



June 16, 2021

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Human Resources Committee meeting at 11:00AM on Tuesday, June 22, 2021 in the Kaweah Health Chronic Disease Management Conference Room, 325 S. Willis St., Visalia, CA.

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

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

DISTRIBUTION:
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<http://www.kawahdelta.org>

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HUMAN RESOURCES COMMITTEE

Tuesday June 22, 2021

Kaweah Health Chronic Disease Management Center Conference Room
325 S. Willis St., Visalia, CA 93291

ATTENDING: Lynn Havard Mirviss (Chair); Garth Gipson; Gary Herbst, CEO; Dianne Cox, VP Chief Human Resources Officer; Keri Noeske, VP Chief Nursing Officer; Linda Hansen, Director of Total Rewards; Brittany Taylor, Director Physician Recruitment/Relations; George Ortega, Recording

OPEN MEETING – 11:00 AM

CALL TO ORDER – *Lynn Havard Mirviss, Human Resources Committee Chair*

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.

- 1) **Physician Recruitment Update** – Medical staff recruitment efforts update- *Brittany Taylor, Director Physician Recruitment/Relations*
- 2) **Human Resources Updates**- Discussion of ideal work environment – *Dianne Cox, VP Chief Human Resources Officer*
 - a) **Employee Connection Diversity and Inclusion Calendar**
 - b) **Employee Benefits Update**
- 3) **Policies**- Discuss changes to current policies-*Dianne Cox, VP Chief Human Resources Officer*
 - a) **HR.34 Employment of Relatives {revised}**
 - b) **HR.63 Timekeeping {revised}**
 - c) **HR.70 Meal Periods and Rest Breaks {revised}**
 - d) **HR.128 Employee Benefits Overview {revised}**

*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*

MISSION: Health is our Passion. Excellence is our Focus. Compassion is our Promise.

- e) [HR.213 Performance Management {revised}](#)
- f) [HR.215 Grievance Procedure {revised}](#)
- g) [HR.216 Progressive Discipline {revised}](#)
- h) [HR.218 Notification Requirements {revised}](#)
- i) [HR.221 Employee Reduction in Force {revised}](#)
- j) [HR.234 PTO {revised}](#)
- k) HR.98 Employment References { PERIODIC REVIEW, NO REVISION, STATEMENT UPDATE}
- l) HR.188 Personal Property { PERIODIC REVIEW, NO REVISION, STATEMENT UPDATE}
- m) HR.156 Witness Duty { PERIODIC REVIEW, NO REVISION, STATEMENT UPDATE}
- n) HR.131 Employee Recognition {PERIODIC REVIEW, NO REVISION, STATEMENT UPDATE}
- o) HR.183 ID Badges { PERIODIC REVIEW, NO REVISION, STATEMENT UPDATE}
- p) HR.149 Bereavement Leave { PERIODIC REVIEW, NO REVISION, STATEMENT UPDATE}
- q) R.151 Short Term Military Training Leave { PERIODIC REVIEW, NO REVISION, STATEMENT UPDATE}
- r) HR.15 Request for Change of Work Assignment { PERIODIC REVIEW, NO REVISION, STATEMENT UPDATE}
- s) HR.95 Job Descriptions {PERIODIC REVIEW, NO REVISION, STATEMENT UPDATE}
- t) HR.96 Personnel Files { PERIODIC REVIEW, NO REVISION, STATEMENT UPDATE}
- u) HR.141 Employee Parking { PERIODIC REVIEW, NO REVISION, STATEMENT UPDATE}
- v) HR.169 Jury Duty { PERIODIC REVIEW, NO REVISION, STATEMENT UPDATE}
- w) HR.01 Purpose and Scope { PERIODIC REVIEW, NO REVISION, STATEMENT UPDATE}

ADJOURN – Lynn Havard Mirviss, Human Resources Committee Chair

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.



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

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

Date prepared: 6/16/2021

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

Delta Doctors Inc.	
OB/Gyn	1

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

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

Key Medical Associates	
Internal Medicine/Family Medicine	2

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

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

Valley Children's Health Care	
Maternal Fetal Medicine	2

Candidate Activity

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

Candidate Activity

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

Candidate Activity

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

Fiscal Year 2022 DRAFT	📅 Employee Connection Events	📝 Description	📅 Event Date	To be recognized on Employee Compass - continue to research
July	Egg Drop	Teams: In place of Duckie Race/Derby, create protection around your egg and drop from varying heights	TBD	French Heritage
August	Churros, Big Kahuna and Furry Friends Walk/Donations to Valley Oak SPCA	On a Saturday at Kaweah Park	TBD	
September	Bowling Night	Bowlero	TBD	
September	Hispanic Heritage Month		9/15/2021	
October	Pumpkin Carving/Scarecrow Contest	Popcorn Balls/Candy	TBD	Filipino, Italian, Polish Heritage
October	Cancer Awareness		All Month	
October	Make a Difference Day	City Event	10/23 and 10/30	
November	Thanksgiving-Giving Thanks	Pumpkin Pie and Ice Cream	TBD	Native American, Indian American, Alaskan Native Heritage
November	Veteran's Day Event (Deborah Volosin)	Veteran's day is on Thurs 11/11	11/11/2021	
December	Holiday Meal	In person?	TBD	
January	Happy New Year/Flashback Prom	Convention Center	TBD	
February	Cardiac Awareness		All Month	Chinese New Year
February	Art Show		TBD	
February	Black History Month		Celebration Day TBD	
March	Women's History		Celebration Day TBD	Greek, Irish Heritage
March	Honor of Service Awards Recipients	Luncheon or keep the same?	TBD	
April	Yearly Dedication of Life Vigil	For patients who have died; employees/providers lost will be honored if and as they occur	TBD	Arab, Scottish Heritage
April	National Intergenerational Week	Recognizing generations that work here	Week TBD	
May	National Day of Prayer		5/5/2021	
May	Nurses/Hospital Week-BBQ			Haitian Heritage
May	Starlight Awards			
May	Asian-Pacific American Heritage Month		05/01-05/10/22	
June	Pride Day			

2022 Kaweah Strategy Discussion

Part 2









June 14, 2021

Meeting Objectives

We're off to the races...

-
- Reinforce key business & benefits priorities
 - Discuss benefits and regulatory landscape; assess emerging trends
 - Review Kaweah-specific data and benchmarking
 - Evaluate 2022 (and future) renewal strategy
 - Obtain consensus on preferred timing

Restating Business and Benefits Priorities

Strategic Decision Area	What We Heard
 <p>Updates to corporate objectives and benefits goals and HR support</p>	<p>Maintain course on core objectives of cost savings, domestic steerage, accountability culture, and staying market competitive. Continue to hold vendor partners responsible for delivering quality service to Kaweah Health team and employees.</p>
 <p>Key HR priorities and benefits “wish list”</p>	<p>Consider HSA seed funding and contribution approaches to encourage migration into the HDHP option. Improve employee communications and maintain a year-round communication campaign to keep employees engaged.</p>
 <p>Short- and long-term benefits objectives and success metrics</p>	<p>Short term goal of implementing impactful tactics to the program with little employee friction. Impactful tactics for 2022 include dental marketing and additional clinical savings opportunities with MedImpact. Long term goal of moving towards a collaborative care health plan with Sequoia Integrated Health.</p>
 <p>Open enrollment process and lessons-learned</p>	<p>Virtual benefits fair was successful; provided the employees the information they needed on the new program through Brainshark. Re-designed the OE recordings to be used for year-round new hires. Continue to leverage this technology in the future.</p>
 <p>Communications and vendor support</p>	<p>Kaweah’s marketing department has downsized, and priorities have shifted for them. Migrate to Lockton-supported Open Enrollment communications. Kick off call with Lockton Employee Benefits Communication team on June 24th.</p>
 <p>Timing and changes communications and Open Enrollment</p>	<p>Incorporate a partnership meeting between Kaweah Health, TKFMC and Lockton to be scheduled between strategy and renewal meetings. Allows TKFMC enough runway to prepare for any program changes. No changes to Open Enrollment timing.</p>



Regulatory Landscape

Regulatory Headlines

Pulse Check

ACA

- PCORI fees filing date: August 2nd
- Form 1094/1095 filings:
 - March 2nd-due electronically to participants
 - March 31st-1094 and 1095 due to IRS
- Preventive Care service updates
- State-based employer filings for state individual mandates
- Vendor coordination on upcoming transparency requirements

State-based paid leave laws

Nondiscrimination in benefits offered to **LGBTQ+**

Mental Health and Substance Use Disorder

Benefits parity laws

Crediting deductibles for RX discounts

Pipeline

COVID-19

- National strategy changing as new administration steps in
- Another COVID-19 relief bill anticipated; details being finalized

New regulations coming:

- Cost transparency
- Drug pricing transparency
- Surprise medical billing
- Telehealth and primary care
- Repeal of Cadillac and HIT taxes
- EEOC wellness rules

Watchlist

ACA

- CA v. TX going to the Supreme Court which challenges the constitutionality of the law.

New Biden Administration and rule changes:

- New transparency regulations pursuant to CAA legislation passed at the end of 2020
- New cost reporting requirements pursuant to CAA legislation
- Another COVID Stimulus package in the works that may include further requirements on plans/employers
- Action on the proposed EEOC wellness regulations

Expansion of coverage options:

- Public option
- Medicare expansion

ACA considerations for 2021

- ACA lawsuit from red states' attorneys general (18) and governors (2)
 - CA v. TX, U.S. Supreme Court
 - The plaintiffs assert that the individual mandate is now unconstitutional (because it lacks a penalty), and that the individual mandate is so central to the ACA, that the ACA cannot stand without the individual mandate.
 - Oral arguments held on Nov. 10.
 - Decision is expected summer 2021. Best guess? Individual mandate unconstitutional but severable from ACA.
- PCORI is revived for self-funded plans.
- Repeal of Cadillac tax and the HIT tax
- 1095 forms are due to IRS by Mar. 31, 2021 (distribute to employees by March 2).
- New preventive care is effective July 1, 2021.
 - Perinatal depression counseling and intervention
 - HIV screening in pregnant women and adolescents and adults age 15-65, and younger adolescents and older adults at increased risk of infection
 - Pre-exposure prophylaxis (or PrEP*) for persons at high risk of HIV

Insights for Kaweah

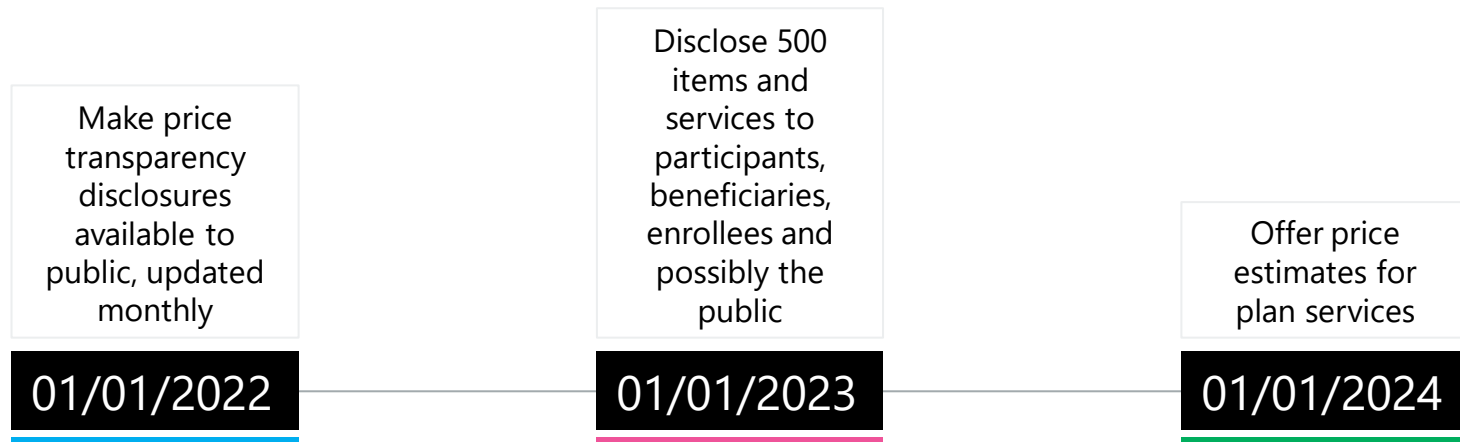
- Lockton will provide cost estimate for PCORI fee in late June/early July.
- Discuss new ACA preventive care requirements with TKFMC to ensure they are ready to comply July 1st.
- Kaweah will continue to leverage Equifax for the federal and CA reporting requirements.

Health plan transparency regulations

Requires group health plans to disclose a variety of cost data and member cost sharing to plan enrollees before they access service.

EMPLOYERS ARE ULTIMATELY RESPONSIBLE.

What should you do now? Discuss with your insurers and TPAs, and begin negotiating responsibility for fulfilling the various disclosure obligations, timeline for implementation, cost and indemnity.



Transparency requirements

- The Consolidated Appropriations Act, 2021 (CAA) and regulations finalized at the end of 2020 by the Trump administration added new responsibilities for group health plans that require plan sponsors to fulfill
- For plan years beginning on or after 1/1/22, employers are required to provide:
 - Publicly available pricing information (public website with in-network, out-of-network allowed and prescription drug files that shows prices by service, by provider)
 - Price comparison tool or Advanced EOB that tells a member their out-of-pocket cost by service/provider
 - Updated provider directory
 - Prohibition on gag clauses
 - Notice of continuity of care
 - Annual reporting requirements

What options do employers have at this time?

- Hire a transparency vendor (e.g., Castlight, Healthcare Bluebook)
 - Pro: These vendors will be able to provide many of the requirements for the plan sponsor (public website, price comparison tool/Advanced EOB and provider directory if they can get the data from the carrier/TPA/PBM/etc. or can use historical data).
 - For complicated plans with multiple vendor partners, this may be the best option.
 - Con: The quick timeline required for a 1/1/22 implementation (by 7/1/22 for Castlight, but there are likely deadlines for the other vendors as well) and the cost.
- Wait to see if their carrier/TPA/PBM is able to support these requirements.
 - Pro: There may still be a cost from the carrier/TPA/PBM but it will likely be lower than a transparency vendor.
 - Con: They may not be ready which could potentially trigger penalties (e.g., \$100/day for not having the public website and any difference in member's cost due to errors in meeting the requirements).

Insights for Kaweah

- TKFMC is working through a solution for Kaweah.
- Solution is still in draft form as Lockton is waiting for final guidance to be released this summer.
- Lockton works with industry groups (e.g., CIAB, ABC) to provide regulators with information on the impact of these requirements.
 - Since all employers and the carriers/TPAs/PBMs are in the same boat, we hope that there will be an extension for plans to get into compliance.
 - As of today, Lockton has no indication as to the intent of the regulators in this regard so there is no way to predict how or when the requirements will be enforced.



Emerging Trends & Cost Drivers

2022 outlook: Stakeholders

Consumers

Vulnerability paves way to trust

- Navigation services more common
- Participation incentives and/or engagement platform at employer
- Specified disease management now more prevalent. Patients may question guidance from healthcare providers who are not their own physicians.
- COVID-19 caused a pivot to reliance on virtual care
- New consumers unsure how to access (and maybe pay for) healthcare in a pandemic era
- Pandemic and social unrest also added focus on access to healthcare
- Focus on financial wellbeing is heightened

Payers/providers

Necessity is the mother of all invention

- While virtual health marginally increased from 14% (2018) to 19% (early 2020), many practices saw a 50%+ increase after COVID-19. Acceleration will continue, and virtual health strategies will be the future.
- Providers with value-based contracts cannot be fairly assessed in the way the programs were initially designed. 56% of ACOs with negative risk may leave the program if safeguards are not put in place.
- Hospitals are looking to cover COVID-19 losses by negotiating more favorable deals in their network contracts.
- Payers are using creative techniques to win/retain business (credits, offsets) in order to preserve market share and stability.
- Blue Cross and Blue Shield settlement

Employers

Stressed bandwidth and finite resources

- Drive consumers to best medical practices (navigation)
- Blue collar employers struggling to return to workplace and fill open positions
- White collar employers struggling to maintain employees that get better offers
- Responsibility for transparency rules and disclosure requirements

Reaction to payers/providers

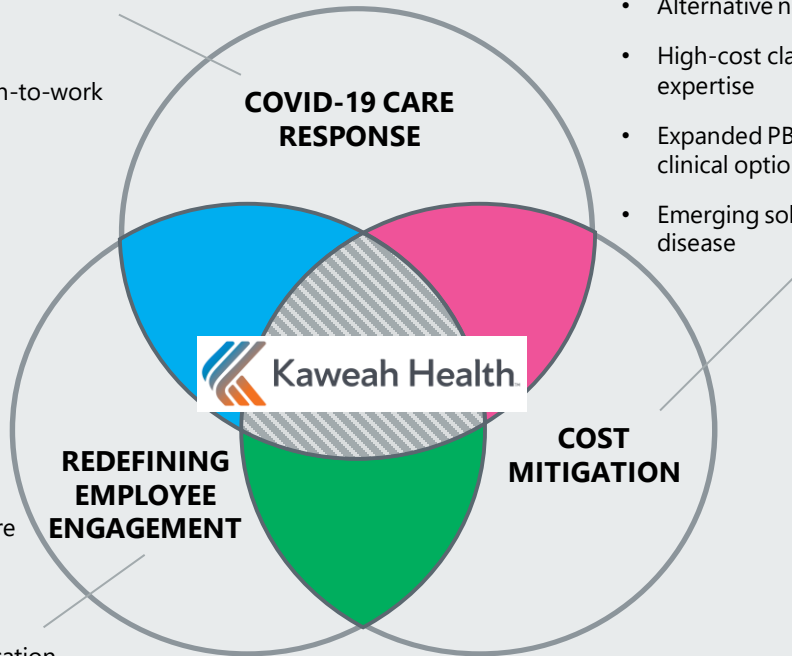
- Continue to have curiosity in emerging companies and how to play into the employer plan (i.e., Amazon pharmacy)
- Employers capitalized on depressed pricing in 2021 as compared to 2020 – pricing rebound in 2022 is uncertain

Emerging trends

- Adoption of solutions / investments in technology (mental health, virtual care, targeted disease and condition management)

Emerging trends

- Emotional well-being/mental health and financial well-being awareness and technology
- Virtual care and telemedicine
- Resilience index
- Vaccines and return-to-work strategy



- Alternative network solutions
- High-cost claimants clinical expertise
- Expanded PBM pricing and clinical options
- Emerging solutions for every disease

- Navigation
- Personalized healthcare technology
- Work perks evolution
- Year-round communication

Insights for Kaweah

- Explore opportunities to expand virtual care and telemedicine. Expand to providers outside of Kaweah's physician network?
- Continue year-round communication campaign to keep employees engaged in the program.
- Review additional clinical programs available with MedImpact for cost savings.
- Expand services in the Chronic Disease Management Center.
- Consider rolling out a financial wellness campaign.

Emerging trends: COVID-19 care response

EMOTIONAL WELL-BEING/MENTAL HEALTH & FINANCIAL WELL-BEING AWARENESS

Emotional and financial wellness take on increased importance with the pandemic.

Mental health awareness: turning obstacles into opportunities

Shift from surviving to thriving

RISE OF VIRTUAL CARE

Here to stay. Expanding.

66% of employers are promoting their teletherapy and virtual therapy programs while 10% are planning to expand teletherapy.¹

RESILIENCE INDEX

Measured by the Cigna Resilience Index, supportive relationships, exposure to diversity, and access to resources and community will help us build a more resilient workforce.

Even with the business outlook being slightly skewed toward contraction, **71% expect their 2021 or upcoming benefits strategy to be normal, or they will make only minimal changes from their previous planning strategy. 29% of employers expect to evaluate all market options and consider innovative or cost-cutting solutions** due to the impact of the pandemic. As expected, this varies by business outlook, but over half of employers on the contraction end of the spectrum are planning to make minimal changes or have a normal planning year.

Emerging trends: Redefining employee engagement

NAVIGATION

Movement toward directing care of plan members

Growth of artificial intelligence and digital health continues to leverage analytics and outreach

PERSONALIZED HEALTHCARE TECHNOLOGY

Plan member-specific clinical insights target and customize delivery for specific disease states

Total population health is trending to personalized healthcare through push notifications, wearable technology

WORK PERKS EVOLUTION

Expanded options of rewards available to employees beyond traditional benefit features

Emerging trends: Cost mitigation

ALTERNATIVE NETWORK SOLUTIONS, INCLUDING HIGH-PERFORMANCE NETWORKS AND REFERENCE-BASED PRICING

Measuring the results of anticipated provider network outcomes with client-specific enrollment

HIGH-COST CLAIMANTS CLINICAL EXPERTISE

Complex therapies and blockbuster specialty medications are driving further reliance on clinical insight and intervention to improve outcomes

EXPANDED PBM PRICING AND CLINICAL OPTIONS

Lowering specialty medication costs with manufacturers' assistance programs and exploring new models on how medications are acquired and delivered

Healthcare environment overview

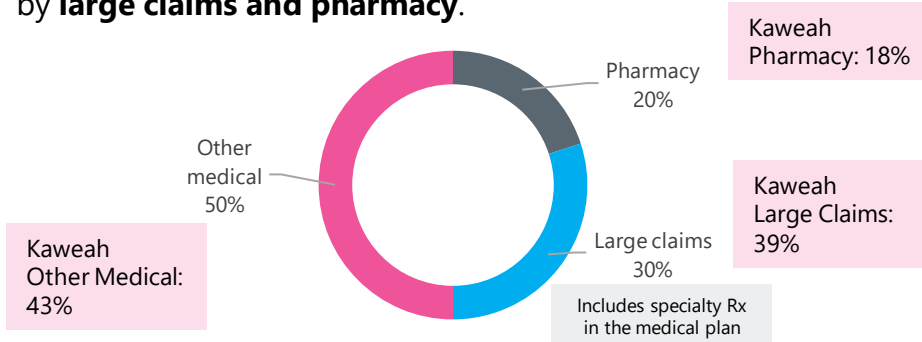
TRENDS IN COST

- Healthcare trends expected to continue to increase from 5.5 to 7.5%¹ annually
- Rising costs and increase in utilization drive plan spend.
- COVID-19 pandemic continues to wreak havoc on “normal” healthcare behavior.
 - Decreased preventive care and cancer screenings
 - Increased mental health and substance abuse claims
- Multifaceted clinical interventions target potential or current large claimants.

Preliminary underwriting for Kaweah suggested a budget increase of approximately 2.5% with data through February 2021. This will need to be re-evaluated with new TPA cost and with more recent plan data.

PRIMARY COST DRIVERS

Approximately **50%** of all healthcare spend is driven by **large claims and pharmacy**.



Current methods for bending the cost curve

OTHER MEDICAL	PHARMACY	LARGE CLAIMS
<ul style="list-style-type: none"> • Consumerism • Disease management • TPA • Transparency • Member advocacy • Eligibility management • Wellness • Plan design 	<ul style="list-style-type: none"> • Prior authorizations • Medical benefits • Site of care management • Supply limits • Rebate programs 	<ul style="list-style-type: none"> • High-touch care coordination • Chronic condition support • Site of care management • Expert medical opinions • Caretaker support programs

¹Analysis of medical cost trend, Lockton Benefits Actuarial Services.

Cost drivers

Cost

- Severity of high-cost claimants escalate. 7.7% of population will drive 75% of plan spend.¹
- Specialty pharmacy dominates healthcare spend with new-to-market drugs escalating costs.
- Among the most anticipated new-to-market drugs are gene therapy treatments, some of which are projected to cost in excess of \$1M per patient.
- Cancer treatment increases effectiveness, but also in price. Average cancer claim cost per high-cost claimant is \$170,126.²
- **Cancer treatment costs are tracking above norms. Average claims cost per HCC for cancer is \$259,687 for Kaweah.**

Utilization

- Increased access to care, driven by provider testing, point solutions for specified diseases, and increased use of transparency and navigation resources.
- Pharmacy spend continues to increase as a percentage of total program cost.
- Frequency of HCC is escalating as more employees are covered under employer plans, and as more services are covered under health plans (laws expanding coverage, not restricting).
- **Number of HCC for Kaweah increased by 26% from 2019 to 2020.**
- **Over \$147k in clinical savings achieved with MedImpact programs implemented last fall.**

Additional considerations

- Hospital systems' negotiation leverage increases and contracts continue to become more unfavorable.
- Healthcare finance and delivery
- Populations' need for care
- Advancing medical technology
- Diminishing healthcare labor pool
- Lack of transparency and quality
- Competition and consolidation
- Plan design and network
- **Continue to direct members to new contracts with Valley Children's and USC.**

¹Infolock book of business benchmarks, Dec 2019.

²Infolock book of business benchmarks, paid through June 2020. Kaweah data, paid through Dec 2020.

Benefits strategic plan executive summary – Kaweah Health

Strategy

SAVINGS STRATEGY

The featured savings tactics are designed to reduce benefits costs by increasing cost-sharing with participants, improving purchasing efficiency, managing plan eligibility, or offering solutions that can reduce health risks.

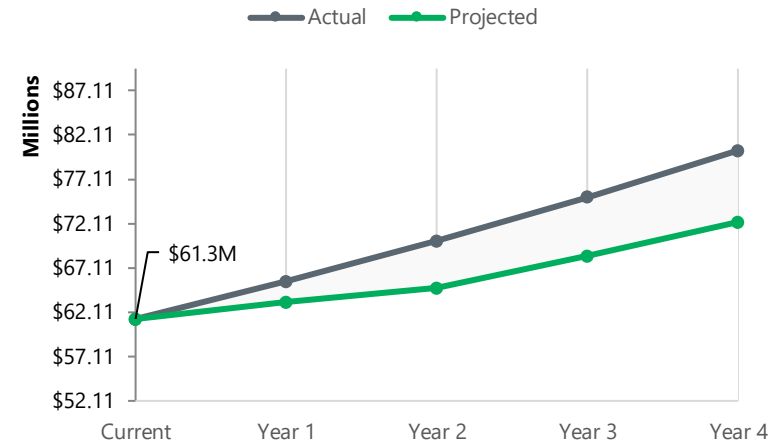
Year	Featured Tactic	Strategic themes	Friction	Savings Factor
Y2	Defined contribution aggressive	Cost-Sharing	H	\$\$\$
Y2	Accountable care organization (ACO)	Network/Steerage	L	\$\$\$
Y1	Decision support	Access to Care	L	\$\$\$
Y1	Length of service contribution tiers	Cost-Sharing	L	\$\$
Y1	Specialty pharmacy coupon optimization	Pharmacy Management	L	\$

VALUE STRATEGY

The featured value tactics below strengthen your benefit strategy through increasing employee engagement, ensuring compliance, or providing health risk solutions that address employee quality of life at work and beyond.

Year	Featured Tactic	Strategic themes	Difficult	Value Factor
Y1	Dental marketing	Ancillary Benefits	L	+++
Y1	HSA seed adjustment	Plan Design	M	+++
Y1	Communication strategy development	Benefits Education	H	++
Y1	Dental network analysis	Ancillary Benefits	L	++
Y1	Financial wellness	Well-Being	M	+

PROJECTED SAVINGS



*Directional for decision-making purposes only.
Results are based on normative projections and not a guarantee of future results.*

Focus on low employee friction, high impact tactics for 2022. Minimize plan design changes due to the high number of changes implemented for 2020 and 2021.



Timeline and Next Steps

Upcoming Meetings

February 24, 2021
Post Open Enrollment Meeting

June 14, 2021
Strategy Meeting Part 2
TKFMC Partnership Meeting (late June)

September 2021
Communications Meeting



May 3, 2021
Infolock Utilization Review
Strategy Meeting Part 1

August 2021
Renewal Meeting

November 2021
Open Enrollment



Policy Number: HR.34	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Chief HR Officer)	Date Approved: 05/31/2018
Approvers: Board of Directors (Administration)	
Employment of Relatives	

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

POLICY:

It is the policy of Kaweah ~~Delta~~Health to provide the most professional staffing possible by minimizing employment situations which may and /or has resulted in problems of supervision, safety, security, morale, or a conflict of interest. Employment of relatives, regardless of status, refers to the immediate family of an employee which, for the purposes of this policy, includes the following:

- Wife Mother Mother-in-Law Aunt Son-in-Law
- Husband Father Father-in-Law Uncle Daughter-in-Law
- Daughter Sister Sister-in-Law Niece First Cousin
- Son Brother Brother-in-Law Nephew "Step" Relationships
- Grandparents Domestic Partners

An individual will not be hired, nor promoted or transferred into the same department in which one of the above family members would have chain of command~~supervisory~~ authority over the other, evaluate the work performance, make or recommend salary decisions, or audit the work of the other.

Relationships where employees are supervised by the same department management or supervisor will be considered on a case by case basis for appropriateness; final decisions will be made by the Department Leader and Vice President, in consult with the Vice President of Human Resources ~~and the CEO~~.

PROCEDURE:

1. When an employment of relatives issue within a chain of command becomes known or is a result of a promotion or transfer, an affected employee may actively seek a transfer and must comply with the transfer procedure established by Human Resources. If reasonable accommodations cannot be made to eliminate actual or potential problems that arise when two employees marry or become related in a reasonable time frame, Kaweah Health reserves the right to terminate the affected employee. The Department Leader and the Vice President of Human Resources will develop appropriate interim measures.

~~1.2. No individual will hold a job in which he/she would be supervised by a family member.~~ If two employees marry or become related after being employed and the potential problems stated in this policy exist, a decision will be made by ~~the Hospital~~ **Kaweah Health** on which employee will remain in the department. Criteria generally used may include performance, experience, department need and length of service.

| ~~2. The affected employee will have the following options:~~

- a. ~~Transfer to another section of the department under a different supervisor (if there is a vacancy or the department is able to exchange employees), or~~
 - b. ~~Transfer to a different shift (if the department has a vacancy or the department is able to exchange employees), or~~
 - c. ~~Transfer from the department to a vacant position in another department, if qualified.~~
3. ~~The employee must actively seek a transfer and must comply with the transfer procedure established by Human Resources. If none of the options listed above or if reasonable accommodations cannot be made to eliminate actual or potential problems that arise when two employees marry or become related in a reasonable time frame, the District reserves the right to terminate the affected employee. The Department Leader and the Vice President of Human Resources will develop appropriate interim measures.~~

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

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

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

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

POLICY:

It is the policy of Kaweah ~~HealthDelta~~ to pay ~~staff member~~employees according to ~~the Fair Labor Standards Act~~applicable State and Federal regulatory requirements. To ensure accuracy and timeliness of timekeeping, all Directors will be accountable for review of staff member ~~'s'~~ timecards each pay period, including the appropriate use of pay codes. Delegation of this accountability may only occur if Directors are certain their delegates are trained (pay codes, ~~appropriate use of Missed Punch Tool,~~ and ~~staff member~~employee sign offs).

All ~~staff member~~employees must record their time worked for payroll and benefit purposes. Kaweah ~~Health Hb~~Delta utilizes the automated time and attendance HR TimeKeeper system with exception of Hospice, Private Home Care, Interpreters, and Home Health ~~Staff members~~Employees.

The HR Timekeeper system records all productive and non-productive hours for the pay period. Each staff member is required to verify these hours for accuracy.

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

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

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

Exempt ~~staff member~~employees are required to record and report full days of absence from work for reasons such as Paid Time Off, etc.

PROCEDURE:

I. Payroll Period Calendar

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

II. HR TimeKeeper

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

is not functional, ~~staff member~~employees may not be able to clock using a computer, but will be able to clock using a wall reader.

If the HR Timekeeper system is down, the wall reader is not available, or the staff member forgets to clock, they are required to ~~enter their missed punch/time on the day it occurs using the Missed Punch tool in HR Online Employee Self Service~~ submit a missed punch/time entry correction form in HR Online- Employee Self Service. ~~Continued use of the Missed Punch Tool may result in disciplinary action.~~ It is expected that ~~staff member~~employees use the wall readers or computers to clock in and out.

Leaders are expected to communicate their expectations of who is to enter/code other unproductive hours; standby time, Paid Time Off/Extended Illness Bank, jury duty time, bereavement, other hours, other dollars etc. Only leaders can input PTO/PSL and EIB codes to ensure that hours are compliant with annual limitations.

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

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

IV. Authorizing Hours

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

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

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

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

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Policy Number: HR.70	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Chief HR Officer)	Date Approved: 07/02/2020
Approvers: Board of Directors (Administration), Dianne Cox (VP Chief HR Officer)	
Meal Periods, Rest Breaks and Breastfeeding, and/or Lactation Accommodation and/or Lactation Accommodation	

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PURPOSE:

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

MEAL PERIOD POLICY AND PROCEDURE:

For non-exempt employees working more than five hours per day, Kaweah [HealthDelta](#) will provide a 30-minute duty-free meal period. It is each employee's responsibility to ensure that they are taking appropriate meal periods as set forth in the policy.

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

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

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

REST BREAK POLICY AND PROCEDURE:

Non-exempt employees are also authorized and permitted to take two 15-minute rest breaks along with the meal period. Employees must work at least ~~43.5~~ hours to be entitled to a rest break. Rest breaks should be taken in the middle of each 4- hour period in so far as it is practicable. These rest breaks are authorized by the department management; but it is each employee's responsibility to ensure that they are taking appropriate rest breaks.

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

ADDITIONAL INFORMATION:

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

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

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

There are several designated lactation rooms that may be found throughout Kaweah [HealthDelta](#). Their locations are the following:

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

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Policy Number: HR.218	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Human Resources)	Date Approved: 09/25/2018
Approvers: Board of Directors (Administration), Dianne Cox (VP Human Resources)	
Notification Requirements, Pre-Determination Process and Appeal Process for Involuntary Termination, Suspension without Pay for More Than Five Days and Demotion	

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POLICY:

Employees of the District by statute serve at the pleasure of the Board of Directors (see Health and Safety Code Section 32121(h)). When an employee who has passed his/her six (6) month introductory period is informed of his/her involuntary termination, suspension of five days or more or demotion, the employee will be provided the opportunity for a pre-determination review of a Notice of Intent, written notice of the pre-determination review process, and the District’s post-determination review and appeal process. This specific policy does not apply to residents enrolled in the District’s Graduate Medical Education (GME) program. Residents must refer to the Resident Handbook outlining the guidelines that must be used as their exclusive remedy for appealing reviewable actions.

The purpose of a pre-determination review is to provide employees the opportunity to appeal before a decision is made to terminate, demote, or suspend for more than five (5) days.

Nothing in this policy should be interpreted as modifying or diminishing in any way the District’s right to terminate or discipline an employee “at will” that is for any reason which the District considers to be sufficient in its sole discretion.

DEFINITIONS:

- I. Pre-Determination Review: A meeting in which an employee is given the opportunity to respond to a Notice of Intent by submitting a written and/or verbal statement to an appointed Reviewer. If the employee chooses to respond, the Reviewer has the responsibility to recommend whether the proposed action should be upheld, overturned, or modified.
- II. Reviewer: Except as otherwise noted, the “Reviewer” shall be a Vice President or other executive appointed by the Vice President of Human Resources.
- III. Post-Determination Review: Appeal process after the pre-determination review.

PROCEDURE:

I. Initial Notice of Intent

If an employee who has passed the initial six (6) month introductory period, is subject to termination, suspension for more than five (5) days or demotion, the management of the employee, or the Vice President of Human Resources or designee, shall cause to be served on the employee a written notice ("Notice of Intent"). The following is a recommended list of the items that should be contained in this document, but no Notice of Intent will be invalid if it does not contain all of the items on this list. The purpose of the document is to provide the employee with an outline of the proposed action along with a fair summary of the reasons for taking the action:

- A. the proposed action (i.e., termination, suspension for more than five (5) days or demotion) and the effective date of the proposed action;
- B. the reasons supporting the proposed action;
- C. a summary of the facts upon which the charges are based;
- D. notification that the employee is entitled to a pre-determination meeting to respond, either orally or in writing, to a review ("pre-determination review"). The Pre-determination Reviewer ("Reviewer") will be appointed by the Vice President of Human Resources or his/her designee.
- E. the name of the Reviewer and his/her contact information; and
- F. notification that the proposed action will become final and that the employee will waive his/her rights to a pre-determination review and a post-determination hearing of the matter if the employee does not contact the Reviewer by 4:00 p.m. of the next working day after service of such notice. A form to be used for such notice will be provided by Human Resources. "Working day" as used herein shall mean any day, Monday through Friday, holidays excluded.
- G. The provisions contained in Section F are advisory and within the sole discretion of the District. The District's failure to comply with any of the provisions of this Section shall not invalidate any disciplinary action taken.

II. Effective Date

The Notice of Intent as described in this document shall become effective when:

- A. The employee has been served with a copy of the notice specified above and has failed to contact the assigned Reviewer to schedule a review of the proposed action, by 4:00 p.m. of the next working day after service of the notice; or,
 - B. The employee contacts the assigned Reviewer, the Vice President of Human Resources or his/her designee or the Director of his/her Department and explicitly states he/she does not want to schedule a pre-determination review of the proposed action; or,
 - C. The employee properly requests a pre-determination review and the Reviewer issues a written recommendation after the pre-determination meeting in which he/she recommends upholding the proposed demotion, suspension or termination and the employee does not request a post-determination hearing with a Hearing Officer, or;
 - D. The employee properly requests and obtains a post-determination hearing where the Hearing Officer upholds the decision of the Reviewer and the employee does not request a review by the CEO; or
 - E. The employee properly requests and obtains appellate review by the CEO and he/she upholds the decision of the Reviewer.
- III. Arranging the Pre-determination Meeting
- A. The Notice of Intent will identify the Reviewer and provide the Reviewer's contact information. It will advise the employee that he/she may respond directly to the Reviewer, either orally or in writing, and will set out the time limit within which the response should be submitted. The Notice of Intent will also advise the employee how he/she can contact the Reviewer to arrange a meeting.
 - B. If the employee wishes to meet, it is his/her responsibility to contact the Reviewer and arrange the meeting; the meeting should be scheduled no later than three (3) calendar days following the date of the request.
 - C. As an alternative to a meeting, an employee may submit a written response. The Reviewer may disregard an untimely response.
 - D. If it occurs, the pre-determination meeting will be informal. The Reviewer will lead the meeting. The employee may provide such evidence or information as he/she wishes and tell his/her side of the story. After the meeting, the Reviewer will recommend whether the proposed action should be upheld, modified, or revoked. Matters related to the Reviewer's recommendation are addressed in Part IV, below.

- E. On occasion, employees may request that a scheduled pre-determination meeting date be extended, or that the standard pre-determination response period be increased. Although the Reviewer may grant or deny these requests, he/she should consult with Human Resources prior to doing so. Since employees may be on leave with pay during the pre-determination period, it is important to consider the stated need for the extension, along with the financial implications of the request, before issuing a decision.

IV. Recommendations for Conducting the Pre-determination Meeting

PREPARATION FOR THE MEETING:

The Reviewer should read the Notice of Intent, supporting documents, this Policy, District policies and procedures relating to the intended action, and any written response submitted by the employee and any documents the employee has submitted.

At the meeting, the Reviewer will: Introduce all persons present¹; explain the purpose of the meeting; explain that, upon completing the meeting, he/she will consider the information provided and then make a recommendation to uphold, modify, or revoke the proposed action; explain that his/her recommendations, if any, are not binding, but are simply recommendations that may be accepted or rejected by the District.

The Reviewer should then invite the employee to respond to the charges and advise that the employee's response may be submitted in writing, if the employee desires, or a combination of verbal and written responses. The Reviewer should allow the employee to present all relevant facts and arguments including documents.

The pre-determination meeting is not a formal hearing and there will be no witnesses testifying under oath. If the employee believes there are other employees who can support his/her facts/arguments, he/she may, with the permission of the Reviewer, bring them to the meeting and ask that they be heard. Such oral statements are in the discretion of the Reviewer. The Reviewer may limit the number of "witnesses" or place time limitations on the length of such verbal statements.

Neither the District nor the employee shall have the right to be represented by counsel or any other person not an employee of the District. The employee, in his/her discretion, may bring a current District employee to support him/her at the meeting.

It is often helpful to invite the Manager/Supervisor initiating the action to sit in on a pre-determination meeting for the purpose of providing clarification.

¹ The Reviewer may request the attendance and assistance of a member of Human Resources staff at the meeting.

However, the attendance of any person is at the sole discretion of the Reviewer. The Reviewer may ask questions of the Manager/Supervisor or allow the employee to ask questions of the Manager/Supervisor. Such questioning, however, should be permitted only if the Reviewer finds it of value.

AFTER THE PRE-DETERMINATION MEETING

After the meeting, the Reviewer evaluates all of the information. If the Reviewer concludes that additional information is needed, he/she will contact the Vice President of Human Resources or his/her designee for advice and assistance.

After reviewing all of the documentation and information, the Reviewer evaluates whether in his/her judgment there is a reason to believe the employee engaged in the conduct charged and whether the proposed action is appropriate. The Reviewer may confer with the Manager/Supervisor who initiated the action. If this evaluation involves policy issues, the Vice President of Human Resources or his/her designee should be consulted. Depending on the results of his/her evaluation, the Reviewer then makes a recommendation to uphold, modify, or revoke the proposed action.

The Reviewer will prepare his/her written recommendation within three (3) working days of the meeting or such longer time as is necessary. The letter will be hand delivered to the employee during a final meeting with their manager and the Human Resources representative. If the employee refuses to attend the final meeting, the letter will be sent to the employee by regular and certified mail.

PAY STATUS

In most cases, the employee will continue to remain on pay status until the review process is completed and the action is implemented, implemented in modified form, or revoked.

Requesting a Hearing

An employee may appeal the Reviewer's recommendation supporting substantial action (demotion, suspension of more than five (5) days, termination) by submitting a request for appeal to the Vice President of Human Resources or his/her designee. The employee's written request for appeal must be received no later than five (5) calendar days from the date of the document containing the final action. The five (5) calendar days requirement applies even if the letter with the Reviewer's recommendation is delivered by mail.

If an employee properly submits a written request for a hearing, it shall be scheduled no later than ten (10) working days following the date of the request by the employee. The ten (10) working day time period may be extended by

the Vice President of Human Resources or his/her designee at the request of the employee or the District, upon a showing of good cause, provided that the District shall have no obligation to pay back wages beyond the ten (10) day period in the event the proposed termination, suspension of five (5) days or more or the demotion is overturned by the Hearing Officer or if the extension is at the request of the employee. The hearing shall be set for the earliest mutually agreeable date, which shall not be more than thirty (30) calendar days from the date the request for a hearing was received. The hearing shall be an informal evidentiary hearing attended by the Vice President of Human Resources or his/her designee and by the employee. The hearing shall be presided over by the Personnel Hearing Officer (who serves by appointment of the Board of Directors), or by a Hearing Officer chosen from a panel pre-approved by the District's Board of Directors and mutually agreed upon by the parties.

At the hearing, both the District and the employee shall have the right to counsel, the right to call and examine witnesses for or against either party, the right to offer appropriate documentary evidence, the right to a reasonable continuance upon a showing of good cause, and all other procedural due process rights applicable to administrative proceedings. Strict rules of evidence shall not apply and the Hearing Officer shall have the discretion to determine what evidence shall be admitted and what weight shall be given to the admitted evidence. At all proceedings before the Hearing Officer, the District shall provide, at the expense of the District, the services of a certified shorthand reporter. The District shall have the burden of proving by a preponderance of the evidence that the termination, suspension for more than five (5) days or demotion was for good cause. At the conclusion of the hearing the matter will be submitted to the Hearing Officer for decision.

The decision of the Hearing Officer shall be in writing and ordinarily shall be rendered no later than five (5) calendar days from submission of the matter for decision. The decision of the Hearing Officer shall be filed with the Vice President of Human Resources or his/her designee who shall promptly serve a copy of the decision on the employee or his/her counsel, if any. The decision shall be effective immediately upon filing of the decision with the Vice President of Human Resources or designee, unless the employee properly complies with the requirements for appellate review.

The decision of the Hearing Officer shall be a recommendation to the Chief Executive Officer. The Hearing Officer may recommend to uphold, overrule or modify the proposed action.

VI. The Chief Executive Officer's Decision (Appellate Review)

Any party affected by the decision of the Hearing Officer shall have the right to a review by the Chief Executive Officer. Written notice of appeal, including the basis (or bases) for the appeal, must be filed with the Vice President of Human Resources or his/her designee no later than three (3) calendar days following

service of the decision of the Hearing Officer on the party requesting the appeal. Failure to file written notice of appeal within said three (3) calendar day time limit shall constitute a waiver of appeal rights. The Chief Executive Officer shall review and consider the recommendation of the Hearing Officer. After reviewing the recommendation of the Hearing Officer, the Chief Executive Officer in his/her sole discretion may decide to uphold, revoke or modify the proposed action.

Any party seeking the Chief Executive Officer's review of the decision must obtain, at the appellant's own expense, two copies of a transcript of the proceedings held before the Hearing Officer. Failure to file such transcripts with the Vice President of Human Resources or his/her designee at least two (2) working days prior to the date set for appellate review shall constitute a waiver of the appeal.

The appellate review by the Chief Executive Officer shall be scheduled no later than ten (10) calendar days following the date of the receipt by the Vice President of Human Resources or his/her designee of the request for appellate review, or as soon thereafter as it can be scheduled taking into consideration the availability of the Chief Executive Officer and/or the transcript of the hearing. The Chief Executive Officer shall apply the independent judgment test in reviewing the decision of the Hearing Officer. The appellee shall have five (5) working days to prepare and file a written response to the appeal. The Chief Executive Officer, at his/her discretion, may determine whether or not he/she would like to receive any additional oral or written argument. The Chief Executive Officer shall not be empowered to receive new or additional evidence.

The Chief Executive Officer shall affirm, modify, or reverse the decision of the Hearing Officer, and shall file with the Vice President of Human Resources or his/her designee his/her written decision within two (2) working days following the conclusion of the appellate review.

The decision of the Chief Executive Officer shall become effective immediately upon filing the decision with the Vice President of Human Resources or his/her designee.

The decision of the Chief Executive Officer shall constitute the final administrative proceeding which must be exhausted by either party before seeking judicial review, if any.

Note: If the subject matter of the original Notice of Intent included or involved the Chief Executive Officer in a way that might prejudice the employee in this matter, the final review will exclude the Chief Executive Officer and the President of the Board of Directors of Kaweah Delta Health Care District will act as the final reviewer.

Service of any notice, decision, or any other matter required to be served under these provisions shall be deemed served on the same day it is personally served upon the party to be served, or on the third (3rd) calendar day following deposit in the United States mail of the material to be served, certified mail, return receipt requested, addressed to the last known address of the party to be served.

This policy shall not extend to employees during their initial introductory period (i.e., less than six months of employment).

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

Subcategories of Department Manuals not selected.

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

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

POLICY:

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

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

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

PROCEDURE:

Annual Performance Evaluations:

1. The annual Performance Evaluation is a tool utilized by both management and the employee to identify and communicate the performance of the employee and the future annual expectations of the position, and to determine ways to improve performance or to gain advanced knowledge, including development opportunities. The Performance Evaluation is to be discussed with the employee in a face-to-face meeting. The employee is encouraged to provide additional feedback, written comments, and share development interests.
2. The Performance Evaluation form includes the Job Description, overall job requirements relevant to all positions, overall comments, and goals to be used for training and development and to describe actions which will be used to develop skills and improve the employee's performance, such as additional training or work assignments.
3. Employees are required to complete an honest and timely self-evaluation of their performance. Management may also request peer evaluation of the employee's commitment to the Kaweah Care Behavioral Standards of Performance.
4. The final review will be electronically signed by both the employee and individual completing the evaluation. The evaluation must be signed by a person who has the expertise at least equal to the individual being observed or tested.
5. At the completion of the annual evaluation, the overall performance rating will be consistent with the definitions noted on the performance evaluation tool. Failure to successfully meet expectations of performance may result in the employee being placed on Disciplinary Action, up to and including termination of employment.

Review Date and Applicable Merit Increases:

1. Department management is notified by the HR system when their employee is due for an annual evaluation. It is the responsibility of employees to complete a timely and thoughtful self-evaluation. It is expected that department management will complete evaluations on time.
2. At the time the employee is hired or changes to a different position, he/she will be provided with a copy of the Job Description/Performance Evaluation and Physical Demands forms that will be used to evaluate his/her performance. The employee signs an acknowledgment of receipt. The employee will also be provided with a copy of the form by the manager. For position changes/transfers, a pro-rated merit may apply (see Transfer Policy HR.31).
3. Completion of the annual review is defined as the employee's electronic signature in the Human Resources system. Human Resources will process any associated merit increase. Merit increases are effective the first day of the pay period following the effective date of the annual evaluation.

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

5. Per Diem Employees on a Critical Flat will receive a performance evaluation, but will not be eligible for annual performance merit adjustment.

4-6. Per Diem Employees on the Range will receive a performance evaluation, and will be eligible for annual performance merit adjustments.

5-7. Merit increases that place an employee's rate at the maximum of the range will result in the application of a Merit Lump Sum amount, equivalent to the employee's productive and non-productive hours (excluding standby, overtime, double time or callback hours) multiplied by the hourly rate in place for the employee prior to the evaluation. An employee may receive a partial merit increase to the maximum of salary range and a partial Merit Lump Sum.

6-8. If an employee takes a paid or unpaid Leave of Absence exceeding twelve (12) weeks (84 days) in a twelve-month rolling period, the employee's review date may be adjusted by the number of calendar days exceeding 85 days. This provision will not apply in the case of an employee who is on an approved Short-Term (Reserve) Military Training and/or Military Leave of Absence.

Competence Assessment:

1. During the first of 48 hours of employment, all employees will complete the 48-hour checklist for departmental orientation.
2. Competency is the demonstrated ability to integrate the knowledge, skills, and attitudes required for performance in a designated role or setting. Competency is verified through utilization of techniques such as demonstration, review of policy/procedure, verbalization, written testing, etc. For the initial competency evaluation at the time of hire or transfer, a face-to-face discussion will occur to assess and document the initial competency of an employee who provides patient care. Initial competency documentation is maintained in the department files or Human Resources as determined by the department. All items must be reviewed, checked and signed for competency by a person who has the expertise at least equal to the individual being observed or tested. An employee must be deemed competent to perform a skill prior to them performing the skill independently.

3. Patient care and related employees will complete an annual clinical competency assessment for their position as applicable. All items must be reviewed, documented and signed for competency by a person who has the expertise at least equal to the individual being observed or tested.
4. In addition, employees must be deemed competent when new procedures or equipment is introduced into the clinical setting, and this information will be maintained in the Human Resources or department file.

Remediation:

1. If an employee falls below expected levels of performance or is not deemed competent of a requirement or skill, the employee will be provided with opportunities for improvement.
2. The remediation plan may be included in a Disciplinary Action/Performance Notice, or a separate remediation plan may be developed. Time frames for follow up and requirements will be noted as applicable, and may include meetings, testing, review of policies, and other appropriate actions to ensure performance and competency. Failure to comply with or successfully complete the plan may result in further Disciplinary Action up to and including termination of employment.

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



Policy Number: HR.215	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Human Resources)	Date Approved: 10/23/17
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (VP Human Resources)	
Grievance Procedure	

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

POLICY:

Concerns, issues or questions occasionally arise during the course of employment. When this occurs, employees are encouraged to discuss these matters with management. If the situation remains unresolved, employees will be provided with an opportunity to appeal management decisions through a formal grievance procedure. Employees using the Grievance Procedure will not be retaliated against for doing so. This specific policy does not apply to residents enrolled in the District's Graduate Medical Education (GME) program. Residents' concerns, issues or questions will be handled through a separate GME policy as described in the Resident Handbook.

DEFINITION

- I. A grievance is defined as an employee's dissatisfaction with an action taken on behalf of the District. Examples of actions that may be grieved under this policy include:
 - A. Incorrect or inconsistent application or interpretation of the District's policies (not the policies themselves);
 - B. Disagreement with a written level warning.
- II. Time spent by aggrieved employees in grievance discussions with management during their normal working hours will be considered hours worked for payroll purposes.
- III. All steps of the grievance are coordinated by a Human Resources representative.
- IV. Decisions on grievances will be neither precedent setting nor binding on future grievances unless they are officially stated as District policy.
- V. In cases where the grievance is in relation to a division reporting to the Vice President of Human Resources, a Senior Vice President will serve in place of the Vice President of Human Resources.

PROCEDURE:

- I. The employee must initiate the Grievance Procedure to seek formal consideration. To do so, the employee must contact the Human Resources Department to initiate the first step in the procedure. Upon initial contact, the employee will be provided a copy of this Grievance Policy and will receive instruction as to the appropriate format in which the written grievance must be submitted.
- II. The grievance must be filed within 10 days of when the employee became aware, or reasonably should have been aware of the facts and circumstances arising to the grievance.
- III. Management will receive the grievance from Human Resources and will investigate the matter to attempt resolution. Management will prepare and forward their response, in the approved format, to the Human Resources representative within seven (7) working days or as soon as reasonably possible.
- IV. The Human Resources representative will forward management's response to the employee.
- V. If the aggrieved employee is not satisfied with management's decision, the employee will be permitted to appeal to the Vice President of Human Resources within seven (7) working days.
- VI. The Human Resources representative will forward the Vice President of Human Resources response within seven (7) working days to the employee or as soon as reasonably possible.
- VII. This decision will be final and binding on both the aggrieved employee and the District for the specified grievance only and to the extent allowable by law.
- VIII. Time limits for both the employee and management may be extended at any step by Human Resources, upon a showing of good cause.
- IX. The Grievance Procedure described herein is not applicable to an employee whose proposed discipline is demotion, suspension for more than five (5) days or termination or whose employment with the District has terminated regardless of the reason for the termination. However, employees whose proposed discipline is suspension for more than five (5) days, demotion or involuntary termination may be entitled to a Pre-determination hearing, may have certain appeal rights and should refer to HR.218 NOTIFICATION REQUIREMENTS AND APPEAL PROCESS FOR INVOLUNTARY TERMINATION AND DEMOTION.

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



Policy Number: HR.216	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Human Resources)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (VP Human Resources)	
Progressive Discipline	

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

POLICY:

The District uses positive measures and a process of progressive discipline to address employee performance and/or behavioral problems. The District recognizes that the circumstances of each situation must be evaluated individually to determine whether to discipline progressively or to impose more advanced discipline immediately. This policy applies to all District employees, except residents enrolled in the District's Graduate Medical Education (GME) program. Disciplinary actions related to residents in the GME program are handled by the Office of the GME as described in the Resident Handbook.

The primary purpose of Disciplinary Action is to assure compliance with policies, procedures and/or Behavioral Standards of Performance of the District. Orderly and efficient operation of our District requires that employees maintain appropriate standards of conduct and service excellence. Maintaining proper standards of conduct is necessary to protect the health and safety of all patients, employees, and visitors, to maintain uninterrupted operations, and to protect the District's goodwill and property. Because the purpose of disciplinary action is to address performance issues, it should be administered as soon after the incident(s) as possible. Therefore, depending on the seriousness of the offense and all pertinent facts and circumstances, disciplinary action will be administered promptly.

Certain violations are considered major and require more immediate and severe action such as suspension and/or termination. Lesser violations will generally be subject to Progressive Discipline.

Any employee who is in Progressive Discipline is not eligible for transfer or promotion within the District without review and approval by the hiring manager and Human Resources.

Progressive Discipline shall be the application of corrective measures by increasing degrees, designed to assist the employee to understand and comply with the required expectations of performance. All performance of an employee will be considered when applying Progressive Discipline.

In its sole discretion, the District reserves the right to deviate from Progressive Discipline or act without Progressive Discipline whenever it determines that the circumstances warrant.

PROCEDURE:

I. The process of Progressive Discipline may include the following, depending on the seriousness of the offense and all pertinent facts and circumstances:

A. Warnings

1. Verbal Warning:

A Verbal Warning explains why the employee's conduct/performance is unacceptable and what is necessary to correct the conduct/performance. This written record of the verbal warning typically remains in the department manager's/supervisors confidential files unless more serious discipline follows.

B. Written Warning:

A Written Warning provides the nature of the issue and outlines the expectations of performance/conduct or what is necessary to correct the situation. This Warning becomes part of the employee's personnel file, along with any pertinent back-up documentation available, and will inform the employee that failure to meet the job standards/requirements of the Warning will necessitate further disciplinary action, up to and including termination.

The department management, in concert with Human Resources, determines the level of corrective disciplinary action that will take place based upon the seriousness of the offense, the existence of any prior disciplinary actions and the entirety of the employee's work record.

1. Level I

Any employee who receives a Level I is subject to further Written Warnings as stated in this policy.

2. Level II

Any employee who receives a Level II is subject to further Written Warnings as stated in this policy.

3. Level III

A Level III is considered Final Written Warning to the employee involved, and includes a written explanation of what is necessary to meet the expectation of performance. A Level III Warning may be accompanied by a suspension. A suspension

may be without pay and is generally up to five days or forty hours.

C. Administrative Leave

In the discretion of the District, an employee may be placed on Administrative Leave with or without pay at any time to give the District time to conduct an investigation or for other circumstances considered appropriate by the District. Management may impose an Administrative Leave at any time for an employee(s) if they believe there is a risk to employee or patient safety. Management will notify Human Resources immediately if an Administrative Leave is enforced. When an employee is placed on Administrative Leave, the District will make every effort to complete the investigation of the matter within five business days. If the District is unable to complete an investigation of the matter within five days the Administrative Leave may be extended.

After the investigation has been completed, the employee may be returned to work and, in the discretion of the District and depending on the circumstances, may be reimbursed for all or part of the period of the leave. If it is determined that the employee should be terminated, compensation may, in the discretion of the District, be paid until the Post Determination Review process has been completed. (See policy HR.218).

D. Dismissal Without Prior Disciplinary History

As noted, the District may determine, in its sole discretion, that the employee's conduct or performance may warrant dismissal without prior Progressive Discipline. Examples of conduct that may warrant immediate dismissal, suspension or demotion include acts that endanger others, job abandonment, and misappropriation of District resources. This is not an exclusive list and other types of misconduct/poor performance, may also result in immediate dismissal, suspension or demotion. See Employee Conduct below. .

E. Employee Conduct

This list of prohibited conduct is illustrative only; other types of conduct injurious to security, personal safety, employee welfare or the District's operations may also be prohibited. This includes behavior or behaviors that undermine a culture of safety. Employee conduct that will be subject to Progressive Discipline up to and including immediate involuntary termination of employment includes but is not limited to:.

1. Falsifying or altering of any record (e.g., employment application, medical history form, work records, time cards, business or patient records and/or charts).

2. Giving false or misleading information during a Human Resources investigation;
3. Theft of property or inappropriate removal from premises or unauthorized possession of property that belongs to the District, employees, patients, or their families or visitors;
4. Damaging or defacing materials or property of the District, employees, patients, or their families or visitors;
5. Possession, distribution, sale, diversion, or use of alcohol or any unlawful drug while on duty or while on District premises, or reporting to work or operating a company vehicle under the influence of alcohol or any unlawful drug;
6. Fighting, initiating a fight, threats, abusive or vulgar language, intimidation or coercion or attempting bodily injury to another person on District property or while on duty. Reference policy AP161 Workplace Violence Prevention Program;
7. Workplace bullying which can adversely affect an employee's work or work environment, Reference policy HR.13 Anti-Harassment and Abusive Conduct.
8. Bringing or possessing firearms, weapons, or any other hazardous or dangerous devices on District property without proper authorization;
9. Endangering the life, safety, or health of others;
10. Intentional violation of patients' rights (e.g., as stated in Title XXII);
11. Insubordination and/or refusal to carry out a reasonable directive issued by an employee's manager (inappropriate communication as to content, tone, and/or language)
12. Communicating confidential District or Medical Staff information, except as required to fulfill job duties;
13. Sleeping or giving the appearance of sleeping while on duty;
14. An act of sexual harassment as defined in the policy entitled Anti-Harassment and Abusive Conduct HR.13;
15. Improper or unauthorized use of District property or facilities;
16. Improper access to or use of the computer system or breach of password security;

17. Improper access, communication, disclosure, or other use of patient information. Accessing medical records with no business need is a violation of state and federal law and as such is considered a terminable offense by KDHCD.
18. Unreliable attendance (See Attendance and Punctuality HR.184)
19. Violations of the District Behavioral Standards of Performance.
20. Unintentional breaches and/or disclosures of patient information may be a violation of patient privacy laws. Unintentional breaches and/or disclosures include misdirecting patient information to the wrong intended party via fax transmission, mailing or by face-to-face interactions.
21. Access to personal or family PHI is prohibited.
22. Refusing to care for patients in the event mandated staffing ratios are exceeded due to a healthcare emergency.
23. Working off the clock at any time. For the convenience of the employees, the District allows staff to clock in before their start time. However, employees are not permitted to work until their scheduled start time.
24. Failure to work overtime.
25. Use of personal cell phones while on duty and unrelated to job duties anywhere in the District. Cell phones are to be stored in a secure location while on duty.
26. Excessive or inappropriate use of the telephone, cell phones, computer systems, email, internet or intranet.
27. Any criminal conduct off the job that reflects adversely on the District.
28. Making entries on another employee's time record or allowing someone else to misuse the District's timekeeping system.
29. Bringing children to work, or leaving children unattended on District premises during the work time of the employee.
30. Immoral or inappropriate conduct on District property.
31. Unprofessional, rude, intimidating, condescending, or abrupt verbal communication or body language.
32. Unsatisfactory job performance.

33. Horseplay or any other action that disrupts work,
34. Smoking within the District and/or in violation of the policy.
35. Failure to report an accident involving a patient, visitor or employee.
36. Absence from work without proper notification or adequate explanation, leaving the assigned work area without permission from the supervisor, or absence of three or more days without notice or authorization.
37. Unauthorized gambling on District premises.
38. Failure to detect or report to the District conduct by an employee that a reasonable person should know is improper or criminal.
39. Providing materially false information to the District, or a government agency, patient, insurer or the like.
40. Spreading gossip or rumors which cause a hostile work environment for the target of the rumor.
41. Impersonating a licensed provider.
42. Obtaining employment based on false or misleading information, falsifying information or making material omissions on documents or records.
43. Violation of Professional Appearance Guidelines
44. Being in areas not open to the general public during non-working hours without the permission of the supervisor or interfering with the work of employees.

Further information regarding this policy is available through your department manager or the Human Resources Department.

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

Policy Number: HR.221	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Chief HR Officer)	Date Approved: 06/18/2020
Approvers: Board of Directors (Administration), Dianne Cox (VP Chief HR Officer)	
Employee Reduction in Force - or- Reassignment Resulting in Demotion	

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

POLICY:

Kaweah ~~Delta-Health~~ is committed to continued growth and increased productivity and will make all reasonable attempts to avoid cutbacks and reductions in force (RIF) or demotions whenever feasible. However, when Kaweah ~~Delta-Health~~ experiences circumstances it cannot maintain the existing staffing levels in one or more departments, it may decide in its discretion to implement a reduction in force or realignment in accordance with the following guidelines. Kaweah ~~Delta-Health~~ reserves the right to deviate from the guidelines contained in this policy when it determines, in its sole discretion that such deviations(s) is/are appropriate.

GUIDELINES:

I. Appropriate Staffing

Kaweah ~~Delta-Health~~ Management will determine the appropriate number of employees needed to effectively staff their departments. Staffing patterns will include the number of employees needed by department number, job number and full or parttime status. Full-time employees, part-time employees and per diems are considered separate classifications.

II. Attrition and or Hiring Freeze

The preferred method to reduce staffing levels is through attrition. Attrition occurs when employees terminate and are not replaced. Also staff currently on Personal Leave of Absence can be informed that their job has been eliminated.

A hiring freeze may be implemented on a Kaweah Delta-wide, division-wide, department-wide, or job classification-specific basis or any combination of such basis. Because there are areas where specific training and/or licensure are necessary, if in-service training and/or internal transfer cannot meet the staffing needs, it may be necessary to recruit from outside the current Kaweah ~~Delta-Health~~ workforce. If a hiring freeze is implemented, and qualified employees are not available through internal transfer, jobs may be posted by going through the position control process.

III. Furlough

A furlough is a temporary lay-off/ leave of an employee due to special needs of an employer, generally due to economic conditions. A furlough will not generally be extended for longer than three months. However, Kaweah Delta-Health reserves the right to deviate from this standard under extraordinary circumstances.

When a furlough is applied, the employee may apply for Unemployment Benefits. The employee is required to be available to work when called back to duty. If the employee is not available to work, a voluntary termination may be applied. (See section IV for guidelines)

IV. Reduction in Force (RIF)

When a department Director and VP determine that there are more employees employed within a job classification or department or any unit or units of employment than is necessary to support Kaweah Delta-Health needs, a RIF may be proposed. All requests for RIF's must be approved by Kaweah Delta's Chief Executive Officer.

Once approved, Human Resources department will determine which employees will be reduced by following this policy. For the purposes of this policy each department is considered separately. Each job number in the department is considered separately. Managerial and lead positions will be considered separate job classifications from the positions held by employees that they manage/lead. Also part-time, full-time and per diem employee categories will be considered separately.

A. Generally, employee reductions will be based on the following factors in the order listed below. However, Kaweah Delta-Health may decide in its discretion to deviate from these guidelines, particularly where patient care or other important functions of Kaweah Delta-Health may be affected:

1. Employees on Personal Leave of Absence will be reduced first and are not eligible for Reduction in Force benefits.
2. Employees who have not successfully completed introductory period at Kaweah Delta.
3. Employees with documented job performance issues based on progressive discipline noted.
4. Employees with the lowest documented job performance evaluations:
5. In all other cases, where all considerations are equal, employees with the longest service based on date of hire with Kaweah Delta-Health will be the deciding factor.
6. Where special skills, licensure, qualifications, experience or other key attributes are important to assist in carrying out the functions of Kaweah Delta, Kaweah Delta-Health may deviate from the above criteria.

B. Reduced employees will have some choices to make and deadlines in which to make them. The deadlines must be met.

1. The right to appeal the reduction (see section X);
2. The choice to take a three month RIF Personal Leave of Absence to look for a transfer (see section IV) while receiving salary continuance as reflected on the severance schedule below;

- or -

3. The choice to take a severance lump sum and terminate employment (see section V).

V. Three month RIF Personal Leave of Absence

It is expected that employees will apply for a transfer to a new Kaweah Delta-Health job during their RIF Leave of Absence. Employees who have not been accepted into a new job with Kaweah Delta-Health by the end of the three month RIF Personal Leave of Absence will be terminated their employment and they will become eligible for a severance lump sum. In addition, RIF employees who select the three month RIF Personal Leave of Absence, may choose at any time within the three months to instead terminate their employment and take a severance lump sum. Employees who find a new Kaweah Delta-Health job within three months will retain their original date of hire and the severance salary continuance will end.

VI. Severance Pay and Termination

Severance pay will be paid according to the schedule below. The pay will be based on straight time excluding any differentials or standby pay. ~~Part-time employees will receive one-half the amount on the schedule below.~~ Per diems are not eligible.

Years of Service	Weeks to be Paid
0 - 1	1.00
2 - 4	2.00
5 - 9	3.00
10 - 14	4.00
15 - 20	5.00
More than 20	8.00

The average number of hours which the employee worked per pay period during the six-month period prior to the Reduction in Force will be reviewed and considered to determine the appropriate status (i.e. Full-time vs. Part-time).

Severance pay will be paid out upon termination of employment or if on a personal leave (see section IV). Employees with unpaid PTO accrued in their banks will be paid for those hours. EIB bank will not be paid out.

In consideration of the severance pay, there is no further financial obligation to the employee on the part of Kaweah Delta-Health aside from earned retirement benefits.

VII. Reassignment Resulting in Demotion

Based on staffing patterns it is sometimes necessary to change a employee's job duties. When this change results in a lower salary grade or salary, it is considered a demotion. Employees who are demoted are given the choice of transfer to the new role offered to them at a lower grade and salary, or take a 3-month Personal Leave of Absence as described in this policy or take severance terminating employment as described in this policy. An employee has the right to appeal the reassignment resulting in demotion (see section IX).

VIII. Benefits

An employee with Group Health, Dental and Vision Insurance benefits who is placed on furlough or separates from employment as a result of RIF is entitled to continue his/her insurance benefits. For three months following furlough or separation from employment, the employee may continue group health, dental, and vision insurance at the active employee rates. An employee choosing to continue coverage beyond that period of time, may do so at full COBRA rates. For details, see policy entitled CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA) (HR.129), and/or the RxFlex Summary Plan Description available through Human Resources.

The benefits offered through this policy are only exclusively to employees who separate from employment with Kaweah Delta-Health as a result of a RIF. They are not available to employees who separate from employment with Kaweah Delta-Health for other reasons such as a resignation or involuntary termination.

IX. Re-Employment

Employees who separate from employment with Kaweah Delta-Health as a result of a RIF and receive a severance payment are free to reapply for employment with Kaweah Delta. However, if after separation has occurred a former employee is selected to fill a vacancy, their employment will be considered as any other newly hired employee.

X. Appeal Rights for Reassignment Resulting in Demotion

Employees may not grieve or appeal termination of employment as a result of a reduction in force through the policy entitled GRIEVANCE PROCEDURE (HR.215). However, employees who have served greater than one hundred eighty (180) days employment with Kaweah Delta-Health immediately prior to the termination and who have passed introductory period may access their rights under policy entitled NOTIFICATION REQUIREMENTS AND APPEAL PROCESS FOR INVOLUNTARY TERMINATION AND DEMOTION (HR.218).

XI. Appeal Rights for Employee Reduction in Force

You are entitled to appeal this separation orally, or in writing, by contacting your Vice President no later than the time indicated on your Layoff Notice (typically one business day).

XII. Under special circumstances, alternative severance packages may be developed and offered to employees. Where this is the case, acceptance of an alternate severance package will cause the employee to be ineligible for the benefits offered in this policy.

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



Policy Number: HR.234	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Chief HR Officer)	Date Approved: 06/24/2019
Approvers: Board of Directors (Administration)	
Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014	

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

POLICY:

Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Workplace Act of 2014 – Paid Sick Leave (PSL) benefits are offered to all employees as defined in this policy. PTO is offered to full-time and part-time eligible employees for leisure, celebration of holidays, short-term illness and other personal needs. EIB is offered to full-time and part-time eligible employees for extended illness and Kin Care. Private Home Care staff, temporary staff/interims and Per Diem staff are not eligible for PTO or EIB but are eligible for Paid Sick Leave (PSL) as defined in this policy. Excessive occurrences of unapproved time off may result in disciplinary action. See Policy HR.184 Attendance and Punctuality.

PROCEDURE:

Eligibility and Accrual for PTO and EIB

Full-time and benefited part-time employees are eligible to receive PTO and EIB. If an eligible employee is changed to a non-eligible status, the PTO and EIB time accrual will cease. The employee will receive a lump-sum payment for all accrued PTO paid at 100% of their hourly rate of pay prior to the status change. During the non-eligible status, the employee will accrue PSL.

If a non-eligible employee is changed to an eligible status, the employee begins accruing PTO and EIB as of the first pay period in which the status change became effective; PSL accrual will cease. At no time will an employee accrue PTO and EIB as well as PSL. An employee accrues either PTO and EIB or PSL.

The rate of PTO and EIB accrual received is based on qualified service hours. Qualified service hours which count toward the accrual rate include the following: regular hours worked (non-overtime), Blood Donation, Education Reduced Shift, Flex Time Off, PTO FMLA, PTO unscheduled, PTO/PSL, PTO Sick/Pregnancy, PTO Holiday, PTO/Workers Compensation, Sitter Pay, Sleep Pay, PTO hours, bereavement hours, jury duty hours, training/workshop hours, orientation hours, and mandatory dock hours. Neither EIB nor PTO accruals will be earned while employees are being paid EIB hours.

Eligibility and Accrual for PSL

PSL eligible employees include Per-Diem, Private Home Care, and Part-Time non-benefit eligible employees. PSL eligible employees will accrue at the rate of one hour per every 30 hours worked (.033333 per hour); accrual begins as of the first pay period. A new employee is entitled to use PSL beginning on the first day of employment. Employees are limited to 24 hours of use of accrued time in each 12-month rolling period. PSL will carry over to the following calendar year not to exceed 48 hours of accrual in any calendar year.

Description	Service Hours	Approximate Yrs. of Service required to obtain this rate	Earned 1st Pay Period: Accrual (8 & 10hrs up to 80 eligible hrs a pp) (12hrs up to 72 eligible hrs a pp)	Earned at 520 Eligible Hours of Employment: Additional Accrual earned on up to 72 eligible hours a pp.
8hr, 10hr, FT & PT Staff	0	5 years	.038461 (80) – Accrual rate during first 90 days in eligible status	.051282 (96hrs)
8hr, 10hr, FT & PT Staff	10400	5 – 10 years	.057692 (120)	.051282 (96hrs)
8hr, 10hr, FT & PT Staff	20800	10+ years	.076923 (160)	.051282 (96hrs)
12hr FT & PT Staff	0	5 years	.038461 (72)	.051282 (96hrs)
12hr FT & PT Staff	9360	5 – 10 years	.057692 (108)	.051282 (96hrs)
12hr FT & PT Staff	18720	10+ years	.076923 (144)	.051282 (96hrs)

Maximum Accruals

The Maximum PTO accrual allowed is 400 hours. The accrual will cease once the maximum accrual is reached until PTO hours are used or cashed out. The maximum EIB accrual is 2000 hours; the maximum PSL accrual is 48 hours in a calendar year. No Payment is made for accrued EIB or PSL time when employment with Kaweah Delta ends for any reason.

Requesting, Scheduling, and Access to PTO, EIB and PSL

Routine unpaid time off is not allowed. Any requests for unpaid time should be considered only on a case-by-case basis taking into consideration the need for additional staffing to replace the employee and other departmental impacts. It is the responsibility of management to monitor compliance. Employees should be aware that unpaid time off could potentially affect their eligibility for benefits.

In addition, any request for PTO time, whether for traditional holiday, for vacation time, or otherwise must be approved in advance by management. Management will consider the employee's request as well as the needs of the department. In unusual circumstances, management may need to change the PTO requests of employees based upon the business and operational needs of Kaweah Delta. In such situations, Kaweah Delta is not responsible for costs employees may incur as a result of a change in their scheduled PTO time.

AB 1522 Healthy Workplace Healthy Families Act of 2014

An employee may utilize up to 24 hours of PTO or PSL in a rolling 12-month period for the following purposes:

- a) Diagnosis, care, or treatment of an existing health condition, or preventative care for, an employee or an employee's family member, as defined as employee's parent, child, spouse, registered domestic partner, grandparent, grandchild, and siblings.
- b) "Family Member" means any of the following:
 - i. A child, which for purposes of this policy means a biological, adopted or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis; this definition of child is applicable regardless of age or dependency status.
 - ii. A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child.
 - iii. A spouse
 - iv. A registered domestic partner
 - v. A grandparent
 - vi. A grandchild
 - vii. A sibling
- c) For an employee who is a victim of domestic violence, sexual assault or stalking, as specified.

There is no cash out provision for the PSL accrual, including upon termination of employment or with a status change to a benefit eligible position. However, if an employee separates from Kaweah Delta and is rehired within one year, previously accrued and unused PSL will be reinstated.

PSL and PTO time shall be utilized at a minimum of 2-hour increments and no more than the length of the employee's shift.

PTO and PSL time taken under this section is not subject to the Progressive Discipline Policy HR.216.

Time Off Due To Extended Illness

Employees who are absent due to illness for more than three (3) consecutive work days should notify their manager and contact the Human Resources Department to determine if they are eligible for a leave of absence. Accrued EIB can be utilized for an approved continuous leave of absence beyond 24 hours and on the first day of surgery in an acute-care or outpatient surgery center or inpatient admission to the hospital.

Employees who are absent due to illness for more than seven (7) consecutive days should file a claim for California State Disability Insurance. Claim forms are available in Human Resources. State Disability payments will be supplemented with any accrued EIB time by the Payroll Department, and PTO at the employee's request.

Time Off Due to Kin Care

Kin Care allows eligible employees to use up to one-half (1/2) of the Extended Illness Bank (EIB) that they accrue annually in a rolling 12 months to take time off to care for a sick family member. Only employees who accrue EIB are eligible for Kin Care. No more than one-half of an employee's EIB accrual in a rolling 12-month period can be counted as Kin Care. For example, for full-time employees this would mean no more than 24 hours can be utilized as Kin Care in a rolling 12-month period. An employee must have EIB available to use on the day of the absence for that absence to be covered under Kin Care. An employee who has exhausted his/her EIB and then is absent to care for a sick family member cannot claim that absence under Kin Care. Kin Care can be used to care for a sick family member, to include a spouse or registered domestic partner, child of an employee, "child" means a biological, foster, or adopted child, a stepchild, a legal ward, a child of a domestic partner, or a child or a person standing in loco parentis, parents, parents- in-law, siblings, grandchildren and grandparents. A Leave of Absence form does not need to be submitted unless the employee will be absent and use sick leave for more than three continuous workdays. In addition, an employee taking Kin Care does not need to submit a doctor's note or medical certification. However, in instances when an employee has been issued Disciplinary Action and directed to provide a doctor's note for all sick days, then an employee may need to submit a doctor's note.

EIB time taken under this section to care for an immediate family member is not subject to the Progressive Discipline Policy HR.216.

Holidays

Kaweah Delta observes 72 holiday hours each year. Eligible employees may be scheduled a day off and will be paid provided adequate accrual exists within their PTO bank account for each observed holiday. Time off for the observance of holidays will always be in accordance Kaweah Delta needs.

1. New Year's Day (January 1st)
2. President's Day (Third Monday in February)
3. Memorial Day (Last Monday in May)
4. Independence Day (July 4th)
5. Labor Day (First Monday in September)
6. Thanksgiving Day (Fourth Thursday in November)
7. Day after Thanksgiving Day (Friday following Thanksgiving)
8. Christmas Day (December 25th)
9. Personal Day

Business departments and/or non-patient care areas will typically be closed in observance of the noted holidays. Where this is the case, employees assigned to and working in these departments will be scheduled for a day off on the day the department is closed. Employees affected by department closures for holidays should maintain an adequate number of hours within their PTO banks to ensure that time off is with pay.

In the first 90 days of employment, benefit eligible employees who have not accrued sufficient PTO to cover holidays may be paid and their PTO accrual bank will go into the negative, until accrual is earned back in successive pay periods, unless otherwise specified by the employee.

In business departments and/or non-patient care areas, holidays, which fall on Saturday, will typically be observed on the Friday proceeding the actual holiday and holidays, which fall on Sunday, will be observed on the Monday following the actual holiday.

Employees who work hours on some of these holidays may be eligible for holiday differential. For more information of eligibility, see policy HR.75 Differential Pay- Shift, Holiday, and Weekend.

"Responsibility for the review and revision of this Policy is assigned to the Vice President of Human Resources. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the staff member's responsibility to review and understand all Kaweah Health Policies and Procedures." "These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."