June 25, 2021

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the Kaweah Health Medical Center Acequia Wing Conference Room {305 W. Acequia Visalia, CA} on Monday June 28, 2021 beginning at 3:30PM in open session followed by a closed session beginning at 3:31PM pursuant to Government Code 54956.9(d)(2) and Health and Safety Code 1461 and 32155 followed by an open session at 4:45PM.

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

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

KAWEAH DELTA HEALTH CARE DISTRICT
Garth Gipson, Secretary/Treasurer

Cindy Moccio

Cindy Moccio
Board Clerk / Executive Assistant to CEO

DISTRIBUTION:
Governing Board
Legal Counsel
Executive Team
Chief of Staff
www.kaweahhealth.org

KAWEAH DELTA HEALTH CARE DISTRICT
BOARD OF DIRECTORS MEETING

Kaweah Health Medical Center – Acequia Wing Conference Room
305 W. Acequia, Visalia, CA

Monday June 28, 2021

OPEN MEETING AGENDA {3:30PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION –** Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
4. **APPROVAL OF THE CLOSED AGENDA – 3:31PM**
   - 4.1. **Conference with Legal Counsel – Anticipated Litigation –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case **-** *Rachele Berglund, Legal Counsel*
   - 4.2. **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Byron Mendenhall, MD Chief of Staff*
   - 4.3. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee –– *Byron Mendenhall, MD Chief of Staff*
   - 4.4. **Approval of the closed meeting minutes** – May 24, 2021.

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

   Action Requested – Approval of the June 28, 2021 closed meeting agenda.
5. **ADJOURN**

CLOSED MEETING AGENDA {3:31PM}

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

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

   Byron Mendenhall, MD Chief of Staff
4. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.

   Byron Mendenhall, MD Chief of Staff
5. **APPROVAL OF THE CLOSED MEETING MINUTES** – May 24, 2021.

   Action Requested – Approval of the closed meeting minutes – May 24, 2021.
6. **ADJOURN**

OPEN MEETING AGENDA {4:45PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION –** Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request approval of the May 24, June 3, June 16, and June 23, 2021 open minutes.

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

Action Requested – Approval of the open meeting minutes – May 24, June 3, June 16, and June 23 *open board of directors meeting minutes.*

6. RECOGNITIONS – *Ambar Rodriguez*

6.1. Presentation of Resolution 2132 to Larissa Dodson, Sr. Financial Analyst in recognition as the World Class Employee of the Month recipient – June 2021

6.2. Presentation of Resolution 2133 to Martha Tercero, Finance Budget Manager, retiring from Kaweah Health after 36 years of service.

6.3. Presentation of Resolution 2134 to Barbara Mayeda, Director of Private Home Care, retiring from Kaweah Health after 29 years of service.

6.4. Presentation of Resolution 2135 to Sharon Neill, Nurse Manager retiring from Kaweah Health after 22 years of service.

6.5. Presentation of Resolution 2136 to Patricia Fawkes, Laboratory Section Chief, retiring from Kaweah Health after 26 years of service.

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

Byron Mendenhall, MD Chief of Staff

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

Recommended Action: Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provision al status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the MEC, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from provision al status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, Be it therefore resolved that the following medical staff be approved or reappointed (as applicable), as attached, to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files.

8. CHIEF OF STAFF REPORT – Report relative to current Medical Staff events and issues.
Byron Mendenhall, MD Chief of Staff

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

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

Action Requested – Approval of the June 28, 2021 Consent Calendar.

9.1. REPORTS

A. Environment of Care
B. Physician Recruitment
C. Emergency Department

9.2. POLICIES

A. Administrative
1) Annual Operating and Capital Budget Development and Monitoring – AP153- Revised
2) Community Managed Care Rate – AP130 – Revised
3) Competitive Bidding on Contracts – AP166 – Revised
4) Complimentary Meal Ticket –AP131-Revised
5) Expenses reimbursable by Foundation restricted funds – AP134-Revised
6) Occurrence Reporting Process – AP10 – Revised
7) Patient Complaint & Grievance Management – AP08 – Revised
8) Public Relations, Marketing, and Media Relations – AP06-Revised
9) Scheduling Meeting and/or Conference Rooms within District Facilities- AP22-Revised
10) Subpoenas/Search Warrants served on district records, contract physicians, or patients –AP21 – Revised
11) Value Analysis Committee-AP162-Revised
12) Bioethics Committee – AP97 – Revised
13) Quality Improvement Plan – AP.41 -Revised

B. Human Resources (as reviwed and approved at the June Board Human Resouces Committee)
1) Timekeeping – HR63 - Revised
2) Meal Periods and Rest Breaks - HR.70 - Revised
3) Employee Benefits Overview – HR.128 - Revised
4) Performance Management HR.213 - Revised
5) Grievance Procedure HR.215 - Revised

6) Progressive Discipline HR.216 - Revised
7) Notification Requirements Pre Determination Process and Appeal Process for Involuntary Termination, Suspension without Pay for More than Five Days and Demotion - HR.218 - Revised
8) Employee Reduction in Force HR.221 - Revised
9) PTO - HR.234 - Revised
10) Employment References - HR.98 – Reviewed
11) Personal Property – HR.188 - Reviewed
12) Witness Duty - HR.156 -Reviewed
13) Employee Recognition -HR.131 - Reviewed
14) ID Badges - HR.183- Reviewed
15) Bereavement Leave – HR.149-Reviewed
16) Short Term Military Training Leave HR.151 – Reviewed
17) Request for Change of Work Assignment – HR.15 -Reviewed
18) Job Descriptions – HR.95 -Reviewed
19) Personnel Files – HR.96 -Reviewed
20) Employee Parking – HR.141 Reviewed
21) Jury Duty – HR.169- Reviewed
22) Purpose and Scope – HR.01 Reviewed

9.3. Approval of revised Kaweah Deltal Annual Physician Recruitment Plan – 2021 based on the Provider Needs Assessment for Kaweah Delta Medical Center presented at the September 28, 2020 Board of Director meeting. This document has been revised to include Interventional Cardiology/Structural Heart and Pediatrics. Having reviewed and analyzed the Provider Needs Assessment conducted by Sg2 in 2020, which includes a specific list of the needed physician specialties for 2020 and 2021 in communities served by the District "Needed Physician Specialties," the Board hereby finds that it will be in the best interests of the public health of the communities served by the District to have the District provide appropriate assistance in order to obtain licensed physicians and surgeons in the Needed Physician Specialties to practice in the communities served by the District. Therefore, the Board authorizes the District to provide the types of assistance authorized by Cal. Health & Safety Code §32121.3, to obtain licensed physicians and surgeons in the Needed Physician Specialties to practice in the communities served by the District.

9.4. Recommendations from the Medical Executive Committee (June 2021)
A. Privileges
1) Emergency Medicine
2) Vascular Surgery

10. **QUALITY – ANNUAL INFECTION PREVENTION** - A review of key quality measures and improvement actions associated with care of the maternal child health population.

Shawn Elkin, MPA, BSN, RN, PHN, CIC, Kaweah Health Infection Prevention Manager

11. **QUALITY – LENGTH OF STAY QUALITY REPORT** - A review of key quality measures, and quality improvement projects related to surgical services.

Keri Noeske, DNP, VP Chief Nursing Officer

12. **GRADUATE MEDICAL EDUCATION (GME)** – Kaweah Health opportunities to grow GME in the Central Valley.

Lori Winston, M.D., Vice President Medical Education & Designated Institutional *Officer*

13. **2021/2022 ANNUAL OPERATING AND CAPITAL BUDGET** – Review of the annual operating and capital budget.

Malinda Tupper –Vice President & Chief Financial Officer

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

Recommended action: Approval of the 2021/2022 Annual Operating and Capital Budget

14. **STRATEGIC PLAN** – Review and requested approved of the Strategic Plan for fiscal year 2021/2022.

Marc Mertz, Vice President Chief Strategy Officer

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

Action Requested – Approval of the Strategic Plan for fiscal year 2021/2022.

15. REPORTS

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

Gary Herbst, Chief Executive Officer

15.2. Board President **-** Report relative to current events and issues.

David Francis, Board President

ADJOURN

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

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

MONDAY JUNE 28, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-19

KDHCD - BOARD OF DIRECTORS MEETING

MONDAY JUNE 28, 2021

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PAGES 8-19

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PAGES 8-19

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PAGES 8-19

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CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-19

KAWEAH DELTA HEALTH CARE DISTRICT

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MONDAY JUNE 28, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-19

KDHCD - BOARD OF DIRECTORS MEETING

MONDAY JUNE 28, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-19

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CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-19

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

MONDAY JUNE 28, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-19

KDHCD - BOARD OF DIRECTORS MEETING

MONDAY JUNE 28, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-19

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

MONDAY JUNE 28, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-19

KDHCD - BOARD OF DIRECTORS MEETING

MONDAY JUNE 28, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-19

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY MAY 24, 2021, AT 3:30PM, IN SUPPORT SERVICES BUILDING 5TH FLOOR GRADUATE MEDICAL EDUCATION CONFERENCE ROOMS (CALL IN OPTION DUE TO STAY IN PLACE ORDER BY GOVENOR OF CALIFORNIA), DAVID FRANCIS PRESIDING

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

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

Director Francis entertained a motion to approve the agenda.

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

PUBLIC PARTICIPATION – none

CLOSED AGENDA – 3:31PM

APPROVAL OF THE CLOSED AGENDA – 3:31PM

- **Approval of closed meeting minutes** – April 26, 2021.
- **Conference with Legal Counsel** – Existing Litigation – Pursuant to Government Code 54956.9(d)(1) – *Richard Salinas, Legal Counsel, Ben Cripps, Chief Compliance Officer, and Evelyn McEntire, Interim Director of Risk Management*
  - Edison v. Barcenas: Case # VCU265419
  - Martinez (Santillan) v. KDHCD Case # VCU279163
  - Miller v KDHCD Case # 19CECG02595
  - Richards v KDHCD Case # VCU280708
  - Shirk v KDHCD Case # VCU280558
  - Foster v KDHCD Case # 280726
  - Dowdy v KDHCD Case # VCU283475
  - Snow v KDHCD Case # VCU284063
  - Stalcup v KDHCD Case # 284918
  - Stanger v Visalia Medical Center Case # VCU284760
  - Weaver v KDHCD Case # VCL195709
  - Taylor v KDHCD Case # VCU285079
  - Dunlap v KDHCD Case # VCU285988
  - Borges v KDHCD Case # VCU280819
  - Valdovinos v KDHCD Case # VCU279423
  - Grant v KDHCD Case # 280250
  - Delgado v KDHCD Case # VCU280865
  - Souza v KDHCD Case # VCU281205
- **Conference with Legal Counsel – Anticipated Litigation –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 4 Cases **-** *Richard Salinas, Legal Counsel, Ben Cripps, Chief Compliance Officer, and Evelyn McEntire, Interim Director of Risk Management*

- **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — *Ben Cripps, Chief Compliance Officer, and Evelyn McEntire, Interim Director of Risk Management*
- **Conference with Legal Counsel – Anticipated Litigation –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 12 Case **–** *Ben Cripps, Chief Compliance Officer and Rachele Berglund, Legal Counsel*
- **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Monica Manga, MD Vice Chief of Staff*
- **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — *Monica Manga, MD Vice Chief of Staff*

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

ADJOURN - Meeting was adjourned at 3:31PM

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY MAY 24, 2021, AT 4:30PM, IN SUPPORT SERVICES BUILDING 5TH FLOOR GRADUATE MEDICAL EDUCATION CONFERENCE ROOMS (CALL IN OPTION DUE TO STAY IN PLACE ORDER BY GOVENOR OF CALIFORNIA), DAVID FRANCIS PRESIDING

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

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

Director Francis asked for approval of the agenda.

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

PUBLIC PARTICIPATION – none

CLOSED SESSION ACTION TAKEN: Approval of closed minutes from April 26, 2021.

OPEN MINUTES – Request approval of the meeting minutes April 21, April 26, and May 19, 2021 open minutes.

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

MMSC (Havard Mirviss/Gipson) Approval of the open meeting minutes April 21, April 26, and May 19, 2021 open minutes*. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis*

RECOGNITIONS – *Mike Olmos*

- Presentation of Resolution 2129 to Liset Magallanes, RN, Float Pool-General Nursing in recognition of as the World Class Employee of the Month recipient – May 2021
- Presentation of Resolution 2130 to Molly Niederreiter, Director of Rehabilitation Services in recognition of as the Employee of the Year.

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

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

Director Francis requested a motion for the approval of the credentials report {copy attached to the original of these minutes and considered a part thereof}.

MMSC (Gipson/Olmos) Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and

resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the Executive Committee of the Medical Staff, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, Be it therefore resolved that the following medical staff, excluding Emergency Medicine Providers as highlighted on Exhibit A (copy attached to the original of these minutes and considered a part thereof), be approved or reappointed (as applicable), to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files . This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

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

- No Report.

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

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

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

QUALITY – MATERNAL CHILD HEALTH QUALITY REPORT - A review of key quality measures and improvement actions associated with care of the maternal child health population (copy attached to the original of these minutes and considered a part thereof) - *Tracie Sherman, Director of Maternal Child Health*

QUALITY – SURGICAL SERVICES - A review of key quality measures, and quality improvement projects related to surgical services (copy attached to the original of these minutes and considered a part thereof) - *Brian Piearcy, Director of Surgical Services*

STRATEGIC PLAN – ORGANIZATIONAL EFFECTIVENESS AND EFFICIENCY – Review of the Kaweah Delta Strategic Plan Initiative – Organizational Effectiveness and Efficiency including a review of the metrics and strategies/tactics (copy attached to the original of these minutes and considered a part thereof) - *Keri Noeske, RN, Vice President & Chief Nursing Officer and Rebekah Foster, Director Throughput/Specialty Care*

BUDGET FY22 – Review and discussion relative to the guiding principles for our fiscal year 2022 budget - *Malinda Tupper, Vice President, Chief Financial Officer*

- Ms. Tupper reviewed some of the guiding principles and basic assumptions that will be used in putting this year's budget together. Kaweah Health is Moody rated A3 and to keep this

rating our operating margin must be at 1.8%. The Board will have several meeting prior to the presentation of the budget on June 28th (June 16th and June 23rd) at which time we will review the drafting budget and get feedback from the Board members for the preparation of the final budget to be presented at the June 28th Board meeting.

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

- Mr. Herbst noted that we are not budgeting for another COVID shutdown, we currently have 8 COVID patients in the medical center with zero on vents or in the ICU.
- We are currently waiting for CDPH to approve the use of the Emergency Department expansion (Zone 5).
- Out infection disease manager has announced that we are officially at the end of the 2021 flu season.

BOARD PRESIDENT REPORT – Report from David Francis, Board President

- Director Francis inquired if we are prepared to handle the influx of patient in our Emergency Department relative to the closure of the Lags Medical Centers who care for patients that are on pain medicines on an ongoing basis. Mr. Gates noted that we have notified our outpatient clinics as these patients are now starting to return to the clinic setting to keep access to their pain management prescriptions.

ADJOURN - Meeting was adjourned at 6:43PM

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY JUNE 3, 2021, AT 3:30PM, IN THE KAWEAH HEALTH SUPPORT SERVICES BUILDING 2ND FLOOR COPPER CONFERENCE ROOM (CALL IN OPTION DUE TO STAY IN PLACE ORDER BY GOVENOR OF CALIFORNIA), DAVID FRANCIS PRESIDING

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

The meeting was called to order at 3:37pm by Director Francis.

Director Francis asked for approval of the agenda.

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

PUBLIC PARTICIPATION – none

STRATEGIC PLAN 2021/2022 – Progress report and review of draft Strategic Plan for fiscal year 2021/2022 (copy attached to the original of these minutes and considered a part thereof) -

Marc Mertz, Vice President Chief Strategy Officer.

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

- No report.

BOARD PRESIDENT REPORT – Report from David Francis, Board President

- No report.

ADJOURN - Meeting was adjourned at 6:47PM

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JUNE 16, 2021 AT 3:00PM, IN THE KAWEAH HEALTH MEDICAL CENTER ACEQUIA WING CONFERENCE ROOM, DAVID FRANCIS PRESIDING

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

The meeting was called to order at 3:00pm by Director Francis.

Director Francis asked for approval of the agenda.

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

PUBLIC PARTICIPATION – none

Director Rodriguez arrived at 3:15pm

2020/2021 ANNUAL OPERATING & CAPITAL BUDGET AND FINANCIALS – Review of the annual operating & capital budget and strategies and the most current fiscal year financial results (copy attached to the original of these minutes and considered a part thereof) - Malinda Tupper –Vice President & Chief Financial Officer

- Review and discussion of the draft 2021/2022 annual operating and capital budget.
- In depth discussion of the 401K and the messaging to the staff relative to the full match and ½ match.
- Discussion of FY22 options, Options 1, 2, and 3.
- Discussion of variables that could be adjusted to modify some of the options for the FY22 budget. We have another budget study session on June 23 for the Board to review these projections for next year's budget.
- Director Francis noted that he would prefer we budget for a 1.8% margin but understands why would could only potentially election to approve 1.0%. Ms. Tupper will make the proposed adjustments and bring this back to the Board on June 23rd for further review and feedback.

EMERGENCY MEDICINE PRIVILEGES – Revised Core Privileges - As reviewed and approved by the Medical Executive Committee on May 18, 2021

- Kaweah Health Emergency Medicine privileges – initial criteria (copy attached to the original of these minutes and considered a part thereof).

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

MMSC (Havard Mirviss/Gipson) Approval of the Kaweah Health Emergency Medicine privileges – initial criteria. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

- Privileges for Emergency Medicine providers as updated and approved to align with the revisions to the Emergency Medicine privilege form effective through ending dates as noted on the attached chart (copy attached to the original of these minutes and considered a part thereof).

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

MMSC (Gipson/Havard Mirviss) Approval of the Privileges for Emergency Medicine providers as updated and approved to align with the revisions to the Emergency Medicine privilege form effective through ending dates as noted on the attached chart. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

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

- The Medical Center currently has only 4 COVID patients in the hospital, none in the ICU and zero vents.

BOARD PRESIDENT REPORT – Report from David Francis, Board President

- No report.

ADJOURN - Meeting was adjourned at 4:58PM

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JUNE 23, 2021 AT 3:00PM, IN THE KAWEAH HEALTH LIFESTYLE FITNESS CENTER CONFERENCE ROOM, DAVID FRANCIS PRESIDING

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

The meeting was called to order at 3:03pm by Director Francis.

Director Francis asked for approval of the agenda.

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

PUBLIC PARTICIPATION – none

ANNUAL OPERATING & CAPITAL BUDGET AND FINANCIALS – Review and discussion relative to the annual operating & capital budget and strategies (copy attached to the original of these minutes and considered a part thereof) - *Malinda Tupper –Vice President & Chief Financial Officer*

- Discussion relative to the presentation of various assumptions relative to the preparation of the annual operating and capital budget.
- Following the presentation and Board discussion the Board noted that they would like Ms. Tupper to proceed with Option #2 in preparation of the final budget presentation to be presented for action at the June 28th regular Board meeting..

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

- Mr. Herbst noted that Director Havard Mirviss approved him sharing with the Board and Executive Team that her husband has been put on comfort care.
- The California Department of Public Health has again rejected our plan of correction and we are working on our response which is due this Friday.

BOARD PRESIDENT REPORT – Report from David Francis, Board President

- No report.

ADJOURN - Meeting was adjourned at 4:21PM

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

ATTEST:

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

RESOLUTION 2132

WHEREAS, KAWEAH DELTA HEALTH CARE DISTRICT recognizes Larissa Dodson, Sr. Financial Analyst, with the World Class Employee of The Month Award – June 2021 for consistent outstanding performance and,

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

WHEREAS, Ms. Dodson embraces the Pillar of Kaweah Health - *Deliver Excellent Service* and,

WHEREAS, the Board of Directors of the KAWEAH DELTA HEALTH CARE DISTRICT is aware of Ms. Dodson excellence in caring and service,

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

PASSED AND APPROVED this 28th day of June 2021 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

EMPLOYEE: **Larissa Dodson—Senior Financial Analyst in the Kaweah Health Finance Department {14 years}**

NOMINATED BY: Echan Seechan

Larissa has gone above and beyond assisting other employees and departments outside of her regular job duties and working after hours to assist the payroll department during periods of staff shortages; she does this always with positive attitude. She takes care of others before herself. She is a team player—constantly testing our payroll systems for accuracy and making sure that Kaweah stays up-to-date and compliant with ever-changing payroll laws and regulations. She is also very busy outside of work--singing in her church choir and trying to keep her kids in check and her fingers out of door jambs. She always gives positive advice and is a great mentor in our department and throughout our entire organization. Larissa, thank you for being such a wonderful colleague and role model. We greatly appreciate you.

RESOLUTION 2133

WHEREAS, Martha Tercero, is retiring from duty at Kaweah Delta Health Care District after 36 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;

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her excellence in caring and service,

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Martha Tercero for 36 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 28th day of June 2021 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

RESOLUTION 2134

WHEREAS, Barbara Mayeda, is retiring from duty at Kaweah Delta Health Care District after 29 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;

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her excellence in caring and service,

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Barbara Mayeda for 29 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 28th day of June 2021 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

RESOLUTION 2135

WHEREAS, Sharon Neill, 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;

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her excellence in caring and service,

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Sharon Neill 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 28th day of June 2021 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

RESOLUTION 2136

WHEREAS, Patricia Fawkes, is retiring from duty at Kaweah Delta Health Care District after 26 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;

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her excellence in caring and service,

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Patricia Fawkes for 26 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 28th day of June 2021 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

Environment of Care
1st Quarter Report
January 1, 2021 through March 31, 2021
Presented by
Maribel Aguilar, Safety Officer

SAFETY (Employee Health)

First Quarter 2021

Performance Standard: Reduce Occupational Safety & Health Administration (OSHA) recordable work related injury cases by 10% from 2020.
Goal: No more than 421 recordable workplace injuries in 2021 (105 per qtr.)
Status: Goal not met for 1st Quarter 2021: 129 workplace injuries.
Sponsor: Sarah Amend
Plan for Improvement: (Summary)

1. Implement same day on-site investigation with employee (performed by Employee Health)
2. Work with Infection Prevention (IP) to reduce COVID exposure/claims
3. Employee Health Services (EHS) to meet with department managers with greater than 3 OSHA recordable in the last 24 months
4. Increase sharps education in employee orientation
5. Implement workplace ergonomic evaluations (performed by Employee Health: Physical Therapy Assistant)

Evaluation:

- **Goal for Quarter 1 not met**
- 129 OSHA recordable injuries in Qtr. 1 2021, including 50 Covid-19 claims.
- Covid-19 vaccination began 12/18/20.
- Provided 7 ergonomic evaluations during 1st Qtr.
- 2021 Sharps Exposure-Quarter 1—23 total (5-GME)

Type of injury					Totals 2021	Annual % change	Totals 2020	Per 1000 employees
	Q1	Q2	Q3	Q4				
Total Incidents	178				178	-6.2%	759	34.56
OSHA recordable	129				129	10.5%	467	25.05
Lost time cases	90				90	-4.8%	378	17.48
Strain/sprain	30				30	18.8%	101	5.83
Bruise/ Contusion	5				5	25.0%	16	0.97
Cumulative Trauma	0				0	-100.0%	3	0.00
Sharps exposure	23				23	21.1%	76	4.47
Covid 19+ *	50				50	-26.2%	271	9.71
Blood and body fluid splash	1				1	-66.7%	12	0.19
# Employees end of QTR	5150							

SAFETY (Employee Health)

First Quarter 2021 (cont.)

Detailed Plan for Improvement:

- **Continue to work with Infection Prevention to decrease Covid 19+ exposures/ claims by healthcare workers in 2nd qtr. of 2021.**
- Identify employees with ≥ 3 OSHA recordable injuries in last 2 years. EHS speaks with managers directly noting any trends per employee and/or injuries. This quarter we had no employees with more than 3 OSHA recordable injuries.
- Departments with 3 or more OSHA recordable injuries. In the 1st Qtr. departments with 3 or more recordable injuries include: ICU, 2 North, Float Pool, 3 North, 3 South, 4 South, 2 South, 4 North, Emergency Department, Dialysis, Food and Nutrition, Environmental Services and Patient Access. Most injuries related to Covid 19 claims. Will continue to evaluate if cases increase or department trend is seen, discussion with manager will occur.
- Same day on-site incident investigation with employee. Follow-up with manager for prevention opportunities and/or process changes and policy review. Investigation/ follow-up may include photos, video and interview of witnesses/ manager.
- Increase Sharps education in general orientation by Infection Prevention and Manager orientation by EHS. Demo correct sharps activation in new hire physicals with all Employees handling sharps.
- Utilize physical therapy assistant in Employee Health for ergonomic evaluations, evaluate for proper body mechanics to prevent injury, stretching exercises and equipment recommendations to ensure safety with our jobs.

OSHA recordable injuries and Illnesses are as follows:

- Fatalities (reportable)
- Hospitalizations (reportable)
- Claim with lost work day, or modified work with restrictions (recordable)
- Medical treatment other than First Aid (recordable)

SAFETY (Risk Management)

First Quarter 2021

Performance Standard: No patient death or serious disability associated with a fall while cared for in a Kaweah Health Facility.
Goal: 100% Compliance (0 events)
Status: Goal met for 1st Quarter 2021
Sponsor: Evelyn McEntire

Evaluation:

There were no incidents of patient death or serious disability associated with a fall while being cared for in a Kaweah Health (KH) facility.

The Minimum Performance Level was met for this standard.

*Serious disability means physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function if the impairment lasts more than seven (7) days, or is still present at the time of discharge, or loss of a body part.

Detailed Plan for Improvement:

Hazardous Surveillance inspections of all Kaweah Health facilities conducted on a scheduled basis. Safety issues identified are resolved by department manager.

Continue to monitor.

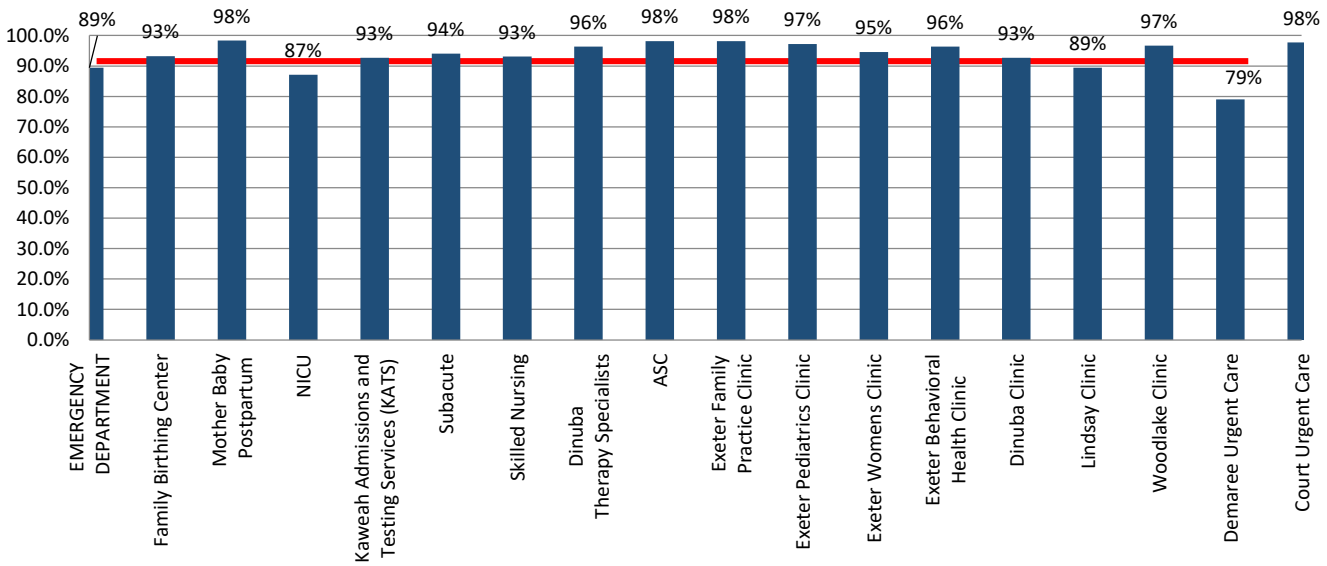
SAFETY (Infection Prevention)

First Quarter 2021

Performance Standard: Departments demonstrate compliance with Infection Prevention performance measures/criteria during bi-annual audits
Goal: Minimum of 90% compliance per department
Status: Goal not met for 1st Quarter 2021: 27/42 areas surveyed exceeded 90% compliance: 64%
Sponsor: Shawn Elkin
Plan for Improvement: (Summary)
1. IP to require non-compliant departments to submit Corrective Action Plan.

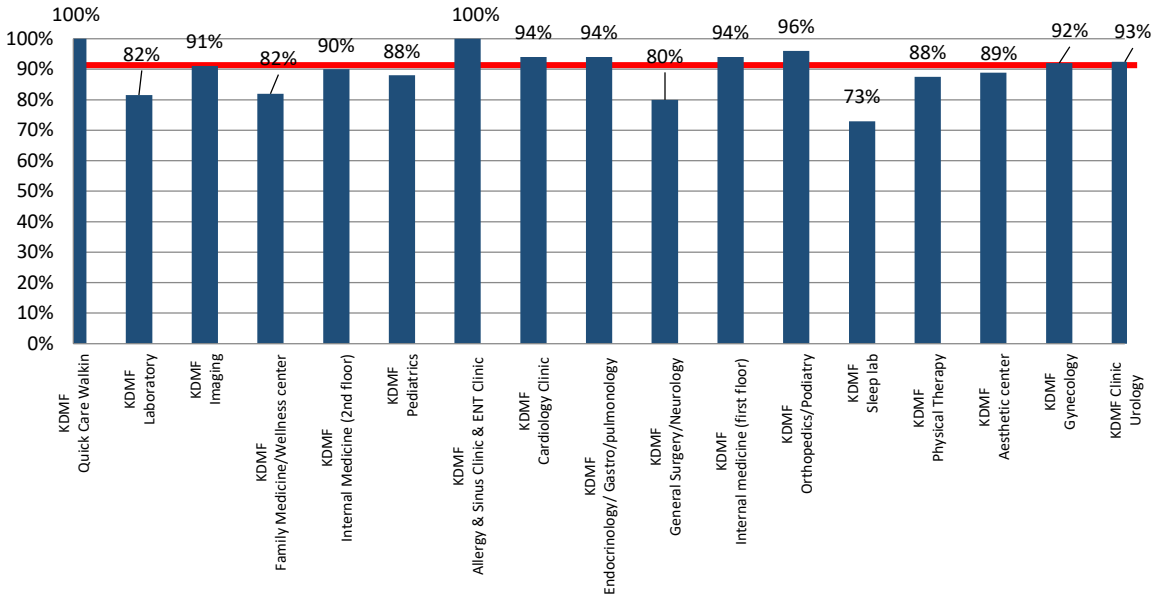
Evaluation:
Inpatient/Outpatient Areas:
Ceiling tile stains/damage, uncovered/ overflowing biohazard containers, overfilled sharps containers, medication refrigerator/freezer temperature logs incomplete.
Other Specialty Areas:
Laundry: Adequate lighting, ventilation, and floor space. Clean to dirty storage. Appropriately labeled/covered linen.
Lab: Ceiling tile stains/damage, adhesive on surfaces, refrigerator/freezer temperature logs incomplete, general housekeeping and sanitation, flooring dirt/grime, overflowing trash, uncovered/overflowing biohazard containers, staff food/drink in work areas.

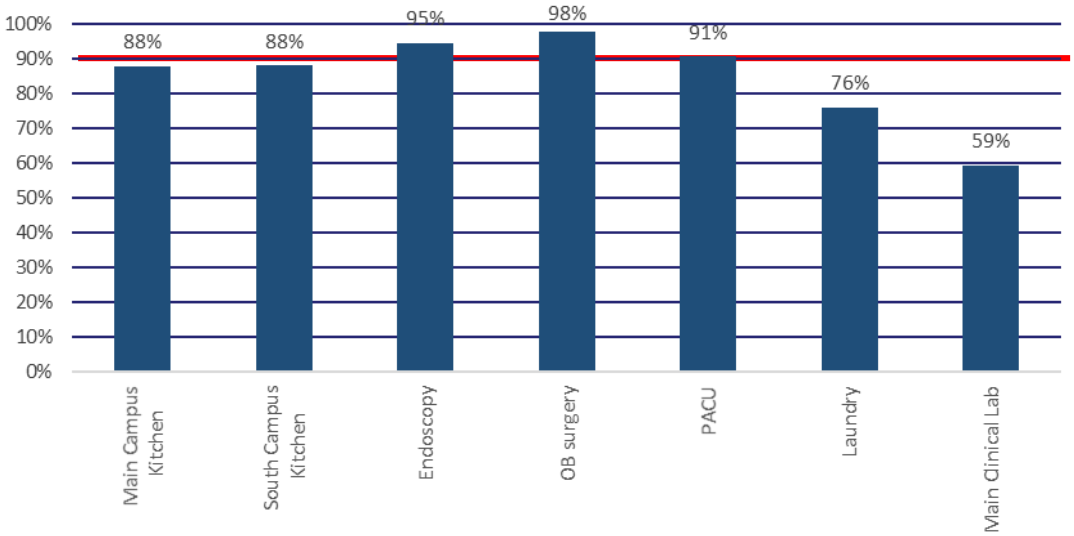
Depiction of CY2021 QTR1 unit/department compliance rates with elements of performance and/or environment of care criteria**.**



SAFETY (Infection Prevention)

First Quarter 2021 (cont.)





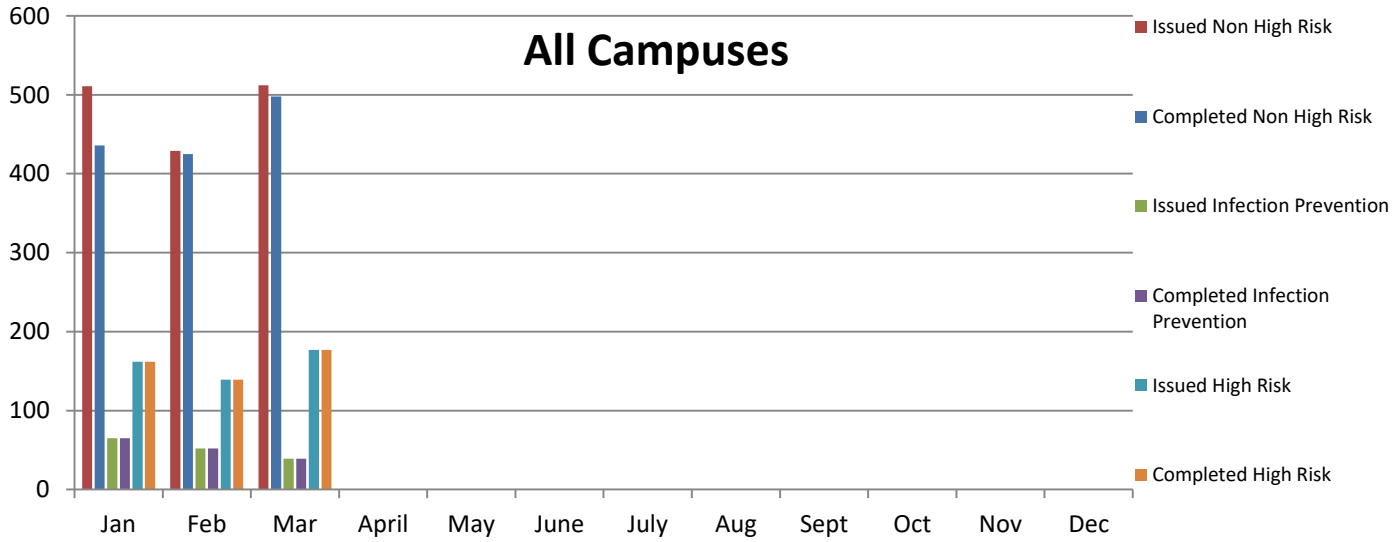
Detailed Plan for Improvement:

Action plans from each area requested for items out of compliance. Leaders of the area are required to submit in writing their actions to correct the items out of compliance. Infection Prevention will follow up with manager or director as appropriate.

UTILITIES MANAGEMENT

First Quarter 2021

Performance Standard: High Risk, Low Risk, Infection Control Preventive Maintenance to be completed on time
Goal: 100% Compliance (no missed PM's)
Status: Goal not met for 1st Quarter 2021 (1936/2086 completed on time: 96%)
Sponsor: Steve Gloeckler
Plan for Improvement: (Summary)
1. Implement a process with Nursing to improve access to Mineral King (MK) North & South patient rooms.



Evaluation:
There were 1993/2086 preventative maintenance work orders completed.

Non-High Risk	1359/1452 =	94%
Infection Prevention	156/156 =	100%
High Risk	478/478 =	100%

Plan for Improvement: Most work orders not complete due to high census. Will work with nursing leadership to accomplish goal.

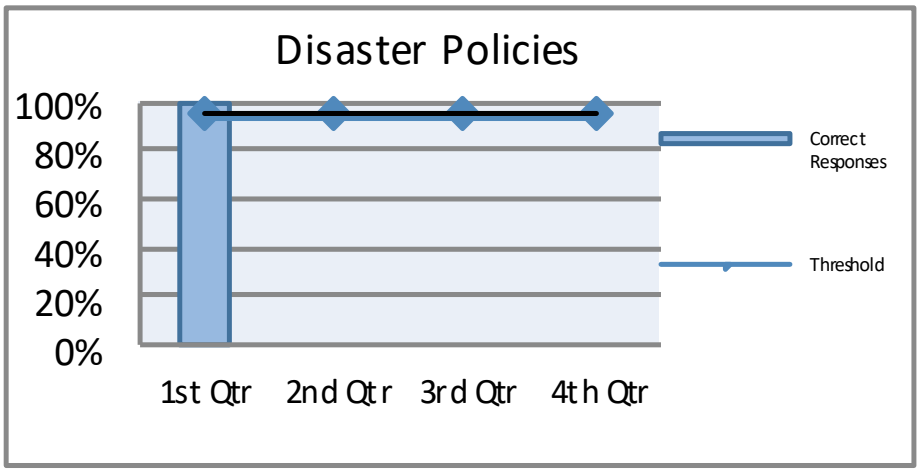
EMERGENCY PREPAREDNESS

First Quarter 2021

Performance Standard: Employees able to provide correct responses related to Emergency Preparedness questions.
Goal: 100% Compliance (all employees surveyed answered correctly)
Status: Goal met for 1st Quarter 2021 (New goal for 2021)
Sponsor: Maribel Aguilar

Evaluation:
Twenty-Five departments were surveyed in the 1st quarter. In all departments surveyed staff where able to verbalize location of disaster policies, which resulted in a 100% compliance rate.

95% minimum performance level was met for this quarter.



Detailed Plan for Improvement:
In each department visited there was knowledge of Disaster Policies.

We will continue to monitor through hazard surveillance rounding and during the quarterly mini drills.

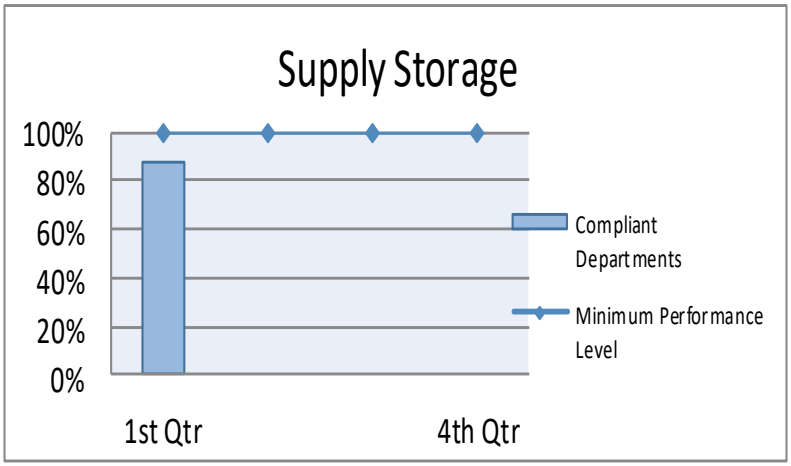
LIFE SAFETY

First Quarter 2021

Performance Standard: Equipment & Supplies stored in accordance with Safety requirements.
Goal: 100% Compliance (no storage compliance issues)
Status: Goal not met for 1st Quarter 2021; 22/25 areas surveyed were compliant 88%
Sponsor: Maribel Aguilar
Plan for Improvement: (Summary)
1. For areas with repeat violations, will eliminate non-compliant storage areas.
2. Continue to monitor and educate.

Evaluation:
Twenty-Five departments were surveyed in the 1st quarter. Of the 25 departments, 3 were found to be non-compliant with storage. This resulted in 88% compliance rate.

Minimum Performance Level was not met during this quarter.



Detailed Plan for Improvement:

We will continue to monitor through hazard surveillance and report to appropriate director and VP. Departments with repeat violations are being further evaluated for possible change in area design.

SECURITY

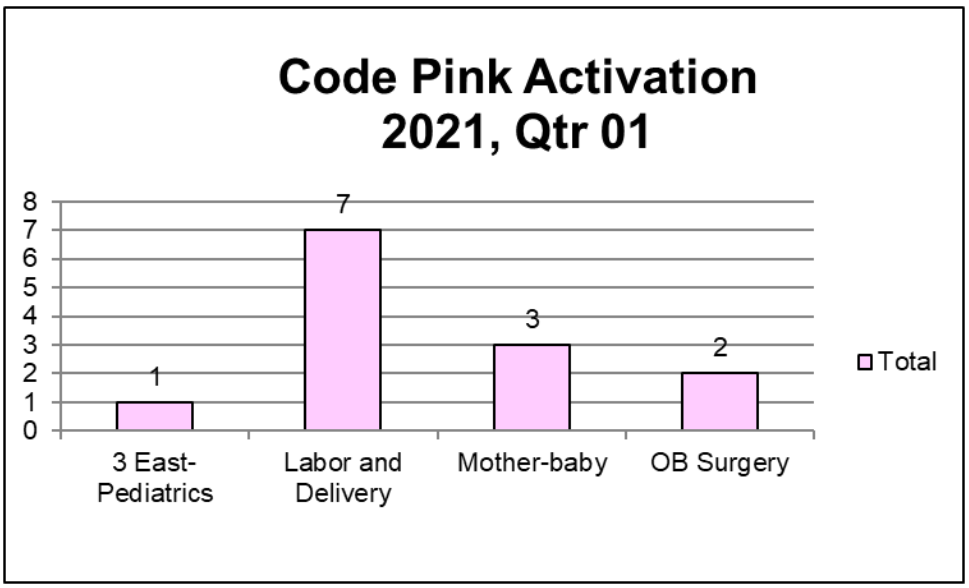
First Quarter 2021

Performance Standard: Reduce false "Code Pink" Activations by 75% from 2020
Goal: No more than 12 false "Code Pink" activations in 2021 (3 per qtr.) (New goal for 2021)
Status: Goal not met for 1st Quarter 2021: 13 false "Code Pink" activations
Sponsor: Miguel Morales
Plan for Improvement: (Summary)

1. Adjust alarm sensor range to prevent false alarms (completed: April 7, 2021)
2. Install "Alert" Sensors to "beep" as someone begins to leave the "secure" area
3. Install visual indicators (floor tape) to show where the alarms will sound
4. Security to provide education of system to Maternal Child Health leaders

Evaluation:
Goal was **NOT** met.

In year 2020 the medical center experienced 48 ***false*** Code Pink activations. In the 1st quarter of 2021, the Maternal-child Health Program experienced 13 ***false*** Code Pink activations. Of the 13 events, one event was unavoidable due to a toddler walking within an area of the Pediatrics Unit that was believed to activate the HUGS® receiver in the adjacent exterior public hallway.



Detailed Plan for Improvement:
Concerns were raised from Labor & Delivery and Pediatrics leaders regarding the location of the HUGS® receivers and their impact on false alarms. With the support of ISS and TRL Systems, Inc. (HUGS® service provider), a planned function test of the system was performed on April 7, 2021 with a focus on 2E RM10 and Pediatrics RM 01. The function test revealed that the Pediatrics RM 01 proximity to the exterior wall receiver could trip the alarm. The sensor range was modified to eliminate this activation issue. The alarm activation for RM 10 in Labor & Delivery could not be duplicated from inside the room.

The majority of ***false*** Code Pink activations are due to staff forgetting to deactivate or to set the HUGS transmitter in transport when moving the child from the home unit to the transport unit.

Other Opportunities:

- Security Svc. provided the Maternal-child Health leaders with a flyer to help educate unit staff.
- Floor tape (CAUTION ALARM WILL SOUND) will be used as a visual indicator/ limit line to mitigate avoidable false alarms due to stepping to close to the proximity field.
- Anthony Bishop (ISS) will work with TRL to install ALERT receivers as an early warning device.

SECURITY

First Quarter 2021

Performance Standard: Reduce Workplace Violence Events
Goal: TBD (new)
Status: Workplace Violence events increased organization wide by 36% from previous quarter (4th quarter 2020)
Sponsor: Miguel Morales
Plan for Improvement: **(Summary)**

1. Re-convene Workplace Violence Prevention Team (first meeting held June 7, 2021)
2. Expand use of "Aggressive Patient" Alert System
3. Safety Team to utilize 6 Sigma (DMAIC principles) to perform case review of Midas Workplace Violence Events. Findings to be shared with Leadership & Staff.

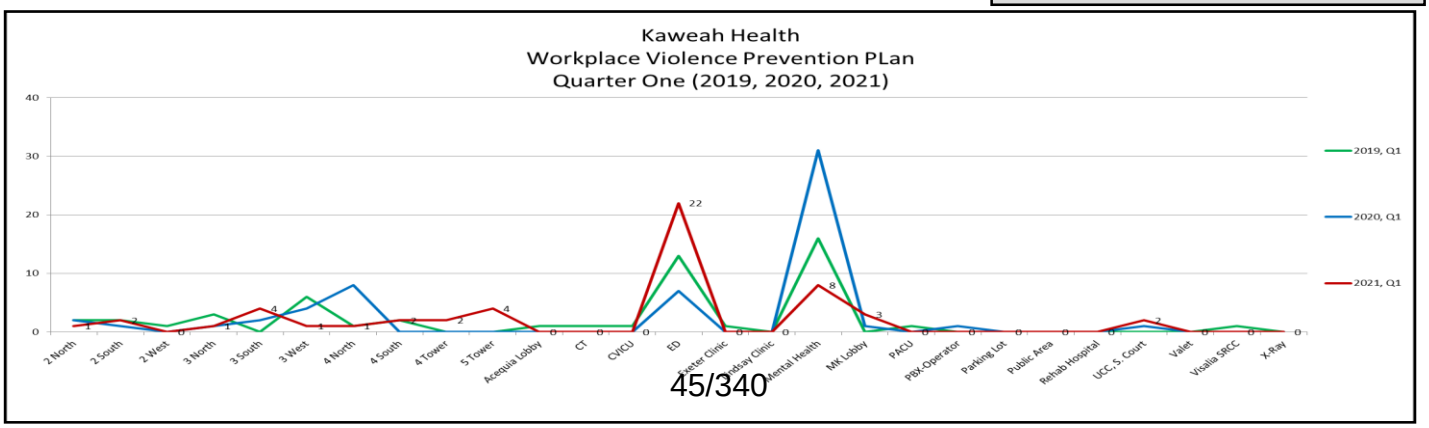
Evaluation:
Workplace violence events increased organization wide from the previous quarter (2020, 4th quarter) by **36%**. 3 South had a 200% increase (1:3). 5 Tower, a relatively new patient care unit, had a 300% increase (1:4) from the previous quarter. The Emergency Department had a 79% increase (14:25). The Acute Psych Hospital had a 50% reduction (16:8) in workplace violence events.

Detailed Plan for Improvement:

1. The Safety Department will continue the Midas Workplace Violence case review where event factors are identified and discussed in order to mitigate future events and to offer staff options to better manage assaultive events and to minimize employee injuries. Factors will be communicated to leadership.

2. Problematic patients are added to the electronic Aggressive Patient Alert system, which flags patients when they register at any Kaweah Health clinic or hospital. The Security Department provides proactive patrols and supports staff with early intervention Plan of Care and Code Gray: Combative Person response.

3. Reconvene Workplace Violence Prevention Team, meeting scheduled 6/7/21.



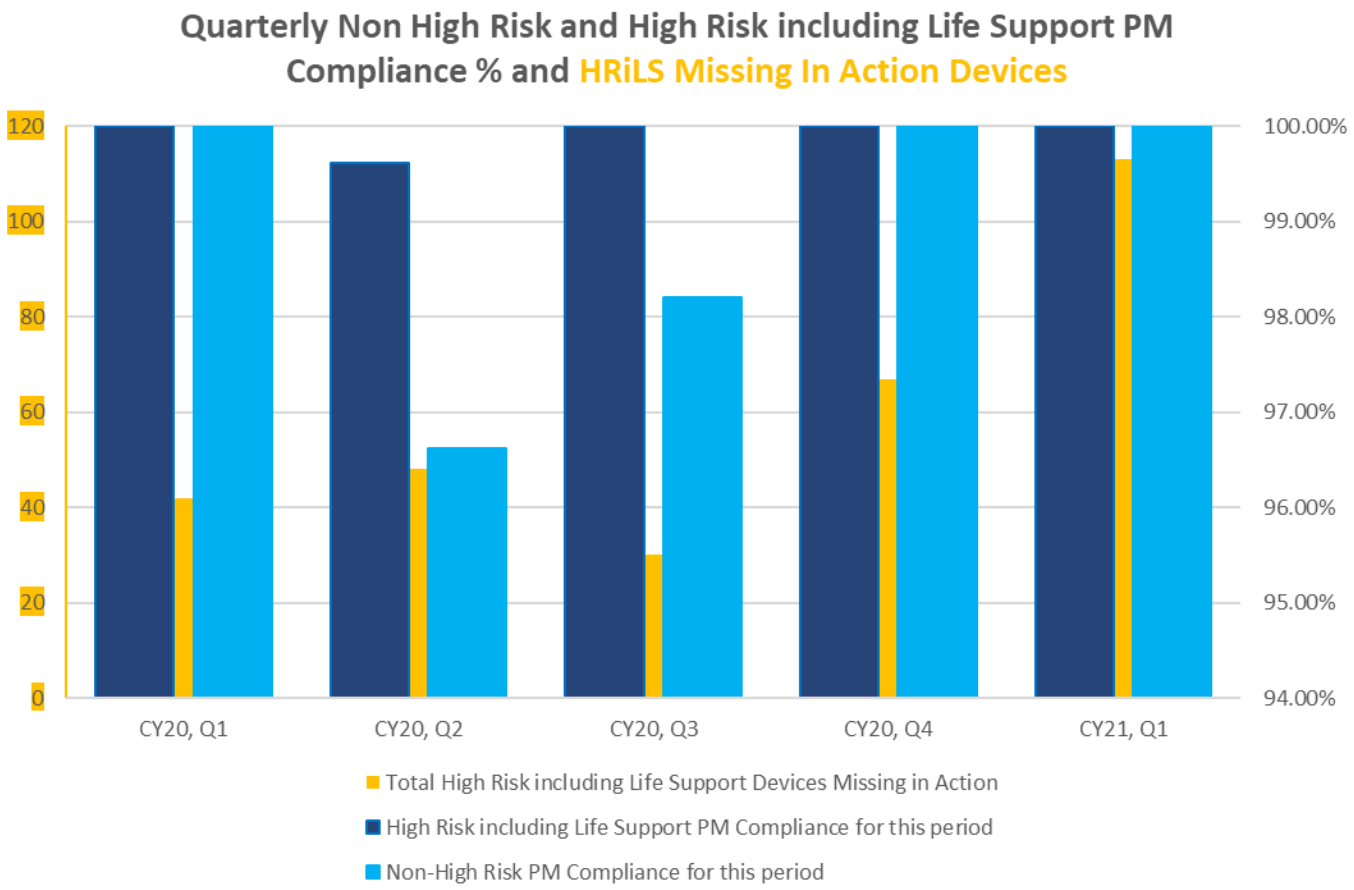
MEDICAL EQUIPMENT

First Quarter 2021

Performance Standard: Medical Equipment Preventive Maintenance to be completed on time
Goal: 100% Compliance (0 missed PM's)
Status: Goal met for 1st Quarter 2021: 3594/3594 completed on time: 100%
Sponsor: Paul Gatley

Evaluation:
The Goal of 100% compliance **was met** for both non high risk and high risk including life support devices.

For the reporting quarter, CY 2021, Q1 (Jan-Mar), There are 3594 Devices that were potentially available to receive Preventive Maintenance and 3594 of those devices received their Preventive Maintenance as scheduled.



Detailed Plan for Improvement:
This quarter, there were 371 less devices than the same period as the previous year because several of these devices were newly installed during this quarter and will not be due for preventive maintenance until this period next year. For this same reporting period in CY22, there will be a 15% increase in devices to be completed in the same quarter with the addition of the new devices. Staffing levels are being requested to meet this need.

Physician Recruitment and Relations
Medical Staff Recruitment Report - June 2021

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

Date prepared: 6/22/2021

Central Valley Critical Care Medicine	
Intensivist (1- Part-Time; 1 - Full-Time)	2

Delta Doctors Inc.	
OB/Gyn	1

Kaweah Delta Faculty Medical Group	
Family Medicine Associate Program Director	1
Family Medicine Core Faculty	1

Kaweah Health Medical Group	
Dermatology	2
Family Medicine	3
Internal Medicine	1
Gastroenterology	2
Orthopedic Surgery (Hand)	1
Otolaryngology	2
Pulmonology	1
Radiology - Diagnostic	1
Rheumatology	1
Urology	3
Physical Therapist	1

Key Medical Associates	
Internal Medicine/Family Medicine	2

Oak Creek Anesthesia	
General Anesthesia	3
Certified Registered Nurse Anesthetist	3
Program Director - Anesthesia	1

Other Recruitment	
Hematology/Oncology	1
Neurology	1
Orthopedic Surgery (Trauma)	1

Valley Children's Health Care	
Maternal Fetal Medicine	2

Candidate Activity						
Specialty/Position	**Group**	**Last Name**	**First Name**	**Availability**	**Referral Source**	**Current Status**
Colorectal Surgery	Kaweah Health Medical Group	Ota, M.D.	Kyle	08/21	Current KD General Surgery resident	Offer accepted; Start Date: 8/4/2021
Anesthesia	Oak Creek Anesthesia	Eslahpazir, M.D.	Benjamin	TBD	CompHealth - 4/9/21	Tentative Site Visit: 7/22/21
Anesthesia - Program Director	Oak Creek Anesthesia	Husain, M.D.	Kamran	TBD	Direct - 5/17/21	Site Visit: 6/1/21; Zoom interview with Dr. Winston on 6/17/21
Anesthesia	Oak Creek Anesthesia	Janiczek, M.D.	David	06/22	Direct	Offer accepted; pending execution of contract
Anesthesia	Oak Creek Anesthesia	Parson, MD	Algenon Martell	ASAP	Direct - 5/3/21	Offer Accepted; Start Date pending hospital privileges
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Baldwin	Joy	TBD	Direct - 4/15/21	Site visit pending dates
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Caceres	Cesar	TBD	Direct - 5/21/21	Offer accepted; pending execution of contract
Dermatology	Kaweah Health Medical Group	Chang, M.D.	Judy	09/22	Curative - 6/11/2021 (Spouse is Dr. Ming Lee, Dermatology-Mohs)	Currently under review
Dermatology - Mohs Surgery	Kaweah Health Medical Group	Lee, M.D.	Ming	09/22	Curative - 6/11/2021 (Spouse is Dr. Judy Chang, Dermatology)	Currently under review
Family Medicine	Kaweah Health Medical Group	Hsueh, D.O.	Marion	09/21	Direct referral	Site Visit: 3/23/21; Start Date: 9/20/2021
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Rangel-Orozco, M.D.	Daniela	08/22	Kaweah Health Resident	Site visit pending dates
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Bassali, M.D.	Mariam	08/21	Referred by Dr. Martinez - 10/14/20	Site Visit: 3/10/21; Start Date: 8/16/2021
Hospitalist	Central Valley Critical Care Medicine	Malik, M.D.	Sara	08/21	Direct - Dr. Umer Hayyat's spouse	Site Visit: 10/7/20; Start date pending CA license - Tentative August 2021
Hospitalist	Central Valley Critical Care Medicine	Reed, M.D.	Jennifer	08/21	Vista Staffing - 1/18/21	Tentative Start Date: August 2021

Candidate Activity						
Specialty/Position	**Group**	**Last Name**	**First Name**	**Availability**	**Referral Source**	**Current Status**
Intensivist	Central Valley Critical Care Medicine	Dierksheide, M.D.	Julie	08/21	Vista Staffing - 4/15/21	Tentative Start Date: 9/1/21
Intensivist	Central Valley Critical Care Medicine	Hansen, M.D.	Diana	TBD	Vista Staffing - 2/25/21	Tentative Start Date: July 2021
Intensivist	Central Valley Critical Care Medicine	John, D.O.	Avinaj	08/21	Vista Staffing - 10/25/19	Site visit: 12/13/19; Tentative Start Date: July 2021
Intensivist	Central Valley Critical Care Medicine	Akinjero, M.D.	Akintunde	08/21	Vista Staffing - 10/20/20	Virtual Interview: 11/30/20; Tentative Start Date: August 2021
Intensivist	Central Valley Critical Care Medicine	Islam, M.D.	Tasbirul	TBD	PracticeLink - 5/5/21	Site visit pending dates
Intensivist	Central Valley Critical Care Medicine	Lin, M.D.	Yann-Bor	TBD	Vista Staffing - 6/7/21	Currently under review
Interventional Cardiology	Independent	Singla, M.D.	Atul	TBD	Direct referral	Site Visit: 6/14/21
Neonatology	Valley Children's	Singh, M.D.	Himanshu	08/22	Valley Children's - 3/31/21	Site Visit: 4/19/2021; Offer accepted. Start date 8/29/2022
Otolaryngology	Kaweah Health Medical Group	Giese, M.D.	Rachel	TBD	Curative - 6/18/21	Currently under review
Otolaryngology	Kaweah Health Medical Group	Hussaini, M.D.	Adnan	07/22	Curative - 5/12/21	Currently under review
Otolaryngology	Kaweah Health Medical Group	Nguy, M.D.	Peter	07/22	Curative - 5/5/21	Site visit pending dates
Otolaryngology	Kaweah Health Medical Group	Nguyen, D.O.	Cang	07/22	Curative - 3/15/21	Site Visit: 5/18/21; Offer extended
Palliative Medicine	Independent	Grandhe, M.D.	Sundeep	08/21	Direct -12/7/20	Virtual Interview: 12/28/20; Offer accepted; Start Date: 9/1/21

Candidate Activity						
Specialty/Position	**Group**	**Last Name**	**First Name**	**Availability**	**Referral Source**	**Current Status**
Psychiatry	Precision Psychiatry	Eslami, M.D.	Setare	07/21	Kaweah Health Resident	Tentative Start Date: 7/19/2021
Psychiatry	Precision Psychiatry	Le, D.O.	Christine	07/21	Kaweah Health Resident	Tentative Start Date: 7/19/2021
Psychiatry - Child & Adolescent	Precision Psychiatry	Pereyra, M.D.	Aubree	07/21	Kaweah Health Resident	Tentative Start Date: 7/19/2021
Radiology	Kaweah Health Medical Group	Fountain, M.D.	Jeffrey	TBD	Merritt Hawkins - 6/4/21	Currently under review
Radiology	Kaweah Health Medical Group	Park, D.O.	Peter	08/22	Merritt Hawkins - 6/4/21	Currently under review
Urology APP	Kaweah Health Medical Group	Dhanoa	Kirat	06/21	Direct	Virtual Interview: 3/17/21; Offer accepted; Tentative Start Date: August 2021
Urology	Kaweah Health Medical Group	Patel, M.D.	Neil	06/21	Los Angeles Career MD Fair 9/14/19	Site Visit: 9/25/20; Part-Time; Tentative Start date: 8/15/2021
Vascular Surgery Hospitalist	South Valley Vascular	Lu, M.D.	Joyce	08/21	South Valley Vascular	Site Visit: 6/17-18/2021; Offer accepted

REPORT TO THE BOARD OF DIRECTORS

Emergency Department

Keri Noeske, VP Chief Nursing Officer
June 17, 2021
knoeske@kaweahhealth.org
559-624-5916
June 2021

Summary Issue/Service Considered

- The board report for the Emergency Department was last presented in November 2020 due to deferrals from the team as resources were diverted to pandemic responses. This board report update is a six-month reflection of the ED and will focus on planned changes and initiatives currently underway.
- General metrics for the Emergency Department throughput remained the same or worsened in the last six months. Patient volumes have continued to increase every month with volumes in May 2021 over 10% higher than they were in December and January of the reporting report period (2020-2021).
- Emergency Department Expansion and Construction was completed in April 2021. Continues pending California Department of Public Health approval for patient care use.
- ED Financial Score Card Key Takeaways:
    - Contribution margin increase 19% from last year to $80 million
    - 89% of inpatient acute adults/pediatric admissions originate in the emergency department
    - COVID impact – Increases in volumes offset the
    - Increased patient care expenses and increased observation stay minutes cut into contribution margin.

Quality/Performance Improvement Data

- Left without being seen rates averaged for the last six months 1.1%. Continues to be below benchmark. May 2021 rate was above benchmark of 1.5%. ED continues with high volumes of patients, expanding faster than current space can support.
- Patient experience percent of patients reporting a score of 9 or 10 for the months of December 2020 through March 2021 averaged at 65.3%, this is below the goal of 70%.
- Percent of patients who would recommend the ED is below the goal of 77% for the months of December 2020 through March 2021 at 72.2%.
- Median length of stay for patients discharged remained longer than the goal of 186 minutes at 256 minutes.
- Median Length of Stay for admitted patients was above goal of 407 minutes at 597 minutes.
- Median length of stay for patients admitted to time of depart was above the goal of 197 minutes at 361 minutes.

- Percent of patients admitted remains at 26-28%, higher volumes of ED patients are contributing to higher volumes of patients admitted to the hospital.

Policy, Strategic or Tactical Issues

- June 2020-May 2021 employee turnover has created a gap in Emergency Department staffing. 35 total voluntary terminations and 31 new hires occurred in that time.
- The Emergency Department has had a steady volume of team members on continuous leave of absence.
- The ED expansion (24 additional patient care beds, 100-seat waiting room) is completed and ready for use. Use of the space is pending CDPH approval. All requests for information have been fulfilled.
- Mental health crisis care patient volumes have increased, length of stay has increased as patients wait for an admit bed at available facilities.
- Trauma patient volumes have increased steadily the last six months.
- Patient throughput/length of stay in the ED for admitted and discharged patients remain unchanged as staffing and bed capacity limit movement.

Recommendations/Next Steps

- Quality/Performance Improvement Data Next Steps:
    - Decrease discharged patient length of stay by moving them from the waiting room to a patient care area to initiate care by the nurses sooner – allowing for an earlier disposition. (Increased patient care staff to meet increased demand).
    - Decrease length of time from discharge order to physical discharge – streamlining use of technology and resources to identify the discharge orders and implement them.
    - Leadership role support: Interim Asst. Nurse Manager (ANM), second temporary interim ANM, and an interim Nursing Director while permanent candidates are selected. Our ED tech supervisor remains a steady and consistent support to the department and one of the interim ANM roles was filled by a tenured charge nurse. Both of these leaders bring understanding of the unit that is vital to our leadership team. A permanent Nursing Director has been hired and started on June 21, 2021. Permanent candidates for the ANM role are being evaluated and viable candidates will be scheduled for interviews.
    - Provider Leadership collaboration: The ED leadership team continues to collaborate very closely with the ED Medical Director on initiatives to improve the department and overall care that is provided. As changes are needed or ideas brought forward, this relationship proves to be strong and effective. With our permanent ED nursing leadership coming together, our ED Medical Director will prove to be a support and resource for unit development and growth.
    - Quality monitoring: as opportunities are identified to improve care or processes they are addressed. Continue to work with the ED Unit Based Council (UBC) and Comprehensive Unit-based Safety Program (CUSP) in order to ensure our frontline staff escalate needs, identify solutions, and are the informal leaders of the department. Staff are included in outcome reviews and just culture applied to any follow up.

    - Collaborating with inpatient units to promote early discharge and movement of patients when they are waiting in the ED for admission.
    - Increased daily staffing to support rise in patient volumes.
- Policy, Strategic or Tactic Issues
    - Improve patient care staffing – train and stabilize the team to promote more rapid interventions of treatments and care for patients as they present.
    - Staffing: Role responsibility, staffing patterns, and staffing volume continue to be analyzed. Positions are filled and/or posted as they are determined to be needed. We have hired LVNs to support our department and assist in various areas within the scope of their roles and to support the treatment and care needs being delivered.
    - New RNs continue be hired, travel RNs have been brought in to ensure we have adequate staffing to care for our increasing volumes. We are increasing our ED tech hiring to support the department volume growth needs as well as the patient care sitters that are required for the mental health patients.
    - Collaborate with trauma team to initiate focused community education on trauma prevention and safety.
    - Continue work with Tulare County crisis team and outpatient mental health services to increase access to care for mental health patients before they have a crisis.
    - Kaweah Health Mental Health hospital has decreased census capacity due to spacing and staffing concerns. Mental health patient length of stay times will decrease as the Mental Health hospital capacity increases.
    - Discharge Management Committee has implemented a new barrier escalation tool. They continue to work to decrease barriers with discharges for the inpatient units.
    - Post-acute care areas are assessing opportunities for increased daily capacity and earlier discharges to facilitate opening of inpatient beds for ED patients holding.

Approvals/Conclusions

Our Emergency Department is a main artery into our hospital and our health care system. 89% of patients who were admitted to the hospital in the last year came through our Emergency Department. We see high volumes of patients every day and the team is tasked with serving an expansive area of patients from varying background and needs. Our ED team is skilled in responding to crisis and caring for patients with immediate life threatening needs. The patient care team and medical staff have demonstrated an overwhelming sense of commitment and personal ownership to the health of the community. In this last year, they have altered their operations four times to meet the ever changing demands of a pandemic response that hit our community hard three times. The Emergency Department team provides the front line care for the valley and is able to handle patients on varying medical fronts, including severe trauma, cardiac needs, strokes, diabetes, chronic disease exacerbation all while typically associating psychosocial needs to the care delivery plans.

In this last year, at any given time, you could walk into the emergency department and witness compassion, caring and life-saving happening simultaneously. While often overwhelmed with high volumes of patients, the team continues to handle the most

complex of patients and used their processes and systems to ensure patients had the help they needed. The team often has multiple patients with high demands at once such as trauma, cardiac arrest, stroke and obstetric emergencies. The patient care and medical staff team skills are such that they quickly respond, prioritize and come together to deliver the lifesaving care.

As we move into this next year, the focus is on the recruitment, retention and increased training of staff. We will create an environment with stable leadership and develop the front line nursing leaders to support daily operations. The leadership team is committed to creating new processes to streamline care. Investments are being made to increase the skill sets of the team, provide more space to deliver care and ensure timely response by leaders to the needs of the team both operationally and in personnel matters.

We will continue collaboration with our care partners on the inpatient acute care, inpatient mental health and county crisis teams. We will also explore opportunities to partner with groups for chronic disease illness prevention and access to care for our highest users for chronic disease issues.

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

Emergency Services - Summary

KEY METRICS - FY 2021 Ten Months Ended April 30, 2021 Annualized

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
70,372	$325,279,289	$245,063,168	$80,216,120	($7,191,794)
▼ -10%	▲ 13%	▲ 11%	▲ 19%	▲ 26%

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

METRICS BY SERVICE LINE - FY 2021

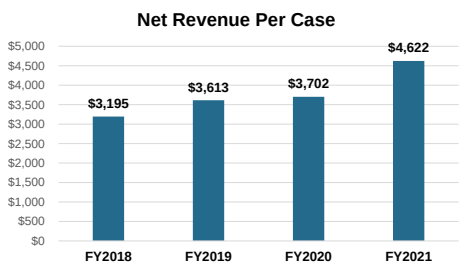
*Annualized

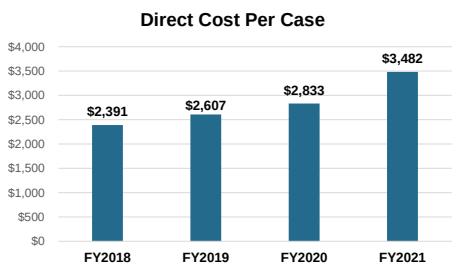
SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
ED Inpatient	14,435	$261,592,339	$191,183,248	$70,409,092	$6,397,738
ED Trauma Inpatient	516	$19,192,754	$12,370,463	$6,822,292	$2,729,978
Outpatient Emergency Department	53,995	$38,034,427	$33,409,518	$4,624,909	($11,307,121)
ED Trauma Outpatient	720	$2,493,636	$1,982,126	$511,510	($456,241)
ED Inpatient Mental Health Hospital	167	$1,983,568	$2,165,194	($181,626)	($972,760)
Outpatient ED Surgery	539	$1,982,564	$3,952,620	($1,970,056)	($3,583,388)
Emergency Services Totals	70,372	$325,279,289	$245,063,168	$80,216,120	($7,191,794)

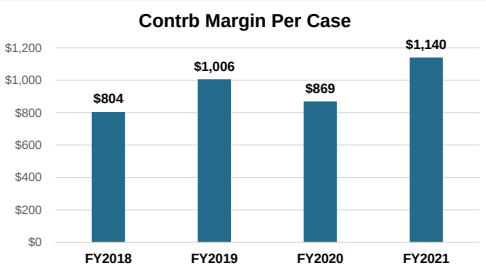
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	87,300	81,935	77,866	70,372 ▼	-10%	
Net Revenue	$278,932,830	$296,036,393	$288,295,119	$325,279,289 ▲	13%	
Direct Cost	$208,729,546	$213,624,485	$220,612,828	$245,063,168 ▲	11%	
Contribution Margin	$70,203,284	$82,411,908	$67,682,291	$80,216,120 ▲	19%	
Indirect Cost	$73,705,120	$74,099,257	$77,344,836	$87,407,915 ▲	13%	
Net Income	($3,501,836)	$8,312,651	($9,662,545)	($7,191,794) ▲	26%	
Net Revenue Per Case	$3,195	$3,613	$3,702	$4,622 ▲	25%	
Direct Cost Per Case	$2,391	$2,607	$2,833	$3,482 ▲	23%	
Contrb Margin Per Case	$804	$1,006	$869	$1,140 ▲	31%	

GRAPHS



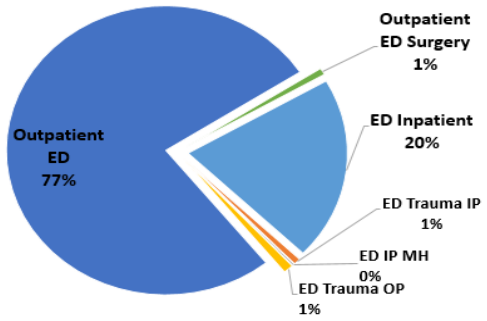




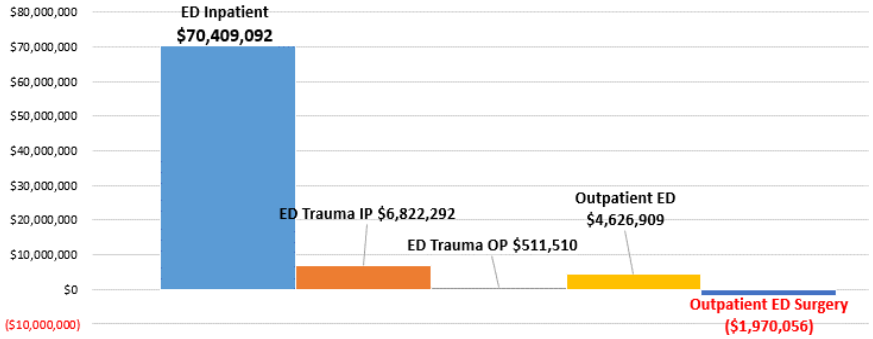
Emergency Services - Summary

KEY METRICS - FY 2021 Ten Months Ended April 30, 2021 Annualized

Emergency Services Patient Discharges FY 2021



Emergency Services Contrib. Margin FY 2021



Notes:

Source: Inpatient and Outpatient Service Line Reports

Criteria: Inpatient Service Line

Trauma - Inpatient KDMC patients with Trauma Flag valued at 1.

ED - Inpatient KDMC patients with ED Flag valued at 1.

Criteria: Outpatient Service Line

Trauma - Outpatient KDMC patients with Trauma Flag valued at 1.

ED - Outpatients in the Emergency Department Service Line, excluding Surgeries, Cath Lab and Trauma Activations

Patients in the O/P Surgery Service Line, with the ED Flag valued at 1, excludes Trauma Activations

KAWEAH HEALTH ANNUAL BOARD REPORT

Emergency Services - Inpatients Admitted through the ED

FY2021

KEY METRICS - FY 2021 Ten Months Ended April 30, 2021 Annualized

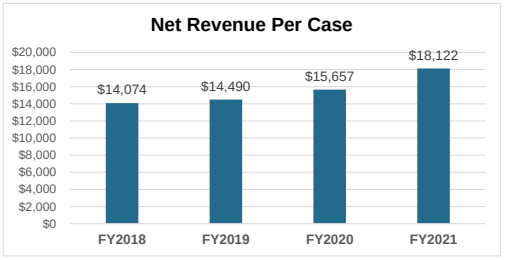
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
14,435	$261,592,339	$191,183,248	$70,409,092	$6,397,738
▼ -1%	▲ 14%	▲ 13%	▲ 18%	▲ 70%

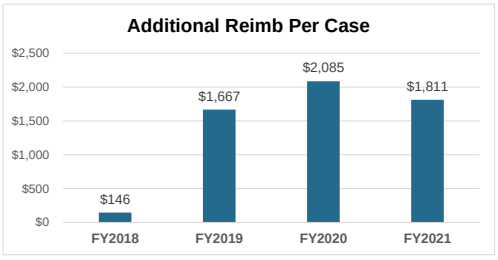
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

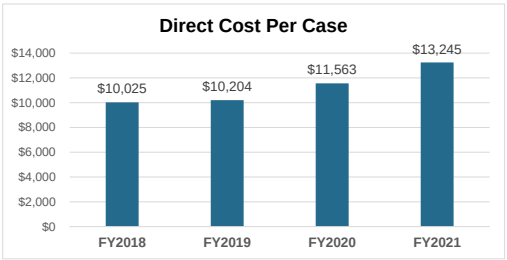
METRICS SUMMARY - 4 YEAR TREND

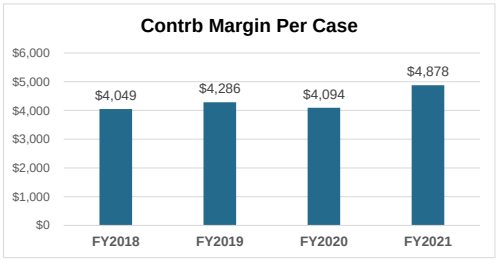
METRIC	FY2018	FY2019	FY2020	FY2021 *Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	15,764	16,160	14,599	14,435 ▼	-1%	
Patient Days	83,123	80,798	73,638	87,380 ▲	19%	
ALOS	5.27	5.00	5.04	6.05 ▲	20%	
Net Revenue	$221,859,618	$234,154,723	$228,576,888	$261,592,339 ▲	14%	
Additional Reimb	$2,305,335	$26,946,348	$30,442,795	$26,146,367 ▼	-14%	
Direct Cost	$158,032,979	$164,895,884	$168,808,854	$191,183,248 ▲	13%	
Contribution Margin	$63,826,639	$69,258,839	$59,768,034	$70,409,092 ▲	18%	
Indirect Cost	$53,067,373	$55,153,764	$56,009,434	$64,011,354 ▲	14%	
Net Income	$10,759,266	$14,105,075	$3,758,600	$6,397,738 ▲	70%	
Net Revenue Per Case	$14,074	$14,490	$15,657	$18,122 ▲	16%	
Additional Reimb Per Case	$146	$1,667	$2,085	$1,811 ▼	-13%	
Direct Cost Per Case	$10,025	$10,204	$11,563	$13,245 ▲	15%	
Contrb Margin Per Case	$4,049	$4,286	$4,094	$4,878 ▲	19%	
CM w/o Add Reim Per Case	$3,903	$2,618	$2,009	$3,066 ▲	53%	

PER CASE TRENDED GRAPHS



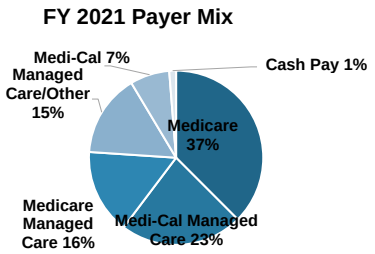






PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2018	FY2019	FY2020	FY2021
Medicare	47%	46%	42%	37%
Medi-Cal Managed Care	22%	21%	21%	23%
Medicare Managed Care	10%	11%	13%	16%
Managed Care/Other	13%	14%	15%	15%
Medi-Cal	7%	7%	7%	7%
Cash Pay	1%	1%	1%	1%



Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient KDMC patients with ED Flag valued at 1, Trauma Flag valued at 0.

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

Emergency Services - Mental Health Hospital Inpatients Admitted through the ED

KEY METRICS - FY 2021 Ten Months Ended April 30, 2021 Annualized

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
167	$1,983,568	$2,165,194	($181,626)	($972,760)
▲ 8%	▲ 29%	▲ 35%	▼ -163%	▼ -47%

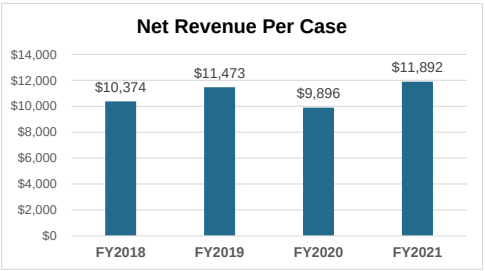
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

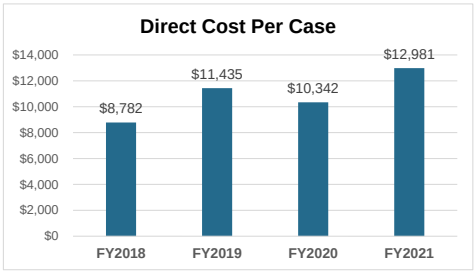
METRICS SUMMARY - 4 YEAR TREND

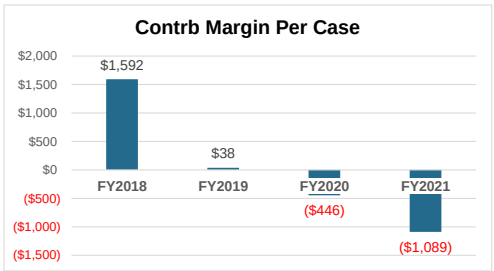
*Annualized

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	179	187	155	167 ▲	8%	
Patient Days	2,251	2,568	1,888	2,252 ▲	19%	
ALOS	12.58	13.73	12.18	13.50 ▲	11%	
Net Revenue	$1,856,943	$2,145,397	$1,533,838	$1,983,568 ▲	29%	
Direct Cost	$1,572,015	$2,138,378	$1,602,999	$2,165,194 ▲	35%	
Contribution Margin	$284,928	$7,019	($69,161)	($181,626) ▼	-163%	
Indirect Cost	$650,086	$792,494	$592,789	$791,134 ▲	33%	
Net Income	($365,158)	($785,475)	($661,950)	($972,760) ▼	-47%	
Net Revenue Per Case	$10,374	$11,473	$9,896	$11,892 ▲	20%	
Direct Cost Per Case	$8,782	$11,435	$10,342	$12,981 ▲	26%	
Contrb Margin Per Case	$1,592	$38	($446)	($1,089) ▼	-144%	

PER CASE TRENDED GRAPHS

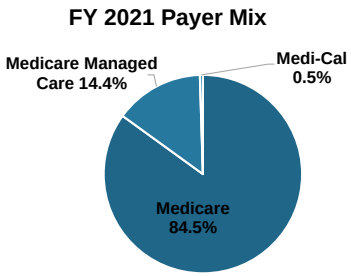






PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2018	FY2019	FY2020	FY2021
Medicare	94%	89%	89%	84.5%
Medicare Managed Care	5%	5%	11%	14.4%
Medi-Cal	0%	0%	0%	0.5%



Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient KDMH patients with ED Flag valued at 1.

KAWEAH HEALTH ANNUAL BOARD REPORT

Emergency Services - Inpatient Trauma Activations admitted through the ED

FY2021 Annualized

KEY METRICS - FY 2021 Ten Months Ended April 30, 2021 Annualized

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
516	$19,192,754	$12,370,463	$6,822,292	$2,729,978
▲ 9%	▲ 17%	▲ 23%	▲ 9%	▼ -8%

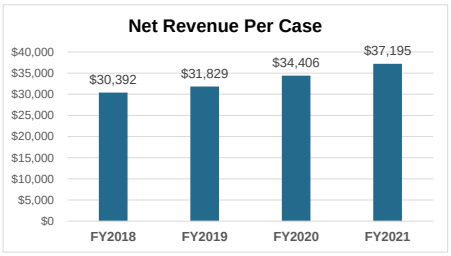
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

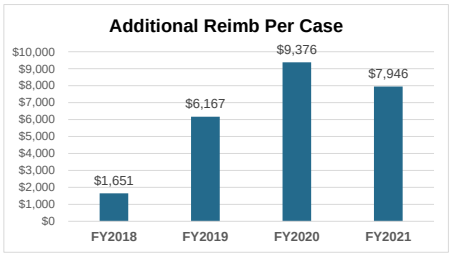
METRICS SUMMARY - 4 YEAR TREND

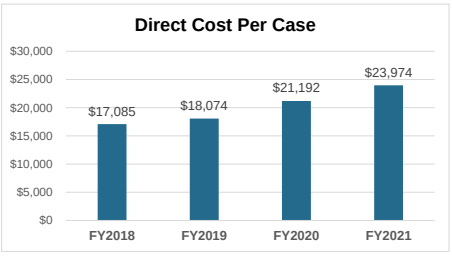
*Annualized

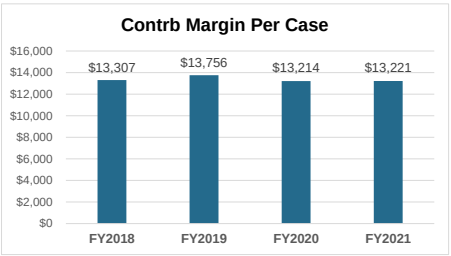
METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	448	533	475	516 ▲	9%	
Patient Days	2,840	3,320	3,229	4,495 ▲	39%	
ALOS	6.34	6.23	6.80	8.71 ▲	28%	
Net Revenue	$13,615,509	$16,964,987	$16,342,734	$19,192,754 ▲	17%	
Additional Reimb	$739,519	$3,286,791	$4,453,479	$4,100,305 ▼	-8%	
Direct Cost	$7,654,170	$9,633,225	$10,066,176	$12,370,463 ▲	23%	
Contribution Margin	$5,961,339	$7,331,762	$6,276,558	$6,822,292 ▲	9%	
Indirect Cost	$2,478,118	$3,079,295	$3,303,181	$4,092,313 ▲	24%	
Net Income	$3,483,221	$4,252,467	$2,973,377	$2,729,978 ▼	-8%	
Net Revenue Per Case	$30,392	$31,829	$34,406	$37,195 ▲	8%	
Additional Reimb Per Case	$1,651	$6,167	$9,376	$7,946 ▼	-15%	
Direct Cost Per Case	$17,085	$18,074	$21,192	$23,974 ▲	13%	
Contrb Margin Per Case	$13,307	$13,756	$13,214	$13,221 ▶	0%	

PER CASE TRENDED GRAPHS





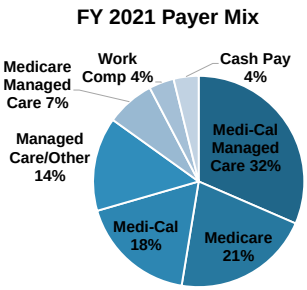




PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

*Annualized

PAYER	FY2018	FY2019	FY2020	FY2021
Medi-Cal Managed Care	29%	29%	28%	32%
Medicare	15%	18%	21%	21%
Medi-Cal	17%	14%	19%	18%
Managed Care/Other	27%	22%	19%	14%
Medicare Managed Care	3%	6%	6%	7%
Work Comp	5%	8%	2%	4%
Cash Pay	3%	2%	4%	4%



Notes:
Source: Inpatient Service Line Reports
Criteria: Inpatient KDMC patients with Trauma Flag valued at 1.

KAWEAH HEALTH ANNUAL BOARD REPORT

Emergency Services - Outpatient ED Trauma Activations

FY2021 Annualized

KEY METRICS - FY 2021 Ten Months Ended April 30, 2021 Annualized

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
720	$2,493,636	$1,982,126	$511,510	($456,241)
▲ 36%	▲ 40%	▲ 31%	▲ 89%	▼ -13%

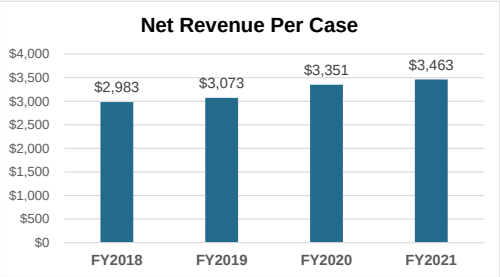
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

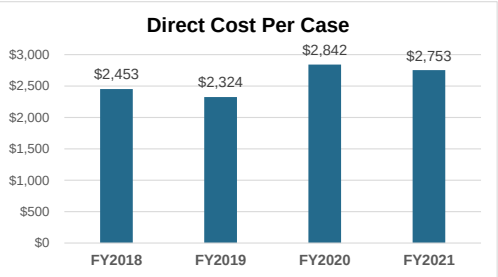
METRICS SUMMARY - 4 YEAR TREND

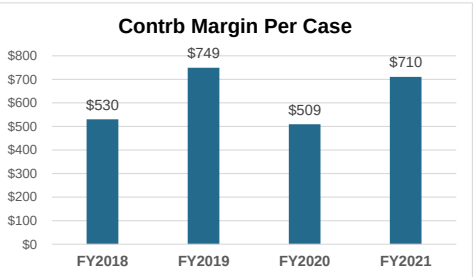
*Annualized

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	678	667	531	720 ▲	36%	
Net Revenue	$2,022,570	$2,049,777	$1,779,531	$2,493,636 ▲	40%	
Direct Cost	$1,662,941	$1,550,058	$1,509,145	$1,982,126 ▲	31%	
Contribution Margin	$359,629	$499,719	$270,386	$511,510 ▲	89%	
Indirect Cost	$698,747	$656,521	$674,966	$967,751 ▲	43%	
Net Income	($339,118)	($156,802)	($404,580)	($456,241) ▼	-13%	
Net Revenue Per Case	$2,983	$3,073	$3,351	$3,463 ▲	3%	
Direct Cost Per Case	$2,453	$2,324	$2,842	$2,753 ▼	-3%	
Contrb Margin Per Case	$530	$749	$509	$710 ▲	40%	

PER CASE TRENDED GRAPHS

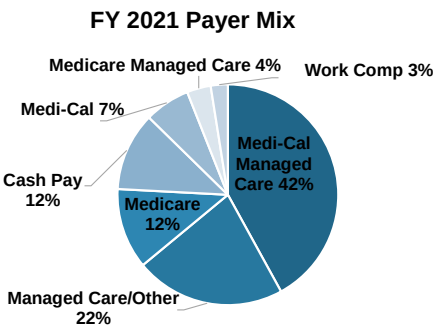






PAYER MIX - 4 YEAR TREND (Patient Visits)

PAYER	FY2018	FY2019	FY2020	FY2021
Medi-Cal Managed Care	36%	36%	39%	42%
Managed Care/Other	27%	23%	23%	22%
Medicare	9%	10%	11%	12%
Cash Pay	10%	13%	13%	12%
Medi-Cal	9%	12%	9%	7%
Medicare Managed Care	2%	4%	3%	4%
Work Comp	3%	3%	3%	3%



Notes:

Source: Outpatient Service Line Reports
Criteria: Outpatient KDMC patients with Trauma Flag valued at 1.

KAWEAH HEALTH ANNUAL BOARD REPORT

Emergency Services - Outpatient Emergency Department

FY2021

KEY METRICS - FY 2021 Ten Months Ended April 30, 2021 Annualized

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
53,995	$38,034,427	$33,409,518	$4,624,909	($11,307,121)
▼ -12%	▼ -1%	▼ -4%	▲ 35%	▲ 5%

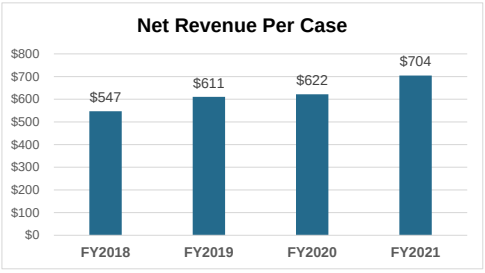
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

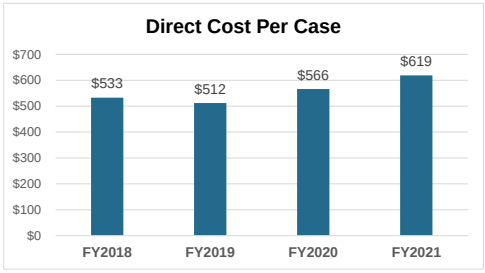
METRICS SUMMARY - 4 YEAR TREND

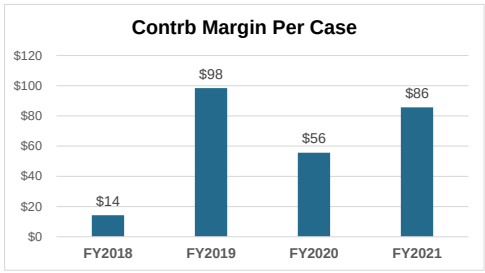
*Annualized

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	69,868	63,921	61,587	53,995	▼ -12%	
Net Revenue	$38,212,329	$39,032,584	$38,298,391	$38,034,427	▼ -1%	
Direct Cost	$37,216,477	$32,742,144	$34,872,123	$33,409,518	▼ -4%	
Contribution Margin	$995,852	$6,290,440	$3,426,268	$4,624,909	▲ 35%	
Indirect Cost	$15,836,534	$13,529,356	$15,378,752	$15,932,030	▲ 4%	
Net Income	($14,840,682)	($7,238,916)	($11,952,484)	($11,307,121)	▲ 5%	
Net Revenue Per Case	$547	$611	$622	$704	▲ 13%	
Direct Cost Per Case	$533	$512	$566	$619	▲ 9%	
Contrb Margin Per Case	$14	$98	$56	$86	▲ 54%	

PER CASE TRENDED GRAPHS

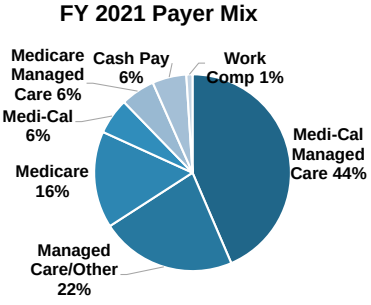






PAYER MIX - 4 YEAR TREND (Patient Visits)

PAYER	FY2018	FY2019	FY2020	FY2021
Medi-Cal Managed Care	48%	46%	45%	44%
Managed Care/Other	19%	20%	21%	22%
Medicare	14%	15%	16%	16%
Medi-Cal	8%	8%	7%	6%
Medicare Managed Care	3%	4%	5%	6%
Cash Pay	5%	5%	6%	6%
Work Comp	1%	1%	1%	1%



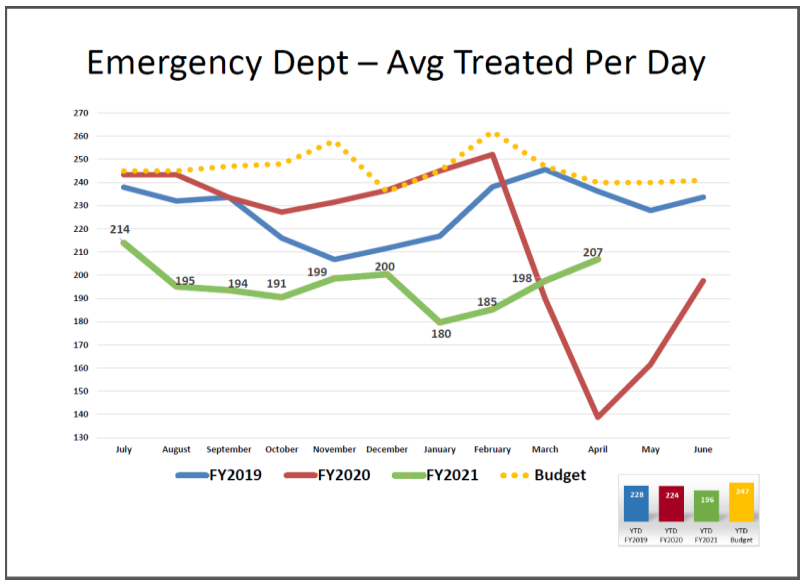
KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

Emergency Services - Outpatient Emergency Department

KEY METRICS - FY 2021 Ten Months Ended April 30, 2021 Annualized

Level Of Care	FY2018	FY2019	FY2020	FY2021
Level I	0.0%	0.4%	0.3%	0.2%
Level II	0.0%	5.7%	4.9%	2.3%
Level III	0.1%	26.2%	25.5%	21.6%
Level IV	0.8%	41.0%	40.3%	40.4%
Level V	80.4%	20.9%	21.1%	26.8%
Level VI	18.3%	1.3%	1.5%	1.5%
No Level	0.4%	4.6%	6.4%	7.1%



Notes:
Source: Outpatient Service Line Report
Selection Criteria: Outpatients in the Emergency Department Service Line, excluding Sugeries, Cath Lab and Trauma Activations

KAWEAH HEALTH ANNUAL BOARD REPORT

Emergency Services - OP Surgeries Admitted through the ED

FY2021

KEY METRICS - FY 2021 Ten Months Ended April 30, 2021 Annualized

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
539	$1,982,564	$3,952,620	($1,970,056)	($3,583,388)
▲ 4%	▲ 12%	▲ 5%	▲ 1%	▼ -6%

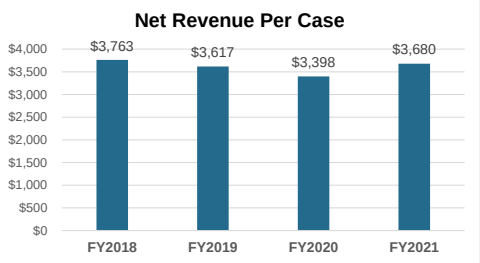
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

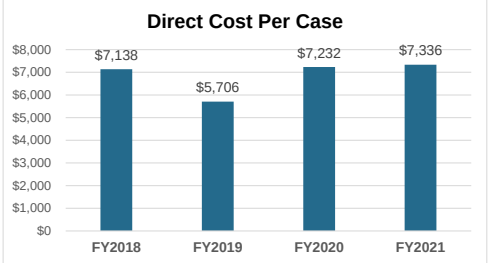
METRICS SUMMARY - 4 YEAR TREND

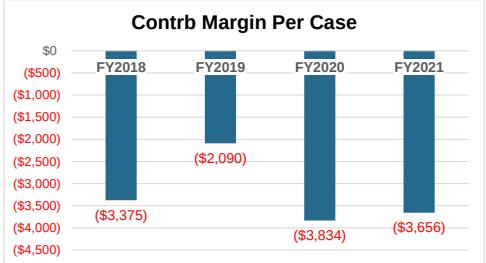
*Annualized

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	363	467	519	539 ▲	4%	
Net Revenue	$1,365,861	$1,688,925	$1,763,737	$1,982,564 ▲	12%	
Direct Cost	$2,590,964	$2,664,796	$3,753,531	$3,952,620 ▲	5%	
Contribution Margin	($1,225,103)	($975,871)	($1,989,794)	($1,970,056) ▲	1%	
Indirect Cost	$974,262	$887,827	$1,385,714	$1,613,333 ▲	16%	
Net Income	($2,199,365)	($1,863,698)	($3,375,508)	($3,583,388) ▼	-6%	
Net Revenue Per Case	$3,763	$3,617	$3,398	$3,680 ▲	8%	
Direct Cost Per Case	$7,138	$5,706	$7,232	$7,336 ▲	1%	
Contrb Margin Per Case	($3,375)	($2,090)	($3,834)	($3,656) ▲	5%	

PER CASE TRENDED GRAPHS

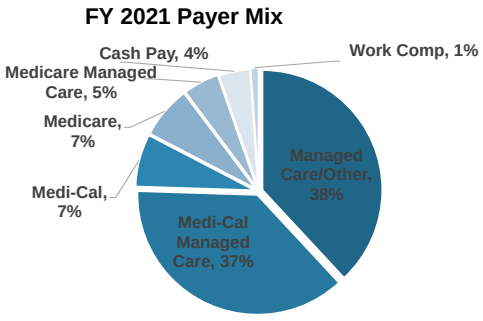






PAYER MIX - 4 YEAR TREND (Patient Visits)

PAYER	FY2018	FY2019	FY2020	FY2021
Managed Care/Other	46%	47%	38%	38%
Medi-Cal Managed Care	30%	31%	35%	37%
Medi-Cal	9%	7%	7%	7%
Medicare	6%	8%	9%	7%
Medicare Managed Care	3%	3%	5%	5%
Cash Pay	3%	3%	3%	4%
Work Comp	2%	2%	2%	1%



Notes:
Source: Outpatient Service Line Reports
Criteria: Patients in the O/P Surgery Service Line, with the ED Flag valued at 1, excludes Trauma Activations

Policy Number: AP153	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	

Annual Operating and Capital Budget Development and Monitoring

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

PURPOSE: To meet its clinical, service, technology and physical capacity objectives, the District must consistently generate sufficient profitability and cash liquidity to support the operating and capital needs of the organization and provide it with ready and affordable access to the capital markets. To ensure the accomplishment of these objectives, management will prepare an annual operating and capital budget that provides the financial plan for the fiscal year and complies with the 10-Year Financial Forecast and the budget guidelines established by the Board and senior management. The annual operating and capital budget will be approved by the Board in June of each year and will provide the basis for evaluation of the District's collective and cost center level financial performance.

PROCEDURE:

Budget Development

1) By March~~February~~ of each year, budget guidelines for the new budget year will be established by senior management. These guidelines will be reviewed with the District's Board of Directors and Finance Committee in late May/early June ~~and approved by the Board~~. These guidelines will outline specific minimum performance objectives needed to be met by every department and by the District as a whole to ensure the District can meet its patient care, financial and strategic objectives. Senior management will also prepare a projection of inpatient census by unit to provide the framework from which departmental managers can establish their estimates of projected activity and necessary resources.
2) Operating and capital budget packages will be prepared by Finance for each District cost center for use by managers in preparing their budget estimates. The operating budget packages will include detailed information relative to the current year performance for each cost center and will be provided to the managers in early March. Managers will have approximately three weeks to complete their estimates and return their completed packages to Finance. Completed operating budget packages should include detailed base and budget year information regarding total paid manhours by OSHPD job category, operating expenses by natural classification, and units of service where applicable.

Finance staff will compute patient revenue based on the units of service information provided. Any sources of nonpatient revenue should be estimated and provided by the department manager. Finance staff will also calculate salaries (from submitted manhours), equipment depreciation and allocated employee benefits. Completed capital budget packages will include specific identification of all proposed capital expenditures in excess of the District's capitalization threshold classified into the following categories:

a. Nonnegotiable: Patient care cannot be delivered without the expenditure, or the expenditure is so strategically important that to not make the expenditure would place the District at risk

b. Mission critical: Critical to District's mission, and patient care may be compromised/limited without the expenditure in the near term

c. Mission essential: Essential to District's mission, but patient care is not compromised/limited without the expenditure in the near term

d. Covered by new revenue: Expenditure would be fully paid back by new revenue sources within one year.

All capital expenditures should also reflect applicable taxes and shipping charges as well as implementation and installation costs, including any related construction to be performed by outside entities. Capital budgets should also include estimates for the succeeding two fiscal years for the purpose of capital and cash flow planning. Managers will be provided with standard cost amounts for certain fixtures and furnishings and information technology expenditures.

3) Total paid manhours figures should include all productive and nonproductive time. Productive manhours should include student nurse interns/aides, replacement time for staff replaced when on nonproductive time, training/orientation time and all overtime and premium time hours. Nonproductive hours should include all time related to combo, sick, leaves and stand-by time (stand-by should be budgeted at one-third of the actual hours spent on stand-by).

4) Detailed descriptions ("zero-based" budgeting) will be given by management for all budgeted expenses ~~relating to education/travel, dues and subscriptions and miscellaneous expenditures~~as stipulated in the annual budget instructions.

5) Managers will consult all appropriate parties regarding annual operating and capital budget development, including District medical staff, to ensure that submitted estimates have collective support.

6) Vice President approval will be required for budgets not complying with established budget guidelines.

7) Once operating budget packages are returned to Finance the results will be compiled and overall and departmental results will be analytically reviewed to determine adherence to budget guidelines and achievement of budget objectives. The results of this analytical review will be discussed with senior management to ensure that all variances from budget guidelines have senior management approval. Based on this analytical review, management may be required to reexamine departmental estimates and make adjustments necessary

to achieve acceptable overall budget results. Such adjustments will be effectively communicated between all levels of management with budgetary responsibility.

8) Once capital budget packages are returned to Finance the results will be compiled and reviewed to determine adherence to budget guidelines and achievement of budget objectives. If the total compiled capital expenditures exceed the amount prescribed in the budget guidelines the Leadership Team will meet as needed to reduce total proposed capital expenditures to achieve the guideline amount.

9) Once the annual operating and capital budget is determined to meet budget guidelines and objectives by senior management, it will be submitted to the Board for approval prior to the commencement of the new fiscal year.

10) The annual operating and capital budget presented to the Board will include a ten-year financial forecast projecting the financial results necessary to accomplish operating, capital and strategic objectives. The annual budget will be reviewed by Finance and senior management to ensure resources related to all initiatives and projects identified in the District's Strategic Plan are appropriately incorporated.

Budget Monitoring

1. Once the District's annual operating and capital budget is approved by the Board, departmental budgets will be distributed to management. Management will receive monthly operating budget performance reports (and supporting detail) comparing monthly and year-to-date actual results to budget. These reports will include both fixed budget and flexed (adjusted for volume variations) budget measurements. For those departments not having a unit of service, the fixed and flexed budget amounts will be the same.

2. Managers and directors are expected to ensure their departments operate within the flexed budget amounts (or fixed budget amounts for departments not having a unit of service). Any amounts expended in excess of applicable departmental budget totals will require Vice President approval or submission of a plan to the Vice President describing the measures to be taken to ensure that year-end results are within budgeted resources. Department managers and directors will be expected to meet with their respective Vice Presidents when monthly and/or year-to-date results are not within the applicable budget amounts and initiate plans for corrective action. Vice Presidents will perform monthly reviews of the operating results of their respective areas and follow up with department managers and directors as appropriate. The Executive Team will conduct a quarterly review of the top 25 departmental variances and others as necessary and may require the department managers and directors to attend an Executive Team meeting to discuss their plan for bringing their results back into budget adherence. Adherence to budget will be a material consideration in evaluating each manager's performance.

3. Finance staff will provide a "Monthly Expense Variance Report" to management summarizing the budget-to-actual results for all cost centers. This report contains separate worksheets delineating the top 25 variances from budget and those cost centers having negative budget-to-actual variances of 5% or greater.
4. Finance will also produce and distribute on a periodic basis a report depicting all expenditures made against the approved capital budget, including amounts committed but not yet disbursed. Please refer to Administrative Policy No. 135, "Capital Budget Purchases" for further discussion regarding the management of capital expenditures.
5. Various reporting tools are made available by Finance to assist managers in assessing and analyzing their departmental performance, particularly with regard to labor productivity. Descriptions of these reporting tools are as follows:

   ~~a. Staff Hours Trend Report: This monthly report measures productive hours incurred per unit of service by cost center for those job categories most likely to be expected to adjust manhours based on changes in volume (excludes management and clerical job categories). Compares monthly performance to prior periods. Also compares total hours incurred per unit of service to budget.~~

   b. Labor Cost Performance Per Unit of Service: This monthly report measures the amount of labor cost incurred per unit of service by cost center and compares totals to budget. For those departments not having a unit of service, the report assigns adjusted patient days as the statistic. While those departments might not be expected to adjust their resources in the near term when adjusted patient days fall short of budget, protracted periods of below-budget statistical performance may necessitate such adjustments.

   c. Departments With FTEs Exceeding Budget: This pay period based report compares actual paid full-time employees (FTEs) to the applicable fixed budget amounts (does not consider variations in units of service) by cost center. The report shows results for the individual pay periods as well as year-to-date results. An FTE is defined as the equivalent of a 2,080 hours per year employee. Any negative variances from budget not already approved by senior management should be the result of increased units of service.

   d. Total Hours Per Unit of Service: This pay period based report compares total paid manhours per unit of service to budget for each cost center. The report shows results for the individual pay periods as well as year-to-date results. For those departments not having a unit of service, the report assigns adjusted patient days as the statistic.

   e. Statistics Summary: This monthly report compares key monthly and year-to-date patient care statistics to budget and to the amounts generated in the prior fiscal year. The report includes both a tabular and graphical presentation of statistical performance.

Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."

Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: AP130	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Community Managed Care Rate

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

PURPOSE: The purpose of this policy is to ensure that Kaweah Delta Health Care District (KDHCD) implements consistent practices for extending fair and equitable discounts to uninsured patients who do not qualify for the District's charity care program. This policy also serves to define the eligibility criteria for identifying uninsured patients, determining the amount of the Community Managed Care Rate, and providing administrative and accounting guidelines for the classification and reporting of the Community Managed Care Rate.

This policy is part of Kaweah Delta Health Care District's overall goal of providing accessible and affordable health care services to the community and should be read in conjunction with the Financial Assistance Policy, AP.123.

The Community Managed Care Rate program is intended to apply to uninsured patients who do not qualify for charity care, but still may face hardships paying their medical bills. Patients who are offered charity care receive free or substantially discounted services and are not eligible to receive the Community Managed Care Rate. The Community Managed Care Rate does not apply to co-pays, deductibles, or share of cost, except under the very limited circumstances set forth in section (1) of Attachment A.

REFERENCE: Financial Assistance Policy, AP.123

POLICY: It is the policy of KDHCD to implement a consistent approach to extending fair and equitable discounts to "Uninsured Patients", as defined in section '*A*'. Any Community Managed Care Rate that is inconsistent with this policy must be approved by KDHCD's Patient Financial Services Director or Chief Financial Officer.

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It is also the policy of KDHCD to ensure that uninsured patients are provided with information regarding the availability of charity care, local and state governmental programs, and the Community Managed Care Rate.

PROCEDURES:

a) **Uninsured Patient Eligibility Requirements**:

An "Uninsured Patient" is defined in this policy as a patient who is responsible to pay a District bill for healthcare services received that is not covered or discounted by any type of insurance or governmental program. In order to qualify as an "Uninsured Patient" and receive the Community Managed Care Rate, the patient or the patient's guarantor must

verify that they are not aware of any right to insurance or governmental program benefits that would cover or discount their bill. Insurance in this case includes but is not limited to any HMO, PPO, indemnity coverage, or consumer-directed health plan.

Patients offered Ccharity Ccare receive free or substantially discounted services and are not eligible to receive the Community Managed Care Rate.

b) **Community Managed Care Rate**:

The Community Managed Care Rate is a discount applied to the patient's billed charges and is given at the time the uninsured patient is billed for District services rendered. The Community Managed Care Rate is equivalent to an average of the contractual fee-for-service rates received from KDHCD's contracted Managed Care payorspayers. as set forth in Attachment B.

The Community Managed Care Rate does not apply to co-pays, deductibles, or share of cost, except under specific circumstances set forth in Attachment A.

c) **Annual Determination of Community Managed Care Rates**:

The Community Managed Care Rates will be re-evaluated, and adjusted as appropriate, at the beginning of each fiscal year (July 1) or anytime at the request of the Patient Financial Services Director or the District's Chief Financial Officer.

d) **Notification of Availability of Community Managed Care Rates and Other Financial Assistance Programs**:

As required by law, it is the District's responsibility to notify uninsured patients of their Eestimated Ffinancial Rresponsibility and available Ffinancial Aassistance programs, if requested. Patients who the District identifies as "uninsured" (as defined in Attachment A) will be provided with information regarding the availability of charity care, local and state governmental programs, and the Community Managed Care Rates. This information shall be provided to patients during preadmission or registration (except in the case of emergency services), or as soon thereafter as practicablepossible. KDHCD shall provide contact information for a District employee or office from which the patient may obtain further information about these programs.

e) **Accounting for the Community Managed Care Rates**

To allow KDHCD to track and monitor the discounts provided to patients via the Community Managed Care Rate program, all contractual adjustments will be done using the Community Rate adjustment.adjusted using CDM 8040215.

Kaweah Delta Health Care District may not include the amount of the Community Managed Care Rate discount when reporting bad debt expense.

Attachment A

Community Managed Care Rate Guidelines

The following guidelines are intended for use in specific situations that arise in the ordinary course of business.

1. Co-pays, deductibles and share of cost.	These amounts should be collected from the patient. The Community Managed Care Rate should not be extended, **except where all of the following apply:** a) No portion of the patient's bill is covered by any insurance; and b) No portion of the patient's bill is subject to a discount negotiated with any insurance company; and c) No portion of the patient's bill is covered by a government program.
2. Charges not covered by insurance because patient exceeded benefit cap prior to admission.	These amounts should be collected from the patient. The Charity Care Ppolicy may apply. If the patient is not eligible for charity care, the Community Managed Care Rate applies.
3. Charges not covered by insurance because patient exceeded benefit cap during patient's stay.	When a payer pays only a portion of the expected reimbursement for a patient's stay due to exhaustion of the patient's benefits during the stay, the Community Managed Care Rate applies to those dates that are patient responsibility.
4. Non-covered services and items (excluding co pays-, deductibles, and share of cost).	These amounts should be collected from the patient. The Charity Care Ppolicy may apply. If the patient is not eligible for Ccharity Ccare, the Community Managed Care Rate applies.
5. Services provided to ineligible members.	If coverage is denied, these amounts should be collected from the patient unless the patient's health plan is responsible for the services under the terms of the contract. The Charity Care Ppolicy may apply. If the patient is not eligible for charity care, the Community Managed Care Rate applies.
6. Indemnity Insurance Company or Medicare Supplemental Plan pays member directly.	Patient may be billed. Charity Ccare and other discounts do not apply.
7. Indemnity Insurance Company refuses to pay claiming patient has failed to cooperate by providing needed information.	Patient willmay be billed. ~~Charity Care and other discounts may apply.~~
8. Indemnity Insurance Company, PPO or non-contracted Third Party Payer underpays claiming charges are unreasonable or unsupported.	Continue to pursue amounts due from insurance. Pursuance of collections from the patient for liable amounts. The Charity Care policy may apply. If the patient is not eligible for Ccharity Ccare, the Community Managed Care Rate applies.
9. Co-pays and share of cost for government programs	These amounts should be collected from the patient, unless the patient demonstrates financial need. The Charity Care Policy may apply.

COMMUNITY RATE

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Service	Codes	Rate
Inpatient		
Inpatient Per Diems	-	-
Medical	-	$3,000
Surgical	-	$5,000 1st day/LOC thereafter
ICU	-	$5,700
ICCU	-	$3,250
Trauma	-	60% Charges
Acute Rehabilitation	-	$1,600
Subacute / SNF	-	-
Level 1	-	$1,160
Level 2	-	$1,160
Level 3	-	$1,160
Level 4	-	$1,160
Transition Care Service (TCS)	-	$900
Maternity	-	-
Vaginal Delivery	-	$5,200
Vag w/ Tubal	-	$5,200
C-Section 1 day	-	$6,550
Additional Days	-	LOC
Baby	-	$550
Nursery	-	-
Rev 170 P/T B	-	$925
Rev 171 - Level I	-	$1,375
Rev 172 Level II P/T K	-	$2,500
Rev 173 Level III P/T L	-	$4,350
Rev 174 Level IV P/T I	-	$4,560
Cardiovascular	-	-
216 - 221 & 231 - 236: include all professional fees except Cardiologist, nephrologist and ERP	-	YES
215 Other Heart Assist Sys Implant	-	$43,600/7 days
216, 217 & 218 Cardiac Valve w/cath	-	$43,600/7 days
219, 220 & 221Cardiac Valve w/o Cath	-	$43,600/7 days
222 - 227 MS-DRG Cardiac Defib	-	$43,600/7 days

$5,000 first day/ LO
thereaft

228, 229, & 230 Other Vascular/Cardio Procedures	-	$43,600/7 days
231 & 232 CABG w/PTCA	-	$43,600/7 days
233 & 234 Coronary bypass	-	$43,600/7 days
235 & 236 Coronary bypass w/o CC	-	$43,600/7 days
34, 35 & 36 Carotid stent	-	$19,250/2 days
Intracardiac Ablation ICD9 Proc Code 37.34	-	$19,250/2 days
112 PTCA w/Rotoblade	-	$19,250/2 days
516/517 PTCA w/Stent, Pacemaker	-	$19,250/2 days
237& 238 Arotic Stent	-	$19,250/2 days
242, 243 & 244 Pacemaker procedures	-	$43,600/7 days
246 - 251 MS-DRG PTCA	-	$19,250/2 days
252, 253 & 254 Vascular Services	-	$19,250/2 days
258 & 259 Pacemaker replacement	-	$19,250/2 days
260, 261 & 262 Pacemaker revision	-	$19,250/2 days
Electrophysiology Studies ICD9 Proc Code 37.20, 37.26-37.27	-	$11,500
286 & 287 Cardiac Cath	-	$9,500/2 days
Add'l Days (Cardiac Surgery)	-	LOC
Add'l Days(Cardiac,PTCA & Cardiac Cath)	-	LOC
Exclusions (Inpt & Outpt)	-	-
Implants Rev code 274, 275,276,278,279	-	46% of implant charges
Outpatient Services	-	-
Emergency Room Per Visit Rates	-	-
99281	-	$250
99282	-	$500
99283	-	$1,150
99284	-	$1,800
99285	-	$1,800
ER/Observation	-	$3,000
Urgent Care (Global Tech/Pro Rates)	-	-
Level 1 EST / CPT 99211	-	$75
Level 1 NEW / CPT 99201	-	$90
Level 2 EST / CPT 99212	-	$100
Level 2 NEW / CPT 99202	-	$115
Level 3 EST / CPT 99213	-	$145
Level 3 NEW / CPT 99203	-	$175
Level 4 EST / CPT 99214	-	$205
Level 4 NEW / CPT 99204	-	$225

Level 5 EST / CPT 99215	-	$250
Level 5 NEW / CPT 99205	-	$265
School Physicals & Flu Vaccines	-	$25
Trauma	-	60% Charges
Outpatient Surgery	-	-
Group 0	-	$550
Group 1	-	$1,600
Group 2	-	$2,100
Group 3	-	$2,400
Group 4	-	$3,000
Group 5	-	$3,400
Group 6	-	$3,900
Group 7	-	$4,700
Group 8	-	$4,550
Group 9	-	$6,300
Group 10	-	-
Unlisted	-	$3,900
Multiple Procedures	-	100% / 50% / 25%
Cardiology / Cardiac Cath	-	$9,750
PTCA / Pacemaker	-	$9,750
Robotic Procedures	-	$15,000
Cardiac Ablation	-	$9,750
EP Studies	-	$9,750
Lap Band	-	$8,670
Outpatient Lab	-	300% of fee schedule
Outpatient Radiology/Diagnostic Services	-	300% of fee schedule
Hemodialysis	-	-
Hemodialysis	-	$500
CAPD	-	$250
CAPD Training	-	$250
CCPD	-	$250
CCPD Training	-	$250
Home Hemodialysis	-	$250
Radiation Therapy Clinic Visit (Tech/Room Charge)	E/M Codes	$125
Radiation Therapy	7XXXX CPT Codes	300% of fee schedule
Home Infusion Pharmacy drugs	-	fee schedule
Home Infusion Pharmacy supplies & equip	-	fee schedule
Sleep Studies	-	300% of fee schedule
Physical Therapy Visit	Rev Code 424	$120

-	Rev Code 420-423, 429	$95
Speech Therapy Visit	Rev Code 444	$120
-	Rev Code 440-443, 449	$95
Occupational Therapy Visit	Rev Code 434	$120
-	Rev Code 430-433, 439	$95
Hand Therapy DME Supplies	L3701, L3806, L3806, L3906, L3908 L3913, L3923, L3933, L3935, L3975	60%
Respiratory Therapy	-	$180
Cardiac Rehab	-	$75
Family Medicine Clinic Visit (Tech/Room Charge)	E/M Codes	$125
Wound Therapy Clinic Visit (Tech/Room Charge)	E/M Codes	$125
Hyperbaric Oxygen Chamber	First 90 minutes	-
Hyperbaric Oxygen Chamber	CPT G0277	$95
CDMC Clinic Visit (Tech/Room Charge)	E/M Codes	$125
Diabetes Education & Management	Individual- G0108	$62
-	Group - G0109	$17
Outpt Infusion Therapy per visit	96413, 96420, C8957, 96416, 96425, 96440, 96446, 96450	$327
-	96360, 96365, 96369, 96422, 96374, 96373, 96409, 96521, 96522, 96406, 96542	$210
-	96367, 96415, 96417, 96411, 96372, 96401, 96402, 96523, 96405	$64
-	96361, 96366, 96370, 96379, 96423, 96375, 96549	$41
Infusion Therapy Drugs	-	fee schedule
Cardiology Clinic Visit (Tech/Room Charge)	E/M Codes	$125
Neurosciences Center Visit (Tech/Room Charge)	E/M Codes	$125
Other outpt. services	-	60%

Professional Services/Fees	-	-
Neurosciences Center	-	-
Level 1 NEW	Cpt code 99201	$30
Level 1 EST	Cpt code 99211	$10
Level 2 NEW	Cpt code 99202	$57
Level 2 EST	Cpt code 99212	$29
Level 3 NEW	Cpt code 99203	$86
Level 3 EST	Cpt code 99213	$58
Level 4 NEW	Cpt code 99204	$146
Level 4 EST	Cpt code 99214	$89
Level 5 NEW	Cpt code 99205	$191
Level 5 EST	Cpt code 99215	$126
Inpatient Initial Consult Level 1	99251	$30.00
Inpatient Initial Consult Level 2	99252	$57.00
Inpatient Initial Consult Level 3	99253	$86.00
Inpatient Initial Consult Level 4	99254	$146.00
Inpatient Initial Consult Level 5	99255	$191.00
Inpatient Subsequent Consult Level 1	99231	$44.00
Inpatient Subsequent Consult Level 2	99232	$83.00
Inpatient Subsequent Consult Level 3	99233	$118.00
Non-Physician Practicioner Services	Modifier AS, SA	85% of rate above
Surgery/Procedures	CPT range: 10021 - 69990 & 9XXXX codes	60%
Wound Center	-	-
Level 1 NEW	Cpt code 99201	$30
Level 1 EST	Cpt code 99211	$10
Level 2 NEW	Cpt code 99202	$57
Level 2 EST	Cpt code 99212	$29
Level 3 NEW	Cpt code 99203	$86
Level 3 EST	Cpt code 99213	$58
Level 4 NEW	Cpt code 99204	$146
Level 4 EST	Cpt code 99214	$89
Level 5 NEW	Cpt code 99205	$191
Level 5 EST	Cpt code 99215	$126
Hyperbaric Oxygen Therapy	CPT 99183	$120
Tissue Debridement	11042-11047, 97597, 97598	$94
Skin Substitute/Graft Procedures	15271-15278	$107
Leg Casting	CPT 29145	$118

Incision & Drainage Procedures	10060, 10061, 10140, 10180	$165
Bone Biopsy	20220, 20240	$128
Burn Procedures	16000, 16020, 16025, 16030, 16035, 16036,	$123
All Other Procedures	29581, 97605-97608, 11100, 11101, 11720, 11721, 11730, 11732, 17250, 69210	$35
Non-Physician Practicioner Services	Modifier AS, SA	85% of rate above
Chronic Disease Management Center	-	-
Level 1 NEW	Cpt code 99201	$30
Level 1 EST	Cpt code 99211	$10
Level 2 NEW	Cpt code 99202	$57
Level 2 EST	Cpt code 99212	$29
Level 3 NEW	Cpt code 99203	$86
Level 3 EST	Cpt code 99213	$58
Level 4 NEW	Cpt code 99204	$146
Level 4 EST	Cpt code 99214	$89
Level 5 NEW	Cpt code 99205	$191
Level 5 EST	Cpt code 99215	$126
Diabetes Education & Management - Ind	98960	$24
Diabetes Education & Management - Group	989619, 98962	$11
Botox Injections	64611, 64612, 64615	$129
Inpatient Initial Consult Level 1	99251	$30.00
Inpatient Initial Consult Level 2	99252	$57.00
Inpatient Initial Consult Level 3	99253	$86.00
Inpatient Initial Consult Level 4	99254	$146.00
Inpatient Initial Consult Level 5	99255	$191.00
Inpatient Subsequent Consult Level 1	99231	$44.00
Inpatient Subsequent Consult Level 2	99232	$83.00
Inpatient Subsequent Consult Level 3	99233	$118.00
Non-Physician Practicioner Services	Modifier AS, SA	85% of rate above
Surgery/Procedures	9XXXX CPT Codes	60%
Cardiology Clinic	-	-
Level 1 NEW	Cpt code 99201	$30
Level 1 EST	Cpt code 99211	$10
Level 2 NEW	Cpt code 99202	$57
Level 2 EST	Cpt code 99212	$29
Level 3 NEW	Cpt code 99203	$86

Level 3 EST	Cpt code 99213	$58
Level 4 NEW	Cpt code 99204	$146
Level 4 EST	Cpt code 99214	$89
Level 5 NEW	Cpt code 99205	$191
Level 5 EST	Cpt code 99215	$126
Inpatient Initial Consult Level 1	99251	$30.00
Inpatient Initial Consult Level 2	99252	$57.00
Inpatient Initial Consult Level 3	99253	$86.00
Inpatient Initial Consult Level 4	99254	$146.00
Inpatient Initial Consult Level 5	99255	$191.00
Inpatient Subsequent Consult Level 1	99231	$44.00
Inpatient Subsequent Consult Level 2	99232	$83.00
Inpatient Subsequent Consult Level 3	99233	$118.00
Non-Physician Practicioner Services	Modifier AS, SA	85% of rate above
Surgery/Procedures	9XXXX CPT Codes	60%
Family Medicine Center	-	-
Level 1 NEW	Cpt code 99201	$30
Level 1 EST	Cpt code 99211	$10
Level 2 NEW	Cpt code 99202	$57
Level 2 EST	Cpt code 99212	$29
Level 3 NEW	Cpt code 99203	$86
Level 3 EST	Cpt code 99213	$58
Level 4 NEW	Cpt code 99204	$146
Level 4 EST	Cpt code 99214	$89
Level 5 NEW	Cpt code 99205	$191
Level 5 EST	Cpt code 99215	$126
Rural Health Clinics (Global Tech/Pro Rates)	-	-
Level 1 NEW	Cpt code 99201	$52
Level 1 EST	Cpt code 99211	$25
Level 2 NEW	Cpt code 99202	$87
Level 2 EST	Cpt code 99212	$51
Level 3 NEW	Cpt code 99203	$124
Level 3 EST	Cpt code 99213	$84
Level 4 NEW	Cpt code 99204	$188
Level 4 EST	Cpt code 99214	$124
Level 5 NEW	Cpt code 99205	$236
Level 5 EST	Cpt code 99215	$167
Non-Physician Practicioner Services	Modifier AS, SA	85% of rate above
Injections	Drug Code + CPT 96372	fee schedule
Observation Department	-	-

Observation Discharge	99217	$84
Initial Date Observation - Low Severity	99218	$113
Initial Date Observation - Mod Severity	99219	$155
Initial Date Observation - High Severity	99220	$211
Subsequent Obs Care - Stable	99224	$45
Subsequent Obs Care - Inadequate Response	99225	$83
Subsequent Obs Care - Unstable	99226	$119
Same Day Obs and Discharge - Low Severity	99234	$151
Same Day Obs and Discharge - Mod Severity	99235	$192
Same Day Obs and Discharge - High Severity	99236	$248
Non-Physician Practicioner Services	Modifier AS, SA	85% of the above rate

Inpatient Surgery (Implants are excluded see specific rates below)

Medical			$2,000.0
ICU/CCU			.0
DOU/Tele			$2,200.0
Brachytherapy Services			$9,000/2da
Acute Rehabilitation			$1,200.0
Transitional Care Services (TCS)			$775.0
Subacute			$1,000.0
Lithotripsy			
	Uni-lateral	Cpt code 50590	$6,150/1d
	Bi-lateral	Cpt code 50590	$8,200/1d
	Repeat (within 30 days)	Cpt code 50590	$3,300/1d
Maternity			
Normal (includes normal newborn charges)		DRG 372 & 373	$4,100/2da
Normal w/ Tubal or OR procedure (includes normal newborn charges)		DRG 374 & 375	$4,800/2d
C-Section (includes normal newborn charges)		DRG 370 & 371	$5,250/3da
Additional Days OB			Level Of Care (LO
Multiple Births Case Rate per birth per case			$500.0
Boarder Baby		Rev Code 170	$630.0
	Intermediate Care Nursery		

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	NICU 1	Rev Code 171	$1,375.0
	NICU II	Rev Code 172	$2,500.0
	NICU III & IV	Rev Code 173 & 174	$3,200.0
Cardiovascular			
Cardiac Valve w/Cath or w/o Cath		DRG 104, 105, 514 & 515	$36,000/7da
CABG w/PTCA		DRG 106	$42,000/7da
Coronary bypass w/Cath		DRG 547 & 548	$35,500/7da
CABG w/o Cath		DRG 549 & 550	$29,900/7da
104-106, 547, 548, 549 & 550 include all professional fees except Cardiologist, nephrologists and ERP			YE
Other Vascular/Cardiothoracic Procedures		DRG 108	$37,000/7da
114,119,479 DRG		DRG 114, 119 & 479	$15,000/4da
Circulatory System Disorders		DRG 113 & 120	$13,500/4da
Major Cardio Procedures w/o CC		DRG 111, 551, 552, 533, 534 & 554	$15,000/4da
PTCA w/Stent, Pacemaker		DRG 555 & 556	$13,000/2da
Major Cardio Procedures with CC		DRG 110 & 553	$26,000/2da
PTCA w/o stent		DRG 518	$11,000/2da
Cardiac Cath w/ or w/o Comp DX		DRG 124 & 125	$6,500/2da
PTCA w/ or w/o drug eluting stent		DRG 557 & 558	$13,000/2da
Additional Days			Level Of Care (LO
	Outpatient Services		
Trauma Services			70% of billed charg
Emergency Services			
	Level 1	Cpt codes 99281 & 99282	$1
	Level 2	Cpt code 99283	$2
	Level 3	Cpt codes 99284 & 99285	$4
	Level 4	Cpt codes 99291	$7
Urgent Care			
	Level 1 EST	Cpt code 99211	$
	Level 1 NEW	Cpt code 99201	$
	Level 2 EST	Cpt code 99212	$
	Level 2 NEW	Cpt codes 99202	$
	Level 3 EST	Cpt code 99213	$
	Level 3 NEW	Cpt code 99203	$1
	Level 4 EST	Cpt codes 99214	$1

	Level 4 NEW	Cpt code 99204	$1
	Level 5 EST	Cpt code 99215	$2
	Level 5 NEW	Cpt code 99205	$2
*** For services that do not have the above listed cpt codes, the discount will be 40% off total billed charges**			
Opt. Services not listed		Cpt codes	Fee Schedu
Outpatient Lab		Cpt codes	Fee Schedu
Outpatient Radiology		Cpt codes	Fee Schedu
Outpatient Infusion		Rev codes 260-269, 335	$250 per vi
Outpatient Infusion Drugs			Fee schedu
Outpatient Surgery			
	Group 1	fee schedule	$988.0
	Group 2	fee schedule	$1,248.0
	Group 3	fee schedule	$1,591.2
	Group 4	fee schedule	$2,132.0
	Group 5	fee schedule	$2,288.0
	Group 6	fee schedule	$2,392.0
	Group 7	fee schedule	$3,016.0
	Group 8	fee schedule	$3,276.0
	Group 9	fee schedule	$4,056.0
	Unlisted		60
	Multiple Procedures	highest group reimbursed at 100%	100%, 50%, 25
Cardiac Cath		ICD 9 procedure codes; 37.21-37.23, 88.52-88.58	$6,500.0
Lap Cholesectomy		Cpt codes 47562, 47563, 47564	$5,400.0
Lap Hysterectomy		ICD9 codes 68.31, 68.51	$4,850.0
Lap Appendectomy		ICD9 code 47.01	$4,850.0
PTCA		ICD9 procedure codes; 00.50, 00.54, 37.80-37, 36.01, 36.02, 36.05 & 36.09	$5,775.0
Hysteroscopic Sterilization		cpt code 58565	$2,500.0
Exclusions			
Hip Replacement Device		Rev codes 274, 275, 276 & 277	$4,63
Total Knee Replacement Device (per Knee)		Rev codes 274, 275, 276 & 278	$3,60
Spinal Fusion Device (Lumbar Cage)		Rev codes 274, 275, 276 & 278	$21,00
Cardiac Stent Bare Metal Implant		Rev codes 274, 275, 276 & 278	$1,50

Cardiac Drug Eluting Stent Implant	Rev codes 274, 275, 276 & 278	$2,5
Spinal Neurostimulator	Rev codes 274, 275, 276 & 278	$18,5
Infusion Pump Device	Rev codes 274, 275, 276 & 278	$9,8
Vagus Nerve Stimulator	Rev codes 274, 275, 276 & 278	$16,0
AICD Device	Rev codes 274, 275, 276 & 278	$31,0
Thoracic or Abdominal Stent Implant	Rev codes 274, 275, 276 & 278	$13,0
Pacemaker	Rev codes 274, 275, 276 & 278	$10,5
Carotid Stent Implant	Rev codes 274, 275, 276 & 278	$1,5
Outpatient Dialysis		
Hemodialysis	Cpt codes 90935, 90937, 90999	$350/vi
CAPD	Cpt codes 90945, 90947	$175/d
CAPD Training	Cpt code 91989, 90993	$175/Treatme
CCPD	Cpt codes 90945, 90947	$175/d
CCPD Training	Cpt code 90989, 90993	$175/Sessi
Home Hemodialysis	Cpt code 90999	$175/Treatme
Home Health		
RN Visit	HCPC code S9123	$180.
LVN Visit	HCPC code S9124	$140.
Home Health Aide Visit	HCPC code S9122	$120.
Physical Therapy	HCPC code G0151	$180.
Respiratory Therapy		$180.
Speech therapy	HCPC code G0153	$180.
Occupational Therapy	HCPC code G0152	$180.
MSW Visit		$180.
Outpatient Therapy		
Physical Therapy	Rev codes 420-424, 429	$80.
Respiratory Therapy	Rev codes 410, 412, 419	$180.
Speech therapy	Rev codes 440-444, 449	$80.
Occupational Therapy	Rev codes 430-434, 439	$80.
Cardiac Rehab		
Hospice Services		
Routine Home Care Per Date of Service		$132/d
Continuous Home Care (minimum of 8 Hours)		$32/
Inpatient Respite Care		$135/d

General Inpatient Care			$585/d
Home Infusion			
All Services			100% of Medica
Kaweah Delta Mental Health			
Behavioral Health			
Acute Inpatient per diem			$800.0
CD Detox Inpatient Per Diem		HCPC codes H0008-H0011	$800.0
IOP - Intensive Outpatient Program			
	Group/Family Session	CDM 9440002 or 9440004	$100.0
	Individual Sessions	CDM 9440001	$62.5
	After Care	CDM 9440006	$25.0
Dr. Castillo/Outpatient Child Adolescent			
	First Visit	Cpt code 90801	$300.0
	Per Visit	Cpt codes 90807 & 90847	$200.0
	Per Visit	Cpt code 90805	$125.0
*** For services that do not have the above listed cpt codes, the discount will be 40% off total billed charges**			
San Juan Health Center			
	Level 1 EST		.0
	Level 1 NEW	Cpt code 99201	$40.0
	Level 2 EST	Cpt code 99212	$60.0
	Level 2 NEW	Cpt codes 99202	$70.0
	Level 3 EST	Cpt code 99213	$90.0
	Level 3 NEW	Cpt code 99203	$100.0
	Level 4 EST	Cpt codes 99214	$120.0
	Level 4 NEW	Cpt code 99204	$130.0
	Level 5 EST	Cpt code 99215	$150.0
	Level 5 NEW	Cpt code 99205	$160.0
*** For services that do not have the above listed cpt codes, the discount will be 40% off total billed charges**			

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Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: AP166	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Competitive Bidding on Contracts

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

POLICY: Kaweah Delta Health Care District~~–~~, doing business as Kaweah Health ~~("District")~~ will be in compliance with competitive bidding requirements for California Health Care Districts. (See California Health & Safety Code §32132)

~~District~~ Kaweah Health shall endeavor to obtain the maximum value for all monies expended.

Kaweah Health ~~The District~~ reserves the right to direct competitive bidding (including but not limited to the lowest bid) for any contract, regardless of whether or not competitive bidding is required by law or required by the terms of this Policy.

I. Materials and Supplies - Kaweah Health ~~District~~ shall let any contract involving an expenditure of more than $25,000 for materials and supplies to be furnished, sold or leased to the District, to the lowest responsible bidder who shall give the security the District requires, or else reject all bids. (California Health & Safety Code §32132)

There is no requirement to publicly bid change orders made to a contract that has been previously executed under this policy, so long as the change orders do not materially change the scope of the contract and each individual change order does not total more than five percent of the value of the whole contract.

EXEMPTIONS: This policy is not applicable to medical or surgical equipment. In other words, contracts for medical or surgical equipment do not have to be let out for bid. "Medical or surgical equipment or supplies" include only equipment or supplies commonly, necessarily, and directly used by, or under the direction of, a physician or surgeon in caring for or treating a patient in the hospital. This policy is not applicable to the furnishing, purchase or lease of energy conservation supplies and/or sources, alternate energy supply sources, contracts or the lease of facilities.

Work to Be Done - Kaweah Health ~~District~~ shall let any contract involving an expenditure of more than $25,000 for work to be done, to the lowest responsible bidder who shall give the security the ~~District~~ organization requires, or else reject all bids. (California Health & Safety Code §32132) Work to be done means essentially any service that is to be provided by an independent contractor, person or entity to the ~~District~~ organization under the terms of a contract. For example, painting the hospital would be covered by this policy, but the cost of the paint would not (though it may be covered by the Materials and Supplies policy, above).

There is no requirement to publicly bid change orders made to a contract that has been previously executed under this policy, so long as the change orders do not

materially change the scope of the contract and each individual change order does not total more than five percent of the value of the whole contract.

DEFINITIONS:

Competitive Bidding: It is intended to insure impartiality in buying decisions. It is a transparent procurement method in which bids from competing contractors, suppliers, or vendors are invited by providing the scope, specifications, and terms and conditions of the proposed contract as well as the criteria by which the bids will be evaluated.

Lowest Responsible Bidder: Qualified bidder with the lowest or best bid price, and whose business and financial capabilities, past performance, and reputation meet the required standards. "Responsible Bidder" means a bidder who has demonstrated the attribute of trustworthiness and well as quality, fitness, capacity and experience to perform the contract satisfactorily. (Public Contract Code § 1103)

EXEMPTIONS: This policy is not applicable to contracts for professional services. Professional services are generally regarded as those services which are lawfully rendered only pursuant to a license, certificate or registration authorized by the California Business and Professions Code. As clarified in numerous decisions by various courts, the professional services to which the bidding rules **do not apply** include those of persons who are highly and technically skilled in their science or profession; persons with a peculiar skill or ability, such as attorney at law, architect, engineer, or artist; and persons whose work requires taste, skill, and technical learning and ability of a rare kind.

The following is a list of examples of professional services that are exempt from this policy:

Acupuncturist
Opticians and Optometrists
Audiologist/Speech Pathologists
Osteopaths
Chiropractors
Pharmacists
Clinical Lab Bioanalysts
Physical Therapists
Collection Agents/Repossessors
Physician's Assistants
Dentists and Dental Hygienists
Psychologists
Family Counselors and Social Workers
Psychiatrists & Psychiatric Techs
Hearing Aid Dispensers
Respiratory Therapists
Licensed Vocational Nurses
Accountants
Nurses
Architects
Nurse-Midwives
Engineers
Nurse-Practitioners
Lawyers
Medical Doctors
Landscape Architects
Certified Interior Designers

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No competitive bidding shall be required; however, Kaweah Health~~the District~~ may establish when appropriate procedures for the project to assure that these services are engaged on the basis of demonstrated competence and on the professional qualifications necessary for the satisfactory performance of the services required. (See Quote and Proposal Guidelines AP.167)

Nothing in this section shall prevent the ~~District~~ organization from participating as a member of any organization described in Section 23704 of the California Revenue and Taxation Code (Cooperative Hospital Service Organizations), nor shall this section apply to any purchase made, or services rendered, by the organization on behalf of a district health facility that is a member of the organization. This policy is not applicable to a service (enumerated below) provided by a tax exempt organization which provides that service to two or more hospitals. (See Health & Safety Code§32132(e)) Only the following services are exempt:

Dd~~d~~ata processing
Purchasing (including purchasing of insurance on a group basis)
Ww~~w~~arehousing
Bb~~b~~illing and collection
Ff~~f~~ood
Cc~~c~~linical services
Ii~~i~~ndustrial engineering
Ll~~l~~aboratory services
Pp~~p~~rinting
Cc~~c~~ommunications
Rr~~r~~ecord center operations
Pp~~p~~ersonnel services (including selection, testing, training and/or education)

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II. Electronic Data Processing and Telecommunications Goods and Services- (Health & Safety Code §32138) Kaweah Health~~The District~~ shall acquire electronic data processing and telecommunications goods and services with a cost to the ~~District~~ organiation of more than twenty-five thousand dollars ($25,000) through competitive means, except when the ~~District~~ organization determines either that: (1)the goods and services proposed for acquisition are the only goods and services which can meet Kaweah Health~~the District~~'s need, or (2) The goods and services are needed in cases of emergency where immediate acquisition if necessary for the protection of the public health, welfare, or safety. Applicable contracts must be reviewed by the Chief Information Officer prior to start of the contracting process.

A. As used in this section, "competitive means" includes any appropriate means specified by Kaweah Health~~the District~~, including, but not limited to, the preparation and circulation of a request for a proposal (See Quote and Proposal Guidelines AP. 167) to an adequate number of qualified sources,

as determined by Kaweah Healththe District in its discretion, to permit reasonable competition consistent with the nature and requirements of the proposed acquisition.

B. When Kaweah Healththe District awards a contract through competitive means pursuant to this section, the contract award shall be based on the proposal which provides the most cost-effective solution to the District's organization's requirements, as determined by the evaluation criteria specified by Kaweah Healththe District. The evaluation criteria may provide for the selection of a vendor on an objective basis other than cost alone.

III. **Areas of Uncertainty -** If you are uncertain as to whether a specific contract is required to be let out for bid under the above Kaweah Health District policies, you are encouraged to contact the Kaweah HealthDistrict's counsel for an opinion.

IV. **Competitive Bidding** - Kaweah HealthThe District strives to ensure consistency and fairness in the award of all contracts. To further that goal, it is the Kaweah HealthDistrict's policy to follow a uniform procedure when it circulates requests for proposals (RFP) or lets out any contract for bid. Kaweah HealthThe District's procedure for RFP's is set out in detailed Quote and Proposal Guidelines AP. 167) Much of these procedures are just common sense. Remember that these procedures are only necessary when it is required by Kaweah Health District policy to let out contracts for competitive bids to the lowest responsible bidder.

Kaweah HealthThe District reserves the right to direct competitive bidding for any contract whether or not competitive bidding is required by law or required by the terms of this policy.

V. **Emergency:** Kaweah HealthThe District may, without following the bidding provisions set forth in this policy, let contracts for work to be done or for materials and supplies to be furnished, sold or leased to the Districtorganization, if it first determines that an emergency exists warranting such expenditure due to fire, flood, storm, epidemic, or other disaster and is necessary to protect the public health, safety, welfare, or property. (See Health & Safety Code §32136)

PROCEDURE: See Quote and Proposal Guidelines AP.167.

References: California Health & Safety Code §§ 32132, 32136, 32138.
California Revenue &Taxation Code § 23704
Government Code §§ 54201
Internal Revenue Code § 501

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Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: AP131	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Complimentary Meal Ticket

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POLICY: All District staff are to follow the guidelines as noted below relative to complimentary meal tickets:

I. Complimentary meal tickets valued at $5.00 each are available as part of the Service Recovery Tool Kit. The Toolkit is available to all Department Directors by contacting the Administrative Assistant in Human Resources. These toolkits can be replenished as needed also by contacting the Administrative Assistant in Human Resources.

II. Meal Tickets can be purchased for staff recognition or to be used as a gift. If someone would like to purchase a Meal Ticket (Debit Card); they may do so by paying for the card in whatever denomination they wish at any of the Cafeteria Cashiers. The card will be good for that dollar amount at any of the Cafeteria cash registers throughout the district.

III. Complimentary meal tickets, which are part of the Service Recovery Tool kit, are not designed for employee recognition.

IV. For Patient & Family Services the meal ticket may be provided when a family is without financial resources and is designed to provide an interim solution to the family financial need. For further information refer to the policy PFS.A18 Meal Tickets.

V. A $5.00 Meal Ticket is provided to each “New Father” in the Mother Baby Unit. The cost for these tickets is charged to the Mother Baby Department. Additional cards are provided to the Mother Baby Nurse Manager as needed from the Food Services Department.

VI. $5.00 Meal Tickets are also available for use to recognize various staff members performance “Job Well Done”. These are also available from the Administrative Assistant in Human Resources.

Department Directors can also request a “Complimentary Free Item Ticket”, such as a “Free Ice Cream”, or “Free 16oz Fountain Drink”, by emailing the Food & Nutrition Services Secretary with their request. The requesting department will be charged the cost for each of the tickets upon receipt.

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Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: AP134	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Expenses reimbursable by Foundation restricted funds

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POLICY: The Kaweah Delta Hospital Foundation manages and maintains funds donated for specific purposes and utilized by District departments as approved by the Foundation board of directors. This policy ensures the appropriate approval and reimbursement of such funds for employees, vendors, etc.

All expenditures covered by a Foundation "fund" shall be approved by the Director of Development or designee prior to the expense being incurred.

This policy does not cover grant funds reimbursed by the Foundation, the purchase of equipment valued at $2,000 or more, **or the purchase of any patient care equipment regardless of price.** Expenditures related to grants, equipment valued at $2,000 or more, **and patient care equipment** are to flow through the normal processing for the District and reimbursed by the Foundation in accordance with KDH Foundation policies.

Foundation checks are processed weekly. All non-stocks, reimbursements, or invoices received by the Foundation by the end of business Friday will be processed for payment the following Thursday. Individuals receiving reimbursement will be notified by the Foundation once reimbursement has taken place.

PROCEDURE:

I. Items to be ordered through Materials Management

A. The requester shall send a completed non-stock with appropriate signatures including all necessary backup to the ~~Vice President~~Director of Development or designee.

B. The ~~Vice President~~Director of Development or designee will review the non-stock and determine if it is an approved expense. The ~~Vice President of Development~~Director of Development or designee will then forward a copy of the approved non-stock (with the appropriate Foundation fund coding

and signatures) to Materials Management for processing, retaining the original of the submitted non-stock.

C. Materials Management will process the non-stock and communicate the ordering of the product to the originator of the request.
D. The invoice will be processed once received in accordance with Finance policies and procedures.
E. The completed check and backup will be returned to the Development Coordinator or designee; copies will be made as needed for file information.~~: and check presented for signature by the Vice PresidentDirector of Development and a Kaweah Delta Hospital Foundation Board Member approved to sign checks.~~

II. Employee Expense Reimbursements – Expenses incurred by an employee and to be reimbursed by the Foundation are to be handled in accordance with AP19, Travel and Other Business Expenses.

A. The employee shall forward the Travel Approval Form to the ~~Vice President~~Director of Development or designee prior to the travel taking place including all information on the conference, etc., with the approved signatures of the employee's department.
B. The ~~Vice President~~Director of Development or designee will approve the request if it meets the use for which the fund being accessed was designated for, and return the original request to the employee, retaining a copy for the Foundation's records.
C. Upon completion of the travel, the employee shall forward the original completed Employee Reimbursement Form to the ~~Vice President~~Director of Development or designee. The ~~Vice President~~Director of Development or designee will then forward the approved Employee Reimbursement Form (with the appropriate Foundation fund coding and memo) to Finance for processing.
~~D.~~ The completed check and backup will be returned to the Development Coordinator or designee; copies will be made as needed for file information.~~: and check presented for signature by the Vice PresidentDirector of Development and a Kaweah Delta Hospital Foundation Board Member approved to sign checks.~~
D.

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III. Mileage Reimbursement – Intra District mileage incurred by an employee and to be reimbursed by the Foundation are to be handled in accordance with AP84, Mileage Reimbursement.

A. The employee shall forward the Intra District Mileage Reimbursement form to the ~~Vice President of Development~~Director of Development or designee with the appropriate signature of the employee's department.
B. The ~~Vice President of Development~~Director of Development or designee will then forward the approved Intra District Mileage Reimbursement form (with the appropriate Foundation fund coding and memo) to Finance for processing.

~~C.~~ The completed check and backup will be returned to the Development Coordinator or designee; copies will be made as needed for file information~~:~~. ~~and check presented for signature by the Vice President of Development~~Director of Development ~~and a Kaweah Delta Hospital Foundation Board Member approved to sign checks.~~

C.

IV. Vendor Invoices – for all other invoices to be reimbursed by the Foundation funds.

A. A signed non-stock accompanying the invoice shall be sent to the ~~Vice President of Development~~Director of Development or designee.
B. The ~~Vice President of Development~~Director of Development or designee will review the non-stock, with appropriate backup, and the invoice to determine if it is an approved expense.
C. The ~~Vice President of Development~~Director of Development or designee will then forward the approved non-stock (with the appropriate Foundation fund coding and memo) to Materials Management for processing.
D. The completed check and backup will be returned to the Development Coordinator or designee; copies will be made as needed for file information; and check presented for signature by the ~~Vice President of Development~~Director of Development and a Kaweah Delta Hospital Foundation Board Member approved to sign checks.
E. When the check has been signed, the Development Coordinator or designee will then forward the approved non-stock (with the appropriate Foundation fund coding and memo), and check to Materials Management for processing.
F. The invoice will be processed in accordance with Finance policies and procedures.

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Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: AP10	**Date Created: 09/30/2007**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	
Occurrence Reporting Process	

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

PURPOSE: Describes Occurrence Reporting process that supports District Performance Improvement, Patient Safety, Risk Management and Compliance activities by collecting data on unusual events or process variances.

DEFINITIONS:

Occurrence - *An unusual or unexpected event, whether or not causing harm or potential harm to patients, visitors or staff that places the District at risk.*

Statement of Concern – *An event related to an unresolved interpersonal (behavioral) issue.*

Adverse Drug Event - *A variance related to the use of omission of a drug as well as "close calls" or "safe catches." Adverse drug events (ADEs) are comprised of medication errors and medication incompatibilities. Adverse Drug Reaction - (ADR) An unusual or unintended noxious reaction that occurs at doses normally used for prophylaxis, diagnosis, therapy of disease and/or for the modification of physiological function.*

Significant ADE- *Any ADE that caused, or had the potential to cause, harm. Harm is defined as the impairment of the physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom.*

Medication Error – *A preventable medication-related event that adversely affects a patient and that is related to professional practice, health care products, procedures, systems, including but not limited to prescribing, prescription order communications, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use.*

Medication Incompatibility — *A state in which two or more medications undesirably interact in a way that would interfere with their administration, safety or efficacy.*

POLICY:
Occurrences which may result in actual or potential harm to patients, staff members, or District visitors, or otherwise expose the District or any of its employees or agents to liability are reported in an accurate and timely manner. In addition to its use as a Risk Management tool, the Occurrence Reporting process facilitates District Performance Improvement, Patient Safety, Risk Management and Compliance activities.

The Occurrence Reporting process also encompasses unresolved behavioral "Statement of Concern" reporting, complaint and grievance reporting and ADE reporting. The paper and/or electronic forms are the data collection tools of the Occurrence Reporting process.

The forms and/or their electronic equivalents are maintained within the Risk Management Department as confidential documents, and as such are protected from discovery pursuant to California Evidence Code section 1157(b). The forms are NOT a part of the medical record. Occurrence Reporting policy and procedure is observed as follows:

I. Unusual events, significant ADEs, patient/family grievances or statements of concern are reported by completing an Occurrence Reporting form and submitting it to the Risk Management Department as soon as possible.

II. Staff telephone the Risk Management Department of any unusual event, which results in patient injury immediately. If the Risk Manager is unavailable, the House Supervisor is notified. Staff complete an Occurrence Reporting form immediately and submit to the Risk Management Department within **24 hours**. (See Sentinel Event Policy AP.87).

III. Staff telephone the Clinical Engineering Department and the Risk Management Department for any unusual event, which results in patient injury and is directly related to equipment malfunction within **24 hours** of the event or discovery of the event. Staff complete an Occurrence Reporting form and send it to the Risk Management Department within **24 hours**. The equipment in question is removed intact from the patient care area, and placed in the area designated by Clinical Engineering for retrieval.

IV. A multidisciplinary team including members from the organization and Medical Staff (METER Committee) review occurrence reports submitted within the previous 24 hours each weekday to rank and triage events so immediate notification high-risk or unusual events can be made to hospital and Medical Staff leadership. Occurrence reports received on weekends/holidays will be reviewed the following business day. High-risk or unusual events which occur during weekends/holidays will be immediately escalated to the House Supervisor and/or the Risk Manager on-call as described in Section II above.

V. Significant ADEs are reported immediately to the patient's attending or covering physician. Physician notification is documented in the patient's medical record. The Pharmacy Director or designee will be notified of ADEs and events which do not constitute an ADE, but pertain to medications (i.e.: medication loss, medication storage, potential drug diversion).

VI. Any unusual event which is directly or potentially related to equipment malfunction, which DID NOT result in patient injury, is reported by completing an Occurrence Report and sending it to the Risk Management Department within **5 days**. The equipment and/or parts (i.e., stapler parts, drill bits, etc.) in question are immediately removed intact from the patient care area, and placed in the area designated by Clinical Engineering for retrieval.

VII. Any lost or damaged property issues are investigated by the Department Manager or designee, an Occurrence Report completed, and sent to the Risk Management Department.

~~VII.~~VIII. A case review of Coroner Referrals will be completed by the Medical Director of Quality and Patient Safety to evaluate and identify unusual occurrences or Adverse Events.

~~VIII.~~IX. The Risk Management Department provides Department Directors with monthly Occurrence Reporting aggregate data. Data are trended and used to improve District processes. Data obtained from the Occurrence Reporting process are also used in medical staff peer review for re-credentialing purposes, and by the Risk Management and Compliance Departments to report and trend data related to the Complaint and Grievance processes.

~~IX.~~X. All patient events are documented in the medical record. Documentation does **NOT** indicate that an Occurrence Report was generated.

PROCEDURE:

I. When an incident or unusual event occurs, the individual most familiar with the situation, or to whom a grievance was reported, completes the Occurrence Reporting form. The form is submitted to the Risk Management Department within **5 days** of the event, or at the time in which the event is discovered.

II. Staff telephone the Risk Management Department of any unusual event, which results in patient injury **immediately**.~~:~~

A. If the Risk Manager is unavailable, the House Supervisor is notified.
B. Staff complete an Occurrence Reporting form immediately and deliver to Risk Management Department within 24 hours. (See Sentinel Event Policy AP.87).

~~II.~~III. When the unusual event results in patient injury AND is directly related to equipment malfunction, the individual discovering the event is responsible to:

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A. Notify the Director, House Supervisor, and Nurse Manager;
B. Notify the physician;
C. Telephone the Clinical Engineering Department and Risk Management within **24 hours** of event;
D. Complete and submit an Occurrence Reporting form to the Risk Management Department within **24 hours**;
E. Remove the intact defective equipment from the patient care area, including all attached peripheral devices (tubing, hoses, power cords, catheters, etc.);
~~E.~~ Attach a completed red tag, “Defective Equipment Tag”, to device (refer to Environment of Care policy 1106 – Electronic/Electromechanical Devices);
F.
~~F.~~G. Store equipment in designated area for pick-up by Clinical Engineering.

~~III.~~IV. If the unusual event is directly related to equipment malfunction, but did not cause patient injury, the individual that discovered the event incident is responsible to:

A. Complete and submit an Occurrence Reporting form to the Risk Management Department within 5 days.
B. Remove the intact defective equipment from the patient care area;
C. Complete and attach a red tag, “Defective Equipment Tag”, to device (refer to Environment of Care policy 1106 – Electronic/Electromechanical Devices);
D. Notify Clinical Engineering for pick-up of defective equipment;
E. Store equipment in designated area for pick-up by Clinical Engineering.

~~IV.~~V. Events related to ADE’s, patient falls, pressure injuries/skin breakdown, ~~-~~and equipment/medical device issues are reported electronically through the Occurrence Report process. Paper reports may be submitted during times of workstation or network outage

~~V.~~VI. If any questions arise, staff may contact their Manager, the House Supervisor, or the Risk Management Department.

~~VI.~~VII. The individual completing the Occurrence Reporting form notifies and submits the completed report to their Nurse Manager or Department Director. All incomplete forms submitted to the Risk Management Department are returned to the Department Director for completion.

~~VII.~~VIII. The Occurrence Reporting Form documentation includes:

A. Event description using only pertinent facts surrounding the event.
B. Description of any/all action(s) taken to eliminate the possibility of the event reoccurring;
C. List of individuals familiar with the circumstances of the event.

D. Physician notification of the event. Note: The patient's attending physician, covering physician, or clinical psychologist will be immediately notified of significant ADEs as defined in this policy.
E. Notification of Risk Management Department

~~VIII.~~IX. The Department Director, Nurse Manager or designee conducts the initial investigation and documents findings on the Occurrence Reporting form.

The Risk Management Department reviews each Occurrence Reporting form submitted. Graphical representation of data findings are reported at Patient Safety Committee meeting monthly.

References: California Code of Regulations, Title CCR, Division 17, §1711.

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Kaweah Delta Health Care District

Administrative

Policy Number: AP08	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Patient Complaint & Grievance Management

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

POLICY: Kaweah Delta Health Care District (KDHCD) is committed to the timely resolution of any concern, complaint and/or grievance raised by the patient, the patient's representative, or their family. The patient has the right to file a written complaint with the California Department of Public Health (CDPH), The Joint Commission (TJC), or other appropriate agencies regardless of whether the patient, the patient's representative, or their family chooses to use KDHCD's complaint or grievance process. The District Board of Directors approves this policy, and delegates oversight responsibility of the complaint and grievance process to the Directors of Patient Experience and Risk Management and to the Grievance Committee.

KDHCD is committed to actively seeking, listening, and responding to the needs, preferences, concerns, complaints, and grievances of our patients and their families. It is the policy of this organization to encourage the patient, the patient's representative, or the patient's family to express their complaints in order to identify opportunities to improve the quality of patient care services. At no time shall a complaint or grievance be used as a reason to retaliate against or deny a patient current or future access to KDHCD services. All staff members are responsible for identifying and responding to complaints from patients, their representatives or family.

Data collected regarding patient grievances, as well as other complaints not defined as grievances, will be incorporated into KDHCD's Quality Assessment and Performance Improvement Plan (QAPI). ~~The Grievance Committee will direct and implement proactive solutions to address the issues identified by the grievance process.~~

DEFINITIONS:

Complaint- An expression of dissatisfaction related to a patient issue.

Grievance- a written or verbal complaint (when the verbal complaint is not resolved at the time of the complaint by staff present) by a patient, or –the patient's representative regarding the patient's care, abuse or neglect, issues related to the

hospital's compliance with the Centers for Medicare and Medicaid Services (CMS) Hospital Conditions of Participation (COP), or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §489.

- A verbal complaint is a grievance if~~:~~ it cannot be resolved at the time of the complaint by staff present, is postponed for later resolution, is referred to other staff for later resolution, requires investigation, and/or requires further actions for resolution, then the complaint is a grievance for the purposes of these requirements. A complaint is considered resolved when the patient is satisfied with the actions taken on their behalf.
  - ~~It cannot be resolved at the time of the complaint by staff present;~~
  - ~~It is postponed for later resolution;~~
  - ~~It is referred to other staff for later resolution;~~
  - ~~It requires investigation and/or requires further actions for resolution;~~
  - ~~The patient or the patient's representative request a written response from the hospital; or~~
  - ~~The patient or the patient's representative request the complaint be handled as a grievance.~~

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Staff Present- any hospital staff present at the time of the complaint or who can quickly be at the patient's location (supervisor, manager, house supervisor, administration, etc.) to resolve the patient's complaint.

Grievance Committee –The internal committee given authority and oversight for the resolution of grievances within KDHCD. The Director of Patient Experience ~~Risk Management (RM)~~ is the chair and membership includes, but is not limited to:

- The Chief Operating Officer (COO),
- The Chief Nursing Officer (CNO),
- The Chief Medical Officer (CMO), and
- The Director of Risk Management
- ~~The Performance Improvement Medical Director; and~~
- ~~The Director of Performance Improvement~~.

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PROCEDURE

~~A.~~I. Problems, questions or complaints should be handled by the "staff present" and in the simplest and most direct way that is appropriate to the situation. Depending on the nature of the complaint expressed by the patient or by their representative, the Manager or Director of that department will be notified and will be accountable for the initial response to the complainant and for attempting to provide an acceptable resolution.

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~~B.~~II. Complaints unable to be resolved by the staff present and to the satisfaction of the complainant will become a grievance and documented by completing an occurrence report in accordance with AP 10. The ~~forwarded the~~ Departments of Patient Experience or Risk Management will forward the complaint as indicated in Attachment A.

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Complaints that cannot be resolved by "staff present" become a grievance and must be handled according to this policy.

A. Grievances ~~should~~ will be documented by completing an ~~online~~ occurrence report in accordance with AP 10. ~~on the Notice of Event (NOE) report form (AP10)~~

~~A.~~1. Written grievances (including emails or faxes) will be processed by ~~are attached to the NOE and forwarded to~~ the Patient Experience ~~Risk Management~~ Department.

2. Telephone grievances ~~are documented~~ will be processed by ~~completing an online occurrence report on the NOE and forwarded to~~ the Patient Experience ~~Risk Management~~ Department.

~~B.~~3. Social media-related concerns will be facilitated by the Media Relations department and referred to the appropriate department leaders for issue resolution.

B. ~~The Director of Risk Management shall be notified of a~~Any complaint or grievance ~~with potential legal implications or those with potential significant patient safety issues~~ pertaining to legal, abuse, violence, injury, or death~~.~~ will be forwarded to the Risk Management Department.

~~C.~~ Complaints specifically related to breaches of patient privacy or misuse of Protected Health Information will be forwarded to the Compliance Department.

~~ADDITIONAL INFORMATION ON GRIEVANCES:~~

~~1. All written complaints are grievances.~~
~~a. an emailed or faxed complaint is considered written and therefore is a grievance.~~

~~2. If a patient or their representative requests their complaint be handled as a formal complaint or grievance, or requests a formal response from the hospital, it must be forwarded to the Risk Management Department and treated as a grievance.~~

~~3. Billing issues are not usually considered a grievance except Medicare beneficiary billing complaints related to rights and limitations provided in 42 CFR §489.~~
~~a. Example: a complaint that the bill is incorrectly calculated is NOT a grievance; but~~
~~b. A complaint that they were billed more because they were of a particular ethnic or racial group IS a grievance.~~

~~4. If the patient or their representative telephones or writes the hospital with a complaint regarding their care, or with an allegation of abuse or neglect, or failure of the hospital to comply with one or more of the Conditions Of Participation or other CMS requirements, it is a grievance.~~

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~~a. Example: a complaint about related to physical abuse of a patient by the staff.~~

~~1. Post-hospital verbal communications regarding patient care that would routinely have been handled by staff present if the communication had occurred during the stay/visit are **not** defined as a grievance.~~

~~a. Example: the daughter of a patient requests more information about the patient's diet.~~

~~2. Information obtained with patient satisfaction surveys is not a grievance unless an identified patient writes or attaches a written complaint and requests a resolution of that complaint. Then it is a grievance and must be handled according to this policy.~~

~~3. Complaints specifically related to breaches of patient privacy or misuse of Protected Health Information should be forwarded to the Compliance Department and to the District Privacy Officer.~~

MEDICAL STAFF GRIEVANCES:

~~C.~~D. Grievances concerning members of the medical staff will be forwarded to the Medical Staff organization for investigation and for resolution.

A. The Medical Board of California is responsible for processing consumer complaints about physicians and surgeons;

B. The Board of Podiatry Medicine is responsible for consumer complaints about podiatrists.

C. The telephone numbers for these Boards will be made available to complainants.

D. The complaining party will be advised that SB916 provides immunity to people who complain or provide information regarding any physician, surgeon, or podiatrist.

RESOLUTION*:*

~~D.~~E. ~~A.~~ The complaint or grievance is ~~not~~ considered ~~resolved until~~ closed when the patient is satisfied with the actions taken on their behalf *unless:*~~.~~

~~A. If r~~Reasonable and appropriate actions have been taken on the patient's behalf in order to resolve the patient's grievance and the patient or the patient's representative remains unsatisfied with the hospital's actions~~, the grievance may be considered closed~~. Documentation of efforts and compliance with CMS requirements must be maintained.

~~E.~~F. ~~ALL~~ All grievances will be responded to in writing.

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A. Written notice/response of the hospital's determination regarding the grievance must be communicated to the patient or to their representative in a language and manner the patient or their representative understands. The written response will be provided by the Patient Experience or Risk Management departments.

~~B.~~G. The written notice/response MUST contain:

(i) The name of the hospital contact person; (the Director of Patient Experience or Risk Management ~~Risk Management~~ or designee)~~;~~

(ii) The steps taken on behalf of the patient to investigate the grievance~~;~~

(iii) The results of the grievance process~~; and~~

(iv) The date of completion~~.~~

~~C. The Director of Risk Management or designee will request an investigation from the director or manager of the involved department, unit, or location.~~

~~(i) Based upon the information provided and the investigation from Risk Management, the Director of Risk Management or designee will draft the written notice/response according to the required elements in 15 (b).~~

~~(ii) A copy of the letter will be forwarded to the involved Director or manager for their files.~~

~~F.~~H. Complaints and Grievances may be responded to ~~verbally~~ in person or via telephone when appropriate or when more information is required to fully investigate. This does not replace a written notice/response. ~~The written notice/response may refer to the verbal discussion but the written response must contain all the required elements outlined above in F(2).~~

~~G.~~I. Every attempt will be made to resolve the grievance within ~~20~~ 30 days. KDHCD will inform the patient or patient's representative if there will be a delay and, the timeframe within which they may expect our written response.

~~H.~~J. If a Medicare beneficiary submits a grievance regarding quality of care or early discharge issues, the complainant will be provided information regarding their rights to contact the designated Quality Improvement Organization (QIO) for Medicare. This type of grievance will be forwarded to and an investigation completed by the Risk Management department.

K. The Hospital Governing Board is responsible for the effective operation of the grievance process. The Board may delegate the responsibility for review and resolution of grievances to a Grievance Committee.

GRIEVANCE EXCEPTIONS

Billing issues are not usually considered a grievance except Medicare beneficiary billing complaints related to rights and limitations provided in 42 CFR 489.

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1. Example: a complaint that the bill is incorrectly calculated is **not** a grievance; but
~~I.~~2. A complaint that the patient was billed more because they were of a particular ethnic or racial group **is** a grievance.

PATIENT NOTIFICATION OF ~~RIGHTS~~ COMPLAINT PROCESS~~:~~

A) Patients and their representatives will be notified of their rights to file a complaint or grievance with KDHCD, CDPH, and/or The Joint Commission via:

1. Signage posted in the KDMC main visitor lobbies, emergency room lobby, Health Information Management department, and the patient registration office.
2. The KDHCD patient information guide (The Guide).
~~J.~~3. The KDHCD website.~~the m the KDHCD patient information guide (The Guide).~~

~~K.~~B) If, due to a patient's illness, injury, mental state, or due to an emergency situation, the patient's rights and/or grievance process cannot be communicated to the patient, those rights and the grievance process may be communicated to the patient's representative in a language and manner easily understood by the recipient.

~~A. The complaint and Grievance process will be explained in a language and manner easily understood by the recipient.~~

~~B. All patients will receive a copy of The Guide upon registration to a patient care area.~~

~~C. The Guide will explain that complaints and/or grievances may be filed verbally or in writing to KDHCD personnel or the patient may complain directly to CDPH or The Joint Commission.~~

~~D. The Guide will contain the hospital address and telephone number to CDPH and The Joint Commission.~~

CONFIDENTIALITY~~:~~

All information obtained through the Complaint and Grievance process will be maintained with the strictest confidentiality and security at all times. The accessibility of this information will be limited to those individuals authorized by the requirements of Peer Review Privilege and HIPAA.

Reference:
AP10 – Occurrence Reporting Process

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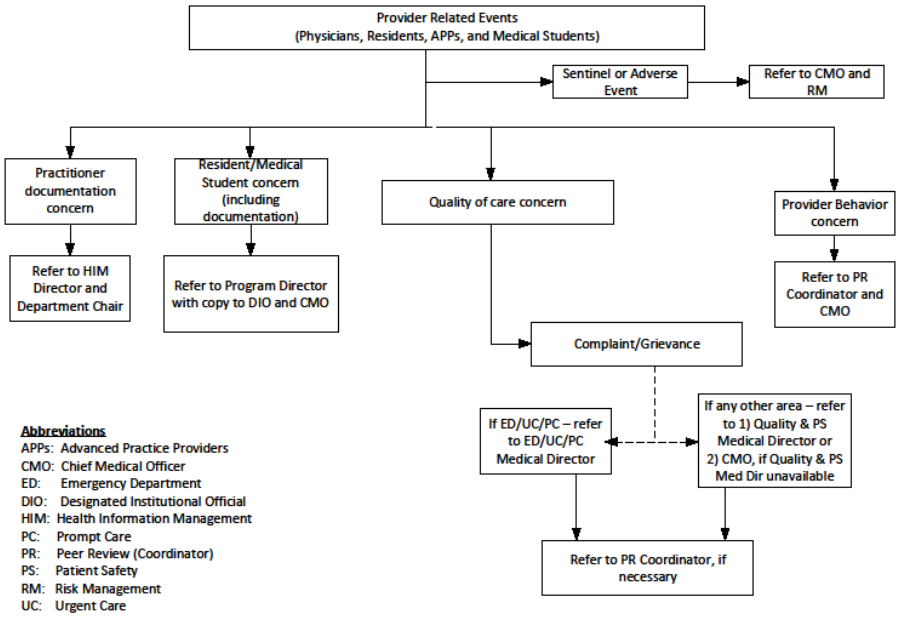
"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New 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."

ATTACHMENT A



Abbreviations
APPs: Advanced Practice Providers
CMO: Chief Medical Officer
ED: Emergency Department
DIO: Designated Institutional Official
HIM: Health Information Management
PC: Prompt Care
PR: Peer Review (Coordinator)
PS: Patient Safety
RM: Risk Management
UC: Urgent Care

Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: AP06	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Public Relations, Marketing, and Media Relations

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

POLICY: It is the policy of the District to comply with all Federal and State laws and regulations, including but not limited to, the Federal Self-Referral Statute ("Stark") and the Federal Anti-Kickback Statute ("AKS"). Accordingly, all hospital-physician marketing initiatives shall comply with the guidelines set forth within this policy.

Every staff member employed by Kaweah Delta Health Care District ("the District") has a unique and individual responsibility in representing the District and the department in which s/he works in the best possible light when interacting with patients, visitors, physicians, and/or members of the community at large. Additionally, the media are an important customer for the District, playing an influential role in communicating our mission to the community. The image portrayed by staff members in all of these interactions creates an impression of the District as a whole which the outside party will have and carry with them.

Staff members who are responsible for the management and/or direction of a department or service have an even greater responsibility in these types of situations in that, when interacting with outside individuals, they are seen as subject-matter experts with the ability to represent and make commitments in the name of the District.

Accordingly, care should be taken to ensure that the image projected is professional and appropriate in every situation.

The individuals assigned as Director of Marketing and Director of Media Relations are responsible for the coordination of public relations and marketing activities and in providing necessary support to the Department Managers/Supervisors and/or staff members in carrying out public relations and/or marketing activities.

PROCEDURE:

I. Outside Advertising

A. Classified Advertising

Classified advertising for positions available within the District will be placed exclusively by the Human Resources Department unless authorization is given for the Marketing Department to place advertisements. See Human Resources Policy Manual for specific detail.

B. Event and/or Service Advertising
Advertising for an event or service provided by any Department within the District will be coordinated through the Marketing Department.

II. Media Contacts (radio, television, newspaper, etc.)

A. Media Makes Contact With The Media Relations Department for Information

Any staff member of the District who is contacted by a member of the media for information or comment will, prior to releasing any information, notify the Director of Media Relations. The Director of Media Relations will obtain approval for the release of information (not a request for public information) from the appropriate Vice President and notify the Chief Executive Officer prior to its release. Requests for information regarding the District as a whole shall be directed to the Director of Media Relations. Upon conclusion of interaction with media, staff member will follow-up with the Director of Media Relations or designee.

1. Request for Patient Information

Due to the Health Insurance Portability and Accountability Act (HIPAA), if the patient has not objected to this information being provided in a hospital directory and the media has asked for the patient by name, information release shall be confined to one-word descriptions of a patient's condition. At no time shall opinions be expressed. Information shall be limited to the following one-word descriptions:

Undetermined: Patient awaiting physician and assessment.

Good: Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent.

Fair: Vital signs are stable and within normal limits. Patient is conscious but may be uncomfortable. Indicators are favorable.

Serious: Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable.

Critical: Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.

Treated and Released: Patient received treatment but was not admitted.

Treated and Transferred: Received treatment. Transferred to a different facility. (Although a hospital may disclose that a patient was treated and released, it may not release information regarding the date of release or where the patient went upon release without patient authorization.

In no case shall any additional information be released, including diagnosis and/or reason for treatment without written authorization from the patient or their personal representative.

(a) Kaweah Delta Medical Center

During normal business hours, all requests for patient information will be forwarded to the Director of Media Relations or the Vice President ~~of Strategic Planning and Business Development~~Chief Strategy Officer, if the Director is unavailable. For information during other hours, either the House Supervisor or the Director of Media Relations will be contacted.

(b) Kaweah Delta Rehabilitation Hospital, Kaweah Delta Mental Health Hospital, Kaweah Delta South Campus, and all Kaweah Delta services.

All requests for patient information will be forwarded to the House Supervisor or the Director of Media Relations.

2. Requests for Information Which is Not Patient Related

All other requests for information shall be directed to the Director of Media Relations. The Director of Media Relations will be immediately responsible for working with the District Administrative Office to determine if the request falls under the California Public Records Act. If the request does fall under the California Public Records Act, all the procedures of AP.116 will apply.

(a) Requests for information will be answered by a District expert in the field of questioning, i.e., emergency department, Director of Critical Care. For general District information, the Director of Media Relations will be responsible for working with the appropriate Vice President or the CEO to determine who will contact media for comment.

B. Information/Story send from Media Relations to Media

The Director of Media Relations will draft a press release. That press release will be sent to appropriate Department Manager(s)/Supervisor(s) to ensure information is factual and department is prepared for comment if media picks up the story. The press release will be sent out by the Director of Media Relations..

In the event of an on-site interview with any staff member of the District, other than the Director of Media Relations, the Director of Media Relations will ensure that the individual is prepared for the interview and has the information necessary to participate in the interview. Media Relations staff or a designee from the Marketing Department will be present during the interview.

1. Release of Information

No staff member outside of the Media Relations Department or Executive Team is permitted to release information to the media

without prior approval from the Director of Media Relations and Vice President or CEO.

2. Release of Written Information

(a) Initiated by Media Relations Department

Any written material planned for release to the media must be cleared, in advance, through the Director of Media Relations and the appropriate Vice President or the Chief Executive Officer. The Media Relations Department offers technical advice and assistance in the preparation and distribution of written materials prepared for public distribution.

In cases where the written material is prepared without the direct involvement of the Media Relations Department, the Department Manager/Supervisor responsible for its creation -will ensure that the piece meets with graphic standards adopted by the District and that the Director of Media Relations reviews the written piece for feedback before it is distributed to media for public release.

III. Photographing District Facilities, Staff Members, and/or Patients

When a request for photographs is made, the Media Relations Department and/or appropriate District Department Manager/Supervisor will be notified in advance of the actual photo shoot. Prior to any individual photographs taken for the purpose of advertising and/or reporting any event or service of the District, appropriate approvals will be secured from individuals who will appear in the photographs using the forms indicated in AP 163.

At no time shall any patient and/or visitor, be photographed without prior express written consent of that individual and/or their responsible relative or guardian.

IV. Kaweah Delta Health Care District-Physician Marketing Practices

I. All marketing campaigns or initiatives that identify independent physician(s) and/or group practices, either directly or indirectly must be reviewed and approved by the ~~Compliance and Privacy Officer~~Chief Compliance Officer (or designee) in advance of the publication.

II. The District shall not advertise and/or otherwise promote a particular physician office or physician's group practice except as outlined below:

A. The advertising or marketing must not be directly or indirectly solicited or otherwise requested by the physician, unless the physician pays a proportionate amount of the related expense.

B. The advertising or marketing for District services may provide a simplified, yet all-inclusive listing of physician(s) who are credentialed at the District. This incidental benefit should be made available to all

physicians regardless of their specialty with similar practice area and contact information provided for each.

C. To the extent that the District engages in a joint marketing or advertising campaign that does not just market or promote the District but also focuses on one or more independent physicians or groups, the District shall allocate proportionate costs to the physician(s)/group(s) and include a handling charge at Fair Market Value ("FMV").

D. A direct mail or print advertisement announcing a new physician on staff is permissible only if paid for by the physician or provided as a part of contractual consideration agreed to in advance.

E. The District may promote a story (via print, radio, television, or otherwise) that contains the name and/or picture of a physician so long as the advertisement provides factual information about services provided by the District and does not promote the specific physician.

The District may sponsor and promote a community presentation by a physician on a specific health topic provided the promotion is about the health topic and not about the physician.

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

Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: AP22	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Scheduling Meeting and/or Conference Rooms Within District Facilities

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

POLICY: Within several facilities which make up Kaweah Delta Health Care District ~~(KDHCD)~~dba Kaweah Health "Kaweah Health", rooms are dedicated for the purpose of providing meeting and/or conference space for use by individuals within the ~~District~~organization. Pending space availability, meeting and/or conference space may be utilized by individuals from outside the ~~District~~organization. The decision regarding approval for use of such space will be with those contact points indicated below whose decision will be final and binding.

DEFINITIONS:

~~*District*~~ *Kaweah Health Use –*

- ~~District~~ Kaweah Health department and/or staff utilizing room for staff meetings, ~~District~~Kaweah Health-related business and/or services, education and/or in service.
- Medical staff utilizing room for ~~District~~Kaweah Health-related staff meetings, education and/or in service or medical group business meetings.
- ~~District~~ Kaweah Health Guild
- Kaweah Delta Hospital Foundation dba Kaweah Health Foundation

Non District Use –

- College of the Sequoias Nursing Classes
- ~~Other Nursing Classes~~
- Other Health related Organizations
- Other approved charitable or non-profit organizations
- Community-based support groups sponsored by a Department of ~~KDHCD~~Kaweah Health.

PROCEDURE:

I. Available Meeting and/or Conference Rooms: ~~KDHCD~~ Kaweah Health maintains the following meeting and/or conference rooms.

A. Main Campus

1. Kaweah ~~Delta~~ Health ~~Hospital~~Medical Center (Medical Center)

a. Blue Room - Located within the basement of ~~Kaweah Delta~~ the~~Hospital~~Medical Center, this room has a maximum capacity of ~~120~~93~~149~~ persons.

b. ~~East 107 - Located within the basement of Kaweah Delta~~the ~~Hospital~~Medical Center~~, this room has a maximum capacity of 20 persons.~~

~~c. Family Birth Center Conference Room - Located within the hospital, this room has a maximum capacity of 30 persons~~.

d. Acequia Wing Conference Room – Located within ~~the hospital~~the Medical Center, this room has a maximum capacity of ~~80~~49~~40~~ persons.

2. Multi Service Center (MSC) (402 W. Acequia)

a. Auditorium - ~~Located at 402 W. Acequia, t~~This room has a maximum capacity of ~~70~~ 60 persons.

b. ~~Acequia~~ Redwood ~~Room - Located at 402 W. Acequia, t~~This ~~room has a maximum capacity of 24 persons.~~

c. ~~Sequoia Room - Located at 402 W. Acequia, tThis room has a maximum capacity of 14 persons.~~

d. Basement – ~~Located at 402 W. Acequia, t~~This room has a maximum capacity of ~~40~~ 50 persons.

3. Support Services Building (SSB) (520 West Mineral King Avenue)

These rooms are not available for evening (after 5:00 p.m.) or non-~~District~~ Kaweah Health meetings.

a. Emerald Room – Located ~~at 520 W. Mineral King~~ on the first floor, this room has a maximum capacity of ~~40~~ 48 persons.

b. Copper Room – Located ~~at 520 W. Mineral King~~ on the second floor, this room has a maximum capacity of ~~30~~ 32 persons.

c. Granite Room – Located ~~at 520 W. Mineral King~~ on the fourth floor, this room has a maximum capacity of ~~30~~ 32 persons.

d. Betty Sinor Room- Located at ~~520 W. Mineral King~~ on the fifth floor, this room has a maximum capacity of ~~20~~ 36 persons.

B. South Campus (1633 S. Court Street)

1. The Community Heath Center Conference Room. Located within the center, this room has a maximum capacity of ~~20~~ 22 persons.

C. Kaweah ~~Delta~~ Health Rehabilitation Hospital (840 S. Akers Street)

~~1. Cheetah Room - Located within the Hospital, this room has a maximum capacity of 8 persons.~~

~~2.~~1. Otter Room - Located within the Hospital, this room has a maximum capacity of ~~10~~ 13 persons.

~~3.~~2. Brown Bear/Polar Bear Rooms - Located within the Hospital, these rooms may be combined for a total maximum capacity of ~~60~~ 43 persons or divided for a maximum capacity of ~~30~~ 21 persons each.

~~4.~~3. Cousteau's - Located within the Hospital, this room has a maximum capacity of ~~100~~ 128 persons.

D. The Lifestyle Center (5105 W. Cypress Avenue)
These rooms can be combined for a larger seating capacity.

1. Conference Room A - Located within the Center, this room has a maximum capacity of ~~25~~ 36 persons.
2. Conference Room B - Located within the Center, this room has a maximum capacity of ~~25~~ 30 persons.
3. Conference Room C - Located within the Center, this room has a maximum capacity of 25 persons.

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E. Sequoia Regional Cancer Center (4945 W. Cypress Avenue)
1. Pauline & Maynard Faught Room – Located within the Cancer Center, this room has a mximum capacity of ~~100~~107 persons.

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Information Necessary to Schedule the Use of Meeting and/or Conference Rooms ~~District~~

A. *Requests for ~~District~~ Kaweah Health use* - In order to schedule the use of a meeting and/or conference room ~~within the District,~~ the requester must have the following information:
   1. Date, time, and duration of meeting;
   2. Number of participants expected;
   3. Type of room set-up requested; any equipment needed
   4. Meal preparation. (If a meal or refreshments are to be included in the program, the requestor must make necessary arrangements through the facility Dietary Department after room assignment has been confirmed (see AP.39)

B. *Requests for Non ~~District~~ Kaweah Health use* - In order to schedule the use of a meeting and/or conference room ~~within the District~~, the requester must have the following information:
   1. Signed Room Usage Agreement
   2. Payment of deposit / fees (Attachment A) if applicable.
   3. Date, time, and duration of meeting;
   4. Number of participants expected;
   5. Type of room set-up requested; any equipment needed

Once a room is scheduled, ~~Kaweah Delta Health Care District~~Kaweah Health Organizational Development Services reserves space appropriate for the group's requirements; however, actual room assignment may vary and is subject to change.

Use of ~~KDHCD~~ Kaweah Health conference rooms may not be used to imply or state that ~~Kaweah Delta Health Care District~~Kaweah Health sponsors or endorses the scheduled event, meeting or class.

II. Scheduling the Room(s)

A. Main Campus - For meeting/conference room availability at the Main Campus (~~KD~~ Medical Center, MSC, ~~KDSS~~SSB), access room availability on ~~HROnLine~~Microsoft Outlook.

B. South Campus - For meeting/conference room availability~~-~~, access room availability on ~~HROnLine~~Microsoft Outlook.

C. Kaweah ~~Delta~~ Health Rehabilitation Hospital - For meeting/conference room availability at K~~D~~HRH, contact the Secretary in Administration at x3800.

D. The Lifestyle Center - For meeting/conference room availability at The Lifestyle Center, contact the Membership Representative at 624-3410.

~~D.~~E. Sequoia Regional Cancer Center – For meeting/confererce room availability at the Cancer Center, access room availability on Microsoft Outlook.

III. Priority in Scheduling Use of Rooms for ~~District~~ Kaweah Health Use

The following priorities are considered in scheduling use of meeting and/or conference rooms.

A. Departments and/or Services within the District are confirmed on a "first request, first granted" basis.

1. District Department and/or staff member, and Medical Staff
2. District Guild
3. Yearly calendar booking priority list
   - a) Human Resources
   - b) Clinical Education
   - c) Administration/Board
   - d) Medical Staff
   - e) Nursery
   - f) Performance Improvement
   - g) Graduate Medical Education

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~~2.~~h) Rooms released to all ~~R~~

IV. Priority in Scheduling Use of Rooms for Non-~~District~~ Kaweah Health Use

The following priorities are considered in scheduling use of meeting and/or conference rooms.

A. College of the Sequoias Nursing Classes

~~B. Other Nursing Classes~~

~~C.~~B. Community-based Support Group Sponsored by a Department of KDHCD

~~D.~~C. No additional contracts (NEW) will be accepted moving forward, only booked for previously contracted (Non-~~District~~Kaweah Health Use) individuals.~~Other Health-related Organizations~~

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For academic related programs - During the business week Monday through Friday 8:00 a.m. – 5:00 p.m. advanced scheduling of rooms will be limited to the Basement and Sequoia Room of the ~~Multi Service Center~~MSC. Bookings will be allowed for other rooms during the business week as available by scheduling no earlier than 48 hours in advance.

V. Upon Conclusion of Meeting

Any group utilizing a Kaweah ~~Delta Health Care District~~Health meeting and/or conference rooms will, of course, be expected to leave the room and equipment in good order upon leaving. In cases where a meal and/or refreshments were a part of the meeting, it is the responsibility of the facilitator of the meeting to ensure that Dietary has removed the dishes and food upon conclusion of the meeting.

VI. Restriction of Use by Groups Outside ~~the District~~Kaweah Health

Groups from outside ~~the District~~of Kaweah Health who do not leave the room in good order upon leaving will not be allowed to reschedule use of any meeting and/or conference room within ~~the District~~Kaweah Health.

ATTACHMENT A

Facility rental fees are required from any group/entity that charge attendees to participate in their event. This fee will be waived for support groups and/or other community meetings that do not charge for participation.

1. DEPOSITS AND CANCELLATIONS: Upon execution of this Agreement, a confirmation deposit of *one half of the facility rental fee* is due and payable *thirty days prior to the first day of use* to confirm the reservation for this event. This deposit is non-refundable if cancellation occurs by the renter less than thirty days prior to the event date. At the end of the event, the deposit will be applied to fees due to KDHCD.

   1.1: Should the renter fail to comply with or default in the performance of any of the terms and conditions of this Agreement, ~~KDHCD~~ Kaweah Health reserves the right to cancel the Agreement. Any deposit made by the renter to ~~KDHCD~~ Kaweah Health can be retained by ~~KDHCD~~ Kaweah Health and will not limit the rights of the ~~KDHCD~~ Kaweah Health in seeking other legal relief including the recovery of damages.

2. TOTAL PAYMENT: *The renter* agrees to pay a base facility rental fee of $100.00 per day. The total balance is due and payable no later than five days prior to the date of the event. Deposits will be applied to rental fee. A $10.00 fee will be charged for each returned check transaction. If the total balance due is not received before the start of the scheduled event the room will be cancelled for all requested dates.

   2.1: Meeting rooms include stock equipment, i.e.: TV/VCR, overhead, flipchart easel, overhead screens, tables, and chairs. Final payment may also include fees for damaged and/or broken beyond repair stock equipment that is damaged by the renter. Such charges will be based upon the repair and/or replacement cost of the damaged and/or broken beyond repair piece of equipment.

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

Kaweah Delta Health Care District

Administrative

Policy Number: AP21	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Subpoenas/Search Warrants served on district records, contract physicians, or patients

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

POLICY: The government, law enforcement agencies, court personnel, or their representatives wishing to serve subpoenas and/or search warrants upon Kaweah Delta Health Care District (hereinafter "District") records (including but not limited to patient records), property, contract physicians, or patients will be directed to the appropriate department[1] as indicated below. Only those departments indicated below are authorized to accept subpoenas.

~~For details regarding service of subpoenas upon District staff members, see Human Resources Policy .191, SUBPOENAS SERVED ON STAFF MEMBERS.~~

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The department receiving the subpoena will cooperate with the process server to the extent that serving the subpoena does not interfere with or disrupt the business of the District.

However, at no time will process servers be allowed in patient care areas.

PROCEDURE:

I. **Subpoenas on District Records**

All subpoenas, except those specifically set forth below, shall be served on and accepted by District Administration for delivery to the appropriate department(s). No other department is authorized to accept subpoenas for District records.

Departments other than Administration authorized to receive subpoenas include:

A. Subpoenas served on District staff members will be directed to the Risk Management ~~Human Resources~~ Department ~~(see Human Resources policy .191)~~;

[1] Any subpoena which includes a request for District medical records, regardless of the involvement of any other department, will be directed to the Health Information Management Department.

B. Subpoenas served for District medical and/or patient records will be directed to the Health Information Management (HIM) Department;
C. Subpoenas served for District billing records will be directed to the Health Information Management (HIM) ~~Patient Accounting~~ Department;
D. Subpoenas served for radiological films and/or CT scans will be directed to the Radiology Department.

II. Subpoenas on Contract Physicians

A. Business Related Subpoenas

~~1. Emergency Department, Urgent Care Department, Hospitalists and Contract Physicians~~

1. Service on Individual - Contract Physician on Duty or not on Duty

When the subpoena is served for reasons related to the contract physician's work at the District and the contract physician is actively credentialed when ~~on duty at the time~~ the process server arrives, the process server will be ~~contract physician will be contacted and~~ asked to report to ~~the Medical Staff Office~~ Human Resources where Risk Management staff will be notified and receive the subpoena on behalf of the contract physician so that service may occur.

a) Risk Management will maintain a log of contract physicians that do not wish to have Kaweah accept service on their behalf. These process servers will be directed to the private offices of the requesting physicians.

~~b) Service on Individual - Contract Physician not on Duty~~

~~When the subpoena is served for reasons related to the contract physician's work at the District and the contract physician is not on duty at the time the server arrives, the Medical Staff Office will accept service of process on behalf of the contract physician if the process server agrees.~~

~~If the process server does not agree to serve the subpoena on the physician with the Medical Staff Office accepting service on behalf of the contract physician, the~~

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~~Medical Staff Office will attempt to telephone the contract physician at home.~~

~~(1) If the contract physician is available and willing to report to the Medical Staff Office in order for service to occur, the process server will be notified and asked to await the arrival of the contract physician~~.

~~(2)~~(1) ~~If the contract physician is not available or not willing to report to the Medical Staff Office to accept service of process, the process server will be advised of a time to return when the contract physician is scheduled to work.~~

2. ~~All Other Physicians~~

~~Subpoenas will not be accepted for any physicians other than those contract physicians who are Emergency Department physicians or Allied health professionals, Urgent Care Department physicians or Hospitalists by the Medical Staff Office. A process server attempting to serve any other physician will be directed to the office of the physician.~~

B. Non-Business Related Subpoenas

When a subpoena is related to a personal matter and is not related to the contract physician's work with the District, the ~~Medical Staff Office~~ Risk Management staff will not accept the subpoena. If the contract physician is on duty at the time that the process server arrives in ~~the Medical Staff Office~~ Human Resources, the contract physician will be contacted and asked to report to the ~~Medical Staff Office~~ Human Resources to accept service.

III. Subpoenas on Staff Members

A. Business-related subpoenas served on staff members will be accepted by the Risk Management ~~Risk ManagemeHuman Resources~~ department and routed to the employee.

~~III.~~IV. Subpoenas on Patients

A. Kaweah Delta Medical Center

The process server shall be directed to the ~~Director of~~ Risk Management department. The ~~Director of~~ Risk Management staff shall contact the patient's attending physician to determine if it is appropriate for the patient to be served in the hospital.

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B. Kaweah Delta South Campus

The process server shall be directed to the Nurse Designee on duty. The Nurse Designee shall contact the patient's attending physician and/or ~~the Director of~~ Risk Management staff to determine if it is appropriate for the patient to be served in the facility.

C. West Campus

~~C.~~

The process server shall be directed to the West Campus Administrator. The West Campus Administrator shall contact the patient's attending physician and/or Risk Management staff to determine if it is appropriate for the patient to be served in the hospital. ~~and/or the Director of Risk Management to determine if it is appropriate for the patient to be served in the hospital.~~

D. Kaweah Delta Mental Health

The process server shall be directed to the Administrator for Kaweah Delta Mental Health. The Administrator shall contact the ~~Director of~~ Risk Management staff to determine if it is appropriate for the patient to be served in the hospital.

V. Depositions of Contract Physicians

~~Business Related Depositions~~

~~Emergency Department, Urgent Care Department, Hospitalists and Contract Physicians~~

~~Deposition of Individual – Contract Physician on Duty or not on Duty~~

~~When the deposition is required for reasons related to the contract physician's work at the District and the contract physician is actively credentialed, Risk Management staff may assist in arranging the time and location of the deposition on behalf of the contract physician. Depositions are not to be obtained on District premises.~~

~~Non-Business Related Depositions~~

~~When a deposition is related to a personal matter and is not related to the contract physician's work with the District,~~ Risk Management staff will not assist in arranging the time and location of the deposition.

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Depositions are not to be obtained on District premises.

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~~IV.~~VI. Search Warrants

In general, the use of a search warrant indicates that the government views the investigation as extremely serious. The District Compliance Officer, Director of Risk Management, and the District Compliance Advocate shall be consulted at the earliest opportunity to ensure that informed decisions are made.

In the event you are served with a search warrant:

A. Immediately contact the Compliance Officer at 624-5006. ~~2154 or 287-0070~~. Under the direction of the District Compliance Officer, Risk Manager, and/or the District Compliance Advocate, the manager of the department being searched will deal with the agents executing the search warrant and must take notes during the search. The notes are to be taken in anticipation of litigation, addressed to the counsel, and kept confidential.

B. If the person executing the search warrant seizes privileged documents, advise them that the documents are privileged and request that such documents be sealed in an envelope and segregated from the other items seized until counsel can take steps to seek their return.

C. Staff members shall not be instructed not to speak with government investigators. They can, however, be told what their rights are: They have the right to talk or not to talk, they can consult with counsel before deciding whether to talk, and they can have counsel present at any interview they choose. Again, if staff members choose to talk, they should be reminded of the importance of being truthful.

D. The Compliance Officer will obtain a detailed receipt for all evidence seized. In addition, the District will ask for the opportunity to copy all documents or other records seized.

Subpoenas/Search Warrants served on district records, contract physicians, or patients
6

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

Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: AP162	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	

Value Analysis Committee

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

Policy:

The responsibility of the Value Analysis Committee (VAC) is to develop and implement an organized, systematic approach to determine the value of technology, products and services related to patient care – while simultaneously complementing process improvement, improved outcomes, safety and quality practices along with financial stewardship. By utilizing a multidisciplinary committee structure the committee reviews all new products for 1) clinical effectiveness, 2) efficiency, 3) improvement in patient care outcomes and 4) financial stewardship. Product standardization across clinical departments is maximized whenever possible.

~~The Value Analysis Committee (VAC) is responsible for coordinating the acquisition of equipment and supplies for the District in order to ensure: 1) optimum patient care, 2) cost reduction and value analysis, and 3) product standardization. VAC is also responsible for on-going evaluation of current products consumed within the District to validate quality and cost effectiveness.~~

The committee will review all items proposed to be included in the warehouse inventory. In addition, the committee will review all new medical/surgical supplies, capital equipment as requested~~,~~ and minor medical equipment for evaluation purposes by patient care departments.

Membership:

VAC will be chaired by ~~the~~ Materials Management~~Manager~~ and the core committee members will be represented by the following areas:

- Imaging/Radiation
- Emergency
- Critical Care
- Med Surg Nursing
- ~~Risk Management~~
- Infection Prevention
- Surgical Services
- Clinical Education
- Acute/Chronic Dialysis
- Respiratory Therapy
- Clinical Engineering
- ~~Pharmacy~~
- Environmental Services
- Clinical Lab
- Central Logistics
- Executive Team Vice President
- ~~Chief Nursing~~Operating ~~Officer~~
- ~~Clinical~~ Materials Management
- Maternal Child Health Services

- Wound Care Nurse
- ~~Finance and Logistical Planning~~
- Labor & Delivery
- ~~Chief Medical Staff Officer~~
- Finance

Meeting Times:

Fourth Thursday of every month (except months where designated day is a holiday).

Procedure:

1. The "New Product Request" (NPR) form (Attachment A) will be submitted to the committee Chairperson, Value Analysis Coordinator five business days~~five business days~~ prior to the scheduled VAC meeting by the product champion. The Product Champion is responsible for obtaining a signature approval from the director of the requesting department. Along with the NPR, this individual is responsible for gathering and submitting any supplemental information from the vendor that is to be used in their VAC presentation.

2. A "New Product Request" from a physician(s) will require that the physician(s) provide detailed disclosure if any of the following apply to the company providing the technology: a) the physician(s) serves or has served as a consultant to this company, b) the physician(s) has a relative(s) employed by this company, c) the physician(s) would have possible financial gain from this technology, d) the physician(s) has received compensation (symposium, honorarium) from this company.

3. If the item requested is an urgently needed patient care item, the Chairperson will meet with the designated clinical manager or product champion. If approved outside of VAC, this item will be on the next VAC agenda for final review.

4. Either t~~T~~he product champion or a hospital representative will attend the ~~requesting the item will send a representative to~~ VAC meeting to present the product for the requesting department.~~to assist with the presentation of the product~~. Vendor representatives may assist the product champion with gathering the necessary information for to help with the presentation. They may attend and assist with ~~-~~a product presentation ~~for the requesting department~~ only when authorized by the committee Chairperson. ~~Vendors are allotted no more than 15 minutes for their presentation.~~

5. Upon VAC approval of product evaluation/trial, the duration of the evaluation and determination of appropriate nursing units will be discussed during the committee meeting. VAC may determine that an evaluation/trail may not be necessary and the product will be approved/disapproved upon presentation. Refer to Attachment B "New Product Evaluation Summary".

6. Upon completion of evaluation/trial, the product champion will forward the findings, data and reimbursement information (when appropriate) to the VAC Chairperson and attend the following meeting for final determination to accept or reject the product.

7. For new products, Materials Management will be responsible for determining acquisition, location and distribution of product. The product champion will collaborate with Materials Management, Clincial Education and department manager to provide the appropriate staff education.

8. Upon VAC approval, some items may be asked to return to VAC at a later time to provide a clinical satisfaction update and review usage/spend. Usage and spend of many approved VAC items will be monitored separately; should the actual usage/spend exceed the estimated usage/spend provided in the NPR, then the approved item may be asked to return to VAC for continued use.

9~~8~~. The committee will periodically review stock and non-stock supplies for duplication of product. In such cases, the using departments will be informed of the pending standardization process.

10~~9~~. Capital equipment will be reviewed by VAC when requested to do so. Standardization and duplication of capital equipment will also be reviewed on an as needed basis and the technology assessment process will be in affect to address equipment concerns. Materials Management will be responsible for consolidating capital budget purchases so that group discounts can be advantaged.

Attachment A

Value Analysis Committee
New Product Request Form

Kaweah Delta Health Care District

Date:

Please attach all documents which supports the request. Please complete form. Obtain leadership sign-off, and submit to Director of Materials Management at least one week before VAC.

		Dept.	Phone/Ext.	Email
Requestor Name:				
Requesting Physician:				
Sales Rep Name:				

Check all that are applicable:

☐ New Item	☐ Stock (InHouse/Central Logistics)	☐ Trial
☐ Replacement Item	☐ Non-Stock	☐ ValueLink Purchasable (Stock on unit)
☐ Other: _____	☐ Capital	☐ On District GPO Contract

Requested Product Nam					
Manufacturer:		Unit of Measure:		Est. Annual Usage	
Catalog Number:		Price per Unit:		Est. Annual Cost:	

If the requested product will be replacing a current in house product, please provide current product information:

Current Product Name:					
Manufacturer:		Unit of Measure:		Annual Usage:	
Catalog/Lawson Numbe		Price per Unit:		Annual Cost:	

Check all that are applicable:

☐ Patient Safety	☐ Improved Technology	☐ Anticipated Cost Savings
☐ Improved Patient Outcomes	☐ Decrease Length of Stay	☐ Regulatory Requirement
☐ Increased Patient Satisfaction	☐ Decrease Procedure Time	☐ Other: _____

Reason for Request:	

Department Leader/Committee Chair Sign-Off

Name of Department/Committee:		**Date:**	
Print Name		**Email:**	
Signature:		**Phone:**	

* Please contact Materials Management at x5508 for questions regarding form.

~~Attachment A~~

Value Analysis Committee
New Product Request Form

Kaweah Delta Health Care District

Date:

Please attach all documents which supports the request. Please complete form. Obtain leadership sign-off, and submit to Value Analysis Coordinator in Materials Management at least one week before VAC.

		Dept.	Phone/Ext.	Email
Requestor Name:				
Requesting Physician: (If Applicable)				
Sales Rep Name:				

Check all that are applicable:

☐ New Item	☐ Stock (InHouse/Central Logistics)	☐ Trial
☐ Replacement Item	☐ Non-Stock	☐ ValueLink Purchasable (Stock on unit)
☐ Other: _____	☐ Capital	☐ On District GPO Contract

Requested Product Name					
Manufacturer:		Unit of Measure:		Est. Annual Usage	
Catalog Number:		Price per Unit:		Est. Annual Cost:	

If the requested product will be replacing a current product, please provide current product information:

Current Product Name:					
Manufacturer:		Unit of Measure:		Annual Usage:	
Catalog/Lawson Number		Price per Unit:		Annual Cost:	

Check all that are applicable:

☐ Patient Safety	☐ Improved Technology	☐ Anticipated Cost Savings
☐ Improved Patient Outcomes	☐ Decrease Length of Stay	☐ Regulatory Requirement
☐ Increased Patient Satisfaction	☐ Decrease Procedure Time	☐ Other: _____

Reason for Request:	

Department Leader/Committee Chair Sign-Off

Name of Department/Committee:	**Date:**
Print Name:	**Email:**
Signature:	**Phone:**

* Please contact Materials Management at x5603 for questions regarding form.

Kaweah Delta Health Care District

Value Analysis Committee
New Product Request Checklist

Date:

Requested Product Name:			
Product Champion:			
1. Will the requested product be used by a specific department(s), or will it be used house wide?			
2. Is the product being requested by a physician?	☐ Yes		☐ No
If yes, provide detailed disclosure in the box to the right if any of the following apply to the company providing the technology: a) the physician(s) serves or has served as a consultant to this company, b) the physician(s) has a close relative(s) employed by this company, c) the physician(s) would have possible financial gain from this technology, d) the physician(s) has received compensation (symposium, honorarium) from this company.			
3. Is there literature, studies, or FDA approval which support the requested product?	☐ Yes	☐ No	☐ N/A
4. Does the requested product require special cleaning products?	☐ Yes		☐ No
If yes, does Kaweah Delta stock the cleaning product in house?	☐ Yes		☐ No
Please specify the cleaning product and staff responsible for cleaning:			
5. Is the requested product reimbursable?	☐ Yes		☐ No
6. Does the physician and/or staff require training and/or certification to use the requested product correctly?	☐ Yes		☐ No
Is training vendor provided, or in Kaweah Delta staff provided?			
Is this provided at no cost to the hospital?	☐ Yes		☐ No
If no, what is the cost of training per person?	☐ Yes		☐ No
7. Is there a protocol or procedure written for the use of this item?	☐ Yes		☐ No
7. Will there be a trial/evalution period for the requested product?	☐ Yes		☐ No
If yes, when will it occur?			
How long will the trial last?			
Which department(s) will be evaluating?			
Who is the evaluation leader?			
Will free product be provided for the trial?	☐ Yes		☐ No
Notes			

Requested Product Name:				
Product Champion:				
1. List all department(s) that will use the requested product.				
2. Is the product being requested by a physician?	Yes		No	
If yes, provide detailed disclosure in the box to the right if any of the following apply to the company providing the technology: a) the physician(s) serves or has served as a consultant to this company, b) the physician(s) has a close relative(s) employed by this company, c) the physician(s) would have possible financial gain from this technology, d) the physician(s) has received compensation (symposium, honorarium) from this company.				
3. Is there literature, studies, or FDA approval which support the requested product?	Yes	No	N/A	
4. What are the cleaning protocols and products required for cleaning the requested item? (Please contact Infection Prevention for assistiance if needed).				
5. Is the requested product reimbursable?	Yes		No	
6. Does the physician and/or staff require training and/or certification to use the requested product correctly?	Yes		No	
Is training vendor provided, or needed to be done by Kaweah Delta staff?				
Is training provided at no cost to the hospital?	Yes		No	
If no, what is the cost of training per person?				
7. Will there be a trial/evalution period for the requested product?	Yes		No	
If yes, when will it occur?				
How long will the trial last?				
Which department(s) will be evaluating?				
Who is the evaluation leader?				
Will free product be provided for the trial?	Yes		No	
Notes				

~~**New Product Request**~~

~~Date~~_____
~~Requesting Name & Dept~~_____
~~Will this product replace a currently existing product?~~ ☐ ~~Yes~~ ☐ ~~No~~
~~Is product on contract with District's Group Purchasing Organization (GPO)?~~ ☐ ~~Yes~~ ☐ ~~No~~

If yes, contract number

To be Completed by Product Champion:	To be Completed by Materials Mgmt:
New Product	**Current Product**
Desc	Desc
Catalog Number	Catalog Number
Manufacturer	Manufacturer
Cost per unit	Cost per unit
Annual usage	Est. annual usage
Annual expense	Est. annual (cost)/savings
Item#	

Justification for Purchase	Explanation
☐ Anticipated Cost Savings	
☐ New Technology	
☐ New Procedure	
☐ Meets Regulatory Standard	
☐ Other	

Does this product require an inservice? ☐ Yes ☐ No
What departments will be impacted by this product?
Is this product being requested by a physician? ☐ Yes ☐ No
(If yes, for compliance purposes check the box below if any of the following apply to the company providing the technology):
☐ the physician(s) serves or has served as a consultant to this company,
☐ the physician(s) has a relative(s) employed by this company,
☐ the physician(s) would have possible financial gain from this technology,
☐ the physician(s) has received compensation (symposium, honorarium) from this company.
☐ other
Provide a brief description of the nature of the physician arrangements/relationships noted above:

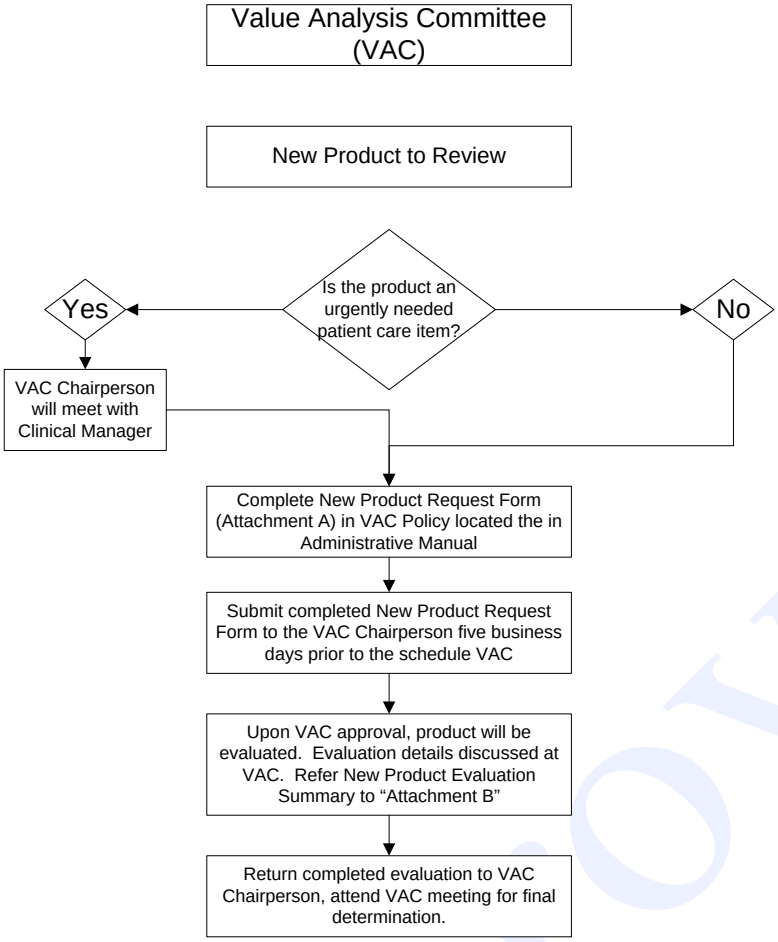
Attachment B

New Product Evaluation Summary

Product_____Evaluation Dates_____ to _____

Evaluator Name	Department	Comments	Agree to use/change product?
1._____	_____	_____	☐ Yes ☐ No
2._____	_____	_____	☐ Yes ☐ No
3._____	_____	_____	☐ Yes ☐ No
4._____	_____	_____	☐ Yes ☐ No
5._____	_____	_____	☐ Yes ☐ No
6._____	_____	_____	☐ Yes ☐ No
7._____	_____	_____	☐ Yes ☐ No
8._____	_____	_____	☐ Yes ☐ No

*An evaluation form can follow the above guideline or customized to the requested item/ requesting location. Often, the vendor will provide an evaluation form for trialed departments.


Value Analysis Committee (VAC)
New Product to Review
Is the product an urgently needed patient care item?
Yes
No
VAC Chairperson will meet with Clinical Manager
Complete New Product Request Form (Attachment A) in VAC Policy located the in Administrative Manual
Submit completed New Product Request Form to the VAC Chairperson five business days prior to the schedule VAC
Upon VAC approval, product will be evaluated. Evaluation details discussed at VAC. Refer New Product Evaluation Summary to "Attachment B"
Return completed evaluation to VAC Chairperson, attend VAC meeting for final determination.

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Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: AP97	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Executive Team A	

Bioethics Committee

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

Purpose: In recognition of the complexity of modern medical practice and the multiple ethical issues which may arise in the provision of patient care, Kaweah Delta Medical Center will establish and maintain a Bioethics Committee to assist patients, families, hospital and medical staff in effectively addressing bioethical issues.

Policy: The Bioethics Committee (hereinafter referred to as "the committee") shall ~~-~~fulfill the following functions:

1. Provide education for patients, families, hospital and medical staff regarding relevant bioethics issues.
2. Provide the institution assistance with the analysis and development of policies and procedures regarding bioethics issues.
3. Provide Bioethics Consultation Services to assist patients, families, hospital and medical staff in addressing bioethics issues arising in the provision of patient care. This is an advisory function, only.
4. Identifies trends in potential knowledge gaps in ethical care/decision making in which training could be developed and executed.

Procedure:

I. Education: In cooperation with the hospital/medical staff, the committee will assist in identifying educational needs and develop (or assist others in the development of) appropriate educational resources to meet these needs. These resources can include presentations, CME courses, etc. The goal will be to provide participants with language, concepts and a body of knowledge to assist in addressing complex ethical issues arising in hospital practice.

1. Identified educational needs will be reviewed at the next available committee meeting or by the Chair or Vice Chair between meetings if the need is urgent.
2. Committee members will establish contact with a point person for the educational need and will work with this individual to develop a plan for addressing the need.

3. A summary of educational service provided will be reviewed at next available meeting of the committee.
4. Materials used in the educational service will be archived in the Bioethics Committee Chair and/or Vice Chair- Office for possible use in future educational services.
5. Committee member providing educational service will obtain feedback from the "customer" regarding effectiveness of service provided and include this is summary presentation to the committee

II. Policy Review & Development: The committee will assist the institution and ~~it's~~its professional staff in the analysis of current policies and the development of new policies and procedures regarding bioethical issues.

1. Hospital and Medical staff members who identify possible need for policy review/development will contact the Bioethics Committee Chair or Vice Chair to request placement of policy on committee meeting agenda. Chair or Vice Chair will provide immediate review and consult with appropriate hospital/medical staff a, if the need is urgent.
2. Policy/procedure will be reviewed at committee meeting and committee member will be assigned to assist staff in further analysis and review as needed.
3. Results of analysis and review and committee recommendations will be discussed and documented in the minutes of the next committee meeting.

III. Bioethics Consultation Service: The committee will provide both informal and formal consultation services at the request of medical staff, hospital staff, patients, family members and/or surrogate decision makers which arise in the course of patient care provision.

1. Requests for bioethics consultation will be submitted by contacting the Bioethics Committee Chair or Vice ~~Chair and~~Chair and will be responded to within 24 hours or by the next business day.
2. Depending on the issue, a committee member will be identified as "Team Lead" who will provide initial review and will consult with committee chair to determine appropriate level of consultation.
3. If **Informal Consultation** services are indicated:
   a. Team Lead facilitates contact between requestor and appropriate committee member.
   b. Committee member provides consultation services and provides a summary of same at next scheduled committee meeting.
4. If **Formal Consultation** Services are indicated:
   a. Team Lead will obtain the following information: Review of Medical Record noting patient's diagnosis/prognosis/treatment plan; formulate bioethical issues/questions; establish decision makers (i.e., patient, family, surrogate).

b. Team Lead will consult with Chair to establish plan for physician contact and consultation process/structure.
c. Team Lead will contact all appropriate parties and schedule Bioethics Consultation meeting (s) as appropriate.
d. Team Lead will ensure that all parties are advised of recommendations provided through the consultation process and that these recommendations are documented.
e. If, following Formal Consultation, the bioethics issues remain unresolved, Bioethics Chair will consult with appropriate hospital/medical staff to determine appropriate plan of action.
f. Summary of Formal Consultation will be provided by Team Lead at next committee meeting.

IV. Appointment and Membership: The committee shall be a multidisciplinary body including representatives from the following disciplines: medical staff, nursing, social work, pastoral care, risk management, board members and community members.

1. New members will be recommended by the committee and appointed by the Bioethics Committee Chair or Vice Chair.
2. The Chair of the committee will be appointed by the Chief of Staff.
3. The Vice Chair of the committee will be chosen by the membership of the committee.
4. Membership shall be for a period of two (2) years with staggered terms to assure continuity. Committee Members can serve beyond the 2 year period ~~by mutual~~by mutual agreement of the Chair/Vice Chair and the committee member.
5. Each hospital (employee) member will designate a temporary replacement who will attend meetings in the event that a committee member is unable to fulfill committee responsibility.

V. Meetings: The Bioethics Committee shall meet ~~quarterly ,~~quarterly, with additional meets scheduled as appropriate to address urgent matters.

1. Meeting agenda will be developed by the Chair and distributed one week prior to the meeting.
2. For business purposes, two members shall constitute a quorum.
3. Actions of the committee will be taken by the vote of a majority of the members attending the meeting.
4. Each member will be required to attend at least three (3) of the committee's regularly scheduled meetings each year. Failure to do so will be considered voluntary resignation and the vacancy will be filled by appointment of a new member.

VI. Record Keeping: The committee will maintain minutes of all meetings which will include summaries of all case reviews and recommendations.

1. Minutes will be submitted to the Chair for approval by the committee.
2. Minutes will not include identifying information about specific patient, family members, individual requesting consultation or professional staff participating in the case review process.
3. Records of the committee meetings and functions will be maintained in accordance ~~with applicable~~with applicable laws governing the confidentiality of records and medical review committees.

When appropriate, actions and recommendations of the committee will be documented in the patient record.

4.

VII. Reporting: The Bioethics Committee reports regularly into the medical staff and organization's QAPI program.

~~4.~~

~~VII.~~ ~~VIII.~~ Liability: Kaweah Delta Medical Center will provide liability protection for the committee members who do not have such protection by virtue of their status as members of the professional staff.

VIII.

~~VIII.~~ ~~IX.~~ Adoption and Approval of Policies and Procedures: Policies and procedures of the committee will be reviewed as appropriate by the membership of the committee.

IX.

1. Proposed modifications of approved policies and procedures will be submitted to the committee in writing at least four (4) weeks in advance of a regularly scheduled meeting.
2. Following recommendation by the committee, policies/procedures will be forwarded to the appropriate committee for subsequent action.

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Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: AP41	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Quality Improvement Plan

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

I. Purpose

The purpose of Kaweah Delta Health Care District's (KDHCD) Quality Improvement Plan is to have an effective, data-driven Quality Assessment Performance Improvement program that delivers high-quality, excellent clinical services and enhances patient safety.

II. Scope

All KDHCD facilities, departments, patient care delivery units and/or service areas fall within the scope of the quality improvement plan requirements.

III. Structure and Accountability

Board of Directors

The Board of Directors retain overall responsibility for the quality of patient care. The Board approves the annual Quality Improvement Plan and assures that appropriate allocation of resources is available to carry out that plan.

The Board receives reports from the Medical Staff and Quality Council. The Board shall act as appropriate on the recommendations of these bodies and assure that efforts undertaken are effective and appropriately prioritized.

Quality Council

The Quality Council is responsible for establishing and maintaining the organization's Quality Improvement Plan and is chaired by a Board member. The Quality Council shall consist of the Chief Executive Officer, representatives of the Medical Staff and other key hospital leaders. It shall hold primary responsibility for the functioning of the Quality Assessment and Performance Improvement program. Because District quality improvement activities may involve both the Medical Staff and other representatives of the District, membership is multidisciplinary. The Quality Council requires the Medical Staff and the organization's staff to implement and report on the activities for identifying and evaluating opportunities to improve patient care and services throughout the organization. The effectiveness of the quality improvement and patient safety activities will be evaluated and reported to the Quality Council.

Medical Staff

The Medical Staff, in accordance with currently approved medical staff bylaws, shall be accountable for the quality of patient care. The Board delegates authority and responsibility for the monitoring, evaluation and improvement of medical care to the Professional Staff Quality Committee "Prostaff", chaired by the Vice Chief of Staff. The Chief of Staff delegates accountability for monitoring individual performance to the Clinical Department Chiefs. Prostaff shall receive reports from and assure the

appropriate functioning of the Medical Staff committees. “Prostaff” provides oversight for medical staff quality functions including peer review.

Quality Improvement Committee (QIC) QIC has responsibility for oversight of organizational performance improvement. Membership includes key organizational leaders including the Medical Director of Quality and Patient Safety or Chief Quality Officer, Chief Operating Officer, Chief Nursing Officer, Assistant Chief Nursing Officer, Directors of Quality and Patient Safety, Nursing Practice, and Risk Management; Manager of Quality and Patient Safety and Manager of Infection Prevention. This committee reports to Prostaff and the Quality Council.

The QIC shall have primary responsibility for the following functions:

1. **Health Outcomes:** The QIC shall assure that there is measureable improvement in indicators with a demonstrated link to improved health outcomes. Such indicators include but are not limited to measures reported to the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC), and other quality indicators, as appropriate.
2. **Quality Indicators:**
    a. The QIC shall oversee measurement, and shall analyze and track quality indicators and other aspects of performance. These indicators shall measure the effectiveness and safety of services and quality of care.
    b. The QIC shall approve the specific indicators used for these purposes along with the frequency and detail of data collection.
    c. The Board shall ratify the indicators and the frequency and detail of data collection used by the program.
3. **Prioritization:** The QIC shall prioritize quality improvement activities to assure that they are focused on high- risk, high- volume, or problem- prone areas. It shall focus on issues of known frequency, prevalence or severity and shall give precedence to issues that affect health outcomes, quality of care and patient safety. The QIC is responsible to establish organizational Quality Focus Teams who:
    a. Are focused on enterprise-wide high priority, high risk, problem prone QI issues
    b. May require elevation, escalation and focus from senior leadership
    c. Have an executive team sponsor
    d. Are chaired by a Director or Vice President
    e. May have higher frequency of meetings as necessary to focus work and create sense of urgency.
    f. Report quarterly into the QAPI program
4. **Improvement:** The QIC shall use the analysis of the data to identify opportunities for improvement and changes that will lead to improvement. The QIC will also oversee implementation of actions aimed at improving performance.
5. **Follow- Up:** The QIC shall assure that steps are taken to improve performance and enhance safety are appropriately implemented, measured and tracked to determine that the steps have achieved and sustained the intended effect.
6. **Performance Improvement Projects:** The QIC shall oversee quality improvement projects, the number and scope of which shall be proportional to the scope and complexity of the hospital’s services and operations. The QIC must also ensure there is documentation of what quality improvement projects are being conducted, the reasons for

conducting those projects, and the measureable progress achieved on the projects.

Medical Executive Committee

The Medical Executive Committee (MEC) receives, analyzes and acts on performance improvement and patient safety findings from committees and is accountable to the Board of Directors for the overall quality of care.

Nursing Practice Improvement Council

The Nursing Practice Improvement Council is designed to ensure quality assessment and continuous quality improvement and to oversee the quality of patient care (with focus on systems improvements related to nursing practices and care outcomes).

The Nursing Practice Improvement Council is chaired by the Director of Nursing Practice and facilitated by a member of the Quality and Patient Safety department. This Council has staff nurse representation from a broad scope of inpatient and out-patient nursing units, and procedural nursing units. The Council will report to Patient Care Leadership, Professional Practice Council (PPC) and the Professional Staff Quality Committee.

Graduate Medical Education
Graduate Medical Education (Designated Institutional Official (DIO), faculty and residents, are involved in achieving quality and patient safety goals and improving patient care through several venues including but not limited to:

a) Collaboration between Quality and Patient Safety Department, Risk Management, and GME Quality Subcommittee
b) GME participation in Quality Improvement Committee and Patient Safety Committee
c) GME participation in KDHCD quality committees and root cause analysis (including organizational dissemination of lessons learned)

Methodologies:

Quality improvement (QI) models present a systematic, formal framework for establishing QI processes within an organization. QI models used include the following:

- Model for Improvement (FOCUS Plan-Do-Study-Act [PDSA] cycles)
- Six Sigma: Six Sigma is a method of improvement that strives to decrease variation and defects with the use of the DMAIC roadmap.
- Lean: is an approach that drives out waste and improves efficiency in work processes so that all work adds value with the use of the DMAIC roadmap..

1. The **FOCUS**-**Plan, Do, Check, Act (PDCA)** methodology is utilized to plan, design, measure, assess and improve functions and processes related to patient care and safety throughout the organization.

    - **F**—**Find** a process to improve
    - **O**—**Organize** effort to work on improvement
    - **C**—**Clarify** knowledge of current process
    - **U**---**Understand** process variation
    - **S**—**Select** improvement

    - **Plan:**

        - Objective and statistically valid performance measures are identified for monitoring and assessing processes and outcomes of care including those affecting a large percentage of patients, and/or place patients at serious risk if not

performed well, or performed when not indicated, or not performed when indicated; and/or have been or likely to be problem prone.

- Performance measures are based on current knowledge and clinical experience and are structured to represent cross-departmental, interdisciplinary processes, as appropriate.

- **Do:**
  - Data is collected to determine:
    - Whether design specifications for new processes were met
    - The level of performance and stability of existing processes
    - Priorities for possible improvement of existing processes

- **Check:**
  - Assess care when benchmarks or thresholds are reached in order to identify opportunities to improve performance or resolve problem areas

- **Act:**
  - Take actions to correct identified problem areas or improve performance
  - Evaluate the effectiveness of the actions taken and document the improvement in care
  - Communicate the results of the monitoring, assessment and evaluation process to relevant individuals, departments or services

2. DMAIC (Lean Six Sigma): DMAIC is an acronym that stands for Define, Measure, Analyze, Improve, and Control. It represents the five phases that make up the road map for Lean Six Sigma QI initiatives.

- **Define** the problem, improvement activity, opportunity for improvement, the project goals, and customer (internal and external) requirements. QI tools that may be used in this step include:
  - Project charter to define the focus, scope, direction, and motivation for the improvement team
  - Process mapping to provide an overview of an entire process, starting and finishing at the customer, and analyzing what is required to meet customer needs
- **Measure** process performance.
  - Run/trend charts, histograms, control charts
  - Pareto chart to analyze the frequency of problems or causes
- **Analyze** the process to determine root causes of variation and poor performance (defects).
  - Root cause analysis (RCA) to uncover causes
  - Failure mode and effects analysis (FMEA) for identifying possible product, service, and process failures
- **Improve** process performance by addressing and eliminating the root causes.

- Pilot improvements and small tests of change to solve problems from complex processes or systems where there are many factors influencing the outcome
- Kaizen event to introduce rapid change by focusing on a narrow project and using the ideas and motivation of the people who do the work

- **Control** the improved process and future process performance.
  - Quality control plan to document what is needed to keep an improved process at its current level
  - Statistical process control (SPC) for monitoring process behavior
  - Mistake proofing (poka-yoke) to make errors impossible or immediately detectable

IV. Confidentiality

All quality assurance and performance improvement activities and data are protected under the Health Care Quality Improvement Act of 1986, as stated in the Bylaws, Rules and Regulations of the Medical Staff, and protected from discovery pursuant to California Evidence Code §1157.

V. Annual Evaluation

Organization and Medical Staff leaders shall review the effectiveness of the Quality Improvement Plan at least annually to insure that the collective effort is comprehensive and improving patient care and patient safety. An annual evaluation is completed to identify components of the plan that require development, revision or deletion. Organization and Medical Staff leaders also evaluate annually their contributions to the Quality Improvement Program and to the efforts in improving patient safety.

VI. Attachments-- Components of the Quality Improvement and Patient Safety Plan:

Attachment 1: Quality Improvement Committee Structure
Attachment 2: KDHCD- Prostaff Reporting Documents
~~Attachment 3: VBP Objectives~~

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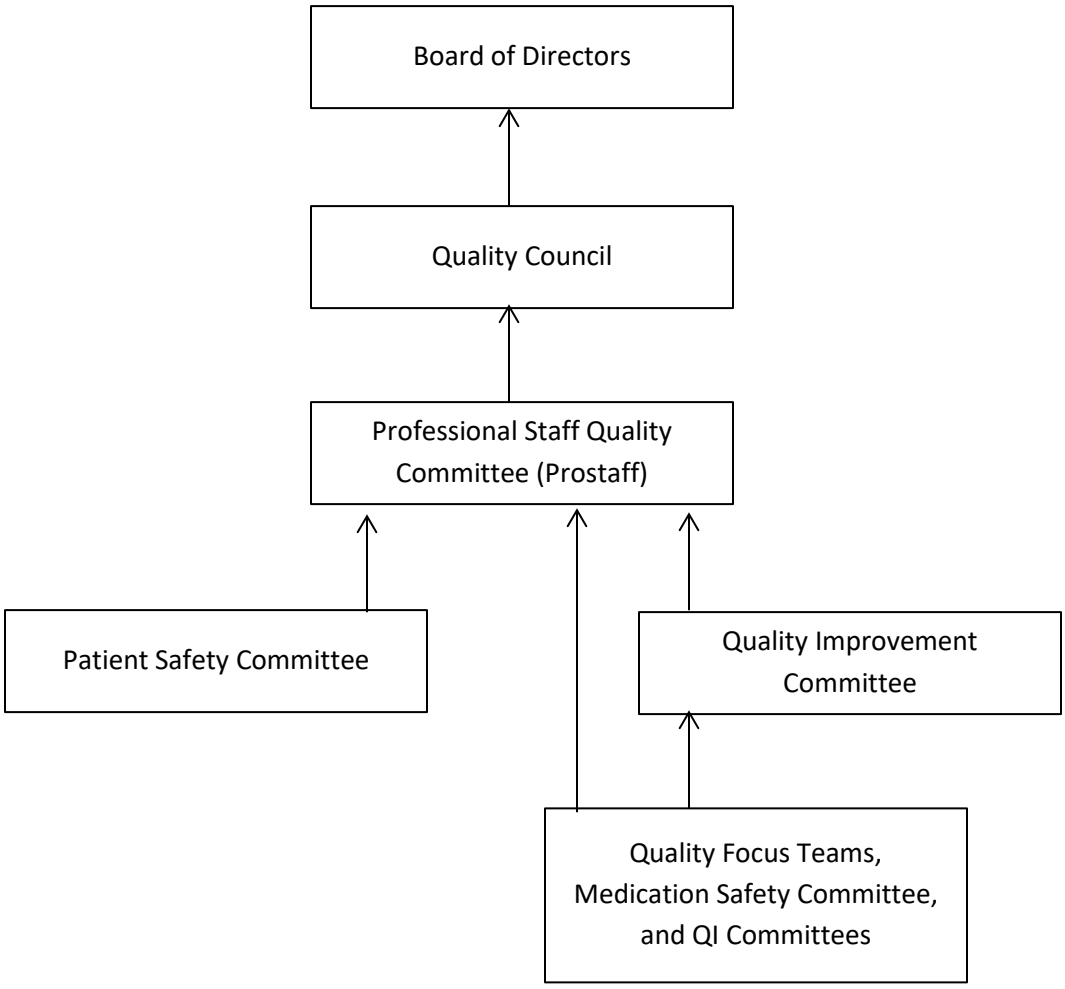
Attachment 1

Kaweah Health
Quality Reporting Structure



Attachment 2

Kaweah Health – QUALITY IMPROVEMENT COMMITTEE REPORTING DEPARTMENTS

Departments within KDHCD participate in the Quality Improvement plan by prioritizing performance improvement activities based on high-risk, high-volume, or problem-prone areas. Department level indicators shall focus on issues of known frequency, prevalence or severity and shall give precedence to issues that affect health outcomes, quality of care and patient safety. Departments include, but are not limited to:

PROFESSIONAL and PATIENT CARE SERVICES
Laboratory
Nursing Quality Dashboard
Advanced Nursing Practice
Wound Care, Inpatient (Skin and Wound Committee)
Patient Access
Community Outreach
Patient & Family Services
Case Management/Utiliz Mgt & Bed Alloc
Interpreter Services
EOC (Security, facilities, Clinical Engineering, EVS)
Chaplain Services
Exeter Health Clinic (includes Lindsay, Woodlake, Dinuba)
Inpatient Pharmacy
Conscious Sedation (ED) Annual
Organ Donation (Annual)
Maternal Child Health
Labor & Delivery
Mother Baby
Neonatal Intensive Care Unit
Pediatrics
Mental Health Services
Mental Health
Episodic Care
Emergency
Trauma Service
Urgent Care
Cardiovascular Services
Dept of Cardiovascular Services (ACC/STS/) - Cath lab, IR, CVCU and Cardiac Surgery
CVICU
2N
4T
Critical Care Services
Intensive Care Unit
3W
Rehabilitation Services
Rehabilitation

Inpatient Therapies (KDMC, Rehab, South Campus)
Outpatient Therapies: Medical Office Building (MOB), Exeter, Sunnyside, Dinuba, Lovers Lane, Therapy Specialists at Rehab
Outpatient Wound Care at Rehab
Post Acute Services
KD Home Infusion Pharmacy
Home Care Services (Home Health & Hospice)
Transitional Care Svc/Short-Stay Rehab
Skilled Nursing Services
Surgical Services
Ambulatory Surgery Center/PACU/KATS
Operating Room
SPD
Broderick Pavilion
3N
4 South
Renal Services
4 North -
CAPD/ CCPD (Dialysis Maintenance)
Visalia Dialysis
Med/Surg
2S
3S
PUBLICALLY REPORTED MEASURES
Infection Prevention
Patient Safety Indicators/HACs
Value Based Purchasing Report
Patient Experience
Core Measures
Hospital Compare Quarterly Report
Healthgrades
Leapfrog Hospital Safety Score
COMMITTEES
Med Safety & ADE
Disparities in care
Falls committee
RRT/Code Blue
Pain Management
Resource Effectiveness Committee
Sepsis Quality Focus Team
Stroke
Diabetes QFT
Blood Utilization
Handoff Communication QFT
Accreditation Regulatory Committee
Diversion Prevention Committee
Bioethics Committee

Kaweah Health

Subcategories of Department Manuals not selected.

Policy Number: HR.63	**Date Created: 06/01/2007**
Document Owner: Dianne Cox (VP Chief HR Officer)	**Date Approved: 10/31/2019**
Approvers: Board of Directors (Administration)	

Timekeeping of Payroll Hours

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POLICY:

It is the policy of Kaweah HealthDelta to pay staff membersemployees according to the Fair Labor Standards Actapplicable State and Federal regulatory requirements. Toensure accuracy and timeliness of timekeeping, all Directors will be accountable for review of staff member'ss' timecards each pay period, including the appropriate use of pay codes. Delegation of thisaccountability may only occur if Directors are certain their delegates are trained (pay codes, appropriate use of Missed Punch Tool, and staff memberemployee sign offs).

All staff membersemployees must record their time worked for payroll and benefit purposes. Kaweah Health HahDeltautilizes the automated time and attendance HR TimeKeeper system with exception of Hospice,Private Home Care, Interpreters, and Home Health Staff membersEmployees.

The HR Timekeeper system records all productive and non-productive hours for the pay period. Each staff member is required to verify these hours for accuracy.
Access to the HR TimeKeeper system is available through wall readers using the staff member 's ID badge or network computers using their network login. Non- exempt staff member-s must record the time work begins and ends, as well as the beginning and ending time of any departure from work for any non-work-related reason. Staff member-s must clock out and in for off-duty meal periods. Staff member-s may also enter all non-productive time as preferred by the leader in the work area (PTO, Jury Duty, Bereavement, etc.).

Staff MembersEmployees are not allowed to work off the clock. Staff member-s may clock in up to seven minutes before their scheduled work time and up to seven minutes after. -Work should not be performed until the actual start of the shift nor after the end of the shift. The "window" for entering time is only for the convenience of the staff member. It is expected that staff membersemployees will be ready to work at their expected work time. Clocking in early may be considered a violation of this policy. It is expected that employees will clock in and out as close to their start and end times as is physically possible. -Clocking in late may be considered a tardy.

Staff member-s are not allowed to clock in or out for others. Altering, falsifying, or tampering with time records is prohibited and will result in disciplinary action up to and including termination of employment.

Exempt staff membersemployees are required to record and report full days of absence from work for reasonssuch as Paid Time Off, etc.

PROCEDURE:

I. Payroll Period Calendar

The payroll period consists of two weeks. The pay period starts on Sunday at 00:00 and ends 14 days later at 23:59. Payday is the following Friday (unless if falls on a holiday). Each work week starts on Sunday at 00:00 and ends on Saturday at 23:59.

II. HR TimeKeeper

HR TimeKeeper shows the hours worked (regular time and overtime, callback time, etc.) that the staff member actually clocked in and out of the HR TimeKeeper system. When the HR TimeKeeper system

is not functional, ~~staff members~~employees may not be able to clock using a computer, but will be able to clockusing a wall reader.
If the HR Timekeeper system is down, the wall reader is not available, or the staff member forgets to clock, they are required to ~~enter their missed punch/time on the day it occurs using the Missed Punch tool in HROnline Employee Self Service~~submit a missed punch/time entry correction form in HR Online- Employee Self Service.. ~~Continued use of the Missed Punch Tool may result in disciplinary action~~. It is expected that ~~staff members~~employees use the wall readers or computers to clock in and out.
Leaders are expected to communicate their expectations of who is to enter/code other unproductive hours; standby time, Paid Time Off/Extended Illness Bank, jury duty time, bereavement, other hours, other dollars etc. Only leaders can input PTO/PSL and EIB codes to ensure that hours are compliant with annual limitations.

III. Failure to Clock~~/Use of the Missed Punch Tool~~

~~Staff members~~Employees are required to use the HR Timekeeper system consistently for recording their hours worked and for meal periods. After communication and education on the use of the system, more than one missed punch per pay period may be considered excessive. Continuous failure to clock mayresult in disciplinary action up to and including termination of employment.

IV. Authorizing Hours

Time must be approved utilizing the sign-off tab by all ~~staff members~~employees at the end of their last shift for the pay period. Approval can be made at the wall reader but due to time it may take to review their payperiod entries, it is encouraged to approve using HR TimeKeeper system. The authorizing leader must assure that all time has been entered correctly.

All time must be approved by leaders or their designees by 11:00 a.m. on a payroll processing Monday. Final lockout for managers is 11:00 a.m. In special situations, payroll processing on weeks when holidays occur may require a different deadline be established by the Payroll department.

Under ~~the Fair Labor Standards Act (FLSA)~~ regulatory requirements, employers must keep certain records for nonexempt ~~staffmembers~~employees, including hours worked each day and total hours worked each workweek. For this reason,employers have the ability to change staff member time records but must ensure that the records accurately reflect the time actually worked. Comments explaining the reason for making the changes are to be noted.

Discrepancies found after the time approving deadline will be reported through a payroll correction by the manager or designee. There may be no “red boxes” noted in any prior or current timecard of a staff member. Manual edit reports are to be reviewed each pay period by leaders. Failure to appropriately review, correct, and approve staff member timecards by Leaders may lead to disciplinary action.

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

Policy Number: HR.70	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Chief HR Officer)	Date Approved: 07/02/2020
Approvers: Board of Directors (Administration), Dianne Cox (VP Chief HR Officer)	

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

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

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

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

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

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

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

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

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

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

Kaweah HealthDelta will provide a reasonable amount of break time to allow an employee to express breast milk for that employee's infant child. The break time will run concurrently, if possible, with any break time already provided to the nursing mother. Please know that existing law exempts an employer from the break time requirement if the employer's operations would be seriously disrupted by providing that time to employees desiring to express milk.

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

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

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

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

Policy Number: HR.128	**Date Created: 06/01/2007**
Document Owner: Dianne Cox (VP Chief HR Officer)	**Date Approved: 06/26/2018**
Approvers: Board of Directors (Administration)	

Employee Benefits Overview

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

POLICY:

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

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

PROCEDURE:

General:

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

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

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

4. All premium contributions for medical, dental and vision are deducted on pre-tax basis. The conditions of Internal Revenue Service Code, Section 125, specifically

prohibit employees from changing their insurance benefit coverage until an Open Enrollment period is offered or unless there is a major life change or qualifying

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

Normal Waiting Period:

1. Coverage for health benefits normally begins the first of the month following 30 days of regular employment or first of the month following a status change to a benefit eligible position.

Status Change:

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

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

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

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

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

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

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

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

9. In the case of a Leave of Absence, if an employee is on paid status (utilizing PTO/EIB), the employee may continue his/her normal premiums through payroll

deduction. If on unpaid status, he/she is required to pay Kaweah Delta his/her portion of the premiums bi-weekly/monthly while on a leave of absence for a total of four months combined within a rolling 12 months. After four months, employees will be offered COBRA Continuation Coverage for applicable benefits. Group medical,

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

Procedures for COBRA:

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

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

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

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

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

Subcategories of Department Manuals not selected.

Policy Number: HR.213	**Date Created: 06/01/2007**
Document Owner: Dianne Cox (VP Chief HR Officer)	**Date Approved: 12/19/2019**
Approvers: Board of Directors (Administration)	
Performance Management and Competency Assessment Program	

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

POLICY:

It is the policy of the Kaweah HealthDelta to assess, maintain, develop and improve employee performance and competence on an ongoing basis. Performance is formally evaluated on an annual basis through an employee self- evaluation, peer evaluations as appropriate, and a manager evaluation. Competency is the demonstrated ability to integrate the knowledge, skills, and attitudes required in a designated role or setting. Competency is verified through utilization of techniques such as demonstration, review of policy/procedure, verbalization, and/or written testing.

The performance evaluation and competency assessment process ensures that the requirements of the position are met, that each individual is provided opportunities for professional development, and allows for merit increase opportunities consistent with the compensation program in place at the time of the performance evaluation. In conjunction with the populations served, Job Descriptions are combined to make one Performance Evaluation tool. Upon hire or a position change, a review date for the annual performance Evaluation is established for each employee.

The Kaweah HealthDelta requires annual mandatory training in compliance with regulatory agency requirements as well as Kaweah HealthDelta policy. All employees must successfully complete all required training by the due dates established to avoid suspension and termination of employment. Documentation of completion is recorded in the HR systems and written documentation may be maintained in Human Resources or department employee's files. Management is responsible for ensuring employees complete the requirements and for obtaining and maintaining documentation of completion. However, employees are ultimately responsible for meeting job requirements and mandatory training by established due dates. Failure to complete requirements and mandatory training may result in Disciplinary Action up to and including termination of employment.

PROCEDURE:

Annual Performance Evaluations:

1. The annual Performance Evaluation is a tool utilized by both management and the employee to identify and communicate the performance of the employee and the future annual expectations of the position, and to determine ways to improve performance or to gain advanced knowledge, including development opportunities. The Performance Evaluation is to be discussed with the employee in a face-to-face meeting. The employee is encouraged to provide additional feedback, written comments, and share development interests.

2. The Performance Evaluation form includes the Job Description, overall job requirements relevant to all positions, overall comments, and goals to be used for training and development and to describe actions which will be used to develop skills and improve the employee's performance, such as additional training or work assignments.

3. Employees are required to complete an honest and timely self-evaluation of their performance. Management may also request peer evaluation of the employee's commitment to the Kaweah Care Behavioral Standards of Performance.

4. The final review will be electronically signed by both the employee and individual completing the evaluation. The evaluation must be signed by a person who has the expertise at least equal to the individual being observed or tested.

5. At the completion of the annual evaluation, the overall performance rating will be consistent with the definitions noted on the performance evaluation tool. Failure to successfully meet expectations of performance may result in the employee being placed on Disciplinary Action, up to and including termination of employment.

<u>Review Date and Applicable Merit Increases:</u>

1. Department management is notified by the HR system when their employee is due for an annual evaluation. It is the responsibility of employees to complete a timely and thoughtful self-evaluation. It is expected that department management will complete evaluations on time.

2. At the time the employee is hired or changes to a different position, he/she will be provided with a copy of the Job Description/Performance Evaluation and Physical Demands forms that will be used to evaluate his/her performance. The employee signs an acknowledgment of receipt. The employee will also be provided with a copy of the form by the manager. For position changes/transfers, a pro-rated merit may apply (see Transfer Policy HR.31).

3. Completion of the annual review is defined as the employee's electronic signature in the Human Resources system. Human Resources will process any associated merit increase. Merit increases are effective the first day of the pay period following the effective date of the annual evaluation.

4. Merit increases are based on the salary range and merit increase percentages in effect on the due date of the evaluation, not the day the evaluation is presented to Human Resources. The merit increase will be paid retroactively if the evaluation is completed late.

5. Per Diem Employees on a Critical Flat will receive a performance evaluation, but will not be eligible for annual performance merit adjustment.

~~4.~~6. Per Diem Employees on the Range will receive a performance evaluation, and will be eligible for annual performance merit adjustments.

~~5.~~7. Merit increases that place an employee's rate at the maximum of the range will result in the application of a Merit Lump Sum amount, equivalent to the employee's productive and non-productive hours (excluding standby, overtime, double time or callback hours) multiplied by the hourly rate in place for the employee prior to the evaluation. An employee may receive a partial merit increase to the maximum of salary range and a partial Merit Lump Sum.

~~6.~~8. If an employee takes a paid or unpaid Leave of Absence exceeding twelve
(12) weeks (84 days) in a twelve-month rolling period, the employee's review date may be adjusted by the number of calendar days exceeding 85 days. This provision will not apply in the case of an employee who is on an approved Short-Term (Reserve) Military Training and/or Military Leave of Absence.

Competence Assessment:

1. During the first of 48 hours of employment, all employees will complete the 48-hour checklist for departmental orientation.

2. Competency is the demonstrated ability to integrate the knowledge, skills, and attitudes required for performance in a designated role or setting. Competency is verified through utilization of techniques such as demonstration, review of policy/procedure, verbalization, written testing, etc. For the initial competency evaluation at the time of hire or transfer, a face-toface discussion will occur to assess and document the initial competency of an employee who provides patient care. Initial competency documentation is maintained in the department files or Human Resources as determined by the department. All items must be reviewed, checked and signed for competency by a person who has the expertise at least equal to the individual being observed or tested. An employee must be deemed competent to perform a skill prior to them performing the skill independently.

3. Patient care and related employees will complete an annual clinical competency assessment for their position as applicable. All items must be reviewed, documented and signed for competency by a person who has the expertise at least equal to the individual being observed or tested.

4. In addition, employees must be deemed competent when new procedures or equipment is introduced into the clinical setting, and this information will be maintained in the Human Resources or department file.

Remediation:

1. If an employee falls below expected levels of performance or is not deemed competent of a requirement or skill, the employee will be provided with opportunities for improvement.

2. The remediation plan may be included in a Disciplinary Action/Performance Notice, or a separate remediation plan may be developed. Time frames for follow up and requirements will be noted as applicable, and may include meetings, testing, review of policies, and other appropriate actions to ensure performance and competency. Failure to comply with or successfully complete the plan may result in further Disciplinary Action up to and including termination of employment.

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

Policy Number: HR.215	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Human Resources)	Date Approved: 10/23/17
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (VP Human Resources)	

Grievance Procedure

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

POLICY:

Concerns, issues or questions occasionally arise during the course of employment. When this occurs, employees are encouraged to discuss these matters with management. If the situation remains unresolved, employees will be provided with an opportunity to appeal management decisions through a formal grievance procedure. Employees using the Grievance Procedure will not be retaliated against for doing so. This specific policy does not apply to residents enrolled in the District's Graduate Medical Education (GME) program. Residents' concerns, issues or questions will be handled through a separate GME policy as described in the Resident Handbook.

DEFINITION

I. A grievance is defined as an employee's dissatisfaction with an action taken on behalf of the District. Examples of actions that may by grieved under this policy include:

   A. Incorrect or inconsistent application or interpretation of the District's policies (not the policies themselves);

   B. Disagreement with a written level warning.

II. Time spent by aggrieved employees in grievance discussions with management during their normal working hours will be considered hours worked for payroll purposes.

III. All steps of the grievance are coordinated by a Human Resources representative.

IV. Decisions on grievances will be neither precedent setting nor binding on future grievances unless they are officially stated as District policy.

V. In cases where the grievance is in relation to a division reporting to the Vice President of Human Resources, a Senior Vice President will serve in place of the Vice President of Human Resources.

PROCEDURE:

I. The employee must initiate the Grievance Procedure to seek formal consideration. To do so, the employee must contact the Human Resources Department to initiate the first step in the procedure. Upon initial contact, the employee will be provided a copy of this Grievance Policy and will receive instruction as to the appropriate format in which the written grievance must be submitted.

II. The grievance must be filed within 10 days of when the employee became aware, or reasonably should have been aware of the facts and circumstances arising to the grievance.

III. Management will receive the grievance from Human Resources and will investigate the matter to attempt resolution. Management will prepare and forward their response, in the approved format, to the Human Resources representative within seven (7) working days or as soon as reasonably possible.

IV. The Human Resources representative will forward management's response to the employee.

V. If the aggrieved employee is not satisfied with management's decision, the employee will be permitted to appeal to the Vice President of Human Resources within seven (7) working days.

VI. The Human Resources representative will forward the Vice President of Human Resources response within seven (7) working days to the employee or as soon as reasonably possible.

VII. This decision will be final and binding on both the aggrieved employee and the District for the specified grievance only and to the extent allowable by law.

VIII. Time limits for both the employee and management may be extended at any step by Human Resources, upon a showing of good cause.

IX. The Grievance Procedure described herein is not applicable to an employee whose proposed discipline is demotion, suspension for more than five (5) days or termination or whose employment with the District has terminated regardless of the reason for the termination. However, employees whose proposed discipline is suspension for more than five (5) days, demotion or involuntary termination may be entitled to a Pre-determination hearing, may have certain appeal rights and should refer to HR.218 NOTIFICATION REQUIREMENTS AND APPEAL PROCESS FOR INVOLUNTARY TERMINATION AND DEMOTION.

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Policy Number: HR.216	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Human Resources)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (VP Human Resources)	

Progressive Discipline

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

POLICY:

The District uses positive measures and a process of progressive discipline to address employee performance and/or behavioral problems. The District recognizes that the circumstances of each situation must be evaluated individually to determine whether to discipline progressively or to impose more advanced discipline immediately. This policy applies to all District employees, except residents enrolled in the District's Graduate Medical Education (GME) program. Disciplinary actions related to residents in the GME program are handled by the Office of the GME as described in the Resident Handbook.

The primary purpose of Disciplinary Action is to assure compliance with policies, procedures and/or Behavioral Standards of Performance of the District. Orderly and efficient operation of our District requires that employees maintain appropriate standards of conduct and service excellence. Maintaining proper standards of conduct is necessary to protect the health and safety of all patients, employees, and visitors, to maintain uninterrupted operations, and to protect the District's goodwill and property. Because the purpose of disciplinary action is to address performance issues, it should be administered as soon after the incident(s) as possible. Therefore, depending on the seriousness of the offense and all pertinent facts and circumstances, disciplinary action will be administered promptly.

Certain violations are considered major and require more immediate and severe action such as suspension and/or termination. Lesser violations will generally be subject to Progressive Discipline.

Any employee who is in Progressive Discipline is not eligible for transfer or promotion within the District without review and approval by the hiring manager and Human Resources.

Progressive Discipline shall be the application of corrective measures by increasing degrees, designed to assist the employee to understand and comply with the required expectations of performance. All performance of an employee will be considered when applying Progressive Discipline.

In its sole discretion, the District reserves the right to deviate from Progressive Discipline or act without Progressive Discipline whenever it determines that the circumstances warrant.

PROCEDURE:

I. The process of Progressive Discipline may include the following, depending on the seriousness of the offense and all pertinent facts and circumstances:

A. Warnings

1. Verbal Warning:

A Verbal Warning explains why the employee's conduct/performance is unacceptable and what is necessary to correct the conduct/performance. This written record of the verbal warning typically remains in the department manager's/supervisors confidential files unless more serious discipline follows.

B. Written Warning:

A Written Warning provides the nature of the issue and outlines the expectations of performance/conduct or what is necessary to correct the situation. This Warning becomes part of the employee's personnel file, along with any pertinent back-up documentation available, and will inform the employee that failure to meet the job standards/requirements of the Warning will necessitate further disciplinary action, up to and including termination.

The department management, in concert with Human Resources, determines the level of corrective disciplinary action that will take place based upon the seriousness of the offense, the existence of any prior disciplinary actions and the entirety of the employee's work record.

1. Level I
Any employee who receives a Level I is subject to further Written Warnings as stated in this policy.

2. Level II
Any employee who receives a Level II is subject to further Written Warnings as stated in this policy.

3. Level III
A Level III is considered Final Written Warning to the employee involved, and includes a written explanation of what is necessary to meet the expectation of performance. A Level III Warning may be accompanied by a suspension. A suspension

may be without pay and is generally up to five days or forty hours.

C. Administrative Leave

In the discretion of the District, an employee may be placed on Administrative Leave with or without pay at any time to give the District time to conduct an investigation or for other circumstances considered appropriate by the District. Management may impose an Administrative Leave at any time for an employee(s) if they believe there is a risk to employee or patient safety. Management will notify Human Resources immediately if an Administrative Leave is enforced. When an employee is placed on Administrative Leave, the District will make every effort to complete the investigation of the matter within five business days. If the District is unable to complete an investigation of the matter within five days the Administrative Leave may be extended.

After the investigation has been completed, the employee may be returned to work and, in the discretion of the District and depending on the circumstances, may be reimbursed for all or part of the period of the leave. If it is determined that the employee should be terminated, compensation may, in the discretion of the District, be paid until the Post Determination Review process has been completed. (See policy HR.218).

D. Dismissal Without Prior Disciplinary History

As noted, the District may determine, in its sole discretion, that the employee's conduct or performance may warrant dismissal without prior Progressive Discipline. Examples of conduct that may warrant immediate dismissal, suspension or demotion include acts that endanger others, job abandonment, and misappropriation of District resources. This is not an exclusive list and other types of misconduct/poor performance, may also result in immediate dismissal, suspension or demotion. See Employee Conduct below. .

E. Employee Conduct

This list of prohibited conduct is illustrative only; other types of conduct injurious to security, personal safety, employee welfare or the District's operations may also be prohibited. This includes behavior or behaviors that undermine a culture of safety. Employee conduct that will be subject to Progressive Discipline up to and including immediate involuntary termination of employment includes but is not limited to:.

1. Falsifying or altering of any record (e.g., employment application, medical history form, work records, time cards, business or patient records and/or charts).

2. Giving false or misleading information during a Human Resources investigation;

3. Theft of property or inappropriate removal from premises or unauthorized possession of property that belongs to the District, employees, patients, or their families or visitors;

4. Damaging or defacing materials or property of the District, employees, patients, or their families or visitors;

5. Possession, distribution, sale, diversion, or use of alcohol or any unlawful drug while on duty or while on District premises, or reporting to work or operating a company vehicle under the influence of alcohol or any unlawful drug;

6. Fighting, initiating a fight, threats, abusive or vulgar language, intimidation or coercion or attempting bodily injury to another person on District property or while on duty. Reference policy AP161 Workplace Violence Prevention Program;

7. Workplace bullying which can adversely affect an employee's work or work environment, Reference policy HR.13 Anti-Harassment and Abusive Conduct.

8. Bringing or possessing firearms, weapons, or any other hazardous or dangerous devices on District property without proper authorization;

9. Endangering the life, safety, or health of others;

10. Intentional violation of patients' rights (e.g., as stated in Title XXII);

11. Insubordination and/or refusal to carry out a reasonable directive issued by an employee's manager (inappropriate communication as to content, tone, and/or language)

12. Communicating confidential District or Medical Staff information, except as required to fulfill job duties;

13. Sleeping or giving the appearance of sleeping while on duty;

14. An act of sexual harassment as defined in the policy entitled Anti-Harassment and Abusive Conduct HR.13;

15. Improper or unauthorized use of District property or facilities;

16. Improper access to or use of the computer system or breach of password security;

17. Improper access, communication, disclosure, or other use of patient information. Accessing medical records with no business need is a violation of state and federal law and as such is considered a terminable offense by KDHCD.

18. Unreliable attendance (See Attendance and Punctuality HR.184)

19. Violations of the District Behavioral Standards of Performance.

20. Unintentional breaches and/or disclosures of patient information may be a violation of patient privacy laws. Unintentional breaches and/or disclosures include misdirecting patient information to the wrong intended party via fax transmission, mailing or by face-to-face interactions.

21. Access to personal or family PHI is prohibited.

22. Refusing to care for patients in the event mandated staffing ratios are exceeded due to a healthcare emergency.

23. Working off the clock at any time. For the convenience of the employees, the District allows staff to clock in before their start time. However, employees are not permitted to work until their scheduled start time.

24. Failure to work overtime.

25. Use of personal cell phones while on duty and unrelated to job duties anywhere in the District. Cell phones are to be stored in a secure location while on duty.

26. Excessive or inappropriate use of the telephone, cell phones, computer systems, email, internet or intranet.

27. Any criminal conduct off the job that reflects adversely on the District.

28. Making entries on another employee's time record or allowing someone else to misuse the District's timekeeping system.

29. Bringing children to work, or leaving children unattended on District premises during the work time of the employee.

30. Immoral or inappropriate conduct on District property.

31. Unprofessional, rude, intimidating, condescending, or abrupt verbal communication or body language.

32. Unsatisfactory job performance.

33. Horseplay or any other action that disrupts work,

34. Smoking within the District and/or in violation of the policy.

35. Failure to report an accident involving a patient, visitor or employee.

36. Absence from work without proper notification or adequate explanation, leaving the assigned work area without permission from the supervisor, or absence of three or more days without notice or authorization.

37. Unauthorized gambling on District premises.

38. Failure to detect or report to the District conduct by an employee that a reasonable person should know is improper or criminal.

39. Providing materially false information to the District, or a government agency, patient, insurer or the like.

40. Spreading gossip or rumors which cause a hostile work environment for the target of the rumor.

41. Impersonating a licensed provider.

42. Obtaining employment based on false or misleading information, falsifying information or making material omissions on documents or records.

43. Violation of Professional Appearance Guidelines

44. Being in areas not open to the general public during non-working hours without the permission of the supervisor or interfering with the work of employees.

Further information regarding this policy is available through your department manager or the Human Resources Department.

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Policy Number: HR.218	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Human Resources)	Date Approved: 09/25/2018
Approvers: Board of Directors (Administration), Dianne Cox (VP Human Resources)	

Notification Requirements, Pre-Determination Process and Appeal Process for Involuntary Termination, Suspension without Pay for More Than Five Days and Demotion

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

POLICY:

Employees of the District by statute serve at the pleasure of the Board of Directors (see Health and Safety Code Section 32121(h)). When an employee who has passed his/her six (6) month introductory period is informed of his/her involuntary termination, suspension of five days or more or demotion, the employee will be provided the opportunity for a pre-determination review of a Notice of Intent, written notice of the pre-determination review process, and the District's post-determination review and appeal process. This specific policy does not apply to residents enrolled in the District's Graduate Medical Education (GME) program. Residents must refer to the Resident Handbook outlining the guidelines that must be used as their exclusive remedy for appealing reviewable actions.

The purpose of a pre-determination review is to provide employees the opportunity to appeal before a decision is made to terminate, demote, or suspend for more than five (5) days.

Nothing in this policy should be interpreted as modifying or diminishing in any way the District's right to terminate or discipline an employee "at will" that is for any reason which the District considers to be sufficient in its sole discretion.

DEFINITIONS:

I. Pre-Determination Review: A meeting in which an employee is given the opportunity to respond to a Notice of Intent by submitting a written and/or verbal statement to an appointed Reviewer. If the employee chooses to respond, the Reviewer has the responsibility to recommend whether the proposed action should be upheld, overturned, or modified.

II. Reviewer: Except as otherwise noted, the "Reviewer" shall be a Vice President or other executive appointed by the Vice President of Human Resources.

III. Post-Determination Review: Appeal process after the pre-determination review.

PROCEDURE:

I. Initial Notice of Intent

If an employee who has passed the initial six (6) month introductory period, is subject to termination, suspension for more than five (5) days or demotion, the management of the employee, or the Vice President of Human Resources or designee, shall cause to be served on the employee a written notice ("Notice of Intent"). The following is a recommended list of the items that should be contained in this document, but no Notice of Intent will be invalid if it does not contain all of the items on this list. The purpose of the document is to provide the employee with an outline of the proposed action along with a fair summary of the reasons for taking the action:

A. the proposed action (i.e., termination, suspension for more than five (5) days or demotion) and the effective date of the proposed action;

B. the reasons supporting the proposed action;

C. a summary of the facts upon which the charges are based;

D. notification that the employee is entitled to a pre-determination meeting to respond, either orally or in writing, to a review ("pre-determination review"). The Pre-determination Reviewer ("Reviewer") will be appointed by the Vice President of Human Resources or his/her designee.

E. the name of the Reviewer and his/her contact information; and

F. notification that the proposed action will become final and that the employee will waive his/her rights to a pre-determination review and a post-determination hearing of the matter if the employee does not contact the Reviewer by 4:00 p.m. of the next working day after service of such notice. A form to be used for such notice will be provided by Human Resources. "Working day" as used herein shall mean any day, Monday through Friday, holidays excluded.

G. The provisions contained in Section F are advisory and within the sole discretion of the District. The District's failure to comply with any of the provisions of this Section shall not invalidate any disciplinary action taken.

II. Effective Date

The Notice of Intent as described in this document shall become effective when:

A. The employee has been served with a copy of the notice specified above and has failed to contact the assigned Reviewer to schedule a review of the proposed action, by 4:00 p.m. of the next working day after service of the notice; or,

B. The employee contacts the assigned Reviewer, the Vice President of Human Resources or his/her designee or the Director of his/her Department and explicitly states he/she does not want to schedule a pre-determination review of the proposed action; or,

C. The employee properly requests a pre-determination review and the Reviewer issues a written recommendation after the pre-determination meeting in which he/she recommends upholding the proposed demotion, suspension or termination and the employee does not request a post-determination hearing with a Hearing Officer, or;

D. The employee properly requests and obtains a post-determination hearing where the Hearing Officer upholds the decision of the Reviewer and the employee does not request a review by the CEO; or

E. The employee properly requests and obtains appellate review by the CEO and he/she upholds the decision of the Reviewer.

III. Arranging the Pre-determination Meeting

A. The Notice of Intent will identify the Reviewer and provide the Reviewer's contact information. It will advise the employee that he/she may respond directly to the Reviewer, either orally or in writing, and will set out the time limit within which the response should be submitted. The Notice of Intent will also advise the employee how he/she can contact the Reviewer to arrange a meeting.

B. If the employee wishes to meet, it is his/her responsibility to contact the Reviewer and arrange the meeting; the meeting should be scheduled no later than three (3) calendar days following the date of the request.

C. As an alternative to a meeting, an employee may submit a written response. The Reviewer may disregard an untimely response.

D. If it occurs, the pre-determination meeting will be informal. The Reviewer will lead the meeting. The employee may provide such evidence or information as he/she wishes and tell his/her side of the story. After the meeting, the Reviewer will recommend whether the proposed action should be upheld, modified, or revoked. Matters related to the Reviewer's recommendation are addressed in Part IV, below.

E. On occasion, employees may request that a scheduled pre-determination meeting date be extended, or that the standard pre-determination response period be increased. Although the Reviewer may grant or deny these requests, he/she should consult with Human Resources prior to doing so. Since employees may be on leave with pay during the pre-determination period, it is important to consider the stated need for the extension, along with the financial implications of the request, before issuing a decision.

IV. Recommendations for Conducting the Pre-determination Meeting

PREPARATION FOR THE MEETING:

The Reviewer should read the Notice of Intent, supporting documents, this Policy, District policies and procedures relating to the intended action, and any written response submitted by the employee and any documents the employee has submitted.

At the meeting, the Reviewer will: Introduce all persons present[1]; explain the purpose of the meeting; explain that, upon completing the meeting, he/she will consider the information provided and then make a recommendation to uphold, modify, or revoke the proposed action;
explain that his/her recommendations, if any, are not binding, but are simply recommendations that may be accepted or rejected by the District.

The Reviewer should then invite the employee to respond to the charges and advise that the employee's response may be submitted in writing, if the employee desires, or a combination of verbal and written responses. The Reviewer should allow the employee to present all relevant facts and arguments including documents.

The pre-determination meeting is not a formal hearing and there will be no witnesses testifying under oath. If the employee believes there are other employees who can support his/her facts/arguments, he/she may, with the permission of the Reviewer, bring them to the meeting and ask that they be heard. Such oral statements are in the discretion of the Reviewer. The Reviewer may limit the number of "witnesses" or place time limitations on the length of such verbal statements.

Neither the District nor the employee shall have the right to be represented by counsel or any other person not an employee of the District. The employee, in his/her discretion, may bring a current District employee to support him/her at the meeting.

It is often helpful to invite the Manager/Supervisor initiating the action to sit in on a pre-determination meeting for the purpose of providing clarification.

[1] The Reviewer may request the attendance and assistance of a member of Human Resources staff at the meeting.

However, the attendance of any person is at the sole discretion of the Reviewer. The Reviewer may ask questions of the Manager/Supervisor or allow the employee to ask questions of the Manager/Supervisor. Such questioning, however, should be permitted only if the Reviewer finds it of value.

AFTER THE PRE-DETERMINATION MEETING

After the meeting, the Reviewer evaluates all of the information. If the Reviewer concludes that additional information is needed, he/she will contact the Vice President of Human Resources or his/her designee for advice and assistance.

After reviewing all of the documentation and information, the Reviewer evaluates whether in his/her judgment there is a reason to believe the employee engaged in the conduct charged and whether the proposed action is appropriate. The Reviewer may confer with the Manager/Supervisor who initiated the action. If this evaluation involves policy issues, the Vice President of Human Resources or his/her designee should be consulted. Depending on the results of his/her evaluation, the Reviewer then makes a recommendation to uphold, modify, or revoke the proposed action.

The Reviewer will prepare his/her written recommendation within three (3) working days of the meeting or such longer time as is necessary. The letter will be hand delivered to the employee during a final meeting with their manager and the Human Resources representative. If the employee refuses to attend the final meeting, the letter will be sent to the employee by regular and certified mail.

PAY STATUS

In most cases, the employee will continue to remain on pay status until the review process is completed and the action is implemented, implemented in modified form, or revoked.

Requesting a Hearing

An employee may appeal the Reviewer's recommendation supporting substantial action (demotion, suspension of more than five (5) days, termination) by submitting a request for appeal to the Vice President of Human Resources or his/her designee. The employee's written request for appeal must be received no later than five (5) calendar days from the date of the document containing the final action. The five (5) calendar days requirement applies even if the letter with the Reviewer's recommendation is delivered by mail.

If an employee properly submits a written request for a hearing, it shall be scheduled no later than ten (10) working days following the date of the request by the employee. The ten (10) working day time period may be extended by

the Vice President of Human Resources or his/her designee at the request of the employee or the District, upon a showing of good cause, provided that the District shall have no obligation to pay back wages beyond the ten (10) day period in the event the proposed termination, suspension of five (5) days or more or the demotion is overturned by the Hearing Officer or if the extension is at the request of the employee. The hearing shall be set for the earliest mutually agreeable date, which shall not be more than thirty (30) calendar days from the date the request for a hearing was received. The hearing shall be an informal evidentiary hearing attended by the Vice President of Human Resources or his/her designee and by the employee. The hearing shall be presided over by the Personnel Hearing Officer (who serves by appointment of the Board of Directors), or by a Hearing Officer chosen from a panel pre-approved by the District's Board of Directors and mutually agreed upon by the parties.

At the hearing, both the District and the employee shall have the right to counsel, the right to call and examine witnesses for or against either party, the right to offer appropriate documentary evidence, the right to a reasonable continuance upon a showing of good cause, and all other procedural due process rights applicable to administrative proceedings. Strict rules of evidence shall not apply and the Hearing Officer shall have the discretion to determine what evidence shall be admitted and what weight shall be given to the admitted evidence. At all proceedings before the Hearing Officer, the District shall provide, at the expense of the District, the services of a certified shorthand reporter. The District shall have the burden of proving by a preponderance of the evidence that the termination, suspension for more than five (5) days or demotion was for good cause. At the conclusion of the hearing the matter will be submitted to the Hearing Officer for decision.

The decision of the Hearing Officer shall be in writing and ordinarily shall be rendered no later than five (5) calendar days from submission of the matter for decision. The decision of the Hearing Officer shall be filed with the Vice President of Human Resources or his/her designee who shall promptly serve a copy of the decision on the employee or his/her counsel, if any. The decision shall be effective immediately upon filing of the decision with the Vice President of Human Resources or designee, unless the employee properly complies with the requirements for appellate review.

The decision of the Hearing Officer shall be a recommendation to the Chief Executive Officer. The Hearing Officer may recommend to uphold, overrule or modify the proposed action.

VI. The Chief Executive Officer's Decision (Appellate Review)

Any party affected by the decision of the Hearing Officer shall have the right to a review by the Chief Executive Officer. Written notice of appeal, including the basis (or bases) for the appeal, must be filed with the Vice President of Human Resources or his/her designee no later than three (3) calendar days following

service of the decision of the Hearing Officer on the party requesting the appeal. Failure to file written notice of appeal within said three (3) calendar day time limit shall constitute a waiver of appeal rights. The Chief Executive Officer shall review and consider the recommendation of the Hearing Officer. After reviewing the recommendation of the Hearing Officer, the Chief Executive Officer in his/her sole discretion may decide to uphold, revoke or modify the proposed action.

Any party seeking the Chief Executive Officer's review of the decision must obtain, at the appellant's own expense, two copies of a transcript of the proceedings held before the Hearing Officer. Failure to file such transcripts with the Vice President of Human Resources or his/her designee at least two (2) working days prior to the date set for appellate review shall constitute a waiver of the appeal.

The appellate review by the Chief Executive Officer shall be scheduled no later than ten (10) calendar days following the date of the receipt by the Vice President of Human Resources or his/her designee of the request for appellate review, or as soon thereafter as it can be scheduled taking into consideration the availability of the Chief Executive Officer and/or the transcript of the hearing. The Chief Executive Officer shall apply the independent judgment test in reviewing the decision of the Hearing Officer. The appellee shall have five (5) working days to prepare and file a written response to the appeal. The Chief Executive Officer, at his/her discretion, may determine whether or not he/she would like to receive any additional oral or written argument. The Chief Executive Officer shall not be empowered to receive new or additional evidence.

The Chief Executive Officer shall affirm, modify, or reverse the decision of the Hearing Officer, and shall file with the Vice President of Human Resources or his/her designee his/her written decision within two (2) working days following the conclusion of the appellate review.

The decision of the Chief Executive Officer shall become effective immediately upon filing the decision with the Vice President of Human Resources or his/her designee.

The decision of the Chief Executive Officer shall constitute the final administrative proceeding which must be exhausted by either party before seeking judicial review, if any.

Note: If the subject matter of the original Notice of Intent included or involved the Chief Executive Officer in a way that might prejudice the employee in this matter, the final review will exclude the Chief Executive Officer and the President of the Board of Directors of Kaweah Delta Health Care District will act as the final reviewer.

Service of any notice, decision, or any other matter required to be served under these provisions shall be deemed served on the same day it is personally served upon the party to be served, or on the third (3rd) calendar day following deposit in the United States mail of the material to be served, certified mail, return receipt requested, addressed to the last known address of the party to be served.

This policy shall not extend to employees during their initial introductory period (i.e., less than six months of employment).

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: HR.221	**Date Created: 06/01/2007**
Document Owner: Dianne Cox (VP Chief HR Officer)	**Date Approved: 06/18/2020**
Approvers: Board of Directors (Administration), Dianne Cox (VP Chief HR Officer)	

Employee Reduction in Force - or- Reassignment Resulting in Demotion

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

POLICY:

Kaweah ~~Delta~~ Health is committed to continued growth and increased productivity and will make all reasonable attempts to avoid cutbacks and reductions in force (RIF) or demotions whenever feasible. However, when Kaweah ~~Delta~~ Health experiences circumstances it cannot maintain the existing staffing levels in one or more departments, it may decide in its discretion to implement a reduction in force or realignment in accordance with the following guidelines. Kaweah ~~Delta~~ Health reserves theright to deviate from the guidelines contained in this policy when it determines, in its sole discretion that such deviations(s) is/are appropriate.

GUIDELINES:

I. Appropriate Staffing

Kaweah ~~Delta~~ Health Management will determine the appropriate number of employees needed to effectively staff their departments. Staffing patterns will include the number of employees needed by department number, job number and full or parttime status. Full-time employees, part-time employees and per diems are considered separate classifications.

II. Attrition and or Hiring Freeze

The preferred method to reduce staffing levels is through attrition. Attrition occurs when employees terminate and are not replaced. Also staff currently on Personal Leave of Absence can be informed that their job has been eliminated.

A hiring freeze may be implemented on a Kaweah Delta-wide, division-wide, department-wide, or job classification-specific basis or any combination of such basis. Because there are areas where specific training and/or licensure are necessary, if in-service training and/or internal transfer cannot meet the staffing needs, it may be necessary to recruit from outside the current Kaweah ~~Delta~~ Health workforce. If a hiring freeze is implemented, and qualified employees are not available through internal transfer, jobs may be posted by going through the position control process.

III. Furlough

A furlough is a temporary lay-off/ leave of an employee due to special needs of an employer, generally due to economic conditions. A furlough will not generally be extended for longer than three months. However, Kaweah ~~Delta~~ Health reserves the rightto deviate from this standard under extraordinary circumstances.
When a furlough is applied, the employee may apply for Unemployment Benefits. The employee is required to be available to work when called back to duty. If the employee is not available to work, a voluntary termination may be applied. (See section IV for guidelines)

IV. Reduction in Force (RIF)

When a department Director and VP determine that there are more employees employed within a job classification or department or any unit or units of employment than is necessary to support Kaweah ~~Delta~~ Health needs, a RIF may be proposed. All requests for RIF's must be approved by Kaweah Delta's Chief Executive Officer.

Once approved, Human Resources department will determine which employees will be reduced by following this policy. For the purposes of this policy each department is considered separately. Each job number in the department is considered separately. Managerial and lead positions will be considered separate job classifications from the positions held by employees that they manage/lead. Also part-time, full-time and per diem employee categories will be considered separately.

A. Generally, employee reductions will be based on the following factors in the order listed below. However, Kaweah ~~Delta~~ Health may decide in its discretion to deviate from these guidelines, particularly where patient care or other important functions ofKaweah ~~Delta~~ Health may be affected:

1. Employees on Personal Leave of Absence will be reduced first and are not eligible for Reduction in Force benefits.
2. Employees who have not successfully completed introductory period at Kaweah Delta.
3. Employees with documented job performance issues based on progressive discipline noted.
4. Employees with the lowest documented job performance evaluations:
5. In all other cases, where all considerations are equal, employees with the longest service based on date of hire with Kaweah ~~Delta~~ Health will be the deciding factor.
6. Where special skills, licensure, qualifications, experience or other key attributes are important to assist in carrying out the functions of Kaweah Delta, Kaweah ~~Delta~~ Health may deviate from the above criteria.

B. Reduced employees will have some choices to make and deadlines in which to make them. The deadlines must be met.

1. The right to appeal the reduction (see section X);
2. The choice to take a three month RIF Personal Leave of Absence to look for a transfer (see section IV) while receiving salary continuance as reflected on the severance schedule below;

- or –

3. The choice to take a severance lump sum and terminate employment (see section V).

V. Three month RIF Personal Leave of Absence

It is expected that employees will apply for a transfer to a new Kaweah ~~Delta~~ Health job during their RIF Leave of Absence. Employees who have not been accepted into a new job with Kaweah ~~Delta~~ Health by the end of the three month RIF Personal Leave of Absence will be terminated their employment and they will become eligible for a severance lump sum. In addition, RIF employees who select the three month RIF Personal Leave of Absence, may choose at any time within the three months to instead terminate their employment and take a severance lump sum. Employees who find a new Kaweah ~~Delta~~ Health job within three months will retain their original date ofhire and the severance salary continuance will end.

VI. Severance Pay and Termination

Severance pay will be paid according to the schedule below. The pay will be based on straight time excluding any differentials or standby pay. ~~Part-time employees will receive one-half the amount on the schedule below.~~ Per diems are not eligible.

Years of Service	Weeks to be Paid
0 - 1	1.00
2 - 4	2.00
5 - 9	3.00
10 - 14	4.00
15 - 20	5.00
More than 20	8.00

The average number of hours which the employee worked per pay period during the six-month period prior to the Reduction in Force will be reviewed and considered to determine the appropriate status (i.e. Full-time vs. Part- time).
Severance pay will be paid out upon termination of employment or if on a personal leave (see section IV). Employees with unpaid PTO accrued in their banks will be paid for those hours. EIB bank will not be paid out.

In consideration of the severance pay, there is no further financial obligation to the employee on the part of Kaweah ~~Delta~~ Health aside from earned retirement benefits.

VII. Reassignment Resulting in Demotion

Based on staffing patterns it is sometimes necessary to change a employee's job duties. When this change results in a lower salary grade or salary, it is considered a demotion. Employees who are demoted are given the choice of transfer to the new role offered to them at a lower grade and salary, or take a 3-month Personal Leave of Absence as described in this policy or take severance terminating employment as described in this policy. An employee has the right to appeal the reassignment resulting in demotion (see section IX).

VIII. Benefits

An employee with Group Health, Dental and Vision Insurance benefits who is placed on furlough or separates from employment as a result of RIF is entitled to continue his/her insurance benefits. For three months following furlough or separation from employment, the employee may continue group health, dental, and vision insurance at the active employee rates. An employee choosing to continue coverage beyond that period of time, may do so at full COBRA rates. For details, see policy entitled CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA) (HR.129), and/or the RxFlex Summary Plan Description available through Human Resources.

The benefits offered through this policy are only exclusively to employees who separate from employment with Kaweah ~~Delta~~ Health as a result of a RIF. They are not available to employees who separate from employment with Kaweah ~~Delta~~ Health for otherreasons such as a resignation or involuntary termination.

IX. Re-Employment

Employees who separate from employment with Kaweah ~~Delta~~ Health as a result of a RIFand receive a severance payment are free to reapply for employment with KaweahDelta. However, if after separation has occurred a former employee is selected to fill a vacancy, their employment will be considered as any other newly hired employee.

X. Appeal Rights for Reassignment Resulting in Demotion

Employees may not grieve or appeal termination of employment as a result of a reduction in force through the policy entitled GRIEVANCE PROCEDURE (HR.215). However, employees who have served greater than one hundred eighty (180) days employment with Kaweah ~~Delta~~ Health immediately prior to the termination and who have passed introductory period may access their rights under policy entitled NOTIFICATION REQUIREMENTS AND APPEAL PROCESS FOR INVOLUNTARY TERMINATION
AND DEMOTION (HR.218).

XI. Appeal Rights for Employee Reduction in Force

You are entitled to appeal this separation orally, or in writing, by contacting your Vice President no later than the time indicated on your Layoff Notice (typically one business day).

XII. Under special circumstances, alternative severance packages may be developed and offered to employees. Where this is the case, acceptance of an alternate severance package will cause the employee to be ineligible for the benefits offered in this policy.

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

Policy Number: HR.234	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Chief HR Officer)	Date Approved: 06/24/2019
Approvers: Board of Directors (Administration)	

Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014

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

POLICY:

Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Workplace Act of 2014 – Paid Sick Leave (PSL) benefits are offered to all employees as defined in this policy. PTO is offered to full-time and part-time eligible employees for leisure, celebration of holidays, short-term illness and other personal needs. EIB is offered to full-time and part-time eligible employees for extended illness and Kin Care. Private Home Care staff, temporary staff/interims and Per Diem staff are not eligible for PTO or EIB but are eligible for Paid Sick Leave (PSL) as defined in this policy. Excessive occurrences of unapproved time off may result in disciplinary action. See Policy HR.184 Attendance and Punctuality.

PROCEDURE:

Eligibility and Accrual for PTO and EIB

Full-time and benefited part-time employees are eligible to receive PTO and EIB. If an eligible employee is changed to a non-eligible status, the PTO and EIB time accrual will cease. The employee will receive a lump-sum payment for all accrued PTO paid at 100% of their hourly rate of pay prior to the status change. During the non-eligible status, the employee will accrue PSL.

If a non-eligible employee is changed to an eligible status, the employee begins accruing PTO and EIB as of the first pay period in which the status change became effective; PSL accrual will cease. At no time will an employee accrue PTO and EIB as well as PSL. An employee accrues either PTO and EIB or PSL.

The rate of PTO and EIB accrual received is based on qualified service hours. Qualified service hours which count toward the accrual rate include the following: regular hours worked (non-overtime), Blood Donation, Education Reduced Shift, Flex Time Off, PTO FMLA, PTO unscheduled, PTO/PSL, PTO Sick/Pregnancy, PTO Holiday, PTO/Workers Compensation, Sitter Pay, Sleep Pay, PTO hours, bereavement hours, jury duty hours, training/workshop hours, orientation hours, and mandatory dock hours. Neither EIB nor PTO accruals will be earned while employees are being paid EIB hours.

Eligibility and Accrual for PSL

PSL eligible employees include Per-Diem, Private Home Care, and Part-Time non-benefit eligible employees. PSL eligible employees will accrue at the rate of one hour per every 30 hours worked (.033333 per hour); accrual begins as of the first pay period. A new employee is entitled to use PSL beginning on the first day of employment. Employees are limited to 24 hours of use of accrued time in each 12-month rolling period. PSL will carry over to the following calendar year not to exceed 48 hours of accrual in any calendar year.

Description	Service Hours	Approximate Yrs. of Service required to obtain this rate	**Earned 1st Pay Period:** Accrual (8 & 10hrs up to 80 eligible hrs a pp) (12hrsup to 72 eligible hrs a pp)	**Earned at 520 Eligible Hours of Employment:** Additional Accrual earned on up to 72 eligible hours a pp.
8hr, 10hr, FT & PT Staff	0	5 years	.038461 (80) – Accrual rate during first 90 days in eligible status	.051282 (96hrs)
8hr, 10hr, FT & PT Staff	10400	5 – 10 years	.057692 (120)	.051282 (96hrs)
8hr, 10hr, FT & PT Staff	20800	10+ years	.076923 (160)	.051282 (96hrs)
12hr FT & PT Staff	0	5 years	.038461 (72)	.051282 (96hrs)
12hr FT & PT Staff	9360	5 – 10 years	.057692 (108)	.051282 (96hrs)
12hr FT & PT Staff	18720	10+ years	.076923 (144)	.051282 (96hrs)

Maximum Accruals

The Maximum PTO accrual allowed is 400 hours. The accrual will cease once the maximum accrual is reached until PTO hours are used or cashed out. The maximum EIB accrual is 2000 hours; the maximum PSL accrual is 48 hours in a calendar year. No Payment is made for accrued EIB or PSL time when employment with Kaweah Delta ends for any reason.

Requesting, Scheduling, and Access to PTO, EIB and PSL

Routine unpaid time off is not allowed. Any requests for unpaid time should be considered only on a case-by-case basis taking into consideration the need for additional staffing to replace the employee and other departmental impacts. It is the responsibility of management to monitor compliance. Employees should be aware that unpaid time off could potentially affect their eligibility for benefits.
In addition, any request for PTO time, whether for traditional holiday, for vacation time, or otherwise must be approved in advance by management. Management will consider the employee's request as well as the needs of the department. In unusual circumstances, management may need to change the PTO requests of employees based upon the business and operational needs of Kaweah Delta. In such situations, Kaweah Delta is not responsible for costs employees may incur as a result of a change in their scheduled PTO time.

AB 1522 Healthy Workplace Healthy Families Act of 2014

An employee may utilize up to 24 hours of PTO or PSL in a rolling 12-month period for the following purposes:

a) Diagnosis, care, or treatment of an existing health condition, or preventative care for, an employee or an employee's family member, as defined as employee's parent, child, spouse, registered domestic partner, grandparent, grandchild, and siblings.

b) "Family Member" means any of the following:
    i. A child, which for purposes of this policy means a biological, adopted or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis; this definition of child is applicable regardless of age or dependency status.
    ii. A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child.
    iii. A spouse
    iv. A registered domestic partner
    v. A grandparent
    vi. A grandchild
    vii. A sibling

c) For an employee who is a victim of domestic violence, sexual assault or stalking, as specified.

There is no cash out provision for the PSL accrual, including upon termination of employment or with a status change to a benefit eligible position. However, if an employee separates from Kaweah Delta and is rehired within one year, previously accrued and unused PSL will be reinstated.

PSL and PTO time shall be utilized at a minimum of 2-hour increments and no more than the length of the employee's shift.

PTO and PSL time taken under this section is not subject to the Progressive Discipline Policy HR.216.

Time Off Due To Extended Illness

Employees who are absent due to illness for more than three (3) consecutive work days should notify their manager and contact the Human Resources Department to determine if they are eligible for a leave of absence. Accrued EIB can be utilized for an approved continuous leave of absence beyond 24 hours and on the first day of surgery in an acute-care or outpatient surgery center or inpatient admission to the hospital.

Employees who are absent due to illness for more than seven (7) consecutive days should file a claim for California State Disability Insurance. Claim forms are available in Human Resources. State Disability payments will be supplemented with any accrued EIB time by the Payroll Department, and PTO at the employee's request.

Time Off Due to Kin Care

Kin Care allows eligible employees to use up to one-half (1/2) of the Extended Illness Bank (EIB) that they accrue annually in a rolling 12 months to take time off to care for a sick family member. Only employees who accrue EIB are eligible for Kin Care. No more than one-half of an employee's EIB accrual in a rolling 12-month period can be counted as Kin Care. For example, for full-time employees this would mean no more than 24 hours can be utilized as Kin Care in a rolling 12-month period. An employee must have EIB available to use on the day of the absence for that absence to be covered under Kin Care. An employee who has exhausted his/her EIB and then is absent to care for a sick family member cannot claim that absence under Kin Care. Kin Care can be used to care for a sick family member, to include a spouse or registered domestic partner, child of an employee, "child" means a biological, foster, or adopted child, a stepchild, a legal ward, a child of a domestic partner, or a child or a person standing in loco parentis, parents, parents- in-law, siblings, grandchildren and grandparents. A Leave of Absence form does not need to be submitted unless the employee will be absent and use sick leave for more than three continuous workdays. In addition, an employee taking Kin Care does not need to submit a doctor's note or medical certification. However, in instances when an employee has been issued Disciplinary Action and directed to provide a doctor's note for all sick days, then an employee may need to submit a doctor's note.

EIB time taken under this section to care for an immediate family member is not subject to the Progressive Discipline Policy HR.216.

Holidays

Kaweah Delta observes 72 holiday hours each year. Eligible employees may be scheduled a day off and will be paid provided adequate accrual exists within their PTO bank account for each observed holiday. Time off for the observance of holidays will always be in accordance Kaweah Delta needs.

1. New Year's Day (January 1st)
2. President's Day (Third Monday in February)
3. Memorial Day (Last Monday in May)
4. Independence Day (July 4th)
5. Labor Day (First Monday in September)
6. Thanksgiving Day (Fourth Thursday in November)
7. Day after Thanksgiving Day (Friday following Thanksgiving)
8. Christmas Day (December 25th)
9. Personal Day

Business departments and/or non-patient care areas will typically be closed in observance of the noted holidays. Where this is the case, employees assigned to and working in these departments will be scheduled for a day off on the day the department is closed. Employees affected by department closures for holidays should maintain an adequate number of hours within their PTO banks to ensure that time off is with pay.

In the first 90 days of employment, benefit eligible employees who have not accrued sufficient PTO to cover holidays may be paid and their PTO accrual bank will go into the negative, until accrual is earned back in successive pay periods, unless otherwise specified by the employee.

In business departments and/or non-patient care areas, holidays, which fall on Saturday, will typically be observed on the Friday proceeding the actual holiday and holidays, which fall on Sunday, will be observed on the Monday following the actual holiday.

Employees who work hours on some of these holidays may be eligible for holiday differential. For more information of eligibility, see policy HR.75 Differential Pay- Shift, Holiday, and Weekend.

"Responsibility for the review and revision of this Policy is assigned to the Vice President of Human Resources. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases. Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the staff member 's responsibility to review and understand all Kaweah Health Policies and Procedures."~~"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-ethicalcircumstances may provide sound reasons for alternative approaches, even though they are not described in the document."~~

Privileges in Emergency Medicine

Name: _____

Please Print

EMERGENCY MEDICINE PRIVILEGES - INITIAL CRITERIA

Education: M.D. or D.O. and successful completion of an ACGME or AOA accredited residency/fellowship in emergency medicine **AND** Current certification or active participation in the examination process leading to certification in Emergency Medicine by the ABEM or AOBEM, with certification obtained within 5 years of completion of residency. (Physicians on staff prior to 2015, not fulfilling the Emergency Board Certification requirement, are grandfathered in under their specialty Board Certification.)

Certifications: ~~ACLS, ATLS, and PALS or APLS. ***Required ONLY for physicians not Board Certified or not actively participating in the examination process leading to certification by the ABEM or AOBEM in Emergency Medicine.***~~ ***Proof of completion of an ATLS course for Emergency Medicine Board Certified physicians and current ATLS certification for Emergency Medicine Board eligible physicians.***

Current Initial Clinical Criteria: A minimum of 1 year of continuous, full time experience in an emergency department, to include completion of the final year of residency training.

FPPE Requirement: Concurrent and/or retrospective review of the first 5 cases.

Renewal Criteria: Minimum of 600 hours in an Emergency Department required in the past two years

CORE PRIVILEGES

Request	Procedure	Approve
☐	**Core Privileges include:** • Assess, work up and perform differential diagnosis by means of H&P, medical decision making, laboratory and/or other studies (may include telehealth), ECG's and diagnostic imaging; • Provide services necessary to ameliorate minor illnesses or injuries; AND stabilizing treatment to patients who present with major illnesses or injuries and determine whether more definitive services are necessary. • Administration of Moderate/Deep Procedural Sedation including but not limited to the following agents: Propofol, Ketamine & Etomidate: • May perform any necessary procedures to stabilize and diagnose patient including but not limited to: o Airway management, including intubation o Arterial puncture and cannulation o Cardiopulmonary resuscitation o Cardioversion and defibrillation o Central venous and pulmonary artery catheter insertion o Lumbar puncture o Needle and tube thoracostomy o Paracentesis o Thoracentesis o Tracheostomy/cricothyroidotomy, emergency o Delivery of Newborn o Please reference EMS clinical privilege white paper for complete list of procedures that are approved for the Emergency Physician ***Privileges do not include admitting privileges, long-term care of patients on an inpatient basis, or the performance of scheduled elective procedures.***	☐

ADDITIONAL PRIVILEGES

Request	Procedure	Initial Criteria	Renewal	FPPE	Approve
☐	Emergency Ultrasound, **Core** applications: Aorta, Trans Thoracic Echocardiography, EFAST, DVT, Pregnancy, Biliary, Urinary tract, Soft Tissue/Musculoskeletal, Bowel, Ocular and procedural guidance	1) Board Certified in Emergency Medicine ***OR*** board eligible and actively pursuing Certification 2) Completion of an ACGME/ AOA approved residency training program that included training specific to point of care ultrasound within the past 2 years; ***OR*** 3) Completion of a practice based program that meets ACEP recommendations for ultrasound interpretation. If training was completed more than 2 years ago for (#2 or #3), documentation required for a minimum of **25** point of care ultrasound exams in the past 2 years or a total of 150 ultrasounds if seeking global ultrasound privileges.	Maintain EM Board Certification	2 reviewed exams per each application Not required for Accredited ACGME EM residency within last 2 years.	☐
☐	Emergency Ultrasound, **Advanced** applications: (Check request) ☐ Scrotal US for torsion/flow/mass ☐ Adnexal US for mass/flow/torsion ☐ Transcranial	1) Board Certified in Emergency Medicine ***OR*** 2) Completion of an ACGME/AOA approved residency training program that included training specific to point of care ultrasound **or** an EM Ultrasound Fellowship; ***OR*** 3) Completion of a practice based program that meets ACEP recommendations for ultrasound interpretation. **AND** documentation of **25** successful procedures for each application requested.	5 procedures per application in 2 years	2 Reviewed exams per each application	☐

☐	Trans Esophageal Echocardiography (TEE): Limited to use during CPR or in intubated patients when TTE does not provide adequate views	1) Completion of an ACGME or AOA approved residency training program that included training specific to TEE; ***OR*** 2) Credentialed in TTE and; 3) Completion of 2 or more hours of TEE specific CME, didactics, or web based resources AND 10 TEE exams A maximum of 5 out of the 10 may be simulation	25 procedures in the past 2 years of which up to 15 may be done in SimLab.	2 direct and or over reads, at the discretion of the proctor.	☐

Acknowledgment of Practitioner:

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

(a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

(b) I may participate in the Kaweah Health Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility

(c) **Emergency Privileges –** In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Name: _____
Print

Signature: _____ _____
Applicant *Date*

Signature: _____ _____
Department of Emergency Medicine Chair *Date*

Privileges in Vascular Surgery

Name: _____

Please Print

VASCULAR SURGERY
Education & Training: MD or DO; **AND** Successful completion of a general surgery residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA) or by the Royal College of Physicians & Surgeons of Canada if board certified by an ABMS board or actively pursuing board certification by an American Board/American Osteopathic Board within 5 years; **AND** successful completion of an accredited vascular surgery fellowship ; **AND** current board certification or actively pursuing certification by the American Board/American Osteopathic Board of Vascular Surgery within 5 years. **Current Clinical Competence:** Documentation of the performance of at least 100 vascular procedures in the past 2 years, the majority being reconstructive; (excluding cardiac surgery) or successful completion of a residency or clinical fellowship in the past 12 months **Renewal Criteria:** Maintenance of Board Certification and documentation of 70 procedures reflective of the privileges requested. **FPPE:** Direct observation of a minimum of five (5) diverse procedures

Request	CORE PRIVILEGES	Approve
☐	**VASCULAR SURGERY CORE PRIVILEGES INCLUDE**: Medical H&P (may include telehealth); work up, diagnosis, ordering and prescribing medication, ordering diagnostic tests, as well as surgical and non-surgical treatment of patients of all ages presenting with diseases/disorders of the arterial, venous, and lymphatic circulatory systems, excluding the heart and intracranial vessels. Vascular surgery procedures include but are not limited to: • Abdominal aortic aneurysm repair • Amputations, upper extremity, lower extremity; • Aneurysmectomy • Angio-access for dialysis, chemotherapy • Central vascular access, permanent: fistula, graft, shunt • Embolectomy (non-dialysis access related); arterial, graft, venous • Endartectomy - Carotid; Peripheral • Endovascular percutaneous interventions/repairs • Intraoperative angiography • Peripheral arterial bypass grafts - Obstructive bypass • Peripheral venous procedures (includes varicose veins) • Skin Grafts ~~• Sympathectomy (Cervical, Thoracic, Lumber)~~	☐
☐	Admitting Privileges (must request Active or Courtesy staff status)	☐

ADVANCED PROCEDURES

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

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

ADVANCED PROCEDURES

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

Acknowledgment of Practitioner:

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

(a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

(b) I may participate in the Kaweah Health Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility.

(c) **Emergency Privileges –** In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Name: _____

Print

Signature: _____ _____
Applicant *Date*

Signature: _____ _____
Department of Cardiovascular Services Chair *Date*

Infection Prevention Annual Review 2021

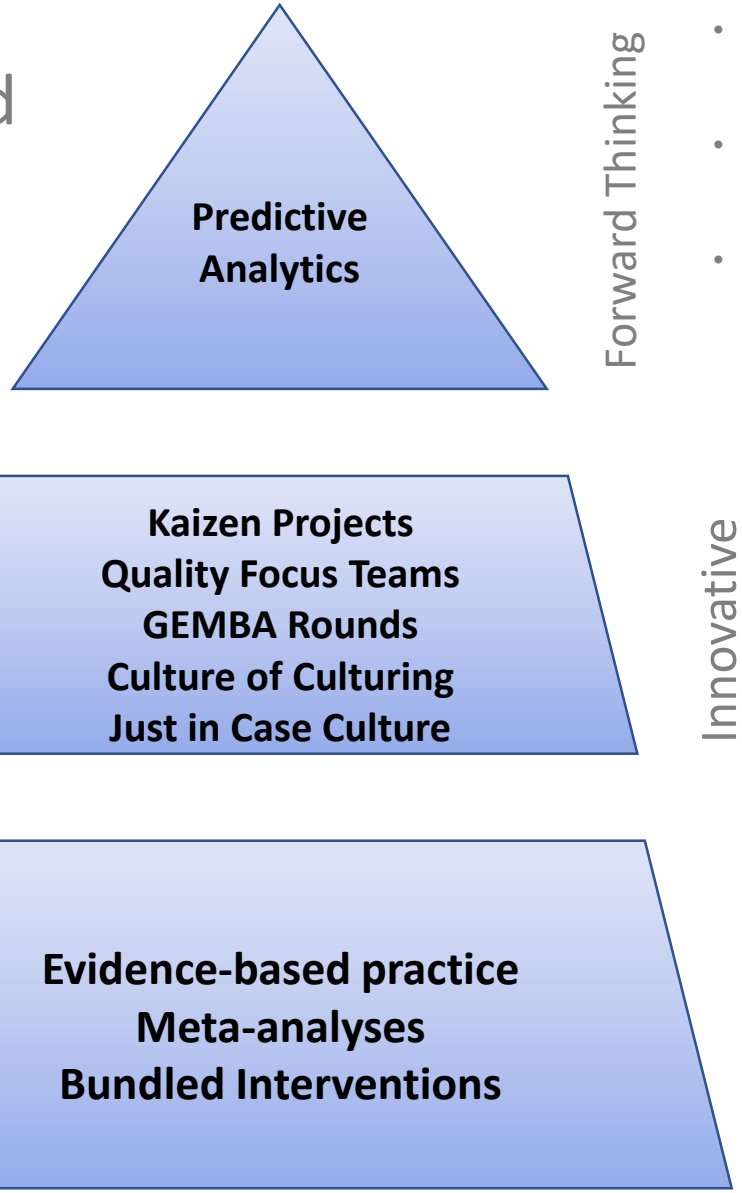
Abbreviations Slide Deck

Abbreviations and Glossary:

BC:	Blood Culture
BioVigil:	Electronic hand hygiene surveillance system
Candidemia:	Blood infection caused by Candida yeast
CAUTI:	Catheter-Associated Urinary Tract Infection
CHG:	Chlorhexidine gluconate
CDI:	Clinical Documentation Improvement
CLABSI:	Central Line-Associated Bloodstream Infection
CMS:	Centers for Medicare and Medicaid Services
Culture-of-culturing:	Performing unnecessary cultures
D.U.D.E. Campaign:	Do You Disinfect Every Time? campaign
EMR:	Electronic Medical Record
Gemba:	The location where value is created.
GME:	Graduate Medical Education
HAI:	Healthcare Associated Infection
IUC:	Indwelling Urinary Catheter
Kaizen:	Japanese term meaning “continuous improvement”
Lactulose:	Laxative and Ammonia reducer used for to treat liver disease
MDRO:	Multi-drug-Resistant-Organisms
MRSA:	Methicillin-Resistant Staphylococcus Aureus
Peridex:	Oral CHG solution
PPI:	Proton Pump Inhibitor (Antacid)
QFT:	Quality Focus Team
SSI:	Surgical Site Infection
TPN:	Total parenteral nutrition
VAE:	Ventilator Associate Event
VBP:	Value Based Purchasing

Reducing Healthcare Acquired Infections - Interventions

What are we doing to prevent health care associated infections?



Forward Thinking

- Review of variables leading up to previously identified HAI.
- Statistical analyses of these variables to determine risks/odds of occurrence.
- Technology based alerts for events before they happen.

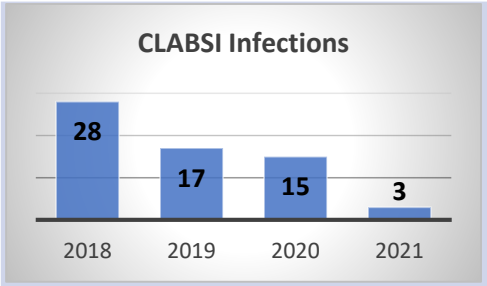
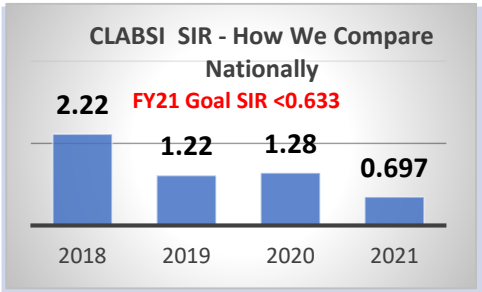
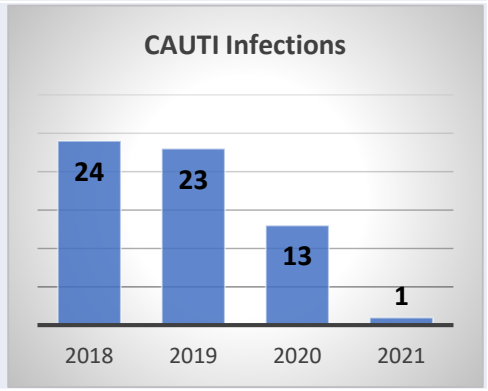
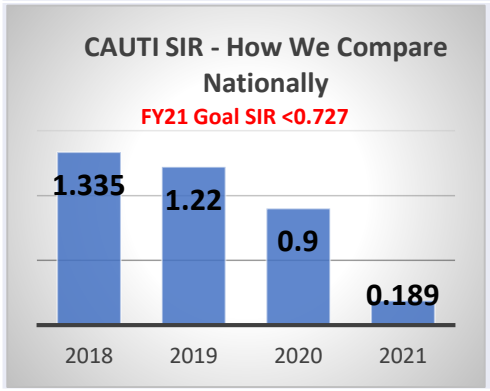
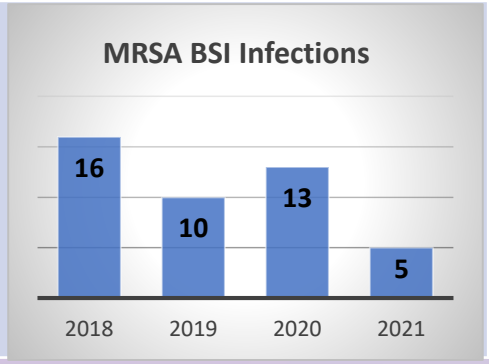
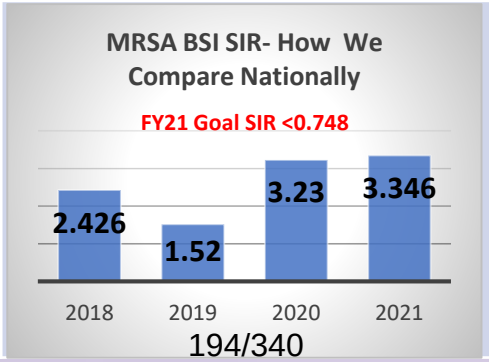
Innovative

- Retrospective review and analysis of healthcare districts HAI's.
- Deep dive into the "Why and How" for reported events.
- Collaborative action plans/stakeholder involvement.

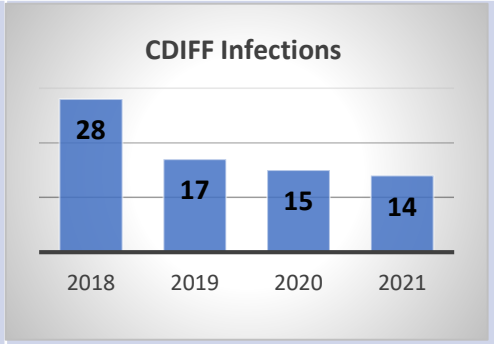
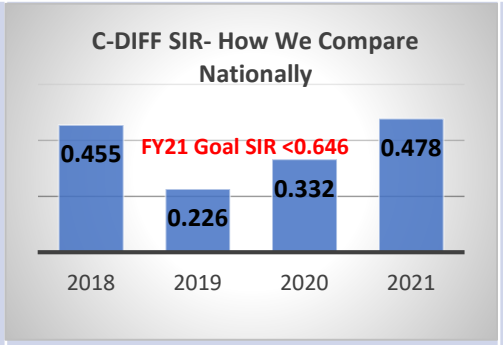
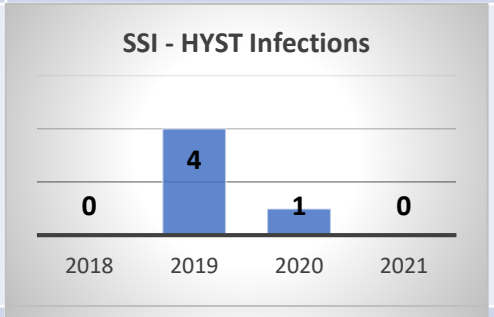
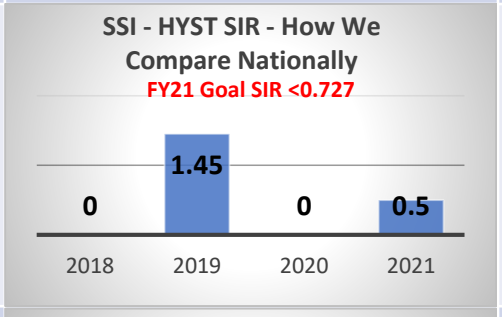
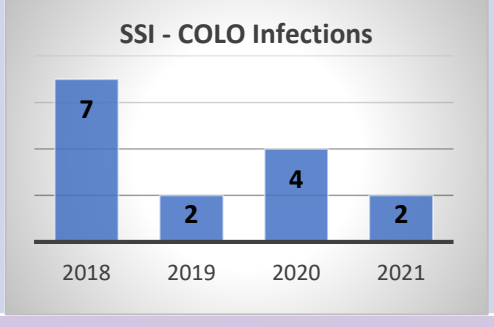
Evidence-Based

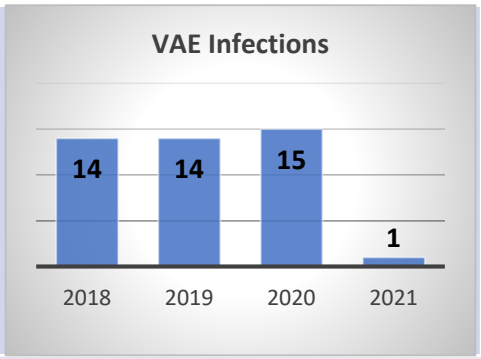
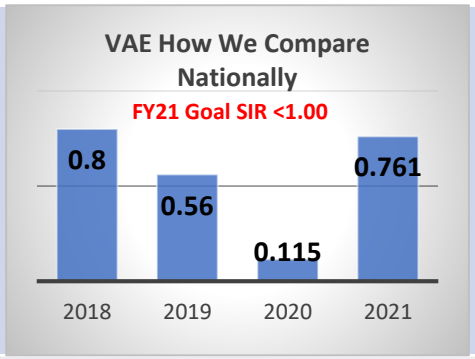
- CDC – HICPAC Guidelines for Reduction of Healthcare Associated Infections
- AHRQ – Toolkits for Reducing HAI
- CDC – STRIVE Infection Control Interventions

OUTSTANDING HEALTH OUTCOMES

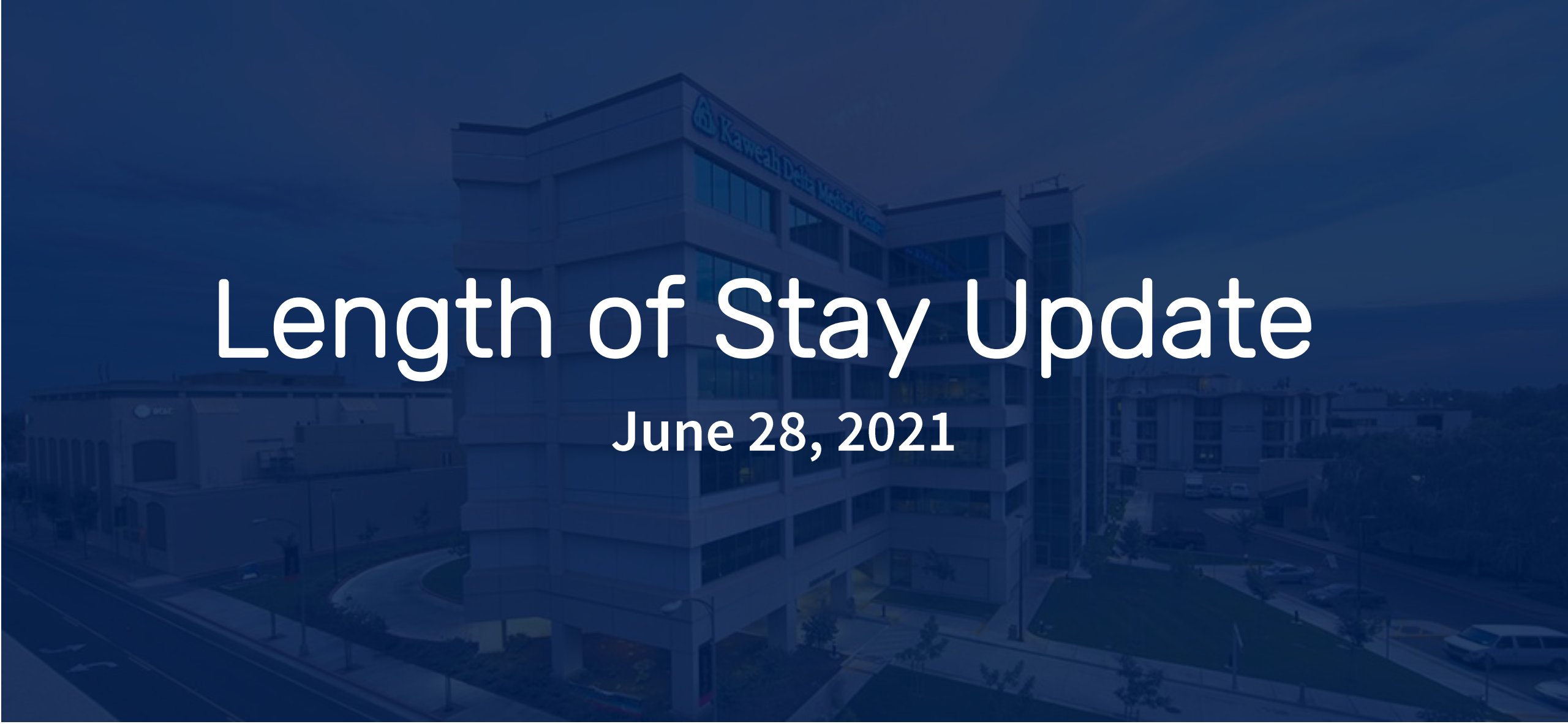
HAI	# Infections	Performance	Team	Key Strategies
Central Line Associated Bloodstream Infection			• CLABSI Prevention Quality Focus Team • Midline Taskforce • Culture-of-Culturing Committee • HAI Case Review Committee	• "GEMBA" Unit-based rounds to de-escalate/remove central lines. • Blood Culture Order Alert • Midlines as an alternative • TPN/Abdominal Surgery & Candidemia Scoring
Catheter Associated Urinary Tract Infection			• CAUTI Prevention Quality Focus Team • HAI Case Review Committee	• "GEMBA" Unit-based rounds to remove indwelling urinary catheters or advocate for an alternative non-invasive device. • Urinary Retention Management • Urine Culture Algorithm
Healthcare Onset Methicillin Resistant Staphylococcus aureus Bloodstream Infection			• MDRO Prevention Committee • MRSA Taskforce • HAI Case Review Committee	• Biovigil Hand Hygiene Electronic Surveillance System • D.U.D.E. Hand Hygiene Campaign • Blood Culture Order Alert • MRSA Nares decolonization • CHG bathing

OUTSTANDING HEALTH OUTCOMES

HAI	# Infections	Performance	Team	Key Strategies
Healthcare Onset Clostridium difficile Infection (CDI)			MDRO Prevention Committee	• Antimicrobial Stewardship • Reminders to avoid testing when on bowel regimen, tube feedings, receiving Lactulose • Policy PC.255 C. difficile Testing Criteria
Total Abdominal Hysterectomy Surgical Site Infection			Surgical Site Infection Prevention Committee	• Reinforcing the use of clean-closure technique • Pre/Post operative blood glucose management
Colorectal Surgical Site Infection			Surgical Site Infection Prevention Committee	• Reinforcing the use of clean-closure technique • Pre/Post operative blood glucose management

HAI	# Infections	Performance	Team	Strategy
Ventilator Associated Events (includes: Ventilator Associated Condition; Ventilator Infection Associated Condition; Probable Ventilator Associated Pneumonia)			VAE Prevention Committee	• Peridex Oral Solution Rinse • Elevate head-of-bed • Avoidance of PPIs • Sedation Vacation • Mobility

Questions?



Length of Stay Update

June 28, 2021

Impact of Length of Stay

Definitions and Goals

Definitions

Length of Stay: The amount of time a patient spends in an occurrence of care (Emergency Department, Acute Care, Post-acute Care)

Geometric Mean Length of Stay: The suggested amount of time a patient should be hospitalized for a specific diagnosis – this is based of historical trends of other patients with this diagnosis type.

Average Length of Stay: The measure in a health care organization of the length of stay of patients. (All patients together, specific populations, specific diagnoses)

Vision: Average Length of Stay (ALOS) less than or equal to Geometric Mean Length of Stay (GMLOS).

FY21 Goal: ALOS no more than 0.75 day over GMLOS

Kaweah Health

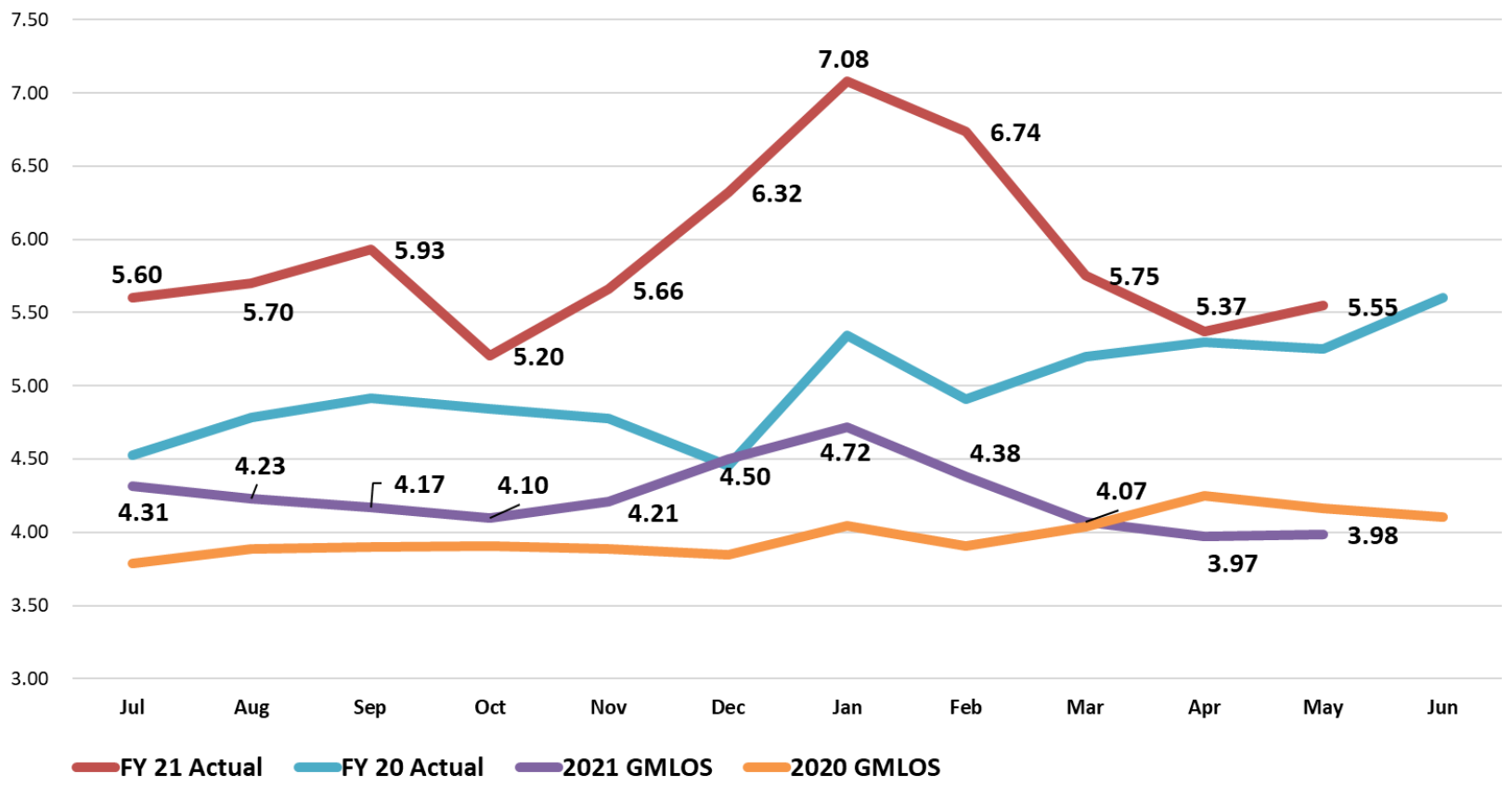
Impact of Length of Stay

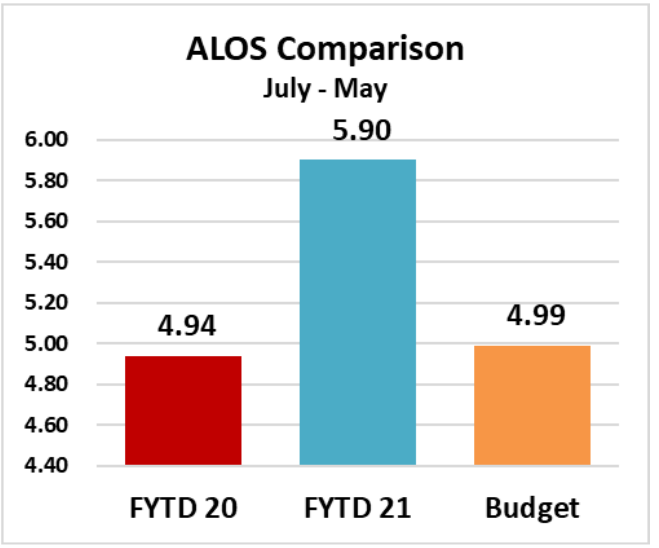
Patient Care, Quality and Throughput

- When clinically appropriate, a shorter length of stay has benefits for the patient both in care and quality.
  - Patients who are stable clinically can continue healing at home using primary care and outpatient or home-based services – able to return to daily activities sooner.
  - Employed patients can return to work or routines sooner, leaving less of a gap for themselves financially or with other responsibilities.
  - Reduced risks associated with prolonged hospitalizations and limited mobility.
- Throughput Impact
  - Shorter length of stay creates more resources available for patients being admitted.
  - Opens patient care beds sooner to facilitate movement of patients to next level of care more timely.
  - Provides earlier access for patients to the next level of care, creating the opportunity for that next patient to have a shorter length of stay.

Kaweah Health

Average Length of Stay versus National Average (GMLOS)

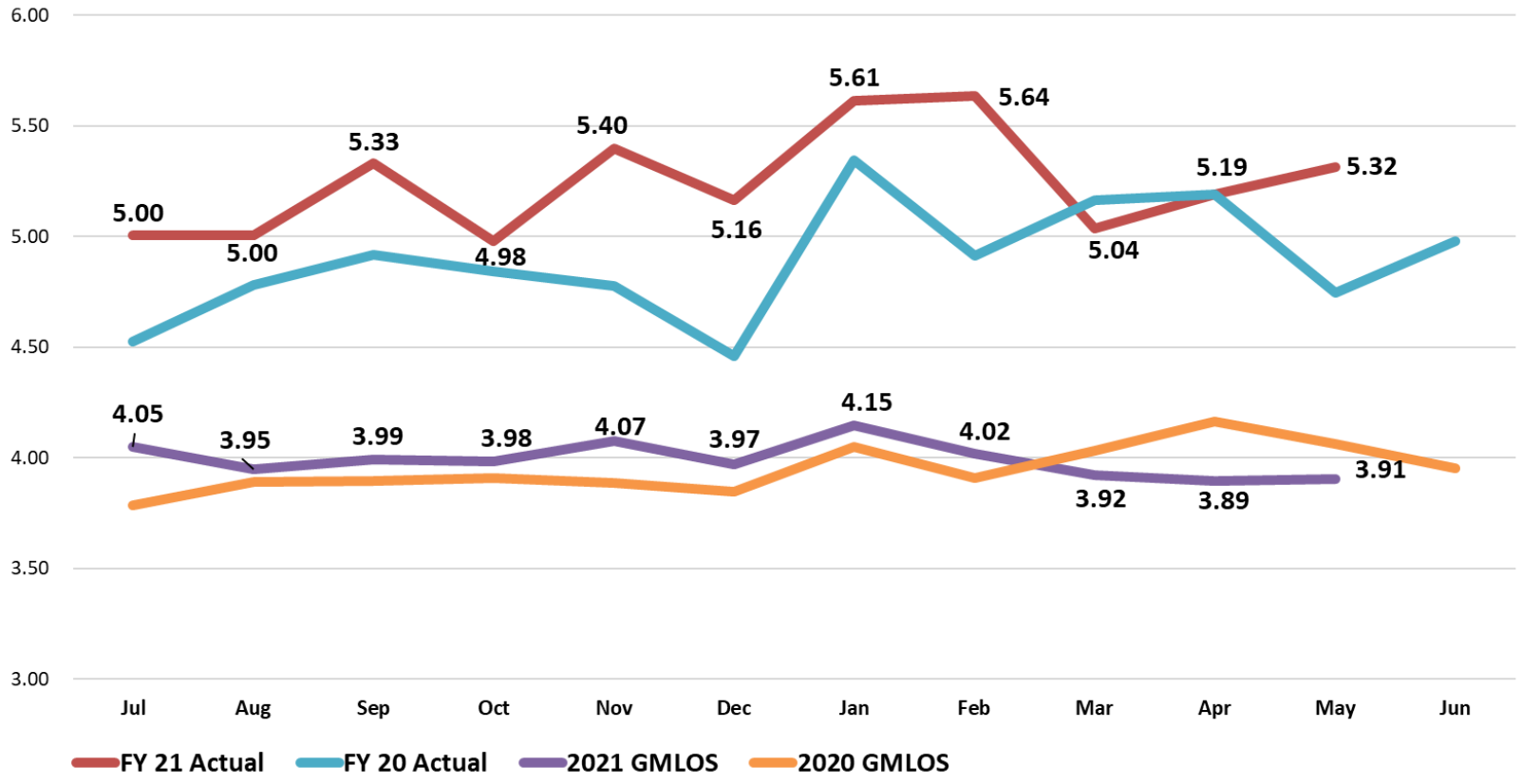


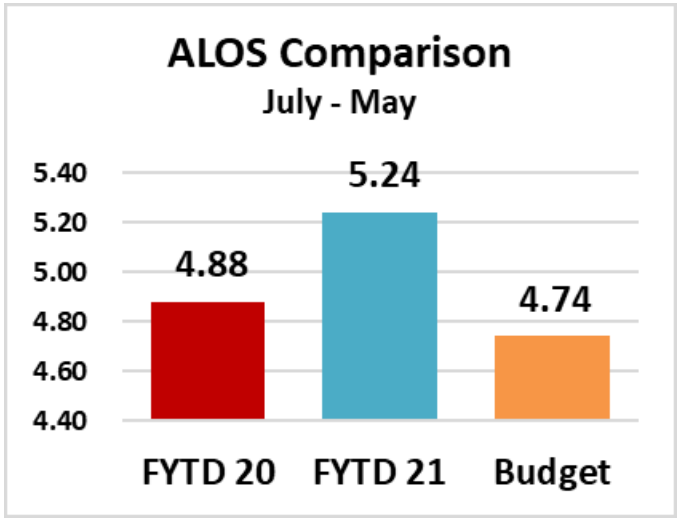


Length of Stay efforts have been ongoing. In FY19 – we implemented routine hospital wide measures to increase communication, identify barriers, and eliminate inefficiencies. From FY19 to FY20, we saw marked decreases in length of stay. March 2020 to current has seen steady rise in length of stay as resources were diverted.

Average Length of Stay versus National Average (GMLOS)

WITHOUT COVID





From March 2020 to April 2021, COVID related care significantly impacted operations from the Emergency Department all the way to post-acute services, slowing progress of patients through the continuum. With COVID volumes decreased, operations are adjusting back to creating efficient patient care.

Kaweah Health

FY 20 Improvements – Sustained and Continued Monitoring in place

- Post Acute Care
  - Intake Team working from Acute Units – Faster Assessments
  - Improving availability of TCS for weekend admissions, intake liaisons working new admissions to TCS
- Hospice Services – Improving capacity
  - Opening new cases and seeing patients on weekends.
  - Continued Growth of Service Provision
- PICC line insertion/Wound Care Nurses
  - Available Six days a week
- CV/IR
  - Cath Lab Block Time changes
  - Only in house cases in the evenings (1730-1930)
  - More availability for multiple cases at one time
  - Pulling patients from units using rounding notes real time
  - Same day discharges for PCI patients
- Interventional Radiology
  - Available for emergent cases on weekends
  - Non-emergent cases hold until Monday/Tuesday (opportunity)
- Discharge Management
  - Discharges Identified, planning initiated on admit
  - Case managers, charge nurses, hospitalists involved in early identification
  - Morning discharges, goal for each hospitalist (VHMG & FHCN) to discharge 1-2 pts by 11am
  - Escalating challenges to leadership for immediate involvement
  - Collecting discharge and barriers data daily
  - Manager presence in daily rounds to facilitate movement of patients

FY 21 Improvements

Operations Team Delayed in Action Items due to COVID response through February 2021

- Improved access to information for patient care team
  - Second generation throughput tracking tool – capable of sending immediate escalation notifications, real time information.
  - Updated Discharge Dashboard for Physicians
  - Upgrading patient tracking to align with Cerner programming/streamline of data for decision making

- Practice Changes
  - Discharge rounds – Moving to earlier times – pilot on acute units
  - Non-emergent weekend needs with Ultrasound an Interventional Radiology – Active Work to improve access
  - Hospitalist Physician Groups writing discharge orders by 1000.

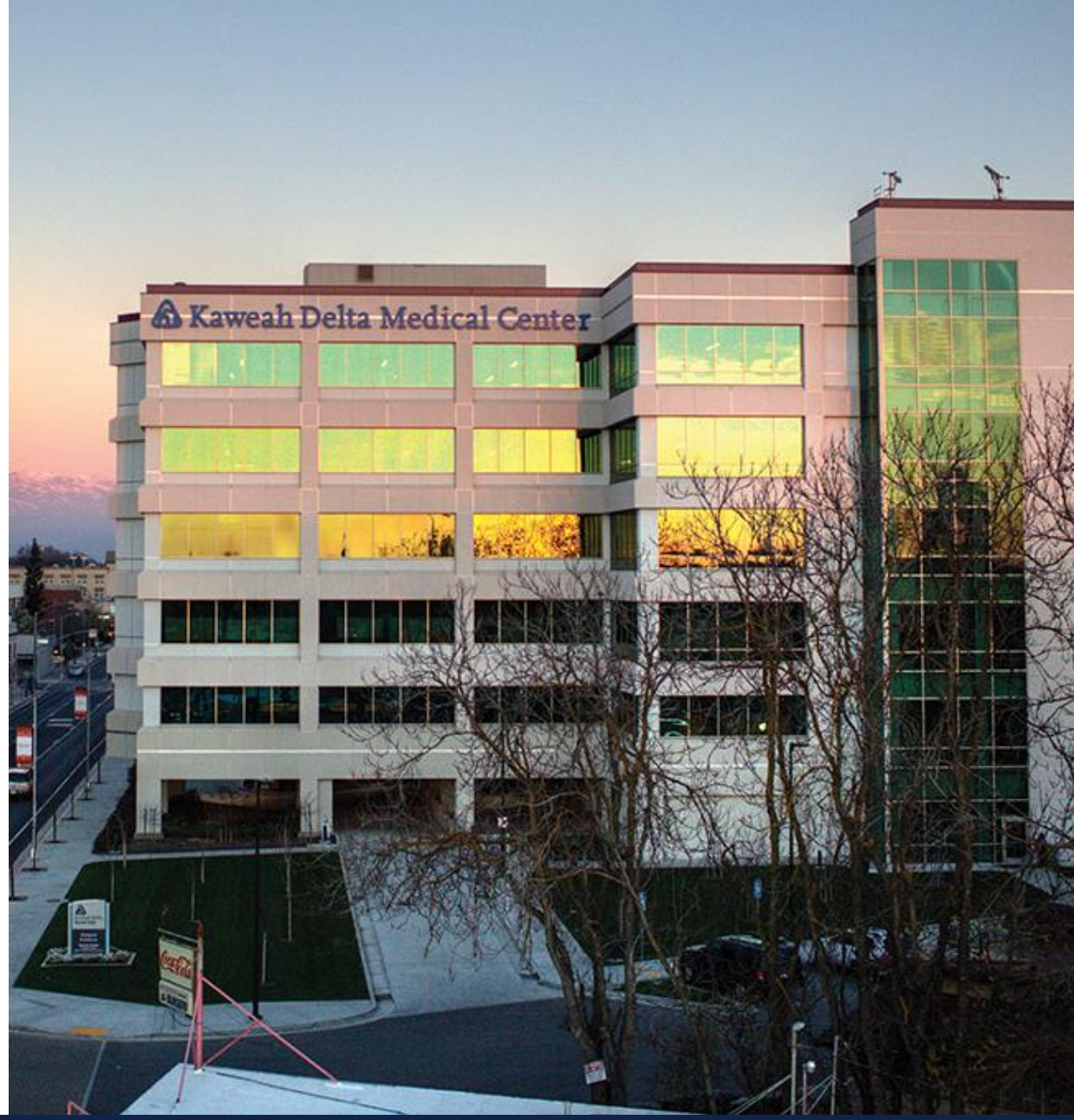
Kaweah Health

FY 22 Plans

Strategic Plan Alignment

The Resource Effectiveness Committee (REC)

- Process goals and design completed at the individual committee levels with the front line leaders
- Focus for this initiative will be on the Discharge Management/Patient Flow Committee
- Discharge Management/Patient Flow improvements, earlier medical decision making
- Identifying opportunities to align resources
- Standardize Unit Discharge Rounds
- Establish a Leadership and Physician Standard of Work
- Advance use of Throughput Rounding Tool to identify and address barriers to discharge



Live with passion.

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

Kaweah Health

Kaweah Health - Opportunities to Grow GME in the Central Valley

June 28, 2021

“A long time ago you (Dr. Winston) told me that I would be upset when I came to work and there would be no residents on my shift. **I didn't believe it then, but you were right**.”

DR. STEVE CARSTENS, EM PHYSICIAN IN 2016


PHYSICIANS
MEDICAL-KNOWLEDGE
SAFETY
INTERN
DEVELOPMENT
FACULTY
REIMBURSEMENT
FRESH
HEALTH
CSC
UNDERSERVED
ADVOCACY
MEANINGFUL
MENTOR
RECRUITMENT
ACCESS-TO-CARE
DOCTORS
COMMUNITY
EXPERIENCED
SCHOOL
LEADERSHIP
CLERKSHIP
POPULATION
COORDINATOR
INFRASTRUCTURE
CLINICS
RESEARCH
WELLNESS
PIPELINE
GME
REPUTATION
METRICS
RESIDENCY
MATCH
PROGRAM
QUALITY
HOUSING
WORLD-CLASS
VALUE
EDUCATION
TEACHING
CUTTING-EDGE
SENIOR
SEQUOIA
AFFILIATION
KAWEAH
RETENTION
ALIGNMENT
ATTENDING
HOSPITAL
IMPRESSIVE
COMMUNICATION
ULTRASOUND
GRANTS
DIRECTOR
PROFESSIONALISM

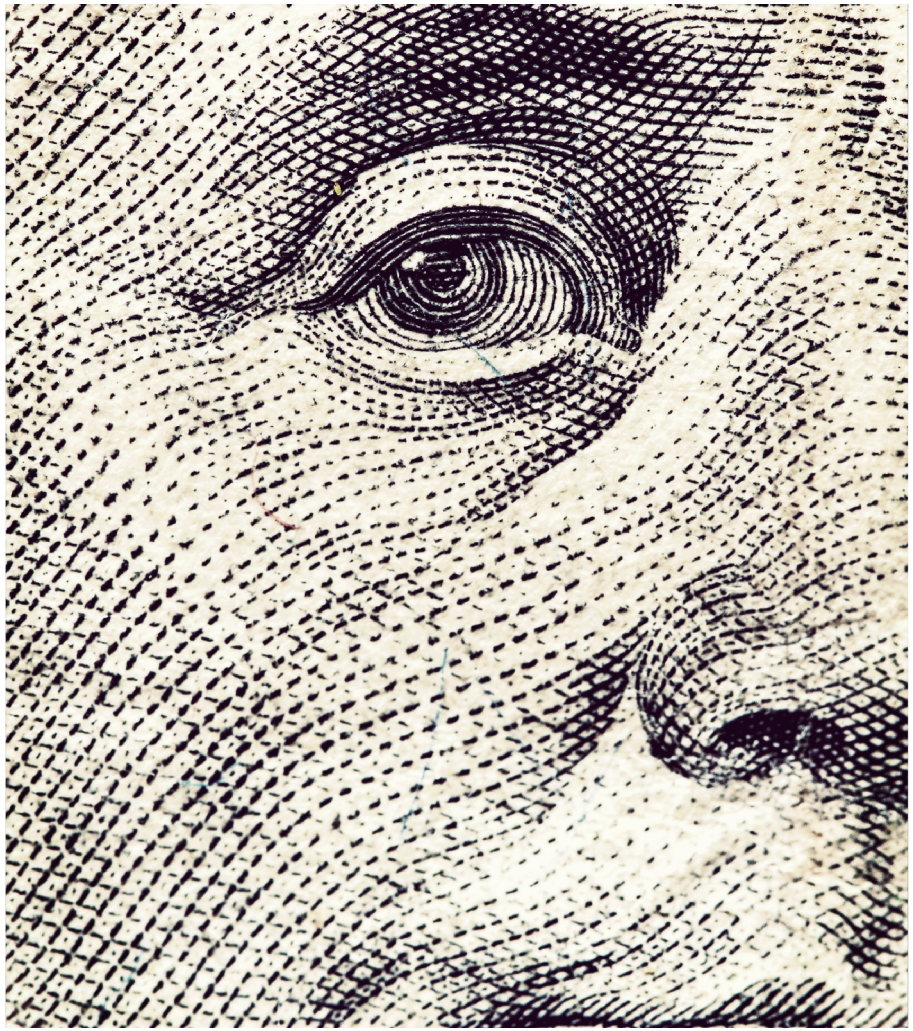
Thank you for coming & your support

WE'VE COME ALONG WAY

GME makes this place great

Objective:
Advocate for the Development of new Child and Adolescent Psychiatry Fellowship & Internal Medicine Residency Programs

How to acquire sustainable Funding for these Programs



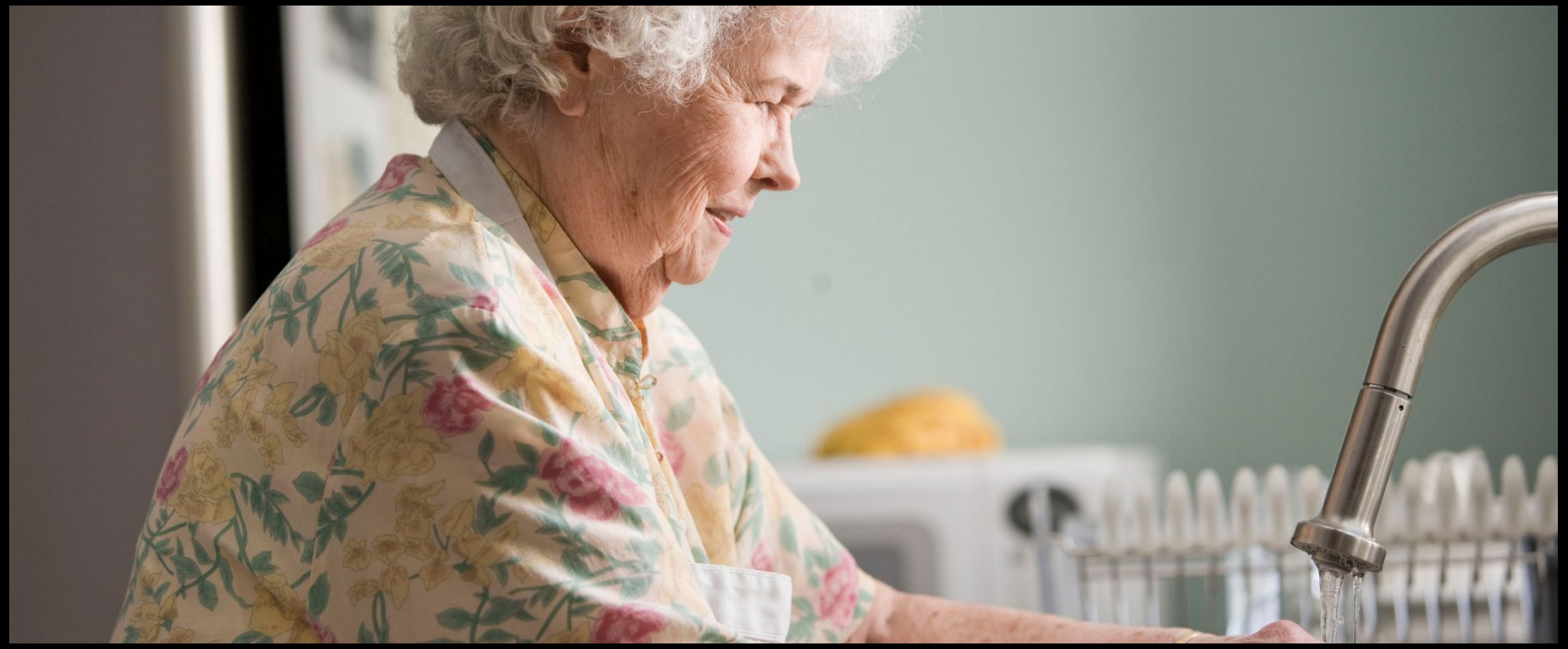
Rural Training Track

- >50% of training must be in Lindsay / Dinuba / Tulare RHCs
- Builds a new Rural GME cap (5 more years!)
- Internal Medicine 8-8-8 residents - limited by clinic space
- C&A Psych Fellowship 3-3 fellows - 50% DME

How to acquire sustainable Funding for these Programs

State Funding Programs for Primary Care

- Song Brown Act
- CalMedForce



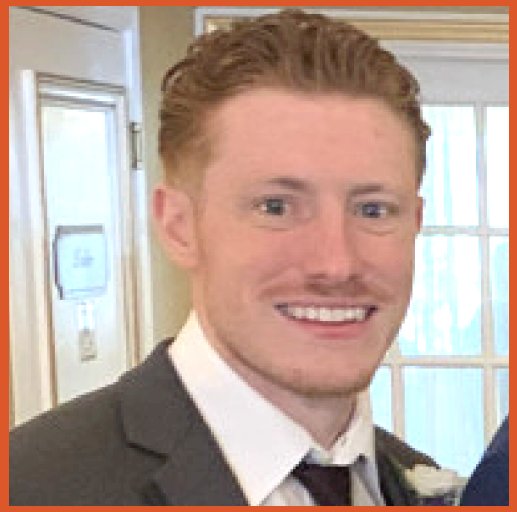

Mount Sinai
1769
AMBULANCE

Internal Medicine residency program details

First class June 2023 or June 2024 depending on time to recruit PD & submit application

We will need to recruit an IM Program Director

Specialty Expertise?



Meet Dr. Michael Tedaldi

Hospitalist ICCU

UCI Irvine IM residency program

I haven't even officially started recruiting!

Interest from specialists & current IM docs

All must have current board certification

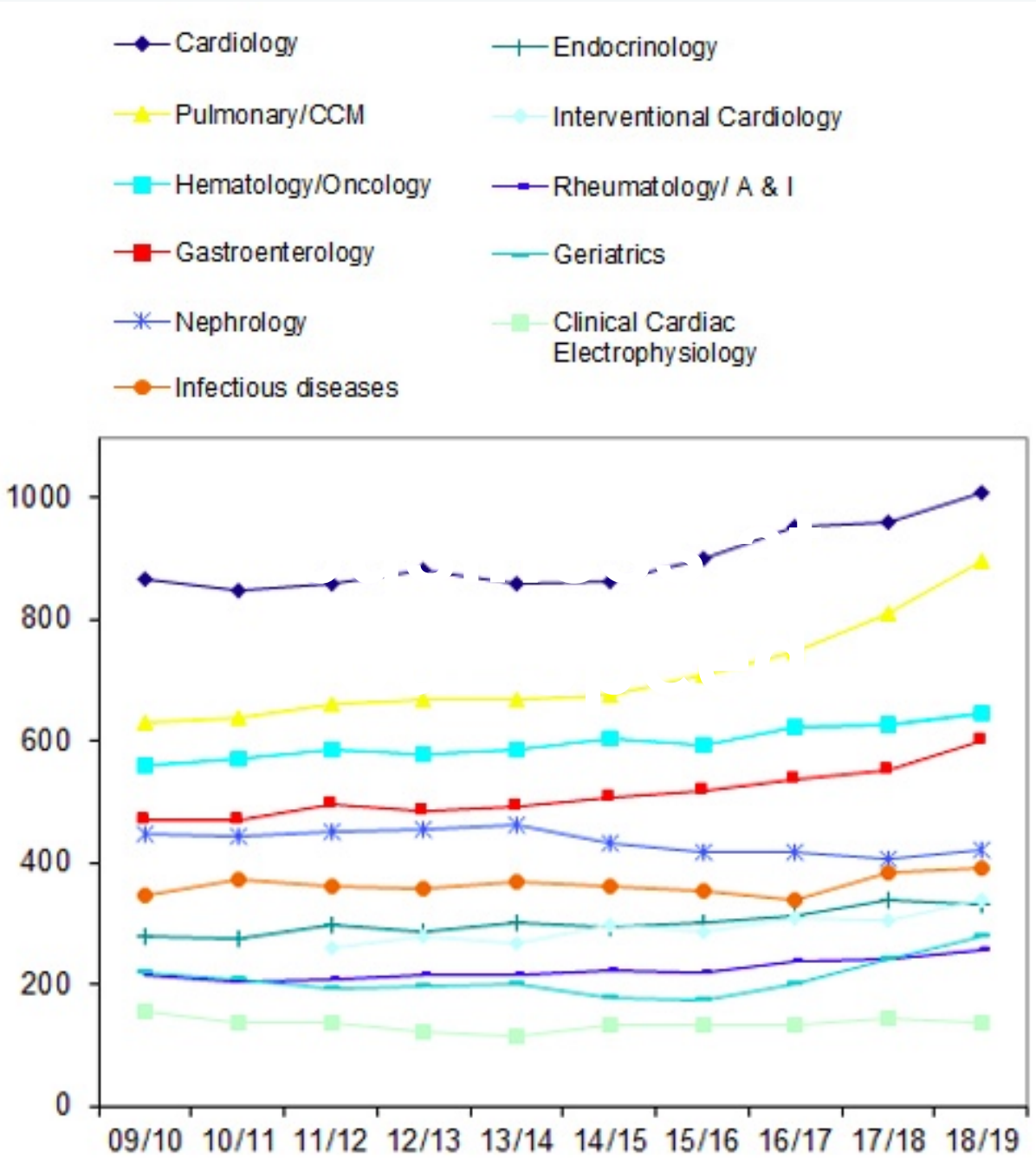
Anesthesiology is in Trouble

Citation for not having Internal Medicine

ACGME IS CLEAR THAT WE NEED THIS PROGRAM TO BE SUCCESSFUL

HRSA Rural Residency Planning & Development Program

There is money available & maybe more slots!



>50% of the 8500 IM grads go to fellowships annually

Kaweah Health Rural Health Clinics

Will we have enough patients?

Why are we doing this?

We don't have enough doctors!

Kaweah Health Rural Health Clinics

Patients will come in droves to **choose Kaweah** if we can successfully advertise that:

1. Doctors will see you
2. The **SAME** doctor will get to know you & see you more than once
3. You can see a specialist faster (within 60-90 days)

Kaweah Health Rural Health Clinics

We Need to Function like a Health Care System

Timely Access to specialty referrals is the struggle for local FQHC's. IM brings:

Continuity Clinic for Adults

Specialty training in Rheumatology, Neurology, Nephrology, ID, Cardiology, Derm, Endocrinology, GI, Heme/Onc, Pulmonary

Post Discharge Clinic

Child and Adolescent Psychiatry Fellowship

2 year program 3 + 3

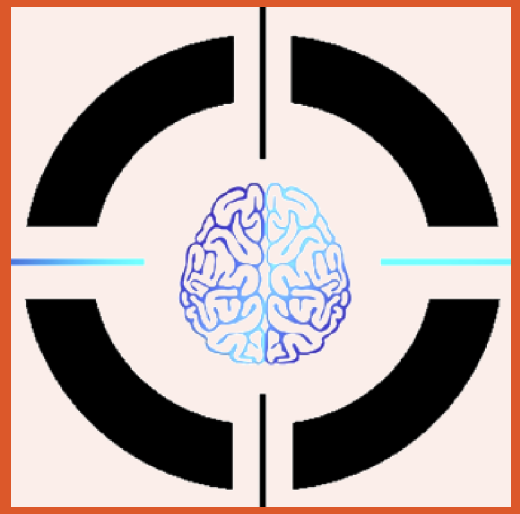
Application submitted & Program Accredited: Program Director **Dr. Cory Jaques** (current psychiatry APD)

Using **Rural Training Track** formula sites include: Kaweah RHC, Central Star inpt Fresno, Pine Meadow, VCH, TYSB, Tulare County office of Education, The Source, 2 residential treatment facilities

Faculty: **Dr. Aubree Pereyra*, Dr. Kingwai Lui***, **Dr. Reza Saadabadi (current APD)**, Dr. Albert Ma, Dr. Sukhjit Brar

Structure and Timeline

Possible 1st class June 2022



Precision Psychiatry

Structure in place, Faculty identified

Psych Residents can leave after 3 yrs for fellowship

often results in less 4 year residents

We're accredited!

Fellowhsips don't need site visit prior to accreditation

106

programs in the US

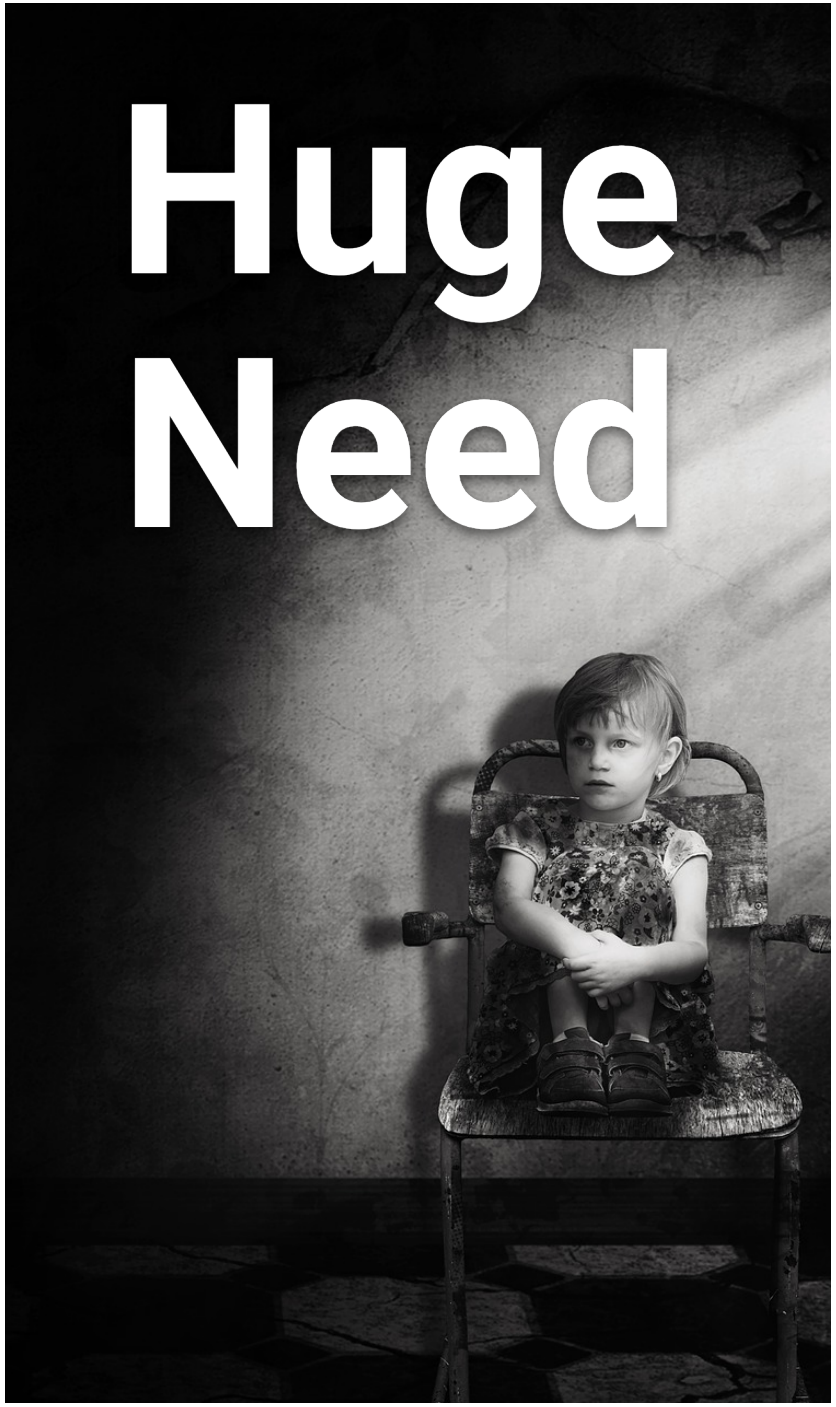
10 IN CALIFORNIA

365

positions offered

CENTRAL VALLEY - 1 PROGRAM = KERN

Huge Need



Pediatric inpatient psychiatry treatment facility

CHFFA GRANT

the END

2021-2022 Annual Budget Review
June 28, 2021

kaweahhealth.org

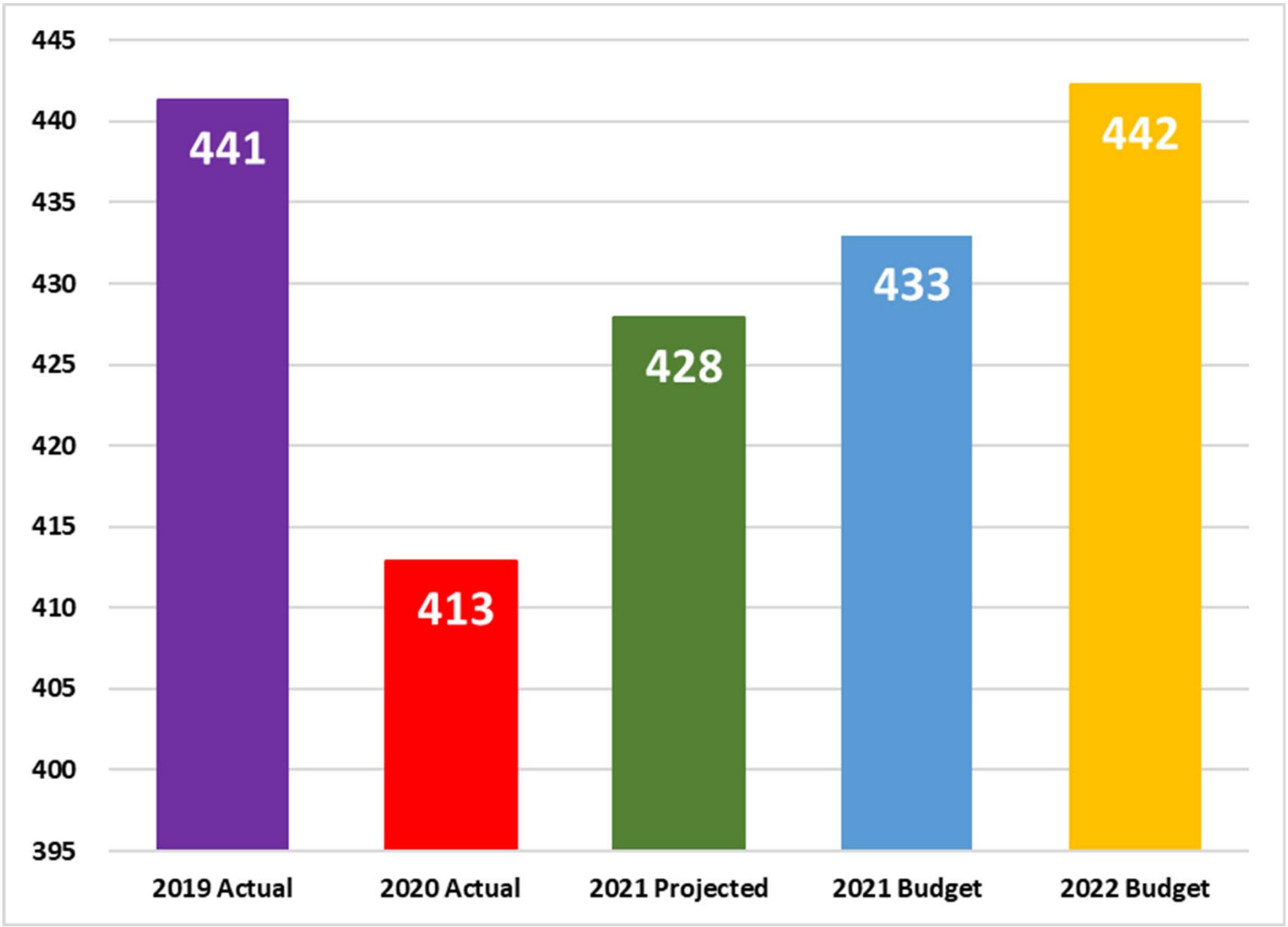
Kaweah Health™
MORE THAN MEDICINE. LIFE.

2021-2022 Annual Budget Review

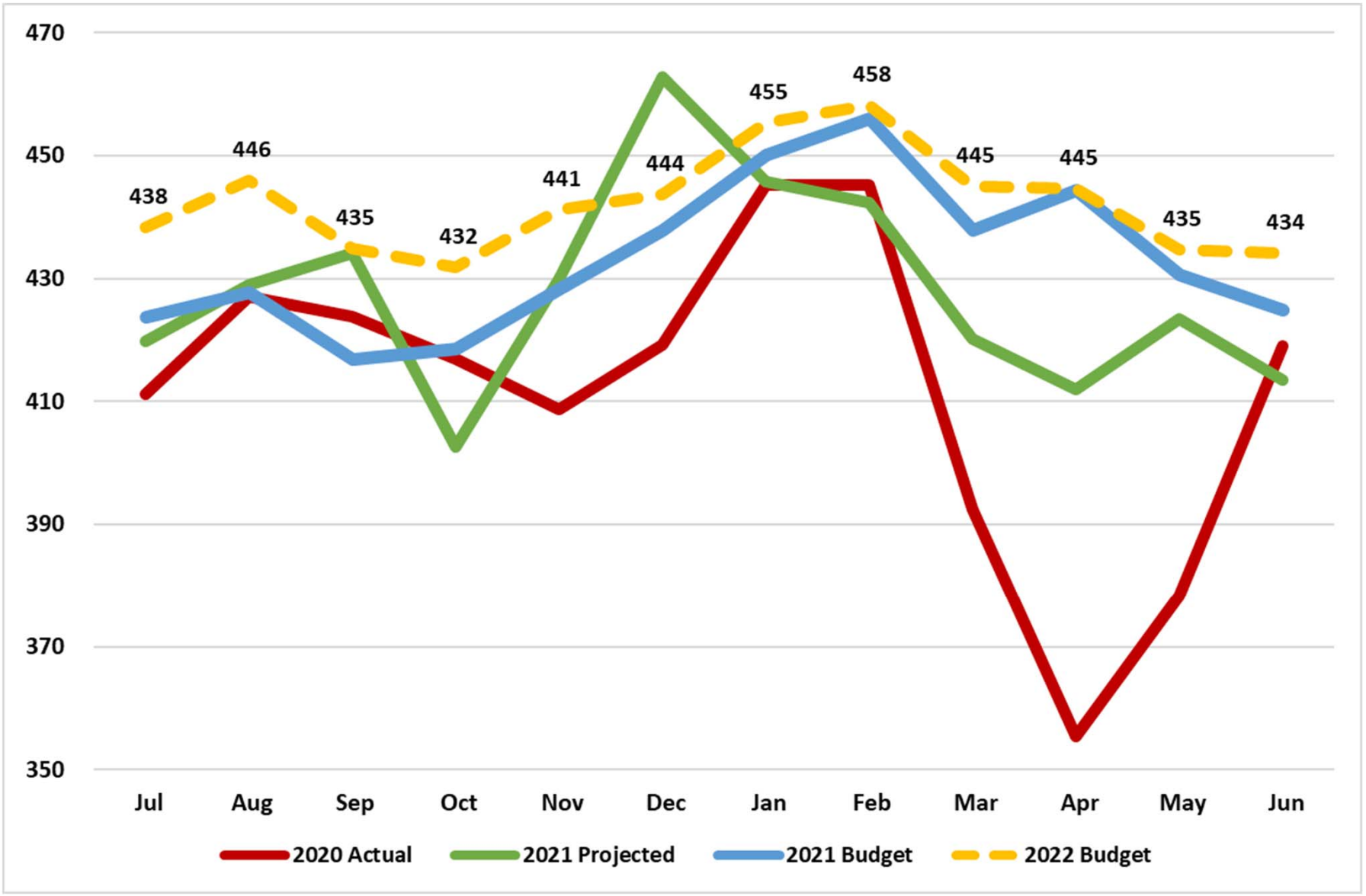
- Volume Projections
- FY 22 Budgeted Income Statement Comparisons
- Financial Ratios
- Projected Cash Flow
- Budgeted Capital Purchases
- FY 22 Budgeted Income Statement per Adjusted Patient Day
- Explanations Behind Significant Variances
  - Comparison to FY21 Projected Actual
  - Comparison to FY21 Budget
  - Employee Benefits
  - Humana Medicare Advantage Detail
- Additional Support Information

Note: The FY21 Projected amounts are based on 11 months of actual (July 2020-May 2021) plus a projected month for June 2021.

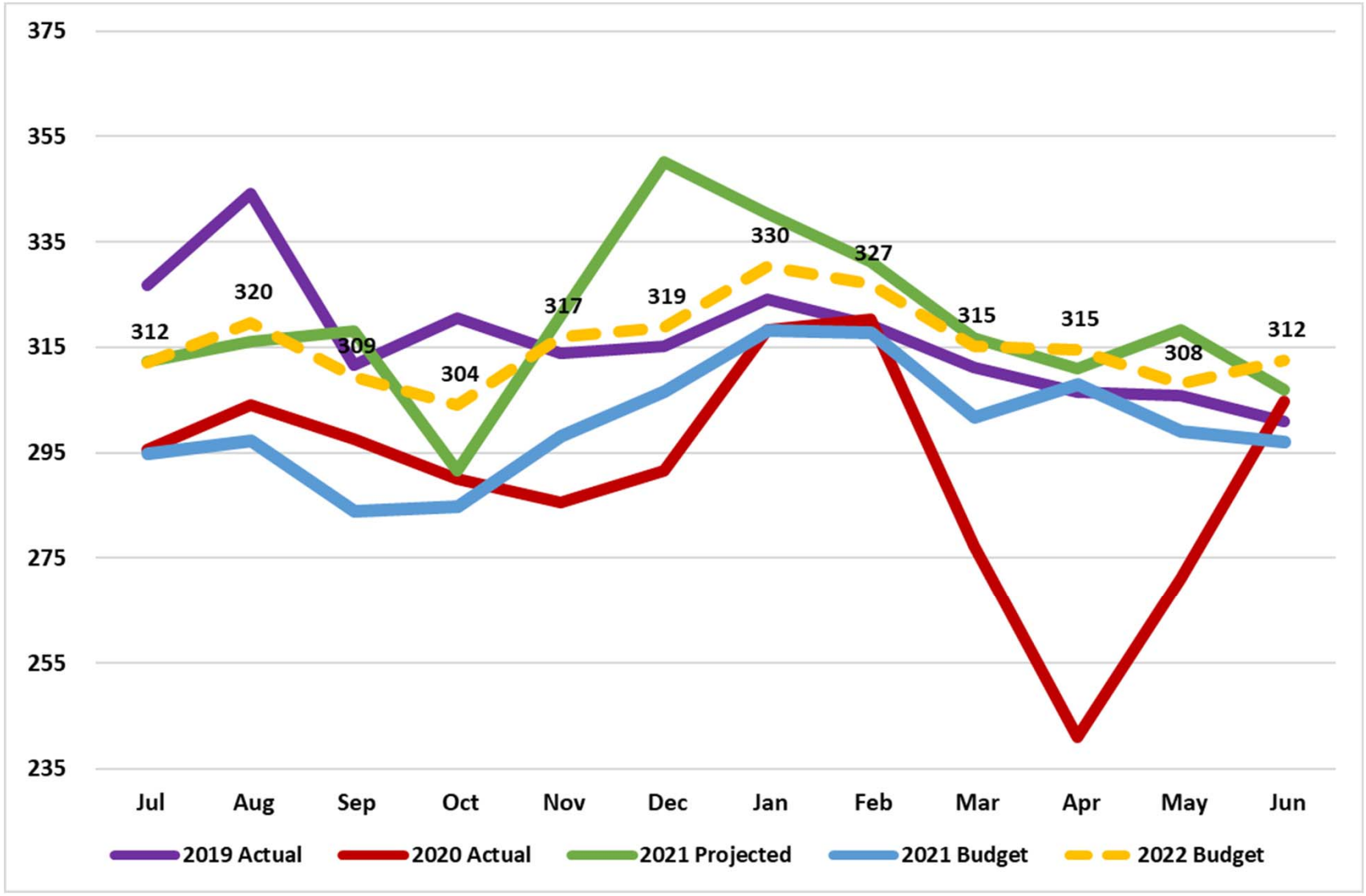
Budget FY22: Average Daily Census



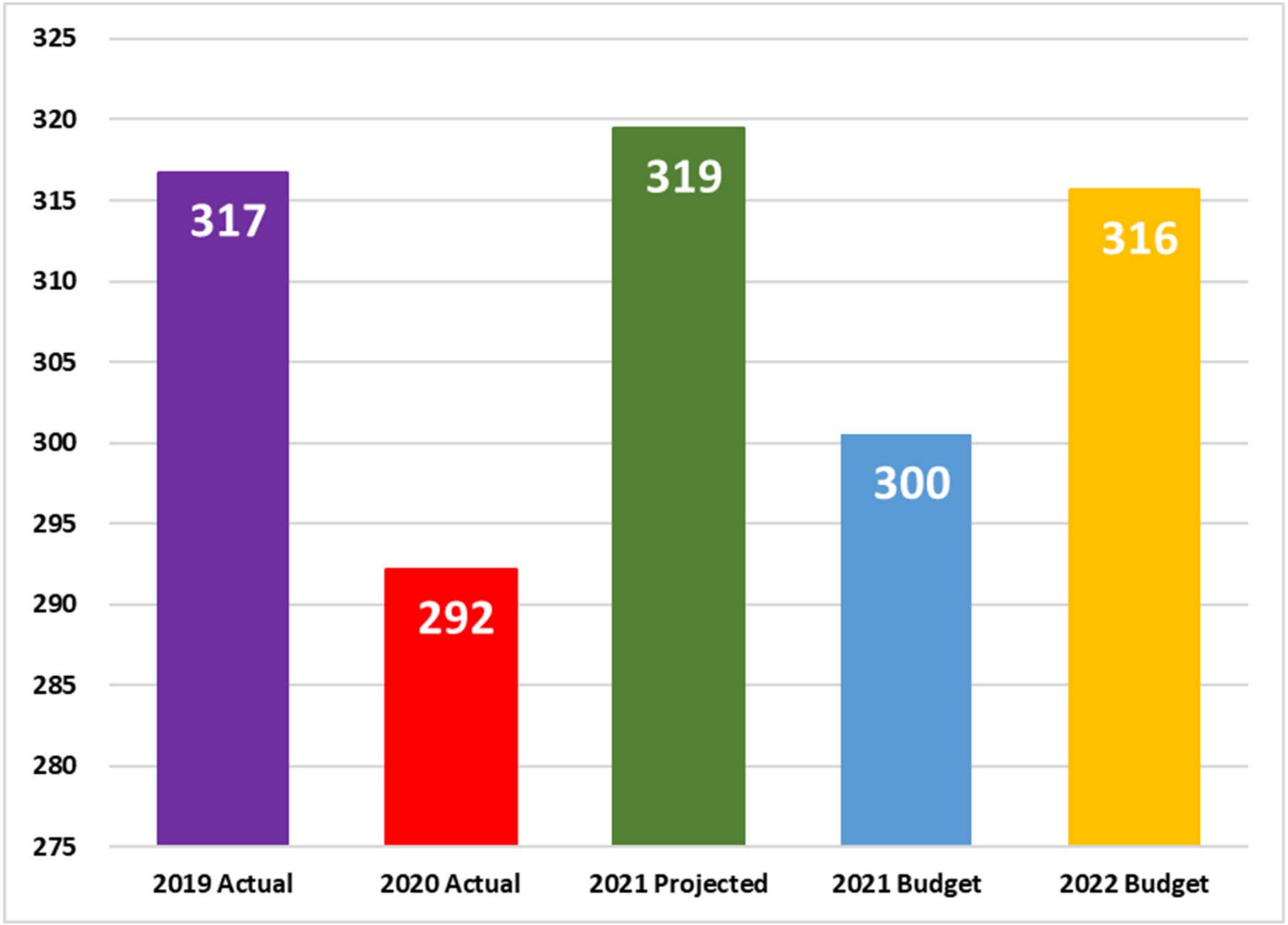
Budget FY22: Average Daily Census



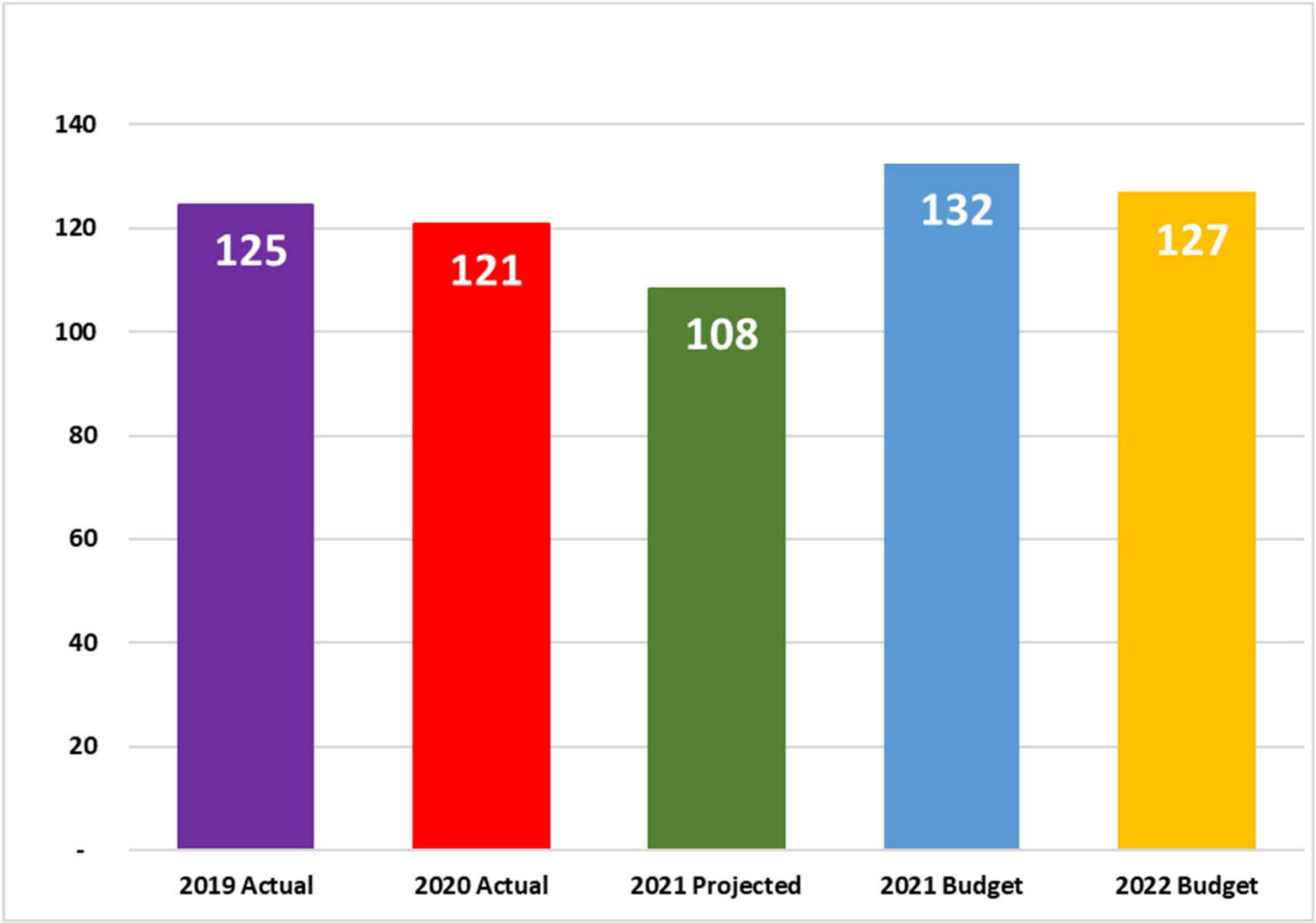
Average Daily Census – Downtown Campus



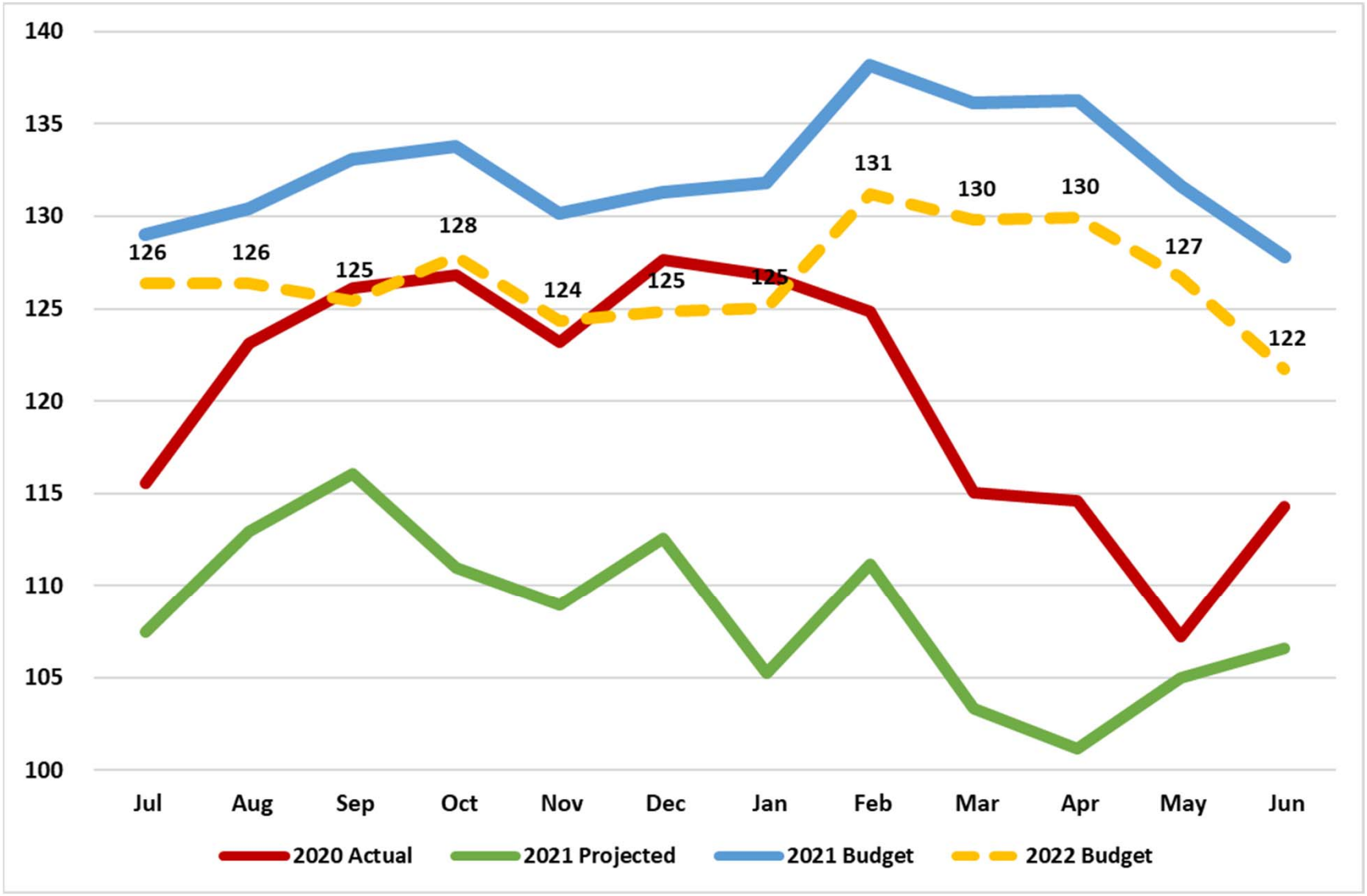
Average Daily Census – Downtown Campus



Average Daily Census – NonDowntown Campus



Average Daily Census – NonDowntown Campus



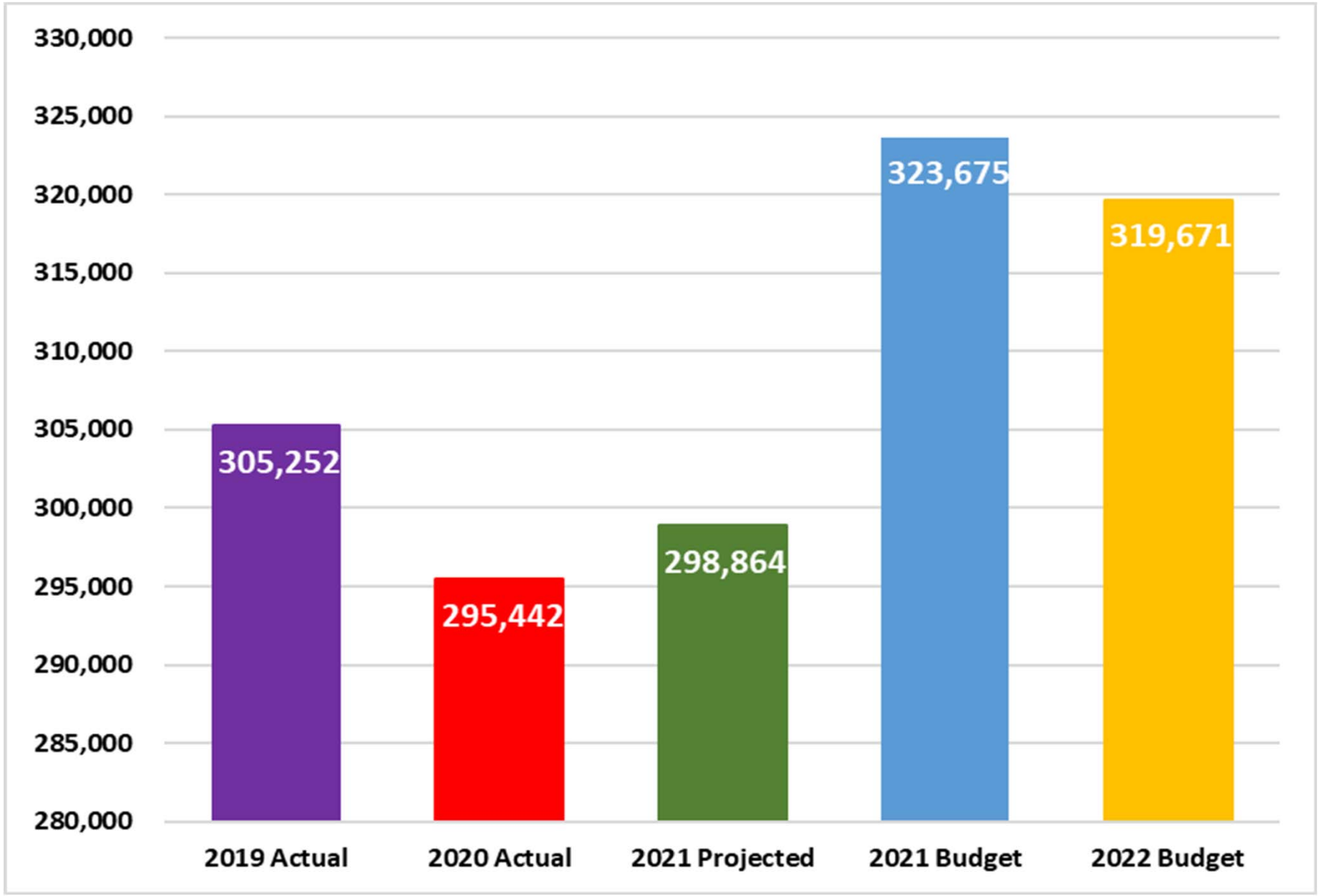
Budget FY22: Inpatient Statistics

	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Change Budget FY22-Budget FY21	% Change from FY21 Budget	% Change from FY19 Actual	% Occupancy	# Beds
Downtown Campus excluding Mom/Baby	98,353	101,655	92,864	99,107	6,243	6.7%	0.8%	76%	365
Downtown Campus Mom/Baby*	17,253	14,944	16,816	16,098	(718)	(4.3%)	(6.7%)	43%	96
Acute Psych	17,184	14,271	17,092	17,092	0	0.0%	(0.5%)	62%	63
Acute Rehab	6,756	5,410	6,624	6,733	109	1.6%	(0.3%)	33%	45
Sub Acute	11,311	10,726	11,289	11,245	(44)	(0.4%)	(0.6%)	92%	32
Skilled Nursing - South	5,409	4,846	6,031	6,031	0	0.0%	11.5%	60%	22
Skilled Nursing - West Short Stay	4,816	4,319	7,300	5,110	(2,190)	(30.0%)	6.1%	74%	16
Inpatient Days	**161,082**	**156,171**	**158,016**	**161,416**	**3,400**	**2.2%**	**0.2%**	**67%**	**639**

* Includes Nursery 32 beds

** Occupancy % includes Observation

Adjusted Patient Days



Budget FY22: Other Volume Statistics

	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Change Budget FY22-Budget FY21	% Change from FY21 Budget	% Change from FY19 Actual
Inpatient Days	161,082	156,171	158,016	161,416	3,400	2.2%	0.2%
Emergency Department Visits	84,834	74,402	91,112	83,950	(7,162)	(7.9%)	(1.0%)
Surgery Minutes	11,788	11,539	13,891	15,278	1,387	10.0%	29.6%
Cath Lab Minutes	4,403	4,395	4,786	4,786	0	0.0%	8.7%
Deliveries	4,764	4,352	4,723	4,603	(120)	(2.5%)	(3.4%)
Rural Health Clinic Visits	97,806	131,446	108,893	114,973	6,080	5.6%	17.6%
Rural Health Clinic-Tulare Visits	0	741	5,700	14,175	8,475	148.7%	0
Urgent Care - Court	49,071	50,589	47,323	47,323	0	0.0%	(3.6%)
Urgent Care - Demaree	19,202	22,562	28,600	28,600	0	0.0%	48.9%
SWHC Family Medicine GME	11,930	13,434	16,171	14,240	(1,931)	(11.9%)	19.4%
Sequoia Cardiology Clinic	11,101	18,964	15,450	19,698	4,248	27.5%	77.4%
Neuroscience Center	4,125	4,342	4,960	4,684	(276)	(5.6%)	13.6%
Outpatient Rehabilitation Units	9,664	15,808	14,134	15,027	893	6.3%	55.5%
Physical & Other Therapy Units	274,912	260,204	277,195	269,361	(7,834)	(2.8%)	(2.0%)
Home Health Visits	28,794	35,311	32,636	34,765	2,129	6.5%	20.7%
Hospice	39,947	50,524	46,166	50,975	4,809	10.4%	27.6%
Radiation Oncology	25,031	25,662	26,489	28,504	2,015	7.6%	13.9%
Radiology Xray	117,573	145,259	147,937	146,922	(1,015)	(0.7%)	25.0%
Radiology CT	49,111	48,315	50,906	50,709	(197)	(0.4%)	3.3%
Radiology MRI	9,199	9,233	9,969	9,981	12	0.1%	8.5%
Radiology US	26,756	25,000	29,141	26,156	(2,985)	(10.2%)	(2.2%)

Budgeted FY22 Income Statement: Financial Comparison to FY21 (000's)

	For Comparison to Budget FY22					
	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget FY22-Projected FY21	
Operating Revenue						
Net Patient Service Revenue	**$561,911**	**$600,043**	**$608,722**	**$634,620**	**$34,577**	**5.8%**
Supplemental Gov't Programs	76,471	54,226	49,334	53,106	(1,120)	(2.1%)
Prime Program	17,717	10,662	5,147	8,000	(2,662)	(25.0%)
Premium Revenue	40,871	55,541	51,312	66,017	10,476	18.9%
Management Services Revenue	31,751	33,685	32,398	36,290	2,605	7.7%
Other Revenue	24,245	22,135	24,960	24,560	2,425	11.0%
Other Operating Revenue	191,056	176,249	163,151	187,973	11,724	6.7%
Total Operating Revenue	**752,967**	**776,292**	**771,873**	**822,593**	**46,301**	**6.0%**
Operating Expenses						
Salaries & Wages	287,902	324,792	319,079	330,396	5,604	1.7%
Contract Labor	14,997	8,866	6,733	6,204	(2,662)	(30.0%)
Employee Benefits	73,216	55,724	66,763	53,922	(1,802)	(3.2%)
Total Employment Expenses	**376,115**	**389,382**	**392,575**	**390,522**	**1,140**	**0.3%**
Medical & Other Supplies	112,866	129,225	122,797	125,503	(3,722)	(2.9%)
Physician Fees	85,521	96,237	89,801	99,783	3,546	3.7%
Purchased Services	21,151	17,916	17,552	15,866	(2,050)	(11.4%)
Repairs & Maintenance	25,878	26,106	27,492	28,699	2,593	9.9%
Utilities	5,642	6,946	6,434	7,308	362	5.2%
Rents & Leases	6,119	6,177	6,576	6,169	(8)	(0.1%)
Depreciation & Amortization	30,851	30,644	32,173	33,552	2,908	9.5%
Interest Expense	5,453	6,659	6,861	7,234	575	8.6%
Other Expense	17,260	20,076	13,538	22,630	2,554	12.7%
Humana Cap Plan Expenses	19,151	35,521	24,089	36,254	733	2.1%
Management Services Expense	31,359	33,696	31,985	35,899	2,203	6.5%
Total Other Expenses	**361,250**	**409,203**	**379,298**	**418,897**	**9,694**	**2.4%**
Total Operating Expenses	**737,366**	**798,585**	**771,873**	**809,419**	**10,834**	**1.4%**
Operating Margin	**15,601**	**(22,293)**	**0**	**13,174**	**35,467**	
Stimulus Funds	0	31,938	0	1,195	(30,743)	
Operating Margin after Stimulus	**15,601**	**9,645**	**0**	**14,369**	**4,724**	
Nonoperating Revenue (Loss)	12,306	6,422	5,793	4,568	(1,854)	
Excess Margin	**$27,907**	**$16,067**	**$5,793**	**$18,937**	**$2,870**	

Budgeted FY22 Income Statement: Financial Comparison to Budget FY21 (000's)

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Total Operating Revenue	**752,967**	**776,292**	**771,873**	**822,593**	**50,720**	**6.6%**
Operating Expenses						
Salaries & Wages	287,902	324,792	319,079	330,396	11,317	3.5%
Contract Labor	14,997	8,866	6,733	6,204	(529)	(7.9%)
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Repairs & Maintenance	25,878	26,106	27,492	28,699	1,207	4.4%
Utilities	5,642	6,946	6,434	7,308	874	13.6%
Rents & Leases	6,119	6,177	6,576	6,169	(407)	(6.2%)
Depreciation & Amortization	30,851	30,644	32,173	33,552	1,379	4.3%
Interest Expense	5,453	6,659	6,861	7,234	373	5.4%
Other Expense	17,260	20,076	13,538	22,630	9,092	67.2%
Humana Cap Plan Expenses	19,151	35,521	24,089	36,254	12,165	50.5%
Management Services Expense	31,359	33,696	31,985	35,899	3,914	12.2%
Total Other Expenses	**361,250**	**409,203**	**379,298**	**418,897**	**39,599**	10.4%
Total Operating Expenses	**737,366**	**798,585**	**771,873**	**809,419**	**37,546**	4.9%
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Nonoperating Revenue (Loss)	12,306	6,422	5,793	4,568	1,225	
Excess Margin	**$27,907**	**$16,067**	**$5,793**	**$18,937**	**($13,144)**	

Credit Highlights (000's)

Consolidated District:

Ratio/Statistic	Moody's A (3)	2019	2020	2021 Projected	2022 Budget
Operating Income	$13,869	$15,570	($39,592)	($21,570)	$13,174
Operating Cash Flow	$76,962	$51,875	($3,028)	$15,733	$53,960
Net Income	$35,584	$26,418	($7,651)	$16,784	$18,937
Unrestricted Cash	$454,440	$290,628	$358,842	$383,362	$293,008
Operating Margin	1.8%	2.1%	(5.4%)	(2.8%)	1.6%
Excess Margin	4.6%	3.5%	(0.9%)	2.1%	2.3%
Operating Cash Flow Margin	8.0%	6.9%	0.6%	2.0%	6.6%
Maximum Debt Service Coverage x	4.1	4.0	1.6	3.2	3.5
Days Cash on Hand	**179.2**	**150.1**	**176.1**	**179.4**	**135.2**

(1) Represents 2019 median ratios for all non-profit hospitals rated "A3" by Moody's Investor Services.
Must budget 1.75x MADS and have 1.35x MADS and 90 days cash on hand at 6/30 per bond covenants

2021-2022 Surplus Cash Flows (000's)

Excess Margin	**$18,937**
<u>Additional Sources (Uses) of Cash:</u>	
Capital Expenditures:	
Annual Recurring	($19,800)
General Capital Contingency Fund	($340)
Funding for capital from other sources	$5,497
Depreciation/Amortization (Non-Cash)	$33,553
Capitalized Employment Expense	($987)
Defined Benefit Plan Fund Accounting	($24,490)
Debt Service Payments (Principal)	($9,295)
Total Additional Net Sources (Uses) of Cash	**($15,862)**
Projected Surplus Cash Flow (Deficit)	**$3,075**

General Fund Cash Reserves (000's)

District without Kaweah Delta Hospital Foundation:

Projected Balance at July 1, 2021	$363,288
Medicare accelerated payment recoupment	($80,950)
Deferral of employer social security tax repayment	($12,479)
Cash Flow from 2021-2022 Operations	$3,075
Balance at June 30, 2022	$272,934

FY22 Capital Budget

Total Capital Requests	**$36,970,857**
Total Rejected/Deferred	**($17,170,857)**
In Review	**$19,800,000**
Breakdown of Items in Review	
Infrastructure Maintenance	$4,138,000
Facilities Construction Projects & Planning	$2,695,100
Information Services (ISS)	$3,244,166
Trubeam Linear Accelerator	$3,070,000
3rd CT	$2,525,800
Director Requests	$4,126,934
In Review	**$19,800,000**
Funding Sources	
Capital FY22	$14,303,000
Unspent Capital from prior years	$1,330,765
Donations	$1,405,000
Available Bond Funds - prior issues	$2,761,235
Total Funds	**$19,800,000**
General Contingency Capital	$340,000
	$340,000
FY 2022 Capital Budget	**$20,140,000**

KHMG : Budgeted FY22 Income Statement: Financial Comparison to Budget FY21 (000's)

	For Comparison to Budget FY22						
	FY 19 Actual	FY 20 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget FY22 - Budget FY21	
Operating Revenue							
Net Patient Service Revenue	**$44,110**	**$42,475**	**$44,903**	**$49,897**	**$53,261**	**$3,364**	**6.7%**
Other Operating Revenue	773	1,210	1,461	780	841	61	7.8%
Total Operating Revenue	**44,883**	**43,685**	**46,364**	**50,677**	**54,102**	**3,425**	**6.8%**
Operating Expenses							
Salaries & Wages	11,474	11,419	11,416	11,860	12,473	613	5.2%
Contract Labor	143	54	0	9	0	(9)	(100.0%)
Employee Benefits	2,898	2,773	1,951	2,560	2,034	(526)	(20.5%)
Total Employment Expenses	**14,515**	**14,246**	**13,367**	**14,429**	**14,507**	**78**	**0.5%**
Medical & Other Supplies	6,369	6,010	6,455	7,075	6,894	(181)	(2.6%)
Physician Fees	22,361	24,508	26,237	28,071	30,313	2,242	8.0%
Purchased Services	1,336	1,128	1,075	1,073	1,008	(65)	(6.1%)
Repairs & Maintenance	1,868	2,225	2,621	2,709	2,737	28	1.0%
Utilities	406	387	428	400	484	84	21.0%
Rents & Leases	2,701	2,790	2,792	2,775	2,597	(178)	(6.4%)
Depreciation & Amortization	1,270	1,008	1,008	821	1,100	279	34.0%
Interest Expense	22	12	3	4	1	(3)	(75.0%)
Other Expense	1,737	1,576	1,086	1,021	1,523	502	49.2%
Total Other Expenses	**38,070**	**39,644**	**41,705**	**43,949**	**46,657**	**2,708**	**6.2%**
Total Operating Expenses	**52,585**	**53,890**	**55,072**	**58,378**	**61,164**	**2,786**	**4.8%**
Excess Margin	**($7,702)**	**($10,205)**	**($8,708)**	**($7,701)**	**($7,062)**	**$639**	

Comparison per Adjusted Patient Day to FY21 (000's)

					PER APD			
	FY 21 Projected	FY 22 Budget	Variance	% Change	FY 21 Projected	FY 22 Budget	Variance	% Change
Operating Revenue								
Net Patient Service Revenue	**$600,043**	**$634,620**	**$34,577**	**5.4%**	**$2,008**	**$1,985**	**($23)**	(1.1%)
Supplemental Gov't Programs	54,226	53,106	(1,120)	(2.1%)	181	166	(15)	(9.2%)
Prime Program	10,662	8,000	(2,662)	(33.3%)	36	25	(11)	(42.6%)
Premium Revenue	55,541	66,017	10,476	15.9%	186	207	21	10.0%
Management Services Revenue	33,685	36,290	2,605	7.2%	113	114	1	0.7%
Other Revenue	22,135	24,560	2,425	9.9%	74	77	3	3.6%
Other Operating Revenue	**176,249**	**187,973**	**11,724**	**6.2%**	**590**	**588**	**(2)**	(0.3%)
Total Operating Revenue	**776,292**	**822,593**	**46,301**	**5.6%**	**2,597**	**2,573**	**(24)**	(0.9%)
Operating Expenses								
Salaries & Wages	324,792	330,396	5,604	1.7%	1,087	1,034	(53)	(5.1%)
Contract Labor	8,866	6,204	(2,662)	(42.9%)	30	19	(10)	(52.9%)
Employee Benefits	55,724	53,922	(1,802)	(3.3%)	186	169	(18)	(10.5%)
Total Employment Expenses	**389,382**	**390,522**	**1,140**	**0.3%**	**1,303**	**1,222**	**(81)**	(6.6%)
Medical & Other Supplies	129,225	125,503	(3,722)	-3.0%	432	393	(40)	(10.1%)
Physician Fees	96,237	99,783	3,546	3.6%	322	312	(10)	(3.2%)
Purchased Services	17,916	15,866	(2,050)	(12.9%)	60	50	(10)	(20.8%)
Repairs & Maintenance	26,106	28,699	2,593	9.0%	87	90	2	2.7%
Utilities	6,946	7,308	362	5.0%	23	23	(0)	(1.7%)
Rents & Leases	6,177	6,169	(8)	(0.1%)	21	19	(1)	(7.1%)
Depreciation & Amortization	30,644	33,552	2,908	8.7%	103	105	2	2.3%
Interest Expense	6,659	7,234	575	7.9%	22	23	0	1.5%
Other Expense	20,076	22,630	2,554	11.3%	67	71	4	5.1%
Humana Cap Plan Expenses	35,521	36,254	733	2.0%	119	113	(5)	(4.8%)
Management Services Expense	33,696	35,899	2,203	6.1%	113	112	(0)	(0.4%)
Total Other Expenses	**409,203**	**418,897**	**9,694**	**2.3%**	**1,369**	**1,310**	**(59)**	**(4.5%)**
Total Operating Expenses	**798,585**	**809,419**	**10,834**	**1.3%**	**2,672**	**2,532**	**(140)**	**(5.5%)**
Operating Margin	(22,293)	13,174	35,467		(75)	41	116	
Stimulus Funds	31,938	1,195	(30,743)		107	4	(103)	
Nonoperating Revenue (Loss)	6,422	4,568	(1,854)		21	14	(7)	
Excess Margin	**$16,067**	**$18,937**	**$2,870**		**$54**	**$59**	**$5**	

Comparison per Adjusted Patient Day to Budget FY21 (000's)

					PER APD			
	FY 21 Projected	FY 22 Budget	Variance	% Change	FY 21 Budget	FY 22 Budget	Variance	% Change
Operating Revenue								
Net Patient Service Revenue	**$600,043**	**$634,620**	**$34,577**	**5.4%**	**$1,881**	**$1,985**	**$105**	5.6%
Supplemental Gov't Programs	54,226	53,106	(1,120)	(2.1%)	152	166	14	9.0%
Prime Program	10,662	8,000	(2,662)	(33.3%)	24	25	1	4.8%
Premium Revenue	55,541	66,017	10,476	15.9%	159	207	48	30.3%
Management Services Revenue	33,685	36,290	2,605	7.2%	100	114	13	13.4%
Other Revenue	22,135	24,560	2,425	9.9%	69	77	8	11.1%
Other Operating Revenue	**176,249**	**187,973**	**11,724**	**6.2%**	**504**	**588**	**84**	16.7%
Total Operating Revenue	**776,292**	**822,593**	**46,301**	**5.6%**	**2,385**	**2,573**	**189**	7.9%
Operating Expenses								
Salaries & Wages	324,792	330,396	5,604	1.7%	981	1,034	53	5.4%
Contract Labor	8,866	6,204	(2,662)	(42.9%)	21	19	(1)	(6.7%)
Employee Benefits	55,724	53,922	(1,802)	(3.3%)	211	169	(42)	(20.1%)
Total Employment Expenses	**389,382**	**390,522**	**1,140**	**0.3%**	**1,213**	**1,222**	**9**	0.7%
Medical & Other Supplies	129,225	125,503	(3,722)	-3.0%	379	393	13	3.5%
Physician Fees	96,237	99,783	3,546	3.6%	277	312	35	12.5%
Purchased Services	17,916	15,866	(2,050)	(12.9%)	54	50	(5)	(8.5%)
Repairs & Maintenance	26,106	28,699	2,593	9.0%	85	90	5	5.7%
Utilities	6,946	7,308	362	5.0%	20	23	3	15.0%
Rents & Leases	6,177	6,169	(8)	(0.1%)	20	19	(1)	(5.0%)
Depreciation & Amortization	30,644	33,552	2,908	8.7%	99	105	6	5.6%
Interest Expense	6,659	7,234	575	7.9%	21	23	1	6.8%
Other Expense	20,076	22,630	2,554	11.3%	42	71	29	69.3%
Humana Cap Plan Expenses	35,521	36,254	733	2.0%	74	113	39	52.4%
Management Services Expense	33,696	35,899	2,203	6.1%	99	112	13	13.6%
Total Other Expenses	**409,203**	**418,897**	**9,694**	**2.3%**	**1,172**	**1,310**	**139**	**11.8%**
Total Operating Expenses	**798,585**	**809,419**	**10,834**	**1.3%**	**2,385**	**2,532**	**147**	**6.2%**
Operating Margin	(22,293)	13,174	35,467		0	41	41	
Stimulus Funds	31,938	1,195	(30,743)		0	4	4	
Nonoperating Revenue (Loss)	6,422	4,568	(1,854)		18	14	(4)	
Excess Margin	**$16,067**	**$18,937**	**$2,870**		**$18**	**$59**	**$41**	

Variances Analysis: Budget FY22 to Projected FY21

Budgeted FY22 Income Statement: Financial Comparison (000's)

	For Comparison to Budget FY22					
	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget FY22-Projected FY21	
Operating Revenue						
Net Patient Service Revenue	**$561,911**	**$600,043**	**$608,722**	**$634,620**	**$34,577**	**5.8%**
Supplemental Gov't Programs	76,471	54,226	49,334	53,106	(1,120)	(2.1%)
Prime Program	17,717	10,662	5,147	8,000	(2,662)	(25.0%)
Premium Revenue	40,871	55,541	51,312	66,017	10,476	18.9%
Management Services Revenue	31,751	33,685	32,398	36,290	2,605	7.7%
Other Revenue	24,245	22,135	24,960	24,560	2,425	11.0%
Other Operating Revenue	191,056	176,249	163,151	187,973	11,724	6.7%
Total Operating Revenue	**752,967**	**776,292**	**771,873**	**822,593**	**46,301**	**6.0%**
Operating Expenses						
Salaries & Wages	287,902	324,792	319,079	330,396	5,604	1.7%
Contract Labor	14,997	8,866	6,733	6,204	(2,662)	(30.0%)
Employee Benefits	73,216	55,724	66,763	53,922	(1,802)	(3.2%)
Total Employment Expenses	**376,115**	**389,382**	**392,575**	**390,522**	**1,140**	**0.3%**
Medical & Other Supplies	112,866	129,225	122,797	125,503	(3,722)	(2.9%)
Physician Fees	85,521	96,237	89,801	99,783	3,546	3.7%
Purchased Services	21,151	17,916	17,552	15,866	(2,050)	(11.4%)
Repairs & Maintenance	25,878	26,106	27,492	28,699	2,593	9.9%
Utilities	5,642	6,946	6,434	7,308	362	5.2%
Rents & Leases	6,119	6,177	6,576	6,169	(8)	(0.1%)
Depreciation & Amortization	30,851	30,644	32,173	33,552	2,908	9.5%
Interest Expense	5,453	6,659	6,861	7,234	575	8.6%
Other Expense	17,260	20,076	13,538	22,630	2,554	12.7%
Humana Cap Plan Expenses	19,151	35,521	24,089	36,254	733	2.1%
Management Services Expense	31,359	33,696	31,985	35,899	2,203	6.5%
Total Other Expenses	**361,250**	**409,203**	**379,298**	**418,897**	**9,694**	**2.4%**
Total Operating Expenses	**737,366**	**798,585**	**771,873**	**809,419**	**10,834**	**1.4%**
Operating Margin	**15,601**	**(22,293)**	**0**	**13,174**	**35,467**	
Stimulus Funds	0	31,938	0	1,195	(30,743)	
Operating Margin after Stimulus	**15,601**	**9,645**	**0**	**14,369**	**4,724**	
Nonoperating Revenue (Loss)	12,306	6,422	5,793	4,568	(1,854)	
Excess Margin	**$27,907**	**$16,067**	**$5,793**	**$18,937**	**$2,870**	

Reimbursement – Net Patient Revenue (000's)

	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget 22-Projected 21	% Change
Net Patient Service Revenue (000's)	$561,911	$600,043	$608,722	$634,620	**$34,577**	5.8%

Volume increase over COVID year	31,642
Commercial Insurance Rate Increase	4,893
Medi-Cal Managed Care Rate Increase	1,393
Medicare Acute Inpatient Increase Rate Increase	1,202
Medicare Acute Outpatient Rate Increase	634
Other Medicare Rate Increase	297
Remove COVID incentives (sequestration, 20% increase, etc)	(5,484)
	$34,577

Budgeted FY22 Income Statement: Financial Comparison (000's)

	For Comparison to Budget FY22					
	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget FY22-Projected FY21	
Operating Revenue						
Net Patient Service Revenue	**$561,911**	**$600,043**	**$608,722**	**$634,620**	**$34,577**	**5.8%**
Supplemental Gov't Programs	76,471	54,226	49,334	53,106	(1,120)	(2.1%)
Prime Program	17,717	10,662	5,147	8,000	(2,662)	(25.0%)
Premium Revenue	40,871	55,541	51,312	66,017	10,476	18.9%
Management Services Revenue	31,751	33,685	32,398	36,290	2,605	7.7%
Other Revenue	24,245	22,135	24,960	24,560	2,425	11.0%
Other Operating Revenue	191,056	176,249	163,151	187,973	11,724	6.7%
Total Operating Revenue	**752,967**	**776,292**	**771,873**	**822,593**	**46,301**	**6.0%**
Operating Expenses						
Salaries & Wages	287,902	324,792	319,079	330,396	5,604	1.7%
Contract Labor	14,997	8,866	6,733	6,204	(2,662)	(30.0%)
Employee Benefits	73,216	55,724	66,763	53,922	(1,802)	(3.2%)
Total Employment Expenses	**376,115**	**389,382**	**392,575**	**390,522**	**1,140**	**0.3%**
Medical & Other Supplies	112,866	129,225	122,797	125,503	(3,722)	(2.9%)
Physician Fees	85,521	96,237	89,801	99,783	3,546	3.7%
Purchased Services	21,151	17,916	17,552	15,866	(2,050)	(11.4%)
Repairs & Maintenance	25,878	26,106	27,492	28,699	2,593	9.9%
Utilities	5,642	6,946	6,434	7,308	362	5.2%
Rents & Leases	6,119	6,177	6,576	6,169	(8)	(0.1%)
Depreciation & Amortization	30,851	30,644	32,173	33,552	2,908	9.5%
Interest Expense	5,453	6,659	6,861	7,234	575	8.6%
Other Expense	17,260	20,076	13,538	22,630	2,554	12.7%
Humana Cap Plan Expenses	19,151	35,521	24,089	36,254	733	2.1%
Management Services Expense	31,359	33,696	31,985	35,899	2,203	6.5%
Total Other Expenses	**361,250**	**409,203**	**379,298**	**418,897**	**9,694**	**2.4%**
Total Operating Expenses	**737,366**	**798,585**	**771,873**	**809,419**	**10,834**	**1.4%**
Operating Margin	**15,601**	**(22,293)**	**0**	**13,174**	**35,467**	
Stimulus Funds	0	31,938	0	1,195	(30,743)	
Operating Margin after Stimulus	**15,601**	**9,645**	**0**	**14,369**	**4,724**	
Nonoperating Revenue (Loss)	12,306	6,422	5,793	4,568	(1,854)	
Excess Margin	**$27,907**	**$16,067**	**$5,793**	**$18,937**	**$2,870**	

Other Operating Revenue (000's)

	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget 22-Projected 21	% Change
Other Operating Revenue (000's)	$191,056	$176,249	$163,151	$187,973	**$11,724**	6.7%

Humana Premium Revenue increase in lives, base reimbursement and RAF score	10,476
Management Services increase SRCC MO	2,425
Lifestyle volume decrease in FY21 due to COVID	2,406
Care Transformation Revenue - BHI/Health Homes	979
Non-Patient food sales decrease in FY21 due to COVID	378
Other	(120)
Retail pharmacy revenue - COVID in FY21	(1,038)
Supplemental Medi-Cal funds - true up PY in FY21	(1,120)
PRIME/QIP - supplemental in FY21	(2,662)
	$11,724

Budgeted FY22 Income Statement: Financial Comparison (000's)

	For Comparison to Budget FY22					
	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget FY22-Projected FY21	
Operating Revenue						
Net Patient Service Revenue	**$561,911**	**$600,043**	**$608,722**	**$634,620**	**$34,577**	**5.8%**
Supplemental Gov't Programs	76,471	54,226	49,334	53,106	(1,120)	(2.1%)
Prime Program	17,717	10,662	5,147	8,000	(2,662)	(25.0%)
Premium Revenue	40,871	55,541	51,312	66,017	10,476	18.9%
Management Services Revenue	31,751	33,685	32,398	36,290	2,605	7.7%
Other Revenue	24,245	22,135	24,960	24,560	2,425	11.0%
Other Operating Revenue	191,056	176,249	163,151	187,973	11,724	6.7%
Total Operating Revenue	**752,967**	**776,292**	**771,873**	**822,593**	**46,301**	**6.0%**
Operating Expenses						
Salaries & Wages	287,902	324,792	319,079	330,396	5,604	1.7%
Contract Labor	14,997	8,866	6,733	6,204	(2,662)	(30.0%)
Employee Benefits	73,216	55,724	66,763	53,922	(1,802)	(3.2%)
Total Employment Expenses	**376,115**	**389,382**	**392,575**	**390,522**	**1,140**	**0.3%**
Medical & Other Supplies	112,866	129,225	122,797	125,503	(3,722)	(2.9%)
Physician Fees	85,521	96,237	89,801	99,783	3,546	3.7%
Purchased Services	21,151	17,916	17,552	15,866	(2,050)	(11.4%)
Repairs & Maintenance	25,878	26,106	27,492	28,699	2,593	9.9%
Utilities	5,642	6,946	6,434	7,308	362	5.2%
Rents & Leases	6,119	6,177	6,576	6,169	(8)	(0.1%)
Depreciation & Amortization	30,851	30,644	32,173	33,552	2,908	9.5%
Interest Expense	5,453	6,659	6,861	7,234	575	8.6%
Other Expense	17,260	20,076	13,538	22,630	2,554	12.7%
Humana Cap Plan Expenses	19,151	35,521	24,089	36,254	733	2.1%
Management Services Expense	31,359	33,696	31,985	35,899	2,203	6.5%
Total Other Expenses	**361,250**	**409,203**	**379,298**	**418,897**	**9,694**	**2.4%**
Total Operating Expenses	**737,366**	**798,585**	**771,873**	**809,419**	**10,834**	**1.4%**
Operating Margin	**15,601**	**(22,293)**	**0**	**13,174**	**35,467**	
Stimulus Funds	0	31,938	0	1,195	(30,743)	
Operating Margin after Stimulus	**15,601**	**9,645**	**0**	**14,369**	**4,724**	
Nonoperating Revenue (Loss)	12,306	6,422	5,793	4,568	(1,854)	
Excess Margin	**$27,907**	**$16,067**	**$5,793**	**$18,937**	**$2,870**	

Wages & Contract Labor Expenses (000's)

	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget 22-Projected 21	% Change
Wages & Contract Labor Expense (000's)	$302,899	$333,658	$325,812	$336,600	**$2,942**	0.9%

Patient Volume	3,537
FY22 pay for performance	4,602
Matrix Adjustments - HUCs, SNI/SNA	1,876
New Positions	920
FY22 Market Adjustments	1,789
FY22 Minimum Wage Adjustments	1,400
At Risk Compensation	1,200
Increase in Education/Orientation	617
Decrease in Overtime and Call Back	(1,223)
Decrease in Contract Labor	(1,297)
Remove COVID labor - -Non-exempt	(4,355)
Strategic Plan LOS efficiency assumption	(6,124)
	$2,942

Employee Benefit Expenses (000's)

	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget 22-Projected 21	% Change
Employee Benefit Expense (000's)	$72,126	$55,724	$66,763	$53,922	**($1,802)**	(3.2%)

401K 1/2 rate in calendar year 2021 and full match in Calendar year 2022	4,220
Increase in workers' compensation cost - FY21 decrease due to prior years liability decreases and discount rate	2,582
Increase in FICA - wages increase	720
Other	(8)
Strategic Plan LOS efficiency assumption	(42)
Decrease Unemployment Insurance- impact of COVID in FY21	(564)
Decrease in employee health cost	(3,180)
Employee retirement plans (Pension) higher than expected investment returns	(5,530)
	($1,802)

Employee Benefit Expenses (000's)

Employee Benefits (000's)	Actual				Budget		Explanation on Change between Budget FY22 and Proj.FY 21
	FY 2018	FY2019	FY2020	Proj. FY2021	FY 2021	FY 2022	
Medical, Dental and vision	$27,648	$30,168	$30,368	$30,680	$28,896	$27,500	Plan Changes
Social Security	$19,925	$20,944	$22,526	$23,325	$22,924	$24,045	Increase in employees
Employee retirement plans	$19,062	$15,608	$12,915	($4,858)	$6,816	($6,167)	Adj to Actuarial valuation: Higher than expected investment returns
Workers' compensation	$1,957	$3,791	$4,746	$4,080	$6,130	$6,662	Adj to Actuarial valuation. FY21 came in lower than budgeted
State Unemployment Insurance	$334	$382	$368	$1,091	$826	$527	COVID impact in FY20 and FY21, recovery in FY22 offset by increase in FTEs
Tuition/Scholarships/Other	$684	$819	$947	$1,072	$847	$1,032	
Life Insurance	$193	$414	$310	$333	$324	$323	
Total	**$69,804**	**$72,126**	**$72,181**	**$55,724**	**$66,763**	**$53,922**	

Budgeted FY22 Income Statement: Financial Comparison (000's)

	For Comparison to Budget FY22					
	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget FY22-Projected FY21	
Operating Revenue						
Net Patient Service Revenue	**$561,911**	**$600,043**	**$608,722**	**$634,620**	**$34,577**	**5.8%**
Supplemental Gov't Programs	76,471	54,226	49,334	53,106	(1,120)	(2.1%)
Prime Program	17,717	10,662	5,147	8,000	(2,662)	(25.0%)
Premium Revenue	40,871	55,541	51,312	66,017	10,476	18.9%
Management Services Revenue	31,751	33,685	32,398	36,290	2,605	7.7%
Other Revenue	24,245	22,135	24,960	24,560	2,425	11.0%
Other Operating Revenue	191,056	176,249	163,151	187,973	11,724	6.7%
Total Operating Revenue	**752,967**	**776,292**	**771,873**	**822,593**	**46,301**	**6.0%**
Operating Expenses						
Salaries & Wages	287,902	324,792	319,079	330,396	5,604	1.7%
Contract Labor	14,997	8,866	6,733	6,204	(2,662)	(30.0%)
Employee Benefits	73,216	55,724	66,763	53,922	(1,802)	(3.2%)
Total Employment Expenses	**376,115**	**389,382**	**392,575**	**390,522**	**1,140**	**0.3%**
Medical & Other Supplies	112,866	129,225	122,797	125,503	(3,722)	(2.9%)
Physician Fees	85,521	96,237	89,801	99,783	3,546	3.7%
Purchased Services	21,151	17,916	17,552	15,866	(2,050)	(11.4%)
Repairs & Maintenance	25,878	26,106	27,492	28,699	2,593	9.9%
Utilities	5,642	6,946	6,434	7,308	362	5.2%
Rents & Leases	6,119	6,177	6,576	6,169	(8)	(0.1%)
Depreciation & Amortization	30,851	30,644	32,173	33,552	2,908	9.5%
Interest Expense	5,453	6,659	6,861	7,234	575	8.6%
Other Expense	17,260	20,076	13,538	22,630	2,554	12.7%
Humana Cap Plan Expenses	19,151	35,521	24,089	36,254	733	2.1%
Management Services Expense	31,359	33,696	31,985	35,899	2,203	6.5%
Total Other Expenses	**361,250**	**409,203**	**379,298**	**418,897**	**9,694**	**2.4%**
Total Operating Expenses	**737,366**	**798,585**	**771,873**	**809,419**	**10,834**	**1.4%**
Operating Margin	**15,601**	**(22,293)**	**0**	**13,174**	**35,467**	
Stimulus Funds	0	31,938	0	1,195	(30,743)	
Operating Margin after Stimulus	**15,601**	**9,645**	**0**	**14,369**	**4,724**	
Nonoperating Revenue (Loss)	12,306	6,422	5,793	4,568	(1,854)	
Excess Margin	**$27,907**	**$16,067**	**$5,793**	**$18,937**	**$2,870**	

Other Operating Expense (000's)

	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget 22-Projected 21	% Change
Other Operating Expense (000's)	**$361,250**	**$409,203**	**$379,298**	**$418,897**	**$9,694**	**2.4%**
Patient Volume increase – non-prosthesis supplies					6,720	
Prosthesis supplies increase volume					2,793	
Depreciation Increase					2,909	
Repairs and maintenance - IT service contracts					2,593	
Physician Fee Increase					3,546	
Recruiting					2,410	
Professional liability - FY21 prior years impact					1,888	
Management services expenses					2,203	
Education and Travel					482	
Humana MA Cost of Third Party Claims					733	
Interest Expense Increase - no capitalization					575	
Utilities Increase					362	
Other					(262)	
Strategic Plan LOS purchased services assumption					(1,000)	
Other purchased services decrease - COVID related in FY21					(1,051)	
Legal fees					(1,967)	
Strategic Plan LOS efficiency assumption					(4,335)	
Medical surgical supplies decrease - COVID supplies in FY21					(8,900)	
					$9,694	

Humana Medicare Advantage (000's)

Humana Medicare Advantage	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget 22-Projected 21	% Change
Humana Premium Revenue increase in lives ($2.77M) along with improvements in rates due to 7.2% increase in base rates and RAF score totaling (2.73M)	$40,871	$55,541	$51,312	$66,017	$10,476	18.9%
3rd Party Claims (Expense) - Growth in membership 9.3% and reduction in acuity post COVID	$19,151	$35,521	$24,089	$36,254	$733	2.1%

Variances Analysis: Budget FY22 to Budget FY21

Reimbursement – Net Patient Revenue (000's)

	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget 22-Budget 21	% Change
Net Patient Service Revenue (000's)	$561,911	$600,043	$608,722	$634,620	**$25,898**	4.3%

Volume Impact	17,479
Commercial Insurance Rate Increase	4,893
Medi-Cal Managed Care Rate Increase	1,393
Medicare Acute Inpatient Rate Increase	1,202
Medicare Acute Outpatient Rate Increase	634
Other Medicare Rate Increase	297
	$25,898

Other Operating Revenue (000's)

	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget 22-Budget 21	% Change
Other Operating Revenue (000's)	$191,056	$176,249	$163,151	$187,973	**$24,822**	15.2%

Humana Premium Revenue increase in lives, base reimbursement and RAF score	14,705
Management Services increase SRCC MO	3,892
Several miscellaneous changes truing up supplemental funds	3,772
Prime Program - higher than anticipated	2,853
Care Transformation Revenue - BHI/Health Homes	2,600
Lifestyle volume decrease due to COVID	(403)
Non-patient food sales due to COVID	(416)
Other	(2,181)
	$24,822

Wages & Contract Labor Expenses (000's)

	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget 22-Budget 21	% Change
Wages & Contract Labor Expense (000's)	$302,899	$333,658	$325,812	$336,600	**$10,788**	3.3%

FY22 pay for performance	4,602
New Positions added in FY2021 $3.2M plus FY22 Pharm - $500K, ED-$124K, ISS-$46K	4,120
Patient Volume	4,547
Matrix Adjustments - HUCs, SNI/SNA	1,876
FY22 Market Adjustments	1,789
FY22 Minimum Wage Adjustments	1,400
Increase in Education/Orientation	1,360
At Risk Compensation	1,200
Other	188
Decrease in Contract Labor	(529)
Decrease in Overtime and Call Back	(631)
Increase Vacancy Factor	(3,010)
Strategic Plan LOS Efficiency assumption	(6,124)
	$10,788

Employee Benefit Expenses (000's)

	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget 22-Budget 21	% Change
Employee Benefit Expense (000's)	$73,216	$55,724	$66,763	$53,922	**($12,841)**	(19.0%)

401K 1/2 rate in calendar year 2021 and full match in Calendar year 2022	4,559
Other	142
Employee retirement plans (Pension) higher than expected investment returns	(17,542)
	($12,841)

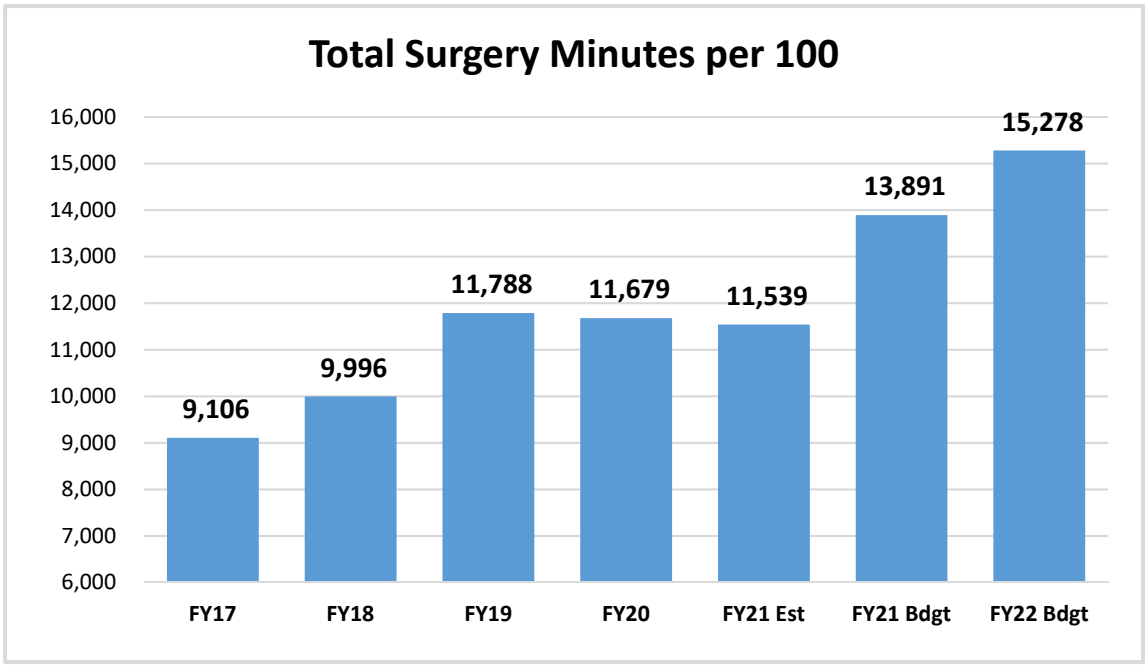
Other Operating Expense (000's)

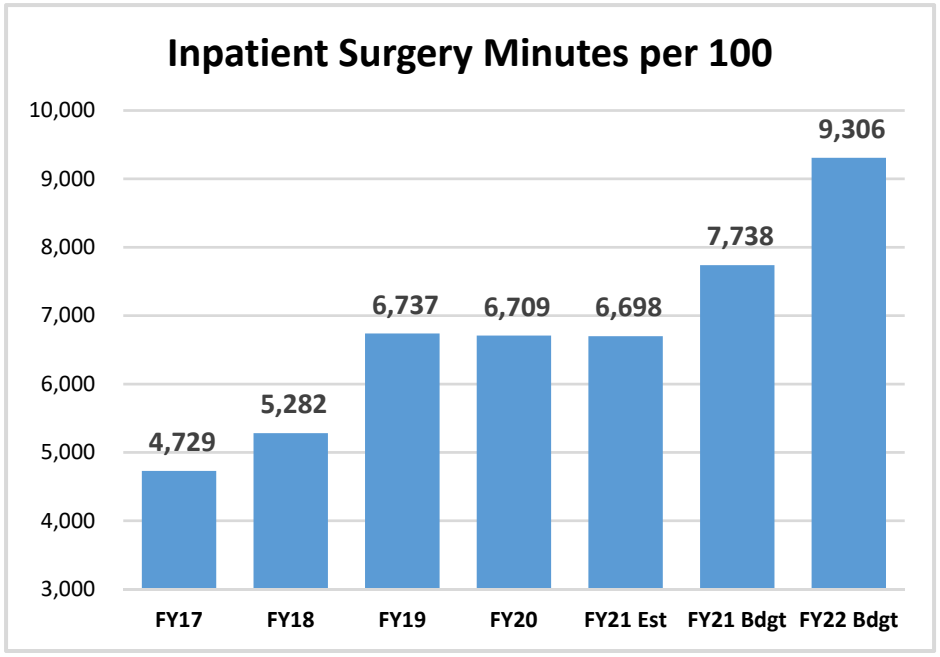
	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget 22-Budget 21	% Change
Other Operating Expense (000's)	$361,250	$409,203	$379,298	$418,897	**$39,599**	10.4%

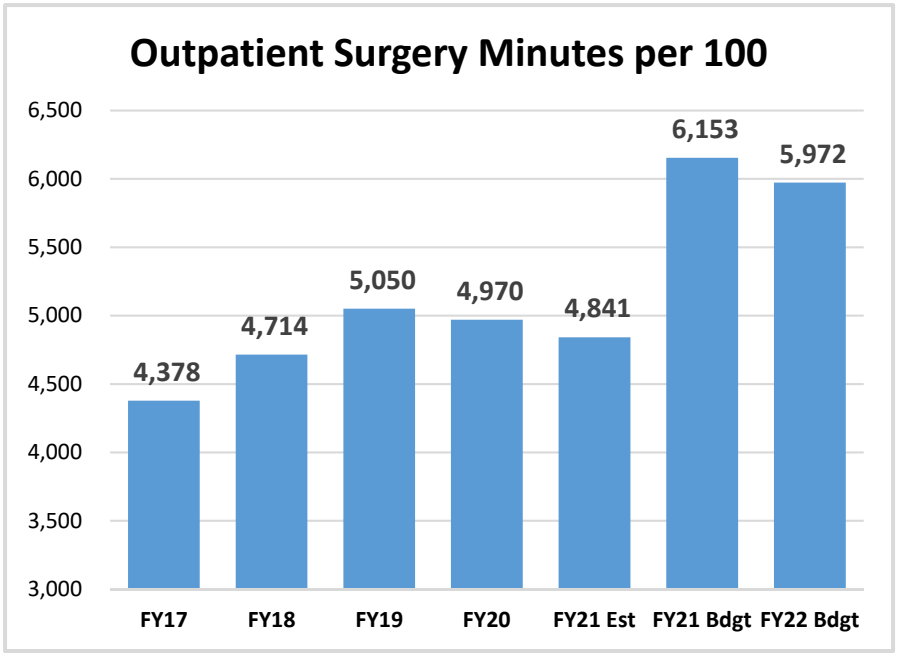
Humana MA Cost of Third Party Claims	12,165
Physician Fee Increase	7,740
FY21 efficiency assumptions	7,142
Pharmaceuticals increase - sold to patients and infusion center	4,846
Management services expenses	3,914
Surgical supplies increase volume	1,904
KHMG physician fees increase WRVU	2,242
Recruiting	1,452
Depreciation Increase	1,379
Utilities Increase	875
Other	784
Interest Expense Increase	373
Education and Travel	118
Strategic Plan Purchased Services assumption	(1,000)
Strategic Plan LOS Efficiency assumption	(4,335)
	$39,599

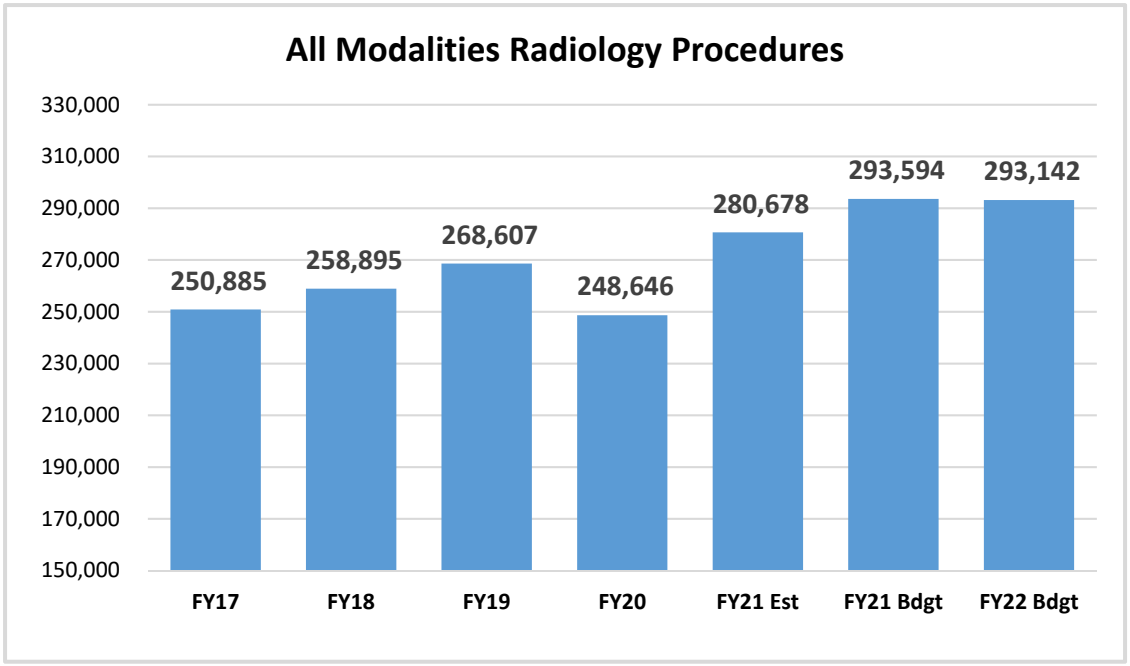
Humana Medicare Advantage (000's)

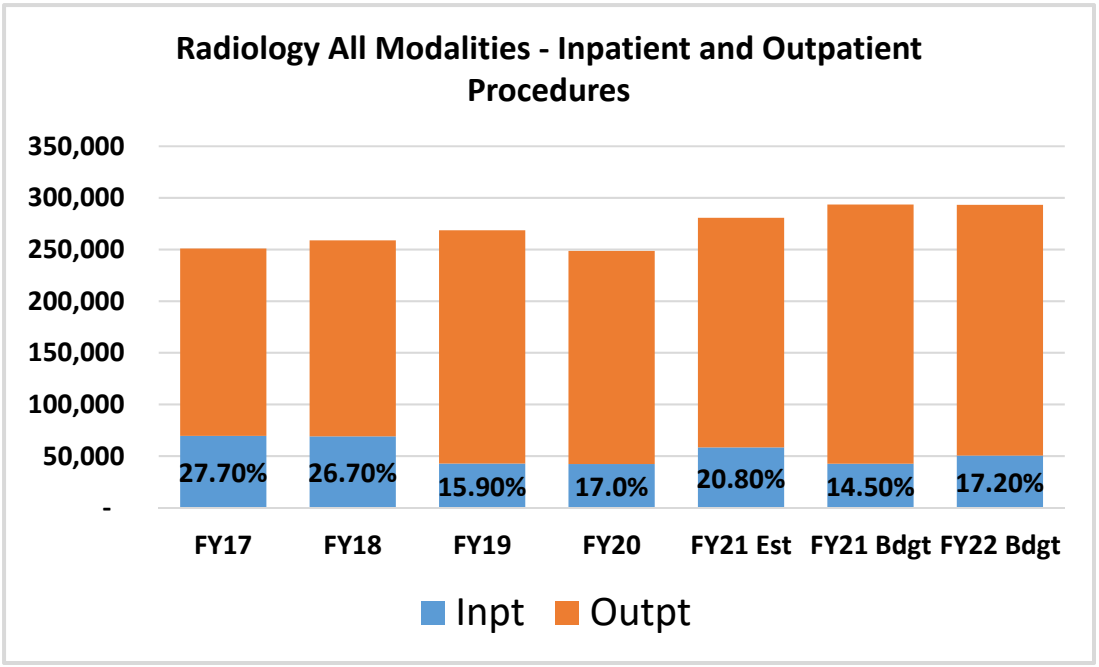
Humana Medicare Advantage	FY 19 Actual	FY 21 Projected	FY 21 Budget	FY 22 Budget	Variance Budget 22-Budget 21	% Change
Humana Premium Revenue increase in lives ($2.77M) along with improvements in rates due to 7.2% increase in base rates and RAF score totaling (2.73M)	$40,871	$55,541	$51,312	$66,017	$14,705	28.7%
3rd Party Claims (Expense) - Growth in membership 9.3% and reduction in acuity post COVID	$19,151	$35,521	$24,089	$36,254	$12,165	50.5%

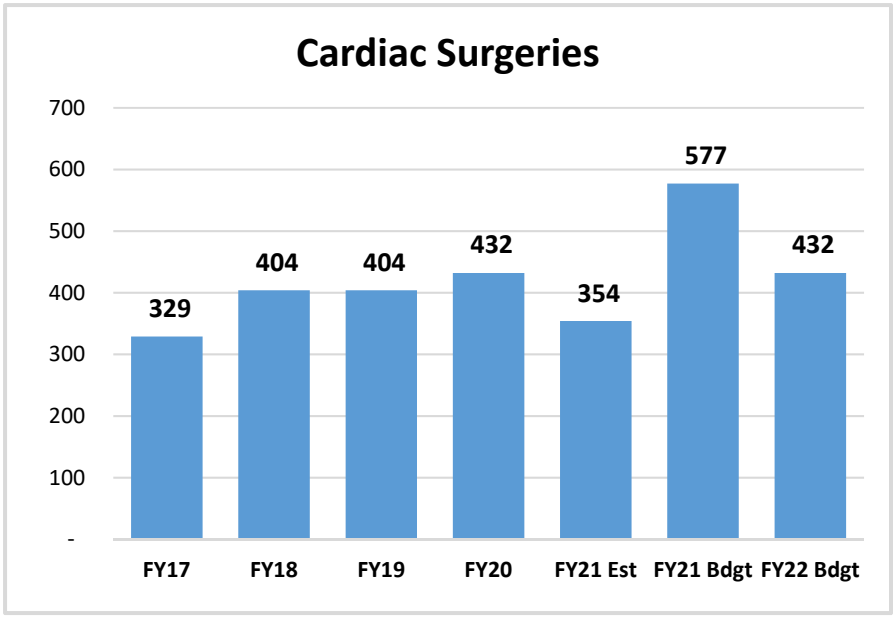

Total Surgery Minutes per 100
16,000
15,000
14,000
13,000
12,000
11,000
10,000
9,000
8,000
7,000
6,000
9,106
9,996
11,788
11,679
11,539
13,891
15,278
FY17
FY18
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt

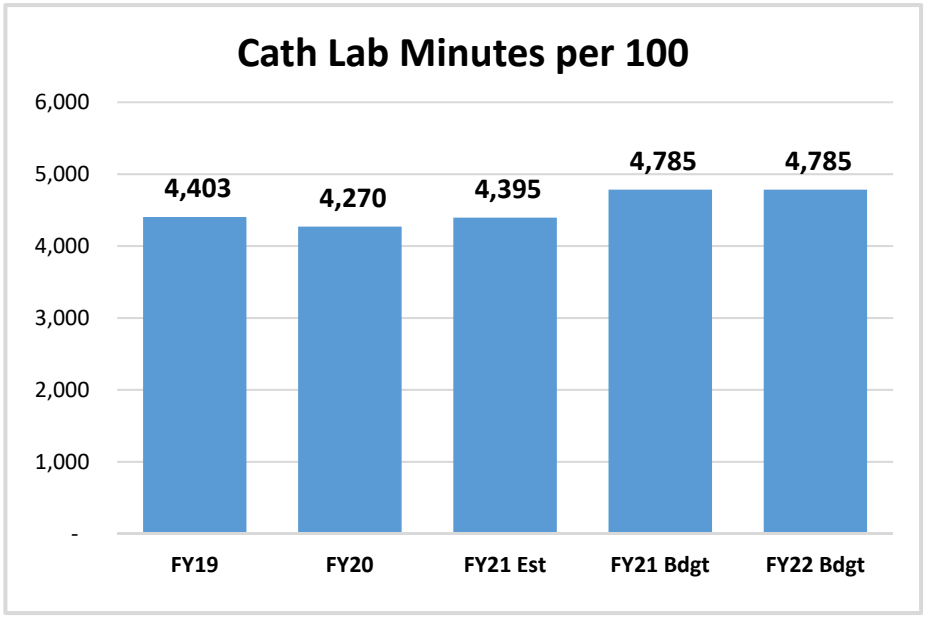

Inpatient Surgery Minutes per 100
10,000
9,000
8,000
7,000
6,000
5,000
4,000
3,000
4,729
5,282
6,737
6,709
6,698
7,738
9,306
FY17
FY18
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt

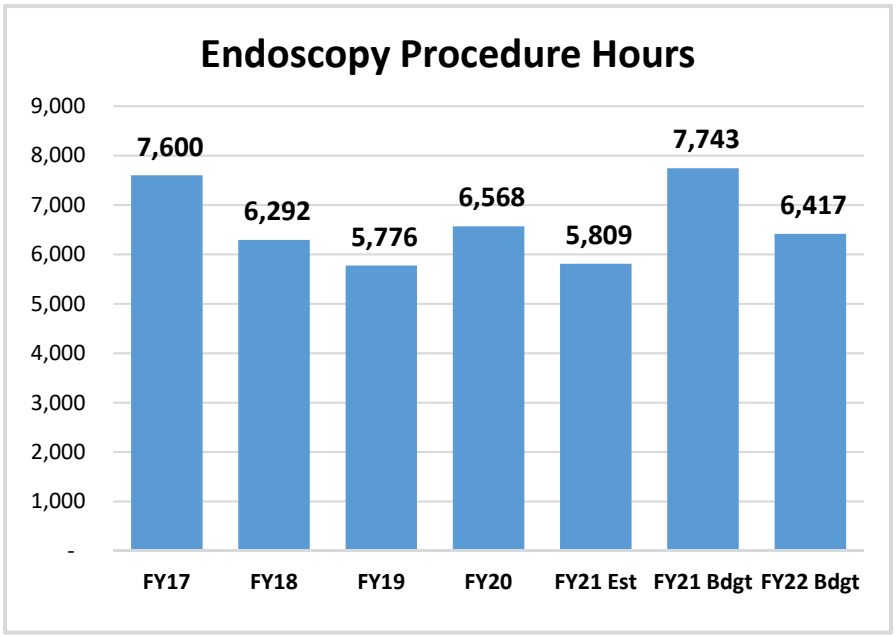

Outpatient Surgery Minutes per 100
6,500
6,000
5,500
5,000
4,500
4,000
3,500
3,000
4,378
4,714
5,050
4,970
4,841
6,153
5,972
FY17
FY18
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt

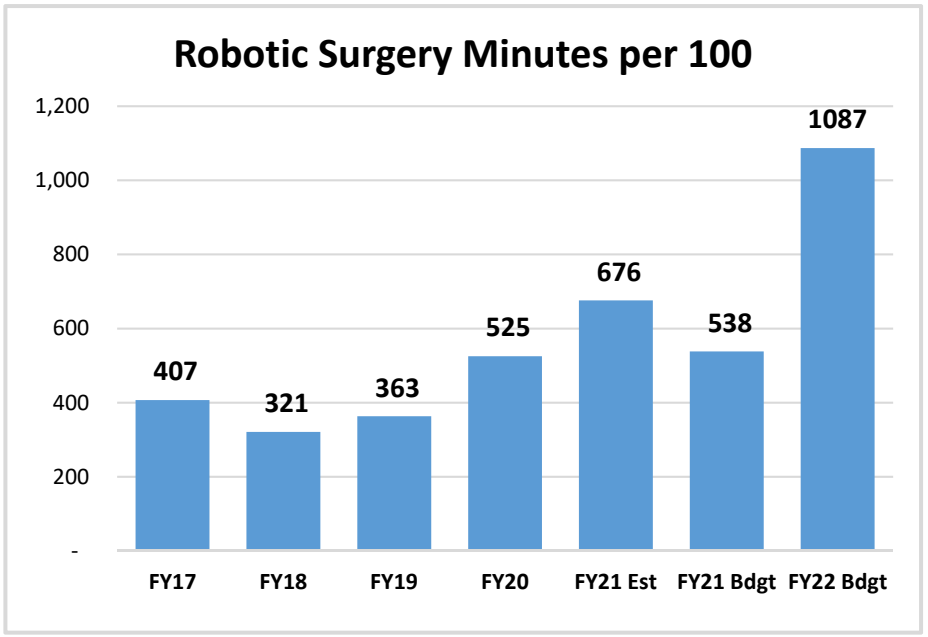

All Modalities Radiology Procedures
330,000
310,000
290,000
270,000
250,000
230,000
210,000
190,000
170,000
150,000
250,885
258,895
268,607
248,646
280,678
293,594
293,142
FY17
FY18
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt

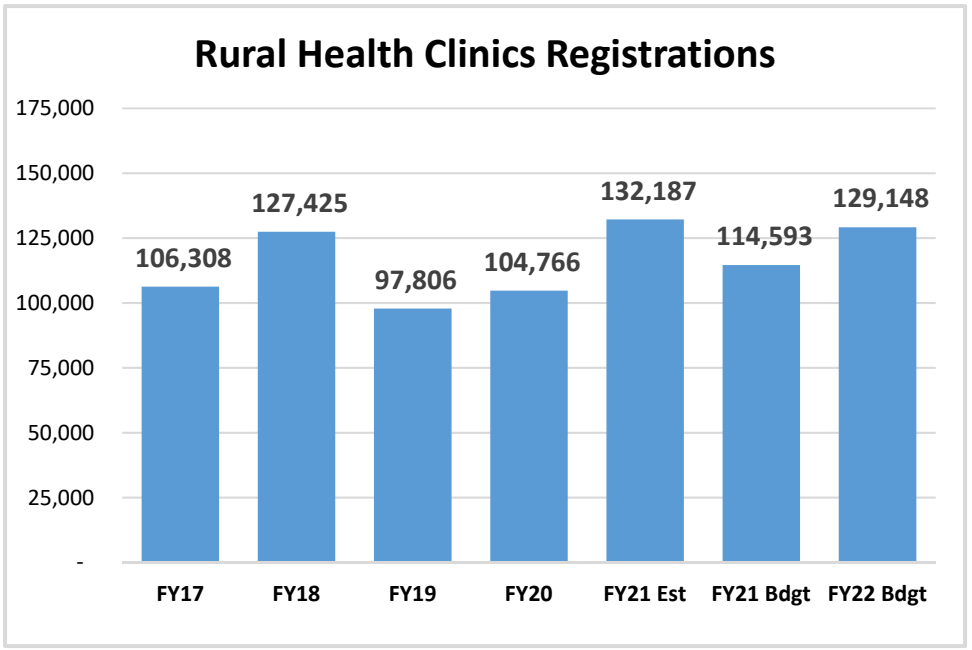

Radiology All Modalities - Inpatient and Outpatient Procedures
350,000
300,000
250,000
200,000
150,000
100,000
50,000
-
27.70%
26.70%
15.90%
17.0%
20.80%
14.50%
17.20%
FY17
FY18
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt
Inpt
Outpt

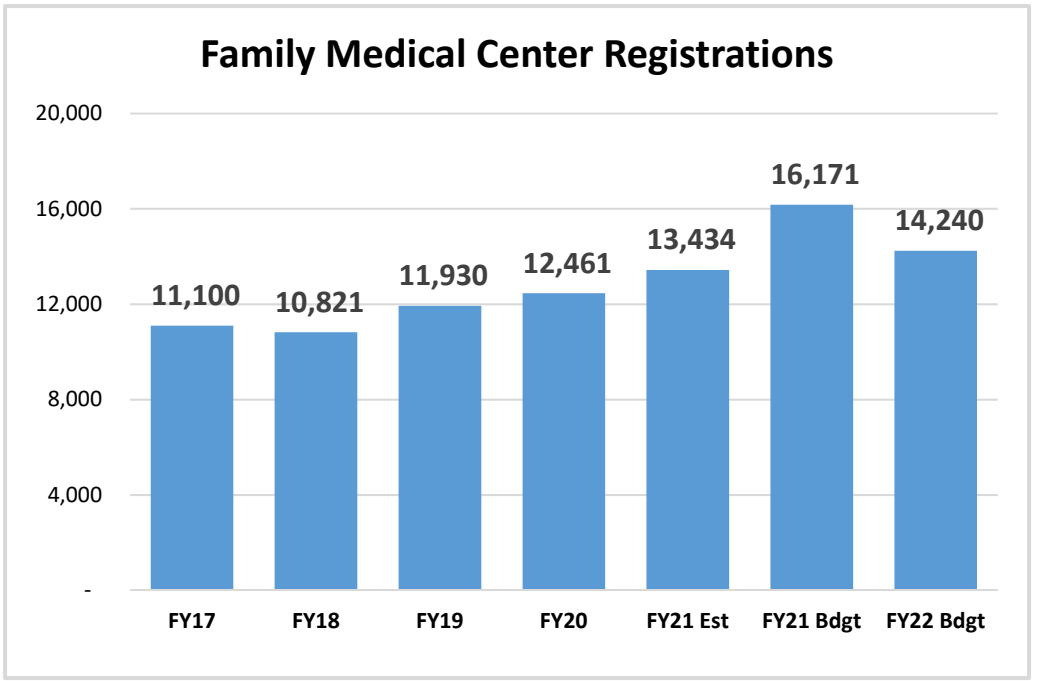

Cardiac Surgeries
700
600
500
400
300
200
100
-
329
404
404
432
354
577
432
FY17
FY18
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt

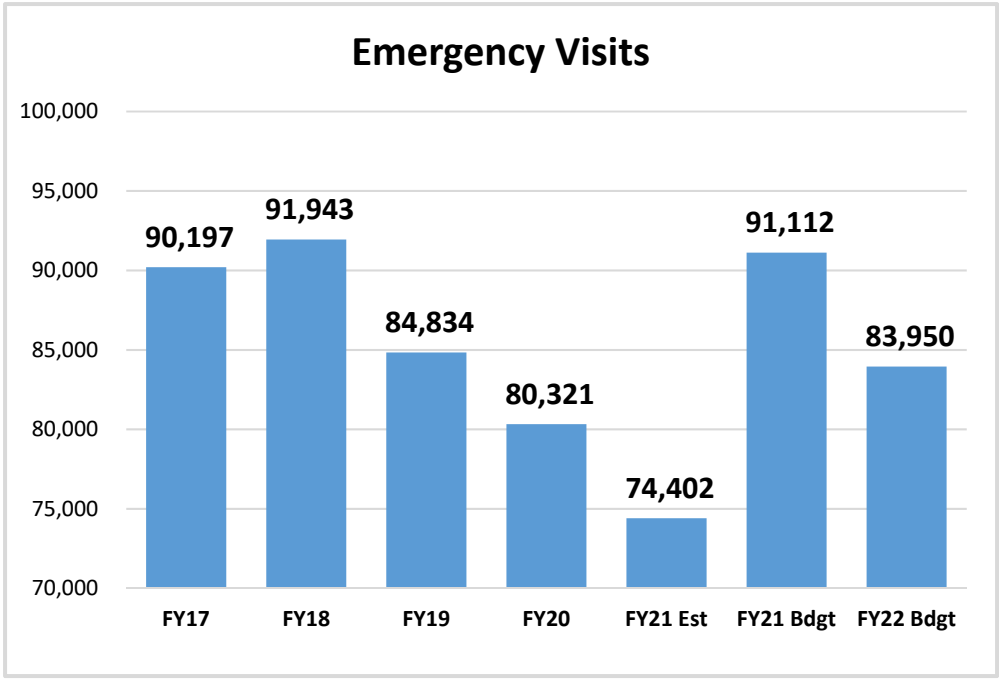

Cath Lab Minutes per 100
6,000
5,000
4,000
3,000
2,000
1,000
-
4,403
4,270
4,395
4,785
4,785
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt

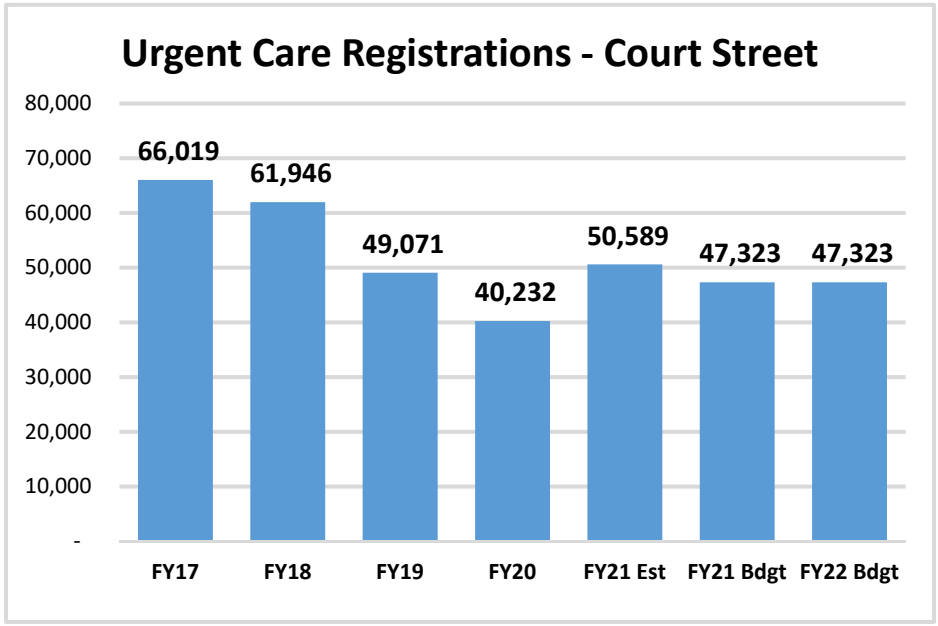

Endoscopy Procedure Hours
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
-
7,600
6,292
5,776
6,568
5,809
7,743
6,417
FY17
FY18
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt

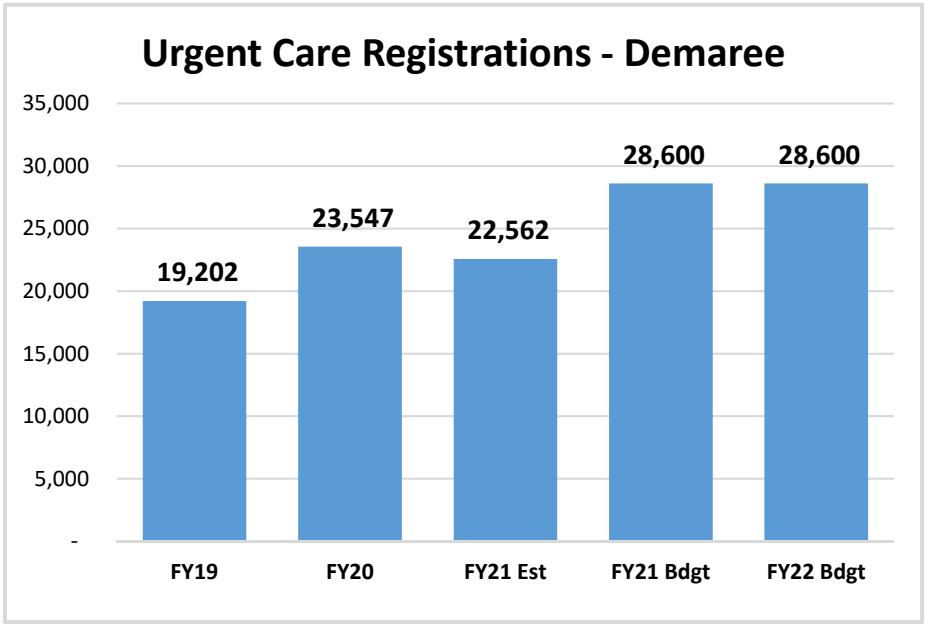

Robotic Surgery Minutes per 100
1,200
1,000
800
600
400
200
-
407
321
363
525
676
538
1087
FY17
FY18
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt

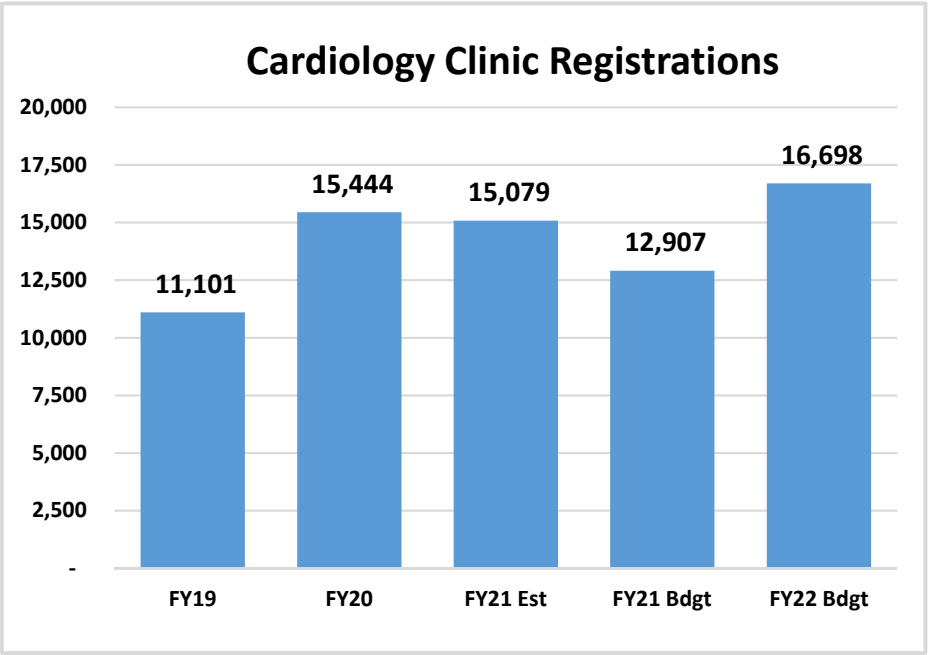

Rural Health Clinics Registrations
175,000
150,000
125,000
100,000
75,000
50,000
25,000
-
106,308
127,425
97,806
104,766
132,187
114,593
129,148
FY17
FY18
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt

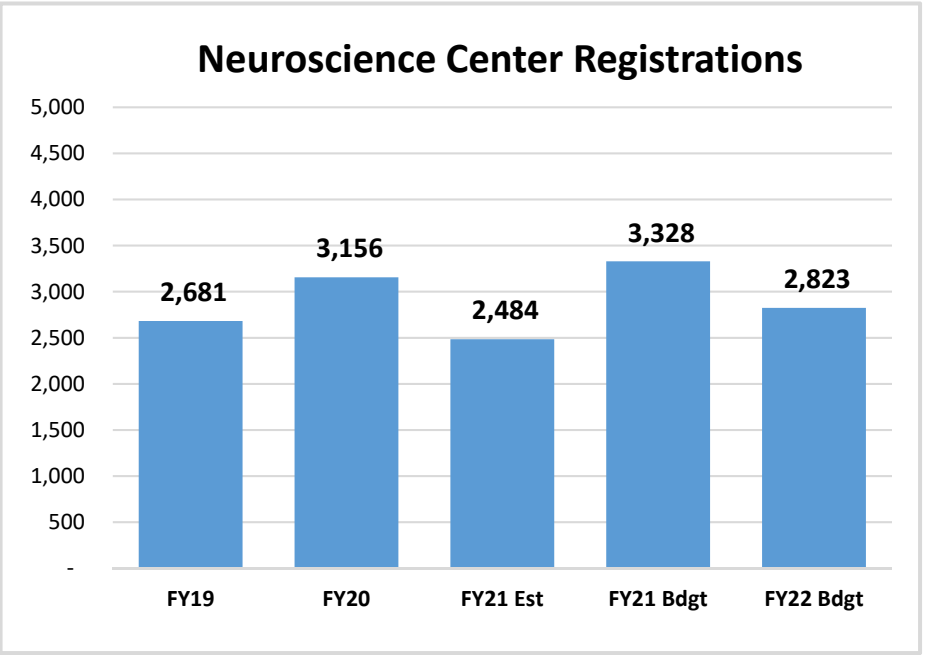

Family Medical Center Registrations
20,000
16,000
12,000
8,000
4,000
-
11,100
10,821
11,930
12,461
13,434
16,171
14,240
FY17
FY18
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt

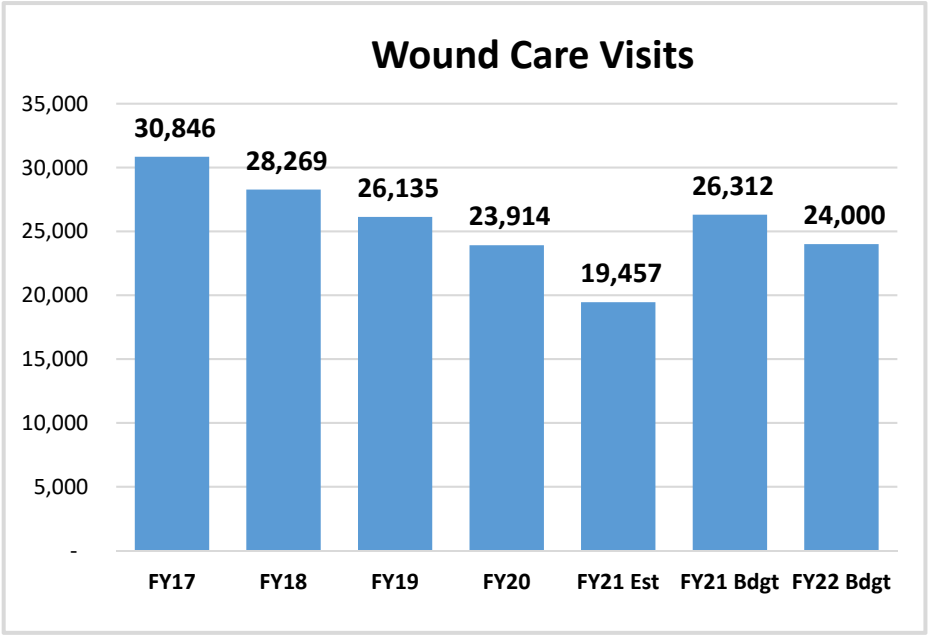

Emergency Visits
100,000
95,000
90,000
85,000
80,000
75,000
70,000
90,197
91,943
84,834
80,321
74,402
91,112
83,950
FY17
FY18
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt

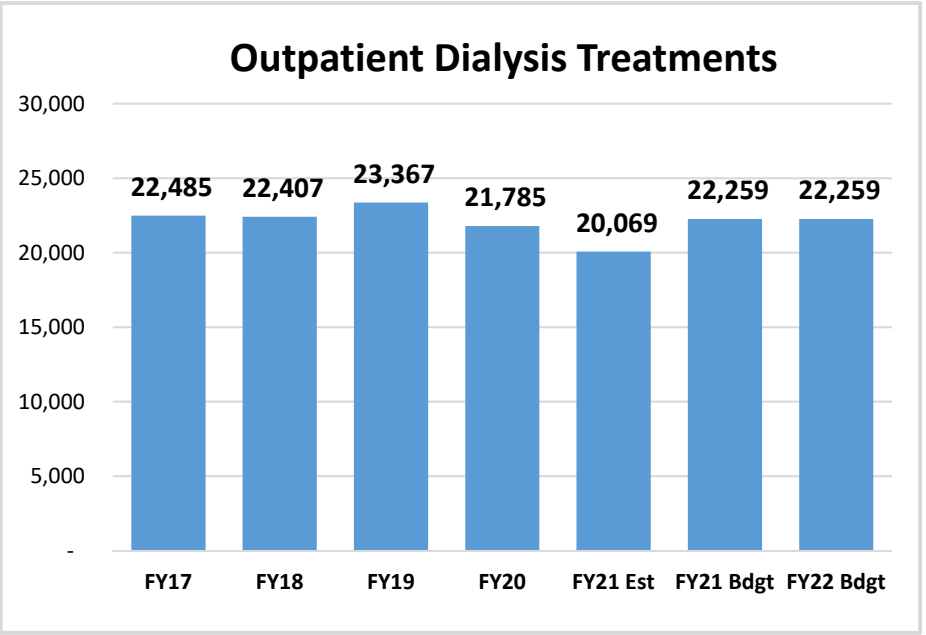

Urgent Care Registrations - Court Street
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
-
66,019
61,946
49,071
40,232
50,589
47,323
47,323
FY17
FY18
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt

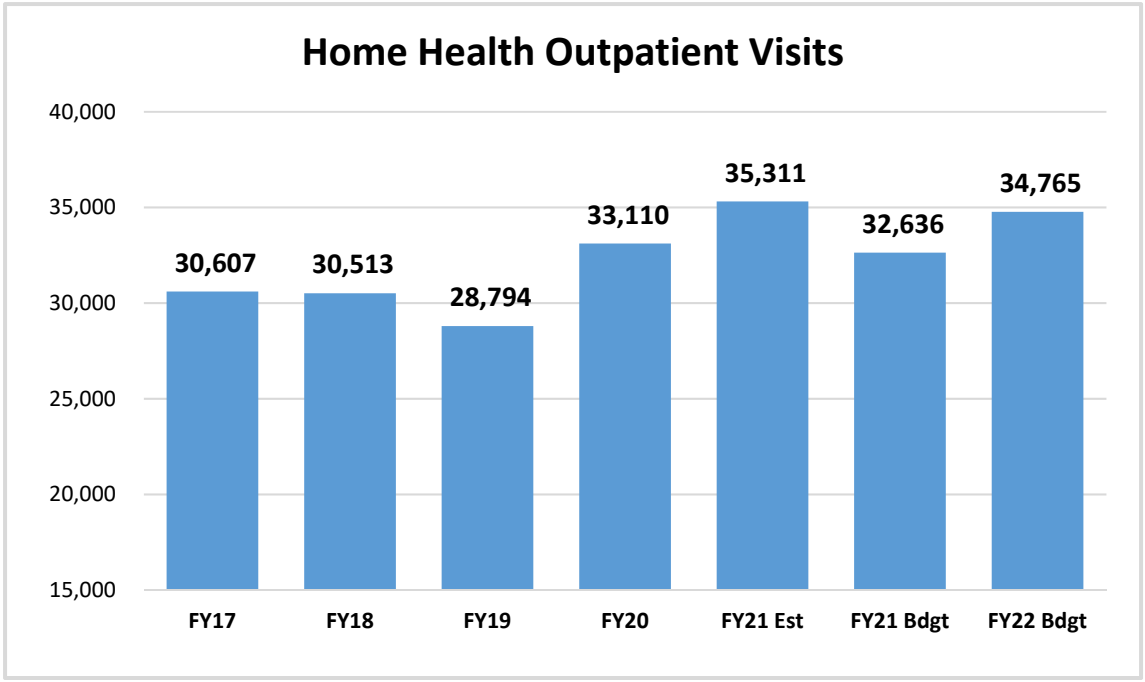

Urgent Care Registrations - Demaree
35,000
30,000
25,000
20,000
15,000
10,000
5,000
-
19,202
23,547
22,562
28,600
28,600
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt

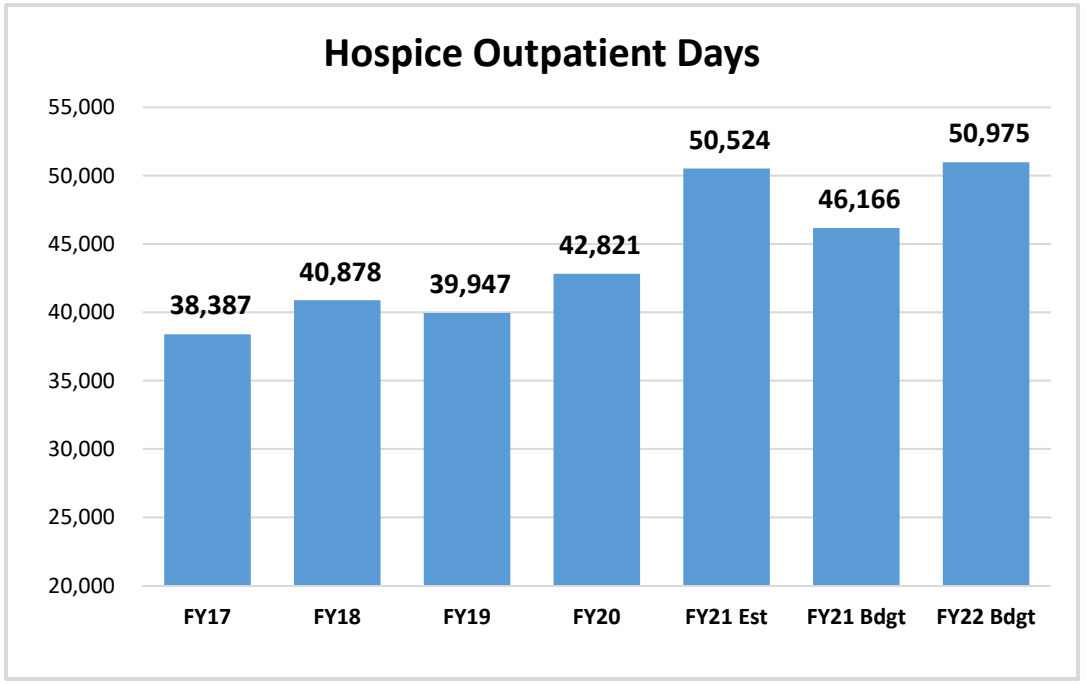

Cardiology Clinic Registrations
20,000
17,500
15,000
12,500
10,000
7,500
5,000
2,500
-
11,101
15,444
15,079
12,907
16,698
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt


Neuroscience Center Registrations
5,000
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
-
2,681
3,156
2,484
3,328
2,823
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt


Wound Care Visits
35,000
30,000
25,000
20,000
15,000
10,000
5,000
-
30,846
28,269
26,135
23,914
19,457
26,312
24,000
FY17
FY18
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt


Outpatient Dialysis Treatments
30,000
25,000
20,000
15,000
10,000
5,000
-
22,485
22,407
23,367
21,785
20,069
22,259
22,259
FY17
FY18
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt


Home Health Outpatient Visits
40,000
35,000
30,000
25,000
20,000
15,000
30,607
30,513
28,794
33,110
35,311
32,636
34,765
FY17
FY18
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt


Hospice Outpatient Days
55,000
50,000
45,000
40,000
35,000
30,000
25,000
20,000
38,387
40,878
39,947
42,821
50,524
46,166
50,975
FY17
FY18
FY19
FY20
FY21 Est
FY21 Bdgt
FY22 Bdgt

Annual Budget 21/22–Operating Revenues (000's)

	FY 21 Budget	FY 21 Projected	FY 22 Budget	Variance Budget FY22-Projected FY21	
Net Patient ServiceRevenue	$608,722	$600,043	$634,620	$34,577	5.8%
Supplemental Funds	49,334	54,226	53,106	(1,120)	(2.1%)
Other Operating Revenue					
Nonpatient Food Sales	3,129	2,311	2,714	403	17.4%
Lifestyle Center	3,613	804	3,210	2,406	299.3%
Kaweah Kids Center	958	922	958	36	3.9%
County Taxes	1,501	1,551	1,633	82	5.3%
Management Services	32,398	33,684	36,290	2,606	7.7%
Premium Revenue	51,312	55,541	66,017	10,476	18.9%
Prime Projects Revenue	5,147	10,662	8,000	(2,662)	(25.0%)
Other	15,759	16,547	16,045	(502)	(3.0%)
	113,817	122,022	134,867	12,845	10.5%
Net Operating Revenue	$771,873	$776,291	$822,593	$46,302	6.0%

Annual Budget 21/22 – Employee Expenses (000's)

	FY 21 Budget	FY 21 Projected	FY 22 Budget	Variance Budget FY22-Projected FY21	
Payroll					
Directors/Managers/Supervisors	$33,580	$35,784	$35,559	($225)	(0.6%)
Technical/Instructors	88,445	86,321	88,916	2,595	3.0%
RN	111,522	111,801	108,133	(3,668)	(3.3%)
LVN	6,423	6,674	6,923	249	3.7%
Aide/Orderly	26,649	28,467	29,091	624	2.2%
Clerical	27,320	26,084	29,551	3,467	13.3%
Environmental	13,798	14,579	15,150	571	3.9%
Other	9,765	12,103	15,488	3,385	28.0%
Accrued PTO	1,577	2,979	1,585	(1,394)	(46.8%)
	319,079	324,792	330,396	5,604	1.7%
Travelers and Contracted Staff					
Therapist fees	606	571	556	(15)	(2.6%)
Nurse registry	5,481	7,893	5,394	(2,499)	(31.7%)
Contract staff	646	403	254	(149)	(37.0%)
	6,733	8,867	6,204	(2,663)	(30.0%)
Employee Benefits					
Social Security	22,924	23,325	24,045	720	3.1%
State unemployment insurance	826	1,091	527	(564)	(51.7%)
Medical, dental and vision	28,896	30,680	27,500	(3,180)	(10.4%)
Life insurance	324	321	323	2	0.6%
Workers' compensation	6,130	4,313	6,662	2,349	54.5%
Employee retirement plans	6,816	(5,254)	(6,167)	(913)	17.4%
Tuition/scholarships	750	958	840	(118)	(12.3%)
Other benefits	97	289	192	(97)	(33.6%)
	66,763	55,723	53,922	(1,801)	(3.2%)
Total Payroll and Benefits	$392,575	$389,382	$390,522	1,140	0.3%

Annual Budget 21/22–Operating Expenses (000's)

	FY 21 Budget	FY 21 Projected	FY 22 Budget	Variance Budget FY22-Projected FY21	
Other Direct Expenses					
Physician fees	$89,801	$96,237	$99,783	$3,546	3.7%
Consulting fees	2,296	2,236	2,251	15	0.7%
Legal fees	1,763	3,388	1,421	(1,967)	(58.1%)
Audit fees	175	149	141	(8)	(5.4%)
Other professional fees	113	152	195	43	28.3%
Prosthesis	24,462	21,133	23,984	2,851	13.5%
Medical/surgical supplies	43,096	49,261	44,299	(4,962)	(10.1%)
Oxygen	679	724	679	(45)	(6.2%)
IV solutions	818	742	765	23	3.1%
Pharmaceutical supplies	34,353	38,852	37,484	(1,368)	(3.5%)
Radioactive material	1,014	1,196	1,562	366	30.6%
Radiology film	4	0	0	0	0.0%
Cost of goods sold	6,767	6,255	5,503	(752)	(12.0%)
Food	3,037	2,411	2,519	108	4.5%
Linen	239	290	325	35	12.1%
Maintenance supplies	1,650	1,782	1,570	(212)	(11.9%)
Office supplies	1,693	1,567	1,419	(148)	(9.4%)
Uniforms	103	73	119	46	63.0%
Minor medical equipment	1,164	1,265	1,220	(45)	(3.6%)
Other minor equipment	3,581	3,581	3,955	374	10.4%
Books	137	92	100	8	8.7%
Medical purchased services	28,599	40,508	40,324	(184)	(0.5%)
Repairs and maintenance	27,492	26,106	28,699	2,593	9.9%
Collection services	2,201	2,401	2,335	(66)	(2.7%)

Annual Budget 21/22–Operating Expenses (000's)

	FY 21 Budget	FY 21 Projected	FY 22 Budget	Variance Budget FY22-Projected FY21	
Other Direct Expenses (continued)					
Other purchased services	$10,841	$10,527	$9,461	($1,066)	(10.1%)
Amortization	800	990	868	(122)	(12.3%)
Depreciation - building	11,890	12,284	12,126	(158)	(1.3%)
Depreciation - leasehold improvements	359	359	357	(2)	(0.6%)
Depreciation - equip/building improv	19,124	17,011	20,201	3,190	18.8%
Rent	6,576	6,177	6,169	(8)	(0.1%)
Electricity	3,062	3,160	3,670	510	16.1%
Gas	2,520	3,038	2,822	(216)	(7.1%)
Water and sewer	852	748	816	68	9.1%
Professional liability insurance	2,435	414	2,297	1,883	454.8%
Other insurance	1,179	1,258	1,574	316	25.1%
Licenses and taxes	1,062	1,019	1,131	112	11.0%
Telephone	1,581	1,567	1,679	112	7.1%
Dues and subscriptions	1,372	1,330	1,583	253	19.0%
Education	887	454	936	482	106.2%
Travel	904	629	974	345	54.8%
Recruiting	2,850	1,892	4,302	2,410	127.4%
Other direct expenses	(3,079)	5,589	4,146	(1,443)	(25.8%)
Interest	6,861	6,659	7,234	575	8.6%
Management services	31,985	33,696	35,899	2,203	6.5%
	379,298	409,202	418,897	9,695	2.4%
Total Operating Expenses	**$771,873**	**$798,584**	**$809,419**	**$10,835**	**1.4%**

Annual Budget 21/22 (000's)

	FY 21 Budget	FY 21 Projected	FY 22 Budget	Variance Budget FY22-Projected FY21	
Operating Margin	$0	($22,293)	$13,174	$35,467	(159.1%)
Non-operating revenues	5,793	6,416	4,568	(1,848)	(28.8%)
Stimulus funding	0	31,938	1,195	(30,743)	(96.3%)
Excess Margin	**$5,793**	**$16,061**	**$18,937**	**$2,876**	**17.9%**
Operating Margin	0.00%	(2.87%)	1.60%		
Excess Margin	0.74%	2.05%	2.29%		
Operating Cash Flow Margin	5.06%	1.93%	6.56%		
Deductions from Revenue Percentage	75.57%	75.64%	75.56%		
Compensation Ratio	44.06%	44.93%	42.81%		
Maximum Annual Debt Service Charge	2.7	3.2	3.5		
Supplies as Percent of Net Operating Revenue	16.61%	17.40%	15.96%		
Supplies as Percent of Net Patient Revenue	20.17%	21.54%	19.78%		

FY22 Capital Budget

Total Capital Requests	**$36,970,857**
Total Rejected/Deferred	**($17,170,857)**
In Review	**$19,800,000**
Breakdown of Items in Review	
Infrastructure Maintenance	$4,138,000
Facilities Construction Projects & Planning	$2,695,100
Information Services (ISS)	$3,244,166
Trubeam Linear Accelerator	$3,070,000
3rd CT	$2,525,800
Director Requests	$4,126,934
In Review	**$19,800,000**
Funding Sources	
Capital FY22	$14,303,000
Unspent Capital from prior years	$1,330,765
Donations	$1,405,000
Available Bond Funds - prior issues	$2,761,235
Total Funds	**$19,800,000**
General Contingency Capital	$340,000
	$340,000
FY 2022 Capital Budget	**$20,140,000**

Capital Detail relating to Infrastructure $15.6M

Requested Item	Dept	Amount
Truebeam Linear Accelerator	SRCC Rad Onc	3,070,000
Acequia 3rd CT Suite	Facilities	2,525,800
Fire Alarm Systems - phased over 3 years	Maintenance	800,000
Infill Acequia 2nd floor shell with Respiratory	Facilities	591,400
Critical Care Bed Replacement, CVICU OR *	Facilities	530,000
Server Infrastructure	ISS	480,008
CoGen Turbine Refurbishment	Maintenance	450,000
Med Surge Care Beds Replacement	Facilities	433,717
Rehab HVAC Controls - phased over 3 years	Maintenance	400,000
Acequia Sterile Processing Equipment	Facilities	390,000
CDMC Infusion Expansion	Facilities	376,000
SAN Storage Annual Growth and Maintenance	ISS	360,275
Network Hardware	ISS	342,587
SSB 3rd Floor Remodel-Conference Rooms	Facilities	264,200
Nurse Call System: Skilled Nursing	Maintenance	254,000
Recycling/Compactor/Composting Center	Maintenance	225,000
Mental Health Hospital Flooring	Facilities	215,000
3 West Roof Replacement	Maintenance	200,000
MK OR 14 Endo-Urology C-arm	Facilities	190,000
KDMF Server Cluster for Allscripts	ISS	176,000
Rehab: Phase 7 Refurbishment	Maintenance	175,000
Restroom Modernization (All)	Maintenance	175,000
Hardware/Software Unexpected Needs	ISS	150,000
Security Cameras (All)	Maintenance	140,000
MKW Chiller #4: Refurbishment	Maintenance	130,000
OR Flooring Replacement: PACU & Main Hallways	Maintenance	130,000
Cath Lab Stretcher Replacement	Facilities	120,000
HEDIS Quality Analytics	ISS	118,463
MKW Domestic Water Pump	Maintenance	100,000
Cafeteria Bathrooms; Refurbishment	Maintenance	100,000
Generator System Refurbishment (Mental Health)	Maintenance	100,000
Kaweah Care District Refurbish	Facilities	100,000
Misc Moves/Furnishings	Facilities	100,000
Small Projects Contingency	Facilities	100,000
Pharmacy Admin Office Remodel	Facilities	100,000
Data Center Fiber Channel Switches	ISS	92,957

Requested Item	Dept	Amount
Mini-Mitts Roof Replacement	Maintenance	90,000
Dietary Office HVAC (OSPHD Compliance project)	Maintenance	80,000
Lung Cancer Screening	ISS	80,000
Digital Front Door - Cerner Consumer Framework	ISS	79,560
CIP 350 Equipment Budget-CDMC Infusion Expansion	Facilities	76,300
Downtown Campus Interior Wayfinding Initiative	Maintenance	75,000
Acequia Building Cleaning Davits: Refurbishment	Maintenance	65,000
SSB Building Cleaning Davits: Refurbishment	Maintenance	65,000
Capacity Manager Expanded Scope	ISS	58,825
Capacity Manager Transfer Center	ISS	56,029
Maintenance Office Relocation	Facilities	52,800
Fan Coil Replacements	Maintenance	50,000
Employee Pharmacy: Sub Floor/Flooring	Maintenance	45,000
Dietary Refrigeration System at the Dock	Maintenance	45,000
ED Patient Door Replacement	Maintenance	40,000
Chair Rail Replacement	Maintenance	40,000
Chiller Refurbishment (KDMF)	Maintenance	40,000
Ultrasound Measurements Automated Data Flow	ISS	35,800
District Vehicle Replacement - 3 vehicles (leases)	Maintenance	33,000
Digital Front Door	ISS	32,545
Server Licensing	ISS	32,000
File/Data Transfer Automation and Scheduling	ISS	29,975
PACS-driven Workflow for Radiologists	ISS	29,275
2 South Column Refurbishment	Maintenance	25,000
ED Patient Door Replacement	Maintenance	25,000
Patient Finance Acequia to Willow Building	Facilities	24,000
Restore blue room	Facilities	20,000
2 South Flooring Replacement	Maintenance	14,000
Lab storage blue room to Acequia Basement	Facilities	12,000
Patient Finance Acequia to Mineral King lobby	Facilities	12,000
Main Power Circuit Breaker	Maintenance	10,000
Casework Banding Equipment	Facilities	10,000
Lifestyles: Hydraulic Power Pack	Maintenance	9,000
Construction Services Acequia move	Facilities	8,600
Lifestyles: Circulation Pump for Lap Pool	Maintenance	8,000
Holter Monitor Integration with KD*Hub	ISS	6,150

Capital Purchase Detail – Director Requests

Department	Amount
Maintenance Department	1,292,000
Surgery	1,109,977
Radiology	350,000
Anesthesiology	340,910
GME-Administration	331,043
Endoscopy	319,494
Emergency-ED	297,578
Sterile Processing	259,000
Pharmacy-Primary Operations	188,389
Noninvasive Cardiology-KDDC	178,655
Cardiac Cath Lab	177,737
Food & Nutrition Services	168,794
Lifestyle Center	136,500
Intensive Care-ICU-2W	93,265
Pulmonary Function	91,192
Cardiovascular ICU-CVICU	73,393
SRCC Rad Oncology.-Visalia	60,000
Food & Nutrition Services-South	58,645
Surgery-Cardiac	55,668
Nuclear Medicine	46,563
Pet CT-KDDC	38,371
Laundry	30,000
Food & Nutrition Services.-West	29,456
Surgery-Robotics	29,169
Surgery Center-Ambulatory	24,503

Department	Amount
Float Pool-General Nursing	22,730
Telemetry-14	22,730
Environmental Services	21,500
Neonatal ICU-NICU	15,969
Cardiac Rehabilitation	13,482
RHC-Woodlake Health Clinic	12,547
RHC-Dinuba Health Clinic	12,547
RHC-Lindsay Health Clinic	12,547
RHC-Tulare Health Clinic	12,547
Therapies-KDRH	11,792
Respiratory Therapy	11,589
Urgent Care Center-UCC South	11,418
Sequoia Cardiology Clinic-SCC	11,418
Therapies-Exeter	11,247
Acute Rehab	9,500
Nuclear Medicine-KDDC	7,947
RHC-Exeter Health Clinic	7,267
Hand Therapy	6,214
Noninvasive Cardiology	5,789
KHMG Maintenance	25,000
KHMG Surgery	23,894
KHMG Neurology	23,810
KHMG Pediatrics	14,793
KHMG Quick Care	13,530

Note: Current total $6.1M to be reduced to $4.1M

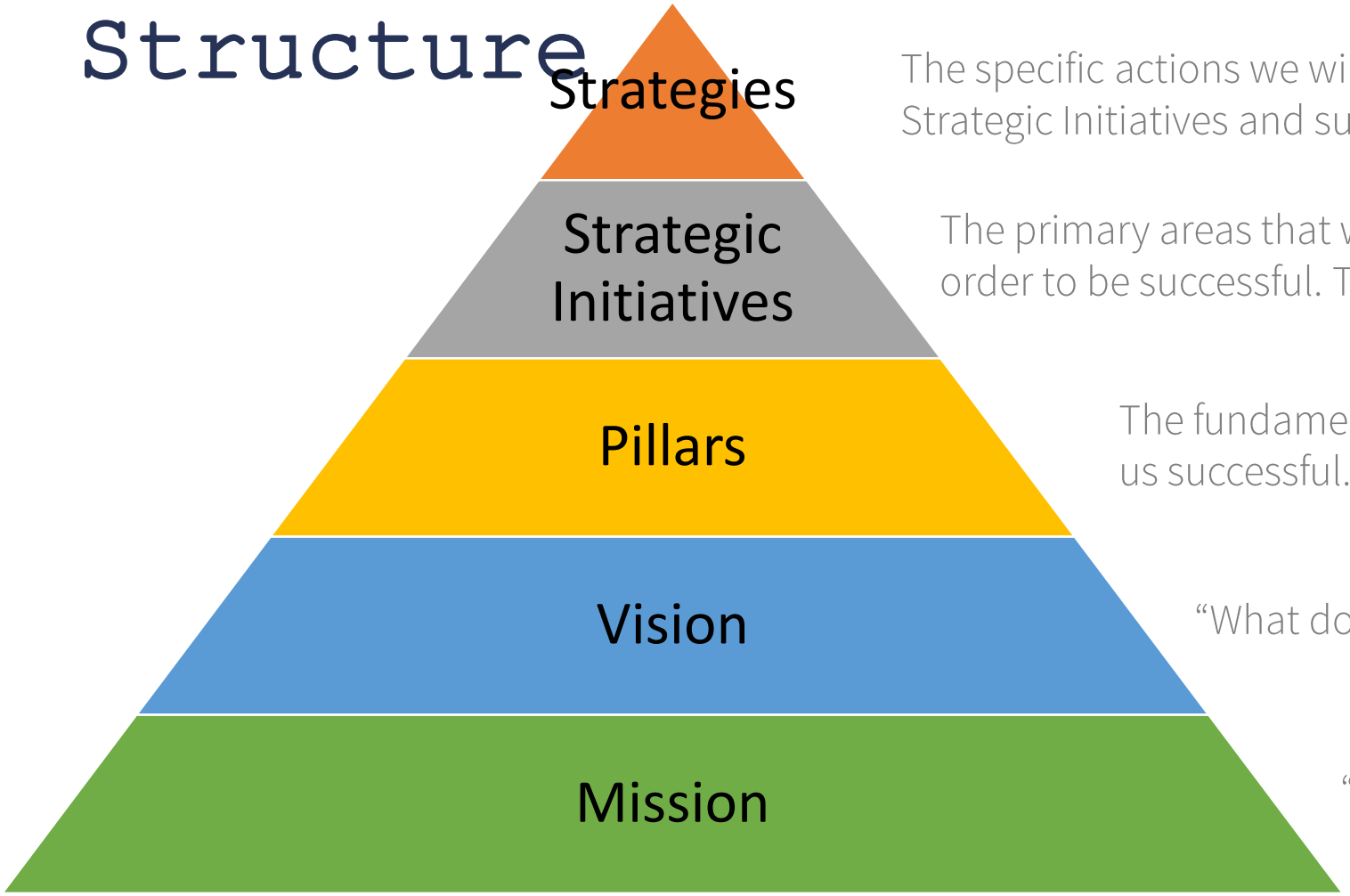
Strategic Plan

Fiscal Year 2022

Presentation to the Board of Directors
June 28, 2021

Contents

Overview of Kaweah Health's Strategy Structure



The specific actions we will take this year to contribute to our Strategic Initiatives and success. These change annually.

The primary areas that we need to focus on during the next 1-3 years in order to be successful. These are subject to change every 1-3 years.

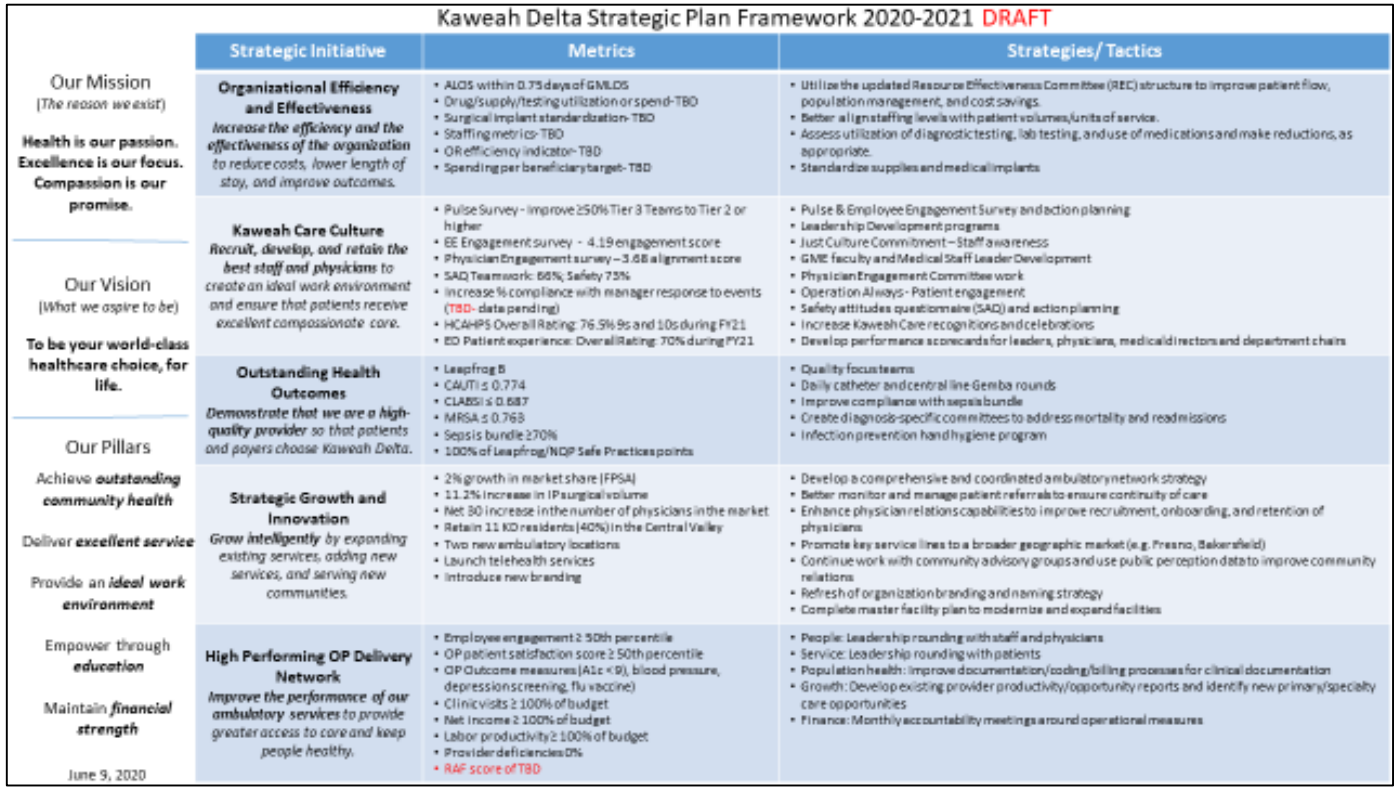
The fundamental and perpetual things that will make us successful. These rarely change.

"What do we aspire to become?"

"Why do we exist?"

Overview of Strategic Plan Documents

Plan Framework- Example



Kaweah Delta Strategic Plan Framework 2020-2021 DRAFT

	Strategic Initiative	Metrics	Strategies/ Tactics
Our Mission (The reason we exist) **Health is our passion. Excellence is our focus. Compassion is our promise.**	**Organizational Efficiency and Effectiveness** *Increase the efficiency and the effectiveness of the organization to reduce costs, lower length of stay, and improve outcomes.*	• ALOS within 0.75 days of GMLOS • Drug/supply/testing utilization or spend-TBD • Surgical implant standardization-TBD • Staffing metrics-TBD • OR efficiency indicator-TBD • Spending per beneficiary target-TBD	• Utilize the updated Resource Effectiveness Committee (REC) structure to improve patient flow, population management, and cost savings. • Better align staffing levels with patient volumes/units of service. • Assess utilization of diagnostic testing, lab testing, and use of medications and make reductions, as appropriate. • Standardize supplies and medical implants
Our Vision (What we aspire to be) **To be your world-class healthcare choice, for life.**	**Kaweah Care Culture** *Recruit, develop, and retain the best staff and physicians to create an ideal work environment and ensure that patients receive excellent compassionate care.*	• Pulse Survey - Improve ≥50% Tier 3 Teams to Tier 2 or higher • EE Engagement survey - 4.19 engagement score • Physician Engagement survey – 3.68 alignment score • SAQ Teamwork: 66%; Safety 75% • Increase % compliance with manager response to events (TBD- data pending) • HCAHPS Overall Rating: 76.5% 9s and 10s during FY21 • ED Patient experience: Overall Rating: 70% during FY21	• Pulse & Employee Engagement Survey and action planning • Leadership Development programs • Just Culture Commitment – Staff awareness • GME faculty and Medical Staff Leader Development • Physician Engagement Committee work • Operation Always - Patient engagement • Safety attitudes questionnaire (SAQ) and action planning • Increase Kaweah Care recognitions and celebrations • Develop performance scorecards for leaders, physicians, medical directors and department chairs
Our Pillars Achieve ***outstanding community health*** Deliver ***excellent service*** Provide an ***ideal work environment*** Empower through ***education*** Maintain ***financial strength***	**Outstanding Health Outcomes** *Demonstrate that we are a high-quality provider so that patients and payers choose Kaweah Delta.*	• Leapfrog B • CAUTI ≤ 0.774 • CLABSI ≤ 0.687 • MRSA ≤ 0.768 • Sepsis bundle ≥70% • 100% of Leapfrog/NQF Safe Practices points	• Quality focus teams • Daily catheter and central line Gemba rounds • Improve compliance with sepsis bundle • Create diagnosis-specific committees to address mortality and readmissions • Infection prevention hand hygiene program
	Strategic Growth and Innovation *Grow intelligently by expanding existing services, adding new services, and serving new communities.*	• 2% growth in market share (FPSA) • 11.2% increase in IP surgical volume • Net 30 increase in the number of physicians in the market • Retain 11 KD residents (40%) in the Central Valley • Two new ambulatory locations • Launch telehealth services • Introduce new branding	• Develop a comprehensive and coordinated ambulatory network strategy • Better monitor and manage patient referrals to ensure continuity of care • Enhance physician relations capabilities to improve recruitment, onboarding, and retention of physicians • Promote key service lines to a broader geographic market (e.g. Fresno, Bakersfield) • Continue work with community advisory groups and use public perception data to improve community relations • Refresh of organization branding and naming strategy • Complete master facility plan to modernize and expand facilities
June 9, 2020	**High Performing OP Delivery Network** *Improve the performance of our ambulatory services to provide greater access to care and keep people healthy.*	• Employee engagement ≥ 50th percentile • OP patient satisfaction score ≥ 50th percentile • OP Outcome measures (A1c < 9), blood pressure, depression screening, flu vaccine) • Clinic visits ≥ 100% of budget • Net income ≥ 100% of budget • Labor productivity ≥ 100% of budget • Provider deficiencies 0% • RAF score of TBD	• People: Leadership rounding with staff and physicians • Service: Leadership rounding with patients • Population health: Improve documentation/coding/billing processes for clinical documentation • Growth: Develop existing provider productivity/opportunity reports and identify new primary/specialty care opportunities • Finance: Monthly accountability meetings around operational measures

- A two page summary of the entire Strategic Plan
- Includes the Mission, Vision, Pillars, and the current fiscal year's Strategic Initiatives, performance metrics, and strategies/tactics
- Is a great overview of the Strategic Plan that is routinely shared with staff, the Board, the medical staff, and others.
- The listed metrics are aligned with the annual organizational goals, although the Strategic Plan will typically include more metrics that the goals

Strategic Plan Framework

- Strategic Initiative Charters
  - Strategy Summaries

Overview of Strategic Plan Documents

Strategic Initiative Charter- Example

Strategic Initiative Charter: Strategic Growth and Innovation

Objective	Leader	ET Sponsor	Board Member
Grow intelligently by expanding existing services, adding new services, and serving new communities. Find new ways to do things to **improve efficiency and effectiveness**.	Jessica Rodriguez	Marc Mertz	Garth Gipson

Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
Inpatient Market Share (FPSA)[1]	59.9%	62.0%	64.0%	66.0%
Annual Ambulatory Visits	543,692	582,534	TBD	TBD
New physicians in the market	N/A	20	TBD	TBD
Best Image and Reputation Score (via NRC Health)	23.9	26.0	28.5	30.0

[1] Based on OSHPD data CY2018; FPSA is the facility planning service area

Strategies (Tactics)	Net Annual Impact ($)
Physician Recruitment and Retention	($2,752,348)
Inpatient Growth	n/a
Outpatient Growth	($7,133,263)
Facility Modernization	($619,000)
Improve Community Engagement	n/a
Innovation	($150,000)

Team Members

Jennifer Stockton
Brian Piearcy
John Leal
Ben Cripps
Franklin Martin
Christine Aleman
Renee Lauck
Karen Tellalian
Doug Leeper
Sebastiano Cassaro, MD
Alex Lechtman, MD
Paul Schofield
Sonia Solis
Martha Tercero
Deborah Volosin
Brittany Taylor
Julieta Moncada

- Each of the six Strategic Initiatives has a Charter. This is a 1 or 2 page summary of the Initiative's objective, performance metrics, and the key strategies that will make us successful
- The Charter also indicates the team members that helped prepare the Strategic Initiative materials
- Whenever possible, we have projected the financial impact of the strategies

Strategic Plan Framework
- Strategic Initiative Charters
  - Strategy Summaries

Overview of Strategic Plan Documents

Strategy Summary - Example

Strategy Summary for: Medication Measures

Strategic Initiative: Outstanding Health Outcomes

Objective

Improve the accuracy of the home medication list by inpatient and outpatient care teams

Key Components

- Utilize the work of the pharmacy team to improve and achieve the medication-related metrics in the inpatient setting
  - Operational reports
  - Add 2.5 Patient Care Technicians – med history reviews (cost includes S&B)
- Utilize the work of the Clinic Network and Population Health teams to improve and achieve the defined quality metrics in the outpatient setting
  - Operational teams
    - Remind providers of functionality
    - Track performance
    - Develop compliance plan
  - ISS teams
    - Operational reports

Outcomes	FY22	FY23	FY24
Home Medication List Review of High Risk (HR) Patients (inpatient admission)	100%	100%	100%
Complete Initial Home Medication w/in 12 hours of Inpatient Admission	100%	100%	100%
Outpatient Medication Reconciliation w/in 30 days Post Discharge (MRP)	44%	55%	78%

Financial Impact	FY2022	FY2023	FY2024
Estimated Cost Avoidance[1]	$3,770,550	$3,770,550	$3,770,550
PFP Revenue (QIP)	$540,000	$540,000	$540,000
Expenses			
Labor [2]	($140,625)	($144,844)	($149,189)
Supplies	$0	$0	$0
Other[3]	Penalties	Penalties	Penalties
Net Annual Impact	$4,169,925	$4,165,706	$4,161,361

Individual/Department Responsible for Execution

Sonia Duran-Aguilar, James McNulty, Nicole Gann, Luke Schneider, Lacey Jensen, Leah Daugherty , Rudy Gonzalez, Ivan Jara, Tracy Salsa, Dr. Roger Haley, Dr. Monica Manga, Dr. Mario Martinez

- Under each Strategic Initiative, there is a 1-page Strategic Summary for each of the indicated strategies or tactics
- The Strategic Summary provides more details regarding the specific actions we will take as well as more performance metrics that will be used to monitor our achievement of this strategy
- The summary includes three-year performance targets whenever possible
- The Finance team assisted in estimating the financial impact, and assured that the Strategic Plan was aligned with the annual budget

Strategic Plan Framework

- Strategic Initiative Charters
- Strategy Summaries

FY 2022 Strategic Planning Process

World-Class Journey

- Fall 2020
- Using a Department of Defense assessment tool for world-class medical centers, we assessed our current state via a series of facilitate sessions with leaders, medical staff, the Board, staff, and community members
- We created a report indicating our current state, our future goals, and the steps necessary to achieve world-class designation. This informed our strategic planning process.

Planning Retreat

- November 2020
- Executive Team and senior leaders spent a half-day to revisit our strategic objectives and outline the high-level initiative for FY2021 and beyond
- The Kaweah Health (KH) Board Strategic Planning Committee met to discuss the proposed initiatives and provide input and recommendations

Initiative Workgroups

- January - April 2020
- We formed a work group for each of the identified strategic initiatives. These groups met to develop the goals, tactics, and metrics for the Strategic Initiative
- Meetings were facilitated by Strategy and the Internal Consulting team. Finance representatives were involved throughout.

We are here

Strategic Plan Review

- The draft strategic plan was presented to the ET and Board Strategic Planning Committee in May for review and revision
- The revised draft strategic plan was shared with the KH Board June 3rd for initial review and discussion
- The strategic plan will be used to inform the annual budget process by providing prioritized initiatives and the associated financial impacts
- The final strategic plan will be presented to the KH Board along with the annual budget at the June Board meeting

FY 2022 Draft Strategic Plan

Strategic Initiatives

The following six Strategic Initiatives have been selected for the Strategic Plan effective July 2021 through June 2022. These were selected as the result of a strategic planning retreat in November, as well as through a survey of Medical Staff and a discussion at the Board of Directors Strategic Planning Committee.

- Organizational Efficiency and Effectiveness
- Outstanding Health Outcomes
- Patient and Community Experience
- Empower through Education
- Ideal Work Environment
- Strategic Growth and Innovation

FY 2022 Draft Strategic Plan

Strategic Initiative Work Groups

A work group was formed for each of the six Strategic Initiatives. For the past four months, these work groups met to discuss potential strategies (tactics) and performance measures (metrics) relative to the Strategic Initiative. Members of the work groups included leaders, staff, physicians, and for the first time, Board members. The meetings and process were facilitated by members of the Kaweah Health Consulting team.

The following pages contain details for each Strategic Initiative:

- A two-page overview called the Strategic Plan Framework
- A single-page (in some cases 2-page) summary called a Strategic Initiative Charter
- Additional pages of details for each of the identified Strategies

The work group leaders have worked with Finance to estimate the financial impact of the Strategic Initiatives and to ensure that the Strategic Plan is aligned with the proposed annual Budget.

Kaweah Health Strategic Plan Framework 2022-2024

Our Mission
(*The reason we exist*)

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

Our Vision
(*What we aspire to be*)

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

Our Pillars

Achieve ***outstanding community health***

Deliver ***excellent service***

Provide an ***ideal work environment***

Empower through ***education***

Maintain ***financial strength***

Strategic Initiative	Strategies/ Tactics	Metrics

Organizational Efficiency and Effectiveness
Increase the efficiency and the effectiveness of the organization *to reduce costs, lower length of stay, and improve processes.*
	• Utilize the Resource Effectiveness Committee (REC) structure to implement patient flow processes that are effective and efficient to lower the overall length of stay (LOS).
	• Utilize the work of the Operating Room (OR) Efficiency and the OR Governance Committees to improve OR Room Utilization and achievement of defined OR metrics.
	• Analyze and identify waste, and cost savings with purchase services and specialty surgical implants.
		• Reduce Length of Stay
		  • ALOS (Non Covid) 7/1/21-12/31/21 within 1.0 days of the GMLOS
		  • ALOS (Non Covid) 1/1/22-6/30/22 within .75 days of the GMLOS
		• Increase Operating Room Block Time Utilization to 60%
		• Identify $350K savings in Spine and Trauma Implant purchases and contracts
		• Identify $1M savings through consolidation of purchases services

Outstanding Health Outcomes
To consistently deliver high quality care *across the health care continuum*
	• CAUTI, CLABSI/MRSA Quality Focus Teams
	• Daily catheter and central line Gemba rounds
	• Enhanced daily huddles, education/awareness, culture of culturing
	• Vascular access team, TPN utilization
	• Sepsis Coordinators
	• Multidisciplinary Quality Focus Team
	• Enhanced diagnostic specific workgroups/committees
	• Expand palliative medicine
	• Utilize the work of the pharmacy team to improve and achieve the medication-related metrics in the inpatient setting
	• Utilize the work of the Clinic Network and Population Health teams to improve and achieve the defined quality metrics in the outpatient setting
	• Multidisciplinary team rounding
		• Standardized Infection Ratio (SIR) CAUTI, CLABSI, MRSA (CMS Data)
		  • CAUTI ≤ 0.676
		  • CLABSI ≤ 0.596
		  • MRSA ≤ 0.727
		• Percent Sepsis Bundle Compliance (SEP-1) (CMS Data) - ≥75%
		• Hospital Readmissions (%)
		  • AMI – 9.99
		  • COPD – 10.30
		  • HF – 11.66
		  • PN Viral/Bacterial – 9.04
		• Decrease Mortality Observed/Expected Rates
		  • AMI - 0.67
		  • COPD – 1.00
		  • HF – 1.14
		  • PN Bacterial – 1.18
		  • PN Viral - 0.96
		• Home Medication List Review of High Risk Patients – 100%
		• Complete Initial Home Medication List w/in 12 hours of Inpatient Admission – 100%
		• Outpatient Medication Reconciliation w/in 30 days post discharge - 44%
		• Team Round Implementation – Design and Roll out for 2 units

Kaweah Health Strategic Plan Framework 2022-2024

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(*The reason we exist*)

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Our Vision
(*What we aspire to be*)

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Our Pillars

Achieve ***outstanding community health***

Deliver ***excellent service***

Provide an ***ideal work environment***

Empower through ***education***

Maintain ***financial strength***

Strategic Initiative	Strategies/ Tactics	Metrics
Patient and Community Experience *Develop and implement strategies to deliver World-Class experience*	• Develop plan to achieve HCAHPS physician communication goals • Develop plan to achieve HCAHPS nursing communication goals • Develop standard contract language for medical director/groups to align with KH goals • Evaluate and add signage (wayfinding) in the Medical Center • Review, analyze, and prioritize system enhancements tools for implementation	• Define "World-Class" Experience by 9/1/21 • Achieve Overall Rating Goal on HCAHPS Survey: FY22 76.5% • Achieve Overall Rating Goal on ED CAHPS Survey: FY22 70% • Achieve the 50th percentile on physician communication scores – 82% • Achieve the 50th percentile on nursing communication scores – 80% • System enhancements – Review, analyze, prioritize by 9/1/21 • Decrease lost belongings by 25% - 147 incidents per year • Decrease internal patient complaints by 5% collectively - 225

Empower Through Education
Implement initiatives to develop the healthcare team *and attract and retain the very best talent in support of our mission.*
	• Increase CME/CEU offerings and educational courses
	• Improve the resiliency of the Kaweah Health Team
	• Increase and improve leadership education
	• Increase internal promotions and retention of leaders
	• Increase nursing cohorts
	• Implementation of rural track training programs
	• Increase Volunteerism throughout Kaweah Health
		• Finish build out of Lippincott System then assess for growth opportunities
		• Develop Schwarz Round program
		• Increase and improve leadership education
		  ◦ I respect the abilities of my manager - +.02
		  ◦ My director treats me with respect - +.02
		  ◦ I respect my director - +.02
		  ◦ Mentorship program
		• Increase internal promotions and retention of leaders
		  ◦ 77% internal leadership promotions (FY22)
		  ◦ 85% retention (FY22)
		  ◦ Succession Planning program
		• Add 16 nursing seats and lower nursing vacancy rate to 7.7% (FY22)
		• Implement Child Adolescent Psychiatry and IM programs
		• Reach 350 volunteers (Adult/Student) (FY22)

Ideal Work Environment ***Foster and support healthy and desirable working environments*** *for our Kaweah Health Teams*	• Decrease new hire turnover • Increase Kaweah Health Team Member Satisfaction • Decrease employee turnover • I get the training I need to do a good job • The Kaweah Health Team works well together	• New hire turnover – 12% • EE/PE/Resident Survey – Overall I am a satisfied employee/resident/resident – +.02 • EE Survey – I get the training I need to do a good job – +.02 • Overall retention of employees – 14% (19%-RN) • EE/PE/Resident Survey – Physicians and staff work well together – +.02
Strategic Growth and Innovation ***Grow intelligently*** *by expanding existing services, adding new services, and serving new communities. Find new ways to do things to* ***improve efficiency and effectiveness.***	• Physician Recruitment and Retention • Inpatient Growth • Outpatient Growth • Facility Modernization • Improve Community Engagement • Innovation	• New physicians in the market - 20 • Inpatient Market Share (FPSA) – 62.0% • Annual Ambulatory Visits – 582,534 • Best Image and Reputation Score (via NRC Health) – 26.0

DRAFT- FY22 Organizational Efficiency and Effectiveness

Strategic Initiative Charter: Organizational Efficiency & Effectiveness

Objective

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

Chair	ET Sponsor	Board Member
Kassie Waters	Jag Batth	Mike Olmos

Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
Reduce Length of Stay (Non COVID patients)	1.25 above GMLOS (Non COVID (5/2021)	ALOS (Non COVID): Within 1.0 GMLOS 7/1/21-12/31/21 Within .75 GMLOS 1/1/22-6/30/22	TBD	TBD
Increase Operating Room Block Time Utilization	42% (FYTD)	60%	65%	TBD
Review of Spine and Trauma Implant purchases and contracts	$3,400,000 (4/2020-3/2021)	Identify $350,000 savings (approx. 10%)	TBD	TBD
Consolidation of purchased services	$34,200,000 (4/2020-3/2021)	Identify $1,000,000 savings (3%)	TBD	TBD

Strategies (Tactics)	Net Annual Impact ($)*
Utilize the Resource Effectiveness Committee (REC) structure to implement patient flow processes that are effective and efficient to lower the overall LOS.	$10,500,000
Utilize the work of the Operating Room (OR) Efficiency and the OR Governance Committees to improve OR Room Utilization and achievement of defined OR metrics.	$1,179,000
Analyze and identify waste, and cost savings with purchase services and specialty surgical implants.	$1,350,000
Total	$13,029,000

Team Members

Dan Allain
Steve Bajari
Kevin Bartel
Aneil Brar
Kim Burchett
Rebekah Foster
Renee Lauck
April McKee
James McNulty
Frank Martin
Lori Mulliniks
Jessica Rodriguez
Dr. Said
Dr. Seng
Sonia Solis
Martha Tercero

Strategy Summary for: Resource Effectiveness Committee

Strategic Initiative: Organizational Efficiency & Effectiveness

Objective

Implement patient flow processes that are effective and efficient to lower the overall LOS.

Key Components

The Resource Effectiveness Committee (REC) oversees various projects and committees to increase patient flow and lower length of stay. Process goals and design will be completed at the individual committee levels with the front line leaders that have expertise in their areas. Focus for this initiative will be on the Discharge Management/Patient Flow Committee

- Discharge Management/Patient Flow
  - Standardize Unit Discharge Rounds
  - Establish a Leadership and Physician Standard of Work
  - Use the Throughput Rounding Tool to identify and address barriers to discharge

Outcomes	Baseline	FY22	FY23	FY24
Reduce Length of Stay (LOS)	1.25 (Non COVID) (May 2021)	ALOS (Non COVID): Within 1.0 GMLOS 7/1/21-12/31/21 Within .75 GMLOS 1/1/22-6/30/22	TBD	TBD
Discharge Orders Completed by 1000	TBD	20% improvement from baseline (TBD)	TBD	TBD
Patients leaving the unit by 1200	TBD	20% improvement from baseline (TBD)	TBD	TBD

Financial Impact	FY22	FY23	FY24
Capital Requirements	$0	TBD	TBD
Revenue/Cost Savings	$10,500,000	TBD	TBD
Expenses			
Labor	$0	TBD	TBD
Supplies	$0	TBD	TBD
Other	$0	TBD	TBD
Total Costs	$0	TBD	TBD
Contribution Margin	$10,500,000	TBD	TBD

Responsible for Execution

Jag Batth, Keri Noeske, Kassie Waters, Rebekah Foster, Resource Effectiveness Committee

Strategy Summary for: Supply Management and Standardization

Strategic Initiative: Organizational Efficiency & Effectiveness

Objective

Analyze and identify waste, and cost savings with purchase services and specialty surgical implants.

Key Components

- Review the Spine and Trauma supply contracts to identify potential savings
- Review purchased services across the organization to identify opportunities to consolidate vendors and improve pricing

Outcomes	Baseline	FY22	FY23	FY24
Completion of Spine and Trauma Analysis	$3,400,000 12 month spend (4/20-3/21)	$350,000 savings	TBD	TBD
Completion of purchased services review	$34,200,000 12 month spend (4/20-3/21)	1,000,000 savings	TBD	TBD

Financial Impact	FY22	FY23	FY24
Capital Requirements	$0	TBD	TBD
Revenue/Cost Savings	$1,350,000	TBD	TBD
Expenses			
Labor	$0	TBD	TBD
Supplies	$0	TBD	TBD
Other	$0	TBD	TBD
Total Costs	$0	TBD	TBD
Contribution Margin	$1,350,000	TBD	TBD

Responsible for Execution

Steve Bajari, Aneil Brar, Materials Management

Strategy Summary for: Operating Room Efficiency/Capacity

Strategic Initiative: Organizational Efficiency & Effectiveness

Objective

Improve operating room capacity/utilization to meet the needs of the surgery volume demands efficiently.

Key Components

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

Outcomes	Baseline	FY22	FY23	FY24
Block Time Utilization Rate 87 additional cases per month beginning 1/1/21	42%	60%	65%	TBD
Reduction in daily average first case delay minutes	25.5 minutes per day	Reduce average first case delay minutes by 10 minutes beginning 1/1/22	TBD	TBD
Physician wait time between cases defined as surgery stop time in previous case to start time of the next case	86 minutes	Reduce by 10% from 1/1/22 baseline	TBD	TBD

Financial Impact	FY22	FY23	FY24
Capital Requirements	$0	TBD	TBD
Revenue/Cost Savings	$1,179,000	TBD	TBD
Expenses			
Labor	$0	TBD	TBD
Supplies	$0	TBD	TBD
Other	$0	TBD	TBD
Total Costs	$0	TBD	TBD
Contribution Margin	$1,179,000	TBD	TBD

Responsible for Execution

Dan Allain, Brian Piearcy, Amanda Tercero, OR Efficiency and OR Governance

DRAFT- FY22 Outstanding Health Outcomes

Outstanding Health Outcomes Team Members

- Doug Leeper
- Sonia Duran-Aguilar
- Dave Francis
- Marc Mertz
- Anu Banerjee
- Sandy Volchko
- Shawn Elkin
- Alexandra Bennett
- Kari Knudsen
- Amy Baker
- Jessica Plummer
- Dr. Sakona Seng
- Dr. Bruce Hall
- Dr. Lori Winston
- Dr. Linda Herman
- Dr. Michael Tang
- Kim Ferguson
- Lisa Harrold
- James McNulty
- Ryan Caliwag

Strategic Initiative Charter: Outstanding Health Outcomes

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

Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
Standardized Infection Ratio (SIR) CAUTI, CLABSI, MRSA (CMS Data)	CAUTI 0.84 CLABSI 1.33 MRSA 2.53	CAUTI ≤ 0.676 CLABSI ≤ 0.596 MRSA ≤ 0.727	TBD	TBD
Percent Sepsis Bundle Compliance (SEP-1) (CMS Data)	75% (July-Dec2020)	≥75%	≥80%	≥82%
Hospital Readmissions (%)	(FY2019) AMI – 12.34 COPD – 16.09 HF – 18.22 PN Viral/Bacterial – 14.13	AMI – 9.99 COPD – 10.30 HF – 11.66 PN Viral/Bacterial – 9.04	TBD	TBD
Decrease Mortality Observed/Expected Rates	AMI - 0.75 COPD – 2.40 HF – 1.78 PN Bacterial – 1.85 PN Viral – 1.34	AMI - 0.67 COPD – 1.00 HF – 1.14 PN Bacterial – 1.18 PN Viral - 0.96	TBD	TBD
Home Medication List Review of High Risk Patients (inpatient admission)	57% (Avg Oct 2020 and Feb 2021)	100%	100%	100%
Complete Initial Home Medication w/in 12 hours of Inpatient Admission	N/A	100%	100%	100%
Outpatient Medication Reconciliation w/in 30 days Post Discharge (MRP)	N/A	44%	55%	78%
Team Round Implementation	MICU currently does this	Design & Pilot on 1-2 units	Roll out expectations for 2 additional units and measure at 6 months % adherence	80% Adherence for 3-4 units and roll out for units with hospital-based groups and measure at 6 months % adherence

Strategic Initiative Charter: Outstanding Health Outcomes

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

Strategies (Tactics)	Net Annual Impact ($)*
Standardized Infection Ratio (SIR) CAUTI, CLABSI, MRSA: 1. CAUTI, CLABSI/MRSA Quality Focus Teams 2. Daily catheter and central line Gemba rounds 3. Enhanced daily huddles, education/awareness, culture of culturing 4. Vascular access team, TPN utilization	2% Medicare reimbursement per beneficiary (star rating); CMS HAC & VBP Program penalties
Sepsis Bundle Compliance (SEP-1) 1. Multidisciplinary Quality Focus Team 2. Sepsis Coordinators 3. Focus Six Sigma QI Strategies to address root causes of bundle non-compliance	Reduction to length of stay
Mortality/Readmissions 1. Enhanced diagnostic specific workgroups/committees 2. Expand palliative medicine	Readmission Reduction Program & VBP
Medication Measures: 1. Utilize the work of the pharmacy team to improve and achieve the medication-related metrics in the inpatient setting 2. Utilize the work of the Clinic Network and Population Health teams to improve and achieve the defined quality metrics in the outpatient setting	$4,169,925
Team Round Implementation 1. Multidisciplinary team rounding	Reduction to length of stay Improve patient care and experience

Strategy Summary for: Standardized Infection Ratio (SIR)

Strategic Initiative: Outstanding Health Outcomes

Objective

Over the next 3 years, achieve an "A" Leapfrog Safety Score and a CMS 5 Star Rating through the consistent application of best practices and innovative strategies.

Key Components

- CAUTI, CLABSI/MRSA Quality Focus Teams
- Daily catheter and central line Gemba rounds
- Enhanced daily huddles, education/awareness, culture of culturing
- TPN Utilization
- Bio-Vigil
- MRSA Decolonization

Outcomes	Baseline	FY22	FY23	FY24
Standardized Infection Ratio (SIR) CAUTI, CLABSI, MRSA (CMS data) [1]	CAUTI 0.84 CLABSI 1.33 MRSA 2.53	CAUTI ≤ 0.676 CLABSI ≤ 0.596 MRSA ≤ 0.727	TBD	TBD

Financial Impact	FY2022	FY2023	FY2024
Estimated Cost Avoidance	TBD	TBD	TBD
Revenue (VBP/HAC Penalty) [2]	Impacted by FY21 Performance	TBD	TBD
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	$0	$0	$0
Net Annual Impact	TBD	TBD	TBD

Individual/Department Responsible for Execution

Sandy Volchko, Shawn Elkin, Dr. Herman, Kari Knudsen, Amy Baker

[1] CMS updated the new Value-Based Purchasing benchmarks in April 2021.
[2] Over $1M opportunity in quality adjustments. Tracked by finance.

Strategy Summary for: Sepsis Bundle Compliance (SEP-1)

Strategic Initiative: Outstanding Health Outcomes

Objective

Over the next 3 years, achieve an “A” Leapfrog Safety Score and a CMS 5 Star Rating through the consistent application of best practices and innovative strategies

Key Components

- SEPSIS Coordinators
- SEPSIS Alerts-Required MD notifications
- Quality Focus Team-RCAs/Fall out review

Outcomes	Baseline	FY22	FY23	FY24
Sepsis Bundle Compliance (SEP-1) %	75% (July-Dec2020)	≥75%	≥80%	≥82%
Sepsis ALOS Reduction	TBD	TBD	TBD	TBD

Financial Impact	FY2021	FY2022	FY2023
Capital Requirements	$0	$0	$0
Revenue (VBP)	TBD	TBD	TBD
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	TBD	TBD	TBD
Net Annual Impact	TBD	TBD	TBD

Individual/Department Responsible for Execution

Sandy Volchko, Dr. Thomas Gray, Evelyn McEntire, Ryan Smith, Jared Cauthen

Strategy Summary for: Mortality and Readmissions

Strategic Initiative: Outstanding Health Outcomes

Objective

Over the next 3 years, achieve an "A" Leapfrog Safety Score and a CMS 5 Star Rating through the consistent application of best practices and innovative strategies

Key Components

- Enhanced diagnosis specific workgroups/committees
- Standardized care based on evidence
- Expand palliative medicine

Outcomes	Baseline	FY22	FY23	FY24
Hospital Readmissions % (CMS data)	(FY2019) AMI – 12.34 COPD – 16.09 HF – 18.22 PN Viral/Bacterial – 14.13	AMI (non-STEMI) – 9.99 COPD – 10.30 HF – 11.66 PN Viral/Bacterial – 9.04	TBD	TBD
Decrease Mortality Rates	AMI - 0.75 COPD – 2.40 HF – 1.78 PN Bacterial – 1.85 PN Viral – 1.34	AMI (non-STEMI) - 0.67 COPD – 1.00 HF – 1.14 PN Bacterial – 1.18 PN Viral - 0.96	TBD	TBD

Financial Impact	FY2022	FY2023	FY2024
Capital Requirements	$0	$0	$0
Revenue (VBP)	TBD	TBD	TBD
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other (Penalty)	Pending Info	Pending Info	Pending Info
Net Annual Impact	TBD	TBD	TBD

Individual/Department Responsible for Execution

Evelyn McEntire, Dr. Thomas Gray, Sandy Volchko, Dr. Ryan Howard, Sandra Shadley

Strategy Summary for: Medication Measures

Strategic Initiative: Outstanding Health Outcomes

Objective

Improve the accuracy of the home medication list by inpatient and outpatient care teams

Key Components

- Utilize the work of the pharmacy team to improve and achieve the medication-related metrics in the inpatient setting
  - Operational reports
  - Add 2.5 Patient Care Technicians – med history reviews (cost includes S&B)
- Utilize the work of the Clinic Network and Population Health teams to improve and achieve the defined quality metrics in the outpatient setting
  - Operational teams
    - Remind providers of functionality
    - Track performance
    - Develop compliance plan
  - ISS teams
    - Operational reports

Outcomes	Baseline	FY22	FY23	FY24
Home Medication List Review of High Risk (HR) Patients (inpatient admission)	57% (Avg Oct 2020 and Feb 2021)	100%	100%	100%
Complete Initial Home Medication w/in 12 hours of Inpatient Admission	N/A	100%	100%	100%
Outpatient Medication Reconciliation w/in 30 days Post Discharge (MRP)	N/A	44%	55%	78%

Financial Impact	FY2022	FY2023	FY2024
Estimated Cost Avoidance[1]	$3,770,550	$3,770,550	$3,770,550
PFP Revenue (QIP)	$540,000	$540,000	$540,000
Expenses			
Labor [2]	($140,625)	($144,844)	($149,189)
Supplies	$0	$0	$0
Other[3]	Penalties	Penalties	Penalties
Net Annual Impact	$4,169,925	$4,165,706	$4,161,361

Individual/Department Responsible for Execution

Sonia Duran-Aguilar, James McNulty, Nicole Gann, Luke Schneider, Lacey Jensen, Leah Daugherty , Rudy Gonzalez, Ivan Jara, Tracy Salsa, Dr. Roger Haley, Dr. Monica Manga, Dr. Mario Martinez

[1] Estimated cost avoidance for Med List Review of HR patients based on Inpatient ADE Reduction per Year (7.5 errors per patient x 12,000 HR patients = 90,000 potential errors; 0.90% of error result in adverse drug event, total 810 adverse events avoided/YR. $4,655 cost of harmful medication error to hospital x 810 avoided errors = $3,770,550).
[2] Includes salary and benefits for 2.5 Patient Care Tech (pharm tech) FTEs, with a 3% increase each FY. Included in budget.
[3] Potential penalties for not meeting the 100% performance. Fines from CDPH (GAC Survey) or from SBoP or personal license for Pharmacist in Charge.

Strategy Summary for: Team Round Implementation

Strategic Initiative: Outstanding Health Outcomes

Objective

Enhance coordination of care and culture among the health care team

Key Components

- Multidisciplinary rounding
  - Pilot with geographically located physician groups, nurses, case management/social worker
  - TRT tool
- Develop as a Quality Improvement project
- Develop brief documentation for assessment/plan
- Identify nurse champions
- Identify physician champion

Outcomes	Baseline	FY22	FY23	FY24
Team Round Implementation	MICU currently does this	Design & Pilot on 1-2 units	Roll out expectations for 2 additional units and measure at 6 months % adherence	80% Adherence for 3-4 units and roll out for units with hospital-based groups and measure at 6 months % adherence

Financial Impact	FY2022	FY2023	FY2024
Cost Avoidance/Savings	$0	TBD	TBD
Revenue	$0	$0	$0
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	$0	$0	$0
Net Annual Impact	$0	TBD	TBD

Individual/Department Responsible for Execution

Dr. Lori Winston, Shawn Elkin, Keri Noeske, Sandy Volchko, Rebekah Foster, Dr. Onsy Said, Dr. Mario Martinez, Kari Knudsen

DRAFT- FY22 Patient and Community Experience

Patient and Community Experience Team Members

- Keri Noeske
- Ed Largoza
- Dave Francis
- Marc Mertz
- Dianne Cox
- Teresa Boyce
- Tendai Zinyemba
- Sandy Volchko
- Alexandra Bennett
- Dr. Sakona Seng
- Bradley Danby
- Tracie Sherman
- Shannon Cauthen
- Rebekah Piche
- Anthony Olivares
- Ivan Jara
- Tracy Salsa
- Lawrence Headley
- Dr. Steven Carstens
- Tiffany Bullock
- Elisa Venegas
- Luke Schneider
- Miguel Morales
- Melissa Withnell
- Laura Florez-McCusker
- Deborah Volosin
- Alicia Rodriguez
- Dieter Reichmann
- Sonia Solis
- Martha Tercero
- Ryan Caliwag

Strategic Initiative Charter: Patient and Community Experience

Objective	Chair	ET Sponsor	Board Member
Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.	Ed Largoza	Keri Noeske	Dave Francis

Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
Define "World-Class Experience"	N/A	Define by 9/1/21	TBD	TBD
Achieve Overall Rating Goal on HCAHPS Survey	74.8%	76.5%, 68th Percentile	78%, 75th Percentile	TBD
Achieve Overall Rating Goal on ED CAHPS Survey	66.6%	70.0% , 50th Percentile	72%, 75th Percentile	TBD
Achieve the 50th percentile on physician communication scores	79.6%	82%, 50th Percentile by 6/30/22	85%, 75th Percentile	TBD
Achieve the 50th percentile on nursing communication scores	78.6%	80%, 50th Percentile by 6/30/22	84%, 75th Percentile	TBD
System enhancements	N/A	1) Review, analyze, prioritize by 9/1/21 2) Hold stakeholder demo by 11/1/21 3) Implementation plan developed by 2/1/22	System enhancements	TBD
Decrease lost belongings by 25%	CY2020 - 196	147	100	TBD
Decrease internal patient complaints by 25% collectively: Nursing Care Physician Care Communication	CY2020 – 300	225	150	TBD

Strategic Initiative Charter: Patient and Community Experience

Objective	Chair	ET Sponsor	Board Member
Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.	Ed Largoza	Keri Noeske	Dave Francis

Strategies (Tactics)	Net Annual Impact ($)
World-Class Service • Define "World Class" • Improve organizational scores in the HCAHPS and ED CAHPS surveys. • Provide tools to help develop a customer care culture • Align and coordinate communications across the health care continuum. • Develop a team of health care providers motivated to deliver world-class service.	TBD – Impacted by Performance
Physician Communication • Develop plan to improve communication and achieve goals	TBD – Impacted by LOS
Nursing Communication • Develop plan to improve communication and achieve goals	TBD – Impacted by LOS/VBP
Enhancements of Systems and Environment • Review system enhancement tools for implementation • Evaluate internal/external signage needs • Develop plan to decrease lost belongings	TBD

Strategy Summary for: World-Class Service

Strategic Initiative: Patient and Community Experience

Objective

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

Key Components

- World-Class Definition
  - Create a workgroup of staff from different disciplines.
  - Define “World-Class”
- Leadership Training
- All team member training: Kaweah Care Classes (Service Standards)
- To provide tools to meet expectations of a customer care culture
- Communication Plans and expectation on patient continued care

Outcomes	Baseline	FY22	FY23	FY24
Define “World-Class” Experience	N/A	N/A	Define by 9/1/21	TBD
Achieve Overall Rating Goal on HCAHPS Survey	74.8%	74.8%	76.5%, 68th Percentile	78%, 75th Percentile
Achieve Overall Rating Goal on ED CAHPS Survey	66.6%	66.6%	70.0% , 50th Percentile	72%, 75th Percentile

[1] Domain earn back from Press Ganey VBP Calculator FY21. Already built into the Medicare calculations.

Financial Impact	FY2022	FY2023	FY2024
Cost Avoidance	$0	$0	$0
Revenue (HCAHPS)	Impacted by FY21 Performance	$0[1]	TBD
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	$0	$0	$0
Total Costs	$0	$0	$0
Net Annual Impact	TBD	TBD	TBD

Individual/Department Responsible for Execution

Executive Team, Dave Francis, Dr. Seng, Dr. Said, Dr. Manga, Karen Tellalian, Deb Volosin, and Ed Largoza

Strategy Summary for: Physician Communication

Strategic Initiative: Patient and Community Experience

Objective

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

Key Components

- Plan to achieve HCAHPS physician communication goals
- Decrease internal patient complaints for Physician Care and Communication
- Increase awareness of patient experience feedback with medical staff
- Collaboration with Physician Engagement Medical Director
- Provide ongoing education on enhanced communication w/ patients and family

Outcomes	Baseline	FY22	FY23	FY24
Develop standard contract language for medical director/groups to align with KD goals	N/A	Added to contract renewals by 12/31/21	TBD	TBD
Develop plan to achieve HCAHPS physician communication goals	N/A	Plan developed by 9/1/21 Plan implemented by 11/1/21 Compliance audit for 3 months > 90%	TBD	TBD
Achieve the 50th percentile on physician communication scores	79.6%	79.6%	82%, 50th Percentile by 6/30/22	85%, 75th Percentile

[1] Cost for Medical Director time. Included in budget.

Financial Impact	FY2022	FY2023	FY2024
Cost Avoidance	LOS/Quality Improvements	LOS/Quality Improvements	LOS/Quality Improvements
Revenue	VBP	VBP	VBP
Expenses			
Labor [1]	$0	$0	$0
Supplies	$0	$0	$0
Other	$0	$0	$0
Total Costs	$0	$0	$0
Net Annual Impact	TBD	TBD	TBD

Individual/Department Responsible for Execution

Dr. Carstens, Teresa Boyce, Dr. Tu, Brittany Taylor, Dr. Tedaldi, Dr. Patel, Dr. Cassaro, Ben Cripps, Hannah Mitchell, Dr. Said, Dianne Cox, Sandy Volchko, Ed Largoza

Strategy Summary for: Nursing Communication

Strategic Initiative: Patient and Community Experience

Objective

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

Key Components

- Plan to achieve HCAHPS nursing communication goals
- Decrease internal complaints for Nursing Care and Communication
- Fully adoption of Communication Boards
- Review and planning for development of communications skills to include narrating the care, handling conflicts and consistency in communications
- Leader Rounding

Outcomes	Baseline	FY22	FY23	FY24
Develop plan to achieve HCAHPS nursing communication goals	N/A	Plan developed by 9/1/21 Plan implemented by 11/1/21 Compliance audit for 3 months > 90%	TBD	TBD
Achieve the 50th percentile on nursing communication scores	78.6%	80%, 50th Percentile by 6/30/22	84%, 75th Percentile	TBD

Financial Impact	FY2022	FY2023	FY2024
Cost Avoidance	$0	$0	$0
Revenue	VBP	VBP	VBP
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	$0	$0	$0
Total Costs	$0	$0	$0
Net Annual Impact	TBD	TBD	TBD

Individual/Department Responsible for Execution

Keri Noeske, Emma Mozier, Kassie Waters, Shannon Cauthen, Kari Knudsen, Amy Baker, Rebekah Piche, Hannah Mitchell, Jag Batth, ED Director, Ed Largoza

Strategy Summary for: Enhancement of Systems and Environment

Strategic Initiative: Patient and Community Experience

Objective

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

Key Components

- **EMR/Technology enhancements**
  - Review, analyze, and prioritize systems to improve patient experience throughout the organization
  - Stakeholder demo (patient portal, wayfinding app, appointment app, etc.)
  - Implementation and education
- **Evaluate both internal and external signage needs for better wayfinding**
  - Physical signs on campuses
  - Website information clear to community users
  - Review and update map of all campuses
- **Develop plan to improve the tracking of belongings**
  - Create routine and consistent documentation and expectations
  - Improve labeling of belongings
  - Identify belongings holding area when patient is separated for treatment
  - Education for intentional awareness of belongings tracking on behalf of patients
- **Expansion of Patient Experience Team and Role throughout organization**
  - Patient Service Navigators (HCAHPS floors)
  - Ongoing training and development of patient experience program

Outcomes	Baseline	FY22	FY23	FY24
Evaluate and Add Signage (Wayfinding) Internal/External	N/A	Internal signage and community wayfinding completed by 12/31/21	TBD	TBD
System enhancements	N/A	1) Review, analyze, prioritize by 9/1/21 2) Hold stakeholder demo by 11/1/21 3) Implementation plan developed by 2/1/22	TBD	TBD
Decrease lost belongings by 25%	CY2020 - 196	147	100	TBD

Financial Impact

	FY2022	FY2023	FY2024
Capital Request	Pending ISS budget approval	$0	$0
Revenue	$0	$0	$0
Expenses			
Labor	$0	4 Navigators x 2080 x $20/hr = ($166,400)	TBD
Supplies	$0	$0	$0
Other	$0	$0	$0
Cost Avoidance	$0	($166,400)	TBD
Net Annual Impact	TBD	($166,400)	TBD

Individual/Department Responsible for Execution

Dave Francis, Luke Schneider, Karen Tellalian, Tendai Zinyemba, Alicia Rodriguez, Ben Cripps, Dieter Reichmann, John Leal, Lawrence Headley, Jag Batth, Ed Largoza

DRAFT- FY22 Empower Through Education

Empower Through Education Team Members

- Alisha Sandidge
- Armando Cervantes
- Dr. Gray
- Dr. Martinez
- Dr. Patty
- Dr. Sokol
- Dr. Stanley
- Dr. Winston
- Eduardo Sotel
- Jaime Thomason Morales
- James McNulty
- Kent Mishler
- Krystal De Azevedo
- Linda Hansen
- Lucy Fagundes
- Mary Jo Dyck
- Mary Laufer
- Mary Stanton
- Nicole Gann
- Raymond Macareno
- Tara Norman

Strategic Initiative Charter: Empower Through Education

Objective	ET Sponsor	Leader	Board Member
Implement initiatives to develop the healthcare team and attract and retain the very best talent in support of our mission.	Dianne Cox	Amy Shaver	Ambar Rodriguez

Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
Increase CME/CEU offerings and educational courses	CME – 74 events, 1,330 hours of CME credit	Finish buildout of Lippincott System	Assess abilities for growth	Goals pending assessment
Improve the resiliency of the Kaweah Health Team	Research and plan for Schwartz Rounds	Develop program	Metric identification and implementation	Pending FY23 work
Increase and improve leadership education	*2021 Survey Results* • I respect the abilities of my manager • My director treats me with respect • I respect my director	• +.02 • +.02 • +.02	• +.02 • +.02 • +.02	• +.02 • +.02 • +.02
Increase internal promotions and retention of leaders	*2021 Survey Results* • Kaweah Health provides career development opportunities • 124 internal leadership hires – 82% retention	• +.02 • 85% retention	• +.02 • 90% retention	• +.02
Increase nursing cohorts	200	Increase seats by 16	Increase seats by 20	Increase seats by 40
Implementation of rural track training programs	Develop program	Accreditation – Child	Accreditation - IM	TBD
Increase Volunteerism throughout Kaweah Health Middle/High School – Develop interest in future careers	50 volunteers	Increase to 300 volunteers	Increase to 400 volunteers	TBD

Strategic Initiative Charter: Empower Through Education

Objective	ET Sponsor	Leader	Board Member
Implement initiatives to develop the healthcare team and attract and retain the very best talent in support of our mission.	Dianne Cox	Amy Shaver	Ambar Rodriguez

Strategies (Tactics)	Net Annual Impact ($)*
Increase CME offerings and educational opportunities	Included in Education budget for FY22
Improve the resiliency of the Kaweah Health Team	($11,000) for yearly Schwartz Center fee
Increase and improve leadership education	Included in exempt employee hours and HR budget
Increase internal promotions and retention of leaders	Included in exempt employee hours
Increase nursing cohorts	Included in HR budget for FY22
Implementation of rural track training programs	Pro Forma in development
Increase Volunteerism throughout Kaweah Health Middle/High School – Develop interest in future careers	Included in exempt employee hours

Strategy Summary for: Increase CME Offerings and Educational Programs

Strategic Initiative: Empower Through Education

Objective

Increase the consistency and participation of grand rounds, along with increasing the number of CME and CEUs offered at Kaweah Health

Key Components

- Envelop in CME Committee responsibilities
- Deploy departmental rounds to support education
- Involve pharmacy/medical residents in speaking opportunities
- Determine and deploy multidisciplinary groups to educate and bring consistency to practice
- Grand Rounds

Outcomes	Baseline	FY22	FY23	FY24
Increase CME/CEU Offerings	N/A	Finish buildout of Lippincott System	Assess abilities for growth	Goals pending assessment

Financial Impact	FY22	FY23	FY24
Capital Requirements	$0	$0	$0
Revenue	$0	$0	$0
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	$0	$0	$0
Total Costs	$0[1]	$0[1]	TBD[1]
Contribution Margin			

Individual/Department Responsible for Execution

CME Committee, Sandy Volchko

[1] All work for FY22/23 is included in Education Department budget. FY24 budget will be determined after assessment of Lipincott System is complete.

Strategy Summary for: Improve the Resiliency of the Kaweah Health Team

Strategic Initiative: Empower Through Education

Objective

Introduce and establish plan for Schwartz rounds to help teams deal with difficult situations and cases

Key Components

- Research other hospital and how they are approaching Schwartz Rounds.
- Develop and plan for Kaweah Health Schwartz rounds
- Deploy sustainable program model

Outcomes	Baseline	FY22	FY23	FY24
Schwartz Rounds	N/A	Research and plan	Develop program	Metric identification and implementation

[1] Training will be determined by Schwartz Center guidelines
[2] Yearly licensing fee paid to Schwartz Center

Financial Impact	FY22	FY23	FY24
Capital Requirements	$0	$0	$0
Revenue	$0	$0	$0
Expenses			
Labor	$0	TBD[1]	TBD
Supplies	$0	$0	$0
Other	$0	($11,000)	($11,000)
Total Costs	$0	($11,000) [2]	($11,000)
Contribution Margin			

Individual/Department Responsible for Execution

Kent Mishler, Amy Shaver, Chris Patty, Sandra Shadley

Strategy Summary for: Increase and Improve Leadership Education

Strategic Initiative: Empower Through Education

Objective

Increase the number of educational courses and programs completed by individual leaders

Key Components

- Identify emerging future leaders
- LEAD Academy
- Just Culture education
- LinkedIn Learning
- Conferences and seminar information cascading
- Educational assistance
- Develop and deploy mentorship program
- Preceptor pay

Outcomes	Baseline	FY22	FY23	FY24
I respect the abilities of my manager	TBD	+.02	+.02	+.02
My director treats me with respect	TBD	+.02	+.02	+.02
I respect my director	TBD	+.02	+.02	+.02

Financial Impact	FY22	FY23	FY24
Capital Requirements	$0	$0	$0
Revenue	$0	$0	$0
Expenses			
Labor	$0 [1]	$0 [1]	$0 [1]
Supplies	$0 [2]	$0 [2]	$0 [2]
Other	$0	$0	$0
Total Costs	$0 [3]	$0 [3]	$0 [3]
Contribution Margin			

Individual/Department Responsible for Execution

Organizational Development, Dr. Winston, Teresa Boyce

[1] FY22 labor for development of Mentor Program and hours for first round of mentor/mentees. FY23 and FY24 add 10% hours each year for program growth. Labor is for exempt employees.
[2] Yearly cost for books and education material, included in HR budget
[3] Preceptor bonus of $1/hour for clinical supervision. Exploring adding $125,000 Jan 1, 2023 for preceptor bonus. FY24 and beyond, would be $250,000/year. Not included in budgets and not included on this form.

Strategy Summary for: Increase Internal Promotions/Retention of Leaders

Strategic Initiative: Empower Through Education

Objective

Develop consistent and sustainable succession planning and mentorship programs throughout Kaweah Health

Key Components

- Develop transcripts for career paths
  - Performance evaluations
  - Identify emerging leaders
- Develop and deploy mentorship program
- Develop and deploy succession planning program

Financial Impact	FY22	FY23	FY24
Capital Requirements	$0	$0	$0
Revenue	$0	$0	$0
Expenses			
Labor	$0	TBD	TBD
Supplies	TBD	TBD	TBD
Other	TBD	TBD	TBD
Total Costs	$0 [1]	TBD	TBD
Contribution Margin			

Outcomes	Baseline	FY22	FY23	FY24
Kaweah Health provides career development opportunities	TBD	+.02	+.02	+.02
Number of internal promotions and retention in those leadership positions	75% promotions 80% retention	77% promotions 85% retention	80% promotions 90% retention	TBD

Individual/Department Responsible for Execution

Succession, Mentorship Planning Subcommittee, Human Resources

[1] Succession planning and transcripts for career paths development and deployment time for exempt employees

Strategy Summary for: Increase Nursing Cohorts Seats

Strategic Initiative: Empower Through Education

Objective

Continue to expand Nursing cohorts

Key Components

- Determine how to incorporate offerings to non-Kaweah employees
- Regional CME courses
- By the end of FY22
  - 6 seat San Joaquin Valley College
  - 10 part time seats at COS
- By the end of FY23
  - 20 Unitek
- By the end of FY24
  - 40 Unitek

Outcomes	Baseline	FY22	FY23	FY24
Lower vacancy rates	8.5% (110:1300)	7.7% (100:1300)	6.2% (80:1300)	4.6% (60:100)
Increase RN seats	200 Seats	+ 16 Seats	+20 seats	+40 seats

Financial Impact	FY22	FY23	FY24
Capital Requirements	$0	$0	$0
Revenue	$0	$0	$0
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	$0	$0	$0
Total Costs	$0 [1]	$0	$0
Contribution Margin			

Individual/Department Responsible for Execution

Human Resources to develop

[1] Included in HR budget

Strategy Summary for: Implementation of Rural Track Training Programs

Strategic Initiative: Empower Through Education

Objective

Roll out Child Adolescent Psychiatry Program
Roll out Internal Medicine Program

Key Components

To be determined

Outcomes	Baseline	FY22	FY23	FY24
Child Adolescent Psychiatry Program	N/A	X	TBD	TBD
IM Program	N/A	TBD	X	TBD

Financial Impact	FY22	FY23	FY24
Capital Requirements	TBD	TBD	TBD
Revenue	TBD	TBD	TBD
Expenses			
Labor	TBD	TBD	TBD
Supplies	TBD	TBD	TBD
Other	TBD	TBD	TBD
Total Costs	TBD [1]	TBD	TBD
Contribution Margin			

Individual/Department Responsible for Execution

Dr. Winston

[1] Pro forma currently being developed

Strategy Summary for: Expand Volunteer Programs

Strategic Initiative: Empower Through Education

Objective

Increase volunteerism throughout Kaweah Health

Key Components

- Increase awareness and exposure for middle and high school students interested in health care careers
- Increase volunteerism opportunities supporting Ideal Work Environment and Operational Efficiency
- Add recruitment path

Outcomes	Baseline	FY22	FY23	FY24
Volunteers	Student: 0 Guild/Adult Volunteer: 50	Student: +200 Guild/Adult Volunteer: +150	Student: +150 Guild/Adult Volunteer: +200	TBD

Financial Impact	FY22	FY23	FY24
Projected Labor Value	$1,601,650 [2,3]	$1,759,700 [2,3]	$0
Revenue	$0	$0	$0
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	$0	$0	$0
Total Costs	$0	$0	$0
Contribution Margin	$0 [1]	$0 [1]	$0

Individual/Department Responsible for Execution

Kent Mishler

[1] Included Chaplain/Volunteer budget – Cost to onboard volunteers and students
[2] Labor value at $33.61/hour (200 hours/non-student and 100 hours/student– national average per Kent Mishler)
[3] Perceived added labor value

DRAFT- FY22 Ideal Work Environment

Ideal Work Environment Team Members

- Amanda Tercero
- Amy Valero
- Billy Walker
- Christina Campos
- Coby LaBlue
- Dianne Cox
- Dr. Bagga
- Dr. Cassaro
- Dr. Tomlinson
- Emma Mozier
- Hannah Mitchell
- Jaime Hinesly
- Jaime Thomason Morales
- Jamie Hopper
- Kim Burchett
- Kristi Atsma
- Kyle Seargeant
- Linda Hansen
- Melissa Withnell
- Raleen Larez
- Rebecca Tabbs
- Rheta Sandoval
- Ryan Taylor
- Sandra Volchko
- Sarah Bohde
- Tendai Zinyemba
- Teresa Boyce
- Tiffany Bullock

Strategic Initiative Summary: Ideal Work Environment

Objective	ET Sponsor	Leader	Board Member
Foster and support healthy and desirable working environments for our Kaweah Health Teams	Dan Allain	Raleen Larez	Lynn Havard Mirviss

Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
New hire turnover	13%	12%	11%	10%
EE/PE/Resident Survey – Overall I am a satisfied employee/physician/resident	*2021 Survey Results*	+.02	+.02	+.02
EE Survey – I get the training I need to do a good job	*2021 Survey Results*	+.02	+.02	+.02
Overall turnover of employees	14% (19%-RN)	13% (18%-RN)	12% (17%-RN)	11% (16%-RN)
EE/PE/Resident Survey – Physicians and staff work well together	*2021 Survey Results*	+.02	+.02	+.02

Strategies (Tactics)	Net Annual Impact ($)*
Decrease new hire turnover	Labor to assess and improve onboarding process included in exempt hours
Increase Kaweah Health Team Member Satisfaction	Labor to develop and deploy communication tool kit, along with Just Culture refresher included in exempt hours
Decrease employee turnover	n/a
I get the training I need to do a good job	n/a
The Kaweah Health Team works well together	Labor to develop and deploy pulse survey, analyze results, then create action plan included in exempt hours

Strategy Summary for: New Hire Turnover

Strategic Initiative: Ideal Work Environment

Objective

Decrease new hire turnover, by improving the onboarding process, recognizing new employees for outstanding work, and ensuring leader's accountability to new employees.

Key Components

- Onboarding check-ins
- Improve new hire onboarding and education for efficiency
- Expand and enhance new leader onboarding
- Leader accountability to new hire
- Recognition
- Sign on – relocation – bonus with two year commitment (hard to fill positions)
- Quarterly luncheons for new hires
- Assign mentors

Outcomes	Baseline	FY22	FY23	FY24
New hire turnover rate	13%	12%	11%	10%

[1] Hours to assess and enhance onboarding, included in exempt time

Financial Impact	FY22	FY23	FY24
Capital Requirements	$0	$0	$0
Revenue	$0	$0	$0
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	$0	$0	$0
Total Costs	$0 [1]	$0	$0
Contribution Margin			

Individual/Department Responsible for Execution

Human Resources to develop the plan that Department Leaders will execute

Strategy Summary for: Kaweah Health Team Member Satisfaction

Strategic Initiative: Ideal Work Environment

Objective

Utilizing the Employee Engagement, Physician Engagement, and Resident surveys, we will gauge the satisfaction of the entire Kaweah Health Team.

Key Components

- Implement pulse surveys
- Effective cascading of information/knowledge (mandatory staff meetings or review of communication materials)
- Practice simplifying messages, timely responses, email crafting, know your audience, proper etiquette
- Increase just culture awareness/psychological safety
- Acknowledgement/Support/Recognition (in the moment)
- Participation in Kaweah initiatives
- Timely employee evaluations

Outcomes	Baseline	FY22	FY23	FY24
EE Survey – Overall, I am a satisfied employee	TBD	+.02	+.02	+.02
PE Survey – Overall, I am satisfied working with Kaweah Health	TBD	+.02	+.02	+.02
RE/SAQ Survey – I like my job	TBD	+.02	+.02	+.02

Financial Impact	FY22	FY23	FY24
Capital Requirements	$0	$0	$0
Revenue	$0	$0	$0
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	$0	$0	$0
Total Costs	$0 [1]	$0	$0
Contribution Margin			

Individual/Department Responsible for Execution

Committee to develop the plan and Department Leaders to execute the plan

[1] Labor for development of communication tool kit and Just Culture refresher, hours included for exempt employees
24,000 hours not included in budget, or on this form, for backfill of employees participating in committees and meetings

Strategy Summary for: Decrease Employee Turnover

Strategic Initiative: Ideal Work Environment

Objective

Decrease the overall Kaweah Health Team member turnover rate.

Key Components

- Effective cascading of information/knowledge
- Increase just culture awareness/psychological safety
- Recognition
- Explore reasons why staff stay/Stay interviews
  - ROI – Less LOA/Turnover
- Pay and benefits
- A day in the life of an employee…
- Quarterly luncheons for new hires

Outcomes	Baseline	FY22	FY23	FY24
Overall Turnover rate	14% (19%-RN)	13% (18%-RN)	12% (17%-RN)	11% (16%-RN)

Financial Impact	FY22	FY23	FY24
Capital Requirements	$0	$0	$0
Revenue	$0	$0	$0
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	$0	$0	$0
Total Costs	$0	$0	$0
Contribution Margin			

Individual/Department Responsible for Execution

Committee to develop the plan and Department Leaders to execute the plan

- $2,800,000 budgeted FY22 for wage and market adjustments

Strategy Summary for: I Get the Training I Need to Do a Good Job

Strategic Initiative: Ideal Work Environment

Objective

Utilizing the Employee Engagement, Physician Engagement, and Resident surveys, we will gauge the satisfaction of the entire Kaweah Health Team.

Key Components

- Implement pulse surveys
- Effective cascading of information/knowledge
- Improve collaboration and decision making at all levels
- Assess annual training/equipment needs of teams/individuals
  - Initial
  - Ongoing

Outcomes	Baseline	FY22	FY23	FY24
EE Survey – I get the training I need to do a good job	TBD	+.02	+.02	+.02
PE Survey – I get the tools and resources I need to provide the best care/service for our clients/patients	TBD	+.02	+.02	+.02
RE/SAQ Survey – This organization does a good job of training new personnel	TBD	+.02	+.02	+.02

Financial Impact	FY22	FY23	FY24
Capital Requirements	$0	$0	$0
Revenue	$0	$0	$0
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	$0	$0	$0
Total Costs	$0	$0	$0
Contribution Margin			

Individual/Department Responsible for Execution

HR will manage and department leaders will execute

Strategy Summary for: The Kaweah Health Team Works Well Together

Strategic Initiative: Ideal Work Environment

Objective

Utilizing the Employee Engagement, Physician Engagement, and Resident surveys, we will gauge how well the Kaweah Health Team works together.

Key Components

- Implement pulse surveys
- Effective cascading of information/knowledge
- Improve collaboration and decision making at all levels
- Physician collaboration at unit/department/leadership levels
- Explore what the term "works well together" means

Outcomes	Baseline	FY22	FY23	FY24
EE Survey – Different work units work well together	TBD	+.02	+.02	+.02
PE Survey – There is effective communication between physicians and nurses	TBD	+.02	+.02	+.02
Resident Survey – People in this work setting work together as a well-coordinated team	TBD	+.02	+.02	+.02

Financial Impact

	FY22	FY23	FY24
Capital Requirements	$0	$0	$0
Revenue	$0	$0	$0
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	$0	$0	$0
Total Costs	$0 [1]	$0 [2]	$0 [2]
Contribution Margin			

Individual/Department Responsible for Execution

Human Resources to develop the plan that Department Leaders will execute

[1] Development of pulse survey and action plan from survey results, will mostly be exempt labor
[2] Yearly survey results, development and deployment of action plan

DRAFT- FY22 Strategic Growth and Innovation

Strategic Initiative Charter: Strategic Growth and Innovation

Objective	ET Sponsor	Leader	Board Member
Grow intelligently by expanding existing services, adding new services, and serving new communities. Find new ways to do things to **improve efficiency and effectiveness**.	Marc Mertz	Jessica Rodriguez	Garth Gispon

Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
Inpatient Market Share (FPSA)[1]	59.9%	62.0%	64.0%	66.0%
Annual Ambulatory Visits	543,692	582,534	TBD	TBD
New physicians in the market	n/a	20	TBD	TBD
Best Image and Reputation Score (via NRC Health)	23.9	26.0	28.5	30.0

[1] Based on OSHPD data CY2018; FPSA is the facility planning service area

Strategies (Tactics)	Net Annual Impact ($)
Physician Recruitment and Retention	($2,752,348)
Inpatient Growth	$0
Outpatient Growth	($7,133,264)
Facility Modernization	($1,005,000)
Improve Community Engagement	$0
Innovation	($50,000)

Team Members

Garth Gipson
Jennifer Stockton
Brian Piearcy
John Leal
Ben Cripps
Franklin Martin
Christine Aleman
Renee Lauck
Karen Tellalian
Doug Leeper
Sebastiano Cassaro, MD
Alex Lechtman, MD
Paul Schofield
Sonia Solis
Martha Tercero
Deborah Volosin
Brittany Taylor
Julieta Moncada

Strategy Summary for: Physician Recruitment and Retention

Strategic Initiative: Strategic Growth and Innovation

Objective

Recruit and retain the best physicians and providers to address unmet community needs and to support Kaweah Health's growth.

Key Components

- Emphasize recruitment of key specialties consistent with the Board-approved recruitment plan (not a complete list):
  - Urology and Gastroenterology physicians
  - Pulmonary outpatient physicians
  - Women's health clinic/program physicians
- Monitor the market for opportunities to acquire medical practices that support unmet community needs or the organization's growth strategy
- Continued enhancement of the physician liaison program including capabilities for reporting staff activity and physician feedback
- Enhanced physician onboarding and retention efforts
- Create a new surgeon development program including on-boarding, OR access, and marketing/promotion

Outcomes	Baseline	FY22	FY23	FY24
Number of new primary care physicians in the market	n/a	5	TBD	TBD
Number of new specialty physicians in the market	n/a	15	TBD	TBD
Physician retention rate (includes retirement)	81%	85%	90%	95%
Percentage of KH graduating residents staying in the Valley	45%	50%	50%	50%

Financial Impact	FY22	FY23	FY24
Capital Requirements	$0	$0	$0
Revenue	Additional Volumes from new physicians	TBD	TBD
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	($2,752,348)	($3,320,894)	($500,000)
Total Costs	($2,752,348)	($3,320,894)	($500,000)
Contribution Margin			

Individuals/Departments Responsible for Execution

Physician Recruitment & Relations, KHMG, Dan Allain, Brian Piearcy

Strategy Summary for: Inpatient Growth

Strategic Initiative: Strategic Growth and Innovation

Objective

Grow our inpatient volumes, particularly the surgical cases, with an emphasis on key service lines and our expanded service area.

Key Components

- Reopen two ORs on the 2nd floor of Mineral King
- Increase surgical volumes through promotion of services and physicians via marketing, social media, and physician liaisons
- Growth in key service lines (e.g. cardiac surgery, orthopedics, vascular, general surgery, urology, women's health, and more.)
- Add new services (e.g. bariatrics, colorectal surgery, electrophysiology, etc.)
- Conduct feasibility analysis and design process for conversion of inpatient rehab beds to skilled nursing beds
- Expand endoscopy access

Outcomes	Baseline	FY22	FY23	FY24
Cardiac surgery cases	354	432	475	500
IP Market share in secondary service area	28.5%	30%	32%	34%
IP Market share in primary service area	77.9%	79%	80%	81%
Annual IP Surgical Cases [1]	4,797	8,358	TBD	TBD

[1] Financial impact captured in Organizational Efficiency and Effectiveness

Financial Impact	FY22	FY23	FY24
Capital Requirements	$0	$0	$0
Revenue	$0	TBD	TBD
Expenses			
Labor	10 new FTEs	TBD	TBD
Supplies	$0	$0	$0
Other	$0	$0	$0
Total Costs	TBD	TBD	TBD
Contribution Margin	New cases	TBD	TBD

Individuals/Departments Responsible for Execution

Ryan Gates, Dan Allain, Jag Batth, Marc Mertz, Media Relations, Marketing & Communications, Physician Recruitment & Relations, Facilities

Strategy Summary for: Outpatient Growth

Strategic Initiative: Strategic Growth and Innovation

Objective

Increase access to outpatient care in locations that are convenient to our community.

Key Components

- Establish an ambulatory strategy committee to develop a growth strategy, including site prioritization and financial planning. Strategies include:
  - Add an Industrial Park clinic location (primary care and walk-in care) in Y1
  - Identify/add one new RHC location (Y2)
  - Development of a women's health program/ clinic (Y2)
  - Add a satellite KHMG location (Y3)
  - Create reporting system for tracking physician FTEs, productivity, and performance for all locations, regardless of clinic model
- Develop a plan for a new specialty clinic in Visalia
- Renovate the Court Street clinic space (using BHI funding)
- Expand infusion center space and operating hours
  - Add outpatient chemotherapy to infusion center
- Expansion of SRCC services and equipment (2nd TrueBeam) and the growth of oncology market share in Tulare and Kings Counties
- Aggressive marketing and promotion campaigns for our locations and services
- Add specialists to the RHCs and SHWC, including behavioral health

Outcomes	Baseline	FY22	FY23	FY24
Additional ambulatory locations	1	1	2	1
Total ambulatory visits	569,116	582,534	TBD	TBD
OP Surgery Cases	4,582	5,419	TBD	TBD
SRCC Volume (Visalia + Hanford)	4,620	4,877	TBD	TBD

Financial Impact	FY22	FY23	FY24
Capital Requirements	$7,376,000	$3,400,000	3,400,000
Revenue	$0	TBD	TBD
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	$0	$0	$0
Total Costs	$0	$0	$0
Contribution Margin	$242,737	$804,633	$656,040

Individuals/Departments Responsible for Execution

Ryan Gates, Paul Schofield, Marc Mertz, Facilities Planning, Marketing & Communications, Media Relations

Strategy Summary for: Modernization of our Facilities

Strategic Initiative: Strategic Growth and Innovation

Objective

Update our facilities to create a better patient experience and to provide our employees and medical staff with a better work environment.

Key Components

- Complete master facility plan for replacement of Mineral King wing
- Develop long-term plan for all Kaweah Health facilities, including funding capacity and strategy
  - Sequoia Surgery Center partnership
  - Sequoia Gateway land (e.g. ASC, endoscopy, cardiology, clinic, imaging, etc.)
  - Mid/long-term need for expanding the number of ORs at the Medical Center via the Acequia Wing 2nd floor
- Add conference rooms space to downtown campus
- Renovate Mineral King lobby and café
- Evaluate solar, recycling, and other alternative energy opportunities

Outcomes	Baseline	FY22	FY23	FY24
Board decision made regarding Master Facility Plan	n/a	July 2021		
Approve development plan for Sequoia Gateway	n/a	Dec 2021		

Financial Impact	FY22	FY23	FY24
Capital Requirements	$855,000 [1]	TBD	TBD
Revenue	$0	$0	$0
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	($150,000)	TBD	TBD
Total Costs	($150,000)	TBD	TBD
Contribution Margin			

[1] $355,000 to be funded by Foundation campaign

Individuals/Departments Responsible for Execution

Marc Mertz, Facilities Planning, Facilities/Maintenance, Dan Allain,

Strategy Summary for: Improve Community Engagement

Strategic Initiative: Strategic Growth and Innovation

Objective

Continue and expand our efforts to engage our community so that we can better serve their health and wellness needs, and to gain the community's insights and support regarding our initiatives. Seek ways to expand our current reach and gain more widespread feedback and outreach.

Key Components

- Use NRC Health tool to monitor public perception, provide insights to service lines, and to react appropriately
- Continue to meet with Community Advisory Committees and Ambassador groups to gain community and employee insights and support
- Educate the community regarding the need to replace the Mineral King wing through focus groups, town halls, the website, social media and other media to gain support
- Restart Speakers Bureau
- Continue Community Engagement webinars and town hall series

Outcomes	Baseline	FY22	FY23	FY24
Best Image and Reputation Score (via NRC Health)	23.9	26.0	28.5	30.0
Public support for bond- survey results	n/a	TBD	TBD	TBD

Financial Impact	FY22	FY23	FY24
Capital Requirements	$0	$0	$0
Revenue	$0	$0	$0
Expenses			
Labor	$0	$0	$0
Supplies	$0	$0	$0
Other	$0	$0	$0
Total Costs	$0	$0	$0
Contribution Margin			

Individuals/Departments Responsible for Execution

Gary Herbst, Marc Mertz, Deborah Volosin, Media Relations, Marketing & Communication

Strategy Summary for: Innovation

Strategic Initiative: Strategic Growth and Innovation

Objective

Create, develop, and implement new processes, systems, or services, with the aim of improving efficiency, effectiveness, or competitive advantage.

Key Components

- Form a committee to explore the organization's enhanced data analytic needs and capabilities and provide the ET and BOD with recommendations regarding technology, software, staffing, and process needs.
- Develop and launch a hospital-at-home service
- Expand the availability and promotion of telehealth services
- Begin the multi-year process of creating a central patient access center for scheduling all services across the organization (via web, phone, email, text, etc.) including patient navigator positions to coordinate patient appointments and to respond to referring physicians' requests/referrals.
- Closely monitor changes in the ambulatory care market and develop strategies to compete, or partner, with market disruptors such as Amazon, Wal-Mart, CVS, Walgreens, telehealth providers, and others
- Explore alternative funding opportunities to enable Kaweah Health to provide community health services such as increasing access to healthy grocery options and stable housing

Outcomes	Baseline	FY22	FY23	FY24
Number of annual telehealth visits	110,584	50,000	TBD	TBD
ET/Board approved patient access center plan	n/a	Fall 2022		

Financial Impact	FY22	FY23	FY24
Capital Requirements	$0	TBD	TBD
Revenue	$0	TBD	TBD
Expenses			
Labor	$0	TBD	TBD
Supplies	$0	TBD	TBD
Other	($50,000)	TBD	TBD
Total Costs	($50,000)	TBD	TBD
Contribution Margin			

Individuals/Departments Responsible for Execution

Doug Leeper/ISS, Keri Noeske, Malinda Tupper/patient access, Marc Mertz, Ryan Gates, ambulatory clinic leaders

Live with passion.

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

Kaweah Health