

August 20, 2021

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the Sequoia Regional Cancer Center Maynard Faught Conference Room on Monday August 23, 2021 beginning at 4:00PM in open session followed by a closed session beginning at 4:01PM pursuant to Government Code 54956.9(d)(2) and Health and Safety Code 1461 and 32155 followed by an open session at 4:30PM and a closed session following the 4:30PM Open meeting pursuant to Government Code 54957(b)(1).

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

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

KAWEAH DELTA HEALTH CARE DISTRICT Garth Gipson, Secretary/Treasurer

Cindy Moccio

Board Clerk / Executive Assistant to CEO

DISTRIBUTION:
Governing Board
Legal Counsel
Executive Team
Chief of Staff

www.kaweahhealth.org

Cindy mocrio



KAWEAH DELTA HEALTH CARE DISTRICT **BOARD OF DIRECTORS MEETING**

Sequioa Regional Cancer Center - Maynard Faught Conference Room 4945 W. Cypress Avenue

Monday August 23, 2021

OPEN MEETING AGENDA {4:00PM}

- 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 it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.

4. APPROVAL OF THE CLOSED AGENDA - 4:01PM

- 4.1. Conference with Legal Counsel Anticipated Litigation Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) - xx Case - Ben Cripps, Vice President, Chief Compliance and Risk Officer and Rachele Berglund, Legal Counsel
- 4.2. Conference with Legal Counsel Anticipated Litigation Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) - 1 Case - Ben Cripps, Vice President, Chief Compliance and Risk Officer and Rachele Berglund, 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 – Monica Manga, MD Chief of Staff
- 4.4. Quality Assurance pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — Monica Manga, MD Chief of Staff & Gary Herbst, CEO

4.5. Approval of the closed meeting minutes – July 26, 2021.

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

Action Requested – Approval of the August 23, 2021 closed meeting agenda.

5. ADJOURN

CLOSED MEETING AGENDA {4:01PM}

- 1. CALL TO ORDER
- 2. CONFERENCE WITH LEGAL COUNSEL ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) - xx Case Ben Cripps, Vice President, Chief Compliance and Risk Officer and Rachele Berglund, Legal Counsel
- 3. CONFERENCE WITH LEGAL COUNSEL ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) - 1 Case
 - Ben Cripps, Vice President, Chief Compliance and Risk Officer and Rachele Berglund, Legal Counsel
- 4. 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 & 32155. Monica Manga, MD Chief of Staff
- 5. QUALITY ASSURANCE pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.

Monica Manga, MD Chief of Staff

6. APPROVAL OF THE CLOSED MEETING MINUTES – July 26, 2021.

Action Requested – Approval of the closed meeting minutes – July 26, 2021.

7. ADJOURN

OPEN MEETING AGENDA {4:30PM}

- 1. **CALL TO ORDER**
- 2. APPROVAL OF AGENDA

Monday August 23, 2021 Page 2 of 6

- 3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
- **CLOSED SESSION ACTION TAKEN** Report on action(s) taken in closed session. 4.
- **OPEN MINUTES** Request approval of the July 26th and August 17th open minutes. 5. **Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board. Action Requested – Approval of the open meeting minutes –July 26, 2021 and August 17, 2021 open board of directors meeting minutes.
- **RECOGNITIONS** Lynn Havard Mirviss 6.
 - **6.1.** Presentation of Resolution 2140 to Renee Crain, RN in recognition as the World Class Employee of the Month recipient – August 2021
- 7. **CREDENTIALS** - Medical Executive Committee requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval. Monica Manga, MD Chief of Staff

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

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

Monday August 23, 2021 Page 3 of 6

- 8. **CHIEF OF STAFF REPORT** – Report relative to current Medical Staff events and issues. Monica Manga, MD Chief of Staff
- 9. **CONSENT CALENDAR -** All matters under the Consent Calendar will be approved by one motion, unless a Board member requests separate action on a specific item.

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

Action Requested – Approval of the August 23, 2021 Consent Calendar.

9.1. **REPORTS**

- **Surgical Services** Α.
- B. Endoscopy
- **Outpatient Lab and Pathology** C.
- D. Seguoia Surgery Center
- E. **Physician Recruitment**

9.2. **POLICIES**

- **Board of Directors**
 - 1) Orientation of a new Board Member BOD1 {Revised}
 - 2) Chief Executive Officer (CEO) Transition BOD2 {Revised}
 - 3) Chief Executive Officer (CEO) Criteria BOD3 {Reviewed}
 - 4) Executive Compensation BOD4 {Revised}
 - 5) Conflict of Interest BOD5 {Reviewed}
 - 6) Board Reimbursement for Travel and Service Clubs BOD6 (Revised)
 - 7) Presentation of Claims and Service Process BOD7 {Revised}
- B. **Emergency Management**
 - 1) Code Silver Activation Plan DM 2204 {Revised}
 - 2) Code Pink Infant Abduction DM 2205 {Revised}
 - 3) Code Yellow DM 2208 {Revised}
 - 4) Radioactive Disaster Management DM 2230 {Reviewed}
- **Environment of Care**
 - 1) Utilities Management Plan EOC 7001 (Revised)
 - 2) Air Pressure Relationship Testing EOC 1046 {Revised}
 - 3) Key Control Policy EOC 3010 {Reviewed}
- 9.3. Approval to reject the claim of April Franks, Gary Franks, Jr, Jessica Alvarez vs. Kaweah Health.
- 9.4. Board Bylaws – Bylaws revised to include new Vice President Chief Compliance and Risk Officer position and other revisions as indicated on draft dated 08.23.21.

Monday August 23, 2021 Page 4 of 6

- **10. QUALITY STROKE PROGRAM** A review of key quality indicators for the stroke population and review of accreditation survey results and actions.
 - Cheryl Smit, RN, Stroke Program Manager & Sean Oldroyd, OD., Stroke Program Medical Director
- 11. STRAGEGIC PLAN Review of the Kaweah Health Strategic Plan Initiative Organizational Effectiveness and Efficiency including a review of the metrics and strategies/tactics.
 - Jag Batth, Vice President Ancillary & Post Acute Services and Kassie Waters, Director of Cardiac Critical Care Services
- 12. VISALIA INDUSTRIAL PARK Review and discussion relative to a potential project in the industrial park as reviewed and supported by the Finance, Property, Services and Acquisition Committee on August 18, 2021.
 - Marc Mertz, VP & Chief Strategy Officer, Malinda Tupper, Vice President & Chief Financial Officer and Coby LaBlue, Director of Finance for Population Health
 - **Public Participation** Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.
 - Action Requested Authorized management to enter into the necessary agreements and take all necessary steps for the development of an occupational health and primary care clinic in the industria park, Visalia, CA at or below the estimated capital cost of \$197,000 and the estimated building lease at or below the estimated annual cost of \$215,040.
- **13. OPEN ARMS HOSPICE** Discussion regarding the future operations of the Open Arms Hospice facility as reviewed and supported by the Finance, Property, Services and Acquisition Committee on August 18, 2021.
 - Jag Batth, Vice President Ancillary & Post-Acute Services and Coby LaBlue, Director of Finance for Population Health
 - **Public Participation** Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.
 - Action Requested Authorized management to enter into the necessary agreements and take all necessary steps to operate the Ruth Wood Open Arms Hospice Home with minimal financial exposure to Kaweah Health.
- **14. FINANCIALS** Review of the most current fiscal year financial results and budget. Malinda Tupper – Vice President & Chief Financial Officer
- 15. REPORTS
 - **15.1.** Chief Executive Officer Report - Report relative to current events and issues. Gary Herbst, Chief Executive Officer

Monday August 23, 2021 Page 5 of 6

- **15.2.** <u>Board President</u> - Report relative to current events and issues. David Francis, Board President
- **16.** APPROVAL OF CLOSED AGENDA AS FOLLOWS: Closed Meeting Agenda Immediately following the 4:30PM 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) – Rachele Berglund, Legal Counsel & Board of Directors
- 17. ADJOURN

CLOSED MEETING AGENDA

- **CALL TO ORDER** 1.
- CEO EVALUATION Board and the Chief Executive Officer relative to the evaluation of the 2. Chief Executive Officer pursuant to Government Code 54957(b)(1) Gary Herbst, CEO, Rachele Berglund, Legal Counsel & Board of Directors
- 3. **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.

Monday August 23, 2021 Page 6 of 6

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS PAGES 8-41

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS PAGES 8-41

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-41

BOARD OF DIRECTORS MEETING - CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-41

BOARD OF DIRECTORS MEETING - CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING MONDAY AUGUST 23, 2021

CLOSED MEETING SUPPORTING DOCUMENTS PAGES 8-41

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY JULY 26, 2021, AT 3:30PM, IN THE SEQUOIA REGIONAL CANCER CENTER MAYNARD FAUGHT CONFERENCE ROOM

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

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

Director Francis entertained a motion to approve the agenda.

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

PUBLIC PARTICIPATION – none

APPROVAL OF THE CLOSED AGENDA - 3:31PM

- Conference with Legal Counsel Anticipated Litigation Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) 1 Case Ben Cripps, Chief Compliance Officer and Rachele Berglund, Legal Counsel
- Conference with Legal Counsel Anticipated Litigation Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) 1 Case Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel
- Conference with Legal Counsel Existing Litigation Pursuant to Government Code 54956.9(d)(1) –
 Rachele Berglund, Legal Counsel, Ben Cripps, Chief Compliance Officer, and Evelyn McEntire, Director
 of Risk Management
 - o Gene Price and Diane Price Case # 287060
 - Cori Shipman vs Mark Needham, Kaweah Health Case # VCU287291
- Quality Assurance pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — Evelyn McEntire, Director of Risk Management
- Credentialing Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – Monica Manga, MD Chief of Staff
- Quality Assurance pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — Monica Manga, MD Chief of Staff & Gary Herbst, CEO
- Approval of the closed meeting minutes June 28, 2021.

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

ADJOURN - Meeting was adjourned at 3:31PM

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY JULY 26, 2021, AT 4:00PM, IN THE SEQUOIA REGIONAL CANCER CENTER MAYNARD FAUGHT CONFERENCE ROOM

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

The meeting was called to order at 5:06pm by Director Francis.

Director Francis asked for approval of the agenda.

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

PUBLIC PARTICIPATION – none

CLOSED SESSION ACTION TAKEN: Approval of closed minutes from June 28, 2021.

OPEN MINUTES – Request approval of the meeting minutes June, 28, 2021 open minutes.

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

MMSC (Gipson/Rodriguez) Approval of the open meeting minutes June 28, 2021 open minutes. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

RECOGNITIONS – Presentation of Resolution 2137 to Jodi Chaires in recognition as the World Class Employee of the Month recipient – July 2021 and Presentation of Resolution 2138 to Lisa Harrold, Director of Rehab and Skilled Services, retiring from Kaweah Health after 28 years of service.

2021 EMPLOYEE AND PHYSICIAN ENGAGEMENT SURVEY – Executive summary of overall performance, high performing themes, and areas of focus for the physician and employee engagement surveys (copy attached to the original of these minutes and considered a part thereof) - Lisa Downing, MBA, RD, Advisor at Press Ganey Associates

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.

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

Director Francis requested a motion for the approval of the credentials report as modified by the Board (copy attached to the original of these minutes and considered a part thereof).

MMSC (Gipson/Havard Mirviss) Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the

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

<u>CHIEF OF STAFF REPORT</u> – Report from Monica Manga, MD – Vice Chief of Staff

No Report.

<u>CONSENT CALENDAR</u> – Director Francis entertained a motion to approve the consent calendar (copy attached to the original of these minutes and considered a part thereof). Director Gipson requested the removal of item 10.3.

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

MMSC (Olmos/Havard Mirviss) to approve the consent calendar with the removal of item 10.3 (Resolution 2139, a Resolution of the Board of Directors, Kaweah Delta Health Care District, directing Tulare County, California, to levy a tax to pay the principal of an interest on general obligation bonds for the fiscal year beginning July 1, 2021 and ending June 30, 2022). This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

10.3 (Resolution 2139, a Resolution of the Board of Directors, Kaweah Delta Health Care District, directing Tulare County, California, to levy a tax to pay the principal of an interest on general obligation bonds for the fiscal year beginning July 1, 2021 and ending June 30, 2022 – Director Gipson requested an education for the Board relative the general obligation bond funding resolution being requested for approval (copy attached to the original of these minutes and considered a part thereof).

MMSC (Gipson/Havard Mirviss) to approve consent calendar item 10.3 (Resolution 2139, a Resolution of the Board of Directors, Kaweah Delta Health Care District, directing Tulare County, California, to levy a tax to pay the principal of an interest on general obligation bonds for the fiscal year beginning July 1, 2021 and ending June 30, 2022). This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

KAWEAH HEALTH MEDICAL GROUP – Annual review of Kaweah Health Medical Group (copy attached to the original of these minutes and considered a part thereof) - *Paul Schofield, CEO* – *Kaweah Delta Medical Foundation*

PROFORMA FOR CHILD AND ADOLESCENT PSYCHIATRY FELLOWSHIP — Review and discussion of Kaweah Health opportunities to grow graduate medical education in the Central Valley and review of proforma for proposed child and adolescent psychiatry fellowship and reviewed and supported by the Finance, Property, Services, and Acquisition Committee on July 22, 2021 (copy attached to the original of these minutes and considered a part thereof) - *Lori Winston, M.D., Vice President Medical Education & Designated Institutional Officer & Jennifer Stockton, Director of Finance*

• Mr. Herbst and Director Francis noted that this was not intended for action this evening, this presentation was to provide the Board the information and allow the Board time to consider this proposal for potential action at the September Board meeting. The Board unanimously agreed that they wanted to take action on this proposal this evening.

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

MMSC (Havard Mirviss/Rodriguez) to authorized management to take all necessary steps to proceed with the development of a Child and Adolescent Psychiatry fellowship. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

QUALITY – ANNUAL INFECTION PREVENTION - A review of key quality measures and improvement actions associated with care of the maternal child health population (copy attached to the original of these minutes and considered a part thereof)- *Shawn Elkin, MPA, BSN, RN, PHN, CIC, Kaweah Health Infection Prevention Manager*

QUALITY – SAFETY ATTITUDES QUESTIONNAIRE AND ACTION PLAN – A review of Safety Culture Questionnaire results, analysis and action plans for improvement (copy attached to the original of these minutes and considered a part thereof) - *Sandy Volchko, RN, DNP, Director of Quality and Patient Safety*

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

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

- The COVID Delta variant is taking hold in California. Governor Newsome has signed an executive order that all medical personnel must be vaccinated or be tested twice weekly and all unvaccinated workers must wear an N95 mask at all times. We currently only have 55% of our staff vaccinated and approximately 57% of the medical staff is vaccinated. Tulare County is only approximately 37% vaccinated. Hospitalizations are on the rise, we currently have 21 COVID positive patient in the Medical Center.
- We are still waiting for CDPH to authorize the use of Zone 5 in the Emergency Department.
- There was some media attention recently relative to our CMS survey. The Visalia Times Delta contacted CMS who provided them a full copy of the report.
- Director Lynn Havard Mirviss noted that Mr. Herbst was recently recognized as the Executive of the Year by the Central California Chapter of the Public Relations Society of America.

BOARD PRESIDENT REPORT – Report from David Francis, Board President

No Report

Board of Directors Meeting Open 4:00PM

APPROVAL OF CLOSED AGENDA AS FOLLOWS: Closed Meeting Agenda – Immediately following the 4:00pm open session

- Personnel Consideration of the employment of a potential employee {Vice President & Chief Compliance and Risk Management Officer} per Government Code 54957(b)(1) Gary Herbst, CEO and Board of Directors
- **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) Rachele Berglund, Legal Counsel & Board of Directors

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

MMSC (Olmos/Gipson) to approve the closed agenda immediately following the 4:00pm open session. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

ADJOURN - Meeting was adjourned at 8:12PM

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD TUESDAY AUGUST 17, 2021, AT 4:00PM, IN THE KAWEAH HEALTH LIFESTYLE FITNESS CENTER CONFERENCE ROOM

PRESENT: Directors Francis, Gipson, Havard Mirviss & Olmos; G. Herbst, CEO; M. Tupper, VP & CFO; R. Gates, VP Population Health; D. Allain, VP Cardiac & Surgical Services; J. Batth, VP of Rehabilitation & Post-Acute Care; B. Cripps, Vice President, Chief Compliance and Risk Officer, J. Stockton, Director of Finance, D. Volosin, Director of Community Engagement, K. Morrison, Director of Facilities Planning, A. Probolsky, Probolsky Research, R. Berglund, Legal Counsel; and C. Moccio, recording

ABSENT: Director Rodriguez

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

Director Francis asked for approval of the agenda.

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

PUBLIC PARTICIPATION – none

LEGISLATIVE UPDATE – Review relative to legislative requirements - *Gary Herbst– Chief Executive Officer*

- The current 2030 standard requires that a building be reasonably capable of providing services following an earthquake. That means it must meet a classification of Structural Performance Category-3 or higher (e.g., SPC-3, SPC-4, SPC-4D, or SPC-5) for every acute care area of the hospital or the building can no longer be used to care for patients.
- There is a proposed trailer bill that would extend the deadline to 2032 if passed.
- We could possibly know by September 10th if this legislation passed to give California hospitals an extended deadline.

OPTIONS FOR REPLACING THE MINERAL KING WING – Review of two options including discussions relative to design, costs, financing and debt capacity (copy attached to the original of these minutes and considered a part thereof) - *Gary Herbst- Chief Executive Officer, Jennifer Stockton, Director of Finance and Kevin Morrison, Director of Facilities Planning*

• Following the review and discussion of the options, the general consensus was that the second option, at this point, is the most favorable.

COMMUNITY FEEDBACK REGARDING DESIGN AND FUNDING OPTIONS – Review of the community focus groups, employee survey, medical staff survey, and community survey (copy attached to the original of these minutes and considered a part thereof) - *Adam Probolsky - Probolsky Research*

 Ms. Volosin noted that we would like to take these survey's out to our community to get their feedback. The Board supported getting feedback from the community. **PROPOSED SCHEDULE / NEXT STEPS** – Discussion and review of decision, construction design, community education plan, and advocacy (copy attached to the original of these minutes and considered a part thereof) - *Deborah Volosin*, *Director of Community Engagement*

- Director Francis inquired of the other Board members present if they were ready to have leadership begin to move forward with the development of a master plan? Director Olmos noted that he is but would like Ms. Tellalian involved as she was very helpful to the City when they were planning to go out to the community for support. Director Gipson noted that he supports moving forward however, has concerns about the costs of such a project.
- The Board agreed that we need to move forward with master planning with the Board's support and approval requested as we progress closer to an actionable plan.

ADJOURN - Meeting was adjourned at 6:35PM

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

ATTEST:

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



RESOLUTION 2140

WHEREAS, Kaweah Delta Health Care District dba Kaweah Health recognizes Renee Crain, RN, with the World Class Employee of the Month Award – August 2021 for consistent outstanding performance and,

WHEREAS, Renee embodies the Mission of Kaweah Health; Health is our passion, Excellence is our focus, Compassion is our promise and,

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

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of 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 Kaweah Health staff, and the community they represent, hereby extend their congratulations to Renee for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.

PASSED AND APPROVED this 23rd day of August 2021 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

Service Excellence August 2021 Renee Crain, RN - Hospice

Nominated By: Suzette DeHaan - Hospice

Comments: Renee recently stepped up to be UBC chair. She is always offering ways to increase safety with patients as well as employees. Renee has adjusted her schedule to fit Department needs several times. Renee is an AMAZI NG RN, her patients and families LOVE her. Renee spends time with her patients and families in their homes, makes sure they have a good understanding of the care needed. Renee advocates for better practice. Most recently has volunteered to work on best practice binders for all the facilities that KD Hospice provides care to their residents. Renee provides services in small rural areas (Orosi, Cutler, New London) where many of the residents have barriers to healthcare. Hospice has been involved in several community projects throughout the year. Hospice delivers turkeys and the sides to our patients and families. Renee is one of the first employees to bring food contributions in for the dinners. We have also done Spring baskets for the women in the Battered Women's Shelter; Renee was very involved with that project, came in on her time off to sort and stuff baskets (she even brought her granddaughter to help). Will offer suggestions often on new ideas to improve efficiency, openly participates in RN meetings. She volunteered to attend the hand washing committee. Volunteers her extra time at Hospice. Emotionally supports her daughter who is a widow and raising a young daughter. Has reached out to be supportive of displaced families from house fires in her community where she lives. Renee's work at Hospice isn't just a job, it is truly a calling for her which is SO evident when you work with her. Her compassion, professionalism she otters her patients is wonderful and consistent every day. Her patients voice how much they appreciate her being their nurse on their final journey. It is evident that Hospice is her HEART!

REPORT TO THE BOARD OF DIRECTORS

Surgical Services

Brian Piearcy MSN, RN Director of Surgical Services bpiearcy@kaweahhealth.org (559) 624-2409

August 2021

Summary Issue/Service Considered

- Seek opportunities to grow volumes in Surgical Services by increasing block utilization.
- Continue to recruit and develop staff.
 - Continue to grow our own.
- See opportunities to decrease labor and supply costs.
- Continue to work on Operating Room Efficiency.

Quality/Performance Improvement Data

- O.R. Efficiency Project: Looks at data and develops processes to work smarter and not harder.
 - Physician non-operative "wait time".
 - Surgery end time to start of the next case.
 - Turnover
 - Patient out of the room to the next patient in the room.
- Surgeon Block Utilization
 - Surgeons have assigned blocks throughout the month.
 - Surgeon accountability for underutilized block.
 - We are reallocating unused block to new surgeons and to surgeons who need more time.
- Re-education in First Case Delay minutes
 - Surgeon accountability for having trends with being late to start their cases.
 - First case delays create a domino effect throughout the rest of the day.
 - Surgeons who have trends will lose their morning block for 1 quarter and we reallocate block to surgeons who need more time.
- Enhanced Recovery After Surgery (ERAS)
 - Continue to grow the ERAS program.

- Currently doing Colorectal and we have started working on Gynecological and Orthopedic.
 - This decreases length of stay, decreases the need for narcotic use, and helps increase recovery time of our surgical patients.

Policy, Strategic or Tactical Issues

- Air conditioning issues throughout the Main O.R. and in the Main PACU.
- O.R surgical light project: OSHPD approval process and installation.
- O.R. flooring project: Surgery hallways, storage rooms, operating rooms, and PACU.
- O.R. 14 new Urology bed project. OSHPD approval process and installation.
- Surgeon Lounge and Surgical/Anesthesia Resident lounge project. OSHPD approval process.
- Female Surgeon Lounge Project: Delay due to surgeon lounge OSPHD approval process.
- Sterile Processing Construction Project: Delay due to OSHPD approval process.

Recommendations/Next Steps

- Continue to work on the Operating Room (O.R.) Efficiency Committee's initiatives to improve throughput.
 - Efficient throughput will allow more surgeries to be booked to the surgery schedule and provides efficient care to our patients.
 - Provides additional block time to the surgeons.
 - o Allows staff to go home on time, decrease call, and decrease callback.
- Continue to encourage the Unit-Based Councils (UBC) and Comprehensive Unit Based Safety Program (CUSP) Committees to participate in patient pathway workflows and safety.
- Continue to hire and fill all staffing vacancies.
 - Currently have a shortage in Surgical Technologists due to the programs not graduating due to COVID.
 - We are working with San Joaquin Valley College (SJVC) and Porterville Adult School's Surgical Technologist programs.
 - We are accepting five (5) SJVC Surgical Tech students in August. These students are local.
 - We are working on growing our own and helping staff interested in being a surgical technologist, to assist with the program.
 - Sending one (1) Sterile Processing Technologist to Porterville Adult School.
 - Sending two (2) Registered Nurses to a Registered Nurse First Assistant Program in October.
- Participate on the Surgery Business Development Committee to discuss and prioritize surgical specialties we need to focus on, to increase growth.

• Work with the resource effectiveness committee to discuss obstacles that are impeding the department from meeting its goals.

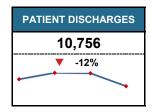
Approvals/Conclusions

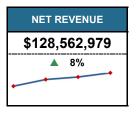
Key Takeaways:

- Surgical Services has a FY21 contribution margin of \$21.4 million, up 15% from the prior year.
- Volumes are down 12% overall in FY21.
- Inpatient cases/discharges are down 10%, while contribution margin is stable at \$22.2 million.
- Outpatient side: \$3 million improvement in O/P surgery Contribution margin loss.

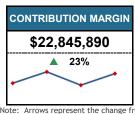
Inpatient Key Takeaways

- Patient cases/discharges are down by 10%, contribution marhgin is stable at \$22.2 million.
- Orthopedic surgeries, which make up 34% of our inpatient surgery contribution margin, are down 18% from the prior year. Contribution margin down \$2 million.
 - Total hips and knee cases have dropped, some moving to the outpatient arena. Average implant cost is \$4,300 with an average length of stay (ALOS) of 2 days.
 - Spine cases have increased, nearly doubling the percentage of total orthopedic surgery cases. Average implant cost is \$11,700 (up \$3,000 in FY21) with an average length of stay of 3.3 days.
 - Hip and femur metrics have remained fairly stable.
- General surgery cases, which make up 34% of our inpatient surgery contribution margin, are down 9% from prior year. Contribution margin down \$1.1 million.
- Thoracic surgery service line has small volumes of ECMO/Trach caes, however, we had more than double the case volume, with some favorible stopless cases. This caused a \$2.6 million increase in contribution margin.
- Vascular surgery cases increased by 15%, had a higher manged care payer mix and increased contribution margin of about \$1 million.











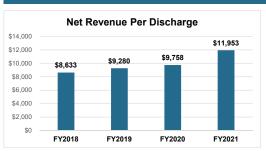
METRICS BY SERVICE LINE - FY 2021

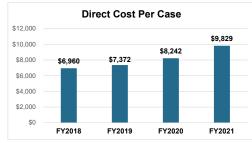
SERVICE LINE	PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
General Surgery	1,124	\$31,352,643	\$23,348,076	\$8,004,567	\$425,486
Inpatient Orthopedics	1,121	\$24,799,974	\$20,417,455	\$4,382,519	(\$838,988)
Inpatient Trauma MSDRGs	98	\$6,924,048	\$3,566,960	\$3,357,088	\$2,292,038
Inpatient Thoracic Surgery	70	\$11,730,019	\$8,570,555	\$3,159,464	\$767,857
Inpatient Vascular Surgery	252	\$6,578,948	\$4,503,836	\$2,075,112	\$617,052
Endoscopy	2,070	\$3,824,464	\$1,847,617	\$1,976,847	\$1,331,388
Inpatient Surgery in other SLs	322	\$8,449,308	\$7,247,805	\$1,201,503	(\$948,034)
Inpatient Neurosurgery	107	\$4,856,027	\$3,839,862	\$1,016,165	\$25,550
Inpatient Robotic Surgery	108	\$1,895,226	\$1,256,924	\$638,302	\$212,703
Inpatient Gynecology	104	\$1,248,016	\$887,460	\$360,556	\$23,910
Inpatient Urology	76	\$1,566,647	\$1,351,256	\$215,391	(\$220,955)
Outpatient Robotic Surgery	254	\$1,375,456	\$1,371,973	\$3,483	(\$482,559)
Outpatient Surgery	5,050	\$23,962,203	\$27,507,310	(\$3,545,107)	(\$12,295,941)
Surgical Services Totals	10,756	\$128,562,979	\$105,717,089	\$22,845,890	(\$9,090,493)

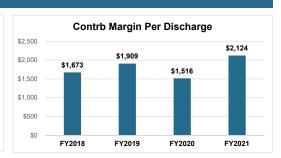
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FRO PRIOR YR	4 YR TREND
Patient Discharges	11,559	12,304	12,255	10,756	▼ -12%	
Net Revenue	\$99,788,365	\$114,186,410	\$119,590,147	\$128,562,979	▲ 8%	
Direct Cost	\$80,447,496	\$90,699,742	\$101,008,334	\$105,717,089	_ 5%	,,,,,,,
Contribution Margin	\$19,340,869	\$23,486,668	\$18,581,813	\$22,845,890	23 %	
Indirect Cost	\$24,448,000	\$27,035,567	\$31,280,615	\$31,936,383	^ 2%	
Net Income	(\$5,107,131)	(\$3,548,899)	(\$12,698,801)	(\$9,090,493)	28 %	
Net Revenue Per Discharge	\$8,633	\$9,280	\$9,758	\$11,953	22 %	
Direct Cost Per Discharge	\$6,960	\$7,372	\$8,242	\$9,829	19 %	
Contrb Margin Per Discharge	\$1,673	\$1,909	\$1,516	\$2,124	40 %	/ /

GRAPHS





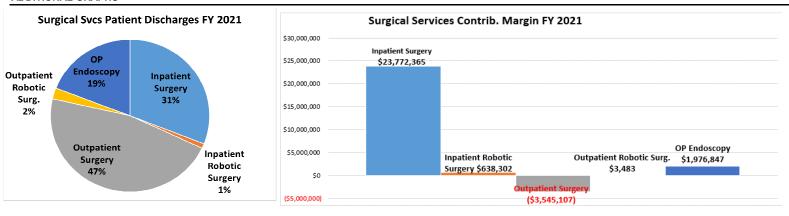


KDHCD ANNUAL BOARD REPORT

Surgical Services - Summary

KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021



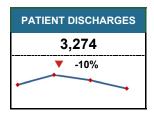


Notes:

Source: Inpatient and Outpatient Service Line Reports

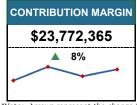
Criteria: Inpatient Surgeries, Outpatient Surgeries and Endoscopy

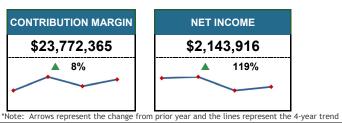
Criteria: specific selection for each Service Line (noted on the individual Service Line Tabs)









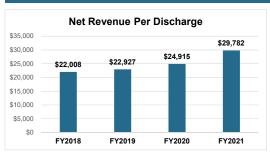


METRICS BY SERVICE LINE - FY 2021

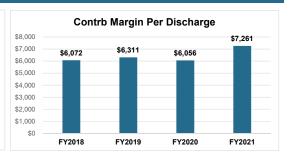
METRICS BT SERVICE LINE - P	1 2021				
SERVICE LINE	PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
General Surgery	1,124	\$31,352,643	\$23,348,076	\$8,004,567	\$425,486
Inpatient Orthopedics	1,121	\$24,799,974	\$20,417,455	\$4,382,519	(\$838,988)
Inpatient Trauma MSDRGs	98	\$6,924,048	\$3,566,960	\$3,357,088	\$2,292,038
Inpatient Thoracic Surgery	70	\$11,730,019	\$8,570,555	\$3,159,464	\$767,857
Inpatient Vascular Surgery	252	\$6,578,948	\$4,503,836	\$2,075,112	\$617,052
Inpatient Neurosurgery	107	\$4,856,027	\$3,839,862	\$1,016,165	\$25,550
Inpatient Surgery in other SLs	322	\$8,449,308	\$7,247,805	\$1,201,503	(\$948,034)
Inpatient Gynecology	104	\$1,248,016	\$887,460	\$360,556	\$23,910
Inpatient Urology	76	\$1,566,647	\$1,351,256	\$215,391	(\$220,955)
Inpatient Surgery Summary	3,274	\$97,505,630	\$73,733,265	\$23,772,365	\$2,143,916

METRIC	FY2018	FY2019	FY2020	FY2021		IANGE FRO	M 4 YR TREND
Patient Discharges	3,440	3,877	3,637	3,274	•	-10%	
Net Revenue	\$75,706,929	\$88,887,011	\$90,616,801	\$97,505,630	A	8%	
Direct Cost	\$54,820,726	\$64,420,870	\$68,591,539	\$73,733,265	A	7%	· · · · · · · · · · · · · · · · · · ·
Contribution Margin	\$20,886,203	\$24,466,141	\$22,025,262	\$23,772,365	A	8%	
Indirect Cost	\$16,084,863	\$19,264,000	\$21,047,527	\$21,628,449	A	3%	
Net Income	\$4,801,340	\$5,202,141	\$977,734	\$2,143,916	A	119%	
Net Revenue Per Discharge	\$22,008	\$22,927	\$24,915	\$29,782	A	20%	
Direct Cost Per Discharge	\$15,936	\$16,616	\$18,859	\$22,521	A	19%	
Contrb Margin Per Discharge	\$6,072	\$6,311	\$6,056	\$7,261	A	20%	

GRAPHS







KDHCD ANNUAL BOARD REPORT

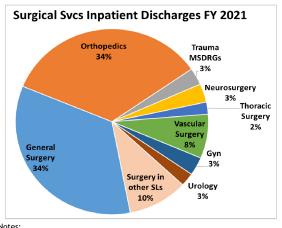
Surgical Services - Inpatient Surgery

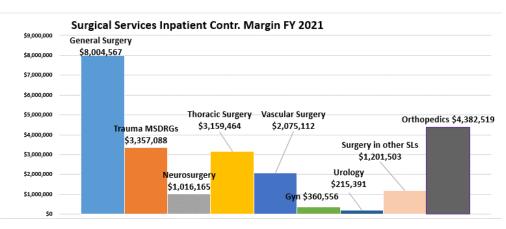
KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021

PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2018	FY2019	FY2020	FY2021
Medicare	40%	39%	36%	31%
Medi-Cal Managed Care	20%	20%	20%	23%
Managed Care/Other	21%	20%	20%	20%
Medicare Managed Care	10%	12%	13%	15%
Medi-Cal	6%	6%	9%	8%

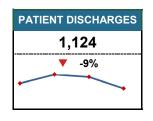
FY 2021 PAYER MIX Medi-Cal Medicare Medicare 8% 31% Managed Care 15% Managed Medi-Cal Care/Other Managed 20% Care 23%





Notes:

Source: Inpatient Service Line Reports, inpatient surgeries except robotic.







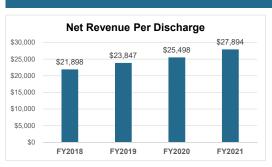


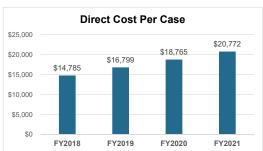


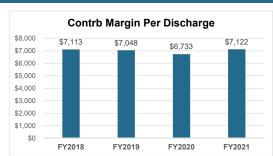
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FRO PRIOR YR	M 4 YR TREND
Patient Discharges	1,173	1,259	1,235	1,124	▼ -9%	
Patient Days	7,762	8,548	8,417	8,570	▲ 2%	
ALOS	6.62	6.79	6.82	7.62	12 %	
GM LOS	5.36	5.31	5.50	5.53	1 %	
Net Revenue	\$25,685,952	\$30,023,668	\$31,490,340	\$31,352,643	0%	
Direct Cost	\$17,342,387	\$21,149,867	\$23,174,756	\$23,348,076	1 %	
Contribution Margin	\$8,343,565	\$8,873,801	\$8,315,584	\$8,004,567	▼ -4%	
Indirect Cost	\$5,830,935	\$6,927,644	\$7,775,074	\$7,579,081	▼ -3%	
Net Income	\$2,512,630	\$1,946,157	\$540,510	\$425,486	▼ -21%	
Net Revenue Per Discharge	\$21,898	\$23,847	\$25,498	\$27,894	▲ 9%	
Direct Cost Per Discharge	\$14,785	\$16,799	\$18,765	\$20,772	11%	
Contrb Margin Per Discharge	\$7,113	\$7,048	\$6,733	\$7,122	6 %	

PER CASE TRENDED GRAPHS







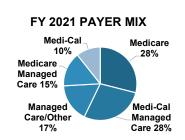
PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

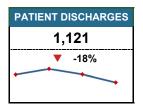
PAYER	FY2018	FY2019	FY2020	FY2021
Medicare	34%	36%	32%	28%
Medi-Cal Managed Care	28%	23%	25%	28%
Managed Care/Other	21%	23%	21%	17%
Medicare Managed Care	8%	8%	11%	15%
Medi-Cal	7%	8%	9%	10%

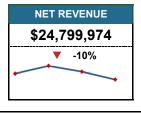
Notes:

Source: Inpatient Service Line Report

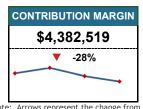
Selection Criteria: Inpatient Service Line is General Surgery, Surgery Flag= 1 and DaVinci Flag =0

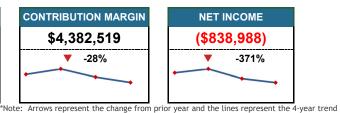








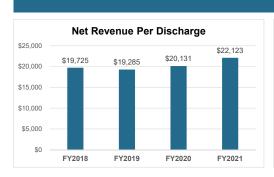




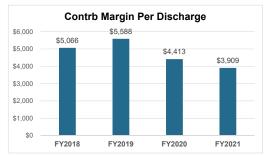
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FRO PRIOR YR	M 4 YR TREND
Patient Discharges	1,366	1,545	1,374	1,121	▼ -18%	
Patient Days	5,067	5,254	4,525	4,474	▼ -1%	
ALOS	3.71	3.40	3.29	3.99	▲ 21%	\
GM LOS	3.23	3.07	3.16	3.25	▲ 3%	
Net Revenue	\$26,944,836	\$29,794,700	\$27,659,604	\$24,799,974	▼ -10%	
Direct Cost	\$20,025,058	\$21,161,234	\$21,595,551	\$20,417,455	▼ -5%	
Contribution Margin	\$6,919,778	\$8,633,466	\$6,064,053	\$4,382,519	▼ -28%	
Indirect Cost	\$4,946,587	\$5,542,705	\$5,754,533	\$5,221,507	▼ -9%	
Net Income	\$1,973,191	\$3,090,761	\$309,520	(\$838,988)	▼ -371%	
Net Revenue Per Discharge	\$19,725	\$19,285	\$20,131	\$22,123	10%	
Direct Cost Per Discharge	\$14,660	\$13,697	\$15,717	\$18,214	16 %	~/
Contrb Margin Per Discharge	\$5,066	\$5,588	\$4,413	\$3,909	▼ -11%	

PER CASE TRENDED GRAPHS







21%

PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2018	FY2019	FY2020	FY2021	
Medicare	51%	43%	42%	37%	
Managed Care/Other	22%	22%	23%	21%	
Medicare Managed Care	12%	16%	18%	22%	
Medi-Cal Managed Care	9%	13%	10%	13%	
Work Comp	3%	3%	3%	4%	
Medi-Cal	3%	3%	3%	3%	

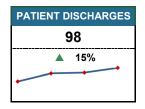
Medi-Cal Medi-Cal Managed Care 13% Medicare Managed Care 22% Managed Care/Other

FY 2021 Payer Mix

Notes:

Source: Inpatient Service Line Report

Selection Criteria: Inpatient Service Line is Orthopedics, Surgery Flag= 1 and DaVinci Flag =0







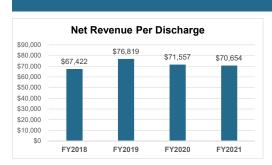


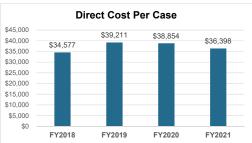


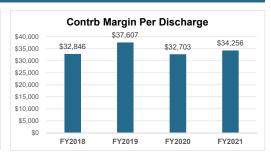
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021 ⁹	CHANGE FRO PRIOR YR	4 YR TREND
Patient Discharges	61	83	85	98 🔏	15%	
Patient Days	625	957	938	1,048	12%	
ALOS	10.25	11.53	11.04	10.69	-3%	
GM LOS	7.72	7.68	7.38	7.28	-1%	-
Net Revenue	\$4,112,770	\$6,375,938	\$6,082,357	\$6,924,048	14%	
Direct Cost	\$2,109,189	\$3,254,527	\$3,302,566	\$3,566,960	8%	
Contribution Margin	\$2,003,581	\$3,121,411	\$2,779,791	\$3,357,088	21%	/
Indirect Cost	\$652,241	\$970,767	\$1,023,985	\$1,065,050	4%	
Net Income	\$1,351,340	\$2,150,644	\$1,755,806	\$2,292,038	31%	/~/
Net Revenue Per Discharge	\$67,422	\$76,819	\$71,557	\$70,654	7 -1%	<u></u>
Direct Cost Per Discharge	\$34,577	\$39,211	\$38,854	\$36,398	-6%	
Contrb Margin Per Discharge	\$32,846	\$37,607	\$32,703	\$34,256	5%	

PER CASE TRENDED GRAPHS

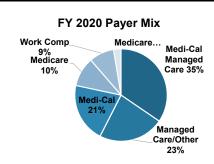






PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2018	FY2019	FY2020	FY2021	
Medi-Cal Managed Care	26%	35%	30%	35%	
Managed Care/Other	26%	27%	15%	23%	
Medi-Cal	27%	15%	29%	21%	
Medicare	8%	13%	15%	10%	
Work Comp	4%	9%	2%	9%	
Medicare Managed Care	3%	2%	3%	3%	

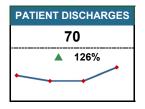


Notes:

Source: Inpatient Service Line Report

Selection Criteria: Inpatient Service Line is Trauma, Surgery Flag= 1 and DaVinci Flag =0

^{*}The Trauma Service Line is not the same thing as Trauma Activations. The Trauma Service Line is based upon MSDRGs.







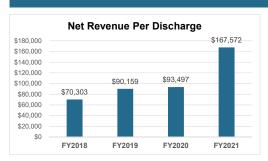




METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021		ANGE FROM RIOR YR	4 YR TREND
Patient Discharges	47	31	31	70	A	126%	
Patient Days	835	801	782	2,660	A	240%	
ALOS	17.77	25.84	25.23	38.00	A	51%	
GM LOS	13.22	12.99	14.85	17.23	A	16%	
Net Revenue	\$3,304,242	\$2,794,931	\$2,898,412	\$11,730,019	A	305%	
Direct Cost	\$2,683,726	\$2,400,565	\$2,432,382	\$8,570,555	A	252%	
Contribution Margin	\$620,516	\$394,366	\$466,030	\$3,159,464	A	578%	
Indirect Cost	\$790,675	\$768,465	\$778,839	\$2,391,607	A	207%	
Net Income	(\$170,159)	(\$374,099)	(\$312,809)	\$767,857	A	345%	
Net Revenue Per Discharge	\$70,303	\$90,159	\$93,497	\$167,572	A	79%	
Direct Cost Per Discharge	\$57,101	\$77,438	\$78,464	\$122,437	A	56%	
Contrb Margin Per Discharge	\$13,202	\$12,721	\$15,033	\$45,135	A	200%	

PER CASE TRENDED GRAPHS





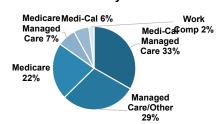


Note: FY2020 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

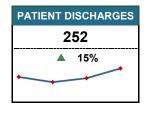
PAYER	FY2018	FY2019	FY2020	FY2021
Medi-Cal Managed Care	34%	10%	37%	33%
Managed Care/Other	20%	19%	10%	29%
Medicare	18%	29%	40%	22%
Medicare Managed Care	18%	14%	6%	7%
Medi-Cal	7%	3%	7%	6%
Work Comp	3%	24%	0%	2%

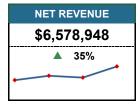




Source: Inpatient Service Line Report

Selection Criteria: Inpatient Service Line is Thoracic Surgery, Surgery Flag= 1 and DaVinci Flag=0







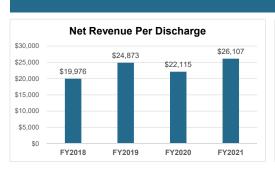




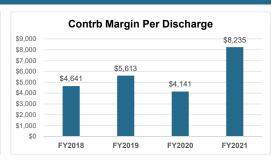
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGI PRIOF		4 YR TREND
Patient Discharges	224	207	220	252	▲ 18	5%	
Patient Days	1,532	1,602	1,357	1,729	<u>^</u> 27	7%	-
ALOS	6.84	7.74	6.17	6.86	1 1	I%	
GM LOS	4.41	4.56	4.25	4.87	<u>▲</u> 18	5%	/
Net Revenue	\$4,474,544	\$5,148,736	\$4,865,376	\$6,578,948	▲ 38	5%	
Direct Cost	\$3,434,849	\$3,986,871	\$3,954,366	\$4,503,836	<u> </u>	1 %	
Contribution Margin	\$1,039,695	\$1,161,865	\$911,010	\$2,075,112	▲ 12	8%	_/
Indirect Cost	\$1,117,841	\$1,258,086	\$1,293,123	\$1,458,060	<u>▲</u> 13	3%	
Net Income	(\$78,146)	(\$96,221)	(\$382,113)	\$617,052	▲ 26	1%	 /
Net Revenue Per Discharge	\$19,976	\$24,873	\$22,115	\$26,107	▲ 18	3%	$\overline{}$
Direct Cost Per Discharge	\$15,334	\$19,260	\$17,974	\$17,872	▼ -1	%	/
Contrb Margin Per Discharge	\$4,641	\$5,613	\$4,141	\$8,235	A 99	9%	

PER CASE TRENDED GRAPHS

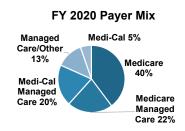






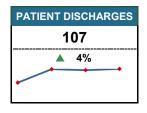
PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

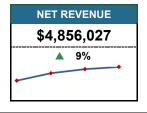
PAYER	FY2018	FY2019	FY2020	FY2021	
Medicare	60%	61%	47%	40%	
Medicare Managed Care	10%	11%	20%	22%	
Medi-Cal Managed Care	15%	15%	20%	20%	
Managed Care/Other	11%	9%	9%	13%	
Medi-Cal	3%	3%	4%	5%	



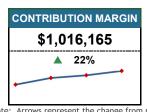
Source: Inpatient Service Line Report

Selection Criteria: Inpatient Service Line is Vascular Surgery, Surgery Flag= 1 and DaVinci Flag =0







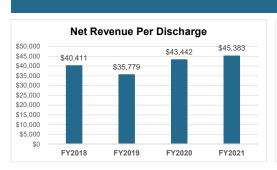




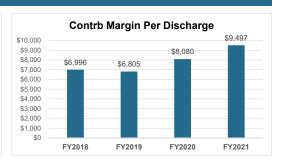
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FRO	OM 4 YR TREND
Patient Discharges	63	106	103	107	4 %	
Patient Days	693	864	1,028	1,119	▲ 9%	
ALOS	11.00	8.15	9.98	10.46	▲ 5%	
GM LOS	5.59	5.50	5.91	5.44	▼ -8%	
Net Revenue	\$2,545,904	\$3,792,614	\$4,474,571	\$4,856,027	▲ 9%	
Direct Cost	\$2,105,129	\$3,071,289	\$3,642,381	\$3,839,862	5 %	
Contribution Margin	\$440,775	\$721,325	\$832,190	\$1,016,165	22 %	
Indirect Cost	\$524,620	\$805,062	\$1,051,256	\$990,615	▼ -6%	
Net Income	(\$83,845)	(\$83,737)	(\$219,066)	\$25,550	▲ 112%	-
Net Revenue Per Discharge	\$40,411	\$35,779	\$43,442	\$45,383	4 %	
Direct Cost Per Discharge	\$33,415	\$28,974	\$35,363	\$35,887	1 %	\
Contrb Margin Per Discharge	\$6,996	\$6,805	\$8,080	\$9,497	18%	

PER CASE TRENDED GRAPHS

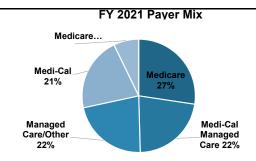






PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2018	FY2019	FY2020	FY2021	
Medicare	36%	42%	41%	27%	
Medi-Cal Managed Care	15%	18%	18%	22%	
Managed Care/Other	28%	11%	12%	22%	
Medi-Cal	14%	14%	18%	21%	
Medicare Managed Care	6%	11%	9%	7%	



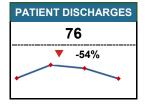
Notes:

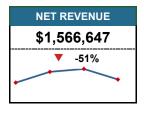
Source: Inpatient Service Line Report

Selection Criteria: Inpatient Service Line is Neurosurgery, Surgery Flag= 1 and DaVinci Flag=0

Surgical Services - Inpatient Urology Surgery

KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021







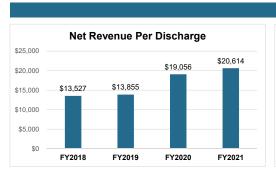




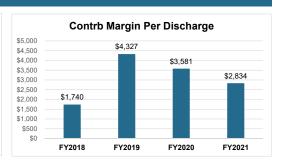
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FF PRIOR YF	
Patient Discharges	80	197	167	76	▼ -54%	
Patient Days	452	807	1,018	503	▼ -51%	
ALOS	5.65	4.10	6.10	6.62	▲ 9%	
GM LOS	3.61	3.43	3.77	4.14	10%	
Net Revenue	\$1,082,131	\$2,729,439	\$3,182,410	\$1,566,647	▼ -51%	
Direct Cost	\$942,927	\$1,876,931	\$2,584,436	\$1,351,256	▼ -48%	
Contribution Margin	\$139,204	\$852,508	\$597,974	\$215,391	▼ -64%	
Indirect Cost	\$320,619	\$646,706	\$855,655	\$436,346	▼ -49%	
Net Income	(\$181,415)	\$205,802	(\$257,681)	(\$220,955)	14 %	
Net Revenue Per Discharge	\$13,527	\$13,855	\$19,056	\$20,614	▲ 8%	
Direct Cost Per Discharge	\$11,787	\$9,528	\$15,476	\$17,780	▲ 15%	
Contrb Margin Per Discharge	\$1,740	\$4,327	\$3,581	\$2,834	▼ -21%	

PER CASE TRENDED GRAPHS

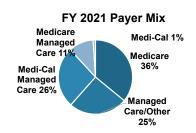






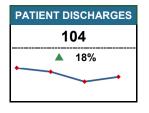
PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

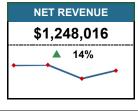
PAYER	FY2018	FY2019	FY2020	FY2021
Medicare	37%	22%	33%	36%
Managed Care/Other	21%	24%	23%	25%
Medi-Cal Managed Care	23%	32%	20%	26%
Medicare Managed Care	11%	12%	17%	11%
Medi-Cal	9%	10%	8%	1%



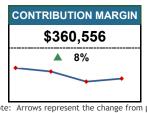
Source: Inpatient Service Line Report

Selection Criteria: Inpatient Service Line is Urology, Surgery Flag= 1 and DaVinci Flag=0







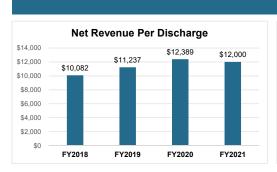


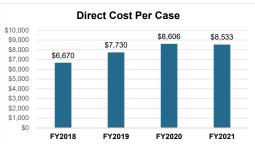


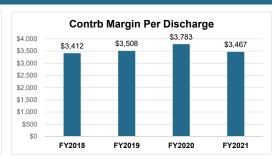
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021		ANGE FROM RIOR YR	4 YR TREND
Patient Discharges	134	121	88	104		18%	~
Patient Days	283	289	195	248	A	27%	
ALOS	2.11	2.39	2.22	2.38	A	8%	
GM LOS	2.15	2.23	2.32	2.14	•	-8%	
Net Revenue	\$1,351,037	\$1,359,714	\$1,090,227	\$1,248,016	A	14%	
Direct Cost	\$893,794	\$935,278	\$757,315	\$887,460	A	17%	
Contribution Margin	\$457,243	\$424,436	\$332,912	\$360,556	A	8%	
Indirect Cost	\$327,388	\$356,478	\$288,383	\$336,646	A	17%	
Net Income	\$129,855	\$67,958	\$44,529	\$23,910	•	-46%	1
Net Revenue Per Discharge	\$10,082	\$11,237	\$12,389	\$12,000	•	-3%	
Direct Cost Per Discharge	\$6,670	\$7,730	\$8,606	\$8,533	•	-1%	
Contrb Margin Per Discharge	\$3,412	\$3,508	\$3,783	\$3,467	•	-8%	

PER CASE TRENDED GRAPHS



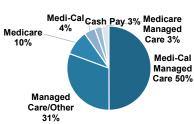




PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

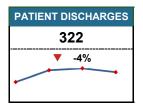
PAYER	FY2018	FY2019	FY2020	FY2021	
Medi-Cal Managed Care	42%	53%	41%	50%	
Managed Care/Other	36%	25%	44%	31%	
Medicare	7%	10%	5%	10%	
Medi-Cal	5%	4%	5%	4%	
Cash Pay	7%	6%	3%	3%	
Medicare Managed Care	3%	2%	3%	3%	





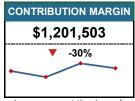
Source: Inpatient Service Line Report

Selection Criteria: Inpatient Service Line is Gynecology, Surgery Flag= 1 and DaVinci Flag =0







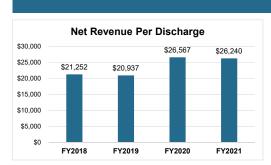




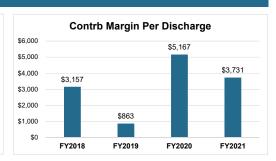
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FRO PRIOR YR	M 4 YR TREND
Patient Discharges	292	328	334	322	▼ -4%	
Patient Days	1,826	2,104	2,154	2,294	▲ 6%	
ALOS	6.25	6.41	6.45	7.12	10%	
GM LOS	3.62	3.56	3.84	3.58	▼ -7%	\sim
Net Revenue	\$6,205,513	\$6,867,271	\$8,873,504	\$8,449,308	▼ -5%	
Direct Cost	\$5,283,667	\$6,584,308	\$7,147,786	\$7,247,805	1 %	
Contribution Margin	\$921,846	\$282,963	\$1,725,718	\$1,201,503	▼ -30%	\
Indirect Cost	\$1,573,957	\$1,988,087	\$2,226,679	\$2,149,537	▼ -3%	
Net Income	(\$652,111)	(\$1,705,124)	(\$500,961)	(\$948,034)	▼ -89%	\
Net Revenue Per Discharge	\$21,252	\$20,937	\$26,567	\$26,240	▼ -1%	
Direct Cost Per Discharge	\$18,095	\$20,074	\$21,401	\$22,509	▲ 5%	
Contrb Margin Per Discharge	\$3,157	\$863	\$5,167	\$3,731	▼ -28%	√

PER CASE TRENDED GRAPHS

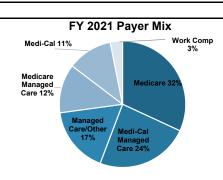






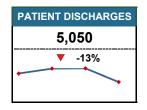
PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2018	FY2019	FY2020	FY2021
Medicare	28%	33%	29%	32%
Medi-Cal Managed Care	24%	26%	23%	24%
Managed Care/Other	21%	17%	17%	17%
Medicare Managed Care	9%	11%	10%	12%
Medi-Cal	13%	9%	17%	11%
Work Comp	1%	3%	1%	3%



Source: Inpatient Service Line Report

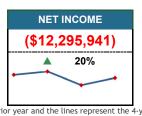
Selection Criteria: Inpatient Service Lines excluding General Surgery, Gynecology, Neurosurgery, Orthopedics, Thoracic Surgery, Trauma, Urology and Vascular Surgery. Additional criteria: with Surgery Flag =1 and Da Vinci flag =0







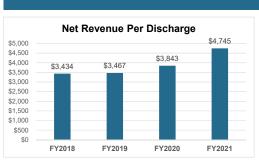




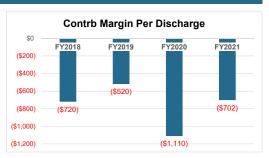
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANG		M 4 YR TREND
Patient Discharges	5,529	5,808	5,823	5,050		3%	
Net Revenue	\$18,987,937	\$20,138,146	\$22,378,424	\$23,962,203	<u> </u>	7%	
Direct Cost	\$22,971,517	\$23,157,230	\$28,841,988	\$27,507,310	▼ -	5%	
Contribution Margin	(\$3,983,580)	(\$3,019,084)	(\$6,463,564)	(\$3,545,107)	4	5%	
Indirect Cost	\$7,017,450	\$6,571,296	\$8,864,575	\$8,750,834	▼ -	1%	
Net Income	(\$11,001,030)	(\$9,590,380)	(\$15,328,139)	(\$12,295,941)	<u>^</u> 2	0%	
Net Revenue Per Discharge	\$3,434	\$3,467	\$3,843	\$4,745	<u>^</u> 2	3%	-
Direct Cost Per Discharge	\$4,155	\$3,987	\$4,953	\$5,447	<u> </u>	0%	
Contrb Margin Per Discharge	(\$720)	(\$520)	(\$1,110)	(\$702)	A 3	7%	

PER CASE TRENDED GRAPHS

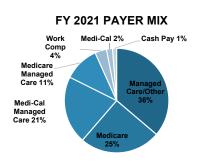




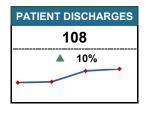


PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2018	FY2019	FY2020	FY2021
Managed Care/Other	37%	38%	35%	36%
Medicare	25%	24%	26%	25%
Medi-Cal Managed Care	22%	23%	22%	21%
Medicare Managed Care	7%	8%	9%	11%
Work Comp	5%	5%	4%	4%
Medi-Cal	3%	2%	2%	2%
Cash Pay	1%	1%	1%	1%

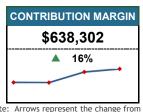


Source: Outpatient Service Line Reports Criteria: Outpatient Service Line is O/P Surgery.







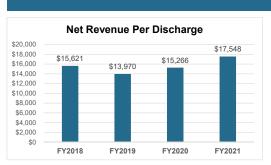




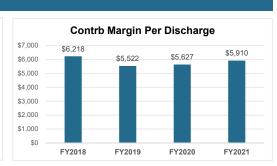
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FRO	M 4 YR TREND
Patient Discharges	41	45	98	108	10%	
Patient Days	126	107	272	345	27%	
ALOS	3.07	2.38	2.78	3.19	▲ 15%	
GM LOS	2.35	2.42	2.94	2.99	2 %	
Net Revenue	\$640,468	\$628,635	\$1,496,094	\$1,895,226	27%	
Direct Cost	\$385,540	\$380,149	\$944,601	\$1,256,924	▲ 33%	
Contribution Margin	\$254,928	\$248,486	\$551,493	\$638,302	16%	
Indirect Cost	\$178,002	\$153,363	\$330,702	\$425,599	29 %	
Net Income	\$76,926	\$95,123	\$220,790	\$212,703	▼ -4%	
Net Revenue Per Discharge	\$15,621	\$13,970	\$15,266	\$17,548	▲ 15%	\
Direct Cost Per Discharge	\$9,403	\$8,448	\$9,639	\$11,638	21%	_/
Contrb Margin Per Discharge	\$6,218	\$5,522	\$5,627	\$5,910	5 %	

PER CASE TRENDED GRAPHS

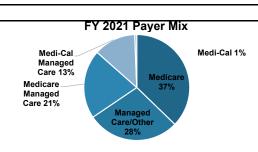






PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

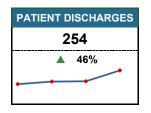
PAYER	FY2018	FY2019	FY2020	FY2021	
Medicare	30%	36%	34%	37%	
Managed Care/Other	40%	40%	29%	28%	
Medicare Managed Care	15%	13%	21%	21%	
Medi-Cal Managed Care	13%	11%	14%	13%	
Medi-Cal	0%	0%	2%	1%	



Notes:

Source: Inpatient Service Line Report

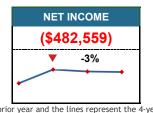
Selection Criteria: Inpatient Medical Center with Da Vinci Flag =1







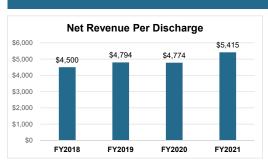




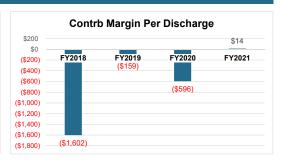
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021		NGE FROI	4 YR TREND
Patient Discharges	153	172	174	254	A	46%	
Net Revenue	\$688,555	\$824,512	\$830,677	\$1,375,456	A	66%	
Direct Cost	\$933,699	\$851,876	\$934,391	\$1,371,973	A	47%	
Contribution Margin	(\$245,144)	(\$27,364)	(\$103,714)	\$3,483	A	103%	
Indirect Cost	\$513,177	\$395,009	\$366,962	\$486,042	A	32%	
Net Income	(\$758,321)	(\$422,373)	(\$470,676)	(\$482,559)	V	-3%	
Net Revenue Per Discharge	\$4,500	\$4,794	\$4,774	\$5,415	A	13%	
Direct Cost Per Discharge	\$6,103	\$4,953	\$5,370	\$5,401	A	1%	\ <u></u>
Contrb Margin Per Discharge	(\$1,602)	(\$159)	(\$596)	\$14	A	102%	

PER CASE TRENDED GRAPHS

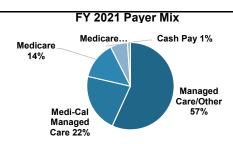




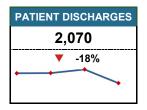


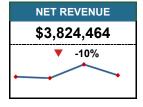
PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2018	FY2019	FY2020	FY2021	
Managed Care/Other	59%	57%	50%	57%	
Medi-Cal Managed Care	27%	30%	28%	22%	
Medicare	9%	9%	14%	14%	
Medicare Managed Care	3%	2%	6%	6%	
Cash Pay	0%	1%	1%	1%	



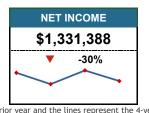
Source: Outpatient Service Line Reports Criteria: Outpatient Service Line is DaVinci Flag







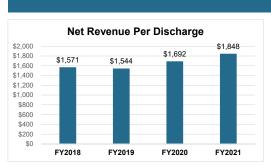


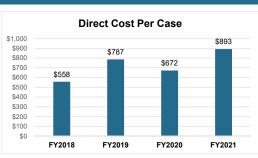


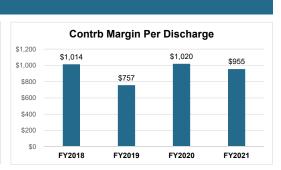
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE PRIOR	
Patient Discharges	2,396	2,402	2,523	2,070	▼ -18	3%
Net Revenue	\$3,764,476	\$3,708,106	\$4,268,151	\$3,824,464	▼ -10	0%
Direct Cost	\$1,336,014	\$1,889,617	\$1,695,814	\$1,847,617	<u>▲</u> 9°	%
Contribution Margin	\$2,428,462	\$1,818,489	\$2,572,337	\$1,976,847	▼ -23	3%
Indirect Cost	\$654,508	\$651,899	\$670,848	\$645,459	▼ -4	%
Net Income	\$1,773,954	\$1,166,590	\$1,901,489	\$1,331,388	▼ -30	0%
Net Revenue Per Discharge	\$1,571	\$1,544	\$1,692	\$1,848	▲ 9°	%
Direct Cost Per Discharge	\$558	\$787	\$672	\$893	▲ 33	%
Contrb Margin Per Discharge	\$1,014	\$757	\$1,020	\$955	▼ -6	%

PER CASE TRENDED GRAPHS



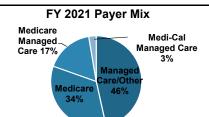




PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2018	FY2019	FY2020	FY2021	
Managed Care/Other	51%	50%	49%	46%	
Medicare	35%	34%	35%	34%	
Medicare Managed Care	10%	13%	15%	17%	
Medi-Cal Managed Care	3%	3%	1%	3%	

Source: Outpatient Service Line Reports Criteria: Outpatient Service Line is Endoscopy



REPORT TO THE BOARD OF DIRECTORS

Endoscopy

Brian Piearcy MSN, RN Director of Surgical Services <u>bpiearcy@kaweahhealth.org</u> (559) 624-2409

August 2021

Summary Issue/Service Considered

- Seek opportunities to grow Endoscopy Outpatient Procedures.
- Explore opportunities to decrease labor and supply costs.

Quality/Performance Improvement Data

- Full procedure note completed within 24 hours of procedure: Goal is 100%
 - FY20 we ended at 70% compliance.
 - Currently we are at 100% compliance.
- Full post-op note completed before next level of care: Goal 100%
 - FY20 ended at 80% compliance.
 - Currently at 93% compliance.
- All History and physical elements are compliant: Goal 100%
 - FY20 ended at 23% compliance.
 - Currently at 98% compliance.
- FY22 started collecting data for block utilization.
 - Physicians have assigned blocks throughout the month.
 - The plan is to reallocate unused block to new physicians, physicians who want more time and to surgeons.

Policy, Strategic or Tactical Issues

- Need a third Endoscopy room. Two rooms are normally for outpatient elective cases and the third rooms needed for urgent add-ons that are in-house.
 - Currently we have to use a room in the operating room as the third room when it is available.
 - Possibly use old C-section room but logistics becomes a factor for efficiency.

- We are working with anesthesia to provide more Monitored Anesthesia Care (MAC), which has become a standard of care for Endoscopy cases with an American Society of Anesthesiologists (ASA) score of III or more.
 - o ASA score is a Physical Status Classification.
 - Currently anesthesia provides three MAC days for outpatient elective surgery and an anesthesia provider Monday through Saturday for add-on in-house urgent cases.
 - Working on anesthesia contract to provide more Endoscopy anesthesia days.
- Participate on the Surgery Business Development Committee to discuss and prioritize specialties we need to focus on, to increase growth.

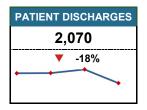
Recommendations/Next Steps

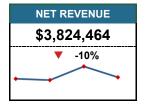
- Increase anesthesia coverage to meet the demand in Endoscopy.
- Dr. Eskandari is starting in October 2021.
- Dr. Ota is starting the end of August 2021.
- Provide IQ surgical block time.
- Hold physicians accountable for underutilized block.
- Eventually extend hours in the Endoscopy department to increase volume.

Approvals/Conclusions

- Outpatient service line has historically strong Net income, currently down \$1.5 million due to lower volumes.
- Case numbers down 18% in FY21, CM/case at a 4 year high percent of 1,049.
- Predominantly Managed Care and Medicare business, although Medi-Cal Managed Care is growing in FY21.
- Expenses stable, slightly down.

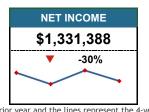
KEY METRICS - FY 2021 Twelve Months Ended June 30, 2021







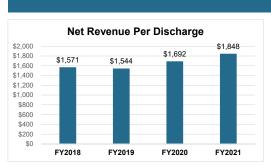




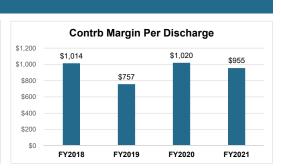
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FI PRIOR YF	
Patient Discharges	2,396	2,402	2,523	2,070	▼ -18%	-
Net Revenue	\$3,764,476	\$3,708,106	\$4,268,151	\$3,824,464	▼ -10%	
Direct Cost	\$1,336,014	\$1,889,617	\$1,695,814	\$1,847,617	▲ 9%	
Contribution Margin	\$2,428,462	\$1,818,489	\$2,572,337	\$1,976,847	▼ -23%	
Indirect Cost	\$654,508	\$651,899	\$670,848	\$645,459	▼ -4%	
Net Income	\$1,773,954	\$1,166,590	\$1,901,489	\$1,331,388	▼ -30%	
Net Revenue Per Discharge	\$1,571	\$1,544	\$1,692	\$1,848	▲ 9%	
Direct Cost Per Discharge	\$558	\$787	\$672	\$893	▲ 33%	
Contrb Margin Per Discharge	\$1,014	\$757	\$1,020	\$955	▼ -6%	

PER CASE TRENDED GRAPHS







PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2018	FY2019	FY2020	FY2021
Managed Care/Other	51%	50%	49%	46%
Medicare	35%	34%	35%	34%
Medicare Managed Care	10%	13%	15%	17%
Medi-Cal Managed Care	3%	3%	1%	3%

Source: Outpatient Service Line Reports Criteria: Outpatient Service Line is Endoscopy

FY 2021 Payer Mix



REPORT TO THE BOARD OF DIRECTORS

Clinical Laboratory (4500, 7500)

Randall J. Kokka (624-5053) Director of Clinical Laboratory Services August 23rd, 2021

Summary Issue/Service Considered

- In lieu of the four-year trended pattern, the Clinical Laboratory's financial results have remained stable, or trended upward, with outpatient business alone contributing an annual margin in FY2021 of nearly four million dollars (up 20% year-over-year).
- From a workload standpoint, the Clinical Lab continued to see high testing volumes approaching six million tests per year. This represents an upward trend of 12.5% since 2018. Note: this does not include the added workload from Covid-19 testing.
- Employee focus: the Laboratory continued efforts to improve overall working conditions/environment. Specifically, there were collaboratively derived goals to increase support staffing and oversight, modernize equipment and physical space, improve compensation rates and fully support the unit-based council's efforts for greater employee recognition.
- Continuous quality improvement: the Laboratory actively participated in initiatives to decrease STAT test turnaround times, reduce blood product wastage, decrease blood culture contamination rates and reduce patient length of stay.
- No mention of FY2021 would be complete without reference to the enormous challenges
 placed upon the Clinical Lab due to the Covid-19 pandemic. A brief review of
 accomplishments include: the successful creation a new high-throughput Covid-19
 molecular lab, the acquisition and validation of a variety of new assays and equipment,
 and the successful training and deployment of myriad personnel. Notably, all of this
 was accomplished under time duress and constantly changing conditions.

Quality/Performance Improvement Data

- The Clinical Lab actively participated in the College of American Pathologists and the American Proficiency Institute proficiency testing programs and successfully completed and documented all required surveys. We remain fully accredited and licensed.
- The Clinical Lab tracked daily workload throughput scores, which were posted outside of the Lab Manager's office. Average monthly scores have remained below the metric goal since April 2020 due to conditions brought on by the Covid-19 pandemic. Specifically, the significant increase in patient isolation rooms led to a concurrent increase in sample collection times.
- STAT test turnaround time statistics were reported in Emergency Department and ProStaff meetings. The Lab's median times were routinely under 30 minutes ("in-Lab" to "completed") for all the selected assays with the lone exception being troponin, which hovered around 35 minutes.
- Blood utilization efficiency was within metric goals as was the Lab's performance in the reduction of blood culture contamination (e.g. the annualized contamination rate of 1.29% was well below the goal level of less than 2.00%).

Policy, Strategic or Tactical Issues

- Without question, the over-arching issue during the past fiscal year was the sudden and enormous workload placed upon Clinical Lab services in response to the Covid-19 pandemic. There was intense pressure to swiftly acquire new equipment and testing capabilities while somehow overcoming daily problems with supply chain shortages (e.g. sample collection materials, test reagents and consumables).
- The Lab's main development initiative, to innovatively design and replace aging
 equipment with state-of-the-art automation, was fully underway as of the last quarter of
 2020 and is on schedule to complete phase one of construction in September, 2021.
 From a strategic standpoint, the goal is to become a "center of excellence" in Central
 California and markedly increase testing capability to stay ahead of a burgeoning
 workload.
- From an outreach perspective, the Lab developed plans to expand patient service centers and improve existing facilities.

Recommendations/Next Steps

- Commit resources to augment and support Covid-19 testing programs as needed.
- Fully support the ongoing Lab project to replace and update equipment and facilities, including improved space allocation for testing and storage.
- Continue to support efforts to improve staffing, compensation and working conditions to decrease attrition rates of technical and support personnel.
- Maintain the Clinical Lab Scientist Trainee program and the Phlebotomist externship program as an essential part of our strategic staffing plan.
- Evaluate new equipment and technology to remain a market leader and center of excellence.

Approvals/Conclusions

The Clinical Lab remodel project represents the most significant initiative in recent memory. Upon completion in mid-to-late 2022, we will attain markedly higher testing capacity and improved performance.

The Human Resources department has worked closely with Lab management to improve employee compensation/retention and add support personnel, with more improvements expected in FY2022.

In the next two to three months, the Lab is in active planning to open a patient service center in Exeter, re-open the hospital patient service center in a new location on the ground floor of the Mineral King entrance, and begin a remodel and expansion of the Plaza patient service center. During the past year, we also completed expansion and improvements at both patient centers on Cypress and Court streets.

The Clinical Lab has continued to meet the challenges associated with the Covid-19 pandemic (e.g. we were the first non-Public Health laboratory in California to be approved for the Perkin Elmer molecular testing program) and will seek approval for improved space allocation and resources as warranted.

*KEY METRICS - FY 2021 TWELVE MONTHS ENDED JUNE 30, 2021











METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021 %CHANGE FY2021 FROM PRIOR YR 4 YR TF
Patient Visits	77,756	83,261	84,515	87,474 🛦 4%
Net Revenue	\$8,414,053	\$7,555,016	\$7,309,012	\$8,146,584 🛕 11%
Direct Cost	\$4,332,885	\$4,097,166	\$3,967,151	\$4,146,653 🛕 5%
Contribution Margin	\$4,081,167	\$3,457,850	\$3,341,861	\$3,999,930 🛕 20%
Indirect Cost	\$1,634,213	\$1,289,364	\$1,445,327	\$1,552,153 🛕 7%
Net Income	\$2,446,955	\$2,168,486	\$1,896,534	\$2,447,777 🛦 29%
Net Revenue Per Visit	\$108	\$91	\$86	\$93 🛦 8%
Direct Cost Per Visit	\$56	\$49	\$47	\$47 <u>1</u> %
Contrb Margin Per Visit	\$52	\$42	\$40	\$46 ▲ 16%

PER CASE TRENDED GRAPHS





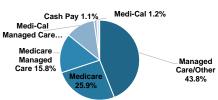


Note: FY2021 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND (PATIENT VISITS)

PAYER	FY2018	FY2019	FY2020	FY2021
Managed Care/Other	50.2%	44.3%	43.5%	43.8%
Medicare	30.0%	28.5%	27.5%	25.9%
Medicare Managed Care	12.5%	13.9%	14.6%	15.8%
Medi-Cal Managed Care	4.0%	10.5%	11.4%	11.9%
Medi-Cal	1.8%	1.6%	1.7%	1.2%
Cash Pay	1.2%	1.0%	1.2%	1.1%





1. The COVID-related visits are excluded from this report. There were just over 27,000 COVID-related visits in FY 2021, representing 23.6% of the total Outpatient Lab volume. Source: Outpatient Service Line Reports

Criteria: Service Line 1 = Lab and COVID -Related Master Flag= 0

Kaweah Delta Health Care District Report to the Board of Directors

Sequoia Surgery Center August 2021

Gary Herbst, CEO 624-2330

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 where they performed approximately 5,600 outpatient surgeries and endoscopic procedures during 2019 but finished 2020 down more than 14% due to the coronavirus pandemic. 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% and 21% of SSC's annual case volume in 2019 and 2020, respectively.

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 chaired by Dr. Frank Feng, orthopedic surgeon. Director Garth Gibson serves as the District representative on the SSC Board of Members. Anesthesiology services are provided by independent anesthesiologists and certified registered nurse anesthetists. Dr. Burton Redd, orthopedic surgeon, serves as SSC's Medical Director, and Tricia Vetter, a former charge nurse with Kaweah Delta Health Care District, serves as the Center's Administrator.

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):

Year	Case Volume	Net Revenue	Operating Costs	Net Income
2021 (May YTD)	2,211	\$5,035,214	\$4,361,206	\$674,008
2020	4,824	12,274,762	10,244,565	2,030,196
2019	5,583	11,995,271	10,178,721	1,816,550
2018	5,004	10,684,620	9,352,295	1,332,325

Note: 2020 and 2021 case volume and net income was significantly impacted by the arrival of the coronavirus pandemic in March 2020 which caused many outpatient surgeries and procedures to be cancelled by physicians and/or patients. The biggest drop in cases occurred in the months of April, May and June 2020 but began to return to historical levels later in the summer and fall. Included in the 2020 results above is approximately \$708,000 in Payroll Protection Program (PPP) funds received by SSC from the federal government in the summer of 2020. Given that SSC has fully satisfied all of the use and reporting requirements of the PPP program, SSC is entitled to retain all of these funds and record it as income to help offset payroll costs that continued to be incurred throughout the pandemic, despite the significant decline in patient volumes.

Quality/Performance Improvement Data

SSC is accredited by the Accreditation Association for Ambulatory Health Care
(AAAHC). AAAHC awards three-year accreditations similar to the Joint Commission.
SSC was just recently surveyed by AAAHC in December 2020 and in July 2021 received notice that they cleared all survey deficiencies and are now fully accredited for the next three years.

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 Health and other surgical facilities. As of July 31, 2021, SSC has approximately 14% of its 10,000 shares held in treasury and available for sale to existing owners or new potential owners. At SSC's recent Board meeting, the Board took action to allow existing owners to increase their ownership percentages up to 5% through the purchase, at fair market value, of shares held in treasury. We the upcoming repurchase of additional shares from retired surgeons (e.g., Dr. Joseph Chidi), SSC intends to offer the balance of any unsold treasury and newly-repurchased shares to new surgeon prospects.

3. Over the last two years or so, SSC and CyCo have been evaluating the physical expansion of its facility through the construction of a new 4-suite ambulatory surgical center to be located approximately 30 feet from the current SSC facility. However, after extensive discussion and debate back in December 2020, a super-majority of the members present voted to defer the project for an indefinite period of time. It was felt that given the current pandemic environment, the great uncertainty associated with it, and the existence of excess surgical capacity within the current SSC facility, this was not the time to take on a major construction project and the debt that comes with it.

However, at the most recent separate meetings of the SSC and CyCo Board of Directors, approval was given to explore a "modernization" project that would bring an aesthetic facelift to the interior of SSC as well as add modular buildings for administrative, support and storage space. If this project is eventually approved, it would be initially funded by CyCo but incorporated into the monthly rent paid by SSC. CyCo will commence discussions with Citizens' Business Bank to explore options to finance these expenditures in conjunction with a refinancing of its \$1.3 million loan with the Bank that comes due next year.

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.



Physician Recruitment and Relations Medical Staff Recruitment Report - August 2021

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

Date prepared: 8/18/2021

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

Delta Doctors Inc.	
OB/Gyn	1

Kaweah Delta Faculty Medical Group	
Family Medicine Associate Program Director	1

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

Key Medical Associates		
Internal Medicine/Family Medicine	2	

Oak Creek Anesthesia		
General Anesthesia	3.5	
Certified Registered Nurse Anesthetist	3.5	
Program Director - Anesthesia	1	

Other Recruitment	
Hematology/Oncology	1
Interventional Cardiology	1
Neurology	1

Valley Children's Health Care	
Maternal Fetal Medicine	2

Valley Hospitalist Medical Group	
GI Hospitalist	1

Candidate Activity						
Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Anesthesia	Oak Creek Anesthesia	Hart, M.D.	Travis	TBD	CompHealth - 8/5/21	Currently under review
Anesthesia	Oak Creek Anesthesia	Janiczek, M.D.	David	06/22	Direct	Offer accepted; pending execution of contract
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Baldwin	Joy	TBD	Direct - 4/15/21	Site visit pending dates
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Caceres	Cesar	TBD	Direct - 5/21/21	Offer accepted; pending execution of contract
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Sobotka	Tyler	01/22	Direct - 6/1/21	Offer accepted; Tentative start date: January 2021
Dermatology	Kaweah Health Medical Group	Chang, M.D.	Judy	09/22	Curative - 6/11/2021 (Spouse is Dr. Ming Lee, Dermatology-Mohs)	Currently under review
Dermatology - Mohs Surgery	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Chu, M.D.	Thomas	08/21	Curative - 2/24/21	Site Visit: 4/6/21; Offer pending
Dermatology - Mohs Surgery	Kaweah Health Medical Group	Lee, M.D.	Ming	09/22	Curative - 6/11/2021 (Spouse is Dr. Judy Chang, Dermatology)	Currently under review
Family Medicine	Kaweah Health Medical Group	Hsueh, D.O.	Marion	09/21	Direct referral	Site Visit: 3/23/21; Start Date: 9/20/2021
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Rangel-Orozco, M.D.	Daniela	08/22	Kaweah Health Resident	Site visit pending dates
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Bassali, M.D.	Mariam	08/21	Referred by Dr. Martinez - 10/14/20	Site Visit: 3/10/21; Tentative Start Date: 8/2021
Gastroenterology	Kaweah Health Medical Group	Ali, M.D.	Asad	08/22	Direct - PracticeLink	Currently under review
Hospitalist	Central Valley Critical Care Medicine	Malik, M.D.	Sara	08/21	Direct - Dr. Umer Hayyat's spouse	Site Visit: 10/7/20; Start Date: 9/15/21

Candidate Activity						
Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Hospitalist	Central Valley Critical Care Medicine	Reed, M.D.	Jennifer	08/21	Vista Staffing - 1/18/21	Tentative Start Date: 9/8/2021
Intensivist	Central Valley Critical Care Medicine	Dierksheide, M.D.	Julie	09/21	Vista Staffing - 4/15/21	Start Date: 9/9/21
Intensivist	Central Valley Critical Care Medicine	Hansen, M.D.	Diana	09/21	Vista Staffing - 2/25/21	Tentative Start Date: 8/26/21
Intensivist	Central Valley Critical Care Medicine	Islam, M.D.	Tasbirul	TBD	PracticeLink - 5/5/21	Site Visit: 7/21/21
Intensivist	Central Valley Critical Care Medicine	Montano, M.D.	Nicholas	07/22	PracticeMatch - 6/28/21	Currently under review
Intensivist	Central Valley Critical Care Medicine	Li, M.D.	William	07/22	Vista Staffing - 7/12/21	Site visit pending dates
Intensivist	Central Valley Critical Care Medicine	Lin, M.D.	Yann-Bor	TBD	Vista Staffing - 6/7/21	Currently under review
Interventional Cardiology	Independent	Singla, M.D.	Atul	01/22	Direct referral	Site Visit: 6/14/21; Offer accepted
Neonatology	Valley Children's	Singh, M.D.	Himanshu	08/22	Valley Children's - 3/31/21	Site Visit: 4/19/2021; Offer accepted. Start date 8/29/2022
Nurse Practitioner - Gastroenterology	Kaweah Health Medical Group	Garcia	Yesenia	TBD	Direct	Currently under review
Nurse Practitioner - Quick Care	Kaweah Health Medical Group	Heath	David	TBD	Direct referral - 7/29/21	Interview: 7/30/21; Offer extended
Otolaryngology	Kaweah Health Medical Group	Nguyen, D.O.	Cang	07/22	Curative - 3/15/21	Offer accepted
Palliative Medicine	Independent	Grandhe, M.D.	Sundeep	08/21	Direct -12/7/20	Virtual Interview: 12/28/20; Offer accepted; Start Date: 9/1/21
Pediatrics	Kaweah Health Medical Group	Galindo, M.D.	Ramon	09/23	Direct referral - 6/28/21	Currently under review
Urology APP	Kaweah Health Medical Group	Dhanoa	Kirat	09/21	Direct	Virtual Interview: 3/17/21; Offer accepted; Start Date: 9/8/2021

Candidate Activity						
Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Urology	Kaweah Health Medical Group	Patel, M.D.	Neil	10/21	Los Angeles Career MD Fair	Site Visit: 9/25/20; Part-Time; Tentative Start date: 10/1/2021
Vascular Surgery Hospitalist	South Valley Vascular	Lu, M.D.	Joyce	09/21	ISouth Valley Vascular	Site Visit: 6/17-18/2021; Offer accepted
Vascular Surgery	South Valley Vascular	Nguyen, M.D.	Alexander	09/21	South Valley Vascular	Offer accepted



Board of Directors

Policy Number: BOD1	Date Created: 09/08/2004		
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet		
Approvers: Board of Directors (Administration)			
Orientation of a New Board Member			

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

PURPOSE: To acquaint newly-elected or appointed directors with Board policies and procedures and the

fundamental organizational, physical, and operational aspects of the District.

POLICY: The Board of Directors, the Chief Executive Officer, and Kaweah Delta Health Care District db-dba

Kaweah Health staff shall assist each new member-electee or appointee to understand the Board's

functions, policies, and procedures upon taking office.

PROCEDURE:

- I. The Board member shall be given and will review the following materials with the Board President related to carrying out the duties of a Kaweah Delta Health Care District Board of Directors member including the following:
 - A. Board of Directors Bylaws
 - B. Board of Directors Policies
 - C. Board of Directors member listing including terms of office
 - D. Board Committee Structure
 - E. Board minutes for the past year
 - F. District Conflict of Interest Policy including Statement of Economic Interest (Form 700) to be completed upon taking office.
 - G. Brown Act Guidelines
- II. The Chief Executive Officer shall assist each new Board member in the review of the following materials relevant to District orientation.
 - A. Vision, Mission, and Values Pillars
 - B. District Goals
 - C. Strategic Plan and Initiatives
 - D. Projects and Priorities
 - E. District's Organization Chart
 - F. Budget for current fiscal year, immediate prior fiscal year and current financial statement. This will be reviewed with the Board member in an education session on the Districts financial statements.
 - G. Continuum of Care
 - H. Kaweah Delta-Health Health Care District-Medical Staff Officer Executive Committee member listing

- III. The Chief Executive Office will coordinate a personal introduction of the new Board member to the Kaweah <u>Delta Health Health Care District</u> Medical Executive Committee members.
- IV. The Chief Executive Officer will coordinate a tour of all of the District facilities for the new Board member and meetings with the District's Sr. Vice Presidents and Vice Presidents.
- V. Incoming Board members shall be invited to attend Board meetings prior to taking office to become familiar with Board discussions and meeting protocol.
- VI. New Board members will be invited to attend ACHD and Governance Institute (GI) Conferences where they will receive materials relative to Board member duties in conjunction with their training at these sessions.
- VII. After elected, a new Board member will be assigned another Board member to serve as a mentor.

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





Policy Number: BOD2	Date Created: 09/01/2004		
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet		
Approvers: Board of Directors (Administration)			
Chief Executive Officer (CEO) Transition			

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

PURPOSE:

It is the belief of the Board of Directors of Kaweah Delta Health Care District dba Kaweah Health that the continued proper functioning of the District, the maintenance of the highest quality of patient care and the preservation of the District's financial integrity require that the District have a preestablished and orderly process for replacement of the CEO, in the event of the CEO's death, disability or termination of his/her employment relationship with the District.

Accordingly the Board adopts the following policy.

POLICY:

- I. Temporary Succession of CEO when unable to perform duties. In the event the CEO becomes unable to perform his/her duties as the result of death or the sudden onset of disability, or in the event the Board decides to immediately terminate the District's employment relationship with the CEO, the Senior Vice President/Chief Operating OfficerChief Nursing Officer shall immediately assume those responsibilities pending further action of the Board Of Directors. In the event the Senior Vice President/Chief Operating OfficerChief Nursing Officer is unable to immediately assume those responsibilities because of death, disability or vacancy in the position of Senior Vice President/Chief Operating OfficerChief Nursing Officer, then the Senior Vice President/Chief Financial OfficerChief Financial Officer shall immediately assume those responsibilities pending further action of the Board of Directors.
- II. **Death of the CEO** In the event of the CEO's death, the Board shall immediately commence the process for hiring a new CEO.
- III. **Temporary Disability of the CEO** If the disability of the CEO is temporary, as determined by Board in the reasonable exercise of its discretion, after reviewing appropriate medical information, the CEO shall again assume the duties of CEO as soon as he/she is able.
- IV. **Permanent Disability of the CEO** If the disability of the CEO is permanent (i.e. will extend for 6 months or more) and prevents the CEO from performing his/her duties, as determined by the Board in the reasonable exercise of its discretion, after reviewing appropriate medical information, the Board may terminate the CEO's contract, in accordance with the contract provisions, and commence the process for hiring a new CEO.

V. Voluntary termination of the CEO's employment contract - If the CEO advises the Board of his/her intention to voluntarily end his/her employment relationship with the District, or if the Board makes a decision to terminate the CEO's contract or a decision not to renew the CEO's contract at the expiration of its term, the Board shall commence the process for hiring a new CEO expeditiously so as to minimize, or avoid if possible, the time during which there would be no CEO under contract with the District.

VI. Involuntary Termination of the CEO

- A. <u>Basis</u>. During the term of his/her contract, the CEO's employment may be terminated by the Board if the CEO fails to properly carry out the responsibilities of the CEO, if the CEO engages in conduct which reflects poorly on the District, if the CEO engages in conduct which is criminal or which involves moral turpitude, or if, for any other reason, the Board loses confidence in the CEO's ability to properly discharge the duties of CEO.
- B. <u>Interim Suspension</u>. In the event the Board makes a preliminary determination to terminate the employment of the CEO, the Board shall have the right, in the exercise of its discretion, to immediately suspend all or any part of the responsibilities of the CEO, pending the outcome of the hearing described in Subparagraph 3 below.
- C. <u>Confirmatory Hearing</u>. If the Board makes a decision to terminate the employment of the CEO, the CEO shall have the right, within five (5) days of being advised of the Board's decision, to request, in writing, -a hearing on the Board's decision. The written request shall be delivered to the Board President. Failure to request a hearing within that time, and in the manner described, shall be deemed a waiver of the hearing.

If properly requested, the hearing shall be held within ten (10) days of the CEO's request and shall be conducted before one of the personnel hearing officers appointed by the Board to conduct personnel hearings of District employees. The purpose of the hearing will be to allow the hearing officer to review the evidence relevant to the Board's decision to terminate the employment of the CEO, and to have the hearing officer render an opinion indicating his/her agreement or disagreement with the Board's decision. Each side may be represented by counsel and may offer oral and/or documentary evidence and may cross examine the witnesses who testify. The strict rules of evidence will not apply. The hearing officer will have the discretion to admit or deny whatever evidence he/she deems appropriate and to give whatever weight he/she deems warranted to the evidence admitted. The hearing officer will render a written opinion within two (2) days of the hearing.

The decision of the hearing officer is advisory only. Nothing in this policy or in the conduct of the hearing shall be interpreted or deemed to reflect a right in the CEO to continued employment beyond the specific terms of this policy and the CEO's contract.

VII. Hiring of a new CEO

A. <u>Recruitment and Search</u>. When it becomes necessary for the Board to replace the CEO, the District will look internally as well as advertising the position widely and/or engage a consultant to assist in the search, in a manner which the Board determines at that time

will be effective for attracting qualified candidates. If, however, in the Board's opinion, a qualified candidate (or candidates) are already employed by the District, the Board, at its discretion, may waive the foregoing requirements. The Board may consult with the District's Vice President for Human Resources to acquire information on processes available for advertising the position or for engaging a consultant to assist in the search for a new CEO. At the time of the search, the Board will establish criteria for selecting its new CEO.

- B. Interviews of Prospective CEO Candidates. Interviews of prospective CEO candidates will be done by the entire Board. The Board will determine in the exercise of its discretion if individuals other than elected Board members will participate in the actual CEO candidate interviews. In the course of evaluating potential candidates, the Board will consult with the President of the District's Medical Staff and ask him/her to make recommendations to the Board on the candidates under consideration.
- C. <u>CEO Contract</u>. The CEO shall be employed for a definite period of time pursuant to a written contract which sets forth the specific terms of the CEO's employment, including the compensation and other consideration to be paid, the term of the agreement, a detailed description of the duties of the CEO, the specific criteria to be used by the Board to evaluate the CEO's performance, and the bases upon which the contract can be terminated by either the Board or the CEO. The contract shall require the CEO to provide at least six (6) months' notice of the CEO's voluntary termination of the contract.

It is the policy of the District to compensate the CEO in a manner that is appropriately competitive in the marketplace, taking into consideration, among other things, the compensation paid to CEOs of similar sized California hospitals. Accordingly, the Board will review surveys of salaries paid to CEOs of California hospitals as part of the process of setting the CEO's compensation. The Board may consult with the District's Vice President for Human Resources to acquire information on available survey information.

[&]quot;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."

Board of Directors



Policy Number: BOD3	Date Created: 11/02/1999		
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet		
Approvers: Board of Directors (Administration)			
Chief Executive Officer (CEO) Criteria			

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

The Board has determined that the criteria to be used in the selection of the Chief Executive Officer will be as follows:

I. Education

- A. A graduate degree in healthcare management is required. Such degree could be from a variety of graduate schools such as a business school, a school of public health, school of public administration or a school with an interdisciplinary program. An equivalency to a graduate degree in health administration will be considered if the candidate has bachelor's degree with professional certification and a minimum of five years' experience in an executive leadership position in a hospital or healthcare system.
- B. The prospective candidate should be a Fellow in the American College of Healthcare Executives or a member committed to advancement in this professional organization.
- C. The candidate should possess business ability and financial acumen that has been demonstrated in past executive management or leadership positions. The candidate in this regard should be familiar with business proformas, budgets, financial statements, and decision-making tools.
- D. The candidate should demonstrate a social conscience in terms of specific activities, which relates to development or implementation of services related to the improvement of health or the quality of life in the population being served.

II. Spirit of Service

- A. The candidate should have values that are patient centered and compatible with the values of the District.
- B. The candidate should demonstrate skills and competency in the requirements of leadership and organizational development.
- C. The candidate should possess imagination and creativity and should show results which demonstrate this characteristic.
- D. The candidate should have initiative and be able to work independently and without supervision to carry out the policies of the Board and the strategic plan of the District.
- E. The candidate must possess executive ability, which involves maintaining a sound organization that has both human and fiscal resources necessary to carry out the Mission of the District.

F. The candidate should have a track record of diplomacy and effectiveness in dealing with a wide variety of constituents and a record of being successful in handling difficult and complex situations.

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





Policy Number: BOD4	Date Created: 06/01/2008		
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet		
Approvers: Board of Directors (Administration)			
Executive Compensation			

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

PURPOSE:

This Executive Compensation Policy of Kaweah Delta Health Care District ("Kaweah Delta")dba Kaweah Health is intended to set forth the rationale and the processes to be utilized by the Board of Directors ("Board") with respect to the compensation of the Chief Executive Officer ("CEO"), and to set forth the rationale and the processes to be utilized by the CEO with respect to the compensation of the other members of the Executive Team.

Currently, competition for quality executives in the healthcare industry is very high while the years of continuous employment of healthcare executives at a specific institution is surprisingly low. Unnecessary turnover in executives, especially the CEO, can cause major disruptions at healthcare institutions, potentially adversely impacting employee relations, Medical Staff relations, strategic planning, organizational development, implementation of programs and services, physician and patient satisfaction and ultimately the quality of care.

It is the position of the Board, in order to maintain appropriate continuity in the Executive Team, while at the same time continuing as good stewards of Kaweah Delta's Health's funds, that the CEO and the members of the Executive Team should receive total compensation that is at or near the median for executives in functionally comparable positions at comparable institutions. Comparable institutions will be included, consistent with industry standards, on the basis of number of licensed beds, nonprofit status, number of full-time employees, and geographic location, among other factors.

It is also the position of the Board, after years of working with an independent consulting firm with expertise in healthcare executive compensation, that incentive compensation for healthcare executives is a common, expected and valuable part of a total compensation package. Accordingly, it will continue to be the policy of Kaweah Delta—Health to provide for appropriate incentive compensation for members of the Executive Team as part of their total compensation.

POLICY:

Chief Executive Officer

- A. **CEO Contract**. Employment of the CEO at Kaweah Delta-Health is pursuant to written contract between Kaweah Delta-Health and the CEO. California law permits each contract with the CEO to be up to four (4) years in duration. When negotiating a new or renewed contract with the CEO, the Board President shall be the chief negotiator for the Board and shall work closely with legal counsel for Kaweah Delta-Health with respect to the negotiation and completion of the written agreement. The Board President may utilize the assistance of the Board Secretary/Treasurer in conducting and evaluating CEO negotiations. The Board President will regularly report to the full Board on the status of CEO contract negotiations. All terms of an agreement with the CEO are subject to final approval by the entire Board.
- B. **CEO Base Salary**. The appropriateness of the CEO's Base Salary will be confirmed on an annual basis through the use of an outside and independent consulting firm with nationwide expertise in healthcare executive compensation. Automatic annual adjustment of the CEO's base salary, consistent with adjustments in the base salaries of CEO's in comparable institutions, may be provided for in the written agreement with the CEO. Confirmation of any compensation adjustment pursuant to a written contract provision will be made by the full Board.
- C. Potential CEO Incentive Compensation. Part of the CEO's annual compensation will be on an incentive basis, i.e., based on the successful completion of specific, objectively definable and measurable goals for that contract year. The goals, the potential incentive compensation amount, and the percentage of the total incentive compensation amount attributable to the successful completion of each goal must be set in advance, must be in writing, and must be agreed to by the CEO and the Board. The successful completion of each of the goals must be capable of determination on an objective basis. Potential incentive compensation amounts for the CEO for each contract year shall be within the range set forth in the last data received from the healthcare executive compensation consultant, and shall be consistent with the Board's general approach to maintaining the combination of base CEO salary and potential incentive compensation amounts at or near the median for comparable institutions. The Board President and the CEO will confer at the end of the contract year with respect to the CEO's successful completion of the incentive goals, and together they will report their determinations to the full Board. Any incentive compensation amount to be paid to the CEO as the result of successful completion of goals must be approved in advance by the full Board.
- D. **Overall Consideration**. As an employee of Kaweah Delta<u>Health</u>, the CEO will be entitled to health and retirement benefits as offered to other employees

of Kaweah DeltaHealth. In evaluating and setting base salaries, incentive compensation, and overall consideration, the Board shall take into consideration and may make adjustments for the overall consideration (which may include health, life and disability benefits, deferred compensation or other retirement benefits, and other perquisites common in the industry) provided to CEO's in comparable institutions, with a view toward having the total overall consideration provided to Kaweah Delta's Health's CEO be at or near the median of the total overall consideration provided to CEO's at comparable institutions.

II. Executive Team Compensation Other Than the CEO.

- A. Base Salaries. The appropriateness of the base salaries of Executive Team members other than the CEO will be confirmed on at least a biennial basis through use of an outside and independent consulting firm with expertise in healthcare executive compensation. The CEO and the Board President will confer on an annual basis with respect to the most recent information received from the consultant and the consistency of existing executive compensation ranges with that information. The CEO retains authority to set base salary amounts consistent with the information received from the consultant and consistent with the Board's general approach to maintaining executive base salaries at or near the median for comparable institutions.
- В. Potential Incentive Compensation. On an annual basis, Kaweah Delta-Health will include in its budget a specific amount for potential incentive compensation for members of the Executive Team. The CEO and the Board President will work together, with counsel for Kaweah Delta Health if necessary, to establish specific, objectively definable goals for each of the members of the Executive Team for that fiscal year. The goals, the potential incentive compensation amounts, and the percentage of the total incentive compensation amount for that executive attributable to the successful completion of each goal must be set in advance, must be in writing, and must be agreed to by the Executive Team member in question in advance as indicated by his/her signature on the written goals. The successful completion of each of the goals must be capable of determination on an objective basis. Potential incentive compensation amounts for each of the members of the Executive Team shall be within the ranges set forth in the last data received from the healthcare executive compensation consultant for that position, and shall be consistent with the Board's general approach to maintaining the combination of base executive salaries and potential incentive compensation amounts at or near the median for comparable institutions.
- C. Overall Consideration. As employees of Kaweah DeltaHealth, the other members of the Executive Team will be entitled to health and retirement benefits as offered to other employees of Kaweah Delta. In evaluating base salaries and incentive compensation, the CEO may take into consideration the overall consideration (which may include health, life and disability benefits, deferred compensation or other retirement benefits, and other perquisites common in the industry) provided to executives in functionally comparable

positions at comparable institutions, with a view toward having the total consideration provided to members of Kaweah Delta's Health's Executive Team be at or near the median of the total consideration provided to executives in functionally comparable positions at comparable institutions. If the CEO believes that any member of the Executive Team should, on the basis of such information, have his/her salary or incentive compensation re-set above the median for executives in functionally comparable positions at comparable institutions, the CEO shall obtain the prior approval of the Board.

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





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

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

POLICY:

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

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

Adopted by the Board of Directors of Kaweah Delta Health Care District effective April 27, 2020.

PROCEDURE:

I. Members, Board of Directors and Chief Executive Officer

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

II. Other Affected Positions

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

III. Filing Deadlines

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

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

EXHIBIT "A"

KAWEAH DELTA HEALTH CARE DISTRICT

CONFLICT OF INTEREST CODE

Disclosure Categories

Destanded Destitate	Category of Interests
<u>Designated Positions</u>	Required to be Disclosed
Members of the Board of Directors	1
Employees	
Chief Executive Officer	1
Vice President, Chief Financial Officer	1
Senior-Vice President, Chief Operating Officer Ancillary & Su	pport Services 1
Vice President, Chief Quality Officer	1
Vice President, Chief Medical Officer	1
Vice President, Chief Nursing Officer	1
Vice President, Chief Information Officer	1
Vice President, Chief-of Human Resources Officer	1
Vice President of Chief Strategyic Planning & Development	Officer 1
Vice President, Cardiac & Surgical Services	<u> </u>
Vice President, Rehabilitation and Poste Acute Services	<u> </u>
Vice President, Population Health & CEO Sequoia Health an	d Wellness Center (SHWC) 1
District Chief Compliance & Privacy Officer	1
Director - Internal Audit of Audit and Consulting	1
Director of Procurement and Logistics Material Management	nt 1
Kaweah Delta Medical Foundation Chief Executive Officer	1
Kaweah Delta Medical Foundation Chief Financial Officer	1
Director of Risk Management	1
Director of Facilities and Security	1
Director of Facilities Planning Services	1
All Directors of Kaweah Delta Health Care District	4B
Consultants	
Legal Counsel to the Board of Directors	1

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

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

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

(From the Tulare County Counsel)

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

EXHIBIT "B"

KAWEAH DELTA HEALTH CARE DISTRICT

CONFLICT OF INTEREST CODE

Disclosure Categories

1. Full Disclosure:

Designated persons in this category must report:

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

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

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

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

3. <u>Interests in Real Property (only)</u>:

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

4. General Contracting (two options):

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

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

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

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

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

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

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

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

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

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

EXHIBIT "C"

KAWEAH DELTA HEALTH CARE DISTRICT

CONFLICT OF INTEREST CODE

Standard Code

§ 18730. Provisions of Conflict of Interest Codes.

- (a) Incorporation by reference of the terms of this regulation along with the designation of employees and the formulation of disclosure categories in the Appendix referred to below constitute the adoption and promulgation of a conflict of interest code within the meaning of Government Code section 87300 or the amendment of a conflict of interest code within the meaning of Government Code section 87306 if the terms of this regulation are substituted for terms of a conflict of interest code already in effect. A code so amended or adopted and promulgated requires the reporting of reportable items in a manner substantially equivalent to the requirements of article 2 of chapter 7 of the Political Reform Act, Government Code sections 81000, et seq. The requirements of a conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Government Code section 87100, and to other state or local laws pertaining to conflicts of interest.
- (b) The terms of a conflict of interest code amended or adopted and promulgated pursuant to this regulation are as follows:
- (1) Section 1. Definitions.

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

(2) Section 2. Designated Employees.

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

(3) Section 3. Disclosure Categories.

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

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

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

- (B) The disclosure assigned in the code of the other agency is the same as that required under article 2 of chapter 7 of the Political Reform Act, Government Code section 87200; and
- (C) The filing officer is the same for both agencies. ¹

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

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

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

- (5) Section 5. Statements of Economic Interests: Time of Filing.
- (A) Initial Statements. All designated employees employed by the agency on the effective date of this code, as originally adopted, promulgated and approved by the code reviewing body, shall file statements within 30 days after the effective date of this code. Thereafter, each person already in a position when it is designated by an amendment to this code shall file an initial statement within 30 days after the effective date of the amendment.
- (B) Assuming Office Statements. All persons assuming designated positions after the effective date of this code shall file statements within 30 days after assuming the designated positions, or if subject to State Senate confirmation, 30 days after being nominated or appointed.
- (C) Annual Statements. All designated employees shall file statements no later than April 1.
- (D) Leaving Office Statements. All persons who leave designated positions shall file statements within 30 days after leaving office.
- (5.5) Section 5.5. Statements for Persons Who Resign Prior to Assuming Office.

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

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

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

- (1) File a written resignation with the appointing power; and
- (2) File a written statement with the filing officer declaring under penalty of perjury that during the period between appointment and resignation he or she did not make, participate in the making, or use the position to influence any decision of the agency or receive, or become entitled to receive, any form of payment by virtue of being appointed to the position.
- (6) Section 6. Contents of and Period Covered by Statements of Economic Interests.
- (A) Contents of Initial Statements.

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

(B) Contents of Assuming Office Statements.

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

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

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

(7) Section 7. Manner of Reporting.

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

(A) Investments and Real Property Disclosure.

When an investment or an interest in real property³ is required to be reported,⁴ the statement shall contain the following:

- 1. A statement of the nature of the investment or interest;
- 2. The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;
- 3. The address or other precise location of the real property;
- 4. A statement whether the fair market value of the investment or interest in real property equals or exceeds two thousand dollars (\$2,000), exceeds ten thousand dollars (\$10,000), exceeds one hundred thousand dollars (\$100,000), or exceeds one million dollars (\$1,000,000).
- (B) Personal Income Disclosure. When personal income is required to be reported,⁵ the statement shall contain:
- 1. The name and address of each source of income aggregating five hundred dollars (\$500) or more in value, or fifty dollars (\$50) or more in value if the income was a gift, and a general description of the business activity, if any, of each source;
- 2. A statement whether the aggregate value of income from each source, or in the case of a loan, the highest amount owed to each source, was one thousand dollars (\$1,000) or less, greater than one thousand dollars (\$1,000), greater than ten thousand dollars (\$10,000), or greater than one hundred thousand dollars (\$100,000);
- 3. A description of the consideration, if any, for which the income was received;
- 4. In the case of a gift, the name, address and business activity of the donor and any intermediary through which the gift was made; a description of the gift; the amount or value of the gift; and the date on which the gift was received;
- 5. In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the loan.
- (C) Business Entity Income Disclosure. When income of a business entity, including income of a sole proprietorship, is required to be reported,⁶ the statement shall contain:
- 1. The name, address, and a general description of the business activity of the business entity;
- 2. The name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from such person was equal to or greater than ten thousand dollars (\$10,000).
- (D) Business Position Disclosure. When business positions are required to be reported, a designated employee shall list the name and address of each business entity in which he or she is a director, officer, partner, trustee, employee, or in which he or she holds any

position of management, a description of the business activity in which the business entity is engaged, and the designated employee's position with the business entity.

- (E) Acquisition or Disposal During Reporting Period. In the case of an annual or leaving office statement, if an investment or an interest in real property was partially or wholly acquired or disposed of during the period covered by the statement, the statement shall contain the date of acquisition or disposal.
- (8) Section 8. Prohibition on Receipt of Honoraria.
- (A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept any honorarium from any source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests. This section shall not apply to any part time member of the governing board of any public institution of higher education, unless the member is also an elected official.

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

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

- (8.1) Section 8.1 Prohibition on Receipt of Gifts in Excess of \$390.
- (A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept gifts with a total value of more than \$390 in a calendar year from any single source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests. This section shall not apply to any part time member of the governing board of any public institution of higher education, unless the member is also an elected official.

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

- (8.2) Section 8.2. Loans to Public Officials.
- (A) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the elected officer holds office or over which the elected officer's agency has direction and control.
- (B) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the public official holds office or over which the public official's agency has direction and control. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(C) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status.

- (D) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.
- (E) This section shall not apply to the following:
- 1. Loans made to the campaign committee of an elected officer or candidate for elective office.
- 2. Loans made by a public official's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such persons, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.
- 3. Loans from a person which, in the aggregate, do not exceed five hundred dollars (\$500) at any given time.
- 4. Loans made, or offered in writing, before January 1, 1998.
- (8.3) Section 8.3. Loan Terms.
- (A) Except as set forth in subdivision (B), no elected officer of a state or local government agency shall, from the date of his or her election to office through the date he or she vacates office, receive a personal loan of five hundred dollars (\$500) or more, except when the loan is in writing and clearly states the terms of the loan, including the parties to the loan agreement, date of the loan, amount of the loan, term of the loan, date or dates when payments shall be due on the loan and the amount of the payments, and the rate of interest paid on the loan.
- (B) This section shall not apply to the following types of loans:

- 1. Loans made to the campaign committee of the elected officer.
- 2. Loans made to the elected officer by his or her spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.
- 3. Loans made, or offered in writing, before January 1, 1998.
- (C) Nothing in this section shall exempt any person from any other provision of Title 9 of the Government Code.
- (8.4) Section 8.4. Personal Loans.
- (A) Except as set forth in subdivision (B), a personal loan received by any designated employee shall become a gift to the designated employee for the purposes of this section in the following circumstances:
- 1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.
- 2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:
- a. The date the loan was made.
- b. The date the last payment of one hundred dollars (\$100) or more was made on the loan.
- c. The date upon which the debtor has made payments on the loan aggregating to less than two hundred fifty dollars (\$250) during the previous 12 months.
- (B) This section shall not apply to the following types of loans:
- 1. A loan made to the campaign committee of an elected officer or a candidate for elective office.
- 2. A loan that would otherwise not be a gift as defined in this title.
- 3. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor has taken reasonable action to collect the balance due.
- 4. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor, based on reasonable business considerations, has not undertaken collection action. Except in a criminal action, a creditor who claims that a loan is not a gift on the basis of this paragraph has the burden of proving that the decision for not taking collection action was based on reasonable business considerations.
- 5. A loan made to a debtor who has filed for bankruptcy and the loan is ultimately discharged in bankruptcy.

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

(9) Section 9. Disqualification.

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

- (A) Any business entity in which the designated employee has a direct or indirect investment worth two thousand dollars (\$2,000) or more;
- (B) Any real property in which the designated employee has a direct or indirect interest worth two thousand dollars (\$2,000) or more;
- (C) Any source of income, other than gifts and other than loans by a commercial lending institution in the regular course of business on terms available to the public without regard to official status, aggregating five hundred dollars (\$500) or more in value provided to, received by or promised to the designated employee within 12 months prior to the time when the decision is made;
- (D) Any business entity in which the designated employee is a director, officer, partner, trustee, employee, or holds any position of management; or
- (E) Any donor of, or any intermediary or agent for a donor of, a gift or gifts aggregating \$390 or more provided to, received by, or promised to the designated employee within 12 months prior to the time when the decision is made.
- (9.3) Section 9.3. Legally Required Participation.

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

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

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

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

Conflict of Interest 15

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

(10) Section 10. Disclosure of Disqualifying Interest.

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

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

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

(12) Section 12. Violations.

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

NOTE: Authority cited: Section 83112, Government Code.

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

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

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

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

⁴Investments and interests in real property which have a fair market value of less than \$2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real property of an individual include those held by the individual's spouse and dependent children as well as a pro rata

Conflict of Interest 16

share of any investment or interest in real property of any business entity or trust in which the individual, spouse and dependent children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.

⁵A designated employee's income includes his or her community property interest in the income of his or her spouse but does not include salary or reimbursement for expenses received from a state, local or federal government agency.

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

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





Policy Number: BOD6	Date Created: 03/27/2013	
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet	
Approvers: Board of Directors (Administration)		
Board Reimbursement for Travel and Service Clubs		

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

PURPOSE: To provide reimbursement to members of the Kaweah Delta Health Care

District dba Kaweah Health Board of Directors, consistent with legislative

regulations, for the performance of the duties of their office.

POLICY: Each member of the Board of Directors shall be allowed his/her actual

necessary traveling and incidental expenses including service organization

dues incurred in the performance of official business of the District.

PROCEDURE: Travel and incidental expenses including service organization dues will be

reimbursed to Board members that are paid with personal credit cards or cash upon the submittal of itemized receipts to the Executive Assistant to the Board

of DirectorsBoard Clerk.

Any charges made with the District issued Wells Fargo credit card requires submittal of itemized receipts with 10 days of completion of travel for reconciliation of the Kaweah <u>Delta-Health</u> Wells Fargo Visa card provided to

members of the Board of Directors.

1. Travel

- A. Meals will be reimbursed with the submittal of an itemized meal receipt.
- B. Air Fare for board member for the cost of coach fares and standard luggage fees. If the traveler chooses to travel in a premium class such as business or first, the difference in cost between coach travel rates and the premium travel rates must be paid by the traveler.
- C. Parking, taxi, or rental car fees and other transportation expenses will be reimbursed.
- D. If driving, mileage will be reimbursed at current IRS guidelines.
- E. Hotel room will be covered in full for Board Member. Lodging costs shall not exceed the maximum group rate published by the conference or activity sponsor as long as the group rate is available to the Board member at the time of booking. Any additional nights beyond or prior to the conference shall be incurred by the Board member.
- F. Conference registration for Board Members will be paid in full.

II. Service Club District Reimbursed Memberships

Kaweah Delta Health Care District recognizes the value of professional and service club memberships for its members of the Board of Directors. All Board members are encouraged to participate in such activities to benefit health care education and community involvement. As such Board members may have dues for these memberships paid for by the District. Members of the Board of Directors are eligible for membership in a community organization. The District will not reimburse for meals, fines, or other assessments at regular meetings.

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





Policy Number: BOD7	Date Created: 10/30/2013	
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet	
Approvers: Board of Directors (Administration)		
Presentation of Claims and Service Process		

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

POLICY:

Suits for money or damages filed against a public entity such as Kaweah Delta Health Care District (hereinafter "District")dba Kaweah Health are regulated by statutes contained in division 3.6 of the California Government Code, commonly referred to as the Government Claims Act. Government Code § 905 requires the presentation of all claims for money or damages against local public entities such as the DistrictKaweah Health, subject to certain exceptions. Claims for personal injury and property damages must be presented within six (6) months after accrual; all other claims must be presented within one (1) year.

Presentation of a claim is generally governed by Government Code § 915 which provides that a claim, any amendment thereto, or an application for leave to present a late claim shall be presented to the-DistrictKaweah Health by either delivering it to the clerk, secretary or auditor thereof, or by mailing it to the clerk, secretary, auditor, or to the governing body at its principal office.

Service of process on a public entity such as the District Kaweah Health is generally governed by Code of Civil Procedure § 416.50 which provides that a summons may be served by delivering a copy of the summons and complaint to the clerk, secretary, president, presiding officer or other head of its governing body.

This policy is intended to precisely identify those individuals who may receive claims on behalf of the District Kaweah Health and those individuals who may receive a summons and complaint on behalf of the District Kaweah Health.

PROCEDURE:

I. Presentation of a Government Claim

- A. <u>Personal Delivery</u>. Only the Board Clerk, the Board Secretary, <u>or the</u> Auditor are authorized to receive delivery of a Government Claim on behalf of the <u>DistrictKaweah Health</u>. In the absence of the Board Clerk, the Board Secretary, and the <u>District's</u> Auditor, the <u>District Vice President</u>, <u>Chief Compliance and Risk Officer Compliance Officer</u> is authorized to receive personal delivery of a government claim on behalf of the <u>DistrictKaweah Health</u>. No other individual is authorized to receive delivery of a Government Claim on behalf of the <u>DistrictKaweah Health</u>.
- B. Mailing. Only the Board Clerk, the Board Secretary, or the Auditor are authorized to receive mailing of a Government Claim on behalf of the District Kaweah Health. No other individual is authorized to receive mailing of a Government Claim on behalf of the District Kaweah Health, unless the claim is addressed to the Board of Directors and mailed to the Board of Directors of the District Kaweah Health at 400 West Mineral King Avenue, Visalia, CA, 93291, the principal office of the Board of Directors.
- C. Processing a Presented Claim. If a claim is (1) delivered to the Board Clerk, the Board Secretary, or the Auditor. In the absence of the Board Clerk, the Board Secretary, and the District's Auditor, the District-Vice President, Chief Compliance and Risk Officer Compliance Officer is authorized to receive personal delivery of a government claim on behalf of the District; or (2) received in the mail addressed to the Board Clerk, the Board Secretary, or the Auditor; or (3) received in the mail addressed to the Board of Directors of the District Kaweah Health at 400 West Mineral King Avenue, Visalia, CA, 93291, the claim shall be immediately provided to the Board Clerk so the date, time and manner of delivery/mailing can be recorded by the Board Clerk in a log to be maintained in the Board Clerk's office. The Board Clerk shall then make prompt arrangements to have a copy of the claim, as well as the log information for the claim, provided to the District's Kaweah Health Risk Management Department and to the legal counsel for the District Kaweah Health who will be representing the District Kaweah Health with respect to the claim. In the event that a claim is accepted by the Auditor, in the absence of the Board Clerk, the claim shall be marked with the date/time and manner of delivery/mailing recorded. The claim shall be immediately forwarded to the Risk Management Department to be processed as noted above.

If delivery of a claim is attempted on any individual other than the Board Clerk, the Board Secretary, or the Auditor, then the person attempting delivery shall be advised by the individual on whom delivery of a claim is being attempted that he/she is not authorized to receive delivery of a claim on behalf of the DistrictKaweah Health and he/she shall decline to accept delivery. If a claim is delivered to any individual other than the Board Clerk, the Board Secretary, or the Auditor, then the claim shall be promptly forwarded directly to the District's Kaweah Health's general counsel for possible return to the sender. The District's general counsel shall advise the District's Risk Management Department of the handling of the improperly presented claim.

If a claim is received in the mail that is not addressed to the Board Clerk, the Board Secretary, or the Auditor and is not addressed to the Board of Directors of the District at 400 West Mineral King Avenue, Visalia, CA, 93291, then the claim shall be promptly forwarded directly to the District's Kaweah Delta's general counsel for possible return to the sender. Kaweah Delta's The District's general counsel shall advise the District's Risk Management Department of the handling of the improperly presented claim.

II. Service of Summons and Complaint.

- Personal Delivery. Only the Board Clerk, the Board Secretary or the Board President is authorized to accept delivery of a summons and complaint on behalf of the DistrictKaweah Delta. In the absence of the Board Clerk, the Board Secretary, or the Board President, the DistrictChief Compliance Officer is authorized to receive personal delivery of a Summon and Complaint on behalf of the DistrictKaweah Delta. In the absence of the Board Clerk, Board Secretary, Board President and the DistrictChief Compliance Officer, the administration Department staff will contact the District's Kaweah Delta's general counsel who will advise how to proceed with the service of the summons and complaint. No other individual, and no other manner of service, is authorized in the absence of a court order or a specific authorization from the Board President, who is granted limited authority as described in this policy.
- B. Processing a Delivered Summons and Complaint. If a summons and complaint are delivered to the Board Clerk, the Board Secretary or the Board President, they shall be immediately provided to the Board Clerk so the date, time and manner of delivery can be recorded by the Board Clerk in a log to be maintained in the Board Clerk's office. In the absence of the Board Clerk, the Board Secretary, or the Board President, the District-Vice President, Chief Compliance & Risk Officer Compliance Officer is authorized to receive personal delivery of a Summon and Complaint on behalf of the District. The Board Clerk shall then make prompt arrangements to have a copy of the summons and complaint, as well as the log information for the summons and complaint, provided to the District's Risk Management Department and to the legal counsel for the District Kaweah Health who will be representing the District Kaweah Health with respect to the litigation.

If service of a summons and complaint is attempted on any individual other than the Board Clerk, the Board Secretary or the Board President, then the person attempting delivery shall be advised by the individual on whom delivery is being attempted that he/she is not authorized to accept service of a summons and complaint on behalf of the DistrictKaweah Health and he/she shall decline to accept service.

An exception to the forgoing may be made only in circumstances where legal counsel for the DistrictKaweah Health receives prior authorization from the Board President to accept service of a summons and complaint on behalf of the DistrictKaweah Health.

If a summons and complaint is received under circumstances other than by delivery to the Board Clerk, the Board Secretary or the Board President, or through receipt by legal counsel with prior authorization from the Board President

to accept service on behalf of the DistrictKaweah Health, then the summons and complaint shall be promptly forwarded directly to the District's Kaweah Health's general counsel for possible return to the party who attempted service. The District's Kaweah Health's general counsel shall advise the District's Risk Management Department of the handling of the improperly served summons and complaint.

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



Subcategories of Department Manuals not selected.

Policy Number: DM2204	Date Created: 03/01/2008	
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr) Date Approved: Not Approved Yet		
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)		
Code Silver-Activation Plan		

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

I. Policy

To establish guidelines to be followed in the event that an individual is brandishing or using a weapon, or there is a hostage situation.

II. Procedure

When an employee believes an event is occurring in the hospital, with an individual brandishing or using a weapon or a hostage situation, they must notify Security, the Nursing Supervisor and Administration **immediately by dialing Ext. 44** and giving the nature of the incident, the exact location and if possible, the number of suspects, and the names of the hostages to the PBX Operator. **Outside facilities will dial 911 followed by Ext. 44.**

- A. The following steps should be taken without delay:
 - PBX Operator will dial 911 and report the situation (i.e. person with a weapon and type of weapon, active shooter, hostage) to the Visalia Police Department.
 - PBX will overhead page "Code Silver and Location". PBX will notify the ISS Help Desk
 <u>a</u>And they will announce through Berbee message on all Cisco Phones."
 - PBX Operator will notify Security by two-way radio giving the location and nature of the incident.
 - 4. PBX Operator will notify the Administrator on Call and the Manager of Security.
 - If after hours, the Administrator on Call will be notified by PBX Operator and immediately report to the hospital location of the incident.
 - Staff will follow Staff Response Checklist: evacuate when possible and shelter in place, close all doors and reassure patient and visitors.
 - 7 Security Officers will respond to confirm the event, secure the perimeter and ensure no one enters the area. When possible, Security will rope off with yellow caution tape or secure doors.
 - The Administrator on Call and/or Nursing Supervisor and Security Officer will obtain any information from witness, i.e., number of suspects, weapons involved, and number of hostages to be given to the appropriate authority, i.e., Visalia Police Department.

- The House Supervisor or the Administrator on Call will establish the Hospital Command Center (HCC) in the Blue Room<u>or other designated area</u> and initiate the Hospital Incident Command System (HICS) to the degree necessary.
- 10. In the event of a hostage situation, at no time will any demands or requests from the assailant be met prior to the arrival of law enforcement agencies.
- The following members of the management staff should will be called by Administrator on call or House Superion and meet in the established HCC of the specified hospitallocation:
 - a. Administrator on Call
 - b. Director on Call
 - bc. House Supervisor
 - de. Security Manager or designee
 - ed. Director of Risk Management or designee
 - fe. Director of Facilities or designee
 - gf. Director of SafetySafety Officer or designee
 - hg. Director of Marketing or designee
 - . Director of Chaplain Services or designee

Formatted: Indent: Left: 0", First line: 0"

- Upon arrival of law enforcement, the Officer in Charge will act as the negotiator with the suspect(s).
- The hospital's Public Information Officer (PIO) will be assigned a ndesignated area within the hospital for the gathering of the news media.
- 14. Hostages s relatives arriving at the hospital will be placed in a secure location away from the news media and the hostage containment area.
 - Patient Family Services staff will be assigned to assist the hostage's relatives and the Psychological Support Unit Leader will man the area.
- Hostages's relatives will be kept informed by a member of the administrative team or by a law enforcement representative.
- No information will be released to the news media without the approval of the Emergency
 Hospital Incident Commander, Public Information Officer (PIO) and law enforcement.
- 17. Law enforcement, in conjunction with the Hospital Incident Commander, is in charge of the hostage negotiations and the possible need to evacuate and/or halt activities surrounding the hostage area.

Purpose: To provide assistance to anyone who is confronted by a person brandishing a weapon or who has been taken hostage on District property. Weapons include firearms and all other potentially deadly weapons such as knives, bats, batons, etc. **Procedure:** In the event someone brandishes a weapon, Kaweah Delta Health Care District will activate the following Code Silver procedure to warn personnel and summon the Visalia Police Department. INCIDENT COMMANDER CHECKLIST If the scope of the incident requires HICS activation, the hospital Incident Commander assumes overall responsibility for hospital emergency operations, in collaboration with law enforcement. If the incident has potential to disrupt hospital operations: Activate HICS. ☐ Direct PBX regarding all Code Silver-related overhead pages, in collaboration with law enforcement. Direct PIO to contact the families of identified hostages and serve as liaison with media. (Ensure that all official statements are coordinated with the police before being released.) As soon as the incident is cleared, direct PBX to announce by overhead page "Code Silver, All Clear.' STAFF RESPONSE CHECKLIST If you encounter a person brandishing a weapon: Seek cover/protection and warn others; evacuate if possible. ☐ Dial the District operator at Ext. 44 and Security will respond. Provide PBX with the following: Where you are and where incident is occurring. Description and number of suspects. Number and location of hostages. ☐ Number and type of weapons involved. \square Come to the aid of others when safe to do so, removing patients, staff and visitors from Do not attempt to confront the individual(s). Remain calm; reassure patients, staff and visitors. Attempt to keep others out of the area. Note: If Code Blue team is needed, call PBX to overhead page "Code Blue" assistance to the scene when the scene is secure. **Do not** put Code Blue team at risk. If you hear "Code Silver": Stay away from the area specified in "Code Silver." This is an extremely dangerous and sensitive situation that should only be handled by trained authorities. Employees in the affected or immediate area of on the same floor adjacent to the "Code Silver" location: Close and barricade doors to patient areas or rooms to "shelter-in-place". Where feasible and safe, evacuation may be initiated by using fire evacuation routes and fire stairwells at the direction of the area Manager or designee. Extreme caution shall be exercised in determining whether or not an evacuation will be initiated. Employees in all other locations shall initiate a shelter-in-place response and remain at the location until an "all clear" announcement is made: Close/secure all patient and unit exit doors. Close and barricade doors leading in the department to "shelter in place". Do not allow visitors or patients to leave the safety of the unit. Remain calm and quiet reassuring patients and visitors the situation -is being managed. Refrain from calling the operator or Security Department to inquire about updates. The "all clear" announcement will be made when the incident is stabilized and under control.

CODE SILVER – PERSON WITH A WEAPON AND/OR HOSTAGE SITUATION

Co	de Silver-Activation Plan 4			
	If you are taken as a hostage:			
	Be especially careful during the first 5 minutes, as the captor is probably as desperate and nervous as the victim. DM 22	204		
	Try not to show emotions openly, captors play off emotions and take advantage of emotiona			
	weaknesses. ☐ Sit down if possible to appear less aggressive. ☐ Act relaxed as this may relax the hostage-taker. ☐ Weigh carefully any chance to escape to be sure that escape is certain and no one else is endangered.			
	Be patient, help is coming. Have faith in negotiators.			
	PBX CHECKLIST			
	Upon notification or recognition of a situation involving a person with a weapon, active shooter, or hostage taking, announce by overhead page, "Code Silver" with the location of incident; immediately notify: Usalia Police Department and provide details of situation:			
	Location			
	□ Number of assailants □ Weapons(s)			
	☐ Description of assailants ☐ Number of hostages Maintain a phone connection between the reporting party and Security or responding law enforcement officers to keep officer's updated about the current about-situation .			
	Refer staff inquiries regarding incident to the Incident Commander. Note: DO NOT dispatch the Code Blue Team to Code Silver area until the police deem it safe to do so.			
	SECURITY CHECKLIST			
W	hen notified of a person on campus with a weapon or a hostage situation, immediately notify the			
***	Visalia Police Department (if not already done by PBX).			
	J J			
Ц	 □ Security will lockdown the hospital building to prevent the public from entering into a hostile environment, or to keep an outside threat from entering into the facility □ Secure area perimeter – keep others from danger. Clear bystanders from the area. 			
	Security will meet with responding law enforcement personnel to: Describe the specific area and surrounding area. Number and description of suspects. Number and description of hostages. Number and description of weapons, if known. Names of suspects and hostages, if known. Preliminary demands or intentions of suspects.			
	—			

DM 2204

Code Silver-Activation Plan 5 □ Provide law enforcement with facility layout indicating rooms, exits, windows, utility access and phone numbers. □ Provide logistical and manpower support.	
MAINTENANCE CHECKLIST	
☐ Gather maps of the affected area and report to Visalia Police Officers in area.	
ALL CLEAR – STAFF RESPONSE	
 □ When it is safe to do so, get medical help to victims if needed. □ When you hear PBX announce "Code Silver, All Clear," return to your normal work duties, unless otherwise directed. □ If any employee is involved in a weapons incident, Human Resources must be notified immediately. □ Participate in incident debriefing as requested. Incident Commander, Security and the Department Person in Charge will complete an occurrence report. Note: Following the emergency incident, the Department Manager(s) of the affected area(s) shall submit an occurrence report. 	
"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approaches exist	

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."

Code	Silver-Activation	Plan
------	-------------------	------

6



Subcategories of Department Manuals not selected.

Policy Number: DM2205	Date Created: No Date Set	
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr) Date Approved: Not Approved Yet		
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)		
Code Pink- Infant Abduction		

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

Policy

This policy is designed to provide a coordinated and effective response by a trained team of professionals to an infant abduction.

II. Procedure

A. Background

In the event of a removal of an infant from Kaweah Delta Hospital-Medical Center by unauthorized persons, Kaweah Delta Health Care DistrictHealth Medical Center will activate its Code Pink procedure. Assigned staff must respond immediately to their assigned exits of the hospital-medical center. Other hospital-medical center staff should remain in their areas, stay alert and report any suspicious persons to the PBX Operator at Ext. 44.

B. Response

See attached checklist and flowchart and map.

.0

CODE PINK - INFANT ABDUCTION

Purpose: To protect infants from removal by unauthorized persons and to identify the typical physical description and actions demonstrated by someone attempting to kidnap an infant from a healthcare facility. Additionally, to define healthcare facility response to an infant abduction.

Kidnapper Profile: The typical abductor:

- Usually a female of childbearing age who appears pregnant.
- Most likely compulsive; most often relies on manipulation, lying and deception.
- Frequently indicates she has lost a baby or is incapable of having one.
- Often married or cohabitating; companion's desire for a baby or the abductor's desire to provide her companion with "his" baby may be the motivation for the abduction.
- Usually lives in the community where the abduction takes place.
- Frequently initially visits nursery and maternity units at more than one health care
 facility prior to the abduction; asks detailed questions about procedures and the
 maternity floor layout; frequently uses a fire exit stairwell for her escape; and
 may also try to abduct from the home setting.
- Usually plans the abduction, but does not necessarily target a specific infant; frequently seizes any opportunity present to abduct a baby.
- Frequently impersonates a nurse or other allied health care personnel.
- Often becomes familiar with health care staff members, staff member work routines and victim parents.
- Often demonstrates a capability to provide care to the baby once the abduction occurs, within her emotional and physical abilities.

She would be:

- · Carrying an infant,
- · Carrying a bag large enough to hold an infant,
- Covering the infant with her coat, baby blanket,
- Dressed in other medical attire and carrying an infant.

Infants are discharged from the hospital medical center in the arms of their mother, who is transported via wheelchair and accompanied by a staff member or hospital medical center volunteer. An infant who is being transported between departments will be moved in a crib and accompanied by a staff member.

STAFF RESPONSE CHECKLIST

Hospital Medical Center staff must respond immediately to the exits of the hospital medical Center as follows:

Name of Exit or Area	Department To Respond	
First Floor Doors:		
1. Mineral King Main Lobby	Patient Access after 2100 hr Emergency Department	

Name of Exit or Area	Department To Respond	
2. Ambrosia Exit	Food Services	
Nurse Supervisor /Bed Coordinator Office	Bed Coordinator	
4. Endoscopy Hallway	Respiratory	
Surgery Center Exit	Surgery Waiting Patient Access	
6. Acequia West Staircase Exit	after 1700 Pharmacy Help Desk	
Acequia West Employee Entrance/Exit by Visitor Elevators	Patient Access after 2100 hr CVICU	
8. Acequia Wing Lobby	Patient Access after 2100 hr 4- Tower	
9. Acequia East Employee Entrance/Exit	EVS	
Acequia Zone A - Outside by Ambulance Bay with clear view of East Stairwell exit, EMS Door, Ambulance Door, and Emergency Department Stairwell exit.	Emergency Department	
Acequia Zone B – East Stairwell Exit	Emergency Department	
Acequia Zone C – Northeast Employee Entrance/ Exit	Patient Access after 1700 hr CV	
Acequia Zone D – Acequia Main Stairwell & Exit Door – northeast side	Patient Access after 1700 hr 4Tower	
Acequia Zone E – Acequia Main Entrance	Patient Access after 1700 hr Emergency Department.	
Acequia Zone F – Northwest exit & stairwell	Environmental Services	
Acequia Zone G - Acequia Southwest Exit with clear view of west stairwell, , recessed exit,	Environmental Services	
Mineral King Zone H – Surgery Center Pre-Op West Exit door with view of courtyard walkway, back surgery door.	Laundry Department	
Mineral King Zone I – Surgery Center Main Entrance	Surgery Patient Access after 1700 hr Pharmacy	
Mineral King Zone J – Loading Dock	Shipping and Receiving after 1500 hr Maintenance	
Mineral King Zone K – Dietary Exit Door	Food Services	
Mineral King Zone L – Ambrosia Exit	Ambrosia Staff after 2000 hr Security	
Mineral King Zone M – Mineral King Main Entrance	Patient Access after 2100 hr Security	
Mineral King Zone N – Emergency Department Main Entrance	Security	
Second Floor Doors:		
ICU patio exit and back stairwell to their unit	ICU	
2 North stairwell	2 North	
2 North stairwell next to nurse manager's office	2 North	
Third Floor Doors:		
3 West Patio exit and back stairwell to their unit	3 West	
3 North back stairwell	3 North	
3 North central stairwell	3 North	
3 South back stairwell	3 South	
3 South visitor and utility elevators & patio	3 South	

(HCC) of results.

the mothers.

Offices, OBOR, and cabinets.

the infant or child's physician.)

information into the HCC.

Name of Exit or Area	Department To Respond
Fourth Floor Doors:	
4 North back stairwell	4 North
4 North central stairwell, employee elevators	4 North
4 South back stairwell	4 South
4 South Visitor and utility elevators	4 South
*After 1700 an outside perimeter will be established by Maintenance/Security with Maintenance covering the outside south side exits. Security will cover outside the ambulance bay and the main entrance and the exit at the Ambrosia Café.	

Other hospital medical center staff, not specifically assigned to respond, should remain in their areas, stay alert, and report any suspicious persons to the PBX Operator at Ext. 44.	
Redirect all exiting visitors to Main Lobby exit without impeding entry to facility. (Script, "I'm sorry, you'll have to exit through the Main Lobby, thank you.")	
Identify an object that could conceal an infant (i.e., purse, backpack, gym bag, grocery bag) and report to Security.	
If a person runs, do not attempt to apprehend them. Without losing the person, ask for someone to call Security. Take special note of their appearance, what they are wearing (style, color, etc.), how they leave the https://example.color.org/ make, color and license plate number.	
Immediately report above information to Security.	
Should the person abandon the infant and escape, keep the infant with you and report above information to Security.	
Do not leave exit until you hear "All Clear."	
AFFECTED AREA CHECKLIST	_
Dial 44 and instruct the operator to initiate "Code Pink" and give PBX Operator the description, age and gender of missing infant.	
Instruct available staff to start a room-to-room search of the floor areas.	
Charge Nurse will:	
Initiate a search on Mother Baby Unit, 2 East, Pediatrics, Broderick, Neonatal Unit, and Newborn Care. Notify hospital-medical center operator and Hospital Command Center	

The search includes areas not limited to: Patient rooms, Corridors, Nourishment Center, Waiting Room/Classrooms, Conference Rooms, Elevator/Stairways, Storage Rooms, Restrooms, Housekeeping/Utility closets, dietary/housekeeping carts,

□ Relocate the mother to another area leaving all items in the mother's room untouched. Obtain any information regarding the description of the abductor and call this

Relocate infants from any holding area to their mothers' rooms. Explain the situation to

Contact the attending physician to relay information regarding the incident and request that they respond to the hespitalmedical center. (Contact the mother's physician and

	Cod	de Pink- Infant Abduction 5	
		Protect the area where the abduction occurred; close the door to the room. DO NOT TOUCH OR MOVE ANYTHING.	
		Assign a staff member and social worker to the mother/parent/caregiver and who will accompany the family at all times for immediate crisis assistance, obtain an interpreter if required, and collaborate with patient to determine the best location for her and her family to wait. (It is best to remove the patient from the area the abduction took place as soon as possible).	
		Place cord blood on hold. Place lab work on hold, locate and secure infant's/child's	
		medical record, including footprints. Locate and secure photographs where available. Arrange for additional staffing on the unit if necessary.	
		Gather all relevant information in preparation for the arrival of the police department.	
		Complete an <i>Incident Report</i> at the conclusion of the event and submit to Risk Management.	
Ιſ		PBX/ISS HELP DESK CHECKLIST	
	=	Upon notification, announce "Attention please, Code Pink (2x) over the public address	
		system. Notify the following	
l	Ш	IF HUGS Alarm:	
		Security	
		Immediately overhead page "Code Pink and location	
		In the event of a HUGS Alarm Unit Staff or Security can authorize a "Code Pink, All	Formatted: Indent: Left: 0", Hanging: 0.3", No bullets
		<u>Clear"</u>	numbering
		Confirmed Infant Abduction-Call:	
		 Visalia Police Department (911) 	
		o Security	
		 Nursing Coordinator to initiate Disaster PlanCall House Supervisor 	
		 Administration Representative 	
		- Social Worker	
i		 Risk Management 	
		• Marketing	
		Critical Stress Management Team Initiate a "Ne Information" status for this policet.	
		Initiate a "No Information" status for this patient. In the event of an infant abduction, only Security or Visalia Police Department will have	
	_	the authority to call a "Code Pink, All Clear".	
		SECURITY CHECKLIST	
		Immediately respond to the location of the possible abduction. Secure the scene by stopping the flow of traffic out of the unit.	
		Assign Security Officer to Front Entrance.	
		Attempt to get information on possible description of suspected abductor.	
		Greet police with description and any known information.	
ı		Escort police to location of incident.	
l		The police will assume leadership in an internal search of the hospital medical center with assistance of Maintenance and/or Nursing Supervisor.	
		Following the "All Clear," notify other local hospitals of any attempted infant abduction.	

ADMITTING STAFF CHECKLIST Admitting staff stationed at Main Lobby: Screen all exiting visitors for kidnap profile. Request permission to search large bags. If individual does not wish to cooperate, immediately report their description to the HCC. Get description of vehicle and license plate number. □ DO NOT PROVIDE ANY INFORMATION REGARDING A POSSIBLE ABDUCTION. INCIDENT COMMANDER CHECKLIST Maintain radio contact with Security and PBX at all times. Serve as liaison with the police department personnel. Provide decision-making authority and commit hospital resources as appropriate in support of the plan response activities and needs. Request that police set up a traffic stop at the entrance/exit. As soon as possible, dispatch additional personnel to assist Security with control of the hospital's medical center's perimeter. MARKETING/MEDIA RELATIONS Arrange for a communication center and supply the media with regular briefings. Information released to the media will only be done by the Nursing Supervisor, Administration Representative, or Marketing Director. **ALL CLEAR**

Only the AOD (Incident Commander), Security or VPD can authorize PBX to page "Code Pink, All Clear" when operations may return to normal.

Note: Following the emergency incident, the Department Manager(s) of the affected area(s) shall complete an Incident Report and submit to Risk Management.

"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."

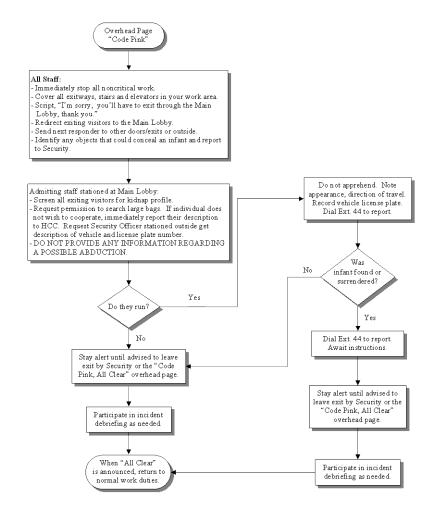
Code Pink- Infant Abduction

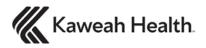
.



Delivering excellence.

Emergency Management Manual Code Pink - Infant Abduction





Subcategories of Department Manuals not selected.

Policy Number: DM 2208	Date Created: 07/01/2011	
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr) Date Approved: Not Approved Yet		
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)		
Preparedness)		

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

Policy

All bomb threats are treated as if they are real until proven otherwise.

Procedure-See Checklist on next page

CODE YELLOW – BOMB THREAT

Purpose:

To obtain as much information as possible from a caller making a bomb threat and aid in the search for a potential bomb within the hospital or on its grounds. To safely isolate a suspicious item, package, or device that may be a bomb.

Background: Bomb threats received via phone, written note or mail are common; however, it is unlikely that an actual bomb has been placed. Kaweah Delta Health Care District will make a thorough search when a bomb threat is received if sufficient information is available to determine the area needing to be searched. There will not be an evacuation unless a suspicious device has been identified.

STAFF RESPONSE CHECKLIST

lm	nediately upon hearing bomb threat:			
	If by phone:			
	Listen carefully; keep the caller on the line as long as possible. Record answers to questions on Bomb Threat Report (see Appendix).			
	□ Note the time of the call.			
	☐ Ask the caller when the bomb is to go off. If there is an immediate threat of the bomb going off, conclude the call with as much information as possible and proceed to #6 below.			
	☐ LISTEN carefully to what the caller is saying and any background noises.			
	☐ Try to covertly give notification of threat to your co-worker.			
	☐ Try to gain as much information as possible.			
	☐ Take notes on a piece of paper as caller speaks.			
	☐ Fill out Bomb Threat Report form immediately after caller has hung up.			
	☐ Dial Ext. 44 and report information to the PBX Operator.			
	□ Notify your immediate supervisor.			
	If by note:			
	☐ Handle as little as possible by edges only. Use gloves if possible. Place in a large paper envelope as soon as possible.			
	☐ Immediately write down the description of the person passing the note on the Bomb Threat Report			
	☐ Contact PBX at Ext. 44 to report situation.			
	Do not discuss the situation with anyone except your supervisor, law enforcement, or Security.			
Up	on Discovery of a Suspicious Package:			
	Identifying a package as a bomb is difficult. A bomb may have wires, dynamite stick, and ticking sound or no noise. DO NOT TOUCH OR MOVE PACKAGE			
	· · · · · · · · · · · · · · · · · · ·			
	Notify security, clear area of patients and isolate object.			
Un	on hearing overhead page, "Code Yellow":			
	If you are in the affected area, visually check your entire area quickly and quietly for anything			
_	unusual.			
	Turn off radios and cellular phones (except in-house wireless phones).			
	Do not turn light switches on and off when searching. Use flashlights when necessary.			
	Do not evacuate or alert patients (unless instructed to do so by the Incident Commander).			
	Look for and report all suspicious-looking objects. <i>Do not touch</i> suspicious items – dial			
	Ext. 44 to report them.			
	Department Manager or designee is to notify HCC when visual check is complete.			
	Continue vigilance until "All Clear" notification.			

PBX CHECKLIST	
Immediately notify:	
 Notify, by telephone, the Administrator on Call and/or Nursing Supervisor of the impending threat 	
 □ Notify the Visalia Police Department if directed by Administration. 	
☐ If directed by the Administrator on call or Nursing Supervisor, announce "Code Yellow" and	
location. Transfer any emergency calls during incident to Incident Commander.	
☐ Write all pertinent information down regarding the bomb threat, such as, time bomb to go off,	
location, etc.	
 Do not use radios, cellular telephones or pagers. Page codes as directed by hospital Incident Commander. 	
□ Notify the HCC in Blue Room if there are any reports of suspicious items. Be sure to obtain	
location and the name of the caller reporting the information.	
When directed by the Incident Commander, announce "Code Yellow, All Clear."	·=
INCIDENT COMMANDER/NURSING SUPERVISOR/ADMINISTRATOR ON CALL CHECKLIS ☐ Evaluate the situation and immediately call the police department.	5 I
☐ Authorize the PBX Operator to overhead page "Code Yellow and location" (2x). ☐ Order	
PBX Operator to call all Section Chiefs and Security to the Hospital Command Center (HCC)	
in Blue Room. The following personnel will be asked to report to the Hospital Command Center:	
a) House Supervisor	
b) Administrator on call (If after hours, will be notified of threat immediately.)	
c) Police officers, upon arrival. d) Security	
e) Maintenance Department personnel, (bring layout or blueprints of premises and necessary	
keys).	
f) Receiver of bomb threat for interview.	
□ Develop a plan of action with the Section Chiefs.	
 Order Security to cordon off bomb threat area, if known. If at offsite location. Maintenance management team to go to bomb threat site. 	
☐ Implement HICS to the level necessary (not all staff may be needed).	
☐ Order search of area of facility, depending on the caller information (area or hospital-wide).	
Assign Logistic Chief to be in charge of the search.	
 Consider evacuation of the area, especially if the bomb location is known. Coordinate the HCC, and all information concerning the threat (i.e., search results, etc.). 	
Octobrillate the 1100, and an information concerning the threat (i.e., section results, etc.).	
ENGINEERING CHECKLIST	
□ Do not use 2-way radios, pagers or cell phones.	
 Upon hearing "Code Yellow" and "Code Triage" paged together, the Maintenance Manager and one engineer report to the HCC. 	
Remaining engineers, return to department and await further instruction.	
☐ Maintenance Manager returns to the department with instructions; engineers may assist in	
house-wide search. Locate facility maps for search.	
☐ Maintenance staff take their instructions from the Facilities Unit Leader.	
☐ Report all suspicious objects by dialing Ext. 44.	

SECURITY CHECKLIST
Respond to the area of the threat. If threat was by telephone, direct staff to complete the
Bomb Threat Report. Collect the form and any notes from the recipient and submit copies to
the Incident Commander and law enforcement.
If threat was by note, retrieve note from recipient, avoiding unnecessary handling. Place note in larger envelope or bag and hold for law enforcement.
If threat was in person, detain suspect (citizen's arrest) until law enforcement arrives.
Assist with search/relocation/evacuation as directed.
Do not use 2-way radios.
Take directions from Incident Command Center.
Cordon off bomb threat area, if known.
Prevent unauthorized persons from entering restricted area of the hospital.
One Security officer or designee is posted outside the building to await the arrival of the police or bomb squad.
Redirect traffic in the area.
Whenever a suspicious package is found, clear the area, post a guard and await Bomb
Squad.
Follow the instructions of the Bomb Squad.
Do not allow staff or visitors in any evacuated areas until directed.
Complete event report.
Participate in incident debriefing as needed.

ALL CLEAR

When it has been determined that there is no evidence of a bomb in the hospital and, in conjunction with the police department, the Incident Commander will direct PBX to announce, if appropriate, "Code Yellow, All Clear" (2x). All departments will return to normal operations.

"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."

BOMB THREAT REPORT

Policy: Any staff receiving a "Bomb Threat" will complete the following form and deliver to the Incident Command Center. The Incident Commander will ask to speak with the perso					
receiving the call at his/her discretion. Name of person receiving call:					to speak with the person
Title:					
Date:		Tim		Р	hone:
Call receipt time: Time caller hung up: As best you can, write the exact words of the caller:					
	,				
OUESTIONS	TO ACK THE	CALLED	/ A a l . 4 l . a . a . 4 a		
QUESTIONS	S TO ASK THE	E CALLER:	(ASK them to	repeat mes	sage.)
Where is the	bomb?				
wnen will it	explode? bomb is it?				
what kind of	DOMD IS IT?				
Why did you	look like?				
	do this? ou calling from				
	of the caller's v				
	emale:				
Was their vo	ice familiar? _	_ Age		If so who	200
vvas ilieli vo	ice iaiiiliai : _			II 50, WIII	J36 :
Circle all tha	at apply:				
Voice			Speech		
Raspy			Soft	Fast	Distinct
High Pitched			Deep	Slow	Slurred
Pleasant			Loud	Nasal	Distorted
Intoxicated			Other	Stutter	Muffled
Language			Accent	Manner	
Good			Local		Rational
Foul			Racial Regional	Angry	Irrational Incoherent
Poor			Regional	Serious	Incoherent
Other			Foreign **	Tense	Emotional
Sure Righteo					
Unsure Delib					
Joking Nervo					
Other Laughi	ng				
** What cour	ntrv:				
	Noises/ Desc	ribe:			
Voices		Machines			
Music	Factory Machi	ines Airpla	anes		
Trains	Street Traffic				
Phone Connec	tion: Clear	Static	Pay Phone	Long Distance	ce

Emergency Management Manual Bomb Search Area Checklist (Kaweah <u>Delta Health</u> Medical Center)

Basement	
Blue Room	
Conference E107	
Laboratory	
Storage Room	
West Basement	
First Floor	
Emergency	
Emergency Waiting Room	
Radiology	
Surgery	
PACU	
Flex Care	
PBX	
Medical Staff	
Sterile Processing	
Stairwells	
Public bathrooms	
Pathology/Morgue	
Receiving/Loading Dock	
Endoscopy	
Respiratory	
Dietary	
Cafeteria	
Admitting	
Hall of Fame Wing	
Gift Shop	
- Ambrosia	
Lobby	
2 nd Floor	
2 North	
2 South	
2 West (ICU)	

NICU	
2 East	
3 rd Floor	
3 North	
3 South	
3 West	
3 Center	
Broderick Pavilion	
Pediatrics	
Public Restrooms	
4 th Floor	
4 North	
4 Center	
4 South	7
Patient Transport	
Public Restrooms	
Acequia Wing	
1 st Floor	7
Front Lobby	
Administration	
Library	
Benefits	
MRI	
CT Scan	
Conference Room	
2 ND Floor	
CVOR	
CathLab	
GME Sleep Rooms	
3 rd Floor	
Mother Baby	
CVICU	
4 th Floor	
Telemetry	
5th Floor	Formatted: Superscript
<u>5T- ICCU</u>	
6th Floor	Formatted: Superscript
<u>NICU</u>	

Basement	
Clinical Engineering	
Materials Warehouse	
Distribution	
Sterile Processing	
Maintenance Shop	

Emergency Management Manual Bomb Search Area Checklist (Kaweah Delta-<u>Health</u> Mental Health)

Lobby	
Admission Desk	
Administrative Offices	
Cafeteria	
Gym	
Patient Rooms East Wing	
Patient Rooms West Wing	

Emergency Management Manual Bomb Search Area Checklist (Kaweah Delta <u>Health</u> Rehab Hospital)

Lobby	
Admin Offices	
Green Hall- 57-64	
Short Stay 34-42	
Blue Hall 15-22	
Red Hall 1-8	
Kitchen	
Cafeteria	
Big Gym	
Short Stay Gym	
Pool	
Therapy Rms/Offices	
Halls/Lobby	
Public Bathroom	
Offices	
Electrical	
Gas	
Water	

Emergency Management Manual Bomb Search Area Checklist (<u>Kaweah Health</u> South Campus)

Urgent Care	
KATS	
EAP	
Radiology	
Subacute	
SNF	
Cafeteria	
Misc offices	
Public Restrooms	
Maintenance	

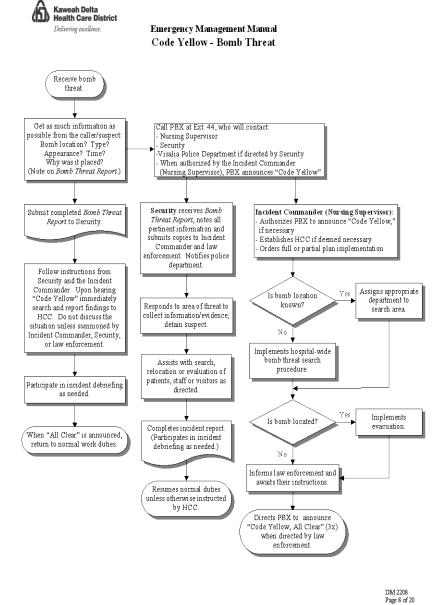
Emergency Management Manual Bomb Search Area Checklist (SRCC/ KDIC)

Imaging Lobby	
Imaging Procedure Rooms	
Breast Center	
Radiation Oncology	
Medical Oncology	

Emergency Management Manual Bomb Search Area Checklist Dialysis

Dialysis Treatment Area	
Break Room	
Conference Room	
Offices	
Water Treatment Area	
Storage Room	





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



Subcategories of Department Manuals not selected.

Policy Number: EOC 7001	Date Created: 07/01/2010	
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr)	Date Approved: Not Approved Yet	
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)		
Utilities Management Plan		

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

I. OBJECTIVES

The objectives of the Management Plan for Utility Equipment at Kaweah Delta Health Care District (KDHCD) are to manage effective, safe, and reliable operations of utility equipment that provides a safe, controlled physical environment for the patients, employees, physicians, and visitors who enter the premises. Inherent in utility equipment processes are operational reliability of utility equipment, the development of a utility equipment inventory and program, and an inspection and maintenance program designed to minimize risks to our patients and the physical environment. Specific programs in place to support the objectives of the utility equipment management plan include the following:

- o Preventive Maintenance Program
- o Corrective Maintenance Program
- Annual maintenance on inventoried equipment/systems
- o User/maintainer training
- o Performance indicators
- o Annual Evaluation of the Management Plan for Utility Equipment

SCOPE

The scope of the Utility Management Plan applies to KDHCD with the Director of Facility Operations and Support Services, overseeing the management of the utility systems, and with broad oversight by the *Environment of Care (EOC)* Committee. With respect to the offsite areas per KDHCD license, the Facilities Director has oversight responsibility for the utility system that provides services to the offsite areas. Each offsite area manager will have the responsibility of the day-to-day operations relating to utility services, which often means working in partnership with a lessor, or building owner if applicable. Utility failure plans are required for each offsite area, and are the responsibility of the offsite manager. Utility issues for the offsite areas may be brought to the attention of the *EOC* Committee.

AUTHORITY

The authority for the Management Plan for Utility Equipment is EC. 02.05.01. The authority for overseeing and monitoring the utility equipment plan and program lies in the *EOC* Committee, whose members will ensure activities relating to utility equipment management are identified, monitored and evaluated, and for ensuring that regulatory activities are monitored and enforced as necessary.

ORGANIZATION

The following represents the organization of the Management Plan for Utility Equipment at KDHCD:

Professional Staff Quality Committee or PROSTAFF Offsite Representation Board of Directors Quality Council Environment of Care Committee Director of Facilities Services

Organization – Management Plan for Utility Equipment

RESPONSIBILITIES

Leadership within Kaweah Delta Health Care District have varying levels of responsibility and work together in the management of utility equipment as identified below:

Board of Directors: The Board of Directors supports the Utility Equipment Management Plan by:

- Review and feedback if applicable of the quarterly and annual EOC reports.
- Endorsing budget support as applicable for capital purchases relating to utility equipment.

Quality Council: Reviews annual *EOC* report from the *EOC* Committee, and provides broad direction in the establishment of performance monitoring standards relating to utility equipment risks.

Professional Staff Quality Committee or PROSTAFF: Reviews annual *EOC* report from the *EOC* Committee, providing feedback if applicable.

Administrative Staff: Administrative staff provides active representation on the *EOC* Committee meetings and sets an expectation of accountability for compliance with the Utility Equipment Program

Environment of Care Committee: EOC Committee members review and approve the quarterly EOC reports, which contain a Utility Equipment component, and oversee any issues relating to the overall utility equipment program.

Directors and Department Managers: These individuals support the Utility Equipment Management Program by:

- Reviewing and correcting deficiencies identified through the hazard surveillance process that relate to utility equipment risks.
- o Communicating recommendations from the EOC Committee to affected staff in a timely manner.
- o Providing information/in-services to staff that insure compliance with applicable policies of the within the Utility Equipment Management program.
- Serving as a resource for staff on matters of utility equipment usage.

Employees: Employees of Kaweah Delta Health Care District are required to participate in the Utility Equipment Management program by:

- Completing applicable utility equipment training.
- Reporting utility equipment failures to their supervisor and to Facilities

Reporting any observed or suspected unsafe conditions to his or her department manager as soon
as possible after identification that may pose a utility equipment risk, which include, but are not
limited to: frayed electrical cords, use of extension cords, overuse of power adaptors, equipment
brought in by patients, or any loss of utility power.

Medical Staff: Medical Staff will support the Utility Equipment Management Program by abiding by the District's policies and procedures relating to the use of utility equipment

The [organization] manages risks associated with its utility systems.

EC. 02.05.01-1 EC.02.06.05-1,2

When planning for new, altered or renovated space that will impact utility systems, KDHCD uses one of the following design criteria:

- -State rules and regulations, and
- -Guidelines for Design and Construction of Hospitals and Healthcare Facilities, current edition, published by the American Institute of Architects.

When the above rules, regulations and guidelines do not meet specific design needs, other reputable standards and guidelines are used that provide equivalent design criteria. When planning for demolition, construction or renovation, a pre-construction risk assessment is used that addresses utility requirements that affect care, treatment and services. If any utility-related risks are identified during the pre-construction assessment, KDHCD will take action to minimize the identified utility risks. After construction projects are completed, the Director of Facility Services will ensure the acquisition of as-built drawings, and in addition will insure that other utility system maps and drawings are updated and current.

The District maintains a written inventory of all operating components of utility systems or maintains a written inventory of selected operating components of utility systems based on risk for infection, occupant needs, and systems critical to patient care (including all life support systems). The District evaluates new types of utility components before initial use to determine whether they should be included in the inventory.

EC.02.05.01-2-3 through 67 EC.02.05.05, EPs 1, 3-5 through 6

Written Inventory

KDHCD maintains a written inventory of utility systems, which includes (but not limited to) the following:

Water Supply System

Irrigation Water System

Domestic Hot Water System

Hot Water Heat Recovery System

Water Softening System

Patio Storm Drain System

Sewage System

Basement Sump Pump

Natural Gas System

Fuel Oil System

Steam Boilers and Distribution System

Condensate Return

Medical Air System

Medical Vacuum System

Medical Oxygen System

Heating, Ventilation and Air Conditioning System

Electrical System 7 Emergency Generators 7 Transfer Switch

Elevator System

Nurse Call System

Kitchen Fire Extinguishing System

Fire Sprinkler System

MRI Halon Fire Extinguisher System

Fire Alarm Monitoring System - API

Paging System

Telephone System and Telephones

Two-Way Radio System
Pagers
ICU/CCU Monitor System
Master Clock System
Sterilizers
ETO Abator System
Trash Compactor
Bailer

Any new utility equipment purchased for KDHCD is evaluated for inclusion into the written inventory. The utility management program includes equipment that meets the following criteria:

- Equipment maintains the climatic environment in patient care areas.
- o Equipment that constitutes a risk to patient life support upon failure.
- o Equipment is a part of a building system, which is used for infection control.
- Equipment that is part of the communication system, which may affect the patient or the patient care environment.
- Equipment is an auxiliary or ancillary part of a system control or interface to patient care environment, life support, or infection control.

Inspection and Maintenance Activities

Documentation of inspection, testing and maintenance demonstrates systems and components performance within prescribed limits and adherence to established schedules. The minimum required documentation is exception reporting. This documentation lists all items tested and indicates pass or fail. Those items that fail have additional documentation of repair and subsequent testing indicating performance within standards. As part of utility system operational plans, planned or preventive maintenance is a key factor in assuring the ongoing performance and reliability of utility systems whereby each system is properly identified, operated, and maintained. A system is no more reliable than the individual pieces of equipment, or components, within it. Each component within a system is evaluated to determine the content and frequency of testing procedures, inspections, calibrations, and the servicing and replacement of parts. In the development of preventive maintenance programs, a review is made from various sources of information, such as manufacturers recommendations, codes, standards, and federal, state, and local laws and regulations. The basic sources of information are invaluable as start-up aids; however, over time it is essential that local operating experience be factored in to modify the program. Through this process, initial levels of risk are maintained or reduced.

Minimization of Pathogenic Biological Agents

The Utility Management plan includes processes for activities that will reduce the potential for hospital-acquired illnesses that could be transmitted through the Utility Systems. These include policies and or procedures relating to:

- Cooling Towers/Open and Closed Water Systems: Biological and/or chemical treatment(s) and testing
 or cultures are in place wherein the potential for hospital-acquired illness could occur within the District's
 cooling and heating systems.
- Domestic Hot and Cold Water Systems: Periodic biological testing of the hot and cold water systems are in effect as part of the utility management program.
- **Equipment Maintenance HVAC:** A filter change program is in effect to reduce the risks associated with air borne contaminants within the major air handling systems.
- o **Air Pressure Monitoring/Maintenance:** A program is in place in Facilities that allows for the air pressure monitoring, maintenance, and balancing for the following critical areas: surgical operating rooms, critical care areas, including ICU, special procedure rooms, isolation rooms and the labor and delivery suites.
- Construction. Protocol and procedures are in place to coordinate Infection Control and construction
 activities that establishes how an area will be assessed before and during construction for the purpose of
 minimizing the risks associated with air-borne biological contaminants (e.g., aspergillosis).

The Facilities Director/Safety Officer is responsible for the proper and safe functioning of all equipment within the facility and the general condition of the facility. Facilities management requires written procedures that are developed and specify the action to be taken during the failure of essential equipment and major utility services. The written procedures include a call system for summoning essential personnel and outside assistance when required. The following essential equipment and services are included: Major air conditioning equipment, air handling systems (ventilation, filtration, quantitative exchanges, humidity), boilers, electrical power services, fire alarm and extinguishing systems, water supply, all waste disposal systems, and

medical gas and vacuum systems. Qualified engineering consultative advice is available as needed. In the event that the in-house personnel cannot correct the problem and restore the operation of the equipment, then Administration, the Facilities Director and Safety Officer, or their designated representative shall have full authorization to call in an outside resource to correct the situation.

The District maps the distribution of its utility systems EC.02.05.01-17

Layout maps or blueprints for utilities with complicated infrastructures are maintained to enhance troubleshooting effectiveness. Distribution maps are located in Facilities, and are for plumbing, medical gases and electrical.

The District labels utility system controls to facilitate partial or complete emergency shutdowns. EC.02.05.01-89

Controls for Utility Systems are labeled in an efficient manner. Most importantly, controls that are located remotely from related equipment are clearly labeled. The label explains the equipment that is controlled and the power source panel identification. Medical gas valves are clearly labeled as to what areas they isolate. Other plumbing valves are labeled in correspondence with a master valve list.

The District has written procedures for responding to utility system disruptions EC.02.05.01-910

Policies and procedures are in place in Facilities, which identify emergency procedures for utility system disruptions or failures. Systems are in place to mitigate the consequences of a utility failure, such as the emergency generators, battery operated equipment, staff interventions in the event equipment fails and the use of outside vendors for emergency assistance as may be needed.

The District's procedures address shutting off the malfunctioning system and notifying staff in affected areas.

EC.02.05.01-1011

Staff and employees are notified in affected areas when a partial or total system shutdown is necessary. When a utility system must be shutdown, notification is made to Administration, Nursing, and the Department Director(s)/managers of the affected department(s), and agencies having jurisdiction if applicable.

The District's procedures address performing emergency clinical interventions during utility systems disruptions.

EC.02.05.01-1112

In the event of a utility system disruption that impacts the flow of electrical-operated medical equipment, clinical interventions are to be provided based upon the scope of practice of the patient care provider, and may include such interventions as:

- Use of portable monitors and ventilators
- Manual bagging of a patient if the patient is on a ventilator that loses power and does not have a battery back-up
- o Battery-operated equipment
- Manual intravenous administration in the event IV equipment fails, and does not have battery back-up

The District's procedures address how to obtain emergency repair services EC.02.05.01-12

The Director of Facilities maintains a list of vendors for emergency repair services that include, but are not limited to, the following systems:

Heating, Ventilation and Air Conditioning System

Generators, Transfer Switches, Electrical System

Sump Pump

Steam Boilers and Distribution System

Medical Gas and Vacuum

Kitchen Fire Extinguishing System

Fire Sprinkler System

Fire Alarm System

Telephone System

Nurse Call System

ICU/CCU Monitoring System

The [organization] has a reliable emergency electrical power source EC.02.05.03-1-16

KDHCD provides and maintains a reliable emergency power system that is adequately sized, designed and fueled as required by the LSC occupancy requirements and the services provided, and supplies emergency power to the following areas and systems:

- i. Alarm Systems
- ii. Egress illumination
- iii. Elevator (1)
- iv. Emergency Communication Systems
- v. Exit Sign Illumination
- vi. Blood, Bone and Tissue Storage Units
- vii. Emergency Care Areas (Urgent Care)
- viii. Intensive Care
- ix. Medical Air Compressors
- x. Medical/Surgical Vacuum Systems
- xi. Newborn Nurseries
- xii. OB Delivery Rooms
- xiii. Operating Rooms
- xiv. Recovery Rooms
- xv. Special Care Units
- xvi. Lighting at emergency generator locations
- xvii. Emergency Rooms
- xviii. Dispensing Cabinets
- xix. Medication Carousels
- xx. Central Medication Robots (if applicable)
- xxi. Medication Refrigerators
- xvi.xxii. Medication Freezers

The [organization] inspects, tests, and maintains utility systems.

Note: At times, maintenance is performed by an external service, and KDHCD must have access to this documentation.

EC.02.05.05- 1-2 and 3-4 through 56

On a regular and consistent basis, inspection, testing, and maintenance is part of a process to assure system and component performance. The initial inspection and test are part of the acceptance of new systems and components. Ongoing inspection, testing and maintenance increases reliability, systems and components life, and user confidence. The intervals for inspection, testing and maintenance are based on the needs of the systems and components. The intervals may be less than or more than one year. The exception is the required weekly testing of the emergency generators. If an interval greater than one year is selected, it must be approved by the *EOC* committee. The Facilities Director will apply or obtain professional judgment to set intervals so known risks, hazards and maintenance needs are managed. In Facilities a computerized maintenance system is used to facilitate the scheduling, inspection, testing, maintenance, monitoring, and documentation of equipment for the utilities systems.

Equipment Currently in Inventory:

- Scheduled maintenance work orders are issued on a monthly basis to Facility's staff.
- Maintenance is performed in accordance with the instructions included in the work order. The
 assigned engineer documents the maintenance, including any pertinent observations, on the work
 order. When maintenance and documentation are completed, the engineer returns the work order
 to the Facility's department.
- o If scheduled maintenance cannot be performed (i.e., parts not available), the reason is documented on the work order and returned to Facilities. There is a system of evaluation for equipment not serviced within the scheduled time frame.
- If systems' equipment must be removed from the user area for more than one day, the engineer prepares a corrective maintenance work order.
- o If scheduled maintenance is to be performed by an outside vendor, the Facility Director or designee contacts the vendor and instructs the vendor to perform the maintenance as detailed in the work order, document the maintenance and any associated work done on the work order. A copy of this documentation is maintained in Facilities.

Incoming Equipment:

- Requests for new equipment are reviewed and approved by the Facility Director or designee for proper safety features, including electrical needs, drainage needs, ventilation needs and space consideration as required by manufacturer specifications.
- After receipt of new equipment, but prior to its installation, it must be inspected, with electrical and mechanical tests performed, and determined by Facilities that it meets all appropriate safety standards.
- If the equipment fails to pass the required tests and inspection, the engineer will return the equipment to Purchasing unless the deficiency is corrected. The equipment is not assigned an identification number until the equipment has passed all the requirements.
- After passing inspection, and if recommended by manufacturer, the new equipment will be entered on the Preventive Maintenance Data Base. At this time, the equipment is assigned an identification number, and the engineer performing the inspection will install the respective tag with the assigned equipment number, and then process the necessary data entry of the specific procedures and frequency to be followed during the preventive maintenance as recommended by the manufacturer.
- o If the manufacturer does not recommend preventive maintenance to the equipment, i.e., microwave oven, addressograph, the engineer performing the inspection will apply a tag with the date the inspection was performed, and will place the equipment on the Non-Clinical Equipment Inspection Log, and will be subject to visual inspection once a year to verify proper operation.
- o In the event that equipment not belonging to the District is brought into the District for use, they must be inspected and determined to be safe by the Clinical Engineering Department. This would apply to any items brought by patients, visitors or employees (radios, televisions, coffee makers, etc.). The Facility Director or designee is authorized to remove any item, which is found to be unsafe for use in the District. This will include any demonstration equipment brought in by any vendor.

Documentation is maintained in the Facilities Department, and includes, but is not limited to the following:

- o A current, accurate and separate inventory of utility components identified in this plan
- o Performance and safety testing of each critical component before initial use.
 - Maintenance of critical components of <u>life support utilityHigh Risk Utility</u> systems/equipment consistent with the maintenance strategies identified in this plan.
 - Maintenance of critical components of infection control utility systems/equipment for highrisk patients consistent with the maintenance strategies identified in this plan.
 - Maintenance of critical components of non-life supporthigh risk utility systems/equipment on the inventory consistent with maintenance strategies identified in this plan.

The [organization] inspects, tests and maintains emergency power systems EC.02.05.07- 1 through 10

- 1. At 30-day intervals, a functional test is performed of battery-powered lights required for egress for a minimum duration of 30 seconds. The completion date of the test is documented and maintained in Facilities.
- 2. Every 12 months, Facilities either replaces the battery-powered lights for egress, performing a random test of 10% of all batteries for 1½ hours, OR performs a functional test of battery-powered lights required for egress for a duration of 1½ hours. The completion date of the tests or replacement is documented and maintained in facilities.
- 3. SEPSS (Stored Electrical Energy Emergency and Standby Power Systems) testing: **Not applicable**.
- 4. At least weekly, the hospital inspects the emergency power supply system (EPSS), including all associated components and batteries. The results and completion dates of weekly inspections are documented-Not applicable.
- 5. The generators are tested monthly by Facilities for at least 30 continuous minutes. The completion date of the tests is documented and kept on file in Facilities.
- 6. The emergency generator tests are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature.
- 7. Monthly, the automatic transfer switches are tested, and the completion date of the tests is documented and maintained in Facilities.
- 8. At least annually, the hospital tests the fuel quality to ASTM standards. The test results and completion dates are documented.
- 9. At least once every 36 months, each emergency generator is tested for a minimum of 4 continuous hours. The completion date of the tests is documented and maintained in Facilities.

10. The 36-month emergency generator test uses a dynamic or static load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature.

If the required emergency power system test fails, KDHCD will

implement measures to protect patients, visitors and staff until necessary repairs or corrections are completed. This is the responsibility of Facilities personnel. If a required emergency power system test fails, Facilities personnel will perform a retest after making the necessary repairs or corrections.

The [organization] inspects, tests and maintains medical gas and vacuum systems. EC.02.05.09-1 through 143

Facilities inspects, tests, and maintains critical components of piped medical gas systems, including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexile connectors, and outlets. The plan for inspecting, testing and maintaining medical gas and vacuum system includes, but is not limited to:

- o Annual inspection of alarm panel
- o Annual inspection of area alarms

A routine PM schedule is in place for automatic pressure switches, shutoff valves, flexible connectors and outlets (annual testing for patient-care areas, and annual for non-patient care areas).

When the systems are installed, modified, or repaired including cross-connections

testing, piping purity testing and pressure testing, a qualified individual (e.g., a contractor/certified licensed technician) insures that the medical gas systems are installed/maintained/repaired. When the installation is completed, or when maintenance or repair work is done, the qualified individual ensures that cross connection testing, piping purity testing and pressure testing are included in the process, and that code requirements are met. The systems will be additionally tested (to ensure it is connected properly so that a sufficient volume is yielded at each outlet) following periods of construction or if there is evidence that the system has been breached.

KDHCD maintains the main supply valve and area shut-off valves of piped medical gas and vacuum systems and ensure they are accessible and clearly labeled. To maintain safety in the event of an emergency, a current and complete set of documents indicating the distribution of the medical gas systems and control for partial or complete shutdown is maintained. The documents include "as-built" drawings, construction or design drawings, line or isometric drawings, shop drawings, or any combination of these if they reflect present conditions.

When the hospital has bulk oxygen systems above ground, they are in a locked enclosure (such as a fence) at least 10 feet from vehicles and sidewalks. There is permanent signage stating "OXYGEN – NO SMOKING – NO OPEN FLAMES."

The hospital's emergency oxygen supply connection is installed in a manner that allows a temporary auxiliary source to connect to it.

The hospital tests piped medical gas and vacuum systems for purity, correct gas, and proper pressure when these systems are installed, modified, or repaired. The test results and completion dates are documented.

The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control.

Locations containing only oxygen or medical air have doors labeled "Medical Gases: NO Smoking or Open Flame." Locations containing other gases have doors labeled "Positive Pressure Gases: NO Smoking or Open Flame. Room May Have Insufficient Oxygen. Open Door and Allow Room to Ventilate Before Opening."

Ongoing Education for Users and Maintainers HR.01.05.03-1

The Facility's Education Department and the department managers hold responsibility for coordinating and implementing the education and training of the utility equipment users jointly.

USER EDUCATION:

Employees will receive a general overview of the Utility Equipment Plan at initial and annual orientation. Department Directors will provide department specific orientation and education to their employees to insure that utility equipment users will be able to describe and/or demonstrate the following items:

- 1. Basic operating and safety features for users to follow
- 2. Emergency procedures to follow when utility equipment fails.
- 3. KDHCD's process for reporting utility equipment Management problems, failures and user errors (i.e., they are reported to Facilities, who in turn reports this information to the *EOC* Committee.

Maintainer Education

For the maintainers of utility equipment, thorough training about the capabilities and limitations of equipment is made by the manufacturer. Self-assessment can be used annually, through the competency process, to determine the need for additional training. Training may be provided by:

- Formal academic courses
- Seminars, in-service training
- On-the-job training
- Service schools

Information collection system to monitor conditions of the environment.

- 1. The District establishes a process(es) for continually monitoring, internally reporting, and investigating the following:
 - o Utility equipment management problems, failures and user errors

Through the *EOC* Committee structure, utility problems, failures and user errors are reported by Facilities, who investigate the issue, and provide corrective actions. Minutes and agendas are kept for each Environment of Care meeting and filed in Performance Improvement.

Annual Evaluation of the Utility Management Plan.

EC.04.01.01-EP-15

On an annual basis *EOC* Committee members evaluate the Management Plan for Utility Equipment, as part of a risk assessment process. Validation of the management plan occurs to ensure contents of each plan support ongoing activities within KDHCD. Based upon findings, goals and objectives will be determined for the subsequent year. A report will be written and forwarded to the Governing Board. The annual evaluation will include a review of the following:

- The objectives: The objective of the Utility Equipment Management plan will be evaluated to determine continued relevance for KDHCD (i.e., the following questions will be asked; was the objective completed? Did activities support the objective of the plan? If not, why not? What is the continuing plan? Will this objective be included in the following year? Will new objective(s) be identified? Will specific goals be developed to support the identified objective?)
- The scope. The following indicator will be used to evaluate the effectiveness of the scope of the utility equipment management plan: the targeted population for the management plan will be evaluated (e.g., did the scope of the plan reach applicable employee populations in the off-site areas, and throughout KDHCD?)
- Performance Standards. Specific performance standards for the Utility Equipment
 Management plan will be evaluated, with plans for improvement identified. Performance
 standards will be monitored for achievement. Thresholds will be set for the performance
 standard identified. If a threshold is not met an analysis will occur to determine the reasons,
 and actions will be identified to reach the identified threshold in the subsequent guarter.
- Effectiveness. The overall effectiveness of the objectives, scope and performance standards will be evaluated with recommendations made to continue monitoring, add new indicators if applicable or take specific actions for ongoing review.

KDHCD analyzes identified EOC issues.

EC.04.01.03-EP-1-2

EOC issues relating to utility equipment are identified and analyzed through the EOC Committee with recommendations made for resolution. It is the responsibility of the EOC Committee chairperson to establish an agenda, set the meetings, coordinate the meeting and ensure follow-up occurs where indicated. Quarterly Environment of Care reports are communicated to Performance Improvement, the Medical Executive Committee and the Board of Directors.

Priority improvement project recommended to the Board of Directors for approval. EC.04.01.03-EP-2

The hospital uses the results of data analysis to identify opportunities to resolve environmental safety issues. The priority improvement activity is based upon ongoing performance monitoring and identified risk within the environment. Based upon risk assessment, a priority improvement project may be related to utility equipment issues.

KDHCD improves its *EOC* EC.04.01.05-EP1

Performance standards are identified monitored and evaluated that measure effective outcomes in the area of utility equipment management. Performance standards are also identified for Safety, Security, Hazardous Materials, Emergency Management, Fire Prevention and Medical equipment management. The standards are approved and monitored by the *EOC* Committee with appropriate actions and recommendations made. Whenever possible, the *environment of care* is changed in a positive direction by the ongoing monitoring, and changes in actions that promote an improved performance.

Patient Safety.

Periodically there may be an *EOC* issue that has impact on the safety of our patients relating to utility equipment. This may be determined from *Sentinel Event* surveillance, environmental surveillance, user errors, patient safety standards or consequential actions identified through the risk management process. When a patient-safety issue relating to utility equipment emerges, it is the responsibility of the Safety Officer or designee to bring forth the issue through the patient safety process.

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



Environment of Care

Policy Number: EOC1046	Date Created: 11/15/2013	
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr)	Date Approved: Not Approved Yet	
Approvers:Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness), Maribel Aguilar (Safety Officer/Life Safety Mgr)		
Air Pressure Relationship Testing		

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

PURPOSE:

The purpose of this plan is to define ventilation system testing requirements for air exchange rates in defined spaces.

POLICY:

It is Kaweah Delta Health Care District's policy to test the following spaces for air exchange rates <u>and pressure differentials</u> on a semi-annual basis. Testing will be completed by a qualified professional. All spaces that do not meet the testing minimum requirements will be repaired and re-tested as soon as possible.

PROCEDURE:

The spaces listed below will be tested semi-annually <u>by a certified vendor</u> for verification of air exchange rate. All spaces that do not meet the testing minimum requirements will be repaired and re-tested, for verification, as soon as possible.

PROCEDURE ROOMS: 12 exchanges per hour			
Labor and Delivery OR #1	Operating Room #4	Operating Room #14	AW Cath Lab #3 (CVL)
Labor and Delivery OR #2	Operating Room #5	Operating Room #14 URO	AW Cath Lab #4 (CVL)
NICU	Operating Room #6	PACU	AW CVOR #6
Nursery	Operating Room #7	Intensive Care Unit	AW CVOR #7
Operating Room #1	Operating Room #8	Cardiovascular Intensive Care Unit	AW CVOR #8
Operating Room #2	Operating Room #9	AW Cath Lab #1 (CVL)	AW CVOR #9
Operating Room #3	Operating Room #10	AW Cath Lab #2 (CVL)	Inpatient CT #2
		AW L&D OR #1	AW L&D OR #2

ANTE ROOMS TO PROCEDURE ROOMS: Ensure neutral pressure and/or not to interfere with positive	ve (Formatted Table
pressure from procedure rooms. No air exchange requirement noted.		
AW CVOR Ante Room for Room #7AW CVOR Ante Room for 8& 9		
AW CVOR Ante Room for Rooms #8 & #9		

ENDOSCOPY ROOMS: 15 exchanges per hour	
Endoscopy "A"	Endoscopy "B"

STERILE STORAGE ROOMS: 4 exchanges per hour		
Operating Room Back Hall	Cath Lab Core	
Labor and Delivery Storage	Cardiovascular Operating Room Storage Room	
Operating Room Storage "Red Room"	Cardiovascular Operating Room Core Storage Room	
Operating Room Storage "Yellow Room"	Acequia Wing Sterile Processing Packaging	
Operating Room Storage "Purple Room"	Acequia Wing Sterile Processing Storage	
Mineral King Sterile Storage (main central sterile)	Mineral King Sterile Processing Storage	

DECONTAMINATION/PROCESSING AREAS: 6 exchanges per hour	
Endoscopy Decontamination Area	Mineral King Sterile Processing Decontamination
Acequia Wing Sterile Processing Decontamination	

NEGATIVE PRESSURE PATIENT ROOMS: 12 exchanges per hour	
Mineral King Intensive Care Unit Room #1	Mineral King 3E Room #9 (Peds)
Mineral King Intensive Care Unit Room #18	Broderick Pavilion 3E Room #17
Mineral King 3E Room #5 (Peds)	Acequia Wing Mother Baby Room #1357
Mineral King 3E Room #6 (Peds)	Acequia Wing 4T Room #1417
Mental Health Room #24	3 West Room #1
ED Zone 5 Room #50	Acequia Wing NICU Room #6
ED Zone 5 Room #51	Acequia Wing NICU Room #7
Acequia Wing CV ICCU Room #1517	Acequia Wing NICU Room # 17
Acequia Wing Cardiovascular Intensive Care Unit Room #1306	

APPLICABLE AND REGULATORY STANDARDS:

Joint Commission Environment of Care Standards

2010 California Mechanical Code, California Code of Regulations: Title 24, Part 4, Ventilation Air Supply

Guidelines for Design and Construction of Hospitals and Healthcare Facilities, 2010 edition, published by the American Institute of Architects

ASHRAE/ANSE Standard 170-2008: Ventilation of Health Care Facilities

[&]quot;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."



August 23, 2021

Sent via Certified Mail No. 70121010000301264734 Return Receipt Required

Stuart R. Chandler 761 E. Locust Ave. Fresno, CA 93720

RE: Notice of Rejection of Claim of April Franks, Gary Franks Jr, Jessica Alvarez vs. Kaweah Health

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on July 7, 2021, was rejected on its merits by the Board of Directors on August 23, 2021

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Sincerely,

Garth Gipson Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

Kaweah Delta Health Care District Bylaws

Article I The District and Its Mission

- Kaweah Delta Health Care District dba Kaweah Health is a community venture, operating under the authority granted through the California Health and Safety Code as a health care district. The purpose of the District is to provide quality health care within defined areas of expertise. It is the intent of the District that no person shall be denied emergency admission or emergency treatment based upon ability to pay. It is further the intent of the District that no person shall be denied admission or treatment based upon race, color, national origin, ethnic, economic, religious or age status or on the basis of sexual preference. The medical welfare of the community and its particular health needs will be fulfilled to the capacity of the District's financial limitations.
- Section 2 Kaweah Delta Health Care District operates under the authority of California Code for a health care district. {California Health & Safety Code Division 23 Hospital Districts Sections 32000-32492} As such, Kaweah Delta Health Care District is publicly owned and operates as a non-profit entity.
- As permitted by law, the District may, by resolution of the Board, conduct any election by all-mailed ballots pursuant to Division 4 (commencing with Section 4,000) of the California Elections Code.
- **Section 4** The Mission of Kaweah Delta Health Care District is; Health is our passion. Excellence is our focus. Compassion is our promise.
- **Section 5** The Vision of Kaweah Delta Health Care District is: To be your world-class healthcare choice, for life.
- **Section 6** The Pillars of Kaweah Delta Health Care District are:
 - 1. Achieve outstanding community health
 - 2. Deliver excellent service
 - 3. Provide an ideal work environment
 - 4. Empower through education
 - 5. Maintain financial strength
- **Section 7** The mission, vision, and pillars of the District support the safety and quality of care, treatment, and service. {Joint Commission Standard LD.02.01.01}
- The Code of Conduct of Kaweah Delta Health Care District is a commitment to ethical and legal business practices, integrity, accountability, and excellence. The Code is a founding document of the Compliance Program, developed to express Kaweah Health's understanding and obligation to comply with all applicable laws and regulations. {Joint Commission Standard LD.04.01.01}

May 24August 23, 2021 Page 1 of 21

Article II The Governing Body

- The Governing Body of the Kaweah Delta Health Care District is a Board of Directors constituted by the five (5) publicly elected directors, who are elected by zone, each for four (4) year terms, with two (2) being elected on staggered terms and three (3) being elected two (2) years later on staggered terms. {Health and Safety Code 32100} The election of the directors is to conform with the applicable California Code. {Government Code 1780} This publicly elected Governing Body is responsible for the safety and quality of care, treatment, and services, establishes policy, promotes performance improvement, and provides for organizational management and planning {Joint Commission Standard LD.1.10}-
- **Section 2** The Governing Body, in accordance with applicable California Code, adopts the Bylaws of the organization.
- The principal office of Kaweah Delta Health Care District is located at Kaweah Health Medical Center Acequia Wing, Executive Offices, 400 West Mineral King Avenue, Visalia, CA 93291. Correspondence to the Board should be addressed to the Board of Directors at this address. Kaweah Health also maintains a Web site at www.kaweahhealth.org. All noticed meeting agendas and supporting materials for Board meetings and Board committee meetings can be obtained at www.kaweahhealth.org/About-Us/Board-of-Directors.
- **Section 4** The duties and the responsibilities of the Governing Body are:

PRIMARY RESPONSIBILITY - This Board's primary responsibility is to develop and follow the organization's mission statement, which leads to the development of specific policies in the four key areas of:

- A. Quality Performance
- B. Financial Performance
- C. Planning Performance
- D. Management Performance

The Board accomplishes the above by adopting specific outcome targets to measure the organization's performance. To accomplish this, the Board must:

- Establish policy guidelines and criteria for implementation of the mission. The Board also reviews the mission statements of any subsidiary units to ensure that they are consistent with the overall mission.
- 2) Evaluate proposals brought to the Board to ensure that they are consistent with the mission statement. Monitor programs and activities of the hospital and subsidiaries to ensure mission consistency.
- 3) Periodically review, discuss, and if necessary, amend the mission statement to ensure its relevance.
- A. QUALITY PERFORMANCE RESPONSIBILITIES This Board has the final moral, legal, and regulatory responsibility for everything that goes on in the

May 24August 23, 2021 Page 2 of 21

organization, including the quality of services provided by all individuals who perform their duties in the organization's facilities or under Board sponsorship. To exercise this quality oversight responsibility, the Board must:

- Understand and accept responsibility for the actions of all physicians, nurses, and other individuals who perform their duties in the organization's facilities.
- 2) Review and carefully discuss quality reports that provide comparative statistical data about services, and set measurable policy targets to ensure continual improvement in quality performance.
- 3) Carefully review recommendations of the Medical Staff regarding new physicians who wish to practice in the organization and be familiar with the termination and fair hearing policies.
- 4) Reappoint individuals to the Medical Staff using comparative outcome data to evaluate how they have performed since their last appointment.
- 5) Appoint physicians to governing body committees and seek physician participation in the governance process to assist the Board in its patient quality-assessment responsibilities.
- 6) Fully understand the Board's responsibilities and relationships with the Medical Staff and maintain effective mechanisms for communicating with them.
- 7) Regularly receive and discuss malpractice data reflecting the organization's experience and the experience of individual physicians who have been appointed to the Medical Staff.
- 8) Adopt a Performance Improvement Plan and Risk Management Plan for the District and provide for resources and support systems to ensure that the plans can be carried out.
- 9) Regularly receive and discuss data about the Medical Staff to assure that future staffing will be adequate in terms of ages, numbers, specialties, and other demographic characteristics.
- 10) Ensure that management reviews and assesses the attitudes and opinions of those who work in the organization to identify strengths, weaknesses, and opportunities for improvement.
- 11) Monitor programs and services to ensure that they comply with policies and standards relating to quality.
- 12) Take corrective action when appropriate and necessary to improve quality performance.
- B. FINANCIAL PERFORMANCE RESPONSIBILITIES This Board has the ultimate responsibility for the financial soundness of the organization. To accomplish this the Board must:
 - 1) Annually review and approve the overall financial plans, budgets {Joint Commission Standard LD.04.01.03}, and policies for implementation of

May 24August 23, 2021 Page 3 of 21

- those plans and budgets on a short and long-term basis. The plan must include and identify in detail the objective of, and the anticipated sources of financing for each anticipated capital expenditure:
- 2) Approve an annual audited financial statement prepared by a major accounting firm and presented directly to the Board of Directors.
- 3) Approve any specific expenditure in excess of \$75,000, which is not included in the annual budget.
- 4) Approve financial policies, plans, programs, and standards to ensure preservation and enhancement of the organization's assets and resources.
- 5) Monitor actual performance against budget projections and review and adopt ethical financial policies and guidelines.
- 6) Review major capital plans proposed for the organization and its subsidiaries.
- C. PLANNING PERFORMANCE RESPONSIBILITIES The Board has the final responsibility for determining the future directions that the organization will take to meet the community's health needs. To fulfill this responsibility, the Board must:
 - 1) Review and approve a comprehensive strategic plan and supportive policy statements.
 - 2) Develop long term capital expenditure plans as a part of its long range strategic planning.
 - 3) Determine whether or not the strategic plan is consistent with the mission statement.
 - 4) Assess the extent to which plans meet the strategic goals and objectives that have been previously approved.
 - 5) Periodically review, discuss, and amend the strategic plan to ensure its relevance for the community.
 - 6) Regularly review progress towards meeting goals in the plan to assess the degree to which the organization is meeting its mission.
 - 7) Annually meet with the leaders of the Medical Staff to review and analyze the health care services provided by Kaweah Health and to discuss long range planning for Kaweah Health.
- D. MANAGEMENT PERFORMANCE RESPONSIBILITES The Board is the final authority regarding oversight of management performance by our Chief Executive Officer and Director of Audit & Consulting and support staff. To exercise this authority, the Board must:
 - 1) Oversee the recruitment, employment, and regular evaluations of the performance of the Chief Executive Officer, the Chief Compliance Officer, and the Director of Audit & Consulting.
 - 2) Evaluate the performance of the CEO annually using goals and objectives agreed upon with the CEO at the beginning of the evaluation cycle. Provide input to and have final approval of the annual

May 24August 23, 2021 Page 4 of 21

- evaluations of the Chief Compliance Officer, and the Director of Audit & Consulting.
- 3) Communicate regularly with the CEO, the Chief Compliance Officer and the Director of Audit & Consulting regarding goals, expectations, and concerns.
- 4) Periodically survey CEO and , Chief Compliance Officer, and Director of Audit & Consulting employment arrangements at comparable organizations to assure the reasonableness and competitiveness of our compensation package.
- 5) Periodically review management succession plans to ensure leadership continuity.
- 6) Ensure the establishment of specific performance policies which provide the CEO and , the Chief Compliance Officer, and the Director of Audit & Consulting with a clear understanding of what the Board expects, and ensure the update of these policies based on changing conditions.
- E. The Board is also responsible for managing its own governance affairs in an efficient and successful way. To fulfill this responsibility, the Board must:
 - 1) Evaluate Board performance bi-annually. Members of the governing body are elected by the public and, accordingly, are judged on their individual performance by the electorate.
 - Maintain written conflict-of-interest policies that include guidelines for the resolution of existing or apparent conflicts of interest. {Board of Directors policy BOD.05 – Conflict of Interest}
 - 3) Participate both as a Board and individually in orientation programs and continuing education programs both within the organization and externally. As such, the District shall reimburse reasonable expenses for both in-state and out-of-state travel for such educational purposes. {Board Of Directors policy BOD.06 Board Reimbursement for Travel and Service Clubs} {Health and Safety Code 32103}
 - 4) Periodically review Board structure to assess appropriateness of size, diversity, committees, tenure, and turnover of officers and chairpersons.
 - 5) Assure that each Board member understands and agrees to maintain confidentiality with regard to information discussed by the Board and its committees.
 - 6) Assure that each Board member understands and agrees to adhere to the Brown Act ensuring that Board actions be taken openly, as required, and that deliberations be conducted openly, as required.
 - 7) Adopt, amend, and, if necessary, repeal the articles and bylaws of the organization.
 - 8) Maintain an up-to-date Board policy manual, which includes specific policies covering oversight responsibilities in the area of quality

May 24August 23, 2021 Page 5 of 21

performance, financial performance, strategic planning performance, and management performance.

9) Review Kaweah Health's Mission, Vision & Pillar statements every two years.

Section 5

The Board of Directors of the Kaweah Delta Health Care District shall hold regular meetings at a meeting place on the premises of the Kaweah Delta Health Care District on the fourth Monday of each month, as determined by the Board of Directors each month. {Health and Safety Code 32104}

The Board of Directors of the Kaweah Delta Health Care District may hold a special meeting of the Board of Directors as called by the President of the Board or in his/her absence the Vice President. In the absence of these officers of the Board a special meeting may be called by a majority of the members of the Board. A special meeting requires a 24-hour notice before the time of the meeting. {Government Code 54956}

Meetings of the Board of Directors shall be noticed and held in compliance with the applicable California Code for Health Care Districts. {The Ralph M. Brown Act - Government Code 54950}

Sections 32100.2 and 32106 of the Health and Safety Code of the State of California, as amended, indicate the attendance and quorum requirements for members of the Board of Directors of any health care district in the State of California. For general business the Board may operate under the rules of a small committee, however, upon the request of any member of the Governing Body immediate implementation of the Standard Code of Parliamentary Procedure (Roberts Rules of Order) shall be adopted for the procedure of that meeting.

Section 6

The President of the Board of Directors shall appoint the committees of the Board and shall appoint the Chairperson and designate the term of office in a consistent and systematic approach. All committees of the Governing Body shall have no more than two (2) members of the Governing Body upon the committee and both Board members shall be present prior to the Board committee meeting being called to order. All committees of the Governing Body shall serve as extensions of the Governing Body and report back to the Governing Body for action.

The President of the Board of Directors may appoint, with concurrence of the Board of Directors, any special committees needed to perform special tasks and functions for the District.

Any special committee shall limit its activities to the task for which it was appointed, and shall have no power to act, except as specifically conferred by action of the Board of Directors.

The Chief of Staff shall be notified and shall facilitate Medical Staff participation in any Governing Board Committee that deliberates the discharge of Medical Staff responsibility.

May 24August 23, 2021 Page 6 of 21

The standing committees of the Governing Body are:

A. Academic Development

The members of this committee shall consist of two (2) Board members, Chief Executive Officer (CEO), Director of Graduate Medical Education, Director of Pharmacy, and any other members designated by the Board President.

This committee will provide Board direction and leadership for the Graduate Medical Education Program, the Pharmacy Residency Program, and achievement of Kaweah Health's foundational Pillar "Empower through Education".

B. Audit and Compliance

The members of this committee shall consist of two (2) Board members (Board President or Secretary/Treasurer shall be a standing member of this committee), CEO, Chief Financial Officer (CFO), Director of Audit & Consulting, Chief Compliance Officer Vice President, Chief Compliance and Risk Officer, Compliance Specialist, legal counsel, and any other members designated by the Board President. The Committee will engage an outside auditor, meet with them pre audit and post audit, and review the audit log of the internal auditor. The Committee will examine and report on the manner in which management ensures and monitors the adequacy of the nature, extent and effectiveness of compliance, accounting and internal control systems. The Committee shall oversee the work of those involved in the financial reporting process including the internal auditors and the outside auditors, to endorse the processes and safeguards employed by each. The Committee will encourage procedures and practices that promote accountability among management, ensuring that it properly develops and adheres to a compliant and sound system of internal controls, that the internal auditor objectively assesses management's accounting practices and internal controls, and that the outside auditors, through their own review, assess management and the internal auditor's practices. This committee shall supervise all of the compliance activities of the District, ensuring that Compliance and Internal Audit departments effectively facilitate the prevention, detection and correction of violations of law, regulations, and/or District policies. The Chief Compliance Officer Vice President, Chief Compliance and Risk Officer will review and forward to the full Board a written Quarterly Compliance Report.

This committee, on behalf of the Board of Directors, shall be responsible for overseeing the recruitment, employment, evaluation and dismissal of the Chief Compliance and Risk Officer and the Director of Audit & Consulting. These responsibilities shall be performed primarily by the CEO and/or the CEO's designees, but

May 24August 23, 2021 Page 7 of 21

final decisions on such matters shall rest with this committee, acting on behalf of the full Board.

C. Community-Based Planning

The members of this committee shall consist of two (2) Board members {Board President or Secretary/Treasurer shall be a standing member of this committee}, CEO, Facilities Planning Director and any other members designated by the Board President as they deem appropriate to the topic(s) being considered: community leaders including but not limited to City leadership, Visalia Unified School District (VUSD) leadership, College Of the Sequoias leadership, County Board of Supervisors, etc.

The membership of this committee shall meet with other community representatives to develop appropriate mechanisms to provide for efficient implementation of current and future planning of the organization's facilities and services and to achieve mutual goals and objectives.

D. Finance / Property, Services & Acquisitions

The members of this committee shall consist of two (2) Board members - (Board President or Secretary/Treasurer will be a standing member of this committee), CEO, CFO, , Chief Strategy Officer, Facilities Planning Director, and any other members designated by the Board President.

This committee will oversee the financial health of the District through careful planning, allocation and management of the District's financial resources and performance. To oversee the construction, improvement, and maintenance of District property as well as the acquisition and sale of property which is essential for the Health Care District to carry out its mission of providing high-quality, customer-oriented, and financially-strong healthcare services.

E. Governance & Legislative Affairs

The members of this committee shall consist of two (2) Board members {Board President or the Board Secretary/Treasurer}, CEO and any other members designated by the Board President. Committee activities will include: reviewing Board committee structure, calendar, bylaws and, planning the bi-annual Board self-evaluation, and monitor conflict of interest. Legislative activities will include: establishing the legislative program scope & direction for the District, annually review appropriation request to be submitted by the District, effectively communicating and maintaining collegial relationships with local, state, and nationally elected officials.

F. Human Resources

The members of this committee shall consist of two (2) Board members, CEO, Chief Human Resources Officer, Chief Nursing Officer (CNO) and any other members designated by the Board President. This committee shall review and approve all personnel policies. This committee shall annually review and recommend changes to the Salary and Benefits

May 24August 23, 2021 Page 8 of 21

Program, the Safety Program and the Workers' Compensation Program. This committee will annually review the workers compensation report, competency report & organizational development report.

G. Information Systems

The members of this committee shall consist of two (2) Board members, CEO, CFO, –CNO, Chief Information Officer (CIO), Medical Director of Informatics, and any other members designated by the Board President. This committee shall supervise the Information Systems projects of the District.

H. Marketing and Community Relations

The members of this committee shall consist of two (2) Board members and CEO, Chief Strategy Officer, Marketing Director, and any other members designated by the Board President.

This committee shall oversee marketing and community relations activities in the District in order to increase the community's awareness of available services and to improve engagement with the population we serve. Additionally, create a brand that builds preference for Kaweah Health in the minds of consumers and creates a public image that instills trust, confidence, and is emblematic of Kaweah Health's mission and our vision to become "world-class". Further develops and fosters a positive perception that will attract the highest caliber of employees and medical staff

I. Patient Experience

The members of this committee shall consist of two (2) Board members and Chief Human Resources Officer, Director of Patient Experience, Director of Emergency Services, and any other members designated by the Board President.

This committee will work with the patient experience team and leadership to develop a patient experience strategy to ensure that patient experiences are meeting the Mission and Vision of Kaweah Health and its foundational Pillar "Deliver excellent service".

J. Quality Council

The members of this committee shall consist of two (2) Board members, CEO or designate, , CNO, Chief Quality Officer, Chief of the Medical Staff, chair of the Professional Staff Quality Committee (Prostaff), Medical Directors of Quality and Patient Safety, Director of Quality and Patient Safety, Director of Risk Management, and members of the Medical Staff as designated by the Board.

This committee shall review and recommend approval of the annual Quality Improvement (QI) plan and Patient Safety plans to the Board of Directors, determine priorities for improvement, monitor key outcomes related to Quality Focus Team activities, evaluate clinical quality, patient safety, and patient satisfaction, monitor and review risk management activities and outcomes, evaluate the effectiveness of the performance

May 24August 23, 2021 Page 9 of 21

improvement program, foster commitment and collaboration between the District and Medical Staff for continuous improvement, and review all relevant matters related to Quality within the institution, including Performance Improvement, Peer Review, Credentialing/Privileging and Risk Management..

K. Strategic Planning

The members of this committee shall consist of two (2) Board members, CEO, Chief Strategy Officer, other Executive Team members, Medical Staff Officers, Immediate past Chief of Staff along with other members of the Medical Staff as designated by the Board and the CEO.

This committee shall review the budget plan, review the strategic plan and organize objectives, review changes or additions to service lines.

The Strategic Planning Committee will provide oversight and forward to the full Board the following reports:

- 1. Review of the Strategic Plan Annually
- 2. Strategic Plan initiatives progress and follow-up bi-monthly to full Board.

L. Independent Committees

The following independent committees may have Board member participation.

- 1. Cypress Company, LLC
- 2. Graduate Medical Education Committee (GMEC)
- 3. Joint Conference
- 4. Kaweah Health Medical Group
- 5. Kaweah Health Hospital Foundation
- 6. Quail Park (All entities)
- 7. Retirement Plans' Investment Committee
- 8. Sequoia Integrated Health, LLC
- 9. Sequoia Surgery Center, LLC
- 10. Sequoia Regional Cancer Center Medical & Radiation, LLC
- 11. Tulare Kings Cancer (TKC) Development, LLC
 - The Board President shall serve as General Manager for TKC Development, LLC.
- 12. 202 W. Willow Board of Owners
- 13. Central Valley Health Care Alliance JPA

M. Medical Affairs

- 1) A member of the Board, as appointed by the President, shall also serve on the following Medical Staff Committees:
 - Joint Conference Committee This committee shall regularly meet to discuss current issues/concerns with Medical Staff, Board, and Administration.
 - b) Credentials Committee The Board shall participate in this committee to observe the Medical Staff process.

May 24August 23, 2021 Page 10 of 21

Section 7 The Governing Body Bylaws:

The Governing Body Bylaws and any changes thereto may be adopted at any regular or special meeting by a legally constituted quorum of the Governing Body. All portions of Governing Body Bylaws must be in compliance with applicable California Code, which is the ruling authority.

Any member of the Governing Body may request a review for possible revision of the Bylaws of the organization.

The Chief Executive Officer and the Governing Body shall review the Bylaws and recommend appropriate changes every year.

- Section 8 Members of the Governing Body shall annually sign a job description which outlines the duties and responsibilities of the Governing Body members including but not limited to adherence to the Board conflict of interest policy {Board of Directors policy BOD5 Conflict of Interest}, confidentiality, and the Brown Act.
- Members of the Governing Body are publicly elected. The members of the Governing Body are expected to participate actively in the functions of the Governing Body and its committees and to serve the constituency who elected them. Notwithstanding any other provision of law, the term of any member of the board of directors shall expire if he or she is absent from three consecutive regular meetings, or from three of any five consecutive meetings of the board and the board by resolution declares that a vacancy exists on the board. {Health and Safety Code 32100.2}
- Section 10 The Chief Executive Officer shall provide an orientation program to all newly elected members of the Governing Body. {Board of Directors policy BOD1 Orientation of a New Board Member} All members of the Board of Directors shall be provided with current copies of the District Bylaws and the Medical Staff Bylaws and any revisions of these Bylaws.
- Section 11 All members of the Governing Body shall be provided with a copy of the Bylaws which govern the Board of Directors, a job description for the District Governing Body and the Board President or Individual Board Member as applicable.

Article III Officers of the Board

The offices of President, Vice President, and Secretary/Treasurer shall be selected at the first regular meeting in December of a non-election year of the District. To hold the office of President, Vice President, or Secretary/Treasurer, a Board member must have at least one year of service on the Board of Directors. These officers shall hold office for a period of two (2) years or until the successors have been duly elected (or in the case of an unfulfilled term, appointed) and qualified. The officer positions shall be by election of the Board itself.

May 24August 23, 2021 Page 11 of 21

- **Section 2** The duties and responsibilities of the Governing Body President are:
 - A. Keep the mission of the organization at the forefront and articulates it as the basis for all Board action.
 - B. Understand and communicate the roles and functions of the Board, committees, Medical Staff, and management.
 - C. Understand and communicate individual Board member, Board leader, and committee chair responsibilities and accountability.
 - D. Act as a liaison between the Board, management, and Medical Staff.
 - E. Plan agendas.
 - F. Preside over the meetings of the Board.
 - G. Preside over or attend other Board, Medical Staff, and other organization meetings.
 - H. Enforce Board and hospital bylaws, rules, and regulations (such as conflict of interest and confidentiality policies).
 - I. Appoint Board committee chairs and members in a consistent and systematic approach.
 - J. Act as a liaison between and among other Boards in the healthcare system.
 - K. Direct the committees of the Board, ensuring that the committee work plans flow from and support the hospital and Board goals, objectives, and work plans.
 - L. Provide orientation for new Board members and arrange continuing education for the Board.
 - M. Ensure effective Board self-evaluation.
 - N. Build cohesion among the leadership team of the Board President, CEO, and Medical Staff leaders.
 - O. Lead the CEO performance objective and evaluation process.
- **Section 3** The duties and responsibilities of the Governing Body Vice President are:
 - A. The Vice President shall act as President in the absence of the President or the Secretary/Treasurer in the absence of the Secretary/Treasurer, and so acting shall have all the responsibility and authority of that position.
- **Section 4** The Secretary/Treasurer shall act as the Secretary for the Board of Directors of Kaweah Delta Health Care District and in so doing shall:
 - A. maintain minutes of all meetings of the Board of Directors;
 - B. be responsible for the custody of all records and for maintaining records of the meetings;

May 24August 23, 2021 Page 12 of 21

C. be assured that an agenda is prepared for all meetings.

The Secretary/Treasurer shall be custodian of all funds of Kaweah Delta Health Care District as well as the health care facilities operated by the District. The Secretary/Treasurer shall assure that administration is using proper accounting systems; that this is a true and accurate accounting of the transactions of the District; that these transactions are recorded and accurate reports are regularly reported to the Board of Directors. The Secretary/Treasurer in conjunction with the Board Audit and Compliance Committee shall see that a major accounting firm provides ongoing overview and scrutiny of the fiscal aspects of the District, and shall further assure that an annual audit is prepared by a major accounting firm and presented directly to the Board of Directors.

Article IV The Medical Staff

Section 1 The Governing Body shall appoint the Medical Staff composed of licensed physicians, surgeons, dentists, podiatrists, clinical psychologists, and all Allied Health Practitioners (including Physician Assistants, Nurse Practitioners and Nurse Midwives) duly licensed by the State of California. {Health and Safety Code of the State of California, Section 32128} The Governing Body, upon consideration of the recommendations of the Medical Staff coming from the Medical Executive Committee, through the Credentials Committee, affirms or denies appointment and privileges to the Medical Staff of Kaweah Delta Health Care District in accordance with the procedure for appointment and reappointment of medical staff as provided by the standards of the Joint Commission on Accreditation of Healthcare Organizations. {Joint Commission Standard MS.01.01.01 The Board of Directors shall reappoint members to the Medical Staff every two (2) years, as set forth in the Medical Staff Bylaws. The Governing Body requires that an organized Medical Staff is established within the District and that the Medical Staff submits their Bylaws, Rules and Regulations and any changes thereto, to the Governing Body for approval.

- **Section 2** Members of the Medical Staff are eligible to run in public election for membership on the Governing Body in the same manner as other individuals.
- Section 3 All public meetings of the Governing Body may be attended by members of the Medical Staff. The Chief of Staff of Kaweah Delta Health Care District shall be notified and invited to each regular monthly meeting of the Governing Body and the Chief of Staff's input shall be solicited with respect to matters affecting the Medical Staff.
- Section 4 The Chief of Staff of Kaweah Delta Health Care District shall be invited to all meetings of the Governing Body at which credentialing decisions are made concerning any member of the Medical Staff of Kaweah Health Medical Center or at which quality assurance reports are given concerning the provision of patient care at Kaweah Health Medical Center. Quality assurance reports shall be made to the Board periodically. Credentialing decisions shall be scheduled on an as-needed basis. The Chief of Staff shall be encouraged to advise the

May 24August 23, 2021 Page 13 of 21

Board on the content and the quality of the presentations, and to make recommendations concerning policies and procedures, the improvement of patient care and/or the provision of new services by the District.

Annually, the Governing Body shall meet with leaders of the Medical Staff to review and analyze the health care services provided by the District and to discuss long range planning as noted in Article II, Section 4, Item C7.

- Section 5 The District has an organized Medical Staff that is accountable to the Governing Body. {Joint Commission Standard LD.01.05.01} The organized Medical Staff Executive Committee shall make recommendations directly to the Governing Body for its approval. Such recommendations shall pertain to the following:
 - A. the structure of the Medical Staff;
 - B. the mechanism used to review credentials and delineate clinical privileges;
 - C. individual Medical Staff membership;
 - D. specific clinical privileges for each eligible individual;
 - E. the organization of the performance improvement activities of the Medical Staff as well as the mechanism used to conduct, evaluate, and revise such activities;
 - F. the mechanism by which membership on the Medical Staff may be terminated;
 - G. the mechanism for fair hearing procedures.
- The Governing Body shall act upon recommendations concerning Medical Staff appointments, re-appointments, termination of appointments, and the granting or revision of clinical privileges within 120 days following the regular monthly meeting of the Governing Body at which the recommendations are presented through the Executive Committee of the organized Medical Staff.
- Section 7 The Governing Body requires that only a member of the organized Medical Staff with admitting privileges at Kaweah Health Medical Center may admit a patient to Kaweah Health Medical Center and that such individuals may practice only within the scope of the privileges granted by the Governing Body and that each patient's general medical condition is the responsibility of a qualified physician of the Medical Staff.
- The Governing Body requires that members of the organized Medical Staff and all Allied Health Practitioners (including Physician Assistants, Nurse Practitioners and Nurse Midwives) maintain current professional liability insurance with approved carriers and in the amounts of \$1,000,000/\$3,000,000 (per occurrence / annual aggregate) or such other amounts as may be established by the Governing Body by resolution.
- Section 9 The Governing Body holds the Medical Staff responsible for the development, adoption, and annual review of its own Medical Staff Bylaws, Rules and Regulations that are consistent with Kaweah Health policy, applicable codes, and other regulatory requirements. Neither the Medical Staff nor The Governing

May 24August 23, 2021 Page 14 of 21

Body may make unilateral amendments to the Medical Staff Bylaws or the Medical Staff Rules and Regulations.

The Medical Staff Bylaws and the Rules and Regulations adopted by the Medical Staff, and any amendments thereto, are subject to, and effective upon, approval of the Governing Body, such approval not to be unreasonably withheld.

Section 10 The Medical Staff is responsible for establishing the mechanism for the selection of the Medical Staff Officers, Medical Staff Department Chairpersons, and Medical Staff Committee Chairpersons.

This mechanism will be included in the Medical Staff Bylaws.

Section 11 The Governing Body requires the Medical Staff and the Management to review and revise all department policies and procedures as often as needed. Such policies and procedures must be reviewed at least every three (3) years.

In adherence with Title 22, {70203} Policies relative to medical service {those preventative, diagnostic and therapeutic measures performed by or at the request of members of the organized medical staff} shall be approved by the governing body as recommended by the Medical Staff.

In adherence with Title 22, {70213} Nursing Service Policies for patient care shall be developed, maintained and implemented by nursing services; policies which involve the Medical Staff shall be reviewed and approved by the Medical Staff prior to implementation.

- Section 12 Individuals who provide patient care services (other than District staff members), but who are not subject to the Medical Staff privilege delineation process, shall submit their credentials to the Interdisciplinary Practice Committee of the Medical Staff which shall, via the Executive Committee, transmit its recommendations to the Governing Body for approval or disapproval.
- **Section 13** The quality of patient care services provided by individuals who are not subject to Medical Staff privilege delineation process, shall be included as a portion of the District's Performance Improvement program.
- The Governing Body specifies that under the privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA), the Medical Staff and the District are in an Organized Health Care Arrangement (OHCA). The OHCA is a clinically integrated care setting in which individuals receive heath care from more than one provider and the providers hold themselves out to the public as participating in a joint arrangement. The Medical Staff is in an OHCA with the District for care provided at District facilities. This joint arrangement is disclosed to the patients in the Notice of Privacy Practices given to patients when they access care at any of the District's facilities.

May 24August 23, 2021 Page 15 of 21

Article V Joint Committees

The President of the Governing Body or a member of the Board appointed by the President shall participate, along with the CEO, in the Joint Conference Committee, which is a committee of the Medical Staff. This committee shall serve as a systematic mechanism for communication between members of the Governing Body, Administration, and members of the Medical Staff. Specifically, issues which relate to quality of patient care shall be regularly addressed. Additionally, other matters of communication which are of importance to maintaining a sound working relationship between the Governing Body and the Medical Staff shall be discussed. These meetings shall be held at a minimum of every other month and minutes, if any, shall be kept by the organized Medical Staff under the direction of its President. The proceedings and records of this committee are protected by Section 1157 of the evidence Code.

Article VI Chief Executive Officer

- **Section 1** The Governing Body shall be solely responsible for appointment or dismissal of the Chief Executive Officer. {Board of Directors policy BOD2 Chief Executive Officer (CEO) Transition}
- Section 2 The Governing Body shall assure that the Chief Executive Officer is qualified for their responsibilities through education and/or experience. {Board of Directors policy BOD3 Chief Executive Officer (CEO) Criteria}
- **Section 3** The Chief Executive Officer shall act on behalf of the Governing Body in the overall management of the District.
- Section 4 In the absence of the Chief Executive Officer, a Vice President designated by the Chief Executive Officer or by the President of the Governing Body shall assume the responsibilities of this position. The Governing Body retains final authority to name the person to act during the absence or incapacity of the Chief Executive Officer.
- Annually the Governing Body shall meet in Executive session to monitor the performance of the Chief Executive Officer. The conclusions and recommendations from this performance evaluation will be transmitted to the Chief Executive Officer by the Governing Body.
- The Chief Executive Officer shall select, employ, control, and have authority to discharge any employee of the District other than any individual with the title or equivalent function of Vice President, Chief Compliance Officer, Director of Audit & Consulting, or Board Clerk. Employment of new personnel shall be subject to budget authorization granted by the Board of Directors.
- The Chief Executive Officer shall organize, and have the authority to reorganize the administrative structure of the District, below the level of CEO, subject to the limitations set forth in in Section 6 above. The District's organizational chart shall reflect that the Vice President, Chief Compliance and Risk Officer and the Chief Compliance Officer, and the Director of Audit & Consulting have direct,

May 24August 23, 2021 Page 16 of 21

solid-line reporting relationships to the Board (functional) and to the CEO (administrative).

- The Chief Executive Officer shall report to the Board at regular and special meetings all significant items of business of Kaweah Delta Health Care District and make recommendations concerning the disposition thereof. The Chief Executive Officer shall, directly and through the District's Vice Presidents, keep the Chief Compliance Officer, and the Director of Audit & Consulting well-informed of District operations and shall promptly inform them of any matter that may expose the District to a material legal, regulatory or financial liability.
- **Section 9** The Chief Executive Officer shall submit regularly, in cooperation with the appropriate committee of the Board, periodic reports as required by the Board.
- Section 10 The Chief Executive Officer shall attend all meetings of the Board when possible and shall attend meetings of the various committees of the Board when so requested by the committee chairperson.
- Section 11 The Chief Executive Officer shall serve as a liaison between the Board and the Medical Staff. The Chief Executive Officer shall cooperate with the Medical Staff and secure like cooperation on the part of all concerned with rendering professional service to the end that patients may receive the best possible care.
- Section 12 The Chief Executive Officer shall make recommendations concerning the purchase of equipment and supplies and the provision of services by the District, considering the existing and developing needs of the community and the availability of financial and medical resources.
- Section 13 The Chief Executive Officer shall keep abreast and be informed of new developments in the medical and administrative areas of hospital administration.
- Section 14 The Chief Executive Officer shall oversee the physical plants and ground and keep them in a good state of repair, conferring with the appropriate committee of the Board in major matters, but carrying out routine repairs and maintenance without such consultation.
- The Chief Executive Officer shall supervise all business affairs such as the records of financial transactions, collections of accounts and purchase and issuance of supplies, and be certain that all funds are collected and expended to the best possible advantage.
- **Section 16** The Chief Executive Officer shall supervise the preservation of the permanent medical records of the District and act as overall custodian of these records.
- Section 17 The Chief Executive Officer shall keep abreast of changes in applicable laws and regulations and shall insure that a District compliance program, appropriate educational programs, and organizational memberships are in place to carry out this responsibility.
- **Section 18** The Chief Executive Officer shall be responsible for assuring the organization's compliance with applicable licensure requirements, laws, rules, and regulations,

May 24August 23, 2021 Page 17 of 21

- and for promptly acting upon any reports and/or recommendations from authorized agencies, as applicable.
- **Section 19** The Chief Executive Officer will ensure that the business of the Health Care District is conducted openly and transparently, as required by law.
- Section 20 The Chief Executive Officer will oversee the activities of the Health Care District's community relations committees to ensure meaningful participation of community members and communication of the input and recommendation from the committee to the Board and to organization's management.
- **Section 21** The Chief Executive Officer shall perform any special duties assigned or delegated to them by the Board.

Article VII The Health Care District Guild

- **Section 1** The Governing Body recognizes the Kaweah Delta Health Care District Guild in support of the staff and patients of the District.
- **Section 2** The Chief Executive Officer is charged with effecting proper integration of the Guild within the framework of the organization.

Article VIII Performance Improvement (PI)

- Section 1 The Governing Body requires that the Medical Staff and the Health Care District staff implement and report on the activities and mechanisms for monitoring and evaluating the quality of patient care, for identifying and resolving problems, and for identifying opportunities to improve patient care within the District.
- **Section 2** The Governing Body, through the Chief Executive Officer, shall support these activities and mechanisms.
- **Section 3** The Governing Body shall adopt a Performance Improvement Plan and Risk Management Plan for the District and shall provide for resources and support systems to ensure that the plans can be carried out.
- Section 4 The Governing Body requires that a complete and accurate medical record shall be prepared and maintained for each patient; that the medical record of the patient shall be the basis for the review and analysis of quality of care. The Governing Body holds the organized Medical Staff responsible for self-governance with respect to the professional work performed in the hospital and for periodic meetings of the Medical Staff to review and analyze at regular intervals their clinical experience. Results of such review will be reported to the Governing body at specific intervals defined by the Board.
- Section 5 The quality assurance mechanisms within any of the District's facilities shall provide for monitoring of patient care processes to assure that patients with the same health problem are receiving the same level of care within the District.

May 24August 23, 2021 Page 18 of 21

Article IX Conflict of Interest

- The Administration Policy Manual of Kaweah Delta Health Care District and the Board of Directors Policy Manual has a written Conflict of Interest Policy {Administrative Policy AP23 and Board of Directors Policy BOD5}, which requires the completion and filing of a Conflict of Interest Statement disclosing financial interests that may be materially affected by official actions and provides that designated staff members must disqualify themselves from acting in their official capacity when necessary in order to avoid a conflict of interest. The requirements of this policy are additional to the provisions of Government Code §87100 and other laws pertaining to conflict of interest; and nothing herein is intended to modify or abridge the provisions of the policies of Kaweah Delta Health Care District which apply to:
 - A. members of the Governing Body,
 - B. the executive staff,
 - C. employees who hold designated positions identified in Exhibit "A" of the District Conflict of Interest Code.
- **Section 2** Each member of the Governing Body, specified executives, and designated employees must file an annual Conflict of Interest Statement as required by California Government Code Section 87300-87313.
- Section 3 The Board shall assess the adequacy of its conflict-of-interest/confidentiality policies and procedures {Board of Directors Policy BOD5 and Administrative Policy 23 Conflict of Interest} at least every two years.

Article X Indemnification of Directors, Officers, and Employees

Section 1 Actions other than by the District. The District shall have the power to indemnify any person who was or is a party, or is threatened to be made a party, to any proceeding (other than an action by or in the right of the District to procure a judgment in its favor) by reason of the fact that such person is or was a director, officer or employee of the District, against expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred in connection with such proceeding if that person acted in good faith and in a manner that the person reasonably believed to be in the best interest of the District and, in the case of a criminal proceeding, had no reasonable cause to believe the conduct of that person was unlawful. The termination by any proceeding by judgment, order, settlement, conviction or upon a plea of nolo contendere or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in the manner that the person reasonably believed to be in the best interests of the District person's conduct was unlawful.

May 24August 23, 2021 Page 19 of 21

Actions by the District. The District shall have the power to indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending, or completed action by or in the right of the District to procure a judgment in its favor by reason of the fact that such person is or was a director, officer, or employee of the District, against expenses actually and reasonably incurred by such person in connection with the defense or settlement of that action, if such person acted in good faith, in a manner such person believed to be in the best interest of the District and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under a similar circumstance.

No indemnification shall be made under this Section:

- A. with respect to any claim, issue or matter as to which such person has been adjudged to be liable to the District in their performance of such person's duty to the District, unless and only to the extent that the court in which that proceeding is or was pending shall determine upon application that, in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for the expenses which the court shall determine;
- B. of amounts paid in settling or otherwise disposing of a threatened or pending action, with or without court approval;
- C. of expenses incurred in defending a threatened or pending action that is settled or otherwise disposed of without court approval.
- Successful defense by director, officer, or employee. To the extent that a director, officer or employee of the District has been successful on the merits in defense of any proceeding referred to in Section 1 or Section 2 of this Article X, or in defense of any claim, issue or matter therein, the director, officer or employee shall be indemnified as against expenses actually and reasonably incurred by that person in connection therewith.
- **Section 4** Required approval. Except as provided in Section 3 of this Article, any indemnification under this Article shall be made by the District only if authorized in the specific case, upon a determination that indemnification of the officer, director or employee is proper in the circumstances because the person has met the applicable standard of conduct set forth in Sections 2 and 3 of this Article X, by one of the following:
 - A. a majority vote of a quorum consisting of directors who are not parties to the proceeding; or
 - B. the court in which the proceeding is or was pending, on application made by the District or the officer, director or employee, or the attorney or other person rendering services in connection with the defense, whether or not such other person is opposed by the District.
- Section 5 Advance of expenses. Expenses incurred in defending any proceeding may be advanced by the District before the final disposition of the proceeding upon receipt of an undertaking by or on behalf of the officer, director or employee to

May 24August 23, 2021 Page 20 of 21

repay the amount of the advance unless it shall be determined ultimately that the officer, director or employee is entitled to be indemnified as authorized in this Article.

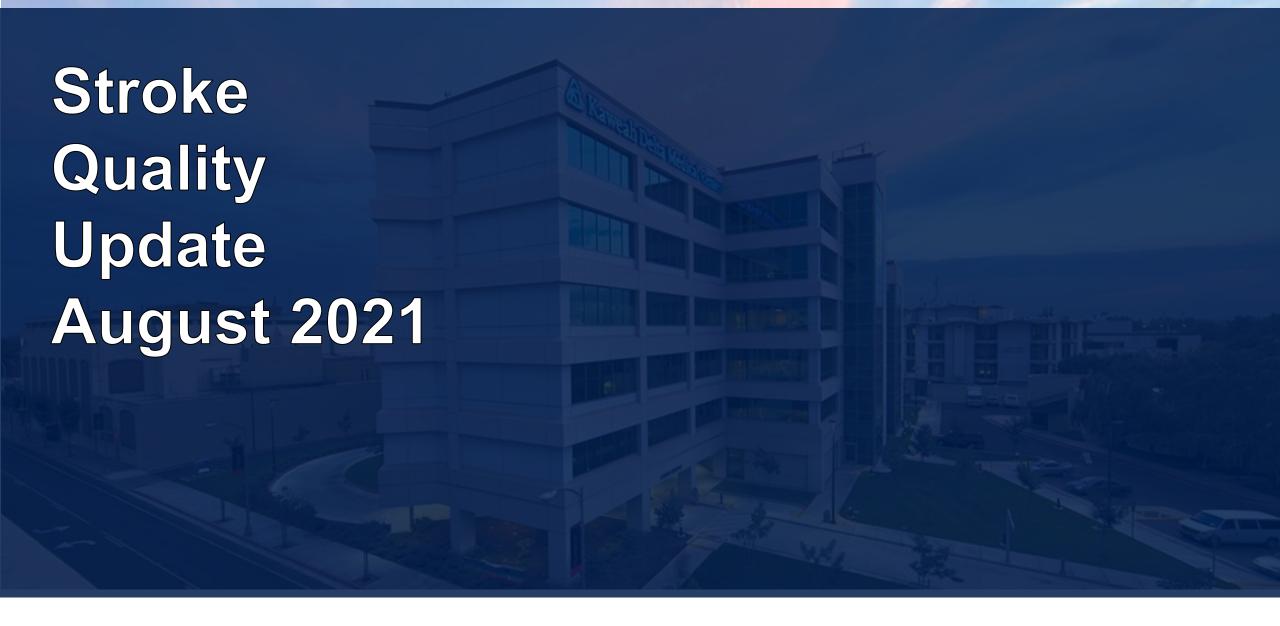
- **Section 6** Other contractual rights. Nothing contained in this Article shall affect any right to indemnification to which persons other than directors and officers of this District may be entitled by contract or otherwise.
- **Section 7** Limitations. No indemnification or advance shall be made under this Article except as provided in Section 3 or Section 4, in any circumstance where it appears:
 - A. that it would be inconsistent with the provision of the Articles, a resolution of the Board, or an agreement in effect at the time of accrual of the alleged cause of action asserted in the proceeding in which the expenses were incurred or other amounts were paid, which prohibits or otherwise limits indemnification; or
 - B. that it would be inconsistent with any condition expressly imposed by a court in approving a settlement.
- Insurance. If so desired by the Board of Directors, the District may purchase and maintain insurance on behalf of any officer, director, employee or agent of the corporation, insuring against any liability asserted against or incurred by the director, officer, employee or agent in that capacity or arising out of the person's status as such, whether or not the District would have the power to indemnify the person against that liability under the provisions of this Article.

If any article, section, sub-section, paragraph, sentence, clause or phrase of these Bylaws is for any reason held to be in conflict with the provisions of the Health and Safety Code of the State of California, such conflict shall not affect the validity of the remaining portion of these Bylaws.

These Bylaws for Kaweah Delta Health Care District are adopted, as amended, this 24th-23rd day of MayAugust, 2021.

President Kaweah Delta Health Care District Secretary/Treasurer
Kaweah Delta Health Care District

May 24August 23, 2021 Page 21 of 21











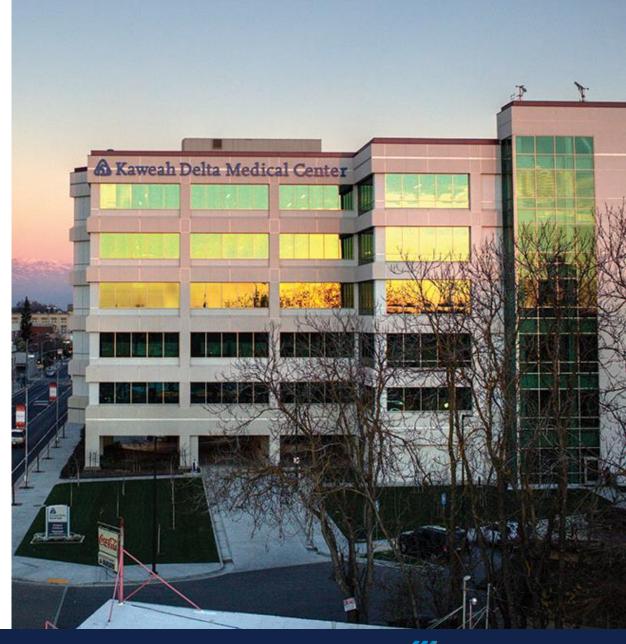




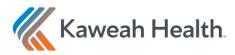
Stroke Program Leadership

Sean Oldroyd, DOStroke Program Medical Director

Cheryl Smit, RNStroke Program Manager







Abbreviations Used During this Presentation

TJC = The Joint Commission

AHA/ASA = American Heart Association; American Stroke Association

GWTG = Get with the Guidelines

EMS = Emergency Medical Services

ED = Emergency Department

ICU = Intensive Care Unit

TIA = Transient Ischemic Attack

Dc = Discharge

rt-PA or Alteplase = thrombolytic therapy "clot busting medication"

CT/CTA = Computed tomography scan/computed tomography angiography

LVO = Large vessel occlusion

CMS = Centers for Medicare and Medicaid Services

VTE = Venous thromboembolism

LDL = low-density lipoproteins

NIHSS = National Institutes of Health Stroke Scale

RRT = Rapid Response Team

STL = Stroke Team Lead

EMR = Electronic Medical Record

Primary Stroke Certification through The Joint Commission (TJC)

Full Re-Accreditation Status after recent Primary Stroke Survey on April 2021. Approval of the 60-day evidence of standards corrective action plan was completed in July

Surveyor was impressed with:

- How easily our staff spoke to the process and their level of knowledge of managing our stroke patient population
- Innovative ways to educate our new medical staff and that we hold our residents to a higher standard by requiring NIHSS certification
- 24/7 pharmacy coverage in the Emergency Department

2 year certification cycle

 Due to Covid and the limited survey capabilities all programs surveyed between January 2021 and June 2021 will be surveyed again between July 2022 and December 2022

Minor documentation issues requiring corrective action plans include:

- Neurological assessment documentation by nursing in the EMR
- Alteplase administration and post-monitoring documentation by providers and nursing in the EMR
- Appropriate medication route documentation in the EMR



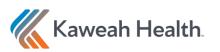
Primary Stroke Certification through The Joint Commission TJC CORRECTIVE ACTION ITEMS

Neurological and vital sign documentation by nursing in the EMR

The Stroke Program and Nursing leadership collaborated to address the issues identified during the survey

- Modification to the nursing "neuro bundle" in the EMR to ensure complete neurological assessment
- Updates to the ED Stroke Team Lead (STL) and Rapid Response Team (RRT) RN stroke alert checklists
- Alteplase Critical Care Infusion PowerPlan now includes nursing neurological assessment (neuro checks)
- Updates to the Nursing Standards of Care/Basic Neurological Assessment for Medical-Surgical, Critical Care, and Emergency Department were made
- Education to all RNs caring for stroke/TIA patients regarding use of the tasked "neuro checks" with emphasis on documentation on the patient's presenting symptoms
- Education has been provided to the ED and Critical Care providers and staff regarding use of the PowerPlans and the need for frequent monitoring and documentation of vital signs and neuro checks on the critically ill patients

Monitoring the frequency and completeness of the nursing neuro assessment and vital signs will be conducted. The audit will monitor compliance with frequency of neuro assessments and vital signs according to what the provider ordered on the PowerPlan.



Primary Stroke Certification through The Joint Commission TJC CORRECTIVE ACTION ITEMS

<u>Documentation Alteplase administration and post-monitoring by providers and nursing in the EMR</u>

The Stroke Program leadership collaborated with a task force to address the issue identified during the survey

- Updates to the ED Stroke Team Lead (STL) and Rapid Response Team (RRT) RN stroke alert checklists
- Updates to the Alteplase Critical Care Infusion PowerPlan
- Education was provided to the ED/critical care providers/residents, pharmacists and nurses regarding the various action items

Monitoring administration and post-monitoring documentation of alteplase will be conducted. The audit will monitor compliance with the identified action items listed on the TJC Corrective Action Plan



Primary Stroke Certification through The Joint Commission TJC CORRECTIVE ACTION ITEMS

Correct medication route for stroke patients who require an alternative route when unable to take medications by mouth

The Stroke Program Manager collaborated with several of the key nursing leaders, clinical education and pharmacy to develop a plan

- Updates to all stroke/TIA admission PowerPlans (order sets) have been implemented to include gastric tube
 medication route options along with nursing communication orders to ensure correct medication route is ordered.
- Education regarding changes to the PowerPlans with emphasis on appropriate medication routes were provided to providers/residents, nursing and pharmacy

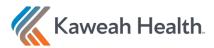
Monitoring appropriate medication route will be conducted. The audit will monitor compliance with the identified action items listed on the TJC Corrective Action Plan



Stroke Program Initiatives 2020-2021

ED Stroke Alert Process

- Process changes in 2020 as a result of AHA/ASA new guidelines for ischemic stroke patients (December 2019)
- ED triage stroke alert process modification to improve door to stroke alert timing
- RAPID software now available which will enhance imaging to evaluate patients who may be candidates for endovascular treatment. This requires a transfer to a tertiary care center
- **RECENT ACTION ITEM**: Repeated stroke alerts may be called if the patient exhibits worsening stroke symptoms
- **RECENT ACTION ITEM**: PowerPlan developed to address management of symptomatic intracranial bleeding occurring within 24 hours after administration of alteplase for treatment of ischemic strokes
- TJC RECENT CORRECTIVE ACTION ITEM: Changes to the stroke alert packets to ensure compliance with the process and TJC corrective action plan
- TJC RECENT CORRECTIVE ACTION ITEM: Modification to the Alteplase Critical Care Infusion PowerPlan
- TJC RECENT CORRECTIVE ACTION ITEM: Education on the various corrective action items shared with ED staff and providers



Key Initiatives to Improve Time to Thrombolytic Therapy

TJC expectation is to administer thrombolytics (Alteplase) within 60 minutes 50% of the time for all patients who meet criteria. AHA/ASA GWTG expectations were update in 2019 with new goal of 45 minutes at least 75% of the time for all patients who meet criteria. KDH/ED goal is Door to Alteplase within 45 minutes of arrival.

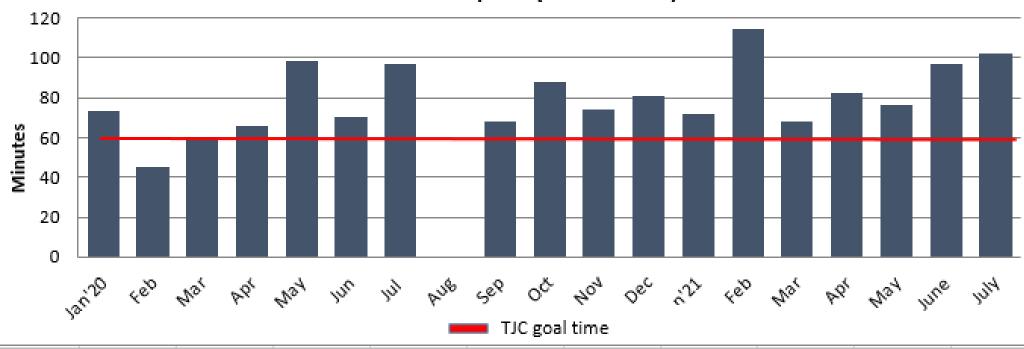
Initiatives:

- Designated Stroke Team Lead in the ED
- Stroke Packet with documents needed for timely administration of thrombolytic therapy
- Patients go directly to CT from Triage or EMS after a brief physician evaluation
- Radiologist calls Stroke Team Lead when CT read and if a large vessel occlusion is found on CTA images
- Patient immediately evaluated by Resident/Physician upon return from CT
- 24/7 interpreter services available in the ED
- Staff, Physician, Resident and EMS education on stroke alert process
- Follow up communication with key stakeholders after thrombolytic therapy
- Dotphrase was developed for the ED physicians with prompts to document reasons for delay in alteplase or why
 alteplase was not given if last known well (LKW) time was <4.5 hours



2020-2021 ED Stroke Alert Dashboard

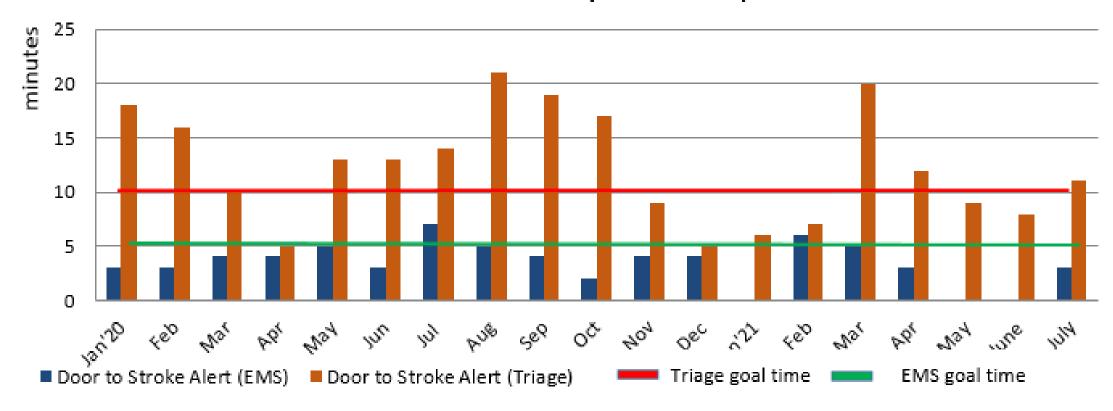
Door to Alteplase (median time)



The data in this graph includes all Alteplase patients which differs from the TJC rate because exclusion criteria is not used. TJC expectation is that IV thrombolytics are given within 60 minutes to eligible patients who present for stroke care. AHA/ASA GWTG expectations were update in 2019 with new IV thrombolytic goal time to 45 minutes at least 75% of the time (when applicable). To meet this goal, continued changes to the stroke alert process have been made.

2020-2021 ED Stroke Alert Dashboard

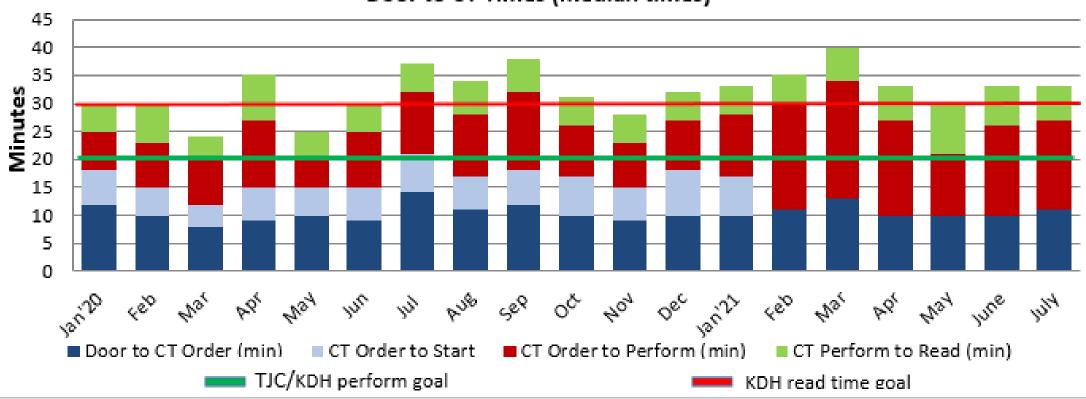
Door to Stroke Alert (median times)



Per KDH ED Stroke Alert process; stroke alerts to be called within 5 min for EMS and 10 min for Triage. ED Stroke Alert Triage task force convened to look for opportunities for improvement March 2020.

2020-2021 ED Stroke Alert Dashboard





CMS and TJC expectation is that the CT will be performed by 20 minutes and read by 45 minutes of arrival. KDH's CT read time goal is 30 minutes. Starting 2019; tracking of CT start times will be included in this measurement. start time is define by the first CT images in Synapse. **Feb 2021 removed CT start time metric.



Stroke Program Initiatives 2020-2021

ED Transfer Process on Ischemic/Hemorrhagic Stroke Patients

January 2019: TJC added door to transfer times. Door to transfer goal <120 minutes.

Hemorrhage

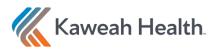
IV Alteplase and Transfer "drip and ship"

Large Vessel Occlusion and Endovascular Eligible

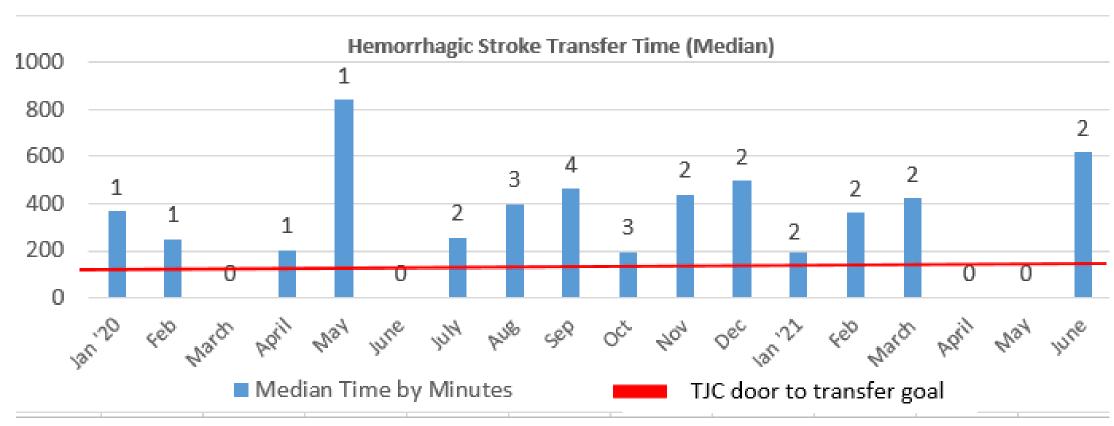
Large Vessel Occlusion and Not Endovascular Eligible

No Large Vessel Occlusion and Not Endovascular Eligible

- Transfer Task Force has been established and includes all key stakeholders; Skylife, EMS, ED and Case Management
- Ischemic/hemorrhagic stroke transfer guidelines established
- Transfer agreements signed with San Jose RMC and USC/Keck
- Education to physicians and staff regarding transfer goal time of <120 minutes
- RAPID software now available which will enhance imaging to evaluate if patients are candidates for endovascular treatment.
- **RECENT ACTION ITEM:** Immediate notification to EMS agencies of possible transfer. This helps to expedite transfer if helicopter transport is not possible. Transport to the airport if fixed wing is required or ground transport is needed

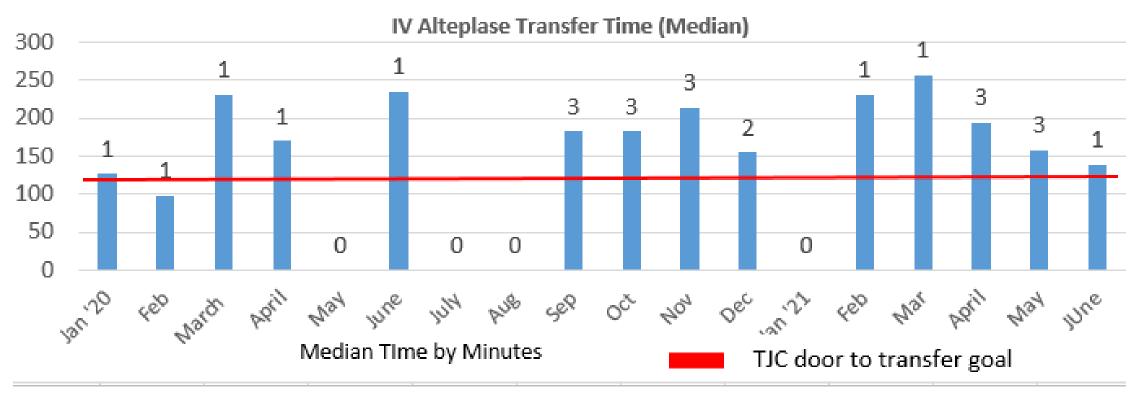


ED Transfer Process on Ischemic/Hemorrhagic Stroke Patients 2020/2021 Transfer from ED to Another Acute Care Facility Dashboard



Hemorrhagic patients are transferred out for other procedures not done at KDH, specifically coiling/clipping of aneurysms or bleeds. A task force has been set up to help streamline the process, all action items are captured in PDSA document. The Covid 19 pandemic has caused delays in transfer times due to the additional precautions, resources and screening needed.

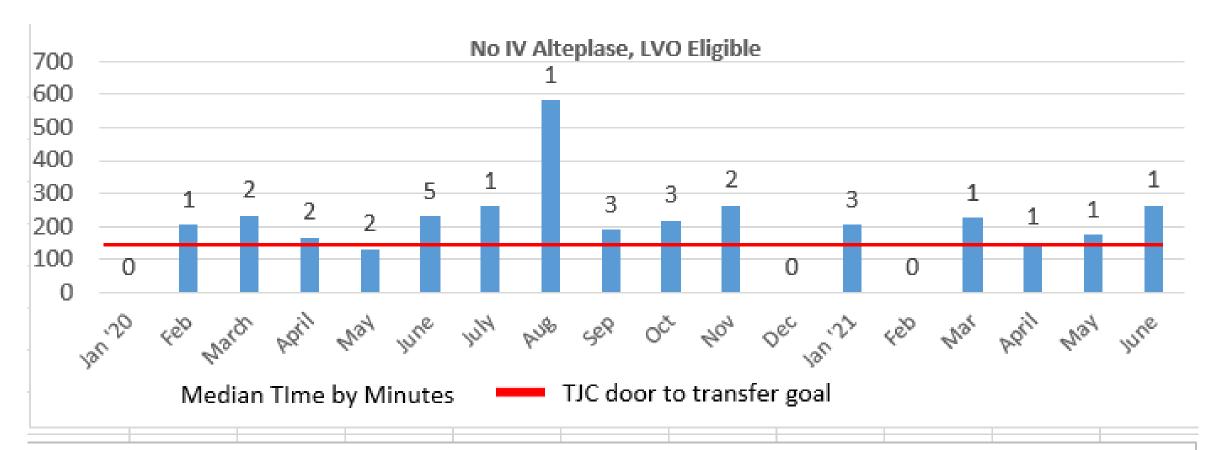
ED Transfer Process on Ischemic/Hemorrhagic Stroke Patients 2020/2021 Transfer from ED to Another Acute Care Facility Dashboard



Transfers for ischemic strokes occur primarily if a large vessel occlusion is noted and would be eligible for endovascular treatment. As a result of the efforts made by the ED Stroke Alert Committee and the Transfer Process Task Force door to transfer times have improved; however the Covid 19 pandemic has caused delays in transfer times due to the additional precautions, resources, and screening needed in the recent months.



ED Transfer Process on Ischemic/Hemorrhagic Stroke Patients 2020/2021 Transfer from ED to Another Acute Care Facility Dashboard



This cohort of patients have a large vessel occlusion that would be eligible for endovascular treatment and do not meet criteria for Alteplase administration. The Covid 19 pandemic has caused delays in transfer times due to the additional precautions, resources and screening needed in the recent months.

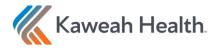


2020-2021 Stroke Program Dashboard

2020																			
	Bench- marks	2019 Totals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan'21	Feb	Mar	Apr	May
Grouping of Stroke Patients																			
Ischemic		460	39	42	38	23	28	32	31	29	34	27	24	34	34	33	32	36	39
Hemorrhagic		98	8	6	5	7	6	4	4	8	7	8	14	1	5	12	8	5	9
TIA (in-patient and observation)		344	33	44	29	24	21	13	27	20	16	24	19	11	18	18	26	19	20
Transfers to Higher Level of Care (Ischemic)		27	1	2	3	3	2	6	1	3	4	3	5	2	3	1	2	4	4
Transfers to Higher Level of Care (Hemorrhagic)		17	1	1	1	1	1	0	2	1	6	6	2	2	2	2	2	0	0
TOTAL NUMBER OF PATIENTS		946	82	95	72	58	58	55	65	61	67	68	64	50	62	66	70	64	72
Total # of Pts who rec'd Alteplase (Admitted/Transferred)		65	8	6	4	2	2	4	4	0	4	3	4	3	1	2	1	5	7
% of Alteplase - Inpatient & Transfers		13%	20%	14%	10%	8%	7%	11%	13%	0%	11%	10%	14%	8%	3%	6%	3%	13%	16%
% Appropriate vital sign monitoring post Alteplase	90%	68%	75%	75%	100%	100%	100%	75%	75%	NA	75%	88%	100%	33%	100%	100%	100%	80%	100%
Rate of hemorrhagic complications for Alteplase pts	0%	0%	0%	0%	0%	0%	0%	0%	0%	NA	0%	0%	0%	0%	0%	0%	0%	0%	14%
Core Measure: OP-23 Head CT/MRI Results	72%	54%	100%	NA	0%	100%	NA	100%	0%	50%	100%	100%	100%	50%	NA	100%	100%	100%	67%
% Appropriate stroke order set used (In-Patient)	90%	93%	95%	97%	99%	97%	96%	92%	90%	98%	91%	95%	91%	93%	93%	96%	95%	90%	88%
% Appropriate stroke order set used (ED)	90%	90%	94%	92%	88%	89%	98%	90%	82%	89%	88%	80%	93%	92%	86%	88%	86%	91%	92%
STK-1 VTE (GWTG, TJC)	85%	99%	100%	100%	95%	100%	91%	85%	85%	92%	96%	90%	88%	97%	89%	92%	91%	90%	95%
STK-2 Discharged on Antithrombotic (GWTG, TJC)	85%	99%	100%	100%	100%	100%	100%	100%	97%	97%	97%	100%	100%	100%	100%	97%	100%	100%	100%
STK-3 Anticoag for afib/aflutter ordered at Dc (GWTG, TJC)	85%	96%	100%	89%	100%	100%	100%	75%	80%	100%	100%	100%	100%	100%	100%	100%	NA	50%	100%
STK-4 Alteplase Given within 60 min (GWTG, TJC)	75%	80%	100%	100%	100%	NA	NA	100%	100%	NA	NA	50%	NA	100%	NA	NA	NA	100%	100%
STK-5 Early Antithrombotics by end of day 2 (GWTG, TJC)	85%	99%	92%	93%	97%	100%	96%	92%	96%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%
STK-6 Discharged on Statin (GWTG, TJC)	85%	98%	100%	98%	100%	100%	97%	100%	96%	100%	100%	93%	100%	100%	90%	94%	100%	100%	100%
STK-8 Stroke Education (GWTG, TJC)	75%	94%	93%	97%	94%	100%	96%	88%	85%	100%	100%	100%	91%	90%	95%	97%	100%	100%	94%
STK-10 Assessed for Rehab (GWTG, TJC)	75%	100%	100%	100%	100%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% Dysphagia Screen prior to po intake (GWTG)	75%	94%	85%	85%	91%	90%	77%	81%	97%	97%	72%	85%	90%	90%	78%	90%	88%	71%	90%
% Smoking Cessation (GWTG)	85%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% LDL Documented (GWTG)	75%	94%	91%	84%	96%	100%	90%	90%	91%	100%	97%	90%	92%	100%	100%	100%	100%	100%	100%
Intensive Statin Therapy (GWTG)	75%	90%	94%	91%	88%	88%	97%	94%	91%	79%	93%	93%	100%	100%	90%	94%	100%	100%	88%
% tPA Arrive by 2 Hrs; Treat by 3 Hrs. (GWTG)	85%	96%	100%	80%	NA	100%	100%	100%	67%	NA	100%	100%	NA	NA	NA	NA	NA	NA	NA
% tPA Arrive by 3.5 Hrs; Treat by 4.5 Hrs (GWTG)	75%	97%	100%	86%	100%	100%	100%	100%	100%	NA	100%	100%	80%	100%	100%	NA	100%	100%	100%
% NIHSS Reported (GWTG)	75%	98%	100%	93%	92%	100%	96%	94%	92%	96%	90%	100%	96%	97%	100%	100%	90%	100%	100%
Ischemic ALOS/GMLOS excess	<1.0	NA	1.45	1.67	2.2	0.18	0.49	1.68	0.91	0.18	1.23	0.53	3.94	3.11	1.9	2.76	3.63	0.75	1.49
Hemorrhagic ALOS/GMLOS excess	<1.0	NA	1.63	0.43	3.74	0.49	3.53	17.98	1.42	6.11	5.01	-1.66	0.62	-3.4	3.46	3.05	11.17	1.12	6.2
Ischemic Mortality IP O/E Ratio (Midas)	<1.0	NA	0.8	0.9	0.8	0	196/	359	0	1.1	0.8	1.7	4.3	3.96	0	1.66	0	1.37	1.26

Stroke Program Performance Improvement Initiatives Fiscal Year 2021-2022

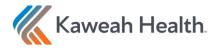
- > ED: Door to alteplase within 60 minutes
- ➤ ED/ICU: Post alteplase monitoring
- ➤ ED: Transfer of the ischemic/hemorrhagic stroke patient requiring potential endovascular procedures
- ➤ ED/Radiology: CT Perfusion/Transfer process
- ➤ ED/IN-HOUSE: Dysphagia screening process
- ➤ IN_HOUSE: Stroke/TIA admission process
- ➤ IN_HOUSE: VTE Prophylaxis process
- ➤ IN_HOUSE: Length of stay TIA patients
- > REHAB: Implementation of the NIHSS
- > STROKE PROGRAM: Follow up calls/patient perception



Stroke Program Research Projects

Recent research projects related to the Stroke Program

- ➤ Utilizing real world data on patient adherence to direct action oral anticoagulants to analyze stroke, transient ischemic attacks, or death among Medicare patients with atrial fibrillation
 - ➤ Kelea Siegler
- ➤ Aspirin and Clopidogrel in the setting of COVID-19 induced thromboembolic events
 - ➤ Dr. Ivana Choudhury



Kaweah Health Primary Stroke Certification through The Joint Commission (TJC)













Live with passion.

Health is our passion. Excellence is our focus. Compassion is our promise.





Strategic Initiative Charter: Organizational Efficiency & Effectiveness

Objective Chair ET Sponsor Board Member

Increase the efficiency and the effectiveness of the organization to reduce costs, lower length of stay, and improve processes.

Kassie Waters

Jag Batth

Mike Olmos

Performance Measure	Baseline	FY22 Goal	July 2021
Reduce Length of Stay (Non COVID patients)	1.25 Above GMLOS (Non COVID (5/2021)	ALOS (Non COVID): Within 1.0 GMLOS 7/1/21-12/31/21 Within .75 GMLOS 1/1/22-6/30/22	1.68 Above GMLOS Non Covid
Increase Operating Room Block Time Utilization	42% (FYTD)	60%	51%
Review of Spine and Trauma Implant purchases and contracts	\$3,400,000 (4/2020- 3/2021)	Identify \$350,000 savings (approx. 10%)	TBD
Consolidation of purchased services	\$34,200,000 (4/2020- 3/2021)	Identify \$1,000,000 savings (3%)	TBD

Strategies (Tactics)	Net Annual Impact (\$)*
Utilize the Resource Effectiveness Committee (REC) structure to implement patient flow processes that are effective and efficient to lower the overall LOS.	\$10,500,000
Utilize the work of the Operating Room (OR) Efficiency and the OR Governance Committees to improve OR Room Utilization and achievement of defined OR metrics.	\$1,179,000
Analyze and identify waste, and cost savings with purchase services and specialty surgical implants.	\$1,350,000
Total	\$13,029,000

Recuce Length of Stay (LOS) Champions: Kassie Waters & Rebekah Foster

Problem / Goals & Objectives

Objectives & Data	Baseline	Goal	July 2021
Reduce Average Length of Stay (ALOS) -Non COVID Patients	1.25	Within 1 day of GMLOS (1 st 6 months)	1.68

Accomplishments

Throughput Round Tool Implemented on all medical surgical departments. 7/9/21

Hired New Case Manager Educator. Will assist case management with new processes. 7/11/21

Provider Educating & Review of Dashboards

Dr. Manga, Chief of Staff

Dr. Fox

Family Healthcare Network

Valley Hospitalist

ACTS-Meeting Scheduled

Intervention Radiology/Ultra Sound Meeting 7/9/21

Discussed barriers and solutions – IR and US have staffing and weekend coverage. Process concern regarding schedulers not present on weekends and placed orders are not seen until Monday. New process \rightarrow staff to call the department directly on Fridays and weekends for IR and US procedures.

Critical Issues / Barriers

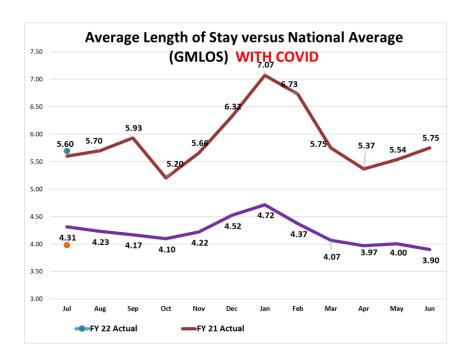
- Case Management Short Staffed.
- Charge nurses with patient assignments.
- High covid patient census.

Next Steps

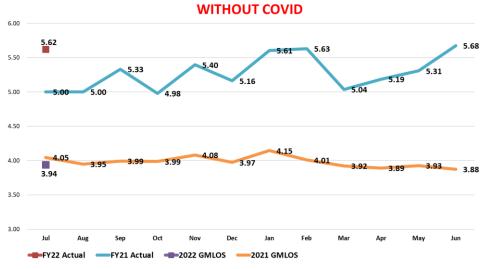
- Transitional Care Unit Allocate 5 beds at TCS for patients waiting placement. Complex case managers to follow and find placement. Still researching insurance and skilled nursing insurance concerns.
- Case Management requesting 6 LVN postions to provide weekend coverage. Waiting approval.

Average Length of Stay versus National Average (GMLOS)

	Including	g COVID P	atients	Excluding COVID Patients				
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP	Gap Diff	%
Mar-20	5.20	4.04	1.16	5.16	4.03	1.13	0.03	2%
Apr-20	5.30	4.25	1.05	5.19	4.17	1.03	0.02	2%
May-20	5.25	4.16	1.09	4.74	4.06	0.68	0.40	37%
Jun-20	5.60	4.11	1.49	4.98	3.95	1.03	0.46	31%
Jul-20	5.60	4.31	1.29	5.00	4.05	0.96	0.33	26%
Aug-20	5.70	4.23	1.47	5.00	3.95	1.05	0.42	28%
Sep-20	5.93	4.17	1.76	5.33	3.99	1.34	0.42	24%
Oct-20	5.20	4.10	1.11	4.98	3.99	0.99	0.12	10%
Nov-20	5.66	4.22	1.44	5.40	4.08	1.31	0.13	9%
Dec-20	6.32	4.52	1.80	5.16	3.97	1.19	0.61	34%
Jan-21	7.07	4.72	2.35	5.61	4.15	1.46	0.89	38%
Feb-21	6.73	4.37	2.36	5.63	4.01	1.62	0.73	31%
Mar-21	5.75	4.07	1.68	5.04	3.92	1.11	0.57	34%
Apr-21	5.37	3.97	1.40	5.19	3.89	1.30	0.10	7%
May-21	5.51	4.00	1.51	5.31	3.93	1.38	0.13	9%
Jun-21	5.75	3.90	1.85	5.68	3.88	1.80	0.05	3%
Jul-21	5.69	3.99	1.70	5.62	3.94	1.68	0.02	1%
Average	5.74	4.18	1.56	5.24	4.00	1.24	0.32	20%

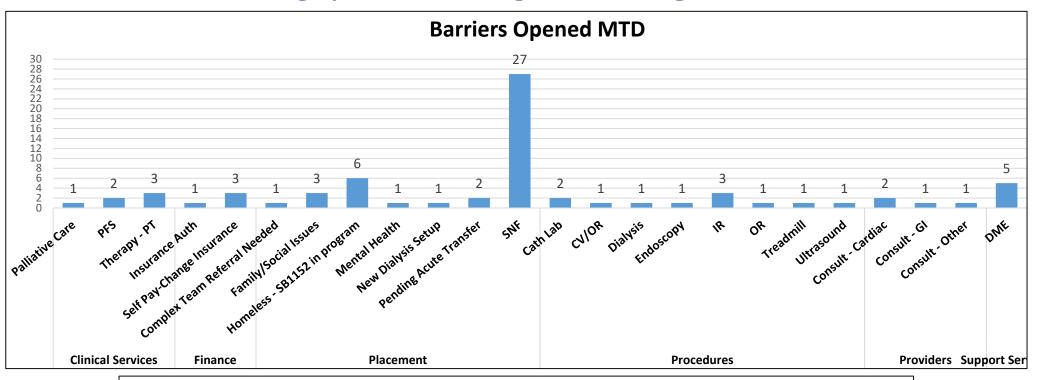


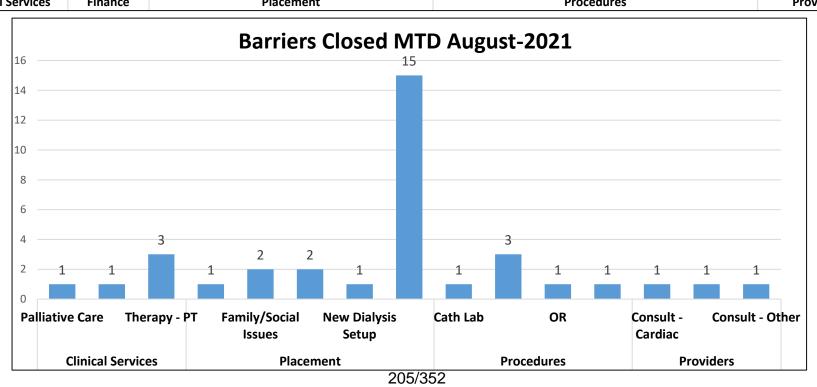
Average Length of Stay versus National Average (GMLOS)



204/352

Throughput Rounding Tool – August Barriers





Discharge Ready By 1000 & Discharged By 1200 Champions: Kassie Waters & Rebekah Foster

Problem / Goals & Objectives

Objectives & Data	Baseline	Goal 20% Improvement	July 2021
Discharge Ready By 1000	21.33%	26% Recommend 40%	20%
Discharge by 1200	1.72%	2% Recommend 10%	2.56%

Critical Issues / Barriers

- Skilled nursing and home health discharges on average take 6 hours to be discharge.
- Patient transportation not ready.

Accomplishments

Provider Educating & Review of Dashboards

Dr. Manga, Chief of Staff

Dr. Fox

Family Healthcare Network

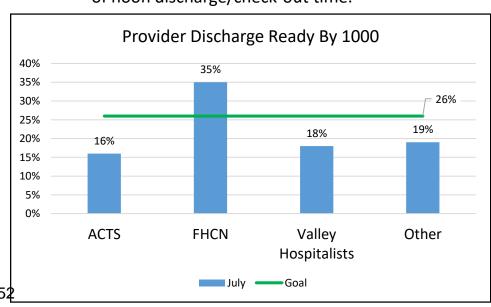
Valley Hospitalist

ACTS - Meeting Scheduled

Discharge Rounds Pilot Approved— Start rounds at 0900 vs 1000. Will pilot on one unit at 1500 to confirm ready discharges for next day. Department managers to attend rounds.

Next Steps

- Evaluate Discharge round pilot results.
- Form paitent and family communication campaign of noon discharge/check-out time.



206/352

OR Block Time Utilization Champions: Brian Piearcy, Amanda Tercero, Dan Allain

Problem / Goals & Objectives

Objectives & Data	Baseline	Goal	July 2021
Increase Block Time Utilization Rate: 87 additional cases per month	42%	60%	51%
additional cases per month		Imr	rovingl

Accomplishments

Provided current surgeons with more block and assigned new surgeons with block time.

Additional Block Time:

- · Dr. Duncan-Orthopedics
- Dr. Roos-ENT
- Dr. Daniels-Ortho/Spine
- Dr. Kim-Orthopedics
- Dr. Criner-Orthopedics
- Dr. Ford-Urology
- Dr. Machado-General

New Surgeons Block Time To Be Added:

- Dr Ota-Colorectal/General
- Dr. Sein-Ophthalmology
- Dr. Lue-Vascular
- Dr. Hendy-Orthopedics
- · Dr. Tan-Orthopedics
- Dr. Patel-Urology

Sending daily emails to the surgeons offices and to the surgeons providing them open block time.

Discuss & data review at O.R. Governance, Department of Surgery meetings.

Letters sent to surgeons with their block utilization data, the criteria to keep assigned block, and the outcome if they are unable to maintain 50% utilization.

Block releases use to be 72 hours ahead of their scheduled block. The O.R governance changed it to 1 week to provide other surgeons enough time to prepare their patients and get them scheduled.

Critical Issues / Barriers

- Surgery and Anesthesia Staffing challenges.
- In the month of July we had 3 rooms, and 3 storage rooms down. Could not use. Currently have 1 room down and 2 storage rooms down. Storage rooms will be back up end of August and the room will be up at the end of October.
- Air conditioning issues in 2 operating rooms and the PACU. We had to close the 2 rooms until we received a rental HVAC unit to supply appropriate air to the room.

Next Steps

- 9/15/21- O.R. Governance will review surgeons block utilization and decide if any surgeons will lose block.
- 9/17/21- Surgeons will receive August block utilization numbers
- 10/1/21- Surgeons will receive a letter of any changes.

207/352

OR First Case Delays

Champions: Brian Piearcy, Amanda Tercero, Dan Allain

Problem / Goals & Objectives									
Objectives & Data	Baseline	Goal	July 2021						
Reduction in daily average first case delays	25.5 Min/Day	Reduction of 10 Min by 1/1/22	25 Min/Day						

Accomplishments

O.R. Governance Discussion and Review of June 21' data.

Monthly Letters sent to surgeons with first case delay reasons and how many minutes were caused by the delays.

Started a quarterly meeting with Vascular Surgeons to discuss fallouts



Critical Issues / Barriers

- Surgeons late for their first case of the day.
- Paperwork not signed and causes delays.

Next Steps

- O.R. Governance will review data and determine the surgeons who fall out of compliance.
 - Morning block will be removed from surgeons for trends of delaying first cases.
 - Morning blocks that were removed will be filled with surgeons who need more time.

Physician Wait Times

Champions: Brian Piearcy, Amanda Tercero, Dan Allain

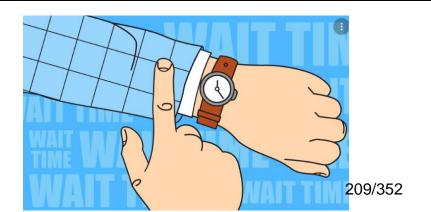
Problem / Goals & Objectives									
Objectives & Data –Goal 10% Improvement	Baseline	Goal	July 2021						
Reduce physician wait time between cases defined as surgery stop time in previous case to start time of the next case	86 Min	77 Min Measure Starts 1/1/22	77 Min						

Accomplishments

Data is displayed on the surgeon lounge electronic communication board, above scrub sinks, in staff lounge on their electronic communication board, and in the surgery hallway's O.R. Efficiency communication board.

Data is updated Weekly and Monthly

O.R. Governance Discussion and Review of June 21' data.



Critical Issues / Barriers

- In the month of July we had 3 rooms, and 3 storage rooms down. Could not use.
 Currently have 1 room down and 2 storage rooms down. Storage rooms will be back up end of August and the room will be up at the end of October.
- Air conditioning issues in 2 operating rooms and the PACU. We had to close the 2 rooms until we received a rental HVAC unit to supply appropriate air to the room.
- Anesthesia Staffing and Surgery staffing.
 Very few applicants and no travelers.

Next Steps

- Break data down to case specifics and develop an average goal that can be reached by staff Orthopedics, Neuro surgery, and Robotics will be the focus.
- Meet with specialty groups to come to a consensus on what each cases nonoperative goal should be.

Supply Management and Standardization-Trauma and Spinal Implants Champions: Steve Bajari, Adam Chavez and Robert Hernandez

Problem / Goals & Objectives

Objectives & Data	Baseline	Goal	July 2021
Reduce costs related to Spinal and Trauma implants.	3.4 Million	\$350,000 Savings	\$0

Accomplishments

Request for Proposal (RFP) have been created and sent to all vendors including Trauma and Spine.

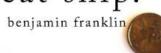
We have validated our categories: Trauma spend is \$1.7 million Targeting \$200K to \$350K in savings

Spine spend is \$2.8 million
Targeting \$250K to \$400K in savings

Beware of little expenses;



a small leak will sink a great ship.



Critical Issues / Barriers

- Will the vendors want to lower prices to meet our benchmark data.
- Timing of go-live for all contracts to meet \$350K in savings by year end.

Next Steps

Review responses, negotiate terms and finalize contracts.

- Deadline for all RFP questions and submissions. 8/17/21
- Review submissions and work on final terms and contracts. 8/31/21
- Contract Go-Live. 9/1/21

Supply Management and Standardization-Purchased Services Champions: Steve Bajari and the Materials Management team

Problem / Goals & Objectives

Objectives & Data	Baseline	Goal	July 2021
Consolidation of purchased services	34 Million	1 Million Savings	\$0

Accomplishments

Created Request for Proposal (RFP) template.

Dual RFP for Medical and Hazardous waste. RFP send out March 2021, responses and vendor meetings took place in April, final contracts in place in July.

Maintenance moved from outsourced landscaping vendor to an insourced new position.



Critical Issues / Barriers

- I am looking for a new Contract Agent as Aneil's last day is 8/6/21
- The current rise in COVID will slow progress on contract negotiations

Next Steps

- Project for consolidation of EVS service off site, either by insourcing, standardizing, or renegotiation of price (example outsourced laundry to disposables).
- Potential options maintenance vendor review, valet, co-terminus agreement...
- Researching vendor or tool to help with creating a potential plan of attack and benchmarking tools.

Live with passion.

Health is our passion. Excellence is our focus. Compassion is our promise.





TO: Kaweah Delta Health Care District Board of Directors

FROM: Marc Mertz, Vice President & Chief Strategy Officer

DATE: August 23, 2021

SUBJECT: Proposed Clinic in the Visalia Industrial Park

<u>Introduction</u>

The Visalia Industrial Park is home to more than 9,000 employees working for a variety of commercial, industrial, agricultural, and transportation companies. The number of employees and businesses is expanding rapidly, including the recent addition of Amazon and UPS. The Visalia Industrial Park (VIP) is strategically located near the center of the State and on the 99, making it very attractive to employers-especially those that distribute goods throughout California. The number of businesses and employees is expected to continue growing.

There are no healthcare facilities or clinics within the VIP. Employers do contract with occupational health providers for various employment-related health services (e.g. pre-employment physicals, drug screens, flu shots, etc.) but their employees are free to seek primary and specialty care services wherever their commercial insurance policies allow. Kaweah Health has met with some of the larger employers in the VIP during recent years to discuss the co-development of onsite clinics in employers' facilities, but none of the employers were able to justify the expense of developing such a clinic due primarily to the number of employees at any one location and the cost of developing new clinics.

Deborah Volosin and Marc Mertz have met with several business leaders from the VIP to discuss the healthcare needs of their businesses and employees, and the feedback was unanimous that a combination of occupational medicine, workers compensation, primary care, and urgent care services would be very well received and utilized by employers and employees. Leaders strongly recommended extended operating hours, as well as Saturday coverage.

Location and Description of the Proposed Services

A portion of the employees working in the VIP receive care at one or more of Kaweah Health's existing locations, but we strongly believe that opening a new clinic in the VIP will increase our patient volumes and avoid outmigration of patients to other markets. We have identified a location along Plaza Drive that is highly visible and convenient to all VIP employers. The owners of the land are willing to develop the approximately 5,000 square foot clinic and lease it to Kaweah Health. Management evaluated purchasing the land and developing the clinic, but we believe that a lease is more attractive to our organization at this time.

The new clinic would be designed and finished in a style similar to our new clinic in Tulare and the urgent care center on Demaree. The proposed services would include occupational medicine, workers compensation, and urgent care provided primarily by advanced practice providers. We would also place a physician in the site to provide primary care services and general oversight of all services in the clinic. Evening and Saturday hours will also be provided. This model has proven to be successful at our Kaweah Health Medical Group Ben Maddox (formerly Sequoia Prompt Care) location and we believe that it is ideal for the VIP location.

The primary care, urgent care, and workers compensation services would be provided, as they are today in our other clinics, under our normal payer arrangements. The occupational medicine services would be provided under direct contracts with employers and at negotiated rates. As we continue to develop relationships with employers, we believe that there will be additional direct contracting opportunities through Sequoia Integrated Health that will enable Kaweah Health and our provider partners to work together with VIP employers to better address the health needs of their employees under new arrangements.

Financial Plan

The location would be licensed as a freestanding (not hospital-based) clinic. Coby LaBlue prepared 5-year financial projects for the clinic. These projections were based on our actual experience at the Ben Maddox location, but have been updated to reflect the costs of the VIP location, current salary rates, and current provider compensation rates. Capital expenses are limited to approximately \$197,000 for the furniture and equipment in the clinic. Clinic volumes were based on actual Ben Maddox volumes, but discounted 17% during the first year in recognition that there will be a ramp up period with a brand new clinic. Revenue per visit is based on our current and expected rates and the blend of projected services (e.g. occupational medicine, urgent care, primary care, etc.). Operating expenses and staff are consistent with our experience at Ben Maddox. The building lease would be at fair market value and have a 5-year term with options to renew.

The attached five-year pro forma demonstrates a positive contribute margin starting in year one and increasing during each of the following four years as volumes increase. Volumes are projected to increase by 3% per year in Years 2 through 5 of the pro forma. Staffing and physician costs have been increased as volumes increase.

Conclusion

The Kaweah Health Executive Team supports this proposal to add a highly strategic clinic location in a large, and growing, part of our primary service area. Such a location was included in the FY2022 Strategic Plan under the Strategic Growth and Innovation Initiative. We believe that this location will help fulfill our objectives of making healthcare services more convenient for our community, advancing our innovative approaches to partnering with employers for their healthcare needs, and increasing ambulatory visit volumes and referrals.

OCCUPATIONAL HEALTH & PRIMARY CARE - INDUSTRIAL PARK

PROPOSED

				Projected		
	Year 1		Year 2	Year 3	Year 4	Year 5
Annual Other Occ Health Visits	1,122		1,156	1,190	1,226	1,263
Annual Work Comp Visits	1,395		1,437	1,480	1,525	1,570
Annual Urgent Care Visits	8,330		8,580	8,837	9,102	9,375
Annual Primary Care Visits	2,888		2,975	3,064	3,156	3,251
•	13,736		14,148	14,572	15,009	15,460
Net Revenue	\$ 1,545,471	\$	1,591,835	\$ 1,639,590	\$ 1,688,778	\$ 1,739,441
Per Paid UOS	\$ 113	\$	113	\$ 113	\$ 113	\$ 113
Direct Expenses:						
Salaries	593,944		608,793	624,012	639,613	655,603
Benefits	154,425		158,286	162,243	166,299	170,457
Physician fees	316,015		324,200	332,630	341,312	350,256
Supplies and other	100,266		105,339	110,670	116,270	122,153
Purchased service	42,000		42,840	43,697	44,571	45,462
Utilities	20,400		20,808	21,224	21,649	22,082
Start Up	35,267		-	-	-	-
Depreciation	47,267		47,267	47,267	10,441	10,441
Lease - Building	 215,040		215,040	215,040	215,040	215,040
Total Direct Expense	 1,524,624		1,522,572	1,556,782	1,555,195	1,591,494
Direct Cost per Visit	\$ 111	\$	108	\$ 107	\$ 104	\$ 103
Contribution Margin	\$ 20,847	\$	69,263	\$ 82,807	\$ 133,583	\$ 147,947
Capital Cost	\$ 196,539	:				

KAWEAH HEALTH CARE DISTRICT KAWEAH HEALTH OPEN ARMS HOUSE MEMORANDUM

TO: Kaweah Health Care Board

FROM: Tiffany Bullock, Director Hospice & Home Health

Jag Batth, Vice President Ancillary & Post-Acute Services

DATE: August 18, 2021

SUBJECT: EXECUTIVE SUMMARY – PROPOSED KAWEAH HEALTH OPEN ARMS

HOUSE

Introduction

Recently the District was approached by The Ruth Wood Open Arms Foundation to acquire the Hospice Home. This facility provides a home for end-of-life care for the community in a home-like environment that emphasizes compassion, respect, and dignity. Upon opening, this non-profit facility was the first of its kind in the Central Valley, and is still the only facility in Tulare and Kings Counties to offer these services. The Open Arms home would be an excellent complement to our hospice program as well as meets the overall mission of Kaweah Health to serve our community members who are terminally ill.

Location and Description of Services

The proposed location is at 3234 West Iris Avenue, Visalia. This beautiful, fully furnished home, provides 6 private bedrooms, kitchen, laundry, a warm, inviting common area as well as outdoor meditation garden area. The staff will provide 24 hours supervision and personal care.

In addition, all residents will receive services from Kaweah Health Hospice. These services include skilled nursing, home health aides, spiritual counselors and social work. Absent restrictions due to COVID, volunteers will also be utilized.

Financial Plan

The facility will be licensed as a residential care facility under a cash pay model. To ensure that this facility is available to all hospice patients in need, it is proposing a payment structure based on the District's sliding fee scale financial plan. In exploring the feasibility of the venture, and limiting the financial exposure, the Kaweah Health Hospice Foundation has been engaged to explore their ability and willingness to support this endeavor. After discussions, the Kaweah Health Hospice Foundation voted at their Board meeting held on August 9, 2021, to commit up to \$400,000.00 to help supplement the cost of operation for the first year utilizing previously donated funds in reserve. Further, it is anticipated the property itself is to be transferred back to the Kaweah Health Hospice Foundation, who will in turn, lease the property to Kaweah Health for a very nominal fee.

Conclusion

The Kaweah Health Executive Team supports this proposal. We are now requesting approval from the Services and Acquisition Committee. With backing from the Kaweah Health Hospice Foundation, it will be prepared to operate efficiently and effectively. It will have oversight from leadership at Kaweah Health Hospice, making it a fully comprehensive service line. In addition, it will assist with ensuring throughput from acute care, with Dr. Ryan Howard, Director of Palliative Care Medicine and Hospice, evaluating patients for placement and ensuring timely discharge. Overall, the program would warrant minimal financial exposure to Kaweah Health while clearly meeting a community need. In addition, Kaweah Health would be a part of reopening this unique home which is one-of-a-kind in our area.

The Open Arms House Proforma Profit and Loss

THE OPEN ARMS HOUSE - PROPOSED

			Projected		
	Year 1	Year 2	Year 3	Year 4	Year 5
Volumes: Resident Days	1,278	1,460	1,643	1,734	1,825
<u>Income</u>					
Donations	\$ 130,000	\$ 143,000	\$ 157,300	\$ 173,030	\$ 190,333
Program Income	415,188	474,500	533,813	563,469	593,125
Total Income	\$ 545,188	\$ 617,500	\$ 691,113	\$ 736,499	\$ 783,458
<u>Expenses</u>					
Payroll Expenses	\$ 506,417	\$ 519,078	\$ 532,055	\$ 545,356	\$ 558,990
Operating Expenses	25,000	29,143	33,441	36,005	38,658
Business Expenses	8,000	9,326	10,701	11,522	12,371
Contract Services	8,000	9,326	10,701	11,522	12,371
Marketing	6,000	6,994	8,026	8,641	9,278
Travel and Meetings	1,000	1,166	1,338	1,440	1,546
Other Expenses	-	-	-	-	
	\$ 554,417	\$ 575,032	\$ 596,262	\$ 614,486	\$ 633,214
Net Income/(Loss)	\$ (9,230)	\$ 42,468	\$ 94,850	\$ 122,013	\$ 150,244

CFO Financial Report August 18, 2021





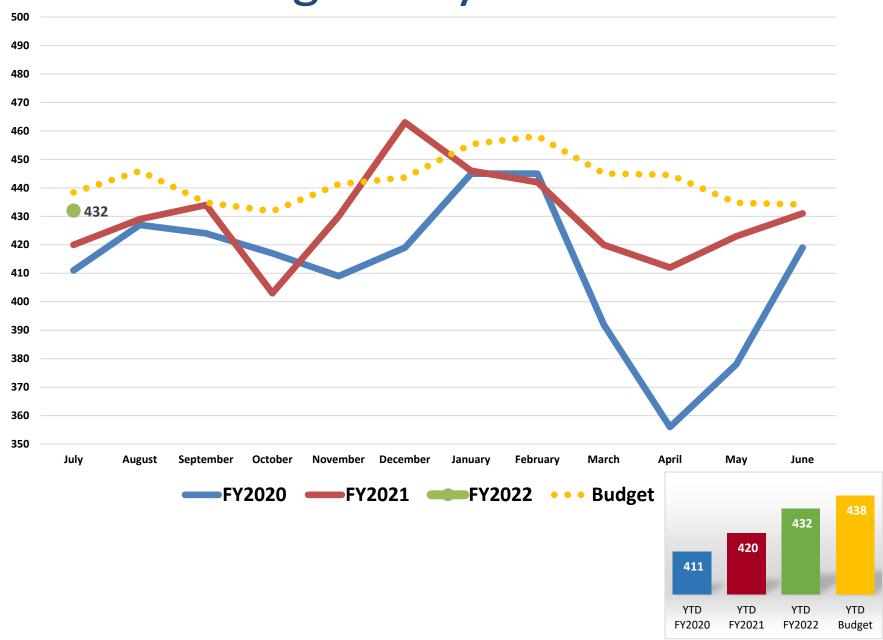




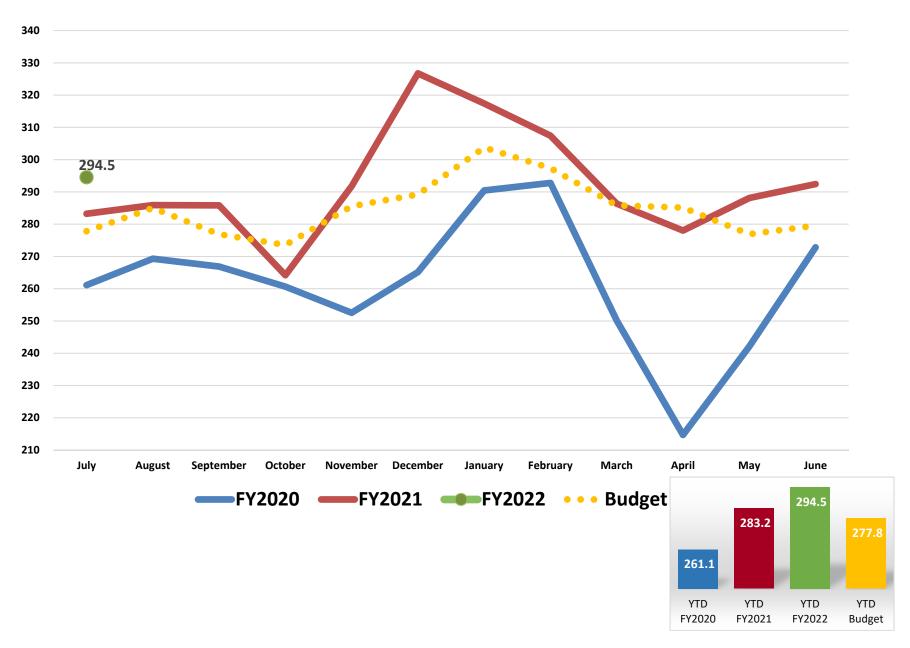




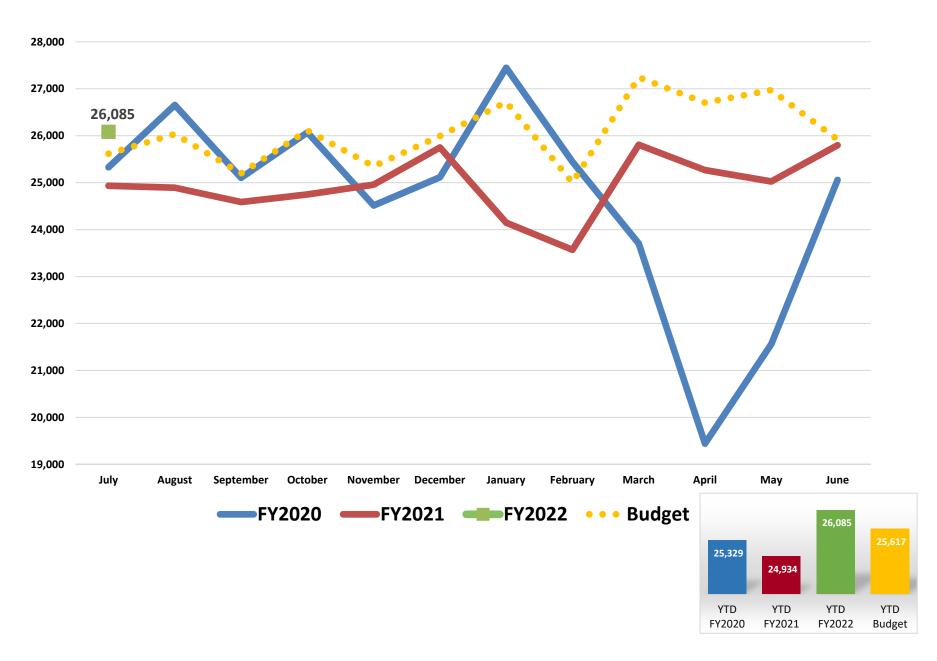
Average Daily Census



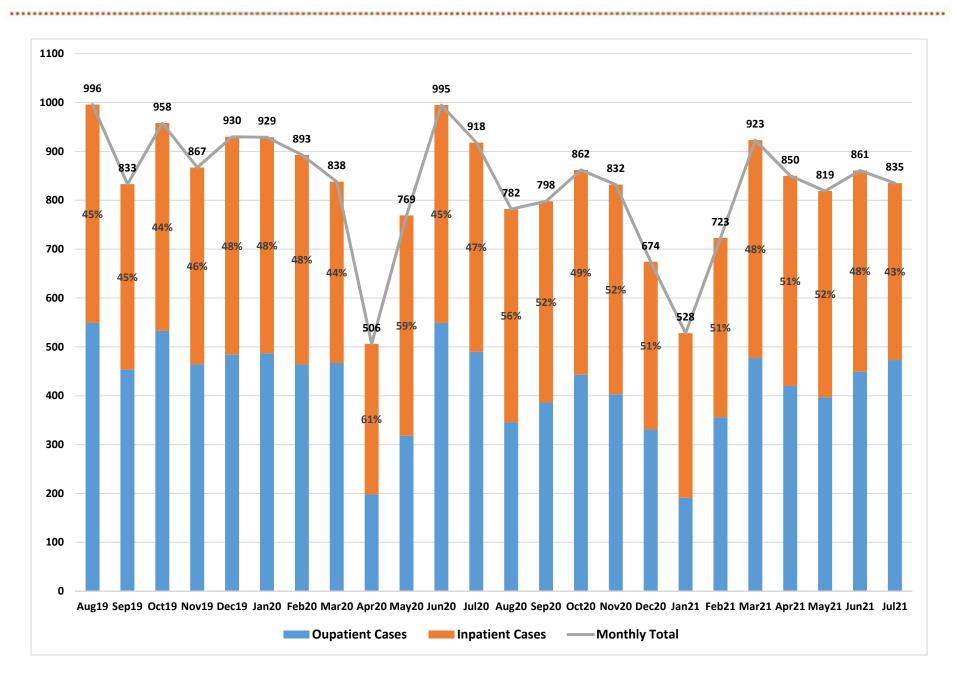
Medical Center – Average Daily Census



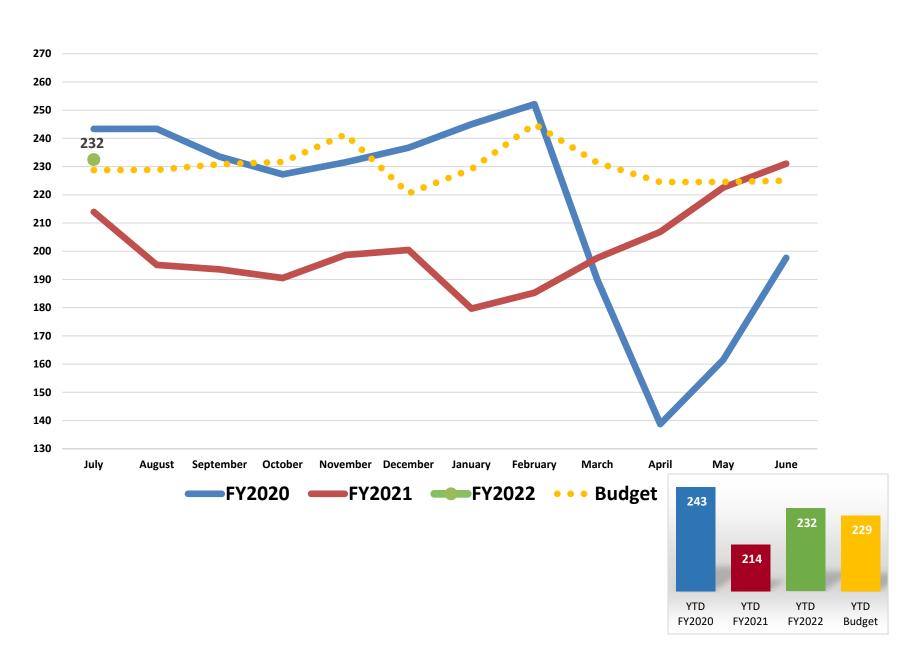
Adjusted Patient Days



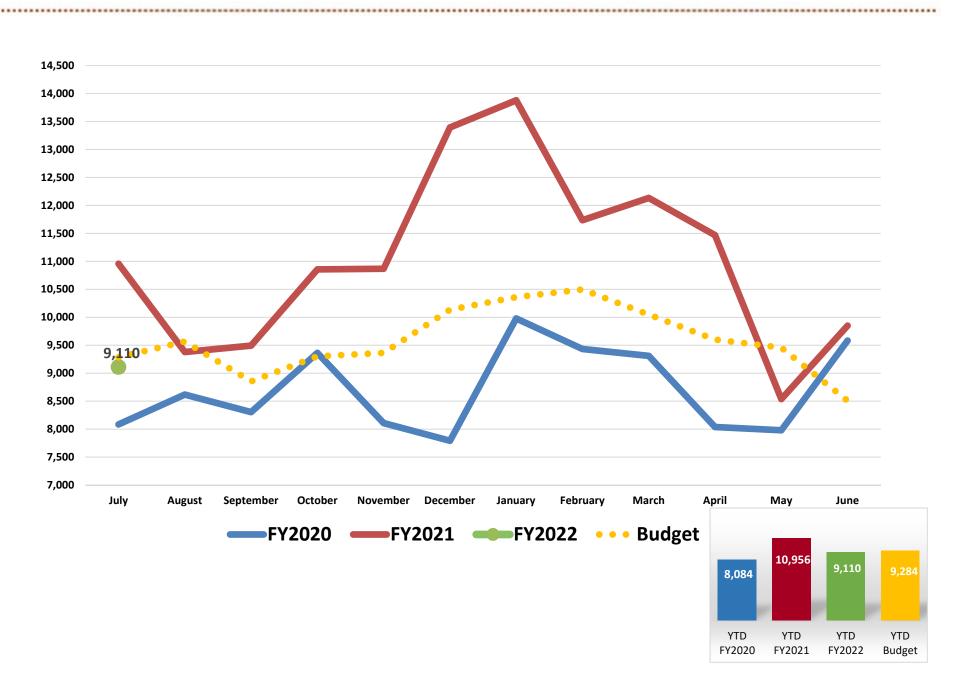
Surgery Volume



Emergency Department – Average # Treated Per Day



Rural Health Clinic Registrations



Statistical Results – Fiscal Year Comparison (July)

	A	ctual Resul	ts	Budget	Budget Variance				
	July 2020	July 2021	% Change	July 2021	Change	% Change			
Average Daily Census	420	432	2.9%	438	(7)	(1.5%)			
KDHCD Patient Days:									
Medical Center	8,780	9,131	4.0%	8,613	518	6.0%			
Acute I/P Psych	1,426	1,063	(25.5%)	1,461	(398)	(27.2%)			
Sub-Acute	904	829	(8.3%)	951	(122)	(12.8%)			
Rehab	385	533	38.4%	578	(45)	(7.8%)			
TCS-Ortho	201	384	91.0%	413	(29)	(7.0%)			
TCS	416	409	(1.7%)	514	(105)	(20.4%)			
NICU	466	533	14.4%	460	73	15.9%			
Nursery	438	506	15.5%	600	(94)	(15.7%)			
Total KDUCD Patient Days	12.016	42 200	2 00/	12 500	(202)	/4 E9/\			
Total Code at least Value	13,016	13,388	2.9%	13,590	(202)	(1.5%)			
Total Outpatient Volume	45,260	44,454	(1.8%)	47,657	(3,203)	(6.7%)			

Other Statistical Results - Fiscal Year Comparison (July)

		Actual	Results		Budget	Budget	Variance
	Jul 2020	Jul 2021	Change	% Change	Jul 2021	Change	% Change
Adjusted Patient Days	24,934	26,085	1,151	4.6%	26,934	(849)	(3.2%)
Outpatient Visits	45,260	44,454	(806)	(1.8%)	47,657	(3,203)	(6.7%)
Urgent Care - Demaree	1,171	3,150	1,979	169.0%	2,002	1,148	57.3%
Urgent Care - Court	3,242	5,683	2,441	75.3%	3,157	2,526	80.0%
Infusion Center	348	433	85	24.4%	357	76	21.3%
Physical & Other Therapy Units	16,434	18,806	2,372	14.4%	19,258	(452)	(2.3%)
OB Deliveries	342	381	39	11.4%	391	(10)	(2.6%)
Radiology/CT/US/MRI Proc (I/P & O/P)	15,310	16,923	1,613	10.5%	15,836	1,087	6.9%
ED Total Registered	6,669	7,307	638	9.6%	7,091	216	3.0%
Cath Lab Minutes (IP & OP)	335	367	32	9.6%	391	(24)	(6.1%)
Endoscopy Procedures (I/P & O/P)	505	538	33	6.5%	471	67	14.2%
Hospice Days	4,250	4,308	58	1.4%	3,879	429	11.1%
O/P Rehab Units	19,751	19,497	(254)	(1.3%)	19,065	432	2.3%
GME Clinic visits	1,253	1,203	(50)	(4.0%)	1,378	(175)	(12.7%)
Dialysis Treatments	1,773	1,693	(80)	(4.5%)	1,801	(108)	(6.0%)
Surgery Minutes-General & Robotic (I/P & O/P)	1,138	1,069	(69)	(6.1%)	1,308	(239)	(18.3%)
Home Health Visits	3,100	2,865	(235)	(7.6%)	2,897	(32)	(1.1%)
Radiation Oncology Treatments (I/P & O/P)	2,283	2,010	(273)	(12.0%)	2,505	(495)	(19.8%)
KDMF RVU	33,603	29,264	(4,339)	(12.9%)	35,843	(6,579)	(18.4%)
RHC Registrations	10,956	9,110	(1,846)	(16.8%)	9,284	(174)	(1.9%)

Trended Financial Comparison (000's)

Kaweah Delta Health Care District
Trended Income Statement (000's)
Adiusted Deticut Day

Trended Income Statement (000's)													
Adjusted Patient Days_	24,934	24,893	24,587	24,749	24,958	25,750	24,148	23,570	25,807	25,268	25,026	25,797	26,085
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Operating Revenue													
Net Patient Service Revenue	\$47,402	\$48,393	\$48,769	\$51,454	\$50,994	\$50,409	\$49,949	\$44,505	\$56,144	\$52,593	\$50,531	\$43,233	\$51,502
Supplemental Gov't Programs	3,979	3,979	3,979	3,980	3,979	3,979	4,822	5,279	5,279	4,990	4,990	6,845	4,286
Prime Program	429	429	429	429	429	429	713	358	715	4,872	715	721	667
Premium Revenue	4,239	4,561	4,351	4,408	4,271	4,318	4,690	5,027	4,894	4,710	5,036	6,584	4,902
Management Services Revenue	2,834	2,684	3,072	2,396	2,569	2,583	2,867	2,430	3,303	3,301	2,877	3,251	3,172
Other Revenue	2,127	1,686	1,716	1,871	1,471	2,008	1,022	1,425	2,915	1,810	2,074	2,188	2,009
Other Operating Revenue	13,608	13,339	13,548	13,083	12,719	13,317	14,115	14,519	17,106	19,684	15,692	19,589	15,036
Total Operating Revenue	61,009	61,732	62,317	64,537	63,713	63,726	64,064	59,024	73,250	72,277	66,223	62,822	66,537
Operating Expenses													
Salaries & Wages	26,540	26,671	26,449	27,583	25,984	28,026	28,111	25,134	28,879	26,741	27,786	26,249	27,474
Contract Labor	576	372	336	488	242	303	226	1,404	887	1,694	1,169	2,080	1,116
Employee Benefits	5,098	5,160	6,053	5,314	4,998	5,969	5,671	5,027	5,739	8,650	5,087	(7,812)	4,087
Total Employment													
Expenses	32,213	32,203	32,837	33,385	31,225	34,298	34,008	31,565	35,505	37,084	34,042	20,517	32,678
Medical & Other Supplies	10,036	10,720	11,619	10,713	10,999	11,492	12,014	9,685	10,923	11,011	10,170	11,772	9,596
Physician Fees	7,807	8,699	6,871	7,746	8,079	8,024	8,421	8,484	8,278	8,320	7,754	8,207	7,922
Purchased Services	1,239	1,518	988	1,685	1,592	1,628	1,935	1,507	1,538	1,520	1,383	2,697	1,100
Repairs & Maintenance	2,283	2,022	1,965	2,166	2,091	2,146	2,192	2,115	2,019	2,544	2,282	2,319	2,074
Utilities	506	606	646	644	491	439	537	467	523	630	729	1,175	688
Rents & Leases	503	516	517	529	543	504	546	519	487	535	489	504	475
Depreciation & Amortization	2,561	2,582	2,518	2,509	2,473	2,458	2,451	2,423	2,412	2,413	2,923	3,924	2,635
Interest Expense	555	555	557	556	555	555	555	555	555	555	555	666	555
Other Expense	1,478	1,347	1,266	1,747	1,863	1,610	1,808	1,280	2,762	1,840	1,537	2,053	1,450
Humana Cap Plan Expenses	1,562	3,040	3,137	2,750	2,677	2,935	2,217	2,707	3,164	3,771	3,780	3,018	3,472
Management Services Expense	2,815	2,559	3,050	2,447	2,553	2,876	2,860	2,256	3,531	3,088	2,892	3,521	2,768
Total Other Expenses	31,346	34,163	33,133	33,491	33,915	34,668	35,536	31,998	36,191	36,227	34,493	39,856	32,735
_													
Total Operating Expenses	63,559	66,366	65,971	66,876	65,140	68,965	69,544	63,562	71,696	73,310	68,535	60,373	65,413
Operating Margin	(\$2,550)	(\$4,634)	(\$3,654)	(\$2,339)	(\$1,427)	(\$5,240)	(\$5,480)	(\$4,538)	\$1,554	(\$1,033)	(\$2,312)	\$2,449	\$1,124
Stimulus Funds	\$3,633	\$3,745	\$3,633	\$4,538	\$1,724	\$0	\$5,758	\$3,460	\$3,449	\$920	\$1,076	\$525	\$0
Operating Margin after													
Stimulus	\$1,083	(\$889)	(\$21)	\$2,199	\$297	(\$5,240)	\$278	(\$1,078)	\$5,003	(\$113)	(\$1,236)	\$2,974	\$1,124
Nonoperating Revenue (Loss)	909	699	(495)	638	1,083	1,963	605	513	(1,182)	1,725	753	248	582
Excess Margin	\$1,993	(\$191)	(\$515)	\$2,837	\$1,380	(\$3,276)	\$883	(\$565)	\$3,821	\$1,612	(\$483)	\$3,222	\$1,706
=	Ψ1,333	(4101)	(4010)	Ψ2,007	Ψ1,000	(40,210)	Ψ003	(4000)	ΨΟ,υΔΙ	ψ1,012	(VT UU)	ΨΟ,ΖΖΖ	Ψ1,700

FY21 Financial Comparison between Initial and Actual (000's)

		ctual Results ul-June	Variance	e FY21
	Initial FY21	Actual FY21	Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$598,105	\$594,375	(\$3,730)	(0.6%)
Other Operating Revenue	175,821	180,319	4,498	2.6%
Total Operating Revenue	773,926	774,694	768	0.1%
Operating Expenses				
Employment Expense	389,004	388,882	(122)	(0.03%)
Other Operating Expense	411,036	415,016	3,980	1.0%
Total Operating Expenses	800,040	803,898	3,858	0.5%
Operating Margin	(\$26,114)	(\$29,204)	(\$3,090)	
Stimulus Funds	32,461	32,461	0	_
Operating Margin after Stimulus	\$6,347	\$3,257	(\$3,090)	
Nonoperating Revenue (Loss)	7,256	7,460	204	_
Excess Margin	\$13,603	\$10,717	(\$2,886)	=
Operating Margin %	(3.4%)	(3.8%)		
OM after Stimulus%	0.8%	0.4%		
Excess Margin %	1.7%	1.3%		
Operating Cash Flow Margin %	1.4%	1.2%		

July Financial Comparison (000's)

	Actual	Results	Budget	Budget Variance				
	July 2020	July 2021	July 2021	Change	% Change			
Operating Revenue								
Net Patient Service Revenue	\$47,402	\$51,502	\$53,173	(\$1,671)	(3.1%)			
Other Operating Revenue	13,608	15,035	15,981	(947)	(5.9%)			
Total Operating Revenue	61,009	66,537	69,154	(2,618)	(3.8%)			
Operating Expenses								
Employment Expense	32,213	32,678	32,811	(133)	(0.4%)			
Other Operating Expense	31,346	32,735	34,973	(2,238)	(6.4%)			
Total Operating Expenses	63,559	65,413	67,784	(2,371)	(3.5%)			
Operating Margin Stimulus Funds	(\$2,550) 3,633	\$1,124	\$1,370	(\$247)	(18.0%)			
Operating Margin after Stimulus	\$1,083	\$1,124	\$1,370	(\$247)	(18.0%)			
Non Operating Revenue (Loss)	909	582	542	40	7.4%			
Excess Margin	\$1,993	\$1,706	\$1,912	(\$207)	(10.8%)			
Operating Margin %	(4.2%)	1.7%	2.0%					
OM after Stimulus%	1.8%	1.7%	2.0%					
Excess Margin %	3.0%	2.5%	2.7%					
Operating Cash Flow Margin %	0.9%	6.5%	6.4%					

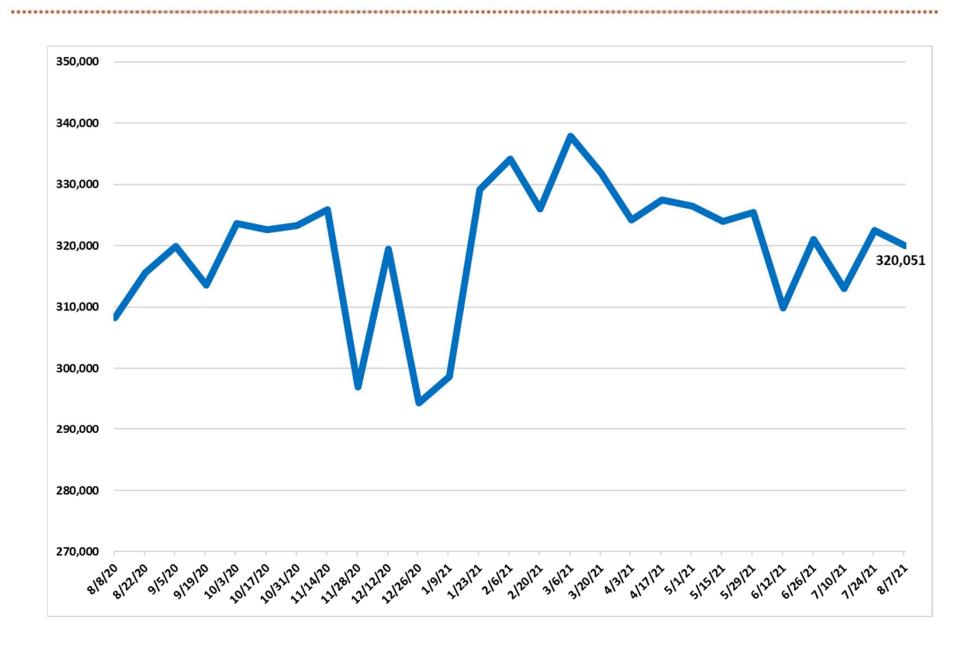
July Financial Comparison (000's)

		Actual Results		Budget	Budget Variance					
	Jul 2020	Jul 2021	% Change	Jul 2021	Change	% Change				
Operating Revenue										
Net Patient Service Revenue	\$47,402	\$51,502	8.7%	\$53,173	(\$1,671)	(3.1%)				
Supplemental Gov't Programs	7,612	4,286	(43.7%)	4,426	(139)	(3.1%)				
Prime Program	429	667	55.4%	679	(13)	(1.9%)				
Premium Revenue	4,239	4,902	15.6%	5,607	(705)	(12.6%)				
Management Services Revenue	2,834	3,172	11.9%	3,082	89	2.9%				
Other Revenue	(1,506)	2,009	(233%)	2,187	(179)	(8.2%)				
Other Operating Revenue	13,608	15,035	10.5%	15,981	(947)	(5.9%)				
Total Operating Revenue	61,009	66,537	9.1%	69,154	(2,618)	(3.8%)				
Operating Expenses					• • • • • • • • • • • • • • • • • • • •					
Salaries & Wages	26,540	27,474	3.5%	27,715	(241)	(0.9%)				
Contract Labor	576	1,116	93.7%	516	601	116.5%				
Employee Benefits	5,098	4,087	(19.8%)	4,580	(492)	(10.8%)				
Total Employment Expenses	32,213	32,678	1.4%	32,811	(133)	(0.4%)				
Medical & Other Supplies	10,036	9,596	(4.4%)	10,710	(1,113)	(10.4%)				
Physician Fees	7,807	7,922	1.5%	8,307	(385)	(4.6%)				
Purchased Services	1,239	1,100	(11.2%)	1,348	(247)	(18.3%)				
Repairs & Maintenance	2,283	2,074	(9.2%)	2,398	(325)	(13.5%)				
Utilities	506	688	36.1%	606	82	13.6%				
Rents & Leases	503	475	(5.7%)	510	(35)	(6.9%)				
Depreciation & Amortization	2,561	2,635	2.9%	2,431	204	8.4%				
Interest Expense	555	555	(0.0%)	614	(60)	(9.7%)				
Other Expense	1,478	1,450	(1.9%)	1,922	(472)	(24.5%)				
Humana Cap Plan Expenses	1,562	3,472	122.3%	3,079	393	12.8%				
Management Services Expense	2,815	2,768	(1.7%)	3,049	(281)	(9.2%)				
Total Other Expenses	31,346	32,735	4.4%	34,973	(2,238)	(6.4%)				
Total Operating Expenses	63,559	65,413	2.9%	67,784	(2,371)	(3.5%)				
Operating Margin	(\$2,550)	\$1,124	144.1%	\$1,370	(\$247)	(18.0%)				
Stimulus Funds	3,633									
Operating Margin after Stimulus	\$1,083	\$1,124	3.7%	\$1,370	(\$247)	(18.0%)				
Nonoperating Revenue (Loss)	909	582	(36.0%)	542	40	7.4%				
Excess Margin	\$1,993	\$1,706	(14.4%)	\$1,912	(\$207)	(10.8%)				
Operating Margin %	(4.2%)	1.7%		2.0%						
OM after Stimulus%	1.8%	1.7%		2.0%						
Excess Margin %	3.0%	2.5%		2.7%						
Operating Cash Flow Margin %	0.9%	6.5%		6.4%						

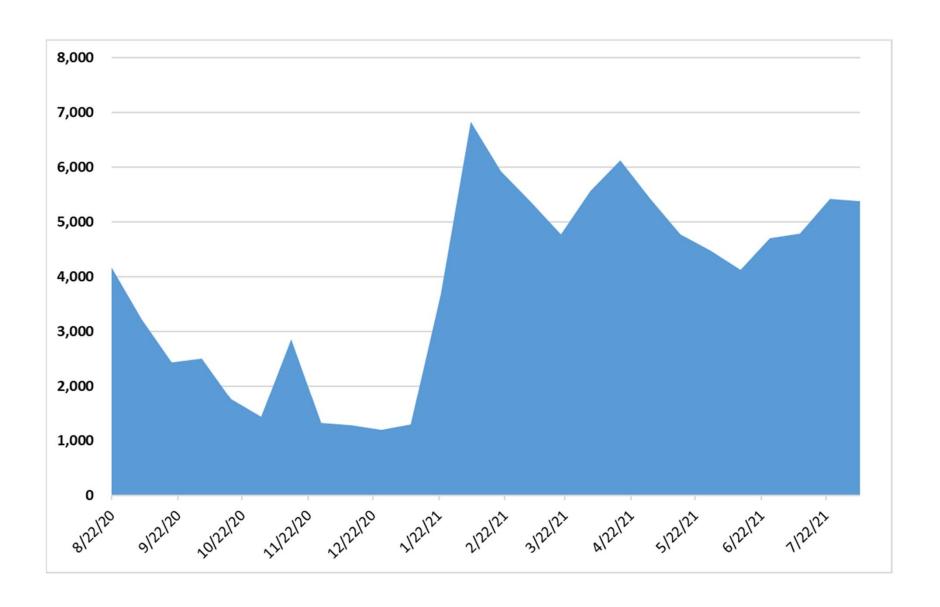
Kaweah Health Medical Group Fiscal Year Financial Comparison (000's)

	Actual R	esults FYTD Jul	ly - June	Budget FYTD	Budget Varia	nce FYTD
	Jul 2020	Jul 2021	% Change	Jul 2021	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$3,883	\$3269	(15.8%)	\$4,175	(\$906)	(21.7%)
Other Operating Revenue	44	61	38.1%	71	(11)	(15.2%)
Total Operating Revenue	3,926	3,329	(15.2%)	4,246	(917)	(21.6%)
Operating Expenses						
Salaries & Wages	935	955	2.1%	1,036	(81)	(7.8%)
Contract Labor	0	0	0.0%	0	Ò	0.0%
Employee Benefits	169	172	2.0%	169	3	2.0%
Total Employment Expenses	1,104	1,127	2.1%	1,205	(78)	(6.5%)
Medical & Other Supplies	459	454	(1.0%)	581	(127)	(21.8%)
Physician Fees	2,299	2,155	(6.3%)	2,525	(369)	(14.6%)
Purchased Services	44	74	69.6%	72	2	3.1%
Repairs & Maintenance	199	187	(5.9%)	228	(41)	(17.9%)
Utilities	35	34	(2.2%)	41	(7)	(16.5%)
Rents & Leases	228	206	(10.0%)	216	(11)	(5.0%)
Depreciation & Amortization	88	67	(23.6%)	92	(24)	(26.6%)
Interest Expense	0	0	(59.2%)	0	0	88.1%
Other Expense	78	97	23.6%	143	(47)	(32.5%)
Total Other Expenses	3,431	3,275	(4.5%)	3,898	(623)	(16.0%)
Total Operating Expenses	4,535	4,402	(2.9%)	5,103	(701)	(13.7%)
Stimulus Funds	0	0	0.0%	0,100	0	0.0%
Excess Margin	(\$608)	(\$1,073)	(76.4%)	(\$857)	(\$215)	(25.1%)
Evenes Mousin 0/	(45 50/)	(22.20/)		(20.2%)	1	
Excess Margin %	(15.5%)	(32.2%)		(20.2%)		

Productive Hours

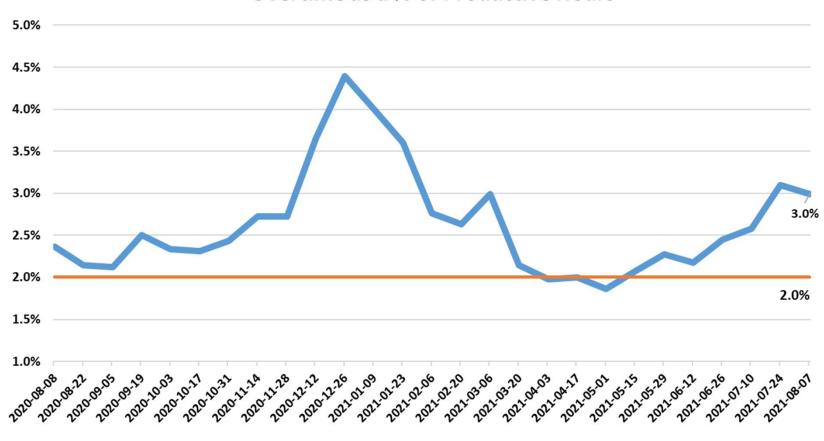


Contract Labor Hours



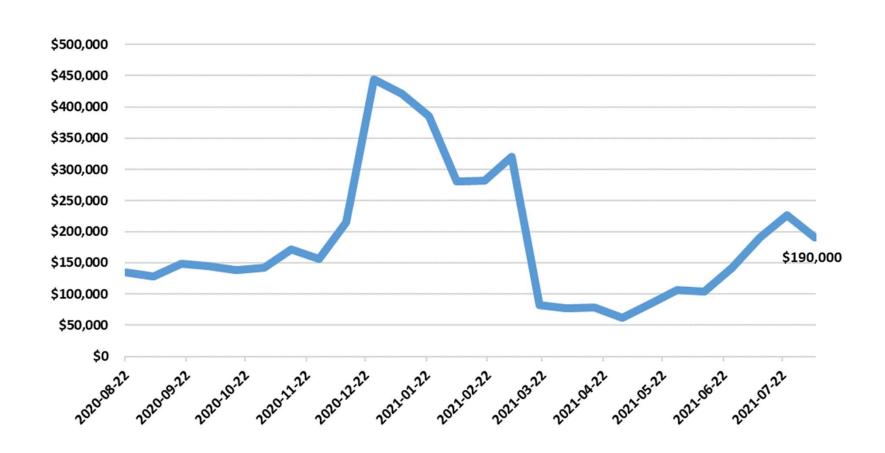
Overtime

Overtime as a % of Productive Hours

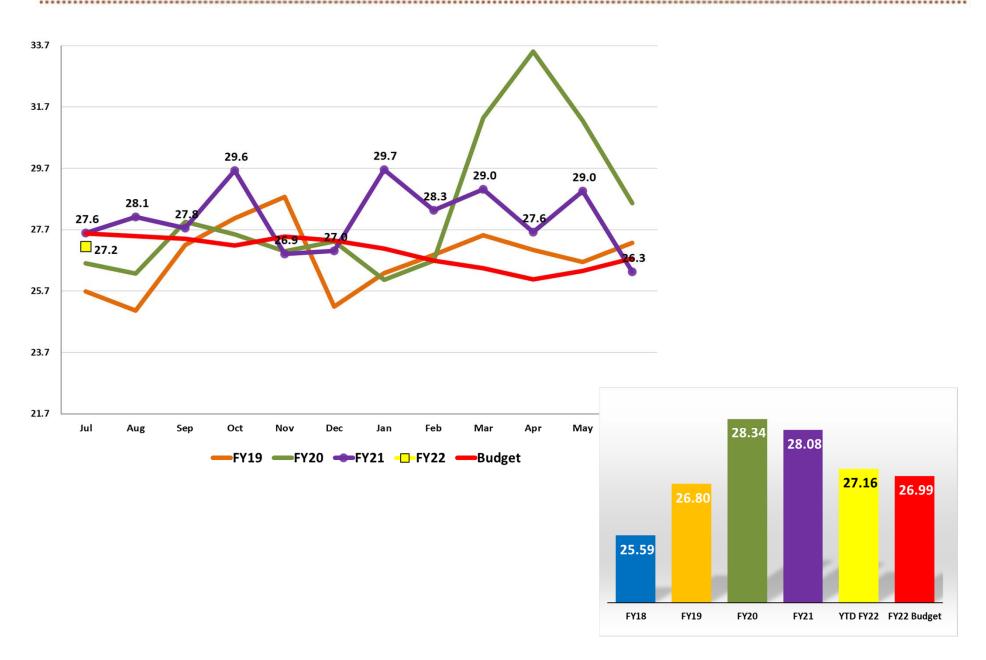


Overtime/Prod hours — Budgeted Goal

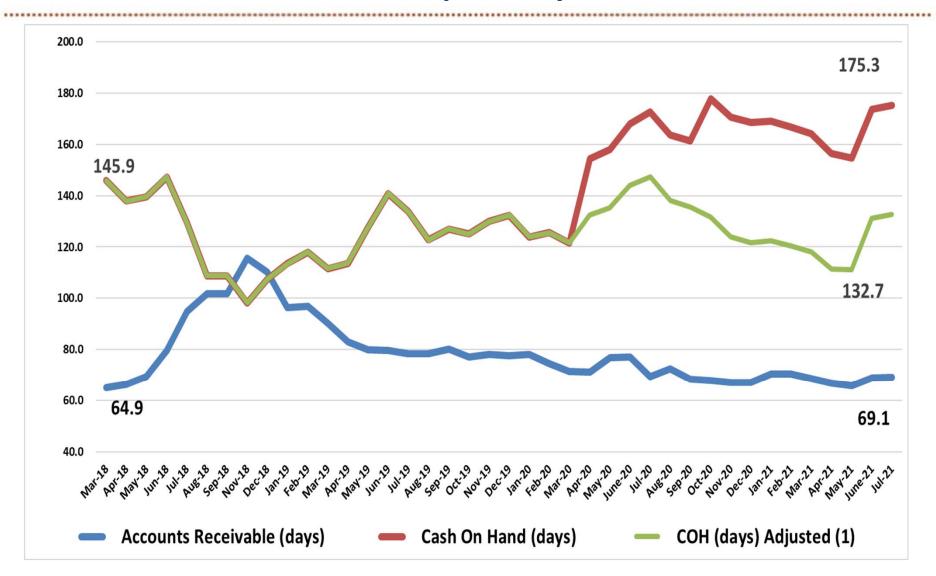
Shift Bonus Per Pay Period



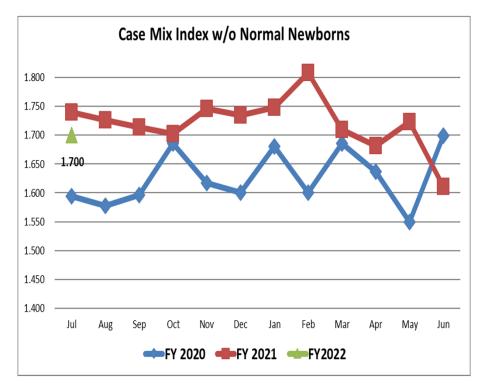
Productivity: Worked Hours/Adjusted Patient Days

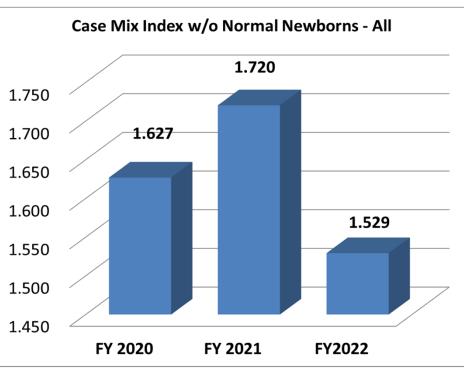


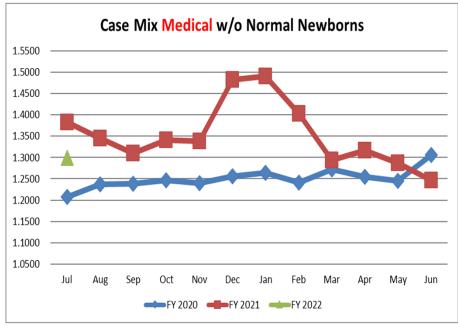
Trended Liquidity Ratios

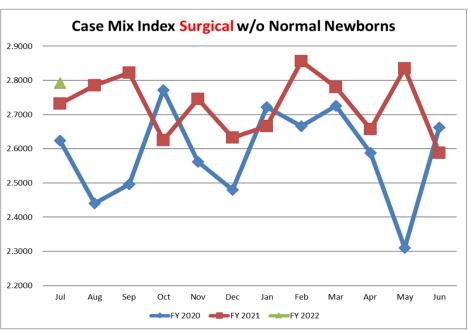


(1) Adjusted for Medicare accelerated payments and the deferral of employer portion of FICA as allowed by the CARES act.

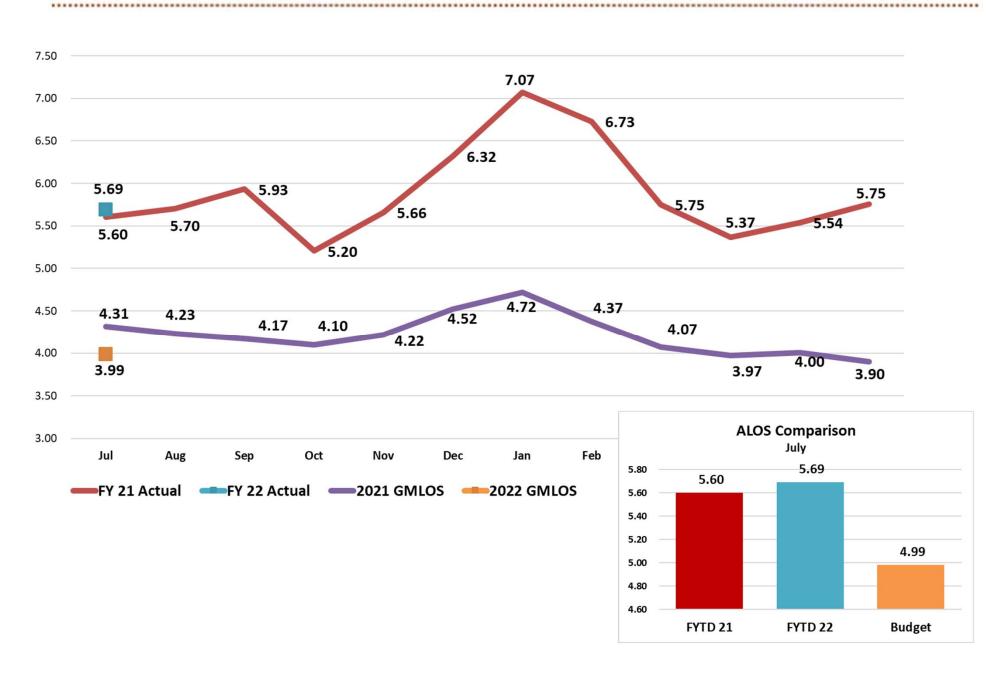






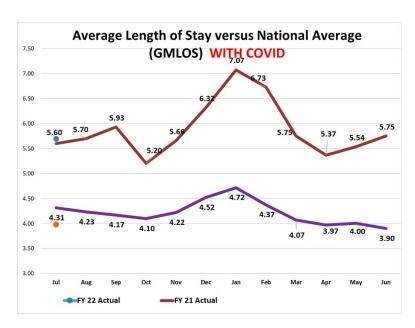


Average Length of Stay versus National Average (GMLOS)



Average Length of Stay versus National Average (GMLOS)

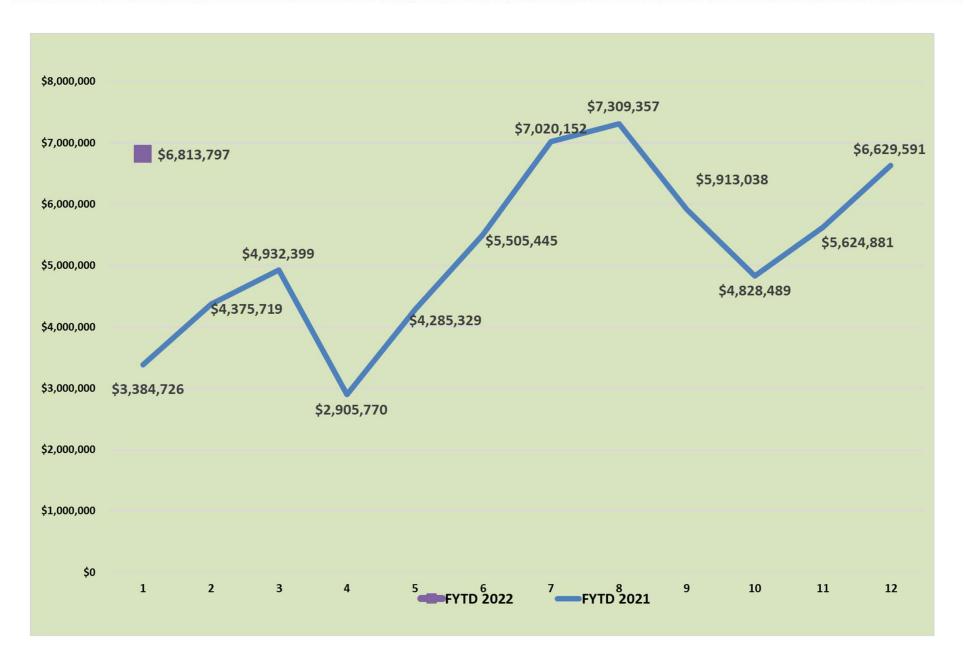
	Including	g COVID P	atients	Excluding	COVID P	atients		
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP	Gap Diff	%
Mar-20	5.20	4.04	1.16	5.16	4.03	1.13	0.03	2%
Apr-20	5.30	4.25	1.05	5.19	4.17	1.03	0.02	2%
May-20	5.25	4.16	1.09	4.74	4.06	0.68	0.40	37%
Jun-20	5.60	4.11	1.49	4.98	3.95	1.03	0.46	31%
Jul-20	5.60	4.31	1.29	5.00	4.05	0.96	0.33	26%
Aug-20	5.70	4.23	1.47	5.00	3.95	1.05	0.42	28%
Sep-20	5.93	4.17	1.76	5.33	3.99	1.34	0.42	24%
Oct-20	5.20	4.10	1.11	4.98	3.99	0.99	0.12	10%
Nov-20	5.66	4.22	1.44	5.40	4.08	1.31	0.13	9%
Dec-20	6.32	4.52	1.80	5.16	3.97	1.19	0.61	34%
Jan-21	7.07	4.72	2.35	5.61	4.15	1.46	0.89	38%
Feb-21	6.73	4.37	2.36	5.63	4.01	1.62	0.73	31%
Mar-21	5.75	4.07	1.68	5.04	3.92	1.11	0.57	34%
Apr-21	5.37	3.97	1.40	5.19	3.89	1.30	0.10	7%
May-21	5.51	4.00	1.51	5.31	3.93	1.38	0.13	9%
Jun-21	5.75	3.90	1.85	5.68	3.88	1.80	0.05	3%
Jul-21	5.69	3.99	1.70	5.62	3.94	1.68	0.02	1%
Average	5.74	4.18	1.56	5.24	4.00	1.24	0.32	20%



Average Length of Stay versus National Average (GMLOS)



Opportunity Cost of Reducing LOS to National Average - \$62.7M FY21



KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED INCOME STATEMENT (000's)

FISCAL YEAR 2021 & 2022

	C	perating	Reve	nue					0	perating	g Ex	penses												
			Ot	her	Ор	erating								Other	0	perating			N	on-				
	Net	Patient	Оре	rating	Re	evenue	Pe	rsonnel	Ph	ysician	S	upplies	Op	erating	E	xpenses	Op	erating	Оре	rating			Operating	Excess
Fiscal Year	Re	venue	Rev	enue	•	Total	E	xpense		Fees	E	xpense	E	pense		Total	ln	come	Inc	ome	Net	Income	Margin %	Margin
2021																								
Jul-20		47,402		13,608		61,009		32,213		7,807		10,036		13,502		63,559		(2,550)		4,542		1,993	(4.2%)	3.0%
Aug-20		48,393		13,339		61,732		32,203		8,699		10,720		14,744		66,366		(4,634)		4,444		(191)	(7.5%)	(0.3%)
Sep-20		48,769		13,548		62,317		32,837		6,871		11,619		14,643		65,971		(3,654)		3,138		(515)	(5.9%)	(0.8%)
Oct-20		51,454		13,083		64,537		33,385		7,746		10,713		15,033		66,876		(2,339)		5,177		2,837	(3.6%)	4.1%
Nov-20		50,994		12,719		63,713		31,225		8,079		10,999		14,837		65,140		(1,427)		2,807		1,380	(2.2%)	2.1%
Dec-20		50,409		13,317		63,726		34,298		8,024		11,492		15,152		68,965		(5,240)		1,963		(3,276)	(8.2%)	(5.0%)
Jan-21		49,949		14,115		64,064		34,008		8,421		12,014		15,101		69,544		(5,480)		6,363		883	(8.6%)	1.3%
Feb-21		44,505		14,519		59,024		31,565		8,484		9,685		13,829		63,562		(4,538)		3,973		(565)	(7.7%)	(0.9%)
Mar-21		56,144		17,106		73,250		35,505		8,278		10,923		16,990		71,696		1,554		2,267		3,821	2.1%	5.1%
Apr-21		52,593		19,684		72,277		37,084		8,320		11,011		16,895		73,310		(1,033)		2,645		1,612	(1.4%)	2.2%
May-21		50,531		15,692		66,223		34,042		7,754		10,170		16,569		68,535		(2,312)		1,829		(483)	(3.5%)	(0.7%)
Jun-21		43,233		19,589		62,822		20,517		8,207		11,772		19,877		60,373		2,449		773		3,222	3.9%	5.1%
2021 FY Total	\$	594,375	\$ 1	180,319	\$	774,694	\$	388,882	\$	96,690	\$	131,154	\$	187,172	\$	803,898	\$	(29,204)	\$ 3	9,921	\$	10,717	(3.8%)	1.3%
2022																								
Jul-21		51,502		15,035		66,537		32,678		7,922		9,596		15,217		65,413		1,124		582		1,706	1.7%	2.5%
2022 FY Total	\$	51,502	\$	15,035	\$	66,537	\$	32,678	\$	7,922	\$	9,596	\$	15,217	\$	65,413	\$	1,124	\$	582	\$	1,706	1.7%	2.5%
FYTD Budget		53,173		15,981		69,154		32,811		8,307		10,710		15,957		67,784		1,370		542		1,912	2.0%	2.7%
Variance	\$	(1,671)	\$	(947)	\$	(2,618)	\$	(133)	\$	(385)	\$	(1,113)	\$	(740)	\$	(2,371)	\$	(247)	\$	40	\$	(207)		
Current Montl	h Ana	lysis																						
Jul-21	\$	51,502	\$	15,035	\$	66,537	\$	32,678	\$	7,922	\$	9,596	\$	15,217	\$	65,413	\$	1,124	\$	582	\$	1,706	1.7%	2.5%
Budget		53,173		15,981		69,154		32,811		8,307		10,710		15,957		67,784		1,370		542		1,912	2.0%	2.7%
Variance	\$	(1,671)	\$	(947)	\$	(2,618)	\$	(133)	\$	(385)	\$	(1,113)	\$	(740)	\$	(2,371)	\$	(247)	\$	40		(207)		

KAWEAH DELTA HEALTH CARE DISTRICT

FISCAL YEAR 2021 & 2022

Fiscal Year	Patient Days	ADC	Adjusted Patient Days	I/P Revenue %	DFR & Bad Debt %	Net Patient Revenue/ Ajusted Patient Day	Personnel Expense/ Ajusted Patient Day	Physician Fees/ Ajusted Patient Day	Supply Expense/ Ajusted Patient Day	Total Operating Expense/ Ajusted Patient Day	Personnel Expense/ Net Patient Revenue	Physician Fees/ Net Patient Revenue	Supply Expense/ Net Patient Revenue	Total Operating Expense/ Net Patient Revenue
2021														
Jul-20	13,016	420	24,934	52.2%	76.8%	1,901	1,292	313	403	2,549	68.0%		21.2%	
Aug-20	13,296	429	24,893	53.4%	75.7%	1,944	1,294	349	431	2,666	66.5%		22.2%	
Sep-20	13,024	434	24,587	53.0%	75.6%	1,984	1,336	279	473	2,683	67.3%		23.8%	
Oct-20	12,478	403	24,749	50.4%	74.2%	2,079	1,349	313	433	2,702	64.9%	15.1%	20.8%	
Nov-20	12,898	430	24,958	51.7%		2,043	1,251	324	441	2,610	61.2%		21.6%	
Dec-20	14,346	463	25,750	55.7%	75.2%	1,958	1,332	312	446	2,678	68.0%		22.8%	
Jan-21	13,817	446	24,148	57.2%	75.5%	2,068	1,408	349	498	2,880	68.1%	16.9%	24.1%	
Feb-21	12,384	442	23,570	52.5%	77.3%	1,888	1,339	360	411	2,697	70.9%		21.8%	
Mar-21	13,023	420	25,807	50.5%	74.9%	2,176	1,376	321	423	2,778	63.2%	14.7%	19.5%	
Apr-21	12,361	412	25,268	48.9%	75.8%	2,081	1,468	329	436	2,901	70.5%	15.8%	20.9%	
May-21	13,115	423	25,026	52.4%	76.4%	2,019	1,360	310	406	2,739	67.4%	15.3%	20.1%	135.6%
Jun-21	12,916	431	25,797	50.1%	80.5%	1,676	795	318	456	2,340	47.5%	19.0%	27.2%	139.6%
2021 FY Total	156,674	429	299,648	52.3%	76.0%	1,984	1,298	323	438	2,683	65.4%	16.3%	22.1%	135.3%
2022														
Jul-21	13,388	432	26,085	51.3%	76.2%	1,974	1,253	304	368	2,508	63.4%	15.4%	18.6%	127.0%
2022 FY Total	13,388	432	26,085	51.3%	76.2%	1,974	1,253	304	368	2,508	63.4%	15.4%	18.6%	127.0%
FYTD Budget	13,590	438	26,934	50.5%	75.3%	1,974	1,218	308	398	2,599	61.7%	15.6%	20.1%	127.5%
Variance	(202)	(7)	(849)	0.9%	0.9%	0	35	(5)	(30)	(91)	1.7%	(0.2%)	(1.5%)	(0.5%)
Current Month	<u>-</u>	422	20.005	F4 20/	76 204	4.074	4 252	204	200	2 500	C2 40/	1F 80/	10.00	427.00/
Jul-21	13,388	432	26,085	51.3%	76.2%	1,974	1,253	304	368	2,508	63.4%		18.6%	
Budget	13,590	438	26,934	50.5%	75.3%	1,974	1,218	308	398	2,599	61.7%		20.1%	
Variance	(202)	(7)	(849)	0.9%	0.9%	0	35	(5)	(30)	(91)	1.7%	(0.2%)	(1.5%)	(0.5%)

KAWEAH DELTA HEALTH CARE DISTRICT RATIO ANALYSIS REPORT JULY 31, 2021

	Current	Prior	2021	20	2019 Moody's		
	Month	Month	Unaudited	Media	Median Benchmark		
	Value	Value	Value	Aa	Α	Baa	
LIQUIDITY RATIOS							
Current Ratio (x)	1.2	1.2	1.2	1.5	1.8	1.9	
Accounts Receivable (days)	69.1	66.7	66.7	48.2	46.2	46.6	
Cash On Hand (days)	175.3	173.6	173.6	276.1	215.1	162.5	
Cushion Ratio (x)	22.2	22.9	22.9	37.8	23.5	14.6	
Average Payment Period (days)	89.6	93.1	93.1	74.6	60.5	61.1	
CAPITAL STRUCTURE RATIOS							
Cash-to-Debt	158.8%	164.4%	164.4%	244.9%	176.8%	121.2%	
Debt-To-Capitalization	31.3%	31.3%	31.3%	24.4%	30.9%	38.4%	
Debt-to-Cash Flow (x)	4.0	4.7	4.7	2.1	2.7	4.0	
Debt Service Coverage	3.3	2.8	2.8	8.2	5.5	3.4	
Maximum Annual Debt Service Coverage (x)	3.3	2.8	2.8	7.1	4.7	3.1	
Age Of Plant (years)	13.9	13.5	13.5	10.6	12.0	12.2	
PROFITABILITY RATIOS							
Operating Margin	1.7%	(3.8%)	(3.8%)	4.4%	2.7%	0.5%	
Excess Margin	2.5%	1.3%	1.3%	7.6%	5.2%	2.6%	
Operating Cash Flow Margin	6.5%	1.2%	1.2%	10.0%	8.7%	6.3%	
Return on Assets	2.1%	1.1%	1.1%	5.3%	4.4%	2.6%	

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED STATEMENTS OF NET POSITION (000's)

	Jul-21	Jun-21	Change	% Change	Jun-21
					(Unaudited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	\$ 20,002	\$ 30,081	\$ (10,079)	(33.5%)	\$ 30,081
Current Portion of Board designated and trusted assets	13,394	13,695	(301)	(2.2%)	13,695
Accounts receivable:					
Net patient accounts	120,495	119,553	942	0.8%	119,553
Other receivables	10,022	14,616	(4,594)	(31.4%)	14,616
	130,517	134,169	(3,653)	(2.7%)	134,169
Inventories	11,620	11,095	525	4.7%	11,095
Medicare and Medi-Cal settlements	35,941	37,339	(1,398)	(3.7%)	37,339
Prepaid expenses	13,036	12,210	826	6.8%	12,210
Total current assets	224,510	238,589	(14,079)	(5.9%)	238,589
NON-CURRENT CASH AND INVESTMENTS -					
less current portion					
Board designated cash and assets	347,800	349,986	(2,186)	(0.6%)	349,986
Revenue bond assets held in trust	22,275	22,271	4	0.0%	22,271
Assets in self-insurance trust fund	2,077	2,073	4	0.2%	2,073
Total non-current cash and investments	372,153	374,331	(2,178)	(0.6%)	374,331
CAPITAL ASSETS					
Land	17,542	17,542	-	0.0%	17,542
Buildings and improvements	384,399	384,399	-	0.0%	384,399
Equipment	316,636	316,636	-	0.0%	316,636
Construction in progress	54,593	53,113	1,480	2.8%	53,113
• •	773,170	771,690	1,480	0.2%	771,690
Less accumulated depreciation	429,208	426,652	2,556	0.6%	426,652
·	343,963	345,038	(1,076)	(0.3%)	345,038
Property under capital leases -				, ,	
less accumulated amortization	(342)	(279)	(63)	22.5%	(279)
Total capital assets	343,621	344,759	(1,138)	(0.3%)	344,759
OTHER ASSETS				,	
Property not used in operations	1,631	1,635	(4)	(0.3%)	1,635
Health-related investments	5,137	5,066	70	1.4%	5,066
Other	11,858	11,569	289	2.5%	11,569
Total other assets	18,625	18,270	355	1.9%	18,270
Total assets	958,909	975,949	(17,040)	(1.7%)	975,949
DEFERRED OUTFLOWS	8,865	8,900	(35)	(0.4%)	8,900
Total assets and deferred outflows	\$ 967,774	\$ 984,849	\$ (17,075)	-1.73%	\$ 984,849

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED STATEMENTS OF NET POSITION (000's)

	Jul-21	Jun-21	Change	% Change	Jun-21
					(Unaudited)
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	104,532	114,405	(9,873)	(8.6%)	114,405
Accrued payroll and related liabilities	65,746	71,537	(5,791)	(8.1%)	71,537
Long-term debt, current portion	11,257	11,128	128	1.2%	11,128
Total current liabilities	181,535	197,070	(15,535)	(7.9%)	197,070
LONG-TERM DEBT, less current portion					
Bonds payable	248,705	250,675	(1,970)	(0.8%)	250,675
Capital leases	123	123	-	0.0%	123
Total long-term debt	248,827	250,797	(1,970)	(0.8%)	250,797
NET PENSION LIABILITY	19,377	21,418	(2,041)	(9.5%)	21,418
OTHER LONG-TERM LIABILITIES	31,578	30,894	684	2.2%	30,894
Total liabilities	481,317	500,179	(18,862)		500,179
NET ASSETS					
Invested in capital assets, net of related debt	108,627	107,949	677	0.6%	107,949
Restricted	31,490	31,885	(396)	(1.2%)	31,885
Unrestricted	346,341	344,836	1,505	0.4%	344,836
Total net position	486,457	484,670	1,787	0.4%	484,670
Total liabilities and net position	\$ 967,774	\$ 984,849	\$ (17,075)	-1.73%	\$ 984,849

Statistical Report August 2021





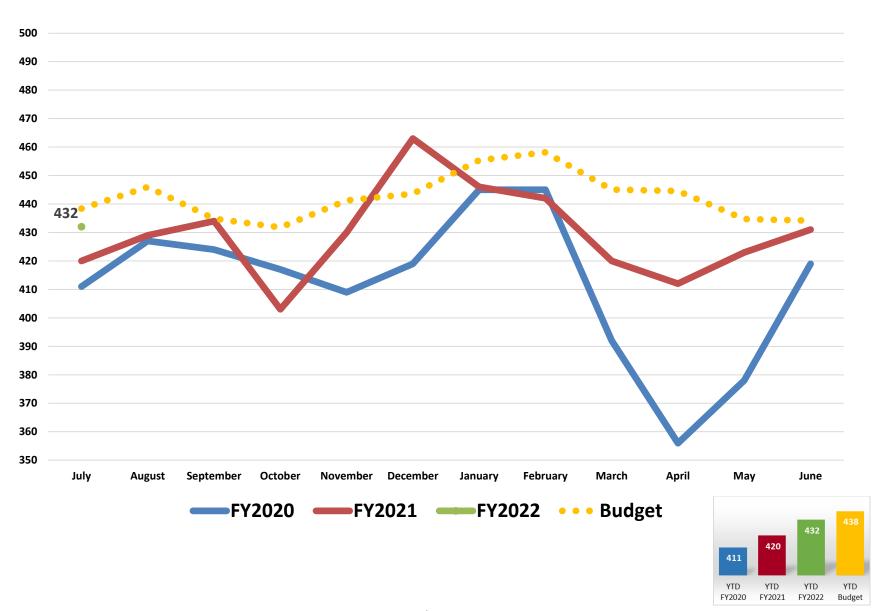




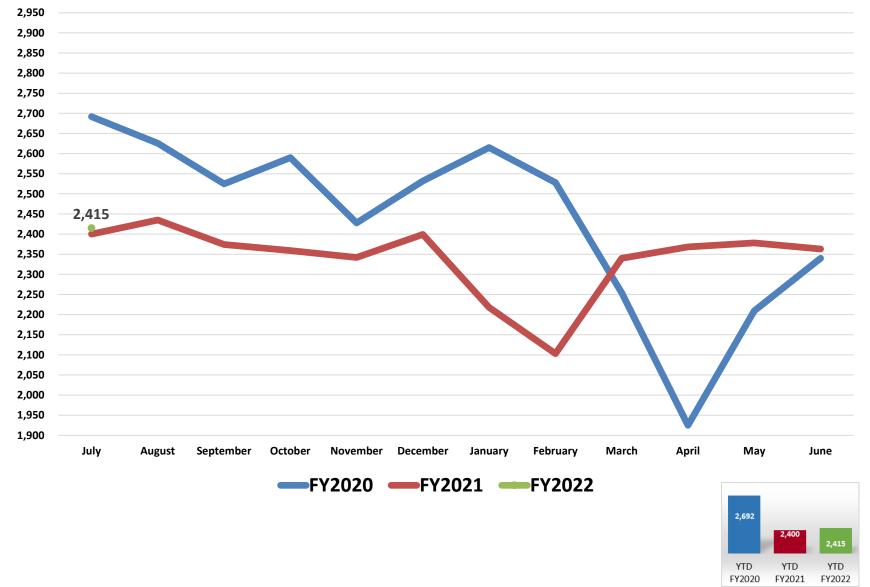




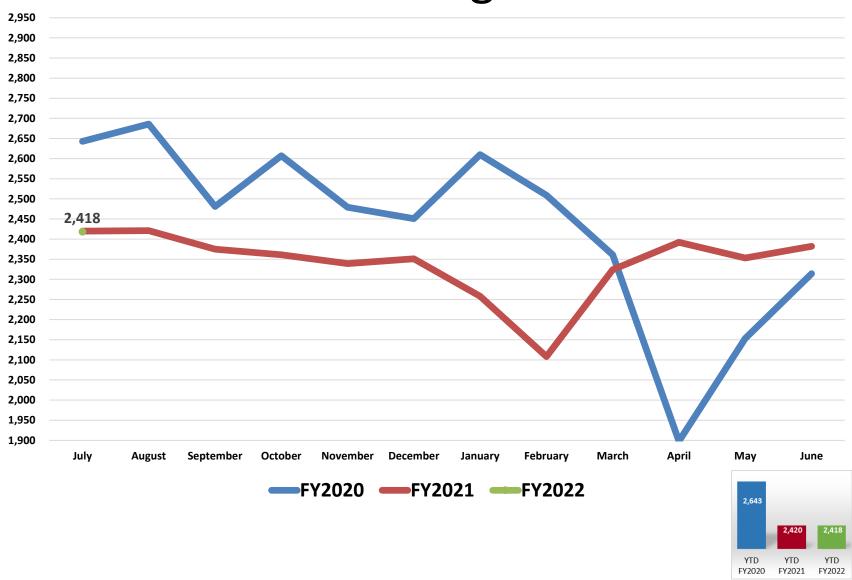
Average Daily Census



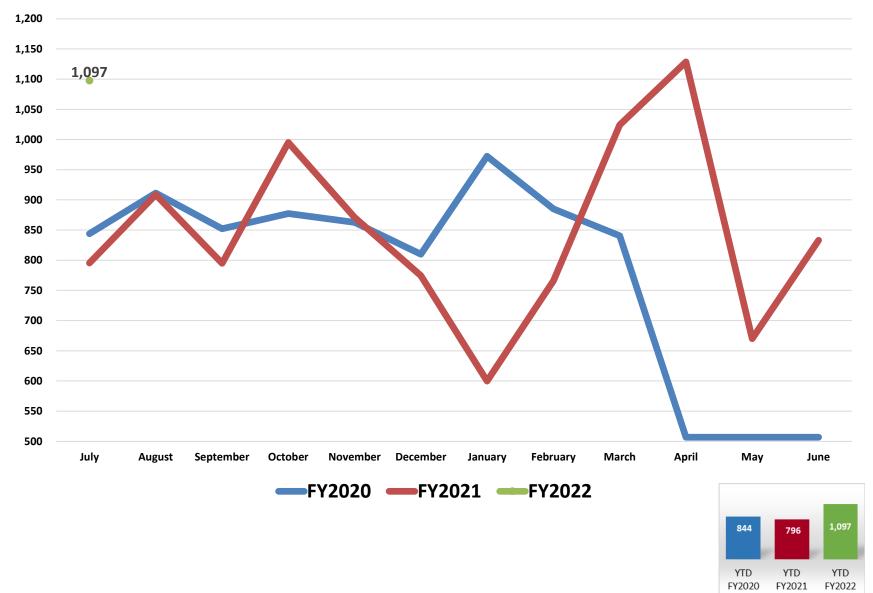
Admissions



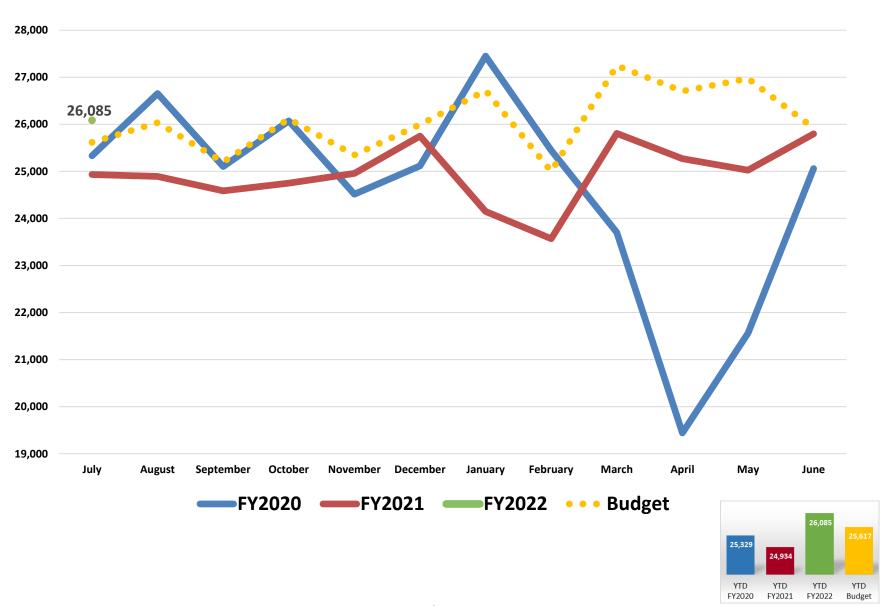
Discharges



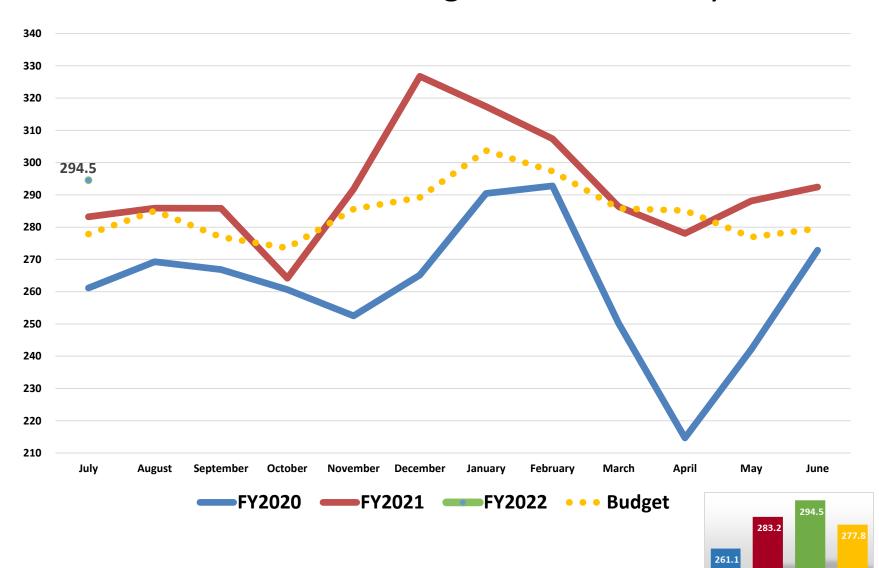
Observation Days



Adjusted Patient Days



Medical Center – Avg. Patients Per Day



YTD

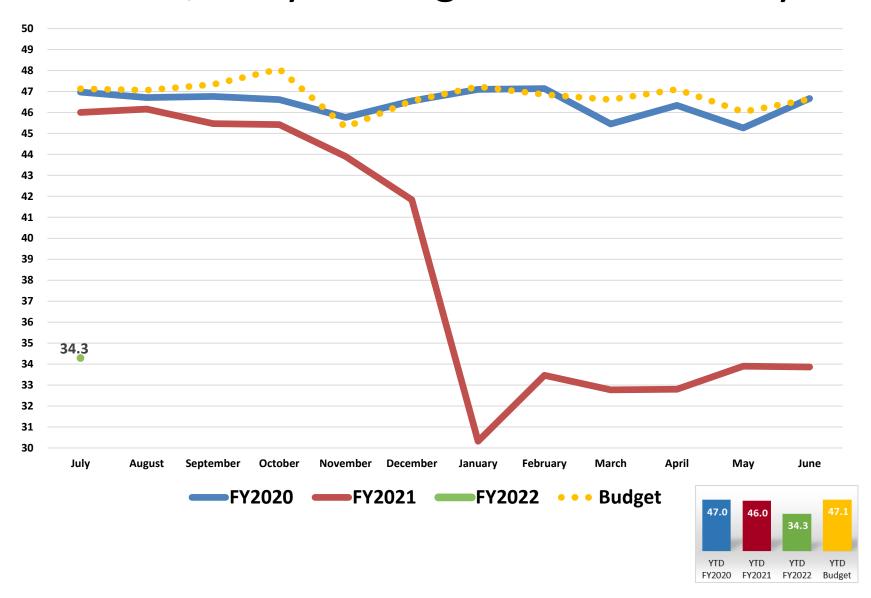
FY2021

FY2022

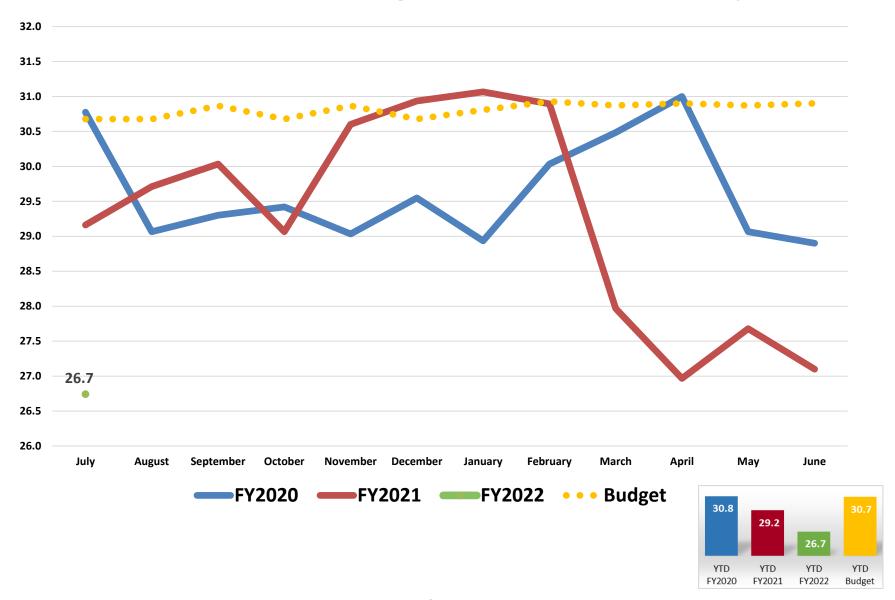
Budget

FY2020

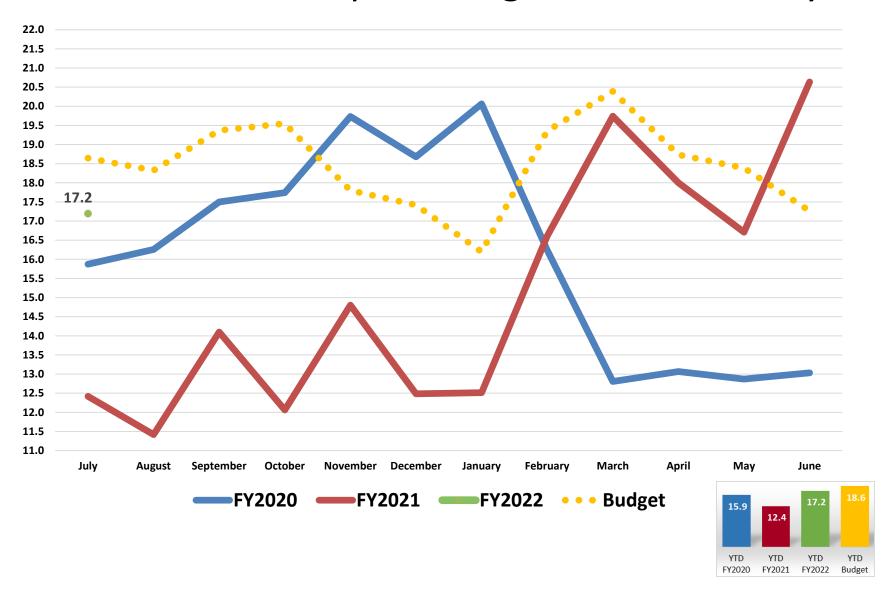
Acute I/P Psych - Avg. Patients Per Day



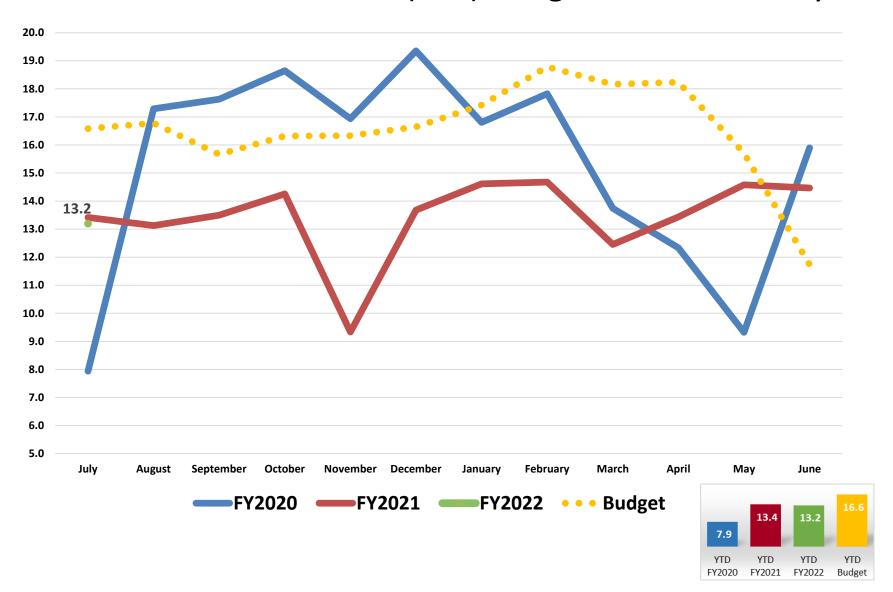
Sub-Acute - Avg. Patients Per Day



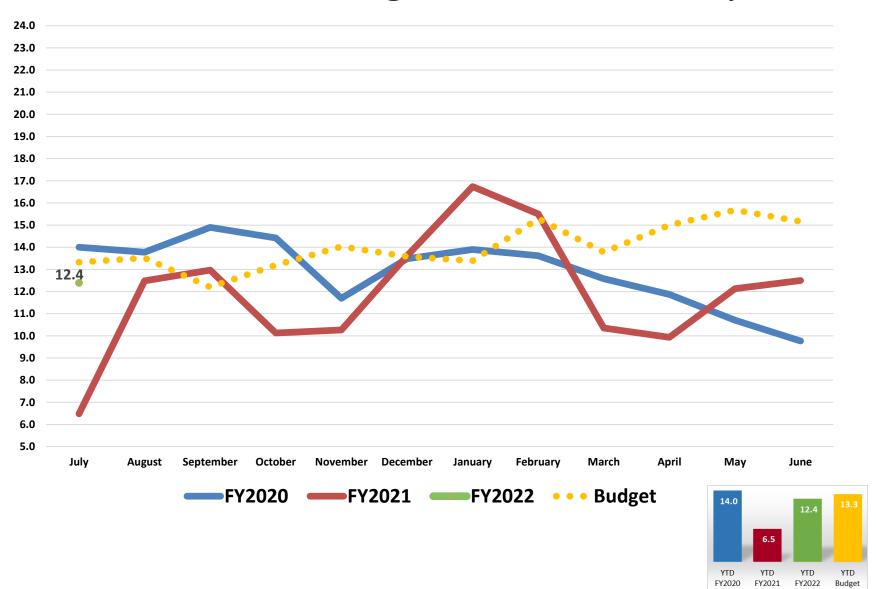
Rehabilitation Hospital - Avg. Patients Per Day



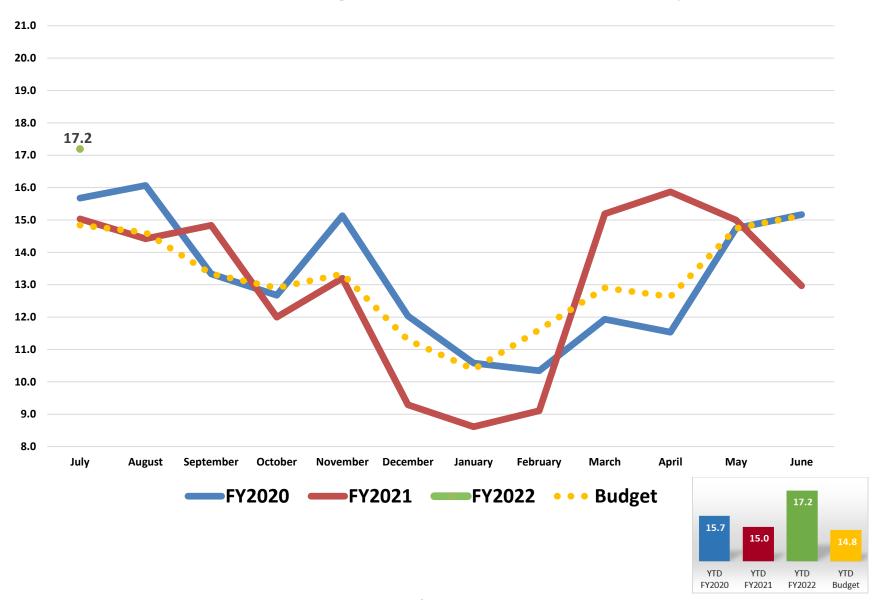
Transitional Care Services (TCS) - Avg. Patients Per Day



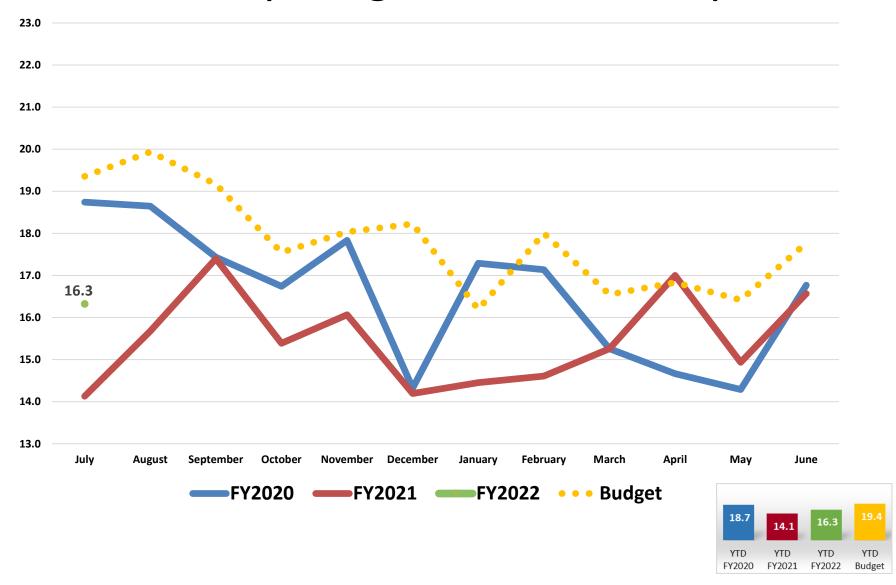
TCS Ortho - Avg. Patients Per Day



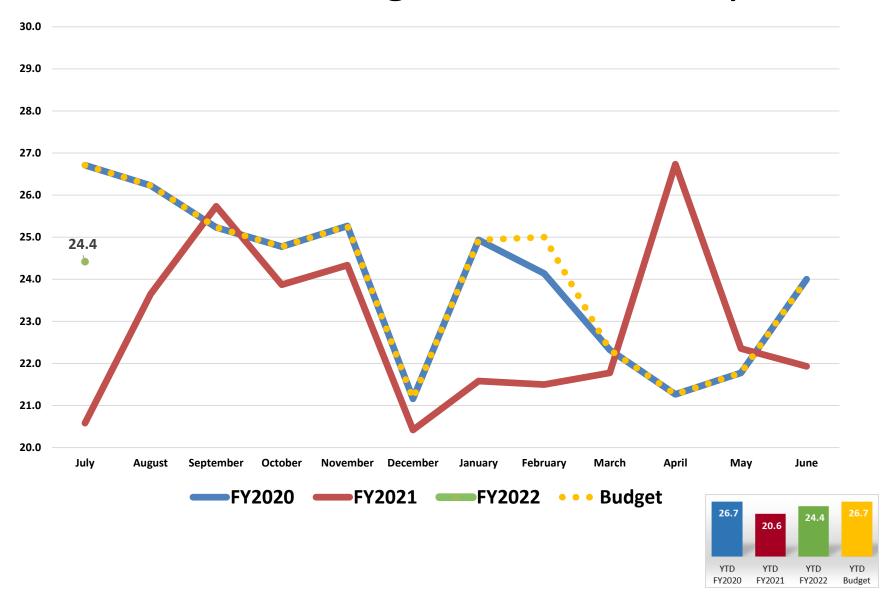
NICU - Avg. Patients Per Day



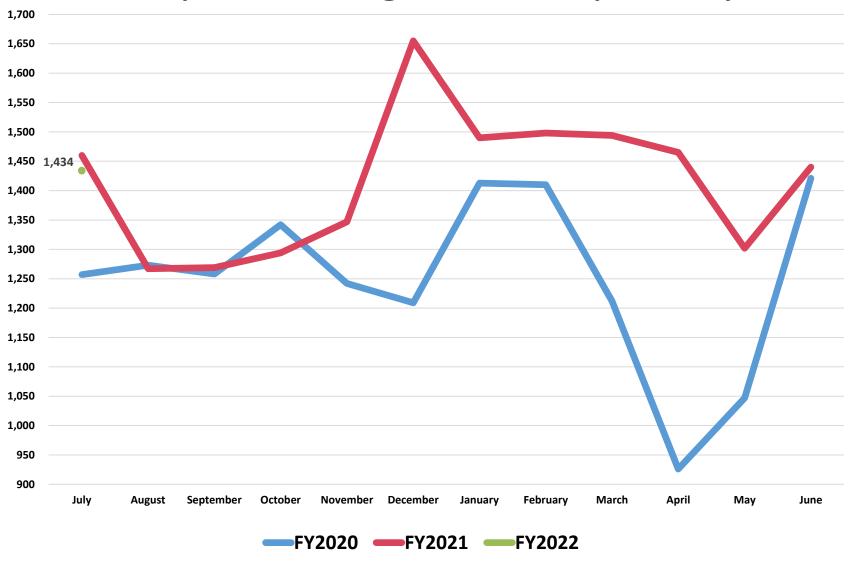
Nursery - Avg. Patients Per Day



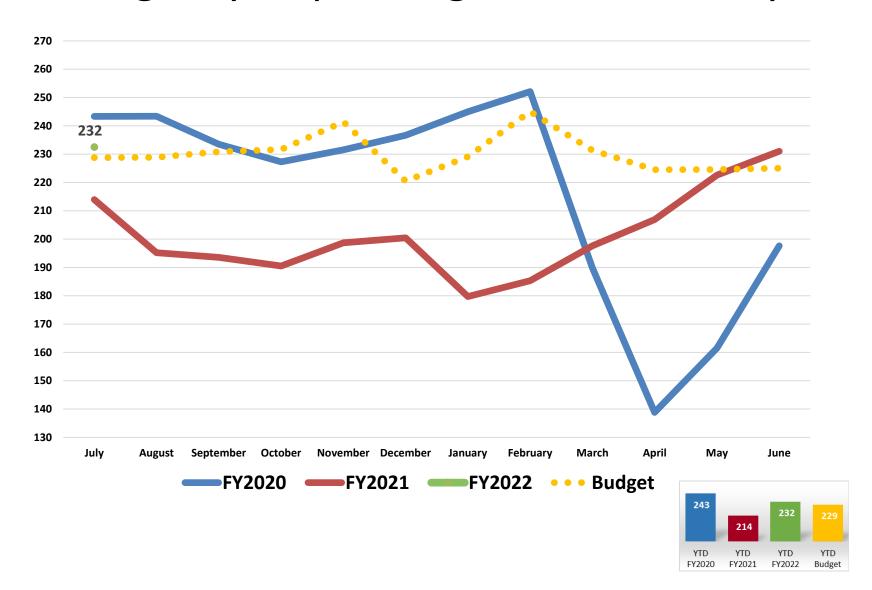
Obstetrics - Avg. Patients Per Day



Outpatient Registrations per Day



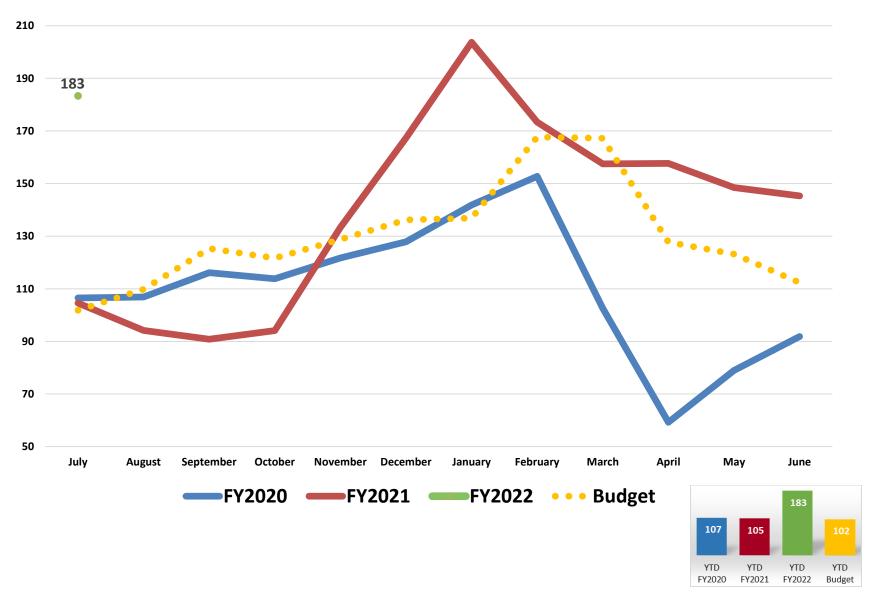
Emergency Dept – Avg Treated Per Day



Endoscopy Procedures



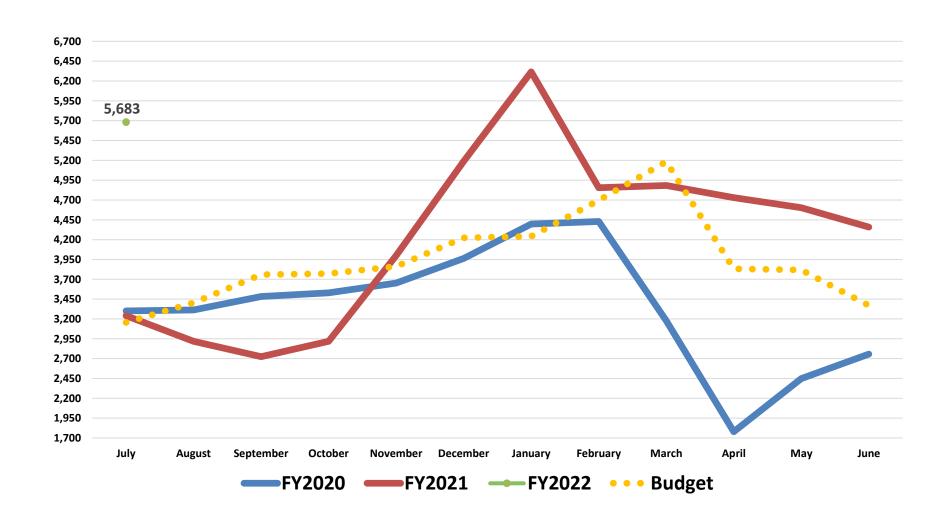
Urgent Care – Court Average Visits Per Day



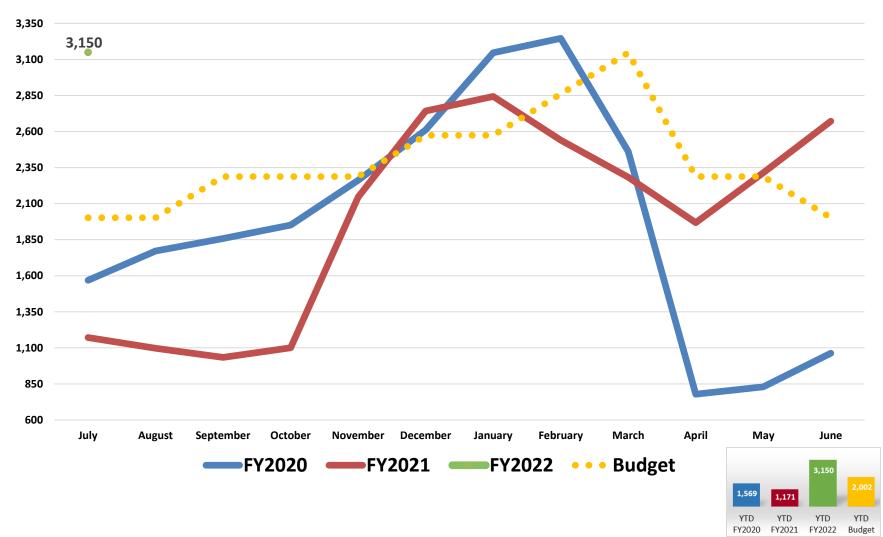
Urgent Care – Demaree Average Visits Per Day



Urgent Care – Court Total Visits



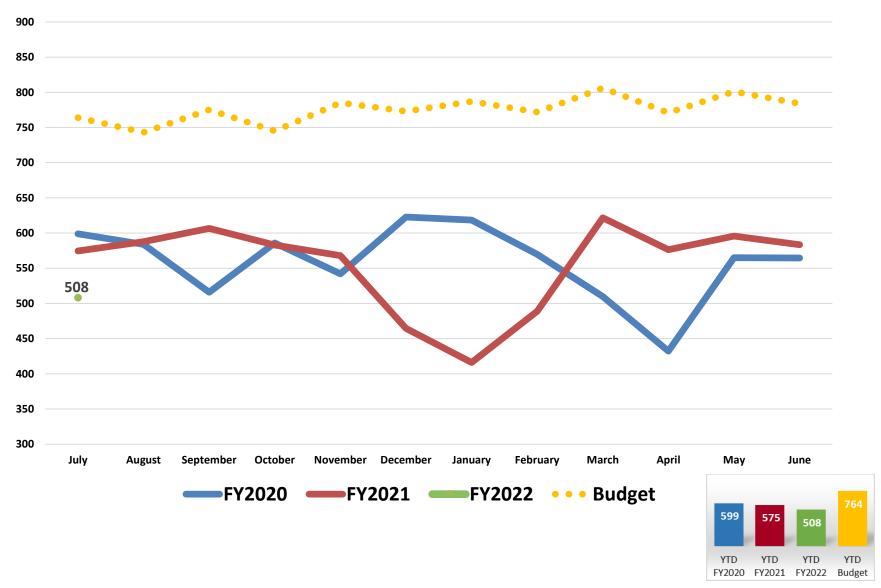
Urgent Care – Demaree Total Visits



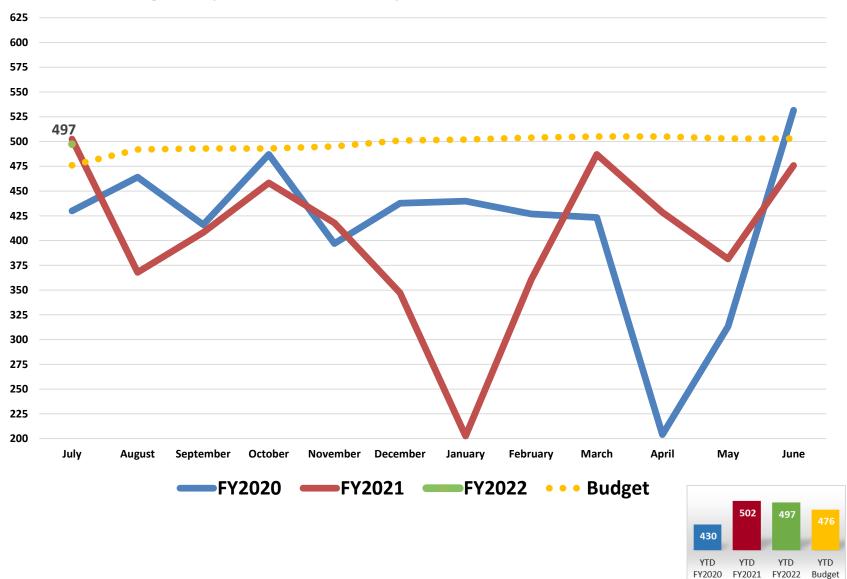
Surgery (IP & OP) – 100 Min Units



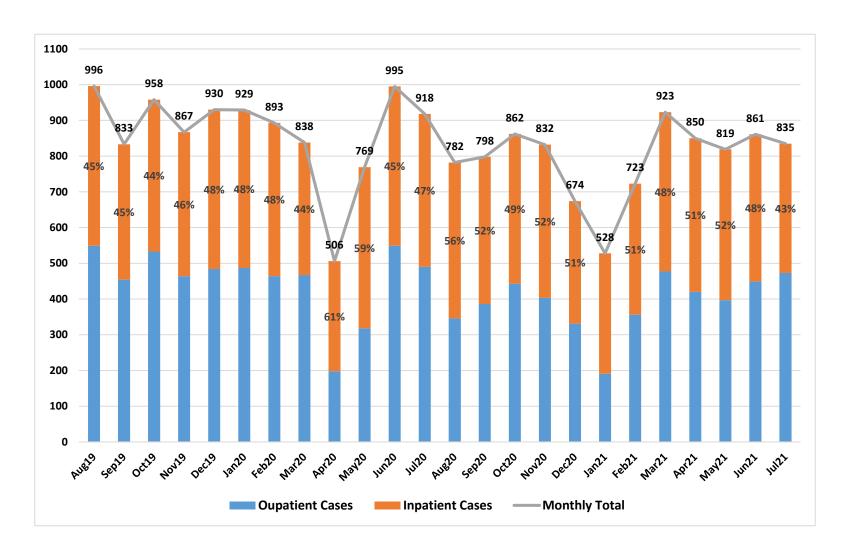
Surgery (IP Only) – 100 Min Units



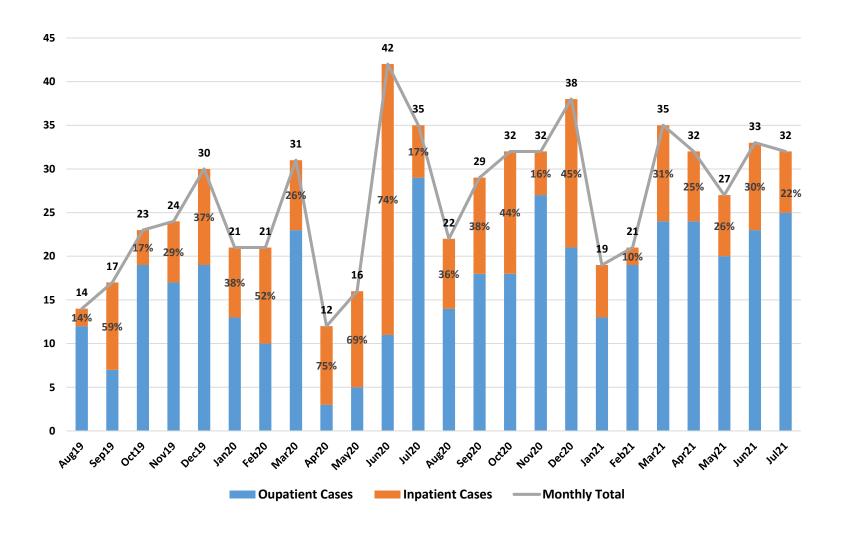
Surgery (OP Only) – 100 Min Units



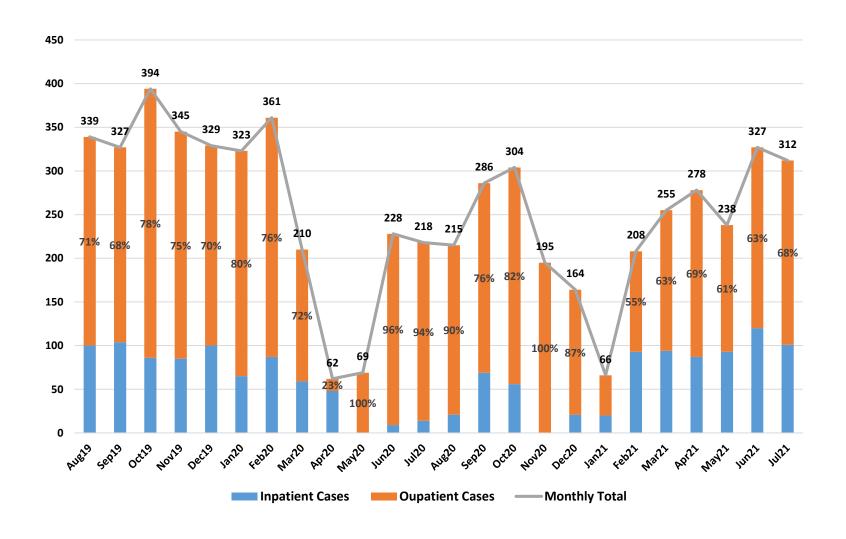
Surgery Cases



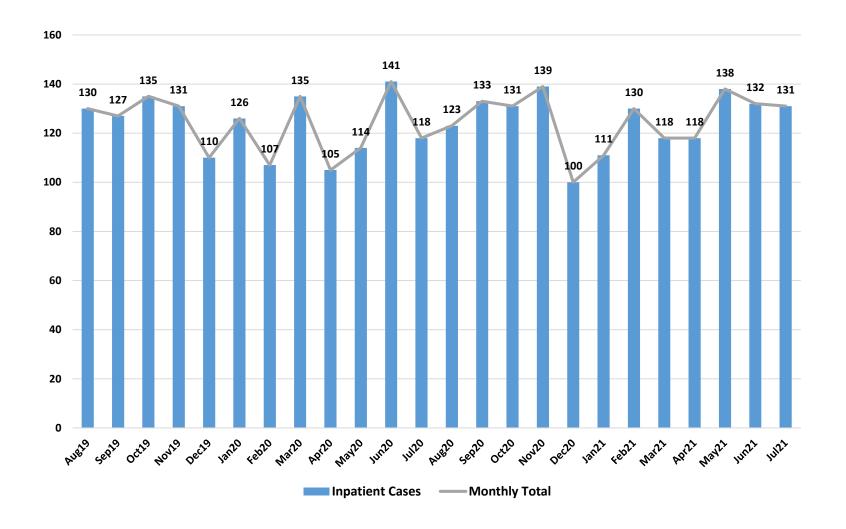
Robotic Cases



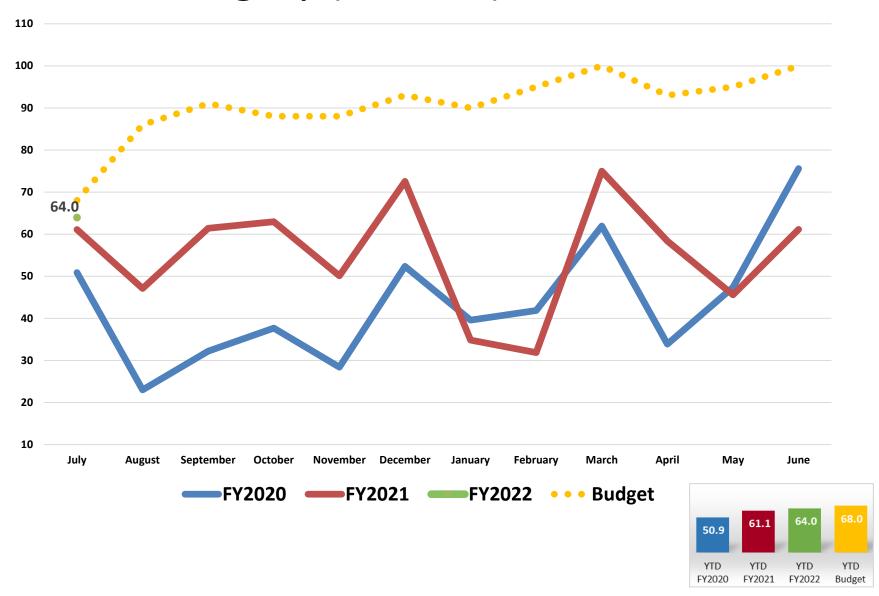
Endo Cases (Endo Suites)



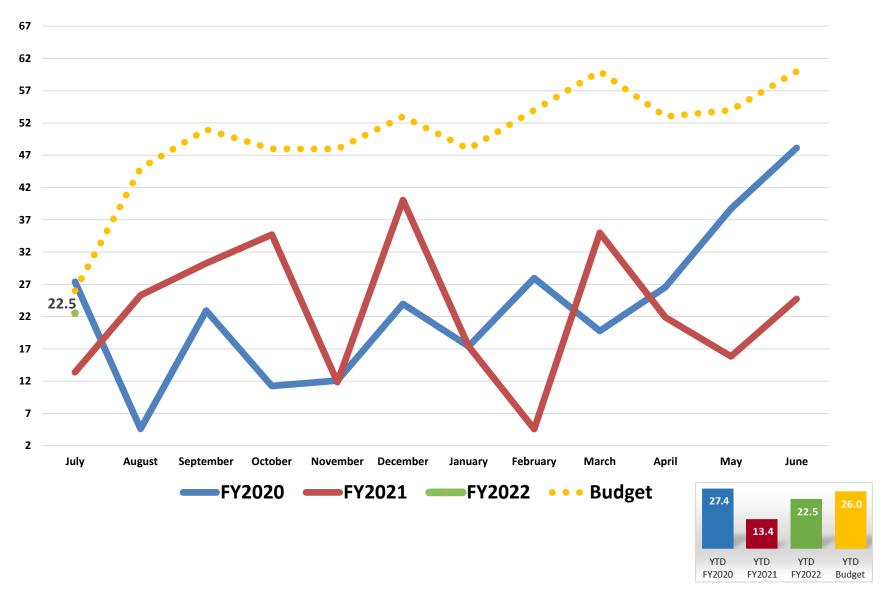
OB Cases



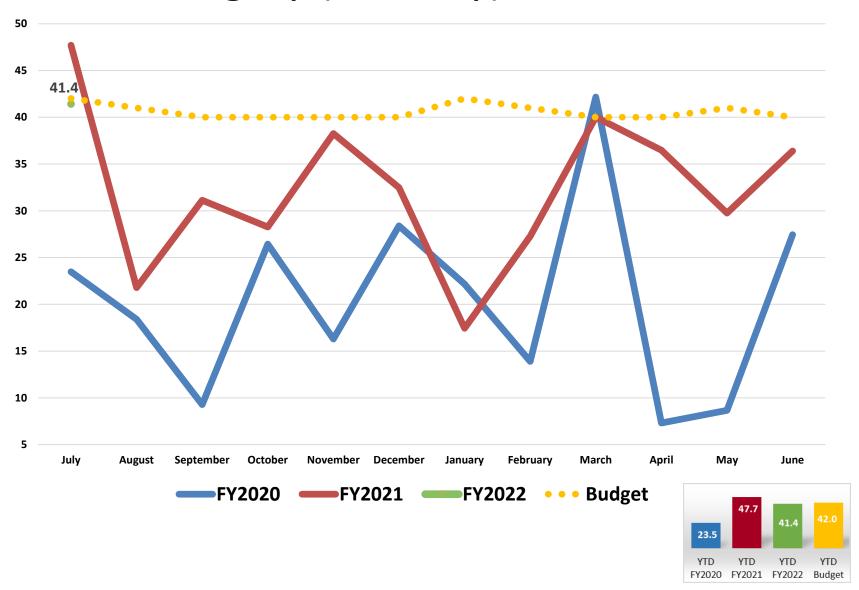
Robotic Surgery (IP & OP) – 100 Min Units



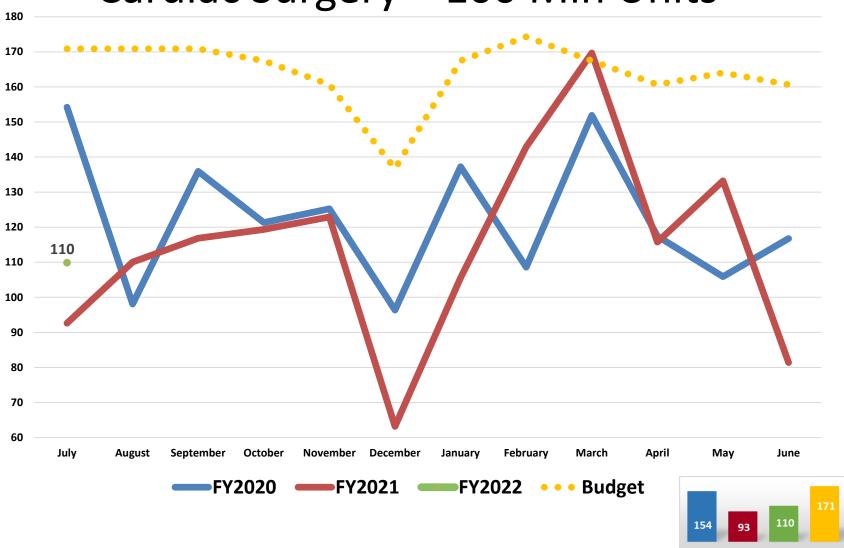
Robotic Surgery (IP Only) – 100 Min Units



Robotic Surgery (OP Only) – 100 Min Units



Cardiac Surgery – 100 Min Units



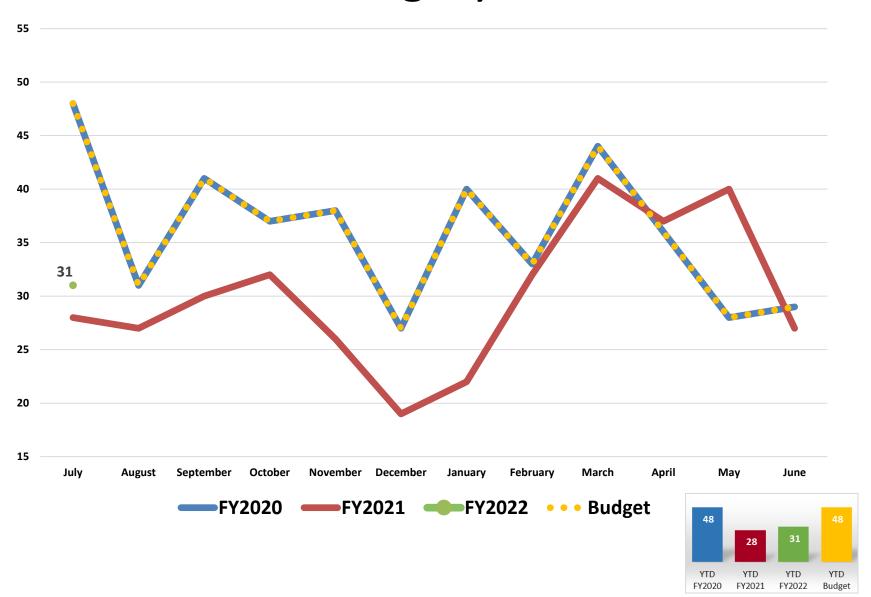
YTD

FY2020

YTD FY2021 FY2022

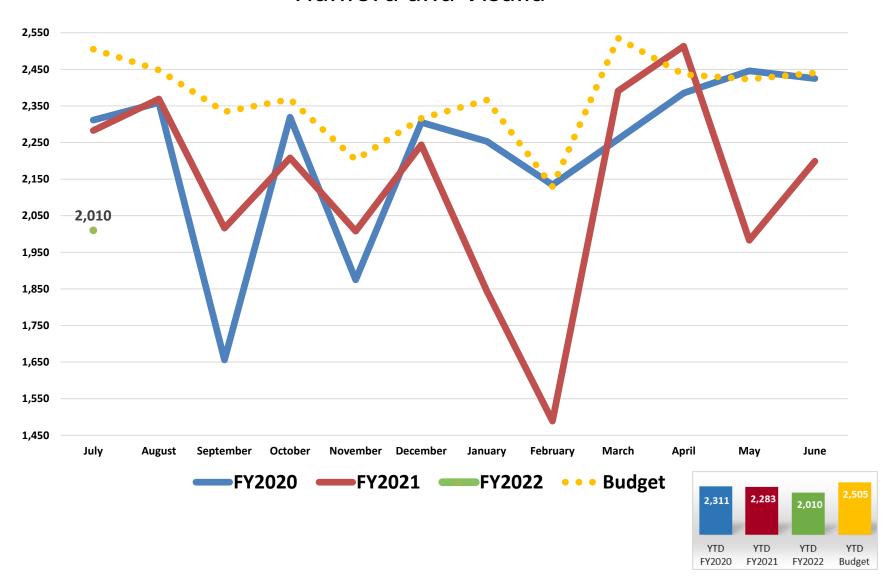
Budget

Cardiac Surgery – Cases

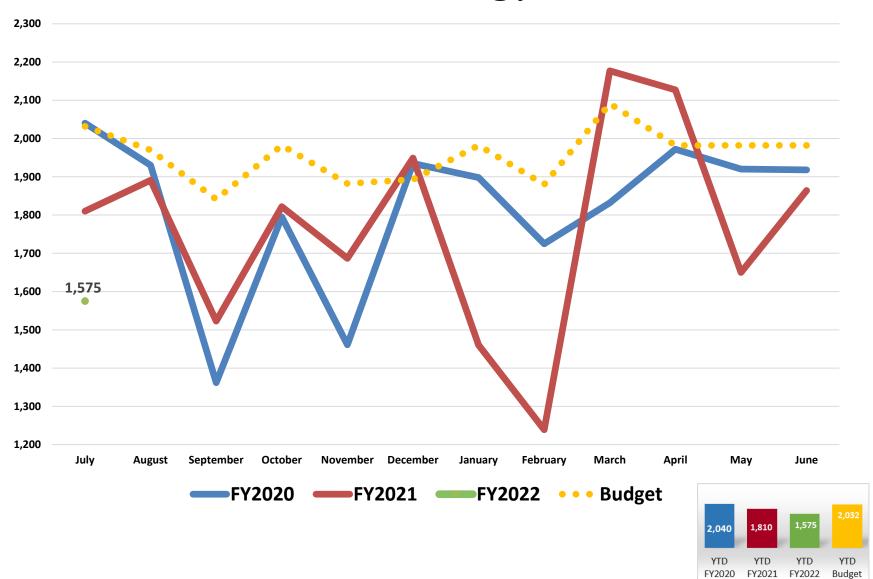


Radiation Oncology Treatments

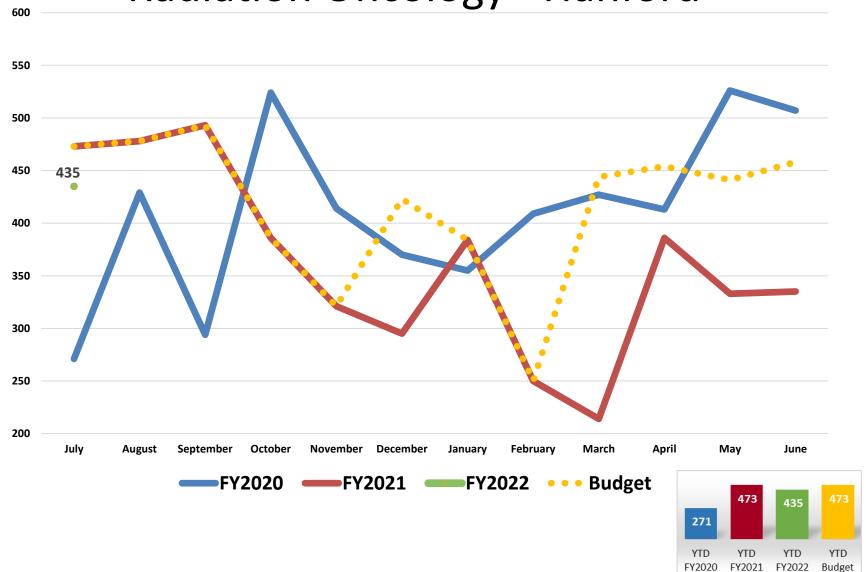
Hanford and Visalia



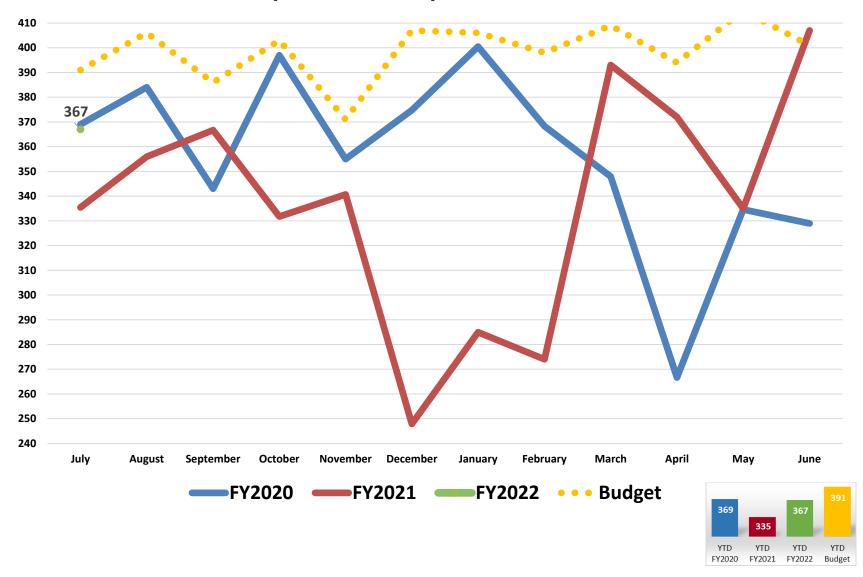
Radiation Oncology - Visalia



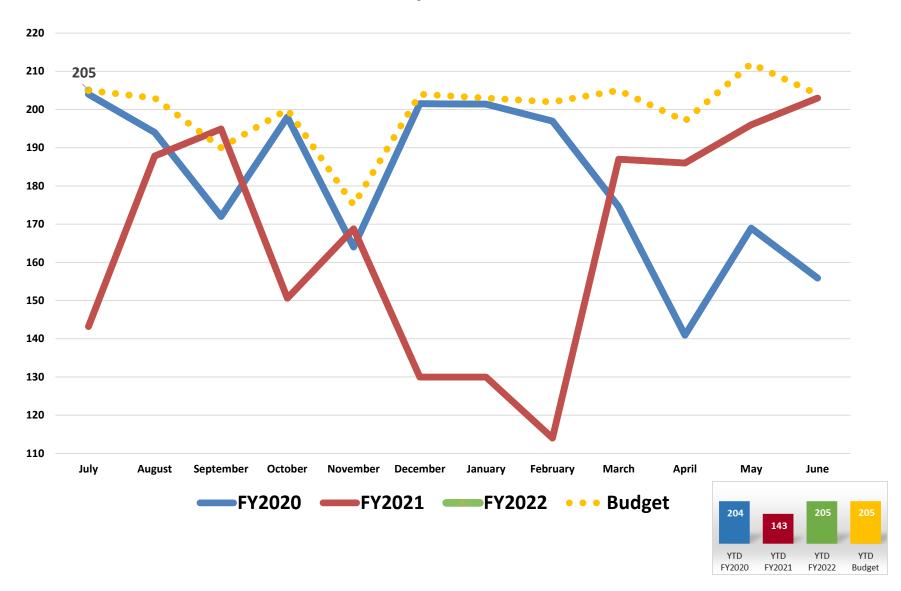
Radiation Oncology - Hanford



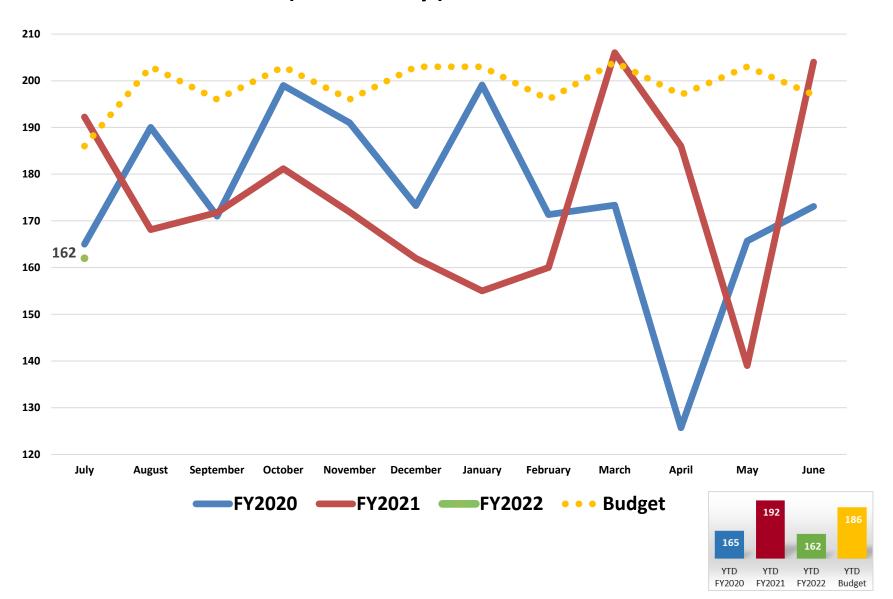
Cath Lab (IP & OP) – 100 Min Units



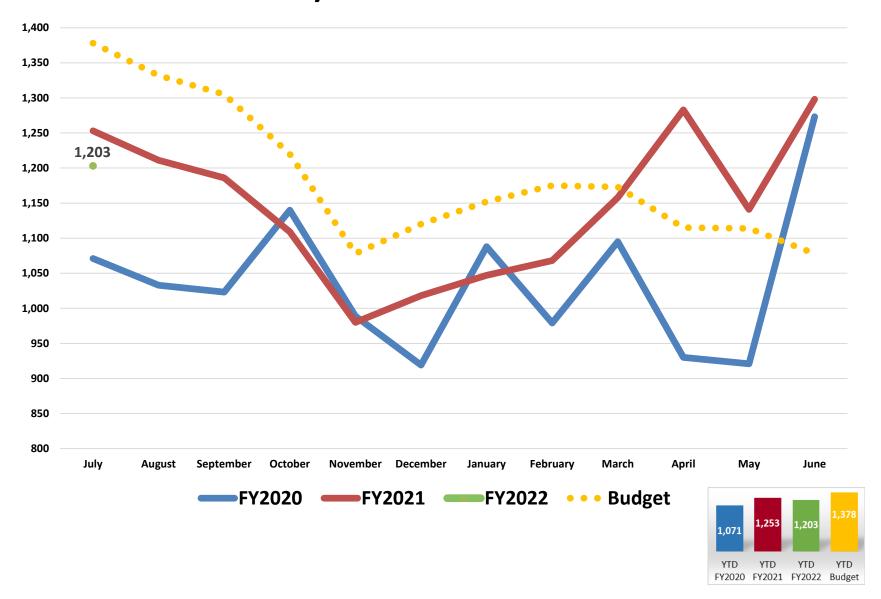
Cath Lab (IP Only) – 100 Min Units



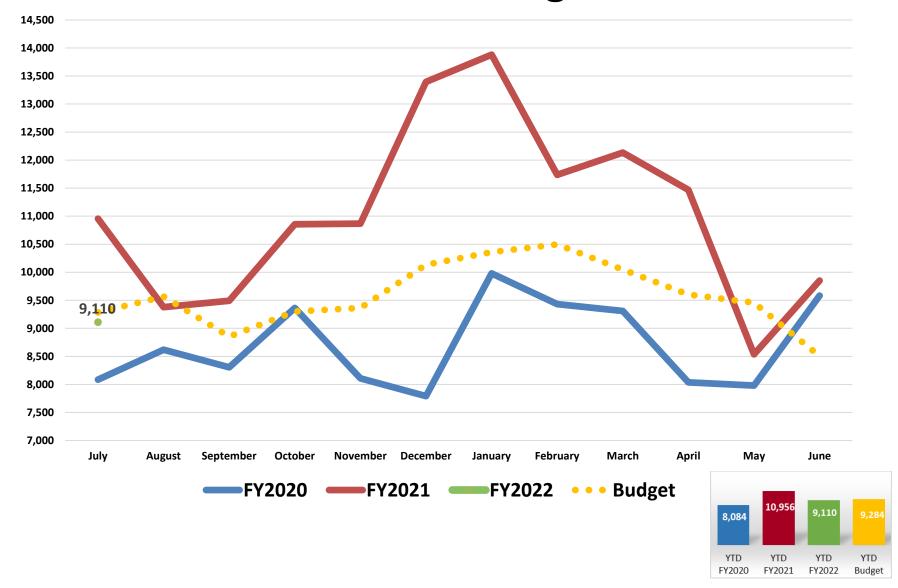
Cath Lab (OP Only) – 100 Min Units



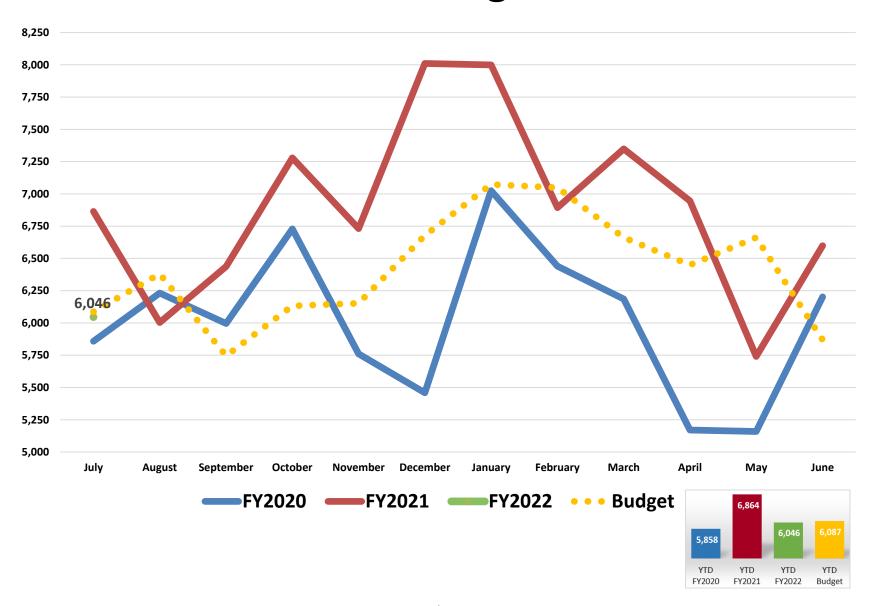
GME Family Medicine Clinic Visits



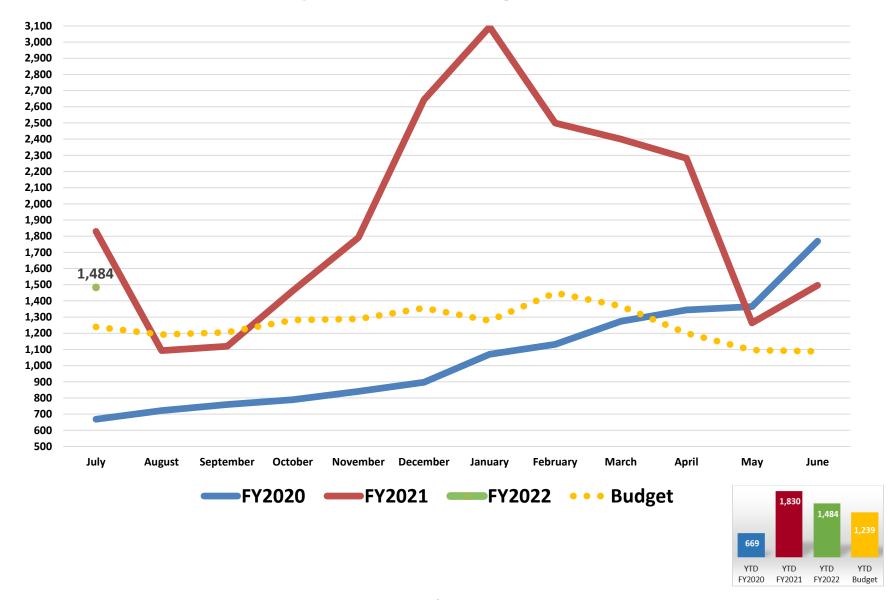
Rural Health Clinic Registrations



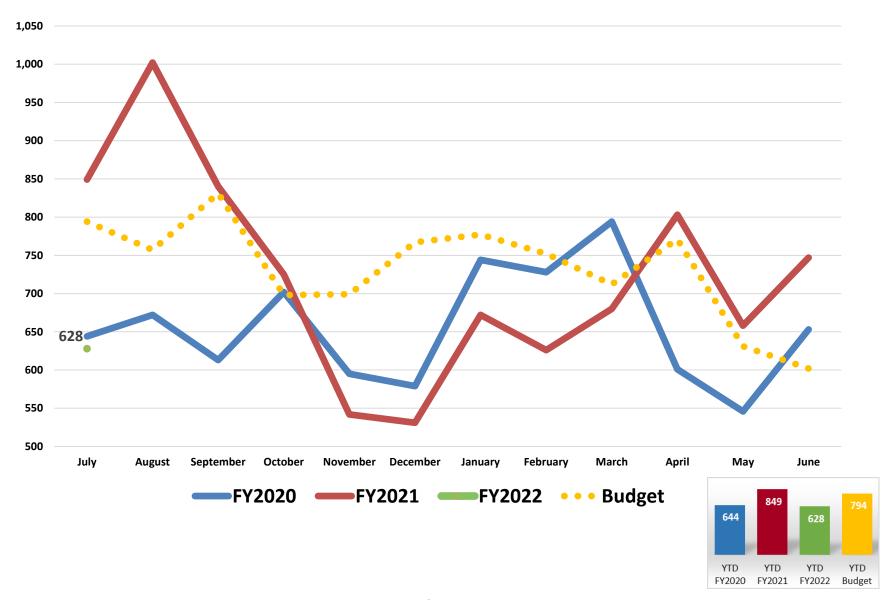
Exeter RHC - Registrations



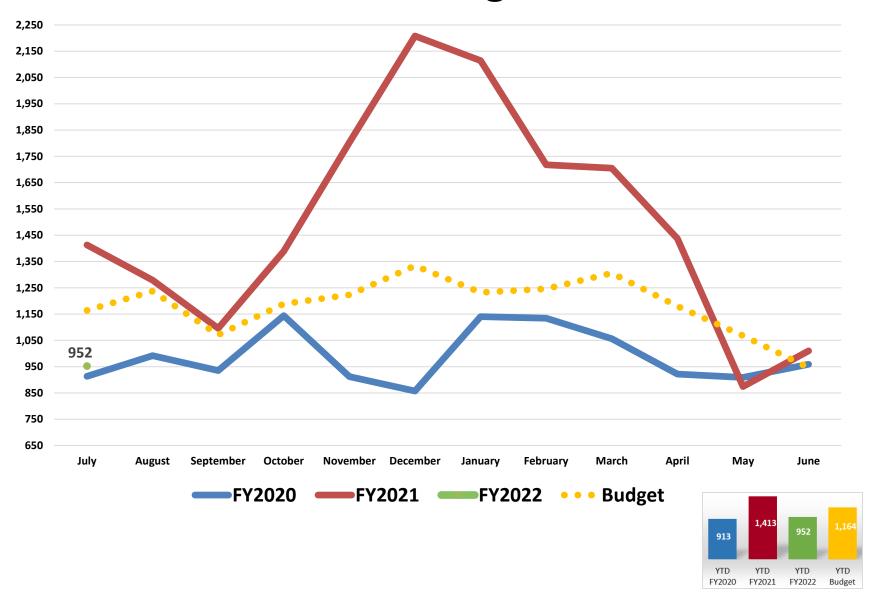
Lindsay RHC - Registrations



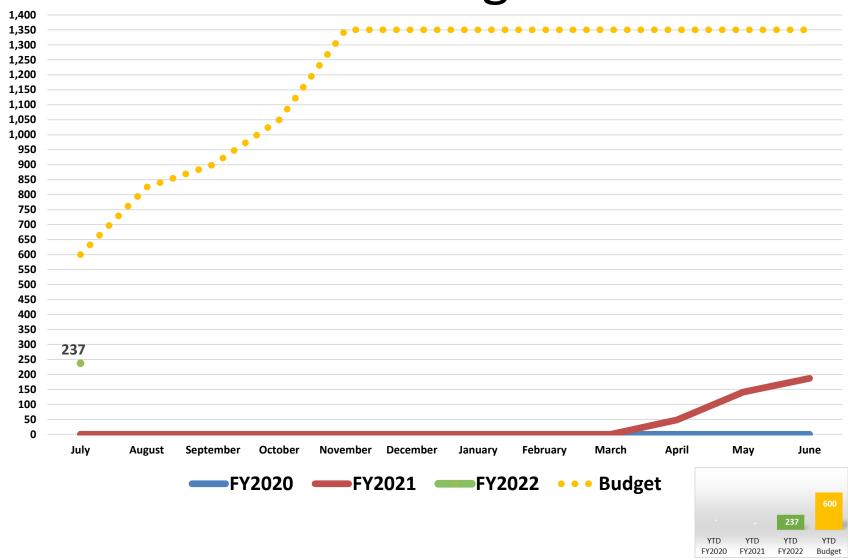
Woodlake RHC - Registrations



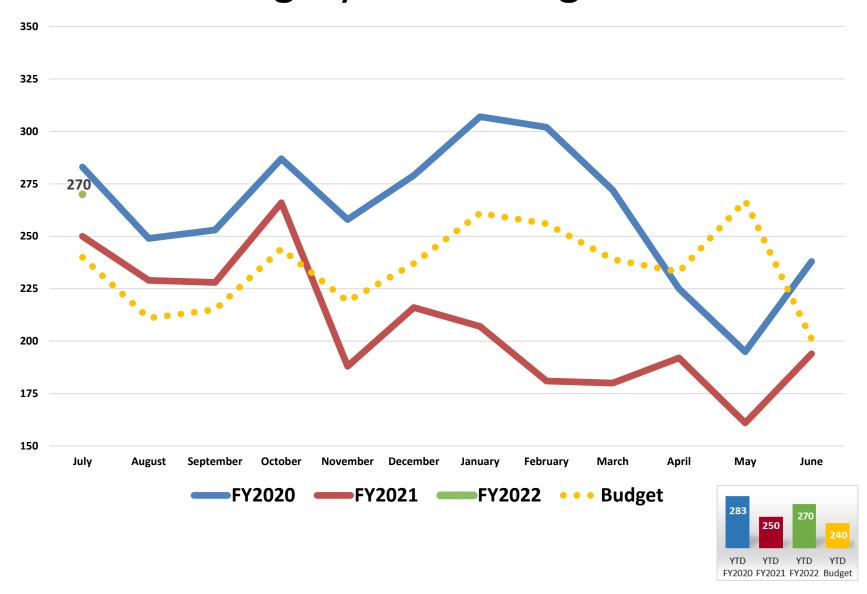
Dinuba RHC - Registrations



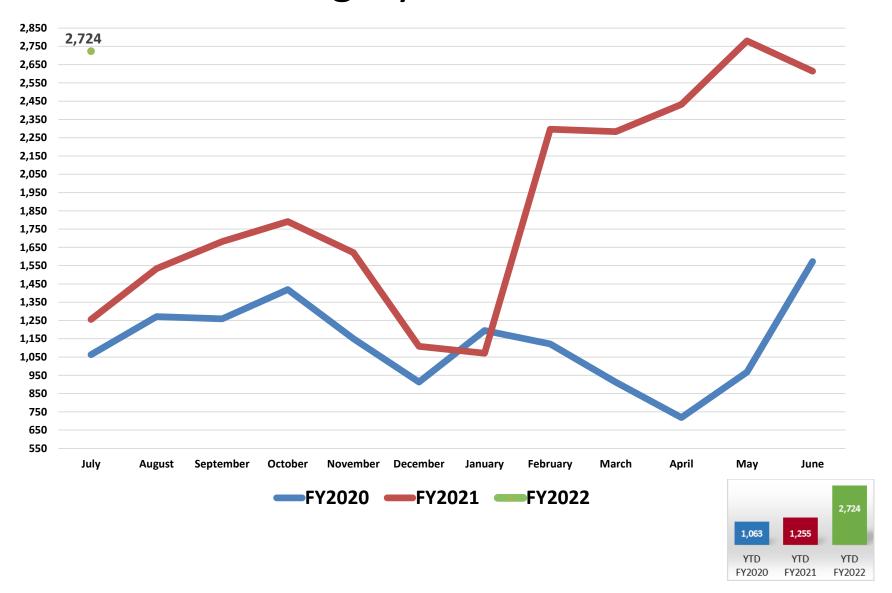
Tulare RHC - Registrations



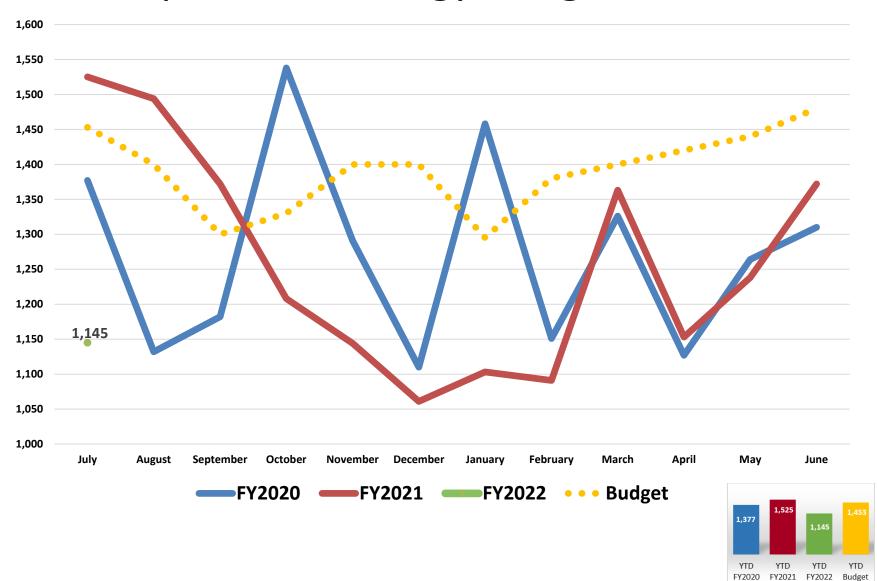
Neurosurgery Clinic - Registrations



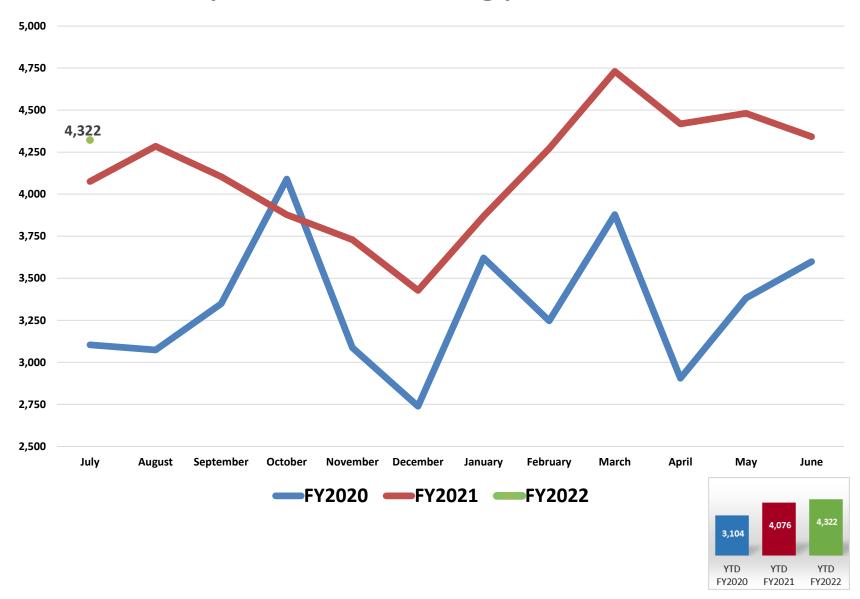
Neurosurgery Clinic - wRVU's



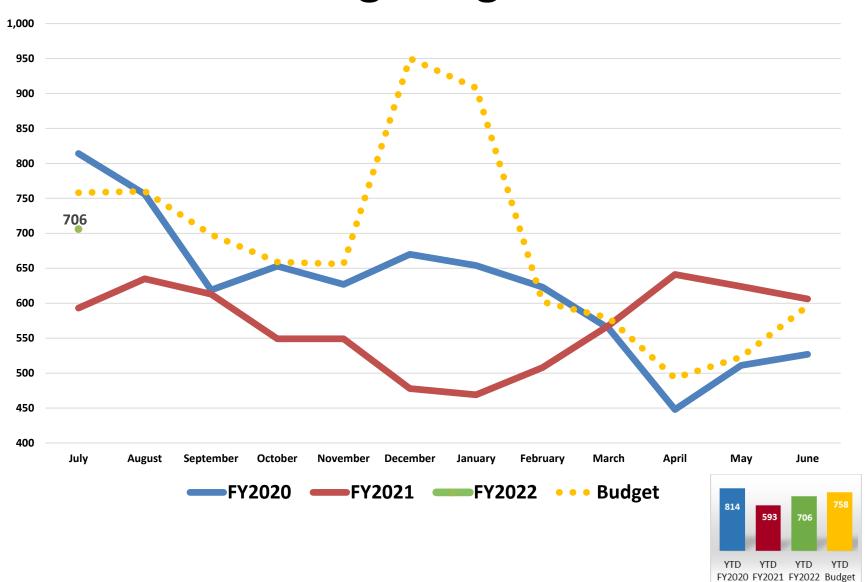
Sequoia Cardiology - Registrations



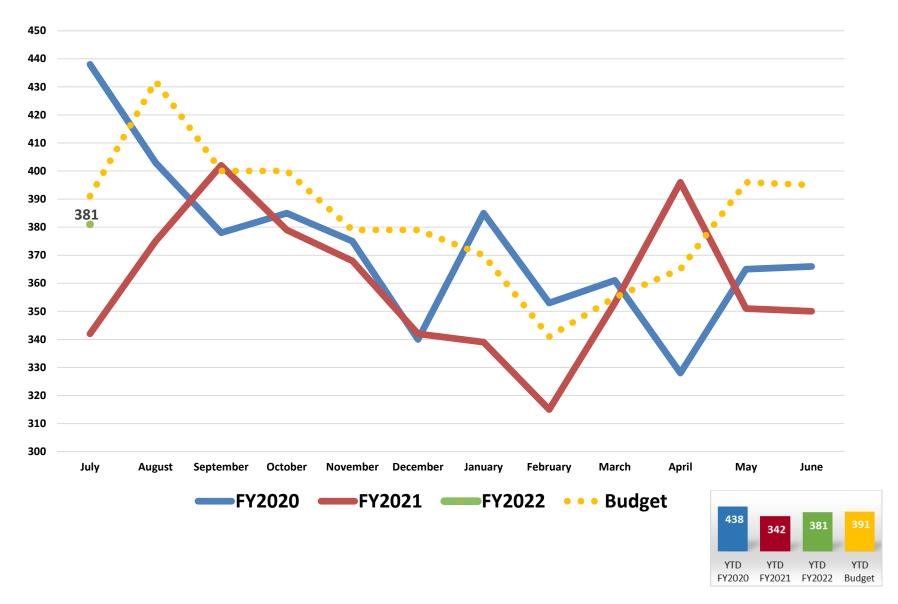
Sequoia Cardiology – wRVU's



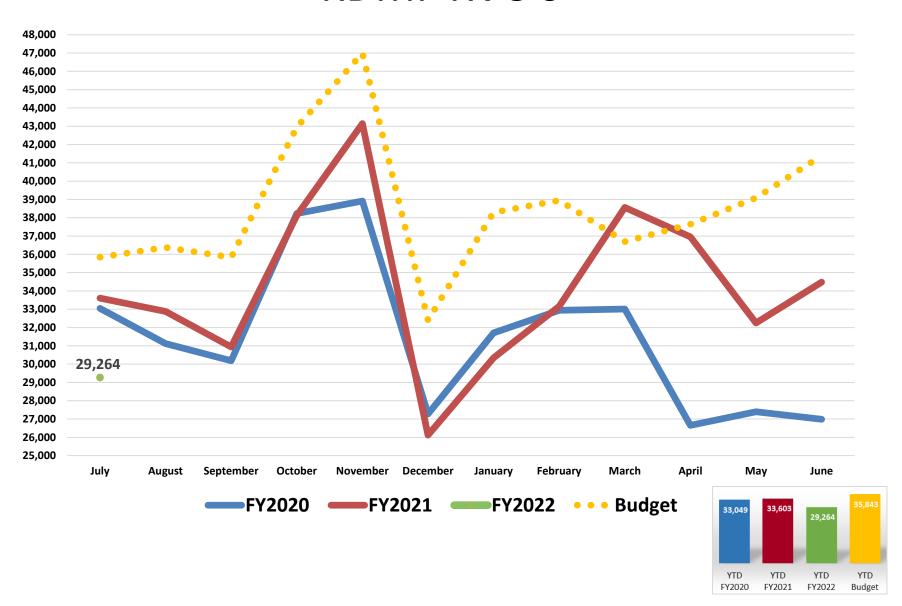
Labor Triage Registrations



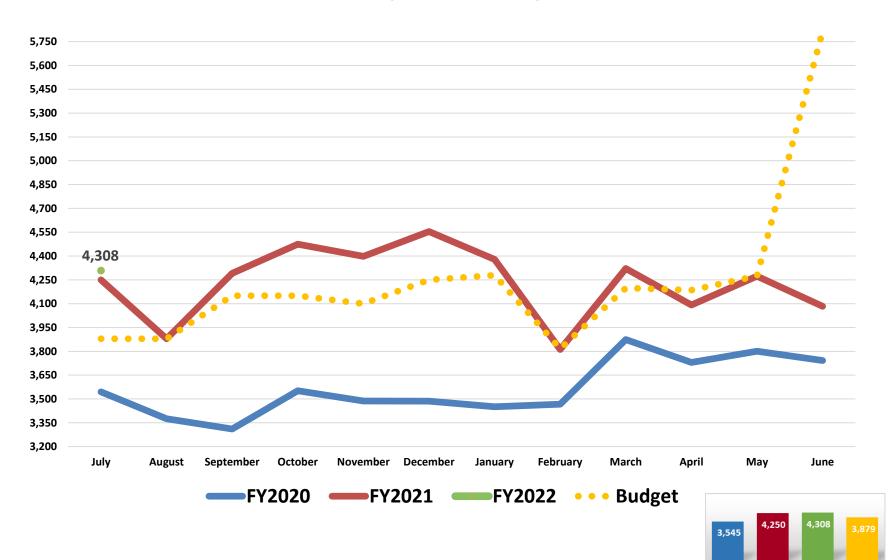
Deliveries



KDMF RVU's



Hospice Days



YTD

FY2020

YTD

FY2021

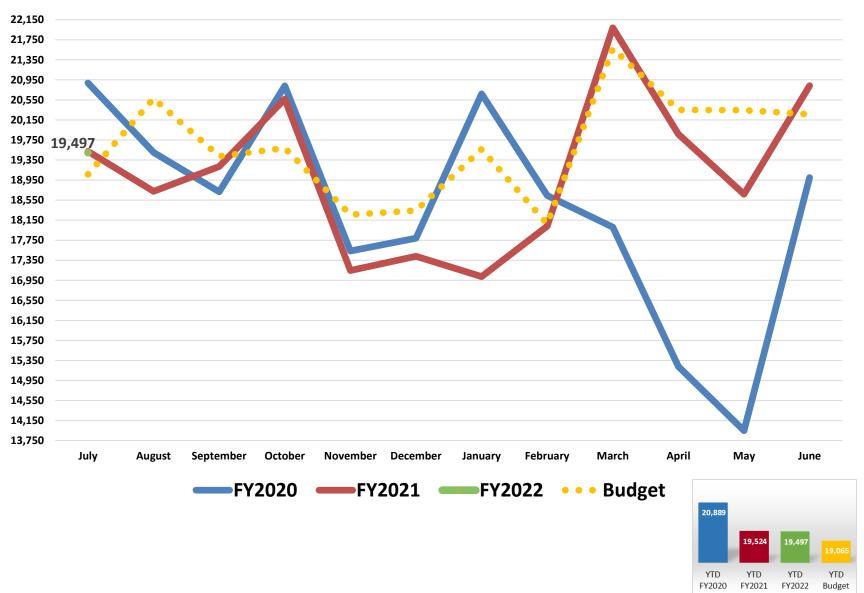
YTD

FY2022

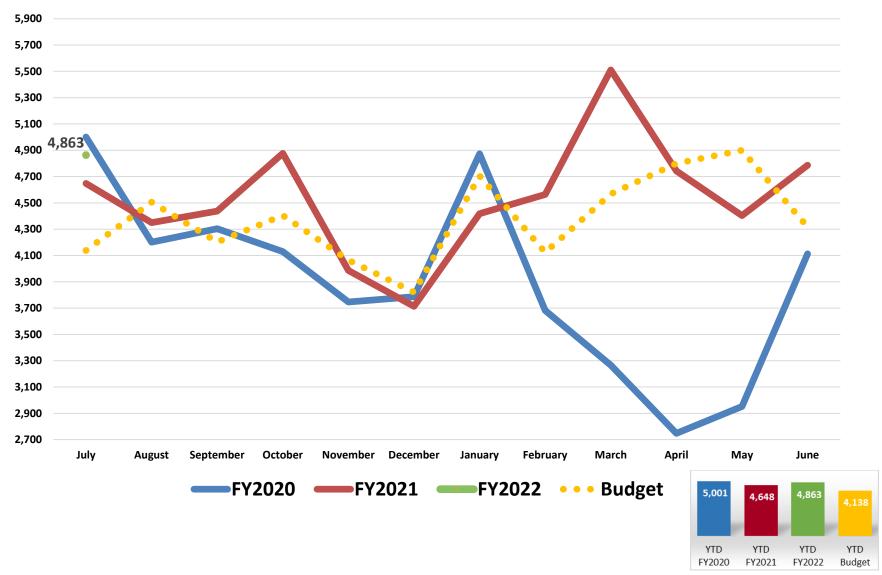
YTD

Budget

All O/P Rehab Services Across District



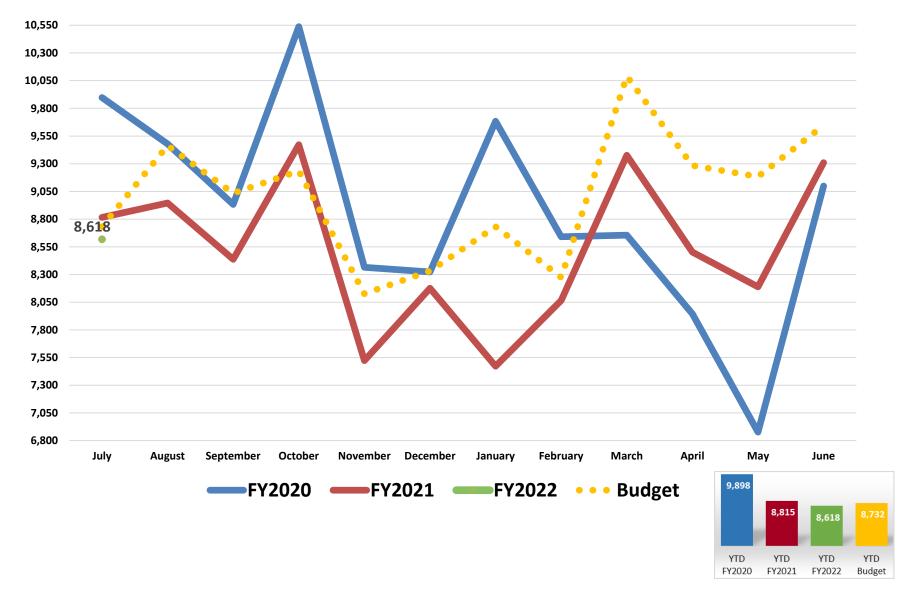
O/P Rehab Services



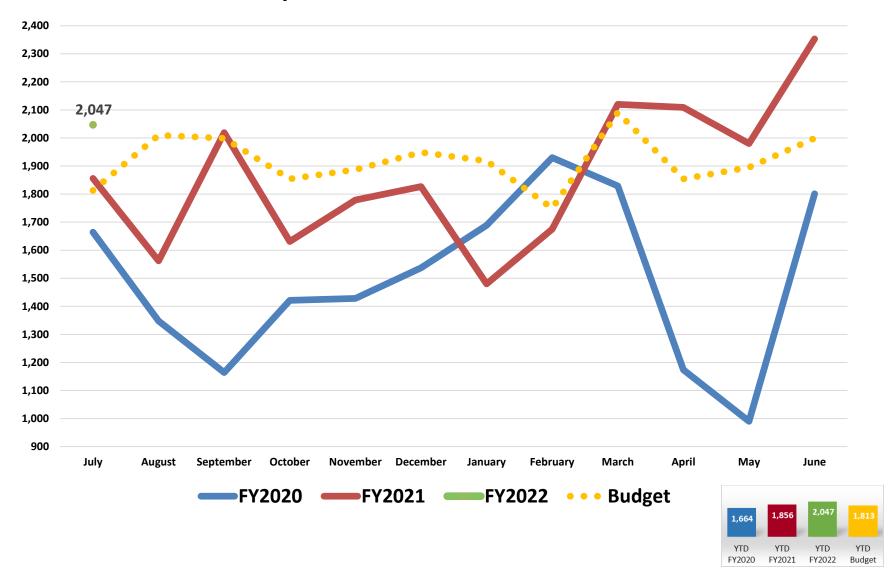
O/P Rehab - Exeter



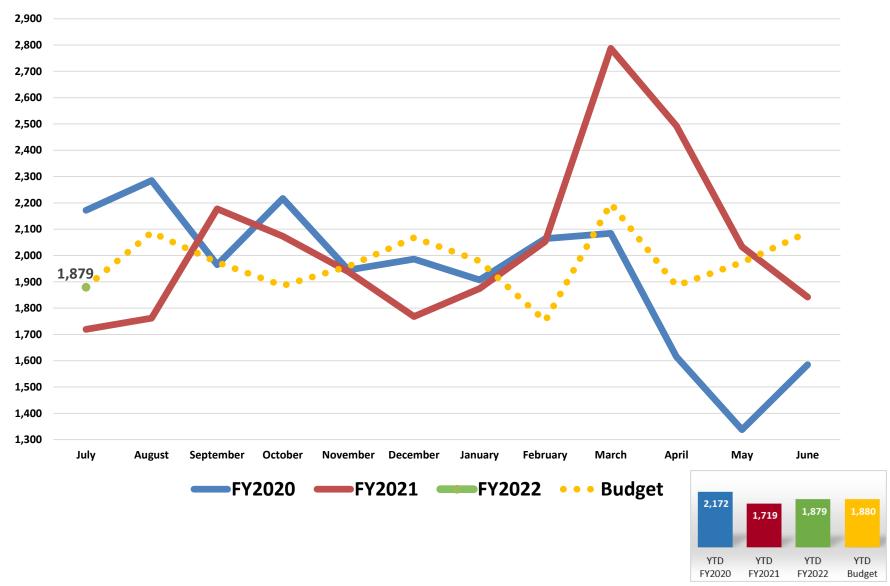
O/P Rehab - Akers



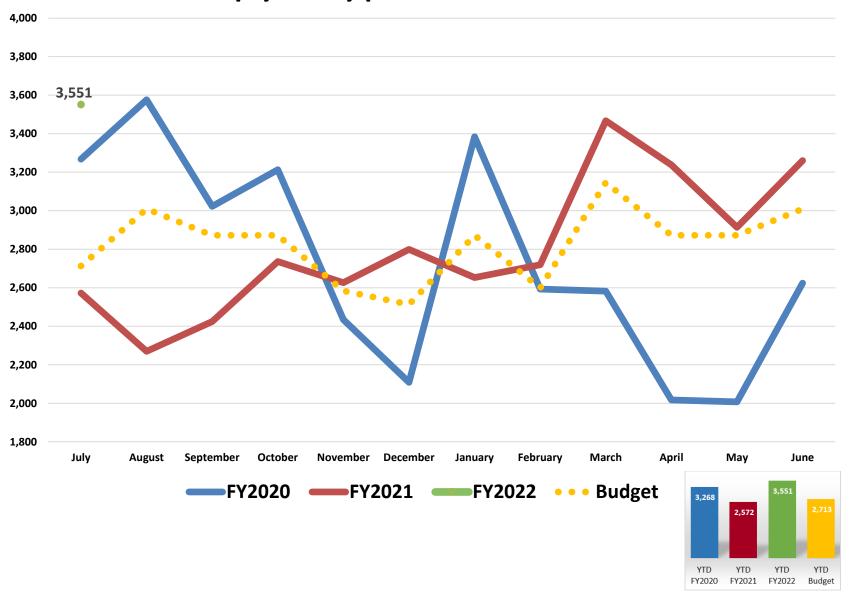
O/P Rehab - LLOPT



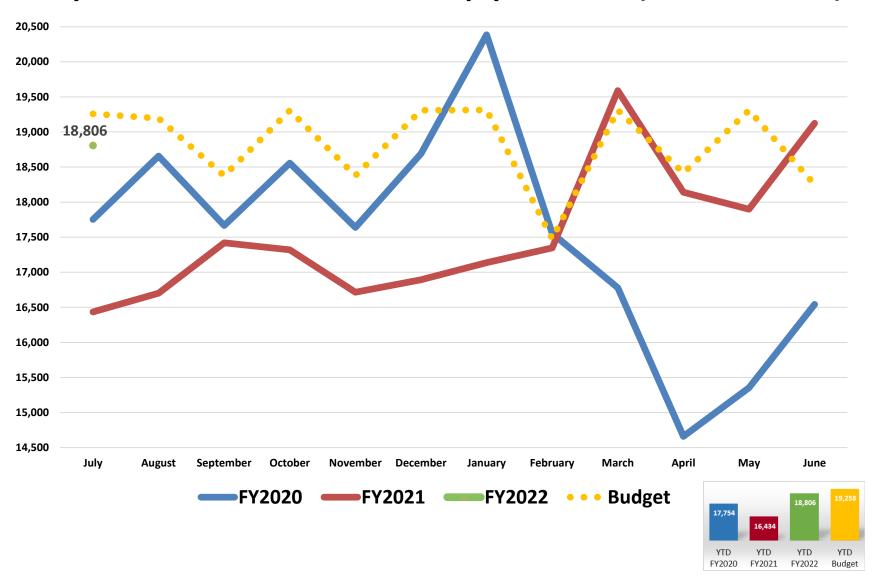
O/P Rehab - Dinuba



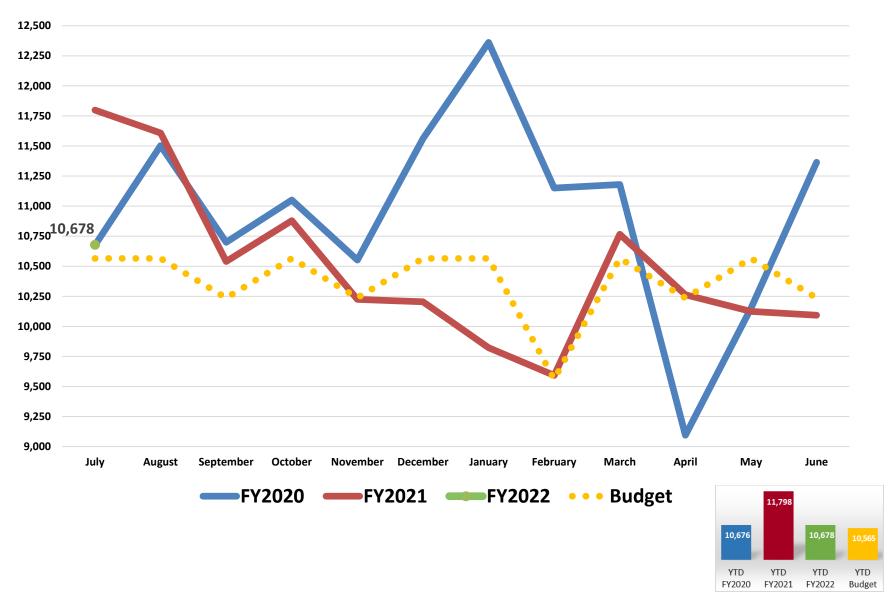
Therapy - Cypress Hand Center



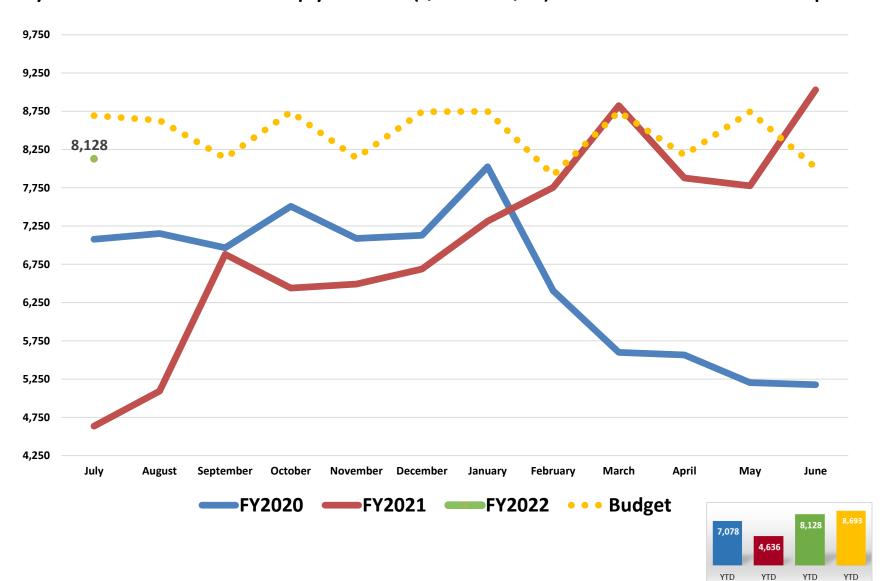
Physical & Other Therapy Units (I/P & O/P)



Physical & Other Therapy Units (I/P & O/P)-Main Campus



Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



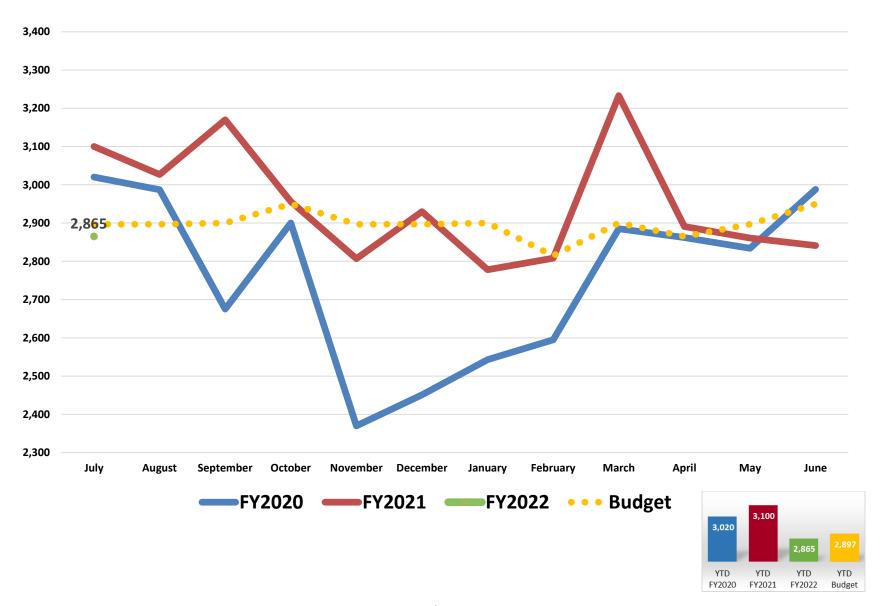
FY2020

FY2021

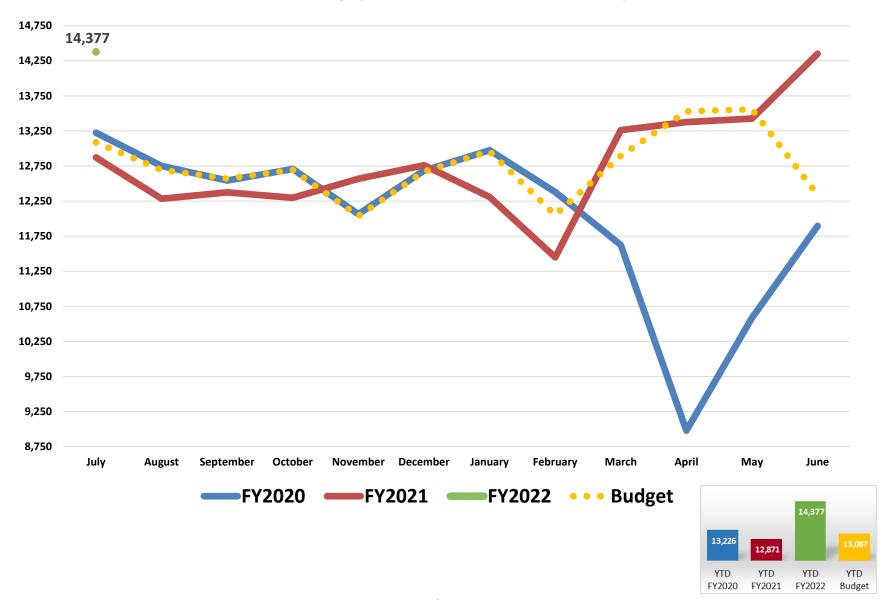
FY2022

Budget

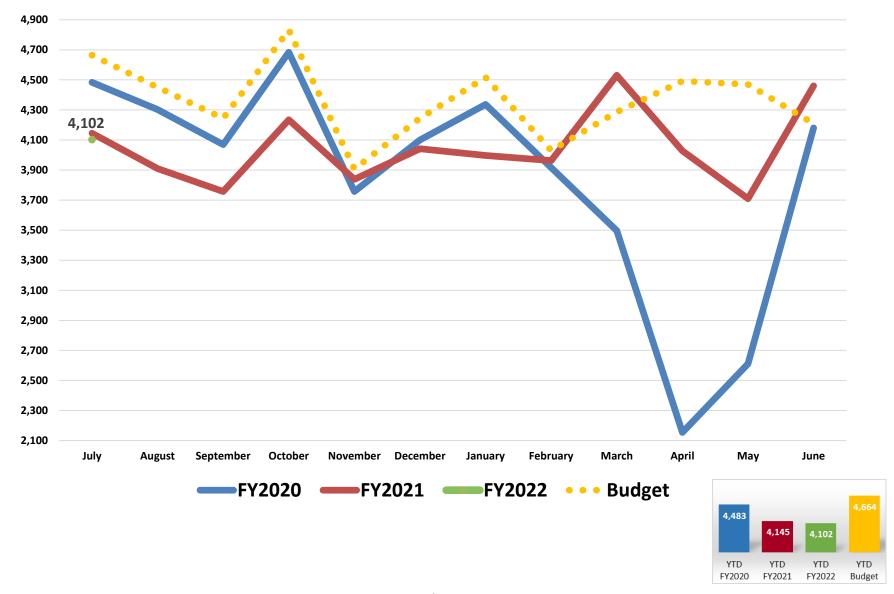
Home Health Visits



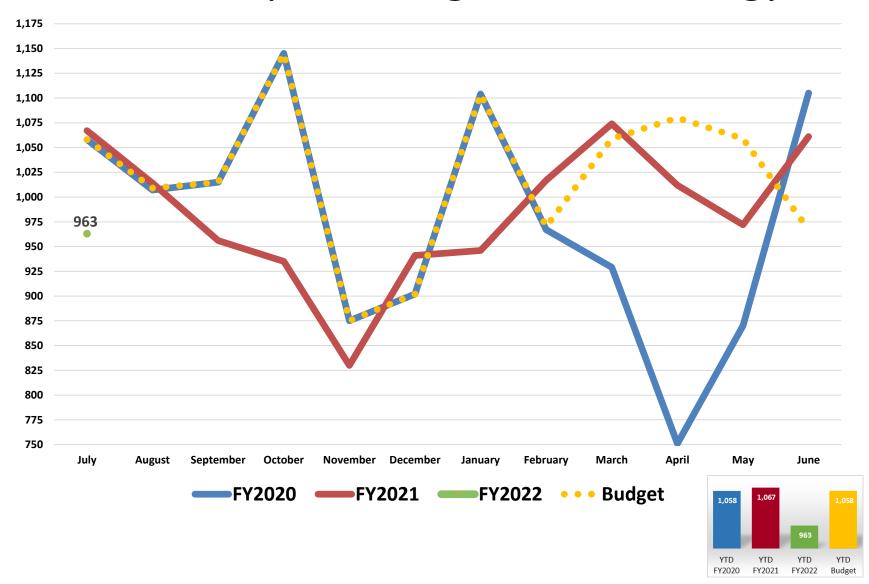
Radiology – Main Campus



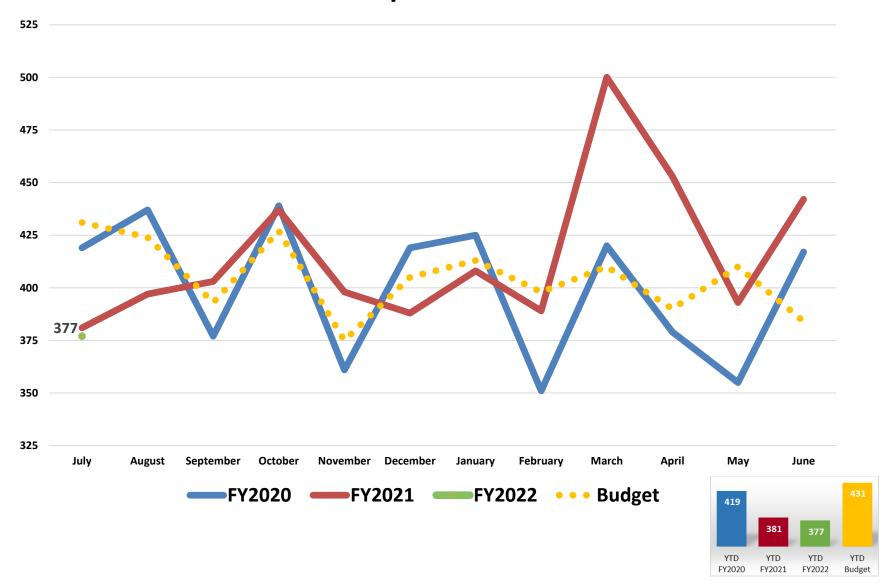
Radiology – West Campus Imaging



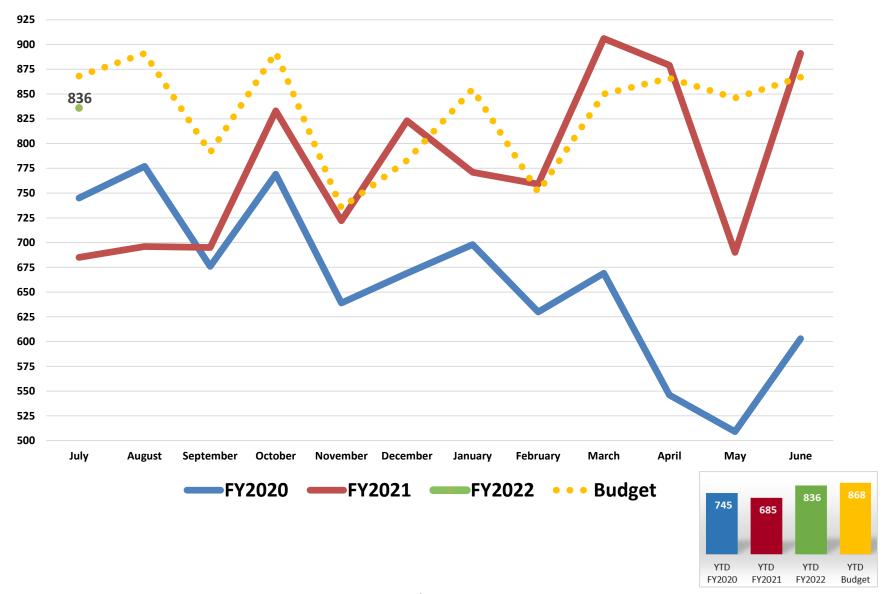
West Campus – Diagnostic Radiology



West Campus – CT Scan



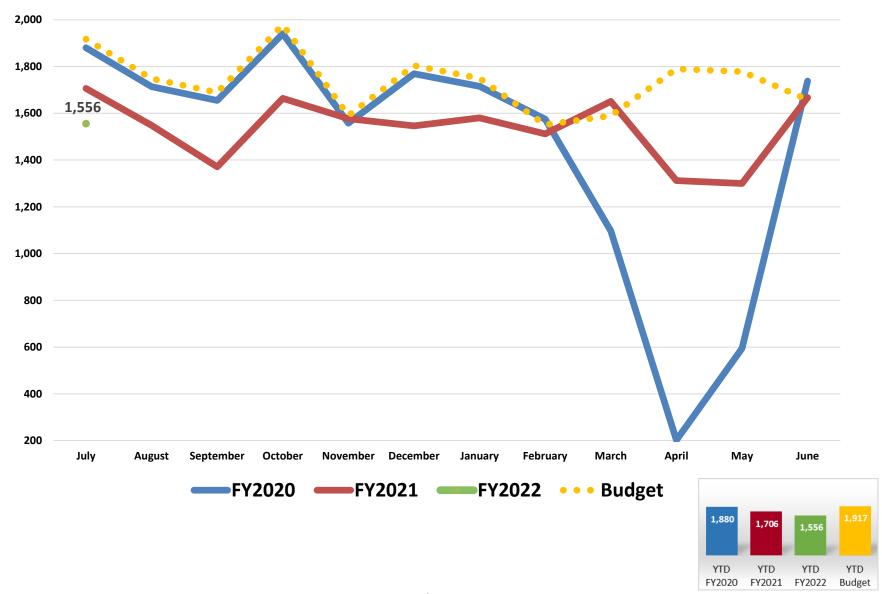
West Campus - Ultrasound



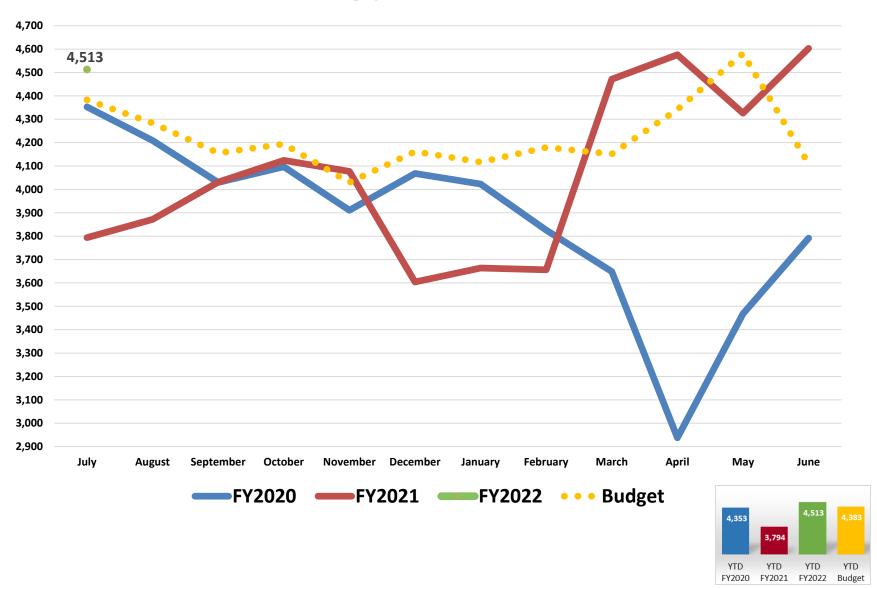
West Campus - MRI



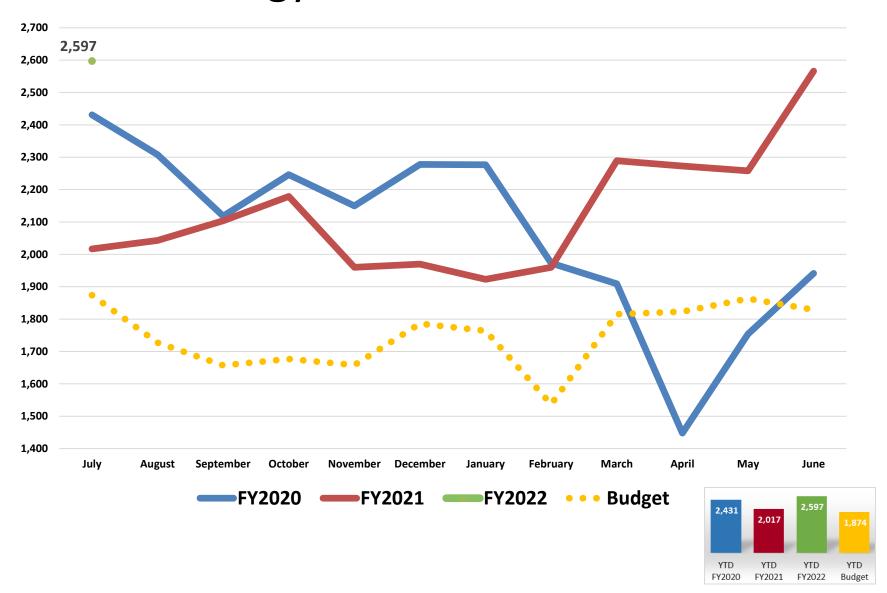
West Campus – Breast Center



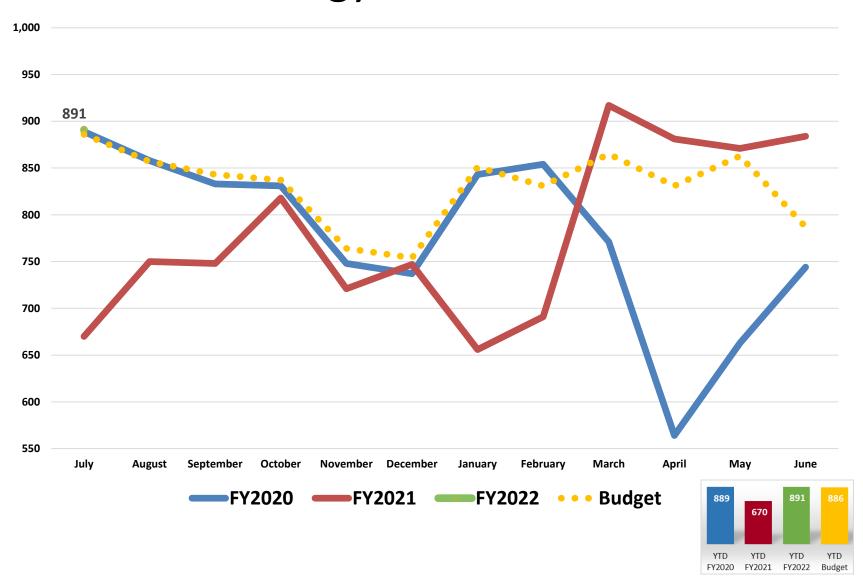
Radiology all areas – CT



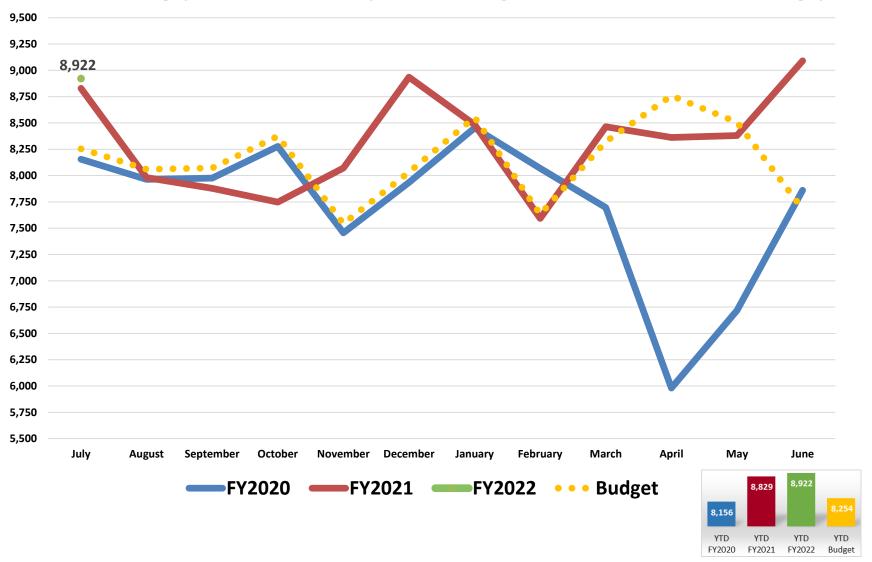
Radiology all areas – Ultrasound



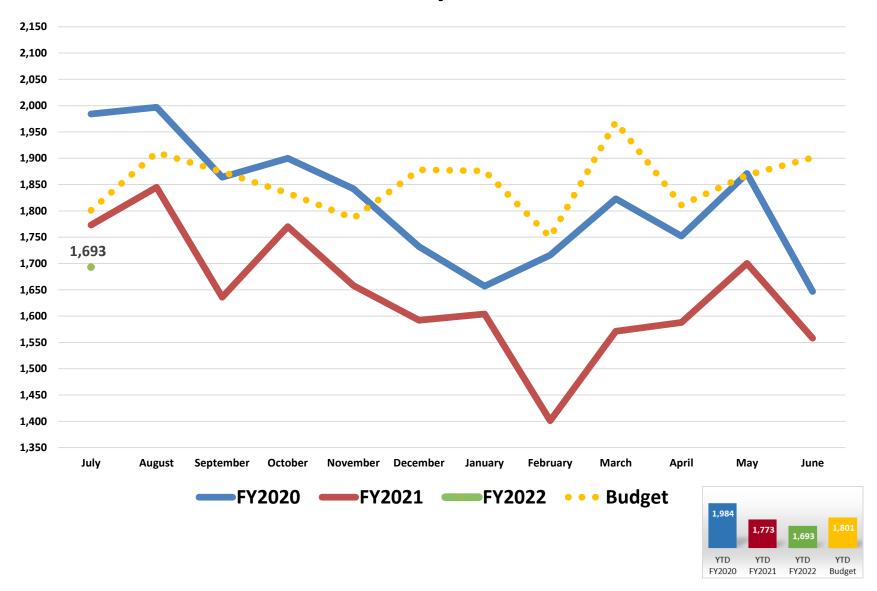
Radiology all areas – MRI



Radiology Modality – Diagnostic Radiology

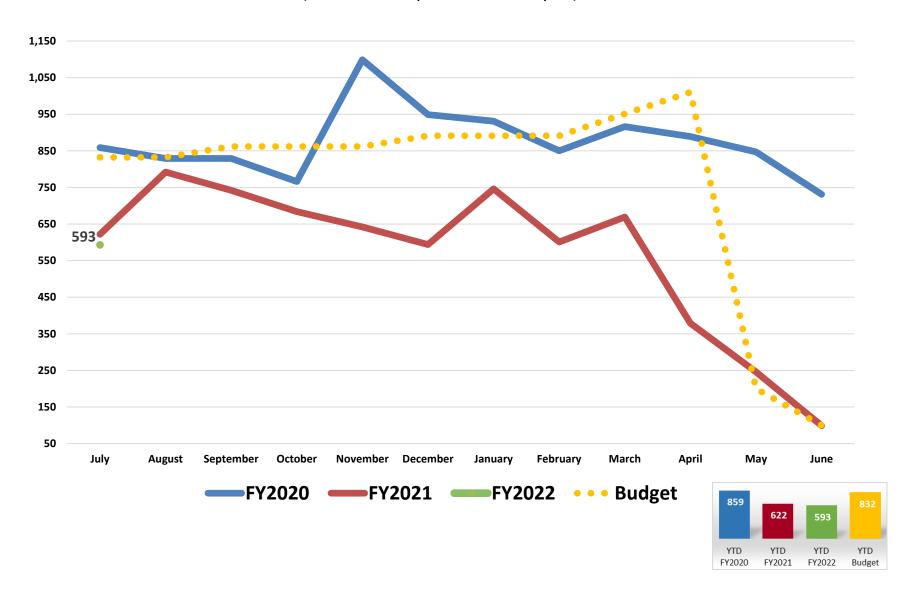


Chronic Dialysis - Visalia



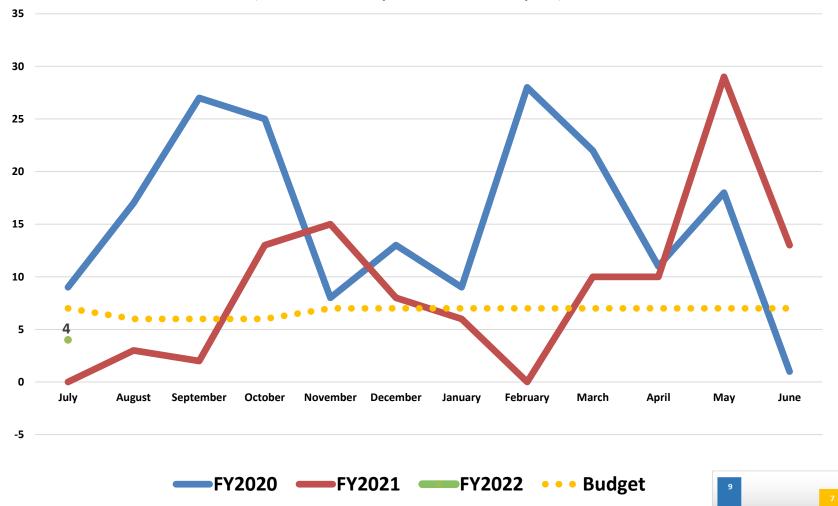
CAPD/CCPD – Maintenance Sessions

(Continuous peritoneal dialysis)



CAPD/CCPD – Training Sessions

(Continuous peritoneal dialysis)



FY2020

FY2021

FY2022

Infusion Center – Outpatient Visits

