



October 22, 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 October 25, 2021 beginning at 4:00PM in open session followed by a closed session beginning at 4:01PM pursuant to Government Code 54956.9(d)(1), 54956.9(d)(2) and Health and Safety Code 1461 and 32155 followed by an open session at 5:00PM.

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@kaweahhealth.org, or on the Kaweah Delta Health Care District web page <http://www.kaweahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT
Garth Gipson, Secretary/Treasurer

A handwritten signature in black ink that reads "Cindy Moccio". The signature is written in a cursive, flowing style.

Cindy Moccio
Board Clerk / Executive Assistant to CEO

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Legal Counsel
Executive Team
Chief of Staff
www.kaweahhealth.org



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

Sequoia Regional Cancer Center - Maynard Fought Conference Room
4945 W. Cypress Avenue

Monday October 25, 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** – Existing Litigation – Pursuant to Government Code 54956.9(d)(1) – *Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*
 - A. Edison v. Barcenas: Case # VCU265419
 - B. Martinez (Santillan) v. KDHCD Case # VCU279163
 - C. Richards v KDHCD Case # VCU280708
 - D. Foster v KDHCD Case # 280726
 - E. Stalcup v KDHCD Case # 284918
 - F. Stanger v Visalia Medical Center Case # VCU284760
 - G. Taylor v KDHCD Case # VCU285079
 - H. Dunlap v KDHCD Case # VCU285988
 - I. Price v. KDHCD Case # VCU287060
 - J. Rocha v. KDCHD Case # VCU288014
 - K. Serrins v. KDHCD Case # VCU287823
 - L. Shipman v. KDHCD Case # VCU287291

*Mike Olmos – Zone I
Board Member*

*Lynn Havard Mirviss – Zone II
Vice President*

*Garth Gipson – Zone III
Secretary/Treasurer*

*David Francis – Zone IV
President*

*Ambar Rodriguez – Zone V
Board Member*

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- 4.2. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 3 Cases - *Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*
- 4.3. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee —*Evelyn McEntire, Director of Risk Management*
- 4.4. **Conference with Legal Counsel** – Existing Litigation – Pursuant to Government Code 54956.9(d)(1) Kaweah Delta Health Care District vs. Xavier Becerra: Case # 1:21-at-00921– *Rachele Berglund, Legal Counsel*
- 4.5. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case – *Rachele Berglund, Legal Counsel*
- 4.6. **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*
- 4.7. **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*
- 4.8. **Approval of the closed meeting minutes** – September 27, 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 October 25, 2021 closed meeting agenda.

5. ADJOURN

CLOSED MEETING AGENDA {4:01PM}

1. CALL TO ORDER

2. CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION – Pursuant to Government Code 54956.9(d)(1)

Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management

- 2.1. Edison v. Barcnas: Case # VCU265419
- 2.2. Martinez (Santillan) v. KDHCD Case # VCU279163
- 2.3. Richards v KDHCD Case # VCU280708
- 2.4. Foster v KDHCD Case # 280726
- 2.5. Stalcup v KDHCD Case # 284918
- 2.6. Stanger v Visalia Medical Center Case # VCU284760
- 2.7. Taylor v KDHCD Case # VCU285079
- 2.8. Dunlap v KDHCD Case # VCU285988

- 2.9. Price v. KDHCD Case # VCU287060
- 2.10. Rocha v. KDCHD Case # VCU288014
- 2.11. Serrins v. KDHCD Case # VCU287823
- 2.12. Shipman v. KDHCD Case # VCU287291

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

Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management

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

Evelyn McEntire, Director of Risk Management

- 5. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION** – Pursuant to Government Code 54956.9(d)(1) - Kaweah Delta Health Care District vs. Xavier Becerra: Case # 1:21-at-00921.

Rachele Berglund, Legal Counsel

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

Rachele Berglund, Legal Counsel

- 7. **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

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

Monica Manga, MD Chief of Staff

- 9. **APPROVAL OF THE CLOSED MEETING MINUTES – September 27, 2021.**

Action Requested – Approval of the closed meeting minutes – September 27, 2021.

10. ADJOURN

OPEN MEETING AGENDA {5:00PM}

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@kawahhealth.org to make arrangements to address the Board.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request approval of the [September 27, 2021 open minutes](#).
Public Participation – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.
Action Requested – Approval of the open meeting minutes – September 27, 2021 open board of directors meeting minutes.
6. **INTRODUCTIONS**
 - 6.1. Frank Martin, Director of Trauma Program
7. **RECOGNITIONS** – *Mike Olmos*
 - 7.1. Presentation of Resolution 2142 to [Wendy Walters](#) in recognition as the World Class Employee of the Month recipient – October 2021
8. **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 provisional status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the MEC, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, Be it

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5/497

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.

9. CHIEF OF STAFF REPORT – Report relative to current Medical Staff events and issues.

Monica Manga , MD Chief of Staff

10. 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 October 25, 2021 Consent Calendar.

10.1. REPORTS

- A. [Neurosciences](#)
- B. [Rural Health Clinics](#)
- C. [Risk Management](#)
- D. [Medical Staff Recruitment](#)

10.2. POLICIES

- A. Administrative
 - 1) [Public Bidding on Construction Contracts – AP96 {Revised}](#)

10.3. Approval to [reject the claim](#) of Janice Hachee vs. Kaweah Health.

10.4. [Board Bylaws](#) – Approval of revision to Article V Joint Committees, Section 1, relative to the frequency of the Joint Conference Committee.

10.5. Approval of the amended Kaweah Delta Health Care District dba Kaweah Health [Conflict of Interest Code](#) to update designated employee positions added or removed to the District since adoption of the 2018 Conflict of Interest Code.

10.6. Approval of appointments, as recommended by the Kaweah Delta Health Care, Inc. dba Kaweah Health Medical Group Board, to the Kaweah Health Medical Group board effective November 1, 2021: November 1, 2021 – October 31, 2024 – Dianne Cox and Bruce Hall, MD.

10.7. Medical Executive Committee Recommendations (October 2021)

- A. [COVID-19 Testing Guidelines](#); MS.54 - Revised

11. [QUALITY – SEPSIS – Quality Focus Team Report](#) – A review of Centers for Medicare & Medicaid Services SEP-1 measure performance, outcomes and associated action plan for continuous improvement.

Sandy Volchko, DNP, RN, CLSSBB, Director of Quality and Patient Safety, and Tom Gray, MD, Medical Director of Quality and Patient Safety

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12. **QUALITY – MERP (MEDICAL ERROR REDUCTION PROGRAM)** – A review of the Medication Error Reduction Program, goals and associated action plans.

James McNulty, PharmD, Director of Pharmacy

13. **STRATEGIC PLAN**

- 13.1. Quarterly review of the Kaweah Health Strategic Plan.

Marc Mertz, Vice President & Chief Strategy Office

- 13.2. Review of request to amend the metrics for Strategic Plan Initiatives;

A. Outstanding Health Outcomes – *Doug Leeper*

B. Empower Through Education – *Dianne Cox & Amy Shaver*

C. Ideal Work Environment – *Dan Allain & Raleen Larez*

Marc Mertz, Vice President & Chief Strategy Officer, Doug Leeper, Vice President & Chief Information Officer, Dianne Cox, VP & Chief Human Resources Officer, Amy Shaver, Director of Graduate Medical Education, Dan Allain, Vice President Cardiac & Surgical Services and Raleen Larez, Director of Employee Relations/Engagements & Employee Health Services

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 revised Strategic Plan amending the metrics for the Outstanding Health Outcomes, Empower Through Education, and Ideal Work Environment initiatives.

- 13.3. Review of the Kaweah Health Strategic Plan Initiative – Patient and Community Experience.

Keri Noeske, Vice President & Chief Nursing Officer & Ed Largoza Director of Patient Experience

14. **FINANCIALS** – Review of the most current fiscal year financial results and budget.

Malinda Tupper – Vice President & Chief Financial Officer

15. **NORTHWEST VISALIA SENIOR HOUSING, LLC** – Request authorization for officers and agents of Kaweah Delta Health Care District dba Kaweah Health relative to planned refinancing by Northwest Visalia Senior Housing, LLC.

Marc Mertz, Vice President & Chief Strategy Officer

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

Recommended Action: To authorize the officers and agents of Kaweah Delta Health Care District dba Kaweah Health to approve and execute any and all documents necessary to accomplish the planned refinancing by Northwest Visalia Senior Housing, LLC {NVSH} of the loan(s) secured by the real property owned by NVSH.

16. [CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY ROUND 3 GRANT](#) – Review of the grant application for the Investment in Mental Health Wellness Grant Program for Children & Youth. Kaweah Health will be the co-applicant and the Tulare County Health & Human Services Agency will serve as the lead applicant.

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: To authorize the officers and agents of Kaweah Delta Health Care District dba Kaweah Health to approve and execute any and all documents necessary to submit the grant application to the California Health Facilities Financing Authority for the Investment in Mental Health Wellness Grant Program in an amount not to exceed \$4,932,779 to specifically address a continuum of crisis services for children and youth, 21 years of age and under. This authorization is contingent upon Kaweah Health receiving an irrevocable agreement from the County of Tulare to provide annual funds to sustain the CSU.

17. REPORTS

- 17.1. Chief Executive Officer Report - Report relative to current events and issues.
Gary Herbst, Chief Executive Officer
- 17.2. Board President - Report relative to current events and issues.
David Francis, Board President

18. 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.

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MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY SEPTEMBER 27, 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 4:00PM by Director Francis.

Director Francis entertained a motion to approve the agenda.

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

PUBLIC PARTICIPATION – none

APPROVAL OF THE CLOSED AGENDA – 4:01PM

- **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*
- **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** – August 23, 2021 and September 17, 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 4:01PM

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 SEPTEMBER 27, 2021, AT 4:30PM, 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. Bath, 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 4:30pm 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 August 23, 2001 and September 17, 2021.

OPEN MINUTES – Request approval of the meeting minutes August 23, 2001 and September 17, 2021 open minutes.

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

MMSC (Havard Mirviss/Gipson) Approval of the open meeting August 23, 2001 and September 17, 2021 open minutes. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

RECOGNITIONS – Introduction of William Kennedy, Director of Patient Navigation and presentation of Resolution 2141 to Alice Vega in recognition as the World Class Employee of the Month recipient – September 2021.

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

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

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

MMSC (Havard Mirviss/Rodriguez) Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for

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

CHIEF OF STAFF REPORT – Report from Monica Manga, MD – Vice Chief of Staff (copy attached to the original of these minutes and considered a part thereof).

- No Report.

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

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

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

QUALITY CARDIOLOGY SERVICES – A review of key quality indicators and action through the American College of Cardiology (ACC) Data Registry (copy attached to the original of these minutes and considered a part thereof) - *Ashok Verma, MD, Medical Director Cardiac Cath Lab*

QUALITY – DIVERSION PREVENTION COMMITTEE – Review of current initiatives and measures related to the prevention of medication diversion (copy attached to the original of these minutes and considered a part thereof) - *Keri Noeske, DNP, Vice President & Chief Nursing Officer*

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*

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

- Current COVID numbers are slowly declining, the Medical Center continues to be at or above 100% occupancy.
- Community General Obligation Bond educational meeting will begin October 11th
The Board members (limit 2 per meeting) are invited to attend.

- Seismic compliance proposal that was to be incorporated into the State budget - the legislature did not let it advance and it was not signed by the Governor, looks like we are back at the drawing board.

BOARD PRESIDENT REPORT – Report from David Francis, Board President

- Director Francis noted that Kaweah Delta Health Care District is aware that they will need to evaluate its current district zones after reviewing the 2020 census information which will be released at the end of September 2021. The next District election is scheduled in November 2022, the deadline for the final map to be submitted is mid April-2022.

ADJOURN - Meeting was adjourned at 6:55PM

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 2142

WHEREAS, Kaweah Delta Health Care District dba Kaweah Health recognizes Wendy Walters, with the World Class Employee of the Month Award – October 2021 for consistent outstanding performance and,

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

WHEREAS, Wendy 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 Wendy Walters for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.

PASSED AND APPROVED this 25th day of October 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**

Wendy Walters, just been recognized by, Sonia Duran-Aguilar on 9/29/2021

Comments: Wendy has worked at Kaweah Health as a Community Care Coordinator since December 2009. Prior to working at Kaweah Health, Wendy worked at Tulare County. What stands out with Wendy is her personality, presence and her love of helping her co-workers but most of all, her patients. As a Team Lead, Wendy supports the Population Health Manager and the Health Homes Team, comprised of 16 Community Care Coordinators and 4 LVN Care Coordinators in ensuring that documentation is completed and accurate. She serves as a training resource for new employees and has a wealth of knowledge relative to community resources for our patients. Kaweah Health serves as one of three certified Community Based-Care Management Entities in Tulare County for the Health Homes Program, which will become a new permanent benefit, termed Enhanced Care Management, beginning January 1, 2022. Patients with multiple medical and social conditions are identified and enrolled into the program. The goal, to improve the patient's quality of life, access to care, reduce unnecessary utilization and empower patient and their families to become more involved in taking care of their health conditions. Patients come into this program with the usual, which may include diabetes, high blood pressure, COPD, heart failure, kidney failure, behavioral health conditions and the list can go on. The entire team of Community Care Coordinators and LVN care Coordinators are committed to connecting these patients with available resources in our community to help them address housing and food insecurities, transportation barriers, and social isolation to name a few. Wendy carries out her duties day-in and day-out and routinely goes above-and-beyond for her patients. Most recently, one of her Health Homes Patients, a 35-year old patient, with liver failure, was referred to UCSF Health Transplant Services and was recently admitted for an expedited liver transplant. Given the patient's history of Alcohol Use Disorder, the transplant team was not very confident the patient would receive a transplant and often times it takes multiple submissions to the insurance company to obtain authorization. Learning of this, however, the family notified the transplant team that the patient had a Community Care Coordinator, Wendy, at Kaweah Health that had been working with the patient for some time. Wendy made contact with UCSF and in true Wendy fashion asked "how can I help.?" The rest is history. Wendy was asked to put together a letter for the insurance company noting how the patient had been working on his sobriety and once transplanted, she would continue to support him in attending required sobriety support groups. Wendy provided the letter within 3 hours, which she drafted in between managing other patient cases. The patient received authorization to move forward with the liver transplant the following day and received his liver transplant on 8/29/21. Per the UCSF team, this was the fastest authorization turn around (from Medi-Cal) they had ever received and they credit Wendy's letter in obtaining it. We received the attached letter, from the UCSF Clinical Transplant Unit team, thanking Wendy for her involvement in expediting authorization for the liver transplant that occurred earlier last week. Wendy clearly embodies our Mission: Health is our Passion. Excellence is our focus. Compassion is our promise. This letter from UCSF Health is just one example, there are too many to note, of why we are pleased to nominate Wendy Walters for Employee of the Month. Sincerely, Crystal Ortiz, Population Health Manager Sonia Duran-Aguilar, Director of Population Health Ryan Gates, VP of Population Health

REPORT TO THE BOARD OF DIRECTORS

Neurosurgery

Tracy M. Salsa RN, Director of Cardiovascular Service Line, Neuroscience Center & Specialty Clinic

Contact Number: 559-624-4919 (office) or 909-226-3621 (mobile)

Dr. Joseph Chen, Medical Director

Board Meeting: October 25, 2021

Summary Issue/Service Considered

The Neurosurgery program, in partnership with Center Neurorestoration Associates (CNA), has been operating for three years growing each year in number of surgeries performed and patients treated. This service line provides neurosurgery access and coverage to patients who present to the emergency room, inpatient consultations, and outpatient consultations, primarily through Primary Care Provider referrals. There are nine neurosurgeons who provide 24-hour call coverage, including emergency on-call services. Our outpatient Neuroscience Center provides consultative and follow-up care to patients 5 days a week. Elective surgeries are performed several days a week with 25-30 hours of OR block time dedicated to neurosurgeries. Dr. Joseph Chen, our Medical Director, also performs Stereotactic Radiation Surgery at Sequoia Regional Cancer Center (SRCC).

Quality/Performance Improvement Data

The Neurosurgery/Neuroscience Teams are currently working on several key initiatives:

*Outpatient referral processing time under 4 business days met 95% of the time (this metric changed from completion within 5 calendar days due to meeting that metric 100%); 98% new patients are scheduled within 2 weeks of completed referral (up from ~90% in FY20; outliers are due to neurosurgeon availability and/or due to a particular neurosurgeon request and/or certain diagnosis); outpatient clinic volume has decreased 19.5% (2726 visits from 3318 visits in FY20) from previous year

*Total neurosurgical cases (inpatient and outpatient) decreased from 387 to 351, a decrease of 9.8% from FY20; outpatient cases decreased from 57 to 47, a decrease of 19% from FY20; surgical site infection (SSI) rate is 0%

*Neurosurgery program supports the efforts in providing quality outcomes to achieve Blue Distinction designation for spine surgery

*Neurosurgeons continue to be active participants in our graduate medical education program by mentoring residents

Policy, Strategic or Tactical Issues

Several key points:

- *CNA successfully recruited one neurosurgeon to add to their neurosurgeon group
- *Actively working with marketing department on several activities including a case study of a young man who had successful neurosurgical intervention (will be highlighted in the next Vital Signs magazine)
- *Virtual Wellness Chat featuring Dr. Joseph Chen & Dr. Bryan Oh on Neuro Spine Procedures; next Virtual Wellness Chat in December with topic & neurosurgeon(s) TBD
- *Dr. Chen, along with Neuroscience Center's Specialty Practice Manager and KH Physician Liaison, conducting marketing activities on a bi-weekly basis to establish relationships, answer service & referral questions, and provide education about KH's neurosurgery program
- *Workflow established to audit inpatient charges for consults & follow-up visits to ensure complete revenue/billing capture; this has proven extremely successful with correct capture of charges
- *Developed several relationships with VMC physicians to decrease out-migration of referrals; continued relationship development with the neurosurgeon team and other community physicians
- *Provide neurosurgical services in KH Rural Health Clinics (RHCs) [launched October 2021 in Exeter clinic]

Recommendations/Next Steps

- *Inpatient represents a strong contribution margin which off-sets contribution loss in the outpatient clinic setting; goal for this FY was to increase elective outpatient surgeries however, due to the pandemic, elective cases are down but this remains a focus for FY22 with hope of OR restrictions remaining low
- *Continued focus on clinic operations – flexing staff schedule to match patient volume and maximize neurosurgeon time when in clinic; this FY continues showing progress in the clinic with a 32% reduction in direct costs (down \$390,471 from FY20) and a 44% increase in contribution margin; also making positive strides to improving the overall clinic financials which has provided an improved fiscal picture for the service line
- *Navigate restricted access to community physicians due to current pandemic – utilize technology for educational offerings, meetings with referring physicians, and case studies to increase community provider exposure to this highly talented neurosurgical team
- *Operationalize neurosurgical service line in RHCs (launched October 2021 in Exeter clinic); starting with three neurosurgeons with RHC payor credentialing with plan to add an additional two more

Approvals/Conclusions

Our continued partnership with CNA shows the dedication this neurosurgical group has to Kaweah Delta and our community. The high level of service, from a surgical and patient care standpoint, along with demonstrated excellent outcomes, aligns with our organizational values and mission. Efforts are focused on increasing awareness of the

services this specialized surgery group provides thus increasing volume to this service line, resulting in increased clinic visits and elective surgeries. Another focus is maximizing scheduling and coverage to meet the demands of emergency/critical neurosurgical patients and increasing transfer acceptance. Continued focus on quality metrics, daily assessment of clinic productivity reports to improve efficiency in the outpatient setting, and marketing strategies to increase community awareness of our neurosurgical program.

KAWEAH HEALTH ANNUAL BOARD REPORT

Neuroscience Services - Summary

FY2021

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



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

METRICS BY SERVICE LINE - FY 2021

SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Neuro Inpatient Surgery	304	\$12,507,098	\$10,083,721	\$2,423,377	(\$123,495)
Neuro Outpatient Surgery	47	\$354,460	\$556,756	(\$202,296)	(\$320,666)
Neuro Outpatient Clinic	2,726	\$330,326	\$845,617	(\$515,291)	(\$598,149)
Neurosciences Total	3,077	\$13,191,884	\$11,486,094	\$1,705,790	(\$1,042,310)

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	386	3,049	3,700	3,077	▼ -17%	
Net Revenue	\$6,312,368	\$10,562,838	\$12,584,706	\$13,191,884	▲ 5%	
Direct Cost	\$5,970,145	\$10,360,353	\$12,192,254	\$11,486,094	▼ -6%	
Contribution Margin	\$342,223	\$202,485	\$392,452	\$1,705,790	▲ 335%	
Indirect Cost	\$1,420,905	\$2,194,626	\$3,089,937	\$2,748,100	▼ -11%	
Net Income	(\$1,078,682)	(\$1,992,141)	(\$2,697,485)	(\$1,042,310)	▲ 61%	
Net Revenue Per Case	\$16,353	\$3,464	\$3,401	\$4,287	▲ 26%	
Direct Cost Per Case	\$15,467	\$3,398	\$3,295	\$3,733	▲ 13%	
Contrb Margin Per Case	\$887	\$66	\$106	\$554	▲ 423%	

GRAPHS



Source: Inpatient and Outpatient Service Line Reports
 Criteria: Service Line Reporting - Combined Inpatient and Outpatient
 Criteria: Inpatient (Neurological Surgery), Service Line= O/P Surgery and Surgeon Specialty = Neurological Surgery
 & Service Line = Neurosurgery Clinic

KAWEAH HEALTH ANNUAL BOARD REPORT

Neuroscience Services - Inpatient Neurosurgeon Cases

FY2021

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



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

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	173	320	327	304	-7%	
Patient Days	1,602	1,984	2,381	2,586	9%	
ALOS	9.26	6.20	7.28	8.51	17%	
GM LOS	4.80	4.27	4.71	4.82	2%	
Net Revenue	\$6,245,427	\$10,064,069	\$11,841,158	\$12,507,098	6%	
Direct Cost	\$5,885,641	\$8,576,397	\$10,080,797	\$10,083,721	0%	
Contribution Margin	\$359,786	\$1,487,672	\$1,760,361	\$2,423,377	38%	
Indirect Cost	\$1,404,148	\$2,014,979	\$2,761,412	\$2,546,872	-8%	
Net Income	(\$1,044,362)	(\$527,307)	(\$1,001,051)	(\$123,495)	88%	
Net Revenue Per Case	\$36,101	\$31,450	\$36,211	\$41,142	14%	
Direct Cost Per Case	\$34,021	\$26,801	\$30,828	\$33,170	8%	
Contrb Margin Per Case	\$2,080	\$4,649	\$5,383	\$7,972	48%	
Opportunity Days	4.46	1.93	2.57	3.69	44%	

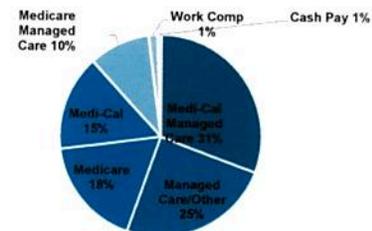
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND

PAYER	FY2018	FY2019	FY2020	FY2021
Medi-Cal Managed Care	17%	28%	31%	31%
Managed Care/Other	28%	21%	18%	25%
Medicare	35%	30%	28%	18%
Medi-Cal	7%	8%	9%	15%
Medicare Managed Care	9%	9%	11%	10%
Work Comp	2%	3%	2%	1%
Cash Pay	1%	1%	0%	1%

FY 2021 PAYER MIX



Notes:
 Source: Inpatient Service Line Report
 Selection Criteria: Surgeon Speciality - Neurological Surgery

KAWEAH HEALTH ANNUAL BOARD REPORT

Neuroscience Services - Outpatient Neurosurgeon Cases

FY2021

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



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

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	12	45	57	47	▼ -18%	
Net Revenue	\$50,741	\$273,968	\$433,270	\$354,460	▼ -18%	
Direct Cost	\$84,412	\$574,014	\$875,369	\$556,756	▼ -36%	
Contribution Margin	(\$33,671)	(\$300,046)	(\$442,099)	(\$202,296)	▲ 54%	
Indirect Cost	\$16,696	\$88,703	\$145,394	\$118,370	▼ -19%	
Net Income	(\$50,367)	(\$388,749)	(\$587,493)	(\$320,666)	▲ 45%	
Net Revenue Per Case	\$4,228	\$6,088	\$7,601	\$7,542	▼ -1%	
Direct Cost Per Case	\$7,034	\$12,756	\$15,357	\$11,846	▼ -23%	
Contrb Margin Per Case	(\$2,806)	(\$6,668)	(\$7,756)	(\$4,304)	▲ 45%	

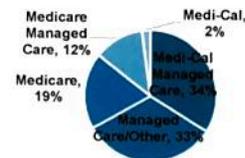
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND

PAYER	FY2018	FY2019	FY2020	FY2021
Medi-Cal Managed Care	46%	44%	27%	34%
Managed Care/Other	44%	26%	26%	33%
Medicare	8%	21%	27%	19%
Medicare Managed Care	3%	4%	21%	12%
Medi-Cal	0%	5%	0%	2%

FY 2021 PAYER MIX



Notes:
 Source: Outpatient Service Line Reports
 Selection Criteria: Surgeon Speciality - Neurological Surgery

KAWEAH HEALTH ANNUAL BOARD REPORT
Neuroscience Services - Outpatient Neurosurgery Clinic

FY2021

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



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

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	201	2,684	3,316	2,726	▼ -18%	
Net Revenue	\$16,200	\$224,801	\$310,278	\$330,326	▲ 6%	
Direct Cost	\$92	\$1,209,942	\$1,236,088	\$845,617	▼ -32%	
Contribution Margin	\$16,108	(\$985,141)	(\$925,810)	(\$515,291)	▲ 44%	
Indirect Cost	\$61	\$90,944	\$183,131	\$82,858	▼ -55%	
Net Income	\$16,047	(\$1,076,085)	(\$1,108,941)	(\$598,149)	▲ 46%	
Net Revenue Per Case	\$81	\$84	\$94	\$121	▲ 30%	
Direct Cost Per Case	\$0	\$451	\$373	\$310	▼ -17%	
Contrb Margin Per Case	\$80	(\$367)	(\$279)	(\$189)	▲ 32%	

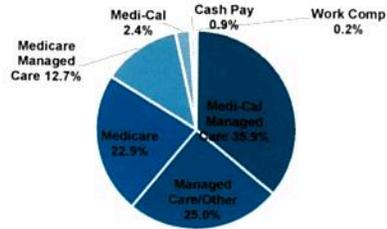
PER CASE TRENDED GRAPHS



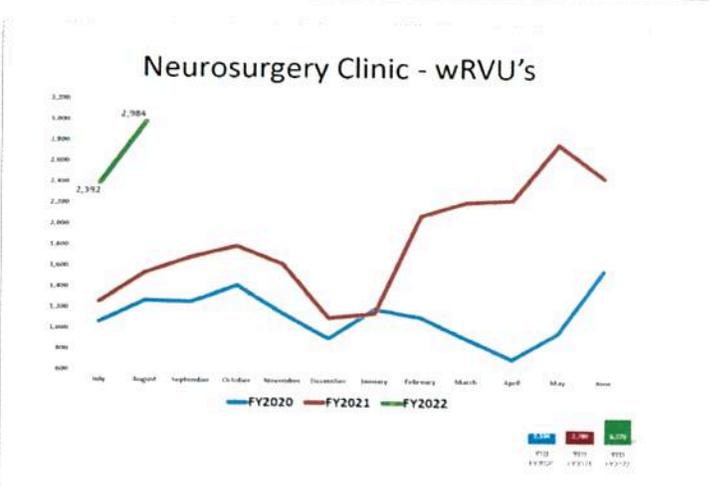
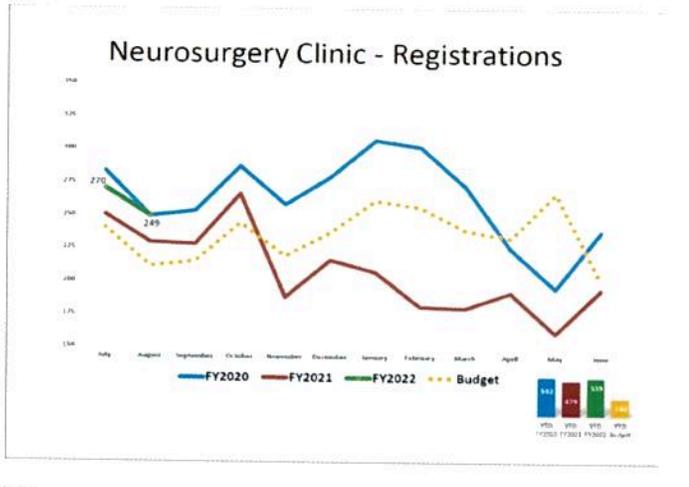
PAYER MIX - 4 YEAR TREND

PAYER	FY2018	FY2019	FY2020	FY2021
Medi-Cal Managed Care	44.1%	48.3%	39.0%	35.9%
Managed Care/Other	25.1%	16.8%	24.2%	25.0%
Medicare	19.0%	26.0%	22.5%	22.9%
Medicare Managed Care	5.3%	5.4%	10.7%	12.7%
Medi-Cal	2.3%	1.9%	1.5%	2.4%
Cash Pay	3.0%	1.0%	1.4%	0.9%
Work Comp	1.0%	0.5%	0.6%	0.2%

FY 2021 Payer Mix



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



Notes:
 Source: Outpatient Service Line Reports
 Selection Criteria: Service Line1 = Neurosurgery Clinic

REPORT TO THE BOARD OF DIRECTORS

Rural Health Clinics

Ivan Jara, Director of Rural Health Clinics, 559-624-6971
October 2021

Summary Issue/Service Considered

1. Kaweah Health currently operates five Rural Health Clinics. This report, however, only includes data for Exeter, Dinuba, Lindsay and Woodlake as it was too early to include our newest location in Tulare that opened at the end of FY21.
2. Kaweah Health Rural Health Clinics continue to play an important role in expanding access to primary, specialty and behavioral health care in the community. We currently offer 15 specialty services across the clinics and support over 70 providers, five of which were recruited FY21. The Rural Health Clinics also support a Graduated Medical Education (GME) Adult Psychiatry program, GME Family Medicine rotations, and Medical and Advance Practice student rotations.
3. The Rural Health Clinics came under a new leadership structure, which merged clinic operations and outpatient quality under the newly minted Population Health Division. This collaboration has led to the implementation of a variety of changes that have improved efficiencies as well as quality and financial outcomes.
4. The care model practiced at the Rural Health Clinics was enhanced by the addition of fulltime Medical Directors for each clinic location. This allowed for better collaboration between Advanced Practice Providers, clinic leadership, and clinicians.
5. Kaweah Health Clinics were first to market in terms of deploying telehealth and rapid antigen COVID-19 testing and delivering same day results. This has led to significant increases in clinic visit volume while meeting a very real community need.
6. Kaweah Health Rural Health Clinics are also largely responsible the outcomes of our risk-based care transformation programs (i.e. Public hospital Redesign and Incentives in Medicaid (PRIME), Quality Improvement Program (QIP), Behavioral Health Integration (BHI), Health Homes, Enhanced Care Management (ECM), Humana Medicare Advantage, etc.

Quality/Performance Improvement Data

1. **Quality Performance Data**
 - a. Humana Medicare Advantage
 - i. Risk Adjustment Factor (RAF): Increased to 1.186 from 1.003
 - ii. CMS Quality Score: 4 STARs up from 2.5
 - iii. Practitioner Assessment Forms: 74.42% completed in 2020
 - b. Health Homes Program
 - i. Leads the State of California in # enrolled
 - c. Public hospital Redesign and Incentives in Medicaid (PRIME)

- i. 36 of 39 (95%) Quality Outcome Measures met
- ii. \$76 Million earned since beginning of program in 2015

2. Financial Performance Data

- a. Net Revenue: \$21,017,104
- b. Direct Cost: \$16,796,965 (7% increase)
- c. Indirect Cost: \$3,841,702 (10% decrease)
- d. Contribution Margin: \$4.2 million (32% increase)

3. Operational Data:

- a. Patient Cases: 133,411 (29% increase over prior year)
- b. Telehealth: 60,779 (46% of FY 2021 visits & 61% of contribution margin)
 - i. Telehealth is reducing the per unit expense & improving contribution margin
 - ii. Telehealth case mix change is causing payer mix to shift away from Medi-Cal and Medi-Cal Managed Care visits, toward Managed Care and Medicare.
- c. Exeter Clinic: Continues to drive overall results, with 62% of visits and 65% of contribution margin
- d. Lindsay Clinic:
 - i. Visits grew by 82% and contribution margin doubled in FY 2021.
- e. Dinuba Clinic:
 - i. Visits grew by 60% and contribution margin increased from \$71k to \$323k
- f. Woodlake Clinic: visits increased 21%, however, contribution margin remains break-even.

4. Employee Satisfaction Data:

- a. Clinic teams have responded differently to the changes in leadership and stress and strain of the COVID pandemic as illustrated below

Workgroup	2021 Engagement Indicator	Vs. 2019 Engagement Indicator	2021 Team Index	Vs. 2019 Power Item	Work Group Size	Response Rate
RHC Tulare Clinic	4.42	-	1	-	8	100%
RHC-Dinuba Health Clinic	4.64	0.14	1	0.23	16	100%
RHC-Exeter Health Clinic	3.77	-0.58	3	-0.73	73	78%
RHC-Lindsay Health Clinic	3.88	-0.21	3	-0.35	17	88%
RHC-Woodlake Health Clinic	3.98	0.05	2	0.02	8	100%

Next Steps

1. Continue to enhance and improve team based care and integration of population health focused initiatives that improve quality, efficiency and patient, provider and staff experience.
2. Continue to advocate for and support high-touch physician led multidisciplinary patient care teams at each location that include community care coordinators that help address social determinants of health.
3. Develop our centralized Patient Navigation Center and continue to pursue the implementations of new technologies to drive efficiencies and patient engagement and patient experience.

4. Work with Human Resources in our efforts to recruit and retain employees to appropriately support the care being provided.
5. Increase support to staff to improve morale and satisfaction with particular attention to Exeter and Lindsay campuses.
6. Expand access through the use of Telehealth, becoming the service provider of choice for community partners, supporting new GME programs, and through the implementation of industry best practices for medically underserved communities.

Conclusions

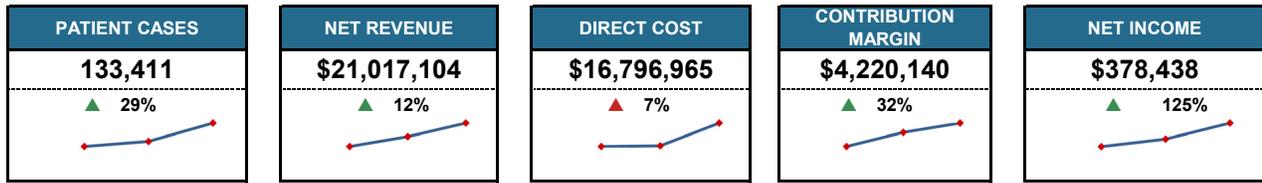
The Kaweah Health Rural Health Clinics serve as important access points to care for our medically underserved communities. The revenues gained from efficiently operating the Rural Health Clinics support our organization's strategic pillar of maintaining financial strength. The Rural Health Clinics will continue to expand high quality access to care for the communities we serve while in parallel supporting our valuable clinicians and staff members delivering the care.

KAWEAH HEALTH ANNUAL BOARD REPORT

RURAL HEALTH CLINICS - Summary

FY2021

KEY METRICS - FY 2021



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

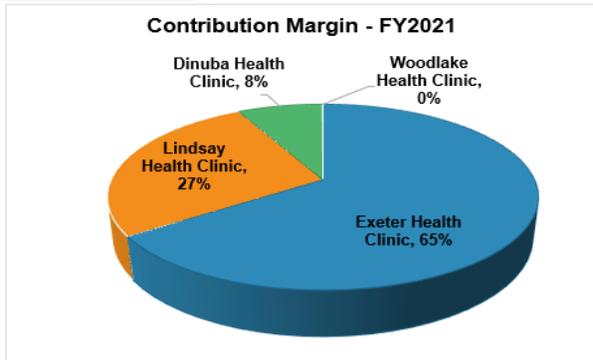
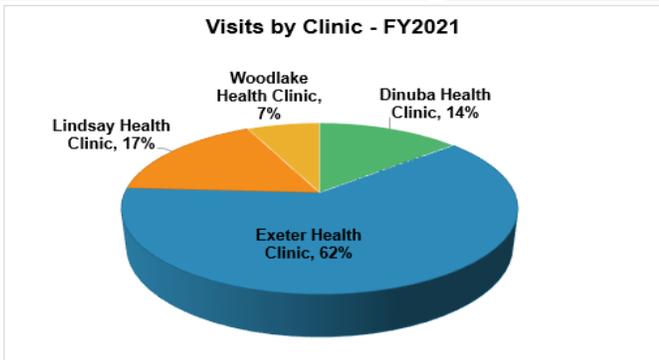
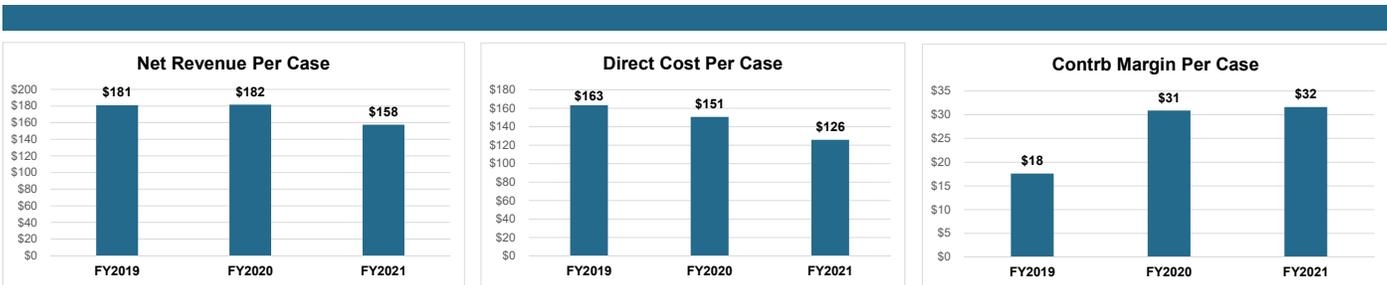
METRICS BY SERVICE LINE - FY 2021

SERVICE LINE	Patient Cases	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Exeter	82,647	\$13,429,189	\$10,665,811	\$2,763,379	\$46,992
Lindsay	22,683	\$3,500,513	\$2,364,344	\$1,136,168	\$732,368
Dinuba	18,614	\$2,713,171	\$2,390,628	\$322,543	(\$121,244)
Woodlake	9,467	\$1,374,231	\$1,376,182	(\$1,950)	(\$279,679)
Rural Clinic Totals	133,411	\$21,017,104	\$16,796,965	\$4,220,140	\$378,438

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	95,502	103,668	133,411	▲ 29%	
Unique Patients	19,641	21,687	35,804	▲ 65%	
Net Revenue	\$17,283,102	\$18,831,004	\$21,017,104	▲ 12%	
Direct Cost	\$15,602,336	\$15,629,018	\$16,796,965	▲ 7%	
Contribution Margin	\$1,680,766	\$3,201,986	\$4,220,140	▲ 32%	
Indirect Cost	\$4,047,894	\$4,687,537	\$3,841,702	▼ -18%	
Net Income	(\$2,367,128)	(\$1,485,551)	\$378,438	▲ 125%	
Net Revenue Per Case	\$181	\$182	\$158	▼ -13%	
Direct Cost Per Case	\$163	\$151	\$126	▼ -16%	
Contrb Margin Per Case	\$18	\$31	\$32	▲ 2%	

GRAPHS



NOTES:

Source: Outpatient Service Line Reports

Criteria: Outpatient Service Lines in the rural clinics, except Tulare; specific selection for each Service Line (noted on the individual Service Line Tabs).

KEY METRICS - FY 2021



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

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	70,910	71,746	82,647	▲ 15%	
Unique Patients	15,500	15,415	22,592	▲ 47%	
Net Revenue	\$13,078,010	\$13,199,612	\$13,429,189	▲ 2%	
Direct Cost	\$11,185,592	\$10,661,179	\$10,665,811	▶ 0%	
Contribution Margin	\$1,892,418	\$2,538,433	\$2,763,379	▲ 9%	
Indirect Cost	\$2,873,812	\$3,329,385	\$2,716,386	▼ -18%	
Net Income	(\$981,395)	(\$790,952)	\$46,992	▲ 106%	
Net Revenue Per Case	\$184	\$184	\$162	▼ -12%	
Direct Cost Per Case	\$158	\$149	\$129	▼ -13%	
Contrb Margin Per Case	\$27	\$35	\$33	▼ -5%	

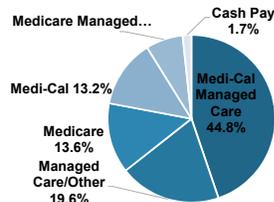
PER CASE TRENDED GRAPHS



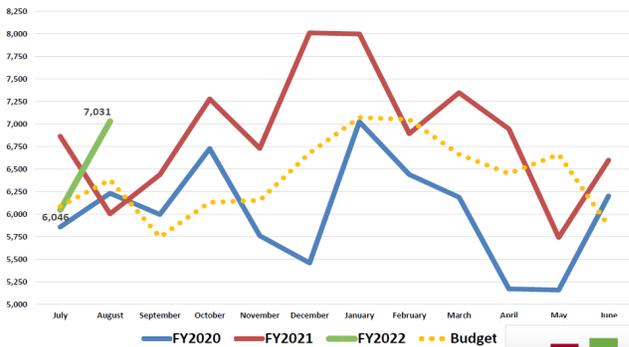
PAYER MIX - 4 YEAR TREND (VISITS)

PAYER	FY2019	FY2020	FY2021
Medi-Cal Managed Care	50.1%	48.2%	44.8%
Managed Care/Other	14.5%	15.3%	19.6%
Medicare	11.6%	11.8%	13.6%
Medi-Cal	17.9%	16.6%	13.2%
Medicare Managed Care	4.4%	6.1%	7.2%
Cash Pay	1.5%	2.0%	1.7%

FY2021 Payer Mix - Based on Visits



Exeter RHC - Registrations



Notes:
 Source: Outpatient Service Line Reports
 Criteria: Outpatient Service Line is Exeter Health Clinic

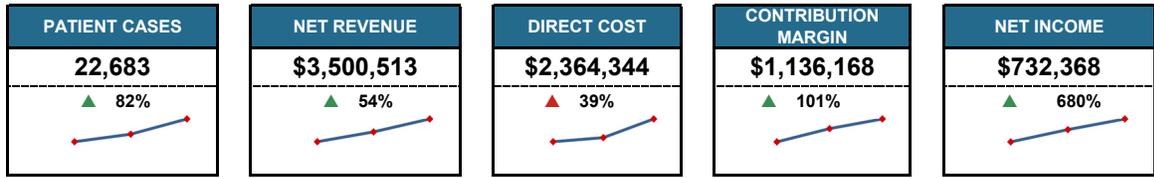
YTD	YTD	YTD	YTD
FY2020	FY2021	FY2022	Budget
12,090	12,868	13,077	12,467

KAWEAH HEALTH ANNUAL BOARD REPORT

RURAL HEALTH CLINICS - *Lindsay Health Clinic*

FY2021

KEY METRICS - FY 2021

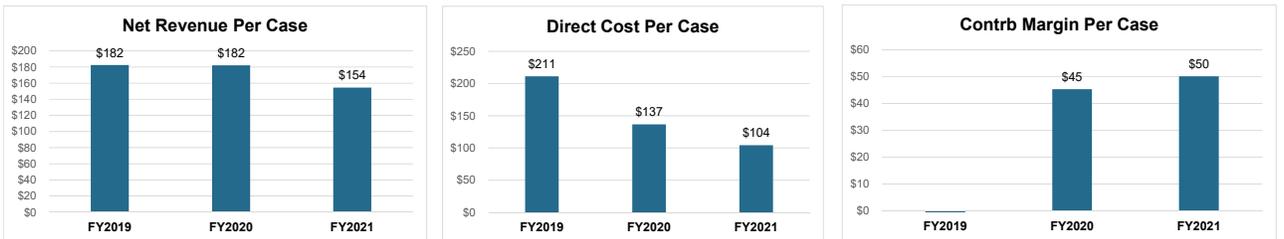


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	7,386	12,473	22,683	▲ 82%	
Unique Patients	2,312	4,498	10,059	▲ 124%	
Net Revenue	\$1,347,831	\$2,270,733	\$3,500,513	▲ 54%	
Direct Cost	\$1,560,337	\$1,705,386	\$2,364,344	▲ 39%	
Contribution Margin	(\$212,506)	\$565,346	\$1,136,168	▲ 101%	
Indirect Cost	\$440,176	\$471,472	\$403,800	▼ -14%	
Net Income	(\$652,682)	\$93,874	\$732,368	▲ 680%	
Net Revenue Per Case	\$182	\$182	\$154	▼ -15%	
Direct Cost Per Case	\$211	\$137	\$104	▼ -24%	
Conrb Margin Per Case	(\$29)	\$45	\$50	▲ 11%	

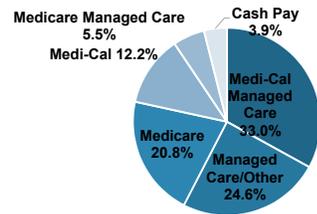
PER CASE TRENDED GRAPHS



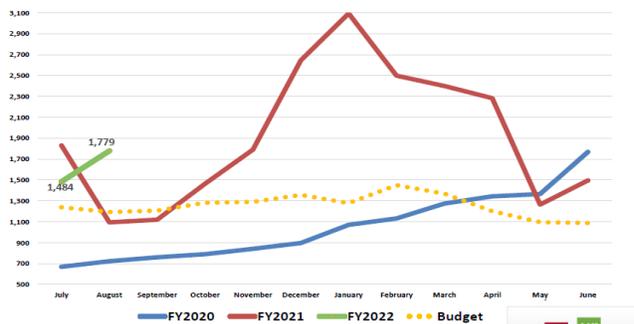
PAYER MIX - 4 YEAR TREND (VISITS)

PAYER	FY2019	FY2020	FY2021
Medi-Cal Managed Care	57.3%	40.4%	33.0%
Managed Care/Other	9.4%	20.6%	24.6%
Medicare	15.6%	13.8%	20.8%
Medi-Cal	11.3%	15.2%	12.2%
Medicare Managed Care	5.1%	5.2%	5.5%
Cash Pay	1.3%	4.8%	3.9%

FY 2021 Payer Mix - Based on Visits



Lindsay RHC - Registrations



Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line is Lindsay Health Clinic



KEY METRICS - FY 2021

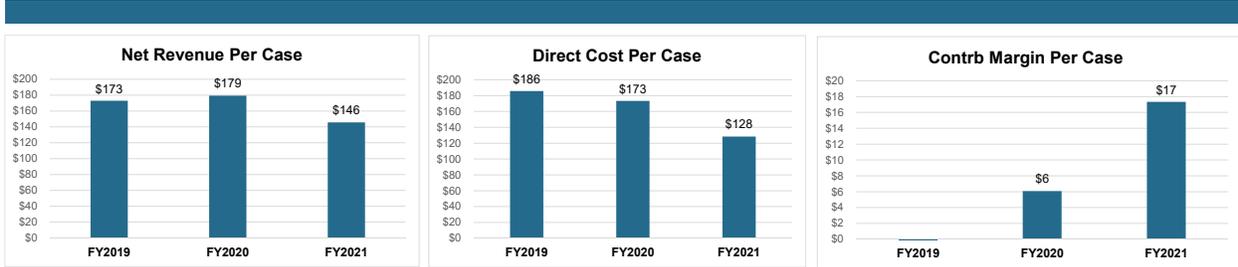


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	9,530	11,652	18,614	▲ 60%	
Unique Patients	2,292	2,539	7,768	▲ 206%	
Net Revenue	\$1,648,978	\$2,090,925	\$2,713,171	▲ 30%	
Direct Cost	\$1,770,319	\$2,020,097	\$2,390,628	▲ 18%	
Contribution Margin	(\$121,341)	\$70,828	\$322,543	▲ 355%	
Indirect Cost	\$467,732	\$559,759	\$443,787	▼ -21%	
Net Income	(\$589,073)	(\$488,931)	(\$121,244)	▲ 75%	
Net Revenue Per Case	\$173	\$179	\$146	▼ -19%	
Direct Cost Per Case	\$186	\$173	\$128	▼ -26%	
Contrb Margin Per Case	(\$13)	\$6	\$17	▲ 185%	

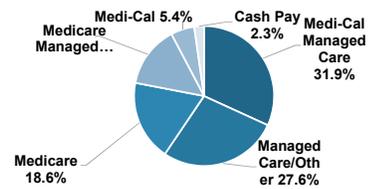
PER CASE TRENDED GRAPHS



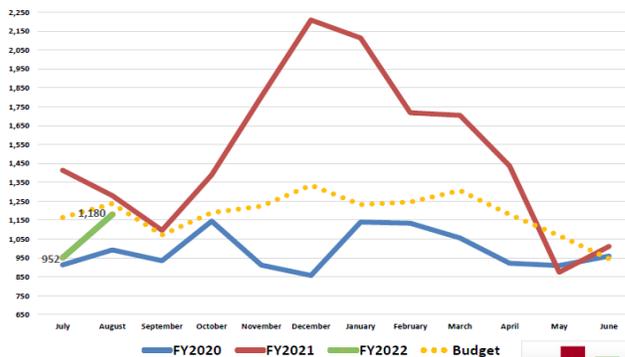
PAYER MIX - 4 YEAR TREND (VISITS)

PAYER	FY2019	FY2020	FY2021
Medi-Cal Managed Care	35.3%	34.2%	31.9%
Managed Care/Other	23.0%	23.2%	27.6%
Medicare	13.0%	13.9%	18.6%
Medicare Managed Care	19.3%	19.5%	14.2%
Medi-Cal	8.1%	7.3%	5.4%
Cash Pay	1.2%	1.8%	2.3%

FY2021 Payer Mix - Based on Visits



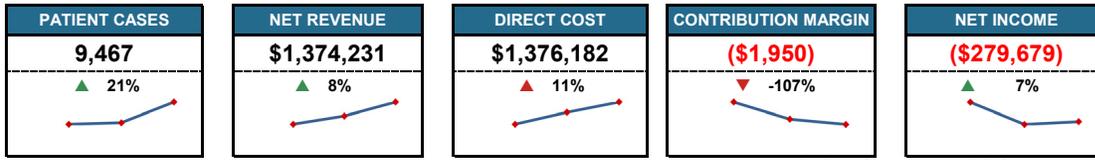
Dinuba RHC - Registrations



Notes
 Source: Outpatient Service Line Reports
 Criteria: Outpatient Service Line is Dinuba Health Clinic



KEY METRICS - FY 2021

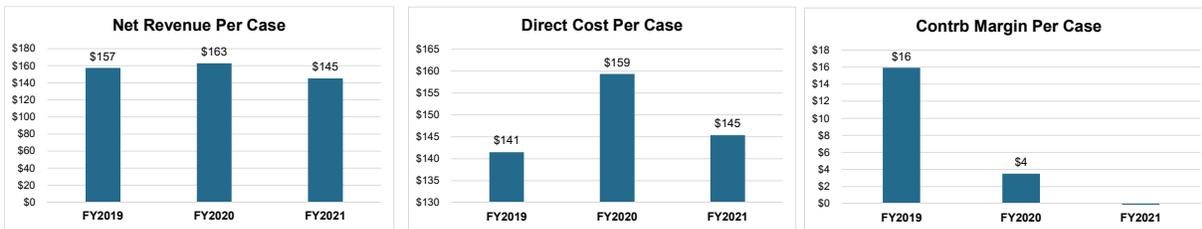


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

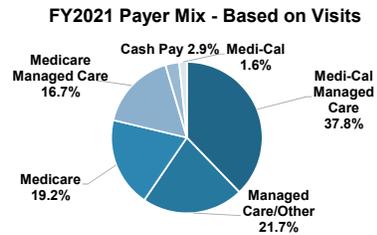
METRIC	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	7,676	7,797	9,467	▲ 21%	
Unique Patients	2,028	2,004	2,605	▲ 30%	
Net Revenue	\$1,208,283	\$1,269,735	\$1,374,231	▲ 8%	
Direct Cost	\$1,086,088	\$1,242,356	\$1,376,182	▲ 11%	
Contribution Margin	\$122,196	\$27,378	(\$1,950)	▼ -107%	
Indirect Cost	\$266,174	\$326,921	\$277,728	▼ -15%	
Net Income	(\$143,978)	(\$299,543)	(\$279,679)	▲ 7%	
Net Revenue Per Case	\$157	\$163	\$145	▼ -11%	
Direct Cost Per Case	\$141	\$159	\$145	▼ -9%	
Contrb Margin Per Case	\$16	\$4	(\$0)	▼ -106%	

PER CASE TRENDED GRAPHS

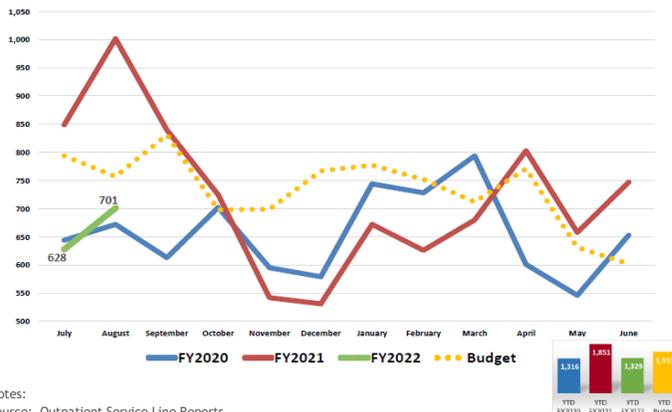


PAYER MIX - 4 YEAR TREND (VISITS)

PAYER	FY2019	FY2020	FY2021
Medi-Cal Managed Care	46.8%	40.5%	37.8%
Managed Care/Other	18.0%	19.5%	21.7%
Medicare	19.9%	21.0%	19.2%
Medicare Managed Care	10.5%	13.2%	16.7%
Cash Pay	2.6%	3.6%	2.9%
Medi-Cal	2.1%	2.2%	1.6%



Woodlake RHC - Registrations



Notes:
 Source: Outpatient Service Line Reports
 Criteria: Outpatient Service Line is Woodlake Health Clinic

Risk Management Report – Open
3rd Quarter 2021

Evelyn McEntire, Director of Risk
Management

559-624-2876 / emcentir@kawahhealth.org



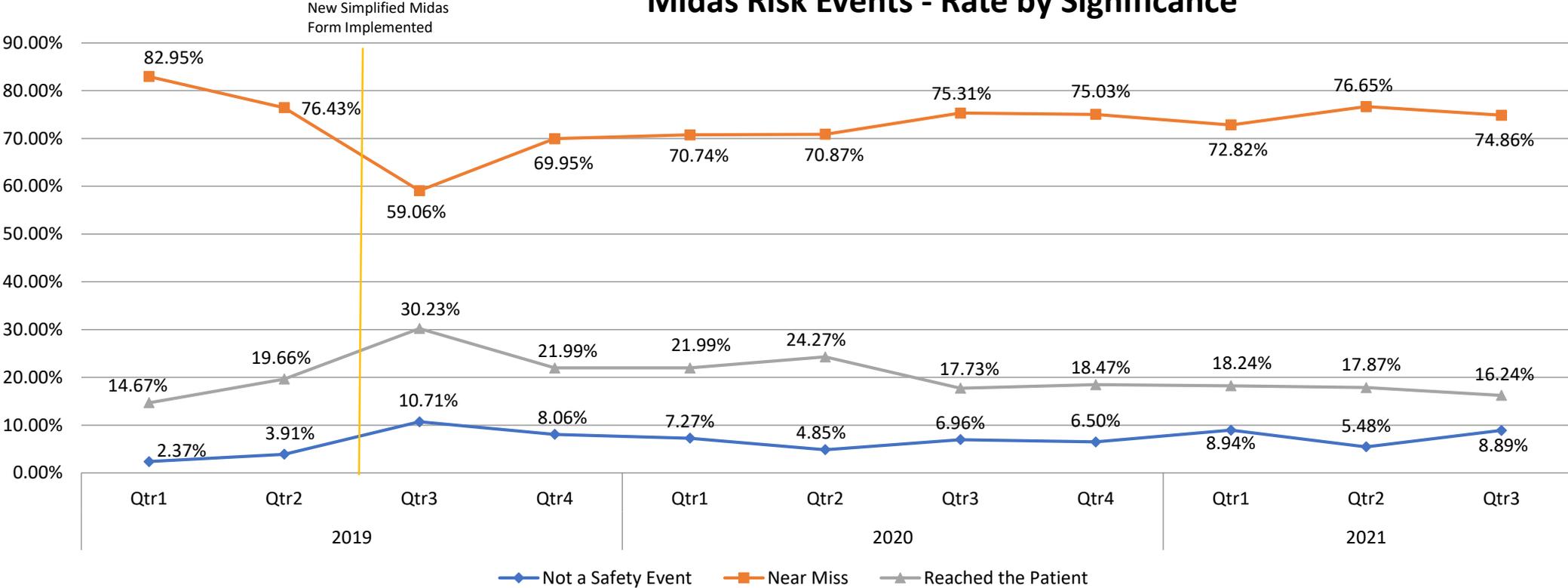
[kawahhealth.org](https://www.kawahhealth.org)



Risk Management Goals

1. Promote a safety culture as a proactive risk reduction strategy.
2. Reduce frequency and severity of harm (patient and non-patient).
 - Zero incidents of “never events”
3. Reduce frequency and severity of claims.

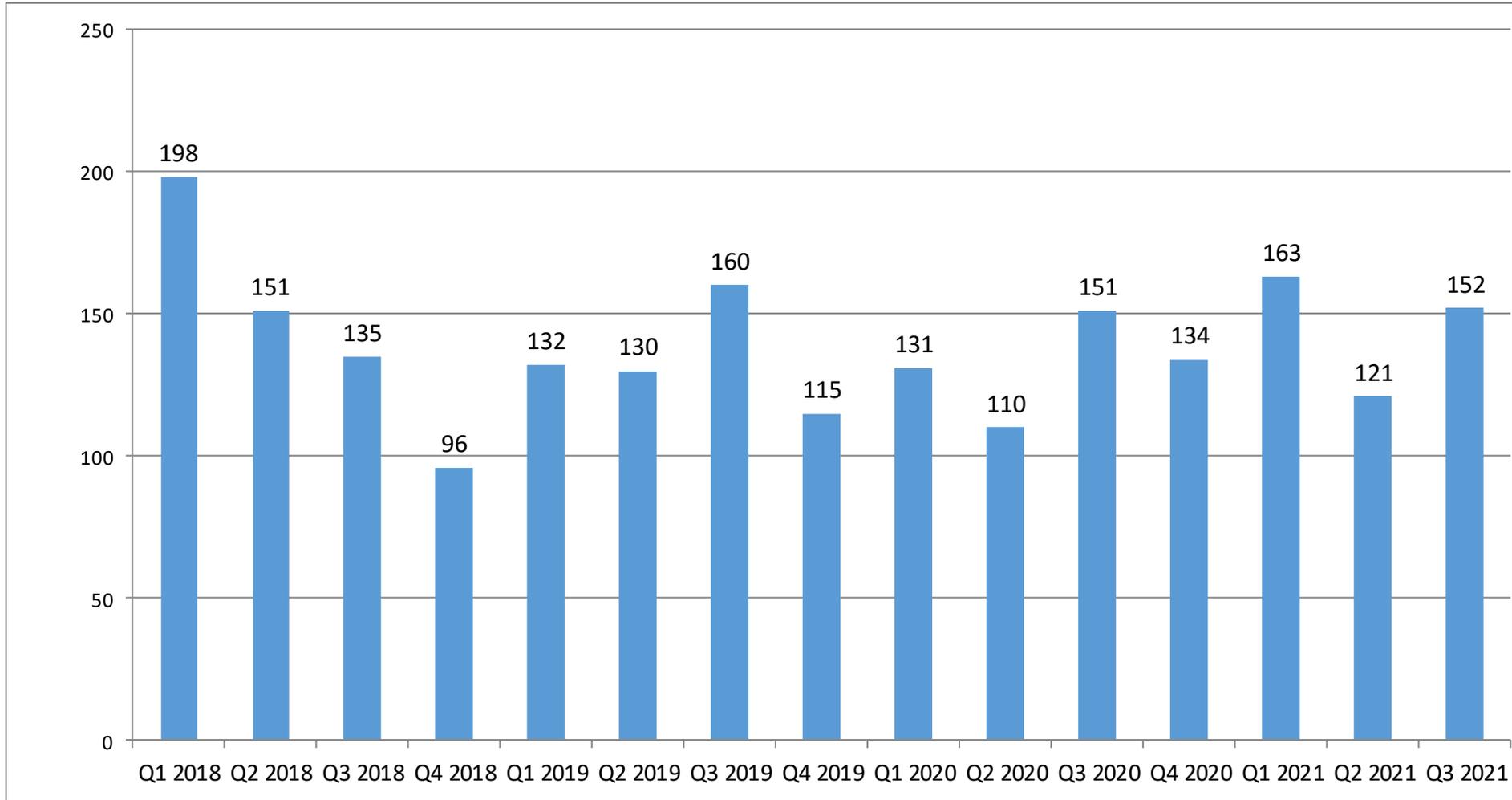
Midas Risk Events - Rate by Significance



This graph represents the total number of Midas event reports submitted per quarter. They are also categorized by "Not a safety event," "Near miss," or "Reached the patient."

Goal: To increase the total number of event reports submitted by staff/providers while decreasing those events which reach the patient.

Complaints & Grievances 2018-2021

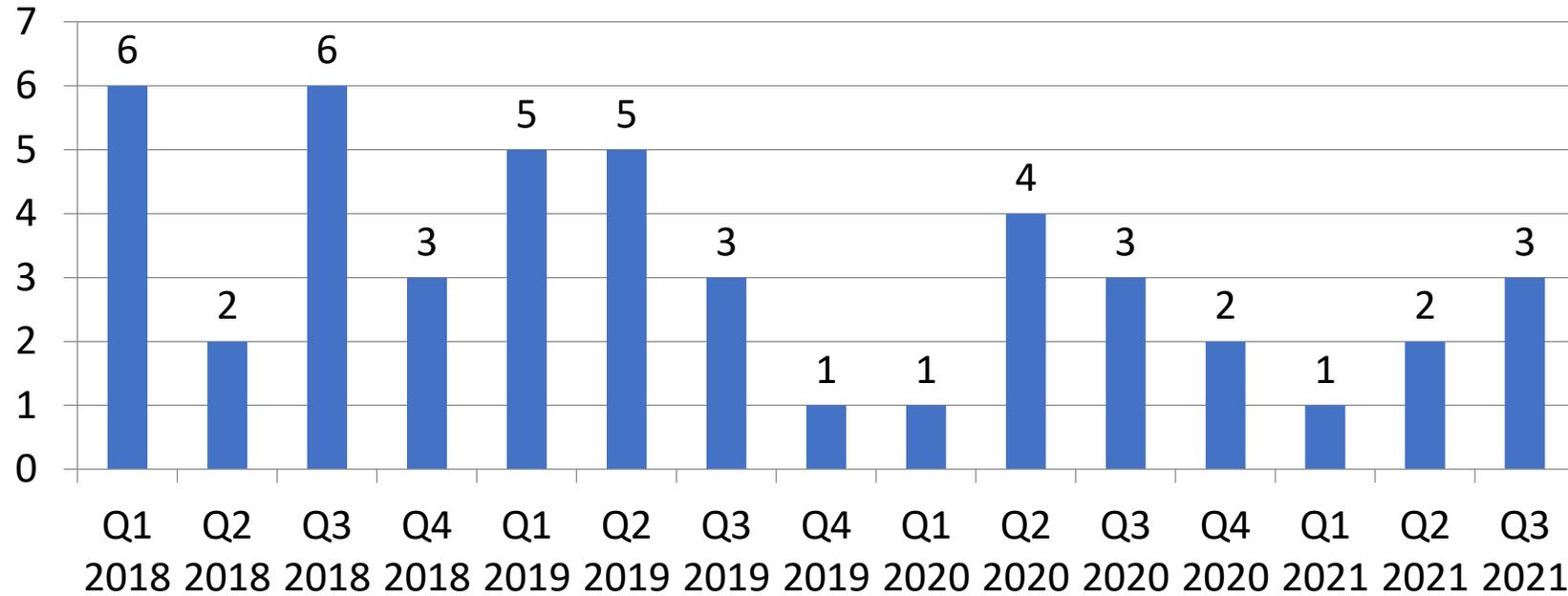


Most Common
Complaints:

- Lost Belongings
- Visitor Falls
- Nursing Care

Claims

2018 - 2021



Number of Claims Received per Quarter

Total cases closed during 3rd Quarter 2021 - (4)

Four

Total cases closed during 2020 - (16) Sixteen

Live with passion.

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



**Physician Recruitment and Relations
Medical Staff Recruitment Report - October 2021**

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

Date prepared: 10/20/2021

Central Valley Critical Care Medicine	
Hospitalist	1
Intensivist	3

Delta Doctors Inc.	
OB/Gyn	1

Frederick Mayer, Inc.	
Cardiothoracic Surgery	2

Kaweah Delta Faculty Medical Group	
Family Medicine Associate Program Director	1

Kaweah Health Medical Group	
Advanced Practice Provider - Gastroenterology	1
Advanced Practice Provider - Quick Care	1
Audiology	1
Dermatology	2
Family Medicine	3
Internal Medicine	1
Gastroenterology	2
Neurology	1

Kaweah Health Medical Group (Cont.)	
Orthopedic Surgery (Hand)	1
Otolaryngology	2
Pulmonology	1
Radiology - Diagnostic	1
Rheumatology	1
Urology	3

Oak Creek Anesthesia	
Anesthesia - Cardiac	1
Anesthesia - Critical Care	1
Anesthesia - Obstetrics	1
Anesthesia - Associate Program Director	1

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

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

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Anesthesia - Cardiac	Oak Creek Anesthesia	Dahl, M.D.	Aaron	TBD	Direct Referral	Currently under review
Anesthesia - Cardiac	Oak Creek Anesthesia	Nagm, M.D.	Hussam	TBD	Direct Referral	Site Visit: 11/9/21
Anesthesia	Oak Creek Anesthesia	Berg, M.D.	Lamont	TBD	Direct	Offer accepted
Anesthesia	Oak Creek Anesthesia	He, M.D.	Chaoying	ASAP	Direct	Site Visit: 9/21/21; Offer accepted; Tentative Start Date: January 2022
Anesthesia	Oak Creek Anesthesia	Lin, M.D.	Steven	ASAP	Direct	Site Visit: 9/21/21; Offer accepted; Tentative Start Date: January 2022
Anesthesia	Oak Creek Anesthesia	Janiczek, M.D.	David	06/22	Direct	Offer accepted; pending execution of contract
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Caceres	Cesar	ASAP	Direct - 5/21/21	Offer accepted; Credentialing in process
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Knittel	Michael	03/22	Direct - 10/19/21	Offer accepted; contract in process
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Sobotka	Tyler	01/22	Direct - 6/1/21	Offer accepted; Tentative start date: January 2022
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Spolsdoff	Allison	12/21	Direct	Offer accepted; Tentative start date: December 1, 2021
Family Medicine	Kaweah Health Medical Group/Key Medical Associates	Shin, M.D.	Chang-Sung	09/22	Kaweah Health Resident	Initial interview: 10/15/21
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Rangel-Orozco, M.D.	Daniela	08/22	Kaweah Health Resident	Site Visit: 10/28/21

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Gastroenterology	Kaweah Health Medical Group	Ali, M.D.	Asad	08/22	Direct - PracticeLink	Site Visit: 12/10/21
Gastroenterology - APP	Kaweah Health Medical Group	Almonte, NP-C	Wendy	ASAP	Direct referral	Currently under review
Gastroenterology	Key Medical Associates	Eskandari, MD	Armen	11/21	Direct	Offer accepted; contract in process
Hospitalist	Central Valley Critical Care Medicine	Grewal, M.D.	Sarbjot	07/22	Direct	Currently under review
Hospitalist	Central Valley Critical Care Medicine	Zaidi, M.D.	Syeda	07/22	Direct - CareerMD Career Fair	Currently under review
Interventional Cardiology	Sequoia Cardiology Medical Group	Singla, M.D.	Atul	01/22	Direct referral	Site Visit: 6/14/21; Offer accepted
Neonatology	Valley Children's	Agu, D.O.	Cindy	TBD	Valley Children's - 9/1/21	Site Visit: 9/20/21
Neonatology	Valley Children's	Singh, M.D.	Himanshu	08/22	Valley Children's - 3/31/21	Site Visit: 4/19/2021; Offer accepted. Start date 8/29/2022
OB/GYN	Delta Doctors	Pelletier	Carole-Anne	TBD	CareerMD Fresno Career Fair	Site Visit: 10/12/21
Otolaryngology	Kaweah Health Medical Group	Zhang, M.D.	Huan	09/22	Curative - 10/15/21	Currently under review
Otolaryngology	Kaweah Health Medical Group	Nguyen, D.O.	Cang	07/22	Curative - 3/15/21	Offer accepted; contract in process
Pediatrics	Kaweah Health Medical Group	Galindo, M.D.	Ramon	09/22	Direct referral - 6/28/21	Site visit: 9/14/21; Offer accepted
Physical Therapy	Kaweah Health Medical Group	Zigo	Dominique	Jan-22	CliniPost - 8/25/21	Offer accepted; Tentative start date: January 2022

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Urology	Kaweah Health Medical Group	Guevara Mendez, M.D.	Alejandra (Alex)	08/23	Case Recruiters - 9/29/2021	Phone Interview Pending

Policy Number: AP96	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Public Bidding on Construction Contracts	

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

POLICY: Kaweah Delta Health Care District (“District”), doing business as Kaweah Health, will be in compliance with public bidding requirements for California Health Care Districts. (See California Public Contract Code and California Health & Safety Code §32132)

- I. **Materials and Supplies** - It is the District’s policy to let out for public bid all contracts for certain materials and/or supplies related to the erection, construction, alteration, repair or improvement of the District’s structures, buildings, roads or any other improvement of any kind (California Public Contract Code §1101) , where the contract value is in excess of Twenty-Five Thousand Dollars (\$25,000). This policy is applicable whether the materials and/or supplies are to be furnished to the District, sold to the District, or leased to the District.

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

EXEMPTIONS: This policy is not applicable to the furnishing, purchase or lease of energy conservation supplies and/or sources, alternate energy supply sources, contracts or the lease of facilities.

- II. **Work to Be Done** - It is the District’s policy to let out for public bid all contracts for work to be done for the erection, construction, alteration, repair or improvement of the District’s structures, buildings, roads or any other improvement of any kind (California Public Contract Code §1101), where the contract value is in excess of Twenty-Five Thousand Dollars (\$25,000). Work to be done means essentially any service that is to be provided by an independent contractor, person or entity to the District under the terms of a contract. For example, painting the hospital would be covered by this policy, but the cost of the paint would not (though it may be covered by the Materials and Supplies policy, above).

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

EXEMPTIONS: This policy is not applicable to contracts for professional services. Professional services are generally regarded as those services which are lawfully rendered only pursuant to a license, certificate or registration authorized by the California Business and Professions Code. The following is a list of examples of professional services that are exempt from this policy:

Engineers
Landscape Architects
Architects

Certified Interior Designers

This policy is not applicable to a service (enumerated below) provided by a tax exempt organization which provides that service to two or more hospitals. Only the following services are exempt:

data processing
purchasing
warehousing
billing and collection
food
clinical services
industrial engineering
laboratory services
printing
communications
record center operations
personnel services (including
selection, testing, training and/or
education)

- III. **Areas of Uncertainty** - If you are uncertain as to whether a specific contract is required to be let out for public bid under the above District policies, you are encouraged to contact the District's counsel for an opinion.
- IV. **Public Bidding** - The District strives to ensure consistency and fairness in the award of all contracts. To further that goal, it is our policy to follow a uniform procedure when we let out any contract for public bid. The District's procedure is set out in detail below. Much of these procedures are just common sense. Remember that these procedures are only necessary when it is required by District policy to let out contracts for public bids.
- V. **Emergency:** The District may, without following the bidding provisions set forth in this policy, let contracts for work to be done or for materials and supplies to be furnished, sold or leased to the District, if it first determines that an emergency exists warranting such expenditure due to fire, flood, storm, epidemic, or other disaster and is necessary to protect the public health, safety, welfare, or property. (See Health & Safety Code §32136)
- VI. **Responsible Bidder:** a bidder who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity, and experience to satisfactorily perform the contract. (See California Public Contract Code § 1103)

PROCEDURE:

All contracts for certain materials and/or supplies or for work to be done related to the erection, construction, alteration, repair or improvement of the District's structures, buildings, roads or any other improvement of any kind that could be subject to this policies requirements should be reviewed with the Facilities Planning Director for evaluation of policy requirements prior to the start of the contracting process.

A complete set of formal contract requirements should be drafted and kept on file with the appropriate Department of the District.

- I. **Notice:** Notice must be given to all prospective bidders.
 - A. Publication of Notice:
 - 1. Notice must be published at least once a week for two consecutive weeks preceding the cutoff day for receiving bids in a newspaper of general circulation in Tulare County, e.g. the Visalia Times Delta.
 - 2. Notice must also be published at least once a week for two consecutive weeks preceding the cutoff day for receiving bids in a trade paper, trade journal, etc. of general circulation which is devoted to the dissemination of news, contract opportunities, etc. about the appropriate industry.
 - B. Contents of Notice: (*please see the Sample Notice form, below*)
 - 1. Notice should contain: A) the place where prospective bidders can pick up bid packets (see "Bid Packets" below); B) where bids are to

be received; C) the cutoff date and time for the receipt of sealed bids; D) any qualifications, licenses, bonding, etc. required for prospective bidders on this particular project; and E) the time and place where the sealed bids will be opened.

2. Notice should also contain a general description of the project and the materials and supplies and/or the work to be done.

II. **Bid Packets:** It is the District's policy to prepare bid packets for all publicly bid contracts, and to make these packets available to all prospective bidders.

A. Contents of Bid Packets:

1. Bid packets should contain plans and contract specifications that are detailed enough to allow a prospective bidder to accurately estimate the materials and supplies needed, and/or the amount of work to be done.
2. Bid packets should also contain a standard bidding form. The bidding form is useful in specifying exactly what information the District will use to make the appropriate contract award after the bids are unsealed. Bid packets are also helpful in assuring that those persons who bid on the contract consider the unique needs and requirements of the District in preparing their bids.

B. Distribution of Bid Packets:

1. Bid packets should be available to all prospective bidders, or all prospective bidders who hold the required licenses, certifications, etc., e.g. contractor's licenses or appropriate bonding.
2. The District can require all prospective bidders to pick up the bid packets at the appropriate department of the District. The District is not required to mail out bid packets. However, if the project is of sufficient magnitude, care should be taken that, by not mailing out bid packets, no legitimate bidder from another part of the state will be unduly prejudiced. For example, in a \$1,000,000 contract, if there were 20 requests for bid packets and only 2 of those requests asked that the packets be mailed, it may be appropriate to mail those 2 packets. This information (whether packets are to be mailed or not) should also be included in the public notice.

III. **Receipt of Bids:** All bids received should be received at the same place and stored together until they are opened.

IV. **Unsealing Bids:** All bids should be unsealed at the same time and place, as specified in the public notice. Because the District is a public entity, the place where the bids are unsealed must be open and accessible to the public.

V. **Selection of the Winning Bid:** The winning bid must be the lowest bid from a responsible bidder. The determination of whether the bid has been made by a responsible bidder should be made by the person who has responsibility for the proposed contract and must be based on relevant criteria. If the bids are all inappropriate, i.e. too costly, not from responsible bidders, then all bids may be

rejected, all bidders notified of the reasons for the rejection and the entire bidding process must be begun anew with new notice, etc.

SAMPLE PUBLIC NOTICE:

Notice is hereby given that the KAWEAH ~~DELTA HEALTH CARE DISTRICT~~HEALTH will receive sealed bids for the [erection, construction, replacement, etc.] of a project more fully described in the plans and specifications on file at [name of appropriate KAWEAH ~~DELTA HEALTH CARE DISTRICT~~HEALTH department, location and street address], Visalia, CA 93291, a local health care district located in Tulare County.

Bids must be filed with KAWEAH ~~DELTA HEALTH CARE DISTRICT~~HEALTH [name of appropriate department, location and street address], Visalia, CA 93291, a local health care district located in Tulare County, by [time and cutoff date.] Bid packets are available [to be picked up] from KAWEAH ~~DELTA HEALTH CARE DISTRICT~~HEALTH, [name of appropriate DISTRICT department, location and street address], Visalia, CA 93291, located in Tulare County. Sealed bids will be opened at [date].

Bid packets, containing project specifications and bid forms, are available at KAWEAH ~~DELTA HEALTH CARE DISTRICT~~HEALTH, [name of appropriate DISTRICT department, location and street address], Visalia, CA 93291, located in Tulare County

[All bidders must meet these certifications:]

The sealed bid must cover [the entire project, a specific portion of a larger project, etc.]

KAWEAH ~~DELTA HEALTH CARE DISTRICT~~HEALTH reserves the right to reject any and all bids and to waive any informality in such bids.

By order of KAWEAH ~~DELTA HEALTH CARE DISTRICT~~HEALTH, [date.]

References: California Health & Safety Code §§ 32132, 32136

"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."



October 25, 2021

**Sent via Certified Mail
No. 70160340000002566653
Return Receipt Required**

Tomassian, Pimentel & Shapazian
A Professional Law Partnership
3419 W. Shaw Avenue
Fresno, CA 93711

**RE: Notice of Rejection of Claim of Janice Hachee vs. Kaweah Delta Health
Care District**

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on September 28, 2021, was rejected on its merits by the Board of Directors on October 25, 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: Rachele Berglund, Attorney at Law

Kaweah Delta Health Care District Bylaws

Article I The District and Its Mission

- Section 1** 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.
- Section 3** 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}
- Section 8** 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}

Article II The Governing Body

- Section 1** 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.
- Section 3** 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:
- 1) 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

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:

- 1) 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

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 RESPONSIBILITIES - 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 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 evaluations of the Director of Audit & Consulting.
- 3) Communicate regularly with the CEO, and the Director of Audit & Consulting regarding goals, expectations, and concerns.
 - 4) Periodically survey CEO 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 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.
 - 2) 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 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.

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, 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 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 Vice President, 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 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 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 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:
 - a) 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.

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.

Section 9 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

Section 1 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.

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

Section 5 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 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.

Section 6 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.

Section 8 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

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.

Section 14 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 health 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.

Article V Joint Committees

- Section 1** 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.
- Section 5** 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.
- Section 6** 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, Director of Audit & Consulting, or Board Clerk. Employment of new personnel shall be subject to budget authorization granted by the Board of Directors.
- Section 7** 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 Director of Audit & Consulting have direct, solid-line reporting relationships to the Board (functional) and to the CEO (administrative).

- Section 8** 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 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.
- Section 15** 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, 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.

Article IX Conflict of Interest

Section 1 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.

Section 2 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.

Section 3 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 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.

Section 8 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 23rd day of August, 2021.

President
Kaweah Delta Health Care District

Secretary/Treasurer
Kaweah Delta Health Care District

KAWEAH DELTA HEALTH CARE DISTRICT

DBA KAWEAH HEALTH

CONFLICT OF INTEREST CODE

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 dba Kaweah Health, 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 dba Kaweah Health, 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 dba Kaweah Health. 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~~ October 25, 2021.

EXHIBIT "A"

KAWEAH DELTA HEALTH CARE DISTRICT

DBA KAWEAH HEALTH

CONFLICT OF INTEREST CODE

Disclosure Categories

<u>Designated Positions</u>	<u>Category of Interests Required to be Disclosed</u>
Members of the Board of Directors	1
Employees	
Chief Executive Officer	1
Vice President, Chief Financial Officer	1
Vice President, Ancillary & Support-Post-Acute 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 Human Resources Officer	1
Vice President, Chief Strategy Officer	1
Vice President, Cardiac & Surgical Services	1
Vice President, Rehabilitation and Post Acute Services	1
Vice President, Population Health & CEO Sequoia Health and Wellness Center (SHWC)	1
<u>Vice President, Medical Education</u>	<u>1</u>
<u>Vice President, Chief Compliance and Risk</u> Officer	1
Director of Audit and Consulting	1
Director of Procurement and Logistics Material Management	1
Kaweah Delta-Health Medical Foundation Group Chief Executive Officer	1
Kaweah Delta-Health Medical Foundation Group Chief Financial Officer	1
Director of Risk Management	1
Director of Facilities	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

DBA KAWEAH HEALTH

CONFLICT OF INTEREST CODE

Disclosure Categories

1. **Full Disclosure:**

Designated persons in this category must report:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXHIBIT "C"

KAWEAH DELTA HEALTH CARE DISTRICT
DBA KAWEAH HEALTH

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.

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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.

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

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

1. Loans made to the campaign committee of the elected officer.
2. Loans made to the elected officer by his or her spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.
3. Loans made, or offered in writing, before January 1, 1998.

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

(8.4) Section 8.4. Personal Loans.

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

1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.
2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:
 - a. The date the loan was made.
 - b. The date the last payment of one hundred dollars (\$100) or more was made on the loan.
 - c. The date upon which the debtor has made payments on the loan aggregating to less than two hundred fifty dollars (\$250) during the previous 12 months.

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

1. A loan made to the campaign committee of an elected officer or a candidate for elective office.
2. A loan that would otherwise not be a gift as defined in this title.

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

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

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

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

(9) Section 9. Disqualification.

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

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

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

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

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

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

(9.3) Section 9.3. Legally Required Participation.

No designated employee shall be prevented from making or participating in the making of any decision to the extent his or her participation is legally required for the decision to be made. The fact that the vote of a designated employee who is on a voting body is needed to break a

tie does not make his or her participation legally required for purposes of this section.

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

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

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

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

(10) Section 10. Disclosure of Disqualifying Interest.

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

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

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

(12) Section 12. Violations.

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

NOTE: Authority cited: Section 83112, Government Code.

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

¹ Designated employees who are required to file statements of economic interests under any

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

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 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.

KAWEAH DELTA HEALTH CARE DISTRICT

NOTICE OF INTENTION TO AMEND THE CONFLICT OF INTEREST CODE

NOTICE IS HEREBY GIVEN that the governing board of Kaweah Delta Health Care District intends to amend its Conflict of Interest Code pursuant to the Political Reform Act of 1974. In accordance with Government Code section 87302, the Code designates those officers, employees and consultants of the agency who, by virtue of their participation in decision-making, must disclose certain of their personal investments, income, interests in real property and business positions, and who must disqualify themselves from making or participating in the making of governmental decisions affecting those interests. The Code must be updated and amended as positions in this agency are added, deleted or changed.

A 45-day comment period has been established prior to adoption of the proposed amendment commencing on September 10, 2021, and ending on October 25, 2021. Any interested person may present written comments concerning the proposed amended Conflict of Interest Code no later than October 25, 2021 to Cindy Moccio at Kaweah Delta Health Care District, 400 W. Mineral King Avenue, Visalia, CA 93291. No public hearing on this matter will be held unless any interested person or his or her representative requests a public hearing no later than fifteen (15) days prior to the close of the written comment period.

The District's Conflict of Interest Code will be amended by adding new positions to the disclosure categories for the Code.

Copies of the proposed Conflict of Interest Code and the information upon which it is based may be obtained from Kaweah Delta Health Care District, 400 W. Mineral King Avenue, Visalia, CA 93291. Any inquiries concerning the proposed amended Code should be directed to Cindy Moccio at (559) 624-2330.

Dated: September 10, 2021



Gary K. Herbst, Chief Executive Officer

KAWEAH DELTA HEALTH CARE DISTRICT

DBA KAWEAH HEALTH

CONFLICT OF INTEREST CODE

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 dba Kaweah Health, 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 dba Kaweah Health, 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 dba Kaweah Health. 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~~ October 25, 2021.

EXHIBIT "A"

KAWEAH DELTA HEALTH CARE DISTRICT

DBA KAWEAH HEALTH

CONFLICT OF INTEREST CODE

Disclosure Categories

<u>Designated Positions</u>	<u>Category of Interests Required to be Disclosed</u>
Members of the Board of Directors	1
Employees	
Chief Executive Officer	1
Vice President, Chief Financial Officer	1
Vice President, Ancillary & Support-Post-Acute 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 Human Resources Officer	1
Vice President, Chief Strategy Officer	1
Vice President, Cardiac & Surgical Services	1
Vice President, Rehabilitation and Post Acute Services	1
Vice President, Population Health & CEO Sequoia Health and Wellness Center (SHWC)	1
<u>Vice President, Medical Education</u>	<u>1</u>
<u>Vice President, Chief Compliance and Risk</u> Officer	1
Director of Audit and Consulting	1
Director of Procurement and Logistics Material Management	1
Kaweah Delta-Health Medical Foundation Group Chief Executive Officer	1
Kaweah Delta-Health Medical Foundation Group Chief Financial Officer	1
Director of Risk Management	1
Director of Facilities	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

DBA KAWEAH HEALTH

CONFLICT OF INTEREST CODE

Disclosure Categories

1. **Full Disclosure:**

Designated persons in this category must report:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXHIBIT "C"

KAWEAH DELTA HEALTH CARE DISTRICT
DBA KAWEAH HEALTH

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.

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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.

~~04/27/2020~~10/25/2021

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

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

1. Loans made to the campaign committee of the elected officer.
2. Loans made to the elected officer by his or her spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.
3. Loans made, or offered in writing, before January 1, 1998.

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

(8.4) Section 8.4. Personal Loans.

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

1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.
2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:
 - a. The date the loan was made.
 - b. The date the last payment of one hundred dollars (\$100) or more was made on the loan.
 - c. The date upon which the debtor has made payments on the loan aggregating to less than two hundred fifty dollars (\$250) during the previous 12 months.

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

1. A loan made to the campaign committee of an elected officer or a candidate for elective office.
2. A loan that would otherwise not be a gift as defined in this title.

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

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

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

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

(9) Section 9. Disqualification.

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

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

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

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

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

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

(9.3) Section 9.3. Legally Required Participation.

No designated employee shall be prevented from making or participating in the making of any decision to the extent his or her participation is legally required for the decision to be made. The fact that the vote of a designated employee who is on a voting body is needed to break a

tie does not make his or her participation legally required for purposes of this section.

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

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

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

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

(10) Section 10. Disclosure of Disqualifying Interest.

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

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

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

(12) Section 12. Violations.

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

NOTE: Authority cited: Section 83112, Government Code.

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

¹ Designated employees who are required to file statements of economic interests under any

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

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 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.

Appendix D

Policy Submission Summary

Manual Name: Medical Staff Services			Date: 10/13/21
Support Staff Name: April McKee			
Routed to:			Approved By: (Name/Committee – Date)
<input type="checkbox"/> Department Director <input type="checkbox"/> Medical Director <i>(if applicable)</i> <input type="checkbox"/> Medical Staff Department <i>(if applicable)</i> <input type="checkbox"/> Patient Care Policy <i>(if applicable)</i> <input type="checkbox"/> Pharmacy & Therapeutics <i>(if applicable)</i> <input type="checkbox"/> Interdisciplinary Practice Council <i>(if applicable)</i> <input type="checkbox"/> Credentials Committee <i>(if applicable)</i> <input type="checkbox"/> Executive Team <i>(if applicable)</i> <input checked="" type="checkbox"/> Medical Executive Committee <i>(if applicable)</i> <input checked="" type="checkbox"/> Board of Directors			
Policy/Procedure Title	#	Status <small>(New, Revised, Reviewed, Deleted)</small>	Name and Phone # of person who wrote the new policy or revised an existing policy
COVID-19 Testing Guidelines	MD 54	Revised	Emma Mozier x2825



Medical Staff Services
COVID Manual

Policy Number: MS 54	Date Created: 10/08/2021
Document Owner: April McKee (Medical Staff Svcs Manager)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Medical Executive Committee, April McKee (Medical Staff Svcs Manager), Cindy Moccio (Board Clerk/Exec Assist-CEO), Teresa Boyce (Director of Medical Staff Svcs)	
COVID-19 Testing Guidelines	

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

These guidelines are for practitioners ordering repeat tests for patients suspected to be or infected with the COVID-19 virus. Tests may be processed through Kaweah Delta Medical Center Lab, the Tulare county Public Health Lab (TCPHL), or a Commercial lab. Supplies of testing kits will be continuously monitored.

Repeat testing parameters:

- Allowed for ~~in~~patients **only** IF the first test is negative
- If a patient's first test is negative but there is strong suspicion of COVID-19 based on clinical presentation or recent exposure, the patient should be placed in appropriate precautions and re-tested as close to the first test as possible. Recommend retesting with a non-rapid molecular test (example: PCR).
 - PCR test results will supersede any ID-Now results.
- If a second COVID test is negative, subsequent diagnostic testing should be done at least 3 to 5 days after the first negative test(s). Patient to remain in isolation if there continues to be a strong suspicion of COVID-19 until ruled out. A third test requires a recommendation from an Infectious Disease or Pulmonary Specialist and can only be ordered if both prior tests are negative.

Follow up Testing on Prior Positive Persons:

- ~~First follow up test to be ordered at least one week after first positive test result.~~
- ~~Allowed only for inpatients being released to a nursing home or other congregate living facility.~~
- Repeat testing to determine release from quarantine is not approved. NOT required. No additional COVID-19 testing is required for 90 days post-infection. Instead, use Time-Based or Symptom-Based strategies to determine resolution of infection (see attached flowcharts)
- ~~Any additional testing after receiving two negative results requires a recommendation from an Infectious Disease or Pulmonary Specialist.~~

Practitioners and Employees:

Employee Health ~~is encouraged to will~~ use the Centers for Disease Control (CDC) recommended non-test based strategies for return to work clearance: Time-Based

for asymptomatic and Symptomatic-Based for symptomatic COVID-19 positive healthcare personnel.

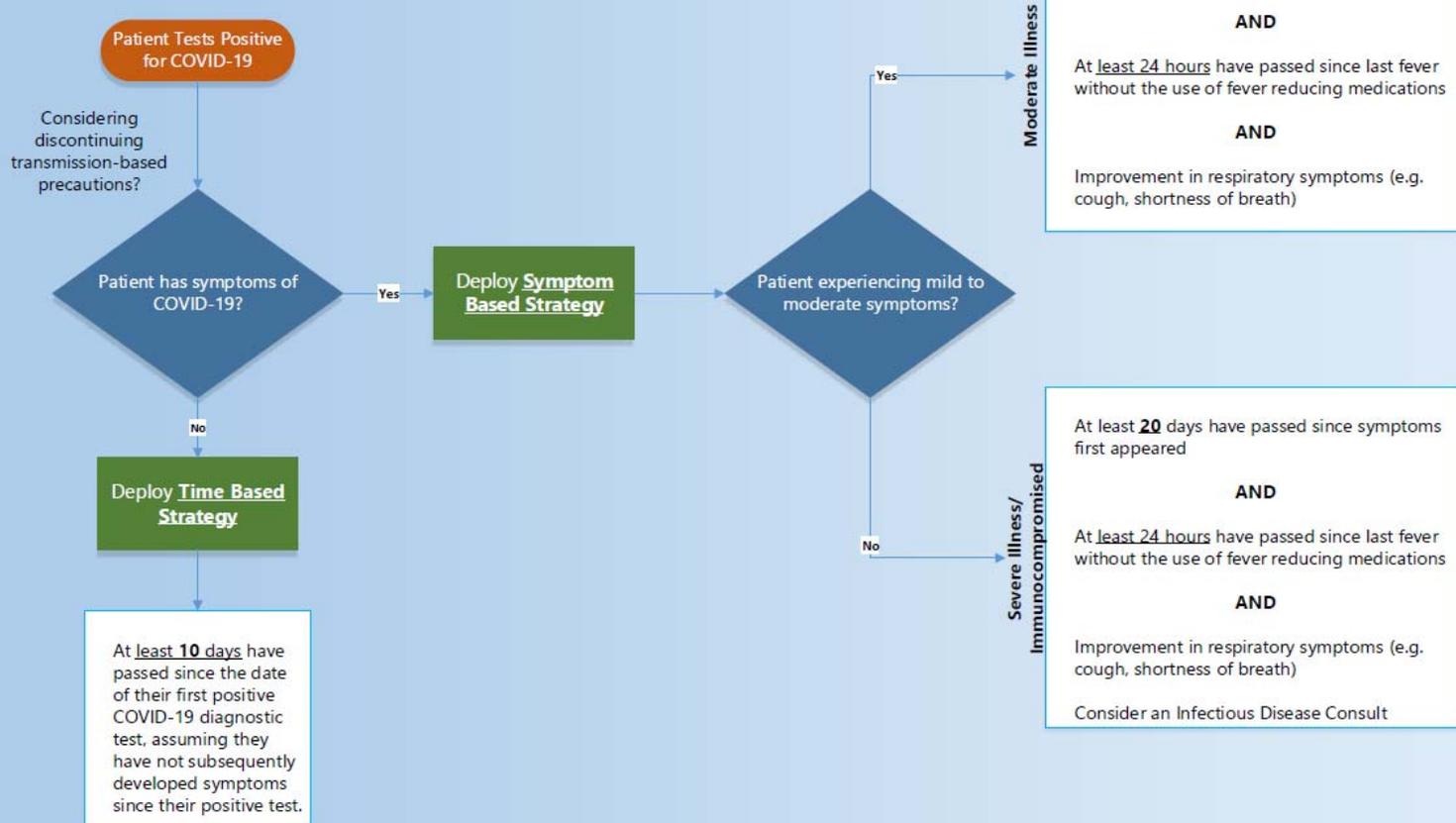
References:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

"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."

approval

Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)

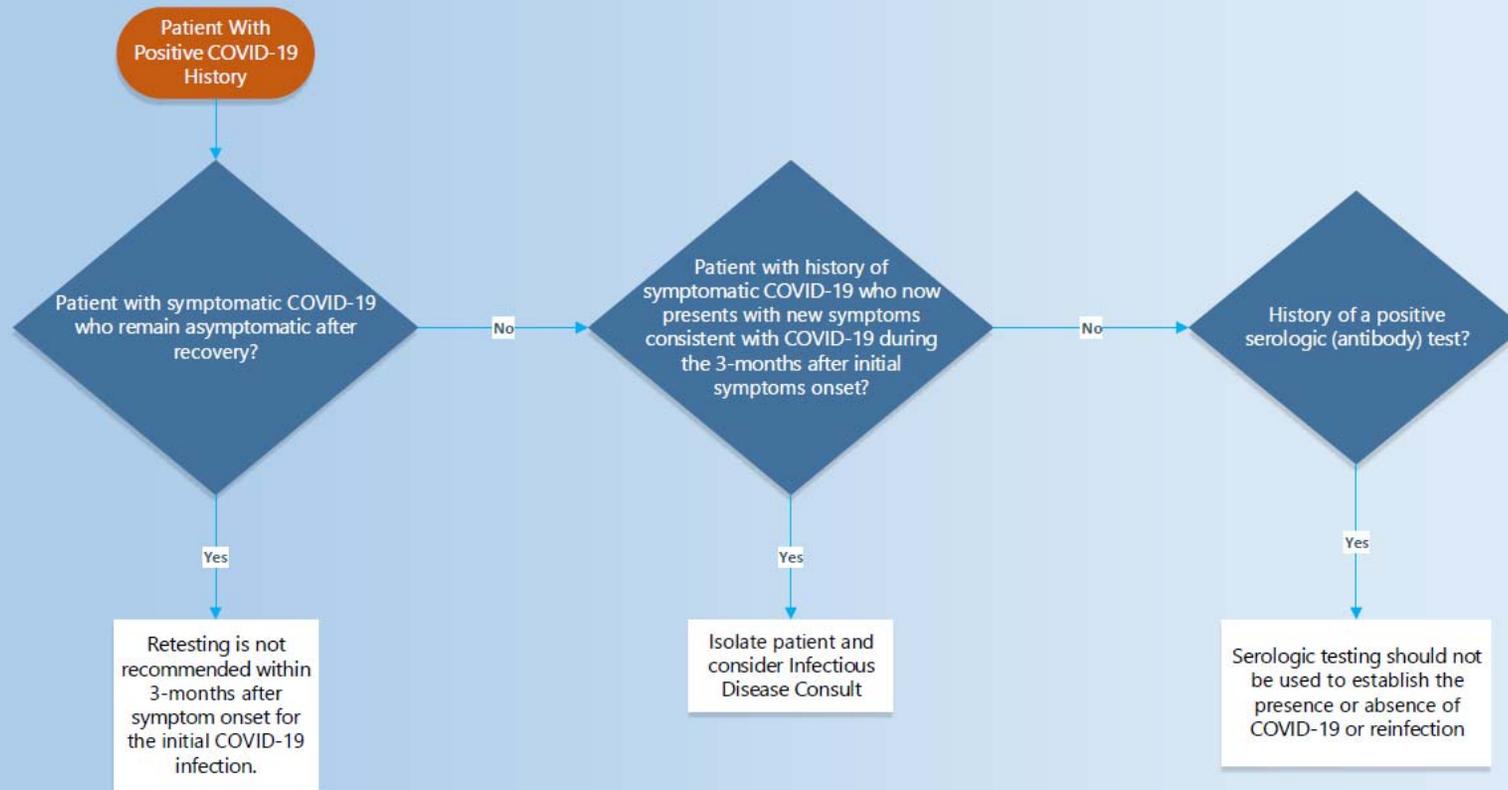


Note: Criteria depicted above is not required for discharge to home

The algorithm above will be regularly revised to stay in line with professional and regulatory guidance.

Version-3
8/15/2020

Role of Testing after Discontinuation of Isolation Precautions and Role of Serologic Testing



The algorithm above will be regularly revised to stay in line with professional and regulatory guidance.

Version-1
8/13/2020

 Kaweah Delta Medical Center

Sepsis Quality Focus Team (QFT) October 2021



What is Sepsis?

Sepsis is the body's overwhelming and life-threatening response to infection that can lead to tissue damage, organ failure, and death.

- the body's overactive and toxic response to an infection.
- a medical emergency that requires rapid diagnosis and treatment
- Sepsis can lead to severe sepsis and septic shock.

Key Sepsis Facts:

- Sepsis is the number 1 cost of hospitalization in the U.S. - estimated to be \$62 billion annually.
- Estimated that 30% of patients diagnosed with severe sepsis do not survive.
- Up to 50% of survivors suffer from post-sepsis syndrome. **Until a cure for sepsis is found, early detection and treatment is essential for survival and limiting disability for survivors.**
- Every 2 minutes in the United States Sepsis takes a life

At Kaweah Health:

- One of the highest volume medical diagnosis
- One of the most expensive DRGs
- A leading cause of mortality



WHAT IS SEPSIS?

Sepsis is the body's overwhelming and life-threatening response to infection which can lead to tissue damage, organ failure, and death.

270,000 DEATHS IN UNITED STATES
8,000,000 DEATHS ACROSS THE GLOBE

EACH YEAR, MORE THAN 270,000 PEOPLE IN THE U.S. DIE FROM SEPSIS. WORLDWIDE, THAT FIGURE IS 8 MILLION.

65% OF AMERICANS SAY THEY KNOW THE WORD

When it comes to sepsis, remember IT'S ABOUT TIME™. Watch for:

T TEMPERATURE - higher or lower than normal
I INFECTION - may have signs or symptoms of infection
M MENTAL DECLINE - confused, sleepy, difficult to rouse
E EXTREMELY ILL - severe pain, discomfort, shortness of breath

NUMBER 1

LEADING CAUSE OF DEATH IN HOSPITALS
LEADING CAUSE OF HOSPITAL READMISSIONS
SINGLE BIGGEST COST TO HOSPITALS (\$27 BILLION PER YEAR)

IDENTIFY COMMON SYMPTOMS

AROUND 72% OF AMERICANS CAN IDENTIFY STROKE SYMPTOMS, YET ONLY 12% CAN IDENTIFY THE MOST COMMON SEPSIS SYMPTOMS

CONTAGIOUS?

39% OF AMERICANS INCORRECTLY BELIEVE SEPSIS IS CONTAGIOUS

THERE IS NO SIMPLE TEST OR CURE FOR SEPSIS

SEPSIS CAN BE PREVENTED BY PREVENTING INFECTIONS AND **CAN BE TREATED** SUCCESSFULLY IN MOST CASES WITH EARLY RECOGNITION AND TREATMENT.

SOUND THE ALARM

IF YOU SUSPECT YOU OR A LOVED ONE MAY HAVE SEPSIS, SEE A MEDICAL PROFESSIONAL IMMEDIATELY OR CALL 911 AND SAY

"I AM CONCERNED ABOUT SEPSIS"

YOU CAN HELP SAVE LIVES FROM SEPSIS, GET INVOLVED AT **SEPSIS.ORG**

 **SEPSIS ALLIANCE**

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SEP-1 Early Management Bundle

The risk of dying from sepsis increases by as much as 8% for every hour treatment is delayed*

- In 2015, the Centers for Medicare and Medicaid Services (CMS) instituted an all-or-none sepsis performance measure bundle (SEP-1) to promote high-quality, cost-effective care.
- In general, the current SEP-1 version requires patients with suspected sepsis have:
 - lactate level
 - blood cultures
 - broad-spectrum antibiotics
 - if hypotensive, a fixed 30 mL/kg fluid infusion within 3 hours
 - repeat lactate if initially elevated within 6 hours.
- In addition, for patients in septic shock:
 - Vasopressors
 - repeat assessment completed within 3 & 6 hrs.

Required Action	Severe Sepsis		Septic Shock	
	3-Hr Bundle	6-Hr Bundle	3-Hr Bundle	6-Hr Bundle
Initial Lactate Collection	Yes	Must be completed within 3-hrs of Severe Sepsis Presentation		
Blood Culture Collection	Yes			
Initial Antibiotic Started	Yes			
Repeat Lactate Collection (if Initial Lactate is > 2)	N/A	Yes	Completed within 6-hrs of Severe Sepsis presentation	
30 mL/kg Crystalloid Fluids Started	N/A	N/A	Yes	Completed within 3-hrs of initial hypotension and/or septic shock
Vasopressor Given (if hypotension persists)	N/A	N/A	Completed within 6-hrs of septic shock	Yes
Repeat Volume Status Assessment	N/A	N/A		Yes

*Kumar A, Roberts D, Wood KE, et al. Duration of hypotension before initiation of effective antimicrobial therapy is the critical determinant of survival in human septic shock. Crit Care Med. 2006;34(6):1589-1596. <http://www.ncbi.nlm.nih.gov/pubmed/16625125>

Sepsis Alerts

Early recognition leads to early treatment

Kaweah Health utilizes The St. John Sepsis Surveillance Agent to identify high risk patients to initiate the SEP-1 bundle

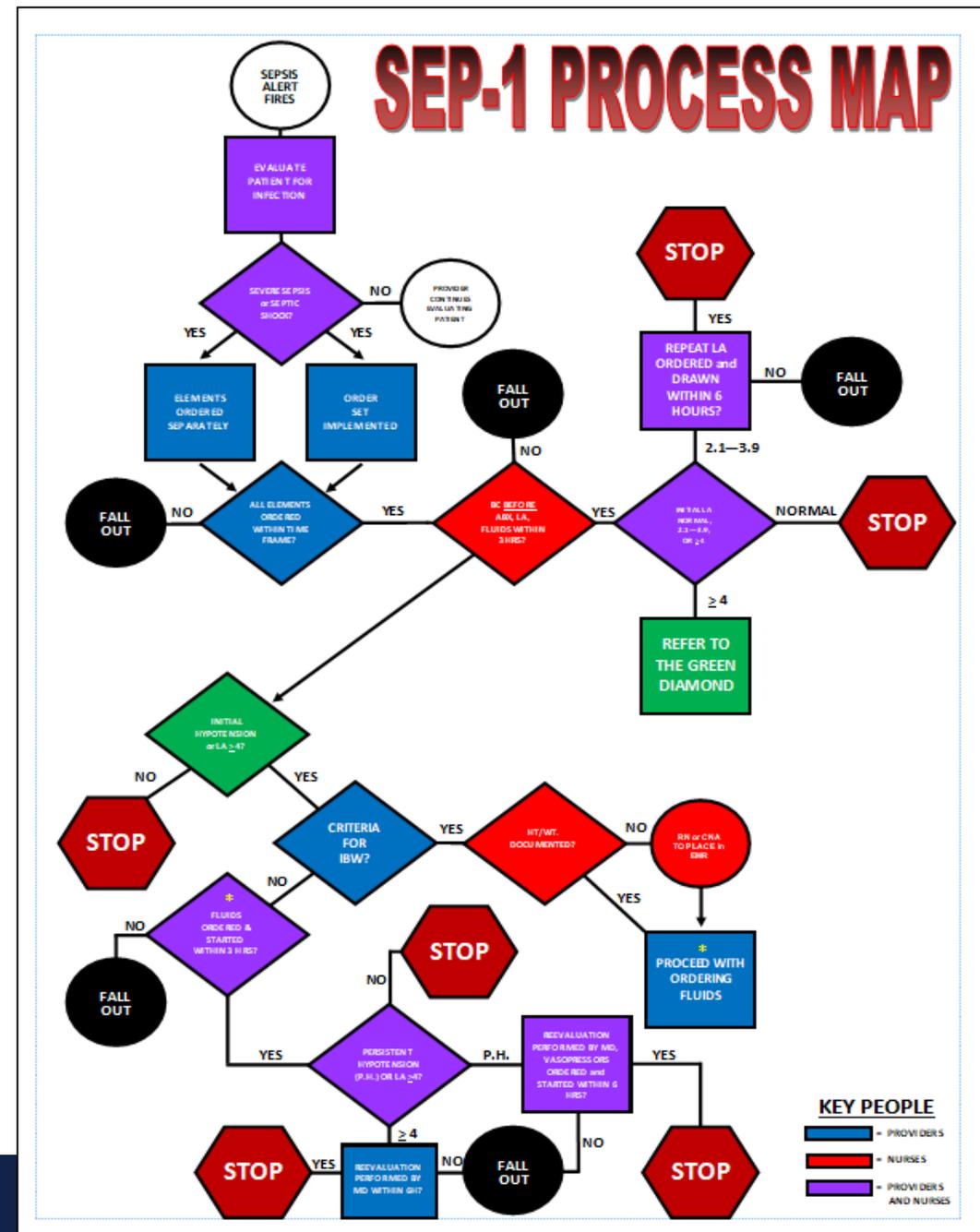
- developed by Cerner Corporation in 2010, draws from the best published evidence and uses cloud computing with big data analytics to screen and activate on high-risk patients early in their infectious process, while increasing precision in estimating mortality risk to enable medical decision.
- Between July 2020 and September 2021 Kaweah Health averages 522 electronic sepsis alerts per month, estimated annual total of 6,265
- Approximately 13% of alerts meet sepsis criteria requiring intervention, equating to 68 patients per month or 816 patients per year
- Approximately 67% of sepsis alerts and severe septic patients are followed by a Sepsis Coordinator at Kaweah Health



SEP-1 Early Management Bundle

Bundled Care to achieve optimal patient outcomes

- The CMS Sepsis bundle requires a multidisciplinary team approach; the care requirements are timed, with several decision points throughout the process, and the required documentation is precise
- To make it easier, the early management bundle has been put into order sets



SEP-1 Early Management Bundle

Our Mission

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

Our Vision

To be your world-class
healthcare choice, for life

FY22 Clinical Quality Goals

	July-Aug 2021 Higher is Better	FY22 Goal	FY21	FY21 Goal
SEP-1 (% Bundle Compliance)	65%	≥ 75%	74%	≥ 70%

Percent of patients with this serious infection complication that received “perfect care”. Perfect care is the right treatment at the right time for our sepsis patients.

SEP-1 Early Management Bundle

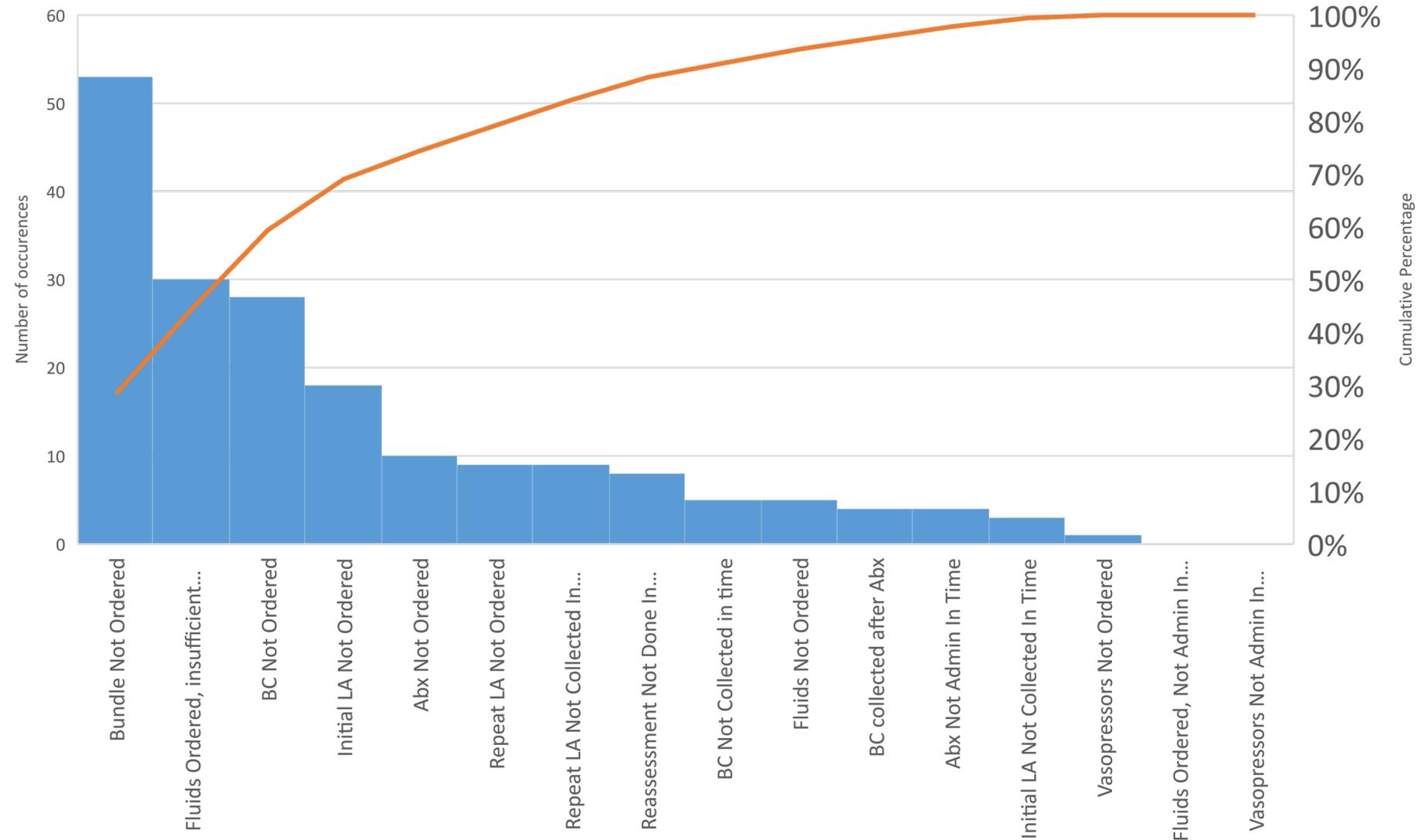
Key root causes

- Bundle not ordered/timely
- Patient does not present in a clear sepsis picture, or during hospitalization
- Fluids ordered, insufficient volume due to patient with heart failure or kidney disease.

New SEP-1 criteria as of July 1, 2021 now include reduced fluid requirements for HF and KD patients (must be documented by provider)

BC= Blood Cultures, LA = Lactic Acid, Abx = Antibiotics

Sepsis Reasons for SEP-1 Non-Compliance July 2020 - Aug 2021



SEP-1 Early Management Bundle

Key Quality Improvement (QI) Initiatives

Sepsis QI Strategy Prioritization Grid

Group Strategy Affects	Improvement Strategy	DIFFICULT Y or Cost/ Time to Implement Rate 5 to 1 High = 1 Low = 5	FEASIBILITY (likelihood of Success/ability to achieve the outcome Rate 5 to 1 High = 5 Low = 1	SCOPE Strategy affects multiple or a high volume root cause Rate 5 to 1 High = 5 Low = 1	LEVERAG E (Positive Impact on Other Processes) Rate 5 to 1 High = 5 Low = 1	Total Project Priority
CC/INPT RN	6. Make form revisions to "provider notification"; provide prompts for critical thinking and order set initiation, and title it differently to eliminate confusion	x 2.0	x 4.0	x 4.0	x 5.0	160.0
ED Pro	1. Improve ED provider notification by Sepsis Coordinator when attempting to avoid fallouts concurrently	x 4.0	x 2.0	x 4.0	x 3.5	112.0
ED/CC RN	20. Hand off sheet/pathway checklist (concerns about paper lost); can checklist be triggered electronically for RN when order set is used? This way checklist is available electronically, and can be available to print anywhere in patients Sepsis hospitalization course regardless of location. Similar to existing workflow with MRI safety form, belonging forms "ad hoc" forms. Ideally it populate, and reminder to complete.	x 3	x 2	x 4	x 4	96.0
CC/INPT RN	7. Mandatory for RN to fill out "provider notification form" after sepsis alert fires – alerts suppressed for 48hrs, so RNs do not receive multiple alerts. THIS IS DEPENDENT ON #6 Investigate what happens If you bypass the alert one time it appears very difficult to get it back – further education/awareness of where to find alert.	x 4.5	x 3.0	x 2.0	x 3.0	81.0
ED Pro	16. Reflex alert, when Abx ordered (specific list of Abx) provider gets alert "do you want BC"	x 4	x 4	x 4	x 1	64.0

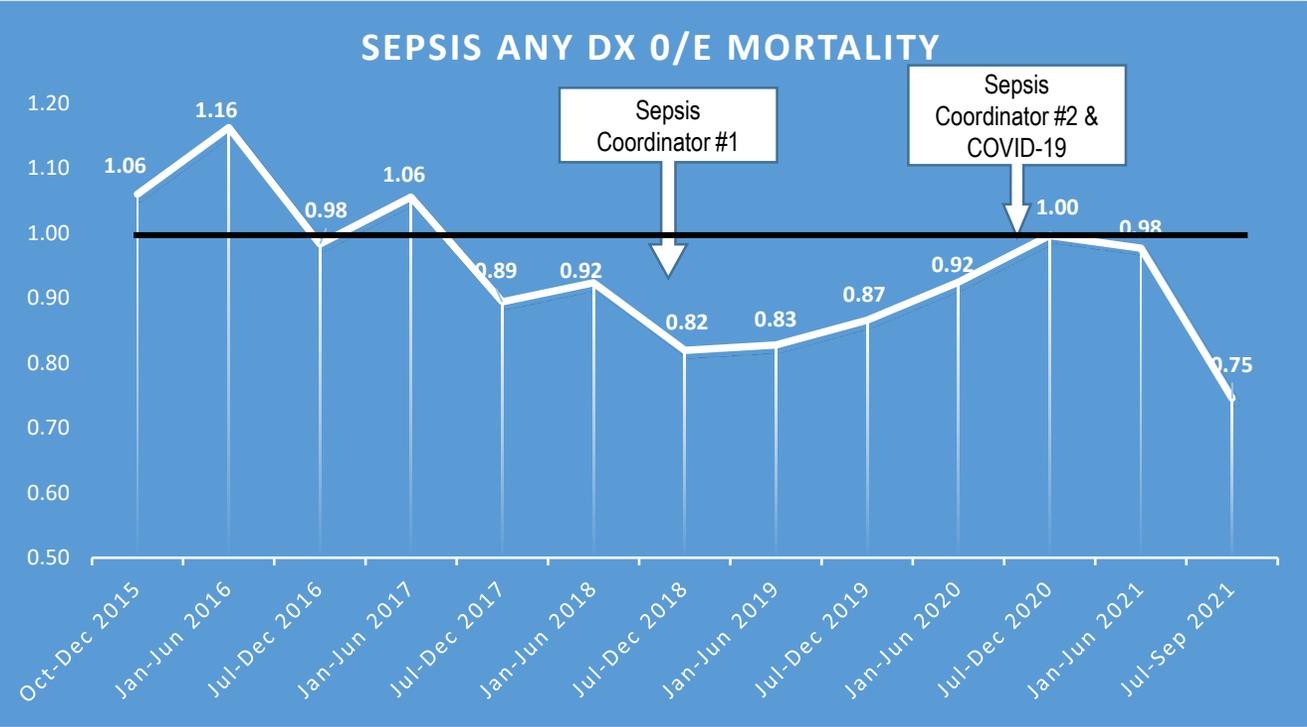
- Six sigma approach taken to analyze data and identify root causes of SEP-1 bundle fallouts, and prioritize QI strategies
- 19 improvement strategies implemented over 18 months
- **COMPLETE** – Provider Notification Form went live at KHMC on 6/29/21
- **COMPLETE** – Sepsis education has officially gone live and will be mandatory for RNs throughout the organization on an annual basis. Thank you, Mary Laufer and the clinical education team for ensuring this was retrofitted for RNs hired in 2020 (as COVID placed the Safety Summit on hold).
- IN PROGRESS – Electronic handoff checklist in development
- ONGOING – Continuous review of cases where bundle was not fully implemented to identify further opportunities for QI as overseen by the multidisciplinary QFT

Outcomes of Sepsis Bundle Compliance

Sepsis Mortality Observed/Expected (O/E)

Goal: <1.0

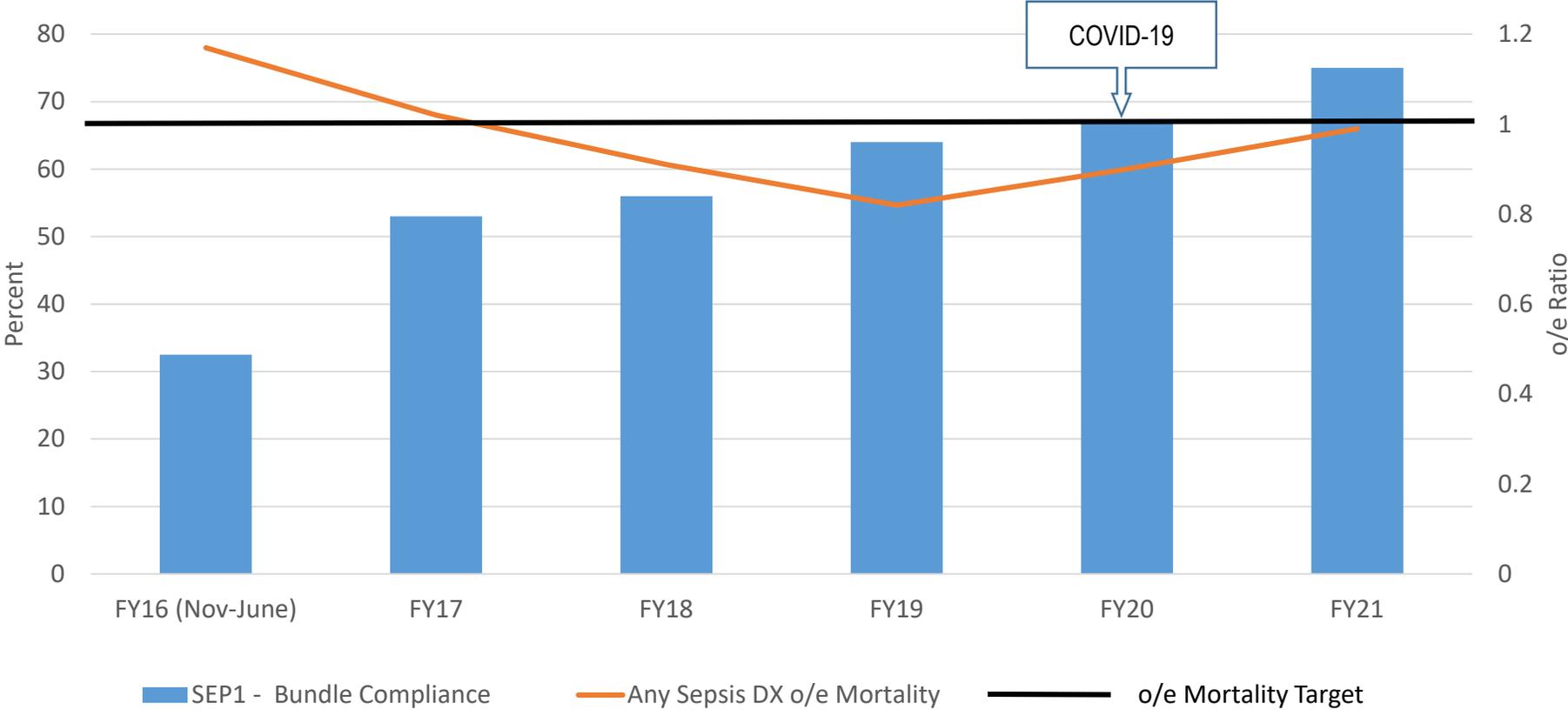
*includes COVID-19 patients, but included in risk adjustment



Year	Sepsis Dx Volume
2015	787
2016	1144
2017	1431
2018	1614
2019	1523
2020	1445
2021 (*annualized)	1323

Outcomes of Sepsis Bundle Compliance

% Sepsis Bundle Compliance & Any Sepsis Dx Observed/Expected (O/E) Mortality by Fiscal Year(FY)



Provides a gauge on outcomes related to Sepsis care

- CMS Bundle compliance excludes COVID-19 patients
- O/E mortality includes COVID-19 patients, but included in risk adjustment
- Despite COVID-19 surge, o/e ratios remain <1 (less mortality than expected)

Questions?

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Medication Error Reduction Plan (MERP)

A plan to eliminate or substantially reduce Medication errors.
October 2021

James McNulty, Pharm.D.
Director of Pharmacy



[kawahhealth.org](https://www.kawahhealth.org)



What is MERP and the Survey Process?

California Health & Safety Code 1339.63

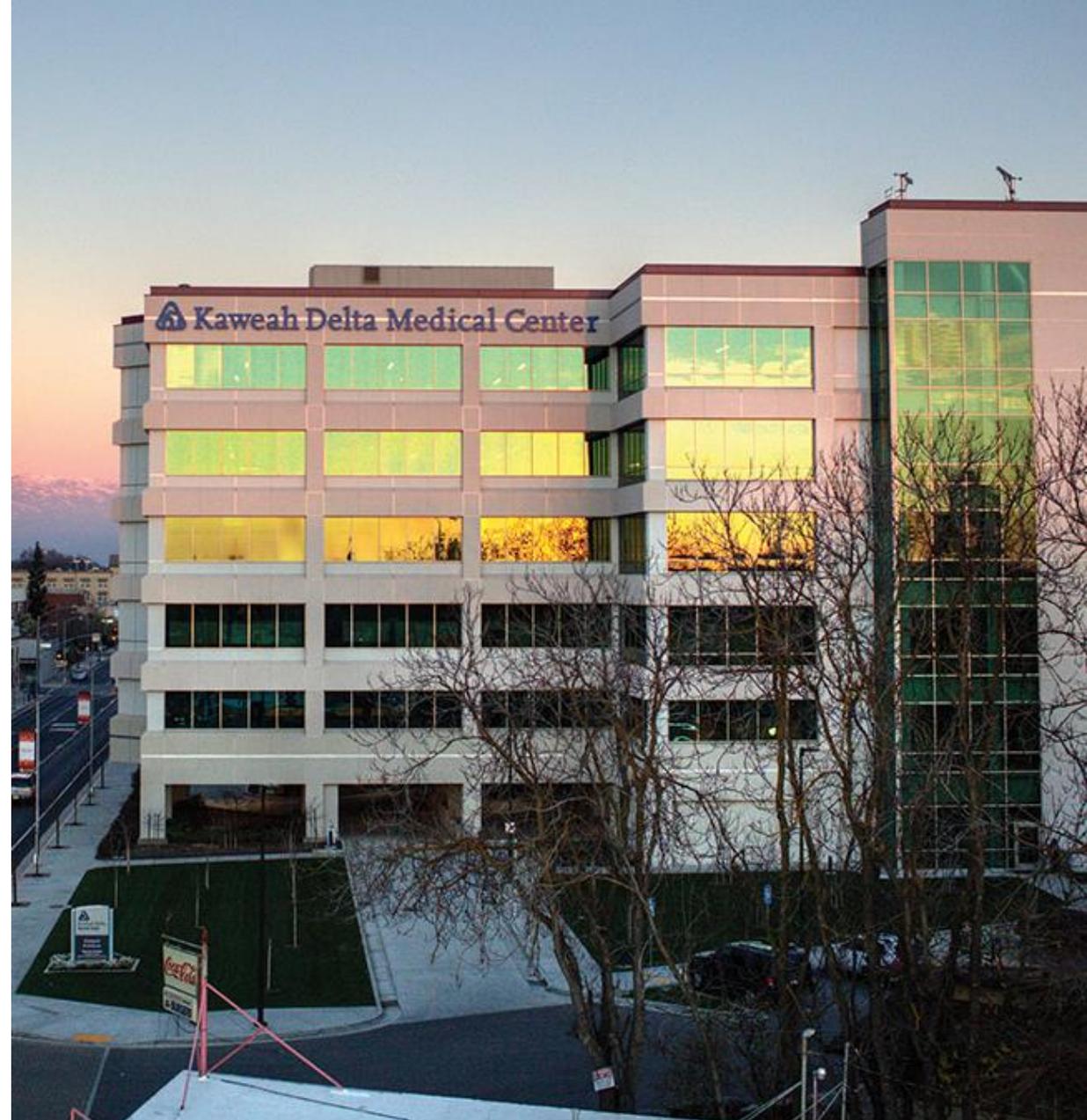
- Hospitals shall adopt a formal plan to eliminate or substantially reduce medication-related errors.
- MERP survey every 3 years.
- MERP survey has been combined with the General Acute Care Hospital Relicensing Survey (GACHRLS).
- Due unannounced after September 26, 2021.



MERP Requirements

Evaluate and assess each of the 11 procedures and systems listed.

1. Prescribing
2. Prescription order communications
3. Product labeling
4. Packaging and nomenclature
5. Compounding
6. Dispensing
7. Distribution
8. Administration
9. Education
10. Monitoring
11. Use



MERP Requirements cont.

- Proactively identify actual or potential medication-related errors. Include concurrent and retrospective review of clinical care.
- Include a multidisciplinary team to regularly review all identified actual and potential medication errors:
 - ✓ Pharmacy
 - ✓ Nursing
 - ✓ Medical
 - ✓ Administration
- Include a process to incorporate external medication-related error alerts.
- Describe the technology to be implemented.
- Include an annual review to assess effectiveness.
- Modify plan as warranted.

How are MERP Goals Developed?

- Occurrence reporting process: Midas Reports
- Adverse Drug Event team (ADE).
- Medication Safety Quality Focus Team (MSQFT).
 - Internal data: Occurrence reports in Midas, observations, chart reviews, trigger tools.
 - External data: literature, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Institute for Safe Medication Practices (ISMP), Newsletters.
 - MERP assessment annually and as needed.
 - Implement technology.
 - Assessment of previous MERP goals.
- Pharmacy & Therapeutics Committee (P&T).

Current MERP Goals (2021)

Prescribing: Prevent direct oral anticoagulant prescribing errors by providing an indication when ordering. This indication can be used to verify the dose.

Prescription order communication: Decrease medication dosing errors by increasing the accuracy of patient weights use for dosing.

Prescription order communication: Decrease medication order entry errors by removing the default frequency of “every 24 days” than can be inadvertently entered instead of the common “every 24 hours.”

Packaging and nomenclature: Decrease the risk of wrong drug errors by removing the patient specific barcode on labels. These particular barcodes can result in a false positive scan.

Dispensing: Prevent anticoagulation duplication errors by having the pharmacist document anticoagulation therapy reviews to prevent duplication.

Distribution: Prevent meds from being inappropriately transported via a pneumatic tube system by the use of preprinted warning labels.

Administration: Prevent medication errors by increasing BCMA compliance rate to >95%.

Administration: Prevent medication errors by improving a “hand off” report tool for nursing. This tool helps improve communication and prevents errors.

Educations: Prevent medication error related to direct oral anticoagulants by providing staff education

Monitoring: Prevent potassium administration to patients that are hyperkalemic by triggering a serum potassium notification upon potassium administration.

Use: Prevent medication infusion errors by increasing the use of smart pump dose error reduction software.

Use: Prevent controlled substance waste and wasting errors by optimizing the selection of morphine sulfate products.

Current MERP Goals (examples)

- Decrease medication administration errors by improving Barcode Medication Administration (BCMA) Compliance.
 - Action: Equipment, education, barcode uploads, quality reports, improvement plans.
 - Outcome: BCMA compliance increased from 90% to 96%.
 - Assessment: MERP plan successful. Continue to improve and monitor for success.
- Prevent Direct Oral Anticoagulant (DOAC) errors.
 - Action: Provide DOAC education.
 - Outcome: Education provided.
 - Assessment: pending.

New MERP Goals (examples)

- Optimize the use of morphine sulfate to prevent controlled substance waste.
 - Action: Add morphine 2 mg and 4 mg options to more closely align the ordered dose with the dispensed dose.
 - Outcome/Assessment: pending.
- Prevent potassium administration to patients that are hyperkalemic
 - Action: Develop a Cerner flag notification that will provide the nurse with the most recent serum potassium when administering potassium.
 - Outcome/Assessment: pending.

Retired MERP Goals (examples)

- Decrease high dose hydromorphone prescribing errors.
 - Action: Providing an alert with a guideline for doses ≥ 2 mg.
 - Outcome: The number of high dose hydromorphone orders decreased $> 50\%$.
 - Assessment: The MERP plan was effective and successful.
- Decrease the use of stated, estimated, or historical weights.
 - Action: Increased availability of scales, nursing education, quality reports.
 - Outcome: Greater than 99% of ER patients have a measured within 2 hours.
 - Assessment: The MERP plan was effective and successful.

KDHCD MERP Goals 2018-2021

The "MERP Year" is April through March; last survey occurred September 2018

PLAN START PLAN DURATION PLAN ACTUAL START PLAN ACTUAL DURATION PERCENT COMPLETE

Legend: A (hatched), B,C (diagonal lines), D,E (solid purple)

KEY:
 A There has been no activity to implement this item.
 B This item has been formally discussed and considered, but it has not been implemented.
 C This item has been partially implemented in the organization for some or all areas, patients, drugs, and/or staff.
 D This item is fully implemented in the organization for some or all areas, patients, drugs, and/or staff.
 E This item is fully implemented throughout the organization for all patients, drugs, and/or staff.

	2018		2019		PERCENT COMPLETE	Timeline (2018-2021)											
	PLAN START	PLAN DURATION	PLAN ACTUAL START	PLAN ACTUAL DURATION		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
PRESCRIBING																	
Improve prescribing of proton pump inhibitors to reduce the risk of adverse drug reactions	1	31	1	31	100%	[Solid Purple Bar from Q1 2018 to Q4 2020] Partially Effective											
Decrease prescribing errors for antithrombotic agents utilizing clinical decision support	10	7	10	7	100%	[Solid Purple Bar from Q4 2018 to Q3 2019] Effective											
Improve safety of antithrombotic prescribing	16	13	16	13	100%	[Solid Purple Bar from Q3 2019 to Q4 2020] Effective											
Prevent DOAC prescribing errors	42	24			0%	[Hatched Bar from Q2 2021 to Q4 2021]											
Decrease high dose hydromorphone prescribing errors	28	12	28	15	100%	[Solid Purple Bar from Q2 2020 to Q3 2021] Effective											
PRESCRIPTION ORDER COMMUNICATION																	
Decrease medication dosing errors by increasing accuracy of patient weights	42	24	42		75%	[Hatched Bar from Q2 2021 to Q3 2021]											
Prevent errors when selecting the order frequency of "every 24 hours."	46	12				[Hatched Bar from Q4 2021 to Q4 2021]											
Decrease the use of stated, estimated, or historical weights	1	39	1	39	100%	[Solid Purple Bar from Q1 2018 to Q3 2021] Effective											
Increase detection of overdose errors during pharmacist order verification	31	9	31	9	100%	[Solid Purple Bar from Q3 2020 to Q3 2021] Effective											
PRODUCT LABELING																	
Standardize auxiliary label placement for intravenous infusions	1	13	1	13	100%	[Solid Purple Bar from Q1 2018 to Q3 2020] Effective											
PACKAGING & NOMENCLATURE																	
Decrease risk of wrong drug medication errors by removing patient specific label barcodes	31	9	31	24	0%	[Hatched Bar from Q3 2020 to Q4 2021]											
COMPOUNDING																	
<i>None</i>																	
DISPENSING																	
Preventing anticoagulation duplication errors	46	12				[Hatched Bar from Q4 2021 to Q4 2021]											
Decrease Pyxis fill medication errors	4	10	4	10	100%	[Solid Purple Bar from Q2 2018 to Q3 2020] Effective											
DISTRIBUTION																	
Prevent medications from being "tubed" inappropriately	42	24	42		75%	[Hatched Bar from Q2 2021 to Q3 2021]											
Improve delivery of bulk inhalers to inpatient care units	13	4	13	4	100%	[Solid Purple Bar from Q1 2019 to Q3 2020] Effective											
ADMINISTRATION																	
Reduce the risk of IV medication infusion errors by improving smartpump drug library management	1	28	1	28	100%	[Solid Purple Bar from Q1 2018 to Q3 2021] Partially Effective											
Improve BCMA scanning rates to greater than 95% for acute care nursing units	16	24	16	36	100%	[Solid Purple Bar from Q1 2019 to Q4 2021]											
Improve hand-off between nursing staff to reduce medication error	28	12	28	14	50%	[Solid Purple Bar from Q3 2020 to Q3 2021] Partially Effective											
EDUCATION																	
Improve name recognition of DOACs	26	14	26	24	50%	[Solid Purple Bar from Q1 2020 to Q3 2021] Partially Effective											
MONITORING																	
Prevent potassium administration to patients that are hyperkalemic	47	12				[Hatched Bar from Q4 2021 to Q4 2021]											
Improve error detection, reporting, and use of information to improve medication safety	1	16	1	16	100%	[Solid Purple Bar from Q1 2018 to Q3 2020] Effective											
USE																	
Eliminate promethazine injectable use	4	10	4	10	100%	[Solid Purple Bar from Q2 2018 to Q3 2020] Partially Effective											
Decrease medication infusion errors by increase smart pump dose error reduction software use.	46	24				[Hatched Bar from Q4 2021 to Q4 2021]											
Optimize the use of morphine sulfate to prevent controlled substance waste	49	12				[Hatched Bar from Q4 2021 to Q4 2021]											
Ensure all appropriate antidotes, reversal agents, and rescue agents are readily available	1	13	1	13	100%	[Solid Purple Bar from Q1 2018 to Q3 2020] Effective											
FMEA - RFID Emergency Trays	26	14	26	14	100%	[Solid Purple Bar from Q1 2020 to Q3 2021] Effective											

MERP Technology

- Automated Dispensing Cabinets (PYXIS)
- Alaris Smart Pumps (Guardrails)
- BCMA (barcode-assisted medication administration)
- CPOE (computerized physician order entry)
- BCMP (barcode-assisted medication preparation, sterile compounding in the pharmacy)
- Bluesight technology

Assessing MERP Effectiveness

- The Medication Safety Quality Focus Team formally reviews the MERP quarterly and modifies/closes/adds goals as appropriate.
- An annual review is also completed to assess the effectiveness of the MERP.
- Effectiveness is evaluated by different metrics including objective measures where possible (e.g. BCMA compliance rate, patient weights entered%).

Questions?

For any questions or concerns regarding medication safety or the MERP, contact:

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Strategic Plan

Quarterly Update for Q1 Fiscal Year 2022

Presentation to the Board of Directors
October 25, 2021



[kawahhealth.org](https://www.kawahhealth.org)



Strategic Plan Quarterly Updates

- At the end of each fiscal quarter, the Board of Directors will receive an report presenting Kaweah Health’s efforts and progress related to the Strategic Plan
 - The goal of this new report is to increase accountability and ensure that the Board is able to monitor performance throughout the year rather than waiting until the end of the fiscal year.
- The first component of the quarterly report is a 2-page Framework document that provides an overview of the entire Strategic Plan, including the six FY2022 Initiatives.
 - The Framework lists the Strategic and Metrics for each Initiative
 - Performance on the Metrics is indicated using a red/yellow/green methodology
- For each of the six Initiatives, the report includes a section containing:
 - A 1-page report that tracks monthly performance on the Initiative’s Metrics.
 - For each of the Strategies associated with the Initiative, the report contains a 1-page “four corners” report that indicates goals, objectives, deliverables, barriers, the execution plan, accomplishments, and next steps

Strategic Plan Quarterly Updates

- Every other month, the Board receives a detailed presentation regarding one of the six Initiatives during the regular Board meeting.
- This month, the Patient and Community Experience Initiative leaders were scheduled to present their detailed presentation for their Initiative. We have combined their report into this Quarterly Update. The report (beginning on page 13 of this report) includes the two new tools described on the previous page (the metrics report and the four corners report) and the Initiative leaders will refer to these tools during their presentation, giving the Board exposure to how these tools are being used.
- In addition to the Quarterly Update and the detailed report on Patient and Community Experience, this month the Board is receiving recommended changes to three of the Initiatives. These require Board approval, and they can be found starting on slide 4 of this report.
 - Outstanding Health Outcomes
 - Empower through Education
 - Ideal Work Environment

FY22 Performance Metric Revisions to Outstanding Health Outcomes

Strategic Initiative Charter: Outstanding Health Outcomes - REVISIONS

Objective

To consistently deliver high quality care across the health care continuum

Chair

Sonia Duran-Aguilar

ET Sponsor

Doug Leeper

Board Member

Dave Francis

Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
Standardized Infection Ratio (SIR) CAUTI, CLABSI, MRSA (CMS Data)	CAUTI 0.84 CLABSI 1.33 MRSA 2.53	CAUTI ≤ 0.676 CLABSI ≤ 0.596 MRSA ≤ 0.727	TBD	TBD
Percent Sepsis Bundle Compliance (SEP-1) (CMS Data)	75% (July-Dec2020)	≥75%	≥80%	≥82%
Hospital Readmissions (%) ¹	(FY2019) AMI – 12.34 COPD – 16.09 HF – 18.22 PN Viral/Bacterial – 14.13	AMI – 9.99 11.01 COPD – 10.30 12.87 HF – 11.66 14.58 PN Viral/Bacterial – 9.04 11.30	TBD	TBD
Decrease Mortality Observed/Expected Rates ¹	AMI - 0.75 COPD – 2.40 HF – 1.78 PN Bacterial – 1.85 PN Viral – 1.34	AMI - 0.67 0.71 COPD – 1.00 1.92 HF – 1.14 1.42 PN Bacterial – 1.18 1.48 PN Viral – 0.96 1.07	TBD	TBD
Home Medication List Review of High Risk Patients (inpatient admission)	57% (Avg Oct 2020 and Feb 2021)	100%	100%	100%
Complete Initial Home Medication w/in 12 24 hours of Inpatient Admission ²	N/A	100% Develop a report and establish the baseline data.	100% -TBD	100% -TBD
Outpatient Medication Reconciliation w/in 30 days Post Discharge (MRP)	N/A	44%	55%	78%
Team Round Implementation	MICU currently does this	Design & Pilot on 1-2 units	Roll out expectations for 2 additional units and measure at 6 months % adherence	80% Adherence for 3-4 units and roll out for units with hospital-based groups and measure at 6 months % adherence

- Hospital Readmissions and Mortality Observed/Expected Rates Goals have been revised based on % reduction from the 2019 baseline (normal non-COVID year), as reviewed and approved by the Quality Committee.
- Complete Initial Home Medication metric has been revised from 12 to 24 hours to align with Kaweah's policy. In addition, further review of existing reports revealed the need for report modification to accurately capture performance. FY22 Goal has been changed to a process measure and will begin measuring performance in FY23.

FY22 Performance Metric Revisions to Empower through Education

Strategic Initiative Charter: Empower Through Education - REVISIONS

Objective

Implement initiatives to develop the healthcare team and attract and retain the very best talent in support of our mission.	ET Sponsor Dianne Cox	Leader Amy Shaver	Board Member Ambar Rodriguez
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Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
Increase CME/CEU offerings and educational courses	CME – 74 events, 1,330 hours of CME credit	Finish buildout of Lippincott System	Assess abilities for growth	Goals pending assessment
Improve the Resiliency of the Kaweah Health Team	Research and plan for Schwartz Rounds	Develop program	Metric identification and implementation	TBD
Increase and Improve Leadership Education <ul style="list-style-type: none"> EE – I respect my manager EE – My director treats me with respect EE – My manager is a good communicator EE – My director is a good communicator 	<ul style="list-style-type: none"> 4.47 4.18 4.12 3.99 	<ul style="list-style-type: none"> 4.47 4.22 4.18 4.05 	TBD	TBD
Increase Internal Promotions and Retention of Leaders <ul style="list-style-type: none"> EE – This organization provides career development opportunities Promotions Retention 	<ul style="list-style-type: none"> 3.70 75% Promotions 82% Retention 	<ul style="list-style-type: none"> 3.76 77% Promotions 85% Retention 	TBD	TBD
Increase nursing cohorts	0 Seats	+53 Seats	TBD	TBD
Implementation of rural track training programs	Develop Child adolescent Program Develop Psychiatry Program	Accreditation – Child	Accreditation - Psychiatry	TBD
Increase Volunteerism throughout Kaweah Health Middle/High School – Develop interest in future careers	50 volunteers	+150 Guild/Adult +200 Student	+200 Guild/Adult +150 Student	TBD

FY22 Performance Metric Revisions to Ideal Work Environment

Strategic Initiative Summary: Ideal Work Environment - REVISIONS

Objective

Foster and support healthy and desirable working environments for our Kaweah Health Teams	ET Sponsor Dan Allain	Leader Raleen Larez	Board Member Lynn Havard Mirviss
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Performance Measure	Baseline	FY22 Goal	FY23 Goal	FY24 Goal
New hire turnover	13%	12%	11%	10%
Kaweah Health Team Member Satisfaction <ul style="list-style-type: none"> • EE – Weighted Average of 27 • PE – Overall I am satisfied working at Kaweah Health • RE – TBD 	<ul style="list-style-type: none"> • 4.04 • 3.97 • TBD 	<ul style="list-style-type: none"> • 4.08 • 3.99 • TBD 	<ul style="list-style-type: none"> • TBD • TBD • TBD 	<ul style="list-style-type: none"> • TBD • TBD • TBD
Decrease Employee Turnover	• 14%	• 13%	• TBD	• TBD
I Get the Training I need to Do a Good Job <ul style="list-style-type: none"> • EE – I get the tools and resources I need to provide the best care/services for our customers/patients • EE – I get the training I need to do a good job • PE – I get the tools and resources I need to provide the best care/services for our customers/patients • RE – TBD 	<ul style="list-style-type: none"> • 3.97 • 3.92 • 3.67 • TBD 	<ul style="list-style-type: none"> • 4.01 • 3.96 • 3.69 • TBD 	<ul style="list-style-type: none"> • TBD • TBD • TBD • TBD 	<ul style="list-style-type: none"> • TBD • TBD • TBD • TBD
Kaweah Health Team Works Well Together <ul style="list-style-type: none"> • EE – My unit/department works well together • EE – Employees in my unit/department help others accomplish their work • EE – Communication between shifts is effective in my unit/department • EE – Employees in my unit/department treat each other with respect • PE – Different departments work well together at Kaweah Health • RE – TBD 	<ul style="list-style-type: none"> • 4.28 • 4.21 • 4.02 • 4.17 • 3.91 • TBD 	<ul style="list-style-type: none"> • 4.30 • 4.25 • 4.08 • 4.21 • 3.93 • TBD 	<ul style="list-style-type: none"> • TBD • TBD • TBD • TBD • TBD • TBD 	<ul style="list-style-type: none"> • TBD • TBD • TBD • TBD • TBD • TBD

FY22 Quarter 1 Framework

Kaweah Health Strategic Plan Framework 2021-2022

Our Mission
(The reason we exist)

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

Our Vision
(What we aspire to be)

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

Our Pillars

Achieve *outstanding community health*

Deliver *excellent service*

Provide an *ideal work environment*

Empower through *education*

Maintain *financial strength*

Strategic Initiative	Strategies/ Tactics	Metrics
<p>Organizational Efficiency and Effectiveness <i>Increase the efficiency and the effectiveness of the organization to reduce costs, lower length of stay, and improve processes.</i></p>	<ul style="list-style-type: none"> Utilize the Resource Effectiveness Committee (REC) structure to implement patient flow processes that are effective and efficient to lower the overall length of stay (LOS). Utilize the work of the Operating Room (OR) Efficiency and the OR Governance Committees to improve OR Room Utilization and achievement of defined OR metrics. Analyze and identify waste, and cost savings with purchase services and specialty surgical implants. 	<ul style="list-style-type: none"> Reduce Length of Stay <ul style="list-style-type: none"> ALOS (Non Covid) 7/1/21-12/31/21 within 1.0 days of the GMLOS ALOS (Non Covid) 1/1/22-6/30/22 within .75 days of the GMLOS Increase Operating Room Block Time Utilization to 60% Identify \$350K savings in Spine and Trauma Implant purchases and contracts Identify \$1M savings through consolidation of purchases services
<p>Outstanding Health Outcomes <i>To consistently deliver high quality care across the health care continuum</i></p>	<ul style="list-style-type: none"> CAUTI, CLABSI/MRSA Quality Focus Teams Daily catheter and central line Gemba rounds Enhanced daily huddles, education/awareness, culture of culturing Vascular access team, TPN utilization Sepsis Coordinators Multidisciplinary Quality Focus Team Enhanced diagnostic specific workgroups/committees 	<ul style="list-style-type: none"> Standard Infection Ratio (SIR) CAUTI, CLABSI, MRSA (CMS Data) <ul style="list-style-type: none"> CAUTI ≤ 0.676 CLABSI ≤ 0.596 MRSA ≤ 0.727 Percent Sepsis Bundle Compliance (SEP-1) (CMS Data) - ≥75% Hospital Readmissions (%) <ul style="list-style-type: none"> AMI – 11.01 COPD – 12.87 HF – 14.58 PN Viral/Bacterial – 11.30 Decrease Mortality Observed/Expected Rates <ul style="list-style-type: none"> AMI - 0.71 COPD – 1.92 HF – 1.42 PN Bacterial – 1.48 PN Viral – 1.07 Home Medication List Review of High Risk Patients – 100% Complete Initial Home Medication List w/in 24 hours of Inpatient Admission – Develop Report and Establish Baseline Data Outpatient Medication Reconciliation w/in 30 days post discharge - 44% Team Round Implementation – Design and Roll out for 2 units
<p>Expand palliative medicine</p>	<ul style="list-style-type: none"> Expand palliative medicine 	
<p>Utilize the work of the pharmacy team to improve and achieve the medication-related metrics in the inpatient setting</p> <p>Utilize the work of the Clinic Network and Population Health teams to improve and achieve the defined quality metrics in the outpatient setting</p> <p>Multidisciplinary team rounding</p>	<ul style="list-style-type: none"> Utilize the work of the pharmacy team to improve and achieve the medication-related metrics in the inpatient setting Utilize the work of the Clinic Network and Population Health teams to improve and achieve the defined quality metrics in the outpatient setting Multidisciplinary team rounding 	

Better than target; at target; worse than target; pending/in process

Kaweah Health Strategic Plan Framework 2021-2022

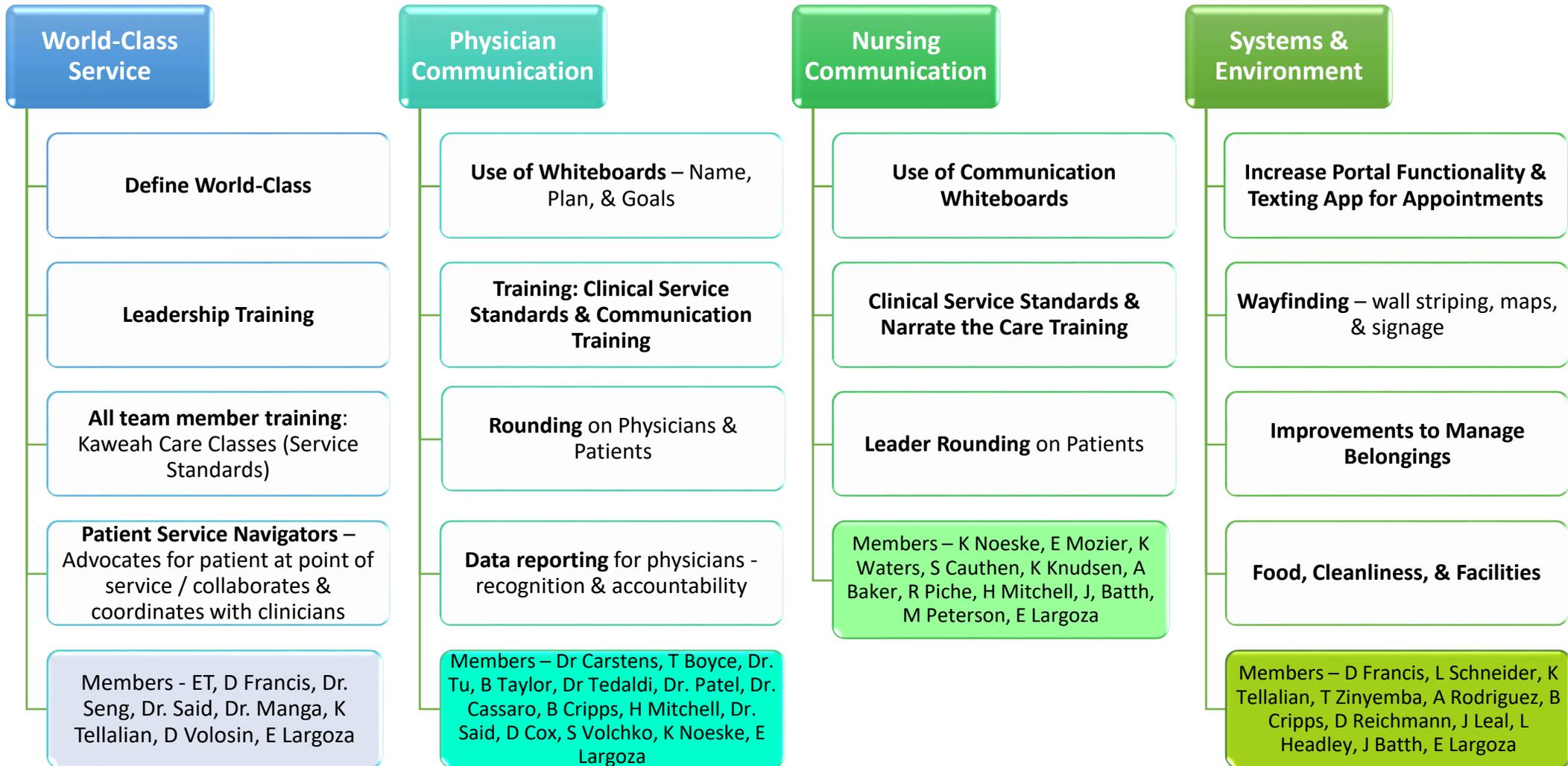
	Strategic Initiative	Strategies/ Tactics	Metrics
<p>Our Mission <i>(The reason we exist)</i></p> <p>Health is our passion. Excellence is our focus. Compassion is our promise.</p>	<p>Patient and Community Experience <i>Develop and implement strategies to deliver World-Class experience</i></p>	<ul style="list-style-type: none"> • Develop plan to achieve HCAHPS physician communication goals • Develop plan to achieve HCAHPS nursing communication goals • Develop standard contract language for medical director/groups to align with KH goals • Evaluate and add signage (wayfinding) in the Medical Center • Review, analyze, and prioritize system enhancements tools for implementation 	<ul style="list-style-type: none"> • Define “World-Class” Experience by 9/1/21 • Achieve Overall Rating Goal on HCAHPS Survey: FY22 76.5% • Achieve Overall Rating Goal on ED CAHPS Survey: FY22 70% • Achieve the 50th percentile on physician communication scores – 82% • Achieve the 50th percentile on nursing communication scores – 80% • System enhancements – Review, analyze, prioritize by 9/1/21 • Decrease lost belongings by 25% - 147 incidents per year • Decrease internal patient complaints by 5% collectively - 225
<p>Our Vision <i>(What we aspire to be)</i></p> <p>To be your world-class healthcare choice, for life.</p>	<p>Empower Through Education <i>Implement initiatives to develop the healthcare team and attract and retain the very best talent in support of our mission.</i></p>	<ul style="list-style-type: none"> • Increase CME/CEU offerings and educational courses • Improve the resiliency of the Kaweah Health Team • Increase and improve leadership education • Increase internal promotions and retention of leaders • Increase nursing cohorts • Implementation of rural track training programs • Increase Volunteerism throughout Kaweah Health 	<ul style="list-style-type: none"> • Finish build out of Lippincott System then assess for growth opportunities • Develop Schwarz Round program • Increase and improve leadership education • Increase internal promotions and retention of leaders • Add 53 nursing seats • Implement Child Adolescent Program • Reach 350 volunteers (Adult/Student)
<p>Our Pillars</p> <p>Achieve outstanding community health</p> <p>Deliver excellent service</p>	<p>Ideal Work Environment <i>Foster and support healthy and desirable working environments for our Kaweah Health Teams</i></p>	<ul style="list-style-type: none"> • Decrease new hire turnover • Increase Kaweah Health Team Member Satisfaction • Decrease employee turnover • I get the training I need to do a good job • The Kaweah Health Team works well together 	<ul style="list-style-type: none"> • New hire turnover – 12% • Kaweah Health Team Member Satisfaction • Decrease employee turnover – 13% • I get the training I need to do a good job – 3.96 • Kaweah Health team works well together
<p>Provide an ideal work environment</p> <p>Empower through education</p> <p>Maintain financial strength</p>	<p>Strategic Growth and Innovation <i>Grow intelligently by expanding existing services, adding new services, and serving new communities. Find new ways to do things to improve efficiency and effectiveness.</i></p>	<ul style="list-style-type: none"> • Physician Recruitment and Retention • Inpatient Growth • Outpatient Growth • Facility Modernization • Improve Community Engagement • Innovation 	<ul style="list-style-type: none"> • New physicians in the market - 20 • Inpatient Market Share (FPSA) – 62.0% • Annual Ambulatory Visits – 582,534 • Best Image and Reputation Score (via NRC Health) – 26.0

FY22 Quarter 1 Patient and Community Experience



Presenters: Keri Noeske and Ed Largoza

Patient & Community Experience – Visual



Patient and Community Experience Metrics Performance

Charter Measures	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Define "World-Class Experience"	Define by 9/1/21	N/A	In Progress	In Progress	Completed	
Achieve Overall Rating Goal on HCAHPS Survey	76.5%, 68th Percentile	74.80%	75.07%	N/A	N/A	In Progress
Achieve Overall Rating Goal on ED CAHPS Survey	70.0% , 50th Percentile	66.60%	N/A	N/A	N/A	In Progress
Achieve the 50 th percentile on physician communication scores	82%, 50th Percentile by 6/30/22	79.60%	78.52%	N/A	N/A	In Progress
Achieve the 50 th percentile on nursing communication scores	80%, 50th Percentile by 6/30/22	78.60%	79.74%	N/A	N/A	In Progress
System enhancements	1) Review, analyze, prioritize by 9/1/21	N/A	In Progress	Completed		
	2) Hold stakeholder demo by 11/1/21	N/A	Not Started	Not Started	In Progress	Demo has been scheduled for October for Kyruus and Tonic software solutions.
	3) Implementation plan developed by 2/1/22	N/A	In Progress	In Progress	Completed	Project Plan Timeline has been developed
Decrease lost belongings by 25%	147	CY2020 - 196		15	N/A	Based on the 147/year, our target is to remain below 12 per month. In July and Aug, there were 15, or 7.5 per month, which is still below the target.
Decrease internal patient complaints by 25% collectively: Nursing Care Physician Care Communication	225	CY2020 – 300		32	N/A	Based on the 225/year, our target is to remain below 18 per month. In July and Aug, there were 32, or 16 per month, which is close to the target.

Patient and Community Experience Metrics Performance

All Measures Per Strategy Summary

World-Class Service	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Define "World-Class Experience"	Define by 9/1/21	N/A	In Progress	In Progress	Completed	
Achieve Overall Rating Goal on HCAHPS Survey	76.5%, 68th Percentile	74.80%	75.07%	N/A	N/A	In Progress
Achieve Overall Rating Goal on ED CAHPS Survey	70.0% , 50th Percentile	66.60%	N/A	N/A	N/A	In Progress
Physician Communication	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Develop standard contract language for medical director/groups to align with KD goals	Added to contract renewals by 12/31/21	N/A	In Progress	In Progress	In Progress	
Develop plan to achieve HCAHPS physician communication goals	Plan developed by 9/1/21	N/A	Not Started	Not Started	In Progress	
	Plan implemented by 11/1/21	N/A	Not Started	In Progress	In Progress	
	Compliance audit for 3 months > 90%	N/A	Not Started	Not Started	Not Started	
Achieve the 50 th percentile on physician communication scores	82.00%	79.60%	78.52%	N/A	N/A	In Progress
Nursing Communication	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Develop plan to achieve HCAHPS nursing communication goals	Plan developed by 9/1/21	N/A	In progress	Completed		
	Plan implemented by 11/1/21	N/A	In progress	In progress	In Progress	Communication whiteboards have been implemented
	Compliance audit for 3 months > 90%	N/A	Not Started	Not started	Not started	Audit began 10/4/21
Achieve the 50 th percentile on nursing communication scores	80.00%	78.60%	79.74%	N/A	N/A	In Progress
Enhancement of Systems and Environment	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Evaluate and Add Signage (Wayfinding) Internal/External	Internal signage and community wayfinding completed by 12/31/21	N/A	Not Started	In Progress	In Progress	Internal wall striping Completed. Pending maps (Oct) and internal signage (Dec)
System enhancements	1) Review, analyze, prioritize by 9/1/21	N/A	In Progress	Completed		Completed
	2) Hold stakeholder demo by 11/1/21	N/A	Not Started	Not Started	In Progress	Demo has been scheduled for October for Kyruus and Tonic software solutions.
	3) Implementation plan developed by 2/1/22	N/A	In Progress	In Progress	Completed	Project Plan Timeline has been developed
Decrease lost belongings by 25%	147	CY2020 - 196		15	N/A	Based on the 147/year, our target is to remain below 12 per month. In July and Aug, there were 15, or 7.5 per month, which is still below the target.
Decrease internal patient complaints by 25% collectively: Nursing Care Physician Care Communication	225	CY2020 – 300		32	N/A	Based on the 225/year, our target is to remain below 18 per month. In July and Aug, there were 32, or 16 per month, which is close to the target.
			241/497			

Better than target; at target; worse than target; pending/in process

World-Class Services Champions: Ed Largoza

Problem / Goals & Objectives

Problem Statement: Employees throughout the organization have a different definition of “World-Class”.

Goals and Objectives: Develop strategics that provide our health care team the tools they need to deliver a world-class health care experience.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Develop World-Class definition for ET review and feedback	7/1/21	10/1/21	Ed and Dianne	●
2	Develop Kaweah Service Standards for ET review and feedback	7/1/21	10/1/21	Ed and Dianne	●
3	Meet with a workgroup of staff from different disciplines	10/1/21	11/1/21	Ed and Dianne	●
4	Leadership Training	12/1/21	12/31/21	Organizational Development	●
5	All team member training	2/1/22	4/1/22	Organizational Development	●

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Competing priorities
- Best practices need full adoption
- Long waits in the Emergency Department

Deliverables:

- “World-Class” definition
- Kaweah Service Standards

Accomplishments / Next Steps

Accomplishments:

- Developed ‘World-Class’ definition
- Developed Service Standards
- Tried Patient Service Navigators (PSNs)

Next Steps:

- Consider adopting communication framework
- Train leadership, employees, & providers on service standards
- Evaluate PSNs for deployment in other areas

World-Class Service

Accomplishments

Defining 'World Class'

- Excellent care that is consistent, coordinated, and compassionate.
- Metrics: Performance at or above the top 10 percent nationally.

Develop Service Standards

- World-Class Service is built on actions that all team members consistently execute to emotionally engage those we serve and make their experiences warmer, easier, and better.
 1. We smile and greet everyone we meet.
 2. We are caring, kind, and compassionate in every interaction.
 3. We keep our environment clean and pick up trash.
 4. We are a team and we look for opportunities to help each other.

Physician Communication

Champions: Dr. Steven Carstens & Ed Largoza

Problem / Goals & Objectives

Problem Statement: Based on Patient Experience Score and feedback from healthcare team, improvement is needed in physician communication with patients and family.

Goals and Objectives: To reach the 50th percentile in physician communication on HCAHPS survey. Provide team members tools and processes to improve communication with patients and family.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Draft proposed standard contract language to align with KH goals to be added to physician contracts	7/1/21	9/1/21	Teresa and Dr. Carstens	●
2	Approve contract language & accountability	10/1/21	12/31/21	Dr. Carstens	●
3	Add contract language upon contract renewals or amendments	1/1/22	12/31/22	Contract owners	●
4	Increase awareness of patient experience feedback with medical staff	11/1/21	Ongoing	Dr. Carstens and Ed	●
5	Ongoing education on enhanced communication with patients and family	Ongoing	Ongoing	Dr. Carstens	●

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Competing Priorities
- Need to set expectations and educate
- Varying level of awareness and engagement

Deliverables:

- Physician communication improvement plan
- Standard contract language

Accomplishments / Next Steps

Accomplishments:

- Oriented Medical Director of Physician Engagement
(Patient Experience Data, Best Practices, Strengths, Weaknesses, Opportunities, Threats)
- Provided individual and group data to Valley Hospitalists, Family Health Care Network and General Surgery groups



Nursing Communication Champions: Nursing Directors

Problem / Goals & Objectives

Problem Statement: Based on Patient Experience Score and feedback from healthcare team, improvement is needed in nursing communication with patients and family.

Goals and Objectives: To reach the 50th percentile in nursing communication on HCAHPS survey. Provide team members tools and processes to improve communication with patients and family.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Develop plan with the nursing leaders to improve nursing communication	8/1/21	9/1/21	Keri	●
2	Roll-out plan for communication boards	8/1/21	9/30/21	Keri	●
3	Education to staff on use of communication boards	9/1/21	10/1/21	Keri	●
4	Communication Board Compliance Audit for 3 months post go-live (> than 90% compliance)	10/4/21	2/4/22	Keri	●
5	Review and plan for development of communication skills to include narrating care, handling conflicts	9/2/21	1/31/22	Keri	●
6	Review of Leader Rounds expectation	6/1/21	7/1/21	Keri	●
7	Implement Leader Rounds	7/1/21	9/1/21	Keri	●
8	Leader Rounds Compliance Audit for 3 months (> than 90%)	10/4/21	2/4/22	Keri	●

245/497

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Competing priorities
- Staffing shortages

Deliverables:

- Communication Plan
- Leader Round Plan

Accomplishments / Next Steps

Accomplishments:

- Selected Focuses
 - Leaders Rounding on Patients
 - Use of Communication Whiteboards

Next Steps:

- Leaders Rounding on Patients (Oct 2021)
 - 4 hours per month (~40 patients)
- Communication Whiteboards (Oct 2021)
 - Check compliance
- Developing training plan
 - Clinical Service Standards
 - Communication Framework

Communication Whiteboards

DATE / FECHA

SUN DOM MON LUN TUE MAR WED MIE THU JUE FRI VIE SAT SÁB

WELCOME TO 5 TOWER
BIENVENIDO A LA TORRE 5

OUR GOAL IS TO PROVIDE WORLD-CLASS CARE!
NUESTRO OBJETIVO ES PROVEER CUIDADO DE CLASE DE MUNDO!

ROOM # / # DE CUARTO **217B**

MY CARE TEAM
MI EQUIPO DE CUIDADO

Doctor(s)
Doctor(es)

Nurse
Enfermera(o)

Nurse Assistant
Enfermera(o) Asistente

Charge Nurse
Enfermera(o) a Cargo

Nurse Manager
Gerentes de los Enfermeros

Other Team Members
Otros Miembros del Equipo

ABOUT ME
ACERCA DE MI

Please Call Me
Por Favor Llámeme

Preferred Language
Lenguaje Preferido

Interpreter Request **YES / SI** **NO / NO**
Se Necesita Intérprete

Diet
Dieta

MY CONCERNS & QUESTIONS FOR TODAY ARE...
MIS PREOCUPACIONES Y PREGUNTAS POR HOY SON...

MY SUPPORT PERSON
MI PERSONA DE APOYO

Name
Nombre

Phone #
de Teléfono

MY PAIN MANAGEMENT
MANEJO DE MI DOLOR

MY ACCEPTABLE PAIN SCORE
MI CIFRA ACEPTABLE DE DOLOR

MY CURRENT PAIN SCORE
MI CIFRA DE DOLOR AHORA

NEXT DOSE AVAILABLE
PRÓXIMA DOSIS DISPONIBLE

MY MOBILITY
MI MOVILIDAD

Independent
Independiente

Stand By
A su Lado

1 Person
1 Persona

2 Person
2 Personas

Max Assist
Asistencia Máxima

OUR GOALS FOR TODAY ARE...
NUESTRAS METAS DE HOY SON...

MY DISCHARGE PREFERENCES & NEEDS
MIS PREFERENCIAS Y NECESIDADES DURANTE LA ALTA HOSPITALARIA

MY PERSONAL CARE
MI CUIDADO PERSONAL

Shower
Baño en Regadera

Linens
Sábanas

Bath / Wipes
Baño / Toallas Húmedas

Oral Care
Cuidado Bucal

MY DISCHARGE PREFERENCES & NEEDS
MIS PREFERENCIAS Y NECESIDADES DURANTE LA ALTA HOSPITALARIA

Do You Have Help at Home? **YES / SI** **NO / NO**
Tiene Ayuda en su Casa?

ANTICIPATED DATE / TIME
FECHA / HORA ANTICIPADA

PLEASE CALL
POR FAVOR, LLÁMENOS

DON'T FALL
¡NO SE CAIGA!

PAIN RATING SCALE 0-10 ESCALA DE DOLOR

0 1 2 3 4 5 6 7 8 9 10

No Pain / Sin Dolor Mild / Leve Moderate / Moderado Severe / Severo Worst Pain Imaginable / El Peor Dolor Imaginable

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Enhancements of Systems & Environment - Technology

Champion: Luke Schnieder

Problem / Goals & Objectives

Problem Statement: Opportunity to incorporate more technology into workflows around patient access and communication.

Goals and Objectives: Explore and implement software solutions to enhance ability to communicate with patients (i.e.: add appointment reminder texting, improve access to patient records, and education).

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Preexisting contract
- Deciding on which solution to pursue

Deliverables:

- Software solution implementation

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Review and prioritize system enhancements	7/1/21	7/30/21	Luke	●
2	FY22 Develop one slide with project timeline	8/24/21	9/1/21	Luke	●
3	FY23 Schedule stakeholder demo in October 2021 to present Kyruus and Tonic	8/24/21	10/30/21	Luke and Diana	●
4	Review and decision on solutions	11/1/21	11/30/21	Luke	●
5	FY23 Outpatient (ED) Education through Digital Signage	11/1/21	2/1/22	Luke	●
6	FY23 Inpatient Education (GetWell and Other systems)	11/1/21	2/1/22	Luke	●
7	Research additional education tools in the patient experience network	11/1/21	2/1/22	Ed	●

Accomplishments / Next Steps

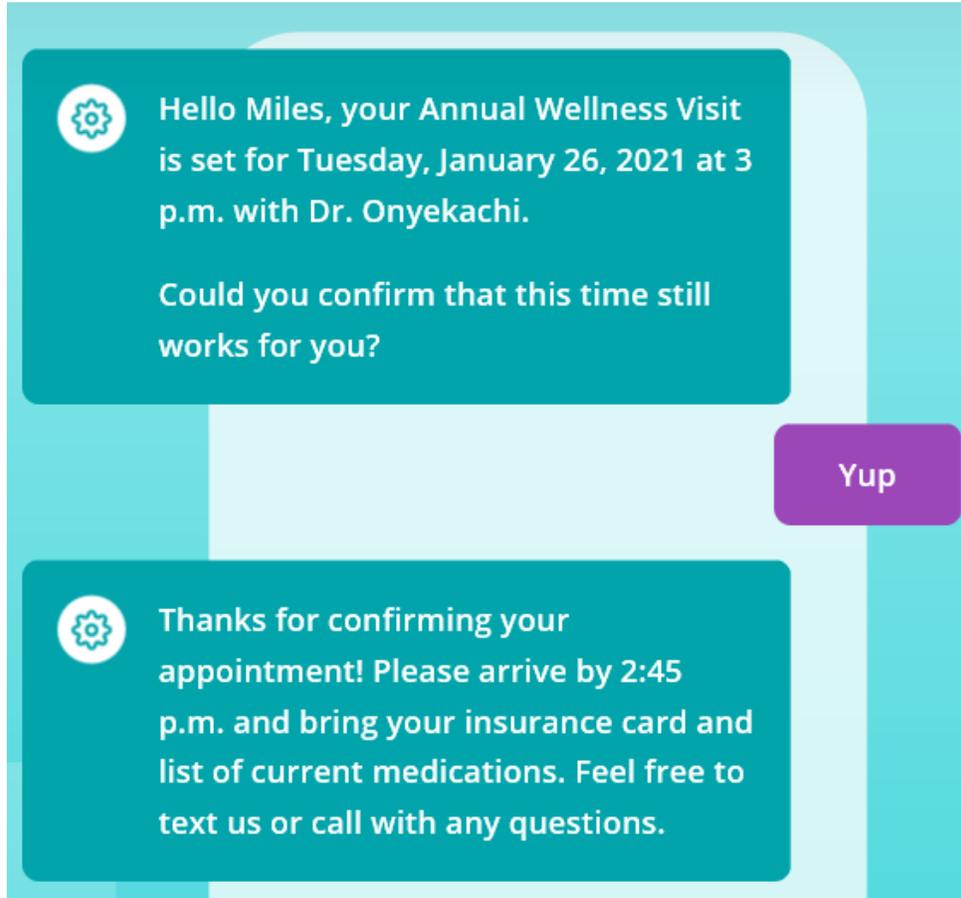
Accomplishments:

- Selected technology improvements
 - Texting capability for scheduling appointments
 - Online scheduling & pre-appointment forms
- Kyruus and Tonic demos completed

Next Steps:

- Workflow design
- Build
- Train Users

Enhancements of Systems & Environment

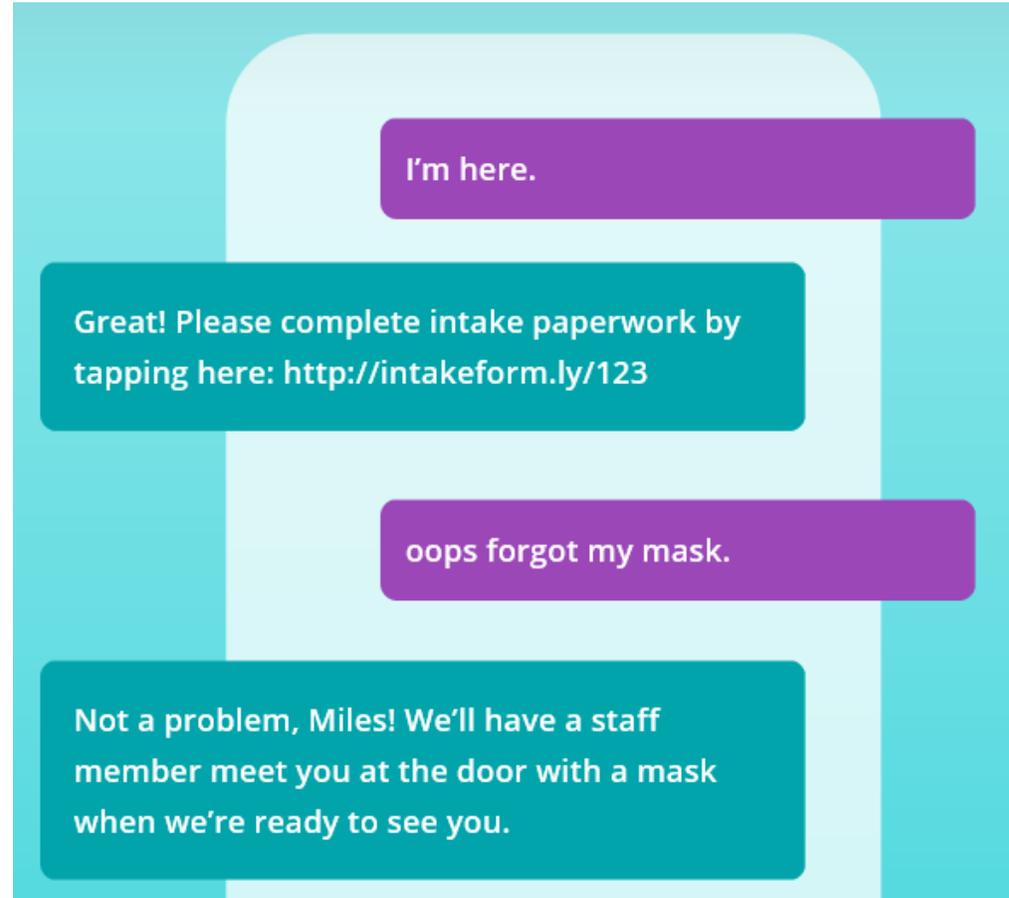


Hello Miles, your Annual Wellness Visit is set for Tuesday, January 26, 2021 at 3 p.m. with Dr. Onyekachi.

Could you confirm that this time still works for you?

Yup

Thanks for confirming your appointment! Please arrive by 2:45 p.m. and bring your insurance card and list of current medications. Feel free to text us or call with any questions.



I'm here.

Great! Please complete intake paperwork by tapping here: <http://intakeform.ly/123>

oops forgot my mask.

Not a problem, Miles! We'll have a staff member meet you at the door with a mask when we're ready to see you.

Enhancements of Systems & Environment - Place

Champions: Tendai Zinyemba, Lawrence Headley, Dieter Reichmann & Ed Largoza

Problem / Goals & Objectives

Problem Statement: Downtown campus can be challenging for visitors & patients to navigate. Environment of Mineral King Wing of downtown campus has need for updating and for enhancing cleanliness.

Goals and Objectives: Fewer lost visitors and patients at the downtown campus. Improved perceptions of patients, visitors, employees, and providers of the medical center.

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Staffing challenges
- Adoption of new processes

Deliverables:

- Updated internal maps
- Wall striping
- Trash receptacles
- Refurbished areas

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Internal Wall Striping	7/1/21	9/1/21	Ed	●
2	Internal Maps	7/1/21	10/1/21	Ed	●
3	Internal Signage	7/1/21	12/1/21	Ed	●
4	External Wayfinding	12/1/21	4/29/21	Ed	●
5	Develop 24/7 dispatch team for EVS, Laundry, and Transport	7/1/21	11/1/21	Tendai	●
6	Add more trash receptacles	8/1/21	11/1/21	Tendai	●
7	Refurbishing high traffic areas	9/1/21	6/30/22	Dieter	●

Accomplishments / Next Steps

Accomplishments:

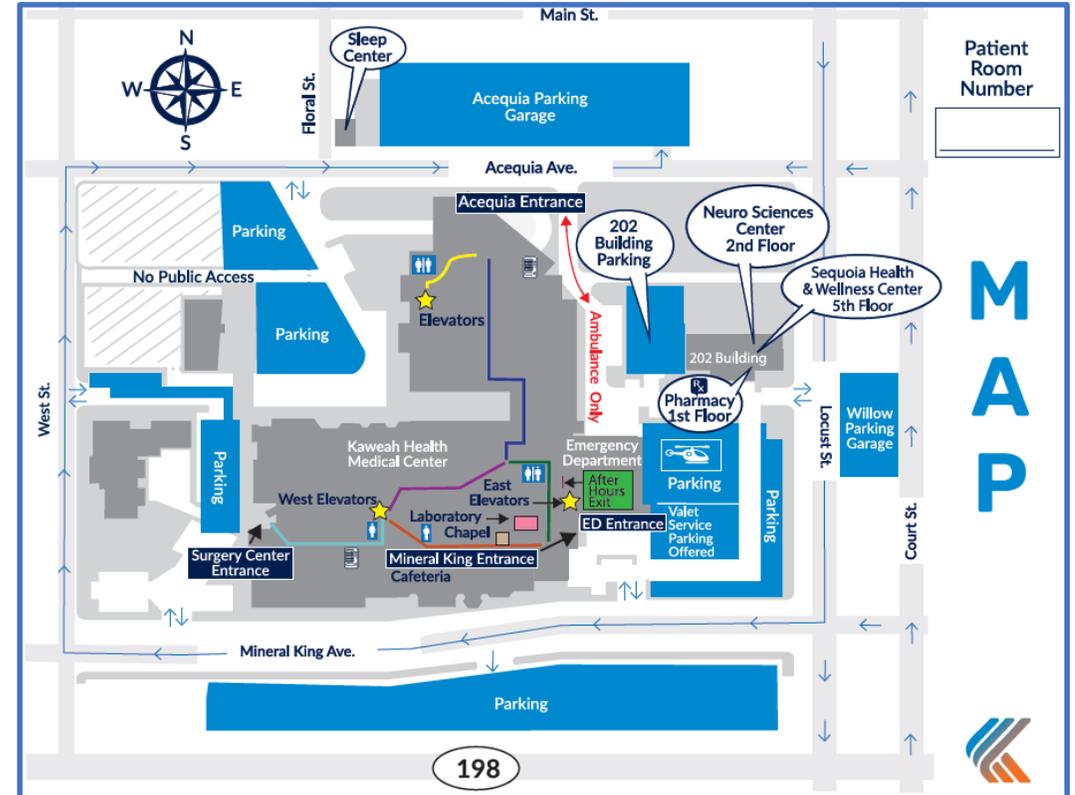
- Installed wall striping to assist in wayfinding
- Increased rounding on units with lower performance on cleanliness
- Refinished flooring & assessed need for interior trashcans

Next Steps:

- Coordinate internal signage
- Improve external wayfinding
- Launch 24/7 EVS-Laundry-Transport dispatch team
- Enhance taste & temperature of food
- Refurbish Cafeteria bathrooms 4Q FY22
- Refurbish 2 South 2Q FY22

Enhancements of Systems & Environment

Wayfinding



Enhancements of Systems & Environment – Managing Belongings

Champion: Ed Largoza

Problem / Goals & Objectives

Problem Statement: Inconsistent handling of patients’ belongings leads to items being misplaced or lost.

Goals and Objectives: Decrease the number of lost belongings.

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Inconsistent documentation and labeling
- Limited visitors & staffing shortages

Deliverables:

- Improved documentation form of valuables/belongings.
- Software solution implementation.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Education flyers developed and sent to clinical/ancillary teams	7/1/21	10/5/21	Ed	●
2	Update EHR Form to streamline documentation	7/1/21	11/1/21	Ed	●
3	Software implementation for tracking and communication	10/1/21	12/1/21	Ed	●
4	Seek a dedicated department for lost and found	11/1/21	11/30/21	Ed	●

Accomplishments / Next Steps

Accomplishments:

- Rolled out job-specific expectations
- Focused on labeling and documentation

Next Steps:

- Update EHR form to streamline documentation
- Implement software for tracking and communication
- Identify dedicated department to oversee lost & found

Enhancements of Systems & Environment

Managing Belongings Education - Patient Transport

1) **Scan room** for belongings and green bags prior to transporting the patient

2) When transporting patients, **keep belongings next to the patient**. If possible, do not place belongings under the gurney



v9.2021 Questions/Comments? Ask your leader or call Ed @ x5051

FY22 Quarter 1 Organizational Efficiency and Effectiveness

Organizational Efficiency and Effectiveness Metrics Performance

Charter Measures	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Reduce LOS (Non COVID patients)	1.0 GMLOS (7/1-12/31) .75 GMLOS (1/1-6/30)	1.50 days	1.75	1.89	1.82	
Increase OR Block Time Utilization	60% (FY22)	42%	51%	48%	39%	
Review of Spine an Trauma Implant Purchases and Contracts	\$350,000 reduction (FY22)	\$3,400,000 annual spend	Annual	Annual	Annual	
Consolidation of Purchased Services	\$1,000,000 reduction (FY22)	\$34,200,000 annual spend	Annual	Annual	Annual	

All Measures Per Strategy Summary

Resource Effectiveness Committee	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Reduce LOS (Non COVID patients)	1.0 GMLOS (7/1-12/31) .75 GMLOS (1/1-6/30)	1.50 days	1.72 days	1.89 days	1.82 days	
Discharge Ready by 1000	25.6% of patients	21.33%	20.10%	22.55%	18.80%	
Patients leaving the unit by 1200	2.06 of patients	1.72%	2.56%	1.68%	3.04%	

Supply Management and Standardization	Goal	Baseline Spend	Jul-21	Aug-21	Sep-21	Comments
Review of Spine an Trauma Implant Purchases and Contracts	\$350,000 reduction (FY22)	\$3,400,000 (4/20-3/21)	Annual	Annual	Annual	
Consolidation of Purchased Services	\$1,000,000 reduction (FY22)	\$34,200,000 (4/20-3/21)	Annual	Annual	Annual	

Operating Room Efficiency/Capacity	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Block time Utilization Rate Increased	60% (FY22)	42%	51%	48%	39%	
Reduction in daily average first case delay minutes	Reduce daily average first case delay minutes to 25.88 or less per day by 1/1/22 through fiscal year end.	35.88/day	35.32/day	35.32/day	34.05/day	
Physician wait time between cases defined as surgery stop time in previous case to start time of next case	Reduce physician wait time to 72 minutes or less by 1/1/22 through fiscal year end.	80 minutes	77 minutes	77 minutes	71 minutes	

Better than target; at target; worse than target; pending/in process

Reduce Length of Stay (LOS)

Champions: Kassie Waters & Rebekah Foster

Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to reduce the gap between the geometric mean length of stay (GMLOS) for Non- COVID patients and the actual length of stay (ALOS) for Non-COVID patients.

Goals and Objectives: Reduce ALOS (Non COVID) to within 1.0 of the GMLOS for the period of 7/1/21-12/31/21 and within .75 GMLOS for the period of 1/1/22-6/30/22

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Pilot 3PM discharge rounds on two Medical Surgical units to identify the patients to be discharged the next day and to ensure that all items for discharge are completed. <u>This includes notifying family of discharge time.</u>	10/4/21	10/15/21	Kassie Waters & Rebekah Foster	●
2	ISS to include length of stay and expected length of stay data to nurse and provider common landing pages in Cerner. Goal is for all staff to know expected length of stay at all times.	10/7/21	11/5/21	Lacey Jensen & Kassie Waters	●

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Critical Case Management staffing levels. Total of 13 case managers to cover 13 floors per day. Standard staffing is 24 per day. Travel, RN, and LVN positions are posted.
- High Covid patient census.

Deliverables:

- ISS to include length of stay and expected length of stay data to nurse and provider on common landing pages in Cerner. The goal is to have clear visualization of expected length of stay at all times.

Accomplishments / Next Steps

Accomplishments:

- Throughput Round Tool Implemented on all medical surgical departments on 7/9/21.
- Hired New Case Manager Educator. Will assist case management with new processes. 7/11/21.
- Provider Educating & Review of Dashboards – July and Aug
 - Dr. Manga, Chief of Staff - Dr. Fox - Family Healthcare Network - Valley Hospitalist - ACTS
- 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 → staff to call the department directly on Fridays and weekends for IR and US procedures.
- Skilled Nursing & Rehab Accepts Pending Insurance Authorization Patients – September
 - Skilled nursing patients waiting for insurance approval have additional days in the acute care setting. These patient will now be discharged to Kaweah Skilled Nursing or Rehab while waiting approval. Excludes United Helathcare patients.

Next Steps:

- Present data to Cardiology team and assess root causes to increase LOS. Evaluate possible root casuses for increasing LOS of dialysis patients.

Discharge Ready By 1000 & Discharged By 1200

Champions: Kassie Waters & Rebekah Foster

Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to reduce the gap between the geometric mean length of stay (GMLOS) for Non- COVID patients and the actual length of stay (ALOS) for Non-COVID patients.

Goals and Objectives: Increase the percent of patients that are discharge ready by 1000 to 25.60% of daily discharges. Increase the percent of patients leave the unit once discharged by 1200 to 2.07%

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Pilot 3PM discharge rounds on two Medical Surgical units to identify the patients to be discharged the next day and to ensure that all items for discharge are completed. <u>This includes notifying family of discharge time.</u>	10/4/21	10/15/21	Kassie Waters & Rebekah Foster	●
2	Will push discharge ready reports to the main provider groups twice a month for their review	N/A	10/22/21	Kassie Waters	●

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

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

Deliverables:

- TBD

Accomplishments / Next Steps

Accomplishments:

- Provider Educating & Review of Dashboards – July and Aug
 - Dr. Manga, Chief of Staff - Dr. Fox - Family Healthcare Network - Valley Hospitalist –ACTS

Next Steps:

- Meet with marketing to review communication plan regarding expected discharge times for patients and families. Need to determine how to market standard discharge times.

Home Today Not Tomorrow → eliminate “just one more day stay”.

Supply Management and Standardization-Trauma and Spinal Implants

Champions: Steve Bajari, Adam Chavez and Robert Hernandez

Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to identify opportunities to reduce costs related to Spinal and Trauma implants. Total spend on these implants was 3.4 million dollars from April 2020 through March 2021.

Goals and Objectives: Reduce Spinal and Trauma implant costs by \$350,000 in this fiscal year.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Create and publish two RFPs, one for Trauma and one for Spine with deadline for questions and submissions.	7/21/21	8/17/21	Steve, Adam and Robert	●
2	Review submissions and work on final terms and contracts. As of October Depuy is reviewing their offer and sent in a new offer 10/13/21.	8/18/21	8/31/21	Steve, Adam and Robert	●
3	Contract Go-Live	9/1/21	9/1/21	Steve Adam and Robert	●
4	Presented savings data to physician and asking for their support	9/22/21	9/22/21	Steve Adam and Robert	●
5	Continue negotiations with key vendors based on physician meetings.	9/22/21	10/22/21	Steve Adam and Robert	●
6	New contract Go-Live Zimmer.	10/1/21	10/1/21	Steve Adam and Robert	●
7	Finalize contract options for Depuy	10/13/21	11/1/21	Steve Adam and Robert	●

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Will all the vendors want to lower prices to meet our benchmark data?
- Will Physicians support changing vendors to achieve savings? – This is our current barrier 9/22/21.
- Timing of the Go-Live for all contracts in order to get \$350K in savings by fiscal year end.

Accomplishments / Next Steps

Accomplishments:

- Both RFPs have been created and sent to all appropriate vendors.
- 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

Next Steps:

- Review responses, negotiate terms and finalize contracts.
- Work on getting physician support to convert a high percentage of business.

Supply Management and Standardization-Purchased Services

Champions: Steve Bajari and the Materials Management team

Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to identify opportunities to reduce costs related to Purchased Services. Total spend on Purchased Services was \$34,000,000 from April 2020 through March 2021.

Goals and Objectives:

Reduce Purchased Services spend by \$1,000,000.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Project one was a 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.	3/22/21	7/1/21	Steve, Tendai, Maribel, Dieter	●
2	Project for consolidation of EVS service off site, either by in-sourcing, standardizing or renegotiation of price. (example outsourced laundry to disposables)	TBD	TBD	Tendai	●
3	Maintenance moved from outsourced landscaping vendor to an in-sourced new position	5/1/21	7/1/21	Dieter	●
4	Potential options – maintenance vendor review, valet, co-terminus agreement...	TBD	TBD		●
5	Meet with vendors to help with plan creation, benchmarking and potential help complete projects	2/1/21	10/1/21	Steve and Adam	●
6	E&M Laundry PM and repair contract.	8/15/21	11/1/21	Steve and Tendai	●

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Challenges in recruiting a qualified Contract Agent to fill the open position that was vacated on 8/6/21. Finding external and experienced candidates has proven challenging.
- The current rise in COVID will slow progress on contract negotiations.

Accomplishments / Next Steps

Accomplishments:

- Created RFP template.
- Used template on medical waste and hazardous waste combined RFP.
- 10/1/21 We have signed a no obligation contract with Conductiv (a partner of our GPO) to create a roadmap and determine if we want to partner on some projects.

Next Steps:

- Working on finding a vendor or tool to help us with creating a potential plan of attack and benchmarking tools.
- We have continued our search for a vendor solution while we are finding a new Contract Agent. We have met with four vendors to date. One partnership signed and one we are working through opportunities and cost.

OR Efficiency and Capacity-Block Time Utilization

Champions: Brian Pearcy, Amanda Tercero, Dan Allain

Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to increase Block Time Utilization in the Main OR from the baseline of 42%.

Goals and Objectives: Increase Block Time Utilization to 60% effective 1/1/22.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Provided current surgeons with more block and assigned new surgeons with block time.	10/2020	11/2021	OR Leadership	●
2	Sending daily emails to the surgeons offices and to the surgeons providing them open block time weekly.	Started 4/2021	Ongoing	All Surgeons and Surgeon Offices	●
3	O.R. Governance Discussion and Review of June 2021 data to develop plan to address.	6/1/21	6/30/21	O.R. Governance Committee	●
4	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.	6/17/21	Ongoing	All surgeons	●
5	Assessment needs to be completed to determine if moving to Overall OR Utilization as a measure is more informative than just block utilization	10/25/21	11/17/21	OR Leadership	●

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Admissions has lowered scheduling levels. Pre-COVID we would admit 10-15 patients/day and now limited to 3 and 5 (started 10/15) depending on the day.
- September: Floor construction closed 3 OR's and 2 storage rooms. Project was completed the beginning of October.
- October: Ongoing construction limiting the number of rooms available and impacting the normal paths for patients, staff, equipment and supplies.
- November-PACU will be moved to ER Zone 6 as phase 3 of the construction project begins.
- Urology specialty room has been closed for three months due to an OSHPD project related to a urology bed.
- Air conditioning issues in 2 operating rooms and the PACU. We had to close the 2 rooms until we received a rental HVAC unit.
- Anesthesia Staffing and Surgery staffing. Very few applicants and no travelers.

Accomplishments / Next Steps

Accomplishments:

- 9/23/21- O.R. Governance reviewed block utilization and removed a surgeons block who has not done a case in over a year and a half. The block time was given to a new surgeon.
- Surgeons being held accountable for underutilized block time.

Next Steps:

- Continue to monitor block utilization and enforce expectations.
- Assessment of block utilization compared to overall OR utilization.

OR Efficiency and Capacity-First Case Delays

Champions: Brian Pearcy, Amanda Tercero, Dan Allain

Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to reduce the daily average minutes related to first case delays in the Main OR from the baseline of 35.88 minutes per day.

Goals and Objectives: Decrease the daily average minutes related to first case delays by 10 minutes effective 1/1/22.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	O.R. Governance Discussion and Review of June 21' data to develop a plan.	6/1/21		O.R. Governance Committee	●
2	Letters sent to surgeons with first case delay reasons and how many minutes were caused by the delays.	6/17/21	7/13/21	All Surgeons	●
3	Ongoing monitoring of first case delay data by the OR Governance Committee with development of appropriate next steps based on the data	Ongoing		OR Governance	●
4	Work with HIM and Risk Management related to the 24 hour update elements. This causes frequent delays with providers.	11/21		OR Leadership, HIM, Risk Management	●
5	Work toward electronic consent process to prevent incomplete and/or lost consent forms.	TBD		OR Leadership, ISS	●
6	Explore development of an anesthesia clinic to decrease delays with patients who need additional testing or review prior to the procedure.	Long Term Goal		OR Leadership, Anesthesia	●

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Surgeons late for their first case of the day.
- Concern: Volume is low and there may not be cases to fill in.

Accomplishments / Next Steps

Accomplishments:

- Quarterly meeting established with the Vascular Surgeons.
- Discussion with Dr. Wiseman and Dr. Cassaro regarding the three physicians with the highest first case delay times.

Next Steps:

- O.R. Governance will continue to review first case start delay data and remove morning block time for physicians who fall out of compliance.
- The O.R. Governance Committee is meeting with the three surgeons with the highest first case delay times. Meetings start the week of 10/18/21.

OR Efficiency and Capacity-Physician Wait Times

Champions: Brian Pearcy, Amanda Tercero, Dan Allain

Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to reduce the physician wait times between cases, as defined by surgery stop time in previous case to start time of the next case, from the baseline of 80 minutes.

Goals and Objectives: Decrease physician wait times between cases by 10% effective 1/1/22. From baseline of 80 minutes to 72 minutes or less.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	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.	1/2019-Continued	Ongoing	OR Leadership	●
2	O.R. Governance Discussion and Review.	Continuous	Ongoing	OR Governance Committee	●
3	Present data at staff meetings- discuss obstacles and practice changes.	Continuous	Ongoing	OR Leadership	●
4	OR Task Force Committee meetings to review information.	Bi-Monthly	Ongoing	OR Task Force	●
5	Update surgeon preference cards. Develop committee to review and update the over 1,000 preference cards.	11/21	TBD	OR Leadership and Preference Card Task Force	●
6	Increase staff levels in larger surgical cases.	11/21	TBD	OR Leadership	●

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- In the month of July we had 3 rooms, and 3 storage rooms down. Currently have 1 room down and 2 storage rooms down.
- Air conditioning issues in 2 operating rooms and the PACU. We had to close the 2 rooms until we received a rental HVAC unit
- Anesthesia Staffing and Surgery staffing. Very few applicants and no travelers.
- September: Floor construction closed 3 OR's and 2 storage rooms. Project was completed the beginning of October.
- October: Ongoing construction limiting the number of rooms available and impacting the normal paths for patients, staff, equipment and supplies. Sterile Processing construction will require relocation of department to Mineral King Wing.

Accomplishments / Next Steps

Accomplishments

- Continue to reduce the physician non operative/wait time each month. From 77 in July to 71 in September.
- 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

Next Steps:

- Meet with specialty groups to come to a consensus on what each cases non-operative goal should be.
- When staffing levels change, change the nurse ratio for larger rooms. 3 nurses per 2 rooms.

FY22 Quarter 1 Outstanding Health Outcomes

Outstanding Health Outcomes Metrics Performance

Charter Measures	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Standard Infection Ration (SIR) CAUTI, CLABSI, MRSA (CMS Data)	CAUTI \leq 0.676	CAUTI 0.84	N/A	N/A	1.649	Performance for 3Q 2021
	CLABSI \leq 0.596	CLABSI 1.33	N/A	N/A	1.573	Performance for 3Q 2021
	MRSA \leq 0.727	MRSA 2.53	N/A	N/A	1.767	Performance for 3Q 2021
Percent Sepsis Bundle Compliance (SEP-1) (CMS Data)	\geq 75%	75% (July-Dec2020)	N/A	N/A	65%	Performance for 3Q 2021
Hospital Readmissions (%)	AMI (non-STEMI) – 11.01	AMI – 12.34	N/A	N/A	7.14 (1/14)	Performance for 3Q 2021
	COPD – 12.87	COPD – 16.09	N/A	N/A	9.09 (1/11)	Performance for 3Q 2021
	HF – 14.58	HF – 18.22	N/A	N/A	15.79 (6/38)	Performance for 3Q 2021
	PN Viral/Bacterial – 11.30	PN Viral/Bacterial – 14.13	N/A	N/A	15.79 (6/38)	Performance for 3Q 2021
Decrease Mortality Observed/Expected Rates	AMI (non-STEMI) - 0.71	AMI - 0.75	N/A	N/A	0.85 (2/2.35) (n=16)	Performance for 3Q 2021
	COPD – 1.92	COPD – 2.40	N/A	N/A	2.76 (1/0.362) (n=13)	Performance for 3Q 2021
	HF – 1.42	HF – 1.78	N/A	N/A	0.384 (1/2.6) (n=44)	Performance for 3Q 2021
	PN Bacterial – 1.48	PN Bacterial – 1.85	N/A	N/A	0 (0/0.15) (n=6)	Performance for 3Q 2021
	PN Viral - 1.07	PN Viral – 1.34	N/A	N/A	1.2 (2.1.06) (n=23)	Performance for 3Q 2021
Home Medication List Review of High Risk Patients (inpatient admission)	100%	57%	91%	87%	94%	
Complete Initial Home Medication w/in 24 hours of Inpatient Admission	Develop a report and establish the baseline data.	N/A	N/A	N/A	In Progress	Medication History being modified to provide the data needed to measure this metric.
Outpatient Medication Reconciliation w/in 30 days Post Discharge (MRP)	44%	N/A	44%	41%	68%	
Team Round Implementation	Design & Pilot on 1-2 Units	1 unit - MICU	Not Started	Not Started	In Progress	Pilot unit has been identified. Established workgroup to develop a plan.

Better than target; at target; worse than target; pending/in process

Outstanding Health Outcomes Metrics Performance

All Measures Per Strategy Summary						
Standardized Infection Ration (SIR)	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Standard Infection Ration (SIR) CAUTI, CLABSI, MRSA (CMS Data)	CAUTI ≤ 0.676	CAUTI 0.84	N/A	N/A	1.649	Performance for 3Q 2021
	CLABSI ≤ 0.596	CLABSI 1.33	N/A	N/A	1.573	Performance for 3Q 2021
	MRSA ≤ 0.727	MRSA 2.53	N/A	N/A	1.767	Performance for 3Q 2021
Sepsis Bundle Compliance (SEP-1)	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Sepsis Bundle Compliance (SEP-1) %	≥75%	75% (July-Dec2020)	N/A	N/A	65%	Performance for 3Q 2021
Sepsis ALOS Reduction	TBD	N/A	N/A	N/A	N/A	TBD
Mortality and Readmissions	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Hospital Readmissions % (CMS Data)	AMI (non-STEMI) – 11.01	AMI – 12.34	N/A	N/A	7.14 (1/14)	Performance for 3Q 2021
	COPD – 12.87	COPD – 16.09	N/A	N/A	9.09 (1/11)	Performance for 3Q 2021
	HF – 14.58	HF – 18.22	N/A	N/A	15.79 (6/38)	Performance for 3Q 2021
	PN Viral/Bacterial – 11.30	PN Viral/Bacterial – 14.13	N/A	N/A	15.79 (6/38)	Performance for 3Q 2021
Decrease Mortality Rates	AMI (non-STEMI) - 0.71	AMI - 0.75	N/A	N/A	0.85 (2/2.35) (n=16)	Performance for 3Q 2021
	COPD – 1.92	COPD – 2.40	N/A	N/A	2.76 (1/0.362) (n=13)	Performance for 3Q 2021
	HF – 1.42	HF – 1.78	N/A	N/A	0.384 (1/2.6) (n=44)	Performance for 3Q 2021
	PN Bacterial – 1.48	PN Bacterial – 1.85	N/A	N/A	0 (0/0.15) (n=6)	Performance for 3Q 2021
	PN Viral - 1.07	PN Viral – 1.34	N/A	N/A	1.2 (2.1.06) (n=23)	Performance for 3Q 2021
Medication Measures	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Home Medication List Review of High Risk (HR) Patients (inpatient admission)	100%	57% (Avg Oct 2020 and Feb 2021)	91%	87%	94%	Medication History being modified to provide the data needed to measure this metric.
Complete Initial Home Medication Review w/in 24 hours of Inpatient Admission	Develop a report and establish the baseline data.	N/A	N/A	N/A	In Progress	
Outpatient Medication Reconciliation w/in 30 days Post Discharge (MRP)	44%	N/A	44%	41%	68%	
Team Round Implementation	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Team Round Implementation	Design & Pilot on 1-2 units	1 Unit - MICU	Not Started	Not Started	In Progress	Pilot unit has been identified. Established workgroup to develop a plan.

Better than target; at target; worse than target; pending/in process

Standard Infection Ratio (SIR): CAUTI, CLABSI & MRSA

Champions: Sandy Volchko

Problem / Goals & Objectives

Problem Statement: Healthcare acquired infections (HAIs) such as CAUTI, CLABSI and MRSA are often preventable complications of hospitalization. HAIs impact patient outcomes such as length of stay, can lead to death, and also increase costs of care.

Goals and Objectives: Reduce HAIs to the national 50th percentile in FTY22 as reported by the Centers for Medicare and Medicaid Services.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Execute QI strategies identified during the CAUTI Kaizen Reboot initiative focused on executing protocols/orders and cleanliness (CAUTI Quality Focus Team)	10/1/21	7/31/22	Kari Knudsen	●
2	Baseline data collection, policy/process review for peripheral IV use in patients with central lines	10/1/21	11/30/21	Amy Baker/ Quality	●
3	Supply processes redesigned due to shortages (i.e.. insertion kits); meeting with Bard rep for evaluation of supplies, practices, and policy	12/21	12/31/21	Amy Baker	●
4	Establish MRSA Quality Focus Team to move improvement strategies to a dedicated team. Strategies include: 1) Hand Hygiene, 2) Decolonization (ICU & 4N Standardized procedure trial), 3) environment and equipment cleaning	11/31/21	Ongoing	Tendai Zinyemba	●

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Will seek temporary approval of MRSA decolonization standardized procedure to initiate ICU and 4N trial.
- Quality Focus Teams RN leaders and Infection Prevention develop appropriate alternatives to central line and indwelling catheter supply shortages.

Accomplishments / Next Steps

Accomplishments:

- Gemba rounds occurring daily (line rounds) with bedside RNs, educators, nurse manager, advanced practice RN, and infection prevention.
- CAUTI Kaizen Reboot full day event executed on 9/24/21 to review data, root causes and develop new improvement strategies.
- Letter to providers who were involved with a CAUTI event.
- EMR changes to improve catheter appropriateness, adherence to bundle elements and to manage retention.
- New alternatives to catheter products trials.
- CLABSI Peripheral IV QI - evaluated “just in case lines” and care practices
- Evaluated current process performance in MRSA decolonization.
- Bio Vigil onsite September 2021 addressed several issues and action plan developed for continued optimization.

Sepsis Bundle Compliance (SEP-1)

Champions: Sandy Volchko

Problem / Goals & Objectives

Problem Statement: Non-compliance with SEP-1 bundle can lead to less than optimal outcomes for patients, such as increased mortality rates. SEP-1 is publically reported on CareCompare.gov and impacts public perception of care provided.

Goals and Objectives: Increase SEP-1 bundle compliance to overall 75% compliance rate for FY22 through innovative improvement strategies based on root causes.

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Complexity of CMS SEP-1 measure.

Deliverables:

- Root Cause Analysis & QI strategies.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Development of a hand off dashboard/ checklist	9/1/2021	TBD	Sepsis Coordinators	●
2	Root cause re-identification of bundle non-compliance	11/1/2021	11/30/21	Quality & P/S	●

Accomplishments / Next Steps

Accomplishments:

- Sepsis “catch up” (SEP-1A) power plan developed to aid in ordering bundle elements when patient does not present in a clear septic situation.
- Dot phrases implemented to assist in documentation of sepsis (once ruled out).
- Required notification of provider of a patient who triggers a sepsis alert and has been in initially evaluated by an RN; providers made aware of sepsis order set upon notification.
- Re-initiation of required sepsis education.
- 2nd Sepsis Coordinator.
- 19 improvement strategies implemented over past 18 months.

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Mortality and Readmissions

Champions: Sandy Volchko

Problem / Goals & Objectives

Problem Statement: Mortality and readmission rates for Heart Failure (HF), Pneumonia (PN), Chronic Obstructive Pulmonary Disease (COPD), and Acute Myocardial Infarction (AMI) are higher than desired rates.

Goals and Objectives: Reduce observed/expected mortality, through application of standardized best practices, by 20% (5% for AMI) and reduce readmissions by 20% (10% for COPD) by end of FY22.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Key performance indicators (KPIs) under development for each population	9/24/21	11/1/21	BPT Core Teams	●
2	Dashboard development	11/1/21	12/31/21	BPT Core Teams	●
3	Review current state	11/1/21	1/31/22	BPT Core Teams	●
4	Improvement work on KPIs	11/1/21	ongoing	BPT Core Teams	●

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Enlisting help to collect baseline key performance indicators.

Deliverables:

- Population specific dashboards
- Care Pathways

Accomplishments / Next Steps

Accomplishments:

- Medical Director of Best Practice Teams in place.
- Planning and kick off meetings completed.
- Clinical Practice Guidelines selected for each population.

Medication Measures

Champions: Sonia Duran-Aguilar

Problem / Goals & Objectives

Problem Statement: Inaccurate medication list in medical record may contribute to increased length of stay, readmissions, and untoward patient health outcomes.

Goals and Objectives:

Improve the accuracy of the home medication list by inpatient and outpatient care teams to prevent untoward health outcomes.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	ISS to validate Home Medication Review Report, will adjust to include 24 hour timeframe	9/1/21	10/1/21	Lacey	●
2	Nursing leadership to review baseline performance	9/30/21	12/1/21	Kari	●
3	Modify report, as needed	11/1/21	1/1/22	TBD	●
4	Nursing leadership to establish reasonable Goal for FY22 given recent refinement	9/30/21	12/1/21	TBD	●

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Refine Complete Initial Home Medication Review Measure to align with Nursing Policy for Admission HX within 24 hours
 - Lacking Baseline Data

Deliverables:

- Report to measure performance

Accomplishments / Next Steps

Accomplishments:

- Addition of 2.5 Pharmacy Technicians and weekend coverage support increase in performance for Home Medication List Review
- Use of Ambulatory Medication Reconciliation education and CERNER optimization June 2021, led to increase in performance.

Next Steps:

- Refine medication history review report.

Team Round Implementation

Champions: Dr. Lori Winston

Problem / Goals & Objectives

Problem Statement: Lack of clear communication between care providers create suboptimal work environment and can lead to increased length of stay, readmissions, and untoward patient health outcomes.

Goals and Objectives:

To design and pilot team rounds to improve work environment, patient care and outcomes by enhancing coordination of care, communication, and culture among the health care team.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Review MICU Rounding Process Outline	9/28/21	11/1/21	Emma and Kari	●
2	Review best practices for Team Rounding	9/28/21	11/30/21	Dr. Winston Emma, Kari	●
3	Decision on pilot unit	9/28/21	10/30/21	Dr. Winston, Emma, Kari	●
4	Develop process tool	10/13/21	12/30/21	Group	●
5	Develop metrics data	10/13/21	12/30/21	Group	●
6	Roll out with one unit in early 2022 and measure for six months	1/1/22	6/30/22	Group	●

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Existing rounds. Need to ensure it is not duplicative.
- Staff shortages (case management)

Deliverables:

- Team Round process and plan
- Outcomes measures

Accomplishments / Next Steps

Accomplishments:

- Nursing leaders identified to support designing the process
- Two hospitalists identified as physician champions
- Identified 2N as the unit to pilot

Next Steps:

- Develop clear scripts, rounding tool for consistency
- Explore documentation tool (paper vs software)
- Identify measures of success

FY22 Quarter 1 Empower Through Education

Empower Through Education Metrics Performance

Increase CME Offerings and Educational Programs	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Gage current state of Lippincott system and ensure application is being utilized to its fullest	Finish buildout of Lippincott System	N/A	In Progress	In Progress	In Progress	
Improve the Resiliency of the Kaweah Health Team	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Deploy Schwartz Rounds in the organization	Research and plan for the deployment of Schwartz Rounds	N/A	In Progress	In Progress	In Progress	
Increase and Improve Leadership Education	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
EE - I respect my manager	4.47 (90 th Percentile)	4.47 (90 th Percentile)	In Progress	In Progress	In Progress	Pulse survey end of FY
EE - My director treats me with respect	4.55	4.18	In Progress	In Progress	In Progress	Pulse survey end of FY
EE - My manager is a good communicator	4.18	4.12	In Progress	In Progress	In Progress	Pulse survey end of FY
EE - My director is a good communicator	4.05	3.99	In Progress	In Progress	In Progress	Pulse survey end of FY
Increase Internal Promotions/Retention of Leaders	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
EE - This organization provides career development opportunities	3.76	3.70	In Progress	In Progress	In Progress	Pulse survey end of FY
Increase internal promotions and retention	77% Promotions 85% Retention	75% Promotions 82% Retention				
Increase Nursing Cohort Seats	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Increase nursing cohort seats	0 Seats	+53 Seats	In Progress	In Progress	In Progress	
Implementation of Rural Track Training Programs	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Increase nursing cohort seats	0 Seats	+53 Seats	In Progress	In Progress	In Progress	
Increase Nursing Cohort Seats	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Develop Child Adolescent Program						Complete
Expand Volunteer Programs	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Add adult and student volunteers throughout Kaweah Health	Student +200 Guild/Adult +150		In Progress	In Progress	In Progress	

Better than target; at target; worse than target; pending/in process

Increase CME Offerings and Educational Programs

Champions: Amy Shaver

Problem / Goals & Objectives

Problem Statement: Participation and regularity of grand rounds is not consistent. Kaweah Health can always be offering more educational programs and opportunities.

Goals and Objectives:

- FY22 – Finish building out of Lippincott System
- FY23 – Assess abilities for growth
- FY24 – Goals pending assessment

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
N/A

Deliverables
N/A

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Physician Faculty Offerings (PFO) Team to be engaged for current practices and future growth	TBD	TBD	Amy	●
2	Assessment of current CME Offerings with Clinical Education Department	TBD	TBD	Amy	●

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Accomplishments / Next Steps

Accomplishments:
In Progress

Next Steps:

- Amy will be joining the PFO Team
- Amy will be working with Kathy/Mary to quantify current CME offerings and gage opportunities for growth/expansion

Improve the Resiliency of the Kaweah Health Team

Champions: Kent Mishler

Problem / Goals & Objectives

Problem Statement: The Kaweah Health team has gone through a couple of tough years. Building up and maintaining the spirits and resiliency is mandatory to ensure healthy team members capable of delivering world class care and services.

Goals and Objectives:

- FY22 – Research and plan
- FY23 – Develop program
- FY24 – Metric identification and implementation

Plan (brief description of tasks, consider feedback loop, measures for success & communication plan)					
#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Explore implementation of Schwartz Rounds at Kaweah Health	TBD	TBD	Kent	●
2	Develop plan for implementation	TBD	TBD	Kent	●
3	Identify measurements for success/identify metrics that demonstrates effectiveness of Schwartz Rounds	TBD	TBD	Kent	●
4	Sign contract with Schwartz Center	TBD	TBD	Kent	●
5	Schwartz Rounds implementation at Kaweah Health	TBD	TBD	Kent	●

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

N/A

Deliverables:

N/A

Accomplishments / Next Steps

Accomplishments:

- Resiliency topic has been added to leadership meetings
- Chaplain has been added to ED for full time support for patients, guests, and staff

Next Steps:

- Kent researching Schwartz rounds.

Increase and Improve Leadership Education

Champions: Dianne Cox

Problem / Goals & Objectives

Problem Statement: Increase the number of educational courses and programs completed by individual leaders.

Goals and Objectives:

- EE – I respect my manager – 4.47
- EE – My director treats me with respect – 4.22
- EE – My manager is a good Communicator – 4.18
- EE – My director is a good Communicator – 4.05

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Charge Nurse development program is being created	TBD	TBD	Keri	●
2	LEAD Academy	TBD	TBD	HR	●
3	Pulse Survey June 2022	TBD	TBD	HR	●

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

N/A

Deliverables:

N/A

Accomplishments / Next Steps

Accomplishments:

- LinkedIn Learning is now mandatory for supervisors, managers, directors, VPs

Next Steps:

- Charge nurse development program to be developed and deployed to strengthen leadership on nursing units
- LEAD Academy is receiving a refresh and will then again be available to current and future leaders
- Pulse survey to be developed by HR/Press Ganey

Increase Internal Promotions/Retention of Leaders

Champions: Dianne Cox

Problem / Goals & Objectives

Problem Statement: Employee Engagement scores for career development opportunities are low suggesting the Kaweah Health team would like to see more opportunities, along with internal promotions, which in turn will increase retention

Goals and Objectives:

- EE –This organization provides career development opportunities – 3.76
- 75% Promotions and 82% Retention

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

N/A

Deliverables:

N/A

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Develop and deploy Kaweah Health mentorship program	TBD	TBD	Amy/ Committee	●
2	Develop and deploy Kaweah Health succession planning program	TBD	TBD	HR	●

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Accomplishments / Next Steps

Accomplishments:

- Subcommittee for mentorship program has been developed and best practices are being identified – will continue to build a program that can be deployed universally throughout Kaweah Health.

Next Steps:

- HR to begin researching succession planning program for Kaweah Health.

Increase Nursing Cohorts Seats

Champions – Dianne Cox

Problem / Goals & Objectives

Problem Statement: Kaweah Health has grown larger and faster than the local educational organizations. More opportunities need expansion here starting with RN seats in our local schools; new schools should consider the need in our local communities.

Goals and Objectives:

- +53 seats Nursing Cohort Seats

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Determine how to incorporate offerings to non-Kaweah Health employees	TBD	TBD	HR	●
2	Regional CME courses	TBD	TBD	HR	●
3	Partnership with COS – 20 part time seats	TBD	TBD	HR	●
4	Partnership with San Joaquin Valley College – 6 seats	TBD	TBD	HR	●
5	Partnership with Unitek – 20 seats, 40 seats	TBD	TBD	HR	●

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

N/A

Deliverables:

N/A

Accomplishments / Next Steps

Accomplishments:

In progress

Next Steps:

- HR researching how to complete task #1
- HR researching how to complete task #2
- Ongoing discussions with COS for 20 part time seats FY22 – 10 of these seats will be Kaweah nominated staff
- Ongoing discussions with SJVC for 6 seats – Pending BRN approval
- Partnership with Unitek goal of FY23 – Pending BRN approval

Implementation of Rural Track Training Programs

Champions: Amy Shaver, Dr. Winston

Problem / Goals & Objectives

Problem Statement: Child adolescent and child psychiatry programs are needed in the valley

Goals and Objectives:

- FY22 – Roll out Child Adolescent program
- FY23 – Roll out Psychiatry program

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
N/A

Deliverables:
N/A

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Child adolescent program	TBD	TBD	GME	●
2	Psychiatry Program	TBD	TBD	GME	●

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Accomplishments / Next Steps

Accomplishments:

- Child adolescent program has been launched

Next Steps:

TBD

Expand Volunteer Programs

Champions: Kent Mishler

Problem / Goals & Objectives

Problem Statement: Volunteer engagement has declined with the pandemic. Kaweah Health relies on a strong volunteer program to continue to spark career path engagement and to provide world class service.

Goals and Objectives:

- FY22 Student +200 Guild/Adult +150
- FY23 Student +150 Guild/Adult +200
- FY24 TBD

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Continue to identify students to volunteer	TBD	TBD	Kent	●
2	Explore potential volunteers from Cutler/Orosi	TBD	TBD	Kent	●

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

N/A

Deliverables:

N/A

Accomplishments / Next Steps

Accomplishments:

Next Steps:

- Not many students looking for volunteer programs right now, team will continue to look for opportunities
- Cutler/Orosi volunteer population is currently active – will look for opportunities in that community

FY22 Quarter 1 Ideal Work Environment

Ideal Work Environment Metrics Performance

Decrease New Hire Turnover Rate	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Decrease new hire turnover rate	12%	13%	In Progress	In Progress	In Progress	
Kaweah Health Team Members Satisfaction	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
EE - Weighted average of 27	4.08	4.04	In Progress	In Progress	In Progress	Pulse survey end of FY
PE - Overall I am satisfied working at Kaweah Health	3.99	3.97	In Progress	In Progress	In Progress	Pulse survey end of FY
RE - TBD	TBD	TBD				
Decrease Employee Turnover Rate	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Decrease Employee Turnover Rate	13%	14%	In Progress	In Progress	In Progress	Pulse survey end of FY
I Get the Training I need to Do a Good Job	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
EE - I get the tools and resources I need to provide the best care/services for our customers/patients	4.01	3.97	In Progress	In Progress	In Progress	Pulse survey end of FY
EE - I get the training I need to do a good job	3.96	3.92	In Progress	In Progress	In Progress	Pulse survey end of FY
PE - I get the tools and resources I need to provide the best care/services for our customers/patients	9.69	3.67	In Progress	In Progress	In Progress	Pulse survey end of FY
RE - TBD	TBD	TBD				
Kaweah Health Team Works Well Together	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
EE - My unit/department works well together	4.01	3.97	In Progress	In Progress	In Progress	Pulse survey end of FY
EE - Employees in my unit/department help others accomplish their work	3.96	3.92	In Progress	In Progress	In Progress	Pulse survey end of FY
EE - Communication between shifts is effective in my unit/department	3.69	3.67	In Progress	In Progress	In Progress	Pulse survey end of FY
EE - Employees in my unit/department treat each other with respect	4.21	4.17	In Progress	In Progress	In Progress	Pulse survey end of FY
PE - Different departments work well together at Kaweah Health	3.93	3.91	In Progress	In Progress	In Progress	Pulse survey end of FY
RE - TBD	TBD	TBD				

Better than target; at target; worse than target; pending/in process

New Hire Turnover Rate

Champions: Dan Allain, Raleen Larez

Problem / Goals & Objectives

Problem Statement: Kaweah Health is facing the same challenges as many employers in the labor market and needs to respond accordingly through enhanced training and onboarding checkpoints to welcome staff.

Goals and Objectives:

- 12% FY22 new hire turnover rate

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

N/A

Deliverables:

N/A

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Pulse Survey with questions focused on retention (6 months?)	TBD	TBD	Hannah and HR	●
2	30/60/90 day touch points, Manager/Director/VP	TBD	TBD	Jamie	●
3	New Hire VP quarterly Luncheon and Recognition	TBD	TBD	VPs	●
4	Standardized Onboarding at the unit level – training and education to be included	TBD	TBD	Hannah	●
5	Evaluate use of sign-on bonus with retention guideline based on staged payouts	TBD	TBD	HR	●
6	Pulse and stay survey at 1 st year anniversary	TBD	TBD	Hannah and HR	●

Accomplishments / Next Steps

Next Steps:

- HR exploring opportunities for Press Ganey stay/exit surveys
- 30/60/90 day touch points will be managed by HR
- VPs will discuss timing and details of luncheon
- Standardized onboarding committee to be developed
- Survey research will also include benefits/staffing
- Pulse survey to be developed by HR/Press Ganey

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Kaweah Health Team Member Satisfaction

Champions: Dan Allain, Raleen Larez

Problem / Goals & Objectives

Problem Statement: Kaweah Health staff satisfaction is below goal and initiatives are in the works to address concerns around retention.

Goals and Objectives:

- EE – Weighted average of 27 – 4.08
- PE – Overall I am satisfied working at Kaweah Health – 3.99
- RE – TBD

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
N/A

Deliverables:
N/A

Plan (brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Cascading information/knowledge, review communication strategies, staff meetings mandatory	TBD	TBD	VPs	●
2	Communication, timely responses, weekly summary updates, email etiquette	TBD	TBD	Deborah Volosin?	●
3	Staff participation and input with department processes and changes, along with employee engagement group participation	TBD	TBD	Dan/ Raleen	●
4	On time performance evaluations	TBD	TBD	VP holding Directors Accountabl e	●
5	Measure through pulse survey	TBD	TBD	Hannah and HR	●

Accomplishments / Next Steps

Next Steps:

- VPs to discuss new guidance and expectations around huddles and cascading of information
- Create subcommittee to outline email etiquette and preferred communication. Also looking at meeting expectations and etiquette
- Committee to be developed to roll out change management expectations on units
- HR to drive timely performance evaluations
- Pulse survey to be developed by HR/Press Ganey

Decrease Employee Turnover

Champions: Dan Allain, Raleen Larez

Problem / Goals & Objectives

Problem Statement: Kaweah Health is facing employment challenges in recruitment and retention and more focus on retention is critical.

Goals and Objectives:

- 13% team member turnover rate

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

N/A

Deliverables/Goals:

N/A

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Provide initial and refresher training on Just Culture awareness/Safety	TBD	TBD	Hannah	●
2	Develop real time Recognition Program	TBD	TBD	Dan/ Raleen	●
3	Stay Interviews, Press Ganey Pulse Survey	TBD	TBD	Hannah and HR	●
4	A day in the life of an employee	TBD	TBD	Dianne is rounding on units	●
5	Evaluate annually and as market dictates, Wage, benefits, retention bonus	TBD	TBD	HR	●
6	What's working? - Survey	TBD	TBD	HR	●

Accomplishments / Next Steps

Accomplishments:

- Just culture steering committee in place and defining steps – Just culture video shared with all employees including new hires as part of MAT1

Next Steps:

- Develop committee to establish expectations and tools empowering team members to do more real time recognition
- Explore options stay interviews with Press Ganey
- Dianne continuing to shadow on units
- Pulse survey to be developed by HR/Press Ganey
- HR to develop survey for team members measuring what engagement factors are important

I Get the Training I Need to Do a Good Job

Champions: Dan Allain, Raleen Larez

Problem / Goals & Objectives

Problem Statement: The most recent Employee Engagement survey suggested there was room for improvement in ensuring Kaweah Health team members have the tools and equipment they need to provide world class services.

Goals and Objectives:

- EE – I get the training I need to do a good job – 3.96
- EE – I get the tools and resources I need to provide the best care/services for our customers/patients – 4.01
- PE - I get the tools and resources I need to provide the best care/services for our customers/patients – 4.01
- RE - TBD

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

N/A

Deliverables:

N/A

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Assess initial and ongoing training and equipment needs, at hire and annually	TBD	TBD	HR	●
2	Train on new equipment, procedures, and processes before implementation Develop Educational bundles and roll out prior to implementation of new process, products or equipment	TBD	TBD	Unit Directors and Unit educators	●
3	Assess trends in Midas/events reported to Risk to determine focus of the educational topics	TBD	TBD	Dan/ Raleen	●
4	Success measured through our pulse survey	TBD	TBD	HR/ Hannah	●

Accomplishments / Next Steps

Next Steps:

- Pulse survey to better understand needs of team members and where training/tools may be lacking – will target departments with EE score lower than 4.00
- Expectations for education to be established and pushed out to units/leaders
- Risk to pull trended report for Midas submissions regarding training/equipment
- Pulse survey to be developed by HR/Press Ganey

Kaweah Health Team Works Well Together

Champions: Dan Allain, Raleen Larez

Problem / Goals & Objectives

Problem Statement: There is a need to continue to align the efforts of all Kaweah Health teams to ensure world class service.

Goals and Objectives:

- EE – My unit/department works well together – 4.30
- EE – Employees in my unit/department help others accomplish their work – 4.25
- EE – Communication between shifts is effective in my unit/department – 4.08
- EE – Employees in my unit/department treat each other with respect – 4.21
- PE – Different departments work well together at Kaweah Health – 3.93
- RE – TBD

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Engage (focus groups) What are individual's definition or perception of working well together? Use open ended questions in a Pulse Survey	TBD	TBD	HR	●
2	Engage and collaborate with all stakeholders on decision making and process changes, physician, nursing, etc. – Will launch committee with results to identify action items and develop smaller focus groups	TBD	TBD	HR	●
3	Civility training: being civil with each other, professionalism and collegial interaction training	TBD	TBD	HR	●
4	Setting parameters for conversations to be effective, de-escalation of argumentative communications	TBD	TBD	HR	●
5	Hardwire SBAR usage as best practice throughout organization	TBD	TBD	HR/Clinical Leadership	●
6	Pulse survey to measure progress	TBD	TBD	HR	●

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Critical Issues / Deliverables

Critical Issues (ie. Barriers):

N/A

Deliverables:

N/A

Accomplishments / Next Steps

Next Steps:

- HR to develop survey to better understand where opportunities lie
- Partner with Dr. Carstens and Physician Engagement Team to develop survey, along with working with hospital leadership to gain a better understanding of gaps in team work
- Exploring concept of civility training program and incorporating RELATE
- HR to explore training courses
- Establish task force to ensure hardwire of SBAR as best practice at Kaweah Health
- Pulse survey to be developed by HR/Press Ganey

FY22 Quarter 1 Strategic Growth and Innovation

Strategic Growth and Innovation Metric Performance

Charter Measures	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Inpatient Market Share (OSHPD: FPSA)	62.0%	59.9%	N/A	N/A	N/A	Available Annually
Ambulatory Visits (582,534 annual)	48,545/month	47,396/month	47,039	54,901	54,981	
New Physicians in the Market	20	n/a	0	1	2	
Best Image and Reputation Score (NRC Health)	26.0	22.9	35.7	29.2	31.3	2020 Score was 22.9

All Measures Per Strategy Summary

Physician Recruitment and Retention	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Number of new primary care physicians	5	n/a	0	0	1	R. Galindo, DO
Number of new specialty physicians	15	n/a	0	1	1	Drs. Singla, Eskandari, Nguyen, He & Lin
Physician retention rate (includes retirement)	85%	Unknown	N/A	N/A	N/A	Available Annually; Was not measured in 2020
Percentage of KH graduating residents staying in the Valley	50%	40%	N/A	N/A	N/A	Available Annually

Inpatient Growth	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Cardiac Surgery Cases (432 annual)	36/Month	30/month	31	25	18	
IP Market Share in Secondary Service Area	30.0%	28.5%	N/A	N/A	N/A	Available Annually
IP Market Share in Primary Service Area	79.0%	77.9%	N/A	N/A	N/A	Available Annually
Annual IP Surgical Cases (8,358 annual)	697/Month	416/Month	369	329	342	

Outpatient Growth	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Additional Approved Ambulatory Locations	1	n/a	0	1	0	Visalia Industrial Park
Ambulatory Visits (582,534 annual)	48,545/month	47,396/month	47,039	54,901	54,981	
OP Surgery Cases (5,419 annual)	452/month	412/month	498	480	440	
SRCC Volume (Visalia + Hanford 4,877 annual)	406/month	462/month	498	485	537	

Better than target; at target; worse than target; pending/in process

Strategic Growth and Innovation Metric Performance

All Measures Per Strategy Summary (continued)

Modernization of Facilities	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Board Decision Regarding Master Plan	Achieve	n/a				
Approve Development of Gateway	Achieve	n/a				
Improve Community Engagement	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Best Image and Reputation Score (NRC Health)	26.0	22.9	35.7	29.2	31.3	
Public Support for Bond Survey Results	TBD	n/a	TBD	TBD	TBD	
Innovation	Goal	Baseline	Jul-21	Aug-21	Sep-21	Comments
Telehealth Visits (50,000 annual)	4,167/month	8,830/month	5,305	9,917	11,832	
ET/Board Approved Patient Access Center Plan	Achieve	n/a				

Better than target; at target; worse than target; pending/in process

Strategic Growth & Innovation- Physician Recruitment and Retention

Champions: Brittany Taylor

Problem / Goals & Objectives

Problem Statement: Tulare and Kings Counties are underserved based on the ratio of physicians to the population

Goals and Objectives: Recruit 20 new physicians (15 specialists and 5 primary care) to the market during FY2022. New physicians are counted when they sign a contract.

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

Highly competitive national market; challenges recruiting to the Valley; financial resources

Deliverables:

New physicians in the market

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Recruitment of key specialties consistent with the Board-approved recruitment plan	7/1/21	6/30/22	Brittany	●
2	Monitor the market for opportunities to acquire medical practices	7/1/21	6/30/22	Brittany	●
3	Enhancement of the physician liaison program	7/1/21	6/30/22	Brittany	●
4	Enhanced physician onboarding and retention	7/1/21	12/31/21	Brittany	●
5	New surgeon development program	7/1/21	12/31/21	Dan and Brittany	●

Accomplishments / Next Steps

Accomplishments:

- Drs. Singla signed (structural heart)
- Dr. Eskandari signed (gastroenterology)
- Drs. He and Lin signed (anesthesia)
- Dr. Galindo signed (pediatrics)
- Dr. Marion Hseuh started (family medicine)

Next Steps:

- Continue improving liaison activity tracking and reporting
- Work with community advisory group to enhance physician onboarding process
- Develop the new surgeon development program

Strategic Growth & Innovation- Inpatient Growth

Champions: Dan Allain, Karen Tellalian, Laura Florez-McCusker

Problem / Goals & Objectives

Problem Statement: In the last year, Kaweah Health’s market share has been flat in the PSA and has declined in the SSA.

Goals and Objectives: Grow our inpatient volumes, particularly the surgical cases, with an emphasis on key service lines and our expanded service area.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Reopen two ORs on the 2 nd floor of Mineral King	7/1/21	12/31/21	Dan and Kevin Morrison	●
2	Increase surgical volumes through promotion of services and physicians via marketing, social media, and physician liaisons	7/1/21	6/30/22	Brittany, Laura, and Karen	●
3	Growth in key service lines	7/1/21	6/30/22	Dan, Brittany, Laura, and Karen	●
4	Add new services (e.g. bariatrics, colorectal surgery, electrophysiology, etc.)	7/1/21	12/31/21	Dan and Marc	●
5	Conduct feasibility analysis and design process for conversion of inpatient rehab beds to skilled nursing beds	7/1/21	12/31/21	Jag, Kevin, and Marc	●
6	Expand endoscopy access	7/1/21	12/31/21	Dan and Marc	●

Critical Issues / Deliverables

Critical Issues (ie. Barriers): Increasingly competitive market; COVID impacting our ability to increase services or perform elective cases; physician and employee staffing shortages; changes in physician contracting (e.g. Golden State)

Deliverables:
Increase inpatient volumes

Accomplishments / Next Steps

- Accomplishments:**
- Added Dr. Kyle Ota (colorectal surgery)
 - New physician liaison activity reports are being provided to service line leaders

- Next Steps:**
- Monitor COVID volumes and bed availability to determine when elective surgery volumes can be increased
 - Continue discussions with physicians to bring new services to Kaweah Health

Strategic Growth & Innovation- Outpatient Growth

Champions: Ryan Gates, Paul Schofield, Karen Tellalian, Laura Florez-McCusker

Problem / Goals & Objectives

Problem Statement: The ambulatory market has become significantly more competitive. Kaweah Health needs to ensure that we have a comprehensive outpatient network that is convenient to patients.

Goals and Objectives: Increase access to outpatient care in locations that are convenient to our community.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Establish an ambulatory strategy committee to develop a growth strategy, including site prioritization and financial planning	7/1/21	12/31/21	Marc	●
2	Develop a plan for a new specialty clinic in Visalia	7/1/21	6/30/22	Marc	●
3	Renovate the Court Street clinic space (using BHI funding)	7/1/21	6/30/22	Ryan, Marc, Kevin	●
4	Expand infusion center space and operating hours	7/1/21	6/30/22	Marc and Kevin	●
5	Expansion of SRCC services and equipment (2 nd TrueBeam) and the growth of oncology market share in Tulare and Kings Counties	7/1/21	6/30/22	Jag, Marc, and Kevin	●
6	Aggressive marketing and promotion campaigns for our locations and services	7/1/21	6/30/22	Karen, Laura, Ryan, & Paul	●
7	Add specialists to the RHCs and SHWC, including behavioral health	7/1/21	6/30/22	Ryan	●

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

Increasingly competitive market; physician and employee staffing shortages; capital limitations; FQHC and RHC designation delays

Deliverables:

Increase outpatient volumes

Accomplishments / Next Steps

Accomplishments:

- TrueBeam project plan complete
- Ongoing discussions with radiation oncologists regarding expanding SRCC services
- Infusion center architectural design in process and submitted to the City
- New marketing campaigns initiated. Grant received for promotion of vaccines in our RHCs
- Contracted with Richard "Kiki" Torrez to promote vaccines and our clinics
- Expanded COVID testing capacity in clinics
- RHC status confirmed for Tulare Clinic

Next Steps:

- Secure FQHC status
- With RHC status secured in Tulare, begin to add specialists and services

Strategic Growth & Innovation- Modernization of Facilities

Champions: Kevin Morrison

Problem / Goals & Objectives

Problem Statement: A number of Kaweah Health’s facilities are either aged or no longer have the capacity to serve our patients and/or employees.

Goals and Objectives: Update our facilities to create a better patient experience and to provide our employees and medical staff with a better work environment.

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
Increasingly competitive market; capital limitations; OSPHD requirements

Deliverables:
Enhanced facilities

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Complete master facility plan for replacement of Mineral King wing	7/1/21	12/31/21	Kevin and Marc	●
2	Develop long-term plan for all Kaweah Health facilities, including funding capacity and strategy	7/1/21	6/30/22	Kevin and Marc	●
3	Add conference rooms space to downtown campus	7/1/21	6/30/22	Kevin and Marc	●
4	Renovate Mineral King lobby and café	7/1/21	6/30/22	Kevin, Lawrence, and Marc	●
5	Evaluate solar, electric vehicle charging stations, recycling, and other alternative energy opportunities	7/1/21	6/30/22	Kevin and Marc	●

On target / not yet started (not due); delay/slight concern; off target/serious concerns

Accomplishments / Next Steps

Accomplishments:

- Community and employee engagement surveys regarding Master Facility Plan
- Plan completed and budget funding secured for additional conference rooms
- Architect proposals received for Mineral King lobby project
- Applied for a Southern California Edison grant to install 10 electric vehicle charging stations at the downtown campus
- Obtained a grant for 3 new electric vehicles for the Security team
- More than 1000 new signs installed across the organization

Next Steps:

- Expand community engagement regarding master facility plan
- RBB to complete master facility plan and cost estimates
- Achitectural design and approval for projects

Strategic Growth & Innovation- Community Engagement

Champions: Deborah Volosin

Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to continue to increase its engagement with our community.

Goals and Objectives: Continue and expand our efforts to engage our community so that we can better serve their health and wellness needs, and to gain the community's insights and support regarding our initiatives. Seek ways to expand our current reach and gain more widespread feedback and outreach.

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

Need to gain public support for major initiatives. COVID continues to make meeting with the public challenging.

Deliverables:

Increase the number of community members engaged with KH.

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Use NRC Health tool to assess public perception; share data with Executive Team	7/1/21	10/31/21	Marc & Deborah	●
2	Add new Community Advisory Committees and members, including a Latino committee	9/1/21	12/31/21	Deborah & Kelsie	●
3	Educate the community regarding the need to replace the Mineral King wing through focus groups, town halls, the website, social media and other media to gain support	9/1/21	6/30/22	Deborah, Laura, Karen, Gary, & Marc	●
4	Restart speakers bureau, including master facility planning presentations	9/1/21	6/30/22	Deborah	●

Accomplishments / Next Steps

Accomplishments:

- Surveyed employees, medical staff, and Advisors/Ambassadors regarding Mineral King replacement options
- Worked with community members to identify members for the new Latino Community Advisory Committee.
- Scheduled 16 community stakeholder groups to discuss master facility plan
- Developed website to educate community regarding master facility plan

Next Steps:

- Launch a comprehensive campaign (e.g. small groups, radio, TV, print, town halls, webinars, direct mail, emails, website, social media, etc.) to educate the community regarding the master facility plan and our need to replace the MK Wing and modernize our facilities

Strategic Growth & Innovation- Innovation

Champions: Doug Leeper, Malinda Tupper, Ryan Gates, Marc Mertz

Problem / Goals & Objectives

Problem Statement: To be successful in a dynamic and challenging healthcare industry, Kaweah Health must find new ways of doing things and approaching problems.

Goals and Objectives: Create, develop, and implement new processes, systems, or services, with the aim of improving efficiency, effectiveness, or competitive

Plan

(brief description of tasks, consider feedback loop, measures for success & communication plan)

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Form a committee to explore the organization's enhanced data analytic needs and capabilities	7/1/21	10/31/21	Marc	●
2	Evaluate development of a hospital-at-home service	7/1/21	12/31/21	Marc, Keri, Malinda, & Ryan	●
3	Expand telehealth services	7/1/21	6/30/22	Ryan, Doug, & Paul	●
4	Begin the multi-year process of creating a central patient access center	7/1/21	6/30/22	Ryan & Doug	●
5	Develop strategies to compete, or partner, with market disruptors such as Amazon, Wal-Mart, CVS, Walgreens, telehealth providers, and others	7/1/21	6/30/22	Marc	●
6	Explore alternative funding opportunities to enable Kaweah Health to provide community health services	7/1/21	6/30/22	Malinda, Ryan, & Marc	●

On target / not yet started (not due); delay/slight concern; off target/serious concerns

294/497

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

New technology/tools can be expensive. KH has limited staff resources to implement new solutions.

Deliverables:

Improved efficiency; greater access to Kaweah Health services; increased volumes

Accomplishments / Next Steps

Accomplishments:

- Hired Jacob Kennedy as Director of Patient Navigation
- Applying for grants to support telehealth and patient access center

Next Steps:

- Develop patient access center vision and implementation plan

Live with passion.

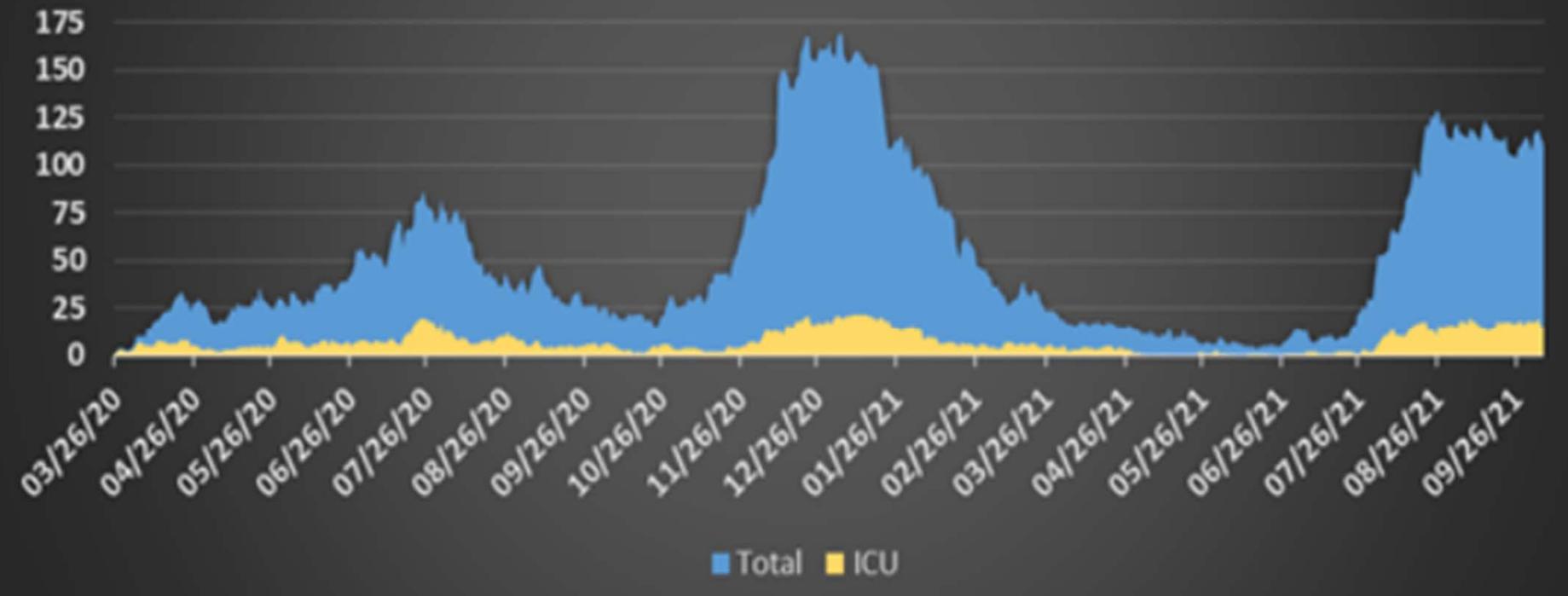
Health is our passion. Excellence is our focus. Compassion is our promise.



CFO Financial Report

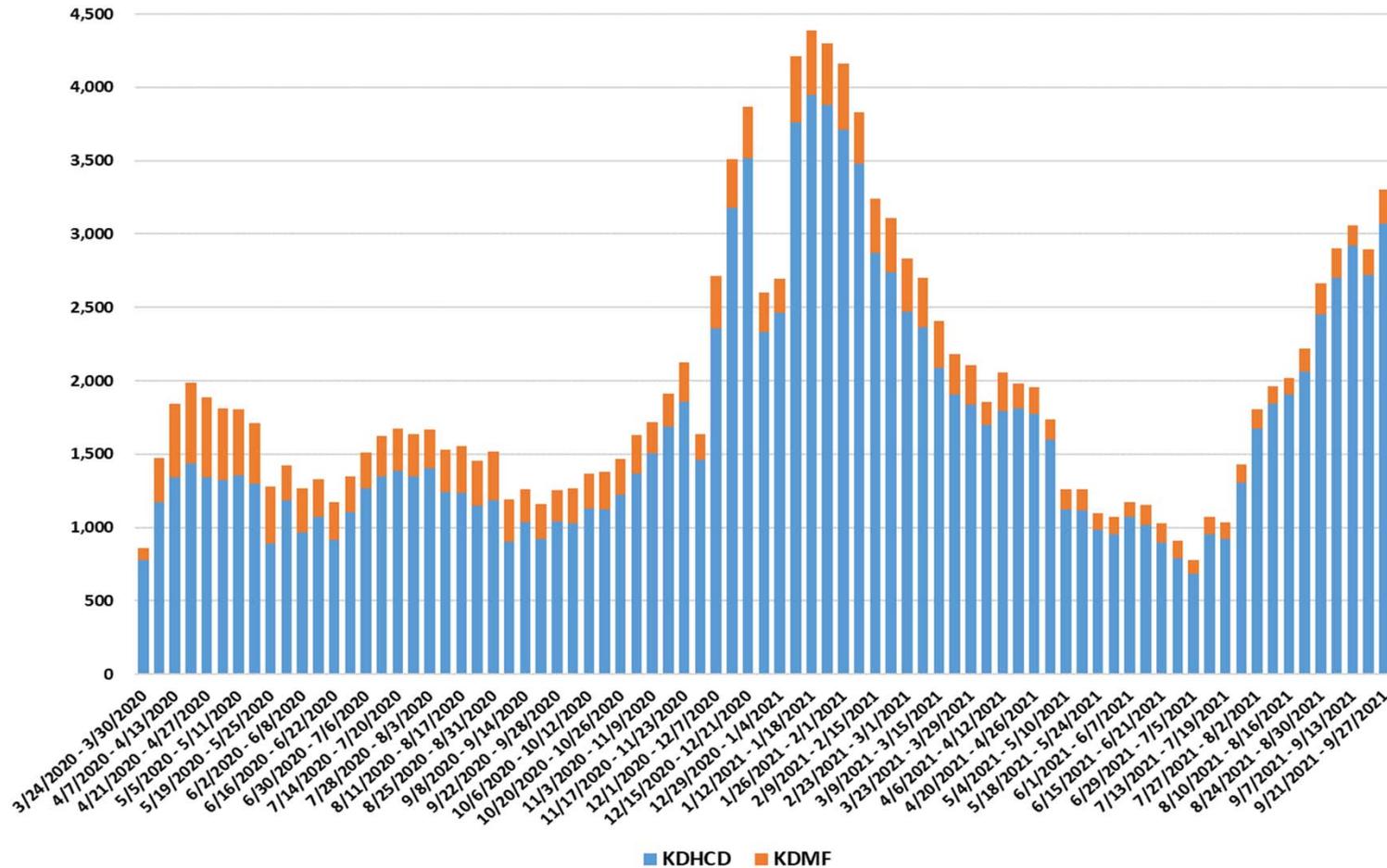
October 19, 2021

Kaweah Health COVID+ Inpatients (entire pandemic)



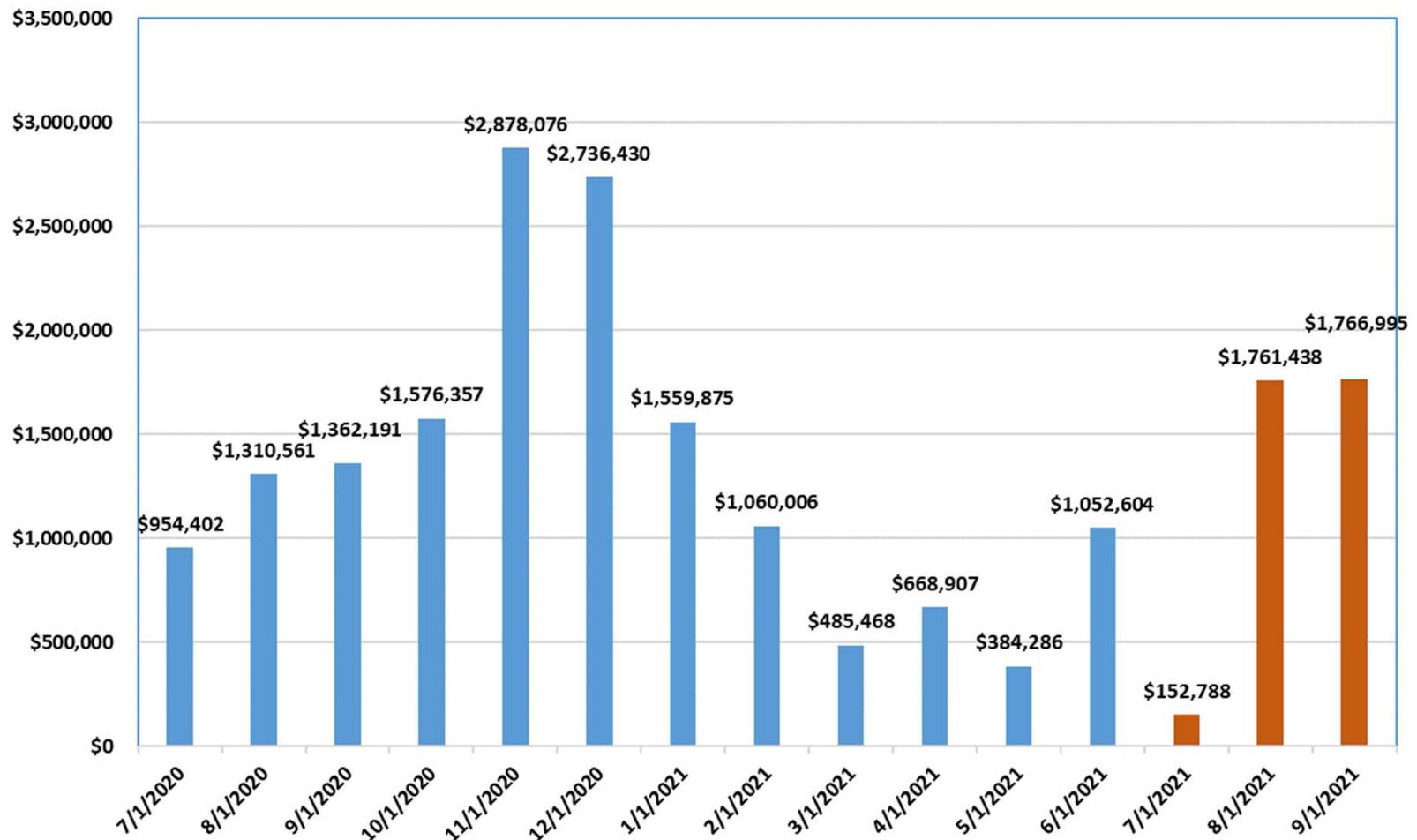
Telehealth

Telehealth volumes show a steady increase since June 2021. The majority of the telehealth visits during 2021 are in the Urgent Care Clinics and Rural Health Clinics. The average reimbursement is \$134 per visit and an estimated \$36 per visit in net operating income.



COVID Expenses

COVID operating expenses have increase throughout Quarter 1, FY 22 totaling \$3.7M for the quarter. Of the \$3.7M, 82% are related to supplies and 18% to payroll costs.

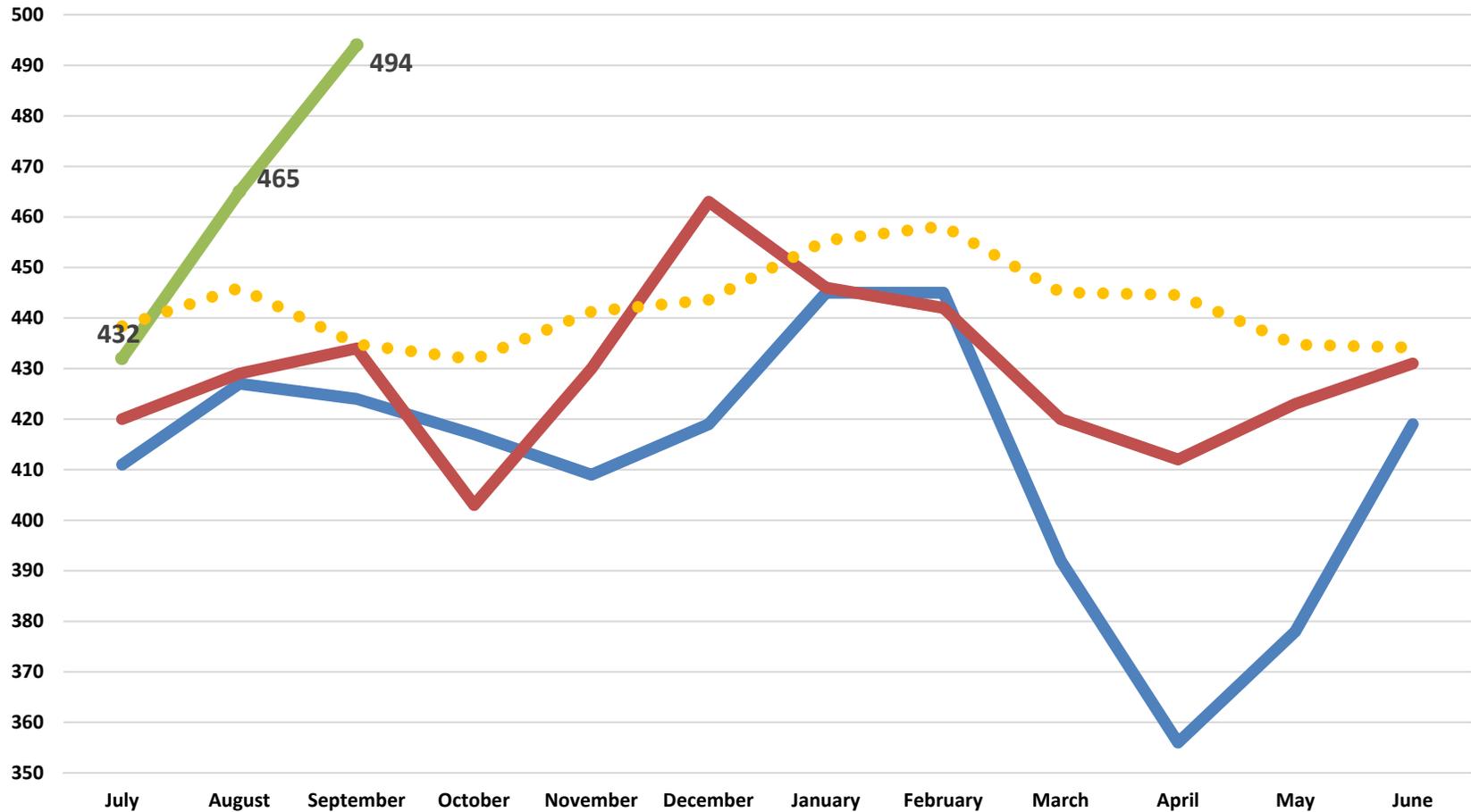


COVID IMPACT (000's)

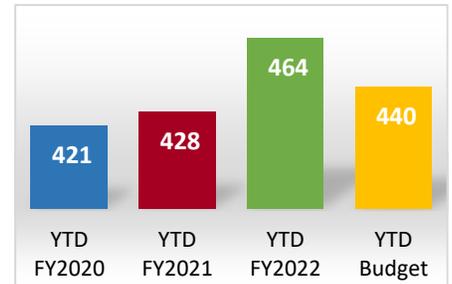
March 2020 - Sep
2021

Operating Revenue	
Net Patient Service Revenue	\$908,931
Supplemental Gov't Programs	89,333
Prime Program	20,688
Premium Revenue	91,548
Management Services Revenue	55,345
Other Revenue	34,613
Other Operating Revenue	291,528
Total Operating Revenue	1,200,456
Operating Expenses	
Salaries & Wages	515,836
Contract Labor	16,074
Employee Benefits	90,306
Total Employment Expenses	622,216
Medical & Other Supplies	205,764
Physician Fees	152,704
Purchased Services	30,149
Repairs & Maintenance	41,639
Utilities	11,392
Rents & Leases	9,791
Depreciation & Amortization	50,347
Interest Expense	10,737
Other Expense	32,237
Humana Cap Plan Expenses	52,658
Management Services Expense	55,103
Total Other Expenses	652,518
Total Operating Expenses	1,274,734
Operating Margin	(\$74,278)
Stimulus Funds	\$47,865
Operating Margin after Stimulus	(\$26,413)
Nonoperating Revenue (Loss)	15,385
Excess Margin	(\$11,027)

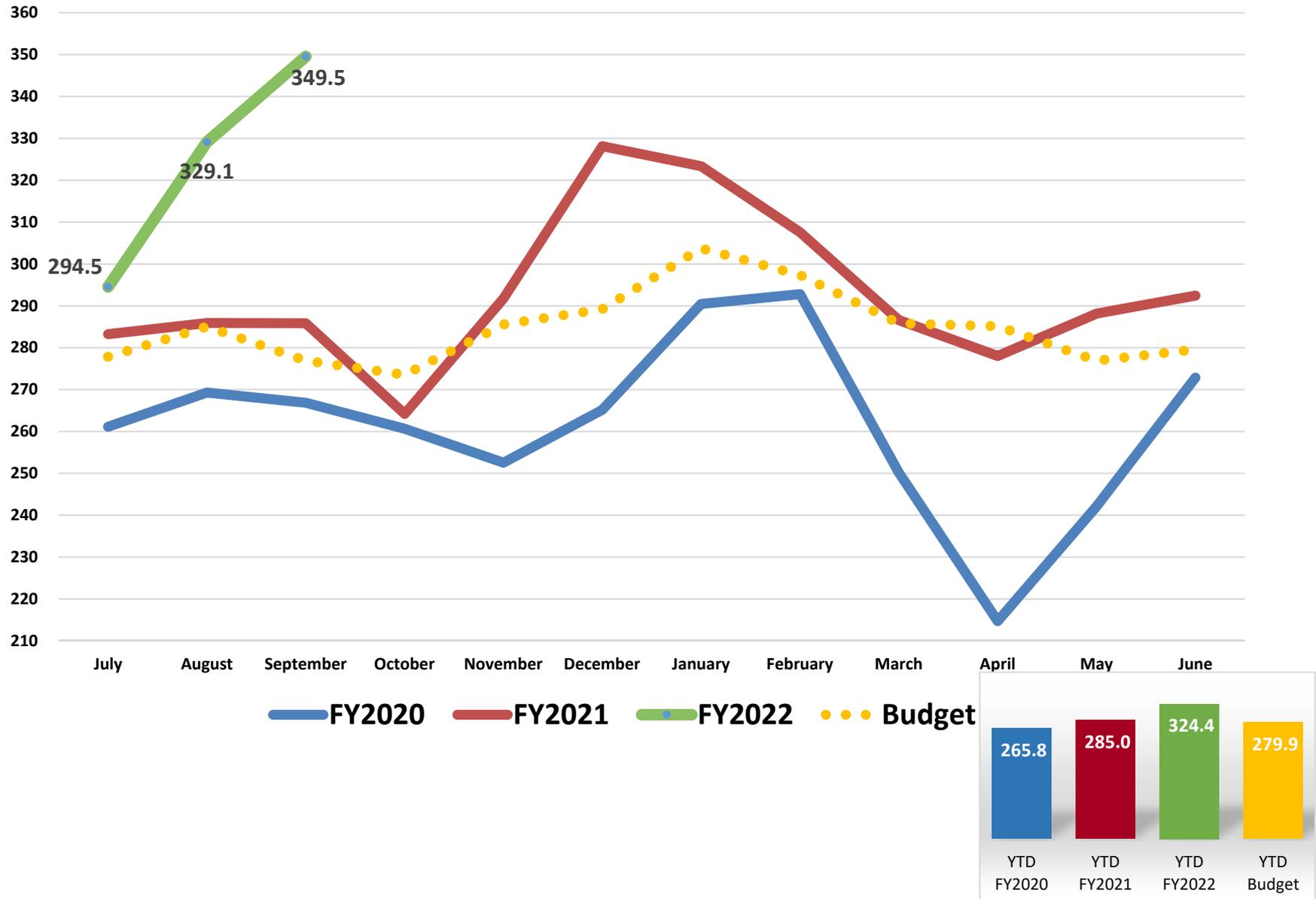
Average Daily Census



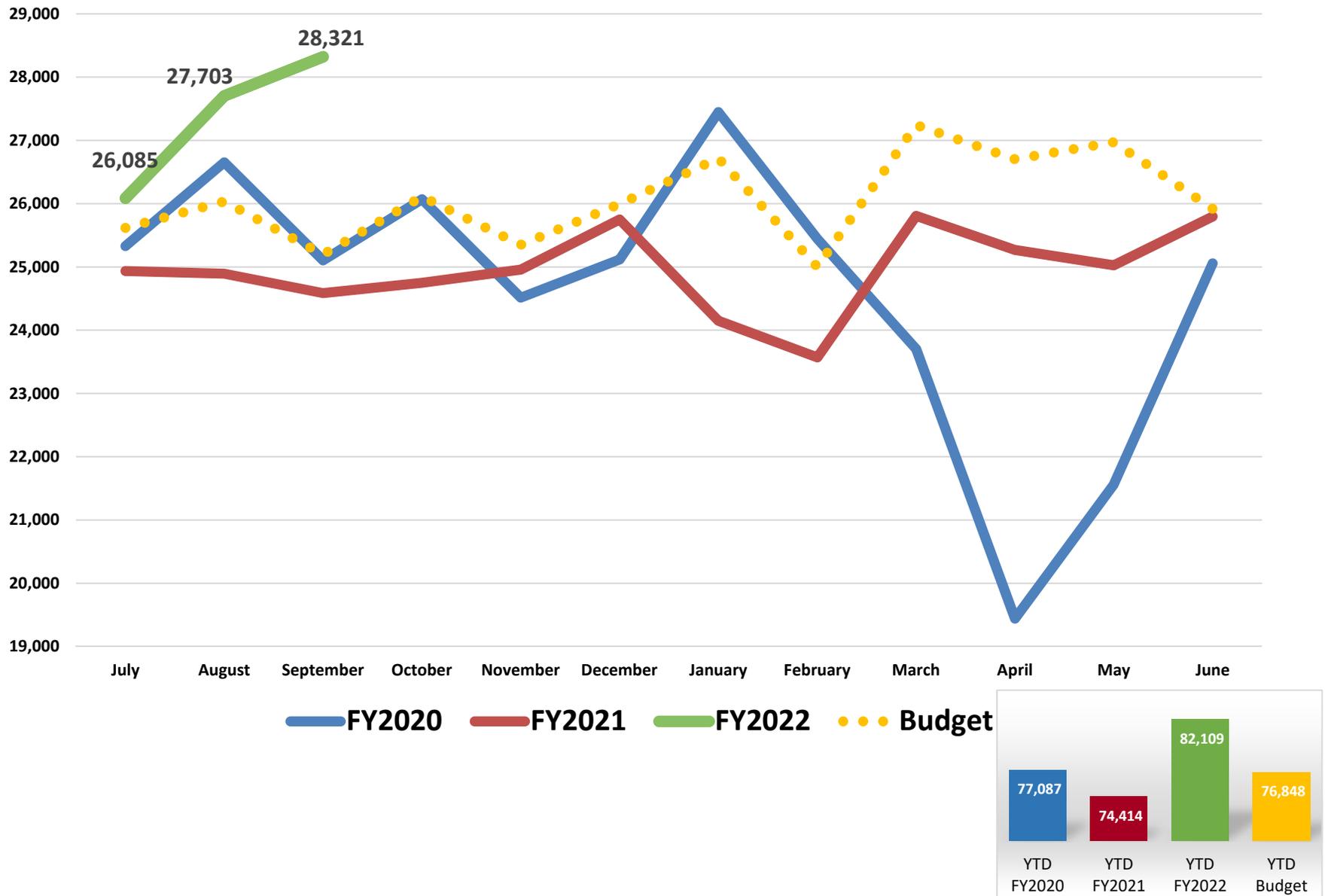
— FY2020
 — FY2021
 — FY2022
 ●●● Budget



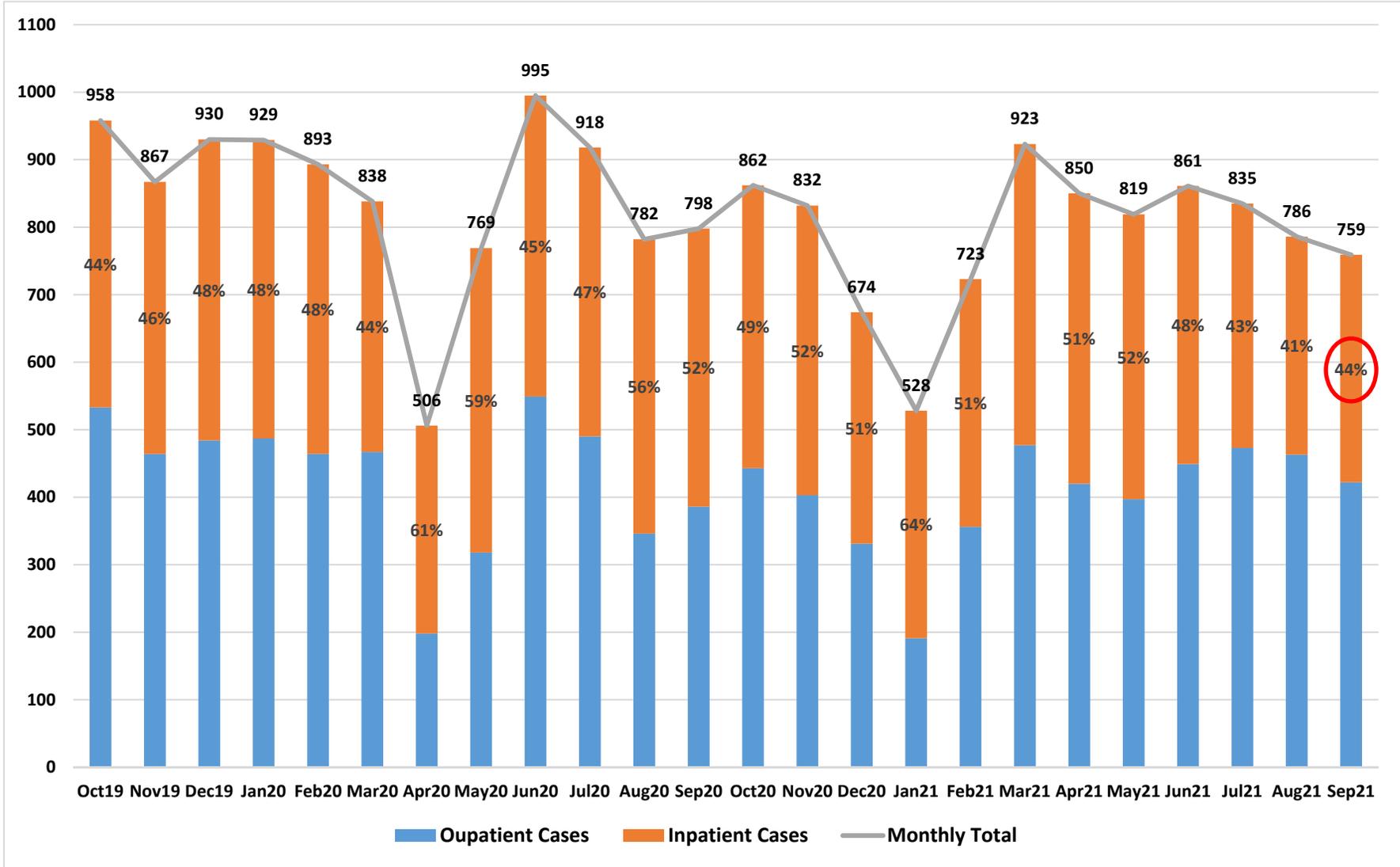
Medical Center – Average Daily Census



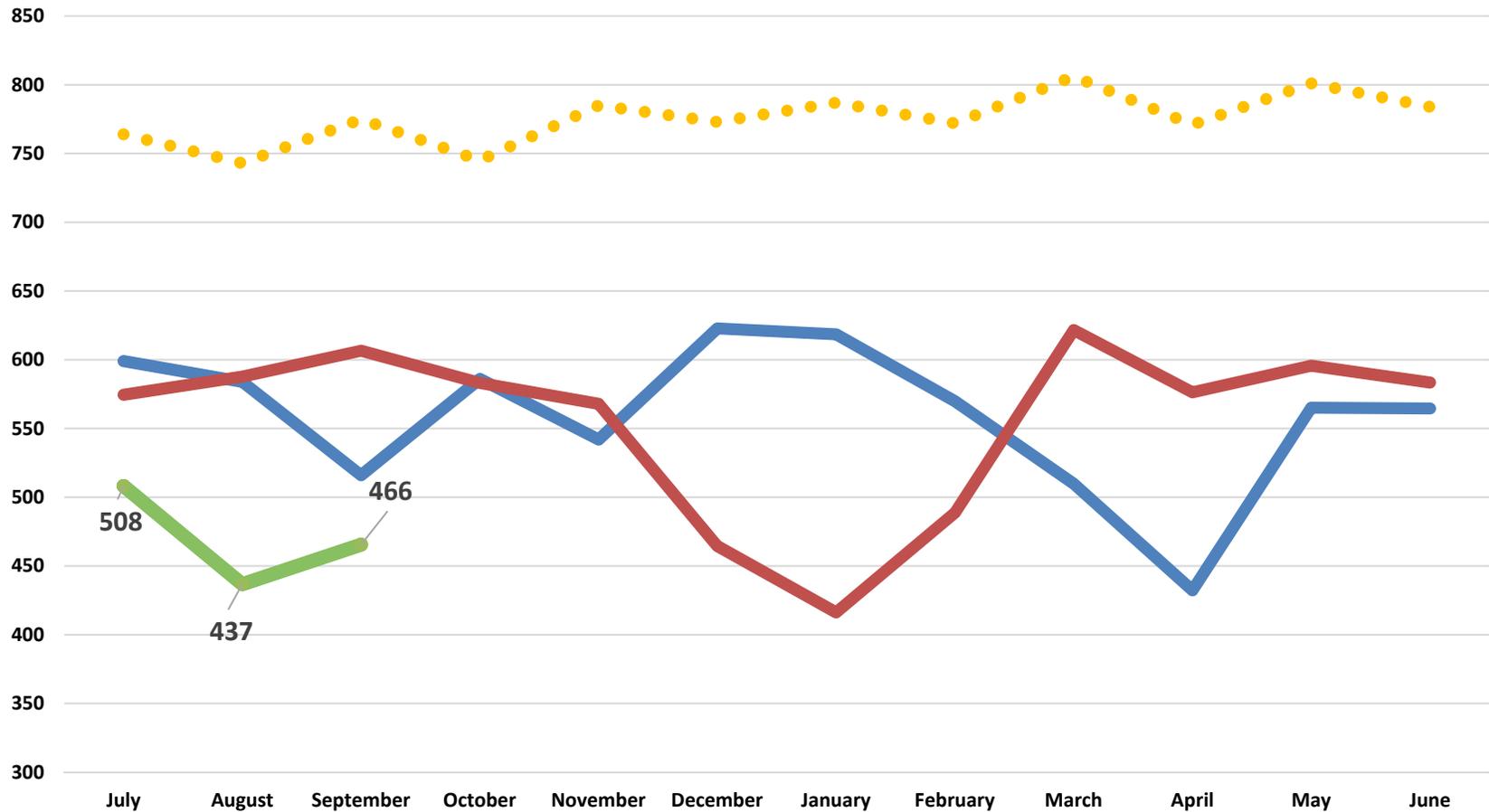
Adjusted Patient Days



Surgery Volume



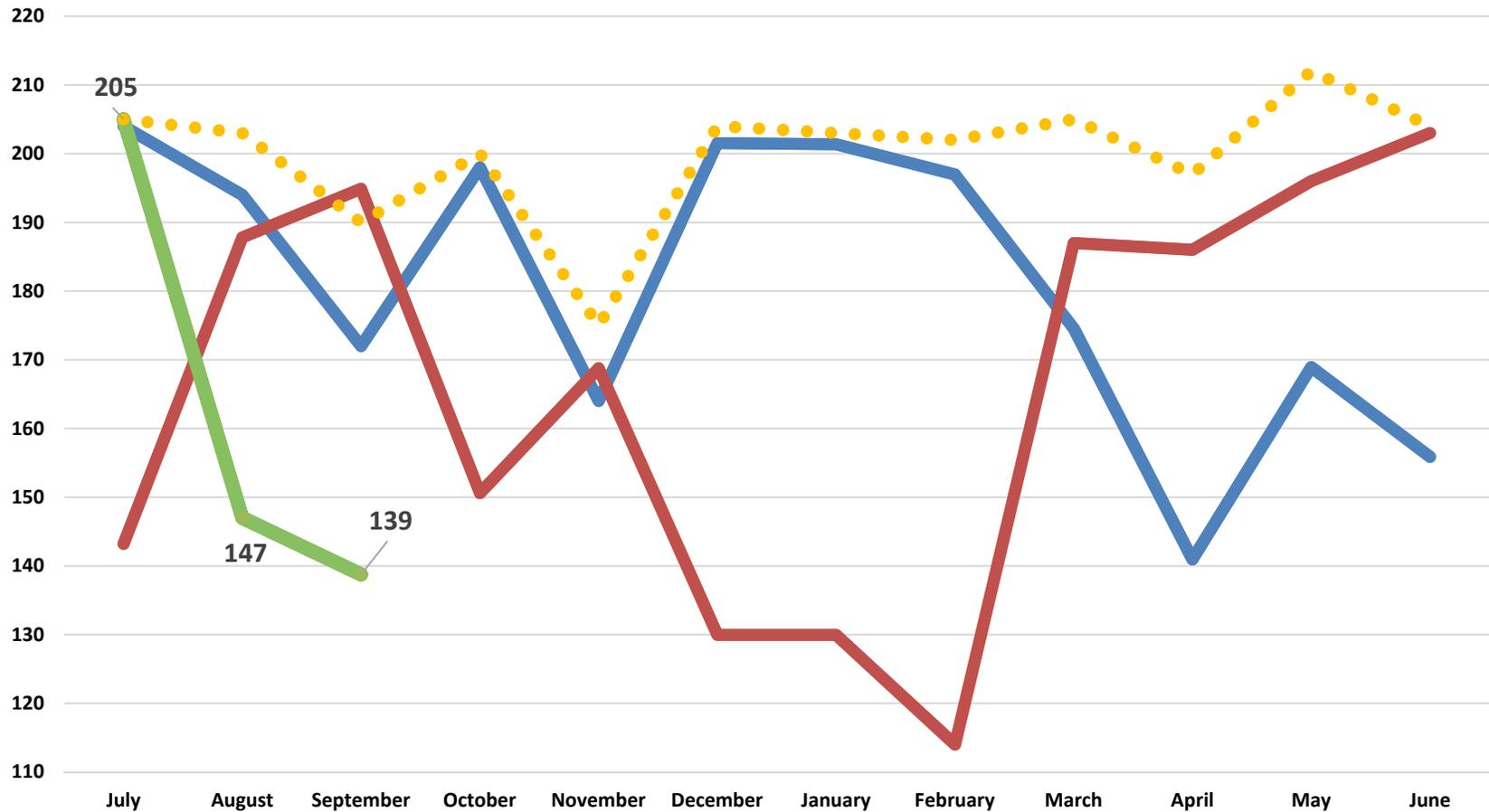
Surgery (IP Only) – 100 min units



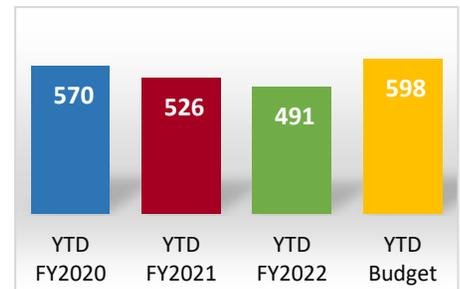
— FY2020
 — FY2021
 — FY2022
 ●●● Budget



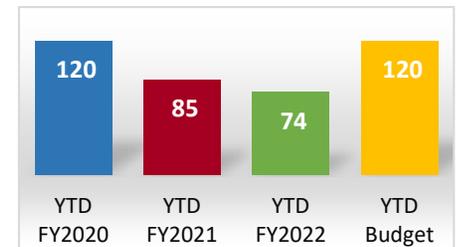
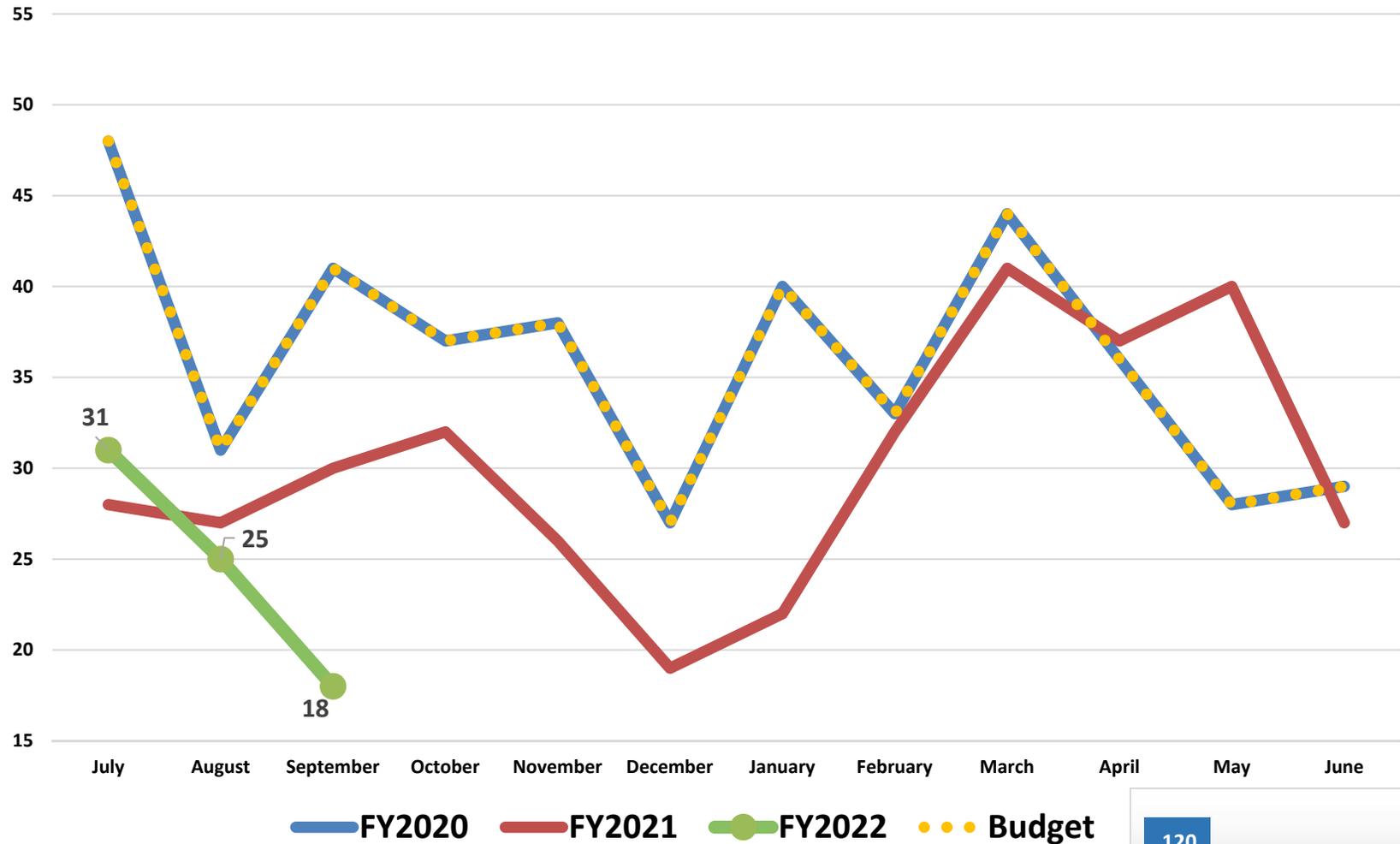
Cath Lab (IP Only) – 100 min units



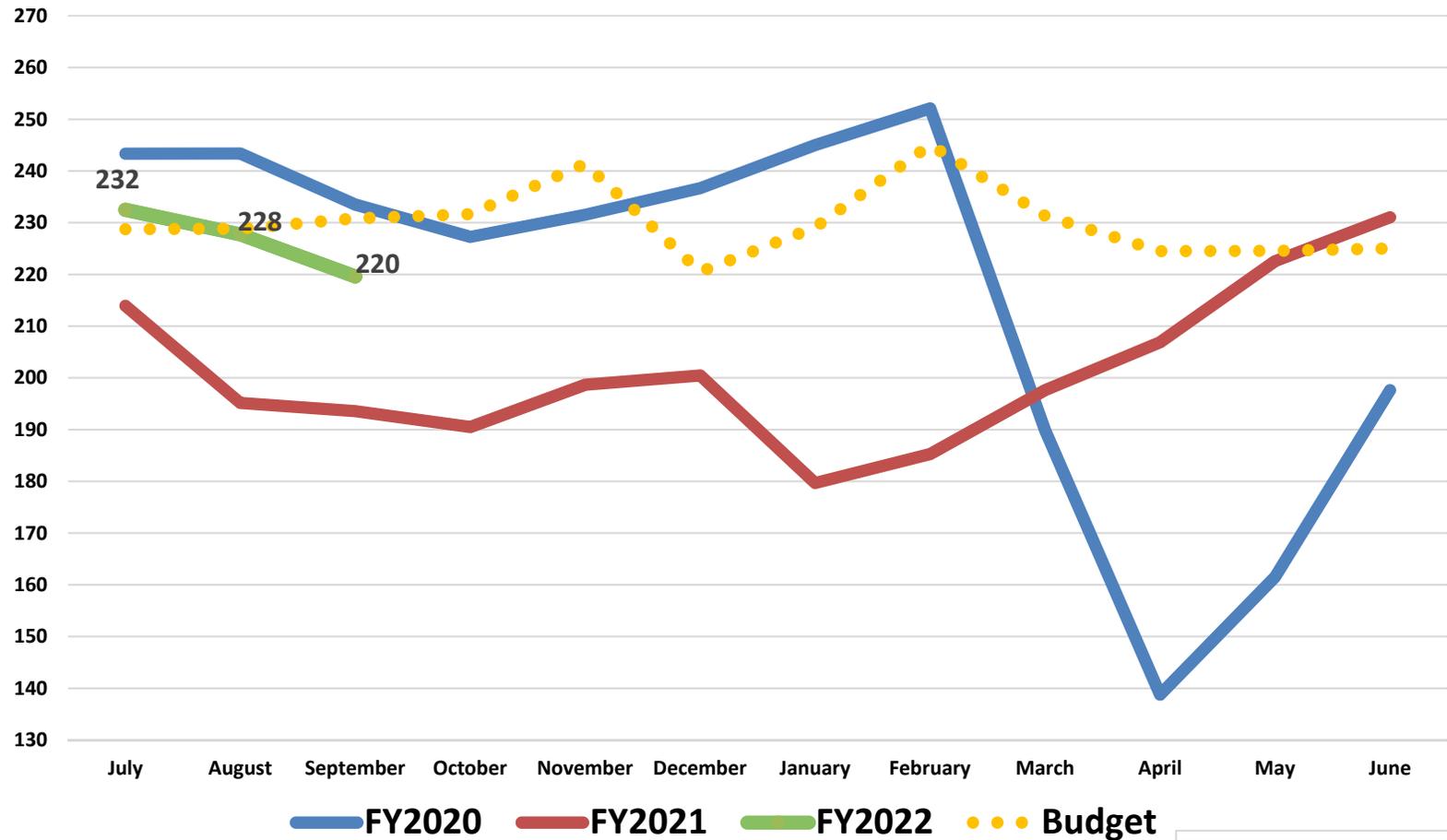
—●— **FY2020**
 —●— **FY2021**
 —●— **FY2022**
 ●●● **Budget**



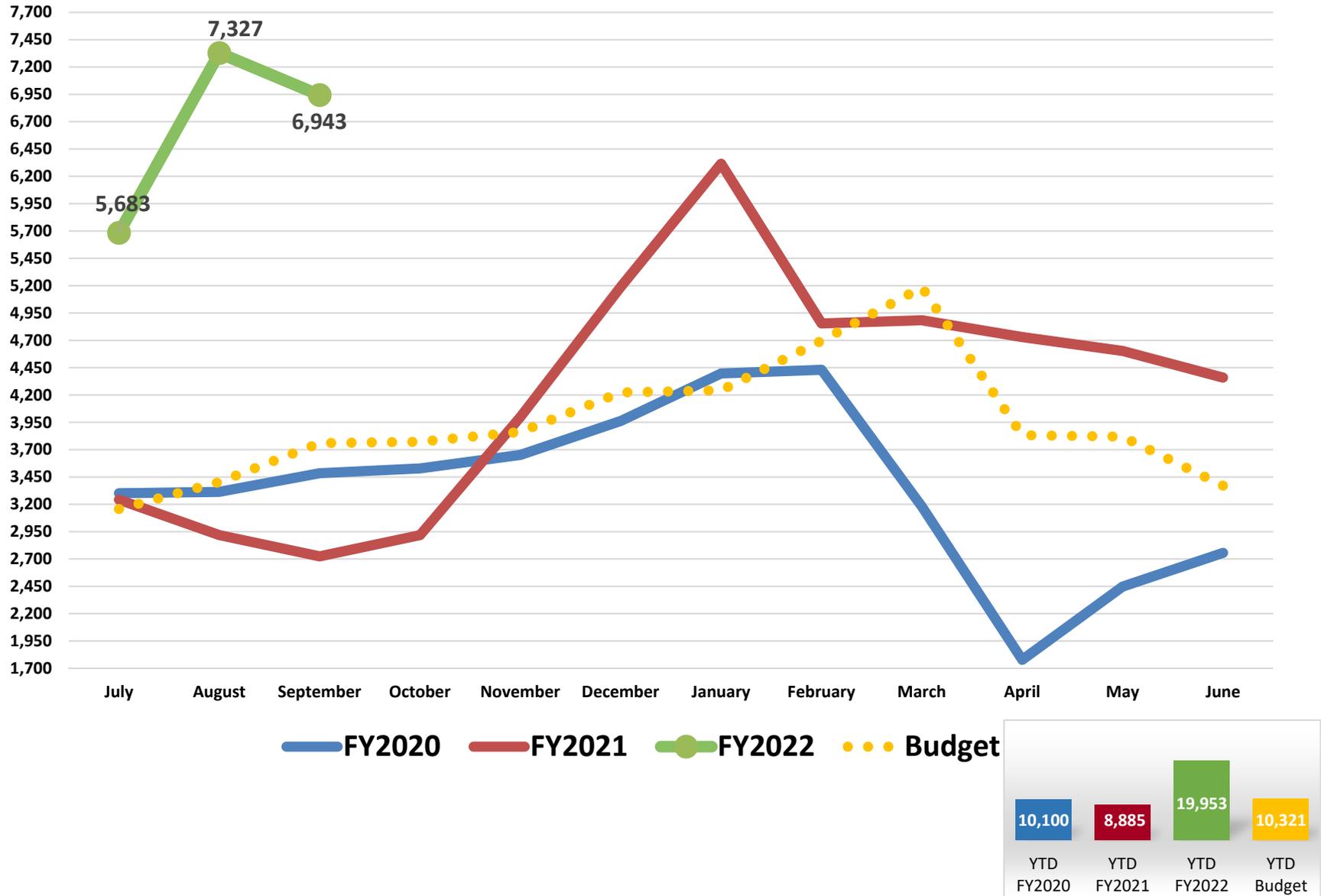
Cardiac Surgery - Cases



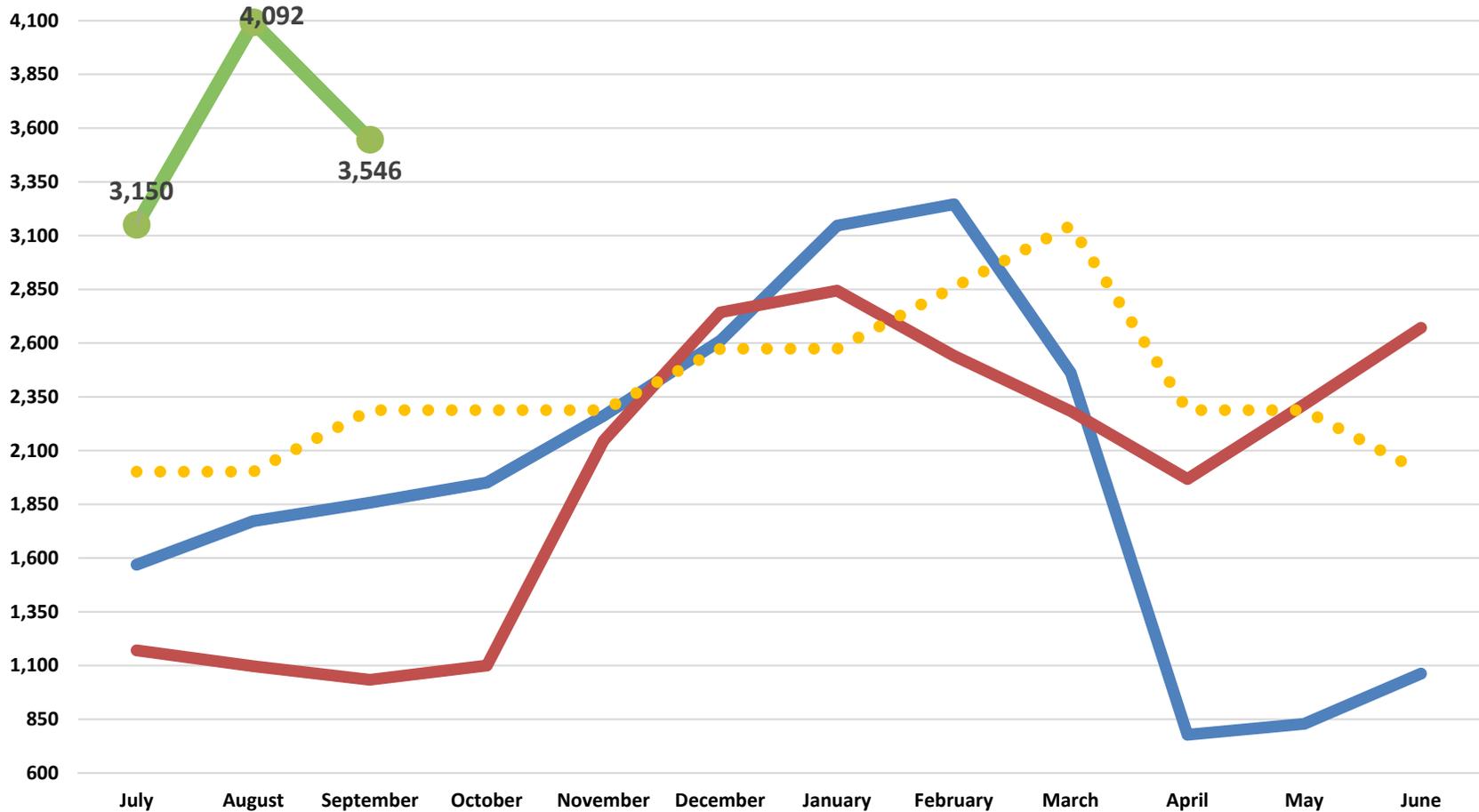
Emergency Department – Average # Treated Per Day



Urgent Care – Court Total Visits



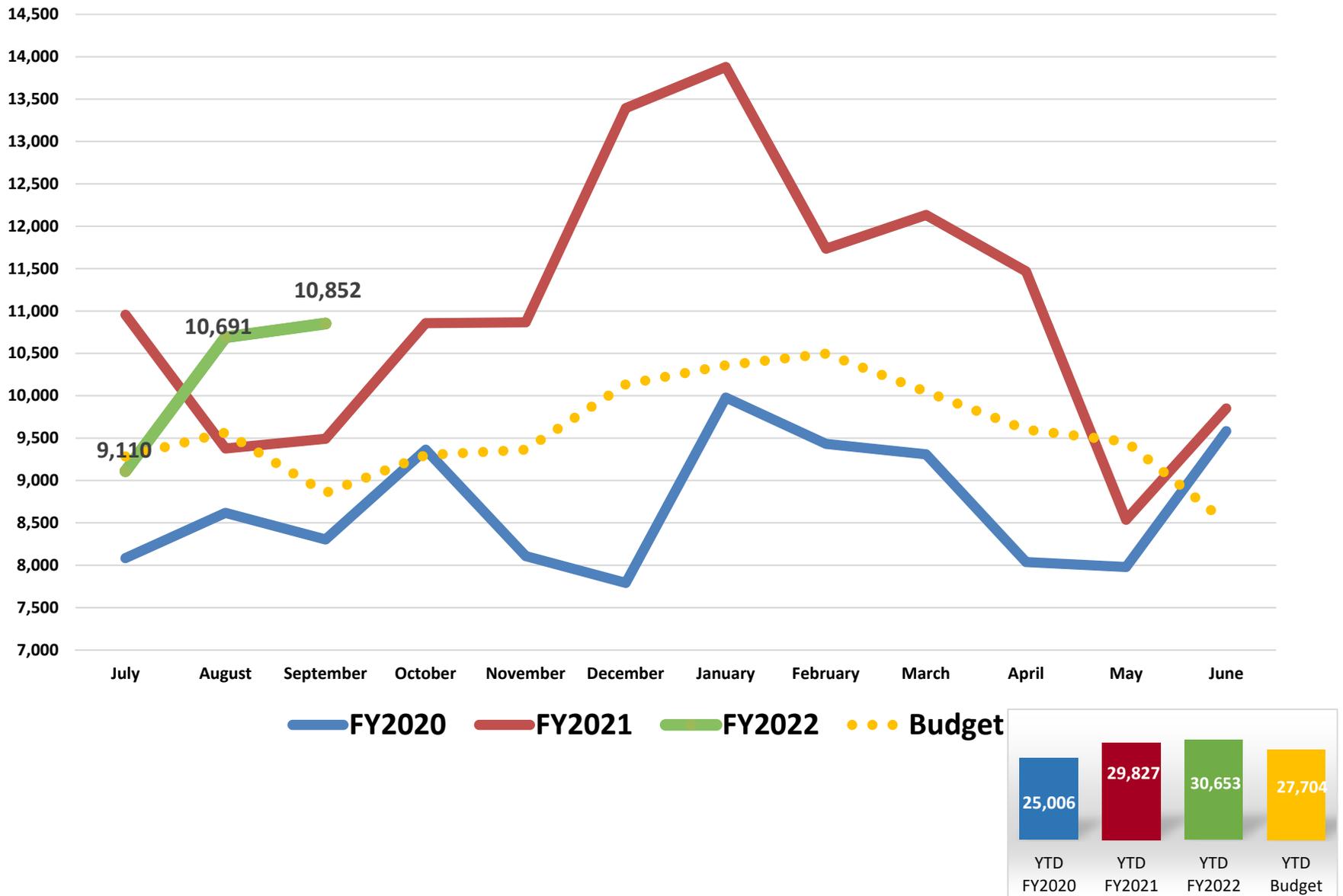
Urgent Care – Demaree Total Visits



—●— FY2020
 —●— FY2021
 —●— FY2022
 ●●● Budget

5,199	3,302	10,788	6,292
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Rural Health Clinic Registrations



Statistical Results – Fiscal Year Comparison (Sep)

	Actual Results			Budget	Budget Variance	
	Sep 2020	Sep 2021	% Change	Sep 2021	Change	% Change
Average Daily Census	434	494	13.8%	435	59	13.6%
KDHCD Patient Days:						
Medical Center	8,575	10,486	22.3%	8,307	2,179	26.2%
Acute I/P Psych	1,364	1,183	(13.3%)	1,420	(237)	(16.7%)
Sub-Acute	901	802	(11.0%)	926	(124)	(13.4%)
Rehab	423	598	41.4%	581	17	2.9%
TCS-Ortho	389	287	(26.2%)	366	(79)	(21.6%)
TCS	405	438	8.1%	470	(32)	(6.8%)
NICU	445	478	7.4%	400	78	19.5%
Nursery	522	552	5.7%	575	(23)	(4.0%)
Total KDHCD Patient Days	13,024	14,824	13.8%	13,045	1,779	13.6%
Total Outpatient Volume	38,070	48,090	26.3%	46,119	1,971	4.3%

Statistical Results – Fiscal Year Comparison (Jul-Sep)

	Actual Results			Budget	Budget Variance	
	FYTD 2021	FYTD 2022	% Change	FYTD 2022	Change	% Change
Average Daily Census	428	463	8.3%	440	23	5.3%
KDHCD Patient Days:						
Medical Center	26,218	29,820	13.7%	25,756	4,064	15.8%
Acute I/P Psych	4,221	3,383	(19.9%)	4,340	(957)	(22.1%)
Sub-Acute	2,726	2,450	(10.1%)	2,828	(378)	(13.4%)
Rehab	1,162	1,598	37.5%	1,727	(129)	(7.5%)
TCS-Ortho	977	1,073	9.8%	1,198	(125)	(10.4%)
TCS	1,228	1,114	(9.3%)	1,504	(390)	(25.9%)
NICU	1,358	1,561	14.9%	1,313	248	18.9%
Nursery	1,446	1,614	11.6%	1,793	(179)	(10.0%)
Total KDHCD Patient Days	39,336	42,613	8.3%	40,459	2,154	5.3%
Total Outpatient Volume	122,607	142,516	16.2%	141,433	1,083	0.8%

Other Statistical Results – Fiscal Year Comparison (Sep)

	Actual Results				Budget	Budget Variance	
	Sep 2020	Sep 2021	Change	% Change	Sep 2021	Change	% Change
Adjusted Patient Days	24,587	28,321	3,734	15.2%	25,994	2,327	9.0%
Outpatient Visits	38,070	48,090	10,020	26.3%	46,119	1,971	4.3%
Urgent Care - Demaree	1,034	3,546	2,512	242.9%	2,288	1,258	55.0%
Urgent Care - Court	2,724	6,943	4,219	154.9%	3,760	3,183	84.7%
Infusion Center	289	422	133	46.0%	359	63	17.5%
RHC Registrations	9,493	10,852	1,359	14.3%	8,854	1,998	22.6%
ED Total Registered	5,851	6,686	835	14.3%	6,925	(239)	(3.5%)
Radiology/CT/US/MRI Proc (I/P & O/P)	14,762	16,622	1,860	12.6%	15,129	1,493	9.9%
Physical & Other Therapy Units	17,420	18,139	719	4.1%	18,376	(237)	(1.3%)
OB Deliveries	402	415	13	3.2%	400	15	3.8%
KDMF RVU	30,934	31,598	664	2.1%	35,837	(4,239)	(11.8%)
GME Clinic visits	1,186	1,165	(21)	(1.8%)	1,305	(140)	(10.7%)
O/P Rehab Units	19,652	19,194	(458)	(2.3%)	19,426	(232)	(1.2%)
Radiation Oncology Treatments (I/P & O/P)	2,016	1,948	(68)	(3.4%)	2,334	(386)	(16.5%)
Hospice Days	4,291	4,102	(189)	(4.4%)	4,150	(48)	(1.2%)
Dialysis Treatments	1,636	1,504	(132)	(8.1%)	1,874	(370)	(19.7%)
Endoscopy Procedures (I/P & O/P)	568	500	(68)	(12.0%)	559	(59)	(10.6%)
Surgery Minutes – General & Robotic (I/P & O/P)	1,076	936	(140)	(13.0%)	1,359	(423)	(31.1%)
Home Health Visits	3,170	2,719	(451)	(14.2%)	2,900	(181)	(6.2%)
Cath Lab Minutes (IP & OP)	367	307	(60)	(16.3%)	386	(79)	(20.5%)

Other Statistical Results – Fiscal Year Comparison (Jul-Sep)

	Actual Results				Budget	Budget Variance	
	FY 2021	FY 2022	Change	% Change	FY 2022	Change	% Change
Adjusted Patient Days	74,421	82,116	7,694	10.3%	80,151	1,965	2.5%
Outpatient Visits	122,607	142,516	19,909	16.2%	141,433	1,083	0.8%
Urgent Care - Demaree	3,302	10,788	7,486	226.7%	6,292	4,496	71.5%
Urgent Care - Court	8,885	19,953	11,068	124.6%	10,321	9,632	93.3%
Infusion Center	881	1,311	430	48.8%	1,065	246	23.1%
ED Total Registered	18,615	21,217	2,602	14.0%	21,110	107	0.5%
Radiology/CT/US/MRI Proc (I/P & O/P)	44,717	50,445	5,728	12.8%	46,363	4,082	8.8%
OB Deliveries	1,119	1,234	115	10.3%	1,223	11	0.9%
Physical & Other Therapy Units	50,555	54,278	3,723	7.4%	56,829	(2,551)	(4.5%)
RHC Registrations	29,827	30,653	826	2.8%	27,704	2,949	10.6%
Hospice Days	12,420	12,667	247	2.0%	11,908	759	6.4%
O/P Rehab Units	58,617	59,040	423	0.7%	59,068	(28)	(0.0%)
KDMF RVU	97,416	97,301	(115)	(0.1%)	108,059	(10,758)	(10.0%)
GME Clinic visits	3,650	3,619	(31)	(0.8%)	4,015	(396)	(9.9%)
Endoscopy Procedures (I/P & O/P)	1,570	1,517	(53)	(3.4%)	1,592	(75)	(4.7%)
Radiation Oncology Treatments (I/P & O/P)	6,668	6,163	(505)	(7.6%)	7,287	(1,124)	(15.4%)
Cath Lab Minutes (IP & OP)	1,058	977	(81)	(7.7%)	1,183	(206)	(17.4%)
Dialysis Treatments	5,254	4,842	(412)	(7.8%)	5,586	(744)	(13.3%)
Surgery Minutes – General & Robotic (I/P & O/P)	3,217	2,961	(256)	(8.0%)	3,988	(1,027)	(25.8%)
Home Health Visits	9,297	8,505	(792)	(8.5%)	8,694	(189)	(2.2%)

Trended Financial Comparison (000's)

Kaweah Delta Health Care District

Trended Income Statement (000's)

	24,587	24,749	24,958	25,750	24,148	23,570	25,807	25,268	25,026	25,797	26,085	27,703	28,321
Adjusted Patient Days	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Operating Revenue													
Net Patient Service Revenue	\$48,769	\$51,454	\$50,994	\$50,409	\$49,949	\$44,505	\$56,144	\$52,593	\$50,531	\$43,233	\$51,502	\$49,714	\$57,879
Supplemental Gov't Programs	3,979	3,980	3,979	3,979	4,822	5,279	5,279	4,990	4,990	6,845	4,286	4,286	4,286
Prime Program	429	429	429	429	713	358	715	4,872	715	721	667	667	667
Premium Revenue	4,351	4,408	4,271	4,318	4,690	5,027	4,894	4,710	5,036	6,584	4,902	5,425	5,163
Management Services Revenue	3,072	2,396	2,569	2,583	2,867	2,430	3,303	3,301	2,877	3,251	3,172	3,298	3,523
Other Revenue	1,716	1,871	1,471	2,008	1,022	1,425	2,915	1,810	2,074	2,188	2,009	2,348	1,873
Other Operating Revenue	13,548	13,083	12,719	13,317	14,115	14,519	17,106	19,684	15,692	19,589	15,036	16,024	15,513
Total Operating Revenue	62,317	64,537	63,713	63,726	64,064	59,024	73,250	72,277	66,223	62,822	66,537	65,737	73,391
Operating Expenses													
Salaries & Wages	26,449	27,583	25,984	28,026	28,111	25,134	28,879	26,741	27,786	26,249	27,474	28,198	31,872
Contract Labor	336	488	242	303	226	1,404	887	1,694	1,169	2,080	1,116	1,358	1,721
Employee Benefits	6,053	5,314	4,998	5,969	5,671	5,027	5,739	8,650	5,087	(7,812)	4,087	3,878	4,728
Total Employment Expenses	32,837	33,385	31,225	34,298	34,008	31,565	35,505	37,084	34,042	20,517	32,678	33,434	38,321
Medical & Other Supplies	11,619	10,713	10,999	11,492	12,014	9,685	10,923	11,011	10,170	11,772	9,596	13,004	11,942
Physician Fees	6,871	7,746	8,079	8,024	8,421	8,484	8,278	8,320	7,754	8,207	7,922	8,527	7,736
Purchased Services	988	1,685	1,592	1,628	1,935	1,507	1,538	1,520	1,383	2,697	1,100	1,368	1,680
Repairs & Maintenance	1,965	2,166	2,091	2,146	2,192	2,115	2,019	2,544	2,282	2,319	2,074	2,425	2,425
Utilities	646	644	491	439	537	467	523	630	729	1,175	688	740	696
Rents & Leases	517	529	543	504	546	519	487	535	489	504	475	519	487
Depreciation & Amortization	2,518	2,509	2,473	2,458	2,451	2,423	2,412	2,413	2,923	3,924	2,635	2,632	2,636
Interest Expense	557	556	555	555	555	555	555	555	555	666	555	646	499
Other Expense	1,266	1,747	1,863	1,610	1,808	1,280	2,762	1,840	1,537	2,053	1,450	1,466	1,641
Humana Cap Plan Expenses	3,137	2,750	2,677	2,935	2,217	2,707	3,164	3,771	3,780	3,018	3,472	2,503	3,642
Management Services Expense	3,050	2,447	2,553	2,876	2,860	2,256	3,531	3,088	2,892	3,521	2,768	3,115	3,734
Total Other Expenses	33,133	33,491	33,915	34,668	35,536	31,998	36,191	36,227	34,493	39,856	32,735	36,945	37,116
Total Operating Expenses	65,971	66,876	65,140	68,965	69,544	63,562	71,696	73,310	68,535	60,373	65,413	70,379	75,437
Operating Margin	(\$3,654)	(\$2,339)	(\$1,427)	(\$5,240)	(\$5,480)	(\$4,538)	\$1,554	(\$1,033)	(\$2,312)	\$2,449	\$1,124	(\$4,642)	(\$2,046)
Stimulus Funds	\$3,633	\$4,538	\$1,724	\$0	\$5,758	\$3,460	\$3,449	\$920	\$1,076	\$525	\$0	\$438	\$0
Operating Margin after Stimulus	(\$21)	\$2,199	\$297	(\$5,240)	\$278	(\$1,078)	\$5,003	(\$113)	(\$1,236)	\$2,974	\$1,124	(\$4,204)	(\$2,046)
Nonoperating Revenue (Loss)	(495)	638	1,083	1,963	605	513	(1,182)	1,725	753	248	582	552	(388)
Excess Margin	(\$515)	\$2,837	\$1,380	(\$3,276)	\$883	(\$565)	\$3,821	\$1,612	(\$483)	\$3,222	\$1,706	(\$3,651)	(\$2,434)

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

	Initial and Actual Results FY21 Jul-June		Variance FY21	
	Initial FY21	Actual FY21	Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$598,105	\$596,175	(\$1,930)	(0.3%)
Other Operating Revenue	175,821	181,697	5,876	3.3%
Total Operating Revenue	773,926	777,872	3,946	0.5%
Operating Expenses				
Employment Expense	389,004	389,922	918	0.2%
Other Operating Expense	411,036	415,456	4,420	1.1%
Total Operating Expenses	800,040	805,379	5,339	0.7%
Operating Margin	(\$26,114)	(\$27,507)	(\$1,393)	
Stimulus Funds	32,461	32,461	0	
Operating Margin after Stimulus	\$6,347	\$4,954	(\$1,393)	
Nonoperating Revenue (Loss)	7,256	7,460	204	
Excess Margin	\$13,603	\$12,414	(\$1,189)	
Operating Margin %	(3.4%)	(3.5%)		
OM after Stimulus%	0.8%	0.6%		
Excess Margin %	1.7%	1.6%		
Operating Cash Flow Margin %	1.6%	1.4%		

September Financial Comparison (000's)

	Actual Results		Budget	Budget Variance	
	Sep 2020	Sep 2021	Sep 2021	Change	% Change
Operating Revenue					
Net Patient Service Revenue	\$48,769	\$57,879	\$51,947	\$5,932	11.4%
Other Operating Revenue	13,548	15,513	15,199	314	2.1%
Total Operating Revenue	62,317	73,391	67,146	6,246	9.3%
Operating Expenses					
Employment Expense	32,837	38,321	32,066	6,255	19.5%
Other Operating Expense	33,133	37,116	34,333	2,783	8.1%
Total Operating Expenses	65,971	75,437	66,399	9,038	13.6%
Operating Margin	(\$3,654)	(\$2,046)	\$747	(\$2,792)	
Stimulus Funds	3,633	0	98	(98)	
Operating Margin after Stimulus	(\$21)	(\$2,046)	\$845	(\$2,890)	
Non Operating Revenue (Loss)	(495)	(388)	389	(777)	
Excess Margin	(\$515)	(\$2,434)	\$1,233	(\$3,667)	

Operating Margin %	(5.9%)	(2.8%)	1.1%
OM after Stimulus%	(0.0%)	(2.8%)	1.3%
Excess Margin %	(0.8%)	(3.3%)	1.8%
Operating Cash Flow Margin %	(0.9%)	1.5%	5.6%

YTD (July-Sep) Financial Comparison (000's)

	Actual Results FYTD Jul-Sep		Budget FYTD	Budget Variance	FYTD
	FYTD2021	FYTD2022	FYTD2022	Change	% Change
Operating Revenue					
Net Patient Service Revenue	\$144,564	\$159,094	\$158,066	\$1,029	0.7%
Other Operating Revenue	40,494	46,571	45,923	648	1.4%
Total Operating Revenue	185,058	205,665	203,989	1,677	0.8%
Operating Expenses					
Employment Expense	97,254	104,433	98,085	6,348	6.5%
Other Operating Expense	98,642	106,796	103,630	3,165	3.1%
Total Operating Expenses	195,896	211,229	201,715	9,514	4.7%
Operating Margin	(\$10,838)	(\$5,564)	\$2,273	(\$7,837)	
Stimulus Funds	11,011	438	301	137	
Operating Margin after Stimulus	\$173	(\$5,126)	\$2,574	(\$7,700)	
Nonoperating Revenue (Loss)	1,113	746	1,472	(726)	
Excess Margin	\$1,287	(\$4,380)	\$4,046	(\$8,426)	

Operating Margin %	(5.9%)	(2.7%)	1.1%
OM after Stimulus%	0.1%	(2.5%)	1.3%
Excess Margin %	0.7%	(2.1%)	2.0%
Operating Cash Flow Margin %	(0.8%)	2.0%	5.6%

September Financial Comparison (000's)

	Actual Results			Budget	Budget Variance	
	Sep 2020	Sep 2021	% Change	Sep 2021	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$48,769	57,879	18.7%	\$51,947	\$5,932	11.4%
Supplemental Gov't Programs	3,979	4,286	7.7%	4,426	(139)	(3.1%)
Prime Program	429	667	55.4%	658	9	1.4%
Premium Revenue	4,351	5,163	18.7%	5,114	49	1.0%
Management Services Revenue	3,072	3,523	14.7%	2,983	540	18.1%
Other Revenue	1,716	1,873	9.1%	2,019	(146)	(7.2%)
Other Operating Revenue	13,548	15,513	14.5%	15,199	314	2.1%
Total Operating Revenue	62,317	73,391	17.8%	67,146	6,246	9.3%
Operating Expenses						
Salaries & Wages	26,449	31,872	20.5%	27,124	4,748	17.5%
Contract Labor	336	1,721	412.2%	500	1,221	244.2%
Employee Benefits	6,053	4,728	(21.9%)	4,443	285	6.4%
Total Employment Expenses	32,837	38,321	16.7%	32,066	6,255	19.5%
Medical & Other Supplies	11,619	11,942	2.8%	10,553	1,389	13.2%
Physician Fees	6,871	7,736	12.6%	8,156	(420)	(5.2%)
Purchased Services	988	1,680	70.0%	1,304	376	28.8%
Repairs & Maintenance	1,965	2,425	23.4%	2,387	38	1.6%
Utilities	646	696	7.7%	713	(17)	(2.4%)
Rents & Leases	517	487	(5.7%)	517	(30)	(5.8%)
Depreciation & Amortization	2,518	2,636	4.7%	2,429	206	8.5%
Interest Expense	557	499	(10.4%)	595	(96)	(16.2%)
Other Expense	1,266	1,641	29.7%	1,854	(213)	(11.5%)
Humana Cap Plan Expenses	3,137	3,642	16.1%	2,874	768	26.7%
Management Services Expense	3,050	3,734	22.4%	2,951	783	26.5%
Total Other Expenses	33,133	37,116	12.0%	34,333	2,783	8.1%
Total Operating Expenses	65,971	75,437	14.3%	66,399	9,038	13.6%
Operating Margin	(\$3,654)	(\$2,046)	44.0%	\$747	(\$2,792)	(374%)
Stimulus Funds	3,633	0	(100.0%)	98	(98)	(100%)
Operating Margin after Stimulus	(\$21)	(\$2,046)	(9700%)	\$845	(\$2,890)	(342%)
Nonoperating Revenue (Loss)	(495)	(388)	(22%)	389	(777)	(200%)
Excess Margin	(\$515)	(\$2,434)	(372%)	\$1,233	(\$3,667)	(297%)

Operating Margin %	(5.9%)	(2.8%)		1.1%
OM after Stimulus%	(0.0%)	(2.8%)		1.3%
Excess Margin %	(0.8%)	(3.3%)		1.8%
Operating Cash Flow Margin %	(0.9%)	1.5%		5.6%

YTD Financial Comparison (000's)

	Actual Results FYTD Jul-Sep			Budget FYTD	Budget Variance	FYTD
	FYTD2021	FYTD2022	% Change	FYTD2022	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$144,564	\$159,094	10.1%	\$158,066	\$1,029	0.7%
Supplemental Gov't Programs	11,938	12,859	7.7%	13,277	(417)	(3.1%)
Prime Program	1,287	2,000	55.4%	2,016	(16)	(0.8%)
Premium Revenue	13,151	15,490	17.8%	15,292	197	1.3%
Management Services Revenue	8,590	9,992	16.3%	9,147	845	9.2%
Other Revenue	5,529	6,230	12.7%	6,191	39	0.6%
Other Operating Revenue	40,494	46,571	15.0%	45,923	648	1.4%
Total Operating Revenue	185,058	205,665	11.1%	203,989	1,677	0.8%
Operating Expenses						
Salaries & Wages	79,659	87,545	9.9%	82,931	4,614	5.6%
Contract Labor	1,284	4,195	226.7%	1,545	2,651	171.6%
Employee Benefits	16,311	12,693	(22.2%)	13,610	(917)	(6.7%)
Total Employment Expenses	97,254	104,433	7.4%	98,085	6,348	6.5%
Medical & Other Supplies	32,375	34,542	6.7%	31,720	2,822	8.9%
Physician Fees	23,377	24,185	3.5%	24,657	(472)	(1.9%)
Purchased Services	3,744	4,147	10.8%	3,561	586	16.5%
Repairs & Maintenance	6,270	6,923	10.4%	7,183	(260)	(3.6%)
Utilities	1,757	2,124	20.9%	2,080	44	2.1%
Rents & Leases	1,536	1,481	(3.6%)	1,537	(56)	(3.7%)
Depreciation & Amortization	7,661	7,902	3.2%	7,293	609	8.4%
Interest Expense	1,666	1,699	2.0%	1,823	(124)	(6.8%)
Other Expense	4,091	4,558	11.4%	5,695	(1,138)	(20.0%)
Humana Cap Plan Expenses	7,739	9,618	24.3%	9,032	586	6.5%
Management Services Expense	8,424	9,617	14.2%	9,049	568	6.3%
Total Other Expenses	98,642	106,796	8.3%	103,630	3,165	3.1%
Total Operating Expenses	195,896	211,229	7.8%	201,715	9,514	4.7%
Operating Margin	(\$10,838)	(\$5,564)	48.7%	\$2,273	(\$7,837)	(345%)
Stimulus Funds	11,011	438	(96%)	301	137	46%
Operating Margin after Stimulus	\$173	(\$5,126)	(3059%)	\$2,574	(\$7,700)	(299%)
Nonoperating Revenue (Loss)	1,113	746	(33%)	1,472	(726)	(49%)
Excess Margin	\$1,287	(\$4,380)	(440%)	\$4,046	(\$8,426)	(208%)
Operating Margin %	(5.9%)	(2.7%)		1.1%		
OM after Stimulus%	0.1%	(2.5%)		1.3%		
Excess Margin %	0.7%	(2.1%)		2.0%		
Operating Cash Flow Margin %	(0.8%)	2.0%		5.6%		

Kaweah Health Medical Group

Fiscal Year Financial Comparison (000's)

	Actual Results FYTD July - Sep			Budget FYTD	Budget Variance	FYTD
	Sep 2020	Sep 2021	% Change	Sep 2021	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$11,390	\$11,154	(2.1%)	\$12,555	(\$1,401)	(11.2%)
Other Operating Revenue	93	183	96.3%	212	(29)	(13.7%)
Total Operating Revenue	11,483	11,337	(1.3%)	12,767	(1,430)	(11.2%)
Operating Expenses						
Salaries & Wages	2,756	2,888	4.8%	3,118	(230)	(7.4%)
Contract Labor	0	0	0.0%	0	0	0.0%
Employee Benefits	527	464	(12.1%)	509	(45)	(8.9%)
Total Employment Expenses	3,284	3,352	2.1%	3,627	(275)	(7.6%)
Medical & Other Supplies	1,460	1,866	27.8%	1,726	141	8.2%
Physician Fees	6,421	6,327	(1.5%)	7,291	(964)	(13.2%)
Purchased Services	192	229	19.3%	213	15	7.2%
Repairs & Maintenance	602	535	(11.3%)	684	(150)	(21.9%)
Utilities	136	130	(4.4%)	149	(18)	(12.3%)
Rents & Leases	694	625	(10.0%)	649	(24)	(3.8%)
Depreciation & Amortization	297	199	(32.8%)	275	(76)	(27.5%)
Interest Expense	1	0	(60.3%)	0	0	66.8%
Other Expense	278	292	4.9%	424	(133)	(31.3%)
Total Other Expenses	10,082	10,203	1.2%	11,413	(1,210)	(10.6%)
Total Operating Expenses	13,366	13,555	1.4%	15,040	(1,485)	(9.9%)
Stimulus Funds	0	0	0.0%	0	0	0.0%
Excess Margin	(\$1,883)	(\$2,218)	(17.8%)	(\$2,273)	\$55	2.4%
Excess Margin %	(16.4%)	(19.6%)		(17.8%)		

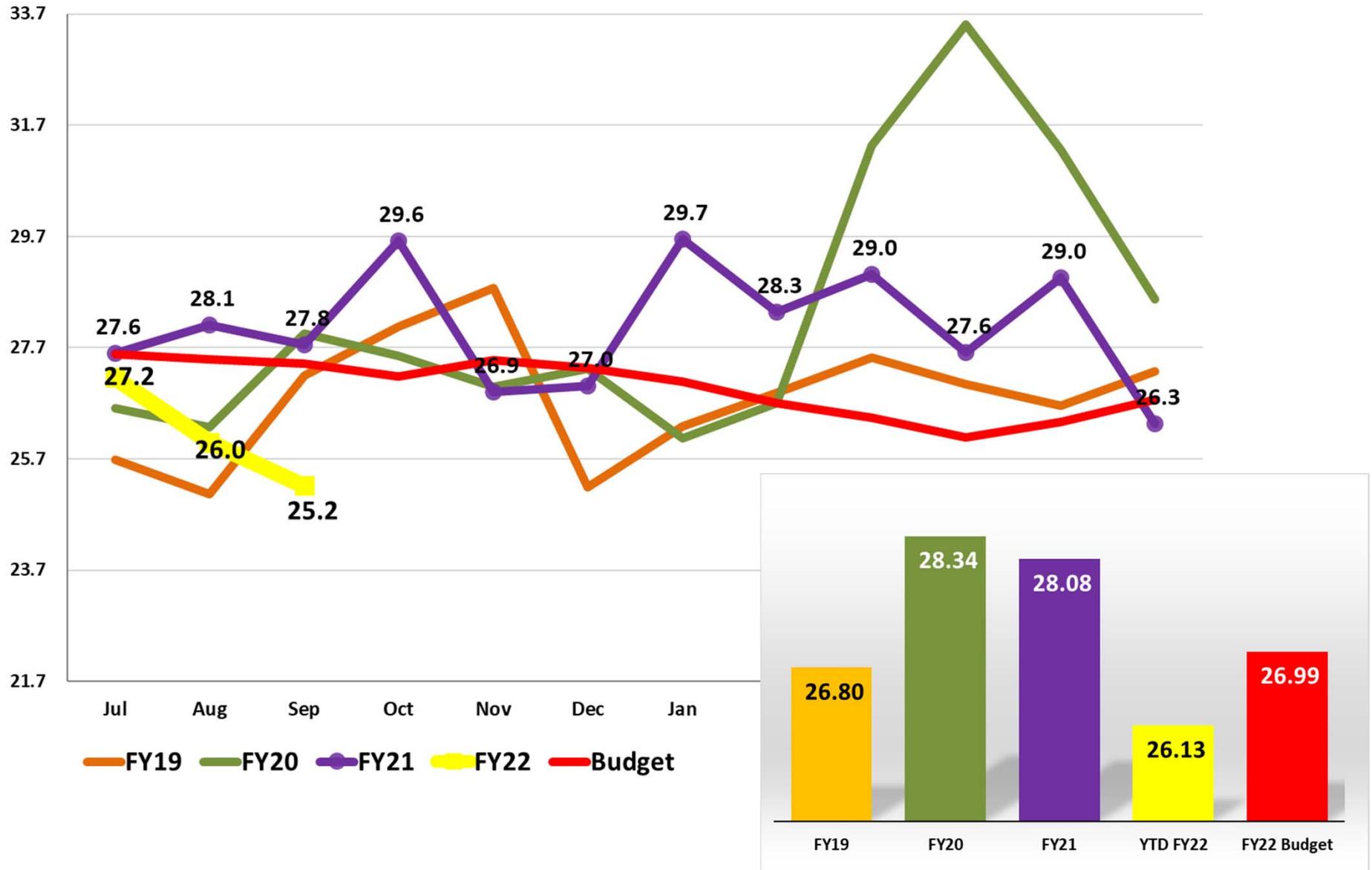
Month of September - Budget Variances

- **Net Patient Revenues:** Net patient revenue exceeded budget by \$5.9M (11.4%). This is primarily due to a 26.2% increase in patient days in our Medical Center.
- **Salaries and Contract Labor:** We experienced an unfavorable budget variance of \$6M in September. The unfavorable variance is primarily due to the higher patient volume as well as the rates associated with contract labor hours (\$1.2M), shift bonuses (\$2.8M), overtime (\$696K) and COVID related costs (\$246K).
- **Medical Supplies:** The \$1.4M unfavorable budget variance is mainly due to supplies purchases for COVID (\$1.4M), and an increase in pharmacy and lab costs.
- **Humana Cap Plan Expenses:** The \$768 unfavorable variance resulted from higher utilization of non-Kaweah medical care provided to members during the month of September.

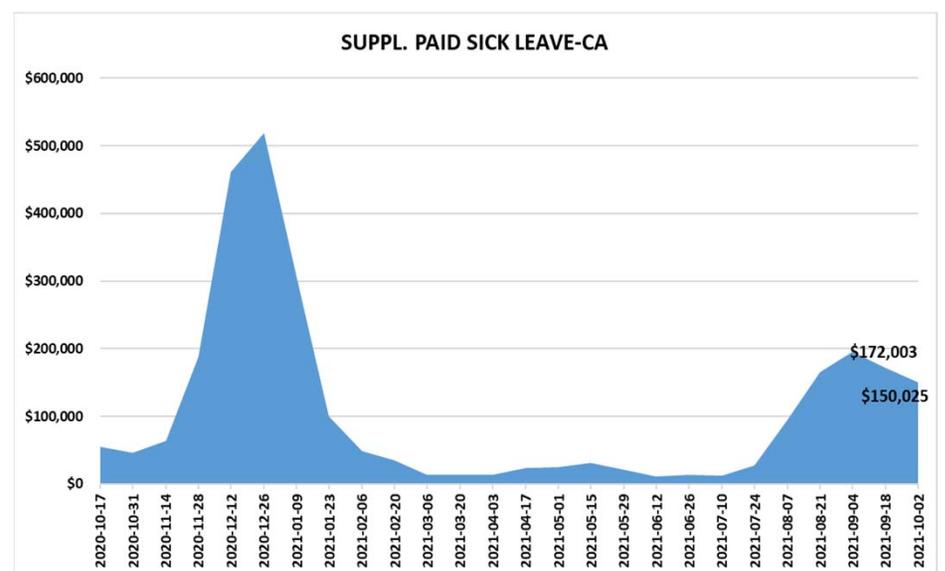
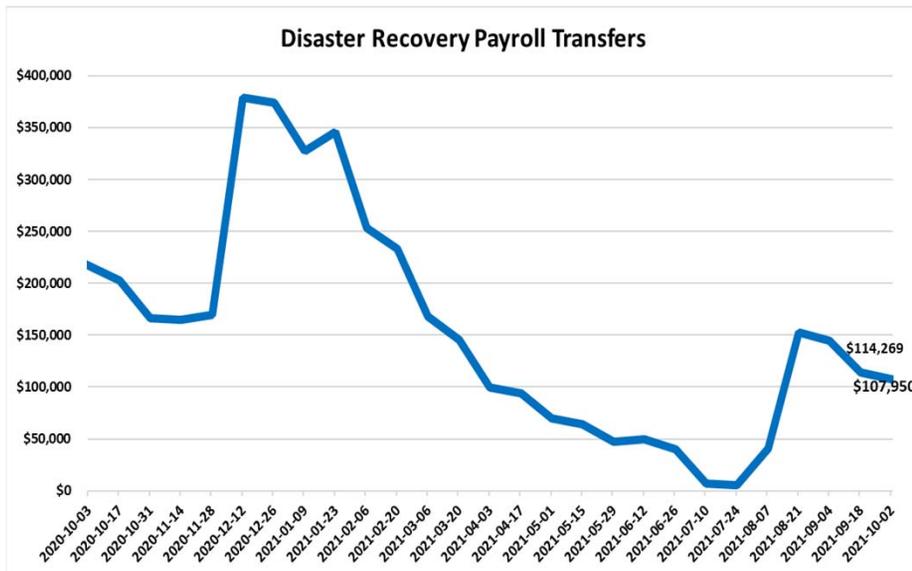
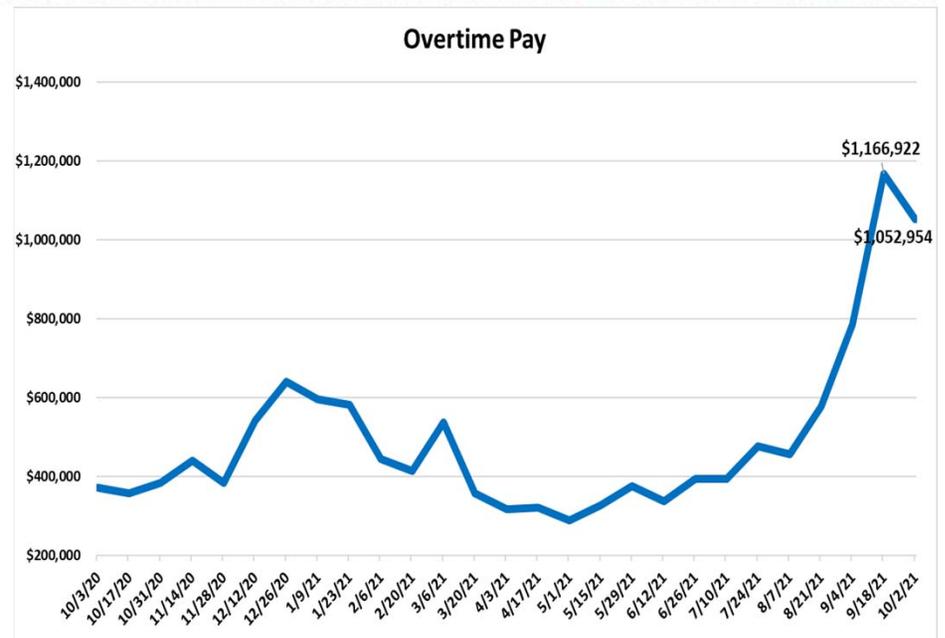
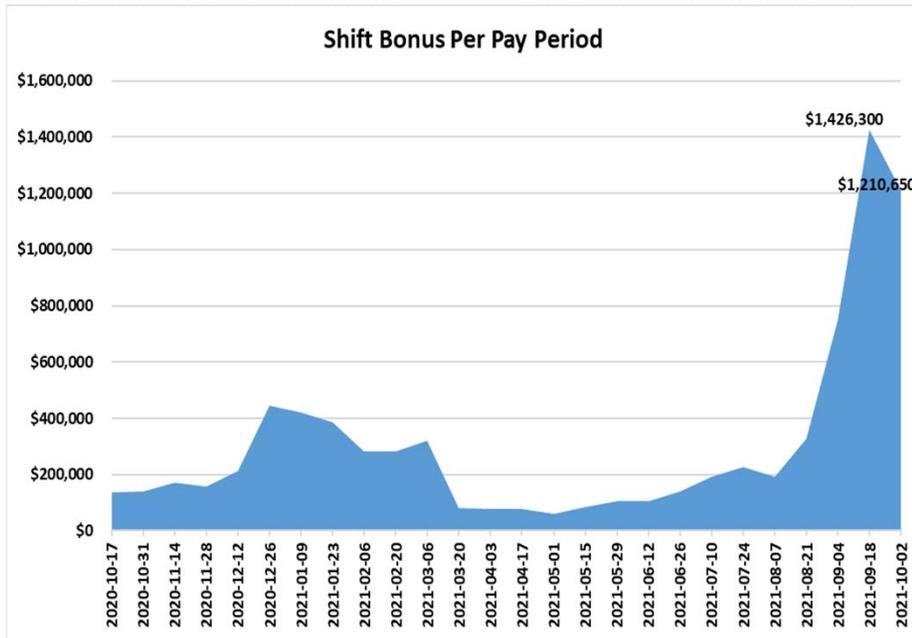
Productive Hours



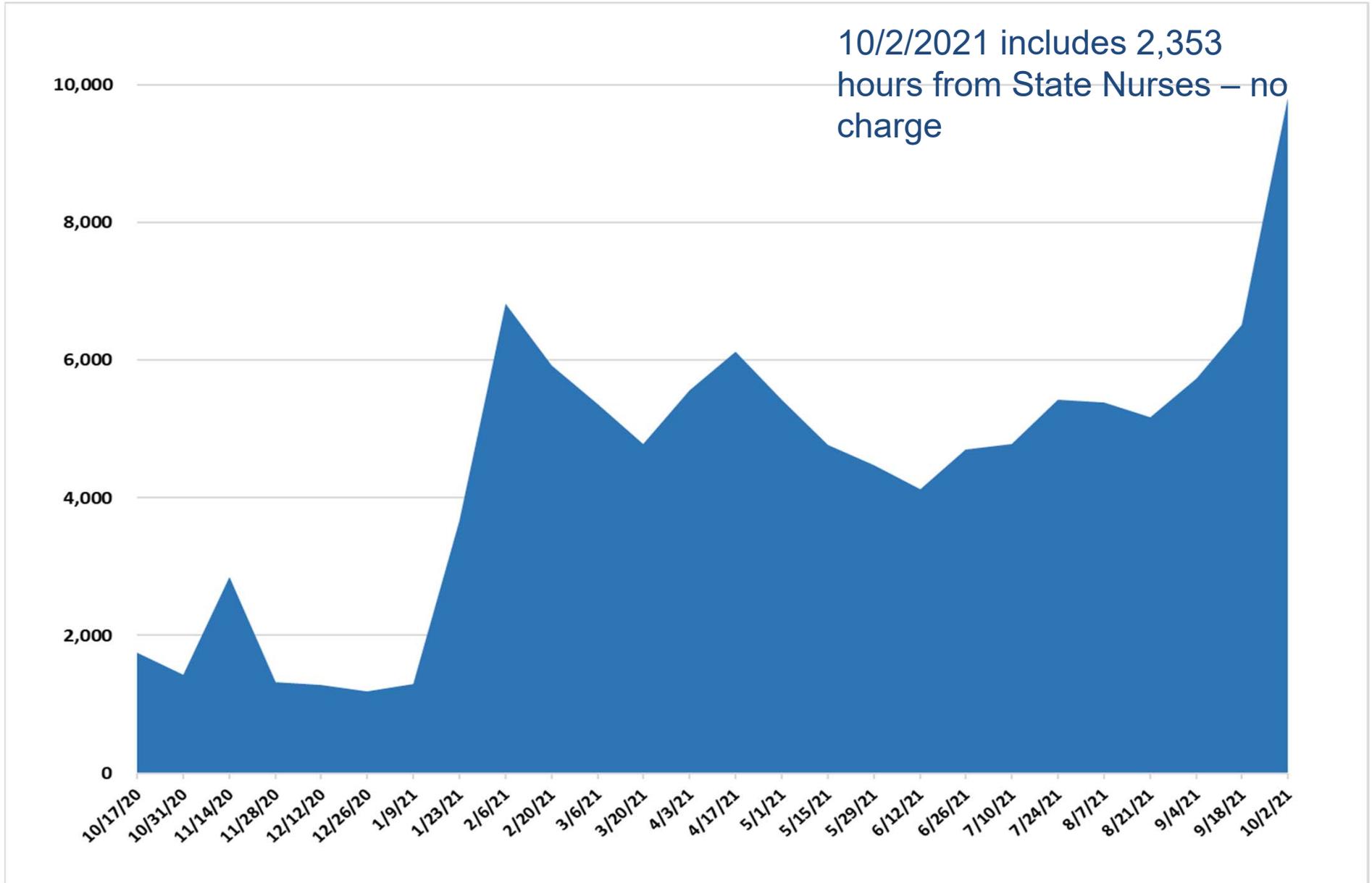
Productivity: Worked Hours/Adjusted Patient Days



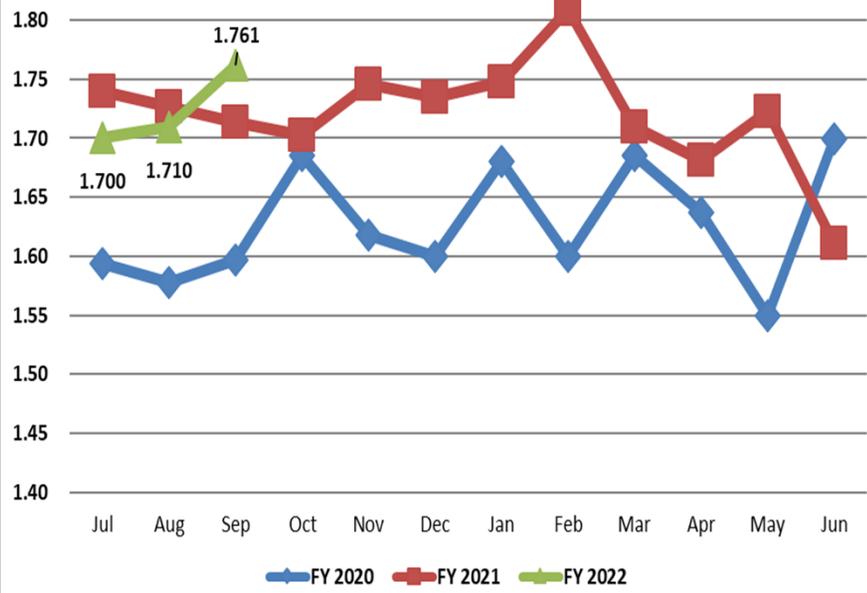
Premium & Extra Pay (>\$4.2M more than normal in Sept.)



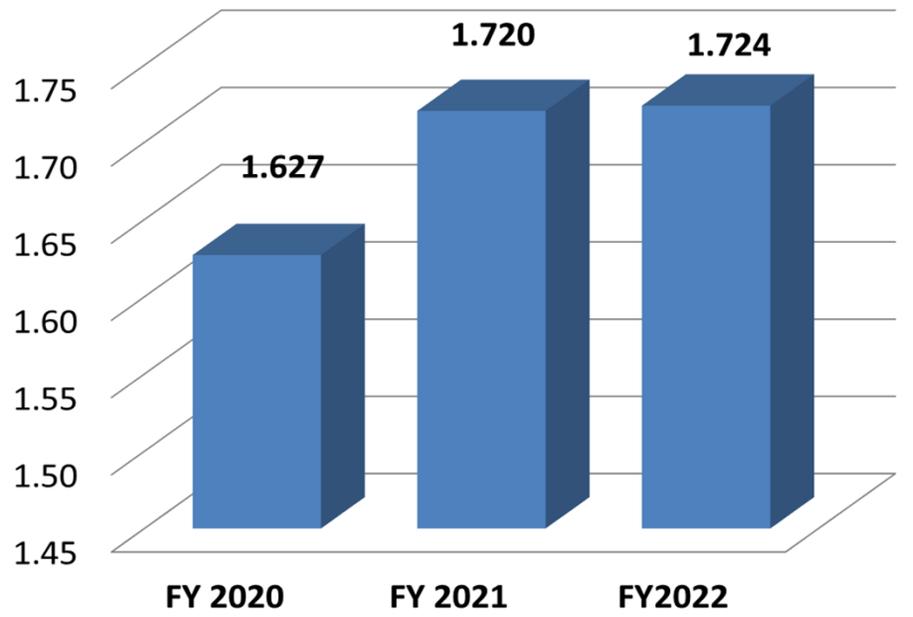
Contract Labor Hours



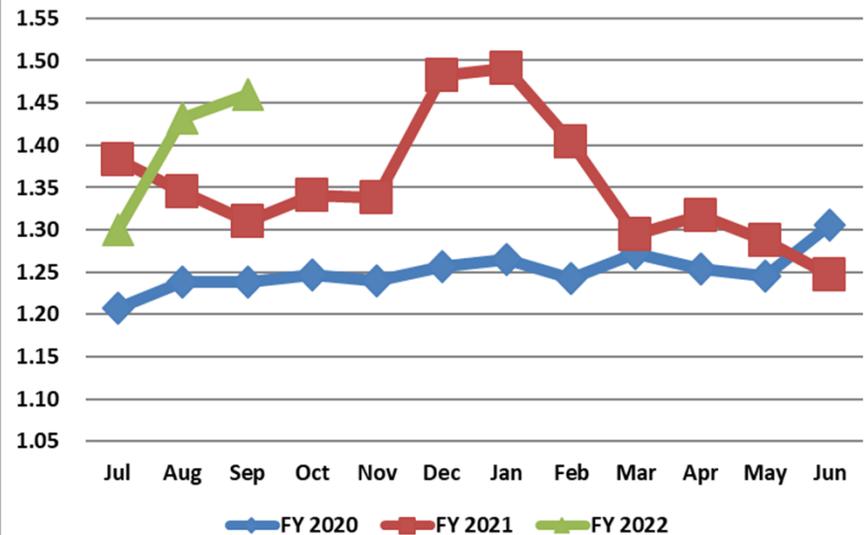
Case Mix Index w/o Normal Newborns



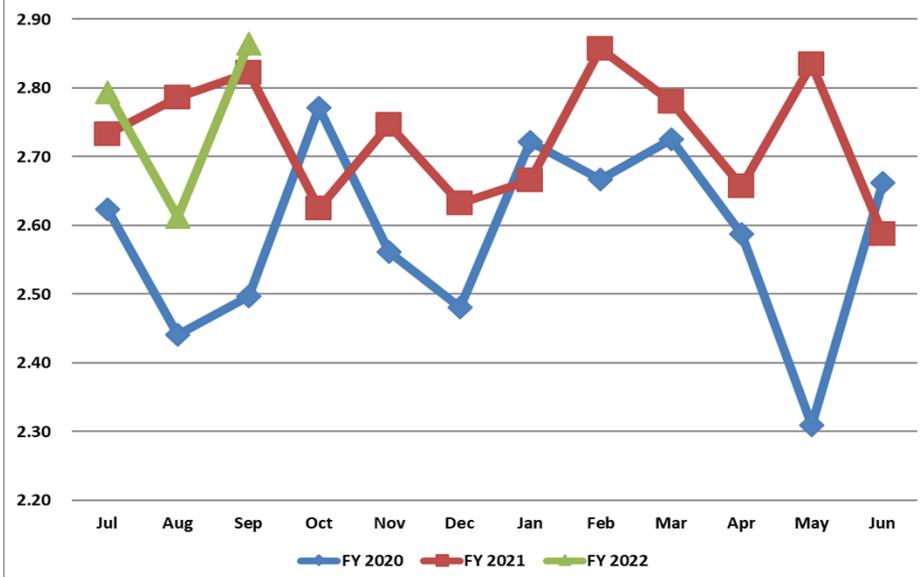
Case Mix Index w/o Normal Newborns - All



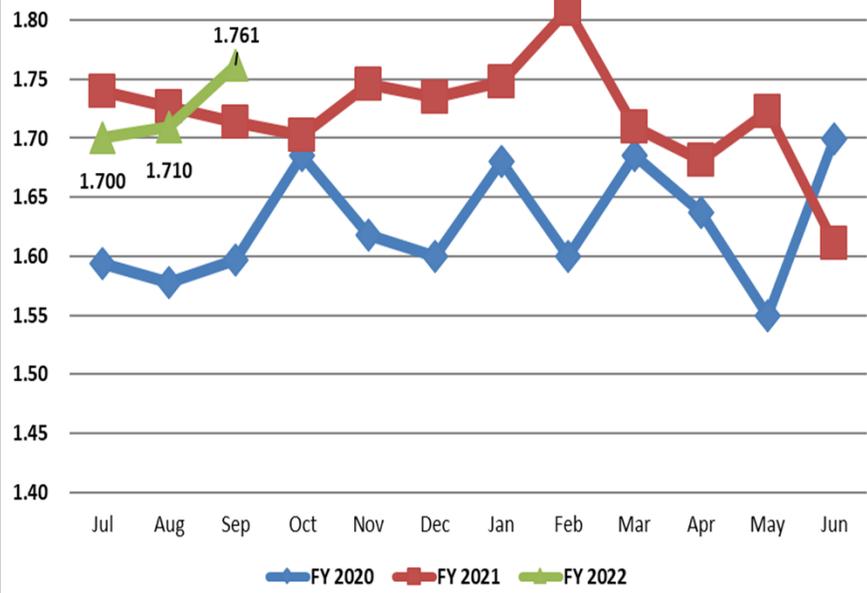
Case Mix **Medical w/o Normal Newborns**



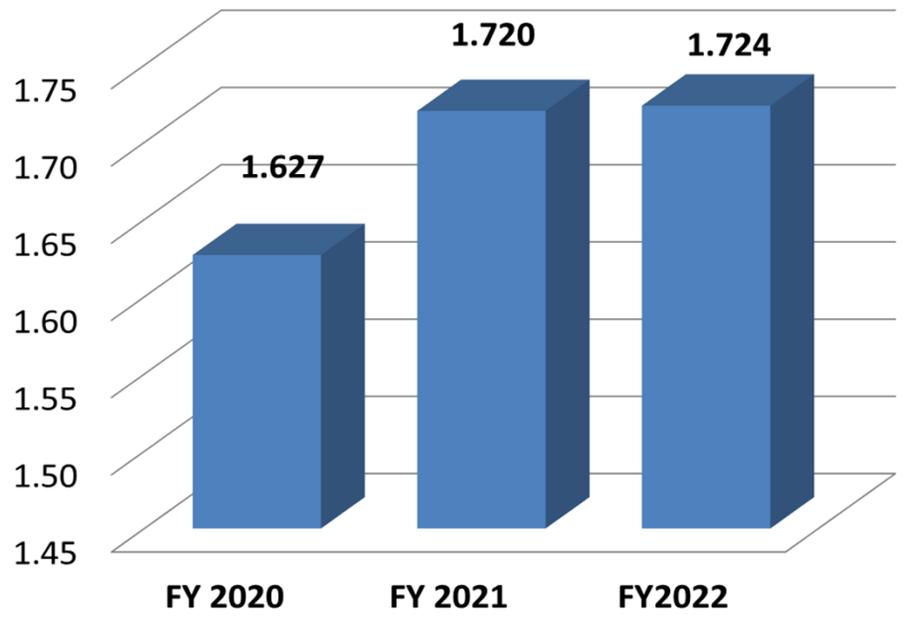
Case Mix Index **Surgical w/o Normal Newborns**



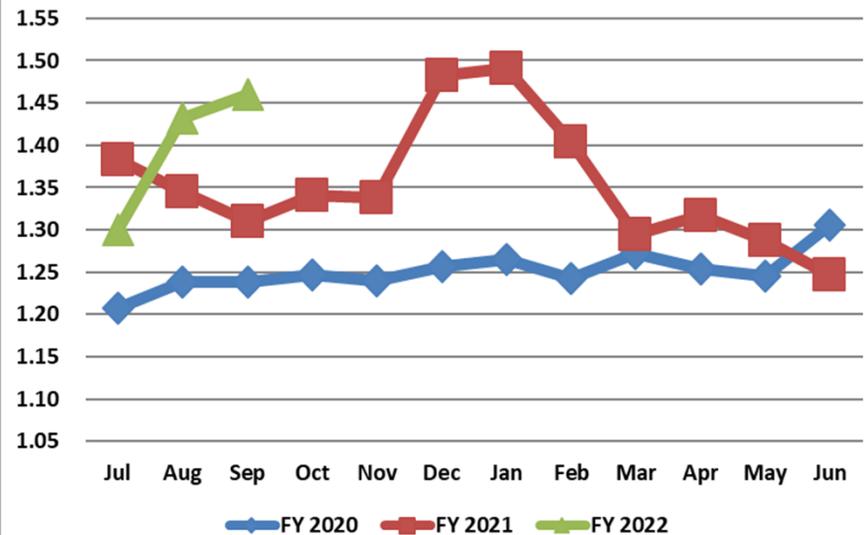
Case Mix Index w/o Normal Newborns



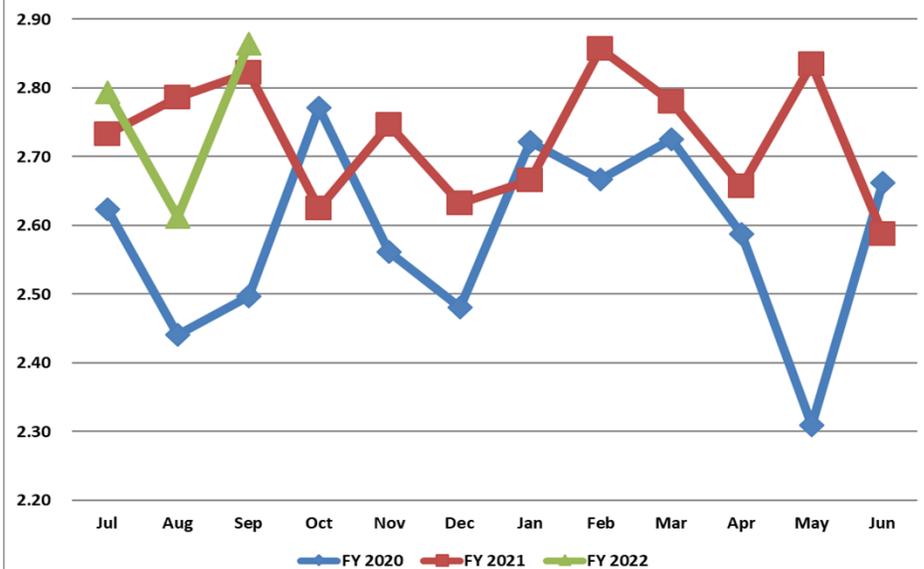
Case Mix Index w/o Normal Newborns - All



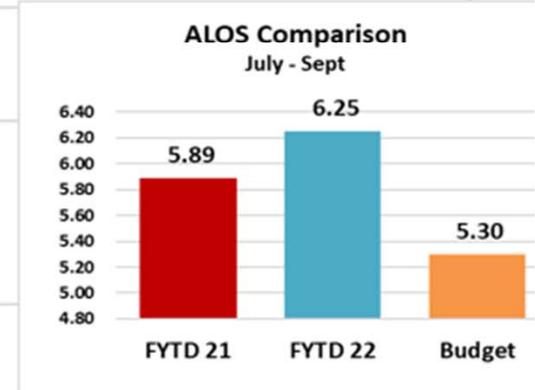
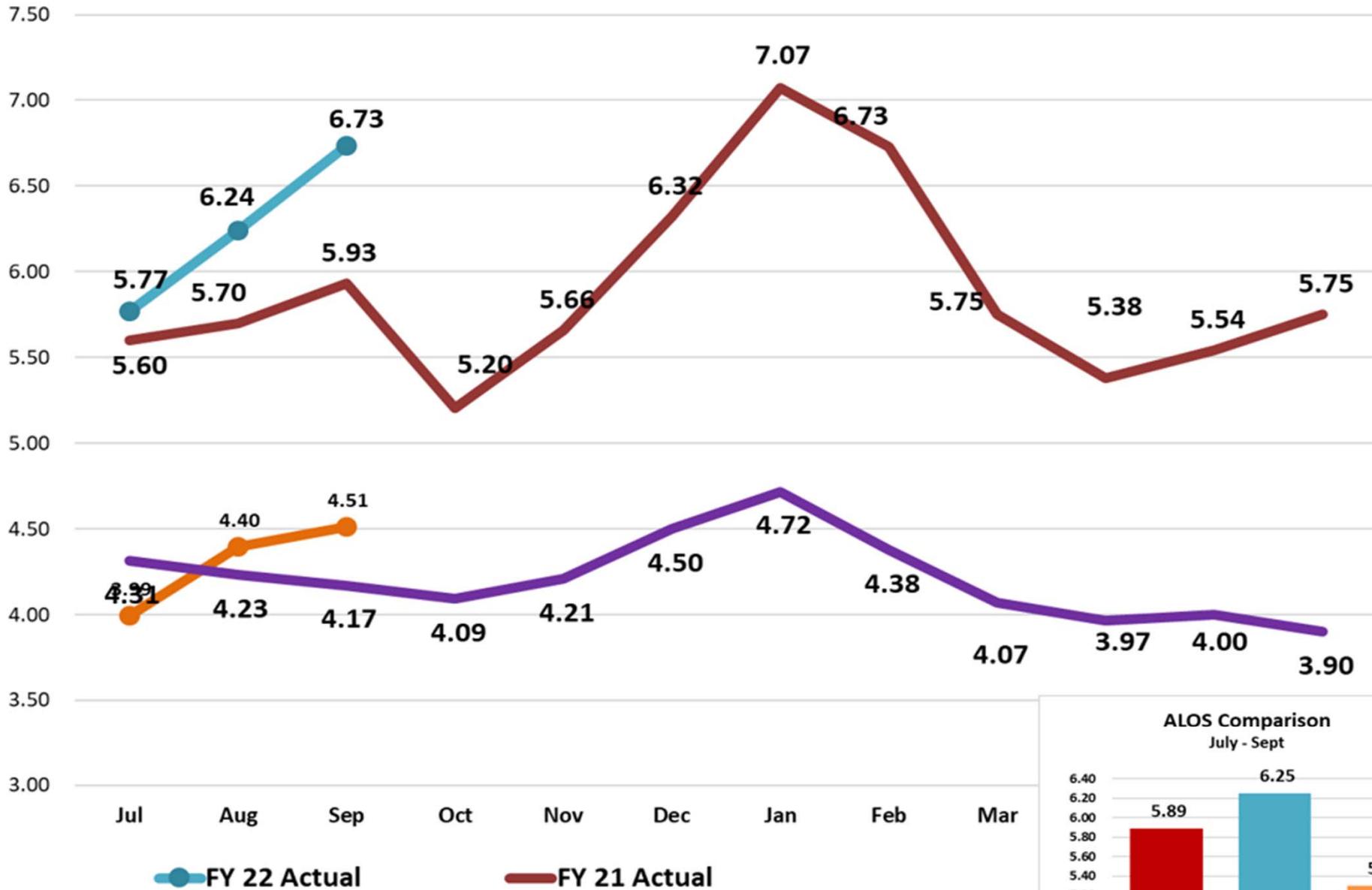
Case Mix **Medical w/o Normal Newborns**



Case Mix Index **Surgical w/o Normal Newborns**

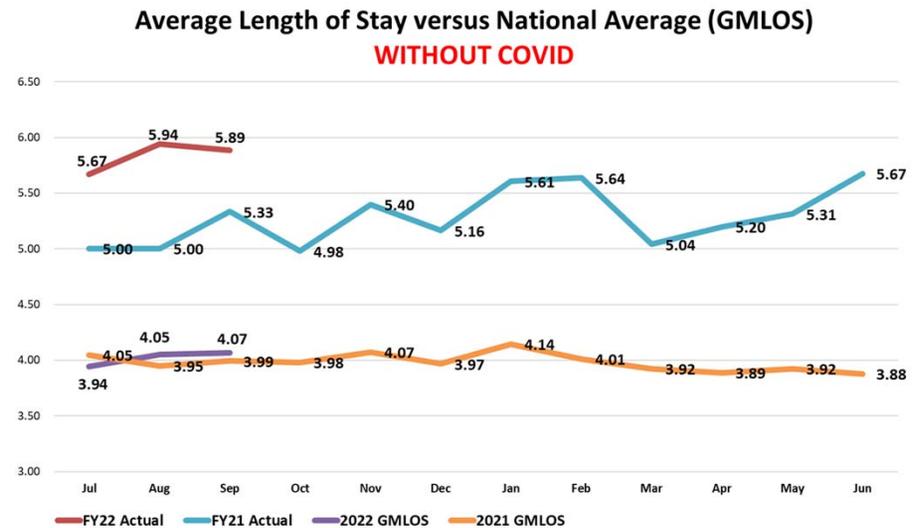
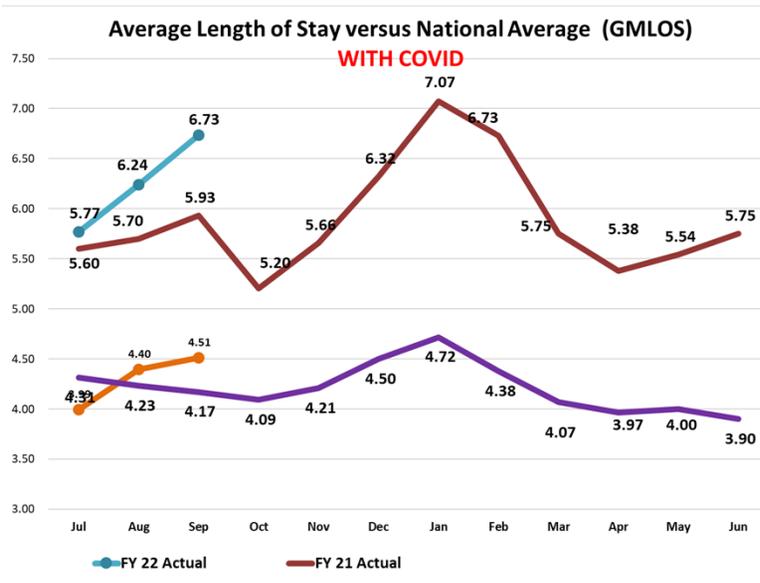


Average Length of Stay versus National Average



Average Length of Stay versus National Average (GMLOS)

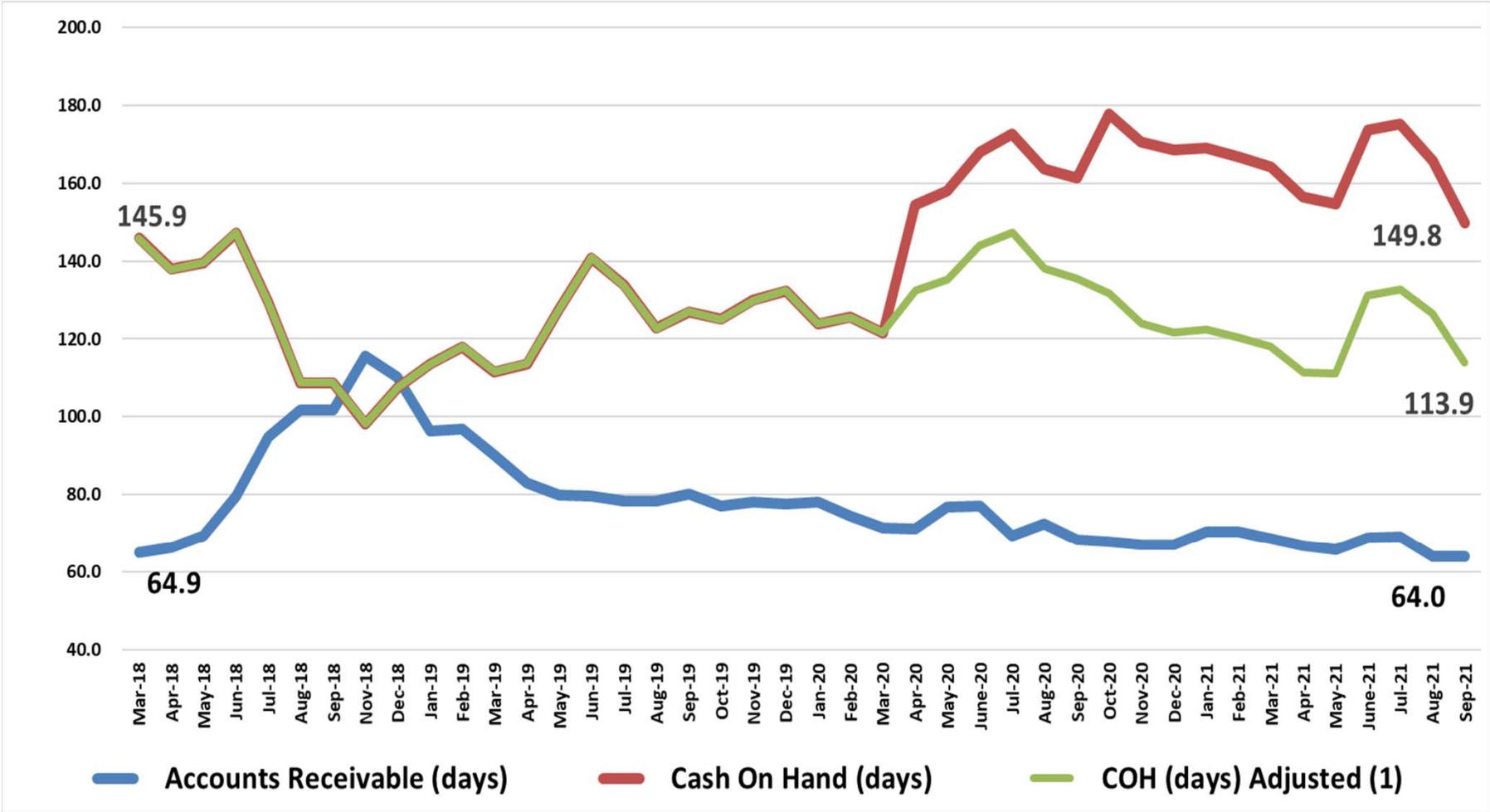
	Including COVID Patients			Excluding COVID Patients			Gap Diff	%
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP		
Mar-20	5.20	4.04	1.16	5.16	4.03	1.13	0.03	2%
Apr-20	5.30	4.25	1.05	5.19	4.17	1.03	0.02	2%
May-20	5.25	4.16	1.09	4.74	4.06	0.68	0.40	37%
Jun-20	5.61	4.11	1.50	4.98	3.95	1.03	0.47	31%
Jul-20	5.60	4.31	1.29	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	4.09	1.11	4.98	3.98	1.00	0.11	10%
Nov-20	5.66	4.21	1.45	5.40	4.07	1.33	0.12	8%
Dec-20	6.32	4.50	1.82	5.16	3.97	1.20	0.62	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	1.12	0.56	33%
Apr-21	5.37	3.97	1.39	5.20	3.89	1.31	0.09	6%
May-21	5.54	4.00	1.54	5.31	3.92	1.39	0.15	10%
Jun-21	5.75	3.90	1.85	5.68	3.88	1.80	0.05	3%
Jul-21	5.77	3.99	1.78	5.66	3.94	1.72	0.06	3%
Aug-21	6.24	4.40	1.84	5.94	4.05	1.89	(0.05)	-3%
Sep-21	6.73	4.51	2.22	5.89	4.07	1.82	0.40	18%
Average	5.83	4.21	1.62	5.31	4.00	1.31	0.31	19%



Opportunity Cost for Reducing LOS to National Average (GMLOS)



Trended Liquidity Ratios



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

KAWEAH DELTA HEALTH CARE DISTRICT

RATIO ANALYSIS REPORT

SEPTEMBER 30, 2021

	Current Month Value	Prior Month Value	June 30, 2021 Unaudited Value	2019 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	1.3	1.3	1.2	1.5	1.8	1.9
Accounts Receivable (days)	64.0	64.1	66.7	48.2	46.2	46.6
Cash On Hand (days)	149.8	165.8	173.6	276.1	215.1	162.5
Cushion Ratio (x)	20.7	21.8	22.9	37.8	23.5	14.6
Average Payment Period (days)	80.7	83.1	93.1	74.6	60.5	61.1
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	148.2%	156.2%	164.4%	244.9%	176.8%	121.2%
Debt-To-Capitalization	31.6%	31.5%	31.3%	24.4%	30.9%	38.4%
Debt-to-Cash Flow (x)	11.8	9.0	4.7	2.1	2.7	4.0
Debt Service Coverage	1.1	1.5	2.8	8.2	5.5	3.4
Maximum Annual Debt Service Coverage (x)	1.1	1.5	2.8	7.1	4.7	3.1
Age Of Plant (years)	13.9	14.0	13.5	10.6	12.0	12.2
PROFITABILITY RATIOS						
Operating Margin	(2.7%)	(2.7%)	(3.8%)	4.4%	2.7%	0.5%
Excess Margin	(2.1%)	(1.5%)	1.3%	7.6%	5.2%	2.6%
Operating Cash Flow Margin	2.0%	2.2%	1.2%	10.0%	8.7%	6.3%
Return on Assets	(1.8%)	(1.2%)	1.1%	5.3%	4.4%	2.6%

Reforecasting Quarters 2-4 FY 2022

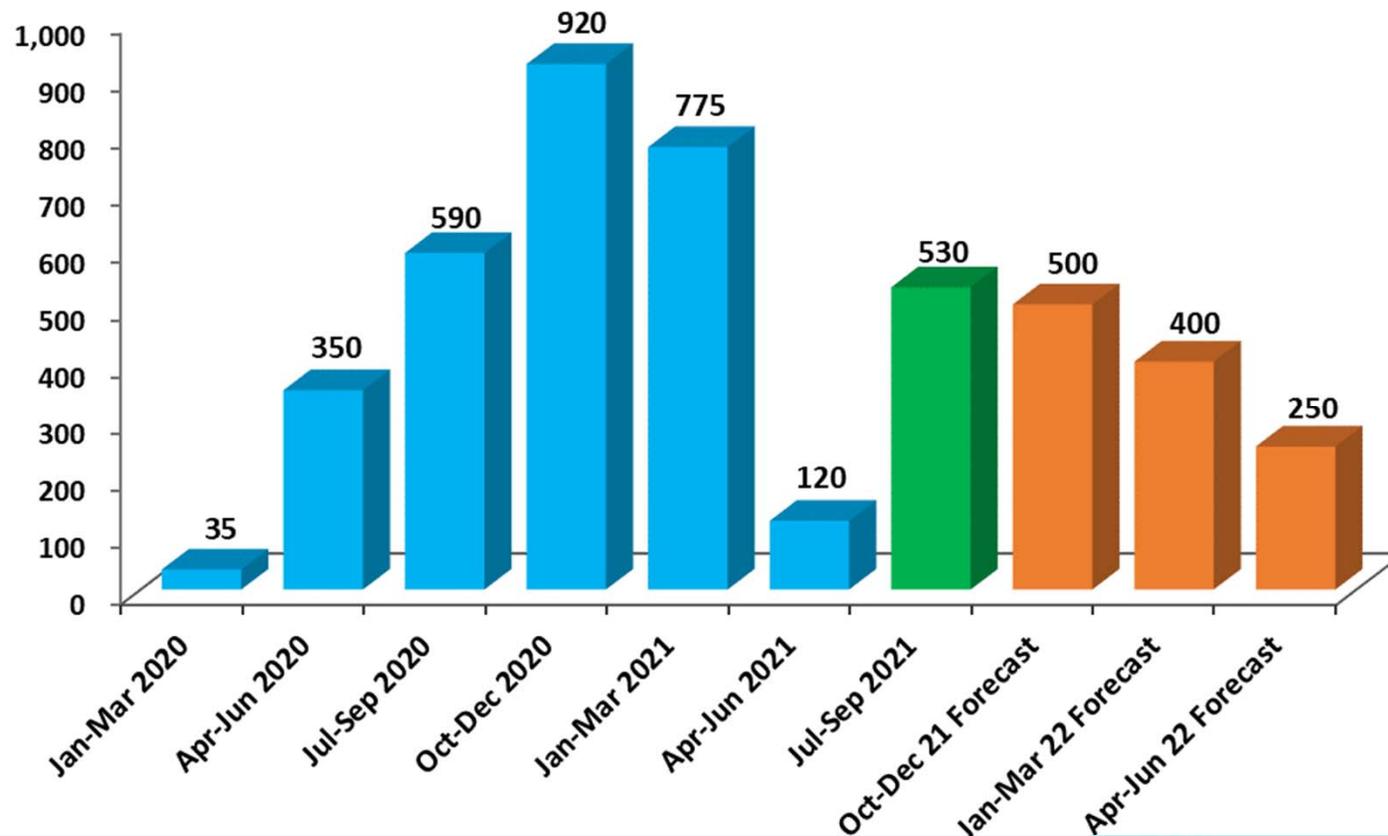
Major Impacts | Projected Changes to FY22 Budget

	Actual	Re-forecasted Change to FY22 Budget				
	Q1	Q2	Q3	Q4	Q2-4	Total Change
Impact to Bottom Line (000's)	(\$8,426)	(\$18,033)	(\$7,721)	(\$1,125)	(\$26,880)	(\$35,306)
Major Items						
Higher Inpatient Medical Visits		\$4,680	\$1,362	\$765	\$6,807	
Higher Rural Health Clinic Volume		\$111	\$110	\$95	\$317	
Higher Urgent Care Volume		\$410	\$350	\$308	\$1,068	
Reduced Inpatient Surgery Volume		(\$2,865)	(\$2,003)	(\$1,258)	(\$6,126)	
Reduced Cardiac Surgery Volume		(\$336)	(\$235)	(\$148)	(\$719)	
Reduced Cath Lab Volume		(\$360)	(\$252)	(\$158)	(\$770)	
Reduced KHMG Volume		(\$1,280)	(\$1,023)	(\$827)	(\$3,130)	
Increase in Shift Bonus		(\$6,976)	(\$2,476)	(\$875)	(\$10,327)	
Increase in Over Time		(\$1,399)	(\$465)	(\$110)	(\$1,973)	
Increase in Contract Labor		(\$1,431)	(\$817)	(\$178)	(\$2,426)	
Increase in Sign on Bonus		(\$200)	(\$150)	\$0	(\$350)	
Increase in Market Adjustments		(\$21)	(\$164)	(\$1,313)	(\$1,497)	
Increase in Pharmaceutical Costs		(\$1,740)	(\$1,200)	(\$300)	(\$3,240)	
Impact of Delayed Strategic Initiatives		(\$3,127)	(\$2,456)	(\$1,790)	(\$7,374)	
Direct COVID Related Expenses		(\$3,499)	(\$1,903)	(\$737)	(\$6,139)	
Estimated Stimulus Funds		\$0	\$3,600	\$5,400	\$9,000	

Major Impact | COVID Volume

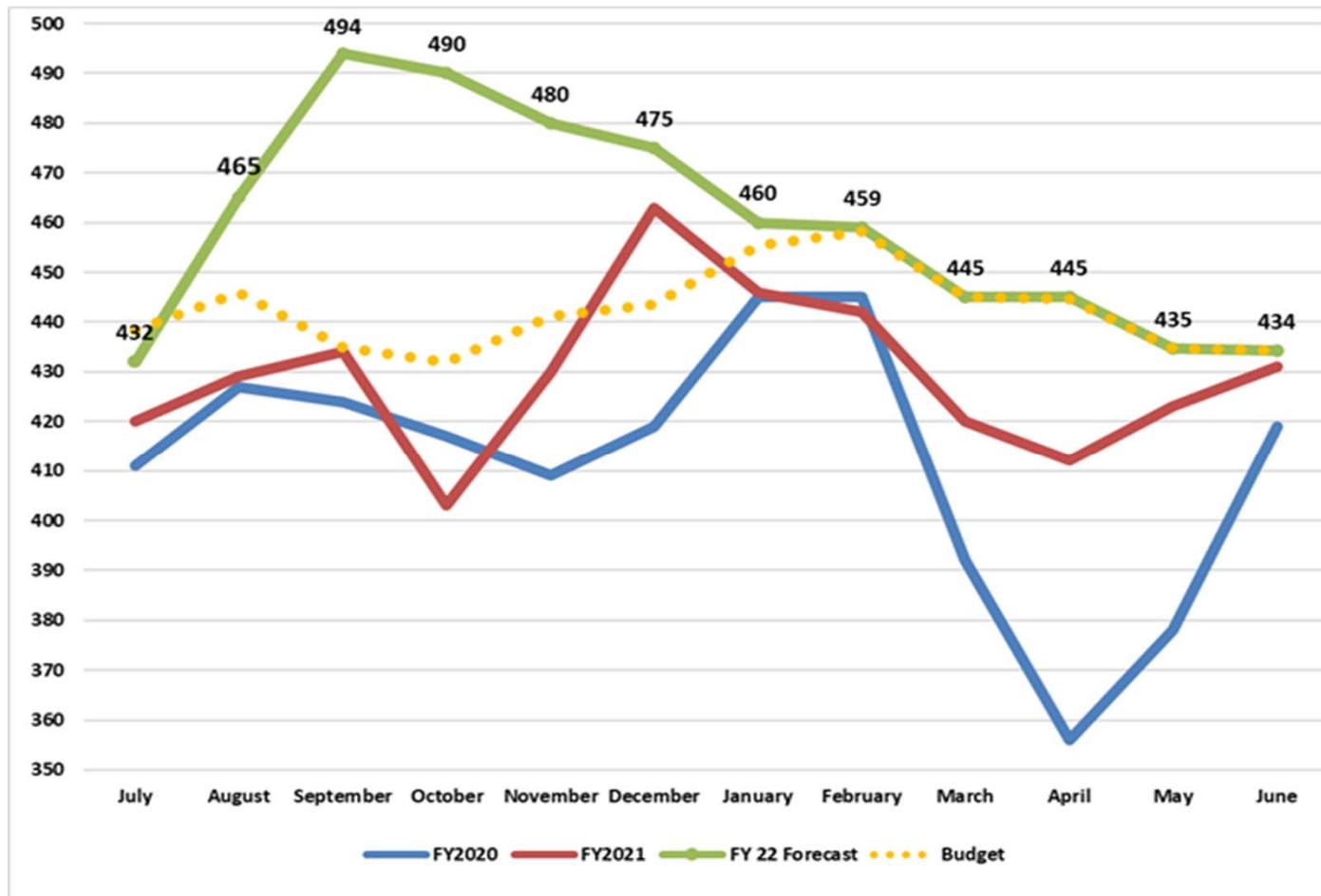
The FY22 Budget did not anticipate the surge in COVID patients. This increase has heightened the need for additional staffing in a time of nation wide staff shortages. This has increased the use of premium pay such as overtime and bonuses. This has also limited the # of elective inpatient surgeries we can safely provide. In addition, we are experiencing shortages or delays in our typical supplies which is also increasing the cost.

COVID Discharges



Key Statistical Indicators | COVID Inpatient Impact

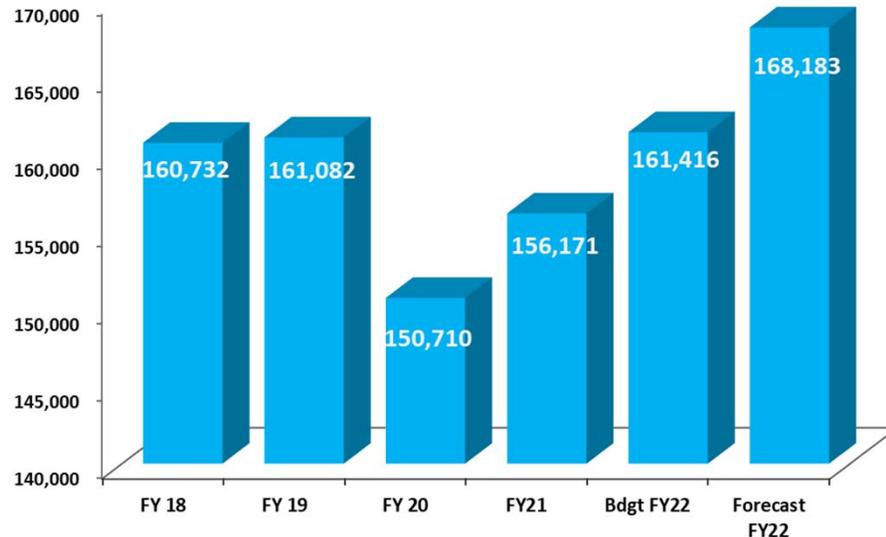
COVID Impact on Average Daily Census



Key Statistical Indicators | Inpatient

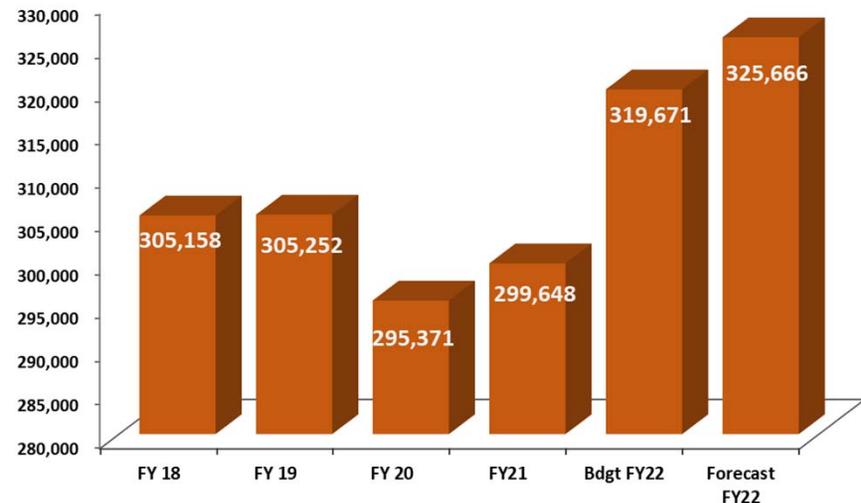
Total Patient Days

Q1 FY22 actual patient days exceeded budget by 5.3%. Anticipate continued higher than budgeted census through December ramping down to budget beginning March 2022. Net Impact \$6.8M.



Adjusted Patient Days

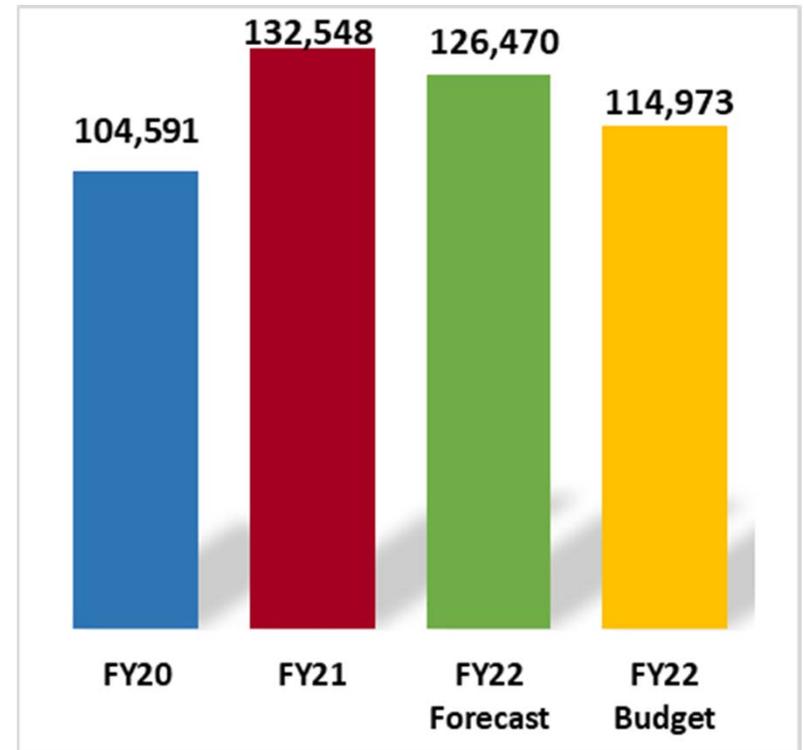
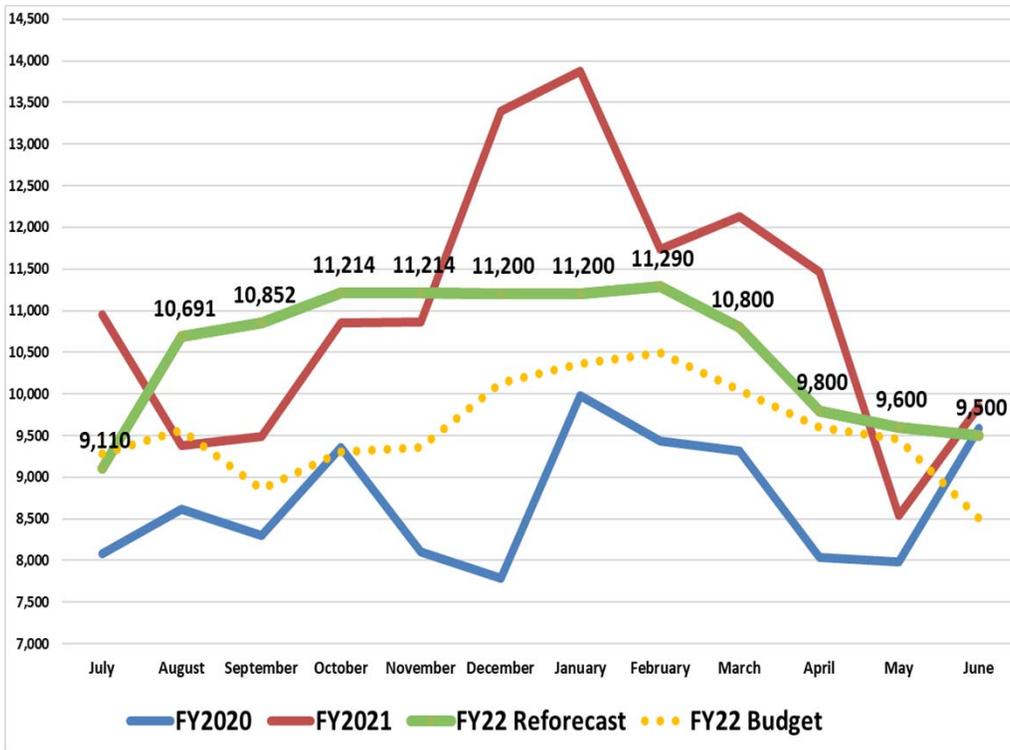
Q1 FY22 actual adjusted patient days exceeded budget by 2%. Anticipate continued high inpatient census through December ramping down to budget beginning March 2022 with outpatient volumes remaining at budgeted levels.



Key Statistical Indicators | Outpatient Clinics

Rural Health Clinics

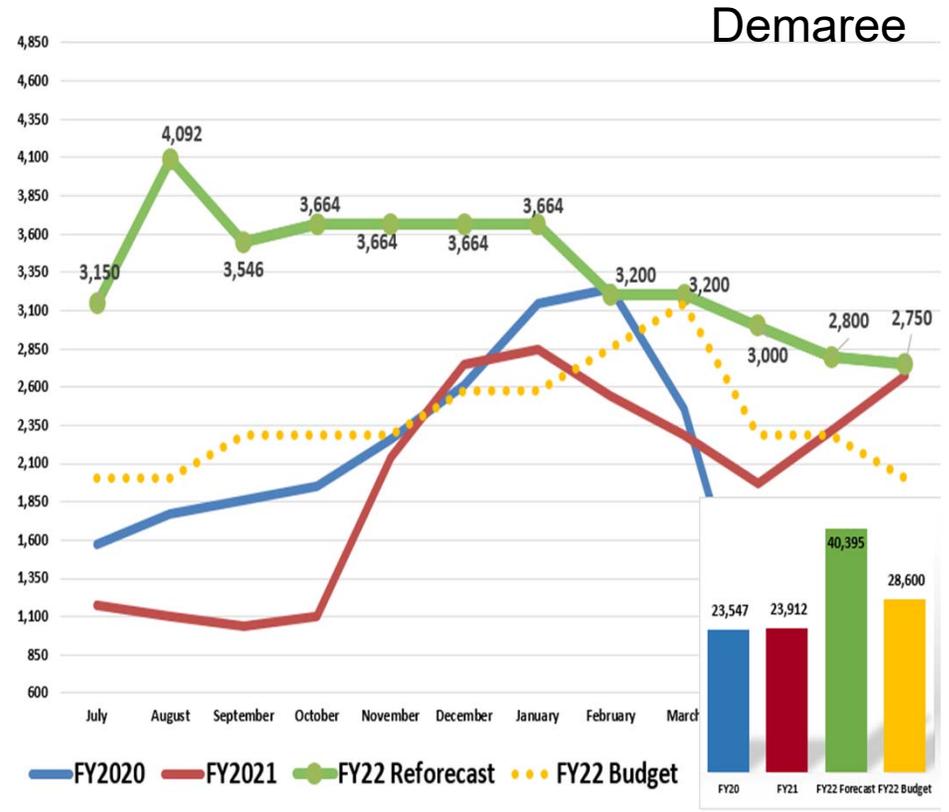
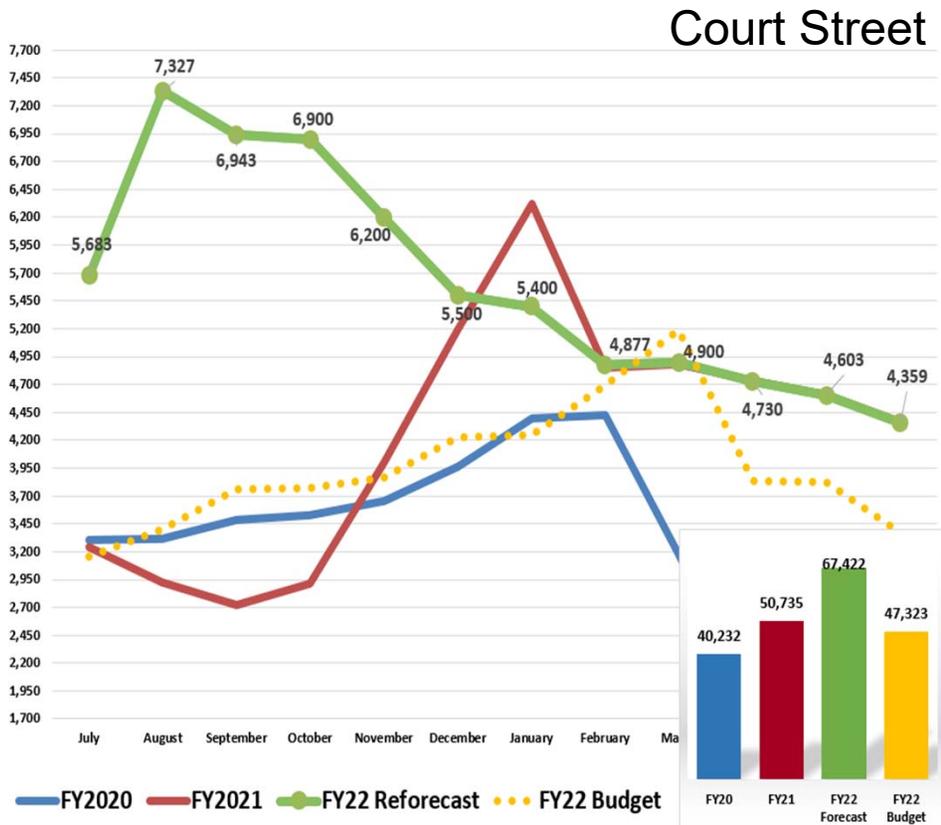
Q1 FY22 actual visits exceeded budget by 10.6%. Anticipate continued higher than budgeted volume through February ramping down closer to budget by 4th quarter. Net Impact \$316K (10% increase over budget)



Key Statistical Indicators | Outpatient Clinics

Urgent Clinics – Court and Demaree

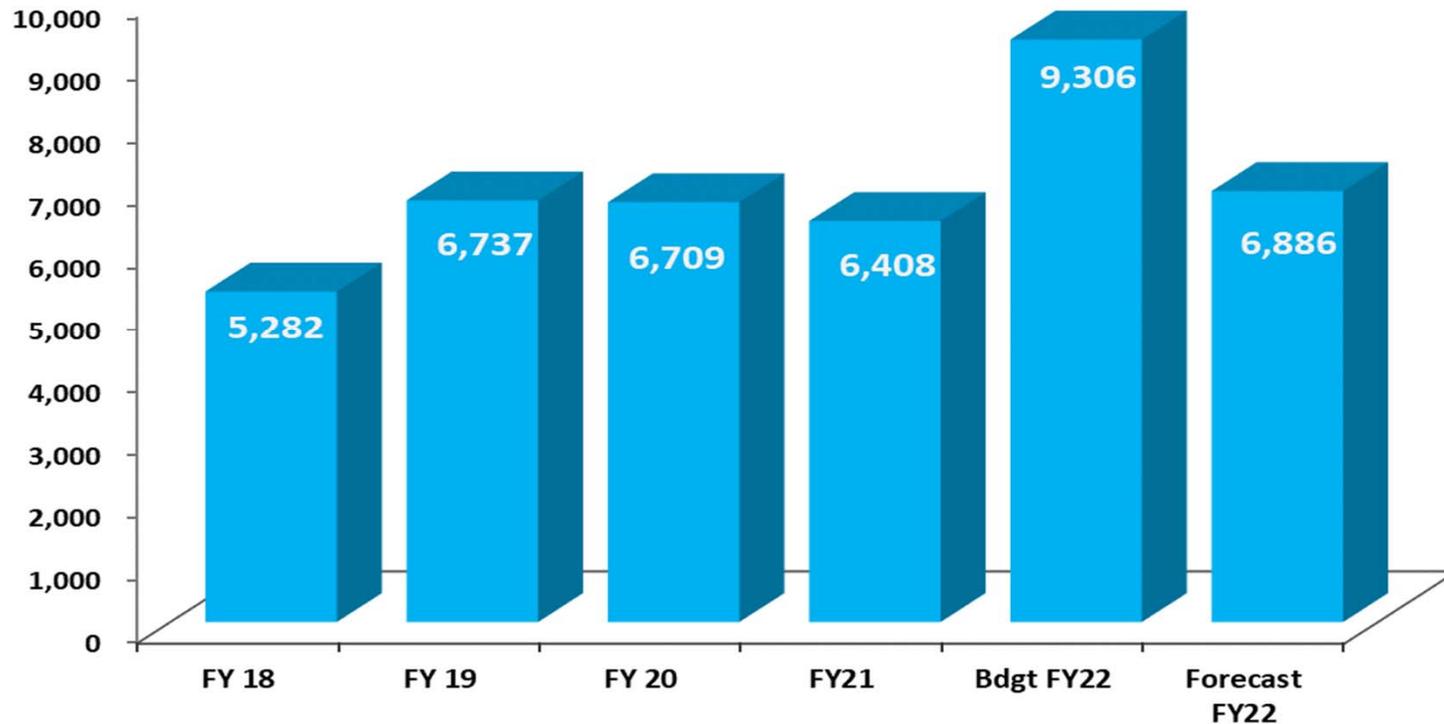
Q1 FY22 actual visits exceeded budget by 85%. Anticipate continued higher than budgeted volume slowly ramping down closer to budget by 4th quarter. Net Impact \$1.1M (40% over budget)



Key Statistical Indicators | Inpatient

Inpatient Surgeries

Q1 FY22 inpatient surgeries were under budget by 32% due to the reduction in scheduled elective inpatient surgeries due to the high inpatient volume of COVID patients. Forecasting a similar trend through December, then gradually increasing volume up towards the original budget by June 2022. Net impact (\$6.1M) an overall 26% decrease from budget.



Key Statistical Indicators | KHMG Outpatient

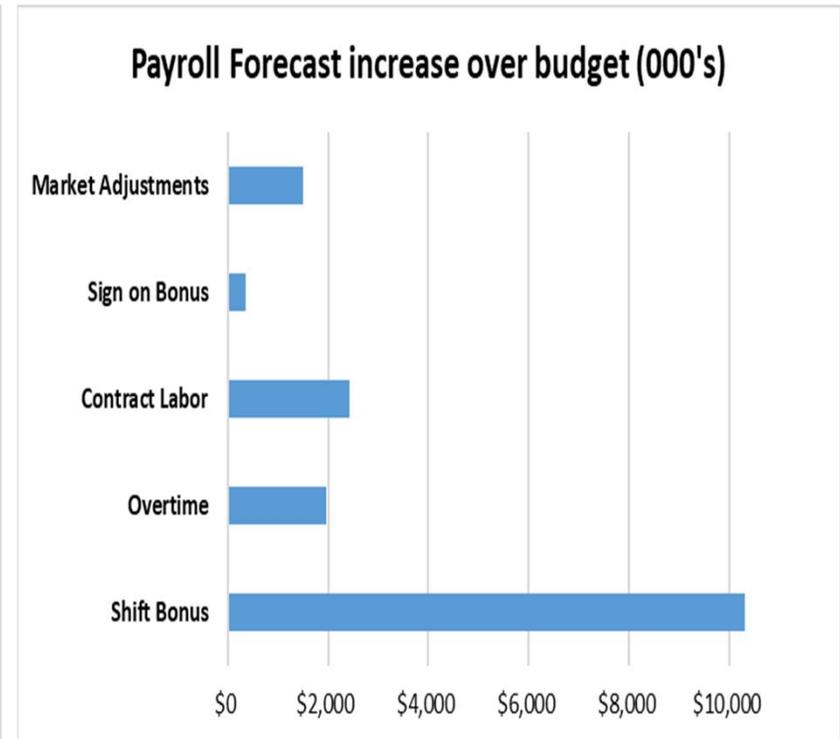
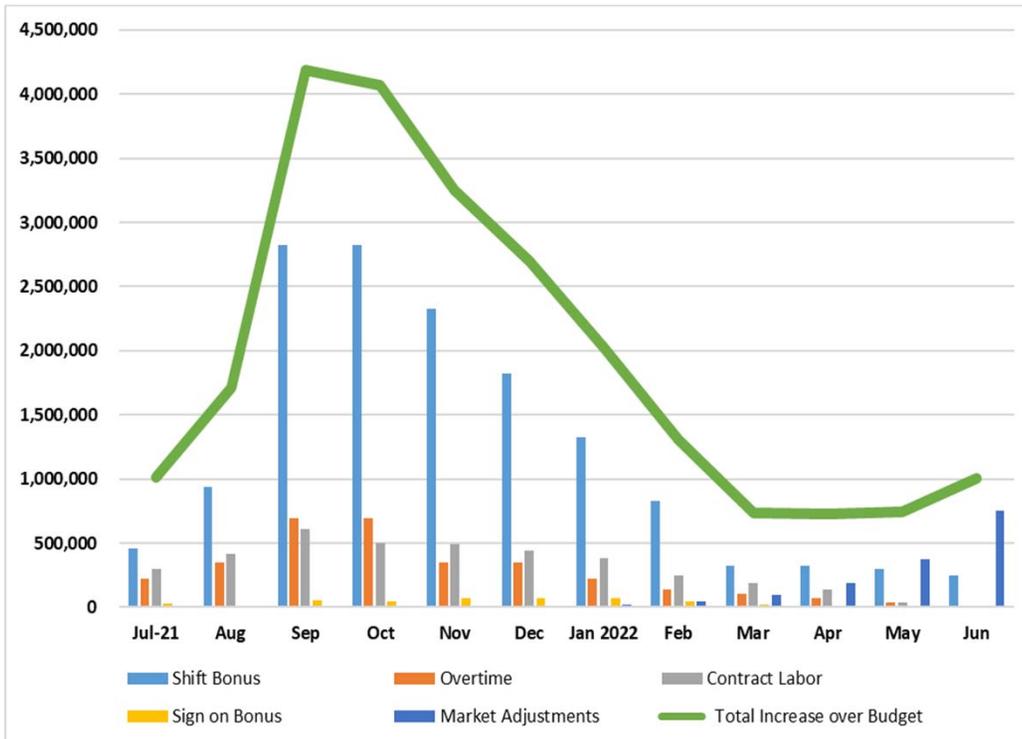
Volume: the primary driver of the changes are the due to an estimated decrease in volume related to the impact of COVID, physician resignations, and slower ramp up of new physicians.

	FY22 Budget	FY22 Reforecast	Variance FY22 Reforecast -FY22 Budget	
Operating Revenue				
Net Patient Service Revenue	53,261,000	46,031,228	(7,229,772)	(13.6%)
Blue Cross Incentive	730,000	730,000		
Other Revenue	111,000	111,000		
Other Operating Revenue	841,000	841,000		
Total Operating Revenue	54,102,000	46,872,228	(7,229,772)	(13.4%)
Operating Expenses				
Salaries & Wages	12,472,000	12,274,902	(197,098)	(1.6%)
Employee Benefits	1,999,000	1,999,103	103	0.0%
Total Employment Expenses	14,471,000	14,274,005	(196,995)	(1.4%)
Medical & Other Supplies	6,894,000	7,034,766	140,766	2.0%
Physician & Other Fees	30,474,000	26,365,580	(4,108,420)	(13.5%)
Purchased Services	847,000	881,679	34,679	4.1%
Repairs & Maintenance	2,737,000	2,737,000	-	0.0%
Utilities	484,000	484,723	723	0.1%
Rents & Leases	2,597,000	2,602,469	5,469	0.2%
Depreciation & Amortization	1,100,000	1,100,000	-	0.0%
Interest Expense	1,000	1,000	-	0.0%
Other Expense	1,523,000	1,523,000	-	0.0%
Total Other Expenses	46,657,000	42,730,217	(3,926,783)	(8.4%)
Total Operating Expenses	61,128,000	57,004,222	(4,123,778)	(6.7%)
Excess Margin	(7,026,000)	(10,131,994)	(3,105,994)	(44.2%)

Operating Expenses | Employee Costs

Increases in premium pay and pay rates

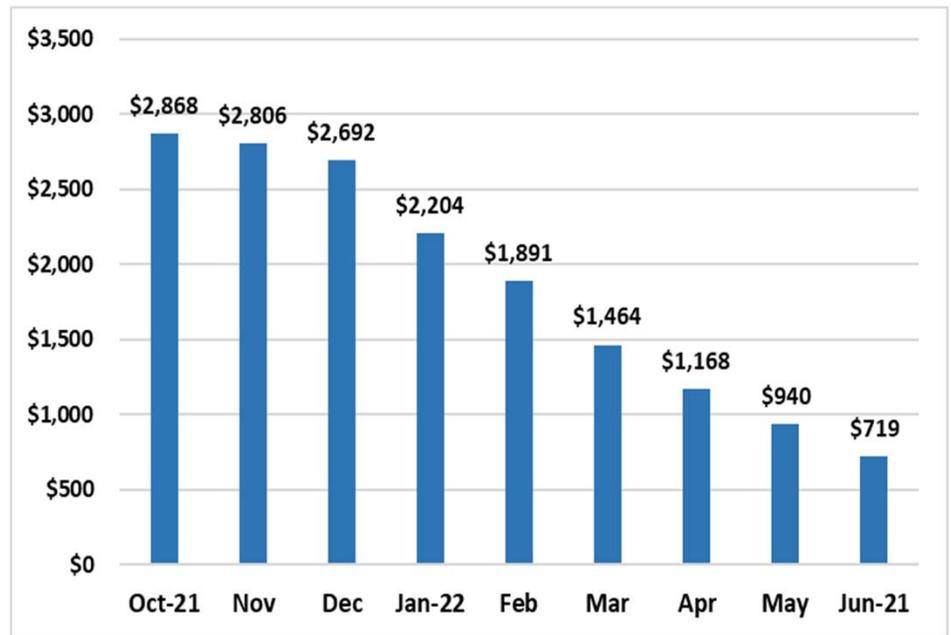
The increased use of premium pay will slowly decrease through April 2022 but still remain higher than budget through the end of the fiscal year. The primary reason for the increases is due to nation wide staffing shortages and increase in volumes. Net impact (\$16.6M)



Forecasted Changes | Operating Expenses

Pharmaceutical Expenses have been ramping up throughout Qtr. 1 along with our COVID volume. In September, we saw the highest spend and patient volume. The increase in spend is secondary to the increased COVID volume and expanded use as well as to the use of a new drug Baricitinib. The budgeted savings related to our **Strategic Initiatives**, such as Length of Stay and Supply savings, have not been realized and we forecast success in the initiatives to be recognized gradually throughout this fiscal year. **COVID related expenses** are forecasted in line with the estimated COVID volume projections. Total net impact. **(\$16.8M)**

Forecasted increases in costs (000's)	Qtr. 2	Qtr. 3	Qtr. 4	Total
Pharmaceutical Increase	\$1,740	\$1,200	\$300	\$3,240
Delayed Strategic Initiatives	\$3,127	\$2,456	\$1,790	\$7,374
COVID related payroll costs	\$700	\$381	\$147	\$1,228
COVID related supply costs	\$2,799	\$1,522	\$589	\$4,911
COVID Related Operating Exp.	\$3,499	\$1,903	\$737	\$6,139
Total Additional Expenses	\$8,366	\$5,559	\$2,827	\$16,752



Stimulus Funds

Provider Relief Funds are estimated at \$9M. The projected spread of these funds is evenly over February through June.

FY22 Forecasted Income Statement (000's)

	Actual	Forecast				Budget FY22	\$ Change	% Change
	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Forecast FY22			
Operating Revenue								
Net Patient Service Revenue	\$159,094	\$159,480	\$153,666	\$154,304	\$626,544	\$634,620	(8,076)	(1.3%)
Supplemental Gov't Programs	12,859	13,277	13,277	13,276	52,689	53,106	(417)	(0.8%)
Prime Program	2,000	2,016	1,973	1,995	7,984	8,000	(16)	(0.2%)
Premium Revenue	15,490	15,429	17,584	17,711	66,214	66,017	197	0.3%
Management Services Revenue	9,992	9,147	8,948	9,047	37,134	36,290	844	2.3%
Other Revenue	6,230	6,492	6,350	6,450	25,522	24,560	962	3.9%
Other Operating Revenue	46,571	46,361	48,132	48,479	189,543	187,973	1,570	0.8%
Total Operating Revenue	205,665	205,841	201,798	202,783	816,087	822,593	(6,506)	(0.8%)
Operating Expenses								
Salaries & Wages	87,545	95,378	85,053	84,130	352,106	330,396	21,710	6.6%
Contract Labor	4,195	2,969	2,383	1,733	11,280	6,204	5,076	81.8%
Employee Benefits	12,693	13,597	13,264	13,450	53,004	53,922	(918)	(1.7%)
Total Employment Expenses	104,433	111,944	100,700	99,313	416,390	390,522	25,868	6.6%
Medical & Other Supplies	34,542	37,257	34,481	32,422	138,702	125,503	13,199	10.5%
Physician Fees	24,185	23,926	23,774	24,281	96,166	99,783	(3,617)	(3.6%)
Purchased Services	4,147	4,007	3,918	3,960	16,032	15,866	166	1.0%
Repairs & Maintenance	6,923	7,233	7,211	7,222	28,589	28,699	(110)	(0.4%)
Utilities	2,124	1,933	1,574	1,740	7,371	7,308	63	0.9%
Rents & Leases	1,481	1,549	1,561	1,552	6,143	6,169	(26)	(0.4%)
Depreciation & Amortization	7,902	8,467	8,776	9,092	34,237	33,552	685	2.0%
Interest Expense	1,699	1,823	1,784	1,803	7,109	7,234	(125)	(1.7%)
Other Expense	4,558	5,735	5,610	5,673	21,576	22,630	(1,054)	(4.7%)
Humana Cap Plan Expenses	9,618	8,677	9,455	9,527	37,277	36,254	1,023	2.8%
Management Services Expense	9,617	9,049	8,852	8,950	36,468	35,899	569	1.6%
Total Other Expenses	106,796	109,656	106,996	106,222	429,670	418,897	10,773	2.6%
Total Operating Expenses	211,229	221,600	207,696	205,535	846,060	809,419	36,641	4.5%
Operating Margin	\$(5,564)	\$(15,759)	\$(5,898)	\$(2,752)	\$(29,973)	\$13,174	\$(43,147)	
Stimulus Funds	438	0	3,600	5,400	9,438	1,195	8,243	
Operating Margin after Stimulus	\$(5,126)	\$(15,759)	\$(2,298)	\$2,648	\$(20,535)	\$14,369	\$(34,904)	
Nonoperating Revenue (Loss)	746	986	952	1482	4,166	4,568	(402)	
Excess Margin	\$(4,380)	\$(14,773)	\$(1,346)	\$4,130	\$(16,369)	\$18,937	\$(35,306)	
Operating Margin %	(2.7%)	(7.7%)	(2.9%)	(1.4%)	(3.7%)	1.6%		
OM after Stimulus%	(2.5%)	(7.7%)	(1.1%)	1.3%	(2.5%)	1.7%		
Excess Margin %	(2.1%)	(7.2%)	(0.7%)	2.0%	(2.0%)	2.3%		



KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED INCOME STATEMENT (000's)
FISCAL YEAR 2021 & 2022

Fiscal Year	Operating Revenue			Operating Expenses				Operating Expenses Total	Operating Income	Non-Operating Income	Net Income	Operating Margin %	Excess Margin
	Net Patient Revenue	Other Operating Revenue	Operating Revenue Total	Personnel Expense	Physician Fees	Supplies Expense	Other Operating Expense						
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	\$ 180,319	\$ 774,694	\$ 388,882	\$ 96,690	\$ 131,154	\$ 187,172	\$ 803,898	\$ (29,204)	\$ 39,921	\$ 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%
Aug-21	49,714	16,024	65,737	33,434	8,527	13,004	15,414	70,379	(4,642)	990	(3,651)	(7.1%)	(5.5%)
Sep-21	57,879	15,513	73,391	38,321	7,736	11,942	17,439	75,437	(2,046)	(388)	(2,434)	(2.8%)	(3.3%)
2022 FY Total	\$ 159,094	\$ 46,571	\$ 205,665	\$ 104,433	\$ 24,185	\$ 34,542	\$ 48,069	\$ 211,229	\$ (5,564)	\$ 1,184	\$ (4,380)	(2.7%)	(2.1%)
FYTD Budget	158,066	46,224	204,290	98,085	24,657	31,720	47,253	201,715	2,574	1,472	4,046	1.3%	2.0%
Variance	\$ 1,029	\$ 347	\$ 1,376	\$ 6,348	\$ (472)	\$ 2,822	\$ 816	\$ 9,514	\$ (8,138)	\$ (288)	\$ (8,426)		
Current Month Analysis													
Sep-21	\$ 57,879	\$ 15,075	\$ 72,953	\$ 38,321	\$ 7,736	\$ 11,942	\$ 17,439	\$ 75,437	\$ (2,484)	\$ 50	\$ (2,434)	(3.4%)	(3.3%)
Budget	51,947	15,297	67,244	32,066	8,156	10,553	15,624	66,399	845	389	1,233	1.3%	1.8%
Variance	\$ 5,932	\$ (222)	\$ 5,710	\$ 6,255	\$ (420)	\$ 1,389	\$ 1,815	\$ 9,038	\$ (3,328)	\$ (339)	\$ (3,667)		

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	Personnel	Physician	Supply	Total	Personnel Expense/ Net Patient Revenue	Physician Fees/ Net Patient Revenue	Supply	Total
						Revenue/ Ajusted Patient Day	Expense/ Ajusted Patient Day	Fees/ Ajusted Patient Day	Expense/ Ajusted Patient Day	Operating Expense/ Ajusted Patient Day			Expense/ Net Patient Revenue	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%	16.5%	21.2%	134.1%
Aug-20	13,296	429	24,893	53.4%	75.7%	1,944	1,294	349	431	2,666	66.5%	18.0%	22.2%	137.1%
Sep-20	13,024	434	24,587	53.0%	75.6%	1,984	1,336	279	473	2,683	67.3%	14.1%	23.8%	135.3%
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%	130.0%
Nov-20	12,898	430	24,958	51.7%	74.0%	2,043	1,251	324	441	2,610	61.2%	15.8%	21.6%	127.7%
Dec-20	14,389	464	25,827	55.7%	75.2%	1,952	1,328	311	445	2,670	68.0%	15.9%	22.8%	136.8%
Jan-21	14,002	452	24,471	57.2%	75.5%	2,041	1,390	344	491	2,842	68.1%	16.9%	24.1%	139.2%
Feb-21	12,388	442	23,578	52.5%	77.3%	1,888	1,339	360	411	2,696	70.9%	19.1%	21.8%	142.8%
Mar-21	13,030	420	25,820	50.5%	74.9%	2,174	1,375	321	423	2,777	63.2%	14.7%	19.5%	127.7%
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%	139.4%
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	156,913	430	300,105	52.3%	76.0%	1,981	1,296	322	437	2,679	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%
Aug-21	14,401	465	27,703	52.0%	77.3%	1,795	1,207	308	469	2,540	67.3%	17.2%	26.2%	141.6%
Sep-21	14,824	494	28,321	52.3%	75.0%	2,044	1,353	273	422	2,664	66.2%	13.4%	20.6%	130.3%
2022 FY Total	42,613	463	82,116	51.9%	76.1%	1,937	1,272	295	421	2,572	65.6%	15.2%	21.7%	132.8%
FYTD Budget	40,459	440	80,151	50.5%	75.4%	1,972	1,224	308	396	2,456	62.1%	15.6%	20.1%	127.6%
Variance	2,154	23	1,965	1.4%	0.7%	(35)	48	(13)	25	116	3.6%	(0.4%)	1.6%	5.2%
Current Month Analysis														
Sep-21	14,824	494	28,321	52.3%	75.0%	2,044	1,353	273	422	2,664	66.2%	13.4%	20.6%	130.3%
Budget	13,045	435	25,994	50.2%	75.4%	1,998	1,234	314	406	2,344	61.7%	15.7%	20.3%	127.8%
Variance	1,779	59	2,328	2.2%	(0.4%)	45	119	(41)	16	319	4.5%	(2.3%)	0.3%	2.5%

KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED STATEMENTS OF NET POSITION (000's)

	Sep-21	Aug-21	Change	% Change	Jun-21
					(Unaudited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	\$ 13,024	\$ 20,706	\$ (7,682)	-37.10%	\$ 30,081
Current Portion of Board designated and trusted assets	16,205	14,800	1,405	9.49%	13,695
Accounts receivable:					
Net patient accounts	119,698	110,332	9,366	8.49%	119,553
Other receivables	15,802	11,025	4,777	43.33%	14,616
	135,500	121,357	14,143	11.65%	134,169
Inventories	11,945	11,855	90	0.76%	11,095
Medicare and Medi-Cal settlements	46,416	40,142	6,273	15.63%	37,339
Prepaid expenses	10,753	12,320	(1,567)	-12.72%	12,210
Total current assets	233,842	221,180	12,662	5.72%	238,589
NON-CURRENT CASH AND INVESTMENTS -					
less current portion					
Board designated cash and assets	330,106	340,668	(10,562)	-3.10%	349,986
Revenue bond assets held in trust	22,290	22,288	2	0.01%	22,271
Assets in self-insurance trust fund	2,070	2,080	(10)	-0.49%	2,073
Total non-current cash and investments	354,466	365,036	(10,571)	-2.90%	374,331
CAPITAL ASSETS					
Land	17,542	17,542	-	0.00%	17,542
Buildings and improvements	384,420	384,399	21	0.01%	384,399
Equipment	317,647	316,636	1,011	0.32%	316,636
Construction in progress	55,315	55,611	(296)	-0.53%	53,113
	774,925	774,188	736	0.10%	771,690
Less accumulated depreciation	434,317	431,761	2,557	0.59%	426,652
	340,607	342,428	(1,820)	-0.53%	345,038
Property under capital leases -					
less accumulated amortization	(468)	(405)	(63)	15.54%	(279)
Total capital assets	340,139	342,023	(1,883)	-0.55%	344,759
OTHER ASSETS					
Property not used in operations	1,622	1,627	(4)	-0.26%	1,635
Health-related investments	5,266	5,262	4	0.07%	5,066
Other	11,873	11,862	11	0.09%	11,569
Total other assets	18,761	18,751	10	0.06%	18,270
Total assets	947,209	946,990	218	0.02%	975,949
DEFERRED OUTFLOWS	8,800	8,830	(30)	-0.34%	8,900
Total assets and deferred outflows	\$ 956,009	\$ 955,821	\$ 188	0.02%	\$ 984,849

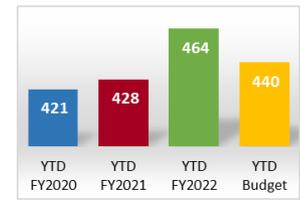
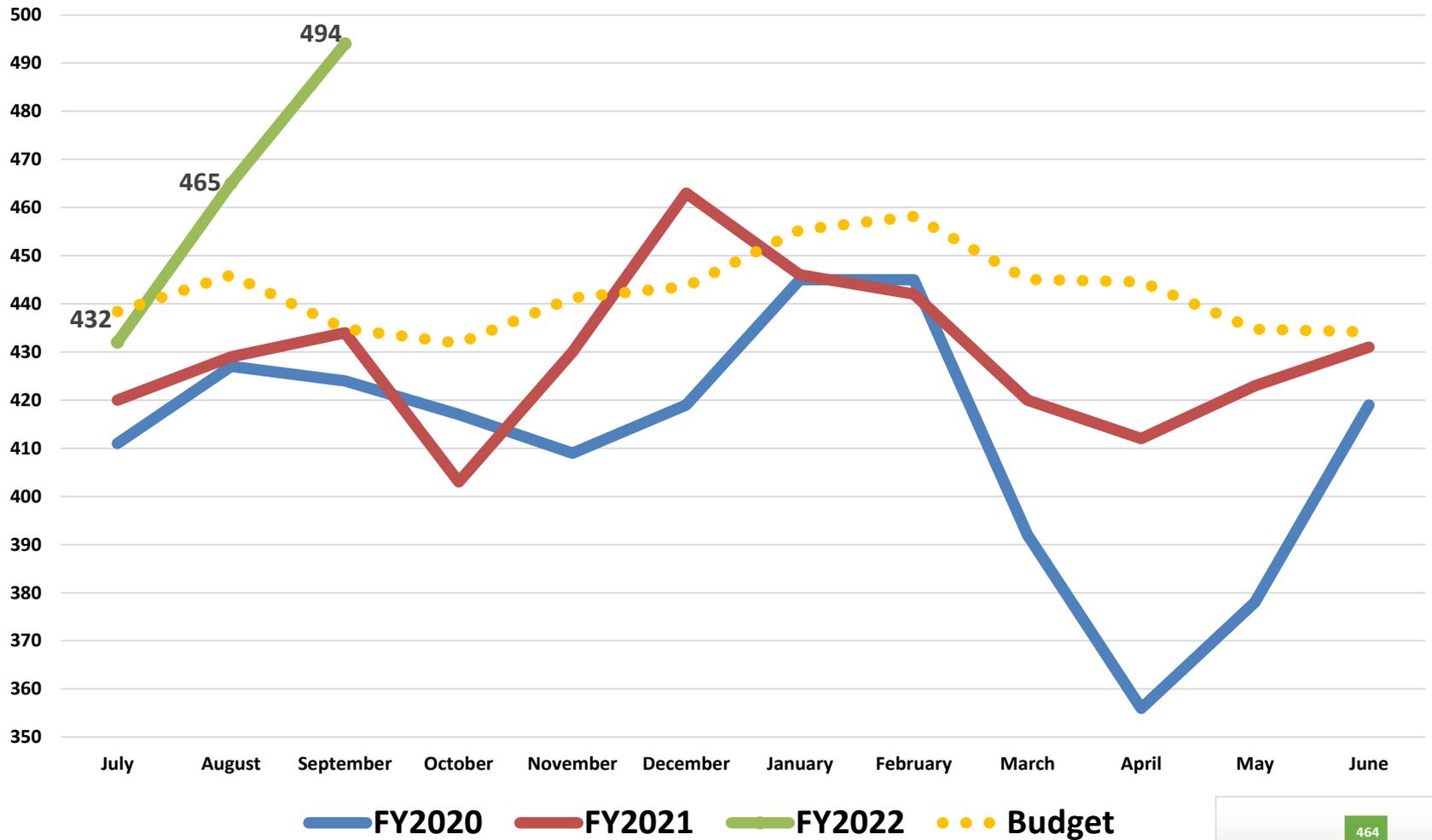
KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED STATEMENTS OF NET POSITION (000's)

	Sep-21	Aug-21	Change	% Change	Jun-21
					(Unaudited)
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	\$ 97,636	\$ 99,175	\$ (1,539)	-1.55%	\$ 114,405
Accrued payroll and related liabilities	69,438	64,545	4,893	7.58%	71,537
Long-term debt, current portion	11,251	11,257	(6)	-0.05%	11,128
Total current liabilities	178,325	174,976	3,348	1.91%	197,070
LONG-TERM DEBT, less current portion					
Bonds payable	248,596	248,648	(52)	-0.02%	250,675
Capital leases	117	117	-	0.00%	123
Total long-term debt	248,712	248,764	(52)	-0.02%	250,797
NET PENSION LIABILITY	15,295	17,336	(2,041)	-11.77%	21,418
OTHER LONG-TERM LIABILITIES	32,185	31,887	298	0.94%	30,894
Total liabilities	474,518	472,964	1,554	0.33%	500,179
NET ASSETS					
Invested in capital assets, net of related debt	105,224	107,074	(1,849)	-1.73%	107,949
Restricted	33,892	32,944	948	2.88%	31,885
Unrestricted	342,375	342,839	(465)	-0.14%	344,836
Total net position	481,491	482,857	(1,365)	-0.28%	484,670
Total liabilities and net position	\$ 956,009	\$ 955,821	\$ 188	0.02%	\$ 984,849

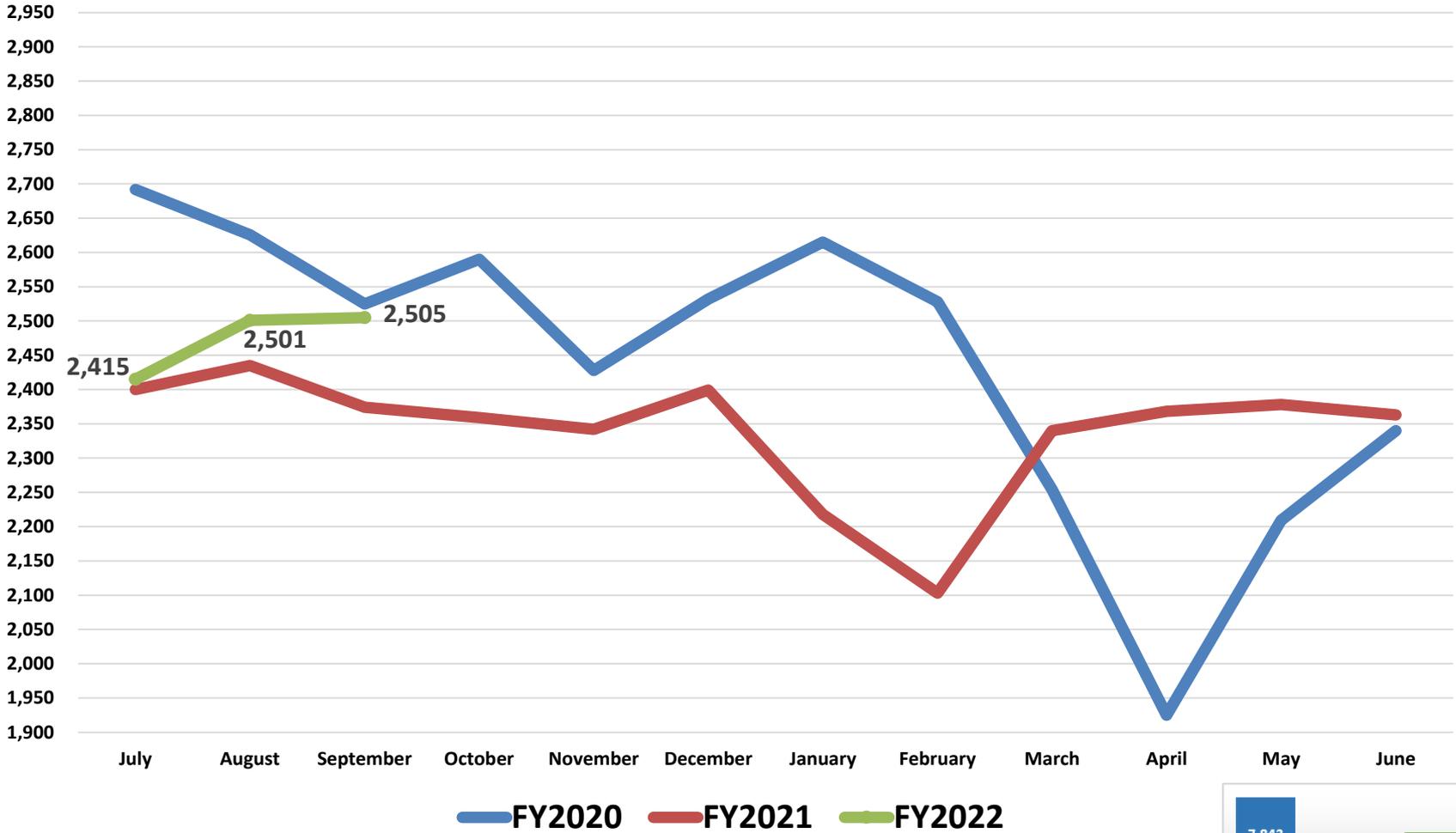
Statistical Report

October 2021

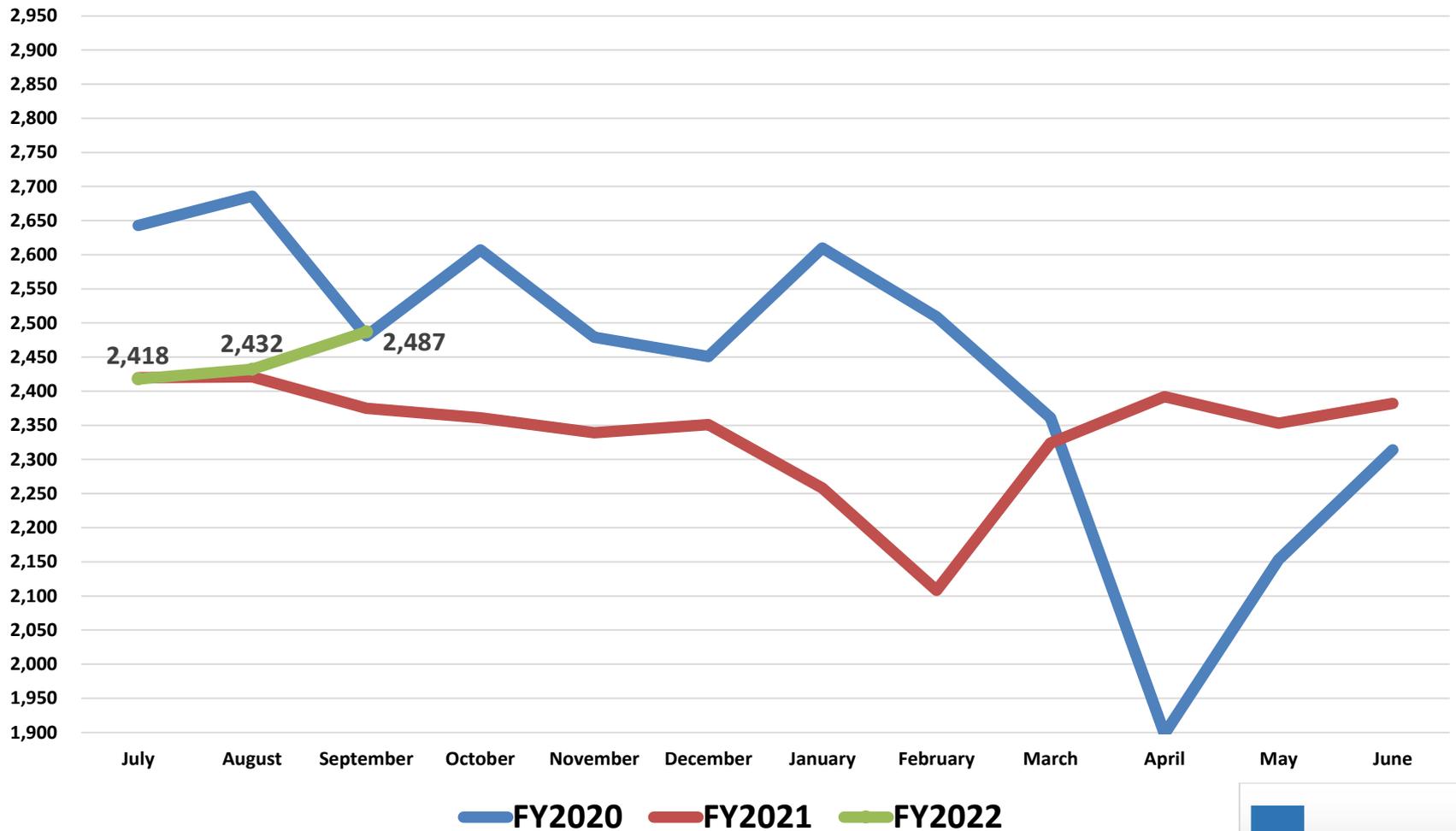
Average Daily Census



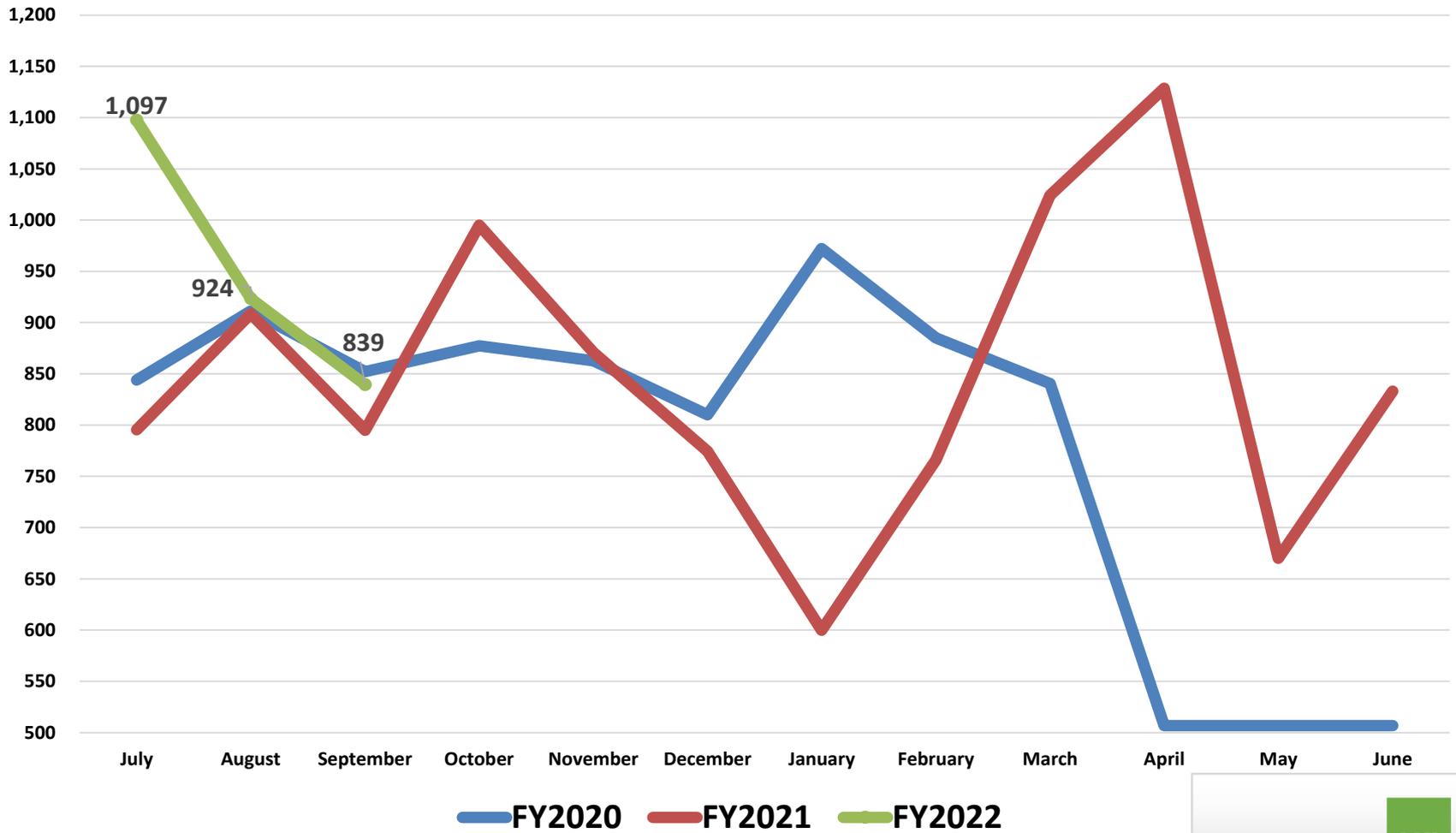
Admissions



Discharges

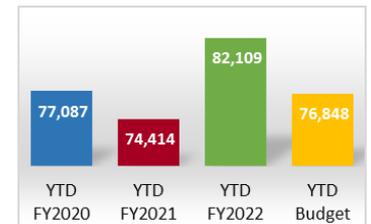
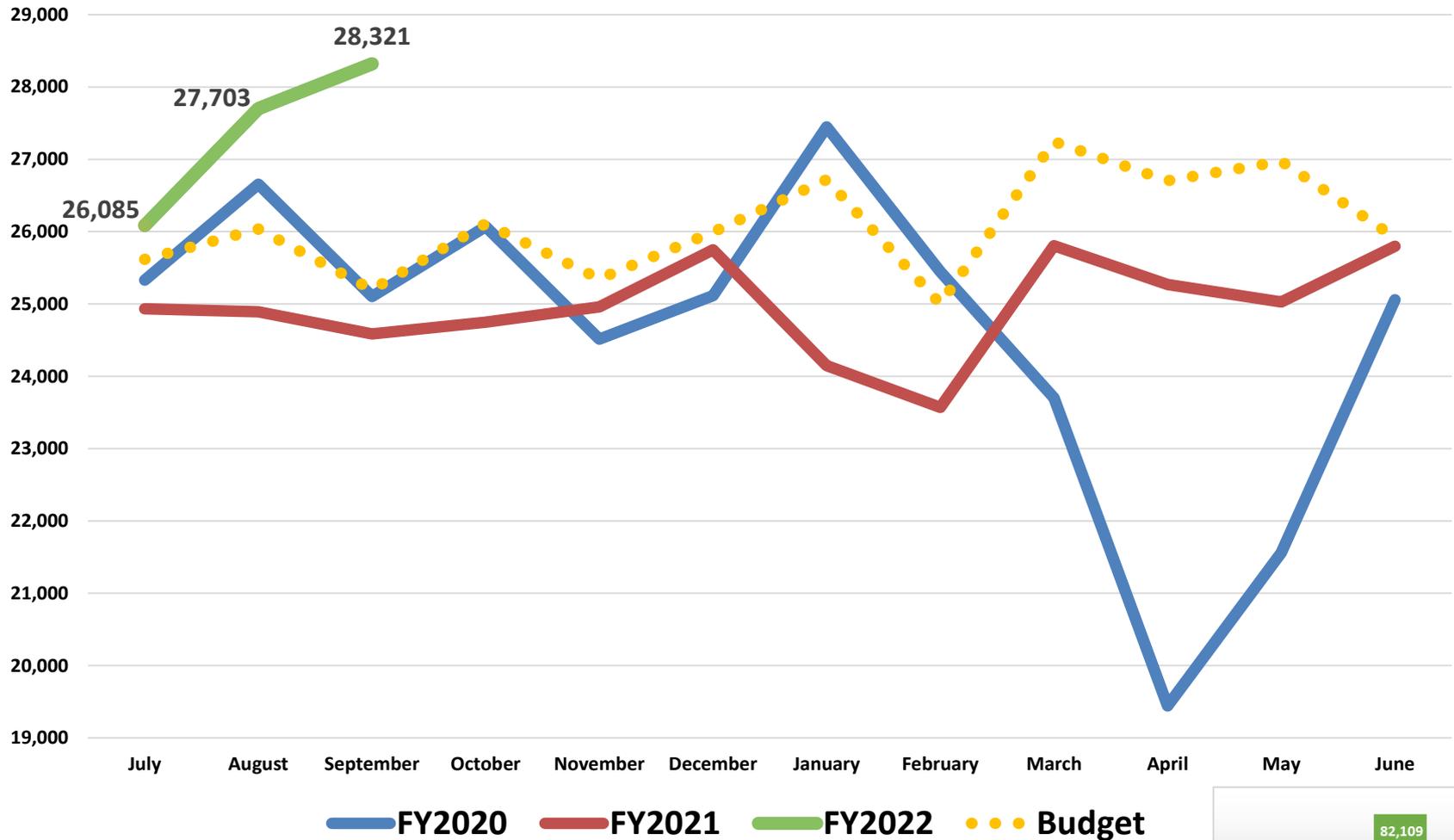


Observation Days

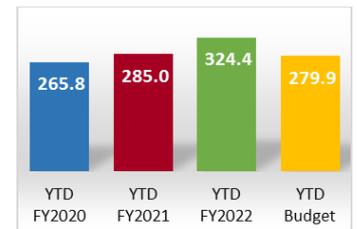
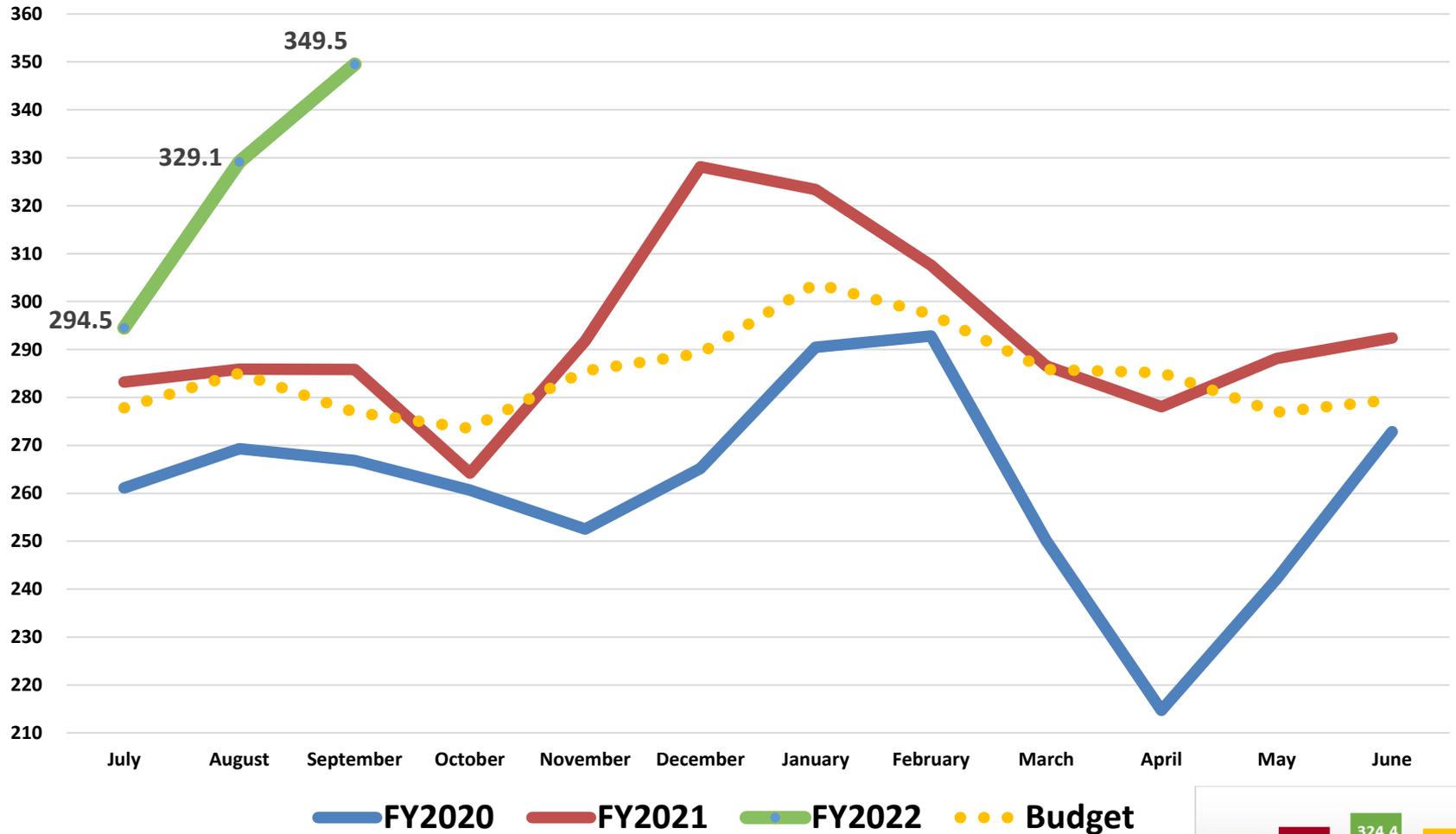


2,607	2,499	2,860
YTD FY2020	YTD FY2021	YTD FY2022

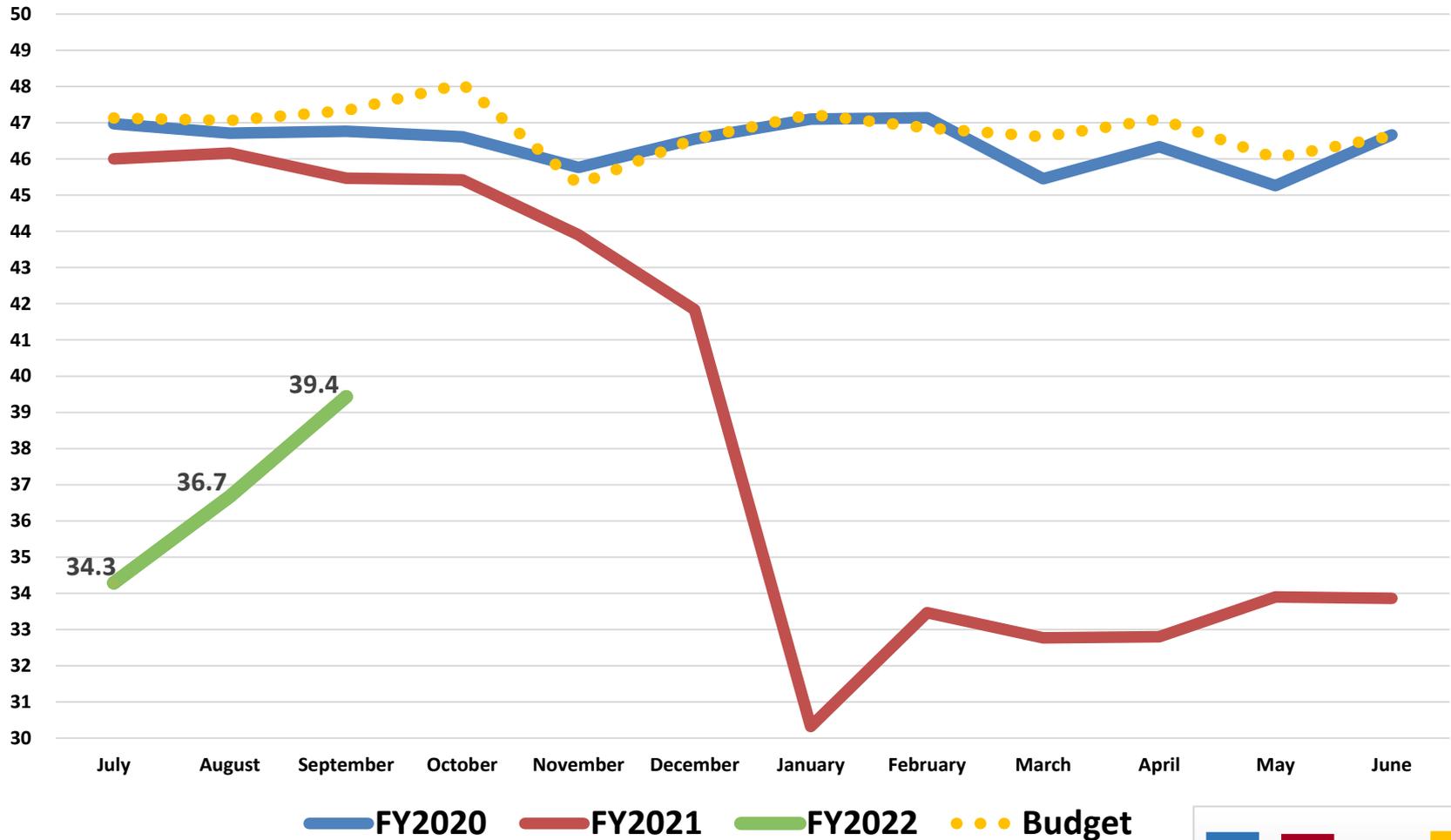
Adjusted Patient Days



Medical Center – Avg. Patients Per Day

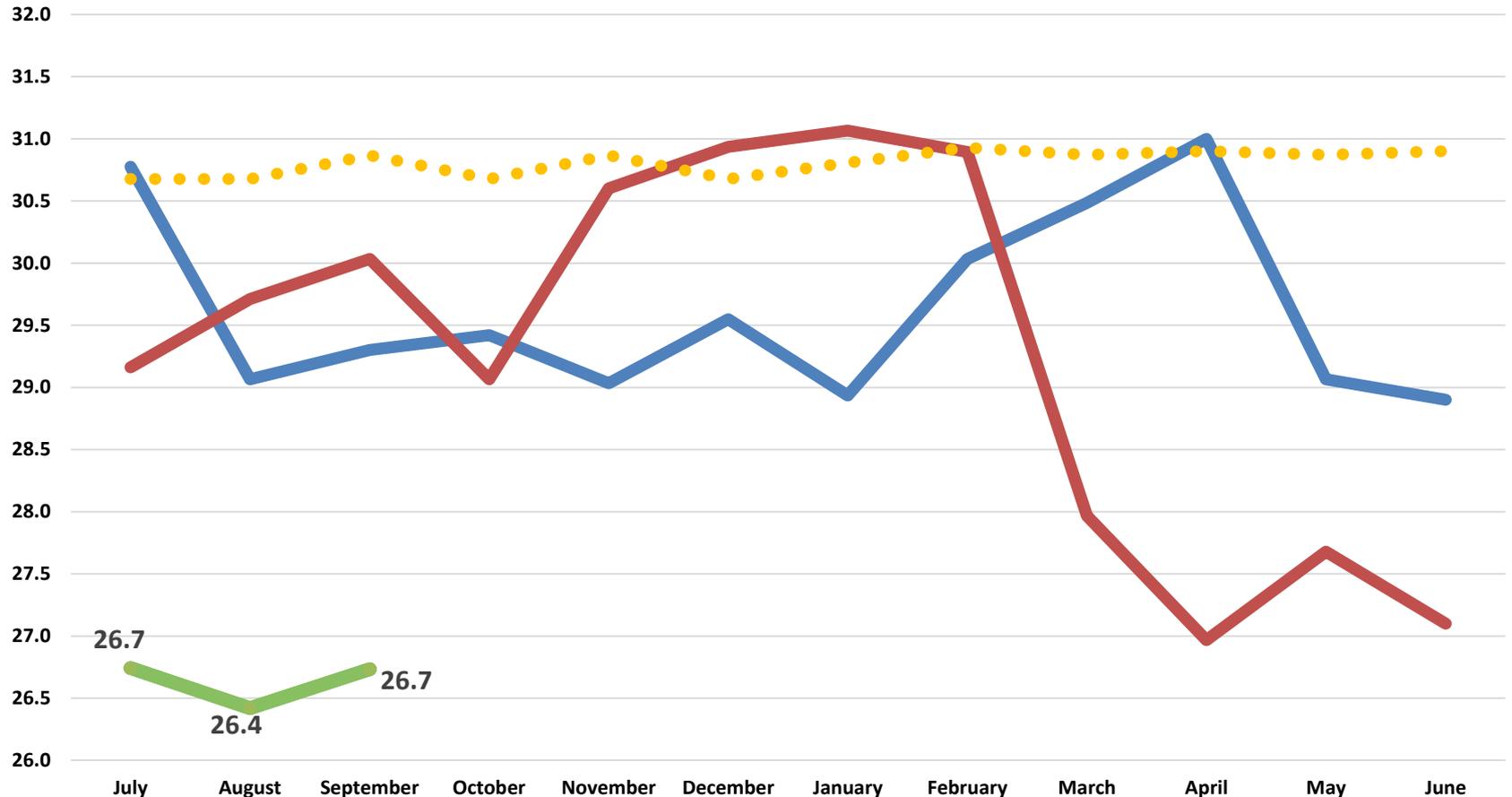


Acute I/P Psych - Avg. Patients Per Day



46.8	45.9	36.8	47.2
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

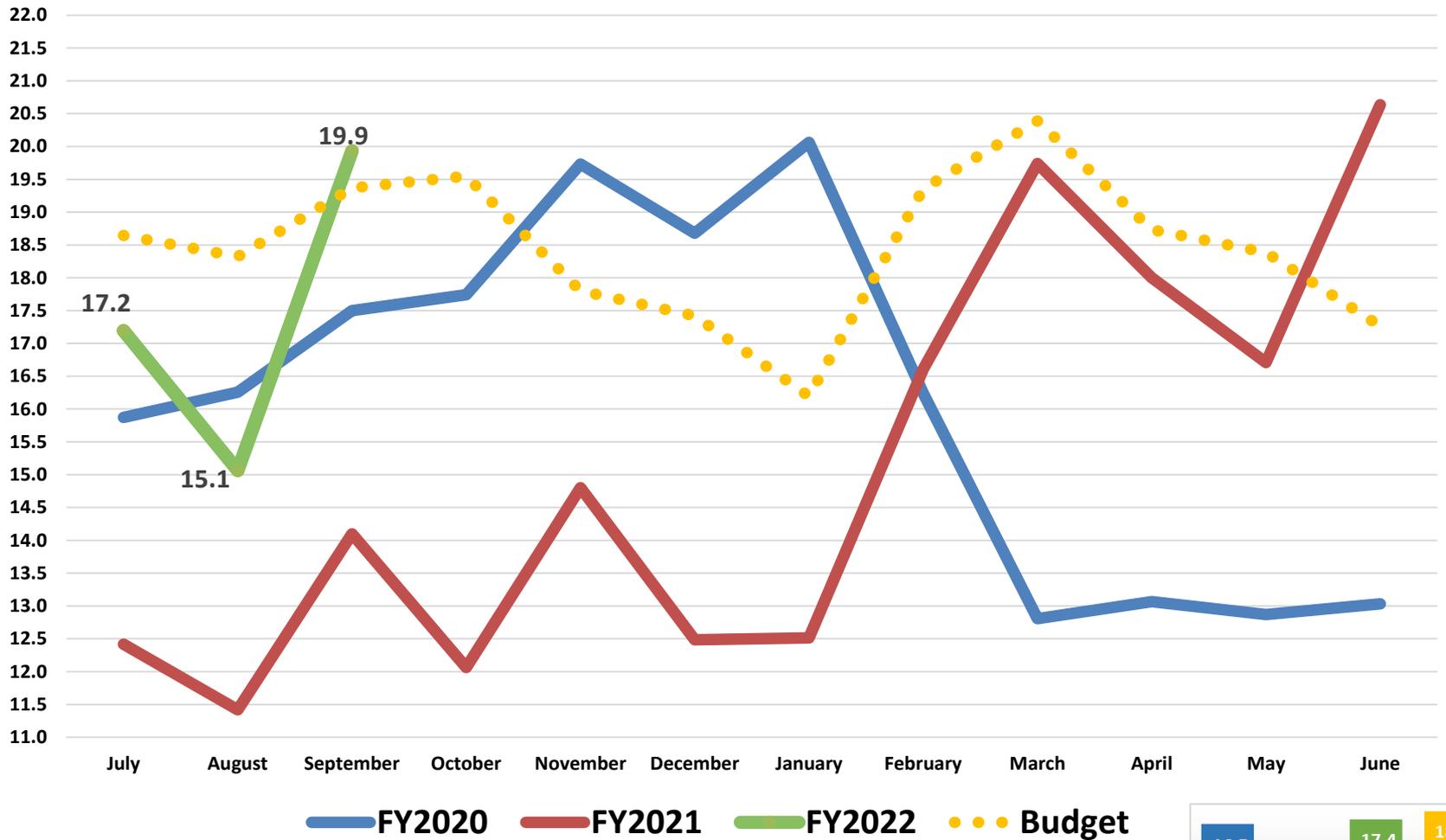
Sub-Acute - Avg. Patients Per Day



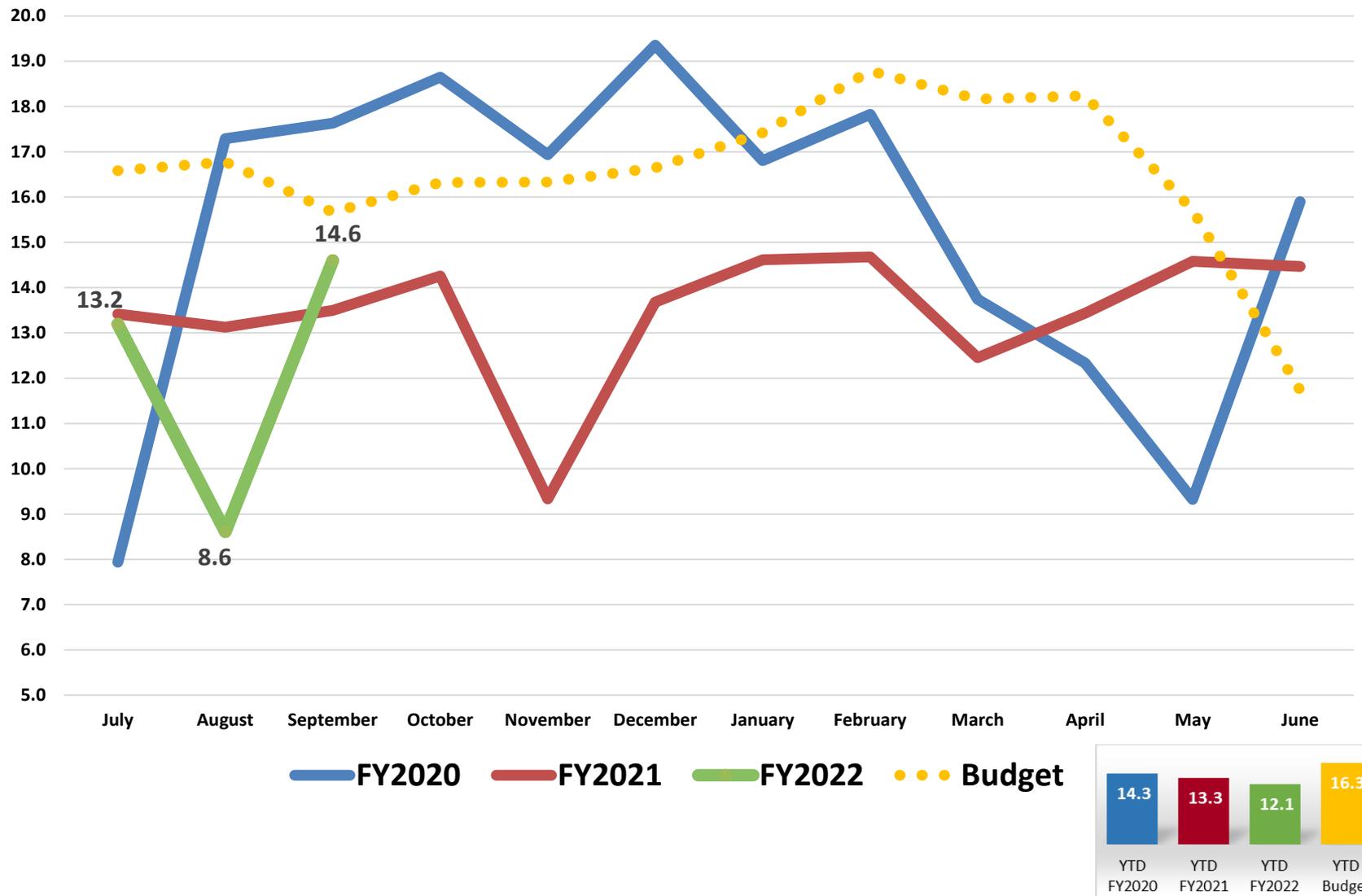
—●— **FY2020**
 —●— **FY2021**
 —●— **FY2022**
 ●●● **Budget**



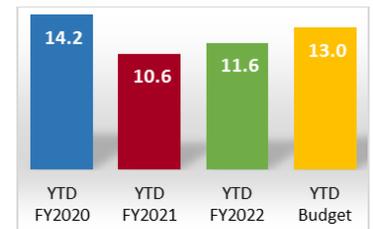
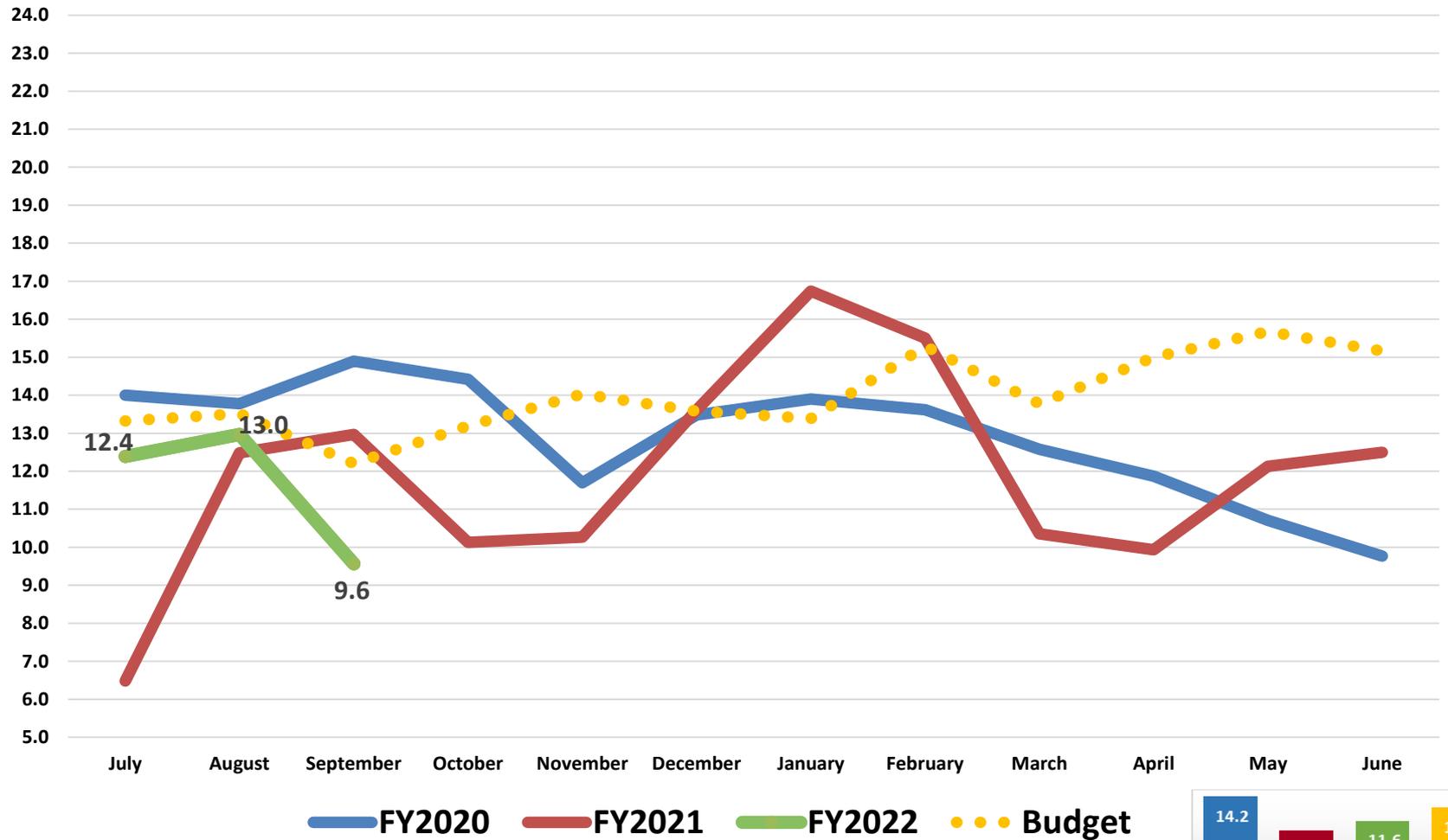
Rehabilitation Hospital - Avg. Patients Per Day



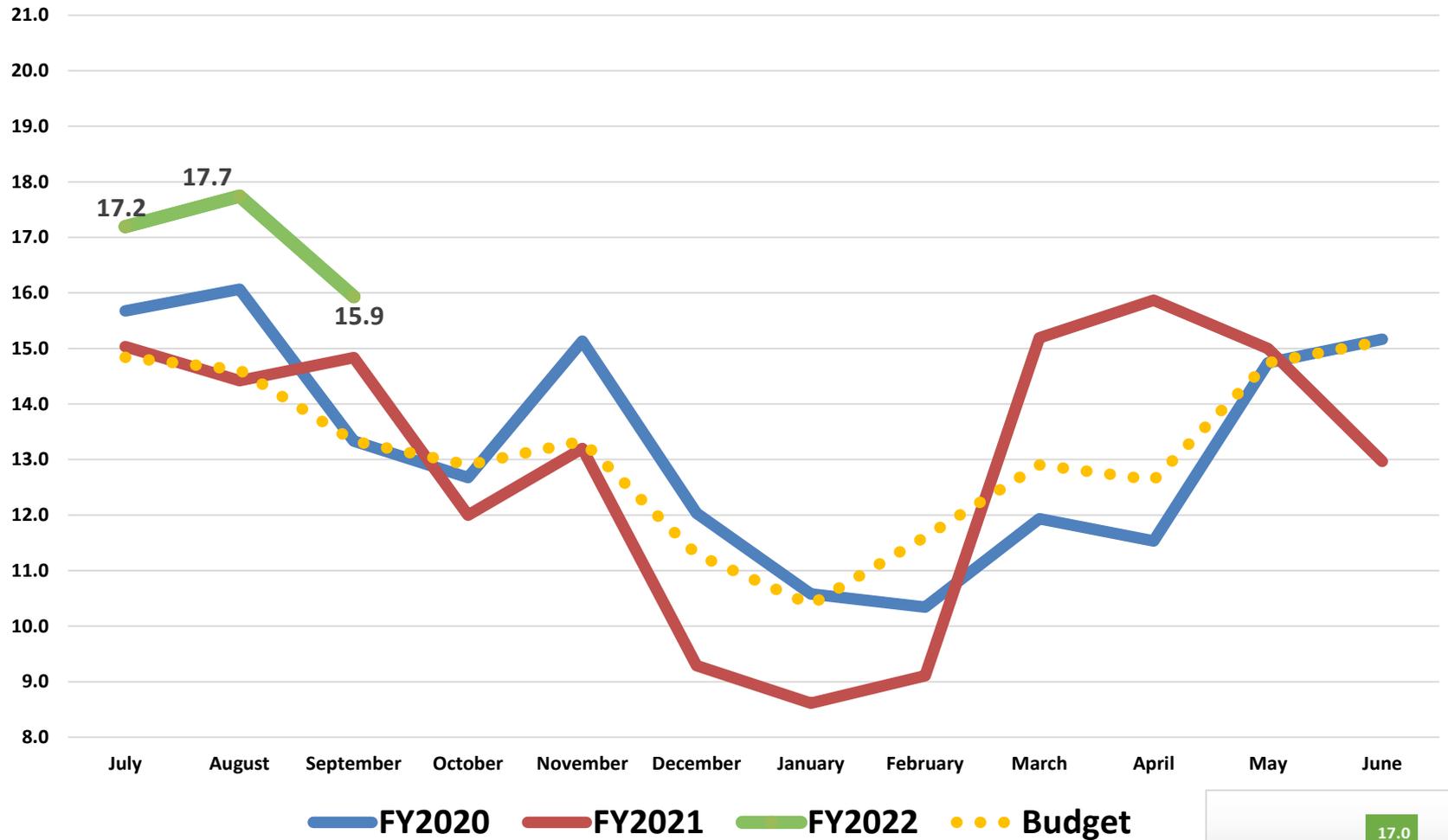
Transitional Care Services (TCS) - Avg. Patients Per Day



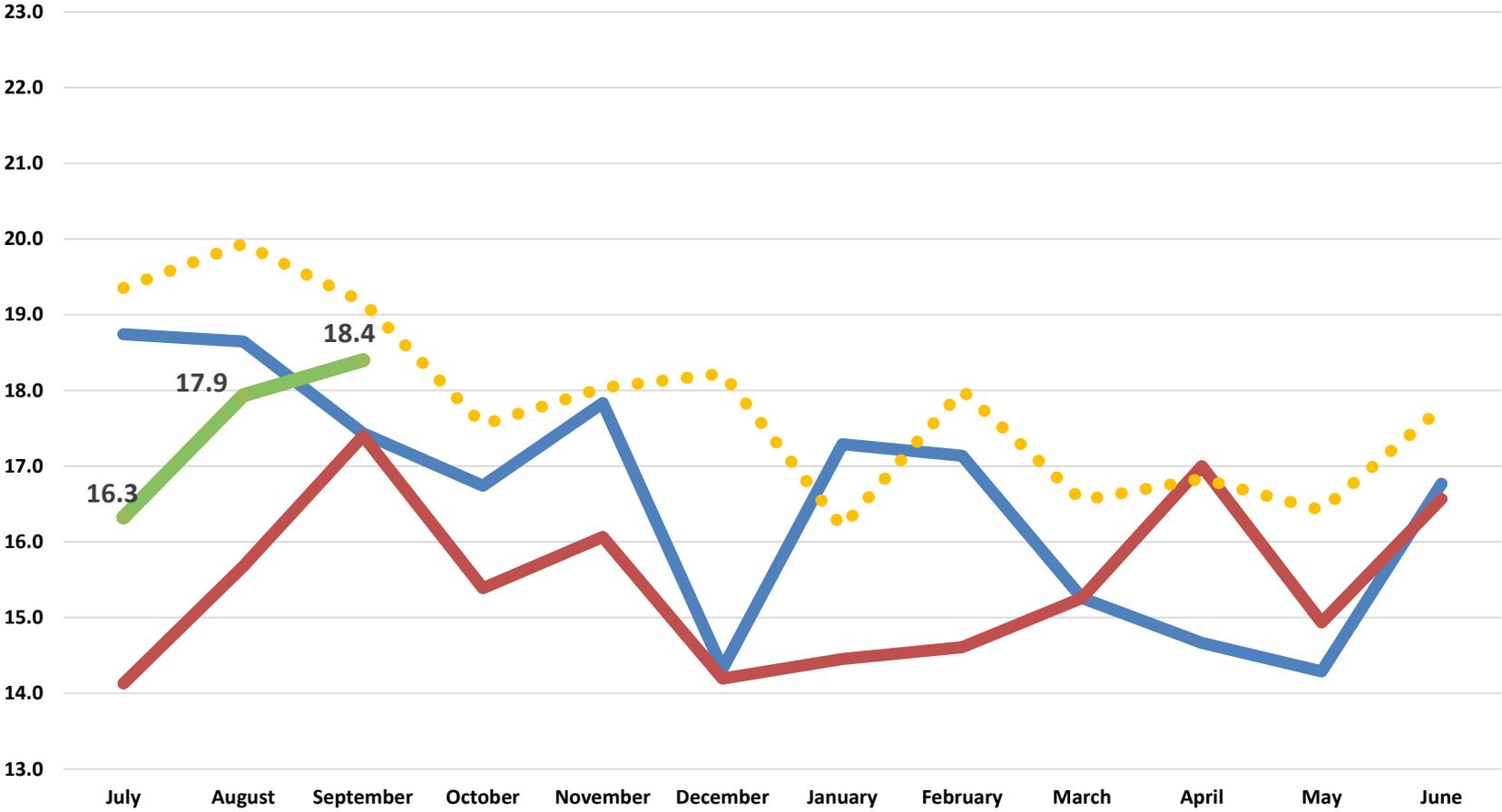
TCS Ortho - Avg. Patients Per Day



NICU - Avg. Patients Per Day



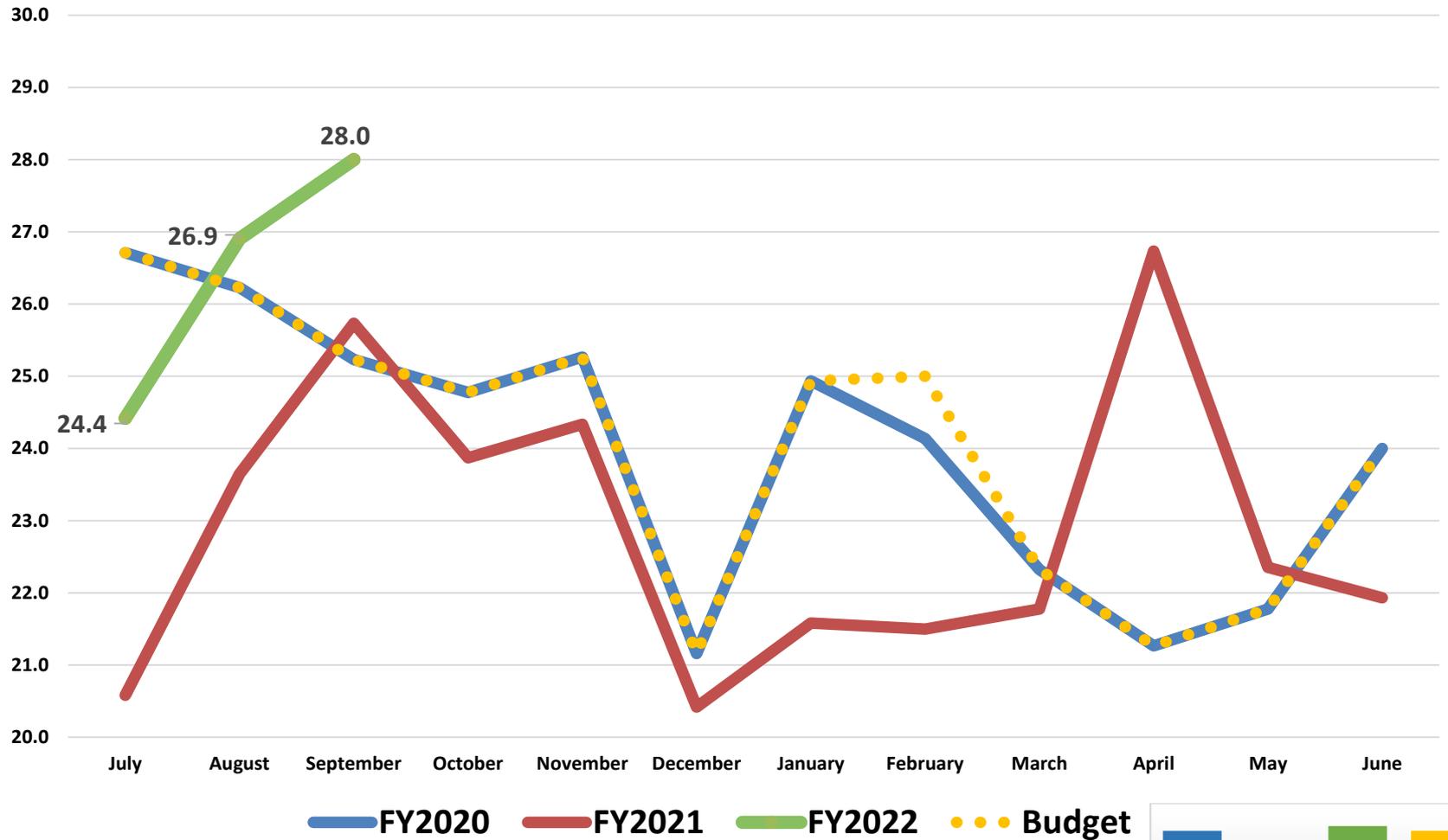
Nursery - Avg. Patients Per Day



— **FY2020**
 — **FY2021**
 — **FY2022**
 ●●● **Budget**

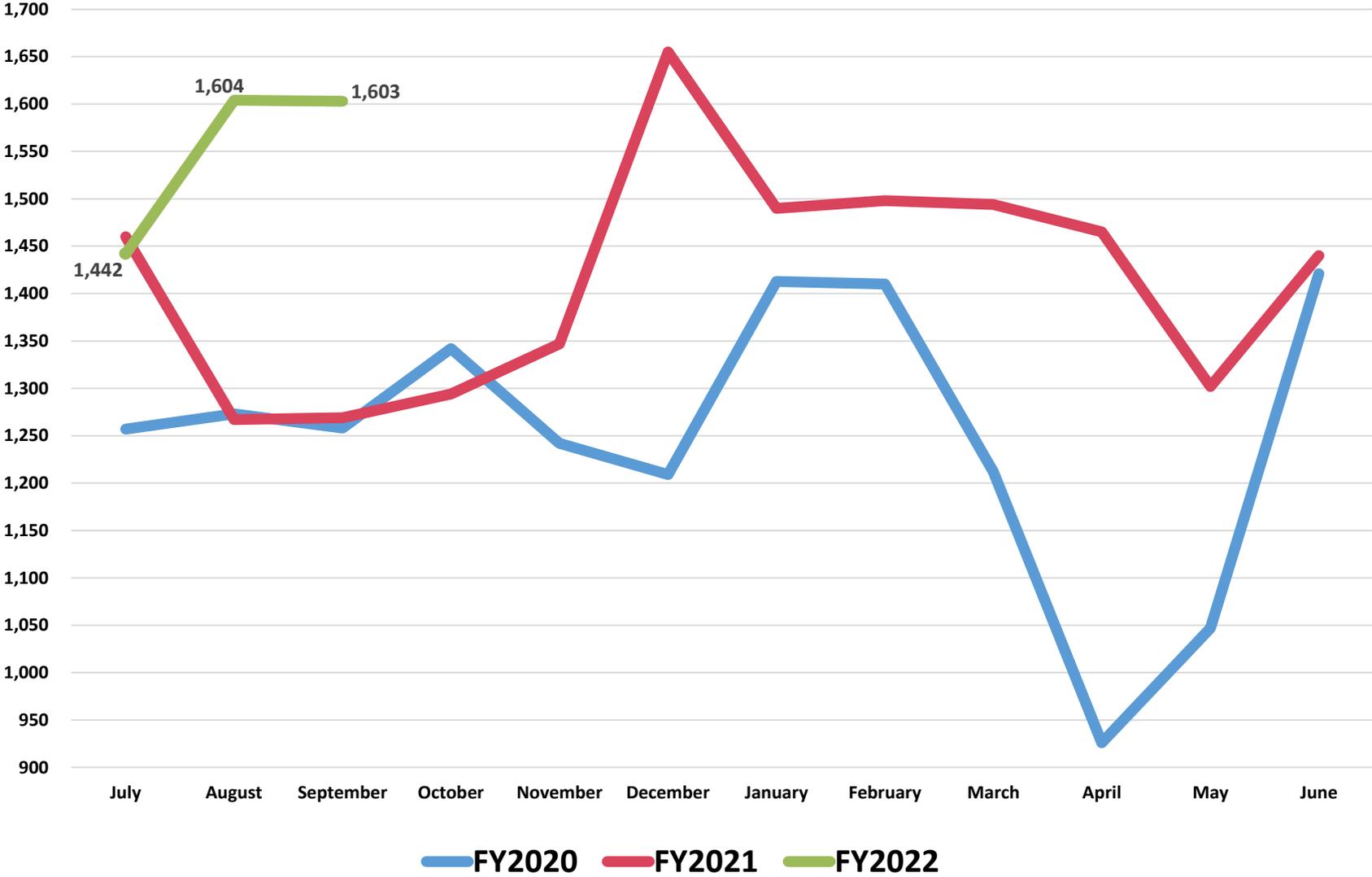
18.3	15.7	17.6	19.5
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Obstetrics - Avg. Patients Per Day

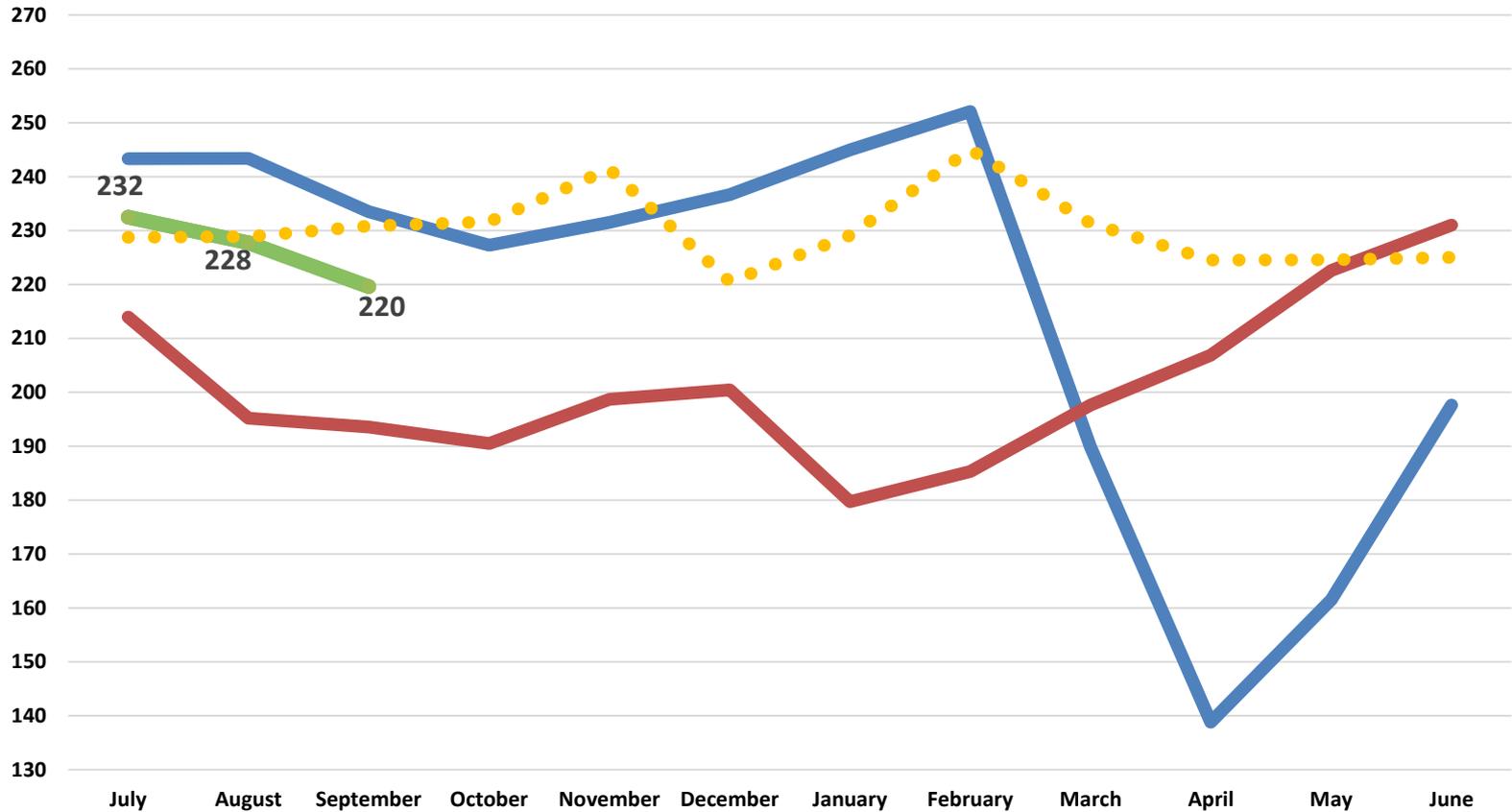


26.1	23.3	26.4	26.1
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Outpatient Registrations per Day



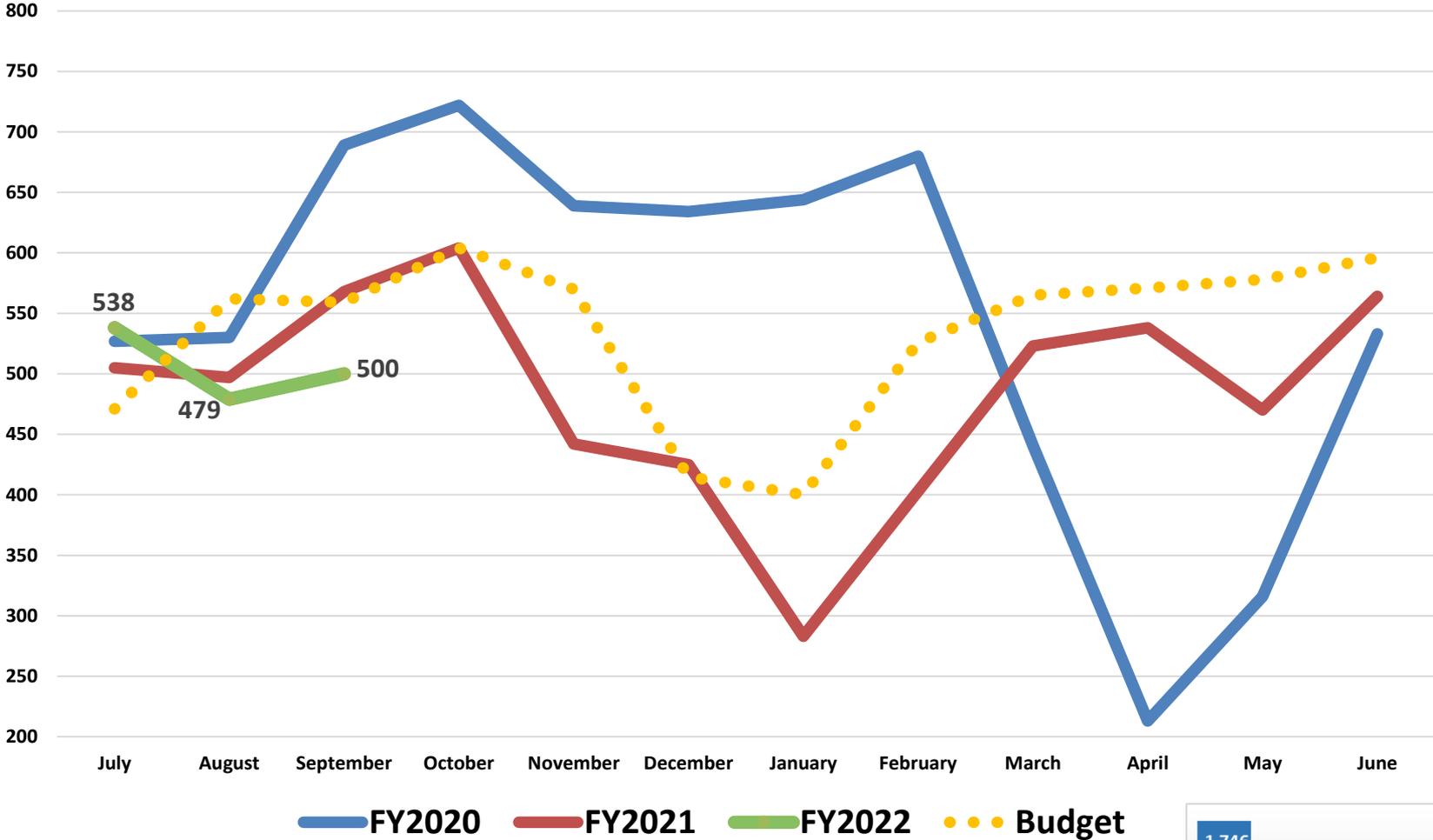
Emergency Dept – Avg Treated Per Day



—●— **FY2020**
 —●— **FY2021**
 —●— **FY2022**
 ●●● **Budget**

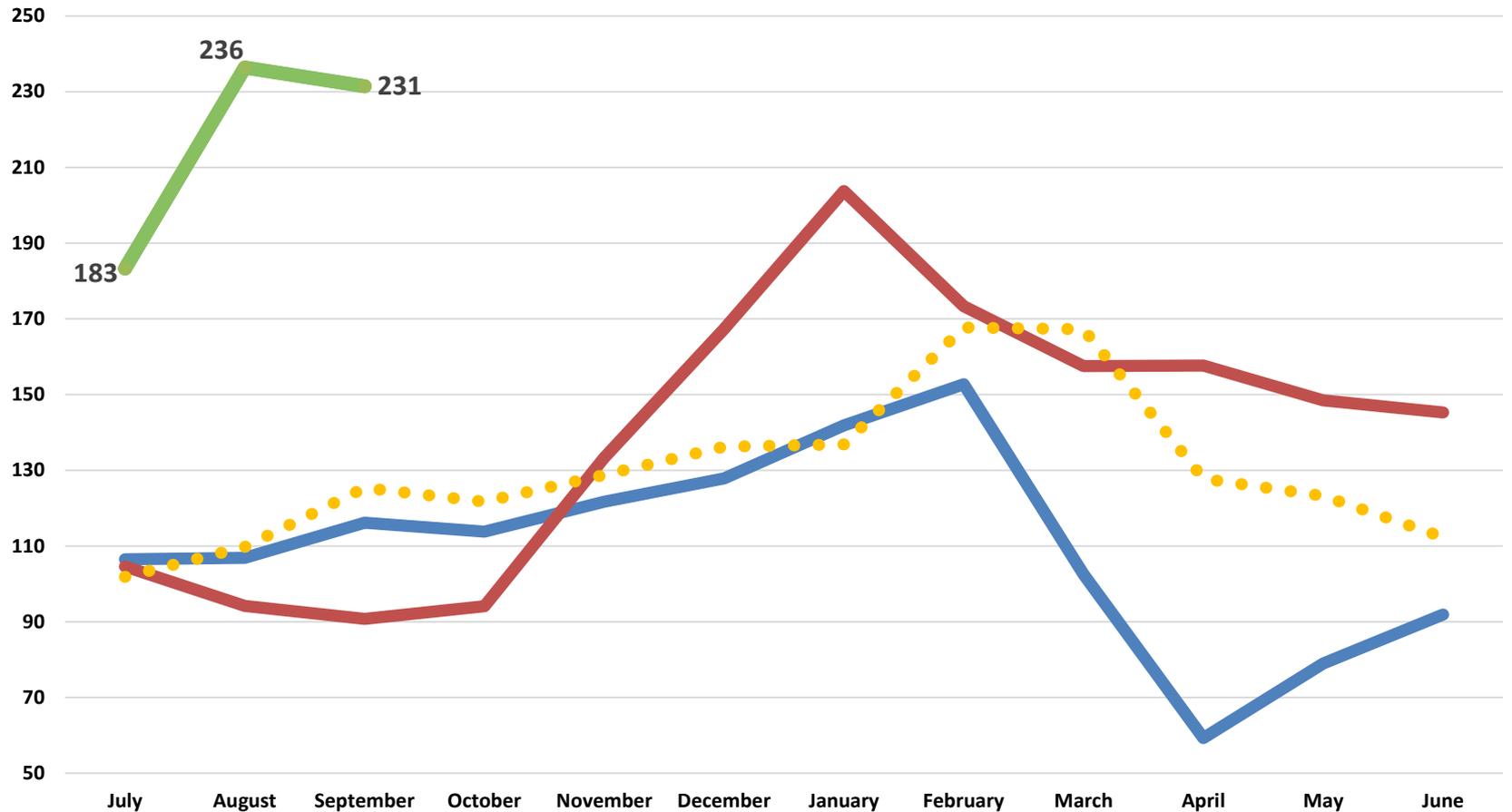


Endoscopy Procedures



1,746	1,570	1,517	1,592
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

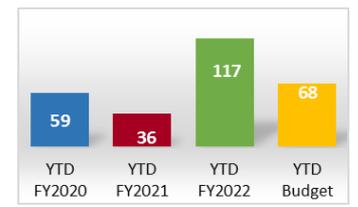
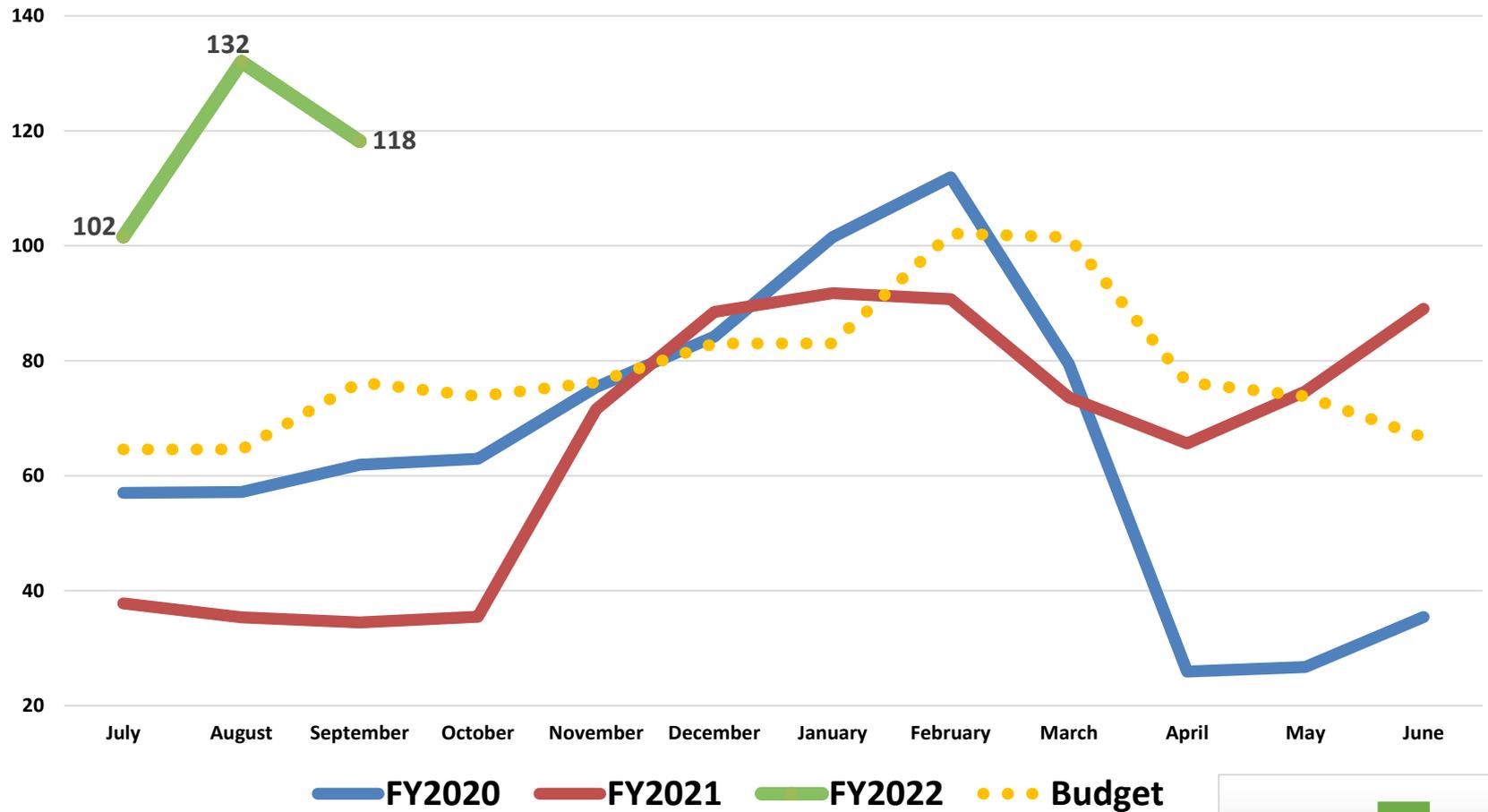
Urgent Care – Court Average Visits Per Day



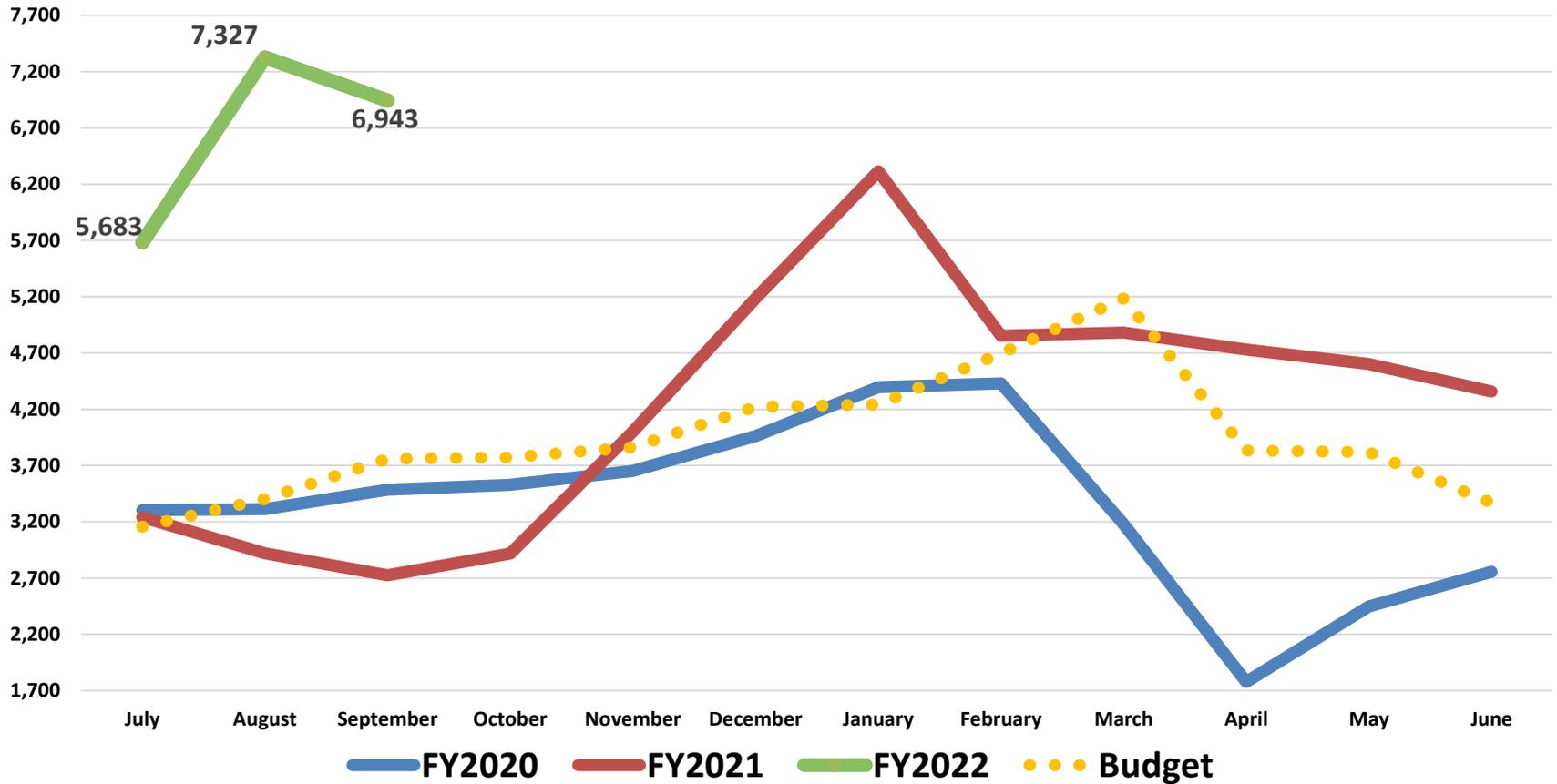
—●— **FY2020**
 —●— **FY2021**
 —●— **FY2022**
 ●●● **Budget**

110	97	217	112
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Urgent Care – Demaree Average Visits Per Day

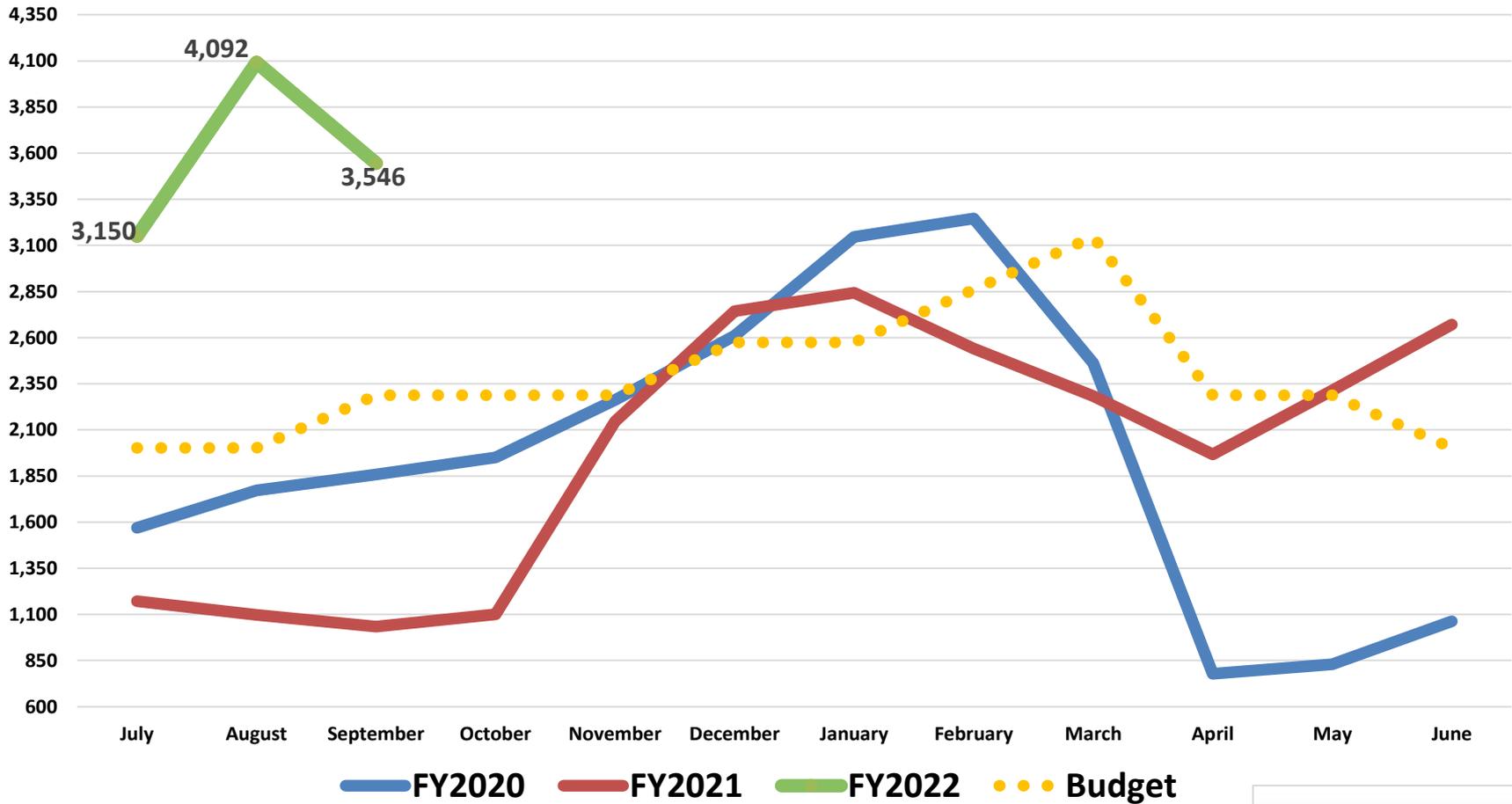


Urgent Care – Court Total Visits



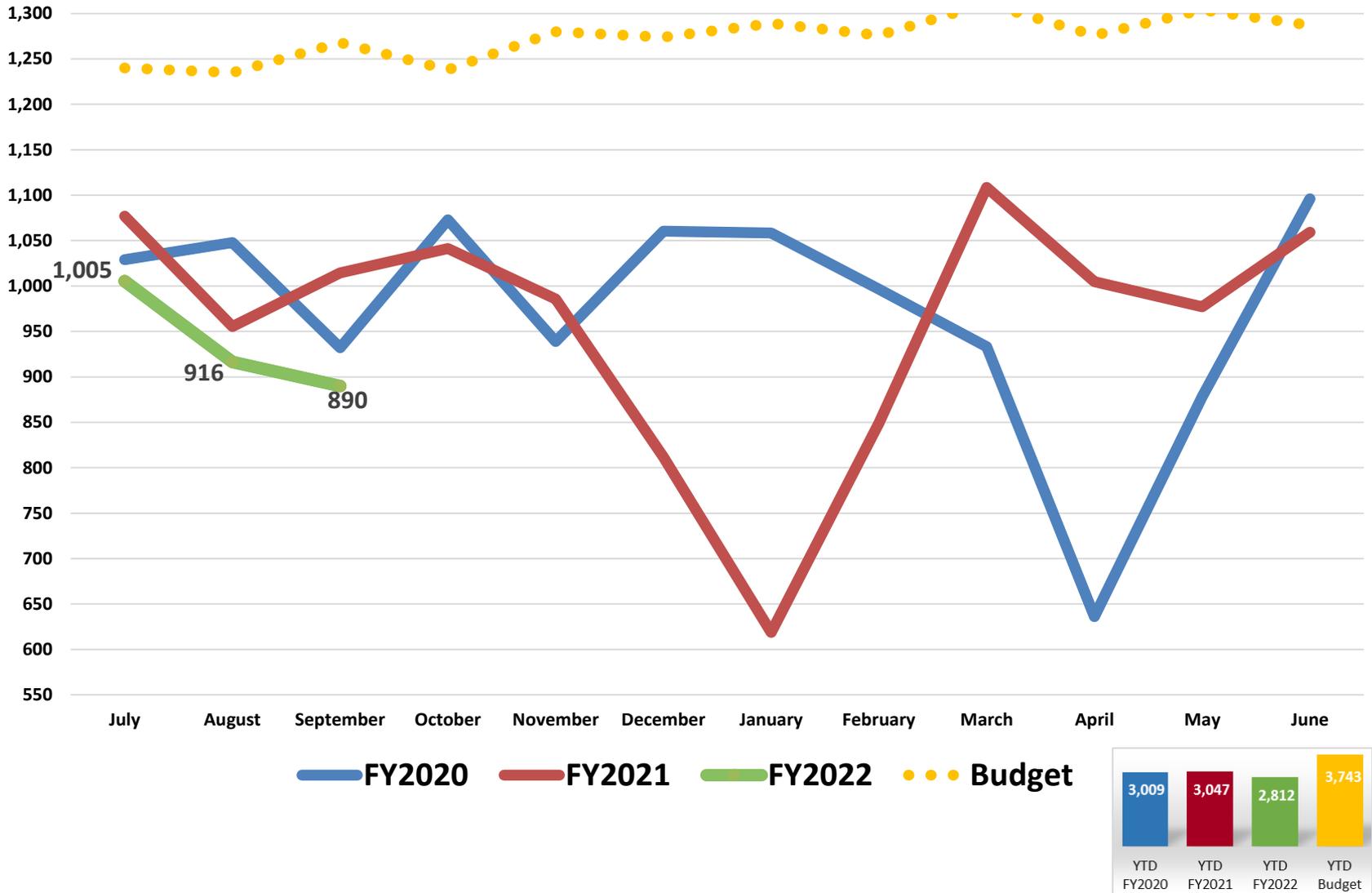
10,100	8,885	19,953	10,321
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Urgent Care – Demaree Total Visits

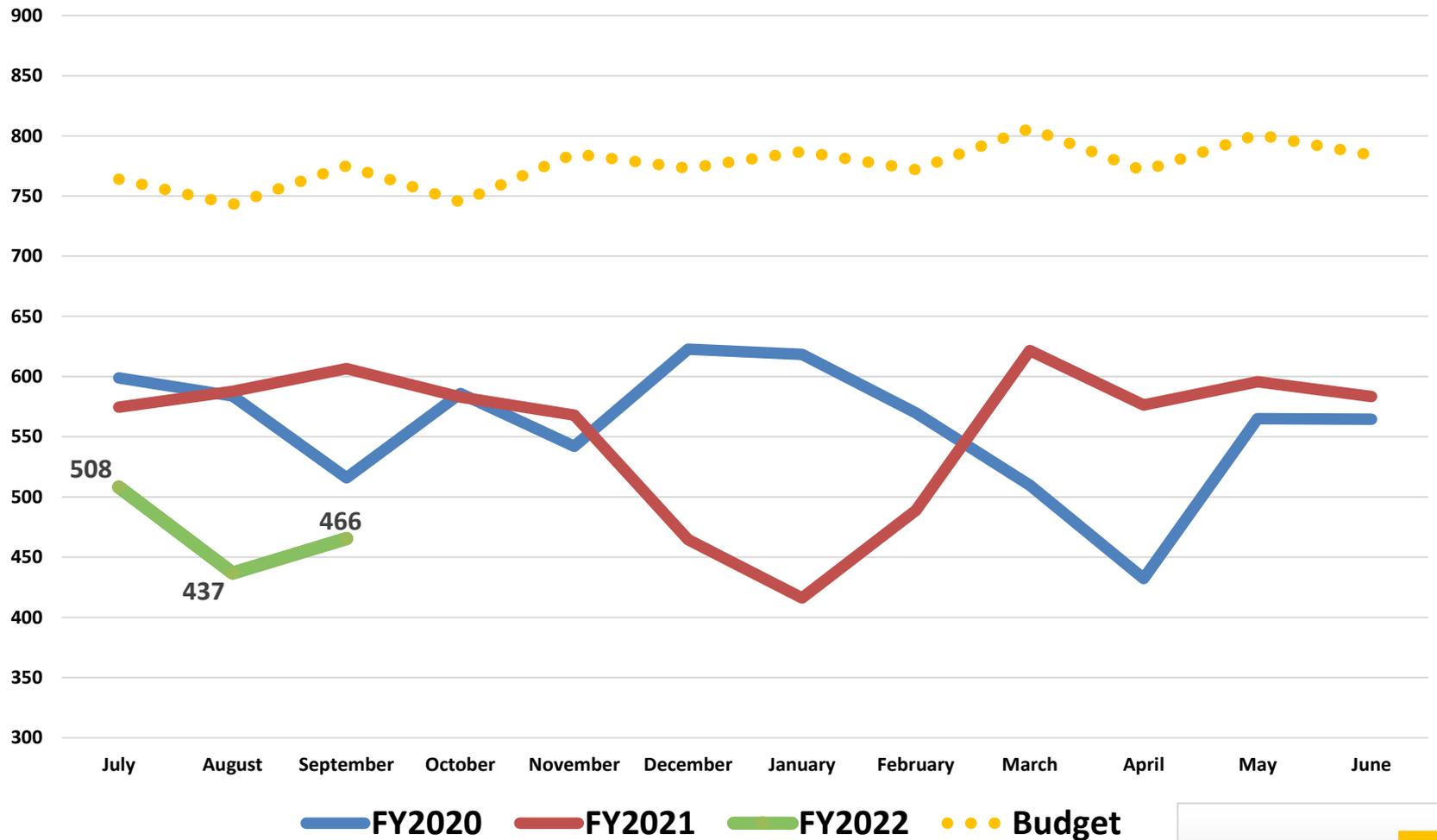


5,199	3,302	10,788	6,292
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Surgery (IP & OP) – 100 Min Units

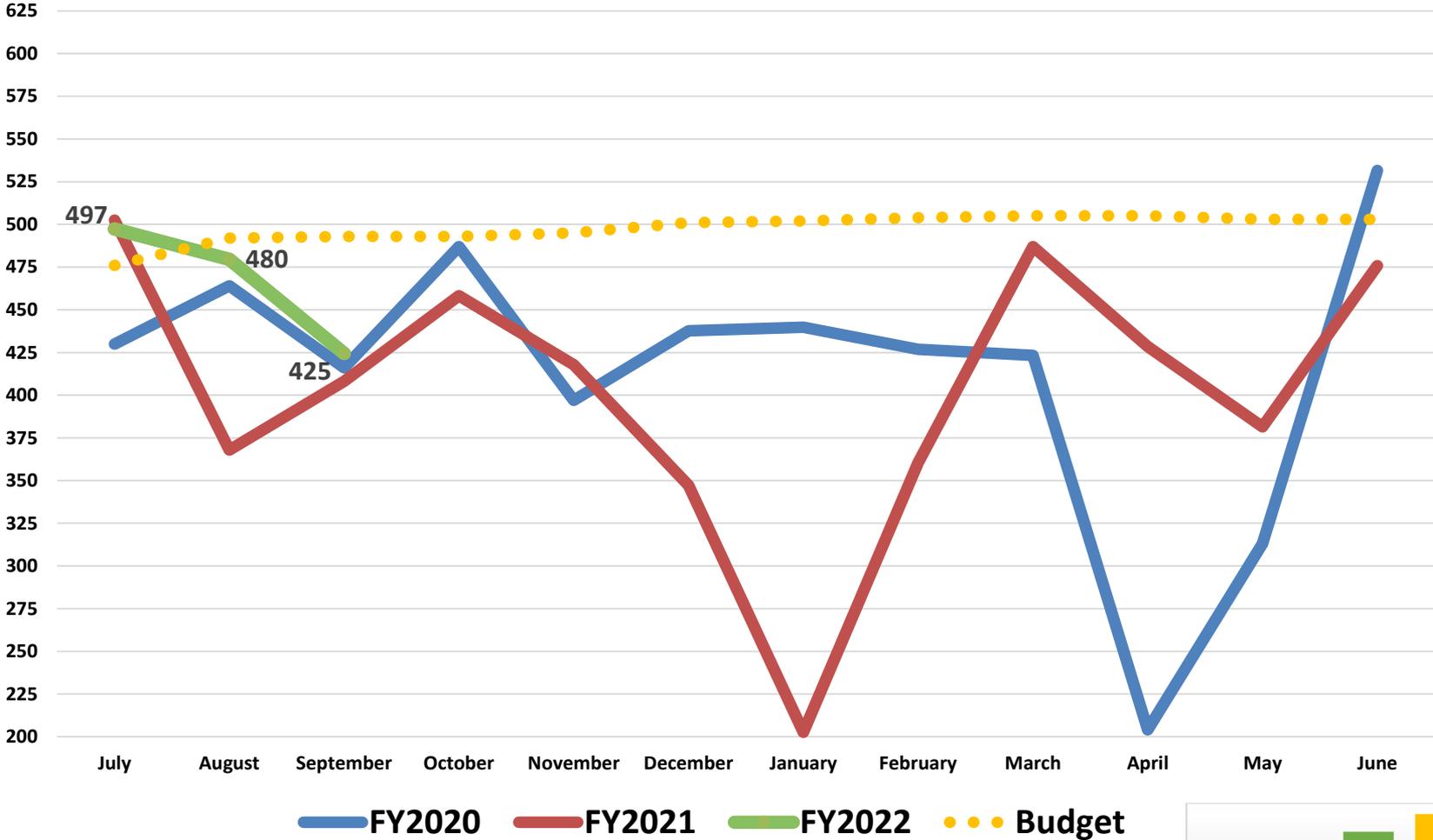


Surgery (IP Only) – 100 Min Units



1,699	1,769	1,410	2,282
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

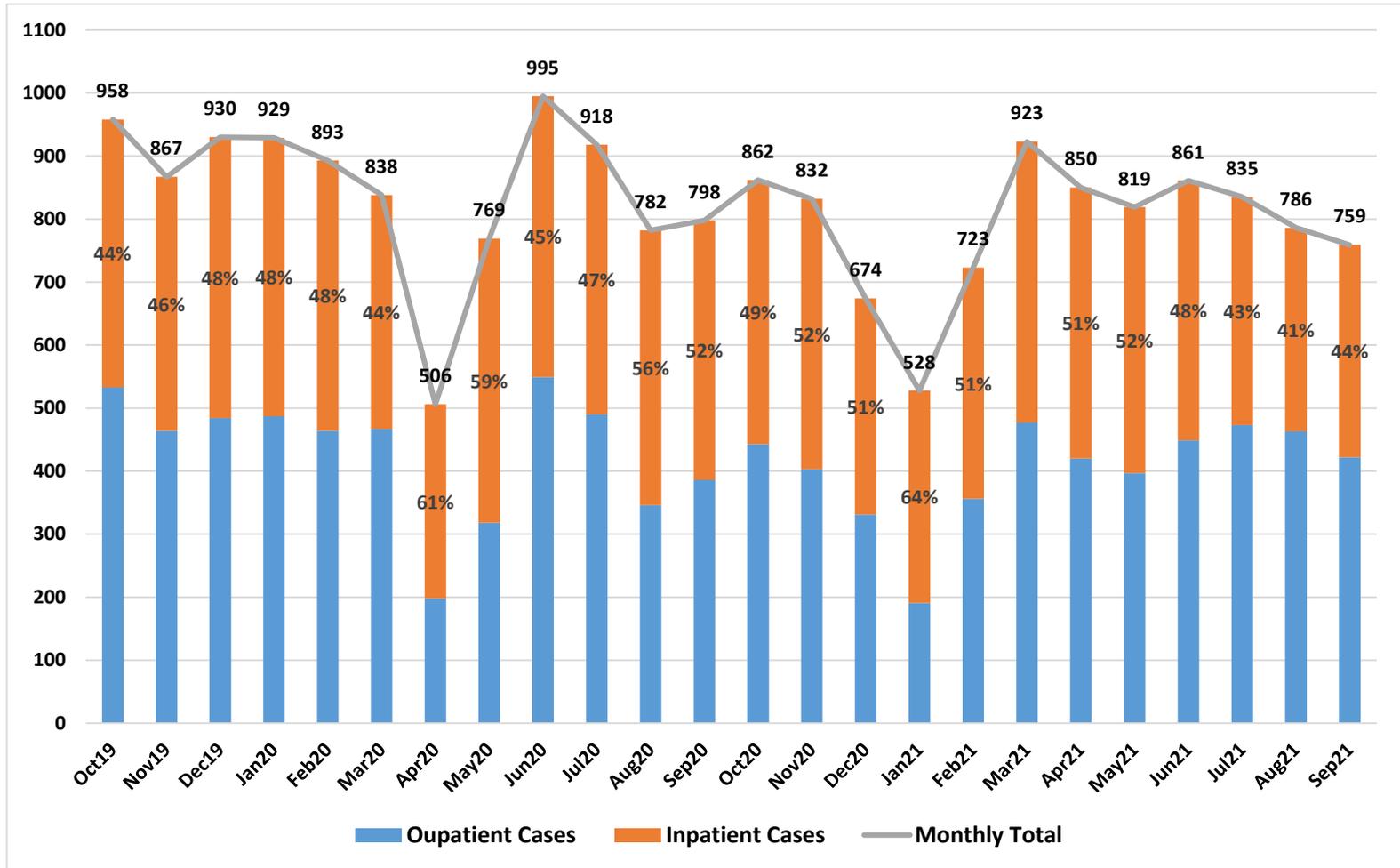
Surgery (OP Only) – 100 Min Units



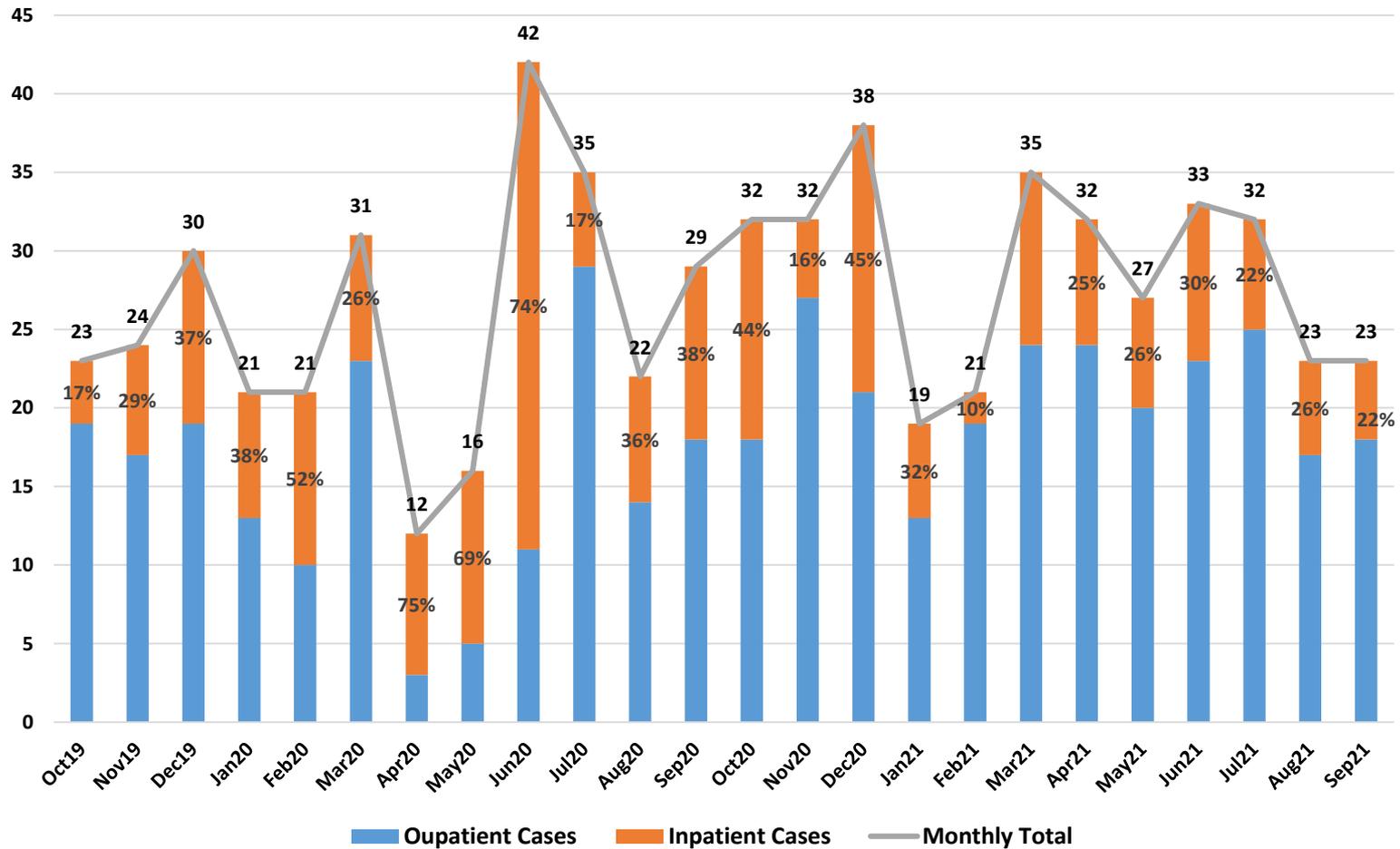
— FY2020
 — FY2021
 — FY2022
 ●●● Budget



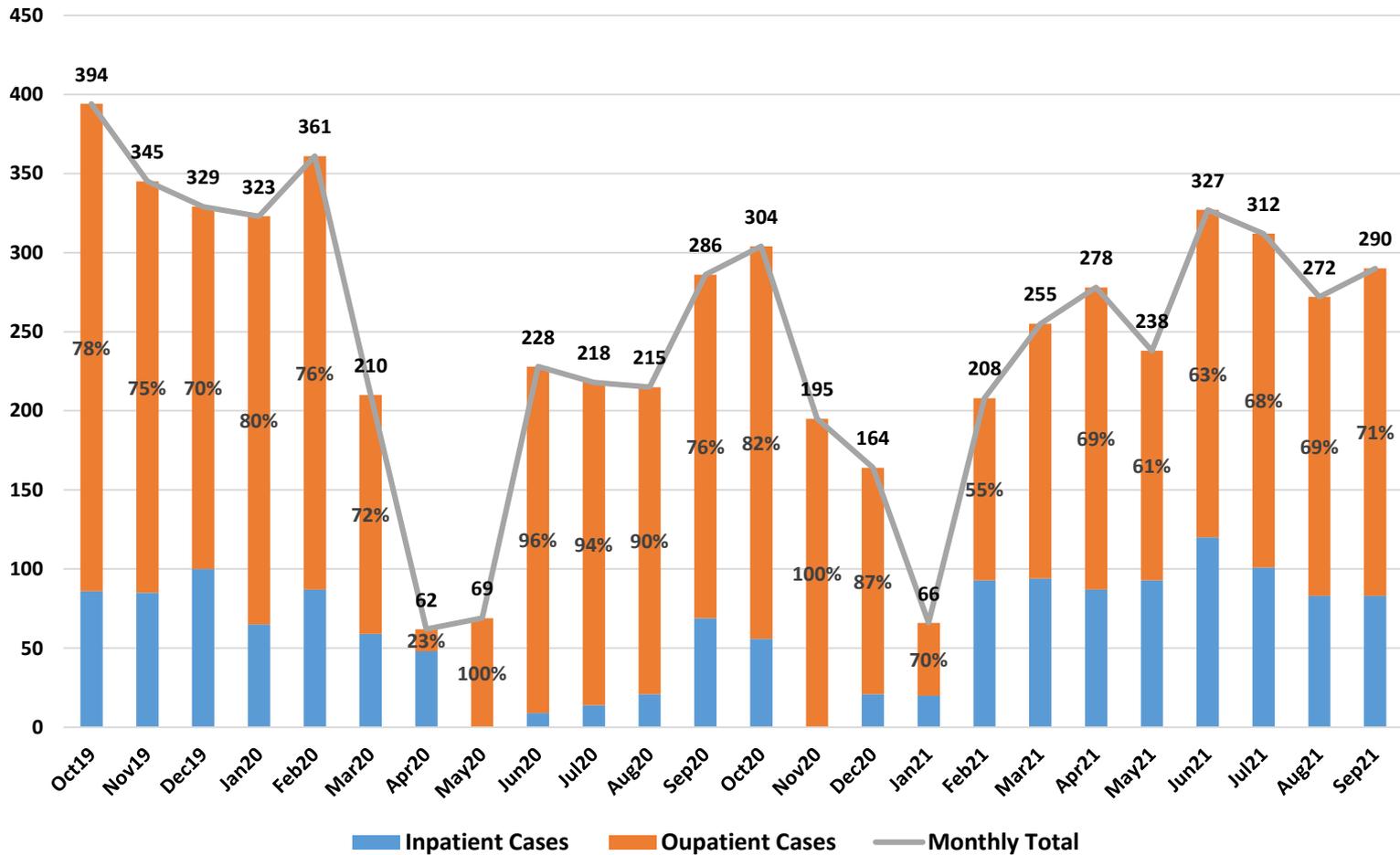
Surgery Cases



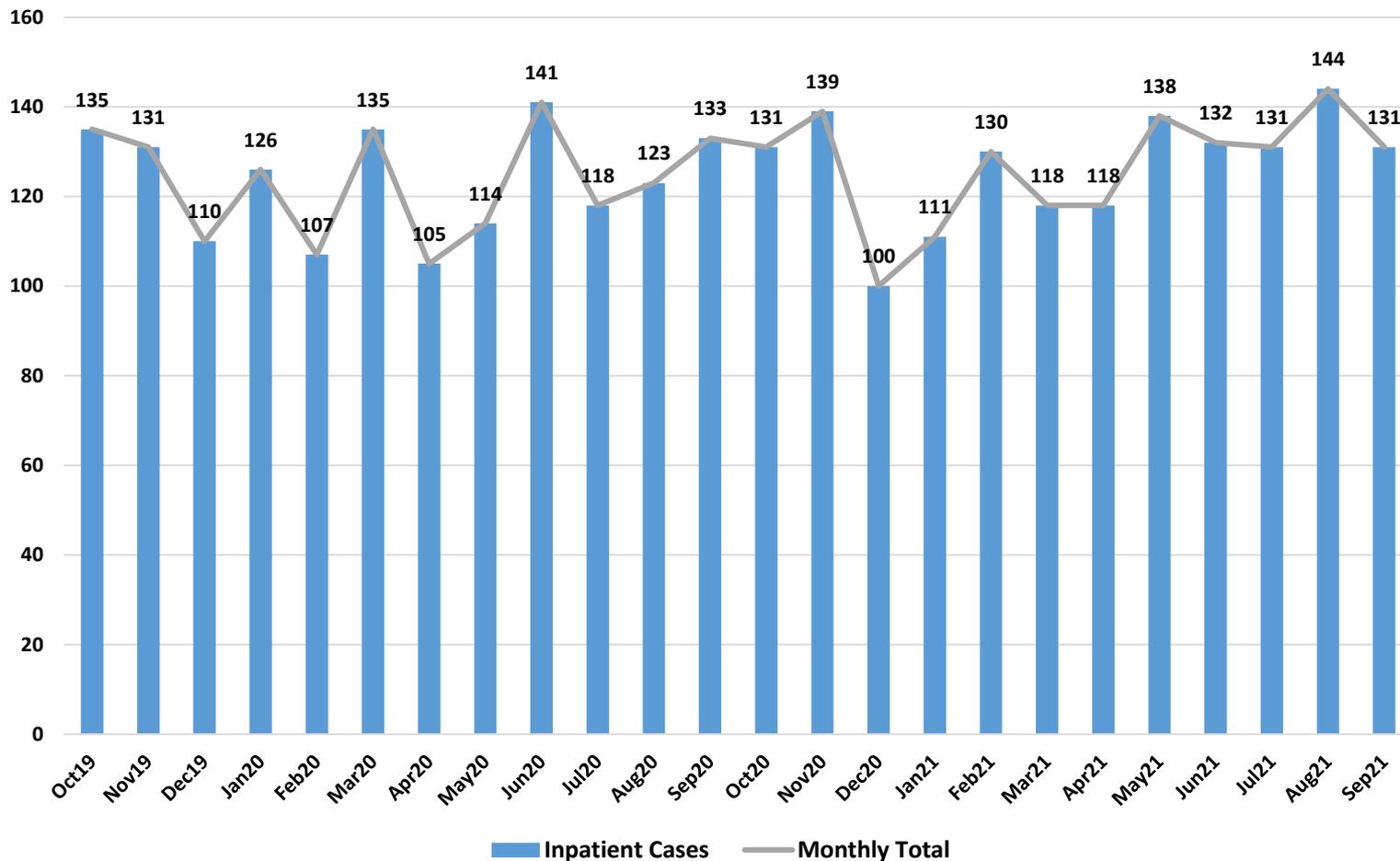
Robotic Cases



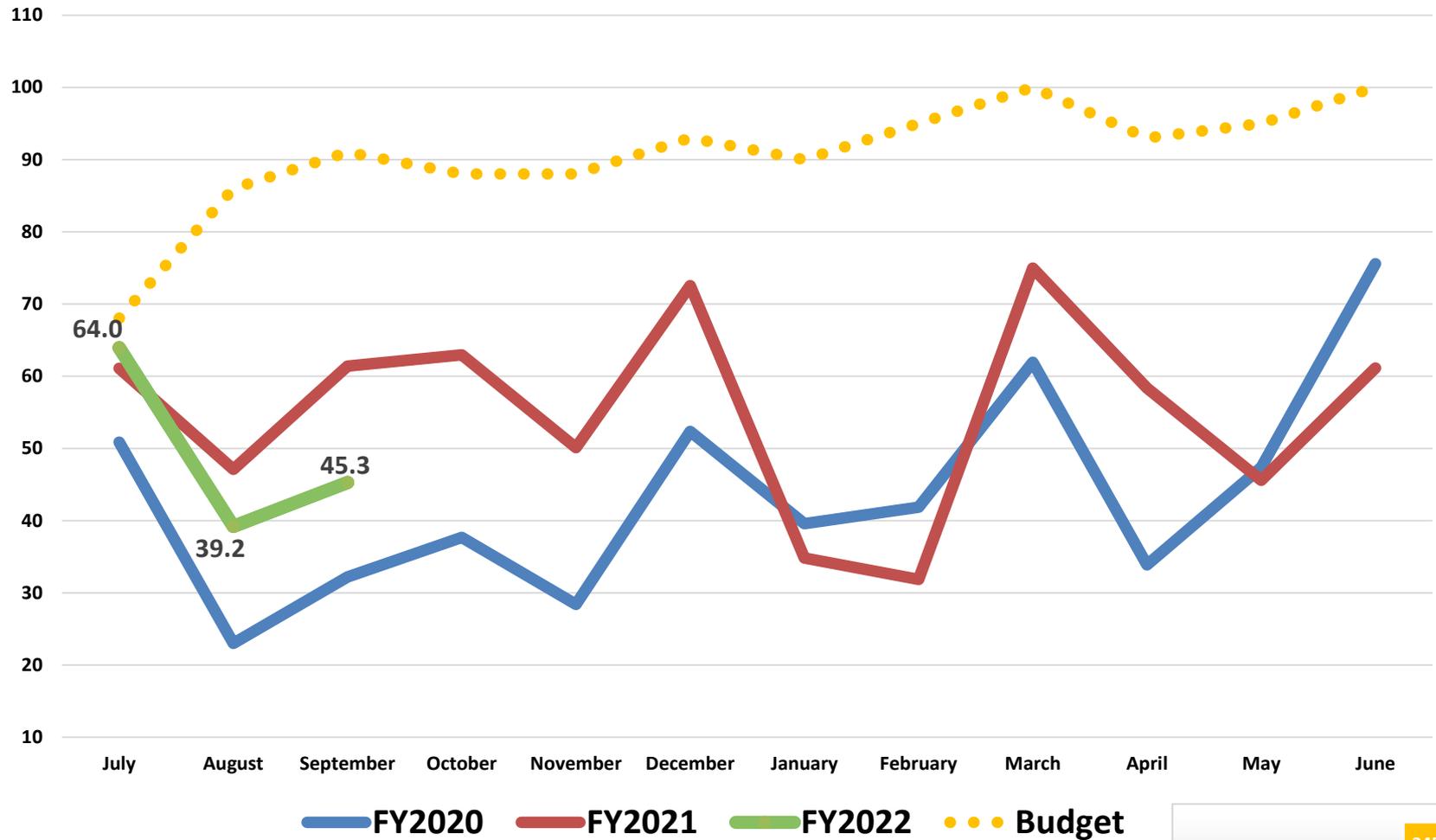
Endo Cases (Endo Suites)



OB Cases

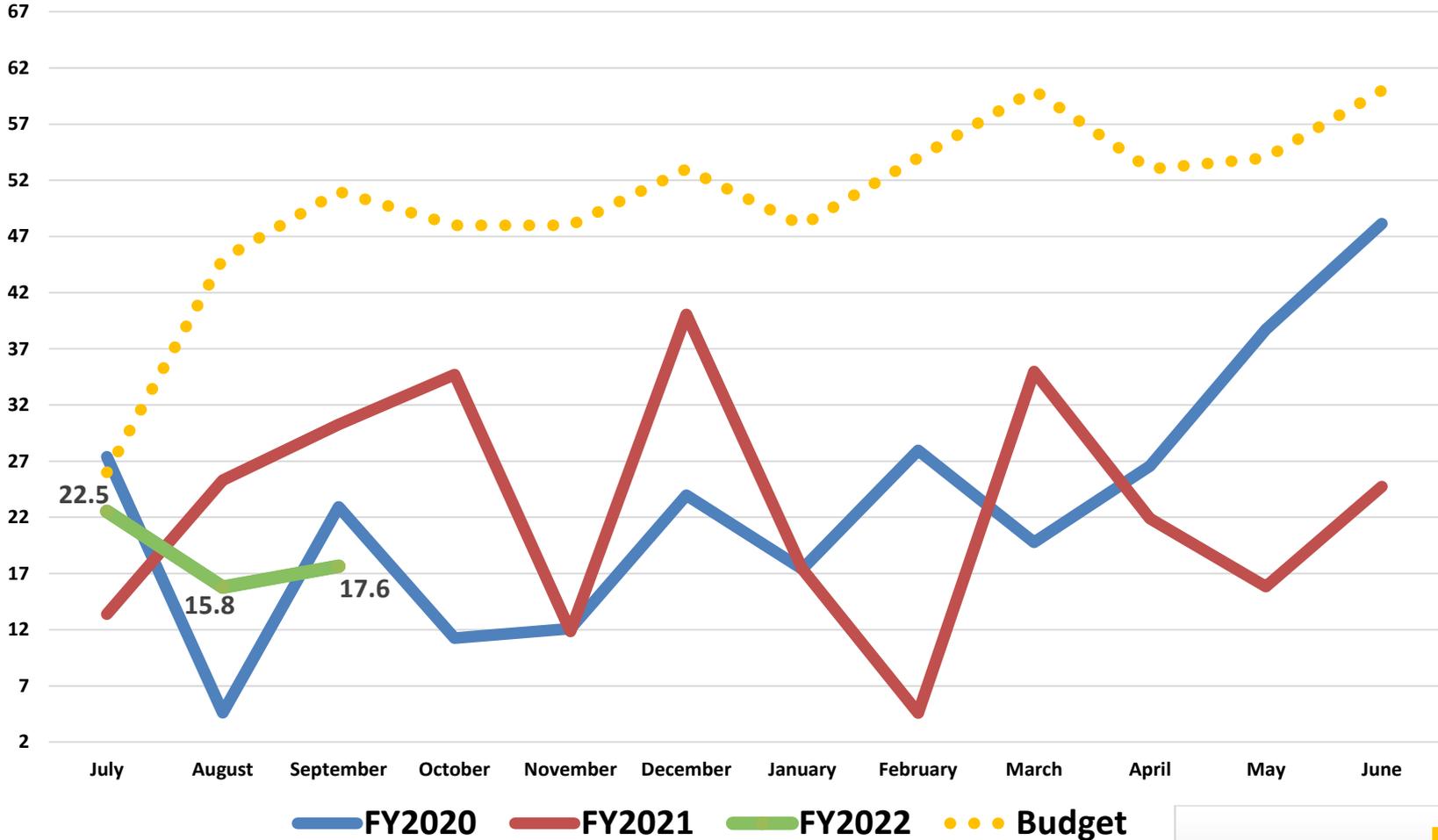


Robotic Surgery (IP & OP) – 100 Min Units



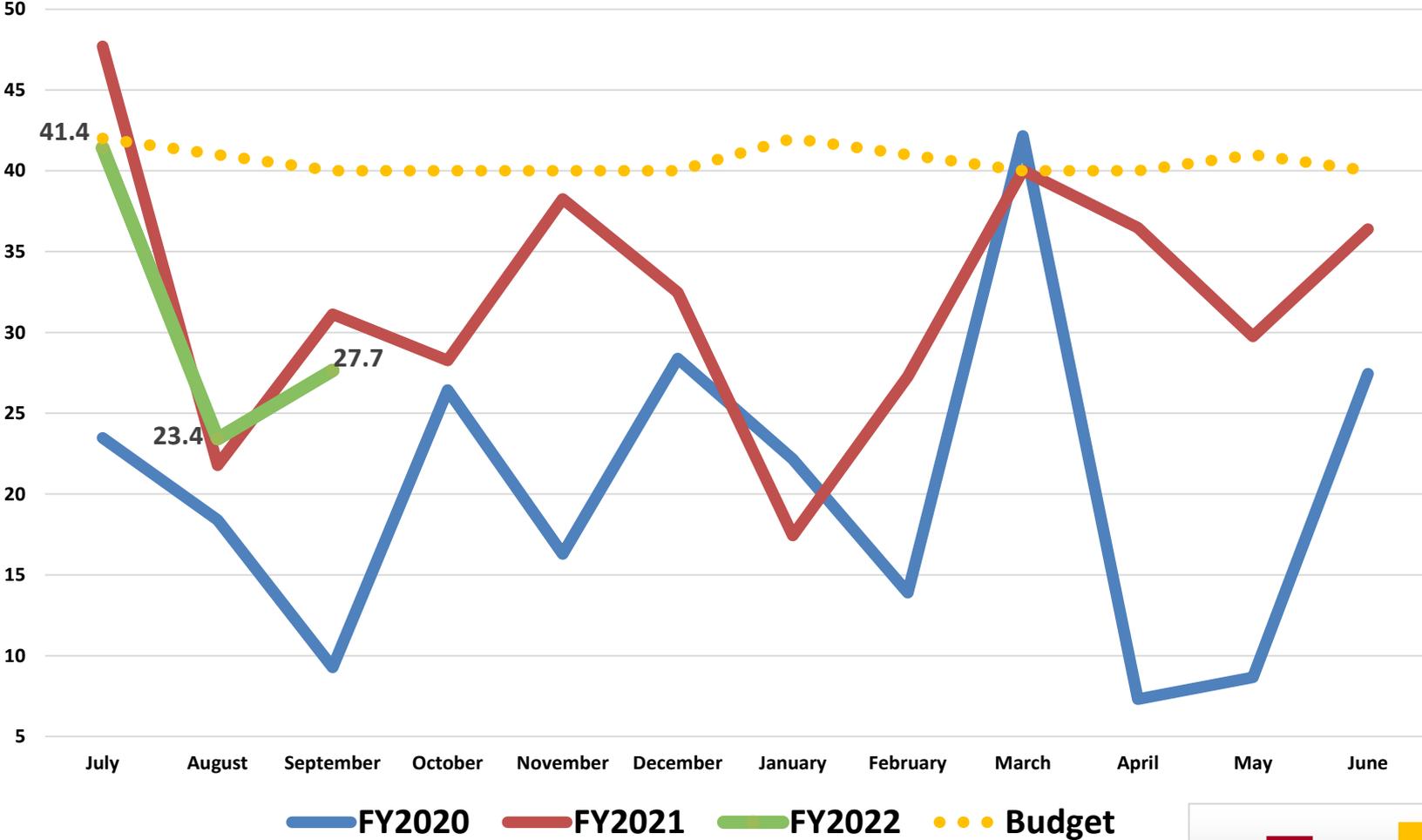
106.1	169.6	148.5	245.0
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Robotic Surgery (IP Only) – 100 Min Units



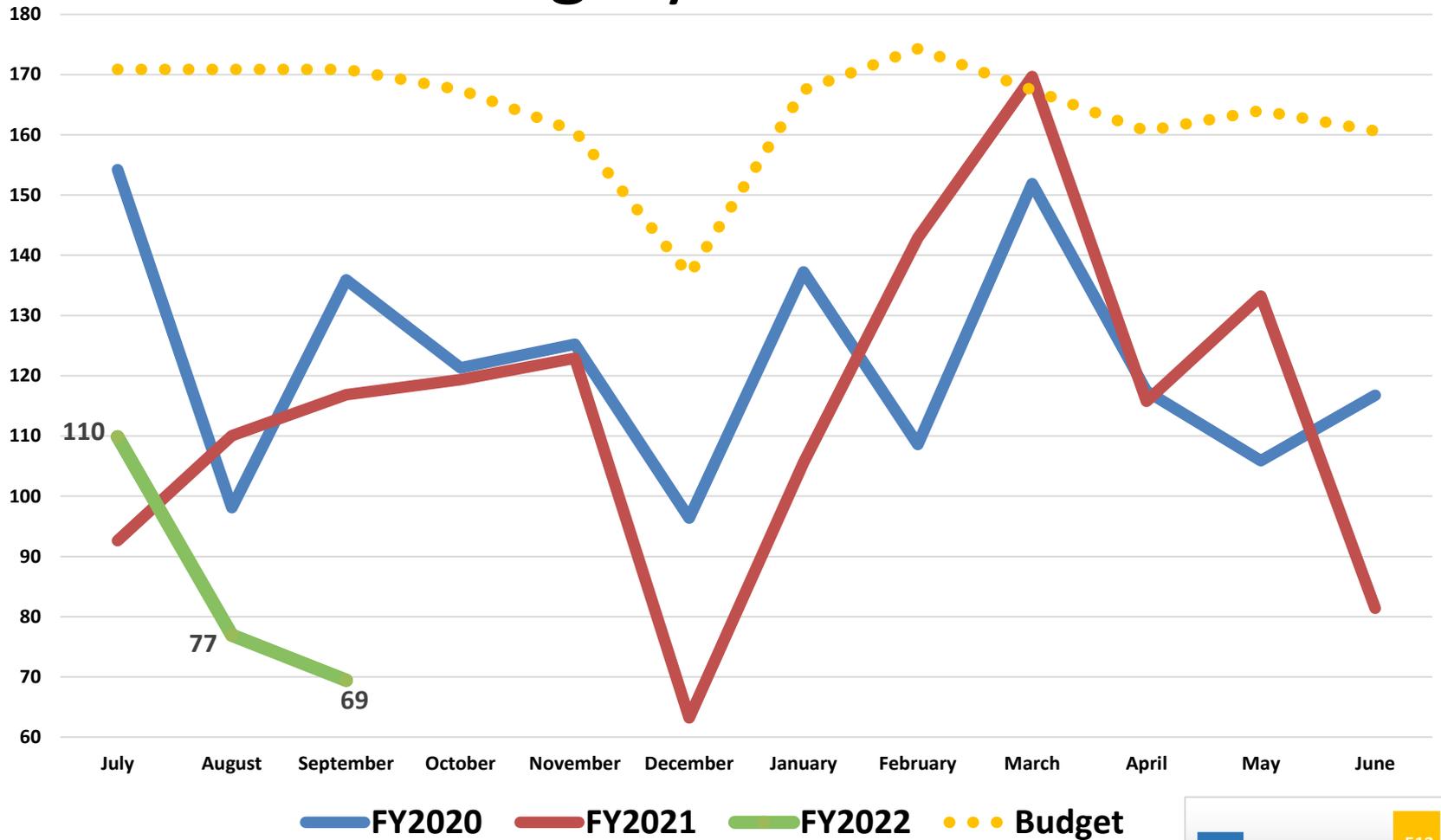
54.9	69.0	56.0	122.0
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Robotic Surgery (OP Only) – 100 Min Units



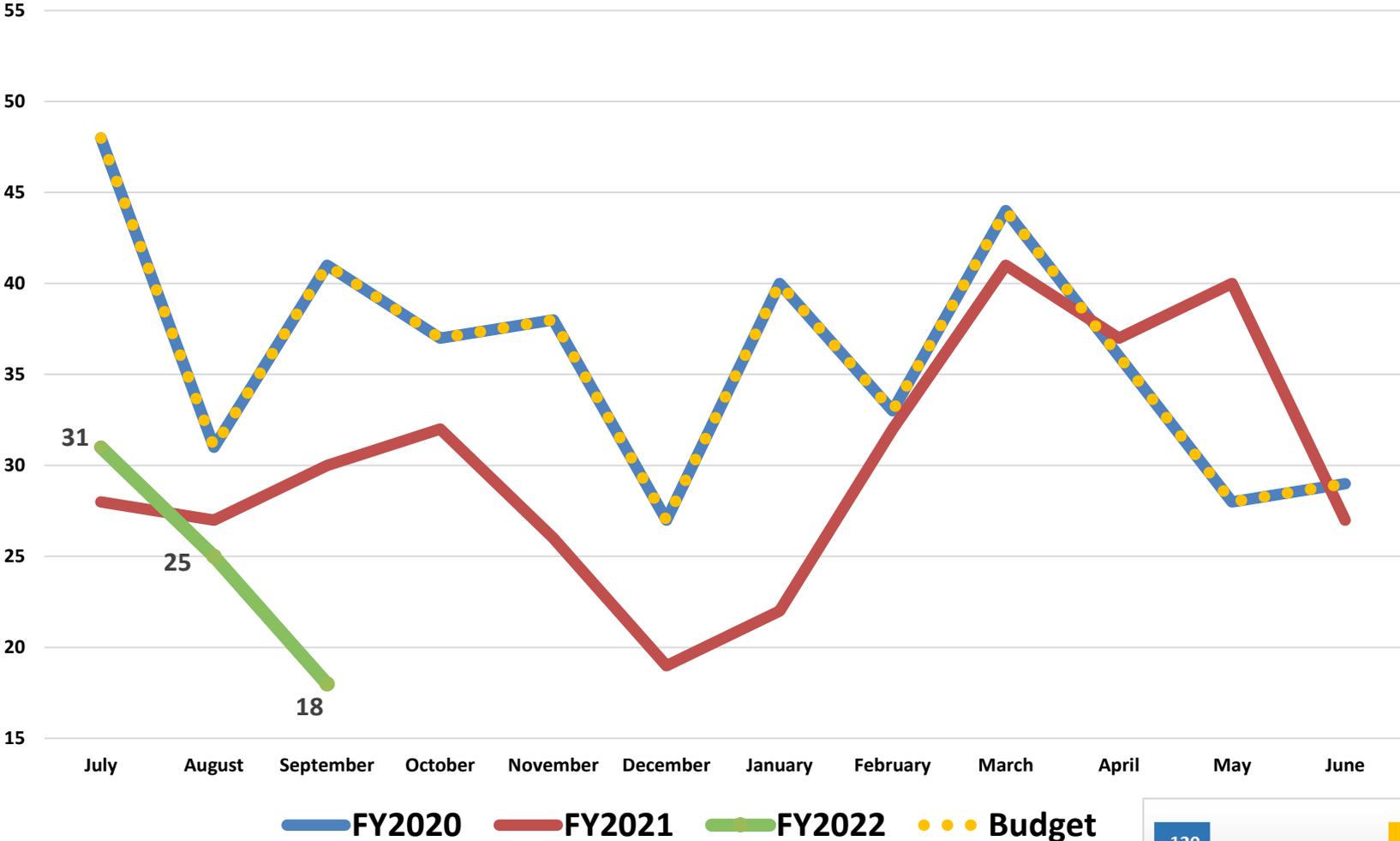
51.2	100.6	92.5	123.0
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Cardiac Surgery – 100 Min Units



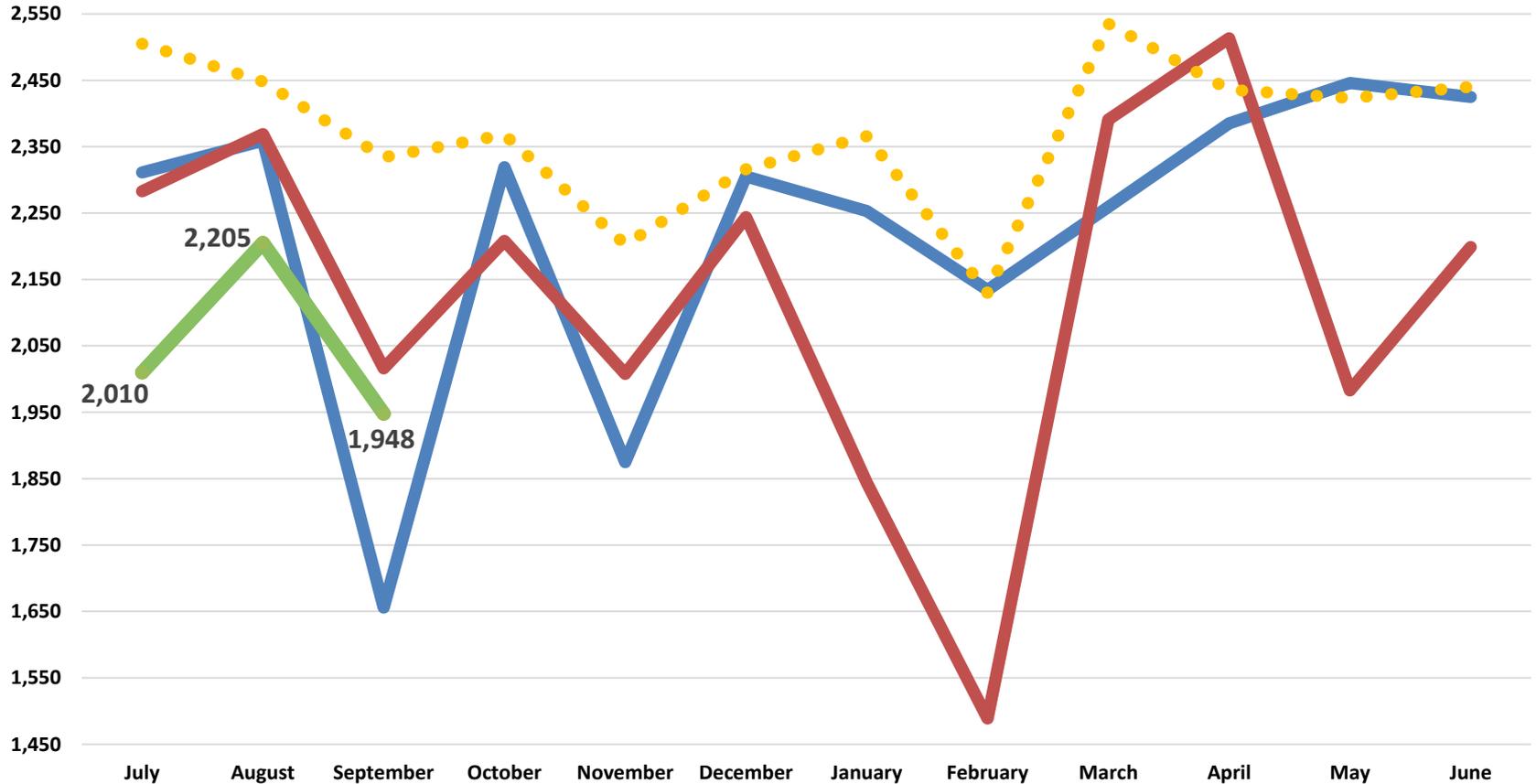
388	320	256	513
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Cardiac Surgery – Cases



Radiation Oncology Treatments

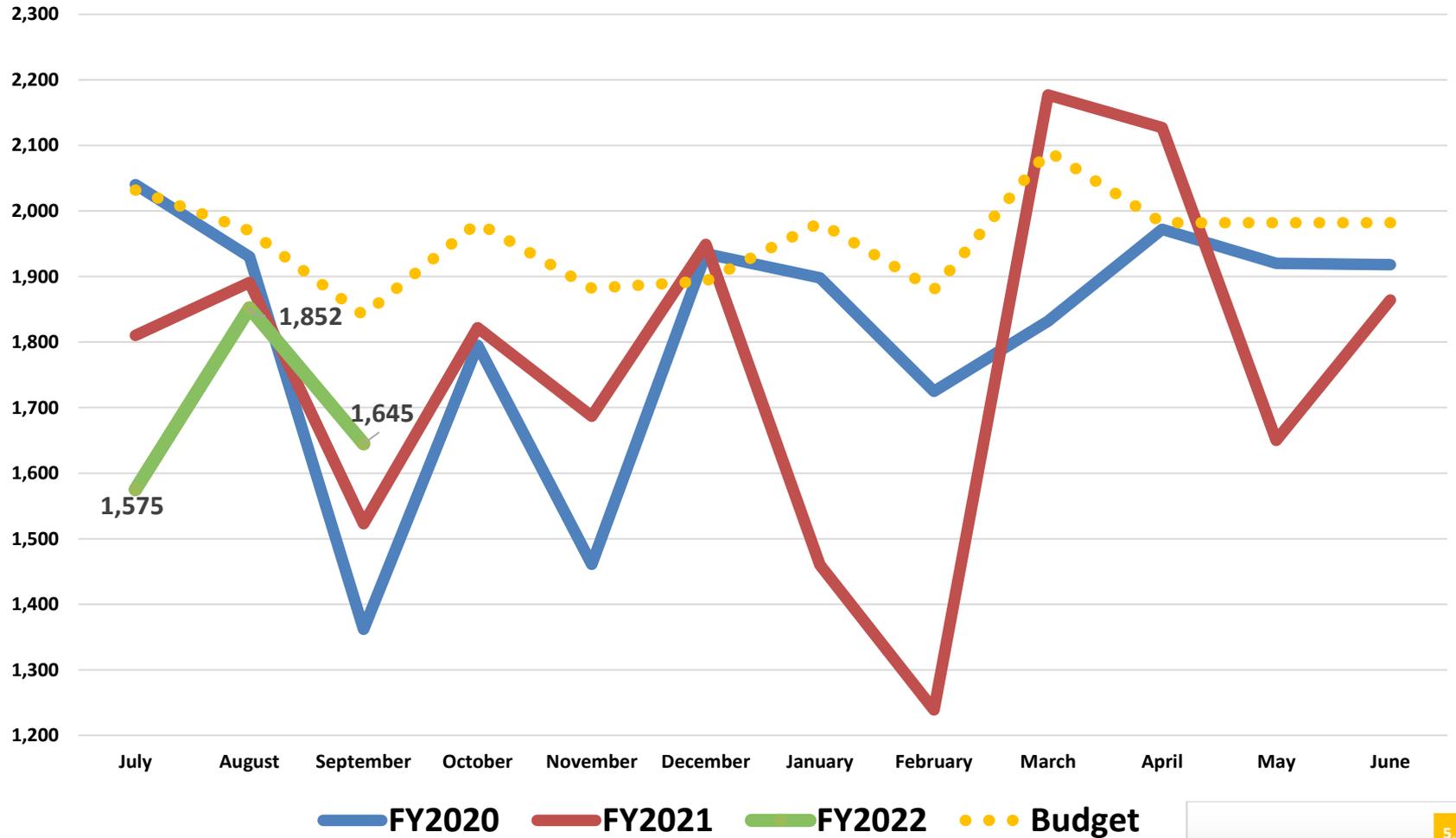
Hanford and Visalia



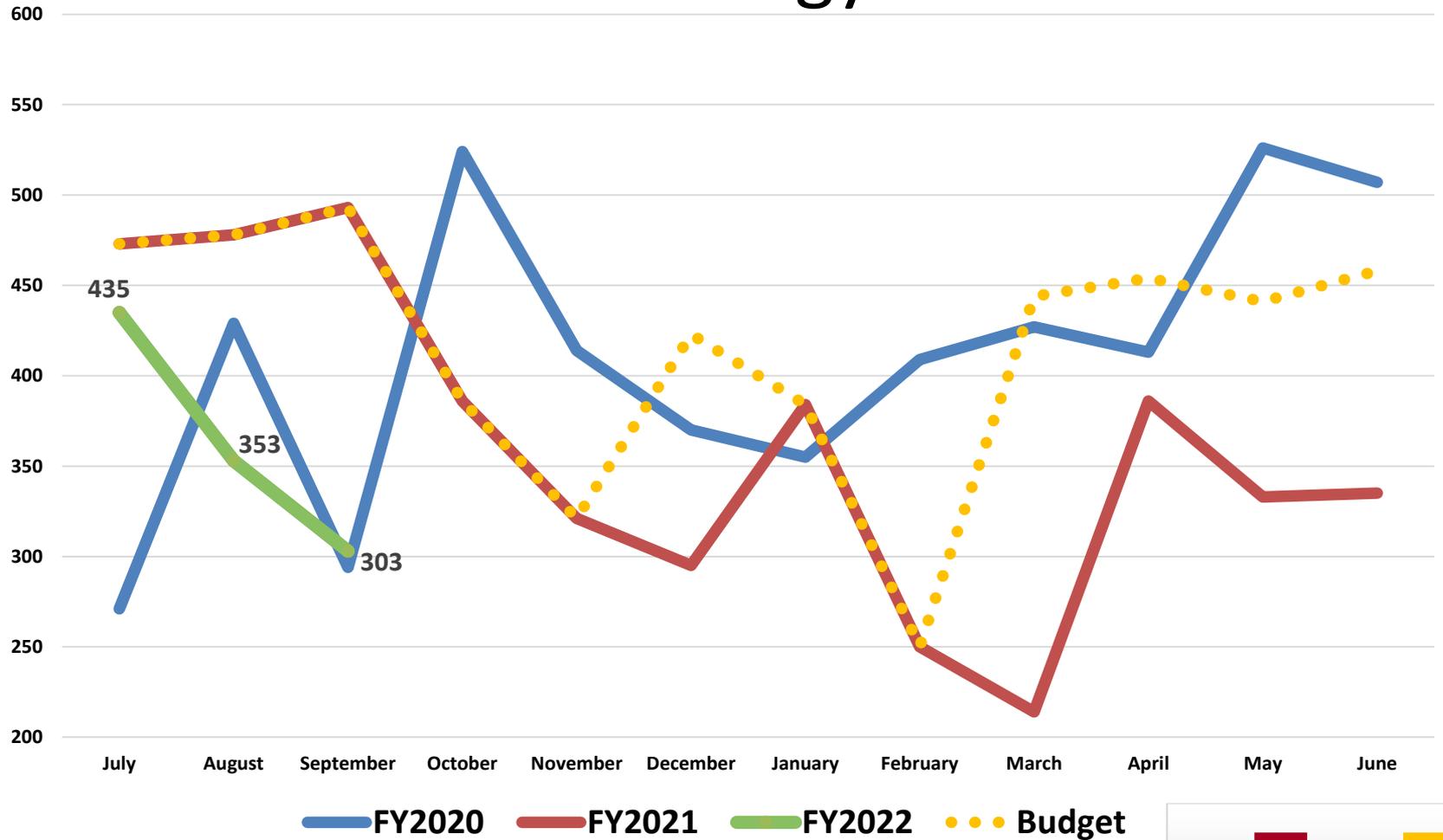
— **FY2020**
 — **FY2021**
 — **FY2022**
 ●●● **Budget**

6,326	6,668	6,163	7,287
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Radiation Oncology - Visalia

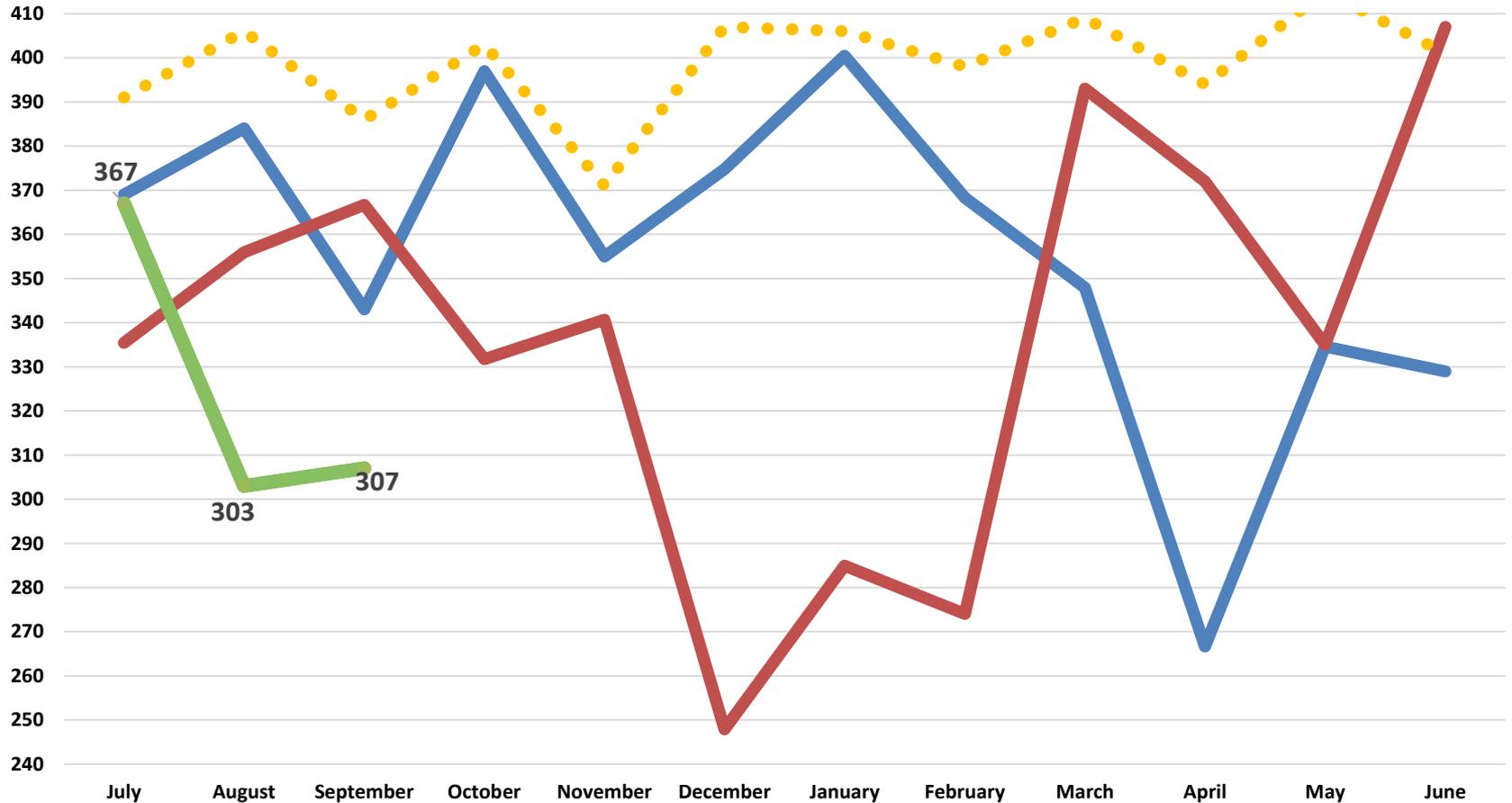


Radiation Oncology - Hanford



994	1,444	1,091	1,444
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

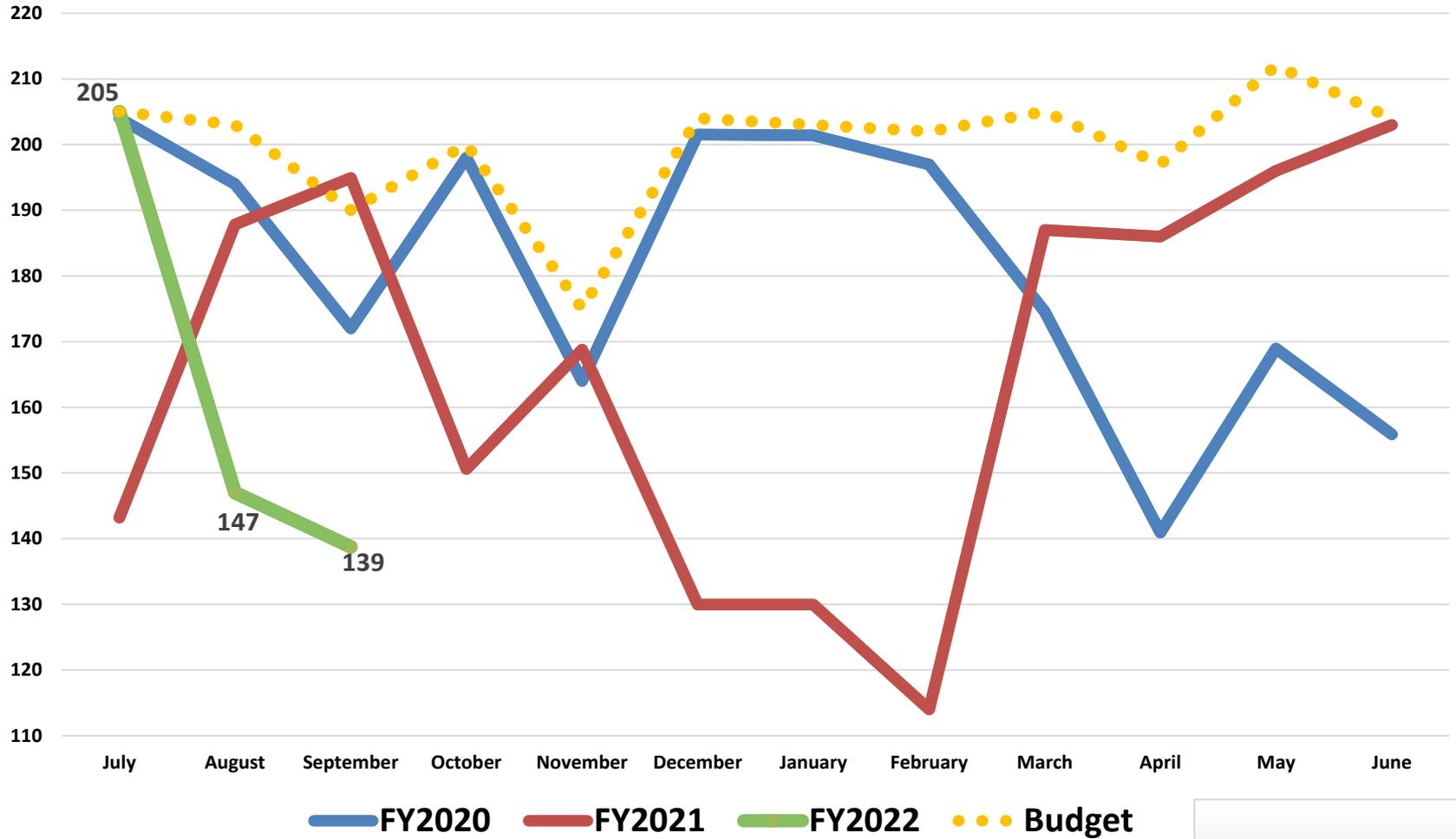
Cath Lab (IP & OP) – 100 Min Units



—●— **FY2020**
 —●— **FY2021**
 —●— **FY2022**
 ●●● **Budget**

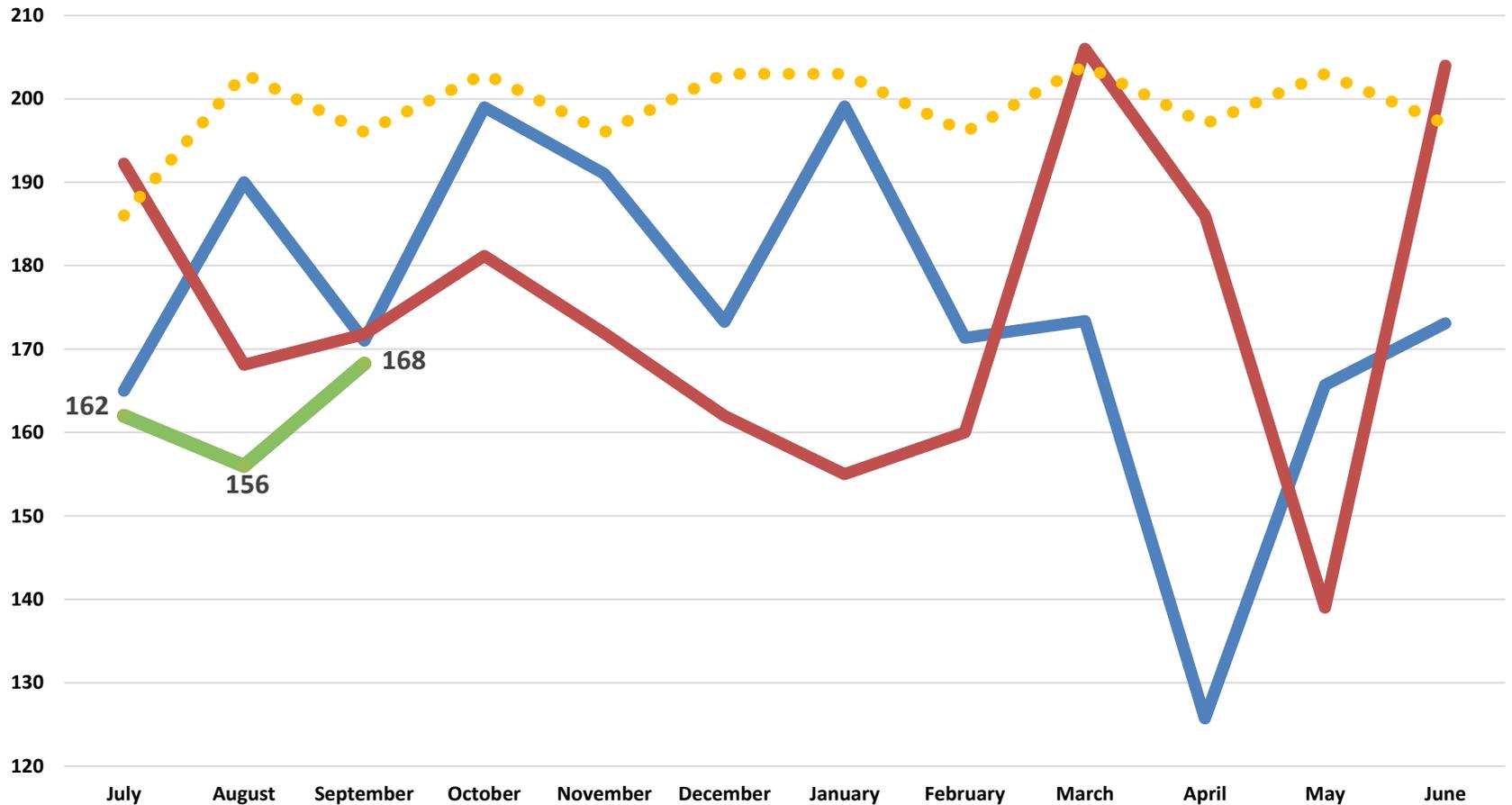
1,096	1,058	977	1,183
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Cath Lab (IP Only) – 100 Min Units



570	526	491	598
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

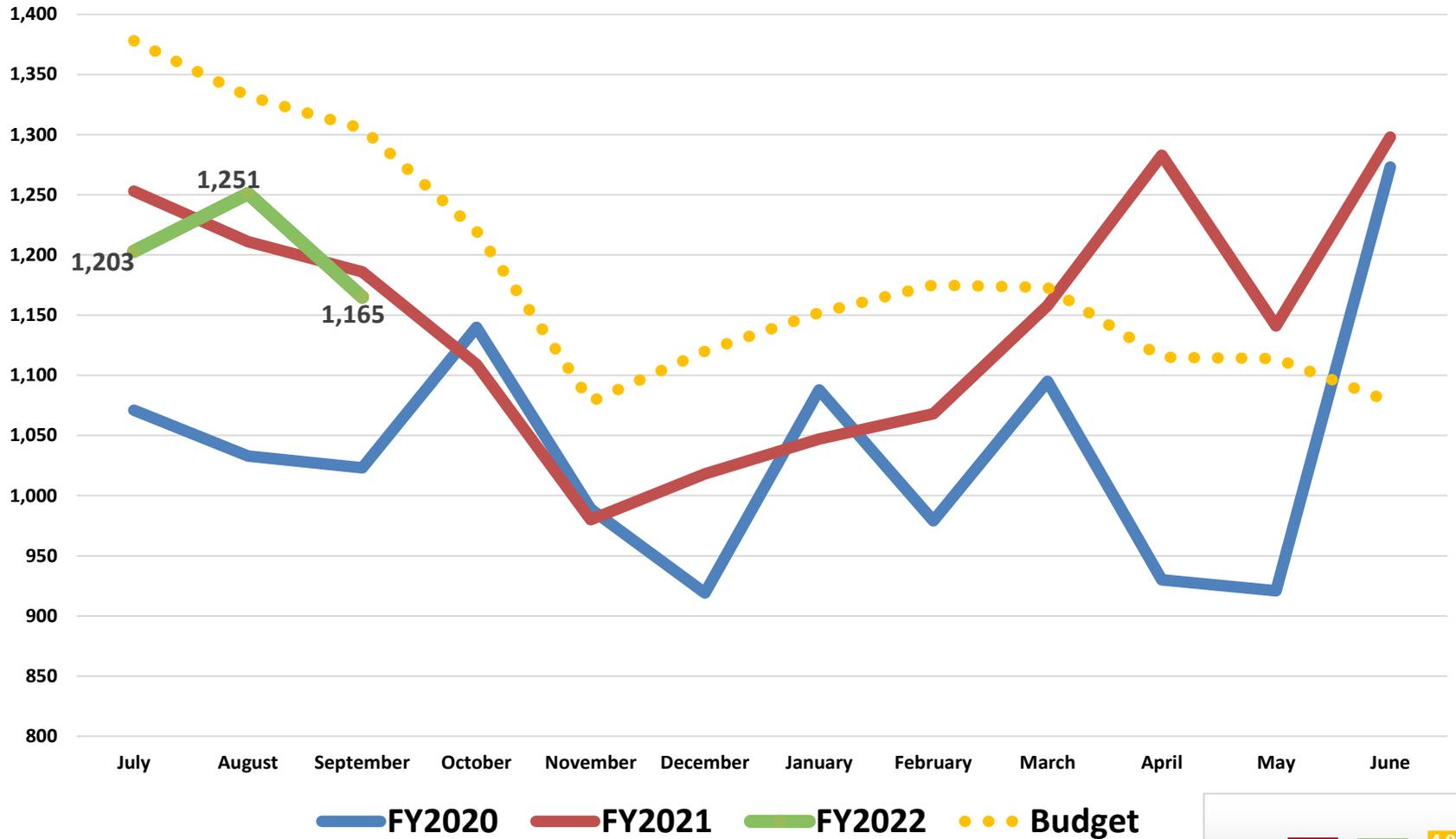
Cath Lab (OP Only) – 100 Min Units



—●— **FY2020**
 —●— **FY2021**
 —●— **FY2022**
 ●●● **Budget**

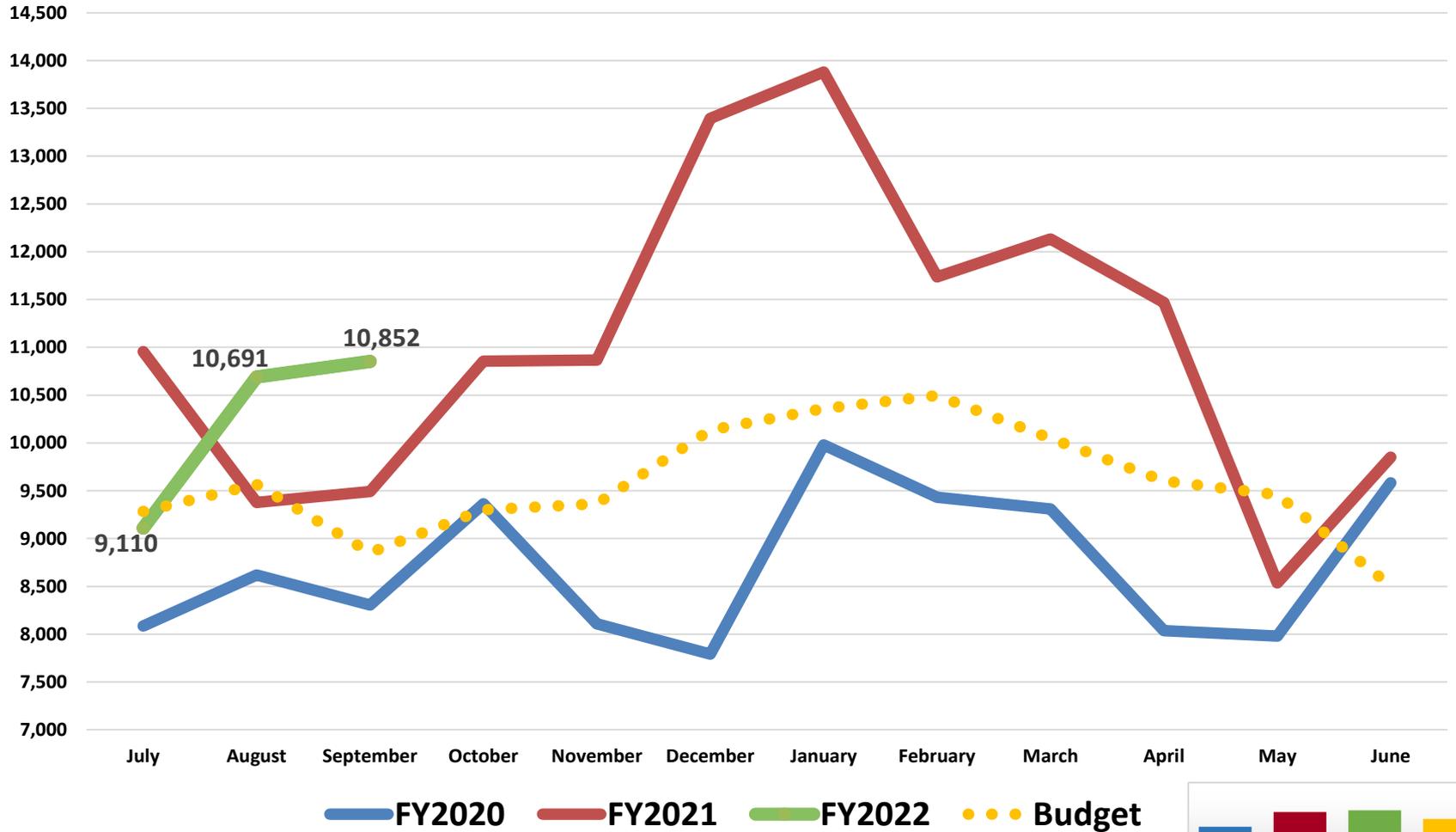
526	532	486	585
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

GME Family Medicine Clinic Visits



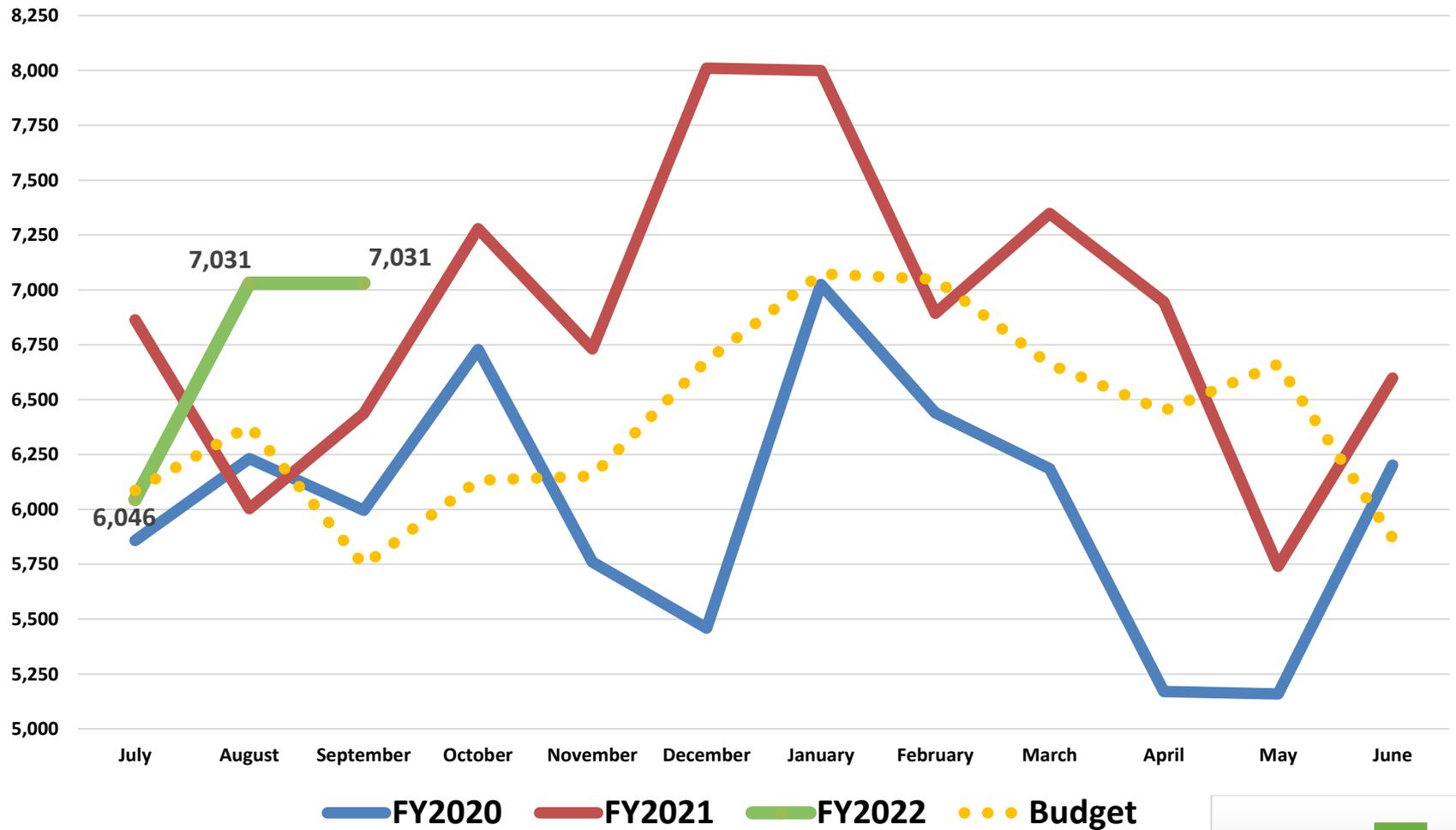
3,127	3,650	3,619	4,015
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Rural Health Clinic Registrations

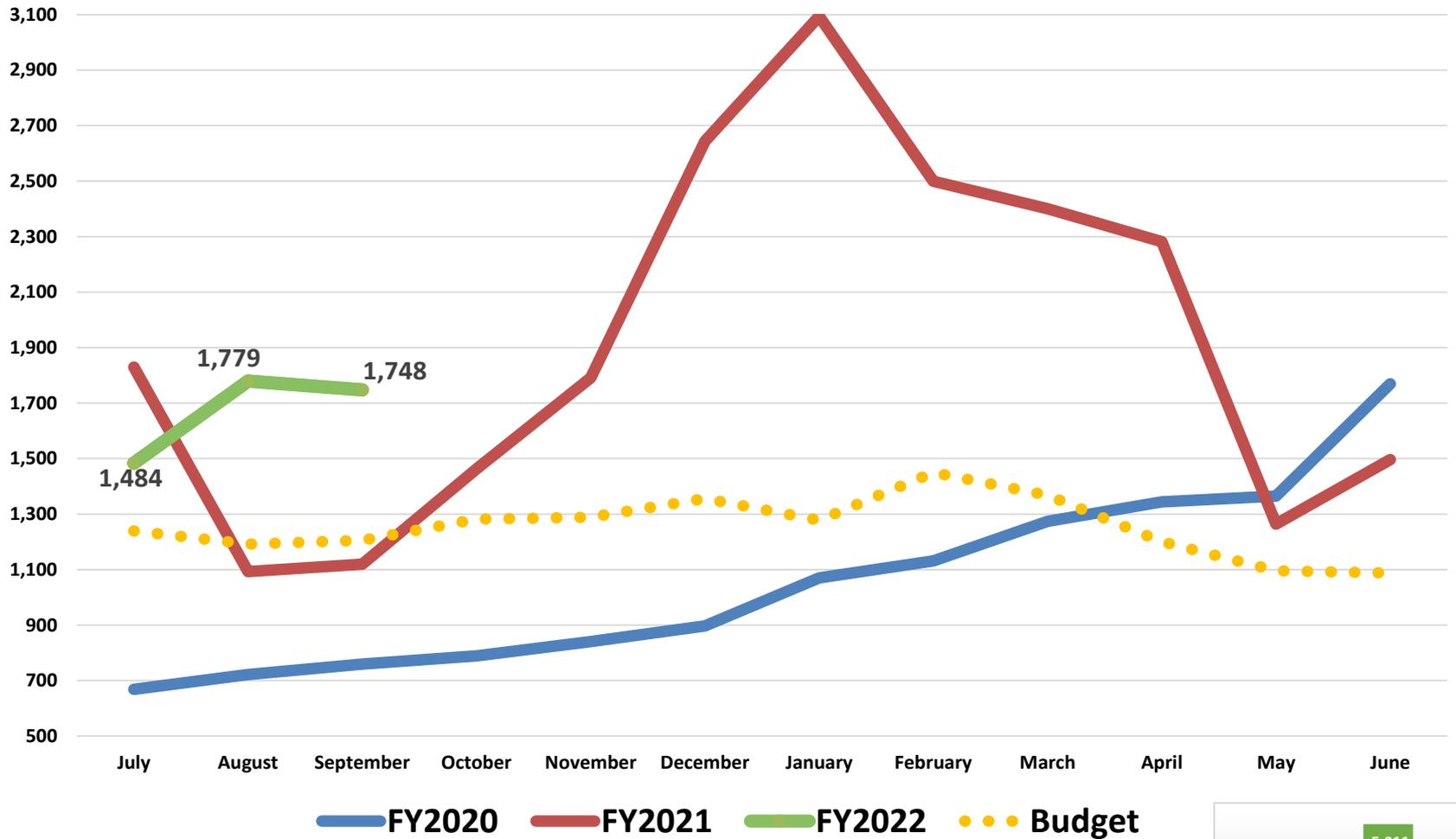


25,006	29,827	30,653	27,704
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

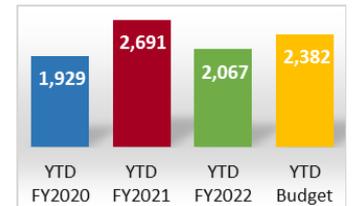
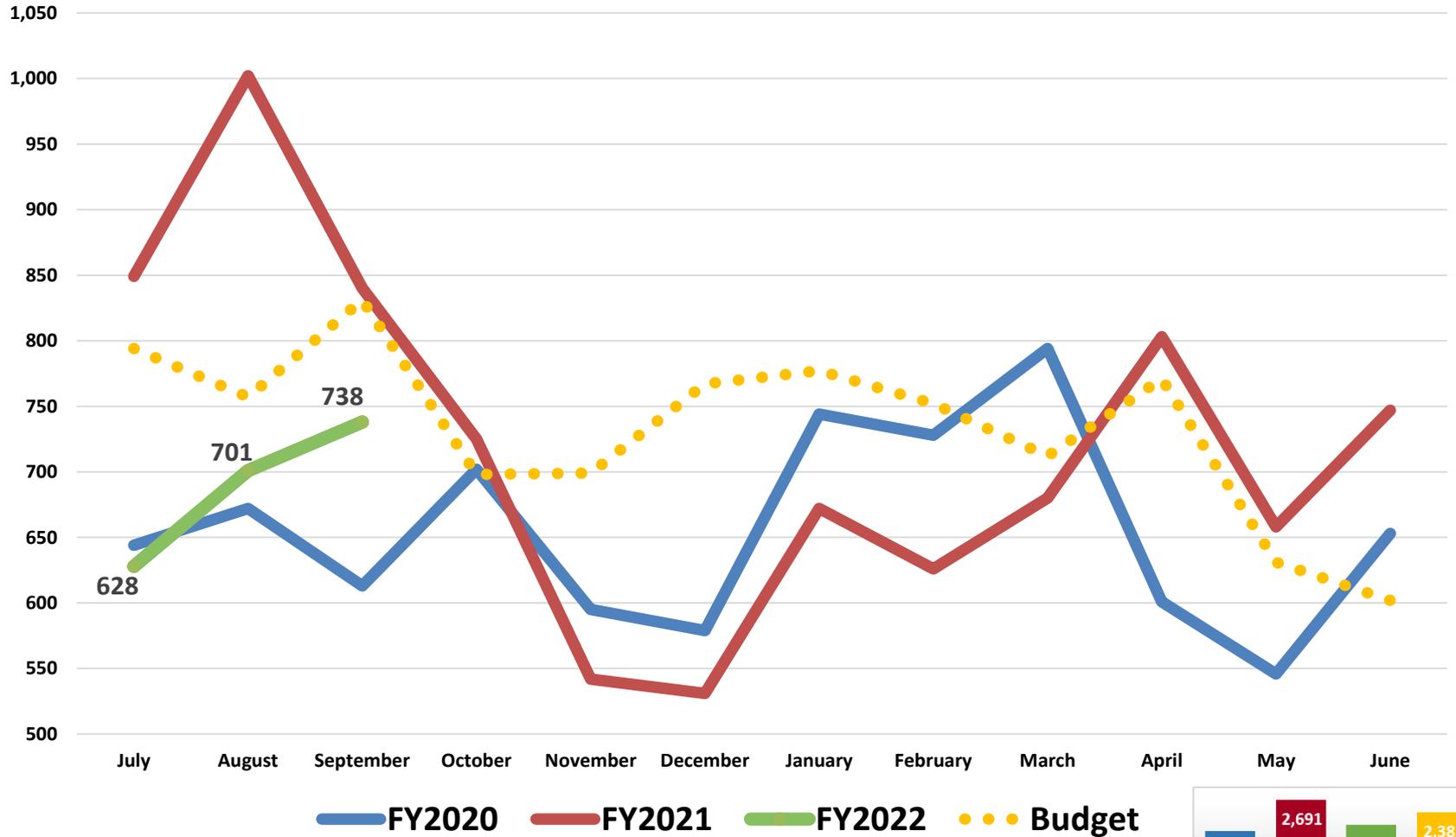
Exeter RHC - Registrations



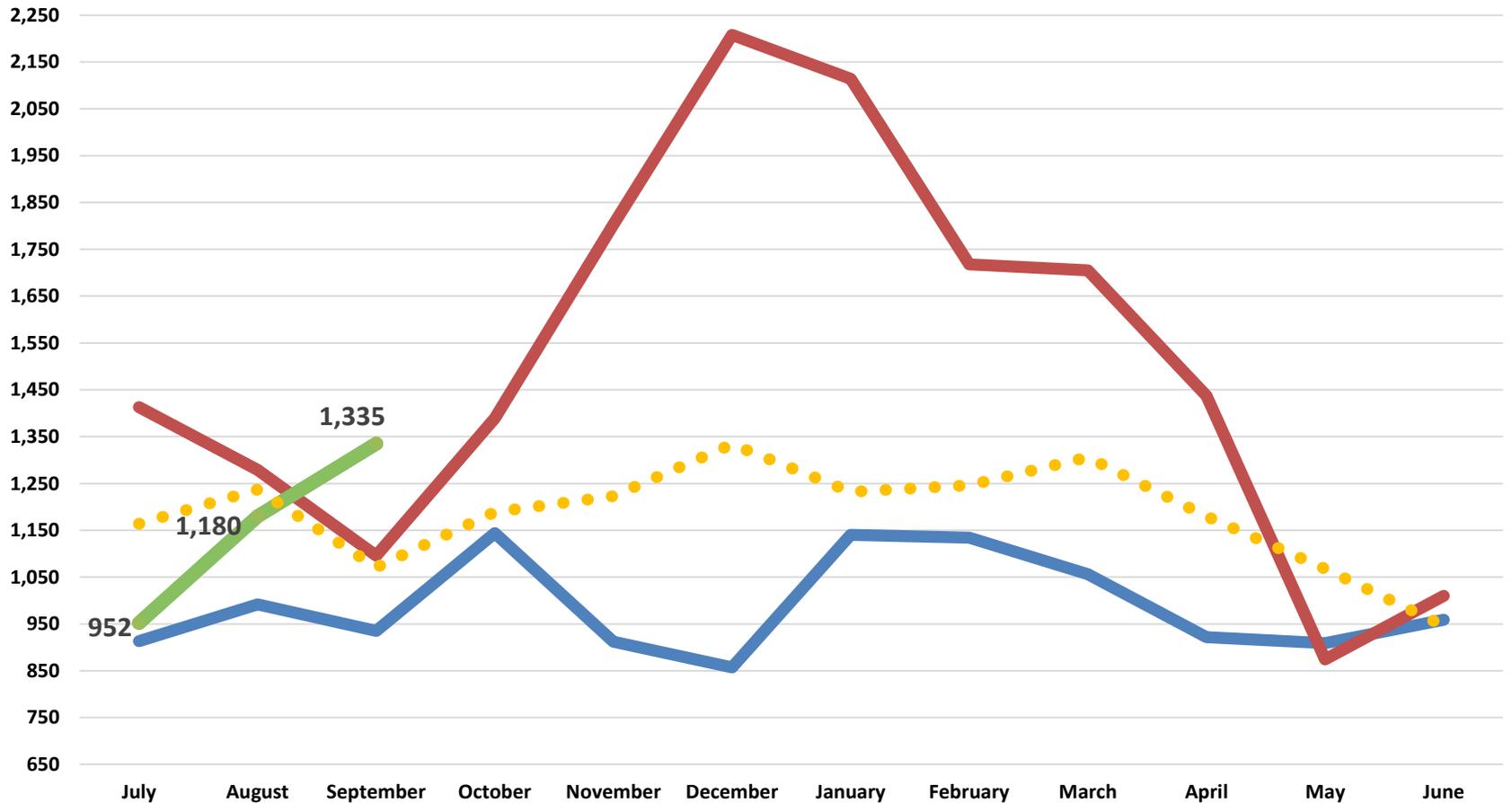
Lindsay RHC - Registrations



Woodlake RHC - Registrations



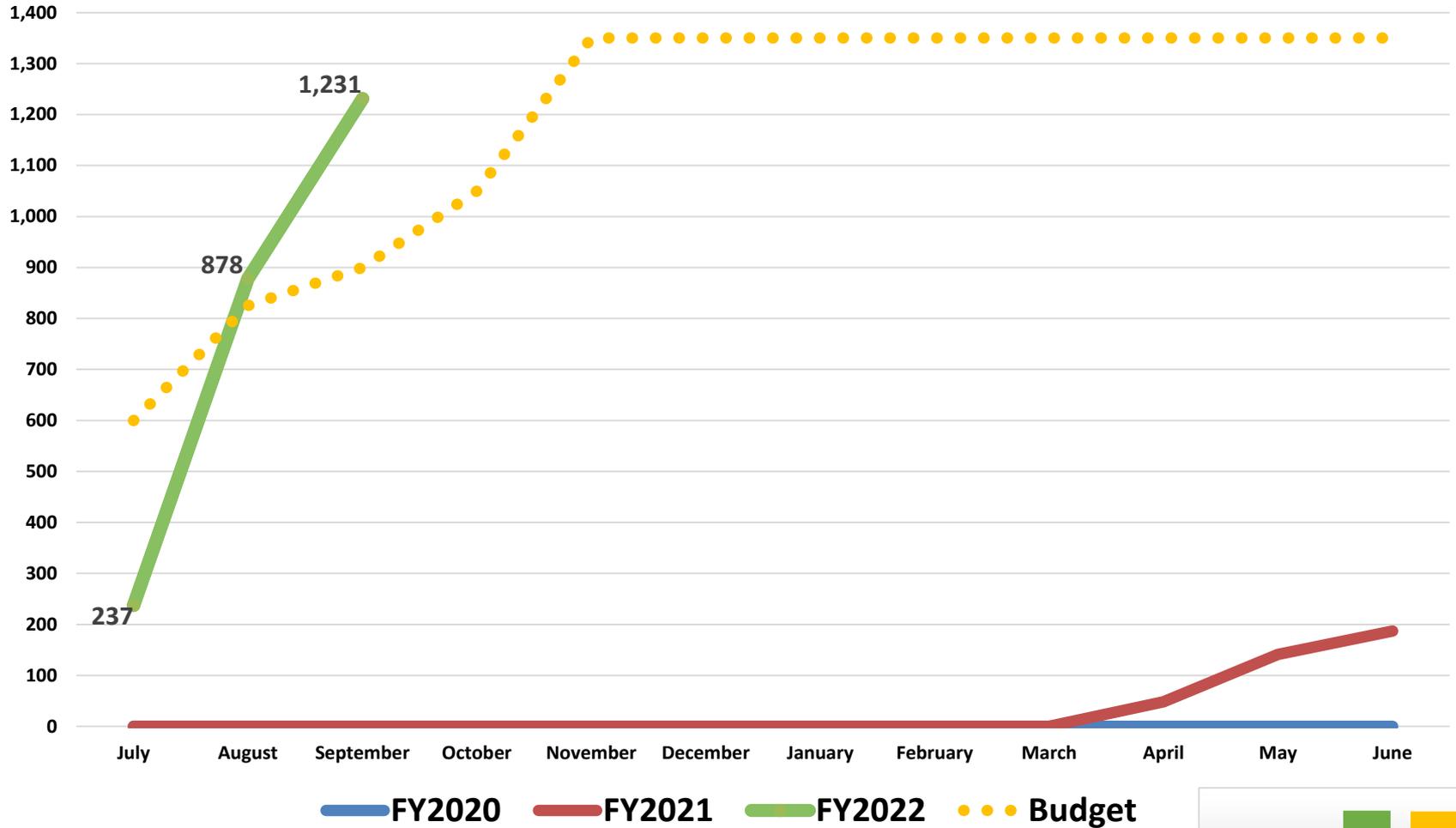
Dinuba RHC - Registrations



—●— **FY2020**
 —●— **FY2021**
 —●— **FY2022**
 ●●● **Budget**

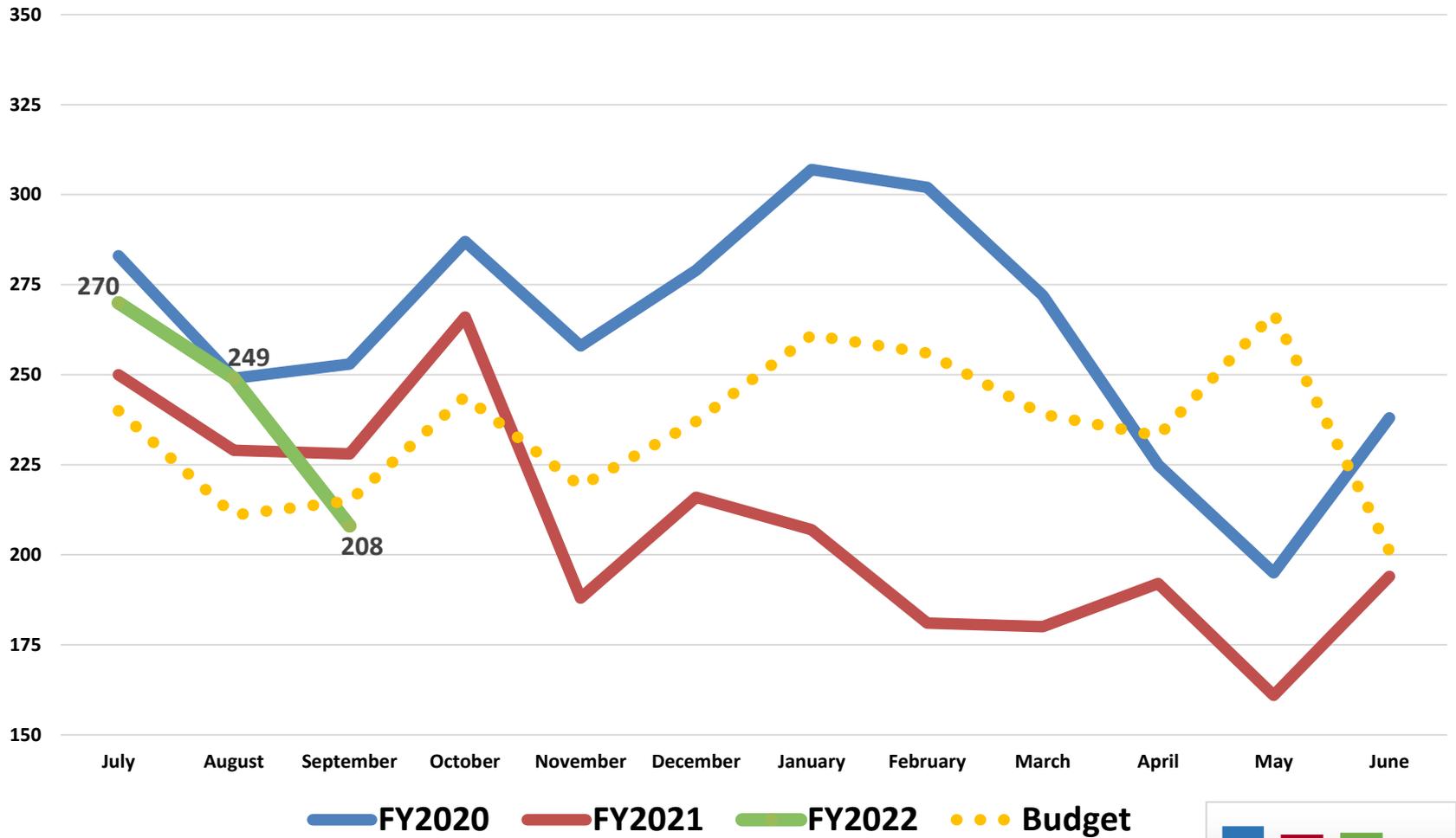
2,840	3,788	3,467	3,472
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Tulare RHC - Registrations



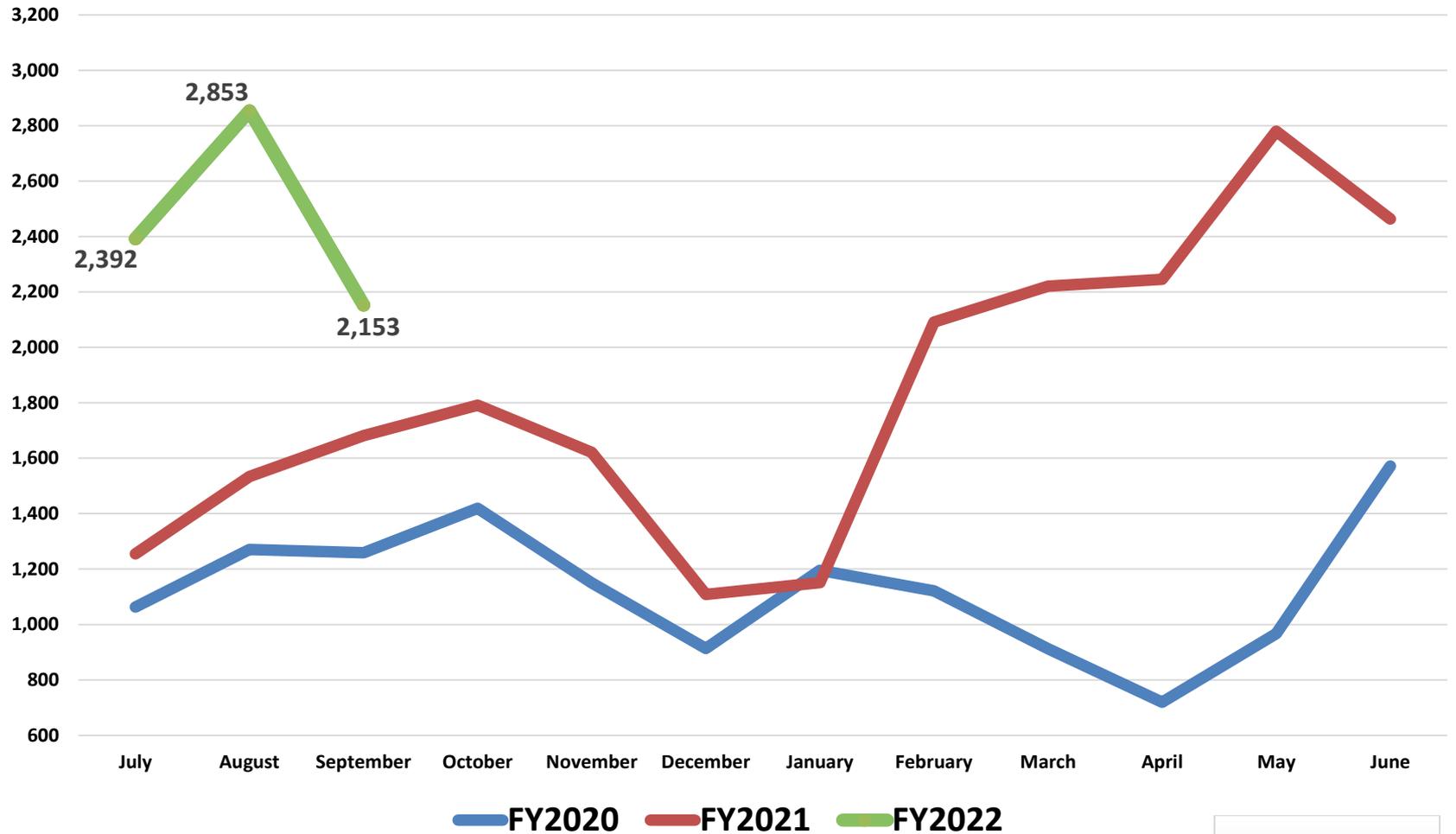
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget
-	-	2,346	2,325

Neurosurgery Clinic - Registrations



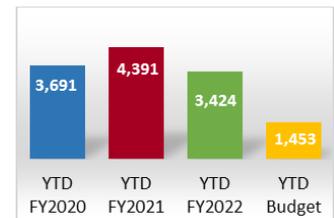
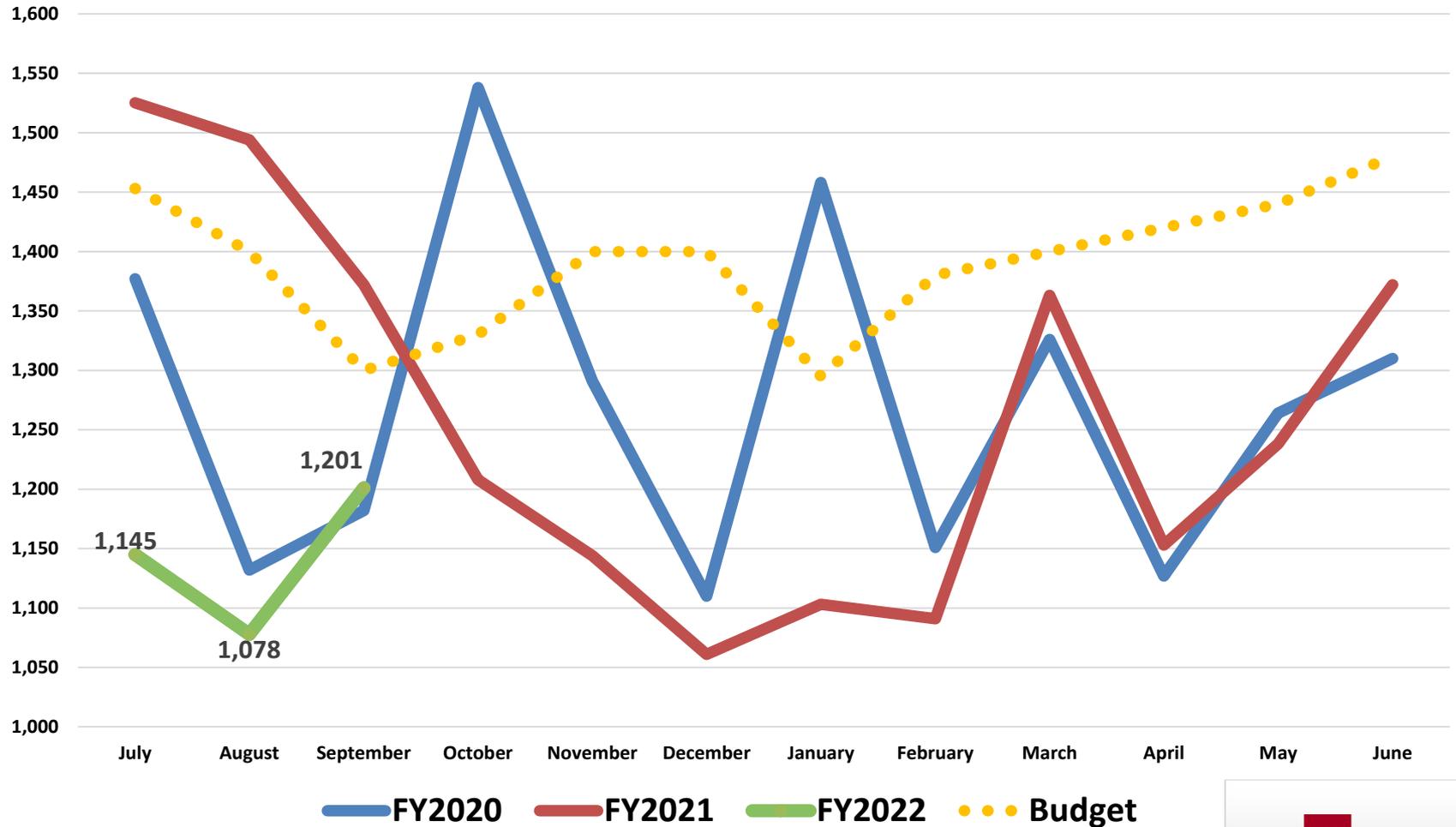
785	707	727	240
YTD	YTD	YTD	YTD
FY2020	FY2021	FY2022	Budget

Neurosurgery Clinic - wRVU's

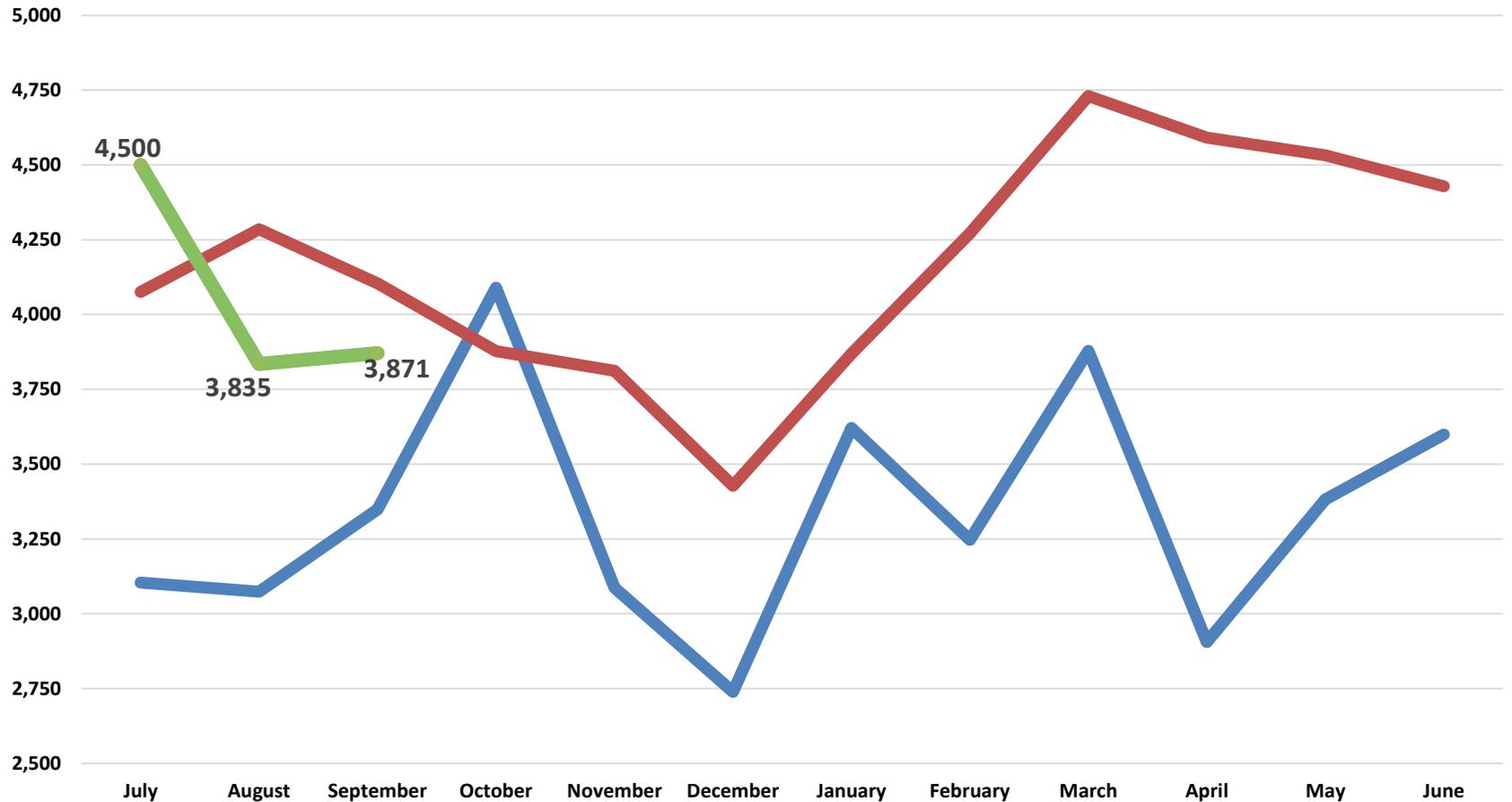


3,593	4,471	7,398
YTD FY2020	YTD FY2021	YTD FY2022

Sequoia Cardiology - Registrations



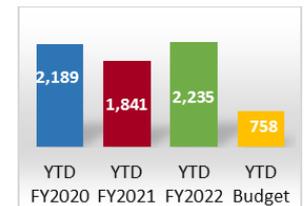
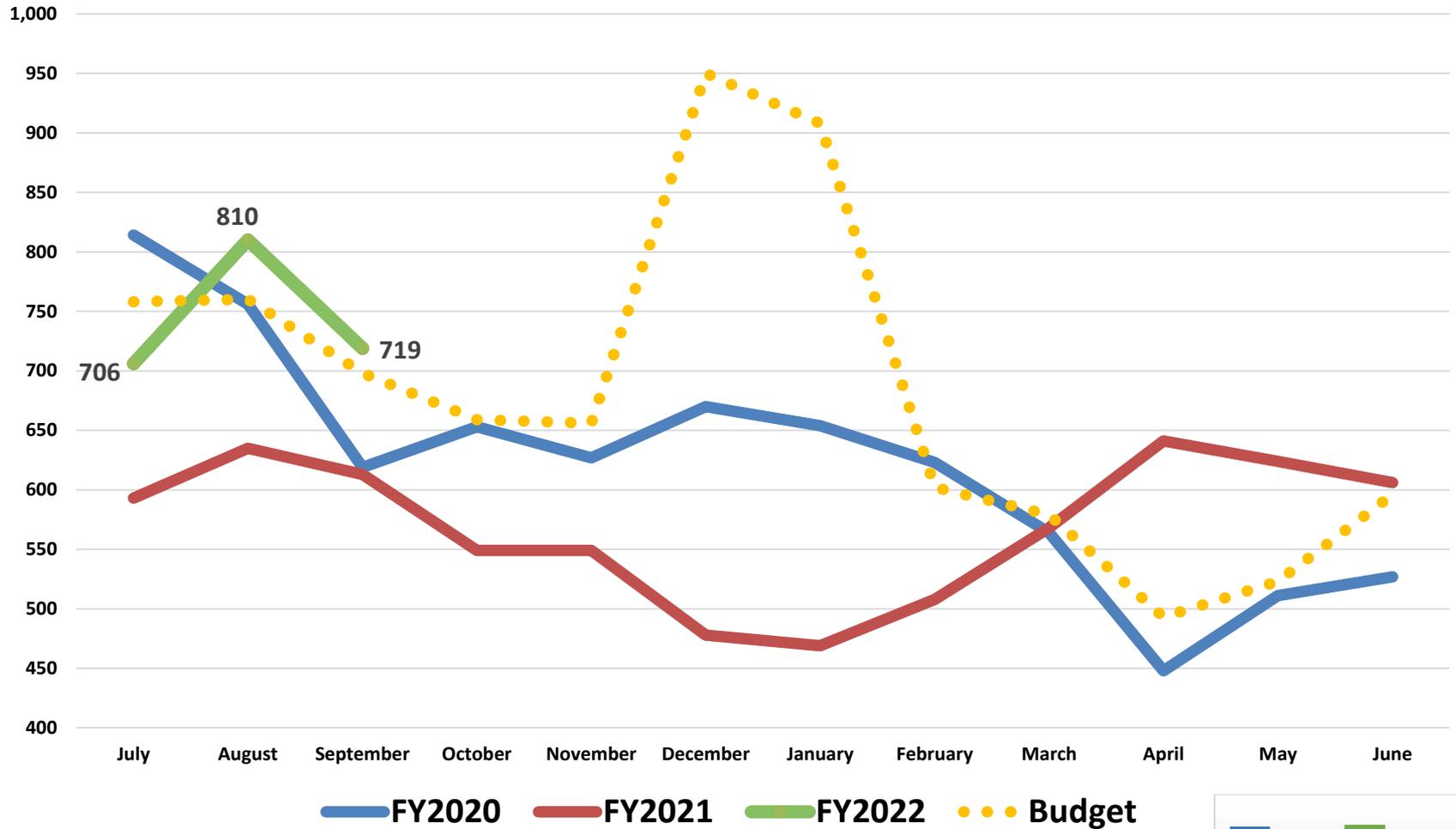
Sequoia Cardiology – wRVU's



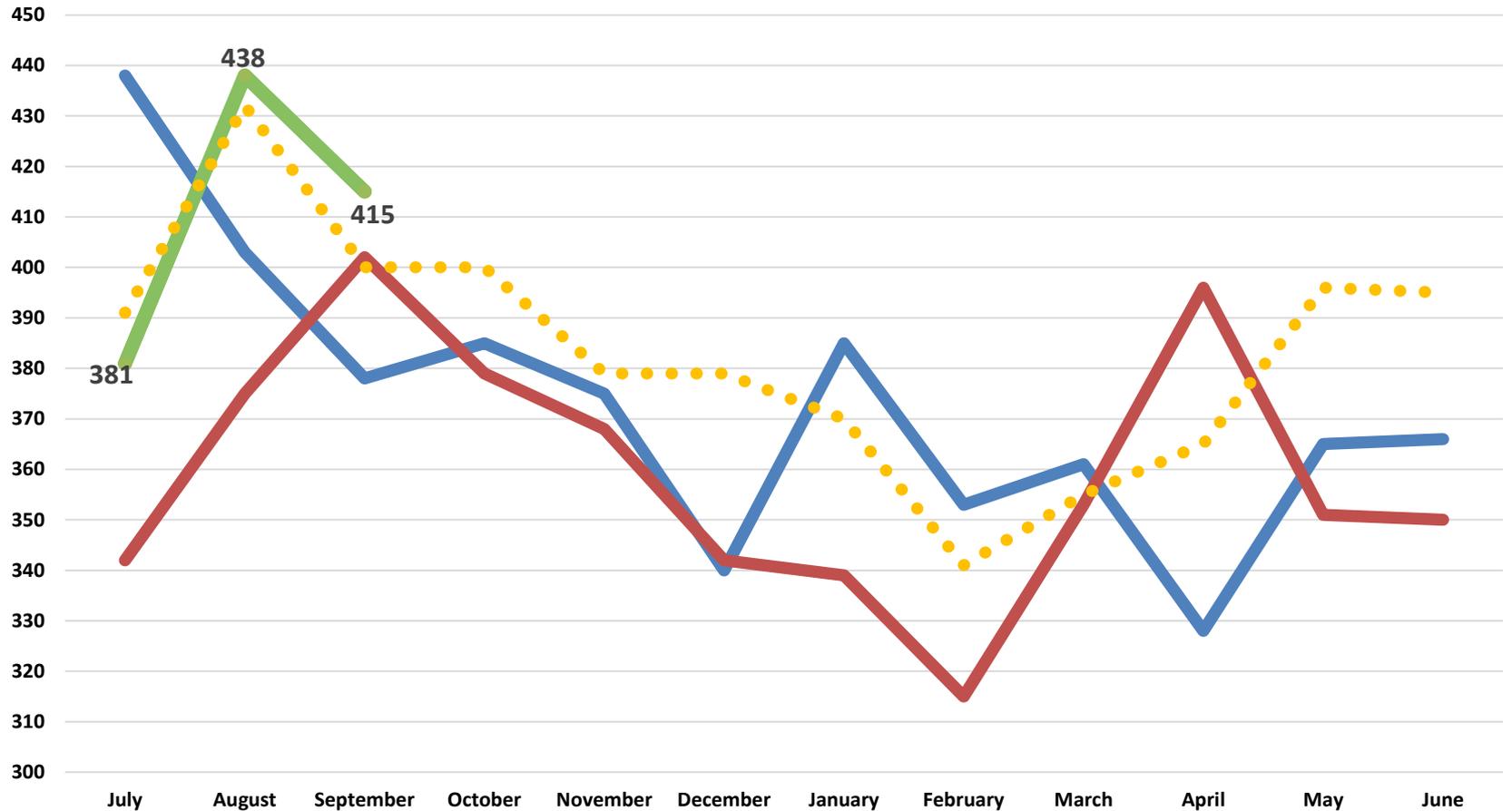
— FY2020 — FY2021 — FY2022



Labor Triage Registrations



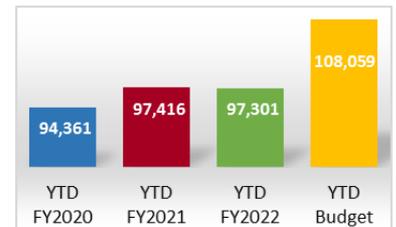
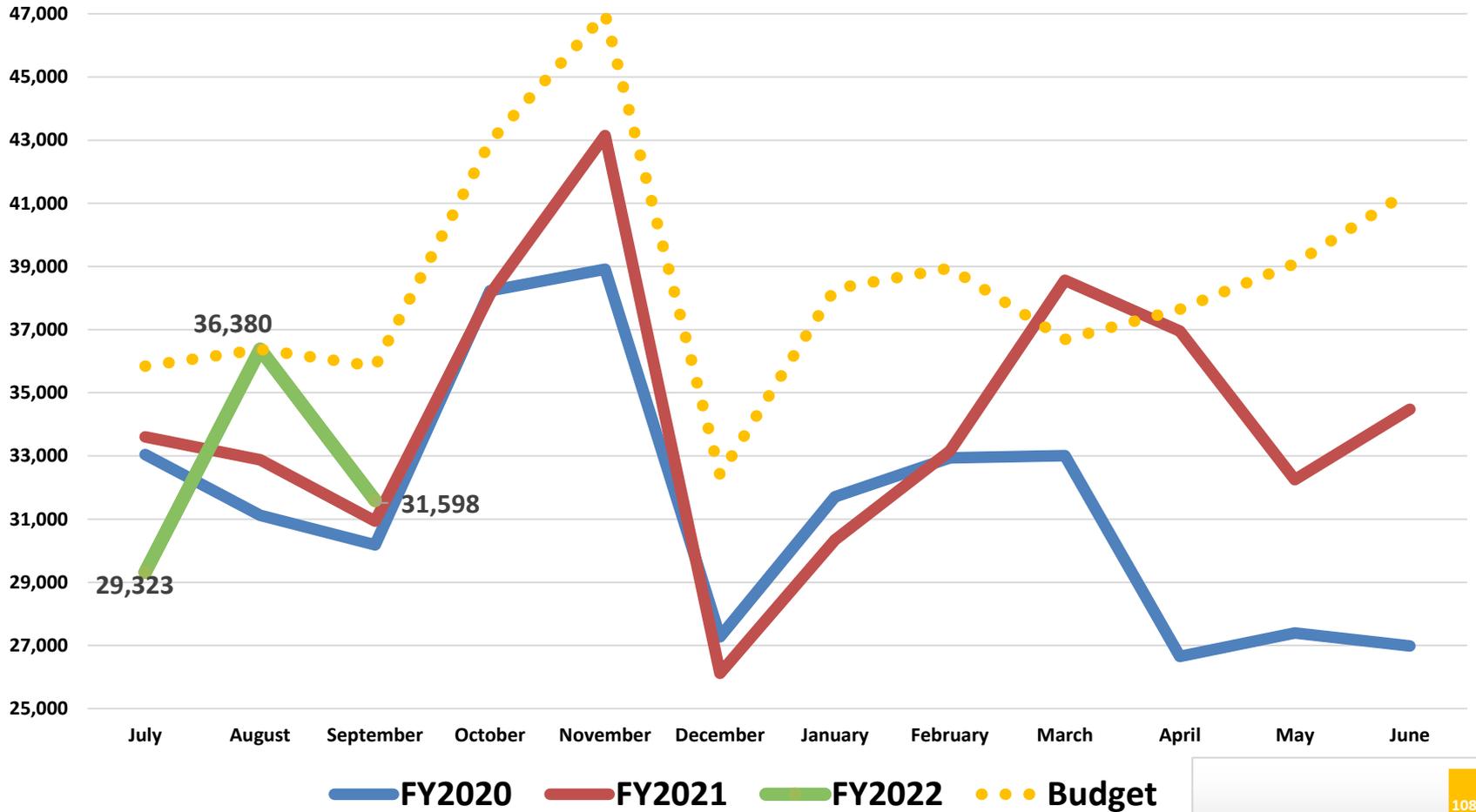
Deliveries



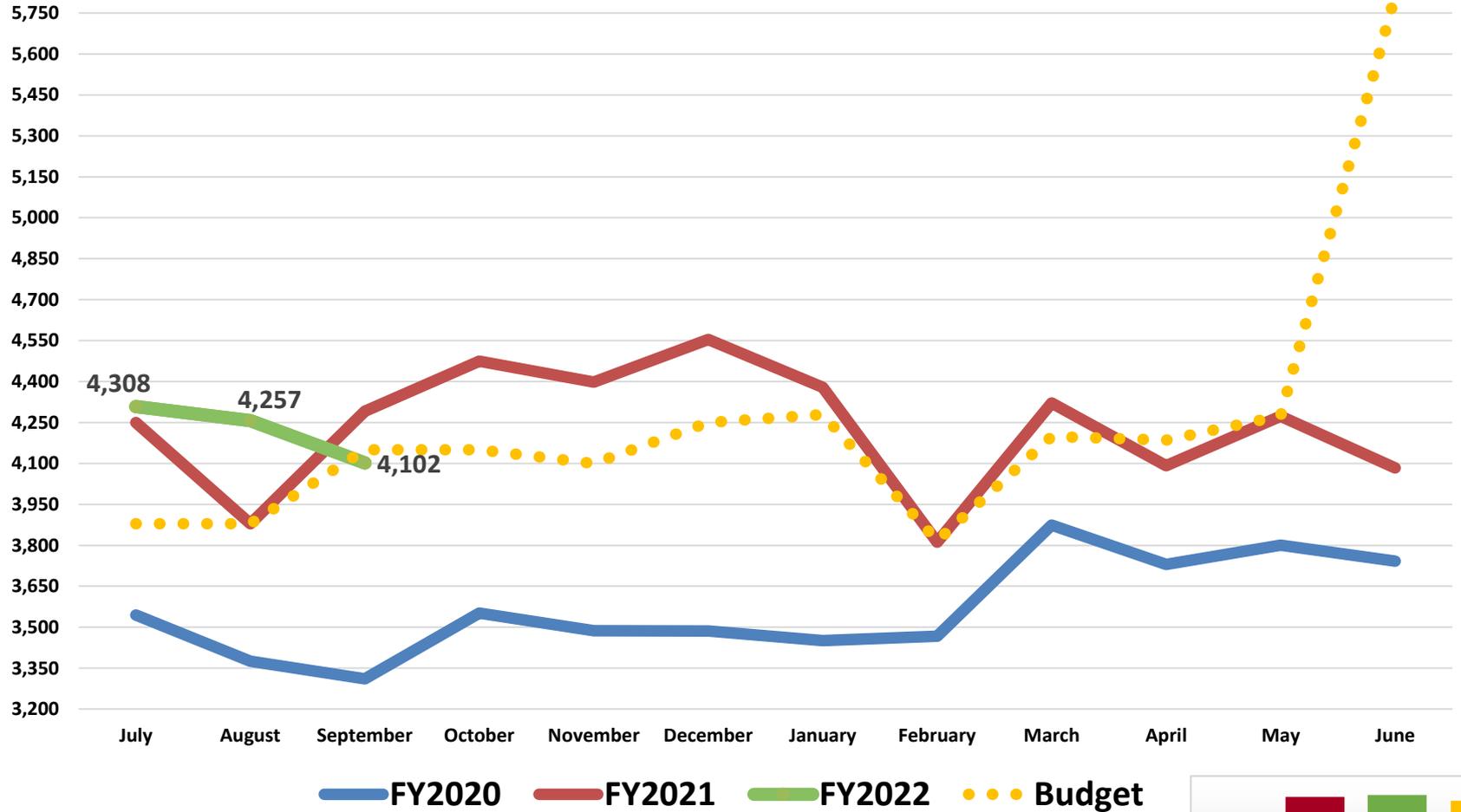
—●— **FY2020**
 —●— **FY2021**
 —●— **FY2022**
 ●●● **Budget**

1,219	1,119	1,234	1,223
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

KDMF RVU's

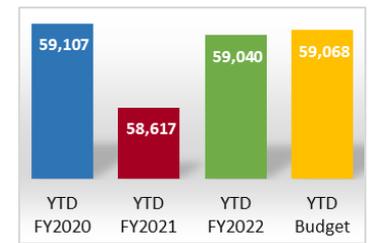
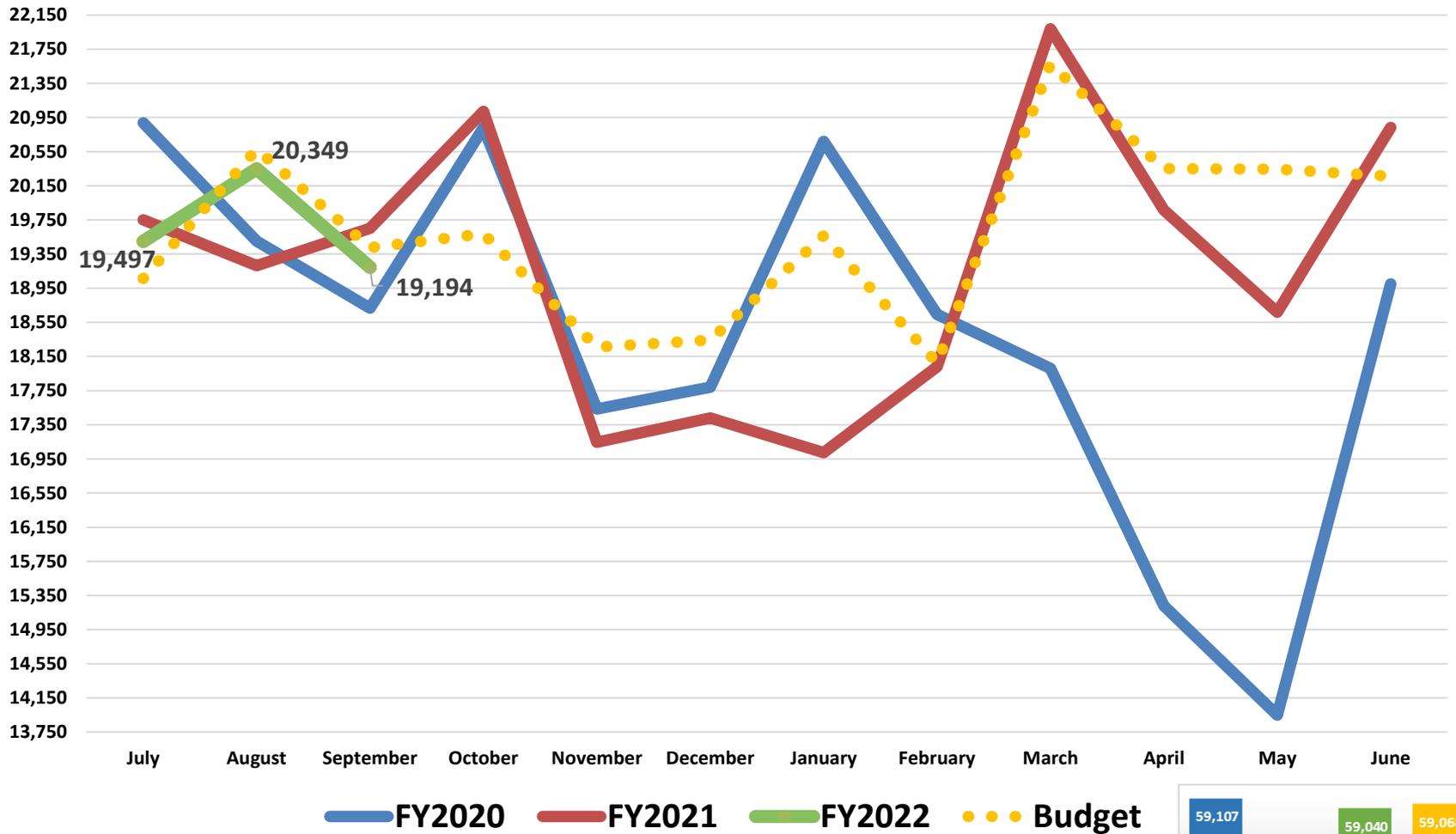


Hospice Days

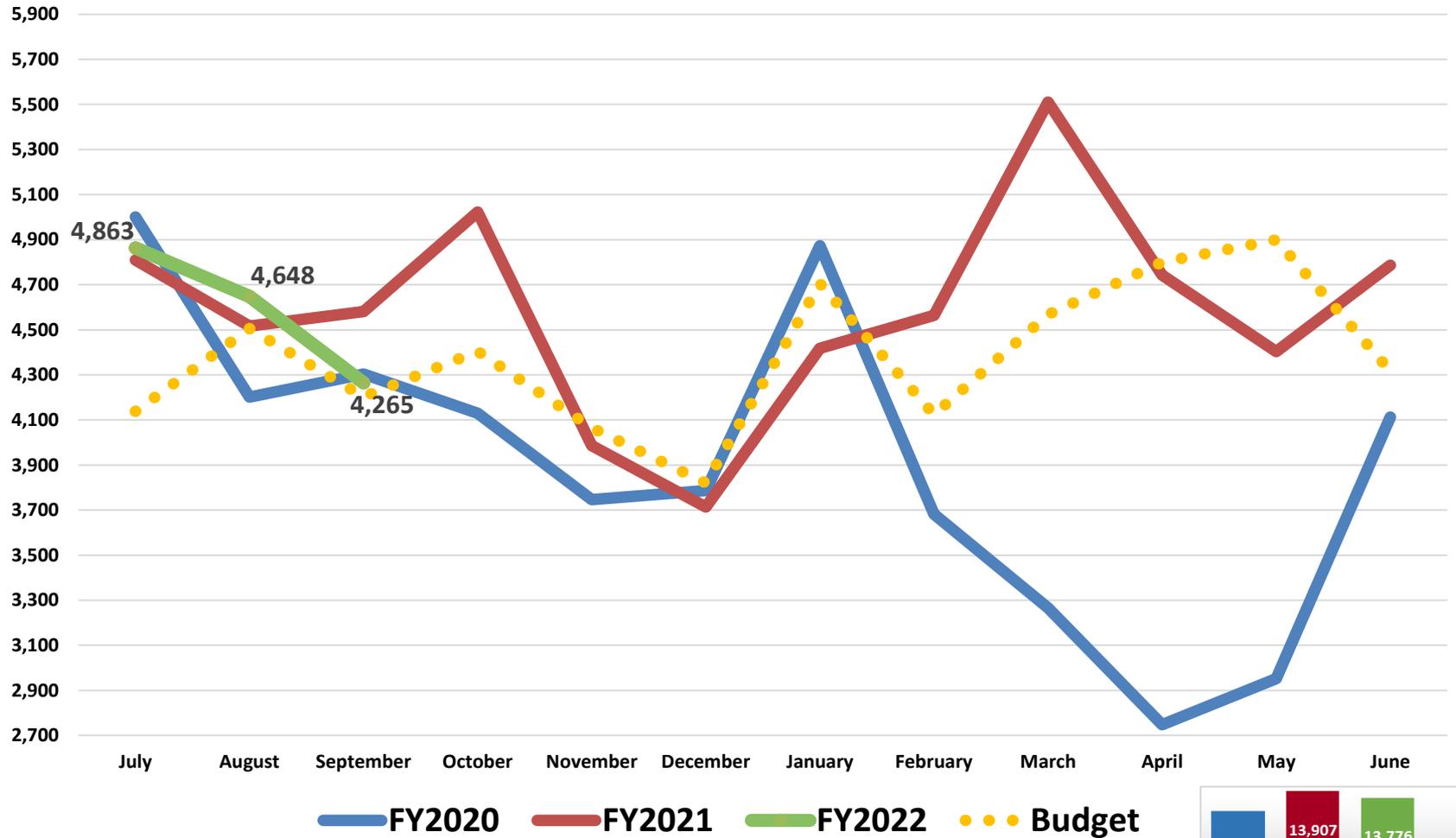


10,231	12,420	12,667	11,908
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

All O/P Rehab Services Across District

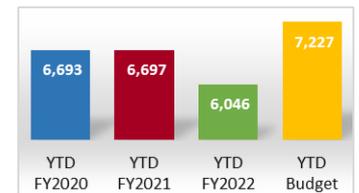
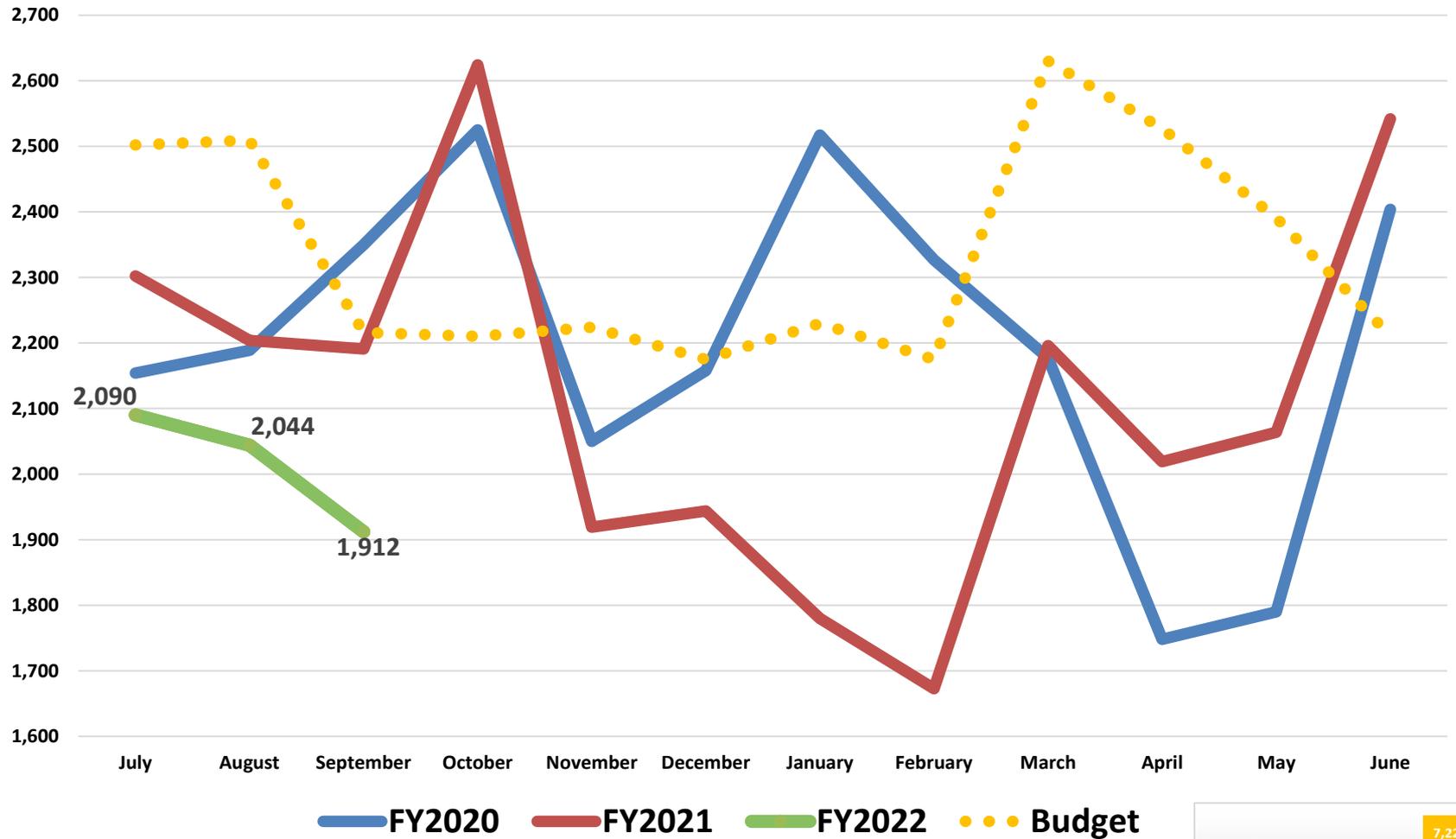


O/P Rehab Services

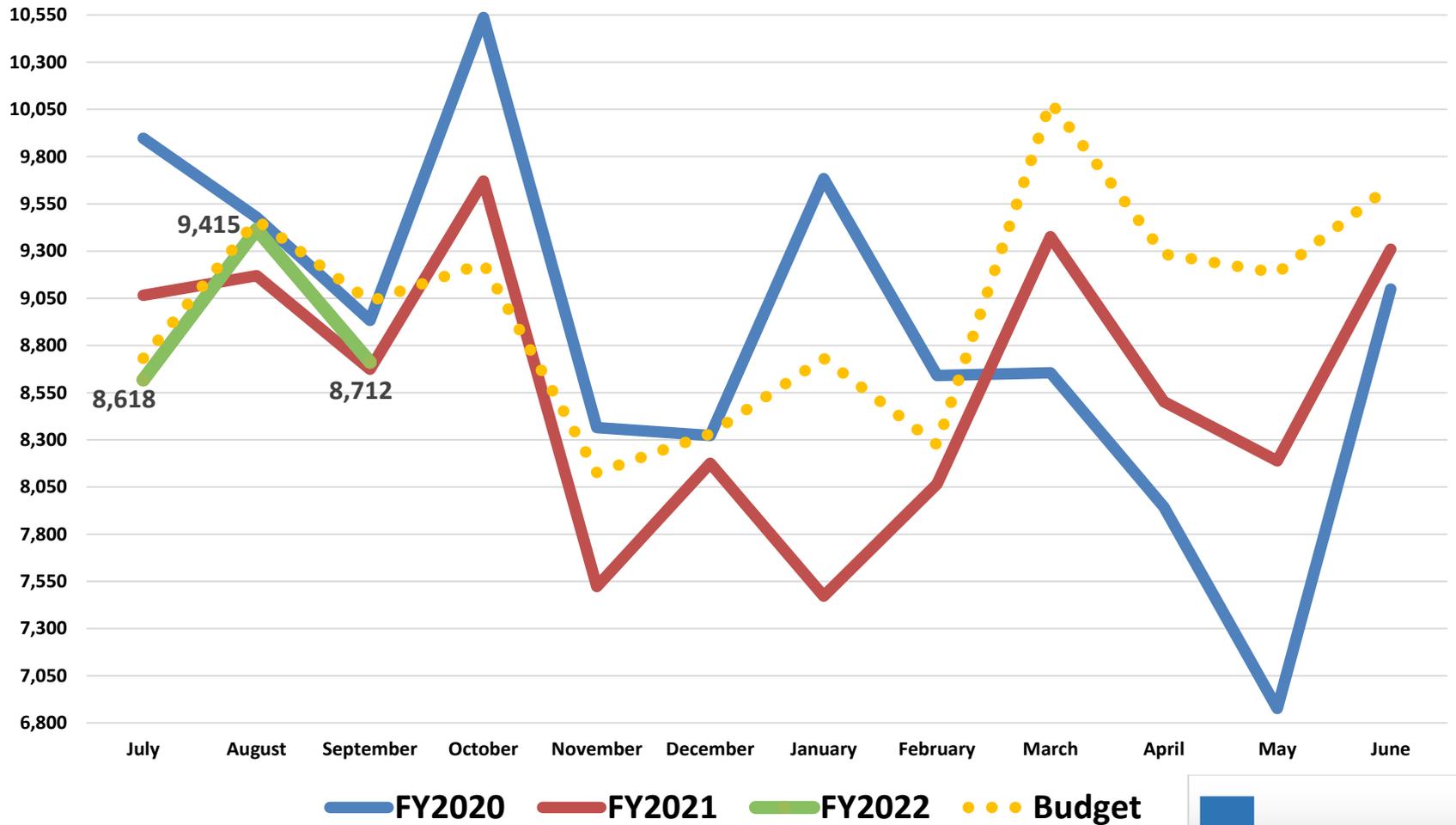


13,506	13,907	13,776	12,847
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

O/P Rehab - Exeter

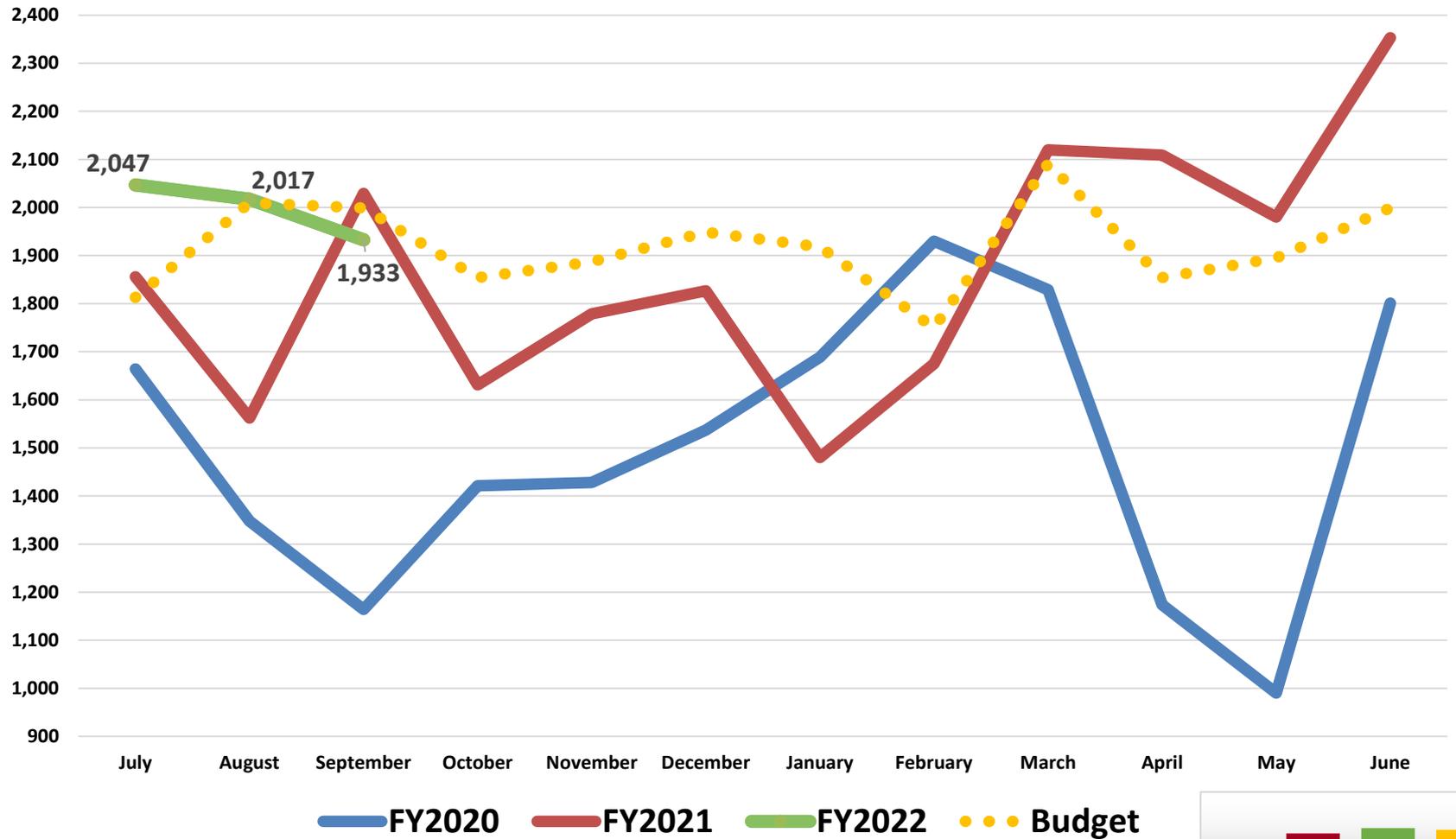


O/P Rehab - Akers



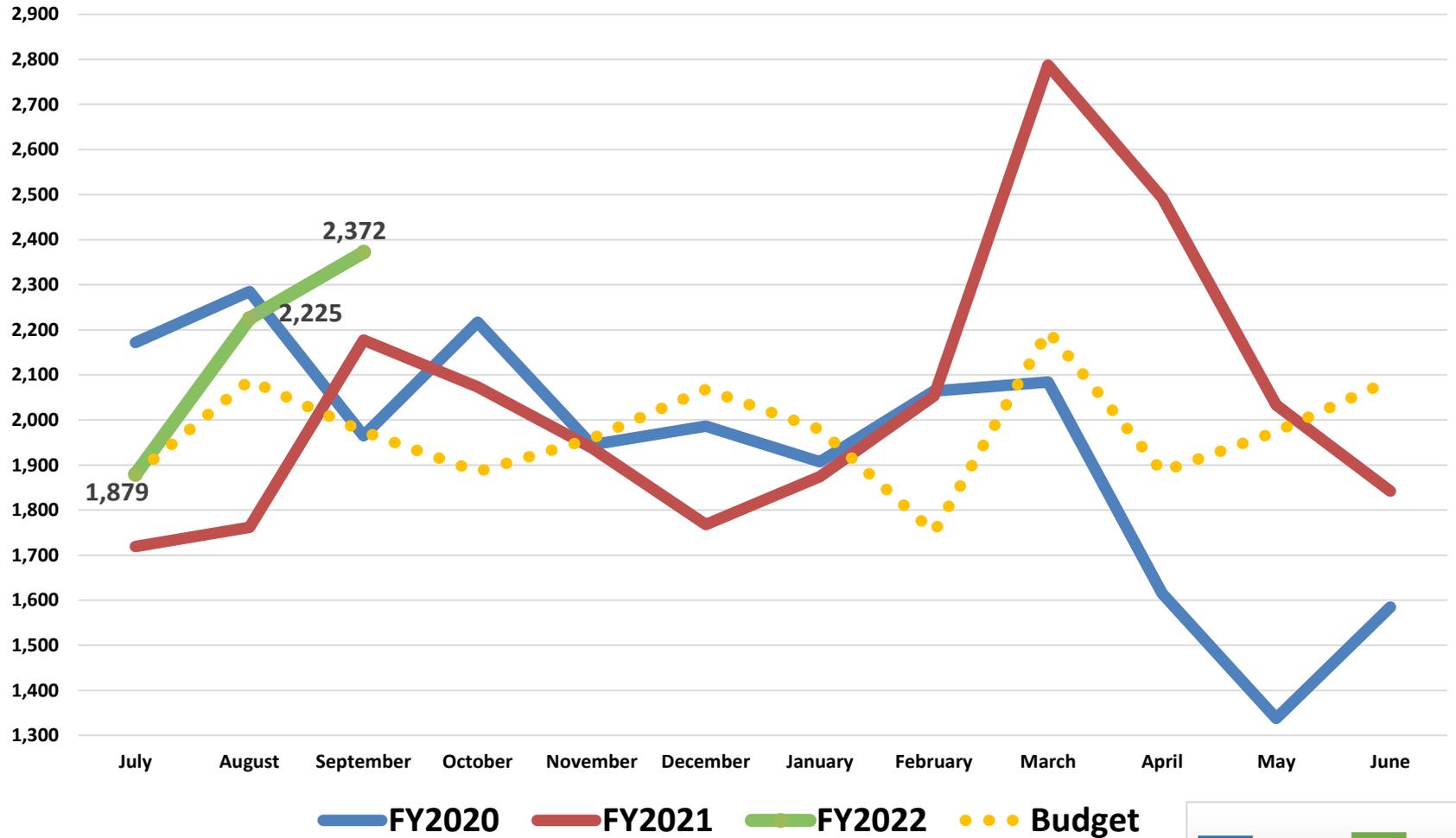
28,310	26,908	26,745	27,230
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

O/P Rehab - LLOPT



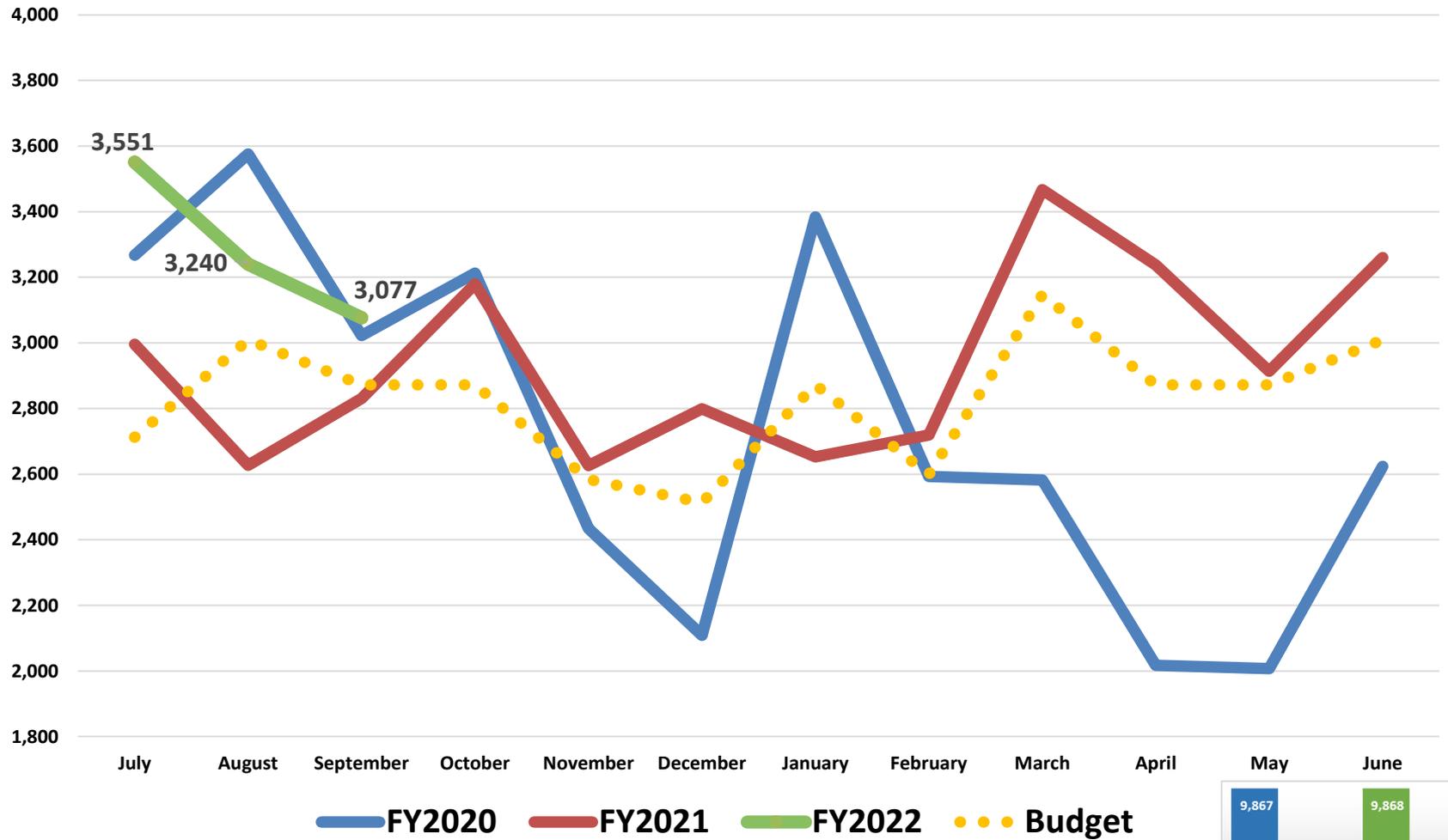
4,176	5,447	5,997	5,822
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

O/P Rehab - Dinuba



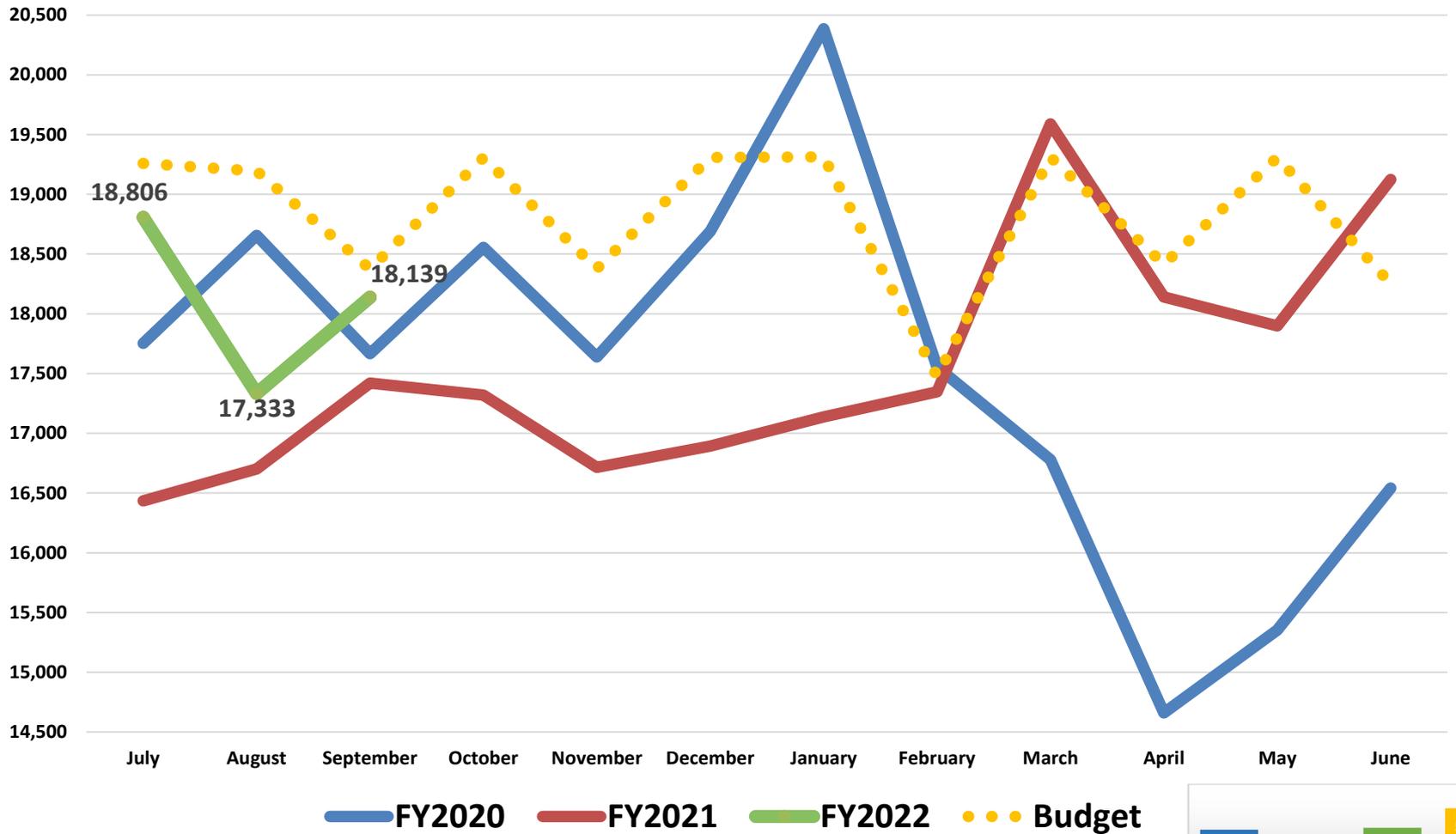
6,422	5,658	6,476	5,942
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Therapy - Cypress Hand Center



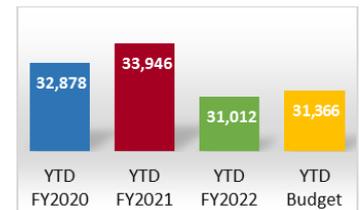
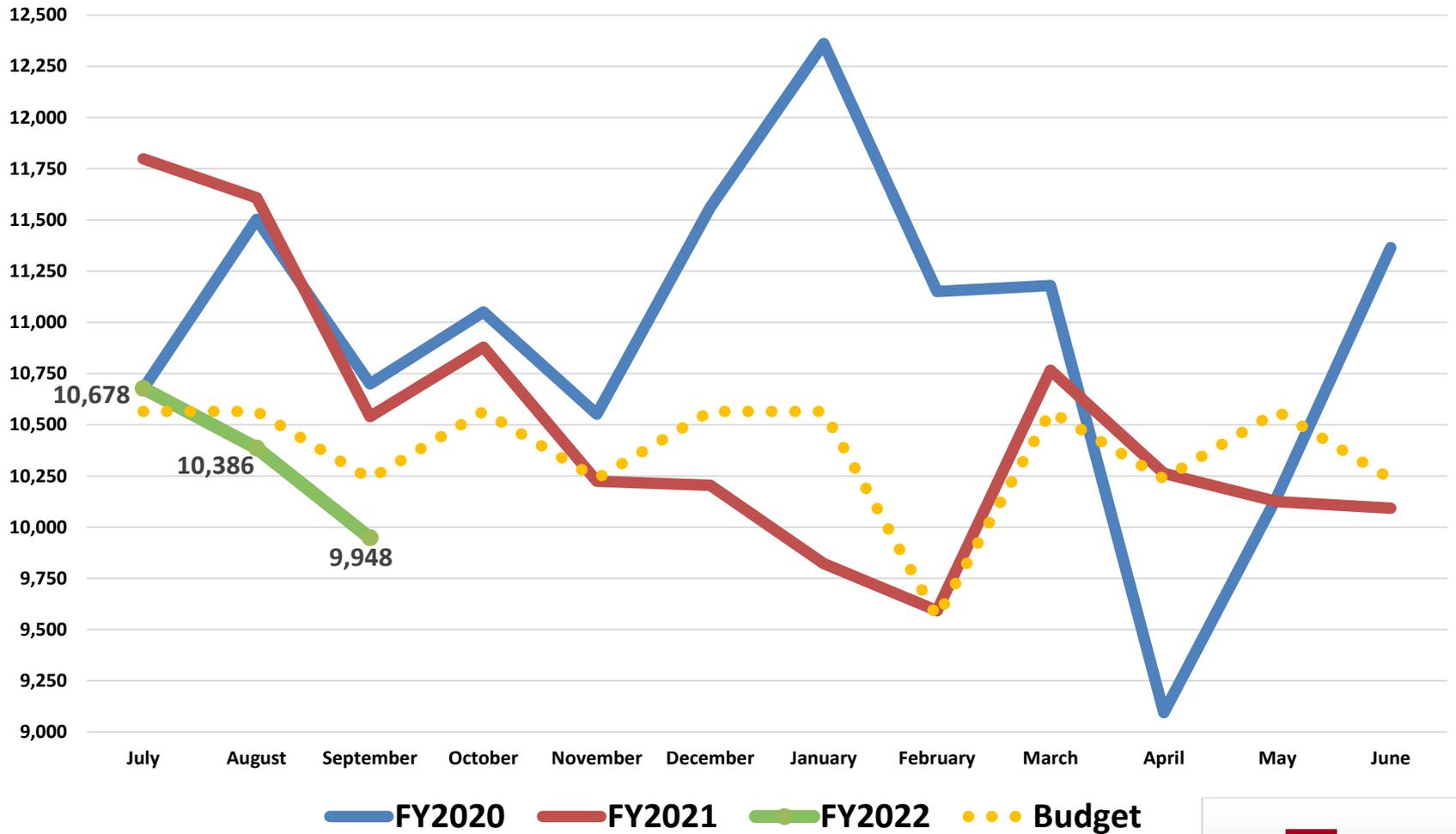
Month	YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget
May	9,867	8,454		
June			9,868	8,594

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

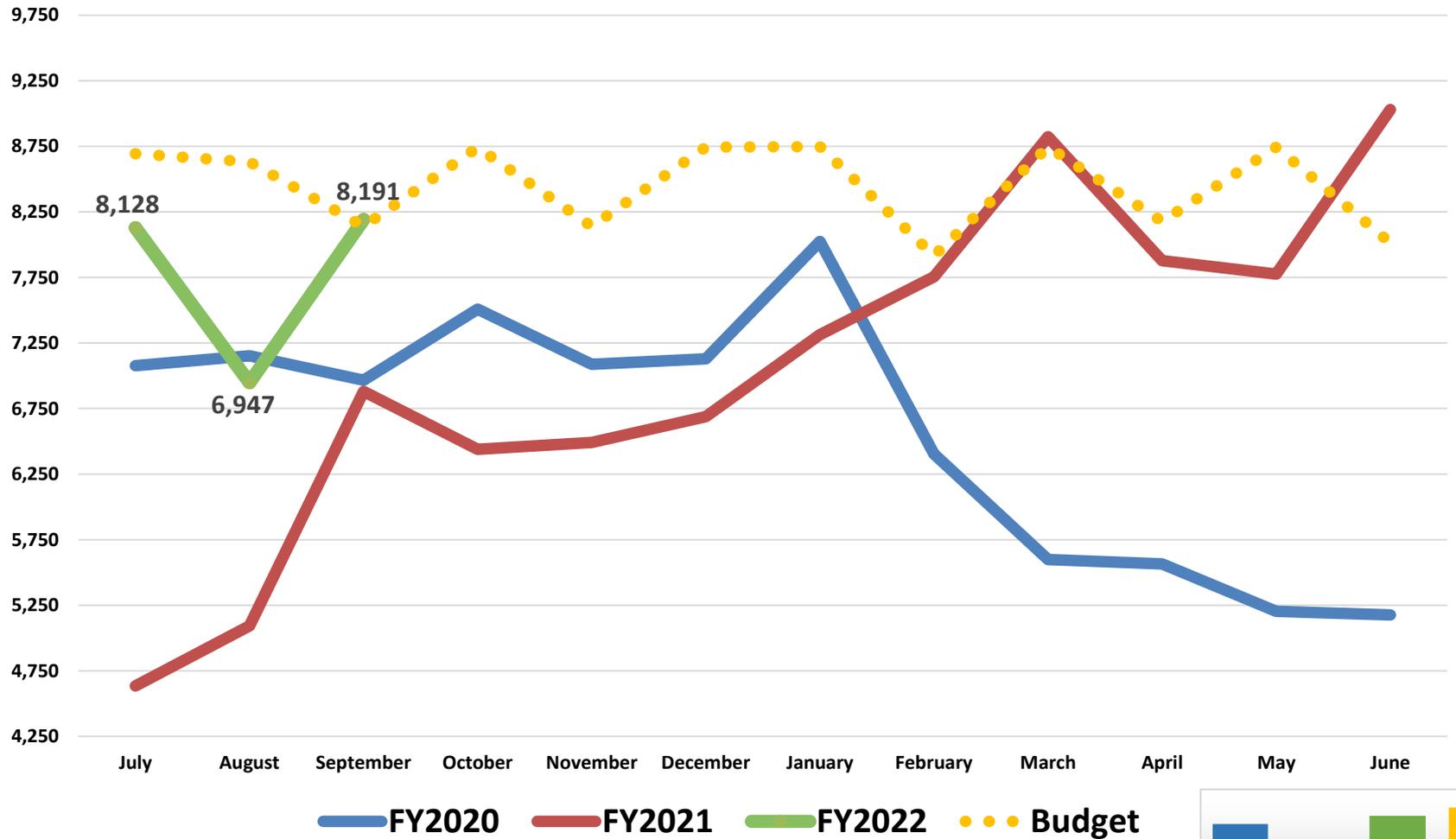


54,076	50,555	54,278	56,829
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

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

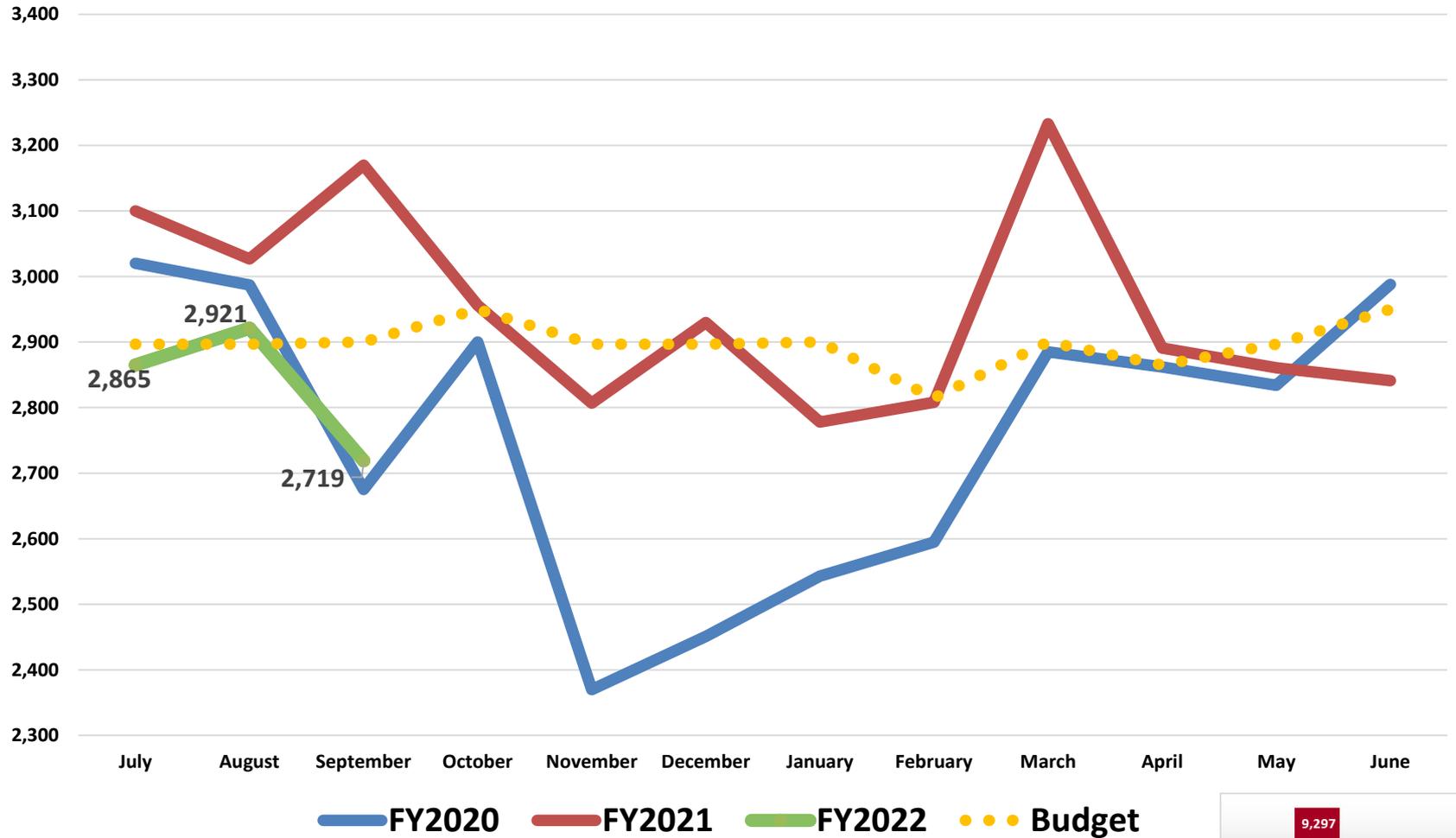


Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



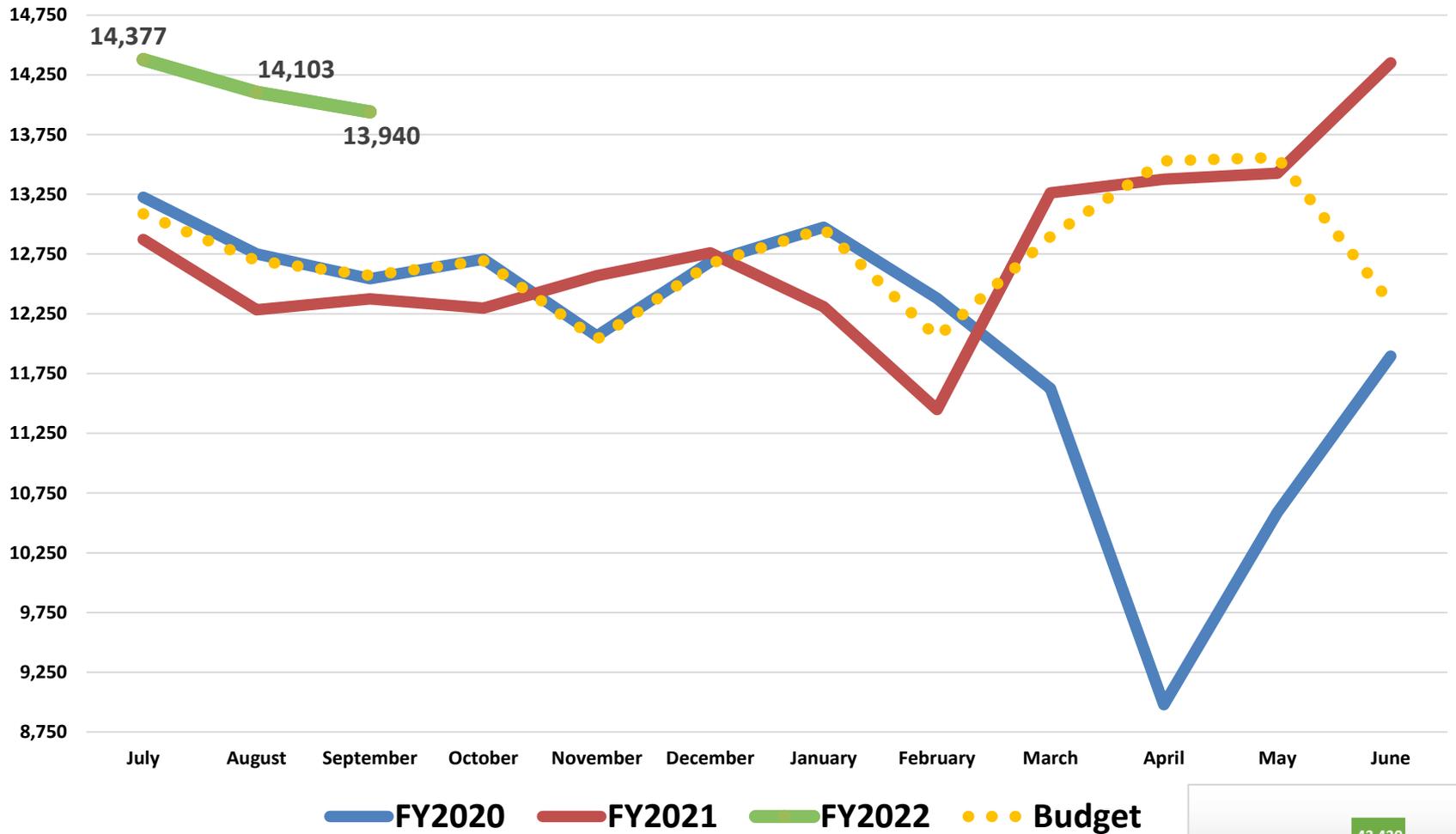
21,198	16,609	23,266	25,463
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Home Health Visits



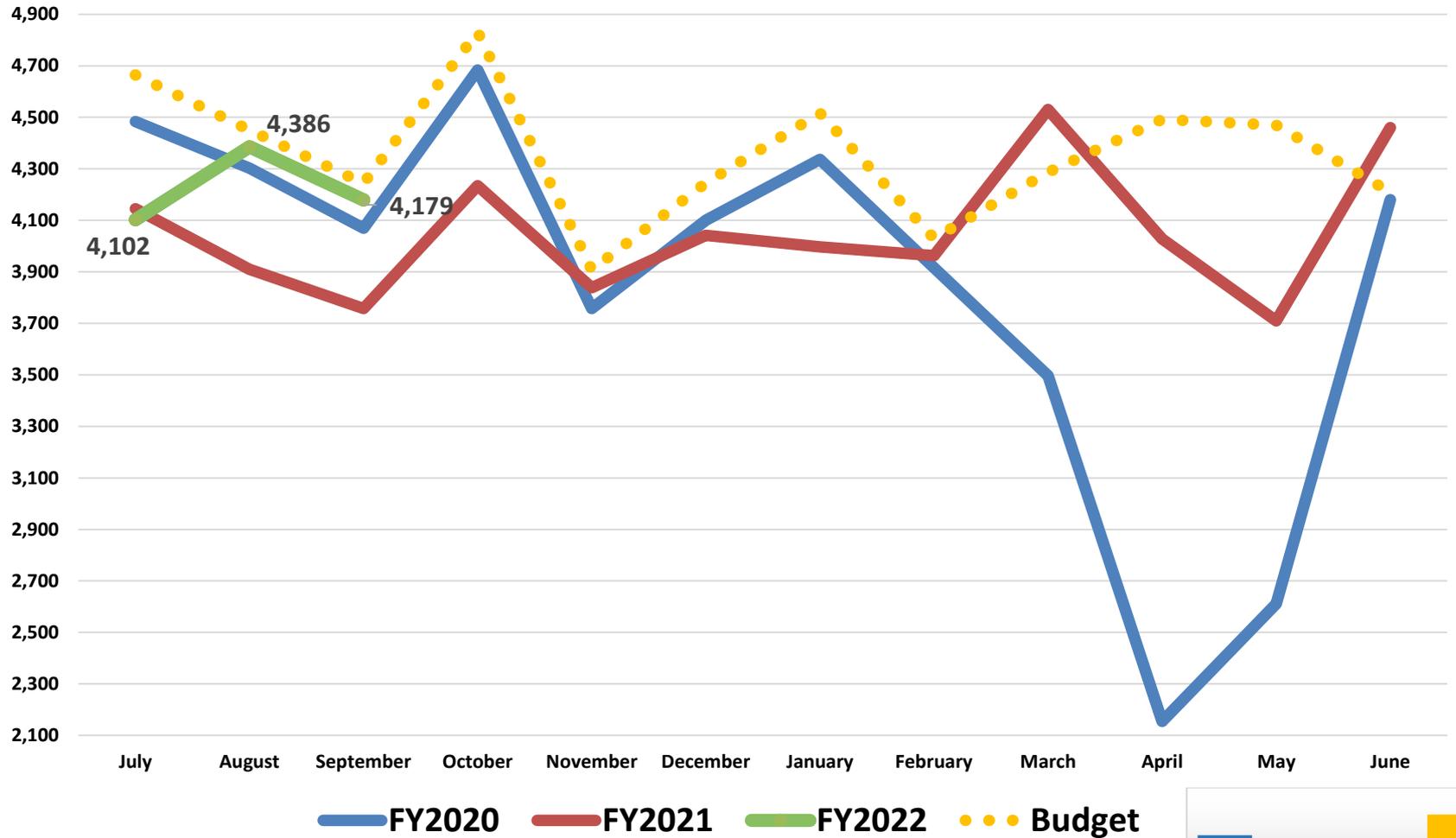
8,682	9,297	8,505	8,694
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Radiology – Main Campus



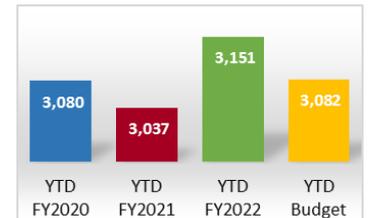
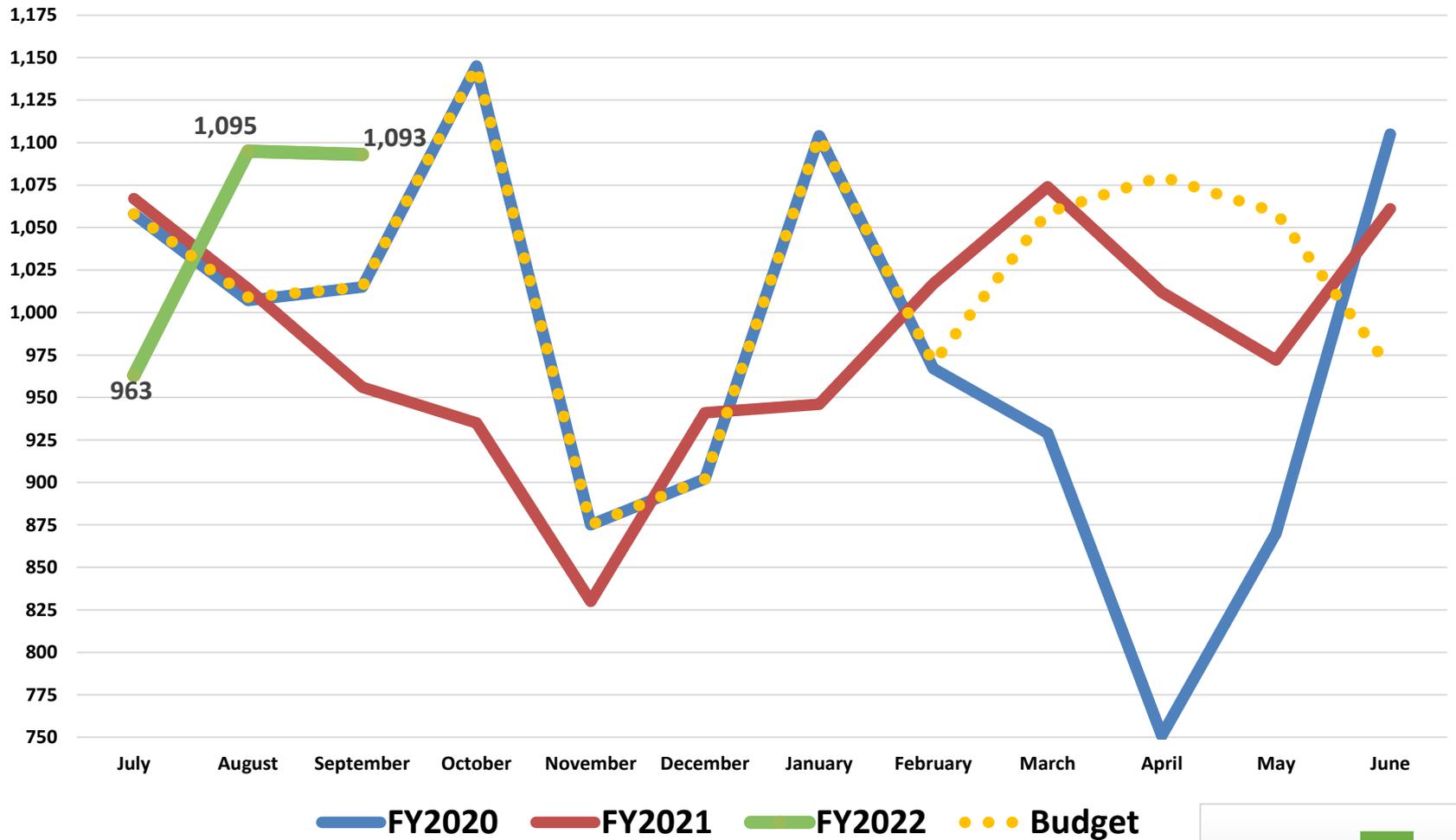
38,519	37,529	42,420	38,351
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Radiology – West Campus Imaging

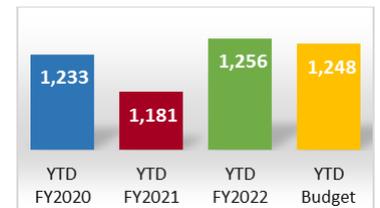
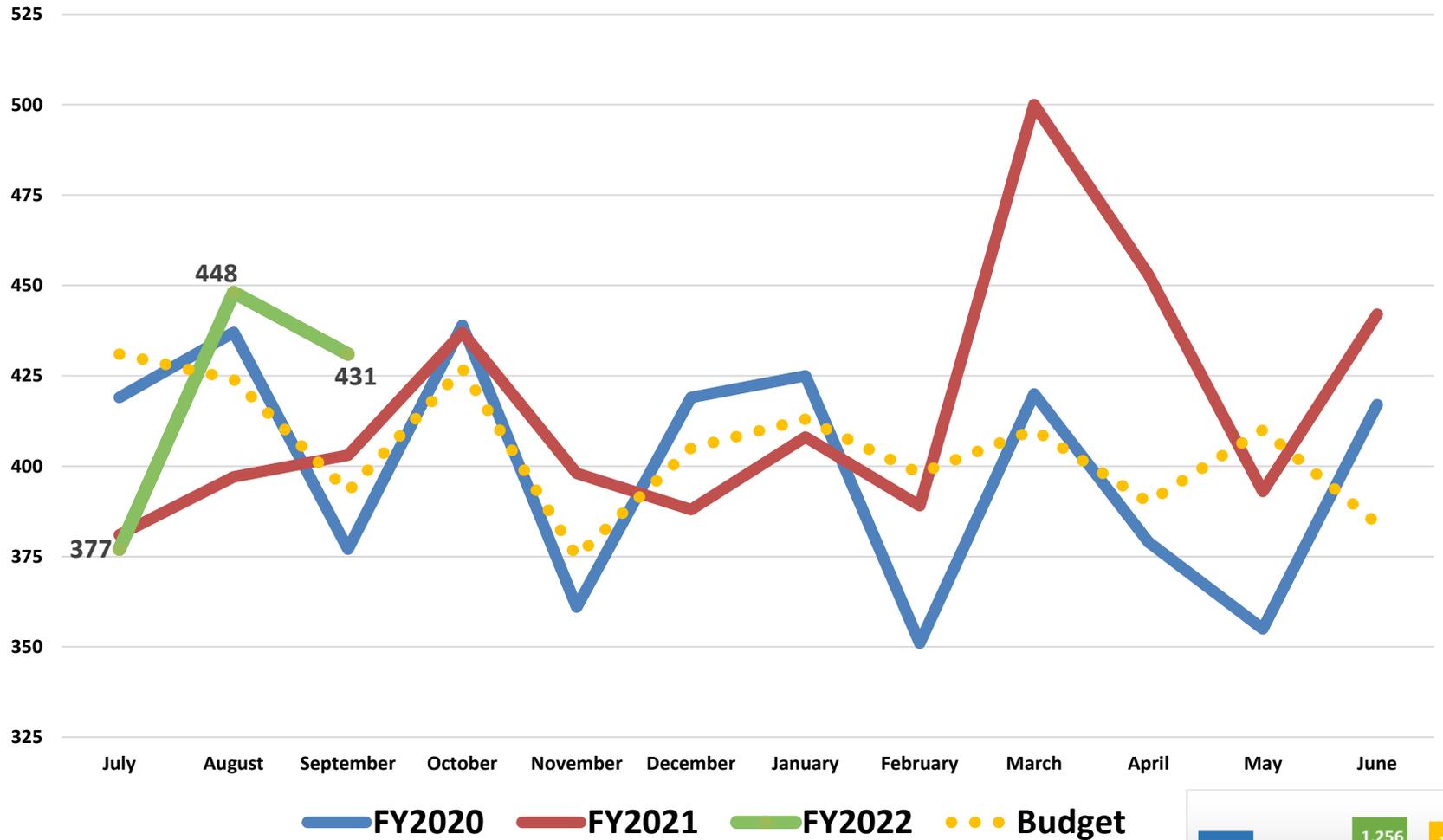


12,854	11,813	12,667	13,358
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

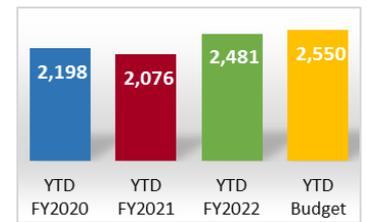
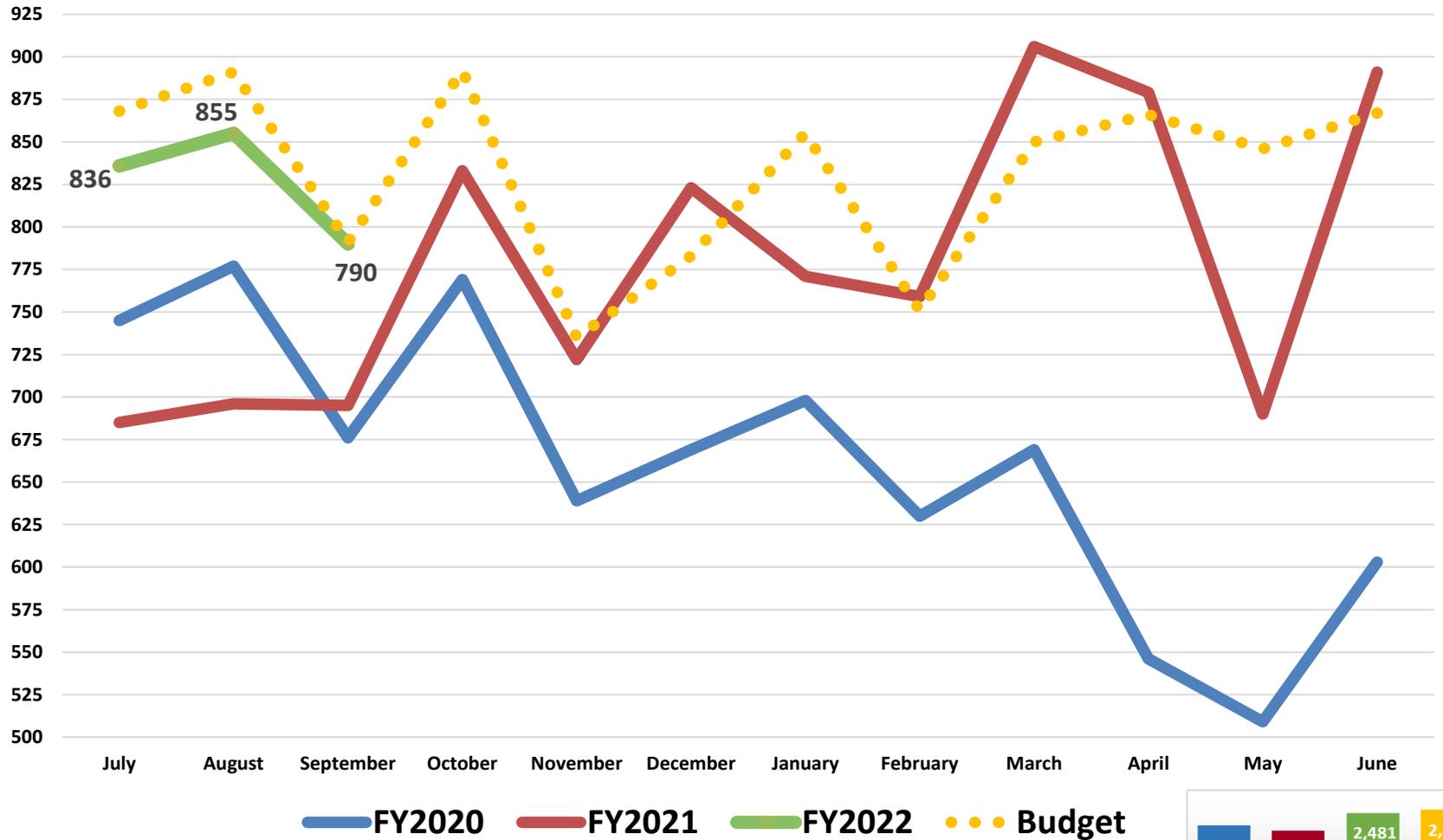
West Campus – Diagnostic Radiology



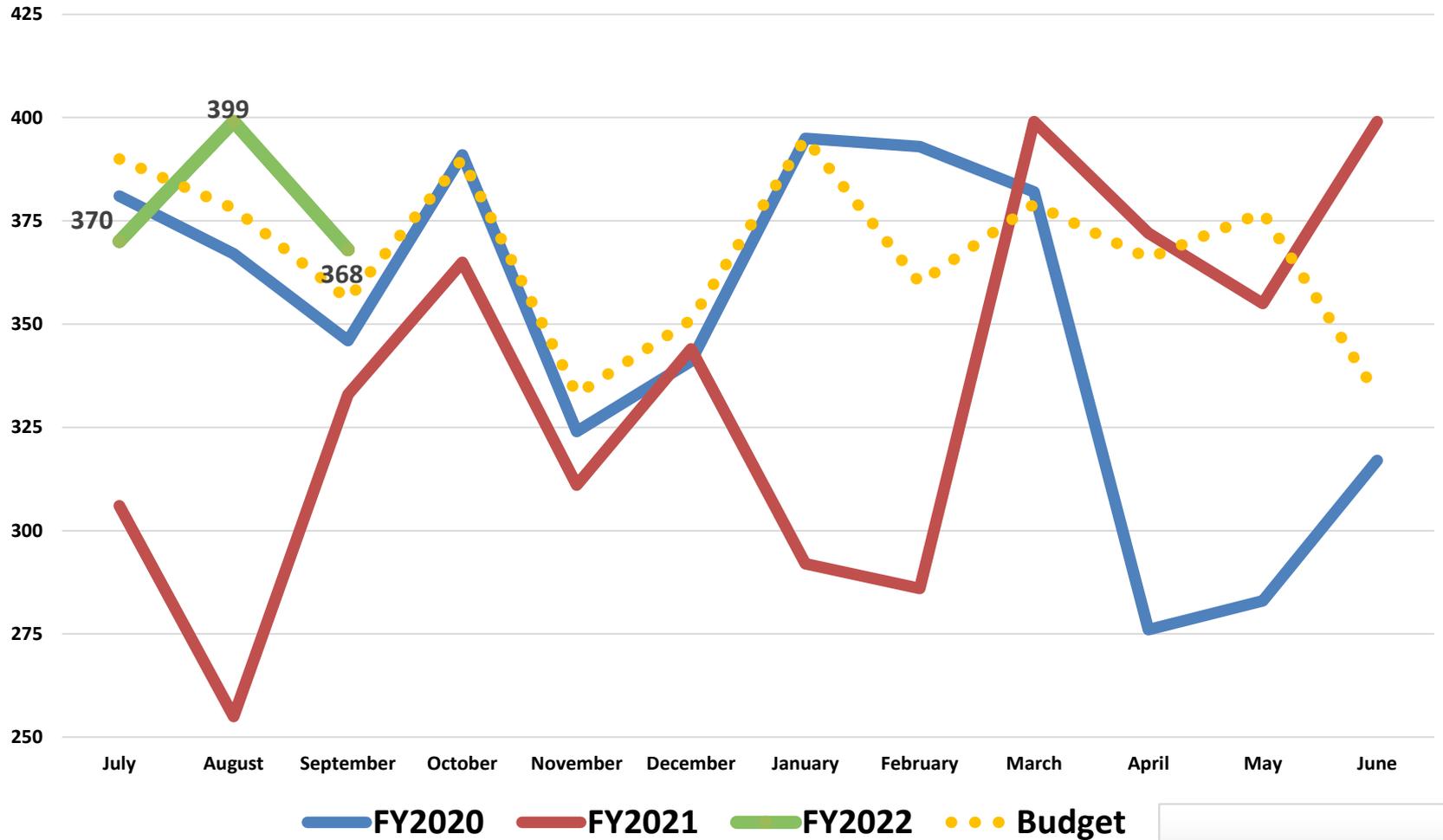
West Campus – CT Scan



West Campus - Ultrasound

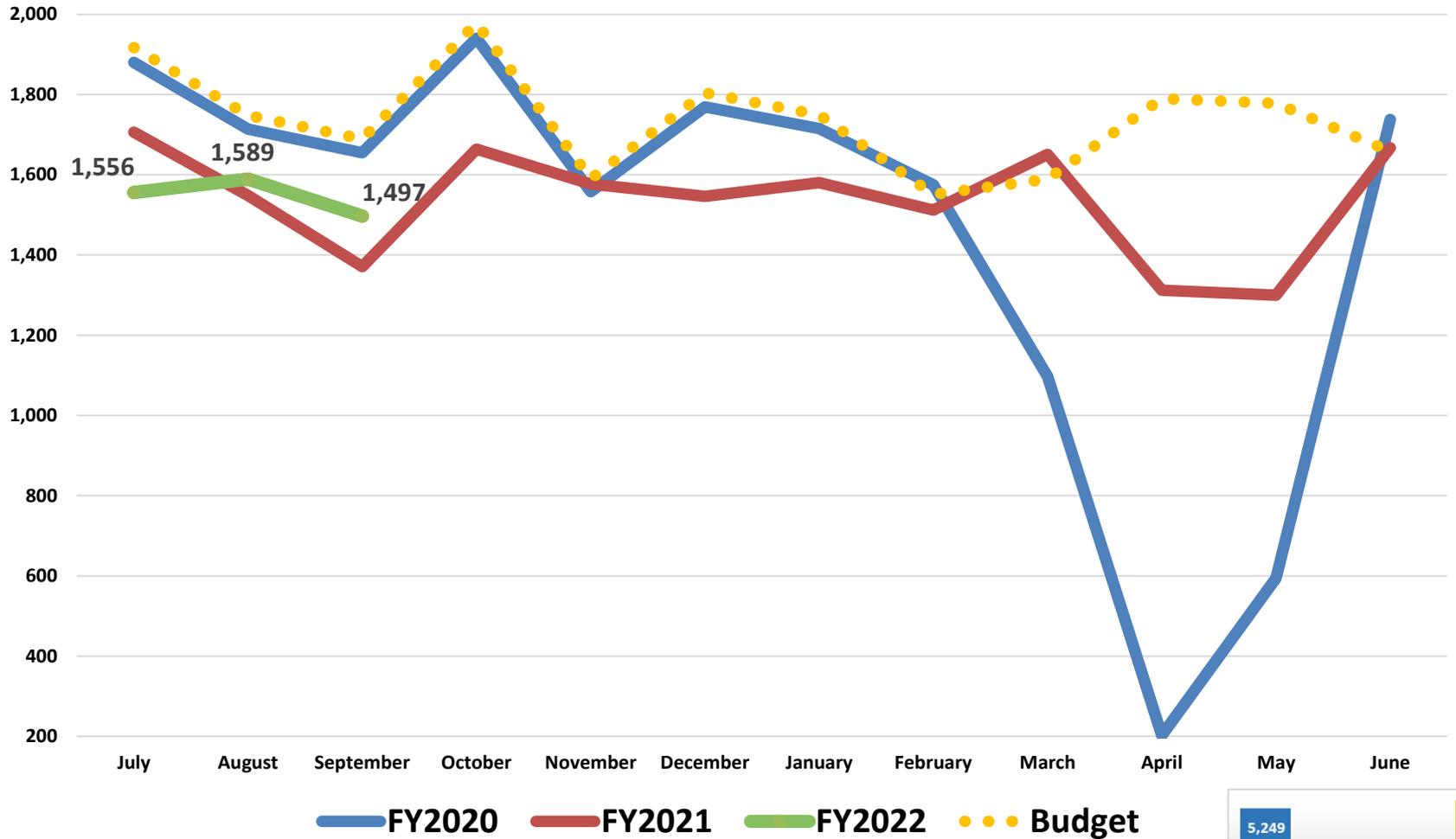


West Campus - MRI



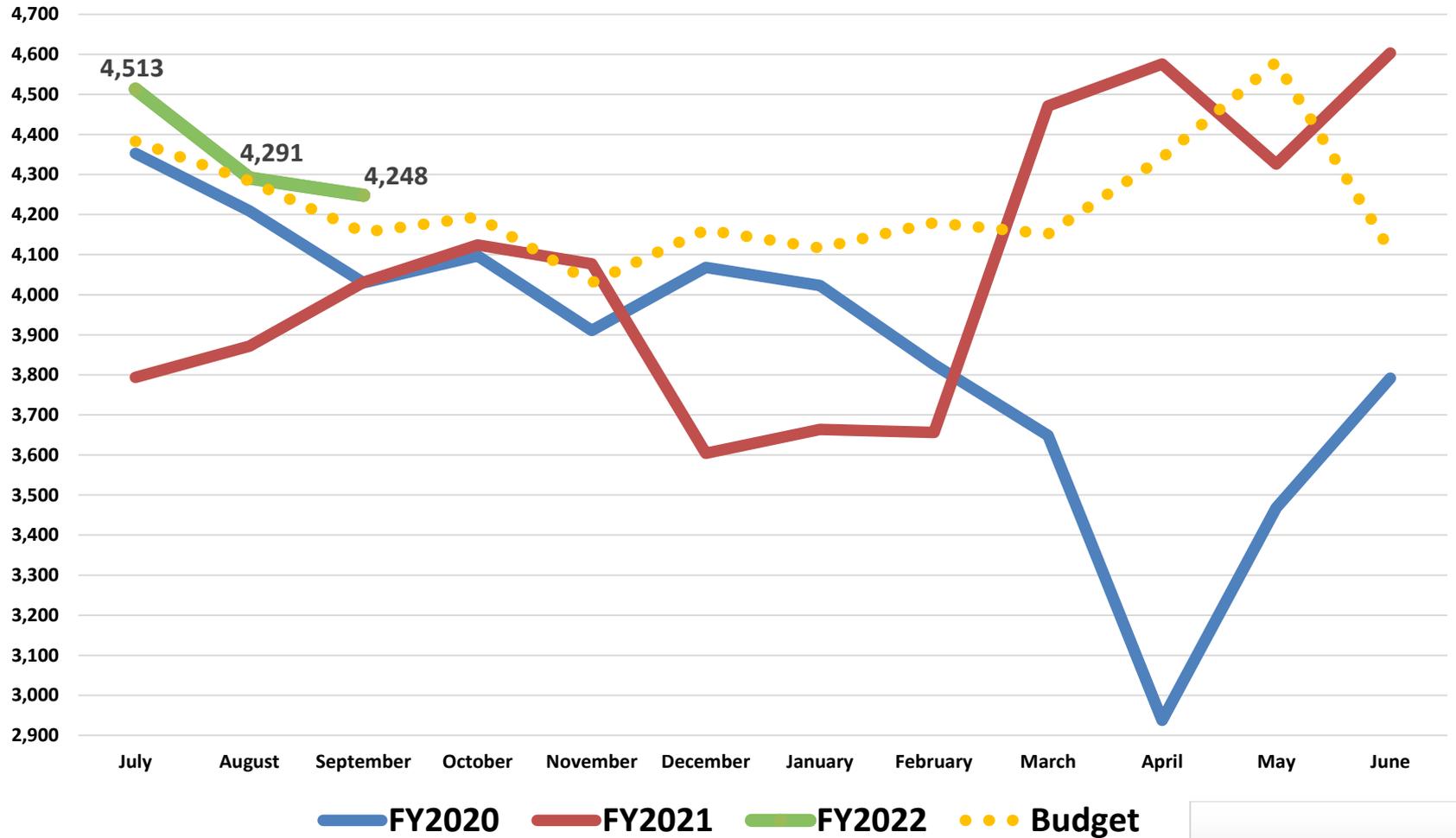
1,094	894	1,137	1,124
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

West Campus – Breast Center



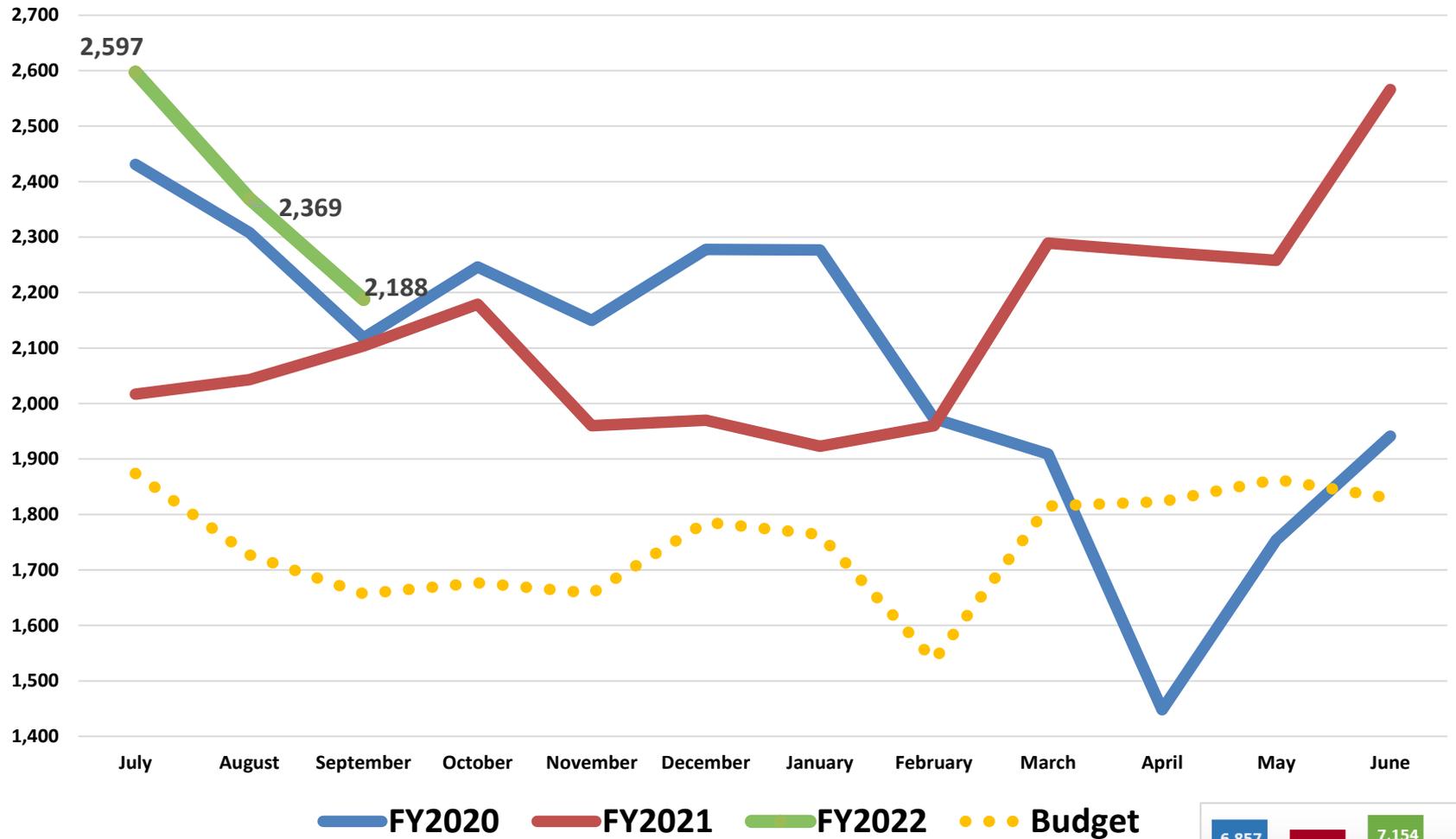
5,249	4,625	4,642	5,354
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Radiology all areas – CT

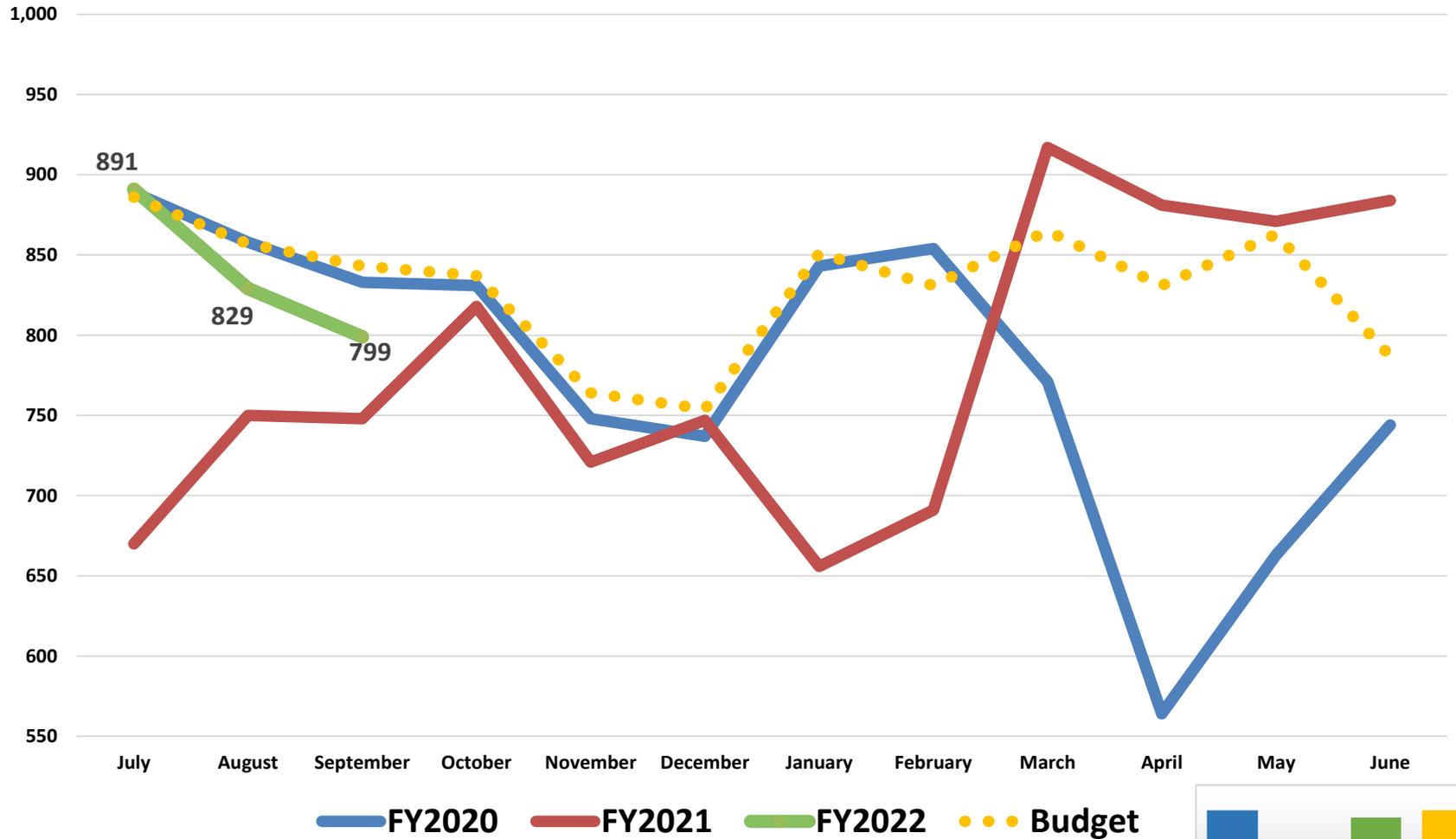


12,592	11,697	13,052	12,823
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Radiology all areas – Ultrasound

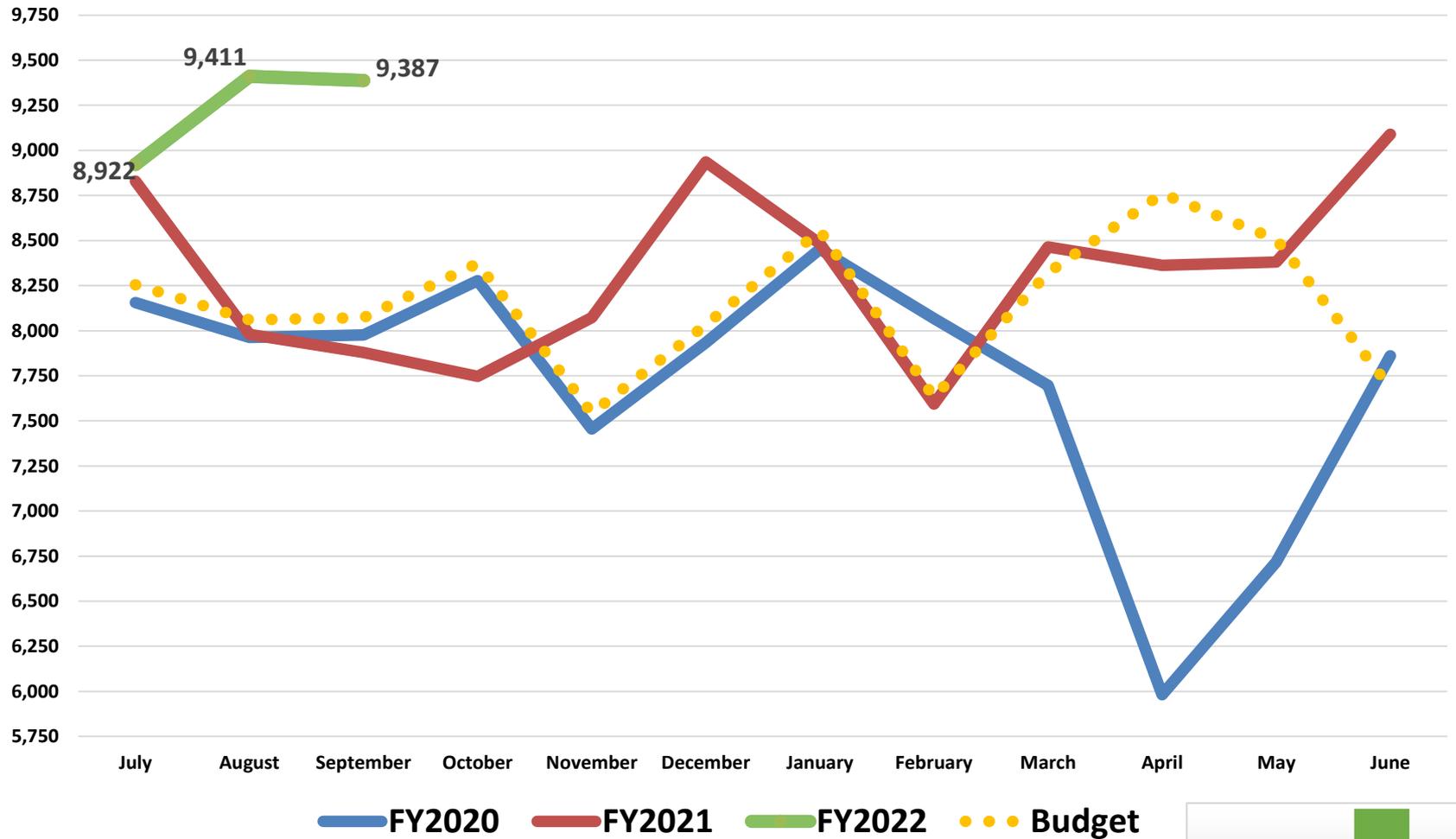


Radiology all areas – MRI



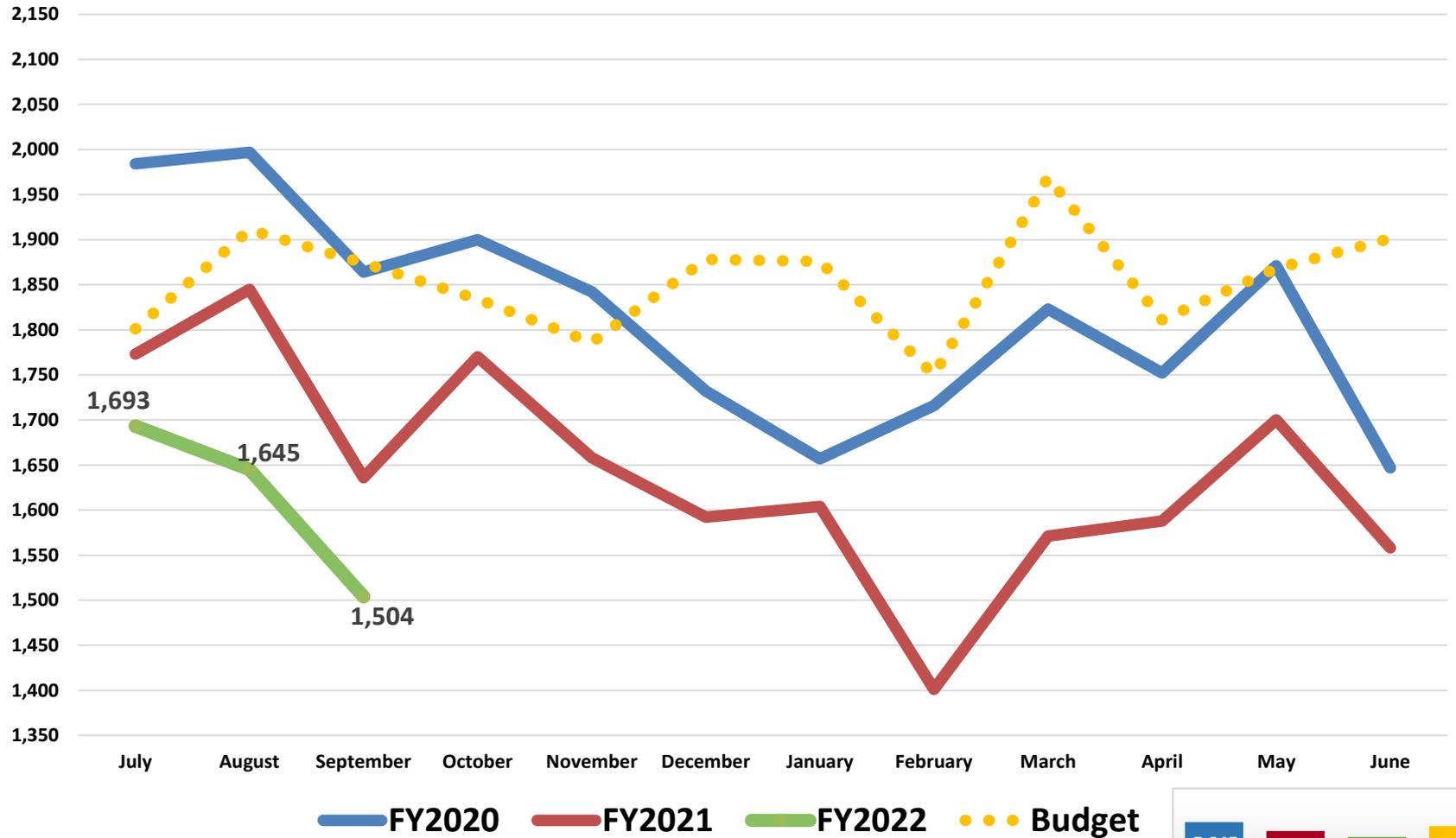
2,580	2,168	2,519	2,586
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Radiology Modality – Diagnostic Radiology



24,095	24,688	27,720	24,386
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

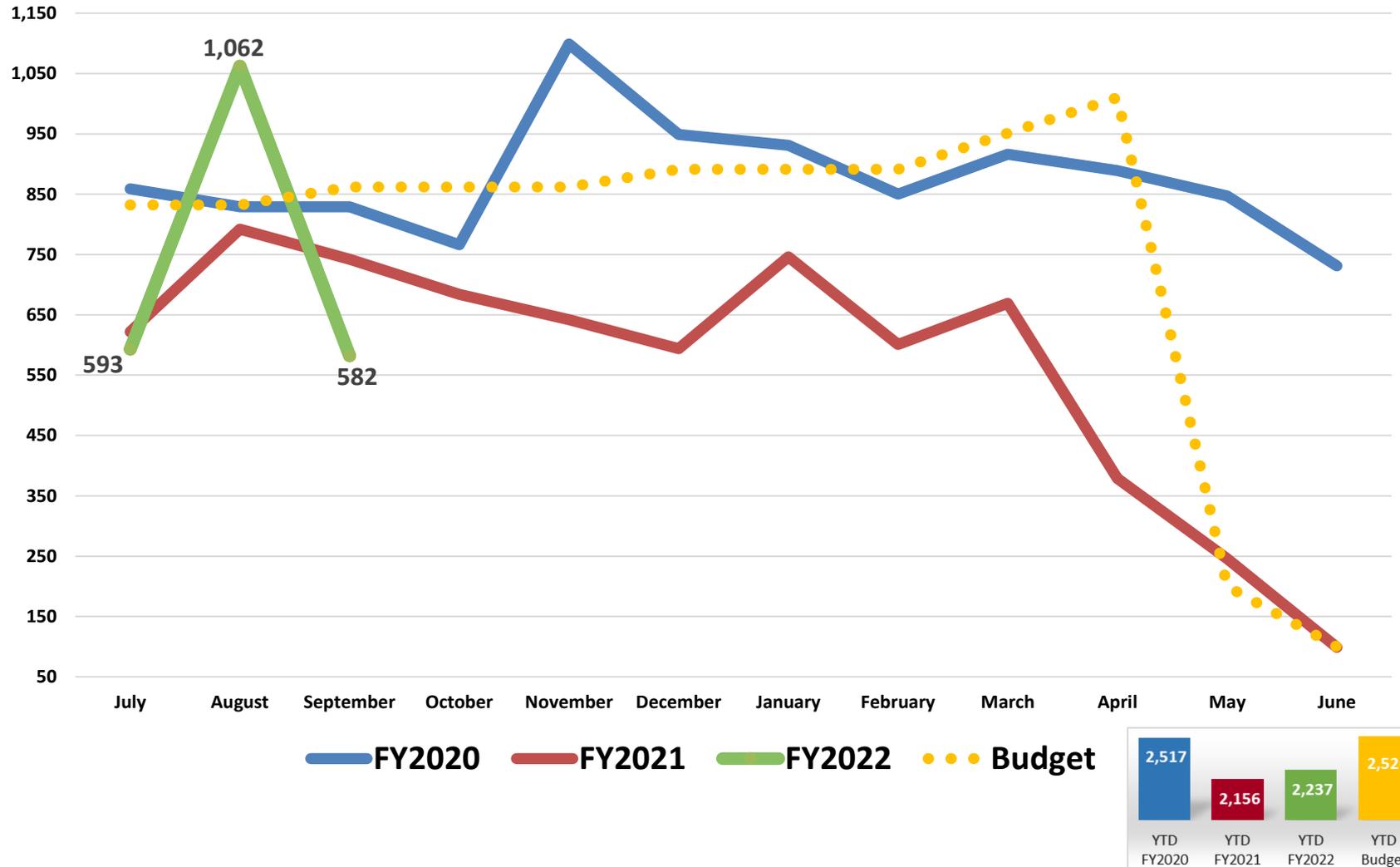
Chronic Dialysis - Visalia



5,845	5,254	4,842	5,586
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

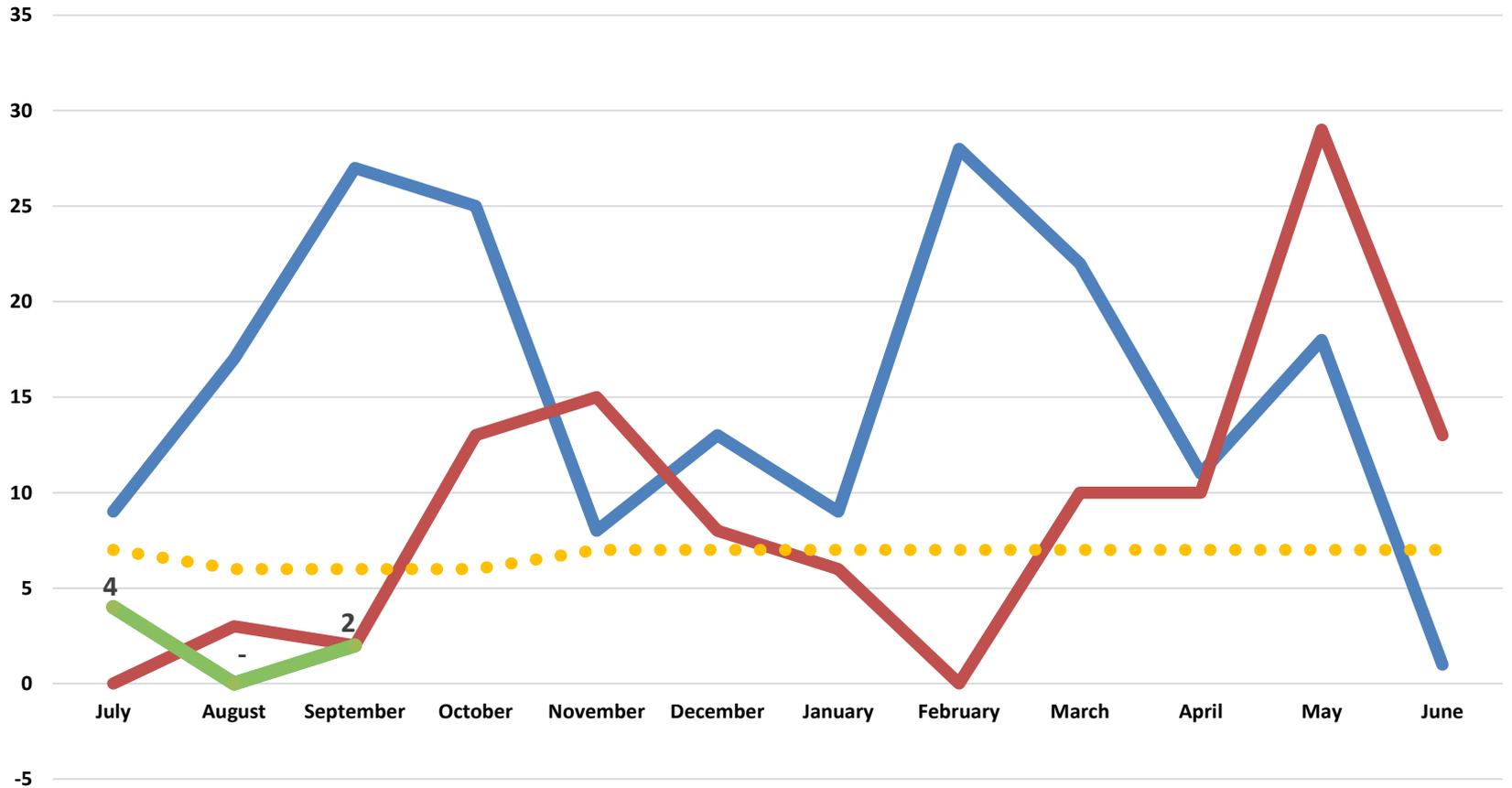
CAPD/CCPD – Maintenance Sessions

(Continuous peritoneal dialysis)

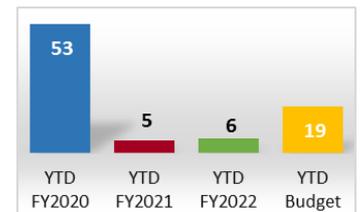


CAPD/CCPD – Training Sessions

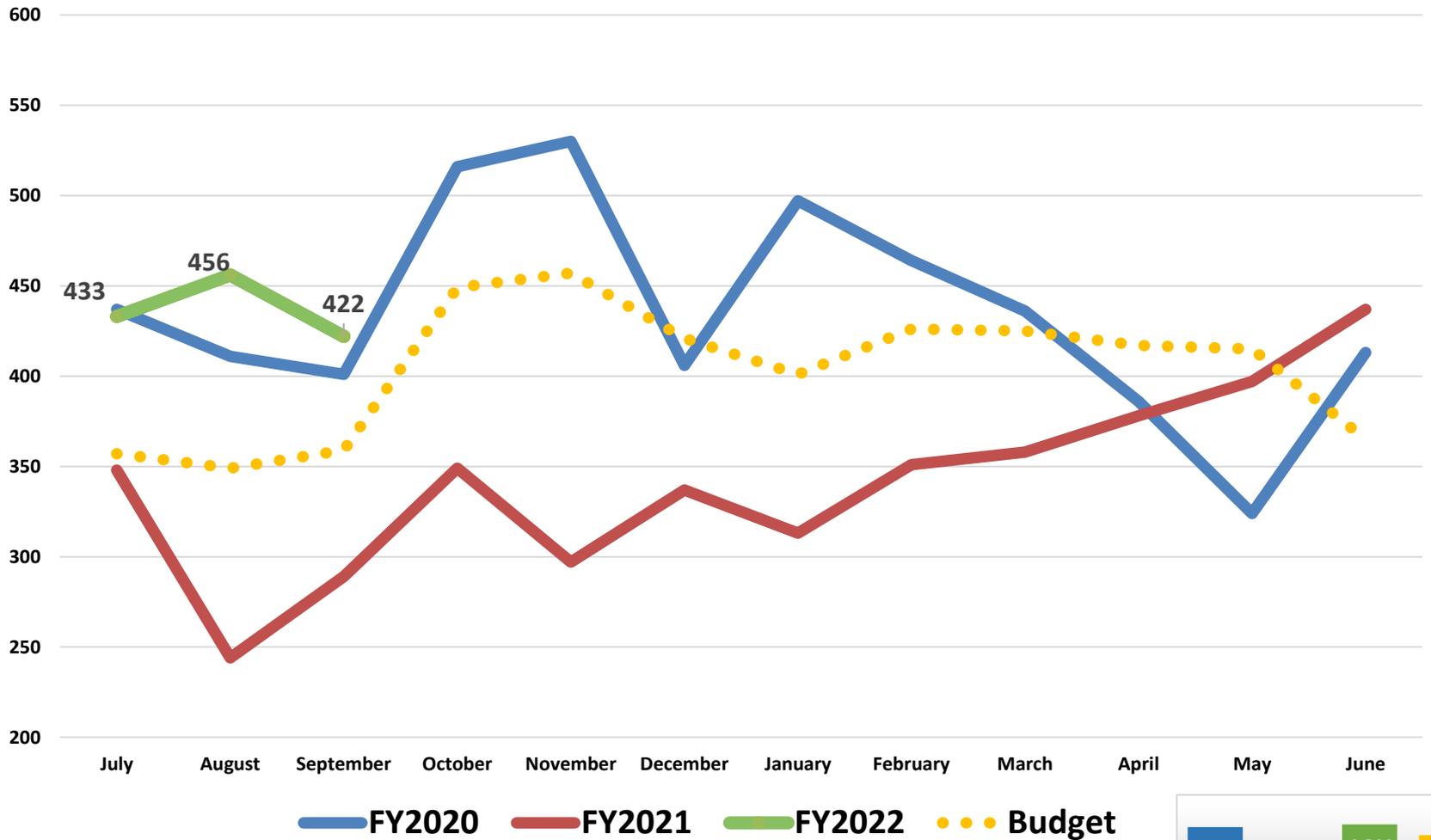
(Continuous peritoneal dialysis)



— FY2020
 — FY2021
 — FY2022
 ●●● Budget



Infusion Center – Outpatient Visits



1,249	881	1,311	1,065
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget



MEMO

To: Board of Directors
From: Marc Mertz
Subject: Northwest Visalia Senior Housing, LLC Refinancing
Date: October 21, 2021

Northwest Visalia Senior Housing, LLC is the owner of Quail Park at Shannon Ranch, including the Memory Care facility. Kaweah Health is a 33% owner in Northwest Visalia Senior Housing. The two Quail Park facilities at Shannon Ranch were developed using a construction loan from MB Financial. Around the time of our loan's closing, MB Financial was acquired by Fifth Third Bank. Fifth Third bank is based in Ohio and operates in 11 states, the closest to California being Illinois.

When Quail Park was slow to build occupancy, we were able to negotiate a deferral of principal and interest with Fifth Third. As the occupancy challenges continued, we asked for a second deferral in 2021 and were turned down. Although Quail Park at Shannon Ranch did not meet our own performance expectations during its first 18 months of operations, we never violated any of the financial covenants of our loan with Fifth Third. Occupancy of the buildings, however, did violate one of the loan covenants. Fifth Third Bank used this to call our loan, forcing us to refinance before the term of the loan. Living Care, the managing partner for Quail Park, evaluated multiple loan options. The underperformance of the independent living industry during the pandemic limited the options available to us.

The most attractive loan terms were available from MidCap Financial, who does business in California and with healthcare providers. The proposed new 3-year bridge loan is for \$30,700,000. The buildings appraised at \$48,000,000. The loan is interest only for the first two years. The interest is a floating rate at 4.5% above 30-day Libor (0.09 on October 21, 2021). Kaweah Health is not a guarantor on the loan.

RECOMMENDATION

To authorize the officers and agents of Kaweah Delta Health Care District dba Kaweah Health to approve and execute any and all documents necessary to accomplish the planned refinancing by Northwest Visalia Senior Housing, LLC. (NVSH) of the loan(s) secured by real property owned by NVSH.



MEMO

To: Board of Directors

From: Marc Mertz

Subject: California Health Facilities Financing Authority Round 3 Grant

Date: October 21, 2021

The mental health needs of our community, like the entire nation, are well known and documented. Kaweah Health is committed to increasing access to services that will help address these needs, and we are making great progress. Unfortunately, there are currently no mental health services available for children and youth in crisis needing higher levels of care, other than the emergency departments of our local hospitals. These emergency departments are extremely busy, leading to long wait times for patients, including youth in crisis. At any given time, our emergency department might have up to twelve children or youth boarding for mental health services. On average, there are two to three children boarding.

In 2016, Senate Bill 833 expanded the Investment in Mental health Wellness Act to specifically address a continuum of crisis services for children and youth, allocating funding to develop four mental health programs: crisis stabilization, crisis residential treatment, mobile crisis support teams, and family respite care. In August 2021, the California Health Facilities Financing Authority (CHFFA) opened a third round of funding under this program. Kaweah Health, in partnership with the County of Tulare, seeks to apply for this grant opportunity to develop a crisis stabilization unit (CSU) for children and youth aged 21 and under. This grant requires that the primary applicant be a county, but allows for Kaweah Health to be a co-applicant.

The proposed CSU would be a twelve bed unit that includes eight recliners and four private rooms for acutely agitated children and youth. Patients experiencing mental health crisis, but with no acute medical needs, could be brought directly to the CSU, bypassing the emergency department. The CSU would operate 24 hours per day and 7 days per week. The facility would be staffed by Kaweah Health employees, physicians from Precision Psychiatry, our psychiatry residents, and ultimately our child and adolescent psychiatry fellows.

Kaweah Health representatives have worked closely with the County of Tulare to define the scope of services, staffing requirements, facility needs, equipment and IT needs, and

operating costs. Our grant request is for \$4,932,779. These funds would cover the acquisition of land, development of the CSU facility, and would cover the initial three months of operation. We have identified several lots of land that would be conducive for the CSU. If the grant is approved and the land was still available, the County would purchase the land and develop the facility using the grant funds. They would lease the facility to Kaweah Health at a nominal rate and Kaweah Health would staff and operate the CSU. If the land we have identified is no longer available when grant funds are awarded, we may also consider using land that Kaweah Health owns at Caldwell and Lovers Lane, or at the Sequoia Gateway development.

The grant requires that the facility be operated for 20 years. The CSU services are primarily funded by the County, but are also reimbursed by commercial payers. The County has asked the Kaweah Health sign a letter of intent to operate the CSU for 20 years. In return, we have asked that the County sign a letter of intent to provide the annual financial support necessary to support the CSU and Kaweah Health's associated expenses for the same 20 year period.

The grant application is due October 29, 2021 and management is seeking Board approval to proceed with the application.

RECOMMENDATION

To authorize the officers and agents of Kaweah Delta Health Care District dba Kaweah Health to approve and execute any and all documents necessary to submit the grant application to the California Health Facilities Financing Authority for the Investment in Mental Health Wellness Grant Program in an amount not to exceed \$4,932,779 to specifically address a continuum of crisis services for children and youth, 21 years of age and under. This authorization is contingent upon Kaweah Health receiving an irrevocable agreement from the County of Tulare to provide annual funds to sustain the CSU.



**Health & Human Services
Agency
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

LARRY MICARI
District One

PETE VANDER POEL
District Two

AMY SHUKLIAN
District Three

EDDIE VALERO
District Four

DENNIS TOWNSEND
District Five

AGENDA DATE: October 26, 2021 REVISED

Public Hearing Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
CONTACT PERSON: Donna Ortiz PHONE: 559-624-8000				

SUBJECT: Approve the grant application for the Investment in Mental Health Wellness Grant Program for Children and Youth

REQUEST(S):
That the Board of Supervisors:

1. Approve the grant application submission to the California Health Facilities Financing Authority for the Investment in Mental Health Wellness Grant Program in an amount not to exceed \$4,932,779 to specifically address a continuum of crisis services for children and youth, 21 years of age and under.
2. Authorize the Chair of the Board to sign one (1) copy of Attachment A, the Application Certification.

SUMMARY:
In 2016, Senate Bill 833 (Section 20) expanded the Investment in Mental Health Wellness Act to specifically address a continuum of crisis services for children and youth, and allocated funding to develop four mental health programs – crisis residential treatment, crisis stabilization, mobile crisis support teams, and family respite care.

In August 2021, the California Health Facilities Financing Authority opened a third round of funding, and the Tulare County Health & Human Services Agency (HHSA) Behavioral Health Branch in partnership with Kaweah Health, seeks to apply for this grant opportunity to request funding for a Crisis Stabilization Unit for children and youth aged 21 years or younger in Tulare County. The HHSA Behavioral Health

SUBJECT: Approve the grant application for the Investment in Mental Health Wellness Grant Program for Children and Youth

DATE: October 26, 2021

Branch will serve as the Lead Applicant and Kaweah Health will be the Co-Applicant. The Crisis Stabilization Unit will provide 24-hour crisis intervention services to children and youth 21 years or younger, 23-hour crisis stabilization services to children and youth 21 years or younger, and a professional team to meet the needs of the individuals accessing the Crisis Stabilization Unit. If awarded grant funding, HHSA will use the monies for start-up costs, purchase of property or renovation, furnishings, and equipment, and information technology hardware and software. If awarded grant funding, the HHSA Behavioral Health Branch and Kaweah Health will enter into a separate agreement regarding the County and Kaweah Health's obligations under the grant.

There are currently two properties on the market that would meet our needs for a 12 bed, 5,000 square foot Crisis Stabilization Unit Treatment Center in Tulare County, both sites would require us to build a new state-of-the-art Crisis Stabilization Unit. This would be the first of its type in our County. HHSA and Kaweah Health have identified multiple site locations with a hope to reduce the possibility of not having an available location if and when grant funding is awarded. Kaweah Health also has two sites it already owns that could be considered.

If awarded grant funding, as the Lead Grantee, the County would lease the property for the Crisis Stabilization Unit to Kaweah Health for the useful life of the asset, which would be approximately 20 years. The lease would provide the County a lien over the property. If Kaweah Health ceased providing services, the title of the property would revert back to the County. The County would be responsible for ensuring that services are provided during the useful life of the asset, i.e. 20 years.

In partnership with Kaweah Health the CSU would be staffed with a range of professionals available to meet the needs of the target population. This will include the development of an interdisciplinary team that includes case managers, therapists, nurses, and psychiatric providers.

Due to the COVID 19 pandemic, Tulare County Health and Human Services Agency Behavioral Health Branch (TCBH) has seen an increase in children and youth needing mental health services. TCBH is seeking additional resources to support the growing need in the community. Children and youth have unique challenges and would benefit from specialized children and youth focused services. A new Crisis Stabilization Unit (CSU) will allow a designated team of staff specialized in mental health and substance use disorders to provide needed supports and services. The CSU would provide crisis evaluation, crisis intervention and stabilization, psychiatric services, and discharge care. Currently, at times children and youth identified as needing a higher level of intervention are taken to emergency departments for evaluations. By adding an additional access point and reduce hospitalizations, inpatient admissions and detainment by law in Tulare County this will help to eliminate gaps in services, and limiting our community need to seek treatment outside Tulare County.

SUBJECT: Approve the grant application for the Investment in Mental Health Wellness Grant Program for Children and Youth

DATE: October 26, 2021

On August 26, 2021 CHFFA notified counties of the third funding opportunity under the Investment in Mental Health Wellness Act, for which the application is due by October 29, 2021. The HHSA Behavioral Health Branch is currently finalizing the grant application. If this grant funding is awarded, the Behavioral Health Branch will return to the Board of Supervisors with the Grant Agreement. The Behavioral Health Branch will also return to the Board once we have determined which property to purchase.

FISCAL IMPACT/FINANCING:

The total amount of revenue being sought is an amount of up to \$4,932,779. There is no net cost the County General Fund.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year strategic plan includes the Quality of Life initiative that encourages innovative provision of quality supportive services for at-risk adults, youth and children in state and federally mandated programs. Through this grant submission we seek to increase the ability to fulfill that obligation by providing crisis services at first contact and increasing access to mental health services in the community.

ADMINISTRATIVE SIGN-OFF:

/s/Donna Ortiz

Donna Ortiz

Director of Mental Health

cc: County Administrative Office

Attachment(s) Draft Grant Application

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF APPROVE THE)
GRANT APPLICATION FOR THE) Resolution No. _____
INVESTMENT IN MENTAL HEALTH) Agreement No. _____
WELLNESS GRANT PROGRAM FOR)
CHILDREN AND YOUTH

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

1. Approved the grant application submission to the California Health Facilities Financing Authority for the Investment in Mental Health Wellness Grant Program in an amount not to exceed \$4,932,779 to specifically address a continuum of crisis services for children and youth, 21 years of age and under.
2. Authorized the Chair of the Board to sign one (1) copy of Attachment A, the Application Certification.

INVESTMENT IN MENTAL HEALTH WELLNESS GRANT PROGRAM for Children and Youth

Form-1: SUMMARY INFORMATION *Please type all responses.*

Total Requested Grant Amount: \$ 4,932,779.00

Date Submitted: October 28, 2021

LEAD GRANTEE

1. APPLICANT INFORMATION	
<small>NAME OF APPLICANT:</small> County of Tulare Health & Human Services Agency - Behavioral Health Department	<small>ENTITY TYPE: (County or Joint Powers Authority)</small> County
<small>ADDRESS:</small> 5957 S. Mooney Blvd	<small>CITY, STATE AND ZIP:</small> Visalia, CA 93277
CONTACT INFORMATION	
<small>FIRST AND LAST NAME:</small> Donna Ortiz	<small>TITLE:</small> Behavioral Health Director
<small>ADDRESS:</small> 5957 S. Mooney Blvd	<small>CITY, STATE AND ZIP:</small> Visalia, CA 93277
<small>PHONE NUMBER:</small> (559) 624-8000	<small>EMAIL ADDRESS:</small> dortiz@tularecounty.ca.gov

Project Title: **Crisis Stabilization Treatment Center**

Project Brief Summary Description (*Limited to 20 words*): **24- hour Crisis Stabilization Unit to provide crisis intervention services to children and youth 21 years or younger, and 23-hour crisis stabilization services with a professional team to meet the needs of individuals accessing services.**

County(ies) to be served: **Tulare**

Please select all programs to be funded with Grant, and insert number of beds and/ or teams to be added by the proposed Project, as applicable.

<p style="text-align: center;">Crisis Residential Treatment</p> <p>_____ beds</p> <p>Amount Requested \$ _____</p>	<p style="text-align: center;"><input checked="" type="checkbox"/> Crisis Stabilization</p> <p style="text-align: center;">12 beds</p> <p>Amount Requested \$ 4,932,779</p>	<p style="text-align: center;">Mobile Crisis Support Teams</p> <p>_____ team(s) including:</p> <p>1) _____ Vehicle(s), and/or</p> <p>2) _____ Staff</p> <p>Capital Amount Requested \$ _____</p> <p>Personnel Funding Requested for 1 year \$ _____</p>	<p style="text-align: center;">Family Respite Care</p> <p>Amount Requested \$ _____</p>
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Purpose of Grant: *Check all applicable boxes*

California Health Facilities Financing Authority
Investment in Mental Health Wellness Grant Program
For Children and Youth Application

Purchase of real property

Furnishings and/or Equipment

Construction or renovation

Information technology

Program startup or expansion costs

Mobile Crisis Support Team Personnel Funding

Purchase of Mobile Crisis Support Team vehicle(s)

California Health Facilities Financing Authority
Investment in Mental Health Wellness Grant Program
For Children and Youth Application

Form-2: ADDITIONAL APPLICANTS AND SERVICE PROVIDERS Please fill out additional Applicants and service provider(s) contact information. *Please use space as needed. Copy page if more space is needed.*

1. CO-APPLICANT INFORMATION

NAME OF APPLICANT: Kaweah Delta Health Care District	ENTITY TYPE: <i>(County or Joint Powers Authority)</i> Special District
ADDRESS: 400 W. Mineral King Ave.	CITY, STATE AND ZIP: Visalia, CA 93291

CO-APPLICANT CONTACT INFORMATION

FIRST AND LAST NAME: Marc Mertz	TITLE: Vice President and Chief Strategy Officer
ADDRESS: 400 W. Mineral King Ave.	CITY, STATE AND ZIP: Visalia, CA 93291
PHONE NUMBER:	FAX NUMBER:
EMAIL ADDRESS:	

2. CO-APPLICANT INFORMATION

NAME OF APPLICANT:	ENTITY TYPE: <i>(County or Joint Powers Authority)</i>
ADDRESS:	CITY, STATE AND ZIP:

CO-APPLICANT CONTACT INFORMATION

FIRST AND LAST NAME:	TITLE:
ADDRESS:	CITY, STATE AND ZIP:
PHONE NUMBER:	FAX NUMBER:
EMAIL ADDRESS:	

Service Providers:

1. ORGANIZATION TO DELIVER SERVICES (IF KNOWN) *Check box if same as Designated Lead Grantee*

NAME OF ORGANIZATION: Precision Psychiatry	ENTITY TYPE: Doctors Group
ADDRESS: 4045 Stockdale Highway	CITY, STATE AND ZIP: Bakersfield, CA 93309

CONTACT INFORMATION

FIRST AND LAST NAME: Rupali Tilve	TITLE: Vice President of Operations
PHONE NUMBER: 661-735-8860	FAX NUMBER:
EMAIL ADDRESS: rupali@precisionpsych.com	

2. ORGANIZATION TO DELIVER SERVICES (IF KNOWN)

NAME OF ORGANIZATION:	ENTITY TYPE:
ADDRESS:	CITY, STATE AND ZIP:

CONTACT INFORMATION

FIRST AND LAST NAME:	TITLE:
PHONE NUMBER:	FAX NUMBER:
EMAIL ADDRESS:	



Form-3: SUMMARY OF FUNDING REQUESTED

REQUESTED FUNDING BY PROGRAM	
Crisis Residential Treatment Program	
ELIGIBLE COSTS	AMOUNT
Purchase of Real Property (how many properties?)	\$ 0.00
Construction or Renovation*	\$ 0.00
Furnishings and/or Equipment	\$ 0.00
Information Technology**	\$ 0.00
Program Startup or Expansion Costs (up to three months)	\$ 0.00
SUB-TOTAL	\$ 0.00
Crisis Stabilization Program	
ELIGIBLE COSTS	AMOUNT
Purchase of Real Property (how many properties? 1)	\$ 1,000,000.00
Construction or Renovation*	\$ 3,335,500.00
Furnishings and/or Equipment	\$ 125,000.00
Information Technology**	\$ 20,000.00
Program Startup or Expansion Costs (up to three months)	\$ 452279.00
SUB-TOTAL	\$ 4,932,779.00
Mobile Crisis Support Team Program	
ELIGIBLE COSTS	AMOUNT
Purchase of vehicles (how many vehicles?) May include two-year maintenance contracts, if any.	\$ 0.00
Furnishings and/or Equipment	\$ 0.00
Information Technology**	\$ 0.00
Program Startup or Expansion Costs (up to three months)	\$ 0.00
Personnel Funding for 1 year (how many FTEs?)	\$ 0.00
SUB-TOTAL	\$ 0.00

REQUESTED FUNDING BY PROGRAM	
Family Respite Care Program	
ELIGIBLE COSTS	AMOUNT
Purchase of Real Property (how many properties?)	\$ 0.00
Construction or Renovation*	\$ 0.00
Furnishings and/or Equipment	\$ 0.00
Information Technology**	\$ 0.00
Program Startup or Expansion Costs (up to three months)	\$ 0.00
SUB-TOTAL	\$ 0.00
Total Requested Grant Amount	\$ 4,932,779.00

*Hardscaping and/or landscaping costs essential to the completion of the Project may not exceed 5% of total Grant award.

**Information Technology hardware and software costs may not exceed 1% of total Grant award except when approved by the Authority and only upon submission of justification in Application narrative that the additional information technology costs are necessary for the Project to achieve the desired goals and outcomes set forth in Section 7319(a)(3) and Section 7319.1(a)(3) of the regulations.

Form-4: COUNTY GRANT AMOUNTS WORKSHEET

COUNTY GRANT AMOUNTS WORKSHEET

Complete the worksheet below for each County listed as Lead Grantee and Co-Applicant(s) on Form-1 and Form-2.

Applicants may apply for Capital and Personnel Funding as set forth in Section 7318 of the regulations. Counties Applying Jointly, may at their discretion, apply for up to the sum of their respective maximum Capital Funding amounts.

COUNTY NAME	CAPITAL FUNDING REQUESTED	PERSONNEL FUNDING REQUESTED (Mobile Crisis for 1 year)	TOTAL REQUESTED (Capital + Personnel)
Tulare	\$ 4,932,779.00	\$ 0.00	\$ 4,932,779.00
	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00
TOTALS	\$ 4,932,779.00	\$ 0.00	\$ 4,932,779.00

Form-5: SOURCES AND USES

Please include sources and uses to complete the entire Project.

Sources of Funds:	Project Completion:
Total Grant amount requested	\$ <u>4,932,779.00</u>
Mental Health Services Act (MHSA) funds	\$ <u>0.00</u>
Realignment funds	\$ <u>0.00</u>
Medi-Cal, Federal Financial Participation	\$ <u>0.00</u>
Other sources, list (i.e. bank loan*, other grants)	\$ <u>0.00</u>
_____	\$ <u>0.00</u>
_____	\$ <u>0.00</u>
_____	\$ <u>0.00</u>
Total Sources	\$ <u><u>4,932,779.00</u></u>

*If obtaining a bank loan, please name the bank and describe the length and rate of the loan.

Uses of Funds:	
Purchase of real property	\$ <u>1,000,000.00</u>
Construction or renovation**	\$ <u>3,335,500.00</u>
Purchase of vehicles and vehicle maintenance contracts	\$ <u>0.00</u>
Furnishings and/or equipment	\$ <u>125,000.00</u>
Information technology hardware and software	\$ <u>20,000.00</u>
Program start up or expansion costs (3 months)	\$ <u>452,279.00</u>
Personnel Funding - for Mobile Crisis Support Teams only (1 year)	\$ <u>0.00</u>
Other costs	\$ <u>0.00</u>
_____	\$ <u>0.00</u>
_____	\$ <u>0.00</u>
_____	\$ <u>0.00</u>
Total Uses (must equal Total Sources)	\$ <u><u>4,932,779.00</u></u>

****Grantees must comply with California's prevailing wage law under Labor Code section 1720, et seq. for public works projects. The Authority recommends Applicants consult with their legal counsel.**

Evaluation Criteria – Crisis Residential Treatment, Crisis Stabilization and/or Mobile Crisis Support Team (The evaluation criteria for Family Respite Care begins on page 14)

Applications shall be scored on the criteria set forth in Section 7319 of the regulations. Please address each of the criteria for each Program as follows:

1. Project expands access to and capacity for community-based Mental Health Crisis Services that offer relevant alternatives to hospitalization and detainment by law enforcement. (Maximum 25 points)

The Tulare County Health and Human Services Agency, Mental Health Branch (TCMH) and Kaweah Delta Health Care District (now known as Kaweah Health) have partnered for this grant finding opportunity for a Crisis Stabilization Unit (CSU) in Tulare County for children and youth aged twenty-one (21) years old or younger experiencing a mental health crisis. TCMH will serve as the Lead Applicant, and Kaweah Health will be the Co-Applicant. There are no other Crisis Stabilization Units currently in Tulare County, and our hope is to serve the needs of Tulare County and surrounding areas through the CSU. The CSU will be a twelve (12) bed unit that includes eight (8) recliners, and four (4) private rooms for acutely agitated children and youth, severely mentally ill children and youth, or very young children to separate them for safety. Our goal is to find a location within proximity to the Kaweah Health Emergency Department.

Together TCMH and Kaweah Health are partnering to bring a new Crisis Stabilization facility into the community. Both agencies recognize the need for crisis stabilization to the target population and having access to these services within Tulare County. With a CSU, both agencies hope to assist children and youth, families, and support persons with comprehensive crisis intervention to ensure appropriate level of care, referral to local outpatient care and community services, and when needed connection to psychiatric inpatient hospitalization. The services offered in the CSU Program's voluntary and involuntary treatment setting will promote wellness and recovery and support the provision of mental health care and integrated triage for individuals with primary diagnoses of mental health disorders, who may also have Co-Occurring Substance Use Disorders. Providers will work with children and youth and support persons to safety plan and connect to community mental health services and other needed resources whenever possible. The operation of the CSU will also divert children and youth and families from emergency department visits or detainment by law enforcement for those experiencing mental health or substance use disorder symptoms.

- a. Describe the new or expanded Crisis Stabilization, Crisis Residential Treatment and/or Mobile Crisis Support Team Programs to be funded by the Grant, the services within the Programs, and the Target Population(s), including age group(s), to be served. (Maximum 5 points)

New Crisis Stabilization Unit

The CSU will be a twelve (12) bed unit that includes eight (8) recliners, and four (4) private rooms for acutely agitated children and youth, severely mentally ill children and youth, or very young children to separate them for safety. The proposed floor plan for this new CSU would include an estimated front desk area, intake office area, lobby, large room with eight (8) recliners for patients and a nursing station, four (4) private rooms, courtyard area, several restrooms throughout the facility, shower area, conference room, general offices, case manager office, manager office, crisis office, psychiatry office, therapy office, staff break room, kitchen area, linen

and storage area. Our goal is to find a location within proximity to the Kaweah Health Emergency Department. The CSU will provide twenty-four (24) hours a day and seven (7) days per week crisis intervention services, to children and youth twenty-one (21) years old or younger. Consumers served by the CSU will be provided up to twenty-three (23) hours and fifty-nine (59) minutes (hereafter 23:59 hours) of intensive crisis assistance onsite and are offered an array of other services depending on their specific needs. The CSU will have a variety of professionals to assist in the comprehensive needs of the targeted population to include crisis evaluation and stabilization, social work, case management, counseling, psychiatry, substance use in youth treatment, and discharge triage.

Services

Crisis Evaluation: All individuals served at the CSU will receive a crisis evaluation, and substance use disorder evaluation.

Crisis Intervention and Stabilization: Interventions including safety planning and referral and linkage to services and resources will be provided. When children and youth need higher levels of care for further stabilization, placement services will be provided to connect consumers to available Lanterman Petris Short (LPS) designated facilities such as psychiatric health facilities and inpatient psychiatric hospitals.

Psychiatric Services: Psychiatric residents will be on site to provide psychiatric evaluation and medication support for further stabilization support.

Discharge Care: With a whole person care philosophy, each child and youth will be provided with referrals and linkage to all needed services upon discharge. As part of safety planning and to further promote wellness and recovery, youth and families will receive linkage and referral to outpatient mental health services or substance use disorders treatment along with other safety net services and resources to address social determinants of health.

Target Population

The target population for the CSU will be children and youth twenty-one (21) years of age and under with a mental health crisis or illness to include substance use disorders. The target population demographic information will vary in age, gender identity, race, ethnicity, sexual orientation, and language. Tulare County provides services to many of the incorporated and unincorporated areas within the County. Tulare County is designated as an urban area although 15.5% is considered rural. Tulare County is ranked among the lowest in California in several key socioeconomic areas. Tulare County has the highest poverty rate within the State of California at 18.9% which is greater than the National median poverty rate of 11.4%. The median family income is \$49,687 which is \$13,156 below the average in California. Nationally, approximately 12.2% of the population aged twelve (12) and older needed substance abuse treatment however only approximately 1.5% of the population aged twelve (12) and older received treatment, according to the 2019 National Survey on Drug Use and Health (NSDUH) Annual National Report.

- b. Describe the community need existing within the current continuum, address who does and does not receive services now, and how the Project is designed to address the weaknesses of the current system and build on its strengths. Please include any available data that reflects community need. (Maximum 3 points)

Tulare County Health and Human Services Agency, Mental Health Branch (TCMH) has an existing Psychiatric Emergency Team. Currently the Psychiatric Emergency Team responds to

crisis calls for both children and adults. This service is provided twenty-four (24) hours a day, seven (7) days a week by the Psychiatric Emergency Team paraprofessional staff. The Psychiatric Emergency Team staff will respond to the calls in-person, and then consult with a designated Clinical Supervisor or Manager. The Psychiatric Emergency Team provides community based mobile crisis services, responses to calls at hospital settings, and responds to calls with law enforcement. The Psychiatric Emergency Team provides immediate crisis evaluation and/or de-escalation support for both mental health and substance use disorder crisis needs. Triage and linkage to necessary community supports are then provided by the Psychiatric Emergency Team. For the children and youth populations, the youth contracted providers provide crisis services to already open consumers during regular business hours. While this team provides field services, most of the youth are brought to local emergency departments for additional crisis services when needed. This can result in further traumatization for the children and youth or family during such a challenging time. A Crisis Stabilization Unit (CSU) will ensure timelier, and age-appropriate care in a safe setting when field crisis response was not possible or for continued crisis services following a field response.

Currently there are no mental health services available for children and youth in crisis needing higher levels of care in our community other than the emergency departments. Emergency departments are busy and result in long wait times for children and youth in crisis. Emergency department staff are not typically prepared or equipped to work with children and youth in crisis. The emergency departments do not have a children and youth psychiatrist on staff to take care of urgent crisis issues in the emergency departments or anywhere else in the community. At times children and youth can go days without seeing a psychiatrist while waiting for placement. Additionally, social services in the hospital are not equipped or trained to care for children and youth with mental health issues, children and youth case management is not provided in the emergency departments, and wellness and recovery modalities are not currently utilized in the emergency department. At Kaweah Health the number of children and youth boarding in the emergency department at any given time fluctuates between one (1) and twelve (12). On average there are two (2) to three (3) children boarding at any given time. Therefore, this grant funding opportunity for a CSU that has twelve (12) beds with eight (8) recliners, and four (4) private rooms is needed, and it is anticipated there will be an increase in children and youth needing services that are currently going to Fresno for CSU level of care needs.

Our community would benefit from having a CSU as an alternative to children crisis services being provided in emergency departments. The vision of this CSU and partnership with Kaweah Health is to provide immediate mental health evaluation, stabilization, and supports in the least restrictive setting via a CSU. This CSU will be an important piece of our local crisis continuum of services that is currently missing. The hope is to decrease the number of children and youth being seen in emergency departments or detainment by law enforcement for services that can be provided at the CSU. Additionally, the CSU will be staffed with a professional team specialized in meeting the needs of the target populations.

The table below provides TCMH data for Code 50 which are crisis intervention services, and Code 51 which is a hospitalization code. The goal through this grant funding opportunity is to reduce the number of Code 51 hospitalizations, by increasing Code 50 crisis services and supports via the CSU.

Count of Crisis Interventions Provided in an Emergency Room (Ages 0-21)			
Fiscal Year	50	51	Grand Total
2018/2019	202	40	242
2019/2020	307	111	418
2020/2021	267	123	390
Grand Total	776	274	1050

- c. Quantify and describe how the Project will increase capacity for community-based Mental Health Crisis Services. (Maximum 6 points)
 - i. Describe how the number of Crisis Stabilization and Crisis Residential Treatment beds; and/or the number of Mobile Crisis Support Teams including the number of Mobile Crisis Support Team vehicles and staff impact the Target Population(s) and translates into a number of additional Children and Youth that can be served in the community?

Crisis Stabilization Unit

The Crisis Stabilization Unit (CSU) will be a twelve (12) bed unit that includes eight (8) recliners, and four (4) private rooms for acutely agitated youth, severely mentally ill youth, or very young children to separate them for safety. Our goal is to find a location within proximity to the Kaweah Health Emergency Department. The new CSU for children and youth aged twenty-one (21) years old or younger would be a new service option in Tulare County. This short-term intensive services option would allow for immediate intensive interventions, and geographically close service to those in need. It is anticipated that the number of beds for this CSU is sufficient to meet the needs in the community. Currently there are no mental health services available for children and youth in crisis needing higher levels of care in our community other than the emergency departments. Emergency departments are busy and result in long wait times for children and youth in crisis. The CSU will increase access to children and youth psychiatry twenty-four (24) hours per day seven (7) days per week, expand and improve timely access, provide staff that are trained specifically to take care of children and youth with a mental health crisis, create a better referral network that specializes in children and youth to expediate placement at hospitals when necessary, access to case management twenty-four (24) hours a day seven (7) days a week, and increased coordination with mobile crisis teams.

Staffing

In partnership with Kaweah Health the CSU would be staffed with a range of professionals available to meet the needs of the target population. The staffing would include at minimum the follow staffing standards as outlined in “Crisis Stabilization” staffing requirements Title 9 of the California Code of Regulations:

1840.348. Crisis Stabilization Staffing Requirements.

- (a) A physician shall be on call at all times for the provision of those Crisis Stabilization Services that may only be provided by a physician.
- (b) There shall be a minimum of one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are present.
- (c) At a minimum there shall be a ratio of at least one licensed mental health or waived/registered professional on site for each four beneficiaries or other patients receiving Crisis Stabilization at any given time.
- (d) If the beneficiary is evaluated as needing service activities that can only be provided by a specific type of licensed professional, such persons shall be available.

- (e) Other persons may be utilized by the program, according to need.
- (f) If Crisis Stabilization services are co-located with other specialty mental health services, persons providing Crisis Stabilization must be separate and distinct from persons providing other services.
- (g) Persons included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.

Additionally, staffing and recruitment will be focused on creating an environment that is wellness and recovery oriented. This will include the development of an interdisciplinary team that includes case managers, therapists, nurses, and psychiatric providers. The facility will be a core training site for the child and adolescent psychiatry fellowship program and fellows will be an integral part of the patient care team. Their presence will elevate the patient care at the facility and the experience will encourage the fellows to hopefully remain in the community after they graduate and continue to provide services in our severely underserved area.

Estimated Number Served

There are currently 466,195 total population in Tulare County, and there are 144,301 people ages 0-18 living in Tulare County according to the US census website. Currently in TCMH there are 5,457 children and youth ages 0-21 open to the TCMH Mental Health Plan. The approximate number of consumers to be served by the CSU has not yet been established as there is no other facility of this type in Tulare County. Due to the total target population and number of children and youth receiving mental health services through the Mental Health Plan the new CSU would be utilized to fill gaps in services for current and new consumers. Additionally, a goal through this grant funding opportunity is to reduce the number of hospitalizations by increasing crisis services including the CSU and supports.

- d. Describe how the Project will expand and improve timely access to community-based Mental Health Crisis Services. Address how access is expanded and improved for the community. Examples include extending hours of existing services; adding locations where services can be accessed by Children and Youth, as appropriate, and their family members; efforts to timely connect Children and Youth to crisis services from hospitals, educational institutions, detainment centers, juvenile hall, jail, etc.; engaging in new outreach to Children and Youth, as appropriate, and their families, and educational institutions so they know new or expanded services are available; and addressing cultural, language, and other barriers unique to the community. (Maximum 6 points)

The addition of a Crisis Stabilization Unit (CSU) in Tulare County would improve timely access to those needing short term crisis interventions. The CSU would allow the individual in crisis intensive interventions and supports which are services not currently available in Tulare County. The only other twenty-four (24) hours a day and seven (7) days a week care centers locally are our emergency departments which are busy and cannot provide needed mental health services timely. This would allow for the children or youth to receive immediate mental health and substance use disorder evaluations, and interventions. The CSU will increase access to children and youth psychiatry twenty-four (24) hours per day seven (7) days per week, expand and improve timely access, access to staff that are trained specifically to take care of children and youth, create a better referral network that specializes in children and youth to expediate placement at hospitals, access to case management twenty-four (24) hours a day seven (7) days a week, and increased coordination with mobile crisis teams.

The CSU would work in tandem with Tulare County Health and Human Services Agency Mental Health Branch (TCMH) Psychiatric Emergency Team, and other mobile youth crisis teams in the community. Those identified during our mobile crisis interactions or crisis interactions would be triaged to the CSU instead of the emergency departments as appropriate. Additionally, those individuals brought to the emergency department that could benefit from services at the CSU would be referred. This would decrease the number of hours those children and youth are waiting in the emergency departments when mental health and substance use disorder services are needed. The CSU would also be open to other community partners like law enforcement to reduce detainment by law enforcement when appropriate.

The project will assist in linking our children and youth to contracted providers or other community providers like our educational institutions and provide crisis service information including phone numbers and locations where children, youth, and families can access services. With a current Hispanic or Latino percentage of 65.6% (Census, 2020) in Tulare County, providing pamphlets and resources about the expanded new Crisis Stabilization Unit identified threshold primary languages in Tulare County would expand access and outreach in the community.

- e. Describe how the Project will be qualitatively different than crisis services delivered in an institutional setting (such as a hospital emergency room, an in-patient hospital setting or a law enforcement vehicle) and include a description of the proposed staffing, the community setting in which the Programs will be offered and the building or vehicles in which services will be provided. (Maximum 5 points)

This project differs from an institutional setting as a Crisis Stabilization Unit (CSU) would serve individuals for a short time (less than 24-hours). The CSU would create a more therapeutic and calming atmosphere than the local emergency department which would be designed to be comforting to those needing the services at a CSU. Often emergency departments can be scary for children and youth specifically those experiencing mental health or substance use disorder symptoms. We do not currently have Lanterman Petris Short (LPS) designated inpatient facility for children and youth within our county. This means children or youth who do need a higher level of care are often waiting in an emergency department for many hours while providers search for placement. This is then followed by an ambulance ride of at least an hour and up to four (4) hours to reach an inpatient facility. A CSU would provide a more appropriate and therapeutic atmosphere for children and youth as they wait for placement. The CSU would also support the needs of the target population that require longer crisis interventions, however, may not meet the level of inpatient hospitalization. Additionally, a goal of the CSU is to provide appropriate services and interventions that may result in a reduced need for higher levels of care such as inpatient hospitalization. The CSU will additionally support treatment planning, and triage to the least restricted setting after services at the Crisis Stabilization Unit are completed. In partnership with Kaweah Health the CSU would be staffed with a range of professionals available to meet the needs of the target population. The CSU would provide a new access point to the targeted population in Tulare County, and location of the facility to be in close proximity to Kaweah Health Emergency Department.

2. Application demonstrates a clear plan for a continuum of care before, during, and after crisis mental health intervention or treatment and for collaboration and integration with other health systems, educational institutions, social services, and law enforcement (Maximum 15 points)

Tulare County Health and Human Services, Mental Health Branch (TCMH) is the Mental Health Plan for Tulare County. We provide mental health and substance use disorder services in Tulare County. Our county along with contracted providers provide services throughout the entire county and strive to ensure access to services for those in need. Along with the vast system of care TCMH currently has processes in place to support a whole person care model ensuring a “no wrong door” approach to needed services. TCMH provides crisis services and assessment to all individuals who need crisis services. Current crisis services are accessed through our Psychiatric Emergency Team. This team provides crisis services to both children and adults twenty-four (24) hours a day, seven (7) days a week. Those individuals assessed and determined to not need Specialty Mental Health Services or requiring a different support from another department other than mental health will be linked to the necessary service providers in our community. Additionally, for children and youth already open to our system of care contracted providers will provide crisis services during regular business hours. With this grant funding opportunity, TCMH and Kaweah Health will be able to expand the counties ability to provide crisis services in Tulare County. The Crisis Stabilization Unit (CSU) will provide 24-hour crisis intervention services to children and youth twenty-one (21) years old or younger, twenty-three (23) hour and fifty-nine (59) minute crisis stabilization services, and a professional team to meet the needs of the individuals accessing the CSU.

TCMH already has established relationships with our local education systems, physical health care systems, law enforcement agencies, and community partners. TCMH meet and collaborate with our partners on a regular basis to create a consistent system of care no matter where a person will be accessing services. Those individuals requiring either education, physical health, and/or Human Services supports will be linked to needed services and supports. Through the Children’s System Improvement Committee, TCMH collaborate and meet with our contracted providers monthly to discuss needs in the community. This committee is open to children providers and is intended to discuss barriers and concerns to children and youth treatment, urgent conditions, improving continuity of care, legislation, policy and procedures, services provided in the community, and school-based services among other topics as needed. In addition to the Children’s System Improvement Committee TCMH also participate in the Tulare County Mental Health Board meetings on a regular basis.

Tulare County Office of Education currently runs the Triage Program for children and youth in Tulare County. This program identifies families in need of services and supports including assessments, parenting support, family intervention services, linkage, and referrals. The focus of the program is to partner with school sites and teach mindfulness strategies, coping and support training that targets middle and high school aged youth to build self-esteem, monitor and set goals, and decision making.

- a. Describe how the Project fits in with the continuum of care as it presently exists in the community. (Maximum 5 points)
 - i. Identify the shortcomings that exist within the continuum and how the Project will improve the existing continuum of care for Children and Youth utilizing Mental Health Crisis Services and supply any available data.

Due to the COVID 19 pandemic, Tulare County Health and Human Services Agency Mental Health Branch (TCMH) has seen an increase in children and youth needing mental health

services. TCMH is seeking additional resources to support the growing need in the community. Children and youth have unique challenges and would benefit from specialized children and youth focused services. A new Crisis Stabilization Unit (CSU) will allow a designated team of staff specialized in mental health and substance use disorders to provide needed supports and services. The CSU would provide crisis evaluation, crisis intervention and stabilization, psychiatric services, and discharge care. Currently, at times children and youth identified as needing a higher level of intervention are taken to emergency departments for evaluations. By adding an additional access point in Tulare County this will help to eliminate gaps in services, and limiting our community need to seek treatment outside Tulare County.

Tulare County has a robust outpatient service network for children and youth. There are contracted crisis teams to help evaluate children and youth in crisis and try to connect them to outpatient services or place them on legal holds. We have no Lanterman Petris Short (LPS) designated inpatient treatment facilities within our county, the nearest is one (1) hour away. As a result, we have no other place other than the emergency departments to take children and youth that need higher level of care other than outpatient. Similar to mental health there are only outpatient youth substance use disorder treatment options in Tulare County, and no inpatient treatment facilities for those suffering from substance use disorders. Sometimes children and youth just need a place to get away for a few hours and get a break. This is needed more often than people would think. The CSU is a missing piece of our crisis continuum to ensure children and youth are provided with appropriate crisis services and triaging. This can ensure that youth are not sent out of county hours away for higher level of care, which can be further traumatizing, unless necessary for safety and stabilization.

- ii. Indicate whether the Applicant(s) contemplates submitting an application to the Mental Health Oversight and Accountability Commission or has been awarded funding for triage personnel.

Tulare County Office of Education and Tulare County Health and Human Services Agency were awarded the school county collaborative triage grant through Mental Health Services Oversight and Accountability Commission 2018-2022. At this time Kaweah Health will not be submitting an application to the Mental Health Oversight and Accountability Commission nor has it been awarded funding for triage personnel.

- b. Describe the county's or counties' working relationships with Related Supports that already exist and those which will be established to enhance and expand community-based collaboration designed to maximize and expedite access to crisis services for the purpose of avoiding unnecessary hospitalization and detainment by law enforcement and improving wellness for Children and Youth with mental health disorders and their families. The existing working relationships shall be supported by letters from the Related Supports identifying the collaborative efforts amongst the agencies to enhance and expand crisis services. (Maximum 10 points)

Tulare County Health and Human Services Agency Mental Health Branch (TCMH) has a good working relationship with children and youth mental health providers who also provide crisis services at their sites during business hours. With the new Crisis Stabilization Unit (CSU) the providers throughout the county would be able to send children and youth to the CSU for further evaluation, support, and medical clearance when needed for inpatient psychiatric care instead of local emergency departments.

TCMH and Kaweah Health hope to increase our working relationship within the community to bring awareness and outreach about the CSU. In addition to our mental health partners outreach efforts regarding the CSU outreach efforts will be made with our local law enforcement departments, probation, and children welfare services partners. The CSU will be a support for youth that may initially be seen by law enforcement, probation, child welfare services, or short-term residential treatment (STRTP) programs and need further crisis services. By doing so, we hope to decrease visits to the emergency department, re-visits to the emergency department, law enforcement detainment, and child welfare services and probation dependents placement disruptions. Once a consumer has contact with the CSU our team will provide linkages to necessary supports within the community.

TCMH collaborates and meets with contracted providers monthly to discuss needs in the community through the Children's System Improvement Committee. This committee is open to children providers and is intended to discuss barriers and concerns to children and youth treatment, urgent conditions, improving continuity of care, legislation, policy and procedures, services provided in the community, and school-based services among other topics as needed. Below is a list of our children providers:

- Tulare County Office of Education
- Turning Point of Central California, INC
- Tulare Youth Service Bureau
- Turning Point of Central California, INC
 - Visalia Youth Services
 - Sequoia Children's Services
 - Dinuba Children's Services
- KingsView
 - South County One-Stop (ages 12-24)
 - South County Mobile services (all ages)
 - North County Mobile Services (all ages)
 - Central County One-Stop (ages 12-24)
 - North County One-Stop (ages 12-24)

TCMH and Kaweah Health have received letters of support for bringing a Crisis Stabilization Unit to Tulare County from the following:

- Exhibit A Tulare County Office of Education
- Exhibit B Turning Point of Central California, INC
- Exhibit C Tulare County Sheriff's Office
- Exhibit D Tulare Youth Service Bureau, INC
- Exhibit E Court Appoint Special Advocates
- Exhibit F The Source
- Exhibit M Tulare County Probation Department

- i. An example of an enhancement may include training of local law enforcement, current crisis providers, hospitals and other related providers on how to properly respond to Children and Youth experiencing a mental health crisis.

Through this grant funding opportunity Tulare County Health and Human Services Mental Health Branch (TCMH) has partnered with Kaweah Health to bring a Crisis Stabilization Unit

(CSU) to Tulare County. Kaweah Health is a co-applicant for this grant application and are in support of bringing these needed services to Tulare County. The County has a great working relationship with probation, child welfare services, law enforcement, and they will be included in referrals and training. The local psychiatry group Precision Psychiatric Services has pledged their support in providing services, and Sequoia Health and Wellness Center, the largest local primary care clinic is also supportive.

Currently TCMH Psychiatric Emergency Team collaborates with law enforcement and provides Crisis Intervention Training. With the addition of a CSU, we would update our Crisis Intervention Training to include the information on the CSU in our community. We will also provide outreach and awareness to providers and the community.

3. Identifies Key Outcomes and a Plan for Measuring Them. (Maximum 10 points)

- a. Provide a plan that includes the methodology, timeline, and assignment of responsibility to measure and demonstrate outcomes of the Program, including the following:

Tulare County Health and Human Services Agency, Mental Health Branch (TCMH) will utilize the necessary methodology and measuring tools to track and review key outcomes for this project. The goal for this project is to increase services and access points for services to the targeted populations. TCMH and Kaweah Health already have a mechanism in place to monitor and track desired outcomes. TCMH will utilize our Electronic Health Records system to track outcome measures, and Kaweah Health will maintain additional data to ensure outcomes are tracked. In addition to data tracking TCMH will evaluate qualitative information to evaluate outcomes of the Crisis Stabilization Unit (CSU). This will be done through chart reviews, surveys to track trends, and staff meetings. Upon the project start we will implement the tracking mechanism for the desired outcomes. Each of our programs will have the following desired key outcomes:

- Reduce hospitalization and incarcerations
- Increase service access in Tulare County
- Reduce number of consumers accessing emergency departments
- Reduction of admissions of individuals experiencing a mental health crisis to local community hospital emergency departments.
- Reduction of incidence of psychiatric hospital admissions and re-hospitalization rates among identified intensive service recipients who are served by the CSU program.
- Enhanced and strengthened access, linkage and transition between crisis services and community-based programs such as mental health outpatient clinics, triage case management services, intensive case management/Full-Service Partnership programs, and supportive residential programs.
- Decrease in law enforcement calls for mental health crisis/custodies/transports within 12 months of opening.
- Annual cost report in a format and deadline determined by COUNTY.
- Access, timeliness, and protocol for logging of services.
- Follow Quality Assurance and Utilization Review Protocols.
- Annual Reporting requirements for the California Health Facilities Finance Authority (CHFFA).

- i. Reduced hospital emergency room and psychiatric inpatient utilization. (Maximum 2 points)

The addition of a CSU in Tulare County will help support the reduction of emergency department visits, hospital length of stays, inpatient utilization, and re-hospitalizations. TCMH and Kaweah Health will utilize existing data in the key outcome areas to evaluate if the key outcome as listed below for this project were met.

Key Learning Question	Potential Process Measures	Potential Source(s)	Data
TCMH and Kaweah Health both track and trend emergency department visits and length of stays and inpatient utilization so both will be responsible for monitoring.	<ul style="list-style-type: none"> • # of hospitalizations visits • # of hospital length of stays • # of inpatient utilization • # of re-hospitalizations 	Electronic Record data	Health
Currently children have long lengths of stay and frequently need to be boarded in the emergency departments or on the pediatric floor with little to no psychiatric care	<ul style="list-style-type: none"> • # of children or youth having long stays in emergency departments or pediatric floors 	Electronic Record data	Health
Looking for a 75% reduction in emergency department visits by youth in crisis and that most child and youth crisis cases are routed through the new CSU within 1 year of opening	<ul style="list-style-type: none"> • # of emergency department visits by child or youth in crisis • # if children or youth referred to the CSU from emergency department 	Electronic Record data	Health
Looking for a 25% reduction in inpatient admissions due to the increased resources for social services, case management, psychiatry, and youth specific resources available within 12 months of opening.	<ul style="list-style-type: none"> • # served at the CSU • # of inpatient admissions 	Electronic Record data	Health

- ii. Reduced law enforcement involvement on mental health crisis calls, contacts, custodies and/or transports for assessment. (Maximum 2 points)

The addition of a CSU in Tulare County will help support increasing the community utilizing the CSU for crisis services as appropriate and decrease number of law enforcement calls for crisis support or law enforcement detainment. TCMH and Kaweah Health will utilize existing data in the key outcome areas to evaluate if the key outcome as listed below for this project were met.

Key Learning Question	Potential Process Measures	Potential Source(s)	Data
The CSU will be a hub for the mobile crisis teams and the community will come to recognize the CSU as a resource. Parents/guardians will be able to directly bring children in crisis to	<ul style="list-style-type: none"> • # children/youth brought to the CSU by a mobile crisis team • # children and youth brought to the CSU by Parent/guardians 	Electronic Record data	Health



the CSU and avoid calls to law enforcement.		
We anticipate at least a 10% decrease in law enforcement calls for mental health crisis/custodies/transport within 12 months of opening.	<ul style="list-style-type: none"> • # law enforcement calls for mental health crisis/custodies/transport • # of children and youth brought to the CSU by law enforcement 	Electronic Health Record data

iii. Improvements in participation rates in the Program(s). (Maximum 1 point)

The addition of a CSU in Tulare County will help provide a service that focus on wellness and recovery modalities and twenty-four (24) hours per day seven (7) days a week access. It is anticipated that due to this there will be an increase in the community seeking this level of services now that there is a local facility. TCMH and Kaweah Health will utilize existing data in the key outcome areas to evaluate if the key outcome as listed below for this project were met.

Key Learning Question	Potential Process Measures	Potential Data Source(s)
Focus on Wellness and Recovery modalities and 24/7 access will boost participation rates and we expect on average 50% occupancy of beds within the first 18 months of opening.	<ul style="list-style-type: none"> • # of occupancy of beds per day/month/year • # consumers brought to the CSU by family, community partner, or other 	Electronic Health Record data

iv. Children or Youth (when appropriate) and/or their family members' (when appropriate) satisfaction with the crisis services the Children and Youth received. (Maximum 1 point)

To measure the success of the CSU we will on a continuous basis seek satisfaction surveys from our consumers and parents/guardians. TCMH and Kaweah Health will utilize existing data in the key outcome areas to evaluate if the key outcome as listed below for this project were met.

Key Learning Question	Potential Process Measures	Potential Data Source(s)
Satisfaction will be measured by surveys taken by consumers, parents, guardians upon receiving services at the CSU.	<ul style="list-style-type: none"> • # of consumers, parents, guardians reporting satisfaction with the CSU • # of consumers, parents, guardians reporting not satisfied with CSU 	<ul style="list-style-type: none"> • Internal tracking from consumer response for qualitative tracking • Satisfaction Survey
We expect over 90% satisfaction with services received by Psychiatry and case management within 6 months of opening	<ul style="list-style-type: none"> • # of consumers, parents, guardians reporting satisfaction with psychiatry and case management at the CSU • # of consumers, parents, guardians reporting not satisfied with psychiatry and case management at the CSU 	<ul style="list-style-type: none"> • Internal tracking from consumer response for qualitative tracking • Survey

- v. Number of Crisis Residential Treatment and Crisis Stabilization beds; and/or number of Mobile Crisis Support Teams including the number of Mobile Crisis Support Team vehicles and staff added. (Maximum 1 point)

Crisis Stabilization Unit

The CSU will be a twelve (12) bed unit that includes eight (8) recliners, and four (4) private rooms for acutely agitated children and youth, severely mentally ill children and youth, or very young children to separate them for safety. Our goal is to find a location within proximity to the Kaweah Health Emergency Department.

In partnership with Kaweah Health the CSU would be staffed with a range of professionals available to meet the needs of the target population. The staffing would include at minimum the follow staffing standards as outlined in “Crisis Stabilization” staffing requirements Title 9 of the California Code of Regulations:

1840.348. Crisis Stabilization Staffing Requirements.

- (a) A physician shall be on call at all times for the provision of those Crisis Stabilization Services that may only be provided by a physician.
- (b) There shall be a minimum of one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are present.
- (c) At a minimum there shall be a ratio of at least one licensed mental health or waived/registered professional on site for each four beneficiaries or other patients receiving Crisis Stabilization at any given time.
- (d) If the beneficiary is evaluated as needing service activities that can only be provided by a specific type of licensed professional, such persons shall be available.
- (e) Other persons may be utilized by the program, according to need.
- (f) If Crisis Stabilization services are co-located with other specialty mental health services, persons providing Crisis Stabilization must be separate and distinct from persons providing other services.
- (g) Persons included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.

Additionally, staffing and recruitment will be focused on creating an environment that is wellness and recovery oriented. This will include the development of an interdisciplinary team that includes case managers, therapists, nurses, and psychiatric providers. The facility will be a core training site for the child and adolescent psychiatry fellowship program and fellows will be an integral part of the patient care team. Their presence will elevate the patient care at the facility and the experience will encourage the fellows to hopefully remain in the community after they graduate and continue to provide services in our severely underserved area.

- vi. Number of Children and Youth within the Target Population(s) being served and other Children and Youth who may be being served. (Maximum 1 point)

There are currently 466,195 total population in Tulare County, and there are 144,301 people ages 0-18 living in Tulare County according to the US census website. Currently in TCMH there are 5,457 children and youth ages 0-21 open to the TCMH Mental Health Plan. The approximate number of consumers to be served by the CSU has not yet been established as there is no other facility of this type in Tulare County. Due to the total target population and number of children and youth receiving mental health services through the Mental Health Plan the new CSU

would be utilized to fill gaps in services for current and new consumers. Additionally, a goal through this grant funding opportunity is to reduce the number of hospitalizations by increasing crisis services including the CSU and supports as illustrated in the below chart.

The table below provides TCMH data for Code 50 which are crisis intervention services, and Code 51 which is a hospitalization code.

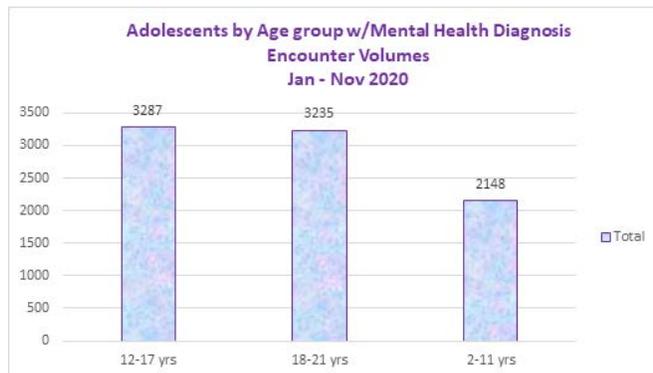
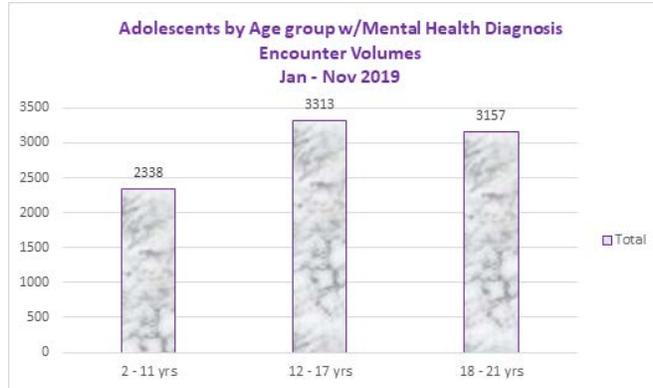
Count of Crisis Interventions (Ages 0-21)

Fiscal Year	50	51	Grand Total
2018/2019	1985	187	2172
2019/2020	1769	311	2080
2020/2021	1652	423	2075
Grand Total	5406	921	6327

Percentage of Crisis Interventions (Ages 0-21)

Fiscal Year	50	51	Grand Total
2018/2019	91.4%	8.6%	100.0%
2019/2020	85.0%	15.0%	100.0%
2020/2021	79.6%	20.4%	100.0%
Grand Total	85.4%	14.6%	100.0%

The tables below provide Kaweah Health data on number of visits of children and youth by age group experiencing a Mental Health crisis and/or diagnosis.



- vii. The value of the Program(s), such as mitigation of costs to the county, law enforcement, or hospitals. An example of such value is: The utilization of Crisis

Residential Treatment costs “X” dollars and utilization of inpatient hospitalization would have cost “X” dollars, therefore value approximates “X” dollars. (Maximum 1 point)

Reducing the instance of acute psychiatric hospitalization among children and youth will result in a substantive cost mitigation for Tulare County. It is estimated that this program will save \$1,500,000 of inpatient costs that would have otherwise been paid solely through the County’s Realignment funding.

- viii. The percent of Children and Youth who receive a crisis service who, within 15 days, and within 30 days, return for crisis services at a hospital emergency department, psychiatric hospital, detainment center, juvenile hall or jail. (Maximum 1 point)

The table below from TCMH provides data code 50 which are crisis intervention services and then received a follow up within 15 days.

Percentages for consumers who received a crisis code 50 crisis services code, and then received a follow up crisis within 15 days

Calendar Year	2019	2020	Calendar Year	2019	2020
Emergency Room	3.2%	7.5%	Emergency Room	62	116
Jail	0.1%	0.0%	Jail	1	
Other	12.9%	8.3%	Other	250	129
Psychiatric Hospital	5.3%	8.9%	Psychiatric Hospital	104	138
Grand Total	21.4%	24.6%	Grand Total	417	383

The table below from TCMH provides data code 50 which are crisis intervention services and then received a follow up within 30 days.

Percentages for consumers who received a crisis code 50 crisis services code, and then received a follow up crisis within 30 days

Calendar Year	2019	2020	Calendar Year	2019	2020
Emergency Room	3.5%	8.4%	Emergency Room	69	131
Jail	0.1%	0.0%	Jail	1	
Other	16.1%	10.2%	Other	313	159
Psychiatric Hospital	6.5%	10.9%	Psychiatric Hospital	127	169
Grand Total	26.2%	29.5%	Grand Total	510	459

4. Project is, or will be Ready, Feasible, and Sustainable as follows: (Maximum 50 points)

- Mobile Crisis Support Team Projects within nine months of the approval of the Final Allocation.
- Crisis Residential Treatment and Crisis Stabilization Projects that include acquisition of a building and/or renovation within 12 months of the approval of the Final Allocation.
- Crisis Residential Treatment and Crisis Stabilization Projects that include construction within 18 months of the approval of the Final Allocation.

READINESS

- a. A detailed plan and timeline, including supporting documentation if available, with the steps needed to complete the Project as further delineated below and provide evidence demonstrating the ability to meet the timeframes set forth in Section 7319(a)(4)(H) of the regulations. (Maximum 15 points)

There are currently two properties on the market that would meet our needs for a 12 bed, 5,000 square foot Crisis Stabilization Unit Treatment Center in Tulare County, both sites would require us to build a new state-of-the-art Crisis Stabilization Unit. This would be the first of its type in our County. TCMH and Kaweah Health have identified multiple site locations with a hope to reduce the possibility of not having a location once grant funding is awarded. Kaweah Health has already owned property that could be considered; however, this location is not ideal due to the distance from the emergency department.

- i. Address, renderings and/or floor plans of Project site, if available. If a Project site has not been identified, provide a description of the process, criteria for selection, and timeline for identification of a Project site that will be utilized. (This subdivision is not applicable to Mobile Crisis Support Team Projects.)

There are several possible locations for the Crisis Stabilization that have been identified as described below, and reference the following attachments:

- Exhibit G CHFFA Maps and Descriptions of Sites
- Exhibit H CSU Layout and Renderings
- Exhibit I Office Pads for Sale

Potential Sites:

Area 1: Pros: Large size, allowing for growth in the future. Proximity to main populated area of Visalia allowing easy access. Near local clinics and current county contractors for child and adolescent mental health services. Easy access to Kaweah Health hospital and emergency department and Tulare county mental health. Permitting and Zoning should not be an issue and it is a future site of interest for revitalization by the city. Cons: cost.

Area 2: Pros: proximity to Emergency Department is unbeatable. Potential cost may be low if purchase is possible. Cons: not currently for sale, currently only available as a “build to suit lease”. Size is only 4900 square feet so may limit future growth.

Area 3: Pros: Already owned by Kaweah Health, large size allowing future growth. Location will allow us to serve underserved and rural areas of Exeter, Porterville, Lindsay. Cons: distance from Emergency Department and poor access via bus routes.

Area 4: Pros: Already owned by Kaweah Health, future site of development in partnership with Valley Children’s Hospital, large size. Location near the 99 freeway which allows us to serve Kings County and communities along the freeway such as Pixley, Dinuba, etc. Cons: very poor access via Bus and public transportation. Furthest location from the Emergency Department.

- ii. Necessary approvals and processes to complete the Project, and the names and roles of all responsible entities. This includes, but is not limited to, County Board of Supervisors’ approval, Request for Proposals, architectural and construction



contracts, California Environmental Quality Act (CEQA) compliance, building permits, and conditional use permits, as applicable.

Tulare County has taken the first step in purchasing a property suitable for the Crisis Stabilization Unit and identified two properties that are currently on the market for sale. If awarded we are prepared to submit the necessary property acquisition form which will list the parcels mentioned above to Tulare County General Services, Property Management Division on. This form will have to be reviewed and approved by the General Services Space Ad Hoc Committee, once approved we will move forward to gain approval of the site and purchase by the Tulare County Board of Supervisors. Upon approval by the Tulare County Board of Supervisors the following actions will have to be completed:

- Site Acquisition
 - Develop scope and hire an Architect to develop design services
 - Complete project design
 - Permitting and Building department approval
 - Write and release a Request for Proposal (RFP) for Contractor and Award
 - Develop, review, and work with winning contractor to establish a contract
 - Tulare County Board of Supervisors must approve contract between contractor and the county
 - Construction for new moderate size building
- iii. Key milestones, in the future and completed to date, including projected or actual Project start date (i.e., date of purchase, renovation/construction or lease), Project end date (i.e., date of occupancy), and projected start date of services to Target Population(s).

Key milestones completed to date include: commitment between County and Kaweah Health to establish a Crisis Stabilization Unit (CSU) to serve children and youth ages 21 and younger. It is anticipated that the CSU will be fully operational twenty-four (24) months after the eighteen (18) month readiness period. Below is a list of steps TCMH will start and complete if awarded.

- Site Acquisition – 2 months
- Develop scope and hire an Architect to develop design services – 2 months
- Complete project design – 6 months
- Permitting and Building department approval – 2-3 months
- Write and release a Request for Proposal (RFP) for Contractor and Award – 3 months
- Develop, review, and work with winning contractor to establish a contract – 2 – 4 months
- Tulare County Board of Supervisors must approve contract between contractor and the county – 1 month
- Construction for new moderate size building – 9-12 months.

- iv. The plan and current status for staffing the Program(s).

In partnership with Kaweah Health the CSU would be staffed with a range of professionals available to meet the needs of the target population. The staffing would include at minimum the staffing standards as outlined in “Crisis Stabilization” staffing requirements Title 9 of the California Code of Regulations:1840.348. Crisis Stabilization Staffing Requirements.

- Kaweah Health will be responsible for the recruiting and staffing of the Crisis Stabilization Unit

- Psychiatry services, social services to be provided by Kaweah Health

Additionally, staffing and recruitment will be focused on creating an environment that is wellness and recovery oriented. This will include the development of an interdisciplinary team that includes case managers, therapists, nurses, and psychiatric providers. The facility will be a core training site for the child and adolescent psychiatry fellowship program and fellows will be an integral part of the patient care team. Their presence will elevate the patient care at the facility and the experience will encourage the fellows to hopefully remain in the community after they graduate and continue to provide services in our severely underserved area.

- v. Potential challenges that may affect the timeline to start providing services and how those challenges will be mitigated, including but not limited to, site identification and acquisition, contracting, local use permit process, County Board of Supervisors’ approval, CEQA process, Building Code compliance, selection of service provider, licensure, certification, loss of a site, delays in local (city and/or county) approvals, community opposition issues, loss or reduction in leverage funding, and increased Project costs, as applicable.

Our teams have identified the following as potential challenges that could affect the timeline:

Challenges	Possible Solution
Loss of site: the locations identified at the time of grant application may not be available once grant funding is awarded.	TCMH and Kaweah Health have identified multiple site locations with a hope to reduce the possibility of not having a location once grant funding is awarded. Kaweah Health has already owned property that could be consider, however this location is not ideal due to distance from the emergency department.
Possible licensure Delays	These delays would be out of our control; however, we would work to resolve any delays as soon as possible.

We do not anticipate any other issues since Tulare County needs a Crisis Stabilization facility for children and youth, and our community in need for additional resources for children and youth.

- b. Describe and provide evidence of community outreach and engagement efforts for the proposed Program(s) in the vicinity of planned Project site, as applicable. (Maximum 7 points)

Tulare County Health and Human Services Agency, Mental Health Branch (TCMH) along with contracted providers maintain regular outreach and engagement efforts to the targeted populations. Our goal as the Mental Health Plan is to seek and increase awareness and access to those in our community. TCMH meets monthly with all our children and youth providers in the county. This meeting is intended to provide information and discuss needs within the community. As the Mental Health Plan for Tulare County, we work closely with our providers in the community to enhance services to the consumers we serve.

The TCMH, through community partnerships as well as the Mental Health Services Act programs and efforts, holds regular meetings with stakeholders to review and refine strategies for service delivery, addressing gaps, and collaboration. These meetings, combined with data from the most recent community assessment, which included over two hundred (200) survey responses and over sixty (60) participants in eleven (11) focus groups and three (3) key informant interviews, are

utilized to developed main themes and areas of focus for the Mental Health Plan. Homelessness and substance abuse were the top community needs identified through the Community Planning Process, and TCMH has several efforts working to address these needs. To address homelessness, the TCMH works in partnership with the Homeless Task Force, which was created in late 2017, in addition to pursuing such grant funding opportunities as No Place Like Home and the Homeless Mentally Ill Outreach and Treatment Program. The TCMH also partners with Visalia Police Department for the HOPE Ride-Along project, which partners a mental health clinician with a Visalia Police Department Officer. The team responds to calls involving persons experiencing homelessness, and the mental health clinician is available to serve those with mental illness and in crisis. The Alcohol and Other Drug Unit has opted into the Drug Medi-Cal Organized Delivery System and continues to improve and expand existing substance use prevention and treatment programs through this effort.

One of the main themes from both the focus groups and the surveys was continued collaboration with partners to increase knowledge of available resources as well as to reach parents, teachers, and administrators. Many respondents stated they or a family member had received mental health services in the last twelve (12) months. (The community assessment was held from November 2020 through April 2021.) Combined with the focus on the high rate of hospitalizations experienced by Tulare County children and youth during the early months of 2021, collaboration with area hospitals will be a part of this grant-funded Crisis Stabilization Unit.

- c. Identify the service provider or describe the plan for identifying one addressing the following: (Maximum 8 points)

The Co-applicant Kaweah Health has been identified as the service provider for the Tulare County Crisis Stabilization Unit. Kaweah Delta Health Care District (now known as Kaweah Health) was founded in 1963 as a district hospital. Now it is the largest hospital in Tulare County, with more than 5,000 staff and more than 500 physicians, 25 of whom are psychiatrists. It is also designated as a Level 3 Trauma Center, with a helipad and busy Emergency Department with over 90,000 annual patient visits. The eight-campus healthcare district contains more than 650 beds. As the only local hospital in Visalia, Kaweah Health offers comprehensive health services including cardiac surgery, general surgery, cancer treatment, mental health services, orthopedic surgery, a renowned NICU and pediatric center, and more. The District operates five clinics in rural or mostly rural areas. Kaweah Health also manages a West Campus site with a 60-bed mental health hospital, as well as a rehab hospital, cancer center, and a gym open to the public for membership.

As a non-profit, public hospital, Kaweah Health provides care to several underserved populations: poor, uninsured, immigrants (often undocumented), homeless and chronically ill, including mental health conditions.

Kaweah Health's mission statement is: Health is our passion. Excellence is our focus. Compassion is our promise.

Our vision: To be your world-class healthcare choice, for life.

Our pillars:

- Achieve outstanding community health
- Deliver excellent service
- Provide an ideal work environment
- Empower through education
- Maintain financial strength.

Kaweah Health's ranking as one of the top medically underserved counties in California and our high Medi-Cal insured patient population results in limited access to behavioral health services. Medi-Cal patients are often left out of comprehensive care due to limitations on providers, transportation, and language barriers. Tulare County's Behavioral Health provider ratio is well below the state average under the federal HSPA designation. One of the California Future Health Workforce Commission's 10 priorities for immediate action is to expand the number of psychiatry residency positions.

Kaweah Health is a nonprofit, health care special district that has faced serious financial peril due to the COVID-19 pandemic. Tulare County was hit hard by the virus, causing shut-downs early in the pandemic and again in late 2020/early 2021, using up many of the hospital's resources for less reimbursement, while cancelling higher-profit non-emergency surgeries. KDHCDC lost more than \$20 million in just a few months in 2020.

- i. If a service provider that will operate the Program(s) has already been identified, provide a description of the written plans that are in place for how the services will be provided. These include:

Tulare County Health and Human Services Agency, Mental Health Branch (TCMH) and Kaweah Health have a strategic plan of how services will be provided. Services rendered would be in accordance to TCMH and State Department of Mental Health standards of care. Kaweah Health will respond to emergency and urgent care situations as defined by CCR Title 9, Chapter 11. Kaweah Health will oversee the recruitment and employment needed to staff the One twelve (12) bed Crisis Stabilization Unit for children and youth aged 21 years old or younger. TCMH will assist with staff salaries for up to 90 days, staff training, equipment, furnishings, IT hardware/software technology needed for start-up. Project services will be administered by Kaweah Health and shall provide to TCMH client data information within specified time periods including, but not limited to, client identification, admission, and discharge data. Documentation, electronic data and operating procedures will be reviewed to ensure compliance with HIPAA regulations. Reference attached Exhibit J Scope of Work.

1. Description of range of services offered.

The following services will be provided at the CSU:

- **Crisis Evaluation:** All individuals served at the CSU will receive a crisis evaluation, and substance use disorder evaluation.
- **Crisis Intervention and Stabilization:** Interventions including safety planning and referral and linkage to services and resources will be provided. When youth need higher levels of care for further stabilization, placement services will be provided to connect consumers to available Lanterman Petris Short (LPS) designated facilities such as psychiatric health facilities and inpatient psychiatric hospitals
- **Psychiatric Services:** Psychiatric residents will be on site to provide psychiatric evaluation and medication support for further stabilization support.
- **Discharge Care:** With a whole person care philosophy, each youth will be provided with referrals and linkage to all needed services upon discharge. As part of safety planning and to further promote wellness and recovery, youth and families will receive linkage and referral to outpatient mental health services and substance use disorders along with other safety net services and resources to address social determinants of health



2. Information about the service provider including expertise in mental health treatment, purpose, goals, and services of the organization.

More than 2,000 patients a year are hospitalized at the Kaweah Health Mental Health Hospital, the only inpatient facility in the county. More than 70% of those patients have Medi-Cal for health insurance, plus many of our providers are booked months in advance, making it difficult to get healthcare when needed. As a public, non-profit hospital and federal-designated underserved area, a key objective for the Kaweah Health Mental Health Hospital is providing care to underserved populations; poor, uninsured, immigrant farmworkers, homeless and the chronically mentally ill. We emphasize integration with primary care, so patients experience the best in comprehensive, personalized care for all their illnesses. Kaweah Health strives to provide patient-centered, evidence-based care to improve the health of our community.

- ii. If a service provider has not been identified at the time the Application is submitted, provide a description of the process, criteria for selection, and timeline for identification of a service provider that will operate the Program(s).

Not applicable, service provider will be Kaweah Health

- d. For proposed crisis stabilization or crisis residential treatment programs, provide a plan for obtaining Medi-Cal certification. (Required, but no points awarded)

As part of the facility startup phase obtaining Medi-Cal certification will be part of that process. Kaweah Health will seek to license the Crisis Stabilization Unit under its Medi-Cal license.

- e. For proposed crisis residential treatment programs, provide a plan for obtaining a license and program approval to operate as a Children's crisis residential program as defined in Health and Safety Code Section 1502, subdivision (a)(21). (Required, but no points awarded)

Not applicable

FEASIBILITY

- f. Provide a Project budget, utilizing "Summary of Funding Request" (Form-3); "County Grant Amounts Worksheet" (Form-4); and "Sources and Uses" (Form-5). In addition, provide the following: (Maximum 10 points)
 - i. Proposed uses of Grant funds in line item detail with a budget narrative. If working capital for Program startup or expansion costs are being requested, include a separate line item budget detailing those costs. Information technology costs exceeding 1% of total Grant award, require a justification that the additional costs are necessary for the Project to achieve the goals and outcomes set forth in Section 7319(a)(3) of the regulations.

Please see attached Exhibit K for detailed budget narrative. Information Technology costs do not exceed 1% of the total grant award.

- ii. A description of any leveraged public and/or private funding other than the Grant

that will be used to complete the proposed Project. Include the amount of funding and the current status of the funding. Attach documentation, if any, such as letters describing commitment of funding or the status of consideration from the other funding sources or other similar documentation acceptable to the Authority.

Although other funding will not be utilized for the infrastructure, TCMH will also utilize Medi-Cal and realignment funding once the program is ready to begin providing services. The usage of said funding will be used for direct services. No other funding, such as MHSA funding, will be utilized for this project.

The public funding that will be leveraged to support this grant includes Federal Financial Participation (FFP) and Behavioral Health Subaccount funding.

1. The total FFP that is estimated to be generated annually by the Crisis Stabilization Unit (CSU) is \$1,405,924. This funding will be leveraged to support the project throughout the life of the project.
 2. The amount of realignment funding that will be dedicated annually to support the CSU is estimated at \$942,020.
- iii. An explanation of the Grantee's internal process to ensure the Grant funds will only be used for eligible costs as described in Section 7315 of the regulations. There will be one Budget Officer, one Administrative Specialist, and one Staff Services Analyst that will retain oversight of the fiscal monitoring of this program. Upon approval of TCMH's application, TCMH will require all applicable costs and invoices be sent directly to TulareMHP@tularecounty.ca.gov. Upon receipt of the invoices, TCMH will review to ensure all costs are in compliance with Section 7315 of the regulations. Upon identification of non-billable items, TCMH will ensure these costs will not be included in the grant funding amount. TCMH will retain all records for a period of three years after the certification of project completion has been submitted in accordance with section 7329 of the regulations and WIC §5848.5.

SUSTAINABILITY

g Provide the following: (Maximum 10 points)

- i. An operating budget that details annual operating costs projected for the proposed Program(s).

Please see attached Exhibit K CSU Cost Worksheet

- ii. A description of new Program funding source(s) with amounts and cash flow projections and/or how existing funding will be redirected to provide ongoing support and sustainability for new and expanded services for the term of the useful life of the Project. Include estimated useful life of the Project.

Please see attached Exhibit K CSU Cost Worksheet

- iii. Documentation such as funding letters, minutes from the County Board of Supervisors' meeting evidencing approval of the budget, or other documentation

acceptable to the Authority. If approval has not been obtained at the time of Application, provide a detailed plan for obtaining such approval.

The budget for this program is scheduled to be reviewed by Tulare County Board of Supervisors on 10/26/2021.

- h. Provide documentation indicating Lead Grantee's creditworthiness and satisfactory financial capacity in the most recent local government credit rating or the most recent Audited Financial Statement, which may not contain a Going Concern Qualification. (Required, but no point awarded)

Tulare County maintains a long-term credit rating of A1 issuer by Moody's Investors Service. On page 18 of this document, you can find the independent auditor's report showing that the audit was completed. On page 30 you will locate the information regarding the county's credit rating. Document is also attached as Exhibit K for your reference. • Our Comprehensive Financial Report link to access the full document is <https://tularecounty.ca.gov/auditorcontroller/index.cfm/auditor-controller/financialreports1/comprehensive-annual-financial-report-cafr/> or reference Exhibit L.

Tulare County Office of Education

Committed to Students, Support & Service

Tim A. Hire
County
Superintendent
of Schools

P.O. Box 5091
Visalia, California
93278-5091

(559) 733-6300
tcoe.org

Administration
(559) 733-6301
fax (559) 627-5219

Business Services
(559) 733-6474
fax (559) 737-4378

Human Resources
(559) 733-6306
fax (559) 627-4670

Instructional Services
(559) 302-3633
fax (559) 739-0310

Special Services
(559) 730-2910
fax (559) 730-2511

Main Locations

**Administration
Building & Conference
Center**
6200 S. Mooney Blvd.
Visalia

Doe Avenue Complex
7000 Doe Ave.
Visalia

**Liberty Center/
Planetarium &
Science Center**
11535 Ave. 264
Visalia

October 7, 2021

California Health Facilities Financing Authority
Investment in Mental Health Grant Program for Children and Youth
915 Capitol Mall, Suite 435
Sacramento, CA 95814

RE: Investment in Mental Health Grant Program for Children and Youth

To Whom It May Concern:

This letter of support is to express Tulare County Office of Education's support for the Investment in Mental Health Grant Program for Children and Youth. We strongly support this application to assist in reducing emergency room visits and improve access to crisis services for our children and youth populations. The Tulare County Office of Education works with various entities throughout Tulare County to draw upon the strengths, diversity and resiliency of the families they serve to remove barriers impeding the achievement of their goals and collaborate for the delivery of multiple services. Tulare County Office Education is committed to supporting Tulare County Mental Health Branch in partnership with Kaweah Health for a Crisis Stabilization Unit in Tulare County.

Through this letter, we acknowledge that we will support this partnership by working with Tulare County Mental Health Branch in partnership with Kaweah Health for a Crisis Stabilization Unit in Tulare County. We look forward to seeing the success of this project as the foundation for future endeavors in achieving improved outcomes by increasing access to care for the most vulnerable individuals in our county.

Sincerely,



Jennifer Newell, Psy.D.
Director, Behavioral Health Services
Tulare County Office of Education

10/7/21

California Health Facilities Financing Authority
Investment in Mental Health Grant Program for Children and Youth
915 Capitol Mall, Suite 435
Sacramento, CA 95814

RE: Investment in Mental Health Grant Program for Children and Youth Round 3 Funding

To Whom it May Concern:

This letter of support is to express's Turning Point of Central California, Inc. support for the Investment in Mental Health Grant Program for Children and Youth. We strongly support this application to assist in reducing emergency room visits and improve access to crisis services for our children and youth populations. Turning Point of Central California, Inc. works with various entities throughout Tulare County to draw upon the strengths, diversity and resiliency of the families they serve to remove barriers impeding the achievement of their goals and collaborate for the delivery of multiple services. Turning Point of Central California, Inc. is committed to supporting Tulare County Mental Health Branch in partnership with Kaweah Health for a Crisis Stabilization Unit in Tulare County.

Turning Point of Central California was founded in 1970. We are dedicated to helping people become healthy in body, mind and spirit through direct and referral services. Turning Point seeks to help program participants become productive members of society.

Through this letter, we acknowledge that we will support this partnership by working with Tulare County Mental Health Branch in partnership with Kaweah Health for a Crisis Stabilization Unit in Tulare County. We look forward to seeing the success of this project as the foundation for future endeavors in achieving improved outcomes by increasing access to care for the most vulnerable individuals in our county.

Sincerely,



Raymond R. Banks, MPA
Chief Executive Officer
Turning Point of Central California, Inc.



Tulare County, California

SHERIFF

Proudly Serving Since 1852

Office of
MIKE BOUDREAUX
Sheriff-Coroner
833 S. Akers Street
Visalia, CA 93277

10/12/21

Administration
(559) 802-9400

Detentions
(559) 735-1700

Investigations
(559) 802-9563

Operations
(559) 802-9599

California Health Facilities Financing Authority
Investment in Mental Health Grant Program for Children and Youth
915 Capitol Mall, Suite 435
Sacramento, CA 95814

RE: Investment in Mental Health Grant Program for Children and Youth Round 3
Funding

To Whom It May Concern:

This letter of support is to express Tulare County Sheriff's Office support for the Investment in Mental Health Grant Program for Children and Youth. We strongly support this application to assist in reducing emergency room visits and improve access to crisis services for our children and youth populations. The Tulare County Sheriff's Office works with various entities throughout Tulare County to ensure safety and collaborate for the delivery of multiple services. Tulare County Sheriff's Office is committed to supporting Tulare County Mental Health Branch in partnership with Kaweah Health for a Crisis Stabilization Unit in Tulare County.

Through this letter, we acknowledge that we will support this partnership by working with Tulare County Mental Health Branch in partnership with Kaweah Health for a Crisis Stabilization Unit in Tulare County. We look forward to seeing the success of this project as the foundation for future endeavors in achieving improved outcomes by increasing access to care for the most vulnerable individuals in our county.

Sincerely,

Mike Boudreaux
Sheriff-Coroner

Tulare Youth Service Bureau, Inc.



October 12, 2021

California Health Facilities Financing Authority
Investment in Mental Health Grant Program for Children and Youth
915 Capitol Mall, Suite 435
Sacramento, CA 95814

RE: Investment in Mental Health Grant Program for Children and Youth Round 3 Funding

To Whom It May Concern:

This letter of support is to express Tulare Youth Service Bureau's support for the Investment in Mental Health Grant Program for Children and Youth. We strongly support this application to assist in reducing emergency room visits and improve access to crisis services for our children and youth populations. Tulare Youth Service Bureau works with various entities throughout Tulare County to provide children and families compassionate, culturally sensitive mental health services that nurture hope, strengths, and healthy relationships at home, school, and in the community and collaborate closely for the delivery of multiple services. Tulare Youth Service Bureau is committed to supporting Tulare County Mental Health Branch in partnership with Kaweah Health for a Crisis Stabilization Unit in Tulare County. A program like this will significantly reduce the amount of trauma that occurs when these, already hurting youth, reach out for help and are met with law enforcement, emergency rooms and psychiatric facilities that are hours from their home and family. We are beyond confident in the psychiatric team who will be receiving the youth in this facility as they are already one of our many collaborative partners here in Tulare County. The passion with which this endeavor has come about is unmatched.

Tulare Youth Service Bureau opened in 1971 as a "drop-in-center" for at risk youth and later expanded services to Tulare City schools and outlying rural communities. Tulare Youth Service Bureau is committed to honoring the families and agencies we partner with, while at the same time empowering children to achieve their highest potential; become self-reliant, accomplished, and able to determine and shape their future.

Through this letter, we acknowledge that we will support this partnership by working with Tulare County Mental Health Branch in partnership with Kaweah Health for a Crisis Stabilization Unit in Tulare County. We look forward to seeing the success of this project as the foundation for future endeavors in achieving improved outcomes by increasing access to care for the most vulnerable individuals in our county.

Sincerely,

Timothy Zavala, LCSW
Executive Director

April Dodd, LMFT
Clinical Director

October 15, 2021

Re: CHFFA Children's Mental Health Initiative Grant Letter of Support

To Whom It May Concern:

On behalf of Court Appointed Special Advocates of Tulare County (CASA), please accept this letter of support for a Crisis Stabilization Unit (CSU) for children and youth in Tulare County. This joint project between the County of Tulare and Kaweah Health is a critical need for this community. CASA of Tulare County speaks up for the innocent children who are victims of abuse and neglect—advocating for their safety and well-being by training community volunteers to represent their best interests and be their voice in court. Our children often suffer from mental health issues due to the trauma experienced in their young lives. It is CASA's duty to promote the safety and well-being of the children we serve. We will protect children from abuse and from practices that are emotionally and physically damaging, disrespectful, degrading, dangerous, exploitive, or intimidating.

Currently, there are no mental health services available for children and youth in immediate crisis needing higher levels of care other than the emergency departments. The local emergency departments are extremely busy, and hospitals are consistently overcapacity. Children and youth experiencing a mental health crisis must wait for many hours to receive services in an emergency department's large and sometimes overwhelming environment. I observed this several times while supporting children and adolescents in crisis. A CSU will increase access to child and adolescent psychiatry twenty-four (24) hours per day seven (7) days per week in an age-appropriate setting. In addition, it will expand and improve timely access and provide staff that are trained specifically to take care of children and youth experiencing a mental health crisis, create a better referral network and expedite placement at hospitals when necessary. Access to case management twenty-four (24) hours a day seven (7) days a week, and increased coordination with mobile crisis teams is needed for the children and youth with mental health issues in our program. We strongly support the addition of a CSU to serve children in Tulare County.

Sincerely,



Alberto Ramos

Executive Director



Letter of Support
Kaweah Health, Adolescent Crisis Stabilization Unit

To whom it may concern,

On behalf of The Source LGBT+ Center, we are pleased to provide this letter of support for an adolescent Crisis Stabilization Unit (CSU) for the County of Tulare and Kaweah Health.

The mission of The Source is to provide spaces within our communities for the LGBTQ+ population to Learn, Grow, Belong, Transform, Question and Support. A central strategy of our organization is to provide access to culturally competent health care, mental health and social services to the LGBTQ+ people and their communities, which includes a large number of adolescents under the age of 21.

There are no mental health services available for adolescents in crisis needing higher levels of care in our community other than the emergency departments. The local emergency departments are extremely busy and hospitals are consistently over capacity. Adolescents experiencing a mental health crisis must wait for many hours to receive services in the large and sometimes overwhelming environment of an emergency department.

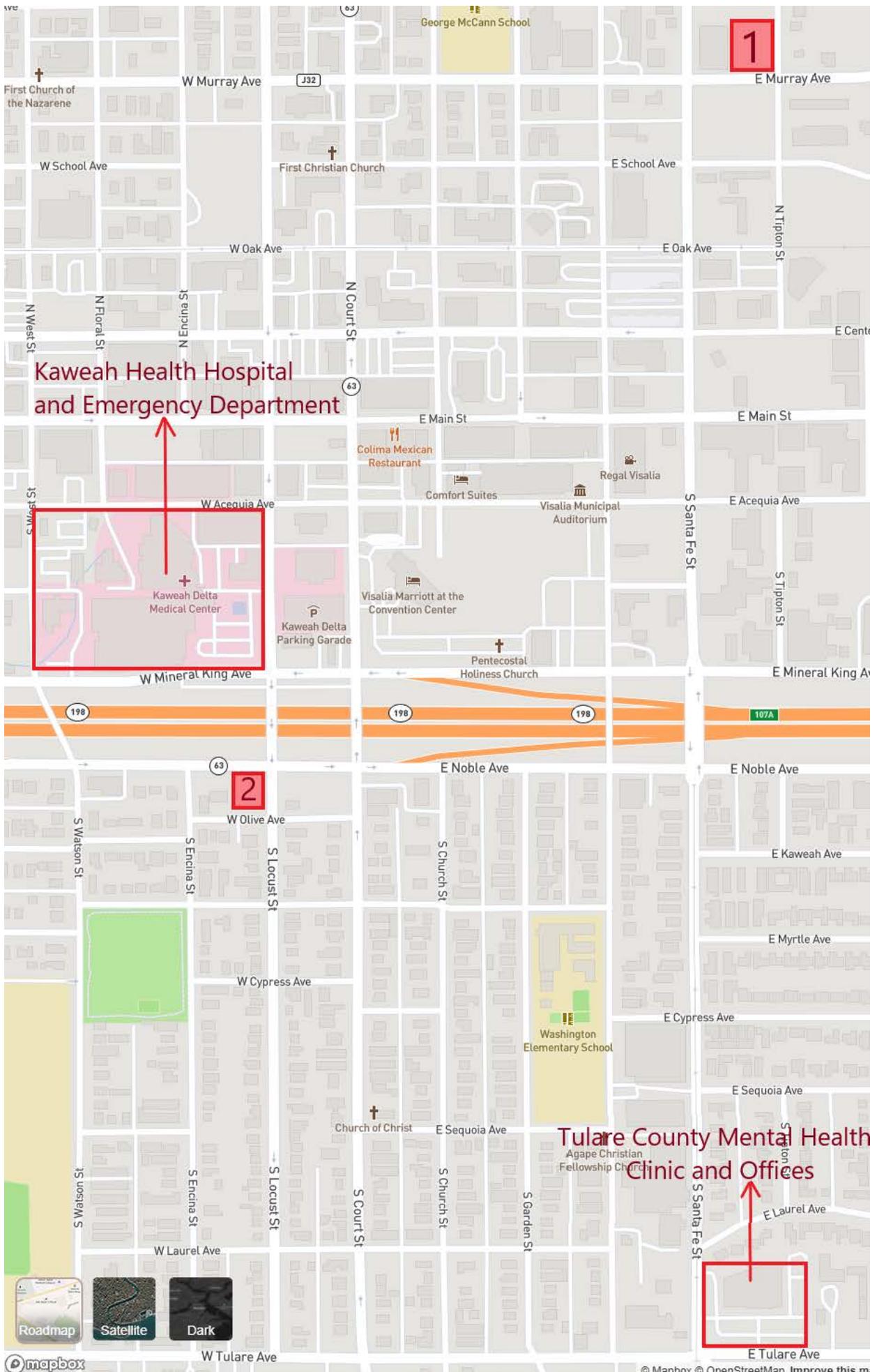
A CSU will increase access to adolescent psychiatry twenty-four (24) hours per day seven (7) days per week. In addition, it will expand and improve timely access and provide staff that are trained specifically to take care of adolescents experiencing a mental health crisis, create a better referral network and expedite placement at hospitals when necessary. Access to case management twenty-four (24) hours a day seven (7) days a week, and increased coordination with mobile crisis teams is sorely needed for the adolescents with mental health issues in our program.

The Source works closely with the County of Tulare and Kaweah Health to provide health and mental health services for our clients. We strongly support the addition of a CSU to serve adolescents in Tulare County.

In Solidarity,

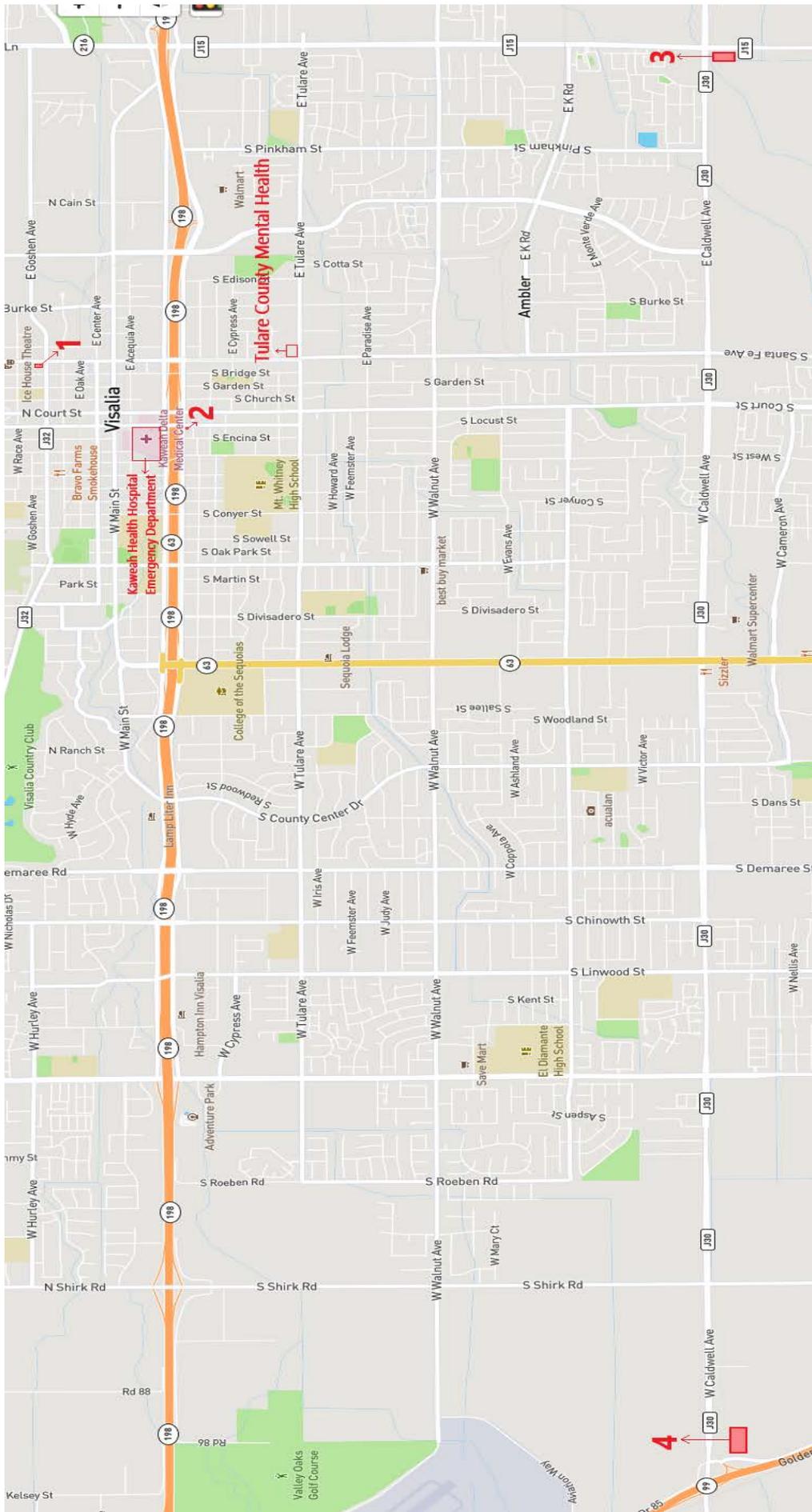
A handwritten signature in black ink that reads "Brian Poth".

Brian Poth
Executive Director, The Source LGBT+ Center



Kaweah Health Hospital and Emergency Department

Tulare County Mental Health Clinic and Offices



Potential Sites:

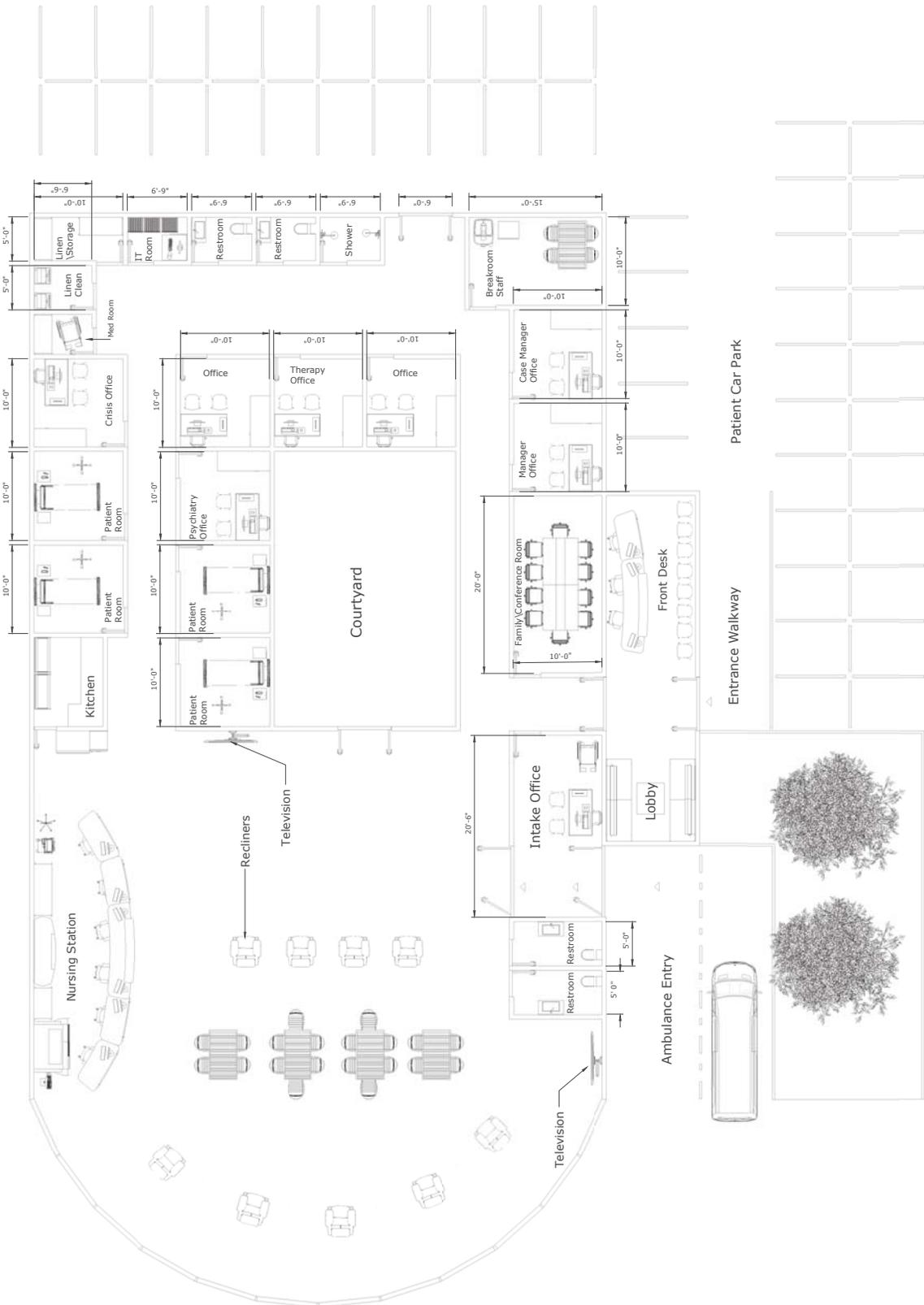
Area 1: Pros: Large size, allowing for growth in the future. Proximity to main populated area of Visalia allowing easy access. Near local clinics and current county contractors for child and adolescent mental health services. Easy access to Kaweah Health hospital and emergency department and Tulare county mental health. Permitting and Zoning should not be an issue and it is a future site of interest for revitalization by the city. Cons: cost.

Area 2: Pros: proximity to Emergency Department is unbeatable. Potential cost may be low if purchase is possible. Cons: not currently for sale, currently only available as a “build to suit lease”. Size is only 4900 square feet so may limit future growth.

Area 3: Pros: Already owned by Kaweah Health, large size allowing future growth. Location will allow us to serve underserved and rural areas of Exeter, Porterville, Lindsay. Cons: distance from Emergency Department and poor access via bus routes.

Area 4: Pros: Already owned by Kaweah Health, future site of development in partnership with Valley Children’s Hospital, large size. Location near the 99 freeway which allows us to serve Kings County and communities along the freeway such as Pixley, Dinuba, etc. Cons: very poor access via Bus and public transportation. Furthest location from the Emergency Department.

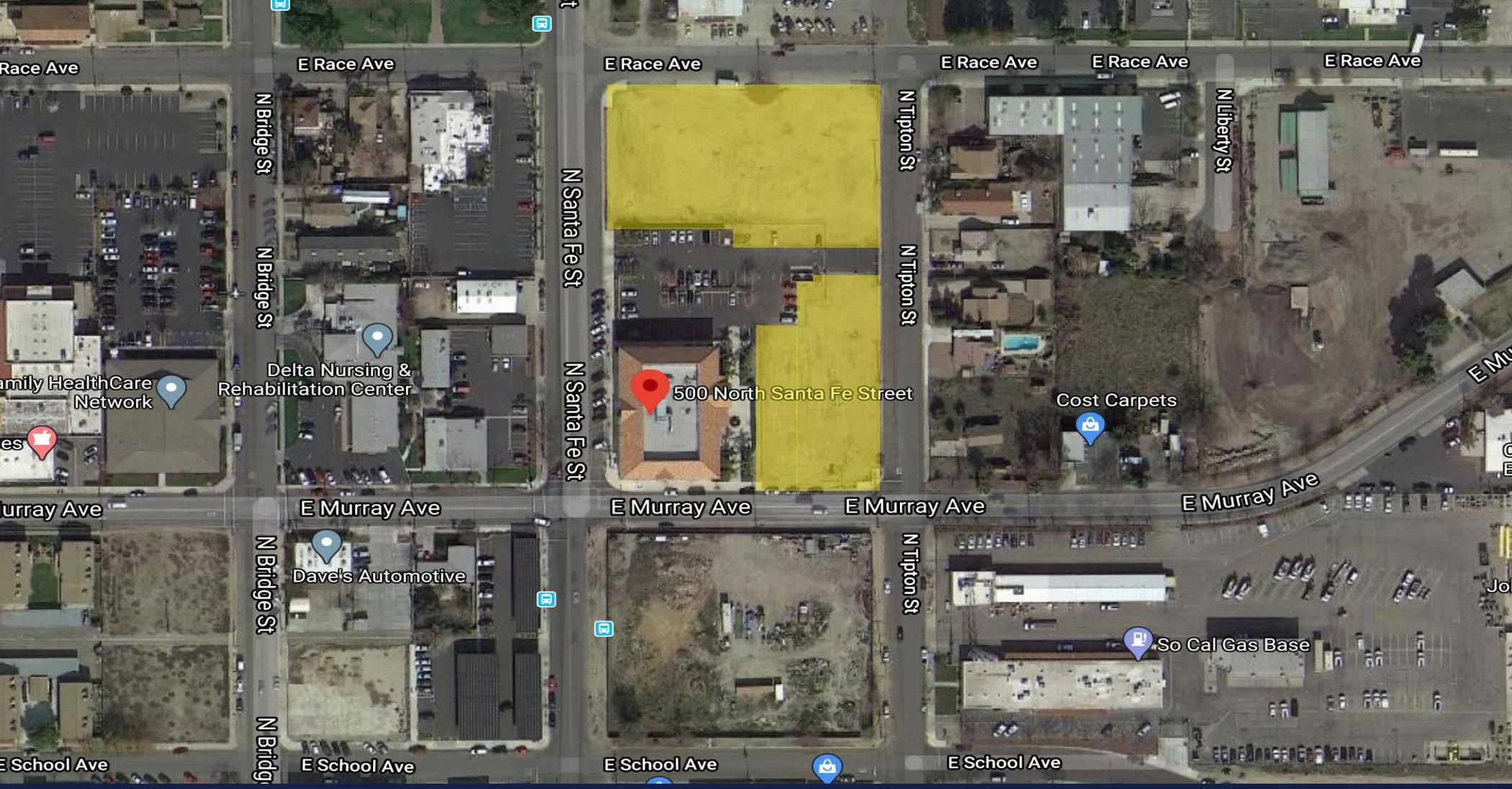
Staff Car Park











Fully Improved Office Pads | Visalia, CA

Property For Sale

1005 N Demaree Street
Visalia, California 93291
O | 559.754.3020
F | 559.429.4016
www.mdgre.com

GRAHAM & ASSOCIATES

Matt Graham
Lic# 01804235
www.mdgre.com

to learn more, visit: www.mdgre.com

483/497

PROPERTY DETAILS

Address: Corner of North Santa Fe Street and East Murray Ave

APN: 094-100-041, 042, 045

Size: 88,176 +/- Sq. Ft. | 2.02 +/- Acres

Zoning CS

Sales Price \$1,058,112.00 | 12.00 Per Sq. Ft

Additional Comments:

Open land, ready for development. These parcels are adjacent to Gallagher Insurance, located in an upscale office building. The land lies in the future expansion plan for Visalia's main canvas. Please call for further details.



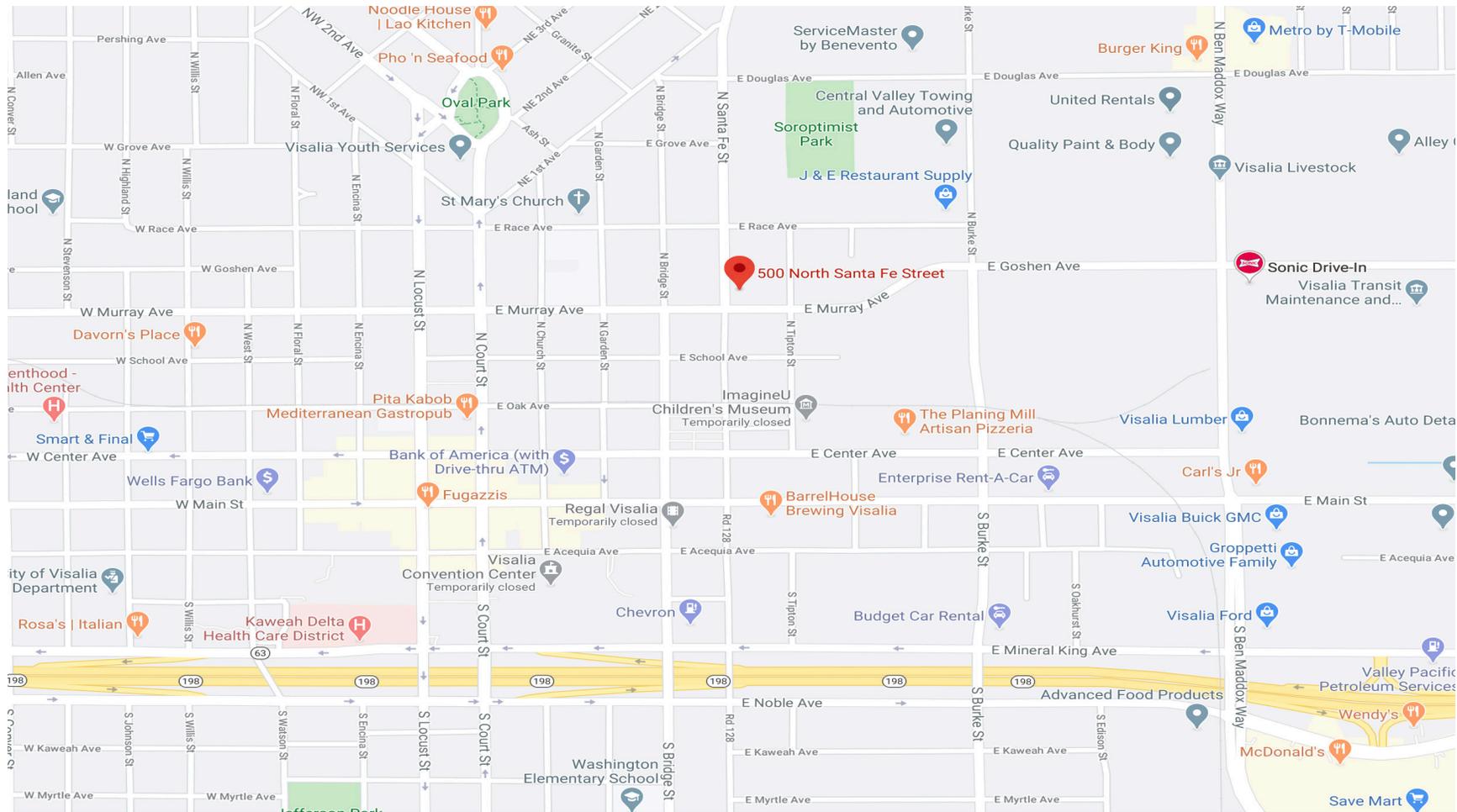
Contact Broker:
Matt Graham
Lic# 01804235

to learn more, visit: www.mdgre.com

1005 N Demaree Street
Visalia, California 93291
O | 559.754.3020

PLEASE NOTE: ALL INFORMATION AND REPRESENTATION MADE HEREIN, WHILE NOT GUARANTEED, HAVE BEEN SECURED FROM SOURCES WE BELIEVE TO BE RELIABLE, HOWEVER, THEY ARE NOT WARRANTED BY MATT GRAHAM & ASSOCIATES AND ARE SUBJECT TO CHANGE WITHOUT NOTICE.

LOCATION MAP



PLEASE NOTE: ALL INFORMATION AND REPRESENTATION MADE HEREIN, WHILE NOT GUARANTEED, HAVE BEEN SECURED FROM SOURCES WE BELIEVE TO BE RELIABLE, HOWEVER, THEY ARE NOT WARRANTED BY MATT GRAHAM & ASSOCIATES AND ARE SUBJECT TO CHANGE WITHOUT NOTICE.

MARKET AERIAL



PLEASE NOTE: ALL INFORMATION AND REPRESENTATION MADE HEREIN, WHILE NOT GUARANTEED, HAVE BEEN SECURED FROM SOURCES WE BELIEVE TO BE RELIABLE, HOWEVER, THEY ARE NOT WARRANTED BY MATT GRAHAM & ASSOCIATES AND ARE SUBJECT TO CHANGE WITHOUT NOTICE.

MARKET DEMOGRAPHICS

		radius quick stats		
Population		1 Mile	3 Mile	5 Mile
	2019 Total Population:	20,149	98,496	141,724
	2024 Population:	21,036	101,322	145,347
	Pop Growth 2019-2024:	4.40%	2.87%	2.56%
	Average Age:	32.50	34.20	34.70
Households				
	2019 Total Households:	6,290	31,759	46,186
	HH Growth 2019-2024:	4.99%	2.85%	2.48%
	Median Household Inc:	\$27,173	\$49,442	\$51,993
	Avg Household Size:	3.10	3.00	3.00
	2019 Avg HH Vehicles:	1.00	2.00	2.00
Housing				
	Median Home Value:	\$144,157	\$188,521	\$196,620
	Median Year Built:	1975	1981	1983

PLEASE NOTE: ALL INFORMATION AND REPRESENTATION MADE HEREIN, WHILE NOT GUARANTEED, HAVE BEEN SECURED FROM SOURCES WE BELIEVE TO BE RELIABLE, HOWEVER, THEY ARE NOT WARRANTED BY MATT GRAHAM & ASSOCIATES AND ARE SUBJECT TO CHANGE WITHOUT NOTICE.

Exhibit J

Scope of Services

Contractor: Kaweah Delta Health Care District

Program: MH Wellness Grant – Crisis Stabilization Unit

I. DESCRIPTION OF SERVICES/INTENT, AND GOALS:

A. System-Wide Program Intent and Goals

The Tulare County Health & Human Services Agency’s Mental Health Branch (TCMH) and Kaweah Delta Health Care District (now known as Kaweah Health) have partnered for this grant opportunity to request funding for a Crisis Stabilization Unit (CSU) for children or youth aged twenty-one (21) years old or younger experiencing a mental health crisis. Tulare County Health & Human Services Agency’s Mental Health Branch will serve as the Lead Applicant, and Kaweah Health will be the Co-Applicant. The Crisis Stabilization Unit will provide twenty-four (24) hour crisis intervention services to children and youth twenty-one (21) years old or younger. Consumers served by the CSU will be provided up to twenty-three (23) hours and fifty-nine (59) minutes (hereafter 23:59 hours) of intensive crisis assistance onsite and are offered an array of other services depending on their specific needs. The addition of a Crisis Stabilization Unit in Tulare County would improve timely access to those needing short term crisis interventions. The CSU would allow the individual in crisis to be provided intensive interventions and supports which is a service not currently available in Tulare County.

B. Infrastructure

Tulare County Health & Human Services Agency’s Mental Health Branch will be responsible for financing the following, subsequent costs through funding awarded under the grant:

1. Construction and site Renovation

a) Location

(1) Physical site has not yet been identified, land and building will be purchased and built and be fully operational twenty-four (24) months after the eighteen (18) month readiness period. Tulare County Health & Human Services Agency’s Mental Health Branch will use grant funding to purchase and own the building.

2. Including the following Start-up Costs:

a) Staff Salaries for up to 90 days

b) Trainings

c) Furnishing/equipment

d) IT hardware/software technology.

C. Description of Services

The project services will be administered by Kaweah Health.

1. Services will include:
 - a) Crisis Evaluation – All individuals served at the Crisis Stabilization Unit will receive a crisis evaluation, and substance use disorder evaluation.
 - b) Crisis Intervention and Stabilization – Safety Planning and referral and linkage to services and resources will be provided.
 - c) Psychiatric Services – Psychiatric residents will be on site to provide psychiatric evaluation and medication support.
 - d) Discharge Care – Using the whole person care philosophy, each youth will be provided with referrals and linkage to all needed service upon discharge.

II. POPULATION SERVED

A. The target population for the Crisis Stabilization Unit will be children and youth twenty-one (21) years of age and under with a mental health crisis and or illness to include substance use disorders. The target population demographic information will vary in age, gender identity, race, ethnicity, sexual orientation, and language. Tulare County provides services to many of the incorporated and unincorporated areas within the County.

III. PROGRAM PERFORMANCE STANDARDS

A. Service Provision

1. Documentation, electronic data and operating procedures will be reviewed to ensure compliance with HIPAA regulations.
2. CONTRACTOR will consult with COUNTY to ensure that facilities and equipment meet COUNTY expectations and correspond with submitted budget.
3. CONTRACTOR will render services in accordance with the Tulare County Mental Health Plan requirements to adequately serve priority populations.
4. Services will be delivered within the Tulare County HHSA, Department of Mental Health and the State Department of Mental Health standards of care.
5. CONTRACTOR will encourage partners and family members to help improve service delivery and provide program oversight.
6. CONTRACTOR will develop ethnic-specific strategies to eliminate disparities in access to care for racial and ethnic populations

B. Emergency and Crisis Measures

1. CONTRACTOR will respond to emergency and urgent care situations as defined by California Code of Regulations (CCR) Title 9, Chapter 11
2. Through this project we will increase capacity for community-based Mental Health Services by creating a Crisis Stabilization Unit. One twelve (12) bed Crisis Stabilization Unit that includes eight (8) recliners, and four (4) private rooms for acutely agitated children and youth, severely mentally ill children and youth, or very young children to separate them for safety. This would be a new service option in Tulare County for children and/or youth aged 21 years old or younger.
3. Mobile Crisis Teams. There are two (2) 24/7 mobile psychiatric emergency teams and two mobile crisis teams that serve youth specifically, that will coordinate crisis care with this CSU. Additionally, there is a mobile crisis response

team that partners with law enforcement in the field that will also work with this CSU for crisis care. The total number of vehicles is on average six to support multiple mobile crisis needs in the community.

IV. REPORTING STANDARDS

- A. To provide the COUNTY, in satisfaction of section 621 of Title 9 of the California Code of Regulations, with the services of a psychiatrist with the qualification set forth in section 623 of that Code, who shall have the duties and responsibilities set forth in section 522 of the Code.
- B. To comply with those provisions of Titles 9 and 22 of the California Code of Regulations, the Cost Reporting/Data Collection Manual of the State Department of Health policies and regulations, and interagency agreements to which COUNTY and CONTRACTOR are parties, all of which are hereby incorporated by reference.
- C. CONTRACTOR shall provide client data information within specified time periods including, but not limited to, client identification, admission, and discharge data.
- D. CONTRACTOR shall, without additional compensation, make further fiscal, program evaluation and progress reports as required by Director of Mental Health or by the State Department of Mental Health concerning CONTRACTOR's activities as they affect the contract duties and purposes herein. COUNTY shall provide and explain reporting instruction and formats.

V. STAFFING

Staffing would include at minimum the follow staffing standards as outlined in "Crisis Stabilization" staffing requirements Title 9 of the California Code of Regulation.

A. CONTRACTOR shall provide staffing for the Crisis Stabilization Unit. The CSU would be staffed with a range of professionals available to meet the needs of the individuals. Staffing and recruitment will be focused on creating an environment that is wellness and recovery oriented. This will include the development of an interdisciplinary team that includes the following:

- 1. A physician shall be on call at all times for the provision of those Crisis Stabilization Services that may only be provided by a physician.
- 2. There shall be a minimum of one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are present.
- 3. At a minimum there shall be a ratio of at least one licensed mental health or waived/registered professional on site for each four beneficiaries or other patients receiving Crisis Stabilization at any given time.
- 4. If the beneficiary is evaluated as needing service activities that can only be provided by a specific type of licensed professional, such persons shall be available.
- 5. Other persons may be utilized by the program, according to need.

6. If Crisis Stabilization services are co-located with other specialty mental health services, persons providing Crisis Stabilization must be separate and distinct from persons providing other services.
7. Persons included in required Crisis Stabilization ration and minimums may not be counted toward meeting ratios and minimums for other services.

Tulare County Behavioral Health
 CHFFA Grant
 First Year Annual Budget

Total FTE	Description	Kaweah Health CSU	Total Cost
2.32	LCSW	\$ 216,810	\$ 216,810
4.63	Licensed Psych Tech	\$ 289,080	\$ 289,080
2.32	Mental Health Worker	\$ 96,360	\$ 96,360
1.65	MD	\$ 882,360	\$ 882,360
1	Site Manager	\$ 81,120	\$ 81,120
Subtotal Wages		\$ 1,565,730	\$ 1,565,730
	Total Benefits	\$ 210,262	\$ 210,262
Subtotal Benefits		\$ 210,262	\$ 210,262
TOTAL PERSONNEL:		\$ 1,775,992	\$ 1,775,992
OPERATING & PROFESSIONAL SERVICES			
	Services - Clinical and Administrative	\$ 439,790	\$ 439,790
	Supplies	\$ 29,171	\$ 29,171
	Equipment	\$ 3,000	\$ 3,000
	Food	\$ 18,571	\$ 18,571
	Travel/Training	\$ 33,124	\$ 33,124
	Utilities	\$ 60,624	\$ 60,624
	Maintenance/Environment Svcs	\$ 60,386	\$ 60,386
	Insurance	\$ 125,000	\$ 125,000
SUBTOTAL OPERATING & PROFESSIONAL SCVS		\$ 769,666	\$ 769,666
	Indirect	\$ 254,566	\$ 254,566
GRAND TOTAL EXPENSE		\$ 2,800,223	\$ 2,800,223
Supporting Revenues			
	Short Doyle Medi-Cal (FFP)	\$ 1,151,358	\$ 1,151,358
	FFP - Admin/UR	\$ 254,566	\$ 254,566
	Realignment	\$ 942,020	\$ 942,020
	CHFFA (First three months of allowable costs)	\$ 452,279	\$ 452,279
GRAND TOTAL REVENUE		\$ 2,800,223	\$ 2,800,223



Date: October 18, 2021

Administration
3241 W. Noble Avenue
Visalia, CA 93277
T: 559.608.9000
F: 559.687.6982

Adult Division
3241 W. Noble Avenue
Visalia, CA 93277
T: 559.608.9035
F: 559.687.6984

Juvenile Division
3245 W. Noble Avenue
Visalia, CA 93277
T: 559.608.9270
F: 559.687.6985

Juvenile Justice Center
11200 Avenue 368,
Room 108
Visalia, CA 93291
T: 559.735.1525
F: 559.713.3049

Juvenile Detention Facility
11200 Avenue 368
Visalia, CA 93291
T: 559.735.1600
F: 559.713.3046

Porterville Office
1055 West Henderson
Suite 7
Porterville, CA 93257
T: 559.788.1330
F: 559.788.1335

www.tularecoprobation.org

California Health Facilities Financing Authority
Investment in Mental Health Grant Program for Children and Youth
915 Capitol Mall, Suite 435
Sacramento, CA 95814

RE: Investment in Mental Health Grant Program for Children and Youth
Round 3 Funding

To Whom It May Concern:

This letter of support is to express Tulare County Probation support for the Investment in Mental Health Grant Program for Children and Youth. We strongly support this application to assist in reducing emergency room visits and improve access to crisis services for our children and youth populations. The Tulare County Probation works with various entities throughout Tulare County to ensure safety and collaborate for the delivery of multiple services. Tulare County Probation is committed to supporting Tulare County Mental Health Branch in partnership with Kaweah Health for a Crisis Stabilization Unit in Tulare County.

Through this letter, we acknowledge that we will support this partnership by working with Tulare County Mental Health Branch in partnership with Kaweah Health for a Crisis Stabilization Unit in Tulare County. We look forward to seeing the success of this project as the foundation for future endeavors in achieving improved outcomes by increasing access to care for the most vulnerable individuals in our county.

Sincerely,

Handwritten signature of Michelle Bonwell in cursive.

Michelle Bonwell
Chief Probation Officer



**TULARE COUNTY
HEALTH & HUMAN SERVICES AGENCY**

Timothy W. Lutz, MBA
Agency Director

Donna L. Ortiz • Director • Mental Health Branch

ATTACHMENT A

APPLICATION CERTIFICATION

- In the case of a county Applicant, please have the county secretary sign this certification on behalf of the county board of supervisors or such other authorized county official.
- In the Case of a public agency designated by the county or Counties Applying Jointly, please have an authorized officer sign this certification.
- In the case of a private nonprofit corporation designated by a county or Counties Applying Jointly, please have the chairperson of the board or other authorized officer sign this certification.

If more than one Applicant is applying for a Project, each applicant must submit an Application Certification to certify that all information in the joint Application is correct and true to the best of their knowledge and belief.

Application Certification:

I, Amy Shuklian, as Chair of the Board of Supervisors, an authorized officer of the County of Tulare, certify that, to the best of my knowledge, the information contained in this application is true and correct to the best of my knowledge and belief, and I understand that any misrepresentation or material omissions may result in the cancellation of the Grant and other actions permitted by law and the Grant Agreement.

County of Tulare will cooperate in providing information and/or documentation including at the time of site visits, to assist the Authority in consideration of the Application.

By (Print Name)

Signature

Title

Date

October 20, 2021

Timothy W. Lutz
County of Tulare Health & Human Services Agency
5957 S. Mooney Blvd
Visalia, Ca 93277

Re: MH Wellness Grant CHAFFA Round 3

Dear Mr. Lutz,

Kaweah Health looks forward to providing services to the children and youth aged twenty-one (21) years old or younger experiencing a mental health crisis for Crisis Stabilization. Kaweah Health is a co-applicant for the California Health Facilities Financing Authority Round 3 grant and is a partner in the project through the provision of extensive crisis treatment services and respite care for the new Crisis Stabilization Unit for which have been committed for a period of 20 years per the California Health Facilities Financing Authority Round 3 grant requirements.

As the Co-Applicant for the Crisis Stabilization grant, Kaweah Health has committed to the level of services outlined in the Scope of Services (SOS) and grant application. These services will be provided directly by Kaweah Health, which Kaweah Health will coordinate and monitor on an on-going basis.

Please do not hesitate to reach out to Kaweah Health should you have any questions.

Sincerely,

Marc Mertz
Vice President and Chief Strategy Officer