February 21, 2020

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Board of Directors meeting at 5:30PM on Monday, February 24, 2020 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue}.

The Board of Directors of the Kaweah Delta Health Care District will meet in a closed Board of Directors meeting at 5:31PM on Monday, February 24, 2020 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue} pursuant to Government Code 54956.9(d)(2), Health and Safety Code 32155 and 1461.

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Board of Directors meeting at 6:00PM on Monday, February 24, 2020 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
David Francis, Secretary/Treasurer

Cindy Moccio - Board Clerk / Executive Assistant to CEO

DISTRIBUTION:
Governing Board
Legal Counsel
Executive Team
Chief of Staff
www.kaweahdelta.org
OPEN MEETING AGENDA {5:30PM}

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

4. APPROVAL OF THE CLOSED AGENDA – 5:31PM
   4.2. Conference with Legal Counsel – Anticipated Litigation – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 18 Cases – Ben Cripps, Chief Compliance Officer, Dennis Lynch, Legal Counsel
   4.3. Credentialing - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – Byron Mendenhall, MD Chief of Staff
   4.4. Quality Assurance pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – Byron Mendenhall, MD Chief of Staff

5. ADJOURN

CLOSED MEETING AGENDA {5:31PM}

1. CALL TO ORDER
2. APPROVAL OF CLOSED MEETING MINUTES – January 27, 2020
   Action Requested – Approval of the closed meeting minutes – January 27, 2020
3. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 18 Cases

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

4. **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 pursuant to Health and Safety Code 1461 and 32155

   *Byron Mendenhall, MD Chief of Staff*

5. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee

   *Byron Mendenhall, MD Chief of Staff*

6. **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 approval of the January 27, 2020 meeting minutes.

   *Action Requested – Approval of the open meeting minutes – January 27, 2020 open board of directors meeting minutes.*

6. **RECOGNITIONS** – *Nevin House*

   6.1. Presentation of Resolution 2068 to Renee Gutierrez, Cook-Food and Nutrition Services, Service Excellence Award for January 2020.

   6.2. Presentation of Resolution 2070 to Lily Thompson, CNA, ICCU-13, Service Excellence Award for February 2020.

   6.3. Presentation of Resolution 2071 to Corazon Gaspar, RN, retiring from duty at Kaweah Delta after 34 years of service.

   6.4. Presentation of Resolution 2072 to Steve Hensley, Director of Respiratory Services, retiring from duty at Kaweah Delta after 41 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. Mental Health
   D. Respiratory Services
   E. Sleep Disorders Center
   F. Sequoia Surgery Center

7.2. **POLICIES**
   A. **ADMINISTRATIVE**
      1. Cash Control
      2. Code of Ethical Behavior
      3. Property Acquisition, Sales, and Leasing
      4. Quality Improvement Plan
      5. Patient Safety Plan

7.3. **BOARD COMMITTEE MINUTES**;
   A. Finance, Property, Services, and Acquisition Committee (01/23/2020)
   B. Marketing and Public Affairs Committee (02/05/2020)

7.4. Approval of Resolution 2073 in recognition of Pam Rosenberger, retiring from duty at Kaweah Delta after 18 years of service.

7.5. Approval of the Kaweah Delta Compliance Program Work Plan calendar year 2020 as reviewed and supported for Board approval at the February 2020 Audit and Compliance Committee meeting.

7.6. Approval of the Audit and Compliance Committee Mission and Purpose as reviewed and approved at the February 2020 Audit and Compliance Committee meeting.

7.7. Approval of the Audit Program Work Plan calendar year 2020 as reviewed and supported for Board approval at the February 2020 Audit and Compliance Committee meeting.

7.8. Kaweah Delta Health Care, Inc. Board - Request for replacement of Dr. Craig Calloway, who has resigned from the Kaweah Delta Health Care, Inc. Board with Dr. Ralph Kingsford to serve out the remainder of Dr. Calloway’s term which expires on 10/31/2020.

7.9. **Recommendation from the Medical Executive Committee (FEBRUARY 2020)**
   A. Privilege forms
      1) Sequoia Health and Wellness Outpatient Medicine (new)
      2) APP Emergency Medicine. Urgent (revised)
      3) Podiatry (revised)
      4) Emergency Medicine (revised)
B. Medical Staff Bylaws and Rules and Regulations (revised)
C. Medical Staff Policy
   1) MS50 Late Career Policy (Revised)

Recommended Action: Approve the February 24, 2020 Consent Calendar.

8. QUALITY REPORT – Rapid Response Team – A review of key measures and action items associated with rapid response processes.

Jon Knudsen, Director of Critical Care Services and Thomas Gray, M.D., Quality and Patient Safety Medical Director

9. CLEVELAND CLINIC – Status of implementation plans and opportunities relative to the Kaweah Delta affiliation with Cleveland Clinic Heart and Vascular Institute.

Regina Sawyer, RN, Vice President and Chief Nursing Officer, Barry Royce, Director of Cardiovascular Service Line and Cardiovascular Co-Management Program

10. REBRANDING – Review and discussion relative to the proposed rebranding plan for Kaweah Delta,

Gary Herbst, CEO & Marc Mertz, VP & Chief Strategy Officer

Action Requested: Approval of the rebranding plan as reviewed and approved by the Marketing and Public Affairs Committee, February 2020, to be budgeted and funded from the Fiscal Year 20/21 budget.

11. FINANCIALS – Review of the most current fiscal year 2020 financial results.

Malinda Tupper, VP & Chief Financial Officer

12. 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 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 MEC, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, Be it therefore resolved that the following medical staff be approved or reappointed (as applicable), as attached, to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member’s letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files.
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*
   
   - Legislative Updates
   - Federally Qualified Health Center
   - Town Hall Meeting – February 27th
   - Cardiac Reunion and Art Show – February 28th
   - Health Grades Awards - 2020

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

   *Nevin House, Board President*
   
   - [March 2020 Board meeting agenda items](#)

ADJOURN

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

KDHCD - BOARD OF DIRECTORS MEETING
MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS
PAGES 7-28
BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28
MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JANUARY 29, 2019 5:30PM, IN THE MAYNARD FAUGHT CONFERENCE ROOM, SEQUOIA REGIONAL CANCER CENTER, NEVIN HOUSE PRESIDING

PRESENT: Directors Havard Mirviss, Hawkins, House & Francis; H. Lively, Immediate Past Chief of Staff; G. Herbst, CEO; T. Rayner, SVP & COO; R. Sawyer, VP & CNO, M. Tupper, VP & CFO; D. Cox, VP of Human Resources, M. Mertz, VP of Strategic Planning and Business Development, D. Leeper, VP & CIO; E. McEntire, Director of Risk Management; D. Lynch, Legal Counsel, C. Moccio, Recording.

ABSENT: Director Gipson

The meeting was called to order at 5:36PM by Director House.

Director House asked for approval of the agenda.

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

PUBLIC PARTICIPATION – none

Director House called for the approval of the closed agenda.

APPROVAL OF THE CLOSED AGENDA – 5:31PM


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

4.3. Conference with Legal Counsel – Existing Litigation – Pursuant to Government Code 54956.9(d)(1) – Dennis Lynch, Legal Counsel & Evelyn McEntire, Director of Risk Management

A. Grant v KDHCD – Case#280250
B. Hadley v KDHCD – Case # 19CECG03805
C. Hernandez v KDHCD – Case #280745
D. Delgado v KDHCD – CASE #280865
E. Gilbert v KDHCD – CASE #19CECG02595
F. Foster v KDHCD – CASE# 280726
G. Valdovinos v KDHCD – CASE# 279423
H. Richards v KDHCD – CASE #280708

4.4. Conference with Legal Counsel – Anticipated Litigation – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 31 Cases - Evelyn McEntire, Director of Risk Management & Dennis Lynch, Legal Counsel


4.6. 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
pursuant to Health and Safety Code 1461 and 32155 – Harry Lively, MD, Immediate Past Chief of Staff.

4.7. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – Harry Lively, MD, Immediate Past Chief of Staff.

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

**ADJOURN** - Meeting was adjourned at 5:31PM

Nevin House, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

David Francis, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors
MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JANUARY 29, 2019 5:30PM, IN THE MAYNARD FAUGHT CONFERENCE ROOM, SEQUOIA REGIONAL CANCER CENTER, NEVIN HOUSE PRESIDING

PRESENT: Directors Havard Mirviss, Hawkins, House & Francis; H. Lively, Immediate Past Chief of Staff; G. Herbst, CEO; T. Rayner, SVP & COO; R. Sawyer, VP & CNO, M. Tupper, VP & CFO; D. Cox, VP of Human Resources, M. Mertz, VP of Strategic Planning and Business Development, D. Leeper, VP & CIO; E. McEntire, Director of Risk Management; D. Lynch, Legal Counsel, C. Moccio, Recording.

ABSENT: Director Gipson

The meeting was called to order at 6:20PM by Director House.

Director House entertained a motion to approve the agenda.

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

**PUBLIC/MEDICAL STAFF PARTICIPATION**

- Joselyn Recendez spoke in support of banning vaping products in Visalia, requested that the Board support their cause by submitting a letter to the City of Visalia.

**CLOSED SESSION ACTION TAKEN:** Approval of the closed meeting minutes – December 18, December 30, 2019 and January 8, 2020.

**RECOGNITIONS** – Presentation of Resolution 2068 to Renee Gutierrez, Cook-Food and Nutrition Services, Service Excellence Award for January 2020.

- Postponed to February 2020

**OPEN MINUTES** – Request for approval of the – December 18, December 30, 2019 and January 8, 2020 open board of directors meeting minutes.

*MMSC (Francis/Hawkins) to approve the open minutes from the December 18, December 30, 2019 and January 8, 2020 open board of directors meeting. This was supported unanimously by those present. Vote: Yes – House, Havard Mirviss, Hawkins, House, and Francis Absent - Gipson*

The Board meeting was adjourned at 6:23pm and the TEFRA hearing was called to order.

Ms. Tupper read the following statement which was also projected on a screen during the hearing: This hearing is being conducted as outlined in the notice of public hearing regarding financing plan for Kaweah Delta Health Care District. This hearing is to offer a venue for interested members of the public to express their views regarding the issuance
of the transaction and the nature of the improvements and projects for which the financing funds will be allocated. Persons who wish to make a brief statement during the hearing regarding the projects may do so at this time.

Director House asked if there were any public comment relative to the TEFRA hearing. No Comments.

Adjourned 6:26PM

Kaweah Delta Board meeting back in open session at 6:27PM

**2020 BOND FINANCING** - Review of Resolution 2066, a resolution of the Board of Directors of Kaweah Delta Health Care District authorizing the issuance of its revenue bonds, Series 2020, and the execution and delivery of an eleventh supplemental indenture, an escrow deposit agreement and certain related matters (copy attached to the original of these minutes and considered a part thereof) - Malinda Tupper, VP & Chief Financial Officer, Jennifer Stockton, Director of Finance

*MMSC (Havard Mirviss/Francis)* to approve Resolution 2066, a resolution of the Board of Directors of Kaweah Delta Health Care District authorizing the issuance of revenue bonds pursuant to the local health care district law and chapters 3 and 6, part 1, division 2, title 5 of the California Government Code. *This was supported unanimously by those present.*  
Vote: Yes – House, Havard Mirviss, Hawkins, House, and Francis Absent - Gipson

**2020 BOND FINANCING** - Review of (TEFRA) Resolution 2067, a resolution of the Board of Directors of Kaweah Delta Health Care District approving the issuance of its revenue bonds, Series 2020 (copy attached to the original of these minutes and considered a part thereof) - Malinda Tupper, VP & Chief Financial Officer, Jennifer Stockton, Director of Finance

*MMSC (Hawkins/Havard Mirviss)* to approve Resolution 2067, a resolution of the Board of Directors of Kaweah Delta Health Care District approving the issuance of its revenue bonds, Series 2020. *This was supported unanimously by those present.*  
Vote: Yes – House, Havard Mirviss, Hawkins, House, and Francis Absent - Gipson

**CONSENT CALENDAR** – Director House entertained a motion to approve the consent calendar with the removal of the following items; 10.1C and 10.3A.

*MMSC (Havard Mirviss/Hawkins)* to approve the consent calendar with the removal of items; 10.1C (Report – Medical Imaging Services) and 10.3A (Board Committee Minutes – Quality Council). *This was supported unanimously by those present.*  
Vote: Yes – House, Havard Mirviss, Hawkins, House, and Francis Absent - Gipson

10.1. **REPORTS**
   A. Medical Staff Recruitment
   B. Risk Management
   C. Medical Imaging Services
   D. Pathology & Lab

10.2. **POLICIES**
A. ADMINISTRATIVE
1. Travel, Per Diem & Other Employee Reimbursement AP.19 Revised
2. Access to Legal Counsel AP.57 Revised
3. Compliance with EMTALA AP.98 Revised
4. Advanced Directives AP.112 Revised
5. Suspected Illegal Substances AP.139 Revised
6. Professional and Service Club District Reimbursed Memberships AP.105 Reviewed
7. Proper Addressing of US Mail AP.94 Delete

10.3. BOARD COMMITTEE MINUTES;
A. Quality Council
10.4. Approval of Resolution 2069 rejection of claim – Thyssenkrupp vs. Kaweah Delta Health Care District.
10.5. Recommendation from the Medical Executive Committee (DECEMBER 2019)
A. Privilege forms
   1) Cardiovascular Medicine (revised)
   2) Sequoia Health Wellness Out Patient
   3) Street Medicine – addition to all privilege forms
B. Rules & Regs Revision
   1) 3.4 Delinquent Medical Records
   2) Automatic Suspension Privilege Criteria – Revised

10.1C {Report – Medical Imaging Services}
   ▪ Discussion relative to CT needs in the District. Discussion relative to pursuit of a 3rd CT and the age of our existing CT’s in use.

10.3A {Board Committee Minutes – Quality Council}
   ▪ Discussion relative to infection ratios and initiatives we are putting in place to improve our quality outcomes.

MMSC {Havard Mirviss/Hawkins} to approve 10.1C {Report – Medical Imaging Services} and 10.3A {Board Committee Minutes – Quality Council}. This was supported unanimously by those present. Vote: Yes – House, Havard Mirviss, Hawkins, House, and Francis Absent - Gipson

KAWEAH DELTA MEDICAL FOUNDATION – Annual review of Kaweah Delta Medical Foundation (copy attached to the original of these minutes and considered a part thereof) - Paul Schofield, CEO and Coby LaBlue, CFO – Kaweah Delta Medical Foundation

QUALITY REPORT – EMERGENCY DEPARTMENT – A review of key measures and actions associated with quality of care and services in the Emergency Department (copy attached to the original of these minutes and considered a part thereof) - Tom Siminski, Emergency Department Director and Sakona Seng, D.O., Medical Director of Emergency Medicine.
**FINANCIALS** – Review of the most current fiscal year financial results (copy attached to the original of these minutes and considered a part thereof) - Malinda Tupper, VP & Chief Financial Officer

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

**CALIFORNIA HEALTH COLLABORATIVE** - Follow-up from December 18th Board meeting – discussion and response relative to requested letter to the City of Visalia relative to protecting the youth of Visalia from vaping and smoking - *Board of Directors*

- Discussion regarding clarification of letter of support that is being requested from the Board – the ban of flavor products for vaping or all tobacco products for vaping and clarification if this ban is for only near school or for the entire City of Visalia. Discussion of how this issue is related to the Mission and Pillars of the Medical Center.

*MMSC (House/Francis) to submit a letter to the City of Visalia supporting an ordinance relative to the banning of flavored vaping products and devices within 1,000 feet of youth sensitive areas in the City of Visalia. This was supported unanimously by those present. Vote: Yes – House, Havard Mirviss, Hawkins, House, and Francis Absent - Gipson*
**BOARD BYLAWS** – Review and approval of proposed Bylaws changes from the December 30, 2019 Board of Directors meeting to add two additional Board Committees; Academic Development and Patient Experience (copy attached to the original of these minutes and considered a part thereof) - Board of Directors

MMSC (Havard Mirviss/Francis) to approve the Board Bylaws including the addition of two Board Committees; Academic Development and Patient Experience. This was supported unanimously by those present. Vote: Yes – House, Havard Mirviss, Hawkins, House, and Francis Absent - Gipson.

**CHIEF OF STAFF REPORT** – Report from Harry Lively, MD – Immediate Past Chief of Staff
- No report.

**CHIEF EXECUTIVE OFFICER REPORT** – Report relative to current events and issues - Gary Herbst, Chief Executive Officer
- We recently celebrated our staff with our annual service awards luncheon honoring staff with 15 year or more years of service.
- Commendation to the Laboratory who recently passed their College of American Pathologists (CAP) survey.
- Federally Qualified Health Clinic (FQHC) – On Friday January 24th we submitted to HRSA the application to become an FQHC look-a-like.

**BOARD PRESIDENT REPORT** – Report from Nevin House, Board President:
- Street Medicine – We have a new van for street medicine that is in the physicians’ parking lot.
- Chapel – Request for consideration of a new chapel in any new bed towers that are developed. Proposed that we need to renovate the current chapel and publicize it more so visitors and patients know that we have a chapel.
- Public Involvement – Proposed that we should have a deaf translator at hospital events so that community members who are deaf can participate if they would like to attend.
- February 2020 Board meeting agenda – Discussion of having a special board meeting relative to the master planning discussion rather than having it prior to the regular board meeting.
- Mr. House noted that Garth Gipson, our new Board member, regretfully could not attend tonight’s meeting as he had an out of town commitment prior to his appointment to the Board.
APPROVAL OF CLOSED AGENDA AS FOLLOWS: Closed Meeting Agenda – Immediately following the open session

CEO Evaluation – Discussion of with the Board and the Chief Executive Officer relative to the evaluation of the Chief Executive Officer pursuant to Government Code 54957(b)(1) – Dennis Lynch, Legal Counsel & Board of Directors

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

Adjourn - Meeting adjourned at 8:40PM

Nevin House, Board President
Kaweah Delta Health Care District and the Board of Directors Thereof

ATTEST:

David Francis, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors
Renee Gutierrez has just been nominated for the SERVICE EXCELLENCE AWARD by Tina Alafa

BEHAVIORAL STANDARDS OF PERFORMANCE:

Compassionate Service: Renee is always so delightful and pleasant to everyone who comes through the display cooking line
Commitment to Colleagues: Renee realizes that as an employee, we have a limited time for break. She always serves us with diligence and a smile. If there is a delay in getting the food to us, she is always very apologetic, I absolutely bve seeing her at the grill, she always has a smile to share.

COMMENTS:

She is an amazing cook, always pleasant to chat with, very personable and seems to enjoy her job. I have been in line waiting when she had no help refilling the supplies at her station, and she was apologetic and truly concerned about our wait in line. She is a true asset to us all and the perfect reflection of Kaweah Care!

SUPERVISOR:
Raymond Shiu
RESOLUTION 2070

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT are recognizing Lily Thompson, with the Service Excellence Award for the Month of February 2020, for consistent outstanding performance, and,

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

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

PASSED AND APPROVED this 24th day of February 2020 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
"Lily Thompson has just been nominated for the SERVICE EXCELLENCE AWARD by Shannon Cauthen

BEHAVIORAL STANDARDS OF PERFORMANCE:
- Compassionate Service:
- Personal Ownership:
- Professional Image:
- Commitment to Colleagues:

COMMENTS:

Lily comes from a terrific family of healthcare professionals- all dedicated to their careers, their patients, and their families. Lily is no exception. Lily is a CNA in the Cardiovascular ICCU. This small 6-bed unit packs quite the punch. The patients are often very sick and very tasky. Fresh from open heart surgery, they still have multiple lines and tubes, require sternal precautions and get out of bed many times a day. All of this translates to hard work for the nursing staff, especially the CNAs.

Lily is thoughtful and inclusive in the delivery of her nursing care. She can routinely be observed filling out the white boards at the start of her shift, then moving on to patient rounds, meal trays, vitals, baths, call lights, talking to families and assisting the nurses in anyway needed. She is careful, considerate, and a terrific patient advocate. Just recently, while I was rounding in the unit, I stopped in to check on her when I noticed she had been floated to the CVICU. Just a few moments later, Lily pulled me aside to point out a safety concern that she thought warranted discussion- and she was absolutely right!

Beyond the wonderful traits listed above, Lily is a dedicated employee. She is always on time, always dressed professionally, and is the perfect example of a committed employee. You see, what sets Lily apart, is the fact that she is not only a devoted KD employee, but also a devoted mother to her 2 children. Lily's son suffers from a chronic disease that requires a lot of love, energy, and dedication from Lily. Somehow, Lily manages to give equally of herself to her children and her patients. If she needs time away from work to care for her son, she always makes up her hours by working extra to compensate for her time away. Even more than that, she comes to work and ALWAYS puts her best foot forward. She treats all of her patients as though they are her family. She brings with her a sense of peace and reassurance.

I really want the KD family to know how fortunate we are to have someone so equally committed to her family and her patients. We, as a CVICCU family, are fortunate to work with and witness her positivity.
and grace on a daily basis. I wish the entire district had the privilege to work with someone like Lily! We just love her and are so proud of the outstanding person that she is!

SUPERVISOR:

Shannon Cauthen

This entry has been submitted to HR for consideration."
RESOLUTION 2071

WHEREAS, Corazon Gaspar, RN, is retiring from duty at Kaweah Delta Health Care District after 34 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 Corazon Gaspar, RN for 34 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 24th day of February 2020 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

Secretary/Treasurer, Kaweah Delta Health Care District
and of the Board of Directors, thereof
RESOLUTION 2072

WHEREAS, Steve Hensley, is retiring from duty at Kaweah Delta Health Care District after 41 years of service; and,

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of his 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 Steve Hensley for 41 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 24th day of February 2020 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 and Relations
#### Medical Staff Recruitment Report - February 2020

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

Date prepared: 2/18/20

<table>
<thead>
<tr>
<th>Central Valley Critical Care Medicine</th>
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<tbody>
<tr>
<td>Hospitalist</td>
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<tr>
<td>Intensivist</td>
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<table>
<thead>
<tr>
<th>Delta Doctors Inc.</th>
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<tbody>
<tr>
<td>OB/Gyn</td>
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<td>Laborist</td>
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<table>
<thead>
<tr>
<th>Kaweah Delta Faculty Medical Group</th>
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<tbody>
<tr>
<td>Family Medicine Associate Program Director</td>
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<td>Family Medicine Core Faculty</td>
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<thead>
<tr>
<th>Key Medical Associates</th>
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<tr>
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<tr>
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<td>Neonatology</td>
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<td>OB/GYN</td>
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<tr>
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<tr>
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<td>Specialty/Position</td>
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<td>Family Medicine - Program Director</td>
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<td>Family Medicine</td>
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<td>Hospitalist</td>
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<td>Intensivist</td>
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<td>Internal Medicine</td>
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<tr>
<td>Specialty/Position</td>
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<tr>
<td>Neonatology</td>
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<td>Neonatology</td>
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<td>Neonatology</td>
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<tr>
<td>Neurology</td>
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<tr>
<td>OB/GYN</td>
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<tr>
<td>Orthopedic Surgery - Hand</td>
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<tr>
<td>Otolaryngology</td>
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<tr>
<td>Otolaryngology</td>
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<tr>
<td>Otolaryngology</td>
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<tr>
<td>Pediatric Hospitalist</td>
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<td>Pediatrics</td>
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<td>Specialty/Position</td>
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<tr>
<td>Radiation Oncology</td>
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<td>Urology</td>
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<tr>
<td>Urology</td>
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<tr>
<td>Urology</td>
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</tbody>
</table>
EDUCATION

Live Presentations by Compliance Department –
- Compliance and Patient Privacy – New Hire Orientation
- Compliance and FairWarning – Kaweah Delta Medical Foundation
- Compliance and Patient Privacy – Management Orientation
- Compliance and Patient Privacy – Patient Financial Services

Written Communications sent from Compliance Department – Bulletin Board / All Staff Communication
- Privacy Matters Article – “You’ve Been Given a FairWarning”
- Compliance Matters Article – “False Claims Act”
- Privacy Matters Article/Compliance Matters Article – “Privacy and Compliance in the Healthcare Setting”

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
- 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 attestation
- 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
- 2020 Centers for Medicare and Medicaid Services (CMS) Final Rule – Review and distribution of the Inpatient Prospective Payment System (IPPS), Outpatient Prospective Payment System (OPPS), Inpatient Psychiatric Facility (IPF), Inpatient Rehabilitation Facility (IRF), Home Health and Hospice,
and Physician Fee Schedule (PFS) policy and payment updates; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk

**OVERSIGHT, RESEARCH & CONSULTATION**

- **Fair Market Value (FMV) Oversight** – Ongoing oversight and administration of physician payment rate setting and 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 (CDPH); ongoing communication and follow-up regarding status of pending applications
- **Federally Qualified Health Center (FQHC)** – 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
- **Kaweah Delta Medical Foundation (KDMF) FairWarning User Access Implementation** – Oversight and administration of the FairWarning implementation at KDMF
- **Marketing Phone Call Scam** – Research and consultation; a reported marketing scheme where an individual was using Kaweah Delta as a sales tool to get businesses to place ads
- **Billing for Discarded Drugs** – Research and consultation; clarification of regulatory guidance concerning the billing of discarded drugs; recommendation provided to Pharmacy following a review of the Medicare Claims Processing Manual
- **Physician Signature Requirements** – Research and consultation; clarification of regulatory guidance concerning physician signature requirements on physician orders; recommendation provided to Radiology following a review of the regulatory guidelines
- **Important Message from Medicare (IMM) and Detailed Notice of Discharge** – Research and consultation; clarification of regulatory guidance concerning the IMM form requirements; recommendation provided to Case Management following a review of the regulations and consultation with California Hospital Association
- **Bedside Procedure Documentation Requirements** – Research and consultation; clarification of the documentation requirements of bedside procedures; recommendation provided to the Health Information Management (HIM) Coding Leadership following a review of regulatory requirements
- **Street Medicine Program** – Research and consultation; participation in current and future state planning/working sessions; ongoing regulatory counsel and support, evaluating impact and identifying risk mitigation strategies; recommendations provided for the collection and maintenance of appropriate patient documentation and policy manual
- **Revolution Monitoring** – Research and consultation; support provided to The Foundation for Medical Care (TFMC) Leadership on billing concern; review, consultation, and remediation of all reported concerns
AUDITING AND MONITORING

- **Overlapping Claims** – A review of thirty-five (35) randomly selected encounters for May 2018 to July 2019 noted a 97% compliance rate for the appropriate submission of claims for overlapping services (same date of services). Patient Accounting has corrected and reprocessed the one (1) claim submitted in error resulting in an overpayment to Kaweah Delta.

- **Outpatient Nuclear Medicine Probe Audit** – Noridian (Medicare Claims Administrator) initiated a pre-payment Targeted Probe and Educate (TPE) review of Nuclear Medicine claims. Kaweah Delta was selected for the review based on data analysis indicating increased utilization compared to the previous utilization period. Phase I commenced August 2019, focusing on Tomographic Imaging. The results of the review are pending.

- **Outpatient Physical Therapy Probe Audit** – Noridian (Medicare Claims Administrator) initiated a new pre-payment Targeted Probe and Educate (TPE) review of Outpatient Physical Therapy claims. Kaweah Delta was selected for the review based on data analysis indicating increased utilization compared to the previous utilization period. Phase I commenced October 2019, focusing on Therapeutic Exercise. Phase I review has completed in January 2020 noting a 91.3% payment compliance rate, with one claim noted as an under-payment. Based on the findings, Noridian has determined that our facility will not proceed to the next round of the TPE process.
Kaweah Delta Mental Health Hospital (KDMH)
Jaime Hinesly, LMFT
Interim Director of Mental Health Services, x3361
February 24, 2020

Summary Issue/Service Considered

CENSUS
KDMH has successfully maintained an average daily census (ADC) of 46.74 for 48 staffed beds (of 63 total licensed beds), against a budget of 47.62.

LEADERSHIP
Mary Laufer, DNP, RN, NE-BC accepted the position of Director for Nursing Practice effective December 15, 2019. Jaime Hinesly, LMFT is the Interim Director of Mental Health Services. She has worked with Kaweah Delta Mental Health Hospital in various management roles for the past ten years and has been working closely with our physician team throughout this time.

MED STAFF
This year, the District served a notice of no cause termination of Agreement effective May 18, 2020 to our contracted physician group Aligned TeleHealth (ATH). After careful consideration, a Request for Proposal of Psychiatric Services was posted. Interested parties submitted proposals, gave presentations and ultimately, Kaweah Delta Healthcare District (KDHCD) chose Precision Psychiatric Services, Inc. (Precision) to enter contract negotiations with to provide psychiatry services for KDHCD. Precision is a physician owned group spearheaded by Harjeet Brar, MD based in Bakersfield, CA. The decision to contract with this group gives KDHCD the opportunity to work more closely with our current psychiatrists with a more local and mental health services approach to making decisions about the care of KDHCD’s psychiatric patients.

GME
Our residency program continues to grow and now stretches from inpatient psychiatric services, consult liaison, KDHCD outpatient services, as well as, Kaweah Delta operated Suboxone Clinic. This is KDHCD’s effort to address the growing opioid addiction issue in our valley.

Quality/Performance Improvement Data

CORE MEASURES
We continue to participate in Hospital-Based Inpatient Psychiatric Services (HBIPS) core measures, receiving our full market basket payment for collection and submission of data. We continue to meet our internal benchmarks with variance to benchmark occurring immediately after introduction of new measures until template and processes are hardwired. Our seclusion & restraint use continues downward trend as result of introduction of Wellness & Recovery model of care.

CUSP
Led by staff nurses, our Comprehensive Unit-based Safety Program (CUSP) continues to meet monthly, bringing nursing, and other clinical staff together with residents and attending psychiatrists to review outcome/event data and
explore evidence-based practice improvement opportunities.

Notably, this year, our CUSP team problem-solved our lost patient belongings concern. The team initiated an inventory handoff form to improve communication between shifts and more accurately account for patient belongings. Since started, our frequency of missing patient belongings has decreased by more than 60%.

SUICIDE RISK We were surveyed by The Joint Commission this year. Some recommendations were made on improving our mitigation of risk level for patients who are deemed at high or moderate risk for suicide while staying at our hospital. Led by a small team of our leaders and staff, we restructured our assessment of patients at risk for suicide to include an evidence based full assessment and screening called “The Columbia Suicide Severity Rating Scale”. We also instituted a process with our social work team that provides assurance that each of these patients will leave KDMHH with a “My Safety Plan” in hand.

Policy, Strategic or Tactical Issues

COMMUNITY Our mental health team of Mary Laufer, Jaime Hinesly and Dr. Bagga gave a number of presentations related to mental health services to the Community Advisory Committee “Healthcare for Today and Tomorrow”. From those presentations, a prioritized list of recommendations was generated. Over the next five years, we will be focusing on three projects. Increased availability of outpatient services for both Medi-cal and private insured patients. Working with the Community and other associated organizations to analyze the feasibility of establishing a Crisis Stabilization Unit (CSU) to improve mental health patient outcomes while reducing the use of the ED for mental health crisis intervention and psych inpatient recidivism. Lastly, the use of Electroconvulsive Therapy (ECT) for treatment of severe depression and severe depression accompanied by psychosis is being explored.

Recommendations/Next Steps

PARTNERSHIP Continue to focus on profitability of Mental Health Service line through collaboration with Patient Accounting, Finance and Case Management departments to refine processes to reduce opportunities of payers to deny claims for reimbursement. Continue to partner with GME to support ongoing development of psychiatric residency program. Continue to partner with Tulare County to evaluate and develop new opportunities for community services as financially feasible to include a CSU, ECT and Outpatient psych services to support population health management.

Approvals/Conclusions

Though this has been a very busy year in the Mental Health Hospital with continued focus on refining business practice to reduce exposure to uncompensated care and meet budgeted average daily census, we were successful in streamlining a few of our procedures and this
shows in our increased net income by 12% for a total of $3,621,389 and overall contribution margin up by 2% for a total of $7,870,438.

Finally, we have implemented new processes to improve our tracking and reduction of hospital reimbursement denials. Our incidence of payment denials continues to decline from $511,511 in FY2016, to $168,450 in FY2019.
KEY METRICS – FY 2020 ANNUALIZED ON THE FIVE MONTHS ENDED NOVEMBER 30, 2019

**METRICS BY SERVICE LINE - FY 2020 ANNUALIZED**

<table>
<thead>
<tr>
<th>SERVICE LINE</th>
<th>PATIENT DISCHARGES</th>
<th>NET REVENUE</th>
<th>DIRECT COST</th>
<th>CONTRIBUTION MARGIN</th>
<th>NET INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Acute Psych/Drug Abus</td>
<td>274</td>
<td>$2,852,796</td>
<td>$1,673,587</td>
<td>$1,179,209</td>
<td>$555,638</td>
</tr>
<tr>
<td>Mental Health Hospital</td>
<td>1,812</td>
<td>$19,395,636</td>
<td>$11,525,198</td>
<td>$7,870,438</td>
<td>$3,621,389</td>
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<tr>
<td>Mental Health Totals</td>
<td>2,086</td>
<td>$22,248,432</td>
<td>$13,198,786</td>
<td>$9,049,646</td>
<td>$4,177,027</td>
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**METRICS SUMMARY - 4 YEAR TREND**

<table>
<thead>
<tr>
<th>METRIC</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
<th>% CHANGE FROM PRIOR YR</th>
<th>4 YR TREND</th>
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<tbody>
<tr>
<td>Patient Discharges</td>
<td>2,503</td>
<td>2,371</td>
<td>2,295</td>
<td>2,086</td>
<td>▼ -9%</td>
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<tr>
<td>Patient Days</td>
<td>17,946</td>
<td>18,296</td>
<td>18,222</td>
<td>17,515</td>
<td>▼ -4%</td>
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<td>ALOS</td>
<td>7.2</td>
<td>7.7</td>
<td>7.9</td>
<td>8.4</td>
<td>▲ 6%</td>
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<td>Net Revenue</td>
<td>$20,068,056</td>
<td>$21,328,369</td>
<td>$22,445,695</td>
<td>$22,248,432</td>
<td>▼ -1%</td>
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<tr>
<td>Direct Cost</td>
<td>$12,357,331</td>
<td>$12,859,224</td>
<td>$13,728,668</td>
<td>$13,198,786</td>
<td>▼ -4%</td>
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<td>Contribution Margin</td>
<td>$7,710,725</td>
<td>$8,469,145</td>
<td>$8,717,027</td>
<td>$9,049,646</td>
<td>▲ 4%</td>
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<td>Indirect Cost</td>
<td>$4,212,830</td>
<td>$5,382,720</td>
<td>$5,128,549</td>
<td>$4,872,619</td>
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<td>Net Income</td>
<td>$3,497,895</td>
<td>$3,086,425</td>
<td>$3,588,478</td>
<td>$4,177,027</td>
<td>▲ 16%</td>
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<td>Net Revenue Per Day</td>
<td>$1,118</td>
<td>$1,166</td>
<td>$1,232</td>
<td>$1,270</td>
<td>▲ 3%</td>
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<td>Direct Cost Per Day</td>
<td>$689</td>
<td>$703</td>
<td>$753</td>
<td>$754</td>
<td>▼ 0%</td>
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<td>Contrib Margin Per Day</td>
<td>$430</td>
<td>$463</td>
<td>$478</td>
<td>$517</td>
<td>▲ 8%</td>
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</table>

**GRAPHS**

Net Revenue Per Day

Direct Cost Per Day

Contrib Margin Per Day

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

FY2020 Annualized

Note: FY2020 is annualized in graphs and throughout the analysis.
**KDHC ANNUAL BOARD REPORT**

**Mental Health Services - Inpatient Acute Psych/Drug Abuse**

**Note:** All Inpatient discharges from the downtown campus, having a service line of Acute Psych/Drug Abuse.

**Board Meeting - February 24, 2020**

**KEY METRICS - FY 2020 ANNUALIZED ON THE FIVE MONTHS ENDED NOVEMBER 30, 2019**

<table>
<thead>
<tr>
<th>Metric</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
<th>%Change from Prior Year</th>
<th>4 YR Trend</th>
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</thead>
<tbody>
<tr>
<td>Patient Discharges</td>
<td>191</td>
<td>228</td>
<td>274</td>
<td>274</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Patient Days</td>
<td>1,037</td>
<td>1,287</td>
<td>1,161</td>
<td>1,262</td>
<td>9%</td>
<td>9%</td>
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<tr>
<td>ALOS</td>
<td>5.4</td>
<td>5.6</td>
<td>4.3</td>
<td>4.6</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Net Revenue</td>
<td>$1,596,413</td>
<td>$2,297,895</td>
<td>$2,621,083</td>
<td>$2,852,796</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Direct Cost</td>
<td>$1,336,291</td>
<td>$1,691,656</td>
<td>$1,641,260</td>
<td>$1,673,587</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Contribution Margin</td>
<td>$260,122</td>
<td>$606,239</td>
<td>$979,823</td>
<td>$1,179,209</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Indirect Cost</td>
<td>$417,206</td>
<td>$659,164</td>
<td>$613,073</td>
<td>$623,570</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Net Income</td>
<td>($157,084)</td>
<td>($336,750)</td>
<td>($366,750)</td>
<td>($555,638)</td>
<td>52%</td>
<td>52%</td>
</tr>
<tr>
<td>Net Revenue Per Case</td>
<td>$8,358</td>
<td>$10,078</td>
<td>$9,601</td>
<td>$10,427</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Direct Cost Per Case</td>
<td>$6,996</td>
<td>$7,420</td>
<td>$6,012</td>
<td>$6,117</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Contrib Margin Per Case</td>
<td>$1,362</td>
<td>$2,659</td>
<td>$3,589</td>
<td>$4,310</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

**PER CASE TRENDED GRAPHS**

**PAYER MIX - 4 YEAR TREND**

<table>
<thead>
<tr>
<th>Payer</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal Managed Care</td>
<td>36%</td>
<td>46%</td>
<td>45%</td>
<td>50%</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>17%</td>
<td>12%</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>Medicare</td>
<td>23%</td>
<td>18%</td>
<td>16%</td>
<td>17%</td>
</tr>
<tr>
<td>Managed Care/Other</td>
<td>11%</td>
<td>14%</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>Cash Pay</td>
<td>2%</td>
<td>1%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Medicare Managed Care</td>
<td>7%</td>
<td>5%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Work Comp</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>County Indigent</td>
<td>5%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**FY 2020 PAYOR MIX - Annualized**

**Note:** FY 2020 is annualized in graphs and throughout the analysis

Source: Inpatient Service Line Report
Source: Inpatient Service Line - Acute Psych & Drug Abuse
KDHCD ANNUAL BOARD REPORT

Mental Health Services - Mental Health Hospital

Note: All discharges at the Mental Health Hospital West Campus Location. This excludes visits with Psych services performed at a different location.

Board Meeting - February 24, 2020

KEY METRICS - FY 2020 ANNUALIZED ON THE FIVE MONTHS ENDED NOVEMBER 30, 2019

<table>
<thead>
<tr>
<th>METRIC</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
<th>%CHANGE FROM PRIOR YR</th>
<th>4 YR TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Discharges</td>
<td>2,312</td>
<td>2,143</td>
<td>2,022</td>
<td>1,812</td>
<td>▼ -10%</td>
<td></td>
</tr>
<tr>
<td>Patient Days</td>
<td>16,909</td>
<td>17,009</td>
<td>17,061</td>
<td>16,253</td>
<td>▼ -5%</td>
<td></td>
</tr>
<tr>
<td>ALOS</td>
<td>7.3</td>
<td>7.9</td>
<td>8.4</td>
<td>9.0</td>
<td>▲ 6%</td>
<td></td>
</tr>
<tr>
<td>Net Revenue</td>
<td>$18,471,643</td>
<td>$19,030,474</td>
<td>$19,824,612</td>
<td>$19,395,636</td>
<td>▼ -2%</td>
<td></td>
</tr>
<tr>
<td>Direct Cost</td>
<td>$11,021,040</td>
<td>$11,167,568</td>
<td>$12,087,408</td>
<td>$11,525,198</td>
<td>▼ -5%</td>
<td></td>
</tr>
<tr>
<td>Contribution Margin</td>
<td>$7,450,603</td>
<td>$7,862,906</td>
<td>$7,737,204</td>
<td>$7,870,438</td>
<td>▲ 2%</td>
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</tr>
<tr>
<td>Indirect Cost</td>
<td>$3,795,624</td>
<td>$4,723,556</td>
<td>$4,515,476</td>
<td>$4,249,049</td>
<td>▼ -6%</td>
<td></td>
</tr>
<tr>
<td>Net Income</td>
<td>$3,654,979</td>
<td>$3,139,350</td>
<td>$3,221,728</td>
<td>$3,621,389</td>
<td>▲ 12%</td>
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</tr>
<tr>
<td>Net Revenue Per Day</td>
<td>$1,092</td>
<td>$1,119</td>
<td>$1,162</td>
<td>$1,193</td>
<td>▲ 3%</td>
<td></td>
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<tr>
<td>Direct Cost Per Day</td>
<td>$652</td>
<td>$657</td>
<td>$708</td>
<td>$709</td>
<td>0%</td>
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</tr>
<tr>
<td>Contrib Margin Per Day</td>
<td>$441</td>
<td>$462</td>
<td>$454</td>
<td>$484</td>
<td>▲ 7%</td>
<td></td>
</tr>
</tbody>
</table>

PER CASE TRENDED GRAPHS

PAYER MIX - 4 YEAR TREND

Note: FY2020 is annualized in graphs and throughout the analysis
Note: FY 2020 is annualized in graphs and throughout the analysis
Source: Inpatient Service Line Report, Avg Patients Per Day slide
Source: Mental Health Hospital West Campus Location and Stat Slide Report
Respiratory Services

Steven L. Hensley, RN, RRT, Director, (559) 624-2427
Wendy Jones BS, RRT, RPFT, Manager, (559) 624-2329
February 2020

Summary Issue/Service Considered

1. Respiratory Services will continue to provide/support primary and advanced respiratory care services emphasizing stabilization, maintenance, and restorative goal driven patient care.

2. As active and vital members of acute, emergent, critical, sub-acute and rehabilitative care teams, we continue to work jointly with physicians, nurses, Allied Health Leaders, and the Executive Team to assure the provision of:
   - High Quality Care
   - Optimal Patient safety
   - Service excellence
   - Optimal health outcomes
   - Financial Stability
   - Cultural change resulting in establishing and maintaining ideal work environments for our staffs and physicians.

3. Specific Clinical Focus:
   - In collaboration with our Critical Care Intensivists and RNs, we will continue to dedicate our full attention on utilization of our Ventilator Associated Events (VAE) bundle as a means to continue to reduce ventilator days associated with hospital acquired infections.
   - Continue to work collaboratively with Rapid Response Team (RRT) to:
     * Decrease RRT response time
     * Decrease code blue events
     * Decrease transfers to higher levels of care
     * Provide optimal care and patient safety by improving our knowledge and assessment skills through routine and frequent utilization of our 10 signs of vitality initiative.
     * Support Clinical Lab Technicians with performing ABG draws PRN during when certified Lab Technicians are not available during RRTs.
   - Continue to actively support our Intensivist group while enculturating necessary change to assure a continuum of care and service excellence is sustained.
   - Continue to work collaboratively with our Neonatologists and nursing staffs in the provision of clinical excellence resulting in optimal patient outcomes in our Neonatal population.
   - Provide necessary resources to develop a Chronic Obstructive Pulmonary Disease (COPD) management program within our acute care setting which will then transition to our Chronic Disease Management Clinic with the goal of lowering 30 day readmissions and geographic length of stays.
- Continue to support integration of Respiratory Care Practitioners (RCP’s) into the expanding Emergency Department staffing mix to provide advanced clinical expertise to the ED team.
- Focus on “preventative care measures” as a platform driving respiratory health for our community through education and outreach opportunities.
- Continue to support respiratory care education for our Residents.

**Quality/Performance Improvement Data**

The following Quality measures are in place:

- Respiratory Care practitioners continue to work closely with Anesthesia, Cardiac Surgeons, Intensivists, and nursing staff on rapidly weaning patients post-coronary artery bypass graft (CABG) surgery in 24 hours or less. While we continue to improve we remain relentless in our pursuit and commitment to achieving The Society of Thoracic Surgeons (STS) national benchmark of 7.2%. As a direct result of our collaboration and commitment we have improved in 2019 to 8.3% which is within 1.1% of achieving the STS benchmark.

### CABG Prolonged Ventilation

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>29/172</td>
<td>13.6%</td>
</tr>
<tr>
<td>2017</td>
<td>19/182</td>
<td>6.5%</td>
</tr>
<tr>
<td>2018</td>
<td>26/189</td>
<td>9.3%</td>
</tr>
<tr>
<td>2019 Q1-Q2</td>
<td>11/92</td>
<td>8.3%</td>
</tr>
<tr>
<td>Goal</td>
<td></td>
<td>7.2%</td>
</tr>
</tbody>
</table>

* Comparison reporting period 1/1/2019 through 6/30/2019

- **Average Ventilator Days Per Patient**
  
  As a continuing reflection of the success of our collaboration with our multidisciplinary critical care team we continue to support and champion our Ventilator Acquired Pneumonia (VAP) bundle as key to continuing success with:
  - Decreasing Ventilator Days
  - Increase throughput
  - Improving patient safety by rapid weaning and extubation
  - Reduction in hospital acquired infections
  - Reducing overall Hospital Length of Stay
  - Reducing Direct Expense when possible
Policy, Strategic or Tactical Issues

**Ideal Work Environment:**

1. Provide staff with continuing education through the American Association for Respiratory Care (AARC) to help fulfill license requirements while advancing clinical knowledge in pursuit of best practices.
2. Encourage staff to advance their education by offering loan repayment for baccalaureate level achievement.
3. Provide staff with educational resources culminating in RRT-ACCS or RRT-NPS credentials.
4. Reward and recognize staff for living our Mission and Vision Statements.
5. Work collaboratively with our Medical Director on developing Respiratory Care policies, procedures and processes designed to standardize/optimize best evidence based respiratory care throughout the District.
6. Maintain an internal per diem pool of RCP’s to support fluctuations in staffing in an effort to maintain uncompromising high quality care while optimizing our financial performance.
7. Develop a self-scheduling model as requested on the employee satisfaction survey.
8. Develop a clinical ladder for professional advancement based on established standards.

**Service Excellence:**

1. Daily rounding with staff to identify top patient care priorities with a goal of care planning to assure patient expectation are achieved and optimal outcomes met.
2. Celebrate staff achievements/contributions/recognition for supporting our Mission, Values, Goals and Behavioral Standards of Performance.
3. Weekly “newsletter’ from Manager informing staff of current events/education opportunities and staff recognition.

**Quality Outcomes:**

1. Continue to support VAE improvement process.
2. Work collaboratively with District Leaders on hardwiring Kaweah Care initiatives.
3. Continue to support/manage our quality initiatives resulting in our exceeding HCAPS benchmarks.
Financial Strength:
1. Manage personnel resources and supply utilization to achieve productivity/financial goals set forth during the annual budget development process.
2. Continue to monitor and assess technological/professional advancements that add value, operational efficiency and have potential to increase profitability.
3. Validate value in all aspects of care and service.

Recommendations/Next Steps
1. Continue to recognize and reward staffs for walking the talk.
2. Development of education program for managing COPD in our acute care population that will transition to our Chronic Disease Management Clinic.
3. Challenge every RCP with developing two cost saving initiatives per year.
4. Develop a plan to move all CRTs to RRT credential.

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

Top priorities for 2020:
- Staff recognition, reward, satisfaction, education and professional development.
- Continue to work with the physician group from Valley Children’s Hospital to advance our expertise with caring for our pediatric population.
- Continue to support our Intensivist group through sustaining strong working relationships, shared vision, and standardized ventilator management.
- Sustain optimal clinical care and expertise designed to enhance Physician satisfaction and collaboration.
- Closely monitor vital clinical indicators/core measures to assure optimal patient safety, outcomes, experiences, operational efficiency and profitability.
- Continue to emphasize our professional paradigm shift to preventative health care management of Cardio-Pulmonary Disease for the communities we serve.
### KEY METRICS - FY 2020 ANNUALIZED

#### METRICS BY SERVICE LINE - FY 2020 ANNUALIZED

<table>
<thead>
<tr>
<th>SERVICE LINE</th>
<th>PATIENT CASES</th>
<th>NET REVENUE</th>
<th>DIRECT COST</th>
<th>CONTRIBUTION MARGIN</th>
<th>NET INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>PULMONARY INPATIENT</td>
<td>1,956</td>
<td>$21,613,426</td>
<td>$14,749,155</td>
<td>$6,864,271</td>
<td>$1,570,285</td>
</tr>
<tr>
<td>PULMONARY FUNCTION OUTPATIENT</td>
<td>1,258</td>
<td>$332,944</td>
<td>$135,416</td>
<td>$197,528</td>
<td>$113,521</td>
</tr>
<tr>
<td>OUTPATIENT EEG</td>
<td>364</td>
<td>$77,969</td>
<td>$89,068</td>
<td>($11,099)</td>
<td>($35,795)</td>
</tr>
<tr>
<td>SLEEP DISORDERS CENTER OUTPATIENT</td>
<td>2,698</td>
<td>$1,743,570</td>
<td>$1,345,073</td>
<td>$398,497</td>
<td>($74,972)</td>
</tr>
<tr>
<td>RESPIRATORY SERVICES TOTAL</td>
<td>6,276</td>
<td>$23,767,909</td>
<td>$16,318,712</td>
<td>$7,449,197</td>
<td>$1,573,040</td>
</tr>
</tbody>
</table>

#### METRICS SUMMARY - 4 YEAR TREND

<table>
<thead>
<tr>
<th>METRIC</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
<th>% CHANGE FROM PRIOR YR</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT CASES</td>
<td>5,551</td>
<td>6,139</td>
<td>5,970</td>
<td>6,276</td>
<td>▲ 5%</td>
</tr>
<tr>
<td>NET REVENUE</td>
<td>$23,259,783</td>
<td>$22,856,409</td>
<td>$21,633,413</td>
<td>$23,767,909</td>
<td>▲ 10%</td>
</tr>
<tr>
<td>DIRECT COST</td>
<td>$16,421,611</td>
<td>$16,335,072</td>
<td>$17,450,156</td>
<td>$16,318,712</td>
<td>▲ 11%</td>
</tr>
<tr>
<td>CONTRIBUTION MARGIN</td>
<td>$6,838,172</td>
<td>$6,521,337</td>
<td>$6,883,257</td>
<td>$7,449,197</td>
<td>▲ 8%</td>
</tr>
<tr>
<td>INDIRECT COST</td>
<td>$5,197,049</td>
<td>$6,066,213</td>
<td>$5,452,174</td>
<td>$5,876,157</td>
<td>▲ 8%</td>
</tr>
<tr>
<td>NET INCOME</td>
<td>$1,641,123</td>
<td>$455,124</td>
<td>$1,431,083</td>
<td>$1,573,040</td>
<td>▲ 10%</td>
</tr>
<tr>
<td>NET REVENUE PER CASE</td>
<td>$4,190</td>
<td>$3,723</td>
<td>$3,624</td>
<td>$3,787</td>
<td>▲ 5%</td>
</tr>
<tr>
<td>DIRECT COST PER CASE</td>
<td>$2,958</td>
<td>$2,661</td>
<td>$2,471</td>
<td>$2,600</td>
<td>▲ 5%</td>
</tr>
<tr>
<td>CONTRB MARGIN PER CASE</td>
<td>$1,232</td>
<td>$1,062</td>
<td>$1,153</td>
<td>$1,187</td>
<td>▲ 3%</td>
</tr>
</tbody>
</table>

#### GRAPHS

**NET REVENUE PER CASE**

- FY2017: $4,190
- FY2018: $3,723
- FY2019: $3,624
- FY2020: $3,767

**DIRECT COST PER CASE**

- FY2017: $2,958
- FY2018: $2,661
- FY2019: $2,471
- FY2020: $2,600

**CONTRIBUTION MARGIN PER CASE**

- FY2017: $1,232
- FY2018: $1,062
- FY2019: $1,153
- FY2020: $1,187

### Note:
Arrows represent the change from prior year and the lines represent the 4-year trend.
**KDHDAN ANNUAL BOARD REPORT**  
**Respiratory Services - Pulmonary**  
* FY 2020 Annualized on the 6 months ended December 31, 2019

**KEY METRICS - FY 2020 ANNUALIZED**

<table>
<thead>
<tr>
<th>METRIC</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
<th>%CHANGE FROM PRIOR YR</th>
<th>4 YR TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT CASES</td>
<td>1,961</td>
<td>2,036</td>
<td>1,731</td>
<td>1,956</td>
<td>▲ 13%</td>
<td></td>
</tr>
<tr>
<td>PATIENT DAYS</td>
<td>9,539</td>
<td>9,535</td>
<td>7,916</td>
<td>8,284</td>
<td>▲ 5%</td>
<td></td>
</tr>
<tr>
<td>ALOS</td>
<td>4.86</td>
<td>4.68</td>
<td>4.57</td>
<td>4.23</td>
<td>▼ -8%</td>
<td></td>
</tr>
<tr>
<td>NET REVENUE</td>
<td>$21,312,794</td>
<td>$20,874,144</td>
<td>$19,381,703</td>
<td>$21,613,426</td>
<td>▲ 12%</td>
<td></td>
</tr>
<tr>
<td>DIRECT COST</td>
<td>$14,928,874</td>
<td>$14,846,901</td>
<td>$13,213,539</td>
<td>$14,749,155</td>
<td>▲ 12%</td>
<td></td>
</tr>
<tr>
<td>CONTRIBUTION MARGIN</td>
<td>$6,383,919</td>
<td>$6,027,242</td>
<td>$6,168,164</td>
<td>$6,864,271</td>
<td>▲ 11%</td>
<td></td>
</tr>
<tr>
<td>INDIRECT COST</td>
<td>$4,766,775</td>
<td>$5,519,898</td>
<td>$4,884,904</td>
<td>$5,293,986</td>
<td>▲ 8%</td>
<td></td>
</tr>
<tr>
<td>NET INCOME</td>
<td>$1,617,145</td>
<td>$507,345</td>
<td>$1,283,260</td>
<td>$1,570,285</td>
<td>▲ 22%</td>
<td></td>
</tr>
<tr>
<td>NET REVENUE PER CASE</td>
<td>$10,868</td>
<td>$10,253</td>
<td>$11,197</td>
<td>$11,050</td>
<td>▼ -1%</td>
<td></td>
</tr>
<tr>
<td>DIRECT COST PER CASE</td>
<td>$7,613</td>
<td>$7,292</td>
<td>$7,633</td>
<td>$7,540</td>
<td>▼ -1%</td>
<td></td>
</tr>
<tr>
<td>CONTRB MARGIN PER CASE</td>
<td>$3,255</td>
<td>$2,960</td>
<td>$3,563</td>
<td>$3,509</td>
<td>▼ -2%</td>
<td></td>
</tr>
</tbody>
</table>

**PER CASE TRENDED GRAPHS**

<table>
<thead>
<tr>
<th>NET REVENUE PER CASE</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,868</td>
<td>$11,197</td>
<td>$11,050</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$11,000</td>
<td>$11,200</td>
<td>$11,400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td></td>
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</tr>
<tr>
<td>$9,000</td>
<td>$9,000</td>
<td>$9,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIRECT COST PER CASE</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>$7,613</td>
<td>$7,292</td>
<td>$7,633</td>
<td>$7,540</td>
<td></td>
</tr>
<tr>
<td>$7,000</td>
<td>$7,000</td>
<td>$7,000</td>
<td></td>
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<tr>
<td>$6,000</td>
<td>$6,000</td>
<td>$6,000</td>
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<tr>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRB MARGIN PER CASE</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,255</td>
<td>$2,960</td>
<td>$3,563</td>
<td>$3,509</td>
<td></td>
</tr>
<tr>
<td>$3,500</td>
<td>$3,500</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>$3,000</td>
<td>$3,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2,500</td>
<td>$2,500</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PAYER MIX - 4 YEAR TREND**

<table>
<thead>
<tr>
<th>PAYER</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICARE</td>
<td>55%</td>
<td>56%</td>
<td>54%</td>
<td>51%</td>
</tr>
<tr>
<td>MEDICAL MANAGED CARE</td>
<td>19%</td>
<td>19%</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>MANAGED CARE/OTHER</td>
<td>12%</td>
<td>9%</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>MEDICARE MANAGED CARE</td>
<td>9%</td>
<td>12%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>4%</td>
<td>4%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>CASH PAY</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>WORK COMP</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>TULARE COUNTY</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**FY 2020 PAYOR MIX - Annualized**

- **MEDICARE** Managed Care 11%  
- **MEDICAL** 5%  
- **CASH PAY** 1%  
- **MANAGED CARE-OTHER** 13%  
- **MEDICAL MANAGED CARE** 20%

**Note:** FY 2020 is annualized in graphs and throughout the analysis.
KEY METRICS - FY 2020 ANNUALIZED

**PULMONARY FUNCTION**

---

**FY20 Annualized**

---

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

**METRICS SUMMARY - 4 YEAR TREND**

<table>
<thead>
<tr>
<th>METRIC</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
<th>% CHANGE FROM PRIOR YR</th>
<th>4 YR TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT CASES</td>
<td>1,258</td>
<td>1,285</td>
<td>1,349</td>
<td>1,356</td>
<td>▲ 10%</td>
<td>▲ 10%</td>
</tr>
<tr>
<td>NET REVENUE</td>
<td>$332,944</td>
<td>$340,654</td>
<td>$368,422</td>
<td>$372,944</td>
<td>▲ 8%</td>
<td>▲ 8%</td>
</tr>
<tr>
<td>DIRECT COST</td>
<td>$135,416</td>
<td>$142,308</td>
<td>$150,913</td>
<td>$157,528</td>
<td>▲ 12%</td>
<td>▲ 12%</td>
</tr>
<tr>
<td>CONTRIBUTION MARGIN</td>
<td>$197,528</td>
<td>$207,346</td>
<td>$217,509</td>
<td>$215,416</td>
<td>▲ 5%</td>
<td>▲ 5%</td>
</tr>
<tr>
<td>NET INCOME</td>
<td>$113,521</td>
<td>$115,654</td>
<td>$121,016</td>
<td>$120,521</td>
<td>▲ 1%</td>
<td>▲ 1%</td>
</tr>
<tr>
<td>NET REVENUE PER CASE</td>
<td>$266</td>
<td>$249</td>
<td>$270</td>
<td>$265</td>
<td>▼ -2%</td>
<td>▼ -2%</td>
</tr>
<tr>
<td>DIRECT COST PER CASE</td>
<td>$110</td>
<td>$105</td>
<td>$106</td>
<td>$108</td>
<td>▲ 2%</td>
<td>▲ 2%</td>
</tr>
<tr>
<td>CONTRIB MARGIN PER CASE</td>
<td>$156</td>
<td>$144</td>
<td>$164</td>
<td>$157</td>
<td>▼ -4%</td>
<td>▼ -4%</td>
</tr>
</tbody>
</table>

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**PAYER MIX - 4 YEAR TREND**

<table>
<thead>
<tr>
<th>PAYER</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICARE</td>
<td>45%</td>
<td>46%</td>
<td>40%</td>
<td>41%</td>
</tr>
<tr>
<td>MANAGED CARE/OTHER</td>
<td>32%</td>
<td>27%</td>
<td>32%</td>
<td>30%</td>
</tr>
<tr>
<td>MEDI-CAL MANAGED CARE</td>
<td>12%</td>
<td>15%</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>MEDICARE MANAGED CARE</td>
<td>10%</td>
<td>11%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>CASH PAY</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>MEDI-CAL</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>WORK COMP</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>TULARE COUNTY</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

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**FY 2020 PAYOR MIX - Annualized**

Note: FY2020 is annualized in graphs and throughout the analysis

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**Pulmonary Function Trended Charges**

- IP
- OP

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65/257
Sleep Disorders Center

Steven L. Hensley, RN, RRT, Director, (559) 624-2427
Eric Altamirano, RPSGT, RCP, Manager (559) 624-6797
February 2020

Summary Issue/Service Considered

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

Analysis of Financial/Statistical Data:

While Sleep Disorders Center financial results are currently down slightly from FY 2019, the two-year results for the Sleep Disorders Center show a 5% increase in volumes, a 19% increase in contribution margin and an improved net loss. At the same time, Home Sleep Testing has increased over time but is holding steady at approximately 30% to 40% of the business. On the payer side, Sleep Disorders Center saw a reduction in Medi-Cal Managed Care business in FY 2019, but currently back at FY 2018 levels. Managed Care patients continue to hold a strong 40% of the volume, while Medicare volumes are trending down slightly.

Quality/Performance Improvement Data

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

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

Report Timeliness:
Time from the date of study to the date of dictation. The Sleep Disorder Center (SDC) standard is 15 days or less. The PI threshold for total timeliness is >90%
**Hook Up Procedure:**
Quality of electrode/sensor application and the resulting quality of signal acquisition. The PI threshold for hook up quality is $\geq 90\%$ for all American Board of Sleep Medicine (ABSM) cases.

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

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

**Scoring:**
All sleep studies will be assessed for quality of signals/data, sleep staging, event recognition, appropriateness of interventions and identification of sleep disordered breathing with severity by Certified Technical and Professional Staffs. The PI threshold for the quality of technical scoring is $> 90\%$ as established by the ABSM.
**Monitoring and Reporting:** Sleep Center Patient Satisfaction Program, consists of a satisfaction survey that is mailed to every sleep center patient. We monitor and report quarterly on the following:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Threshold Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Score</td>
<td>Accessibility, cleanliness, amenities and comfort of the sleep center.</td>
<td>&gt;90%</td>
</tr>
<tr>
<td>Staff Score</td>
<td>Staff friendliness, attentiveness, professionalism and knowledge of the service provided center.</td>
<td>&gt;90%</td>
</tr>
<tr>
<td>Procedure</td>
<td>Scheduling, technical explanation, testing procedure.</td>
<td>&gt;90%</td>
</tr>
</tbody>
</table>

**Policy, Strategic or Tactical Issues**

1. Continue to monitor and implement latest Centers for Medicare & Medicaid Services (CMS) reimbursement guidelines.
2. Carefully monitor overall polysomnography reimbursement in an effort to sustain profitability including the monitoring and efficient management of Medi-Cal (payer) sources.
3. Continue to stay abreast of Home Sleep Study trends and potential impact on In-Lab testing.
4. Medical Director will continue to be actively engaged in educating both our community and the providers we serve.
5. Initiate plan for application for AASM Recertification starting June 2021 with final reaccreditation in March 2022.

**Recommendations/Next Steps**

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

Conclusions

1. Continue working to overcome financial challenges with identified payer groups.
2. Home Sleep Testing growth has stabilized for 2018, 2019 at or near 1000 studies annually.
3. In lab testing volumes continue to remain stable even with our increasing Home Sleep Testing, increasing insurance standards and increased volume.
4. Sustain staff job satisfaction score at 92% or greater
5. Maintain patient experience scores >90%

Top Priorities for 2020:

- Patient and Provider satisfaction.
- Staff recognition, job satisfaction, reward, education and professional development
- Continue the provision of highest quality sleep testing in the Valley.
- Focus on Physician education (Medical staff/GME) specific to Sleep Medicine.
- Focus on preventative medicine specific to Sleep Disordered Breathing.
- Remain provider of choice for sleep testing.
- Continue to improve financial strength through further expansion of our HST program.
- Acquire and gain the confidence of new referral sources within our community.
KEY METRICS - FY 2020 ANNUALIZED

PATIENT CASES 2,698 ▼ -1%  
NET REVENUE $1,743,570 ▼ -6%  
DIRECT COST $1,345,073 ▲ 1%  
CONTRIBUTION MARGIN $398,497 ▼ -26%  
NET INCOME ($74,972) ▼ -207%  

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

PER CASE TRENDED GRAPHS

FY2020 Annualized on the 6 months ended December 31, 2019

PAYER MIX - 4 YEAR TREND

Note: FY2020 is annualized in graphs and throughout the analysis.
**KEY METRICS - FY 2020 ANNUALIZED**

**METRICS SUMMARY - 4 YEAR TREND**

<table>
<thead>
<tr>
<th>METRIC</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
<th>%CHANGE FROM PRIOR YR</th>
<th>4 YR TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT CASES</td>
<td>430</td>
<td>410</td>
<td>370</td>
<td>364</td>
<td>▼ -2%</td>
<td></td>
</tr>
<tr>
<td>NET REVENUE</td>
<td>$76,634</td>
<td>$82,443</td>
<td>$79,068</td>
<td>$77,969</td>
<td>▼ -1%</td>
<td></td>
</tr>
<tr>
<td>DIRECT COST</td>
<td>$111,988</td>
<td>$86,137</td>
<td>$88,838</td>
<td>$89,068</td>
<td>▲ 0%</td>
<td></td>
</tr>
<tr>
<td>CONTRIBUTION MARGIN</td>
<td>($35,354)</td>
<td>($3,694)</td>
<td>($9,770)</td>
<td>($11,099)</td>
<td>▼ -14%</td>
<td></td>
</tr>
<tr>
<td>INDIRECT COST</td>
<td>$33,609</td>
<td>$36,879</td>
<td>$24,842</td>
<td>$24,696</td>
<td>▼ -1%</td>
<td></td>
</tr>
<tr>
<td>NET INCOME</td>
<td>($68,963)</td>
<td>($40,573)</td>
<td>($34,612)</td>
<td>($35,795)</td>
<td>▼ -3%</td>
<td></td>
</tr>
<tr>
<td>NET REVENUE PER CASE</td>
<td>$178</td>
<td>$201</td>
<td>$214</td>
<td>$214</td>
<td>▲ 0%</td>
<td></td>
</tr>
<tr>
<td>DIRECT COST PER CASE</td>
<td>$260</td>
<td>$210</td>
<td>$240</td>
<td>$245</td>
<td>▲ 2%</td>
<td></td>
</tr>
<tr>
<td>CONTRB MARGIN PER CASE</td>
<td>($82)</td>
<td>($9)</td>
<td>($26)</td>
<td>($30)</td>
<td>▼ -15%</td>
<td></td>
</tr>
</tbody>
</table>

**PER CASE TRENDED GRAPHS**

**PAYER MIX - 4 YEAR TREND**

<table>
<thead>
<tr>
<th>PAYER</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
<th>%Annualized</th>
</tr>
</thead>
<tbody>
<tr>
<td>MANAGED CARE/OTHER</td>
<td>26%</td>
<td>35%</td>
<td>39%</td>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>MEDI-CAL MANAGED CARE</td>
<td>42%</td>
<td>34%</td>
<td>29%</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>MEDICARE</td>
<td>25%</td>
<td>25%</td>
<td>23%</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>MEDICARE MANAGED CARE</td>
<td>5%</td>
<td>6%</td>
<td>7%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>MEDI-CAL</td>
<td>2%</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>CASH PAY</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>WORK COMP</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>TULARE COUNTY</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

**FY 2020 PAYOR MIX - Annualized**

**EEG Tended Charges**
**Summary Issue/Service Considered**

Sequoia Surgery Center (SSC), a California limited liability company (LLC), was formed on August 1, 2010 upon the merger of Cypress Surgery Center (CSC) and the Center for Ambulatory Medicine & Surgery (CAMS). SSC operates a four-suite ambulatory surgery center, performing approximately 5,600 outpatient surgeries and endoscopic procedures each year. Surgery services include orthopedics, general, gynecological, urological, plastic, podiatric, pain management and ENT. SSC gastroenterologists also perform a significant number of endoscopic procedures at the Center, primarily colonoscopies, which accounted for approximately 28% of SSC’s annual case volume in 2019.

SSC is owned by seventeen (17) surgeons and Kaweah Delta Health Care District. SSC is owned 69.4% by physicians and 30.6% by the District. SSC is governed and managed by a formal Board of LLC members, including the District, elected to the Board by the LLC members, and is jointly chaired by Drs. Alex Lechtman and Burton Redd. Director Herb Hawkins serves as the District representative on the SSC Board of Members. Anesthesiology services are provided by independent anesthesiologists. Dr. Burton Redd, orthopedic surgeon, serves as SSC’s Medical Director, and Tricia Vetter, a former charge nurse with Kaweah Delta Health Care District, was recently appointed as the Center’s new Administrator during 2019 (replacing Gina Mayo who retired during the year).

In conjunction with the merger of CSC and CAMS, CSC created a separate limited liability company, Cypress Company, LLC (CyCo), to which it transferred all real estate assets (land and building), along with the associated mortgage debt, as well as cash, accounts receivable and certain debt incurred with the buy-out of partner interests. CyCo leases the surgery facility to SCC under a long-term operating lease. CyCo is owned by ten (10) surgeons (all former members of CSC) and Kaweah Delta Health Care District. CyCo is owned 60.0% by physicians and 40.0% by the District.
Financial/Statistical Information
January 1 to December 31 (Compiled Financial Statements):

<table>
<thead>
<tr>
<th>Year</th>
<th>Case Volume</th>
<th>Net Revenue</th>
<th>Operating Costs</th>
<th>Net Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>5,583</td>
<td>$11,995,271</td>
<td>$10,178,721</td>
<td>$1,816,550</td>
</tr>
<tr>
<td>2018</td>
<td>5,004</td>
<td>10,684,620</td>
<td>9,352,295</td>
<td>1,332,325</td>
</tr>
</tbody>
</table>

Quality/Performance Improvement Data
1. SSC is fully accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). AAAHC awards three-year accreditations similar to the JCAHO. SSC was last surveyed by AAAHC in October 2017, and is preparing for an expected re-accreditation survey, likely to occur during the latter part of this year. There are a number of Environment of Care matters identified during the last survey (generally all related to electrical infrastructure) that are currently being addressed by management and our expected to be fully resolved by survey time.

Policy, Strategic or Tactical Issues
1. SSC’s primary competition for outpatient surgery includes the District, Sierra Pacific Orthopedic Center (Fresno), and private physician offices.

2. SSC’s primary strategy for growing and retaining its business is to selectively offer ownership interests to active, community surgeons with an interest in actively managing and using the Center. Additionally, SSC management and physician leaders actively reach out to new physicians that enter the marketplace, offering SSC as an alternative to Kaweah Delta and other surgical facilities. During this past year, SSC sold ownership interests to the following physicians: Seth Criner, orthopedic surgeon; Jason Mihalcin, orthopedic surgeon; Kyle Potts, general surgeon; and Kazi Rahman, podiatrist. Dr. Jim Guadagni and Dr. Don Schengel, orthopedic surgeons, sold their ownership interests back to SSC in connection with their retirements.

3. During this past year, SSC discovered the presence of significant water damage to its facility’s roof, walls and internal infrastructure, apparently caused by flaws in the original design and construction of the facility, and engaged Seals Construction to complete the necessary repairs and renovations. At a total cost of approximately $1.0 million, the work has been fully completed. Citizens’ Business Bank financed the project with a line of credit secured by the real estate and personal guarantees of the physician owners of CyCo. CyCo was solely responsible for the cost of these repairs.

4. In conjunction with item #3, SSC and CyCo have also been evaluating the physical expansion of its facility to create a dedicated comprehensive outpatient GI center. This interest and opportunity was solidified by Kaweah Delta’s decision to not build a free-standing GI Center on the west side of its downtown hospital campus but rather to pursue a joint-venture expansion with SSC and CyCo. After considerable study and
analysis, the SSC and CyCo owners have recently agreed to modify their original plans for a new endoscopy center and are now supporting the construction of a new 4-suite ambulatory surgical center to be located approximately 30 feet from the current SSC facility. This facility is projected to cost approximately $13.0 million and will add 16,000 square feet to the SSC/CyCo campus. Citizen’s Business Bank has agreed to provide both the construction and permanent financing. Plans are currently being developed with the Darden architectural firm. It is likely that the physician owners will invest a minimum of $800,000 in the project and will look to Kaweah Delta to fund the remaining $1.8 million of equity investment required by the Bank, thereby increasing Kaweah Delta’s ownership stake above its current 40%.

Recommendations/Next Steps/Approvals/Conclusions
SSC will continue to emphasize high-quality, customer-oriented, and personal outpatient surgery services to physicians and patients of Visalia with the objective of differentiating itself from the more institutional feel of a large hospital system. It will actively evaluate opportunities to recruit new physicians to its Center and offer membership ownership opportunities when appropriate. It will continue to evaluate low margin services and replace them with high margin services. It will continue to evaluate opportunities to reduce supply costs through consolidation or change of vendors and more efficient utilization and it will focus on improving overall economies of scale made possible by the merger of CSC and CAMS. Lastly, SSC and CyCo will move forward with the development of a new ASC addition to their campus which will also include the offering of new equity ownership opportunities to SSC physicians not currently invested in CyCo.
# Policy Submission Summary

<table>
<thead>
<tr>
<th>Policy/Procedure Title</th>
<th>#</th>
<th>Status</th>
<th>Name and Phone # of person who wrote the new policy or revised an existing policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Control</td>
<td>AP146</td>
<td>Revised</td>
<td>Malinda Tupper</td>
</tr>
<tr>
<td>Code of Ethical Behavior</td>
<td>AP70</td>
<td>Revised</td>
<td>Ben Cripps</td>
</tr>
<tr>
<td>Property Acquisition, Sales, and Leasing</td>
<td>AP181</td>
<td>New</td>
<td>Marc Mertz</td>
</tr>
<tr>
<td>Quality Improvement Plan</td>
<td>AP41</td>
<td>Revised</td>
<td>Sandy Volchko</td>
</tr>
<tr>
<td>Patient Safety Plan</td>
<td>AP75</td>
<td>Reviewed</td>
<td>Sandy Volchko</td>
</tr>
</tbody>
</table>
PURPOSE: To define responsibilities regarding cash control throughout the District.

POLICY: It is the policy of Kaweah Delta Health Care District to ensure that all cash, checks, and credit card transactions are accounted for and applied appropriately to the patient accounts; or general ledger system for non-patient related payments. This policy is established to protect the District, its patients and staff. These controls pertain to all areas of the District.

PROCEDURE:

I. Dual Custody/Segregation of Duties
   a. Responsibilities will be divided amongst staff members who accept or handle payments so that one individual does not have sole responsibility or control of payments. Dual custody must be maintained whenever possible to reduce the opportunity for robbery, theft, or missing payments.
   b. The following protocols must be followed when dealing with any type of payment:
      i. A second employee must be present during each cash drawer count.
      ii. A second employee must be present when a District safe is open.
      iii. Cash drawers may not be shared amongst individuals who accept payments.
      iv. Employees are not allowed to void payments that they personally accepted. Only Managers, can void these transactions.
   c. In areas of the District where dual custody or segregation of duties is not possible, increased monitoring will occur which includes:
      i. Monthly reviews of assigned cash drawers by the department Manager/Coordinator
      ii. These reviews must be documented and available upon request by Internal Audit and Patient Financial Services.

II. Currency Verification
a. In all instances, verification of currency in accordance with the Currency Verification policy, AP 144.

III. Authorization of Employees to Accept Payments
a. Leadership can submit a request through HR Online to grant security access to the current payment system for authorized employees.

b. Each employee must complete cash controls training and testing via HR Online, prior to obtaining authorization to accept payments.

IV. Security of Keys, Passwords and Safe Combinations
a. Employees accepting payments are required to sign an agreement form, which states they will not share safe combinations, keys or passwords with other staff members.

b. A blank copy of the agreement is available on the KDNET in the Cash Control section of Department Policies.

c. When an employee separates from the organization, their Director or Manager will ensure to revoke the employee’s system access and passwords, in a timely manner and collect all keys to cash boxes, drawers or cash rooms. If keys are uncollectable, locks must be re-keyed to safeguard District assets and safe combinations will change in a timely manner when an employee with the combination separates the facility.

V. Physical Security of Cash Drawers and Payments
a. All payments received in the District, must be placed in a lockable cash drawer immediately after receipt.
   i. Each cash drawer must be locked and secured at all times
   ii. The key to the cash drawers should be limited to the individual the drawer is assigned to
   iii. If a cash drawer is inside a locked file cabinet or office, personnel who have keys to the cash drawer should not have keys to the file cabinet or office.
   iv. Cash drawers shall not be shared amongst individuals concurrently. Failure to adhere to this protocol may result in disciplinary action.

VI. Security of Drop Safes
a. Working security cameras are installed and monitored in areas where safes are located.

b. If a security risk has been identified by members of Leadership, additional security cameras are installed
   i. If a security camera is not available, the safe must be located in a high traffic area for visibility.
   ii. If the safe is located in a closed room or office, the individual with the combination to the safe must not have a key to the room or be allowed unsupervised access to the room.

VII. Transportation of District Funds
a. Locked security bags are to be used at all times when transporting money from one area to another.
b. All designated safe locations will utilize the Courier Service to transport monies to Patient Access (Main Hospital).
   i. A PFS staff member will pick up all drops from Patient Access each business day.
   ii. A security guard will accompany the PFS staff member when returning from Patient Access.
   iii. Staff members are not allowed to transport funds in their own vehicle, unless required by a special circumstance which will be documented by Leadership

VIII. Frequency of Deposits
   a. Each department should prepare and drop deposits on a daily basis.
   b. Departments who do not receive payments on a daily basis are required to prepare a drop as often as payments are collected.

IX. Safe Drop Logs
   a. Each designated safe area will maintain logs documenting the money drop to track each drop made.
      i. Logs must accompany the safe drops deposits transported via Courier service.
      ii. Instructions on completing the safe drop log is located on the KDNET in the Cash Controls section of Department Policies.
   b. A witness must verify each drop made in a safe and both witnesses must initial in the appropriate area of the drop log.
   c. A witness must verify each drop taken from the safe by a courier or PFS staff member and both witnesses must initial in the appropriate area of the drop log.

X. Change Funds
   a. All locations will utilize a local bank when requesting monetary change. The amount taken to the bank, should be verified by two witnesses and reconciled to the amount when returning back from the bank.

XI. Notifications
   a. Communication should occur immediately when one of the following instances occur:
      i. Changes in the courier schedule
      ii. An absence of personnel whose absence will impact cash controls or delay drops
      iii. A missed pick-up from a courier
      iv. Cash or other payments have been identified as missing
      v. Suspcion of inappropriate cash handling activities
      vi. At the Department Director’s discretion.
   b. If a cash drawer has a shortage or overage, staff should notify their Leadership immediately. Failure to adhere to this process may result in disciplinary action.

XII. Reconciliation, Reviews and Audits
a. Finance will complete monthly bank reconciliations related to deposits processed by the District
b. Directors or Managers will randomly review cash drawers and audit at least quarterly.
c. In areas without dual custody, these reviews must occur monthly. These reviews must be documented and available upon request by Internal Audit department and PFS.
c. Cash receipt processes are subject to a routine review by the Internal Audit department or PFS.

XIII. Returns and Refunds
a. If a patient payment has the incorrect information, (Account number, patient name, payment amount, etc.) a staff member must void the receipt and reissue a new receipt to the patient. Staff members cannot complete a void and will submit a request to their immediate Supervisor/Manager for that transaction. Reference to the incorrect receipt provided to the patient, with the issuance of the new receipt.
b. If a refund is due on a purchased product, the employee shall follow their Department’s specific policy regarding returns and refunds. The Department Director is responsible for developing formal guidelines on how the refunds and returns are reported.

REFERENCE:  Cash Receipts Policy AP.121

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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 will fairly and consistently represent itself and its capabilities.
3. Kaweah Delta 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 will observe a uniform standard of care throughout the organization.
5. Kaweah Delta will promote the delivery of high quality and cost effective healthcare.
6. Kaweah Delta’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 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 Kaweah Delta services because they are unable to pay or because of any other factor that is substantially unrelated to patient care.

Conversely, employees may not provide clinical treatment to individuals who are not Kaweah Delta patients (co-workers, family members). Except in emergent situations when delegation of treatment is not possible, employees must transfer treatment/care of their family to a co-worker. Examples of inappropriate acts include:

- Employees providing treatment to a co-worker who is not a registered Kaweah Delta patient
- Misappropriation of Kaweah Delta resources (using supplies, tests, and medications for personal use)
- Conducting a lab draw for your spouse on a unit instead of referring your spouse to the lab draw station
- Drawing your spouses lab at home and bringing it to the facility for testing

II. Marketing
Kaweah Delta 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 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 Kaweah Delta – including governing board members, administration, the medical staff, and all other employees. It is 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.

VII. Fair billing practice
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
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 Kaweah Delta’s activities and to treat employees, patients, visitors, physicians and the many constituents we serve with utmost respect. Kaweah Delta’s Code of Conduct is a real expression of Kaweah Delta’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, 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
23. Code of Conduct
24. Anti-Harassment and Abusive Conduct
25. Behavioral Standards of Performance

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

Policy:
This policy provides guidelines for the purchase, sale, and leasing of real property, which is essential to Kaweah Delta carrying out its mission of providing high quality, customer-oriented, and financially strong healthcare services.

Parties Involved:
The Vice President of Strategic Planning and Development shall work with the Director of Community Engagement on property acquisitions, sales, and leases. The Compliance Officer will be involved with real estate contracts that involve physicians, and the Director of Facilities and Director of Facilities Planning will be consulted to determine the need and feasibility of property acquisitions.

Procedure:

I. For Kaweah Delta Property Acquisitions
   a. Kaweah Delta identifies potential property and notifies the Strategic Planning and Development Department.
   b. A Kaweah Delta representative, currently the Director of Community Engagement, conducts background investigation of property, including preliminary appraisals, fair market value, and feasibility studies.
   c. If property meets the mission of the organization, the representative will present the property to the Executive Team and/or Capital Committee for further review, order an appraisal, and request a Finance, Property, Services and Acquisitions Board Sub-Committee meeting to review the potential property with the committee. If the committee agrees to move forward with the purchase of the property, the property acquisition recommendation will then move forward for approval by the Board of Directors. (ref. EOC Policy 1008)
   d. Once the appraisal, prepared by a licensed appraiser, is received, it can be used to negotiate the sales price and for the purpose of preparing an official written offer.
e. The Kaweah Delta representative can officially make a written offer, and, with final approval of terms by the Board of Directors, management can enter into a purchase/sale agreement to acquire the property.

f. Shortly before property purchase is complete, the Facilities Department and Risk Management Department will be notified of the close of escrow date as the property will need to be added to the Kaweah Delta insurance policy, maintenance contracts, and security rounds. (*Fill out utility transfer and insurance forms*)

**For bare land purchases consider:**
Soil study for hazardous material
Drainage study/flood zone documentation

**For building purchases consider:**
HVAC assessment
Plumbing assessment- fiber optic scope all drain lines
Electric assessment- panel condition & capacity
Foundation assessment/structural assessment
Exterior finish assessment (*paint, stucco, brick, etc.*)
Parking assessment
Pests/termites/vermin assessment
Roof assessment
Gutter assessment
Windows assessment

OSHPD 3 compliance assessment
Exterior lighting assessment
Landscaping/irrigation assessment
Asbestos assessment
Lead paint assessment
Hazardous materials assessment
Exterior lighting assessment
Landscaping/irrigation assessment
Structural assessment
Appliance assessment
Life Safety assessment (*sprinklers, smoke detectors, etc.*)

II. **Procedures for Kaweah Delta Property Sales:**

a. Kaweah Delta identifies potential property that needs to be sold and notifies the Strategic Planning and Development Department.

b. A Kaweah Delta representative, currently the Director of Community Engagement, conducts background investigation of property, including preliminary appraisals, fair market value, and feasibility studies.

c. A Kaweah Delta representative will request a Finance, Property, Services and Acquisitions Board Sub-Committee meeting to review the potential property sale with the committee. If the committee agrees to move forward with the sale of the property, the property acquisition recommendation will then move forward for approval by the Board of Directors.
d. Once the appraisal, prepared by a licensed appraiser, is received, it can be used to list the property with a licensed agent or to negotiate the sales price with a potential buyer.

e. Once an offer is received from a potential buyer, the Kaweah Delta representative will take the offer to the Finance, Property, Services, and Acquisitions Board Sub-Committee for review. If the committee agrees to the terms of the sale, they will forward their recommendation to the Board of Directors for final approval.

f. Shortly before property sale is complete, the Facilities Department and Risk Management Department will be notified of close of escrow date as the property will need to be removed from the Kaweah Delta insurance policy, maintenance contracts, and security rounds. *(Fill out utility transfer and insurance forms)*

III. **Procedures for Kaweah Delta Property Leases:**

a. Kaweah Delta identifies a department or clinic that needs space and notifies the Strategic Planning and Business Development Department.

b. A Kaweah Delta representative, currently the Director of Community Engagement, will work with the department looking for space and will conduct a background investigation of available property for lease to determine feasibility and fair market value. Once fair market value is determined, the Kaweah Delta representative will consult with Kaweah Delta’s legal counsel and can begin negotiating the lease directly with the property owner. If the lease is not budgeted, the representative will take it to the Capital Committee and/or Executive Team for approval before engaging with legal counsel.

c. If the owner of the property is a physician, the Kaweah Delta Compliance Officer and Kaweah Delta’s legal council must review the terms of the lease to ensure all legalities are met.

d. The Kaweah Delta representative will negotiate terms of the lease and facilitate ratification of contract with all contracts being approved and signed by the Vice President of Strategic Planning and Business Development.

e. Once the lease is ratified and approved, the Finance Department will add the lease to their contract software and notify the Kaweah Delta representative 90 days prior to any deadline associated with the lease. *(Cancellation, renewal, modification, etc.)*

f. Shortly before property lease is complete, the Facilities Department and Risk Management Department will be notified of the contract commencement date as the property will need to be added to the Kaweah Delta insurance policy, maintenance contracts, and security rounds. *(Fill out utility transfer and insurance forms)*
Quality Improvement Plan

I. Purpose

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

II. Scope

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

III. Structure and Accountability

Board of Directors

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

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

Quality Council

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

Medical Staff

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

**Professional Staff Quality Improvement Committee (QIC), "Prostaff":** The Prostaff Committee QIC has responsibility for oversight of organizational performance improvement. Membership includes key organizational leaders including the Medical Director of Quality and Patient Safety or Chief Quality Officer, Chief Operating Officer, Chief Nursing Officer, Assistant Chief Nursing Officer, Directors of Quality and Patient Safety, Nursing Practice, and Risk Management; Manager of Quality and Patient Safety and Manager of Infection Prevention. In addition, the Medical Executive Committee members, Medical Director of Quality and Patient Safety, Chief Executive Officer, Chief Operating Officer, Chief Medical Officer/Chief Quality Officer, Chief Nursing Officer, member of the Board of Directors, and Directors of Nursing, Quality and Patient Safety, Risk Management and Pharmacy.

This committee reports to Prostaff and the Quality Council.

The **QIC Prostaff Committee** shall have primary responsibility for the following functions:

1. **Health Outcomes:** The **QIC Prostaff Committee** shall assure that there is measureable improvement in indicators with a demonstrated link to improved health outcomes. Such indicators include but are not limited to measures reported to the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC), and other quality indicators, as appropriate.

2. **Quality Indicators:**
   a. The **QIC Prostaff Committee** shall oversee measurement, and shall analyze and track quality indicators and other aspects of performance. These indicators shall measure the effectiveness and safety of services and quality of care.
   b. The **Prostaff Committee QIC** shall approve the specific indicators used for these purposes along with the frequency and detail of data collection.
   c. The Board shall ratify the indicators and the frequency and detail of data collection used by the program.

3. **Prioritization:** The **QIC Prostaff Committee** shall prioritize performance quality improvement activities to assure that they are focused on high-risk, high-volume, or problem-prone areas. It shall focus on issues of known frequency, prevalence or severity and shall give precedence to issues that affect health outcomes, quality of care and patient safety. The **QIC is responsible to establish organizational Quality Focus Teams who:**
   a. Are focused on enterprise-wide high priority, high risk, problem prone QI issues.
   b. May require elevation, escalation and focus from senior leadership.
   c. Have an executive team sponsor.
   d. Are chaired by a Director or Vice President.
   e. May have higher frequency of meetings as necessary to focus work and create sense of urgency.
   f. Report quarterly into the QAPI program.

4. **Improvement:** The **QIC Prostaff Committee** shall use the analysis of the data to identify opportunities for improvement and changes that will lead to improvement. The **QIC Prostaff Committee** will also oversee implementation of actions aimed at improving performance.
5. Follow-Up: The [QIC Prostaff Committee](#) shall assure that steps are taken to improve performance and enhance safety are appropriately implemented, measured and tracked to determine that the steps have achieved and sustained the intended effect.

6. Performance Improvement Projects: The [QIC Prostaff Committee](#) shall oversee performance quality improvement projects, the number and scope of which shall be proportional to the scope and complexity of the hospital’s services and operations. The [QIC Prostaff Committee](#) must also ensure there is documentation of what quality improvement projects are being conducted, the reasons for conducting those projects, and the measurable progress achieved on the projects.

**Medical Executive Committee**

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

**Nursing Practice Improvement Council**

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

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

**Graduate Medical Education**

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

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

**Methodologies:**

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

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

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

- **Formatted:** Indent: Left: 1"
F—Find a process to improve
O—Organize effort to work on improvement
C—Clarify knowledge of current process
U—Understand process variation
S—Select improvement

**Plan:**

- Objective and statistically valid performance measures are identified for monitoring and assessing processes and outcomes of care including those affecting a large percentage of patients, and/or place patients at serious risk if not performed well, or performed when not indicated, or not performed when indicated; and/or have been or likely to be problem prone.

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

**Do:**

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

**Check:**

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

**Act:**

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

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

- **Define** the problem, improvement activity, opportunity for improvement, the project goals, and customer (internal and external) requirements. QI tools that may be used in this step include:
  - Project charter to define the focus, scope, direction, and motivation for the improvement team
Quality Improvement Plan

- Process mapping to provide an overview of an entire process, starting and finishing at the customer, and analyzing what is required to meet customer needs.

**Measure** process performance.
- Run/trend charts, histograms, control charts
- Pareto chart to analyze the frequency of problems or causes

**Analyze** the process to determine root causes of variation and poor performance (defects).
- Root cause analysis (RCA) to uncover causes
- Failure mode and effects analysis (FMEA) for identifying possible product, service, and process failures

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

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

IV. Confidentiality

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

V. Annual Evaluation

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

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

Attachment 1: Quality Improvement Committee Structure  
Attachment 2: KDHCDC-Prostaff Reporting Documents  
Attachment 3: 201982020146 Value Based Purchasing (VBP) Objectives

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Kaweah Delta Healthcare District
Quality Reporting Structure

- Board of Directors
- Quality Council
- Professional Staff Quality Committee (Prostaff)
- Patient Safety Committee
- Quality Improvement Committee
- Quality Focus Teams, Nursing Practice Improvement Council, and Committees
Attachment 2

**KDHCD – QUALITY IMPROVEMENT COMMITTEE REPORTING DEPARTMENTS**

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

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<tr>
<th>PROFESSIONAL and PATIENT CARE SERVICES</th>
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<td>Laboratory</td>
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<td>Nursing Quality Dashboard</td>
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<td>Advanced Nursing Practice</td>
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<td>Wound Care, Inpatient (Skin and Wound Committee)</td>
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<td>Patient Access</td>
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<td>Community Outreach</td>
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<td>Patient &amp; Family Services</td>
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<td>Case Management/Utiliz Mgt &amp; Bed Alloc</td>
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<td>Interpreter Services</td>
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<td>EOC (Security, facilities, Clinical Engineering, EVS)</td>
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<td>Chaplain Services</td>
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<td>Exeter Health Clinic (includes Lindsay, Woodlake, Dinuba)</td>
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<td>Inpatient Pharmacy</td>
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<td>Conscious Sedation (ED) Annual</td>
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<td>Organ Donation (Annual)</td>
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<td><strong>Maternal Child Health</strong></td>
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<td>Labor &amp; Delivery</td>
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<td>Mother Baby</td>
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<td>Neonatal Intensive Care Unit</td>
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<td>Pediatrics</td>
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<td><strong>Mental Health Services</strong></td>
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<td>Mental Health</td>
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<td><strong>Episodic Care</strong></td>
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<td>Emergency</td>
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<td>Trauma Service</td>
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<td>Urgent Care</td>
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<td><strong>Cardiovascular Services</strong></td>
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<td>Dept of Cardiovascular Services (ACC/STS/) - Cath lab, IR, CVCU and Cardiac Surgery</td>
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<td>CVICU</td>
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<td><strong>Critical Care Services</strong></td>
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<td><strong>Rehabilitation Services</strong></td>
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<td>Rehabilitation</td>
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<td>Inpatient Therapies (KDMC, Rehab, South Campus)</td>
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<td>Outpatient Therapies: Medical Office Building (MOB), Exeter, Sunnyside, Dinuba, Lovers Lane, Therapy Specialists at Rehab</td>
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<td>Outpatient Wound Care at Rehab</td>
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<td><strong>Post Acute Services</strong></td>
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<td>KD Home Infusion Pharmacy</td>
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<td>Home Care Services (Home Health &amp; Hospice)</td>
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<td>Transitional Care Svc/Short-Stay Rehab</td>
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<td><strong>Surgical Services</strong></td>
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<td>Ambulatory Surgery Center/PACU/KATS</td>
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<td>Operating Room</td>
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<td>SPD</td>
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<td>Broderick Pavilion</td>
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<td>4 South</td>
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<td><strong>Renal Services</strong></td>
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<td>CAPD/ CCPD (Dialysis Maintenance)</td>
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<td>Visalia Dialysis</td>
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<td><strong>Med/Surg</strong></td>
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<td><strong>PUBLICALLY REPORTED MEASURES</strong></td>
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<td>Patient Safety Indicators/HACs</td>
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<td>Value Based Purchasing Report</td>
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<td>Core Measures</td>
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<td>Hospital Compare Quarterly Report</td>
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<td>Healthgrades</td>
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<td>Leapfrog Hospital Safety Score</td>
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<td><strong>COMMITTEES</strong></td>
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<td>Med Safety &amp; ADE</td>
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<td>Disparities in care</td>
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<td>Falls committee</td>
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<td>RRT/Code Blue</td>
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<td>Pain Management</td>
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<td>Resource Effectiveness Committee</td>
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<td>Sepsis Quality Focus Team</td>
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<td>Blood Utilization</td>
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<td>Handoff Communication QFT</td>
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<td>Accreditation Regulatory Committee</td>
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Objectives

A. Patient Experience of Care Domain (25% of VBP)
Hospital Consumer Assessment of Healthcare Providers & Systems Survey (HCAHPS)

Objectives for patient experience of care:
Organizational goal to be at or above 76.5 % for the year in overall rating of hospital

B. Clinical Care Domain (25% of VBP)
Acute myocardial infarction (AMI) 30-day mortality rate
Heart failure (HF) 30-day mortality rate
Pneumonia (PN) 30-day mortality rate
Elective Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate

Objectives for Clinical Care Domain:
KDHC 30- day AMI mortality rate to be no different or better than the National rate
KDHC 30- day HF mortality rate to be no different or better than the National rate
KDHC 30- day PN mortality rate to be no different or better than the National rate
KDHC THA/TKA Complication rate to be no different or better than the National rate

C. Patient Safety Domain (25% of VBP):
Healthcare Associated Infections:
- CLABSI-central line associated infection
- CAUTI-catheter associated urinary tract infection
- SSI-surgical site infections for colon and abdominal hysterectomy
- C difficile
- MRSA

PC-01 Elective Delivery Prior to 39 Completed Weeks of Gestation (EED)

Objectives for Complication/Patient Safety:
To reduce Healthcare associated infection rates and EED to be no different or better than the National rate

D. Efficiency Measures Domain (25% of VBP)
MSPB-1 Medicare spending per beneficiary

Objectives for Efficiency Measure:
KDHC MSPB to be no different or better than the National rate

E. KDHC objectives for Core Measures not captured in VBP are to perform within the CMS standards of excellence (top 10% decile).
Finance, Property, Services, and Acquisition Committee
Thursday January 23, 2020
Executive Office Conference Room – Kaweah Delta Medical Center

Directors: Dave Francis (chair) & Nevin House; Thomas Rayner, SVP & Chief Operating Officer; Malinda Tupper, VP & Chief Financial Officer; Jennifer Stockton, Director of Finance; Doug Leeper, VP & CIO; Marc Mertz, VP of Strategic Planning/Business Development; Julieta Moncada, Director of Facilities Planning; Paul Schofield & Coby LaBlue; Kelsie Davis, Recording

Called to order at 2:30PM

Public Participation – None.

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

- Operating revenue is on budget.
- Review of the budget highlights.
- Decrease in Mother Baby.
  - Marc Mertz is to pull the statistics in the last six months to compare against other hospitals.
- Revenue is favorable due to recognition of income from joint ventures and retail pharmacy revenue.
  - Director House asked that we explore 24-hour pharmacy in Visalia.

KAWEAH DELTA MEDICAL FOUNDATION – Annual review of Kaweah Delta Medical Foundation (copy attached to the original of these minutes and considered a part thereof) - Paul Schofield, CEO and Coby LaBlue, CFO

- Review of the Visalia Medical Clinic Board Report.

2020 BOND FINANCING – Review of Resolution 2066 (copy attached to the original of these minutes and considered a part thereof) – Malinda Tupper, VP & Chief Financial Officer, Jennifer Stockton, Director of Finance

- Review of the 2020 bond highlights.
- Review of proposed action.
- Jennifer requested that this go to the Board on January 29 to get authorization on the issuance of Resolution No. 2066 and Resolution No. 2067.
- Committee supported this going to the full Board.

TULARE CLINIC – Status report relative to the development of the Tulare Clinic – Marc Mertz, Vice President of Strategic Planning and Business Development and Julieta Moncada, Facilities Planning Director.
Reviewed of the timeline for Tulare Clinic and next steps.

2015B REVENUE BOND STATUS REPORT – Status report and next steps for projects (copy attached to the original of these minutes and considered a part thereof) – Julieta Moncada, Facilities Planning Director

- Review of the 2015B revenue bond status report.

Adjourned at 3:58PM

Dave Francis, Chair
Marketing & Public Affairs Committee  
Wednesday, February 5, 2020  
Kaweah Delta Medical Center – 400 West Mineral King Avenue  
Mineral King- Blue Room

ATTENDING: Directors Nevin House (Chair) and Garth Gipson; Gary Herbst, Chief Executive Officer; Marc Mertz, Vice President of Strategic Planning & Business Development; Dru Quesnoy, Director of Marketing; Laura Florez-McCusker, Director of Media Relations; Jennifer Corum, Senior Marketing Specialist; Raymond Macareno, Senior Communications Specialist; Melissa Withnell, Communications Specialist; Jennifer Manduffie, Senior Graphic Designer; Yolanda Chavez, Senior Graphic Designer; Paul Schofield, Chief Executive Officer of Visalia Medical Clinic; and Kelsie Davis, recording.

Called to order at 2:05PM

Review of Marketing and Public Affairs Committee Mission and Purpose- Nevin House, Chair

- Director House read aloud the attached Kaweah Delta Marketing and Public Affairs Committee mission and purpose.
- Gary noted that that this mission and purpose needs to be completely rewritten.
- Director House gave management an opportunity to go back, redraft, and review this mission and purpose document. Review with Director House when done and then bring back to the next committee meeting for adoption.

Discussion of communicating Board activity to the public- Nevin House, Chair

- Director House noted that the public does not even know there is a board of directors at Kaweah Delta. Director House asked how we could get the word out there that we do have a board of directors.
- The committee had further discussion and decided to do more social media posts board members are to note those presentations that positive impact are to be posted on social media.

Rebranding Update- Marc Mertz, Vice President of Strategic Planning and Business Development

- Gary gave background on how we got to the present with our rebranding. Gary noted we are at the stage now where we have to make a decision to go forward with the rebranding knowing the cost and timelines.
- Director House asked if we could potentially look into corporate funding.
- Gary asked both board members if we could build this into the budget for FY 2021. To begin implementation on or about July 1.
- Directors House and Gipson both supported this ask and request that this topic of Rebranding go to the Board of Directors Meeting in February for action.

Marketing Update- Dru Quesnoy, Director of Marketing

- Jennifer Corum reviewed the attached presentation briefly as the meeting was ending.
Social Media Update- Laura Florez-McCusker, Director of Media Relations
  • This topic was diverted to next month.

Media Relations Update- Laura Florez-McCusker, Director of Media Relations
  • This topic was diverted to next month.

Community Engagement Update- Deborah Volosin, Director of Community Relations
  • Deborah gave a brief update on our next Town Hall meeting that is being sponsored by our Board Vice President, Lynn Havard Mirviss. This Town Hall meeting will be at COS Ponderosa lecture hall.
  • Deborah also noted that we are the primary sponsor this year for the Ag Show.

Adjourned- 3:40pm

Nevin House, Chair

THESE COMMITTEE MINUTES WERE APPROVED FOR DISTRIBUTION TO THE BOARD BY THE COMMITTEE CHAIR ON XX-XX-XXXX.
RESOLUTION 2073

WHEREAS, Pam Rosenberger, is retiring from duty at Kaweah Delta Health Care District after 18 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 Pam Rosenberger for 18 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 24th day of February 2020 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
Compliance Oversight and Management

Written Standards and Policies and Procedures

- Complete comprehensive review of the Compliance Program - Program Effectiveness Tool
  - Review Risk Assessment Process and Cycle
  - Review/Revise Compliance Program Communication Plan
  - Compliance Plan Assessments - Benchmarking
  - Perception of Compliance Program - Survey Employees
  - Evaluate Training Effectiveness
  - Review Effectiveness of Reporting and Investigation Process

- Implement Leadership Attestation Process for High Risk Areas
- Implement Compliance 360 Contracting Tool
- Comprehensive Review of all Privacy Policies
- Compliance Policy Review and Updates (as necessary)
  - Develop Attorney-Client Privilege Policy
  - Develop Overpayment Policy

Affiliated Entities:

- Kaweah Delta Medical Foundation (KDMF)
  - Compliance Program Effectiveness Review
  - Comprehensive Policy Review/Management - Revision and Implementation
  - Release of Information Process Standardization
  - Forms Review and Standardization

- Sequoia Health and Wellness Centers (SHWC)
  - On-Site Visits (OSV) Preparation
  - Policy Implementation and Review
  - Implement Compliance Program and Evaluate Effectiveness

STARK and Anti-Kickback Oversight

- Medical Staff Non-Monetary Compensation Review
- Physician Payment Testing Review (annual)
- Physician Contracts Billing and Collection Audits (external)
- Physician Contract Compliance Audits
- Physician Non-Monetary Compensation

- Fair Market Value Oversight:
  - Update and Distribute Medical Director Rates / Grid
  - Contract Renewals and Amendments / FMV Analysis

Licensing and Certification

- Annual Hospital License Renewal
- Hospice and Home Health License Renewal
- New Licensures (as necessary)
- SHWC FQHC Designation/Other FQHC Sites

Reporting

- Investigate and Respond to Reported Concerns (Internal and Confidential Compliance Line Calls and Reports)
- Employee Reporting and Whistleblower Protection Education

REVIEWS AND AUDITS:

Internal:
- Review of Advanced Beneficiary Notices and Processes
- Conditions of Admission (COA) / Forms at Rehab
- OIG Audit - Patient Accounting
- High Dollar Radiology Tests (OIG)
- Medicare Important Message
Qualified Medicare Beneficiary Program Billing Review (OA Indicator)
MOON Observation Notice
Medicare Secondary Payer (Claims and Questionnaire)
Patient Status (OIG WP 9)
End Stage Renal Disease (ESRD) AKI Billing (Code 84)
Permanent Cardiac Pacemakers (KK Modifier)
End Stage Renal Disease (ESRD) Standing Orders Submitted beyond 12 Months
Device Replacement Billing Condition Codes 49 or 50
Resident Evaluation and Management Documentation and Coding
Invoice Price Required for Skin Substitute Codes
Application Code for Prefabricated Splints
Physician Reappointments
Modifier 50
Review of Medicare Facet Joint Procedures
Medicare Part B Payments for Laboratory Services
Outpatient Prospective Payment System and Physician Fee Schedule (CQ/CO Modifiers)

External:
MRA Business Solutions / PPS / Maxim
  1 Cath Lab (KK Modifier)
  2 Inpatient/Outpatient Surgeries (30/25)
  3 TBD
  4 TBD
  5 TBD
  6 TBD

PATIENT PRIVACY:
Daily Fair Warning Access Audits
Develop Implementation Plan Based on 2019 Phase 2 OCR Audit Gap Analysis
Federal and State Breach Reporting/Plan of Correction
Patient Privacy Walkthrough (All Campuses)
Business Associate Agreement Review/Questionnaire
Develop ZixCorp Email Encryption Monitoring Process
Review Health Information Management Release of Information and Disclosure Process
Create Privacy Manual (include policies and forms)
Review eFax number/assignments
Update/Renewal of Non-Employee User Access Forms and Education

EDUCATION:
New Hire Employee Orientation - Day 1
  Temporary/ Volunteer/Non-Employee Orientation
New Manager Orientation
GME Resident Orientation
Nursing Education: Patient Privacy Potpourri
Monthly Communi-K Articles
Board Education - Board and Compliance Committee Topics
Area Specific Education:
  Health Information Management (HIM)
  Patient Accounting
  Patient Access
  Case Management
  Sequoia Surgery Center
  Hospital Guild
  KDMF
  Sequoia Health and Wellness Centers - Family Medicine Center
PREVENTION AND MONITORING:

Service Line Review of Medi-Cal Bulletins and Local Coverage Determinations
Coordination of RAC/Governmental Audits
Review / Assign / Distribute Monthly Governmental Payer Bulletins (Monthly)
OIG Exclusion List Attestations (Physician / Vendors) (Quarterly)
Complete Quarterly Review and Summary of PEPPER Report (Quarterly)
Annual Sign Review
Prepare 2021 Plan Year Risk Assessment; Review of 2021 CMS Final Rule
Review OIG Work Plan Monthly (Monthly)
Monitor Corrective Action Activities of Compliance Log Issues
Home Health/Home Infusion Pharmacy - New Payment Methodology
Inpatient Medicare Claims (Exhausted Part A Benefits)
Department Review of Billing Manuals / Local Coverage Determinations (LCDs)
Evaluate Compliance Resources throughout the Organization

Research and Consultation
- New & Existing Regulations
- Patient Privacy
- Mental Health
- Consent / EMTALA
- Ethics
- New Service Lines

Committee Participation / Oversight
- Accreditation and Regulation Committee
- Case Management Committee
- Bioethics Committee
- Quality Counsel
- Institutional Review Board
- 340b Leadership Committee
- FQHC Core Team

Risk Monitoring
- Nurse Practitioner Billing in Provider Based Departments
- Physician Documentation – Lack of correct and compliant elements for the documents - Signing, Completion, Missing Elements
- Frequency of use of Code 44 related to patients moved from Inpatient Status to Observation
MISSION AND PURPOSE: To promote an organizational culture that encourages ethical conduct and a commitment to compliance with laws, rules, and regulations and provide oversight of the structure and operation of the Compliance and Internal Audit Programs.

To assist Kaweah Delta’s Board of Directors in fulfilling its responsibility for the oversight and governance of Compliance Program Administration, Kaweah Delta’s Audited Financial Statements, systems of internal controls over financial reporting, operations, and audit processes, both internal and external.

Kaweah Delta’s Board of Directors is committed to full implementation of effective Compliance and Internal Audit Programs. Creating and reinforcing compliance and a system of appropriate internal controls is a priority of the Board of Directors, Chief Executive Officer, Compliance and Privacy Officer, Director of Internal Audit, and Senior Management.

AUTHORITY: The Compliance and Audit Committee has the authority to conduct or authorize investigations into matters within The Committee’s scope of responsibilities, retain independent counsel, consultants or other resources to assist in investigations and audits, seek information it requires from employees or external parties, and to meet with Kaweah Delta Officers, consultants, or outside counsel as needed.

COMPOSITION: The Compliance and Audit Committee is comprised of the following Members:

- Board Members (2) – The Board President or Secretary/Treasurer and Board Member Appointee
- Senior Leadership – Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, and Chief Nursing Officer
- Legal Counsel/Compliance Advocate – Dennis Lynch
- Compliance and Privacy Officer
- Director of Internal Audit
- Compliance Manager

MEETINGS: The Committee shall meet at regularly scheduled intervals, with the authority to convene additional meetings as necessary. The Committee is authorized to request attendance from members of Management or others to provide information that would be relevant to The Committee.
The Committee may meet in executive session when necessary and permissible by applicable laws.

**SPECIFIC RESPONSIBILITIES:**

1. Review developments with regard to the Compliance and Internal Audit Programs to enable The Committee to make recommendations to the Board of Directors when appropriate

2. Provide oversight as needed to ensure that the Compliance and Internal Audit Programs effectively facilitate the prevention and/or detection of violations of law, regulations, and Kaweah Delta policies

3. Ensure autonomy of the Compliance Officer and the Director of Internal Audit and review resources assigned to the Compliance and Internal Audit Programs to assess their adequacy relative to the program’s effectiveness

4. Ensure annual review of the Office of Inspector General’s Work Plan and other relevant resources to identify potential risk areas and assess their impact on the Kaweah Delta

5. Monitor physician relationships and payments made to physicians to ensure appropriateness and compliance with laws and regulations

6. Convene the Executive Fair Market Value Committee, a sub Committee of the Compliance Committee, as necessary to ensure that physician contracts are established within fair market value

7. Review the Compliance and Internal Audit Annual Plans, activities, staffing and structure; ensure that the Compliance Officer and Director of Internal Audit’s access to information, data and systems is not restricted or limited in any way

8. Select or dismiss independent accountants for the Kaweah Delta Financial Statement Audits (subject to approval by the Kaweah Delta Board of Directors); review and approve fees paid to independent accountants; approve or disapprove consulting services provided by independent accountants to ensure independence and objectivity

9. Meet with the independent accountants prior to, during, and after the annual audit to evaluate, understand and report to the Board on the various aspects and findings of the audit as follows:
   a. Audit scope and procedural plans
   b. Significant areas of risk and exposure and management’s actions to minimize them
   c. Adequacy of Kaweah Delta’s internal controls, including computerized information system controls and security
d. Significant audit findings and recommendations made by the independent accountants

e. The annual Audited Financial Statements, related Footnotes Disclosure, and the Independent Accountant’s Report thereon

f. The independent auditor’s qualitative judgments about the appropriateness, not just the acceptability, of accounting principles and financial disclosures and how aggressive (or conservative) the accounting principles and underlying estimates are or should be

g. Any serious difficulties or disputes with management encountered during the course of the audit

10. Reviews and evaluates management’s written response to the independent accountants’ management letter. Instructs the Director of Internal Audit to confirm complete implementation of any Management action required by external auditor’s Management Letter

11. Review legal and regulatory matters that may have a material effect on the organization’s financial position, financial statements, and/or reputation

12. Monitor effectiveness and timeliness of responses to identified issues

13. Monitor education, training, and preventive activities

14. Review and evaluate the effectiveness of the Kaweah Delta Compliance and Internal Audit Programs

15. Recommend, review, and approve revisions to the Compliance Program’s Code of Conduct and Compliance and Internal Audit Policies Manual

16. Report Committee actions and recommendations to the Kaweah Delta’s Board of Directors

Presented to the Compliance and Audit Committee on February 18, 2020 for approval.
Proposed Annual Audit Plan
January 2020-December 2020

Suzy Plummer, Director of Audit and Consulting Services
2020 Planned Audits and Reviews

- Denials Management, Underpayment and Write Off Processes - KD and KDMF
- 401k-VCP Focus
- Leaves of Absence Processes and Compliance
- Purchasing and Inventory Management - KD and KDMF
- Cash Controls - KD and KDMF
- Physician Contracting
- Benefit Administration
2020 Audit Support and Cycled Audit Areas

- Resource Effectiveness Committee-Cost Savings Initiatives
- Employee Expense Audit
- Conflict of Interest Review
- Kaweah Kids Billing Audit
Advanced Practice Provider – Outpatient Medicine (Sequoia Health & Wellness Clinic)

Privileges requested for the following location(s):

☐ Outpatient Facilities – Sequoia Health & Wellness Clinic:

Please specify location:

☐ Family Medicine Clinic  ☐ Urgent Care - Court  ☐ Urgent Care - Demaree

ADVANCED PRACTICE PROVIDER – OUTPATIENT SERVICES

Initial Criteria

Physician Assistant: Completion of an ARC-PA approved program; Current licensure to practice as a PA by the State of California; Current certification by the NCCPA (certification must be obtained within one year of completion of educational program); OR

Nurse Practitioner: Completion of a master’s/post-masters or doctorate degree in an nursing program accredited by the Commission of Collegiate of Nursing Education (CCNE) or National League for Nursing Accrediting Commission (NLNAC) with emphasis on the NPs specialty area; current certification by the ANCC or AANP OR certification of the ANCC in acute care, adult or family practice (certification must be obtained within one year of completion of educational program) AND

Certifications: BLS or ACLS and full schedule California DEA

Clinical Experience: Documentation of patient care for 50 patients in the past two years OR completion of training program within the last 12 months

Renewal Criteria: Documentation of patient care for 50 patients in the past 2 years AND maintenance of current certification by NCCPA, ANCC, or AANP

FPPE: Up to 10 cases by Direct Observation and/or Retrospective Chart Review at the supervising physicians discretion

<table>
<thead>
<tr>
<th>Request</th>
<th>GENERAL CORE PRIVILEGES</th>
<th>Approve</th>
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<tbody>
<tr>
<td>☐</td>
<td>• Perform Medical Screening Exam (MSE)/ History &amp; Physicals</td>
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<td>• Prescribe &amp; Administer medications per formulary of designated certifying board</td>
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<td>• Apply, remove, and change dressings and bandages; Perform debridement and general care for superficial wounds and minor superficial surgical procedures</td>
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<td>• Counsel and instruct patients, families, and caregivers as appropriate</td>
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<td>• Direct care as specified by medical staff-approved protocols;</td>
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<td>• Initiate appropriate referrals;</td>
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<td>• Record progress notes;</td>
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<td>• Order and initial interpretation of diagnostic testing and therapeutic modalities;</td>
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<td>• Implement palliative care and end-of-life care through evaluation, modification, and documentation according to the patient’s response to therapy, changes in condition, and to therapeutic interventions</td>
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<td>• Implement therapeutic intervention for specific conditions when appropriate</td>
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<td>• Perform field infiltrations of anesthetic solutions; incision and drainage of superficial abscesses;</td>
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<td>• Venous punctures for blood sampling and cultures;</td>
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<td>• Short-term and indwelling urinary bladder catheterization; venous punctures for blood sampling, cultures, and IV catheterization; superficial surgical procedures</td>
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<td>• Removal of drains, sutures, staples, &amp; packing</td>
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<td>☐</td>
<td>Adult: Patients &gt;18 years of age</td>
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<td>Pediatric: Well newborn up to 18 years of age</td>
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ADVANCED PRIVILEGES

<table>
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<tr>
<th>Request</th>
<th>Procedure</th>
<th>Criteria</th>
<th>Renewal Criteria</th>
<th>FPPE</th>
<th>Approve</th>
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<tbody>
<tr>
<td>Service</td>
<td>Documentation Requirements</td>
<td>Procedures in the Last 2 Years</td>
<td>Privileges</td>
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<tr>
<td>Colposcopy</td>
<td>Documentation of training and 10 procedures in the last 2 years</td>
<td>10</td>
<td>A minimum of 1</td>
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<tr>
<td>Complex Wound Care (Wound debridement, application of skin substitutes, complicated management and wound biopsy) (Wound Care Center Only)</td>
<td>20 procedures in the last 2 years</td>
<td>20</td>
<td>First 2 concurrent cases</td>
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<td>Hospice: Rounding on home-bound patients enrolled in KDHCID Hospice Services</td>
<td>Initial Criteria for Core Privileges</td>
<td>20 patient contacts in the last 2 years</td>
<td>2 concurrent or retrospective chart reviews</td>
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<tr>
<td>Hyperbaric Oxygen Therapy Pre-requisite: Hyperbaric Course approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) (Wound Care Center Only)</td>
<td>Completion of 40 hour Hyperbaric Course and documentation of 20 cases in the last 2 years</td>
<td>20 procedures in the last 2 years</td>
<td>2 direct observation &amp; 2 retrospective chart reviews</td>
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<tr>
<td>Nephrology: Changing dry-weight, checking declots (Dialysis Centers Only)</td>
<td>Initial Criteria for Core Privileges</td>
<td>20 nephrology-patient contacts in the last 2 years</td>
<td>2 concurrent or retrospective chart reviews</td>
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<tr>
<td>OB Care: Prenatal and post-partum care</td>
<td>Documentation of training and 20 prenatal/post-partum cases in the last 2 years</td>
<td>20</td>
<td>2 concurrent or retrospective chart reviews</td>
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<tr>
<td>OB ultrasonography: Evaluation of fetal presentation, number, confirmation of cardiac activity, position and placental placement</td>
<td>Completion of Basic Obstetric Ultrasound course in limited U/S and 10 in the last 2 years</td>
<td>10 in the last 2 years</td>
<td>3 concurrent and/or retrospective chart reviews</td>
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<td>Paragard and Mirena IUD insertion/removal</td>
<td>Documentation of training and 10 procedures in the last 2 years</td>
<td>2 in the last 2 years</td>
<td>A minimum of 1</td>
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<td>Nexplanon insertion</td>
<td>Documentation of training and 10 procedures in the last 2 years</td>
<td>2 in the last 2 years</td>
<td>A minimum of 1</td>
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<tr>
<td>Pelvic examinations, including pap smears</td>
<td>Documentation of training and 10 procedures in the last 2 years</td>
<td>2 in the last 2 years</td>
<td>A minimum of 1</td>
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<tr>
<td>Endometrial Biopsy</td>
<td>Documentation of training and 10 procedures in the last 2 years</td>
<td>2 in the last 2 years</td>
<td>A minimum of 1</td>
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<tr>
<td>Biopsy of the cervix</td>
<td>Documentation of training and 10 procedures in the last 2 years</td>
<td>2 in the last 2 years</td>
<td>A minimum of 1</td>
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<tr>
<td>Perform pharmacological and non-pharmacological stress tests (Chronic Disease Management Center Only)</td>
<td>10 procedures in the last 2 years</td>
<td>10</td>
<td>2 concurrent</td>
<td></td>
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<tr>
<td>Radiation Oncology: Assist with simulations; high dose rate brachytherapy, intravenous radioactive therapy, oral radioactive administration and atorvastatin beta-irradiation application</td>
<td>A minimum of 3 month training period with a radiation oncologist OR previous experience.</td>
<td>40 in the last 2 years</td>
<td>A minimum of 10 (including Core)</td>
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</table>

Acknowledgment of Practitioner:
I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise and; I understand that:
Sequoia Health & Wellness APP – Outpatient Medicine

Name: ________________________________________________________   Date: _________________

Please Print

(a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

(b) I may participate in the Kaweah Delta Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility.

(c) **Emergency Privileges** – In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

______________________________________________________________________          _________________

Advanced Practice Provider Signature                          Date

______________________________________________________________________          _________________

Primary Supervising/Collaborating Physician Signature         Date

DEPARTMENT CHAIR SIGNATURE:

______________________________________________________________________          _________________

Department of Cardiovascular Services                          Date

______________________________________________________________________          _________________

Department of Critical Care, Pulmonary & Hospitalist            Date

______________________________________________________________________          _________________

Department of Family Medicine                                  Date

______________________________________________________________________          _________________

Department of Internal Medicine                                Date

______________________________________________________________________          _________________

Department of Pediatrics                                       Date
Advanced Practice Provider – Emergency Medicine/Urgent Care

Provider Name: ________________________________________________________   Date: _________________

Please Print

Advanced Practice Provider – Emergency Medicine & Urgent Care

Location: □ Kaweah Delta Medical Center □ Urgent Care-Court St □ Urgent Care - Demaree

ADVANCED PRACTICE PROVIDER EMERGENCY MEDICINE & URGENT CARE

Initial Criteria

Physician Assistant: Completion of an ARC-PA approved program; Current certification by the NCCPA (Obtain certification within one year of completion of PA program); Current licensure to practice as a PA by the California board of medicine; OR

Nurse Practitioner: Completion of a master’s/post-masters or doctorate degree in an nursing program accredited by the Commission of Collegiate Nursing Education (CCNE) or National League for Nursing Accrediting Commission (NLNAC) with emphasis on the NPs specialty area; current certification by the ANCC or AANP (Obtain certification within one year of completion of Masters/Doctorate program)

Certification: Current, full schedule DEA license; AND Urgent Care: BLS OR ACLS Emergency Department: ACLS & PALS (Must obtain within 12 months of hire)

Current Clinical Experience: Documentation of patient care for 100 patients in the past two years OR completion of NP/PA training program within the last 12 months.

Renewal Criteria: Documentation of patient care for 100 patients in the past 24 months AND maintenance of current certification by NCCPA, ANCC, or AANP; AND full schedule DEA license; AND Urgent Care: BLS OR ACLS; Emergency Department: ACLS & PALS

FPPE: A minimum of 5 cases by Direct Observation and retrospective Chart Review (proctor may require additional review)

Request

CORE PRIVILEGES

Includes care for patients of all ages and procedures on the following list and such other procedures that are extensions of the same techniques and skills:

- Perform H&Ps OR Medical Screening Exam (MSE);
- Prescribe & Administer medications per formulary of designated certifying board
- Write Discharge Instructions
- Apply, remove, and change dressings and bandages; Perform debridement and general care for superficial wounds and minor superficial surgical procedures
- Counsel/ instruct patients, families, & caregivers
- Order and initial interpretation of diagnostic testing and therapeutic modalities
- Implement therapeutic intervention for specific conditions per Emergency Room protocol
- Perform field infiltrations of anesthetic solutions; incision and drainage of superficial abscesses;
- Short-term and indwelling urinary bladder catheterization; venous punctures for blood sampling, cultures, and IV catheterization;
- Removal of drains, sutures, staples, & packing
- Apply/remove cast; diagnosis/treatment and strapping of sprains; splinting and reduction of simple fractures and dislocations;
- Application of traction; removal of foreign body; incision and drainage;
- Simple laceration repair (not requiring plastics intervention); nasal packing; excision of simple skin lesion; removal of impacted cerumen; insertion/removal of drains or packing; nail trephination & removal; excision of thrombosed hemorrhoids;
- Tonometry / Wood’s & Slit Lamp exam of the eye

Additional Core for Emergency Medicine Privileges:

- Direct care per Emergency Room protocol
- eFAST examination
- Implement palliative care and end-of-life care through evaluation, modification, and documentation according to the patient’s response to therapy, changes in condition, and to therapeutic interventions
- Insert and remove nasogastric tube; provide tracheostomy care
- Iatroscopic Line insertion with EZ-10
- Perform other emergency treatment per protocol
- Remove arterial catheters

Approve

Advanced Practice Provider – Emergency Medicine/Urgent Care
Approved: 3.25.19 Revised 10.30.19
## EMERGENCY MEDICINE ADVANCED PRIVILEGES

Initial FPPE is deemed to have been satisfied based on successful completion of a preceptorship at KDHCD

**Approval w/ Direct Supervision:** Applicants that have been granted a privilege with direct supervision are undergoing a KDHCD preceptorship. The applicant will be granted independent practice of the privilege once the preceptorship has concluded and gone through the approval process.

<table>
<thead>
<tr>
<th>Request</th>
<th>Procedure</th>
<th>Criteria for Independent</th>
<th>Renewal Criteria</th>
<th>FPPE Requirements</th>
<th>Approve w/ Direct Supervision</th>
<th>Approve - Independent</th>
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<tbody>
<tr>
<td>☐</td>
<td>Lumbar Puncture</td>
<td>3 procedures in the last 2 years</td>
<td>3 procedures in the last 2 years</td>
<td>2 concurrent</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>Thoracentesis</td>
<td>5 procedures in the last 2 years</td>
<td>5 procedures in the last 2 years</td>
<td>Minimum of 2 concurrent</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>☐</td>
<td>Insertion of Chest Tubes</td>
<td>5 procedures in the last 2 years</td>
<td>5 procedures in the last 2 years</td>
<td>Minimum of 3 concurrent</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>Endotracheal intubation</td>
<td>8 procedures in the last two years</td>
<td>8 procedures in the last two years</td>
<td>Minimum of 3 concurrent</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>Insertion of central venous access or dialysis catheters</td>
<td>5 procedures in the last 2 years</td>
<td>5 procedures in the last 2 years</td>
<td>Minimum of 2 concurrent – any site</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>Arthrocentesis &amp; Joint aspiration</td>
<td>2 procedures in the last 2 years</td>
<td>2 procedures in the last 2 years</td>
<td>1 concurrent</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>Ultrasound guided paracentesis</td>
<td>5 procedures in the last 2 years</td>
<td>5 procedures in the last 2 years</td>
<td>5 concurrent</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

### Acknowledgment of Practitioner:

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

(a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

(b) **Emergency Privileges** – In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

---

**Advanced Practice Provider Signature**

Date

**Supervising Physician Signature**

Date

**Department of Emergency Medicine Chair Signature**

Date

Advanced Practice Provider – Emergency Medicine/Urgent Care

Approved: 3.25.19 Revised 10.30.19
Privileges in Podiatry

Name: _____________________________________________________________________________________
Please Print

<table>
<thead>
<tr>
<th>PODIATRY PRIVILEGES – Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education:</strong> DPM; AND successful completion of a podiatric medicine residency program from an accredited American College of Podiatric Medicine AND Current certification or active participation in the examination process leading to certification within 5 years by the American Board of Podiatric Medicine, American Board of Podiatric Surgery or American Board of Foot and Ankle Surgery (applicants completing training prior to 1968 will be grandfathered in)</td>
</tr>
<tr>
<td><strong>Initial Clinical Experience:</strong> Documentation of at least 50 podiatric procedures in the past 2 years or successful completion of a podiatric medicine residency program in the past 12 months</td>
</tr>
<tr>
<td><strong>Renewal Criteria:</strong> A minimum of 50 podiatric procedures in the last 2 years AND Maintain current certification or active participation in the examination process leading to Certification by the American Board of Podiatric Surgery</td>
</tr>
<tr>
<td><strong>FPPE Requirements:</strong> Direct observation of five (5) procedures with concurrent chart review (may include advanced procedures – excluding hyperbaric)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PODIATRY CORE PRIVILEGES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core Privileges include:</strong></td>
</tr>
<tr>
<td>- Evaluate, diagnose, consult, perform H&amp;P and provide surgical and non-surgical treatment/care to patients of all ages presenting with illnesses, injuries and disorders of the foot, and ankle, including basic fore foot and rear foot procedures and tendon repair and transfer.</td>
</tr>
<tr>
<td>- Wound Care: Surgical debridement of wounds, transcutaneous oximetry interpretation, complicated wound management, local and regional anesthesia, wound biopsy and preparation of wound bed and application of skin substitute.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADVANCED PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Must meet Core Privileges Criteria and Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship, or other acceptable experience.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Request</th>
<th>Procedure</th>
<th>Initial Criteria</th>
<th>Renewal Criteria</th>
<th>FPPE Requirements</th>
<th>Approve</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ankle arthroscopy</td>
<td>Documentation of training and a minimum of 2 procedures in the last 2 years.</td>
<td>Documentation of a minimum of 2 procedures in the last 2 years.</td>
<td>Direct observation of first case with concurrent chart review</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complex Rear Foot/Ankle</td>
<td>Documentation of training and a minimum of 5 procedures in the last 2 years.</td>
<td>Documentation of a minimum of 5 procedures in the last 2 years.</td>
<td>Direct observation of first case with concurrent chart review</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complex External Fix</td>
<td>Documentation of training and a minimum of 2 procedures in the last 2 years.</td>
<td>Documentation of a minimum of 2 procedures in the last 2 years.</td>
<td>Direct observation of first case with concurrent chart review</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hyperbarics Supervision (limited to wounds below the knee). Treatment of conditions requiring hyperbaric oxygen delivery at the KDHCD wound center.</td>
<td>Completion of 40 hour Hyperbaric Course approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) and 20 procedures in the last two years.</td>
<td>20 procedures in the last 2 years.</td>
<td>Direct observation of the first two cases with concurrent chart review</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDITIONAL PRIVILEGES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Services at a Kaweah Delta Health Care District Rural Health Clinic. Please identify:</strong></td>
</tr>
<tr>
<td>__ Dimuha __ Exeter __ Lindsay</td>
</tr>
<tr>
<td>__ Woodlake __ Family Medicine Clinic</td>
</tr>
<tr>
<td>__ Chronic Disease Management Center</td>
</tr>
<tr>
<td><strong>Meets Core Privilege Criteria AND Contract for services with Kaweah Delta Health Care District or KDHCD ACGME Family Medicine Program</strong></td>
</tr>
</tbody>
</table>

| Administration of Procedural Sedation | **Must successfully pass KDHCD Sedation/Analgesia (Procedural)** | **Must successfully pass KDHCD** | **None** |
### Acknowledgment of Practitioner:

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

(a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

(b) I may participate in the Kaweah Delta Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility.

(c) **Emergency Privileges** – In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Name: ____________________________________________________

Print

Signature: ____________________________________________________  ____________________________

Applicant Date

Signature: ____________________________________________________  ____________________________

Department of Surgery Chair Date

---

<table>
<thead>
<tr>
<th>Sedation) Exam</th>
<th>Sedation/Analgesia (Procedural Sedation) Exam</th>
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<tbody>
<tr>
<td>Supervision of a technologist using fluoroscopy equipment</td>
<td>Meet Initial Criteria AND Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit</td>
</tr>
<tr>
<td></td>
<td>Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit</td>
</tr>
<tr>
<td></td>
<td>None</td>
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</table>
Privileges in Emergency Medicine

EMERGENCY MEDICINE PRIVILEGES - INITIAL CRITERIA

Education: M.D. or D.O. and successful completion of an ACGME or AOA accredited residency/fellowship in emergency medicine AND Current certification or active participation in the examination process leading to certification in Emergency Medicine by the ABEM or AOBE M, with certification obtained within 5 years of completion of residency. (Physicians on staff prior to 2015, not fulfilling the Emergency Board Certification requirement, are grandfathered in under their specialty Board Certification.)

OR Physicians licensed in California and enrolled in the 3rd or last year of an ACGME accredited Residency Program can apply for privileges to work under the indirect supervision of a Board Certified physician. (PGY3 or above may not moonlight at sites that are part of their training rotation, or supervise other learners)

Current Initial Clinical Criteria: A minimum of 1 year of continuous, full time experience in an emergency department, to include completion of the final year of residency training.

FPPE Requirement: Concurrent and/or retrospective review of the first 5 cases.

Renewal Criteria: Minimum of 600 hours in an Emergency Department required in the past two years

CORE PRIVILEGES

Request | Procedure | Initial Criteria | Renewal | FPPE | Approve
--- | --- | --- | --- | --- | ---
| | Emergency Ultrasound, **Basic Core** applications - which includes: Aorta, Trans Thoracic Echocardiography Cardiac, Trans Thoracic EFAST, DVT, Pregnancy, Biliary, Urinary tract, Soft Tissue - Musculoskeletal, Bowel, and Ocular and procedural guidance | 1) Board Certified in Emergency Medicine OR board eligible and actively pursuing Certification 2) Completion of an ACGME/ AOA approved residency training program that included training specific to point of care ultrasound within the past 2 years; OR 3) Completion of a practice based program that meets ACEP recommendations for ultrasound interpretation.
If training was completed more than 2 years ago for (#2 or #3), documentation required for a minimum of 25 point of care ultrasound exams in the past 2 years or a total of 150 ultrasounds if seeking global ultrasound privileges. | Maintain EM Board Certification | 3 retrospective reviews via Q-Path 2 reviewed exams per each application | |
| | Emergency Ultrasound, **Advanced** applications: (Check request) | 1) Board Certified in Emergency Medicine OR 2) Completion of an ACGME/ AOA approved residency training program that included training specific to point of care ultrasound or an EM Ultrasound Fellowship; OR 3) Completion of a practice based program that meets ACEP recommendations for ultrasound interpretation. AND documentation of 25 successful procedures for each application requested. | 5 procedures per application in 2 years | 3 retrospective reviews for each application via Q-Path 2 Reviewed exams per each application | |
| | Trans Esophageal Echo (TEE) - Limited to use during CPR or in intubated patients when TTE does not provide adequate views Patients undergoing CPR to evaluate for 1) reversible causes (pericardial tamponade, pulmonary embolism, valve pathology) and 2) to visualize and confirm the location | 1) Completion of an ACGME or AOA approved residency training program that included training specific to TEE; OR 2) Credentialed in Basic Emergency Ultra Sound TEE and 3) Completion of 2 or more hours of TEE specific CME or didactics or including Web based resources i.e., http://pie.med.utoronto.ca/TEE/index.htm AND 10 | Minimum of 25 procedures in the past 24 months 2 years of which up to 15 may be done in SimLab. | ≤2 direct and/or over reads, at the discretion of the proctor. | |

Additional Privileges

Request | Name: ____________________________
--- | --- | --- | --- | --- | --- | ---

Please Print
Multiple choice

- [ ] Supervision of a technologist using fluoroscopy equipment
- [ ] TEE exams including probe placement. A maximum of 5 out of the 10 may be simulation

Acknowledgment of Practitioner:

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

(a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

(b) **Emergency Privileges** – In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Name: ________________________________

Print

Signature: ________________________________

Applicant

Date

________________________

Department of Emergency Medicine Chairperson's Signature

Date
February 10, 2020

Attached are the Medical Staff Approved Proposed Bylaws & Rules and Regulations Revisions forwarded to the Board of Directors

Vote Statistics:

Sent to Active Medical Staff Members (357)

Bylaws 7.F

<table>
<thead>
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<th></th>
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<td>(97)</td>
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Rules & Regulations 3.4.

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<td>16.49%</td>
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ARTICLE 7
ADVANCED PRACTICE PROVIDERS

7.F. AUTOMATIC SUSPENSION

An APP's privileges shall be automatically suspended, without review under Section 7.H or any other section of these Bylaws, for the same reasons that apply to Medical Staff members in Section 8.E. In addition, the APP's privileges shall be automatically suspended without review in the event:

(a) The Medical Staff membership or clinical privileges of the all Supervising Physician(s) is terminated, whether such termination is voluntary or involuntary; or

(b) All the Supervising Physicians no longer agrees to act as the Supervising Physician for any reason, or

(b)(c) The relationship between the APP and all the Supervising Physicians is otherwise terminated, regardless of the reason.

In the event of (a), or (b), or (c), the APP will have thirty (30) days from the date of the automatic suspension to submit notice of a new Supervising Physician, to include appropriate documentation, or the APP’s privileges shall be automatically terminated without review under Section 7.H or any other section of these Bylaws.

Rationale: APP should not be suspended if their Supervisor is suspended and they have multiple supervising physicians.
ARTICLE III

MEDICAL RECORDS

3.4. Delinquent Medical Records:

(b) **Notification:** If a medical record is incomplete or non-compliant as defined in section 3 of Medical Staff Rules and Regulations seven days following discharge, the HIM Department will notify the practitioner in writing of the delinquency and that his or her clinical privileges are at risk of automatic relinquishment. Such notice will be given to the practitioner at least five days in advance and, if not completed, his or her privileges will be automatically relinquished in accordance with the Medical Staff Credentials PolicyBylaws.

(c) **Enforcement:** Failure to complete medical records within 5 days of being notified or comply with the completion of medical records after the above notification requirements have been met will result in automatic relinquishment suspension of all clinical privileges in accordance with the Medical Staff Credentials PolicyBylaws, Section Article 6E8.E.1.

(d) **Automatic Relinquishment Suspension Procedures:** In the event that an automatic relinquishment suspension occurs, the HIM Department, under the direction of the HIM Committee, will be responsible for notifying the Chief of Staff, the Emergency Department, nursing administration, and other key departments of all automatic relinquishments. The practitioner will be responsible for transferring the care of any patients that he or she may have in the District to a practitioner who has appropriate clinical privileges. If the practitioner is unable or fails to appropriately transfer the care of his or her patients, the Chief of Staff will assign the care of such patients to a practitioner(s) who has appropriate clinical privileges.

(e) **Reinstatement After Relinquishment Suspension:** Any practitioner who relinquishes has his or her clinical privileges suspended as a result of medical record delinquencies must complete all delinquent and pending delinquent medical records. The physician practitioner must contact notify the HIM Health Information Department (HIM) and notify them of completion of all records. Once verified by HIM verifies that all medical records have been completed, a reinstatement will be issued processed. The individual may not be granted any temporary privileges while the application is being processed.

(f) If the medical record deficiencies are not resolved within 60 days of notification or the individual has not requested reinstatement within 60 days of the date of the automatic suspension, the individual shall be deemed to have voluntarily resigned from the Medical Staff. Special notice of the voluntary resignation shall be given to the affected individualphysician, and regular notice of this occurrence will be given to the MEC, CEO, and Board.
**Rationale:** Update terms to reflect current bylaws; add automatic resignation process when records have been delinquent for 60 days with no contact from practitioner, which mirrors current process for Medical Staff Automatic Resignations.
## Appendix D

### Policy Submission Summary

<table>
<thead>
<tr>
<th>Manual Name: Medical Staff Services</th>
<th>Date: 2/12/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Staff Name:</td>
<td></td>
</tr>
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</table>

**Routed to:**

- [ ] 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)*
- [x] Medical Executive Committee *(if applicable)*
- [x] Board of Directors

**Approved By:** (Name/Committee – Date)

<table>
<thead>
<tr>
<th>Policy/Procedure Title</th>
<th>#</th>
<th>Status <em>(New, Revised, Reviewed, Deleted)</em></th>
<th>Name and Phone # of person who wrote the new policy or revised an existing policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late Career Policy</td>
<td>MS 50</td>
<td>Revised</td>
<td>Teresa Boyce x2365</td>
</tr>
</tbody>
</table>
Late Career Policy

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

Policy:

The purpose of this policy is to

- ensure patients receive safe, high quality medical care
- identify issues that may be pertinent to the health and clinical practice of medical staff members
- support members of the medical staff; and
- apply Medical Staff evaluation criteria objectively, equitably, respectfully, and confidentially

Any practitioner age 75 or older during the month of their appointment or reappointment to the Medical Staff will obtain as part of the application process, documentation of their health status from their primary care provider (PCP), approved by the Medical Staff Officers. If the Department Chair, Credentials Committee or Medical Executive Committee deems appropriate, they may request that any practitioner, regardless of age, provide similar documentation at the time of appointment or reappointment.

Procedure:

I. Notification of the practitioner
   a. With initial or reappointment notification, the practitioner will be provided a copy of this policy and informed that
      i. The applicant must provide a statement of health status or progress note from their primary care provider written within the last three months; return the “Release of Information” form (Attachment C) with the completed application/reapplication to the Medical Staff Office.
      ii. Upon receipt of the Release of Information form from the applicant, the Medical Staff Office will provide
         1. The applicant with contact information of the PCP available to perform a health screening exam.
         2. The PCP with a cover letter, blank questionnaire (Attachment A & B), the signed release of information form, and a copy of the applicants requested privileges.
i.iii. The applicant will be responsible for making an appointment with the approved PCP.

i.iv. the application will be deemed incomplete without the receipt of the completed questionnaire from the PCP. Information required

If, due to inaction by the applicant, the assessment from the primary care provider PCP is delayed such that an application for reappointment remains incomplete and cannot be considered by the Department Chair, Well Being Committee, Credentials Committee, Medical Executive Committee, and Board of Directors before the end of the member’s current term, the application will be deemed withdrawn and the practitioner’s appointment and/or privileges will lapse at the end of the current term without any procedural rights under Article 9 of the Medical Staff Bylaws.

II. Processing the Assessment from the Primary Care Provider

a. After completion of the applicant’s health screening the PCP will return a completed questionnaire to the Medical Staff Office. The practitioner will submit a health assessment from their primary care provider completed within the preceding three months to the Medical Staff Office. This information will be kept confidential and forwarded to the Well Being Committee for evaluation.

i. If the health document identifies health conditions that may interfere with the practitioner’s ability to safely and competently exercise the privileges requested, the Well Being Committee will meet with the provider to discuss concerns and possible options. At this time the practitioner may choose to modify the privileges requested and re-submit to the Medical Staff Office (this would not require a report to the NPDB or an 805 report).

ii. If additional evaluation is warranted the Well Being Committee will assist the practitioner in obtaining the appropriate evaluation(s).

III. Outcomes of Review sent to the Credentials Committee:

a. No known concerns: If the findings do not identify potential patient care concerns, the results will be filed in a confidential file maintained by the Medical Staff Services Department, and the Credentials File will only reflect that the assessment process has been completed with no significant concerns identified. The appointment process will proceed as specified in the Medical staff Bylaws.

b. Concerns: If the findings identify potential patient care concerns and the practitioner, after meeting with the Well Being Committee elects not to modify the privileges requested, the Department Chair and the Credentials Committee will, on a confidential basis, evaluate the Well Being Committee’s recommendation in addition to the entire contents of the (re)application file. A representative of the committee, the Department Chair or Chief of Staff will meet with the practitioner to discuss alternative practice patterns or modification of requested privileges. The goal of such discussion is to be supportive and respectful of the practitioner and to suggest resources to assist the practitioner.

c. Practitioner Rights: If the Credentials Committee recommends denial of some or all privileges requested, or that certain conditions or restrictions be placed
on privileges, and if that recommendation is approved by the MEC, the practitioner will be entitled to the procedural rights in Article 9 of the Medical Staff Bylaws.

IV. Throughout this process the intent of each step is to enhance quality healthcare, protect patient safety and, provide support to the practitioner by assisting in any resulting changes in practice patterns or transitions.

References:
"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

Primary Care Physician Questionnaire (to be completed by your Primary Care Physician)

Patient Name: ___________________        DOB: ___________________

I attest that I have performed a comprehensive history and physical examination on this practitioner, and that I have reviewed the clinical privileges requested by this practitioner.

- In the history and physical examination the practitioner has no apparent findings that would necessarily preclude the practitioner from performing the privileges requested.
  - Agree: _____  Disagree: _______  If disagree, please elaborate below:
    __________________________________________________________

- In tests and studies performed on the practitioner, the practitioner has no apparent findings that would necessarily preclude the practitioner from performing the privileges requested.
  - Agree: _____  Disagree: _______  If disagree, please elaborate below:
    __________________________________________________________

- Do you have any recommendation for further study or evaluation?
  - No: _____  Yes: _______
    If yes, please elaborate below: ______________________________________
    ________________________________________________________________

- Additional Comments:
  -
    ________________________________________________________________
    ________________________________________________________________
ATTACHMENT B

Sample cover letter to PCP

CONFIDENTIAL PEER REVIEW INFORMATION
Protected by California Evidence Code §1157

[DATE]

RE: History and Physical Examination

Dear Dr. ________________________,

The Medical Staff of Kaweah Delta Health Care District, as part of its efforts to protect both patients and practitioners, requires a comprehensive history and physical examination of practitioners applying or reapplying for clinical privileges beyond the age of seventy-five (75). Important components of this assessment include a review of systems that addresses functional status, and comprehensive sensory examination including tests of hearing, visual acuity with eye chart and exam, and a thorough neurological examination including a mini mental status examination. The elements of the examination should be modified as appropriate to address the age, clinical condition, medical problems and the clinical privileges requested by the practitioner. Included is a copy of the clinical privileges requested by the practitioner.

Please review the practitioner’s clinical privileges before conducting your examination.

In order to respect the confidentiality of the practitioner’s medical information, please submit only the form that is enclosed. The form is to be returned to the Kaweah Delta Health Care District Medical Staff Services Department (see enclosed envelope). As noted on the form, the Medical Staff is interested only in, and should only receive a detailed report on, those aspects of the practitioner’s health, if any, that have the potential to adversely affect the practitioner’s ability to safely perform the requested privileges or that document the practitioner’s ability to perform the privileges. You may supply additional information that you feel would be beneficial to the Medical Staff in this assessment, such as if you feel additional studies or further evaluation is indicated. The report is confidential and will be provided to the Medical Staff Wellness Committee.
ATTACHMENT C

Sample Release

CONFIDENTIAL PEER REVIEW INFORMATION
Protected by California Evidence Code §1157

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize ____________________ to release information of my health evaluation, and to provide information regarding my present medical condition and fitness to perform the duties identified on the enclosed privilege form to Stephen Smith, M.D., Chair of the Well Being Committee.

__________________________      ________________________       _________
Print Name                 Signature   Date

Reports are to be mailed to
Kaweah Delta Health Care District
Medical Staff Office
%Teresa Boyce
400 Mineral King Ave
Visalia, CA   93291
RRTs per 1000 Patient Discharge Days

Includes 1 East

- RRT Rate per 1000 discharges
- Average

132/257
<table>
<thead>
<tr>
<th>Alert Location</th>
<th>Q 1 2019</th>
<th>Q 2 2019</th>
<th>Q 3 2019</th>
<th>Oct-19</th>
<th>Nov-19</th>
<th>Totals</th>
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<td>2</td>
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<td><strong>25</strong></td>
<td><strong>133/257</strong></td>
<td><strong>10</strong></td>
<td><strong>5</strong></td>
<td><strong>74</strong></td>
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**Alert Location Q 1 2019 Q 2 2019 Q 3 2019 Oct-19 Nov-19 Totals**

**KDMC 3W** 83 79 64 21 31 278
**KDMC 4S** 52 51 57 15 20 195
**KDMC 3N** 46 39 33 4 5 127
**KDMC 3S** 35 40 36 11 16 138
**KDMC 2N** 32 34 33 18 9 126
**KDMC 14** 28 30 28 6 8 100
**KDMC 4N** 24 27 36 5 16 108
**KDMC 2S** 21 17 13 8 6 65
**KDMC CV** 14 13 12 8 6 53
**KDMC 1E** 14 12 12 6 3 47
**KDMC IC** 10 9 9 0 5 33
**KDMC BP** 4 4 5 1 0 14

**RRT Tracked Total** 363 355 338 103 125 1284
**KDMC CVOR/Cath lab** 7 6 0 4 1 18
**Labor Triage/ Mother Baby** 6 5 4 3 1 19
**KDMC 2E** 3 5 2 2 3 15
**Surgery (Pre/Post op)** 3 3 7 1 0 14
**KDMC ED** 1 2 0 0 0 3
**KDMC CT/radiology** 0 1 0 0 0 1
**KDMC Pediatric** 0 0 0 0 0 0
**Endoscopy** 0 3 1 0 0 4

**RRT Not Tracked Total** 20 25 133/257 10 5 74

**KAWAH DELTA HEALTH CARE DISTRICT**
RRTs Mortality

(%) All RRT Mortality/total
Average


135/257
RRTs after Admit from Emergency Department

- **0-4 hours**
  - Aug 19: 36%
  - Sept 19: 24%
  - Oct 19: 22%
  - Nov 19: 17%

- **4-8 hours**
  - Aug 19: 32%
  - Sept 19: 24%
  - Oct 19: 24%
  - Nov 19: 30%

- **8-12 hours**
  - Aug 19: 24%
  - Sept 19: 14%
  - Oct 19: 17%
  - Nov 19: 14%

- **N** values:
  - Aug 19: 36
  - Sept 19: 29
  - Oct 19: 36
  - Nov 19: 44

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Narcan Administration during RRTs

- Total Narcan Cases
- Improved with administration

Feb-19: 2, 2
Mar-19: 3, 3
Apr-19: 3, 2
May-19: 5, 3
Jun-19: 1, 1
Jul-19: 4, 3
Aug-19: 10, 6
Sep-19: 4, 2
Oct-19: 3, 2
Nov-19: 4, 2

Jan-20: 2
Feb-20: 3
Mar-20: 5
Apr-20: 5
May-20: 5
Jun-20: 4
Jul-20: 10
Aug-20: 6
Sep-20: 4
Oct-20: 3
Nov-20: 4
Dec-20: 2

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RRT Paging Types

Total Pager Alerts, 30 days, October 2019

- Total: 294
- Stroke Alert: 97
- RRT/Sepsis: 123
- Trauma Critical: 47
- Code Blue: 27
** 60 average incoming phone calls per day (every 24 minutes)
Moving forward

- Required rotation for residents
- New medical director (Dr. Mike Tang)
- RRT nurses:
  - On quality committees
  - Rounding on post transfer ICU patients
  - Closing the loop after RRT activation with med/surg staff
  - Participating with Dr. Kim Sokol’s mock codes
Cardiovascular Services

Barry Royce, Director of Cardiovascular Service Line & Co Management Program
February 2020

Summary Issue/Service Considered
- Cleveland Clinic Affiliation – Quarterly Summary

Quality/Performance Improvement Data
- CC reviews our data, which we also submit to a National Data Base, and they compare it to their data and like CC Affiliates. This data identify trends and areas for improvement.
- We also have meetings quarterly with CVOR and Cath Lab Medical Staff to discuss outcomes, data, and opportunities for improvement. To date we have had three meetings with the surgical group and one with the Cardiology group. One additional meeting/review with each group Surgery [CVOR] and Cath Lab will be in March and April.
- Deep dive review with physician leadership continues for items that are on the strategic plan. Progress on each initiative has begun and monthly updates take place internally with KDH Staff and Physician Leadership.
- Physician and Executive Leadership Steering Committee members have met twice to review current state of Strategic Plan and discuss actions for keeping momentum as we work to target specific initiatives.

Policy, Strategic or Tactical Issues
- Additional cardiologists and cardiothoracic surgeons allows for the expansion of primary and secondary markets.
- Administrative leaders from all areas are meeting on a regular basis to discuss strategic plan.
- We have also begun to have some Same Day Admissions for Cardiac Surgery
- Marketing Slide Show

Recommendations/Next Steps
- We still need to complete a financial review; a plan will be put in place over the next quarter.
- Quarterly quality meeting with Cleveland Clinic for CT Surgery and cardiac lab.
- Strategic physician recruitment i.e. Electro-physiology and Imaging
- Grand Rounds session is scheduled for Feb 20th with a Cleveland Clinic Cardiothoracic Surgeon. Topic will be on the identifying trends for early cardiovascular treatment for our patient communities. Audience will be Department of Cardiovascular Services at KDH and to referring Primary Care providers in the surrounding communities.
Dr. Carrizo has started and Cardio-Thoracic Surgical volume has increased from 27 cases in December to 40 cases in January; 29 of those cases are Cardiac. We will continue to monitor this trend.

• Increased access and efficiencies in the cardiovascular area (new block schedule) has decreased our Acute Myocardial Infarction Length of Stay (LOS) has decreased by 0.75 days. We continue to monitor this trend.

• All site reviews are completed. We are waiting for final reports.

• We have increased our Same Day Discharges (SDD) from 25 in 3 months to 36 in the past 3 months, increasing our Inpatient bed capacity.

• Outcomes books have arrived

• We hit our first “Green” level in years, last quarter, on our device documentation
ANNOUNCEMENT

Initial announcement made at Kaweah Delta on January 25, 2019. We had a full house for our press conference and streamed live on several platforms. This event was the springboard for all of our marketing.
We have sent a series of press releases since the initial press conference and formal announcement to continue to educate and engage our community on the affiliation.
SIGNAGE

On each campus we have installed this large 4 x 8 foot billboard announcing the affiliation. They have a huge presence on each campus.

We've also printed and distributed large banners, light box panels, countertop plexi signs, window clings and more to display in various departments, at special events and other installations.
We developed these flyers for distribution, internally and externally, in order to educate our staff and community about the affiliation and its importance.

These designs were also reiterated into:

- 22 x 28 posters, throughout all campuses
- Print advertising in local newspapers, magazines and specialty publications
- Announcements with all of our local Chambers of Commerce (Visalia, Tulare, Exeter, Dinuba and TK Hispanic)
We developed :15 second and :30 second videos to share on digital, social and website platforms in order to build excitement and increase engagement.
We have had ongoing social media campaigns and support for the affiliation on Facebook, Twitter, Instagram and YouTube.
We utilized the campaign created by Cleveland Clinic with the logo lock up in order to share on social and digital platforms.
We broadcast with 12 major radio stations throughout the Central Valley, whose reach covers well over a hundred-mile radius from North to South Valley and out to the coastline.
From the announcement of the affiliation on, the campaign has had front and center placement on the Home Page of our website. It’s also been a featured carousel (the slider images at the top). We have a custom landing page with further details the affiliation and have linked our digital campaigns to it.
We have huge email engagement numbers and have worked hard to continue to utilize a marketing automation platform to connect with our patients and contact. The affiliation was part of our regular monthly eblast which goes to 57,000+ contacts, as well as to our targeted campaign for those “at risk” for a cardiovascular encounter.

*Utilizing Healthgrades data and predictive algorithms to categorize risk.
We publish our own magazine three times a year, called Vital Signs. In Feb 2019 we released a Cardiac Special Edition that went into detail about the affiliation of Cleveland Clinic and information about our cardiac programs.
Each year we hold a large cardiac reunion event which invites our patients, physicians and staff to come and celebrate together, learn about new things happening in our heart and vascular programs and to reunite with the teams that helped keep their hearts beating. It grows exponentially.

We have over 300 people in 2019, where we announced the affiliation once more and shared more about the importance of it with our patients, families and providers.
We are currently at work on a large new campaign to continue to better engage with and educate our community about our unique and powerful affiliation with Cleveland Clinic.
We developed this short video for sharing on digital and social, as well as on our website. Metrics from our previous marketing campaigns has shown that our audience responds and engages with video most.
Admissions

![Graph showing admissions from July to June with data for FY2018, FY2019, and FY2020.](image)

- **FY2018**: 19,106
- **FY2019**: 18,858
- **FY2020**: 18,008

YTD FY2018 | YTD FY2019 | YTD FY2020
Outpatient Registrations per Day
Adjusted Patient Days

FY2018
FY2019
FY2020
Budget

July  25,329
August 26,654
September 26,070
October 24,515
November 25,116
December 27,447

FY2018
FY2019
FY2020
Budget

July  22,500
August 23,250
September 24,000
October 24,750
November 25,500
December 26,250

July  27,000
August 27,750
September 28,500
### Statistical Results – Fiscal Year Comparison (January)

<table>
<thead>
<tr>
<th></th>
<th>Actual Results</th>
<th>Budget</th>
<th>Budget Variance</th>
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<tr>
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<td>Jan 2020</td>
<td>% Change</td>
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<tr>
<td>Medical Center</td>
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<td>Sub-Acute</td>
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<td>897</td>
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<td>Rehab</td>
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### Statistical Results – Fiscal Year Comparison (Jul-Jan)

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### Other Statistical Results – Fiscal Year Comparison (January)

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<td>Dialysis Treatments</td>
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### Other Statistical Results – Fiscal Year Comparison (Jul-Jan)

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<tr>
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<th>Actual Results</th>
<th>Budget</th>
<th>Budget Variance</th>
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<tbody>
<tr>
<td></td>
<td>FY 2019</td>
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<td>Change</td>
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<tr>
<td>Adjusted Patient Days</td>
<td>179,668</td>
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<td>106,452</td>
<td>3,961</td>
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<tr>
<td>Surgery Minutes-General &amp; Robotic</td>
<td>7,150</td>
<td>7,401</td>
<td>251</td>
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<tr>
<td>Cath Lab Minutes</td>
<td>2,551</td>
<td>2,623</td>
<td>72</td>
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<tr>
<td>GME Clinic visits</td>
<td>6,926</td>
<td>6,967</td>
<td>41</td>
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<tr>
<td>O/P Rehab Units</td>
<td>135,677</td>
<td>135,929</td>
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<tr>
<td>Home Infusion Days</td>
<td>78,395</td>
<td>77,883</td>
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<tr>
<td>Dialysis Treatments</td>
<td>13,543</td>
<td>12,976</td>
<td>(567)</td>
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<td>OB Deliveries</td>
<td>2,913</td>
<td>2,704</td>
<td>(209)</td>
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<tr>
<td>Urgent Care - Court</td>
<td>29,636</td>
<td>25,641</td>
<td>(3,995)</td>
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## January Financial Comparison (000’s)

<table>
<thead>
<tr>
<th>Actual Results</th>
<th>Budget</th>
<th>Budget Variance</th>
</tr>
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<tbody>
<tr>
<td><strong>Jan 2019</strong></td>
<td><strong>Jan 2020</strong></td>
<td><strong>% Change</strong></td>
</tr>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
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<tr>
<td>Net Patient Service Revenue</td>
<td>44,312</td>
<td>52,382</td>
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<td>Supplemental Gov’t Programs</td>
<td>9,058</td>
<td>5,367</td>
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<tr>
<td>Prime Program</td>
<td>997</td>
<td>905</td>
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<tr>
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<td>4,145</td>
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<td>Management Services Revenue</td>
<td>3,102</td>
<td>2,848</td>
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<tr>
<td>Other Revenue</td>
<td>1,636</td>
<td>2,039</td>
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<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>18,178</td>
<td>15,305</td>
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<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Wages</td>
<td>24,505</td>
<td>27,060</td>
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<tr>
<td>Contract Labor</td>
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<td>617</td>
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<td>7,222</td>
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<td>34,899</td>
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<td>Medical &amp; Other Supplies</td>
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<td>11,127</td>
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<tr>
<td>Physician Fees</td>
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<td>7,653</td>
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<tr>
<td>Purchased Services</td>
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<td>3,602</td>
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<tr>
<td>Repairs &amp; Maintenance</td>
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<td>2,396</td>
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<td>439</td>
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<td>Rents &amp; Leases</td>
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<td>568</td>
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<td>Depreciation &amp; Amortization</td>
<td>2,528</td>
<td>2,472</td>
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<td>468</td>
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<td>Other Expense</td>
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<td>1,822</td>
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<td>Management Services Expense</td>
<td>3,040</td>
<td>2,702</td>
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<td><strong>Total Operating Expenses</strong></td>
<td>62,927</td>
<td>68,148</td>
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<tr>
<td><strong>Operating Margin</strong></td>
<td>(<strong>$438</strong>)</td>
<td>(<strong>$461</strong>)</td>
</tr>
<tr>
<td><strong>Nonoperating Revenue (Loss)</strong></td>
<td>460</td>
<td>682</td>
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<tr>
<td><strong>Excess Margin</strong></td>
<td><strong>$22</strong></td>
<td><strong>$221</strong></td>
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<tr>
<td><strong>Operating Margin %</strong></td>
<td>(0.7%)</td>
<td>(0.7%)</td>
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<tr>
<td><strong>Excess Margin %</strong></td>
<td>0.0%</td>
<td>0.3%</td>
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## YTD Financial Comparison (000’s)

<table>
<thead>
<tr>
<th>Actual Results FYTD Jul-Jan</th>
<th>Budget FYTD</th>
<th>Budget Variance FYTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>FYTD2019</td>
<td>FYTD2020</td>
<td>% Change</td>
</tr>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>328,549</td>
<td>355,587</td>
</tr>
<tr>
<td>Supplemental Gov't Programs</td>
<td>33,529</td>
<td>30,747</td>
</tr>
<tr>
<td>Prime Program</td>
<td>9,820</td>
<td>7,271</td>
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<tr>
<td>Premium Revenue</td>
<td>21,422</td>
<td>27,140</td>
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<tr>
<td>Management Services Revenue</td>
<td>18,461</td>
<td>19,039</td>
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<tr>
<td>Other Revenue</td>
<td>14,176</td>
<td>13,101</td>
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<tr>
<td>Total Other Operating Revenue</td>
<td>97,407</td>
<td>97,299</td>
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<tr>
<td>Total Operating Revenue</td>
<td>425,956</td>
<td>452,886</td>
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<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Wages</td>
<td>168,233</td>
<td>179,247</td>
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<tr>
<td>Contract Labor</td>
<td>8,813</td>
<td>6,975</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>43,858</td>
<td>44,688</td>
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<tr>
<td>Total Employment Expenses</td>
<td>220,903</td>
<td>230,911</td>
</tr>
<tr>
<td>Medical &amp; Other Supplies</td>
<td>68,371</td>
<td>69,076</td>
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<tr>
<td>Physician Fees</td>
<td>48,594</td>
<td>52,064</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>20,527</td>
<td>25,056</td>
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<td>Repairs &amp; Maintenance</td>
<td>14,679</td>
<td>15,132</td>
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<td>Utilities</td>
<td>3,430</td>
<td>3,653</td>
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<tr>
<td>Rents &amp; Leases</td>
<td>3,540</td>
<td>3,694</td>
</tr>
<tr>
<td>Depreciation &amp; Amortization</td>
<td>17,625</td>
<td>17,393</td>
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<tr>
<td>Interest Expense</td>
<td>3,173</td>
<td>3,118</td>
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<tr>
<td>Other Expense</td>
<td>10,754</td>
<td>11,674</td>
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<tr>
<td>Management Services Expense</td>
<td>18,118</td>
<td>18,680</td>
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<tr>
<td>Total Operating Expenses</td>
<td>429,716</td>
<td>450,451</td>
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<tr>
<td><strong>Operating Margin</strong></td>
<td>($3,759)</td>
<td>$2,435</td>
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<tr>
<td>Nonoperating Revenue (Loss)</td>
<td>3,696</td>
<td>8,716</td>
</tr>
<tr>
<td>Excess Margin</td>
<td>($64)</td>
<td>$11,151</td>
</tr>
</tbody>
</table>

| Operating Margin % | (0.9%) | 0.5% | 2.4% |
| Excess Margin % | (0.0%) | 2.4% | 3.4% |
## Kaweah Delta Medical Foundation

### Fiscal Year Financial Comparison (000’s)

<table>
<thead>
<tr>
<th>Actual Results FYTD January</th>
<th>Budget FYTD</th>
<th>Budget Variance FYTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul - Jan 2019</td>
<td>Jul - Jan 2020</td>
<td>% Change</td>
</tr>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>$25,177</td>
<td>$26,097</td>
</tr>
<tr>
<td>Other Operating Revenue</td>
<td>436</td>
<td>389</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>25,613</td>
<td>26,486</td>
</tr>
</tbody>
</table>

| **Operating Expenses** | | | | | |
| Salaries & Wages | 6,710 | 6,776 | 1.0% | 7,126 | (350) | (4.9%) |
| Contract Labor | 90 | 48 | (46.9%) | 0 | 48 | 0.0% |
| Employee Benefits | 1,656 | 1,695 | 2.3% | 1,697 | (2) | (0.1%) |
| **Total Employment Expenses** | 8,456 | 8,519 | 0.7% | 8,823 | (304) | (3.4%) |
| Medical & Other Supplies | 3,593 | 3,531 | (1.7%) | 3,700 | (168) | (4.6%) |
| Physician Fees | 12,637 | 14,145 | 11.9% | 15,011 | (867) | (5.8%) |
| Purchased Services | 678 | 691 | 1.9% | 379 | 311 | 82.0% |
| Repairs & Maintenance | 1,136 | 1,191 | 4.8% | 1,530 | (339) | (22.2%) |
| Utilities | 268 | 225 | (16.0%) | 247 | (22) | (8.8%) |
| Rents & Leases | 1,579 | 1,606 | 1.7% | 1,674 | (68) | (4.1%) |
| Depreciation & Amortization | 684 | 620 | (9.4%) | 616 | 4 | 0.6% |
| Interest Expense | 14 | 8 | (46.2%) | 14 | (6) | (45.2%) |
| Other Expense | 929 | 1,045 | 12.5% | 1,074 | (30) | (2.7%) |
| **Total Operating Expenses** | 29,974 | 31,580 | 5.4% | 33,068 | (1,488) | (4.5%) |

| **Excess Margin** | | | | | |
| Excess Margin | ($4,361) | ($5,094) | (16.8%) | ($5,083) | ($10) | (0.2%) |

| **Excess Margin %** | | | | |
| Excess Margin % | (17.0%) | (19.2%) | (18.2%) |
Highlights – Budget Variances

January

- **Net Patient Revenue**: Even though inpatient volume was .9% higher than prior year, it was still under budget by 4.2%. This was offset somewhat by strong outpatient volume compared to budget resulting in an unfavorable variance of $76K (0.1%)

- **Salaries & Wages**: The unfavorable variance of $1M in January is primarily due to the additional costs of our retention bonus of $447K and more than expected worked hours. The budget also included $606K of budget efficiencies that have not been fully realized. The areas that are over budget are primarily in the nursing areas and a result of the focused efforts on nurse to patient ratios as well as some unfavorable departmental variances in our productivity ratios.

- **Employee Benefits**: $1M unfavorable variance in January is due to an $841K increase in health benefits due to high claims experience that exceeded our IBNR estimate – no stop loss. In addition, our FICA expense is $194K higher with the new calendar year. This difference will decrease as high wage earners hit their annual cap over the year.

- **Medical & Other Supplies**: The $1.6M unfavorable variance is primarily due to an increase in our Surgical/Medical supplies. The departments that experienced the largest increase are Lab $248K, Surgery $127K and ED $114K. Some of these increases have to do with increased volume, timing, as well as not fully realizing the budgeted savings due to inefficiencies. In addition, our pharmaceutical costs are over budget by $385K due to higher volume as well as an increase in our retail pharmacy of $89K however, the related revenue is up $193K.
Contract Labor Hours
Productivity: Worked Hours/Adjusted Patient Days

- Worked Hours:
  - FY18: 25.12
  - FY19: 26.61
  - FY20: 26.97
  - YTD Budget: 26.20

- Adjusted Patient Days:
  - FY18: 27.3
  - FY19: 27.0
  - FY20: 28.0
  - YTD Budget: 28.7
Trended Liquidity Ratios

Accounts Receivable (days)
Cash On Hand (days)

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## KAWEAH DELTA HEALTH CARE DISTRICT
### CONSOLIDATED INCOME STATEMENT (000's)
#### FISCAL YEAR 2019 & 2020

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Operating Revenue</th>
<th>Operating Expenses</th>
<th>Non-Operating Income</th>
<th>Net Income</th>
<th>Operating Margin %</th>
<th>Excess Margin</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul-18</td>
<td>49,124</td>
<td>11,390</td>
<td>60,514</td>
<td>30,147</td>
<td>9,585</td>
<td>12,701</td>
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<td>Aug-18</td>
<td>52,124</td>
<td>11,493</td>
<td>63,563</td>
<td>31,602</td>
<td>7,668</td>
<td>10,624</td>
</tr>
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<td>Sep-18</td>
<td>46,634</td>
<td>11,659</td>
<td>58,293</td>
<td>29,835</td>
<td>6,524</td>
<td>8,862</td>
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<td>Oct-18</td>
<td>48,769</td>
<td>11,644</td>
<td>60,413</td>
<td>32,849</td>
<td>7,145</td>
<td>9,867</td>
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<td>18,365</td>
<td>62,235</td>
<td>31,066</td>
<td>7,310</td>
<td>10,195</td>
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<td>58,449</td>
<td>31,115</td>
<td>7,023</td>
<td>10,329</td>
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<td>Jan-19</td>
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<td>18,178</td>
<td>62,489</td>
<td>34,290</td>
<td>6,624</td>
<td>8,909</td>
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<td>15,334</td>
<td>60,595</td>
<td>30,249</td>
<td>9,489</td>
<td>13,280</td>
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<td>18,073</td>
<td>66,085</td>
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<td>6,775</td>
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<td>31,272</td>
<td>7,105</td>
<td>9,209</td>
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<td>18,515</td>
<td>65,594</td>
<td>32,104</td>
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<td>9,728</td>
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<td>29,357</td>
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<td>6,865</td>
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<td>$752,933</td>
<td>$376,115</td>
<td>$85,521</td>
<td>$112,866</td>
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<td>2020</td>
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<td></td>
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<td>65,601</td>
<td>32,948</td>
<td>7,266</td>
<td>8,683</td>
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<td>13,937</td>
<td>64,181</td>
<td>33,307</td>
<td>7,284</td>
<td>9,986</td>
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<td>62,179</td>
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<td>8,571</td>
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<td>66,061</td>
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<td>10,551</td>
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<td>12,823</td>
<td>62,177</td>
<td>31,690</td>
<td>6,974</td>
<td>9,635</td>
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<td>Dec-19</td>
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<td>13,542</td>
<td>65,001</td>
<td>32,939</td>
<td>7,113</td>
<td>10,521</td>
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<td>Jan-20</td>
<td>52,382</td>
<td>15,305</td>
<td>67,687</td>
<td>34,899</td>
<td>7,653</td>
<td>11,127</td>
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<td>2020 FY Total</td>
<td>355,587</td>
<td>$97,299</td>
<td>$452,886</td>
<td>$230,911</td>
<td>$52,064</td>
<td>$69,076</td>
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<td>451,629</td>
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<td>65,661</td>
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<td>$4,003</td>
<td>($2,274)</td>
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<td>Current Month Analysis</td>
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<tr>
<td>Jan-20</td>
<td>52,382</td>
<td>15,305</td>
<td>67,687</td>
<td>34,899</td>
<td>7,653</td>
<td>11,127</td>
</tr>
<tr>
<td>Budget</td>
<td>52,459</td>
<td>14,594</td>
<td>67,052</td>
<td>32,590</td>
<td>7,864</td>
<td>9,518</td>
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<td>711</td>
<td>($211)</td>
<td>1,609</td>
<td>($212)</td>
<td>3,495</td>
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<table>
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<tr>
<th>Fiscal Year</th>
<th>Patient Days</th>
<th>ADC</th>
<th>Adjusted Patient Days</th>
<th>I/P Revenue %</th>
<th>DFR &amp; Bad Debt %</th>
<th>Net Patient Revenue/Adjusted Patient Day</th>
<th>Personnel Expense/Adjusted Patient Day</th>
<th>Physician Fees/Adjusted Patient Day</th>
<th>Supply Expense/Adjusted Patient Day</th>
<th>Total Operating Expense/Adjusted Patient Day</th>
<th>Personnel Expense/Net Patient Revenue</th>
<th>Physician Fees/Net Patient Revenue</th>
<th>Supply Expense/Net Patient Revenue</th>
<th>Total Operating Expense/Net Patient Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul-18</td>
<td>14,096</td>
<td>455</td>
<td>26,287</td>
<td>53.6%</td>
<td>72.4%</td>
<td>1,869</td>
<td>1,147</td>
<td>240</td>
<td>365</td>
<td>2,234</td>
<td>61.4%</td>
<td>12.8%</td>
<td>19.5%</td>
<td>119.6%</td>
</tr>
<tr>
<td>Aug-18</td>
<td>14,569</td>
<td>470</td>
<td>28,016</td>
<td>52.0%</td>
<td>76.0%</td>
<td>1,861</td>
<td>1,128</td>
<td>274</td>
<td>379</td>
<td>2,244</td>
<td>60.6%</td>
<td>14.7%</td>
<td>20.4%</td>
<td>120.6%</td>
</tr>
<tr>
<td>Sep-18</td>
<td>13,052</td>
<td>435</td>
<td>24,371</td>
<td>53.6%</td>
<td>73.5%</td>
<td>1,914</td>
<td>1,224</td>
<td>268</td>
<td>364</td>
<td>2,404</td>
<td>64.0%</td>
<td>14.0%</td>
<td>19.0%</td>
<td>125.6%</td>
</tr>
<tr>
<td>Oct-18</td>
<td>13,744</td>
<td>443</td>
<td>25,579</td>
<td>53.7%</td>
<td>73.5%</td>
<td>1,907</td>
<td>1,284</td>
<td>279</td>
<td>386</td>
<td>2,460</td>
<td>67.4%</td>
<td>14.7%</td>
<td>20.2%</td>
<td>129.0%</td>
</tr>
<tr>
<td>Nov-18</td>
<td>13,013</td>
<td>434</td>
<td>23,625</td>
<td>55.1%</td>
<td>74.9%</td>
<td>1,857</td>
<td>1,315</td>
<td>309</td>
<td>432</td>
<td>2,644</td>
<td>70.8%</td>
<td>16.7%</td>
<td>23.2%</td>
<td>142.4%</td>
</tr>
<tr>
<td>Dec-18</td>
<td>13,497</td>
<td>435</td>
<td>25,399</td>
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<td>76.2%</td>
<td>1,721</td>
<td>1,225</td>
<td>277</td>
<td>407</td>
<td>2,410</td>
<td>71.2%</td>
<td>16.1%</td>
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<tr>
<td>2019 FY Total</td>
<td>161,082</td>
<td>441</td>
<td>305,353</td>
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<td>75.4%</td>
<td>1,840</td>
<td>1,232</td>
<td>280</td>
<td>370</td>
<td>2,415</td>
<td>66.9%</td>
<td>15.2%</td>
<td>20.1%</td>
<td>131.2%</td>
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<tr>
<td>2020</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Jul-19</td>
<td>12,744</td>
<td>411</td>
<td>25,329</td>
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<td>73.8%</td>
<td>2,045</td>
<td>1,301</td>
<td>287</td>
<td>343</td>
<td>2,467</td>
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<td>14.0%</td>
<td>16.8%</td>
<td>120.6%</td>
</tr>
<tr>
<td>Aug-19</td>
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<td>427</td>
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<td>1,250</td>
<td>273</td>
<td>375</td>
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<tr>
<td>Sep-19</td>
<td>12,712</td>
<td>424</td>
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<td>74.1%</td>
<td>1,919</td>
<td>1,258</td>
<td>298</td>
<td>341</td>
<td>2,463</td>
<td>65.5%</td>
<td>15.5%</td>
<td>17.8%</td>
<td>128.3%</td>
</tr>
<tr>
<td>Oct-19</td>
<td>12,924</td>
<td>417</td>
<td>26,070</td>
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<td>74.6%</td>
<td>2,001</td>
<td>1,287</td>
<td>318</td>
<td>405</td>
<td>2,565</td>
<td>64.3%</td>
<td>15.9%</td>
<td>20.2%</td>
<td>128.2%</td>
</tr>
<tr>
<td>Nov-19</td>
<td>12,260</td>
<td>409</td>
<td>24,515</td>
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<td>74.4%</td>
<td>2,013</td>
<td>1,293</td>
<td>285</td>
<td>393</td>
<td>2,526</td>
<td>64.2%</td>
<td>14.1%</td>
<td>19.5%</td>
<td>125.5%</td>
</tr>
<tr>
<td>Dec-19</td>
<td>12,993</td>
<td>419</td>
<td>25,116</td>
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<td>73.8%</td>
<td>2,049</td>
<td>1,311</td>
<td>283</td>
<td>419</td>
<td>2,550</td>
<td>64.0%</td>
<td>13.8%</td>
<td>20.4%</td>
<td>124.5%</td>
</tr>
<tr>
<td>Jan-20</td>
<td>13,799</td>
<td>445</td>
<td>27,447</td>
<td>50.3%</td>
<td>75.3%</td>
<td>1,908</td>
<td>1,271</td>
<td>279</td>
<td>405</td>
<td>2,483</td>
<td>66.6%</td>
<td>14.6%</td>
<td>21.2%</td>
<td>130.1%</td>
</tr>
<tr>
<td>2020 FY Total</td>
<td>90,672</td>
<td>422</td>
<td>180,231</td>
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<td>74.4%</td>
<td>1,973</td>
<td>1,281</td>
<td>289</td>
<td>383</td>
<td>2,499</td>
<td>64.9%</td>
<td>14.6%</td>
<td>19.4%</td>
<td>126.7%</td>
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<tr>
<td>FYTD Budget</td>
<td>96,679</td>
<td>450</td>
<td>186,441</td>
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<td>74.3%</td>
<td>1,922</td>
<td>1,201</td>
<td>257</td>
<td>352</td>
<td>2,447</td>
<td>62.5%</td>
<td>15.4%</td>
<td>18.3%</td>
<td>123.1%</td>
</tr>
<tr>
<td>Variance</td>
<td>(6,007)</td>
<td>(28)</td>
<td>(6,209)</td>
<td>(1.5%)</td>
<td>0.1%</td>
<td>51</td>
<td>80</td>
<td>(8)</td>
<td>31</td>
<td>53</td>
<td>2.5%</td>
<td>(0.8%)</td>
<td>1.1%</td>
<td>3.6%</td>
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</table>

**Current Month Analysis**

<table>
<thead>
<tr>
<th></th>
<th>Patient Days</th>
<th>ADC</th>
<th>Adjusted Patient Days</th>
<th>I/P Revenue %</th>
<th>DFR &amp; Bad Debt %</th>
<th>Net Patient Revenue/Adjusted Patient Day</th>
<th>Personnel Expense/Adjusted Patient Day</th>
<th>Physician Fees/Adjusted Patient Day</th>
<th>Supply Expense/Adjusted Patient Day</th>
<th>Total Operating Expense/Adjusted Patient Day</th>
<th>Personnel Expense/Net Patient Revenue</th>
<th>Physician Fees/Net Patient Revenue</th>
<th>Supply Expense/Net Patient Revenue</th>
<th>Total Operating Expense/Net Patient Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-20</td>
<td>13,799</td>
<td>445</td>
<td>27,447</td>
<td>50.3%</td>
<td>75.3%</td>
<td>1,908</td>
<td>1,271</td>
<td>279</td>
<td>405</td>
<td>2,483</td>
<td>66.6%</td>
<td>14.6%</td>
<td>21.2%</td>
<td>130.1%</td>
</tr>
<tr>
<td>Budget</td>
<td>14,404</td>
<td>465</td>
<td>27,708</td>
<td>52.0%</td>
<td>74.0%</td>
<td>1,893</td>
<td>1,176</td>
<td>284</td>
<td>344</td>
<td>2,356</td>
<td>62.1%</td>
<td>15.0%</td>
<td>18.1%</td>
<td>123.2%</td>
</tr>
<tr>
<td>Variance</td>
<td>(605)</td>
<td>(20)</td>
<td>(261)</td>
<td>(1.7%)</td>
<td>1.4%</td>
<td>15</td>
<td>95</td>
<td>(5)</td>
<td>62</td>
<td>127</td>
<td>4.5%</td>
<td>(0.4%)</td>
<td>3.1%</td>
<td>6.9%</td>
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<tr>
<td>LIQUIDITY RATIOS</td>
<td>June 30, 2019</td>
<td>2018 Moody's Median Benchmark</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>-----------------------------------------------------</td>
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<td>-------------------------------</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Current Month Value</td>
<td>Prior Month Value</td>
<td>Audited Value</td>
<td>Aa</td>
<td>A</td>
<td>Baa</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Current Ratio (x)</td>
<td>2.8</td>
<td>2.8</td>
<td>2.0</td>
<td>1.6</td>
<td>1.9</td>
<td>2.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Accounts Receivable (days)</td>
<td>77.7</td>
<td>77.4</td>
<td>79.6</td>
<td>47.6</td>
<td>45.9</td>
<td>44.4</td>
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<td></td>
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</tr>
<tr>
<td>Cash On Hand (days)</td>
<td>123.9</td>
<td>132.3</td>
<td>147.3</td>
<td>257.6</td>
<td>215.1</td>
<td>158.0</td>
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</tr>
<tr>
<td>Cushion Ratio (x)</td>
<td>15.8</td>
<td>18.0</td>
<td>18.2</td>
<td>36.2</td>
<td>22.5</td>
<td>14.4</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Average Payment Period (days)</td>
<td>45.5</td>
<td>45.4</td>
<td>52.6</td>
<td>73.1</td>
<td>59.2</td>
<td>59.2</td>
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</table>

<table>
<thead>
<tr>
<th>CAPITAL STRUCTURE RATIOS</th>
<th></th>
<th>2018 Moody's Median Benchmark</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Current Month Value</td>
<td>Prior Month Value</td>
</tr>
<tr>
<td>Cash-to-Debt</td>
<td>104.2%</td>
<td>117.6%</td>
</tr>
<tr>
<td>Debt-To-Capitalization</td>
<td>32.5%</td>
<td>31.1%</td>
</tr>
<tr>
<td>Debt-to-Cash Flow (x)</td>
<td>4.6</td>
<td>4.1</td>
</tr>
<tr>
<td>Debt Service Coverage</td>
<td>3.3</td>
<td>3.5</td>
</tr>
<tr>
<td>Maximum Annual Debt Service Coverage (x)</td>
<td>3.1</td>
<td>3.5</td>
</tr>
<tr>
<td>Age Of Plant (years)</td>
<td>13.1</td>
<td>13.0</td>
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</table>

<table>
<thead>
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<th>PROFITABILITY RATIOS</th>
<th></th>
<th>2018 Moody's Median Benchmark</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Current Month Value</td>
<td>Prior Month Value</td>
</tr>
<tr>
<td>Operating Margin</td>
<td>0.5%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Excess Margin</td>
<td>2.4%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Operating Cash Flow Margin</td>
<td>5.1%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Return on Assets</td>
<td>2.1%</td>
<td>2.4%</td>
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KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED STATEMENTS OF NET POSITION (000's)

<table>
<thead>
<tr>
<th></th>
<th>Jan-20</th>
<th>Dec-19</th>
<th>Change</th>
<th>% Change</th>
<th>Jun-19</th>
</tr>
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<tbody>
<tr>
<td><strong>ASSETS AND DEFERRED OUTFLOWS</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$9,751</td>
<td>$18,191</td>
<td>$(8,439)</td>
<td>-46.39%</td>
<td>$4,220</td>
</tr>
<tr>
<td>Current Portion of Board designated and trusted assets</td>
<td>15,048</td>
<td>13,907</td>
<td>1,142</td>
<td>8.21%</td>
<td>12,577</td>
</tr>
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<td>Accounts receivable:</td>
<td></td>
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</tr>
<tr>
<td>Net patient accounts</td>
<td>141,805</td>
<td>139,339</td>
<td>2,466</td>
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<td>146,605</td>
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<tr>
<td>Other receivables</td>
<td>12,609</td>
<td>10,797</td>
<td>1,812</td>
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<tr>
<td></td>
<td>154,414</td>
<td>150,136</td>
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<td>10,525</td>
<td>10,166</td>
<td>359</td>
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<td>10,479</td>
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<td>Medicare and Medi-Cal settlements</td>
<td>54,100</td>
<td>48,332</td>
<td>5,768</td>
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<td>30,759</td>
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<td>Prepaid expenses</td>
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<td>11,159</td>
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<td>-5.02%</td>
<td>11,510</td>
</tr>
<tr>
<td></td>
<td>254,438</td>
<td>251,890</td>
<td>2,547</td>
<td>1.01%</td>
<td>230,057</td>
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<td><strong>NON-CURRENT CASH AND INVESTMENTS -</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>less current portion</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Board designated cash and assets</td>
<td>250,672</td>
<td>256,884</td>
<td>(6,212)</td>
<td>-2.42%</td>
<td>278,883</td>
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<td>Revenue bond assets held in trust</td>
<td>45,872</td>
<td>30,839</td>
<td>15,032</td>
<td>48.74%</td>
<td>33,569</td>
</tr>
<tr>
<td>Assets in self-insurance trust fund</td>
<td>4,267</td>
<td>4,256</td>
<td>10</td>
<td>0.24%</td>
<td>4,209</td>
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<tr>
<td></td>
<td>300,811</td>
<td>291,980</td>
<td>8,830</td>
<td>3.02%</td>
<td>316,662</td>
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<tr>
<td><strong>CAPITAL ASSETS</strong></td>
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</tr>
<tr>
<td>Land</td>
<td>16,989</td>
<td>16,989</td>
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<td>16,137</td>
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<tr>
<td>Buildings and improvements</td>
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<td>361,100</td>
<td>46</td>
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<td>Equipment</td>
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<td>275,073</td>
<td>1,397</td>
<td>0.51%</td>
<td>275,513</td>
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<td>Construction in progress</td>
<td>55,944</td>
<td>51,225</td>
<td>4,719</td>
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<td>42,299</td>
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<tr>
<td></td>
<td>710,549</td>
<td>704,387</td>
<td>6,162</td>
<td>0.87%</td>
<td>690,836</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>372,203</td>
<td>369,835</td>
<td>2,367</td>
<td>0.64%</td>
<td>357,681</td>
</tr>
<tr>
<td></td>
<td>338,346</td>
<td>334,551</td>
<td>3,795</td>
<td>1.13%</td>
<td>333,155</td>
</tr>
<tr>
<td>Property under capital leases -</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>less accumulated amortization</td>
<td>2,674</td>
<td>2,750</td>
<td>(76)</td>
<td>-2.75%</td>
<td>3,204</td>
</tr>
<tr>
<td></td>
<td>341,021</td>
<td>337,302</td>
<td>3,719</td>
<td>1.10%</td>
<td>336,359</td>
</tr>
<tr>
<td><strong>OTHER ASSETS</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property not used in operations</td>
<td>1,707</td>
<td>1,712</td>
<td>(4)</td>
<td>-0.25%</td>
<td>3,724</td>
</tr>
<tr>
<td>Health-related investments</td>
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<td>7,450</td>
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<tr>
<td>Other</td>
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<tr>
<td></td>
<td>19,942</td>
<td>19,617</td>
<td>325</td>
<td>1.66%</td>
<td>20,967</td>
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<tr>
<td>Total other assets</td>
<td>916,211</td>
<td>900,789</td>
<td>15,422</td>
<td>1.71%</td>
<td>904,045</td>
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<tr>
<td><strong>DEFERRED OUTFLOWS</strong></td>
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</tr>
<tr>
<td></td>
<td>(2,572)</td>
<td>(2,568)</td>
<td>(3)</td>
<td>0.13%</td>
<td>(2,340)</td>
</tr>
<tr>
<td>Total assets and deferred outflows</td>
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<td>$898,221</td>
<td>$15,419</td>
<td>1.72%</td>
<td>$901,705</td>
</tr>
</tbody>
</table>

(Audited)
<table>
<thead>
<tr>
<th>Liabilities and Net Assets</th>
<th>Jan-20</th>
<th>Dec-19</th>
<th>Change</th>
<th>% Change</th>
<th>Jun-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$31,014</td>
<td>$26,728</td>
<td>$4,286</td>
<td>16.03%</td>
<td>$35,319</td>
</tr>
<tr>
<td>Accrued payroll and related liabilities</td>
<td>51,604</td>
<td>55,517</td>
<td>(3,913)</td>
<td>-7.05%</td>
<td>59,163</td>
</tr>
<tr>
<td>Long-term debt, current portion</td>
<td>8,983</td>
<td>8,330</td>
<td>652</td>
<td>7.83%</td>
<td>9,360</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>91,600</td>
<td>90,575</td>
<td>1,025</td>
<td>1.13%</td>
<td>103,840</td>
</tr>
<tr>
<td>Bonds payable</td>
<td>270,658</td>
<td>256,560</td>
<td>14,098</td>
<td>5.49%</td>
<td>258,553</td>
</tr>
<tr>
<td>Capital leases</td>
<td>25</td>
<td>61</td>
<td>(36)</td>
<td>-58.73%</td>
<td>174</td>
</tr>
<tr>
<td><strong>Total long-term debt</strong></td>
<td>270,683</td>
<td>256,621</td>
<td>14,062</td>
<td>5.48%</td>
<td>258,727</td>
</tr>
<tr>
<td><strong>Net Pension Liability</strong></td>
<td>28,207</td>
<td>28,642</td>
<td>(435)</td>
<td>-1.52%</td>
<td>31,249</td>
</tr>
<tr>
<td><strong>Other Long-Term Liabilities</strong></td>
<td>32,152</td>
<td>31,669</td>
<td>483</td>
<td>1.53%</td>
<td>28,647</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>422,642</td>
<td>407,507</td>
<td>15,136</td>
<td>3.71%</td>
<td>422,465</td>
</tr>
<tr>
<td><strong>Invested in capital assets, net of related debt</strong></td>
<td>110,579</td>
<td>106,575</td>
<td>4,004</td>
<td>3.76%</td>
<td>105,427</td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td>33,466</td>
<td>32,239</td>
<td>1,227</td>
<td>3.81%</td>
<td>30,090</td>
</tr>
<tr>
<td><strong>Unrestricted</strong></td>
<td>346,953</td>
<td>351,900</td>
<td>(4,947)</td>
<td>-1.41%</td>
<td>343,722</td>
</tr>
<tr>
<td><strong>Total net position</strong></td>
<td>490,997</td>
<td>490,714</td>
<td>283</td>
<td>0.06%</td>
<td>479,239</td>
</tr>
<tr>
<td><strong>Total liabilities and net position</strong></td>
<td>$913,640</td>
<td>$898,221</td>
<td>$15,419</td>
<td>1.72%</td>
<td>$901,705</td>
</tr>
</tbody>
</table>
Average Daily Census

FY2018  FY2019  FY2020  Budget
July   411  427  424  445
August 427  427  424  445
September  417  419
October  409
November
December
January
February
March
April
May
June

FY2018: 430
FY2019: 445
FY2020: 422
YTD YTD YTD YTD Budget

183/257
Admissions

FY2018 | FY2019 | FY2020
--- | --- | ---
19,106 | 18,858 | 18,008

YTD FY2018 | YTD FY2019 | YTD FY2020

2,692 | 2,626 | 2,525
2,590 | 2,428 | 2,532
2,532 | 2,428 | 2,532
2,615 | 2,400 | 2,450
2,700 | 2,800 | 2,500
2,750 | 2,850 | 2,550
2,800 | 2,900 | 2,600
2,850 | 2,950 | 2,700
2,900 | 2,950 | 2,750
2,950 | 2,950 | 2,800
3,000 | 2,850 | 2,850
3,050 | 2,700 | 2,700
3,100 | 2,550 | 2,550
3,150 | 2,500 | 2,500
3,200 | 2,450 | 2,450
3,250 | 2,400 | 2,400
3,300 | 2,350 | 2,350
3,350 | 2,300 | 2,300
3,400 | 2,250 | 2,250
3,450 | 2,200 | 2,200
3,500 | 2,150 | 2,150
3,550 | 2,100 | 2,100
3,600 | 2,050 | 2,050
3,650 | 2,000 | 2,000
3,700 | 1,950 | 1,950
3,750 | 1,900 | 1,900
3,800 | 1,850 | 1,850
3,850 | 1,800 | 1,800
3,900 | 1,750 | 1,750
3,950 | 1,700 | 1,700
4,000 | 1,650 | 1,650
4,050 | 1,600 | 1,600
4,100 | 1,550 | 1,550
4,150 | 1,500 | 1,500
4,200 | 1,450 | 1,450
4,250 | 1,400 | 1,400
4,300 | 1,350 | 1,350
4,350 | 1,300 | 1,300
4,400 | 1,250 | 1,250
4,450 | 1,200 | 1,200
4,500 | 1,150 | 1,150
4,550 | 1,100 | 1,100
4,600 | 1,050 | 1,050
4,650 | 1,000 | 1,000
4,700 | 950 | 950
4,750 | 900 | 900
4,800 | 850 | 850
4,850 | 800 | 800
4,900 | 750 | 750
4,950 | 700 | 700
5,000 | 650 | 650
5,050 | 600 | 600
5,100 | 550 | 550
5,150 | 500 | 500
5,200 | 450 | 450
5,250 | 400 | 400
5,300 | 350 | 350
5,350 | 300 | 300
5,400 | 250 | 250
5,450 | 200 | 200
5,500 | 150 | 150
5,550 | 100 | 100
5,600 | 50 | 50
5,650 | 0 | 0
Observation Days

July August September October November December January February March April May June
FY2018 FY2019 FY2020

YTD FY2018 6,242
YTD FY2019 4,620
YTD FY2020 6,130
Adjusted Patient Days

FY2018
FY2019
FY2020
Budget
Medical Center – Avg. Patients Per Day

<table>
<thead>
<tr>
<th>Month</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>261.1</td>
<td></td>
<td></td>
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<tr>
<td>August</td>
<td>269.3</td>
<td>266.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>260.6</td>
<td>252.5</td>
<td>265.2</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td></td>
<td>290.5</td>
<td></td>
<td></td>
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<tr>
<td>November</td>
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<td>December</td>
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<td>May</td>
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<tr>
<td>June</td>
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</tbody>
</table>
Acute I/P Psych - Avg. Patients Per Day

<table>
<thead>
<tr>
<th></th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2018</td>
<td>47.0</td>
<td>46.9</td>
<td>46.6</td>
<td>45.8</td>
<td>46.5</td>
<td>47.1</td>
<td>46.5</td>
<td>47.1</td>
<td>46.5</td>
<td>46.5</td>
<td>46</td>
<td>47.5</td>
</tr>
<tr>
<td>FY2019</td>
<td>46.7</td>
<td>46.8</td>
<td>46.6</td>
<td>45.8</td>
<td>46.5</td>
<td>47.1</td>
<td>46.5</td>
<td>47.1</td>
<td>46.5</td>
<td>46.5</td>
<td>46</td>
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<tr>
<td>FY2020</td>
<td>46.8</td>
<td>46.6</td>
<td>45.8</td>
<td>46.5</td>
<td>47.1</td>
<td>46.5</td>
<td>47.1</td>
<td>46.5</td>
<td>46.5</td>
<td>46.5</td>
<td>46</td>
<td></td>
</tr>
</tbody>
</table>

Budget: 189/257
Sub-Acute - Avg. Patients Per Day
Rehabilitation Hospital - Avg. Patients Per Day

July August September October November December January February March April May June

15.9 16.3 17.5 17.7 19.7 18.7 20.1

13.0 13.5 14.0 14.5 15.0 15.5 16.0 16.5 17.0 17.5 18.0 18.5 19.0 19.5 20.0 20.5 21.0 21.5 22.0

FY2018 FY2019 FY2020 Budget

18.5 17.5 18.0 19.2 YTD FY2018 YTD FY2019 YTD FY2020 YTD Budget
Transitional Care Services (TCS) - Avg. Patients Per Day

<table>
<thead>
<tr>
<th>Month</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>7.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>August</td>
<td>17.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>17.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>18.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>19.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>16.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>January</td>
<td>16.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>February</td>
<td>19.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>16.8</td>
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<td></td>
</tr>
<tr>
<td>April</td>
<td>16.9</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>May</td>
<td>16.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>16.8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FY2018 Budget: 192
FY2019 Budget: 257
FY2020 YTD: 16.0
FY2020 YTD: 15.0
FY2020 YTD: 16.4
FY2020 YTD: 16.9

192/257
TCS Ortho - Avg. Patients Per Day
NICU - Avg. Patients Per Day

<table>
<thead>
<tr>
<th>Month</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>15.7</td>
<td>16.1</td>
<td>13.3</td>
<td>12.7</td>
</tr>
<tr>
<td>August</td>
<td>12.7</td>
<td>15.1</td>
<td>12.0</td>
<td>10.6</td>
</tr>
<tr>
<td>September</td>
<td>16.0</td>
<td>10.0</td>
<td>11.0</td>
<td>8.0</td>
</tr>
<tr>
<td>October</td>
<td>13.0</td>
<td>14.0</td>
<td>15.0</td>
<td>16.0</td>
</tr>
<tr>
<td>November</td>
<td>17.0</td>
<td>18.0</td>
<td>17.0</td>
<td>19.0</td>
</tr>
<tr>
<td>December</td>
<td>20.0</td>
<td>21.0</td>
<td>20.0</td>
<td>21.0</td>
</tr>
</tbody>
</table>

FY2018
FY2019
FY2020
Budget

YTD FY2018: 10.8
YTD FY2019: 14.9
YTD FY2020: 13.6
YTD Budget: 14.3
Emergency Department – Total Treated

- FY2018
- FY2019
- FY2020

July: 7,544
August: 7,545
September: 7,005
October: 7,045
November: 6,946
December: 7,337
January: 7,595
February: 6,000
March: 6,200
April: 6,400
May: 6,600
June: 6,800
July: 7,000
August: 7,200
September: 7,400
October: 7,600
November: 7,800
December: 8,000

YTD FY2018: 52,352
YTD FY2019: 47,767
YTD FY2020: 51,017
Urgent Care – Demaree Visits

FY2018  FY2019  FY2020  Budget

July: 1,569  1,569
August: 1,772  1,772
September: 1,858  1,858
October: 1,951  1,951
November: 2,262  2,262
December: 2,611
January: 3,146
February: 2,611
March: 1,800
April: 1,200
May: 900
June: 600

YTD FY2020: 15,169
YTD Budget: 13,254
Surgery (IP & OP) – 100 Min Units

[Graph showing the comparison of Surgery (IP & OP) for FY2018, FY2019, and FY2020, with budgeted values in the legend: FY2018 5,708, FY2019 6,941, FY2020 7,140, and Budget 8,266.]
Surgery (IP Only) – 100 Min Units

July August September October November December January February March

FY2018 FY2019 FY2020 Budget

3,004 3,996 4,068 4,646

YTD FY2018 YTD FY2019 YTD FY2020 YTD Budget
Surgery (OP Only) – 100 Min Units
Surgery (IP & OP) - Cases

![Chart showing the number of inpatient and outpatient cases per month from August to January, with percentages of total cases.](chart-url)
Robotic Surgery (IP & OP) – 100 Min Units

July August September October November December January February March April May June

FY2018 FY2019 FY2020 Budget

206.0 210.0 264.1 204.0

YTD FY2018 YTD FY2019 YTD FY2020 YTD Budget
Robotic Surgery (IP Only) – 100 Min Units

![Graph showing the monthly units for FY2018, FY2019, FY2020, and the budget for July to June.](image)

- **July**: FY2018 = 11.3, FY2019 = 22.9, FY2020 = 24.0, Budget = 27.4
- **August**: FY2018 = 4.6, FY2019 = 11.3, FY2020 = 12.1, Budget = 17.4
- **September to June**: Various data points for each year, with a trend line indicating performance against the budget.
Robotic Surgery (OP Only) – 100 Min Units
Cath Lab (IP & OP) – 100 Min Units
Cath Lab (IP Only) – 100 Min Units

July August September October November December January February March April May June

FY2018 FY2019 FY2020 Budget

1,337 1,381 1,335 1,414 YTD FY2018 YTD FY2019 YTD FY2020 YTD Budget

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Cath Lab (IP & OP) - Patients

![Graph showing Cath Lab (IP & OP) - Patients](image-url)
Lindsay RHC - Registrations

July August September October November December January February March April May June

FY2018 FY2019 FY2020

YTD FY2019 YTD FY2020

4,369 5,748
Woodlake RHC - Registrations

- FY2018
- FY2019
- FY2020
Dinuba RHC - Registrations

- FY2018
- FY2019
- FY2020

July-August

- FY2018: 913
- FY2019: 992
- FY2020: 935

September-October

- FY2018: 912
- FY2019: 1,144
- FY2020: 1,140

November-December

- FY2018: 857
- FY2019: 935
- FY2020: 912

January

- FY2018: 600
- FY2019: 650
- FY2020: 700

February-March

- FY2018: 850
- FY2019: 750
- FY2020: 700

April-May

- FY2018: 900
- FY2019: 850
- FY2020: 800

June

- FY2018: 950
- FY2019: 900
- FY2020: 950

YTD FY2019: 5,388
YTD FY2020: 6,893
Neurosurgery Clinic - wRVU’s
Labor Triage Registrations

![Graph showing Labor Triage Registrations from July to June for FY2018, FY2019, and FY2020.]
Home Infusion Days

![Graph showing home infusion days for FY2018, FY2019, FY2020, and a budget line. The graph includes months from July to June and shows the comparison of days against the budget. The budget for YTD FY2018, YTD FY2019, YTD FY2020, and YTD budget are also provided.]
All O/P Rehab Services Across District

FY2018 | FY2019 | FY2020 | Budget

July: 20,830 | 19,502 | 18,716 | 20,669
August: 20,889 | 21,500 | 18,790 | 17,533
September: 20,830 | 20,669 | 17,533 | 17,000
October: 19,502 | 19,500 | 17,790 | 16,500
November: 18,716 | 18,000 | 17,790 | 16,500
December: 18,716 | 18,000 | 17,790 | 16,500
January: 17,533 | 17,000 | 17,790 | 16,500
February: 18,790 | 17,533 | 17,790 | 16,500
March: 19,502 | 17,533 | 17,790 | 16,500
April: 20,669 | 17,790 | 17,790 | 16,500
May: 20,669 | 17,790 | 17,790 | 16,500
June: 20,669 | 17,790 | 17,790 | 16,500

YTD FY2018: 130,869
YTD FY2019: 135,677
YTD FY2020: 135,929
YTD Budget: 144,142
O/P Rehab - Exeter

[FY2018, FY2019, FY2020, Budget]

July August September October November December January February March April May June

2,154 2,189 2,158 2,525 2,517 2,050 2,154 2,350 2,050 2,189 2,350 2,158

Budget

FY2018 FY2019 FY2020 Budget

15,113 15,188 15,943 16,050

YTD FY2018 YTD FY2019 YTD FY2020 YTD Budget

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O/P Rehab - Akers

![Graph showing O/P Rehab - Akers performance and budget data from FY2018 to FY2020.]
Physical & Other Therapy Units (I/P & O/P)

- July: 17,754
- August: 18,656
- September: 18,557
- October: 17,666
- November: 17,638
- December: 18,691
- January: 20,385
- February: 13,750
- March: 14,250
- April: 14,750
- May: 15,250
- June: 15,750
- July: 16,250
- August: 16,750
- September: 17,250
- October: 17,750
- November: 18,250
- December: 18,750
- January: 19,250
- February: 19,750
- March: 20,250

FY2018, FY2019, FY2020, Budget
Physical & Other Therapy Units (I/P & O/P)-Main Campus

<table>
<thead>
<tr>
<th>Month</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>10,676</td>
<td>11,503</td>
<td>10,699</td>
<td>11,050</td>
</tr>
<tr>
<td>August</td>
<td>10,699</td>
<td>11,050</td>
<td>10,551</td>
<td>11,562</td>
</tr>
<tr>
<td>September</td>
<td>11,050</td>
<td>11,562</td>
<td></td>
<td>12,361</td>
</tr>
<tr>
<td>October</td>
<td></td>
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<tr>
<td>November</td>
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<tr>
<td>June</td>
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</tbody>
</table>
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus
Home Health Visits
Radiology – West Campus Imaging

FY2018
FY2019
FY2020
Budget

July
August
September
October
November
December
January
February
March
April
May
June

4,483 4,302 4,684 3,757 4,100 4,337 3,500 3,600 3,700 3,800 3,900

4,000 4,100 4,200 4,300 4,400 4,500 4,600 4,700 4,800 4,900 5,000 5,100

30,470 27,872 29,732 30,608

YTD FY2018 YTD FY2019 YTD FY2020 YTD Budget
West Campus – Diagnostic Radiology

![Graph showing monthly budget comparisons for FY2018, FY2019, and FY2020. The graph includes a bar chart at the bottom showing YTD budget figures.]
West Campus – CT Scan

Graph showing trends in budget for FY2018, FY2019, FY2020, and budget year-to-date for July to June.
## West Campus – Breast Center

<table>
<thead>
<tr>
<th>Month</th>
<th>FY2018</th>
<th>FY2019</th>
<th>FY2020</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>1,880</td>
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<tr>
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<td>September</td>
<td>1,655</td>
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<tr>
<td>October</td>
<td>1,940</td>
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<tr>
<td>November</td>
<td>1,558</td>
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<tr>
<td>December</td>
<td>1,769</td>
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<tr>
<td>January</td>
<td>1,715</td>
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<tr>
<td>February</td>
<td>1,769</td>
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<tr>
<td>March</td>
<td>1,558</td>
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<td>13,706</td>
<td>11,505</td>
<td>12,231</td>
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</tr>
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</table>

*YTD FY2018 YTD FY2019 YTD FY2020 YTD Budget*
Radiology all areas – Ultrasound

FY2018
FY2019
FY2020
Budget

July August September October November December January February March April May June

2,431 2,308 2,246 2,278 2,277 2,118 2,150 2,246 2,278 2,277 2,118 2,150 2,200 2,250 2,300 2,350 2,400 2,450 2,500

1,900 2,000 2,100 2,200 2,300 2,400 2,500

15,123 15,439 15,808 14,395

YTD FY2018 YTD FY2019 YTD FY2020 YTD Budget
Radiology all areas – MRI
Radiology Modality – Diagnostic Radiology

![Graph showing the trend of Diagnostic Radiology from FY2018 to FY2020, with budget data for YTD FY2018, YTD FY2019, YTD FY2020, and YTD Budget.](image-url)
CAPD/CCPD – Maintenance Sessions
(Continuous peritoneal dialysis)
CAPD/CCPD – Training Sessions
(Continuous peritoneal dialysis)
All CAPD & CCPD
Credentials {Medical Staff Office} *

Quality Report: Value Based Purchasing {Sandy & Dr. Gray}
Strategic Plan: Strategic Growth and Innovation {Marc & Coby}
Central Valley Healthcare Alliance {Marc Mertz & David Francis}
Community Engagement – Quarterly Report {Deborah Volosin}
Finance Report: {Malinda Tupper}

Medical Staff Recruitment {Brittany Taylor} {C}
Investment report {Jennifer Stockton} {C}
Hospice {Lizabeth McClain}{C}
Subacute {Lisa Harrold}{C}
Oncology Services {Lucile Gibbs, Renee Lauck, Jon Knudsen, Emma Mozier}
{Hematology, Oncology Medical, Outpatient Kaweah Medical Oncology, Radiation Oncology Hanford, Radiation Oncology Visalia} {C}
Transitional Care Srvs (TCS) {Lisa Harrold} {C}
Performance Improvement Dashboard {M. Pliskin} {C}
Medical Executive Report {MS Office} {C}
Policy Approvals {C}