August 23, 2019

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Board of Directors meeting at 3:30PM on Monday, August 26, 2019 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue}.

The Board of Directors of the Kaweah Delta Health Care District will meet in a closed Board of Directors meeting at 5:00PM on Monday, August 26, 2019 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue} pursuant to Government Code 54956.9(d)(1), 54956.9(d)(2), and 54956.8; Health and Safety Code 32155, 1461, and 32106.

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Board of Directors meeting at 6:00PM on Monday, August 26, 2019 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue}.

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

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

KAWEAH DELTA HEALTH CARE DISTRICT
Nevin House, Secretary/Treasurer

Cindy Moccio

Cindy Moccio - Board Clerk / Executive Assistant to CEO

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

KAWEAH DELTA HEALTH CARE DISTRICT
BOARD OF DIRECTORS MEETING

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

Monday August 26, 2019

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 the item has been discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the subject matter jurisdictions of the Board are requested to identify themselves at this time.
4. **MASTER PLANNING –** Review and discussion of master planning process and options for Kaweah Delta Health Care District.

   Kevin Boots, Senior Vice President – RBB Architects, Inc.

5. **APPROVAL OF THE CLOSED AGENDA – 5:00PM**
   - 5.1. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Joe Malli, MD*
   - 5.2. **Conference with Legal Counsel – Anticipated Litigation –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 12 Cases **–** *Ben Cripps, Compliance & Privacy Officer and Dennis Lynch, Legal Counsel*
   - 5.3. **Report involving trade secrets {Health and Safety Code 32106}** – Discussion will concern a proposed new services/programs – estimated date of disclosure is December 2019 – *Gary Herbst, Chief Executive Officer*
   - 5.4. **Conference with Real Property Negotiator {Government Code Section 54956.8}:** Property: APN 172-010-034 and APN 172-010-026. Negotiating party: Kaweah Delta Health Care District: Deborah Volosin, Marc Mertz and Kyle Rhinebeck, Zeeb

Commercial – price and terms - *Deborah Volosin, Director of Community Engagement and Marc Mertz, Vice President of Strategic Planning and Business Development*

5.5. **Credentialing** - Medical Executive Committee (August 2019) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Byron Mendenhall, MD, Chief of Staff*

5.6. **Conference with Legal Counsel – Anticipated Litigation –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 3 Cases **-** *Dennis Lynch, Legal Counsel*

5.7. **Approval of closed meeting minutes** – July 22, 2019.

6. ADJOURN

CLOSED MEETING AGENDA {5:00PM}

1. CALL TO ORDER

2. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Joe Malli, MD*

3. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 12 Cases **–** *Ben Cripps, Compliance & Privacy Officer and Dennis Lynch, Legal Counsel*

4. REPORT INVOLVING TRADE SECRETS {Health and Safety Code 32106} – Discussion will concern a proposed new services/programs – estimated date of disclosure is December 2019 – *Gary Herbst, Chief Executive Officer*

5. **CONFERENCE WITH REAL PROPERTY NEGOTIATOR** **{Government Code Section 54956.8}:** Property: APN 172-010-034 and APN 172-010-026. Negotiating party: Kaweah Delta Health Care District: Deborah Volosin and Marc Mertz and Kyle Rhinebeck, Zeeb Commercial – price and terms - *Deborah Volosin, Director of Community Engagement and Marc Mertz, Vice President of Strategic Planning and Business Development*

6. **CREDENTIALING** - Medical Executive Committee (August 2019) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval pursuant to Health and Safety Code 1461 and 32155

Byron Mendenhall, MD, Chief of Staff

7. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 3 Cases

   Dennis Lynch, Legal Counsel

8. **APPROVAL OF CLOSED MEETING MINUTES** – July 22, 2019.

   Action Requested – Approval of the closed meeting minutes – July 22, 2019.

9. **ADJOURN**

OPEN MEETING AGENDA {6:00PM}

1. **CALL TO ORDER**

2. **APPROVAL OF AGENDA**

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

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

5. **OPEN MINUTES** – Request for approval of the July 22, 2019 open board of directors meeting minutes.

   Action Requested – Approval of the open meeting minutes – July 22, 2019 open board of directors meeting minutes.

6. **RECOGNITIONS** – *John Hipskind, MD*
   - **6.1.** Presentation of Resolution 2041 to Joe Hinton - Service Excellence Award – August 2019.
   - **6.2.** Presentation of Resolution 2042 for Carolyn Aiello, Microbiology Section Chief, retiring from Kaweah Delta after forty-seven (47) years of service.

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

   7.1. REPORTS
   - A. Medical Staff Recruitment
   - B. Compliance
   - C. Human Resources
   - D. Emergency Services (Emergency Department & Trauma)
   - E. Emergency Services (Urgent Care)
   - F. Rehabilitation Services

7.2. POLICIES

A. ADMINISTRATIVE

1.	Access and Release of Protected Health Information	AP.04	Revised
2.	Public Relations, Marketing, and Media Relations	AP.06	Revised
3.	Patient Complaint and Grievance Process	AP.08	Revised
4.	Occurrence Reporting Process	AP.10	Revised
5.	Department Visits by Vendor Representatives	AP.14	Revised
6.	Loan of District Equipment and or Supplies	AP.15	Revised
7.	Subpoenas / Search Warrants served on district records, contract physicians, or patients	AP.21	Revised
8.	Vendor Relationships and Conflict of Interest	AP.40	Revised
9.	Risk Management	AP.45	Revised
10.	Patient Rights & Responsibilities, & Non-Discrimination	AP.53	Revised
11.	Confidentiality,Security&Integrity of Health Information	AP.64	Revised
12.	Code of Ethical Behavior	AP.70	Revised
13.	On-call Physician Per Diem Process	AP.77	Revised
14.	Sentinel Event & Adverse Event response & reporting	AP.87	Revised
15.	Unannounced Regulatory Survey Plan for Response	AP.91	Revised
16.	Public Release of Patient Information	AP.103	Revised
17.	Use of rental, loaner, or demo equipment	AP.132	Revised
18.	Capital Budget Purchase	AP.135	Revised
19.	Construction in progress accounts	AP.136	Revised
20.	Medication Error Reduction Plan	AP.154	Revised
21.	Standard Procurement Practices	AP.156	Revised
22.	Solicitation, Fundraising, and Distribution of Materials	AP.158	Revised
23.	Photography and Video Recording of Patients and Staff	AP.163	Revised
24.	District Charge Master Maintenance	AP.174	Revised
25.	Grievance Procedure–Section 504 of the Rehabilitation Act of 1973	AP.88	Reviewed
26.	Security of Purchased Equipment and or Supplies {To be turned into a department policy}	AP.42	Delete
27.	Technology Assessment Process	AP.60	Delete

B. COMPLIANCE

1.	Compliance Program Administration	CP.01	Revised
2.	Federal and State False Claims Act and Employee Protection Provisions	CP.13	Revised
3.	Code of Conduct		

C. BOARD OF DIRECTORS

1.	Orientation of a new board member	BOD1	Reviewed
2.	Chief Executive Officer (CEO) Transition	BOD2	Reviewed

3. Chief Executive Officer	BOD3	Reviewed
4. Executive Compensation	BOD4	Reviewed
5. Conflict of Interest	BOD5	Reviewed
6. Board reimbursement for travel and service	BOD6	Reviewed
7. Presentation of claims and service process	BOD7	Reviewed
8. Promulgation of Kaweah Delta Health Care District Procedures	BOD8	Reviewed

D. HUMAN RESOURCES

1. Equal Employment Opportunity	HR.12	Revised
2. Dress Code – Professional Appearance Guidelines	HR.197	Revised

E. ENVIRONMENT OF CARE

1. Water Management Program	EOC.1033	New

F. EMERGENCY MANAGEMENT

1. Radioactive Disaster Management	DM 2230	Revised
2. Radioactive Disaster Procedure	DM 2231	Revised

7.3. Rejection of claims

A. Approval of Resolution 2043 rejecting the claim for Caroline Cuellar, Crystal Richards, and Michael Richards vs. Kaweah Delta Health Care District.

B. Approval of Resolution 2044 rejecting the claim for Robert Valencia vs. Kaweah Delta Health Care District.

C. Approval of Resolution 2045 rejecting the claim for Tomas Borges vs. Kaweah Delta Health Care District.

7.4. Recommendation from the Medical Executive Committee (AUGUST 2019)

A. Medical Staff Policies

1) Process for Quality Review of Medical Staff, Resident Physician, and Advanced Practice Provider Staff Medical Record Documentation	MS.42	Revised
2) Code of Conduct for Medical Staff and Advanced Practice Providers	MS.47	Revised
3) Credentialing and Privileging of Medical Staff & Advanced Practice Providers	MS.48	Revised

B. Fluoroscopy Privilege form

Recommended Action: Approve the August 26, 2019 Consent Calendar.

8. QUALITY

A. Orthopedic - A review of key quality measures and action items related to the orthopedic surgical population.

Jag Batth, Director, Orthopedics, Therapy, & Home Health

B. **Leapfrog Safe Practices #6 – Nursing Workforce** - A review of Nurse Staffing Risk Assessment and Education.

Jon Knudsen, RN, FNP, Director of Renal, Oncology and Critical Care Services and Rose Newsom, RN, MSN, NE-BC, Director of Nursing Practice

9. **THE JOINT COMMISSION 101 –** Education session on the Board's role in improving quality and patient safety.

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

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

Malinda Tupper, VP & Chief Financial Officer

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

Byron Mendenhall, MD, Chief of Staff

Recommended Action: Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from 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 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 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.

12. **AB2190 ATTESTATON – KAWEAH DELTA –** Review and approval of attestation of the District's awareness of the January 1, 2030 deadline for substantial compliance with those regulations and standards.

Gary Herbst, Chief Executive Officer

13. **REPORTS**

13.1. Chief of Staff – Report relative to current Medical Staff events and issues.
Byron Mendenhall, MD, Chief of Staff

13.2. Chief Executive Officer Report -Report relative to current events and issues.
Gary Herbst, Chief Executive Officer

- District Hospital Leadership Forum
- Patient experience update
- District Boundaries community presentations
- Legislative Visits
  - Devin Mathis – July 29th
  - Shannon Grove – August 6th
- Federally Qualified Health Center

13.3. Board President - Report relative to current events and issues.
Lynn Havard Mirviss, Board President

ADJOURN

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

KAWEAH DELTA MEDICAL CENTER REPLACEMENT HOSPITAL

MASTER PLANNING SERVICES

August 26, 2019

MASTER PLAN COMPONENTS

MP Conceptual / Programmatic Phase

- Data Collection
- Needs Projections
- Functional Questionnaires
- Structural Analysis of MK
- Space Program
- Conceptual Cost
- Report & Presentation to Committee

MP Schematic Design

- Design Phase
- Cost Estimate
- Report & Presentation to Committee

MP Design Development

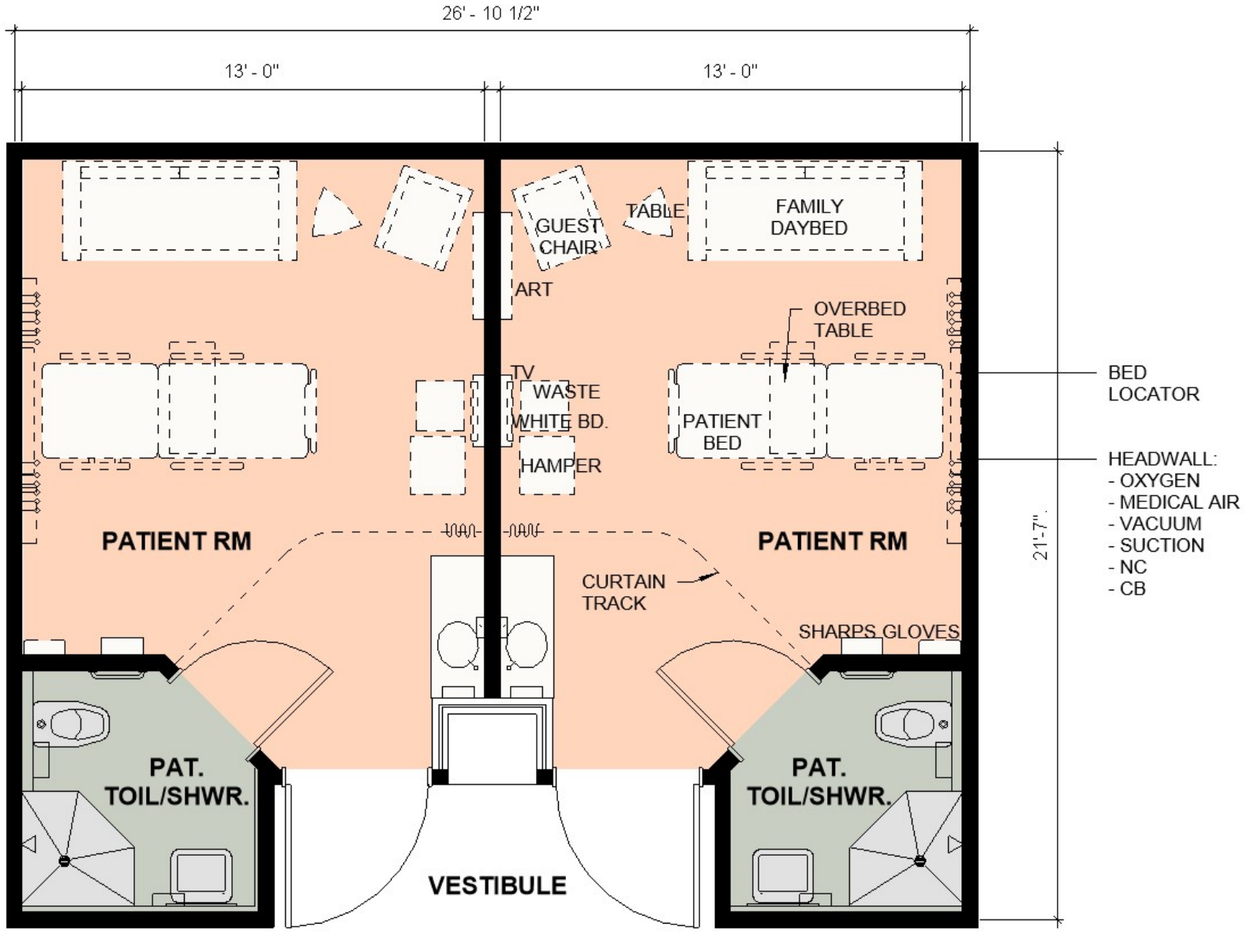
- Design Development
- Options
- Cost Estimate
- Report & Presentation to Committee

MP Final Phase

- Complete Design
- Phasing Studies
- Cost Estimate
- Final Report & Presentation to Committee

MASTER PLAN COMPONENTS

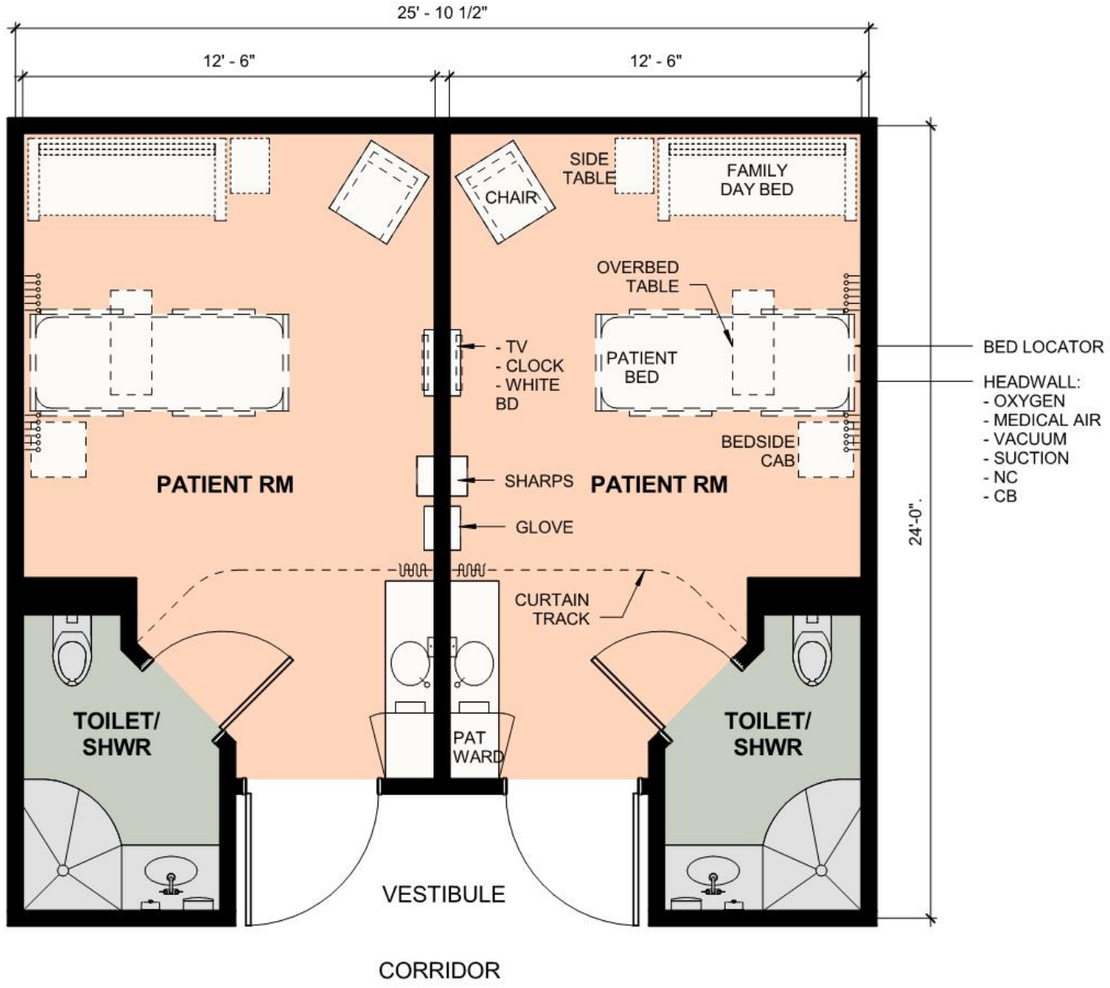
INPATIENT ROOM ANALYSIS



NET AREAS:

PATIENT ROOM:	205 SF
TOILET ROOM:	40 SF
TOTAL:	245 SF

MEDICAL / SURGICAL
PATIENT ROOM A



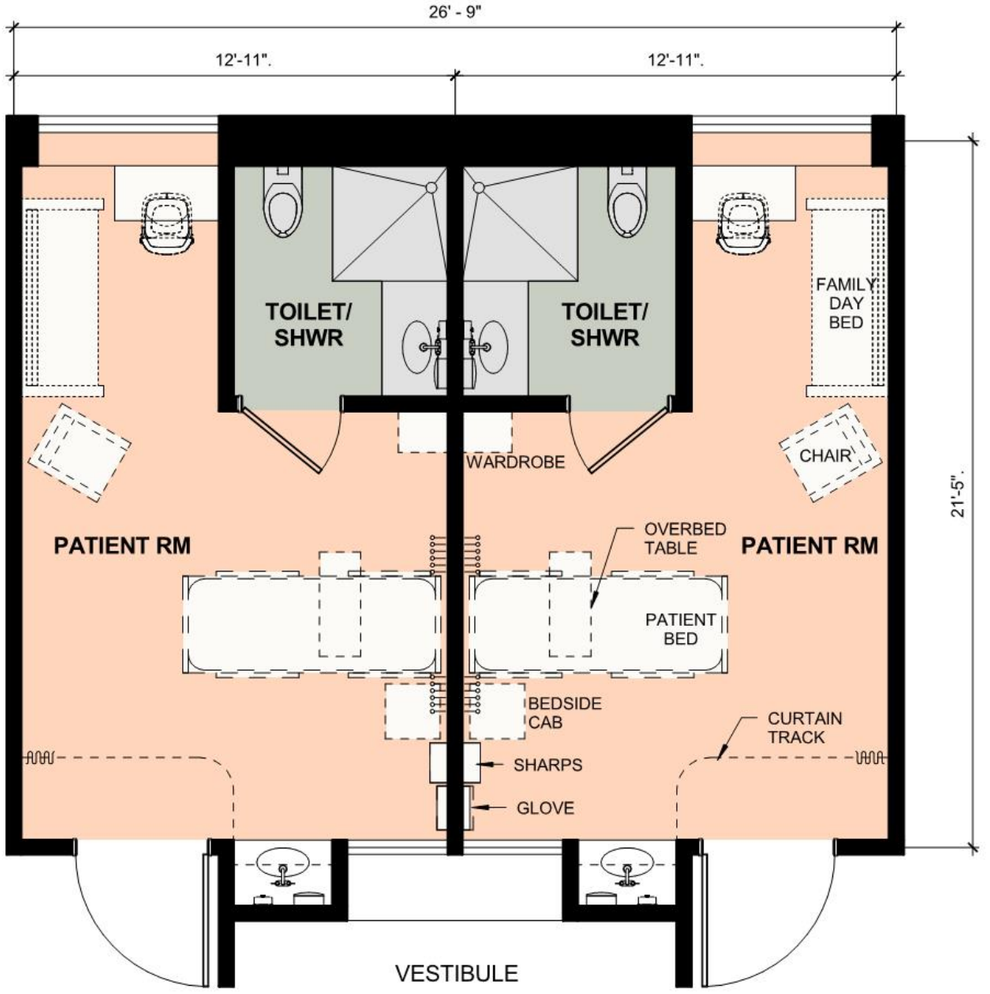
NET AREAS:

PATIENT ROOM:	215 SF
TOILET ROOM:	46 SF
TOTAL:	261 SF

MEDICAL / SURGICAL
PATIENT ROOM B

0' 2' 4' 8'

RBB ARCHITECTS INC



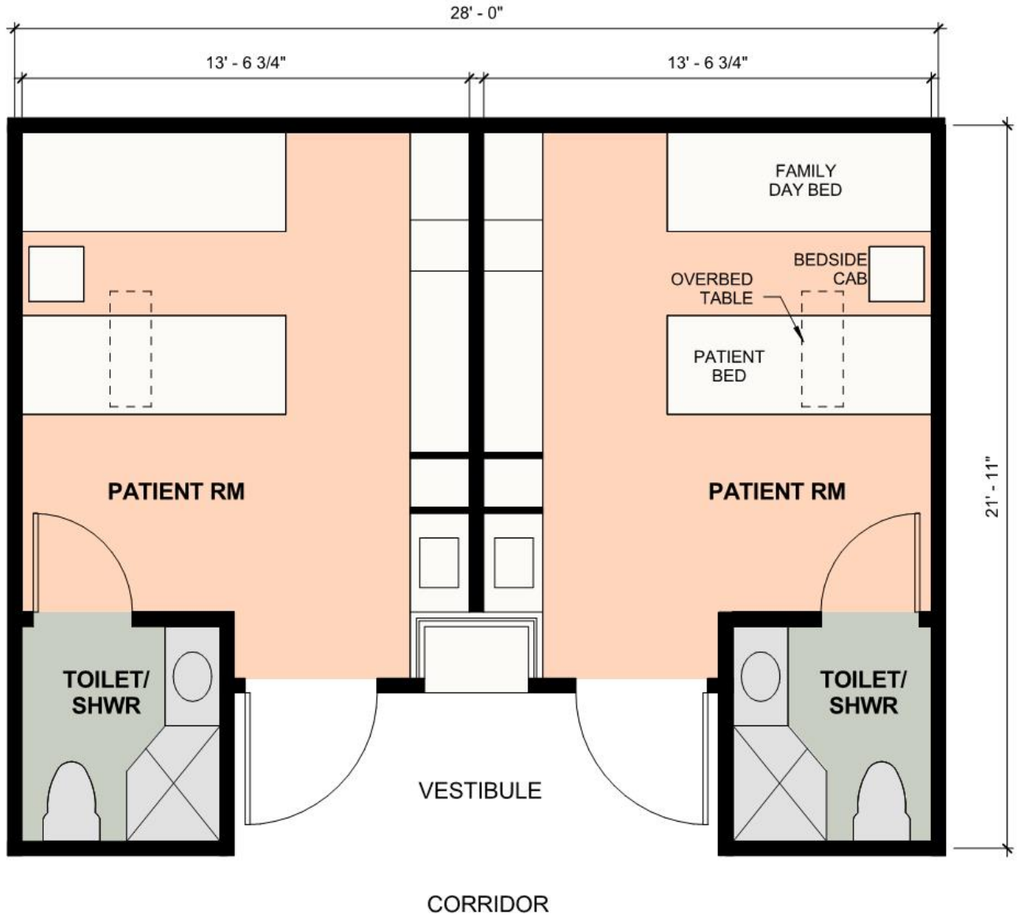
NET AREAS:

PATIENT ROOM:	212 SF
TOILET ROOM:	46 SF
TOTAL:	258 SF

MEDICAL / SURGICAL
PATIENT ROOM C

0' 2' 4' 8'

RBB ARCHITECTS INC



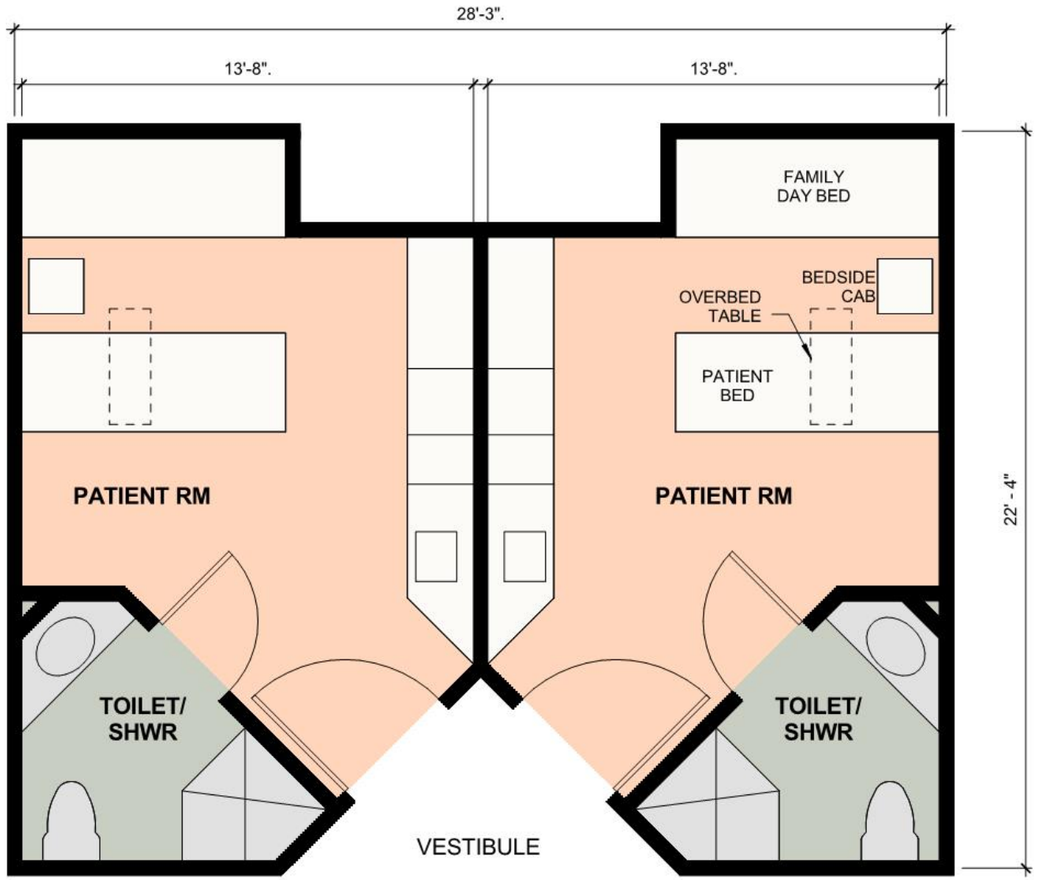
NET AREAS:

PATIENT ROOM:	208 SF
TOILET ROOM:	39 SF
TOTAL:	247 SF

MEDICAL / SURGICAL
PATIENT ROOM D

0' 2' 4' 8'

RBB ARCHITECTS INC



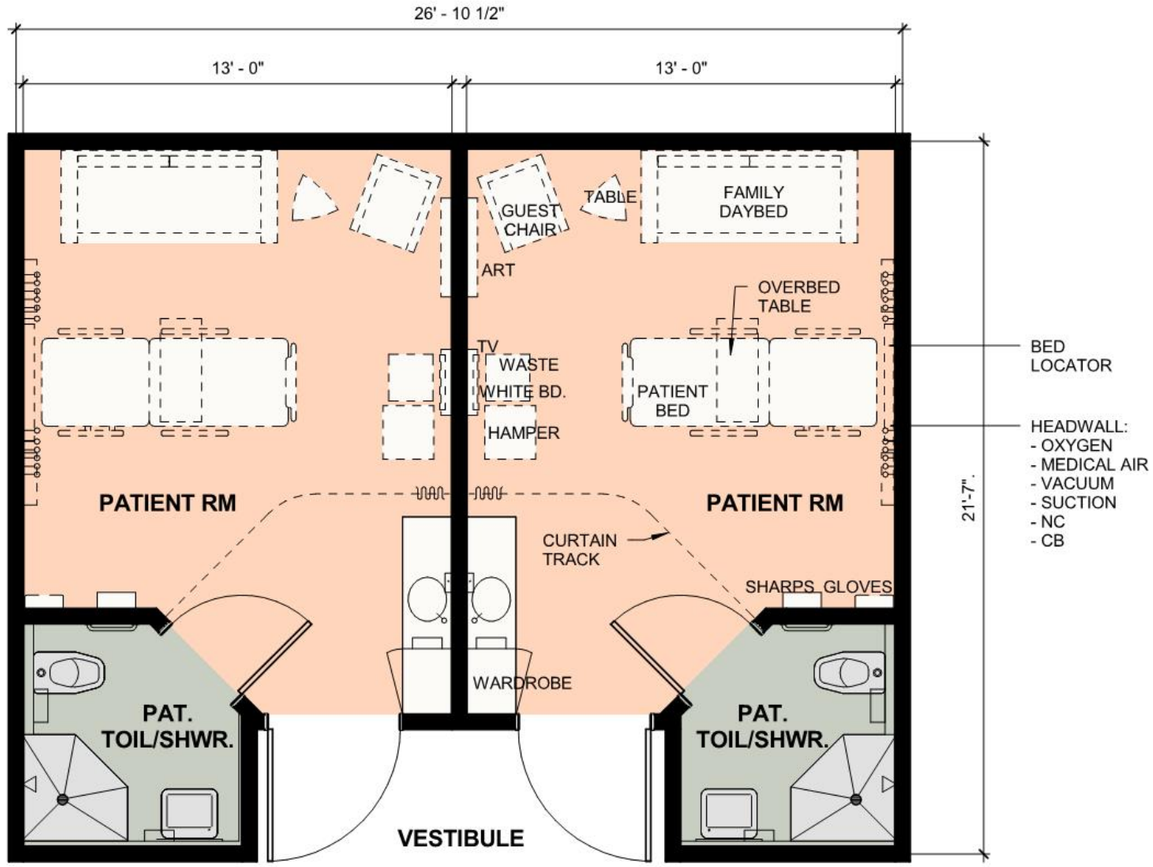
NET AREAS:

PATIENT ROOM:	208 SF
TOILET ROOM:	51 SF
TOTAL:	259 SF

MEDICAL / SURGICAL
PATIENT ROOM E

0' 2' 4' 8'

RBB ARCHITECTS INC



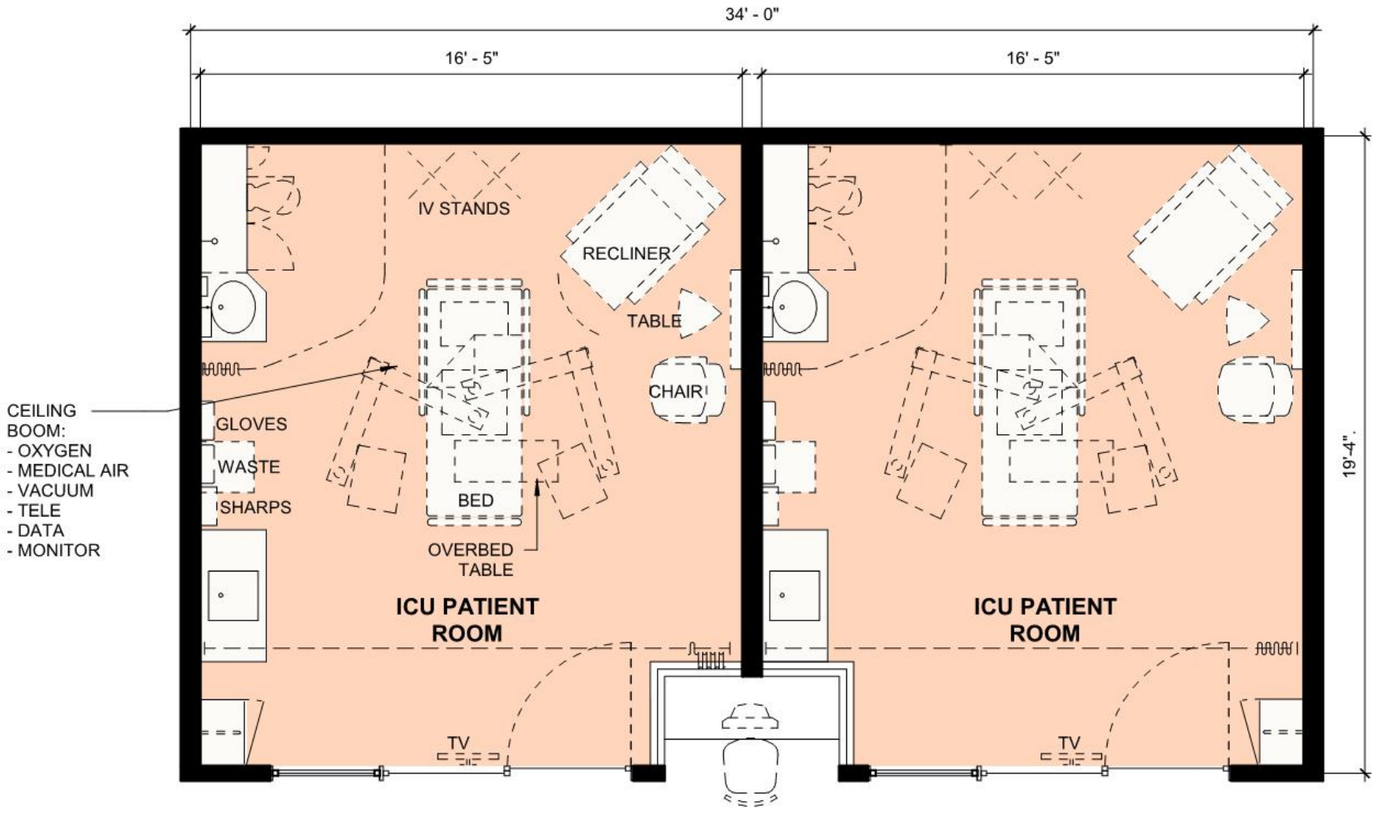
NET AREAS:

PATIENT ROOM:	205 SF
TOILET ROOM:	40 SF
TOTAL:	245 SF

MEDICAL / SURGICAL
PATIENT ROOM F

0' 2' 4' 8'

RBB ARCHITECTS INC

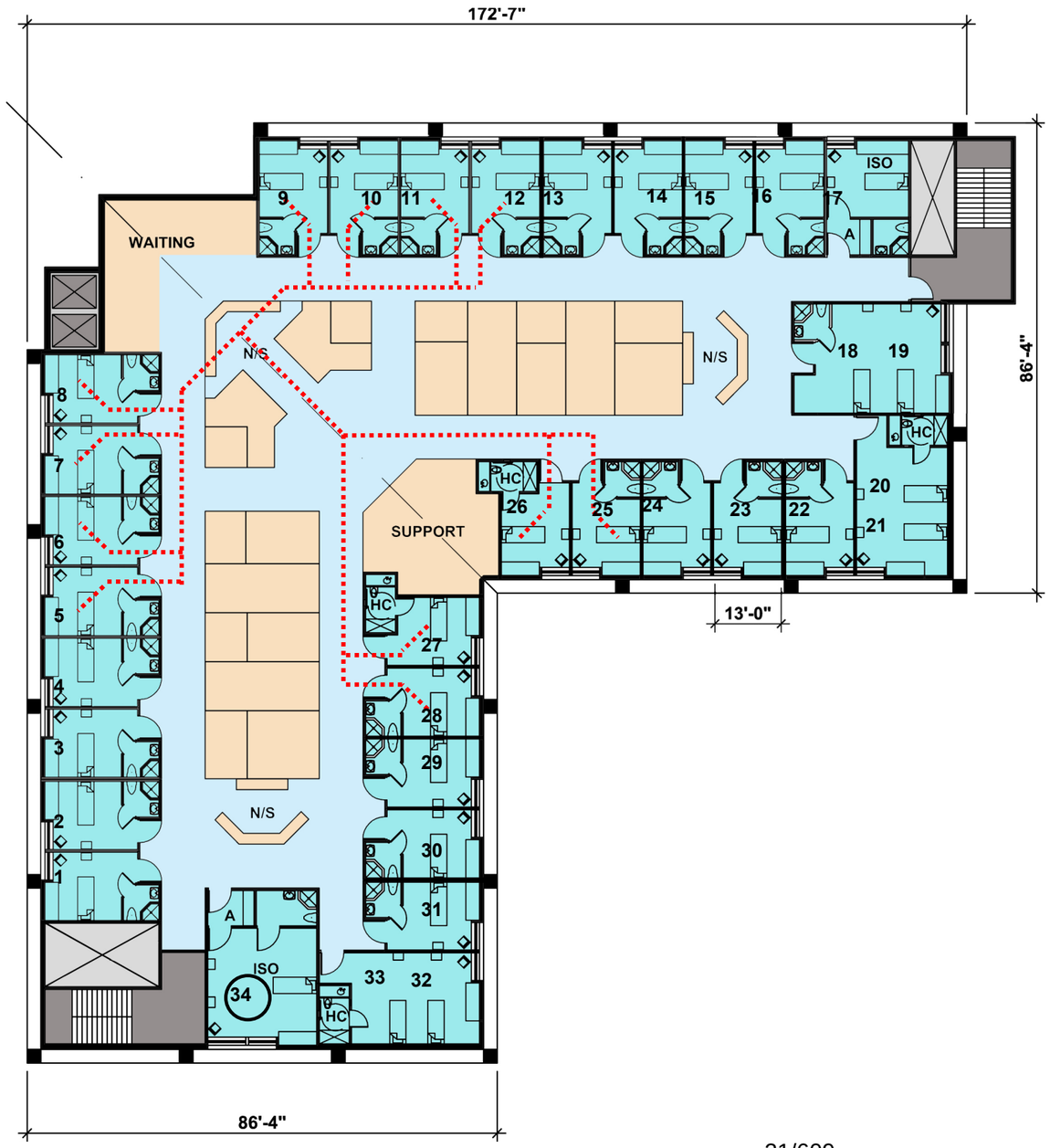


ICU
PATIENT ROOM

0' 2' 4' 8'

RBB ARCHITECTS INC

NURSING UNIT CONFIGURATION STUDIES



34 Med/Surg Beds
(28 Private & 6 Semiprivate)
Rooms at 13’-0” on center

Patient Room NSF=185 SF
Unit Area = 21.7 K GSF
Area per Bed = 639 SF
Support Area = 4,473 SF
Support/ Bed = 131 SF/Bed
Total Circulation = 5,571 SF
Circul / Bed = 164 SF/ Bed
Average Dist.
N/S to patient = 66’-3”

L-SHAPE CONCEPT

Typical Patient Floor

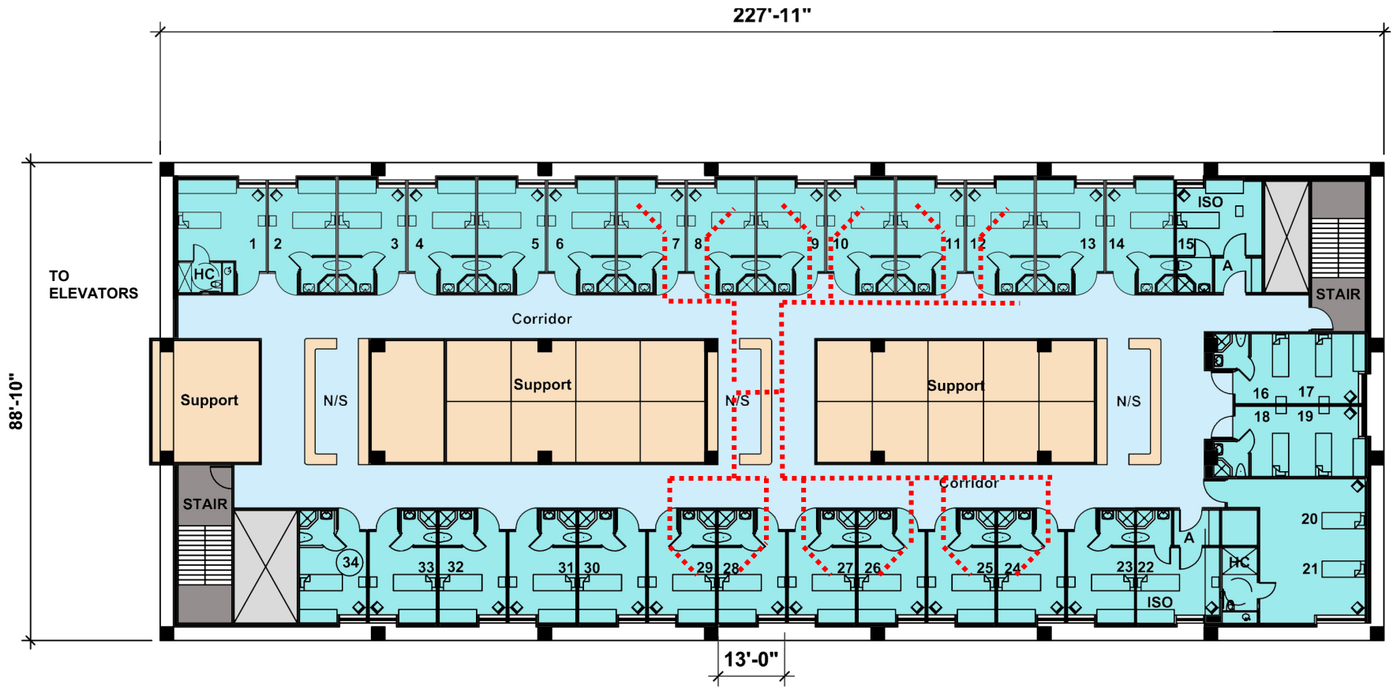
0’ 16’ 32’

N

RBB ARCHITECTS INC

L Shape Pros & Cons

- **“L” SHAPE NURSING UNIT**
  - PROS:
    - Enter at unit central point
    - Visually less corridor than rectangle but more than triangle
  - CONS:
    - Larger area than other configurations
    - Largest average distance between patients and N/S
    - Largest % of circulation



34 Med/Surg Beds
(28 Private & 6 Semiprivate)
Rooms at 13'-0" on center

Patient Room NSF=185 SF
Unit Area = 20.2 K GSF
Area per Bed = 594 SF
Support Area = 4,473 SF
Support/ Bed = 131 SF/Bed
Total Circulation = 4,986 SF
Circul / Bed = 147 SF/ Bed
Average Dist.
N/S to patient = 60'-4"

RECTANGULAR CONCEPT

Typical Patient Floor

0' 16' 32'

N

RBB ARCHITECTS INC

Rectangular Pros & Cons

- **RECTANGULAR NURSING UNIT**
  - PROS:
    - Simpler framing and less exterior wall area
  - CONS:
    - Longer corridors resulting in greater average distance between patients and N/S
    - Visibility not as good as triangular unit
    - Space quality poor due to longer corridors

34 Med/Surg Beds
(28 Private & 6 Semiprivate)
Rooms at 13'-0" on center

Patient Room NSF=193 SF
Unit Area = 19.0 K GSF
Area per Bed = 559 SF
Support Area = 4,473 SF
Support/ Bed = 131 SF/Bed
Total Circulation = 4,639 SF
Circul / Bed = 136 SF/ Bed
Average Dist.
N/S to patient = 51'8"

TRIANGULAR CONCEPT

Typical Patient Floor

0' 16' 32'

N

RBB ARCHITECTS INC

Triangular Pros & Cons

- **TRIANGULAR NURSING UNIT**
  - PROS:
    - Greater master plan flexibility
    - Least area per bed
    - Less nurses travel distance to patient bedsides
    - Ideal support core size for 30 bed unit
    - Feeling of openness
  - CONS:
    - Additional exterior wall area

Patient Care Unit Comparison

Assume same number of beds, same support area, support/bed

	"L" SHAPE	RECTANGLE	TRIANGLE
Number of Beds			
28 Private, 6 Semi	34	34	34
Area per Bed	639 SF	594 SF	559 SF
Support Area	4,473 SF	4,473 SF	4,473 SF
Support / Bed	131 SF/ Bed	131 SF/ Bed	131 SF/ Bed
Total Circul.	5,571 SF	4,986 SF	4,639 SF
Circul. / Bed	164 SF/ Bed	147 SF	136 SF/ Bed
Average dist.			
N/S to patient	66'-3"	60'-4"	51'-8"
Unit Area	21,700 GSF	20,200 GSF	19,000 GSF

THE TRIANGULAR UNIT WILL DELIVER TRAVEL TIME SAVINGS OF 14.5% OVER THE RECTANGULAR OPTION AND 22.0% OVER THE "L" SHAPE OPTION

Master Plan Strategy

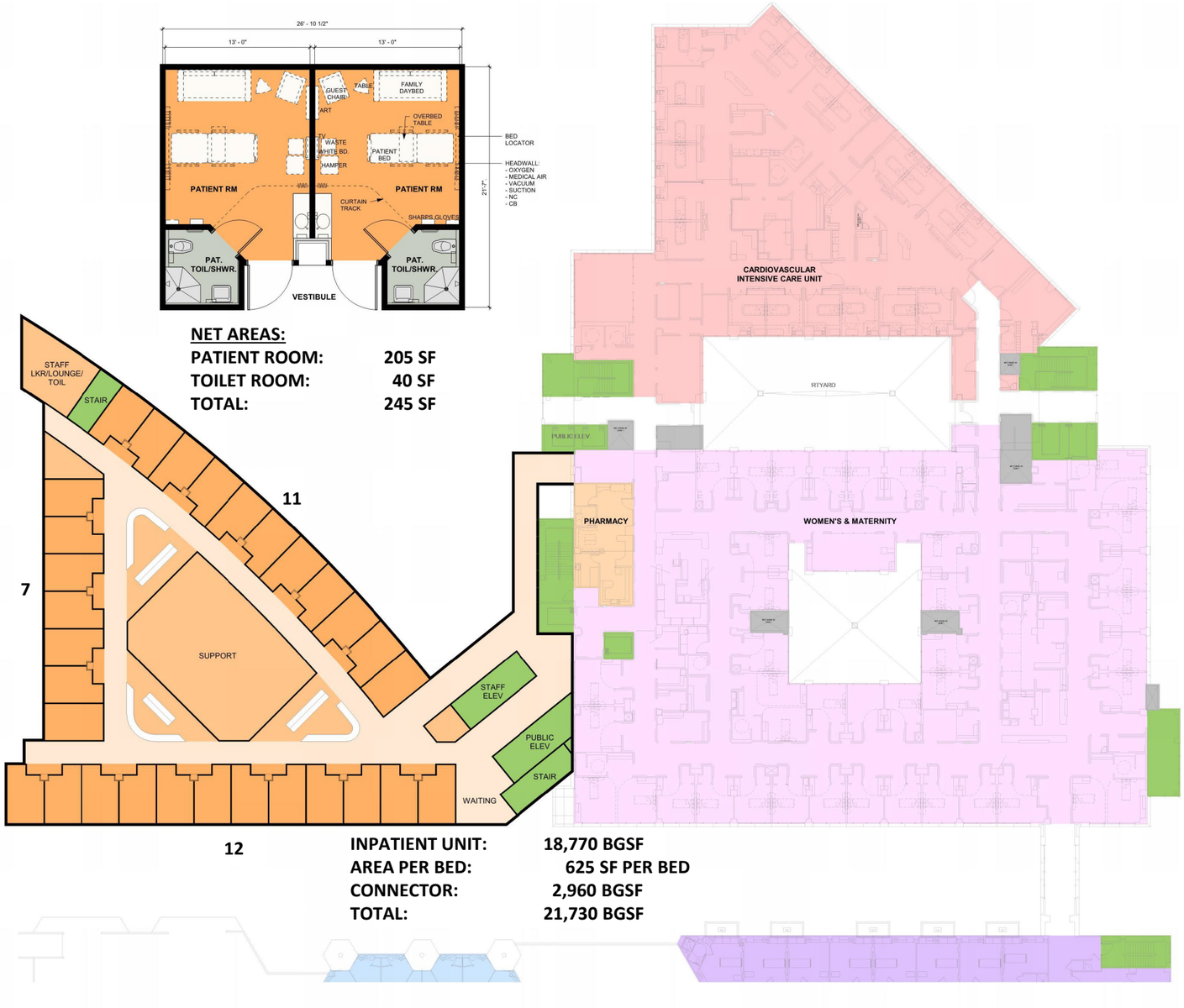
Phased Master Plan Implementation

- **PHASE 1**
  - New Med/Surg Tower 6 – 9 Story
  - TY 2030

- **Phase 2 – 3 (TBD)**
  - Parking Structure
  - 2nd Patient Tower
  - De-Commission Mineral King Tower
  - Outpatient Services

SITE PLAN – PHASE 1 & EXISTING

2ND FLOOR PLAN - 30 PRIVATE BED UNIT



3RD FLOOR PLAN - 30 PRIVATE BED UNIT

INPATIENT UNIT: 18,770 BGSF
AREA PER BED: 625 SF PER BED
CONNECTOR: 3,150 BGSF (TYP 4TH - 6TH FLRS)
TOTAL: 21,920 BGSF (TYP 4TH - 6TH FLRS)

TYP 4TH, 5TH, 6TH FLOOR PLAN - 30 PRIVATE BED UNIT

MEDICAL / SURGICAL SPACE PROGRAM

MEDICAL / SURGICAL	PROPOSED PROGRAM TARGET YEAR 2038			REMARKS
	Quantity	Area (SF)	Total Area (SF)	
Primary Activity Areas				
Patient Room - Private	25	200	5,000	Includes armoire/wardrobe and family area; Pipe 2 rooms for dialysis
- Armoire/Wardrobe	0	0	0	Included in patient room
- Family Area	0	0	0	Included in patient room
- Toilet/Shower	25	40	1,000	
- Vestibule	0	0	0	
Patient Room - Private Bariatric/ADA	3	220	660	Includes armoire/wardrobe and family area
- Armoire/Wardrobe	0	0	0	Included in patient room
- Family Area	0	0	0	Included in patient room
- Toilet/Shower Bariatric/ADA	3	70	210	
- Vestibule	0	0	0	
Patient Room - Isolation	2	200	400	Includes armoire/wardrobe and family area; Pipe 2 Isol rooms for dialysis
- Anteroom	2	60	120	
- Armoire/Wardrobe	0	0	0	Included in patient room
- Family Area	0	0	0	Included in patient room
- Toilet/Shower	2	40	80	
Corridor Charting	14	20	280	Decentralized; Shared between rooms except Isol
Primary Activity Support Areas				
Nurse Station	3	260	780	Includes Unit Clerk
Charting Stations	2	200	400	Includes Caregiver Charting
Dictation	2	60	120	
Medication	2	100	200	

MEDICAL / SURGICAL SPACE PROGRAM

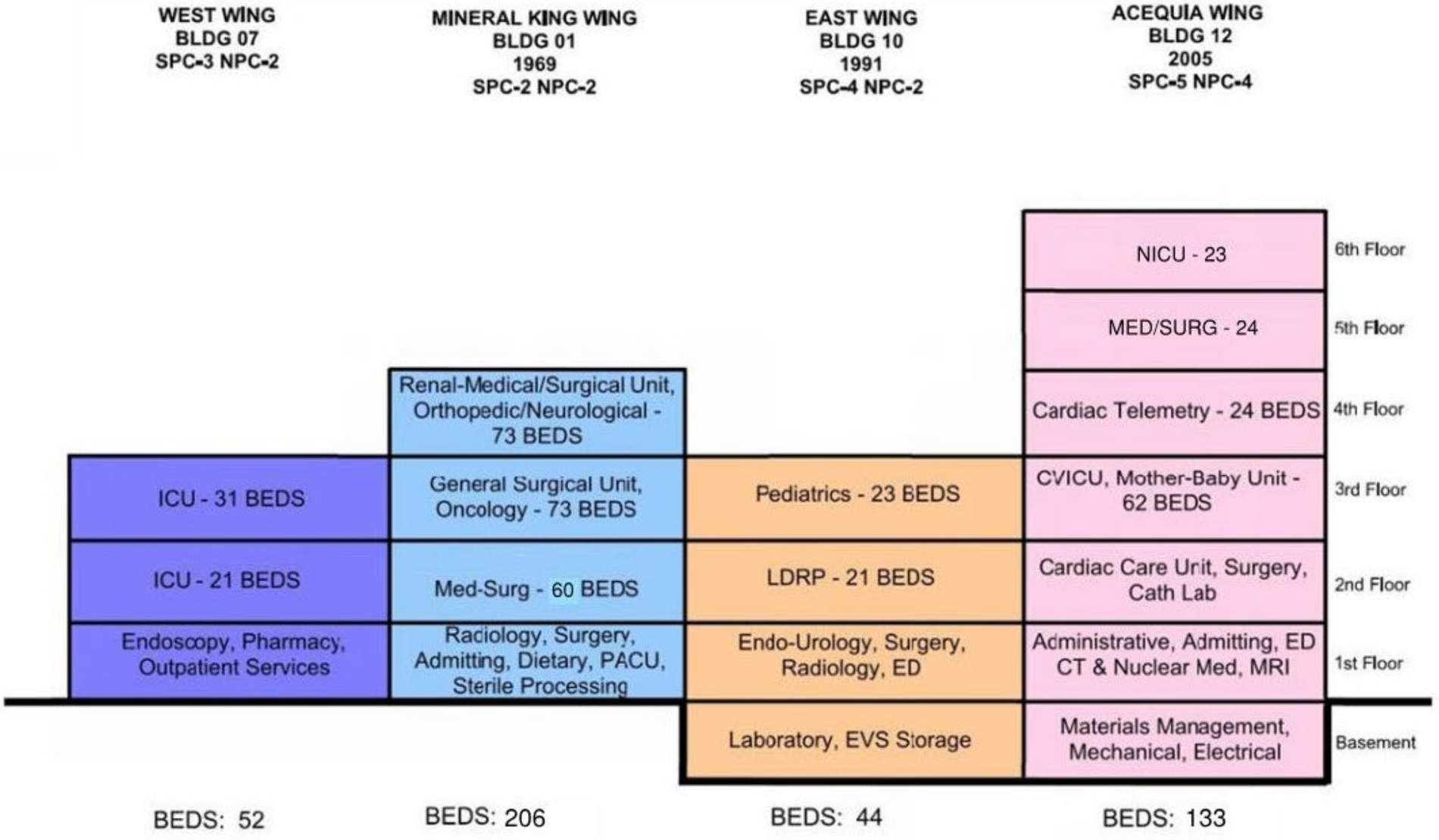
MEDICAL / SURGICAL	PROPOSED PROGRAM TARGET YEAR 2038			REMARKS
	Quantity	Area (SF)	Total Area (SF)	
Nourishment	1	100	100	
Clean Utility	2	110	220	Includes Clean Linen
Soiled Utility	2	90	180	Includes Soiled Linen
Equipment Storage	2	160	320	
Housekeeping	2	40	80	
Administrative Areas				
Multipurpose Room (Conf/Classrm)	1	200	200	
Office - Shared	1	120	120	
Public Areas				
Family Lounge	1	400	400	
Telephone/Drinking Fountain Alcove	1	20	20	
Toilet - Public Unisex ADA	2	50	100	
Staff Areas				
Staff Locker/Lounge	1	300	300	Includes lactation area partitioned for privacy
Staff Toilet - Unisex ADA	2	50	100	
DEPARTMENTAL NET SQUARE FEET (NSF)			11,390	
INTRADEPARTMENTAL CIRCULATION (50% OF NSF)			5,695	
SUB-TOTAL:			17,085	
INTRADEPARTMENTAL WALLS & MECH (12% OF NSF):			2,050	
TOTAL DEPARTMENTAL GROSS SQUARE FEET (DGSF)			19,135	30 Private Bed Unit

Impact by Scenario | Market share assumptions were interlaced with length of stay sensitivity estimates to arrive at three scenarios of bed need for KD in FY-38

Bed Need Impact by Scenario

(all scenarios shown)

FY-38 Bed Needs (Deficit) / Surplus	Baseline	Reduce LOS half-way to Geometric Mean Length of Stay in 5 Years	Geometric Mean Length of Stay in 3 Years
Med / Surg	(64)	(19)	44
ICU	(7)	(3)	2
CVICU	7	8	10
Step-down	(46)	(36)	(23)
Post-partum	(4)	(4)	(4)
NICU	(11)	(11)	(11)
Main campus	(125)	(65)	18
Rehab	2	11	21
Psych	12	24	37
SNF	(21)	(21)	(21)
Total	(132)	(51)	55



2020 DIAGRAMMATIC SECTION

PROJECT SCENARIOS – PHASE 1

SCENARIO 1:

- 240 Beds
- 8 floors + 1 ground level (non-bed)
- 21,730 BGSF x 9 floors = 195,570 BGSF x $1,700/SF = $332 million

SCENARIO 2:

- 210 Beds
- 7 floors + 1 ground level (non-bed)
- 21,730 BGSF x 8 floors = 173,840 BGSF x $1,700/SF = $296 million

SCENARIO 3:

- 180 Beds
- 6 floors + 1 ground level (non-bed)
- 21,730 BGSF x 7 floors = 152,110 BGSF x $1,700/SF = $259 million

SCENARIO 4:

- 150 Beds
- 5 floors + 1 ground level (non-bed)
- 21,730 BGSF x 6 floors = 130,380 BGSF x $1,700/SF = $222 million

Task	Start	Finish	Q4'18		Q1'19			Q2'19			Q3'19			Q4'19			Q1'20
			Nov	Dec	Jan	Feb	Mar	Arp	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
MP CONCEPT / PROGRAMATIC DESIGN PHASE	11/15/18	8/1/19															
MP SCHEMATIC DESIGN PHASE	8/5/19	10/28/19															
MP DESIGN DEVELOPMENT PHASE	10/28/19	11/29/19															
FINAL MASTER PLAN PHASE	12/2/19	1/20/20															

PROJECT SCHEDULE

Task	Start	Finish	May	June	July	August
FUNCTIONAL QUESTIONNAIRES	4/29/19	6/14/19				
Prepare and Issue Questionnaires to Users	4/29/19	5/3/19				
Users Complete Questionnaires	5/6/19	6/14/19				
Review Format of Response	6/17/19	6/21/19				
Refine Questionnaire Responses	6/24/19	6/28/19				
SPACE PROGRAM	5/27/19	7/5/19				
Enter Functional Questionnaire Data	5/27/19	5/30/19				
Prepare Draft Program	5/31/19	6/13/19				
Mtg #1	6/14/19	6/18/19				
Incorporate User Comments	6/19/19	6/25/19				
Mtg #2	6/26/19	6/28/19				
Revise Final Program	7/1/19	7/5/19				

PROJECT SCHEDULE

KAWEAH DELTA MEDICAL CENTER REPLACEMENT HOSPITAL

MASTER PLANNING SERVICES

BUDGET CONTROL

https://www.quora.com/How-much-does-it-cost-to-build-a-hospital

Quora Home Answer Spaces Notifications Search Quora

Price Comparison | How Much Does X Cost? | +8

How much does it cost to build a hospital?

Joan Hoffman, Experience in health care management
Updated Dec 18 2017

The cost varies depending where you are and what kind of hospital you want. Here are some examples for you. Note that hospital construction cost is generally expressed in cost per bed.

Two new hospital buildings are opening this year in Dallas, Texas. Both are big teaching hospitals and cost around $1.5 million per bed to build.

The University of Texas Southwestern hospital (picture below) is over 1.3 million square feet and has 532 beds. It cost $800 million. Parkland Memorial, Dallas County's public hospital, is about 2 million square feet and has 862 beds. It cost $1.3 billion.

Earlier today, I read about plans to build a small community hospital in a rural area with just 25 beds. The cost is estimated at $30-40 million.

Mercy Hospital in Merced, California has 185 beds and cost $166 million when it was built five years ago. At less than $1 million per bed, it was considered quite economical, especially for California.

TOTAL FLOOR GROSS SF: 22,233 BGSF

18,230 DGSF / 31 BEDS = 588 SF/BED

TOTAL SUPPORT: 3,078 SF

ROOM NAME	MMCM (31 RMS)		UCLAWRH (26 RMS)		CSMC (32 RMS)	
	QTY	NSF (TOTAL)	QTY	NSF (TOTAL)	QTY	NSF (TOTAL)
PATIENT ROOM:						
LARGEST		239		251		293
SMALLEST		204		213		170
MEAN		222		232		232
SUPPORT:						
NURSE STATION	3	777	3	518		240
CHARTING STATIONS	2	406	-	-		-
DICT.	2	123	-	-		-
MEDICATION RM	2	188	1	171		70
NOURISH.	1	99	1	93		222
CLEAN UTILITY	2	213	1	170		175
SOILED UTILITY	2	184	1	102		217
EQUIP. STOR.	2	271	1	170		20
JAN. CLOS.	2	82	1	83		40
OFFICE	1	117	5	508		272
CONF./CLASSRM	1	207	2	491		178
STAFF LKR/LNGE	1	251	1	231		183
STAFF TOIL.	3	160	1	52		48
RECEPT.	-	-	1	146		-
ADMIN. SUPPORT	-	-	1	93		-
SUPPORT NSF TOTAL:		3,078		2,828		1,665
NSF PER BED:		100		109		52

KAWEAH DELTA HEALTH CARE DISTRICT

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MONDAY AUGUST 26, 2019

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MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY JULY 22, 2019 6:00PM, IN THE KAWEAH DELTA MEDICAL CENTER MINERAL KING WING BLUE ROOM, LYNN HAVARD MIRVISS PRESIDING

PRESENT: Directors Havard Mirviss, Hawkins Hipskind, House, & Francis; T. Rayner, SVP & COO; M. Tupper, VP & CFO; D. Cox, VP of Human Resources, M. Mertz, VP of Strategic Planning and Business Development, D. Leeper, VP & CIO; D. Lynch, Legal Counsel; E. McEntire, Director of Risk Management, K. Davis, Recording

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

Director Havard Mirviss entertained a motion to approve the agenda.

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

PUBLIC/MEDICAL STAFF PARTICIPATION – Tom Rayner wanted to mention in public participation and recognize Carolyn Aiello who is retiring August 1st and has worked with the District for 47years.

CLOSED SESSION ACTION TAKEN: Approval of the closed meeting minutes – June 24, 2019.

OPEN MINUTES – Request for approval of the June 24, 2019 open board of directors meeting minutes.

MMSC (House/Hipskind) to approve of the open minutes – June 24, 2019. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, Hipskind, and Francis

RECOGNITIONS – *David Francis*

- Presentation of Resolution 2036 to Darius Mendoza - Service Excellence Award – July 2019 (copy attached to the original of these minutes and considered a part thereof).

CONSENT CALENDAR – Director Havard Mirviss entertained a motion to approve the consent calendar

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

7.1. REPORTS

A. Medical Staff Recruitment
B. Cardiovascular Services
C. Risk Management
D. Medical Education
E. Environment of Care

7.2. POLICIES

A. ADMINISTRATIVE

1. American and California State Flags	AP.80	Revised
2. Patient Personal Property and Valuables	AP.159	Revised
3. Records Retention and Destruction	AP.75	Revised
4. Utilization Review Plan Acute Services	AP.111	Revised
5. Communication with law enforcement regarding requests for information and requests to interview interrogate a patient	AP.07	Reviewed
6. Nursing Practice: Shared Governance & Decision Making	AP.157	Reviewed
7. Visiting Regulations for Kaweah Delta Health Care District	AP.119	Reviewed

7.3. RECOMMENDATION FROM THE MEDICAL EXECUTIVE COMMITTEE (JUNE 2019)

A. Privilege Forms

- Critical Care, Pulmonary & Sleep Medicine

7.4. Approve of Resolution 2037 rejecting the application for leave to present a late claim for Yolanda Rodriguez vs. Kaweah Delta Health Care District.

7.5. Approve Resolution 2038, a Resolution of the Board of Directors, Kaweah Delta Health Care District, directing Tulare County, California, to levy a tax to pay the principal of an interest on general obligation bonds for the fiscal year beginning July 1, 2019 and ending June 30, 2020.

7.6. Approve Resolution 2039 for Pam Harder, Bio-Behavioral Therapist, retiring from Kaweah Delta after fifteen (15) years of service.

7.7. Approval of corporate banking resolution for authorized signers and account agreement with BBVA USA.

QUALITY – STROKE PROGRAM - A review of quality measures and action plans associated with the stroke population (copy attached to the original of these minutes and considered a part thereof) - *Sean Oldroyd, DO, Stroke Program Director, Cheryl Smit, RN, Stroke Program Manager*

- *Dr. Oldroyd, Marc Mertz, and Malinda Tupper are to work together to look into future endovascular intervention programs and come back to the Board with more information and ROI in the near future.*

FOOD AND NUTRITION SERVICES – Introduction of leadership team of the Food and Nutrition Services department and current initiatives (copy attached to the original of these minutes and considered a part thereof) - *Lawrence Headley, RD, Director of Food and Nutrition Services*

FINANCIALS – Review of the most current fiscal year 2019 financial results (copy attached to the original of these minutes and considered a part thereof) - *Malinda Tupper, VP & Chief Financial Officer*

- Malinda is to note on future financials any cost reductions in relation to length of stay.

CREDENTIALING – Monica Manga, MD – Vice Chief of Staff - Medical Executive Committee request that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval.

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

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

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

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

MMSC (Hawkins/Francis) Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the Executive Committee of the Medical Staff, for all of the Emergency Medicine providers scheduled for reappointment. Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for

additional privileges, advance from provisional status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, Be it therefore resolved that the following medical staff Emergency Medicine providers be approved or reappointed (as applicable), to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files. Vote: Director Havard Mirviss, House, Francis & Hawkins – Yes. Director Hipskind – Absent

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

- None.

EXECUTIVE REPORT – Report from Thomas Rayner, Senior Vice President & Chief Operating Officer

- Medi-Cal DSH
- Area wage index
- Legislative Visits
    - Devin Mathis – July 29th
    - Shannon Grove – August 6th
- Federally Qualified Health Clinic (FQHC) update

BOARD PRESIDENT REPORT – Report from Lynn Havard Mirviss, Board President:

- None

Adjourn - Meeting was adjourned at 7:11PM

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY JULY 22, 2019 4:00PM, IN THE KAWEAH DELTA MEDICAL CENTER MINERAL KING WING BLUE ROOM, LYNN HAVARD MIRVISS PRESIDING

PRESENT: Directors Havard Mirviss, Hawkins Hipskind, House, & Francis; T. Rayner, SVP & COO; M. Tupper, VP & CFO; D. Cox, VP of Human Resources, M. Mertz, VP of Strategic Planning and Business Development, D. Leeper, VP & CIO; D. Lynch, Legal Counsel; K. Davis, Recording

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

Director Havard Mirviss asked for approval of the agenda.

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

PUBLIC PARTICIPATION – none

MASTER PLANNING – Review and discussion of master planning process and options for Kaweah Delta Health Care District (copy attached to the original of these minutes and considered a part thereof) – *Kevin Boots, Senior Vice President & Joseph Balbona AIA- CEO – RBB Architects, Inc.*

- Kevin Boots noted when they come back next month, they will have the space program completed and conceptual costs for review and action.
- Director Hipskind asked them to please consider 202 Willow for possible acute care as well.

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

APPROVAL OF THE CLOSED AGENDA – 5:00PM

5.1. Conference with Legal Counsel – Existing Litigation – Pursuant to Government Code 54956.9(d)(1) – Dennis Lynch, Legal Counsel & Evelyn McEntire, Director of Risk Management
   1. Borges – Case VCU278212
   2. Sansom – Case VCU27873
   3. Ibarra – Case VCU278288

5.2. Conference with Legal Counsel – Anticipated Litigation – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 15 Cases - Evelyn McEntire, Director of Risk Management & Dennis Lynch, Legal Counsel

5.3. Quality Assurance pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – Evelyn McEntire, Director of Risk Management

5.4. Credentialing - Medical Executive Committee (June 2019) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – Byron Mendenhall, MD, Chief of Staff

5.5 Conference with Real Property Negotiator {Government Code Section 54956.8}: Property: APN 172-010-034. Negotiating party: Kaweah Delta Health Care District:

Deborah Volosin and Marc Mertz and Kyle Rhinebeck, Zeeb Commercial – price and terms - Deborah Volosin, Director of Community Engagement and Marc Mertz, Vice President of Strategic Planning and Business Development

5.5. Approval of closed meeting minutes – June 24, 2019

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

ADJOURN - Meeting was adjourned at 5:00PM

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

ATTEST:

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

RESOLUTION 2041

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT are recognizing Joe Hinton, Physical Therapy Assistant II, with the Service Excellence Award for the Month of August 2019, for consistent outstanding performance, and,

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

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

PASSED AND APPROVED this 26th day of August 2019 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

Joe Hinton ~ Physical Therapy Assistant II (5 Years)

Nominated by Rosie Arroyo

BEHAVIORAL STANDARDS OF PERFORMANCE:

- Compassionate Service: Joe is a very dedicated employee who is always advocating for our patients.

- Respect: He is always cheerful and is respectful to anyone he comes in contact with.

- Communication: I've repeatedly observed Joe interacting and communicating with the 2N team. From the CNA's, RN's and frequently communicates with the CM team. He is a team player.

- Personal Ownership: Joe has repeatedly showed the CM team that he takes personal ownership in his work. When asked to see a patient whether it is at the end of the day or if he is really busy he will take the time to see the patient and give his recommendations. His documentation is excellent. The CM team can always easily sift through the PT notes for patients needs and recommended treatment plan.

- Professional Image: Joe's manner and appearance is always professional and takes pride in his work.

- Commitment to Colleagues: As mentioned above Joe always goes above and beyond every day. He is always advocating for patients and is committed to working with the team to manage our patients. Thank you Joe!!

COMMENTS: On a daily basis the CM department works hand in hand with the therapy department to determine patients' needs at home. Joe is always available to us in helping with our requests. Anytime we need a quick evaluation with recommendation done he will jump right in and give us quick documentation if necessary. Even if it not a patient he has on his list he will help out when he can to find a resolution. He is an asset to the PT department and Kaweah Delta. Thank you for all you do! You are appreciated!!

Additional comments by Mary Niederreiter: Joe is frequently recognized by co-workers, staff, patients and their families for his compassionate care. He is an educator by nature, not only teaching his patients but is always willing to mentor/educate other staff, students, volunteers and new hires. Joe has excellent clinical judgement and skills and consistently goes above and beyond for his patients. He works with some of our most medically complex patients addressing their physical, emotional and psychosocial needs thus gaining their trust resulting in greater gains with Therapy. Joe is humble and is truly motivated by the relationships he establishes with his patients and families and the recognition he receives from these relationships. Joe is most definitely an asset to the Therapy Department but most importantly to our patients.

Kaweah Delta
HEALTH CARE DISTRICT

RESOLUTION 2042

WHEREAS, Carolyn Aiello, Microbiology Section Chief, is retiring from duty at Kaweah Delta Health Care District after 47 years of service; and,

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

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the Hospital Staff and the community they represent, hereby extend their appreciation to Carolyn Aiello for 47 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 26th day of August 2019 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

Kaweah Delta Physician Recruitment
Open Position Snapshot - August 2019

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

Date prepared: 8/22/2019

Central Valley Critical Care Medicine	
Hospitalist	3
Intensivist	4
Nocturnist	2

Delta Doctors Inc.	
Adult Primary Care	1
OB/Gyn	2

IQ Surgical Associates	
GI Hospitalist	3

Key Medical Associates	
Adult Primary Care	2
Endocrinology	1
Gastroenterology	1
Hospitalist	1

Orthopedics	
Orthopedic Surgery - Hand	1

Sequoia Radiation Oncology Medical Associates	
Radiation Oncology	1

Somnia	
Anesthesiology - Cardiac/General	1
Anesthesiology - Regional	1

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

Valley Hospitalist Medical Group	
Hospitalist	1
Nocturnist	1

Visalia Medical Clinic (Kaweah Delta Medical Foundation)	
Adult Primary Care	1
Dermatology	2
Gastroenterology	2
OB/GYN	3
Orthopedic Surgery	1
Otolaryngology	1
Pediatrics	2
Psychiatry	2
Radiology - Diagnostic	1
Rheumatology	1
Urology	1
Palliative Medicine	2

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

Candidate Activity								
Specialty	**Group**	**Last Name**	**First Name**	**Availability**	**Board Certification**	**CA Licensed**	**Referral Source**	**Current Status**
Anesthesiology - Pain	Somnia	Sandhu, M.D.	Navpark	05/19	American Board of Anesthesiology, Certified	Active	Somnia	Offer extended; contract review in progress
Cardiothoracic Surgery	Golden State Cardiac & Thoracic Surgery	Carrizo, M.D.	Gonzalo	10/19	American Board of Thoracic Surgery, Certified	Active	Cleveland Clinic Foundation affiliate job posting - 7/27/18	Start Date pending finalized contract
Endocrinology	Key Medical Associates	Chahal, M.D.	Rajinder	TBD	American Board of Internal Medicine, Certified	Active	Internal Referral	Site Visit: 7/2/19; Offer extended
Family Medicine	Key Medical Associates	Janvelian, M.D.	Vladamir	07/20	American Board of Family Medicine, Eligible	None	Carson Kolb - 11/28/18	Site visit: 12/5/18; 2nd Site visit: 3/15/19; Offer accepted, contract in progress
Family Medicine	Key Medical Associates	Arbuckle-Bernstein, M.D.	Veronica	08/20	American Board of Family Medicine, Certified	Pending	PracticeLink - GME position; Carson Kolb - Key Medical Associates position	Currently under review
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)/Kaweah Delta Faculty Medical Group	Arellano-Banoni, M.D.	Gisela	10/19	American Board of Family Medicine, Certified	Active	Internal Referral	VMC Meeting: 7/25/19; KDFMG Meeting: 8/1/19; KDFMG Site Visit pending dates
Family Medicine - Associate Program Director/Program Director	Kaweah Delta Faculty Medical Group	Hernandez, M.D.	Virginia	TBD	American Board of Family Medicine, Certified	None	American Association of Family Practice	Site visit pending dates
Family Medicine - Program Director	Kaweah Delta Faculty Medical Group	Goyal, M.D.	Shami	10/19	American Board of Family Medicine, Certified; Currently on H1B Visa. Expecting green card in 2-3 months	Pending	PracticeMatch	Site Visit: 9/24/19
Family Medicine - Core Faculty	Kaweah Delta Faculty Medical Group	Myrick, M.D., Ph.D.	Leila	07/20	American Board of Family Medicine, Eligible	None	Practice Match (Email)	Site Visit: 7/9/19
Family Medicine	Delta Doctors, Inc.	Amari, M.D.	Ahmed	09/19	American Board of Family Medicine, Eligible	In progress	Internal Referral	Site Visit: 2/15/19; Offer accepted; Tentative Start Date: 9/13/19
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Patty, M.D.	Christina	08/20	American Board of Family Medicine, Eligible	Active	Direct - Local Candidate	Site Visit: 2/5/19; Offer accepted; Start Date: 8/31/20

Candidate Activity								
Specialty	**Group**	**Last Name**	**First Name**	**Availability**	**Board Certification**	**CA Licensed**	**Referral Source**	**Current Status**
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Chen, M.D.	Vida	08/21	American Board of Internal Medicine, Diplomate	Active	Fidelis Partners - 6/28/19	Site Visit: 10/02/19
Gastroenterology	Key Medical Associates	Jaafar, M.D.	Imad	08/20	American Board of Internal Medicine, Certified	None	2019 Digestive Disease Week Career Fair	Site Visit: 7/27/19; Offer extended
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Shah, D.O.	Keval	01/20	American Osteopathic Board of Internal Medicine, Certified; Gastroenterology, Certified	Active	Direct Candidate	Site visit on hold
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Hsueh, M.D.	William	8/7/2019	American Board of Internal Medicine, Certified	Active	Fidelis Partners - 7/25/17	Site Visit: 11/10/17; offer accepted; Clinic Start Date: 8/7/19; Hospital privileges pending approval, effective 8/27/19
Hospitalist	Central Valley Critical Care Medicine	Ali, M.D.	Amer	TBD	American Board of Internal Medicine, Certified	Active	Direct candidate	Site Visit: 8/20/19
Hospitalist	Central Valley Critical Care Medicine	Fayezizadeh, M.D.	Mojtaba	08/20	American Board of Internal Medicine, Eligible	None	Doc Café - 7/3/2019	Site visit pending dates
Hospitalist	Central Valley Critical Care Medicine	Hayyat, M.D.	Umer	08/20	American Board of Internal Medicine, Eligible	In progress	PracticeLink	Site Visit: 8/14/19
Hospitalist	Central Valley Critical Care Medicine	Kaye, D.O.	Ross	ASAP	American Board of Internal Medicine, Certified	Active	PracticeLink	Currently under review
Hospitalist	Central Valley Critical Care Medicine	Milani, M.D.	Kasra	11/19	American Board of Internal Medicine, Certified	Active	Vista Staffing - 8/12/2019	Site Visit: 8/22/19
Hospitalist	Central Valley Critical Care Medicine	Pollack, M.D.	Tal	12/19	American Board of Internal Medicine, Certified	None	Vista Staffing - 4/23/2019	Site visit pending dates in September
Hospitalist	Central Valley Critical Care Medicine	Shurbaji, M.D.	Adam	TBD	American Board of Internal Medicine, Eligible	Active	CareerMD Career Fair - Fresno, CA	Site visit: 7/16/19
Hospitalist	Central Valley Critical Care Medicine	Singh, M.D.	Sukhvir	07/20	American Board of Internal Medicine, Eligible	Pending	Vista Staffing - 8/12/2019	Site Visit: 9/23/19

Candidate Activity								
Specialty	**Group**	**Last Name**	**First Name**	**Availability**	**Board Certification**	**CA Licensed**	**Referral Source**	**Current Status**
Hospitalist	Key Medical Associates	Thussu, M.D.	Neelesh	09/19	American Board of Internal Medicine, Eligible	Active	Carson Kolb - 3/2019	Site Visit: 3/22/19; Offer accepted; Tentative start date: 10/1/19
Hospitalist	Valley Hospitalist Medical Group	Khalid, M.D.	Ahmer	8/15/2019	American Board of Family Medicine, Eligible	Active	KD Family Medicine Resident	Offer accepted; Start Date: 8/28/19
Hospitalist	Valley Hospitalist Medical Group	Reddy, M.D.	Sandhya	9/1/2019	American Board of Internal Medicine, Eligible	Active	Internal Referral	Offer accepted; Start Date: 9/1/19
Intensivist	Central Valley Critical Care Medicine	Aftab, M.D.	Waqas	07/19	American Board of Internal Medicine, Certified; Nephrology, Certified; Critical Care, Eligible	Active	Candidate applied directly - 1/3/19	Site Visit: 3/16/19; Offer pending
Intensivist	Central Valley Critical Care Medicine	Rubinchikova, M.D.	Yelena	12/19	American Board of Internal Medicine, Eligible	None	Fidelis Partners - 8/14/19	Currently under review
Intensivist	Central Valley Critical Care Medicine	Sazgar, M.D.	Sasan	07/20	American Board of Internal Medicine, Certified	Active	HealtheCareers	Site Visit Pending
Internal Medicine	Key Medical Associates	Al-Khayyat, M.D.	Mohammed	07/20	TBD	None	Carson Kolb	Site Visit: 5/29/19; offer extended
Maternal Fetal Medicine	Valley Children's Hospital	Acosta, M.D.	Reinaldo	TBD	American Board of OB/GYN, Certified; American Board of OB/GYN - Maternal Fetal Medicine - Certified	Active	Valley Children's - 7/11/2019	Site Visit: 7/30/19; Offer extended
Maternal Fetal Medicine - Medical Director	Valley Children's Hospital	Hole, D.O.	James	TBD	American Board of Obstetrics and Gynecology, Certified	Active	Valley Children's - 4/3/19	Site Visit: 5/3/19; Offer accepted; Start Date: 9/23/19
Neonatology	Valley Children's Hospital	Ibonia, M.D.	Katrina	TBD	American Board of Pediatrics; Neonatal-Perinatal, Certified	None	Valley Children's - 8/1/2019	Site Visit: 8/27/19
Neonatology	Valley Children's Hospital	Gerard, M.D.	Kimberley	01/20	American Board of Pediatrics, Eligible	Active	Valley Children's - 11/28/18	Site Visit: 1/11/19; Tentative start date: 1/6/20; Assigned to KD full-time

Candidate Activity								
Specialty	**Group**	**Last Name**	**First Name**	**Availability**	**Board Certification**	**CA Licensed**	**Referral Source**	**Current Status**
Neonatology	Valley Children's Hospital	Aboaziza, M.D.	Ahmad	06/19	American Board of Pediatrics, Certified	Active	Internal Referral - 8/31/18	Site Visit: 11/06/18; offer accepted, tentative start date: 9/9/19; Assigned to KD full-time
OB/GYN	Delta Doctors, Inc.	Suntay, M.D.	Berk	TBD	American Board of Obstetrics and Gynecology, Certified	None	Fidelis Partners - 8/12/2019	Currently under review
Orthopedic Surgery	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Spychalski, M.D.	Jeffrey	TBD	American Board of Orthopedic Surgery, Certified	Active	Mdstaffers	Currently under review
Otolaryngology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Badran, M.D.	Karam	08/20	TBD	Active	Fidelis Partners - 8/8/2019	Phone Interview Pending
Orthopedic Surgery - Spine	Orthopaedic Associates	Daniels, M.D.	Mathias	TBD	American Board of Orthopedic Surgery, Certified	Active	Fidelis Partners - 3/28/19	Site visit: 6/27/19; Offer accepted; Start date pending approval of privileges.
Orthopedic Surgery - Adult Reconstruction	Orthopaedic Associates	Kim, D.O.	Jun	09/19	American Board of Orthopedic Surgery, Eligible	Active	Internal Referral - 12/11/17	Site visit: 3/1/18; offer accepted; Start date: 9/3/19
Podiatry	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Ghai, D.P.M.	Ajay	9/3/2019	American Board of Podiatric Medicine, Eligible	Active	Direct candidate - 8/1/2018	Site Visit: 9/27/18; offer accepted; Start Date: 9/3/19
Radiation Oncology	Sequoia Radiation Oncology Medical Associates	Chang, D.O.	Tangel	01/20	American Board of Radiology - Radiation Oncology, Certified	Active	ASTRO Conference 2017	Site Visit: 10/29/19
Radiation Oncology	Sequoia Radiation Oncology Medical Associates	Raman, M.D.	Natarajan	ASAP	American Board of Radiology, Certified	None	Direct candidate	Site visit pending dates
Radiology - Diagnostic	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Nasehi, M.D.	Leyla	07/20	American Board of Radiology, Eligible	Active	Practice Match (text)	Site visit pending - Tentative 01/2020
Radiology - Diagnostic	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Shah, D.O.	Deeshali	01/20	American College of Osteopathic Radiology, Certified	Active	Direct candidate	Site visit on hold
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Yang, M.D.	Hailiu	07/20	American Board of Urology, Eligible 2020	None	Fidelis Partners - 6/11/19	Phone Interview: 6/25/19 - 2PM; Site Visit: 10/02/19

COMPLIANCE PROGRAM ACTIVITY REPORT – Open Meeting
Ben Cripps, Compliance and Privacy Officer
May 2019 through July 2019

EDUCATION

Live Presentations by Compliance Department –

- Compliance and Patient Privacy – New Hire Orientation
- Compliance and Patient Privacy – GME Orientation
- Compliance and Patient Privacy – Community Ambassadors
- Compliance and Patient Privacy – Management Orientation
- Compliance, Patient Privacy, Anti-Kick Back, Stark, Fair Market Value and Minor Consent – Sequoia Surgery Center Competency Fair
- FairWarning Privacy Monitoring Tool – Kaweah Delta Medical Foundation Leadership

Written Communications sent from Compliance Department –

- Privacy Matters Article – Physical Safeguards – Bulletin Board / All Staff
- Compliance Matters Article – Responding to Government Inquiries – Bulletin Board / All Staff
- Compliance Matters Article – Video, Photography, Recording Policy – Bulletin Board / All Staff

PREVENTION AND DETECTION

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

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

OVERSIGHT, RESEARCH & CONSULTATION

- **Fair Market Value (FMV) Oversight** – Ongoing oversight and administration activities for physician payment rate setting/contracting activities including Physician Recruitment, Medical Directors, Call Contracts, and Exclusive and Non-Exclusive Provider Contracts
- **Medicare Recovery Audit Contractor (RAC) and Medicare Probe Audit Activity** – Records preparation, tracking, appeal timelines, and reporting
- **Licensing Applications** – Forms preparation and submission of licensing application to the California Department of Public Health; ongoing communication and follow-up regarding status of pending applications
- **Federally Qualified Health Center** – Participation in current and future state planning/working sessions; ongoing regulatory counsel and support, evaluating impact and identifying risk mitigation strategies; policy manual review in progress
- **KD Hub Non–Employee User Access** – Oversight and administration of non-employee user onboarding, privacy education, and user profile tracking; evaluate, document, and respond to requests for additional system access; on-going management of approximately 950 non-employee KD Hub users
- **Policy Management and Review** – Review and revision (when necessary) of Administrative and Compliance Policies establishing parameters for acceptable behaviors, guidelines, and best practices
    - AP.04 – Access and Release of Protected Health Information
    - AP.14 – Department Visits by Vendor Representatives
    - AP.40 – Vendor Relationships and Conflict of Interest
    - AP.53 – Patient Rights and Responsibilities, and Non-Discrimination
    - AP.64 – Confidentiality, Security, and Integrity of Health Information
    - AP.70 – Code of Ethical Behavior
    - AP.77 – On-call Physician Per Diem Process
    - AP.103 – Public Release of Patient Information
    - AP.158 – Solicitation, Fundraising, and Distribution of Materials
    - CP.01 – Compliance Program Administration
    - CP.13 – Federal and State False Claims Act and Employee Protection Provisions
    - Code of Conduct
- **Rural Health Clinic (RHC) Home Visits** – Research and consultation; researched regulatory guidance and evaluated billing processes for RHC Home visits; drafted communication outlining the billing and documentation requirements
- **Medi-Cal Emergency Department Claims** – Research and consultation; researched regulatory guidance and evaluated billing processes for Medi-Cal ED visits; drafted communication outlining the billing requirements
- **Minor Guardian Consent** – Research and consultation; researched regulatory guidance and evaluated the operational processes for obtaining and confirming the guardian's authority to consent for treatment of a minor; drafted communication outlining the billing and documentation requirements for Patient Access and Clinic Management

- **Discount Cards** – Research and consultation; researched regulatory guidance and evaluated the operational processes for distributing pharmacy discount cards in the ED; drafted communication outlining recommendations for Outpatient Pharmacy and Patient and Family Services Management
- **OIG Sanction Screening for Non-Credentialed Physicians** – Research and consultation; evaluated the regulatory guidance and operational processes for completing the required OIG Sanction Screening for Non—credentialed Physicians; drafted communication outlining recommendations to Patient Access and Information System Services (ISS)
- **Advanced Practice Provider (APP) Billing Regulations –** Research and consultation; in collaboration with Legal Counsel (Hooper, Lundy, and Bookman), evaluated the regulatory billing guidance concerning the use of APP's in the Outpatient Provider-based Hospital Clinic setting; regulatory guidance provided to Sequoia Cardiology Clinic Leadership

AUDITING AND MONITORING

- **Skilled Nursing Facility (SNF) Admission Packet and Conditions of Admission** – The State of California requires Skilled Nursing Facilities to provide a resident with a Standard Admission Agreement and Conditions of Admission upon admission into the facility. A review of the entire April 2019 census noted an 88% compliance rate for the completion and delivery of the Standard Admission Agreement and an 83% compliance rate for the completion of the Conditions of Admission form. Compliance has engaged Patient Access Management to develop a corrective action plan. Patient Access has obtained the missing signatures and confirmed completion of the Standard Admission Agreement for all errors identified during the review.
- **Outpatient Physical Therapy Probe Audit** – Noridian (Medicare Claims Administrator) completed phase 2 of the pre-payment Targeted Probe and Educate (TPE) review of Outpatient Physical Therapy claims. The Phase 1 review completed in July 2018 noted a 75% compliance rate. Education was provided and a corrective action plan developed by Management. The Phase 2 reviewed noted a 96% compliance rate. Based on the findings, Noridian has determined that our facility will not proceed to the next round of the TPE process.
- **External Inpatient Diagnosis Related Group (DRG) Audit** – **PPS External Coding Audit** – A review of fifty (50) randomly selected encounters for the period of January – March 2019 were reviewed to evaluate coding compliance for High Risk Diagnosis Related Grouping (DRG) Respiratory accounts. The review noted a 94% coding compliance rate. A previous audit conducted in the fall of 2018 of Respiratory accounts noted a 78% compliance rate. Compliance engaged Coding Leadership to develop a corrective action plan, and to ensure the claims submitted in error were corrected and appropriately reprocessed.

Human Resources Annual Report

August 2019

This annual report will focus on retention and recruitment of employees. Retention is the strategic focus of all of our initiatives in Human Resources and Organizational Development, other than regulatory and legal compliance with The Joint Commission, California Department of Public Health and other regulatory agencies and Federal and State law.

Major Strategic Focus areas:

- Leadership Development
  - 4th cohort of Lead Academy for 40 leaders.
  - Rollout of Kaweah Care Culture tools, including "RELATE" for leaders (RELATE is the acronym for Reassure, Explain, Listen, Answer, Take Action, Express Appreciation).
  - Integration of new Mission and Vision with leaders and employees.
  - Implementation of Just Culture imbedded within our Kaweah Care Culture.

- Competitive Compensation and Benefits
  - Annual market and minimum wage adjustments, including almost $6 million in adjustments for Registered Nurses on June 30, 2019.
  - Piloting a Retention Bonus for Registered Nurses, beginning in late August.
  - Continuation of our Pay for Performance annual performance evaluation program with a merit opportunity of up to 4%.
  - New voluntary benefits offered in 2019 and more proposed for 2020. Wellness is a focus with our "Be Well, Live Well" program that we continue to expand.

- Employee Engagement
  - The bi-annual survey was taken in May 2019 with 92% participation. Results have been shared with the Board and leaders; we are facilitating staff meetings for input and action planning through October, with results to the Board in December.

Retention and Recruitment - Turnover Analysis, Presumptions and Propositions

The healthcare jobs market continues to grow and is trending up for 2019. At the same time, national hospital turnover increased by .9%, bringing the turnover rate up to 19.1%. Kaweah Delta is currently at 11%.

- Kaweah Delta's employment is now at 5,100, which represents a growth of approximately 300 employees over the past year.

- Overall retention is 89%; turnover is at 11%, just below the California Hospital Association benchmark.
- Turnover tends to decline from August through December and then picks up in January through May. June and July are variable. This trend of upward turnover during the first half of the year is important to consider in staffing strategies.
- Employees leaving for another job has increased to 36%, but not all are leaving for jobs in healthcare. We have created new codes in our system and our tracking will improve over time. Moving and leaving for Family Reasons are our next largest areas of turnover. We have implemented Exit Interviews.
- Millennials represent our largest percentage of turnover.

Registered Nurses: Nationally, the hospital turnover rate of Registered Nurses is stated to be at 17.2%, while the California Hospital Association reports 11%. Kaweah Delta is currently at 12%. It is calculated that the average cost of turnover for a bedside RN is $52,100; it takes close to three months to recruit an RN. By 2024, it is expected that there will be a shortage of 1.13 million RN's nationally. Our goal is to reduce turnover and the reliance on travelers through retention and recruitment strategies for now and the next five to ten years. What we know:

- Almost 57% of Kaweah Delta RN's leave within three years of employment; 23% in the first year and 23% in the second year.
- We currently have over 76 full time bedside RN open requisitions.
- We have 65 RN travelers; 12 pending start and 3 open requests (as of 8/1).
- Our FY 2019 Travel RN average rate was $96.25.
- The competition for Travelers is heating up and the cost is going to increase (Fresno is back to $120 rate for Labor and Delivery).
- The local competition for RN's is driving up compensation and recruitment costs for local RN's.
- The turnover rate for out-of-area RN's is higher but not significantly to deter the effort to hire out of the local market.
- The out-of-area turnover is lower than Fresno, Clovis and Lemoore.
- Since 2011 we have hired 181 RN's out of area and retained 76. Without those 76 would be facing a much larger shortage and increased cost for Travelers.
- Even with our turnover rate of out of area RNs, it is more cost effective to hire than to utilize contract labor.

Presumptions:

- Future RN turnover is uncertain; the wage adjustments are too new to assess the impact. Our population of millennials is increasing and it is

reported their commitment to an organization is three years. The trend now is that all other employees' average just less than five. We will continue to have "moving" and "retirements" as a challenge. Potential recruitment at Adventist Tulare may provide another challenge.

- We know that we cannot fill all of our RN openings and reduce the number of travelers solely with recruitment in our local market. Thus, an opportunity to increase recruitment is outside of our local area, including out of state.

Recommendations for consideration:

- Retention is the first line of defense in stabilizing staffing. We will continue to provide competitive compensation and benefits. Most importantly, we continue development of our leaders and want to mandate daily leader rounding on employees and patients to enhance the work environment and patient experience.

- We continue to financially support growth of local RN educational programs to fill RN recruitment needs locally, but seeing the results of these initiatives are three to five years out.

- Most effective will be to grow our paid student nursing program to consistently build talent pipeline of new graduate RNs. This program connects students to KD early in educational career and reduces RN onboarding and orientation time.

- We plan on conducting a marketing campaign to former Kaweah Delta RN employees.

- We will increase outreach beyond our local market through career events, advertising and HRSA virtual job fairs (with a commitment to remain in medically underserved area). To do this, we will select target markets outside of California, where wages are lower. We will need to educate RN Managers to be open to these candidates as there is a current concern with retention of out-of-state employees.

- We are designing recruitment incentives and overall benefit programs and options to appeal to generational workforce needs as well as employee tenure with the greatest risk of turnover.

- Relocation monies will increase to surrounding areas such as Fresno and Clovis to encourage RNs to move to Visalia. Candidates must prove relocation and will have a three- to five-year commitment.

- We are developing a support role for Educational Assistance in HR to include how to tap into Federal and State educational benefits, scholarships and loan repayments. We will review our own loan repayment program as well, considering monies for a three- to five-year commitment.

- In the works are manager-led employee satisfaction meetings with all new hires at 30 days (Recruitment- Welcome Aboard), 90 days (Manager/Director-How's It Going), 180 days (Employee Relations - Stay Interviews with an HR representative), and 365 days (performance evaluations). These meetings are to explore how the new employee is assimilating in the unit.

Source: NSI Nursing Solutions, Inc., 2018 National Health Care Retention & RN Staffing Report

Report of Retention and Turnover
July 2018 – June 2019

Kaweah Delta

High Level Data
July 2018 – June 2019

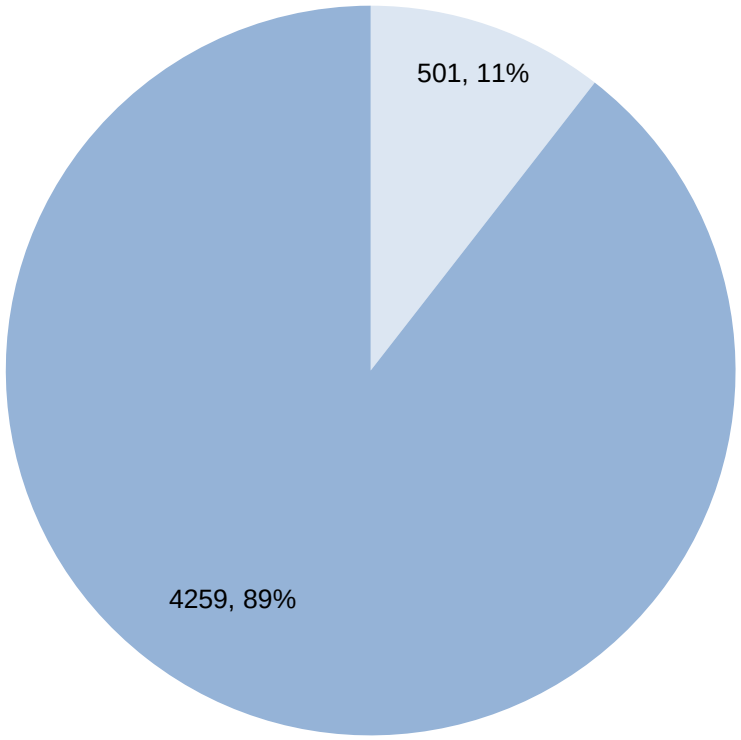
- Total Number of Employees 5100
- Total Number of Employees (Excludes PHC/LD/GME) 4631
  - Full Time Employees 3847
  - Part Time Employees 412
  - Per Diem Employees 372
- Total Number of Hires (Excludes PHC/LD/GME/PD) 694
- Total Terms (Excludes PHC/LD/GME/PD) 501
- Total Transfers IN/OUT 377

PHC= Private Home Care, LD= Light Duty, GME= Residents, PD= Per Diem

District Employee Turnover

July 2018 – June 2019

~Includes FT/PT Employees~



CHA Turnover: 12%

Includes April 2018 – March 2019

Employee Turnover

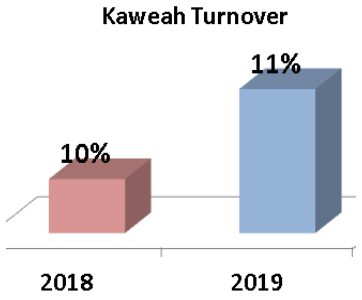
Active Employees

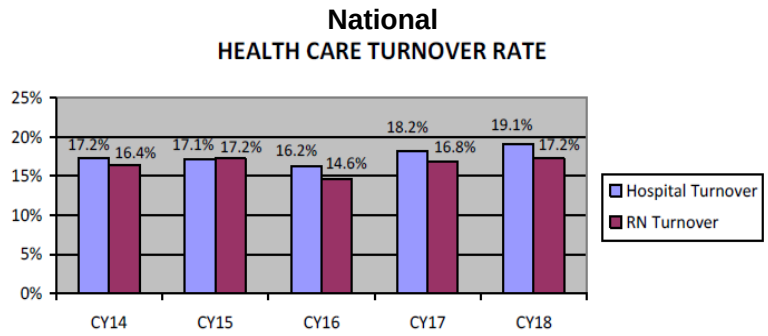
116/609

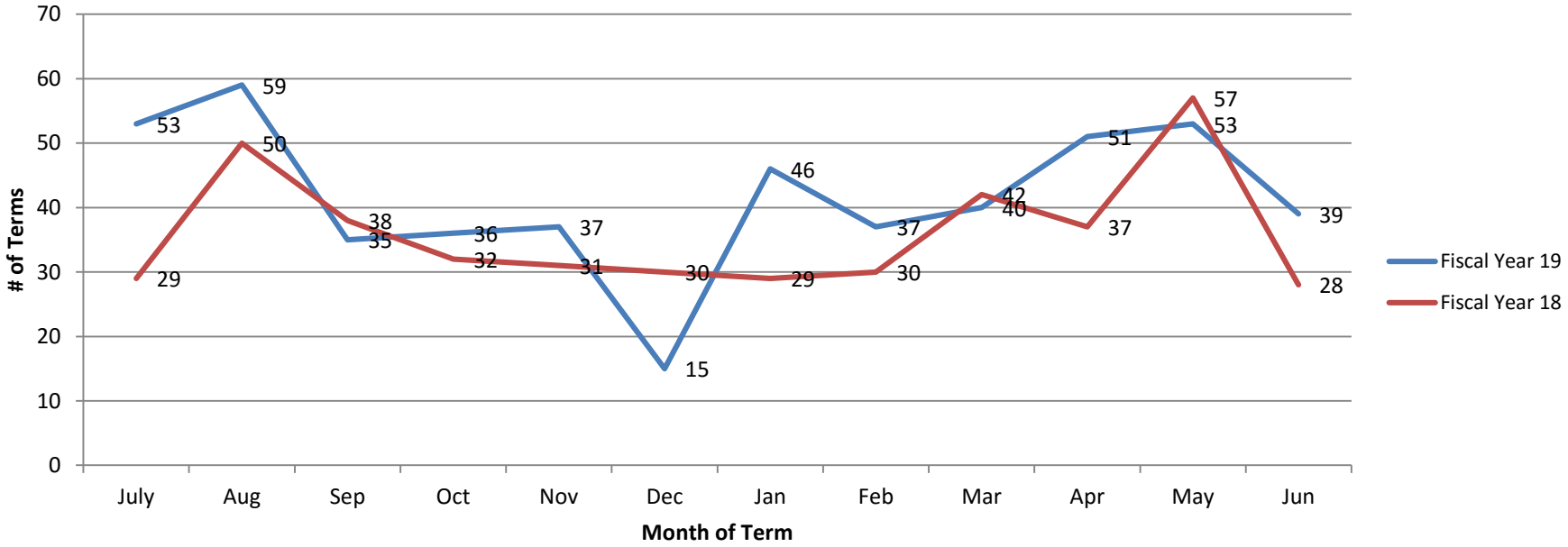
Employee Terms by Month

July 2018 – June 2019

~Includes FT/PT Employees~







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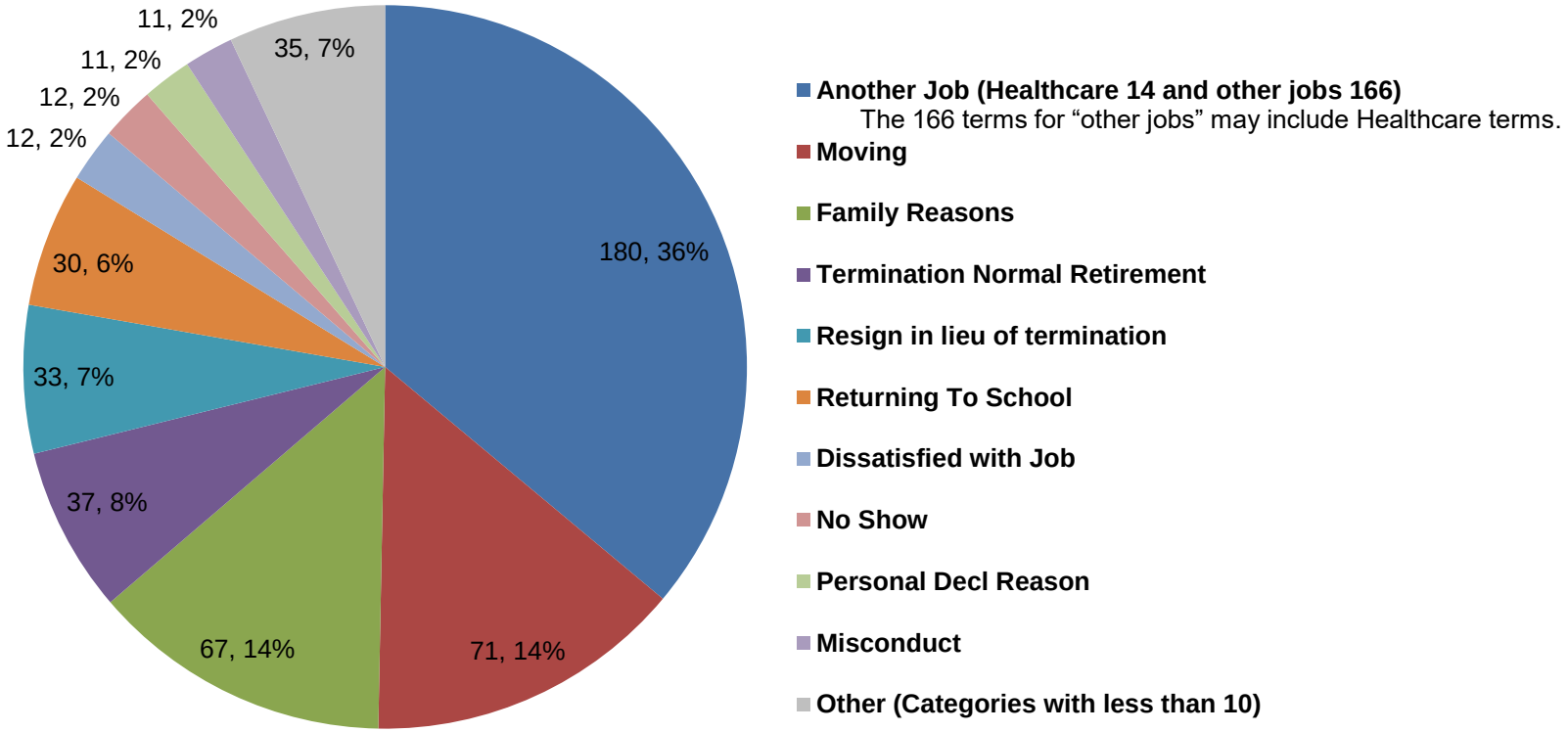
Reasons FT & PT Employees Left
July 2018 – June 2019



Note: HR is conducting exit Interviews to help capture reasons for leaving and trends

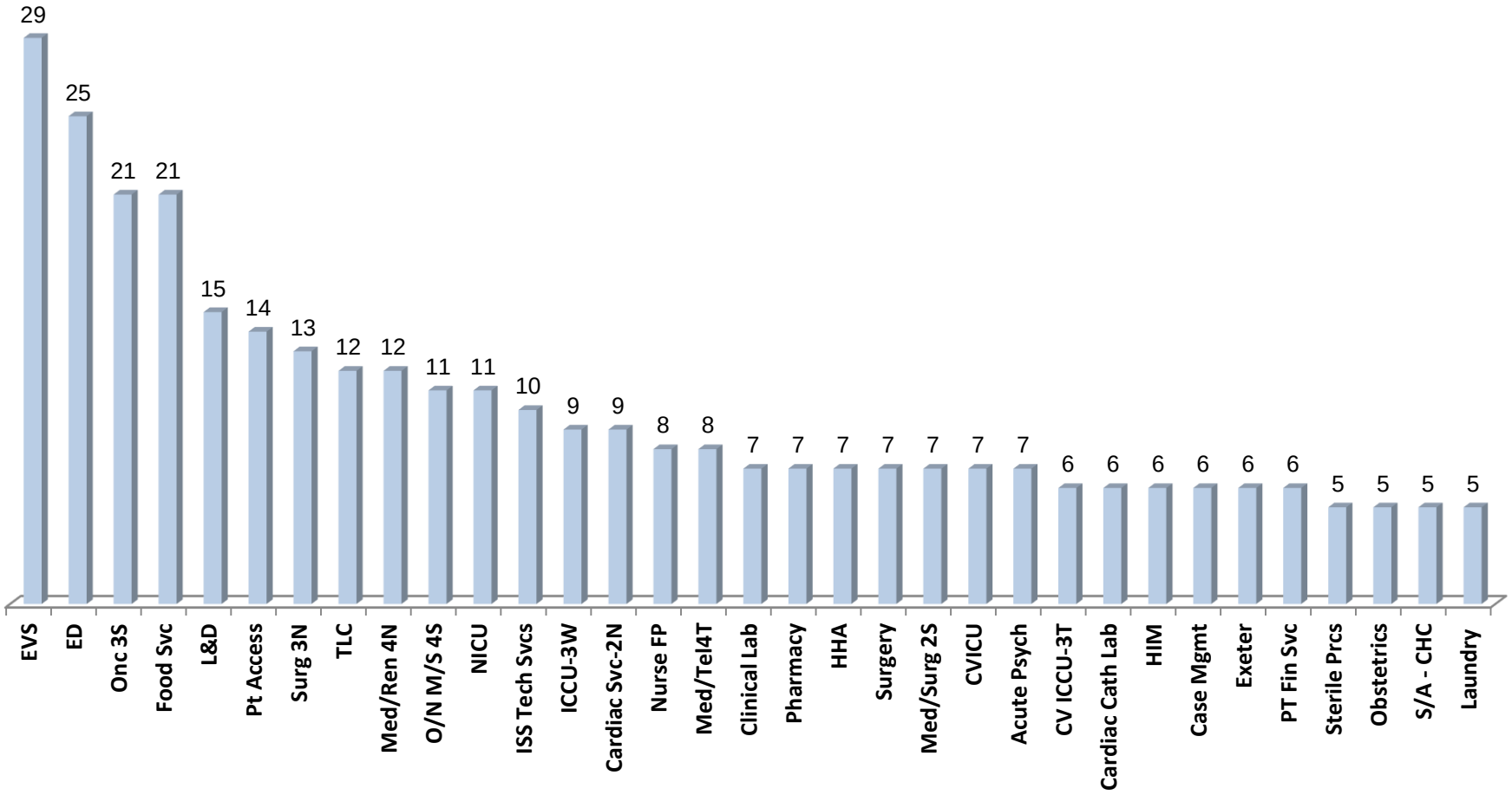
Terms Broken Down by Generation

July 2018 – June 2019

~Includes 501 FT/PT employees who termed~

Categories	#of Terms	Active FT/PT Employees	% of Category Turnover
Silent Generation (1927-1945)	1	11	0.9
Baby Boomers (1946-1964)	68	712	9.1
Gen X Baby Busters (1965-1980)	105	1377	7.6
Gen Y Millennials (1981-2000)	327	2144	15.2
Gen Z Digitals (2001+)	0	0	N/A

Departments with 5+ Termed FT/PT Employees
July 2018 – June 2019



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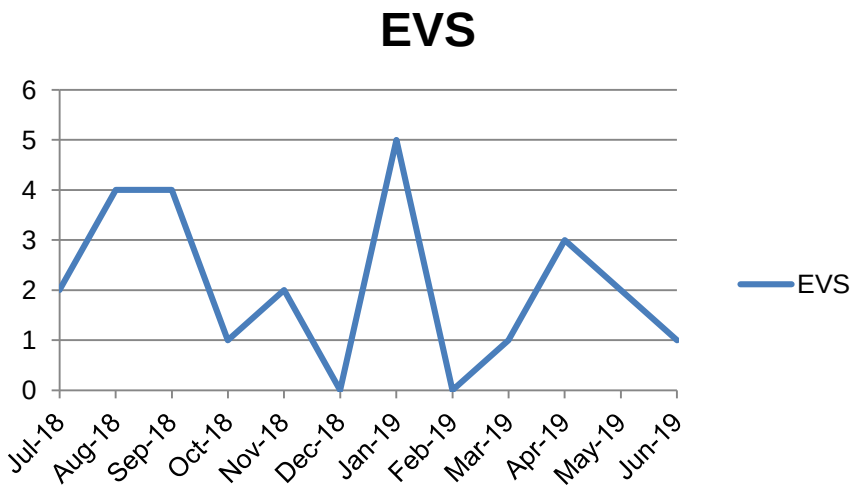
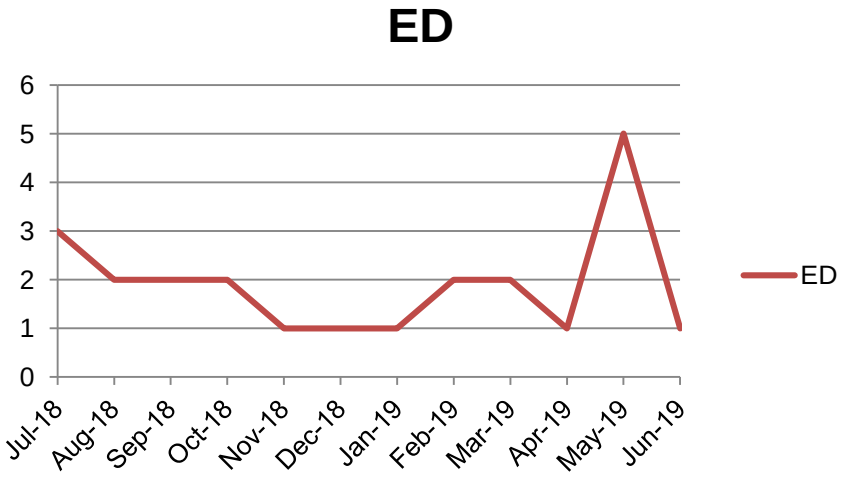
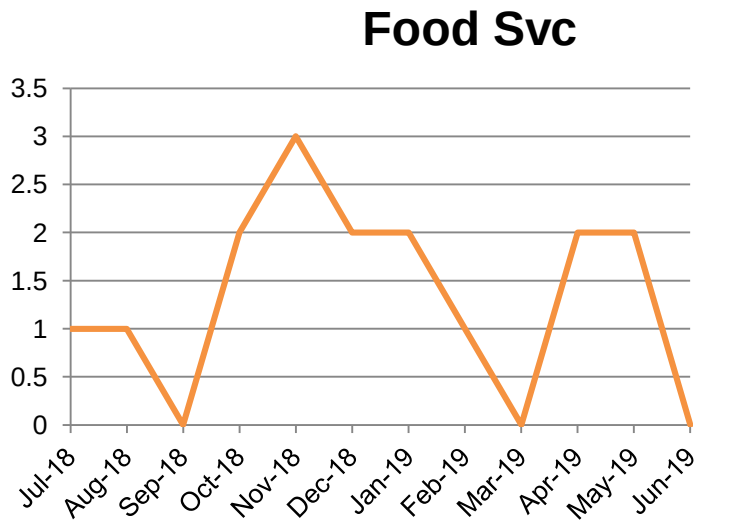
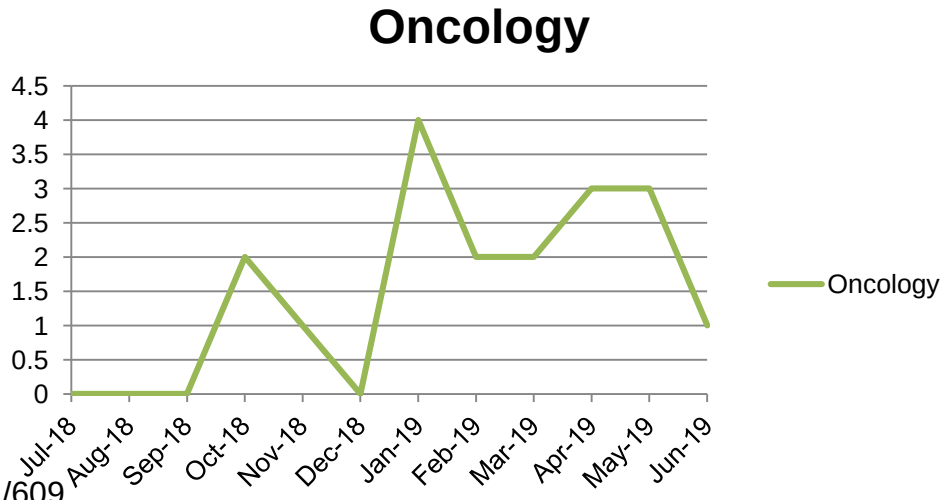
Top Termed Departments by month
July 2018 – June 2019









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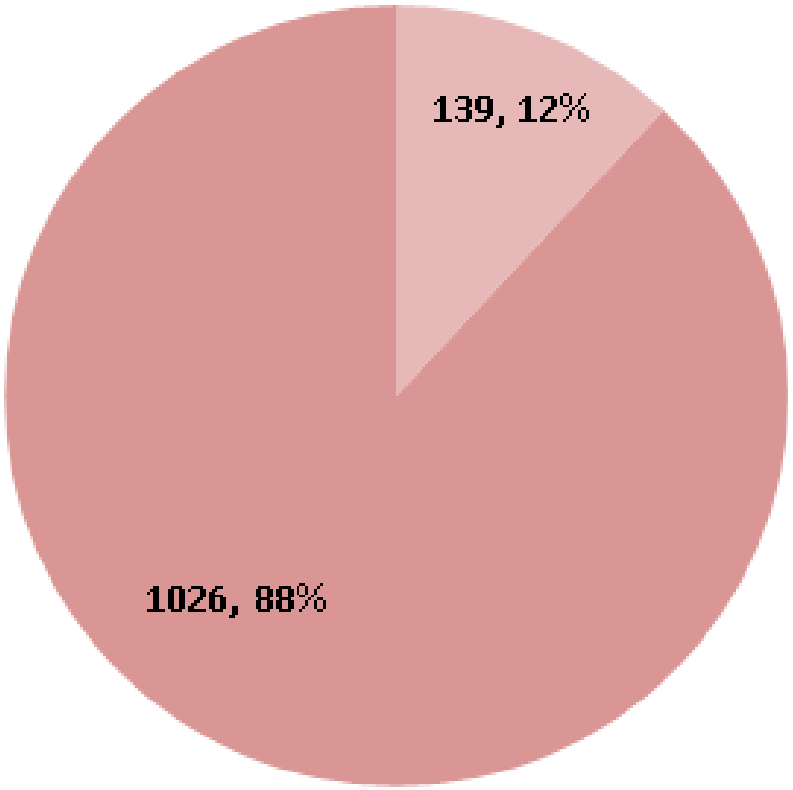
Reasons for the top 3 termed departments July 2018 – June 2019

EVS		ED		Oncology 3S		Food Svc	
Reasons	# of Terms	Reasons	# of Terms	Reasons	# of Terms	Reasons	# of Terms
No Show	6	Another Job	10	Another Job	10	Another Job	6
Another Job	5	Moving	6	Another Job-Healthcare	4	Family Reasons	3
Family Reasons	5	Another Job-Healthcare	3	Family Reasons	2	Returning To School	3
Resign in lieu of termination	3	Mandatory Lay Off	2	Moving	2	Job Performance	2
Misconduct	2	End of Fixed-Term Contract	1	Resign in lieu of termination	2	No Show	2
Returning To School	2	Expired License or WorkPermit	1	Termination Normal Retirement	1	Did Not Return Loa	1
Termination Normal Retirement	2	Family Reasons	1			End of Fixed-Term Contract	1
Attendance	1	Misconduct	1			Moving	1
Mandatory Lay Off	1					Personal Decl Reason	1
Moving	1					Resign in lieu of termination	1
Personal Decl Reason	1						
TOTAL	**29**		**25**		**21**		**21**

Bedside RN Turnover

July 2018 – June 2019

~Includes FT/PT Bedside RNs~



CHA RN Turnover: 11%

Includes April 2018 – March 2019

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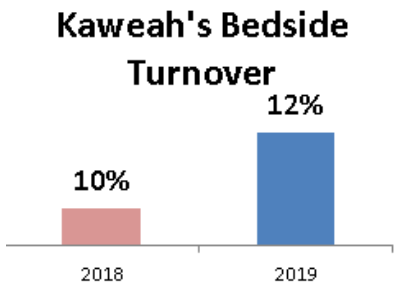
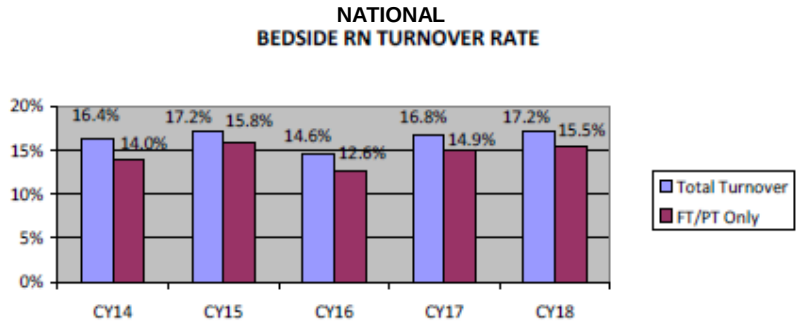
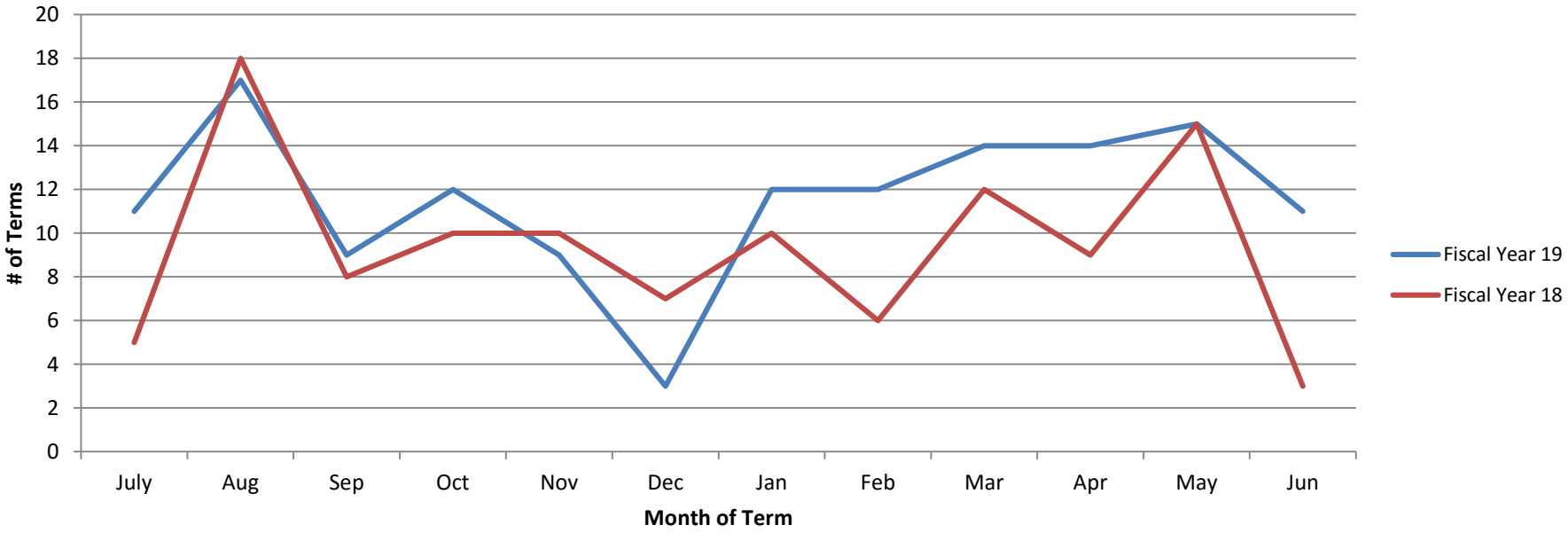
Bedside RN Terms by Month

July 2018 – June 2019

~Includes FT/PT Bedside RNs~







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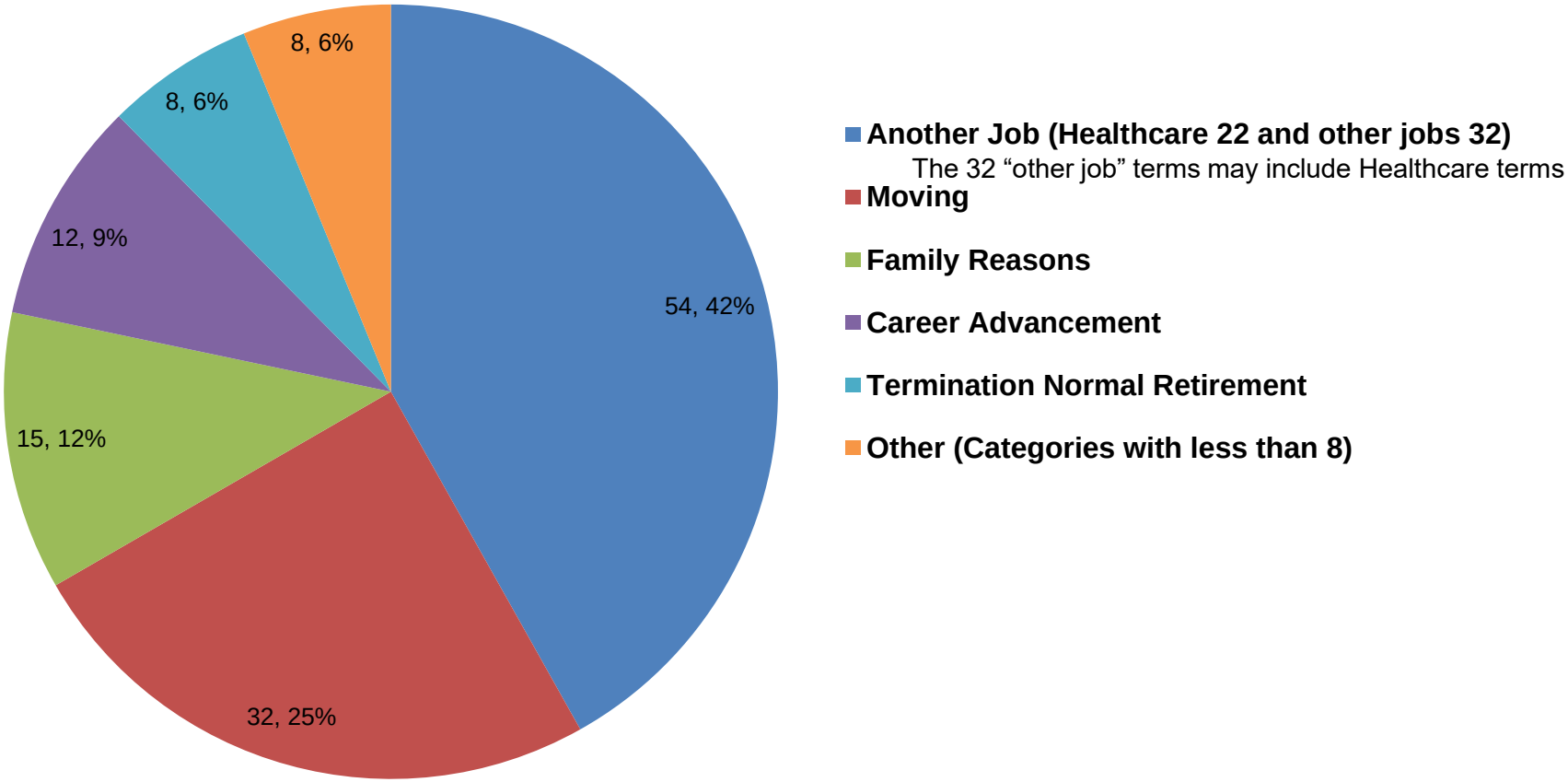
Reasons Bedside RNs Left
July 2018 – June 2019
~Includes FT/PT Bedside RNs~



Note: HR is conducting exit Interviews to help capture reasons for leaving and trends

Bedside Terms Broken Down by Generation

July 2018 – June 2019

~Includes 139 FT/PT Bedside RNs who termed~

Categories	# of Terms	# of FT/PT employees	% of Category Turnover
Silent Generation (1927-1945)	0	0	N/A
Baby Boomers (1946-1964)	14	121	11.6
Gen X Baby Busters (1965-1980)	38	339	11.2
Gen Y Millennials (1981-2000)	87	574	15.2
Gen Z Digitals (2001+)	0	0	N/A

RNs by Tenure

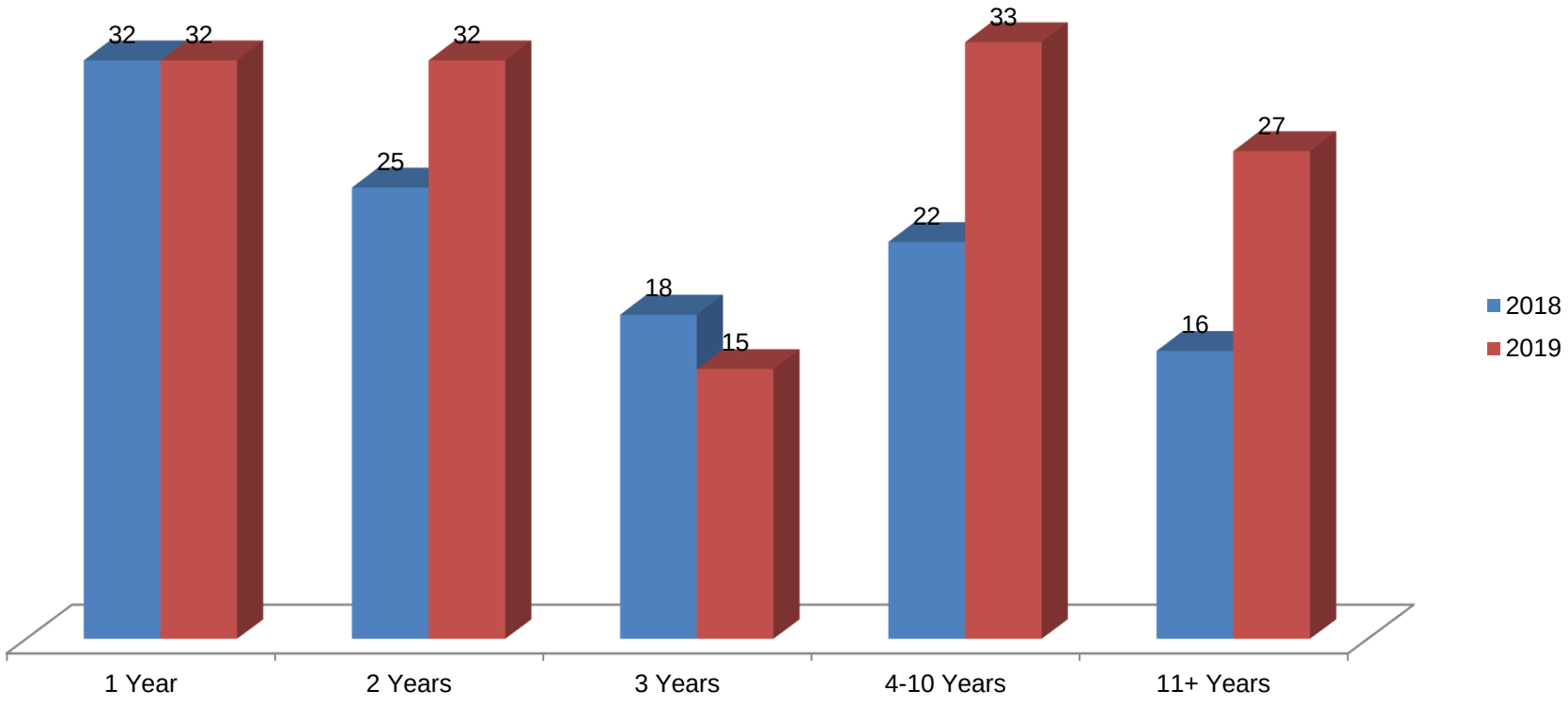
- 2018 (2/3) 2019 (1/2) of RNs termed within 2 years of employment.
- We continue to hire in excess of our turnover.

Days Between Hire/Term FY2018	Total Terms	Terms	Percentage of Terms
0 thru 365 (YR 1)	113	32	28.3%
366 thru 730 (YR 2)	113	25	22.1%
731 thru 1095 (YR 3)	113	18	15.9%
First 3 Years	113	75	66.4%
Year 4-10	113	22	19.5%
Year 11+	113	16	14.2%

Days Between Hire/Term FY2019	Total Terms	Terms	Percentage of Terms
0 thru 365 (YR 1)	139	32	23.0%
366 thru 730 (YR 2)	139	32	23.0%
731 thru 1095 (YR 3)	139	15	10.8%
First 3 Years	139	79	56.8%
Year 4 -10	139	33	23.7%
Year 11+	139	27	19.4%

Fiscal Year	Number RN Hires	Terms	Net Gain (Loss)
2018	164	113	51
2019	177	139	38
TOTAL	341	252	89

RN Terms by Tenure



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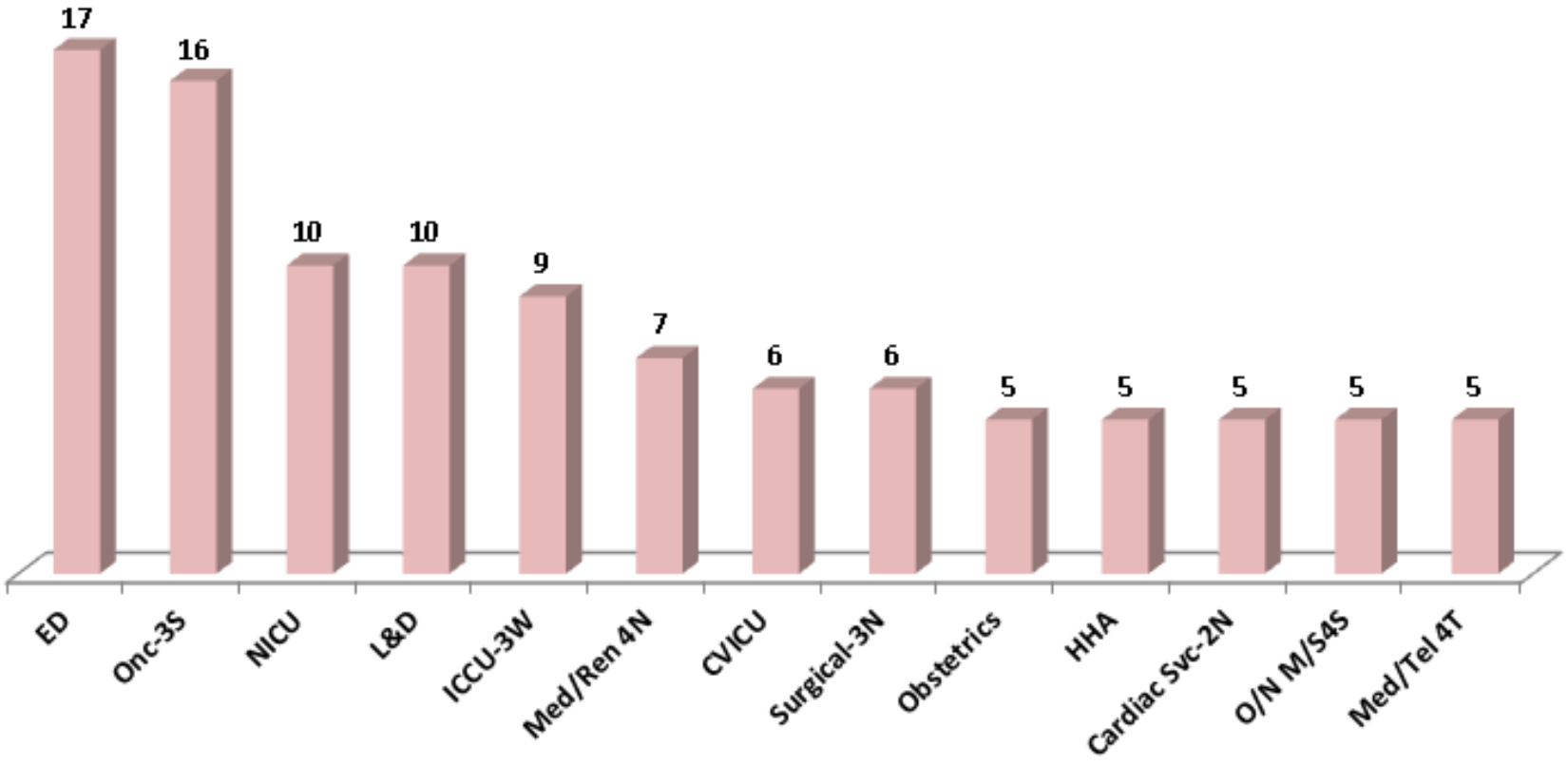
Departments with 5+ Bedside RN Terms

July 2018 – June 2019

~Includes FT/PT Bedside RNs~



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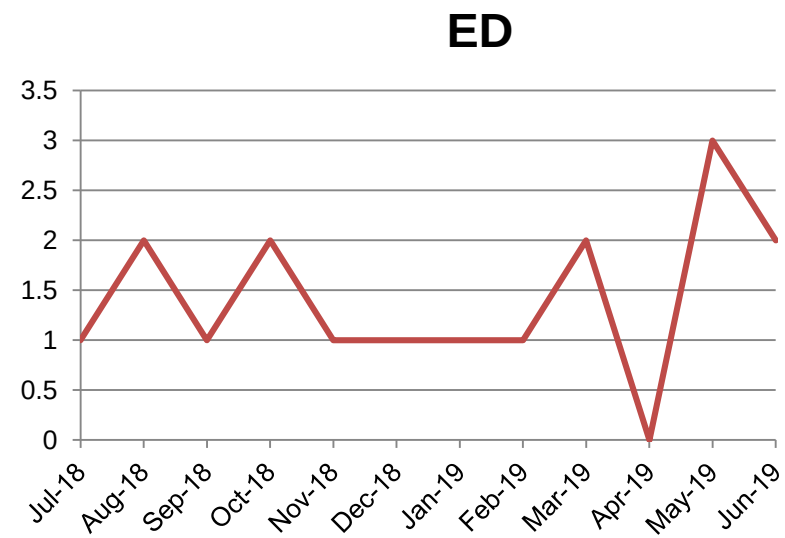
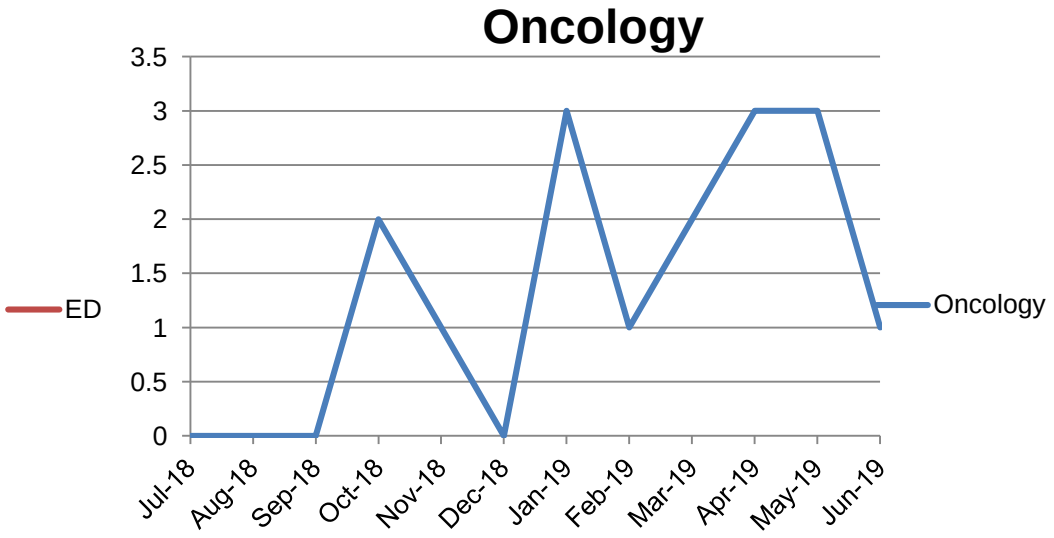
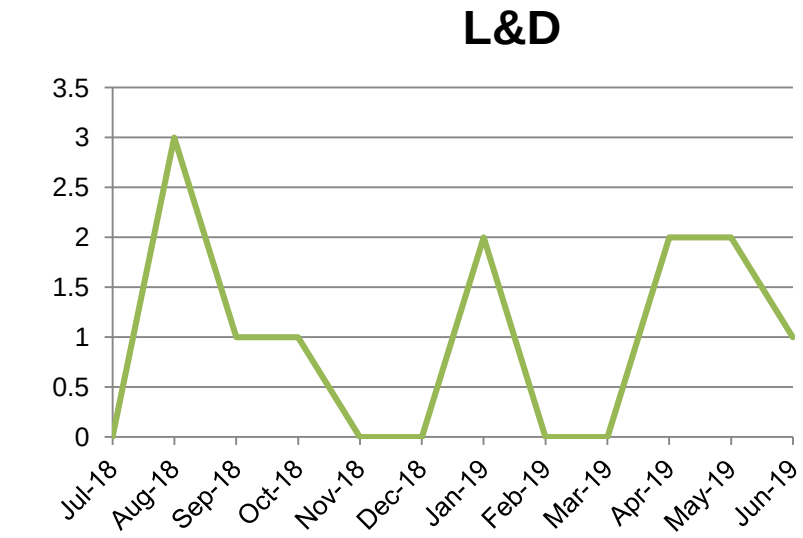
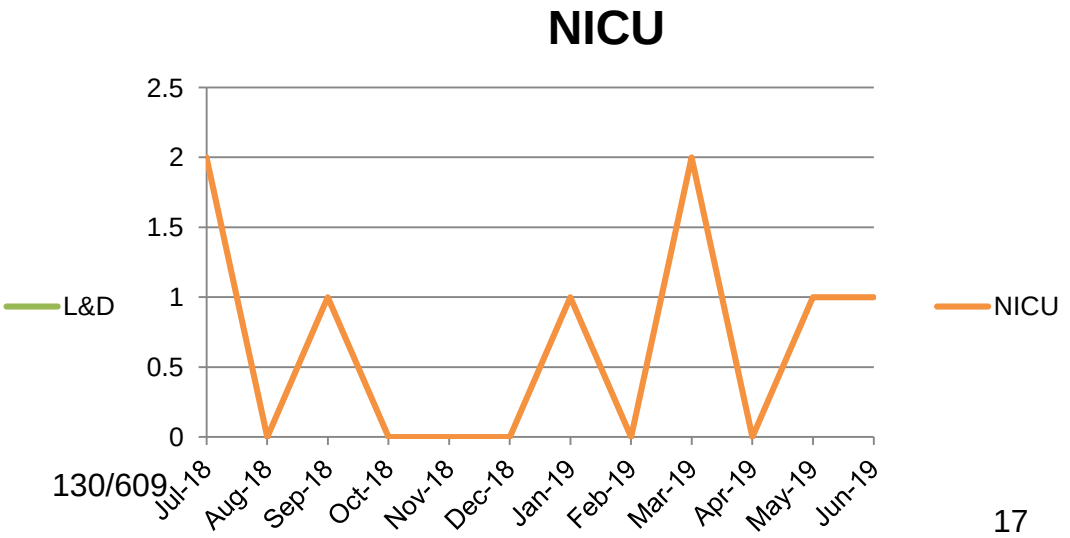
Top Bedside Termed Departments by month
July 2018 – June 2019









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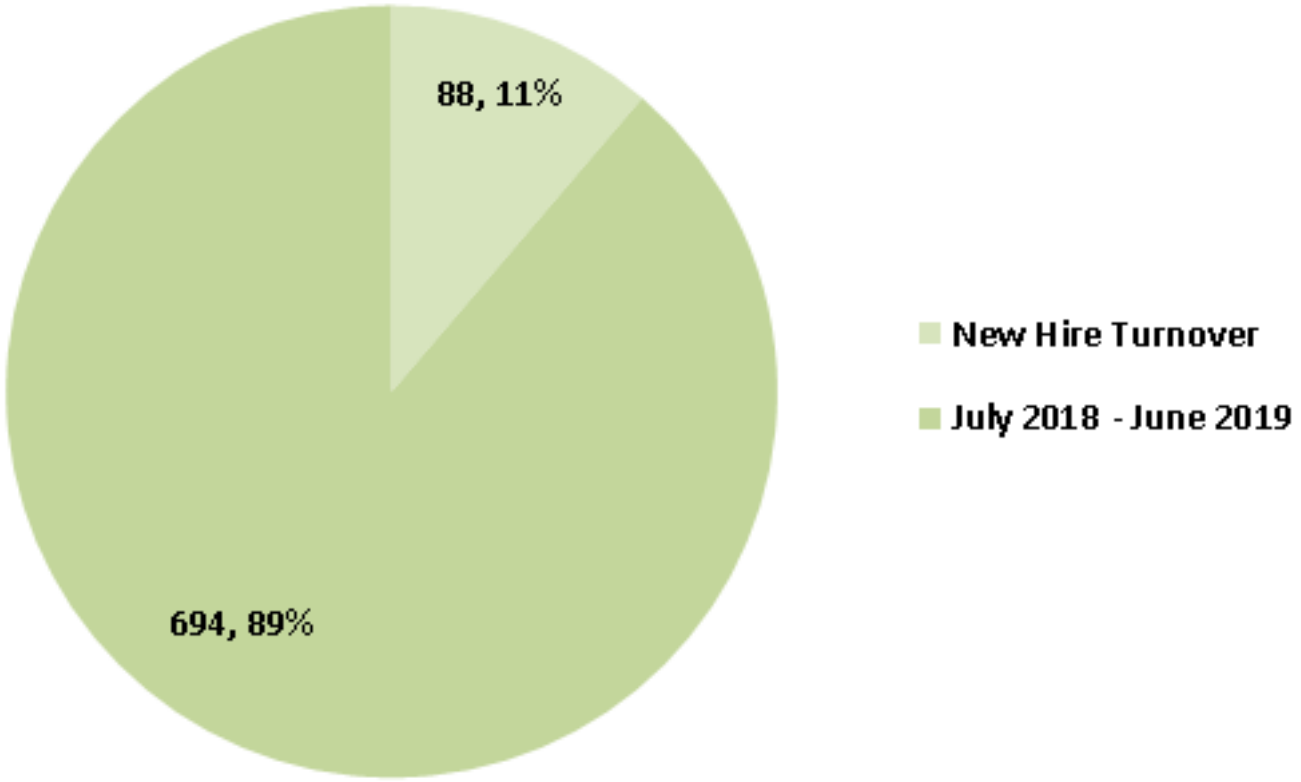
Reasons for the top 3 termed departments
July 2018 – June 2019

ED		Oncology		L&D		NICU	
Reasons	# of Terms	Reasons	# of Terms	Reasons	# of Terms	Reasons	# of Terms
Moving	6	Another Job	7	Family Reasons	3	Moving	4
Another Job	4	Another Job-Healthcare	6	Another Job	2	Another Job	2
Career Advancement	4	Family Reasons	1	Moving	2	Another Job-Healthcare	2
Another Job-Healthcare	2	Moving	1	Termination Normal Retirement	2	Family Reasons	1
Family Reasons	1	Termination Normal Retirement	1	Dissatisfied with Job	1	Health Reasons	1
TOTAL	**17**		**16**		**10**		**10**

New Hire Turnover

(Hired and termed within 12months)
~Includes FT/PT Employees~



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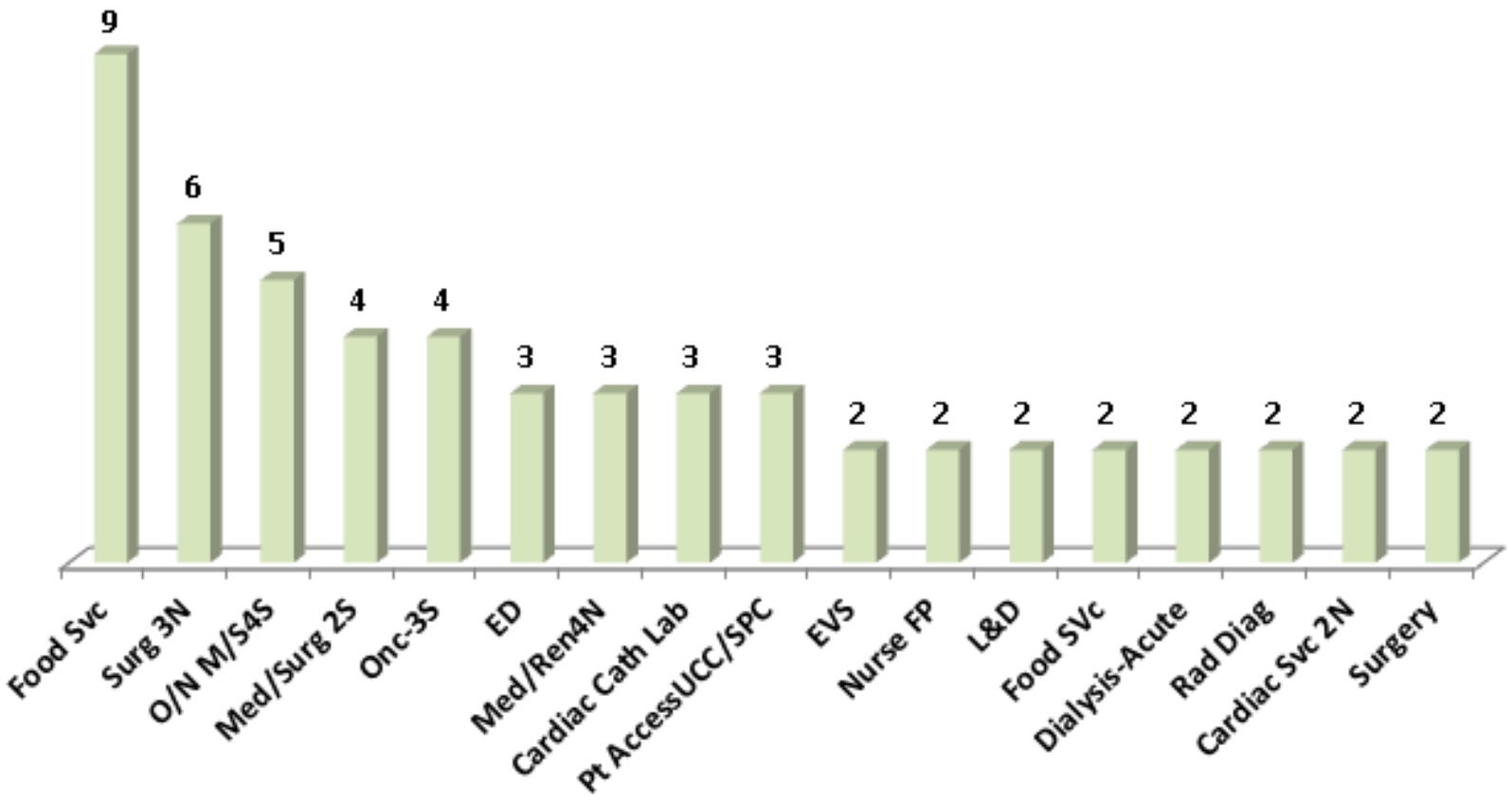
Departments with more than 2 termed new hires

Numbers include those who were hired and termed within 12 months



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Departments with 10+ transfers IN/OUT

~Does not include PHC/LD/GME~

Department	Transfers In	Department	Transfers Out
6010-Intensive Care Unit	19	7010-Emergency Department	21
6030-CVICU	13	6170-Nursing Float Pool	20
7010-Emergency Department	13	6151-ICCU-3W	19
6380-Obstetrics	10	8440-EVS	13
		6177-Orthopedics/Surgery-4S	13
		6152-Medical Telemetry 4T	11
		6010-Intensive Care Unit	10

Kaweah Delta Health Care District
Emergency Department and Trauma Services
Annual Report to the Board of Directors
August 2019

Emergency and Trauma Services

Thomas Siminski, RN, MSN, Director Emergency Services
Kona Seng, DO, Medical Director Emergency Medicine
Nicole Atherton, MD, FACS, Medical Director Trauma Service
Billy Walker, RN, MSN, Emergency Department Manager
Amber Woods, RN, Trauma Manager

Summary Issue/Service Considered

Emergency Department

- ED leadership team has worked closely together over the past year to improve ED operations, the quality and efficiency of care delivered, the patient experience, and staff engagement.
- We are entering into our 6th year for the Emergency Medicine (EM) residency program with a total of 39 residents. As we proceed forward every year there will be a new class of 13 EM residents. However, all the residents along with the medical students rotate through the ED.
- Established ED (CAC) Community Advisory Council to collaborate with the community to develop innovative ideas for improvement of ED operations, from the viewpoint of our community.
- The influx of lower acuity patients along with the high census in the inpatient units continues to result in an increased length of stay for admitted patients as well as discharged patients during times of high census. ED leadership is working alongside our inpatient team as part of the Resource Effectiveness Committee (REC) to address the LOS issues.
- ED visit volumes over the past fiscal year have averaged approximately 240 per day.
- ED Operations Committee was established in October 2018 to address and improve ED operational issues. To date the committee has improved CT and x-ray turnaround times, as well as lab turnaround times. Improved utilization of diagnostics lab studies to reduce duplication of lab studies. Increased utilization of Point of Care labs to improve throughput.
- Successfully opened Zone 6 focusing on the treatment of minor injuries and illnesses.
- ED/Urgent Care Collaborative was established to improve identification and handoff of patients requiring further evaluation and treatment in the ED. This has resulted in improving the patient experience for urgent care patients referred to the ED.

- The Care Advocates program was established in November 2108 to identify in real time the ED high utilizers and aid in helping find primary care for 1,835 patients have been identified and helped since inception.
- E-Prescribe was implemented in July 2019 to provide an easier more efficient way of getting prescriptions filled for ED patients.
- ED is piloting secure texting to improve communication among health care team members.
- A safe work environment is being supported by providing enhanced de-escalation training through the Crisis Prevention Institute (CPI) focused on best practices on how to safely work with aggressive patients and/or family members.
    - An additional Security Officer has been added to Zone 2 to provide a presence near the ambulance entrance and to augment the Zone 3 Security Officer.
    - The Broset Violence Checklist was added to the ED Triage assessment to aid in early identification of potentially violent patients.
    - Early weapon screening process to start in the ED in mid-August 2019.
- Financial performance improved in 2019 from 2018 secondary to an increase in net revenue of 5% coupled with a decrease in direct and indirect costs of 9% each.

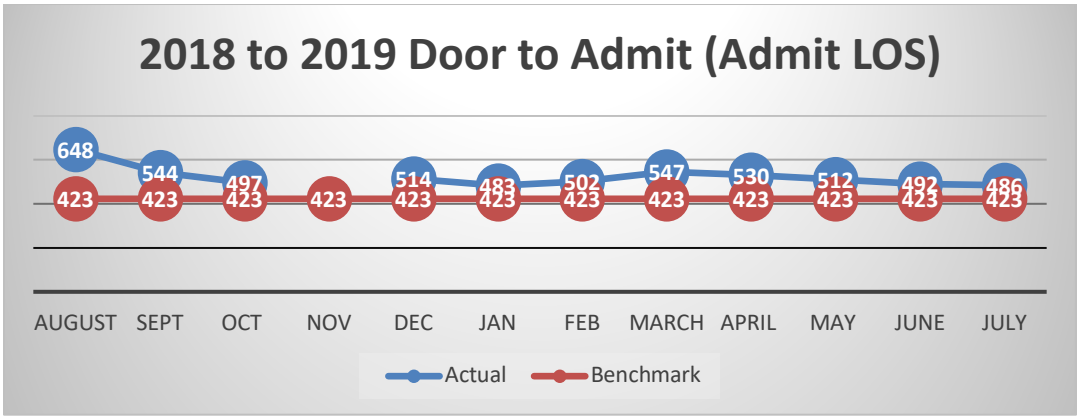
Trauma Service

- Kaweah Delta Medical Center (KDMC) is preparing for the re-verification site visit from the American College of Surgeons (ACS), tentatively scheduled for April 1 and 2, 2020.
- The trauma department is taking part in community education related to injury prevention and treatment. During FY19, the trauma department brought Stop the Bleed education to 15 schools in Tulare County, consisting of a total of 1800 students and educational staff. This will allow us to engage with the community in a positive way. We will continue Stop the Bleed courses at local schools and Tulare County Office of Education as well as Car Seat Safety Checks.
- With the increase in the number of auto vs pedestrian traumas in Visalia, the trauma department will be partnering with the Graduate Medical Education Residents to determine locations with the greatest number of accidents and analyze the potential need for additional crosswalks, stop lights, or atop signs within the city. We will work with the City of Visalia and plan to track and trend numbers to see if implementation of additional crosswalks, stop lights, and stop signs decreases the number of auto vs pedestrians seen in the Emergency Department. Working with the city to improve safety for community members will have a positive impact on Kaweah Delta's relationships with community members.
- Trauma activation volumes continue to increase with 1,493 activations in FY 2017 to 1,651 in FY 2018 to 1,988 in FY 2019. Overall number of trauma patients seen in FY 2019 was 2,705.
- Helipad activity from June 2013 to August 2018 includes 1599 total landings (1022 outbound transports and 577 inbound transports).

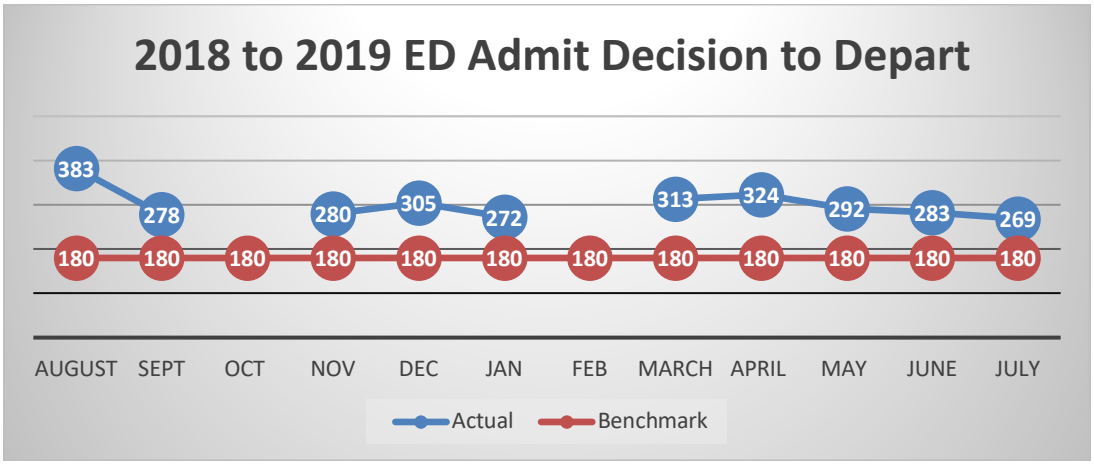
Quality/Performance Improvement Date

Throughput

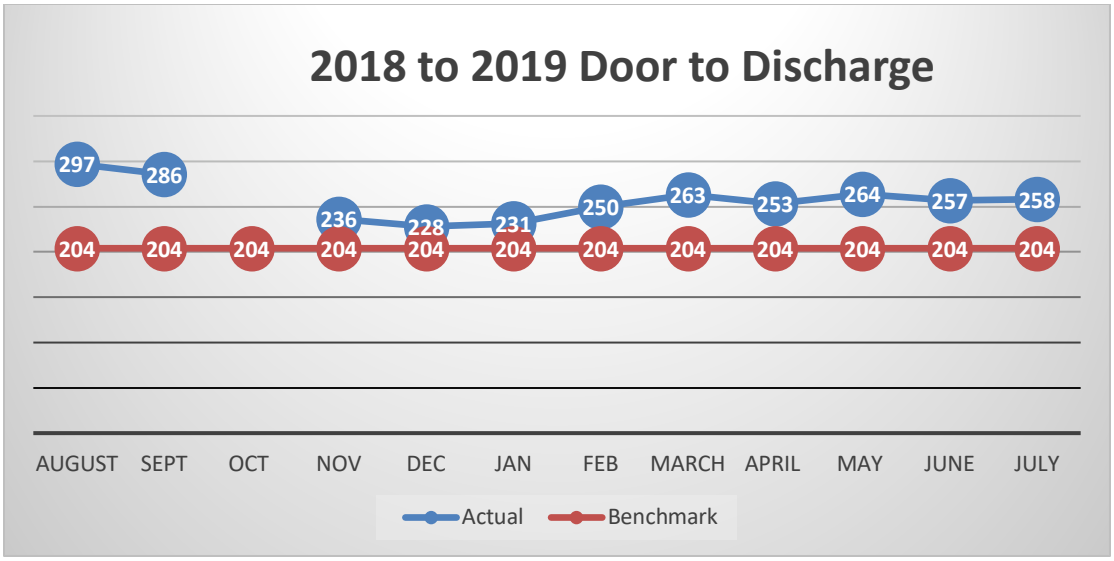
Throughput in the Emergency Department has a direct impact on overall satisfaction. The Centers for Medicare and Medicaid Services (CMS) has implemented defined public reportable measurements for throughput in the emergency department as follows: median time from ED arrival to ED departure for discharged patients, median time from ED arrival to ED departure for admitted patients, and admit decision to departure to the inpatient bed. Positive progress is being made in all areas; opportunity still exists in the Door to Discharge which is still performing above the benchmark. With the opening of Zone 6, positive progress will be made in decreasing the length of stay for discharged patients. The intake process will be modified to better manage the re-evaluations of patients waiting in the ED lobby for final destination. Work will continue through ED OPS and the REC to continue to assess and address barriers to patient throughput.



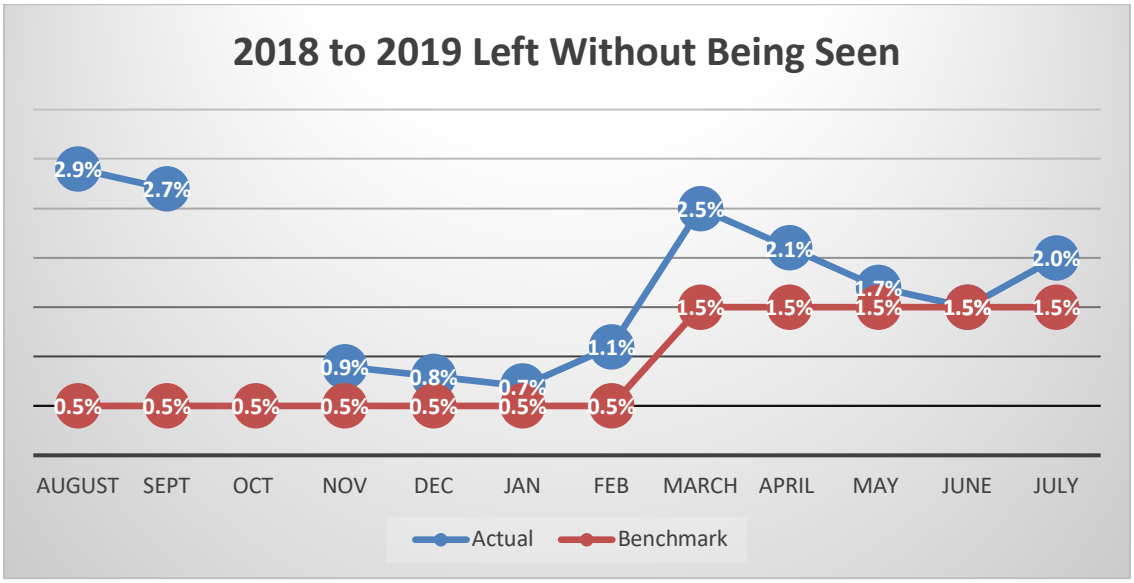
Length of Stay in minutes for admitted patients (average)



Length of Stay in minutes from Admit Decision to ED Depart (average)



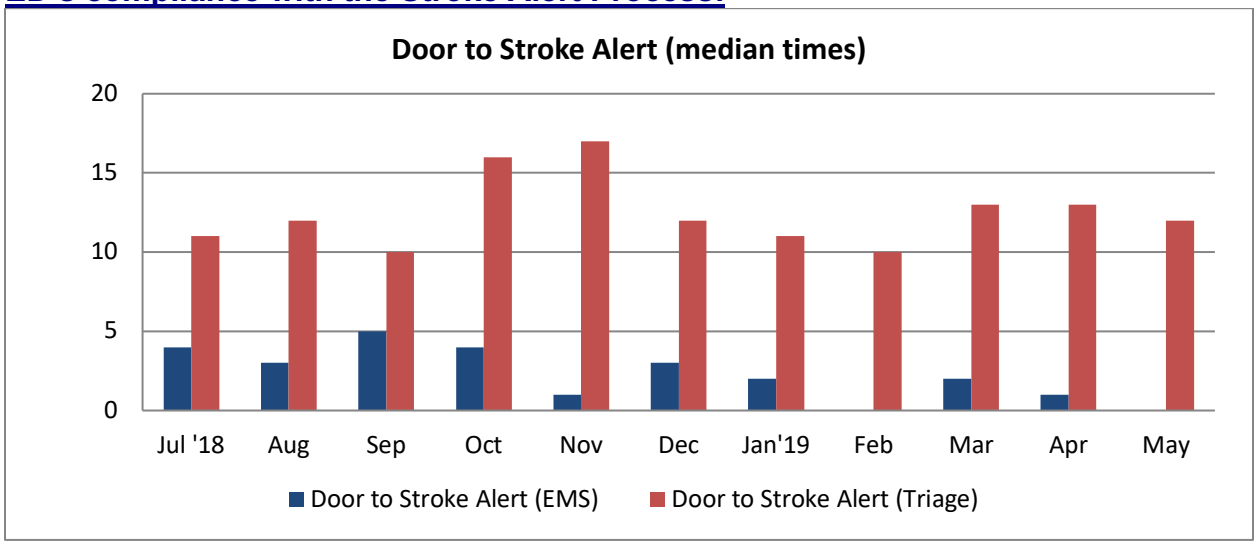
Length of Stay in minutes for Discharge Patient (average)



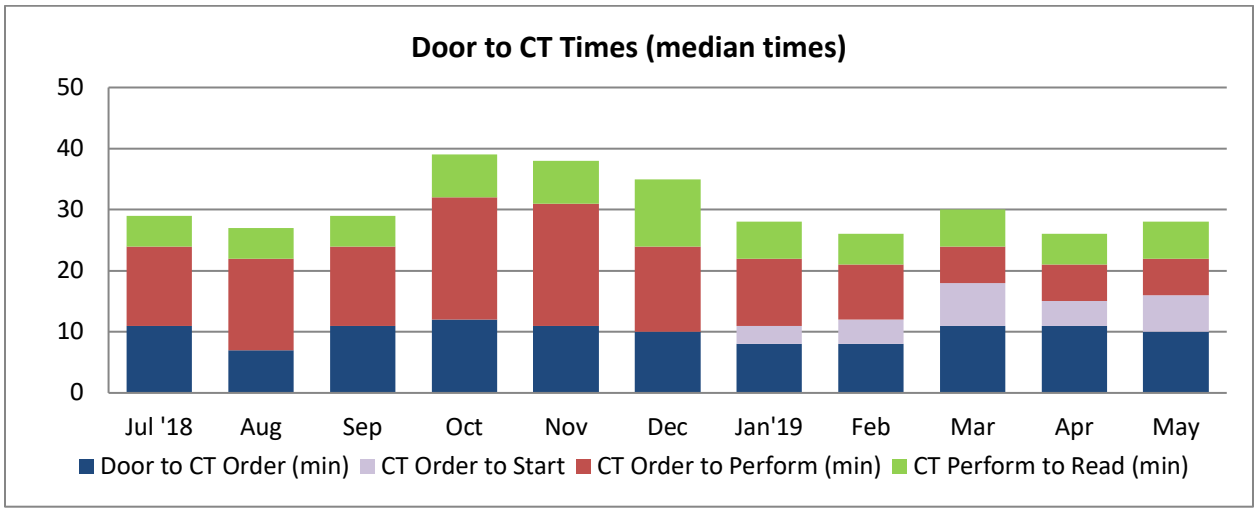
ED left without being seen (LWBS) benchmark goal of ≤0.5% was changed to 1.5% to align with the National benchmark for ED's of less than 2%. Lead by the ED leadership team, the intake and re-evaluation process will be evaluated on an ongoing basis to identify improvements that can be implemented to enhance patient flow and improve patient experience.

Clinical Related Outcomes:

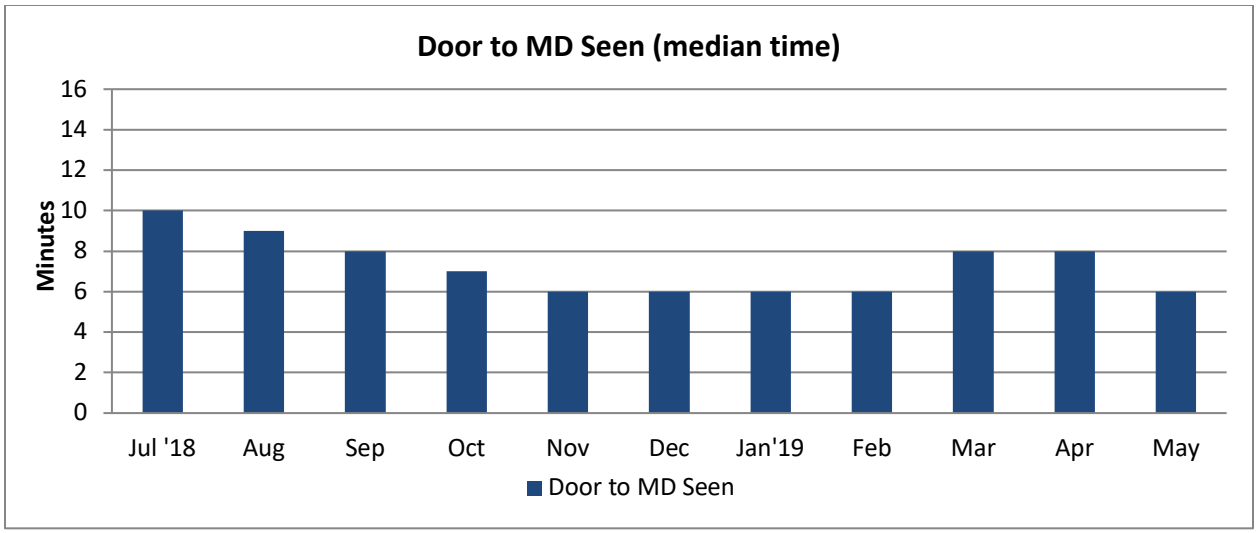
ED's compliance with the Stroke Alert Process:



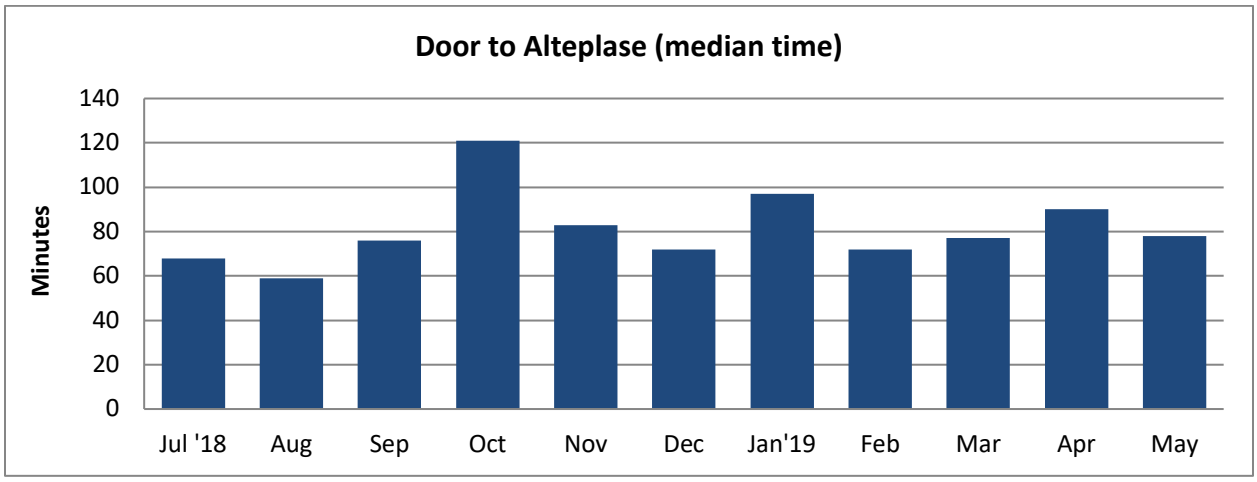
Per KDH ED Stroke Alert process; stroke alerts are to be called within 5 minutes for EMS and 10 minutes for triage. The EMS metric has been met consistently over the past year. The metric of stroke alert called from triage is being analyzed to identify opportunities for improvement.



CMS and The Joint Commission (TJC) expectation is that the CT will be performed within 20 minutes and read within 45 minutes of arrival. KDH's CT read time goal is out performing the CMS and TJC benchmark. Starting in 2019; tracking of CT start times is included in this measurement. Start time is defined by the first CT images in Synapse.



The physician is expected to see the stroke alert patient within 15 minutes of arrival. Improvements made throughout the year of early notification from EMS, MD meeting the patient at the door upon arrival has resulted in the median time outperforming the benchmark.



The data in this graph includes all Alteplase patients, no exclusion criteria. TJC expectation is that IV thrombolytics are given within 60 minutes to eligible patients who present for stroke care at least 50% of the time. 2019 AHA/ASA has set new IV thrombolytic goal time to 45 minutes at least 75% of the time. To meet this goal, changes to the stroke alert process <4 hours have been made.

Trauma

Our trauma department performance indicators are measured against performance indicators for all trauma centers in the National Trauma Database (NTDB). In 2015 the trauma department joined the Trauma Quality Improvement Program (TQIP). The 2015 data submission will be reported out in 2017, this is risk adjusted whereas the NTBD is not risk adjusted.

- **Timeliness of Diagnostic CT Scan**. Currently the average number of minutes from arrival in the ED to the initial CT scan on all trauma activations is 41 minutes. This time is no longer benchmarked for trauma from the NTDB or TQIP.
- **Timeliness of abdominal surgical intervention for hypotensive patient**s. Currently the average number of minutes from door to CUT time for hypotensive patients is 46 minutes. The Benchmark for designated trauma centers is less than 60 minutes.
- **Timeliness of Surgeon response for critical traumas**. Currently our average surgeon response time for critical trauma activation is 5 minutes. Benchmark set by the American College of Surgeons (ACS) for level III trauma centers is less than 30 minutes.
- **Admit to Non-Trauma Service Physician**. Since our designation as a trauma center, the percentage of trauma patients admitted to a non-trauma service is retrospectively monitored, benchmark is < 10% which is a requirement by the American College of Surgeons (ACS). Current rate for admission to non-trauma physicians is at 12.5%. The majority of these admissions to a non-surgical service (NSS) do have a surgical consult which is often acceptable by the ACS. However, the trauma leadership team is working on a plan to decrease the number of admissions to a non-surgical service and will closely monitor all trauma admissions.

Policy, Strategic or Tactical Issues

- Due to construction related issues, the main entrance to the ED and the ED lobby has been moved to the Mineral King lobby complicating patient access and navigation into the ED treatment rooms. A multi-disciplinary team will continue to evaluate flow and efficiencies and implement change in processes as indicated.
- Zone 5 and new ED lobby construction began in July 2018. This ED expansion will provide an additional 24 treatment rooms, new ED lobby, ED entrance, enhanced security screening and registration area. Completion is projected to be October 2020.
- Continue work with the multi-disciplinary team to improve throughput and the patient experience for both our discharge patients and admitted patients.
- The ED leadership team will continue to collaborate with the ED Community Advisory Committee to improve the patient/family experience care delivered in the ED.
- Study the feasibility of a Level II designation.

Recommendations/Next Steps

Satisfaction:

- Continue to recruit and retain nursing staff to meet the patient care needs in the Emergency Department.
- Partner with the ED physician leadership to improve ED physician satisfaction as well as our community physician's satisfaction.
- Continued focus on achieving high patient satisfaction in the Emergency Department focusing on communication, notification of delays and bedside hand offs, rounding and improved throughput related to time to provider and total turnaround time to discharge.
- Implemented the patient navigator role in the ED lobby to improve patient rounding, communication of status updates, and real-time follow-up and response to address patient issues.
- Leadership rounding on patients to focus on improved staff communication and to address patient and family concerns.
- Establish Operation Always to improve the patient experience and to promote and establish a culture of narrative care communication.
- Increased housekeeping staff to 3 per shift and initiated weekly rounds with EVS leadership to address issues and improve ED overall cleanliness.
- Hired Supply and Equipment Technician Supervisor resulting in improvement of department supply and equipment organization and decrease costs.

Throughput:

- Measure and analyze process goals monthly. Report to staff through department meetings, report benchmarks monthly to all ED Staff: Time to provider (TTP), patient satisfaction scores, emergency department length of stay (LOS), and left without being seen (LWBS).
- ED Surge and Throughput Quality Team to focus on and analyze ED throughput issues and stream line the movement of patients out of the ED onto the inpatient units. Under the per-view of the (REC) Resource Effectiveness Committee, we will continue to focus on these issues.
- Continue to adjust staffing matrix to match the patient census and acuity to improve throughput, and patient satisfaction.
- Established ED Huddles 5 times daily to provide a venue for the ED Charge Nurse, ED Leadership, ED providers, and the House Supervisors to identify opportunities to improve patient throughput.
- ED leadership will be implementing a RN flow coordinator in the PAT/Intake and Zone 1 area to direct patient flow to improve efficiency and communication and decrease disposition and discharge times. Goal is to establish this role mid-August 2019.
- Zone 6 to improve efficiency of care for lower acuity patients. Goal is 90 minutes or less from door to discharge.
- Complete Zone 4 construction in November 2019 which is a new 9 bed zone to improve care for our mental health patients and medical surgical patients.

Quality/Clinical:

- Continue to develop initiatives related to rapid treatment of the high risk sepsis patients (Sepsis Alert), stroke patients (Stroke Alert), acute ST elevation myocardial infarctions (Cardiac Alerts).
- Continue to work on decreasing Blood Culture contamination rates through improved practice and monitoring.
- Continue to explore the use of Medication assisted therapy's such as Suboxsone in the ED.
- Continue to develop multi-disciplinary Simulation programs to improve Pediatric care, Trauma Care, and to test and to improve our processes.
- Continue to work on resource utilization projects to optimize Ultrasound POC for diagnostics versus Advanced Imaging when clinically appropriate.
- Continue to work in collaboration with the ED medical providers on the appropriate use of lab tests and to increase use of point of care testing when appropriate.
- Continue to explore and provide new nursing educational opportunities such as Emergency Nurse Pediatric Care (ENPC).

Conclusions:

The demand for ED services remains high. In order for the ED to meet this demand for services, our ED physician and nursing leadership will continue to work with the ED Operations committee to evaluate processes and redesign processes to improve patient satisfaction, patient care, and patient throughput.

In addition, the ED leadership team has completed the design of the flow processes for Zone 6. The new Zone 6 will have a positive impact on the patient and staff experience in conjunction with improving overall length of stay. Work will commence on planning and designing the processes for Zone 4 which is tentatively scheduled for completion in November 2019. Zone 5, a new 24-bed addition is projected to be completed in October 2020.

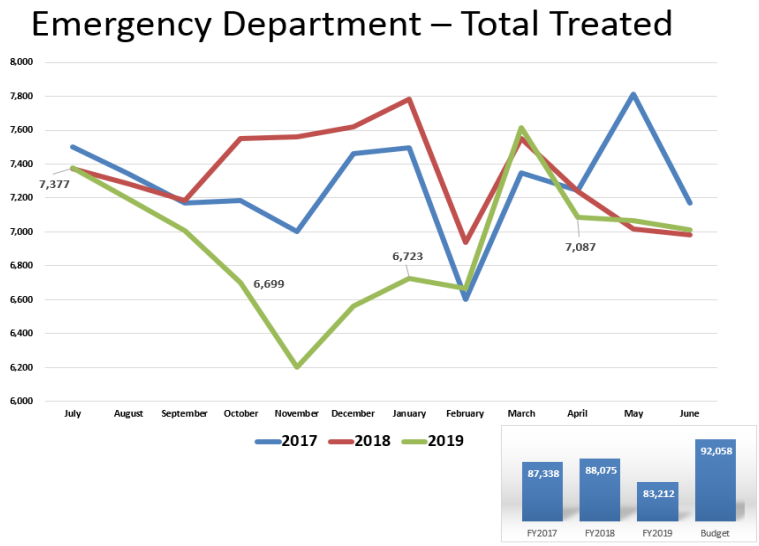
The Trauma Program has demonstrated a positive impact on outcomes and continues to experience significant growth. Prior to becoming a trauma center, our in-house mortality rate was 15%. After becoming a trauma center, our mortality rate has decreased to 1%. The American College of Surgeons monitors in-house mortality very closely to ensure it stays below 5%. The current TQIP benchmark for 2018 is 4.39%. The Injury Severity Score grades how critical each patient has been injured. Patients with an ISS >15 are considered critical. FY 19, 17% of our trauma patients have an ISS >15 which is 80% greater than the national average of 9.4% of other Level III Trauma Centers. Becoming nationally verified as a trauma center helps to standardize our approach in treatment, provides benchmarks against like trauma centers, and strengthens our quality improvement efforts and patient outcomes. Level II trauma designation is currently under consideration.

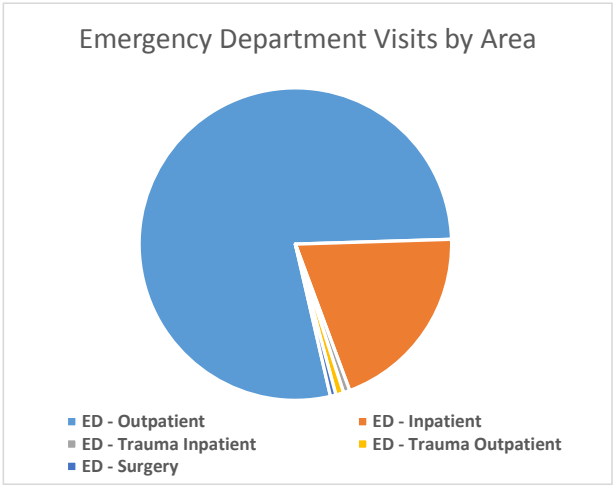
Kaweah Delta Health Care District
Annual Report to the Board of Directors
Financial & Statistical Information

Emergency Services

Service Line Report Data: **Fiscal Year 2019** (Annualized Eleven Months Ended May 31, 2019)

Service	Patient Cases	Net Revenue	Direct Costs	Contribution Margin	Indirect Costs	Net Income
ED - Outpatient	63,757	$39,978,970	$33,981,212	$5,997,758	$14,545,651	($8,547,893)
ED - Inpatient	16,192	$230,531,640	$163,783,423	$66,748,217	$56,035,980	$10,712,237
ED - Trauma Inpatient	536	$15,806,379	$9,124,996	$6,681,383	$3,040,502	$3,640,881
ED - Trauma Outpatient	670	$2,181,218	$1,600,144	$581,074	$697,921	($116,847)
ED - Surgery	460	$1,877,501	$2,645,083	($767,582)	$937,206	($1,704,788)
Total	**81,615**	**$290,375,708**	**$211,134,858**	**$79,240,850**	$75,257,260	$3,983,590
Per Case Totals		**$3,558**	**$2,587**	**$971**	$922	$49





Total Outpatient E/M Level	FY 17	FY 18	FY 19
Level I	4%	2%	0%
Level II	12%	9%	6%
Level III	28%	28%	26%
Level IV	35%	36%	41%
Level V	19%	22%	22%
Level VI	1%	2%	2%
No Level	0%	1%	4%
Total	100%	100%	100%
Total Levels 3,4,5	83%	86%	88%

Report Notes:

1.) "No Level" visits represent a statistical count.

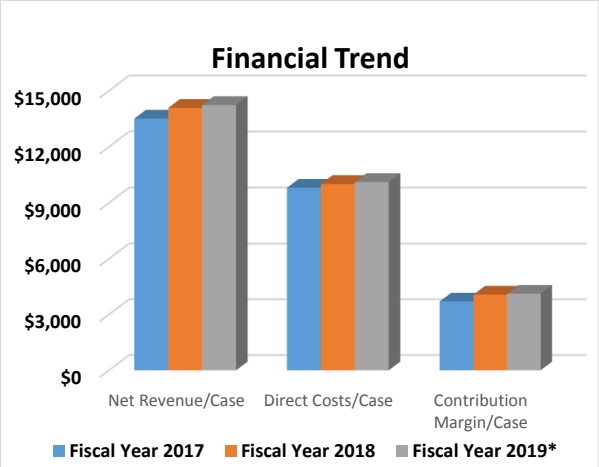
2.) Cerner system provided a new way to calculate the levels.
This caused a shift to a higher level of care and an improvement in reimbursement.

3.) Note: Visits on this report represent 98% of Total Treated (81,615/83,212).

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

Service Line Report Data:	Fiscal Year 2017	Fiscal Year 2018	Fiscal Year 2019*	Change from Prior Year	Change from 2 Years
Emergency Department - Inpatient					
Patient Cases	14,356	15,763	16,192	3%	13%
% of Total ED Visits	17%	18%	20%		
Net Revenue	$194,005,609	$221,997,241	$230,531,640	4%	19%
Direct Costs	$140,856,821	$157,807,996	$163,783,423	4%	16%
Contribution Margin	**$53,148,788**	**$64,189,245**	**$66,748,217**	**4%**	**26%**
Indirect Costs	$40,248,338	$52,971,104	$56,035,980	6%	39%
Net Income	$12,900,450	$11,218,141	$10,712,237	-5%	-17%
Net Revenue/Case	$13,514	$14,083	$14,237	1%	5%
Direct Costs/Case	$9,812	$10,011	$10,115	1%	3%
Contribution Margin/Case	**$3,702**	**$4,072**	**$4,122**	**1%**	**11%**
Indirect Costs/Case	$2,804	$3,360	$3,461	3%	23%
Net Income/Case	$899	$712	$662	-7%	-26%

Payor Mix	FY 2017	FY 2018	FY 2019	% Point Change from Prior Year	% Point Change from 2 Years
Medicare	**45%**	**45%**	**43%**	**-1%**	**-2%**
Medi-Cal Managed Care	**24%**	**25%**	**25%**	**0%**	**1%**
Managed Care/Other	**15%**	**13%**	**14%**	**1%**	**-1%**
Medicare Managed Care	8%	9%	10%	**1%**	**2%**
Medi-cal	7%	7%	7%	**1%**	**0%**
Cash Pay	1%	1%	1%	**0%**	**0%**
Work Comp	0%	0%	0%	**0%**	**0%**
County Indigent	1%	1%	0%	**-1%**	**-1%**
Total	**100%**	**100%**	**100%**	**0%**	**0%**



Report Notes:

1.) 87% of Inpatient Cases come through the ED (KDMC, Excludes OB/Delivery, Normal Newborns and Neonatology Service Lines).

Selection Criteria: Inpatient KDMC patients with ED Flag valued at 1, Trauma Flag valued at 0.

**FY 19 results represent the eleven months ended May 31, 2019.*

Kaweah Delta Health Care District
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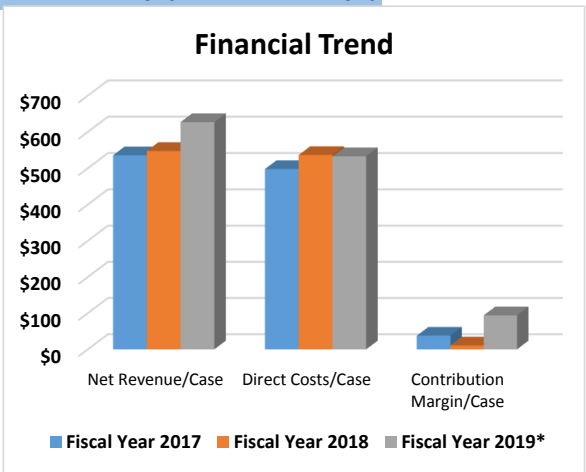
Service Line Report Data:	Fiscal Year 2017	Fiscal Year 2018	Fiscal Year 2019*	Change from Prior Year	Change from 2 Years
Emergency Department - Outpatient					
Patient Cases	71,041	69,862	63,757	-9%	-10%
% of Total ED Visits	82%	80%	78%		
Net Revenue	$38,059,951	$38,256,094	$39,978,970	5%	5%
Direct Costs	$35,366,006	$37,488,373	$33,981,212	-9%	-4%
Contribution Margin	**$2,693,945**	**$767,721**	**$5,997,758**	**681%**	**123%**
Indirect Costs	$13,820,825	$15,967,716	$14,545,651	-9%	5%
Net Income	($11,126,880)	($15,199,995)	($8,547,893)	-44%	-23%
Net Revenue/Case	$536	$548	$627	15%	17%
Direct Costs/Case	$498	$537	$533	-1%	7%
Contribution Margin/Case	**$38**	**$11**	**$94**	**756%**	**148%**
Indirect Costs/Case	$195	$229	$228	0%	17%
Net Income/Case	($157)	($218)	($134)	-38%	-14%

Payor Mix	FY 2017	FY 2018	FY 2019	% Point Change from Prior Year	% Point Change from 2 Years
Medi-Cal Managed Care	**48%**	**48%**	**46%**	**-1%**	**-1%**
Managed Care/Other	**20%**	**19%**	**20%**	**1%**	**1%**
Medicare	15%	14%	15%	**1%**	**0%**
Medi-cal	9%	8%	8%	**0%**	**-1%**
Cash Pay	4%	5%	5%	**0%**	**0%**
Medicare Managed Care	3%	3%	4%	**1%**	**1%**
Work Comp	1%	1%	1%	**0%**	**0%**
County Indigent	1%	1%	0%	**-1%**	**-1%**
Total	**100%**	**100%**	**100%**	**0%**	**0%**

E/M Level	FY 17	FY 18	FY 19
Level I	**4%**	**2%**	**0%**
Level II	**12%**	**9%**	**6%**
Level III	**29%**	**28%**	**26%**
Level IV	**35%**	**37%**	**41%**
Level V	**19%**	**22%**	**22%**
Level VI	**1%**	**1%**	**1%**
No Level	**0%**	**1%**	**4%**
Total	**100%**	**100%**	**100%**
Total Levels 3,4,5	**83%**	**87%**	**89%**



Report Notes:

1.) "No Level" visits represent a statistical count.

2.) Cerner system provided a new way to calculate the levels.
This caused a shift to a higher level of care and an improvement in reimbursement.

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

**FY 19 results represent the eleven months ended May 31, 2019.*

Kaweah Delta Health Care District
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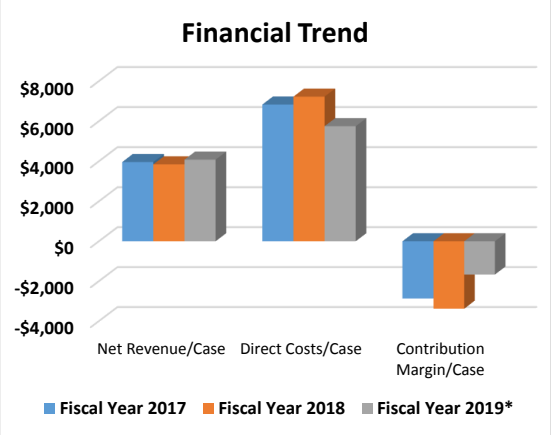
Service Line Report Data:	Fiscal Year 2017	Fiscal Year 2018	Fiscal Year 2019*	Change from Prior Year	Change from 2 Years
Emergency Department - Outpatient Surgery					
Patient Cases	349	361	460	27%	32%
% of Total ED Visits	0.4%	0.4%	0.6%		
Net Revenue	$1,383,088	$1,389,152	$1,877,501	35%	36%
Direct Costs	$2,383,651	$2,609,170	$2,645,083	1%	11%
Contribution Margin	**($1,000,563)**	**($1,220,018)**	**($767,582)**	**-37%**	**-23%**
Indirect Costs	$858,726	$984,980	$937,206	-5%	9%
Net Income	($1,859,289)	($2,204,998)	($1,704,788)	-23%	-8%
Net Revenue/Case	$3,963	$3,848	$4,082	6%	3%
Direct Costs/Case	$6,830	$7,228	$5,750	-20%	-16%
Contribution Margin/Case	**($2,867)**	**($3,380)**	**($1,669)**	**-51%**	**-42%**
Indirect Costs/Case	$2,461	$2,728	$2,037	-25%	-17%
Net Income/Case	($5,327)	($6,108)	($3,706)	-39%	-30%

Payor Mix	FY 2017	FY 2018	FY 2019	% Point Change from Prior Year	% Point Change from 2 Years
Managed Care/Other	**46%**	**46%**	**47%**	**1%**	**1%**
Medi-Cal Managed Care	**28%**	**30%**	**31%**	**1%**	**3%**
Medicare	8%	6%	8%	**1%**	**0%**
Medi-cal	9%	8%	6%	**-2%**	**-3%**
Medicare Managed Care	5%	3%	3%	**1%**	**-1%**
Cash Pay	3%	3%	3%	**0%**	**0%**
Work Comp	1%	2%	2%	**0%**	**1%**
County Indigent	1%	2%	0%	**-2%**	**-1%**
Total	**100%**	**100%**	**100%**	**0%**	**0%**



Report Notes:

1.) "No Level" visits represent a statistical count.

2.) Cerner system provided a new way to calculate the levels.
This caused a shift to a higher level of care and an improvement in reimbursement.

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

**FY 19 results represent the eleven months ended May 31, 2019.*

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

Service Line Report Data:	Fiscal Year 2017	Fiscal Year 2018	Fiscal Year 2019*	Change from Prior Year	Change from 2 Years
Inpatient Trauma Activations					
Patient Cases	455	448	536	20%	18%
% of Total ED Visits	1%	1%	1%		
Net Revenue	$11,637,726	$13,255,358	$15,806,379	19%	36%
Direct Costs	$7,770,106	$7,580,371	$9,124,996	20%	17%
Contribution Margin	**$3,867,620**	**$5,674,987**	**$6,681,383**	**18%**	**73%**
Indirect Costs	$2,162,724	$2,447,364	$3,040,502	24%	41%
Net Income	$1,704,896	$3,227,623	$3,640,881	13%	114%
Net Revenue/Case	$25,577	$29,588	$29,490	0%	15%
Direct Costs/Case	$17,077	$16,920	$17,024	1%	0%
Contribution Margin/Case	**$8,500**	**$12,667**	**$12,465**	**-2%**	**47%**
Indirect Costs/Case	$4,753	$5,463	$5,673	4%	19%
Net Income/Case	$3,747	$7,205	$6,793	-6%	81%
Outpatient Trauma Activations					
Patient Cases	517	678	670	-1%	30%
% of Total ED Visits	1%	1%	1%		
Net Revenue	$1,421,431	$2,050,424	$2,181,218	6%	53%
Direct Costs	$1,428,836	$1,666,361	$1,600,144	-4%	12%
Contribution Margin	**($7,405)**	**$384,063**	**$581,074**	**51%**	**-7947%**
Indirect Costs	$497,218	$700,275	$697,921	0%	40%
Net Income	($504,623)	($316,212)	($116,847)	-63%	-77%
Net Revenue/Case	$2,749	$3,024	$3,256	8%	18%
Direct Costs/Case	$2,764	$2,458	$2,388	-3%	-14%
Contribution Margin/Case	**($14)**	**$566**	**$867**	**53%**	**-6155%**
Indirect Costs/Case	$962	$1,033	$1,042	1%	8%
Net Income/Case	($976)	($466)	($174)	-63%	-82%
Total Trauma Activations					
Patient Cases	972	1,126	1,206	7%	24%
% of Total ED Visits	1%	1%	1%		
Net Revenue	$13,059,157	$15,305,782	$17,987,597	18%	38%
Direct Costs	$9,198,942	$9,246,732	$10,725,140	16%	17%
Contribution Margin	**$3,860,215**	**$6,059,050**	**$7,262,457**	**20%**	**88%**
Indirect Costs	$2,659,942	$3,147,639	$3,738,423	19%	41%
Net Income	$1,200,273	$2,911,411	$3,524,034	21%	194%
Net Revenue/Case	$13,435	$13,593	$14,915	10%	11%
Direct Costs/Case	$9,464	$8,212	$8,893	8%	-6%
Contribution Margin/Case	**$3,971**	**$5,381**	**$6,022**	**12%**	**52%**
Indirect Costs/Case	$2,737	$2,795	$3,100	11%	13%
Net Income/Case	$1,235	$2,586	$2,922	13%	137%

Selection Criteria: Inpatient KDMC patients with Trauma Flag valued at 1.
Selection Criteria: Outpatient KDMC patients with Trauma Flag valued at 1.
**FY 19 results represent the eleven months ended May 31, 2019.*

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

Urgent Care Clinics

John Leal RN, Director Outpatient Specialty Clinics
Contact number; 559-624-4806 (office) 559-358-0613 (mobile)
Dan Brown, DO Medical Director, Urgent Care
Kim Gilmore, RN, Urgent Care Manager

August 2019

Summary Issue/Service Considered

- Both Urgent Care (UC) locations combined has provided a positive contribution margin of $4,420,722. Despite the decrease in the census at the Court Street location, we have seen increase in profitability by 14% compared to last year this was possible in a reduction in direct costs of 19.1% and increase in net revenue per case by 11.5%. Demaree location provided a contribution margin of $1,597,150 during the 2019 fiscal year.
- Dr. Daniel Brown, DO continues as Kaweah Delta Urgent Care Medical Director. With his leadership and collaboration, we continue improving departmental processes to create an environment that fosters team building, throughput improvements, and delivery of excellence.
- As mentioned in the prior year board report, we planned to develop an Urgent Care Collaborative Team to improve processes in the department. This team of nursing, providers, registration, radiology, and other key members have been meeting monthly. This team has implemented new processes which have improved patient care, provider-staff relations, throughput, and created a positive work environment. The success of this team and their ability to enhance the work environment was noticed in the recent increase in employee engagement score by 0.37 increase from the prior survey reporting.
- UC continues to be an alternative care location for episodic care to provide relief to the ED for lower acuity patients. The UC continues to have an average daily census of 140 to150 patients. With the opening of Tulare Regional Medical Center, a new urgent care center in Tulare, and other local healthcare delivery centers, we have noticed a decrease in volumes compared to prior years.
- UC hours continue to provide access to all individuals that require care that cannot wait for an appointment. Both locations are open seven days a week with the Court Street location open from 8:00 a.m. to 10:00 p.m. and Demaree location open from 8:00 a.m. to 8:00 p.m.
- Urgent Care on Demaree has given an additional location for those individuals that need access to care. This new location has helped decrease the high volumes that traditionally would go to the Court Street location, which has provided relief to that location.

- "Get-In-Line Online" has been introduced for both Urgent Care locations since August 2018. This service gives patients that ability to look at wait times for both locations and sign up online to save their place in line. This way if the clinics have extended waits because of high volumes, the patients do not need to wait in the lobby but wait in the comfort of their home. This service is available for Urgent Care services at both locations but also for outpatient labs and radiology studies at the Demaree location. Currently, 10% of the patients on Court and 20% of the patients on Demaree use the online service.

Quality/Performance Improvement Data

Throughput in the Urgent Care has a direct impact on overall satisfaction and prevention of patients leaving the center to go to another location. Urgent Care Association (UCA) has established a benchmark of 60 minutes or less for patients to be seen and discharged from Urgent Cares.

Throughput:

- Over the last year, we have experienced a decrease to our door to discharge times from the average of 78 minutes to our current time of 75 minutes. This is an average between both locations.
- The improvement in throughput times has also resulted in a decrease of our left without being treated rates which have gone down from 2.7% to 1.3%.

Patient Experience Rating:

- With improved throughput comes increase in the patient experience ratings. We at Urgent Care use a survey question via our Clockwise system (3rd party vendor that gives us the ability to post wait times) that asks the patient how likely they would be to recommend our facility to family and friends. The customer can then rate the facility on a 0 – 10 scale, with 0 being the lowest possible rating and 10 being the highest possible rating.
    - Our Court Street location has about a 35% response rate. In 2018, our average rating received was 8.95. 2019 year to date, our average rating received is 9.13.
    - Our Demaree location has about a 44% response rate with an average rating of 9.38.
- Press Ganey Scores
    - From July 2018 to July 2019, our Court Street location Press Ganey score has increased from 79.4 to 87.1. Our mean score is 84.6.
    - Our Demaree location Press Ganey score month to date is 89.3, with a mean score of 89.7.
    - Though both Urgent Care locations are well above our organizational goal of 76.5.

Recommendations/Next Steps

Outstanding Community Health:

- The Urgent Care services will continue its focus on process improvements to help staff and providers work in a collaborative matter to provide high-quality and timely care to the patients we serve.
- We are working with other primary care practices in the local community like Family Medicine Clinic to build a process to establish proper follow-up care for those

patients who do not have a primary care doctor. This will ensure our patients have the appropriate access to primary care and will help maintain continuity of care.

Excellent Service:

- The focus this upcoming year will be refining our current team delivery care process and our Quick Medical Evaluation (QME) process. We are looking at developing another QME area in our Court Street location, which will help provide our patients quick access to a provider.

Ideal Work Environment:

- The focus for the upcoming year will be using the feedback provided from the Press Ganey Employee Engagement results to develop improvements to meet the needs of our staff.

Education:

- We have noticed an increase in concerns from our patient's regarding not understanding their liabilities of their insurance coverage and being seen at our outpatient facilities of the hospital. The registration staff have been educating the patients as they walk in about their specific health plans and their coverage/estimated out of pocket charges for their visit. This education has helped decrease some of the concerns we have received in the past.
- Via social media, website improvements, and signage in the registration area, we have been providing education to the public on the services that we offer and also the services we are not able to provide like CT, Ultrasounds, and other miscellaneous tests. We will continue to listen to our customers' feedback and evaluate other areas to provide education to our community.

Financial Strength:

- We are looking at avenues to increase volumes via marketing, contracting with local self-insured groups via UCA, and increase social media presence.
- Continue our focus to improve the patient experience to become the Urgent Care of choice in the community.

Conclusions:

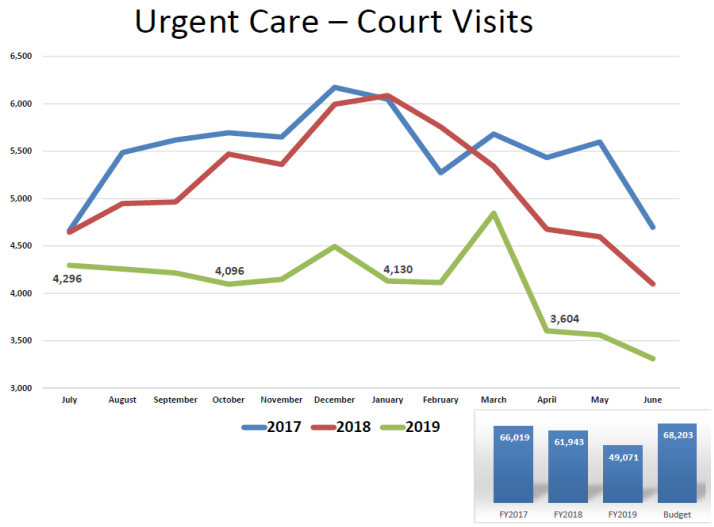
Via our Urgent Care Collaboration Team, we have been able to improve processes in the department to provide better services to our patients but also a better work environment for our staff and providers. This is evidenced by the increase in patient experience ratings and increase in our employee engagement scores. We will continue working with team members in our organization and our incredible Vituity partners to look at ways to offer better services to our community.

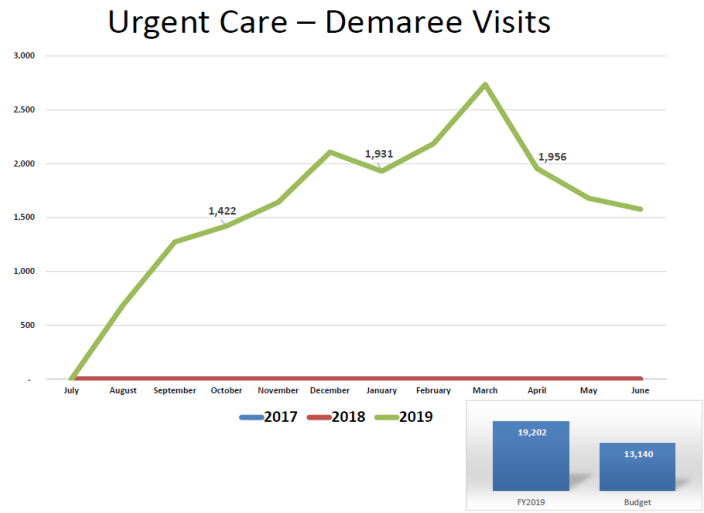
Kaweah Delta Health Care District
Annual Report to the Board of Directors
Financial & Statistical Information

Urgent Care Services

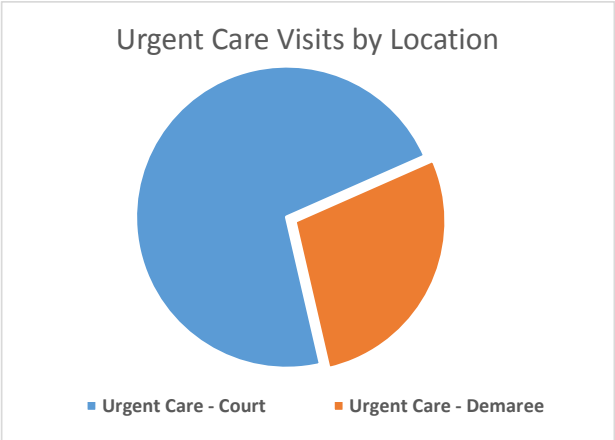
Service Line Report Data: Fiscal Year 2019 (Annualized Eleven Months Ended May 31, 2019)

Service	Patient Cases	Net Revenue	Direct Costs	Contribution Margin	Indirect Costs	Net Income
Urgent Care - Court	48,524	$7,473,401	$4,649,829	$2,823,573	$2,502,801	$320,772
Urgent Care - Demaree	18,878	$3,450,252	$1,853,102	$1,597,150	$540,617	$1,056,533
Total	**67,402**	**$10,923,653**	**$6,502,931**	**$4,420,723**	$3,043,418	$1,377,305
Per Case Totals		**$162**	**$96**	**$66**	$45	$20





E/M Level	FY 17	FY 18	FY 19
Level I	0%	0%	0%
Level II	9%	9%	8%
Level III	19%	22%	28%
Level IV	54%	57%	63%
Level V	0%	0%	0%
Level VI	0%	0%	0%
No Level	17%	11%	1%
Total	100%	100%	100%
Total Levels 3 and 4	74%	79%	91%



Report Notes:

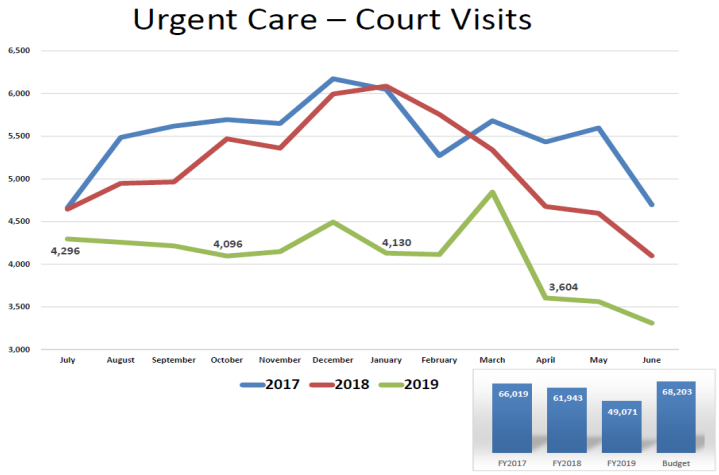
1.) "No Level" visits represent a statistical count.

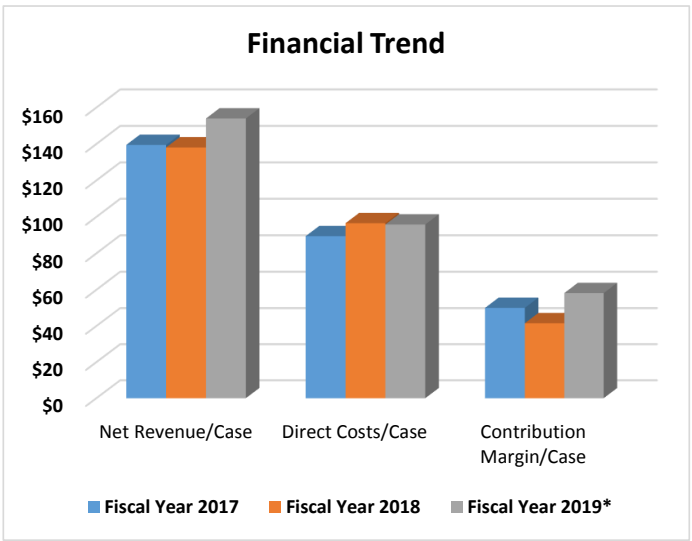
2.) Cerner system provided a new way to calculate the levels.
This caused a shift to a higher level of care and an improvement in reimbursement.

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

Service Line Report Data:	Fiscal Year 2017	Fiscal Year 2018	Fiscal Year 2019*	Change from Prior Year	Change from 2 Years
Urgent Care Center - Court					
Patient Cases	64,261	59,548	48,524	-19%	-24%
Net Revenue	$8,963,370	$8,224,699	$7,473,401	-9%	-17%
Direct Costs	$5,746,365	$5,749,522	$4,649,829	-19%	-19%
Contribution Margin	**$3,217,005**	**$2,475,177**	**$2,823,573**	**14%**	**-12%**
Indirect Costs	$2,217,904	$2,446,846	$2,502,801	2%	13%
Net Income	$999,101	$28,331	$320,772	1032%	-68%
Net Revenue/Case	$139	$138	$154	12%	10%
Direct Costs/Case	$89	$97	$96	-1%	7%
Contribution Margin/Case	**$50**	**$42**	**$58**	**40%**	**16%**
Indirect Costs/Case	$35	$41	$52	26%	49%
Net Income/Case	$16	$0	$7	1289%	-57%

Payor Mix	FY 2017	FY 2018	FY 2019	% Point Change from Prior Year	% Point Change from 2 Years
Medi-Cal Managed Care	**62%**	**60%**	**57%**	**-3%**	**-5%**
Managed Care/Other	**21%**	**22%**	**24%**	**2%**	**3%**
Medicare	7%	7%	7%	**0%**	**1%**
Cash Pay	3%	4%	5%	**1%**	**2%**
Medi-Cal	5%	5%	4%	**-1%**	**-1%**
Medicare Managed Care	1%	2%	2%	**0%**	**1%**
Work Comp	0%	1%	1%	**0%**	**0%**
County Indigent	0%	0%	0%	**0%**	**0%**
Total	**100%**	**100%**	**100%**	**0%**	**0%**





E/M Level	FY 17	FY 18	FY 19
Level I	0%	0%	0%
Level II	9%	9%	8%
Level III	19%	22%	30%
Level IV	54%	57%	61%
Level V	0%	0%	0%
Level VI	0%	0%	0%
No Level	17%	11%	0%
Total	100%	100%	100%
Total Levels 3 and 4	74%	79%	91%

Source: Outpatient SLRs

Selection Criteria: Service Line 1 = Urgent Care Center, Service Line2 = Urgent Care Court

*FY 19 results represent the annualized eleven months ended May 31, 2019.

Kaweah Delta Health Care District
Annual Report to the Board of Directors
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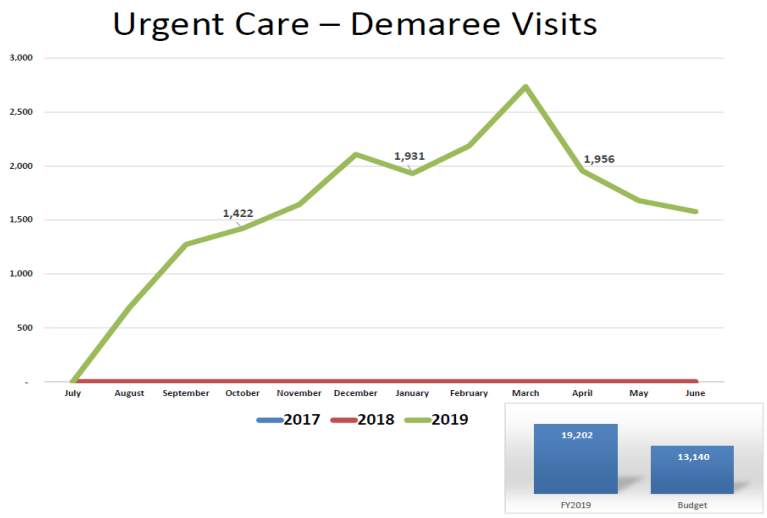
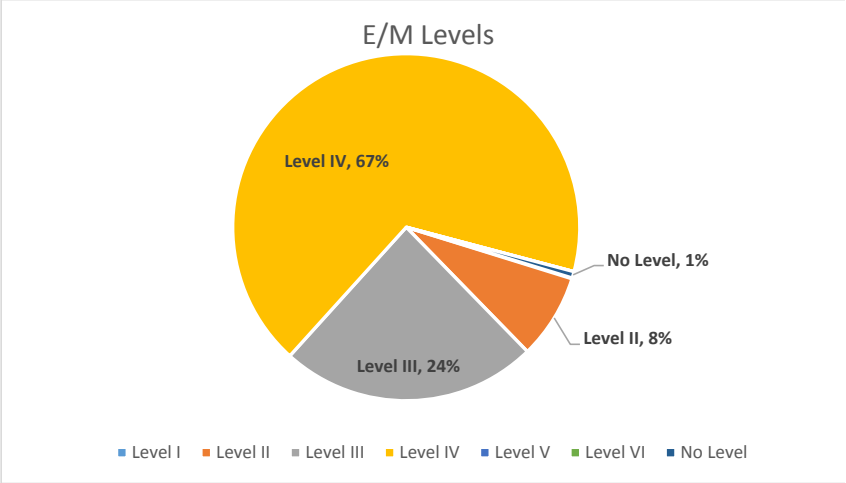
Service Line Report Data: Fiscal Year 2019*

Urgent Care Center - Demaree	
Patient Cases	18,878
Net Revenue	$3,450,252
Direct Costs	$1,853,102
Contribution Margin	**$1,597,150**
Indirect Costs	$540,617
Net Income	$1,056,533
Net Revenue/Case	$183
Direct Costs/Case	$98
Contribution Margin/Case	**$85**
Indirect Costs/Case	$29
Net Income/Case	$56

Payor Mix	FY 2019
Managed Care/Other	**47%**
Medi-Cal Managed Care	**40%**
Medicare	6%
Cash Pay	3%
Medi-Cal	2%
Medicare Managed Care	1%
Work Comp	0%
County Indigent	0%
Total	**100%**





Source: Outpatient SLRs

Selection Criteria: Service Line 1 = Urgent Care Center, Service Line2 = Urgent Care Demaree

*FY 19 results represent the annualized eleven months ended May 31, 2019.

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

Rehabilitation Services

Lisa Harrold, Director of Rehabilitation and Skilled Services
Jag Batth, Director of Therapy
August 2019

Summary Issue/Service Considered

1. Achieving optimum balance of program priorities to address quality of care, compliance, profitability, and quality of work environment.
2. Ensuring that Rehabilitation Services continues to provide the full continuum of services to the community as a District Center of Excellence

Analysis of financial/statistical data:
The inpatient programs experienced a 9% increase in contribution margin this year. Total admissions decreased slightly overall, but overall net revenue per case increased more than costs, supporting improved profitability.

Acute rehabilitation: The number of admissions decreased 4%, but overall patient days were comparable to the prior year. Contribution margin increased 10%. Direct cost per case increased 9%, but net revenue per case increased by 11%, and contribution margin per case went up 13%. Payer mix remains stable. During the latter half of the fiscal year there was in increased focus on accepting more challenging patients – those with more challenging discharge needs as well as more significant functional impairments. This has helped stabilize the program census and has the potential for increased revenue per case.

In addition, CMS is implementing changes to the Case Mix Group structure that determines payments for inpatient rehab starting in October 2019. The California Hospital Association's (CHA) analysis of the impact of these changes on our rehabilitation unit is an increase of $827,500 annually in net revenue.

Short stay rehabilitation: The number of admissions decreased but overall patient days increased by 6%, exceeding the budget target by 8%. Direct expense per day decreased by 7% The primary challenges for this program are on the revenue side. The service line report reflects significant decreases in net revenue per day for Medi-Cal, managed Medi-Cal and commercial plans. This is being evaluated by the revenue integrity team and finance to identify any issues with underpayments. An additional consideration is the timely filing penalties of 25-50% for claims filed after 6 or 9 months for Medi-Cal claims.

In addition, about 18% of this program's patient days were Humana patients in the capitated program. This is considered the most cost effective setting to manage these patients, rather than acute rehab. While helping keep the District expenses down for that population, it is a significant component of the program's negative contribution margin. The program is credited with 1/3 less revenue for these patients than for regular Medicare, amounting to $130,000 less in income than had those patients been in the Medicare fee for service program. An additional factor was $43,000 in direct expenses providing care for Kaweah Delta employees, for which no revenue is recorded. After normalizing these two factors, the program would have been close to covering its expenses with a projected contribution margin of -$22,000.

CMS is substantially revising the payment model for skilled nursing services effective Oct 1, 2019. Under this new model, CHA's analysis of the impact of this new model on our skilled nursing units (Short Stay, Transitional Care Services, Subacute) is an increase of $945,000 in net revenue annually.

Outpatient Therapy Clinics: The six therapy clinics experienced a 5% increase in volume. The Hand Center, Dinuba Therapy Clinic, and Neuro Clinic experienced significant increases compared to the prior year. The direct cost per unit of service remained stable at $24 per unit of service for the last two fiscal years. The net revenue per case also remained steady at $36 per unit of service. Overall, the therapy clinics experienced a contribution margin of $3,091,845 in FY 2019 compared to $3,136,995 the previous year.

Cardiac rehabilitation: Patient volume was stable for this program, and there was a 23% increase in contribution margin. Direct cost per unit of service decreased by 1%. Net revenue per unit of service increased by 10%, with a resulting increase of 25% in contribution margin per unit of service.

Wound Center: The wound center's units of service decreased by 8% this year. This was partially due to a change in methodology for counting units of service for professional charges District wide that reduced the assigned value to those services. A mid-year adjustment to the charge master for the wound center helped to normalize that change, and units of service were more consistent with budget after that point. But, the program did experience an overall decrease of 14% in total visits for the year.

Direct cost per unit of service decreased by 3% but net revenue per unit of service decreased by 17%. The team has focused on improved efficiency and reducing medical supply usage during this fiscal year to decrease cost per unit of service. The program has been conducting a 100% charge audit since the Cerner conversion in order to confirm that all charges are being billed correctly. Despite this total charges are lower than appears consistent with the decrease in patient visits. A shift in practice involving decreased use of high cost (and higher charge) specialty products is one contributing factor, but careful review of overall charges has been unable to locate any deficiencies in charge capture. It is possible that fiscal year 2018 was an anomaly, with charges per unit of service of $150.65, compared to $124.44 in 2017 and $115.89 in 2019. No significant changes in payer mix are noted.

Quality/Performance Improvement Data

Acute Rehabilitation: The program continues to exceed the national benchmark for community discharges, with 88% of patients discharged home compared to 78% nationally. Average length of stay for the year was 13 days, the same as the national average. Patient satisfaction has averaged 92 overall this fiscal year, placing the program in the 79th percentile. Overall referrals increased significantly, with 77% of referrals coming from Kaweah Delta. Trends are also monitored regarding patient falls, urinary tract infection, and hospital acquired skin breakdown, with facility performance exceeding national benchmarks on all indicators.

Short Stay Rehabilitation: 90% of patients were discharged home, 5% to nursing home and 3% to acute care. The program continues to serve primarily orthopedic patients, but does also accepts patients with debilitation whose primary need is support for their functional recovery. The expanded diagnoses, acceptance of patients whose anticipated length of stay is up to 3-4 weeks, and insurance trends favoring skilled nursing over acute rehabilitation have all resulted in a higher census for this program that has significantly exceeded the budgeted census for the fiscal year.

Outpatient Therapy Clinics: Patient satisfaction is averaged 93%, which puts the clinics at the 41st percentile compared to other therapy clinics in the Press Ganey database. In the coming year, the therapy management team will determine whether to use an internal survey to collect patient satisfaction versus an external vendor. Continue to implement a pre and post outcome tool to measure functional quality and therapy effectiveness. Each therapy site uses outcomes measures that are useful for both clinician and patients depending on the patient's diagnosis. The levels of significant functional improvement are measured on a quarterly basis using the outcome tools. The results continue to fluctuate quarter to quarter in each of the clinics. The clinics have identified specific outcome measures in each clinic in order to determine action plans based on each functional measurement tool as well as compare results across clinics.

Acute Therapy Services: Monitoring therapy evaluation response time from the time the MD order is received to the time the therapy evaluation is completed. The goal is to complete therapy evaluations within 24 hours of the MD order. Physical therapy is above 95% for the last few months while speech therapy has been averaging around 94%. We will be implementing a similar measure to monitor occupational therapy evaluation response time in the coming months.

Wound Center: The wound center evaluates the average days to heal for wounds, with results at or below national benchmarks this fiscal year. The team has begun a regular case review of stalled wounds in order to facilitate timely adjustments in the treatment plan for complex wounds that are not initially responsive to treatment. In the most recent quarter, diabetic wound healing was at 45 days, half of the 91-day benchmark and the best performance over the past two years. The program has recently begun offering outpatient ostomy services, allowing patients who previously had to travel to Fresno to receive this care locally.

Policy, Strategic or Tactical Issues

1. CMS has significantly restructured the data used to determine the patient case mix groupings used for payment purposes for acute rehabilitation, with implementation of the new system in October 2019.The treatment team will be learning to focus on a new measurement scale for functional progress, which is replacing the Functional Independence Measure (FIM) that has been a longstanding rehabilitation standard. This new scale will determine payment as well as be used for benchmarking patient progress in public reporting.
2. Skilled nursing will undergo a significant change in the structure of payment for Medicare patients. The previous model was focused on resource utilization (RUGS), with a high incentive to deliver high volumes of therapy services in order to maximize reimbursement. The new model, Patient Driven Payment Model (PDPM) is focused on patient characteristics, including diagnoses, comorbid conditions and therapy needs. This model will rebalance the payment system so that medically complex patients are reimbursed more consistently with their cost. This is expected to improve overall skilled nursing reimbursement for hospital based programs like ours.
3. The outpatient therapy program was under CMS medical review as part of the targeted probe and educate program this past year. Earlier this year, the outpatient therapy program successfully passed the CMS audit. Continuing to complete monthly reviews to assure ongoing compliance.
4. Actively working with the information systems department to create interphase with the outpatient clinical documentation system and financial systems to reduce redundancies and improve workflow and efficiency.
5. Actively evaluating days and hours of operations in the outpatient therapy arena to address both patient scheduling preference and space issues with a few of the therapy specialty areas.

6. Reinstitute working closely with revenue cycle and managed care departments to develop strategies to optimize billing, collections, and contracts with private insurances in the outpatient therapy arena.
7. Working with the Vice President of Business Development and Strategic Planning to find an alternative therapy site for the Dinuba therapy Clinic to accommodate the growing needs of the Dinuba Rural Health Clinic.

Recommendations/Next Steps

1. Fully implement and monitor effectiveness of goals established via leadership performance system addressing the four cornerstones identified by the District (outstanding health outcomes, financial strength, ideal work environment and excellent service)
2. Maintain positive productivity in support of improved or sustained positive financial performance for all programs. Ensure ongoing marketing of all inpatient and outpatient programs. Monitor all publicly reported quality measures with goal of achieving or sustaining performance that exceeds national benchmarks.
3. Provide high-quality, affordable care for patients in our existing market as well as expand our service to more patients. Continue to work closely with patient billing department to assure all revenues issues are being addressed promptly.
4. Participate in outreach programs and opportunities such as runs/walks, community forums, and health fairs to market to consumers, physicians, and the overall community. Focus on strategies using social media and consumer reviews.
5. Working with HR with retaining and recruiting clinical staff by re-evaluating loan repayment, clinical ladder, sign-on bonuses, and pay ranges.
6. Continue to respond to Medicare initiatives related to acute rehabilitation services at the state and national level. Actively monitor processes that support appropriate admissions and documentation that supports medical necessity.
7. Monitor and respond to legislative developments such as the IMPACT Act that impose new requirements for post- acute care related to data collection and quality measures, and that also signal forthcoming changes in reimbursement structures that would favor a bundled approach or site neutral payment policies.
8. Review results of employee satisfaction survey with each department and develop and implement action plans.
9. Implement Post-Acute division strategic plan. Collaborate with key District leaders for improved management of patients with complex needs and chronic conditions.

Approvals/Conclusions

Rehabilitation services will focus in the coming year on:

1. Preparing for changes in the patient classification system, data analysis to evaluate costs of care in preparation for unified post-acute payment policy, census development/patient volumes, management of productivity, maintaining compliance with all regulatory and payor expectations, customer satisfaction, and clinical excellence.
2. Implementation of goals related to District cornerstones for all of rehabilitation services to enhance program development, satisfaction of all stakeholders, program marketing, and ideal work environment for staff, and clinical quality of services.
3. Continued support of shared governance via rehabilitation councils (both nursing unit based council and therapy/business services council).

Rehabilitation Services (Inpatient)

Service Line Report Data: Fiscal Year 2019 (annualized based on 11 months of data)

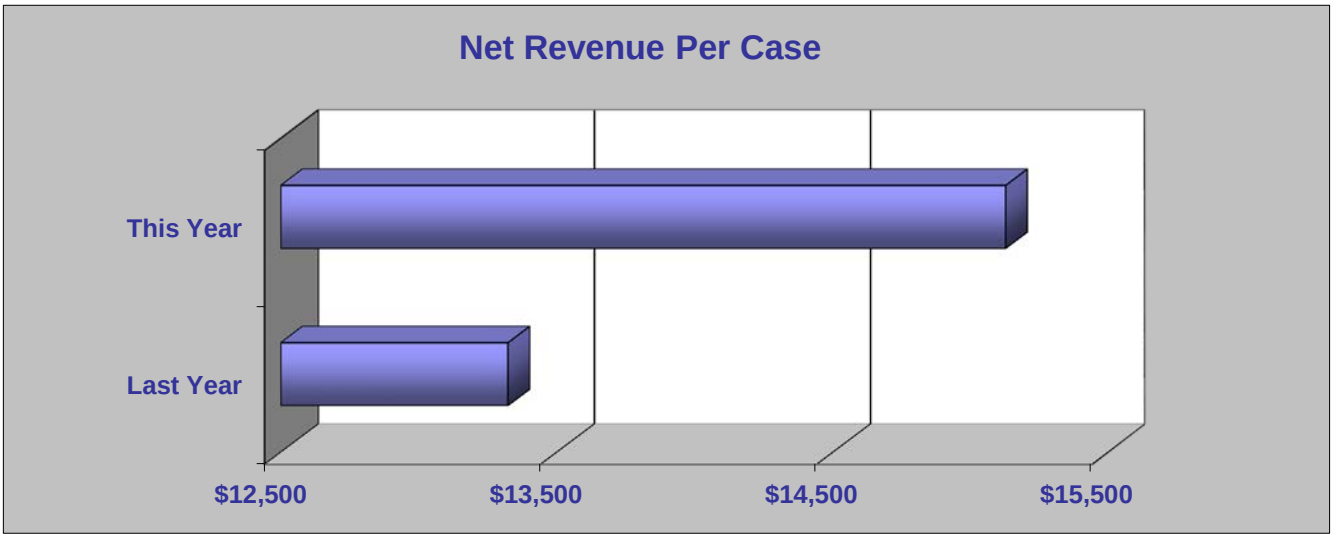
Service	Patient Cases	Net Revenue	Direct Costs	Contribution Margin	Indirect Costs	Net Income
Acute Rehabilitation	533	$12,039,108	$7,337,028	$4,702,080	$4,239,068	$463,012
Short-Stay Rehabilitation	419	2,365,393	2,587,391	(221,998)	1,592,589	(1,814,587)
Grand Total	**952**	**$14,404,501**	**$9,924,419**	**$4,480,082**	$5,831,656	($1,351,574)
Per case		**$15,125**	**$10,421**	**$4,704**	$6,123	($1,419)

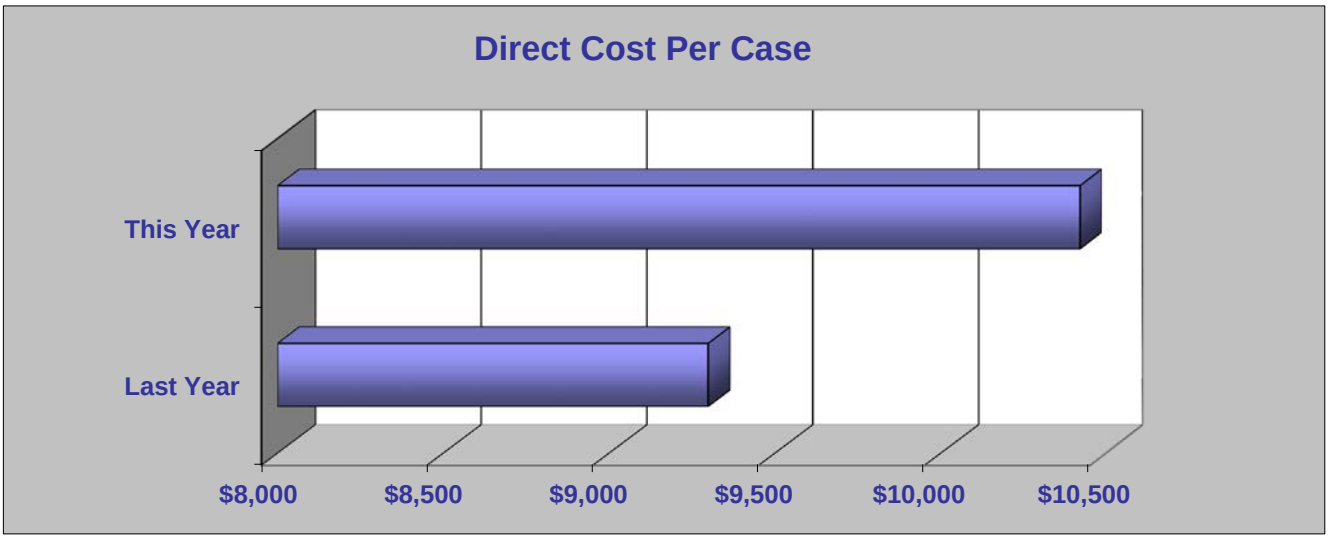
Service Line Report Data: Fiscal Year 2018

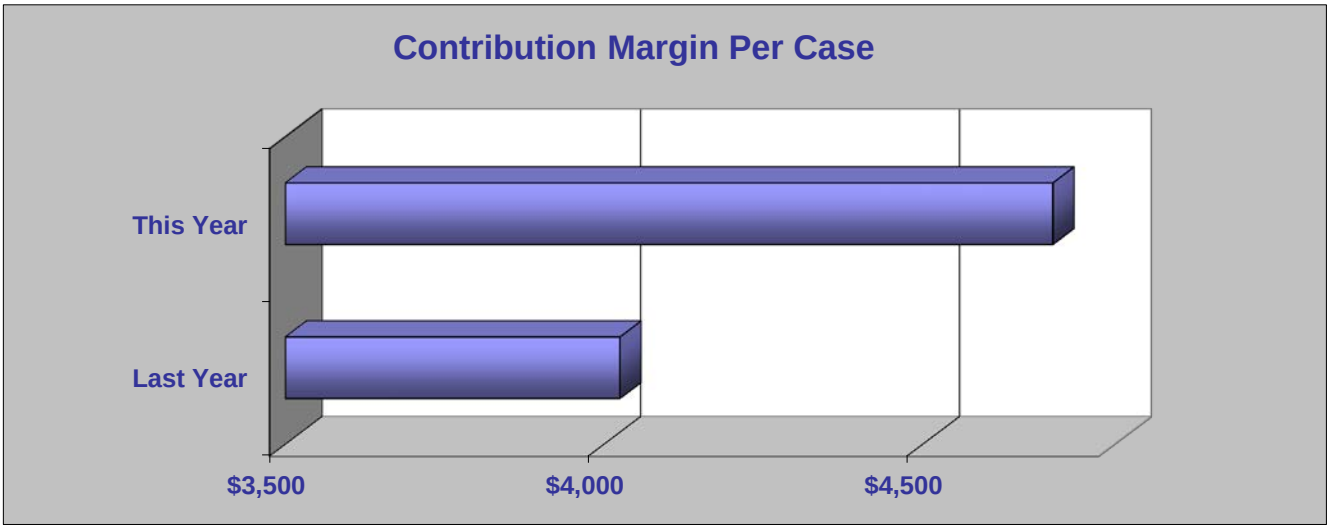
Service	Patient Cases	Net Revenue	Direct Costs	Contribution Margin	Indirect Costs	Net Income
Acute Rehabilitation	554	$11,191,410	$6,956,769	$4,234,641	$3,977,157	$257,484
Short-Stay Rehabilitation	457	2,278,577	2,443,816	(165,239)	1,455,263	(1,620,502)
Grand Total	**1,011**	**$13,469,987**	**$9,400,585**	**$4,069,402**	$5,432,420	($1,363,018)
Per case		**$13,323**	**$9,298**	**$4,025**	$5,373	($1,348)

Increase (Decrease)	**(59)**	**$934,514**	**$523,834**	**$410,680**	$399,236	$11,444
Per case Change		**$1,802**	**$1,123**	**$679**	$750	($71)
Per case Change %		**14%**	**12%**	**17%**	14%	5%

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







	Last Year	This Year
Net Revenue Per Case	$13,323	$15,125
Direct Cost Per Case	$9,298	$10,421
Contribution Margin Per Case	$4,025	$4,704

Rehabilitation Services (Outpatient)

Service Line Report Data: Fiscal Year 2019 (Annualized based on 11 months of data)

Service	Units of Service	Net Revenue	Direct Costs	Contribution Margin	Indirect Costs	Net Income
Hand Center - Adjusted*	39,560	1,729,525	1,153,335	576,190	318,508	$257,681
Neuro Clinic - Adjusted*	56,224	1,975,485	1,401,384	574,101	655,176	($81,075)
Exeter Clinic - Adjusted*	25,519	729,105	560,180	168,925	188,306	($19,381)
Cardiac Rehab - Adjusted*	6,486	692,203	386,860	305,342	211,785	$93,557
CCPTS - Adjusted*	110,119	4,131,133	2,677,739	1,453,394	940,035	$513,359
Lovers' Lane Clinic - Adjusted*	19,535	767,499	483,262	284,237	166,188	$118,049
Dinuba Clinic - Adjusted*	23,955	494,224	459,227	34,997	129,310	($94,312)
Wound Care	26,151	1,332,021	1,080,002	252,019	517,664	($265,645)
Grand Total	**307,549**	**$11,851,195**	**$8,201,989**	**$3,649,205**	**$3,126,972**	**$522,233**
Per case		**$39**	**$27**	**$12**	$10	$2

*Net Patient Revenue has been adjusted to include proxy revenue for KDH Employee Insurance and KDH Employee WC cases.

Service Line Report Data: Fiscal Year 2018

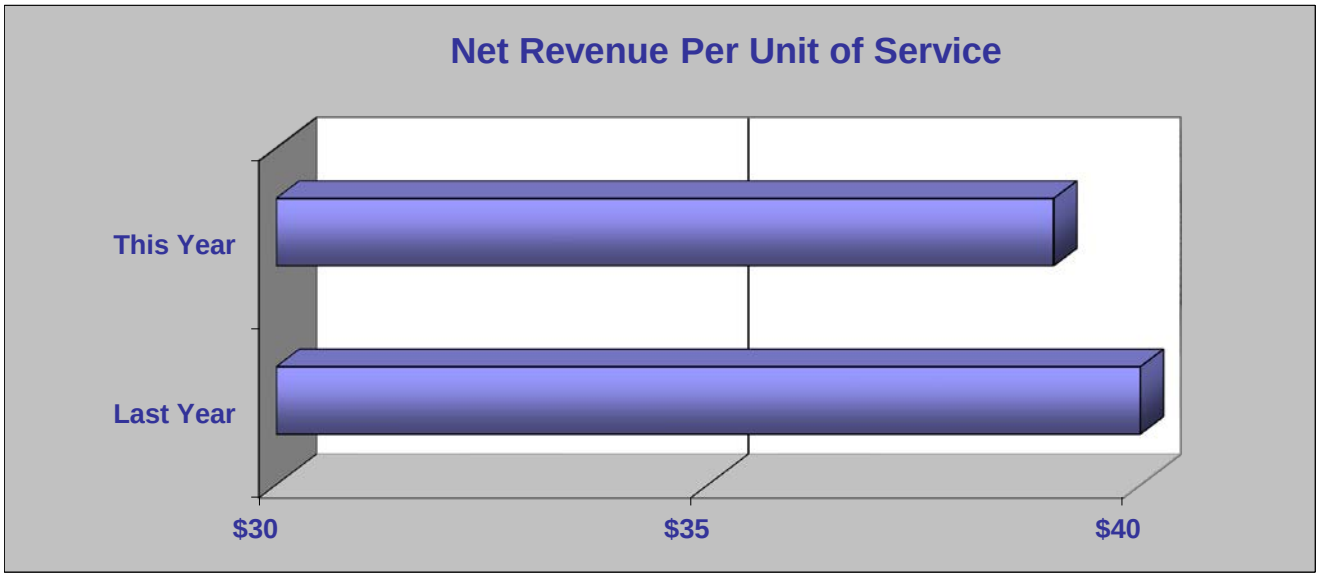
Service	Units of Service	Net Revenue	Direct Costs	Contribution Margin	Indirect Costs	Net Income
Hand Center - Adjusted*	33,136	1,321,939	984,236	337,703	320,265	$17,438
Neuro Clinic - Adjusted*	51,177	1,748,044	1,299,786	448,258	586,272	($138,014)
Exeter Clinic - Adjusted*	26,712	756,231	539,328	216,903	162,720	$54,183
Cardiac Rehab - Adjusted*	6,628	635,530	399,014	236,516	175,143	$61,373
CCPTS - Adjusted*	107,657	4,357,635	2,583,794	1,773,841	889,589	$884,252
Lovers' Lane Clinic - Adjusted*	21,595	842,457	515,055	327,402	206,992	$120,410
Dinuba Clinic - Adjusted*	20,128	387,501	354,613	32,888	121,935	($89,047)
Wound Care	28,385	1,738,434	1,210,667	527,767	453,508	$74,259
Grand Total	**295,418**	**$11,787,771**	**$7,886,493**	**$3,901,278**	**$2,916,424**	**$984,854**
Per case		**$40**	**$27**	**$13**	$10	$3

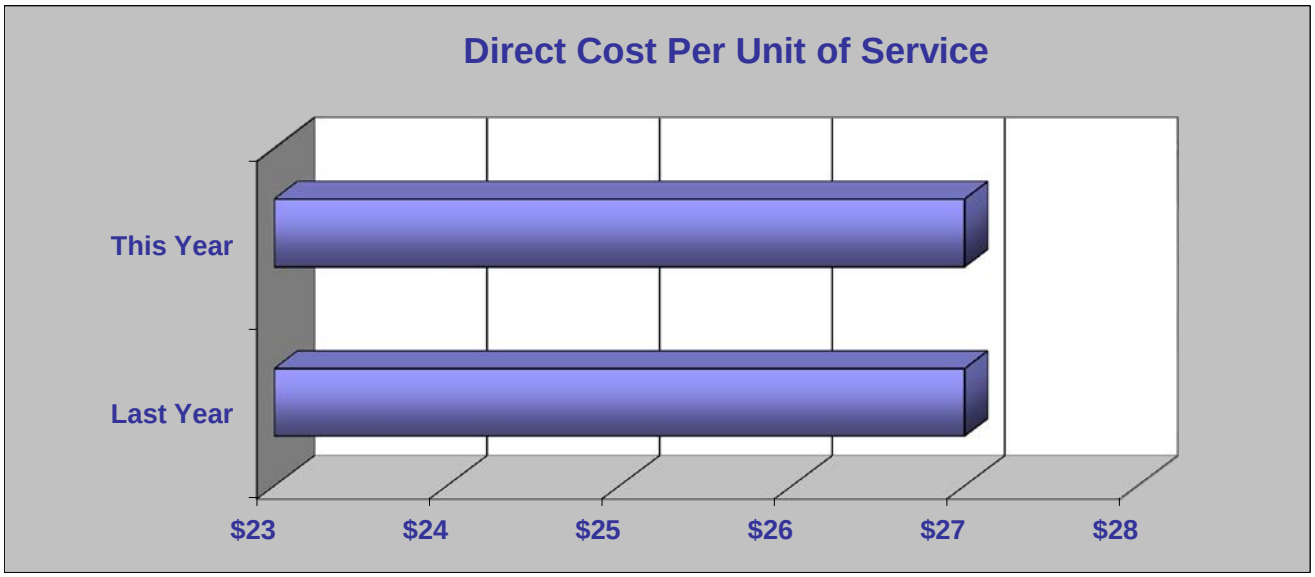
*Net Patient Revenue has been adjusted to include proxy revenue for KDH Employee Insurance and KDH Employee WC cases.

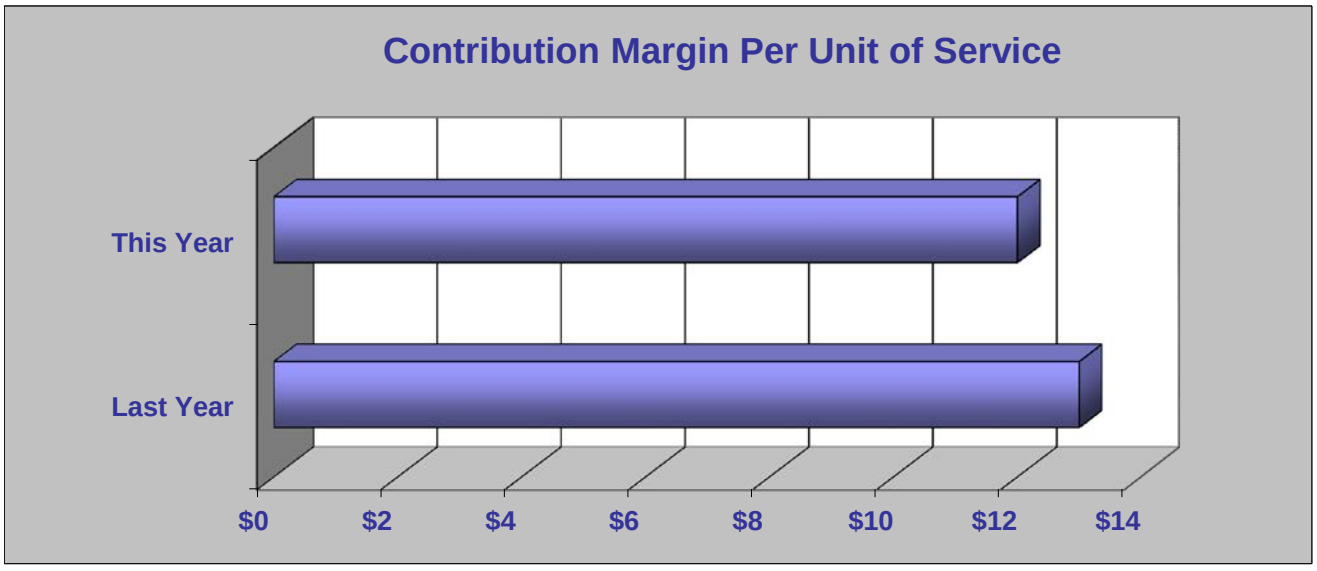
Increase (Decrease)	**12,131**	**$63,424**	**$315,496**	**($252,073)**	**$210,548**	**($462,621)**
Per case Change		**($1)**	**($0)**	**($1)**	$0	($2)

Notes:

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


Net Revenue Per Unit of Service
This Year
Last Year
$30
$35
$40


Direct Cost Per Unit of Service
This Year
Last Year
$23
$24
$25
$26
$27
$28


Contribution Margin Per Unit of Service
This Year
Last Year
$0
$2
$4
$6
$8
$10
$12
$14

	Last Year	This Year
Net Revenue Per Case	$40	$39
Direct Cost Per Case	$27	$27
Contribution Margin Per Case	$13	$12

*Net Patient Revenue has been adjusted to include proxy revenue for KDH Employee Insurance and KDH Employee WC cases.

Policy Submission Summary

Manual Name: Administrative Policy			**Date: August 2019**
Support Staff Name: Cindy Moccio			
Policy/Procedure Title	**#**	**Status** (New, Revised, Reviewed, Deleted)	**Name and Phone # of person who wrote the new policy or revised an existing policy**
Access and Release of Protected Health Information	AP.04	Revised	Ben Cripps 624-5006
Public Relations, Marketing, and Media Relations	AP.06	Revised	Dru Quesnoy 624-5987
Patient Complaint and Grievance process	AP.08	Revised	Evelyn McEntire 624-5241
Occurrence Reporting Process	AP.10	Revised	Evelyn McEntire 624-5241
Department Visits by Vendor Representatives	AP.14	Revised	Ben Cripps 624-5006
Loan of District Equipment and or Supplies	AP.15	Revised	Steve Bajari 624-2331
Subpoenas/Search Warrants served on district records, contract physicians, or patients	AP.21	Revised	Evelyn McEntire 624-5241
Vendor Relationships and Conflict of Interest	AP.40	Revised	Ben Cripps 624-5006
Risk Management Plan	AP.45	Revised	Evelyn McEntire 624-5241
Patient Rights and Responsibilities, and Non-Discrimination	AP.53	Revised	Ben Cripps 624-5006
Confidentiality, Security, and Integrity of Health Information	AP.64	Revised	Ben Cripps 624-5006
Code of Ethical Behavior	AP.70	Revised	Ben Cripps 624-5006
On-call Physician Per Diem Process	AP.77	Revised	Ben Cripps 624-5006
Sentinel Event and Adverse Event Response and Reporting	AP.87	Revised	Evelyn McEntire 624-5241
Unannounced Regulatory Survey Plan for Response	AP.91	Revised	Evelyn McEntire 624-5241
Public Release of Patient Information	AP.103	Revised	Ben Cripps 624-5006
Use of rental, loaner, or demo equipment	AP.132	Revised	Steve Bajari 624-2331
Capital Budget Purchases	AP.135	Revised	Jennifer Stockton 624-5536
Construction in progress accounts	AP.136	Revised	Jennifer Stockton 624-5536
Medication Error Reduction Plan	AP.154	Revised	Sarah Stephens 624-5652
Standard Procurement Practices	AP.156	Revised	Steve Bajari 624-2331
Solicitation, Fundraising, and Distribution of Materials	AP.158	Revised	Ben Cripps 624-5006

Manual Name: Administrative Policy			**Date: August 2019**
Support Staff Name: Cindy Moccio			
Photography and Video Recording of Patients and Staff	AP.163	Revised	Ben Cripps 624-5006
District Charge Master Maintenance	AP.174	Revised	Ben Cripps 624-5006 Jill Anderson 624-5517
Grievance Procedure – Section 504 of the Rehabilitation Act of 1973	AP.88	Reviewed	Evelyn McEntire 624-5241
Security of Purchased Equipment and or Supplies *{To be turned into a department policy}*	AP.42	Delete	Steve Bajari 624-2331
Technology Assessment Process	AP.60	Delete	Steve Bajari 624-2331

Kaweah Delta Health Care District

Administrative

Policy Number: AP04	**Date Created: 04/14/2003**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	
Access and Release of Protected Health Information (PHI)	

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Policy:

I. It is the legal and ethical responsibility of all Kaweah Delta Health Care District (Kaweah Delta) staff, volunteers, residents, physicians, and affiliates to protect the privacy and confidentiality of patients' Pprotected Hhealth Iinformation (PHI). Only those individuals with a need to access and use an individual patient's ~~protected health information~~PHI in order to perform their work are permitted to do so, or with appropriate written consent of the patient or legal guardian.

II. Accessing, disclosing, ~~(written or electronic medium)~~ or communicating ~~protected health information~~PHI (written, electronic, or in any other medium) not associated with your job responsibility is considered a violation or this policy and will result in corrective action which may include termination of employment and personal legal consequences including reporting to appropriate licensing agencies~~.~~. See HR.216 Progressive Discipline. ~~Protected health information~~PHI ~~is to~~will be maintained with appropriate physical and electronic security to prevent unauthorized access.

The medical record or any document containing PHI must be maintained on the premises ~~or servers of the medical center, hospital, clinics, or other outpatient/ambulatory services~~the electronic medical record (EMR) servers at all times. Neither the original medical record nor any confidential PHI pertaining to any patient, or any photocopy or electronic copy of the medical record or patient information, or portion or page of it, may be removed from the premises at any time, regardless of format without ~~written~~ permission ~~of the Medical Executive Committee~~from Health Information Management (HIM), Compliance and/or the Risk Management Department(s). ~~unless it is in~~This includes responses to a search warrant, court order, administrative demand by a regulatory agency, valid subpoena or other legal process or for continuity of care within your job responsibility.

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~~Failure to follow this policy will result in corrective action which may include termination of employment and personal legal consequences including reporting to appropriate licensing agencies.~~

Procedure:

A. The following ~~S~~staff ~~with Access to the Medical Record~~shall have access to ~~the medical records~~PHI and/or the EMR based on business necessity and staff's job duties:

1. ~~-~~Treating physicians and their ~~or~~ clinical staff and administrative staff as needed to carry out a patient encounter.
2. Persons authorized under state and federal statute.
3. Kaweah Delta ~~Health Care District~~ staff as needed to execute daily healthcare operations (such as billing coding, charge capture, risk management, quality and safety oversight, compliance, risk management, and utilization review).
4. House staff, nursing staff, ancillary staff, residents and others designated by the Institutional Review Board (IRB) will be eligible to utilize medical records for research studies. Use of Protected Health Information for research must have the written approval of the IRB.
~~4.~~5. Kaweah Delta's Business Associates and care partners needed to facilitate billing and collection activities and execute daily healthcare operations.

B. Access to PHI shall be ~~Limitations on Access~~limited to the following provisions:

1. Patient Care Purposes
   a. Access only to the minimum amount of information needed to treat the patient.
   b. All staff will be permitted to access patient information according to their role and responsibility, but only to the extent needed to complete those job responsibilities.
   c. Access to psychiatric records is further limited to those involved in the care of patients in the psychiatric units and clinics.
2. Non-Patient Care Purposes is limited to the minimum amount of information necessary to perform the non-patient care purpose.
3. Research
   a. Access only to the minimum amount of information needed to satisfy the project and as authorized by the IRB.
   b. At no time will patient identifiable information be released, in any format, in the results of the reported/published research project.

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C. Possible Consequences of Unauthorized Disclosures:~~s~~

1. Along with corrective action, which may include termination of employment, ~~U~~unauthorized disclosures of PHI could subject the individual to fines and penalties under HIPAA for willful disclosure of PHI personal gain. Unauthorized release of confidential information may also result in civil action under provisions of the California Code of Regulations. Unauthorized disclosure may be criminally punishable as a misdemeanor.
2. The HIPAA Privacy Rule 45 C.F.R. 164.5~~06~~60 and the Confidentiality of Medical Information Act (Civil Code Section 56 et seq.) governs the release of patient identifiable information by hospital, clinics and other providers. The Lanterman~~-~~-Petri~~ir~~s~~-~~-Short (LPS) Act protects the information of patients admitted the Kaweah Delta Mental Health Hospital and psychiatric outpatient practices. These laws establish protections to preserve the confidentiality of medical information and specified that a healthcare provider may not disclose medical information or records unless the disclosures are authorized by state and federal laws or by the patient.
3. The medical record is ~~a~~ confidential and privileged ~~document~~ and can only be released in accordance with the Confidentiality of Medical Information Act and HIPAA Privacy Rule. It is therefore the responsibility of Kaweah Delta ~~Healthcare District~~ to safeguard the information in the medical record against loss, defacement, tampering or use by unauthorized persons.

    a. Records shall ~~are to~~ be treated as confidential material and protected for the sake of the patient and the district.
    b. No one is permitted to access or use them beyond the extent that their job requires; and never for personal use.
    c. PHI is not to be discussed among co-workers or shared with individuals or other third parties who are not permitted or authorized under law to receive the information.
    d. Confidentiality of information also applies to information that is retained or from any computerized system.
    ~~d.~~e. Users ~~Staff~~ are strictly prohibited from accessing their own medical records through the EMR.

D. Procedure for Staff, Physician, or Resident requests for Medical Record Review:

1. ~~1.~~ Charts requested for review or non-patient care purposes will be requested at the Health Information Management Department.

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~~a.~~2. The chart will be signed out to the person making the request and will be required to be returned to the Health Information management department.

~~b.~~3. The records will be available to review for two days unless specific arrangements are made to extend the review period.

~~c.~~4. Space will be provided in the Health Information Management Department building (SSB 3rd floor) for chart reviews.

~~d.~~5. An encrypted disk can be made without printing features for review of EMR records when the EMR record must be reviewed off-site. The disk will be required to be returned upon completion of review.

E. Requests for Patient Information:

~~A.~~1. Requests for patient information will be directed to the Health Information Management Department. Disposition of such requests will be in processed in accordance with HIPAA and California Code of Regulations. Refer to policy HIM. 6291- - –Release of Information Processing Request and AP107 - Access and Release of Protected Health Information (PHI)

~~B.~~2. If the patient is an employee, volunteer, resident, physician, or affiliate of ~~the district~~Kaweah Delta, and wants copies or access to their own or a family/relative's medical record, a written authorization must be completed and directed to the Health Information Management Department, or access may be provided through the patient portal. Under no circumstances should the employee, volunteer, resident, physician, or affiliate of Kaweah Delta access their own medical record using the EMR. ~~-~~

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

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Kaweah Delta Health Care District

Administrative

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

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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 and ~~Public~~ Relations ~~is~~ 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.

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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.)

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A. Media Makes Contact With ~~Marketing~~ 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 ~~the~~ Director of ~~Marketing~~Media Relations. The Director of ~~Marketing~~ 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 ~~Marketing~~Media Relations. Upon conclusion of interaction with media, staff member will follow-up with the Director of ~~Marketing and Public~~Media Relations or ~~an authorized member of the Marketing Department to report content and overall impression of the contact.~~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.

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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 ~~or Marketing~~of Media Relations ~~and Public Relations~~ or the Vice President of Strategic Planning and Business Development, ~~a member of the Marketing Department staff~~ if the Director is

(a) unavailable. For information during other hours, either the House Supervisor or the Director of Media Relations will be contacted.

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(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 ~~Marketing and Public~~Media Relations ~~and/or designated marketing personnel~~. The Director of ~~Marketing and Public~~Media Relations ~~and/or designated marketing personnel~~ 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 Marketing and Public~~of Media Relations will be responsible for working with the appropriate Vice President or the CEO to determine who will contact media for comment. ~~All efforts will be made in order for the media to speak to someone other than a marketing representative for comment.~~

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B. Information/Story send from ~~Marketing~~ Media Relations to Media

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The Director of ~~Marketing and Public~~Media Relations ~~or marketing representative~~ 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 ~~Marketing~~

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Media Relations~~. and/or designated marketing personnel to media contacts~~.

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

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1. Release of Information

   No staff member outside of the ~~Marketing Department~~Media Relations Department or Executive Team is permitted to release information to the media without prior approval from the Director ~~of Marketing~~of Media Relations and Vice President or CEO.

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2. Release of Written Information

   (a) Initiated by ~~Marketing~~ Media Relations Department

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   Any written material planned for release to the media must be cleared, in advance, through the Director of ~~of Marketing Department~~Media Relations and the appropriate Vice President or the Chief Executive Officer. The ~~Marketing Department~~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 ~~Marketing~~ Media Relations Department, the Department Manager/Supervisor responsible for its creation ~~release~~ will ensure that the piece meets with graphic standards adopted by the District and that the Director of Media Relations reviews the ~~a copy of the~~ written piece for feedback before it is distributed to media for public release. ~~will be provided to the Marketing Media Relations Department for review and approval prior to release to the public.~~

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

When a request for photographs is made, the ~~Marketing~~ 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.

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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 (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

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

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

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~~5. 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.~~

~~6. 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.~~

~~7. 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.

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.

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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.

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.

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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

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

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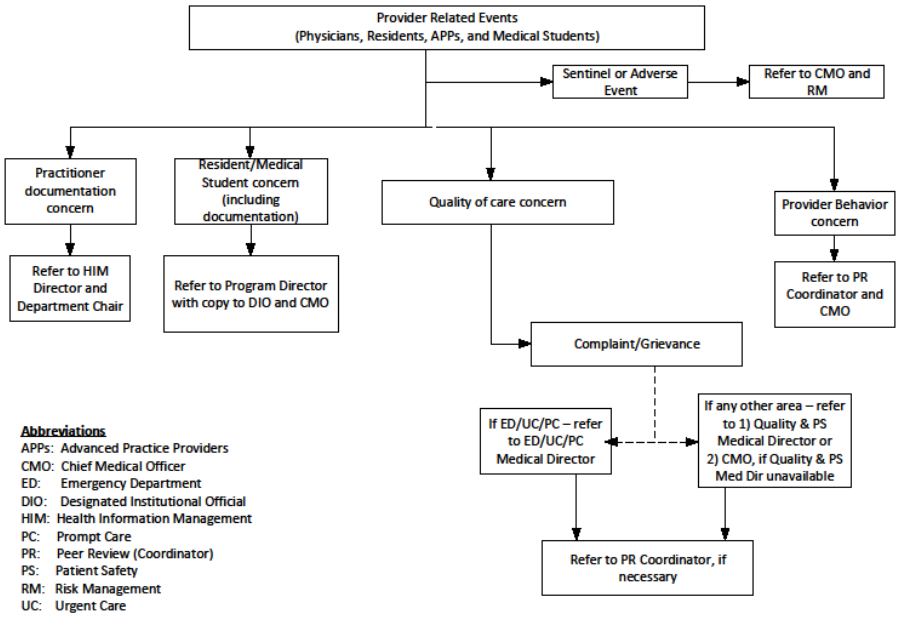
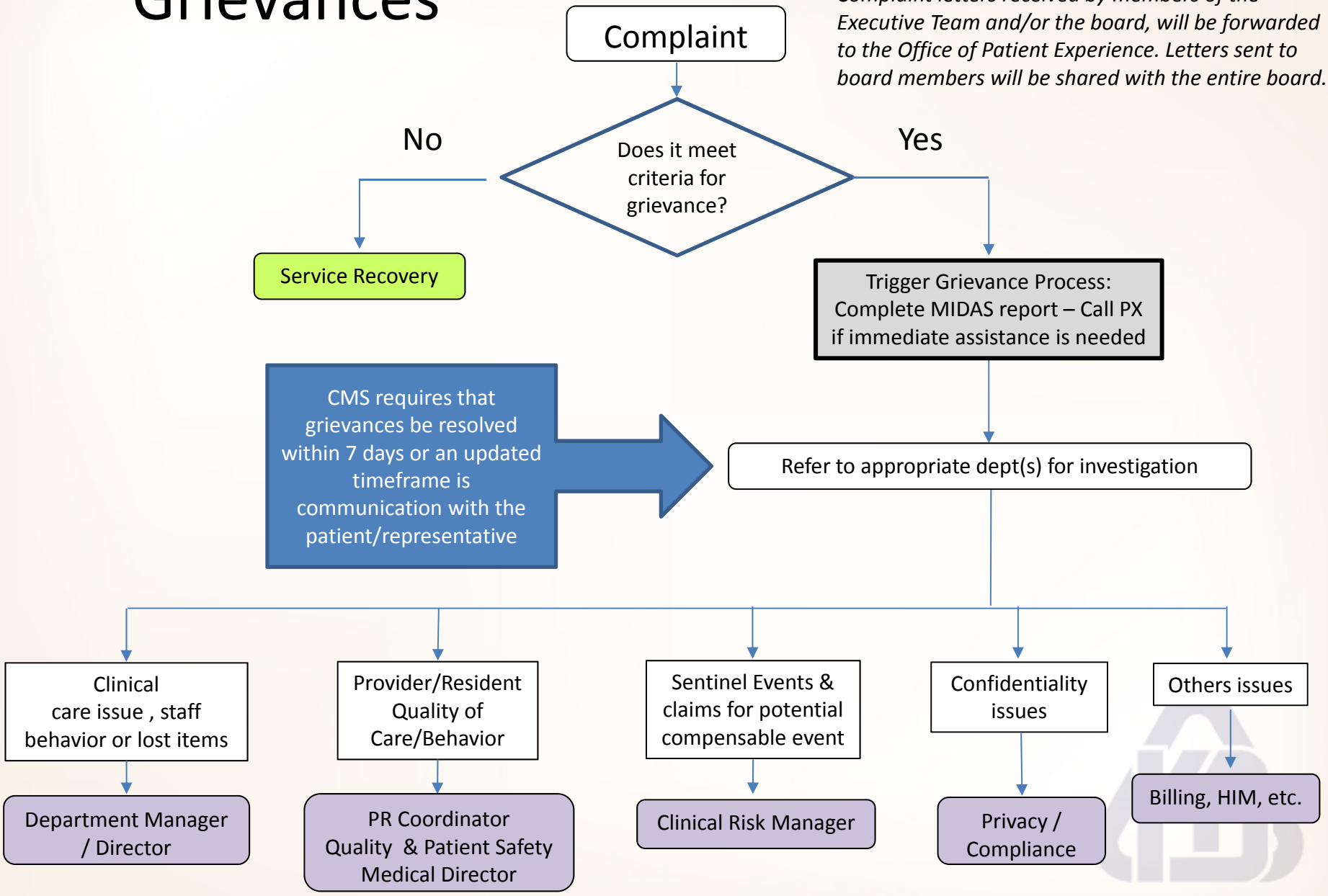
ATTACHMENT A



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

Grievances

Complaint letters received by members of the Executive Team and/or the board, will be forwarded to the Office of Patient Experience. Letters sent to board members will be shared with the entire board.



Kaweah Delta Health Care District

Administrative

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 - ~~*(ADE) A variance related to the use of a drug (including failure to use). Includes Adverse Drug Reactions, Medication Errors and Prevented Adverse Drug Events.*~~ *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)*~~*(ADR) Any undesirable or unexpected event that required discontinuing a drug, modifying a drug, prolonging hospitalization or providing support treatment.*~~ *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 is related to professional practice, health care products, procedures and*~~

	~~*systems,*~~ *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.* ~~*Incompatibility is usually, but not exclusively observed in vitro.*~~
~~*Prevented Adverse Drug Event*~~	~~*An event that could have resulted in a medication process variance but did not, either by chance or timely intervention.*~~

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 shall be 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 (RM)~~Performance Improvement (PI)~~ 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 shall be observed as follows:

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I. Unusual events, ~~Adverse Drug Events~~significant ADEs, patient/family grievances or statements of concern will be reported by completing an Occurrence Reporting form~~,~~ and submitting it to the ~~PI~~ Risk Management Department as soon as possible.~~within **5 days** of the event or discovery of the event.~~

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

III. Staff will telephone the Clinical Engineering Department and the RM Departmentisk Manager 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 will also complete an Occurrence Reporting form and send it to the RMPI Department within **24 hours**. The equipment in question shall be removed intact from the patient care area, and placed in the area designated by Clinical Engineering for retrieval.

IV.
III. Significant ADEs must be reported immediately to the patient's attending or covering physician. Physician notification will be documented in the patient's medical record.

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IV. Staff will immediately notify the patient's attending physician, covering physician, and clinical psychologist to inform him/her of an administration error, medication error, adverse drug reaction, and/or medication incompatibility

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

VI. Any lost or damaged property issues shall be investigated by the Department Manager or designeeDirector, an Occurrence Report completed, and sent to the RMPI Department.

VII. The RMPI Department shall provide Department Directors with monthly Occurrence Reporting aggregate data. Data is trended and used to improve District processes. Data obtained from the Occurrence Reporting process is 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.

VIII. All patient events will be documented in the medical record. Documentation will **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, shall complete the Occurrence Reporting form. The form will be submitted to the RMPI Department within **5 days** of the event, or at the time in which the event is discovered.

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

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

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 RM~~PI~~ 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.)~~, and red tag~~;
F. Attach a completed red tag, "Defective Equipment Tag", to device (refer to Environment of Care policy 1106 – Electronic/Electromech~~-~~anical Devices);
G. Store equipment in designated area for pick-up by Clinical Engineering.

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

A. Complete and submit an Occurrence Reporting form to the RM~~PI~~ 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.

V. Events related to ADE's, patient falls, ~~hypoglycemia less than or equal to 50 mg/dl~~, pressure injuries~~ulcers~~/skin breakdown, ~~transfers to higher levels of care~~ and equipment/medical device issues should be reported electronically through the ~~KDNet~~ Occurrence Report process. Paper reports may be submitted during times of workstation or network outage~~.~~

VI. If any questions arise, staff may call their Manager, the House Supervisor, or the RM Department~~isk Manager, or the PI Department~~.

VII. The individual completing the Occurrence Reporting form must notify and submit the completed report to their Nurse Manager or Department Director. All incomplete forms submitted to the RM~~PI~~ Department shall be returned to the Department Director for completion.

VIII. The Occurrence Reporting Form will:

A. Describe the event using only pertinent facts surrounding the event.
B. Contain documentation of any/all action(s) taken to eliminate the possibility of the event reoccurring;
C. Contain a list of individuals familiar with the circumstances of the event.

~~C.~~D. Document whether or not the patient's physician was notified 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.~~;~~

~~D. Document whether or not the patient's physician was notified of the incident. Note: the patient's attending physician, covering physician and clinical psychologist must be immediately notified of an administration error, medication error, adverse drug reaction and/or medication incompatibility.~~

E. Document whether or not the RM Department~~isk Manager~~ was notified of the incident.

IX. The Department Director or Nurse Manager shall conduct the initial investigation and document their findings on the Occurrence Reporting form.

The RM~~PI~~ Department shall review each Occurrence Reporting form submitted. ~~Both event descriptions and g~~Graphical representation of data findings will be reported at Patient Safety Committee meeting~~ sent to the appropriate Department leadership~~ monthly.

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

"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: AP14	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Department Visits by Vendor Representatives

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

POLICY: Kaweah Delta Health Care District is required by the Health Insurance Portability and Accountability Act (HIPAA) and State of California Privacy regulations to safeguard our patients' rights to privacy and confidentiality. In addition, ~~the District~~Kaweah Delta is required to preserve the integrity of the patient care environment for our employees and medical staff. This policy shall define the procedure by which vendors, ~~and~~as well as manufacturer representatives, ~~Vendor~~ will be provided access to clinical, technical and administrative departments of Kaweah Delta for the purposes of conducting business with Kaweah Delta personnel, and will apply in all areas owned or operated by Kaweah Delta.~~Therefore, it is required that the District defines and enforces appropriate and reasonable guidelines for sales representatives who access District employees and facilities to conduct business~~

~~Sales~~Vendor representatives are defined as individuals who represent products used by ~~the District~~Kaweah Delta, including those individuals who mak~~inge~~ themselves available in the clinical setting to answer questions about or give guidance concerning the use of these products. ~~Sales~~Vendor representatives are also defined as individuals who provide general services, such as landscaping, courier or janitorial services, to the District. A ~~sales~~vendor representative **is not** any person who provides direct patient care (registry staff, perfusionists, etc.), any person who comes in direct physical contact with any patient, or any person who performs duties normally performed by an employee (such as temporary staff, interns, students, etc.) under the direction of a ~~District~~Kaweah Delta supervisor, manager or Director. These individuals are not governed by this policy, and ~~should~~ shall be referred to Human Resources for appropriate processing.

~~This policy shall define the procedure by which vendor and manufacturer representatives (sales representatives) will be provided access to clinical, technical and administrative departments of the District for the purposes of conducting business with District personnel, and will apply in all areas owned or operated by the District.~~

PROCEDURE:

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I. Responsibilities of ~~Sales~~Vendor Representatives

~~I.~~

A. ~~Sales~~Vendor representatives will acknowledge that their ability to conduct business with Kaweah Delta ~~Health Care District~~, its personnel, and within its facilities, is a privilege and not a right. As such, all ~~sales~~vendor representatives will be required to respect and comply with all ~~District~~Kaweah Delta policies and procedures at all times.

~~A.~~

B. ~~Sales~~Vendor representatives shall, prior to entering any ~~District~~Kaweah Delta location ~~premises~~, be registered with Vendormate and use a Vendormate kiosk to check in and obtain the appropriate vendor identification badge. Vendor identification badges must be worn at all times while on ~~District~~ premises at Kaweah Delta. Vendor identification badges will be displayed above the waist on the upper chest so as to be fully visible to ~~District~~Kaweah Delta personnel and Security staff.

~~B.~~

~~Sales~~Vendor representatives visiting patient care areas for the purposes of providing support during invasive procedures will be subject to additional restrictions and requirements specific to those departments (for example, OR, Cath Lab, Endoscopy, etc.). Department specific policies and requirements of these areas will be provided to the ~~sales~~vendor representative through Vendormate and must be acknowledged upon initial registration within the Vendormate system, and annually thereafter. Department specific policies will require the same level of respect and compliance as ~~District~~Kaweah Delta level policies, and must be complied with at all times.

~~Sales~~Vendor representatives visiting patient care areas for purposes of providing clinical in-service education must coordinate the in-service with the Clinical Education Department in advance.

C. All visits by ~~sales~~Vendor representatives will be by appointment only, scheduled **prior** to arriving at the facility. Appointment hours are between 8:00 a.m. and 4:30 p.m., Monday through Friday. Exceptions to these hours must be approved by the department Director. ~~Sales~~Vendor representatives who have not made prior arrangements with the ~~d~~Departments, or whose appointments can not be confirmed upon their arrival, will not be allowed to enter ~~District~~Kaweah Delta facilities ~~premises~~.

~~C.~~

D. ~~Sales~~Vendor representatives who have appropriately checked in through Vendormate, and have had their appointment(s) confirmed, will report directly to the area of his/her appointment(s). Under no circumstance will ~~sales~~vendor representatives be allowed to visit unscheduled areas of Kaweah Delta facilities~~the hospital~~. This policy will be strictly enforced.

~~D.~~

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E. ~~Sales~~Vendor representatives found to be in violation of this policy or any other ~~District~~Kaweah Delta policies, may immediately lose any and all visiting privileges within ~~the District~~Kaweah Delta facilities. In the event of loss of visiting privileges, the minimum period of restriction will be 30 days. Depending upon the nature and severity of the violation, this period may be extended as ~~the District~~Kaweah Delta deems appropriate, up to and including the permanent loss of all visiting privileges at Kaweah Delta ~~Health Care District~~. ~~Sales~~Vendor representatives found to be in violation of this policy, or any ~~District~~Kaweah Delta policy, are subject to immediate removal by the ~~District~~Kaweah Delta's Security staff. Repeated violations of this policy or any other ~~District~~Kaweah Delta policies will result in the immediate and permanent ban of the sales representative from all ~~District~~Kaweah Delta facilities.

~~E.~~

F. ~~Sales~~Vendor representatives will be required to sign a Declaration of Confidentiality on an annual basis, and prior to entering any ~~District~~Kaweah Delta facility for the first time. (See Exhibit A) ~~–~~In addition, prior to entering any ~~District~~Kaweah Delta facility for the first time, ~~sales~~Vendor representatives will be provided through Vendormate, and acknowledge receipt of, copies of pertinent Kaweah Delta Health Care District policies including, but not limited to, Administrative Policy #14 – Departmental Visits by ~~Sales~~Vendor Representatives, and Human Resources Policy #13 – Sexual or Unlawful Harassment. Strict compliance of ~~sales~~vendor representatives with these policies, and all ~~District~~Kaweah Delta policies, will be required at all times.

~~F.~~

G. ~~Sales~~Vendor representatives are strictly prohibited from conducting business with physicians on ~~District~~Kaweah Delta premises. Vendor appointments with physicians must be made directly with the physician's office, and be held outside of ~~District~~Kaweah Delta facilities. Under no circumstance will a ~~sales~~vendor representative be allowed access to any physician lounge.

~~G.~~

H. ~~Sales~~Vendor representatives are expected to respect the need of patients, patient family members, and physicians to have ready access to ~~District~~Kaweah Delta parking. ~~Sales~~Vendor representatives will not be allowed to park, even for short periods of time for loading/unloading, in any ~~District~~Kaweah Delta parking space that has been designated for physician or patient use. ~~Sales~~Vendor representatives will also not park in designated staff parking areas. ~~Sales~~Vendor representatives will utilize only general public parking areas made available by the City of Visalia in the areas surrounding ~~District~~Kaweah Delta premises, or the vendor designated parking in the lot just east of Kaweah Kids Center.

~~H.~~

I. ~~Sales~~Vendor gifts and gratuities shall be governed and managed by AP.40 Vendor Relationships and Conflict of Interest.

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~~I. representatives are prohibited from providing meals to District staff members unless the meal is provided as part of a vendor sponsored educational seminar or conference. Other token gifts (such as vendor promotional items like pens, notepads, etc.) will be allowed only at the discretion of the department Director or manager, and only when provided to the entire department. Gifts greater than $50 must be made to the Kaweah Delta Hospital Foundation.~~

J. Any ~~sales~~Vendor representative that requires access to Sterile Processing or the Operating Room must have permission from the Director of Surgical Services, the Operating Room Supervisor, or their designee before entering any surgical suite. All ~~sales~~Vendor representatives requiring such access must provide proof of training in sterile procedure and operating room techniques on an annual basis via the Vendormate credentialing process. In addition, proof of a negative TB skin test ~~–~~and other appropriate vaccinations must be provided on an annual basis, again through the Vendormate credentialing process. ~~Sales~~Vendor representatives exhibiting any sign of illness will not be allowed into the surgical suite.

~~J.~~

Appropriate scrub attire is required by ~~District~~Kaweah Delta Operating Room policy for those ~~sales~~Vendor representatives entering any surgical suite. ~~Sales~~Vendor representatives must wear ~~District~~Kaweah Delta ~~owned~~ scrubs while in the surgical suite as well as ~~District~~Kaweah Delta provided red bonnets which clearly identify them as vendor personnel. Under no circumstance will sales representatives be allowed to wear scrubs provided by anyone other than the ~~District~~Kaweah Delta. Upon completion of their business in the Operating Room, the sales representative must change into their personal or company-provided clothing and return the ~~District~~Kaweah Delta ~~owned~~ scrubs to the appropriate collection area. ~~Sales~~Vendor representatives are not to remove ~~District~~Kaweah Delta scrubs from the premises, or leave ~~District~~Kaweah Delta premises while wearing ~~District~~Kaweah Delta ~~owned~~ scrubs, for any reason.

Other than for purposes of entering the OR staff locker room to change scrubs, or to conduct an in-service education previously approved by the ~~District~~Kaweah Delta's Clinical Education Department and the Director of Surgical Services, ~~sales~~vendor representatives are to remain outside of the OR staff lounge at all times. The OR staff lounge is provided for the safety and comfort of Kaweah Delta OR staff only. The cafeteria or other public waiting areas should be used by vendors that are between cases.

K. Vendor representatives providing instruments or equipment for special surgical cases must deliver the necessary instruments or equipment to ~~the District~~Kaweah Delta no later than 24 hours prior to the scheduled case to allow adequate time for sterilization. ~~The District~~Kaweah Delta is not responsible for instruments or equipment loaned to us by vendors, other than compensation for damages occurring due to negligence during normal use, storage or cleaning. ~~Sales~~Vendor representatives are responsible for lost or stolen equipment.

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~~K.~~

II. ~~District~~ Kaweah Delta Staff Member Responsibility

It is the responsibility of all ~~District~~Kaweah Delta staff members to understand and enforce the contents of this policy. All ~~District~~Kaweah Delta employees will interact with sales representatives in a fair, honest and courteous manner. ~~District~~Kaweah Delta employees will not accept gifts from ~~sales~~Vendor representatives beyond what is permitted in AP.40 Vendor Relationships and Conflict of Interest. ~~that which is allowed by this policy.~~ Department Managers/Supervisors and/or staff members contacted by ~~sales~~Vendor representatives shall inquire whether the representative has followed the protocol for registering with Vendormate. In cases where protocol was not followed, the representative will be instructed that they will not be allowed to visit the ~~District~~Kaweah Delta until they have enrolled within the Vendormate credentialing system.

~~II.~~

III. Purchasing Commitments

Only designated Materials Management Department staff are authorized to make purchase commitments on behalf of the ~~District~~Kaweah Delta, except as noted below. ~~Sales~~Vendor representatives are cautioned not to expect payment for product brought into the ~~District~~Kaweah Delta without a purchase order issued by the Materials Management Department. Except in cases where a consignment agreement exists between ~~the District~~Kaweah Delta and a vendor, product should not be left in the facility with the expectation that the ~~District~~Kaweah Delta will purchase the product at a later date. Product left in the facility without a consignment agreement, or brought into the facility without a properly issued purchase order, will be considered a donation to ~~the District~~Kaweah Delta.

Exception: Director of Pharmacy and Director of Food Services, or their designees, may make purchase commitments for pharmaceuticals and foods stuffs, respectively.

IV. Evaluation Only Products and/or New Products

~~The District~~Kaweah Delta ~~—~~follows a standardized, employee-driven evaluation process for the introduction of new products or equipment to our facilities on either a temporary evaluation or permanent basis. ~~Sales~~Vendor representatives will understand and respect this process. New equipment and/or products may not be put into service within the ~~District~~Kaweah Delta without the knowledge and approval of the Materials Management Department. As noted above, any product or equipment brought into the facility for use, in disregard of this process, will be considered a donation. Kaweah Delta ~~Health Care District~~ also follows strict policy concerning the use of equipment brought into the facility for evaluations. Any equipment brought to any ~~District~~Kaweah Delta facility for evaluation purposes must, prior to its use by any staff member or on any patient, be reviewed and cleared through the appropriate ~~District~~Kaweah Delta Department's including, but not limited to, Materials Management and Clinical Engineering.

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

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EXHIBIT A

Declaration of Confidentiality

I, the undersigned, as a business associate/vendor representative to Kaweah Delta Health Care District, promise that I will observe the greatest confidentiality in all matters pertaining to ~~the District~~Kaweah Delta's business.

Without limiting the completeness and generality of the above statement, I will continually keep in mind that any and all matters pertaining to:

- the care and treatment of all individuals dealing with ~~the District~~Kaweah Delta;
- all activities of ~~the District~~Kaweah Delta, of whatever description, with its patients, doctors, or with any other entities or person;
- the medical or personal history of all persons regarding which I may acquire information through the business of ~~the District~~Kaweah Delta;

must be kept in complete and absolute confidence, and further, I will observe this confidence on all matters whenever my association with ~~the District~~Kaweah Delta ends.

I understand that access or review of information, through verbal, written or electronic means, on a patient or client is allowed only to effectively carry out my assigned duties.

I will not use any ~~District~~Kaweah Delta computer system to access patient information.

I further acknowledge that a breach of the foregoing statements by me will (without limiting any other rights of ~~the District~~Kaweah Delta or others) justify ~~the District~~Kaweah Delta in terminating my relationship with ~~the District~~Kaweah Delta.

_____ _____
Printed Name Date

_____
Signature

_____
Company Name

~~(Date) (Signature)~~

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Policy Number: AP15	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	

Loan of District Equipment and/or Supplies

POLICY: When not in use by the District and under specific and limited circumstances, certain equipment and/or supplies may be loaned by District facilities to other health care providers and/or organizations within the community.

PROCEDURE:

I. Other healthcare providers and/or community organizations requesting loan of District-owned equipment and/or supplies may make their request to the Department Manager/Supervisor with responsibility over the specific service area in which the item is stored. Department Managers/Supervisors receiving such requests may, at their discretion, loan equipment and/or supplies which are maintained within their service area provided they are assured that the equipment will be returned in good repair and in sufficient time should the District have an immediate need for its return and provided there are adequate supplies on hand such that the loaned supplies are excess inventory.

When the requester is unsure as to the service area holding custody of equipment and/or supplies, the request to borrow shall be directed to the ~~Nursing Coordinator~~House Supervisor at Kaweah Delta Medical Center or the Administrator on Call at Kaweah Delta Rehabilitation Hospital.

II. Neither equipment nor supplies may be loaned to any individual for personal use, even in cases where the individual requesting loan is a staff member or physician of the District.

III. Equipment and/or supplies held as inventory within the Organizational Development Department or Clinical In-service Education Department may **not** be loaned or borrowed by individuals outside of the District without the express consent of the Director of Organizational Development or Director of Clinical Education.

Loans to departments within the District will be permitted only at times when the equipment or supplies are not in use by the Organizational Development Department or Clinical In-service Education Department and only in cases where the borrower is completely and fully trained in the equipment use.

IV. All equipment loaned will be returned promptly, will be cleaned, inspected by Clinical Engineering when appropriate and will be in good working order. Loaned supplies will be promptly replaced with the identical item by the party requesting the loaned supply. Supplies will not be sold to other parties – only loaned and replaced with the identical item. Requests to borrow equipment and/or supplies from health care providers, community organizations, and/or District departments who have previously failed to meet this standard will not be honored.

"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)~~;

B. Subpoenas served for District medical and/or patient records will be directed to the Health Information Management (HIM) Department;

[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.

C. Subpoenas served for District billing records will be directed to the 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

a) 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.

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

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~~(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~~.

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~~(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.

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

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~~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

A. Business Related Depositions

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

a) 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.

B. 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. Depositions are not to be obtained on District premises.

~~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:

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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

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Kaweah Delta Health Care District

Administrative

Policy Number: AP40	**Date Created: 06/01/1998**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Vendor Relationships and Conflict of Interest

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

POLICY:

This policy provides guidelines for employees, including Resident Physicians, to avoid conflicts of interest in the performance of their duties, assists to prevent employees from engaging in situations or potential situations in which accusations of conflict of interest might be made, and seeks to protect Kaweah Delta from losses due to actions or activities by employees of Kaweah Delta.

A conflict of interest may occur if an employee's outside activities, financial or other personal interests influence or appear to influence his or her professional obligations to Kaweah Delta, patients or colleagues such that an independent observer might reasonably question whether the individual's professional actions or decisions are being influenced by the outcome of personal gain, financial or otherwise.

Situations of actual or potential conflict of interest are to be avoided by all employees, including personal, financial, or romantic involvement with a competitor, supplier, patient or employee of Kaweah Delta which impairs the ability to exercise good judgment on behalf of Kaweah Delta or creates an actual or potential conflict of interest. Employees have an obligation to prevent actual or potential conflicts of interest. It is expected that all employees will exercise the utmost good faith in all transactions related to their duties on behalf of Kaweah Delta, and will practice ethical behaviors.

In addition to potential conflicts of interest, we also recognize that improper gifts, compensation, meals, travel expenses, education subsidies, honoraria, and other forms of financial exchanges between providers and vendors can implicate the federal Anti-Kickback Statute ("AKS") and can potentially result in civil and criminal penalties. Moreover, the Physician Payment Sunshine Act ("Sunshine Act") requires applicable vendors to annually report any Teaching Hospital or any physician, dentist, optometrist, podiatrist or chiropractor who has accepted certain types of remuneration or transfers from the vendor. These reports are made available to the public on a searchable website. In view of the ethical, legal, financial, and perceptual risks, we have established reasonable and appropriate limitations on the nature and amounts of financial exchanges as set forth in this policy. These limitations and safeguards are premised upon the principles of the Federal Anti-Kickback Statute and the longstanding guidance from regulatory agencies professional organizations

including Office of Inspector General (OIG) and American Medical Association (AMA), respectively.

PROCEDURE:

Conflict of Interest

I. While it is impossible to list every circumstance giving rise to a possible conflict of interest, a conflict of interest may arise for an employee in one or more of the following situations:

A. Indirectly or directly holds a position or a material financial interest in any outside concern from which he/she has reason to believe Kaweah Delta secures goods or services, buys or sells stocks, bonds, or other securities, or that provides services competitive with Kaweah Delta.

B. Competes directly or indirectly with Kaweah Delta in the purchase or sale of property, property rights, or services.

C. Discloses or uses information relating to Kaweah Delta's business for personal profit or advantage, or for the profit or advantage of his/her immediate family or a third party.

D. Renders directive, material, or consultative services to any outside concern that does business with or competes with Kaweah Delta, or renders any service in competition with Kaweah Delta.

E. Participates in any activities for personal profit or provides service to any industry, civic, or charitable affairs that is likely to involve use of his/her normal work hours.

II. An employee involved in any of these types of relationships or situations which may be a conflict of interest must immediately and fully disclose the relevant circumstances to his/her immediate Department Director, Human Resources, or Compliance. All disclosed information will be treated as confidential, accessible only to authorized individuals.

A. If an actual or potential conflict is determined, Kaweah Delta may take whatever actions appear appropriate according to the circumstances, including Disciplinary Action, up to and including termination of employment.

B. Employees who fail to report situations which are discovered from sources other than the employee and are determined to be conflicts of interest will be subject to for Disciplinary Action, up to and including termination of employment.

Gifts, Gratuities and Vendor Relationships

I. PROHIBITED ACTIVITIES

Employees are prohibited from accepting certain gifts, payments and other offers that may, or have the potential to, influence the referral or cost of federal health care business, including:

- Patient gifts or items of value should not be solicited or accepted from patients or their families. The patient or family should be directed to the Kaweah Delta Hospital Foundation
- Cash and cash-equivalent gifts such as gift cards or gift certificates
- On-site meals provided by a Vendor outside of an on-site meeting or education event
- Items that are capable of personal use such as a DVD player or an iPod
- Personal entertainment items such as tickets to sporting events or concerts, or vacation excursions that can be perceived as conveying a personal benefit to the recipient
- Expense paid travel to luxurious or resort-type locations that can be perceived as extravagant and conveying a personal benefit to the recipient
- Payments for listening to a vendor's marketing presentation or for completing written evaluations for a vendor's product or service
- Payments for recruiting patients for clinical research activities unless such research activity is approved by an appropriate Institutional Review Board (IRB)
- Payments in exchange for an endorsement of the vendor or the vendor's products/services
- Payments or accommodations for Shadowing arrangements in a patient care setting, unless the vendor has a defined role in the care of the patient (s) and is registered through Supply Chain Management
- Payments or accommodations for Ghostwriting arrangements, e.g., allowing a vendor to author a published article or other document and attribute the authorship to a physician or other employee

II. PERMISSIBLE ACTIVITIES

On occasions, it may be permissible to accept a meal or other invitation from a current or potential vendor. However, the purpose must never be to induce or influence a business transaction. As a general rule, the cost must be reasonable. The invitation should be declined if the occasion has the appearance of extravagance or if acceptance of the invitation could be reasonably perceived by anyone as having the intent to influence a business decision involving Kaweah Delta. To be acceptable, the occasion resulting from the invitation should conform to the following guidelines: (1) the cost and location must be reasonable and not extravagant; (2) paid expenses for any travel costs or overnight lodging for his/her family are prohibited; and (3) the invitation is for an ordinary business meal or gathering during which the host is present and business is conducted.

Promotional "Branded" Items: Items such as mugs, pens, and similar items may be accepted from a vendor as long as they do not exceed nominal value and no more than twenty dollars ($20) in the aggregate annually per recipient.

Gift Baskets and Other Business Courtesies: Policy permits employees to accept infrequent (e.g., annual or holiday-related) gift baskets if (i) the gift is consumable (food, candy, fruit, non-alcoholic beverages) or decorative / floral; and (ii) the gift is intended for the benefit of a group of employees; and (iii) the gift has a nominal value and no more than one hundred dollars ($100). All employee recognition and rewards must be processed through Human Resources (see HR.131 Employee Recognition and Acknowledgement Programs).

Travel Expenses: Reasonable coverage of travel expenses by a vendor or business associate is acceptable when the employee is: (1) presenting at a conference; (2) participating in a meeting for the purpose of sponsored research protocol review; (3) participating as a member of a governmental panel; and (4) participating as part of an approved "speaker's bureau" engagement.

Vendor paid travel for any other circumstances not listed above require prior approval by Human Resources, Compliance, and/or the respective Vice President (VP). Unapproved vendor paid travel expenses are subject to be returned to the vendor and the employee or the employee's cost center will be charged for the incurred travel expenses.

All vendor paid travel expenses authorized under this section must be reasonable and appropriate. Under no circumstance will vendors be permitted to pay/reimburse expenses for travel (1) to luxurious, extravagant, or resort destinations, (2) extended to an individual's spouse or family member; (3) when the primary focus is social with minimal or no business activity (e.g., golf or other recreation).

All vendor paid travel expenses offered by a potential or current vendor to discuss, promote or showcase vendor products or services, if not explicitly defined in an existing vendor contract, require prior Vice President (VP).

Meals and Beverages: Employees may accept off site meals provided by vendors if the meals are reasonable. "Reasonable" is defined as a meal that would otherwise comply with the Travel and Expense Reimbursement Policy.

Honorariums and Consultations: Employees who are invited to speak or provide genuine consulting services can accept reimbursement in the form of honoraria or compensation for time and expenses under the following conditions: (1) travel, lodging and meal expense reimbursement is reasonable and directly related to the engagement; (2) compensation fees received are no more than fair market value; (3) presentations or consultation engagements must be of scientific/academic permit and/or benefit Kaweah

Delta; (4) consultations and service agreements must be in writing; and (5) honoraria or fees from consultation engagements shall be made payable to Kaweah Delta Health Care District. Speaking and/or consulting engagements require prior Vice President (VP) approval.

Individuals must not do private consulting work for a vendor who conducts business with the hospital, or who wants to conduct business with the hospital, without receiving prior approval for the activity from Human Resources or Compliance.

Education and Training: Unrestricted subsidies to underwrite the cost of continuing education conferences that contributes to the provision of care are permissible if the following criteria are met: (1) the primary purpose of the education must be the distribution of objective scientific information or educational activity; (2) acceptance of education support must never be made, conditioned on or related in any way to preexisting or future business relationships with the vendor; and (3) the vendor's support is of minimal individual value but promotes the educational nature of the conference; and (4) the funds offered may be used to provide refreshments at educational sessions.

Referral Sources: Any gifts or entertainment involving physicians or other persons in a position to refer patients are subject to federal laws, rules and regulations regarding these practices and must be undertaken with the utmost integrity and good judgment. Individuals uncertain about whether a particular event or function may be accepted should contact Human resources or Compliance for direction.

Short Term Loans of Devices or Equipment: Free trials and short term loans are permissible to accept from vendors, ONLY if the trial or loan arrangement is approved and arranged through Supply Chain Management as outlined in AP.132 Use of Rental, Loaner, or Demo Clinical Equipment.

Ownership, Investment Interest, Licensing, Royalty, or Stock Options: Employees are permitted to own stock in any publically traded company, including pharmaceutical and device manufacturers, as part of an employee's investment portfolio. However, in some circumstances, some stock options and investment interests are subject to disclosure and management in accordance with the Conflict of Interest policies for research. If such financial interest is provided directly from a Sunshine Act vendor to a covered recipient, the transaction is subject to be reported to the Open Payments Database.

Visits by Vendor Representatives: ***Visits by Vendor Representatives shall be managed by the procedures outlined in AP.14 Department Visits by Vendor Representatives.***

Miscellaneous: For situations not otherwise addressed in the policy, please contact Human Resources or Compliance for direction.

POLICY: Staff members, including Resident Physicians, members of the Board of Directors, and members of the District Medical Staff whose positions require that they interact with representatives of companies doing business or attempting to do business with the District are responsible to ensure that their relationships remain businesslike, that business decisions are made in the best interest of the District, and that the relationship is conducted and carried out in a professional manner.

Relationships with current vendors or potential vendors must be based on the needs of the District and the value of the vendor's product or service. Any promotional items, gifts or meals provided by a vendor must not exceed $50 in value unless expressly approved by a Vice President.

The approval of a Vice President is not required for certain considerations offered by vendors who have an established relationship with the District. These include:

- Education sessions with a meal provided for staff attendees
- Free education sessions at User Group meetings
- Free equipment or supply use training

Any other considerations offered in excess of $50 must be approved by a Vice President.

Whenever any joint project with a vendor is contemplated where the general public, media or physicians might be invited to attend—such as a jointly sponsored seminar or the hosting of a vendor service truck on District premises—prior approval must be received by the appropriate Vice President. That Vice President in consultation with the Marketing Department will determine how Kaweah Delta's name may be used in any publications or media information associated with the event.

The District will bear the expense for all travel incurred for the purpose of investigating a new product or service. Generally, established vendors will travel to the District for the purposes of maintaining the relationship and addressing service issues and questions. At times a current vendor may feel it is necessary for District staff to travel to their location for these purposes. In these circumstances, the vendor may bear the travel expenses with the approval of a Vice President.

"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: AP45	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Risk Management Plan

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

PURPOSE: The Board of Directors hereby makes a commitment to empower the Chief Executive Officer to implement and maintain an organization-wide Kaweah Delta Health Care District Risk Management Plan. The Board of Directors of Kaweah Delta Health Care District (hereinafter KDHCD) recognizes that the primary purpose of KDHCD is to provide high quality, customer-oriented, and financially strong healthcare services that meet the needs of those we serve.

POLICY: Risk Management works to continually improve the ongoing delivery of health care services and strengthen the organization by focusing on loss prevention, loss reduction, risk assessment, risk reduction, risk financing and claims management activities.

PROCEDURE: Although Risk Management is the business of all Kaweah Delta employees, the Director of Risk Management is designated to oversee the Risk Management Plan in collaboration with the Executive Team and the Medical Staff.

I. KDHCD strives to provide safe delivery of high quality, customer oriented and fiscally responsible health care. The Risk Management program is comprised of activities designed to minimize adverse effects of loss upon KDHCD's human, physical, and financial assets by:

a) Facilitating the timely identification and resolution of risks in an effort to reduce or prevent the potential for injury or loss;

b) Fostering effective patient and family communication regarding patient care and safety problems;

c) Identifying, investigating, and assessing events with loss potential or with potential for adverse outcomes;

d) Using loss prevention and control techniques to minimize loss frequency and severity;

e) Using sound risk financing to find the appropriate financial tools for insuring and otherwise protecting KDHCD's assets;

f) Employing claims management to assure claims against the District are properly addressed, evaluated, and managed resulting in the best possible result;

g) Educating Leaders within the organization of their responsibility to assist the Director of Risk Management in identifying and communicating risk management issues. Risk Management will provide leadership in patient safety through the promotion of best practices, such as:

i) Promoting a non-punitive reporting culture through education of staff members and modeling non-punitive investigations.

ii) Conducting event-related root cause analysis to ensure service recovery and performance process improvement in conjunction with the Quality & Patient Safety~~Performance Improvement~~ Department.

iii) In collaboration with the Quality & Patient Safety Department~~Performance Improvement~~, tracking responses to Joint Commission Sentinel Event Alert recommendations.

iv) In collaboration with the Biomedical Engineering Department, receiving, distributing and tracking responses to recalls and product warnings.

v) In collaboration with all departments, ensuring all reports are made to the CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) and other regulatory agencies in a timely and appropriate manner.

vi) Working in collaboration with the Quality & Patient Safety Department~~Performance Improvement~~, Case Management, Compliance, the Medical Staff and other leaders to identify trends and areas of practice that could benefit from process improvement.

vii) Giving KDHCD the ability to exercise internal controls over:

a. Reducing financial losses associated with claims experience;

b. Decreasing the number, frequency and severity of claims; and

c. Negotiating a reasonable, stable annual insurance program through commercial insurance and/or self-insurance.

viii) Acting as a resource for the disclosure of adverse events to patients and families in compliance with The Joint Commission standards and with sound ethical principles. Disclosure of adverse outcomes is essential in order to maintain patient and family trust which is the key element to any provider-patient relationship. It is imperative that adverse events be disclosed to the patient and/or their family;

h) In collaboration with the Patient Experience Department, implementing the District's Complaint and Grievance Policy, insuring compliance with the policy, maintaining a complaint and grievance database, tracking and trending the data and reporting to District staff and committees regularly;

i) Assisting the Medical Staff with Risk Management questions and concerns;

j) Coordinating meetings with the District's insurance broker. The meetings shall be held semi-annually and upon request~~.~~;

k) Coordinating an insurance review by an independent consultant of all of KDHCD's insurance policies every three~~wo~~ (3~~2~~) years;

l) Coordinating a review of KDHCD's excess coverage every year with the Vice President of Finance;

m) Coordinating annual risk assessments in conjunction with KDHCD's excess professional liability insurance carrier. The areas to be assessed will be identified by the Director of Risk Management and the Executive Team.

II. ACCOUNTABILITY AND AUTHORITY:

The authority and responsibility for the establishment, maintenance, support, and evaluation of the Risk Management Program is vested in the Board of Directors. The Board delegates the responsibility for the implementation of risk management functions to the Chief Executive Officer of the hospital. The coordination of all hospital and medical staff risk management activities is assigned to KDHCD's Director of Risk Management. Risk Management is a collaborative effort. The Director of Risk Management will inform the CEO and the Medical Executive Committee of all significant risks identified. In addition, each member of the management team and hospital staff is responsible for Risk Management activities within their respective departments. The Director of Risk Management will serve as a resource for all departments and the management team.

III. CONFIDENTIALITY:

Information gathered for Risk Management purposes is considered to be privileged and confidential in accordance with hospital bylaws, state laws and regulations pertaining to confidentiality and non-discoverability. All information, including Occurrence Reports, which is gathered for Risk Management and Performance Improvement purposes, is considered to be confidential attorney-client communication. Information is privileged if it was prepared with the intent that it will be transmitted to KDHCD's attorney for use in litigation which may arise out of an event. While statistical information and trends regarding occurrences may be reviewed through the Performance Improvement process, specific information regarding any potential or actual open claim must be kept confidential. Risk Management information used as part of the Performance Improvement process will be kept confidential by KDHCD staff who have access to such information. Risk Management information will be available only to authorized individuals who have a legitimate need to know this information based upon their responsibilities. Risk Management review information may be disclosed to The Joint Commission, CDPH, CMS or other regulatory entities as required by law.

IV. LEGAL COUNSEL:

The Director of Risk Management or their designee will function as a liaison between KDHCD's attorneys, administration and staff in the investigation of complaints, pre-litigation and litigation data collection. In addition, The Director of Risk Management will act as a resource in the resolution of legal issues arising throughout the District.

In order to control the cost of legal fees and to streamline the dissemination of legal advice received, the following shall be adhered to:
Direct access to KDHCD's Administrative Counsel is limited to the following people:

a) Board of Directors
b) Chief Executive Officer
c) Executive Assistant to the Board and the CEO
d) All Vice-Presidents
e) Director of Risk Management
f) President of the Medical Staff
g) Compliance Officer
h) Internal Auditor
i) Chief of the Medical Staff
j) Chair of the Medical Staff Credentials Committee
k) Chair of the Medical Staff By-Laws Committee
l) Director of Patient Accounting Services or Credit Manager

Direct access to Professional and Liability Counsel is limited to the following people:

a) Board of Directors
b) Chief Executive Officer
c) Executive Assistant to the Board and the CEO
d) All Vice-Presidents
e) Director of Risk Management

V. RISK MANAGEMENT TECHNIQUES:

The two components of Risk Management are risk control and risk financing.

A. Examples of risk control techniques are:

1. Risk Avoidance: abandoning or not engaging in an activity rather than accepting the associated risk;

2. Risk Assessment: two (2) assessments to be completed annually by an independent consultant or by a representative of the District's excess professional liability carrier;

3. Loss Prevention: reducing or eliminating the chance of loss by establishing and maintaining quality improvement and safety management programs;

4. Loss Reduction: reducing the potential severity of the loss;

5. Separation of Exposure Units: dispersing assets and activities to reduce the risk of loss in a single event;

6. Non-Insurance Transfer: making contractual arrangements in which KDHCD does not accept the obligation of others.

B. Examples of risk financing techniques are:

1. Risk Transfer: involves the use of external resources for (1) non-insurance transfer, e.g. agreements addressing loss obligation or (2) insurance transfer, e.g. purchase commercial liability coverage;

2. Risk Retention: involves the use of internal funds to (1) treat losses as current operating expenses, (2) create reserves for loss liabilities, either funded or unfunded.

The philosophy of KDHCD's Board of Directors is to implement the risk financing technique of insurance transfer for various loss exposures. The affordability will be determined based upon cost/benefit analysis using premium quotations from commercial carriers and acceptable insurance industry standards. Preference should be given to obtain commercial coverage through insurance carriers "Admitted" in California thus providing KDHCD with protection provided by the Insurance Commission, State of California.

In addition, insurance will be purchased for various loss exposure in accordance with any legal obligations arising out of the law, contracts/written agreements, etc.

For those significant loss exposures for which affordable insurance is unable to be obtained (such as General & Professional Liability), the Board approved Principles of Self-Insurance will be followed. EXHIBIT A

An independent insurance evaluation will be performed every three (3)~~other~~ years to determine the adequacy of existing general and professional liability coverage.

VI. RISK CONTROL:

Each division of KDHCD will actively participate in the organization wide Risk Management Plan. The KDHCD Risk Management Plan supersc~~e~~edes individual division plans.

An independent annual risk control evaluation will be performed and reported to the Board. Specifically, the independent evaluation of KDHCD's risk management process will evaluate the impact of the KDHCD's Performance Improvement and Risk Management programs in both limiting risks and favorably impacting quality outcomes. The Risk Control survey will be accomplished by a comprehensive on sight survey interchanged with a modified survey during alternate years. The areas to be assessed will be determined at the beginning of each fiscal year and no later than July 30.

The Self-Assessment Tool for Risk Control Program Evaluation is included in EXHIBIT B. Some sections can be applied to all departments while others are

specific to certain areas. The Self-Assessment Tool is primarily used as a guide for evaluation of the KDHCD organization wide Risk Management program.

VII. RISK ASSESSMENT FOR NEW PROGRAMS AND/OR SERVICES:

In conjunction with the Director of Compliance and the District's General Counsel, all proposed acquisitions, contracts, leases, new programs or services and construction must be evaluated for risk following the steps contained in EXHIBIT C. All department managers should be familiar with the process described within those guidelines.

All contracted services and alternate patient care services are required to implement quality improvement and risk management programs.

In addition, all contracts/leases should be reviewed, utilizing the Risk Manager or Administrative Legal Counsel as necessary, for indemnification and hold harmless agreements and for insurance requirements. Major contracts and leases should then be referred to KDHCD's Administrative Legal Counsel for a final review. All contracts should be reviewed in compliance with the following administrative policies:

i) AP.40 Vendor Relationships
ii) AP.69 Requirements for Contracting with Outside Service Providers
iii) AP.96 Public Bidding of Contracts

VIII. RISK MANAGEMENT REPORTING SCHEDULE:

i) The Director of Risk Management reports to the Board of Directors on a quarterly basis. (claims, settlement, changes in insurance, results of annual risk assessments, grievances, Sentinel Event data and Adverse Event data).
ii) The Director of Risk Management provides information to the Medical Executive Committee as requested.
iii) The Director of Risk Management reports to Quality Council as requested.
iv) The Risk Management Department provides other reports as requested.
v) The Director of Risk Management in conjunction with the Director of Quality & Patient Safety Department~~Performance Improvement~~ and the Chief Medical Officer has the responsibility of insuring all necessary and appropriate reports are provided to:
    a. The Joint Commission;
    b. CDPH;
    c. CMS; and
    d. Other licensing and credentialing agencies.

EXHIBITS

A. Principles of Professional Liability Self-Insurance

B. Self Assessment Tool - Risk Control Program Evaluation

C. Risk Assessment for New Programs and Services

EXHIBIT A

PRINCIPLES OF PROFESSIONAL LIABILITY SELF-INSURANCE

1. Professional liability self-insurance fund is a distinct trust fund, which is not commingled with other funds and which is separately administered by an outside trustee who invests and disburses the funds only by established, written guidelines.

2. The fund shall be funded to a minimum confidence level of 95% while working to achieve a funding level, which will produce a 99% confidence level.

3. Professional liability self-insurance fund will assume no risks beyond professional and general liability and those associated risks commonly insured by standard professional liability risk policies. Risk of automobiles, workers compensation and other liability risks such as childcare and the fitness center, or joint ventures, will not be assumed by this fund.

4. An independent annual risk control evaluation will be performed and reported to the Board of Directors. Specifically, the independent evaluation of KDHCD's risk management process will evaluate the impact of KDHCD's performance improvement and risk management programs in both limiting risks and favorably impacting upon quality outcomes. The Risk Control survey will be accomplished by a comprehensive on sight survey interchanged with a modified survey during alternate years.

5. Independent, outside annual actuarial study of the adequacy of the professional liability self-insurance trust will be carried out and reported to the Board of Directors. The Director of Finance will coordinate this study with the assistance of KDHCD's Risk Management Department.

6. The professional liability trust fund will not be used to insure the risks of the medical staff.

7. The District's Directors and Officers policy will be used for those members of the medical staff who are acting as agents of KDHCD by such actions as committee participation.

8. All physician members of the medical staff with **clinical privileges** to practice at KDHCD shall carry a minimum of one million dollars per occurrence/three million dollars in the aggregate of professional liability insurance coverage through an insurance company approved by the California Insurance Commission. Non-physician members of the medical staff (including Allied Health professionals) shall carry a minimum of one million dollars per occurrence/three million dollars

in the aggregate of professional liability insurance through an insurance company approved by the California Insurance Commission.

EXHIBIT B

SELF-ASSESSMENT TOOL
RISK CONTROL PROGRAM EVALUATION

1. Review compliance with established standards (policies and procedures) including:
   a. Adequacy and understanding of current standards
   b. Consistency of their application throughout the hospital or system
   c. Management support
   d. Effectiveness of standards in actual practice

2. Audit the effectiveness of internal claims administration, including:
   a. Timeliness of claim and file set-up
   b. File documentation
      - Identification of all entities involved in the claim
      - Risk analysis (liability and injury)
      - Expert opinions or medical expert review
      - Logging system for claims
      - Quality of claim management and supervision
   c. Reserve philosophies in conjunction with Defense Counsel, including accuracy, prompt review and revision
   d. Settlement policy and practices
   e. Monitoring system to determine the adequacy of claims investigation
   f. Completeness, accuracy and timeliness of claims data
   g. Use of claims data for identifying trends and patterns

3. Analyze methods of allocating risk management costs to specific cost centers, including:
   a. Remedial actions taken by departments to reduce exposure to future incidents and claims
   b. Budgeting system
   c. Financial period status reports to the various cost centers

4. Review Occurrence Reporting system, including:
   a. System design
   b. Relationship to the Performance Improvement Plan
   c. Management of system throughout KDHCD
   d. Confidentiality protections
   e. Use of unit specific trend data
   f. Effectiveness of incident/event investigation and system used to identify and prioritize potential claims.

5. Evaluate activities designed to address and resolve customer complaints and grievances, including:
   a. Review of existing practices to handle complaints and grievances by use of specific trend data.

b. Analysis of system for identifying and addressing trends and patterns.

6. Analyze hospital communication networks, including:
   a. Medical staff relations
   b. Interactions with committees
   c. Perception by hospital staff of their role in risk management activities
   d. Methods for conflict resolution

7. Evaluate loss prevention effectiveness with the following functions:
   a. Performance Improvement
   b. Nursing
   c. Medical staff
   d. Health Information Management
   e. Infection control
   f. Case Management

EXHIBIT C
RISK ASSESSMENT
FOR NEW PROGRAMS AND SERVICES

A successful risk management assessment can be accomplished by following these steps:

1. CLASSES OF PATIENTS/CLIENTS SERVED

   Define the patient population and the expectations of that population.

2. RESPONSIBILITIES OF THE HEALTH CARE PROFESSIONAL

   Define the level, numbers and qualifications of all professionals, employees and physicians involved in the product or service. Sufficient staff, trained to render the care required by health care industry standards, is needed. Credentialing, delineation of privileges, skills assessment and contract review are activities required to protect corporate liability exposures.

3. OPERATING PROCEDURES

   Review of all operating procedures for medical, legal and patient/employee safety considerations.

4. MEDICAL EQUIPMENT AND SUPPLIES

   Evaluate equipment and supplies used and contracts for potential risks. Equipment hazard and incident procedures must be implemented to allow for immediate risk management and biomedical engineering intervention.

5. REGULATIONS

   Evaluate compliance with licensure and accreditation for each class of patient or client served, paying attention to health care industry standards (local, state and national).

6. SOCIAL AND ECONOMIC CONSIDERATIONS

   Evaluate source of payment and utilization review procedures for their impact on patient perception and potential risks of financial loss. Consider patient relations and total family involvement in the product or service.

7. CORPORATE ASSETS

   Evaluate the facilities and support services required. An example would be the need for 24 -hour patient contact in home health due to the patient acuity or technical sophistication of the procedures.

8. CONTRACT REVIEW

a. Timeliness of proposed contract review
b. Criteria used for contract review
c. Maintenance of indemnity agreements and insurance certificates

"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: AP53	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	
Patients' Rights and Responsibilities, and Non-Discrimination	

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

PURPOSE: To support the expression of patients' values and beliefs within the limits of the organization's mission and philosophy, to allow patients to exercise cultural and spiritual beliefs and sexual orientation and gender identity that do not interfere with the well-being of others or the planned course of medical therapy for the patient and to ensure appropriate use and disclosure of patient information. To outline patient rights to access, amend, use, and request restrictions on the use and disclosure of Protected Health Information (PHI) and provide the framework for patient complaints regarding the access, use and disclosure of PHI so as to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and more specifically the Privacy Rule. To comply with applicable State and Federal civil rights laws regarding non-discrimination on the basis of race, color, national origin, age, disability or sex.

DEFINITIONS:

"**Closed Medical Records**" describes a completed record after discharge or after services have been provided.

"**Open Medical Records**" indicates the patient is not yet discharged from the facility.

"Designated Record Set" refers to a group of records that include protected health information ("PHI") that is maintained, collected, used or disseminated by, or for, Kaweah Delta for each individual that receives care from Kaweah Delta or another entity that Kaweah Delta's clinicians include in the individual's records.

The designated record set includes the following:

- Medical records and billing records about individuals maintained by or for a covered health care provider or one of its business associates.
- Enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan.
- Information used, in part or in whole, to make decisions about individuals. (Information from third parties should not be included)

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Any research activities that create PHI should be maintained as a part of the designated record set and are accessible to research participants unless a HIPAA Privacy Rule exception exists.

"**Protected Health Information (PHI)"** Individually identifiable health information that is transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. May also be referred to as electronic protected health information (ePHI).

-or-

Any information in any form or medium that is created or received by Kaweah Delta that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

-or-

Information (i) that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse about a patient and (ii) including demographic information that may identify a patient that relates to the patient's past, present, or future physical or mental health or condition, related health care services, or payment for health care services.

POLICY:

In accordance with requirements of Section 70707 of the California Code of Regulations, Title 22, Medicare Conditions of Participation, Section 1557 of the Patient Protection and Affordable Care Act (42 USC 18116), Section 504 of the Rehabilitation Act of 1973, ~~of the Patient Protecti~~the Health Insurance Portability and Accountability Act (HIPAA) and The Joint Commission on Accreditation of Healthcare Organizations ~~,~~(The Joint Commission), Kaweah Delta ~~Health Care District (The District)~~ has adopted the patients' rights and responsibilities detailed below.

I. Patient Rights

A. A patient shall have the right to exercise these rights without regard to sex, age, disability, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity or marital status or the source of payment of care:

1. Considerate and respectful care and to be made comfortable. The patient has the right to receive respect for their cultural, psychosocial, spiritual, and personal values, beliefs and preferences.

2. Have a family member (or other representative of their choosing) and their own physician notified promptly of their admission to the hospital.

3. Know the name of the licensed health care practitioner ~~-~~acting within the scope of his or her professional licensure who has primary responsibility for coordinating their care and the names and professional relationships of other physicians and non-physicians involved in their care.

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4. Receive information about their health status, diagnosis, prognosis, course of treatment, prospect for recovery and outcomes of care (including unanticipated outcomes) in terms the patient can understand. The patient has the right to effective communication and to participate in the development and implementation of their plan of care. The patient has the right to participate in ethical questions that arise in the course of their care, including issues of conflict resolution, withholding resuscitative services, and foregoing or withdrawing life-sustaining treatment.

5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as they may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.

6. Request or refuse treatment, to the extent permitted by law. However, the patient does not have the right to demand inappropriate or medically unnecessary treatment or services. The patient has the right to leave the hospital against the advice of physicians, to the extent permitted by law.

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7. Be advised if the hospital/licensed health care practitioner proposes to engage in or perform human experimentation affecting their care or treatment. The patient has the right to refuse to participate in such research projects.

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8. Reasonable responses to any reasonable requests made for service.

9. Appropriate assessment and management of their pain, information about pain, pain relief measures and to participate in pain management decisions. The patient may request or reject the use of any or all modalities to relieve pain, including opiate medication, if they suffer from severe chronic intractable pain. The physician may refuse to prescribe the opiate medication, but if so, the physician must inform the patient that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates.

10. Formulate advance directives. This includes designating a decision maker if the patient becomes incapable of understanding a proposed treatment or become unable to communicate their wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on the patient's behalf.

11. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be told the reason for the

presence of any individual. The patient has the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.

12. Confidential treatment of all communications and records pertaining to their care and stay in the hospital. The patient will receive a separate "Notice of Privacy Practices" that explains their privacy rights in detail and how we may use and disclose your protected health information.

13. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. The patient has the right to access protective and advocacy services including notifying government agencies of neglect or abuse.

14. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience, or retaliation by staff.

15. Reasonable continuity of care and to know in advance, the time and location of appointments as well as the identity of the person providing the care.

16. Be informed by the physician, or a delegate of the physician, of continuing health care requirements following discharge from the hospital. The patient has the right to be involved in the development and implementation of your discharge plan. Upon their request, a friend, domestic partner or family member may be provided this information also.

17. Know which hospital rules and policies apply to patient conduct while a patient.

18. Designate visitors of their choosing, if the patient has decision-making capacity, whether or not the visitor is related by blood or marriage, or registered domestic partner status, unless:

    - No visitors are allowed.
    - The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.
    - The patient has told the health facility staff that they no longer want a particular person to visit.

However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The health facility must inform the patient (or the support person, where appropriate) of the visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny visitation privileges on the

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basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

19. To have their wishes considered, if they lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law.

20. Examine and receive an explanation of the hospital's bill regardless of the source of payment.

21. Exercise these rights without regard to sex, race, color, religion, ancestry, national origin, age, disability, medical condition, marital status, sexual orientation, educational background, economic status, or the source of payment for care.

22. File an internal grievance. The patient or their representative may do so by writing or calling:

~~Risk Management~~Patient Relations Department
Kaweah Delta ~~Health Care District~~
400 West Mineral King Avenue
Visalia, CA 93291
~~TELE~~PHONE (559) 624-~~2340~~6665
FAX (559) 635-4064

The Patient Relations ~~Risk Management~~ Department will review each grievance and provide the patient with a written response. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. Concerns regarding quality of care or premature discharge will also be referred to the appropriate Medicare Utilization and Quality Control Peer ~~R~~Review Organization (PRO).

23. File an external complaint with California Department of Public Health and/or The Joint Commission regardless of whether they use the hospital's internal grievance process.

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California Department of Public Health
1200 Discovery Plaza, Suite 120
Bakersfield, CA 93309
PHONE (661) 336-0543
FAX (661) 336-0529

The Joint Commission
Division of Accreditation Operations
Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
PHONE~~1~~ (800) 994-6610
FAX (630) 792-5636
www.complaint@jcaho.org

B. Patient Rights shall be posted at appropriate places throughout ~~the District~~Kaweah Delta. Patients of ~~the District~~Kaweah Delta, upon admission or shortly thereafter, will be given a copy of Patient Rights and will have this policy explained by Patient Access staff.

II. ~~Notice of Privacy Practices/II.~~ Patient Privacy Rights/Notice of Privacy Practices (NOPP)

:

Patients, and other interested persons, will be provided with a defined opportunity to receive adequate notice of (1) the uses and disclosures of protected health information (PHI) that may be made by Kaweah Delta, (2) patient rights concerning PHI, and (3) ~~the provider's~~Kaweah Delta's legal duties pertaining to PHI.

~~Patient rights regarding their demographic and medical/health information (based on HIPAA):~~

A. Reasonable effort shall be made to provide patients or their legally authorized representative the current ~~Notice of Privacy Practices (NOPP)~~NOPP on the date of the first service deliver, except where the first service delivery involves emergency medical treatment; in such cases, the NOPP shall be provided as soon as it is reasonably practicable to do so.

B. Except in emergencies, reasonable effort shall be made to obtain a signed acknowledgement of receipt of the current NOPP from the patient or the legally authorized representative.

C. Document reasonable attempts to provide the current NOPP by filing the signed acknowledgement of receipt in the medical record. Refusals to sign the acknowledgement, or refusals to accept the NOPP, shall also be documented.

D. A current NOPP will be posted in a prominent location where it is reasonable to expect that patients will see and have an opportunity to read it. In addition, the current NOPP must be prominently posted and made electronically available on Kaweah Delta's website. At any time, a patient or the patient's

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legally authorized representative may request and receive a copy of the current NOPP.

E. The NOPP shall provide a description of actual privacy practices, policies and procedures; a description of all uses and disclosures of PHI that Kaweah Delta may make without written authorization; a description of the types of uses and disclosures that require written authorization; and a statement that uses and disclosures not described in the NOPP also require written authorization.

F. The NOPP shall be revised and distributed promptly to reflect material changes to the uses or disclosures of PHI, patients' rights, Kaweah Delta's legal duties, or the privacy practices stated in the notice. Subsequent to any revision, a copy of the 'old' NOPP shall be retained for 6 years from the date it was last effective.

G. Any person, not only a patient, who has questions about the NOPP or privacy/confidentiality practices shall be directed to the Compliance and Privacy Official for further information, if necessary.

H. Any member of the general public (who is not a patient or a patient's legally authorized representative) requesting the NOPP shall be provided the current NOPP as promptly as circumstances permit. The documentation requirements do not apply.

~~Right to Inspect and Receive a Copy of their PHI (Access)~~

~~The patient or a patient's representative must provide sufficient identification and requests must be in writing to access their closed medical record.~~

~~If the patient is a Kaweah Delta employee and the employee requests copies of his/her own records, an authorization must be completed in the Health Information Management Department. Access/copies will be provided by HIM. ***It is inappropriate for employees to access his/her own health records on Kaweah Delta computers*** (remove?). Each time the employee wants to view or obtain a copy of the records, an authorization (Attachment A) must be signed in the HIM department.~~

~~Patient requests of Mental Health records must be approved by the Psychiatric Medical Director. In these cases, if a provider denies access in whole or in part, a written notice must be given to the patient within five working days. (refer to policy MI.6326)~~

~~Patients can request to view their Closed or Open Medical Records without obtaining a copy. An appropriate person from Health Information Management will assist the patient with his/her review. An authorization (Attachment A) must be completed by the patient prior to accessing the record. If the patient verbally agrees to allow family/friends access to information in their Open Medical Record, the caregiver must document the disclosure on a release of information form. The caregiver must sign, date, and indicate what information was disclosed.~~

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- Patients can request copies of his/her Open Medical Record by completing an authorization form (Attachment A). The patient must understand the record is not complete and the physician has 14 days to complete the discharge summary for an acute stay and up to 30 days to complete discharge summary on a long term care record. Patients are encouraged to obtain records after they are discharged for this reason but will not be denied copies of their record while the record is still open. If the patient still wants copies of certain parts of the record before discharge, the caregiver should contact Health Information Management at ext. 2218 and a HIM specialist will provide the requested copies after a valid and compliant authorization is obtained.

- A reasonable fee will be charged per page for copies of medical records within limits allowed by Federal and State Law.

- Kaweah Delta must permit inspection of the record within 5 working days of receiving an individual's (or representative's) written request.

- Kaweah Delta must provide a summary within 10 working days of receiving an individual's request for a summary of medical information, or within a maximum of 30 days if the patient is notified that additional time is necessary.

- Kaweah Delta must mail copies of records within 15 days after receiving a written request.

- Exceptions to the Right of Access
  The Rule gives individuals a right of access to inspect and obtain a copy of their PHI except for:
  - Psychotherapy notes;
  - Information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding;

- PHI that is either: (a) subject to the Clinical Laboratory Improvements Amendments of 1988 (CLIA) (for example, CLIA states that PHI held by clinical laboratories may be provided only to "authorized persons", and there are situations when the individual who is the subject of the information is not always included in this set of authorized persons); or (b) exempt from CLIA (pursuant to 42 CFR 493.3(a)(2), when individuals do not have access to PHI held by certain research laboratories that are exempt from the CLIA regulations).

- Denials to Right of Access
  - The Privacy Rule allows providers to deny an individual's request to access his/her information in specified circumstances. Because denials are to be narrowly construed, the Privacy Rule requires that providers give the individual access to any other PHI requested, after excluding the PHI to which the provider has a ground for denial of access.

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- If a provider denies access, in whole or in part, it must give the individual a written notice within 10 working days. The denial must be in plain language and contain:
  - The basis for the denial;
  - If applicable, a statement of the individual's review rights, including a description of how the individual may exercise such review rights; and
  - A description of how the individual may complain to the Kaweah Delta entity. The description must include the name, or title, and telephone number of the contact person or office
- If the access request is denied, the individual has the right to have the denial reviewed by a licensed health care professional who did not participate in the original denial.

Right to request an amendment of their PHI

Subject to certain limitations, the HIPAA Privacy Rule provides patients with a right to amend their PHI in a designated record set. This includes patient information in any media (paper or electronic). See HIM.6006 Amendment of Protected Health Information.

All requests must be made in writing and include information to support the reason for the amendment. Patients should be referred to complete the Request for an Amendment of Health Information form which should be sent to HIM. A written approval or denial of the request will be sent to the patient within 60 days, unless this timeline is extended for an additional 30 days in accordance with the HIPAA Privacy Rule. Patients have additional rights and Kaweah Delta has additional obligations where Kaweah Delta denies the patient's amendment request. Further, the patient has the right to have a statement of disagreement added to their health record. Kaweah Delta may prepare a written rebuttal to this statement of disagreement. The rebuttal must be provided to the patient and added to the patient's health record subject to the disputed amendment.

Right to an Accounting of Disclosures

Subject to certain limitations, patients have a right to receive an Accounting of certain Disclosures of PHI made by Kaweah Delta in the six years prior to the date on which the accounting is requested. HIM is responsible for receiving and processing patient requests for an Accounting of Disclosures and shall respond within 60 days unless extended an additional 30 days in compliance with HIPAA. See HIM.6004 Accounting of Disclosures of Health Information.

Kaweah Delta is obligated to document the information required to be included in an accounting subject to an accounting request by a patient.

Right to Request Restriction on the Use or Disclosure of their PHI

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- The HIPAA Privacy Rule grants patients the right to request restrictions regarding the use or disclosure of their PHI for certain purposes, including treatment, payment, and healthcare operations (TPO). The rule also grants patients the right to request restrictions for other disclosures, such as those made to family members. Subject to certain exceptions, Kaweah Delta is not required to accept a restriction request, however if Kaweah Delta agrees to the restrictions, we must comply with the restriction except in an emergency related to treatment of the patient. In addition, there are certain situations when we may not be able to comply with a request. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and certain uses and disclosures that do not require authorization.

- The request must be received in writing, placed in the medical record, and linked to each record of care or the appropriate episode of care.

Right to Request Restrictions on Disclosures to their Health Plan for Services Paid for out of Pocket

- Kaweah Delta must agree to a request from a patient to restrict certain disclosures of the patient's PHI to the patient's health plan if the disclosure of the PHI pertains solely to a health care service and the patient has paid in full for the service out of pocket.

Request for Communications at an Alternate Location or by Alternate Means

- Kaweah Delta must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of PHI from the provider by alternative means of communication or at alternative locations.
  - For example, an individual might request that all appointment reminders (or other documents containing PHI) be mailed to their work address rather than the home address, or that the provider never contact them by phone at home, but rather call at an alternative number (work, friend's home, personal cellular phone, etc.)
  - Kaweah Delta may not require an explanation from the individual as to the basis for the request as a condition of providing communications on a confidential basis.

- Kaweah Delta must require the individual to make a request for a confidential communication in writing and must condition its agreement upon the following:
  - That the individual provides an alternative address or other method of contact.

Right to a Paper Copy of the Notice of Privacy Practices (Notice)

- A patient has the right to receive a paper copy of the Notice of Privacy Practices upon their initial visit and then subsequently by request or

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when a major change has been made to the information contained in the Notice.

Right to File a Complaint

The HIPAA Privacy Rule provides patients with the right to file a complaint with Kaweah Delta and with the Office for Civil Rights (OCR). The contact information for OCR is included in the Notice. Upon receipt of the patient complaint, the Compliance Department will investigate and, as necessary, provide notification to the patient regarding the determinations.

Right to Designate a Personal Representative to Act on the Patient's Behalf

Subject to certain exceptions, a patient has the right to appoint an individual as their personal representative under and in compliance with applicable state law with respect to uses and disclosures of their PHI, as well as their other rights under the HIPAA Privacy Rule. Refer to 45 CFR 164.502(g) for additional information.

The following displays who must be recognized as the personal representative for these categories of individuals:

- An adult or an emancipated minor – A person with legal authority to make health care decisions on behalf of the individual
- An un-emancipated minor – A parent, guardian, or other person acting with legal authority to make health care decisions on behalf of the minor child. Unless the patient, who is a minor, signs the authorization for the release of medical information related to treated to which the minor can legally consent (*see CHA Consent Manual, regarding minor's consent to treatment*)
- Deceased patient – A person with legal authority to act on behalf of the decedent or the estate (not restricted to health care decisions)

Right to be Notified of a Breach

A patient has the right to be notified of a breach of the patient's PHI. Information related to breach notification is maintained by the Compliance Department and patient notification is coordinated by the Compliance Department.

A. The patient has the right to inspect and to receive a copy of their medical record. The request may be denied in certain very limited circumstances. The Health Information Management Department (HIM) is responsible for handling all requests for access to a patient record according to AP.04 Patient Access to Medical Records.

B. The patient has the right to request an amendment to their medical information if they feel it is incorrect or incomplete. The Health Information Management Department is responsible for handling all requests for amendment according to HIM policy Amendment of and Accounting of Disclosures of Health Information.

C. The patient has the right to request an "accounting of disclosures" which includes disclosures made for purposes other than treatment, payment or

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~~health care operations. The Health Information Management Department is responsible for handling all requests for an accounting of disclosures according to HIM policy Amendment of and Accounting of Disclosures of Health Information.~~

~~D. The patient has the right to request restrictions or limitations on the use or disclosure of their medical information for treatment, payment or operations. All restrictions shall be implemented according to PR.07 Special Restriction on Use of Disclosure of Protected Health Information.~~

~~E. The patient has the right to request confidential communications. The patient may request communications in a certain way or at a certain location. The patient may request confidential communications at the time of registration through Patient Access. After services are provided, the patient may make these requests through Patient Accounting.~~

~~F. The patient has the right to receive a paper copy of the Notice of Privacy Practices. Each patient shall receive a paper copy upon initial registration or admission and upon registration or admission following a revision of the District's Kaweah Delta's Notice. The Acknowledgement of Receipt of the Notice of Privacy Practices will be maintained in the patient's electronic lifetime medical record. The current Notice will be posted at appropriate places throughout the DistrictKaweah Delta.~~

~~G. The patient has the right to file a complaint with the DistrictKaweah Delta or with the Secretary of the Department of Health and Human Services if they believe their privacy rights have been violated. Complaints to the DistrictKaweah Delta are filed according to AP.08, COMPLAINT & GRIEVANCE MANAGEMENT. There shall be no retaliation against patients who file a complaint.~~

~~H. The patient has the right to authorize certain uses or disclosures of their demographic and/or medical information.~~

~~1. When the use or disclosure is not for treatment, payment or operations or when the DistrictKaweah Delta is not required to use or disclose the information to comply with a State or Federal law.~~

~~2. The authorization shall be in the format found in Exhibit A and shall become a part of the patient's electronic lifetime medical record.~~

III. Patient responsibilities.

A. All patients have a responsibility to:

1. Provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters related to his/her health.

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2. Report unexpected changes in his/her condition to the responsible practitioner.

3. Report whether he/she clearly comprehends a contemplated course of action and what is expected of him/her.

4. Follow the treatment plan recommended by the practitioner primarily responsible for his/her care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care, implement the responsible practitioner's orders, and enforce the applicable ~~District~~ Kaweah Delta rules and responsibilities.

5. Keep appointments and, when unable to do so for any reason, notify the responsible practitioner or hospital.

6. Assure that the financial obligations associated with his/her health care are fulfilled as promptly as ~~possibly~~possible.

7. Follow the hospital rules and regulations affecting patient care and conduct.

8. Be considerate of the rights of other patients and ~~District~~ Kaweah Delta staff members and for assisting in the control of noise, smoking, and the number of visitors.

9. Be respectful of the property of other persons and of ~~the District~~Kaweah Delta.

10. Be accountable for his/her actions if treatment is refused or if he/she does not follow the ~~practitioners~~practitioner's instructions.

IV. Non-Discrimination

Kaweah Delta ~~Health Care District (Kaweah Delta),~~ complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaweah Delta does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Kaweah Delta:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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- Provides free language services to people whose primary language is not —English, such as: Qualified interpreters

- Information written in other languages

If a person needs any of these services, contact the Interpreter Services Department at (559) 624-5902.

If a person believes that Kaweah Delta has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, ~~you~~one can file a grievance in accordance with the procedure outlined above. (See I.A(22) and I.A(23) above and AP.08 Patient Complaint & Grievance Management)

~~with the Compliance and Privacy Officer, 400 W. Mineral King, Visalia CA 93291, 559-624-5006, Fax 559-635-4064., email www.kdhcd.org. A person can also file a grievance in person or by mail, fax, or email. If assistance is needed in filing the grievance, the Compliance and Privacy Officer is available.~~

A person can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, —or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at: http://www.hhs.gov/ocr/office/file/index.html.

Complaints regarding privacy concerns may be filed with the Compliance and Privacy Officer, 400 W. Mineral King, Visalia CA 93291, 559-624-5006, Fax 559-635-4064., email www.kdhcd.org. If assistance is needed, the Compliance and Privacy Officer, or their designee, is available.

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

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Attachment A

(Forms available online at: https://www.kaweahdelta.org/Patients-Visitors/For-Patients/Request-Medical-Records.aspx)

Kaweah Delta Health Care District
400 W. Mineral King - Visalia, CA 93291 - 559.624.2218 - Fax: 559.741.4888

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with California and Federal law concerning the privacy of such information. **Failure to provide all information requested may invalidate this Authorization.**

USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (___) _____ Alternate Phone: (___) _____

DOB: _____ SSN: _____

I hereby authorize _____ (Name of physician, hospital or health care provider) to disclose to:

Name of Requestor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (___) _____ Fax: (___) _____

Purpose of requested disclosure:

[ ] Medical Care [ ] Personal [ ] Other: _____

Date of Service: _____

This authorization applies to the following information:

[ ] History and Physical [ ] Dialysis Records [ ] Operative Report
[ ] Discharge Summary [ ] Labs/X-Rays/HIV Results
[ ] Mental Health Treatment Info [ ] Alcohol/Drug Treatment

Method of Release:

[ ] Pick up by Patient
[ ] Mail to: _____
[ ] Fax to: _____
[ ] Pick up by other than patient:
Name: _____

EXPIRATION

This authorization expires (insert date): _____

Authorization for Use or Disclosure of Health Information
CVBF 686 Page 1 of 2

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Kaweah Delta Health Care District
400 W. Mineral King - Visalia, CA 93291 - 559.624.2218 - Fax: 559.741-4888

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

NOTICE OF RIGHTS AND OTHER INFORMATION

I may refuse to sign this authorization. I have the right to receive a copy of this authorization.

I may revoke this authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the following address:

Kaweah Delta Health Care District
Health Information Management
400 W. Mineral King Avenue
Visalia, CA 93291

My revocation will be effective upon receipt, but will be limited to the extent that the requestor or others may have responded to this authorization.

Neither treatment, payment, or eligibility for benefits will be conditioned on my providing or refusing to provide this authorization.

Information disclosed pursuant to this authorization could be re-disclosed by the recipient and might no longer be protected by federal confidentiality law (HIPAA). However, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.

I may inspect or obtain a copy of the health information that I am being asked to authorize use or disclosure.

I understand that this may include ALL medical records or other information regarding my treatment, hospitalization, and/or outpatient care for my condition, including *psychological or psychiatric impairment, drug abuse and/or alcoholism, and HIV results.*

If this box [ ] is checked, the requestor will receive compensation for the use or disclosure of my information.

SIGNATURE

Date: _____ Time: _____ am/pm

Signature: _____
(Patient/representative/spouse/financially responsible party)

If signed by someone other than the patient, state your legal relationship to the patient:

_____

Attending must authorize release of Psychiatric and Chemical Dependency records:
Please check one: [ ] Authorize Release [ ] Deny Release

Signature: _____ Date: _____
(Attending Practitioner Signature)

Kaweah Delta Health Care District
400 W. Mineral King - Visalia, CA 93291 - 559.624.2000

AUTORIZACIÓN PARA EL USO O LA DIVULGACIÓN DE INFORMACIÓN MÉDICA

Completar este documento autoriza la divulgación y / o uso de información médica personal que podría identificarlo, según se explica a seguir, de conformidad con la ley Federal y de California pertinente a la privacidad de dicha información.
No proporcionar toda la información solicitada puede invalidar esta autorización.

USO O DIVULGACIÓN DE INFORMACIÓN MÉDICA

Nombre del paciente: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: ____

Teléfono: (___) _____ Teléfono alternativo: (___) _____

Fecha de nacimiento: _____ Número de seguro social: _____

Por medio del presente Yo autorizo a _____
(Nombre del médico, hospital or proveedor de cuidado de salud,
para que intercambie información con:

Nombre del Solicitante: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono: (___) _____ FAX: (___) _____

Propósito de la divulgación solicitada: [ ] Atención médica [ ] Personal
[ ] Otro: _____

Fecha del servicio: _____

Esta autorización aplica a la siguiente información:

[ ] Historial Médico y Examen Físico
[ ] Resumen al dársele de alta
[ ] Informe Operativo
[ ] Info. de Tratamiento de Salud Mental
[ ] Registro de Diálisis
[ ] Laboratorio / Rayos X / Resultados VIH
[ ] Info. de Tratamiento por Abuso de Alcohol / Drogas

Método de divulgación: [ ] Enviado por Fax a: _____
[ ] Recogido por el paciente [ ] Enviado por correo a: _____
[ ] Recogido por otra persona que no es el paciente
Nombre: _____

Authorization for Use or Disclosure of Health Information
CVBF 687 Page 1 of 2

Revised 9/2010

Kaweah Delta Health Care District
400 W. Mineral King - Visalia, CA 93291 - 559.624.2000

AUTORIZACION PARA EL USO O LA DIVULGACION DE INFORMACION MÉDICA

VENCIMIENTO

Esta Autorización vence: Fecha: _____

NOTIFICACION DE DERECHOS Y OTRA INFORMACIÓN

Yo puedo negarme a firmar esta autorización. Tengo derecho a recibir a una copia de esta autorización. Puedo revocar esta autorización en cualquier momento. Mi revocación debe ser realizada por escrito, firmada personalmente por mí o por una persona que firme en mi nombre, y debe ser enviada a la siguiente dirección:

Kaweah Delta Health Care District, Health Information Management
400 W. Mineral King Avenue Visalia, CA 93291

Mi revocación entrará en efecto desde el momento en que sea recibida, pero no tendrá efecto referente a los actos que el Solicitante u otras personas hayan realizado basándose en esta autorización.

Mi decisión de dar o de negarme a dar esta autorización no condicionará el tratamiento, pago o mi elegibilidad para beneficios.

La información divulgada de conformidad con esta autorización podría a su vez ser divulgada por el receptor y podría dejar de estar protegida por la ley federal de confidencialidad (HIPAA, por su siglas en inglés). Sin embargo, las leyes de California prohíben a la persona que recibe mi información médica divulgarla a los otras personas, a menos que se obtenga otra autorización para esta divulgación de mi parte o que tal divulgación sea específicamente requerida o permitida por ley.

Puedo examinar u obtener una copia de la información médica que me están pidiendo autorizar para usar o divulgar.Yo entiendo que lo anterior puede incluir TODOS los registros médicos, u otra información relacionada con mi tratamiento, hospitalización, y/o atención médica como paciente externo para mi condición, incluyendo *impedimento psicológico o psiquiátrico, abuso de drogas y/o alcoholismo y resultados de exámenes para detectar el VIH.*

Si este casillero está marcado [ ], el Solicitante recibirá compensación por el uso o divulgación de mi información.

FIRMA

Fecha: _____ Hora: _____am/pm

Firma: _____
(Paciente/representante/esposo/esposa/persona económicamente responsable)

Si firma otra persona que no sea el paciente, indique la relación legal a el paciente:

_____

El profesional que atiende debe autorizar la divulgación de los registros Psiquiátricos y de Dependencia Química:

Por favor, marque una: [ ] Autorizo la divulgación [ ] No autorizo la divulgación

Firma: _____ _____
(Firma del Profesional que atiende al paciente) *(Fecha)*

Authorization for Use or Disclosure of Health Information
CVBF 667 Page 2 of 2

Revised 9/2010
340 .DiscloseHealthInfo-2010-p2_SP

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Kaweah Delta Health Care District

Administrative

Policy Number: AP64	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	
Confidentiality Security and Integrity of Health Information	

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

PURPOSE: To ensure the confidentiality, integrity, and availability of all Protected Health Information/electronic-Protected Health Information (PHI/e-PHI) Kaweah Delta Health Care District (Kaweah Delta) creates, receives, maintains or transmits; identify and protect against reasonably anticipated threats to the security or integrity of the information; protect against reasonably anticipated, impermissible uses or disclosures; and ensure compliance by Kaweah Delta's workforce.

DEFINITIONS:

"Health Care Provider" is any individual rendering direct or indirect care to a patient.

"Confidentiality" is maintaining privileged information except and unless the disclosure of such information is to another individual connected with Kaweah Delta who is able to demonstrate a need-to- know.

"Security" is the act of maintaining safety against adverse contingencies or breach.

"Integrity" is incorruptibility; moreover, procedures which safeguard against the compromise of the data.

"Health Information" is patient information gathered during examination or treatment from any media.

POLICY:

Patient ~~identifiable h~~Health ~~i~~Information is ~~kept~~ confidential and ~~is~~ shall only be ~~only~~ accessed and/or released in accordance with Kaweah Delta policy and State and Federal laws governing release of information.

I. The medical record and all patient identifiable medical, fiscal, social, or personal information whether on paper or other media, is the property of Kaweah Delta and may only be removed by court order, subpoena, appropriate approval, ~~–~~or in compliance with statute.

II. Access to patient identifiable information shall be granted by job title or function to the minimum level of access necessary to perform the required job and/or to provide patient care.

III. Access to a neighbor, co-worker, or friend/family member's medical record for personal use is strictly prohibited. If access to a neighbor, co-worker, or friend/family member's medical record is required to fulfill one's job duties, employee's must inform their manager and the Compliance department at compliance@kdhcd.org of the access prior to the end of one's shift.

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IV. Access to computerized patient information shall be governed by a minimum of two (2) levels of security: User ID and password.

V. User ID assignment shall be controlled by:
   a. Protocols and requirements for each system
   b. Administrator of each system

VI. Notifications of any staff member who resigned or is discharged are distributed to the appropriate system administrator. Only in the event of an immediate term, HR will contact the Help Desk and the Administrator of the Day (AOD) will call or email system administrators.

VII. Passwords shall be changed periodically as needed.Reference Policy ISS.003 Password Guidelines

VIII. Individuals accessing ~~health~~patient information shall refrain from discussing patient related information except in the context and course of providing health care for the patient or other necessary information from inappropriate disclosure. (Reference Progressive Discipline Policy HR.216 for failure to comply.)

IX. Release of ~~medical~~patient information on any media to a Kaweah Delta health care provider involved in the care of the patient shall be authorized without further patient consult.

X. Telephone requests from outside Kaweah Delta for patient information shall be honored only for immediate patient care purposes in bona fide emergencies via a call-back procedure to verify the legitimacy of the requester.

XI. ~~Health~~PHI ~~care information~~ shall be secured against loss, destruction, unauthorized intrusion, corruption, or damage. A written disaster recovery plan which includes contingencies for theft, vandalism, loss of critical data, provision of emergency power, fire, and flood shall be in effect for all forms of medical information. (Reference ISS Disaster Recovery Manual/Information Security Policy ISS.001)

XII. ~~Gossip~~Conversation regarding any patient or their health information shall not be tolerated at KDHCD. Only the minimum necessary amount of information required in the performance of an employee's duty should be shared with others involved in the patient's care.

XIII. If the patient is the employee and the employee wants copies of his/her own record, an authorization must be completed in the Health Information Management (HIM) Department and access/copies provided by HIM. It is inappropriate for employees to access their own health records on Kaweah Delta computing resources. Each time the employee wants to view or copy records, an authorization must be signed in the HIM department. (Reference Access and Release of Protected Health Information AP.04)

XIV. Violations of this policy are subject to disciplinary action up to, and including, termination. (Reference Progressive Discipline Policy HR.216) ~~Progressive Discipline HR.216~~ Progressive Discipline

"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

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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:** Patient identifiable health information is kept confidential and is only accessed and/or released in accordance with KDHCD policy and State and Federal laws governing release of information, the following procedures are established.~~

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~~**PROCEDURE:**~~

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~~I. Definitions~~

~~A. Health Care Provider is any individual rendering direct or indirect care to a patient.~~

~~B. Confidentiality is maintaining privileged information except and unless the disclosure of such information is to another individual connected with the Health Care District who is able to demonstrate a need-to-know.~~

~~C. Security is the act of maintaining safety against adverse contingencies or breach.~~

~~D. Integrity is incorruptibility. Procedures which safeguard against compromise of the data.~~

~~E. Health Information is patient information gathered during examination or treatment from any media.~~

~~II. The medical record and all patient identifiable medical, fiscal, social, or personal information whether on paper or other media, is the property of Kaweah Delta Health Care District and may only be removed by court order, subpoena, or in compliance with statute.~~

~~III. Access to patient identifiable information shall be granted by job title or function to the level of access necessary to perform the required job and/or to provide patient care.~~

~~IV. Access to computerized patient information shall be governed by a minimum of two (2) levels of security: User ID and password.~~

~~V. User ID assignment shall be controlled by:~~

~~a. Protocols and requirements for each system~~

~~b. Administrator of each system~~

~~VI. Notifications of any staff member who resigned or is discharged are distributed to the appropriate system administrator. Only in the event of an immediate term, HR will contact the Help Desk and the Administrator of the Day (AOD) will call or email system administrators.~~

~~VII. Passwords shall be changed periodically as needed.~~

~~VIII. Individuals accessing health information shall refrain from discussing patient related information except in the context and course of providing health care for~~

~~the patient or other necessary information from inappropriate disclosure. (Reference HR.216 for failure to comply.)~~

~~IX. Release of medical information on any media to a KDHCD health care provider involved in the care of the patient shall be authorized without further patient consult.~~

~~X. Telephone requests from outside KDHCD for patient information shall be honored only for immediate patient care purposes in bona fide emergencies via a call-back procedure to verify the legitimacy of the requester.~~

~~XI. Health care information shall be secured against loss, destruction, unauthorized intrusion, corruption, or damage. A written disaster recovery plan which includes contingencies for theft, vandalism, loss of critical data, provision of emergency power, fire, and flood shall be in effect for all forms of medical information. (Reference ISS Disaster Recovery Manual/Information Security Policy ISS.001I)~~

~~XII. Gossip regarding any patient information shall not be tolerated at KDHCD. Only information required in performance of duty should be shared with others.~~

~~XIII. If the patient is the employee and the employee wants copies of his/her own record, an authorization must be completed in the Health Information Management Department and access /copies provided by HIM. It is inappropriate for employees to access their own health records on District computing resources. Each time the employee wants to view or copy records, an authorization must be signed in the HIM department. (Reference AP.04)~~

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

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Kaweah Delta Health Care District

Administrative

Policy Number: AP70	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Code of Ethical Behavior

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

POLICY: The Governing Board of Kaweah Delta Health Care District ("Kaweah Delta") has established this statement of organizational ethics in recognition of the institution's responsibility to its patients, employees, physicians, and the community it serves. It is the responsibility of every member of this hospital community – governing board member, administration, medical staff members, and employees – to act in a manner that is consistent with this policy and its supporting policies. The behavior of all members of this hospital community will be guided by the following principles:

1. All patients, employees, physicians, and visitors deserve to be treated with dignity, respect, and courtesy.
2. Kaweah Delta ~~Health Care District~~ will fairly and consistently represent itself and its capabilities.
3. Kaweah Delta ~~Health Care District~~ will provide services to meet the identified needs of its patients and will constantly seek to avoid providing those services that are unnecessary or ineffective.
4. Kaweah Delta ~~Health Care District~~ will observe a uniform standard of care throughout the organization.
5. Kaweah Delta ~~Health Care District~~ will promote the delivery of high quality and cost effective healthcare.
6. Kaweah Delta ~~Health Care District~~'s Code of Conduct reflects Kaweah Delta's commitment to providing high quality services to its patients, and its commitment to ethical and legal business practices.

PROCESS: The District will constantly strive to follow and expand on these principles.

I. Admissions, transfer, and discharge

Regardless of the settings in which this organization provides patient services, we will follow well-designed standards of care based upon patient needs. We will provide services only to those patients for whom this organization can safely provide care. Even as we work to provide care in a more economical manner to patients and providers, we will strive to provide care that meets ~~the District's~~Kaweah Delta's own standards of quality. Written criteria will guide caregivers in deciding to admit, treat, transfer, or discharge patients.

We will not turn patients away who are in need of ~~the District's~~Kaweah Delta services because they are unable to pay or because of any other factor that is substantially unrelated to patient care.

II. Marketing

Kaweah Delta ~~Health Care District~~ will fairly and accurately represent itself and its capabilities.

III. Respect for the patient

We will treat all patients with dignity, respect, and courtesy. All patients (or their significant others) will be involved – to the extent that is practical and possible – in decisions regarding the care that we deliver. We will inform patients about alternative therapies and the risks associated with the care we offer them. We will seek to understand and respect their objectives for care. We will communicate openly and honestly with patients, their family members and/or the person they designate as their caregiver.

IV. Resolution of conflict in patient care decisions

We recognize that conflicts might arise among those who participate in hospital and patient care decisions. Whether this conflict is between members of the administration, medical staff, employees, or governing board members, or between patient caregivers and the patients, we will seek to fairly and objectively resolve all conflicts. In cases where mutual satisfaction cannot be achieved, it is the policy of this Board to involve the Administrator On Call or the Director of Risk Management~~r~~ to oversee resolution of the conflict. (See AP.08 Complaint and Grievance Policy). Other staff and second opinions will be involved as needed to pursue a mutually satisfactory resolution.

V. Recognition of potential conflicts of interest

We understand that the potential for conflict of interest exists for decision makers at all levels throughout ~~the District~~Kaweah Delta – including governing board members, administration, the medical staff, and all other employees. It is ~~the District~~Kaweah Delta's policy to request the disclosure of potential conflicts of interest so that any appropriate action be taken to ensure that the conflict does not inappropriately influence important decisions.

Governing Board members, administration, and medical staff leaders are required to submit an annual disclosure form and to disclose potential conflicts related to decisions that arise during the course of a year. The Executive Leadership, Governing Board or the Medical Executive Committee will review potential conflicts and take appropriate action. In the event a potential conflict of interest has a direct impact on patient care, the institution may convene an Ethics Committee meeting to assist in the resolution of the issue.

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VII. Fair billing practice

~~The District~~Kaweah Delta will invoice patients or third parties only for services actually provided to patients, and will provide assistance to patients seeking to understand the cost of their care. The District will attempt to resolve questions and objections of patients while considering the institution's best interests as well.

VIII. Confidentiality

~~The District~~Kaweah Delta recognizes the extreme need to maintain the confidentiality of patient-related information as well as other information. As such, patient information will not be shared in an unauthorized manner, and sensitive information concerning personnel and management issues will be maintained in the strictest confidence and accessible only to those individuals authorized to review and act upon such information.

IX. Integrity

Clinical decision making is based on patient need without regard to how the hospital compensates its leaders, managers, clinical staff, and licensed independent practitioners.

Underlying each of the above principles is our overall commitment to act with integrity in all of ~~the District's~~Kaweah Delta's activities and to treat ~~the District's~~ employees, patients, visitors, physicians and the many constituents we serve with utmost respect. ~~The~~ Kaweah Delta's ~~District~~ Code of Conduct is a real expression of Kaweah Delta's ~~the District's~~ commitment to integrity, accountability and excellence. The Code establishes the variety of legal, professional and ethical standards that govern and regulate the work of Kaweah Delta~~the District~~, its employees, physicians and volunteers.

X. Related policies and documents

1. The following related policies and procedures and other documents provide further and specific guidance for ethical conduct at Kaweah Delta Health Care District: Advance Directives; AP.112
2. Bioethics Committee; AP.097
3. Patient Self-Determination Act and Self-Directives; AP.055
4. Patient Placement Guidelines; AP.115
5. Public Release of Patient Information; AP.103
6. Public Relations, Marketing and Media Relations; AP.006
7. Patient Privacy/Use and Disclosure of Patient Information; AP.107
8. Conflict of Interest; AP.023
9. Complaint and Grievance Management; AP.008
10. Organ and Tissue Donation; CP.49
11. Review of Billing Practices; CP-.02
12. Patient Rights and Responsibilities; AP.053
13. Discharge Planning; CC.03
14. Plan for Provision of Patient Care
15. Chain of Command for Resolving Clinical Issues; NS.05
16. Withholding/Withdrawing Life-Sustaining, Pre-Hospital; DNR PR.02
17. District Mission and Vision Statements
18. Do not Resuscitate; PR;02

19. Informed Consent Verification; PR.05
20. Complaint and Grievance Policy; AP-.08
21. Vendor Relationships and Conflict of Interest; AP.40
22. Compliance Program Administration; CP.01
~~21.~~23. Code of Conduct
~~22.~~24. Anti-Harassment and Abusive Conduct
~~23.~~25. Behavioral Standards of Performance

"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: AP77	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

On-Call Physician Per Diem Process

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

POLICY: ~~Some~~ Certain specialty and subspecialty physicians providing Emergent and/or restricted ~~cy~~ Call Coverage for the Kaweah Delta Health Care District ~~Emergency Department~~ are paid a per diem stipend for their availability to, and for the burden of, providing Call Coverage~~Emergency Department coverage~~. The rates shall be consistent with Fair Market Value, and will be developed consistent with the process outlined in CP.03 – Physician Exclusive and Non-Exclusive Provider Agreements.

PROCEDURE:

I. ~~Some members of the~~ Kaweah Delta Medical Staff taking ~~Emergency~~ Call Coverage responsibilities shall be compensated with a per diem stipend associated with their call coverage category. The ~~Emergency~~ Call Coverage per diem stipend shall be applicable for each day of the year call coverage is provided by an eligible specialty or subspecialty physician on call.

II. The Emergency Call Coverage Schedule shall be published ~~monthly by Medical Staff Services based on the call schedule established by the respective specialties/departments on the Call Schedule.~~on AMI~~i~~ON . The call schedule shall be ~~is e~~established by the respective specialties/D~~d~~epartments on the Call Schedule. ~~There is a dedicated representative for most of the call groups.~~ The Medical Staff Office shall provide support concerning ~~oversees~~ the AMI~~i~~ON call schedule as needed.

III. The start and end time for each ~~24 hours of~~ Call Coverage period shall be defined by each specialty or subspecialty in collaboration with Kaweah Delta Leadership.

Once the call schedule is published, physicians making any changes in call coverage assignments are responsible for contacting the ~~Medical Staff Services Office~~representative of their call group 48 hours in advance ~~to inform of any changes. When the Medical Staff Services Office is not open, i.e., Saturdays, Sundays, observed holidays, the physician assigned Emergency Call is responsible for contacting the Emergency Department regarding any changes~~who shall ~~will immediatedly~~immediately notify the Medical Staff Office of said changes, in writing.

IV. At the end of each month, the Medical Staff Office shall ~~Services is responsible for~~ ~~compiling a summary~~assur~~inge~~ the accuracy of the published AMION calendar ~~of~~ for per diem ~~c~~Call C~~c~~overage services rendered by physicians in each category ~~of Emergency Call~~. ~~This list shall be provided to the~~ Utilizing the A~~mmion~~MION published calendar, the Kaweah Delta Health ~~Care District~~ Finance Department shall process payment ~~which will be responsible for making payment of the stipend~~ to the physicians pursuant to the terms contemplated within the Call Coverage Agreement. ~~taking call by not later than the tenth of the month following the month in which Emergency Call Coverage services have been rendered.~~

V. Physicians providing ~~Emergency Department~~ C~~c~~all ~~c~~Coverage services shall not be compensated unless they have executed a ~~will be required to sign an Emergency Department~~ Call Coverage Service ~~Remuneration~~ Agreement ~~with the District in order to be eligible for remuneration for this service~~.

KDHCD Observed Holidays		
New Year's Day	-	January 1st
President's Day	-	Third Monday in February
Memorial Day	-	Last Monday in May
Independence Day	-	July 4th
Labor Day	-	First Monday in September
Thanksgiving Day	-	Fourth Thursday in November
Friday following Thanksgiving Day	-	Friday following Thanksgiving Day
Christmas Day	-	December 25th

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Kaweah Delta Health Care District

Administrative

Policy Number: AP87	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	
Sentinel Event and Adverse Event Response and Reporting	

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

PURPOSE:

This Policy describes the multidisciplinary framework in which Kaweah Delta (KD) and its organized Medical Staff identifies and responds to all Sentinel Events/Adverse Events (SE/AE) occurring within the organization. KD's response encompasses the identification, investigation, and action plan to reduce risks, implement process improvements, monitor the effectiveness of those improvements, and the appropriate reporting of Events consistent with The Joint Commission (TJC) and all applicable regulatory mandates.

Kaweah Delta recognizes that the commitment to Quality and Safety is everyone's responsibility, and that this accountability begins at the unit level where individual unit staff and leadership play a critical role in the delivery of quality care and patient safety.

The Risk Management (RM) Director shall coordinate all investigations, Root Cause Analysis (RCAs), Plans of Correction, Action Plans and monitoring activities. The RM Director will coordinate with the Chief Executive Officer (CEO), Chief ~~Medical~~Quality Officer (C~~M~~QO), and any other appropriate Vice President (VP) to ensure the timely and complete compliance with all required notification(s) to CDPH or CMS. The RM Director will coordinate with the CEO, CMO, or the appropriate VP to ensure the written Plan of Correction report is completed and received by CDPH.

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DEFINITIONS:

I. **Sentinel Event (SE)** – is a term used by The Joint Commission to describe "a Patient Safety Event" that reaches a patient and results in any of the following:

- Death
- Permanent harm
- Severe temporary harm and intervention required to sustain life

Reporting of Sentinel Events to The Joint Commission is strongly encouraged, but not required.

I. **Adverse Events (AE)** – The list of CDPH reportable adverse events is defined by California Health and Safety Code Section 1279.1. These Adverse Events encompass "Sentinel Events" as well as other delineated (and reportable) situations as well as National Quality Forum's "never events." (See Attachment B).

II. For purposes of this policy, Sentinel Events and Adverse Events shall be considered as one: Sentinel Event/Adverse Event (SE/AE).

~~I.~~**III. Near-Miss** – any process variation that did not affect an outcome, but for which a recurrence carries a significant chance of serious adverse outcome. Such a "near-miss" falls within the scope of the definition of a SE, but outside of the scope of those Events that are subject to review by TJC under its SE Policy.

~~II.~~**IV. Quality Concern –** Events, errors, or situations that are either corrected before a patient is harmed, or that represent an opportunity to identify and correct flaws that jeopardize patient safety. They do not rise to the level of Sentinel/Adverse or near-miss events, and are managed by the RM department utilizing the Focused Review process.

V. Focused Review – A process similar to an RCA, to evaluate Quality Concerns that hold less potential for severity and harm than would be appropriate for an RCA. In the absence of extenuating circumstances, Focused Reviews are conducted by Unit or Service Line leadership utilizing the KD standardized process and documentation. (Attachment C) RM staff shall serve as a resource to this process on an as needed basis. Focused Reviews are an integral part of KD's Patient Safety and Quality Improvement program.

~~III.~~VI. **Center for Medicare and Medicaid Services (CMS)** – Federal agency responsible for enforcement of Medicare and Medicaid regulations.

A. CMS requires a report within 24 hours of any deaths associated with the use of restraints.

~~IV.~~VII. **Case Review Committee (CRC)** – A multidisciplinary team composed of:

~~Chief Executive Officer,~~
- Chief of Staff or designee (Chair), if Applicable,
- Medical Staff Clinical Department Chair, if Applicable,
~~Chief Medical Officer (CMO),~~
- Chief Nursing Officer (CNO), in events involving nursing
~~Chief Operating Officer (COO)~~
- Vice President of area in which event occurred, as available
- Medical Director of Quality/Patient Safety, as available
- Director of Risk Management (RM) ~~Director~~
- Director of Quality/Patient Safety~~,~~
- Director of area where SE/AE occurred
- Others may be asked to participate as appropriate

~~A quorum for taking action by the CRC shall require at least two Medical Staff members and at least two Administrative members.~~

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~~V.~~VIII. **Root Cause Analysis (RCA)** – Root-Cause Analysis (RCA) – Root cause analysis is a comprehensive systematic analysis for identifying the factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily, but not exclusively, on systems and processes, rather than individual performance. The analysis identifies changes that could be made in systems and processes through redesign of development of new systems or processes that will improve the level of performance and reduce the risk of particular serious adverse event occurring in the future. Root Cause Analysis is an integral part of KD's Patient Safety and Quality Improvement program.

PROCESS for Sentinel/Adverse events and near-misses:
(see Algorithm, Attachment A):

A. When an event that is potentially a Sentinel/Adverse or near-miss occurs or is discovered, staff will immediately notify the RM Director or RM staff member on call.

B. Upon notification of the event, the Risk Management Department will immediately perform an initial assessment to determine the following:

~~A.~~1. The immediate safety of any patients, staff or other persons who are or may be at risk.

~~B.~~2. ~~Whether the event in question may require the convening of the CRC. If this is thought to be the case, the RM Director will notify the CMO to confirm this determination. Upon confirmation, the COS & CEO shall be notified in a timely manner. Those events, in which there is no question as to the fact that a SE/AE or near-miss has occurred as determined by the RM Director in consultation with the CMO, will not require the convening of a CRC. In these situations,~~ tThe RM Director or designee shall proceed directly to initiate a~~n~~ CRC meeting. ~~RCA~~ as described in Section C, below.

~~C.~~3. RM will then complete their investigation.

~~D.~~C. The convening of the CRC will be the responsibility of the RM Director or designee with assistance as required from the Chief ~~Medical~~Quality Officer, the Medical Director of Quality/Patient Safety, or their designee's, and will occur within 72 hours.

~~C.~~D. The CRC responsibility is to consider the event in question and determine:

~~A.~~1. If the event is a Sentinel/Adverse, or near-miss.

~~B.~~2. If the event requires reporting to either CDPH and/or TJC,

~~C.~~3. If the event does NOT require an RCA, and an alternate action is appropriate

~~D.~~4. If any immediate actions prior to the RCA are required

E. If the event is deemed reportable, the RM Director or designee will ensure that such reporting is done in compliance with KD policy and all applicable regulatory and statutory requirements as well as~~.~~ notify the CEO, COO, and CNO.

F. Upon determination that a Sentinel/Adverse event has occurred, the RM Director shall conduct a RCA using methodology consistent with current TJC standards unless the CRC determines that an alternate action is appropriate. To create a safe environment, intended attendees at RCA's

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are exclusively those individuals that were directly involved in the event. In unusual circumstances, and at the discretion of the RM Director, other participants, including managers and/or Directors may be included only if their participation is of clear value. Staff involved in the event will make every effort to attend the RCA. Directors shall also ensure to the best of their ability that their involved staffs are available to attend the RCA. Leadership will be responsible for ensuring that support services for any involved individual needing them are available. Patients and/or families may also be interviewed to gather information for the RCA, as appropriate.

G. The RM Director or designee in collaboration with the patient's physician, Chief of Staff or designee will ensure that- an apology is offered and notice of the SE/AE is given to the patient involved, or the party responsible for the patient, of the nature of the Event by the time the initial report is made to CDPH. A notation that this notice has occurred shall be placed in the patient's medical record. If process changes were implemented as a result of a preventable SE/AE, the patient/family will be informed of those changes. An apology or notice are not required for near-miss events or quality concerns.

H. While the focus of SEs/AEs is about improving patient care, KD may also waive costs to the patient or a third party payer for costs directly related to the SE/AE. This will be reviewed on a case-by-case basis.

I. The patient or the party responsible for the patient shall not be provided with a copy of the CDPH report. The CDPH report will not be placed in the patient's medical record, and no reference that a report to CDPH has been made should be included in the medical record.

~~VI.~~IX. The RCA shall be conducted and produce an Action Plan within 20 days of the initial meeting that includes a detailed review of what transpired prior to, during, and immediately following the event.

The RCA will:

A. **Focus on systems and processes related to event;**

B. Identify changes that could be made in the systems and processes which would reduce to prevent future occurrences:

C. Develop a detailed written Action Plan for each of the opportunities identified, and will:

1. Identify the key accountable staff position (usually a Director) for ensuring changes are implemented,
2. A date for action implementation or completion,
3. How the department will monitor the effectiveness of such changes, including the accountable staff person and target dates for reporting;
4. If possible, include references from relevant literature for "best practices" used in the RCA and the development of the Action Plan.

D. All documentation related to RCAs, Focused Reviews, Action Plans, CDPH Plans of Correction, and monitoring activities involving clinical practice or conduct by members of the Medical or Advanced Practice Provider staff will be maintained exclusively as confidential Medical Staff

documents so as to be protected by California Evidence Code, Section 1157.

E. **The RM Director, C~~M~~QO, and the Medical Director of Quality/Patient Safety are responsible for reporting finalized RCAs and Action Plans to the following committees as appropriate for approval:**

- The Patient Safety Committee;
- Prostaff
- Medical Staff issues will be referred to the appropriate medical staff committee/department for follow-up prior to being referred on to the Medical Executive Committee.
- Quality Council

F. Board of Directors Organizational Learning: Every attempt will be made to use "teaching moments" and disseminate the "lesson learned" from these events to all appropriate areas of our organization. Department and unit meetings, in-service discussions, Grand Rounds, conferences, newsletters and other venues will be used in this effort to be sure that we collectively learn from, improve, and prevent similar occurrences in the future.

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

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Attachment A

Process

Suspected Sentinel/Adverse Event → CRC --- If SE/AE confirmed → RCA* (except HAPI)

Suspected Near-miss → CRC--- If near-miss confirmed: → RCA*

Quality Concern → Focused Review

*unless CRC determines that an alternate action is appropriate

Attachment B

SPECIFIC DEFINITION OF SENTINEL/ADVERSE EVENT IN LAW

I. *California Health and Safety Code 1279.1*

1279.1. (b) For purposes of this section, "adverse event" includes any of the following:

(1) **Surgical events**, including the following:

(A) **Surgery performed on a wrong body part** that is inconsistent with the documented informed consent for that patient. A reportable event under this subparagraph does not include a situation requiring prompt action that occurs in the course of surgery or a situation that is so urgent as to preclude obtaining informed consent.

(B) **Surgery performed on the wrong patient.**

(C) **The wrong surgical procedure performed on a patient**, which is a surgical procedure performed on a patient that is inconsistent with the documented informed consent for that patient. A reportable event under this subparagraph does not include a situation requiring prompt action that occurs in the course of surgery, or a situation that is so urgent as to preclude the obtaining of informed consent.

(D) **Retention of a foreign object in a patient after surgery or other procedure**, excluding objects intentionally implanted as part of a planned intervention and objects present prior to surgery that are intentionally retained.

(E) **Death during or up to 24 hours after induction of anesthesia after surgery** of a normal, healthy patient who has no organic, physiologic, biochemical, or psychiatric disturbance and for whom the pathologic processes for which the operation is to be performed are localized and do not entail a systemic disturbance.

(2) **Product or device events**, including the following:

(A) **Patient death or serious disability associated with the use of a contaminated drug, device, or biologic** provided by the health facility when the contamination is the result of generally detectable contaminants in the drug, device, or biologic, regardless of the source of the contamination or the product.

(B) **Patient death or serious disability associated with the use or function of a device** in patient care in which the device is used or functions other than as intended. For purposes of this subparagraph, "device" includes, but is not limited to, a catheter, drain, or other specialized tube, infusion pump, or ventilator.

(C) **Patient death or serious disability associated with intravascular air embolism** that occurs while being cared for in a facility, excluding deaths associated with neurosurgical procedures known to present a high risk of intravascular air embolism.

(3) **Patient protection events**, including the following:

(A) An infant discharged to the wrong person. Attachment I

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(B) Patient death or serious disability associated with patient disappearance for more than four hours, excluding events involving adults who have competency or decision making capacity.

(C) **A patient suicide or attempted suicide resulting in serious disability while being cared for in a health facility** due to patient actions after admission to the health facility, excluding deaths resulting from self-inflicted injuries that were the reason for admission to the health facility.

(4) **Care management events**, including the following:

(A) **A patient death or serious disability associated with a medication error**, including, but not limited to, an error involving the wrong drug, the wrong dose, the wrong patient, the wrong time, the wrong rate, the wrong preparation, or the wrong route of administration, excluding reasonable differences in clinical judgment on drug selection and dose.

(B) A patient death or serious disability associated with hemolytic reaction due to the administration of ABO-incompatible blood or blood products.

(C) **Maternal death or serious disability associated with labor or delivery** in a low-risk pregnancy while being cared for in a facility, including events that occur within 42 days post-delivery and excluding deaths from pulmonary or amniotic fluid embolism, acute fatty liver of pregnancy, or cardiomyopathy.

(D) **Patient death or serious disability directly related to hypoglycemia**, the onset of which occurs while the patient is being cared for in a health facility.

(E) Death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia in neonates during the first 28 days of life. For purposes of this subparagraph, "hyperbilirubinemia" means bilirubin levels greater than 30 milligrams per deciliter.

(F) **A Stage 3 or 4 ulcer**, acquired after admission to a health facility, excluding progression from Stage 2 to Stage 3 if Stage 2 was recognized upon admission.

(G) **A patient death or serious disability due to spinal manipulative therapy** performed at the health facility.

(5) **Environmental events**, including the following:

(A) **A patient death or serious disability associated with an electric shock** while being cared for in a health facility, excluding events involving planned treatments, such as electric counter shock.

(B) **Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by a toxic substance.**

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(C) **A patient death or serious disability associated with a burn** incurred from any source while being cared for in a health facility.
(D) **A patient death associated with a fall** while being cared for in a health facility.
(E) **A patient death or serious disability associated with the use of restraints or bedrails** while being cared for in a health facility.

(6) **Criminal events**, including the following:
(A) Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider.
(B) The abduction of a patient of any age.
(C) **The sexual assault on a patient** within or on the grounds of a health facility.
(D) **The death or significant injury of a patient or staff member resulting from a physical assault** that occurs within or on the grounds of a facility.

(7) **An adverse event or series of adverse events that cause the death or serious disability of a patient, personnel, or visitor.**

Title 22, Division 5, Chapter 12, Article 5, Section 79787

(c) Events constituting an unusual occurrence shall include, but not be limited to:
(1) Poisonings.
(2) Fires or explosions.
(3) Death of an inmate-patient, employee, or visitor because of unnatural causes.
(4) Sexual acts involving inmate-patients who are minors, nonconsenting adults, or persons incapable of consent.
(5) Physical assaults on inmate-patients, employees, or visitors.
(6) All suspected criminal acts involving inmate-patients, employees, or visitors.
(7) All suspected incidents of physical or sexual abuse to an inmate-patient.
(8) Unexplained or illicit disappearance or loss of an inmate-patient or inmate-patient remains.
(9) Disruption of services of the licensed correctional treatment center.

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Attachment I REPORTING REQUIREMENTS UNDER STATE LAW

California Health and Safety Code – Pertaining to General Acute Care Hospitals

1279.1. (a) A health facility licensed pursuant to subdivision (a), (b), or (f) of Section 1250 shall report an adverse event to the department no later than five days after the adverse event has been detected, or, if that event is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, not later than 24 hours after the adverse event has been detected. Disclosure of individually identifiable patient information shall be consistent with applicable law.

(b) Omitted – see definitions of adverse/sentinel events per Health and Safety Code in previous section.

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(c) The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made.

(d) "Serious disability" means a 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 or loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or the loss of a body part.

(e) Nothing in this section shall be interpreted to change or otherwise affect hospital reporting requirements regarding reportable diseases or unusual occurrences, as provided in Section 70737 of Title 22 of the California Code of Regulations. The department shall review Section 70737 of Title 22 of the California Code of Regulations requiring hospitals to report "unusual occurrences" and consider amending the section to enhance the clarity and specificity of this hospital reporting requirement.

1279.2. (a) (1) In any case in which the department receives a report from a facility pursuant to Section 1279.1, or a written or oral complaint involving a health facility licensed pursuant to subdivision (a), (b), or (f) of Section 1250, that indicates an ongoing threat of imminent danger of death or serious bodily harm, the department shall make an onsite inspection or investigation within 48 hours or two business days, whichever is greater, of the receipt of the report or complaint and shall complete that investigation within 45 days.

(2) Until the department has determined by onsite inspection that the adverse event has been resolved, the department shall, not less than once a year, conduct an unannounced inspection of any health facility that has reported an adverse event pursuant to Section 1279.1.

(b) In any case in which the department is able to determine from the information available to it that there is no threat of imminent danger of death or serious bodily harm to that patient or other patients, the department shall complete an investigation of the report within 45 days.

(c) The department shall notify the complainant and licensee in writing of the department's determination as a result of an inspection or report.

(d) For purposes of this section, "complaint" means any oral or written notice to the department, other than a report from the health facility, of an alleged violation of applicable requirements of state or federal law or an allegation of facts that might constitute a violation of applicable requirements of state or federal law.
(e) The costs of administering and implementing this section shall be paid from funds derived from existing licensing fees paid by general acute care hospitals, acute psychiatric hospitals, and special hospitals.
(f) In enforcing this section and Sections 1279 and 1279.1, the department shall take into account the special circumstances of small and rural hospitals, as defined in Section 124840, in order to protect the quality of patient care in those hospitals.
(g) In preparing the staffing and systems analysis required pursuant to Section 1266, the department shall also report regarding the number and timeliness of investigations of adverse events initiated in response to reports of adverse events.

Title 22, Division 5, Chapter 12, Article 5, Section 79787– Pertaining to Correctional Treatment Centers

(a) Reportable communicable diseases shall be reported to the local health officer and all unusual occurrences shall be reported to the Department by the licensed correctional treatment center within twenty-four (24) hours, either by telephone with written confirmation or by telephone facsimile (FAX).
(b) The reporting of communicable diseases and outbreaks shall be in conformance with Sections 2500, 2502, 2503 and 2504 of Title 17, California Code of Regulations.
(c) Omitted – see definitions of adverse/sentinel events per Health and Safety Code in previous section.
(d) The licensed correctional treatment center shall furnish other pertinent information related to such occurrences as the local health officer or the Department shall require.
(e) All reports required in this Section shall be retained on file by the licensed correctional treatment center for three (3) years.
(f) Every fire or explosion that occurs in or on the premises shall be additionally reported immediately to the local fire authority, or in the areas not having an organized fire service, to the State Fire Marshal.
(g) The local health officer of the county to which an inmate-patient is to be released shall be notified at least one day in advance before an inmate-patient on any tuberculosis medication is released from the correctional facility.

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Definition of Sentinel Event – The Joint Commission

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A sentinel event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following:

- Death
- Permanent harm
- Severe temporary harm

An event is also considered sentinel if it is one of the following:

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- Suicide of any patient receiving care, treatment, and services in a staffed around-the-clock care setting or within 72 hours of discharge, including from the hospital's emergency department (ED)
- Unanticipated death of a full-term infant n Discharge of an infant to the wrong family
- Abduction of any patient receiving care, treatment, and services
- Any elopement (that is, unauthorized departure) of a patient from a staffed around-the-clock care setting (including the ED), leading to death, permanent harm, or
- severe temporary harm to the patient
- Hemolytic transfusion reaction involving administration of blood or blood products
  having major blood group incompatibilities (ABO, Rh, other blood groups)
- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of any patient receiving care, treatment, and services while on site at the
  hospital†
- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the hospital
- Invasive procedure, including surgery, on the wrong patient, at the wrong site, or that is the wrong (unintended) procedure‡
- Unintended retention of a foreign object in a patient after an invasive procedure, including surgery
- Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)
- Prolonged fluoroscopy with cumulative dose >1500 rads to a single field or any delivery of radiotherapy to the wrong region or >25% above the planned dose.

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Attachment C

Kaweah Delta HEALTH CARE DISTRICT

FOCUSED REVIEW

Patient Name:

Date of Admission:

Acct #:

Safety Event ID#: Event Date:

Brief Description of Event:

A. Intended Process Flow

- What is the intended process flow according to policy & procedure, protocol, guideline?
- Were there any steps in the process that did not occur as intended? Yes ☐ No ☐

B. Communication

- To what degree was the communication among participants adequate for this situation?
- What communication barriers exist?

Please explain:

C. Human Factors

- Did any of the following human factors contribute to the event: Boredom, failure to follow P&P, fatigue, inability to focus on task, inattentional blindness, personal problems, lack of complex critical thinking skills, rushing to complete task, trust.

Please explain:

D. People

- Did staffing factor into the event? Yes ☐ No ☐
- Was staff properly qualified and competent? Yes ☐ No ☐
- How can orientation/training be revised to reduce the risk of such events?

Please explain:

E. Equipment & Environment

- Was this the appropriate physical environment for the processes being carried out? Were there any equipment failures? Unknown ☐
- Was available technology used as intended? Yes ☐ No ☐
- What systems are in place to identify this environmental risk? N/A

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If no, please explain
F. Action Plan:
G. Measures of Success:

Kaweah Delta Health Care District

Administrative

Policy Number: AP91	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Unannounced Regulatory Survey Plan for Response

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

PURPOSE: To ensure that the appropriate District personnel respond in a coordinated and timely manner upon notification that surveyors and/or an outside regulatory agency have arrived for an unannounced visit to Kaweah Delta Health Care District.

POLICY: All unannounced regulatory visits to Kaweah Delta Health Care District will be handled in a coordinated and timely manner.

A. Surveyors will be provided immediate access to medical records. A District staff person will access the medical record as requested by and on behalf of the surveyor.

B. ~~Surveyor user names will not be audited to determine which records were viewed during the survey process. This is to ensure complete anonymity as to which patient records were reviewed~~.

C. A District staff person will be available to accompany a surveyor during his/her visit.

D. If a surveyor requests to interview a District employee during the visit, District staff has the right to request another District staff member, the Director of Risk Management or the Compliance and Privacy Officer be present during the interview, as appropriate.

E. In order to ensure compliance with HIPAA, state and federal privacy laws, District employees should validate surveyor credentials and purpose for the visit through on-campus interviews. Off-site phone interviews disallow this process and are, therefore, strongly discouraged.

Commented [EM1]: This is no longer the process used to access patient records. Instead, the KD escort navigates the patient record on behalf of the surveyor.

PROCEDURE:

I. Upon arrival to any campus of the District, Administration at Kaweah Delta Medical Center will be notified (624-2221) and the regulatory surveyors will be escorted to the following location based on the District campus where they arrive at which time credentials will be verified.

If the surveyors are from Joint Commission go directly to item II

CAMPUS	*OFFICE TO TAKE SURVEYORS*	*STAFF TO VERIFY CREDENTIALS*
Kaweah Delta Medical Center	Administration	Administration
Kaweah Delta Skilled Nursing	Director of SNF	Director of SNF
Kaweah Delta Rehabilitation Hospital	Director of Rehabilitation Hospital	Director of Rehabilitation Hospital
Kaweah Delta Mental Health Hospital	Director of Mental Health Hospital	Director of Mental Health Hospital
~~Kaweah Delta Dialysis – Porterville~~	~~Manager of Porterville Dialysis~~	~~Manager of Porterville Dialysis~~
Kaweah Delta Dialysis - Visalia	Manager of Visalia Dialysis	Manager of Visalia Dialysis
Kaweah Delta Rural Health Clinics	Director of Kaweah Delta Rural Health Clinics {Exeter, Woodlake, Dinuba & Lindsay}	Director of Kaweah Delta Rural Health Clinics

A. Upon arrival to the appropriate location as indicated in the preceding chart, the District staff member assisting the surveyors will provide each surveyor with the appropriate surveyor identification badge.

Surveyor identification badges must be worn at all times while on District premises. Surveyor identification badges will be displayed above the waist so as to be fully visible to District personnel and Security staff. At the conclusion of each visit, surveyors will immediately return the vendor identification badge and check out of the facility.

B. The following individuals shall be notified by e-mail and by phone of their arrival.

Title	Phone	Cell
Chief Executive Officer	624-2330	740-2496
Applicable SVP or VP:		
SVP & COO	624-2221	679-8726
SVP & CFO	624-4065	956-821-5926
VP Human Resources	624-2362	559-300-1742
VP & CNO	624-2221	740-6487
VP & CIO	624-5410	909-633-5278
VP Strategic Planning & Development	624-2359	799-2557
Risk Manager	624-2511	~~310-227-6357~~786-6908
Director of ~~Performance Improvement~~ Quality and Patient Safety	624-2169	~~737-7097~~707-7086
Compliance & Privacy Officer	624-5006	280-3105

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C. An e-mail will be sent to "Unannounced Survey Alert" including what outside regulatory agency is here, why they are here (if that information is provided), who is escorting them, and to what area they will be going.

D. A notification log shall be prepared by Administration and maintained in Administration documenting that the appropriate personnel were notified of the visit from the outside regulatory agency. This log will reflect the following data:

1. Date of the visit
2. What agency is making the visit and the name of the representative from that agency
3. Case # (if available)
4. Patient(s) the visit is concerning (if applicable)
5. Follow up report receipt date

E. ~~Risk Management will activate the usernames upon the surveyors arrival and deactivated at the conclusion of the survey.~~ Upon conclusion of the surveyor's visit, the District staff member who assisted/accompanied the surveyor shall notify (via phone, email or in-person) the CEO of the key issues/conclusions of the surveyor's findings.

F. Room designation for surveyors

G. Reserve the Acequia Wing Conference Room as the daily meeting room for the surveyors and escorts. This room will also serve as the secure location for storage of requested survey documents to be delivered by various KDHCD personnel and the secure location for storage of surveyor's personal items (handbags, laptop computers, etc.).

1. If there is a Board of Directors or Medical Staff meeting that must be moved out of the Acequia Wing to accommodate surveyors, a new location for the Board or Medical Staff meeting will take ~~presidence~~precedence to meetings already booked in other locations.

H. Arrange daily food service for surveyors if requested. Typical needs are for breakfast, lunch and afternoon snack, beverage service and bottled water available all day.

~~F.~~I. Reserve the Blue Room for the Exit Conference on the final day of the survey from 1200-1700.

II. Items III-V pertain specifically to unannounced surveys by the Joint Commission.

III. The Director of ~~Performance Improvement~~Quality and Patient Safety or designee will monitor the Joint Commission's secure Extranet website for impending survey information. Posting of survey announcement and surveyor biographies to the Extranet indicates possible impending survey. If survey is imminent, the following action is taken immediately:

A. Notify CEO, COO, CNO and CMO

B. Print surveyor biographies to facilitate positive identification on arrival.

IV. Regardless of location, upon arrival to the District, the Joint Commission surveyor(s) should be greeted, Administration notified (624-2221) **and the surveyors will then**

Commented [EM2]: No longer the process used to access medical records.

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be escorted to Administration at Kaweah Delta Medical Center where positive identification can be verified. Immediate notification to the Director of ~~Performance Improvement~~Quality and Patient Safety or designee is required. Identification will be verified by comparing the surveyor(s) documentation with the biographies printed from the Extranet. If a discrepancy exists, security will be notified immediately. Additional notification will be made to local law enforcement and to the Joint Commission. If the credentials of the JOINT COMMISSION survey team are verified, the following actions will be taken immediately:

A. Upon arrival to Administration the surveyors will obtain the appropriate surveyor identification badge. Surveyor identification badges must be worn at all times while on District premises. Surveyor identification badges will be displayed above the waist so as to be fully visible to District personnel and Security staff. At the conclusion of the Joint Commission survey, surveyors will immediately return the vendor identification badge to the Administration or the Director of ~~Performance Improvement~~Quality and Patient Safety.

B. One of the executive assistants in Administration will call the PBX operator and direct them to immediately announce by overhead page "Attention all staff. Kaweah Delta welcomes the Joint Commission surveyors with us today". The announcement will be repeated three times in one-minute intervals.

C. One of the executive assistants in Administration will notify all KDHCD Executive Team Support members and email out the "Readiness Checklist" to the Leadership Team to be completed immediately by Director's or designee upon notification of survey (and daily by 8 am). The Readiness Checklist will be faxed to ~~Performance Improvement~~ the Quality department {635-4089} within two hours of the initial request and daily by 8am each day of the survey. Each Executive Team Support member or their designee will contact their Executive Team member's Director's by phone of the unannounced survey.

D. One of the executive assistants in Administration will send an email to "Everyone" with high importance (red ! symbol) using the following text "An unannounced Joint Commission survey is in progress. See your area manager for additional information and instructions."

V. Additional Responsibilities by Service Area

A. One of the executive assistants in Administration

1. Reserve the Acequia Wing Conference Room as the daily meeting room for the surveyors and escorts. This room will also serve as the secure location for storage of requested survey documents to be delivered by various KDHCD personnel and the secure location for storage of surveyor's personal items (handbags, laptop computers, etc.). One of the Executive Assistants in Administration shall have a portable copy machine delivered to the Acequia Wing Conference

Room on day 1 of the survey. Also see page 4 wherein Facilities Department is to deliver a locking cabinet for secure storage to -the Acequia Wing Conference Room upon survey arrival.

2. Arrange daily food service for surveyors. Typical needs are for breakfast, lunch and afternoon snack, beverage service and bottled water available all day.

3. Reserve the Blue Room for the Exit Conference on the final day of the survey, 1400-1700 hours.

B. Director of ~~Performance Improvement~~Quality and Patient Safety or Designee

1. If not already accomplished, print surveyor biographies from the Joint Commission website and deliver 15 copies to Administration on morning of unannounced survey.

2. Prepare/deliver opening conference presentation.

3. Arrange for temporary surveyor badges.

4. Arrange for survey escorts

5. E-mail survey schedule to leadership/communication group as soon as possible.

C. Patient Access

1. Prepare printed copy of patient census and deliver to Administration as soon as possible day 1 of survey and by 8 am each of survey thereafter. Census at minimum to include patient name, account number, medical record number, age, unit/room number, diagnosis and admit date. Include each campus census:

   a) Kaweah Delta Medical Center

   b) Kaweah Delta Skilled Nursing (Subacute and Transitional Care)

   c) Kaweah Delta Rehabilitation Hospital and Kaweah Delta Mental Health Hospital

2. Prepare printed copy of surgical/procedural schedules and deliver to Administration as soon as possible day 1 of survey and by 8 am each of survey thereafter. Include the following:

   a) Inpatient and outpatient surgical schedule

   b) Endoscopy lab schedule

   c) Cardiac Cath lab schedule

   d) Interventional radiology/Special Procedures schedule

D. Medical Staff Manager or Designee

1. Notify Medical Executive Committee membership of survey ASAP

2. Notify credentials committee chair of requested attendance at credentials session.

3. Notify P&T chair of requested attendance at medication management session.

E. Director of Facilities Operations or Designee

1. Deliver required Environment of Care (EOC) documents to Administration.
2. Deliver a locking cabinet to the Acequia Wing Conference Room for use of secure storage of surveyor belongings (with enough keys for each survey escort)
3. Deploy all facilities staff to
   a) Remove clutter and obstructions throughout hospital
   b) Ensure cleanliness of facility beginning with areas surrounding Administration

F. Director of Health Information or Designee

1. Deliver medical record statistic form to Administration
2. Review electronic physician orders for signatures, dates and times – if not, call physician to come and sign

G. Director of Clinical Education or Designee

1. Alert educators for potential need for competency review.

H. Director of Food & Nutrition Services or Designee

1. Deploy food services staff to check refrigerators for expired food
2. Direct staff to make rounds on patient care units and remove dirty trays, carts, etc.

I. Nursing Units: **Daily** during survey week (Nursing Director or designee accountable)

1. Utilize "Day of Survey Checklist" (Attachment A)
2. Identify three charts daily for surveyors to use of patients who have been in various units in the hospital and have been in the hospital at least 3 days or may be ready for discharge. Ensure these charts are complete (complete initial assessment, good daily notes, care-planning, etc)
3. Review all restraint patients and ensure current order and documentation up to date

J. Other Clinical Service areas

1. Utilize "Day of Survey Checklist" **daily** (Attachment A)
2. Management/Staff to ensure
   a) No food or drink in areas
   b) Areas clean and free of clutter
   c) No supplies stored on floors

d) Confidential information out of public view
e) Review National Patient Safety Goals with staff

K. Information Systems

1. Chief Clinical Information Officer or designee– to notify appropriate staff of need to assist with online chart reviews throughout survey

L. Human Resources (HR)

1. Be on alert for need to review HR files. KDHCD staff escorting surveyors will notify HR as files are requested.
2. Print list of past twelve months termed employees

Attachment A

Unit: _____ E-Fax to 735-3064 or Fax to 635-4089 upon completion

	~~YES~~CHECK IF COMPLIANT
1. Halls clear, no equipment blocking medical gas shut off valve or fire pull stations?~~?~~	
2 Unit/department clean (including drawers and cabinets)?	
3 Garbage/Biohazard not overflowing?	
4 No outside shipping cardboard in patient care areas, or where patient supplies stored?	
5 Sharps containers no more than ¾ full?	
2. Nothing stored on floors or 18 inches from ceiling and/or fire sprinklers?	
3. ~~Employees know~~ performance improvement activities posted in unit/department (include safety culture if applicable) ~~(posted within department – preferably communication board)?~~	
4. ~~Employees can explain Standard Isolation (Universal Precautions)?~~	
5. Patient Care areas: If isol~~o~~ation caddy's are present are they stocked?	
5. Medication area clean and locked?	
~~6. Medication refrigerator clean?~~	
~~5.~~6. Patient refrigerator clean, patient ~~F~~food ~~in refrigerator~~ labeled and dated?	
~~6.~~7. Refrigerator log(s) complete?	
~~7.~~8. Ice machines clean (no scale in bin, etc.)?	
9. Oxygen tanks stored properly (in carts/caddy's)?	
8. Medications current (no expired medications)	
9. Supplies current (no expired lab tubes, supplies, etc) (check all supply places, drawers, etc!)	
10. Patient's own medications properly stored per policy?	
11. Open vials dated?	
12. Under sink clean?	
13. Employees can locate MSDS?	
13. Crash cart log up to date, with no gaps? All crash cart drawers locked?	
14. As applicable to your discipline review charts for completeness (ie	

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~~NADB, initial~~ admission assessments, risk assessments, medication administration documentation, care plans, etc)	
15. Nursing areas daily identify three good medical records of a patient here at least 3 days and preferably with multiple disciplines working with the patient (ensure chart is complete! – initial assessment, good daily notes, etc)	
16. Ensure restraint documentation is complete ~~orders present and signed~~	
17. ~~Ensure all order sets (i.e. pressure ulcer) are signed~~	

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Kaweah Delta Health Care District

Administrative

Policy Number: AP103	**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 Release of Patient Information	

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

PURPOSE: To provide guidelines for communication of specific patient information upon inquiry from the media or a member of the public.

POLICY: Basic patient information, as detailed below, may be released upon an inquiry concerning a specific patient, unless the patient specifically requests that such information be withheld. (Reference: Civil Code Section 56.16 and CHA Consent Manual and California Health Information Privacy Manual). However, there are special situations and circumstances that are described in more detail below and where applicable, should be followed.

Media requests for information should be forwarded to the Marketing and Public Relations Department during business hours and to the Nursing Supervisor at all other times. If necessary, the nurse in charge of any unit may provide the information requested.

Marketing, the Nursing Supervisor, or the nurse in charge of the unit may handle requests for information from the general public where the patient is receiving care. Information is limited as detailed below.

PROCEDURE:

I. Basic Information Which May Be Publicly Released
~~**Basic Information Which May Be Publicly Released**~~

The only information which may be released to the public is confirmation of the patient's presence in the hospital and the general condition of the patient. Information about the condition and location of a patient may be released only if the inquiry specifically contains the patient's name. No information can be given out if a request does not include the patient's name.

Other patient information cannot be released unless the patient specifically authorizes the release through a written authorization form.

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A. General Conditions

In describing a patient's condition, employees should limit their comments to the following one-word descriptions:

1. **Undetermined.** Patient is awaiting physician assessment.
2. **Good.** Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent.
3. **Fair.** Vital signs are stable and within normal limits. Patient is conscious but may be uncomfortable. Indicators are favorable.
4. **Serious.** Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable.
5. **Critical.** Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.
6. **Treated and Released.** Received treatment but not admitted.
7. **Treated and Transferred.** Received treatment. Transferred to a different facility.

"Stable" is not an accurate description of a patient's condition. This term should be avoided.

No statement may be made that there was a suicide or attempted suicide.

No statement may be made that a child's injuries appear to be the result of child abuse.

No statement may be made as to whether the patient is intoxicated or whether the ingested material is alcohol or other drugs regardless of whether the patient records are subject to state and federal regulation of drug or alcohol abuse patient records. Federal regulations and California law strictly prohibit the giving of any information about mental health or drug and alcohol abuse patients, including information as to whether or not they are in the hospital. While reporters may have information from the police concerning persons who subsequently become psychiatric or drug and alcohol abuse patients, all such inquiries should be answered, "We cannot, under federal regulations and/or California law, comment on the matter."

B. Location of a Patient

Disclosure of information concerning the patient's location to persons who inquire about the patient by name is permitted. However, caution should be exercised in disclosing this information over the phone. Release of such information is intended to facilitate visits by family and friends, as well as the delivery of gifts or flowers. Location should not be released to media. If such a request is made, contact the House Supervisor to handle the situation.

~~I.~~II. Special Situations

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A. Death of a Patient

~~A.~~

Privacy protections continue to apply to a patient's medical information even after the patient's death. The death of a patient is a "patient condition" and may be disclosed using the one-word "deceased." However, a patient's death may not be routinely announced by Kaweah Delta Health Care District (Kaweah Delta)~~the District~~, but rather by the patient's physician or the coroner. Care should be taken to make sure that the patient's family has been notified and does not object to disclosure prior to making any announcement of a patient's death.

B. ~~B. Public Figures~~ Public Figures

~~8.~~1. Public figures are entitled to the same considerations for privacy as all other members of the public.

~~9.~~2. The hospital should work with the public figure or his or her designee to answer these questions with minimum disruption for all concerned and to provide the appropriate cooperation with the media.

~~B.~~C. Patient or Patient's Family Contacts Media

The laws regarding the release of patient information apply even when the patient or the patient's family contacts the media. Other than cooperating to the extent described above, refer issues to ~~the District~~Kaweah Delta's Compliance and Privacy Officer, Director of Risk Management, Marketing Department, Administration or House Supervisor.

~~C.~~D. Community Disasters

Marketing Department staff will coordinate media communications in the event of a disaster.

~~D.~~E. Identity of Physician

The attending physician's name should not be given to the news media without the permission of the physician and written authorization of the patient.

~~E.~~F. Release of Patient Information for Minors

Release of information for a minor requires that written consent be obtained prior to releasing information from either:

1. The minor, if he/she consented to the treatment; or
2. The parent or legal guardian, if it was necessary for the hospital to obtain his/her consent for treatment of the minor.

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Once consent has been given, the general rules regarding release of patient information will apply.

~~F.~~G. Inquiries must contain the patient's name, unless the inquiry comes from clergy

Information about the condition and location of an inpatient, outpatient or emergency department patient may be released only if the inquiry specifically contains the patient's name. No information is to be given if a request does not include a specific patient's name. This includes inquiries from the press.

Inquiries from the clergy are an exception. Federal and State privacy regulations expressly permit hospitals to release the patient's name, location in the hospital, general condition and religion, so long as the patient has not refused release of the information. Clergy do not need to ask for the individual by name. Clergy may access the census via their assigned user ID and their own password.

~~G.~~H. Media Visits

When a member of the media needs to be on Kaweah Delta ~~District~~ property for business purposes, they must arrange their visit through the Marketing and Public Relations Department or Administration. An appropriate ~~District~~ Kaweah Delta staff member or security must accompany reporters and photographers at all times. Media access to departments or areas within ~~District~~ Kaweah Delta facilities may be restricted for safety and confidentiality reasons at any time.

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Kaweah Delta Health Care District

Administrative

Policy Number: AP132	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Use of rental, loaner, or demo clinical equipment

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

OVERVIEW: Due to patient census levels or specific diagnostic/treatment needs of a patient, it periodically becomes necessary for Kaweah Delta Health Care District to augment its inventory of clinical diagnostic or treatment devices through the use of rental, loaner, or demo equipment. In accordance with Joint Commission requirements, as well as Title 22 and CDPH regulations, the District will have a system in place to identify, track, and control such items during the period of time these devices are in District possession. "Possession" will be defined as the period of time beginning with the District's acceptance of the device and ending when the device physically leaves the District and is returned to the vendor.

PURPOSE: This policy will define appropriate methods for requesting rental, loaner or demo equipment, those individuals who will have authority to request that such devices be brought into the facility, and who will have authority and responsibility for procuring them. Once such devices arrive at the facility, this policy will define the process for inspection and acceptance of the devices for patient use. Finally, the policy will define the responsibilities of the clinical staff utilizing these devices and the appropriate methods for returning them once they are no longer needed for patient care or diagnosis.

PROCEDURES:

I. ORDERING - Only Central Logistics (Distribution) will have authority to requisition clinical equipment from any vendor for use on a rental, loaner or demo basis. Under no circumstances will individual departments place orders for clinical equipment directly with a vendor without working through Central Logistics as follows:

A. For devices requiring a physician order (such as specialty beds or wound vacs), nursing units that process orders ~~through the District's Order Processing Center (OPC) will submit the request for the device to the OPC. OPC~~ will enter the order into ~~ELMER~~ Power Chart and the order will print on Central Logistics' department printer notifying them of the request. This document will serve as the authorization for Central Logistics to contact the vendor and procure the requested equipment. ~~Clinical/nursing units not utilizing the OPC to process physician orders~~

~~will enter orders for the device directly into ELMER. These ELMER orders will also be sent to Central Logistics' department printer and will serve as the authorization for the procurement of the requested device.~~

B. The requisition of devices not requiring a physician order can be authorized only by the Nursing House Supervisor, the director or manager/lead of the requesting clinical/nursing unit, or the Central Logistics (Distribution) ~~Warehouse/Distribution~~ Manager when deemed necessary for the general operational needs of the District. Requests of this nature will be documented and approved on the District's standard Purchase Order~~Nonstock~~ Requisition Form and submitted to Central Logistics for procurement of the requested device. Devices brought into the facility on a loaner or demo basis will follow the same procedure.

C. Supporting documentation (Power Chart~~ELMER~~ orders or Purchase Order~~Nonstock~~ Requisition Form) will be entered into the District's materials management information system and issued a purchase order number in accordance with the Materials Management Department's departmental purchasing procedures. The purchase order will serve as the official payment authorization for the Finance Department once the invoice for the device is received from the vendor. Loaner or demo equipment brought into the facility at no charge will follow this same process, but will be documented on a "no charge" purchase order for tracking and documentation purposes.

II. **RECEIVING -**All vendors utilized for the procurement of clinical rental equipment shall strictly adhere to all policies and procedures of Kaweah Delta Health Care District, governing the rental and delivery of said devices. Vendor failure to comply with these policies and procedures may result in voidance of contractual obligations to said vendor, or exclusion of the vendor from conducting business within the District.

A. During transit, or immediately upon arrival at Kaweah Delta Health Care District, the vendor delivery personnel will request that Central Logistics contact the Clinical Engineering Department to notify them of the impending receipt of the rental device.

B. If the delivery is received between the hours of 0600 and 1430 Monday through Friday, Central Logistics will contact Clinical Engineering at ext. 2296, or through the hospital operator. If the delivery is received after 1430, Monday through Friday, or 24 hours on weekends or holidays, the Central Logistics department will contact the hospital operator to reach the on-call Biomedical Technician. Once the device reaches a District facility, the Biomedical Technician will do the following:

1. The Biomedical Technician will perform an electrical safety inspection on each piece of clinical rental equipment to verify it meets all applicable Title 22 and CDPH requirements for patient safety. **AT NO TIME WILL ANY RENTAL MEDICAL DEVICE BE PLACED INTO PATIENT USE UNTIL COMPLETION OF AN**

ELECTRICAL SAFETY INSPECTION BY CLINICAL ENGINEERING STAFF. NO EXCEPTIONS. The Biomedical Technician will also verify the following:

a. Receipt of a current electrical safety inspection sheet from the vendor.
b. Receipt of a current preventive maintenance report from the vendor.
c. Physical condition and operational readiness of each device.

2. Should any device fail to meet the above requirements, the device WILL NOT be accepted for use, and the vendor will be responsible for immediately removing the device from the premises, until such time as compliance is reached or the discrepancy resolved.

3. The Biomedical Technician will log ALL received devices onto the Rental Log Spreadsheet maintained by the Clinical Engineering Department and make any and all updates as required with the following information:

a. Device type
b. Date received
c. Requesting unit
d. Vendor/company name
e. Serial or vendor I.D.
f. Date safety inspected
g. Verification of required inspection documentation

III. **PATIENT USE -** Use of clinical rental equipment for patient diagnosis and/or treatment will be dictated by any and all applicable policies found in the District's Patient Care Manual, Environment of Care Manual, or other similar District policy manuals pertaining to clinical rental equipment of a like or similar nature to the equipment (owned or rented) identified in those policies. These policies include, but are not limited to, Patient Care Policy ~~CP. 43 "Support Surface and Specialty Bed Selection", Patient Care Policy CP~~PC.230~~ 92~~ "Wound Therapy: Negative Pressure Wound Therapy (NPWT) Device", Environment of Care Policy 1085 "District Electrical Safety Policy", Environment of Care Policy 6001 "Medical Equipment Management Plan", and Environment of Care Policy 6015 "Hospital Electrical Safety Policy and Personal Items", etc.

In addition, in order to reduce the cost of renting clinical equipment to the greatest extent possible, nursing/clinical departments will discontinue use of the equipment and return it to Central Logistics as soon as is clinically practical and appropriate for the patient being diagnosed/treated by the clinical equipment. Clinical equipment, other than specialty beds, will be marked appropriately and placed in the using department's soiled utility room for retrieval by the Central Logistics staff and return to the vendor. Specific policy and procedure for managing the use, processing, and return of such clinical equipment will be governed by Patient Care Policy PC.209~~MS. 18~~ "Equipment Accessed through Central Logistics (Distribution)".

RETURNS - Upon completion of the period of use, or at the time the physician discontinues the order, Central Logistics will be promptly notified to coordinate removal of the rented

item, either by discharging the patient or by discontinuing the order in Power Chart~~ELMER~~. Equipment (other than beds) should be placed in the soiled utility room for retrieval by the Central Logistics staff during normal rounds. The nursing unit may also call Central Logistics to notify them that equipment is ready to be picked up. Central Logistics will contact the vendor(s) necessary for immediate pickup and removal from the premises. Central Logistics will update the Rental Log Spreadsheet monitored by the Clinical Engineering Department with the date the device left the facility.

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Kaweah Delta Health Care District

Administrative

Policy Number: AP135	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Capital Budget Purchases

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POLICY: The Leadership Team assists in the development of the capital budget each fiscal year. This capital budget must be approved by the Board prior to any commitments occurring. This policy ensures that the appropriate procurement procedures are followed with respect to capital ~~budget~~ purchases.

DEFINITIONS:

I. Definition of Capital Equipment - capital equipment is defined as any single piece of equipment with a purchase price of $5,000 or greater, and an expected useful life of greater than one year. The total cost of the item includes any shipping, handling, freight, acceptance costs, installation fees, or taxes associated with placing the item into use within the District.

II. The Capital Committee exists improve controls and the vetting process without creating significant delays to the unbudgeted or non-vetted capital request process. This includes requests for new service lines, new clinical practices, new technology, procedures/equipment (outside of the Value Analysis Committee) and unbudgeted capital requests. This committee will meet weekly, if needed, and will be comprised of Executive team members, Finance, and Clinical Engineering and will be managed by the Materials Management Department. Any items needing further discussion, as determined by the Capital Committee, will be approved by the entire Executive Team.

PROCEDURE:

~~I. Definition of Capital Equipment - capital equipment is defined as any single piece of equipment with a purchase price of $2,000 or greater, and an expected useful life of greater than one year. The total cost of the item includes any shipping, handling, freight, acceptance costs, installation fees, or taxes associated with placing the item into use within the District.~~

~~II.~~I. All capital ~~budget~~ purchases must be procured through the Materials Management Department, unless prior approval is obtained from the Chief Executive Officer, Chief Operating Officer or Chief Financial Officer and obtaining the capital item through the normal purchasing procedure via Materials Management is not appropriate or practical or the purchase relates

to construction under District Policy AP136, “Construction In Progress Accounts”.

~~III.~~II. Capital ~~budget~~ purchases are only to be made for their stated and approved use. For example, if 4 gurneys were approved to be purchased, then the funds can only be used for 4 gurneys.

~~IV.~~III. In rare situations where the funds need to be reassigned and used for something other than their original approved use, including ~~to cover~~covering operating expenses, ~~the Vice President or Sr. Vice President can approve the change up to $5,000. Any changes greater than $5,000~~ must be approved by the ~~Executive Team, or directly by the Chief Executive Officer~~ the Capital Committee. Once approval is obtained, the Financial Accounting Manager or designee must be notified so that a new capital line can be created and the budgeted dollars moved accordingly.

~~V.~~IV. If operating expenses are to be used to purchase capital items, authorization must be obtained from the ~~Executive Team~~Capital Committee prior to the funds being committed, except for expenditures falling within the authority limits referenced above. The Financial Accounting Manager or designee must be notified so that a new capital line can be created and the budgeted dollars moved accordingly.

~~VI.~~V. Annually, the Board of Directors may approve a general contingency fund in the capital budget. Use of these dollars requires the approval of the ~~Executive Team~~Capital Committee prior to a commitment of the funds. Once approval is obtained, the Financial Accounting Manager or designee must be notified so that a new capital line can be created and the budgeted dollars moved accordingly.

VI. Purchases of unbudgeted capital items of $25,000 or less may be approved by the ~~Chief Executive Officer~~Capital Committee. Unbudgeted purchases greater than $25,000 must be approved by the Board of Directors.

VII. Process for submitting a request to the Capital Committee

A. Fill out the Interest Form (Exhibit A) and send to the Director of Procurement & Logistics
B. Forms reviewed to ensure they meet criteria. If yes, items are placed on agenda
C. Directors present need
D. Discuss ROI if appropriate
E. Look at market data as needed
F. Questions will be asked during and after presentations
G. Final discussions and decision will be made with committee members
H. Final reports will be created and sent to the appropriate leaders
I. If approved by the Capital Committee proceed to the Process to be followed for using approved capital budget funds.

~~VII.~~

VIII. Process to be followed for using approved capital budget funds:

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~~A. Requestor must complete the Capital Equipment Technical Review Checklist (Exhibit A)~~

A. Requestor must complete the Capital Justification Form (Exhibit B)

B. Submit Quote to MD Buyline for a Capital Quote review

C. If the purchase is part of a Construction In Progress (CIP) activity, the nonstock must also be reviewed and approved by the Director of Construction Services.

~~B.~~D. The completed Exhibit B, ~~Exhibit B~~ MD Buyline report and original quote and purchase order requisition ~~nonstock~~ must be submitted to the applicable Executive Team member for review and approval of Exhibit B

~~C.~~ To complete a ~~nonstock~~ purchase order requisition form follow the Materials Management policies and procedures. ~~Requestor must complete a nonstock requisition form. The following information must be clearly defined on the nonstock.~~

~~1. Date Submitted~~
~~2. Delivery Department~~
~~3. Department Name~~
~~4. Accounting Unit (1000 for all capital budget purchases)~~
~~5. Account (125097 for all capital budget purchases excluding construction in progress purchases)~~
~~6. Activity (as defined on the final capital budget)~~
~~7. Acct Cat (as defined on the final capital budget)~~
~~8. Form Prepared by~~
~~9. Phone # of preparer~~
~~10. Approved Signature (must be an authorized signor per Materials Management)~~
~~11. Date of approval~~
~~12. Suggested Supplier/Payee~~
~~13. Quantity~~
~~14. Product Number~~
~~15. Description of Product~~
~~16. Unit Cost~~
~~17. Extended Cost~~
~~18. Total of Purchase~~

~~1. If the purchase is part of a Construction In Progress (CIP) activity, the nonstock must also be reviewed and approved by the Director of Construction Services.~~

~~D.~~

E. ~~The completed Exhibit A, Exhibit B and nonstock must be submitted to the service line Sr. Vice President or Vice President for review and approval. In the event that it is a large purchase that would have cash flow implications, it shall be reviewed by the Executive Team for review and for approval.~~

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~~F. The service line Sr. Vice President or Vice President Executive Team will approve the complete capital purchase package consisting of: Exhibit A, Exhibit B and Nonstock. Evidence of approval must be in writing.~~

E. The Executive of the requesting Director will initially approve the completed capital purchase package consisting of: Exhibit B, ~~Exhibit B~~ MD Buyline report and original quote, authorizing Materials Management to proceed with final negotiations. ~~Nonstock~~. Evidence of approval must be in writing.

F. Materials Management will finalize negotiations with vendor. As directed, they will include an Executive Team member as a part of the negotiation process.

G. If there are updated quotes based on negotiations, Materials Management will submit the complete capital purchase package consisting of: Exhibit B, ~~Exhibit B~~ MD Buyline report, original quote, final quote and purchase order requisition to the appropriate Executive for final authorization. Evidence of Executive approval must be in writing on the purchase order requisition

~~G.~~H. Upon approval ~~by the Executive Team, the~~ by the Executive , the complete capital purchase package ~~consisting of Exhibit A, Exhibit B and the Nonstock with written evidence of ET the service line Sr. Vice President or Vice President approval~~ will be submitted to the Materials Management ~~Manager or designee~~for processing.

~~H.~~I. The designated buyer will be responsible for executing a purchase order for the item as designated. ~~Any contractual documentation must be submitted with the nonstock requisition at the time the requisition is made.~~

~~I.~~J. The items will be delivered to the appropriate individuals according to Materials Management policies and procedures.

~~J.~~K. The invoice will be processed once received in accordance with Finance policies and procedures.

L. Capital funds may be “frozen” at the discretion of the Board of Directors and/or Executive Team.

~~K.~~M. If asset is a replacement item, notify Finance of the specific asset being disposed of prior to ordering the new item. See Administrative Policy 86 for the appropriate disposal procedures.

~~L. :~~

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EXHIBIT A

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Interest Form

New Clinical Practice _____ Technology _____ Service Line ____

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I. Individual requesting:

II. Briefly explain what is being requested and how it relates to our Strategic Goals and Mission:

III. Briefly explain the reason for the request and check below as appropriate:

Safety ____ Cost effectiveness _____ Patient Care _____

Other _____

IV. Is this related to a clinical procedure or patient care? _____

If YES proceed to the following Clinical Sections 1-5, if NO, proceed to Section 6

CLINICAL SECTION

Section 1 - Contact Details: Depts / Programs involved

Head of Dept/Unit/Discipline/Service:

Program: Program Director:

Section 2 - Overview of Clinical Request

Has the FDA approved of this new /changed clinical item?

Category of New or Changed Clinical Item: Circle all that apply:

Diagnostic Technique	Prosthesis	Medical Procedure	Surgical Procedure
Implantable Device	Allied Health Procedure	Nursing Procedure	Other (Specify)

Section 3 - Clinical Need

Comparison with current Kaweah Delta Healthcare District practice:

_____Comparison with other alternatives:

Patient Health Outcomes/Health Service Outcomes:

Section 4 – Summary of Evidence of Safety, Efficacy and Clinical Effectiveness. Please attach support.

Section 5 - Conflict of Interest Review

Once Sections 1-5 are completed submit to the MAC for approval
_____Date MAC reviewed_____ Request approved Yes__ No___ With conditions

NONCLINICAL SECTION

Section 6 – Summary of Market Analysis and Volume projections. Please attach details

Section 7 - Operational Needs. Please attach supporting detail as needed

- **Location**
- **Space consideration**
- **Staffing**
- **Equipment Needs**

Section 8 - Financial Impact: Summary of overall financial impact. Please attach details with assumptions.

Section 9 - Marketing Plan and Strategy

Section 10- Implementation Plan. Please attach detail as appropriate.

- **Launch/implementation Timeline**
- **Facility Requirements**
- **Information System requirements**
- **Medical Staff requirements**
- **Payer contracting activities**
- **Regulatory requirements and Standards to consider**
- **Licensing Needs and Requirements**
- **Communication plan**
- **Feasibility and exit strategy – potential difficulties**
- **Budget impact and implications**
- **Follow-Up plan on reporting on Volume/Financial results**

Once Sections 1-5 are completed submit to the Execute Team Meeting for approval :

- **Date ET reviewed_____ Request approved Yes____ No_____**
- **If approved by ET please evaluate if Board approval is needed.**

EXHIBIT A

KAWEAH DELTA HEALTH CARE DISTRICT

CAPITAL EQUIPMENT TECHNICAL REVIEW CHECK-LIST

This form must be completed and attached to the Capital Equipment Non-Stock Requisition and Exhibit B prior to submission to the Executive Team for approval.

Equipment Description _____

Model and/or Part numbers _____

Quantity _____

CLINICAL ENGINEERING

I have reviewed the above-noted capital equipment request for technical implications pertaining to my department and agree that all have been appropriately planned as part of this purchase.

Date _____ _____

Clinical Engineering Manager

ISS

I have reviewed the above-noted capital equipment request for technical implications pertaining to my department and agree that all have been appropriately planned as part of this purchase.

Date _____ _____

Director of Information Technology

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MAINTENANCE

I have reviewed the above-noted capital equipment request for technical implications pertaining to my department and agree that all have been appropriately planned as part of this purchase.

Date _____ _____

_____ Director of Facilities Operation

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The below section must be completed for ALL capital equipment purchase requests that are clinical in nature or use.

CLINICAL DEPARTMENT AREAS:

I have reviewed the above-noted capital equipment request for implications pertaining to patient care performed by Medical and Clinical Staff at the District. I agree that the equipment purchase request has been appropriately reviewed and planned for as part of meeting patient care. If not applicable to my area, I have indicated such by signing off as "N/A"

Date _____ _____

Medical Director /Chief of Department (or Designee)

Date _____ _____

_____ Nursing Director of Service Line

Date _____ _____

Director of Pharmacy Services

~~Date~~

~~Director of Service Line Purchasing Capital Item~~

~~Date~~

~~Director of Risk Management~~

EXHIBIT B

Kaweah Delta Health Care District
CAPITAL EQUIPMENT PURCHASE JUSTIFICATION

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This form must be completed and attached to the Capital Equipment Non-Stock Requisition and Exhibit A prior to submission to the Executive Team for approval.

Cost Center:_____ Date:_____

Requestor's Name (Must be a Director), Title, Ext:_____

Funding Source: ☐Bonds – x_____/_____

_____ Director of Finance Review and Approval/Date

☐Capital Budget Line #_____

☐Operating Budget Transfer from Acct #_____

☐Cash Reserves with Board Approval (see attached minutes)

☐Other_____

_____ Identify Budget Contingency Fund or Other Source, including CIP#

Capital Equipment Description and Reason for Acquisition

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~~**Acquisition Cost (including tax, shipping and installation)**~~

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~~**New or Replacement – if Replacement list assets that will be disposed?**~~

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~~**Annual Maintenance or Other Costs (if applicable)**~~

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~~**Applicability to KDHCD mission and goals**~~

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~~**Cost Justification: Will this equipment result in improved productivity, reduced costs, new net revenue or clinical quality improvement?**~~

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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."*~~

Exhibit B

Kaweah Delta Health Care District
CAPITAL EQUIPMENT PURCHASE JUSTIFICATION

This form must be completed and attached to ~~the Capital Equipment Non-Stock Requisition and~~ the MD Buyline report and original quote prior to submission to the Executive Team for authorization to proceed. ~~approval.~~

Cost Center:_____ Date:_____

Requestor's Name (Must be a Director), Title, Ext:_____

Funding Source: ❑Bonds – x_____/_____
Director of Finance Review and Approval/Date
❑Capital Budget Line #_____
❑Operating Budget Transfer from Acct #_____
❑Cash Reserves with Board Approval (see attached minutes)
❑Other_____
Identify Budget Contingency Fund or Other Source, including CIP#

Capital Equipment Description (What)

Equipment Description:

Model and/or Part numbers:

Quantity:

Justification for Acquisition (Why)

Will this equipment result in improved productivity, reduced costs, new net revenue or clinical quality improvement?

Financial Summary (including tax, shipping and installation)

Annual Maintenance or Other Costs (if applicable)

New or Replacement – if Replacement list assets that will be disposed?

Requesting Director

Requesting Director Date:

TECHNICAL REVIEW AREAS:

I have reviewed the above-noted capital equipment request for technical implications pertaining to my department and agree that all have been appropriately planned as part of this purchase.

Clinical Engineering review

Director Clinical Engineering Date:

ISS review

Director Information Technology Date:

Maintenance review

Director of Facilities Operations Date:

The below section must be completed for ALL capital equipment purchase requests that are clinical in nature or use.

CLINICAL DEPARTMENT AREAS:

I have reviewed the above-noted capital equipment request for implications pertaining to patient care performed by Medical and Clinical Staff at the District. I agree that the equipment purchase request has been appropriately reviewed and planned for as part of meeting patient care. If not applicable to my area, I have indicated such by signing off as "N/A"

Medical Director _____

Medical Director/Chief of Department Date:

Director of Service Line _____

Director of Service Line Date:

Pharmacy _____

Director of Pharmacy Date:

Risk Management _____

Director of Risk Management Date:

Executive _____

Executive Date:

Executive to be included in negotiation: yes / no

****

MATERIALS MANAGEMENT REVIEW:

I have reviewed the above-noted capital equipment request and agree that all have been appropriately negotiated as part of this purchase.

Materials Management _____

Materials Management Director Date:

"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: AP136	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	

Construction in progress accounts

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

POLICY: Construction in Progress (CIP) accounts are established as needed to account for and monitor expenditures related to construction or remodel projects. CIP accounts must be supported by specific funding.

PROCEDURE:

I. Prior to establishing a CIP account, the funding source must be approved. For capital budget lines, approval must be in accordance with AP.135 Capital Budget Purchases. All other funding sources must be approved by the Board of Directors, Chief Executive Officer (CEO), or ~~Chief Financial Officer (CFO)~~the Capital Committee.

II. Once a CIP account is deemed necessary the Director of Construction Services must contact the Director of Finance or designee to establish a budget, prepare the formal budget summary, identify all persons responsible for monitoring and approving purchases for the project, including equipment purchases, and setup the reporting for the account.

III. Whenever possible, purchases for CIP accounts should be procured through Materials Management in accordance with AP. 156 Standard Procurement Practices.

IV. For all CIP purchases, the following process must be followed:

A. The invoice must be coded with the following (a nonstock may accompany the invoice):

1. Accounting unit (1000 for all CIP accounts)
2. Account (as pre-defined by Finance)
3. Activity (as pre-defined by Finance)
4. Account Category (as pre-defined by Finance)

B. The invoice MUST be signed and approved by the Director of Construction Services. Other parties identified in Section II above may also be required to sign off on the purchase. .

C. The invoice will be processed in accordance with Finance policies and procedures.

V. In the event that an activity of a CIP account exceeds budget, the Director of Construction Services will be contacted by the Director of Finance or designee.

VI. The Director of Construction Services may transfer budget dollars within a CIP account as long as the project's completion will remain within the total project's budget.

VII. For budget increases to an entire CIP account, the CEO may approve an overage up to $25,000. Any budget increases to a CIP account exceeding $25,000 require the approval of the Board of Directors.

~~VII.~~VIII. The Capital Committee must approve transfers between different CIP projects that are greater than $5,000.

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Kaweah Delta Health Care District

Administrative

Policy Number: AP154	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	
Medication Error Reduction Plan	

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

OVERVIEW

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Kaweah Delta Health Care District is dedicated to the mission of excellence in safe medication use by analyzing errors, understanding their system based causes and disseminating practical recommendations that can help healthcare providers and patients. The District Medication Error Reduction Plan is in place to achieve our mission and meet the intent of SB 1875 "to eliminate or substantially reduce medication-related errors". The plan is divided in five sections that are concordant with general principles identified by the California Department of Public Health as likely to be beneficial in accomplishing the aim of reducing medication error. These principles are:

Principle 1 – Establish an organized quality system that addresses the issue of a facility-wide reduction of medication errors.

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Principle 2 – Develop effective reporting mechanisms to ensure medication related errors are reviewed.

Principle 3 – Establish a baseline assessment and then, at a minimum annually review the effectiveness of the plan to reduce medication errors.

Principle 4 – Technology implementation shall be part of the plan

Principle 5 – Review pertinent literature related to the reduction of medication errors in review and on-going development and review of the plan.

Medication safety objectives and priorities are actively adjusted throughout time, based on internal/external medication error data, as well as the emerging, dynamic needs of the patients we serve. As such, the MERP described in this policy is supplemented by a "working plan" maintained by the Medication Safety Quality Focus Team.

Medication Error Reduction Plan (MERP)

Principle 1 – Establish an organized quality system that addresses the issue of a facility-wide reduction of medication errors.

-The medication use system is complex with broad organizational impact. The Medication Safety Quality Focus Team (QFT), chartered by the Quality Council, directs health system actions regarding reductions in errors attributable to medications. The Medication Safety QFT charters sub-groups, Quality Action Teams, to work on specific tasks.

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Medication Safety QFT is multi-disciplinary and consists of representation from Medical Staff, Nursing, Pharmacy, ~~Performance Improvement~~Quality and Patient Safety, Risk Management~~-~~, Administration and Information System Support. This QFT meets formally on a regular basis to address the issue of a facility-wide reduction in medication errors. Evaluation and assessment efforts address each process of the medication use system including: prescribing, prescription order communications, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

Quality Action Teams report their findings and recommendations to Medication Safety QFT, which reports to the Pharmacy &Therapeutics Committee, ~~Quality Medical Committee~~Professional Staff Quality Committee and Quality Council~~,~~ in addition to other departments when indicated. Refer to AP Policy .41 "~~Performance Improvement Plan~~Quality Improvement and Patient Safety Plan" for council/committee organization, governance and responsibilities.

Principle 2 – Develop effective reporting mechanisms to ensure medication related errors are reviewed.

The Occurrence Reporting Program establishes an organizational framework for our current adverse drug event (ADE) reporting process. This program~~,~~ defines responsibility and information flow of medication related safety issues identified through the occurrence reporting system (refer to Administrative Policy AP.10 "Occurrence Reporting Process"). ~~—~~Based on a description of the event and/or further investigation, actions are taken to minimize the possibility of event reoccurrence. Medication error data is examined by Medication Safety QFT to ensure underlying system vulnerabilities are identified and incorporated in the MERP. In addition, aggregate ADE data is trended and used by the Medication Safety QFT to improve the medication use process. The ADE self-reporting process is supplemented by use of concurrent methods such as direct observation, retrospective /concurrent methods such as chart review and -proactive methods with the use of trigger tools as a means to identify actual or potential medication-related errors.

The severity of events is categorized by the National Coordinating Council for Medication Error Reporting and Prevention NCC-MERP Index A through I. High severity events, category E through I, ~~Severity 3 Adverse Drug Events are defined as~~

~~ADEs that result in an unexpected death, code, or require an invasive procedure or resuscitation. Severity 3 ADEs~~ are reviewed by the Medication Safety QFT and are ~~forwarded to~~recommended for additional review or action ~~peer review~~ when indicated. No harm events, category A through D, may also be reviewed by the QFT based on the potential for harm. These events are identified by the multidisciplinary ADE subcommittee.

Ongoing efforts are made to reduce medication-related errors via the formulary management system, medication use evaluations, and use of external medication error data from organizations (e.g. Institute of Safe Medication Practices, the United States Pharmacopeia, The Joint Commission and other authoritative sources). For example, potential and actual medication errors are identified and reported through ~~our~~ the annual Chemotherapy Medication Use Evaluation, which involves a retrospective review of clinical care.

Kaweah Delta Health Care District has in place a multidisciplinary framework in which ~~S~~sentinel and/or ~~A~~adverse ~~E~~events are identified and responded to appropriately (refer to Administrative Policy AP .87 "Sentinel Event and Adverse Event Response and Reporting".

Principle 3 – Establish a baseline assessment and then, at a minimum annually review the effectiveness of the plan to reduce medication errors.

Kaweah Delta Health Care District MERP goals are established and reviewed annually in accordance with Health & Safety (H&S) Code 1339.63. The purpose of the annual review of the MERP is to determine the effectiveness of the plan. Medication error reduction plan goals are designed to eliminate or substantially reduce errors in the procedures and systems including, but not necessarily limited to, prescribing, prescription order communications, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

Internal and external data and information are utilized to identify weakness in the systems and procedures. From these identified weaknesses, MERP goals and objectives are established.

The MERP is modified as warranted to guide improvements in areas where weakness or deficiencies are noted, based on internal/external medication error data, as well as the emerging, dynamic needs of the patients we serve.

The effectivess of MERP goals may be assessed using any or all of the following medication safety assessment methods: occurrence report review, direct observation, chart review, and trigger tool review. The final determination of effectiveness is a consensus opinion of the Medication Safety QFT.

Five levels of determination of effectiveness have been established for MERP Goals:

1. Effective in reducing system / process weakness

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2. Partially effective in reducing system / process weakness
3. Potentially effective in reducing system / process weakness.
4. Not effective in reducing system / process weakness.
5. Unable to assess effectiveness in reducing system / process weakness

~~The Medication Safety QFT reviews the effectiveness of its activities and develops a plan for improvement annually.~~

~~The Institute for Safe Medication Practices (ISMP) self-assessment is one tool used to assess the KDHCD medication use system. The ISMP self-assessment tool is designed to assess medication safety practices and identify opportunities for improvement. The self-assessment questions are arranged in categories that encompass the 11 procedures and systems listed under subdivision (d) of Health & Safety (H&S) Code 1339.63. These procedures and systems include: prescribing, prescription order communication, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use. Completion of the self-assessment involves scoring a series of questions aimed at determining an organizational implementation of more than 200 characteristics that most significantly influence safe medication use. Goals are established to drive improvements in the areas identified as having the most opportunity for improvement based on ISMP self-assessment data and ADE data.~~

~~External medication-related alerts and new regulatory standards are utilized to modify current systems to promote reduction in medication errors.~~
~~Using the ISMP self-assessment tool, on a periodic basis the Medication Safety QFT will identify in each of the 11 procedures and systems weaknesses or deficiencies that could contribute to errors. In each system, Short and long-term goals are established by the Medication Safety QFT to address identified weaknesses or deficiencies in the medication use system. These goals are incorporated in the MERP. The Medication Safety QFT reviews annually the effectiveness of the MERP in meeting short and long-term goals established to address areas in the medication use system where weakness or deficiencies are noted to achieve the desired medication error reductions. The MERP is modified as warranted to guide improvements in areas where weaknesses or deficiencies are noted. The Quality Council is responsible for monitoring key outcomes related to Medication Safety QFT activities. This includes evaluation and approval of the MERP effectiveness, outcomes and goals on an annual basis.~~

Principle 4 – Technology implementation shall be part of the plan.

Technology plays role in Kaweah Delta Health Care District's MERP. The MERP "working plan" describes the medication-related technology to be implemented and how it is expected to reduce medication-related errors. Medication-related technology decisions are based on independent, expert scientific advice and data, which has shown that it~~,~~ will reduce/eliminate medication errors.

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Principle 5 – Review pertinent literature related to the reduction of medication errors in review and on-going development and review of the plan.

Leaders of the Medication Safety Quality Focus and Action Teams continually monitor the literature to identify targets of opportunity for drug therapy improvement projects. Examples of sources utilized include: Institute for Safe Medication Practices, ~~Hospital Advisory Board Publications,~~ Food and Drug Administration and Institute for Health Care Improvement ~~(IHI)~~.

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Kaweah Delta Health Care District

Administrative

Policy Number: AP156	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	
Standard Procurement Practices	

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

POLICY: To outline the general procurement policies and responsibilities of Kaweah Delta Health Care District.

REFERENCES:

AP19	Travel, Per Diem and Other Employee Reimbursements
AP40	Vendor Relationships
AP46	Commercial Card Expense Reporting (CCER) Program
AP69	Requirements for Contracting with Outside Service Providers
AP96	Public Bidding of Construction Contracts
AP135	Capital Budget Purchases
AP136	Construction in Progress Accounts
AP166	Competitive Bidding of Contracts
AP167	Quote and Proposal Guidelines

DEFINITIONS:

Capital/Major Equipment – any single piece of equipment with a purchase price of $52~~2~~,000 or greater, and an expected useful life of greater than one year. The total cost of the item includes any shipping, handling, freight, acceptance costs, installation fees, or taxes associated with placing the item into use within the District. See AP135 "Capital Budget Purchases" for the policy relating to the purchase of capital equipment. See AP166 "Competitive Bidding of Contracts" for the policy relating to competitive bidding of purchase contracts.

Minor Equipment – any single piece of equipment with an expected useful life of less than one year or a purchase price of less than $52~~2~~,000. The total cost of the item includes any shipping, handling, freight, acceptance costs, installation fees, or taxes associated with placing the item into use within the District.

Supplies – disposable items allocated with funds from the operating budget, including such items as disposable surgical materials, printing, office products but EXCLUDES equipment.

Service Contracts – the furnishing of time and effort by a contractor involving the support of equipment and systems, such as preventative maintenance service agreements or software support agreements. This excludes delivery of a specific product or equipment. See AP167 "Quote and Proposal Guidelines" for the policy regarding quote and proposal requirements for service contracts.

Services – the furnishing of labor, time and effort by a contractor which binds the District to either perform services, commit District assets for the benefit of a third party or pay another

party for services, such as employment agreements, collective bargaining agreements and professional service agreements. Refer to AP69 “Requirements for Contracting with Outside Service Providers” for procedures. See also, AP167 “Quote and Proposal Guidelines” for the policy regarding quote and proposal requirements for service contracts.

PROCEDURE:

I. Materials Management Responsibilities

A. Materials Management has the authority to commit District funds for supplies, equipment and service contracts, subject to the availability of approved budgeted funds and the presence of a duly-authorized purchase order, non-stock or other form of requisition.
B. Prepare and process purchase orders (POs) in accordance with this policy.
C. Select suppliers in accordance with legal requirements of the District. However, suggestions by departments will be considered whenever they are competitive or when delivery requirements or other unique requirements so demand.
D. Assist departments with returning ordered items for vendor credit and coordinating with Accounts Payable to ensure proper refund is received from the vendor.

II. Procurement Authority of Operating Departments

By virtue of their special needs and the roles they fill at the District, the following operating departments are authorized to purchase Supplies and Services (all other purchases must be processed through Materials Management, including Major and Minor equipment, Capital purchases and Service Contracts):

A. Dietary
B. Pharmacy
C. Marketing
D. Information Systems Services
E. Maintenance
F. Clinical Engineering
G. Environmental Services
H. Construction Services

III. Invoice Address

All invoices must be addressed to 400 W. Mineral King, Attention: FINANCE DEPARTMENT, Visalia, CA 93291 - and not to independent operating departments.

IV. Prohibited Use of District Vendor Relationships, District Accounts or Procurement System for Personal Use

Using District relationships, District accounts or the procurement system, including ~~warehouse~~ deliveries to the receiving dock, for personal purchase of any type of good or service is prohibited and may result in disciplinary action, up to and including dismissal from employment, and may in some circumstances constitute a criminal act punishable by law.

V. Required Authorization for Procurement

All ~~non-stocks~~ purchase order requisitions must be signed by a duly authorized signor, which includes, but may not be limited to:

A. Capital items – Unless otherwise designated by the Chief Executive Officer, Materials Management is prohibited from purchasing capital equipment unless a member of the Executive Team has approved the purchase, indicating approval by signing the ~~non-stock~~purchase order requisition.

B. Construction in Progress - Whenever possible, purchases for Construction in Progress accounts should be procured through Materials Management. Prior to establishing a Construction in Progress account, the source of funding must be approved by the Board of Directors, Chief Executive Officer or Chief Financial Officer in accordance with AP 136 “Construction in Progress Accounts”. For capital budget lines, approval must be in accordance with AP135 “Capital Budget Purchases”.

C. Supplies, Service Contracts and Minor Equipment other than Office Supplies and Electrical Equipment– Signors on ~~non-stocks~~purchase order requisitions ~~-~~authorizing purchases must be an authorized signor for the department for which operating budget funds will be utilized to secure the purchase. Authorization is indicated on the completed “Purchase Authorization Sheet” maintained by the Accounts Payable ~~Coordinator~~Specialist.

D. Office Supplies and Minor Office Equipment – Purchases of office supplies~~, offsite duplication services~~ and minor office equipment must be made through Office Depot by an authorized user of Office Depot. Th~~is~~e individual making these purchases must be authorized to purchase for the department for which operating budget funds will be utilized to secure the supply purchase. Authorization is indicated on the completed “Purchase Authorization Sheet – Office Depot Users” maintained by Materials Management. Authorized users are only able to procure approved, contracted items (“unrestricted” items) from the Office Depot website. Requests for the purchase of restricted items must be sent to Materials Management for processing, accompanied by a ~~non-stock~~ purchase order requisition signed by the Director of the department authorizing the restricted purchase.

E. Electrical Equipment – All requests to purchase electrical equipment must be approved by ~~the~~ Clinical Engineering ~~Manager~~. If the equipment does not meet appropriate space requirements, load and phase requirements, minimum safety standards and appropriate warranties and manufacturer’s reliability, the equipment will not be ordered.

F. ISS All requests for purchases relating to ISS systems, software, telecommunications or any other IS technology must be approved by an ISS Director or the Chief Information Officer (CIO).

VI. Standard Procurement Procedures:

A. Each District cost center/department is assigned a District Buyer to process ~~non-stocks~~ purchase order requisitions and represent the District during the procurement process of the requested item.

B. General procurement procedures for Capital items or Construction in Progress being procured through Materials Management, Electrical Equipment approved for purchase by Clinical Engineering, ISS purchases approved by an ISS Director or the CIO, Supplies (other than Office Depot orders), Service Contracts and Minor Equipment include:

1. Requesting department completes a ~~non-stock~~purchase order requisition, which is located on Finance Online.
2. ~~Non-stock~~ The purchase order requisition must be signed by a duly-authorized signor as described in Section V above.
3. ~~Non-stock~~ The purchase order requisition along with supporting documentation is forwarded to Materials Management. Information that must be clearly indicated on the non-stock include, but are not limited to:
   a) The part number, product number, item stock number, catalog number or other number identifying the order
   b) Quantity and price per unit
   c) Department number and Expense or Capital account coding
   d) Authorized signature in accordance with Section V above
   e) Quotes for Capital purchases must be attached
4. A District Buyer will place the order and monitor the procurement process until the order is successfully filled or canceled.
5. Upon arrival of the item(s), Receiving will inspect the item(s) against the packing slip and the purchase order. The item(s) will then be delivered to the department that made the request for order.
6. The department is responsible to inspect the item(s) and an authorized staff member will sign the Receiving Report to note acceptance.
7. The Receiving information along with the PO will be forwarded to the Finance Department for processing payment according to policy and procedure.

C. Procurement Procedures for Office Supplies~~, Office Services~~ and Minor Office Equipment – The District receives a preferred customer discount from Office Depot. As a result, purchases of office supplies~~, office services (offsite duplication)~~ and minor office equipment must be made through Office Depot by an authorized user of the Office Depot website who is authorized to purchase for the department for which operating budget funds will be utilized to secure the supply purchase. Authorization is indicated on the completed "Purchase Authorization Sheet – Office Depot Users" maintained by Accounts Payable.

1. Office Depot Web Site
   a) All supplies available for purchase by District Office Depot Users are accessed through Office Depot's website.
   b) Office Depot website access is granted by ~~Materials Management~~Accounts Payable through the completion of an "Office Depot Log On Request" form.
2. Unrestricted Office Depot Supplies –
   a) Unrestricted Office Depot purchases are made on-line on the Office Depot website.
   b) The purchaser will see "restricted item" at the end of the item order number indicating that the item is restricted and can only be ordered by Materials Management or Executive Administrative Assistants.
   c) No ~~non-stock~~ purchase order requisition is required to be completed for preapproved items.
   d) The purchaser is responsible to ensure that the supplies were appropriately received and utilized.
   e) Finance processes payments on all Office Depot on-line orders through electronic data interchange between the District and Office Depot.
3. Restricted Office Supplies –

a) Restricted office supplies must be processed on a ~~non-stock~~ purchase order requisition through Materials Management using the same procedures in Section V (D) above.
b) Departments submitting ~~non-stocks~~ purchase order requisition to purchase supplies from another vendor other than Office Depot must clearly indicate on the ~~non-stock~~ purchase order requisition why the item could not be purchased through Office Depot.

D. Procurement of Knowledge Based Information – Except for items disclosed below, all requests for the purchase of, or subscription to, knowledge-based information in the form of books, journals, magazines, pamphlets, videos, audios, and/or computer software will be placed through Materials Management. Under the following circumstances, knowledge-based information may be purchased directly by the employee using the employee's District assigned commercial card in accordance with District Administrative Policy AP46 "Commercial Card Expense Reporting (CCER) Program".

1. Purchase of, or subscription to, knowledge-based information in the form of books, journals, magazines, pamphlets, videos and audios that will be located in the department for the sole use of department personnel and not commonly utilized by other departments of the District *and*

a) can be purchased through a professional organization where the District would receive a better discount rate using the employee's membership discount rate *or*
b) must be purchased by employees who have membership accounts with the professional organizations *or*
c) which are available at an off-site conference being attended by an employee which is the most cost effective time to secure the purchase.

VII. Procurement Procedures for Purchases paid for by District Purchasing Card:

A. The District purchasing card may be used for certain local purchases on a limited basis, when obtaining goods, supplies or services through the normal purchasing procedure is not appropriate or practical for the given situation. See District Policy AP46 for examples of allowable purchases.

VIII. Emergency Procurement Procedures:

As a general rule, the requesting department will be responsible for determining product requests which are to be classified as an emergency. Examples of emergency purchases are:

1. the replacement of an x-ray tube which burns out,
2. the request for a part to repair a piece of equipment which is giving support to a patient,
3. the request for a product, unavailable from current inventories, which is needed to treat a trauma patient,
4. the acquisition of a product deemed necessary to the well-being of a patient in a traumatic situation.

Materials Management is responsible for providing procurement support for emergency requests. General procedures for emergency purchases include:

A. During normal working hours (Monday through Friday, 7:00 am to 4:30 pm)

1. The department will notify Materials Management when an emergency item is needed and the exact time the item is needed.
2. Once contacted, Materials Management will issue a purchase order to the vendor who can respond most expeditiously.
3. The responsible District Buyer will do his/her best to ensure the costs involved are reasonable with respect to existing market and/or contract conditions.
4. If the responsible Buyer has reason to believe that the request can be accommodated by use of normal procurement practices they are to inform the requesting department and provide guidance and direction as to the process which is to be used. Any disputes or disagreements which arise with the requesting department are to be reported to the ~~Materials Manager or the~~ Director of Procurement and Logistics~~Financial and Logistical Planning~~ for assistance or confirmation that the course of action taken is appropriate.
5. The Buyer will notify the Receiving Department of the emergency shipment, and if the item will be delivered after normal working hours.
6. The emergency items will be picked up in Receiving. If the item is expected to arrive during late evening hours, Receiving will set up the drop off location for the item.
7. The item will be delivered immediately to the requesting department.
8. The receiving report and packing slip will be forwarded to the Buyer to be processed during the next working day.

B. After normal working hours

1. The department will be responsible to identify a vendor who can respond most expeditiously.
2. It will be the responsibility of the individual from the department to do his/her best to ensure the costs involved are reasonable with respect to existing market and/or contract conditions.
4. Departments may arrange for the emergency delivery of products outside of normal working hours, provided they notify Materials Management on the next regular working day. Materials Management will then arrange for a purchase order to be issued.
5. All emergency purchases processed after hours ~~exceeding $4,999 but~~ less than $49,999 must be followed with appropriate written documentation defining the emergency nature of the request. The documentation is to be signed by the requesting department's Director and provided to Materials Management the next business day. For purchases exceeding $49,999, the documentation must be signed by the department Vice President.

Kaweah Delta
Health Care District
The Best of Health

Purchase Authorization Sheet

Staff Member

Name Printed:

Signature:

Authorized by*:_____
Date:_____

*Must be a Director, Vice-President or CEO

Departments Authorized for:	Department Name	Effective Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Restrictions: i.e., dollar amounts, time limits , supply items only, repairs , etc.		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RETURN TO ~~MATERIALS MANAGEMENT~~CINDY HERBRAND
Fax #: 713-2273

Kaweah Delta
Health Care District
The Best of Health

Purchase Authorization Sheet
For Office Depot Users

Staff Member

Name Printed:

Signature:

Authorized by*:_____Date:_____

***Must be a Director, Vice-President or CEO**

Departments Authorized for:	Department Name	Effective Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Restrictions: For Office Depot supplies **only**.

Office Depot website orders only. Items from “approved” website listing only. $100 limit.

RETURN TO ~~MATERIALS MANAGEMENT~~CINDY HERBRAND
Fax #: 713-2273

"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: AP158	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Solicitation, Fundraising and Distribution of Materials

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

Policy: Kaweah Delta supports community organizations who engage in health-related charitable and fundraising activities/events that are consistent with or advance Kaweah Delta's mission. To avoid disruption of healthcare operations or disturbance to patients, and to maintain appropriate order and discipline, solicitation and distribution of literature on Kaweah Delta premises and among Kaweah Delta staff shall be governed by the following procedures.

Definitions:

Distribution: Disbursing, delivering, issuing, or posting printed and/or electronically produced materials or items of any type.

Solicitation: Approaching, inviting, encouraging, or requesting employees, patients, or visitors to purchase goods, support an initiative or cause, become members of an organization, or make contributions of time, money, merchandise, or property.

Working time: The time when an employee is scheduled and expected to be properly engaged in performing his/her work tasks. Working time does not include authorized break periods or meal periods when the employee is not expected to be properly engaged in performing work-related activities or duties.

For Profit: Net proceeds to recognized organizations or Kaweah Delta Departments do not meet the definition of "sale of goods for profit" under the terms of this policy.

Procedure:

I. All solicitation and/or distribution of materials within Kaweah Delta facilities and among Kaweah Delta staff, patients, and the public, are subject to the following rules:

A. Kaweah Delta employees may not solicit or distribute materials at any time, for any purpose, during working time (see definition above).

B. Kaweah Delta employees may not solicit or distribute materials at any time, for any purpose, in patient care areas, or other areas where healthcare

operations occur. Examples include, but are not limited to, patient rooms and places where patients receive treatment, or in any other area that would cause disruption of health care operations including corridors in patient treatment areas or rooms used by patients and/or physicians.

C. Kaweah Delta has implemented the use of electronic mail (email) as a method to conduct and facilitate health care operations. Thus, Kaweah Delta employees may not solicit or distribute materials at any time using Kaweah Delta Email.

i. NOTE: Solicitations related to activities administered by Kaweah Delta or the Kaweah Delta Hospital Foundation are not subject to this provision. Examples include communications from the Kaweah Delta Hospital Foundation and from Kaweah Korner.

D. Kaweah Delta maintains bulletin boards located throughout its facilities for the purpose of communicating with its employees. Postings on these boards are limited to Kaweah Delta-related material including statutory and legal notices, safety and disciplinary rules, Kaweah Delta policies, memos of general interest related to Kaweah Delta, operating rules and procedures, and other Kaweah Delta items. All postings concerning the solicitation or distribution or materials must be compliant with the terms of the policy.

i. Note: All postings on bulletin boards located in employee lounges or breakrooms concerning the solicitation or distribution or materials must be compliant with the terms of the policy.

E. Kaweah Delta Health Care District (Public Agency) shall not conduct raffle or opportunity prize drawings.

F. Solicitation or distribution of materials in any way connected with the sale of any goods or services for profit is strictly prohibited, at any time by or among Kaweah Delta staff, patients or visitors. Examples include, but are not limited to, Mary Kay, Arbonne, Herbalife, Amway, or any other type of product, good, or service, sold for profit.

G. Solicitations or distribution of materials in any way connected to a political party or religious organization are prohibited.

II. Permitted Activities:

A. Kaweah Delta Hospital Foundation sponsored activities or other efforts to support and further the mission of Kaweah Delta. Examples include, but are not limited to, the Foundation Golf Classic, Kaweah Delta Foundation Campaigns, Grand Vacation and Kaweah Kids Tricky Tray Opportunity Prize Drawings.

i. NOTE: The Kaweah Delta Hospital Foundation (a private, tax-exempt nonprofit organization) shall conduct Opportunity Prize Drawings in a manner not to implicate California Penal Code 320.5. Thus, all Opportunity Prize Drawings shall not require participants to pay for a chance to win. All tickets shall specify “No Purchase Necessary” to participate in the Drawing.

B. Solicitations for Approved Community Organizations (see definition below) for fundraising purposes are permitted by employees following the procedures outlined in Section I (above). Examples include, but are not limited to:

i. Opportunity prize drawing conducted by Approved Community Organizations authorized to conduct drawings.

ii. Donation of money or items. Examples: Cancer Relay for Life, Toy Drive, Coat Drive, School Walk-A-Thon.

iii. Sale of product by Approved Community Organization. Examples: T-shirt proceeds, candy bars for school/band.

C. Distribution of materials for events sponsored by, or for the benefit of, Kaweah Delta are permitted. Examples: Visalia Harvest Run, Panera Bread Promotion, Samaritan Center Ice-Cream Social.

III. Approved Community Organizations: Kaweah Delta supports community organizations who engage in health-related charitable, local schools, and community fundraising activities and events that are consistent with or advance Kaweah Delta's mission.

A. All requests for consideration must be submitted to the Compliance and Privacy Officer (CPO) and the Vice President (VP) of Human Resources (Human Resources) for review.

B. When necessary, the VP of HR will present the request or Community Organization to the Executive Team for review and approval.

IV. Solicitation or Distribution by Non-employees:

A. Persons and organizations who are not employed by Kaweah Delta may not solicit or distribute literature at any time, for any purpose. Notwithstanding this policy, organizations which do business with Kaweah Delta or whose activities advance the mission of Kaweah Delta or who engage in charitable activities consistent with the mission of Kaweah Delta, may be granted permission to engage in solicitation or distribution, provided such permission must be specifically granted in writing by the Chief Executive Officer or designee.

B. Solicitation by Employee Organizations:

Access to the premises of the Kaweah Delta, and contacts with Kaweah Delta employees, by the representatives of employee organizations that have not been recognized by Kaweah Delta pursuant to Kaweah Delta's Resolution shall be governed by the provisions of the Meyers-Milias-Brown Act, Government Code Sections 3500 et seq., as interpreted by the Public Employees Relations Board and/or courts of competent jurisdiction.

V. Visits by Vendor Representatives

A. Visits by Vendor Representatives shall be managed by the procedures outlined in AP.14 Department Visits by Vendor Representatives.

Policy: In order Tto avoid disruption of healthcare operations or disturbance to patients, and to maintain appropriate order and discipline, solicitation and distribution of literature on District premises and among District staff shall be governed by the following procedures.and patients is prohibited.

The District supports community organizations who engage in health-related charitable and fundraising activities/events that are consistent with or advance the District's mission. Furthermore, the District will consider support of those health-related charitable activities/events that are held in the local communities. Formal approval is required for these types of charitable and fundraising activities. (See section III below).

Procedure:

I. Working time - Working time, as defined by this policy, includes the working time of both the employee doing the soliciting or distributing and the employee to whom the soliciting or distributing is directed. "Working time" does not include authorized break periods or meal periods when the employee is not engaged in performing work tasks.

II. Any and all solicitations and or distributions of literature among District staff, patients, and the public or solicitations and/or distributions of literature on District property and facilities are subject to the following rules:

A. Solicitation or Distribution by Non-employees:

Subject to Section II.B., below, Ppersons and organizations who are not employed by the District and persons employed by organizations that are not part of the District may not solicit or distribute literature at any time, for any purpose. Notwithstanding this policy, organizations which do business with the District or whose activities advance the mission of the District or who engage in charitable activities consistent with the mission of the District, may be granted permission to engage in solicitation or distribution, provided such permission must be specifically granted in writing by the Chief Executive Officer or designee.

Solicitation by Employee Organizations:

Access to the premises of the District, and contacts with District employees, by the representatives of employee organizations that have not been recognized by the District pursuant to the District's Resolution shall be governed by the provisions of the Meyers Milias Brown Act, Government Code Sections 3500 et seq., as interpreted by the Public Employees Relations Board and/or courts of competent jurisdiction.

The District will promulgate guidelines and a protocol which will set forth the specific parameters of its solicitation and distribution policy.

B. Solicitation by District Employees:

District employees may not solicit at any time, for any purpose, in immediate patient care areas, such as patients' rooms, operating rooms, and places where patients receive treatment, such as radiology and therapy areas, or in any other area that would cause disruption of health care operations or disturbance of

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patients, such as corridors in patient treatment areas, and rooms used by patients, and rooms used by patients for consultations with physicians or other health care providers, or meetings with families or friends.

C. No Solicitations for Profit by District Employees:

Subject to this policy, solicitations or distributions in any way connected with the sale of any goods or services for profit is strictly prohibited at any time by or among District staff, patients or visitors, or in any place where District services are performed.

D. Distribution by District Employees:

Employees may not distribute literature, during working time (see definition above), for any purpose. Employees may not distribute literature, at any time, for any purpose in the District working areas. Working areas are all areas on District property except cafeteria(s), employee lounges, District lobbies, and District parking areas.

E. Posting on District Bulletin Boards:

The District maintains bulletin boards located throughout its facilities for the purpose of communicating with its employees. Postings on these boards are limited to District related material including statutory and legal notices, safety and disciplinary rules, District policies, memos of general interest related to the District, operating rules and procedures, and other District items. All postings require the approval of the Human Resources Department. No postings will be permitted for any other purpose.

III. Community Philanthropic Support

A. Kaweah Delta Health Care District (District) supports community organizations who engage in health-related charitable and fundraising activities/events that are consistent with or advance the District's mission.

B. The District is committed to supporting the Kaweah Delta Foundation and encourages employee participation in Foundation events that promote the mission of the District. Activities that support the Foundation are permitted as long as they are coordinated through the Foundation office.

C. The District will only consider support of those health-related charitable activities/events that are held in the local communities served by the District.

D. All requests for consideration of District financial support/sponsorship must be submitted to the Director of Marketing for formal consideration.

E. A Community Philanthropic Support application (Exhibit A) must be completed and submitted along with documentation supporting the initiative. The Community Support application must be forwarded to the Director of Marketing for initial review. After review, the Director of Marketing will make a recommendation to the

~~Vice President of Development and Compliance and Privacy Officer for presentation to the Chief Executive Officer for final consideration and approval.~~

~~F. If the activity or event is requesting employee engagement and support of fundraising activities, the involved employee/employees must complete an application and submit it to the Director of Marketing for initial review. After review, the Director of Marketing will make a recommendation to the Vice President of Development for presentation to the Chief Executive Officer for final consideration and approval.~~

~~If approval is given in support of fundraising activities, employees must be mindful to not disrupt the healthcare operations or disturb or disrupt patient care.~~

~~Raffles and Opportunity Drawings~~

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~~G. Kaweah Delta does not participate in raffles that require purchase of a ticket to participate. Tickets for a drawing are free and solicitations of voluntary donations are in no way connected to the distribution of tickets. Donation is not required in return for a ticket to participate in opportunity drawings.~~

~~H. If the activity is a team event that requires a team name selection, the name should be in good taste and in support of the health-related mission of the District.~~

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Kaweah Delta Health Care District

Administrative

Policy Number: AP163	**Date Created: No Date Set**
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration)	

Photography and Video Recording of Patients and Staff

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

Purpose: To establish a policy and procedure for the photographing, video or audio recording of patients and to prevent the improper use of recording or filming devices and improper observation of patients, visitors, volunteers, physicians and employees.

Policy:

~~1~~I. Kaweah Delta Health Care District (Kaweah Delta) will protect the privacy of patients, visitors, volunteers, physicians and employees with respect to photography and video and audio recording, and to release such information only in accordance with the written permission of the patient or as permitted by law.

~~2~~II. Secretly photographing, filming, recording, or observing an individual or Kaweah Delta facilities is strictly prohibited. Individuals suspected of this activity must be immediately reported to Security and/or Risk Management or Compliance (as necessary). Individuals involved in such behavior may be subject to criminal charges pursuant to California Penal Code 632, legal action, and other actions deemed necessary by Kaweah Delta Leadership or Administration. Due to the sensitive nature of patient information, Kaweah Delta employees and care providers must follow the guidelines and procedures outlined below before allowing, or prior to, photographing, video or audio recording, or otherwise imaging patients, visitors, or employees.

~~3~~III. PHOTOGRAPHY OR VIDEO RECORDING FOR TREATMENT OF MEDICAL CONDITION AND HOSPITAL OPERATIONS: The Conditions of Admission (COA) and Verification of Informed Consent to Surgery provides consent for photography of a medical or surgical condition, and use of the pictures, for purposes of diagnosis, treatment, and other hospital operations including peer review, education, and training programs conducted by Kaweah Delta and the Medical Staff. No separate consent or authorization for photography or video recording is required for treatment and/or operations purposes.

- Photographs and/or video and recordings used for medical documentation are considered health care records and will be retained and released in accordance with applicable regulations and Kaweah Delta policies. Refer to AP.107 Patient Privacy Use and Disclosure of Patient Information, AP.04 Access and Release of Protected Health Information (PHI), and AP.75 Records Retention and Destruction.

- For wound care photography, refer to Patient Care Policy CP.87 Wound Photography.
- Video recording of trauma resuscitation cases are obtained for the purposes of peer review, education and training, refer to ED.11004 Resuscitation Videotaping Policy in the Emergency Department
- Documentation of abuse and/or neglect
  - In cases of actual or suspected abuse and/or neglect clinical photography by authorized personnel (medical staff involved in the treatment of the abuse and/or neglect) may be used for medical documentation purposes.
  - Authorization from the patient or other person(s) present in an exam room or other area of the clinic is not required prior to such documentation.
  - Images and/or recordings for documentation of abuse and/or neglect are not normally maintained as part of the patient's medical record unless the images are used for medical treatment purposes.
  - Images and/or recordings obtained may be released to authorized representatives of an investigating agency and/or pursuant to a subpoena or court order.

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4IV. PHOTOGRAPHY OR VIDEO RECORDING OF PATIENT BY KAWEAH DELTA: Specific consent shall be obtained from the patient or legally authorized representative prior to photographing or video/audio recording the patient except in cases of treatment (above), abuse, and/or neglect (above), emergencies, or law enforcement purposes. The "Consent to Take Photographs, Video and Audio Recordings and Release" (see attached) must be completed, signed, and placed in the patient's medical record.

- Patients reserve the right to refuse consent and to rescind consent for use up until a reasonable time before the film or photograph is used. At any time, patients have the right to request ending of filming or photography.
- Photography and filming for Marketing purposes, refer to AP.06 – Public Relations, Marketing, and Media Relations.

5.V PHOTOGRAPHY OR VIDEO RECORDING OF PATIENT BY FAMILY/FRIENDS: Photography or video recording of a patient taken by the patient's family or friend may be permitted if the patient does not object, is not prohibited by/on the patient care unit, and is not disruptive to the staff or other patients. The use of photography and video recording by family/friends is strictly prohibited in the Emergency Department and Kaweah Delta Mental Health Hospital.

- OBSTETRICAL PATIENTS: Photography and video recording is prohibited during delivery until the newborn is deemed stable by the physician.

6VI. PHOTOGRAPHY OR VIDEO RECORDING OF EMPLOYEES BY PATIENT/FAMILY: Photography video recording of Kaweah Delta employees is prohibited without prior expressed consent of the employee and Department Management. Kaweah Delta employees must be informed of the nature and purpose of the filming/photography prior to consent.

- Photographs or video/audio recordings of Kaweah Delta employees providing treatment is strictly prohibited.

7VII. If a Kaweah Delta employee becomes aware of inappropriate photograph or video/audio recording of a patient and/or employee, the employee must notify the patient and/or visitor that their conduct is in violation of Kaweah Delta policy and California Law, and that the images/video must be removed. Confirmation of deletion is required. If the patient and/or visitor refuses to delete the video/image, Security and/or Risk Management or Compliance must be notified. Security will provide the patient and/or visitor the opportunity to delete the image/video while providing documentation citing the California Penal Code: Invasion of Privacy [630-638.55]. If the patient and/or visitor continues to refuse, Security may contact law enforcement.

VIII. BODY WORN CAMERAS: Body worn cameras by law enforcement officials **must be turned off** in patient care areas unless the use is directly related to a specific patient encounter where the officials are actively involved and the patient's provider/care team is aware and has approved the use.

Allowable uses for body worn cameras:

- Called into action (e.g.ie., hands-on restraint, evidence collection, altercation)
- Conducting an official interview with a patient in a private room (with
- – appropriate notification and consent).
- An attempt to capture a spontaneousspontaneous crime or attempted criminal activity on the
- thethe premises.

Impermissible uses for body worn cameras:

- During medical or psychological evaluations by a clinician or similar profession
- professional, or during treatment.
- During interviews conducted related to sexual assaults, child abuse, domestic
- violence and other sensitive cases.

IX. Images and recordings by law enforcement officials are the property of the law enforcement agency and are not under the direction of the responsibility of Kaweah Delta. For this reason, the images/information stored on the camera or device are not considered protected health information and therefore not subject to patient privacy rights. Nevertheless, law enforcement shall use caution to avoid recording persons other than intended subject(s).

EXCEPTIONS TO THIS POLICY: Kaweah Delta Security Department is excused from this policy while performing their daily duties including, but not limited to, video surveillance, photography, and audio records as it relates to policy, legal and security issues.

"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

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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."

CONSENT TO TAKE PHOTOGRAPHS, VIDEO AND AUDIO RECORDINGS AND RELEASE

I hereby consent to be photographed, videotape recorded, and/or audio recorded by Kaweah Delta Health Care District on or about the _____ day of _____, 20____, and:

Please mark all that apply:

___ I consent to allowing these photographs, and/or recordings to be used by Kaweah Delta Health Care District for teaching, medical education and research purposes, including release within the hospital to individuals, to groups, to the general public, to the news media, or to other publishers. I hereby authorize the modification or retouching of such photographs and waive any right to inspect or approve the finished product as it may appear to be used.

___I hereby authorize the release of photographs and/or recordings to my attorneys. I understand that the aforementioned photographs and/or recordings may be presented as evidence in court.

___I hereby authorize the release of photographs and/or recordings to agencies, including law enforcement agencies, requesting such photographs and/or recording for documentation of my medical condition and treatment. I understand that the aforementioned photographs and/or recordings may be presented as evidence in court.

___I grant permission to release and/or publish the factual details concerning my case, either separately or in connection with the photographs taken of me.

___ I agree to be identified by name.

___ I shall not be identified by name.

I authorize_____to take photographs of me.
(Agency, Lawyer, Kaweah Delta Health Care District, etc)

By this consent, I expressly release from liability all personnel of Kaweah Delta Health Care District, the attending physician(s), as well as their successors and assigns and all persons acting under their permission or authority.

_____ _____
Signature of Patient: Date

_____ _____
Printed Name of Patient: Date

_____ _____
Signature of legally authorized representative: Date

_____ _____
Printed Name of legally authorized representative: Date

_____ _____
Printed Name of KDHCD Representative: Date

_____ _____
Signature of KDHCD Representative: Date

Kaweah Delta Health Care District

Administrative

Policy Number: AP174	Date Created: 09/26/2017
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	

Kaweah Delta~~District Patient Charge Serviccie Catalog~~ District Charge Master Maintenance

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

Purpose: To define the procedures for updating and maintaining Kaweah Delta's ~~the District~~ ~~'s Patient~~ Charge Master ~~Service Catalog Master~~ and to describe the responsibilities ~~—~~of all areas that provide patient chargeable services. To assure that patient charges will be accurately generated without errors, edits or omissions and with appropriate coding necessary to promote billing compliance and to receive full, accurate payment for services provided.

Policy: The ~~District~~ Charge Master~~'s Patient Charge Service Catalog Charge Master~~ is maintained according to the procedures herein and is consistent with Centers for Medicare and Medicaid Services (CMS), California Department of Health Services (Medi-Cal), American Medical Association (AMA), Clinical Laboratory Improvement Amendment (CLIA), and other payer specific rules, guidelines and standards. Department Directors are responsible for oversight of charge integrity, charge capture, ~~—~~and ongoing maintenance and review of all charges within the scope of their responsibility.

Process:

A. New services, supplies or ongoing~~Ongoing~~ changes:

1. If a new service line is to be implemented, adequate lead-time of no less than sixty (60) days~~, of no less than 30 days~~ is required to establish the appropriate codes and pricing before the new service line is to be initiated.

2. For new ~~patient~~ chargeable supply items, v~~V~~endors or suppliers should be consulted to ~~able to~~ recommend the appropriate Healthcare Common Procedure Coding System (HCPCS) code and suggested invoice or acquisition cost ~~pricing~~ for their supply item.

~~2.~~3. ~~-~~If a consultant is used in consideration of any new patient medical service, they should be able to recommend appropriate coding and pricing of the new service.

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3.4. Departments have the ability to access and review the District's Chargemaster Catalog Chargemaster through Craneware; the District'sKaweah Delta's Chargemaster reference toolCatalogmaster maintenance software program. All chargeable services, procedures, and supplies are created and maintained housed within the Soarian Financials Software System. All charges have a designated Service Provider Service ID (SPSID); . This is also commonly referred to as a Charge Description Master (CDM). In order to request a new Charge Description Master (CDM) or make changes, deactivate, and/or reactivate a CDM, departments may input changes directly into the Craneware application, submit requests using thevia "E-mail, or contact the Compliance SpecialistRevenue Integrity Manager via telephone.CDM Charge Build and Request Form". The completed form shall and be submittedted to the Chargemaster Analyst (via email) for review. The request will also be , and then tracked using the through the JIRA Ticketing System.

4.5. Accurate CPT (Current Procedure Terminology), HCPCS, Revenue Codes (bill summary codes) and General Ledger codes are required when submitting modifications to the Compliance SpecialistRevenue Integrity ManagerChargemaster Analyst. If assistance in determining such information is required, the Compliance SpecialistRevenue Integrity ManagerChargemaster Analyst will provide assistance as necessary.

5.6. Patient chargeable items will be determined by the Revenue Integrity ManagerChargemaster Analyst Compliance Specialist in collaboration with Materials Management and Finance Departments. Appropriate pricing, general ledger, revenue codes, and CPT/HCPCS assignment must be submitted and approved prior to implementation. The Compliance Patient Financial ServicesRevenue Integrity Department will make the final determination as to appropriate coding and pricing of a new patient service supply item per guidelines.

A. If the new charge item is a supply, the requests should be initiated through the Compliance Specialist who will work with the District's Lawson Administrator to ensure that both systems are updated.

6.7. The following process will be used to implement any and all CDM changes:

A. Changes made by departments will be routed to the District's Revenue Integrity ManagerChargemaster Analyst Compliance Specialist for review and input of such changesapproval. The Chargemaster Analyst will send the CDM Charge Build and Request Form to the Director of Revenue Integrity and Director of Revenue Cycle for review and approval.

Upon approval by the dDirectors noted above, Aall changes will be input into Craneware by the Department designee and/or Revenue Integrity Manager Soarian Financials Software System by the Chargemaster Analyst. CDM requests shall be are entered into

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both the Soarian Financials tTesting eEnvironment (TEST) and the pProduction eEnvironment (PROD)Compliance Specialist. The Revenue Integrity ManagerChargemaster AnalystCompliance Specialist will review and modify items as necessary to assure appropriateness and accuracy. Once accepted, the Compliance Manager will review and approve necessarythe modifications. Once a CDM has been input into the Production Environment (PROD), a notification will be sent by the Chargemaster Analyst to the Revenue Integrity team to assure appropriateness and accuracy within Soarian Financials.

B. Finally, and update the Invision Soarian Financial billing system will be updated through the Craneware interface scripting module (ISM).

C. The Revenue Integrity Manager Compliance Specialist will review the Soarian Financial system Invision to validate proper implementation, to the billing system.

DC. Change confirmation will be sent via E mailJIRA Ticketing System by the Revenue Integrity Chargemaster AnalystManagerCompliance Specialist to the appropriate representatives as changes may need to be updated in the Soarian FinancialCerner Millennium Clinical systemInvision Service Master and other ancillary systems.

DE. If the requesting department uses a computer sub-system that manages the services/inventory housed within their department, the department is responsible for the maintenance of their sub-system. It is the responsibility of the department to ensure that their sub-system will be able to generate patient charges without errors.

E. Monthly, all additions, modifications or other onssupdates from the Soarian Financials Software System will be imported into the Craneware Software Program.

B. Annual Updates

1. In the fourth quarter of each year, Medicare makes CPT/HCPCS coding changes. The effective and required implementation date of the changes is generally January 1st. The Revenue Integrity ManagerChargemaster Analyst Compliance Specialist will work with the departments effected by these changes to make sure their department's service line is updated accordingly.

2. Periodic price increasesand/or wRVU adjustments may occur due to District budgetary needs or for specific contracted services (i.e., pathology, reference lab, Cardiology). These price increases will be directed by the Finance Department and coordinated through the Compliance Patient Financial

~~Services~~Revenue Integrity Department. Changes to the wRVU values will be implemented based on Medicare bulletins.

3. The ~~Revenue Integrity Manager~~Chargemaster Analyst ~~Compliance Specialist~~ will facilitate an annual review by the Department Directors / Managers of charges within their area(s) of responsibility. ~~Compliance~~ ~~Patient Financial Services~~Revenue Integrity Department will require all departments to review their Charge Master for completeness and accuracy. Any changes, deactivations and/or reactivations resulting from the review will be updated as necessary.

~~eClinical Works (eCW) Modifications~~

- ~~Modifications to the eCW Billing System must be submitted to the Revenue Integrity Manager via e-mail or telephone.~~
- ~~The Revenue Integrity Manager will review, approve, and process modification to the eCW Billing System.~~
- ~~A change notification will be sent to the appropriate parties notifying them of the change.~~

~~3.~~

~~C. Other Ancillary Billing System Modifications~~

1. ~~Modifications to other Billing Systems must be submitted to the Compliance Specialist via E-mail or telephone.~~
2. ~~The Compliance Specialist will review, approve and submit to the Compliance Manager for final approval.~~
3. ~~Once approved, the Compliance Manager will work with the appropriate party to assure implementation to the Ancillary Billing system.~~
4. ~~A change notification will sent to all affected parties by the Compliance Specialist.~~

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Policy Number: CP.01	Date Created: 07/09/2019
Document Owner: Lisa Wass (Compliance Analyst)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Compliance & Privacy Officer)	

Compliance Program Administration

Purpose:

The Kaweah Delta Health Care District ("Kaweah Delta") Compliance Program was developed to:

1. Establish standards and procedures to be followed by all Kaweah Delta employees to effect compliance with applicable federal, state and local laws, regulations and ordinances, Administrative Regulations, Medical Staff Bylaws, and Kaweah Delta policies;

2. Designate the Kaweah Delta official responsible for directing the effort to enhance compliance including implementation of the Compliance Program;

3. Document compliance efforts;

4. Ensure Discretionary Authority is given to appropriate persons;

5. Provide a means for communicating to all Kaweah Delta employees the legal and ethical standards and procedures all employees are expected to follow;

6. Establish minimum standards for billing and collection activities, including a system of monitoring and oversight of billing activity to ensure adherence to the standards and procedures established;

7. Provide a means for reporting apparent illegal or unethical activity to the appropriate authorities;

8. Provide for the enforcement of ethical and legal standards;

9. Provide a mechanism to investigate any alleged violations and to prevent future violations;

10. Increase training of medical staff members and billing personnel concerning applicable billing requirements and Kaweah Delta policies;

11. Provide for regular review of overall compliance efforts to ensure that practices reflect current requirements and that other adjustments made to improve the Compliance Program;

12. Monitor provision of quality care to the patients served by Kaweah Delta;

13. Promote effective communication between Kaweah Delta's Legal Counsel, Executive Team, and Board of Directors;

14. Preserve the financial viability of Kaweah Delta; and

15. Enforce consistent disciplinary mechanisms for compliance or privacy violations.

Policy:

Kaweah Delta, and its affiliated health care facilities, requires all employees, agents and medical staff members to act, at all times, in an ethical and legal manner, consistent with all applicable legal, governmental, and professional standards and requirements. In order to avoid even the appearance of impropriety or conflict of interest, this Compliance Program applies to employees, agents, faculty, and medical staff within Kaweah Delta, without regard to an individual's specific job duties or function. It is the policy of Kaweah Delta that all services and business transactions rendered by Kaweah Delta shall be carried out and documented in accordance with federal, state, and local laws, regulations, and interpretations. This Compliance Program is intended to enhance and further demonstrate Kaweah Delta's commitment to honest and fair dealing by providing an effective means by which to prevent and detect illegal, unethical or abusive conduct. Kaweah Delta will exercise due diligence in its efforts to ensure that the Compliance Program is effective in its design, implementation, and enforcement. Kaweah Delta employees are expected to deal fairly and honestly with patients and their families, suppliers, third-party payors, and their professional associates. Adherence to the Compliance Program is a condition of employment at Kaweah Delta. Likewise, the granting of medical staff privileges and the offer of employment at Kaweah Delta is contingent upon acceptance of and compliance with the Compliance Program.

Kaweah encourages transparency and honesty in an effort to encourage employees to report suspected fraud and improprieties. Kaweah Delta will not tolerate retaliation against any employee who reports suspected wrongdoing. See CP.13 ~~See~~ Federal and State False Claims Act and Employee Protection Provisions. All reported information will be investigated, tracked and remediated according to Kaweah Delta policy and shall be kept confidential to the maximum extent possible.

Process:

The Compliance Program was developed to provide oversite of compliance administrative efforts including (1) establishing operating protocol and standards; (2) designating oversight responsibilities; (3) providing employee

compliance training; (4) monitoring and auditing; (5) supporting and facilitating open lines of communication and reporting; (6) following through with enforcement and disciplinary procedures; and (7) establishing response and prevention plans.

~~(1) establishing operating protocol and standards of conduct; (2) designating oversight responsibilities; (3) providing employee compliance training; (4) implementing monitoring, auditing, enforcement and disciplinary procedures; and (5) establishing response and prevention plans.~~

1. **Establishing Operating Protocol and Standards of Conduct** – For the purposes of preventing illegal, unethical or abusive conduct, compliance Standards of Conduct and procedures shall be implemented and followed by all employees and agents of Kaweah Delta. The procedures shall include mechanisms for reporting fraud, waste, abuse, and other wrongdoing. The reporting procedures shall be set in a manner that promotes the internal discovery and reporting of wrongdoings and/or non-compliance.

~~1.~~

2. **Designating Oversight Responsibilities** – The Compliance and Privacy Officer and Kaweah Delta Leadership shall oversee and enforce compliance standards and procedures. The Compliance and Privacy Officer shall have the authority to take appropriate action to assure effective implementation of compliance efforts. The Compliance and Privacy Officer shall report directly to the Chief Executive Officer (CEO) and the Board of Directors.

   The Compliance and Privacy Officer shall have unrestricted authority and access to review all entity records, physical properties, and personnel related to compliance audit and investigative activities. Any confidential information received or reviewed shall not be used in any manner which would be contrary to law or detrimental to the interests of Kaweah Delta.

~~2.~~

   Kaweah Delta shall employ individuals whose education, training, and abilities are appropriate to perform the jobs assigned to them. Kaweah Delta shall use due care to delegate substantial discretionary authority to appropriate competent individuals and shall use due care to avoid delegation of such authority to individuals whom he or she knows, or should have known, have a propensity to engage in illegal activities.

3. **Providing Employee Compliance Training** – Kaweah Delta, through its Leadership, shall effectively communicate its standards and procedures to all staff members and agents by requiring mandatory participation in compliance training programs and by disseminating publications that explain the new policies, procedures and standards. See Compliance Program Education.

~~3.~~

4. ~~**Auditing and Monitoring**~~**Monitoring and Auditing** – Kaweah Delta, through its Leadership, shall take reasonable steps to achieve compliance with its standards by utilizing, monitoring and auditing systems including

the use of legal reviews of policies and procedures, financial audits and providing all staff members access to a hotline. See Compliance Reviews and Assessments.

5. **Supporting and Facilitating Open Lines of Communication and Reporting** – ~~Need to work on language… to have and publicize a system, which may include mechanisms that~~ Kaweah Delta allows for anonymity and/or confidentiality, whereby ~~the organization's~~ employees and agents of Kaweah Delta may report or seek guidance regarding potential or actual ~~criminal conduct~~wrong~~-~~doings or non-compliance without fear of retaliation.

6. **Following through with Enforcement and Disciplinary Procedures** – ~~Need to work on language… the organization's~~Kaweah Delta's compliance ~~and ethics~~ program shall be promoted and enforced consistently throughout the organization through ~~(A) appropriate incentives to perform in accordance with the compliance and ethics program; and (B)~~ appropriate disciplinary measures for engaging in criminal conduct, wrongdoings, non-compliance and/or for failing to take reasonable steps to prevent or detect criminal conduct. See HR.216 P~~P~~rogressive Discipline.

~~4.~~

~~5.~~7. **Establishing Response and Prevention Plans** – The standards developed under the Kaweah Delta Compliance Program shall be enforced consistently through appropriate disciplinary mechanisms including discipline of individuals responsible for failing to detect and report an offense. The Compliance Program shall take reasonable steps to investigate and respond appropriately to all reported concerns. See Compliance and Privacy Issues Investigation and Resolution.

Procedure:

Reporting and Investigative Process and Non-Retaliation

Kaweah Delta employees aware of any illegal, unethical or abusive conduct or any other wrongdoing or non-compliance shall report the concern immediately to Leadership. If the employee is uncomfortable reporting their concern to Leadership for fear of retaliation or is concerned that no action may be taken, the employee should immediately contact:

Kaweah Delta Compliance and Privacy Officer ~~– –~~ (559) 624-5006

The Anonymous Compliance Line ~~– –~~ (800) 998-8050

Kaweah Delta's Compliance Advocate – Dennis M. Lynch~~–~~ ~~–~~ (559) 738-8100 or (559) 280-3075

Employees will not be subject to retaliation for reporting, in good faith, action that they feel violates Standards of Conduct, a law, and/or Kaweah Delta policy. Any

employee engaging in any action of retaliation or reprisal for good faith reporting shall be subject to disciplinary action up to, and including, termination.

Investigation of Concerns

Investigations of suspected illegal, unethical, or abusive conduct or any other wrongdoing or non-compliance will be coordinated and organized by the Compliance and Privacy Officer, the Compliance Advocate, and/or Compliance Staff.

Internal Investigations

Internal investigation and resolution of compliance issues will be managed pursuant to ~~CP.05~~ Compliance and Privacy Issues Investigation and Resolution~~-~~.

All reports of suspected or actual fraud and subsequent investigations and outcomes must be reported to the Compliance and Privacy Officer. The Compliance and Privacy Officer will contact the Compliance Advocate, the Chief Executive Officer, and the Kaweah Delta Chairperson of the Board of Directors (as necessary).

A financial audit will be conducted every year in accordance with Kaweah Delta policy and under appropriate audit guidelines and standards. A financial audit provides no assurance that Kaweah Delta complies with all federal laws and regulations; rather provides an opinion as to the general strength of the internal operating controls and procedures.

External Investigations

External investigations by a regulatory agency will be managed pursuant to ~~AP.91~~ Unannounced Regulatory Survey Plan for Response.

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Policy Number: CP.01	Date Created: 07/09/2019
Document Owner: Lisa Wass (Compliance Analyst)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Compliance & Privacy Officer)	

Compliance Program Administration

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Purpose:

The Kaweah Delta Health Care District ("Kaweah Delta") Compliance Program was developed to:

1. Establish standards and procedures to be followed by all Kaweah Delta employees to effect compliance with applicable federal, state and local laws, regulations and ordinances, Administrative Regulations, Medical Staff Bylaws, and Kaweah Delta policies;

2. Designate the Kaweah Delta official responsible for directing the effort to enhance compliance including implementation of the Compliance Program;

3. Document compliance efforts;

4. Ensure Discretionary Authority is given to appropriate persons;

5. Provide a means for communicating to all Kaweah Delta employees the legal and ethical standards and procedures all employees are expected to follow;

6. Establish minimum standards for billing and collection activities, including a system of monitoring and oversight of billing activity to ensure adherence to the standards and procedures established;

7. Provide a means for reporting apparent illegal or unethical activity to the appropriate authorities;

8. Provide for the enforcement of ethical and legal standards;

9. Provide a mechanism to investigate any alleged violations and to prevent future violations;

10. Increase training of medical staff members and billing personnel concerning applicable billing requirements and Kaweah Delta policies;

11. Provide for regular review of overall compliance efforts to ensure that practices reflect current requirements and that other adjustments made to improve the Compliance Program;

12. Monitor provision of quality care to the patients served by Kaweah Delta;

13. Promote effective communication between Kaweah Delta's Legal Counsel, Executive Team, and Board of Directors;

14. Preserve the financial viability of Kaweah Delta; and

15. Enforce consistent disciplinary mechanisms for compliance or privacy violations.

Policy:

Kaweah Delta, and its affiliated health care facilities, requires all employees, agents and medical staff members to act, at all times, in an ethical and legal manner, consistent with all applicable legal, governmental, and professional standards and requirements. In order to avoid even the appearance of impropriety or conflict of interest, this Compliance Program applies to employees, agents, faculty, and medical staff within Kaweah Delta, without regard to an individual's specific job duties or function. It is the policy of Kaweah Delta that all services and business transactions rendered by Kaweah Delta shall be carried out and documented in accordance with federal, state, and local laws, regulations, and interpretations. This Compliance Program is intended to enhance and further demonstrate Kaweah Delta's commitment to honest and fair dealing by providing an effective means by which to prevent and detect illegal, unethical or abusive conduct. Kaweah Delta will exercise due diligence in its efforts to ensure that the Compliance Program is effective in its design, implementation, and enforcement. Kaweah Delta employees are expected to deal fairly and honestly with patients and their families, suppliers, third-party payors, and their professional associates. Adherence to the Compliance Program is a condition of employment at Kaweah Delta. Likewise, the granting of medical staff privileges and the offer of employment at Kaweah Delta is contingent upon acceptance of and compliance with the Compliance Program.

Kaweah encourages transparency and honesty in an effort to encourage employees to report suspected fraud and improprieties. Kaweah Delta will not tolerate retaliation against any employee who reports suspected wrongdoing. See CP.13 Federal and State False Claims Act and Employee Protection Provisions. All reported information will be investigated, tracked and remediated according to Kaweah Delta policy and shall be kept confidential to the maximum extent possible.

Process:

The Compliance Program was developed to provide oversite of compliance administrative efforts including (1) establishing operating protocol and standards; (2) designating oversight responsibilities; (3) providing employee compliance training; (4) monitoring and auditing; (5) supporting and facilitating open lines of communication and reporting; (6) following through with

enforcement and disciplinary procedures; and (7) establishing response and prevention plans.

1. **Establishing Operating Protocol and Standards of Conduct** – For the purposes of preventing illegal, unethical or abusive conduct, compliance Standards of Conduct and procedures shall be implemented and followed by all employees and agents of Kaweah Delta. The procedures shall include mechanisms for reporting fraud, waste, abuse, and other wrongdoing. The reporting procedures shall be set in a manner that promotes the internal discovery and reporting of wrongdoings and/or non-compliance.

2. **Designating Oversight Responsibilities** – The Compliance and Privacy Officer and Kaweah Delta Leadership shall oversee and enforce compliance standards and procedures. The Compliance and Privacy Officer shall have the authority to take appropriate action to assure effective implementation of compliance efforts. The Compliance and Privacy Officer shall report directly to the Chief Executive Officer (CEO) and the Board of Directors.

   The Compliance and Privacy Officer shall have unrestricted authority and access to review all entity records, physical properties, and personnel related to compliance audit and investigative activities. Any confidential information received or reviewed shall not be used in any manner which would be contrary to law or detrimental to the interests of Kaweah Delta.

   Kaweah Delta shall employ individuals whose education, training, and abilities are appropriate to perform the jobs assigned to them. Kaweah Delta shall use due care to delegate substantial discretionary authority to appropriate competent individuals and shall use due care to avoid delegation of such authority to individuals whom he or she knows, or should have known, have a propensity to engage in illegal activities.

3. **Providing Employee Compliance Training** – Kaweah Delta, through its Leadership, shall effectively communicate its standards and procedures to all staff members and agents by requiring mandatory participation in compliance training programs and by disseminating publications that explain the new policies, procedures and standards. See Compliance Program Education.

4. **Monitoring and Auditing** – Kaweah Delta, through its Leadership, shall take reasonable steps to achieve compliance with its standards by utilizing, monitoring and auditing systems including the use of legal reviews of policies and procedures, financial audits and providing all staff members access to a hotline. See Compliance Reviews and Assessments.

5. **Supporting and Facilitating Open Lines of Communication and Reporting** – Kaweah Delta allows for anonymity and/or confidentiality,

whereby employees and agents of Kaweah Delta may report or seek guidance regarding potential or actual wrongdoings or non-compliance without fear of retaliation.

6. **Following through with Enforcement and Disciplinary Procedures** – Kaweah Delta's compliance program shall be promoted and enforced consistently throughout the organization through appropriate disciplinary measures for engaging in criminal conduct, wrongdoings, non-compliance and/or for failing to take reasonable steps to prevent or detect criminal conduct. See HR.216 Progressive Discipline.

7. **Establishing Response and Prevention Plans** – The standards developed under the Kaweah Delta Compliance Program shall be enforced consistently through appropriate disciplinary mechanisms including discipline of individuals responsible for failing to detect and report an offense. The Compliance Program shall take reasonable steps to investigate and respond appropriately to all reported concerns. See Compliance and Privacy Issues Investigation and Resolution.

Procedure:

Reporting and Investigative Process and Non-Retaliation

Kaweah Delta employees aware of any illegal, unethical or abusive conduct or any other wrongdoing or non-compliance shall report the concern immediately to Leadership. If the employee is uncomfortable reporting their concern to Leadership for fear of retaliation or is concerned that no action may be taken, the employee should immediately contact:

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The Anonymous Compliance Line – (800) 998-8050

Kaweah Delta's Compliance Advocate – Dennis M. Lynch
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Employees will not be subject to retaliation for reporting, in good faith, action that they feel violates Standards of Conduct, a law, and/or Kaweah Delta policy. Any employee engaging in any action of retaliation or reprisal for good faith reporting shall be subject to disciplinary action up to, and including, termination.

Investigation of Concerns

Investigations of suspected illegal, unethical, or abusive conduct or any other wrongdoing or non-compliance will be coordinated and organized by the Compliance and Privacy Officer, the Compliance Advocate, and/or Compliance Staff.

Internal Investigations

Internal investigation and resolution of compliance issues will be managed pursuant to Compliance and Privacy Issues Investigation and Resolution.

All reports of suspected or actual fraud and subsequent investigations and outcomes must be reported to the Compliance and Privacy Officer. The Compliance and Privacy Officer will contact the Compliance Advocate, the Chief Executive Officer, and the Kaweah Delta Chairperson of the Board of Directors (as necessary).

A financial audit will be conducted every year in accordance with Kaweah Delta policy and under appropriate audit guidelines and standards. A financial audit provides no assurance that Kaweah Delta complies with all federal laws and regulations; rather provides an opinion as to the general strength of the internal operating controls and procedures.

External Investigations

External investigations by a regulatory agency will be managed pursuant to Unannounced Regulatory Survey Plan for Response**.**

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Policy Number: CP.13	Date Created: 06/17/2019
Document Owner: Lisa Wass (Compliance Analyst)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Compliance & Privacy Officer)	

Federal and State False Claims Act and Employee Protection Provisions

Purpose: Kaweah Delta Health Care District ("Kaweah Delta") acknowledges its responsibilities to establish policies and procedures under the Federal Deficit Reduction Act to provide information and education to its employees, agents and contracted work force regarding the federal False Claims Act, the Federal Whistleblower's Act as well California law on these subjects. The following policy is established in order to help our employees, agents and contractors understand the provisions of the federal and state laws regarding submitting false claims for reimbursement, as well as to further inform our employees of their right to report violations at the state and federal levels as well as to their supervisor or through Kaweah Delta's Compliance structure.

Policy: Detailed information regarding both state and federal false claims laws and whistleblower laws will be distributed to employees via this policy as well as through the various educational courses and orientation programs ongoing throughout the system. Employees are strongly encouraged to report any observations they might make regarding potential violations to their supervisor, the Kaweah Delta Compliance and Privacy Officer, or through the Kaweah Delta Confidential Compliance Hotline (1-800-998-8050). Every concern will be investigated in accordance with policy CP.05 Compliance and Privacy Issues Investigation and Resolution.

Federal False Claims Act - The False Claims Act (FCA) is a federal statute that covers fraud involving any federally funded contract or program, including the Medicare and Medicaid (Medi-Cal) programs. The Act establishes liability for any person who knowingly presents or causes to be presented a false or fraudulent claim to the U. S. Government for payment.

The term "knowingly" is defined to mean that a person, with respect to information:

- Has actual knowledge of falsity of information in the claim;
- Acts in deliberate ignorance of the truth or falsity of the information in a claim; or
- Acts in reckless disregard of the truth or falsity of the information in a claim

The Act does not require proof of a specific intent to defraud the United States Government. Instead health care providers can be prosecuted for a wide variety of conduct that leads to the submission of fraudulent claims to the Government, such as knowingly making false statements, falsifying records, or otherwise causing a false claims to be submitted.

Claim - For purposes of the False Claims Act, a "claim" includes any request or demand for money that is submitted to the U.S. Government or its contractors.

Liability - Health care providers and suppliers (persons and organizations) who violate the False Claims Act can be subject to civil monetary penalties from $10,957 and $21,916 for each false claim submitted. In addition to this civil penalty, providers and suppliers can be required to pay three (3) times the amount of damages sustained by the U.S. Government (See 31 USC §3729(a)). If a provider or supplier is convicted of a False Claims Act violation, the Office of Inspector General (OIG) may seek to exclude the provider or supplier from participation in federal health care programs.

California False Claims Act - The California FCA, enacted in 1987, is a state statute that covers fraud involving state funded contracts or programs, including Medi-Cal. The act establishes liability for any person who knowingly presents or causes to be presented a false claim for payment or approval or causes to be made or used a false statement to get a false claim paid or approved.

The California FCA closely mirrors the structure and content of the Federal False Claims Act. However, the California FCA does contain some provisions that differ from the federal statute. For example, the California FCA imposes liability upon a provider for an inadvertent submission of a false claim when the provider subsequently discovers the falsity but fails to disclose it within a reasonable period of time after the discovery of the false claim. Further, the California FCA states that liability is triggered if a provider conspires to defraud by getting a false claim allowed or paid.

The term "knowingly" for the California FCA is the identical to the federal False Claims Act. As with the federal statute, proof of specific intent to defraud is not required.

Damages for the California FCA are similar to its federal counterpart. Any provider who violates the California FCA is liable to the state for three (3) times the amount of damages. Such a provider is also responsible for the costs of a civil action to recover the penalties and damages. Finally, any provider who violates the state statute may be liable for a civil penalty for each false claim. A "claim" is defined as any request or demand for money or services.

***Employee Protection - Qui Tam* "Whistleblower" Provision -** To encourage individuals to come forward and report misconduct involving false claims, both the federal False Claims Act and the California FCA include "qui tam" or whistleblower provisions. These provisions allow a person who is the "original source" to file a *qui tam* action and the party bringing the action is known as the "relator." "Original

source" is defined as direct and independent knowledge of the information on which the allegations are based and has voluntarily provided the information to the Government before filing a lawsuit on behalf of the U.S. Government or State of California. There are many different types of health care fraud that can be the basis of a qui tam action. These include, but are not limited to: add-on services, up-coding and unbundling, kickbacks, false certification and information, lack of medical necessity, fraudulent cost reports, grant or program fraud, and billing for inadequate patient care.

The False Claims Act is an increasingly significant enforcement tool due to the whistleblower provisions which entitle relators to recover a percentage of the penalty imposed. Law enforcement officials are using these acts and the whistleblower protections to pursue high penalty fraud allegations against hospitals, physicians, and other health care providers. However, individuals seeking whistleblower status must meet several criteria (e.g. "original source") to prevail as outlined below.

Health Insurance Portability and Accountability Act (HIPAA) Exception – Section 164.502(j)(1) of HIPAA permits a member of a covered entity's workforce or a business associate to disclose PHI with a Government Agency and/or Attorney due to the workforce member or business associate's belief in good faith that the covered entity has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by the covered entity potentially endangers one or more patients, workers, or the public.

***Qui Tam* Procedure -** The relator must file his or her lawsuit on behalf of the Government in a federal district court or for the State of California in the name of California if state funds are involved. The lawsuit will be filed "under seal," meaning that the lawsuit is kept confidential while the state and/or federal Government reviews and investigates the allegations contained in the lawsuit and decides how to proceed.

Rights of Parties to *Qui Tam* Actions - If the Government determines that the lawsuit has merit and decides to intervene, the prosecution of the lawsuit will be directed by the U.S. Department of Justice. If the state proceeds with the action, it shall have the responsibility for prosecuting the action. If the federal government or state decides not to intervene, the whistleblower can continue with the lawsuit on his or her own.

Award to *Qui Tam* Whistleblowers - If the federal and/or state lawsuit is successful, and provided certain legal requirements are met, the relator may receive a percentage award of the total amount recovered or settlement made. If the federal and/or state does not proceed with the action and the *qui tam* plaintiff proceeds with the action, the relator may receive a percentage award of the penalties and damages. The whistleblower may also be entitled to reasonable expenses including attorney's fees and costs for bringing the lawsuit. All such expenses, fees and costs will be awarded against the defendant and in no circumstances will they be the responsibility of the federal government or state.

No Retaliation - In addition to a financial award, the False Claims Act entitles whistleblowers to additional relief, including employment reinstatement, back pay, and any other compensation arising from retaliatory conduct against a whistleblower for filing an action under the False Claims Act or committing other lawful acts, such as investigating a false claim or providing testimony for, or assistance in, a False Claims Act action.

Reporting a Concern – Employees are required to report any concerns of suspected non-compliance pursuant to Compliance Policy Compliance Program Administration. Concerns should be reported immediately to Kaweah Delta Leadership, the Compliance and Privacy Officer, the Compliance Hotline at 1(800) 998-8050, or the Kaweah Delta Compliance Advocate at (559) 738-8100.

"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: CP.13	Date Created: 06/17/2019
Document Owner: Lisa Wass (Compliance Analyst)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Compliance & Privacy Officer)	

Federal and State False Claims Act and Employee Protection Provisions

Purpose: Kaweah Delta Health Care District ("Kaweah Delta") acknowledges its responsibilities to establish policies and procedures under the Federal Deficit Reduction Act to provide information and education to its employees, agents and contracted work force regarding the federal False Claims Act, the Federal Whistleblower's Act as well California law on these subjects. The following policy is established in order to help our employees, agents and contractors understand the provisions of the federal and state laws regarding submitting false claims for reimbursement, as well as to further inform our employees of their right to report violations at the state and federal levels as well as to their supervisor or through Kaweah Delta's Compliance structure.

Policy: Detailed information regarding both state and federal false claims laws and whistleblower laws will be distributed to employees via this policy as well as through the various educational courses and orientation programs ongoing throughout the system. Employees are strongly encouraged to report any observations they might make regarding potential violations to their supervisor, the Kaweah Delta Compliance and Privacy Officer, or through the Kaweah Delta Confidential Compliance Hotline (1-800-998-8050). Every concern will be investigated in accordance with policy CP.05 Compliance and Privacy Issues Investigation and Resolution.

Federal False Claims Act - The False Claims Act (FCA) is a federal statute that covers fraud involving any federally funded contract or program, including the Medicare and Medicaid (Medi-Cal) programs. The Act establishes liability for any person who knowingly presents or causes to be presented a false or fraudulent claim to the U. S. Government for payment.

The term "knowingly" is defined to mean that a person, with respect to information:

- Has actual knowledge of falsity of information in the claim;
- Acts in deliberate ignorance of the truth or falsity of the information in a claim; or
- Acts in reckless disregard of the truth or falsity of the information in a claim

The Act does not require proof of a specific intent to defraud the United States Government. Instead health care providers can be prosecuted for a wide variety of conduct that leads to the submission of fraudulent claims to the Government, such as knowingly making false statements, falsifying records, or otherwise causing a false claims to be submitted.

Claim - For purposes of the False Claims Act, a "claim" includes any request or demand for money that is submitted to the U.S. Government or its contractors.

Liability - Health care providers and suppliers (persons and organizations) who violate the False Claims Act can be subject to civil monetary penalties from $10,957 and $21,916 for each false claim submitted. In addition to this civil penalty, providers and suppliers can be required to pay three (3) times the amount of damages sustained by the U.S. Government (See 31 USC §3729(a)). If a provider or supplier is convicted of a False Claims Act violation, the Office of Inspector General (OIG) may seek to exclude the provider or supplier from participation in federal health care programs.

California False Claims Act - The California FCA, enacted in 1987, is a state statute that covers fraud involving state funded contracts or programs, including Medi-Cal. The act establishes liability for any person who knowingly presents or causes to be presented a false claim for payment or approval or causes to be made or used a false statement to get a false claim paid or approved.

The California FCA closely mirrors the structure and content of the Federal False Claims Act. However, the California FCA does contain some provisions that differ from the federal statute. For example, the California FCA imposes liability upon a provider for an inadvertent submission of a false claim when the provider subsequently discovers the falsity but fails to disclose it within a reasonable period of time after the discovery of the false claim. Further, the California FCA states that liability is triggered if a provider conspires to defraud by getting a false claim allowed or paid.

The term "knowingly" for the California FCA is the identical to the federal False Claims Act. As with the federal statute, proof of specific intent to defraud is not required.

Damages for the California FCA are similar to its federal counterpart. Any provider who violates the California FCA is liable to the state for three (3) times the amount of damages. Such a provider is also responsible for the costs of a civil action to recover the penalties and damages. Finally, any provider who violates the state statute may be liable for a civil penalty for each false claim. A "claim" is defined as any request or demand for money or services.

***Employee Protection - Qui Tam* "Whistleblower" Provision -** To encourage individuals to come forward and report misconduct involving false claims, both the federal False Claims Act and the California FCA include "qui tam" or whistleblower provisions. These provisions allow a person who is the "original source" to file a *qui tam* action and the party bringing the action is known as the "relator." "Original

source" is defined as direct and independent knowledge of the information on which the allegations are based and has voluntarily provided the information to the Government before filing a lawsuit on behalf of the U.S. Government or State of California. There are many different types of health care fraud that can be the basis of a qui tam action. These include, but are not limited to: add-on services, up-coding and unbundling, kickbacks, false certification and information, lack of medical necessity, fraudulent cost reports, grant or program fraud, and billing for inadequate patient care.

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Kaweah Delta
HEALTH CARE DISTRICT

CODE of CONDUCT

Integrity, Accountability, and Excellence

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Dear Kaweah Delta Team Member:

We are proud to introduce you to our Code of Conduct for Kaweah Delta Health Care District (Kaweah Delta). Our Code of Conduct reflects Kaweah Delta's commitment to providing high-quality services to patients, and our commitment to ethical and legal business practices. These goals are vital to the ongoing success of Kaweah Delta. This information booklet is an important and valuable expression of our commitment to **integrity, accountability, and excellence –** three of Kaweah Delta's fundamental values. It has been designed to show each of us how our core values and standards go hand in hand.

Every person at Kaweah Delta plays a role, directly or indirectly, in the patient experience and our reputation is based on how we conduct ourselves on a daily basis. Our reputation brings hope and confidence to patients who trust us to deliver high quality care and attracts people with the highest integrity to seek employment or affiliation with us.

The information in our Code of Conduct booklet will assist you in understanding the variety of legal, professional and ethical standards that regulate our work. Please make it a priority to become familiar with it. Much of what you see in the Code of Conduct booklet will not be new to you, but it will provide an accessible source of information when you have a question about a particular situation.

There may be times when you face a situation that is not specifically covered by the Code of Conduct. The complex challenges we face in the ~~health care~~healthcare arena are not always easily categorized, and you may find that you need assistance in addressing a specific issue related to compliance. We encourage you to discuss the situation and initially seek guidance from your supervisor. If you are ever uncomfortable discussing the situation with your supervisor and would rather speak to our Compliance and Privacy Officer directly, you may do so by contacting the Compliance and Privacy Officer at 1-559-624-5006. If you prefer to report an issue or concern anonymously, you may call our Confidential Reporting Line at 1-800-998-8050. We will work diligently to ensure that questions and issues brought to our attention are addressed and resolved.

A commitment to ethical and legal business practices in caring for our patients and in our business dealings is crucial. Compliance means doing the right thing. I thank you for your personal commitment to compliance, our Code of Conduct and the part you play in making Kaweah Delta an organization that we can all be proud of.

Sincerely,

Gary's Signature Here

Gary Herbst
Chief Executive Officer

400 West Mineral King Avenue · Visalia, CA · 559 624 2000 · Fax 559 635 4021

OUR CODE OF CONDUCT

Purpose of the Code of Conduct

Our Code of Conduct provides guidance to all Kaweah Delta Health Care District (Kaweah Delta) employees and our care partners by creating and fostering an environment in which all stakeholders feel empowered and obligated to "do the right thing." ~~-~~ The Code of Conduct assists us in carrying out our daily activities and working within appropriate ethical and legal standards. These obligations apply to our relationships with patients, affiliated physicians, third-party payers, subcontractors, independent contractors, vendors, volunteers, consultants and one another.

The Code of Conduct is a critical component of our Compliance Program. We have developed the Code of Conduct to ensure we all understand our ethical obligations and standards, administrative regulations, and ~~m~~medical staff bylaws ~~and~~ comply with all applicable laws and regulations. Adherence to the Compliance Program is a condition of employment at Kaweah Delta. Likewise, the granting of medical staff privileges and the offer of employment at Kaweah Delta is contingent upon acceptance of and compliance with the Compliance Program.

The Code of Conduct is intended to be comprehensive and easily understood. However, in many cases, the subject matter discussed may have complexities that require additional guidance and direction. To provide additional guidance, we have developed comprehensive policies and procedures which may be accessed in Kaweah Delta's Policy ~~t~~Tech system. The policies expand upon many of the principles communicated in ~~this~~ our Code of Conduct. The standards set forth in the Code of Conduct ~~-~~ are mandatory and must be followed.

~~The District~~Kaweah Delta

Kaweah Delta Health Care District is a community venture, operating under the authority granted through the California Health and Safety Code as a health care district. As such, Kaweah Delta Health Care District is publicly owned and operates as a non-profit entity. ~~the District~~Kaweah Delta was established to provide quality health care within defined areas of expertise. ~~District~~ Kaweah Delta's intent is that no person shall be denied emergency admission or emergency treatment based on their ability to pay. Similarly, ~~the District~~no person shall be denied access to treatment or admission to our facilities based upon race, color, national origin, ethnic, disability, economic, religious or age status and/or on the basis of sexual preference. The medical welfare of the community and its particular health needs will be fulfilled, to the extent possible, based upon ~~the District's~~Kaweah Delta's financial limitations.

~~Mission, Vision and Values~~OUR MISSION, OUR VISION, OUR PILLARS

OUR MISSION STATEMENT

Health is our ~~p~~Passion.
Excellence is our ~~f~~Focus.
Compassion is our P~~p~~romise.

The mission articulates the reason ~~-~~Kaweah Delta exists~~'s fundamental purpose both~~ for both ~~for within our organization and for our community.~~

OUR VISION

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

Our vision statement is what we ~~inspire~~ aspire to be for our community and sets the future path and framework in our strategic planning.

OUR PILLARS

~~In order to achieve our mission and vision, Kaweah Delta must~~Like pillars that support a structure, these efforts are ~~foundational to the success of Kaweah Delta:~~

Achieve **outstanding community health**
Deliver **excellent service**
Provide an **ideal work environment**
Empower through **education**
Maintain **financial strength**

Like pillars that support a structure, these efforts are foundational to the success of Kaweah Delta:

~~**Kaweah Delta Mission**~~

~~*It is our mission T*~~*to provide safe, high quality, customer oriented financially strong health care services to ~~that~~ meet the needs of those we serve. We have stayed true to this mission by adhering to our hospitals vision, values, and Code of Conduct.*

~~**Kaweah Delta Vision**~~

~~*Our vision is to deliver excellence to the people of Tulare County. With the efforts of our skilled medical staff, we strive to be recognized for consistently delivering a broad range of exceptional healthcare services, superior clinic quality, and exemplary customer service.Delivering Excellence. Together, Kaweah Delta and the Medical Staff will be recognized for consistently delivering a broad range of exceptional health care services, superior clinical quality and exemplary customer service.*~~

~~**Kaweah Delta Our Values**~~

~~**Vision –** *wWe plan for and act to produce an ever-improving future.*~~
~~**Integrity –** *wWe are completely honest, candid, and transparent in our dealings.*~~
~~**Caring –** *oOur patients, their families, and the community must be at the center of all we do.*~~
~~**Accountability** – *wWe are completely responsible to our patients, the community, and our colleagues for producing the best results possible.*~~
~~**Respect –** *wWe collaborate effectively with others and are socially and interpersonally skilled.*~~
~~**Excellence** – *wWe accept nothing less than our very best efforts, and through continual learning we are committed to achieve superior performance.*~~

KAWEAH DELTA COMPLIANCE PROGRAM

Program Structure and Standards

The Compliance Program was developed to provide oversite of administrative compliance ~~administrative~~ efforts including:

- ~~(~~(1) establishing operating protocols and standards of conduct;
- (2) designating oversight responsibilities;
- (3) providing employee compliance training;
- (4) ~~implementing~~ monitoring and~~,~~ auditing;~~,~~
- (5) supporting and facilitating open lines of communication and reporting;

(6) following through with enforcement and disciplinary procedures; and
(7~~5~~) establishing response and prevention plans.

The Compliance Program is intended to demonstrate in the clearest possible terms the absolute commitment of the organization to the highest standards of ethics and compliance. ~~–~~The elements of the program include setting standards (the Code of Conduct and Policies and Procedures), communicating the standards, providing a mechanism for reporting potential exceptions, monitoring and auditing, and maintaining an organizational structure that supports the continued growth of the program. Each of these elements is detailed below.

These elements are supported at all levels of the organization. Providing direction, guidance and oversight are the Audit and Compliance Committee of the Board of Directors and the Executive Team consisting of S~~s~~enior ~~m~~Management.

The Compliance Officer shall have sufficient authority to fulfill the responsibilities of the position and shall have direct reporting ~~access~~responsibility to the CEO and the Board. The Compliance Officer shall administratively report to the CEO and provide an update to the Board annually, at a minimum, on the state of the Program.

The Compliance Officer is responsible for the day-to-day operation and oversight of Program activities. The Compliance Officer will oversee the implementation and maintenance of the Program and all Kaweah Delta compliance policies, compliance education and training, auditing and monitoring activities, and resolution of compliance issues. The Compliance Officer shall have access to all documents and information related to compliance activities and may seek advice from Legal Counsel or retain consultants or experts, when necessary. The Compliance Officer may request additional staff, as deemed necessary, to assist in the performance of compliance activities.
~~The Compliance and Privacy Officer is responsible for the day-to-day direction and implementation of the Compliance Program. This includes developing resources (including policies and procedures, training programs, and communication tools) and providing support to others.~~

The Compliance Team plays a key role in ensuring the successful implementation of our Compliance Program. They are responsible for distributing standards, ensuring training is conducted, conducting monitoring and responding to audits, investigating and resolving Confidential Reporting Line issues and otherwise administering the Compliance Program.

Another important resource to address issues related to this Code of Conduct is the Human Resources Department. Human Resources staff are~~is~~ highly knowledgeable about many of the compliance risk areas described in this Code of Conduct, particularly those that pertain to employment and the workplace. The Human Resources staff are~~is~~ responsible for ensuring compliance with various employment laws. If a concern relates to specific details of an individual's work situation, rather than larger issues of organizational ethics and compliance, the Human Resources Department is the most appropriate area to contact. In that we promote the concept of management autonomy, every effort should be made to resolve workplace conduct and employment practice issues through the individual's supervisor. However, the Human Resources Department is also available to provide support to employees and management.

Resources for Reporting a Concern

To obtain guidance on an ethical or compliance issue or to report a concern, individuals may choose from several options.~~–~~ We encourage the resolution of issues, including human resources-related issues (e.g., payroll, fair treatment and disciplinary issues). It is an expected good practice, when one is comfortable with it and thinks it appropriate under the circumstances, to raise concerns first with one's supervisor. If it is uncomfortable or inappropriate, the individual may discuss the situation with the Compliance and Privacy Officer (624-5006) or the Human Resources Department. If the issue is employee relations in nature, employees should contact the Human Resources Department for assistance and further guidance. Individuals are always free to contact the Confidential

Reporting Line at 800-998-8050. ~~If the issue is employee relations in nature, employees should contact the Human Resources Department for assistance and further guidance.~~

Kaweah Delta makes every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports concerns or possible misconduct. There is no retribution or discipline for anyone who reports a concern in good faith.

Any employee who deliberately makes a false accusation with the purpose of harming or retaliating against another employee is subject to discipline.

~~**To report a concern or to ask questions contact:**~~

~~**Kaweah Delta Compliance and Privacy Officer**~~
~~**(559) 624-5006**~~
~~**Kaweah Delta Compliance Advocate**~~
~~**Kaweah Delta Legal Counsel**~~
~~**(559) 738-8100 or 280-3075**~~

~~**Confidential Reporting Line - 1 (800) 998-8050**~~

Personal Obligation to Report

We are committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to ~~correct~~ correcting any wrongdoing whenever it may occur in the organization. Each employee has an individual responsibility for reporting any activity by any employee, physician, subcontractor, or vendor that appears to violate applicable laws, rules, regulations, accreditation standards, medical practice standards, Federal ~~healthcare~~ Healthcare Conditions of Participation or ~~this~~ the Code of Conduct. If a matter ~~poses~~ posing serious compliance risk to the organization or ~~that involves~~involving a serious issue of medical necessity, clinical outcomes or patient safety is reported, and if the reporting individual doubts that the issue has been given sufficient or appropriate attention, the individual should report the matter to higher levels of management, the Director of Risk Management, the Compliance and Privacy Officer or the Confidential Reporting Line until satisfied that the full importance of the matter has been recognized.

To report a concern or to ask questions contact:

Kaweah Delta Compliance and~~and~~ Privacy Officer
(559) 624-5006

Kaweah Delta Compliance Advocate/

Kaweah Delta Legal Counsel
(559) 738-8100 or (559) 280-3075

Confidential Reporting Line - 1 (800) 998-8050

Internal Investigations

We are committed to investigating all reported concerns promptly and confidentially to the extent possible. The Compliance and Privacy Officer coordinates findings from investigations and immediately recommends corrective action or changes that need to be made. When an investigation is initiated based upon a report of a problem by an employee, the final resolution of the issue will be reported back to that employee. We expect all employees to

cooperate with investigation efforts. Giving false or misleading information during an investigation may lead ~~up~~ to disciplinary action, up to and including termination.

Corrective Action

Where an internal investigation substantiates a reported violation, it is the policy of the organization to initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting ~~-~~disciplinary action as necessary and implementing systemic changes to prevent a similar violation from recurring in the future.

Discipline

All violators of the Code of Conduct will be subject to disciplinary action. The seriousness of the offense and frequency of the violation precise discipline utilized and frequency of the violation may result in any or all of the following disciplinary actions:

- Written Warning
- Written Reprimand
- Suspension
- Termination and/or
- Restitution

Training and Education

Training and education ~~has~~ have been developed to ensure that employees throughout the organization are aware of the standards that apply to them. Code of Conduct training is conducted at the time an individual joins the organization and is communicated regularly to all employees. Compliance training in areas of specific compliance risk (e.g., billing, coding, cost reports) is required of certain individuals. Kaweah Delta policies outline the training requirements.

All Staff and ~~employees~~Board Members shall receive on-going education about relevant compliance topics including updates to the Compliance Program, Code of Conduct, new laws and regulations, or new Compliance and Privacy policies and procedures.

Many resources regarding our program are available to all Kaweah Delta employees on our Intranet and to the general public on the Internet.

Measuring Program Effectiveness

We are committed to assessing the effectiveness of our Compliance Program through various efforts. ~~This effort, in part, is supported~~Our efforts are supported in part ~~Much of this effort is provided~~ by the Internal Audit Department, which routinely conducts internal audits of issues that have regulatory or compliance implications. Responsible Executives and management routinely undertake monitoring efforts in support of policies and compliance in general. Departments conduct self-monitoring, and the Compliance Department conducts reviews designed to assess facility implementation of the Code of Conduct, policies and procedures, Confidential Reporting Line and related investigations, and monitoring efforts. Most of these methods of assessment result in reports of findings by the reviewers and corrective action plans by the departments that are reviewed. Through these reviews, we are continuously assessing the effectiveness of the Program and finding ways to improve it.

Leadership Responsibilities

While all Kaweah Delta employees are obligated to follow our Code of Conduct, we expect our leaders to set the example, ~~to be~~ and in every respect~~,~~ to be a model for others.~~-~~ We expect everyone at Kaweah Delta with supervisory responsibilities to be kind, sensitive, honest, thoughtful and respectful. We expect all leaders to create an environment where each team member feels free to raise concerns and propose new ideas.

We also expect that leadership will provide their team members with sufficient information to comply with laws, regulations, policies and procedures, ~~as well as~~and will provide the resources to address and resolve ethical dilemmas. They must help to create and maintain a culture that promotes the highest standards of ethics and compliance. This culture must encourage everyone in the organization to share concerns when they arise. We must never sacrifice ethical and compliant behavior in the pursuit of business objectives.

Kaweah Delta Leaders at all levels should use all available education and guidance to most effectively incorporate ethics and compliance into all aspects of Kaweah Delta.

Our Fundamental Commitment

We are committed to providing **Personal, Professional, Compassionate Experiences, Every Person Every Time** and specifically:

To our patients: We are committed to providing safe, high quality care that is sensitive, compassionate, promptly delivered, and cost effective.

To our employees: We are committed to a working environment which treats all employees with fairness, dignity and respect, and affords them an opportunity to grow and develop professionally, and to work in a team environment in which all ideas are considered.

To our affiliated physicians: We are committed to providing a work environment which has excellent facilities, equipment and outstanding professional support.

To our third-party payers: We are committed to working with our third-party payers in a manner that demonstrates our commitment to contractual obligations and reflects our shared concern for quality healthcare and bringing efficiency and cost effectiveness to healthcare. We encourage our payers to adopt their own set of ethical practices to recognize their obligations to patients and providers and the need for fairness and responsiveness.

To our regulators: We are committed to maintaining an environment of compliance with rules, regulations, policies and sound business practices. We accept the responsibility to self-govern and monitor adherence to the requirements of the law and to our Code of Conduct.

To our joint venture partners: We are committed to fully performing our responsibilities to support our jointly owned services in a manner that reflects the mission and values of each of our organizations.

To the communities we serve: We are committed to understanding the needs of the communities we serve and to providing high quality, cost-effective healthcare. We realize that we have a responsibility to those in need. We proudly support charitable contributions and community events in an effort to promote goodwill, health and other good causes.

To our suppliers: We are committed to fair competition among prospective suppliers and the sense of responsibility required of a good customer. We encourage our suppliers to adopt their own set of ethical principles.

To our volunteers: We are committed to ensuring that our volunteers feel a sense of meaning from their work and receive recognition for their volunteer efforts. Volunteers assisting our patients and their families are an integral part of the fabric of healthcare. Our volunteers are an important part of the Kaweah Delta team.

To our Foundation donors: We are committed to ensuring that donations made to Kaweah Delta are managed respectfully and responsibly to serve the needs of Kaweah Delta and the patients and communities we serve.

KAWEAH CARE

Personal, Professional, and Compassionate Experiences. Every Person, Every Time.

OUR COMMITMENT TO OUR PATIENTS

Patient Care and Rights

In the availability of services; the admission, transfer or discharge of patients; or in the care we provide, we make no inappropriate distinctions based on age, gender, disability, race, color, religion, sexual orientation, gender identity, medical condition, educational background, economic status, the source of payment for care or national origin.

Upon admission, we provide each patient with a written statement of ~~p~~Patient R~~r~~ights and a N~~n~~otice of ~~p~~Privacy ~~p~~Practices. These statements include the rights of the patient to make decisions regarding medical care and regarding his or her health information maintained by Kaweah Delta. Such statements conform to all applicable state and federal laws, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (hereinafter referred to as HIPAA).

We seek to involve patients in all aspects of their care, including giving consent for treatment and making other healthcare decisions, which may include managing pain effectively, foregoing or withdrawing treatments, and, as appropriate, ~~-~~end of life care. In the promotion and protection of patients' rights, each patient and his or her representatives are afforded appropriate confidentiality, privacy, security and protective services, opportunity for resolution of complaints, and pastoral or spiritual care.

Patients shall be ~~are~~ treated in a manner that preserves their dignity, autonomy, self-esteem, civil rights, and involvement in their own care. Kaweah Delta facilities maintain processes to support patient rights in a collaborative manner which involves Kaweah Delta leaders and others. These processes are based on policies and procedures, which address both patient care and organizational ethics. These processes include informing each patient, or~~,~~ when appropriate, the patient's representative of the patient's rights in advance of furnishing or discontinuing care. Patients, and~~,~~ when appropriate, their families or caregivers are informed about the outcomes of care, including unanticipated outcomes. Additionally, patients are involved as clinically appropriate in resolving dilemmas about care decisions.

Kaweah Delta has a comprehensive program to promote the quality of patient care and measure its effectiveness. The commitment to quality care and patient safety is everyone's responsibility.

Kaweah Delta maintains processes for prompt resolution of patient grievances which include informing patients of the grievance process which includes notification of the resolution. ~~-~~Patients and/or their families have a right to file a complaint or grievance regarding their care and may do so by contacting Kaweah Delta's Risk Management Department, the Joint Commission, or California Department of Public Health.

Kaweah Delta maintains an ongoing, proactive patient safety effort for the identification of risk to patient safety and the prevention, reporting and reduction of healthcare errors.

Kaweah Delta has established patient safety and quality of care policies. It is the responsibility of each staff member to follow our standards and policies. It is important to report non-compliance, safety or quality concerns to management so the issues can be addressed. Kaweah Delta is committed to ~~investigate~~ investigating and ~~respond~~ responding to all reported concerns. An employee may also report safety or quality of care concerns to the Joint Commission (TJC) by accessing their website at www.jointcommission.org. Additionally, TJC can be ~~contacted by email~~ contacted online at https://www.jointcommission.org/report_a_complaint.aspx ~~complaint@jcaho.org~~ or by fax at (630) 792-5636. Kaweah Delta will take no disciplinary action against any employee because they report a safety or quality of care concern.

Interpretive Services

Fluency in English is required for all employees having patient contact. To facilitate communication with non-English speaking or hearing~~-~~impaired individuals, Kaweah Delta has alternatives in place including a 24-hour Language Line of more than 100 languages. Employees may access the line directly. A procedure is in place explaining how to use the Language Line. Employees may also contact management or the Interpreter Services department for assistance.

Interpreting services are available for both ~~foreign~~ verbal and sign languages. Contact the nursing staffing office for details or to obtain an interpreter. Kaweah Delta employees who are able to communicate in a second language are encouraged to contact the Interpreter Services Department for information on the voluntary interpreter program.

Patient Information

We collect information about the patient's medical condition, history, medication, and family illnesses. We realize the sensitive nature of this information and are committed to maintaining its confidentiality.

Kaweah Delta employees must never access, use or disclose confidential information in a manner that violates the privacy rights of our patients. In accordance with our appropriate access and privacy policies and procedures, which are consistent with state and federal privacy requirements, no Kaweah Delta employee, affiliated physician or other healthcare partner has a right to any patient information other than what is necessary to perform his or her job duties.

Subject only to emergency exceptions, patients can expect their privacy will be protected. Patient-specific information will be released only to persons authorized by the patient to receive the information or those authorized by law to receive the information.

Abuse and/or Neglect Reporting

Kaweah Delta is committed to promoting a ~~health care~~healthcare environment free from threats, harassment, abuse (verbal, physical, mental, or sexual), neglect, corporal punishment, involuntary seclusion and misappropriation of property.

Following State and Federal laws and Kaweah Delta policy, all employees are mandated reporters of suspected child or elder/dependent adult abuse and domestic violence injuries. Patient and Family Services staff are~~is~~ available to help assess patients and make appropriate telephone and written reports. Please call (559) 624-2257 for assistance. See Suspected child and or elder dependent adult abuse reporting/AP66 policy for additional information.

LEGAL AND REGULATORY COMPLIANCE

Legal and Regulatory Compliance

Kaweah Delta provides a variety of healthcare services in the local area. These services are provided pursuant to appropriate federal, state, local laws and regulations and the Conditions of Participation for Federal ~~h~~Healthcare programs.

We have developed policies and procedures to address many legal and regulatory requirements. However, it is impractical to develop policies and procedures that encompass the full body of applicable law and regulation. ~~Obviously~~Clearly, th~~oe~~se laws and regulations not covered in organization policies and procedures must be followed. There are sources of expertise within the organization concerning these matters and these resources should be utilized for advice concerning human resources, legal, regulatory, and the Conditions of Participation requirements.

Witnessing Legal Documents

Employees must not act as a witness to a last will and testament, a promissory note, or other legal document not prepared by Kaweah Delta, for a patient, a patient's family member, or another staff member.

Coding and Billing for Services

We have implemented policies, procedures and systems to facilitate accurate billing to government payers, commercial insurance payers and patients. These policies, procedures, and systems conform to pertinent federal and state laws and regulations. Kaweah Delta prohibits its employees and agents from knowingly presenting or causing to be presented claims for payment or approval which are false or otherwise fraudulent.

In support of accurate billing, medical records must provide reliable documentation of the services rendered. It is important that all individuals who contribute to medical records provide complete and accurate information and do not destroy any information considered part of the official medical record.

Accurate and timely documentation also depends on the diligence and attention of physicians who treat patients in our facilities. We expect those physicians to provide us with complete and accurate documentation in a timely manner.

Any subcontractors engaged to perform billing, coding ~~services~~ or collection services are expected to have the necessary skills, systems and appropriate quality control procedures to ensure all billings are accurate and complete. Kaweah Delta requires the~~such~~ business associate~~s~~ to have their own ethics and compliance programs and a ~~c~~Code of ~~c~~Conduct or to adopt Kaweah Delta's Code of Conduct ~~code~~ as their own.

For coding questions, you can contact Health Information Management Services at (559)~~-~~ 624-2218. For billing questions, contact Patient ~~Accounting~~ Financial Services at (559~~-~~) 624-4200. To report any suspected billing or coding misconduct, contact the Compliance and Privacy Officer at (559)~~-~~ 624-5006 or the Confidential Reporting Line at __1-800-998-8050.

False Claims Act and the Deficit Reduction Act of 2~~01~~5005

Both ~~Both t~~The Federal False Claims Act and the California State False Claims Act~~s~~ (FCA) ~~cover~~ protect~~s~~ the government from fraud involving any state or federally funded contract or program, including the Medicare and Medicaid (Medi-Cal) programs. Both acts establish liability for any person who knowingly presents or causes to be presented a false or fraudulent claim to the State or Federal government for payment. Any provider who violates the Federal and/or California FCA is liable to the state for three (3) times the amount of damages, Civil Monetary Penalties from $10,957 to $21,916 for each claim submitted, ~~-~~and possible exclusion from participation in federal and state ~~health care~~healthcare programs.

Employee Protection – Qui Tam "Whistleblower" Provision

To encourage individuals to come forward and report misconduct involving false claims, both the Ffederal False Claims Act and the California False Claims Act include "qui tam" or whistleblower provisions. The "qui tam" or whistleblower provision allows a person who is the "original source" of knowledge of a past or present fraud to file a *qui tam* action. The party bringing the action is known as the "relator." "Original source" is defined as direct and independent knowledge of the information on which the allegations are based ~~and~~ by one who has voluntarily provided the information to the Government before filing a lawsuit on behalf of the U.S. Government or State of California. The purpose of a qui tam suit is to recover the funds received as a result of the false claims to the U.S. Government or State of California. If the suit is successful, the relator may receive a percentage of the funds recovered.

We take great care to assure that all billings to the government, third party payers and patients are accurate and conform to all applicable federal and state laws and regulations

In addition to a possible financial award, the False Claims Act entitles whistleblowers to additional relief, including employment reinstatement, back pay, and any other compensation arising from retaliatory conduct against a whistleblower for filing an action under the False Claims Act or committing other lawful acts, such as investigating a false claim or providing testimony for, or assistance in, a False Claims Act action.

Cost Reports

We are required by federal and state laws and regulations to submit certain reports of our operating costs and statistics. We comply with federal and state laws, regulations, and guidelines relating to all cost reports. These laws, regulations, and guidelines define what costs are allowed and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries.

Kaweah Delta policies address cost report compliance and articulate our commitment to ensuring accurate development and submission. Finance Department personnel are educated regarding federal and state laws, regulations and guidelines, and corporate policies; maintain a standardized work paper package to provide consistency in the preparation, organization, presentation, and review of cost reports; apply a uniform cost report review process; identify and exclude non-allowable costs; adhere to documentation standards; and use transmittal letters to report protested items and report other appropriate disclosures. All issues related to the preparation, submission and settlement of cost reports must be performed by or coordinated with our Finance Department.

Financial Reporting and Records

We have established and maintain a high standard of complete accuracy in documenting, maintaining, and reporting financial information. This information serves as a basis for managing our business and is important in meeting our obligations to patients, employees, suppliers, and others. The financial records are also necessary for compliance with tax and financial reporting requirements.

All financial information must reflect actual transactions and conform to generally -accepted accounting principles. All funds or assets must be properly recorded in the books and records of the organization. Kaweah Delta maintains a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management's authorization and are recorded in a proper manner so as to maintain accountability of the organization's assets.

We diligently seek to comply with all applicable auditing, accounting and financial disclosure laws. Finance management receives training and guidance regarding auditing, accounting and financial disclosures relevant to their job responsibilities. They are also provided the opportunity to discuss issues of concern with the Board of Directors' Audit and Compliance Committee. Anyone having concerns regarding accounting or auditing matters should report such matters to the Director of Internal Audit, the Compliance and Privacy Officer or the Confidential Reporting Line.

Emergency Treatment-EMTALA

We ~~follow~~ adhere to the Emergency Medical Treatment and Active Labor Act ("EMTALA") and Kaweah Delta policy in providing an emergency medical screening examination and necessary stabilization to all patients, regardless of ability to pay. Provided we have the capacity and capability, anyone who presents in the Emergency ~~Room~~ Department with an emergency medical condition or who is in labor is treated. In an emergency situation or if the patient is in labor, we will not delay the medical screening and necessary stabilizing treatment in order to seek financial and demographic information. We do not admit, discharge, or transfer patients with emergency medical conditions simply based on their ability or inability to pay or any other inappropriate discriminatory factor.

Patients with emergency medical conditions are only transferred to another facility at the patient's request or if the patient's medical needs cannot be met at Kaweah Delta Medical Center (e.g., we do not have the capacity or capability) once the patient has been stabilized, appropriate care is knowingly available at another facility and the receiving hospital has accepted the transfer. Patients are only transferred in strict compliance with state and federal EMTALA regulatory and statutory requirements.

Response to Government Inquiries

Various agencies may contact individuals associated with Kaweah Delta to initiate a compliance-related inquiry. We will comply with lawful and reasonable requests or demands and we will provide truthful responses to government inquiries. At the same time, it is imperative that we protect the rights of Kaweah Delta and its employees. Both Kaweah Delta and its employees have the right to be represented by legal counsel during any compliance-related governmental inquiry. Kaweah Delta employees have the right to have an attorney present during questioning by outside government agencies, whether that questioning occurs at work or away from work. Any individual who receives an inquiry, visit, subpoena or other legal document from a government agency, at work or at home regarding Kaweah Delta business shall immediately notify his or her supervisor, the Compliance and Privacy Officer and/or the Director of Risk Management.

Your supervisor, Director of Risk Management and/or the Compliance and Privacy Officer will assist in verifying the credentials of the investigator and determining the legitimacy of the inquiry, and will follow proper procedures for cooperating with the request.

In some cases, government investigators, or persons presenting themselves as such, may contact employees outside of the workplace, during non-work hours, or at the employee's home. Do not feel pressured to talk with the person under such circumstances without first contacting the Compliance and Privacy Officer, the Director of Risk Management or the Compliance Advocate.

Accreditation and Federal/State Agencies

In preparation for, during and after surveys, Kaweah Delta employees respond to all consultants and representatives of accrediting bodies in a direct, open and honest manner. No action should ever be taken when interacting with representatives of accrediting bodies that would mislead any member of a survey team.

COMPLIANCE ADVOCACY & PARTNERSHIPS

Risk Management

The Risk Management Department oversees the risk prevention and claims process. Each employee is considered an important component of Kaweah Delta's risk prevention program. Every employee plays a key role in risk prevention by functioning within the scope of their job description and following Kaweah Delta's policies, procedures and guidelines. Staff must alert their supervisors to unsafe situations. If something does not feel right or you suspect an undesired patient outcome, notify your immediate supervisor and complete an occurrence report. Any employee who has a concern about the safety or quality of care provided in Kaweah Delta may report their concerns to Risk Management, Compliance or the Confidential Reporting Line.

~~Internal Audit~~Audit and Consulting Services

The ~~Internal Audit~~ Audit and Consulting Services Department (ACS) serves as an independent and objective auditing and consulting service for Kaweah Delta, reporting to the Board of Directors and the Chief Executive Officer. The Internal Audit function within ACS ~~Department~~ seeks to gain an in-depth understanding of the business culture, systems, and processes in place at the organization and to provide assurance to the Board and Management that internal controls are in place, that they adequately mitigate risks and that they help Kaweah Delta meet its organizational goals and objectives. While the Department assesses the internal controls throughout the organization, each Kaweah Delta employee is a part of and is responsible for maintaining a proper control structure. This involves performing their roles as outlined in their job description, following all laws and regulations and adhering to ~~District~~ Kaweah Delta policies. Any employee that has a concern related to internal controls at Kaweah Delta, adherence to Kaweah Delta policies and procedures, or adherence to laws and regulations should notify their supervisor immediately. Concerns may also be reported to Internal Audit, Compliance, Risk Management or the Confidential Reporting Line. The Consulting Services function within ACS provides internal consulting support to the Organization ~~as a whole~~. This includes Project Management, Data Analysis, Performance Improvement, and other services. The scope of the engagements ~~vary~~varies and ~~are~~is determined in conjunction with Management requesting the service. Reporting for consulting projects is not typically at the Board level unless internal control, compliance or other significant issues are identified during the course of the project.

Quality and Patient Safety

Kaweah Delta works to continuously improve its clinical and organizational functions. Each quality improvement activity is carried out in various formal and informal settings. Continuous quality improvement is achieved through the effective implementation and coordination of three distinct but overlapping processes:

- The systematic measurement and evaluation of outcomes, processes and services, especially as they relate to Kaweah Delta's strategic plan defined annually.
- The analysis of these observations and measures.
- The design and implementation of quality improvement projects when desired or necessary.

BUSINESS RECORDS AND INFORMATION SYSTEMS

Accuracy, Retention, and Disposal of Documents and Records

Each Kaweah Delta employee is responsible for the integrity and accuracy of our organization's documents and records, not only to comply with regulatory and legal requirements but also to ensure records are available to support our business practices and actions. No one may alter or falsify information on any record or document. Records must never be destroyed in an effort to deny governmental authorities that which may be relevant to a government investigation.

Medical and business documents and records are retained in accordance with the law and our record retention policy. It is important to retain and destroy records only according to our policy. Kaweah Delta employees must not tamper with records.

Electronic Media

All communications systems, including but not limited to electronic mail, Intranet, Internet access, telephones, and voice mail, are the property of Kaweah Delta and are to be used primarily for business purposes in accordance with electronic communications policies and standards.

Users of computer and telephonic systems should presume no expectation of privacy in anything they create, store, send, or receive on the computer and telephonic systems. Kaweah Delta reserves the right to monitor and/or access electronic media usage and content consistent with policies and procedures.

Because much of our clinical and business information is increasingly generated and maintained within our computer systems, all users must exercise diligence to protect our computer systems and the information stored therein……

Employees may not use internal communication channels or access the Internet at work to post, store, transmit, download, or distribute any threatening materials; knowingly, recklessly, or maliciously false materials; obscene materials; or anything constituting or encouraging a criminal offense, giving rise to civil liability, or otherwise violating any laws.

Employee Privacy

Kaweah Delta collects and maintains personal information that relates to your employment, including medical and benefit information. Access to personal information is restricted solely to people with a need to know this information. Personal information is released outside Kaweah Delta or to its agents only with employee approval, except in response to appropriate investigatory or legal requirements, or in accordance with other applicable law. Employees who are responsible for maintaining personal information and those who are providing access to such information must ensure that the information is not disclosed in violation of Kaweah Delta's policies and procedures.

Information Security and Confidentiality of Information

Confidential information about our organization's strategies and operations is a valuable asset. Although Kaweah Delta employees may use confidential information to perform their jobs, it must not be shared with others unless the individual(s) and/or entities have a legitimate need to know the information in order to perform their specific job duties or carry out a contractual business relationship. In addition, these individuals and/or entities must have agreed to maintain the confidentiality of the information.

We exercise due care and diligence in maintaining the confidentiality, availability and integrity of information. Because so much of our clinical and business information is generated and contained within our computer systems, it is essential that each Kaweah Delta employee protect our computer systems and the information contained in them by not sharing passwords and by reviewing and adhering to our information security policies and guidance.

It is Kaweah Delta's policy to observe copyrights, trademarks, and/or licenses and safeguard the intellectual property of Kaweah Delta and those with whom we do business.

WORKPLACE CONDUCT AND EMPLOYMENT PRACTICES

Diversity and Equal Employment Opportunity

It is the responsibility of Kaweah Delta to create and maintain an equal opportunity work environment in which employees are treated with respect, diversity is valued, and opportunities are provided for development. Harassment or abuse is prohibited in the workplace.

Kaweah Delta also prohibits discrimination in any work-related decision on the basis of race, creed, sexual orientation, gender identity, age, disability status, national origin, or any other illegal basis. We make reasonable accommodations to the known physical and mental limitations of otherwise qualified individuals with disabilities.

We comply with all laws, regulations, and policies related to non-discrimination in all of our personnel actions. Such actions include hiring, staff reductions, transfers, terminations, evaluations, recruiting, compensation, corrective action, discipline, and promotions.

If a Kaweah Delta employee perceives that inequitable or unfair conduct is occurring in the workplace, the employee should contact the Human Resources Department. If the employee feels the matter was not resolved to his/her satisfaction, the employee may contact the Compliance and Privacy Officer or the Compliance Advocate or call the Confidential Reporting Line. See Equal Employment Opportunity/HR.12 policy for additional information.

Conflicts of Interest

A conflict of interest may occur if a Kaweah Delta employee's outside activities, personal financial interests, or other personal interests influence or appear to influence his or her ability to make objective decisions in the course of the employee's job responsibilities. A conflict of interest may also exist if the demands of any outside activities hinder or distract an employee from the performance of his or her job or cause the individual to use Kaweah Delta resources for other than Kaweah Delta purposes. Situations of actual or potential conflict of interest are to be avoided by all employees, including personal, financial, or romantic involvement with a competitor, supplier, patient or employee of Kaweah Delta which impairs the ability to exercise good judgment on behalf of Kaweah Delta or creates an actual or potential conflict of interest. A good rule of thumb is that a conflict of interest may exist any time an objective observer of your actions might wonder if your actions are ~~motivated solely~~significantly influenced by your personal or financial activities or interests.

Even the appearance of a conflict may be as serious and potentially damaging as an actual conflict. For that reason, employees should avoid even the appearance of a conflict of interest.

Kaweah Delta employees are obligated to ensure they remain free of conflicts of interest in the performance of their responsibilities. If employees have any question about whether an outside activity or personal interest might constitute a conflict of interest, they must obtain the approval of their supervisor before pursuing the activity, or obtaining or retaining the interest. See Vendor Relationships and Conflict of Interest/AP.~~7~~40 policy for additional information.

Gifts

Kaweah Delta employees are prohibited from soliciting or receiving gifts, loans, entertainment or any other consideration of value from any individual or organization that does business or may wish to do business with Kaweah Delta. If an employee receives any gift or favor, it must be returned, and the employee's supervisor must be notified. A Kaweah Delta employee must not accept a personal gift of any consideration of value or any cash payment from a patient. In accordance with Kaweah Delta policy, patients wishing to express appreciation to employees may do so in the form of flowers or candy addressed to and for the enjoyment of the entire department

or by donating to the Foundation Guardian Angel recognition program in the employee's honor. For more information about the Guardian Angel Program, you can contact Kaweah Delta Hospital Foundation at (559)624-2359. See Vendor Relationships and Conflict of Interest/AP.740 policy for additional information on gifts.

~~Interactions with Physicians~~Anti-Kickback and Stark Law

Federal and state laws and regulations govern the relationship between hospitals and physicians who may refer patients to the facilities. The applicable federal laws include the Anti-Kickback Law and the Stark Law. It is important that those employees who interact with physicians, particularly regarding making payments to physicians for services rendered, leasing space, recruiting physicians to the community, and arranging for physicians to serve in leadership positions in facilities, are aware of the requirements of the laws, regulations, and policies that address relationships between facilities and physicians.

If relationships with physicians are properly structured, but not diligently administered, failure to administer the arrangements as agreed may result in violations of the law. Any business arrangement with a physician must be structured to ensure compliance with legal requirements, our policies and procedures and with any operational guidance that has been issued. See Physician Contracts and Relationships/CP.03 policy for additional information.

Keeping in mind that it is essential to be familiar with the laws, regulations, and policies, there are two overarching principles that govern our interactions with physicians:

- ***We do not pay for referrals.*** We accept patient referrals and admissions based solely on the patient's medical needs and our ability to render the needed services. We do not pay or offer to pay anyone - employees, physicians, or other persons or entities - for referral of patients.
- ***We do not accept payments for referrals we make.*** No Kaweah Delta employee or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. Similarly, when making patient referrals to another healthcare provider, we do not take into account the volume or value of referrals that the provider has made (or may make) to us.
- ***Referral Sources.*** Any gifts or entertainment involving physicians or other persons in a position to refer patients are subject to federal laws, rules and regulations regarding these practices and must be undertaken with the utmost integrity and good judgment. Individuals uncertain about whether a particular event or function ~~may be accepted~~is appropriate should contact Human ~~r~~Resources or Compliance for direction.

Relationships with Subcontractors and Suppliers

We must manage our subcontractor and supplier relationships in a fair and reasonable manner, free from conflicts of interest and consistent with all applicable laws and good business practices. We promote competitive purchasing to the maximum extent practicable. Our selection of subcontractors, suppliers, and vendors will be made on the basis of objective criteria including quality, technical excellence, price, ~~and~~ delivery, adherence to schedules, service, and maintenance of adequate sources of supplies. Our purchasing decisions will be made on the supplier's ability to meet our needs, and not on personal relationships and friendships. We employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of all purchasing activities. ~~See Vendor Relationships and Conflict of Interest/AP.70 policy for additional information.~~

All individuals must maintain integrity in business conduct and avoid any activities that could reflect adversely on Kaweah Delta's reputation.

Even the appearance of a conflict may be as serious and potentially damaging as an actual conflict. For that reason, employees should avoid even the appearance of a conflict of interest.

Research, Investigations and Clinical Trials

~~We follow high ethical standards and comply with federal and state laws and regulations in any research, investigations and clinical trials conducted by our physicians and staff.~~ Participation in Human Subjects Research is governed by federal and state laws. Federal law requires all

research involving human subjects to have prior approval from an Institutional Review Board, and the approval includes additional examination of the proposed research from both ethical and privacy protection perspectives. Kaweah Delta's Institutional Review Board (IRB) is made up of several ~~scientists~~scientists, non-scientists and public members.

All ~~patients~~persons ~~asked~~invited to participate in a clinical investigation or human subjects research ~~project~~ study are ~~given~~provided a full explanation ~~of alternative services. They are also fully informed~~ of potential ~~discomfort and are given full disclosure of the~~ risks, expected benefits and alternatives. ~~Patient informed consent to participate is documented and retained according to policy.~~Additionally, no persons are ever required to participate in research, and may withdraw from a study at any time, and for any reason. ~~Formal approval for any research, investigation and/or clinical trial must be obtained by the Kaweah Delta Research Council (HSPC).~~

Sanctioned/Excluded Individuals and Entities

We do not contract with, employ, or bill for services rendered by an individual or entity that is excluded or ineligible to participate in Federal healthcare programs; suspended or debarred from Federal government contracts; or has been convicted of a criminal offense related to the provision of healthcare items or services and has not been reinstated in a Federal healthcare program after a period of exclusion, suspension, debarment, or ineligibility, provided that we are aware of such criminal offense. Pursuant to Kaweah Delta's policy, we routinely search the Department of Health and Human Services' Office of Inspector General and General Services Administration's lists of such excluded and ineligible persons. Kaweah Delta's policy addresses the procedures for timely and thorough review of such lists and appropriate enforcement actions.

Employees, vendors, and privileged practitioners at Kaweah Delta facilities are required to report to us if they become excluded, debarred or ineligible to participate in Federal healthcare programs; or have been convicted of a criminal offense related to the provision of healthcare items or services. See Excluded Individuals/Entities/CP.07 policy for additional information.

Identification Badge Policy

All Kaweah Delta employees, contracted non-employees, physicians, care providers, vendors and volunteers are required to wear an identification badge at all times while performing their work on Kaweah Delta premises. Students, ~~sales~~vendor and service representatives, temporary help, contractors and construction workers, and volunteers will wear identification badges as a condition of being on Kaweah Delta property. Additionally, all employees should wear a badge attachment, which contains important safety information. Badges must be worn ~~above waist~~chest high or above, with the name and picture clearly visible to patients, visitors, co-workers, physicians, and volunteers ~~level~~. If an employee damages or loses their badge, a replacement must be purchased through the Human Resources Department. See Identification Badges/HR.183 policy for additional information.

Kaweah Delta Property and Assets

Kaweah Delta property is made available to Kaweah Delta employees only for authorized business purposes and shall not be used for personal reasons. This applies to physical assets such as office equipment, computers, software, medical supplies, as well as other types of property such as company records, patient information and customer lists. Kaweah Delta property must not be removed from the premises unless it is necessary to do so to perform your job. If property is removed from the premises, you must maintain ~~them~~ it in your possession at all times and return the property as soon as it is no longer needed. See Security of Purchased Equipment and or Supplies/AP42 policy for additional information.

All Kaweah Delta employees are expected to maintain and properly care for Kaweah Delta property. We all have an obligation to treat Kaweah Delta property and equipment with care and respect. This includes reporting any damage or malfunction of Kaweah Delta property to appropriate personnel. If you are aware of anyone intentionally or negligently damaging Kaweah Delta property or equipment, report your observations to your supervisor or other

manager who will investigate the matter and take appropriate action. See Safe Medical Device Act/Medical Device Tracking and Reporting/EOC 6009 policy for additional information.

Client lists are a valuable asset and should never be disclosed to anyone outside Kaweah Delta without specific management approval. Ask your supervisor about any request you receive for such a client listing.

Controlled Substances

Some of our employees routinely have access to prescription drugs, controlled substances, and other medical supplies. Many of these substances are governed and monitored by specific regulatory organizations and must be administered by physician order only. Prescription and controlled medications and supplies must be handled properly and only by authorized individuals. If you become aware of inadequate security of drugs or controlled substances or the diversion of drugs from the organization, the incident must be reported immediately. See Reporting Requirements for Drug Diversion Illegal Substance Abuse or Controlled Substance Abuse/AP110 policy for additional information.

Harassment and Workplace Violence

Each Kaweah Delta employee has the right to work in an environment free of harassment, abusive, threatening, intimidating and disruptive behavior. We do not tolerate harassment by anyone based on the diverse characteristics or cultural backgrounds of those who work with us. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable in our workplace.

Sexual harassment is prohibited. This prohibition includes unwelcome sexual advances or requests for sexual favors in conjunction with employment decisions. Moreover, verbal or physical conduct of a sexual nature that interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment will not be tolerated at Kaweah Delta.

Harassment also includes incidents of workplace violence. Workplace violence includes robbery and other commercial crimes, stalking, violence directed at the employer, terrorism, and hate crimes committed by current or former employees. Employees who observe or experience any form of harassment or violence should report the incident to their supervisor, the Human Resources Department, a member of Mmanagement, the Compliance and Privacy Officer or the Confidential Reporting Line. ~~Individuals with any concerns regarding the above should report the information to their Manager, Director, Vice President or Human Resources.~~ Retaliation for reporting is strictly prohibited by law and policy. See the Anti-Harassment and Abusive Conduct/HR.13 policy for additional information.

Health and Safety

Kaweah Delta shall comply with all applicable workplace health, safety, and environmental laws and regulations. Kaweah Delta employees handle hazardous chemicals, infectious agents, medical waste, and low-level radioactive material at various locations. All employees are expected to handle materials according to established control, storage and disposal procedures. If you do not know the correct procedure for handling or disposing of any material, promptly ask your supervisor or another Kaweah Delta resource such as the Safety Officer at (559)624-2381 or Director of Risk Management at (559)624-2340 for assistance.

Most chemicals used in our facilities are not classified as hazardous waste. Information regarding the hazards, proper handling, and disposal of chemicals is contained within the Material Safety Data Sheets (MSDS) supplied to us by the manufacturer. The MSDS can be found on Kaweah Delta's Intranet and in a binder available to departments where hazardous materials are used. If you are not sure, ask your supervisor or the Safety Officer before disposing of any chemical waste. Kaweah Delta safety plans and manuals provide additional guidance.

It is important that we all comply with all applicable workplace health, safety, environmental laws and regulations in addition to having knowledge of where to find available guidance.

It is important that we all comply with all applicable workplace health, safety, environmental laws and regulations in addition to having knowledge of where to find available guidance.

Kaweah Delta contracts with licensed disposal companies to remove and treat bio-hazardous waste to render it non-infectious. Bio-hazardous waste is placed in designated containers, either all red in color or having a fluorescent orange and black biohazard symbol.

It is important that we all comply with all applicable workplace health, safety, environmental laws and regulations in addition to having knowledge of where to find available guidance.

Behaviors that undermine a culture of safety

Intimidating and disruptive behaviors can cause medical errors, contribute to poor patient satisfaction, contribute to adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators, and managers to seek new positions in more professional environments. Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, we endeavor to address behaviors that threaten the performance of the ~~health care~~healthcare team.

Intimidating and disruptive behaviors include overt actions such as verbal outbursts, and physical threats, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. Such behaviors include reluctance or refusal to answer questions, return phone calls or pages; condescending language or voice intonation; and impatience with questions. Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients. All intimidating and disruptive behaviors are unprofessional and should not be tolerated.

License and Certification Renewals

Employees, individuals retained as independent contractors, and privileged practitioners in positions which require professional licenses, certifications, or other credentials are responsible for maintaining the current status of their credentials and shall comply at all times with federal and state requirements applicable to their respective disciplines. To assure compliance, Kaweah Delta may require evidence of the individual having a current license or credential status.

Kaweah Delta does not allow any employee, independent contractor or privileged practitioner to work in a position that requires a license or certification without valid, current licenses or credentials.

Substance ~~Abuse~~ Use and Mental Acuity

To protect the interests of our employees and patients, we are committed to an alcohol and drug-free work environment. All employees must report for work free of the influence of alcohol and illegal drugs. Reporting to work under the influence of any illegal drug or alcohol; having an illegal drug in an employee's system; or using, possessing, or selling illegal drugs while on Kaweah Delta work time or property may result in immediate termination. We may use drug testing as a means of enforcing this policy.

It is also recognized that individuals may be taking prescription or over-the-counter drugs, which could impair judgment or other skills required in job performance. Employees with questions about the effect of such medication on their performance or who observe an individual who appears to be impaired in the performance of his

or her job must immediately follow ~~the reporting chain of command~~appropriate protocol for reporting. The reporting protocol may vary by department or by site. It is up to the employee to familiarize themselves with their proper reporting chain of command.

MARKETING, ADVERTISING AND FUNDRAISING PRACTICES

Marketing and Advertising

Kaweah Delta will advertise to inform the community of the availability and value of our services, to provide educational information about personal health, and to inform the public of Kaweah Delta's views on public policy issues related to ~~health care~~healthcare.

Kaweah Delta is perceived as a reliable, authoritative source of information about medical care within the ~~health care~~healthcare system. We shall remain mindful of the trust the public places in us to provide accurate, balanced information.

Advertising will be honest and accurate and, when presenting views on issues, clearly distinguish opinion from factual data.

Advertising shall not disparage or demean competitors, customers, or patients.

Antitrust - Compete Fairly

Antitrust laws are designed to create a level playing field in the marketplace and to promote fair competition. These laws could be violated by discussing Kaweah Delta business with a competitor, such as how our prices are set, disclosing the terms of supplier relationships, allocating markets among competitors, or agreeing with a competitor to refuse to deal with a supplier. Our competitors are other health systems and facilities in markets where we operate.

At trade association meetings, employees must be alert to potential situations where it may not be appropriate to participate in discussions regarding prohibited subjects with competitors. Prohibited subjects include any aspect of pricing, our services in the market, key costs such as labor costs, and marketing plans. If a competitor raised a prohibited subject, employees must end the conversation immediately.

In general, employees should avoid discussing sensitive topics with competitors or suppliers. Employees also must not provide any information in response to an oral or written inquiry concerning an antitrust matter without first consulting their manager, responsible Executive Team member or the Compliance and Privacy Officer.

Kaweah Delta Hospital Foundation

Kaweah Delta Hospital Foundation is one of our oldest and strongest traditions. The members of the Foundation Bboard of Ddirectors are volunteers from the community including Kaweah Delta employees and doctors who believe in advancing local ~~health care~~healthcare by being donors, fundraisers, and ambassadors for Kaweah Delta. Since being established in 1980, the Foundation has raised monies to build new facilities, purchase medical technology, and advance patient care. The Foundation conducts fundraising activities throughout the year; it receives gifts from individuals, businesses, Kaweah Delta employees and other foundations in the form of cash, securities and bequests.

Government Relations and Political Activities

Kaweah Delta complies with all federal, state, and local laws governing participation in government relations and political activities. Additionally, Kaweah Delta funds or resources may not be contributed directly to individual political campaigns, political parties, or other organizations which intend to use the funds primarily for political objectives. Organization resources include financial and non-financial donations such as using work time and telephones to solicit for a political cause or candidate or the loaning of Kaweah Delta property for use in the political campaign. Kaweah Delta engages in public policy debate only in a limited number of instances where it has special expertise that can inform the public about the public policy formulation process. When the organization is directly impacted by public policy decisions, it may provide relevant~~,~~ factual information about the impact of such decisions ~~on the private sector~~. In articulating positions, the organization only takes positions that it believes can be shown to be in the larger public interest. The organization encourages trade associations with which it is associated to do the same.

It is important to separate personal and corporate political activities in order to comply with the appropriate rules and regulations relating to lobbying or attempting to influence government officials.

No use of Kaweah Delta resources, including e-mail, is appropriate for personally engaging in political activity. An employee may, of course, participate in the political process on his or her own time and at his or her own expense. While doing so, it is important that Kaweah Delta employees not give the impression they are speaking on behalf of or representing Kaweah Delta in these activities. Employees cannot seek to be reimbursed by Kaweah Delta for any personal contributions for such purposes.

At times, Kaweah Delta may ask employees to make personal contact with government officials or to write letters to present its position on specific issues. In addition, some members of Kaweah Delta's Management Team may be required to interface on a regular basis with government officials.

Solicitation, Fundraising and Distribution of Material

In order to avoid disruption of healthcare operations or disturbance of patients, and to maintain appropriate order and discipline, solicitation and distribution of literature on Kaweah Delta premises and among Kaweah Delta staff and patients is prohibited.

Kaweah Delta supports community organizations who engage in ~~–~~health-related charitable and fundraising activities/events that are consistent with or advance Kaweah Delta's mission. Furthermore, Kaweah Delta will consider support of certain ~~those~~ health-related charitable activities/events that are held in the local communities. Formal approval is required by Kaweah Delta policy for these types of charitable and fundraising activities. See Solicitation, Fundraising and Distribution of Materials/AP158 policy for additional information.

Acknowledgment Process

Kaweah Delta requires all employees to attest in an acknowledgment confirming they have received the Code of Conduct, understand it represents mandatory policies of Kaweah Delta and agree to abide by it. New employees are required to sign ~~in~~ an acknowledgment as a condition of employment. Adherence to and support of ~~-~~Kaweah Delta's Code of Conduct and participation in related activities training is considered in decisions regarding hiring and promotion.

~~Reference~~

~~2018 U.S. Federal Sentencing Guidelines, Chapter 8, Part B, §8B2.1., Effective Compliance and Ethics Program~~

~~Reviewed/Revised and by whom~~	~~Date~~

Policy Number: BOD1	Date Created: 09/08/2004
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	

Orientation of a New Board Member

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

PURPOSE: To acquaint newly-elected or appointed directors with Board policies and procedures and the fundamental organizational, physical, and operational aspects of the District.

POLICY: The Board of Directors, the Chief Executive Officer, and Kaweah Delta Health Care District staff shall assist each new member-electee or appointee to understand the Board's functions, policies, and procedures upon taking office.

PROCEDURE:

I. The Board member shall be given and will review the following materials with the Board President related to carrying out the duties of a Kaweah Delta Health Care District Board of Directors member including the following:

A. Board of Directors Bylaws

B. Board of Directors Policies

C. Board of Directors member listing including terms of office

D. Board Committee Structure

E. Board minutes for the past year

F. District Conflict of Interest Policy including Statement of Economic Interest (Form 700) to be completed upon taking office.

G. Brown Act Guidelines

II. The Chief Executive Officer shall assist each new Board member in the review of the following materials relevant to District orientation.

A. Vision, Mission, and Values

B. District Goals

C. Strategic Plan and Initiatives

D. Projects and Priorities

E. District's Organization Chart

F. Budget for current fiscal year, immediate prior fiscal year and current financial statement. This will be reviewed with the Board member in an education session on the Districts financial statements.

G. Continuum of Care

H. Kaweah Delta Health Care District Medical Staff Officer member listing

III. The Chief Executive Office will coordinate a personal introduction of the new Board member to the Kaweah Delta Health Care District Medical Executive Committee members.

IV. The Chief Executive Officer will coordinate a tour of all of the District facilities for the new Board member and meetings with the District's Sr. Vice Presidents and Vice Presidents.

V. Incoming Board members shall be invited to attend Board meetings prior to taking office to become familiar with Board discussions and meeting protocol.

VI. New Board members will be invited to attend ACHD and Governance Institute (GI) Conferences where they will receive materials relative to Board member duties in conjunction with their training at these sessions.

VII. After elected, a new Board member will be assigned another Board member to serve as a mentor.

"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: BOD2	Date Created: 09/01/2004
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	

Chief Executive Officer (CEO) Transition

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

Accordingly the Board adopts the following policy.

POLICY:

I. **Temporary Succession of CEO when unable to perform duties.** In the event the CEO becomes unable to perform his/her duties as the result of death or the sudden onset of disability, or in the event the Board decides to immediately terminate the District's employment relationship with the CEO, the Senior Vice President/Chief Operating Officer shall immediately assume those responsibilities pending further action of the Board Of Directors. In the event the Senior Vice President/Chief Operating Officer is unable to immediately assume those responsibilities because of death, disability or vacancy in the position of Senior Vice President/ Chief Operating Officer, then the Senior Vice President/Chief Financial Officer shall immediately assume those responsibilities pending further action of the Board of Directors.

II. **Death of the CEO** - In the event of the CEO's death, the Board shall immediately commence the process for hiring a new CEO.

III. **Temporary Disability of the CEO** - If the disability of the CEO is temporary, as determined by Board in the reasonable exercise of its discretion, after reviewing appropriate medical information, the CEO shall again assume the duties of CEO as soon as he/she is able.

IV. **Permanent Disability of the CEO** - If the disability of the CEO is permanent (i.e. will extend for 6 months or more) and prevents the CEO from performing his/her duties, as determined by the Board in the reasonable exercise of its discretion, after reviewing appropriate medical information, the Board may terminate the CEO's contract, in accordance with the contract provisions, and commence the process for hiring a new CEO.

V. **Voluntary termination of the CEO's employment contract** - If the CEO advises the Board of his/her intention to voluntarily end his/her employment relationship with the District, or if the Board makes a decision to terminate the CEO's contract or a decision not to renew the

CEO's contract at the expiration of its term, the Board shall commence the process for hiring a new CEO expeditiously so as to minimize, or avoid if possible, the time during which there would be no CEO under contract with the District.

VI. **Involuntary Termination of the CEO**

A. Basis. During the term of his/her contract, the CEO's employment may be terminated by the Board if the CEO fails to properly carry out the responsibilities of the CEO, if the CEO engages in conduct which reflects poorly on the District, if the CEO engages in conduct which is criminal or which involves moral turpitude, or if, for any other reason, the Board loses confidence in the CEO's ability to properly discharge the duties of CEO.

B. Interim Suspension. In the event the Board makes a preliminary determination to terminate the employment of the CEO, the Board shall have the right, in the exercise of its discretion, to immediately suspend all or any part of the responsibilities of the CEO, pending the outcome of the hearing described in Subparagraph 3 below.

C. Confirmatory Hearing. If the Board makes a decision to terminate the employment of the CEO, the CEO shall have the right, within five (5) days of being advised of the Board's decision, to request, in writing, a hearing on the Board's decision. The written request shall be delivered to the Board President. Failure to request a hearing within that time, and in the manner described, shall be deemed a waiver of the hearing.

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

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

VII. **Hiring of a new CEO**

A. Recruitment and Search. When it becomes necessary for the Board to replace the CEO, the District will look internally as well as advertising the position widely and/or engage a consultant to assist in the search, in a manner which the Board determines at that time will be effective for attracting qualified candidates. If, however, in the Board's opinion, a qualified candidate (or candidates) are already employed by the District, the Board, at its discretion, may waive the foregoing requirements. The Board may consult with the District's Vice President for Human Resources to acquire information on processes

available for advertising the position or for engaging a consultant to assist in the search for a new CEO. At the time of the search, the Board will establish criteria for selecting its new CEO.

B. Interviews of Prospective CEO Candidates. Interviews of prospective CEO candidates will be done by the entire Board. The Board will determine in the exercise of its discretion if individuals other than elected Board members will participate in the actual CEO candidate interviews. In the course of evaluating potential candidates, the Board will consult with the President of the District's Medical Staff and ask him/her to make recommendations to the Board on the candidates under consideration.

C. CEO Contract. The CEO shall be employed for a definite period of time pursuant to a written contract which sets forth the specific terms of the CEO's employment, including the compensation and other consideration to be paid, the term of the agreement, a detailed description of the duties of the CEO, the specific criteria to be used by the Board to evaluate the CEO's performance, and the bases upon which the contract can be terminated by either the Board or the CEO. The contract shall require the CEO to provide at least six (6) months' notice of the CEO's voluntary termination of the contract.

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

Policy Number: BOD3	Date Created: 11/02/1999
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	

Chief Executive Officer (CEO) Criteria

The Board has determined that the criteria to be used in the selection of the Chief Executive Officer will be as follows:

I. Education

A. A graduate degree in healthcare management is required. Such degree could be from a variety of graduate schools such as a business school, a school of public health, school of public administration or a school with an interdisciplinary program. An equivalency to a graduate degree in health administration will be considered if the candidate has bachelor's degree with professional certification and a minimum of five years experience in an executive leadership position in a hospital or healthcare system.

B. The prospective candidate should be a Fellow in the American College of Healthcare Executives or a member committed to advancement in this professional organization.

C. The candidate should possess business ability and financial acumen that has been demonstrated in past executive management or leadership positions. The candidate in this regard should be familiar with business proformas, budgets, financial statements, and decision-making tools.

D. The candidate should demonstrate a social conscience in terms of specific activities, which relates to development or implementation of services related to the improvement of health or the quality of life in the population being served.

II. Spirit of Service

A. The candidate should have values that are patient centered and compatible with the values of the District.

B. The candidate should demonstrate skills and competency in the requirements of leadership and organizational development.

C. The candidate should possess imagination and creativity and should show results which demonstrate this characteristic.

D. The candidate should have initiative and be able to work independently and without supervision to carry out the policies of the Board and the strategic plan of the District.

E. The candidate must possess executive ability, which involves maintaining a sound organization that has both human and fiscal resources necessary to carry out the Mission of the District.

F. The candidate should have a track record of diplomacy and effectiveness in dealing with a wide variety of constituents and a record of being successful in handling difficult and complex situations.

"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: BOD4	Date Created: 06/01/2008
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: 08/28/2018
Approvers: Board of Directors (Administration)	

Executive Compensation

PURPOSE: This Executive Compensation Policy of Kaweah Delta Health Care District ("Kaweah Delta") is intended to set forth the rationale and the processes to be utilized by the Board of Directors ("Board") with respect to the compensation of the Chief Executive Officer ("CEO"), and to set forth the rationale and the processes to be utilized by the CEO with respect to the compensation of the other members of the Executive Team.

Currently, competition for quality executives in the healthcare industry is very high while the years of continuous employment of healthcare executives at a specific institution is surprisingly low. Unnecessary turnover in executives, especially the CEO, can cause major disruptions at healthcare institutions, potentially adversely impacting employee relations, Medical Staff relations, strategic planning, organizational development, implementation of programs and services, physician and patient satisfaction and ultimately the quality of care.

It is the position of the Board, in order to maintain appropriate continuity in the Executive Team, while at the same time continuing as good stewards of Kaweah Delta's funds, that the CEO and the members of the Executive Team should receive total compensation that is at or near the median for executives in functionally comparable positions at comparable institutions. Comparable institutions will be included, consistent with industry standards, on the basis of number of licensed beds, nonprofit status, number of full-time employees, and geographic location, among other factors.

It is also the position of the Board, after years of working with an independent consulting firm with expertise in healthcare executive compensation, that incentive compensation for healthcare executives is a common, expected and valuable part of a total compensation package. Accordingly, it will continue to be the policy of Kaweah Delta to provide for appropriate incentive compensation for members of the Executive Team as part of their total compensation.

POLICY:

I. **Chief Executive Officer**

A. **CEO Contract**. Employment of the CEO at Kaweah Delta is pursuant to written contract between Kaweah Delta and the CEO. California law permits each contract with the CEO to be up to four (4) years in duration. When negotiating a new or renewed contract with the CEO, the Board President shall be the chief negotiator for the Board and shall work closely with legal counsel for Kaweah Delta with respect to the negotiation and completion of the written agreement. The Board President may utilize the assistance of the Board Secretary in conducting and evaluating CEO negotiations. The Board President will regularly report to the full Board on the status of CEO contract negotiations. All terms of an agreement with the CEO are subject to final approval by the entire Board.

B. **CEO Base Salary**. The appropriateness of the CEO's Base Salary will be confirmed on an annual basis through the use of an outside and independent consulting firm with nationwide expertise in healthcare executive compensation. Automatic annual adjustment of the CEO's base salary, consistent with adjustments in the base salaries of CEO's in comparable institutions, may be provided for in the written agreement with the CEO. Confirmation of any compensation adjustment pursuant to a written contract provision will be made by the full Board.

C. **Potential CEO Incentive Compensation**. Part of the CEO's annual compensation will be on an incentive basis, i.e., based on the successful completion of specific, objectively definable and measurable goals for that contract year. The goals, the potential incentive compensation amount, and the percentage of the total incentive compensation amount attributable to the successful completion of each goal must be set in advance, must be in writing, and must be agreed to by the CEO and the Board. The successful completion of each of the goals must be capable of determination on an objective basis. Potential incentive compensation amounts for the CEO for each contract year shall be within the range set forth in the last data received from the healthcare executive compensation consultant, and shall be consistent with the Board's general approach to maintaining the combination of base CEO salary and potential incentive compensation amounts at or near the median for comparable institutions. The Board President and the CEO will confer at the end of the contract year with respect to the CEO's successful completion of the incentive goals, and together they will report their determinations to the full Board. Any incentive compensation amount to be paid to the CEO as the result of successful completion of goals must be approved in advance by the full Board.

D. **Overall Consideration**. As an employee of Kaweah Delta, the CEO will be entitled to health and retirement benefits as offered to other employees of Kaweah Delta. In evaluating and setting base salaries, incentive compensation, and overall consideration, the Board shall take into consideration and may make adjustments for the overall consideration (which may include health, life and disability benefits, deferred

compensation or other retirement benefits, and other perquisites common in the industry) provided to CEO's in comparable institutions, with a view toward having the total overall consideration provided to Kaweah Delta's CEO be at or near the median of the total overall consideration provided to CEO's at comparable institutions.

II. **Executive Team Compensation Other Than the CEO.**

A. **Base Salaries**. The appropriateness of the base salaries of Executive Team members other than the CEO will be confirmed on at least a biennial basis through use of an outside and independent consulting firm with expertise in healthcare executive compensation. The CEO and the Board President will confer on an annual basis with respect to the most recent information received from the consultant and the consistency of existing executive compensation ranges with that information. The CEO retains authority to set base salary amounts consistent with the information received from the consultant and consistent with the Board's general approach to maintaining executive base salaries at or near the median for comparable institutions.

B. **Potential Incentive Compensation**. On an annual basis, Kaweah Delta will include in its budget a specific amount for potential incentive compensation for members of the Executive Team. The CEO and the Board President will work together, with counsel for Kaweah Delta if necessary, to establish specific, objectively definable goals for each of the members of the Executive Team for that fiscal year. The goals, the potential incentive compensation amounts, and the percentage of the total incentive compensation amount for that executive attributable to the successful completion of each goal must be set in advance, must be in writing, and must be agreed to by the Executive Team member in question in advance as indicated by his/her signature on the written goals. The successful completion of each of the goals must be capable of determination on an objective basis. Potential incentive compensation amounts for each of the members of the Executive Team shall be within the ranges set forth in the last data received from the healthcare executive compensation consultant for that position, and shall be consistent with the Board's general approach to maintaining the combination of base executive salaries and potential incentive compensation amounts at or near the median for comparable institutions.

C. **Overall Consideration.** As employees of Kaweah Delta, the other members of the Executive Team will be entitled to health and retirement benefits as offered to other employees of Kaweah Delta. In evaluating base salaries and incentive compensation, the CEO may take into consideration the overall consideration (which may include health, life and disability benefits, deferred compensation or other retirement benefits, and other perquisites common in the industry) provided to executives in functionally comparable positions at comparable institutions, with a view toward having the total consideration provided to members of Kaweah Delta's Executive Team be at or near the median of the total consideration provided to executives in functionally comparable positions at comparable institutions. If the CEO believes that any member of the Executive Team should, on the basis of such information, have his/her salary or

incentive compensation re-set above the median for executives in functionally comparable positions at comparable institutions, the CEO shall obtain the prior approval of the Board.

"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: BOD5	Date Created: 11/01/2011
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	

Conflict of Interest

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

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

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

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

PROCEDURE:

I. Members, Board of Directors and Chief Executive Officer

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

II. Other Affected Positions

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

III. Filing Deadlines

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

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

EXHIBIT "A"

KAWEAH DELTA HEALTH CARE DISTRICT

CONFLICT OF INTEREST CODE

Disclosure Categories

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

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

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

(1) Negotiates, without significant substantive review, with a governmental entity or private person regarding certain governmental decisions; or

(2) Advises or makes recommendations to the decision-maker either directly or without significant intervening substantive review, by:

a. Conducting research or making an investigation, which requires the exercise of judgment on the part of the person and the purpose of which is to influence a governmental decision; or
b. Preparing or presenting a report, analysis, or opinion, orally or in writing, which requires the exercise of judgment on the part of the person and the purpose of which is to influence the decision."

(From the Tulare County Counsel)

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

EXHIBIT "B"

KAWEAH DELTA HEALTH CARE DISTRICT

CONFLICT OF INTEREST CODE

Disclosure Categories

1. **Full Disclosure:**

Designated persons in this category must report:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXHIBIT "C"

KAWEAH DELTA HEALTH CARE DISTRICT

CONFLICT OF INTEREST CODE

Standard Code

§ 18730. Provisions of Conflict of Interest Codes.

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

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

(1) Section 1. Definitions.

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

(2) Section 2. Designated Employees.

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

(3) Section 3. Disclosure Categories.

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

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

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

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

(C) The filing officer is the same for both agencies. [1]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Contents of Initial Statements.

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

(B) Contents of Assuming Office Statements.

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

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

(D) Contents of Leaving Office Statements.

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

(7) Section 7. Manner of Reporting.

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

(A) Investments and Real Property Disclosure.

When an investment or an interest in real property[3] is required to be reported,[4] the statement shall contain the following:

1. A statement of the nature of the investment or interest;

2. The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;

3. The address or other precise location of the real property;

4. A statement whether the fair market value of the investment or interest in real property equals or exceeds two thousand dollars ($2,000), exceeds ten thousand dollars ($10,000), exceeds one hundred thousand dollars ($100,000), or exceeds one million dollars ($1,000,000).

(B) Personal Income Disclosure. When personal income is required to be reported,[5] the statement shall contain:

1. The name and address of each source of income aggregating five hundred dollars ($500) or more in value, or fifty dollars ($50) or more in value if the income was a gift, and a general description of the business activity, if any, of each source;

2. A statement whether the aggregate value of income from each source, or in the case of a loan, the highest amount owed to each source, was one thousand dollars ($1,000) or less, greater than one thousand dollars ($1,000), greater than ten thousand dollars ($10,000), or greater than one hundred thousand dollars ($100,000);

3. A description of the consideration, if any, for which the income was received;

4. In the case of a gift, the name, address and business activity of the donor and any intermediary through which the gift was made; a description of the gift; the amount or value of the gift; and the date on which the gift was received;

5. In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the loan.

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

1. The name, address, and a general description of the business activity of the business entity;

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

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

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

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

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

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

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

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

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

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

(8.2) Section 8.2. Loans to Public Officials.

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

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

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

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

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

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

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

2. Loans made by a public official's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such persons, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.

3. Loans from a person which, in the aggregate, do not exceed five hundred dollars ($500) at any given time.

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

(8.3) Section 8.3. Loan Terms.

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

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

1. Loans made to the campaign committee of the elected officer.

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

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

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

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

(8.4) Section 8.4. Personal Loans.

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

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

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

a. The date the loan was made.

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

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

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

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

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

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

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

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

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

(9) Section 9. Disqualification.

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

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

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

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

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

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

(9.3) Section 9.3. Legally Required Participation.

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

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

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

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

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

(10) Section 10. Disclosure of Disqualifying Interest.

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

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

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

(12) Section 12. Violations.

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

NOTE: Authority cited: Section 83112, Government Code.
Reference: Sections 87103(e), 87300-87302, 89501, 89502 and 89503, Government Code.

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

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

[3]For the purpose of disclosure only (not disqualification), an interest in real property does not include the principal residence of the filer.

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

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

received from a state, local or federal government agency.

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

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

Policy Number: BOD6	Date Created: 03/27/2013
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	

Board Reimbursement for Travel and Service Clubs

PURPOSE: To provide reimbursement to members of the Kaweah Delta Health Care District Board of Directors, consistent with legislative regulations, for the performance of the duties of their office.

POLICY: Each member of the Board of Directors shall be allowed his/her actual necessary traveling and incidental expenses including service organization dues incurred in the performance of official business of the District.

PROCEDURE: Travel and incidental expenses including service organization dues will be reimbursed to Board members that are paid with personal credit cards or cash upon the submittal of itemized receipts to the Executive Assistant to the Board of Directors.

Any charges made with the District issued Wells Fargo credit card requires submittal of itemized receipts with 10 days of completion of travel for reconciliation of the Kaweah Delta Wells Fargo Visa card provided to members of the Board of Directors.

I. **Travel**

A. Meals will be reimbursed with the submittal of an itemized meal receipt.

B. Air Fare for board member for the cost of coach fares and standard luggage fees. If the traveler chooses to travel in a premium class such as business or first, the difference in cost between coach travel rates and the premium travel rates must be paid by the traveler.

C. Parking, taxi, or rental car fees and other transportation expenses will be reimbursed.

D. If driving, mileage will be reimbursed at current IRS guidelines.

E. Hotel room will be covered in full for Board Member. Lodging costs shall not exceed the maximum group rate published by the conference or activity sponsor as long as the group rate is available to the Board member at the time of booking. Any additional nights beyond or prior to the conference shall be incurred by the Board member.

F. Conference registration for Board Members will be paid in full.

II. **Service Club District Reimbursed Memberships**

Kaweah Delta Health Care District recognizes the value of professional and service club memberships for its members of the Board of Directors. All Board members are encouraged to participate in such activities to benefit health care education and community involvement. As such Board members may have dues for these memberships paid for by the District. Members of the Board of Directors are eligible for membership in a community organization. The District will not reimburse for meals, fines, or other assessments at regular meetings.

"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: BOD8	Date Created: 08/15/2019
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Approvers: Board of Directors (Administration), Cindy Moccio (Board Clerk/Exec Assist-CEO)	

Promulgation of Kaweah Delta Health Care District Procedures

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

Purpose: To provide guidelines to clarify and standardize the process for the Chief Executive Officer and each member of the Executive Management team (collectively, "Executive Team") to develop and independently promulgate departmental policies and procedures for the proper operation and administration of the Kaweah Delta Health Care District's ("Kaweah Delta") affairs.

Definitions:

I. "Organizational **Policy**" means a Board-approved document that provides broad strategic direction, delegates authority, fulfills a non-delegable duty of the Board or sets out rules for the Board's operations. {See AP.38}

II. "Departmental Policy and **Procedure**" means a document describing a standard of care, practice and/or steps for performing an agreed course of action.

III. "**Publication**" means the reduction of an Organizational Policy or Departmental Policy and Procedure to writing and its subsequent distribution, by the promulgating Authorized Signer, via the Policy Tech document management system.

Standard of Practice:

I. Executive Team members shall have the authority to develop and approve Departmental Policies and Procedures, as appropriate to their respective areas of administrative responsibility. In no event shall any Executive Team member attempt to promulgate a Departmental Policy and Procedure that is inconsistent with an Organizational Policy. Executive Team members may delegate the above-described development and approval authority to an appropriate departmental or service line director.

II. The Chief Executive Officer shall have authority and responsibility to establish a structure for development and maintenance of Departmental Policies and Procedures.

III. Departmental Policies and Procedures that directly affect the professional services of a Kaweah Delta Medical Staff physician or advanced practice professional must be reviewed and approved by the appropriate department of the Medical Staff and other reviewing/approving Kaweah Delta or Medical Staff Committees, as appropriate and necessary.

IV. A Departmental Policy and Procedure developed pursuant to this Organizational Policy shall become effective and binding immediately upon

its approval and publication in Policy Tech by the promulgating Executive Team signer.

V. The authorized Executive Team signer responsible for promulgating a Departmental Policy and Procedure pursuant to this Organizational Policy shall be primarily responsible for supervising implementation of such Departmental Policy and Procedure and compliance therewith by Kaweah Delta.

VI. Each authorized Executive Team signer shall be responsible for reviewing all Departmental Policies and Procedures within his or her jurisdiction at least once every three (3) years or earlier when required by law, accreditation standards or warranted based on changes in the law, state of the art, current knowledge, technology or other factors.

VII. All Kaweah Delta Organizational Policies and Departmental Policies and Procedures promulgated prior to the effective date of this Policy are hereby ratified to the extent they are not inconsistent with this Organizational Policy or each other and notwithstanding the manner in which they were promulgated.

VIII. This Organizational Policy will be reviewed and updated as required or at least every three years.

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

Kaweah Delta Health Care District

Human Resources

Policy Number: HR.12	**Date Created: 06/01/2007**
Document Owner: Dianne Cox (VP Human Resources)	**Date Approved: 11/21/2017**
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (VP Human Resources)	

Equal Employment Opportunity

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

POLICY:

Kaweah Delta maintains a policy of nondiscrimination with employees and applicants for employment, student interns and volunteers. Kaweah Delta policy prohibits unlawful discrimination or retaliation based on:

a. Race, color, religion, religious creed (including religious dress and grooming), sex, (including breastfeeding and related medical conditions), those who identify as transgender, transgender transitioning, gender expression, gender roles, gender identity, sexual harassment, victim of domestic violence, sexual assault or stalking, national origin, disability, mental health conditions such as depression and post-traumatic stress disorder, genetic information (GINA Act of 2008), equal pay/compensation, pregnancy, age, or any other characteristic protected by law;

b. Retaliation against an individual for filing a charge of discrimination, participating in an investigation, opposing discriminatory practices, and/or coverage under the State's Whistleblower Statute (prohibiting employers from retaliating against employees who report a violation to their employer, rather than the government, protecting employees from "anticipatory retaliation," expanding the protections of the law to include individuals who disclose the information/make the complaint as part of their job duties, covering employees who report violations of local laws, and covering employees who provide information to public bodies).

c. Retaliation against an employee who is a family member of a person who has or is perceived to have engaged in protected activities such as managing complaints about working conditions, pay, or whistleblowing;

d. Retaliation against employees who request a religious or disability accommodation regardless of whether the accommodation is granted;

e. Employment decisions based on stereotypes or assumptions about the abilities, traits, or performance of individuals of a certain sex, race, including traits historically associated with race, including, but not limited to, hair texture and protective hairstyles, defined as braids, locks and twists, age, religion, or ethnic group, or individuals with disabilities;

f. Denying employment opportunities to a person because of marriage to, or association with, an individual of a particular race, religion, national origin, or an individual with a disability. Discrimination is also prohibited because of participation in schools or places of worship associated with a particular racial, ethnic, or religious group;

g. Same-sex marriages;

h. Any other consideration made unlawful by Federal, State or local laws.

All aspects of pre-employment and employment within Kaweah Delta will be governed on the basis of merit, competence, and qualifications. Decisions made with respect to recruitment, hiring and job placement for all positions will be made solely on the basis of the individual qualifications related to the requirements of the position. Likewise, the administration of all other personnel matters such as compensation, assignment, or classification of employees; transfer, promotion, termination, layoff, or recall; job advertisements; testing; use of company facilities; training and apprenticeship programs; fringe benefits; pay, retirement plans, and disability leave; discharge; or other terms and conditions of employment will be free from illegal discriminatory practices.
In accordance with California AB 1443 Kaweah Delta will not tolerate discrimination against any person in the selection, termination, training, or other terms or treatment of that person in an unpaid internship, or another limited duration program to provide unpaid work experience for that person, or the harassment of an unpaid intern or volunteer because of any of the protected categories.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, Kaweah Delta will make reasonable accommodations for known physical or mental limitations of a1515n otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship would result. A leave of absence may be considered as a type of reasonable accommodation. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact their supervisor, department head, or Human Resources and make a request to participate in a timely interactive process to explore reasonable accommodations. The individual with the disability is invited to identify what accommodation he or she needs to perform the job. Kaweah Delta will take steps to identify the barriers that make it difficult for the applicant or employee to perform his or her job, and will identify possible accommodations, if any, that will enable the individual to perform the essential functions of his or her job. If the accommodation is reasonable and will not impose an undue hardship, Kaweah Delta will meet the request.

Kaweah Delta is committed to complying with all applicable laws providing equal employment opportunities. This commitment applies to all persons involved in the operations of Kaweah Delta and prohibits unlawful discrimination by any employee of Kaweah Delta, including management personnel, supervisors, co- workers and third parties.

If an employee believes that they have been subjected to any form of unlawful harassment or discrimination, they are to report their concerns to any Kaweah Delta department head, manager, supervisor, Vice President, the CEO or the Vice President of Human Resources of Kaweah Delta as soon as possible after the incident. The concerns should include details of the incident or incidents, names of the individuals involved and names of any witnesses. It is helpful that any such reports of harassment be in writing so that there is no misunderstanding as to the nature of the conduct in question. Department heads, managers or supervisors will refer all harassment complaints to the Vice CEO of Human Resources or the CEO. Kaweah Delta will immediately undertake an effective, thorough and objective investigation of the harassment or discrimination allegations.

Kaweah Delta determines that a violation of this policy has occurred, effective remedial action will be taken in accordance with the circumstances involved. Any employee determined by Kaweah Delta to have violated this policy will be subject to appropriate Disciplinary Action, up to and including termination of employment. Kaweah Delta will not retaliate against an employee for filing a complaint and will not tolerate or permit known retaliation by management, employees or co-workers.

Kaweah Delta encourages all employees to report any incidents of harassment or discrimination forbidden by this policy immediately so that complaints and concerns can be quickly and fairly resolved.

ADDITIONAL INFORMATION:

I. Human Resources will be responsible for formulating, implementing, coordinating and monitoring all efforts in the area of EEO. Human Resource duties relating to EEO compliance will include, but is not necessarily limited to:

   A. assisting management in collecting and analyzing employment data;

   B. collecting necessary information and completing an Employer Information Report (EEO-4) for annual submission to the government;

   C. developing policy statements and recruitment procedures designed to comply with Kaweah Delta's equal employment philosophy; and

   D. complying with various reporting requirements and posting notices required to ensure full compliance with all employment-related laws and regulations.

II. Human Resources will also provide all applicants for employment a California Employment Applicant Data Form and maintain those forms in a place separate from applications and/or Personnel files.

III. Any communication from an applicant for employment, an employee, a government agency or an attorney concerning any Equal Employment

Opportunity (EEO) matter will be referred to the Vice CEO of Human Resources.

Any questions regarding the interpretation of this manual should be referred to the Vice President of Human Resources. No changes will be made in any policy and procedure or any deviations authorized without the express written permission of the CEO.

"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.197	**Date Created: 06/01/2007**
Document Owner: Dianne Cox (VP Human Resources)	**Date Approved: 01/29/2019**
Approvers: Cindy Moccio (Board Clerk/Exec Assist-CEO)	

Dress Code - Professional Appearance Guidelines

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

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

PROCEDURE:

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

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

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

a. Employees and contract staff are required to wear the official Kaweah Delta ID badge at all times while on duty. The ID badge must be worn so that the picture and name can be seen and must be chest high or above. No marks, stickers (other than flu vaccine compliance), etc., or membership pins may be on the badge; it must include a current picture and not be faded or worn). Kaweah Delta recognition pins may be attached to the badge extender. If an employee or contract staff member is visiting Kaweah Delta while not on duty, they are not to wear their ID badge, nor represent that they are on duty; they may not perform any work. At the option of an employee, the badge may include only the first name and initial of last name.

b. Attire must be neat, clean, appropriately fitting, matched and coordinated and have a professional or business-like appearance. Scrubs must be appropriately fitting as well, neither too large nor too tight; pants may not touch the ground. Scrubs or jackets branded with another organization name or logo (including health care or a hospital) are prohibited.

a. Revealing clothing (such as see-through or showing cleavage), sun-dresses, inappropriate length dresses or mini-skirts, bare-back dresses, halter tops, tank tops, t-shirts, casual denim or jeans, leggings, unprofessional casual capri pants with strings or cargo pockets, shorts or walking-shorts, army fatigue-print clothing, and thong/flip-flop sandals (even with back straps) are some examples of inappropriate attire. T-Shirts/Tops that expose chest hair are not allowed. Sleeveless attire is appropriate as long as it is ~~coordinated with~~business professional. ~~business dress, such as a suit~~. "Hoodies" or hooded jackets of any kind are not permitted; team jackets are to be approved by a manager.

b. Those employees who work in departments that are exposed to the outside elements may wear hats while outside.

c. With the exception of the front neck area above the collar line and the face, tattoos may be visible if the images or words do not convey violence, discrimination, profanity or sexually explicit content. Tattoos containing such messages must be covered with bandages, clothing, or cosmetics. Kaweah Delta reserves the right to judge the appearance of visible tattoos.

d. Hickeys can be considered offensive, unprofessional and distracting in nature, and must be covered by clothing or band-aids.

e. Excessive jewelry and watches that may affect safe patient care or violate infection control standards, multiple ear piercings or body piercings (except for a pin-size nose adornment) are not allowed. Ear expanders must be plugged with a flesh color plug.

f. Shoes are to be worn as appropriate for the position and must be clean, in good repair, and meet the safety and noise abatement requirements of Kaweah Delta environment. Open-toed shoes may not be worn in patient care areas by those providing direct patient care. Socks are to be worn as appropriate for the position, (i.e. with Croc-type shoes that have holes). Closed toe shoes are required in the patient care areas and other areas in which safety requires closed toe shoes. Sandals or open-toed shoes are acceptable when safety does not dictate otherwise. Tennis shoes are appropriate if they apply to the position. Flip flops, thong shoes or locker-room sandals are not acceptable. High heels greater than three (3) inches and platform shoes are not safe in our work environment at Kaweah Delta and may not be worn.

g. Hair is to be kept neat and clean, and may not be of abnormal color (purple, pink, unusual reds, etc.); extreme trends such as Mohawks (completely shaved but for hair down the middle of the head) are not permitted. Employees with long hair who have direct patient contact or work with food or machinery must have their hair pinned up off the shoulders, secured at the nape of the neck, or secured in a hair net. ~~,~~Traits historically associated with race, including, but not limited to, hair texture and protective hairstyles, defined as braids, locks and twists are allowed and must be secured. Beards, mustaches and sideburns must be clean and neat at all times.

h. Kaweah Delta is fragrance-free due to allergies that present themselves with colognes, perfumes, aftershave lotions, hand lotions, etc. Body odor, smell of cigarette/e-cigarette/tobacco smoke or excessive makeup are examples of unacceptable personal grooming.

i. Fingernails: Employees who have direct contact with patients (those employees who touch patients as a part of their job description) and those indirectly involved in patient care, such as Pharmacy, Housekeeping, Laboratory, and Sterile Processing must

comply with the following guidelines. Some departments (i.e. Food and Nutrition Services) may have specific requirements that vary:

1. Nails must be kept clean, short and natural.
2. Artificial nails, acrylics or other artificial materials (including nail jewelry) applied over the nails are prohibited. These are dried grinded nail products (acrylics or gels).
3. Nail or Gel Polish is permissible in most areas if used in good taste, with non-shocking colors or decor, and is maintained without chips or cracks. Polish is not allowed in Food and Nutrition Services.
4. Nails should not be visible when holding the palm side of the hand up.

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

1. Nails (including artificial) must be kept clean and neatly trimmed or filed.
2. Short nail length is defined as the white nail tip not greater than 1/4 inch.
3. Polish is permissible if used in good taste, with non-shocking colors or decor, and is maintained without chips or cracks.

j. Employees who are required to wear certain uniform-type attire must comply with the requirements set forth by their department head or Kaweah Delta, within the following guidelines: attire limited to a general color of fabric (i.e., dark, solid colors), business style jackets/blazers, white shirts/blouses, and/or black shoes. Any other attire required by Kaweah Delta will be provided to the employee at no cost.

k. Employees attending Kaweah Delta staff meetings on Kaweah Delta premises may wear casual, but not inappropriate attire. It would be inappropriate to wear shorts, gym-wear, tank tops, nor anything similar. Jeans are appropriate as long as they are not frayed and torn. Employees must be modestly dressed. Employees attending on-site classes or other meetings are to wear office-casual attire, scrubs, or street clothes in good taste. Kaweah Delta employees and contract staff are not permitted to present in any way that would appear unprofessional to Kaweah Delta leadership.

l. Kaweah Delta promotes organization-wide events and may allow Kaweah Delta-provided t-shirts for these days. These are allowed if appropriate for the employees’ work environment.

m. Kaweah Delta promotes organization-wide events and may allow Kaweah Delta-provided t-shirts for these days. These are allowed if appropriate for the employees’ work environment. With the exception of specific areas where scrubs are laundered (i.e. Cath Lab, CVOR, OR, NICU, L&D) Kaweah Delta does not provide or launder scrubs or uniforms for employees, unless the garments are provided by Kaweah Delta and require dry-cleaning. However, employees who have received a splash of blood or body fluid during the normal course of their job need to change into clothing for protection under Standard Precautions are allowed to wear Kaweah Delta-provided, Kaweah Delta-laundered scrubs or uniforms furnished by Kaweah Delta laundry. These are to be returned to Kaweah Delta at the next shift worked. Upon arriving at and leaving from work, employees are provided with reasonable paid time to change. An employee may not wear these scrubs to and from Kaweah Delta or outside of the hospital unless it is for work-related business (i.e. Employee Health, Human Resources, and Employee Pharmacy) and they must wear a white lab coat over the scrubs. Upon

return to the department, personnel must change into fresh scrubs before returning to the semi-restricted or restricted areas. Refer to Policy SS4000.

n. The responsibility to determine the appropriateness of employee appearance and attire and for enforcing uniform/dress code requirements rests with leadership. For example, the Behavioral Health departments may allow exceptions to this policy as appropriate to their patient care population. Employees who fail to follow personal appearance and hygiene guidelines will be sent home and instructed to return to work in proper form. Under such circumstances, employees will not be compensated for the time away from work.

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

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Policy Number: EOC 1033	**Date Created: 06/11/2018**
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness), Cindy Moccio (Board Clerk/Exec Assist-CEO), Maribel Aguilar (Safety Officer/Life Safety Mgr)	

Water Management Program

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

Purpose:

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

Policy:

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

Procedure:

I. Maintenance

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

II. Risks

A. Legionellosis is a waterborne disease. Man-made water supplies that aerosolize water, such as potable water systems (showers), air conditioning cooling towers, whirlpool spas, and decorative fountains, are the common sources for transmission. Conditions conducive to Legionella growth include warm water temperatures (25-42^{0}C), stagnation, scale and sediment, and low biocide levels.
B. There are more than 34 known species and more than 50 serogroups of Legionella. Many of the species have not been implicated in disease. The Legionella pneumophilia serogroup 1 is most frequently implicated in disease and most frequently found in the environment.
C. The incubation period for Legionnaires Disease is 2 to 10 days.
    1. Clinical description of Legionellosis is associated with two clinically and epidemiologically distinct illnesses:
        a. Legionnaires' disease, which is characterized by fever, myalgia, cough, and clinical or radiographic pneumonia; and
        b. Pontiac Fever, a milder illness without pneumonia
D. Legionella Risk Areas
    1. See Water Flow System Risk Area Diagrams

III. Legionella Outbreaks

A. Case Classification
    1. Hospital acquired pneumonia **and**
    2. 1 or more of the following:
        a. By culture: isolation of any Legionella organism from respiratory secretions, lung tissue, pleural fluid, or other normally sterile fluid.
        b. By detection of Legionella pneumophilia serogroup 1 antigen in urine using validated reagents.
        c. By seroconversion: Fourfold or greater rise in specific serum antibody titer to Legionella pneumophilia serogroup 1 using validated reagents.
B. Actions
    1. Upon identification of a Legionella case, Infection Prevention will:
        a. Perform a full investigation to determine whether the case is healthcare associated.
        b. For healthcare associated Legionellosis, determine potential water source(s) attributed to the infection.
    2. Notify Facilities to implement Legionella Control Measures (see Legionella Control Measures Diagrams).
    3. Report event to all appropriate agencies.

IV. Mitigation

A. Continue to monitor for new Legionellosis cases.

B. Consider methods to avoid future incidents.

References:

CDC*. Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings – A Practical Guide to Implementing Industry Standards*. June 5, 2017 Version 1.1

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

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

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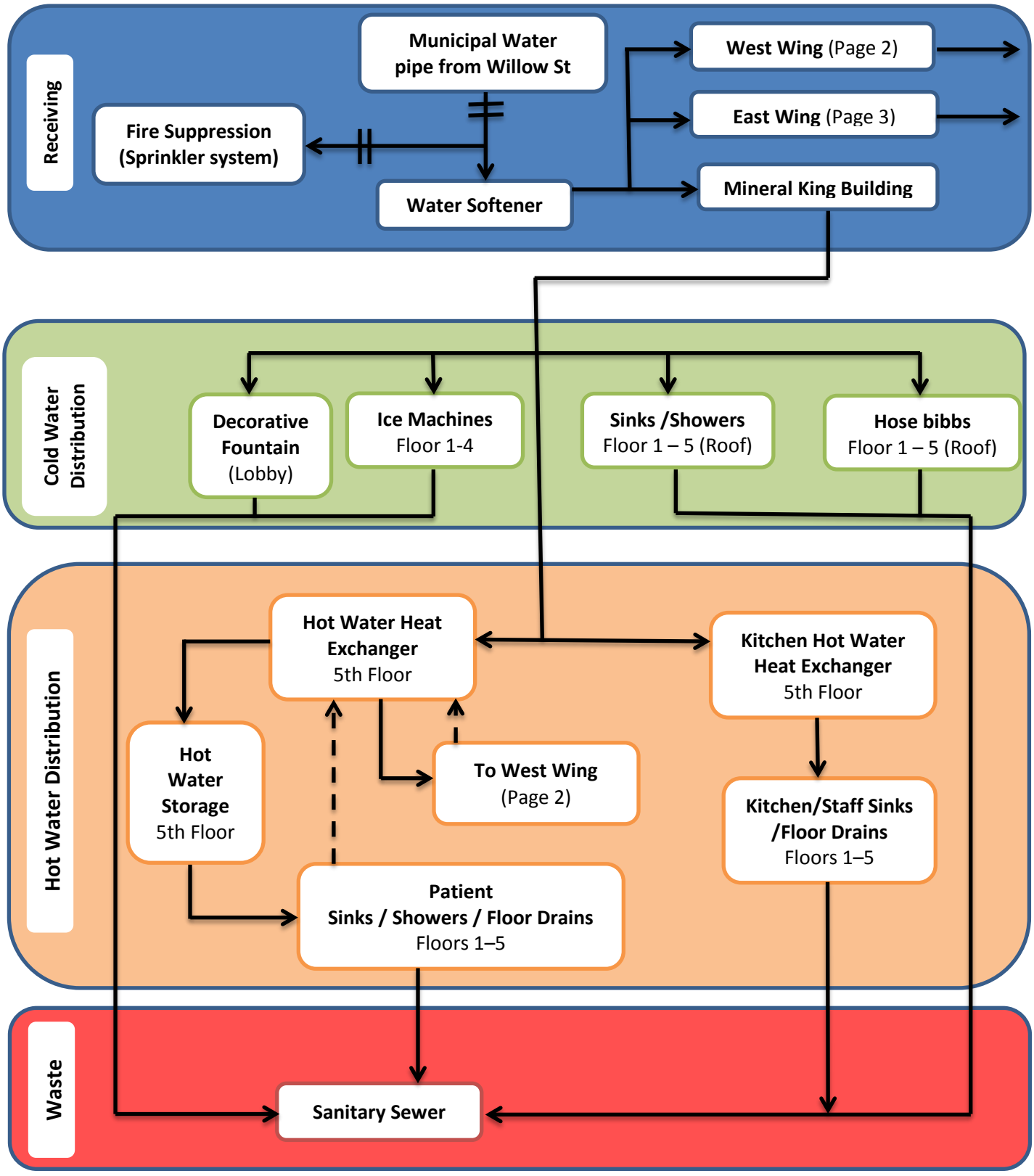
Kaweah Delta Medical Center, Mineral King Wing, Water Flow
400 W. Mineral King Ave, Visalia CA 93291



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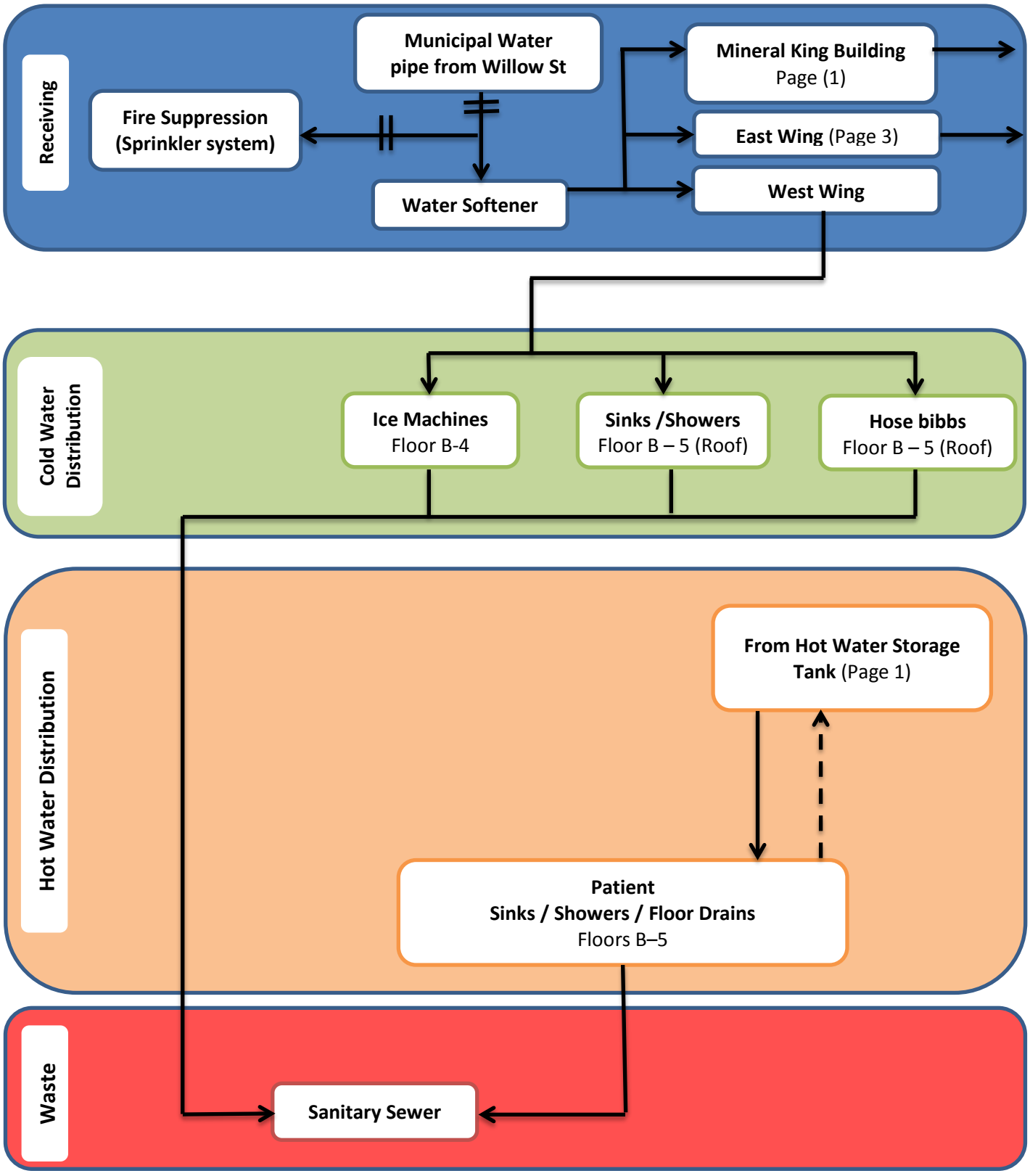
400 W. Mineral King Ave, Visalia CA 93291



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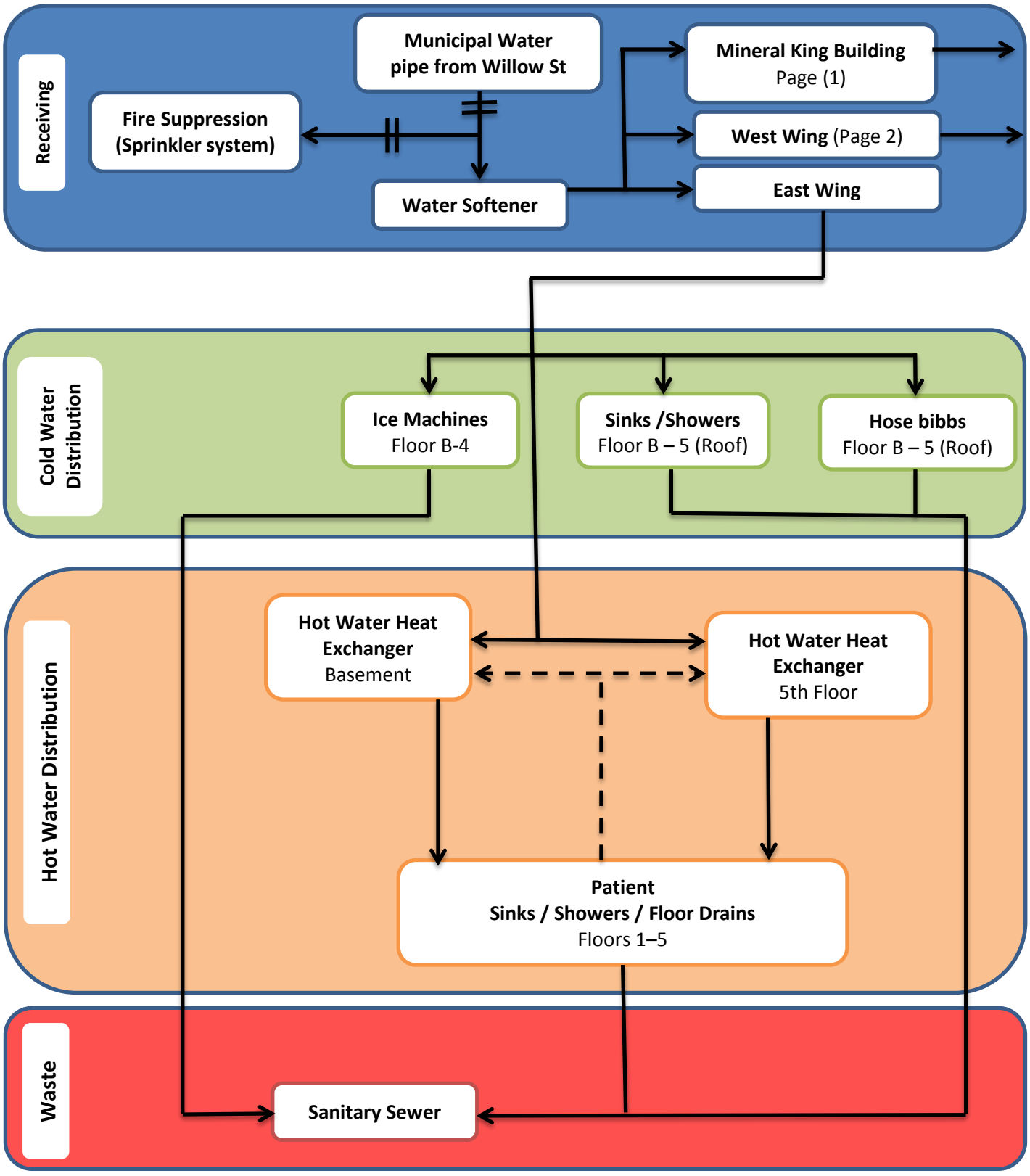
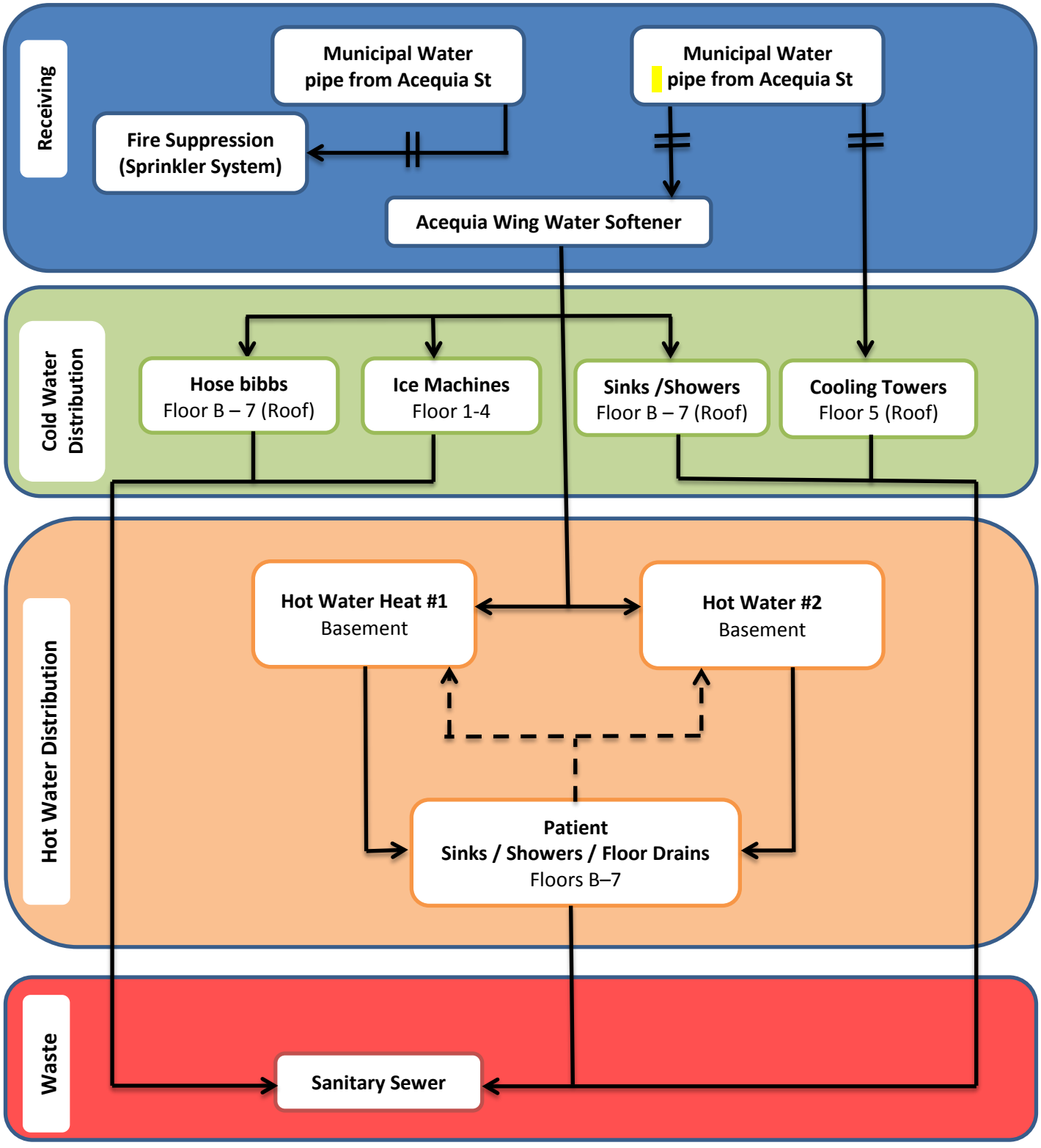
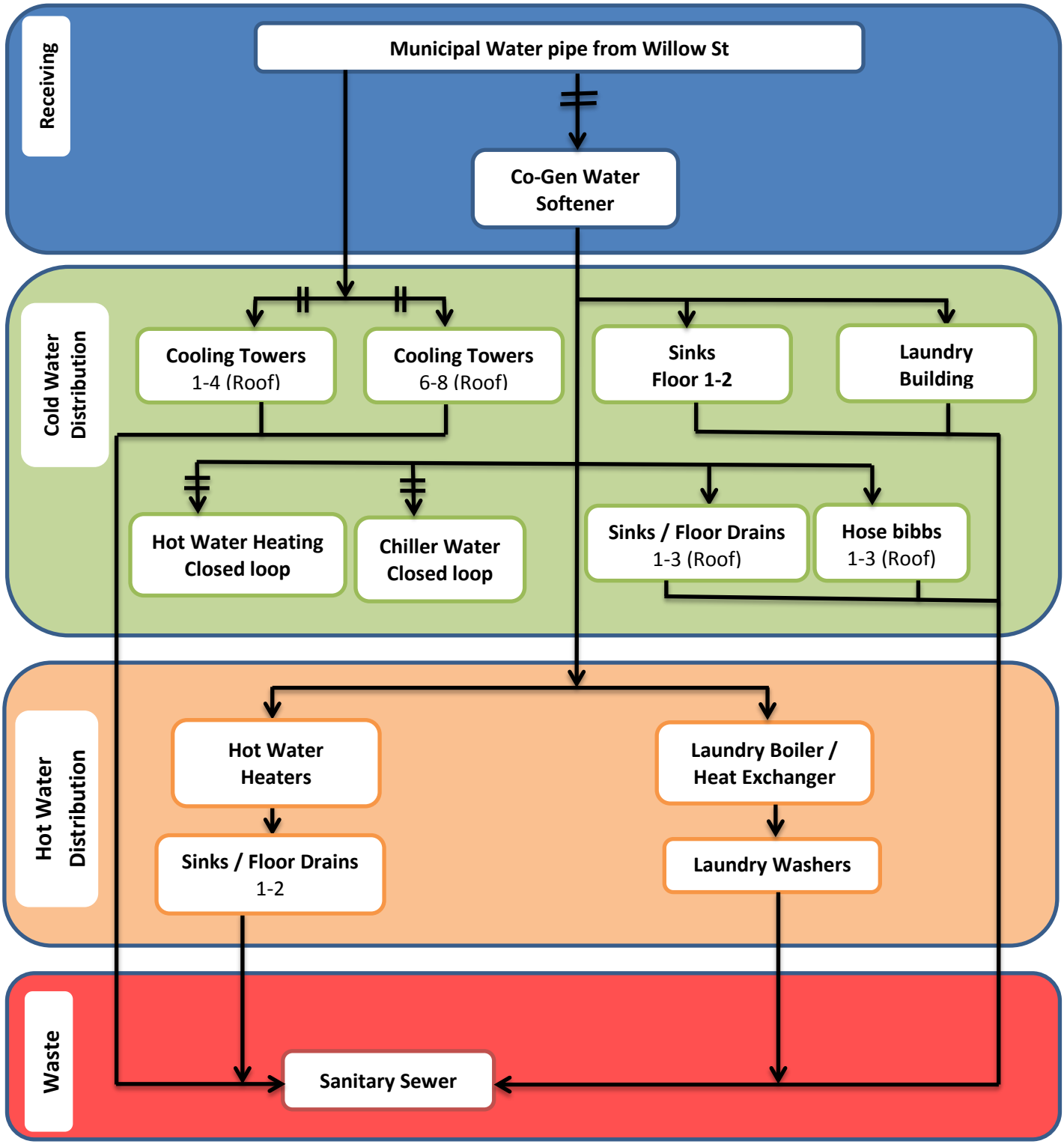


Legend: || Backflow Preventer ← WaterFlow ◄- - - Recirculating Return Flow ▭ Water Process

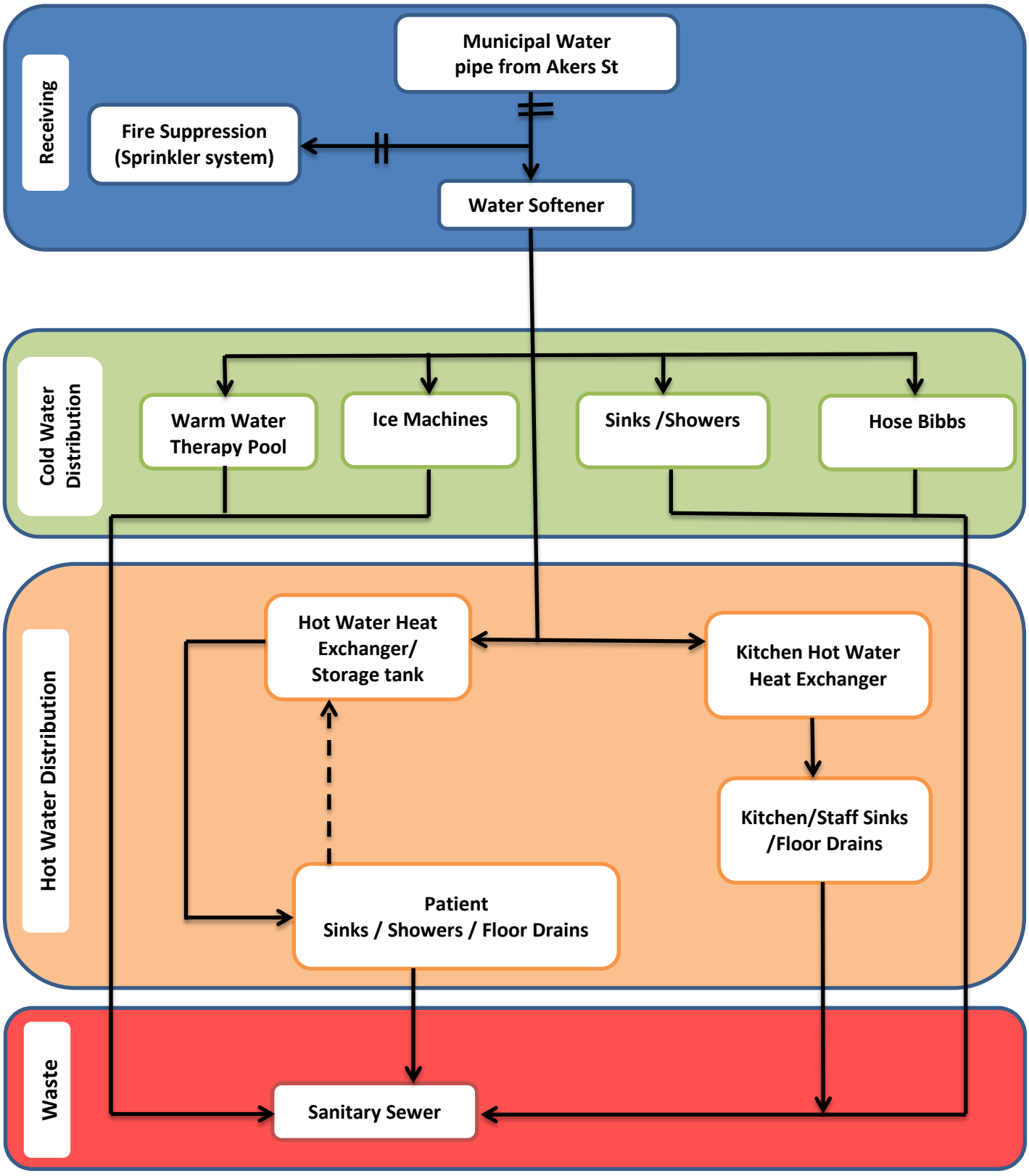
Kaweah Delta Medical Center, Acequia Wing, Water Flow
400 W. Mineral King Ave, Visalia CA 93291



Kaweah Delta Medical Center, Co-Gen, Water Flow
400 W. Mineral King Ave, Visalia CA 93291



Kaweah Delta Rehabilitation Hospital Water Flow
840 S. Akers, Visalia CA 93277



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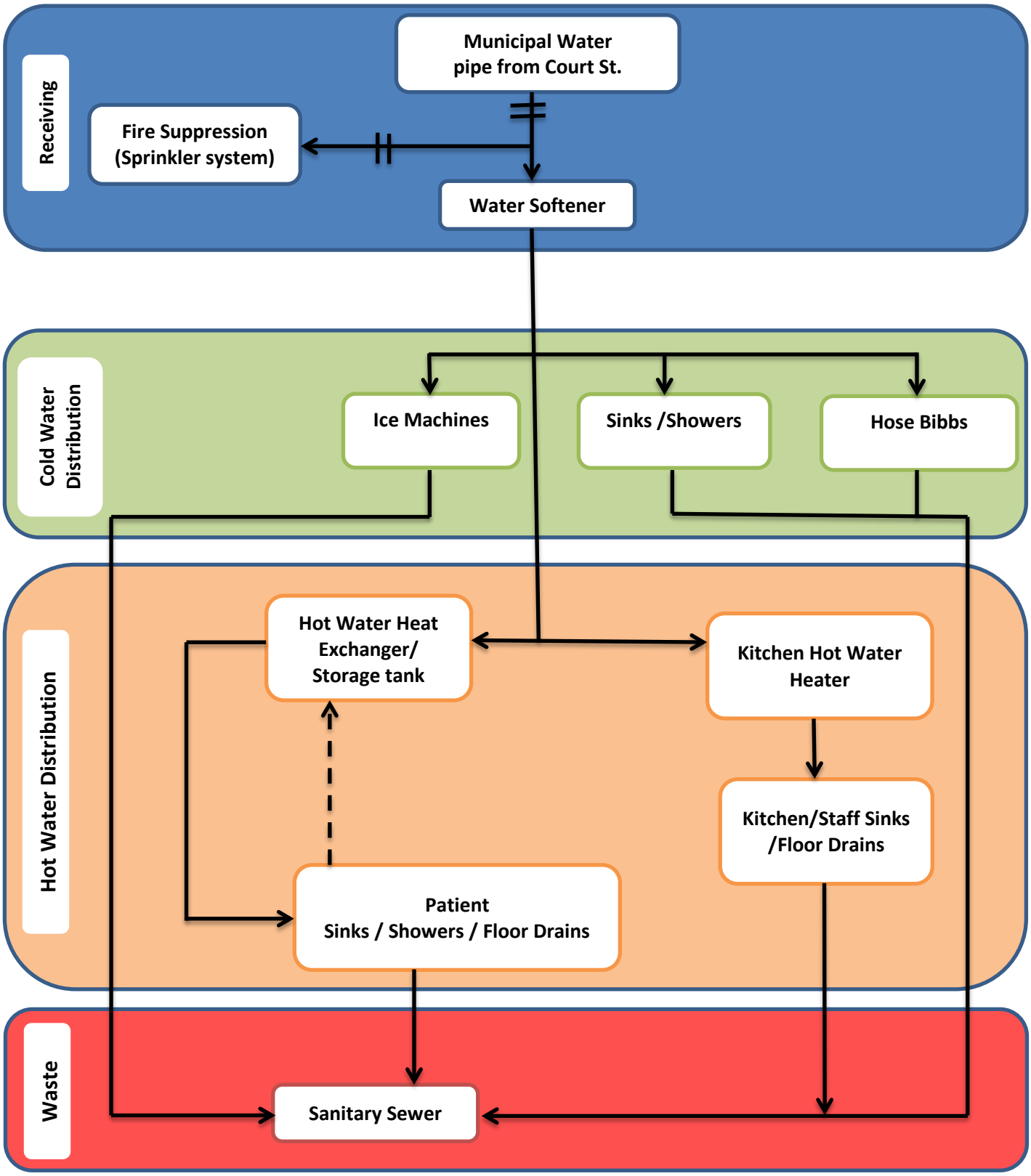
Kaweah Delta Community Health Center Water Flow
1633 S. Court St, Visalia CA 93277



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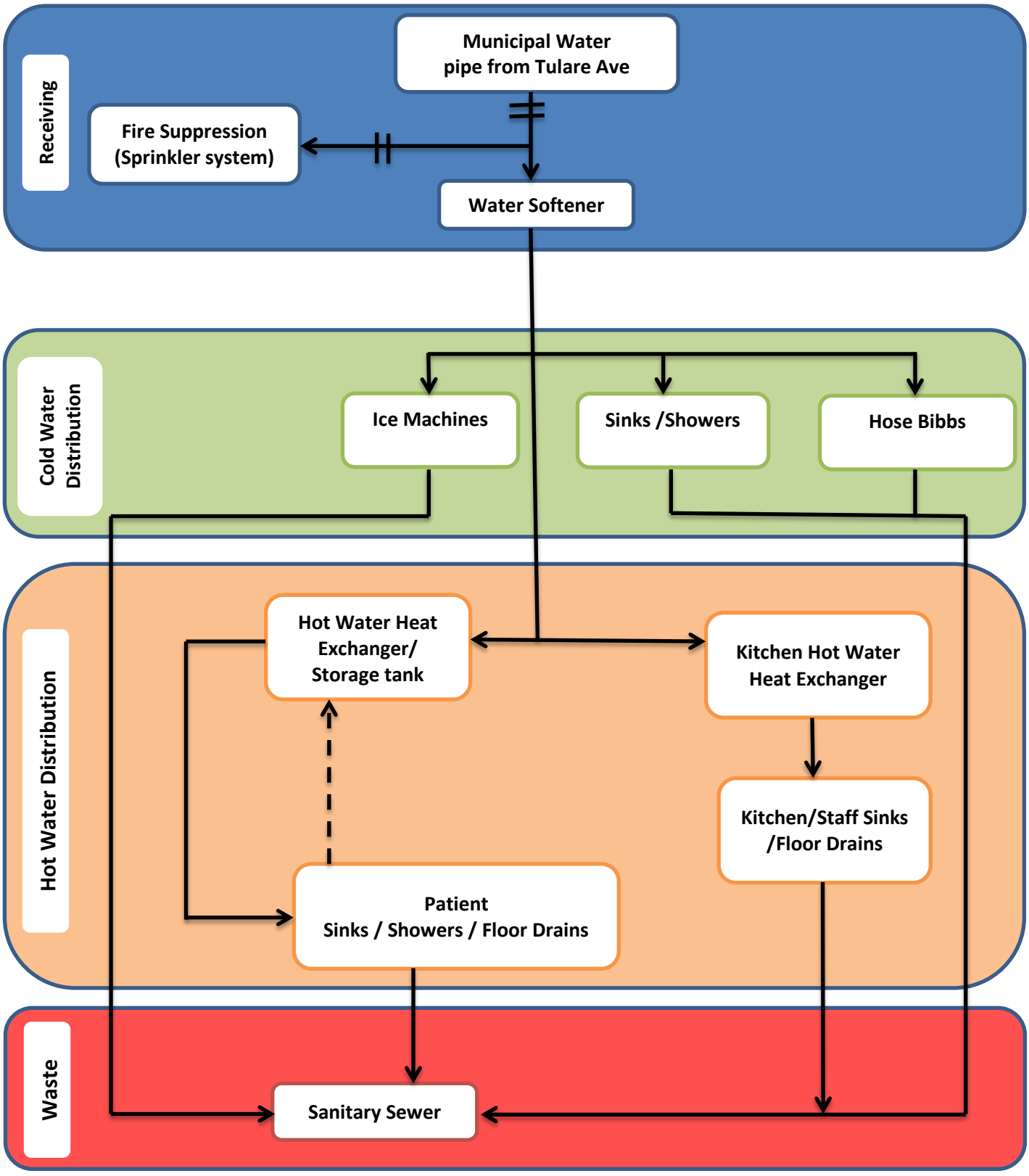
Kaweah Delta Mental Health Water Flow
1100 S. Akers, Visalia CA 93277



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Kaweah Delta Medical Center, Mineral King Wing, Risk Areas
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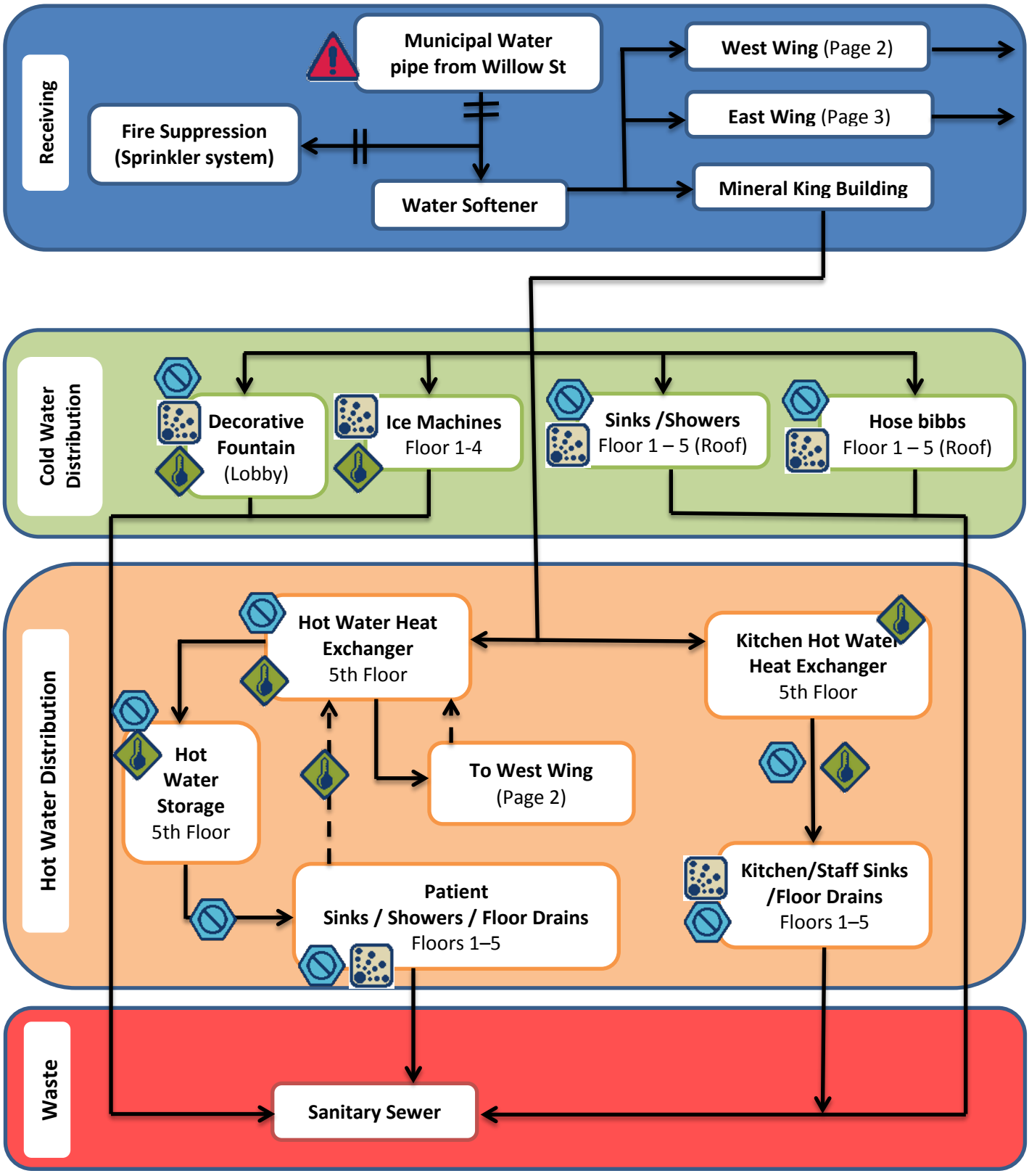

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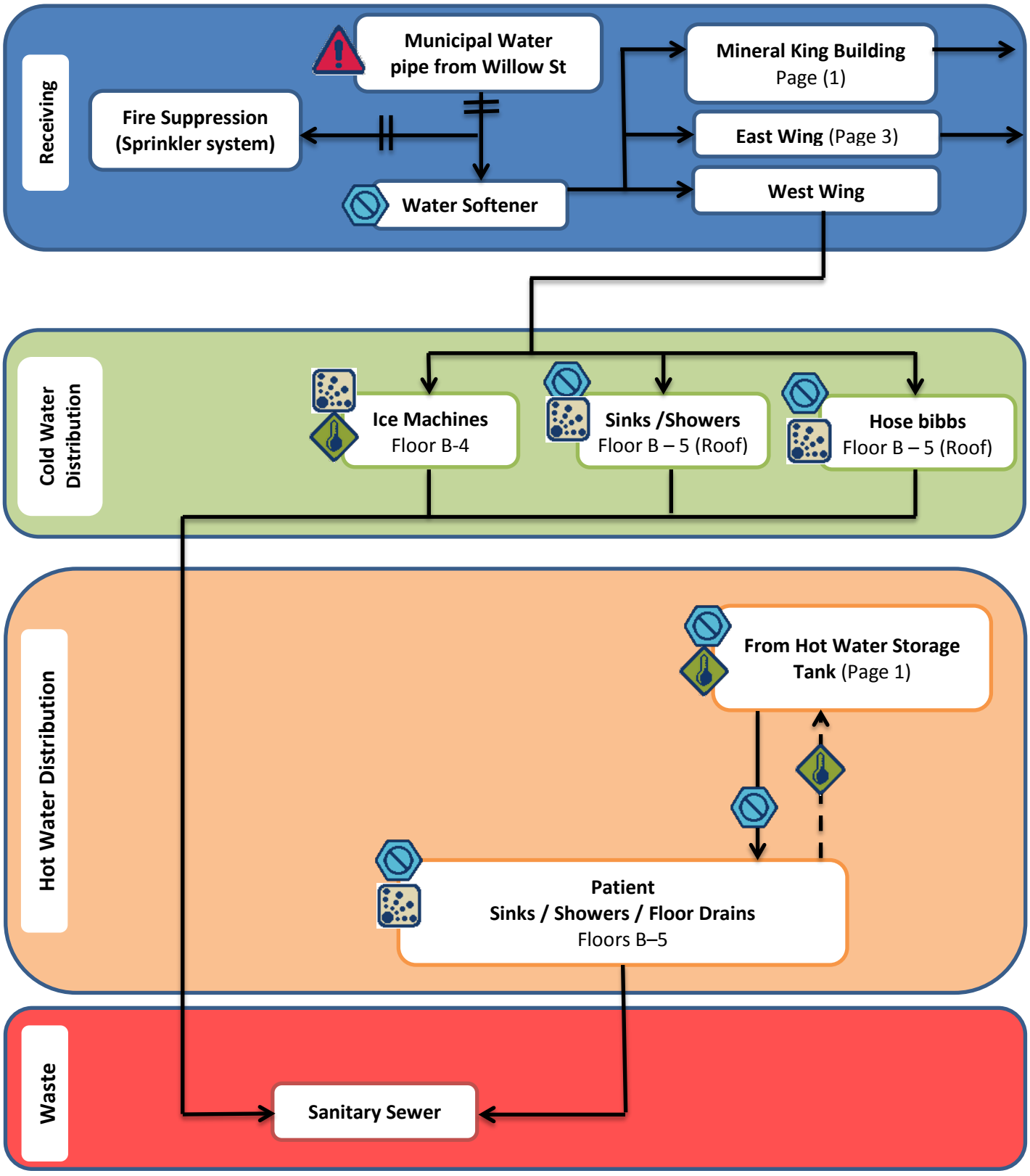
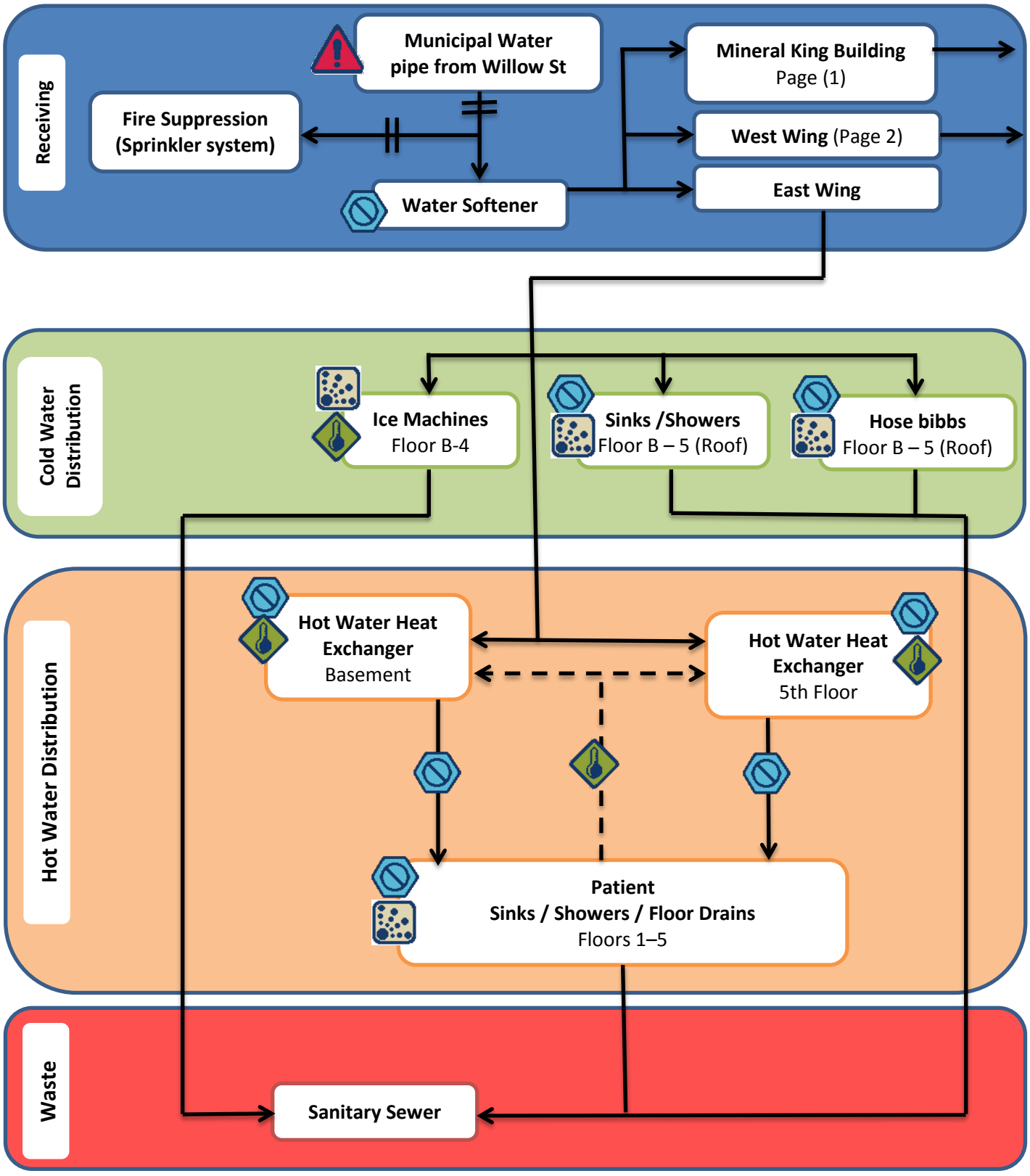
Kaweah Delta Medical Center, Mineral King Wing, Risk Areas
400 W. Mineral King Ave, Visalia CA 93291



Kaweah Delta Medical Center, Mineral King Wing, Risk Areas
400 W. Mineral King Ave, Visalia CA 93291



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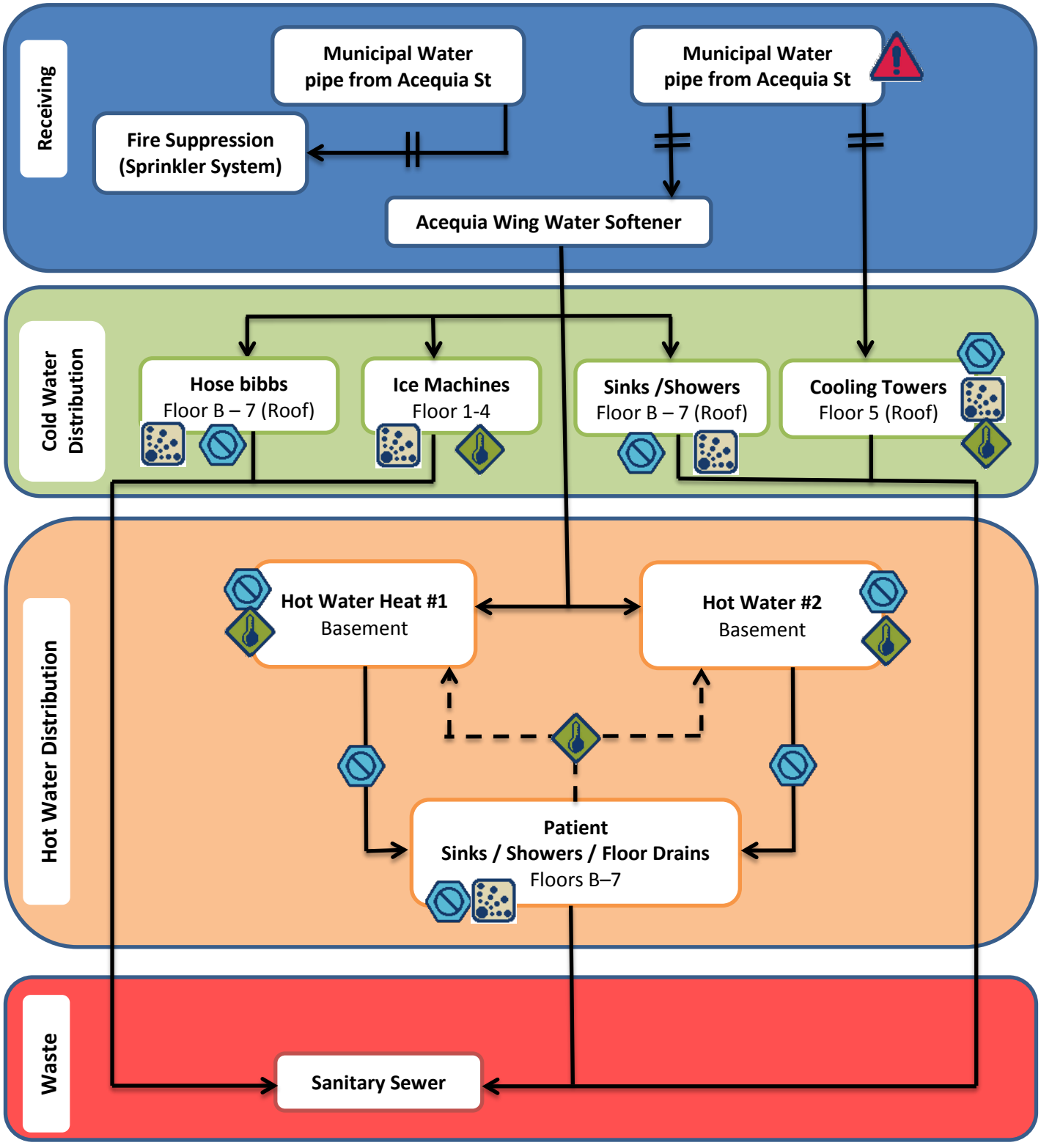
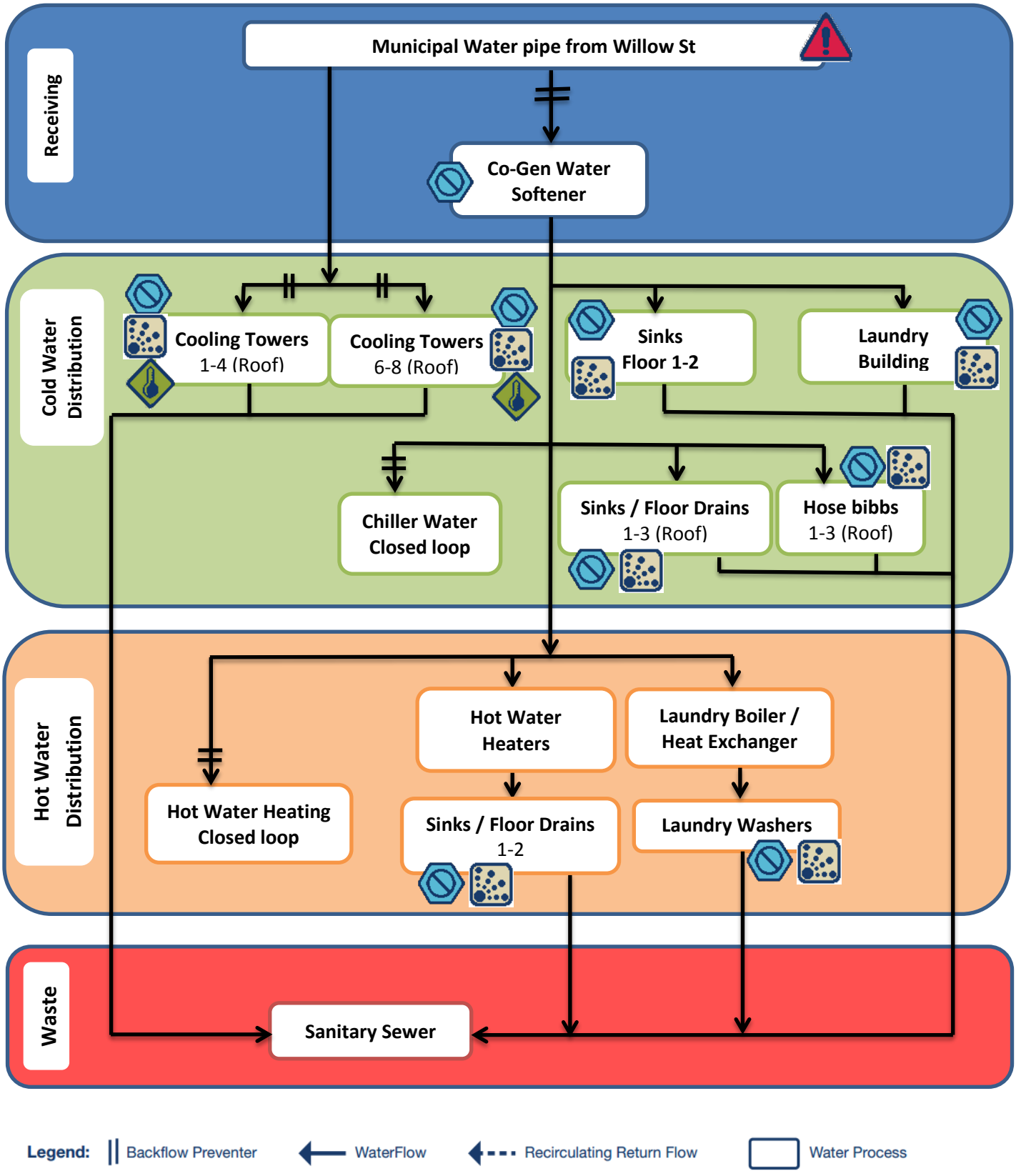
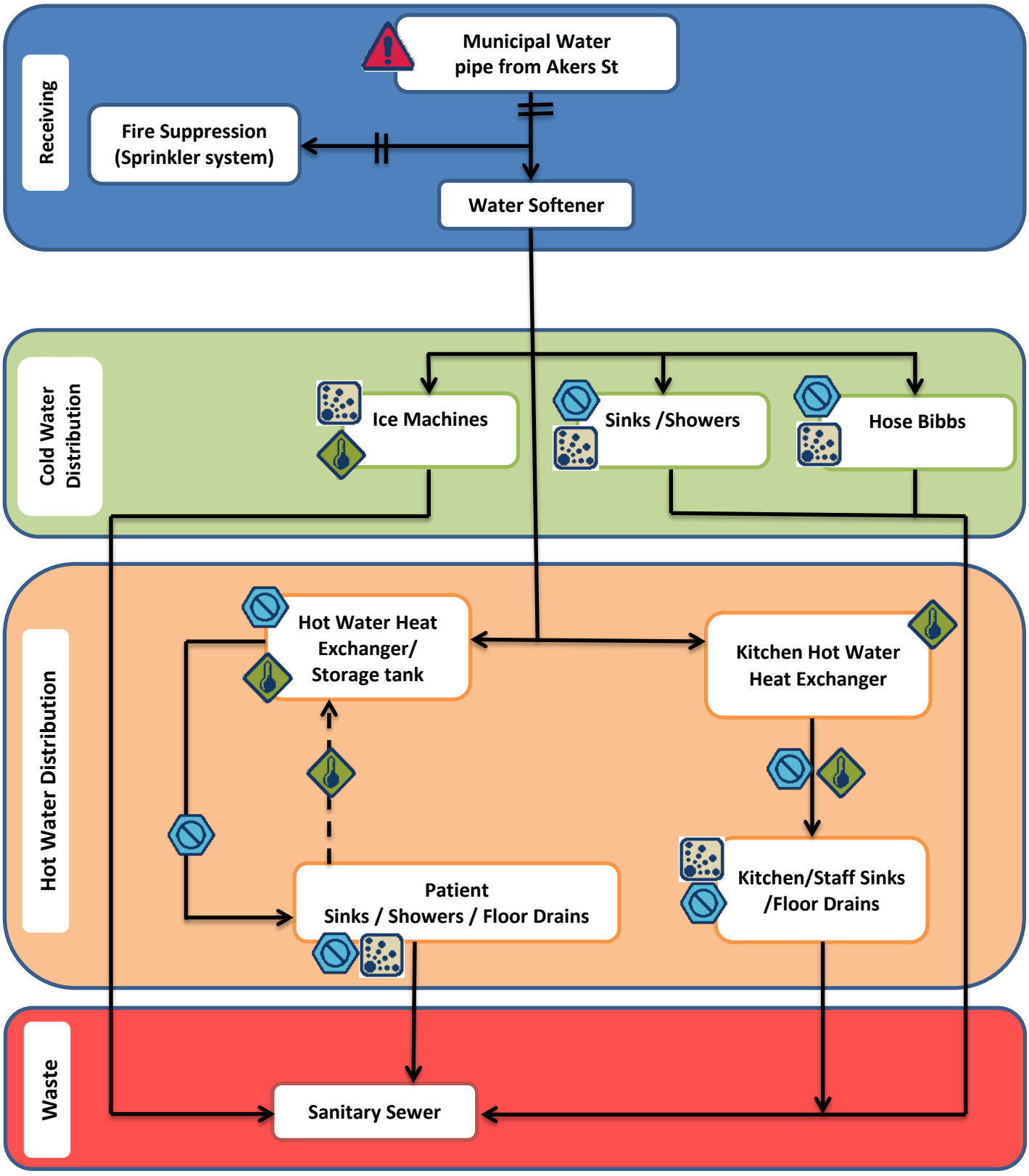
Kaweah Delta Medical Center, Acequia Wing, Risk Areas
400 W. Mineral King Ave, Visalia CA 93291



Kaweah Delta Medical Center, Co-Gen, Risk Areas
400 W. Mineral King Ave, Visalia CA 93291



Kaweah Delta Rehabilitation Hospital, Risk Areas
840 S. Akers, Visalia CA 93277



Legend: Backflow Preventer | WaterFlow | Recirculating Return Flow | Water Process

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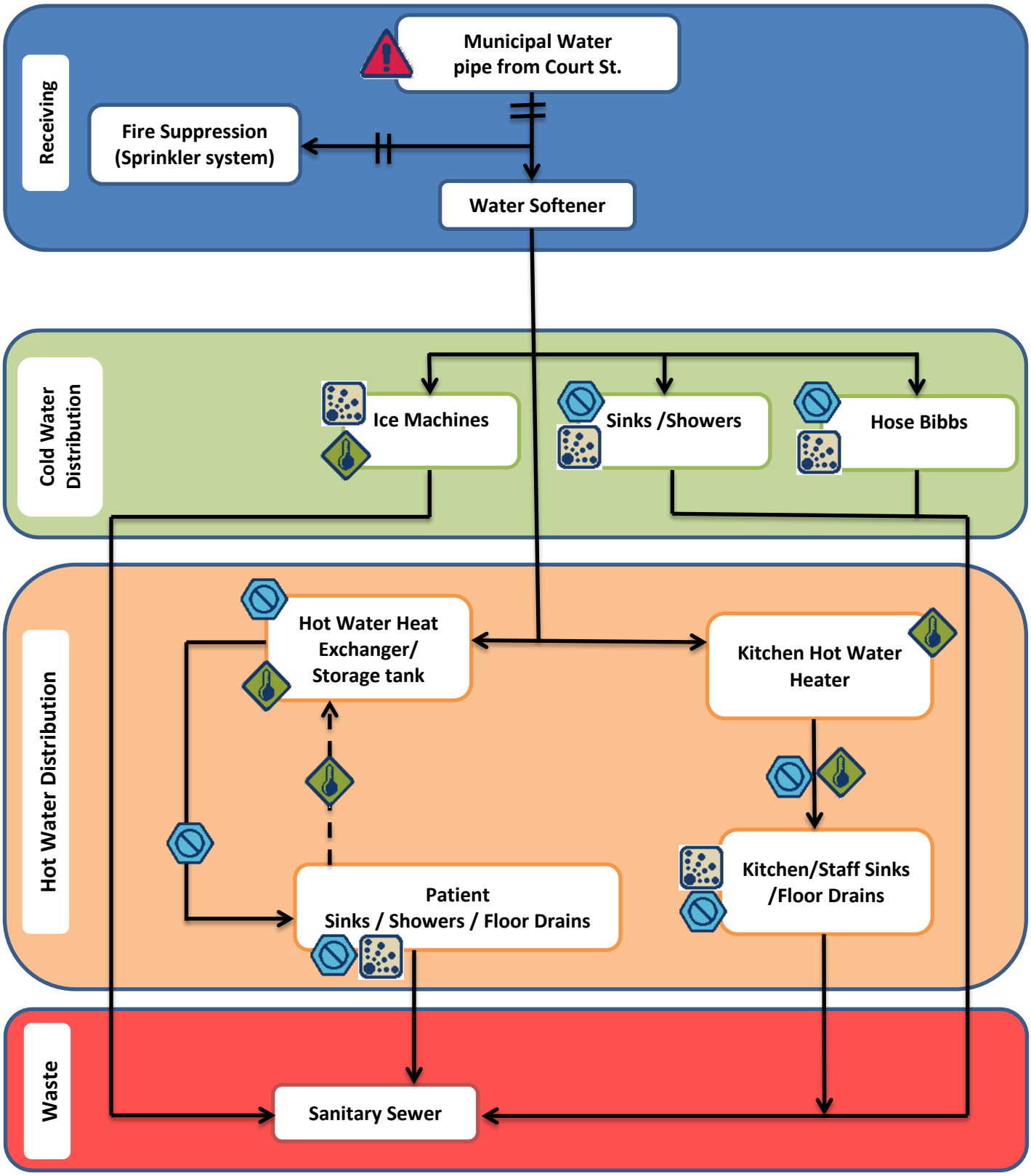
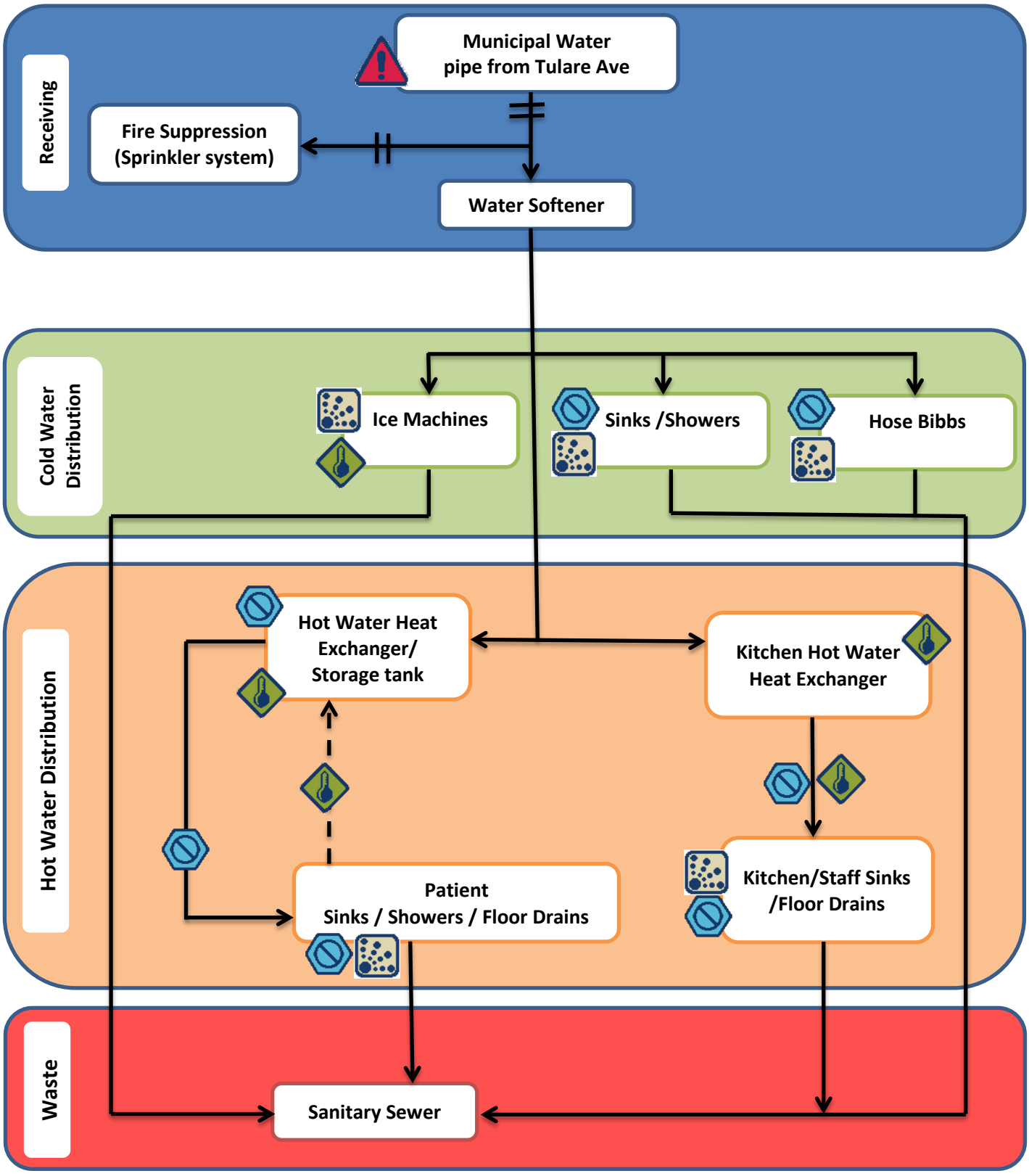
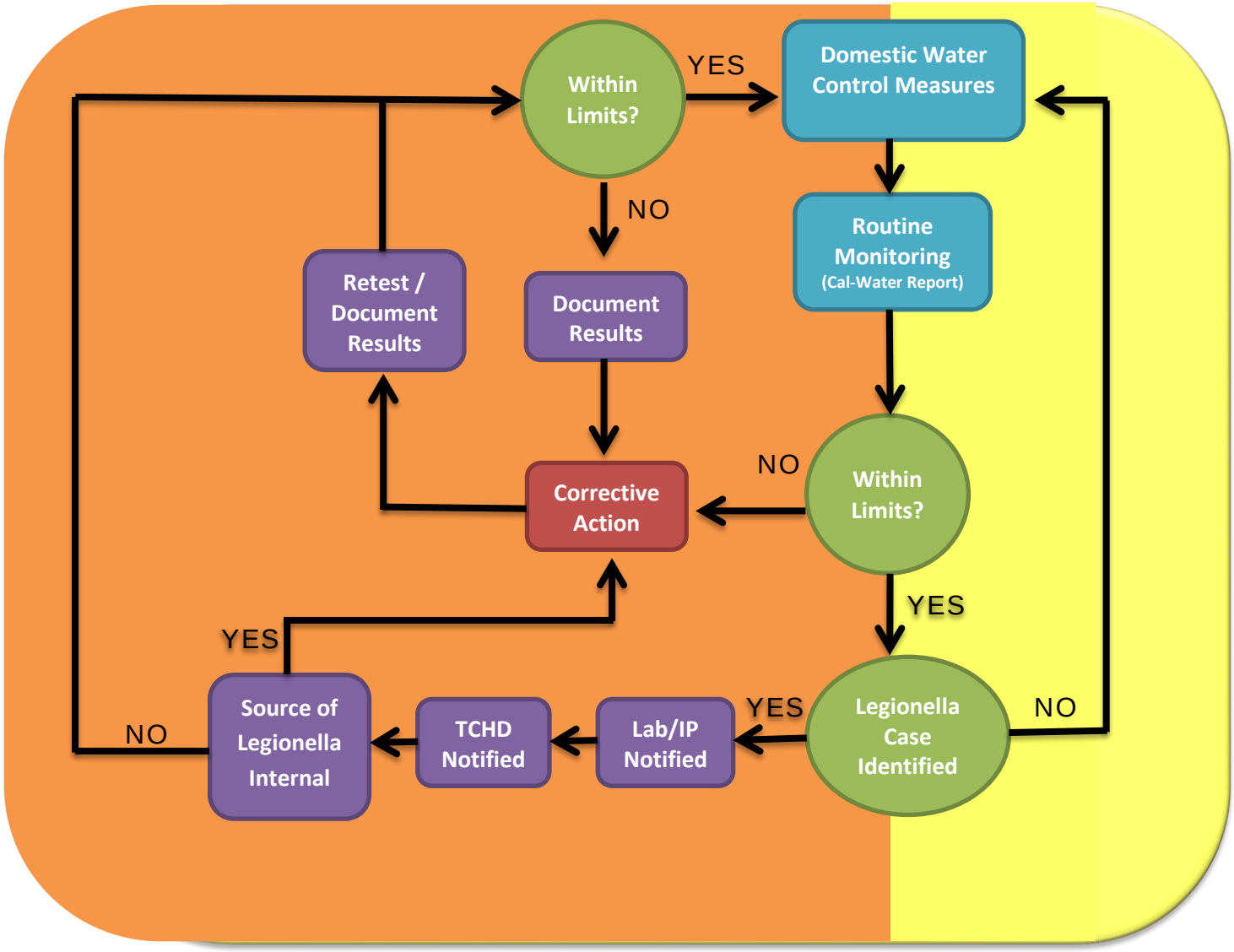
Kaweah Delta Community Health Center, Risk Areas
1633 S. Court St, Visalia CA 93277



Kaweah Delta Mental Health, Risk Areas
1100 S. Akers, Visalia CA 93277



Domestic Water Control Measures and Corrective Actions Flow



Symbol Legend


Temperature Permissive


No Disinfectant


Conditions for Bacteria Spread


Stagnation


Special Considerations for Healthcare Facilities


External Hazards
(eg., construction, main break)


Visual Inspection


Check Disinfectant Levels


Check Temperature

✱ *Monitoring at representative fixtures close to and far from the central distribution point is recommended. It is not necessary to routinely monitor water conditions at every tap.*

Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: DM2230	**Date Created: 09/01/2007**
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	

Radioactive Disaster Management

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

GENERAL INFORMATION ON CLINICAL MANAGEMENT OF RADIATION ACCIDENT

PATIENTS

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1. ONLY when a ~~Patient~~ patient has been contaminated with radioactive material does the medical care of that ~~Patient~~ patient differ from any other type of injury as seen by the Emergency Department.

2. Types of radiation injuries to be covered range from internal radiation from ingested or inhaled radioactivity; to surface radioactivity contamination by liquids and dust, both with and without surface wounds. This will include the immediate care (what to do first) and special care needed that is unique to this type accident. The definition of lethal dose and description of the acute radiation syndrome, care of the same will be described.

PRINCIPALS OF CARE

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1. The medical needs of the victim always take precedence over the control of radioactive contamination.

2. Three basic principles help you to limit the radiation exposure to attending personnel and victims:
   - TIME - Minimize the amount of time any person is near the site of active contamination.
   - DISTANCE - Maximize the distance from the site of active contamination for any time period a person is required to be in that area.
   - SHIELDING - Use any available heavy object or lead/concrete walls to minimize exposure to personnel in the vicinity.

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STANDARDS AND OBJECTIVES

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1. Definition: Decontamination of ~~Patients~~ patients refers to those techniques used to remove radioactive materials from the surface of or in the body of a ~~Patient~~patient.

2. The level of radioactive contamination that is acceptable on ~~Patients~~ patients ideally is zero or "no radiation level above background." However, in an emergency situation it may be necessary to postpone any or complete decontamination in order to perform functions that are ~~life saving~~lifesaving.

3. It may ~~happen~~ be that decontamination of skin surfaces will become ineffective at radiation levels two or three times background. In these cases, rather than risk skin injury by continuing active decontamination, wait 24 hours and resurvey. Usually the radiation level will have dropped to background levels.

GENERAL CONSIDERATION

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1. Evaluation of extent and degree of contamination must be done initially and recurrently in order to guide personnel in decontamination procedures. This is even more important where there is possibility of internal deposition of radionuclide within the body of the ~~Patient~~patient.

2. Adequate records of contamination and decontamination must be kept.

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3. All ~~Patients~~ patients who are contaminated shall have their urine collected for a number of successive 24-hour periods for determination of internally deposited radioactive nuclides.

4. Major efforts shall be made to prevent body absorption of radioactive materials. The prime barrier minimizing body absorption of radioactive material is the skin. Do not injure the skin.

5. Skin breaks, abrasions, lacerations etc. shall be kept free of radioactive materials. If already contaminated, skin breaks shall receive priority decontamination.

6. In decontamination, with the exception of contaminated skin ~~breaks,~~breaks start to decontaminate the areas where higher levels of contamination are present.

7. Localization of contaminated areas with drapes and tape shall be done to prevent spread of radioactive nuclides to "clear" areas or areas of lesser contamination. Cover and protect areas not being immediately decontaminated.

8. Repeatedly check degree of contamination of those reagents and equipment used in decontamination. You cannot clean up a "low level" area with a highly contaminated brush or detergent.

9. PATIENTS CAN BE CATEGORIZED IN THE FOLLOWING WAY:

No Contamination: A ~~Patient~~ patient involved in a radiation incident that does not become contaminated, but is transported to a hospital as a precautionary measure.

External Radiation Exposure Only: The individual who has received whole or partial body external radiation exposure, regardless of dose is no contamination hazard to hospital personnel, other ~~Patients~~patients, or the environment. The management of this ~~Patient~~ patient depends upon the absorbed dose of radiation and could be similar to the management of a radiation therapy or chemotherapy ~~Patient~~patient.

Internal Contamination: Such contamination results from inhalation or ingestion of radioactive material. (Inhalation and ingestion almost always occur together). This ~~Patient~~ patient is usually no hazard to personnel, other ~~Patients~~ patients or the environment. Following cleansing of minor amounts of contaminated material deposited on the body from an exposure to airborne radioactivity, this person could be handled

similar to a case involving exposure to a chemical poison such as lead. The ~~Patient's~~ patient's body wastes must be collected and saved in order that measurements of the amount of radioactive materials present can be made to assist in determining the total radiation dose received and the appropriate therapy.

External Contamination: External contamination of the body surface and/or clothing by radioactive material presents problems similar to cases of vermin infestation. Surgical isolation and decontamination techniques, to protect other ~~Patients~~ patients and the Kaweah Delta Health Care District environment, must be employed in order to confine and control any potential hazard.

10. If probable external contamination is indicated, save all clothing and bedding from ambulance, blood, urine, stool, vomitus and all metal objects (i.e., jewelry, belt buckle, dental plates, etc.). Label with name, body location, time and date. Save each in appropriate containers marked clearly ... "RADIOACTIVE ... DO NOT DISCARD."

11. Careful removal of ~~Patient's~~ patient's clothing will remove most of the external contamination. If clothing is grossly contaminated, it might be a good idea to moisten the clothing before removal or clothing may be cut off to minimize spread of contamination during normal removal.

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EMERGENCY DEPARTMENT MANAGEMENT OF RADIATION ACCIDENT VICTIM~~-~~(S)

When a known or suspected ~~Patient~~ patient with radioactive material contamination exposure is brought into the Emergency Department:

1. The Emergency Department's Charge Nurse notifies the Director of ~~Radiology~~ ~~(~~Radiology (Administrative Director) and the Radiation Safety Officer (a qualified medical radiation physicist) and/or Nuclear Medicine Technologist. (If it is after hours, the on-call/on-duty Radiology Technologist).

2. Emergency telephone assistance can be obtained from the Radiologic Health Branch, State Of California at 800-852-7550 (24 hours/day) or 916-445-0931 during normal business hours. These numbers may be updated periodically.

3. Additionally, NCRP Report #65 titled “Management of Persons Accidentally Contaminated with Radionuclides” is located in the Medical Physicist’s office for consultation.

4. While they are in route to the hospital, the Radiology Technologist obtains the Geiger Counters (CVD 700) and the Dosimeters (CVD 715) from the Nuclear Medicine Department and takes them to the Triage Area; and obtains the Decontamination Packs from the Emergency Department Storage Area. NOTE: Be sure to cover the probe of the Geiger Counter with a plastic/rubber glove before use to prevent contamination of the probe, rendering it useless.

5. The Emergency Department Charge Nurse/Delegate notifies the following of the potential radiation incident: Chief Executive Officer/Designee, Nursing Supervisor, Environmental Services, Security Services, and Maintenance Department.

6. NOTE: If a disaster has occurred in conjunction with the radiation accident, the Chief Executive Officer or designee declares it is a disaster and has the Operator "page" ~~a~~an "INTERNAL TRIAGE"; and appropriate personnel are contacted.

7. While awaiting the aforementioned individuals, the Emergency Department nurse requests the ambulance personnel to remove and "bag" the clothing the ~~Patient~~ patient is wearing and place him/her in two (2) clean sheets or blankets. (This can reduce the radioactive contamination by 70%). This is especially important if the incident is called in from the scene that this be done right away.

EMERGENCY DEPARTMENT PREPARATIONS:

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1. Evacuation of Emergency Department. A clear path must be created from the ambulance entrance to the decontamination room by moving ~~Patients~~ patients and any other persons as necessary from the area. Patients with non-critical problems will be moved to waiting rooms or other suitable areas.

2. Preparation for arrival of victims: Floors of rooms will be prepared by placing tape on the floor separating the decontamination side from the non-contaminated side.

3. Route from ambulance entrance to decontamination room will be covered with a roll of plastic, paper, or with sheets. Covering will be secured to floor with tape. Above route will be marked off with ropes, if necessary, and marked radioactive until cleared by Radiation Safety Officer.

4. Decontamination rooms will be prepared within the Emergency Department. Rooms shall have separate ventilation systems. If they do not, have the ventilation system turned off by the hospital Engineering Department personnel.

5. Floor will be covered smoothly with plastic, paper floor covering, or sheets and secured to the floor with tape. Nonessential equipment will be removed from the room or covered with plastic. Light switches and handles on cabinets and doors will be covered with tape.

6. The Charge Nurse will designate an individual to stand outside and receive supplies for medical and decontamination teams.

7. A trough will be made on the decontamination table with plastic sheeting. Large plastic or metal containers with plastic bags shall be provided to receive discarded contaminated clothes, gauze, supplies, etc.

8. Housekeeping Services Role: They, along with the Emergency Department's staff, will begin setting up either or both of the Decontamination Areas.

9. Additional help can be obtained by contacting the Nursing Supervisor. Depending on the information received prior to the arrival of the victim(s), have necessary life-support equipment on hand if necessary.

10. Security's Role: They shall clear the area outside around the Decontamination Areas, and plan for alternate placement of cars and traffic.

11. Maintenance Department's Role: They will obtain supplies, such as rope, etc., and assist with the set-up and security as determined by other priorities and needs at the time.

12. Decontamination Packs: The packs are kept in the Emergency Department Storage Area. They are clearly marked with the contents on the outside of the box. They shall be brought to the area where the decontamination process will be conducted, and the equipment can be set up.

13. The staff who will be monitoring/decontaminating the ~~Patient~~ patient shall begin to gown and glove up. (This is usually performed by the Radiologist, Medical Physicist and/or the Nuclear Medicine Technologist.)

14. Physician, nurse, radiology personnel and/or monitors shall wear the following: gown, gloves, mask, hat, plastic boots with tape around the ankles and wrists. They will proceed to the Decontamination Triage Area to evaluate the degree of physical injury and the level of radioactivity of the arriving victims. Check the ABC's: Airway, Breathing, ~~Circulation~~and Circulation and if necessary, stabilize the ~~Patient~~ patient first. NOTE: If emergency ~~life saving~~lifesaving equipment/procedures are required, delay the radiation monitoring; place the ~~Patient~~ patient on a clean, covered gurney, and proceed into the Decontamination Room where emergency equipment will be available.

15. If the ~~Patient~~ patient is stable, but injured, place him/her on a covered gurney and monitor him/her behind the "hot line" at the entrance. If the ~~Patient~~ patient is uninjured and able to stand; have him/her stand on the "hot pad."

MONITORING THE PATIENT:

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1. Begin with the hands; then work from the head down; front of the ~~Patient~~patient, then the back, having the ~~Patient~~ patient turn around. Perform the assessment as quickly as possible, passing the probe 1-inch above the skin (cover the probe with a plastic glove to prevent skin contamination of the probe rendering it useless). List the levels of radiation obtained over the various parts of the ~~Patient's~~ patient's body.

2. After the initial monitoring of any uninjured ~~Patient~~patient(s), transport them to the adjacent decontamination room located within the Emergency Department. If the ~~Patient~~ patient is not radioactive, he/she may be taken to any other regular ED room.

3. Once the ~~Patient~~ patient has been stabilized (if necessary) and evaluated, the personnel involved in the transportation of the victims shall be monitored for contamination, and shall not leave the area until this is done and they are released. The vehicle/ambulance and its contents shall be thoroughly monitored and decontaminated if required.

~~4.~~ The personnel who will be involved in the monitoring of the victims or the actual decontamination process shall be dressed as follows:

4.

- Gown
- Pairs of light gloves
- Taped with masking tape at the wrist
- Plastic cap
- Waterproof shoe covers taped at the ankles with masking tape
- An x-ray film badge or a dosimeter.

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5. ~~Transfer the Patient~~Patient Transfer. If hospital admission is required, place the ~~Patient~~ patient on a clean gurney. Transfer him/her through the buffer zone during which he/she is resurveyed. Have a "clean" staff person receive the ~~Patient~~ patient outside the buffer zone and transport to his/her room.

6. Waste Disposal: contaminated water will be flushed into the ordinary drains. Faucets will be left open to ensure adequate dilution. Contaminated disposable supplies will be put into plastic bags for disposition. Contaminated equipment will remain in the control area until decontaminated.

7. Personnel Disposition: All persons entering the control area will be dressed and equipped. All persons in the control area will shower and change clothing before leaving the control area. All persons upon leaving the control area will present themselves at the control point for pre-exit survey.

8. In case showering facilities outside of the radiation control area are utilized, these secondary showers will be considered a control area. If secondary showering facilities are utilized, persons in the radiation control area will still change clothes and present themselves for survey at the control point in the Emergency Department. They will then be escorted singly or in-groups to the secondary showering facility.

9. All personnel when dressed in their street clothes will again report to a control point for a final survey, which will be recorded. All personnel will be requested to collect three successive 24-hour urine specimens for analysis of radioactivity.

ROLE OF DIAGNOSTIC RADIOLOGY DEPARTMENT IN DECONTAMINATION

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1. When the Diagnostic Radiology Department is notified of the arrival of a radioactive material contaminated victim, the Nuclear Medicine Technologist is to be contacted. If the Nuclear Medicine Technologist is not in the hospital, the Radiology Technologist on staff obtains the available Geiger counters and dosimeters from the Nuclear Medicine Department and proceeds to the Triage Area for evaluation of the arriving victims.
2. If more than one technologist is available, he/she will go to the Decontamination Area and assist with setting up the equipment and dressing for the decontamination. Due to the interfacing of the roles of the Diagnostic Radiology Department and Emergency Department; the Diagnostic Radiology personnel are to become familiar with the role of Emergency Department personnel.

ROLE OF NURSING SUPERVISOR IN DECONTAMINATION

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1. Upon being notified of a contamination event by the E.D. Charge Nurse, the Nursing Supervisor evaluates the situation, and if necessary, announces "Code II Mobilize." He/she begins to notify the Chief Executive Officer and Department Director/ Manager, or delegates this to a responsible person. The Nursing Supervisor works with Housekeeping Services to obtain the stored supplies and kits for the necessary decontamination room and halls to be set up and used.

2. Uninjured victims: first left rooms upon entrance. Injured Victims: first right rooms upon entrance. Additional Rooms: right rooms as needed. Halls: entrance to Emergency Department from Willow St.

NOTE: The RED TAPE is used to designate the Hot Lines and the Buffer Zones. Depending on the degree of the disaster, the Supervisor and the E.D. Charge Nurse determine the type/amount of extra staff needed.

SECURITY'S ROLE IN RADIATION DISASTER

1. Upon being notified by the Emergency Department Charge Nurse of the arrival of contaminated victims, assigned Security ~~Office P~~personnel proceed to the side of the hospital and clears the area near the entrance to the Emergency Department (Triage Area), of cars and people.

2. ~~He/she~~ A security officer will await~~s~~ the arrival of the ambulance and directs it to the Triage Area and later on the ED entrance.

3. Charge Nurse ~~of~~or designee will coordinate staging area for Injured-Uninjured Victims and appropriate entrance to the Emergency Department. ~~- to the left side of the ED entrance. Injured Victims - proceed to right side of the ED entrance.~~

4. The Security Officer restricts access to the area and to the possibly contaminated ambulance.

5. ~~He/she~~Assigned Security personnel will be available to be utilized as directed by the individual in charge.

HOUSEKEEPING SERVICES ROLE IN ~~RADAITON~~RADIATION ~~Disaster~~DISASTER

1. The person in charge of Housekeeping Services assigns Housekeeping personnel to begin preparing the areas to be used:

2. Emergency Department entrance and hallway going into Emergency Department. Remember to cover the air vents so contaminant does not travel through the air system.

3. The "Controlled Areas" will be roped off.

4. If possible, other Housekeeping personnel will be stationed at the entrance to the "Control Areas," to monitor those who enter and/or leave, and keep visitors out of the area.
KEEP UNNECESSARY PEOPLE OUT OF THE CONTROL AREA!

5. The Nursing Supervisor, if able, will assist Housekeeping Services in organizing and setting up equipment.

6. After the decontamination process is completed, Housekeeping Services under the guidance of the Radiologic Health Branch personnel and/or Maintenance Department will decontaminate the area and handle the waste disposal as required.

WASTE DISPOSAL

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1. Contaminated waste will be flushed into the ordinary drains. Faucets will be left open to ensure adequate dilution. Contaminated disposable supplies will be put into plastic bags and labeled "Radioactive Material" for disposition. Contaminated equipment will remain in the Control Area until decontaminated.

2. Personnel in Control Area: All persons in the Control Area will shower and change clothing before leaving the Control Area. All persons upon leaving the Control Area will present themselves at the Control Point for a pre-exit survey.

ROLE OF MAINTENANCE DEPARTMENT IN DECONTAMINATION

1. When the Maintenance Department is notified of the arrival of a contaminated victim, the engineer on duty will:

2. Contact the Department Supervisor and advice of the situation. If possible, supervise and/or assist Security in traffic control. If trained in the use of radioactive detection equipment/material (Geiger counter): Assist at the Triage Area with evaluation of ~~Patients~~patients. Evaluate persons leaving Control Area. Assist and guide Housekeeping Services with waste disposal. Assist VFD HAZMAT TEAM with ~~waster~~waste disposal.

CONTAMINATED CORPSES:

1. Contaminated corpses must be wrapped in plastic and put on ice in a large container.

LIMITS OF PERSONNEL EXTERNAL RADIATION EXPOSURE

1. All practical efforts will be made to reduce personnel exposure to less than 300 mrem. In those instances when the situation demands the allowance of greater personnel exposures, hospital personnel will be considered in the same category as occupationally exposed workers and the quarterly radiation limit set by the California Radiation Control Regulations of 1250 mrem will pertain.

LETHAL DOSE

1. May occur in-Patient who has received full or partial body external radiation exposure.

2. L.D. 50 in man approximately 400 REM.

3. L.D. 100 in man approximately 800 REM.

4. Definition of L.D. 50 - dose which will produce an acute illness (A.R.S.) followed by death in 30 - 60 days in 50% of the people thus exposed.

5. Triage will be necessary if widespread accident such as in a major nuclear disaster or war attack to segregate Patients and keep those exposed to an L.D. 100 comfortable but save supplies and manpower for persons in which there is some hope for recovery. Also emergency assistance from the state and federal government is available and required.

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Contact the California State Department of Health Services Radiologic Health Branch at 865-576-1005 and the Reactor Emergency Action Center (REAC-TC) at 916-558-1784.

6. Lower doses (L.D. 30, L.D. 10)

7. Effect of lower dose is proportionately less. At 100 REM only 15% of people develop any symptoms.

8. At 25 - 50 REM no clinical findings are present and the syndrome is only diagnosable by laboratory tests (blood count changes).

ACUTE RADIATION SYNDROME:

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1. Assume a dose of 400 REM (L.D. 50). This dose almost invariably would be from external radiation.

2. Smaller doses would show an attenuated A.R.S. both in time and severity of symptoms.

3. Early Phase: (1 hour to 2 days). Nausea plus or minus vomiting. Malaise plus or minus hyperexcitability of reflexes.

4. Asymptomatic Phase: (2 hours to 2 days). Patient feels well but tissue damage is progressing. WBC drops during first day, first lymphocytes then granulocytes to the range of 1000 cells per cc. This is followed by a drop in RBC's and platelets. Internal bleeding. G.I. Skin.

5. Height of Disease (2 to 3 weeks). Elevated temperature in the range of 103 to 104 degrees. Exhaustion Weight loss Reddened skin Loss of hair. Hemorrhages in skin. Ulcerated mucous membrane. G.I. hemorrhages. Infection, may be ultimate cause of death. Fluid imbalance.

6. Delayed effects in survivors: Hair loss Cataracts Anemia Leukopenia may go on to Leukemia. Impaired spermatogenesis premature aging shortened life span.

7. Internal contamination: The total body dose will be lower. No acute radiation syndrome is ordinarily seen. The disease tends to be a chronic matter with toxicity and damage from the agent. Bone seekers Thyroid seekers, etc. Treatment is mainly directed to eliminate the isotope from the body as quickly as possible and particularly in bone seekers to use the well-known treatments for heavy metal poisoning.

~~**WASTE DISPOSAL**~~

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~~1. Contaminated waste will be flushed into the ordinary drains. Faucets will be left open to ensure adequate dilution. Contaminated disposable supplies will be put into plastic bags and labeled "Radioactive Material" for disposition. Contaminated equipment will remain in the Control Area until decontaminated.~~

~~CONTAMINATED CORPSES:~~

Contaminated corpses must be wrapped in plastic and put on ice in a large container.

LIMITS OF PERSONNEL EXTERNAL RADIATION EXPOSURE

All practical efforts will be made to reduce personnel exposure to less than 300 mrem. In those instances when the situation demands the allowance of greater personnel exposures, hospital personnel will be considered in the same category as occupationally exposed workers and the quarterly radiation limit set by the California Radiation Control Regulations of 1250 mrem will pertain.

LETHAL DOSE

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5. Lower doses (L.D. 30, L.D. 10)
6. Effect of lower dose is proportionately less. At 100 REM only 15% of people develop any symptoms.
7. At 25 - 50 REM no clinical findings are present and the syndrome is only diagnosable by laboratory tests (blood count changes).
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Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: DM2231	**Date Created: 09/01/2007**
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	

Radioactive Disaster Procedure

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

PURPOSE:

To ensure correct response to a radiation accident emergency

POLICY STATEMENT:

Maintain the District and the Radiology Department at an appropriate response level in the event of a radiation accident.

RESPONSIBILITY:

A. It is the District's responsibility to notify appropriate regulatory agencies if assistance is needed. Initially, the Emergency Department Charge Nurse/Delegate notifies the following of the potential radiation incident: Initiate 911 request for a radiation accident, Chief Executive Officer / Designee, Nursing Supervisor, the Director of Radiology (Administrative Director)) and the Radiation Safety Officer and/or Nuclear Medicine Technologist, Environmental Services, Security Services, Maintenance Department, KDHCD Safety Officer, KDHCD EMS Coordinator, KDHCD Decontamination Team, Emergency Department Manager on call, Central California EMS Agency Duty Officer 559-600-7406.

B. For additional information, contact the California State Department of Health Services, Radiologic Health Branch at 800-852-7550 24 hrs/day or 916-445-0931 during the day and, as appropriate the Reactor Emergency Action Center (REAC-TC) at 865-576-1005.

PROCEDURE:

SURVEY (GEIGER COUNTER) METERS

The Department of Nuclear Medicine has two (2) meters and Sequoia Regional Cancer Center has one (1) meter.

1. The Nuclear Medicine Technologist or the Radiology Technologist obtains the Geiger Counters (CVD 700) and the Dosimeters (CVD 715) from the Nuclear Medicine Department and takes them to the Triage Area.

2. The Nuclear Medicine Technologist or the Radiology Technologist also obtains the Decontamination Packs from the Emergency Department Storage Area. NOTE: Be sure to cover the probe of the Geiger Counter with a plastic/rubber glove before use to prevent contamination of the probe, rendering it useless.

EMERGENCY DEPARTMENT PREPARATIONS

~~1. Evacuation of Emergency Department.~~

~~A clear path must be created from the ambulance entrance to the decontamination room by moving Patients and any other persons as necessary from the area. Patients with noncritical problems will be moved to waiting rooms or other suitable areas.~~

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2. Preparation for arrival of victims:
Decontamination Team to set up HazMat decontamination equipment out in the ambulance bay or other location as designated by the Decontamination Team Unit Leader.

Coordinate operations with the Radiation Safety Officer and/or Nuclear Medicine Technologist and Fire Department personnel ~~Floors of rooms will be prepared by placing tape on the floor separating the decontamination side from the non-contaminated side.~~

3. ~~Route from ambulance entrance to decontamination room will be covered with a roll of plastic, paper, or with sheets. Covering will be secured to floor with tape. Above route~~The Decontamination area will be marked off with ropes or caution tape~~, if necessary~~, and marked radioactive until cleared by Radiation Safety Officer..

~~4. Decontamination rooms will be prepared within the Emergency Department. Rooms shall have separate ventilation systems. If they do not, have the ventilation system turned off by the hospital Engineering Department personnel.~~

~~5. Floor will be covered smoothly with plastic, paper floor covering, or sheets and secured to the floor with tape. Nonessential equipment will be removed from the room or covered with plastic. Light switches and handles on cabinets and doors will be covered with tape.~~

6. The ED Charge Nurse will designate an individual to stand outside and receive supplies for medical and decontamination teams.

~~7. A trough will be made on the decontamination table with plastic sheeting. Large plastic or metal containers with plastic bags shall be provided to receive discarded contaminated clothes, gauze, supplies, etc.~~

8. Housekeeping Services Role: They, along with the Emergency Department's staff, will assist with ~~begin~~ setting up ~~either or both of~~ the Decontamination Area~~s~~.

9. Additional help can be obtained by contacting the Nursing Supervisor. Depending on the information received prior to the arrival of the victim(s), have necessary life-support equipment on hand if necessary.

10. Security's Role: They shall clear the area outside around the Decontamination Areas, and plan for alternate placement of cars and traffic.

11. Maintenance Department's Role: They will obtain decontamination trailer(s), supplies, ~~such as rope~~, etc., and assist with the set-up. ~~and security as determined by other priorities and needs at the time.~~

~~12. Decontamination Packs: The packs are kept in the Emergency Department Storage Area. They are clearly marked with the contents on the outside of the box. They shall be brought to the area where the decontamination process will be conducted, and the equipment can be set up.~~

13. Decontamination will only be performed by active members of the KDHCD Decontamination Team.~~The staff who will be monitoring/decontaminating the Patient shall begin to gown and glove up. Physician, nurse, radiology personnel and/or monitors shall wear the following: gown, gloves, mask, hat, plastic boots with tape around the ankles and wrists. They will proceed to the Decontamination Triage Area to evaluate the degree of physical injury and the level of radioactivity of the arriving victims. Check the ABC's: Airway, Breathing, Circulation and if necessary, stabilize the Patient first. NOTE: If emergency life saving equipment/procedures are required, delay the radiation monitoring; place the Patient on a clean, covered gurney, and proceed into the Decontamination Room where emergency equipment will be available.~~

DECONTAMINATION TECHNIQUE - SKIN:

STEP I – EVALUATION
Determine which areas that will be decontaminated and in what order giving priority to skin breaks and highest levels of contamination.
Remove covering of contaminated area to be cleaned.
Survey area with "smear," "swab" or GM Counter. Record survey results.

STEP II - DECONTAMINATION: INTACT SURFACE
Localize area of contamination with plastic sheet and tape to prevent further contamination of Patient.
Gently wipe off loose contamination with gauze moistened with soap and warm water. Discard contaminated gauze into waste disposal bag.
Repeat cleansing using cotton balls or cotton tipped applicators moistened with soap and warm water. Rub skin gently to produce good detergent action. Do not produce skin redness.

MONITORING THE PATIENT

1. Begin with the hands; then work from the head down; front of the Patient, then the back, having the Patient turn around. Perform the assessment as quickly as possible, passing the probe 1-inch above the skin (cover the probe with a plastic glove to prevent skin contamination of the probe rendering it useless). List the levels of radiation obtained over the various parts of the Patient's body.
2. After the initial monitoring of any uninjured Patient(s), transport them to the adjacent decontamination room located within the Emergency Department. If the Patient is not radioactive, he/she may be taken to any other regular ED room.
3. Once the Patient has been stabilized (if necessary) and evaluated, the personnel involved in the transportation of the victims shall be monitored for contamination, and shall not leave the area until this is done and they are released. The vehicle/ambulance and its contents shall be thoroughly monitored and decontaminated if required.
4. The Decontamination Team personnel who will be involved in the monitoring of the victims or the actual decontamination process shall be dressed in full HazMat decontaminationas follows PPE: &
   Gown, pairs of light gloves, taped with masking tape at the wrist
   plastic cap, waterproof shoe covers taped at the ankles with masking tape an x-ray film badge or a dosimeter.
5. Resurvey area and soap container. Repeat cleansing until contamination is removed or until level of contamination does not decrease appreciably. In case where contamination is still present skip to STEP III. Where contamination has been removed apply cream, cover area and proceed to next area for decontamination.

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NOTE: Surveys between cleansings shall be done every 2 or 3 minutes and recorded. Never dip cleansing instrument into soap. Pour the soap into the gauze or brush

STEP III IF SECOND CLEANSING IS NEEDED

1. Repeat STEP II using another detergent such as Tide, Dreft, Oxydol, etc. and soft skin brush. Do not use lava soap. If contamination is still present go to STEP IV.

STEP IV IF CONTAMINATION IS STILL PRESENT
ED Pharmacist will procure and prepare the agents listed below for the Decontamination Team:

1. Prepare 4% Potassium Permanganate solution.
2. Prepare 4% Sodium Bisulfite solution.
3. Paint contaminated area with Potassium Permanganate.
4. Allow solution to dry on skin. Repeat painting procedure until skin is almost black using new applicators each time.
5. Rub the darkened skin area with Sodium Bisulfite solution discarding applicators after each use.
6. Repeat previous step until skin has just a light brown coloration.
7. Remove Sodium Bisulfite with water moistened gauze or cotton.

8. Cleanse area with soap and warm water. Survey. If contamination remains, repeat Potassium Permanganate solution treatment and subsequent items once more.
9. If contamination persists, repeat these items but substitute Hydrogen Peroxide for soap in STEP II. After removal of contamination apply cream and cover area.

DECONTAMINATION TECHNIQUE: SKIN BREAKS

1. STEP I INITIAL PROCEDURES

- Survey and record findings using a moistened cotton applicator. Irrigate wound with copious amounts of water making sure no contamination is washed into the wound.
- Carefully decontaminate intact skin surface around wound. Resurvey wound and record. Continue irrigation with water and survey until no radioactivity is detectable.
- Treat wound in usual medical fashion. Cover wound and seal with plastic and tape - make sure covering is waterproof.
- Do not flush with antiseptics unless this is part of your usual medical treatment. Do not flush wound with chelating agents.
- If wound contamination persists, continue to STEP II.

2. STEP II IF CONTAMINATION IS STILL PRESENT

- Be certain irrigation is no longer effective in decontaminating the wound.
  - The Medical Physicist or his/her designee will evaluate the internal body burden expected from the residual contamination. He/she or designee in conjunction with a surgeon determines the feasibility and necessity of removing contaminated tissue.
  - If surgery is decided upon, the area around the wound is decontaminated completely. If possible a "block dissection" of the wound is done. All tissue is closed and covered. The wound is closed and covered.

NOTE: At times it has been necessary to close the contaminated wound and return at later date for excision.

DECONTAMINATION TECHNIQUE: GENERAL BODY

1. STEP I INITIAL PROCEDURES

- Survey entire body and record. Mark with lipstick very high level areas to receive priority.
- Contaminated persons shall shower using soap preparation. Make effort not to contaminate hairy areas if free of radioactivity initially.
- Use precautions to prevent contamination from entering body openings. Survey entire body again marking highest levels found.
- Repeat these steps. Repeat the process until contamination is removed or continue to STEP 2.

2. STEP II IF CONTAMINATION IS STILL PRESENT

- For general body contamination with high levels of radioactivity, localized areas of contamination usually remain. When showering becomes ineffective and localized as of contamination remain; shift to localized skin contamination technique.
- Repeat surveys and record results frequently.

DECONTAMINATION TECHNIQUE: EYES

- Irrigate with copious amounts of water. Shift to normal saline as soon as possible. Survey irrigation fluid at frequent intervals and record results.
- After decontamination treat irrigation induced conjunctivitis as usual.

DECONTAMINATION TECHNIQUE: BODY ENTRANCE CAVITIES

- Survey and record results. Make sure that cavity is really contaminated and not surrounding area.
- Evaluate and decontaminate surrounding area. Irrigate with copious amounts of water or normal saline.

- Gently swab with moistened cotton tipped applicator. Resurvey. Repeat the irrigation and swabbing.
- Transfer the Patient. If hospital admission is required, place the Patient on a clean gurney. Transfer him/her through the buffer zone during which he/she is resurveyed. Have a “clean" staff person receive the Patient outside the buffer zone and transport to his/her room.

DECONTAMINATION TEAM Post actions:
Decontamination Unit Leader will:
1) Consult with Tulare County Environmental Services for direction on handling and/or disposal of waste water & decontamination equipment.
2) Ensure Decontamination Team receives evaluation of level of exposure and ensure an ED Medical Screening exam has been performed if indicated or requested by a Decontamination Team member involved in the incident.
3) Consult with the Radiation Safety Officer and/or Nuclear Medicine Technologist and Fire Department personnel to determine if any other actions are necessary.

"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."

RESOLUTION 2043

WHEREAS, a claim on behalf of Caroline Cuellar, Crystal Richards, and Michael Richards has been presented on July 11, 2019 to the Board of Directors of the Kaweah Delta Health Care District,

IT IS HEREBY RESOLVED AS FOLLOWS:

1. The aforementioned claim is hereby rejected.

2. In accordance with Government Code Section 913, the Secretary of the Board of Directors is hereby directed to give notice of rejection of said claim to Daniel R. Baradat, Esq. in the following form:

"Notice is hereby given that the claim which you presented to the Board of Directors of the Kaweah Delta Health Care District on July 11, 2019, was rejected by the Board of Directors on August 26, 2019."

WARNING

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

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

PASSED AND ADOPTED by unanimous vote of those present at a regular meeting of the Board of Directors of the Kaweah Delta Health Care District on August 26, 2019.

_____
President, Kaweah Delta Health Care District

ATTEST:

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

/cm

RESOLUTION 2044

WHEREAS, a claim on behalf of Robert Valencia has been presented on July 11, 2019 to the Board of Directors of the Kaweah Delta Health Care District,

IT IS HEREBY RESOLVED AS FOLLOWS:

1. The aforementioned claim is hereby rejected.

2. In accordance with Government Code Section 913, the Secretary of the Board of Directors is hereby directed to give notice of rejection of said claim to Ryan P. Sullivan and J. Patrick Sullivan – Sullivan and Sullivan Law Group, in the following form:

"Notice is hereby given that the claim which you presented to the Board of Directors of the Kaweah Delta Health Care District on July 11, 2019, was rejected by the Board of Directors on August 26, 2019."

WARNING

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

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

PASSED AND ADOPTED by unanimous vote of those present at a regular meeting of the Board of Directors of the Kaweah Delta Health Care District on August 26, 2019.

_____
President, Kaweah Delta Health Care District

ATTEST:

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

/cm

RESOLUTION 2045

WHEREAS, a claim on behalf of Tomas Borges has been presented on July 8, 2019 to the Board of Directors of the Kaweah Delta Health Care District,

IT IS HEREBY RESOLVED AS FOLLOWS:

1. The aforementioned claim is hereby rejected.

2. In accordance with Government Code Section 913, the Secretary of the Board of Directors is hereby directed to give notice of rejection of said claim to Douglas L. Gordon, Esq., in the following form:

"Notice is hereby given that the claim which you presented to the Board of Directors of the Kaweah Delta Health Care District on July 8, 2019, was rejected by the Board of Directors on August 26, 2019."

WARNING

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

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

PASSED AND ADOPTED by unanimous vote of those present at a regular meeting of the Board of Directors of the Kaweah Delta Health Care District on August 26, 2019.

_____
President, Kaweah Delta Health Care District

ATTEST:

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

/cm

Appendix D

Policy Submission Summary

Manual Name: Medical Staff			**Date: 8/2/19**
Support Staff Name: April McKee			
Routed to:			**Approved By: (Name/Committee – Date)**
☐ **Department Director** ☐ **Medical Director** *(if applicable)* ☐ **Medical Staff Department** *(if applicable)* ☐ **Patient Care Policy** *(if applicable)* ☐ **Pharmacy & Therapeutics** *(if applicable)* ☐ **Interdisciplinary Practice Council** *(if applicable)* ☐ **Credentials Committee** *(if applicable)* ☐ **Executive Team** *(if applicable)* ☒ **Medical Executive Committee** *(if applicable)* ☒ **Board of Directors**			
Policy/Procedure Title	**#**	**Status** (New, Revised, Reviewed, Deleted)	**Name and Phone # of person who wrote the new policy or revised an existing policy**
Process for Quality Review of Medical Staff, Resident Physician, and Advanced Practice Provider Staff Medical Record Documentation	MS.42	Revised	Vickie Skidmore x 2268
Code of Conduct for Medical Staff & Advanced Practice Providers	MS.47	Revised	Teresa Boyce x2365
Credentialing and Privileging of Medical Staff & Advanced Practice Providers	MS.48	Revised	Teresa Boyce x2365

Policy Number: MS 42	Date Created: 05/01/2018
Document Owner: April McKee (Medical Staff Coordinator)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration); Medical Executive Committee; Boyce, Teresa; McKee, April; Moccio, Cindy	

Process for Quality Review of Medical Staff, Resident Physician, and Advanced Practice Provider Staff Medical Record Documentation

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

PURPOSE

To define the process by which the quality of medical record documentation is reviewed, monitored and reported; identify opportunities for documentation improvement and take appropriate action when necessary.

POLICY

The Health Information Management Committee will conduct routine medical record reviews to assure the documentation accurately reflects and documents medical events occurring during either hospitalization or clinic visits to ensure they meet The Joint Commission requirements for content. Members of the committee will review medical records to assure each represents an accurate description of the patient's condition and progress while either hospitalized or seen in a clinic, including adverse or unexpected occurrences and identification of responsibility for patient care rendered during hospitalization or clinic visits. Results of the reviews are utilized to assess a practitioner's professional performance as part of the credentialing, privileging and corrective action processes. All information is privileged and confidential in accordance with medical staff bylaws, rules and regulations, state laws, and other regulations pertaining to confidentiality and non-discoverability.

MEMBERSHIP

The documentation review team will be comprised of members of the HIM Committee including Physicians, ~~Allied Health Professionals~~Advanced Practice Providers, Registered Nurses and Health Information Analysts.

MEETINGS

The documentation review team will meet as often as needed to review records. In addition to medical staff committee members, HIM Department professionals and Clinical Documentation Specialists supporting the committee may attend the documentation review meetings. The documentation review team will also attend the monthly HIM Committee business meeting.

PROCEDURE

1. Category I: Documentation Referrals
    a. Clinicians, nurses, case managers, clinical documentation specialists, coders, etc. identify documentation discrepancies.
    b. Complete Midas event form to request review.
    c. Request will be forwarded to documentation team.
    d. Documentation review team will review record documentation for appropriateness, completes Quality Review Documentation form and sends to HIM Department.
    e. HIM Department will compile data and report to HIM Committee.

2. Category II: Reappointment
    a. Medical Staff Office will provide a list of practitioners up for reappointment:
        i. 250 – 300 practitioners/year
        ii. 20 – 25 practitioners/month
    b. Documentation review team will review 3 – 5 records of each practitioner up for reappointment for Ongoing Professional Practice Evaluation (OPPE):
        i. 60 – 125 records /month
    c. Documents to be reviewed: Emergency Department Notes, History and Physicals, Consultation Notes, Progress Notes, Operative/Procedure Notes, Discharge Summaries, Office Clinic Notes, etc.
    d. Documentation review team will review record documentation for appropriateness, completes Quality Review Documentation form and sends to HIM Department.
    e. HIM Department will compile data and report to HIM Committee.

FINDINGS AND REPORTING

1. Satisfactory Finding
    a. Letter to practitioner with a copy to the Medical Staff Office.
2. Unsatisfactory Finding
    a. First Occurrence: Letter to practitioner with copy to Chair of Department, Graduate Medical Education Office (as applicable) and Medical Staff Office Repeat, focused review in 60 days. Focus review on 3 -5 charts in area that was deficient in the initial review.
    b. Second Occurrence and beyond: review by a second member of the documentation review team for confirmation; refer to Peer Review Committee; letter to practitioner with a copy to Chair of Department, Graduate Medical Education Office (as applicable) and Medical Staff Office.

3. Results will be reviewed at monthly HIM Committee meeting. Trending metrics will be reported monthly to the Medical Staff Office and Medical Executive Committee.

4. All adverse determinations will be reviewed by a physician prior to action being taken.

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Policy Number: MS 47	Date Created: 07/26/2019
Document Owner: April McKee (Medical Staff Coordinator)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Medical Executive Committee, April McKee (Medical Staff Coordinator), Cindy Moccio (Board Clerk/Exec Assist-CEO), Teresa Boyce (Director of Medical Staff Svcs)	

Code of Conduct For Medical Staff & Advanced Practice Providers

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

Purpose:

The purpose of this policy is to encourage behavior that promotes a culture of safety, quality and respect.

A high standard of professional behavior, ethics and integrity are expected of individual members of the Medical Staff and Advanced Practice (APP) Staff at Kaweah Delta. The Code of Conduct is a statement of the ideals and guidelines for professional behavior of the Medical Staff/APP in all dealings with patients, their families, other health professionals, employees, students, vendors, government agencies, and others they may encounter.

Policy:

Medical Staff/APP have a responsibility for the welfare of their patients, along with a responsibility to maintain their own professional and personal well-being. Each member is expected to treat all fellow colleagues, hospital staff, students, patients and others with courtesy and respect.

When a practitioner is found to have fallen short of these expectations, the Medical Staff supports tiered, non-confrontational intervention strategies focused on restoring trust, placing accountability on, and rehabilitating the offending Medical Staff/APP. However, the safeguarding of patient care and safety is paramount, and the Medical Staff will enforce this policy with disciplinary measures whenever necessary.

I. DEFINITIONS

A. “Appropriate behavior” includes any reasonable conduct to advocate for patients, to recommend improvements in patient care, to participate in the operations, leadership or activities of the organized Medical Staff, or to engage in professional practice including practice that may be in competition with the hospital. Appropriate behavior is not subject to discipline under the bylaws.

B. “Inappropriate behavior” means conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated

inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as disruptive behavior.

C. "Disruptive behavior" means any abusive conduct including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised.

D. "Harassment" means conduct toward others based on but not limited to their race, religious creed, color, national origin, physical or mental disability, marital status, sex, age, sexual orientation, or veteran status; which has the purpose or direct effect of unreasonably interfering with a person's work performance or which creates an offensive, intimidating or otherwise hostile work environment.

E. "Sexual harassment" means unwelcome sexual advances, requests for sexual favors, or verbal or physical activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment-related decisions; unwelcome conduct of a sexual nature which has the purpose or effect of unreasonably interfering with a person's work performance or which creates an offensive intimidating or otherwise hostile work environment.

F. "Practitioner" means physicians or advanced practice providers that have been granted membership and/or privileges at Kaweah Delta by the Board of Directors.

II. TYPES OF CONDUCT

A. Appropriate Behavior.

Examples of appropriate behavior include, but are not limited to the following:

- Criticism communicated in a reasonable manner and offered in good faith with the aim of improving patient care and safety;
- Encouraging clear communication;
- Expressions of concern about a patient's care and safety;
- Expressions of dissatisfaction with policies through appropriate grievance channels or other civil non-personal means of communication;
- Use of cooperative approaches to problem resolution;
- Constructive criticism conveyed in a respectful and professional manner
- Professional comments to any professional, managerial, supervisory, or administrative staff of members of the board of Directors about patient care or safety provided by others;
- Active participation in medical staff and hospital meetings

B. Inappropriate Behavior

Inappropriate behavior by Medical Staff members is strongly discouraged. Examples of inappropriate behavior include, but are not limited to the following:

- Belittling or berating statements;
- Name calling'
- Use of profanity or disrespectful language;
- Inappropriate comments written in the medical record;
- Blatant failure to respond to patient care needs or staff requests;
- Personal sarcasm or cynicism;
- Lack of cooperation without good cause;
- Refusal to return phone calls, pages, or other messages concerning patient care;
- Condescending language; and degrading or demeaning comments regarding patients and their families; nurses, physicians, hospital personnel and/or the hospital

C. Disruptive Behavior

Disruptive behavior by Medical Staff members is prohibited. Examples of disruptive behavior include, but are not limited to the following:

- Physically threatening language directed an anyone in the hospital including physicians, nurses, other Medical Staff members or any hospital employee, administrator, or member of the Board of Directors;
- Physical contact with another individual that is threatening or intimidating;
- Throwing instruments, charts or other things;
- Threats of violence or retribution or retaliation;
- Sexual harassment; and
- Other forms of harassment including, but not limited to, persistent inappropriate behavior and repeated threats of litigation;
- Repetitive inappropriate comments or disruptions in meetings

D. Interventions

Interventions should initially be non-adversarial in nature with the focus on restoring trust, placing accountability on and rehabilitating the offending practitioner and protecting patient care and safety.

III. PROCEDURE

A. Delegation by Chief of Staff

At the discretion of the Chief of Staff (or Vice Chief if the Chief of Staff is the subject of the complaint), the duties here assigned to the Chief of Staff can be delegated to a designee. Designees may be the Chief Medical Officer, other Medical Staff Officers, or Department Chairs.

B. Initiation of Complaints

Complaints about a member of the Medical Staff regarding allegedly inappropriate or disruptive behavior are encouraged to be entered into the

event reporting system or to contact the Peer Review Coordinator (PRC). Information should include the following:

1. Date, time and location of the behavior;
2. A factual description of the behavior
3. The circumstances which precipitated the incident;
4. The name and medical record number of any patient or other persons who were involved in or witnessed the incident;
5. The consequences, if any, of the inappropriate or disruptive behavior as it relates to patient care of safety, hospital personnel or operations; and
6. Any action taken to intervene in or remedy the incident, including names of those intervening.

The complainant will be provided a written acknowledgement of the complaint.

C. Processing Behavioral Event Reports
The process whereby the event report is processed is as follows (see attached flow chart):

1. Incident report is submitted through MIDAS. Reports involving physicians are immediately routed to the Medical Staff PRC and Chief Medical Officer (CMO). (VP of HR is also notified on all Hostile Work Environment or Harassment incidents).
2. The PRC does an initial screening and reports result of inquiry to CMO.
3. Minor incidents are tracked and trended.
4. Significant incidents are sent to PRC for detailed Case Review. Results are reported to CMO and Chief of Staff (COS). (If incident is considered Hostile Work Environment of Harassment, VP of HR is also informed). If incident is an abuse allegation, Risk Management is also informed. The following action may be taken:
    a. Prompt Collegial Intervention by COS and/or CMO
    b. Forward to Department Chair for Collegial Intervention
    c. Forward to Behavior Committee (which consists of COS, VCOS, PCOS, Secretary Treasurer and CMO as an ex-officio member)
        i. Letter will be sent to practitioner containing a synopsis of the event, asking for practitioner's view of the event with a response expected within 30 days
        ii. Incident and response letter discussed at subsequent Behavior Committee
        iii. Action may include:
            1. Dismiss as unfounded or if unable to authenticate;
            2. Track and Trend;
            3. 1:1 conversation with practitioner and COS or other officer;
            4. Request for additional information;
            5. Educational letter to physician
        iv. Three (3) incidents in a rolling 12 months require action

1. Behavior Committee meets with and advises practitioner that recurring behavior must cease or corrective action will be initiated. This "final warning" shall be sent to the offending medical staff member in writing.

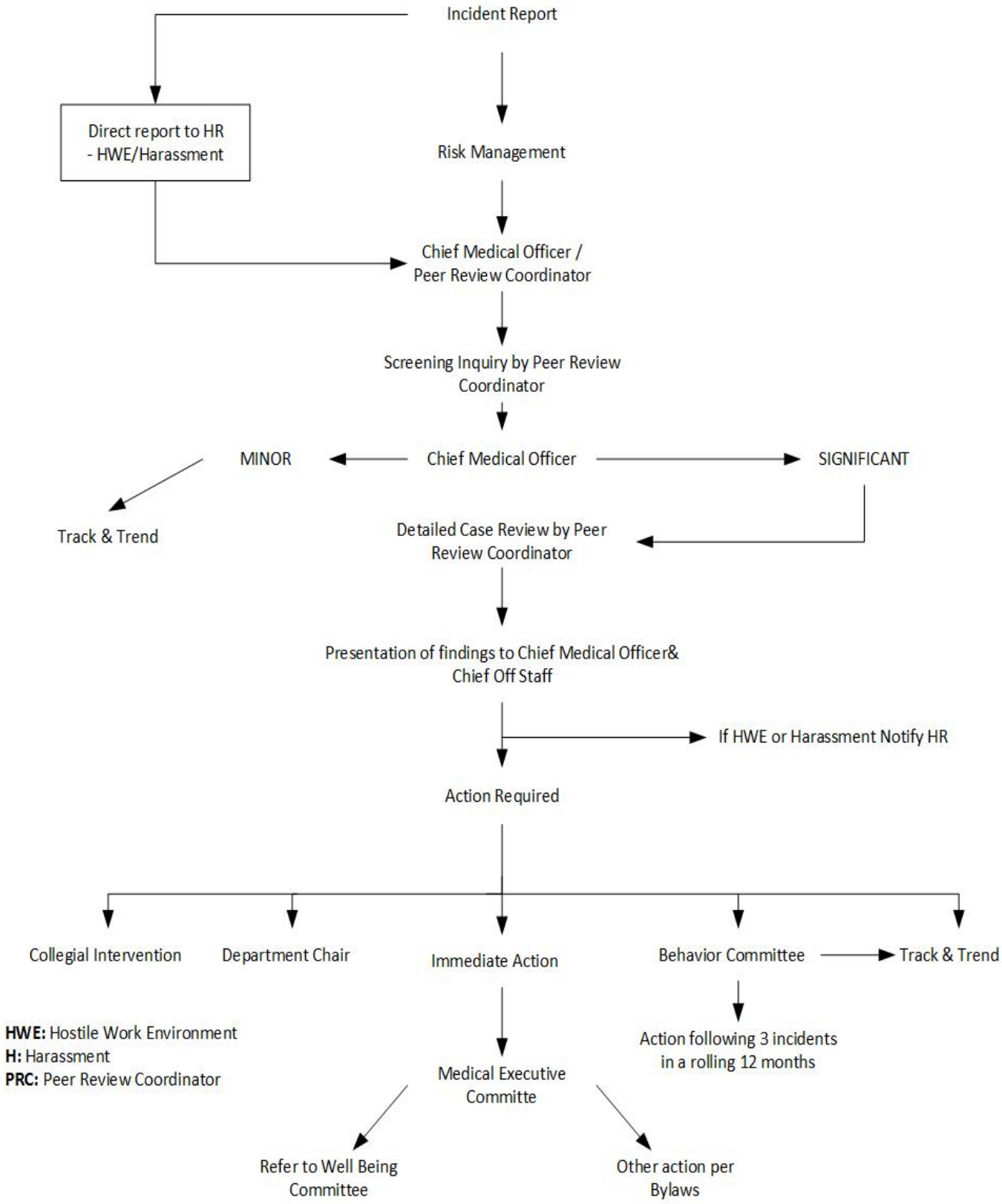
d. Track and Trend
e. Forward to MEC for further action per bylaws; Options are:
    i. FPPE developed by Department Chair
    ii. Referral to Well Being Committee
    iii. Summary Suspension: If a single incident of disruptive behavior or repeated incidents of disruptive behavior constitute an imminent danger to the health of an individual or individuals, the offending practitioner may be summarily suspended, per the Medical Staff Bylaws. The medical staff member shall have all of the due process rights set forth in the medical staff bylaws.
    iv. Initiate formal investigation

~~iii.~~ D. Any inconsistencies between this policy and the Medical Staff Bylaws, the Medical Staff Bylaws will prevail.

References:
Kaweah Delta Medical Staff Bylaws

"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."

Disruptive Provider Flow Chart



Policy Number: MS 48	Date Created: 07/09/2019
Document Owner: April McKee (Medical Staff Coordinator)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Credentials Committee, Medical Executive Committee, April McKee (Medical Staff Coordinator), Cindy Moccio (Board Clerk/Exec Assist-CEO), Debbie Roeben (Credentialing Coordinator), Teresa Boyce (Director of Medical Staff Svcs)	

Credentialing and Privileging of Medical Staff & Advanced Practice Providers

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

Policy:

All applications for appointment, reappointment and requests for clinical privileges for physicians (MD, DO, DPM, DDS, and PhD) and advanced practice providers (CRNA, CNM, NP, PA, and PharmD), will be evaluated based on current licensure, education, training or experience, current competence and ability to perform the clinical privileges requested. For Temporary Privilege see MS 53 Temporary Privileges Policy.

Procedures (See Attachment A for flow chart of application process)

I. New Applicants

Individuals requesting to be credentialed and privileged will be provided a link to the Online Application on the MD Staff website. Content of the Website will include:

1. Application including licensure information on any active or inactive licenses, DEA registration, Education History, Work History, Insurance History and complete information for Peer References
2. Attestation Questionnaire
3. Authorization to Release Information Form
4. Professional Liability Questionnaire
5. Claims Status form, to be completed for each Open or Closed Claim in the last five years
6. Health Screening Requirements (PPD, Influenza Vaccination); (Tdap, fitness for duty as required)
7. Background Release Form
8. Continuing Education Attestation form
9. Confidentiality and Conflict of Interest Statement of compliance
10. Medicare Acknowledgement Statement
11. Code of Conduct and Professional Behavior
12. Privilege Forms
13. Medical Staff Bylaws, Rules & Regulations
14. A Copy of a government issued ID
15. 2x2 photo required to be uploaded on the online application.

16. Current Curriculum Vitae (CV) documented in months and years
~~16.~~17. Life Support Certification (BLS, ACLS, etc.) as defined on privilege form.

II. Reappointments

Reappointment to the Medical Staff and Advanced Practice Provider Staff and requesting of clinical privileges shall occur no less often than biennially.

A link to the on line application shall be sent to providers five(5) months prior to their appointment expiration date and are expected to be completed and returned within 5 weeks.

The practitioner shall be required to submit~~: an attestation for completion of continuing education activity for the previous two years, clinical privilege request form, complete information, Peer Reference and other documentation/information requested.~~

1. Application including licensure information on any active or inactive licenses, DEA registration, Education History, Work History, Insurance History and complete information for Peer References
2. Attestation Questionnaire
3. Authorization to Release Information Form
4. Professional Liability Questionnaire
5. Claims Status form, to be completed for each Open or Closed Claim since last appointment
6. Health Screening Requirements (PPD, Influenza Vaccination); (Tdap, fitness for duty as required)
7. Continuing Education Attestation form
8. Confidentiality and Conflict of Interest Statement of compliance
9. Medicare Acknowledgement Statement
10. Code of Conduct and Professional Behavior
11. Privilege Forms
12. Medical Staff Bylaws, Rules & Regulations
13. Life Support Certification (BLS, ACLS, etc.) as defined on privilege form.

If the provider fails to submit a completed online application they shall be deemed to have voluntarily resigned their Medical Staff membership. The procedural rights set forth in the Medical Staff Bylaws shall not apply to a voluntary resignation.

III. Timeliness of Information

Any of the following information found to be beyond 180 days at the time the file is presented to the Credentials Committee or Interdisciplinary Practice Committee (IPC) will be re-verified prior to review by that committee:

- All on line verifications
    - CA Medical or Professional License
    - CA Furnishing License
    - DEA
    - NPDB
    - OIG
- Answers to attestation questions
- Signature and date on consent form

IV. Approval

1. The application, privilege request form and supportive documentation are made available to the appropriate Department Chair for review and recommendation to the IPC and/or Credentials Committee. Any documents of concern with be printed and flagged. The Department Chair will complete the recommendation form and note the length of appointment and any concerns, which will be forwarded to the Credentials Committee.

V. Requests for Additional Privileges

Any provider may request additional privileges at any time. These requests are processed as follows.

1. The provider must complete the appropriate privilege form and supply supporting documentation regarding training or experience, as required.
2. The following must be verified by the Medical Staff Office:
    - CA Medical or Professional License
    - CA Furnishing license, if applicable
    - DEA, if applicable
    - OIG
    - NPDB
3. The evaluation and approval for additional privilege(s) is forwarded to the IPC and/or Credentials Committee upon recommendation of the Department Chair, with final review and recommendation by the MEC and Governing Board.

VI. Provider rights to amend application and to receive updates

Providers have the right to correct erroneous information obtained throughout the credentialing process. If any submitted items differ substantially from documentation disclosed through the verification process, the provider will be asked via written request (email or certified letter) to resolve this discrepancy and will be expected to do so within 10 business days of the request. Any and all corrections should be submitted in writing to the Medical Staff Office for adequate review of current documentation. Any instance of the provision of information containing misrepresentations or omissions is forwarded to the Credentials Committee for review and action. Providers are allowed access to their credential files, with the exception of Peer Evaluations or verifications.

Providers have the right to receive updates on their application for appointment or reappointment. All such requests will be responded to within a reasonable period of time, not to exceed four business days.

VII. Processing the application

When the application for appointment or reappointment is returned, a review for completeness is performed by the Medical Staff office. If additional information is required, or if questions are left blank, the application will be returned back to the applicant for completion. Failure to submit the requested information within 90 days shall be considered a voluntary withdrawal of the application.

Information gathered on the application will be verified by the primary source, as required by The Joint Commission. Primary source may include verbal verifications, which require a dated, signed note in the credentialing file, including the name of individual providing the information, date and time of verification. After three failed attempts to gather information from a primary source, a secondary source may be used, i.e., another hospital where the practitioner is currently credentialed.

In addition, queries will be made to the NPDB and the MBC if any verification received has adverse actions, the practitioner will be asked to provide a written explanation of the issue. Sources used for verification include:

1. California Professional License / Professional Licenses from other States

2. DEA Certification
   An online NTIS query is required for primary source verification. All providers must have a valid DEA certificate, including all schedules (2, 2N, 3, 3N, 4 and 5), with a California address. A practitioner with an out of state address on their DEA may be credentialed pending the change of address, if proof of request has been received by the Medical Staff Office.

3. Fluoroscopy Certificate
   Required for all practitioners who will be using fluoroscopy equipment.

4. Verification of Hospital Affiliations and Work History
   Written verification of five (5) years of clinical work history from hospitals or other health care organizations affiliations is required for initial appointments (2 years for reappointment). Affiliation verifications within the last five (5) years will be required for new appointments (2 years for reappointment). A minimum of five (5) affiliation verifications will be required if an applicant has more than five (5) affiliations. A request of the practitioners quality and performance profile/data may be accepted in lieu of a “good standing” letter.

   Any gaps in the past five (5) years of work history of three months or more will require written clarification from the practitioner.

   Failure to obtain verification of an affiliation after three attempts with the applicant’s assistance shall be documented in the practitioners file for the Department Chair. The file may then move through the evaluation process without this documentation.

5. Verification of Medical/Professional School and Completion of Post Graduate Programs
   Verification of education and completion of post graduate training may be obtained from the institution(s) where the training was completed, and/or an agency that is deemed primary source verification (AMA/AOA) or Background Check for Advance Practice Providers hired by HR. If unable to obtain verification from any of the above resources after three attempts, information will be obtained from a reliable secondary source such as another hospital that has a documented primary source verification of the credential. A letter of completion of residency or fellowship program will be obtained for all new graduates.

   Verification for International Medical Graduates must present certification by the Education Commission for Foreign Medical Graduates (ECFMG), or successful completion of a fifth pathway (excluding Canada).

6. Board Certification
   Board Certification or active pursuit of board certification is a requirement for membership and privileges for individuals appointed after March 2016. Medical Staff Members appointed prior to March 2016 are grandfathered and governed by any board certification requirements at the time of their appointment. Verification of certification is obtained through the ABMS online database or a letter directly from the certification board. Board certification is verified at the time of initial appointment and each reappointment. In exceptional circumstances, initial applicants who are not board certified and existing Medical Staff members seeking recertification may request additional time to obtain certification or recertification for one additional period, not to exceed two years. In order to be eligible to request an extension in these situations, an individual must satisfy criteria set forth in the Medical Staff Bylaws 2.A.1.

   All Advanced Practice Practitioners are required to have National Certification at the time of hire or obtain certification within one year of completion of professional training and maintain certification by any of the following bodies:
   - American Academy of Nurse Practitioner AANP
   - American Nurses Association Credentialing Center – ANCC
   - Pediatric Nursing Certification Board – PNCB
   - National Certification Corp. for the Obstetric, Gynecologic and Neonatal Nursing Specialties – NCC
   - American Association of Critical Care Nurses – AACN
   - National Commission on Certification of Physician Assistants – NCCPA
   - National Board of Certification & Recertification for Nurse Anesthetists - NBCRNA

7. Current, Adequate Professional Liability Insurance
   The Certificate of Insurance must meet the requirements determined by the Kaweah Delta Health Care District Board. See Attachment B.

8. Professional Liability Claims History
   Verification of claims history for the immediately preceding five (5) years for new appointments and two (2) years for reappointments will be obtained from the National Practitioner Data Bank (NPDB) or directly from the Insurance Company.

9. Background Checks
   Background checks shall be performed at the time of initial appointment. Results will be stored electronically in the credentials file. Adverse information will be evaluated by the Department Chair and appropriate reviewing committees.

10. Privileging Criteria – Current Clinical Competency
    Each applicant must meet the criteria related to the privileges they are requesting on the privilege form. Clinical activity from all facilities at which the physician has been privileged to practice within the reappointment timeframe, will be included for specific privileges requested and volume requirements. At reappointment, if the practitioner does not have an adequate volume required by the department, a letter of reference may be required from a colleague who has observed the practitioner and can attest to their competency. Volumes from facilities other than Kaweah Delta do not count towards membership category assignments.

11. National Practitioner Data Bank
    The NPDB must be queried for all new and reappointments and when additional privileges are requested. Continuous Query is utilized for all privileged members. Adverse information will be evaluated by the department chair.

12. Medicare/Medicaid Sanctions
    Medicare and Medicaid Sanction verifications will be processed by obtaining a Sanctions Exclusions Report published by the OIG for each credentialed provider. In addition, ongoing monitoring for sanctions will be done on a monthly basis for all credentialed practitioners.

13. Professional References
    Three professional references are requested for new applicants and two are required for application packets to be considered complete. Peer references are required at reappointment for providers who do not have adequate volume to evaluate competency. Advanced Practice Provider's supervising physician evaluation may be utilized in lieu of a peer reference letter. The references must be from individuals who have recently worked with the applicant, have directly observed their professional performance and can provide reliable information regarding clinical ability, health status, ethical character and the ability to work with others. If the applicant has completed a residency or fellowship in the past two years, a reference from the program director shall be requested. Adverse comments or reluctance to recommend will be flagged for

review. Peer references will be asked to identify the picture of the applicant is the person they are providing a reference for which will be used by the hospital to verify the practitioner requesting approval is the same practitioner identified in the credentialing documents.

Failure to obtain a peer reference after three attempts the applicant will be asked to provide contact information for additional peer reference(s).

14. Continuing Education
An attestation must be signed for appointment or reappointment indicating that the practitioner has met their applicable continuing professional education requirements for licensure.

15. Ongoing Professional Practice Evaluation (OPPE)
Quality Data for each practitioner is evaluated by the Department Chair every eight months. A two year composite of the data is provided to the chair for a comprehensive review at reappointment.

16. Training Modules
All applicants shall be informed of any assigned educational requirements at the time of appointment or reappointment.

17. Health Screening
All practitioners are required to comply with annual PPD and Influenza Vaccination requirements. Failure to do so will result in an administrative suspension until appropriate documentation is provided to the Medical Staff Services Department.

18. The credentialing data for all practitioners credentialed by Medical Staff Office are entered into the Medical Staff Office credentialing database (MD STAFF). Medical Staff Office utilizes this system to maintain current credentialing and privileging information, and to monitor proctoring, license, DEA, insurance renewals and reappointment activities. All information contained in the database is confidential and has restricted access. Medical Staff Office is responsible for ensuring that the information contained in the database is accurate and current. The Managed Care department has access to the information in the Medical Staff Office database that specifically pertains to information needed for credentialing with the health plans.

19. All practitioners are required to pay dues and application fees; Fees are determined by the MEC, and are non-refundable.

VIII. Category Assessment

During the processing of each reappointment, practitioner activity reports will be evaluated to confirm if they are assigned to the appropriate membership category. The following guidelines shall be used:

1. A physician currently on the Active Medical Staff, but has had less than 24 patient contacts in the last 2 years at a Kaweah Delta facility the practitioner will be reassigned to a category that appropriately reflects their activity, in accordance with the Medical Staff Bylaws.

2. A physician currently on the Active or Courtesy staff, who has had no patient contacts at a Kaweah Delta Facility during the previous two years, shall be reassigned to the Community Affiliate Category (membership only, no clinical privileges).

3. A Physician currently on the Consulting staff who has activity from other hospitals and office practice shall not be reassigned unless requested by the practitioner.

If applicable criteria indicate a membership category reassignment may be appropriate, the credentialing staff will send a letter, email, text or fax to the practitioner outlining any changes being recommended for their feedback. The complete credential file is forwarded to the Department Chair along with any additional information submitted by the provider for review and final recommendation.

IX. Expirables

The following items will be monitored as Expirables. An expired certificate or license shall result in an administrative suspension of membership/privileges, or a suspension of the privilege tied to that certificate.

- CA State license
- Furnishing License
- DEA
- Professional Liability Insurance
- Board Certification/National Certification
- Fluoroscopy Certificate
- ACLS, ATLS, BLS, NRP, PALS (as specified by privileges)
- Delinquent Health Records

Failure to provide updated documents within 60 days will result in voluntary withdrawal of membership/privileges or a voluntary withdrawal of the privilege tied to that certificate.

Practitioners will be notified by email or text approximately 45 days, 30 days, and 15 days prior to license or certificate expiration.

X. Delegated Credentialing for Telehealth Providers

Delegated Credentialing is accepted for telehealth providers under the following conditions:

1. The Distant Site is accredited by the Joint Commission
2. A contract for related services has been executed between Kaweah Delta and the Distant Site
3. Distant site provides proof of accreditation as a Medicare Provider

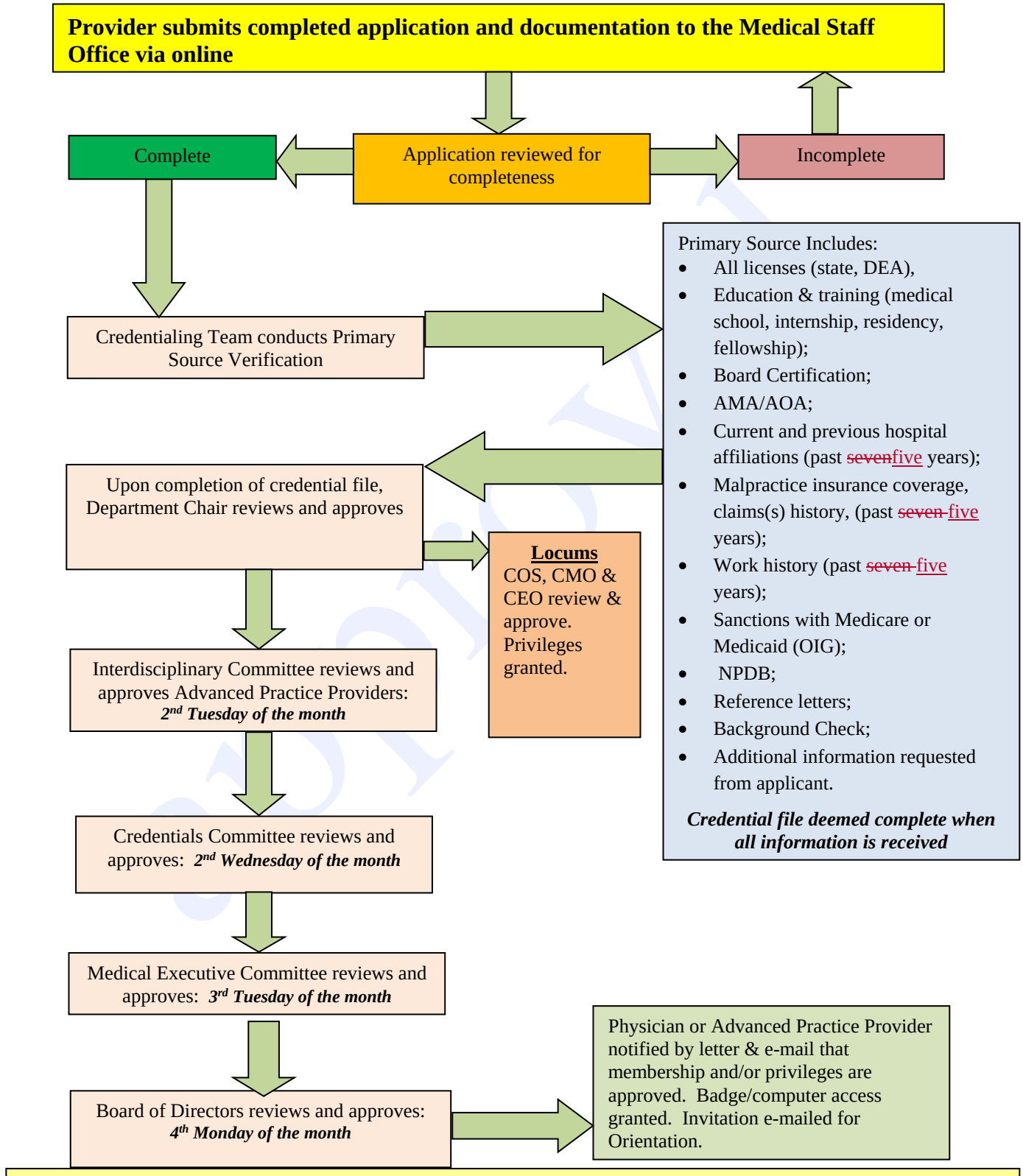
4. Procedure
    a. Distant Site Provides the following:
        i. Profile sheet for each practitioner participating in the telehealth services for Originating site
        ii. Current list of privileges granted to practitioner by Distant Site.
        iii. Certificate of Professional Liability
        iv. Completed attestation by the Distant Site
        v. 2” X 2” color photo
        vi. Medical Staff Fees
        vii. An updated list of providers (addendum to the contract) to Kaweah Delta Medical Staff Office upon any change of providers (additions and/or resignations).
    b. Initial Application:
        i. Medical Staff enters the following information into the Medical Staff Credentialing database obtained from the Profile sheet
            1. Name
            2. DOB
            3. SS#
            4. NPI
            5. CA License number and expiration date
            6. Education
            7. Board Certification
            8. Current Professional Liability and expiration date
            9. Information forwarded for approval through the process defined in the Medical Staff Bylaws.
    c. Reappointment
        i. Current list of practitioners and obtain from Distant Site
        ii. Medical Staff Office runs NPDB, OIG, Licensure
        iii. Information forwarded for approval through the process defined in the Medical Staff Bylaws.
    d. Expirables
        i. Medical Staff Office keeps track of the following Expirables
            1. CA Licensure
            2. Professional Liability

Related Documents:
Kaweah Delta Medical Staff Bylaws, Rules and Regulations

References:
- TJC Standards
- Title 22 Regulations

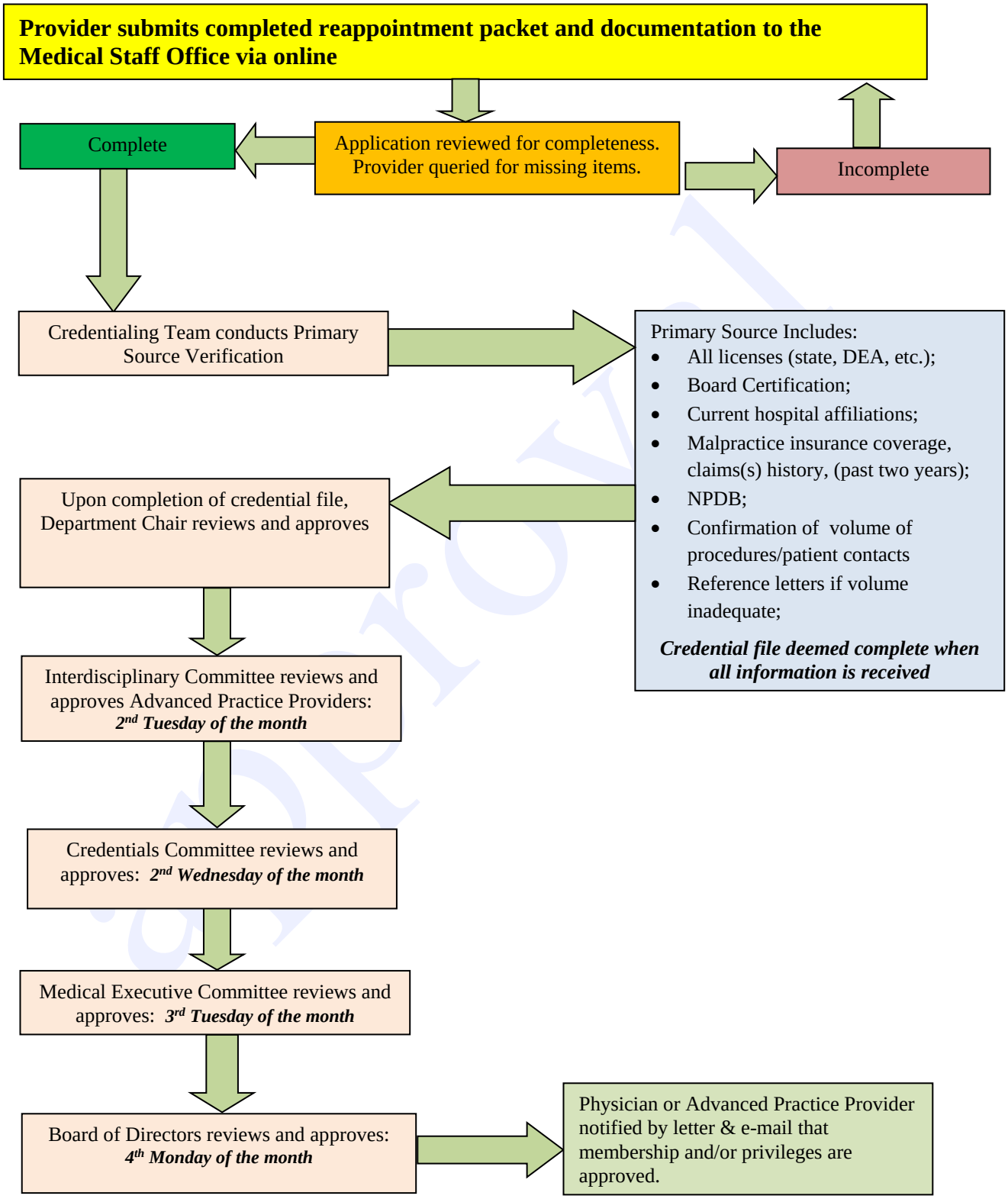
"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New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



Additional information can be requested at any time during the process, sending it back to the previous step.
Medical Staff Bylaws 4.A.8 "Once an application is **deemed complete**,
it is expected to be processed within 120 days, unless it becomes incomplete."

REAPPOINTMENT PROCESS



ATTACHEMENT B

KAWEAH DELTA HEALTH CARE DISTRICT
Medical Staff Service

Certificate of Insurance Guidelines

Per Kaweah Delta Health Care District Board of Directors January 2018 Resolution and the Medical Staff Bylaws, a Medical Staff Provider's Certificate of Insurance must meet the following requirements:

1. Professional liability insurance must have a minimum coverage of $1,000,000 per occurrence/ $3,000,000 in the aggregate.
2. Deductibles or self-insurance retention can be no more than $100,000.
3. The insurance company must either be licensed to do business in California or have been issued a Certificate of Authority by the California Insurance Commissioner. For confirmation of the insurance company's status search the California Department of Insurance website for the business name at https://interactive.web.insurance.ca.gov/companyprofile/companyprofile. ***The company name MUST be an exact match***. If there is not an exact match you must provide proof the company issuing the insurance is licensed to do business in California or has been issued a Certificate of Authority.
4. The professional liability insurance company **MUST** maintain an A.M. Best rating of at least ("A") and have a financial size of at least VII ($50 million to $100 million). For determine the A.M. Best rating and financial size category, check the A.M Best website at http://www.ambest.com/home/default.aspx.
5. SURPLUS LINES: http://www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm EXACT Match and A.M. Best Rating A++ (Superior) rating and a Financial Size Category of XV ($2 Billion or greater)
6. No shared limits of liability coverage are permitted except under the following circumstances: **one** (1) Advanced Practice Provider can share limits of liability with a medical group on a group policy.
7. KDHCD will accept Cooperative of American Physicians/Mutual Protection Trust ("CAP/MPT") coverage.
8. For verification of past or current coverage, Physicians and Advanced Practice Providers who are, or have been, employed by a governmental agency (i.e., a County or State health care facility, a Prison or HRSA Health Center Program) should provide a letter of employment from that agency that confirms their employment or independent contractor status and specifies their malpractice coverage is provided by the government entity.

Appendix D

Policy Submission Summary

Manual Name: Health Information Management	**Date: 7/30/19**
Support Staff Name: Tiffany Jepson	
Routed to:	**Approved By: (Name/Committee – Date)**
☐ **Department Director** ☐ **Medical Director** *(if applicable)* ☐ **Medical Staff Department** *(if applicable)* ☐ **Patient Care Policy** *(if applicable)* ☐ **Pharmacy & Therapeutics** *(if applicable)* ☐ **Interdisciplinary Practice Council** *(if applicable)* ☐ **Credentials Committee** *(if applicable)* ☐ **Executive Team** *(if applicable)* ☒ **Medical Executive Committee** *(if applicable)* ☒ **Board of Directors**	Health Information Management Committee- June 26, 2019

Policy/Procedure Title	**#**	**Status** (New, Revised, Reviewed, Deleted)	**Name and Phone # of person who wrote the new policy or revised an existing policy**
Abbreviation	HIM.6000	Revised	Vickie Skidmore- 2268

Policy Number: HIM.6000	Date Created: 07/16/2004
Document Owner: Vickie Skidmore (Director of Health Information)	Date Approved: Not Approved Yet
Approvers: Medical Executive Committee, Vickie Skidmore (Director of Health Information)	

Abbreviations

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

Purpose: To ~~ie~~nsure that "high risk" or "dangerous" abbreviations, acronyms and symbols are not to be used in the medical record.

Policy: To establish for the organization a list of unsafe abbreviations. ~~an official "do not use" abbreviation list.~~

Procedure: Abbreviations save time and effort but some can often be misread or misinterpreted. It is recommended that abbreviations be used minimally, with caution and written legibly.

Kaweah Delta Health Care District will maintain a ~~standardized~~ list of ~~"do not use"~~ unsafe abbreviations~~.~~ along with a reference guide to commonly used abbreviations. The list of unsafe abbreviations ~~is list~~ will apply, at a minimum, to all orders and all medication related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

The list will be maintained on the KDNet and re-evaluated at least annually.

Unsafe	Recommend Using Instead
IU	Write "international unit"
MS, MS04	Write "morphine sulfate" or "magnesium sulfate"
Q.D.	Write "daily"
Q.O.D.	Write "every other day"
U	Write "Unit or Units"

(Decimal points – No trailing zeros – 1 mg not 1.0 mg. Always use a zero before a decimal point – 0.1 mg not .1 mg)

Avoid acronyms and abbreviations for medications – e.g. Tyl #3, PCN

The Health Information Management (HIM) Department will spot check the use of these unsafe ~~unacceptable~~ abbreviations when reviewing medical records and report findings to the Health Information Management Committee, who will then take any necessary action.

~~No abbreviations may be used in the final diagnosis recorded in the discharge,~~

~~transfer or final summary.~~

"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."

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE Requirements	Approve
☐	Supervision of a technologist using fluoroscopy equipment	Meet Initial Criteria AND Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit ~~AND pass KD annual safe fluoroscopy practices exam within 3 weeks of granting privilege~~	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit ~~AND pass KD annual safe fluoroscopy practices exam~~	None	☐

Rationale: The Joint Commission recently deleted the requirement of annual training for physicians using fluoroscopy equipment.

Deleted Requirement: Annual training for physicians, staff using fluoroscopy equipment

Effective immediately, Humam Resources (HR) standard HR.01.05.03, element of performance (EP) 15, has been deleted from the Hospital, Critical Access Hospital, Ambulatory Care and Office-Based Surgery accreditation programs.

The deleted EP – which went into effect earlier this year – is: *The [organization] verified and documents that individuals(including physician, non-physicians, and ancillary personnel) who use fluoroscopic equipment participate in ongoing education that includes annual training on the following:*

- *Radiation dose optimization techniques and tools for pediatric and adult patients addressed in the Image Gently ® and Image Wisely ® campaigns.*
- *Safe procedures for operation of the types of fluoroscopy equipment they will use.*
- *Note 1: Information on the Image Gently and Image Wisely initiatives can be found online at http://www.imagegently.org and http://imagewisely.org*
- *Note 2: This element of performance does not apply to fluoroscopy equipment used for therapeutic radiation treatment planning or delivery*

Through Stakeholder and customer feedback, The Joint Commission determined the standard to be redundant and possibly burdensome to conform with annually. Assessment of staff and physician competency to provide fluoroscopy services will continue to be assessed during the on-site survey using accreditation standards that currently exist in the HR and Medical Staff chapters.

Orthopedic Quality Report

Kaweah Delta Joint Replacement Institute

KAWEAH DELTA HEALTH CARE DISTRICT

Orthopedic Co-Management

Seth Criner, D.O., M.S.

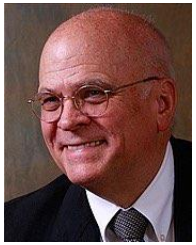
Ian C. Duncan, M.D.

Frank L. Feng, D.O.

Jun Kim, D.O. (Sept 2019)

Bruce N. Le, D.O., M.S.

Jason A. Mihalcin, D.O., M.S.



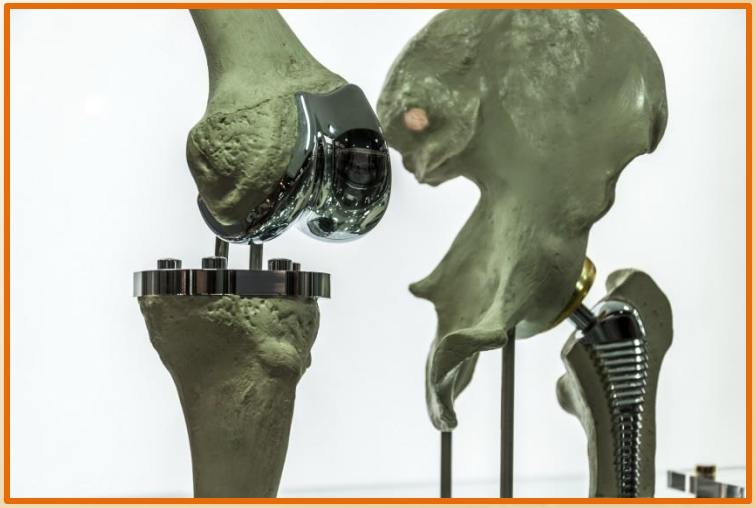
Burton L. Redd, M.D.

David G. Surdyka, M.D.

Orthopedic Quality Report

Kaweah Delta
Joint Replacement Institute
A division of Kaweah Delta Health Care District

- State-or-the-art technological advancements in joint replacement
- Local orthopedic surgeons
- Better outcomes and recovery time
- Specialty-trained orthopedic surgeons more than 2000 orthopedic procedures



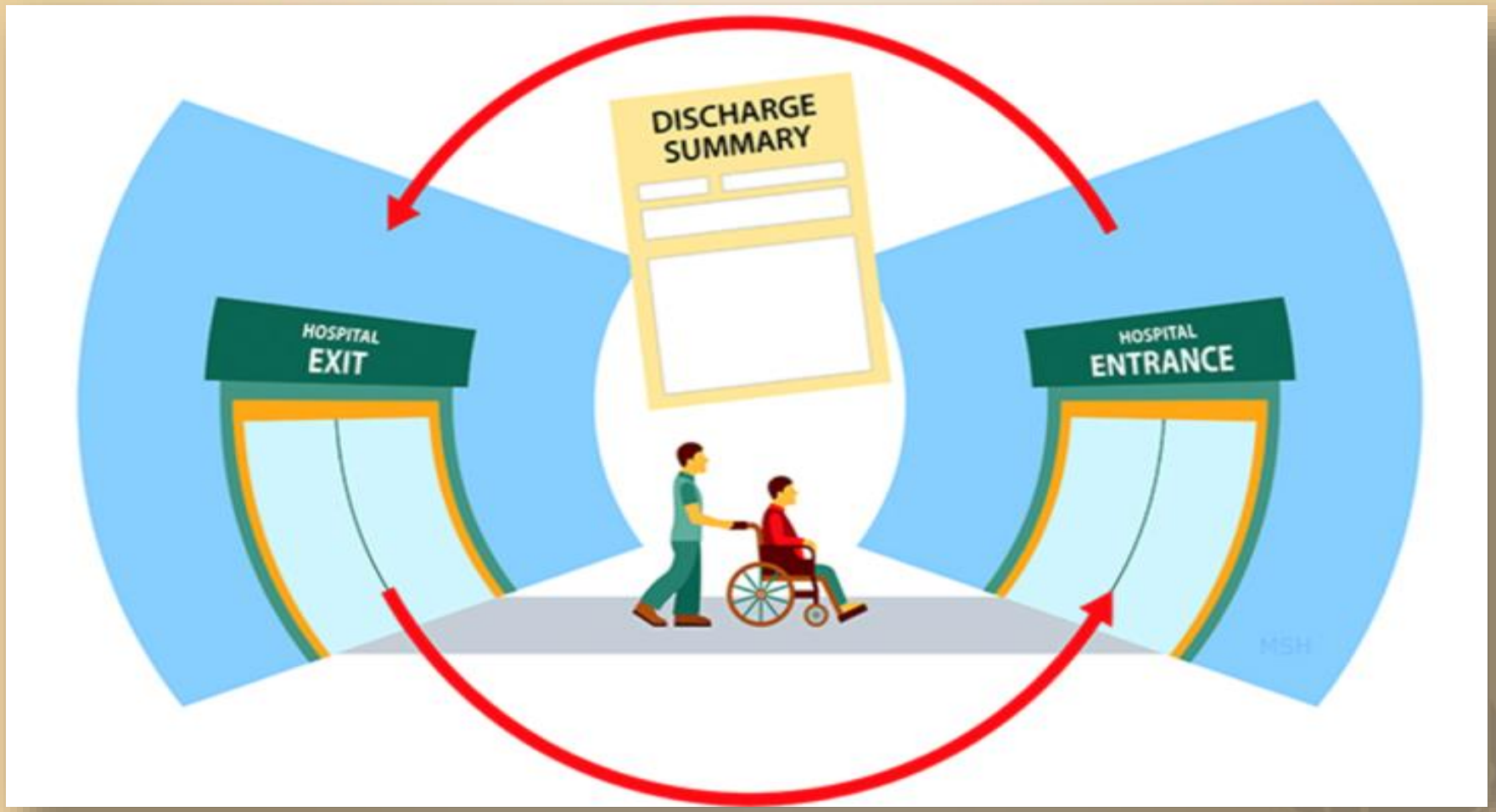
Orthopedic Co-Management Quality/Performance Standards

Quality/Efficiency	Program Development/Satisfaction
Implant Cost Per Case	Community Outreach
LOS Case Reviews	Primary Care Physician Outreach
Readmission Rate	Pre-Surgical Education
Complication Rate	Social Media Outreach
Standardized Care	ED Transfer Case Review
OR efficiency and turnover times	

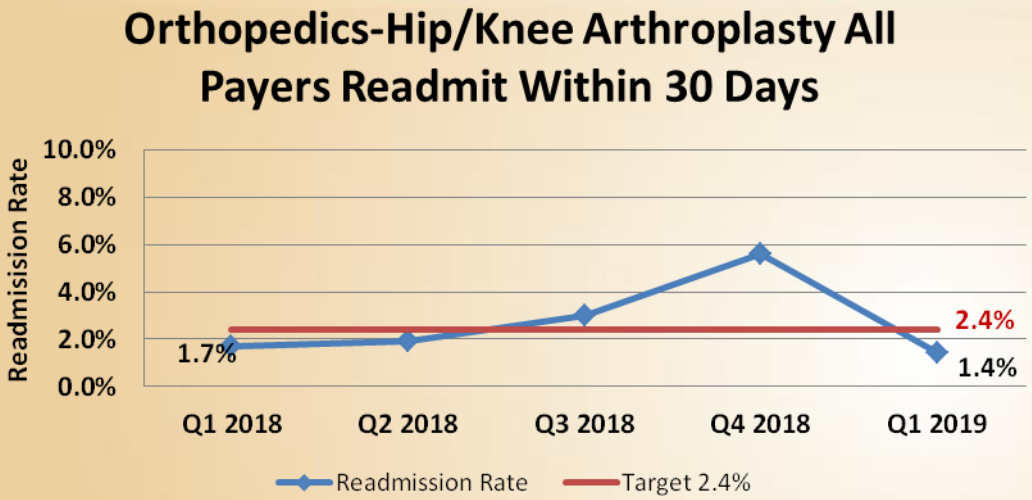
Orthopedic Quality Report

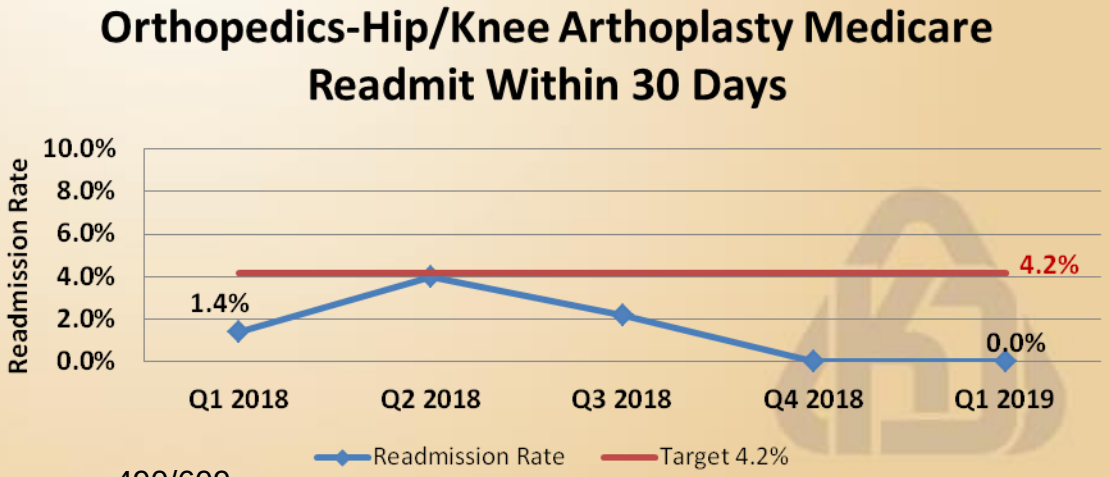
- Any cause 30-day readmission rate
- Complication Rate
  - **Mechanical complication within 90 days**
  - **Wound Infection or periprosthetic joint infection within 90 days**
  - **Surgical site bleeding within 30 days**
  - **Pulmonary embolism within 30 days**
  - **Death within 30 days**
  - **Acute myocardial infarction with 7 days**
  - **Pneumonia within 7 days**
  - **Sepsis, septicemia, or shock within 7**
- Infection Rate

Orthopedic Quality Report



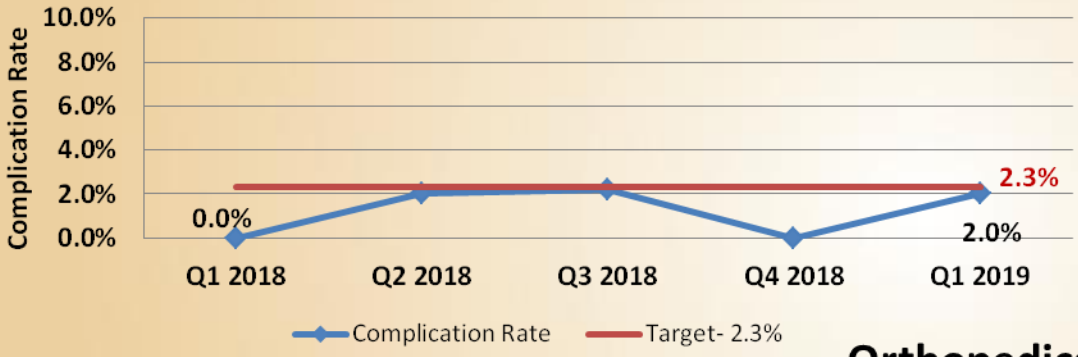
Orthopedic Quality Report



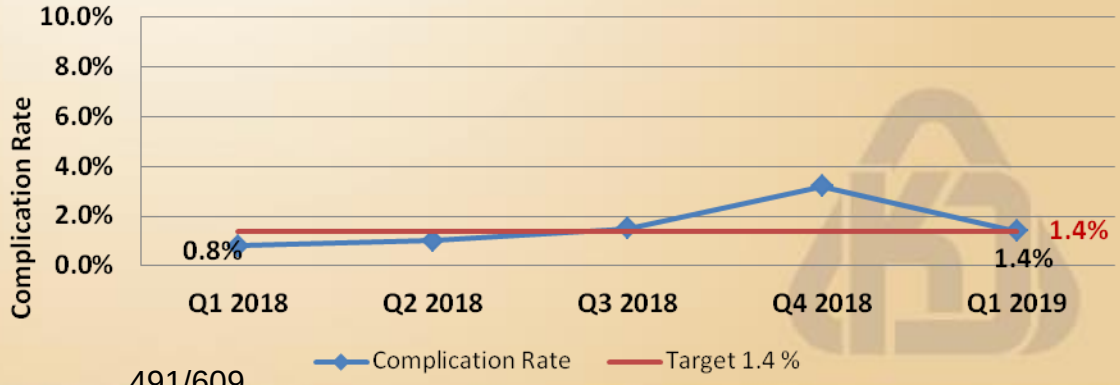


Orthopedic Quality Report

Orthopedics-Hip/Knee Arthoplasty Medicare Complication Rate



Orthopedics- Hip/Knee Arthoplasty All Payer Complication Rate

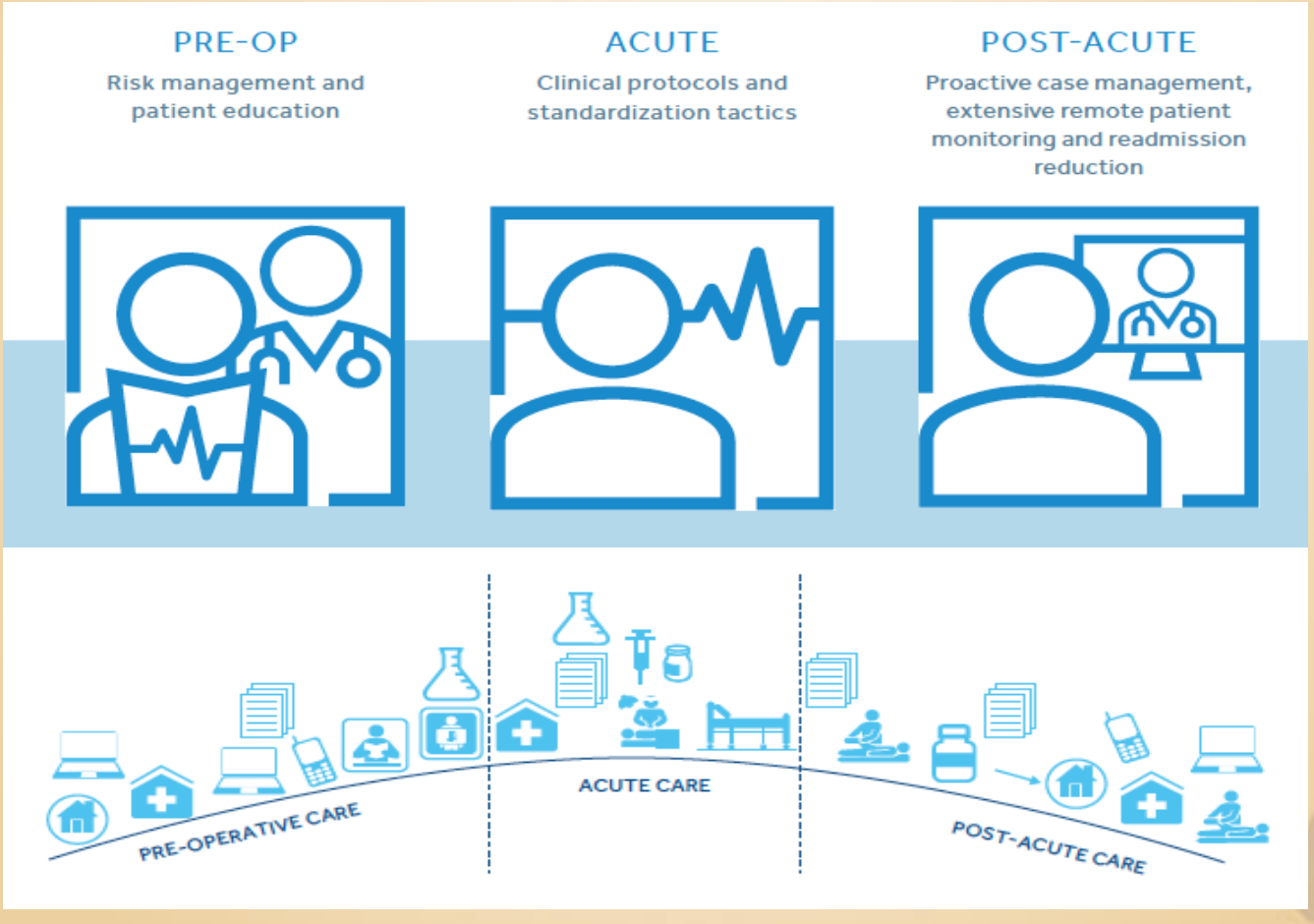


Orthopedic Quality Report

Orthopedic Quality Report

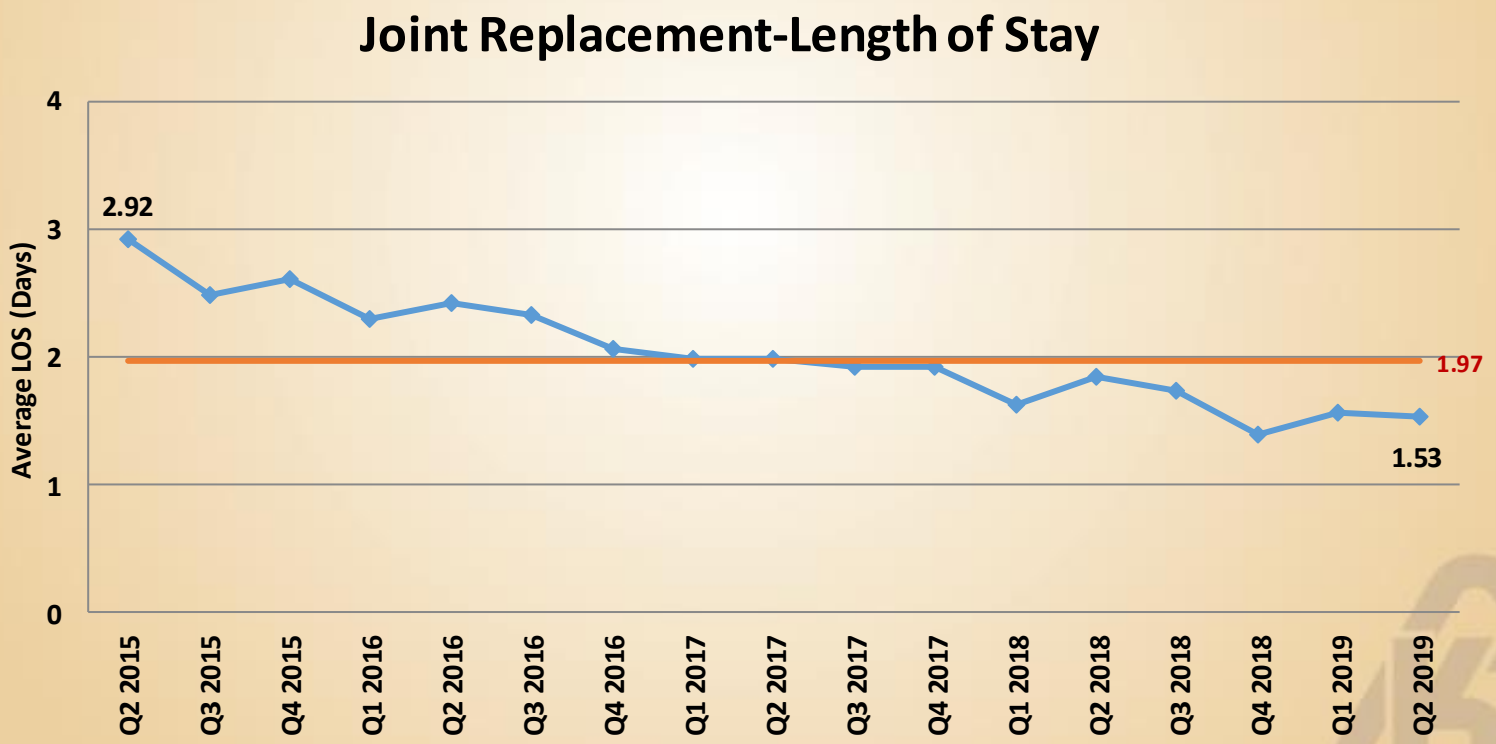
Type of Surgical Site Infection	Total # of Procedures 12 months	Actual # of Infections	Predicted # of infections	Standardized infection ratio
Total knees	342	1	2.412	0.414
Total hips	217	1	1.69	0.592
Total for all Joints	559	2	4.102	0.488

Orthopedic Quality Report



Orthopedic Quality Report

Orthopedic Quality Report

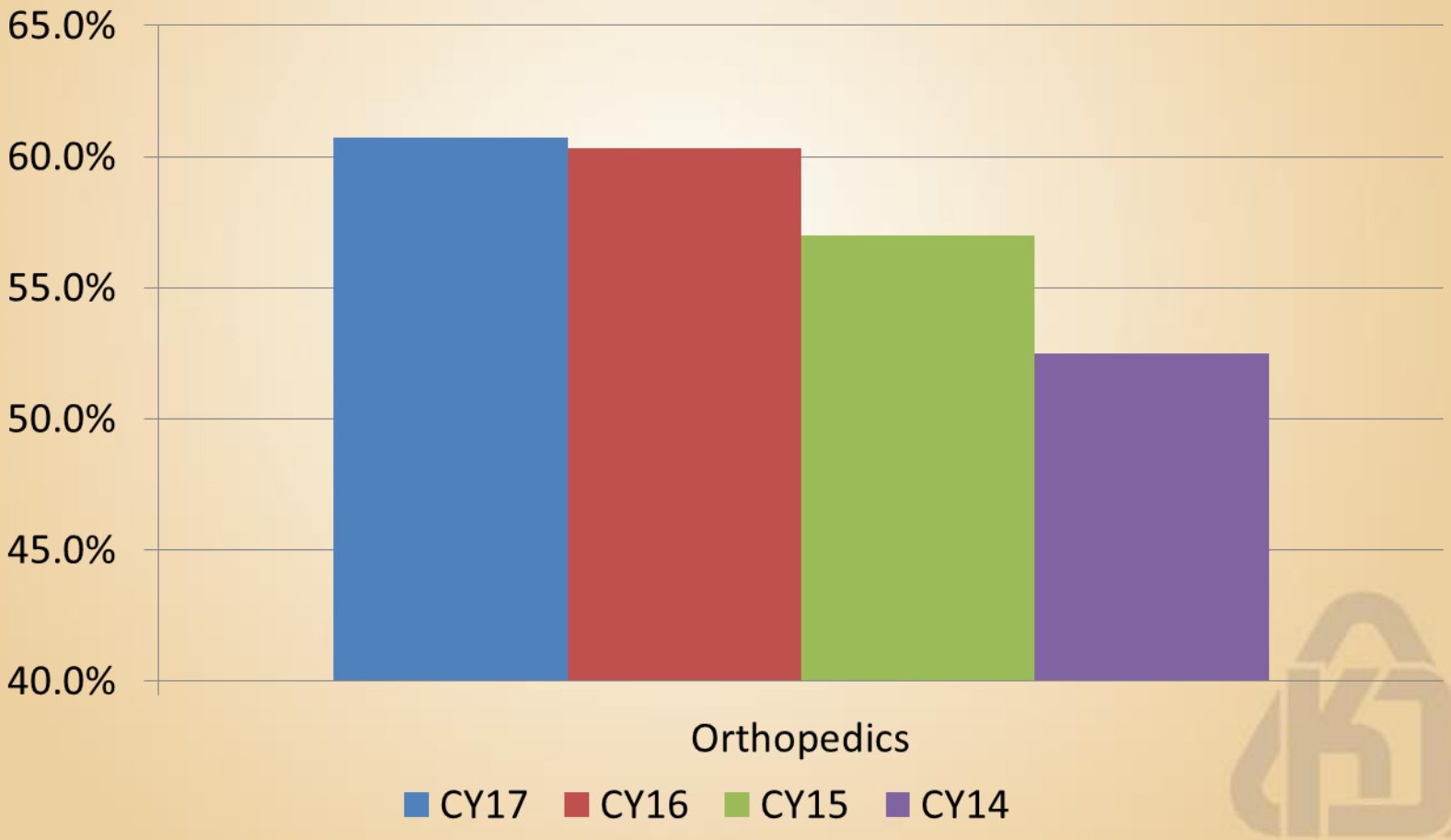


Orthopedic Quality Report

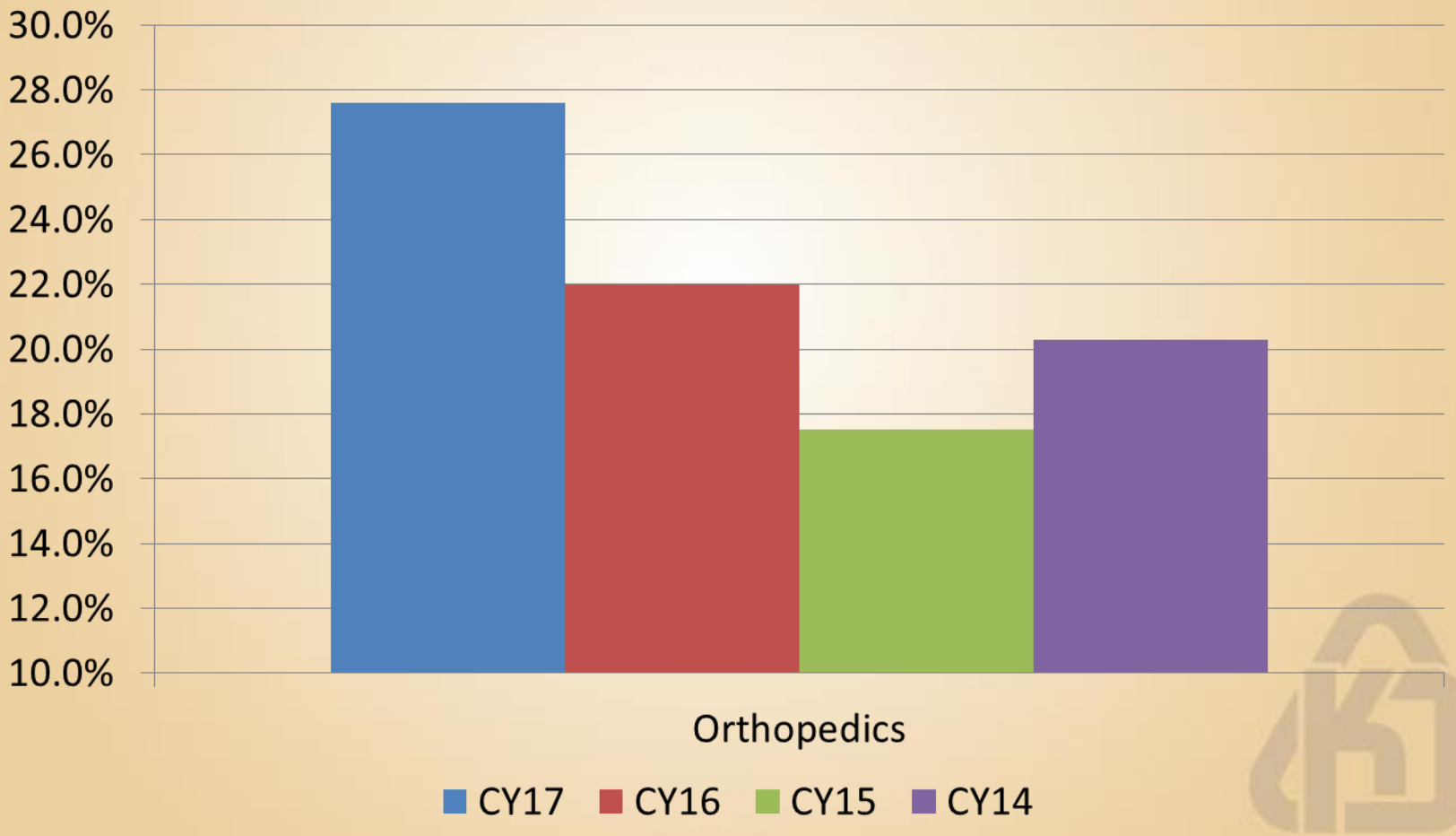
Same Day or Next Day Discharge

- Rarely need transfusions
- Better pain control
- Ambulating day of surgery

Orthopedic Quality & Market Share



Orthopedic Quality SSA Market Share




healthgrades
TOTAL KNEE REPLACEMENT
FIVE-STAR RECIPIENT
2018
healthgrades
HIP FRACTURE TREATMENT
FIVE-STAR RECIPIENT
2018
ORTHOPEDIC SURGERY
EXCELLENCE AWARD™
2018
healthgrades
Blue Distinction®

Questions

Nurse Staffing, Quality of Care, & Adverse Events

2019 Risk Assessment & Education

KAWEAH DELTA HEALTH CARE DISTRICT

Keeping Nurses Healthy

"The American Nurses Association's *Healthy Nurse, Health Nation Challenge* defines a healthy nurse as someone who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, spiritual, personal and professional well being."

American Nurses Association. (2016). Healthy nurse, healthy nation.

Ongoing Saga of Nurse Staffing

- Ongoing staffing challenges leads to fatigue, discouragement & disillusionment
- Leads to delayed, unfinished, or missed care
- High nursing workloads can lead to higher risk of adverse events
- Rural hospitals face special challenges: limited pool of candidates, economic challenges
- Nurses leaving bedside nursing of other, less stressful opportunities

Blouin, A. S. & Podjasek, K. (2019). The continuing saga of nurse staffing: Historical and emerging challenges. *Journal of Nurse Executives, 49* (4), 221-227.

Why is this Important?

- Shortage of hospital nurses may be linked to unrealistic nurse workloads
- Inadequate nurse staffing increases errors and patient complications (adverse events)
- Job dissatisfaction among hospital nurses is 4 times greater than the average for all US workers
- 1 in 5 novice nurses report that they intend to leave their current jobs within a year
- 1 in 3 nurses leave jobs within 2 years of starting work

Aiken, L. PhD, RN. *Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction.* JAMA Network 10/23/02,Vol 2887, No.16

Cost of Clinical Nurse Burnout

- 74% of nurses are concerned about stress
- 45% of nurses are tired of their jobs
- 34% of nurses suffer from “Burnout Syndrome”
- $65,000 average cost to replace one nurse
- RN turnover costs: ↑ 1%=$337,000 per year
- Brain drain
- 2% decrease in patient satisfaction for every 10% of dissatisfied nurses
- Increase in HAIs

Ruggiero, J. & Vanek, F. (2019). *Engaging Leaders by Prioritizing Their Wellbeing and Resillency.* Presentation at the annual AONE Conference, San Diego, California
Holm, C. (2019). *Attributes in Leaders Most Desired by Clinical Nurses.* . Presentation at the annual AONE Conference, San Diego, California

Research

- Supports inadequate RN staffing is a serious risk factor for negative outcomes in patients hospitalized in acute care settings.
- Supports appropriate staffing and highly educated, experienced nurses benefit both the patient and the hospital because of better patient outcomes.
- Supports nursing units with higher levels of highly educated, experienced nursing staff have better quality of care, fewer patient complications, improved patient outcomes, fewer occurrences of failure to rescue, and less adverse events.
- Proposed Federal RN ratios:
  - Standards for Hospital Safety and Quality
  - The Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act

Curtin, L. *An Integrated Analysis of Nurse Staffing and Related Variables: Effects on Patient Outcomes*. The Online Journal of Issues in Nursing American Nurses Association
Dunton,N.,Gajewski,B.,Klaus,S.,Pierson,B. *The Relationship of Nursing Workforce Characteristics to Patient Outcomes*. The Online Journal of Issues in Nursing. American Nurses Association

Research demonstrates ensuring adequate nurse staffing levels has been associated with:

- Reduced medical and medication errors
- Decreased patient complications (Hospital Acquired Infections, Hospital Acquired Pressure Ulcers, Falls, Cardiac Arrest, Respiratory Failure)
- Decreased mortality
- Reduced nurse fatigue
- Decreased nurse burnout
- Improved patient satisfaction
- Improved nurse retention and job satisfaction

American Nurses Association/www.nursingworld.org/Practice/Nurse Staffing
Covell,C., and Sidani,S., "*Nursing Intellectual Capital Theory: Implications for Research and Practice.* The Online Journal of Issues in Nursing Vol. 18, No. 2, Manuscript 2
Curtin, L. *An Integrated Analysis of Nurse Staffing and Related Variables: Effects on Patient Outcomes.* The Online Journal of Issues in Nursing American Nurses Association

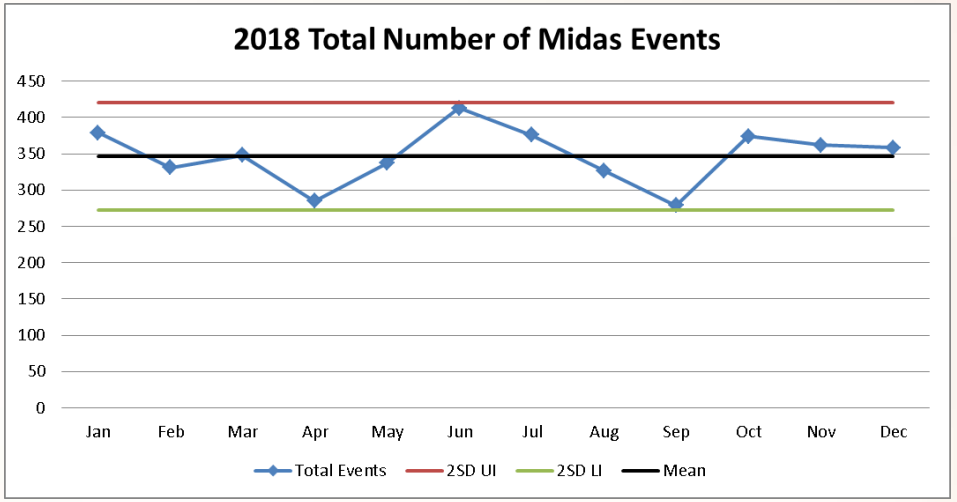
Adverse Events and Staffing at KDHCD

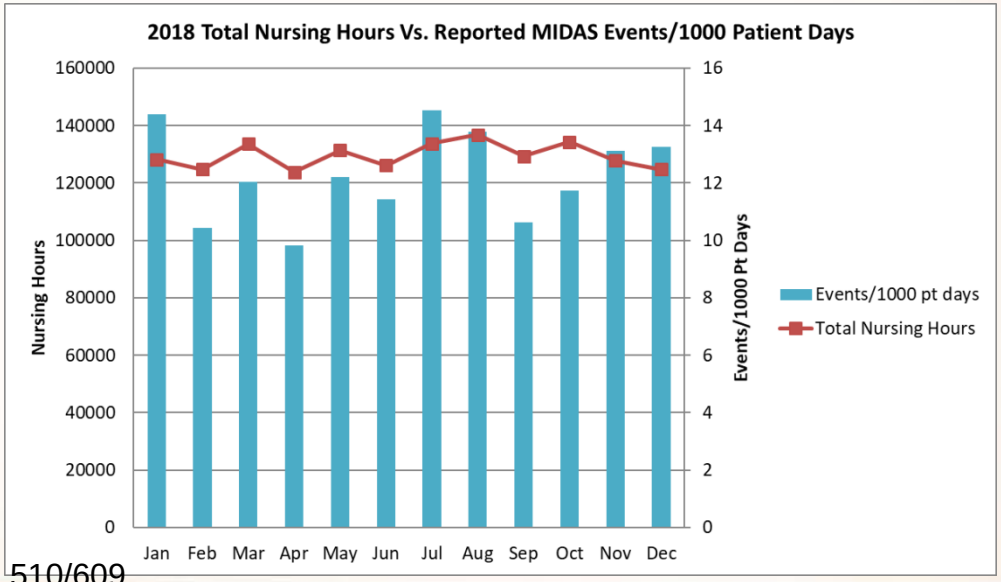
- In 2018 total of 7 Focus Reviews/Root Cause Analyses completed
- **None Were Related to Staffing or Lack There Of**
- **57% Cases Related To Communication**
  - Team Communication Tool - CUS Training (New Hire and Annually)
  - 2018 Continued Handoff Communication Quality Focus Team (Quantified Joint Commission Quality Tool)
  - Enhancement of Just Culture throughout the organization to increase likelihood of staff/leaders in communicating safety concerns
  - Re-design of electronic documentation including addenda of pathology report
- **29% Related To Transitions of Care**
  - Collaboration with local and state law enforcement to develop mutual policies and standard practices with shared patients

Adverse Events and Staffing

Analysis

- No special cause outlier identified.
- No correlation observed between nursing hours, events, and significant type.

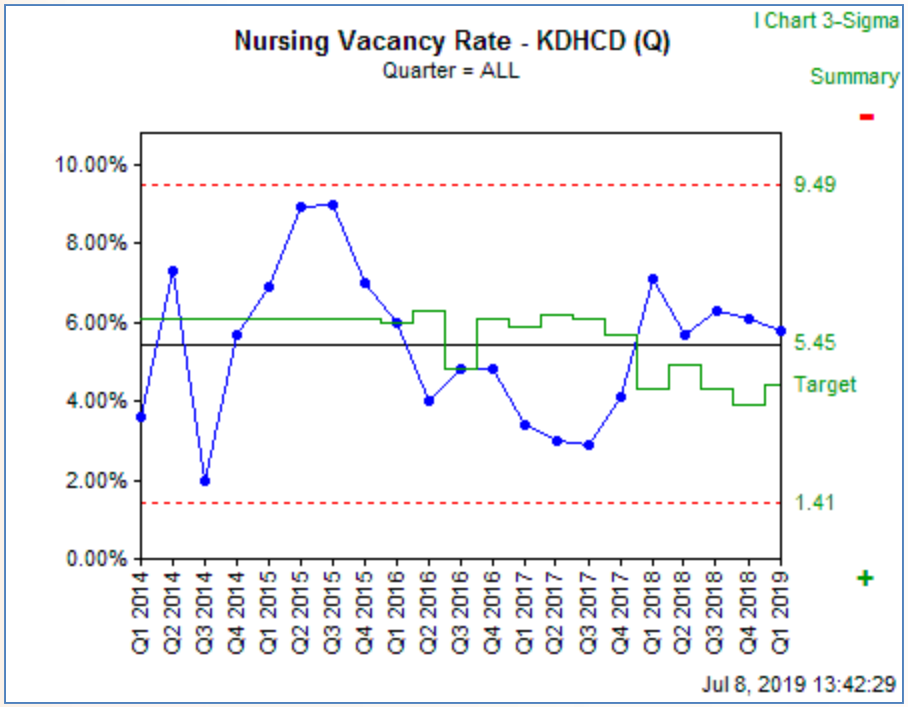


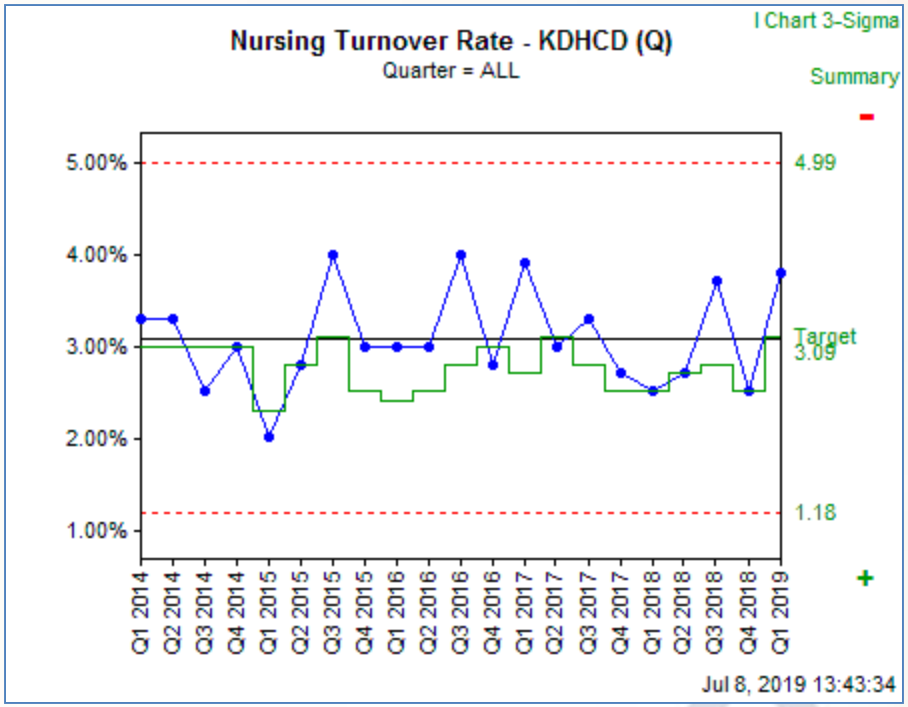


Holding Admitted Patients In ED (1 East)

- Due increased patient volume in the ED (ED) and admissions, patients are held in the ED as a 1 East patients waiting for bed placement.
- 2018 →74 event reports received for 1-East
  - Majority of events related to medication orders not initiated as ordered causing delay in care.
- 2019 Improvement Update:
  - EMR standardization: Cerner implementation 5/18
  - Budgeted 9 RN's: 4 Days, 4 Nights, and 1 1200 to 2400
  - 6 RN's have been hired and currently in process of orientation
  - Active recruitment for remaining positions ongoing

Vacancy & Turnover Rate





2018-2019 Staffing Update

Need for additional staffing has been identified from staff feedback, higher patient volumes, and census saturation.

- **Additional Staff**
  - 6 RN positions in ED for 1-East patients & cross train to zone 1.
  - Case Management doubled staffing on weekends (7 RN/LVN).
  - Implementation of IV Safety Team + LVN for difficult IV insertions
  - Additional Travelers and contract extensions as needed
  - Increased Float Pool cross training and attendance at the Critical Care Consortium increasing the # of RNs who can float to Critical Care
  - Cross trained 4 Med/Surg Float Pool RNs to ICCU level care
  - 7 additional RN positions for 2 South
  - Expanded recruitment efforts beyond our immediate region
  - Local, semi-annual RN recruitment fairs
  - 1 additional RRT RN for both day & night time coverage
  - CCNI program, 2 cohorts per year
  - 3W ADT nurse M-F 1400-2200, processes approx. 1 patient per hour

Key Points in Kaweah Delta's Efforts to Mitigate Adverse Events

- Assignment guidelines
- Increased number of nursing positions
- Admission criteria changes
- Intensivist coverage for ICCU
- Nurse Residency Program
- Nurse Clinical Ladder Program
- Protected Time: Adverse event reduction & QI efforts
- Midas reports now include question re staffing role in the event

Kaweah Delta's Assignment Guidelines: 2019 Update

- No more than 1/3 of experienced RN's should be off the unit at one time
- Use "cubby buddy" system, alternating novice RNs with expert RNs in proximity to each other
- Reassess assignments throughout the day
- Modify assignments as driven by unit activity & patient acuity.
- Consider reassigning/redistributing pts in an effort to balance workload
- Attempt to keep RN room assignments approximated
- Consider the experience level of the RN
- RN's who are orienting another RN should not be given a more difficult assignment because there are "2" of them
- MH.60.02 Person to Room Assignment Planning in a Dynamic Context
- PC. 205 Staffing & Scheduling, PC.180 Patient Placement Guidelines, Critical Care/Telemetry Units admission guidelines

Questions?

The Joint Commission 101 & The Boards Role in Improving Quality and Patient Safety

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

KAWEAH DELTA HEALTH CARE DISTRICT

What is The Joint Commission (TJC)?

- An independent, not-for-profit organization
- accredits and certifies nearly 21,000 health care organizations and programs in the United States
- accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards

Why do Healthcare Organizations Seek TJC Accreditation?

- Validating care is safe and effective (based on TJC standards)
- In order to participate in and receive federal payment from Medicare or Medicaid programs, a health care organization must meet the government requirements for program participation, including a certification of compliance with the health and safety requirements called Conditions of Participation (CoPs) which are set forth in federal regulations
- Health care organizations that achieve accreditation through a Joint Commission "deemed status" survey are determined to meet or exceed Medicare and Medicaid requirements

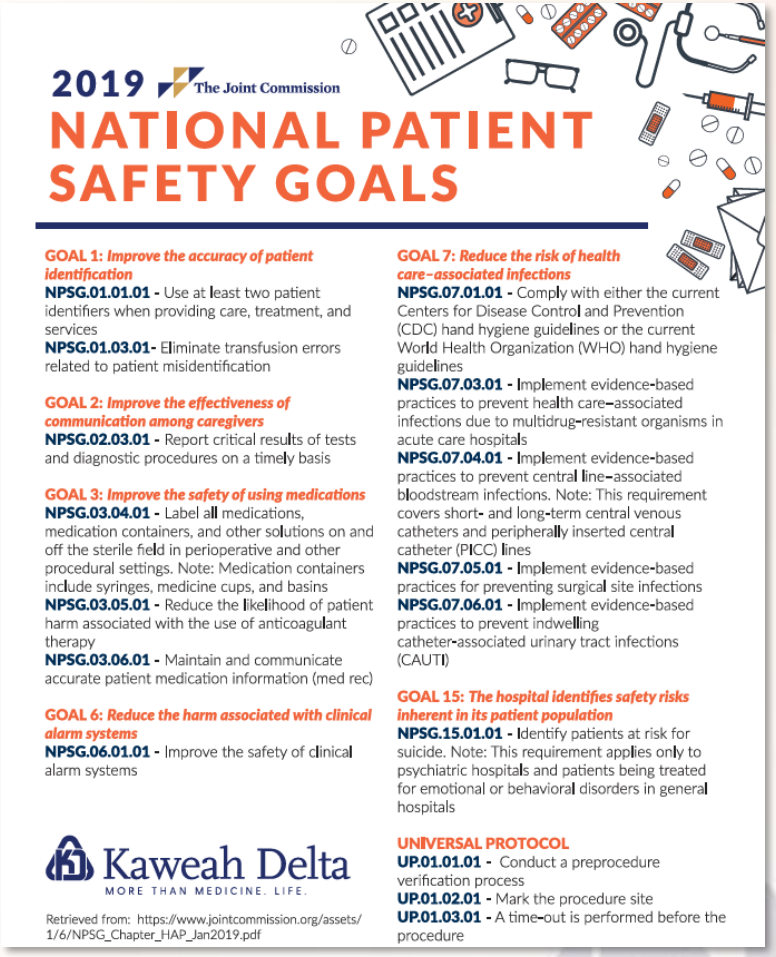
What are TJC Standards?

There are over 3,000 TJC standards and are listed in chapters, including:

i. Patient Rights
ii. Provision of Care
iii. Waived Testing/Transplant Safety
iv. Medication Management
v. Infection Control
vi. Performance Improvement
vii. Leadership
viii. EOC/Emergency Management/Life Safety
ix. HR
x. HIM
xi. Medical Staff
xii. Nursing

Common Safety Areas of Concern

- Suicide risk processes
- Handoff Communication
- Staffing shortages
- Medication management
- Infection prevention/control
- Emergency Management
- Fire protection
- National Patient Safety Goals



2019 The Joint Commission

NATIONAL PATIENT SAFETY GOALS

GOAL 1: *Improve the accuracy of patient identification*

NPSG.01.01.01 - Use at least two patient identifiers when providing care, treatment, and services

NPSG.01.03.01- Eliminate transfusion errors related to patient misidentification

GOAL 2: *Improve the effectiveness of communication among caregivers*

NPSG.02.03.01 - Report critical results of tests and diagnostic procedures on a timely basis

GOAL 3: *Improve the safety of using medications*

NPSG.03.04.01 - Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings. Note: Medication containers include syringes, medicine cups, and basins

NPSG.03.05.01 - Reduce the likelihood of patient harm associated with the use of anticoagulant therapy

NPSG.03.06.01 - Maintain and communicate accurate patient medication information (med rec)

GOAL 6: *Reduce the harm associated with clinical alarm systems*

NPSG.06.01.01 - Improve the safety of clinical alarm systems

Kaweah Delta
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Retrieved from: https://www.jointcommission.org/assets/1/6/NPSG_Chapter_HAP_Jan2019.pdf

GOAL 7: *Reduce the risk of health care–associated infections*

NPSG.07.01.01 - Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines

NPSG.07.03.01 - Implement evidence-based practices to prevent health care–associated infections due to multidrug-resistant organisms in acute care hospitals

NPSG.07.04.01 - Implement evidence-based practices to prevent central line–associated bloodstream infections. Note: This requirement covers short- and long-term central venous catheters and peripherally inserted central catheter (PICC) lines

NPSG.07.05.01 - Implement evidence-based practices for preventing surgical site infections

NPSG.07.06.01 - Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI)

GOAL 15: *The hospital identifies safety risks inherent in its patient population*

NPSG.15.01.01 - Identify patients at risk for suicide. Note: This requirement applies only to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals

UNIVERSAL PROTOCOL

UP.01.01.01 - Conduct a preprocedure verification process

UP.01.02.01 - Mark the procedure site

UP.01.03.01 - A time-out is performed before the procedure

Kaweah Delta

The Joint Commission (TJC) Survey 2019

- Unannounced survey, likely in September
- 5 days, 12 surveyors
- Areas at Kaweah that are not TJC surveyed:
  - SNF, Lab Services, VMC & Prompt Cares
- TJC manuals surveyed:
  - Hospital manual
  - Home care manual

TJC Tracer Methodology

An important component of the on-site survey process is tracer methodology, which assesses care, treatment, and services by following the actual experiences of patients within the different areas of the health care organization. Types of tracers:

1. Individual tracers (patient specific)
2. System tracers (ie. medication management, infection control, data use)

Board of Directors are invited to participate in opening session and Leadership Systems Tracer

TJC SAFER Matrix

- TJC findings are now scored on a matrix

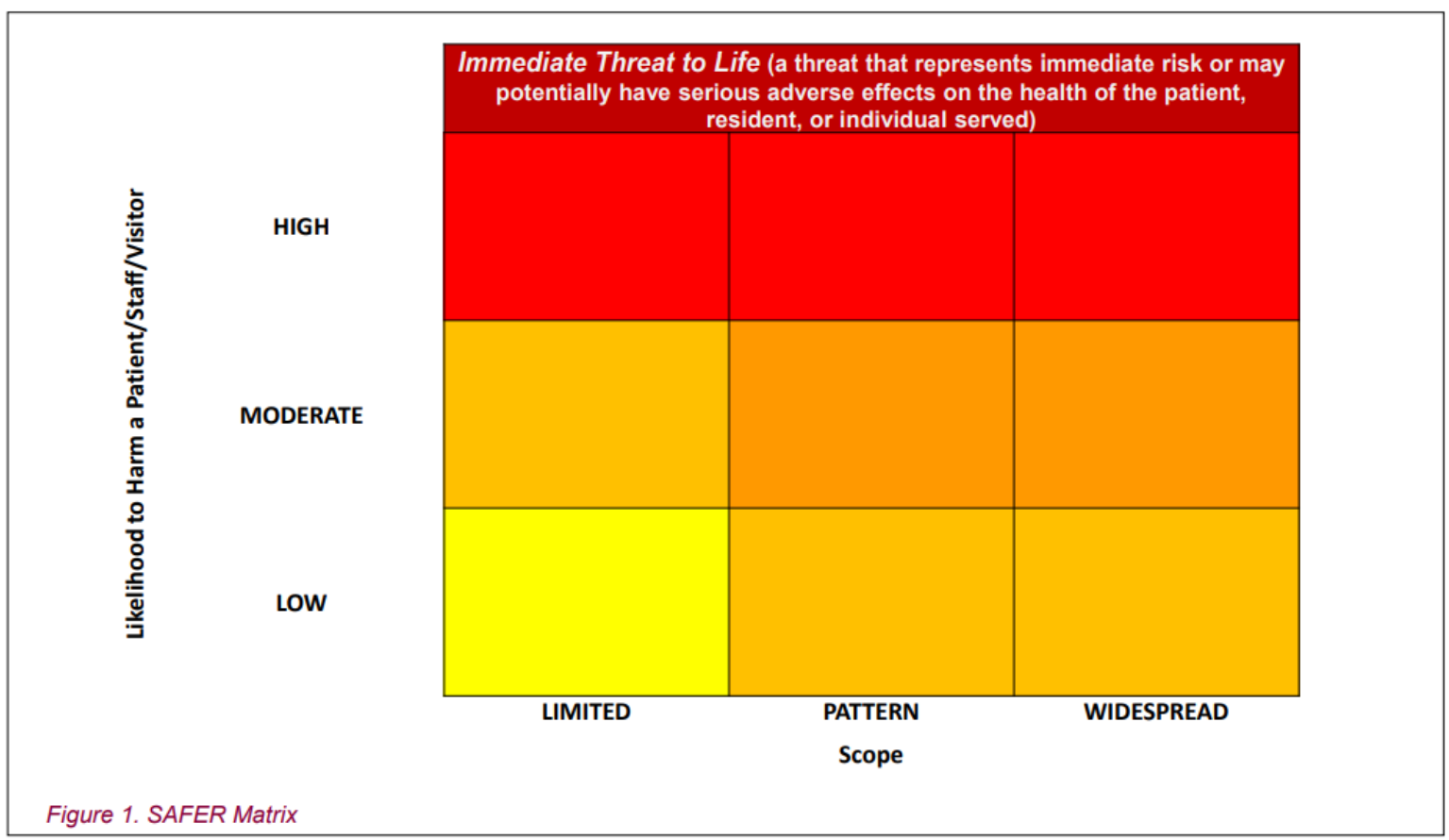

Figure 1. SAFER Matrix

Post Survey

- 10 Day clarification process
  - Data is submitted that demonstrates compliance with a standard during survey to have it removed from findings
- 60 Day Evidence of Standards Compliance (ESC) for all findings (aka corrective action plans)
  - Additional information required for findings in the red or dark orange boxes (leadership oversight)
- Process for Immediate Threat to Life (IJ) remains the same
  - 10 days to correct, resurvey

TJC and BOD

Since The Joint Commission revised its Leadership standards and other influential organizations encouraged boards to have an increased role in patient safety and quality improvement, boards have responded positively. A recent survey of 722 chairpersons across U.S. health care organizations found the following results[5]:

- Sixty-three percent of hospital boards discuss quality improvement issues at each meeting, and this discussion comprises at least 20% of the agenda for more than half the boards.
- Three out of five hospital boards have a quality subcommittee.
- Seventy-two percent of hospital boards regularly review quality dashboards.
- More than half of hospital board members consider quality of care to be a top priority.

TJC and BOD

- Quality issues are discussed at each meeting (top of the agenda)
- Dashboard with quality measures is reviewed
- Quality Subcommittee
  - "The key point is that this group of individuals focuses on the organization's approach to quality and safety, the integration of this approach throughout all areas, and the process used to improve care at the organization."
- A study by the Agency for Healthcare Research and Quality found that when governing boards are involved in quality and safety, their organizations' mortality rates decrease and they see better performance in processes of care

TJC: The governing body's responsibilities include:

- ***Mission and strategic planning.*** This includes an examination of community needs to define the organization's role and purpose; an assessment of the organization's capabilities; development and support of the organization's mission, vision, and values; and strategic planning for the future.
- ***Quality of care and patient safety.*** Board members must ensure that performance improvement and patient safety programs are implemented, that effective processes exist and are followed for credentialing and privileging, and that risk management is carried out.
- ***Leadership.*** This includes ensuring effective management through an established process of selecting a chief executive officer, meeting legal and accreditation requirements, resolving conflict among leaders, and empowering leaders across the organization.
- ***Budget and finance.*** Boards must provide the necessary resources for patient care, patient safety, staffing, and performance improvement.
- ***Board effectiveness.*** A governing body is responsible for assessing and improving its own conduct. This means establishing policies and procedures for the board, understanding its role in organizational leadership, evaluating its ability to carry out its duties, and seeking new members (if applicable).

TJC and BOD

- Promote of a culture of safety and quality
  - that is patient centered and focuses on a proactive, multidisciplinary approach to continuously improving processes and preventing errors and adverse outcomes
  - Transparency
- Participate in measurement and improvement
  - Goals that fit into strategic plan, use of benchmarking, resource allocation, monitoring performance (dashboards)
- Hold management accountable
- Address quality and safety in BOD meetings

Questions?

Reference: Joint Commission Resources. (2011) Getting the Board on Board: What your Board Needs to Know About Quality and Patient Safety. Second Ed.

2019 The Joint Commission

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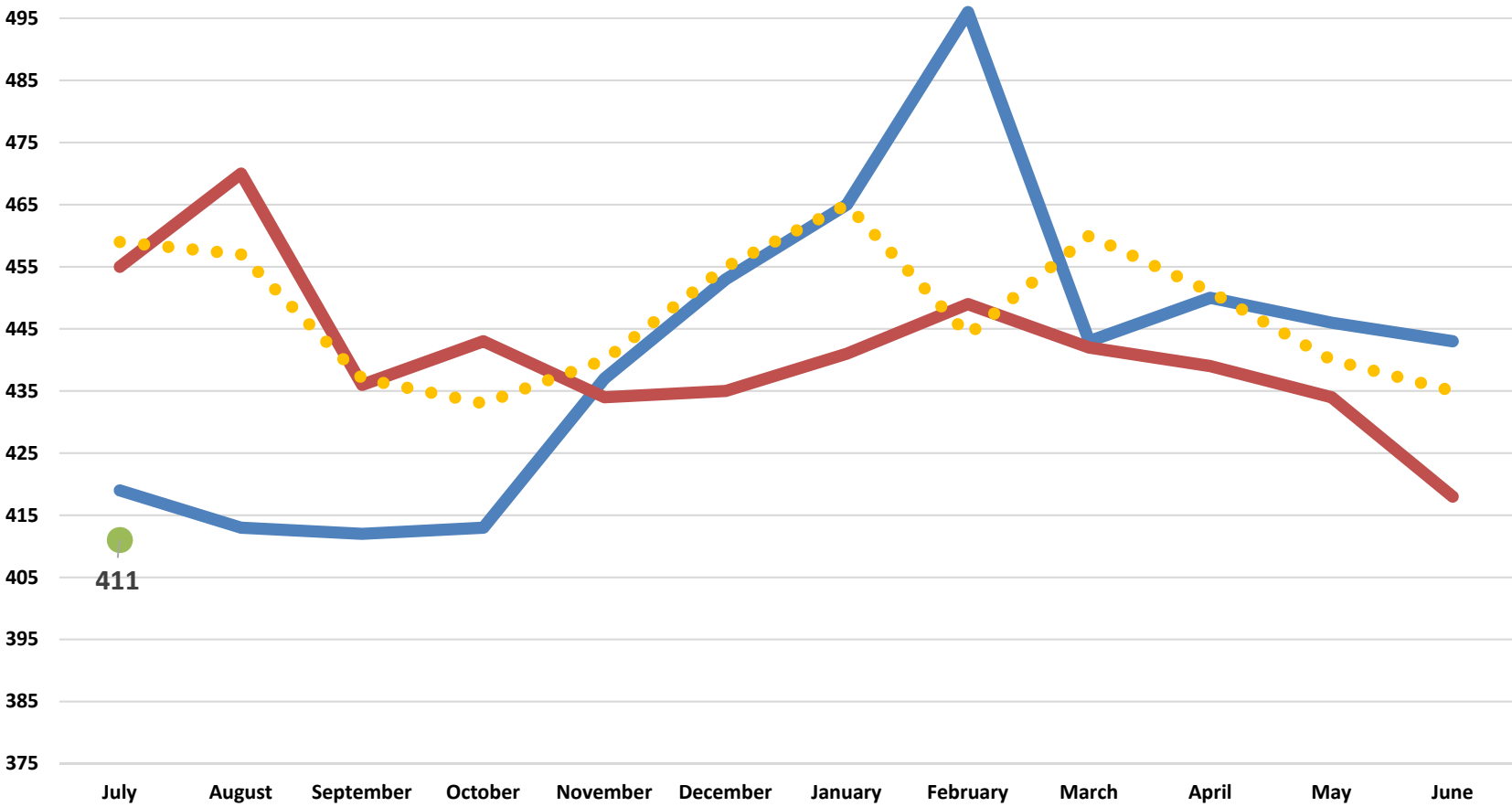
CFO Financial Report

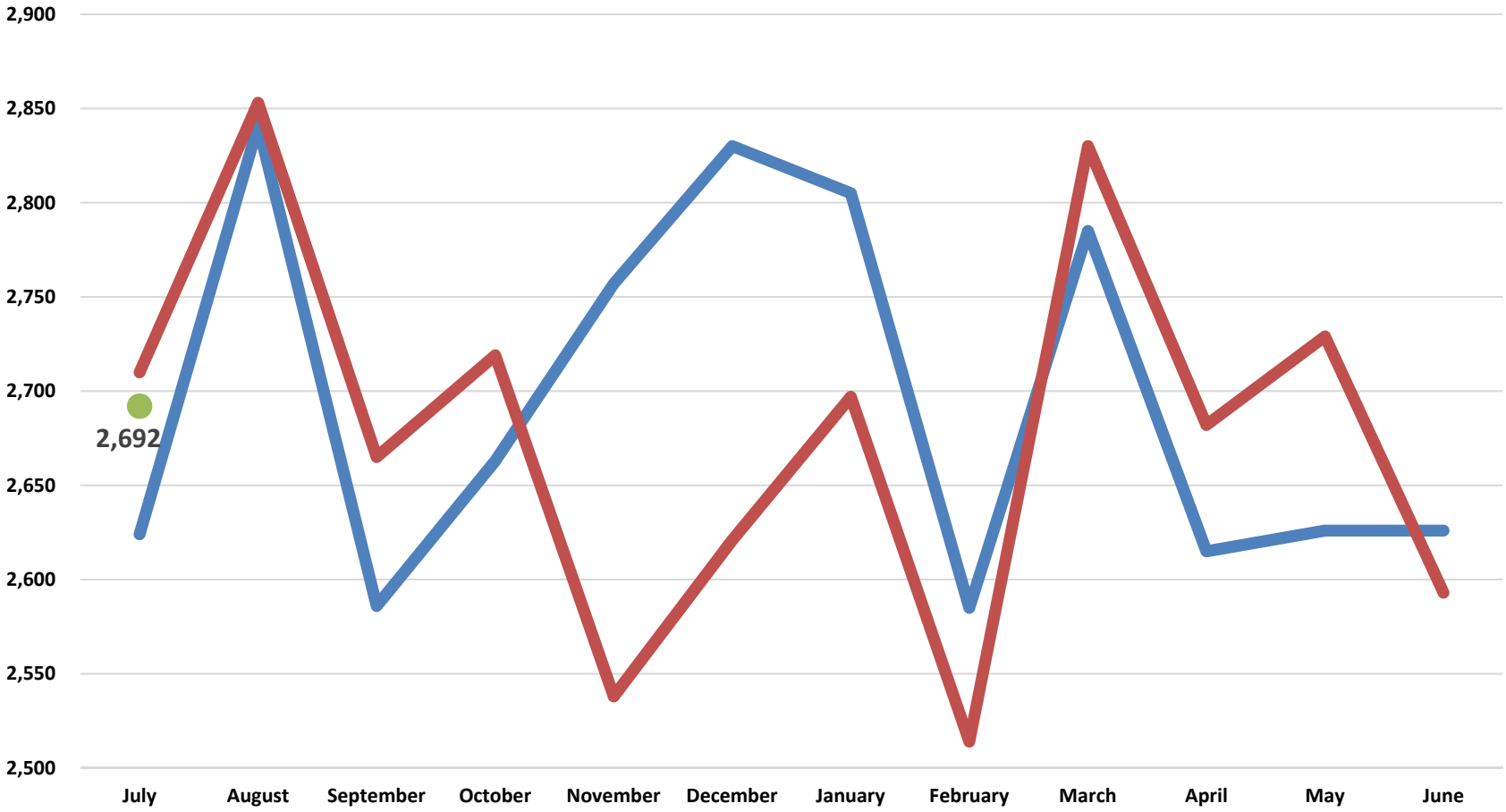
August 26, 2019

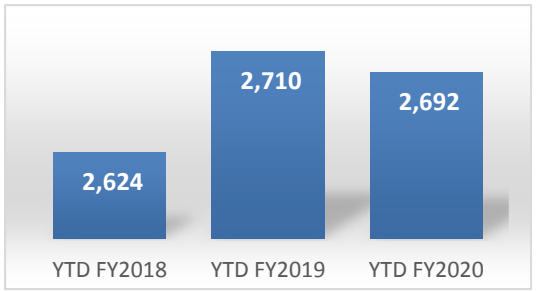
Kaweah Delta
HEALTH CARE DISTRICT

Average Daily Census

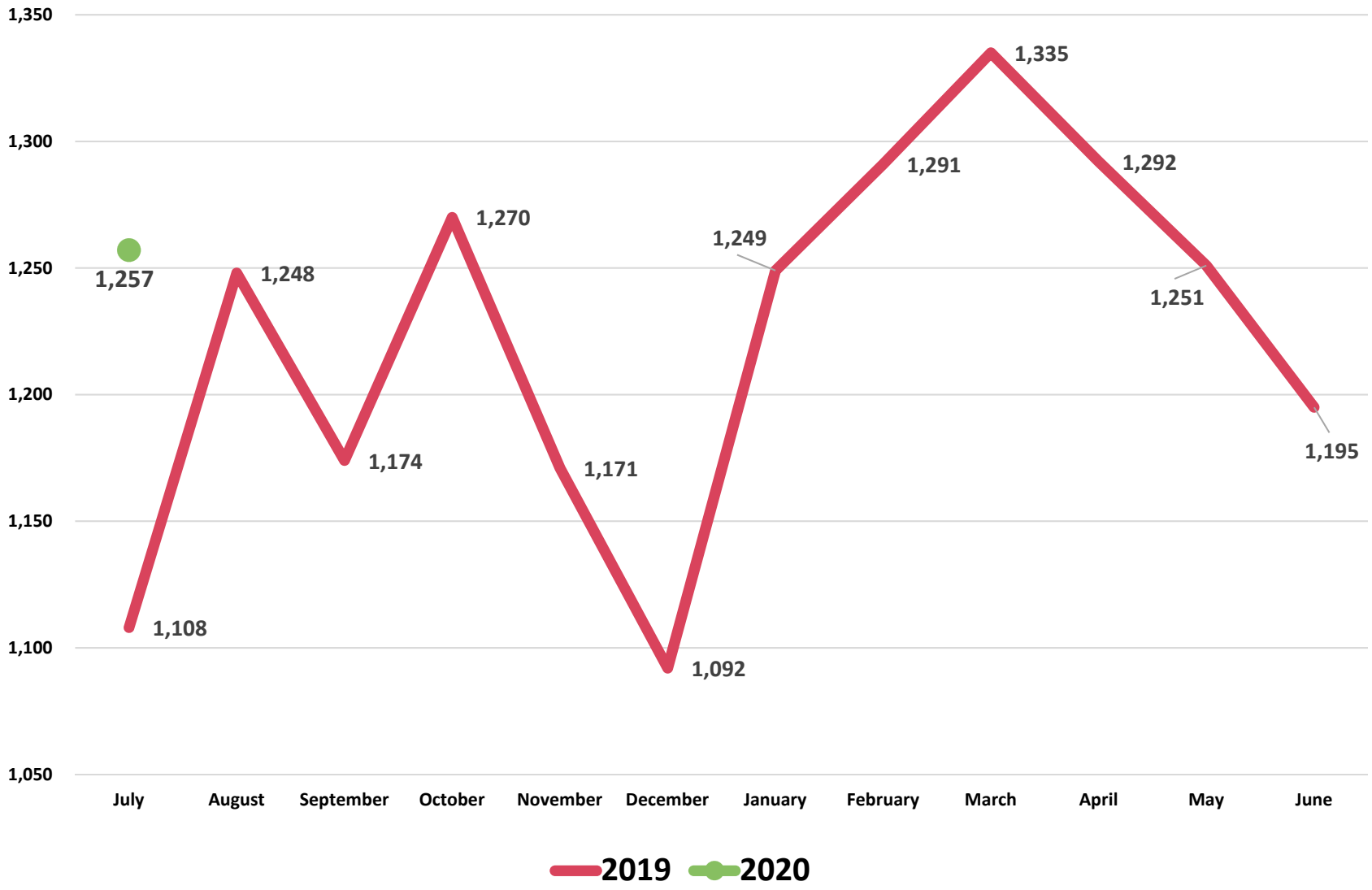


Admissions


2,900
2,850
2,800
2,750
2,700
2,650
2,600
2,550
2,500
2,692
July
August
September
October
November
December
January
February
March
April
May
June
2018
2019
2020


2,624
2,710
2,692
YTD FY2018
YTD FY2019
YTD FY2020

Outpatient Registrations per Day



Statistical Results – Fiscal Year Comparison (July)

	Actual Results			Budget	Budget Variance	
	Jul 2018	Jul 2019	% Change	Jul 2019	Change	% Change
Average Daily Census	**455**	**411**	**(9.6%)**	**459**	**(48)**	**(10.4%)**
KDHCD Patient Days:						
Medical Center	8,997	8,095	(10.0%)	9,152	(1,057)	(11.5%)
Acute I/P Psych	1,493	1,456	(2.5%)	1,478	(22)	(1.5%)
Sub-Acute	966	954	(1.2%)	955	(1)	(0.1%)
Rehab	620	492	(20.6%)	607	(115)	(18.9%)
TCS-Ortho	355	434	22.3%	403	31	7.7%
TCS	534	246	(53.9%)	525	(279)	(53.1%)
NICU	581	486	(16.4%)	530	(44)	(8.3%)
Nursery	550	581	5.6%	574	7	1.2%
Total KDHCD Patient Days	**14,096**	**12,744**	**(9.6%)**	**14,224**	**(1,480)**	**(10.4%)**
Total Outpatient Volume	**34,348**	**38,967**	**13.4%**	**36,443**	**2,523**	**6.9%**

Other Statistical Results – Fiscal Year Comparison (July)

	Jul 2018	Jul 2019	Change	% Change
Adjusted Patient Days	**26,287**	**25,329**	**(958)**	**(3.6%)**
Outpatient Visits	**34,348**	**38,967**	**4,619**	**13.4%**
Urgent Care - Demaree	0	1,569	1,569	**100.0%**
KDMF RVU	23,413	33,049	9,636	**41.2%**
Radiation Oncology Treatments (I/P & O/P)	1,746	2,311	565	**32.4%**
Endoscopy Procedures (I/P & O/P)	433	527	94	**21.7%**
Surgery Minutes (I/P & O/P)	910	1,079	169	**18.6%**
Home Health Visits	2,574	3,020	446	**17.3%**
O/P Rehab Units	18,680	20,889	2,209	**11.8%**
OB Deliveries	406	438	32	**7.9%**
Hospice Days	3,287	3,545	258	**7.8%**
GME Clinic visits	995	1,071	76	**7.6%**
Dialysis Treatments	1,848	1,984	136	**7.4%**
Radiology/CT/US/MRI Proc (I/P & O/P)	14,819	15,829	1,010	**6.8%**
Cath Lab Minutes (IP & OP)	358	369	11	**3.3%**
ED Registrations	7,697	7,695	(2)	**(0.0%)**
Physical & Other Therapy Units	18,029	17,754	(275)	**(1.5%)**
Home Infusion Days	10,696	10,382	(314)	**(2.9%)**
Urgent Care - Court	4,296	3,302	(994)	**(23.1%)**

July Financial Comparison (000's)

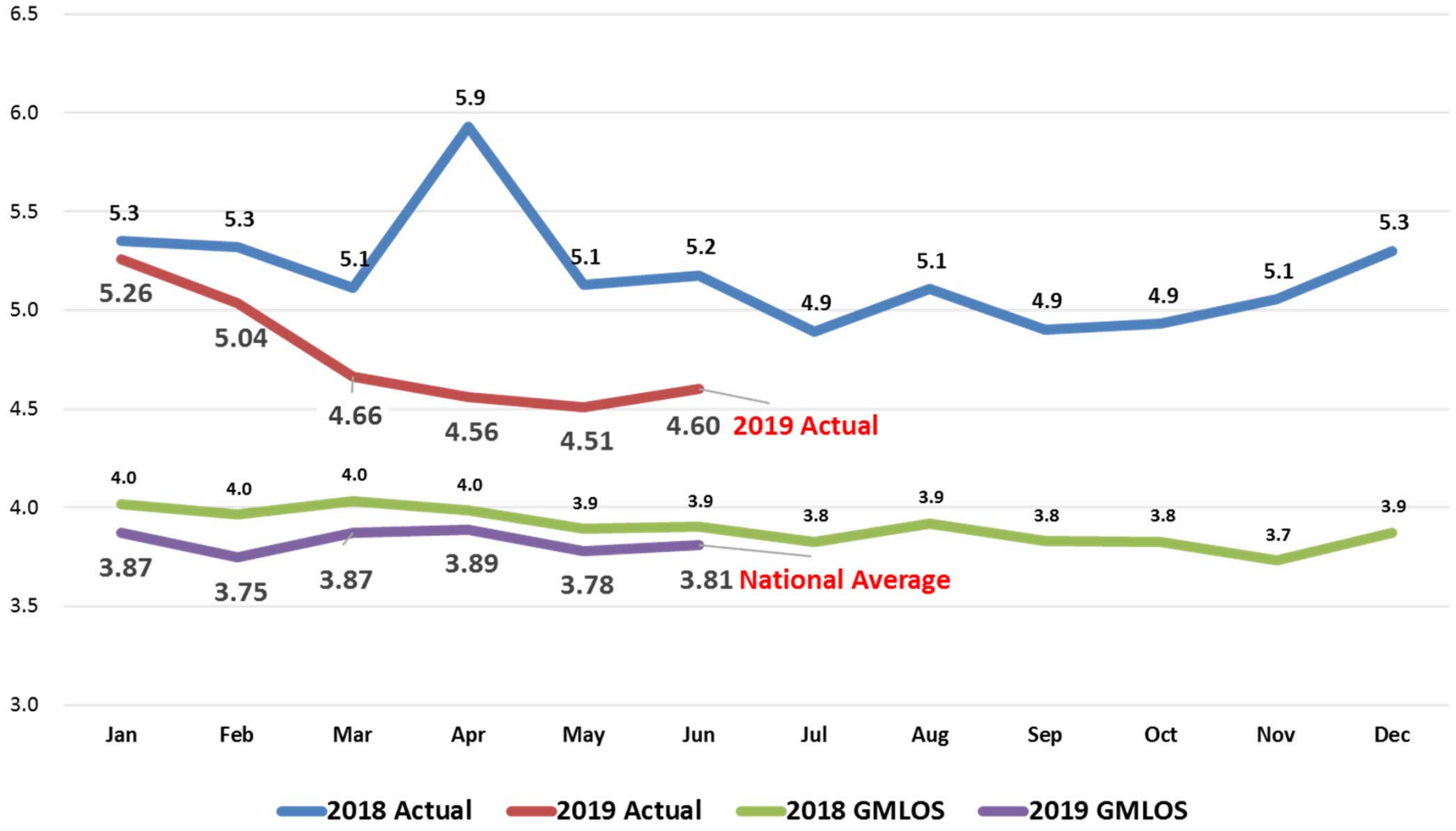
	Actual Results			Budget	Budget Variance	
	Jul 2018	Jul 2019	% Change	Jul 2019	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$49,124**	**$51,799**	**5.4%**	**$49,611**	**$2,188**	**4.4%**
Supplemental Gov't Programs	3,470	4,319	24.5%	4,319	(0)	(0.0%)
Prime Program	997	905	(9.2%)	905	0	0.0%
Premium Revenue	3,032	4,113	35.6%	3,498	615	17.6%
Management Services Revenue	2,321	2,889	24.5%	2,601	288	11.1%
Other Revenue	1,570	1,576	0.4%	1,786	(210)	(11.8%)
Other Operating Revenue	11,390	13,802	**21.2%**	13,110	692	5.3%
Total Operating Revenue	**60,514**	**65,601**	**8.4%**	**62,721**	**2,880**	**4.6%**
Operating Expenses						
Salaries & Wages	23,797	25,161	5.7%	25,588	(427)	(1.7%)
Contract Labor	904	1,069	18.2%	309	760	245.9%
Employee Benefits	5,447	6,718	23.3%	6,174	544	8.8%
Total Employment Expenses	**30,147**	**32,948**	**9.3%**	**32,071**	**876**	**2.7%**
Medical & Other Supplies	9,585	8,683	(9.4%)	9,094	(411)	(4.5%)
Physician Fees	6,300	7,266	15.3%	7,878	(612)	(7.8%)
Purchased Services	2,726	3,424	25.6%	2,886	537	18.6%
Repairs & Maintenance	2,155	2,051	(4.8%)	2,242	(192)	(8.5%)
Utilities	481	541	12.3%	508	33	6.4%
Rents & Leases	514	571	11.1%	531	40	7.6%
Depreciation & Amortization	2,557	2,518	(1.5%)	2,445	72	3.0%
Interest Expense	442	436	(1.4%)	524	(88)	(16.7%)
Other Expense	1,545	1,397	(9.6%)	1,770	(373)	(21.1%)
Management Services Expense	2,280	2,660	16.6%	2,560	100	3.9%
Total Operating Expenses	**58,733**	**62,494**	**6.4%**	**62,510**	**(16)**	**(0.0%)**
Operating Margin	**$1,781**	**$3,107**	**74.5%**	**$211**	**$2,896**	**1373.2%**
Nonoperating Revenue (Loss)	434	744	71.5%	670	75	11.1%
Excess Margin	**$2,215**	**$3,852**	**73.9%**	**$881**	**$2,971**	**337.3%**

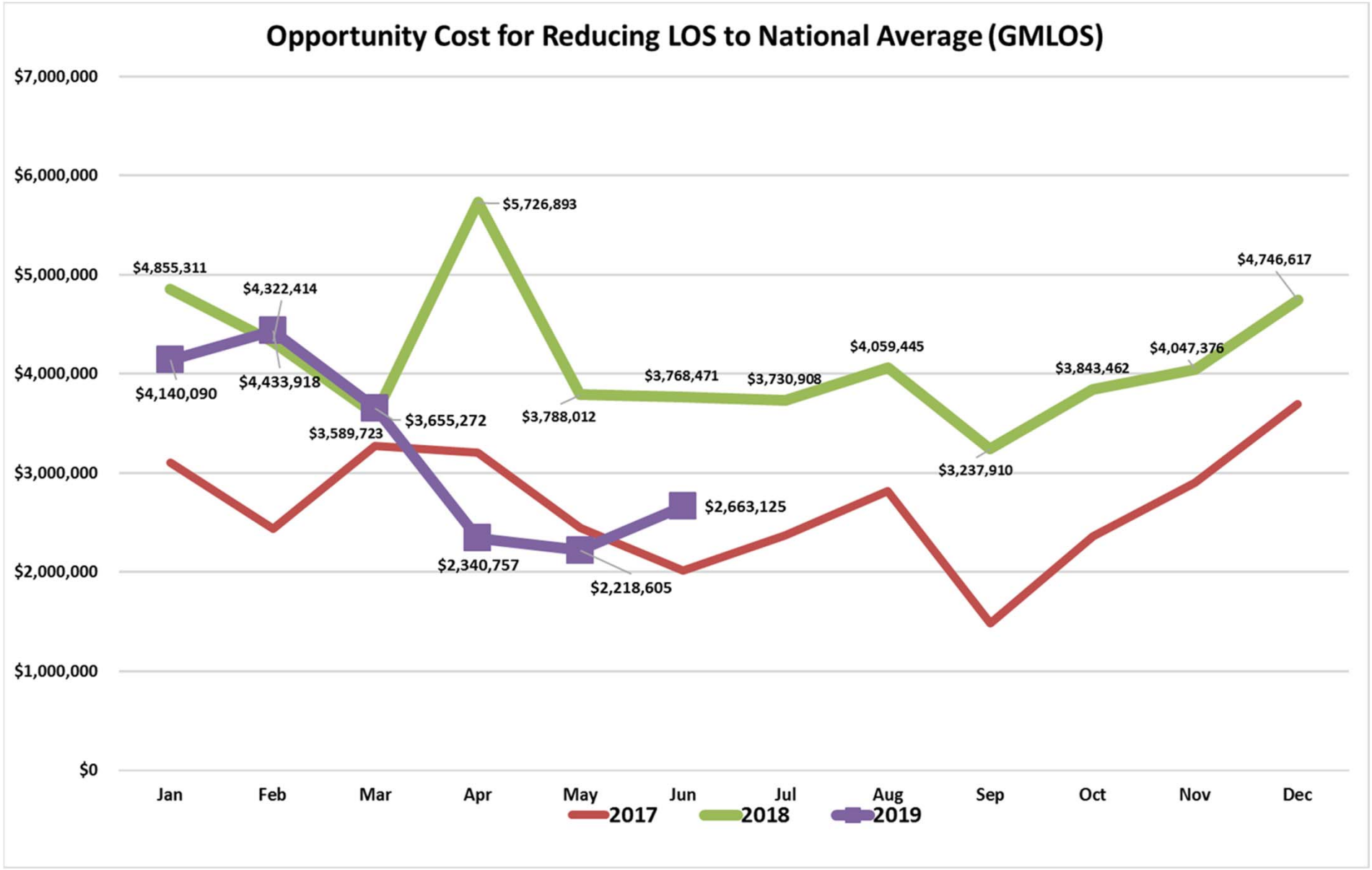
Operating Margin %	**2.9%**	**4.7%**		**0.3%**
Excess Margin %	**3.7%**	**5.9%**		**1.4%**

Kaweah Delta Medical Foundation
Fiscal Year Financial Comparison (000's)

	Actual Results FYTD July			Budget FYTD	Budget Variance FYTD	
	Jul 2018	Jul 2019	% Change	Jul 2019	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$2,800**	**$3,554**	**26.9%**	**$3,445**	**$110**	**3.2%**
Other Operating Revenue	44	20	(54.2%)	54	(34)	(61.8%)
Total Operating Revenue	**2,844**	**3,574**	**25.7%**	**3,498**	**76**	**2.2%**
Operating Expenses						
Salaries & Wages	910	973	6.9%	1,027	(55)	(5.3%)
Contract Labor	8	17	115.7%	0	17	0.0%
Employee Benefits	151	281	86.7%	245	37	15.0%
Total Employment Expenses	**1,068**	**1,271**	**19.0%**	**1,272**	**(1)**	**(0.1%)**
Medical & Other Supplies	513	438	(14.6%)	460	(22)	(4.7%)
Physician Fees	1,790	2,005	12.0%	2,102	(97)	(4.6%)
Purchased Services	74	139	87.3%	55	84	153.4%
Repairs & Maintenance	159	167	5.1%	219	(52)	(23.9%)
Utilities	40	42	4.4%	36	6	17.9%
Rents & Leases	248	223	(9.9%)	239	(16)	(6.6%)
Depreciation & Amortization	97	105	8.9%	88	17	19.6%
Interest Expense	3	1	(50.4%)	2	(1)	(30.1%)
Other Expense	136	95	(30.3%)	155	(60)	(38.8%)
Total Operating Expenses	**4,127**	**4,486**	**8.7%**	**4,627**	**(141)**	**(3.1%)**
Excess Margin	**($1,283)**	**($911)**	**29.0%**	**($1,129)**	**$218**	**19.3%**
Excess Margin %	**(45.1%)**	**(25.5%)**		**(32.3%)**		

Average Length of Stay versus National Average (GMLOS)




Opportunity Cost for Reducing LOS to National Average (GMLOS)
$7,000,000
$6,000,000
$5,000,000
$4,000,000
$3,000,000
$2,000,000
$1,000,000
$0
$4,855,311
$4,322,414
$4,140,090
$4,433,918
$5,726,893
$3,589,723
$3,655,272
$3,788,012
$3,768,471
$3,730,908
$4,059,445
$3,237,910
$3,843,462
$4,047,376
$4,746,617
$2,663,125
$2,340,757
$2,218,605
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2017
2018
2019

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED INCOME STATEMENT (000's)

FISCAL YEAR 2019 & 2020

	Operating Revenue			Operating Expenses									
Fiscal Year	Net Patient Revenue	Other Operating Revenue	Operating Revenue Total	Personnel Expense	Physician Fees	Supplies Expense	Other Operating Expense	Operating Expenses Total	Operating Income	Non-Operating Income	Net Income	Operating Margin %	Excess Margin
2019													
Jul-18	49,124	11,390	60,514	30,147	6,300	9,585	12,701	58,733	1,781	434	2,215	2.9%	3.7%
Aug-18	52,124	11,471	63,594	31,602	7,668	10,624	12,980	62,874	721	451	1,171	1.1%	1.8%
Sep-18	46,634	11,659	58,293	29,835	6,524	8,862	13,361	58,582	(289)	912	624	(0.5%)	1.1%
Oct-18	48,769	11,646	60,414	32,849	7,145	9,867	13,066	62,927	(2,513)	343	(2,169)	(4.2%)	(3.6%)
Nov-18	43,870	18,365	62,235	31,066	7,310	10,195	13,900	62,470	(235)	449	214	(0.4%)	0.3%
Dec-18	43,717	14,732	58,449	31,115	7,023	10,329	12,736	61,202	(2,753)	613	(2,140)	(4.7%)	(3.7%)
Jan-19	44,312	18,178	62,489	34,290	6,624	8,909	13,104	62,927	(438)	460	22	(0.7%)	0.0%
Feb-19	45,261	15,334	60,595	30,249	6,989	9,473	13,280	59,991	604	565	1,169	1.0%	1.9%
Mar-19	48,012	18,073	66,085	32,229	6,775	9,219	13,608	61,832	4,253	3,328	7,580	6.4%	11.5%
Apr-19	45,828	17,318	63,146	31,272	7,105	9,209	15,748	63,334	(188)	604	416	(0.3%)	0.7%
May-19	47,078	18,515	65,594	32,104	8,403	9,728	13,265	63,501	2,093	585	2,678	3.2%	4.1%
Jun-19	47,183	24,376	71,558	29,357	7,655	6,865	15,114	58,992	12,566	3,562	16,128	17.6%	22.5%
2019 FY Total	**$ 561,911**	**$ 191,056**	**$ 752,967**	**$ 376,115**	**$ 85,521**	**$ 112,866**	**$ 162,863**	**$ 737,365**	**$ 15,602**	**$ 12,306**	**$ 27,907**	**2.1%**	**3.7%**
2020													
Jul-19	51,799	13,802	65,601	32,948	7,266	8,683	13,597	62,494	3,107	744	3,852	4.7%	5.9%
2020 FY Total	**$ 51,799**	**$ 13,802**	**$ 65,601**	**$ 32,948**	**$ 7,266**	**$ 8,683**	**$ 13,597**	**$ 62,494**	**$ 3,107**	**$ 744**	**$ 3,852**	**4.7%**	**5.9%**
FYTD Budget	**49,611**	**13,110**	**62,721**	**32,071**	**7,878**	**9,094**	**13,467**	**62,510**	**211**	**670**	**881**	**0.3%**	**1.4%**
Variance	**$ 2,188**	**$ 692**	**$ 2,880**	**$ 876**	**$ (612)**	**$ (411)**	**$ 130**	**$ (16)**	**$ 2,896**	**$ 75**	**2,971**		
Current Month Analysis													
Jul-19	**$ 51,799**	**$ 13,802**	**$ 65,601**	**$ 32,948**	**$ 7,266**	**$ 8,683**	**$ 13,597**	**$ 62,494**	**$ 3,107**	**$ 744**	**$ 3,852**	**4.7%**	**5.9%**
Budget	**49,611**	**13,110**	**62,721**	**32,071**	**7,878**	**9,094**	**13,467**	**62,510**	**211**	**670**	**881**	**0.3%**	**1.4%**
Variance	**$ 2,188**	**$ 692**	**$ 2,880**	**$ 876**	**$ (612)**	**$ (411)**	**$ 130**	**$ (16)**	**$ 2,896**	**$ 75**	**2,971**		

KAWEAH DELTA HEALTH CARE DISTRICT

FISCAL YEAR 2019 & 2020

Fiscal Year	Patient Days	ADC	Adjusted Patient Days	I/P Revenue %	DFR & Bad Debt %	Net Patient Revenue/ Ajusted Patient Day	Personnel Expense/ Ajusted Patient Day	Physician Fees/ Ajusted Patient Day	Supply Expense/ Ajusted Patient Day	Total Operating Expense/ Ajusted Patient Day	Personnel Expense/ Net Patient Revenue	Physician Fees/ Net Patient Revenue	Supply Expense/ Net Patient Revenue	Total Operating Expense/ Net Patient Revenue
2019														
Jul-18	14,096	455	26,287	53.6%	72.4%	1,869	1,147	240	365	2,234	61.4%	12.8%	19.5%	119.6%
Aug-18	14,569	470	28,016	52.0%	76.0%	1,861	1,128	274	379	2,244	60.6%	14.7%	20.4%	120.6%
Sep-18	13,052	435	24,371	53.6%	73.5%	1,914	1,224	268	364	2,404	64.0%	14.0%	19.0%	125.6%
Oct-18	13,744	443	25,579	53.7%	73.5%	1,907	1,284	279	386	2,460	67.4%	14.7%	20.2%	129.0%
Nov-18	13,013	434	23,625	55.1%	74.9%	1,857	1,315	309	432	2,644	70.8%	16.7%	23.2%	142.4%
Dec-18	13,497	435	25,399	53.1%	76.2%	1,721	1,225	277	407	2,410	71.2%	16.1%	23.6%	140.0%
Jan-19	13,671	441	26,407	51.8%	76.9%	1,678	1,299	251	337	2,383	77.4%	14.9%	20.1%	142.0%
Feb-19	12,584	449	23,811	52.8%	75.9%	1,901	1,270	294	398	2,519	66.8%	15.4%	20.9%	132.5%
Mar-19	13,707	442	26,032	52.7%	76.9%	1,844	1,238	260	354	2,375	67.1%	14.1%	19.2%	128.8%
Apr-19	13,162	439	25,125	52.4%	76.9%	1,824	1,245	283	367	2,521	68.2%	15.5%	20.1%	138.2%
May-19	13,440	434	26,367	51.0%	75.3%	1,785	1,218	319	369	2,408	68.2%	17.8%	20.7%	134.9%
Jun-19	12,547	418	24,234	51.8%	75.6%	1,947	1,211	316	283	2,434	62.2%	16.2%	14.6%	125.0%
2019 FY Total	**161,082**	**441**	**305,353**	**52.8%**	**75.4%**	**1,840**	**1,232**	**280**	**370**	**2,415**	**66.9%**	**15.2%**	**20.1%**	**131.2%**
2020														
Jul-19	12,744	411	25,329	50.3%	73.8%	2,045	1,301	287	343	2,467	63.6%	14.0%	16.8%	120.6%
2020 FY Total	**12,744**	**411**	**25,329**	**50.3%**	**73.8%**	**2,045**	**1,301**	**287**	**343**	**2,467**	**63.6%**	**14.0%**	**16.8%**	**120.6%**
FYTD Budget	**14,224**	**459**	**27,130**	**52.4%**	**74.5%**	**1,829**	**1,182**	**290**	**335**	**2,468**	**64.6%**	**15.9%**	**18.3%**	**126.0%**
Variance	**(1,480)**	**(48)**	**(1,801)**	**(2.1%)**	**(0.7%)**	**216**	**119**	**(4)**	**8**	**(1)**	**(1.0%)**	**(1.9%)**	**(1.6%)**	**(5.4%)**
Current Month Analysis														
Jul-19	**12,744**	**411**	**25,329**	**50.3%**	**73.8%**	**2,045**	**1,301**	**287**	**343**	**2,467**	**63.6%**	**14.0%**	**16.8%**	**120.6%**
Budget	**14,224**	**459**	**27,130**	**52.4%**	**74.5%**	**1,829**	**1,182**	**290**	**335**	**2,468**	**64.6%**	**15.9%**	**18.3%**	**126.0%**
Variance	**(1,480)**	**(48)**	**(1,801)**	**(2.1%)**	**(0.7%)**	**216**	**119**	**(4)**	**8**	**(1)**	**(1.0%)**	**(1.9%)**	**(1.6%)**	**(5.4%)**

KAWEAH DELTA HEALTH CARE DISTRICT
RATIO ANALYSIS REPORT
JULY 31, 2019

	Current Month Value	Prior Month Value	June 30, 2019 Unaudited Value	2017 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.6	2.2	2.2	1.7	**1.9**	2.1
Accounts Receivable (days)	78.4	79.7	79.7	48.4	**48.4**	46.5
Cash On Hand (days)	133.8	140.8	140.8	264.6	**226.5**	156.5
Cushion Ratio (x)	17.6	18.5	18.5	36.6	**23.9**	13.8
Average Payment Period (days)	43.5	51.0	51.0	75.0	**59.6**	59.6
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	114.5%	120.5%	120.5%	217.6%	**169.6%**	111.7%
Debt-To-Capitalization	31.4%	31.5%	31.5%	26.0%	**32.9%**	39.3%
Debt-to-Cash Flow (x)	2.9	3.6	3.6	2.2	**3.0**	4.5
Debt Service Coverage	5.0	4.0	4.0	7.1	**5.4**	3.0
Maximum Annual Debt Service Coverage (x)	5.0	4.0	4.0	6.4	**4.7**	2.8
Age Of Plant (years)	12.6	12.1	12.1	10.1	**11.6**	12.1
PROFITABILITY RATIOS						
Operating Margin	4.7%	2.0%	2.0%	3.5%	**2.3%**	(.4%)
Excess Margin	5.8%	3.6%	3.6%	6.6%	**5.2%**	1.9%
Operating Cash Flow Margin	9.2%	6.8%	6.8%	9.2%	**8.6%**	6.0%
Return on Assets	5.3%	3.0%	3.0%	5.3%	**4.0%**	1.7%

KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED STATEMENTS OF NET POSITION

	Jul-19	Jun-19	Change	% Change	Jun-19 (Unaudited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	$ 2,137	$ 4,220	$ (2,083)	-49.4%	$ 4,220
Current portion of Board designated and trusted assets	12,132	12,577	(446)	-3.5%	12,577
Accounts receivable:					
Net patient accounts	143,908	146,605	(2,697)	-1.8%	146,605
Other receivables	14,108	13,907	201	1.4%	13,907
	158,016	160,512	(2,496)	-1.5%	160,512
Inventories	10,388	10,479	(91)	-0.9%	10,479
Medicare and Medi-Cal settlements	35,084	30,759	4,326	14.1%	30,759
Prepaid expenses	12,076	11,510	566	4.9%	11,510
Total current assets	229,833	230,057	(224)	-0.1%	230,057
NON-CURRENT CASH AND INVESTMENTS -					
less current portion					
Board designated cash and assets	267,292	278,883	(11,591)	-4.2%	278,883
Revenue bond assets held in trust	32,869	33,569	(701)	-2.1%	33,569
Assets in self-insurance trust fund	4,217	4,209	8	0.2%	4,209
Total non-current cash and investments	304,378	316,662	(12,284)	-3.9%	316,662
CAPITAL ASSETS					
Land	16,137	16,137	-	0.0%	16,137
Buildings and improvements	356,887	356,887	-	0.0%	356,887
Equipment	275,513	275,513	-	0.0%	275,513
Construction in progress	44,419	42,299	2,120	5.0%	42,299
	692,956	690,836	2,120	0.3%	690,836
Less accumulated depreciation	360,105	357,681	2,424	0.7%	357,681
Property under capital leases -					
less accumulated amortization	3,128	3,204	(76)	-2.4%	3,204
Total capital assets	335,979	336,359	(380)	-0.1%	336,359
OTHER ASSETS					
Property not used in operations	3,718	3,724	(6)	-0.2%	3,724
Health-related investments	7,560	7,537	23	0.3%	7,537
Other	9,997	9,706	291	3.0%	9,706
Total other assets	21,275	20,967	308	1.5%	20,967
Total assets	891,465	904,045	(12,580)	-1.4%	904,045
DEFERRED OUTFLOWS	2,850	2,888	(38)	-1.3%	2,888
Total assets and deferred outflows	**$ 894,315**	**$ 906,933**	**$ (12,618)**	**-1.4%**	**$ 906,933**

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED STATEMENTS OF NET POSITION

	Jul-19	Jun-19	Change	% Change	Jun-19 (Unaudited)
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	$ 28,143	$ 35,319	$ (7,175)	-20.3%	$ 35,319
Accrued payroll and related liabilities	51,376	59,163	(7,788)	-13.2%	59,163
Long-term debt, current portion	9,290	9,360	(70)	-0.7%	9,360
Total current liabilities	88,809	103,842	(15,033)	-14.5%	103,842
LONG-TERM DEBT, less current portion					
Bonds payable	256,845	258,553	(1,708)	-0.7%	258,553
Capital leases	153	174	(21)	-12.1%	174
Total long-term debt	256,998	258,727	(1,729)	-0.7%	258,727
NET PENSION LIABILITY	36,043	36,477	(435)	-1.2%	36,477
OTHER LONG-TERM LIABILITIES	29,321	28,647	674	2.3%	28,647
Total liabilities	411,170	427,693	(16,523)	-3.9%	427,693
NET ASSETS					
Invested in capital assets, net of related debt	106,112	105,427	685	.7%	105,427
Restricted	29,887	30,241	(354)	-1.2%	30,241
Unrestricted	347,145	343,570	3,575	1.0%	343,570
Total net position	483,145	479,239	3,905	0.8%	479,239
Total liabilities and net position	**$ 894,315**	**$ 906,933**	**$ (12,618)**	**-1.4 %**	**$ 906,933**

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
July 31, 2019

Board designated funds	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
LAIF		2.38	Various			64,085,312	
CAMP		2.42	CAMP			17,530,594	
Wells Cap		0.02	Money market			197	
PFM		0.02	Money market			1,101,902	
Torrey Pines Bank	5-Mar-20	1.00	CD	Torrey Pines Bank		3,007,562	
PFM	5-Jun-20	3.08	CD	Bank of Nova		1,600,000	
PFM	5-Jun-20	1.80	MTN-C	Home Depot Inc		425,000	
PFM	15-Jun-20	1.25	ABS	John Deere		4,964	
PFM	22-Jun-20	1.95	MTN-C	John Deere		200,000	
PFM	20-Jul-20	2.00	MTN-C	American Honda Mtn		420,000	
PFM	22-Jul-20	1.41	MTN-C	Wells Fargo Company		1,150,000	
PFM	3-Aug-20	2.05	CD	Westpac Bking CD		1,570,000	
Wells Cap	18-Aug-20	2.55	MTN-C	State Street Corp		830,000	
PFM	4-Sep-20	1.85	MTN-C	Caterpillar Finl Mtn		670,000	
PFM	15-Sep-20	1.56	ABS	Hyundai Auto		1,418	
Wells Cap	15-Sep-20	2.25	MTN-C	Automatic Data		800,000	
Wells Cap	15-Sep-20	2.75	MTN-C	Goldman Sachs		350,000	
Wells Cap	15-Oct-20	1.95	MTN-C	Unitedhealth Group		595,000	
PFM	16-Oct-20	3.39	CD	Sumito MTSU		805,000	
PFM	13-Nov-20	2.00	MTN-C	Apple, Inc		900,000	
PFM	16-Nov-20	2.27	CD	Swedbank		1,800,000	
Wells Cap	14-Dec-20	2.20	MTN-C	Visa Inc		700,000	
Wells Cap	14-Dec-20	2.20	MTN-C	Visa Inc		400,000	
PFM	15-Dec-20	2.13	Supra-National Age	Inter Amer Dev Bk		1,800,000	
PFM	8-Jan-21	2.35	MTN-C	John Deere		750,000	
Wells Cap	8-Jan-21	2.55	MTN-C	John Deere		1,300,000	
PFM	20-Jan-21	1.80	MTN-C	IBM		900,000	
Wells Cap	25-Jan-21	2.25	Supra-National Age	Intl Bk		750,000	
PFM	16-Feb-21	1.73	ABS	Toyota Auto Recvs		99,839	
Wells Cap	23-Feb-21	2.25	MTN-C	Apple, Inc		615,000	
PFM	12-Mar-21	2.75	MTN-C	Texas Instruments		180,000	
Wells Cap	12-Mar-21	2.75	MTN-C	Texas Instruments		630,000	
Wells Cap	15-Mar-21	1.71	ABS	Smart Trust		404,000	
Wells Cap	31-Mar-21	1.25	U.S. Govt Agency	US Treasury Bill		935,000	
PFM	1-Apr-21	2.80	Municipal	California ST		530,000	
Wells Cap	1-Apr-21	2.63	Municipal	California ST High		1,250,000	
Wells Cap	1-Apr-21	3.54	Municipal	Sacramento Ca Public		1,200,000	
PFM	2-Apr-21	2.83	CD	Credit Agricole CD		825,000	
Wells Cap	13-Apr-21	2.95	MTN-C	Toyota Motor		350,000	
Wells Cap	13-Apr-21	2.95	MTN-C	Toyota Motor		600,000	
PFM	15-Apr-21	1.29	ABS	Hyundai Auto		167,741	
PFM	15-Apr-21	2.50	MTN-C	Bank of NY		900,000	
Wells Cap	19-Apr-21	2.63	MTN-C	Bank of America		435,000	
Wells Cap	19-Apr-21	2.63	MTN-C	Bank of America		600,000	
PFM	21-Apr-21	2.50	MTN-C	Morgan Stanley		450,000	
PFM	21-Apr-21	2.50	MTN-C	Morgan Stanley		450,000	
Wells Cap	21-Apr-21	2.50	MTN-C	Morgan Stanley		750,000	
Wells Cap	29-Apr-21	2.15	MTN-C	PNC Bank		525,000	
Wells Cap	29-Apr-21	2.15	MTN-C	PNC Bank		400,000	
PFM	5-May-21	2.25	MTN-C	American Express		450,000	
PFM	10-May-21	2.05	MTN-C	BB T Corp		450,000	
Wells Cap	17-May-21	1.70	ABS	USAA Auto Owner		182,127	
Wells Cap	17-May-21	2.65	MTN-C	Caterpillar Finl Mtn		700,000	
PFM	19-May-21	1.95	MTN-C	State Street Corp		245,000	
Wells Cap	21-May-21	3.25	MTN-C	Charles Schwab Corp		1,300,000	
PFM	24-May-21	4.13	MTN-C	US Bancorp		900,000	
Wells Cap	14-Jun-21	2.25	MTN-C	Fifth Third Bank		800,000	
PFM	15-Jun-21	1.67	ABS	Ford Credit Auto		174,123	
Wells Cap	30-Jun-21	1.00	U.S. Govt Agency	US Treasury Bill		400,000	
Wells Cap	1-Jul-21	2.39	Municipal	San Francisco		935,000	
PFM	14-Jul-21	1.13	U.S. Govt Agency	FHLB		950,000	
PFM	23-Jul-21	2.75	Supra-National Age	Intl Bk		1,800,000	
PFM	15-Aug-21	1.87	ABS	Honda Auto		590,699	
PFM	16-Aug-21	1.76	ABS	Hyundai Auto		262,563	
Wells Cap	17-Aug-21	1.25	U.S. Govt Agency	FNMA		1,400,000	

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
July 31, 2019

Wells Cap	17-Aug-21	1.25	U.S. Govt Agency	FNMA	1,500,000
Wells Cap	1-Sep-21	2.25	MTN-C	Ryder System Inc	420,000
PFM	15-Sep-21	6.72	ABS	FHLMC	673
PFM	15-Sep-21	1.90	MTN-C	Oracle Corp	900,000
PFM	20-Sep-21	1.85	MTN-C	Cisco Systems Inc	800,000
Wells Cap	25-Sep-21	2.99	ABS	FHLMC	1,300,000
PFM	6-Oct-21	1.70	MTN-C	Pepsico Inc	1,320,000
PFM	15-Oct-21	1.82	ABS	John Deere	259,753
PFM	31-Oct-21	1.25	U.S. Govt Agency	US Treasury Bill	290,000
PFM	31-Oct-21	2.00	U.S. Govt Agency	US Treasury Bill	1,520,000
PFM	15-Nov-21	2.00	ABS	Toyota Auto Recvs	250,000
PFM	30-Nov-21	1.75	U.S. Govt Agency	US Treasury Bill	2,000,000
Wells Cap	30-Nov-21	1.75	U.S. Govt Agency	US Treasury Bill	1,160,000
PFM	15-Dec-21	1.75	ABS	Ally Auto	268,192
PFM	31-Dec-21	2.13	U.S. Govt Agency	US Treasury Bill	3,600,000
Wells Cap	31-Dec-21	2.00	U.S. Govt Agency	US Treasury Bill	1,225,000
PFM	15-Jan-22	1.63	MTN-C	Comcast Corp	450,000
PFM	18-Jan-22	1.93	ABS	Toyota Auto	625,000
Wells Cap	18-Jan-22	2.60	U.S. Govt Agency	FFCB	250,000
Wells Cap	24-Jan-22	4.50	MTN-C	JP Morgan	1,300,000
Wells Cap	25-Jan-22	2.79	ABS	FHLMC	1,600,000
Wells Cap	7-Feb-22	2.60	MTN-C	Bank of NY	1,000,000
PFM	12-Feb-22	2.38	MTN-C	Microsoft Corp	450,000
Wells Cap	15-Feb-22	2.50	U.S. Govt Agency	US Treasury Bill	1,500,000
Wells Cap	15-Feb-22	2.50	U.S. Govt Agency	US Treasury Bill	500,000
Wells Cap	19-Feb-22	3.17	MTN-C	Citibank	500,000
Wells Cap	28-Feb-22	1.88	U.S. Govt Agency	US Treasury Bill	390,000
Wells Cap	3-Mar-22	2.25	MTN-C	Johnson Johnson	500,000
PFM	4-Mar-22	2.45	MTN-C	Walt Disney Co	375,000
PFM	8-Mar-22	3.30	MTN-C	PNC Funding Corp	494,000
PFM	15-Mar-22	1.99	ABS	Ally Auto	647,563
PFM	15-Mar-22	2.01	ABS	Ford Credit Auto	939,336
PFM	1-Apr-22	2.75	MTN-C	BB T Corp	450,000
Wells Cap	5-Apr-22	1.88	U.S. Govt Agency	FNMA	920,000
Wells Cap	15-Apr-22	2.25	U.S. Govt Agency	US Treasury Bill	900,000
Wells Cap	15-Apr-22	2.25	U.S. Govt Agency	US Treasury Bill	2,600,000
PFM	25-Apr-22	2.75	MTN-C	Citigroup	1,000,000
Wells Cap	25-Apr-22	2.40	MTN-C	National Rural	950,000
Wells Cap	26-Apr-22	3.00	MTN-C	Goldman Sachs	440,000
Wells Cap	30-Apr-22	1.88	U.S. Govt Agency	US Treasury Bill	800,000
PFM	15-May-22	1.75	U.S. Govt Agency	US Treasury Bill	2,300,000
Wells Cap	15-May-22	3.28	Municipal	Univ Of CA	400,000
PFM	16-May-22	2.35	MTN-C	United Parcel	450,000
PFM	17-May-22	3.50	MTN-C	Bank of America	300,000
Wells Cap	18-May-22	2.30	MTN-C	Costco Wholesale	1,000,000
Wells Cap	23-May-22	2.65	MTN-C	US Bank NA	1,300,000
Wells Cap	25-May-22	2.20	MTN-C	Coca Cola Co	500,000
PFM	1-Jun-22	3.38	MTN-C	Blackrock Inc.	395,000
Wells Cap	14-Jun-22	1.88	U.S. Govt Agency	FFCB	2,600,000
Wells Cap	30-Jun-22	1.75	U.S. Govt Agency	US Treasury Bill	660,000
PFM	31-Aug-22	1.88	U.S. Govt Agency	US Treasury Bill	2,000,000
Wells Cap	31-Aug-22	1.75	U.S. Govt Agency	US Treasury Bill	590,000
PFM	8-Sep-22	2.15	MTN-C	Toyota Motor	450,000
Wells Cap	9-Sep-22	2.00	U.S. Govt Agency	FHLB	300,000
PFM	30-Sep-22	1.88	U.S. Govt Agency	US Treasury Bill	750,000

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
July 31, 2019

Wells Cap	5-Oct-22	2.00	U.S. Govt Agency	FNMA	950,000	
Wells Cap	27-Oct-22	2.70	MTN-C	Citigroup	750,000	
Wells Cap	31-Oct-22	2.00	U.S. Govt Agency	US Treasury Bill	3,150,000	
PFM	15-Nov-22	1.63	U.S. Govt Agency	US Treasury Bill	1,000,000	
Wells Cap	30-Nov-22	2.00	U.S. Govt Agency	US Treasury Bill	2,770,000	
PFM	15-Dec-22	3.02	ABS	Toyota Auto	915,000	
PFM	15-Dec-22	2.70	MTN-C	Intel Corp	415,000	
PFM	31-Dec-22	2.13	U.S. Govt Agency	US Treasury Bill	1,810,000	
PFM	17-Jan-23	3.00	ABS	Ally Auto	965,000	
PFM	17-Jan-23	3.03	ABS	Mercedes Benz Auto	565,000	
PFM	20-Jan-23	2.49	ABS	Citibank Credit	1,900,000	
Wells Cap	20-Jan-23	2.49	ABS	Citibank Credit	1,700,000	
PFM	31-Jan-23	1.75	U.S. Govt Agency	US Treasury Bill	1,200,000	
Wells Cap	31-Jan-23	2.38	U.S. Govt Agency	US Treasury Bill	350,000	
Wells Cap	28-Feb-23	2.63	U.S. Govt Agency	US Treasury Bill	2,100,000	
PFM	15-Mar-23	2.25	MTN-C	3M Company	540,000	
PFM	15-Mar-23	2.75	MTN-C	Berkshire Hathaway	370,000	
Wells Cap	15-Mar-23	3.06	ABS	Nissan Auto	1,700,000	
Wells Cap	15-Mar-23	3.18	ABS	Toyota Auto	1,400,000	
Wells Cap	20-Mar-23	2.83	ABS	Honda Auto	1,135,000	
Wells Cap	20-Apr-23	3.38	ABS	Verizon Owner Trust	600,000	
PFM	24-Apr-23	2.88	MTN-C	Bank of America	640,000	
PFM	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill	630,000	
PFM	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill	1,100,000	
PFM	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	16-May-23	3.02	ABS	GM Financial	415,000	
PFM	18-May-23	2.70	MTN-C	JP Morgan	1,000,000	
PFM	26-Jun-23	3.40	MTN-C	Walmart Inc.	800,000	
Wells Cap	17-Jul-23	2.70	ABS	Bank of America	1,400,000	
Wells Cap	17-Jul-23	2.91	ABS	John Deere	400,000	
PFM	24-Jul-23	2.91	MTN-C	Goldman Sachs	900,000	
PFM	25-Jul-23	3.20	ABS	FHLMC	323,228	
Wells Cap	31-Aug-23	2.75	U.S. Govt Agency	US Treasury Bill	1,240,000	
PFM	1-Sep-23	2.30	Municipal	San Jose Ca Ref	765,000	
PFM	20-Sep-23	3.45	MTN-C	Toyota Motor	550,000	
PFM	10-Oct-23	3.63	MTN-C	American Honda Mtn	395,000	
PFM	31-Oct-23	1.63	U.S. Govt Agency	US Treasury Bill	4,280,000	
Wells Cap	31-Oct-23	3.00	U.S. Govt Agency	US Treasury Bill	550,000	
PFM	15-Nov-23	2.51	ABS	Capital One Prime	480,000	
Wells Cap	15-Nov-23	2.51	ABS	Capital One Prime	900,000	
Wells Cap	30-Nov-23	2.13	U.S. Govt Agency	US Treasury Bill	700,000	
Wells Cap	15-Dec-23	2.99	ABS	American Express	1,410,000	
Wells Cap	20-Dec-23	2.33	ABS	Verizon Owner Trust	600,000	
PFM	31-Dec-23	2.25	U.S. Govt Agency	US Treasury Bill	3,000,000	
Wells Cap	31-Jan-24	2.50	U.S. Govt Agency	US Treasury Bill	3,575,000	
PFM	5-Feb-24	2.50	U.S. Govt Agency	FNMA	1,110,000	
PFM	13-Feb-24	2.50	U.S. Govt Agency	FHLB	1,220,000	
PFM	29-Feb-24	2.38	U.S. Govt Agency	US Treasury Bill	3,425,000	
Wells Cap	29-Feb-24	2.38	U.S. Govt Agency	US Treasury Bill	2,825,000	
PFM	7-Mar-24	2.90	MTN-C	Merck Co Inc.	405,000	
PFM	15-Mar-24	2.95	MTN-C	Pfizer Inc.	465,000	
Wells Cap	31-Mar-24	2.13	U.S. Govt Agency	US Treasury Bill	260,000	
Wells Cap	31-Mar-24	2.13	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	1-Apr-24	3.38	MTN-C	Mastercard Inc.	395,000	
PFM	30-Apr-24	2.00	U.S. Govt Agency	US Treasury Bill	1,285,000	
Wells Cap	30-Apr-24	2.25	U.S. Govt Agency	US Treasury Bill	500,000	
PFM	15-May-24	2.50	U.S. Govt Agency	US Treasury Bill	1,800,000	
Wells Cap	31-May-24	2.00	U.S. Govt Agency	US Treasury Bill	4,350,000	
Wells Cap	31-May-24	2.00	U.S. Govt Agency	US Treasury Bill	500,000	
Wells Cap	30-Jun-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	30-Jul-24	2.40	MTN-C	US Bancorp	415,000	
Wells Cap	1-Oct-26	8.00	Municipal	San Marcos Ca Redev	1,185,000	
						$ 254,150,786

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
July 31, 2019

	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
Self-insurance trust							
Wells Cap			Money market		110900	594,742	
Wells Cap			Fixed income - L/T		152300	4,124,766	
							4,719,508
2012 revenue bonds							
US Bank			Principal/Interest payment fund		142112	709,470	
							709,470
2015A revenue bonds							
US Bank			Principal/Interest payment fund		142115	277,752	
							277,752
2015B revenue bonds							
US Bank			Principal/Interest payment fund		142116	697,325	
US Bank			Project Fund		152442	32,821,649	
							33,518,974
2017A/B revenue bonds							
US Bank			Principal/Interest payment fund		142117	257,393	
							257,393
2017C revenue bonds							
US Bank			Principal/Interest payment fund		142118	378,821	
							378,821
2014 general obligation bonds							
LAIF			Interest Payment fund		152440	1,690,723	
							1,690,723
Operations							
Wells Fargo Bank		0.20	Checking		100000	(1,414,851)	
Wells Fargo Bank		0.20	Checking		100500	303	
						(1,414,548)	
Payroll							
Wells Fargo Bank		0.20	Checking		100100	(14,891)	
Wells Fargo Bank		0.20	Checking	Benesyst	100201	43,375	
Wells Fargo Bank			Checking	Resident Fund	100205	1,644	
Bancorp			Checking		100202	21,595	
						51,723	
							(1,362,825)
					Total investments		**$ 294,340,602**

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
July 31, 2019

Kaweah Delta Medical Foundation

Wells Fargo Bank	Checking	100050		**$ 2,415,625**

Sequoia Regional Cancer Center

Wells Fargo Bank	Checking	100535	$ 761,728	
Wells Fargo Bank	Checking	100530	-	
				$ 761,728

Kaweah Delta Hospital Foundation

VCB Checking	Investments	100501	$ 301,145	
Various	S/T Investments	142200	5,315,493	
Various	L/T Investments	142300	10,660,118	
Various	Unrealized G/L	142400	1,857,577	
				$ 18,134,333

Summary of board designated funds:

Plant fund:			
Uncommitted plant funds	$ 215,441,608	142100	
Committed for capital	18,931,997	142100	
	234,373,605		
GO Bond reserve - L/T	2,055,720	142100	
401k Matching	(5,844,834)	142100	
Cost report settlement - cur 2,135,384		142104	
Cost report settlement - L/T 1,312,727		142100	
	3,448,111		
Development fund/Memorial fund	104,184	112300	
Workers compensation - cu 5,390,000		112900	
Workers compensation - L/ 14,624,000		113900	
	20,014,000		
	$ 254,150,786		

Investment summary by institution:

	Total Investments	%	Trust Accounts	Surplus Funds	%
Bancorp	$ 21,595	0.0%		21,595	0.0%
CAMP	17,530,594	6.0%		17,530,594	6.9%
Local Agency Investment Fund (LAIF)	64,085,312	21.8%		64,085,312	25.4%
Local Agency Investment Fund (LAIF) - GOB Ta	1,690,723	0.6%	1,690,723	-	0.0%
Wells Cap	90,960,832	30.9%	4,719,508	86,241,324	34.1%
PFM	83,285,994	28.3%		83,285,994	32.9%
Torrey Pines Bank	3,007,562	1.0%		3,007,562	1.2%
Wells Fargo Bank	(1,384,420)	-0.5%		(1,384,420)	-0.5%
US Bank	35,142,410	11.9%	35,142,410		0.0%
Total investments	$ 294,340,602	100.0%	$ 41,552,641	$ 252,787,961	100.0%

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
July 31, 2019

Investment summary of surplus funds by type:			**Investment Limitations**	
Negotiable and other certificates of deposit	$	9,607,562	$ 75,836,000	(30%)
Checking accounts		(1,362,825)		
Local Agency Investment Fund (LAIF)		64,085,312	65,000,000	
CAMP		17,530,594		
Medium-term notes (corporate) (MTN-C)		45,904,000	75,836,000	(30%)
U.S. government agency		80,720,000		
Municipal securities		6,265,000		
Money market accounts		1,102,099	50,558,000	(20%)
Asset Backed Securties		24,586,219	50,558,000	(20%)
Supra-National Agency		4,350,000	75,836,000	(30%)
	$	252,787,961		

Return on investment:

Current month	**2.43%**
Year-to-date	**2.43%**
Prospective	**2.36%**
LAIF (year-to-date)	**2.38%**
Budget	**2.28%**

Material current-month nonroutine transactions:

Sell/Called/Matured: FNMA, $700,000, 1.25%

US Treasury, $770,000, 1.750%
US Treasury, $415,000, 2.00%
Credit Suisse Ny CD, $750,000, 2.670

Buy: US Treasury, $1,000,000, 1.750%

US Treasury, $1,000,000, 1.625%
US Bancorp, $415,000, 2.40%
San Jose Ca Ref, $765,000, 2.30%

Fair market value disclosure for the quarter ended June 30, 2019 (District only):	**Quarter-to-date**	**Year-to-date**
Difference between fair value of investments and amortized cost (balance sheet effec	N/A	$ 1,980,535
Change in unrealized gain (loss) on investments (income statement effect)	$ -	$ -

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
July 31, 2019

Investment summary of CDs:

Bank of Nova		1,600,000
Credit Agricole CD		825,000
Sumito Mtsu		805,000
Swedbank		1,800,000
Torrey Pines Bank		3,007,562
Westpac Bking CD		1,570,000
	$	9,607,562

Investment summary of asset backed securities:

Ally Auto	$	1,880,755
American Express		1,410,000
Bank of America		1,400,000
Capital One Prime		1,380,000
Citibank Credit		3,600,000
FHLMC		3,223,901
Ford Credit Auto		1,113,459
GM Financial		415,000
Honda Auto		1,725,699
Hyundai Auto		431,722
John Deere		664,717
Mercedes Benz Auto		565,000
Nissan Auto		1,700,000
Smart Trust		404,000
Toyota Auto		2,940,000
Toyota Auto Recvs		349,839
Verizon Owner Trust		1,200,000
USAA Auto Owner		182,127
	$	24,586,219

Investment summary of medium-term notes (corporate):

American Express	$	450,000
American Honda Mtn		815,000
Apple, Inc		1,515,000
Automatic Data		800,000
Bank of America		1,975,000
Bank of NY		1,900,000
BB T Corp		900,000
Berkshire Hathaway		370,000
Blackrock Inc.		395,000
Caterpillar Finl Mtn		1,370,000
Charles Schwab Corp		1,300,000
Cisco Systems Inc		800,000
Citibank		500,000
Citigroup		1,750,000
Coca Cola Co		500,000
Comcast Corp		450,000
Costco Wholesale		1,000,000
Fifth Third Bank		800,000
Goldman Sachs		1,690,000
Home Depot Inc		425,000
IBM		900,000
Intel Corp		415,000
John Deere		2,250,000
Johnson Johnson		500,000
JP Morgan		2,300,000
Mastercard Inc.		395,000
Merck Co Inc.		405,000
Microsoft Corp		450,000
Morgan Stanley		1,650,000
National Rural		950,000
Oracle Corp		900,000
Pepsico Inc		1,320,000
Pfizer Inc.		465,000
PNC Bank		925,000
PNC Funding Corp		494,000
Ryder System Inc		420,000
State Street Corp		1,075,000
Texas Instruments		810,000
Toyota Motor		1,950,000
Unitedhealth Group		595,000
United Parcel		450,000
US Bancorp		1,315,000
US Bank NA		1,300,000
Visa Inc		1,100,000
Walmart Inc.		800,000

Walt Disney Co		375,000
Wells Fargo Company		1,150,000
3M Company		540,000
	$	45,904,000

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	$	5,880,000
Federal Home Loan Bank (FHLB)		2,470,000
Federal Farmers Credit Bank (FFCB)		2,850,000
US Treasury Bill		69,520,000
	$	80,720,000

Investment summary of municipal securities:

California ST High	$	1,250,000
California ST		530,000
Sacramento Ca Public		1,200,000
San Francisco		935,000
San Marcos Ca Redev		1,185,000
Univ Of CA		400,000
San Jose Ca Ref		765,000
	$	6,265,000

Investment summary of Supra-National Agency:

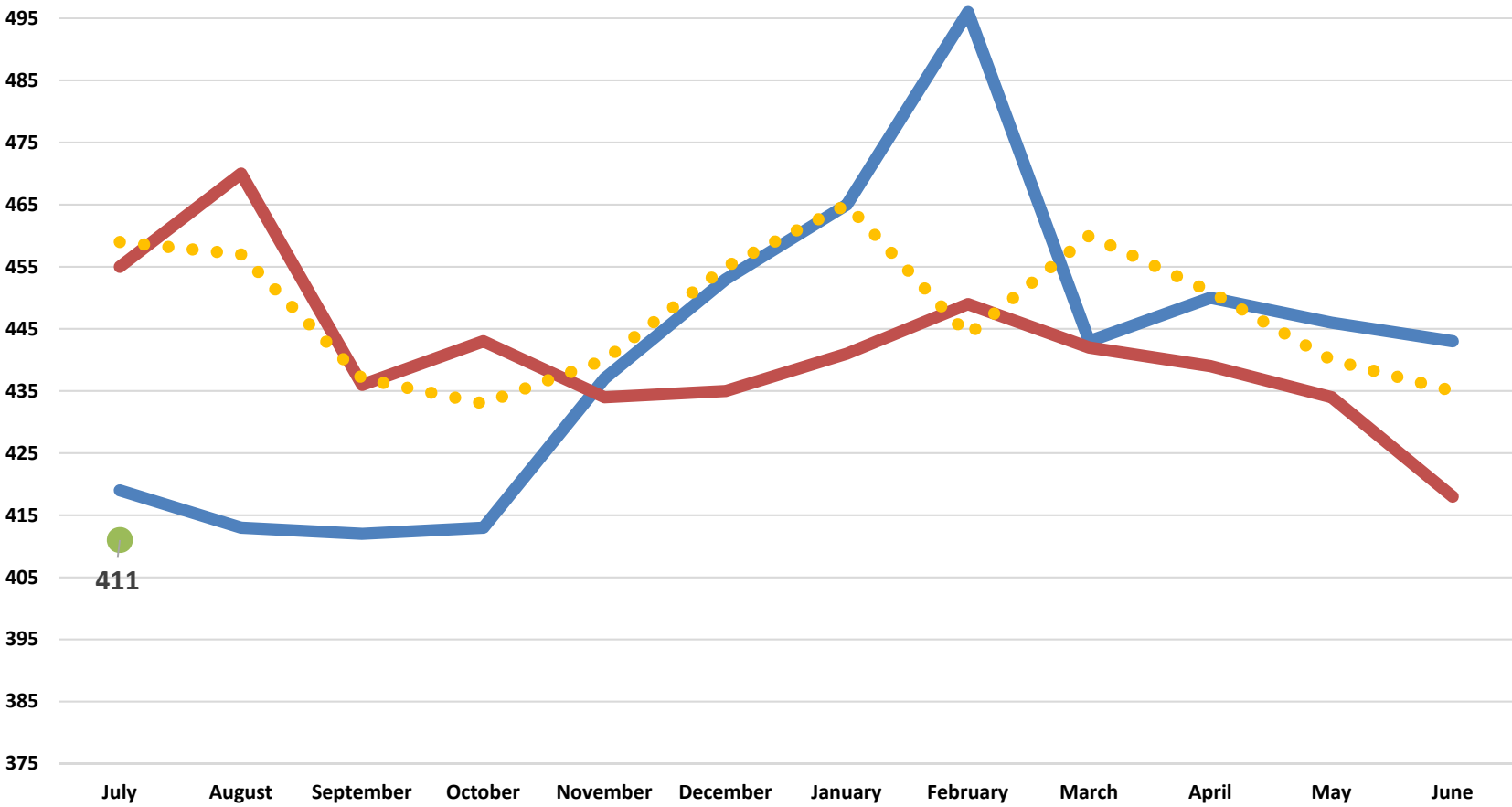
Intl Bk	$	2,550,000
Inter Amer Dev Bk		1,800,000
	$	4,350,000

Statistical Report

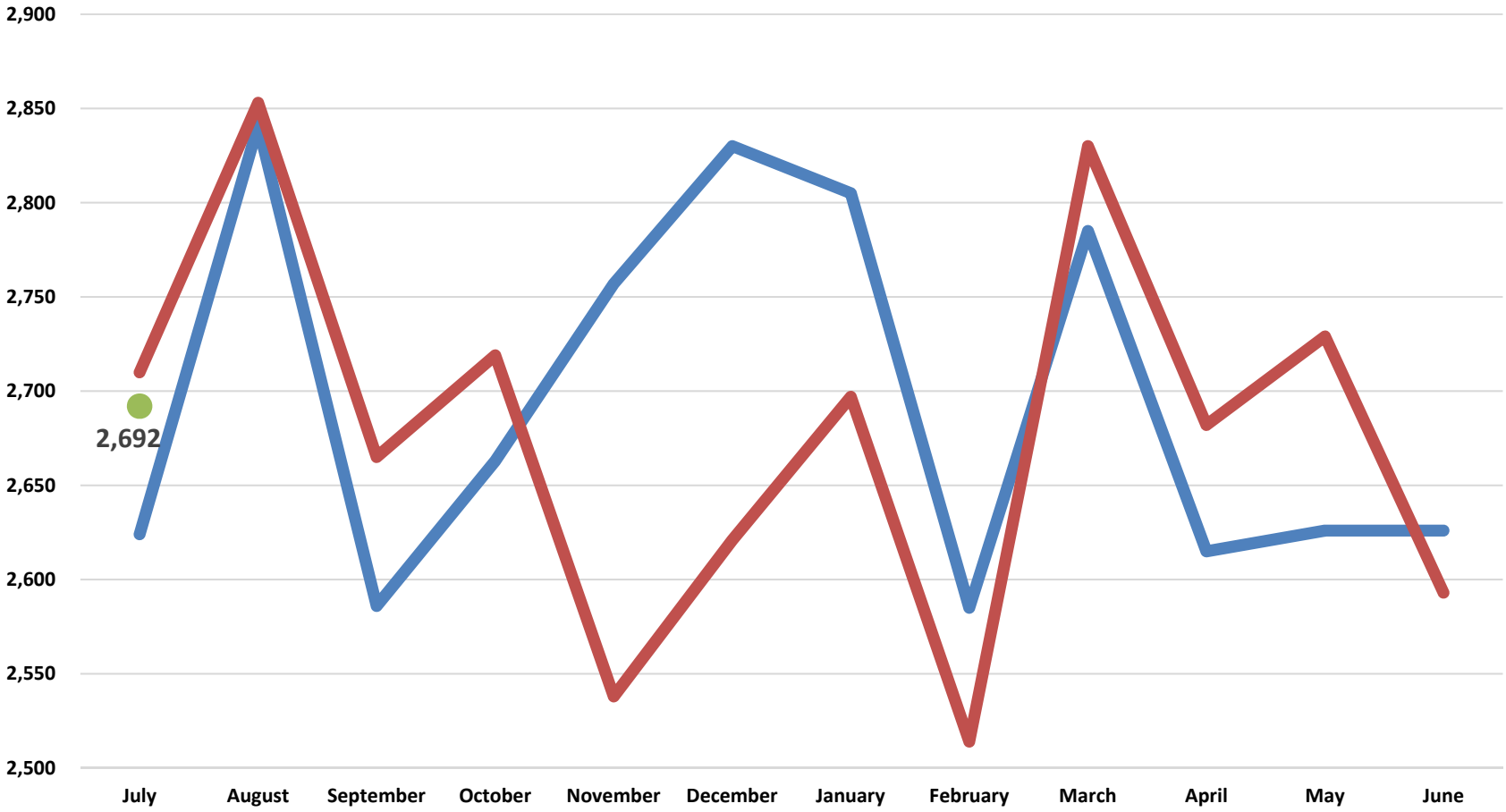
August 24, 2019

Kaweah Delta
HEALTH CARE DISTRICT

Average Daily Census



Admissions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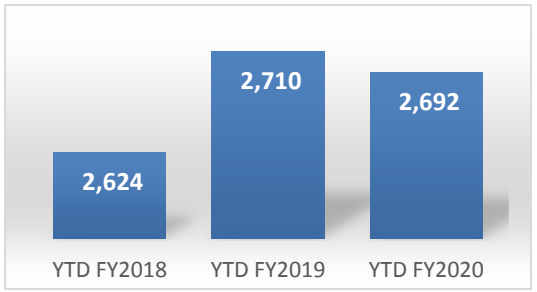
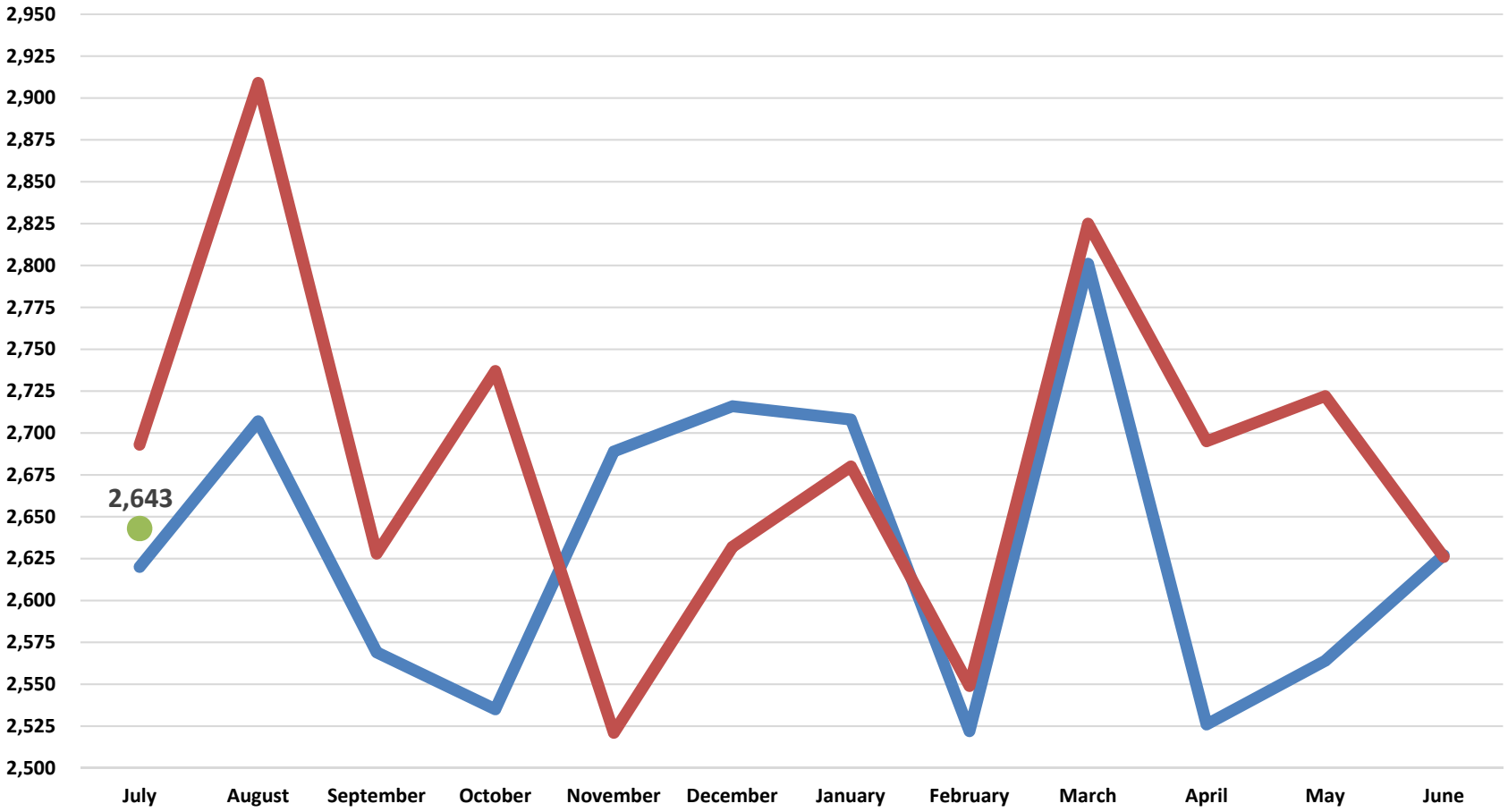
2,850
2,800
2,750
2,700
2,650
2,600
2,550
2,500
2,692
July
August
September
October
November
December
January
February
March
April
May
June
2018
2019
2020


2,624
2,710
2,692
YTD FY2018
YTD FY2019
YTD FY2020

Discharges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2,875
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2,800
2,775
2,750
2,725
2,700
2,675
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2,625
2,600
2,575
2,550
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July
August
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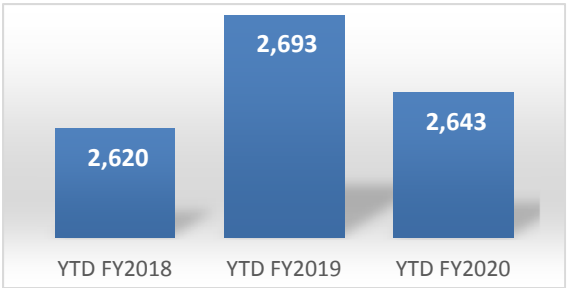
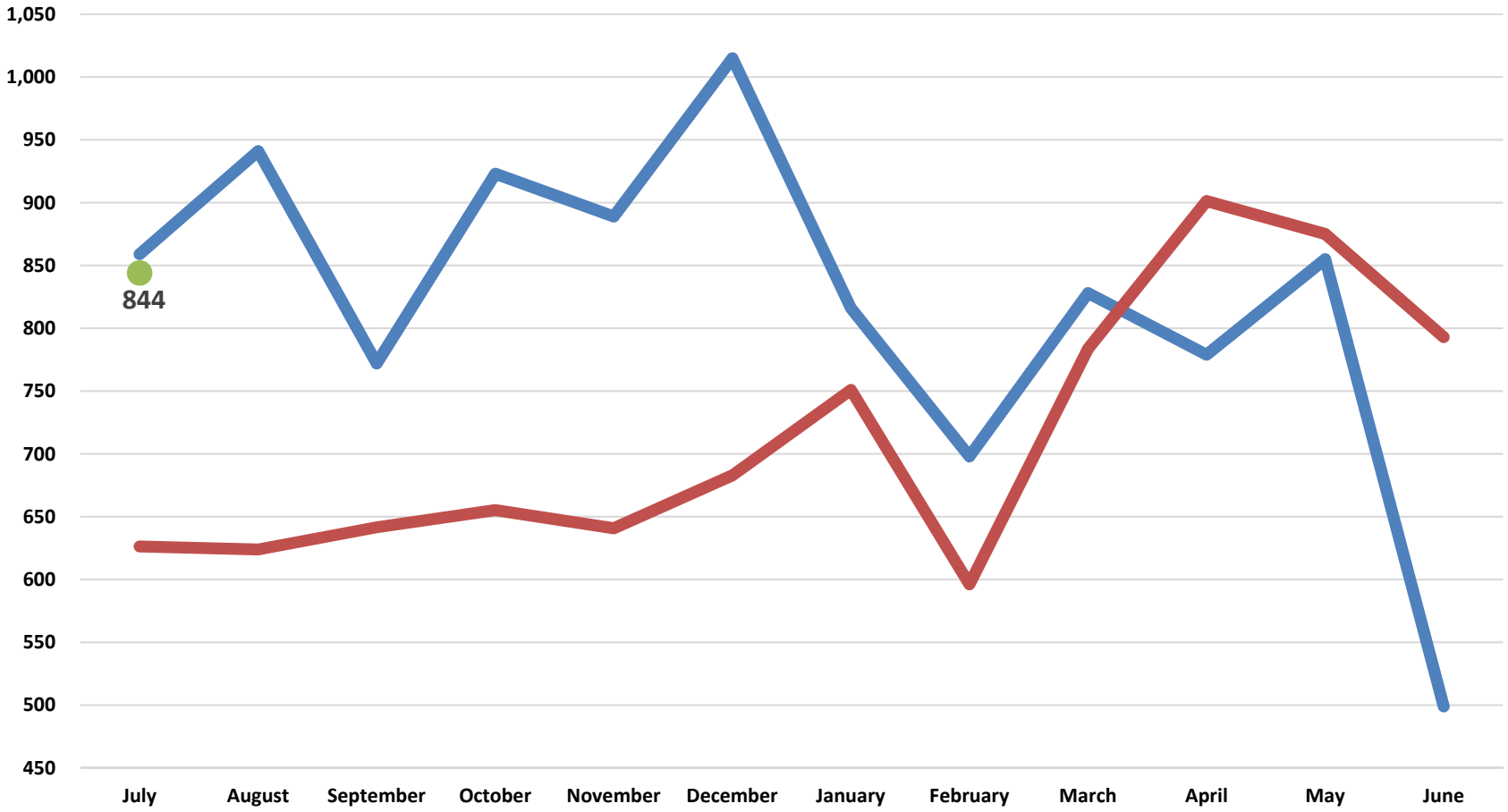
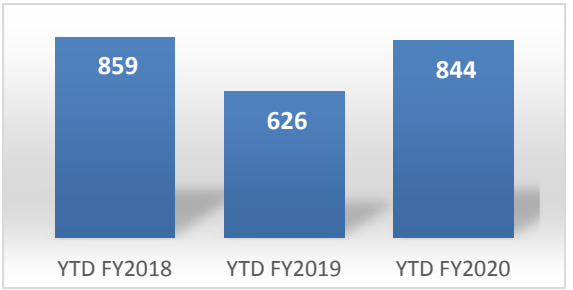
October
November
December
January
February
March
April
May
June
2018
2019
2020

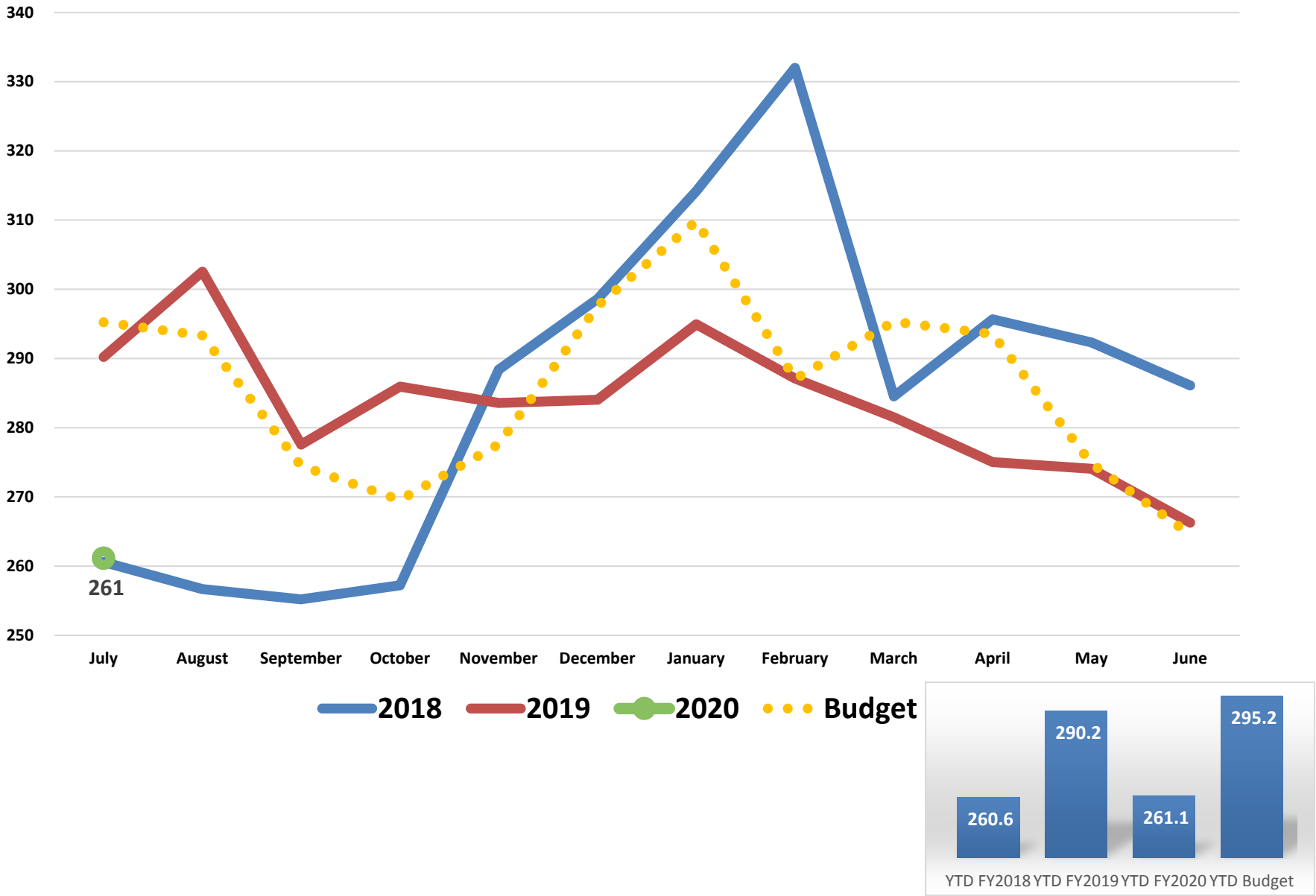

2,620
2,693
2,643
YTD FY2018
YTD FY2019
YTD FY2020

Observation Days

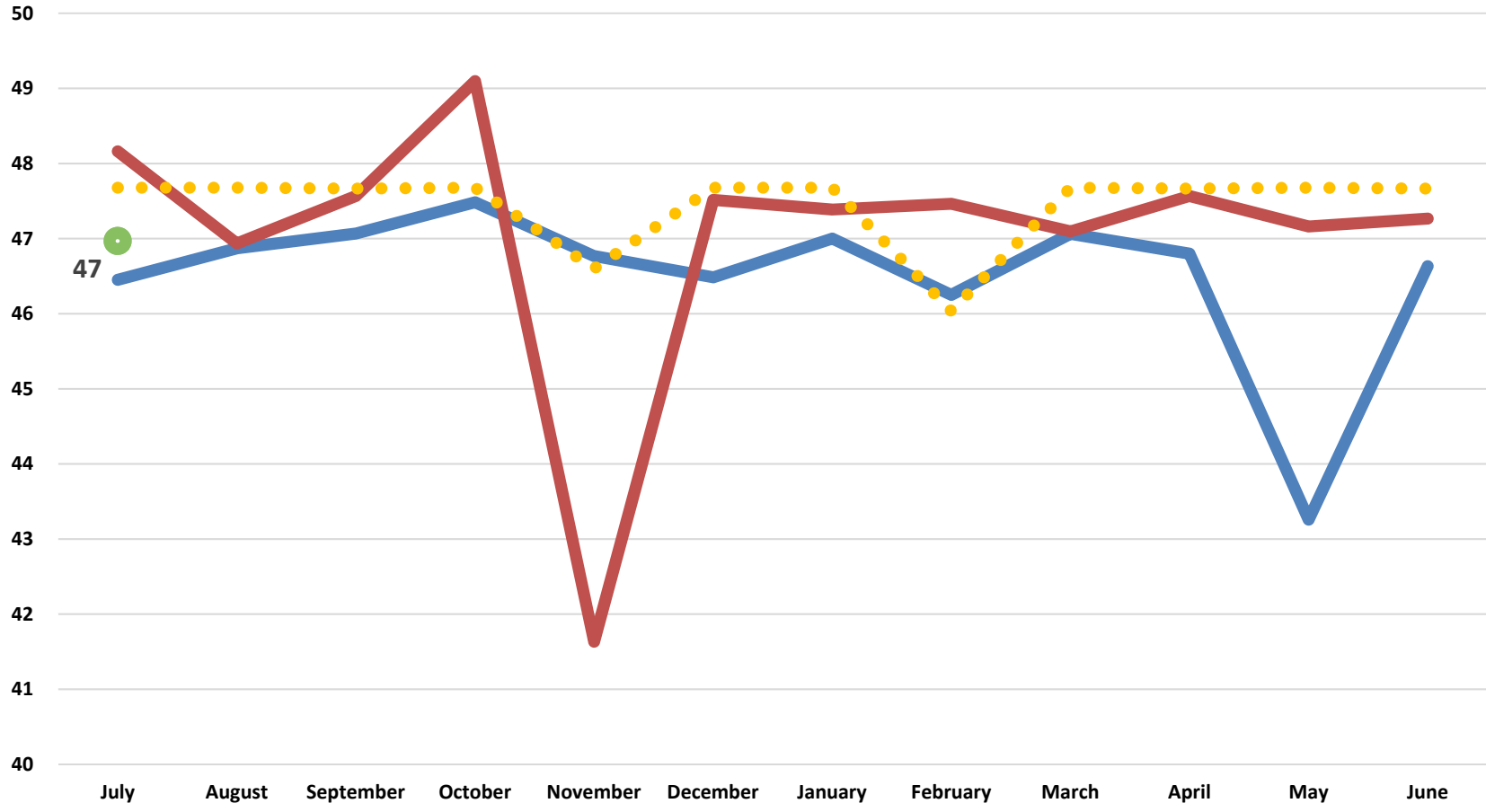


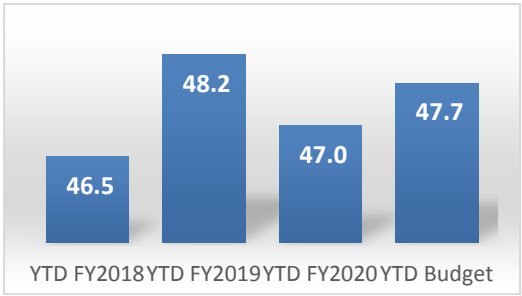


Medical Center – Avg. Patients Per Day

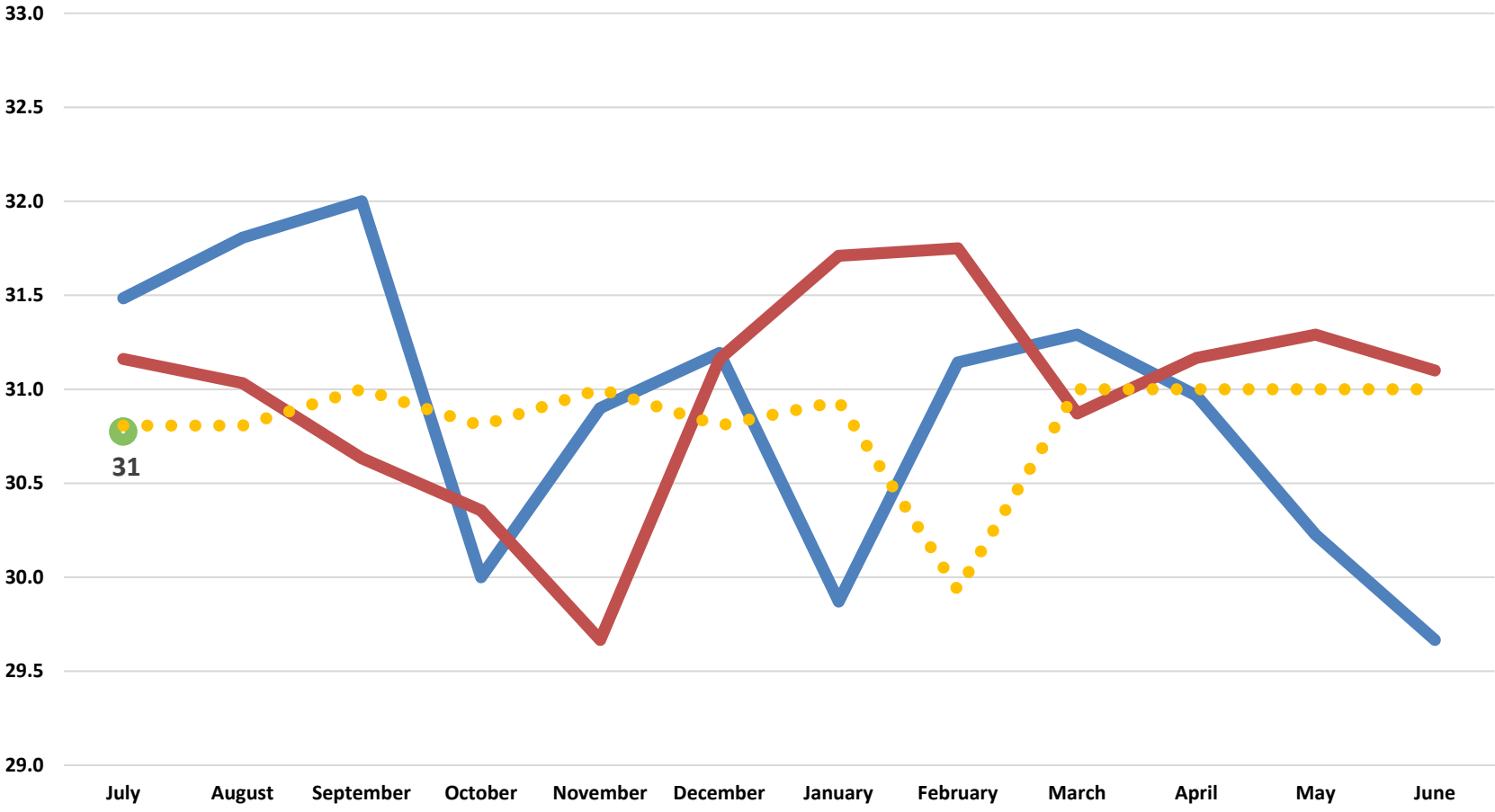


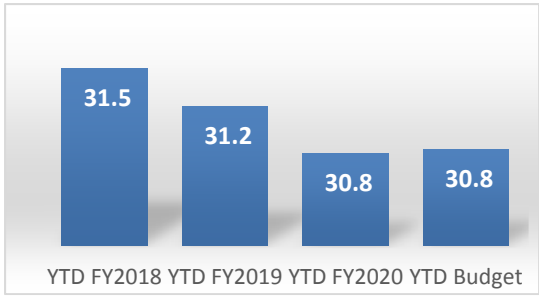
Acute I/P Psych - Avg. Patients Per Day



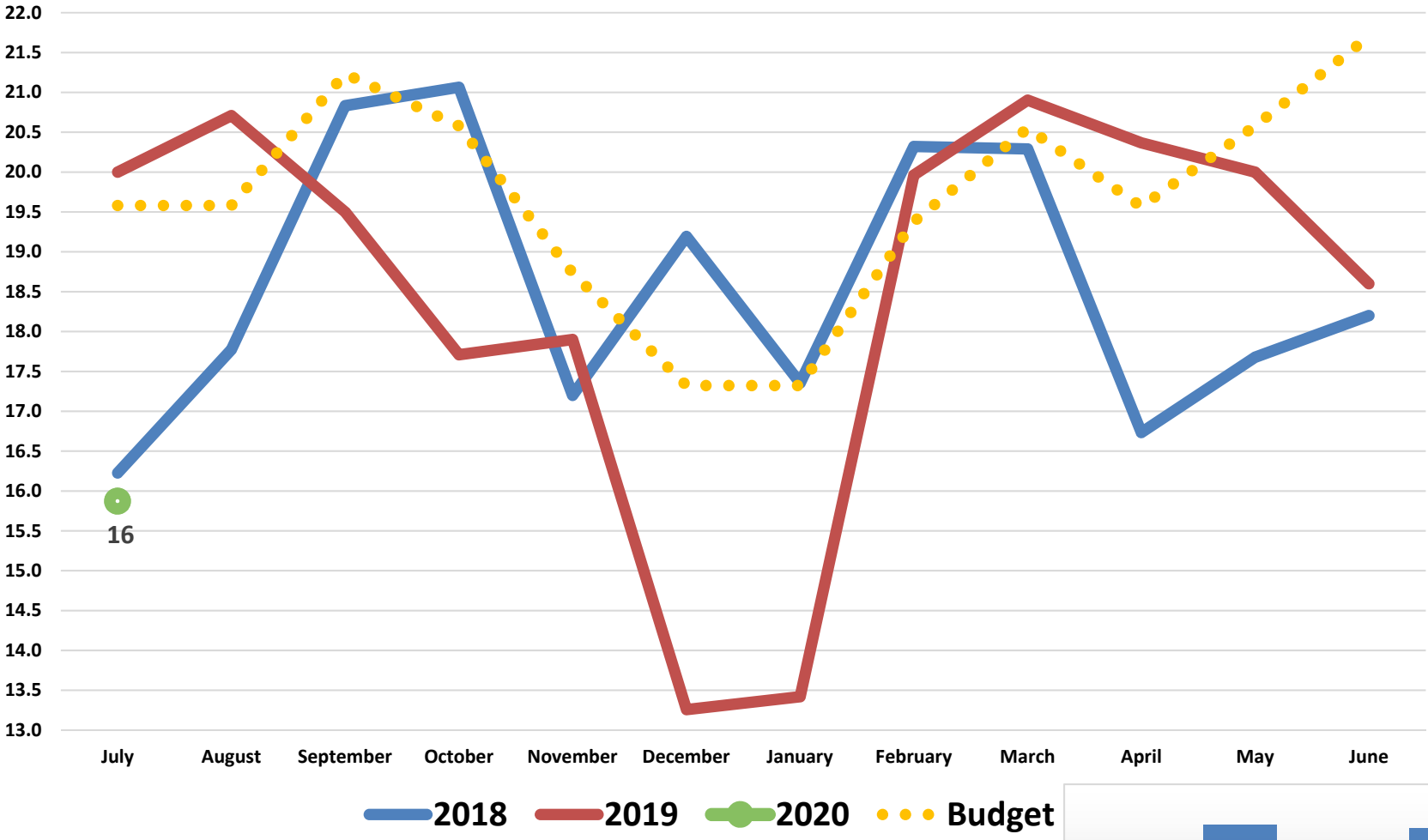


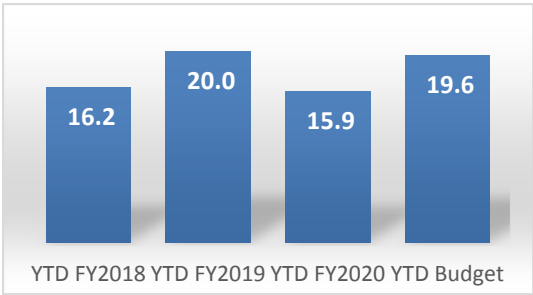
Sub-Acute - Avg. Patients Per Day



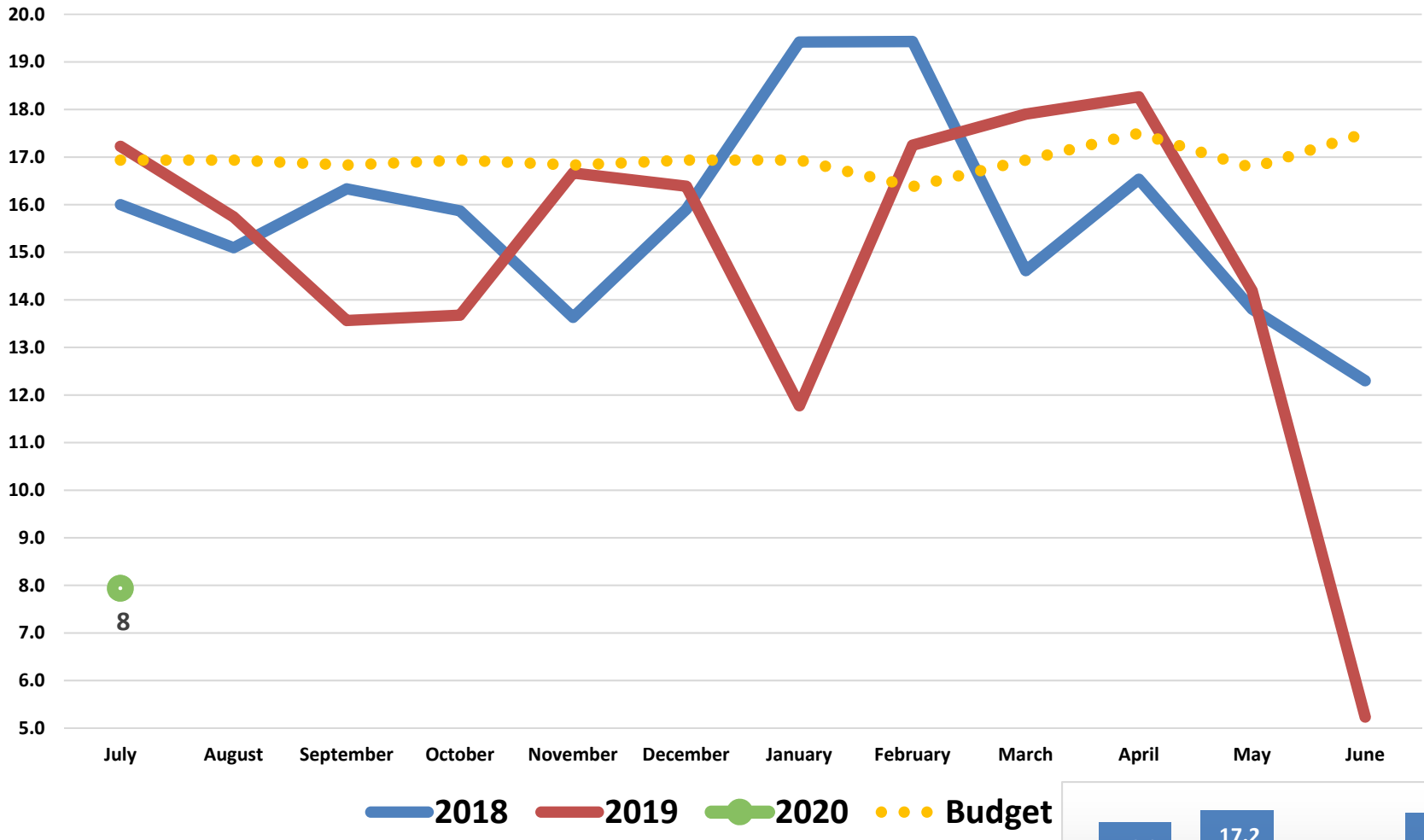


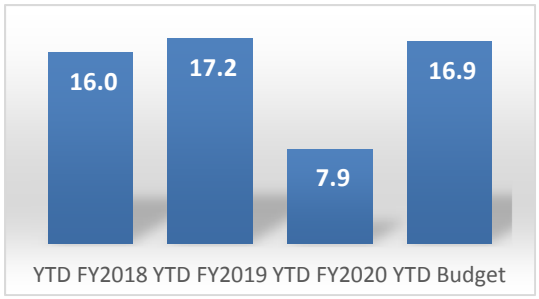
Rehabilitation Hospital - Avg. Patients Per Day



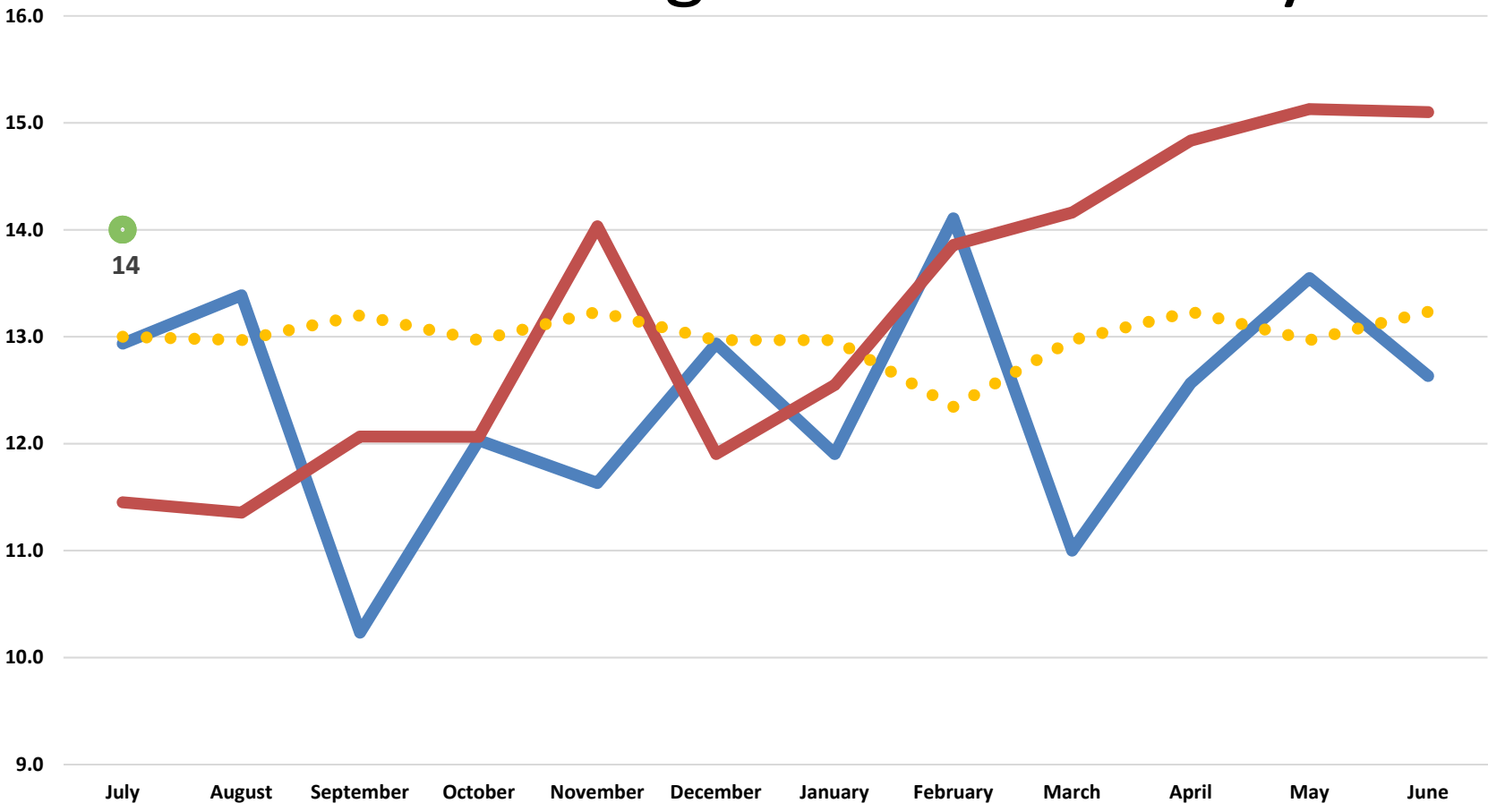


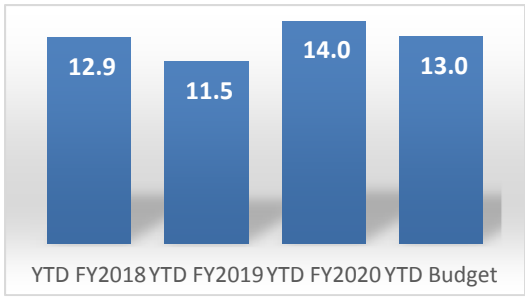
Transitional Care Services (TCS) - Avg. Patients Per Day



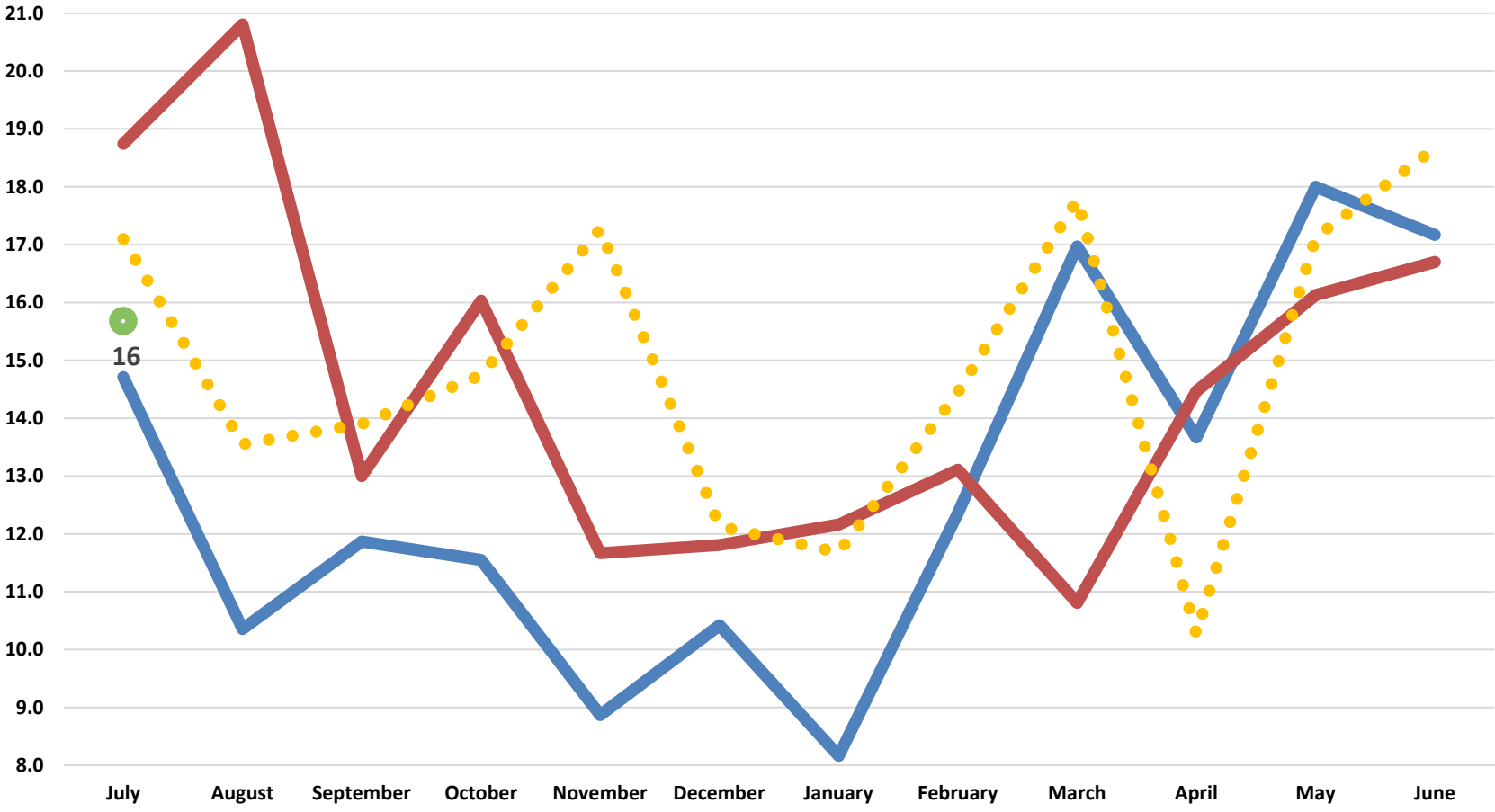


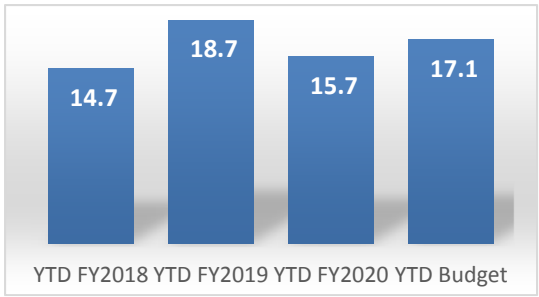
TCS Ortho - Avg. Patients Per Day



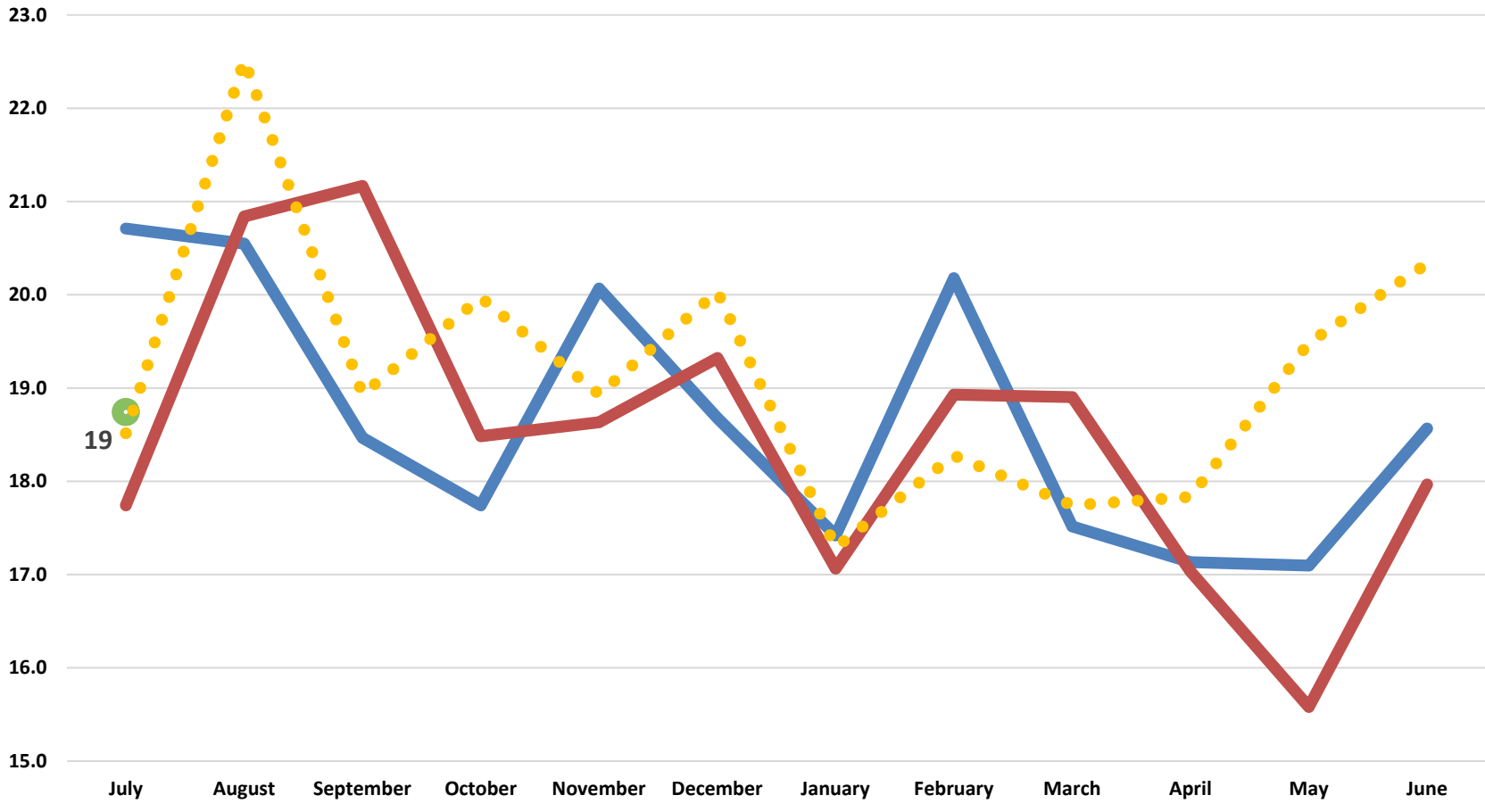


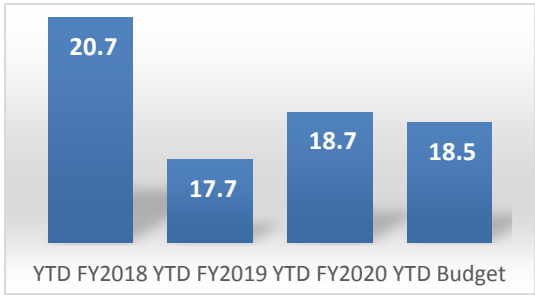
NICU - Avg. Patients Per Day



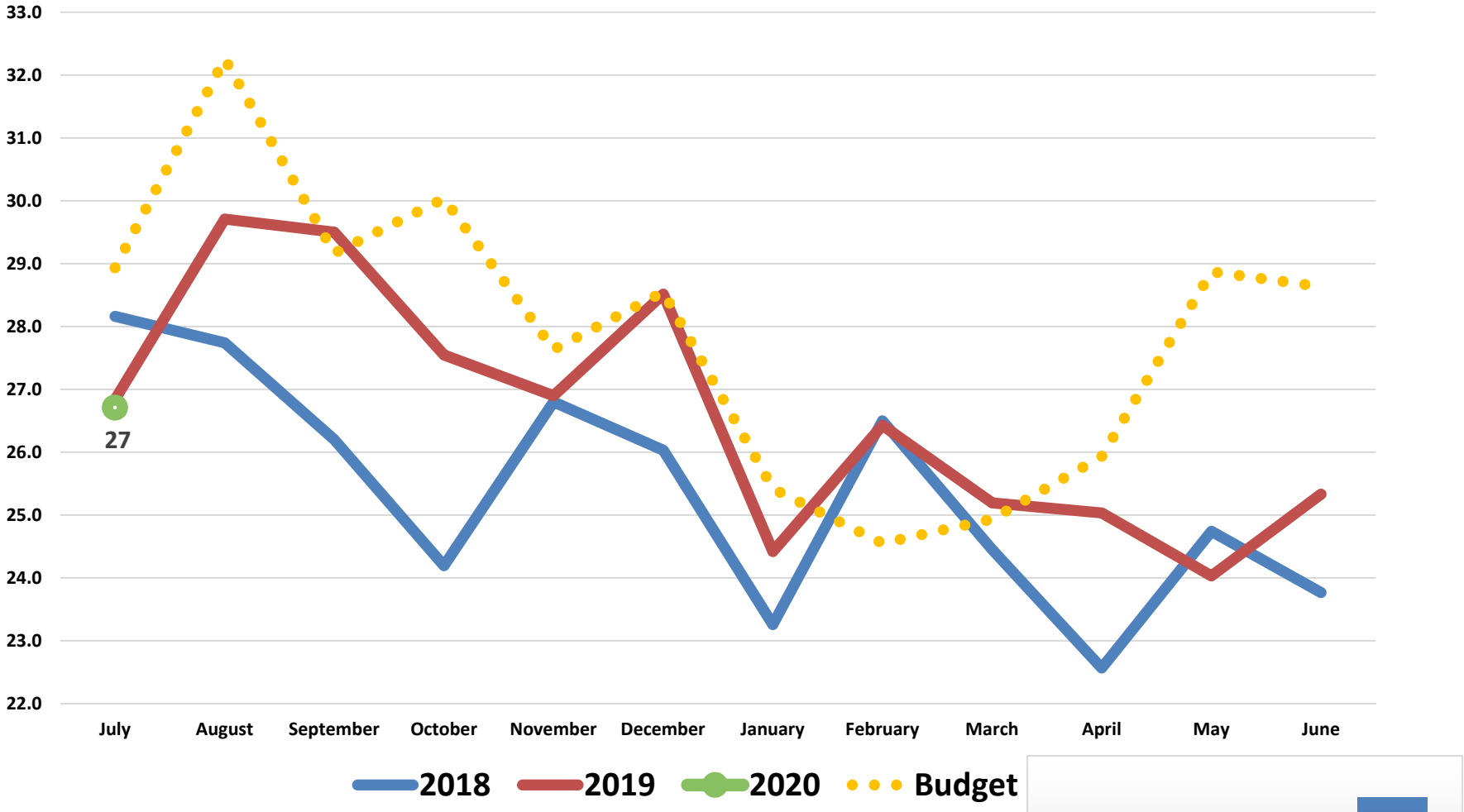


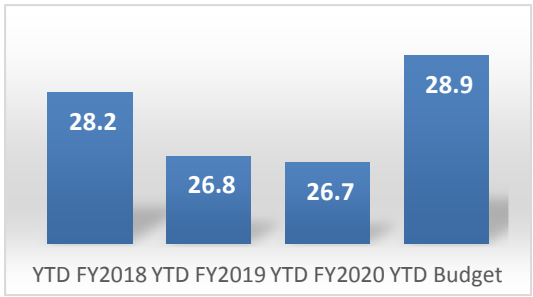
Nursery - Avg. Patients Per Day



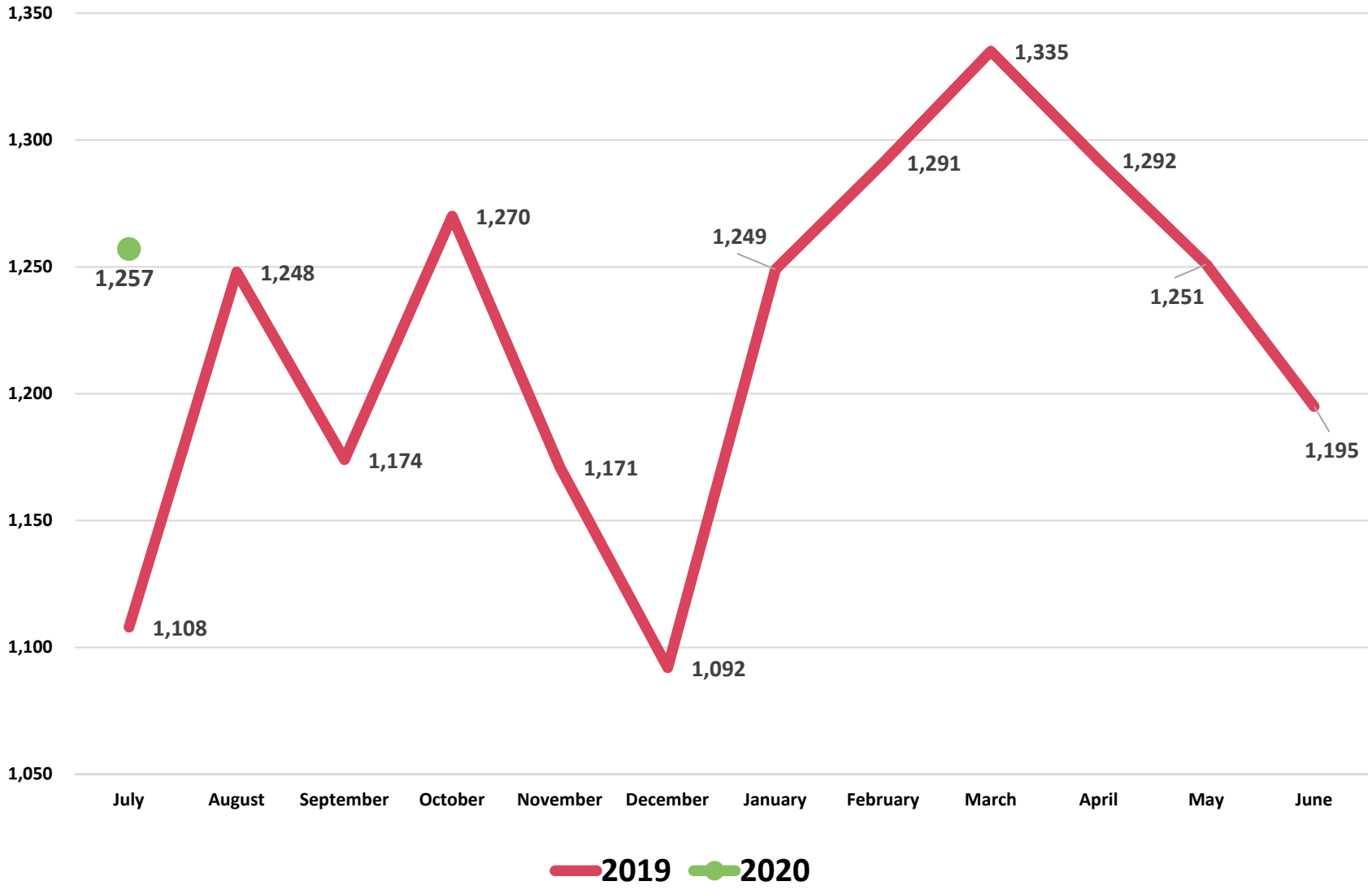


Obstetrics - Avg. Patients Per Day

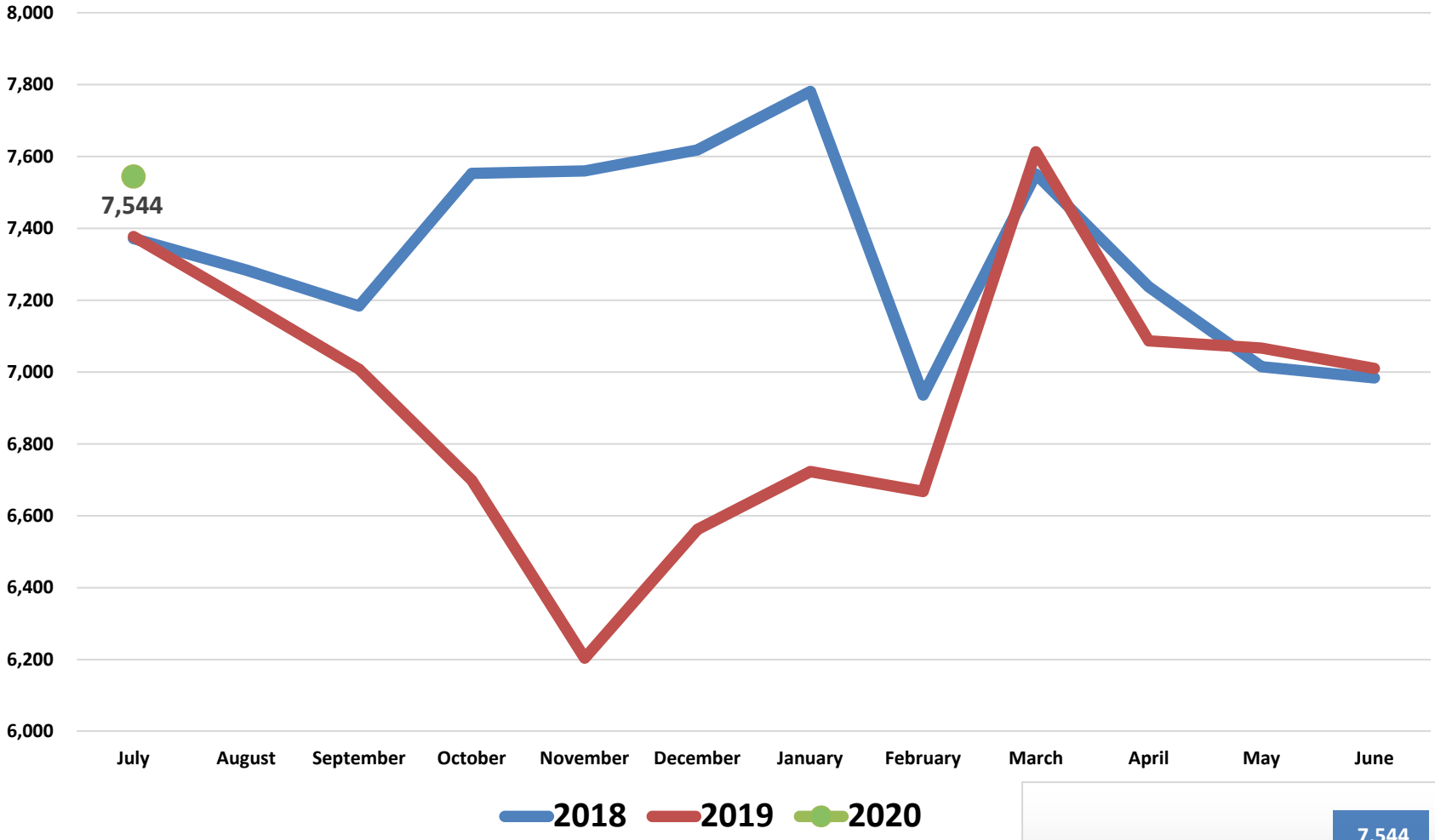


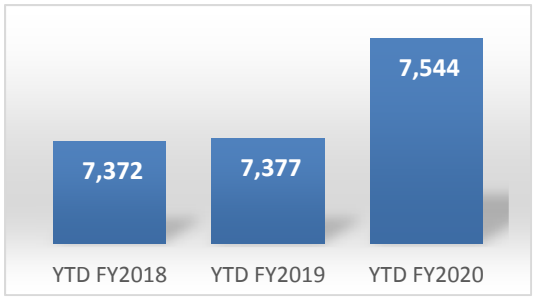


Outpatient Registrations per Day

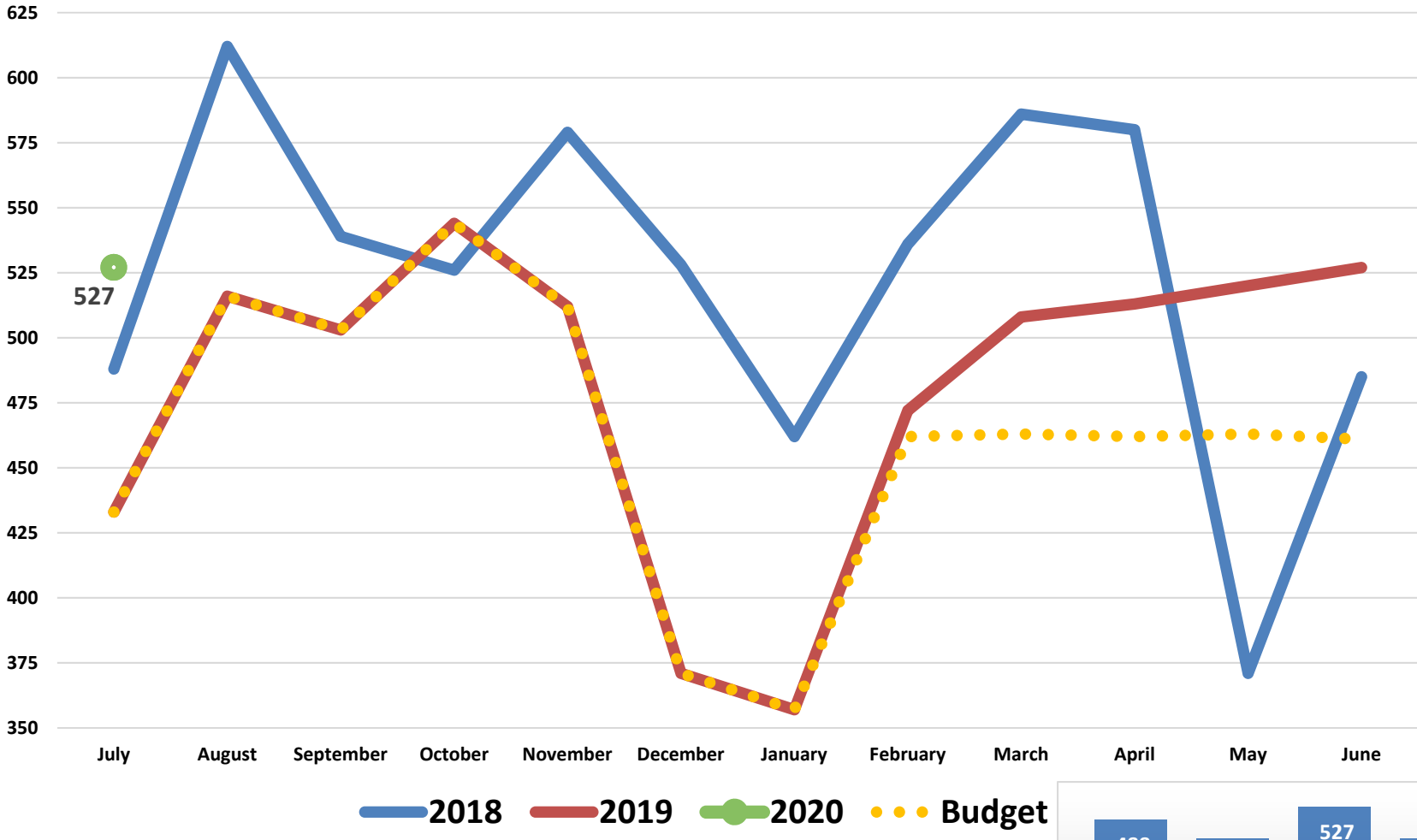


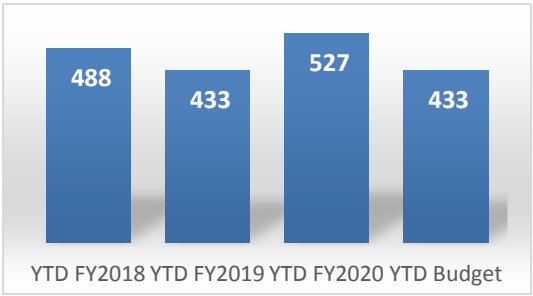
Emergency Department – Total Treated



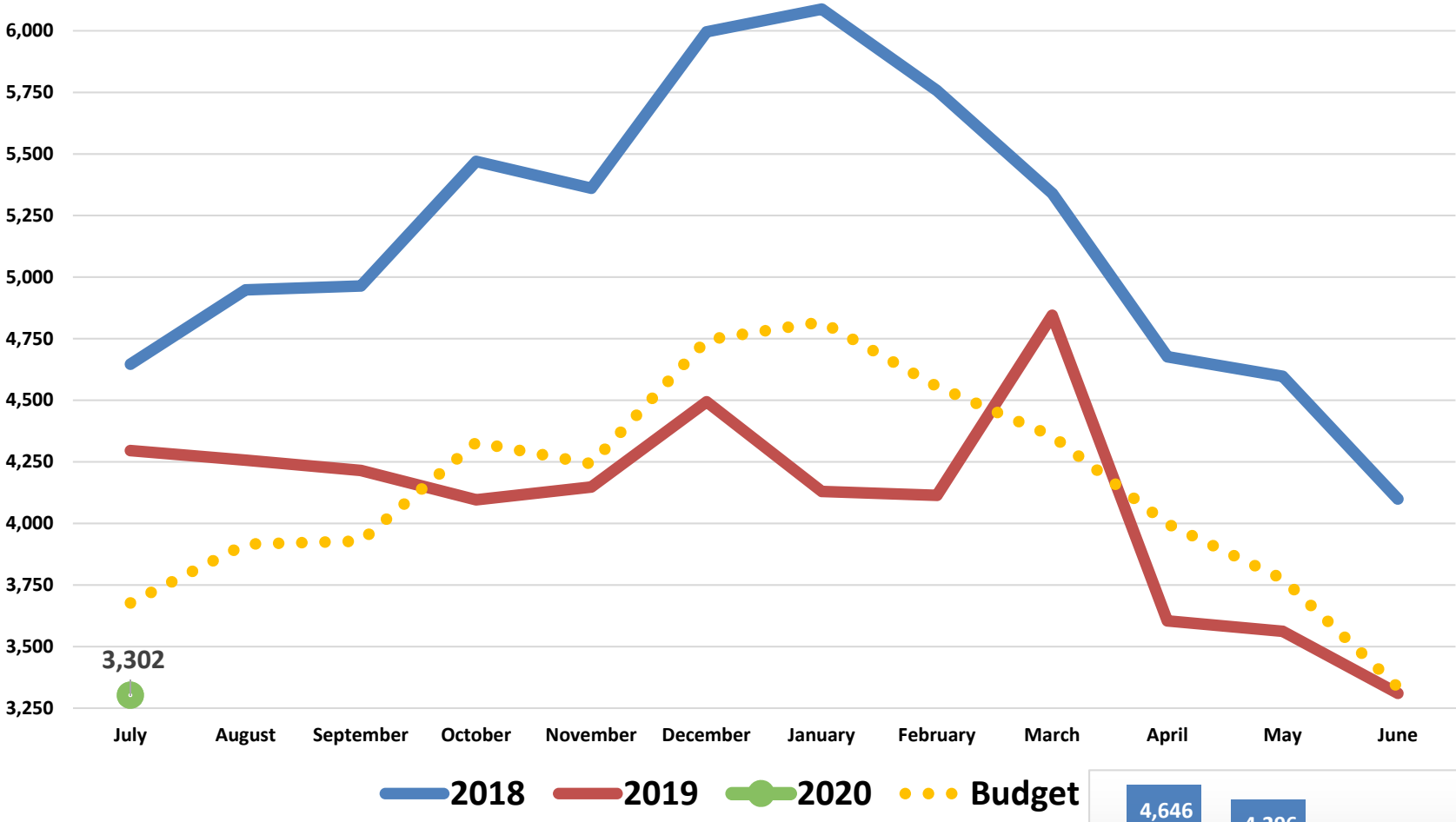


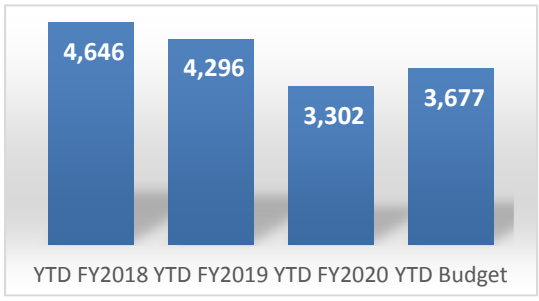
Endoscopy Procedures



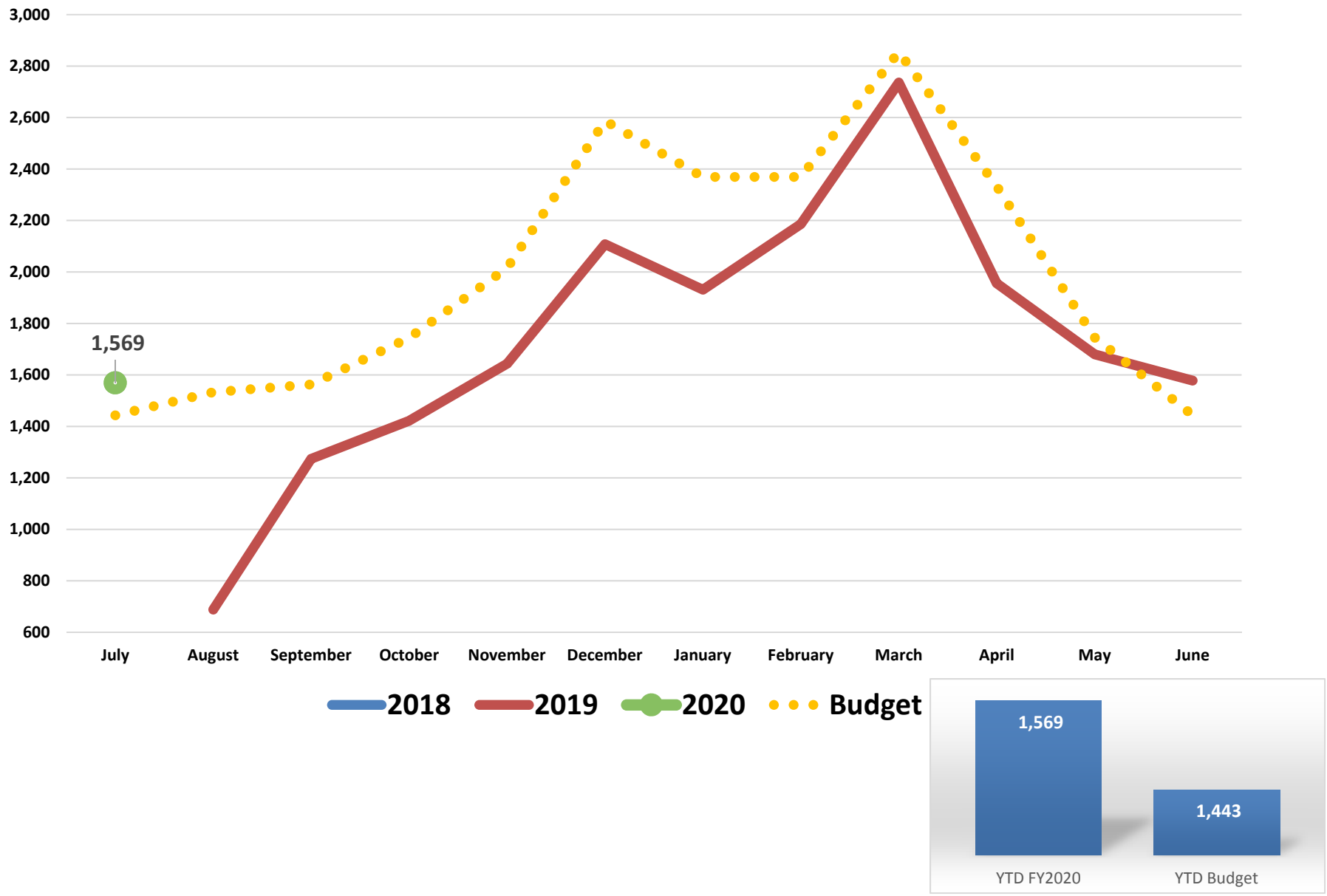


Urgent Care – Court Visits

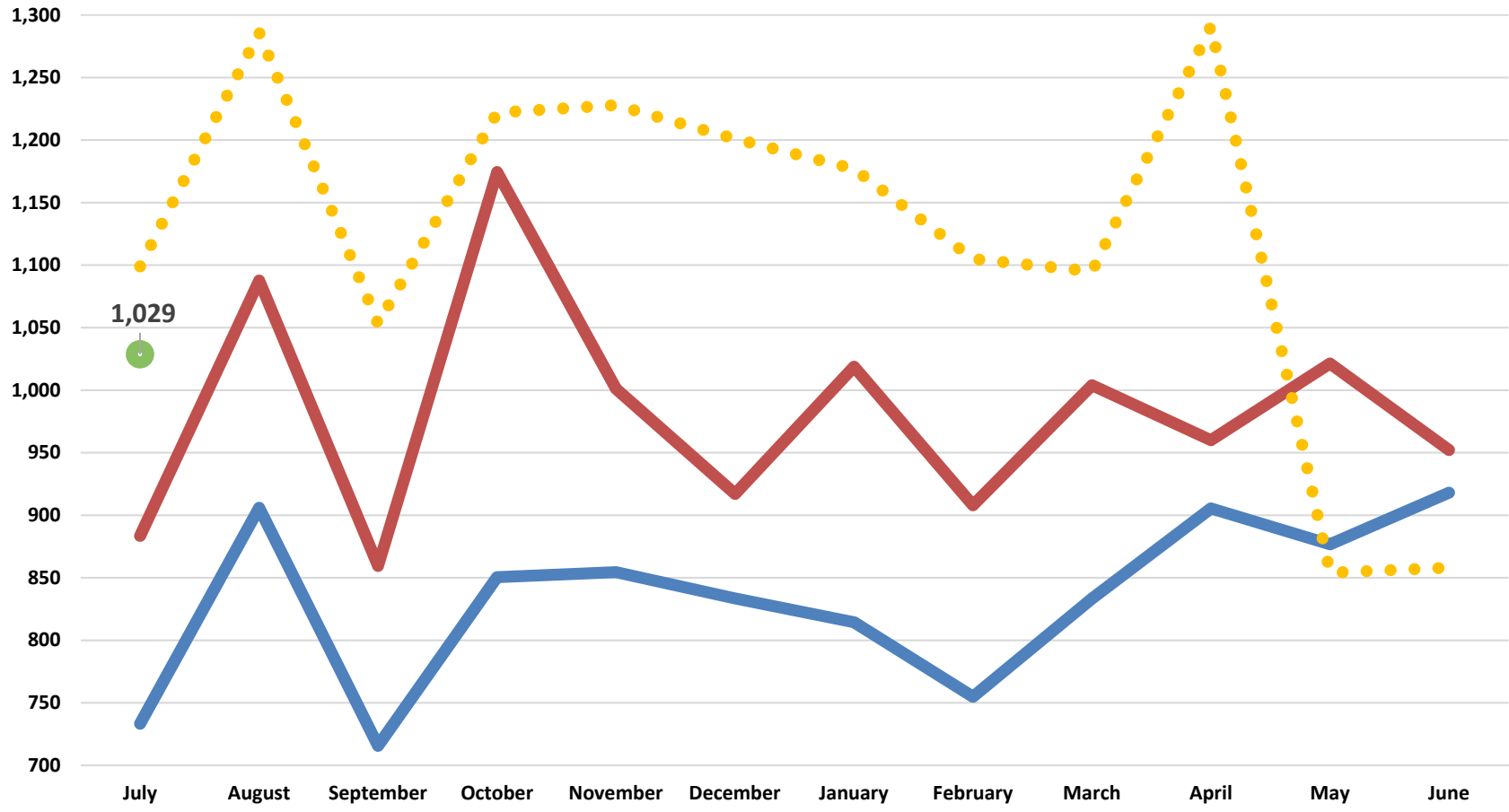


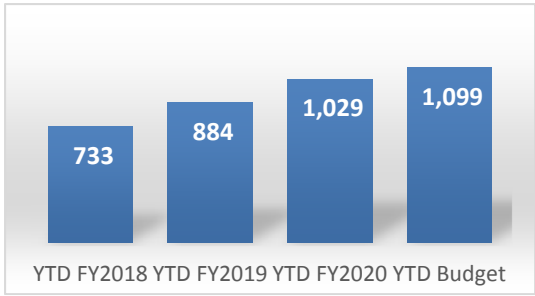


Urgent Care – Demaree Visits

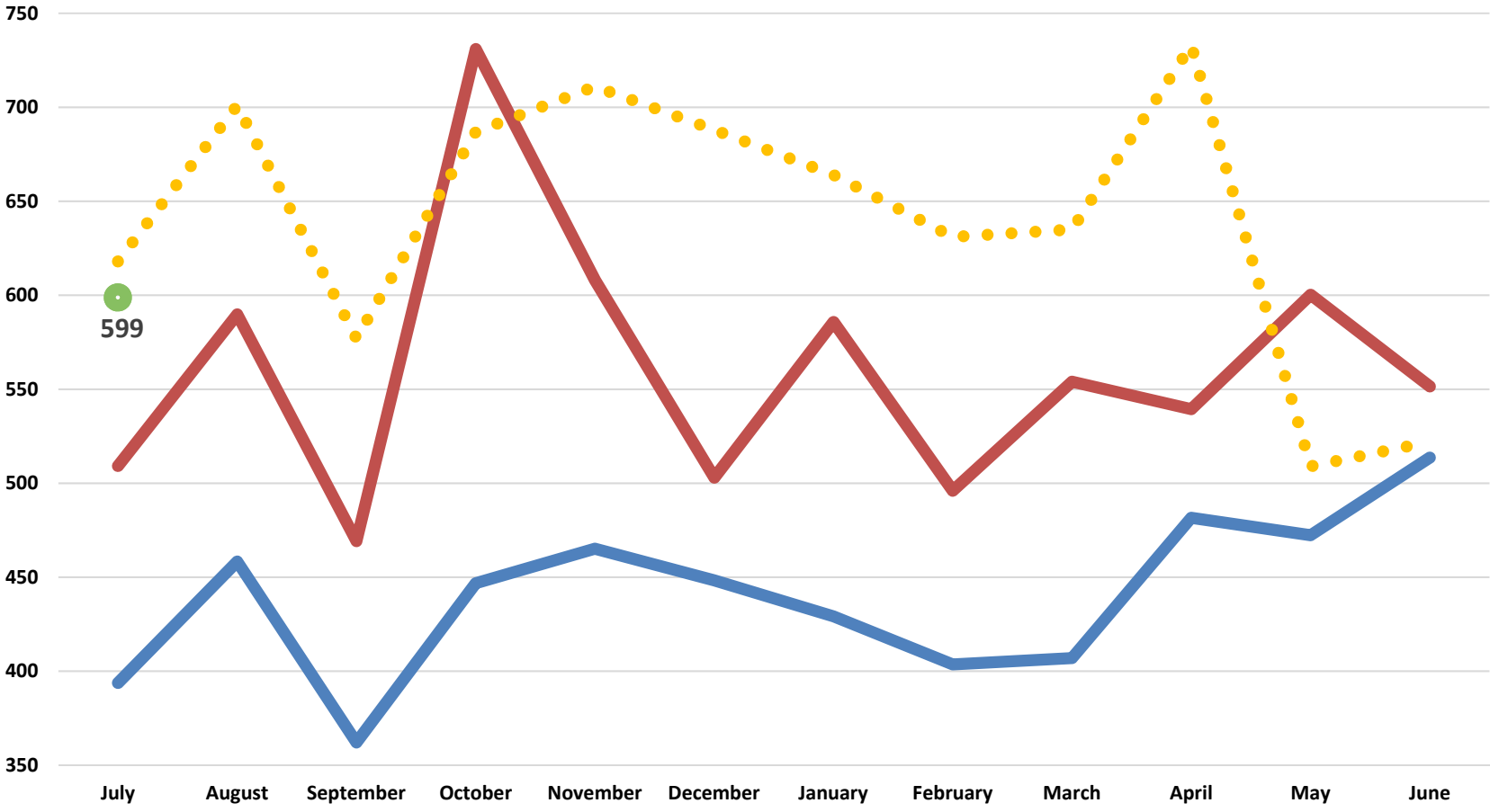


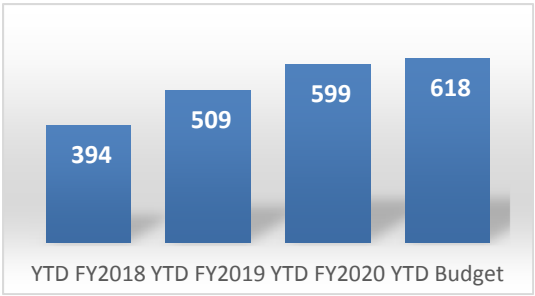
Surgery (IP & OP) – 100 Min Units



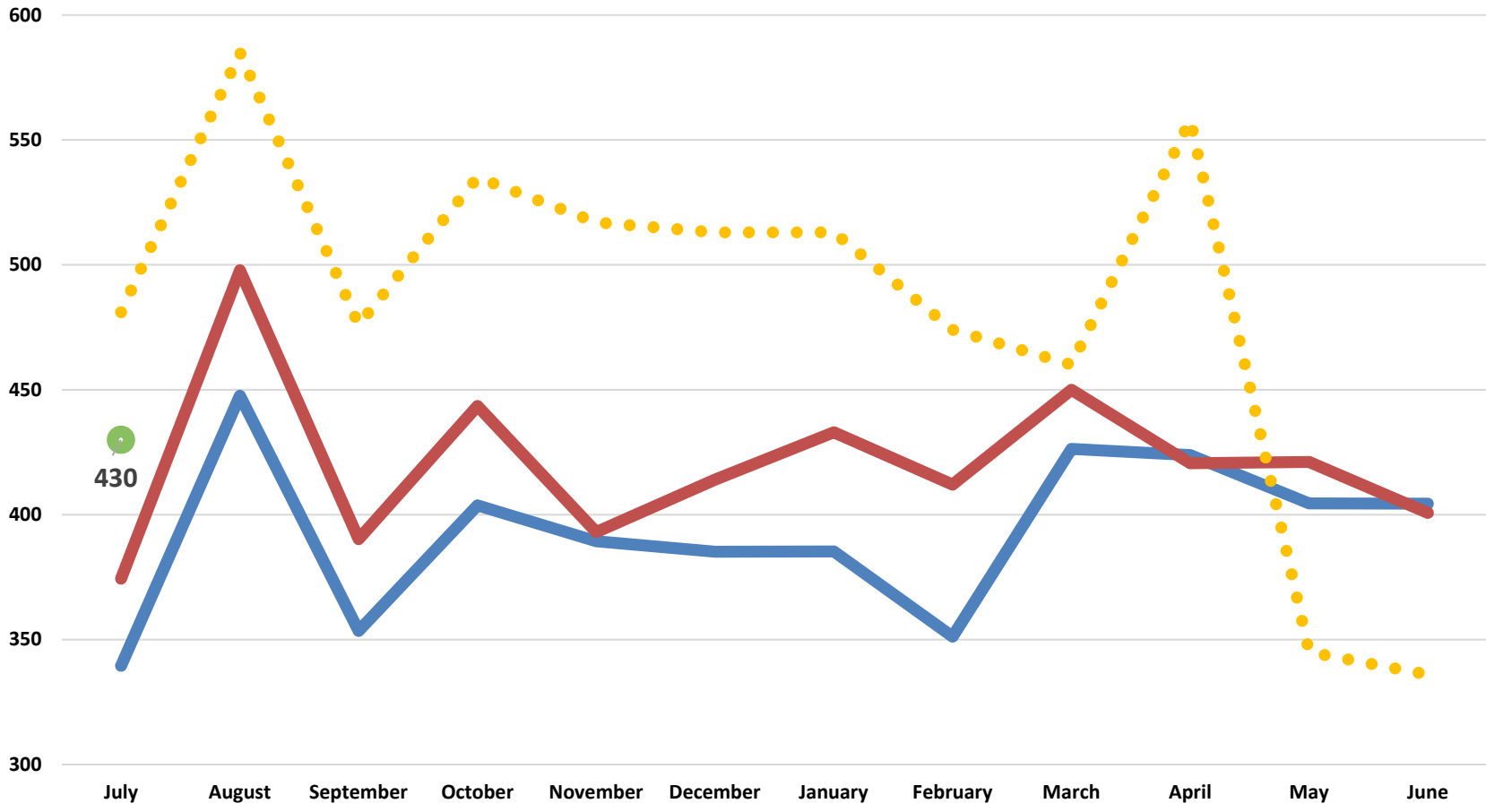


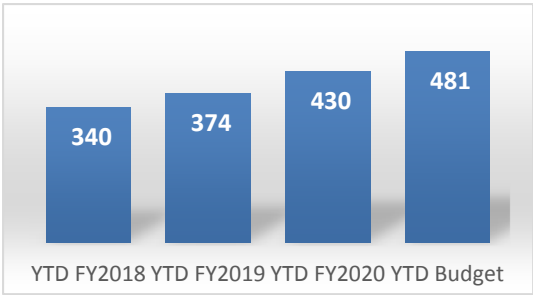
Surgery (IP Only) – 100 Min Units



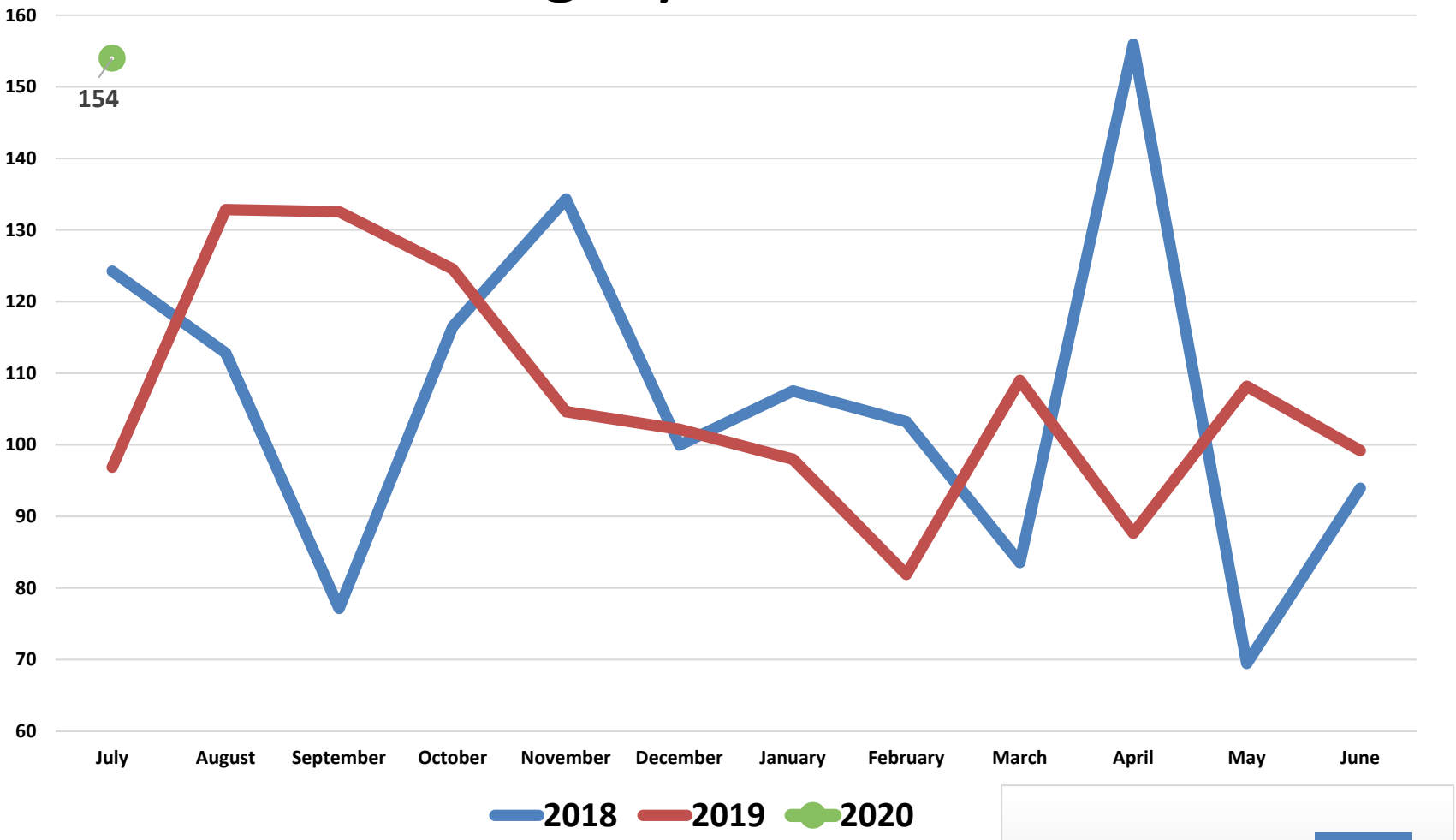


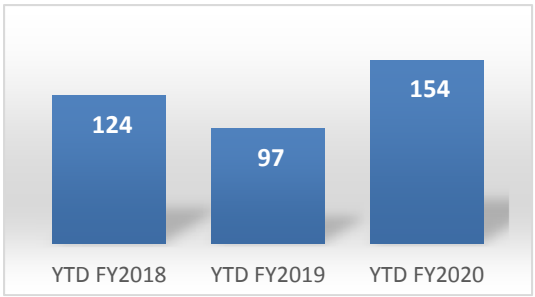
Surgery (OP Only) – 100 Min Units





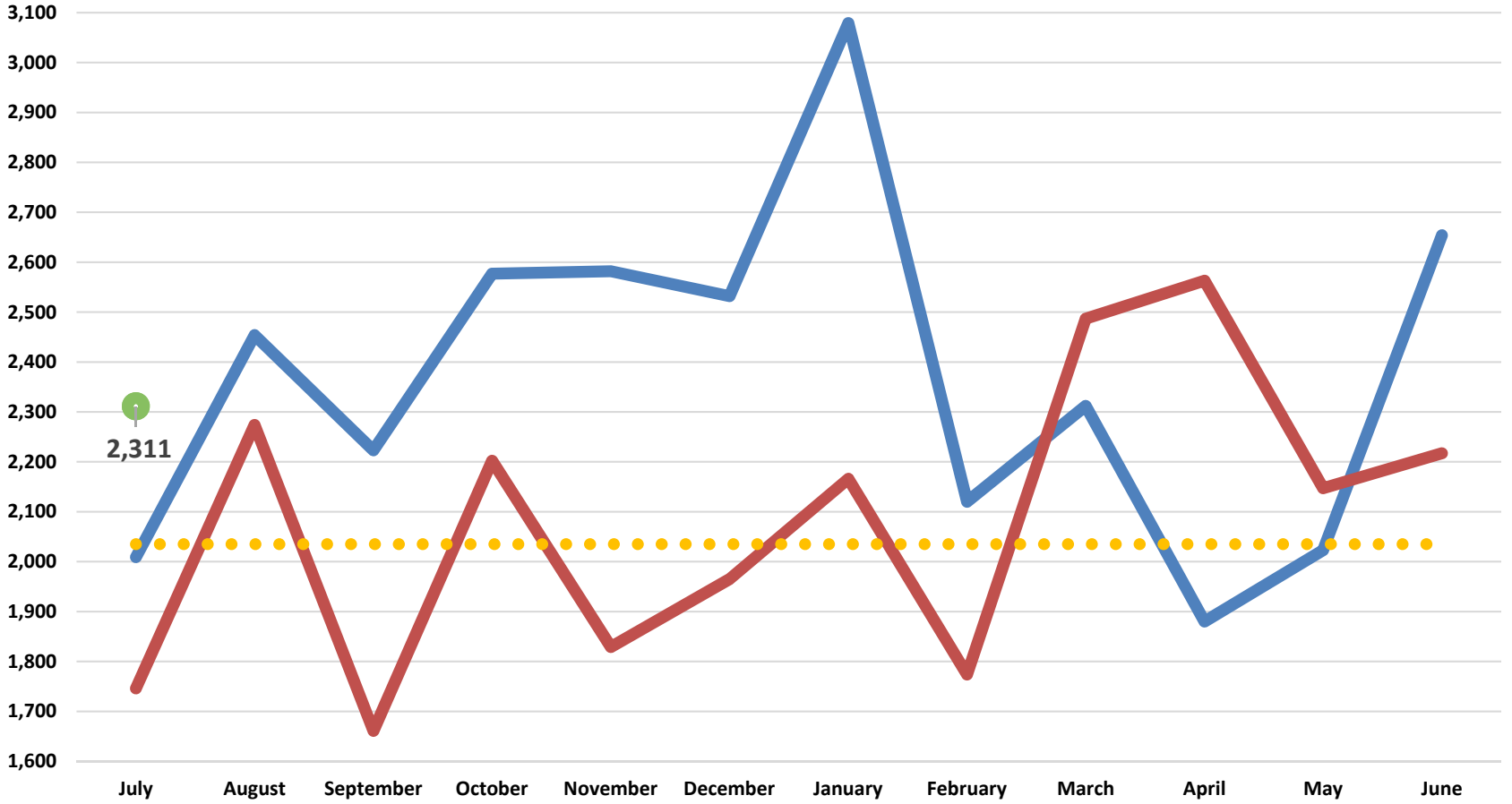
Cardiac Surgery – 100 Min Units

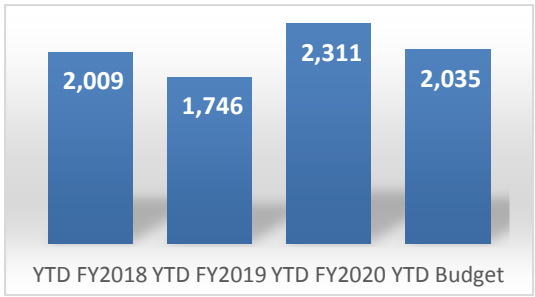




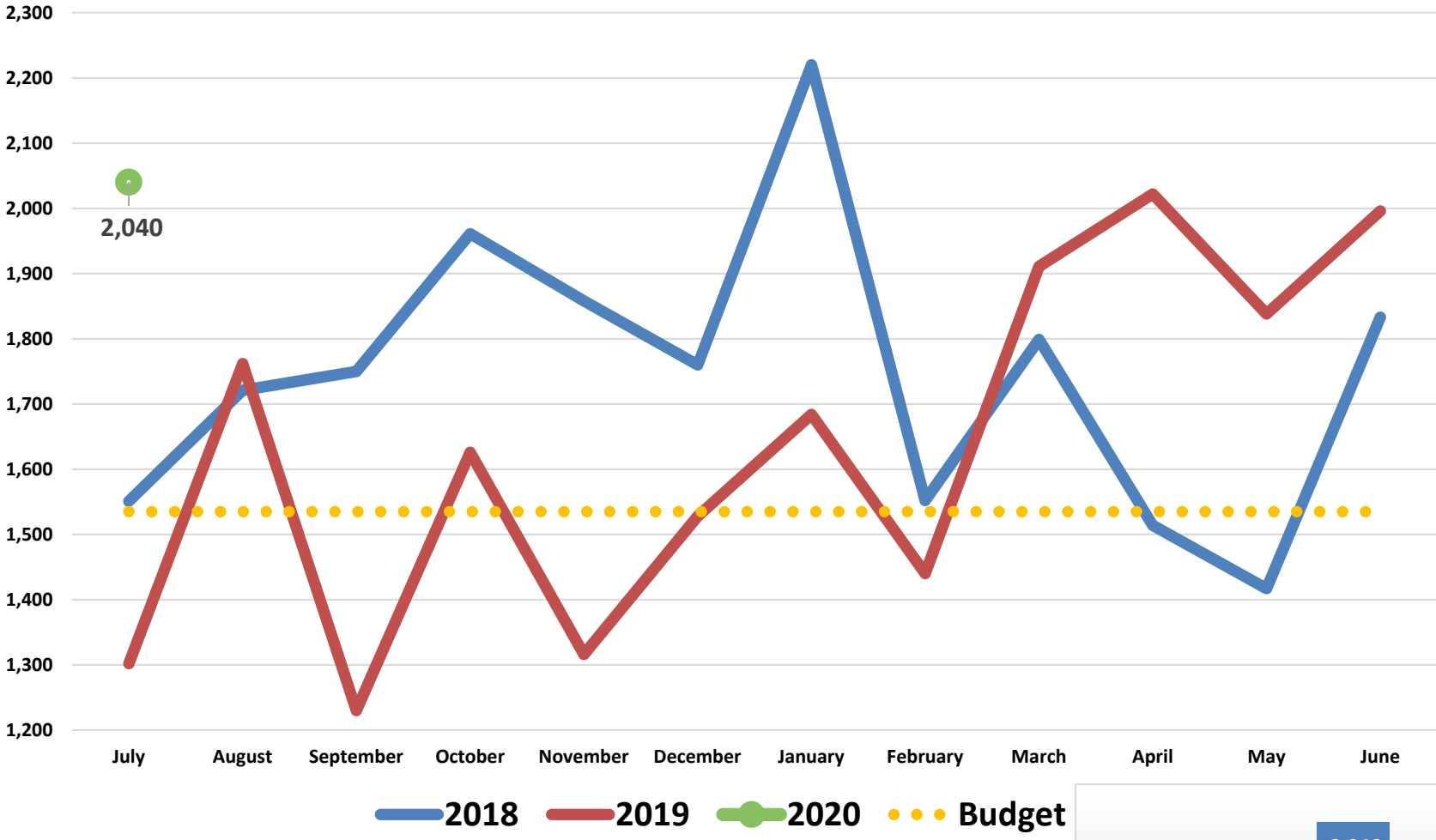
Radiation Oncology Treatments

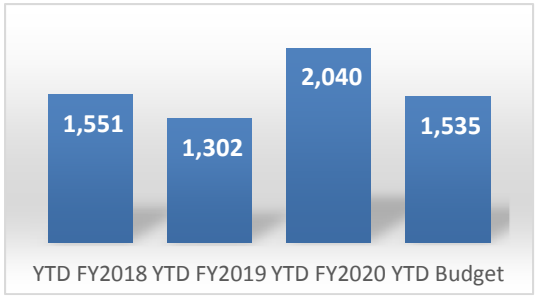
Hanford and Visalia



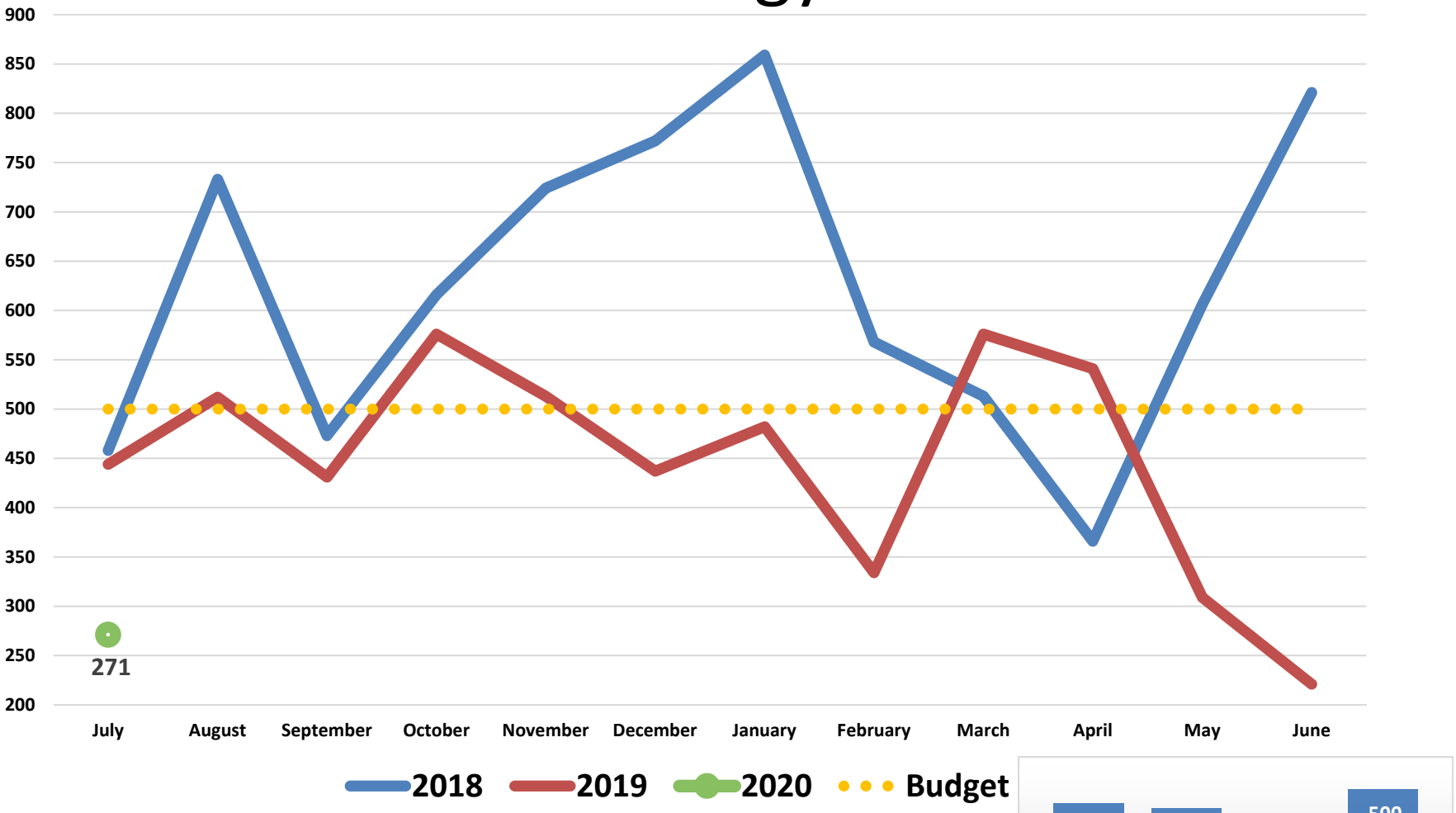


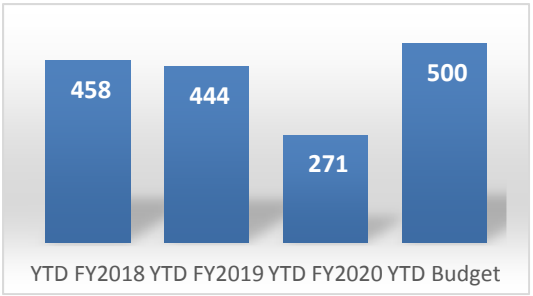
Radiation Oncology - Visalia



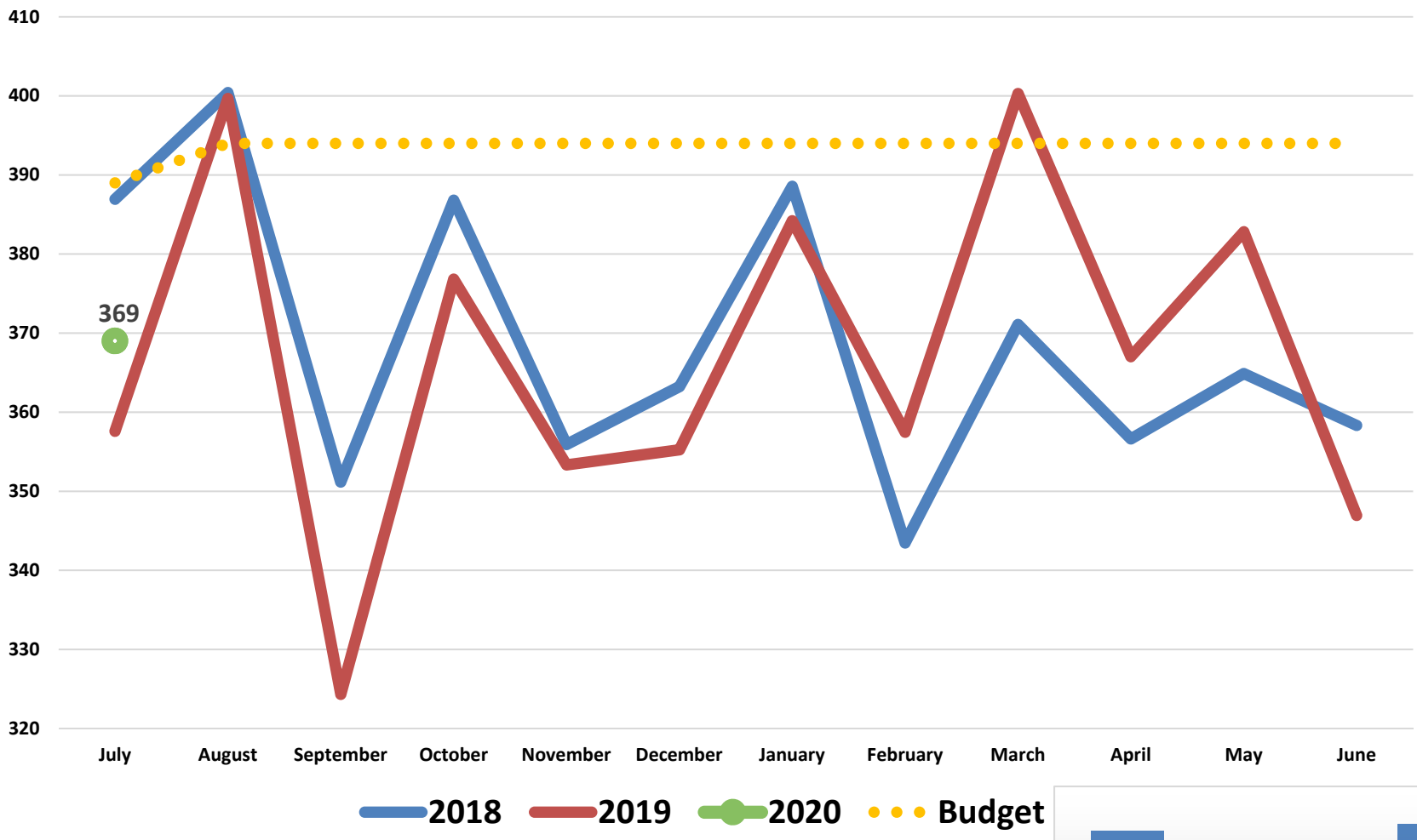


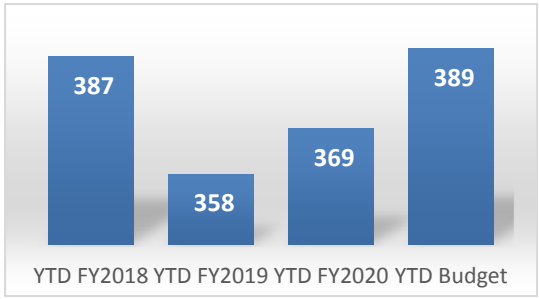
Radiation Oncology - Hanford



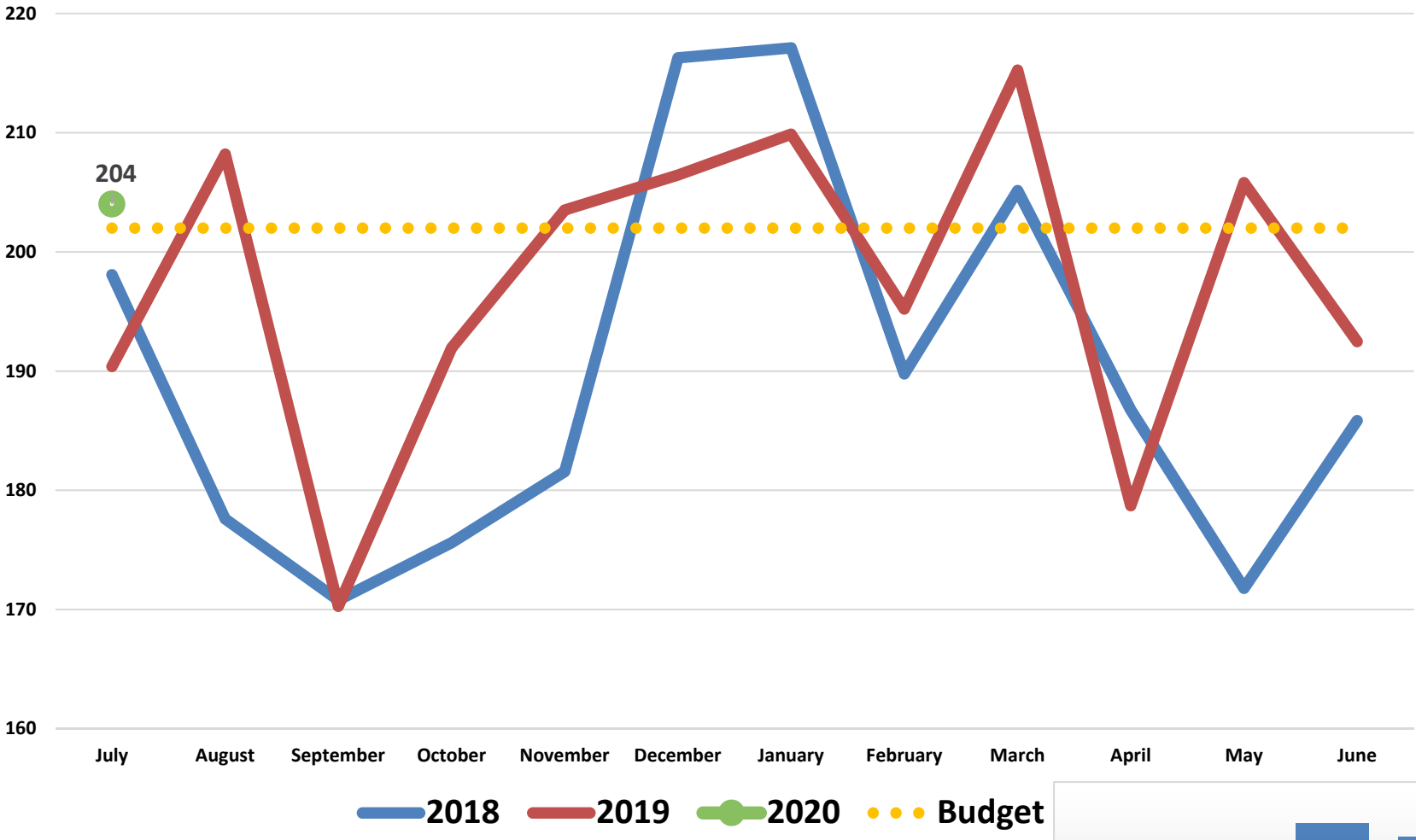


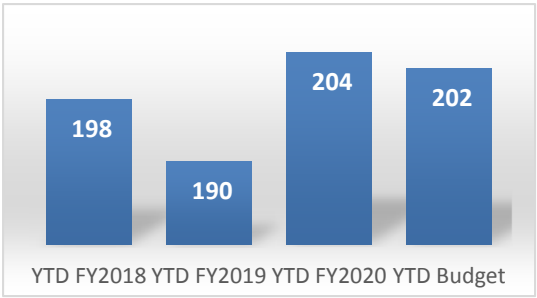
Cath Lab (IP & OP) – 100 Min Units



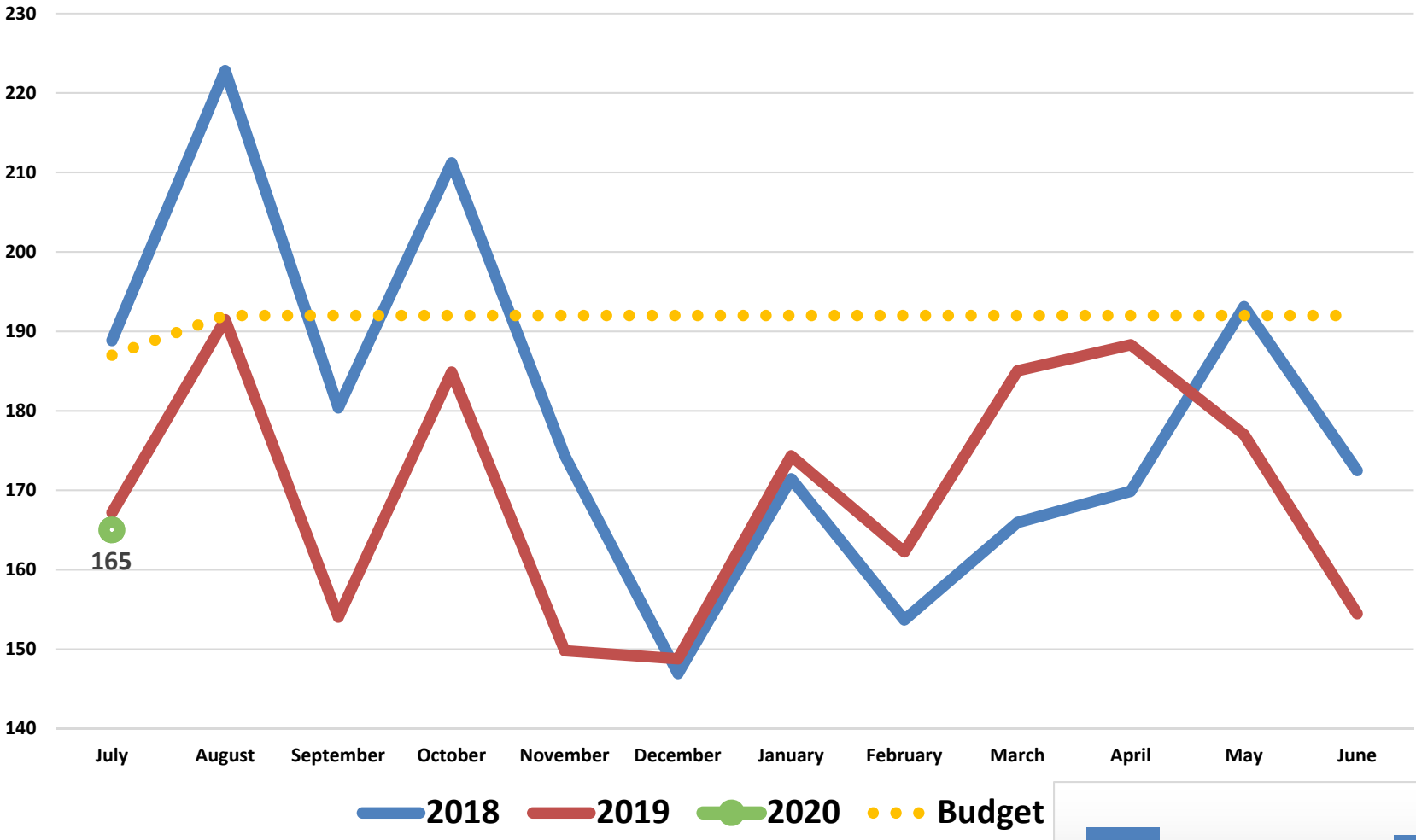


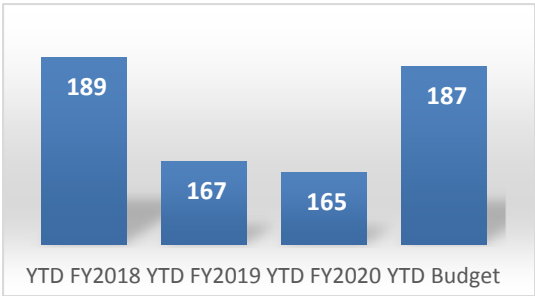
Cath Lab (IP Only) – 100 Min Units



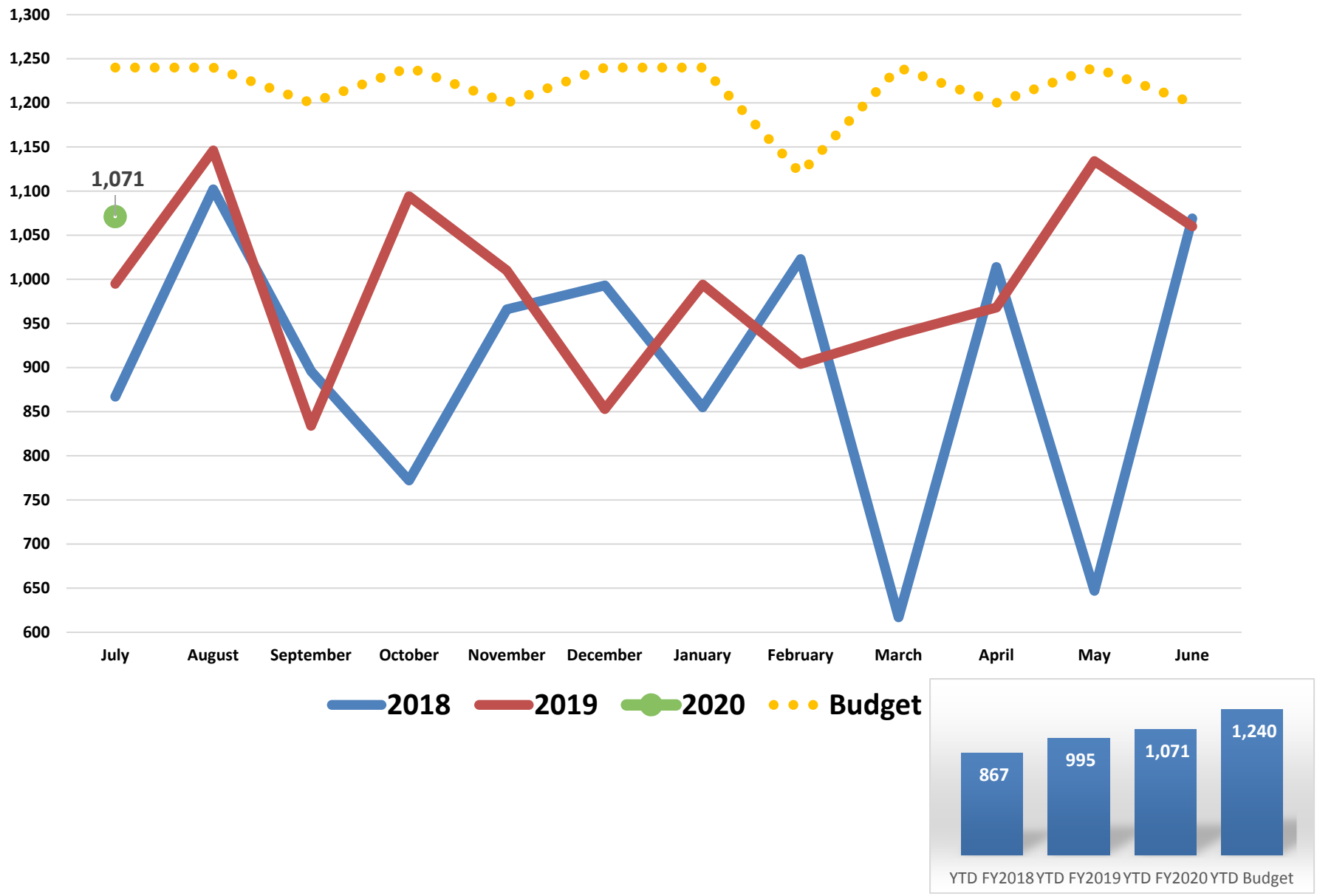


Cath Lab (OP Only) – 100 Min Units

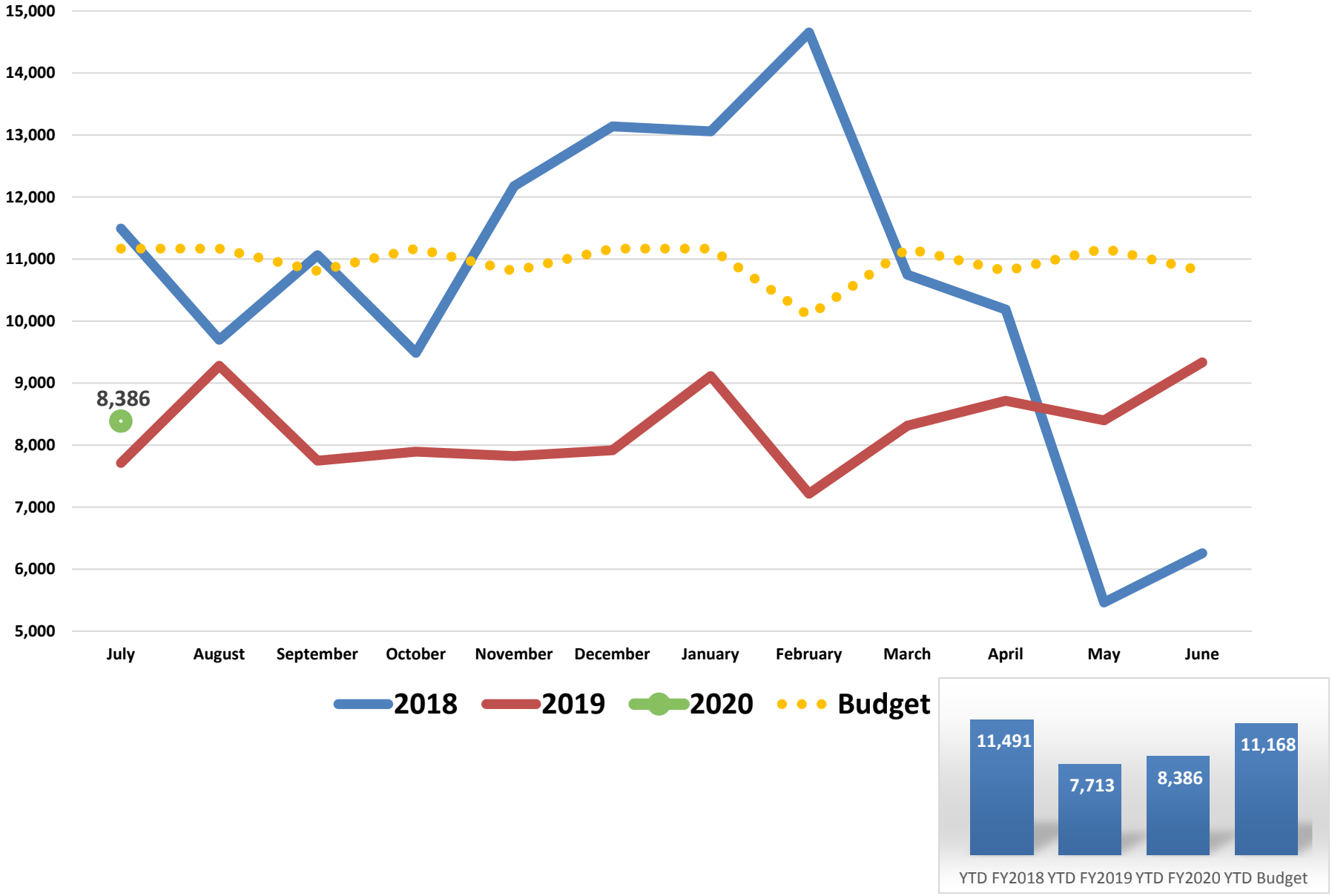




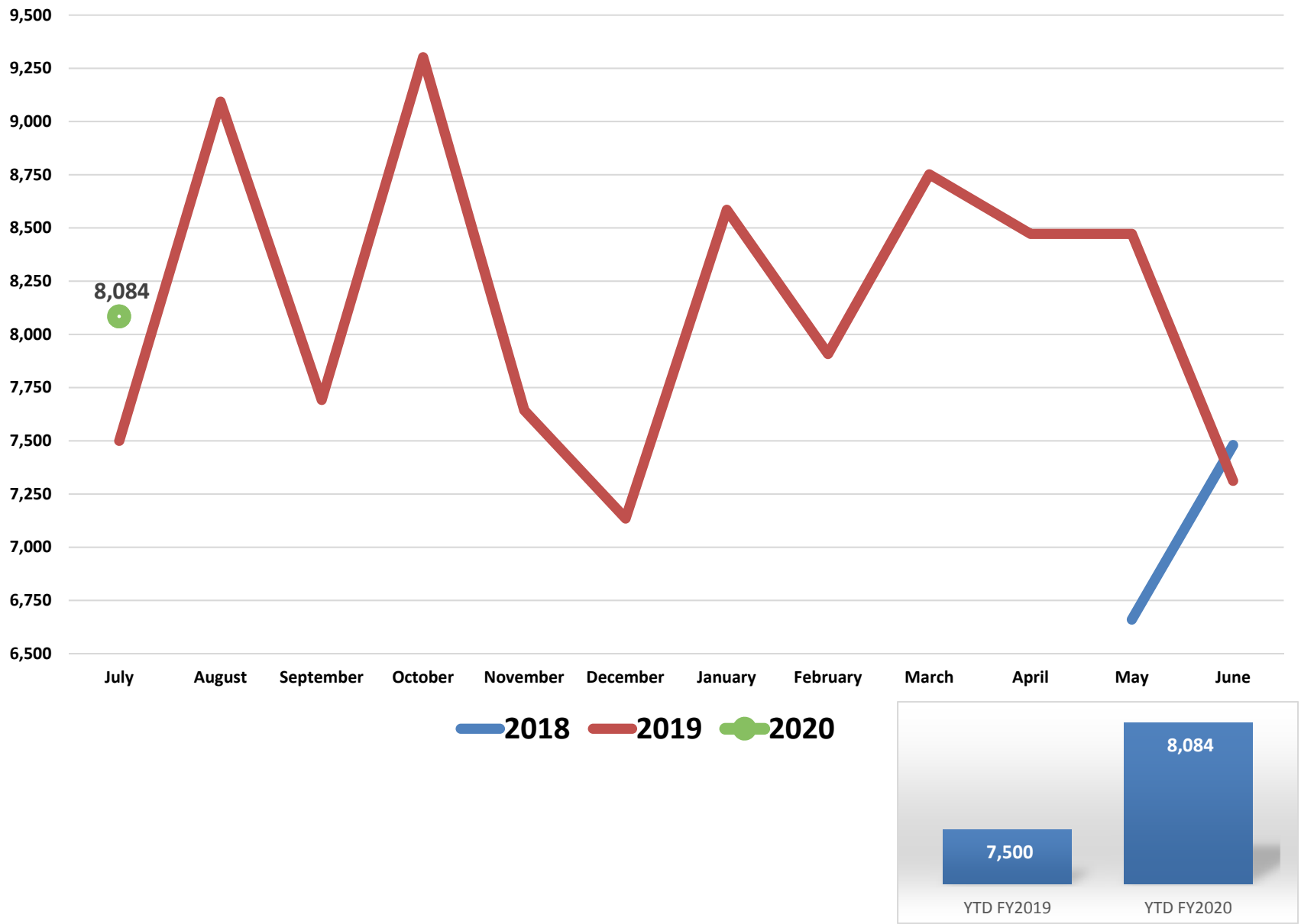
GME Family Medicine Clinic Visits



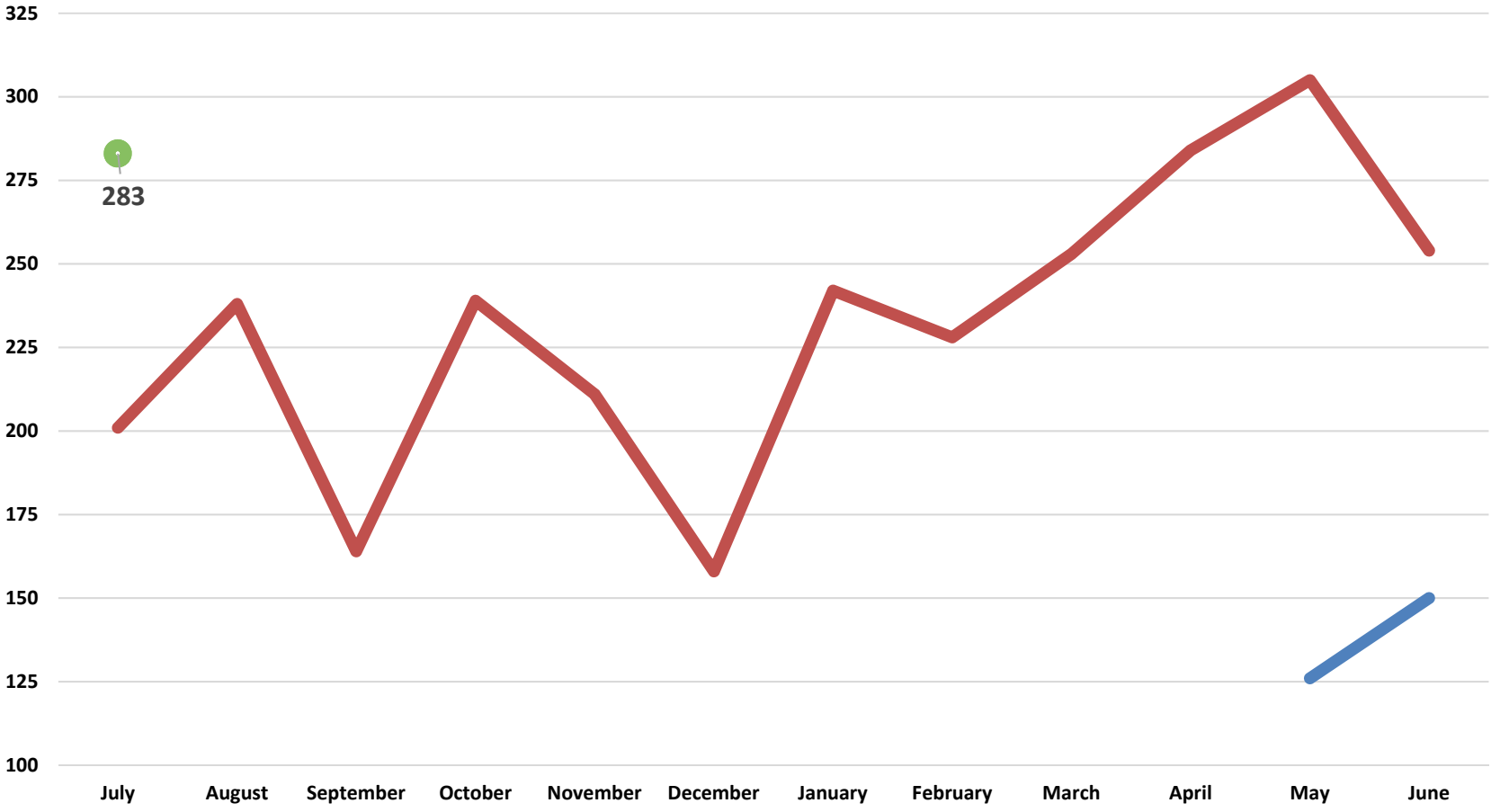
Rural Health Clinic Procedures

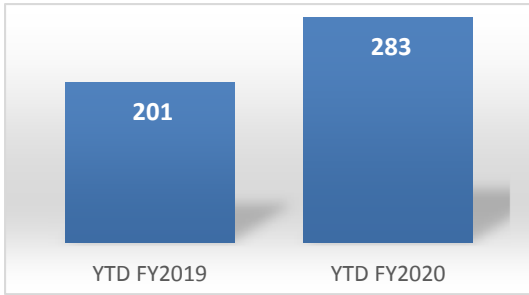


Rural Health Clinic Registrations

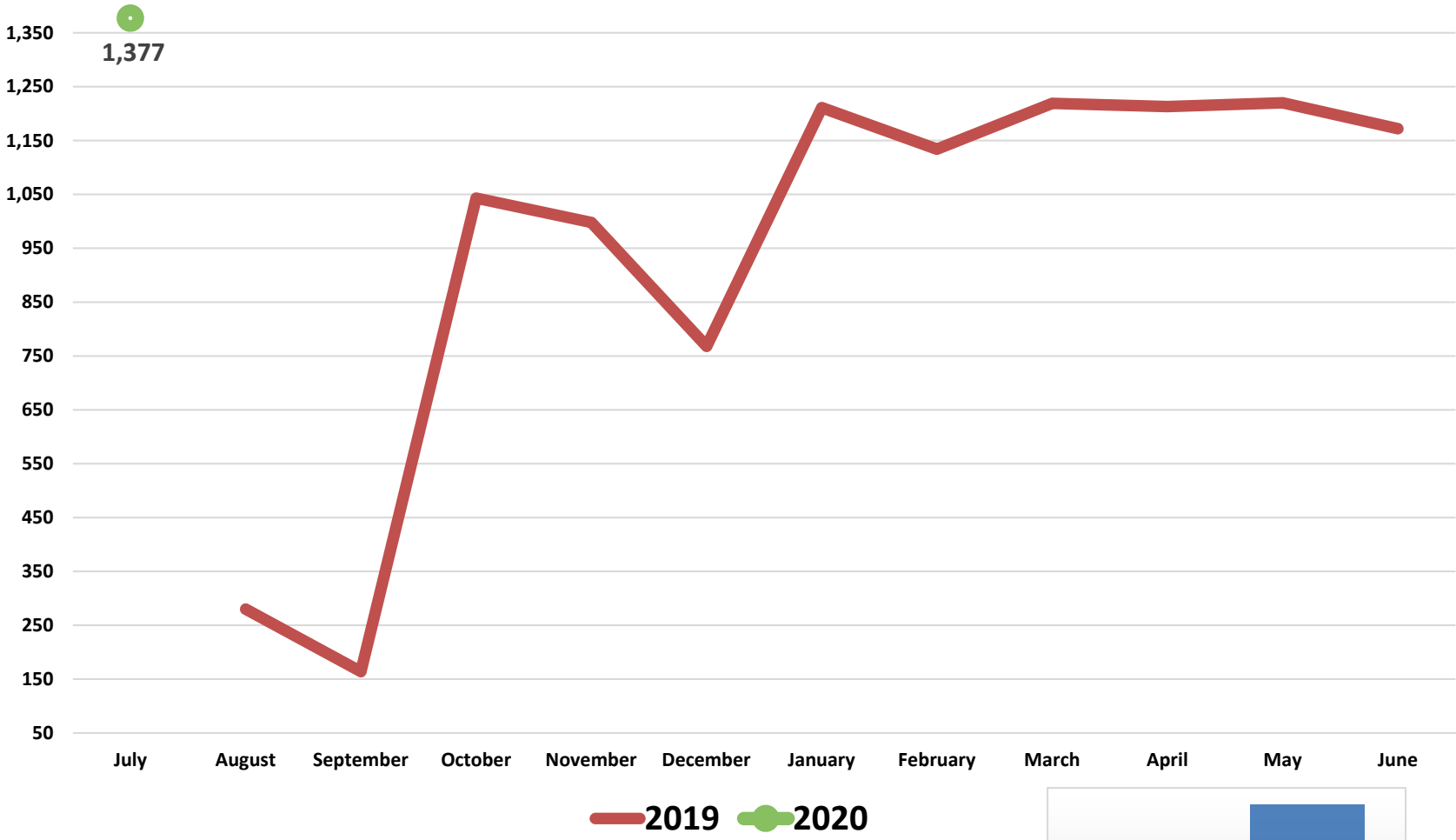


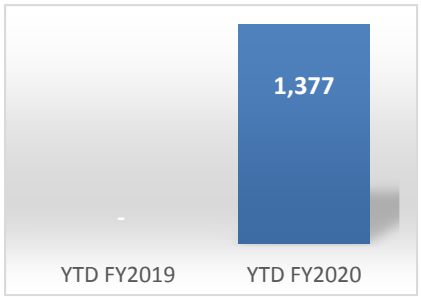
Neurosurgery Clinic Registrations



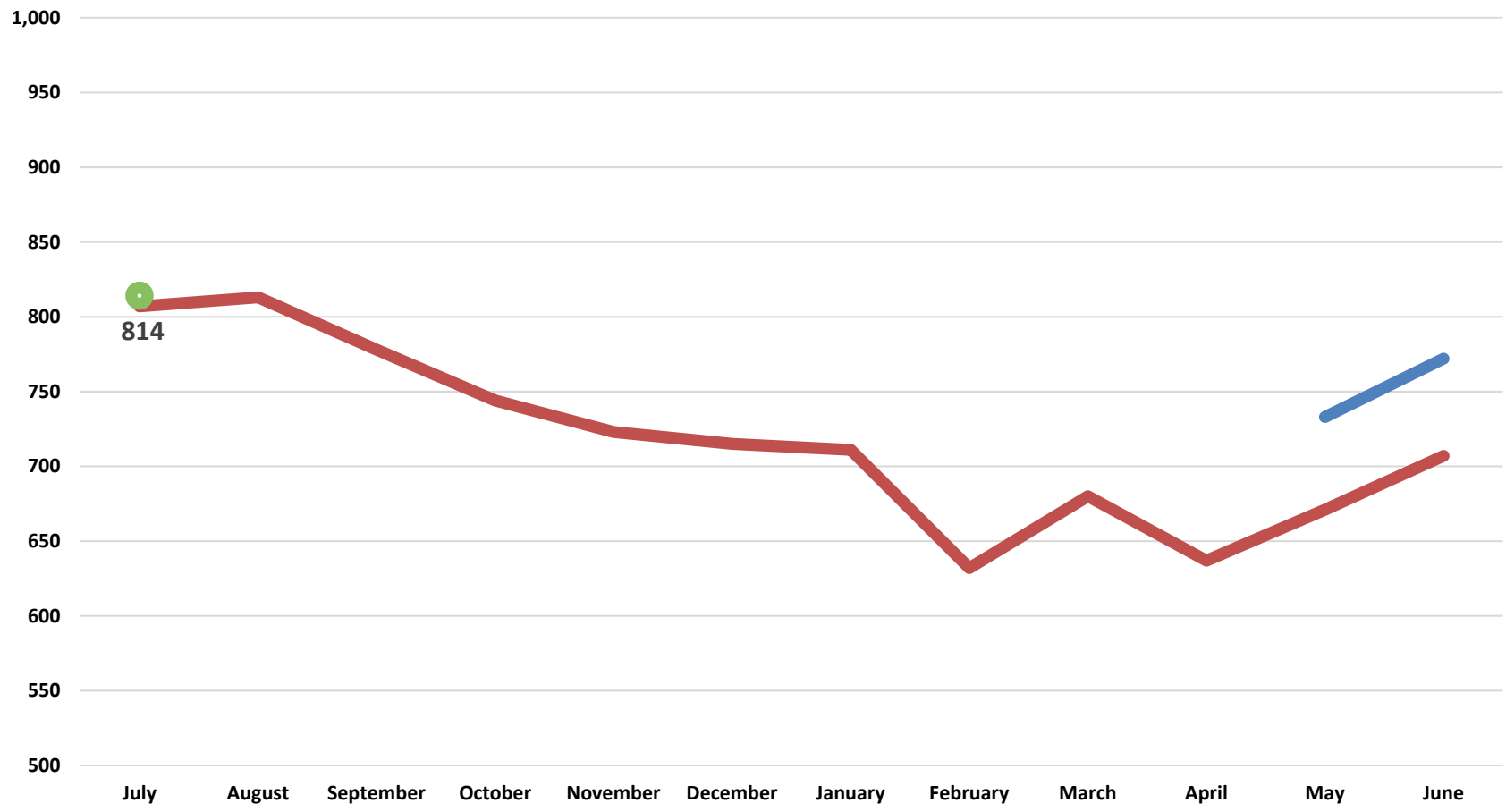


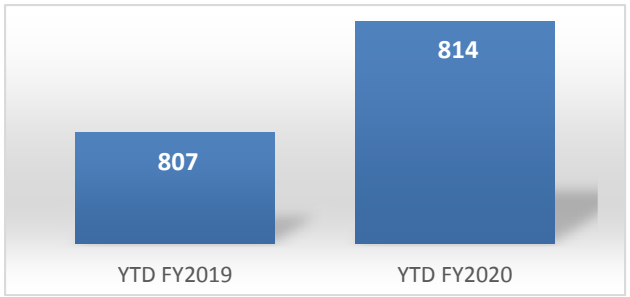
Sequoia Cardiology Registrations



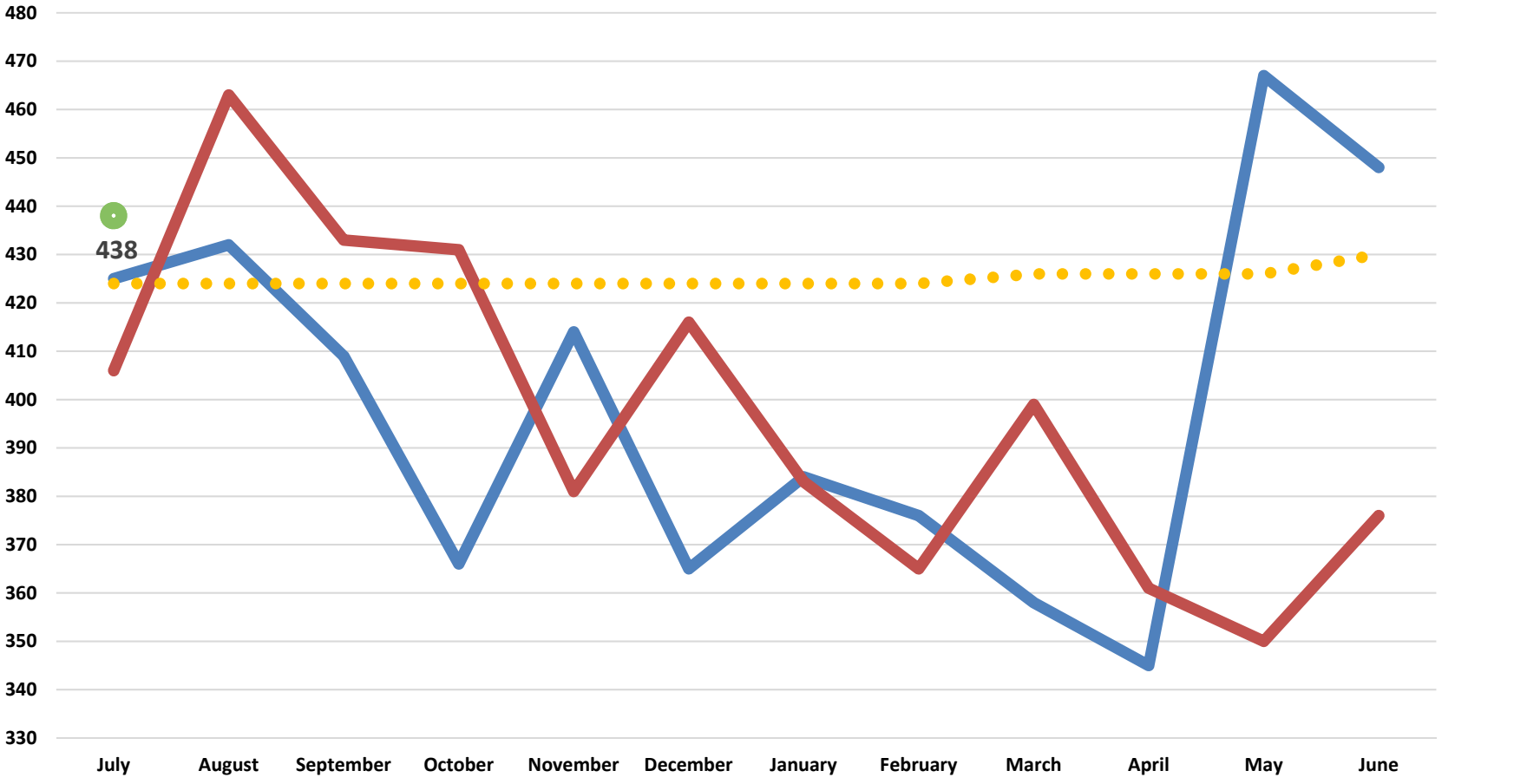


Labor Triage Registrations





Deliveries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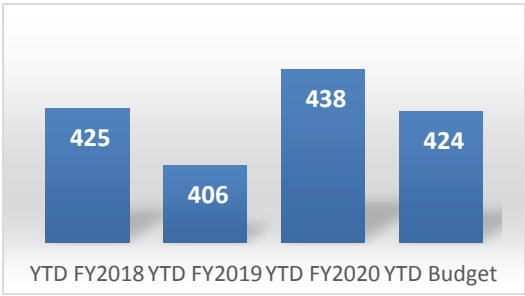
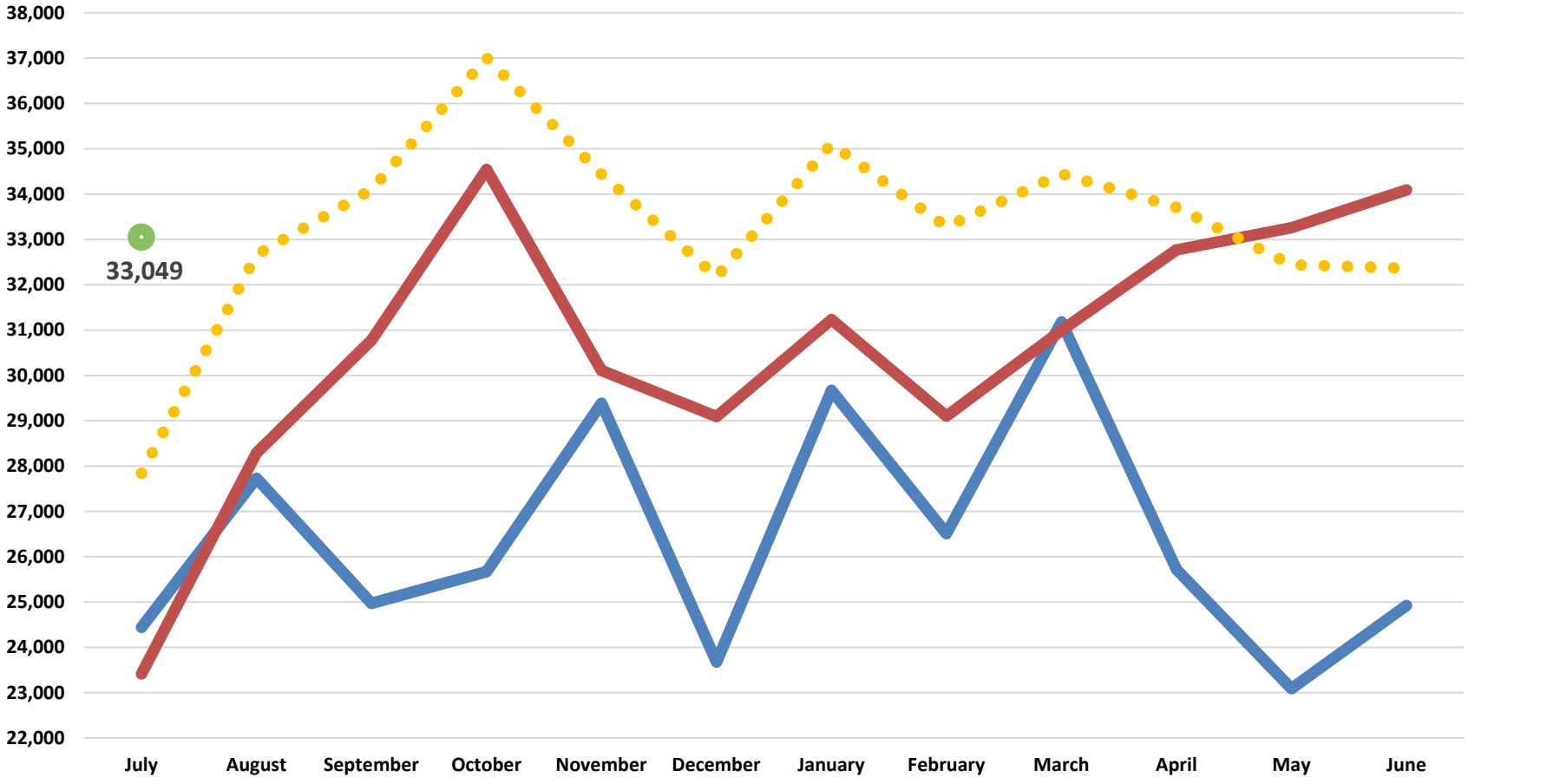
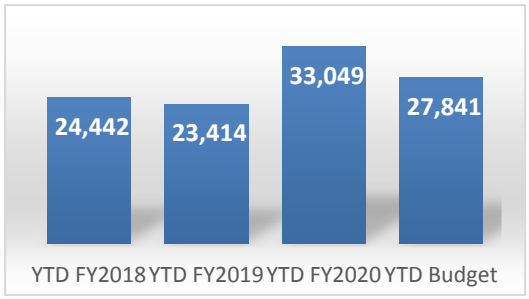
2020
Budget

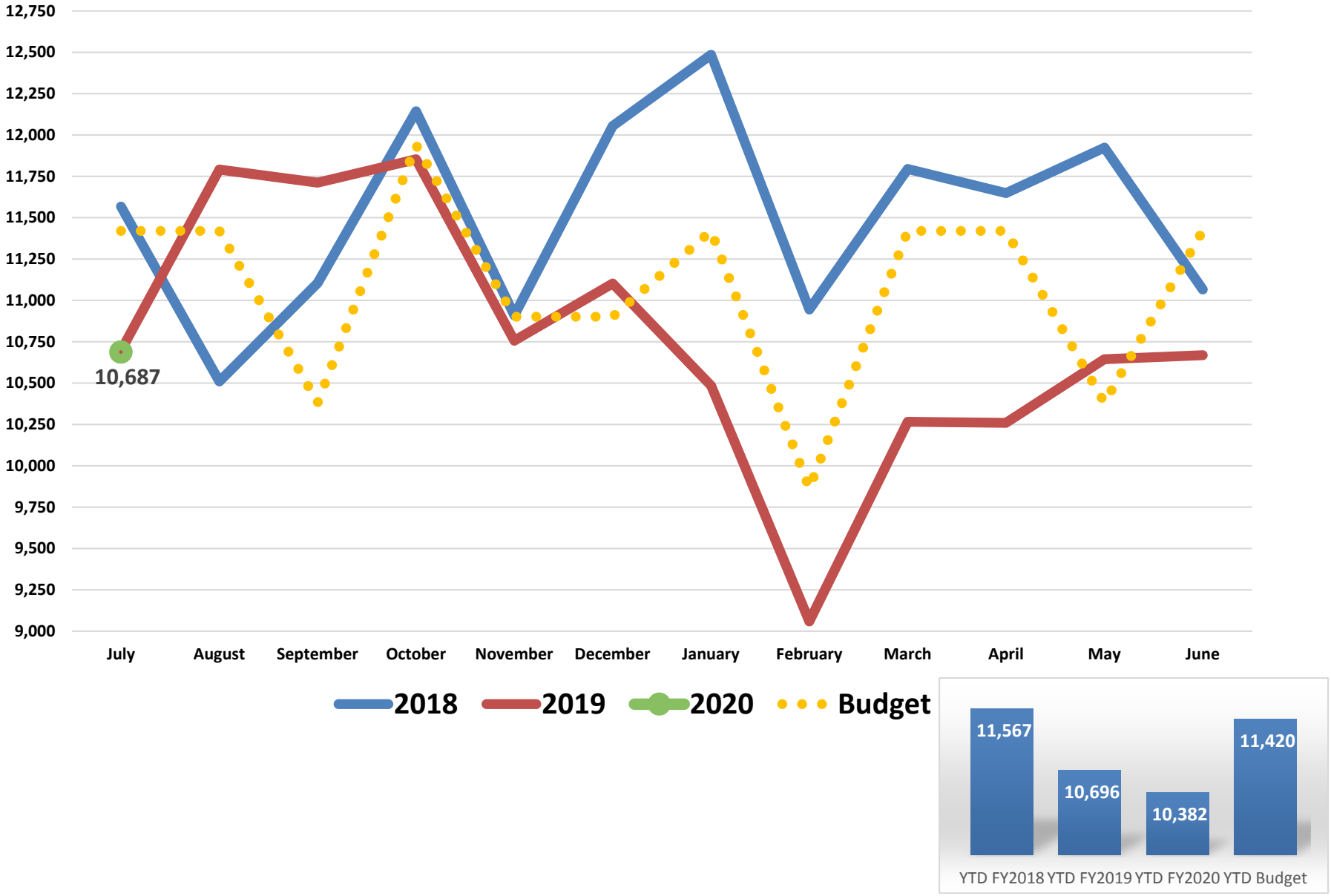

425
406
438
424
YTD FY2018
YTD FY2019
YTD FY2020
YTD Budget

KDMF RVU's

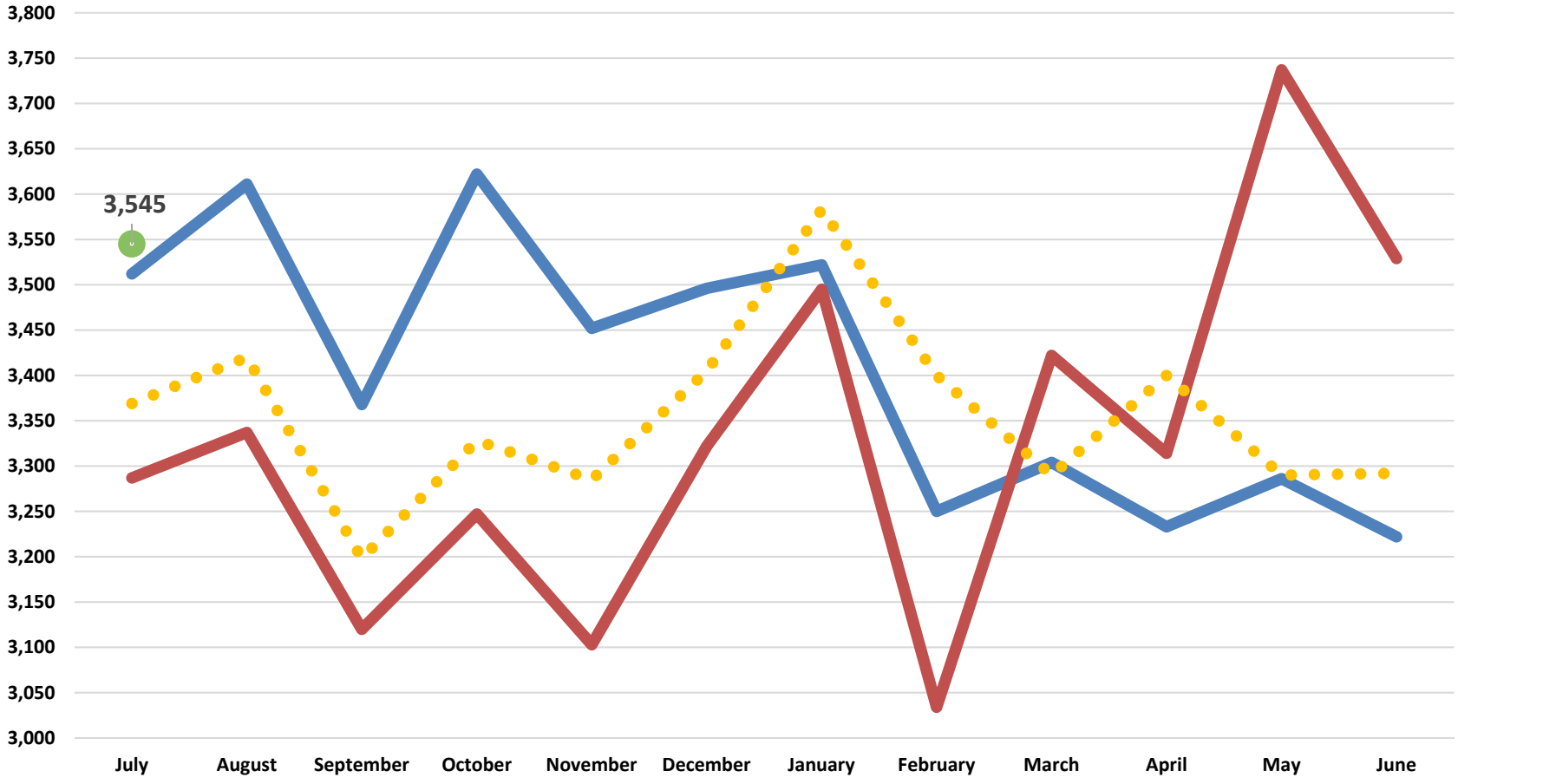

38,000
37,000
36,000
35,000
34,000
33,000
32,000
31,000
30,000
29,000
28,000
27,000
26,000
25,000
24,000
23,000
22,000
33,049
July
August
September
October
November
December
January
February
March
April
May
June
2018
2019
2020
Budget

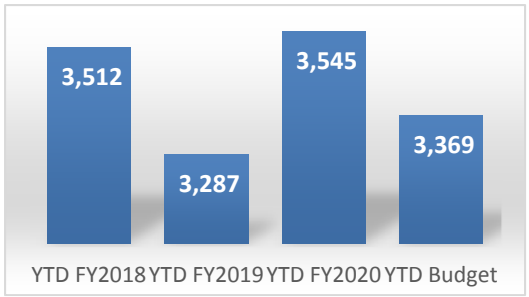

24,442
23,414
33,049
27,841
YTD FY2018
YTD FY2019
YTD FY2020
YTD Budget

Home Infusion Days

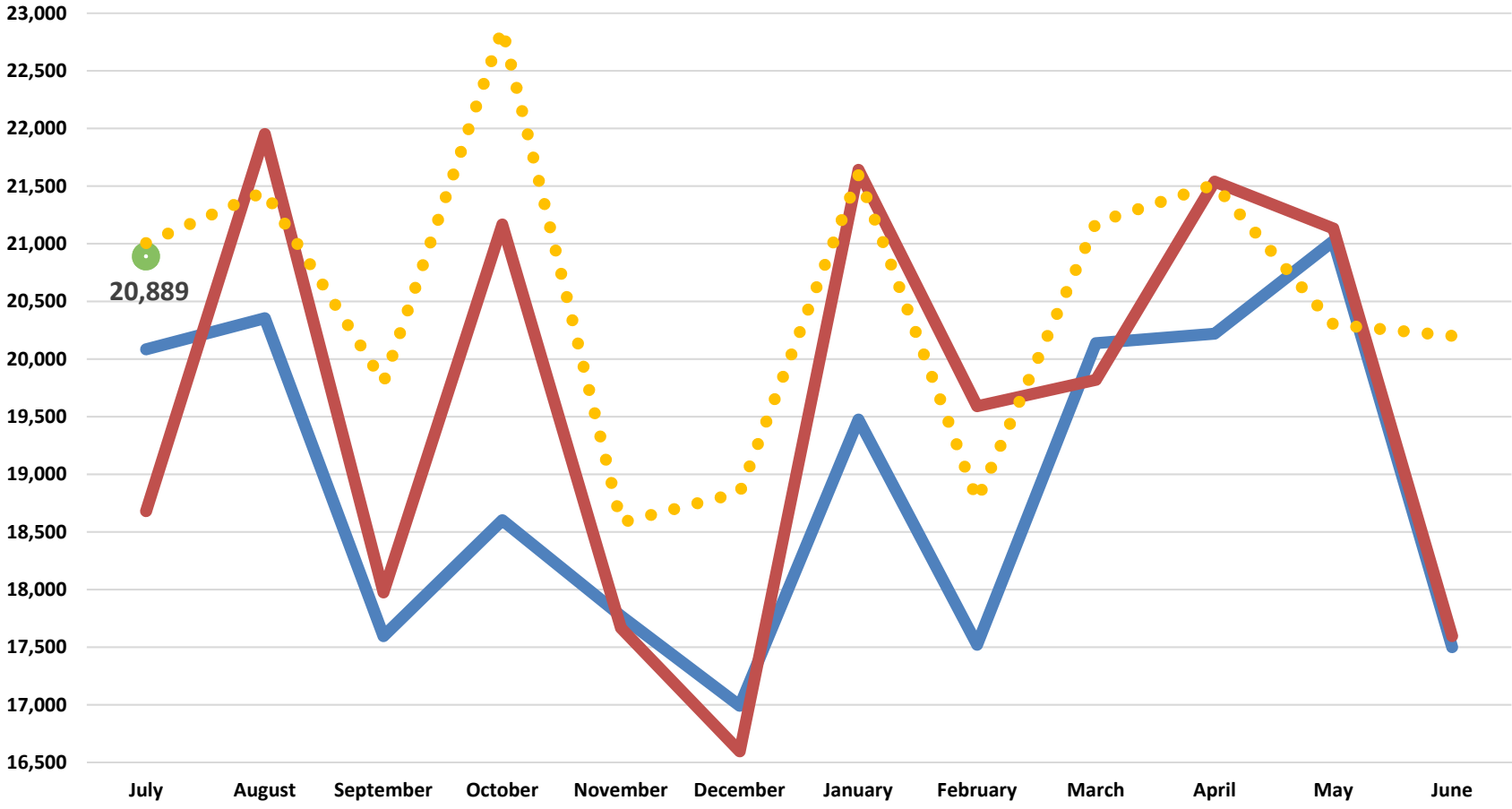


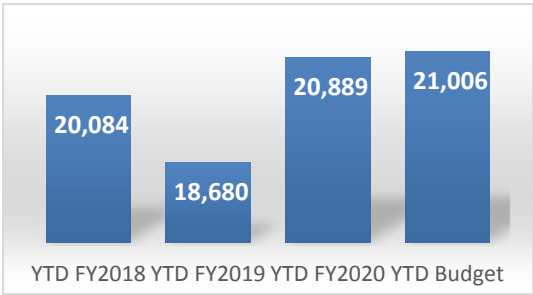
Hospice Days



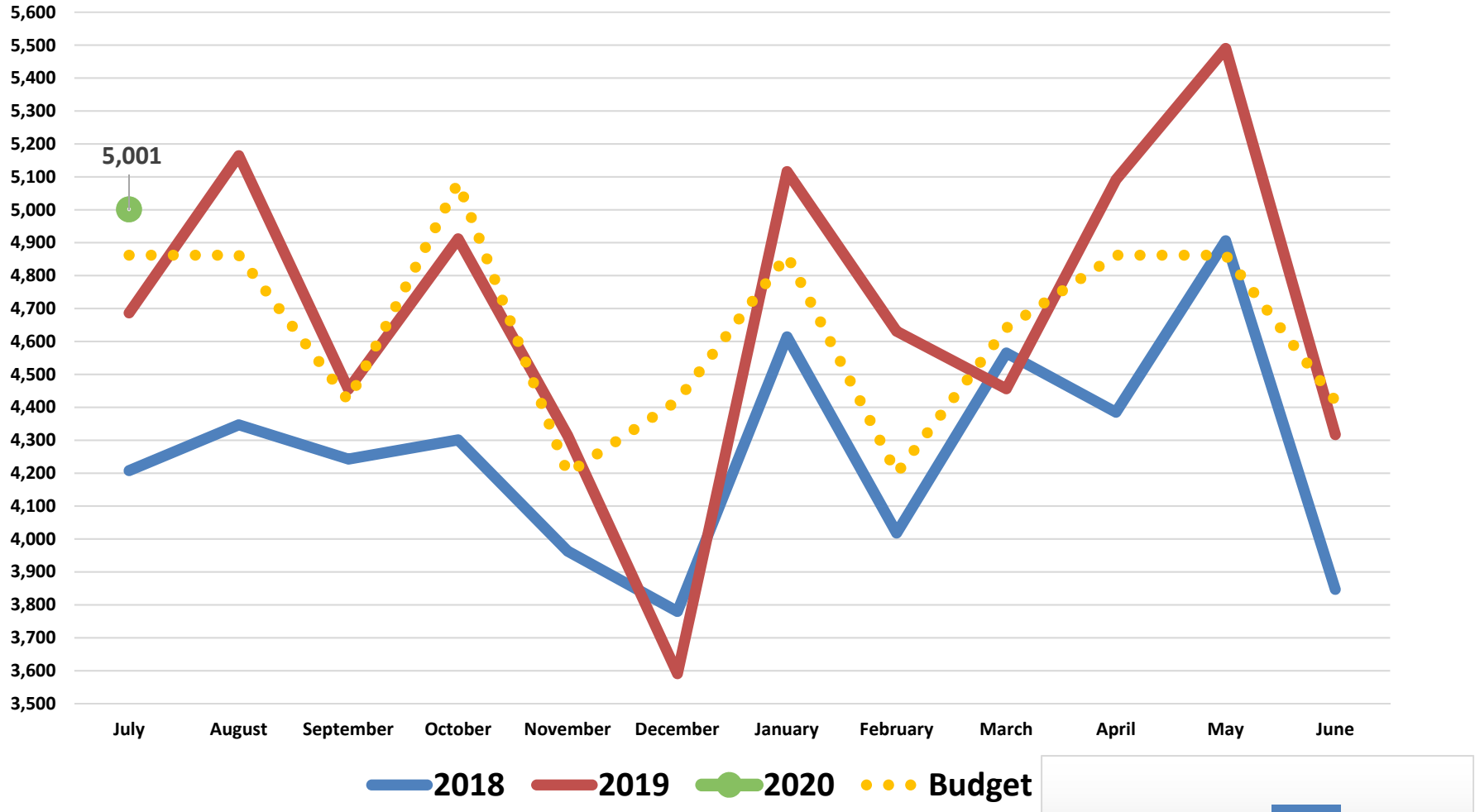


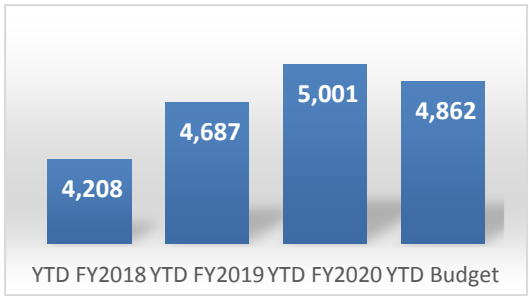
All O/P Rehab Services Across District



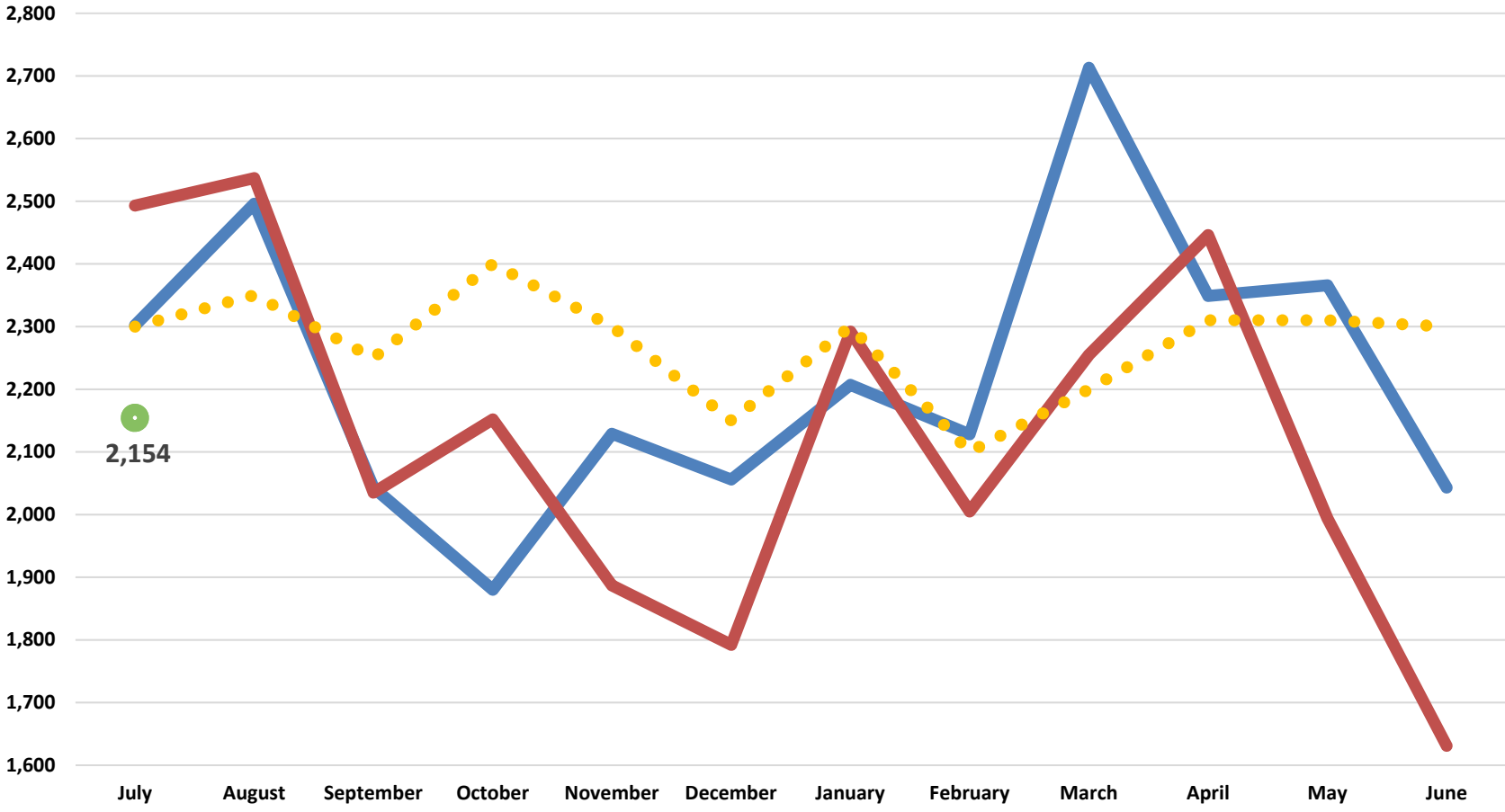


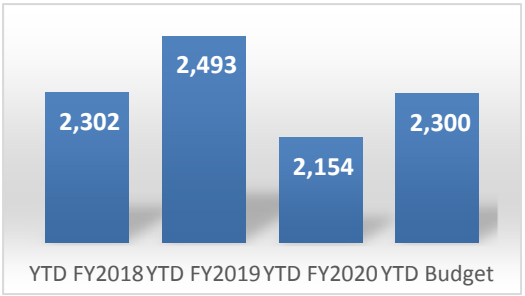
O/P Rehab Services



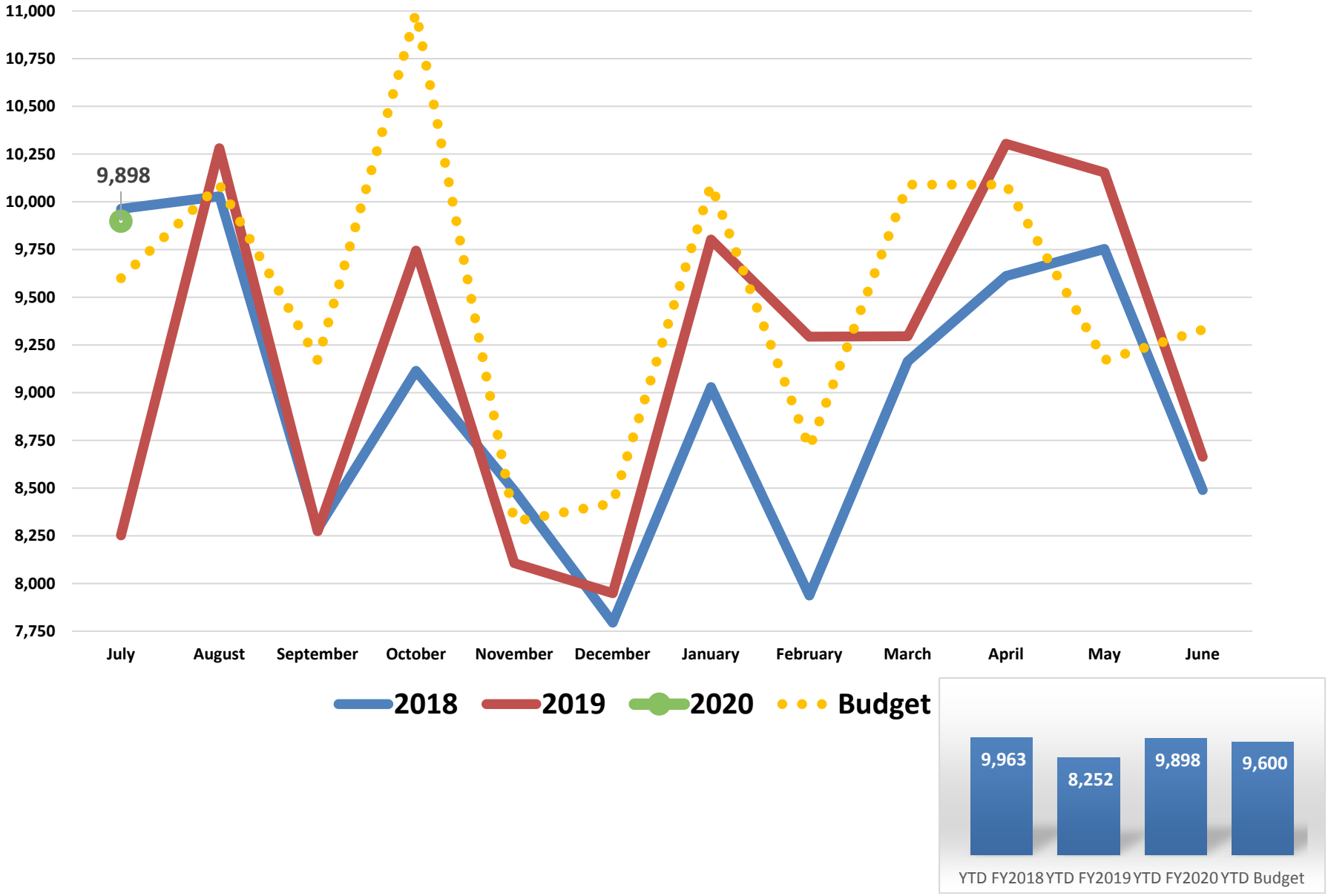


O/P Rehab - Exeter

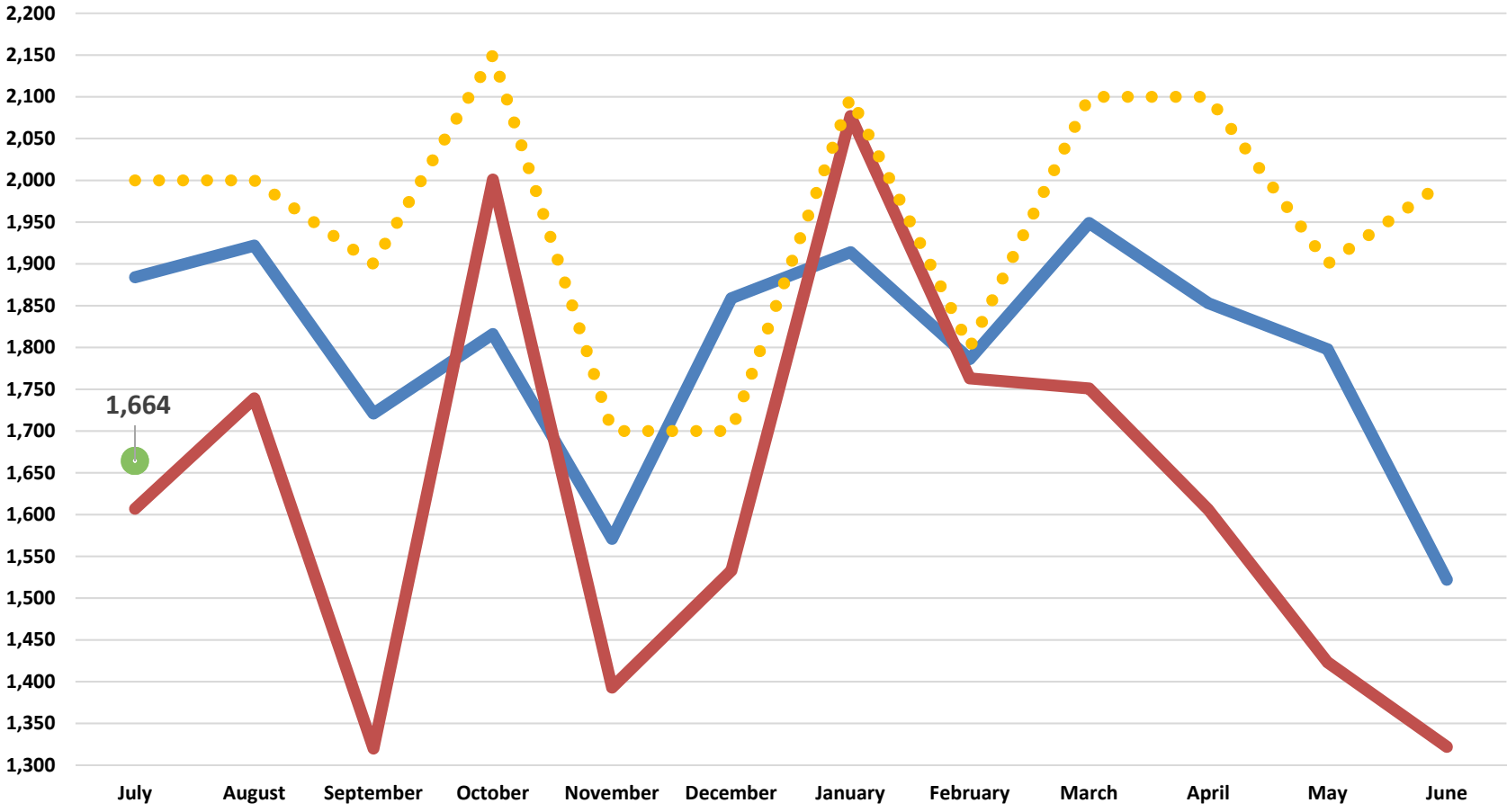


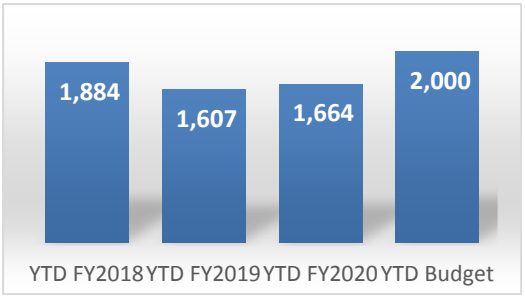


O/P Rehab - Akers

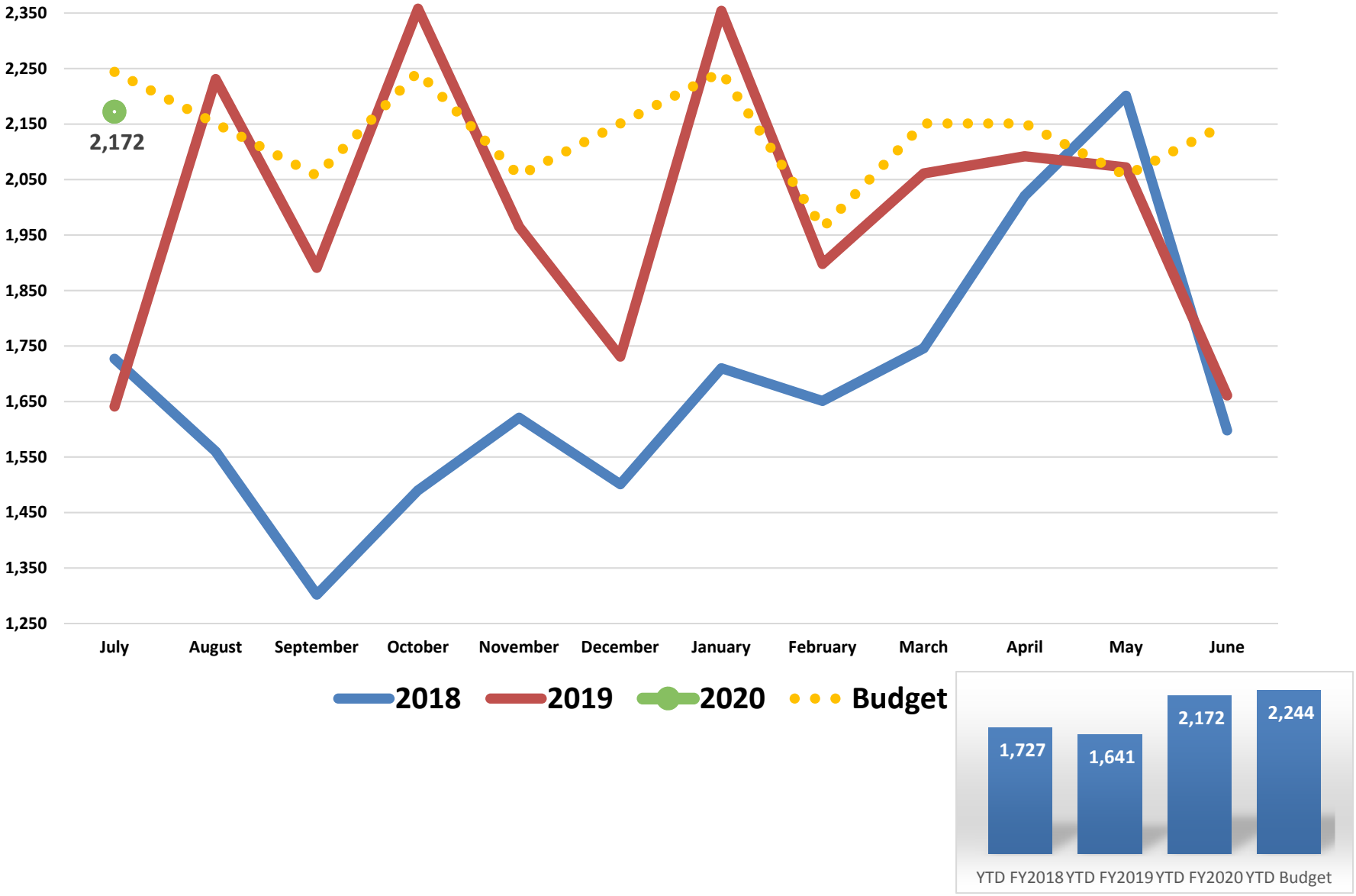


O/P Rehab - LLOPT

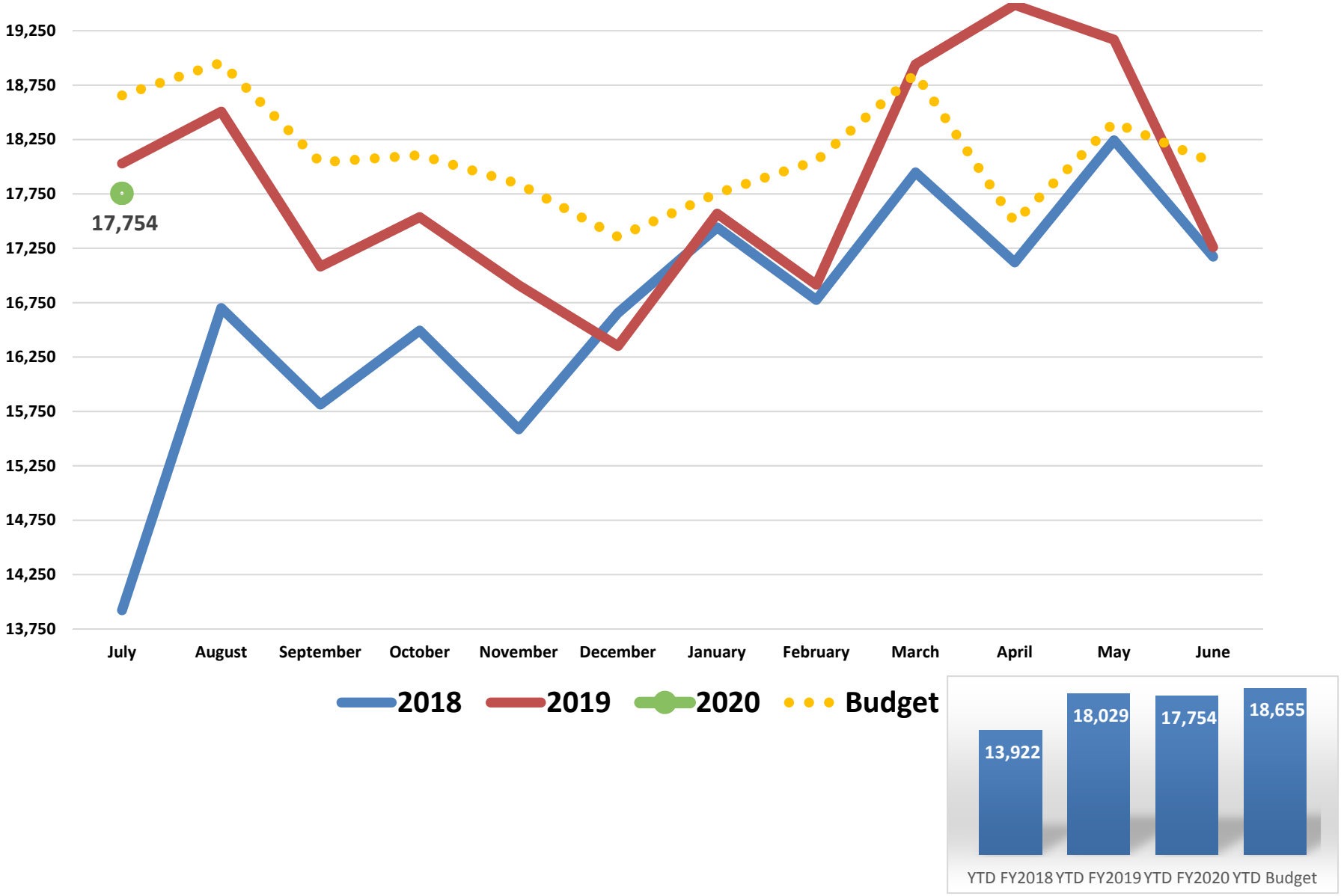




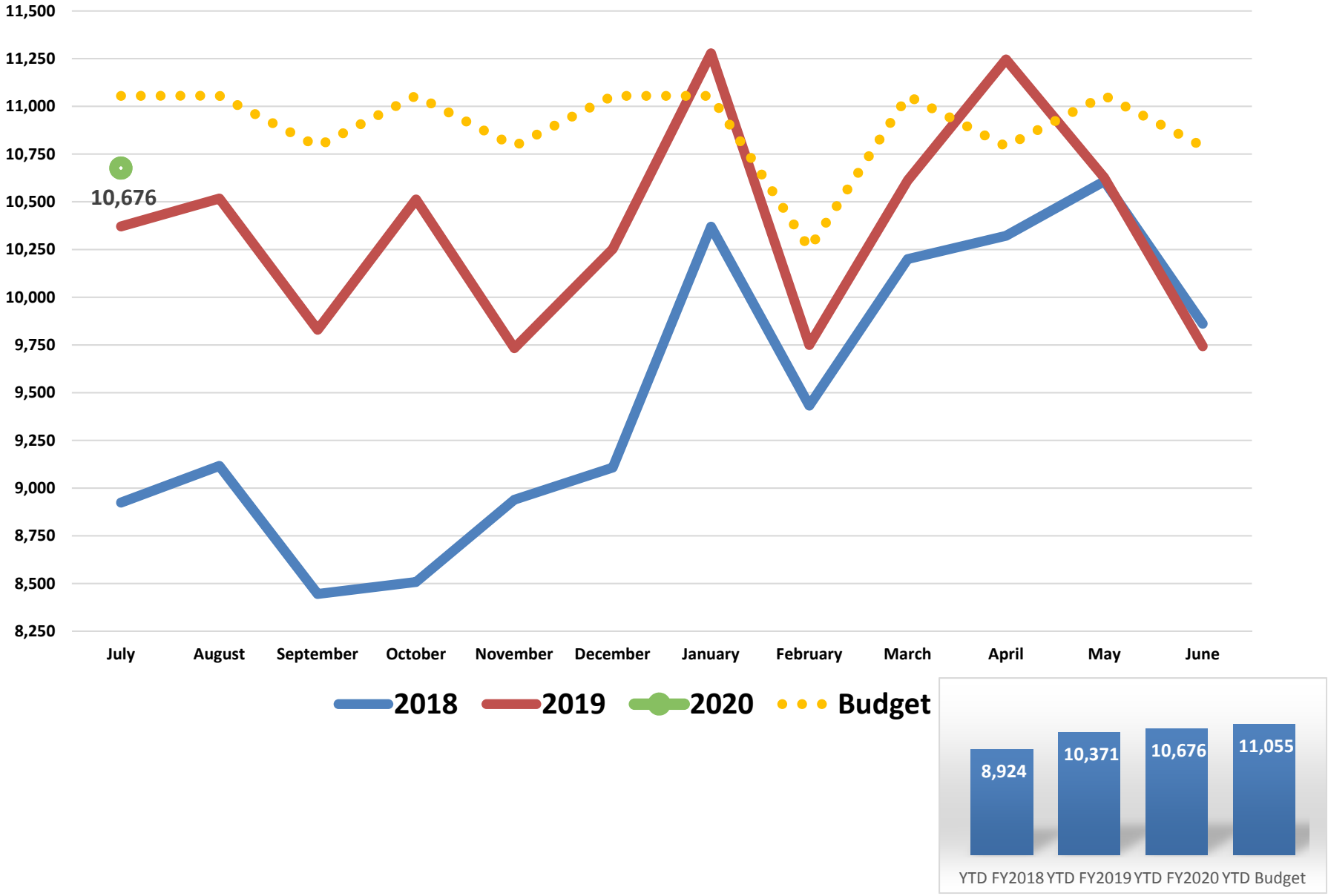
O/P Rehab - Dinuba



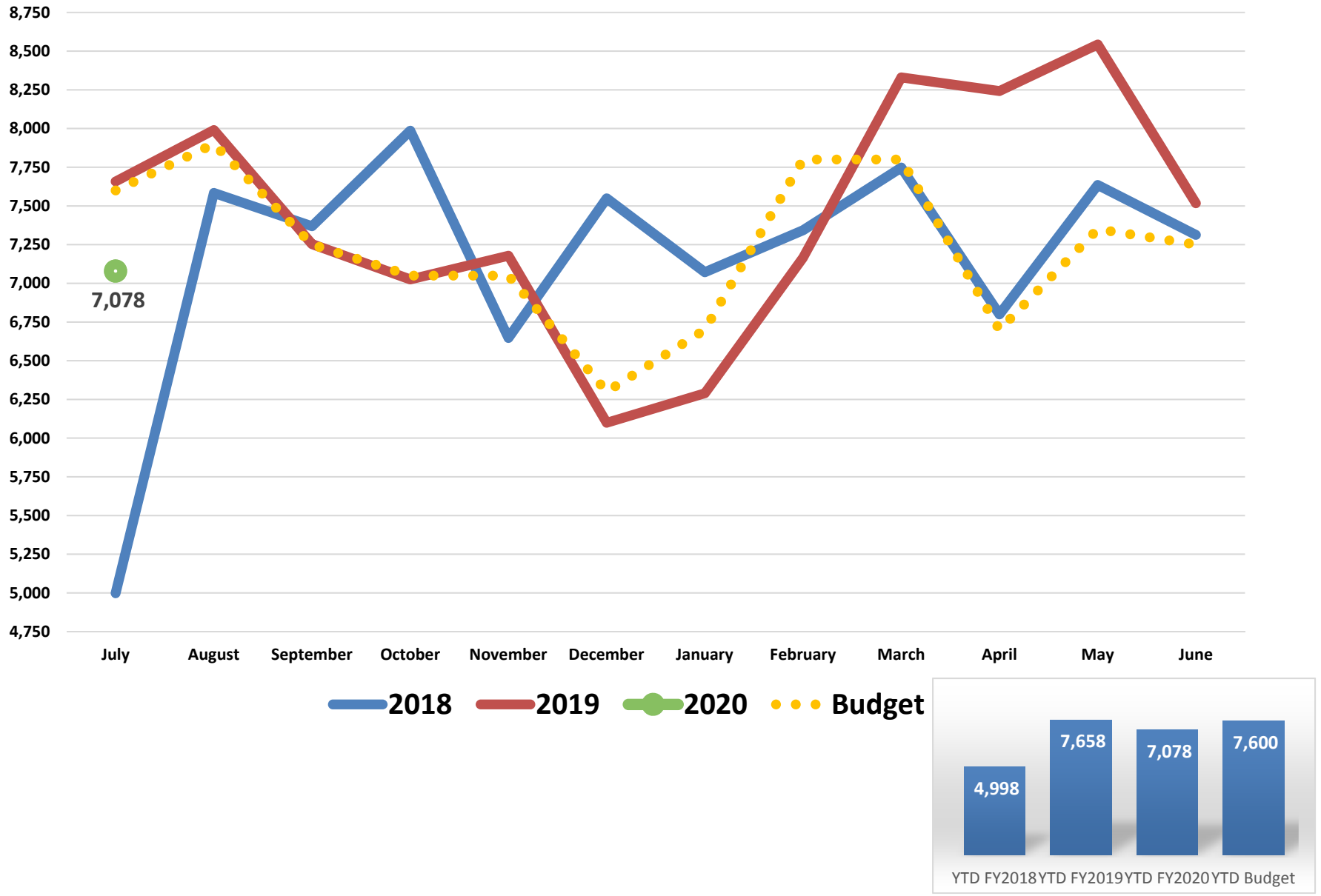
Physical & Other Therapy Units (I/P & O/P)



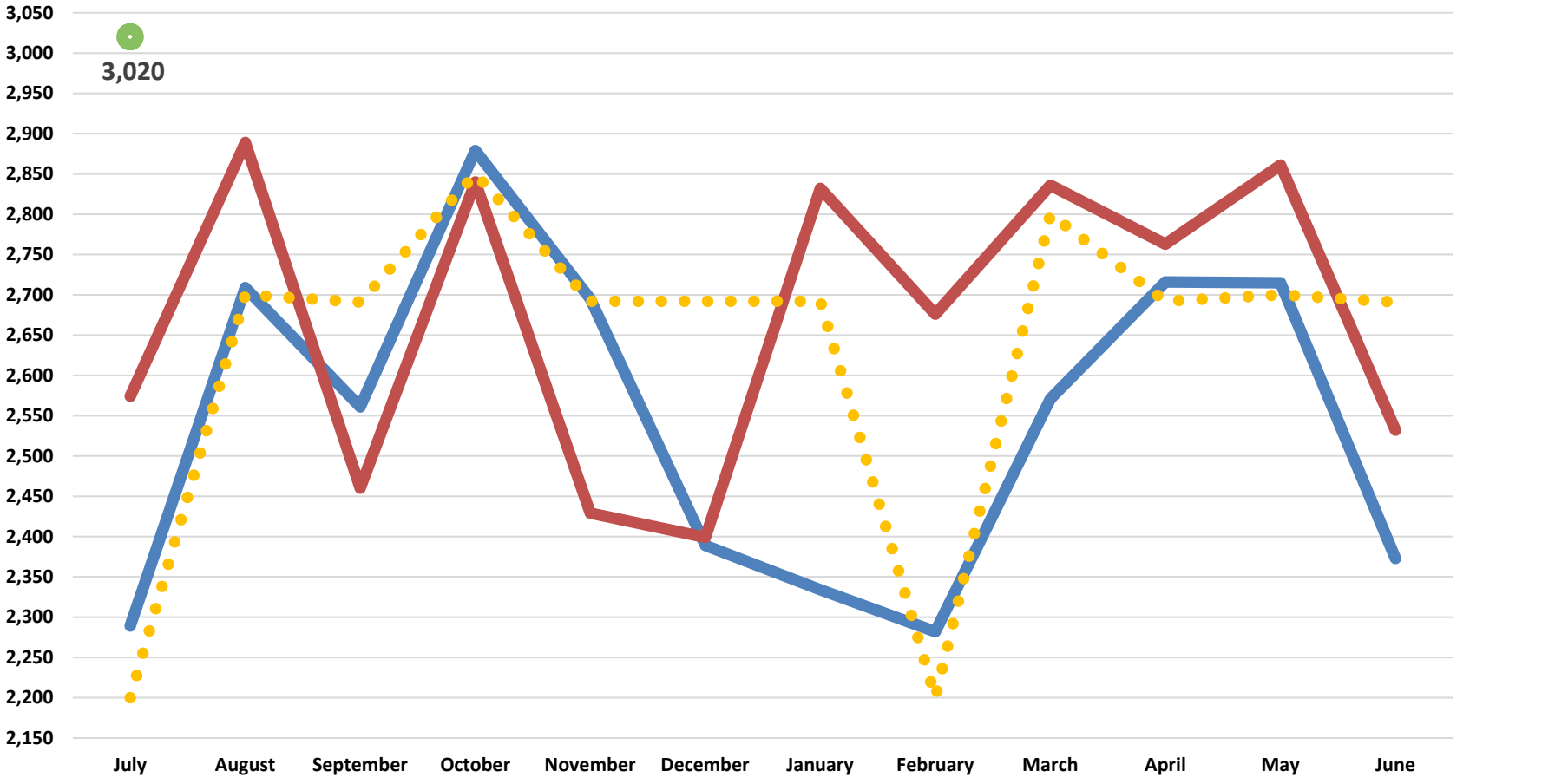
Physical & Other Therapy Units (I/P & O/P)-Main Campus

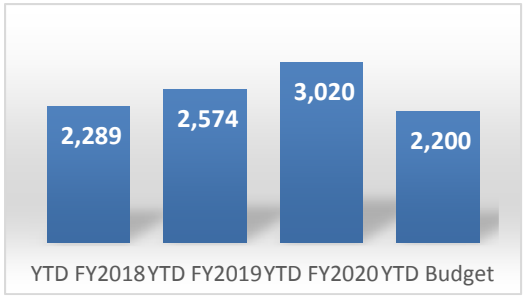


Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus

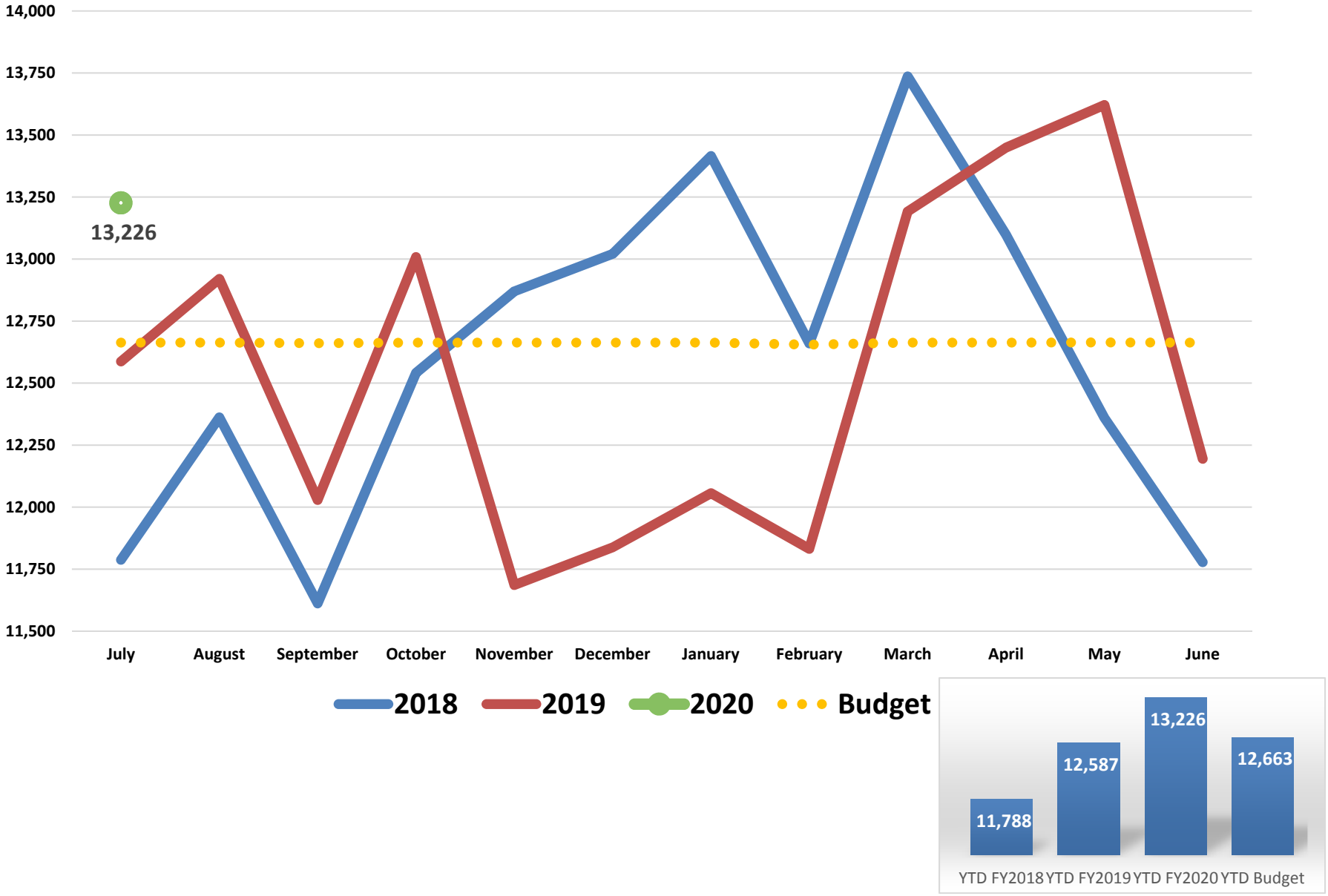


Home Health Visits

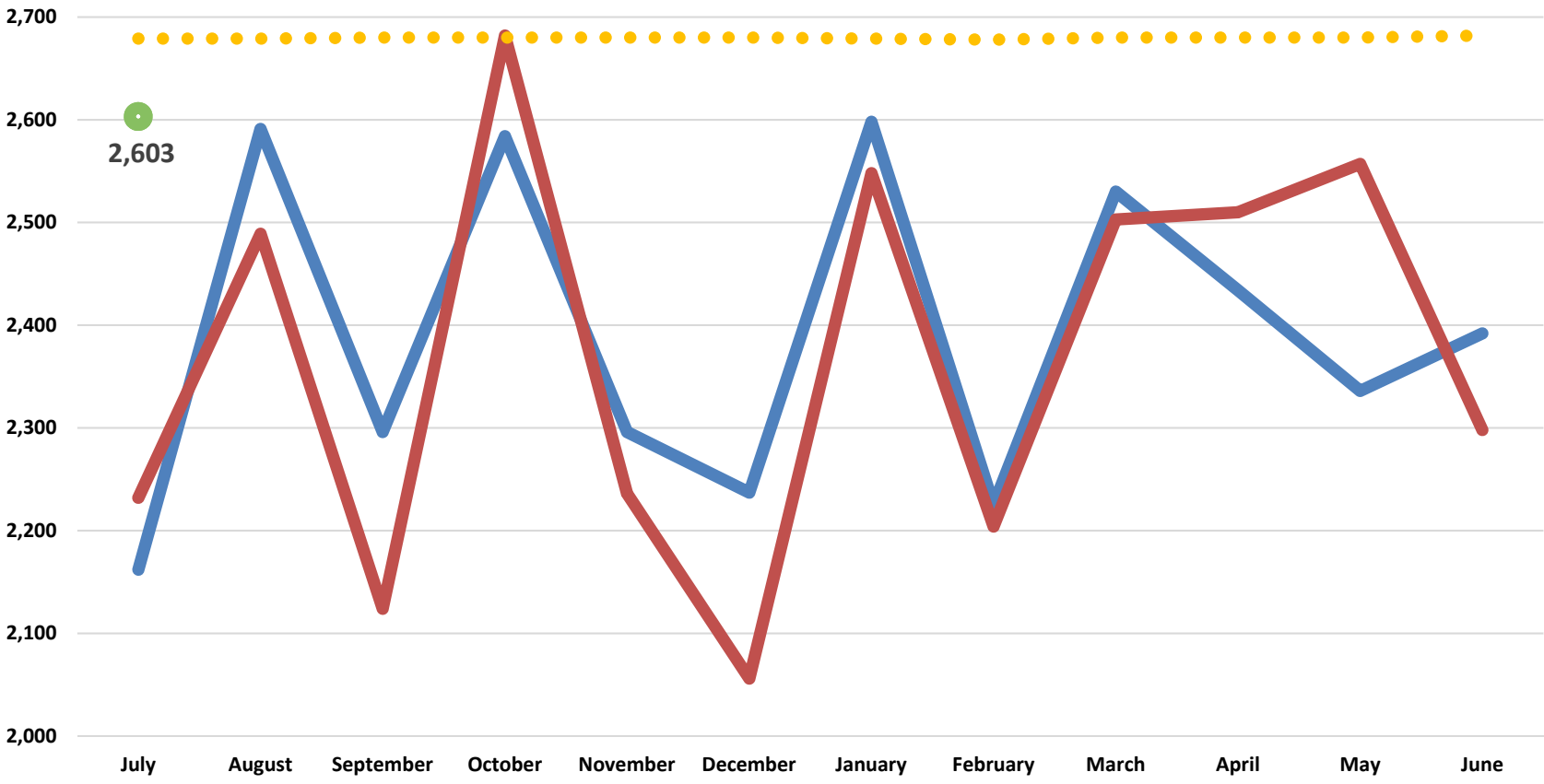


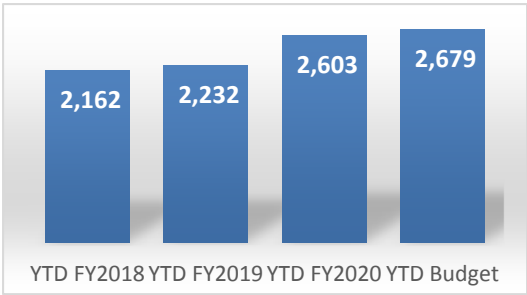


Radiology – Main Campus

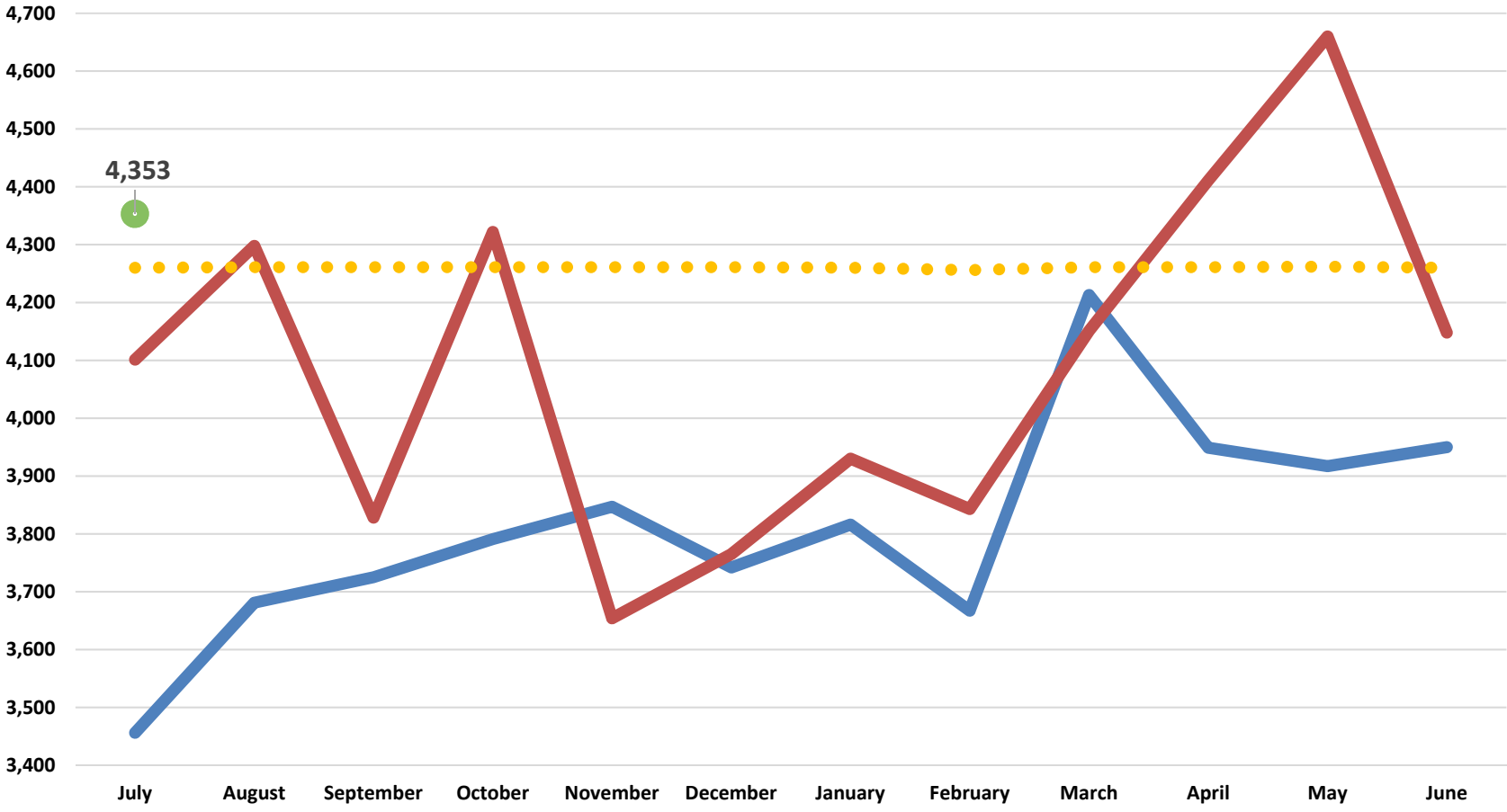


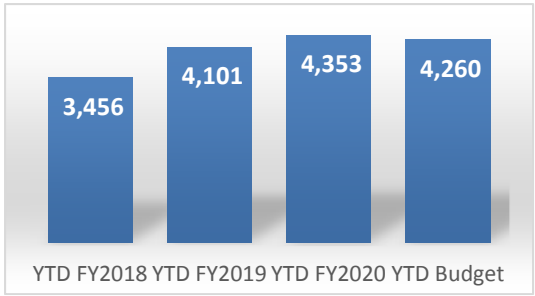
Radiology – South Campus Imaging



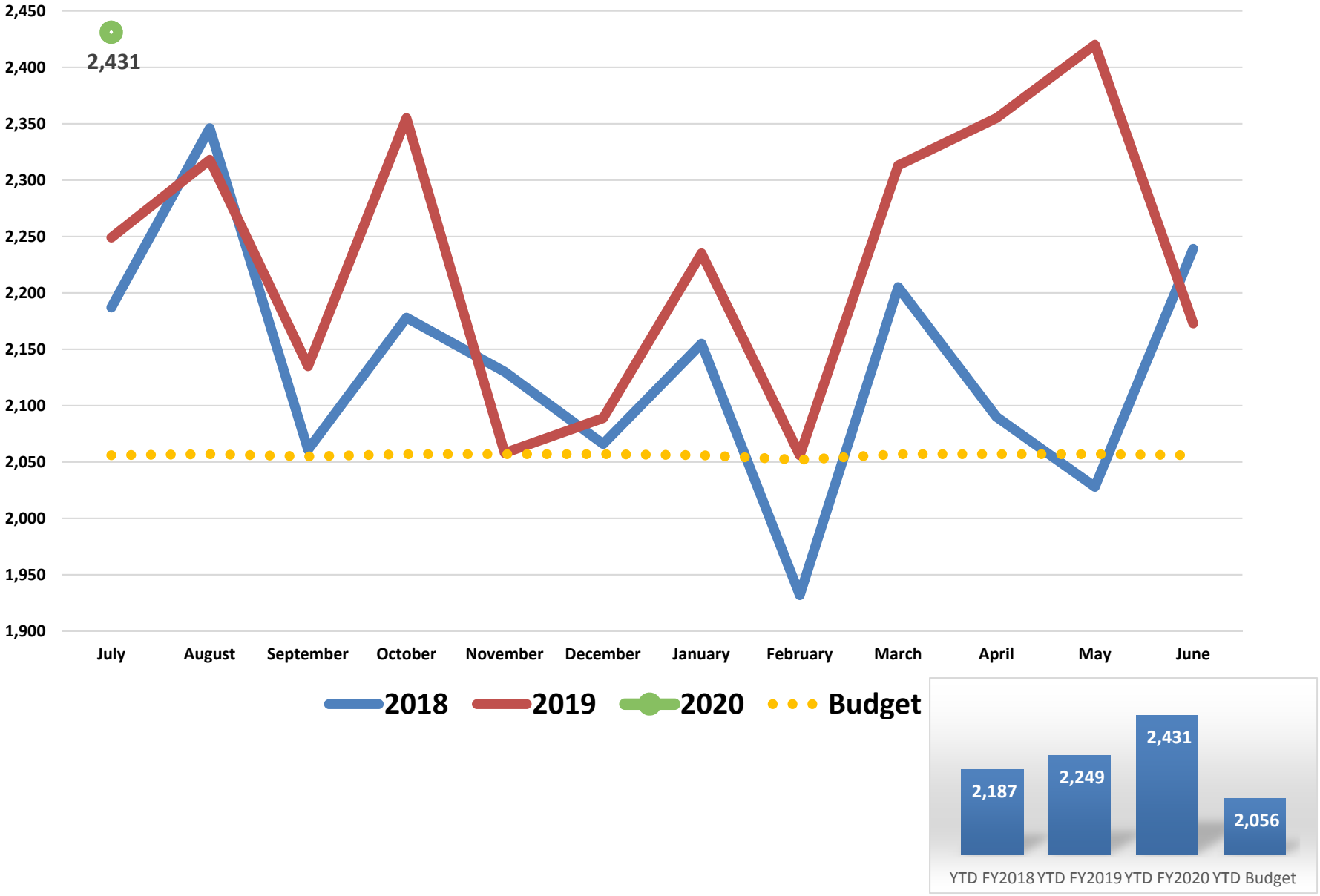


Radiology – CT

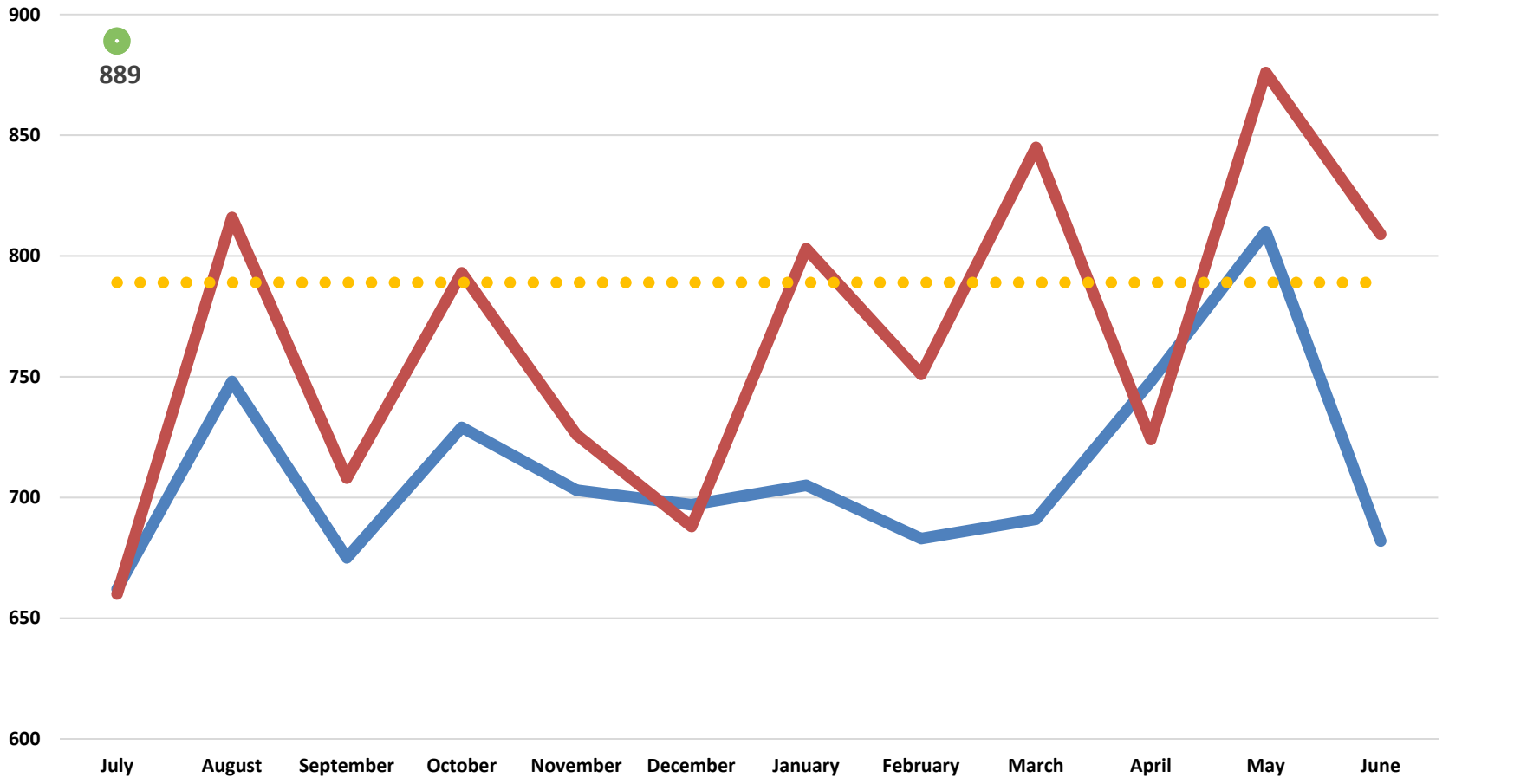


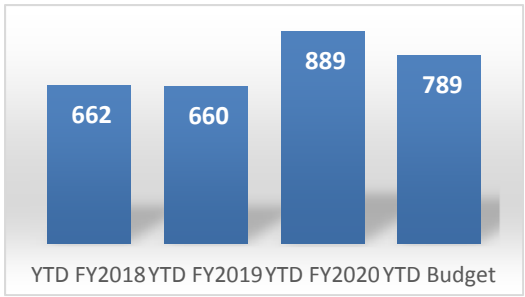


Radiology – Ultrasound



Radiology – MRI





Radiology Modality – Diagnostic Radiology