements. All designated employees employed by the agency on the effective date of this code, as originally adopted, promulgated and approved by the code reviewing body, shall file statements within 30 days after the effective date of this code. Thereafter, each person already in a position when it is designated by an amendment to this code shall file an initial statement within 30 days after the effective date of the amendment.

(B) Assuming Office Statements. All persons assuming designated positions after the effective date of this code shall file statements within 30 days after assuming the designated positions, or if subject to State Senate confirmation, 30 days after being nominated or appointed.

(C) Annual Statements. All designated employees shall file statements no later than April 1.

(D) Leaving Office Statements. All persons who leave designated positions shall file statements within 30 days after leaving office.

(5.5) Section 5.5. Statements for Persons Who Resign Prior to Assuming Office.

Any person who resigns within 12 months of initial appointment, or within 30 days of the date of notice provided by the filing officer to file an assuming office statement, is not deemed to have assumed office or left office, provided he or she did not make or participate in the making of, or use his or her position to influence any decision and did not receive or become entitled to receive any form of payment as a result of his or her appointment. Such persons shall not file either an assuming or leaving office statement.



(A) Any person who resigns a position within 30 days of the date of a notice from the filing officer shall do both of the following:

(1) File a written resignation with the appointing power; and

(2) File a written statement with the filing officer declaring under penalty of perjury that during the period between appointment and resignation he or she did not make, participate in the making, or use the position to influence any decision of the agency or receive, or become entitled to receive, any form of payment by virtue of being appointed to the position.

(6) Section 6. Contents of and Period Covered by Statements of Economic Interests.

(A) Contents of Initial Statements.

Initial statements shall disclose any reportable investments, interests in real property and business positions held on the effective date of the code and income received during the 12 months prior to the effective date of the code.

(B) Contents of Assuming Office Statements.

Assuming office statements shall disclose any reportable investments, interests in real property and business positions held on the date of assuming office or, if subject to State Senate confirmation or appointment, on the date of nomination, and income received during the 12 months prior to the date of assuming office or the date of being appointed or nominated, respectively.

(C) Contents of Annual Statements. Annual statements shall disclose any reportable investments, interests in real property, income and business positions held or received during the previous calendar year provided, however, that the period covered by an employee's first annual statement shall begin on the effective date of the code or the date of assuming office whichever is later, or for a board or commission member subject to Government Code section 87302.6, the day after the closing date of the most recent statement filed by the member pursuant to 2 Cal. Code Regs. section 18754.

(D) Contents of Leaving Office Statements.

Leaving office statements shall disclose reportable investments, interests in real property, income and business positions held or received during the period between the closing date of the last statement filed and the date of leaving office.

(7) Section 7. Manner of Reporting.

Statements of economic interests shall be made on forms prescribed by the Fair Political Practices Commission and supplied by the agency, and shall contain the following information:

(A) Investments and Real Property Disclosure.

When an investment or an interest in real property<sup>3</sup> is required to be reported,<sup>4</sup> the statement shall contain the following:

1. A statement of the nature of the investment or interest;
2. The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;
3. The address or other precise location of the real property;
4. A statement whether the fair market value of the investment or interest in real property equals or exceeds two thousand dollars (\$2,000), exceeds ten thousand dollars (\$10,000), exceeds one hundred thousand dollars (\$100,000), or exceeds one million dollars (\$1,000,000).

(B) Personal Income Disclosure. When personal income is required to be reported,<sup>5</sup> the statement shall contain:

1. The name and address of each source of income aggregating five hundred dollars (\$500) or more in value, or fifty dollars (\$50) or more in value if the income was a gift, and a general description of the business activity, if any, of each source;
2. A statement whether the aggregate value of income from each source, or in the case of a loan, the highest amount owed to each source, was one thousand dollars (\$1,000) or less, greater than one thousand dollars (\$1,000), greater than ten thousand dollars (\$10,000), or greater than one hundred thousand dollars (\$100,000);
3. A description of the consideration, if any, for which the income was received;
4. In the case of a gift, the name, address and business activity of the donor and any intermediary through which the gift was made; a description of the gift; the amount or value of the gift; and the date on which the gift was received;
5. In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the loan.

(C) Business Entity Income Disclosure. When income of a business entity, including income of a sole proprietorship, is required to be reported,<sup>6</sup> the statement shall contain:

1. The name, address, and a general description of the business activity of the business entity;
2. The name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from such person was equal to or greater than ten thousand dollars (\$10,000).

(D) Business Position Disclosure. When business positions are required to be reported, a designated employee shall list the name and address of each business entity in which he or she is a director, officer, partner, trustee, employee, or in which he or she holds any position of management, a description of the business activity in which the business entity is engaged, and the designated employee's position with the business entity.

(E) Acquisition or Disposal During Reporting Period. In the case of an annual or leaving office statement, if an investment or an interest in real property was partially or wholly acquired or disposed of during the period covered by the statement, the statement shall contain the date of acquisition or disposal.

(8) Section 8. Prohibition on Receipt of Honoraria.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept any honorarium from any source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests. This section shall not apply to any part time member of the governing board of any public institution of higher education, unless the member is also an elected official.

Subdivisions (a), (b), and (c) of Government Code section 89501 shall apply to the prohibitions in this section.

This section shall not limit or prohibit payments, advances, or reimbursements for travel and related lodging and subsistence authorized by Government Code section 89506.

(8.1) Section 8.1 Prohibition on Receipt of Gifts in Excess of \$390.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept gifts with a total value of more than \$390 in a calendar year from any single source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests. This section shall not apply to any part time member of the governing board of any public institution of higher education, unless the member is also an elected official.

Subdivisions (e), (f), and (g) of Government Code section 89503 shall apply to the prohibitions in this section.

(8.2) Section 8.2. Loans to Public Officials.

(A) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the elected officer holds office or over which the elected officer's agency has direction and control.

(B) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the public official holds office or over which the public official's agency has direction and control. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(C) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which

that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status.

(D) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(E) This section shall not apply to the following:

1. Loans made to the campaign committee of an elected officer or candidate for elective office.
2. Loans made by a public official's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such persons, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.
3. Loans from a person which, in the aggregate, do not exceed five hundred dollars (\$500) at any given time.
4. Loans made, or offered in writing, before January 1, 1998.

(8.3) Section 8.3. Loan Terms.

(A) Except as set forth in subdivision (B), no elected officer of a state or local government agency shall, from the date of his or her election to office through the date he or she vacates office, receive a personal loan of five hundred dollars (\$500) or more, except when the loan is in writing and clearly states the terms of the loan, including the parties to the loan agreement, date of the loan, amount of the loan, term of the loan, date or dates when payments shall be due on the loan and the amount of the payments, and the rate of interest paid on the loan.

(B) This section shall not apply to the following types of loans:

1. Loans made to the campaign committee of the elected officer.
2. Loans made to the elected officer by his or her spouse, child, parent, grandparent,

grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.

3. Loans made, or offered in writing, before January 1, 1998.

(C) Nothing in this section shall exempt any person from any other provision of Title 9 of the Government Code.

(8.4) Section 8.4. Personal Loans.

(A) Except as set forth in subdivision (B), a personal loan received by any designated employee shall become a gift to the designated employee for the purposes of this section in the following circumstances:

1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.

2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:

a. The date the loan was made.

b. The date the last payment of one hundred dollars (\$100) or more was made on the loan.

c. The date upon which the debtor has made payments on the loan aggregating to less than two hundred fifty dollars (\$250) during the previous 12 months.

(B) This section shall not apply to the following types of loans:

1. A loan made to the campaign committee of an elected officer or a candidate for elective office.

2. A loan that would otherwise not be a gift as defined in this title.

3. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor has taken reasonable action to collect the balance due.

4. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor, based on reasonable business considerations, has not undertaken collection action. Except in a criminal action, a creditor who claims that a loan is not a gift on the basis of this paragraph has the burden of proving that the decision for not taking collection action was based on reasonable business considerations.

5. A loan made to a debtor who has filed for bankruptcy and the loan is ultimately discharged in bankruptcy.

(C) Nothing in this section shall exempt any person from any other provisions of Title 9 of the Government Code.

(9) Section 9. Disqualification.

No designated employee shall make, participate in making, or in any way attempt to use his or her official position to influence the making of any governmental decision which he or she knows or has reason to know will have a reasonably foreseeable material financial effect, distinguishable from its effect on the public generally, on the official or a member of his or her immediate family or on:

(A) Any business entity in which the designated employee has a direct or indirect investment worth two thousand dollars (\$2,000) or more;

(B) Any real property in which the designated employee has a direct or indirect interest worth two thousand dollars (\$2,000) or more;

(C) Any source of income, other than gifts and other than loans by a commercial lending institution in the regular course of business on terms available to the public without regard to official status, aggregating five hundred dollars (\$500) or more in value provided to, received by or promised to the designated employee within 12 months prior to the time when the decision is made;

(D) Any business entity in which the designated employee is a director, officer, partner, trustee, employee, or holds any position of management; or

(E) Any donor of, or any intermediary or agent for a donor of, a gift or gifts aggregating \$390 or more provided to, received by, or promised to the designated employee within 12 months prior to the time when the decision is made.

#### (9.3) Section 9.3. Legally Required Participation.

No designated employee shall be prevented from making or participating in the making of any decision to the extent his or her participation is legally required for the decision to be made. The fact that the vote of a designated employee who is on a voting body is needed to break a tie does not make his or her participation legally required for purposes of this section.

#### (9.5) Section 9.5. Disqualification of State Officers and Employees.

In addition to the general disqualification provisions of section 9, no state administrative official shall make, participate in making, or use his or her official position to influence any governmental decision directly relating to any contract where the state administrative official knows or has reason to know that any party to the contract is a person with whom the state administrative official, or any member of his or her immediate family has, within 12 months prior to the time when the official action is to be taken:

(A) Engaged in a business transaction or transactions on terms not available to members of the public, regarding any investment or interest in real property; or

(B) Engaged in a business transaction or transactions on terms not available to members of the public regarding the rendering of goods or services totaling in value one thousand dollars (\$1,000) or more.

#### (10) Section 10. Disclosure of Disqualifying Interest.

When a designated employee determines that he or she should not make a governmental decision because he or she has a disqualifying interest in it, the determination not to act may be accompanied by disclosure of the disqualifying interest.

(11) Section 11. Assistance of the Commission and Counsel.

Any designated employee who is unsure of his or her duties under this code may request assistance from the Fair Political Practices Commission pursuant to Government Code section 83114 and 2 Cal. Code Regs. sections 18329 and 18329.5 or from the attorney for his or her agency, provided that nothing in this section requires the attorney for the agency to issue any formal or informal opinion.

(12) Section 12. Violations.

This code has the force and effect of law. Designated employees violating any provision of this code are subject to the administrative, criminal and civil sanctions provided in the Political Reform Act, Government Code sections 81000 – 91014. In addition, a decision in relation to which a violation of the disqualification provisions of this code or of Government Code section 87100 or 87450 has occurred may be set aside as void pursuant to Government Code section 91003.

NOTE: Authority cited: Section 83112, Government Code.

Reference: Sections 87103(e), 87300-87302, 89501, 89502 and 89503, Government Code.

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<sup>1</sup> Designated employees who are required to file statements of economic interests under any other agency's conflict of interest code, or under article 2 for a different jurisdiction, may expand their statement of economic interests to cover reportable interests in both jurisdictions, and file copies of this expanded statement with both entities in lieu of filing separate and distinct statements, provided that each copy of such expanded statement filed in place of an original is signed and verified by the designated employee as if it were an original. See Government Code section 81004.

<sup>2</sup>See Government Code section 81010 and 2 Cal. Code of Regs. section 18115 for the duties of filing officers and persons in agencies who make and retain copies of statements and forward the originals to the filing officer.

<sup>3</sup>For the purpose of disclosure only (not disqualification), an interest in real property does not include the principal residence of the filer.

<sup>4</sup>Investments and interests in real property which have a fair market value of less than \$2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real property of an individual include those held by the individual's spouse and dependent children as well as a pro rata share of any investment or interest in real property of any business entity or trust in which the individual, spouse and dependent children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.

<sup>5</sup>A designated employee's income includes his or her community property interest in the income of his or her spouse but does not include salary or reimbursement for expenses

received from a state, local or federal government agency.

<sup>6</sup>Income of a business entity is reportable if the direct, indirect or beneficial interest of the filer and the filer's spouse in the business entity aggregates a 10 percent or greater interest. In addition, the disclosure of persons who are clients or customers of a business entity is required only if the clients or customers are within one of the disclosure categories of the filer.

*"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."*



## Appendix D

### Policy Submission Summary

<b>Manual Name: Medical Staff Services</b>		<b>Date: 2/13/19</b>	
<b>Support Staff Name:</b>			
<b>Routed to:</b>		<b>Approved By: (Name/Committee – Date)</b>	
<input type="checkbox"/> <b>Department Director</b>			
<input type="checkbox"/> <b>Medical Director</b> <i>(if applicable)</i>			
<input type="checkbox"/> <b>Medical Staff Department</b> <i>(if applicable)</i>			
<input type="checkbox"/> <b>Patient Care Policy</b> <i>(if applicable)</i>			
<input type="checkbox"/> <b>Pharmacy &amp; Therapeutics</b> <i>(if applicable)</i>			
<input type="checkbox"/> <b>Interdisciplinary Practice Council</b> <i>(if applicable)</i>			
<input type="checkbox"/> <b>Credentials Committee</b> <i>(if applicable)</i>			
<input type="checkbox"/> <b>Executive Team</b> <i>(if applicable)</i>			
<input checked="" type="checkbox"/> <b>Medical Executive Committee</b> <i>(if applicable)</i>			
<input checked="" type="checkbox"/> <b>Board of Directors</b>			
<b>Policy/Procedure Title</b>	<b>#</b>	<b>Status</b> <small>(New, Revised, Reviewed, Deleted)</small>	<b>Name and Phone # of person who wrote the new policy or revised an existing policy</b>
Medical Staff Fees	MS03	Revised	Debbie Roeben x2732



Medical Staff

Policy Number: MS03	Date Created: 07/24/2014
Document Owner: April McKee (Medical Staff Coordinator)	Date Approved: Not Approved Yet
Approvers: Medical Executive Committee, Board of Directors	
<b>Medical Staff Fees</b>	

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

**Policy:** Medical Staff membership and/or privileging fees shall be determined by the MEC and may vary by category or privilege status. Fees shall be payable upon request. Failure to pay fees shall result in ineligibility to apply for Medical or Advanced Practice Staff reappointment or renewal of privileges.

**Procedure:**

A. **Initial Application Fees:** A non-refundable processing fee of \$400.00 payable to “Kaweah Delta Medical Staff” must be submitted at the time of application. Payment may be made online or by check. The application will not be processed until the fee is received in the Medical Staff Office. Application fees are deposited to the Medical Staff Services Department account #8710 (\$400.00).

B. **Medical Staff Fees:** Medical Staff fees are payable upon submission of the initial and/or reappointment application. Payment may be made online or by check. The Applications will not be processed until the fee is received in the Medical Staff Office. Medical Staff fees are deposited in the Medical Staff General Fund Bank and utilized for Medical Staff purposes.

I. Exemptions:

1. Honorary/Retired/Administrative Staff
2. Physicians who are donating services without remuneration for said service (i.e., contract or billing of services) may request a waiver for fees. The Medical Executive Committee will grant the waiver on a case by case basis.
3. All fees are waived for current Kaweah Delta residents who apply to moonlight for the District. \*If they choose to remain at Kaweah Delta after completion of their residency, they will be required to pay the initial application fees as noted in II.1 and II.2 below.

II. Initial processing Fee and Medical Staff Fee schedule:

- |                                       |                        |
|---------------------------------------|------------------------|
| 1. Initial Application Processing fee | \$400.00               |
| 2. Physicians                         | <b><u>\$450.00</u></b> |
| 3. Advanced Practice Providers        | <b><u>\$350.00</u></b> |

a) Advanced Practice Providers are responsible for payment of Medical Staff fees, as determined by the Medical Executive Committee. Applications will not be processed

Medical Staff Fees

without payment. Kaweah Delta employed Advanced Practitioners will be reimbursed by the hospital by submitting a non stock form and attached invoice to their hospital department manager.

- C. **Use of Credit Card for payment: Practitioners will be charged a 3.5% service charge when paying fees by credit card.**
- D. **Replacement Fees:** Replacement fees (\$10.00) will be assessed for replacement of parking permits or ID badges.

**References:**

**A. Kaweah Delta Medical Staff Bylaws**

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in approved

### Privileges in Gastroenterology

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

Please Print

#### GASTROENTEROLOGY PRIVILEGES - INITIAL CRITERIA

**Education: M.D. or D.O. and** successful completion of an accredited residency in Internal Medicine and fellowship in Gastroenterology approved by the ACGME, AOA or the Royal College of Physician & Surgeons of Canada (*if board certified by an ABMS Board or actively pursuing ABMS Board Certification*). Board certification must be obtained within 5 years of completion of residency.

**Current Clinical Experience:** Documentation of inpatient or consultative services for at least **50-100** gastroenterology patients during the past 2 years OR Successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

**Renewal Criteria:** Inpatient or consultative services for at least **50-100** gastroenterology patients during the past 2 years AND Maintain certification or active participation in the examination process leading to certification in Gastroenterology by the ABIM/AOBIM;

**FPPE:** 6 retrospective chart reviews for non-procedures; Minimum of 1 concurrent review for Colonoscopy and EGD.

Request	GASTROENTEROLOGY CORE PRIVILEGES	Approve
<input type="checkbox"/>	<b>Core Privileges include:</b> Perform Medical H&P; evaluate, diagnosis, provide consultation and treat patients with illnesses, injuries, and disorders of the stomach, intestines, and related structures, such as the esophagus, liver, gallbladder, pancreas and nutrition. Core privileges include biopsy, polypectomy, injection/coagulation for hemostasis and/or tissue ablation and percutaneous liver biopsy, pH probe and esophageal manometry, Nonvariceal hemostasis - upper and lower, snare Polypectomy, Variceal hemostasis, Esophageal dilation, Flexible sigmoidoscopy, <u>Colonoscopy (with or without biopsy; with or without polypectomy)</u> , <u>Diagnostic Esophagogastroduodenoscopy (EGD)</u> , <u>PEG</u>	<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active or Courtesy staff status)	<input type="checkbox"/>

#### GENERAL INTERNAL MEDICINE CORE PRIVILEGES

**Renewal Criteria:** 25 patient contacts in the past two years AND Maintenance of Board Certification in Internal Medicine.

**FPPE:** 6 retrospective chart reviews

Request	Privileges/Procedures	Approve
<input type="checkbox"/>	Perform H&P, evaluate, diagnose, treat and provide consultation to adolescent and adult patients with common and complex illnesses, diseases and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric and genitourinary systems.	<input type="checkbox"/>

#### ADVANCED GASTROENTEROLOGY PRIVILEGES

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	<u>Colonoscopy (with or without biopsy; with or without polypectomy)</u>	100 Colonoscopies in the last 2 years or completion of residency in the last 12 months	20 procedures in the last 2 years	Minimum of 1 concurrent review	<input type="checkbox"/>
<input type="checkbox"/>	<u>Diagnostic Esophagogastroduodenoscopy (EGD)</u>	Documentation of training and 100 Diagnostic EGD in the last 2 years	100 Diagnostic EGD	Minimum of 1 concurrent review	<input type="checkbox"/>
<input type="checkbox"/>	<u>PEG</u>	4 procedures in the last 2 years	2 in the last 2 years	Minimum of 1 concurrent review	<input type="checkbox"/>
<input type="checkbox"/>	EUS	Documentation of training and 150 supervised cases including 50 EUS guided FNA and 75 pancreaticobiliary cases; OR 20 procedures in the last 2 years.	20 procedures in the last 2 years.	Minimum of 4 concurrent review, to include 2 FNA	<input type="checkbox"/>
<input type="checkbox"/>	ERCP <i>Prerequisite: Fluoroscopy Certificate</i>	Documentation of training and 25 (Includes 5 stent and 20 sphincterotomies placements) <u>in the last 2 years</u>	25 in the last 2 years	Minimum of 2 concurrent review	<input type="checkbox"/>

#### ADDITIONAL PRIVILEGES

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Supervision of a technologist using fluoroscopy equipment	Valid Fluoroscopy Radiology Supervisor & Operator Permit	Maintenance of Permit	None	<input type="checkbox"/>



<input type="checkbox"/>	Procedural Sedation <i>Prerequisite: ACLS or Airway management course</i>	Successful completion of KD Procedural Sedation Exam	Successful completion of KD Procedural Sedation Exam	None	<input type="checkbox"/>
<input type="checkbox"/>	Outpatient Services at a Kaweah Delta Health Care District Outpatient Clinics. Please identify: __ <b>Dinuba</b> __ <b>Exeter</b> __ <b>Lindsay</b> __ <b>Woodlake</b> __ <b>Family Medicine Clinic</b> __ <b>Chronic Disease Mgmt Center</b>	Executed contract with Kaweah Delta Health Care District or KDHCD ACGME Family Medicine Program	Maintain initial criteria		<input type="checkbox"/>

**Acknowledgment of Practitioner:**

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

- (a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) **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: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
*Department of Internal Medicine Chairman*      *Date*

# KAWEAH DELTA HEALTH CARE DISTRICT

## MEMO

**To:** District Board Members  
**From:** Deborah Volosin, Director of Community Engagement  
**Subject:** Community Engagement Initiative Quarterly Report  
**Date:** February 13, 2019

In the fall of 2017, Kaweah Delta introduced the Community Engagement Initiative in an effort to improve the community's perception of Kaweah Delta Health Care District. The initiative included the development of six committees/groups composed of approximately 250 community members and Kaweah Delta employees and physicians, concentrating efforts to improve transparency and communication, and allowing the community regular opportunities to provide input and recommendations into important strategic initiatives. A brief summary of each committee/group is outlined below:

The mission of the **Hospital of the Future Committee**, chaired by Gary Herbst with Doug Leeper as back-up chair, is to work with Kaweah Delta to create a facility plan to meet the area's future healthcare facilities and technology needs. In the Fall of 2018, RBB, a master planning group was hired to assist Kaweah Delta in the development of an action plan for the future. KPMG, a partner of RBB's came in December and held focus groups to assist with the forecasting, projections, and financial feasibility for the master facility planning process.

The **Community Relations Committee** is chaired by Dianne Cox with Lisa Harrold as back-up chair. The Committee's mission is to enhance local partnerships and build better public relations with a goal of incorporating community views into Kaweah Delta's planning and communications. This Committee has been instrumental in advising the Marketing and Social Media teams on how to communicate more effectively with the community.

The **Healthcare for Today and Tomorrow Committee** is chaired by Tom Rayner with Regina Sawyer as back-up chair. The Committee will work with Kaweah Delta to review current healthcare services available in the community and to provide input and recommendations for future healthcare services to meet community needs. This group has broken into three sub-committees and are doing an in-depth review of Preventative Programs, Attracting and Retaining Physicians, and Mental Health.

The **Community Ambassadors Group**, **Community Stakeholders Group**, and **Employee and Physicians Ambassador Group** are chaired by Deborah Volosin.

These groups are focused on education and met monthly in 2018. Gary Herbst was the guest speaker at each group's first meeting of 2019.

In December of 2018, a survey was sent to all members of the advisory committees and ambassador groups. On average, the advisory committees had 60% participation in the survey and the ambassadors had 50%. The feedback was very good overall, with approximately 90% of members responding that they felt their time was well spent when participating in these meetings.

The **Patient Family Advisory Council** has recently been brought into the Community Engagement Initiative. The mission of this Council is to enhance experiences at Kaweah Delta by ensuring the patient and family perspective is used to co-design safe, high-quality, patient-centered care and services. This group has forwarded several recommendations which include: Kaweah Delta putting in place a practice to help military medics and LVNs become RNs; gave ideas on the Medicine Guide and Discharge Instructions that patients receive to make more user friendly; recommended one visitor per patient in the ED; suggested Kaweah Delta become more active on social media; and recommended staff receive more proactive education regarding infections.

An **Emergency Department Advisory Council** is currently being formed. We are looking for community members who will serve on this council to help Kaweah Delta ensure the patient and family perspective is used to co-design safe, high-quality, and patient-centered emergency care services. The Community Engagement office has received 16 applicants who wish to serve on this council. The Emergency Department Advisory Council will be chosen in the next week as the first meeting will be February 27, 2019.

A **Speakers Bureau** was created in September of 2018. This consists of several staff experts throughout Kaweah Delta who are willing to go into the community and share their expertise to help educate and promote Kaweah Delta. We have compiled a list of topics that we have shared with local service organizations, churches, community groups, etc. who need speakers at their meetings. These topics include; The Emergency Department, The Opioid Crisis and its impact on Kaweah Delta, Chronic Diseases, Community Wellness Initiatives, and Specialized Health Services. Since the Speakers Bureau was formed we have presented to local service clubs 20 times and have more engagements scheduled.

In the next few weeks we will be conducting a Public Perception Survey. This will include an online survey, a telephone survey, and an intercept, or person-to-person, survey. We have chosen to work with Probolsky Research for this project. We will propose a repeat survey in 18 months and will be able to measure whether or not the community engagement initiative is having an impact on the perception of the community.

A large, stylized graphic of the number '143' is positioned on the left side of the slide. The '1' is dark blue, the '4' is a mix of blue and purple, and the '3' is dark blue. The background features vertical stripes in shades of blue, green, yellow, and orange.

# Falls Committee Report February, 2019

Rose Newsom, RN MSN NE-BE  
Director of Nursing Practice

**KAWEAH DELTA HEALTH CARE DISTRICT**



# Committee Purpose & Goals

- Keep our patients safe from harm
- Reduce overall falls per 1000 patient days
- Minimize &/or prevent patient falls of moderate or greater severity
- Standardize fall prevention strategies across the District



# Cost of Falls

- \$6,000-\$35,000 per fall & add 6.3 days to LOS
- Personal toll: falls are not just for the elderly & cognitively impaired
- Falls with injury are consistently among the Joint Commission's top 10 sentinel events
- Can lead to drastic changes in lifestyle & independence




# Joint Commission Best Practice Recommendations

- Interdisciplinary Falls Committee
- Organizational falls prevention education
- Use of a standardized fall assessment tool
- Conduct post fall huddles & assessments
- Monitor results
- Personalized plans of care
- Standardized hand-off communication
- One-to-one patient education



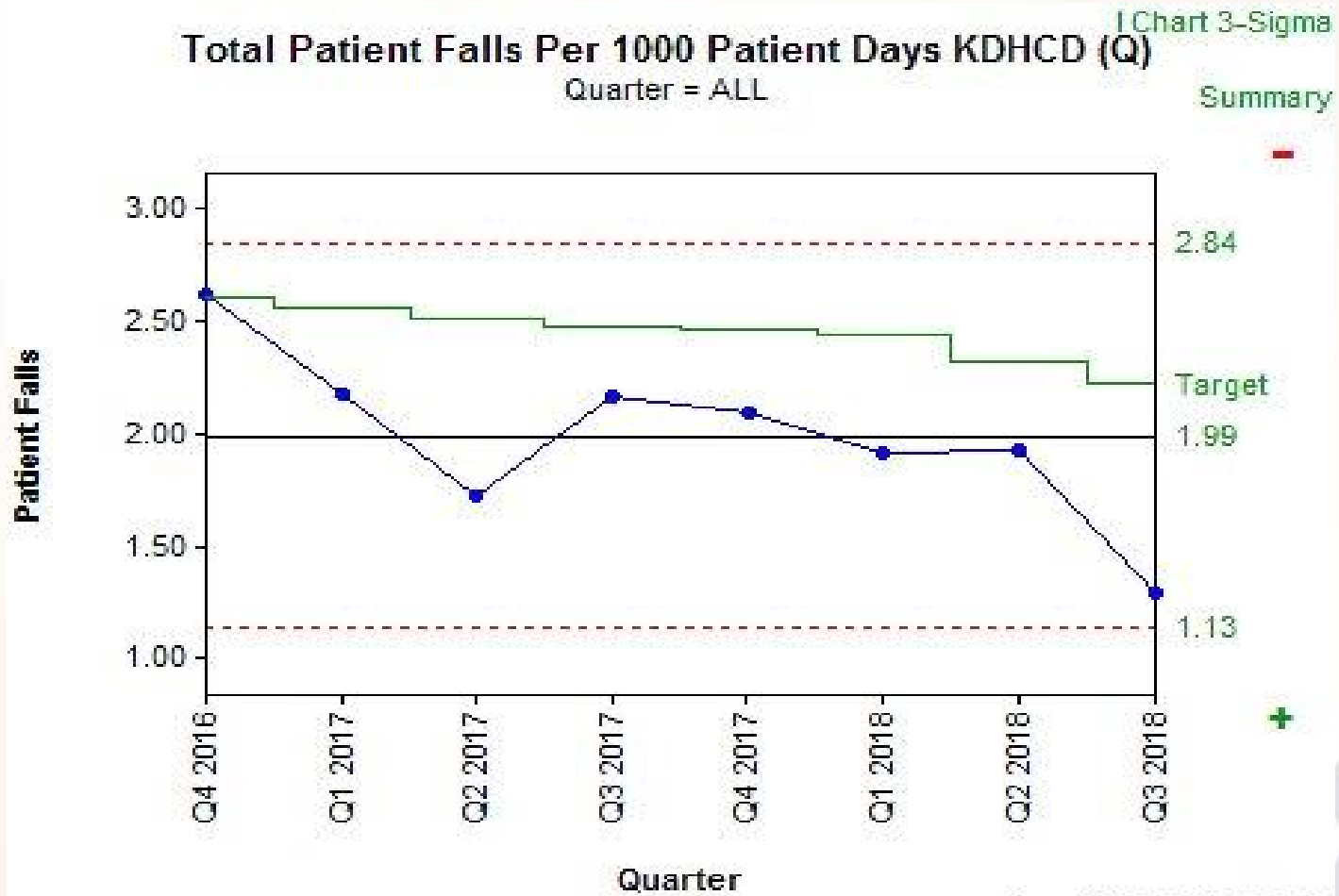
# How Do We Compare?

- Interdisciplinary Falls Committee in place
-  : Falls prevention education for all new employees & as requested by non-clinical areas
- Patient assessment: Johns Hopkins + Age-Bone density-Coagulation-Surgery (ABCS) tools
- Fall risk assessment at Rural Health Clinics
- Falls University, Falling Star, Post Fall Nursing Order set, Safety Huddles, Plans of Care for those at risk, Rural Health Clinic Screening, CUSP Teams
- Ongoing unit level monitoring: Nursing dashboard



# How Are We Doing?

Total Patient Falls Per 1000 Patient Days KDHCDC (Q)  
Quarter = ALL



Jan 15, 2019 12:42:49



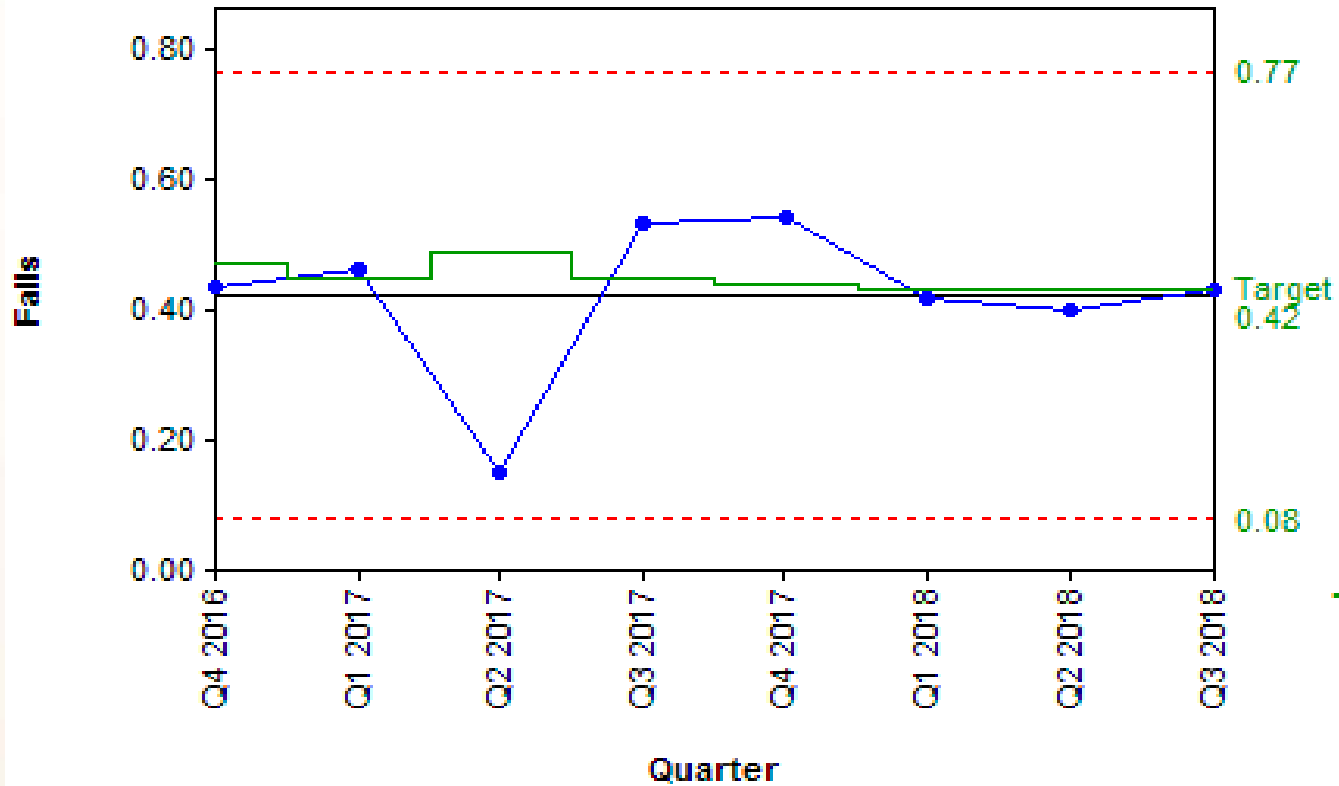
# How Are We Doing?

## Injury Falls Per 1000 Patient Days KDHCDC (Q)

Quarter = ALL

I Chart 3-Sigma

Summary



Dec 27, 2018 14:14:48

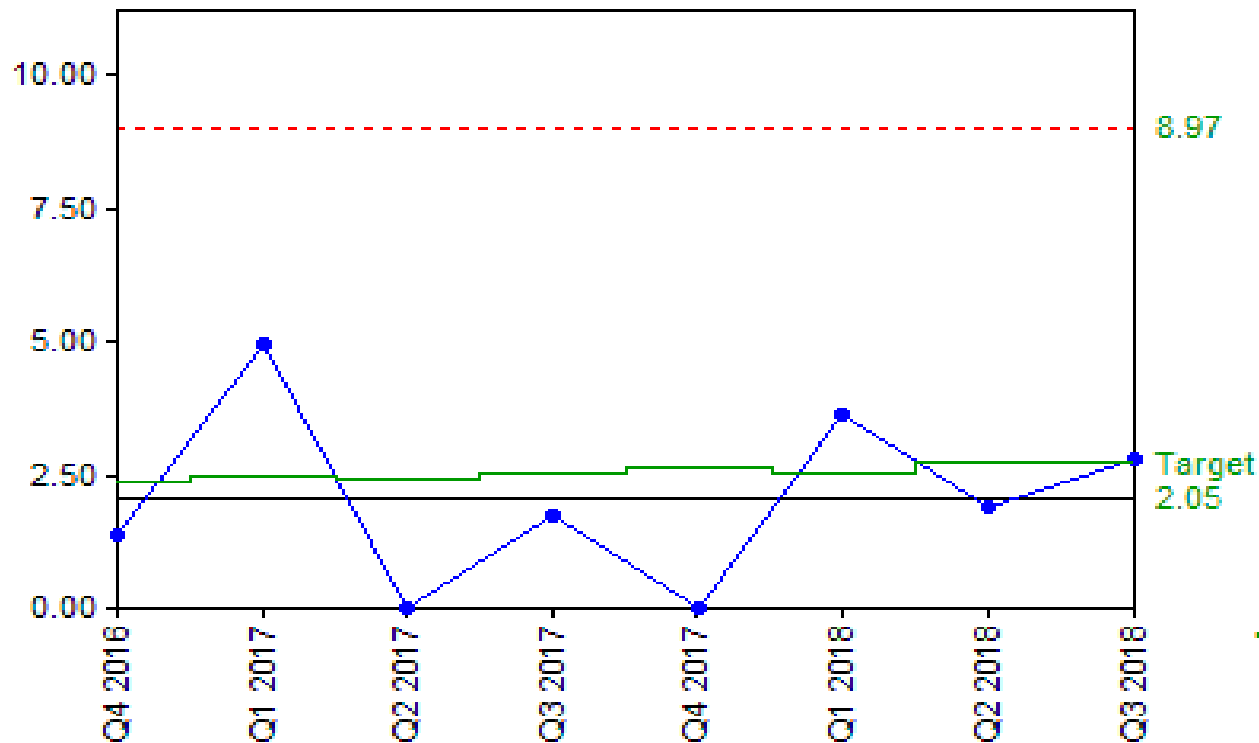


# How Are We Doing?

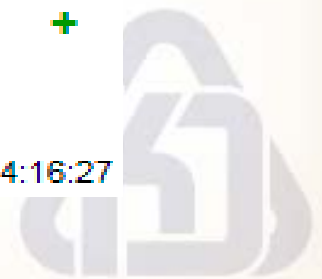
**Percent of Patient Falls that were of Moderate or Greater Injury Severity KDHCDC (Q)**  
Quarter = ALL

I Chart 3-Sigma

Summary

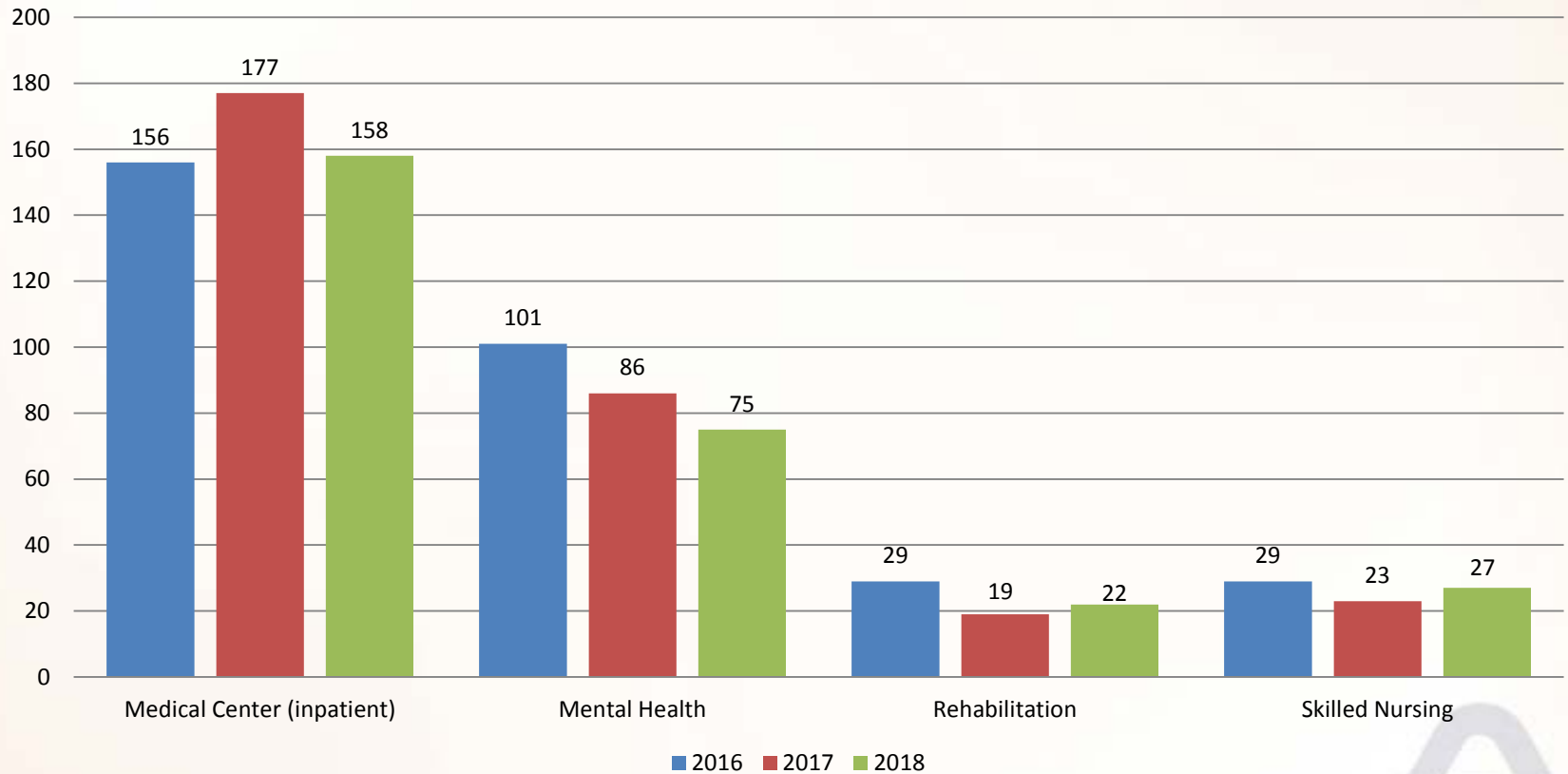


Dec 27, 2018 14:16:27



# Total Falls 2016-2018

All categories of falls-including assisted and intentional

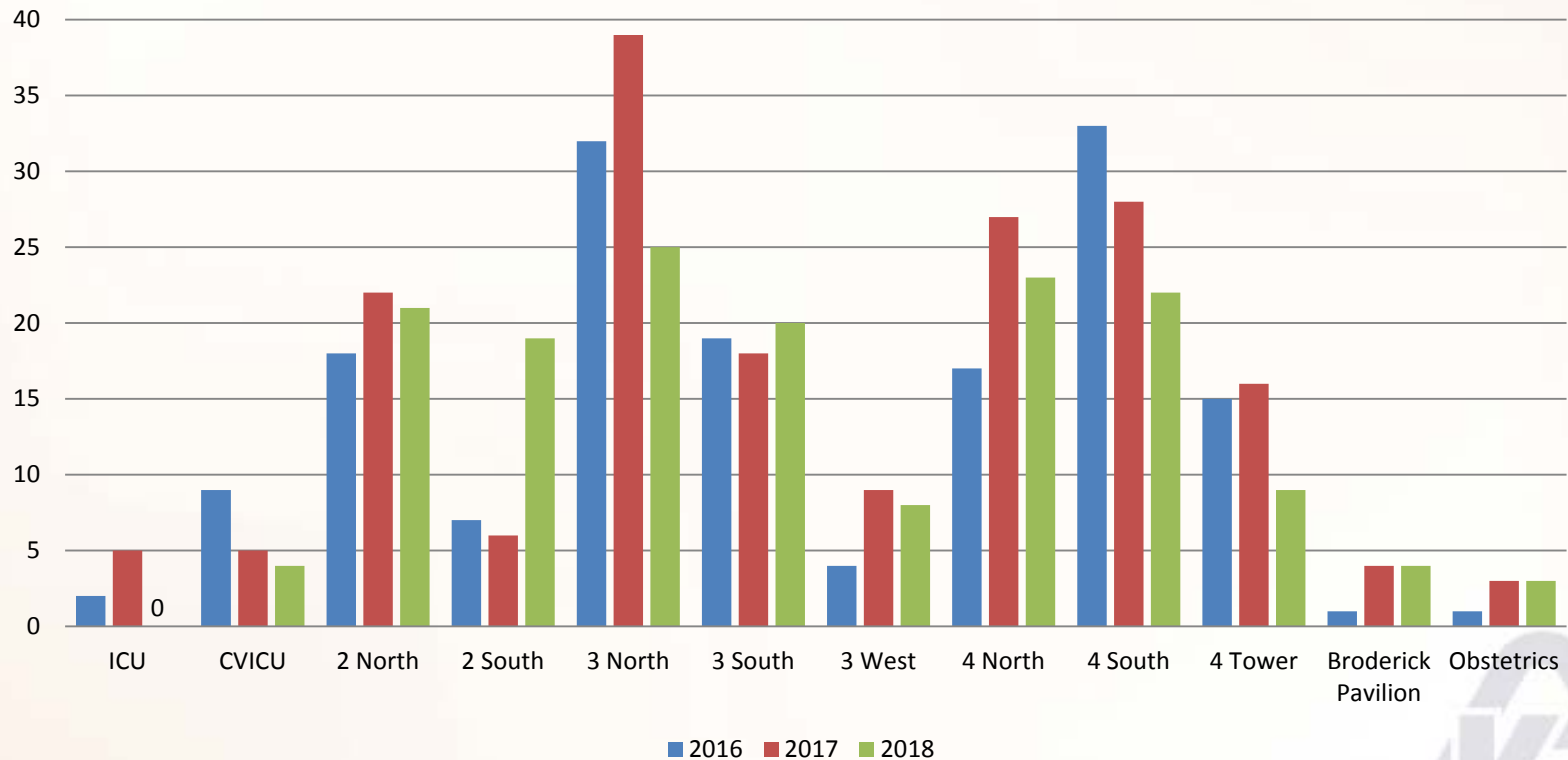




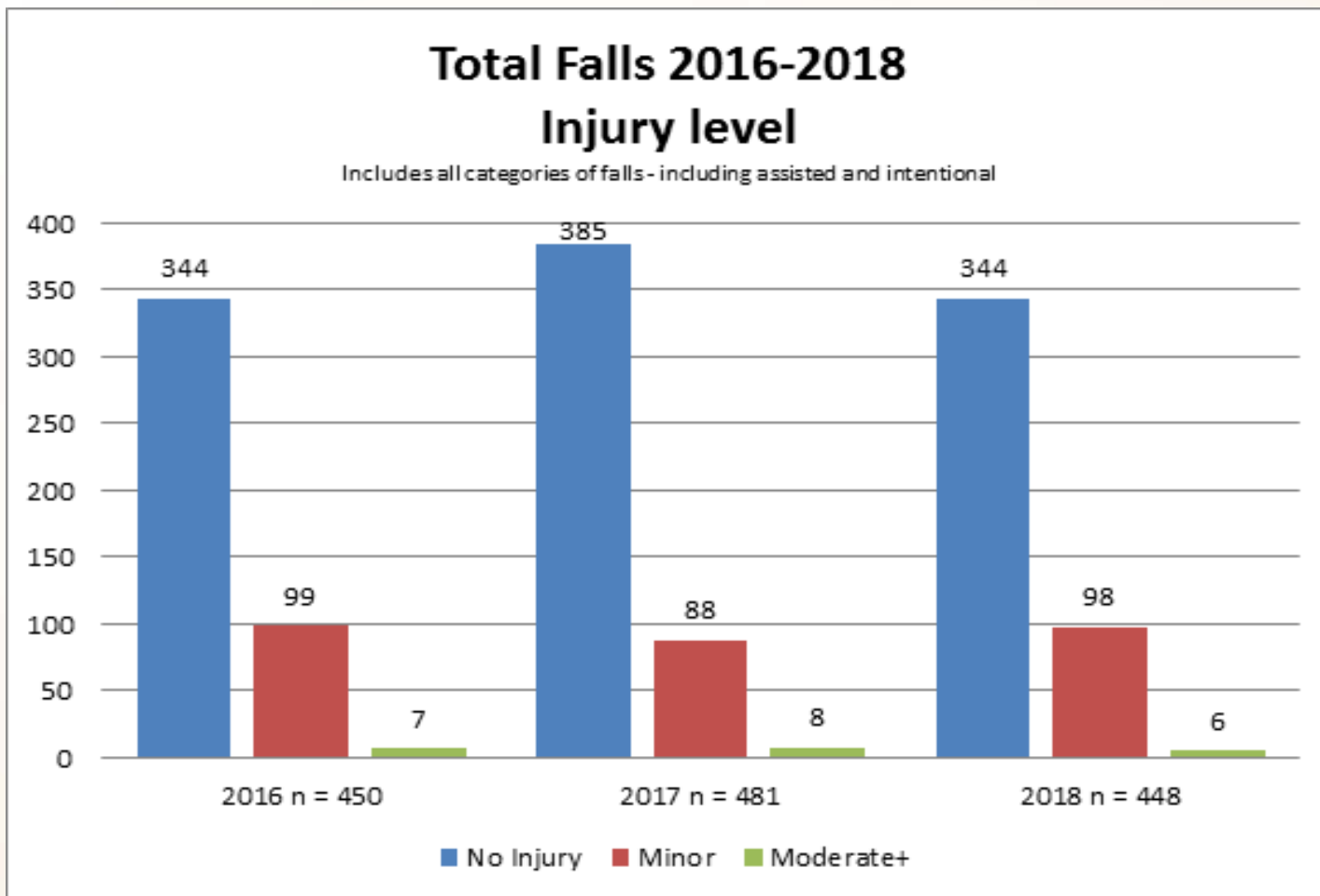
# Medical Center Total Falls

## 2016-2018

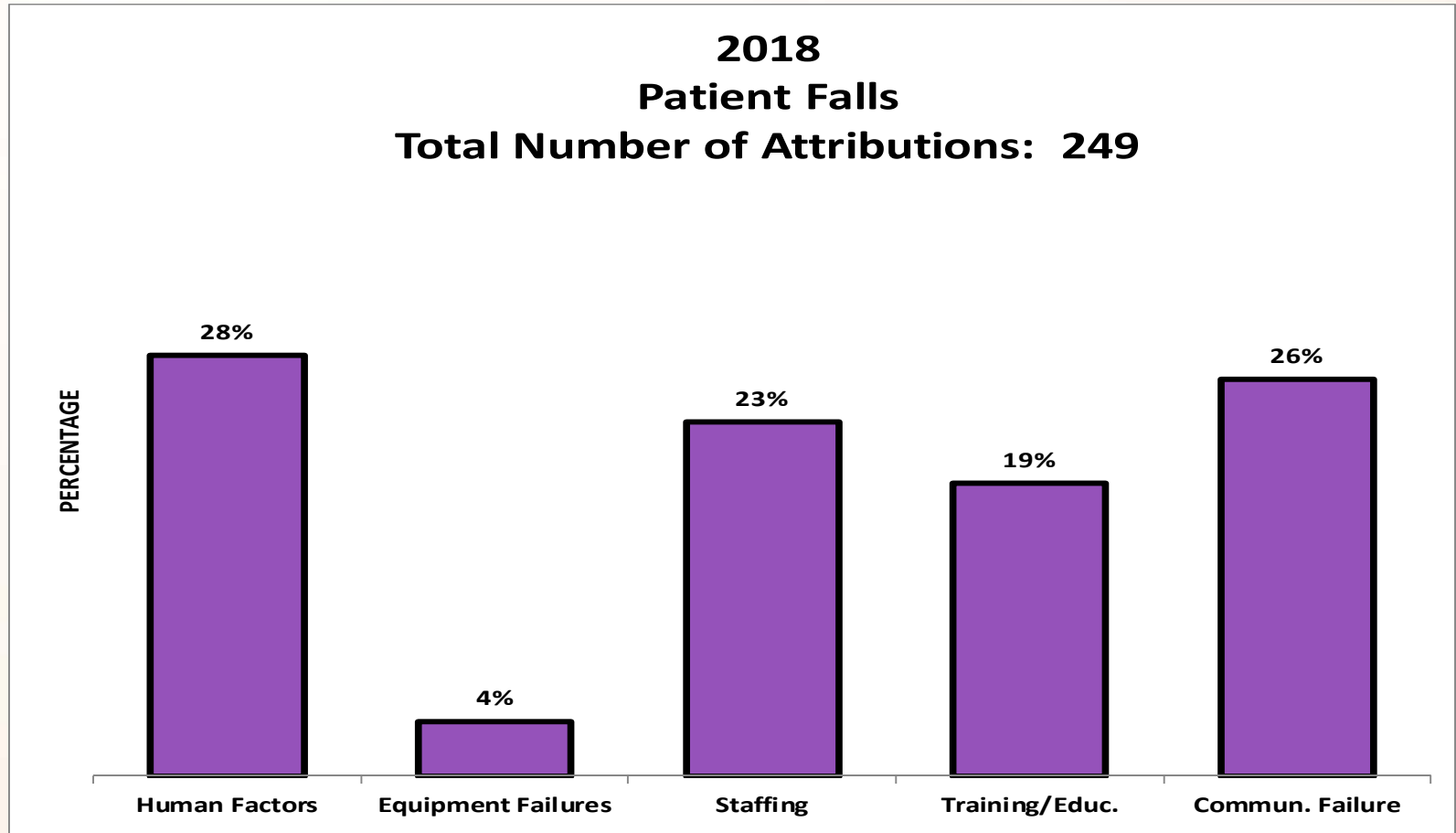
(Inpatient only-excluding NICU, Nursery, Peds, and L&D)  
 All categories of falls-including assisted and intentional



# Total Falls Injury Level



# Falls University Attribution



# Analysis

- Overall, we have achieved a sustained reduction in total falls below NDNQI benchmark
- 99% of all falls in 2018 were either no or minor injury
- Mental Health: 26% reduction in total falls over 3 years
- 93.3% of patients are now screened at Rural Health Clinic appointments
- Human factors & communication failures are top attributions identified @ Falls University
- Unusual social & behavioral issues are challenging to manage



# Recommendations for Improvement

- Onboarding of clinical staff: Can we improve the orientation of clinical staff?
- Standardize handoff communication: What makes this patient at risk?
- Best practice literature review: What else can we do? Population specific interventions
- Continued community outreach & screening







# Kaweah Delta Strategic Plan Framework 2019- 2020

Strategic Initiative	Metrics	Strategies/ Tactics	Responsible
<p><b>Operational Efficiency</b>  <i>Increase the efficiency of our hospital so that patients get to the right bed faster, receive the appropriate care, and are discharged sooner and healthier.</i></p>	<ul style="list-style-type: none"> <li>• Adult Acute Medical Surgical Length of Stay- .25 day reduction</li> <li>• Productivity/staffing improvement goal TBD by Executive Team</li> </ul>	<ul style="list-style-type: none"> <li>• Use Resource Effectiveness Committee structure</li> <li>• Improve processes and efficiency</li> <li>• Resource management</li> <li>• Data management</li> <li>• Improved Access</li> <li>• Patient Flow</li> <li>• Population Health Management</li> <li>• Costs Savings Initiatives</li> </ul>	<p>Keri Noeske                      Regina Sawyer                      Tom Rayner</p>
<p><b>Kaweah Care Culture</b>  <i>Recruit, develop, and retain the best staff and physicians to create an ideal work environment and ensure that patients receive excellent compassionate care.</i></p>	<ul style="list-style-type: none"> <li>• 4.24 employee engagement</li> <li>• Physician engagement improvement over TBD baseline</li> <li>• SAQ Teamwork: 66%; Safety 73%</li> <li>• 76.5% patient experience</li> </ul>	<ul style="list-style-type: none"> <li>• Employee engagement</li> <li>• Physician engagement                             <ul style="list-style-type: none"> <li>• Physician retention</li> <li>• GME engagement and retention</li> </ul> </li> <li>• Patient engagement</li> <li>• Safety attitudes questionnaire (SAQ)</li> </ul>	<p>Laura Goddard                      Dianne Cox</p>
<p><b>Outstanding Health Outcomes</b>  <i>Demonstrate that we are a high-quality provider so that patients and payers choose Kaweah Delta.</i></p>	<ul style="list-style-type: none"> <li>• CMS Star Rating: 3/4 Star</li> <li>• Leapfrog A rating</li> <li>• Successful Joint Commission</li> </ul>	<ul style="list-style-type: none"> <li>• Leverage existing teams for mortality, palliative care, and infection prevention</li> <li>• IV Safety Team</li> <li>• Hand hygiene monitoring system pilot</li> <li>• Clinical Decision Support for KDHub, medication bar coding, proactive risk assessments</li> <li>• Accreditation monitoring activities</li> </ul>	<p>Sandy Volchko                      Regina Sawyer (CQMO)</p>
<p><b>Strategic Growth and Innovation</b>  <i>Grow intelligently by expanding existing services, adding new services, and serving new communities.</i></p>	<ul style="list-style-type: none"> <li>• Increase market share in cardiovascular, neurosurgery, and orthopedics</li> <li>• Increase number of all community physicians by 51 FTEs</li> <li>• 1% increase in outpatient net revenue</li> <li>• 2 new clinical services</li> <li>• Public perception survey scores</li> </ul>	<ul style="list-style-type: none"> <li>• Network strategy</li> <li>• Physician recruitment and retention</li> <li>• Service line expansion and optimization</li> <li>• New service line growth</li> <li>• Branding</li> </ul>	<p>Coby La Blue                      Marc Mertz</p>
<p><b>High Performing OP Delivery Network</b>  <i>Improve the performance of our ambulatory services to provide greater access to care and keep people healthy.</i></p>	<ul style="list-style-type: none"> <li>• Outpatient Patient Satisfaction Score (CG-CAHPS): 74.91%</li> <li>• % of referrals completed: 45.05%</li> <li>• % of referrals with initial response within 5-days: 31.07%</li> <li>• Improve PCP identification at check-in: TBD %</li> <li>• Composite MIPS score: TBD</li> <li>• Performance on PRIME: 80%</li> <li>• Admits/1000 for Humana: &lt;180</li> </ul>	<ul style="list-style-type: none"> <li>• Single point scheduling across the organization</li> <li>• Improve referral process</li> <li>• Online pre-registration availability</li> <li>• Use patient satisfaction scores to drive specific interventions</li> <li>• Improve documentation/coding/billing processes to close quality and hierarchical condition category gaps</li> <li>• Improve care-coordination (Virtual Care Team, CDMC, Transitions of Care, Care Navigators, CHWs)</li> <li>• Develop IT/ data sharing &amp; population health analytics</li> </ul>	<p>Minty Dillon                      Ryan Gates                      Malinda Tupper</p>

## Our Mission

*(The reason we exist)*

**Health is our passion.**

**Excellence is our focus.**

**Compassion is our promise.**

## Our Vision

*(What we aspire to be)*

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

## Our Pillars

Achieve **outstanding health outcomes** for our community

Provide **excellent service**

Provide an **ideal work environment** for our healthcare team

Maintain **financial strength**



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
Wages per Unit of Service				

## 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 : Operational Efficiency

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
	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			
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

Outcomes	2020	2021	2022
Employee Engagement Survey	4.24		

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

Analysis to be provided/supported by Finance during budgeting process

## 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 during budgeting process

### 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 during budgeting process

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

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

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

Analysis to be provided/supported by Finance during budgeting process

## 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 during budgeting process

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 during budgeting process

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 during budgeting process

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

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

## Chair

Coby La Blue

## ET Sponsor

Marc Mertz

Performance Measure	Baseline	FY 2020 Goal	FY 2021 Goal	FY 2022 Goal
Network utilization/ leakage <ul style="list-style-type: none"> <li>• Orthopedics</li> <li>• Cardiology/Cardiac Surgery</li> <li>• Neurology/Neurosurgery</li> </ul>	<ul style="list-style-type: none"> <li>• 65%</li> <li>• 70%</li> <li>• 20%</li> </ul>	<ul style="list-style-type: none"> <li>• 3%</li> <li>• 3%</li> <li>• 10%</li> </ul>	<ul style="list-style-type: none"> <li>• 3%</li> <li>• 3%</li> <li>• 10%</li> </ul>	<ul style="list-style-type: none"> <li>• 3%</li> <li>• 3%</li> <li>• 10%</li> </ul>
Number of community physicians		51 Physician FTE increase in Primary Service Area	34 Physician FTE increase in Primary Service Area	34 Physician FTE increase in Primary Service Area
Increased outpatient net revenue	FY 19 OP Revenue (KDMF+RHC+1206(d)+ FMC)	1% increase	1% increase	1% increase
Number of new services		2 new services	2 new services	2 new services
Public perception survey	Mar 2019 Results	TBD based on Baseline	TBD based on Baseline	TBD based on Baseline

## 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 (8 x \$135,000 initial annual loss per FTE)	\$1,080,000 (not including downstream net revenue)
Service line expansion and optimization (Contribution margin by specialty x % increase)	
New service line growth	Pending Proforma
Branding	\$500,000

\* 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

- FQHC Status for Family Medicine Center and make others
- Managed Medi-Cal Strategy
- Expand RHC's to adjacent counties

Outcomes	2020	2021	2022
Add Primary Care Locations	FMC gains FQHC Status	2 <sup>nd</sup> FQHC location	3 <sup>rd</sup> FQHC location
Managed Medi-Cal Strategy	7,500 at risk lives Year 1	15,000 at-risk lives Year 2	22,500 at-risk lives Year 3
Expansion of RHCs	1 new RHC location	1 new RHC location	1 new RHC location

## Financial Impact

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

Analysis to be provided/supported by Finance during budgeting process

## Team Members

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# 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

- UME pipeline with local schools to feed our GME program
- Identify needed key specialists (GI, Urology, Psych)
- Increase number of physicians in KDMF

Outcomes	2020	2021	2022
Net gain of physicians	5% net gain over current count	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 net additional physicians	Add 6-10 net 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 during budgeting process

## 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
- Expand KDMF to multiple locations/cities

Outcomes	2020	2021	2022
# of patient/enrolled lives in condition specific clinics	OSHPD market share baseline	5% growth	5% growth
# of new KDMF locations	1 new location	1 new location	1 new location
Outpatient volume growth at ASC and Sequoia Surgery Center	5% growth (2% SSC growth)	5% growth (2% SSC growth)	5% growth (2% SSC growth)
Hospital outpatient volume	Regain loss	5% growth	5% growth

## Financial Impact

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

Analysis to be provided/supported by Finance during budgeting process

## Team Members

# Strategy Charter for : New Service Line Growth

Strategic Initiative: Strategic Growth and Innovation

## Objective

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

## Key Components

- Acute and Regional Pain Center
  - Acute and regional pain center to support residency training needs
  - Acute and regional spine and pain center
- Comprehensive outpatient behavioral health program
  - Commercial clinic
  - ECT
- Telehealth / Home Monitoring

Outcomes	2020	2021	2022
# of new service lines	1 new service line	1 new service line	1 new service line
Contribution margin	Meets projected budget	Meets projected budget	Meets projected budget

## Financial Impact

2020

2021

2022

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance during budgeting process

## Team Members

# Strategy Charter for: Branding

Strategic Initiative: Strategic Growth and Innovation

## Objective

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

## Key Components

- 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	Develop plan	Gain approval	Implement
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%
Public perception survey	Baseline developed from survey	Growth target determined based on baseline	Growth target determined based on baseline

## Financial Impact

2020

2021

2022

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance during budgeting process

## Team Members

High Performing OP Network

# Strategic Initiative Summary: 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
<b>Improve Patient Access and Experience</b>				
Outpatient Patient Satisfaction Score (CG-CAHPS)	73.81%	74.91%	TBD	TBD
% of referrals completed (closing the referral loop)	40.06%	45.05%	TBD	TBD
% of referrals with initial response within 5-days	24.52%	31.07%	TBD	TBD
Improve PCP Identification at registration	TBD	X% improvement	TBD	TBD
<b>Improve Outpatient Outcomes</b>				
Composite MIPS Score (Quality/Advancing Care/Imp Activities)	83.6%	5%	TBD	TBD
% performance on Outpatient PRIME Metrics	67%	80%	TBD	TBD
Admits/1000 of our Humana Medicare Members (at-risk)	201	<180	TBD	TBD

**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
  - Education on authorization requirements/process by payer
  - Centralized support for closing referral loop
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. Outpatient Pharmacy Optimization (refill text reminders, Rx status visibility, etc.)
4. Use current patient satisfaction scores to drive specific interventions
5. Continue Community Outreach efforts to improve patient satisfaction (*Empowerment for Better Living, Diabetes Support groups, etc.*)
6. 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 <sup>rd</sup> 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 during budgeting process

## Team Members



# Strategy Charter 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:
  - Improve PCP identification
  - Transitions of Care Program
  - Post-Acute Care coordination
  - 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, review, develop with providers defined outcomes in which to align agreements
5. 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 during budgeting process

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"> <li>- Risk Adjustment Factor score</li> <li>- Admits/1000 (PQI-90 Admits/1000)</li> <li>- ED visits/1000 (PQI-90 ED Visits/1000)</li> <li>- 30-Day Readmissions</li> </ul>			

### Team Members

**KAWEAH DELTA CONSTRUCTION PROJECTS**

Status as of February 25, 2019

<b>PROJECTS COMPLETED IN 2018</b>	<b>Occupancy date</b>		
1. Exeter Campus Women's Clinic	August 2018		
2. Northside Urgent Care Center	August 2018		
3. Acequia OB Surgery Suite	December 2018		

<b>PROJECTS CURRENTLY IN CONSTRUCTION</b>	<b>Anticipated construction end</b>	<b>Anticipated occupancy</b>	
1. Acequia 5th & 6th Floor Infill			
1.1 Sixth Floor 23-bed NICU	February 2019	April 2019	
1.2 Fifth Floor 24-bed Med-surgical	April 2019	June 2019	
2. Emergency Dept Expansion			
2.1 Emergency Dept Fast Track	February 2019	April 2019	
2.2 MK Ground Floor Lab Draw	February 2019	April 2019	
2.3 Emergency Dept Zone 4 (9-bed Infill)	May 2019	July 2019	
2.4 Emergency Dept Zone 5 (24-bed Addition)	July 2020	September 2020	
3. Endoscopy Unit Refurbish	February 2019	March 2019	
4. Acequia Temporary Parking Lot	March 2019	April 2019	

<b>PROJECTS SCHEDULED TO START CONSTRUCTION</b>	<b>Anticipated start</b>	<b>Anticipated construction end</b>	<b>Anticipated occupancy</b>
1. Inpatient Pharmacy Remodel for USP 800	March 2019	October 2019	December 2019
2. 2W ICU Nurse Station Refurbish	April 2019	March 2020	April 2020
3. South Campus Roofing Replacement	April 2019	July 2019	n/a
4. Inpatient Pharmacy Remodel for USP 795	January 2020	June 2020	July 2020

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

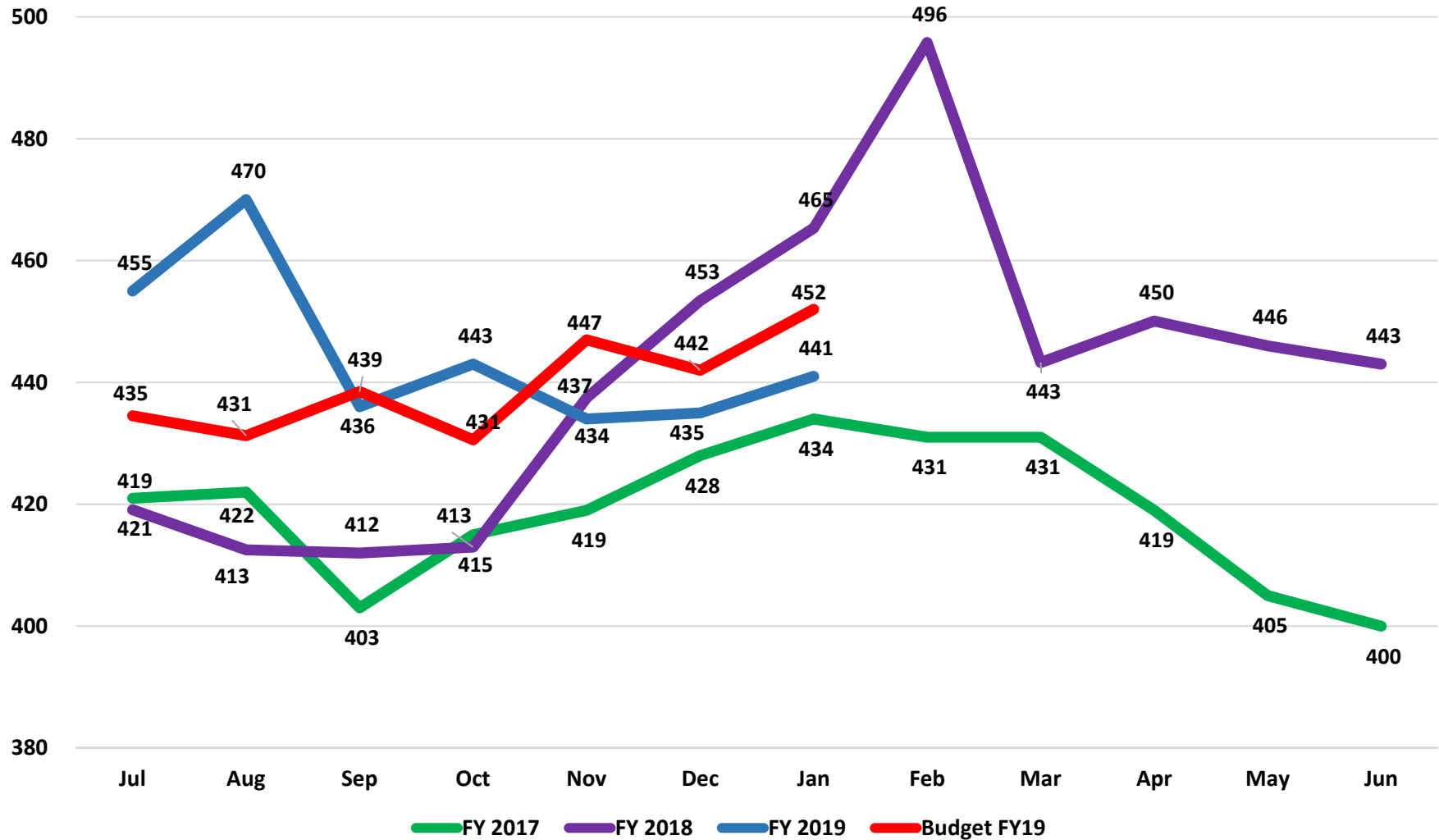
# CFO Financial Report

February 25, 2019



Kaweah Delta  
HEALTH CARE DISTRICT

# Average Daily Census



## Statistical Results – Fiscal Year Comparison (January)

Actual Results			Budget	Budget Variance	
Jan 2018	Jan 2019	% Change	Jan 2019	Change	% Change

<b>Average Daily Census</b>	<b>465</b>	<b>441</b>	<b>(5.2%)</b>	<b>452</b>	<b>(11)</b>	<b>(2.4%)</b>
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### KDHCD Patient Days:

Medical Center	9,740	9,143	(6.1%)	9,170	(27)	(0.3%)
Acute I/P Psych	1,457	1,469	0.8%	1,449	20	1.4%
Sub-Acute	926	983	6.2%	944	39	4.1%
Rehab	538	416	(22.7%)	594	(178)	(30.0%)
TCS-Ortho	369	389	5.4%	370	19	5.1%
TCS	602	365	(39.4%)	549	(184)	(33.5%)
NICU	253	377	49.0%	376	1	0.3%
Nursery	540	529	(2.0%)	561	(32)	(5.7%)

<b>Total KDHCD Patient Days</b>	<b>14,425</b>	<b>13,671</b>	<b>(5.2%)</b>	<b>14,013</b>	<b>(342)</b>	<b>(2.4%)</b>
<b>Total Outpatient Volume</b>	<b>12,372</b>	<b>12,736</b>	<b>2.9%</b>	<b>12,493</b>	<b>243</b>	<b>1.9%</b>

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

Actual Results			Budget	Budget Variance	
FY 2018	FY 2019	% Change	FY 2019	Change	% Change

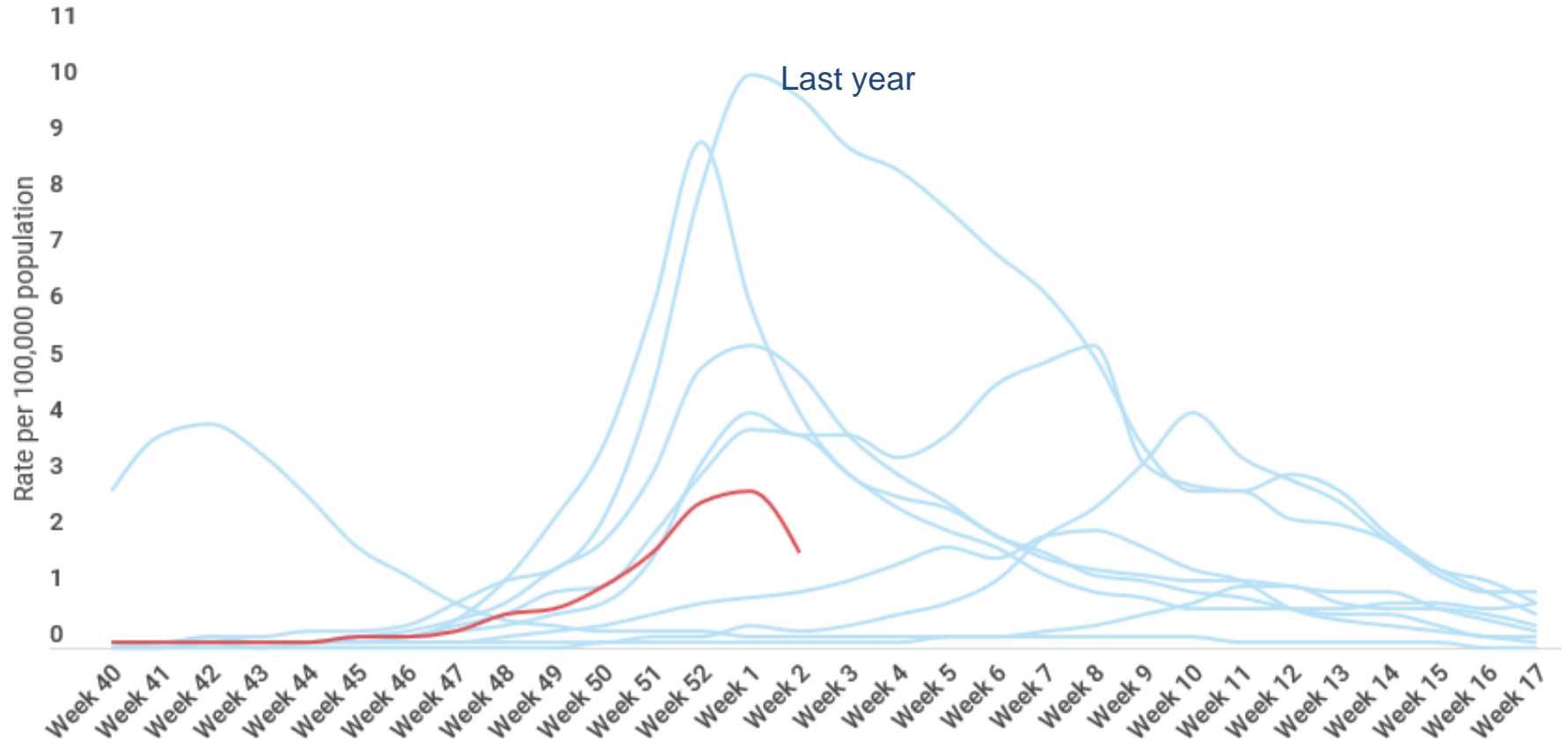
<b>Average Daily Census</b>	<b>430</b>	<b>445</b>	<b>3.3%</b>	<b>439</b>	<b>6</b>	<b>1.2%</b>
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### KDHCD Patient Days:

Medical Center	59,314	62,022	4.6%	60,220	1,802	3.0%
Acute I/P Psych	10,078	10,088	0.1%	10,139	(51)	(0.5%)
Sub-Acute	6,672	6,627	(0.7%)	6,608	19	0.3%
Rehab	3,981	3,760	(5.6%)	4,153	(393)	(9.5%)
TCS-Ortho	2,615	2,622	0.3%	2,590	32	1.2%
TCS	3,450	3,226	(6.5%)	3,843	(617)	(16.1%)
NICU	2,333	3,206	37.4%	2,820	386	13.7%
Nursery	4,104	4,091	(0.3%)	4,112	(21)	(0.5%)

<b>Total KDHCD Patient Days</b>	<b>92,547</b>	<b>95,642</b>	<b>3.3%</b>	<b>94,485</b>	<b>1,157</b>	<b>1.2%</b>
<b>Total Outpatient Volume</b>	<b>85,264</b>	<b>84,085</b>	<b>(1.4%)</b>	<b>89,194</b>	<b>(5,109)</b>	<b>(5.7%)</b>

# Influenza hospitalizations by flu season



Note: red line represents 2018-19 flu season

Source: CDC

# January Financial Comparison (000's)

	Actual Results			Budget	Budget Variance	
	Jan-18	Jan-19	% Change	Jan-19	Change	% Change
<b>Operating Revenue</b>						
Net patient service revenue	\$50,813	\$44,312	(12.8%)	\$52,441	(\$8,129)	(15.5%)
Supplemental Gov't Programs	2,656	9,058	241.1%	3,608	5,450	151.0%
Prime Program	230	997	334.4%	997	0	0.0%
Premium revenue	2,555	3,385	32.5%	3,264	121	3.7%
Management services revenue	2,565	3,102	20.9%	2,486	616	24.8%
Other Revenue	1,874	1,636	(12.7%)	1,579	57	3.6%
<b>Other operating revenue</b>	<b>9,879</b>	<b>18,177</b>	<b>84.0%</b>	<b>11,934</b>	<b>6,243</b>	<b>52.3%</b>
<b>Total Operating Revenue</b>	<b>60,692</b>	<b>62,489</b>	<b>3.0%</b>	<b>64,375</b>	<b>(1,886)</b>	<b>(2.9%)</b>
<b>Operating Expenses</b>						
Salaries and wages	22,989	24,505	6.6%	24,609	(105)	(0.4%)
Contract labor	834	1,138	36.5%	321	817	254.3%
Employee benefits	6,089	8,646	42.0%	6,177	2,469	40.0%
<b>Total Employment Expenses</b>	<b>29,912</b>	<b>34,290</b>	<b>14.6%</b>	<b>31,108</b>	<b>3,182</b>	<b>10.2%</b>
Medical and other supplies	10,672	8,909	(16.5%)	9,655	(746)	(7.7%)
Physician fees	6,289	6,624	5.3%	6,851	(227)	(3.3%)
Purchased services	2,696	2,929	8.6%	3,131	(202)	(6.5%)
Repairs and maintenance	2,124	2,050	(3.5%)	2,136	(86)	(4.0%)
Utilities	427	383	(10.2%)	499	(116)	(23.2%)
Rents and leases	487	427	(12.2%)	544	(117)	(21.5%)
Depreciation and amortization	2,016	2,528	25.4%	2,756	(228)	(8.3%)
Interest Expense	388	462	18.9%	501	(39)	(7.8%)
Other Expenses	1,510	1,286	(14.9%)	1,817	(531)	(29.2%)
Management Services Expenses	2,527	3,040	20.3%	2,441	599	24.5%
<b>Total Operating Expenses</b>	<b>59,047</b>	<b>62,927</b>	<b>6.6%</b>	<b>61,438</b>	<b>1,489</b>	<b>2.4%</b>
<b>Operating Margin</b>	<b>\$1,645</b>	<b>(\$438)</b>	<b>(126.6%)</b>	<b>\$2,937</b>	<b>(\$3,375)</b>	<b>(114.9%)</b>
Nonoperating Revenue	612	460	(24.8%)	516	(56)	(10.8%)
<b>Excess Margin</b>	<b>\$2,256</b>	<b>\$22</b>	<b>(99.0%)</b>	<b>\$3,453</b>	<b>(\$3,431)</b>	<b>(99.4%)</b>
<b>Operating Margin %</b>	<b>2.7%</b>	<b>(0.7%)</b>		<b>4.6%</b>		
<b>Excess Margin %</b>	<b>3.7%</b>	<b>0.0%</b>		<b>5.4%</b>		



# Fiscal Year Financial Comparison (000's)

	Actual Results FYTD July-Jan			Budget FYTD	Budget Variance FYTD	
	2018	2019	% Change	2019	Change	% Change
<b>Operating Revenue:</b>						
Net patient service revenue	\$331,561	\$328,549	(0.9%)	\$349,002	(\$20,453)	(5.9%)
Supplemental Gov't Programs	18,591	33,529	80.4%	25,258	8,270	32.7%
Prime Program	12,704	9,820	(22.7%)	6,979	2,841	40.7%
Premium revenue	17,575	21,422	21.9%	19,612	1,809	9.2%
Management services revenue	16,877	18,461	9.4%	17,240	1,221	7.1%
Other Revenue	10,463	14,209	35.8%	10,791	3,419	31.7%
Other operating revenue	<b>76,210</b>	<b>97,441</b>	<b>27.9%</b>	<b>79,880</b>	<b>17,561</b>	<b>22.0%</b>
<b>Total Operating Revenue</b>	<b>407,771</b>	<b>425,990</b>	<b>4.5%</b>	<b>428,882</b>	<b>(2,892)</b>	<b>(0.7%)</b>
<b>Operating Expenses:</b>						
Salaries and wages	154,327	168,233	9.0%	167,459	773	0.5%
Contract labor	4,283	8,813	105.8%	2,111	6,702	317.6%
Employee benefits	40,262	43,858	8.9%	42,862	995	2.3%
<b>Total Employment Expenses</b>	<b>198,871</b>	<b>220,903</b>	<b>11.1%</b>	<b>212,432</b>	<b>8,471</b>	<b>4.0%</b>
Medical and other supplies	64,638	68,371	5.8%	65,640	2,731	4.2%
Physician fees	41,121	48,594	18.2%	48,103	491	1.0%
Purchased services	20,290	20,527	1.2%	20,174	354	1.8%
Repairs and maintenance	13,708	14,679	7.1%	14,935	(256)	(1.7%)
Utilities	3,511	3,430	(2.3%)	3,461	(31)	(0.9%)
Rents and leases	3,279	3,540	7.9%	3,809	(269)	(7.1%)
Depreciation and amortization	13,943	17,625	26.4%	18,647	(1,022)	(5.5%)
Interest Expense	2,856	3,173	11.1%	3,504	(331)	(9.4%)
Other Expenses	10,214	10,754	5.3%	12,599	(1,845)	(14.6%)
Management Services Expenses	16,562	18,118	9.4%	16,929	1,189	7.0%
<b>Total Operating Expenses</b>	<b>388,996</b>	<b>429,716</b>	<b>10.5%</b>	<b>420,233</b>	<b>9,483</b>	<b>2.3%</b>
<b>Operating Margin</b>	<b>\$18,776</b>	<b>(\$3,726)</b>	<b>(119.8%)</b>	<b>\$8,649</b>	<b>(\$12,375)</b>	<b>(143.1%)</b>
Nonoperating Revenue	3,014	3,662	21.5%	3,580	82	2.3%
<b>Excess Margin</b>	<b>\$21,790</b>	<b>(\$64)</b>	<b>(100.3%)</b>	<b>\$12,230</b>	<b>(\$12,294)</b>	<b>(100.5%)</b>
<b>Operating Margin %</b>	<b>4.6%</b>	<b>(0.9%)</b>		<b>2.0%</b>		
<b>Excess Margin %</b>	<b>5.3%</b>	<b>(0.0%)</b>		<b>2.9%</b>		

# Kaweah Delta Medical Foundation

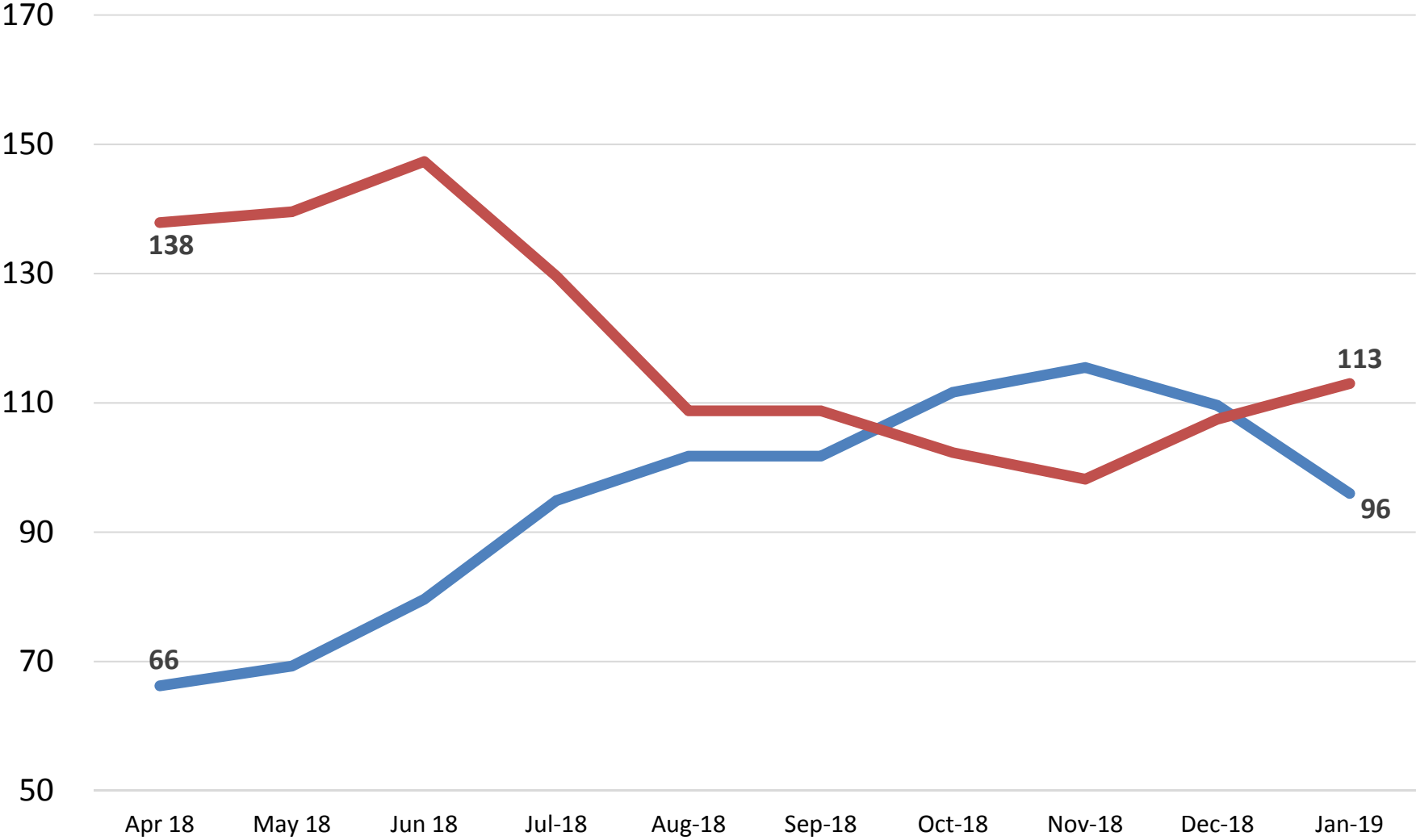
## Fiscal Year Financial Comparison (000's)

	Actual Results FYTD Jul-Jan			Budget FYTD	Budget Variance FYTD	
	2018	2019	% Change	2019	Change	% Change
<b>Operating Revenue:</b>						
Net patient service revenue	\$22,837	\$25,177	10.2%	\$26,970	(\$1,792)	(6.6%)
Other Revenue	214	436	103.7%	246	190	77.5%
Other operating revenue	214	436	103.7%	246	190	77.5%
<b>Total Operating Revenue</b>	<b>23,051</b>	<b>25,613</b>	<b>11.1%</b>	<b>27,215</b>	<b>(1,602)</b>	<b>(5.9%)</b>
<b>Operating Expenses:</b>						
Salaries and wages	5,791	6,710	15.9%	6,730	(20)	(0.3%)
Contract labor	9	90	865.8%	0	90	0.0%
Employee benefits	1,504	1,656	10.1%	1,710	(54)	(3.1%)
<b>Total Employment Expenses</b>	<b>7,304</b>	<b>8,456</b>	<b>15.8%</b>	<b>8,440</b>	<b>17</b>	<b>0.2%</b>
Medical and other supplies	2,969	3,593	21.0%	3,449	144	4.2%
Physician fees	11,153	12,637	13.3%	13,357	(720)	(5.4%)
Purchased services	779	678	(13.0%)	805	(127)	(15.8%)
Repairs and maintenance	1,079	1,136	5.3%	1,201	(65)	(5.4%)
Utilities	257	268	4.3%	270	(2)	(0.7%)
Rents and leases	1,460	1,579	8.1%	1,696	(118)	(6.9%)
Depreciation and amortization	660	684	3.6%	605	79	13.1%
Interest Expense	20	14	(29.4%)	22	(8)	(35.7%)
Other Expenses	743	929	25.0%	742	187	25.3%
<b>Total Operating Expenses</b>	<b>26,425</b>	<b>29,974</b>	<b>13.4%</b>	<b>30,587</b>	<b>(613)</b>	<b>(2.0%)</b>
<b>Excess Margin</b>	<b>(\$3,374)</b>	<b>(\$4,361)</b>	<b>29.2%</b>	<b>(\$3,372)</b>	<b>(\$989)</b>	<b>29.3%</b>
<b>Excess Margin %</b>	<b>(14.6%)</b>	<b>(17.0%)</b>		<b>(12.4%)</b>		

# FOCUSED ACTION

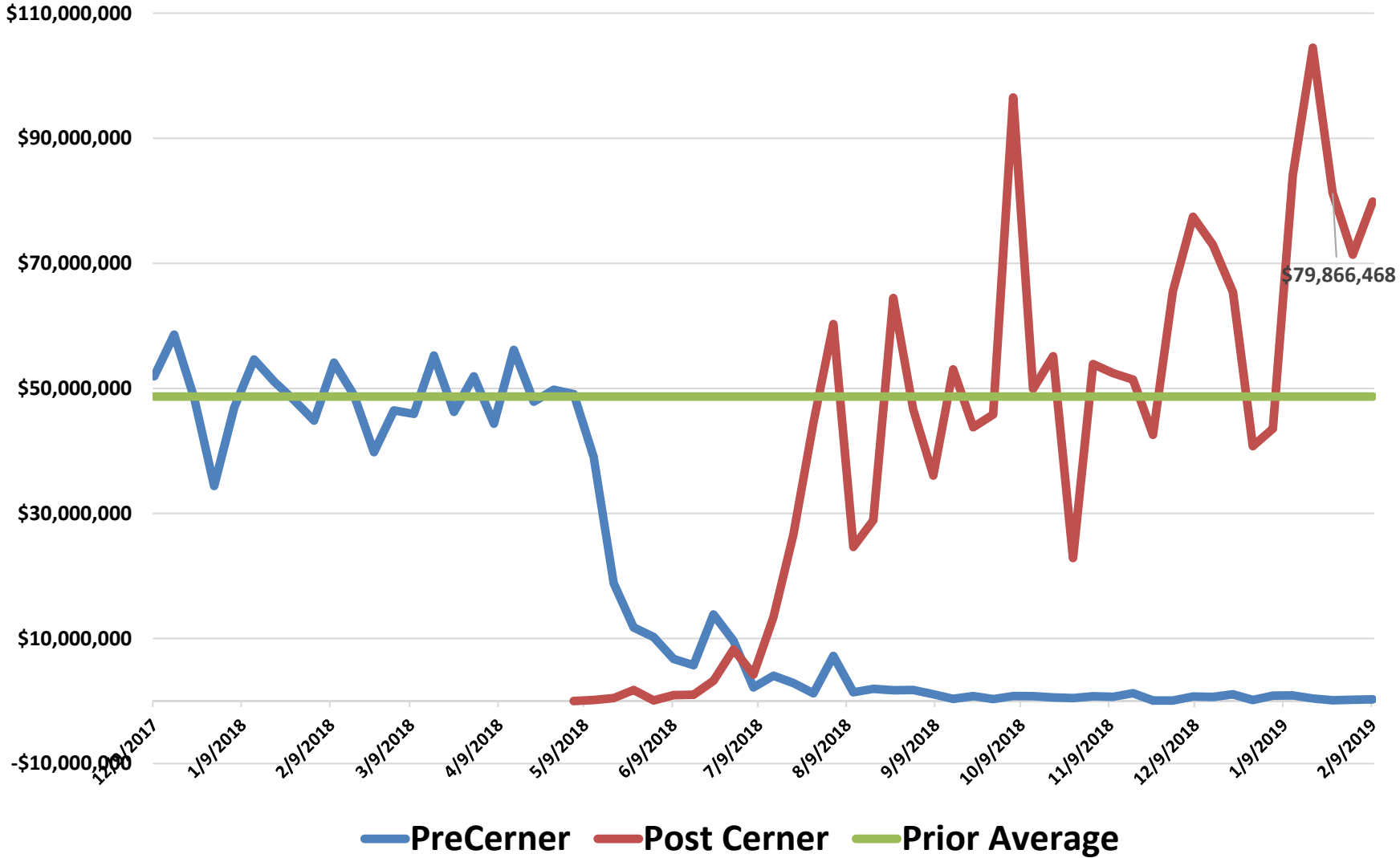
- Patient Flow – Real Time Involvement Initiative
- Cash – Cerner Support: System Builds and Billing / Collections
- Departmental Action Plans with VP's
  - Volume
  - Documentation/Charge Capture
  - Personnel Cost
  - Supply Costs
  - Service Line Profitability
- Reimbursement – Focused audits for Coding/CDI Team/ with Cerner Support

# Liquidity Ratios

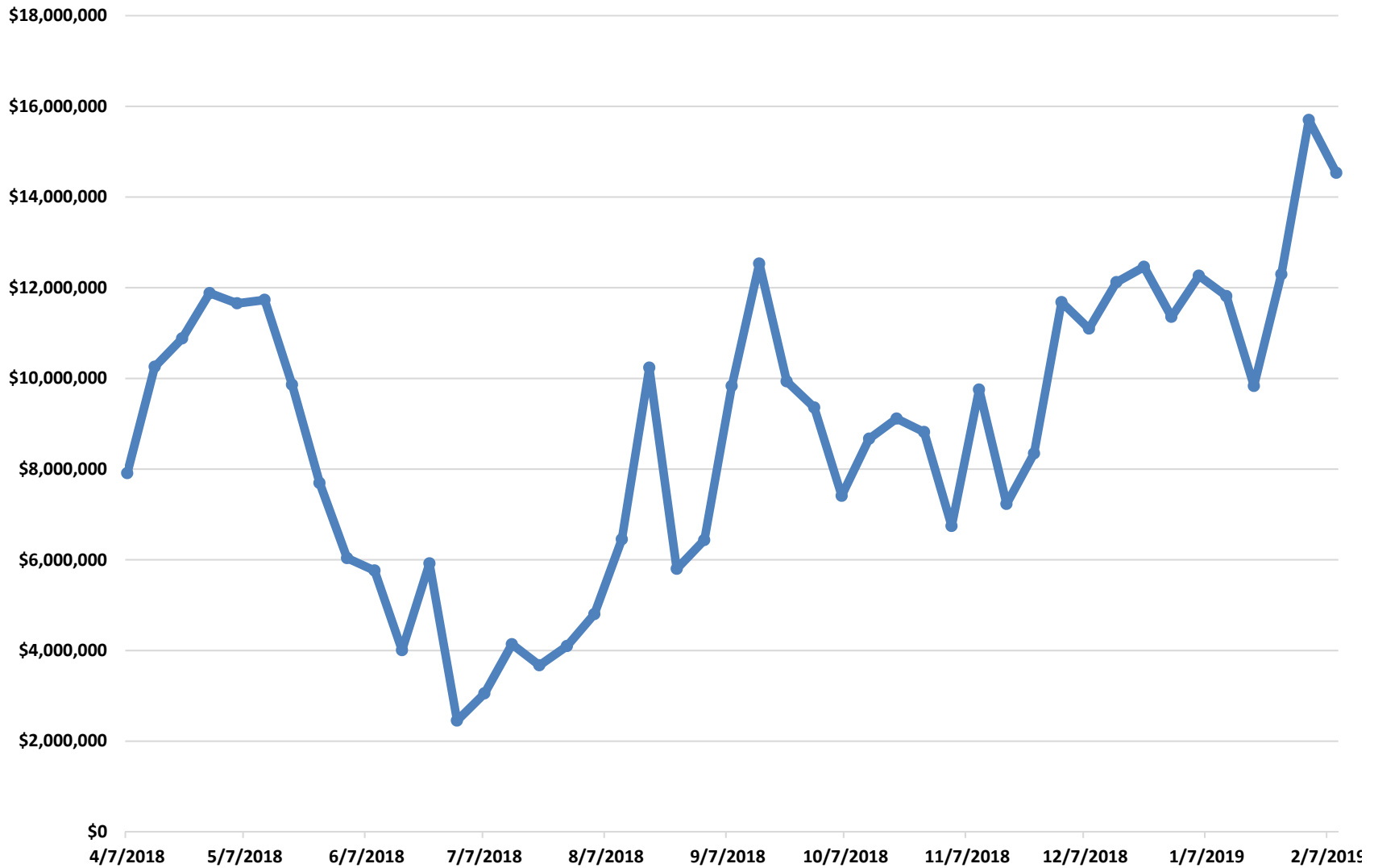


**— Accounts Receivable (days) — Cash On Hand (days)**

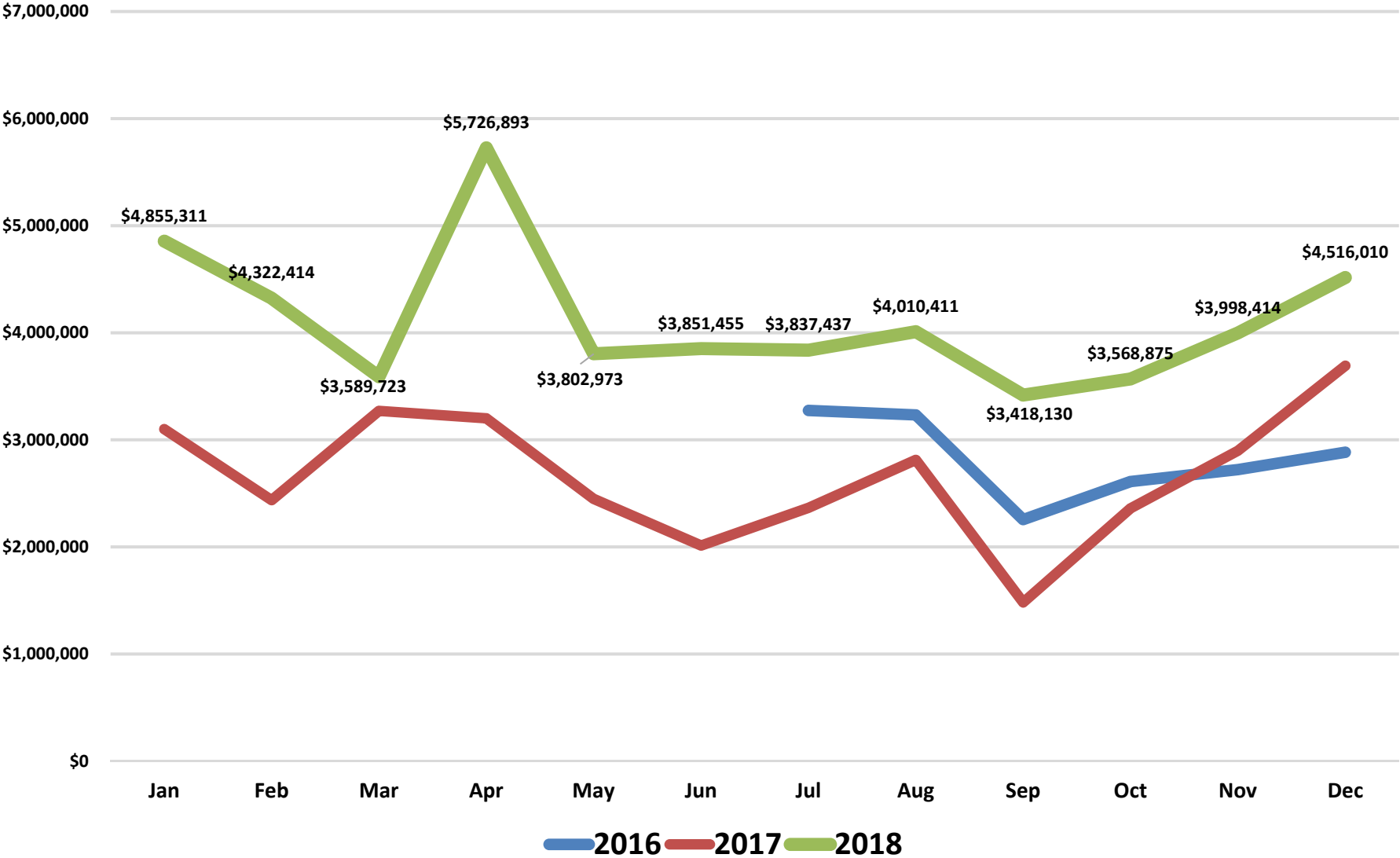
# Billed Claims \$\$ - Pre and Post Cerner



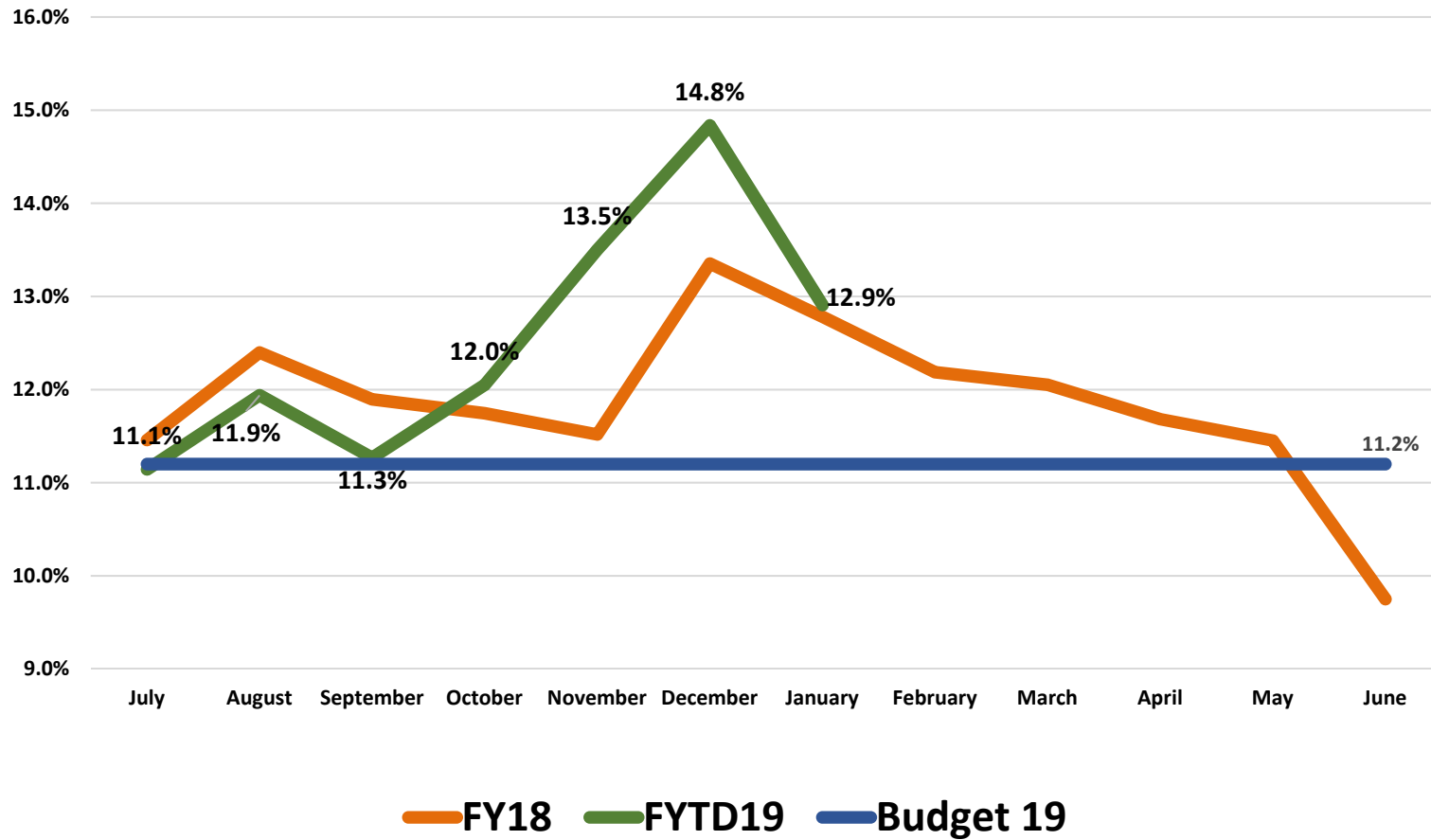
# Cash Collections - Pre and Post Cerner



# Opportunity Cost for Reducing LOS to National Average (GMLOS) Estimated \$49.5M Annual Impact



# Supplies less Pharmacy as a % of Net Patient Revenue





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

Fiscal Year	Operating Revenue			Operating Expenses					Operating Expenses Total	Operating Income	Non-Operating Income	Net Income	Operating Margin %	Excess Margin
	Net Patient Revenue	Other Operating Revenue	Operating Revenue Total	Personnel Expense	Physician Fees	Supplies Expense	Other Operating Expense							
<b>2018</b>														
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%	
Mar-18	49,209	10,487	59,696	32,141	7,348	9,693	13,554	62,736	(3,040)	(1,621)	(4,660)	(5.1%)	(7.8%)	
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%	
<b>2018 FY Total</b>	<b>\$ 568,097</b>	<b>\$ 144,175</b>	<b>\$ 712,272</b>	<b>\$ 349,476</b>	<b>\$ 75,049</b>	<b>\$ 110,389</b>	<b>\$ 153,711</b>	<b>\$ 688,624</b>	<b>\$ 23,647</b>	<b>\$ 3,706</b>	<b>\$ 27,353</b>	<b>3.3%</b>	<b>3.8%</b>	
<b>2019</b>														
Jul-18	49,124	11,390	60,514	30,147	6,300	9,585	12,701	58,733	1,781	434	2,215	2.9%	3.7%	
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%)	
Jan-19	44,312	18,178	62,489	34,290	6,624	8,909	13,104	62,927	(438)	460	22	(0.7%)	0.0%	
<b>2019 FY Total</b>	<b>\$ 328,549</b>	<b>\$ 97,441</b>	<b>\$ 425,990</b>	<b>\$ 220,903</b>	<b>\$ 48,594</b>	<b>\$ 68,371</b>	<b>\$ 91,847</b>	<b>\$ 429,716</b>	<b>\$ (3,726)</b>	<b>\$ 3,662</b>	<b>\$ (64)</b>	<b>(0.9%)</b>	<b>(0.0%)</b>	
<b>FYTD Budget</b>	<b>349,002</b>	<b>79,880</b>	<b>428,882</b>	<b>212,432</b>	<b>48,103</b>	<b>65,640</b>	<b>94,058</b>	<b>420,233</b>	<b>8,649</b>	<b>3,580</b>	<b>12,230</b>	<b>2.0%</b>	<b>2.9%</b>	
<b>Variance</b>	<b>\$ (20,453)</b>	<b>\$ 17,561</b>	<b>\$ (2,892)</b>	<b>\$ 8,471</b>	<b>\$ 491</b>	<b>\$ 2,731</b>	<b>\$ (2,210)</b>	<b>\$ 9,483</b>	<b>\$ (12,375)</b>	<b>\$ 82</b>	<b>\$ (12,294)</b>			
<b>Current Month Analysis</b>														
Jan-19	\$ 44,312	\$ 18,178	\$ 62,489	\$ 34,290	\$ 6,624	\$ 8,909	\$ 13,104	\$ 62,927	\$ (438)	\$ 460	\$ 22	(0.7%)	0.0%	
<b>Budget</b>	<b>52,441</b>	<b>11,934</b>	<b>64,375</b>	<b>31,108</b>	<b>6,851</b>	<b>9,655</b>	<b>13,824</b>	<b>61,438</b>	<b>2,937</b>	<b>516</b>	<b>3,453</b>	<b>4.6%</b>	<b>5.4%</b>	
<b>Variance</b>	<b>\$ (8,129)</b>	<b>\$ 6,243</b>	<b>\$ (1,885)</b>	<b>\$ 3,182</b>	<b>\$ (227)</b>	<b>\$ (746)</b>	<b>\$ (720)</b>	<b>\$ 1,489</b>	<b>\$ (3,375)</b>	<b>\$ (56)</b>	<b>\$ (3,431)</b>			

# 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 Days	Revenue %	Bad Debt %	Revenue/ Ajusted Patient Day	Expense/ Ajusted Patient Day	Fees/ Ajusted Patient Day	Expense/ Ajusted Patient Day	Expense/ Ajusted Patient Day	Expense/ Net Patient Revenue	Fees/ Net Patient Revenue	Expense/ Net Patient Revenue	Expense/ Net Patient Revenue
<b>2018</b>														
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%
<b>2018 FY Total</b>	<b>160,734</b>	<b>440</b>	<b>305,158</b>	<b>52.7%</b>	<b>73.3%</b>	<b>1,862</b>	<b>1,145</b>	<b>246</b>	<b>362</b>	<b>2,257</b>	<b>61.5%</b>	<b>13.2%</b>	<b>19.4%</b>	<b>121.2%</b>
<b>2019</b>														
Jul-18	14,096	455	26,287	53.6%	72.4%	1,869	1,147	240	365	2,234	61.4%	12.8%	19.5%	119.6%
Aug-18	14,569	470	28,016	52.0%	76.0%	1,861	1,128	274	379	2,244	60.6%	14.7%	20.4%	120.6%
Sep-18	13,052	435	24,371	53.6%	73.5%	1,914	1,224	268	364	2,404	64.0%	14.0%	19.0%	125.6%
Oct-18	13,744	443	25,579	53.7%	73.5%	1,907	1,284	279	386	2,460	67.4%	14.7%	20.2%	129.0%
Nov-18	13,013	434	23,625	55.1%	74.9%	1,857	1,315	309	432	2,644	70.8%	16.7%	23.2%	142.4%
Dec-18	13,497	435	25,399	53.1%	76.2%	1,721	1,225	277	407	2,410	71.2%	16.1%	23.6%	140.0%
Jan-19	13,671	441	26,407	51.8%	76.9%	1,678	1,299	251	337	2,383	77.4%	14.9%	20.1%	142.0%
<b>2019 FY Total</b>	<b>95,642</b>	<b>445</b>	<b>179,727</b>	<b>53.2%</b>	<b>74.8%</b>	<b>1,828</b>	<b>1,229</b>	<b>270</b>	<b>380</b>	<b>2,391</b>	<b>67.2%</b>	<b>14.8%</b>	<b>20.8%</b>	<b>130.8%</b>
<b>FYTD Budget</b>	<b>94,485</b>	<b>439</b>	<b>183,679</b>	<b>51.4%</b>	<b>72.5%</b>	<b>1,900</b>	<b>1,157</b>	<b>262</b>	<b>357</b>	<b>2,338</b>	<b>60.9%</b>	<b>13.8%</b>	<b>18.8%</b>	<b>120.4%</b>
<b>Variance</b>	<b>1,157</b>	<b>5</b>	<b>(3,953)</b>	<b>1.8%</b>	<b>2.3%</b>	<b>(72)</b>	<b>73</b>	<b>8</b>	<b>23</b>	<b>53</b>	<b>6.4%</b>	<b>1.0%</b>	<b>2.0%</b>	<b>10.4%</b>

# KAWEAH DELTA HEALTH CARE DISTRICT

## RATIO ANALYSIS REPORT

JANUARY 31, 2019

	Current Month Value	Prior Month Value	June 30, 2018 Audited Value	2017 Moody's Median Benchmark		
				Aa	A	Baa
<b>LIQUIDITY RATIOS</b>						
Current Ratio (x)	3.0	3.2	2.0	1.7	<b>1.9</b>	2.1
Accounts Receivable (days)	96.2	110.2	79.6	48.4	<b>48.4</b>	46.5
Cash On Hand (days)	113.5	107.5	147.3	264.6	<b>226.5</b>	156.5
Cushion Ratio (x)	14.9	14.1	18.2	36.6	<b>23.9</b>	13.8
Average Payment Period (days)	47.2	42.6	52.6	75.0	<b>59.6</b>	59.6
<b>CAPITAL STRUCTURE RATIOS</b>						
Cash-to-Debt	93.6%	88.3%	114.2%	217.6%	<b>169.6%</b>	111.7%
Debt-To-Capitalization	32.9%	32.9%	33.6%	26.0%	<b>32.9%</b>	39.3%
Debt-to-Cash Flow (x)	6.8	6.8	4.5	2.2	<b>3.0</b>	4.5
Debt Service Coverage	2.2	2.2	3.5	7.1	<b>5.4</b>	3.0
Maximum Annual Debt Service Coverage (x)	2.2	2.2	3.6	6.4	<b>4.7</b>	2.8
Age Of Plant (years)	12.0	11.9	13.3	10.1	<b>11.6</b>	12.1
<b>PROFITABILITY RATIOS</b>						
Operating Margin	(.9%)	(.9%)	3.3%	3.5%	<b>2.3%</b>	(.4%)
Excess Margin	(.0%)	(.0%)	3.6%	6.6%	<b>5.2%</b>	1.9%
Operating Cash Flow Margin	4.0%	4.0%	7.6%	9.2%	<b>8.6%</b>	6.0%
Return on Assets	(.0%)	(.0%)	3.1%	5.3%	<b>4.0%</b>	1.7%

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**CONSOLIDATED STATEMENTS OF NET POSITION**

	Jan-19	Dec-18	Change	% Change	Jun-18 (Audited)
<b>ASSETS AND DEFERRED OUTFLOWS</b>					
<b>CURRENT ASSETS</b>					
Cash and cash equivalents	\$ 8,722	\$ 11,244	\$ (2,522)	-22.43%	\$ 5,325
Current Portion of Board designated and trusted assets	15,031	13,372	1,659	12.40%	12,643
Accounts receivable:					
Net patient accounts	157,625	180,162	(22,538)	-12.51%	138,502
Other receivables	10,369	23,932	(13,563)	-56.67%	7,863
	167,994	204,094	(36,101)	-17.69%	146,365
Inventories	8,532	8,666	(134)	-1.55%	8,408
Medicare and Medi-Cal settlements	31,044	23,254	7,790	33.50%	20,088
Prepaid expenses	11,004	11,148	(144)	-1.29%	10,967
<b>Total current assets</b>	<b>242,326</b>	<b>271,779</b>	<b>(29,453)</b>	<b>-10.84%</b>	<b>203,796</b>
<b>NON-CURRENT CASH AND INVESTMENTS - less current portion</b>					
Board designated cash and assets	217,438	202,615	14,823	7.32%	272,414
Revenue bond assets held in trust	39,596	40,433	(837)	-2.07%	57,845
Assets in self-insurance trust fund	4,625	4,617	8	0.17%	4,607
<b>Total non-current cash and investments</b>	<b>261,660</b>	<b>247,666</b>	<b>13,994</b>	<b>5.65%</b>	<b>334,866</b>
<b>CAPITAL ASSETS</b>					
Land	15,988	15,988	-	0.00%	15,869
Buildings and improvements	352,721	352,708	13	0.00%	343,422
Equipment	269,644	269,441	203	0.08%	265,819
Construction in progress	34,945	32,656	2,289	7.01%	25,196
	673,298	670,792	2,505	0.37%	650,306
Less accumulated depreciation	344,654	342,230	2,423	0.71%	328,323
	328,644	328,562	82	0.02%	321,983
Property under capital leases - less accumulated amortization	3,277	3,353	(76)	-2.26%	4,123
<b>Total capital assets</b>	<b>331,921</b>	<b>331,915</b>	<b>6</b>	<b>0.00%</b>	<b>326,106</b>
<b>OTHER ASSETS</b>					
Property not used in operations	3,754	3,760	(6)	-0.16%	3,796
Health-related investments	7,783	7,741	43	0.55%	6,252
Other	9,064	8,933	130	1.46%	8,337
<b>Total other assets</b>	<b>20,601</b>	<b>20,434</b>	<b>167</b>	<b>0.82%</b>	<b>18,385</b>
<b>Total assets</b>	<b>856,508</b>	<b>871,794</b>	<b>(15,286)</b>	<b>-1.75%</b>	<b>883,154</b>
<b>DEFERRED OUTFLOWS</b>					
	3,078	3,116	(38)	-1.22%	3,344
<b>Total assets and deferred outflows</b>	<b>\$ 859,586</b>	<b>\$ 874,910</b>	<b>\$ (15,324)</b>	<b>-1.75%</b>	<b>\$ 886,498</b>

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**CONSOLIDATED STATEMENTS OF NET POSITION**

	Jan-19	Dec-18	Change	% Change	Jun-18
<b>LIABILITIES AND NET ASSETS</b>					<b>(Audited)</b>
<b>CURRENT LIABILITIES</b>					
Accounts payable and accrued expenses	\$ 13,116	\$ 30,207	\$ (17,091)	-56.58%	\$ 44,529
Accrued payroll and related liabilities	54,838	50,686	4,153	8.19%	46,064
Long-term debt, current portion	8,822	8,822	-	0.00%	8,976
Total current liabilities	76,776	89,714	(12,938)	-14.42%	99,569
<b>LONG-TERM DEBT, less current portion</b>					
Bonds payable	264,701	264,758	(57)	-0.02%	266,631
Capital leases	698	908	(210)	-23.13%	2,156
Total long-term debt	265,400	265,667	(267)	-0.10%	268,787
<b>NET PENSION LIABILITY</b>	38,973	39,249	(276)	-0.70%	40,902
<b>OTHER LONG-TERM LIABILITIES</b>	29,974	29,510	465	1.57%	26,768
Total liabilities	411,124	424,140	(13,016)		436,026
<b>NET ASSETS</b>					
Invested in capital assets, net of related debt	101,049	101,646	(597)	-0.59%	110,175
Restricted	30,773	28,894	1,879	6.50%	29,668
Unrestricted	316,640	320,230	(3,590)	-1.12%	310,627
Total net position	448,462	450,770	(2,308)	-0.51%	450,471
Total liabilities and net position	\$ 859,586	\$ 874,910	\$ (15,324)	-1.75%	\$ 886,498

<b>KAWEAH DELTA HEALTH CARE DISTRICT</b> <b>SUMMARY OF FUNDS</b> <b>January 31, 2019</b>
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Board designated funds	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
LAIF		2.36	Various		38,251,907	
Cal Trust		2.27	Cal Trust		16,222,448	
CAMP		2.62	CAMP		39,430	
Wells Cap		0.02	Money market		230,456	
PFM		0.02	Money market		490,199	
Torrey Pines Bank	5-Mar-19	0.40	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	61,142	
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	62,250	
PFM	16-Mar-20	1.51	ABS	Nissan Auto	22,302	
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	61,646	
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	59,109	
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	389,499	
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	432,733	
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 Recvcs	186,666	
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	
Wells Cap	15-Mar-21	1.71	ABS	Smart Trust	854,793	
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	

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
**January 31, 2019**

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	334,340
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	367,839
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	303,964
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	423,264
Wells Cap	16-Aug-21	1.74	ABS	Nissan Auto	1,047,176
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
Wells Cap	1-Sep-21	2.25	MTN-C	Ryder System Inc	420,000
PFM	15-Sep-21	6.72	ABS	FHLMC	1,653
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	18-Jan-22	2.60	U.S. Govt Agency	FFCB	250,000
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
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

<b>KAWEAH DELTA HEALTH CARE DISTRICT</b> <b>SUMMARY OF FUNDS</b> <b>January 31, 2019</b>
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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	15-Mar-23	2.75	MTN-C	Berkshire Hathaway	370,000
PFM	15-Mar-23	2.25	MTN-C	3M Company	540,000
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	2,200,000
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	26-Jun-23	3.40	MTN-C	Walmart Inc.	800,000
PFM	24-Jul-23	2.91	MTN-C	Goldman Sachs	900,000
PFM	25-Jul-23	3.20	ABS	FHLMC	379,390
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
PFM	31-Oct-23	1.63	U.S. Govt Agency	US Treasury Bill	6,400,000
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

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\$ 211,062,294.00



<b>KAWEAH DELTA HEALTH CARE DISTRICT</b> <b>SUMMARY OF FUNDS</b> <b>January 31, 2019</b>
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	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
<b><u>Self-insurance trust</u></b>						
Wells Cap			Money market	110900	718,314	
Wells Cap			Fixed income - L/T	152300	<u>4,659,576</u>	5,377,890
<b><u>2012 revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142112	<u>2,409,849</u>	2,409,849
<b><u>2015A revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142115	<u>541,951</u>	541,951
<b><u>2015B revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142116	697,245	
US Bank			Project Fund	152442	<u>39,539,149</u>	40,236,394
<b><u>2017A/B revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142117	<u>219,227</u>	219,227
<b><u>2017C revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142118	<u>697,763</u>	697,763
<b><u>2014 general obligation bonds</u></b>						
LAIF			Interest Payment fund	152440	<u>2,243,361</u>	2,243,361
<b><u>Operations</u></b>						
Wells Fargo Bank		0.20	Checking	100000	(2,234,020)	
Wells Fargo Bank		0.20	Checking	100500	8,965,352	
					6,731,332	
<b><u>Pavroll</u></b>						
Wells Fargo Bank		0.20	Checking	100100	(14,952)	
Wells Fargo Bank		0.20	Checking	100201	32,449	
Wells Fargo Bank			Checking	100205	1,223	
Bancorp			Checking	100202	37,950	
					56,670	
						6,788,002
<b>Total investments</b>					<b>\$</b>	<b><u>269,576,731</u></b>

<b>KAWEAH DELTA HEALTH CARE DISTRICT</b> <b>SUMMARY OF FUNDS</b> <b>January 31, 2019</b>
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**Kaweah Delta Medical Foundation**

Wells Fargo Bank	Checking	100050	<b>\$ 594,695</b>
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**Sequoia Regional Cancer Center**

Wells Fargo Bank	Checking	100535	\$ 770,916
Wells Fargo Bank	Checking	100530	-
			<b>\$ 770,916</b>

**Kaweah Delta Hospital Foundation**

VCB Checking	Investments	100501	\$ 530,140
Various	S/T Investments	142200	4,669,746
Various	L/T Investments	142300	10,414,057
Various	Unrealized G/L	142400	490,961
			<b>\$ 16,104,904</b>

**Summary of board designated funds:**

Plant fund:

Uncommitted plant funds	\$ 140,703,743	142100
Committed for capital	34,932,997	142100
	<u>175,636,740</u>	
GO Bond reserve - L/T	2,014,220	142100
401k Matching	9,951,041	142100
Cost report settlement - cur	2,135,384	142104
Cost report settlement - L/T	1,312,727	142100
	3,448,111	
Development fund/Memorial fund	104,184	112300
Workers compensation - cu	5,368,000	112900
Workers compensation - L/T	14,539,998	113900
	19,907,998	
	<b>\$ 211,062,294</b>	

	<b>Total Investments</b>	<b>%</b>	<b>Trust Accounts</b>	<b>Surplus Funds</b>	<b>%</b>
<b><u>Investment summary by institution:</u></b>					
Bancorp	\$ 37,950	0.0%		37,950	0.0%
Cal Trust	16,222,448	6.0%		16,222,448	7.4%
CAMP	39,430	0.0%		39,430	0.0%
Local Agency Investment Fund (LAIF)	38,251,907	14.2%		38,251,907	17.6%
Local Agency Investment Fund (LAIF) - GOB Tax f	2,243,361	0.8%	2,243,361	-	0.0%
Wells Cap	76,368,386	28.3%	5,377,890	70,990,496	32.6%
PFM	82,539,925	30.6%		82,539,925	37.9%
Torrey Pines Bank	3,018,088	1.1%		3,018,088	1.4%
Wells Fargo Bank	6,750,052	2.5%		6,750,052	3.1%
US Bank	44,105,184	16.4%	44,105,184		0.0%
<b>Total investments</b>	<b>\$ 269,576,731</b>	<b>100.0%</b>	<b>\$ 51,726,435</b>	<b>\$ 217,850,296</b>	<b>100.0%</b>

<b>KAWEAH DELTA HEALTH CARE DISTRICT</b> <b>SUMMARY OF FUNDS</b> <b>January 31, 2019</b>
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**Investment summary of surplus funds by type:**

		<b>Investment Limitations</b>
Negotiable and other certificates of deposit	\$ 15,563,088	\$ 65,355,000 (30%)
Checking accounts	6,788,002	
Local Agency Investment Fund (LAIF)	38,251,907	65,000,000
Cal Trust	16,222,448	
CAMP	39,430	
Medium-term notes (corporate) (MTN-C)	41,444,000	65,355,000 (30%)
U.S. government agency	59,820,000	
Municipal securities	6,500,000	
Money market accounts	720,655	43,570,000 (20%)
Asset Backed Securities	19,775,766	43,570,000 (20%)
Supra-National Agency	12,725,000	65,355,000 (30%)
	<u>\$ 217,850,296</u>	

**Return on investment:**

<b>Current month</b>	<u><b>1.67%</b></u>
<b>Year-to-date</b>	<u><b>1.25%</b></u>
<b>Prospective</b>	<u><b>2.08%</b></u>
<b>LAIF (year-to-date)</b>	<u><b>2.14%</b></u>
<b>Budget</b>	<u><b>1.66%</b></u>

**Material current-month nonroutine transactions:**

Sell/Called/Matured:	US Treasury, \$900,000, 1.50%
	US Treasury, \$800,000, 1.75%
	US Treasury, \$5,600,000, 2.00%
	US Treasury, \$605,000, 2.375%
Buy:	FFCB Deb, \$250,000, 2.60%
	Berkshire Hathaway, \$370,000, 2.75%
	Walmart Inc., \$800,000, 3.40%
	3M Company, \$540,000
	US Treasury, \$6,400,000, 1.625%

<b><u>Fair market value disclosure for the quarter ended December 31, 2018 (District only):</u></b>	<b><u>Quarter-to-date</u></b>	<b><u>Year-to-date</u></b>
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

<b>KAWEAH DELTA HEALTH CARE DISTRICT</b> <b>SUMMARY OF FUNDS</b> <b>January 31, 2019</b>
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**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
	<b>\$ 15,563,088</b>

**Investment summary of asset backed securities:**

Ally Auto	\$ 2,122,250
American Express	2,406,000
Bank of America	1,000,000
BMW Vehicle Owner	389,499
Capital One	867,000
Citibank Credit	3,000,000
FHLMC	381,043
FNMA	61,142
Ford Credit Auto	1,248,964
GM Financial	415,000
Honda Auto	1,332,733
Hyundai Auto	816,713
John Deere	901,646
Mercedes Benz Auto	565,000
Nissan Auto	1,069,478
Smart Trust	854,793
Toyota Auto	1,540,000
Toyota Auto Recvs	436,666
USAA Auto Owner	367,839
	<b>\$ 19,775,766</b>

**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
Berkshire Hathaway	370,000
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

<b>KAWEAH DELTA HEALTH CARE DISTRICT</b> <b>SUMMARY OF FUNDS</b> <b>January 31, 2019</b>
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State Street Corp	1,075,000
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
Walmart Inc.	800,000
Walt Disney Co	375,000
Wells Fargo Company	1,150,000
3M Company	540,000
	<u>\$ 41,444,000</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)	2,700,000
US Treasury Bill	48,895,000
	<u>\$ 59,820,000</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>