



March 22, 2024

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the City of Visalia City Council Chambers {707 W. Acequia, Visalia, CA} on Wednesday March 27, 2024:

- 4:00PM Open meeting to approve the Closed agenda
- 4:01PM Closed meeting pursuant to Government Code 54956.8, Government Code 54956.9(d)(1), Government Code 54956.9(d)(2), Health and Safety Code 1461 and 32155
- 4:45PM Open Meeting

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.

All Kaweah Delta Health Care District regular board meeting and committee meeting notices and agendas are posted 72 hours prior to meetings (special meetings are posted 24 hours prior to meetings) in the Kaweah Health Medical Center, Mineral King Wing near the Mineral King entrance.

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

KAWEAH DELTA HEALTH CARE DISTRICT
David Francis, Secretary/Treasurer

A handwritten signature in blue ink, appearing to read "Kelsie Davis".

Kelsie Davis
Board Clerk / Executive Assistant to CEO

DISTRIBUTION:
Governing Board

Legal Counsel
Executive Team

Chief of Staff
www.kawahhealth.org



KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

City of Visalia – City Council Chambers
707 W. Acequia, Visalia, CA

Wednesday March 27, 2024 {Regular Meeting}

OPEN MEETING AGENDA {4:00PM}

- 1. CALL TO ORDER**
- 2. APPROVAL OF AGENDA**
- 3. PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction 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 (Kelsie Davis 559-624-2330) or kedavis@kaweahhealth.org to make arrangements to address the Board.
- 4. APPROVAL OF THE CLOSED AGENDA – 4:01PM**
 - 4.1. CONFERENCE WITH REAL PROPERTY NEGOTIATOR {GOVERNMENT CODE SECTION 54956.8}** – Property: APN 078350050. Negotiating party: Kaweah Delta Health Care District: Deborah Volosin and Marc Mertz. Price and terms to be determined.
Ryan Gates, Chief Population Health Officer; Marc Mertz, Chief Strategy Officer and Deborah Volosin, Director of Community Engagement
 - 4.2. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2).
Ben Cripps, Chief Compliance & Risk Officer, Evelyn McEntire, Director of Risk Management, and Rachele Berglund, Legal Counsel
 - 4.3. CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(1).

Ben Cripps, Chief Compliance & Risk Officer, Evelyn McEntire, Director of Risk Management, and Rachele Berglund, Legal Counsel

- 4.4. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(1). Service Employees International Union United Healthcare Workers West, Charging Party, v. Kaweah Delta Health Care District, Respondent. Public Employment Relations Board, Case No. SA-CE-1195-M

Dianne Cox, Chief Human Resource Officer and Rachele Berglund, Legal Counsel

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

Daniel Hightower, MD, Chief of Staff

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

Daniel Hightower, MD, Chief of Staff

- 4.7. **APPROVAL OF THE CLOSED MEETING MINUTES** –February 28, 2024, and March 6, 2024.

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

Action Requested – Approval of the March 27, 2024, closed meeting agenda.

5. ADJOURN

CLOSED MEETING AGENDA {4:01PM}

1. CALL TO ORDER

2. **CONFERENCE WITH REAL PROPERTY NEGOTIATOR {GOVERNMENT CODE SECTION 54956.8}** – Property: APN 078350050. Negotiating party: Kaweah Delta Health Care District: Deborah Volosin and Marc Mertz. Price and terms to be determined.

Ryan Gates, Chief Population Health Officer; Marc Mertz, Chief Strategy Officer and Deborah Volosin, Director of Community Engagement

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Dianne Cox, Chief Human Resource Officer and Rachele Berglund, Legal Counsel

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

Daniel Hightower, MD, Chief of Staff

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

Daniel Hightower, MD, Chief of Staff

8. **APPROVAL OF THE CLOSED MEETING MINUTES** – [February 28, 2024](#), and [March 6, 2024](#).

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

Action Requested – Approval of the February 28, 2024, and March 6, 2024, closed meeting minutes.

9. **ADJOURN**

OPEN MEETING AGENDA {4:45PM}

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

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*Mike Olmos – Zone I
President*

*Lynn Havard Mirviss – Zone II
Vice President*

*Dean Levitan, MD – Zone III
Board Member*

*David Francis – Zone IV
Secretary-Treasurer*

*Ambar Rodriguez – Zone V
Board Member*

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 (Kelsie Davis 559-624-2330) or kedavis@kaweahhealth.org to make arrangements to address the Board.

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

5. **OPEN MINUTES** – Request approval of the [February 28, 2024](#), and [March 6, 2024](#), open minutes.

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

Action Requested – Approval of the February 28, 2024, and March 6, 2024, open minutes.

6. **RECOGNITIONS**

6.1. Presentation of Distinguished Physician Award Winners 2024 – as nominated and voted on by nurses in shared decision making through the Professional Practice Council.

- A. Teacher: Roger Haley, M.D.
- B. Professional Collaboration: Sreedhar Adapa, M.D.
- C. Communication: Enrique Valladares, M.D.
- D. Compassionate Care: Lee Brock, M.D.
- E. Patient Advocacy: Julianne Randolph, D.O.

6.2. Presentation of Distinguished Resident Award Winners 2024- as nominated and voted on by nurses in shared decision making through the Professional Practice Council.

- A. Teacher: Adrian Yabut, D.O.
- B. Professional Collaboration: Danielle Ruediger, M.D.
- C. Communication: Rachel Handelsman, M.D.
- D. Compassionate Care: Andrew Hanalla, M.D.
- E. Patient Advocacy: Jared Caballes, M.D.

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

Daniel Hightower, MD, Chief of Staff

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

Action Requested – Approval of the March 27, 2024, medical staff credentials report.

8. **CHIEF OF STAFF REPORT** – Report relative to current Medical Staff events and issues.
Daniel Hightower, MD, Chief of Staff

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

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

Action Requested – Approval of the March 27, 2024, Consent Calendar

9.1. REPORTS

- A. [Physician Recruitment](#)
- B. [Strategic Plan](#)
- C. [Throughput](#)
- D. [Environment of Care](#)
- E. Emergency Services

- 1.1.E.1. [All inpatient coming through ED & Trauma Patients](#)
- 1.1.E.2. [All outpatient Trauma Patients](#)
- 1.1.E.3. [Emergency Department](#)

9.2 Approval of the notice of rejection of claim vs. Kaweah Delta Health Care District:

- A. [Mary Archuleta](#)
- B. [Erick Burger, Jr.; Aaron Burger; Nicole Garcia; Ashley Martin, Guardian ad Litem for William Martin, a minor. Karlie Eich](#)

9.3 Recommended for approval by the Medical Executive Committee 03/2024.

- A. [Family Medicine Revised Privilege Form](#)

10. **[HANDOFF QUALITY FOCUS TEAM REPORT](#)** – A review of key measures and actions to enhance the handoff of information between care team members.
Franklin Martin, Director of Trauma Services

11. **[STRATEGIC PLAN – Ideal Work Environment](#)** – Detailed review of Strategic Plan Initiative.
Dianne Cox, Chief Human Resource Officer & Raleen Larez, Director of Employee Relations

12. **[FISCAL YEAR 2025 STRATEGIC PLAN](#)** – Detailed Review of 2025 Strategic Plan objectives.
Marc Mertz, Chief Strategy Officer

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

Action Requested – Approval of the FY25 Strategic Plan.

13. **[FINANCIALS](#)** – Review of the most current fiscal year financial results.
Malinda Tupper – Chief Financial Officer

14. REPORTS

14.1. Chief Executive Officer Report - Report on current events and issues.

Gary Herbst, Chief Executive Officer

14.2. Board President - Report on current events and issues.

Mike Olmos, Board President

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Agenda item intentionally omitted

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY FEBRUARY 28, 2024, AT 4:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Levitan & Rodriguez; D. Hightower, MD, Vice Chief of Staff, K. Noeske, CNO; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Office; R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer; D. Cox, Chief Compliance Officer; R. Berglund, Legal Counsel; and K. Davis, recording

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

Director Olmos asked for approval of the agenda.

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

PUBLIC PARTICIPATION – None.

Director Olmos asked for approval of the closed agenda.

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

PUBLIC PARTICIPATION – None.

REPORT INVOLVING TRADE SECRETS {HEALTH AND SAFETY CODE 32106} – Discussion will concern a proposed new services/programs – estimated date of disclosure is 05/2024.

Jag Batth, Chief Operating Officer & Ben Cripps, Chief Compliance & Risk Officer

CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION - Significant exposure to litigation pursuant to Government Code 54956.9(d)(1) – Kaweah Delta Health Care District vs. George Christiansen, AIA – Tulare County Superior Court Case No.: VCU292789.

Marc Mertz, Chief Strategy Officer and Rachele Berglund, Legal Counsel

REPORT INVOLVING TRADE SECRETS {HEALTH AND SAFETY CODE 32106} – Discussion will concern a proposed new services/programs – estimated date of disclosure is 07/2024.

Jag Batth, Chief Operating Officer

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

Ben Cripps, Chief Compliance & Risk Officer and Rachele Berglund, Legal Counsel

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

Rachele Berglund, Legal Counsel

CREDENTIALING - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff

membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155.

Daniel Hightower, MD, Chief of Staff

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

Daniel Hightower, MD, Chief of Staff

PERSONNEL- Consideration of employment of a potential employee {Chief Medical & Quality Officer} per Government Code 54957(b)(1).

Board of Directors and Gary Herbst, Chief Executive Officer, and Rachele Berglund, Legal Counsel

APPROVAL OF THE CLOSED MEETING MINUTES –January 24, 2024, and February 8, 2024.

ADJOURN - Meeting was adjourned at 4:01PM

Mike Olmos, President

Kaweah Delta Health Care District and the Board of Directors

ATTEST:

David Francis, Secretary/Treasurer

Kaweah Delta Health Care District Board of Directors

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY FEBRUARY 28, 2024, AT 5:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Levitan & Rodriguez; D. Hightower, MD, Vice Chief of Staff, K. Noeske, CNO; M. Tupper, CFO; M. Mertz, Chief Strategy Officer; D. Leeper, Chief Information and Cybersecurity Office; R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; D. Cox, Chief Human Resource Office; B. Cripps, Chief Compliance Officer; R. Berglund, Legal Counsel; and K. Davis, recording

The meeting was called to order at 5:00 PM by Director Olmos.

Director Olmos asked for approval of the agenda.

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

PUBLIC PARTICIPATION – None.

CLOSED SESSION ACTION TAKEN: Approval of the closed minutes from January 24, 2024, and February 8, 2024.

OPEN MINUTES – Requested approval of the open meeting minutes from January 24, 2024, and February 8, 2024.

PUBLIC PARTICIPATION – None.

MMSC (Havard Mirviss/Francis) to approve the open minutes from January 24, 2024, and February 8, 2024. This was supported by four present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, and Francis; and one abstention vote: Levitan for not being present at the meeting.

RECOGNITIONS

Presentation of Resolution 2220 by Mr. David Francis to Carolyn Hainsworth, in recognition as the Kaweah Health World Class Employee of the Month for February 2024.

Presentation of Resolution 2221 by Mr. David Francis in recognition of her retirement from Kaweah Health after 28 years of service.

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

CHIEF OF STAFF REPORT – Report relative to current Medical Staff events and issues – *Daniel Hightower, MD, Vice Chief of Staff*

- No report.

Public Participation – None.

Director Olmos requested a motion for the approval of the credentials report.

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

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

CONSENT CALENDAR – Director Olmos entertained a motion to approve the February 28, 2024, consent calendar.

PUBLIC PARTICIPATION – None.

MMSC (Havard Mirviss/Francis) to approve the February 28, 2024, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis

QUALITY REPORT – ANNUAL REVIEW OF THE RRT/CODE BLUE – A review of the Quality and Patient Safety prioritized initiatives for 2024, and reporting schedule for Quality Council. (Copy attached to the original of these minutes and considered a part thereof) – Shannon Cauthen, RN, Director of Critical Care Services.

STRATEGIC PLAN – PATIENT AND COMMUNITY EXPERIENCE – Detailed review of Strategic Plan Initiative. (Copy attached to the original of these minutes and considered a part thereof.) – Keri Noeske, Chief Nursing Officer & Deborah Volosin, Director of Community Engagement.

HEALTH EQUITY - Review of new health equity efforts and outcomes. (Copy attached to the original of these minutes and considered a part thereof.) – Ryan Gates, Chief

Population Health Officer & Sonia Duran-Aguilar, Director of Population Health Management.

FINANCIALS – Review of the most current fiscal year financial results. (Copy attached to the original of these minutes and considered a part thereof) – Malinda Tupper – Chief Financial Officer

KAWEAH DELTA HEALTH CARE DISTRICT SERVICES PLANNING – Review and discussion of long-term and short-term services planning concept. Mr. Batth asked the board to approve the outsourced company named Helogics to manage the Wound Center– Jag Batth – Chief Operating Officer

MMSC (Francis/Levitan) to approve Helogics to manage the Wound Center. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis

REPORTS

Chief Executive Officer Report - Report relative to current events and issues – *Gary Herbst, CEO*

- *Mr. Batth noted Hospice Foundation had their Soiree that raised over \$125,000.*
- *Mr. Batth noted in March we will start our FY25 Budgeting process.*

Board President - Report relative to current events and issues – *Mike Olmos, Board President*

- None.

ADJOURN - Meeting was adjourned at 6:54PM

Mike Olmos, President

Kaweah Delta Health Care District and the Board of Directors

ATTEST:

David Francis, Secretary/Treasurer

Kaweah Delta Health Care District Board of Directors

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY MARCH 6, 2024, AT 4:00PM, IN THE EXECUTIVE OFFICE CONFERENCE ROOM.

PRESENT: Directors Francis, Havard Mirviss, Rodriguez, Levitan, and Olmos; G. Herbst, CEO; R. Berglund, Legal Counsel and K. Davis, recording

The meeting was called to order at 4:30PM by Director Olmos.

Director Olmos requested the approval of the open meeting agenda.

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

PUBLIC PARTICIPATION – None.

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

Personnel – Consideration of the employment of a potential employee {Chief Medical & Quality Officer} per Government Code 54957(b)(1) – *Board of Directors and Gary Herbst, Chief Executive Officer*

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

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

Adjourned 4:31PM

Mike Olmos, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

David Francis, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

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Kaweah Health Medical Center

FY 2024 Strategic Plan

Monthly Performance Report

March 27, 2024



kawahhealth.org

Kaweah Health Strategic Plan: Fiscal Year 2024

Our Mission

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

Our Vision

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

Our Pillars

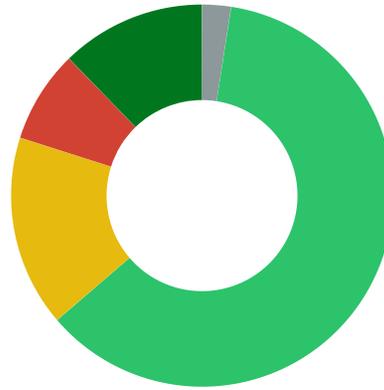
Achieve outstanding community health.
 Deliver excellent service.
 Provide an ideal work environment.
 Empower through education.
 Maintain financial strength.

Our Six Initiatives

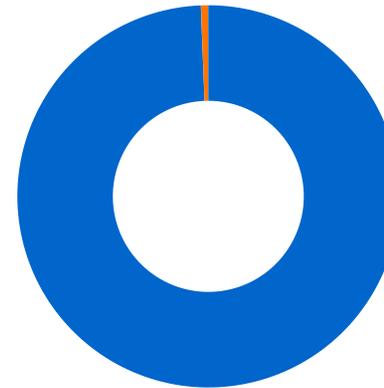
Empower Through Education
 Ideal Work Environment
 Strategic Growth and Innovation
 Organizational Efficiency and Effectiveness
 Outstanding Health Outcomes
 Patient Experience and Community Engagement

Kaweah Health Strategic Plan FY2024 Overview

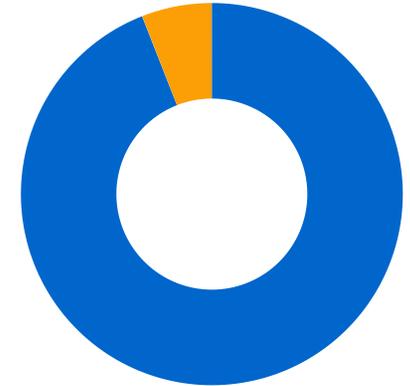
Statues



Due Dates



Progress Updates



● Not Started	5 (2%)
● On Track	125 (61%)
● Off Track	33 (16%)
● At Risk	16 (8%)
● Achieved	25 (12%)

● Not Past Due	161 (99%)
● Past Due	1 (1%)

● Up-to-Date	190 (94%)
● Late	12 (6%)
● Pending	0 (0%)

Empower Through Education

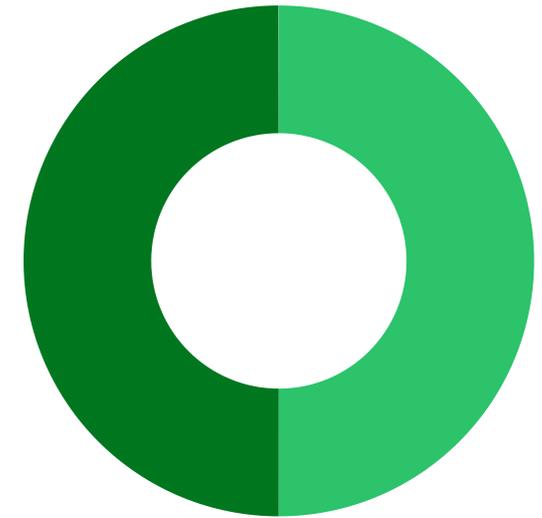
Champions: Dr. Lori Winston and Hannah Mitchell

Objective: Implement initiatives to **develop the healthcare team** and **attract and retain** the very best talent in support of our mission.

FY2024 Strategic Plan - Empower Through Education Strategies

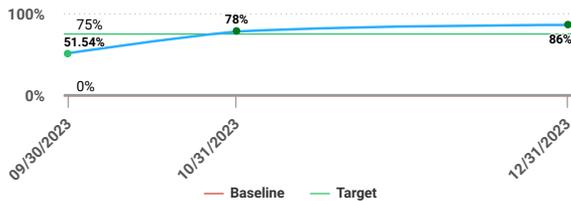
#	Name	Description	Status	Assigned To	Last Comment
1.1	Expand Online Learning Opportunities and Participation	Increase and optimize existing and new educational opportunities and platforms to support on line and computer based learning.	Achieved	Hannah Mitchell	Goals have been met and exceeded.
1.2	Increase the Use of and Exposure to Simulation in Education	Develop and implement strategies to expand exposure to the SIM Lab and simulation concepts in training and education.	On Track	Kimberly Sokol	We are on track to meet all of the goals we have set for this strategy.
1.3	Expand Educational Opportunities for External Learners	Include external learners in existing and new training and educational opportunities.	Achieved	Kimberly Sokol	We have achieved all of the goals established for this strategy.
1.4	Improve Leadership Development and Education	Develop new and enhance existing educational and training opportunities for existing and emerging Kaweah Health and Medical Staff leaders.	On Track	Hannah Mitchell	We are on track to achieving the metrics for this strategy.

Objectives and Outcomes

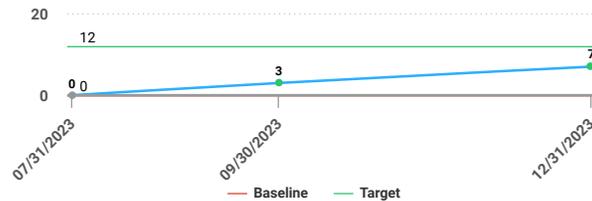


● On Track 2 (50%)
● Achieved 2 (50%)

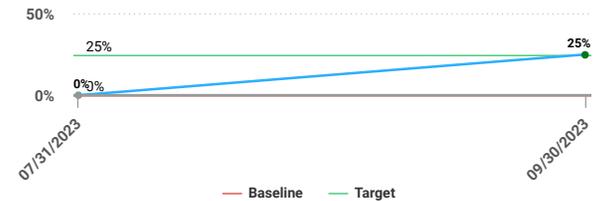
Automate the Week One Onboarding and Orientation Competencies for Patient Care Staff



Conduct Monthly in situ Simulations (Twelve in the Fiscal Year)



Host an Advanced Trauma Life Support Course with 25% Paying Participants



Ideal Work Environment

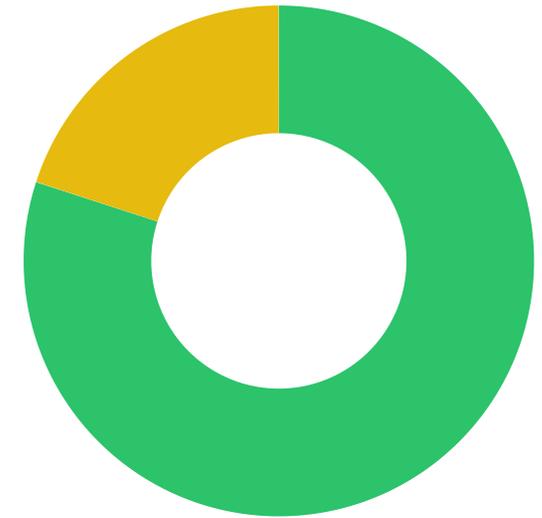
Champions: Dianne Cox and Raleen Larez

Objective: Foster and support healthy and desirable working environments for our Kaweah Health Teams

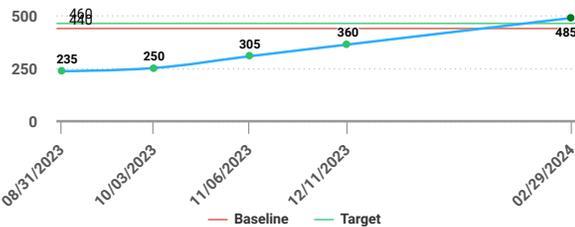
FY2024 Strategic Plan - Ideal Work Environment Strategies

#	Name	Description	Status	Assigned To	Last Comment
2.1	Employee Retention and Resiliency	Kaweah Health is facing the same challenges as many employers in the labor market and must make retention a top priority.	Off Track	Dianne Cox	
2.2	Ideal Practice Environment	Ensure a practice environment that is friendly and engaging for providers, free of practice barriers.	On Track	Lori Winston	Ongoing effort with the support of the Medical Staff Office.
2.3	Kaweah Care Culture	Recreate Kaweah Care culture into the various aspects of the organization.	On Track	Dianne Cox	1. Employee Engagement and Experience (To be presented to HR Committee of the Board 12/13/2023). 2. Ideal Practice Environment/Physician Engagement and Experience (To be presented at the February 2024 HR Committee of the Board). 3. Patient Experience (Keri presents to the respective Board).
2.4	Expand Volunteer Programs	Volunteer engagement has declined with the pandemic. Kaweah Health relies on a strong volunteer program to continue to spark career path engagement and to provide world class service.	On Track	Dianne Cox	
2.5	Growth in Nursing School Partnerships	Increase the pool of local RN candidates with the local schools to increase RN cohort seats.	On Track	Dianne Cox	

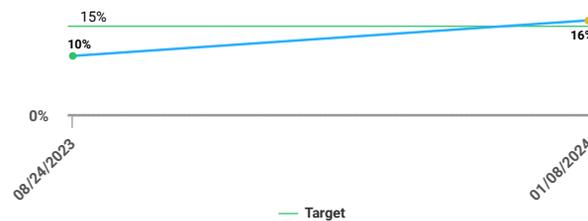
Objectives and Outcomes



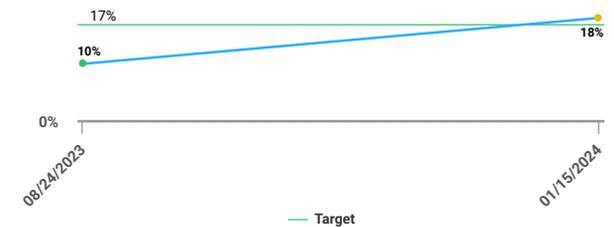
Increase to 460 Volunteers (by 6/30/24)



Decrease Overall KH Turnover Rate (< 15%)



Decrease Nursing Turnover Rate (< 17%)



Strategic Growth and Innovation

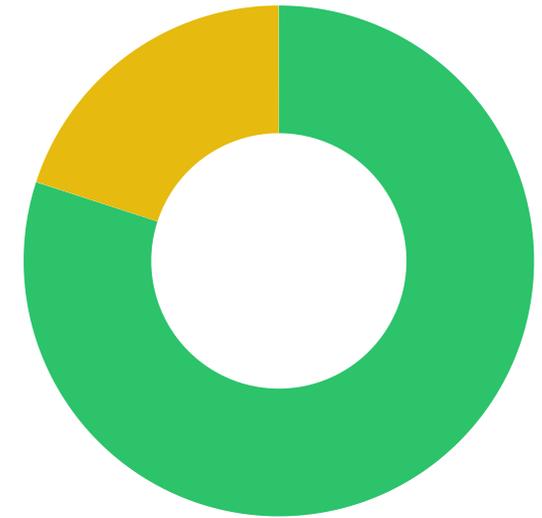
Champions: Ryan Gates and JC Palermo

Objective: Grow intelligently by expanding existing services, adding new services, and serving new communities. Find new ways to do things to **improve efficiency and effectiveness.**

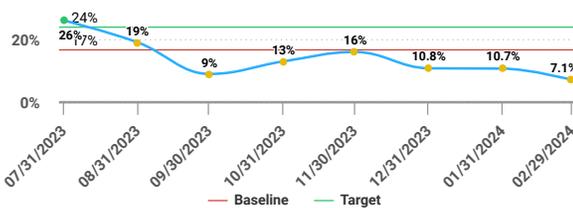
FY2024 Strategic Plan - Strategic Growth and Innovation Strategies

#	Name	Description	Status	Assigned To	Last Comment
3.1	Recruit and Retain Providers	Develop a recruitment strategy around top physician needs to recruit and retain physicians and providers to address unmet community needs and to support Kaweah Health's growth.	On Track	JC Palermo	Along with the completion of a new Physician Needs Assessment report, the prioritization of specialty recruitments is being guided by the projects outlined by the Strategic Growth Committee.
3.2	Grow Targeted Inpatient and Surgery Volumes	Grow our inpatient volumes, particularly the surgical cases, with an emphasis on key service lines such as Cardiac and Urology.	On Track	Kevin Bartel	Goals related to Urology are on track and we continue to work to improve our elective CABG case volume.
3.3	Grow Targeted Outpatient Volumes	Increase access to outpatient care in locations that are convenient to our community.	On Track	Ivan Jara	Other than the delay for the 202 Willow Clinic, due to physician recruitment, metrics within this area are on track.
3.4	Innovation	Implement and optimize new tools and applications to improve the patient experience, patient communication and patient outcomes.	Off Track	Jacob Kennedy	We have successfully implemented platforms to improve efficiencies and service for our patients over the past year. We will continue to work on optimizing and improving these systems to further enhance the patient experience and work toward achieving established goals.
3.5	Expand Health Plan & Community Partnerships	Improve and strengthen relationships with health plans, community partners, and participate in local/state/federal programs and funding opportunities to improve access, quality, and outcomes for the community.	On Track	Sonia Duran-Aguilar	We continue to grow the program and are currently at Capacity with both ECM and CS.

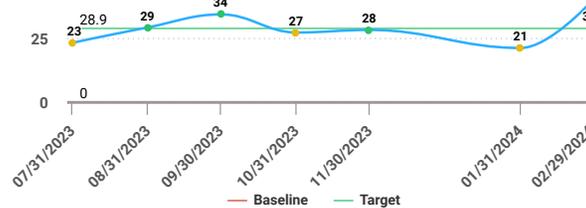
Objectives and Outcomes



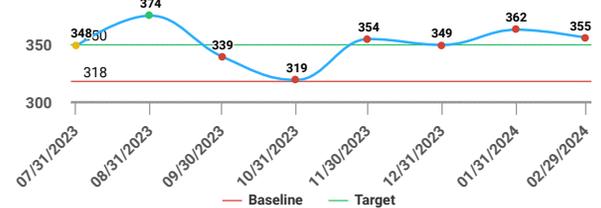
Increase the Percentage of Coronary Artery Bypass Graph Surgery Cases that are Elective



Increase Number of Urology Surgery Cases



Increase Monthly Endoscopy Case Volume



Organizational Efficiency and Effectiveness

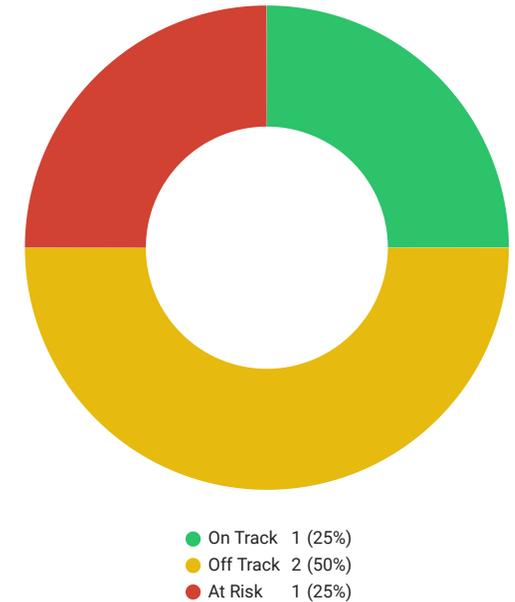
Champions: Jag Batth and Rebekah Foster

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

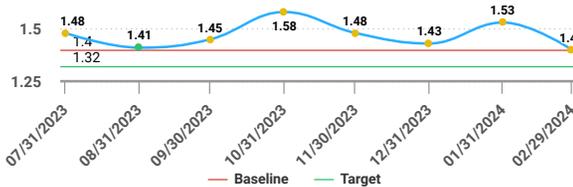
FY2024 Strategic Plan - Organization Efficiency and Effectiveness Strategies

#	Name	Description	Status	Assigned To	Last Comment
4.1	Patient Throughput and Length of Stay	Implement patient flow processes that are effective and efficient to improve patient throughput and lower the overall Length of Stay.	Off Track	Keri Noeske	All LOS metrics trended downward in February 2024. January was particularly challenging due to volumes and staffing.
4.2	Increase Main and Cardiac Operating Room Efficiency/Capacity	Improve Operating Room Efficiency, Capacity and Utilization to meet surgery volume needs.	Off Track	Lori Mulliniks	We continue to increase exception reporting to address improvements and are starting a weekly meeting to review each procedure resulting in a loss and address improvements. We have increased transparency with surgeons related to our goals by attending department meetings and providing monthly reports to surgeons. Four of our five metrics are off track and one is on track.
4.3	Create a Process to Monitor Use of Tests and Treatments	Create and initiate a workgroup to identify areas of focus and establish benchmarks related to the use of tests and treatments.	On Track	Suzy Plummer	Goals in the areas of Lab, Radiology and Therapies have been established and teams are working on tractics to move performance from baseline to goals.
4.4	Optimize Revenue Cycle Efforts	Focus efforts on key revenue cycle metrics to increase collections and reduce denials.	At Risk	Frances Carrera	The Patient Accounting team is down 7-9 FTEs and combined with regulatory billing changes, days in accounts receivable is increasing instead of decreasing. Our point of care efforts are improving, but we are still not meeting our monthly, and therefore, projected annual goals.

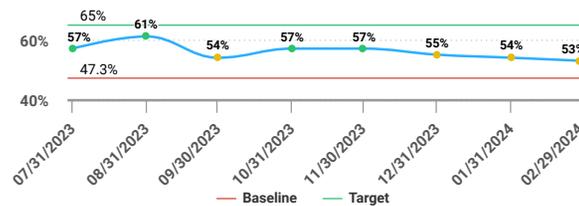
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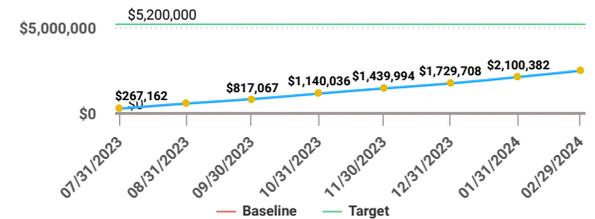
Decrease Inpatient Observed to Expected Length of Stay



Improve Elective Case Main Operating Room Utilization



Increase Front End Collections



Outstanding Health Outcomes

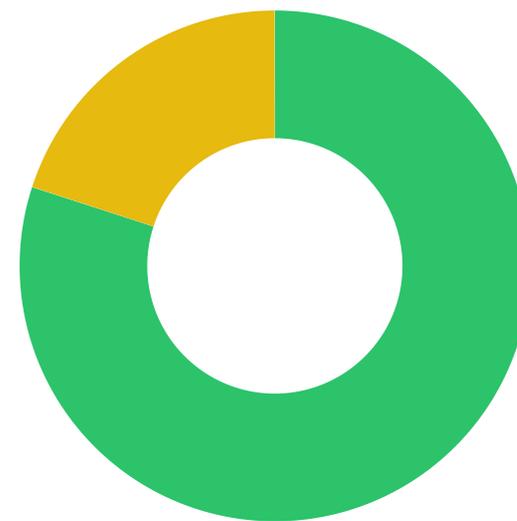
Champions: Dr. LaMar Mack and Sandy Volchko

Objective: To consistently deliver high quality care across the health care continuum.

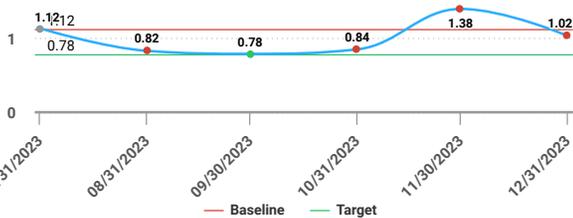
FY2024 Strategic Plan - Outstanding Health Outcomes Strategies

#	Name	Description	Status	Assigned To	Last Comment
5.1	Standardized Infection Ratio (SIR)	Reduce the Hospital Acquired Infections (HAIs) to the national 70th percentile in FYTD24 as reported by the Centers for Medicare and Medicaid Services	On Track	Sandy Volchko	Will be modifying the metric targets.
5.2	Sepsis Bundle Compliance (SEP-1)	Increase SEP-1 bundle compliance to overall 85% compliance rate for FY24 through innovative improvement strategies based on root causes.	On Track	Sandy Volchko	SEPSIS O/E Metric data is for June. Performance data not available. Will be modifying the metric/target.
5.3	Mortality and Readmissions	Reduce observed/expected mortality through the application of standardized best practices.	On Track	Sandy Volchko	Will be modifying metric targets.
5.5	Quality Improvement Program (QIP) Reporting	Achieve performance on the Quality Incentive Pool measures to demonstrate high quality care delivery in the primary care space.	On Track	Sonia Duran-Aguilar	Proxy Performance out of Cozeva Population Health Tool shows Kaweah Health is meeting 9 Quality Measures out of 10; performance at 90% up from 30% earlier in the year. A lot of QI efforts in the RHCs to finish strong by the end of the year. Final Performance will be known by May 2024 for Calendar Year 2023.
5.6	Inpatient Diabetes Management	Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.	On Track	Sonia Duran-Aguilar	SHM performance data reports twice a year. Current performance data is from 5/2023. Next report will be in Fall 2023.

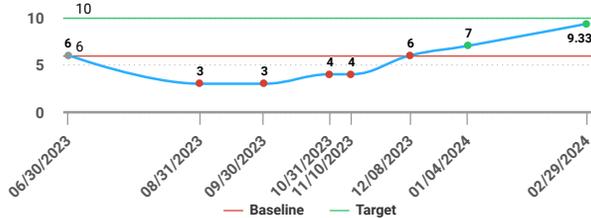
Objectives and Outcomes



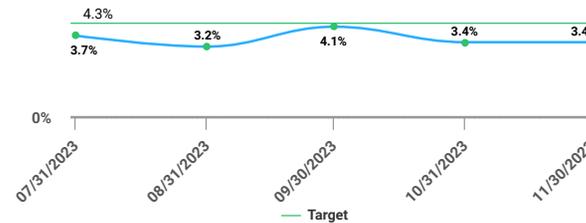
SEPSIS Mortality O/E



Meet 10 QIP Performance Measures



Hypoglycemia in Critical Care Patients (< 4.3%)



Patient and Community Experience

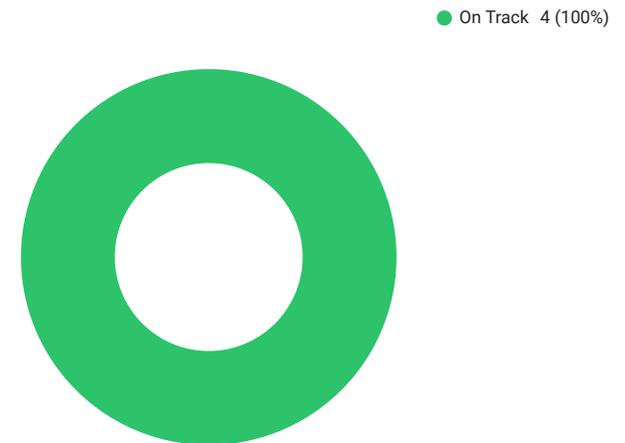
Champions: Keri Noeske and Deborah Volosin

Objective: Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.

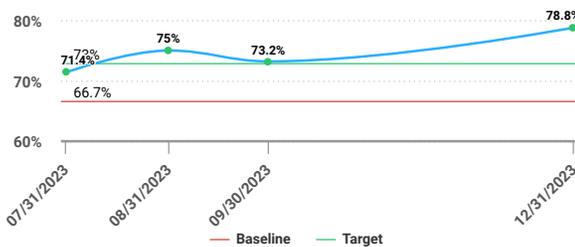
FY2024 Strategic Plan - Patient and Community Experience Strategies

#	Name	Description	Status	Assigned To	Last Comment
6.1	Highlight World-Class Service/Outcomes (Hospitality Focus)	Develop strategies that provide our health care team the tools they need to deliver a world-class health care experience.	On Track	Keri Noeske	HCAHPS Data: For FY24 will be 30 days behind d/t HCAHPS surveying timelines. Data for July 2023 will be updated in September 2023. ED Score: Value below baseline. ED Operations team to assess feedback and recommend an action plan to Patient Experience Committee to address decrease.
6.2	Increase Compassionate Communication	To reach the 50th percentile in physician and nursing communication and responsiveness of staff on the HCAHPS survey.	On Track	Keri Noeske	
6.3	Enhancement of Systems and Environment	To create a secure, warm and welcoming environment for patients and the community.	On Track	Keri Noeske	Two of seven lost belongings were located and returned to owners in July 2023. Investigations still pending on two items. Monitor departments for lost belongings trends and mandate action plans reported into patient care committee as needed.
6.4	Community Engagement	To provide an environment where community members and patients are able to assist staff in co-designing safe, high quality, and world-class care	On Track	Deborah Volosin	

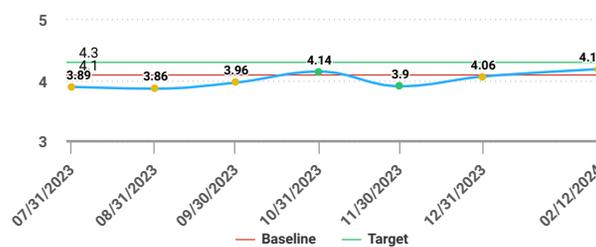
Objectives and Outcomes



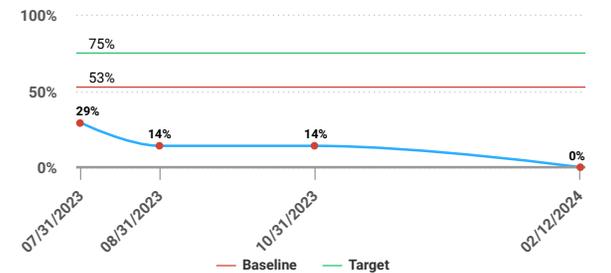
Achieve the 60th Percentile in Overall Rating Goal on HCAHPS Survey



Achieve 4.3 Patient Feedback Score Goal on ED Survey



Reunite 75% of Lost Belongings with Owners



Agenda item intentionally omitted



Annual Evaluation of the Environment of Care 2023



Prepared by

Environment of Care Committee

Maribel Aguilar, Safety Officer

**Please contact Maribel Aguilar
with any questions (559) 624-
2381.**

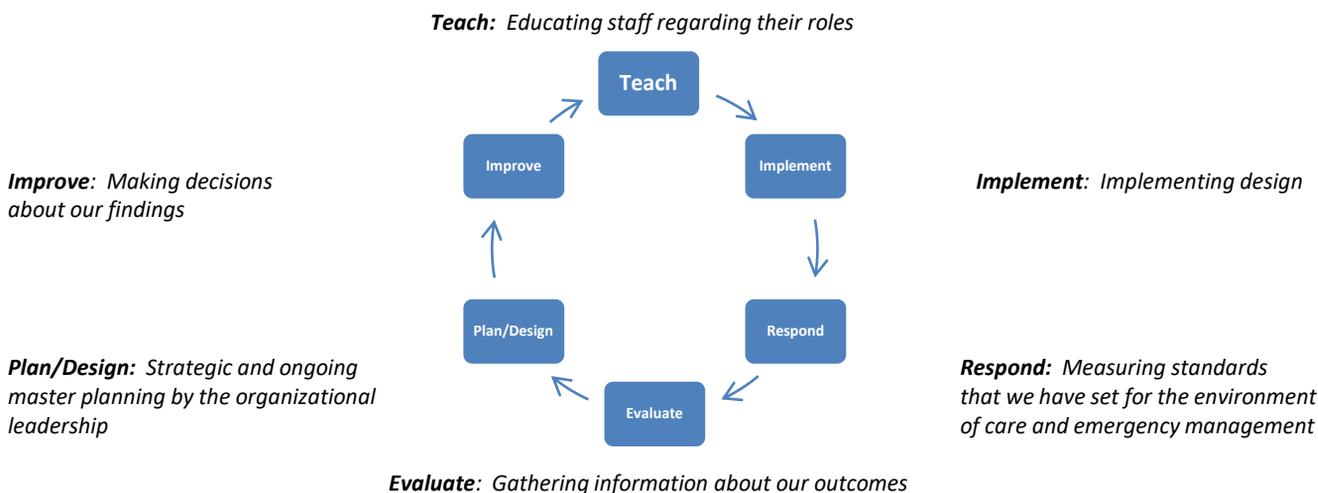
March 2024

**Evaluation of the Objectives of the Environment of Care Management Plans
and the Emergency Operations Plan
Kaweah Health
2023**

Introduction

The goal at Kaweah Health is to provide a safe *Environment of Care* for our patients, staff, physicians and visitors, so that quality is preserved and risks are minimized. The *Environment of Care* filters through every aspect of our District, from the first patient contact (i.e., clean hospital, comfortable place to sit, privacy), through the assessment, treatment, discharge and continuing care. It is an integral component of patient safety insofar as risks could negatively impact their patient experience, such as a medical equipment failure due to a power outage, a breach in infant or child security, or the untoward effects of a hazardous materials exposure.

Other important functions, such as Infection Prevention (as when pre-construction risk assessments are made or Infection Prevention permits are issued) overlap with the *Environment of Care*. There is also integration with Human Resources with respect to educational needs and competency assessments for our staff. To determine if elements of the *Environment of Care* and Emergency Operations are effective, there is linkage to Performance Improvement, i.e., in the establishment of performance standards to monitor if we are meeting established thresholds of performance. The objectives of the various *Environment of Care* Management plans and the Emergency Operations Plan have been to manage risk so that our patient occupants and visitors can safely receive care and our patient care providers can provide treatment in a safe environment. We continue to view the following dynamic processes as tools and constructs to support change and improvements within the *Environment of Care* and Emergency Operations within the District.



Our *Environment of Care* Management plans address six elements, and one chapter (Emergency Management), to provide the framework for disaster planning and emergency operations. The six elements include Safety, Security, Hazardous Materials and Waste, Fire Prevention, Clinical Equipment and Utilities Management. There is much diversity in *Environment of Care* and Emergency Operations planning, however each have parallels with planning, teaching, implementing, responding, monitoring and improving. Our purpose with the *Environment of Care* is to ensure ongoing diminishment of risk (e.g., possible loss or injury) within our District. The Safety Officer and *Environment of Care* Committee members provide the leadership foundation for the management of risks, promoting a teamwork approach, and ongoing attention to programs, plans, and related activities that point toward risk reduction. Whenever possible, the *Environment of Care* and Emergency Management are integrated with regulatory requirements from Federal, State and local agencies having jurisdiction, enforcing standards that encourage continued improvement in the workplace.

Evaluation of Objectives – Safety Management Plan

Various risks are inherent in the environment because of the types of care provided and the types of equipment that may be used during patient care or office activities. The Safety Management plan is designed to provide a physical environment wherein risks may be proactively identified. Risks are managed proactively from multiple focus—environmental surveillance, insurer surveys, regulatory and or accreditation surveys, and sometimes in response to an incident or injury that has occurred. It is the responsibility of the Safety Officer and *Environment of Care* Committee members to coordinate and manage these risk assessment and reduction activities. Safety and Infection Prevention policies and procedures, staff training and continuing education provide structure and direction for our staff so that their attention to tasks at hand can be focused on doing the right thing and/or implementing the safest method involved in their day-to-day work activities. Taken together, these programs and activities have contributed to effective injury management and support the objective of the Safety Management plan to reduce risk. The objectives of the Safety Management Plan have been met.

Evaluation of the Objectives of the Hazardous Materials and Waste Management Plan

The objective of the Hazardous Materials and Waste Management plan is to minimize the risks associated with hazardous chemicals, radioactive materials, hazardous energy sources, hazardous medications and hazardous gases/vapors for all those who enter the District, as well as the surrounding community. Equally important is our effort to reduce waste and to use non-hazardous products whenever feasible. Our educational programs, completion of annual chemical inventories and monitoring of spills and radiation/laser issues in the District demonstrate our commitment to minimize the risks associated with the use and disposal of hazardous materials. The objectives of the Hazardous Materials and Waste Management Plan have been met.

Evaluation of Objectives, *continued*

Evaluation of Objectives – Security Management Plan

The Security Management plan is designed to provide the highest quality of security for our patients, visitors, physicians and staff placing an emphasis on care and respect. Our objective is to create a safe place to work, in a peaceful environment, so that those who enter the premises feel at ease. Through security risk assessments, we are continually looking for processes and ways to improve our security systems and reduce risk. Global threats of terrorism keep our security staff at a heightened level of awareness which necessitates a strong partnership with local authorities. A training program is in place for our security staff, which includes skills building and assault training techniques that has also been extended to Emergency Department staff, Mental Health staff and other staff whose positions or departments may represent risk. Security hardware (e.g., camera surveillance and card readers) are designed to spot activity and/or deter an unfavorable activity from occurring. We carefully monitor our incidents to determine if there are any trends relating to violence. The District has a stance of zero tolerance for violence. These processes support the Security Management’s plan objective to diminish risk within the premises. The objectives of the Security Management Plan have been met.

Evaluation of the Objectives of the Emergency Operations Plan

The objective of the *Emergency Operations Plan* is to minimize risks related to potential emergencies that fall on a continuum from disruptive to disastrous, and to ensure an effective staff response to disasters and emergent events that may effect our organization’s ability to provide care. This plan is intended to identify risks and balance these risks against preparedness and mitigation strategies in place as well as to use information relating to these risks in the design of our disaster drills. Our *Emergency Operations Plan* addresses four phases of emergency management, which includes: mitigation, preparedness, response and recovery, and includes the testing of our plan through drill activities that require a practiced response from staff. Our staff effectively exercised cyberattack exercise in May 2023. The incident included a breach of our entire network system for all facilities. The exercise tested our ability to communicate and continue operations without network accessibility. In December 2023, we conducted an exercise that involved large number of patients with trauma injuries from an active shooter at a nearby school, which included escalating events, and where the local community was unable to assist. Both the exercises included Hospital Incident Command System (HICS) activation, Emergency Department staffing (accessing additional physicians, residents and staff available), labor pool activation, alternate care sites identified and prepared, etc. The use of the HICS, a standardized approach to disaster management, allows our management and staff to respond with an all-hazard approach to disasters. We have continued to actively partner with our community partners including The County of Tulare Office of Emergency Services, Tulare County Public Health Emergency Preparedness Program, Visalia Police Department and Visalia Fire Department. We have continued to train staff for in emergency response including decontamination and workplace violence prevention and we have a very active Emergency Management Subcommittee that has addressed multiple issues throughout the year, including, but not limited to, refining and augmenting our inventory of organizational assets and resources, planning for drills, and completing the hazard vulnerability analysis. The District has succeeded in meeting the objectives of the Emergency Operations Plan and have continued to strengthen our partnerships with other organizations, and agencies having jurisdiction (e.g., local law enforcement, fire departments, and the Tulare County Department of Health Services). The objectives of the Emergency Management Plan have been met.

Evaluation of the Objectives of the Fire Prevention Management Plan

We recognize that the risk of fire carries with it the most significant single threat to the environment of care as our patients are often unable to move safely by themselves. Staff must continually practice their fire response skills to extend protection to our patients in the event of a fire or the products of fire. The objective of the Fire Prevention Management Plan is to minimize the risk of fire, potential injury from fire and limit property damage. Our expectation and duty is to comply with the *Life Safety Code*® through a fire equipment testing and maintenance program as well as through ongoing fire drills, which test correct staff fire response. Through scheduled hazard surveillance, fire drills, a viable *Statement of Conditions*, fire equipment testing, inspection, maintenance and staff education, the objective of the Fire Prevention plan has been successfully met.

Evaluation of the Objectives of the Clinical Engineering Management Plan

The objective of the Clinical Engineering Management Plan includes the assurance that our medical equipment is operationally reliable, with the risk of a medical equipment failure minimized. In order to meet this objective multiple programs are in place which include, but are not limited to: (1) risk assessment of all incoming medical equipment, (2) preventive and corrective maintenance programs, (3) corrective maintenance program for equipment that needs repair, and (4) training for the users and maintainers to minimize human error. We monitor our preventive maintenance for life safety and non-life safety medical equipment to ensure we are meeting established thresholds, which promotes sound operational reliability for medical equipment used on our patients. We ensure that any type of medical equipment that enters the District is checked by Clinical Engineering staff before it is used on our patients. These programs and safeguards have been effective in allowing us to meet the objectives stated in our Clinical Engineering Management Plan.

Evaluation of the Objectives of the Utilities Management Plan

The objective of the Utilities Management Plan is to minimize the risks relating to utility disruptions and to ensure our utility equipment remains operationally reliable. Meeting these two objectives promotes a safe, controlled and comfortable environment for our patients, staff, visitors and physicians. To meet this objective, programs must be in place that include, but are not limited to, risk assessment of utility equipment, preventive and corrective maintenance programs, timely and efficient response to utility failures, and ongoing education for those who use and maintain utility equipment. The *Environment of Care* committee monitors preventive maintenance of utility equipment and utility failures to ensure established thresholds of performance are met. These efforts are for the purpose of promoting the highest level of operational reliability for utility equipment that supports our built environments. These programs are in place in all facilities within the District with ongoing monitoring and assessment demonstrating that our objectives for the Utility Management plan have been met.

EVALUATION - ***SCOPE*** of the ENVIRONMENT OF CARE

Evaluation of the Scope: Our management plans identify the scope of each plan which applies to all District staff and physicians. The scope of the management plans are intended to be broad-based to allow for a multitude of accomplishments to occur. Each contributes to overall risk reduction in the District. The activities that are identified below support a multi-faceted approach to reducing risks that may occur from different sources, internal and external, to the District. The scope, based upon these activities, is evaluated to be supportive of a safe physical environment within which we proactively risk-assess and take appropriate actions. The following key activities support a breadth and depth of the scope of the *Environment of Care (EOC) activities* and Emergency Management at Kaweah Delta Health Care District.

Safety Management:

- Environmental surveillance completed, with action items identified, and corrections made.
- Safety Education for employees include online learning modules.
- Sharp exposures, with an increase in sharp injuries. Syringe safety education provided.
- Employee injuries monitored, with 11% decrease in OSHA reportable injuries (Without Covid+ claims) in 2023. Worker's Compensation Administrator continues to implement the Risk Improvement Action Plan.
- Safe Patient Handling training complete for patient care staff.
- Infection Prevention monitored hand hygiene compliance.
- Environment of Care training modules distributed to physicians and volunteers.
- Dialysis water testing monitored.
- Product recalls monitored.
- *Environment of Care* Committee meetings regularly scheduled, reviewing district-wide issues, trends, reflecting a solid EOC program.
- Reviewed/revised Safety Management Plan with approval from Board of Directors.

Security Management:

- Security incidents reviewed with access granted to key areas for select staff members. Upgraded access control system.
- CPI- Nonviolent Crisis Intervention training conducted for employees working in Mental Health, Security, Emergency Department, Float Pool, Rehab and South Campus. Additionally, Licensed Patient Family Services staff, Maintenance staff, Leadership staff, Unit Charge staff and Nursing Supervision staff also received CPI training. Over 100 staff trained.
- CPI with advanced physical skills training conducted for employees working in Mental Health and Security stationed at Mental Health.
- Code Silver mini drills added to unit education.
- Security officer staffing was increased in the Emergency Department and the Mental Health Hospital Facility to improve safety and security efforts.
- Annual Security Risk Assessments completed in conjunction with weekly hazard surveillance rounds.
- Reviewed/revised Security Management Plan with approval from Board of Directors.

Hazardous Materials and Waste Management:

- Annual hazardous materials inventory complete. Annual chemical specific and safety data sheet training for all district employees.
- Radiation Safety Committee monitored radiation issues (i.e., badge reading, apron safety, license requirements, annual update of radiation safety plan, etc.).
- USP 800 Education rolled out to all district employees.
- Hazardous gas monitoring and testing completed.
- Reviewed/revised Hazardous Materials Plan with approval from Board of Directors.
- Hazardous Materials Business Plan updated-submitted to Tulare County.
- Participated in Radiological Event tabletop exercises with County of Tulare and partners.

Emergency Operations:

- The Emergency Management Subcommittee involved with planning/design relating to: inventory of organizational assets, equipment purchases, drill design, implementation and follow-up relating to drills and actual events, and integrating community partnerships into planning activities.
- The *Hazardous Vulnerability Analysis* reviewed/revised with top risks identified, and mitigation, preparedness, response, recovery identified.
- Training was completed for the following: Decontamination, Emergency Preparedness, Evacu-sled Evacuation-Safe Handling, and new hire orientation.
- The *Emergency Operations Plan* reviewed/revised based on the evaluations of the emergency exercises with approval from Board of Directors.
- Reviewed/revised unit specific fire, safety and emergency plans.
- Participated in Tulare County disaster planning activities.

Life Safety Management:

- All fire drills were held per schedule, with no trends noted.
- Visalia Fire Department conducted annual Life Safety Inspection.
- The *Statement of Conditions* monitored routinely, and updated throughout 2023.
- Fire testing equipment completed per schedule.
- Reviewed/revised Life Safety Management Plan with approval from Board of Directors.

Clinical Engineering Management:

- Preventive maintenance for life support and non-life support medical equipment completed, with thresholds of performance met.
- Reviewed/revised Clinical Equipment Management Plan with approval from Board of Directors.

Utility Equipment Management:

- Preventive maintenance and utility reports reviewed quarterly, including utility failures, and actions taken.
- Indoor air quality monitored and issues identified with resolutions completed.
- Reviewed/revised Utility Management Plan with approval from Board of Directors.

EVALUATION: PERFORMANCE STANDARDS

OVERVIEW. Information to follow represents the evaluation of established performance standards. Performance Standards were chosen based upon the following criteria:

1. The performance standard represents a measurable area of one of the EOC components.
2. The performance standard indicates a key reflection of the scope of the component.
3. The performance standard represents a high volume activity, or low volume but high-risk consequences.
4. The performance standard reflects actual or potential risk to the organization.

PERFORMANCE STANDARDS – Kaweah Health

SAFETY

- Objective is to reduce OSHA reportable work related injuries/illness in the year 2023.

Goal: Reduce OSHA reportable injuries by 10%.

Minimum Performance Level: Reduce OSHA Reportable Injuries by 10%.

Outcome: Goal met.

- Patient death or serious disability associated with a fall will be monitored.

Goal: No patient death or serious disability while on the premises of a KH facility.

Minimum Performance Level: No patient death or serious disability while on the premises of a KH facility.

Outcome: Goal met.

- Reporting of non-patient safety related injuries.

Goal: Reports of non-patient safety related injuries within 7 business days.

Minimum Performance Level: 100% compliance.

Outcome: Goal met.

- Infection Prevention - Timely response by unit/department managers with environmental round corrective action reports.

Goal: 100% of reports returned within 14 days of receipt of findings.

Minimum Performance Level: 90% of reports returned within 14 days of receipt of findings.

Outcome: Goal not met. Environmental hazard rounds to continue 2024.

UTILITIES MANAGEMENT

- Non High Risk Patient Room HVAC system preventively maintained on a quarterly basis.

Goal: 100% compliance.

Minimum Performance Level: 100% compliance.

Outcome: Goal met.

SECURITY

- The Security department will track False Code Pink response on events.

Goal: Reduce False Code Pinks by 50% from previous year, no more than 11 events in 2023.

Minimum Performance Level: No more than 11 events in 2023.

Outcome: Goal not met for compliance on False Code Pinks. Total events 21

FIRE PREVENTION

- Correct response to R.A.C.E.

Goal: 100% Compliance.

Minimum Performance Level: 100% of employees able to verbalize R.A.C.E.

Outcome: Goal met.

EMERGENCY MANAGEMENT

- Staff able to demonstrate the correct response related to Code Green.

Goal: 100% Compliance.

Minimum Performance Level: 95% of staff will properly verbalize response to Code Green.

Outcome: Goal met.

EVALUATION: PERFORMANCE STANDARDS

OVERVIEW: Information to follow represents the evaluation of established performance standards. Performance Standards were chosen based upon the following criteria:

1. The performance standard represents a measurable area of one of the EOC components.
2. The performance standard indicates a key reflection of the scope of the component.
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PERFORMANCE STANDARDS – Kaweah Delta Health Care District

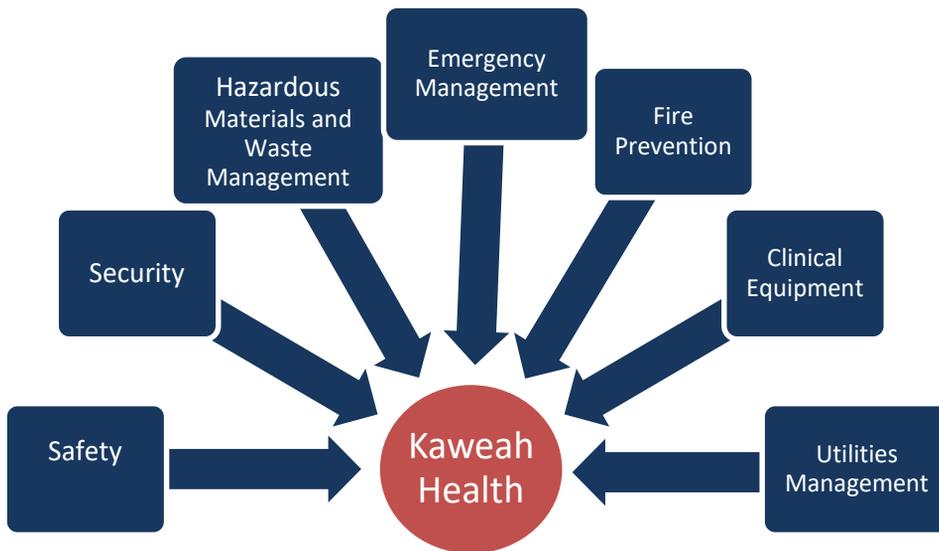
CLINICAL EQUIPMENT

- Attain a monthly missing in Action rate of <1% of the total High Risk including Life Support (HRiLS) medical devices

Goal: 100% Compliance.

Minimum Performance Level: Lower and keep the number of these devices recorded on the Can Not Locate list to less than 1% of the total HRiLS inventory per quarter.

Outcome: Goal not met for 2023. However Minimum Performance Level met with average % of HRiLS on Can Not Locate List for 2023 at .91%



**Kaweah Delta Healthcare District
Performance Monitoring 4th Qtr.- 2023**

EOC

Performance Standard: Employee Health: Accomplished goal of reducing OSHA recordable work related injury cases in 2023 by > 10% from 2022. Goal for 2024, is to focus on prevention/education for continued downward trend of recordable injury/illness cases in 2024. Cases currently lower than benchmark.



Evaluation:

- 83 OSHA recordable injuries in Qtr. 4-2023, plus 279 Covid 19 claims
- Covid 19 vaccination began 12/18/20, boosters began Oct 2021
- Provided ergonomic evaluations
- 2023 Sharps Exposure- Quarter 4 - 12 total
- Influenza vaccination rate 2022-2023 82%

Type of injury	Totals 2023				Totals 2022		Annualized 2023	Per 1000 EE's Q4 2023	National Benchmark Per 1000 EE's 2022
	Q1	Q2	Q3	Q4					
Total Incidents	94	163	131	149	537	608	537		
Covid 19+	276	117	319	279	991	2877	991		
OSHA recordable	85	75	80	83	323	361	323	17.26	27
Lost time cases	49	38	49	46	182	299	182		
Strain/sprain	35	18	29	22	104	125	104		
Sharps Exp	24	18	15	12	69	58	69		
# EE end of QTR	5063	4855	4807	4809					

- Plan for Improvement:** Focus on Strains/Sprains and sharps exposures which are the most common type of injury.
- Assure that employees/managers are aware of proper training/instruction and noting any trends per employee and/or injuries.
- Same day on-site incident investigation with employee. Follow-up with manager for prevention opportunities and/or process changes and policy review. Investigation/ follow-up may include photos, video and interview of witnesses/ manager.
- Increase Sharps education in General Orientation by Infection Prevention and Manager orientation by EHS. Demo correct sharps activation in new hire physicals with all employees handling sharps.
- Utilize PTA in Employee Health for Ergo evaluations, evaluate for proper body mechanics to prevent injury, stretching exercises and equipment recommendations to ensure safety with our jobs.
- Continue to work with Infection Prevention to track exposures/outbreaks amongst Health Care Workers in 2024. As of 12/31/23 29 positive employees on LOA for COVID (new cases).

OSHA recordable injuries and illnesses are as follows:

- Fatalities (reportable)
- Hospitalizations (reportable)
- Claim with lost work day, or modified work with restrictions (recordable)
- Medical treatment other than First Aid (recordable)

Total Incidents include First Aid and Report Only, **96/337**

EOC Component:

SAFETY

Performance Standard:

Risk Management – Reporting of non-patient safety related injuries within 7 days will to be compliant at 100%.

Goal: Report non-patient safety related events within 7 days

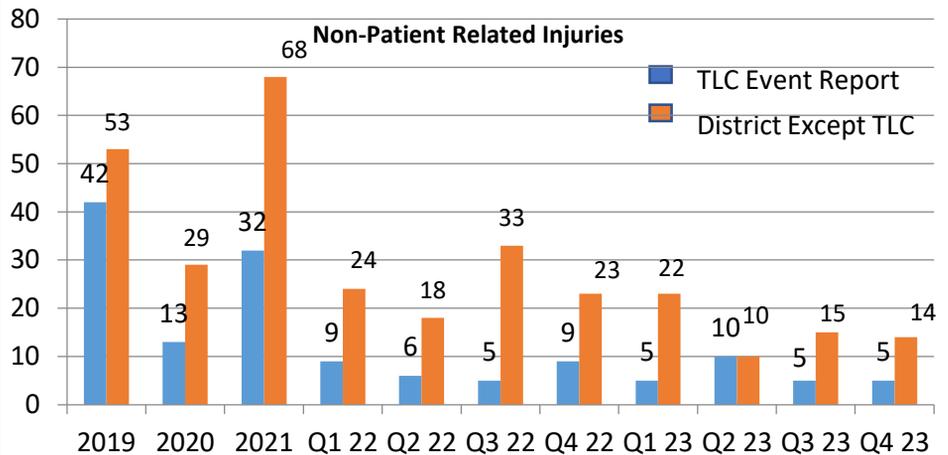
Minimum Performance Level: Report non-patient safety related events within 7 days

Evaluation:

In 2023, there were a total of 61 reported visitor injuries reported, all within 7 days.

Non-patient related events were tracked by Risk Management. Reports of visitor injuries in 2023 remained consistent from prior year.

Minimum performance measure **was met** for 2023 at 100% compliance.



Indicator	Quarter 1 2023	Quarter 2 2023	Quarter 3 2023	Quarter 4 2023	2023 YTD Totals	2022 YTD Totals
Non-patient Related Events within 7 days	22	10	15	14	61	98

*Injury is defined as physical or mental impairment that requires additional medical treatment or intervention.

Plan for Improvement:

Risk Management has conducted education to staff related to occurrence reporting and when and how to report any type of injury.

EOC Component:

SAFETY

Performance Standard:

Risk Management – Reporting of patient death or serious disability associated with a fall while being cared for in a KDHCDC facility.

Goal: Zero events of patient death or serious disability associated with a fall.

Minimum Performance Level: Zero events of patient death or serious disability associated with a fall.

Evaluation:

In 2023, there were no patient deaths or serious disabilities associated with a fall.

Events were tracked by Risk Management. Reports of in 2023 remained consistent from prior year.

Minimum performance measure **was met** for 2023 at 100% compliance.

EOC Component:

Performance Standard:

2023 Annual

Evaluation:

Overall compliance rate for elements resulted in 55% compliance with report returned by unit leaders.

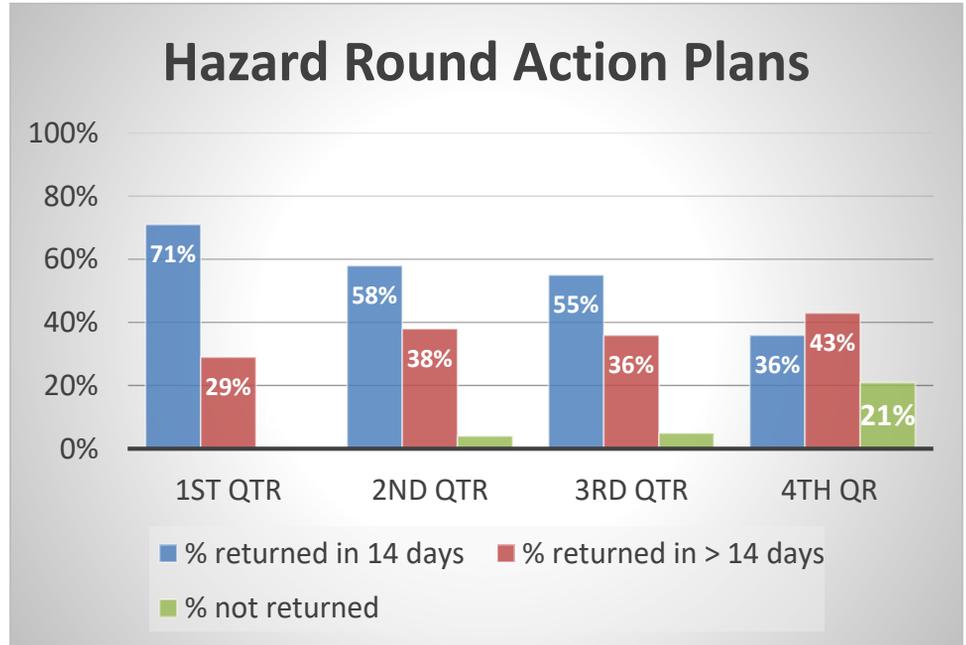
Overall goal of >90% compliance **not met** for 2023.

SAFETY

Infection Prevention: Comprehensive Rounds - Unit corrective action plans will be returned to the Infection Prevention department within 14 days of report to unit leader for identified opportunities to prevent infection noted during infection prevention rounds. The goal is to ensure findings are addressed in a reasonable timeframe to mitigate the risk of infection, enhance patient safety and optimize the environment of patient care.

Goal: > 90% compliance

Minimum Performance Level: 90% compliance rate



Quarter	% returned in 14 days	% returned in > 14 days	% not returned	# returned in 14 days	# Returned > 14 days	# not returned
1st Qtr	71%	29%	0%	17	7	0
2nd Qtr	58%	38%	4%	28	18	2
3rd Qtr	55%	36%	5%	13	8	1
4th Qr	36%	43%	21%	5	6	3

Plan for Improvement:

Reports with rounding findings provided to department leadership. Action plans requested from leadership to address items out of compliance. Leaders of the area were to submit in writing to Infection Prevention their actions to correct the items out of compliance. Team is working on electronic database for rounding and corrective actions. This will allow the team to enter the findings in real time and the leaders will be able to respond to the findings in a timely manner. Projected go live is June 2024.

For 2024 Infection Prevention will audit for presence of medical supplies, devices and/or medication within 3 feet on either side of sinks present in a patient care areas, including outpatient care clinical settings. If present, the audit result is considered a fallout.

EOC Component:

SECURITY

Performance Standard:

False Code Pink Activations– Reduce **false** Code Pink activations. Frequent false Code Pink activations are creating alarm fatigue response from support departments and increasing our vulnerability to stop/ identify an abductor in the event of a real Code Pink event.

Goal: 100 % compliance rate

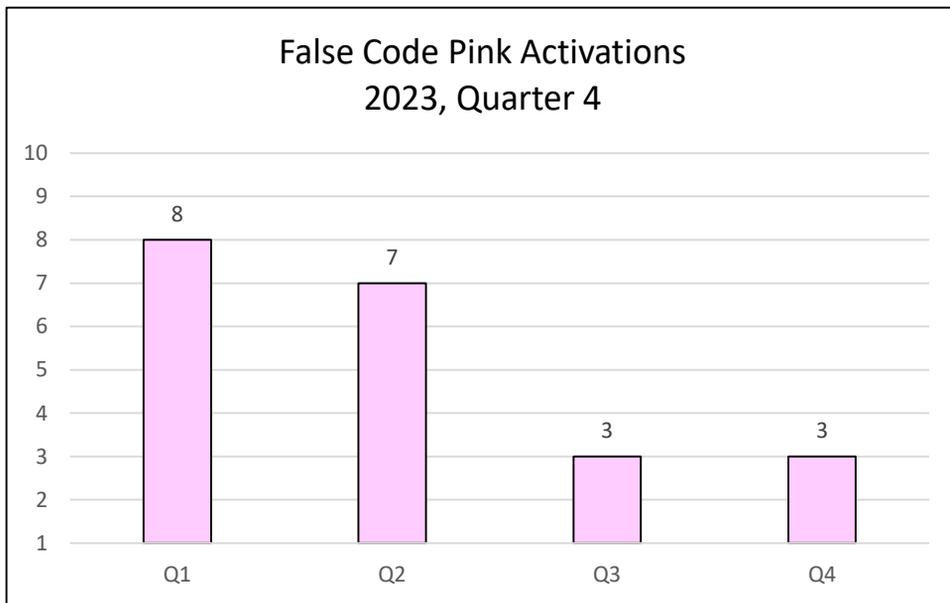
Minimum Performance Level: <11 events per in 2023

Evaluation:

In year 2020 the Medical Center experienced 48 **false** Code Pink activations. In year 2021 we ended the year with 33 events, a 31% decrease. In year 2022 we ended the year with 22 events, a 33% decrease. For year 2023, the goal was to decrease Code Pink false alarms by 50% of the previous year - <11 events for the calendar year; 2.75 events per quarter.

Quarterly Goal **Not Met** – Three (3) **false** Code Pink activations reported for the 4th quarter

Annual Goal: **Not Met** – 21 false Code Pink activations reported in 2023.



Plan for Improvement:

The majority of **false** Code Pink activations are due to staff forgetting to deactivate or to set the HUGS transmitter in transport when moving the child/newborn from the home unit to the transport unit. Unit leaders for Maternal-child Health units will work with their clinical-clerical staff to improvement system management, especially when short staffed.

The child abduction security alarm system is in the process of being upgraded. Issues were found with some of the alarm activations were due to faulty equipment.

EMERGENCY PREPAREDNESS

Fourth Quarter 2023 and Annual Evaluation

Performance Standard: Employees able to provide correct responses related to Code Green Response.

Goal: 100% Compliance (all employees surveyed answered correctly)

Status: Goal met for 4th Quarter 2023

Sponsor: Maribel Aguilar

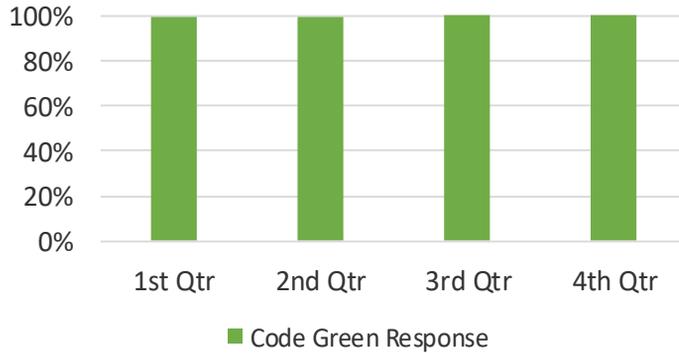
Evaluation:

Twenty-six departments were surveyed in the 4th quarter. In all departments surveyed staff were able to verbalize Code Green response, which resulted in a 100% compliance rate.

For the year 2023 there were a total of 151 responses with 100% compliance.

95% minimum performance level was met for this quarter.

Code Green Response



Detailed Plan for Improvement:

In each department visited there was knowledge of Code Green response.

EOC Component:

Performance Standard:

Evaluation:

In 2023, there were a total of 2808 issued high risk work orders of those, 2808 were completed on time resulting in a 100% compliance rate. There were a total of 644 infection control work orders, with 644 completed on time, resulting in 100% compliance. There were a total of 6181 non-high risk work orders of those 6181 were completed on time resulting in 100% compliance.

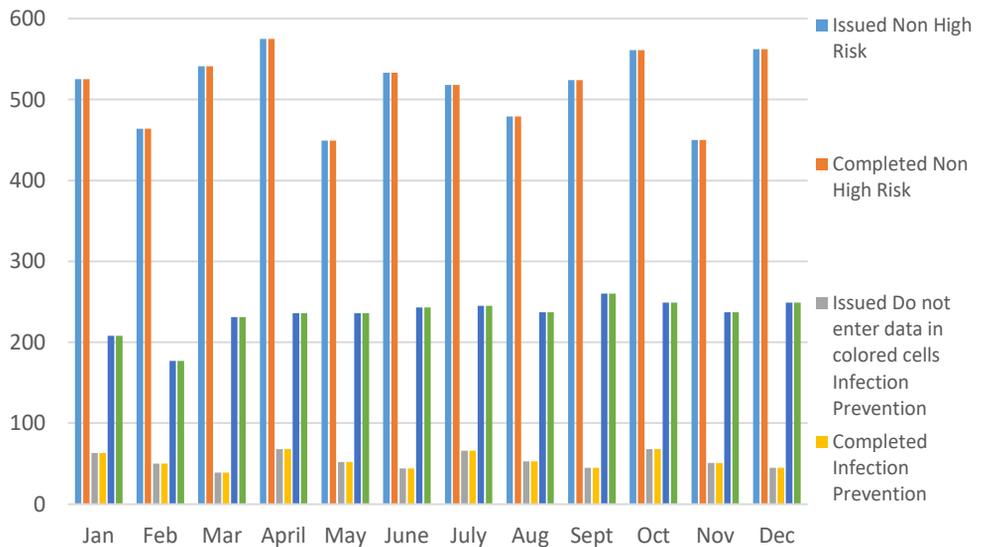
Annual performance measure was met with 100% compliance.

UTILITIES MANAGMENT

Utility Equipment– Maintain a 100% completion rate on high risk, non-high risk and Infection Control preventative maintenance work orders throughout the District.

Goal: 100 % compliance rate

Minimum Performance Level: 100% completion rate.



Plan for Improvement:

Facilities Team and Nursing successfully developed an effective system to coordinate access to the rooms in order to ensure P100/337 was completed on time.

LIFE SAFETY

Fourth Quarter 2023 and Annual Evaluation

Performance Standard: Employees able to demonstrate the correct response to RACE, specifically Contain- Was the Fire contained, were the fire doors closed, were the patient room doors closed , If evacuation needed did they know the process of marking door with tape.

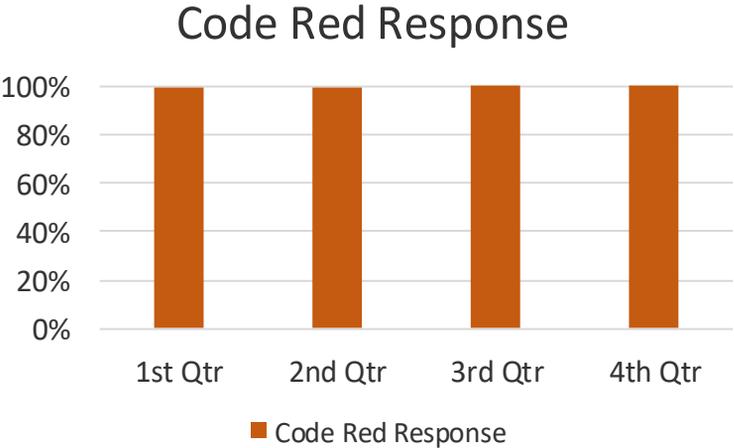
Goal: 100% Compliance

Status: Goal met for 4th Qtr. 2023

Evaluation:
Twenty-six departments were surveyed in the 4th quarter. All departments were compliant with RACE. This resulted in 100% compliance rate.

For 2023 there were 151 responses with 100% compliance.

Minimum Performance Level **was met** during this quarter.



Detailed Plan for Improvement:

All departments surveyed in the 4th Quarter were knowledgeable of R.A.C.E (Rescue, Alarm, Contain and Extinguish) response.

SECURITY

FOURTH QUARTER 2023 and Annual Evaluation

Performance Standard: Reduce Workplace Violence Events

Goal: 10% Reduction in WPV events in 2023 (<247)

Status: Goal Not Met: **314 total WPV events in CY 2023.**

Sponsor: Chris Luttrell, Safety Specialist

Detailed Plan for Improvement (2023):

1. Leaders will continue to encourage staff to enter incident reports for workplace violence on Midas.
2. Traveler nurses will receive a CPI physical skills training upon hire. Those travel nurses will also receive a de-escalation tutorial and access to our code grey and code green information sheets.
3. WPV cases will be reviewed by the WPV case review team, and results to those case studies will be sent out to leadership to review for their units.
4. Safety specialist will assist mental health leadership in conducting WPV case reviews at the MH facility monthly. The safety specialist will continue rounding at MH on Mondays. MH will conduct a code grey drill monthly.
5. CPI training will include use of the new 3rd edition from the Crisis Prevention Institute. Refresher courses will focus on the latest in CPI instruction.
6. We have added a new CPI instructor in November from our EVS staff.

Kaweah Health location	Quarter	WPV events reported by security (2023)	WPV events entered into MIDAS reporting system (2023)	WPV events reviewed by WPV case review team (2023)
Emergency Department	Q1 '23	22	1	1
	Q2 '23	31	4	3
	Q3 '23	23	7	2
	Q4 '23	24	3	2
Mental Health (WPV case review completed in-house at MH)	Q1 '23	18	26	*
	Q2 '23	23	20	*
	Q3 '23	65	65	*
	Q4 '23	21	38	*
Medical Center	Q1 '23	15	13	10
	Q2 '23	20	15	10
	Q3 '23	15	13	6
	Q4 '23	33	20	13
Off-Campus facilities	Q1 '23	2	0	0
	Q2 '23	1	3	0
	Q3 '23	0	1	0
	Q4 '23	0	0	0

Evaluation: Workplace violence reporting on MIDAS is continuing to improve. *WPV cases are being reviewed and tracked monthly by Mental Health leadership and not reflected here.

Total WPV events and incidents at Kaweah Health

Total WPV Events

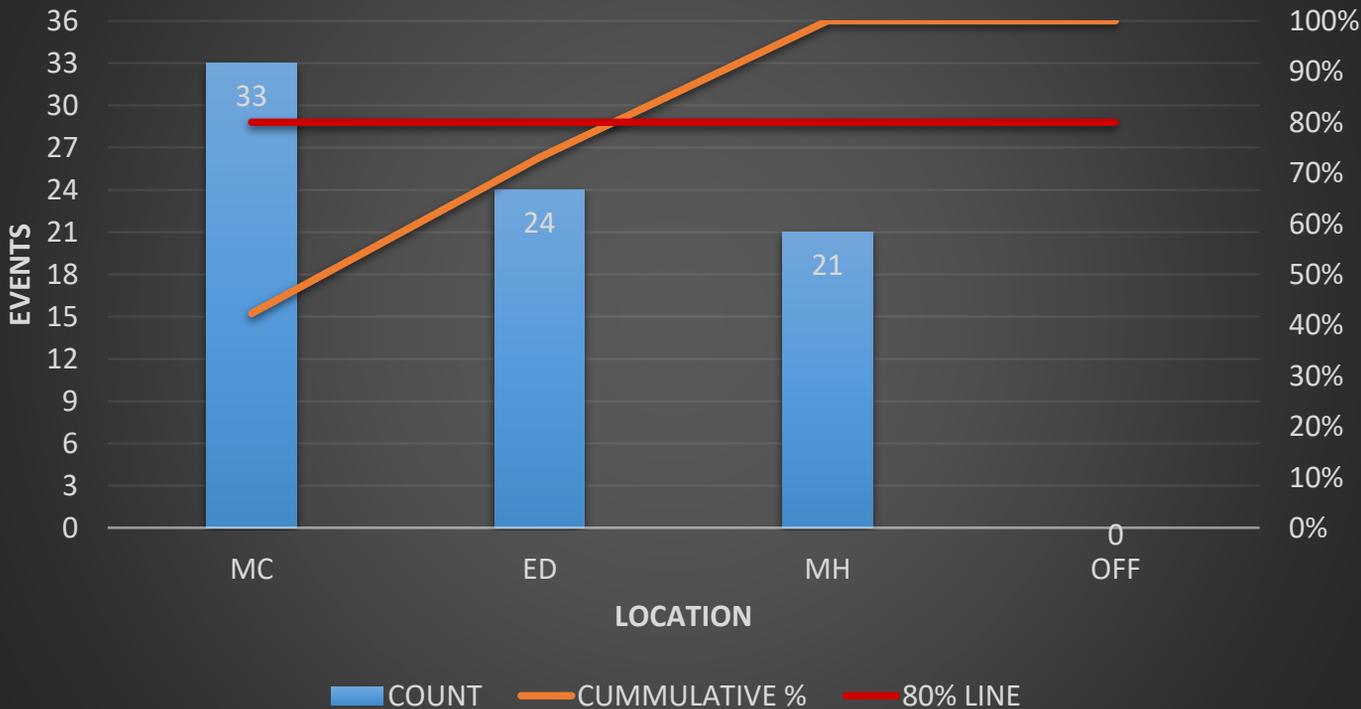
Total WPV Incidents



Evaluation:

There was a 27% decrease in WPV events district-wide in the 4th quarter of 2023.

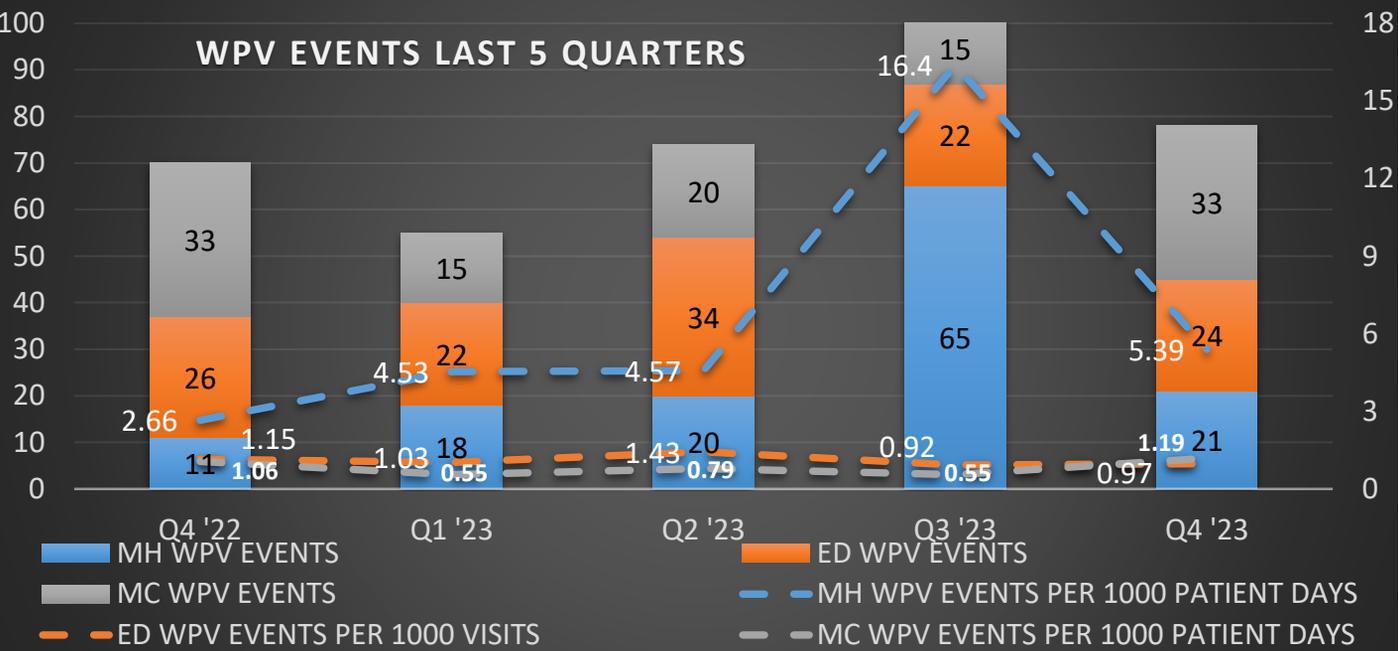
WPV EVENTS PARETO 4TH QUARTER 2023



Evaluation:

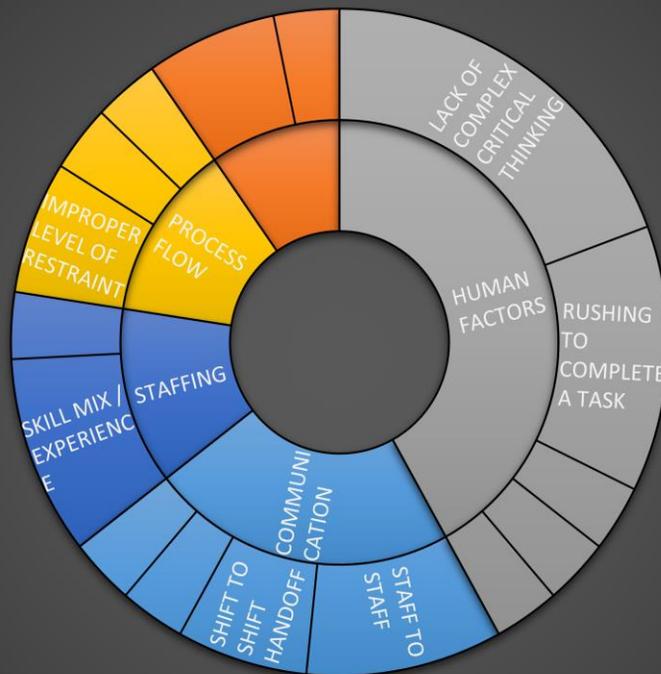
There was a 67% decrease in WPV events at Mental Health (65 to 21). There was a 9% increase in WPV events in the ED (22 to 24). There was a 120% increase in WPV events in the Medical Center (15 to 33). There was no change in WPV events in off-campus areas (0 to 0).

WPV EVENTS LAST 5 QUARTERS



Evaluation: There was an decrease in WPV events per 1000 patient days for Mental Health (16.4 TO 5.39). There was a increase in WPV events per 1000 patient days for the Medical Center (.55 TO 1.19). There was a increase in WPV events per 1000 patient visits for the ED (.92 TO .97).

4TH QUARTER WPV CASE REVIEW ROOT CAUSE ANALYSIS



- COMMUNICATION
- HUMAN FACTORS
- STAFFING
- EQUIPMENT / ENVIRONMENT FAILURE
- PROCESS FLOW

Evaluation: Of the 15 WPV events reviewed by the WPV case review team, the most prominent root cause of WPV events were based on human factors, with a lack of critical thinking being the most prevalent. 15

EOC Component: Medical Equipment Preventive Maintenance (PM) Compliance

Performance Standard: Maintain a 100% compliance rate on non-high risk and high risk Medical Equipment
Performance Standard: <1% Total of High Risk Life including Support (HRiLS) Devices to be Missing for Preventative Maintenance

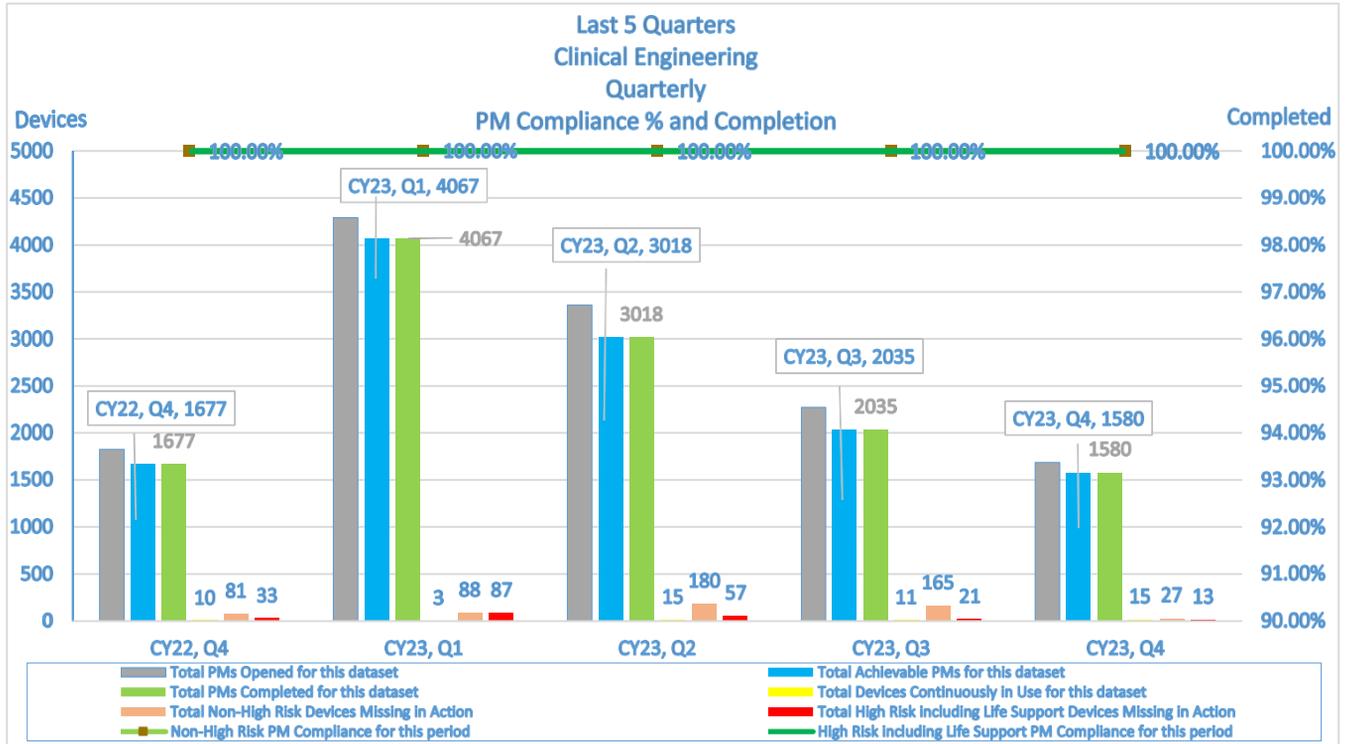
Evaluation:

For the reporting quarter, CY 2023, Q4 (Oct-Dec), Medical Device count available to receive Preventive Maintenance is 1580 and all of those devices received Preventive Maintenance. **All Medical Devices** this Quarter received PM or were marked as In Use or Missing in Action (MIA) as defined by TJC.

PM Compliance for Non-High Risk Devices is 100% and **meets the 100% Compliance Goal.**

PM Compliance for High Risk Including Life Support Devices is 100% and **meets the 100% Compliance Goal.**

Performance Improvement Goal: Total HRiLS MIA count is 13 for the Quarter. Total HRiLS MIA devices as % of total HRiLS inventory is 0.27%. Goal **met.**



Calendar Year 2023	Quarter 4			Q4 Total
Category	Oct-23	Nov-23	Dec-23	CY23, Q4
Total PMs Opened	573	624	490	1687
Total Administrative Closures	31	18	3	52
Total Devices Continuously in Use	5	1	9	15
Total Non-High Risk Devices MIA	13	10	4	27
Total High Risk including Life Support Devices MIA	1	12	0	13
Total Achievable PMs	523	583	474	1580
Total PMs Completed	523	583	474	1580
Total PMs Not Completed	0	0	0	0
Total PM Compliance	100.00%	100.00%	100.00%	100.00%
Non-High Risk PM Compliance	100.00%	100.00%	100.00%	100.00%
High Risk including Life Support PM Compliance	100.00%	100.00%	100.00%	100.00%

Plan for Improvement: The 13 High Risk medical devices missing in action for preventative maintenance service in the fourth quarter are assigned to a Clinical Engineering technician whom will work directly with the owning department's manager during the first quarter of 2024. A monthly report will be provided to the EOC Committee for these specific devices remaining "MIA". If a device continues as not located at the end of the next quarter, a device status change "Retired-Missing in Action" in the inventory will take effect for that device.

EMERGENCY MANAGEMENT/EMERGENCY OPERATIONS PLAN

Evaluation of Performance - 2023

The KH Emergency Preparedness Committee, a subcommittee of the Environment of Care Committee, met regularly throughout 2023 to address the preparedness needs within the District. Members from the Subcommittee ensured that leadership throughout the District were assigned positions in the *Hospital Incident Command System* (HICS), and that the organizational chart was kept current. The KH Emergency Operations Plan was reviewed/revised during 2023.

Community Partners: Participated with Tulare County Public Health Emergency Preparedness Advisory Committee, Tulare County Office of Emergency Services, Central California Emergency Medical Services Agency (CEMSA), County of Tulare Evacuation Planning, and Visalia Fire Department and other agencies throughout Tulare County.

Hazard Vulnerability Analysis: The Hazard Vulnerability Analysis (HVA) was re-evaluated and approved by the Environment of Care Committee. Input regarding the HVA was solicited from our executive team, medical staff and community partners. KH also worked with CEMSA hospitals in Fresno, Kings, Madera, and Tulare Counties to review the communitywide HVA.

Offsite Facilities: During 2023, the Emergency Planning Committee focused on the offsite facilities to ensure the specific risks of each facility were addressed during emergency exercises.

Disaster Exercises: On May 11, 2023, Kaweah Health activated the Hospital Incident Command System (HICS) in response to a network breach. The role of HICS in a rapidly evolving complex incident is to help manage the information, logistics, and operational needs in a systematic manner, while providing scalability and business continuity to prevent interruptions to mission critical services. Actions included, Emergency Department staffing accessed with additional physicians and staff available, Labor Pool activated, Surgery held elective cases, downtime procedures activated and prepared, utility assessment of all KH facilities, etc.

Kaweah Health has collaborated with local, state and federal partners, activated a labor pool, utilized alternate care sites, and maximized the use of technology to meet the medical demands of the community.

On December 2, 2023, Kaweah Health conducted an organizational wide exercise which involved patient surge and active shooter at a non Kaweah building. Community Partners including Tulare County Office of Emergency Services, Tulare County Public Health, Visalia Fire Department, Visalia Police Department and Emergency Medical Services were working closely during the exercise. Actions included HICS activation, Emergency Department staffing accessed with additional physicians and staff available, Labor Pool activated, Surgery held elective cases, alternate care sites identified and prepared, utility assessment of all KH facilities, etc.

Six critical elements were identified during the exercise, with staff performance exceeding the established threshold. The exercises/incidents were critiqued through a multidisciplinary process which included administration, clinical and support staff, and medical staff. After action improvement items were identified and will be presented to the Emergency Management Sub commitment. Objectives were evaluated relating to six critical areas: communications, resources and assets, safety and security of the patient, staff roles and responsibilities, the management of utilities and patient clinical and support activities.

EVALUATION – OVERALL *EFFECTIVENESS* ENVIRONMENT OF CARE AND EMERGENCY OPERATIONS

Safety: Based upon the objectives, scope and performance standards, the risks within our Safety Management plan have been managed effectively. The Safety Education program for the District is highly effective, departments completed the Safety Training Modules. The Infection Prevention Department monitored infection control practices. Risk Management continued to monitor visitor injuries, with no trends identified. Based on the high level of commitment to education, surveillance and ongoing activities, the Management Plan for Safety is highly effective in promoting safety standards for the organization and in guiding the direction of safety-related activities. In 2023, we will improve safety outcomes by continuing with our monitoring activities and current programs, knowing they are effective in promoting safety standards for the organization and in guiding us towards continued risk reduction.

Security: The Management Plan for Security and the security program is effective at Kaweah Health has proven by the objectives to minimize security risks being met in 2023. The Workplace Violence Committee worked to monitor the Workplace Violence Program, implementing recommendations and responding to actual threats. Workplace violence awareness and crisis intervention training is provided to employees working in high risk areas and for support staff who also support patient care in those high risk patient care areas. Code Silver (active shooter) education is available for staff. Security risk assessments were completed in conjunction with weekly hazard surveillance rounding. Any identified deficiencies are reported and tracked until correction/improvement is made.

Hazardous Materials: We continue to minimize risks related to hazardous materials and wastes by monitoring spill activity and completing hazardous gas monitoring in areas with known chemical contaminants. An annual chemical inventory was completed and all employees were required to complete Hazardous Materials and chemical specific training. Other activities that support the effectiveness of our program include assessing the level of knowledge staff have relating to the Hazardous Materials program, specifically their role during a spill event. Our Radiation Safety Committee monitors radiation issues, such as badge readings, apron safety, annual review of the Radiation Safety Plan, and license amendments. Based upon the objectives, scope and performance standards, the Hazardous Materials Plan and program is rated to be highly effective.

Emergency Management: Based upon the objectives, scope and performance standards, the Emergency Operations Plan is effective in providing the framework for disaster response for our staff. The Emergency Management Subcommittee continued to meet to review and plan for multiple preparedness activities including, but not limited to, drill design and follow-up activities. Training was completed for Decontamination Processes, Emergency Preparedness, Anhydrous Ammonia Handling and new hire orientation. The Hazard Vulnerability Analysis was reviewed and found to be an effective tool in prioritizing critical events and assessing the prioritization against the District's preparedness. KH is actively involved with community-wide preparedness activities which strengthening ties with agencies having jurisdiction and the California Department of Health Services.

Fire Prevention Management: Based upon the objectives, scope and performance standards, the Fire Prevention Management plan is effective. Fire drills were completed for the District, with staff performing according to a pre-established checklist. Fire equipment inspection, maintenance and testing was completed, with ongoing monitoring of the *Statement of Conditions* in effect. Infection Prevention assessment continued to be integrated into construction activities along with any Interim Life Safety Measures assessments that were needed.

Clinical Equipment Management: Based upon the objectives, scope and performance standards, the Clinical Equipment Plan and program are effective. Preventive Maintenance was monitored quarterly for high risk including life support and non high risk medical equipment, with the thresholds of performance met. The separation of our inventory (i.e., high risk including life support medical equipment from non high risk medical equipment) places a higher focus on the safety of our patients and keeps the *Environment of Care* closely integrated with Patient Safety standards. The Clinical Equipment Plan and program are effective in promoting safe equipment usage for our patients.

Utility Equipment Management: Based upon our objective, to provide a comfortable, safe, environment for our patients and our staff, are programs are effective. Performance monitoring focused on the completion of critical life support utility equipment. A skilled facilities staff, strong leadership, and the management of the automated preventive maintenance program has helped us in improving the objective to minimize the risks associated with utility failures.

REPORT TO THE BOARD OF DIRECTORS

Emergency Department - March 2024 (Review of Calendar Year 2023)

Michelle Peterson, Director of
Emergency Services
mipeters@kaweahhealth.org
559-624-2410

Dr. Khoa Tu, Medical Director of
Emergency Services
ktu@KaweahHealth.org

Service line summary

- The Emergency Department (ED) continues to operate with high volume and acuity. Our immediate patient population continues to age and requires additional management of not only acute issues but complex chronic medical issues.
- Most pressing issues the ED faces include the following:
 - Consistent timely care, overall patient throughput, and patient experience.
 - The lack of consistent sub-specialty services such as Urology and Child Psychiatry. This has become more of an issue due to capacity issues being experienced at hospitals across the state of California, making transfers for higher level of care more complex.
 - Healthcare worker burnout and recruiting/retention of our team continues to be a top priority.
 - Supply chain interruptions for certain equipment can be experienced with short notice, impacting care.
 - Efficient onboarding and continued performance of our teams on standard workflows continue to be a focus for ED Leadership. Examples include blood culture contamination rates, bar code medication administration rates, and emergency severity index (triage level) assignments, vital sign collection and assessment/reassessment.
 - Quality of care for our mental health population is a focus as we try to decrease length of stay and increase access to mental health care resources.
- ED Financial Score Card Key Takeaways:
 - Emergency Services has a contribution margin (CM) of \$63 million, up 38% from the prior year. The contribution margin is typically provided by the inpatient side of the business, as well as the outpatient Emergency service line. Major losses are sustained in the outpatient Emergency Surgery service line. This experienced a significant increase in FY23 and FY24. The team is reviewing opportunities to address the volume increase.
 - The positive inpatient financial results were enhanced by \$41.4 million in supplemental government funding. Approximately 66% of the overall CM on this report is provided by supplemental government funding.
 - Patient visit volumes are trending up significantly over the last four years, driven by the outpatient side. Inpatient discharges have seen a downward trend of approximately 6% since FY 2021. Current year discharge volumes are expected to finish 1% higher over prior year.
 - Inpatient days are down 5% from prior year, with Actual Length of Stay down 6% from prior year.

- 89% of inpatient admissions come through the ED (excl. moms and babies).
- Outpatient Emergency – Contribution margin turning positive due to increased managed care reimbursement, as well as an overall 3% decline in direct cost per visit. Most impactful decreases in direct costs related to decreased number of agency nurses and decreased stipend required to contracted physician group.

Key Performance Data Calendar Year 2023

- Left without being seen is a metric that serves as a surrogate marker for ED efficiency demonstrating our ability to have a provider or practitioner see the patients who present to the ED. Our goal for the year was set at 1.5%. The ED met the goal by operating with only 1.1% of all patients leaving without being seen from January 2023 to December 2023.
- The median length of stay for discharged patients remained above the goal of 214 minutes.
- Median length of stay for admitted patients met the goal of 612 minutes or less, with marked improvement from CY2022 to CY2023.
- Patient experience goal for CY2023 was 4.0, we met the benchmark for this goal as well.
- Standardize Onboarding/Teaching and Standard Work Goals met.
 - Patient safety risk by not meeting goal for blood culture contamination.
 - Improved use bar coded medication administration
 - Assigning accurate ESI assignments and collecting vital signs per policy
 - Sepsis Bundle Initiation: ED team initiates the bundle and has adopted patient care practices to support compliance.

ED Dashboard

- The ED volume and throughput dashboard have been included. The dashboard includes general metrics, ED throughput metrics, patient experience, and census totals by disposition.
- The dashboard is updated monthly and shared at the Emergency Department Advisory Committee, shared via email with the charge nurses/team leads, and posted in the department. It is also shared with the ED Executive over operations, the Chief Nursing Officer, and reviewed in our ED operations meeting.
- The ED Quality Improvement Dashboard has been included. The dashboard includes the monitoring for improvement projects underway in the ED.

Active Actions/Solutions

- Throughput
 - ED Leadership has implemented a staffing by demand model. When this model was implemented, we were caring for approximately 40 less patients a day, we will be evaluating the staffing by demand module and updating as needed with our increased volume.
 - ED leadership has evaluated staffing design and added more Licensed Vocational Nurses to the staffing matrices to support care.
 - Collaborating with the organization Medical Director of Best Practices to adopt order sets that strive to meet quality and throughput metrics.

- Collaborating with inpatient units to promote early discharge and movement of patients when they are waiting in the ED for admission.
- Patient Experience
 - Continued use of Binary Fountain platform.
 - Patient Experience scripting rolled out by physician and nursing leadership with intent of re-emphasis on narrating the care with compassion and empathy.
 - Positive feedback provided to outstanding performers. Constructive feedback provided team members with opportunities to improve.
 - Plan to change the survey platform in July 2024 to the use of the NRC (National Research Corporation) for patient experiencing surveying with ED patients. This will align the ED with the rest of the surveys in the organization.
- Subspecialty Coverage
 - ED Leadership will collaborate with strategic development leaders in service line development/growth such as Urology and Child Psychiatry.
 - Medical staff leadership escalation process with difficult transfers to ensure we are doing all we can locally.
 - Communication and safe sign-out practices emphasized to teams for handoff and continuity of patient care.
- Healthcare Worker Burnout/Retention
 - Leadership roles in the ED have turned over this year. We have stability with the ED Director, we have onboarded two Assistant Nurse Managers (ANM) and a Business Services Manager (BSM) to support the ED Operations.
 - The role of the BSM has freed up time for the assistant managers to help with real-time observations and devising workflows and education to elevate the team's practice. The leadership team is present in the patient care spaces to support the team and help ensure adherence to new workflows and processes.
 - Provider Leadership collaboration: The ED leadership team continues to collaborate very closely with the ED Medical Director on initiatives to improve the department and overall care that is provided. As changes are needed or ideas brought forward, this relationship proves to be strong and effective.
 - Initiated a staffing by demand model and replaced a set number of staff each shift. We have implemented a model based on past volumes. We schedule nurses based on days of the week, with more mid-shift nurses coming in based on the number of patients throughout the day to help with increased volumes during the busier times.
 - Increased the number of LVNs in the department to help the Registered Nurses (RN) with tasks such as blood draws and medication dispensing. LVNs also have a staffing by demand model with start times staggering throughout the day.
 - Standardized onboarding with regular check-ins to alleviate stressors for a new team member.
 - Flexible scheduling offered to physicians/Advanced Practice Providers (APP) to optimize their wellness and longevity. Regular lectures to all team members about the importance of self-care. ED aims to hire three additional physicians and four additional APPs to augment expected staffing losses.
- Supply Chain Issues
 - ED Leadership to actively assess department equipment, particularly critical care equipment. Process developed for communication across teams when this occurs due to national supply chain issues.

- Improvement project underway to standardize supplies and equipment available across the patient care areas in the ED.
- Standardized Onboarding and Quality Performance
 - Two RN educator positions approved and filled to assist with onboarding, training, and team performance.
 - Physician/APP onboarding manual revised and updated. Proctoring shifts continue for new providers.
 - Roles and responsibilities for all positions being revised and efforts to fill the department vacancies continue with priority to interviewing and onboarding new team members.
 - ESI assignments/Vital signs: After reviewing it was observed that for our higher acuity patients, we often miss obtaining a full set of vital signs (temperature recordings most often missed). We continue to monitor and provide coaching for these fall outs.
 - Sepsis data can be seen below in the dashboard for compliance with initiating the bundle. The ED team has been focusing closely on this work to improve the care and outcomes for patients. Sepsis is one of the most common admission diagnoses and the early intervention is critical to survival.
 - Blood culture contamination rates have been at an all-time low for the ED After concerted effort by the team to create a process with minimal opportunities for contamination. The rate for CY2023 was 2.1% contamination, under the goal of 3%. The ED draws the most blood cultures throughout the hospital.
 - Quality monitoring: as opportunities are identified to improve care or processes, they are addressed. Staff are included in outcome reviews and just culture applied to any follow-up.
- Quality of Care of Mental Health
 - Mental health patients' length of stay times will decrease as the Mental Health hospital capacity increases.
 - Implementation of new Zone 4 multi-disciplinary huddles on Mental Health patients every shift.
 - Addition of a child and adolescent crisis stabilization unit (CSU) to our services in the community to redirect care for patients 21 and under.
- Sepsis/Healthcare Associated Infections
 - ED leadership continues to work on initiatives to improve performance in these areas.
 - CY 2023 focus on Sepsis order set compliance and demonstrated significant improvements in the care.

ED Workflow Process Change and Surge Plan

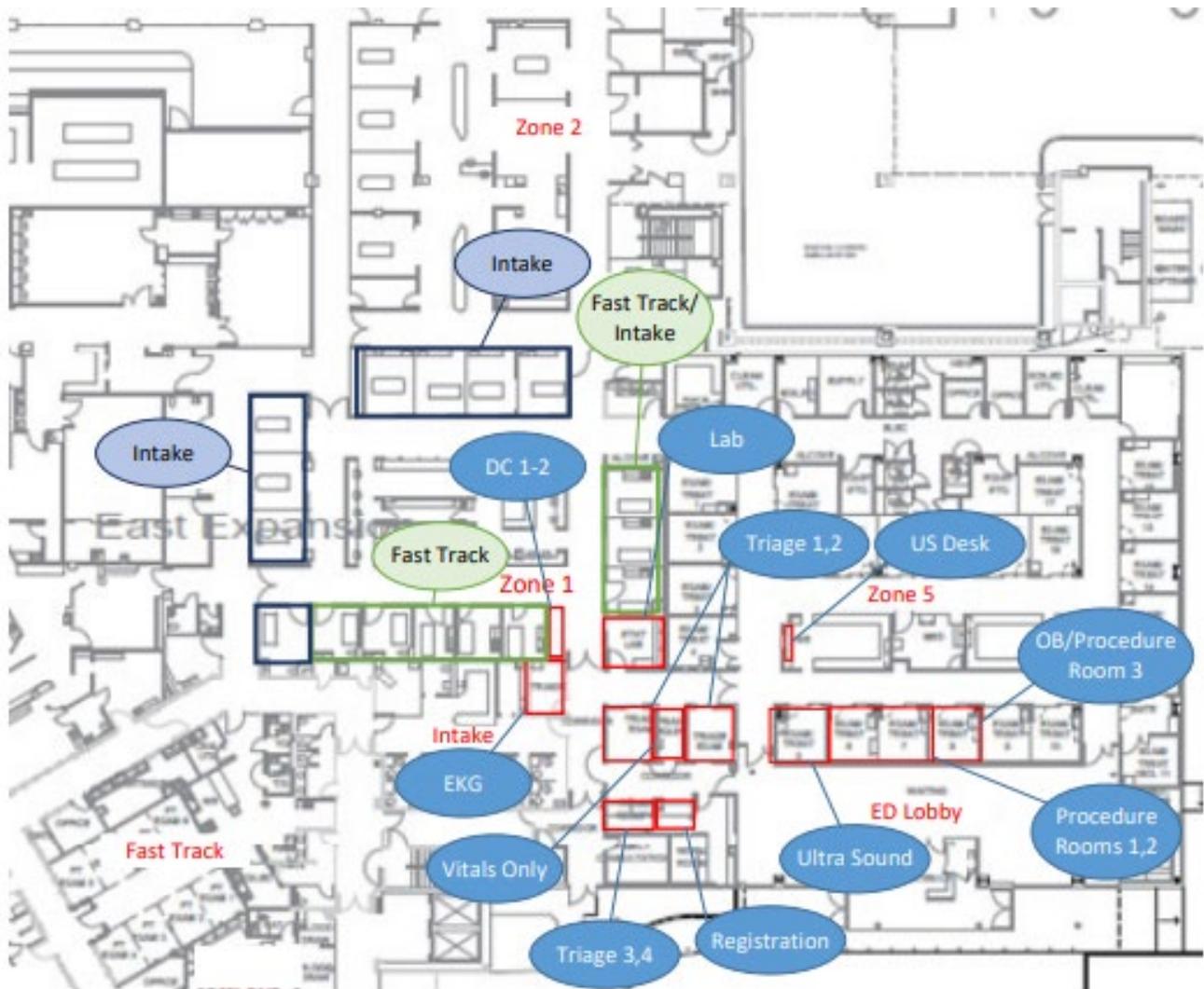
Visalia has been steadily growing over the past few years, leading to a proportional increase in emergency department patient volume. The average pre-covid ED patient volume per day was 226 patients while the current average ED patient volume per day, year-to-date, is 248 patients. To keep up with the added volume we initiated a new ED process that would facilitate better utilization of our limited treatment spaces and staffing. The aim of the new process was to:

1. Improve ED throughput

In the previous workflow much of the work ups and treatments were executed through the triage area which overwhelmed our phlebotomists and nurses that were stationed in triage. 60-70% of our patients were seen through this pathway, which leads to bottlenecks in the ED flow. To improve throughput efficiency, we added an additional parallel track for evaluating patients and initiating treatments using zone 1, which was formerly used to hold admitted patients. This area was staffed by float pool nurses and not part of the Emergency Department, 1 East was relocated under ED leadership, so changes were made, and we were able to free up zone one for ED use. Instead of having all our low acuity patients evaluated through the triage area we can direct half of these patients through zone 1. Through the zone 1 track patients are evaluated by a provider and have their workups and treatments initiated by a separate team of nurses with dedicated assignments in zone 1. This effectively decreased the patient volume through our triage area and workup can be started earlier reducing overall average length of stay for ED patients.

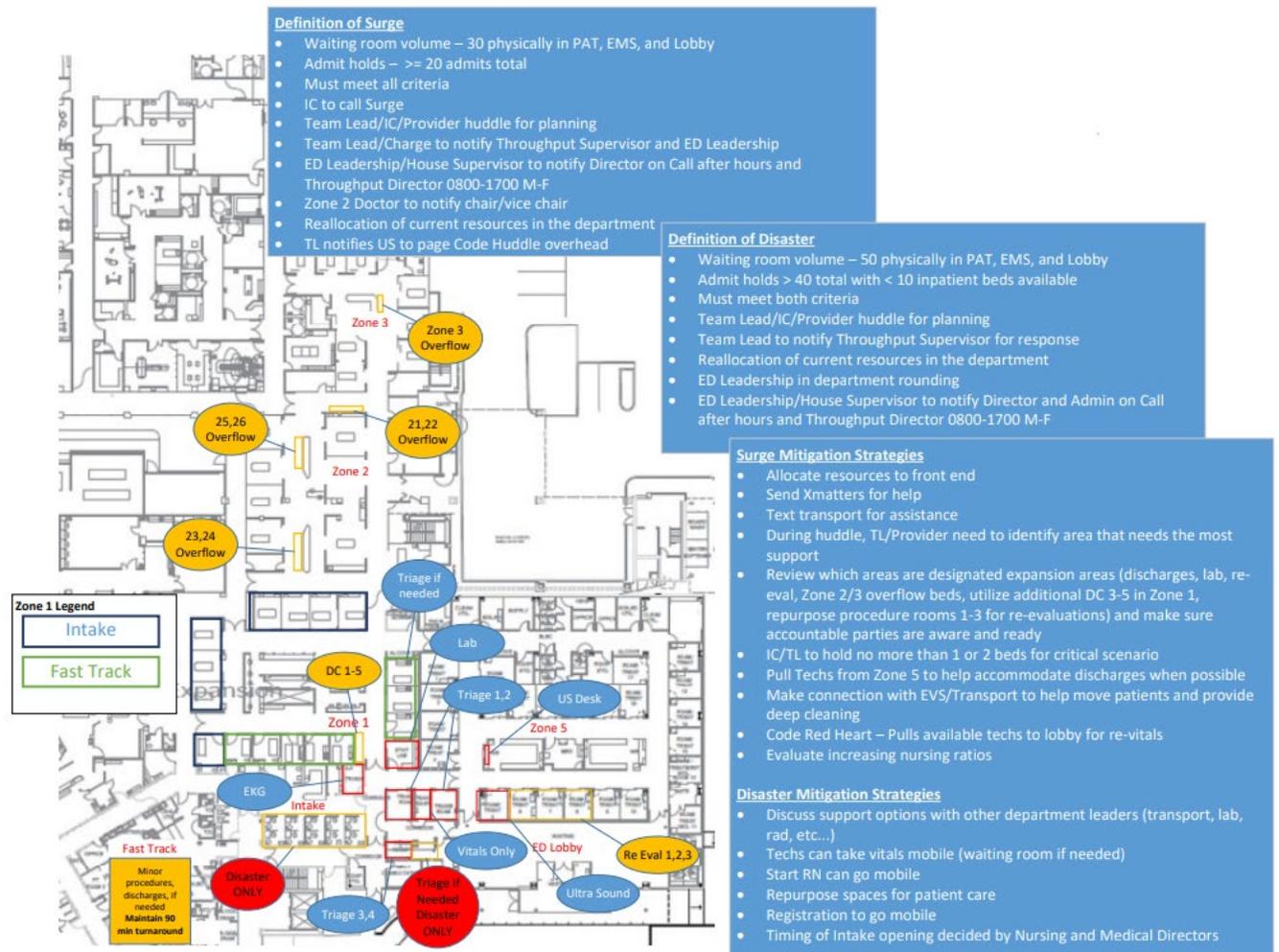
2. Improve patient safety by reducing waiting room medicine (improved patient experience and increase patient privacy)

With the opening of the new treatment spaces in zone 1 we have also effectively decreased the practice of seeing patients in hallways and the waiting room, which greatly improves patient safety. The practice of holding admitted patients in the waiting room has been stopped. This has the added benefits of improving patient privacy and patient experience. Patients no longer share sensitive information out in the open. The treatment spaces in zone 1 are fully staffed by a team of nurses and technicians that can place IVs, draw blood, and start treatments. This reduces the back-and-forth movement for patients between triage rooms, the waiting room and treatment areas such as lab and phlebotomy. The reduced patient movement decreases confusion for patients and frees up staff from patient tracking/transport duties. With decreased movement and patients being more stationary there is increased opportunity for loved one involvement, increasing patient experience, and plays a role in patient safety.



3. Dedicated consultation rooms, procedure rooms, POCUS rooms, and overflow treatment spaces

We were able to dedicate three rooms in zone 5 for procedures and consultation (including one dedicated specifically as an OB/Gyn room), one room in zone 5 for point of care ultrasound, and 7 designated overflow beds in zone 2 and 3 for surge states. The procedure rooms in zone 5, are staffed with an LVN. We recognized that our consulting teams needed private rooms for evaluating patients, which also serve as procedure rooms. The ultrasound room is dedicated for ED point of care ultrasound (POCUS). We have a dedicated POCUS team that is scheduled in the ED M-F, consisting of at least 1-3 ED US attendings and 1-3 residents/ED US fellows that perform scans to help expedite patient care for those working clinical shifts. The designated overflow beds serve as a relief valve for when our high acuity zones are over capacity. We frequently receive 10-15 ambulance patients arriving in the ED in a single hour, including strokes, STEMI's, and traumas. We must be able to manage the volume and acuity at a moment's notice. Having these treatment spaces aids our staff to safely go out of ratio. When we have a surge of patients check-in through the front of the ED, commonly more than twenty patients per hour, there are plans in place to use of the procedure rooms for additional rapid patient evaluation space. Lastly, we have plans to expand the triage area to include two additional triage spaces for providers to evaluate patients, triage 3 and 4, (See ED surge floor plan below)



4. Establish a standardized surge criteria/resource availability

Also noted above in the blue boxes, we developed an ED surge plan. The plan identifies specific criteria that guide staff in activating “Surge” and “Disaster” states. Depending on the state of the department, treatment spaces are reassigned accordingly to help soak up the extra volume, as detailed above. We have educated staff to perform huddles with attendings to analyze the state of the department. The goal of the huddle is to foster communication, situational awareness and to deploy resources to areas that need assistance (we have provided the team with a checklist of appropriate resources to deploy). We aimed to empower our teams to be proactive vs reactive in dealing with surges. This new ED surge plan will be used as a framework for developing a hospital-wide surge plan for the two plans to work synergically because usually when the ED is surging or in a disaster state the rest of the hospital is also impacted.

5. Facilitate, the much needed, closure of intake for necessary remodeling

The new process was necessary because the ED intake area was in desperate need of remodeling. Intake was very cramped and was not conducive for patient privacy and ease of ingress/egress. Patients were seated in proximity separated by curtains or obsolete cubicle walls; that did not provide enough privacy and gurney and wheelchair access was difficult. The cubicle walls were malfunctioning and could not be refurbished

or repurposed; the manufacturer no longer made replacement parts. The flooring was also cracked and needed to be frequently resealed, which posed an infectious disease risk.

The new process was initiated on 4/19/23 and is gradually becoming hardwired as standard practice. The new process was truly evaluated in the past few weeks because we have had extremely high record-breaking daily volumes of 280-300 patients per day. The preliminary data has shown that the door-to-discharge times remain constant, and the door-to-admission times continue to improve despite the heavy volumes. Preliminary feedback shows that both ED staff and providers well received the changes. We will continue to fine tune the process as we collect more data and feedback. However, this is a giant leap forward. For the first time, since the recent ED expansion, we have an improved flow process and a written/standardized ED surge plan.

Provider Staffing and Recruitment

There is an unprecedented state of emergency that exists currently in terms of the US labor pool for licensed Emergency Medicine (EM) providers. The US unemployment rate for Emergency Physicians is less than 0.4% and for Emergency Advance Practice Providers (APPs), nurse practitioners and physician assistants, is 1%. For this reason, it has been extremely difficult to recruit and retain providers for all Emergency Departments (ED). This coupled with recent retirements has significantly impacted our ED. Although we have been short-staffed, we have adequately staffed the ED by mandating every provider pick up 2-4 more shifts per month than they prefer. We pulled together as a team so that no one provider could shoulder the entire burden alone. At the beginning of the academic year, we were at 80% full-time equivalents (FTEs) for EM physicians and 90% FTEs for EM APPs but still short due to medical leave of absences.

We have made significant strides toward making our ED whole through active/efficient recruitment. We have leveraged our training programs, such as the EM residency (3-year program), EM fellowships (additional 1 year post EM residency training program) APP fellowship (14-month program) and APP internship (6-month program). Through constant coaching and relationship building throughout and after the course EM residency and EM fellowship we anticipate retaining three of our 2023 graduating EM residency class and both of our 2023 EM fellowship class. We also recruited one EM Physician from our 2021 EM residency class and one EM Physician from our 2021 EM residency class to come back. In addition, we have retained 1 of 2 of our 2022 APP fellowship graduates, our sole 2023 APP fellowship graduate, and anticipate retaining all three of our 2023 APP internship graduates. Lastly, we have also molded our APP fellowship and internship to have rolling admissions. This effectively increases the number for APP that we can train and graduate per year. We are currently concomitantly training 2 APP fellows with two more to start next month and three additional APP interns are set to start training next month.

Unlike other sites in the central valley, a notoriously difficult area to recruit providers to, we are at 90% full-time equivalents (FTEs) for EM physicians and moving toward 110% FTEs with the anticipated hires that will be graduating this summer. As for EM APPs we are at 100% FTEs and moving towards 120% FTEs with the anticipated hires as detailed above. However, our recruitment push is continuous as we anticipate turnover from family obligations, geographical challenges, retirements, etc. We will continue to build relationships amongst our trainees and look to foster recruitment relationships with nearby programs such as Kern Medical

EM residency, St. Agnes EM residency, Touro PA school, Marshall B. Ketchum PA school, and AT Stills PA school where our current providers have personal alumni connections.

Approvals/Conclusions

We care for high volumes of patients every day and the team is tasked with serving an expansive area of patients from varying background and needs. Our ED team is skilled in responding to crises and caring for patients with immediate life-threatening needs. The patient care team and medical staff have demonstrated an overwhelming sense of commitment and personal ownership to the health of the community. In this last year, the ED team has been healing and becoming resilient from the changing demands of the past couple of years during the pandemic. The Emergency Department team provides the front-line care for the Valley and can manage patients on varying medical fronts, including severe trauma, cardiac needs, strokes, diabetes, chronic disease exacerbation all while typically associating psychosocial needs to the care delivery plans.

In this last year, at any given time, you could walk into the emergency department and witness compassion, caring and lifesaving happening simultaneously. While often overwhelmed with high volumes of patients, the team continues to manage the most complex of patients and use their processes and systems to ensure patients have the help they need. The team often has multiple patients with high demands at once such as trauma, cardiac arrest, stroke, and obstetric emergencies. The patient care and medical staff team skills are such that they quickly respond, prioritize, and come together to deliver lifesaving care.

As we move into this next year, the focus is on retention and increased training of staff for standardized workflows and surge response. We will create an environment with stable leadership and develop front-line leaders to support daily operations. The ED Leadership team is committed to creating new processes to streamline care. Investments are being made to increase the skill set of the team, make better use of the space to deliver care and ensure timely response by leaders to the needs of the team both operationally and in personnel matters.

We will continue collaboration with our care partners on the inpatient acute care, inpatient mental health, and county crisis teams. We will also explore opportunities to partner with groups for chronic disease illness prevention and access to care for our highest users for chronic disease issues.

Respectfully submitted on March 20, 2024, by: Keri Noeske, Chief Nursing Officer

REPORT TO THE BOARD OF DIRECTORS

Trauma Department

Franklin Martin, BSN, RN - Director of Trauma Program

March 14th, 2024

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March 2024

Summary/Issue/Service Considered

- Kaweah Health Trauma Department is a dedicated department that is vital to achieving and maintaining trauma center verification. We are committed to patient safety and ensure we have resources (such as equipment, personnel, and support) through our continuous focus on high-quality performance improvement reviews.
- Our Trauma program/Emergency Department saw 3,245 trauma registry patients, including 2,559 activations, for the calendar year 2023. This is an increase of 8.6% from the previous year. The trauma registrar abstracts over 50 charts per month, and we review over 100 charts monthly to improve our performance.
- The Kaweah Health Trauma program was reviewed in April 2021 and passed with a three-year accreditation. We are now preparing for our site visit on April 30th, 2024.
- The Trauma Department has a Community Outreach/Prevention program that participates in events in Tulare County. We teach Stop the Bleed at least once a month and have trained over 200 community members. Our classes have been taught at schools in our area, and quarterly training with The County of Tulare.
- Trauma inpatient volumes increased by 7%, but unfortunately, the contribution margin decreased, resulting in a little less net profit than the previous year. This is likely due to fewer severely injured patients.
- Outpatient trauma volumes this year resulted in a net loss. This was due to decreased contribution margins for all payers except managed care.

Quality/Performance Improvement Data

The trauma department reviews over 29 audit filters related to patient care and quality metric outcomes for trauma patients. We also participate in the Trauma Quality Improvement Program (TQIP) by the American College of Surgeons (ACS). TQIP reviews our data submissions quarterly and generates a report to guide us in our quality improvement projects.

- Documentation is one of our top priorities. Accurately documenting patient conditions and times for interventions/consultations provides the trauma program with accurate data to guide our performance improvement goals for our patients.

- Physician response time to bedside and consultation – Current ACS response time is 30 minutes per request for orthopedic surgeon to bedside, 30 minutes response for consultation for Neurosurgeons, and 30 minutes response for Surgeons to critical traumas.
- SBIRT compliance -Screening and intervention rate >80% on all admitted patients.
- Door to Antibiotics for open fractures – the goal is less than 60 min.
- Door to femur fixation – Goal is less than 24 hr.
- Decreasing our overall mortality rate based on the TQIP data report—the goal is to be an average or low outlier.

Trauma Tracking		Benchmark	Aug - 23	Sept - 23	Oct - 23	Nov - 23	Dec - 23	Jan - 24
Critical Trauma		N/A	39	55	41	42	51	40
Moderate Trauma		N/A	182	192	184	181	198	162
Non Activation		N/A	63	55	62	47	53	54
Surgeon Response Time- Critical Trauma		80%	90%	90%	85%	91%	81%	
Ortho Response Time (Bedside request)		80%	0 requests	0 requests	0 requests	0 requests	100%	
Neuro Response Time		80%	100.0%	83.0%	100.0%	100.0%	100.0%	
Screening, Brief Intervention, and Referral (SBIRT) Screening		80%	90% (N-127)	91% (N-127)	94% (N-119)	92% (N-108)	87% (N-73)	83% (N-132)
Screening, Brief Intervention, and Referral (SBIRT) Intervention		80%	75% (6/8)	70% (7/10)	75% (6/8)	100% (6/6)	100% (5/5)	100% (1/1)
Door to Femur Fixation < 24 hr.		80%	n/a	100% (1/1)	0% (0/1)	100% (2/2)	100% (2/2)	
Door to Antibiotics for open fractures < 1 hr.		80%	67% (1/3)	100% (5/5)	0% (0/1)	100% (1/1)	80% (4/5)	
Mortality (TQIP Report)			Oct 19 - Sept 20	Apr 20 - Mar 21	Oct 20 - Sept 21	Apr 21 - Mar 22	Oct 21 - Sept 22	Apr 22 - Mar 23
All Patients	Mortality%(Expected %)	5.2% (N-771) (4.4%)	6.3% (N-854) (5.2%)	7.4% (N-948) (5.9%)	7.9% (N-1021) (5.4%)	7.2% (N-1030) (6.2%)	7.1% (N-1021) (6.4%)	
Elderly > 65 years old	Mortality%(Expected %)	8.4% (N-178) (6.3%)	10.4% (N-192) (7.3%)	10.5% (N-267) (6.9%)	11.6% (N-319) (6.4%)	9.1% (N-353) (7.4%)	8.5% (N-388) (7.2%)	
Isolated Hip Fractures	Mortality%(Expected %)	0% (N-19) (5.6%)	2.3% (N-43) (3.3%)	4.9% (N-82) (2.6%)	5.5% (N-110) (2.8%)	5.2% (N-115) (3.5%)	4.1% (N-148) (3.2%)	
		Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023	Fall 2024	
KEY		>10% above goal/benchmark		Within 10% of goal/benchmark		Outperforming/meeting goal/benchmark		

Policy, Strategic or Tactical Issues

- Documentation – Physician response times
 - Through collaboration with Physicians and ED leadership, we are working on documentation opportunities to increase our consultation and response times for our providers. Another area we are working on is nursing documentation of every patient's height and weight. Data is reported monthly.
 - Through collaboration with our liaison, we are working on barriers in documentation for response times and consultation times. Our current response times are 81% for our surgeons, 100% for Ortho, and 100% for neuro. The one issue we have is documentation of conversation and

response to bedside. Without those times, we would not know when these things happened.

- SBIRT – Alcohol misuse screening and intervention.
 - Alcohol abuse screening is an ACS requirement for all admitted trauma patients with a length of stay > 24 hours.
 - We did not have a well-defined process for screening and what to do next when a patient screened positive.
 - We now have an automatic order that triggers when the patient is screened positive.
- Antibiotics
 - Educating staff and providing data on our success rates. Working with Staff, physicians, and pharmacy to identify barriers.
- Femur Fixation
 - Working with our physician liaisons to identify barriers to keeping patients at our hospital and cared for promptly.
- Mortality
 - We review our mortalities monthly to ensure the coding is correct. We also work with our registrars bimonthly to perform trauma chart reviews/education. The higher the injury severity score (coding all injuries), the greater the mortality rate. This will decrease our mortality when risk-adjusted.
 - Work with our providers to increase documentation of potential injuries in mortality patients. This will allow the trauma program to code suspected injuries and increase the severity score.
 - Working with EMS to identify opportunities to transport appropriate patients from the scene.

Recommendations/Next Steps

- Documentation
 - Explore the possibility of a trauma flow sheet in the EMR.
 - Making mandatory fields in EMR.
- Physician Response
 - Assist providers with attestation note creation so they may be reminded to document their response times.
 - Continue to follow up with staff and providers as we audit monthly for fallouts.
- SBIRT compliance
 - Continue to track and trend as we have only had three months of 100% compliance since implementing a new process for identifying patients screened positive.
 - Work with PFS on any barriers that arise during the intervention process.
- Antibiotics
 - Add an informational cheat sheet at the triage desk for walk-in patients
 - Provide data to everyone involved in the care of the patient. Shows them where we are while working towards the goal.
 - Monthly dashboard to track the progress of the goal.
- Femur Fixation

- We are emailing our liaisons to follow up on our fallout.
 - Work with OR leadership to expedite cases reaching the 24-hour mark when it's safe to do so.
 - Monthly dashboard to track the progress of the goal. Emailing leadership monthly dashboard.
- Mortality
 - Work with our prehospital care partners when follow-up is needed.
 - Review our treatment guidelines for the care of trauma patients.
 - Work with our providers to increase documentation of potential injuries in mortality patients. This will allow the trauma program to code suspected injuries and increase the severity score.
 - We will continue to evaluate all cases to see what other opportunities we have to improve this goal.
 - Community Outreach
 - Goals this year are to improve our outreach. We are looking for grants for projects/events for this year.
 - Other events we would like to have are helmet safety events, water safety events, and the development of a violence prevention program.

Approvals/Conclusions

The Trauma Department and the Emergency Room have grown in patient volumes year after year. We work with our liaisons in the hospital to improve our patient outcomes through quality metrics. As you can see in our dashboard, we have more work to complete over the next year, but we are already starting to see some progress in some areas. Our trauma department is small, but we are dedicated to better patient outcomes and financial stability for our organization.



Emergency Department Quality Improvement Dashboard

		Q1				Q2			Q3			Q4		YTD
	Goal	Jan 2023	Feb 2023	March 2023	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Average
Blood CX	3%	3.9%	1.6%	1.6%	1.4%	1.6%	2.2%	2.4%	2.6%	2.9%	1.7%	1.5%	1.3%	2.1%
BCMA ED	90%	90.6%	90.1%	90.0%	91.2%	90.0%	89.0%	92.3%	91.0%	91.2%	90.2%	90.2%	89.8%	90.5%
BCMA 1E	90%	91.4%	89.8%	91.1%	90.0%	88.8%	88.0%	90.5%	90.3%	91.9%	89.6%	91.4%	90.8%	90.3%
Hand Hygiene Compliance	95%	91.6%	90.8%	90.3%	91.5%	92.0%	91.1%	91.1%	87.4%	87.4%	90.0%	93.0%	89.5%	90.5%
Falls ED	100%	97.0%	99.0%	97.0%	92.0%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	96.0%	97.8%
Sharps	100%	94.0%	96.0%	96.5%	98.0%	93.0%	86.0%	89.0%	94.0%	99.0%	93.5%	89.0%	85.6%	92.8%
Workstation HIPAA	100%					96.0%	99.4%	100.0%	98.0%	96.0%	100.0%	96.0%	100.0%	98.2%
% of ED Sepsis Order Set Compliance	80%	75.0%	70.0%	85.0%	67.0%	72.0%	81.0%	89.0%	86.0%	88.0%	92.0%	100.0%	84.0%	82.4%
CMS % Sepsis Bundle Compliance	80%	66.0%	60.0%	100.0%	63.0%	74.0%	64.0%	65.0%	77.0%	76.0%	76.0%	82.0%	67.0%	72.5%

KEY

>10% above goal/benchmark

Within 10% of goal/benchmark

Outperforming/meeting goal/benchmark



EMERGENCY DEPARTMENT DASHBOARD

GENERAL METRICS	Bench-mark	Q1			Q2			Q3			Q4			YTD Total or Average
		January	February	March	April	May	June	July	August	September	October	November	December	
		2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	
ED Volume	CY22 85,682	7147	6716	7555	7857	8159	7714	7889	8264	7838	7818	7910	8589	93456
% pts Left without being seen	1.5%	0.90%	0.9%	0.9%	1.1%	1.3%	1.5%	0.9%	1.4%	1.2%	0.8%	1.0%	1.8%	1.1%
% of Pts Admitted	N/A	22%	22%	22%	20%	21.0%	22.6%	21%	21%	20%	21%	21%	20%	21.1%
% of Pts Discharged	N/A	69%	68%	68%	70%	71.0%	70.0%	70%	69%	69%	70%	66%	68%	69.0%
% of Pts Left during treatment	N/A	2.9%	3.6%	3.5%	3.6%	3.0%	4.1%	4.1%	4.2%	4.4%	3.6%	4.1%	5.7%	3.9%
% of Pts Left AMA	N/A	1.3%	1.5%	1.3%	1.1%	0.8%	1.0%	0.9%	0.8%	1.0%	0.8%	1.0%	1.0%	1.0%
ED THROUGHPUT METRICS														
Median Length of Stay (LOS) for Admitted Inpatients	612 (10.2)	777	710	624	494	489	494	520	556	585	556	567	736	592
Median LOS in Min for discharged Pts	214 (3.6)	247	256	240	244	260	267	270	279	276	265	271	289	264
Median LOS in Min for Admit Order to ED Depart (Inpt status)	287 (4.8)	354	292	222	126	139	130	145	169	188	167	182	300	201
Average count of patients with ED Boarding Time > 4 hours *	N/A	636	593	534	134	236	160	237	301	354	309	397	635	377
Average LOS in minutes for Admitted Mental Health Pts	N/A	1233	1213	1574	1361	1535	1166	1408	1387	1613	1841	1365	1451	1429
PATIENT EXPERIENCE														
New Press Ganey Survey Tool - Patient Feedback Score	FY23 4.0	4.1	3.98	3.96	3.98	4.01	4.15	3.89	3.86	3.96	4.06	4.1	4.03	4.01
CENSUS TOTALS BY DISPOSITION														
Number of Patients Arriving by Ambulance	N/A	2006	1801	2064	2069	2059	2108	2072	2246	2132	2035	2128	2178	2075
Number of Trauma Patients	N/A	143	140	152	158	154	220	200	213	249	216	209	204	188
Number of Patients Admitted	N/A	1588	1416	1665	1551	1664	1662	1648	1700	1599	1611	1693	1676	1623
Number of Patients Discharged	N/A	4931	4568	5141	5485	5722	5244	5508	5719	5440	5488	5414	5865	5377
Number of Mental Health Patients Admitted	N/A	82	86	104	64	87	78	73	88	81	71	61	62	78
		>10% outside goal/benchmark			Outperforming/meeting goal/benchmark				Within 10% of goal/benchmark					

KEY

* Excludes Mother/Baby, Behavioral Health and Pediatrics

Agenda item intentionally omitted

Name: _____ Date: _____
Please Print

FAMILY MEDICINE PRIVILEGES

Education: M.D. or D.O. and successful completion of an ACGME or AOA accredited residency/fellowship in Family Medicine **AND** current certification or active participation in the examination process leading to Board Certification in Family Medicine by the ABFM or AOBFM,. Board certification must be obtained within the timeframe determined by the certifying board.

Initial Criteria: Documentation of a minimum of 50 adult, pediatric, and/or GYN patient contacts within the last 2 years, depending on privileges requested or completion of residency or clinical fellowship within the past 12 months.

Renewal Criteria: Maintain current certification or active participation in the examination process leading to certification in Family Medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Medicine and documentation of a minimum of 24 adult and/or pediatric, patient contacts within the last 2 years, depending on privileges requested.

FPPE: Minimum 5 admissions with 3 different diagnoses from the following: GI ; Abdominal; Cardiac; Pulmonary; Neurology; Endocrinology
 Outpatient Only - Chart review of 5 diverse diagnoses

FAMILY MEDICINE CORE PRIVILEGES

Request	FAMILY MEDICINE CORE PRIVILEGES	Approve			
<input type="checkbox"/>	<p>Core Privileges include: the ability to perform H&P, evaluate diagnose, treat and provide consultation (may include telehealth) to patients of all ages (including the care of the normal newborn as well as the uncomplicated premature infant born at or after 37 weeks of gestation), with a wide variety of illnesses, diseases, injuries, and functional disorders of organ systems; AND the following procedures and other procedures that are extensions of the same techniques and skills:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> <ul style="list-style-type: none"> Arthrocentesis and joint injection Breast cyst aspiration Cervical biopsy and polypectomy Culdocentesis Cryosurgery/cautery for benign disease Endometrial biopsy excision/biopsy of vulvar lesions Management of burns, superficial and partial thickness Excision of cutaneous and subcutaneous lesions, tumors, and nodules </td> <td style="width:33%; vertical-align: top;"> <ul style="list-style-type: none"> Incision and drainage of abscesses and Bartholin duct cyst or marsupialization Injection bursa or trigger point Insertion and removal of intrauterine devices Management of uncomplicated, minor, closed fractures and uncomplicated dislocations Nail Trephination Performance of local anesthetic techniques </td> <td style="width:33%; vertical-align: top;"> <ul style="list-style-type: none"> Performance of needle biopsies Performance of simple skin biopsies Peripheral nerve blocks Placement of anterior and posterior nasal hemostatic packing Preliminary reading of diagnostic tests Removal of foreign bodies from the vagina Removal of a nonpenetrating foreign body from the eye, nose or ear Suturing of uncomplicated lacerations </td> </tr> </table>	<ul style="list-style-type: none"> Arthrocentesis and joint injection Breast cyst aspiration Cervical biopsy and polypectomy Culdocentesis Cryosurgery/cautery for benign disease Endometrial biopsy excision/biopsy of vulvar lesions Management of burns, superficial and partial thickness Excision of cutaneous and subcutaneous lesions, tumors, and nodules 	<ul style="list-style-type: none"> Incision and drainage of abscesses and Bartholin duct cyst or marsupialization Injection bursa or trigger point Insertion and removal of intrauterine devices Management of uncomplicated, minor, closed fractures and uncomplicated dislocations Nail Trephination Performance of local anesthetic techniques 	<ul style="list-style-type: none"> Performance of needle biopsies Performance of simple skin biopsies Peripheral nerve blocks Placement of anterior and posterior nasal hemostatic packing Preliminary reading of diagnostic tests Removal of foreign bodies from the vagina Removal of a nonpenetrating foreign body from the eye, nose or ear Suturing of uncomplicated lacerations 	<input type="checkbox"/>
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<input type="checkbox"/>	Privileges to Admit patients to Kaweah Health Acute Care Facilities	<input type="checkbox"/>			
<input type="checkbox"/>	<p>Outpatient Services at a Kaweah Health facility to include Medical exam, evaluate, diagnose and treat patients of all ages; pre & post-natal care; and core procedures as appropriate to the outpatient setting and may include telehealth. Prerequisite: Contract for Outpatient Clinical services with Kaweah Delta Health Care District.</p> <p>Please identify location: <u> </u> Dinuba <u> </u> Exeter <u> </u> Lindsay <u> </u> Tulare <u> </u> Woodlake <u> </u> KHMC – Willow <u> </u> Specialty Clinic <u> </u> Dialysis Clinic <u> </u> Urgent Care – Court <u> </u> Urgent Care – Demaree <u> </u> KHMC - Ben Maddox <u> </u> KHMC - Plaza</p>	<input type="checkbox"/>			

FAMILY MEDICINE – INPATIENT ACUTE REHABILITATION CORE PRIVILEGES

Initial Criteria: Documentation of having served as attending rehabilitation physician for at least 24 patients in the last 2 years

Renewal Criteria: Admission or management of 24 acute rehabilitation patients in the last 2 years and a Minimum of 10 hrs of physical medicine and rehabilitation CME and documentation of compliance to all IRF regulations validated by Medical Director

FPPE: 3 Retrospective chart reviews

FAMILY MEDICINE- INPATIENT ACUTE REHABILITATION CORE PRIVILEGES

Request	FAMILY MEDICINE- INPATIENT ACUTE REHABILITATION CORE PRIVILEGES	Approve
<input type="checkbox"/>	<p>Inpatient Acute Rehabilitation Core Privileges include: complete required post admission physician evaluation and overall plan of care within required time frames; Face to face visits with each patient at least three days per week to assess patient medically and functionally as well as to modify the course of treatment as needed; Facilitate weekly team conferences and family conferences;</p> <p>*Applicant is familiar with and agrees to abide by all CMS Inpatient Rehabilitation Facility (IRF) regulations and to collaborate with contracted rehabilitation services physician group in regards to admission criteria, after hours and weekend coverage, and specialist consultation as needed.</p>	<input type="checkbox"/>

FAMILY MEDICINE - OBSTETRICS PRIVILEGES

Initial Criteria: Documentation of two months of obstetrical rotation during family medicine residency, with 40 patients delivered; **AND** Current neonatal resuscitation program certification **AND** Documentation of the performance of at least 20 deliveries in the past 24 months **OR** completion of training in the past 12 months. **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted **AND** Completion of an Implicit Bias Training prior to or within 30 days of privilege granted

Renewal Criteria: Documentation of the performance of at least 20 deliveries in the past 24 months **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within the last 24 months **AND** Completion of an Implicit Bias Training within the last 24 months

FPPE: 3 vaginal deliveries, to include operative deliveries (included but not limited to vacuum) and 3 degree repairs.
 Invasive procedures require direct observation.

Name: _____ Date: _____
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Request	FAMILY MEDICINE- OBSTETRICS CORE PRIVILEGES			Approve			
<input type="checkbox"/>	<p>Inpatient Obstetric privileges for family physicians include the ability to perform an H&P, evaluate (may include telehealth), and manage female patients with normal-term pregnancy with an expectation of non-complicated vaginal delivery, management of labor and delivery, and procedures related to normal delivery, including medical diseases that are complicating factors in pregnancy (with consultation) and other procedures that are extensions of the same techniques and skills:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> Amniotomy; Augmentation of labor Dilation and curettage, including suction and postpartum; Excision of vulvar lesions at delivery; External and internal fetal monitoring; Induction of labor with consultation and pitocin management; </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> Initial management of postpartum hemorrhage; Manual removal of placenta, post delivery Normal spontaneous vaginal delivery of a full-term vertex presentation, including ante- and postpartum care; </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> Oxytocin challenge testing; Postpartum endometritis; Pudendal anesthesia; Repair of episiotomy, including; lacerations/extensions; Repair of vaginal and cervical lacerations; Vacuum-assisted delivery </td> </tr> </table>			<ul style="list-style-type: none"> Amniotomy; Augmentation of labor Dilation and curettage, including suction and postpartum; Excision of vulvar lesions at delivery; External and internal fetal monitoring; Induction of labor with consultation and pitocin management; 	<ul style="list-style-type: none"> Initial management of postpartum hemorrhage; Manual removal of placenta, post delivery Normal spontaneous vaginal delivery of a full-term vertex presentation, including ante- and postpartum care; 	<ul style="list-style-type: none"> Oxytocin challenge testing; Postpartum endometritis; Pudendal anesthesia; Repair of episiotomy, including; lacerations/extensions; Repair of vaginal and cervical lacerations; Vacuum-assisted delivery 	<input type="checkbox"/>
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<p>The Family Medicine physician must document in the electronic medical record consultation with a back-up Obstetrician for admitted patients for the following required consultations. The record of the consult being discussed with the OB should be placed in the chart by the FM provider. The OB provider will document the consult at their discretion.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> Pregnancy > 42 weeks and not in labor. Chronic hypertension, gestational hypertension, pre-eclampsia or eclampsia. Any gravely ill patient. First stage of labor longer than 24 hours. Pre-term admission (less than 36 weeks) with obstetrical complications. Failure to progress (one of the following): <ul style="list-style-type: none"> A. Secondary arrest of dilatation on latent phase (cervix <4cm; 8 hr labor without appreciable progress). B. Secondary arrest of dilatation in active phase (cervix >4cm and no dilatation for 4 hr). C. Secondary arrest of descent. </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> Second stage of labor > 2 hr, >3 hr with epidural Significant postpartum hemorrhage. 2 nd or 3 rd trimester non-cervicitis antepartum bleeding. Persistent, significant variable or late decelerations not remedied by oxygen or position change. All inductions of labor <40 weeks. Premature rupture of the membranes greater than 24 hours or with fever > 100.4F Retained placenta requiring general anesthetic. IUGR or macrosomia. Polyhydramnios/oligohydramnios </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> Suspected chorioamnionitis or documented fever complicating labor of 100.4F or greater without an obvious source. Postpartum fever 100.4F or persisting over 48 hours after delivery. Non-reassuring fetal heart rate tracing. Instrumented delivery, other than outlet. Rh Isoimmunization. Hyperthyroidism. Active hepatitis. Epilepsy. Severe anemia (hct <25). Gynecologic cancers </td> </tr> </table>					<ul style="list-style-type: none"> Pregnancy > 42 weeks and not in labor. Chronic hypertension, gestational hypertension, pre-eclampsia or eclampsia. Any gravely ill patient. First stage of labor longer than 24 hours. Pre-term admission (less than 36 weeks) with obstetrical complications. Failure to progress (one of the following): <ul style="list-style-type: none"> A. Secondary arrest of dilatation on latent phase (cervix <4cm; 8 hr labor without appreciable progress). B. Secondary arrest of dilatation in active phase (cervix >4cm and no dilatation for 4 hr). C. Secondary arrest of descent. 	<ul style="list-style-type: none"> Second stage of labor > 2 hr, >3 hr with epidural Significant postpartum hemorrhage. 2 nd or 3 rd trimester non-cervicitis antepartum bleeding. Persistent, significant variable or late decelerations not remedied by oxygen or position change. All inductions of labor <40 weeks. Premature rupture of the membranes greater than 24 hours or with fever > 100.4F Retained placenta requiring general anesthetic. IUGR or macrosomia. Polyhydramnios/oligohydramnios 	<ul style="list-style-type: none"> Suspected chorioamnionitis or documented fever complicating labor of 100.4F or greater without an obvious source. Postpartum fever 100.4F or persisting over 48 hours after delivery. Non-reassuring fetal heart rate tracing. Instrumented delivery, other than outlet. Rh Isoimmunization. Hyperthyroidism. Active hepatitis. Epilepsy. Severe anemia (hct <25). Gynecologic cancers
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<p>The Family Medicine physician shall obtain formal consultation, and the consultant will decide whether the pregnancy management will be by joint management or a physician with OB/GYN privileges:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>A. Initial Prenatal Factors:</p> <ol style="list-style-type: none"> 1. Anticipated Trial of Labor after Cesarean 2. Multiple pregnancy 3. Insulin dependent diabetes 4. Chronic hypertension requiring medication during pregnancy 5. Renal failure 6. Heart disease, Class 2 or greater 7. Hyperthyroidism, poorly controlled 8. Rh Isoimmunization with prior preterm delivery, significant neonatal jaundice or neonatal transfusion 9. Isoimmune thrombocytopenia 10. Active lupus or other collagen vascular disease </td> <td style="width: 50%; vertical-align: top;"> <p>B. Subsequent Prenatal and Intrapartum Factors</p> <ol style="list-style-type: none"> 1. Hospital admission for preterm labor 2. Preterm pre-eclampsia or severe pre-eclampsia at any gestational age 3. Significant malformation excluding anencephaly 4. Fetal demise beyond 14 weeks 5. Breech or other abnormal presentation of labor. 6. Significant malformation of the fetus. 7. Prolapsed cord. </td> </tr> </table>					<p>A. Initial Prenatal Factors:</p> <ol style="list-style-type: none"> 1. Anticipated Trial of Labor after Cesarean 2. Multiple pregnancy 3. Insulin dependent diabetes 4. Chronic hypertension requiring medication during pregnancy 5. Renal failure 6. Heart disease, Class 2 or greater 7. Hyperthyroidism, poorly controlled 8. Rh Isoimmunization with prior preterm delivery, significant neonatal jaundice or neonatal transfusion 9. Isoimmune thrombocytopenia 10. Active lupus or other collagen vascular disease 	<p>B. Subsequent Prenatal and Intrapartum Factors</p> <ol style="list-style-type: none"> 1. Hospital admission for preterm labor 2. Preterm pre-eclampsia or severe pre-eclampsia at any gestational age 3. Significant malformation excluding anencephaly 4. Fetal demise beyond 14 weeks 5. Breech or other abnormal presentation of labor. 6. Significant malformation of the fetus. 7. Prolapsed cord. 	
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ADVANCED FAMILY MEDICINE-OBSTETRICS PRIVILEGES					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	<p>C-Section (Advanced Privilege) – for</p> <ul style="list-style-type: none"> scheduled repeat term pregnancy; failed vaginal birth after cesarean section; breech or transverse presentation > 34 weeks; nonreassuring fetal heart tracings; failure to progress (outside criteria) <p>Must have arrangements for Back-up with an Active member of the Department of OB/GYN.</p>	Completion of 1 year additional focused fellowship training in OB within previous 2 years OR training and current experience similar in scope and depth AND 25 c-sections in the last 2 years	Documentation of 10 c-sections in the last 2 years	A minimum of 2 procedures under direct observation	<input type="checkbox"/>
<input type="checkbox"/>	Forceps Delivery	Documentation of 10 procedures in the last 2 years	Documentation of 5 procedures in the last 2 years	Minimum of 5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Dilation and curettage, incomplete abortion	Documentation of 5 procedures in the last 2 years	3 procedures in the last 2 years	1 concurrent	<input type="checkbox"/>

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<input type="checkbox"/>	OB Ultrasound: Evaluation of fetal presentation, number, confirmation of cardiac activity, position and placental location.	Training in residency or documentation of 10 procedures in the last 2 years. AND Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted AND Completion of an Implicit Bias Training prior to or within 30 days of privilege granted	Documentation of 10 procedures in the last 2 years. AND Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within the last 24 months AND Completion of an Implicit Bias Training within the last 24 months	3 concurrent and/or retrospective	<input type="checkbox"/>
<input type="checkbox"/>	Tubal Ligation	Documentation of 10 procedures in the last 2 years	5 procedures in the last 2 years	1 concurrent	<input type="checkbox"/>
ADVANCED FAMILY MEDICINE PRIVILEGES					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Abdominal Paracentesis	Documentation of 5 procedures in the last 2 years	Documentation of 5 procedures in the last 2 years	5 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Arterial Line Placement	Documentation of 5 procedures in the last 2 years	5 procedures in the last 2 years	3 under direct observation	<input type="checkbox"/>
<input type="checkbox"/>	Chest Tube Placement	Documentation of 5 procedures in the last 2 years	Documentation of 5 procedures in the last 2 years	Minimum of 3	<input type="checkbox"/>
<input type="checkbox"/>	Colonoscopy	Documentation of 10 procedures in the last 2 years	Minimum of 10 procedures in the last 2 years.	Minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Colposcopy	Documentation of 10 procedures in the last 2 years	Documentation of 5 procedures in the last 2 years	Minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Circumcision	Documentation of 5 procedures in the last 2 years OR co-management of a minimum of 5 patients with a physician possessing the privilege. (Use of Sim lab acceptable)	5 procedures in the last 2 years. <u>(Use of Sim Lab acceptable)</u>	1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Diagnostic Ultrasound: <input type="checkbox"/> Aorta <input type="checkbox"/> Ocular <input type="checkbox"/> Biliary <input type="checkbox"/> Soft Tissue <input type="checkbox"/> Cardiac <input type="checkbox"/> Urinary Tract <input type="checkbox"/> DVT <input type="checkbox"/> Pulmonary <input type="checkbox"/> Musculoskeletal	Documentation of a minimum of 25 point of care ultrasound (POCUS) exams for each application in the last 2 years. (Use of Sim lab acceptable for up to 15)	Documentation of a minimum of 25 POCUS exams for each application in the last 2 years. (Use of Sim lab acceptable for up to 15)	2 exams per each application	<input type="checkbox"/>
<input type="checkbox"/>	Endotracheal Tube placement - Adult	Documentation of 10 procedures in the last 2 years and current ACLS	Documentation of 8 procedures in the last 2 years and current ACLS (Use of Sim lab acceptable)	Minimum of 3 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Endotracheal Tube placement – Pediatric (does not include neonatal)	Documentation of 10 procedures in the last 2 years and current PALS	Documentation of 8 procedures in the last 2 year and current PALS (Use of Sim lab acceptable)	Minimum of 3	<input type="checkbox"/>
<input type="checkbox"/>	4 th degree laceration repair	Documentation of 5 procedures in the last 2 years (Use of Sim lab acceptable)	2 procedures in the last 2 years (Use of Sim lab acceptable)	None	<input type="checkbox"/>
<input type="checkbox"/>	Lumbar Puncture	Documentation of 3 procedures in the last 2 years	Documentation of 3 procedures in the last 2 years	2 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Sigmoidoscopy	Documentation of 60 procedures in the last 2 years	60 procedures in the last 2 years.	Minimum of 1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Thoracentesis	Documentation of 5 procedures in the last 2 years	Documentation of 5 procedures in the last 2 years	Minimum of 2 concurrent	<input type="checkbox"/>

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<input type="checkbox"/>	Uncomplicated Ventilator Management	Documentation of 5 procedures in the last 2 years or current ACLS.	Documentation of 5 procedures in the last 2 years or current ACLS	1 concurrent	<input type="checkbox"/>
<input type="checkbox"/>	Vasectomy	Documentation of 5 procedures in the last 2 years OR co-management of a minimum of 5 patients with a physician possessing the privilege (Use of Sim lab acceptable)	3 procedures in the last 2 years	1 under direct observation	<input type="checkbox"/>
<input type="checkbox"/>	Venous Central Line Placement	Documentation of 5 procedures in the last 2 years	5 procedures in the last 2 years	2 under direct observation	<input type="checkbox"/>

ADDITIONAL PRIVILEGES

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Supervision of a technologist using fluoroscopy equipment	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	None	<input type="checkbox"/>
<input type="checkbox"/>	Administration of Moderate Sedation	Successful completion of Kaweah Health sedation exam	Successful completion of Kaweah Health sedation exam	None	<input type="checkbox"/>

Acknowledgment of Practitioner:

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

- (a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) I may participate in the Kaweah Health Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility.
- (c) **Emergency Privileges** – In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Signature: _____
Applicant *Date*

Signature: _____
Department of Family Medicine Chair *Date*

Handoff

03/14/2024

Franklin Martin



kaweahhealth.org



Background

- A Sentinel Event Alert (SEA) was issued by The Joint Commission (TJC) in September 2017. After the alert was issued, a review of internal event reporting data and a gap analysis were conducted based on the recommendations by TJC in the SEA. The gap analysis indicated that Kaweah Health at the time had several opportunities to address TJC's recommendations and improve the handoff process adequately. Gaps included:
 - a. No institutional approach to handoff that identifies/defines critical content of the handoff.
 - b. Utilize/enhance handoff with electronic medical record (EMR) capabilities.
 - c. Measure and monitor the use of standardized handoff and the impact of poor handoff.

Team Mission

- Implement a standardized structure for a nurse-to-nurse handoff when admitting a patient or handoff between shifts.
- Standardize structure will:
 - Include critical content to eliminate communication errors.
 - Provide accurate and complete information to the receiver.
 - Meet the needs of the sender and receiver to handoff and receive care.
 - Accomplish timely patient handoff (transfer) by removing barriers.



Team Deliverables & Goals

Deliverables

1. Establish standard process
2. Standardize critical content elements
3. Build standard handoff tool utilizing EMR
4. Standardize training & education

Goals

Quality of Handoff Measurement

1. 80% compliance and adherence to the EMR handoff tool.
2. Reduction of handoff-related Midas Events

Handoff Tool Builds

- Completed departments include: 2 north, 2 south, ICU, CVICU, 3 West, 3 North, 3 South, 4 North, 4 South, Pediatrics, Emergency Department, 4 Tower, and 5 Tower, mother baby, labor and delivery, and NICU.
- Audits for these floors are in progress.
- Currently, we have 17 departments with completed EMR handoff tools.
- Surgical and Cardiac services are being built (ETA 2024).
- We have prioritized the remaining areas to be completed over the rest of this year (Rehab, Behavioral Health).
- Each build is created based on the needs of each floor.

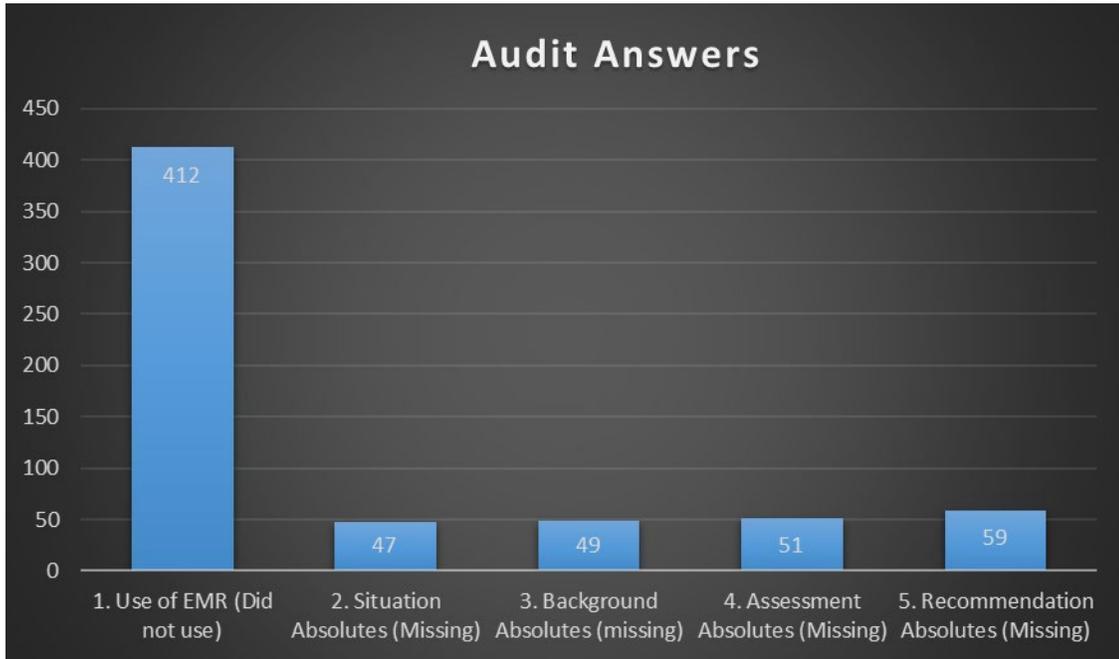
Education and Training

- Education Video and Mandatory training created in October 2022
 - The video addresses why, how, where, and when to use the new tool.
- Handoff education added to all new hire orientation packets to complete (this includes travelers).

Handoff Audit

- Universal audit tool created and approved by the nursing leadership team
- Audit process
 - Each department is to complete 5 weekly audits
 - The goal is an 80% monthly compliance rate utilizing the Handoff EMR tool.
 - When each department is successful for three consecutive months with an 80% success rate, they will move to a quarterly audit (We currently have 16 nursing units on quarterly audits).
- The audit started Jan 16th, 2023.
- The audit started with a low floor compliance rate, but as the weeks progressed, the compliance increased.
 - Email reminders are sent out every week to all leaders.
 - One-on-one emails are sent to those who do not respond.
- On 8/25/23, Cindy from Quality did a handoff audit validation and surveyed 10 nurses. They all passed with 100% compliance based on our audit criteria for this project.

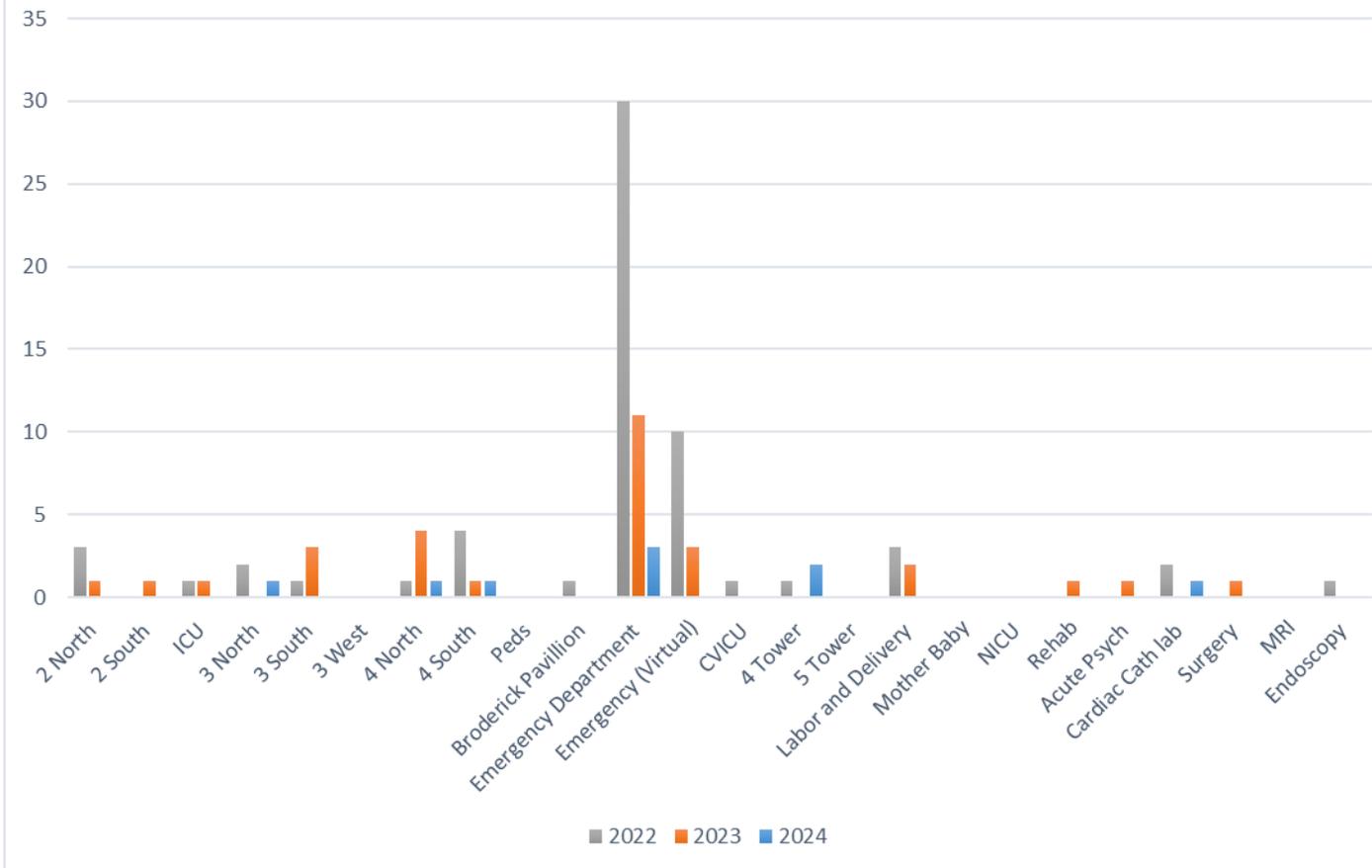
SBAR handoff Tracking		Benchmark	Sept- 23	Oct - 23	Nov- 23	Dec - 23	Jan - 23	Feb - 23
2 North	80%	n/a	n/a	n/a	n/a	n/a	n/a	100%
2 South	80%	n/a	100%	n/a	n/a	n/a	100%	n/a
ICU	80%	n/a	n/a	n/a	n/a	n/a	n/a	100%
3 North	80%	n/a	100%	n/a	n/a	n/a	n/a	n/a
3 South	80%	n/a	n/a	n/a	n/a	n/a	100%	n/a
3 West	80%	n/a	n/a	100%	n/a	n/a	100%	n/a
4 North	80%	n/a	n/a	n/a	n/a	n/a	n/a	100%
4 South	80%	n/a	100%	n/a	n/a	n/a	n/a	100%
Peds	80%	n/a	n/a	100%	100%	n/a	n/a	n/a
Broderick Pavillion	80%	n/a	n/a	100%	n/a	n/a	n/a	100%
Emergency Department	80%	n/a	n/a	80%	n/a	n/a	n/a	100%
CVICU	80%	n/a	n/a	n/a	n/a	n/a	n/a	100%
4 Tower	80%	100%	n/a	n/a	100%	n/a	n/a	100%
5 Tower	80%	n/a	n/a	100%	n/a	n/a	n/a	100%
Labor and Delivery	80%	99%	n/a	n/a	100%	n/a	n/a	n/a
Mother Baby	80%	n/a	n/a	100%	n/a	n/a	n/a	100%
NICU	80%	n/a	n/a	100%	n/a	n/a	n/a	100%
Midas Event	0	0	1	1	4	4	7	
Overall								
All Patients	80%	99%	100.0%	100.0%	100%	100.0%	100.0%	



HANDOFF AUDIT				
DATE:		Unit/Floor:		
RN Giving Handoff:		RN Receiving Handoff:		
		Yes	No	Why not?
1	When giving report did you use the electronic SBAR Handoff tool? If no, why?	YES	NO	
When receiving report did the nurse giving report give				Missing
2	Situation Absolutes: name, age, allergies, code status, admitting provider, diagnosis, and family/support? If "NO", what was missing?	YES	NO	
3	Background Absolutes: pertinent history, meds and tx received, pertinent labs & results? If "NO", what was missing?	YES	NO	
4	Assessment Absolutes: Head to Toe, Mobility, Risk Assessments/Precautions, V.S., Blood Glucose? If "NO", what was missing?	YES	NO	
5	Recommendation Absolutes: Next Steps or Action List: any new orders/tests, clinical notes? If "NO", what was missing?	YES	NO	

- The audit tool consists of 5 questions.
 1. If the nurse giving the report used the EMR for handoff.
 2. If they received the Situation Absolutes.
 3. If they received the Background Absolutes.
 4. If they received the Assessment Absolutes.
 5. If they received the Recommendation Absolutes.

2022-2024 Midas Events



➤ Year to date, we currently have 11 Midas events related to handoff.

Next steps

- Complete builds Surgical Services(early 2024) and Behavioral health.
- Continue to monitor Midas Reports.

Questions?

The pursuit of healthiness



FY 2024 Strategic Plan Ideal Work Environment

March 27, 2024



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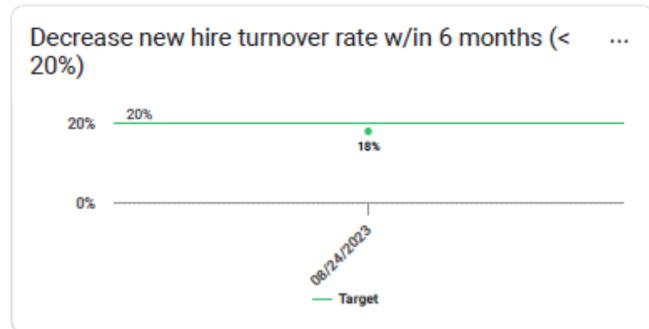
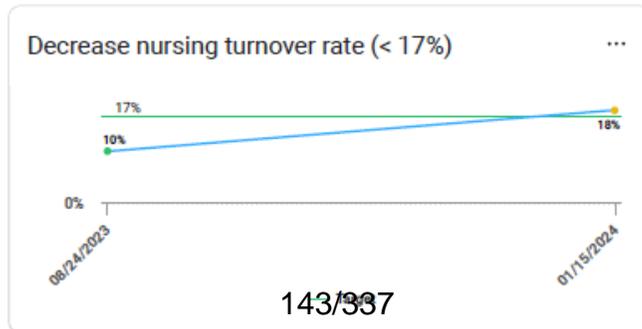
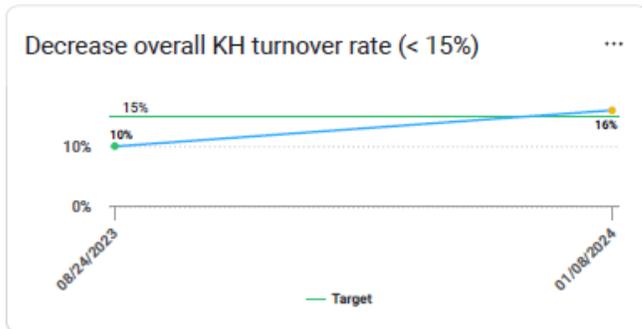
Ideal Work Environment

Five areas of focus

- Employee Retention and Resiliency
- Kaweah Care Culture
- Expand Volunteer Programs
- Growth in School Partnerships
- Ideal Practice Environment

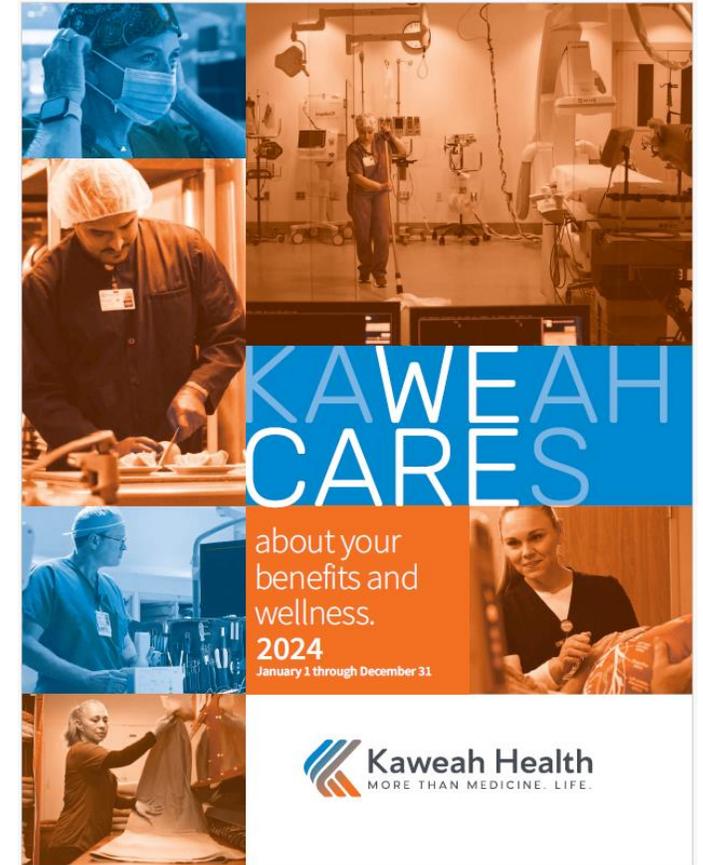
Objective: Improving retention and decreasing turnover will stabilize the workforce, improve competency and safe patient care and reduce costs of hiring and onboarding.

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.1	Objective	Restart Retention Committee Initiatives	07/01/2023	06/30/2024	Dianne Cox	On Track	Kaweah Care Steering Committee sub group on Employee Engagement and Experience assuming this initiative beginning March 2024.
2.1.2	Objective	Monitor Competitive Compensation and Benefits	07/01/2023	06/30/2024	Dianne Cox	On Track	Enhancing plans: vision plan and legal plan will be improved to provide better coverage. Kaweah Health remains very competitive in the benefits area. AB525 approved and adjustments in process.
2.1.3	Objective	Schwartz Programs Second Year Rollout (6 total by 6/30/24)	07/01/2023	06/30/2024	Dianne Cox	On Track	Developing unit-based programs for FY25.
2.1.4	Objective	Health Equity - Study health/dental insurance analytics of our employee/member population by 6/30/24	01/01/2024	06/30/2024	Dianne Cox	Not Started	Will start in March 2024 and complete on June 30, 2024
2.1.5	Objective	Standardize weekly communication/newsletters, daily or weekly huddles, monthly staff meetings with themes	07/01/2023	06/30/2024	Dianne Cox	On Track	Started Kaweah Care Steering Committee meetings. Will standardize talking points and communication method. Leadership Development: Learning Path was rolled out and covers the topic of effective communication. Employee Engagement survey will include "My director is an effective communicator".
2.1.6	Outcome	Decrease overall KH turnover rate to meet CHA statewide statistics	07/01/2023	06/30/2024	Dianne Cox	Off Track	
2.1.7	Outcome	Decrease Direct Patient Care RN Turnover Rate to meet CHA statewide statistics	07/01/2023	06/30/2024	Dianne Cox	Off Track	
2.1.8	Outcome	Decrease New Hire Turnover Rate (leaving < 6 months) with 30/90 days Check-in	07/01/2023	06/30/2024	Dianne Cox	On Track	



Employee Retention and Resiliency Objectives

- Employee Experience and Engagement Kaweah Care subcommittee
 - Review of Retention Committee accomplishments
 - Development of a new retention program to package resources
- Monitor Competitive Compensation and Benefits
 - Reviewing benefits plan for next year
 - CHA market data received and under review - challenging market!
- Schwartz Programs (2nd Year)
 - Led by Sandra Shadley
 - Working on unit-based Schwartz Rounds
 - Sign-up - 



Employee Retention and Resiliency

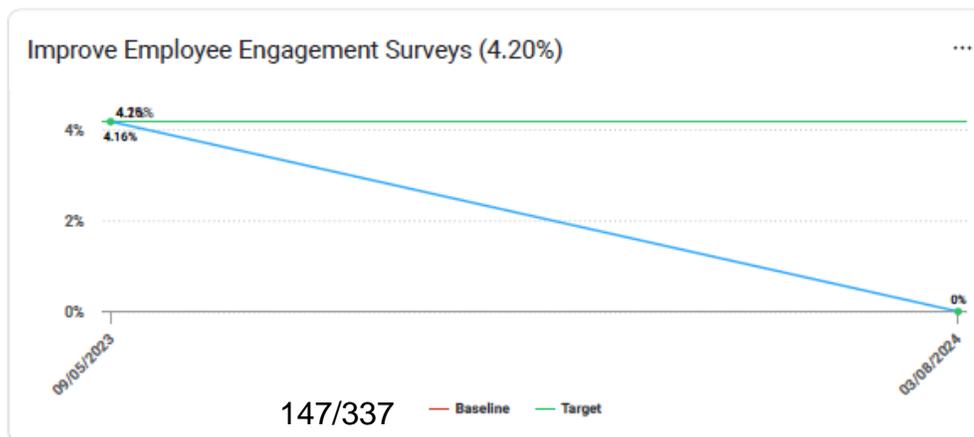
Outcomes

- Decrease overall KH Turnover Rate to meet CHA statewide statistics
 - Goal: < 15%
 - 1/8/24: 16%
- Decrease Direct Patient Care RN Turnover Rate to meet CHA statewide statistics
 - Goal: < 17%
 - 1/15/24: 18%
- Decrease New Hire Turnover Rate (leaving <6 months) with 30/90 days Check-in
 - Goal: < 20%
 - 8/23/23: 18%



Objective: Recreate Kaweah Care culture into the various aspects of the organization.

Plan							
#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.3.1	Objective	Reinvigorate post-COVID "World-Class Experiences. Every Person, Every Time."	07/01/2023	06/30/2024	Dianne Cox	On Track	Kaweah Care Steering Committee launched September 2023.
2.3.2	Objective	Re-establish Kaweah Care Committee and Subcommittees by September 30, 2023	07/01/2023	06/30/2024	Dianne Cox	On Track	Three meetings have been held to date. There are three groups established: employee engagement, provider engagement, and patient experience.
2.3.3	Objective	Establish goals and start implementation by June 30, 2024	07/01/2023	06/30/2024	Dianne Cox	On Track	Kaweah Care launch May 2024.
2.3.4	Outcome	Improve Employee Engagement Surveys	07/01/2023	06/30/2024	Dianne Cox	On Track	Baseline Pulse taken, update July 2024.
2.3.5	Outcome	Improve Employee Feedback from Jan/Feb 2023 SAQ			Dianne Cox	On Track	Every SAQ department has developed a stop light report. ET will be meeting with the groups to update on progress. In 2023 Q4, ET will be rounding to discuss patient safety topics to discuss. New SAQ performance data will be available January 2025.



Kaweah Care Culture

Objectives

- Kaweah Care Subcommittees:
 - Community and Patient Experience and Engagement
 - Employee Experience and Engagement
 - Practitioner Experience and Engagement
- Expanding Kaweah Care Training in General Orientation and Mandatory Annual Training
- May focus – Mailers, rounding cards, video, and module
- Kaweah Care Pulse July 2024



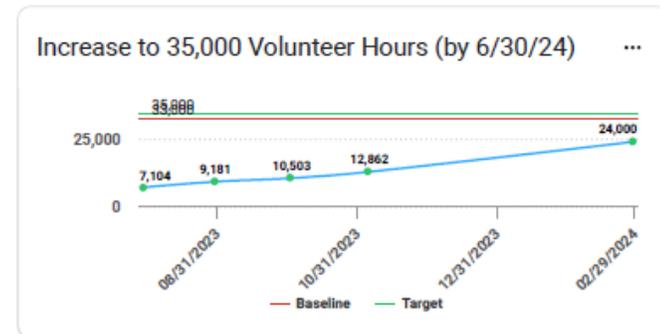
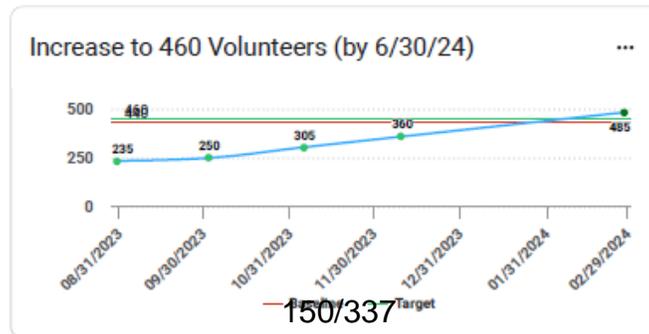
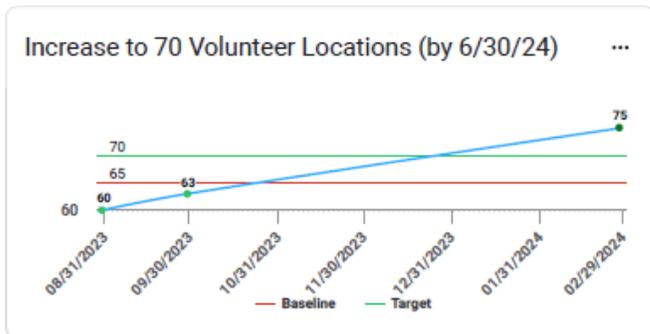
Kaweah Care Culture Outcomes

- Improve Employee Engagement Surveys
 - June 2022: 4.16- 27 Question Pulse Survey
 - June 2024: 4.20- 27 Question Survey Goal

Survey Items (Agreement Scale 1-5)
My unit/department works well together.
My manager treats me with respect.
My manager cares about my job satisfaction.
I am satisfied with the recognition I receive for doing a good job.
I am involved in decisions that affect my work.
Employees in my unit/department help others to accomplish their work.
This organization supports me in balancing my work life and personal life.
I get the training I need to do a good job.
Employees in my unit/department make every effort to deliver safe, error-free care.
My manager encourages teamwork.
My job makes good use of my skills and abilities.
My unit/department provides high-quality care and service.
Employees in my unit/department follow proper procedures for patient care/customer service.
This organization provides career development opportunities.
My workgroup leadership values great customer service.
I get the tools and resources I need to provide the best care/service for our customers/patients.
I have sufficient time to provide the best care/service for our customers/patients.
I respect the abilities of my manager.
My job responsibilities are clear.
My manager is a good communicator.
Communication between shifts is effective in my unit/department.
The employees in my unit/department are careful in how they manage organization resources.
Employees in my unit/department treat each other with respect.
My director is a good communicator.
My director treats me with respect.
I respect my manager.
I respect my director.
Survey Items (Open Text)
What does "Physicians and staff work well together" mean to you?
What do you find meaningful about your work at Kaweah Health?

Objective: Increase the number of active volunteers (high school students and young adults) engaged with Kaweah Health year over year.

Plan							
#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.4.1	Objective	Increase partnerships with local high schools and colleges for internships/shadowing	07/01/2023	06/30/2024	Dianne Cox	On Track	
2.4.2	Objective	Continue marketing of service opportunities at Kaweah Health to the public	07/01/2023	06/30/2024	Dianne Cox	On Track	
2.4.3	Outcome	Increase Volunteer Locations (70)	07/01/2023	06/30/2024	Dianne Cox	Achieved	FYTD
2.4.4	Outcome	Increase Volunteer Numbers FYTD	07/01/2023	06/30/2024	Dianne Cox	Achieved	FYTD
2.4.5	Outcome	Increase Volunteer Hours (35,000) FYTD	07/01/2023	06/30/2024	Dianne Cox	On Track	FYTD



Volunteer Program Highlights



- *Growing Health Leaders* conference in collaboration with WIB & Tulare Kings Health Alliance
- COS pre Nursing Program for high school seniors from Tulare, Visalia, Lindsay, Corcoran
- Helping Exeter Unified to start a Health Careers Pathway- supporting their attempt for grants
- VUSD- High school Culinary Arts & Adult School students volunteering in Food Services
- Revving up for summer groups from Oroshi, VUSD, Hanford West and various other individuals home for the summer.
- Academy of Health Sciences at Mt. Whitney (VUSD)- achieves Linked Learning Gold certification!

Volunteer Program Highlights

I am thrilled to provide the official notification that the Academy of Health Sciences at Mt. Whitney High School in Visalia Unified School District (VUSD) has achieved Linked Learning Gold certification! The magnitude of this accomplishment cannot be understated, as you are the first high school in your district to achieve this level of high quality. I applaud the strong, supportive culture of rigorous academics connected to real world learning that you and the Academy team have created, opening up opportunities for each of your students to reach their full potential.

Your success is the result of a team effort, and I would like to also acknowledge the VUSD district office for the critical support they provided throughout the process. We salute the leadership of your Office of College and Career Readiness for their strategic and impactful support that have helped earn Linked Learning Gold. By using the Linked Learning Certification process to validate the quality of your pathway, you are advancing students' readiness for the rigors of college and career, and improving educational equity across California and beyond. This represents a huge step forward for the Linked Learning field.

Your remarkable accomplishments have not only enhanced student experiences and yielded positive outcomes, but have also made a profound impact on your community. **We want to recognize your exemplary community partners, College of the Sequoias, Kaweah Health, and HealthForce, for their meaningful and unwavering commitment to your pathway.** By helping connect students to post-secondary and industry through coaching, mentorship, and special projects, they are a testament to the importance of building community relationships.

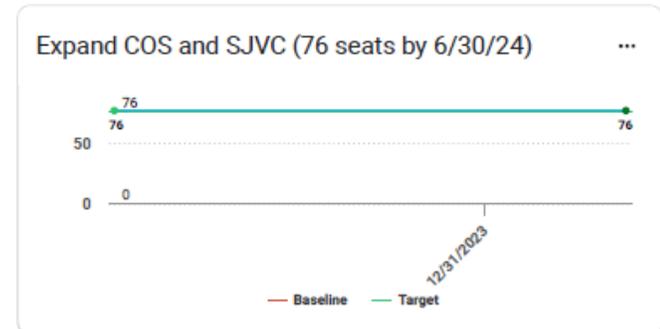
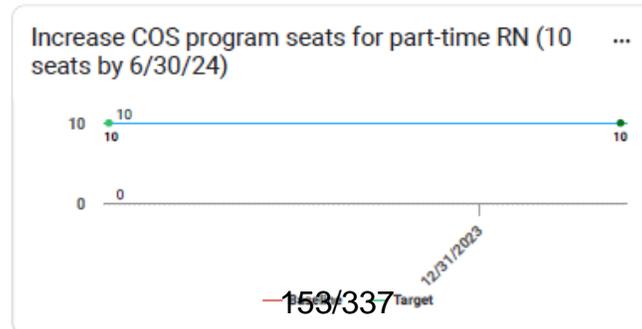
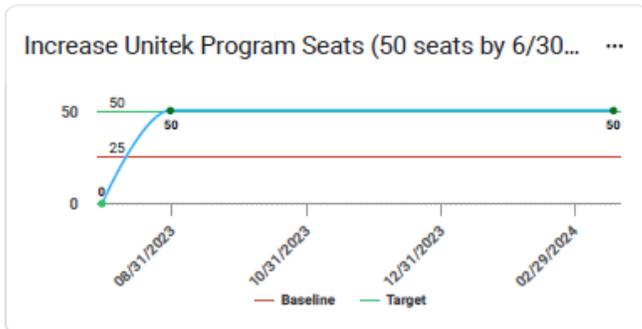
Finally, we would like to acknowledge the support of the Tulare-Kings College and Career Collaborative to your achievement. Their efforts over the years continue to empower students to thrive and ensure equitable opportunities for all.

The Alliance is grateful for your deep dedication to continuous improvement, as well as the inspiration and example you have set for others who are working to ensure young people have the highest quality educational experiences.

Growth in School Partnerhsips Champion: Jaime Morales

Objective: Increase the pool of local RN candidates with the local schools to increase RN cohort seats.

Plan ...							
#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.5.1	Objective	Continue to build partnerships with local colleges and universities for nursing programs; expand into other educational programs beyond nursing for KH employees	07/01/2023	06/30/2024	Dianne Cox	On Track	<p>Expanding partnerships beyond nursing. Exploring partnerships with Fresno State and Gurnick for ancillary programs.</p> <p>There is ongoing partnerships with the high schools and middle schools. In January, we will be bringing on more high school volunteers from Cutler and Orosi.</p> <p>Fresno City College Imaging Tech program, pilot program reserving up to 15% of cohort seats to hospital employees. 2 KH employees selected for August 2024 cohort.</p>
2.5.2	Objective	Continue promotion of Educational Assistance funding from Kaweah Health and governmental programs	07/01/2023	06/30/2024	Dianne Cox	On Track	
2.5.3	Objective	Designate a single contact person as an external/internal resource for schools and employees	07/01/2023	06/30/2024	Dianne Cox	Achieved	Designated Jaime Morales and Kelly Pierce.
2.5.4	Outcome	Increase Unitek to two 25 seat programs	07/01/2023	06/30/2024	Dianne Cox	Achieved	Three cohorts underway, with 73 students. Cohort starts in March 2023 (25 KH employees), September 2023 (25 KH employees) January 2024 (23: 21 employees & 2 community members). Next cohort of 25 to start in September 2024.
2.5.5	Outcome	Increase College of Sequoias (COS) offering of one 10 seat part-time RN program	07/01/2023	06/30/2024	Dianne Cox	Achieved	Two cohorts of 20 started in May 2022 (11 KH employees) and May 2023 (8 KH employees). With other expansions, program will be offered every other year, next program slated for May 2025.
2.5.6	Outcome	Expand College of Sequoias (COS) and San Joaquin Valley College (SJVC)	07/01/2023	06/30/2024	Dianne Cox	Achieved	Cohorts approved by BRN. COS expansion doubled RN seats from 100 to 200 (January and August cohorts). SJVC doubled RN seats from 36 to 72 (April and August cohorts), and partnership agreement sponsored 5 KH employees in August 2023 cohort.



School Partnership Highlights



- *Unitek Cohort #3 started in January 2024 (21 employees, 2 community members)*
- *Application window for Unitek (cohort #4), SJVC (April) and COS-LVN>RN Apprenticeship (August) opened from 1/16-3/1. 59 applicants, interviews underway.*
- *COS- Two Bills in both houses of State Legislature- supporting admission to local students for RN program by awarding points for residence in Tulare/Kings County*
 - *Senator Hurtado introduced SB 1132*
 - *Assemblyman Mathis introduced AS 2532*
- *Fresno City College, School of Radiologic Technology- Pilot program accepting up to 15% (8 students) of incoming students from hospitals whose employees have met all perquisites.*

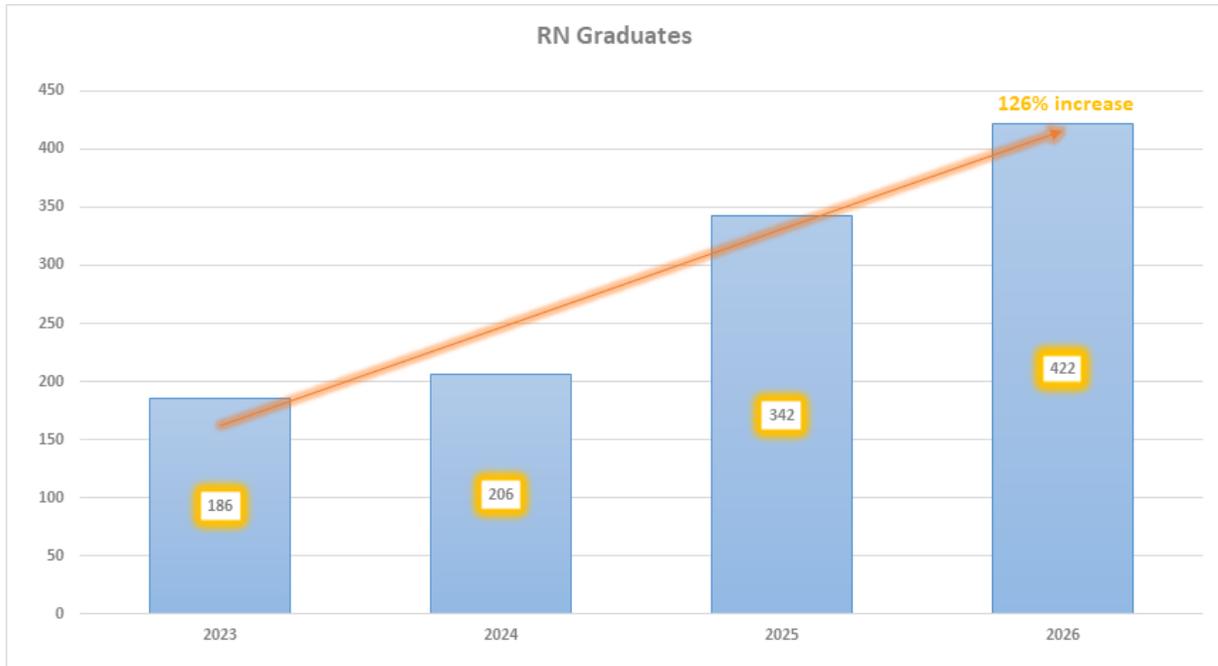
Kaweah Health's Nursing Education Pathway

Powered by Unitek College - SPRING 2024 Cohort (2 year program)



The Future

Local RN Graduates



Objective: Ensure a practice environment that is friendly and engaging for providers, free of practice barriers.

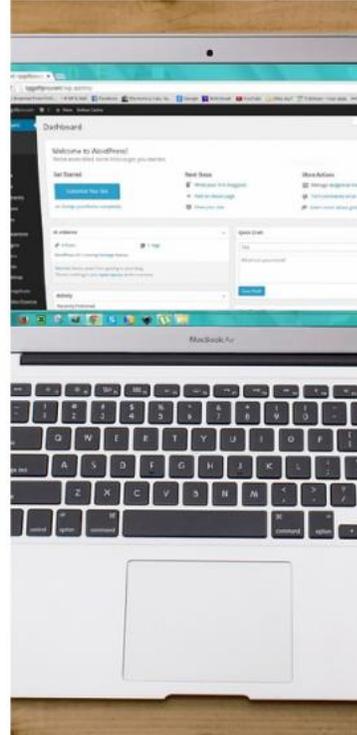
Plan							
#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.2.1	Objective	Improve Physician Retention and Resiliency	07/01/2023	06/30/2024	Lori Winston	On Track	Kaweah Care Physician Engagement Committee. Suggestion to change "resiliency" to "wellness".
2.2.2	Objective	Develop a team of physician leaders to identify specific goals and initiatives to reach improved scores.	07/01/2023	06/30/2024	Lori Winston	Not Started	Consider changing objective to: "Develop a team of physician and leaders" to help broaden the group and narrow the scope of the metrics. Dyad and Kaweah Care. Identify a physician engagement champion.
2.2.3	Outcome	Improve Provider Feedback from Jan/Feb 2023 SAQ	07/01/2023	06/30/2024	Lori Winston	Not Started	Baseline 170 providers responded (40% response rate). Will not be available until May 2024
2.2.4	Outcome	Improve Provider Engagement Surveys	07/01/2023	06/30/2024	Lori Winston	Not Started	Next survey will not be conducted until June 2024

Ideal Practice Environment

Objectives



Team Rounds



Dedicated workspace



Onboarding & mentoring



KD Hub Optimization

Strategic Plan Review

Strategic Plan Board Committee

Fiscal Year 2025 Strategic Plan

March 13, 2024



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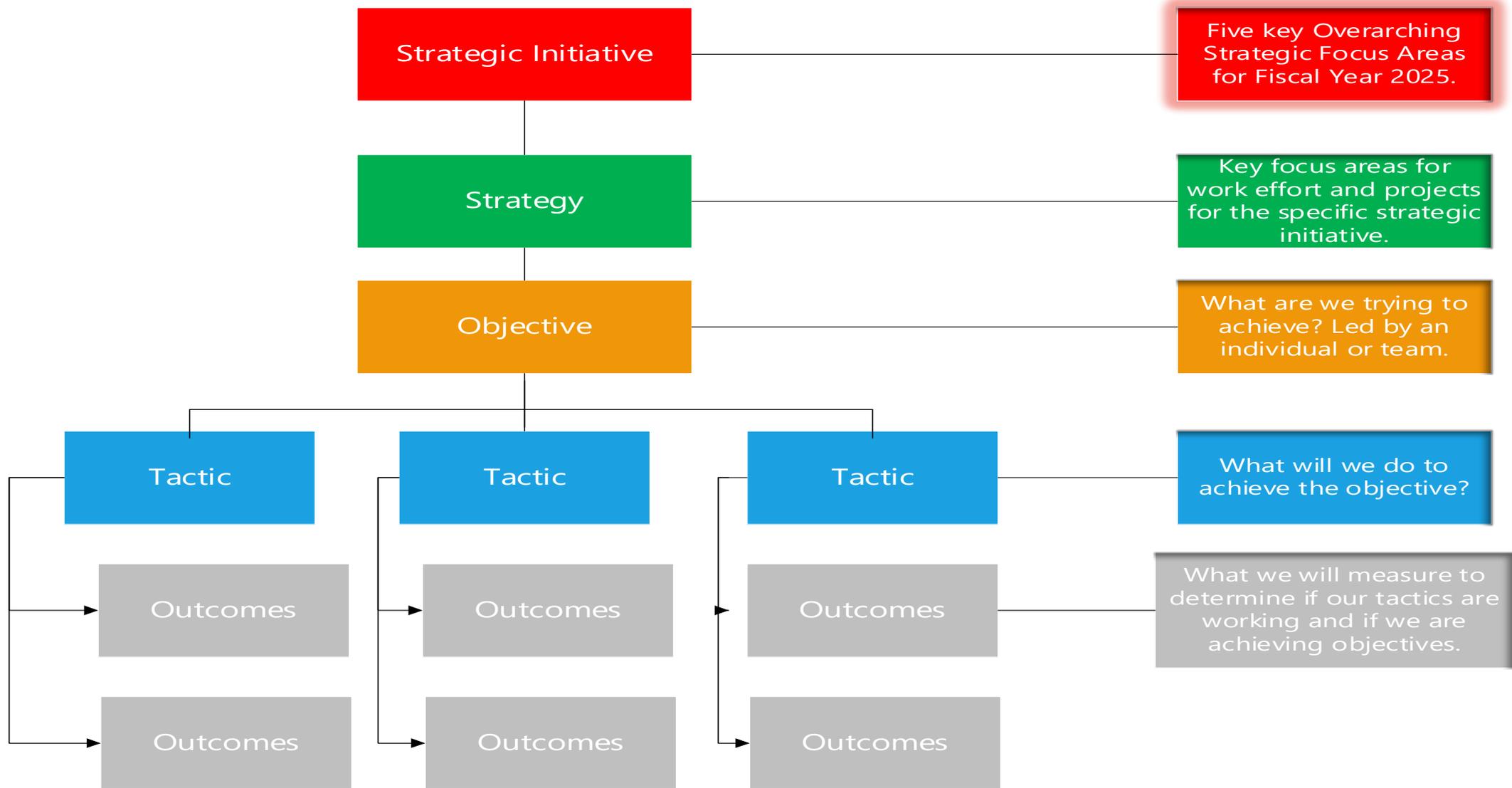
FY 2025 STRATEGIC PLAN TIMEFRAMES

- 1/24-2/24 Meet with Team Leads and key stakeholders to determine approach for the FY25 Strategic Plan.
- 1/24-2/24 PMCO will create draft content and dashboards in AchieveIT.
- 3/6/2024 Internal meeting with Initiative leaders to present the FY2025 Strategic Plan Initiatives to the other SP Teams.
- 3/7/2024 Initiative Leaders to present proposed FY 2025 Strategic Plan Initiatives to ET for review and comments.
- 3/8/2024 PMCO will make all necessary adjustments in AchieveIT based on feedback from meetings on 3/6 and 3/7.
- **3/13/2024 Strategic Plan Board Committee Meeting-Initiative leaders will present to the FY 2025 Strategic Plan Initiatives to the SP Board Committee for review and comments.**
- 3/14/2024 PMCO will make all necessary adjustments in AchieveIT based on feedback from the SP Board Committee meeting.
- 3/18/2024 SP returns to ET for final review and approval.
- 3/27/2024 Final FY2025 Strategic Plan will be presented the full Board for approval.

Strategic Planning Leaders

Initiative	Sponsor	Director/Leader	PMCO Team Member
Physician Alignment	Ryan Gates	JC Palermo	Suzy Plummer
Strategic Growth and Innovation	Jag Batth	Kevin Bartel	Suzy Plummer
Patient Experience and Community Engagement	Keri Noeske	Deborah Volosin	Josh Day
Ideal Environment	Dianne Cox	Raleen Larez/Hannah Mitchell	Diana Saechao
Outstanding Health Outcomes	Lamar Mack, MD	Sandy Volchko	Diana Saechao

Dashboard Structure/Definitions





Kaweah Health Medical Center

Physician Alignment

Ryan Gates and JC Palermo



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Recruit Providers Champions: Ryan Gates and JC Palermo

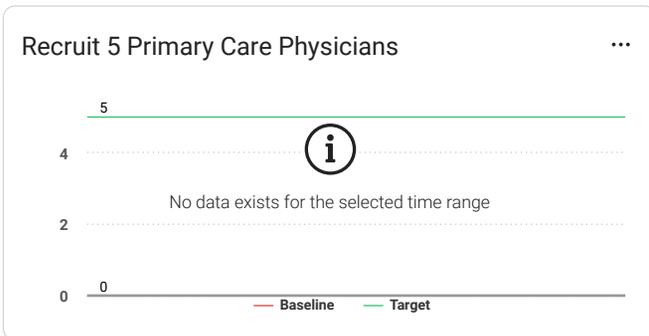
Objective: Recruit Providers

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.1.1	Develop Employment Options for Physicians.	07/01/2024	06/30/2025	Ryan Gates	Not Started	
5.1.2	Beginning early in their residencies, build partnerships with and educate Kaweah Health residents related to practice opportunities and recruitment packages.	07/01/2024	06/30/2025	JC Palermo	Not Started	
5.1.3	Support independent physician practices with succession planning and jointly explore options for long term practice sustainability and growth.	07/01/2024	06/30/2025	JC Palermo	Not Started	
5.1.4	Continue to work directly with local physicians and medical groups to assist in recruitment and placement of new physicians in their practices.	07/01/2024	06/30/2025	JC Palermo	Not Started	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.1.4.1	Recruit 5 Primary Care Physicians	07/01/2024	06/30/2025	JC Palermo	Not Started	
5.1.4.2	Recruit 15 Specialty Providers	07/01/2024	06/30/2025	JC Palermo	Not Started	



Physician Alignment and Practice Support Champions: Ryan Gates and JC Palermo

Objective: Develop Services and Opportunities that Improve Alignment with and Support for Contracted and Affiliated Physician Practices.

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.2.1	Engage local physician community to understand their medical practice objectives, challenges, opportunities and support needs.	07/01/2024	06/30/2025	Ryan Gates	Not Started	
5.2.2	Develop medical practice support models to ensure the success of local and regional physicians based upon identified needs and opportunities.	07/01/2024	06/30/2025	Ryan Gates	Not Started	
5.2.3	Explore opportunities for established and new physicians to invest in and practice at a new ambulatory surgery center and clinics.	07/01/2024	06/30/2025	Ryan Gates	Not Started	
5.2.4	Continue to work with Key Medical Group in joint recruitment and support for physician practices in our community.	07/01/2024	06/30/2025	Ryan Gates	Not Started	
5.2.5	Promote Kaweah Health services and the physicians that support them.	07/01/2024	06/30/2025	Ryan Gates	Not Started	



Kaweah Health Medical Center

Strategic Growth and Innovation

Jag Batth and Kevin Bartel



kaweahhealth.org

Grow Targeted Surgery/Procedure Volumes

Champions: Tracy Salsa, Christine Aleman, Kevin Bartel

Objective: Increase Inpatient and Surgical Volumes in Targeted Areas.

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.1	Orthopedic-Add an Orthopedic Traumatologist to increase volume from outside facilities and to retain additional cases at Kaweah Health.	07/01/2024	06/30/2025	Kevin Bartel	Not Started	
2.1.2	Orthopedic-Implement a dedicated orthopedic trauma room to improve efficiencies in completion of orthopedic trauma cases.	07/01/2024	06/30/2025	Kevin Bartel	Not Started	
2.1.3	Orthopedic-Prioritize efforts to optimize OR time and efficiency for orthopedic surgeons.	07/01/2024	06/30/2025	Kevin Bartel	Not Started	
2.1.4	Urology-Add a full time advanced practice provider to the urology clinic to see more patients and allow existing providers to take additional call coverage.	07/01/2024	06/30/2025	Kevin Bartel	Not Started	
2.1.5	Urology-Ensure that all four existing USC urology subspecialists rotate at Kaweah Health for surgery at least every 2-3 months.	07/01/2024	06/30/2025	Kevin Bartel	Not Started	
2.1.6	Endoscopy-Recruit a pulmonologist to provide procedures within the endoscopy department.	07/01/2024	06/30/2025	JC Palermo	Not Started	
2.1.7	Endoscopy-Add two additional endoscopy suites by moving into the old OB operating rooms.	07/01/2024	06/30/2025		Not Started	Christine Aleman to report on this tactic.
2.1.8	Cardiothoracic Surgery-Add a cardiothoracic surgeon from Stanford to increase CT surgery capacity.	07/01/2024	06/30/2025	JC Palermo	Not Started	
2.1.9	Cardiothoracic Surgery-Implement a lung nodule screening program.	07/01/2024	06/30/2025		Not Started	Tracy Salsa to report on this tactic.
2.1.10	Cardiothoracic Surgery- Increase marketing activities for the cardiothoracic surgery program.	07/01/2024	06/30/2025		Not Started	Tracy Salsa to report on this tactic.

Performance Measure (Outcomes) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.3.1	Perform 215 orthopedic surgery cases per month.	07/01/2024	06/30/2025	Kevin Bartel	Not Started	
2.1.5.1	Perform 87 urology surgery cases per month.	07/01/2024	06/30/2025	Kevin Bartel	Not Started	
2.1.7.1	Perform 636 endoscopy cases per month.	07/01/2024	06/30/2025	Lori Mulliniks	Not Started	
2.1.9.1	Perform 27 non-emergent cardiothoracic surgeries per month.	07/01/2024	06/30/2025	Lori Mulliniks	Not Started	

Grow Targeted Surgery/Procedure Volumes

Champions: Tracy Salsa, Christine Aleman, Kevin Bartel

Perform 215 Orthopedic Surgery Cases Per Month ...



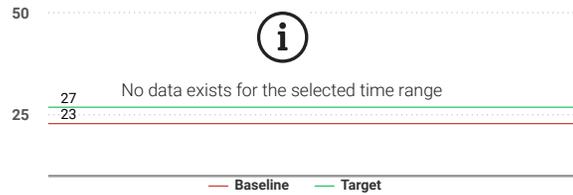
Perform 87 Urology Surgery Cases Per Month ...



Perform 636 Endoscopy Cases Per Month. ...



Perform 27 Elective Cardiothoracic Surgeries Per Month ...



Expand Clinic Network Champions: Ivan Jara and Melissa Quinonez

Objective: *Expand Clinic Network.*

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.2.1	Open Specialty Services Clinic at 202 Willow Clinic.	07/01/2024	08/31/2024	Ivan Jara	Not Started	
2.2.2	Open the Youth Crisis Stabilization Unit.	07/01/2024	10/31/2024	Melissa Quinonez	Not Started	
2.2.3	Continue to explore and develop clinic strategic growth opportunities.	07/01/2024	06/30/2025	Ivan Jara	Not Started	

Innovation Champion: Jag Batth, Ivan Jara, Jacob Kennedy

Objective: Implement and Optimize Innovative Technological Solutions.

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.3.1	Explore opportunities to use technology and artificial intelligence across Kaweah Health.	07/01/2024	06/30/2025	Jag Batth	Not Started	
2.3.2	Redesign the current clinic care model-face to face and telehealth visit optimization. (See 2.3.2.1 below)	07/01/2024	06/30/2025	Ivan Jara	Not Started	
2.3.3	Explore expansion of telehealth services for inpatient areas.	07/01/2024	06/30/2025	Jag Batth	Not Started	
2.3.4	Implement and integrate referral and authorization software across the organization. (see 2.3.3.1, 2.3.3.2 below)	07/01/2024	06/30/2025	Jacob Kennedy	Not Started	
2.3.5	Implement short and long term online scheduling and registration tools for patients. (See 2.3.4.1 below)	07/01/2024	06/30/2025		Not Started	Luke Schneider to report on this tactic.
2.3.6	Develop plan for centralized navigation services.	07/01/2024	06/30/2025	Jacob Kennedy	Not Started	

Enhance Health Plan Programs

Champion: Sonia Duran Aguilar

Objective: Expand Client Enrollment in Health Plan Partnership Programs-Cal Aim.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.4.1	Evaluate and add additional population areas for Enhanced Care Management with a focus on children and youth.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	
2.4.2	Grow Enhanced Care Management community care coordinator staff to 18 with an assigned case load of 40 patients.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	
2.4.3	Grow Community Supports community care coordinator staff to 7, with an assigned case load of 40 patients.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.4.2.1	Increase enrollment to 720 lives in Enhanced Care Management by fiscal year end.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	
2.4.3.1	Increase enrollment to 280 lives in Community Supports by fiscal year end.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	



Explore Organizational Affiliations Champion: Marc Mertz

Objective: Pursue Organizational Affiliations and Partnerships.

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.5.1	Obtain Board Approval to execute a new agreement related to the Gateway Project between Kaweah Health, Physician Partners and a Development Company.	07/01/2024	07/31/2024	Marc Mertz	Not Started	
2.5.2	Continue partnership with the Central Valley Healthcare Alliance.	07/01/2024	06/30/2025	Suzy Plummer	Not Started	
2.5.3	Explore opportunity to expand existing and new partnerships.	07/01/2024	06/30/2025	Marc Mertz	Not Started	



Kaweah Health Medical Center

Patient Experience and Community Engagement

Keri Noeske and Deborah Volosin



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

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World-Class Service Champion: Keri Noeske

Objective: Develop strategies that provide our health care team the tools they need to deliver a world-class health care experience.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.1	Enhance patient physical navigation through Wayfinding, signage, and the website.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.1.2	Enhance patient clinical navigation with centralized and online scheduling and call center standardization.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.1.3	Improve best image and reputation score on the community portal in NRC.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.1.1	Identify and establish goals to improve patient wayfinding experience	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.1.4	Achieve overall organization net promoter score of 84	07/01/2024	06/30/2025	Keri Noeske	Not Started	
4.1.5	Achieve the 90th Percentile in HCAHPS Overall Rating	07/01/2024	06/30/2025	Keri Noeske	Not Started	
4.1.6	Achieve the 90th Percentile in "Likelihood to Recommend" score	07/01/2024	06/30/2025	Keri Noeske	Not Started	

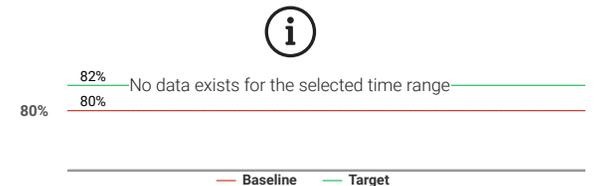
Achieve overall Organization Net Promoter Score of 84



Achieve the 90th Percentile in HCAHPS Overall Rating



Achieve the 90th Percentile in "Likelihood to Recommend" score



Increase Compassionate Communication

Champions: Keri Noeske

Objective: Improve physician and nursing communication and responsiveness of staff.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.1	Implement unit-based Schwartz rounds to interested departments.	07/01/2024	06/30/2025	Keri Noeske	Not Started	
4.2.2	Develop compassionate communication simulations for leaders to implement in huddles, staff meetings, and training.	07/01/2024	06/30/2025	Keri Noeske	Not Started	
4.2.3	Create and assign learning modules based on communication expectations for organization-wide consistency in service standards.	07/01/2024	06/30/2025	Keri Noeske	Not Started	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.4	Achieve the 90th Percentile in Physician Communication Inpatient Score	07/01/2024	06/30/2025	Keri Noeske	Not Started	
4.2.5	Achieve the 90th Percentile in Nursing Communication Inpatient Score	07/01/2024	06/30/2025	Keri Noeske	Not Started	
4.2.6	Achieve the 90th Percentile in Responsiveness of Staff to Patients and Among Internal Teams	07/01/2024	06/30/2025	Keri Noeske	Not Started	

Achieve the 90th Percentile in Physician Communication Inpatient Score



Achieve the 90th Percentile in Nursing Communication Inpatient Score



Achieve the 90th Percentile in Responsiveness of Staff to Patients and Among Internal Teams



Enhancement of Environment **Champion: Deborah Volosin and Keri Noeske**

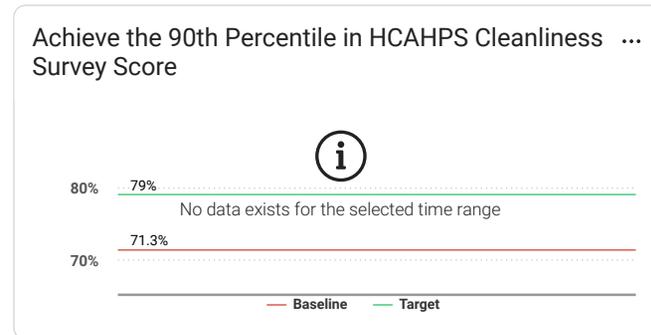
Objective: To Improve Community and Patient Overall Perception of Hospital Environment.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.1	Continue Executive rounding with EVS and facility directors to identify needs.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.3.2	Improve impact of the Patient Experience Steering Committee.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.3.3	Partner with Facilities to create green initiatives and cost-efficiency synergies to reduce waste and environmental impact.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.4	Improve the Cleanliness of Clinic Environment	07/01/2024	06/30/2025	Keri Noeske	Not Started	
4.3.5	Achieve the 90th Percentile in HCAHPS Cleanliness Survey Score	07/01/2024	06/30/2025	Keri Noeske	Not Started	



Community Engagement **Champion: Deborah Volosin and Keri Noeske**

Objective: To provide an environment where community members and patients are able to assist staff in co-designing safe, high quality, and world-class care and services.

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.4.1	Increase participation in all Community Advisory Councils.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.4.2	Increase the number of Kaweah Health leaders involved in service clubs.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.4.3	Increase Speakers Bureau opportunities.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.4.4	Schedule at least three Town Halls.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.4.5	Continue to meet monthly with the Patient Family Advisory Council, Emergency Department Advisory Council, Healthcare for Today and Tomorrow, Diversity/Community Relations, and Employee Ambassador Committees.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	
4.4.6	Create opportunities for board members to participate in community engagement activities.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	



Kaweah Health Medical Center

Ideal Environment

Dianne Cox, Hannah Mitchell, and Raleen Larez



kaweahhealth.org

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Kaweah Care Culture

Champions: Dianne Cox, Raleen Larez, Brittany Taylor, and Hannah Mitchell

Objective: Recreate Kaweah Care culture into the various aspects of the organization.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.1.1	Continue development of the Kaweah Care Culture.	07/01/2024	06/30/2025	Dianne Cox	Not Started	Kaweah Care Steering Committee began in September 2023 meeting monthly, includes subcommittees of Employee Engagement and Experience, Ideal Practice Environment Committee, and Patient Engagement and Experience Committee.
1.1.2	Improve and ensure appropriate, effective and consistent communication throughout Kaweah Health to leaders, employees, physicians, and advanced practice providers.	07/01/2024	06/30/2025	Dianne Cox	Not Started	Standardizing talking points and communication methods. Cascading monthly Leadership Meeting presentation with bullets, continue bi-weekly virtual Executive Team Employee Huddles, mandatory department and unit staff meetings/huddles and communication boards and our intranet site, Compass. Leadership Development - Learning Path was rolled out and covers the topic of effective communication. Employee Engagement survey will include "My director is an effective communicator".
1.1.3	Address Compensation and Benefits.	07/01/2024	06/30/2025	Dianne Cox	Not Started	The executive team evaluating the employee benefits plan for CY2025. Market adjustments for base pay and minimum wage will continue into FY2025 to ensure competitive pay for retention and recruitment. Monitor impact of AB525 on recruitment and retention throughout FY25.

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.1.4	Improve Employee Engagement Surveys to > 4.2%	07/01/2024	06/30/2025	Dianne Cox	Not Started	
1.1.5	Decrease overall KH turnover rate to meet CHA statewide statistics < 15%	07/01/2024	06/30/2025	Dianne Cox	Not Started	
1.1.6	Decrease Direct Patient Care RN Turnover Rate to meet CHA statewide statistics < 17%	07/01/2024	06/30/2025	Dianne Cox	Not Started	
1.1.7	Decrease New Hire Turnover Rate (leaving < 6 months) with 30/90 days Check-in < 20%	07/01/2024	06/30/2025	Dianne Cox	Not Started	

Kaweah Care Culture

Champions: Dianne Cox, Raleen Larez, and Hannah Mitchell

Decrease overall KH turnover rate (< 15%)

...



Decrease new hire turnover rate w/in 6 months (< 20%)

...



Decrease nursing turnover rate (< 17%)

...



Improve Employee Engagement Surveys (4.20%)

...



Ideal Practice Environment

Champions: Dr. Tom Gray, Dr. Lori Winston, April Mckee, and Amy Shaver

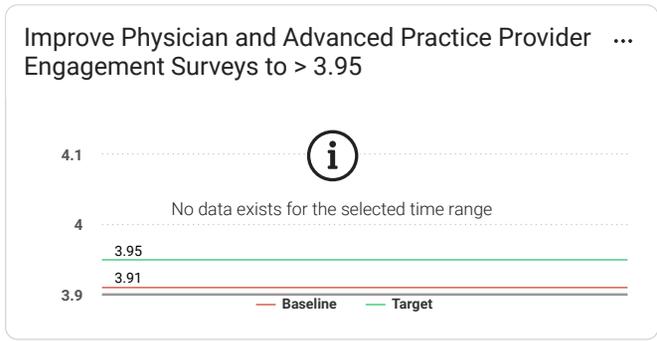
Objective: Ensure a practice environment that is friendly and engaging for physicians and advanced practice providers, free of practice barriers.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.2.1	Improve Physician and Advanced Practice Provider Retention and Wellness.	07/01/2024	06/30/2025	Lori Winston	Not Started	
1.2.2	Work with a team of physicians, advanced practice providers, and leaders on identified goals and initiatives to reach improved scores.	07/01/2024	06/30/2025	Lori Winston	Not Started	Focus on team rounds, dedicated workspace, onboarding/mentoring, and Cerner optimization
1.2.3	Develop Dyad Leadership Training Curriculum for Operational Directors, Division Chiefs and Medical Staff Service Line Directors.	07/01/2024	06/30/2025	Hannah Mitchell	Not Started	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.2.4	Improve Physician and Advanced Practice Provider Engagement Surveys to > 3.95	07/01/2024	06/30/2025	Lori Winston	Not Started	



Expand Kaweah Health University and Growth in School Partnerships Champions: Jaime Morales and Hannah Mitchell

Objective: Increase growth and development for employees of Kaweah Health.

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.3.1	Continue to build partnerships with local colleges and universities for nursing programs; expand into other educational programs beyond nursing for KH employees.	07/01/2024	06/30/2025	Dianne Cox	Not Started	<p>Have established partnerships with COS, Unitek, SJVC for registered nursing, Tulare Adult Schools for LVN, and Porterville College for surgical techs.</p> <p>Expanding partnerships beyond nursing. Exploring partnerships with other schools and colleges, to enroll Fresno City College for imaging, possibly CSUF for therapists, and Gurnick for nuclear medicine.</p> <p>There are ongoing partnerships with the high schools and middle schools.</p>
1.3.2	Monitor the graduation and retention of staff who completed the COS part-time RN program with partial Kaweah sponsorship.	07/01/2024	06/30/2025	Dianne Cox	Not Started	
1.3.3	Monitor success and retention of employees in cohorts in process: COS part-time program. Unitek March 2023, August 2023, January 2024, August 2024 expected, January 2025 expected. SJVC RN program.	07/01/2024	06/30/2025	Dianne Cox	Not Started	
1.3.4	Expand Kaweah Health University.	07/01/2024	06/30/2025	Hannah Mitchell	Not Started	<p>Implement leadership academy, emerging leaders program, charge nurse development, mentorship and succession planning initiatives.</p> <p>Facilitate two cohorts of Leadership Academy with at least 25 participants</p> <p>Facilitate four cohorts of Emerging Leaders with at least 20 per cohort</p> <p>Facilitate three Just Culture Scenario Review Sessions</p> <p>Develop and launch a optional mentoring program open to all staff</p> <p>Rollout a Learning Learning Path with new content running October - June</p> <p>Create learning paths that team members (ex: C.N.A. to LVN or RN, SPD Tech to Surg Tech, Mental Health Worker to LPT or RN, etc.)</p> <p>Create a Kaweah Health University Free Little Library outside of SSB with leadership and soft skills books</p>



Kaweah Health Medical Center

Outstanding Health Outcomes

Dr. LaMar Mack and Sandy Volchko



kaweahhealth.org

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Kaweah Health
MORE THAN MEDICINE. LIFE

Standardized Infection Ratio (SIR) Champion: Sandy Volchko

Objective: Reduce the Hospital Acquired Infections (HAIs) to the national 70th percentile as reported by the Centers for Medicare and Medicaid Services

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.1.1	Utilize the subject matter expertise of the Healthcare Acquired Infection (HAI) Team.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.1.2	Expand the use of Bio-Vigil.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.1.3	Reduce line utilization through best practices.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.1.4	Optimization of Multidisciplinary Rounds.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.1.5	Improve cleanliness of the environment through ATP testing to reduce HAI.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	

Performance Measure (Outcomes) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.1.6	Decrease Standardized Infection Ratio (SIR) CAUTI to < 0.401 (CMS data FYTD)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.1.6.1	Decrease Utilization Rates for Foley Catheters to < 0.6718 (CAUTI FYTD)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.1.7	Decrease Standardized Infection Ratio (SIR) CLABSI to < 0.486 (CMS data FYTD)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.1.7.1	Decrease Utilization Rates for Central Lines to < 0.6633 (CLABSI FYTD)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.1.8	Decrease Standardized Infection Ratio (SIR) MRSA to < 0.507 (CMS data FYTD)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	

Standardized Infection Ratio (SIR) **Champion: Sandy Volchko**

SIR CAUTI FYTD (< 0.401) ...



Decrease Utilization Rates for Foley Catheters - CAUTI FYTD (< 0.6718) ...



SIR CLABSI FYTD (< 0.486) ...



Decrease Utilization Rates for Central Lines - CLABSI FYTD (< 0.663) ...



SIR MRSA FYTD (< 0.507) ...



SEPSIS Bundle Compliance (SEP-1) Champion: Sandy Volchko

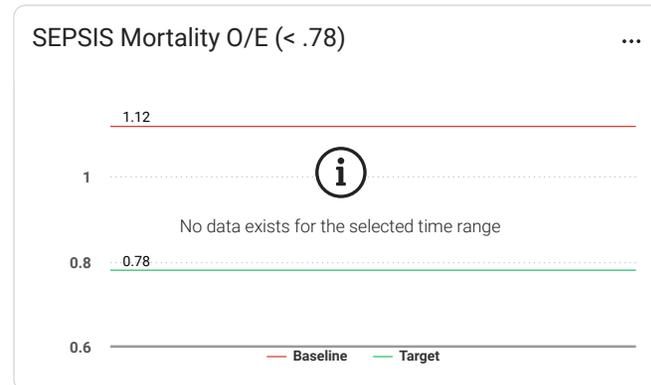
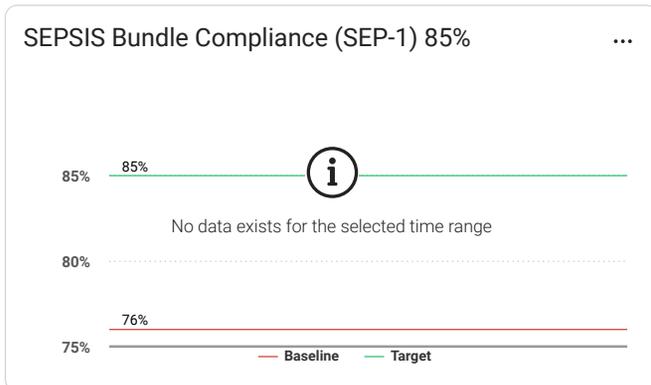
Objective: Increase SEP-1 bundle compliance to overall 85% compliance rate for FY24 through innovative improvement strategies based on root causes.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.2.1	Utilize SEPSIS Coordinators to identify and monitor patients.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.2.2	Continue SEPSIS Alerts.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.2.3	Optimize Quality Focus Team- Fall out review.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.2.4	Optimize One Hour Sepsis Bundle.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.2.5	Increase SEPSIS Bundle Compliance (SEP-1) FYTD to 85%	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.2.5.1	Decrease SEPSIS Mortality O/E to < 0.78	07/01/2024	06/30/2025	Sandy Volchko	Not Started	



Mortality and Readmissions Champion: Sandy Volchko

Objective: Reduce observed/expected mortality through the application of standardized best practices.

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.1	Utilize subject matter experts efficiently through reconfiguration of Best Practice Teams into one team focusing on care COPD, heart failure, pneumonia.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.2	Implement standardized care based on evidence.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	

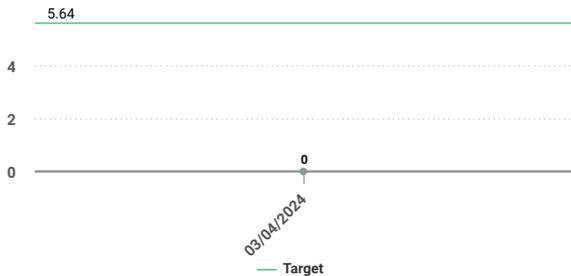
Performance Measure (Outcomes) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.3	Decrease AMI Hospital Readmissions to < 5.64 (CMS data)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	Under review
3.3.4	Decrease COPD Hospital Readmissions to < 10.53 (CMS data)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.5	Decrease HF Hospital Readmissions to < 11.8 (CMS data)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.6	Decrease PN Viral/Bacterial Hospital Readmissions to < 9.76 (CMS data)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.7	Decrease AMI Mortality Rates to < 0.6	07/01/2024	06/30/2025	Sandy Volchko	Not Started	Under review
3.3.8	Decrease COPD Mortality Rates to < 0.66	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.9	Decrease HF Mortality Rates to < 0.44	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.10	Decrease PN Bacterial Mortality Rates to < 0.65	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.11	Decrease PN Viral Mortality Rates to < 0.44	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.12	Decrease Percutaneous Coronary Intervention (PCI) In Hospital Mortality Rate - STEMI to < 2.5	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.13	Decrease Acute Kidney Injury Post PCI to < 3.6	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.3.14	Decrease Risk Standardized Bleeding Rate to < 1.5	07/01/2024	06/30/2025	Sandy Volchko	Not Started	

Mortality and Readmissions

Champion: Sandy Volchko

Hospital Readmissions AMI (< 5.64) - QTR



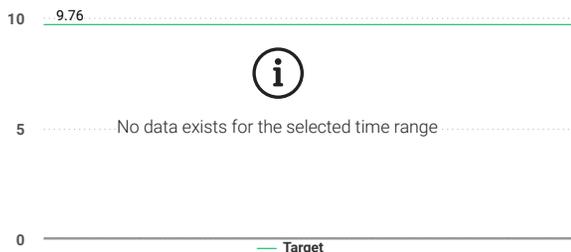
Hospital Readmissions COPD (< 10.53) - QTR



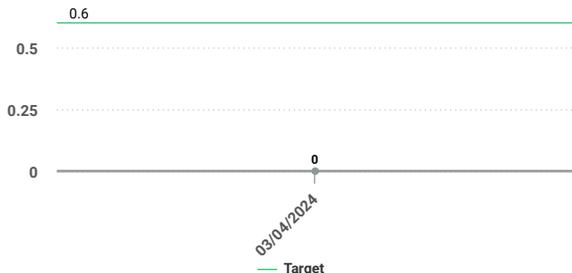
Hospital Readmissions HF (< 11.80) - QTR



Hospital Readmissions PN Viral/Bacterial (< 9.76) - QTR



Decrease Mortality Rates AMI (< 0.60) - QTR



Decrease Mortality Rates COPD (< 0.66) - QTR



Decrease Mortality Rates HF (< 0.44) - QTR



Decrease Mortality Rates PN Bacterial (< 0.65) - QTR



Decrease Mortality Rates PN Viral (< 0.44) - QTR



Mortality and Readmissions

Champion: Sandy Volchko

Acute Kidney Injury Post PCI (< 3.6)

...



PCI In-Hospital Mortality Rate - STEMI (< 2.5)

...



Risk Standardized Bleeding Rate (< 1.5)

...



Health Equity

Champions: Ryan Gates and Sonia Duran-Aguilar

Objective: Identify health disparities that improve affordable access to care by enhancing care coordination and more effective treatment through healthy living.

Work Plan (Tactics) ...

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.5.1	Analyze quality and safety data to identify health disparities.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	
3.5.2	Develop an action plan to address identified disparities and improve health care equity.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	
3.5.3	Monitor impact of actions taken and modify actions when health equity goals are not met.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	
3.5.4	Inform key stakeholders about progress to improve health care equity.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	

Quality Improvement Program (QIP) Reporting

Champion: Sonia Duran-Aguilar

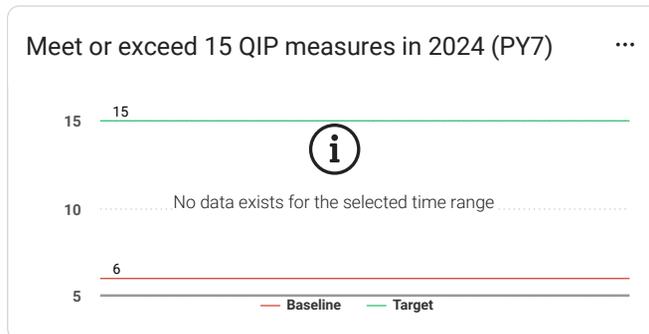
Objective: Achieve performance on the Quality Incentive Pool measures to demonstrate high quality care delivery in the primary care space.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.4.1	Improve Frontline staff (Clinic Primary Care/Internal Medicine/clinical staff) awareness of QIP performance and thereby ensure engagement and buy in QI efforts.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	
3.4.2	Optimize workflows to drive and hardwire best practices for clinical care (registration, MA intake, provider documentation).	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	
3.4.3	Continue with Monthly workgroups (MCPs, Revenue Integrity, Population Health/Clinic Teams) to track progress.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.4.4	Meet or exceed 15 QIP measures in 2024 (PY7)	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Not Started	



Inpatient Diabetes Management

Champions: Emma Camarena and Cody Ericson

Objective: Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.6.1	Development of an inpatient diabetes management team.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.6.2	Development and implementation of non-Glucomander power plans.	07/01/2024	06/30/2025	Sandy Volchko	Not Started	To use for clinical situations where the use of GM is not appropriate for the management of glycemic excursions. There are certain indications when providers need the flexibility to order insulin outside of GM such as insulin sensitivity, continuous enteral feeding, eating more than 3 meals a day and steroid-induced hyperglycemia. The anticipated change in patient health outcomes would be a decrease in hypoglycemia, promote patient safety and optimize therapy for the patient with diabetes and in need of insulin therapy not on GM.

Performance Measure (Outcome)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.6.3	Achieve < 4.3% benchmark performance for hypoglycemia in Critical Care (CC) patient population, defined as percent patient days with blood glucose (BG) <70	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.6.4	Achieve < 3.4% benchmark performance for hypoglycemia in Non-Critical Care (NCC) patient population, defined as percent patient days with blood glucose (BG) <70	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.6.5	Achieve < 26.8% benchmark performance for percent of patients with hypoglycemia with at least one recurrent hypoglycemic day for Critical Care (CC)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	
3.6.6	Achieve < 29.6% benchmark performance for percent of patients with hypoglycemia with at least one recurrent hypoglycemic day for Non Critical Care (NCC)	07/01/2024	06/30/2025	Sandy Volchko	Not Started	

Inpatient Diabetes Management

Champions: Emma Camarena and Cody Ericson

Hypoglycemia in Critical Care Patients (< 4.3%)

...



Recurrent Hypoglycemia in Critical Care Patients (< 26.8%)

...



Hypoglycemia in Non-Critical Care Patients (< 3.4%)

...



Recurrent Hypoglycemia in Non-Critical Care Patients (< 29.6%)

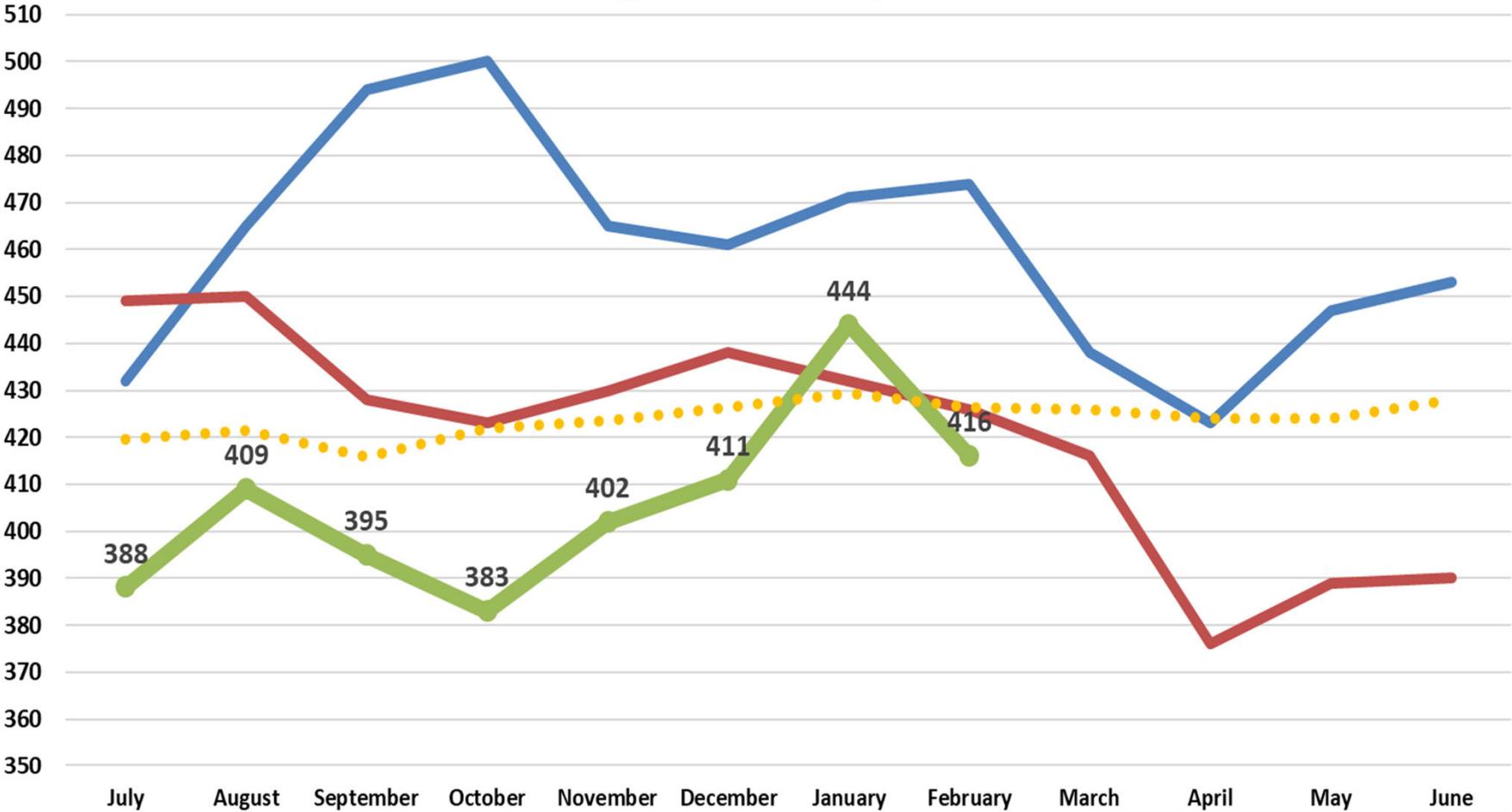
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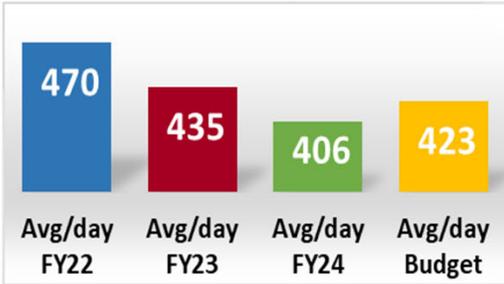
CFO Financial Report

Month Ending February 2024

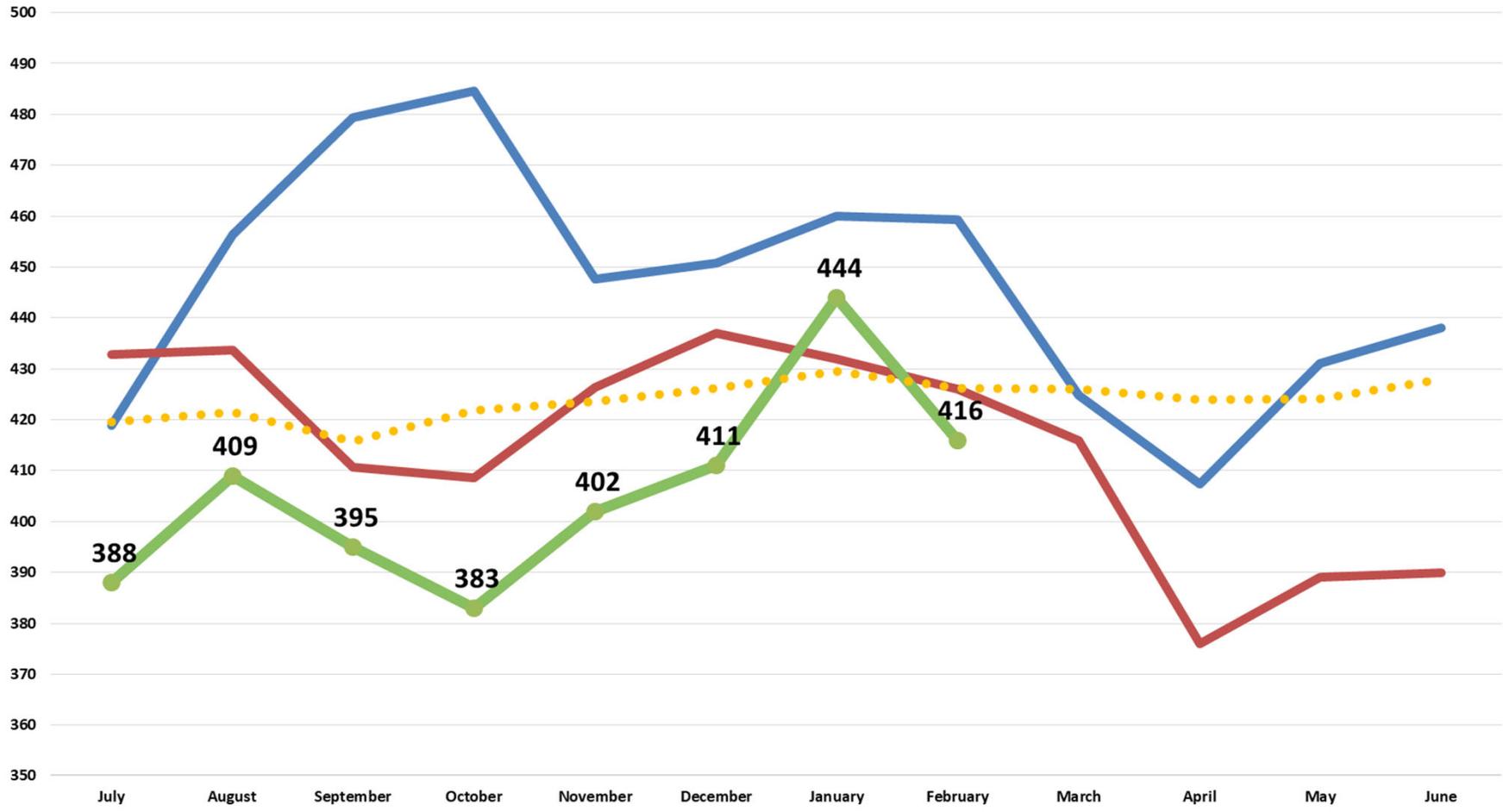
Average Daily Census



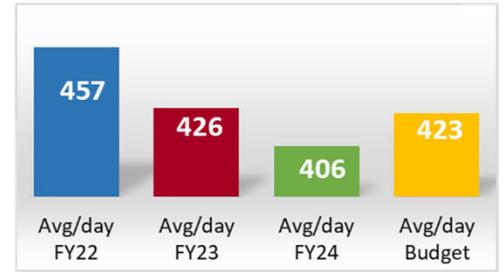
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



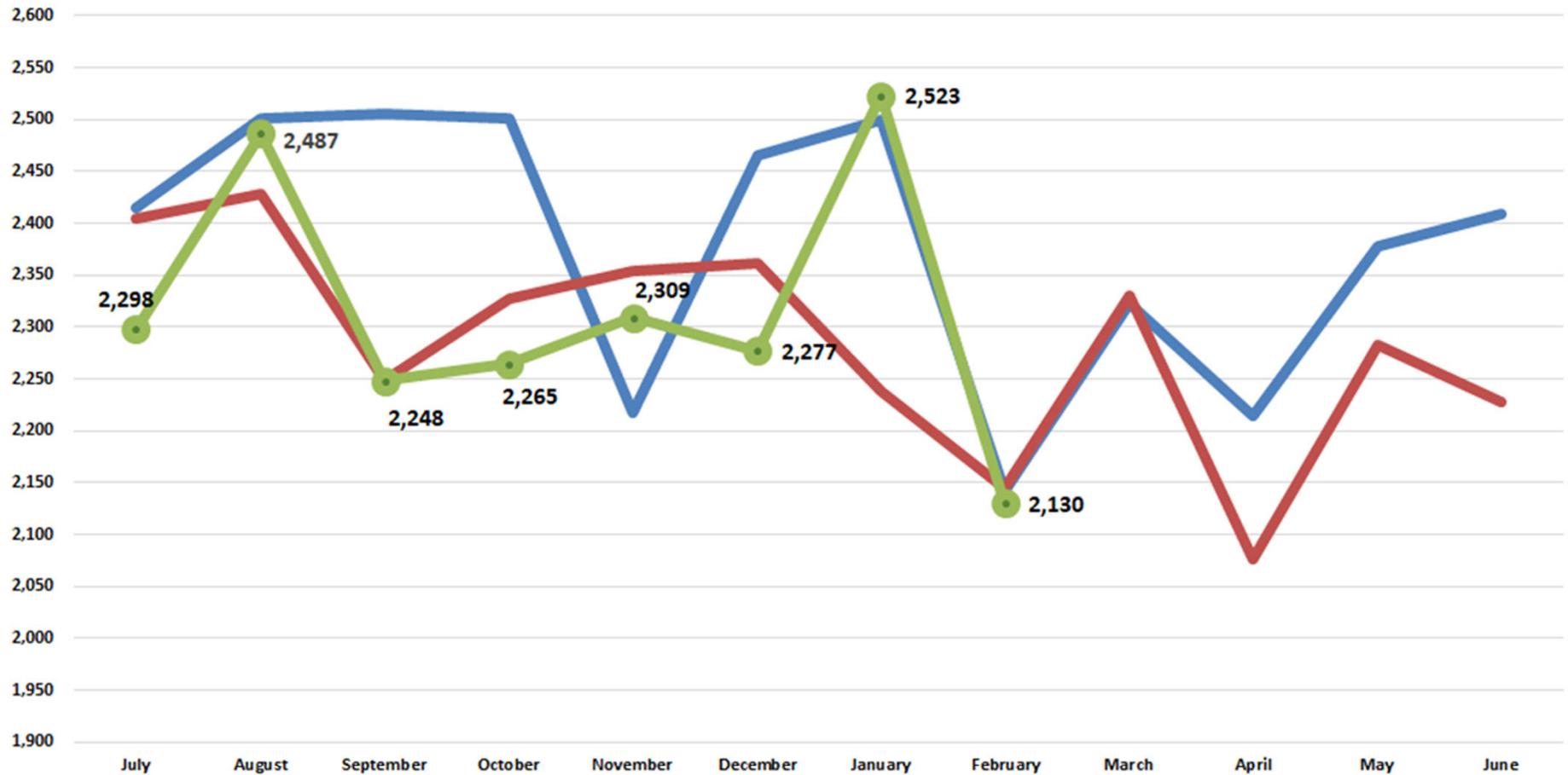
Average Daily Census w/o TCS



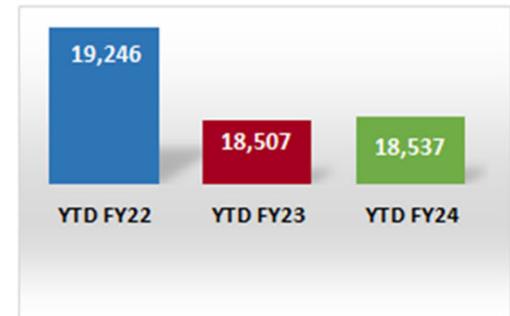
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



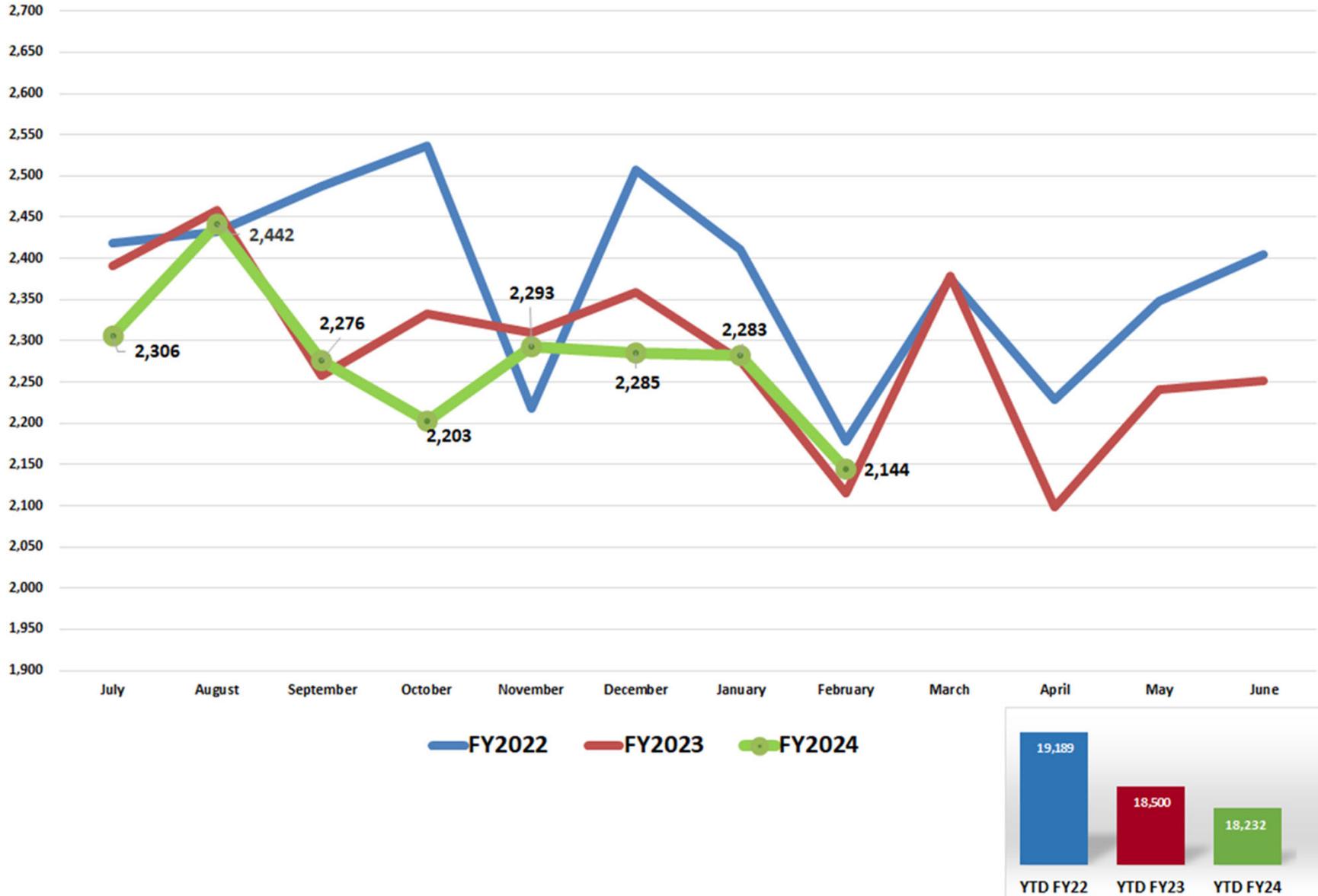
Admissions



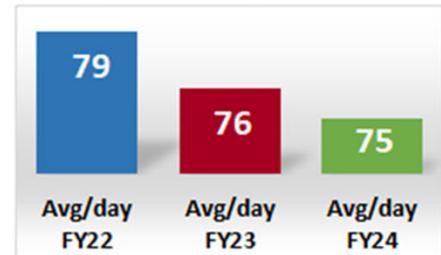
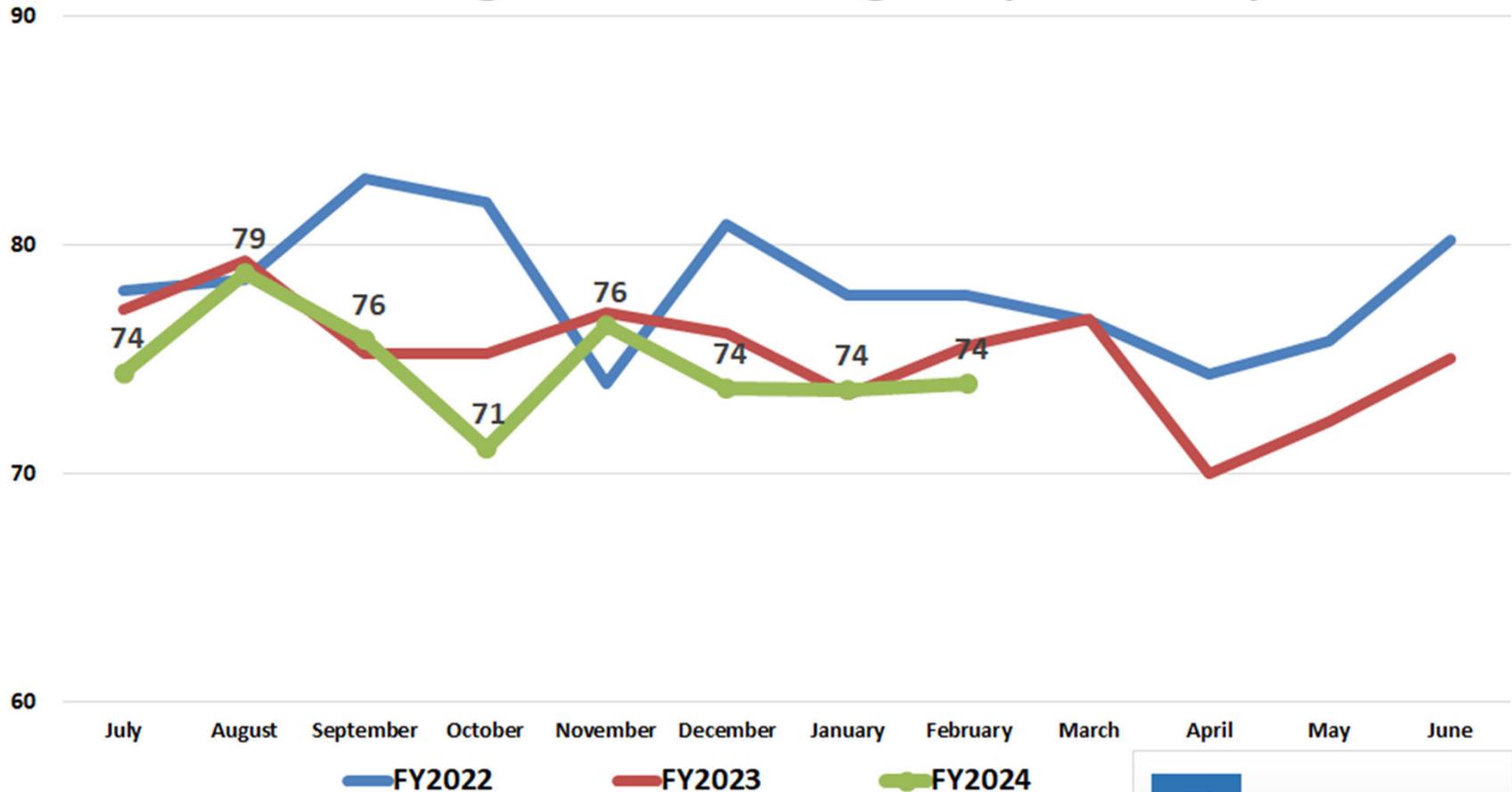
— FY2022 — FY2023 — FY2024



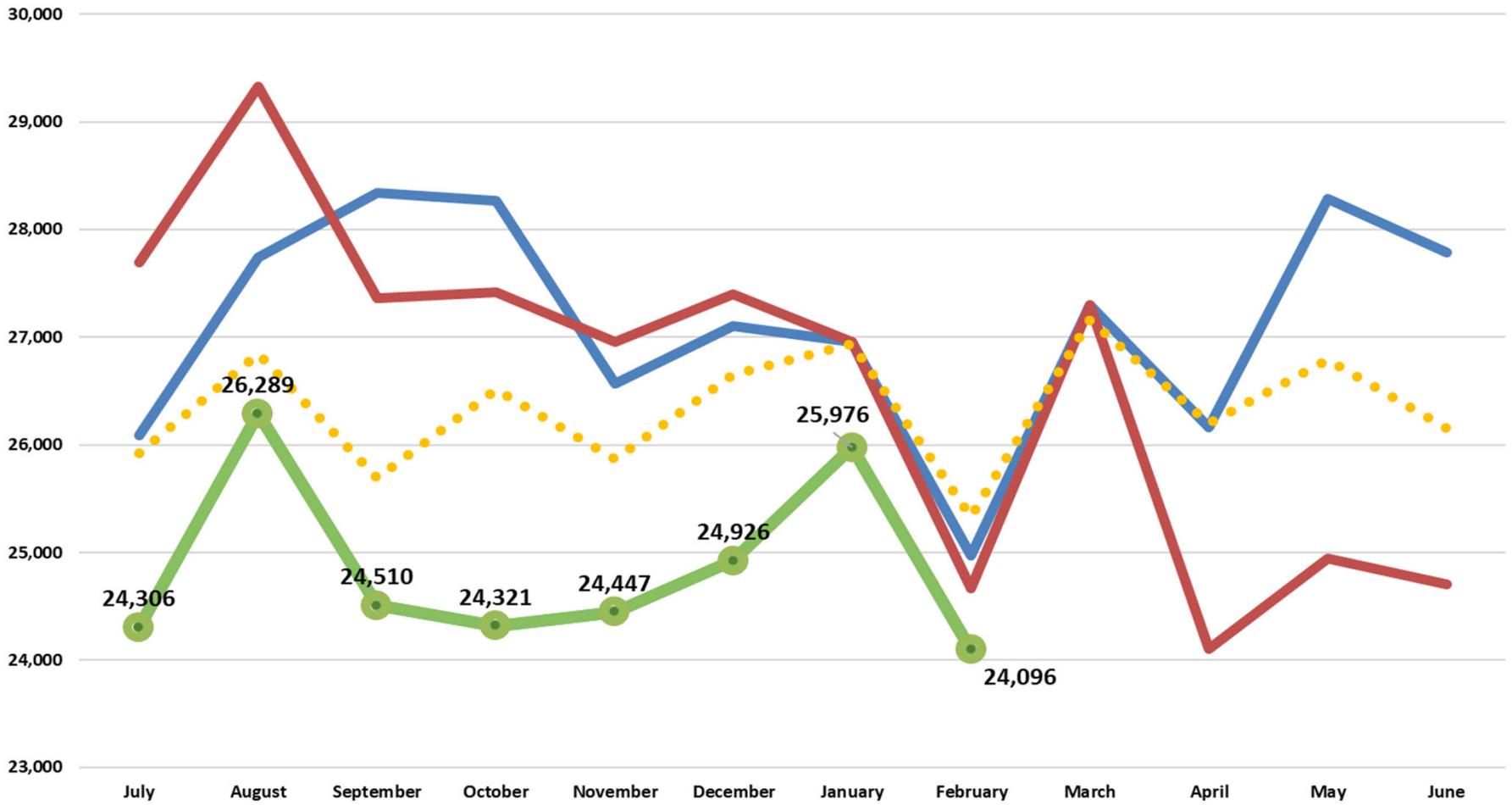
Discharges



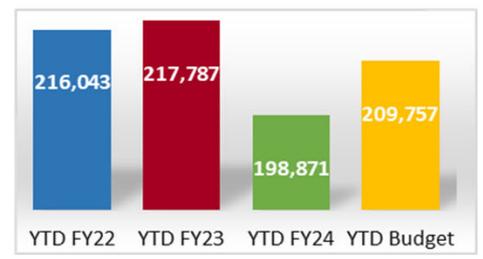
Average Discharges per day



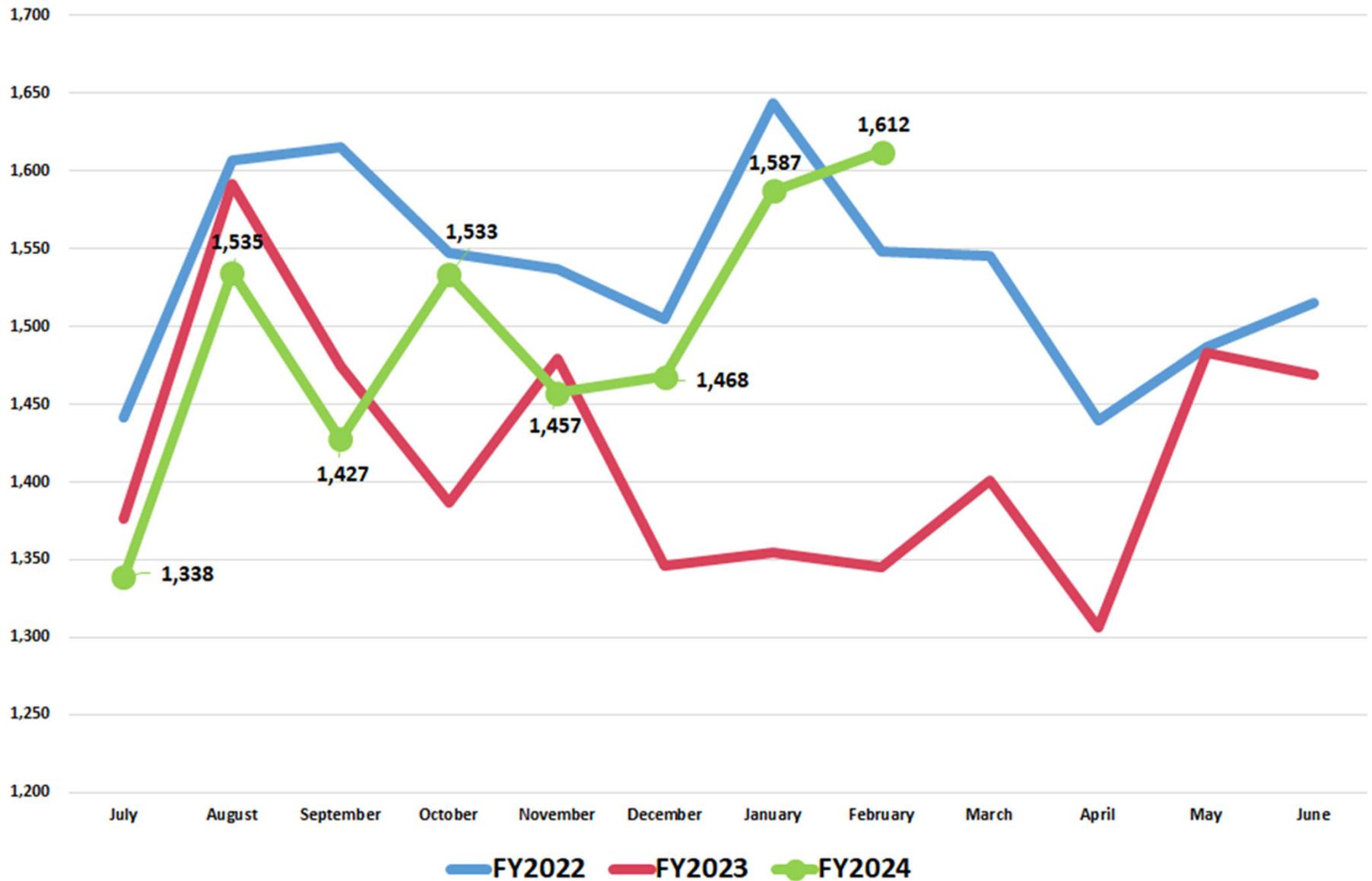
Adjusted Patient Days



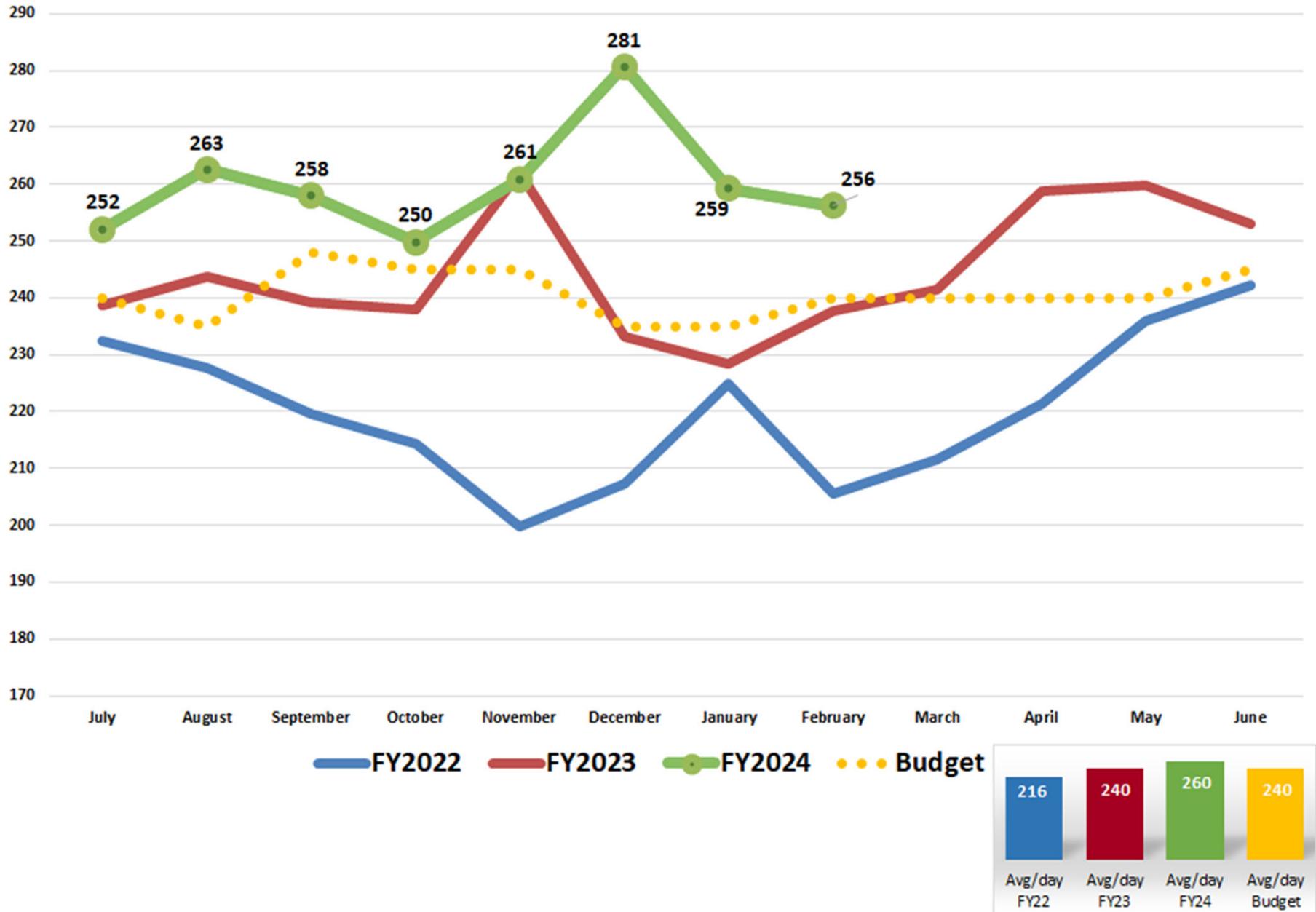
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



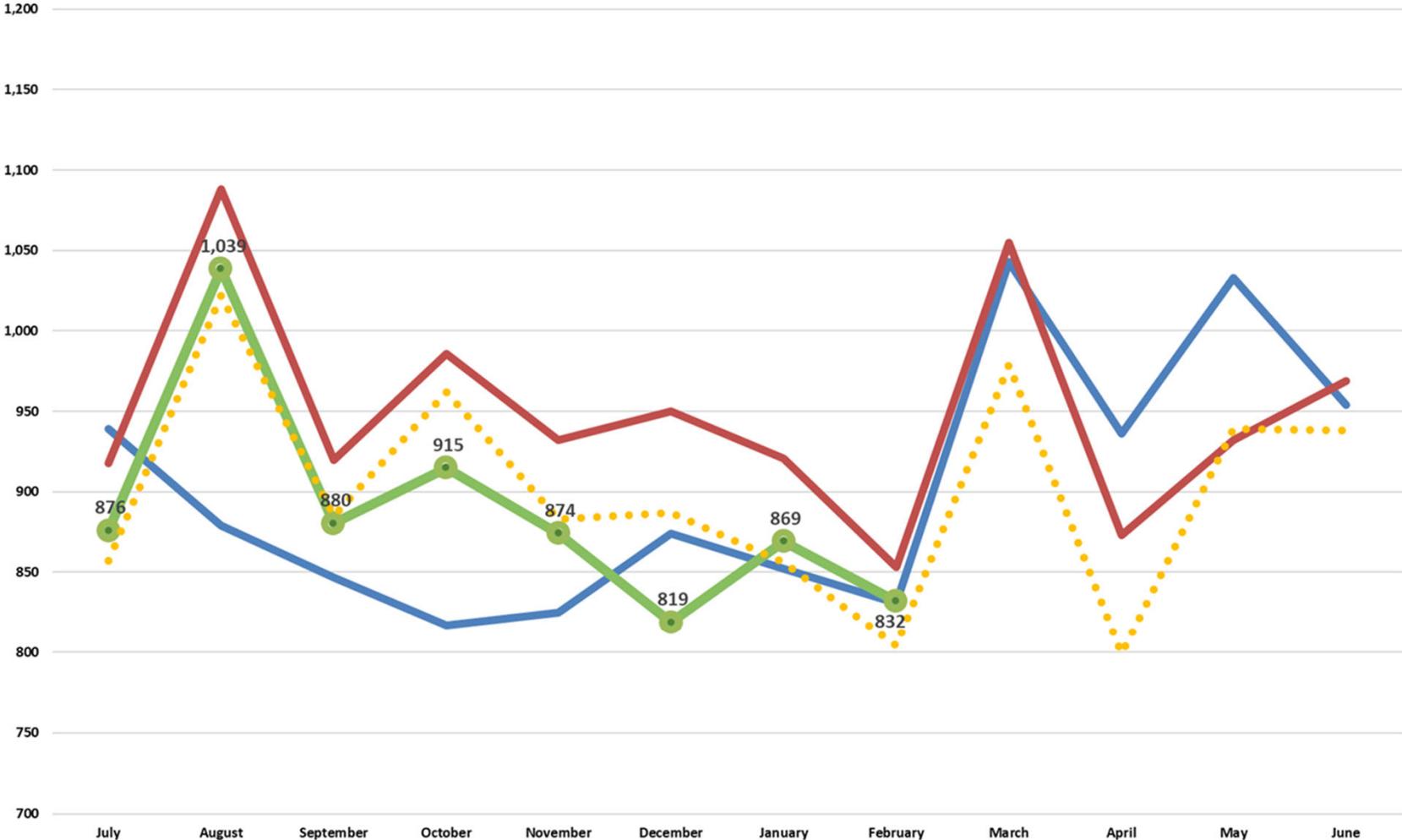
Outpatient Registrations Per Day



ED - Avg Treated Per Day



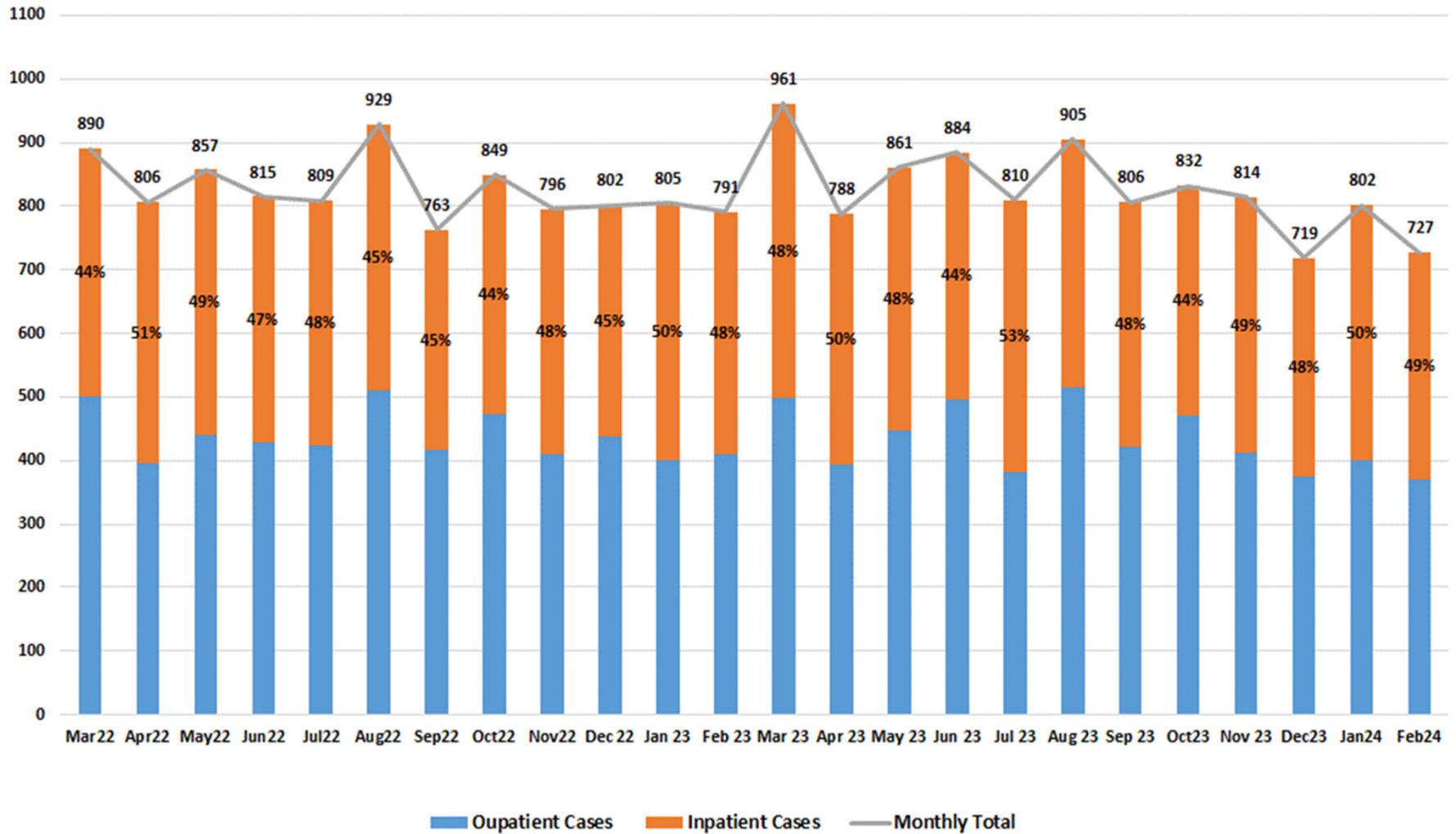
Surgery (IP & OP) – 100 Min Units



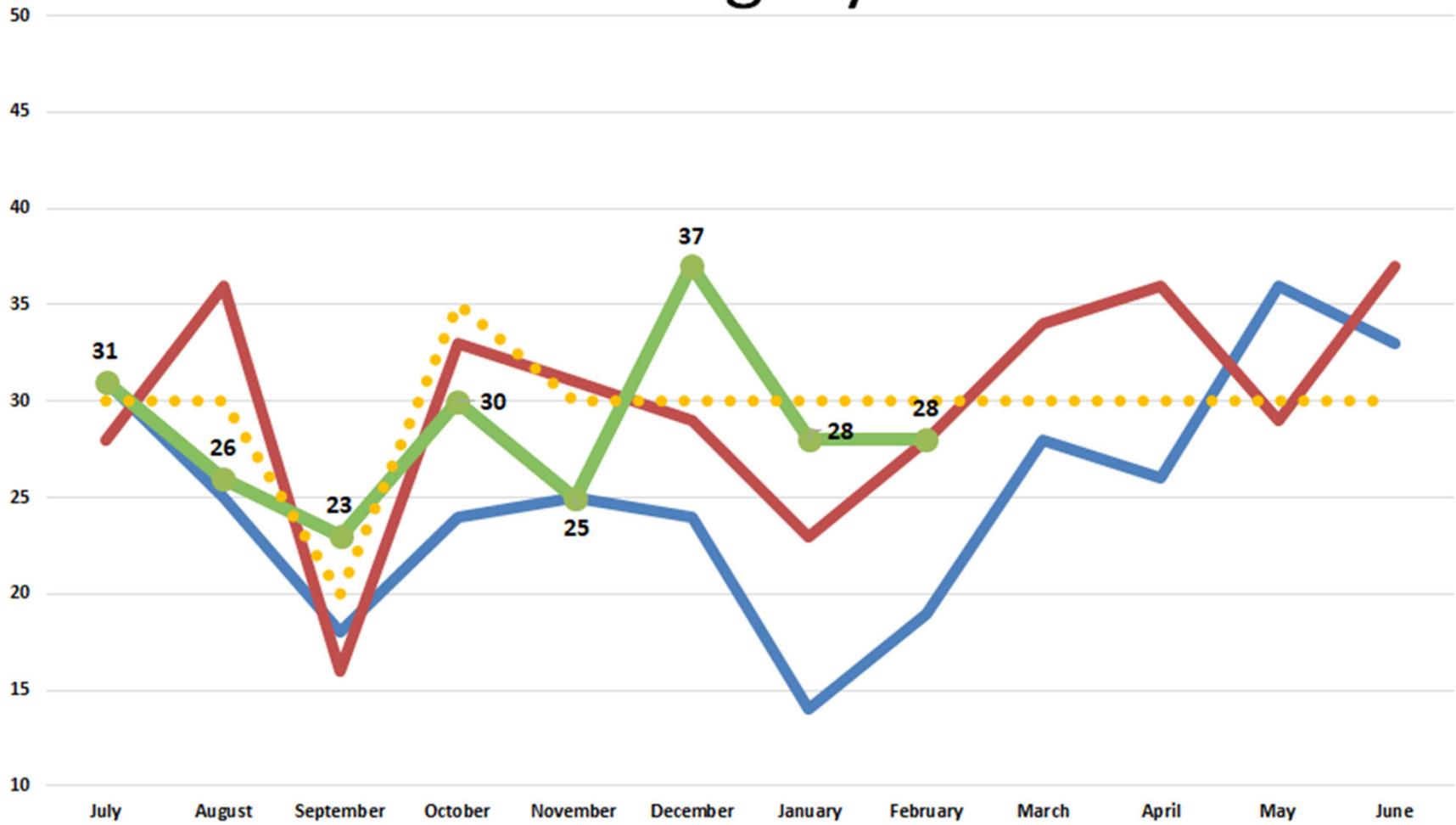
— FY2022 — FY2023 —●— FY2024 ●●● Budget



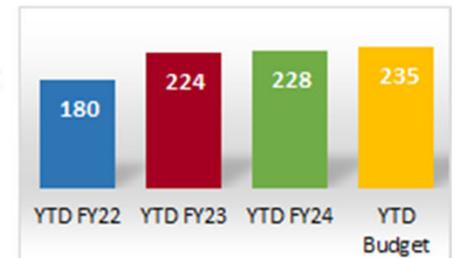
Surgery Cases (IP & OP)



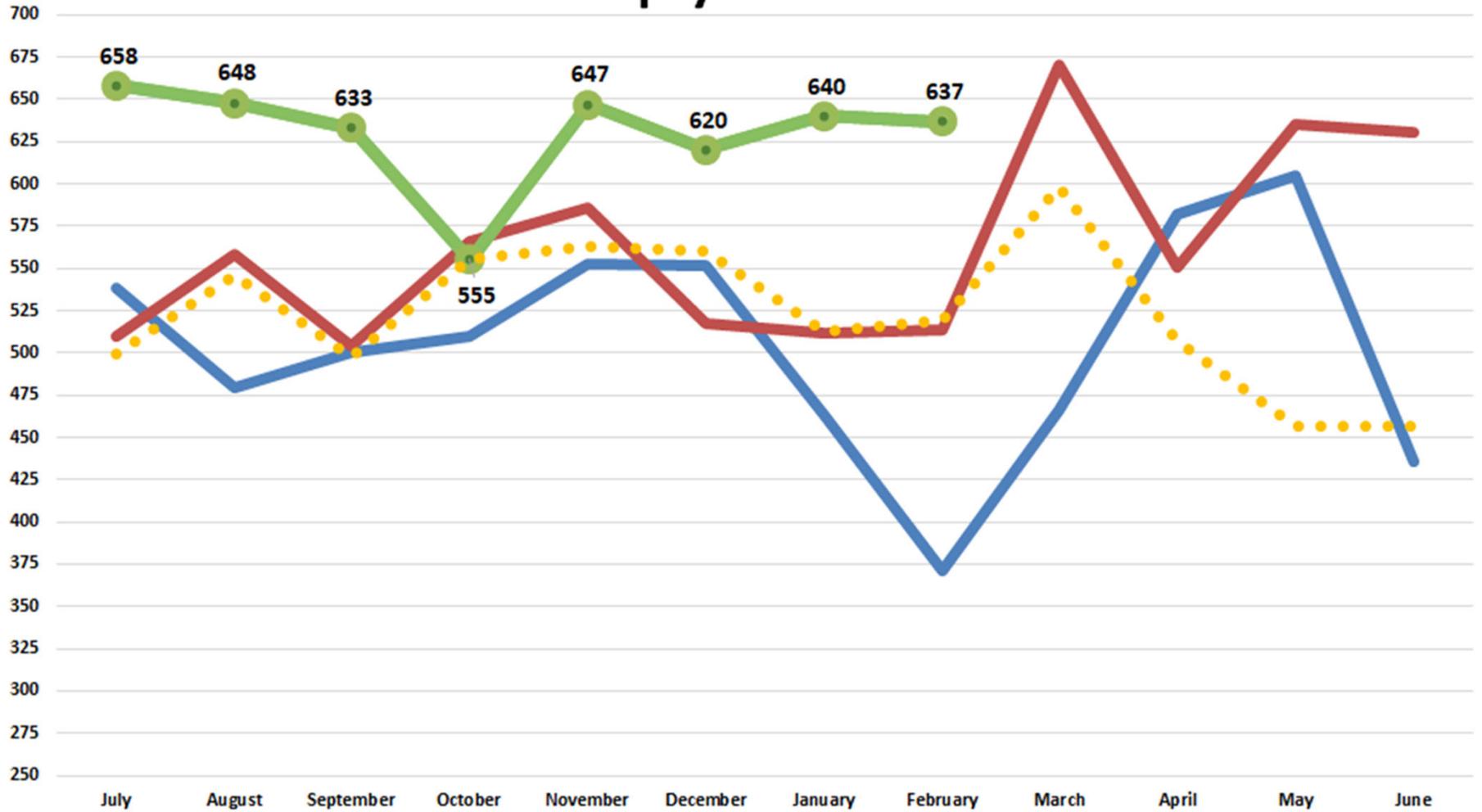
Cardiac Surgery Cases



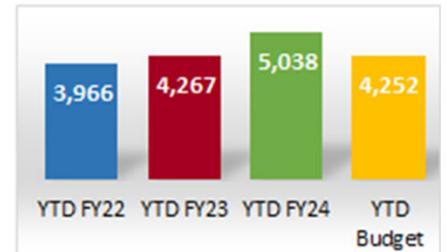
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



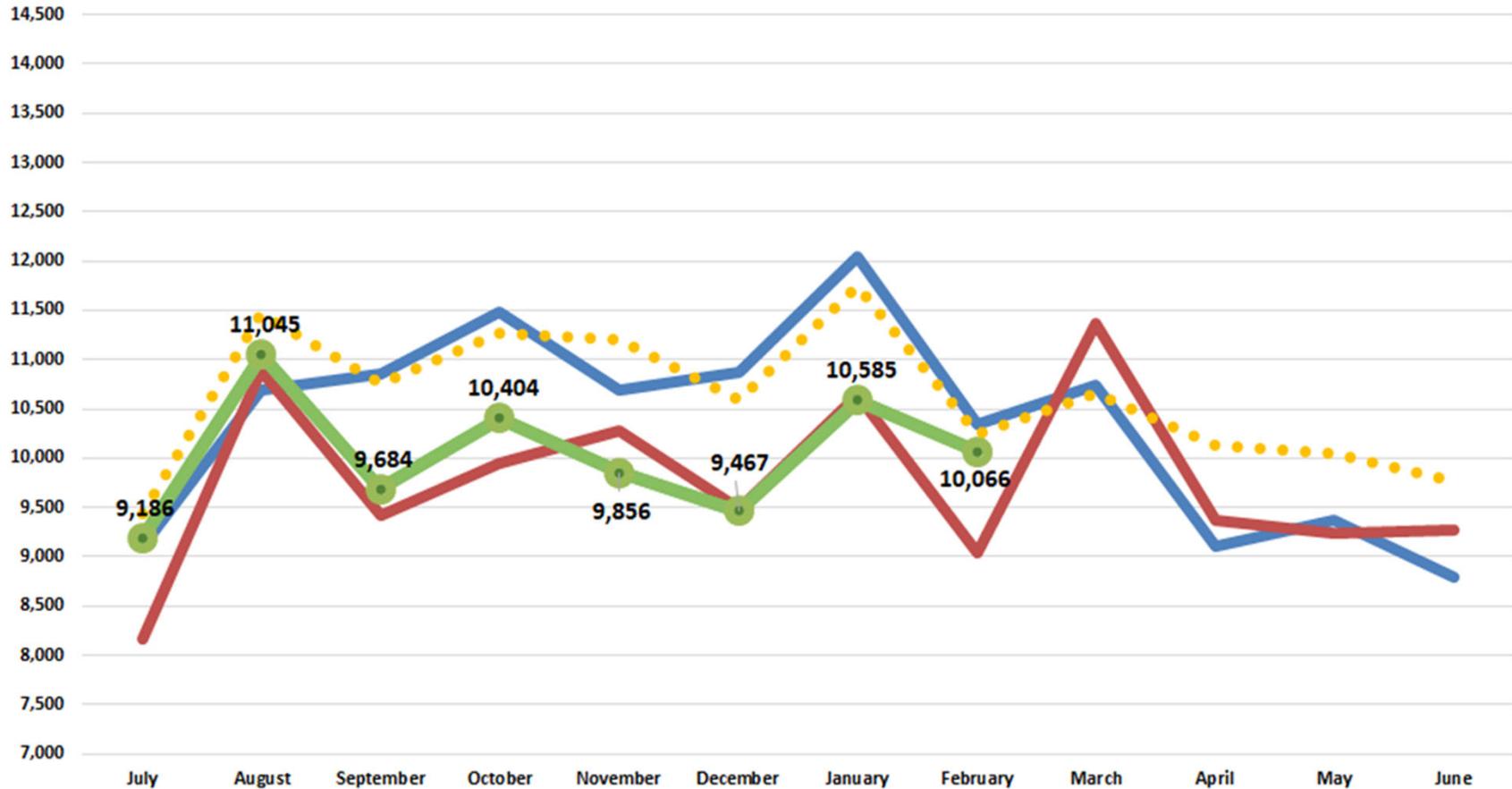
Endoscopy Procedures



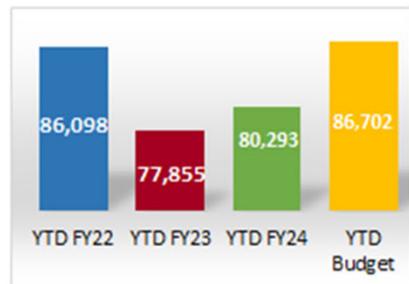
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



Rural Health Clinics Registrations



—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



Statistical Results – Fiscal Year Comparison (Feb)

Actual Results			Budget	Budget Variance	
Feb 2023	Feb 2024	% Change	Feb 2024	Change	% Change

Average Daily Census	426	416	(2.2%)	426	(10)	(2.3%)
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KDHCD Patient Days:

Medical Center	7,996	8,307	3.9%	8,363	(56)	(0.7%)
Acute I/P Psych	1,227	1,339	9.1%	1,305	34	2.6%
Sub-Acute	869	863	(0.7%)	866	(3)	(0.3%)
Rehab	530	516	(2.6%)	555	(39)	(7.0%)
TCS-Ortho (Short Stay Rehab)	357	315	(11.8%)	428	(113)	(26.4%)
NICU	463	314	(32.2%)	297	17	5.7%
Nursery	474	420	(11.4%)	548	(128)	(23.4%)

Total KDHCD Patient Days	11,916	12,074	1.3%	12,362	(288)	(2.3%)
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Total Outpatient Volume	37,660	46,748	24.1%	42,641	4,107	9.6%
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Statistical Results – Fiscal Year Comparison (Jul-Feb)

	Actual Results			Budget	Budget Variance	
	FYTD 2023	FYTD 2024	% Change	FYTD 2024	Change	% Change
Average Daily Census	434	406	(6.4%)	423	(17)	(4.0%)
KDHCD Patient Days:						
Medical Center	70,546	66,917	(5.1%)	69,295	(2,378)	(3.4%)
Acute I/P Psych	10,397	10,513	1.1%	11,025	(512)	(4.6%)
Sub-Acute	7,194	7,416	3.1%	7,114	302	4.2%
Rehab	4,301	4,287	(0.3%)	4,677	(390)	(8.3%)
TCS-Ortho (Short Stay Rehab)	3,060	2,714	(11.3%)	3,292	(578)	(17.6%)
TCS	2,115	0	(100.0%)	0	0	0.0%
NICU	3,776	3,255	(13.8%)	3,621	(366)	(10.1%)
Nursery	4,076	3,988	(2.2%)	4,197	(209)	(5.0%)
Total KDHCD Patient Days	105,465	99,090	(6.0%)	103,221	(4,131)	(4.0%)
Total Outpatient Volume	345,016	364,559	5.7%	335,624	28,935	8.6%

Other Statistical Results – Fiscal Year Comparison (Feb)

	Actual Results				Budget	Budget Variance	
	Feb 2023	Feb 2024	Change	% Change	Feb 2024	Change	% Change
Adjusted Patient Days	24,665	24,096	(569)	(2.3%)	25,329	(1,233)	(4.9%)
Outpatient Visits	37,660	46,748	9,088	24.1%	42,641	4,107	9.6%
Infusion Center	331	482	151	45.6%	480	2	0.4%
Endoscopy Procedures (I/P & O/P)	514	637	123	23.9%	519	118	22.7%
O/P Rehab Units	17,296	19,673	2,377	13.7%	18,588	1,085	5.8%
ED Total Registered	6,715	7,553	838	12.5%	6,960	593	8.5%
Radiology/CT/US/MRI Proc (I/P & O/P)	15,424	17,294	1,870	12.1%	16,470	824	5.0%
RHC Registrations	9,037	10,066	1,029	11.4%	10,243	(177)	(1.7%)
Home Health Visits	2,820	3,015	195	6.9%	3,049	(34)	(1.1%)
Urgent Care - Court	2,917	3,068	151	5.2%	4,114	(1,046)	(25.4%)
Physical & Other Therapy Units	16,981	17,854	873	5.1%	17,476	378	2.2%
Dialysis Treatments	1,380	1,403	23	1.7%	1,550	(147)	(9.5%)
Urgent Care - Demaree	2,445	2,360	(85)	(3.5%)	2,659	(299)	(11.2%)
Hospice Days	3,257	3,122	(135)	(4.1%)	3,700	(578)	(15.6%)
Radiation Oncology Treatments (I/P & O/P)	1,683	1,509	(174)	(10.3%)	1,918	(409)	(21.3%)
Surgery Minutes-General & Robotic (I/P & O/P)	996	893	(103)	(10.3%)	878	15	1.7%
OB Deliveries	366	321	(45)	(12.3%)	371	(50)	(13.5%)
Cath Lab Minutes (IP & OP)	312	248	(64)	(20.5%)	285	(37)	(13.0%)

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

	Actual Results				Budget	Budget Variance	
	FY 2023	FY 2024	Change	% Change	FY 2024	Change	% Change
Adjusted Patient Days	217,960	198,871	(19,089)	(8.8%)	208,755	(9,884)	(4.7%)
Outpatient Visits	345,016	364,559	19,543	5.7%	335,624	28,935	8.6%
Infusion Center	2,656	3,201	545	20.5%	3,251	(50)	(1.5%)
Endoscopy Procedures (I/P & O/P)	4,267	5,038	771	18.1%	4,252	786	18.5%
ED Total Registered	59,010	64,312	5,302	9.0%	58,639	5,673	9.7%
Radiology/CT/US/MRI Proc (I/P & O/P)	131,181	139,761	8,580	6.5%	132,063	7,698	5.8%
O/P Rehab Units	147,930	157,211	9,281	6.3%	155,185	2,026	1.3%
Home Health Visits	23,714	24,619	905	3.8%	24,837	(218)	(0.9%)
RHC Registrations	77,855	80,293	2,438	3.1%	86,702	(6,409)	(7.4%)
Dialysis Treatments	11,991	12,014	23	0.2%	12,400	(386)	(3.1%)
Hospice Days	28,877	28,767	(110)	(0.4%)	30,032	(1,265)	(4.2%)
OB Deliveries	3,150	3,127	(23)	(0.7%)	3,169	(42)	(1.3%)
Physical & Other Therapy Units	141,239	137,792	(3,447)	(2.4%)	150,611	(12,819)	(8.5%)
Cath Lab Minutes (IP & OP)	2,506	2,415	(91)	(3.6%)	2,757	(342)	(12.4%)
Radiation Oncology Treatments (I/P & O/P)	14,461	13,628	(833)	(5.8%)	16,632	(3,004)	(18.1%)
Surgery Minutes-General & Robotic (I/P & O/P)	8,471	7,652	(819)	(9.7%)	7,762	(110)	(1.4%)
Urgent Care - Demaree	23,037	17,749	(5,288)	(23.0%)	22,251	(4,502)	(20.2%)
Urgent Care - Court	34,009	25,465	(8,544)	(25.1%)	34,450	(8,985)	(26.1%)

February Financial Comparison without KHMG (000's)

	Without KHMG				Without KHMG			
	Comparison to Budget - Month of February				Comparison to Prior Year - Month of February			
	Budget Feb-2024	Actual Feb-2024	\$ Change	% Change	Feb-2023	Feb-2024	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$47,142	\$49,778	\$2,636	5.3%	\$45,570	\$49,778	\$4,208	8.5%
Supplemental Gov't Programs	\$6,064	\$7,477	\$1,413	18.9%	\$6,060	\$7,477	\$1,418	19.0%
Prime Program	\$781	\$822	\$40	4.9%	\$743	\$822	\$79	9.6%
Premium Revenue	\$7,163	\$7,747	\$584	7.5%	\$7,251	\$7,747	\$496	6.4%
Management Services Revenue	\$3,217	\$3,207	(\$10)	-0.3%	\$2,897	\$3,207	\$310	9.7%
Other Revenue	\$2,288	\$3,217	\$930	28.9%	\$2,278	\$3,217	\$940	29.2%
Other Operating Revenue	\$19,514	\$22,470	\$2,957	13.2%	\$19,228	\$22,470	\$3,242	14.4%
Total Operating Revenue	\$66,655	\$72,248	\$5,593	7.7%	\$64,798	\$72,248	\$7,450	10.3%
Operating Expenses								
Salaries & Wages	\$27,453	\$28,662	\$1,209	4.2%	\$25,784	\$28,662	\$2,879	10.0%
Contract Labor	\$1,067	\$1,721	\$654	38.0%	\$2,979	\$1,721	(\$1,257)	-73.1%
Employee Benefits	\$6,353	\$6,691	\$338	5.0%	\$5,889	\$6,691	\$801	12.0%
Total Employment Expenses	\$34,873	\$37,074	\$2,201	5.9%	\$34,651	\$37,074	\$2,423	6.5%
Medical & Other Supplies	\$12,466	\$14,988	\$2,522	16.8%	\$12,869	\$14,988	\$2,119	14.1%
Physician Fees	\$6,665	\$6,586	(\$79)	-1.2%	\$6,261	\$6,586	\$326	4.9%
Purchased Services	\$1,421	\$1,221	(\$200)	-16.4%	\$1,153	\$1,221	\$67	5.5%
Repairs & Maintenance	\$2,349	\$2,450	\$102	4.1%	\$2,117	\$2,450	\$333	13.6%
Utilities	\$945	\$647	(\$298)	-46.1%	\$664	\$647	(\$17)	-2.7%
Rents & Leases	\$162	\$233	\$71	30.4%	\$3	\$233	\$230	98.9%
Depreciation & Amortization	\$2,914	\$2,672	(\$242)	-9.1%	\$3,570	\$2,672	(\$899)	-33.6%
Interest Expense	\$549	\$598	\$48	8.0%	\$618	\$598	(\$20)	-3.4%
Other Expense	\$2,048	\$2,162	\$113	5.2%	\$1,874	\$2,162	\$287	13.3%
Humana Cap Plan Expenses	\$3,701	\$4,893	\$1,192	24.4%	\$3,596	\$4,893	\$1,297	26.5%
Total Other Expenses	\$33,221	\$36,449	\$3,228	8.9%	\$32,724	\$36,449	\$3,725	10.2%
Total Operating Expenses	\$68,094	\$73,523	\$5,429	7.4%	\$67,376	\$73,523	\$6,147	8.4%
Operating Margin	(\$1,438)	(\$1,275)	\$163		(\$2,578)	(\$1,275)	\$1,303	
Stimulus/FEMA	\$1,506	\$0	(\$1,506)		\$0	\$0	\$0	
Operating Margin after Stimulus/FEMA	\$67	(\$1,275)	(\$1,342)		(\$2,578)	(\$1,275)	\$1,303	
Nonoperating Revenue (Loss)	\$436	\$618	\$182		\$834	\$618	(\$216)	
Excess Margin	\$503	(\$657)	(\$1,160)		(\$1,744)	(\$657)	\$1,087	

FYTD July-Feb: Financial Comparison without KHMG (000's)

	Without KHMG				Without KHMG			
	Comparison to Budget - YTD February				Comparison to Prior Year - YTD February			
	Budget Feb-2024	Actual Feb-2024	\$ Change	% Change	Feb-2023	Feb-2024	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$387,880	\$385,812	(\$2,069)	-0.5%	\$388,794	\$385,812	(\$2,983)	-0.8%
Supplemental Gov't Programs	\$51,024	\$55,375	\$4,351	7.9%	\$42,675	\$55,375	\$12,699	22.9%
Prime Program	\$6,573	\$8,211	\$1,638	19.9%	\$5,941	\$8,211	\$2,270	27.6%
Premium Revenue	\$62,166	\$59,715	(\$2,451)	-4.1%	\$49,894	\$59,715	\$9,821	16.4%
Management Services Revenue	\$27,069	\$26,320	(\$750)	-2.8%	\$25,802	\$26,320	\$517	2.0%
Other Revenue	\$19,643	\$26,055	\$6,412	24.6%	\$20,351	\$26,055	\$5,704	21.9%
Other Operating Revenue	\$166,475	\$175,675	\$9,200	5.2%	\$144,663	\$175,675	\$31,012	17.7%
Total Operating Revenue	\$554,355	\$561,486	\$7,131	1.3%	\$533,458	\$561,486	\$28,029	5.0%
Operating Expenses								
Salaries & Wages	\$231,099	\$228,294	(\$2,805)	-1.2%	\$220,174	\$228,294	\$8,120	3.6%
Contract Labor	\$12,301	\$15,001	\$2,700	18.0%	\$39,180	\$15,001	(\$24,179)	-161.2%
Employee Benefits	\$53,428	\$53,625	\$197	0.4%	\$43,002	\$53,625	\$10,623	19.8%
Total Employment Expenses	\$296,828	\$296,920	\$92	0.0%	\$302,356	\$296,920	(\$5,436)	-1.8%
Medical & Other Supplies	\$106,560	\$107,395	\$835	0.8%	\$105,775	\$107,395	\$1,620	1.5%
Physician Fees	\$53,321	\$53,024	(\$296)	-0.6%	\$53,782	\$53,024	(\$757)	-1.4%
Purchased Services	\$11,957	\$12,434	\$477	3.8%	\$12,284	\$12,434	\$150	1.2%
Repairs & Maintenance	\$18,926	\$18,728	(\$198)	-1.1%	\$17,646	\$18,728	\$1,082	5.8%
Utilities	\$7,657	\$6,941	(\$717)	-10.3%	\$6,644	\$6,941	\$297	4.3%
Rents & Leases	\$1,297	\$1,294	(\$3)	-0.2%	\$977	\$1,294	\$317	24.5%
Depreciation & Amortization	\$23,310	\$22,432	(\$879)	-3.9%	\$23,222	\$22,432	(\$790)	-3.5%
Interest Expense	\$4,623	\$4,806	\$183	3.8%	\$4,959	\$4,806	(\$153)	-3.2%
Other Expense	\$17,241	\$15,463	(\$1,778)	-11.5%	\$13,828	\$15,463	\$1,634	10.6%
Humana Cap Plan Expenses	\$29,612	\$29,001	(\$611)	-2.1%	\$28,787	\$29,001	\$214	0.7%
Total Other Expenses	\$274,504	\$271,517	(\$2,987)	-1.1%	\$267,903	\$271,517	\$3,614	1.3%
Total Operating Expenses	\$571,332	\$568,437	(\$2,895)	-0.5%	\$570,259	\$568,437	(\$1,822)	-0.3%
Operating Margin	(\$16,976)	(\$6,950)	\$10,026		(\$36,801)	(\$6,950)	\$29,851	
Stimulus/FEMA	\$12,670	\$3,220	(\$9,450)		\$287	\$3,220	\$2,933	
Operating Margin after Stimulus/FEMA	(\$4,306)	(\$3,730)	\$576		(\$36,514)	(\$3,730)	\$32,784	
Nonoperating Revenue (Loss)	\$3,787	\$9,733	\$5,945		\$2,567	\$9,733	\$7,165	
Excess Margin	(\$519)	\$6,002	\$6,521		(\$33,947)	\$6,002	\$39,949	

FYTD July-February : Trended Financial Information (000's)

Income Statement	FY 2023	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	FYTD 2024
Patient Service Revenue	\$611,350	\$45,479	\$49,531	\$47,195	\$47,502	\$48,225	\$48,629	\$49,472	\$49,778	\$385,812
Other Revenue	\$240,615	\$21,161	\$22,458	\$21,039	\$21,928	\$21,261	\$20,979	\$24,379	\$22,470	\$175,675
Total Operating Revenue	\$851,965	\$66,640	\$71,989	\$68,234	\$69,431	\$69,486	\$69,608	\$73,851	\$72,248	\$561,486
Employee Expense	\$462,214	\$36,176	\$37,019	\$35,180	\$38,961	\$37,597	\$37,268	\$37,645	\$37,074	\$296,921
Other Operating Expense	\$448,205	\$33,478	\$34,922	\$33,204	\$31,579	\$33,162	\$32,981	\$35,742	\$36,449	\$271,516
Total Operating Expenses	\$910,418	\$69,654	\$71,941	\$68,384	\$70,540	\$70,759	\$70,249	\$73,388	\$73,523	\$568,437
Net Operating Margin	(\$58,453)	(\$3,014)	\$48	(\$150)	(\$1,110)	(\$1,273)	(\$641)	\$464	(\$1,275)	(\$6,951)
Stimulus/FEMA	\$609	\$1,610	\$1,610	\$0	\$0	\$0	\$0	\$0	\$0	\$3,220
NonOperating Income	\$10,627	\$617	\$602	\$626	\$665	\$578	\$5,057	\$969	\$618	\$9,733
Excess Margin	(\$47,218)	(\$787)	\$2,259	\$477	(\$444)	(\$695)	\$4,416	\$1,433	(\$657)	\$6,002

Profitability											A
Operating Margin %	(6.9%)	(4.5%)	0.1%	(0.2%)	(1.6%)	(1.8%)	(0.9%)	0.6%	(1.8%)	(1.2%)	0.1%
Operating Margin %excl. Interest	(6.0%)	(3.6%)	0.9%	0.7%	(0.7%)	(1.0%)	(0.1%)	1.4%	(0.9%)	(0.4%)	
Operating EBIDA	(\$11,318)	\$395	\$3,493	\$3,265	\$2,340	\$2,111	\$2,732	\$3,957	\$1,994	\$20,287	
Operating EBIDA Margin	(1.3%)	0.6%	4.9%	4.8%	3.4%	3.0%	3.9%	5.4%	2.8%	3.6%	5.6%

Liquidity Indicators											
Day's Cash on Hand	78.3	84.2	84.7	83.3	83.7	81.1	83.5	81.4	79.0	79.0	206.5
Day's in Accounts Receivable	72.5	72.6	74.6	76.6	79.1	78.4	77.6	72.5	71.0	71.0	48.0
Surplus/Unrestricted Funds (000's)	\$186,803	\$181,339	\$185,762	\$182,518	\$183,138	\$178,653	\$183,624	\$179,987	\$176,827	\$176,827	
Capital Expenditures (000's)	\$23,394	\$301	\$816	\$563	\$621	\$1,399	\$1,706	\$1,725	\$765	\$7,895	\$14,000

Debt & Other Indicators											
Debt Service Coverage (MADS)	(0.1)	1.63	2.57	2.54	2.37	2.23	2.67	2.71	2.06	2.06	3.80
Discharges (Monthly)	2,289	2,306	2,442	2,276	2,203	2,293	2,285	2,283	2,144	2,279	
Adj Discharges (Case mix adj)	7,600	7,504	7,884	7,580	7,417	7,743	7,344	7,228	7,111	7,470	
Adjusted patient Days (Mo.)	26,609	24,306	26,289	24,516	24,321	24,447	24,965	25,976	24,096	24,974	
Cost/Adj Discharge	\$10.0	\$9.3	\$9.1	\$9.0	\$9.5	\$9.1	\$9.6	\$10.2	\$10.3	\$10.9	
Compensation Ratio	76%	80%	75%	75%	82%	78%	77%	76%	74%	77%	

Trended Supplemental Income

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FYTD 2024
HQAF	\$12,288,275	\$12,003,276	\$20,776,236	\$14,557,680	\$27,050,255	\$23,344,899	\$13,725,330
Directed Payments	\$0	\$0	\$0	\$0	\$0	\$11,628,806	\$14,171,744
Medi-Cal DSH	\$14,303,677	\$32,049,799	\$17,855,652	\$14,162,763	\$17,150,725	\$27,451,868	\$10,267,499
Rate Range	\$4,551,769	\$22,731,639	\$17,769,804	\$17,235,182	\$24,443,345	\$16,533,121	\$13,844,384
Fee for Service	\$10,083,647	\$9,686,738	\$4,990,626	\$10,124,937	\$6,557,859	\$2,848,697	\$3,365,656
	\$41,227,368	\$76,471,452	\$61,392,318	\$56,080,562	\$75,202,184	\$81,807,391	\$55,374,613
% of Total Revenue	6%	10%	8%	7%	9%	10%	10%

1. Hospital Quality Assurance Fee: The hospital quality assurance fee (HQAF) was established in 2009 by private hospitals as a way for them to draw down federal funds for the uncompensated portion of care they provide to Medi-Cal beneficiaries (similar to our AB 113 program). When the HQAF was developed public hospitals negotiated to receive funding via this mechanism as well. Funding is distributed based on inpatient Medi-Cal volume with enhanced payments for hospitals which are DSH or rural. *Public hospital funding is renegotiated each time there is a new HQAF program (roughly every 3 years) and has grown at a small pace, in line with the overall growth of the overall program.*

2. Directed payments: Beginning with CY23, the California Department of Health Care Services created a new funding initiative in consultation with DHLF. This is a state directed payment and represents uniform dollar increases that is established by the state for Medi-Cal inpatient and outpatient hospital services for the rating period covering Calendar Years beginning January 1 2023. This is the first significant new Medi-Cal supplemental funding program for district hospitals in a number of years.

3. Medi-Cal DSH: The Disproportionate Share Hospital (DSH) Program is a Medi-Cal supplemental payment program that was established in 1981. It reimburses hospitals for some of the uncompensated care costs associated with furnishing inpatient hospital services to Medi-Cal beneficiaries and uninsured individuals. Kaweah's share of funding has grown significantly over the years due to the increased patient load and achievement of teaching hospital status a few years ago. *While overall funding levels of DSH have increased over time, there are currently significant reductions contained in federal law which propose to reduce the funding by 50%. Previous hospital advocacy has been successful in delaying the federal DSH reductions on six prior occasions.*

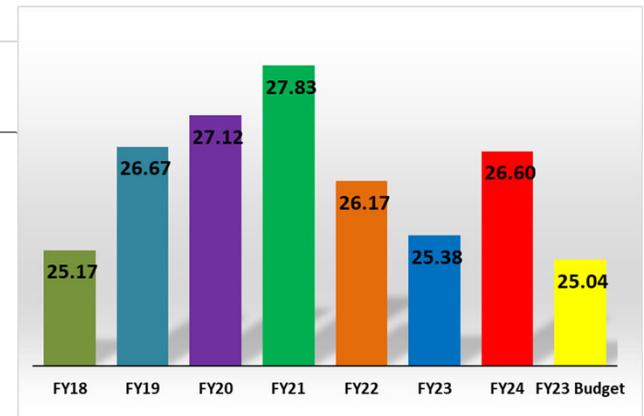
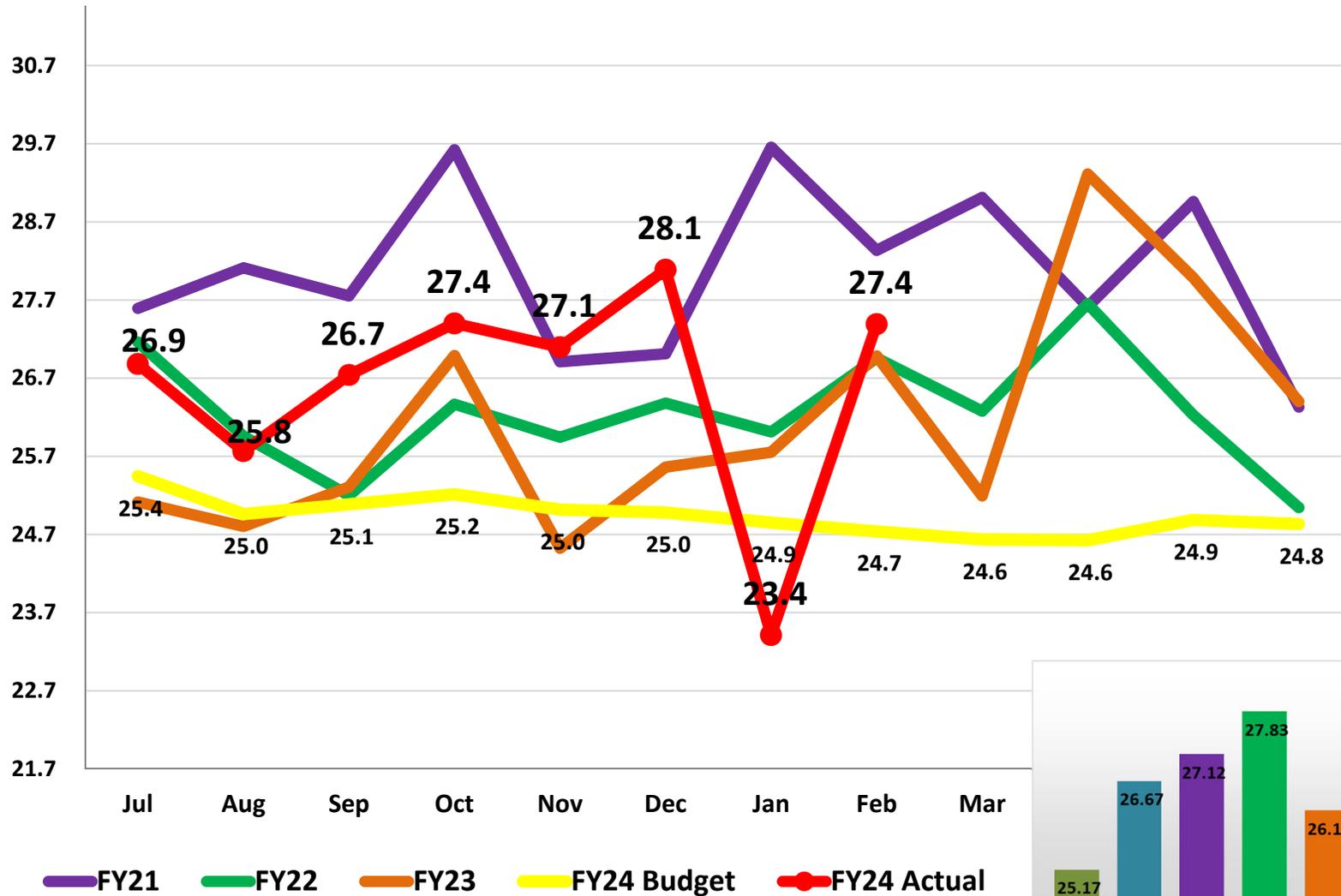
4. Rate Range: Most Medi-Cal beneficiaries are enrolled in Managed Care Plans (MCP). MCP's are paid a per member per month (PMPM) amount by DHCS to arrange and pay for the care of their members. DHCS calculates a lower, midpoint, and upper PMPM rate and pays the MCP's at the lower rate. CMS will provide federal funding as high as the upper rate. Public hospitals provide IGT's to draw down "rate range", the difference between the upper and lower rates, thus providing public hospitals with more federal funding. Rate range increases when additional beneficiaries and services are transitioned to managed care. Over the past decade there has been a large shift in beneficiaries to managed care such that now over 90% of beneficiaries are in managed care. *Managed care has stabilized and thus funding from this source should remain relatively constant.*

5. FFS Inpatient Funds: Assembly Bill 113 (AB 113) established the district and municipal hospital IGT fund in 2011. AB 113 allows hospitals to claim federal funding for the uncompensated portion of inpatient care that hospitals provide to Medi-Cal beneficiaries in the fee-for-service program. The program uses 4 different tiers to determine the allocation of funds based on Charity Revenue, Bad Debt Revenue and Medi-Cal Charges. *The number of beneficiaries in the fee-for-service program has declined in the past decade as more beneficiaries were transitioned to managed care, however that decline has leveled off and funding levels are expected to remain stable for the foreseeable future.*

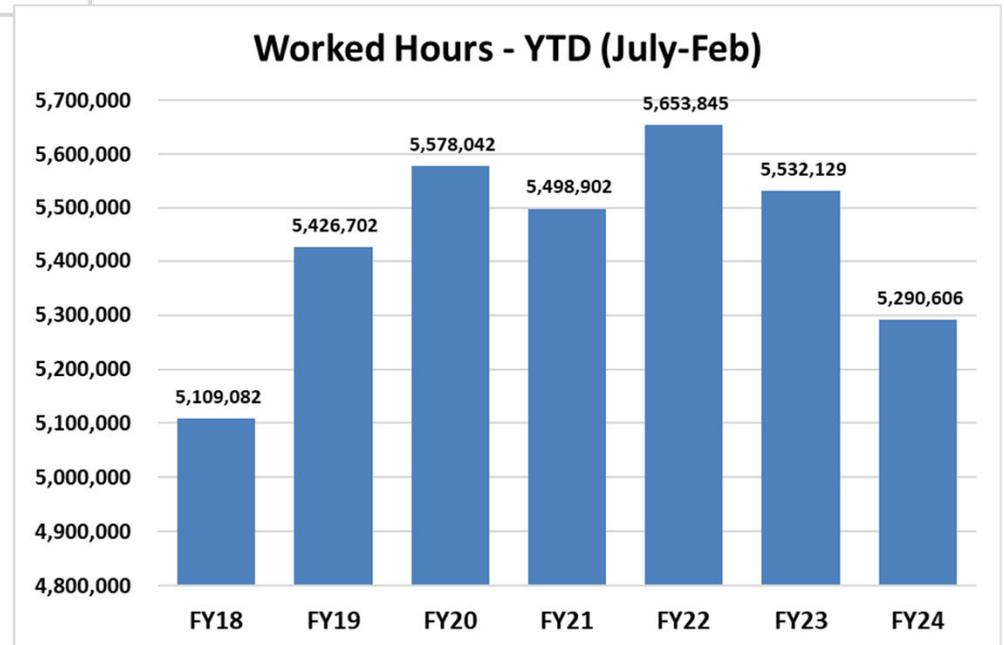
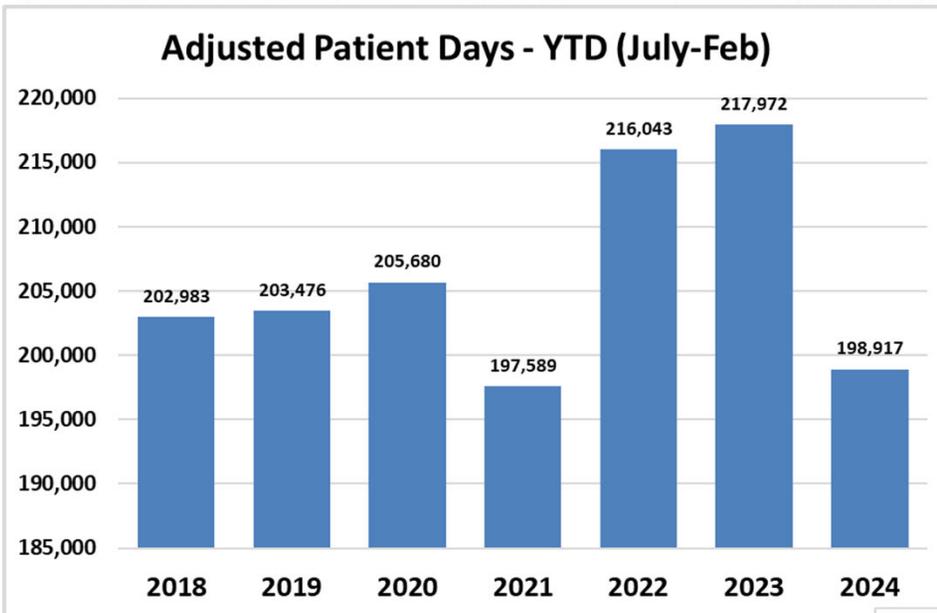
Month of February- Budget Variances

- **Net Patient Service Revenue:** In February, actuals were more than budget by \$2.6M, (5.3%), primarily due to higher patient volumes, both inpatients and outpatients.
- **Supplemental Income:** The \$1.4M positive budget variance is mainly due to a true up our FY2024 Medi-Cal DSH amounts. The FY24 budget included a substantial decrease due to expected cuts in the Medi-Cal DSH program. As these cuts have now been delayed, we are recognizing additional revenue for FY24.
- **Other Revenue:** Higher than budgeted revenue and volume from our Retail Pharmacy is the main driver for the positive variance \$930K.
- **Salaries and Wages:** The negative variance of \$1.2M (4.2%) is primarily due to the increase in our pay rates due to the increases in our minimum wages and market increases. For pay period ending 3/2/2024, we experienced a \$2/hour increase overall compared to 12/23/2023 average pay rate. This equates to approximately \$667K/pay period or \$1.48M/month.
- **Contract Labor:** Our contract labor continues to be over budget, but the differences have been closing over the last few months. The main departments using Contract labor are Emergency Department, Labor Delivery, NICU and our M/S Ortho Neuro Unit.
- **Employee Benefits:** The \$338K negative budget variance is primarily due to timing. At the beginning of the calendar year FICA taxes are higher as are wages. In addition, the 401K timing compared to budget was felt. In the new calendar year we have begun accruing a full match versus ½ match. There was also a catch up in our workers compensation.
- **Medical & Other Supplies:** Medical and Supplies were \$2.5M higher than budget primarily due to timing and some volume impacts. The areas that were higher were Cath Lab (\$788K), Surgery (\$168K), Lab (\$215K), Cardiac Surgery (\$149K), Blood (\$42K), Central Logistics (\$63K)
- **Humana Cap Plan Expenses:** The increase appears to have been impacted by the timing of check runs (5) in February.

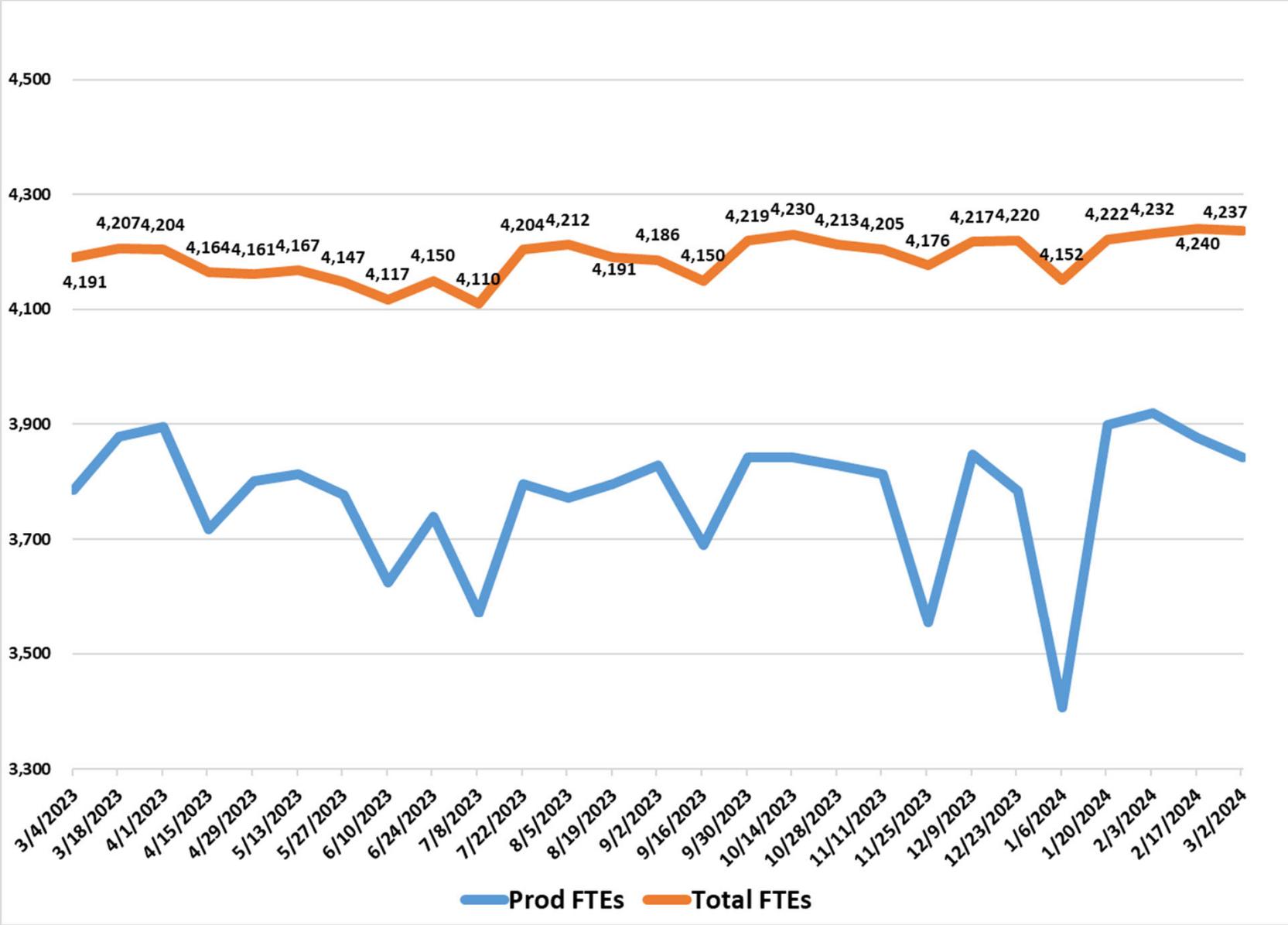
Productivity: Worked Hours/Adjusted Patient Days



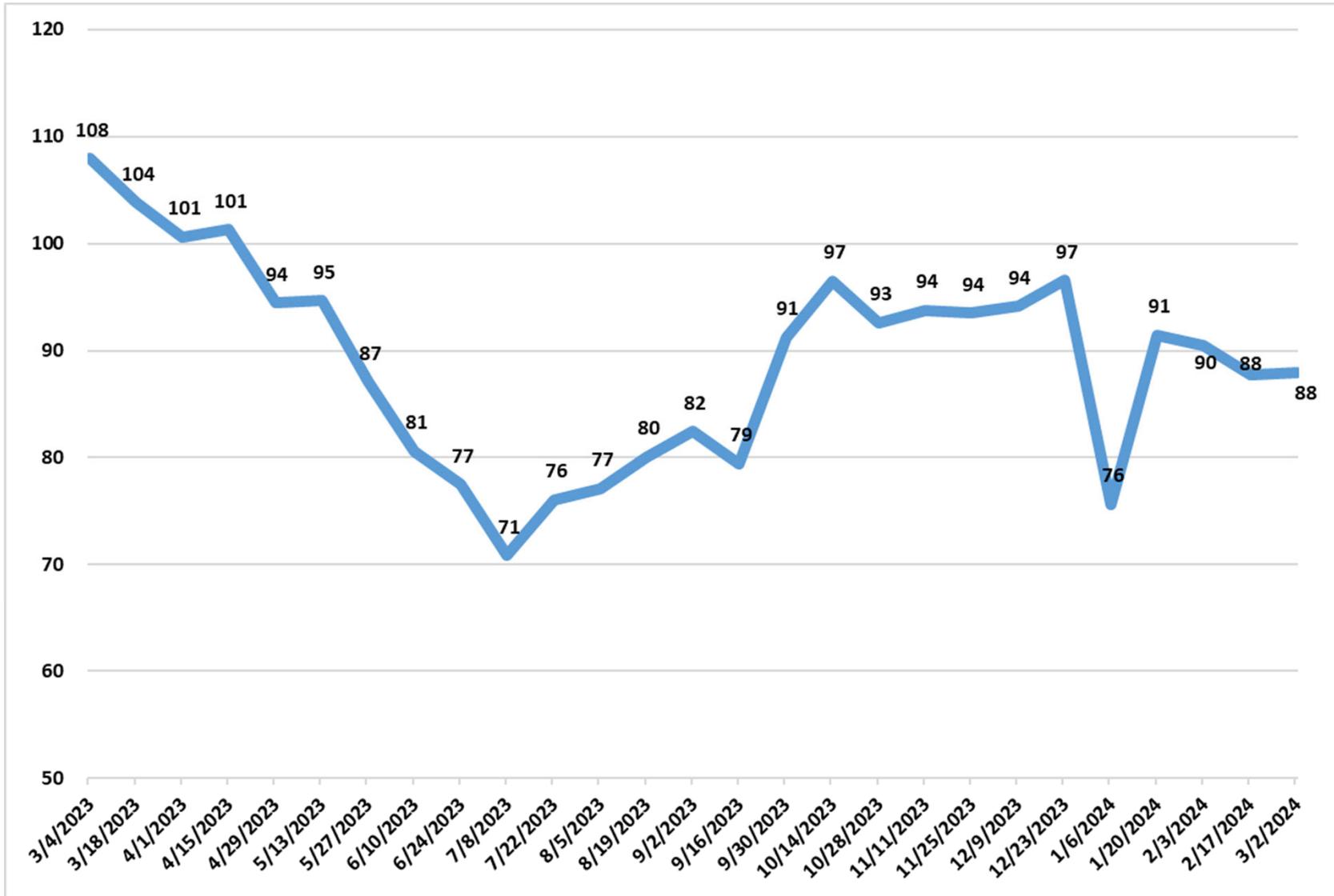
Productivity: Worked Hours & Adjusted Patient Days



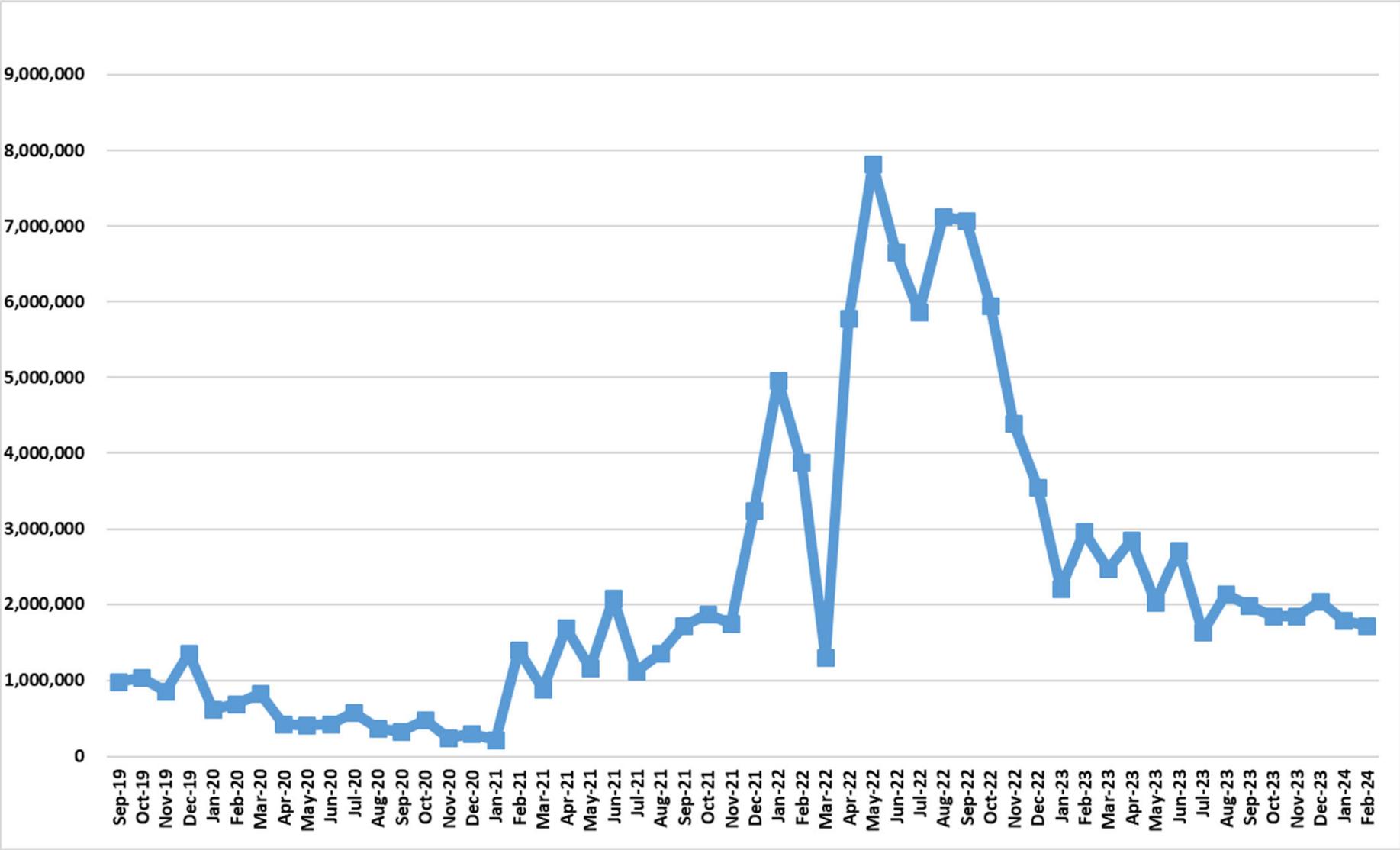
Productive and Total FTEs without KHMG



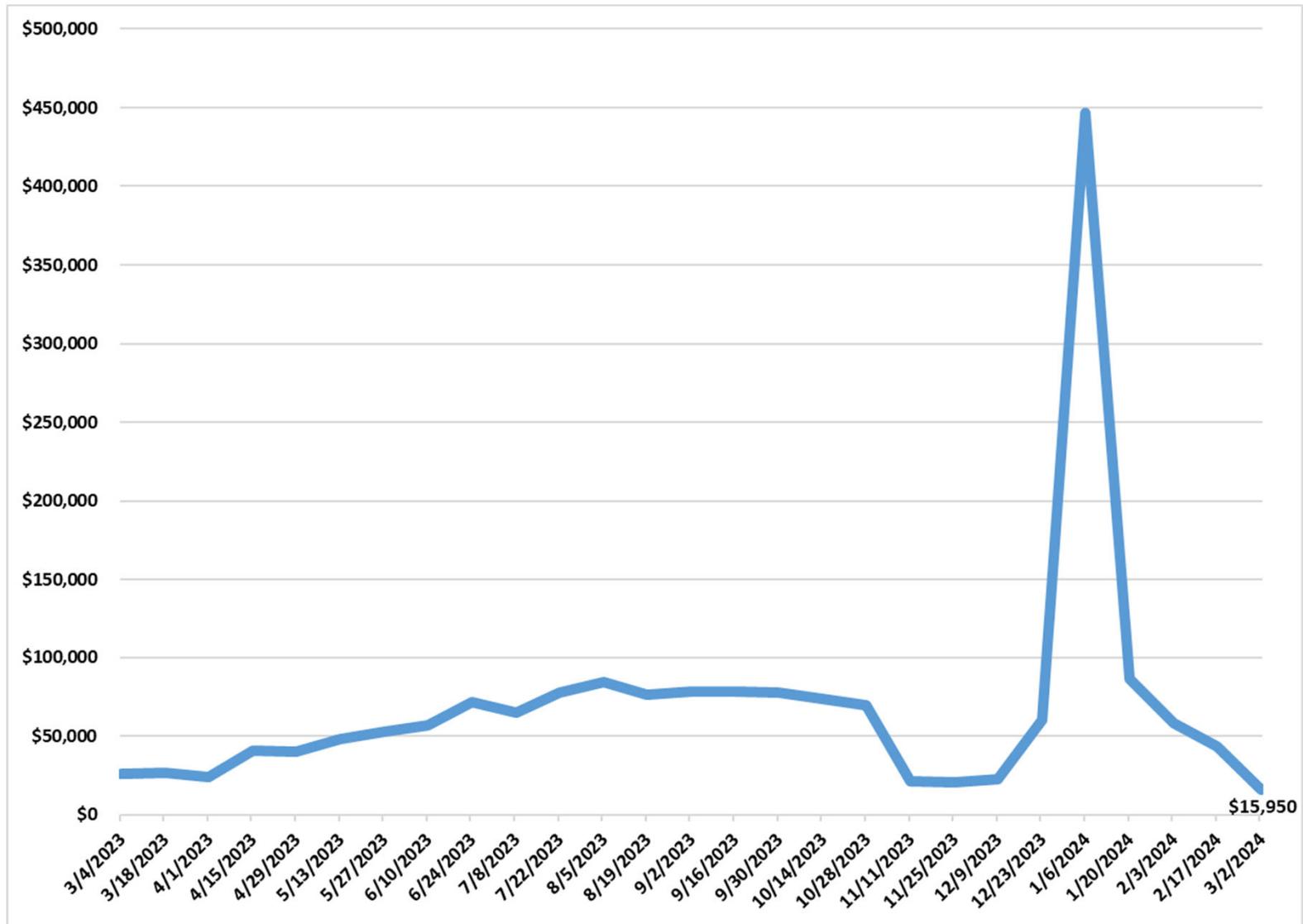
Contract Labor Full Time Equivalents (FTEs)



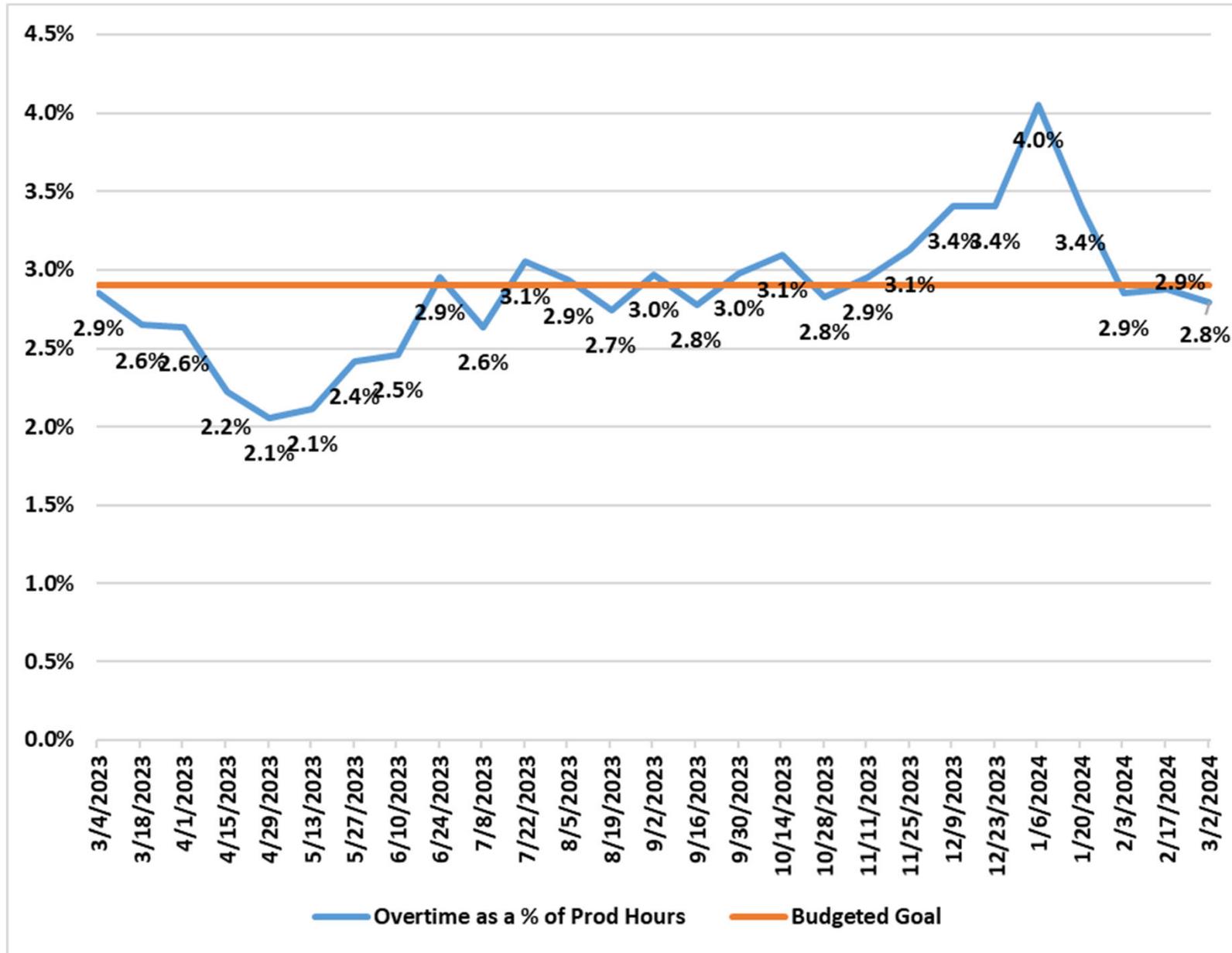
Contract Labor Expense



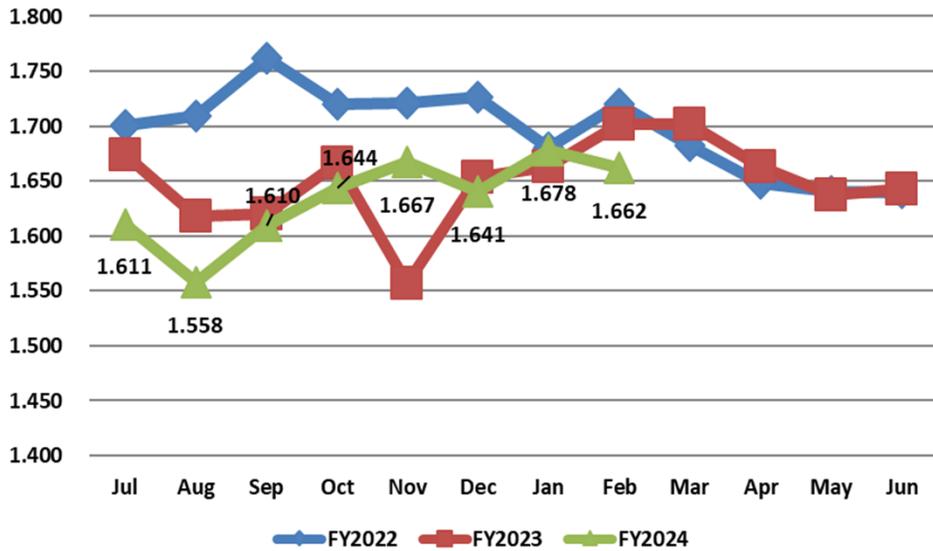
Shift Bonus Expense



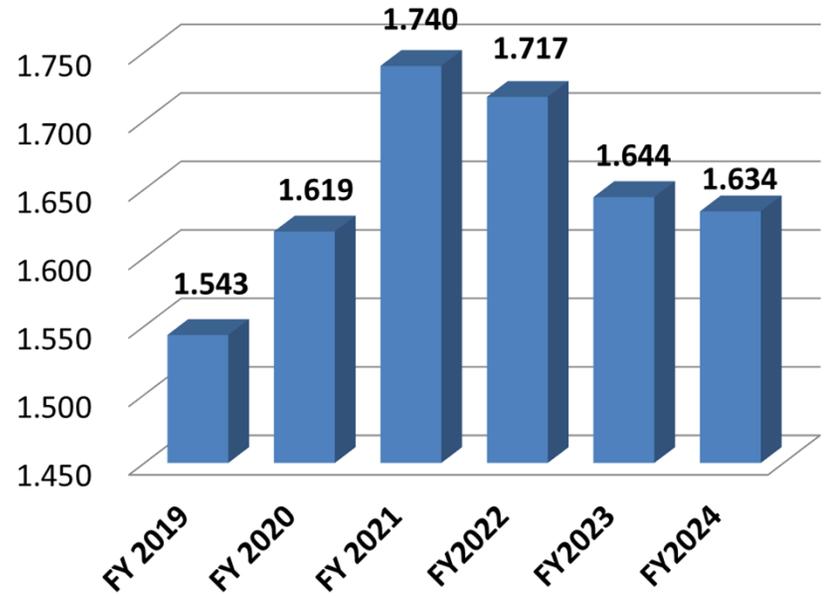
Overtime as a % of Productive Hours



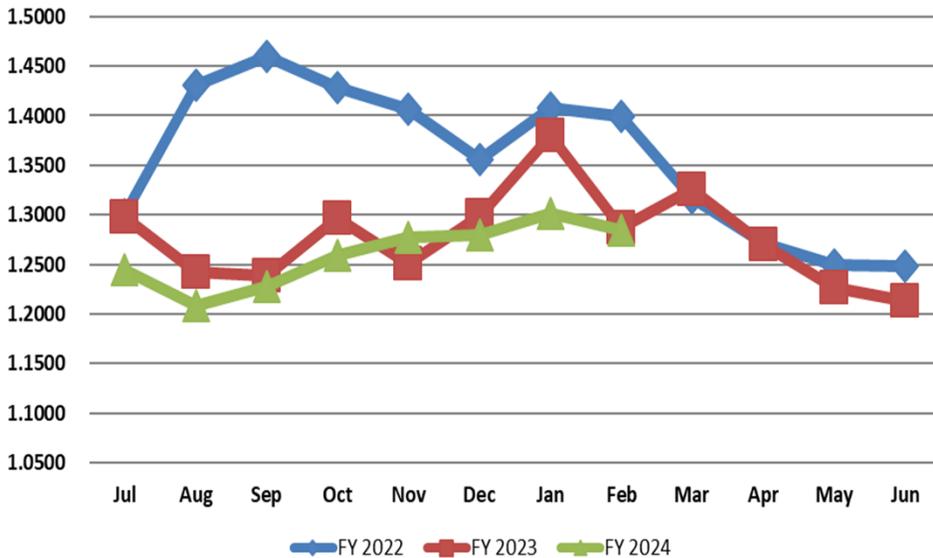
Case Mix Index w/o Normal Newborns



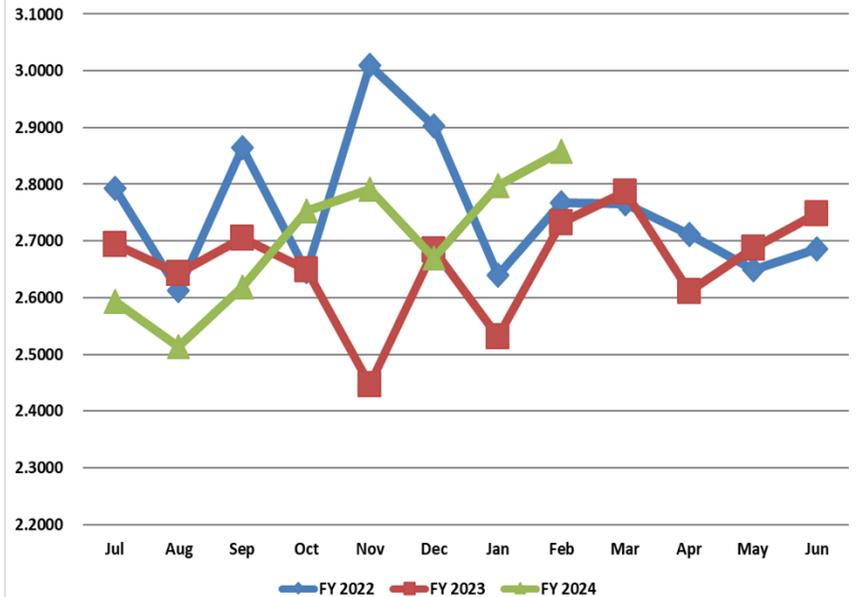
Case Mix Index w/o Normal Newborns - All



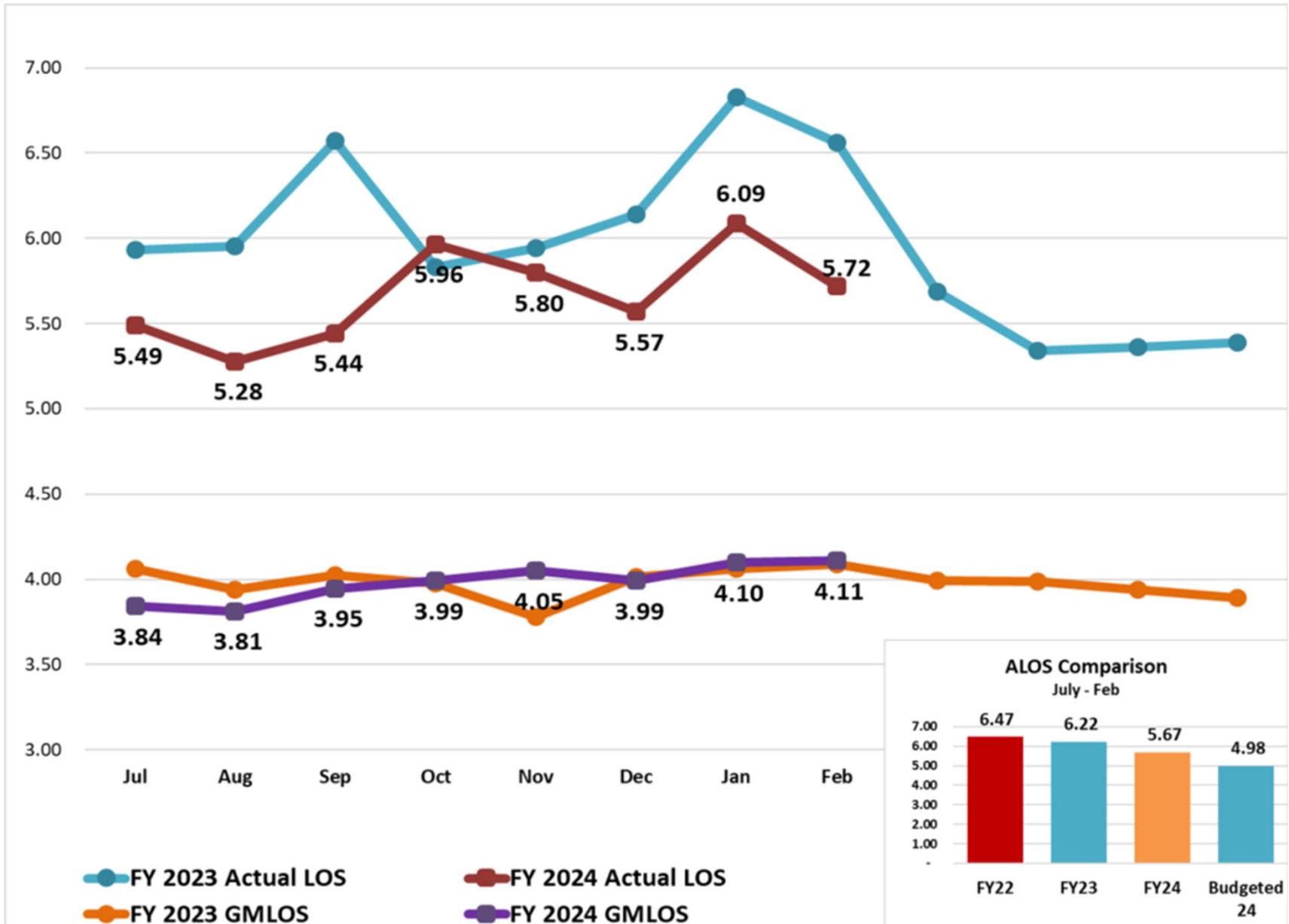
Case Mix **Medical w/o Normal Newborns**



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



Average Length of Stay versus National Average (GMLOS)

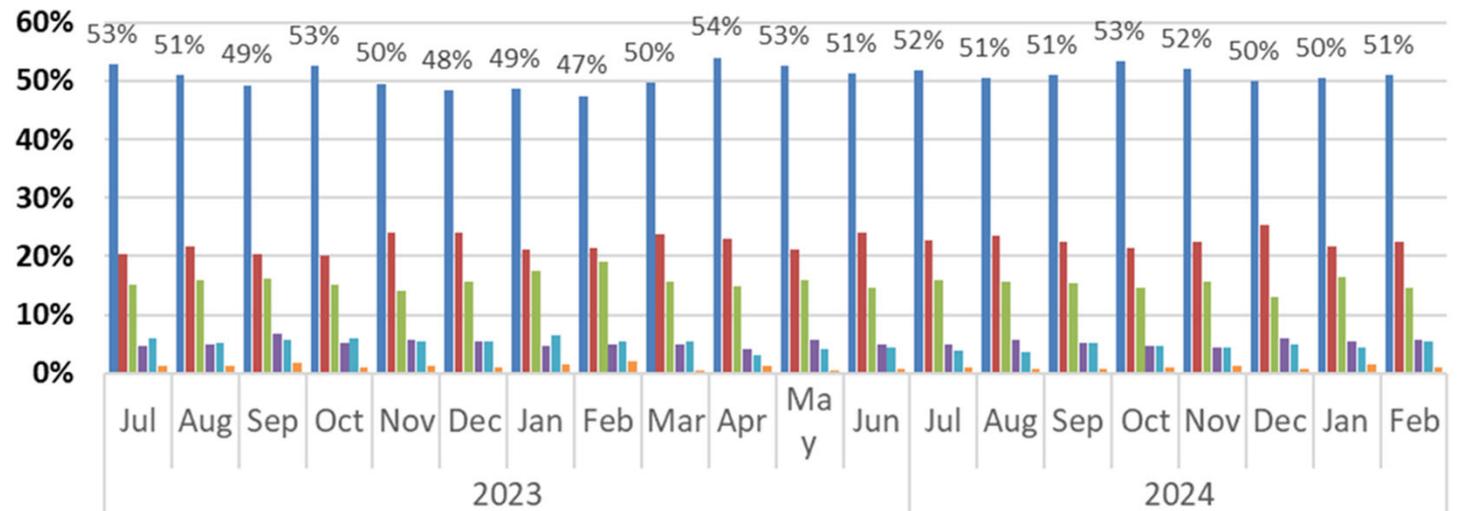


Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients			Excluding COVID Patients		
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP
Feb-22	6.61	4.24	2.37	5.87	3.83	2.04
Mar-22	6.61	4.02	2.58	5.68	3.89	1.79
Apr-22	5.79	3.99	1.80	5.67	3.98	1.69
May-22	5.97	3.94	2.04	5.61	3.88	1.74
Jun-22	6.11	3.97	2.14	5.63	3.88	1.75
Jul-22	5.93	4.06	1.87	5.66	3.90	1.76
Aug-22	5.96	3.94	2.01	5.62	3.82	1.80
Sep-22	6.57	4.02	2.55	6.32	3.95	2.37
Oct-22	5.83	3.98	1.85	5.62	3.92	1.70
Nov-22	5.94	3.78	2.17	5.88	3.74	2.14
Dec-22	6.14	4.01	2.13	5.69	3.92	1.76
Jan-23	6.83	4.06	2.76	6.31	3.95	2.35
Feb-23	6.56	4.09	2.47	6.36	4.04	2.32
Mar-23	5.69	3.99	1.70	5.56	3.93	1.62
Apr-23	5.34	3.99	1.35	5.06	3.94	1.11
May-23	5.36	3.94	1.42	5.14	3.91	1.23
Jun-23	5.39	3.89	1.49	5.33	3.86	1.47
Jul-23	5.49	3.84	1.65	5.47	3.82	1.65
Aug-23	5.28	3.81	1.47	5.22	3.77	1.45
Sep-23	5.44	3.95	1.50	5.39	3.91	1.48
Oct-23	5.96	3.99	1.97	5.92	3.97	1.95
Nov-23	5.80	4.05	1.75	5.60	4.02	1.59
Dec-23	5.57	3.99	1.58	5.55	3.96	1.59
Jan-24	6.09	4.10	1.99	5.95	4.08	1.87
Feb-24	5.72	4.11	1.61	5.73	4.09	1.64
Average	5.95	4.00	1.95	5.69	3.92	1.77

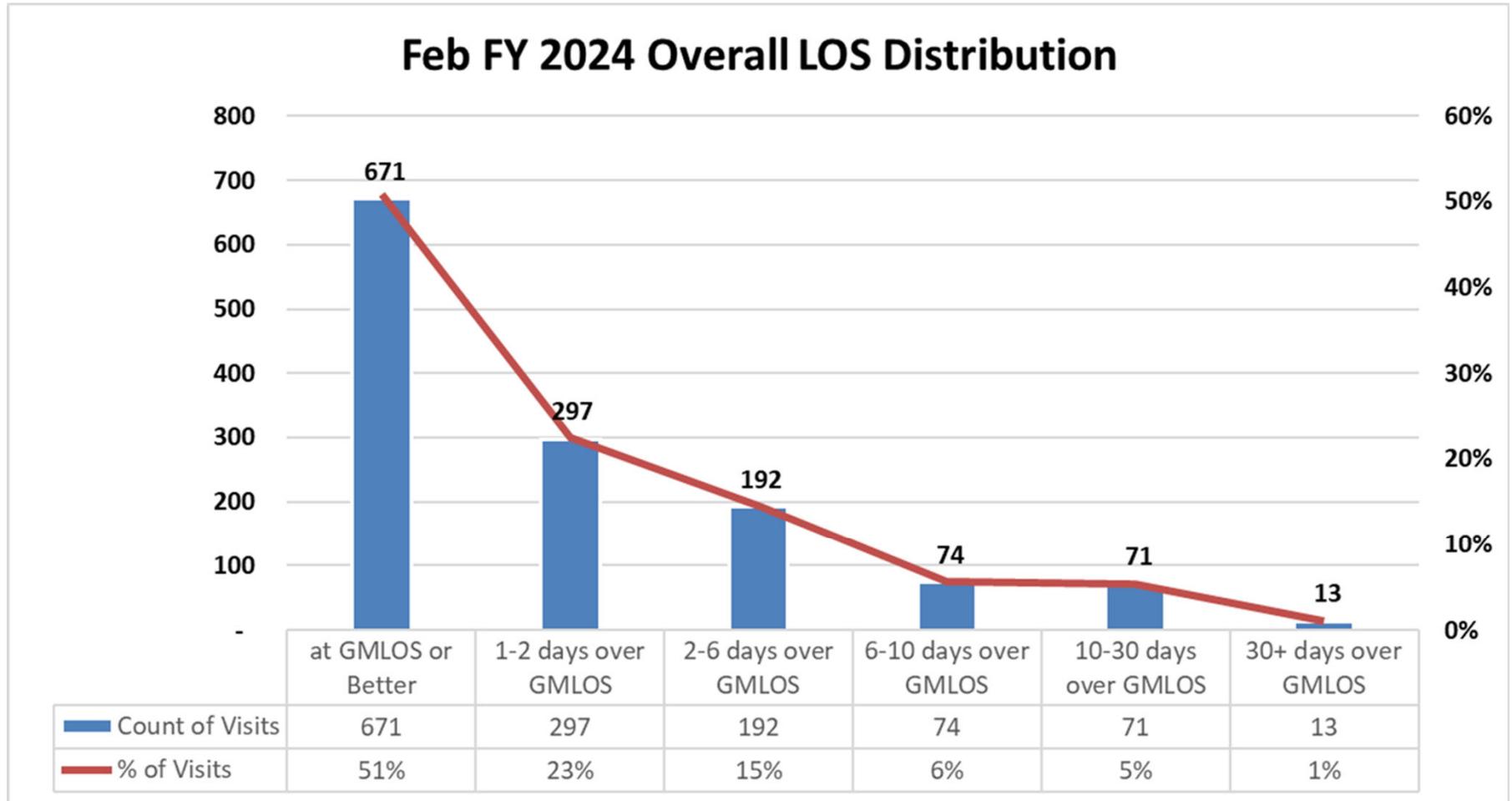
Average Length of Stay Distribution

FY24 Overall LOS Distribution

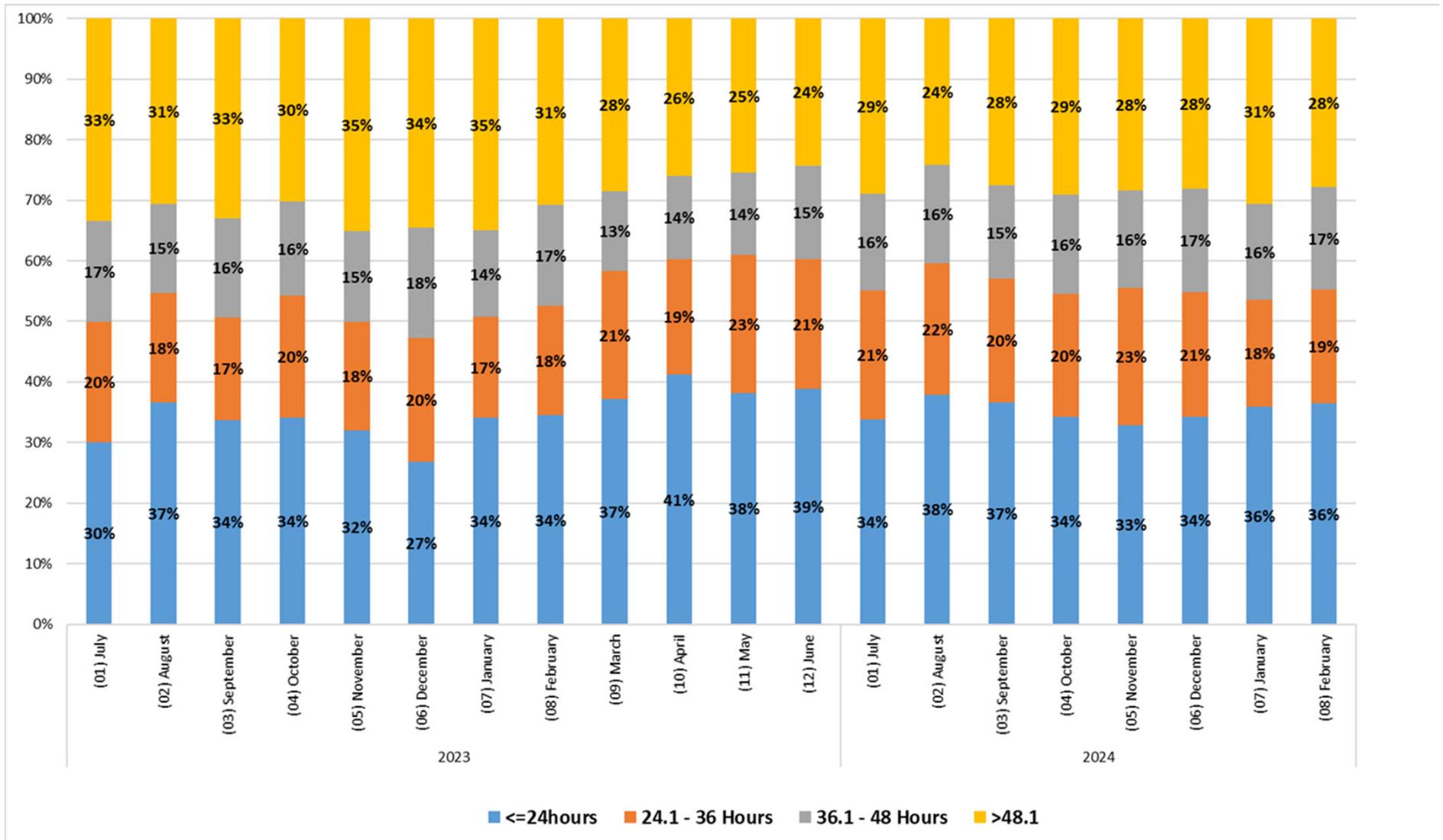


■ at GMLOS or Better	53%	51%	49%	53%	50%	48%	49%	47%	50%	54%	53%	51%	52%	51%	51%	53%	52%	50%	50%	51%
■ 1-2 days over GMLOS	20%	22%	20%	20%	24%	24%	21%	21%	24%	23%	21%	24%	23%	23%	23%	22%	22%	25%	22%	23%
■ 2-6 days over GMLOS	15%	16%	16%	15%	14%	16%	17%	19%	16%	15%	16%	15%	16%	16%	15%	15%	16%	13%	16%	15%
■ 6-10 days over GMLOS	5%	5%	7%	5%	6%	5%	5%	5%	5%	4%	6%	5%	5%	6%	5%	5%	4%	6%	6%	6%
■ 10-30 days over GMLOS	6%	5%	6%	6%	5%	6%	7%	5%	5%	3%	4%	5%	4%	4%	5%	5%	4%	5%	4%	5%
■ 30+ days over GMLOS	1.2%	1.2%	1.7%	1.0%	1.2%	1.1%	1.6%	1.9%	0.5%	1.2%	0.5%	0.8%	0.9%	0.8%	0.6%	1.1%	1.2%	0.7%	1.5%	1.0%

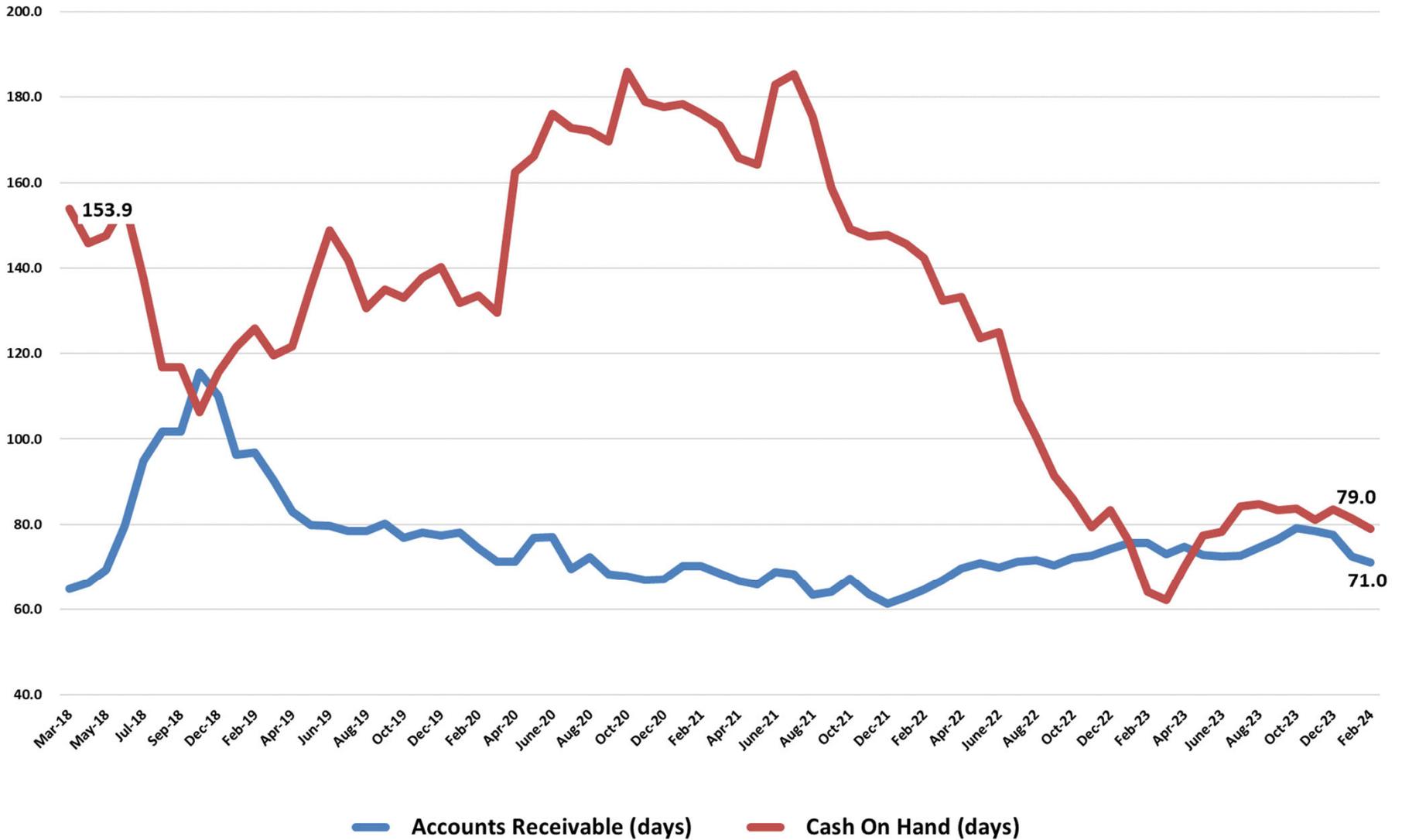
Average Length of Stay Distribution



Monthly Discharges of Observation Patients by their Length of Stay



Trended Liquidity Ratios



Ratio Analysis Report

	February Current Month FY24	January Prior Month FY24	June 30, 2023 Audited Value	2022 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	3.1	3.0	2.7	1.5	1.8	1.7
Accounts Receivable (days)	71.0	72.5	72.5	48.7	48	43.8
Cash On Hand (days)	79.0	81.4	78.3	276.5	206.5	157.6
Cushion Ratio (x)	9.7	9.9	10.3	44.3	24.9	17.3
Average Payment Period (days)	48.5	47.8	44.7	79	66.7	68.1
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	73.3%	81.6%	84.7%	259.9%	173.7%	128.6%
Debt-To-Capitalization	37.5%	35.3%	35.2%	23.4%	31.8%	37.5%
Debt-to-Cash Flow (x)	5.1	4.5	(128.9)	2.8	3.6	5
Debt Service Coverage	2.6	2.7	(0.1)	6.1	4.5	2.8
Maximum Annual Debt Service Coverage (x)	2.1	2.7	(0.1)	5.9	3.8	2.4
Age Of Plant (years)	15.0	14.9	12.2	11.4	12.8	13.7
PROFITABILITY RATIOS						
Operating Margin	(1.2%)	(1.2%)	(6.9%)	1.5%	0.1%	(2.1%)
Excess Margin	1.0%	1.3%	(5.5%)	4.8%	2.7%	(.3%)
Operating Cash Flow Margin	3.6%	3.7%	(1.3%)	6.1%	5.6%	3.6%
Return on Assets	1.1%	1.3%	(5.7%)	3.3%	1.9%	(.3%)

Consolidated Statements of Net Position (000's)

	Feb-24	Jan-24	Change	% Change	Jun-23 (Audited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	\$ (1,957)	\$ 3,884	\$ (5,842)	-150.39%	\$ 4,127
Current Portion of Board designated and trusted assets	21,644	20,111	1,532	7.62%	14,978
Accounts receivable:					
Net patient accounts	133,134	133,047	87	0.07%	132,621
Other receivables	56,627	30,794	25,833	83.89%	27,475
Inventories	14,276	14,245	31	0.22%	13,117
Medicare and Medi-Cal settlements	105,732	104,898	834	0.80%	81,412
Prepaid expenses	10,573	9,566	1,007	10.53%	9,037
Total current assets	340,028	316,545	23,483	7.42%	282,767
NON-CURRENT CASH AND INVESTMENTS -					
less current portion					
Board designated cash and assets	171,024	168,342	2,682	1.59%	174,916
Revenue bond assets held in trust	19,166	19,166	-	0.00%	18,605
Assets in self-insurance trust fund	518	516	2	0.38%	956
Total non-current cash and investments	190,708	188,024	2,684	1.43%	194,477
INTANGIBLE RIGHT TO USE LEASE,	11,548	11,685	(137)	-1.17%	11,249
net of accumulated amortization					
INTANGIBLE RIGHT TO USE SBITA,	8,418	8,418	-	0.00%	8,417
net of accumulated amortization					
CAPITAL ASSETS					
Land	20,544	20,544	-	0.00%	17,542
Buildings and improvements	428,039	428,039	-	0.00%	427,105
Equipment	331,450	330,662	788	0.24%	328,663
Construction in progress	21,832	21,854	(23)	-0.10%	25,413
Less accumulated depreciation	801,865	801,099	765	0.10%	798,723
	502,242	499,737	2,505	0.50%	486,537
	299,623	301,362	(1,739)	-0.58%	312,186
OTHER ASSETS					
Property not used in operations	1,499	1,503	(4)	-0.28%	1,533
Health-related investments	1,844	2,188	(343)	-15.68%	2,841
Other	14,161	14,298	(137)	-0.96%	13,350
Total other assets	17,505	17,989	(484)	-2.69%	17,724
Total assets	867,829	844,022	23,806	2.82%	826,820
DEFERRED OUTFLOWS	23,821	23,853	(33)	-0.14%	24,083
Total assets and deferred outflows	\$ 891,649	\$ 867,876	\$ 23,774	2.74%	\$ 850,903

Consolidated Statements of Net Position (000's)

	Feb-24	Jan-24	Change	% Change	Jun-23
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	\$ 27,696	\$ 27,337	\$ 359	1.31%	\$ 30,636
Accrued payroll and related liabilities	57,458	55,022	2,437	4.43%	50,478
SBITA liability, current portion	2,734	2,734	-	0.00%	2,734
Lease liability, current portion	2,614	2,614	-	0.00%	2,614
Bonds payable, current portion	10,105	10,105	-	0.00%	12,159
Notes payable, current portion	7,895	7,895	-	0.00%	7,895
Total current liabilities	108,503	105,707	2,796	2.64%	106,516
LEASE LIABILITY, net of current portion	9,075	9,312	(237)	-2.54%	8,741
SBITA LIABILITY, net of current portion	4,425	4,425	-	0.00%	4,426
LONG-TERM DEBT, less current portion					
Bonds payable	227,325	227,332	(7)	0.00%	227,378
Notes payable	30,600	9,850	20,750	210.67%	9,850
Total long-term debt	257,925	237,181	20,743	8.75%	237,228
NET PENSION LIABILITY	50,353	49,429	924	1.87%	42,961
OTHER LONG-TERM LIABILITIES	34,880	34,732	148	0.43%	30,984
Total liabilities	465,161	440,786	24,375	5.53%	426,430
NET ASSETS					
Invested in capital assets, net of related debt	62,193	63,925	(1,733)	-2.71%	75,776
Restricted	58,497	56,640	1,858	3.28%	50,013
Total net position	305,798	306,524	(726)	-0.24%	294,258
Total net position	426,488	427,089	(601)	-0.14%	420,047
Total liabilities and net position	\$ 891,649	\$ 867,876	\$ 23,774	2.74%	\$ 850,903

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Feb 29, 2024**

<u>Board designated funds</u>	<u>Maturity Date</u>	<u>Yield</u>	<u>Investment Type</u>	<u>G/L Account</u>	<u>Amount</u>	<u>Total</u>
LAIF		4.15	Various		10,324,324	
CAMP		5.50	CAMP		32,004,438	
Allspring		4.97	Money market		5,900,219	
PFM		4.97	Money market		1,005,822	
PFM	26-Feb-02	4.85	MTN-C	Cisco Sys	225,000	
Allspring	18-Mar-24	0.75	MTN-C	Schwab Charles	1,625,000	
PFM	18-Mar-24	0.75	MTN-C	Schwab Charles	90,000	
Allspring	22-Mar-24	0.75	MTN-C	Verizon	730,000	
PFM	25-Mar-24	3.35	U.S. Govt Agency	FNMA	34,091	
Bank of Marin - CDARS	31-Mar-24	4.50	CD	Bank of Marin	236,500	
Blue Ridge Bank - CDARS	31-Mar-24	4.50	CD	Blue Ridge Bank	236,500	
BOKF National Association - CDARS	31-Mar-24	4.50	CD	BOKF National Association	236,500	
BOM Bank - CDARS	31-Mar-24	4.50	CD	BOM Bank	236,500	
Cattlemens Bank - CDARS	31-Mar-24	4.50	CD	Cattlemens Bank	236,500	
East West Bank - CDARS	31-Mar-24	4.50	CD	East West Bank	236,500	
First Northern Bank of Dixon - CDARS	31-Mar-24	4.50	CD	First Northern Bank of Dixon	236,500	
First Republic Bank - CDARS	31-Mar-24	4.50	CD	First Republic Bank	236,500	
Live Oak Banking Company - CDARS	31-Mar-24	4.50	CD	Live Oak Banking company	236,500	
SouthEast Bank - CDARS	31-Mar-24	4.50	CD	SouthEast Bank	94,138	
SpiritBank - CDARS	31-Mar-24	4.50	CD	SpiritBank	236,500	
Springs Valley Bank & Trust Company - C	31-Mar-24	4.50	CD	Springs Valley Bank & Trust Company	54,362	
The Bank of Commerce - CDARS	31-Mar-24	4.50	CD	The Bank of Commerce	236,500	
Western Alliance - CDARS	31-Mar-24	4.50	CD	Western Alliance	250,000	
Allspring	26-Apr-24	0.50	MTN-C	Bank of Ny Mtn	1,000,000	
Allspring	1-May-24	0.36	Municipal	Wisconsin ST	1,320,000	
Allspring	1-May-24	0.43	Municipal	Wisconsin ST	500,000	
Allspring	12-May-24	0.45	MTN-C	Amazon Com Inc	875,000	
Allspring	15-May-24	0.58	Municipal	University Ca	1,000,000	
Allspring	1-Jun-24	0.59	Municipal	Orange Ca	500,000	
Allspring	1-Jun-24	0.64	Municipal	Torrance Ca	1,450,000	
Allspring	15-Jun-24	0.52	Municipal	Louisiana ST	500,000	
Allspring	1-Jul-24	0.63	Municipal	El Segundo Ca	510,000	
Allspring	1-Jul-24	5.00	Municipal	Los Angeles Calif Ca	1,500,000	
PFM	1-Aug-24	0.70	Municipal	San Juan Ca	195,000	
Allspring	16-Aug-24	2.02	MTN-C	Exxon Mobil	1,320,000	
Allspring	13-Sep-24	0.60	MTN-C	Caterpillar Finl Mtn	500,000	
PFM	24-Oct-24	2.10	MTN-C	Bank of NY	150,000	
Allspring	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	650,000	
PFM	1-Nov-24	0.57	Municipal	Mississippi ST	300,000	
Allspring	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn	600,000	
Allspring	6-Dec-24	2.15	MTN-C	Branch Banking Trust	1,300,000	
Allspring	15-Dec-24	1.00	U.S. Govt Agency	US Treasury Bill	550,000	
Allspring	31-Dec-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	9-Jan-25	2.05	MTN-C	John Deere Mtn	500,000	
Allspring	15-Jan-25	1.13	U.S. Govt Agency	US Treasury Bill	3,300,000	
Allspring	21-Jan-25	2.05	MTN-C	US Bank NA	1,400,000	
PFM	7-Feb-25	1.88	MTN-C	National Rural Mtn	125,000	
PFM	13-Feb-25	1.80	MTN-C	Toyota Motor	420,000	
PFM	14-Feb-25	1.75	MTN-C	Novartis Capital	425,000	
Allspring	7-Mar-25	2.13	MTN-C	Deere John Mtn	550,000	
PFM	10-Mar-25	2.13	MTN-C	Roche Holding Inc	730,000	
Allspring	1-Apr-25	0.88	Municipal	Bay Area Toll	250,000	
PFM	1-Apr-25	3.25	MTN-C	General Dynamics	395,000	
PFM	14-Apr-25	0.50	U.S. Govt Agency	FHLB	1,340,000	
PFM	15-Apr-25	2.70	MTN-C	Home Depot Inc	65,000	
PFM	22-Apr-25	0.63	U.S. Govt Agency	FNMA	1,530,000	
Allspring	1-May-25	0.74	Municipal	San Diego County	300,000	
PFM	1-May-25	0.98	MTN-C	Citigroup Inc	440,000	
PFM	11-May-25	1.13	MTN-C	Apple, Inc	655,000	
Allspring	15-May-25	2.75	U.S. Govt Agency	US Treasury Bill	980,000	
PFM	15-May-25	0.93	Municipal	University Calif Ca	185,000	
PFM	25-May-25	3.33	U.S. Govt Agency	FHLMC	855,000	
Allspring	1-Jun-25	0.92	Municipal	Connecticut ST	400,000	
PFM	1-Jun-25	1.35	MTN-C	Honeywell	400,000	
PFM	1-Jun-25	3.15	MTN-C	Emerson Electric Co	265,000	
PFM	1-Jun-25	0.82	MTN-C	JP Morgan	1,000,000	
PFM	3-Jun-25	0.80	MTN-C	Amazon Com Inc	445,000	
Allspring	17-Jun-25	0.50	U.S. Govt Agency	FNMA	2,000,000	
Allspring	30-Jun-25	0.25	U.S. Govt Agency	US Treasury Bill	350,000	
PFM	1-Jul-25	1.26	Municipal	Florida ST	600,000	
PFM	1-Jul-25	0.77	Municipal	Wisconsin ST	440,000	
Allspring	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	1,500,000	
PFM	21-Jul-25	0.50	ABS	GM Financial	4,343	
Allspring	1-Aug-25	2.17	Municipal	Santa Cruz Ca	400,000	
PFM	1-Aug-25	0.77	Municipal	Los Angeles Ca	335,000	
PFM	1-Aug-25	0.85	Municipal	San Juan Ca	190,000	
PFM	15-Aug-25	0.78	ABS	Carmax Auto Owner	21,792	
PFM	15-Aug-25	0.62	ABS	Kubota Credit	73,377	
Allspring	25-Aug-25	0.38	U.S. Govt Agency	FNMA	1,500,000	
PFM	25-Aug-25	3.75	U.S. Govt Agency	FHLMC	277,888	
Allspring	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000	
Allspring	15-Sep-25	0.36	ABS	John Deere Owner	141,834	
PFM	15-Sep-25	0.00	ABS	Hyundai Auto	38,037	
PFM	15-Sep-25	3.88	MTN-C	Abbott Laboratories	195,000	
Allspring	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	750,000	
Allspring	25-Sep-25	0.98	MTN-C	Bk of America	1,300,000	

**KAWEAH DELTA HEALTH CARE DISTRICT
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Allspring	29-Oct-25	0.55	MTN-C	Procter Gamble Co	1,300,000
Allspring	31-Oct-25	0.25	U.S. Govt Agency	US Treasury Bill	770,000
PFM	17-Nov-25	0.56	ABS	Kubota Credit	89,044
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	2,550,000
PFM	15-Dec-25	0.00	ABS	Carmax Auto Owner	28,686
PFM	31-Dec-25	0.38	U.S. Govt Agency	US Treasury Bill	1,395,000
PFM	31-Jan-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	6-Feb-26	1.75	MTN-C	State Street Corp	1,000,000
PFM	12-Feb-26	0.86	MTN-C	Goldman Sachs	205,000
PFM	15-Feb-26	1.63	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	17-Feb-26	0.00	ABS	Carmax Auto Owner	91,178
PFM	28-Feb-26	2.50	U.S. Govt Agency	US Treasury Bill	500,000
PFM	28-Feb-26	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	30-Mar-26	2.90	MTN-C	State Street Corp	420,000
Allspring	31-Mar-26	0.75	U.S. Govt Agency	US Treasury Bill	675,000
PFM	31-Mar-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	2-Apr-26	3.38	MTN-C	Bank of America	250,000
PFM	19-Apr-26	3.50	MTN-C	Bank of America	295,000
Allspring	25-Apr-26	3.91	MTN-C	Wells Fargo co	800,000
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,435,000
PFM	15-May-26	3.30	MTN-C	IBM Corp	410,000
PFM	28-May-26	1.20	MTN-C	Astrazeneca LP	265,000
PFM	31-May-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-May-26	2.13	U.S. Govt Agency	US Treasury Bill	1,200,000
PFM	15-Jun-26	0.00	ABS	Carmax Auto Owner	276,307
Allspring	18-Jun-26	1.13	MTN-C	Toyota Motor	1,400,000
Allspring	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	1,850,000
PFM	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	990,000
Allspring	1-Jul-26	1.89	Municipal	Anaheim Ca Pub	1,000,000
PFM	1-Jul-26	1.46	Municipal	Los Angeles Ca	270,000
PFM	7-Jul-26	5.25	ABS	American Honda Mtn	145,000
PFM	8-Jul-26	3.05	MTN-C	Walmart INC	205,000
PFM	17-Jul-26	5.08	MTN-C	Cooperatieve CD	400,000
PFM	20-Jul-26	0.00	ABS	Honda Auto Rec Own	130,000
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	880,000
PFM	7-Aug-26	5.45	MTN-C	Wells Fargo Bank Na	545,000
PFM	31-Aug-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	14-Sep-26	1.15	MTN-C	Caterpillar Finl Mtn	220,000
PFM	18-Sep-26	5.61	MTN-C	Natixis Ny	405,000
Allspring	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	2,210,000
PFM	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	1-Oct-26	2.95	MTN-C	JP Morgan	415,000
Allspring	31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill	800,000
PFM	1-Nov-26	4.76	Municipal	California St Univ	125,000
PFM	4-Nov-26	0.02	MTN-C	American Express Co	445,000
PFM	13-Nov-26	5.60	MTN-C	National Rural Mtn	160,000
PFM	15-Nov-26	3.55	MTN-C	Lockheed Martin	203,000
Allspring	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	2,000,000
PFM	11-Jan-27	1.70	MTN-C	Deere John Mtn	220,000
Allspring	15-Jan-27	1.95	MTN-C	Target Corp	900,000
PFM	15-Jan-27	1.95	MTN-C	Target Corp	330,000
PFM	26-Feb-27	4.80	MTN-C	Cisco Sys	260,000
PFM	15-Mar-27	6.03	MTN-C	Daimler Trucks	325,000
PFM	25-Mar-27	3.22	U.S. Govt Agency	FHLMC	575,000
PFM	15-Apr-27	0.00	ABS	Carmax Auto Owner	600,000
PFM	15-Apr-27	2.50	MTN-C	Home Depot Inc	220,000
Allspring	30-Apr-27	2.88	U.S. Govt Agency	US Treasury Bill	970,000
PFM	30-Apr-27	0.50	U.S. Govt Agency	US Treasury Bill	250,000
PFM	30-Apr-27	2.88	U.S. Govt Agency	US Treasury Bill	800,000

**KAWEAH DELTA HEALTH CARE DISTRICT
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PFM	15-May-27	2.38	U.S. Govt Agency	US Treasury Bill	925,000
PFM	15-May-27	1.70	MTN-C	IBM Corp	230,000
PFM	15-May-27	3.70	MTN-C	Unitedhealth Group	85,000
PFM	17-May-27	4.14	ABS	Capital One Prime	265,000
PFM	17-May-27	2.39	MTN-C	American Express Co	655,000
PFM	17-May-27	0.00	MTN-C	Discover Card Exe	305,000
Allspring	15-Jul-27	3.68	Municipal	Massachusetts St	1,000,000
Allspring	1-Aug-27	3.46	Municipal	Alameda Cnty Ca	500,000
PFM	15-Aug-27	2.25	U.S. Govt Agency	US Treasury Bill	500,000
PFM	31-Aug-27	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto	200,000
PFM	18-Feb-28	5.41	ABS	Honda Auto	350,000
PFM	25-Feb-28	0.00	ABS	BMW Vehicle Owner	95,000
PFM	29-Feb-28	1.13	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	17-Apr-28	0.00	ABS	Hyundai Auto	115,000
PFM	17-Apr-28	5.00	MTN-C	Bank of America	525,000
PFM	30-Apr-28	1.25	U.S. Govt Agency	US Treasury Bill	600,000
PFM	15-May-28	0.00	ABS	Ally Auto Rec	195,000
PFM	15-May-28	4.87	MTN-C	American Express Co	150,000
PFM	15-May-28	4.79	MTN-C	Bank of America	180,000
PFM	15-May-28	5.23	MTN-C	Ford CR Auto Owner	160,000
PFM	16-Jun-28	5.59	ABS	GM Finl con Auto Rec	110,000
PFM	25-Jun-28	0.00	U.S. Govt Agency	FHLMC	530,000
PFM	25-Jun-28	0.00	U.S. Govt Agency	FHLMC	438,362
PFM	14-Jul-28	4.95	MTN-C	John Deere Mtn	120,000
PFM	25-Jul-28	4.19	U.S. Govt Agency	FNMA	540,000
PFM	15-Aug-28	5.69	MTN-C	Harley Davidson	500,000
PFM	15-Aug-28	5.90	ABS	Fifth Third Auto	385,000
PFM	25-Aug-28	0.00	U.S. Govt Agency	FHLMC	545,000
PFM	25-Aug-28	4.65	U.S. Govt Agency	FHLMC	545,000
PFM	15-Sep-28	5.23	MTN-C	American Express	445,000
PFM	15-Sep-28	5.16	MTN-C	Chase Issuance Trust	435,000
PFM	25-Sep-28	4.85	U.S. Govt Agency	FHLMC	410,000
PFM	25-Sep-28	0.00	U.S. Govt Agency	FHLMC	535,000
PFM	29-Sep-28	5.80	MTN-C	Citibank N A	535,000
PFM	30-Sep-28	4.63	U.S. Govt Agency	US Treasury Bill	500,000
PFM	25-Oct-28	0.00	U.S. Govt Agency	FHLMC	200,000
PFM	25-Oct-28	4.86	U.S. Govt Agency	FHLMC	300,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	775,000
PFM	25-Nov-28	0.00	U.S. Govt Agency	FHLMC	280,000
PFM	25-Dec-28	4.57	U.S. Govt Agency	FHLMC	325,000
PFM	25-Dec-28	0.00	U.S. Govt Agency	FHLMC	315,000
PFM	31-Dec-28	1.38	U.S. Govt Agency	US Treasury Bill	500,000
PFM	16-Jan-29	4.60	MTN-C	Chase Issuance Trust	490,000
PFM	31-Jan-29	4.60	MTN-C	Paccar Financial Mtn	160,000
PFM	8-Feb-29	4.60	MTN-C	Air products	295,000
PFM	8-Feb-29	4.60	MTN-C	Texas Instrs	370,000
PFM	15-Feb-29	4.94	MTN-C	Wells Fargo Card	560,000
PFM	22-Feb-29	4.90	MTN-C	Bristol Myers Squibb	200,000
PFM	26-Feb-29	4.85	MTN-C	Astrazeneca	165,000
PFM	1-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	500,000

\$ 163,502,742

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
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	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
<u>Self-insurance trust</u>						
Wells Fargo Bank			Money market	110900	1,312,186	
Wells Fargo Bank			Fixed income - L/T	152300	601,533	
						1,913,719
<u>2015A revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	297,413	
						297,413
<u>2015B revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	1,055,783	
						1,055,783
<u>2017C revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	6,370,858	
						6,370,858
<u>2020 revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	876,460	
						876,460
<u>2022 revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	886,165	
						886,165
<u>2014 general obligation bonds</u>						
CAMP			Interest Payment fund	152440	3,084,357	
						3,084,357
<u>Master Reserve fund</u>						
US Bank				142102	(1,220,625)	
US Bank				142103	20,386,233	
						19,165,608
<u>Operations</u>						
Wells Fargo Bank		0.16	Checking	100100	(4,600,334)	
Wells Fargo Bank		0.16	Checking	100500	(669,321)	
					(5,269,655)	
<u>Payroll</u>						
Wells Fargo Bank		0.16	Checking	100200	(96,190)	
Wells Fargo Bank		0.16	Checking	100300	851,714	
Wells Fargo Bank		0.16	Checking	100300	(39,510)	
Wells Fargo Bank			Checking	100300	1,521	
Bancorp			Checking	100300	672,071	
					1,389,607	
						(3,880,048)
						Total investments
						\$ 193,273,055

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Feb 29, 2024**

Kaweah Delta Medical Foundation

Wells Fargo Bank	Checking	100100		\$ 455,840
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Sequoia Regional Cancer Center

Wells Fargo Bank	Checking	100500	689,159	\$ 689,159
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Kaweah Delta Hospital Foundation

Central Valley Community Checking	Investments	100100	760,270	
Various	S/T Investments	142200	4,346,192	
Various	L/T Investments	142300	12,554,809	
Various	Unrealized G/L	142400	2,606,646	
			\$ 20,267,917	

Summary of board designated funds:

Plant fund:

Uncommitted plant funds	\$ 110,677,097	142100		
Committed for capital	20,355,400	142100		
131,032,497				
GO Bond reserve - L/T	1,992,658	142100		
401k Matching	6,022,292	142100		
Cost report settlement - current	2,135,384	142104		
Cost report settlement - L/T	1,312,727	142100		
3,448,111				
Development fund/Memorial fund	104,184	112300		
Workers compensation - current	5,625,000	112900		
Workers compensation - L/T	15,278,000	113900		
20,903,000				
\$ 163,502,742				

Investment summary by institution:

	Total Investments	%	Trust Accounts	Surplus Funds	%
Bancorp	\$ 672,071	0.3%		672,071	0.4%
CAMP	32,004,438	16.6%		32,004,438	20.1%
Local Agency Investment Fund (LAIF)	10,324,324	5.3%		10,324,324	6.5%
CAMP - GOB Tax Rev	3,084,357	1.6%	3,084,357	-	0.0%
Allspring	59,202,053	30.6%	1,913,719	57,288,333	35.9%
PFM	58,971,926	30.5%		58,971,926	36.9%
Western Alliance	250,000			250,000	0.2%
Bank of Marin	236,500			236,500	0.1%
Blue Ridge Bank	236,500			236,500	0.1%
BOKF National Association	236,500			236,500	0.1%
BOM Bank	236,500			236,500	0.1%
Cattlemens Bank	236,500			236,500	0.1%
East West Bank	236,500			236,500	0.1%
First Northern Bank of Dixon	236,500			236,500	0.1%
First Republic Bank	236,500			236,500	0.1%
Live Oak Banking Company	236,500			236,500	0.1%
SouthEast Bank	94,138			94,138	0.1%
SpiritBank	236,500			236,500	0.1%
Springs Valley Bank & Trust Company	54,362			54,362	0.0%
The Bank of Commerce	236,500			236,500	0.1%
Wells Fargo Bank	(2,638,400)	-1.4%		(2,638,400)	-1.7%
US Bank	28,652,286	14.8%	28,652,286	-	0.0%
Total investments					
	\$ 193,273,055	100.0%	\$ 33,650,362	159,622,694	100.0%

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Feb 29, 2024**

<u>Investment summary of surplus funds by type:</u>		<u>Investment Limitations</u>
Negotiable and other certificates of deposit	\$ 3,000,000	47,887,000 (30%)
Checking accounts	(3,880,048)	
Local Agency Investment Fund (LAIF)	10,324,324	75,000,000
CAMP	32,004,438	
Medium-term notes (corporate) (MTN-C)	35,888,000	47,887,000 (30%)
U.S. government agency	58,255,340	
Municipal securities	13,770,000	
Money market accounts	6,906,041	31,925,000 (20%)
Commercial paper	-	39,906,000 (25%)
Asset Backed Securities	3,354,597	31,925,000 (20%)
Supra-National Agency	-	47,887,000 (30%)
	<hr/>	
	\$ 159,622,694	

Return on investment:

Current month	<hr/> <hr/> 2.10%
Year-to-date	<hr/> <hr/> 2.07%
Prospective	<hr/> <hr/> 2.82%
LAIF (year-to-date)	<hr/> <hr/> 3.73%
Budget	<hr/> <hr/> 1.65%

Fair market value disclosure for the quarter ended December 31, 2023 (District only):

	<u>Quarter-to-date</u>	<u>Year-to-date</u>
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	(4,126,972)
Change in unrealized gain (loss) on investments (income statement effect)	\$ 3,057,656	3,704,387

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
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Investment summary of CDs:

Western Alliance	250,000
Bank of Marin	236,500
Blue Ridge Bank	236,500
BOKF National Association	236,500
BOM Bank	236,500
Cattlemens Bank	236,500
East West Bank	236,500
First Northern Bank of Dixon	236,500
First Republic Bank	236,500
Live Oak Banking company	236,500
SouthEast Bank	94,138
SpiritBank	236,500
Springs Valley Bank & Trust Company	54,362
The Bank of Commerce	236,500
	<u>\$ 3,000,000</u>

Investment summary of asset backed securities:

Ally Auto Rec	\$ 195,000
American Honda Mtn	\$ 145,000
BMW Vehicle Owner	95,000
Fifth Third Auto	385,000
Capital One Prime	265,000
Carmax Auto Owner	1,017,962
GM Finl con Auto Rec	110,000
Gm Financial	4,343
Honda Auto	350,000
Honda Auto Rec Own	130,000
Hyundai Auto	153,037
John Deere Owner	141,834
Kubota Credit	162,421
Mercedes Benz Auto	200,000
	<u>\$ 3,354,597</u>

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Feb 29, 2024

Investment summary of medium-term notes (corporate):

Abbott Laboratories	\$	195,000
Amazon Com Inc		1,320,000
American Express		445,000
American Express Co		1,250,000
Apple, Inc		655,000
Air products		295,000
Astrazeneca		165,000
Astrazeneca LP		265,000
Bank of America		1,250,000
Bank of NY		150,000
Bank of NY Mtn		1,000,000
Bk of America		1,300,000
Branch Banking Trust		1,300,000
Bristol Myers Squibb		200,000
Chase Issuance Trust		925,000
Caterpillar Finl Mtn		1,320,000
Cisco Sys		485,000
Citibank N A		535,000
Citigroup Inc		440,000
Cooperatieve CD		400,000
Daimler Trucks		325,000
Deere John Mtn		770,000
Discover Card Exe		305,000
Emerson Electric Co		265,000
Exxon Mobil		1,320,000
Ford CR Auto Owner		160,000
General Dynamics		395,000
Goldman Sachs		205,000
Harley Davidson		500,000
Home Depot Inc		285,000
Honeywell		400,000
IBM Corp		640,000
John Deere Mtn		620,000
JP Morgan		1,415,000
Lockheed Martin		203,000
National Rural Mtn		285,000
Natixis Ny		405,000
Novartis Capital		425,000
Paccar Financial Mtn		160,000
Procter Gamble Co		1,300,000
Roche Holding Inc		730,000
Schwab Charles		1,715,000
State Street Corp		1,420,000
Target Corp		1,230,000
Texas Instrs		370,000
Toyota Motor		1,820,000
Unitedhealth Group		85,000
US Bank NA		1,400,000
Verizon		730,000
Walmart INC		205,000
Wells Fargo Bank Na		545,000
Wells Fargo Card		560,000
Wells Fargo co		800,000
	<u>\$</u>	<u>35,888,000</u>

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	\$	5,604,091
Federal Home Loan Bank (FHLB)		1,865,000
Federal Home Loan Mortgage Corp (FHLMC)		8,381,249
US Treasury Bill		42,405,000
	<u>\$</u>	<u>58,255,340</u>

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Feb 29, 2024**

Investment summary of municipal securities:

Alameda Cnty Ca	\$	500,000
Anaheim Ca Pub		1,000,000
Bay Area Toll		250,000
California St Univ		125,000
Connecticut ST		400,000
El Segundo Ca		510,000
Florida ST		600,000
Los Angeles Ca		605,000
Los Angeles Calif Ca		1,500,000
Louisiana ST		500,000
Massachusetts St		1,000,000
Mississippi ST		300,000
Orange Ca		500,000
San Diego County		300,000
San Juan Ca		385,000
Santa Cruz Ca		400,000
Torrance Ca		1,450,000
University Ca		1,000,000
University Calif Ca		185,000
Wisconsin ST		2,260,000
	<u>\$</u>	<u>13,770,000</u>

Investment summary of Supra-National Agency:

Cooperative	\$	-
Inter Amer Bk		-
	<u>\$</u>	<u>-</u>

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Feb 29, 2024**

<u>Board designated funds</u>	<u>Maturity Date</u>	<u>Yield</u>	<u>Investment Type</u>	<u>G/L Account</u>	<u>Amount</u>	<u>Total</u>
LAIF		4.15	Various		10,324,324	
CAMP		5.50	CAMP		32,004,438	
Allspring		4.97	Money market		5,900,219	
PFM		4.97	Money market		1,005,822	
PFM	26-Feb-02	4.85	MTN-C	Cisco Sys	225,000	
Allspring	18-Mar-24	0.75	MTN-C	Schwab Charles	1,625,000	
PFM	18-Mar-24	0.75	MTN-C	Schwab Charles	90,000	
Allspring	22-Mar-24	0.75	MTN-C	Verizon	730,000	
PFM	25-Mar-24	3.35	U.S. Govt Agency	FNMA	34,091	
Bank of Marin - CDARS	31-Mar-24	4.50	CD	Bank of Marin	236,500	
Blue Ridge Bank - CDARS	31-Mar-24	4.50	CD	Blue Ridge Bank	236,500	
BOKF National Association - CDARS	31-Mar-24	4.50	CD	BOKF National Association	236,500	
BOM Bank - CDARS	31-Mar-24	4.50	CD	BOM Bank	236,500	
Cattlemens Bank - CDARS	31-Mar-24	4.50	CD	Cattlemens Bank	236,500	
East West Bank - CDARS	31-Mar-24	4.50	CD	East West Bank	236,500	
First Northern Bank of Dixon - CDARS	31-Mar-24	4.50	CD	First Northern Bank of Dixon	236,500	
First Republic Bank - CDARS	31-Mar-24	4.50	CD	First Republic Bank	236,500	
Live Oak Banking Company - CDARS	31-Mar-24	4.50	CD	Live Oak Banking company	236,500	
SouthEast Bank - CDARS	31-Mar-24	4.50	CD	SouthEast Bank	94,138	
SpiritBank - CDARS	31-Mar-24	4.50	CD	SpiritBank	236,500	
Springs Valley Bank & Trust Company - C	31-Mar-24	4.50	CD	Springs Valley Bank & Trust Company	54,362	
The Bank of Commerce - CDARS	31-Mar-24	4.50	CD	The Bank of Commerce	236,500	
Western Alliance - CDARS	31-Mar-24	4.50	CD	Western Alliance	250,000	
Allspring	26-Apr-24	0.50	MTN-C	Bank of Ny Mtn	1,000,000	
Allspring	1-May-24	0.36	Municipal	Wisconsin ST	1,320,000	
Allspring	1-May-24	0.43	Municipal	Wisconsin ST	500,000	
Allspring	12-May-24	0.45	MTN-C	Amazon Com Inc	875,000	
Allspring	15-May-24	0.58	Municipal	University Ca	1,000,000	
Allspring	1-Jun-24	0.59	Municipal	Orange Ca	500,000	
Allspring	1-Jun-24	0.64	Municipal	Torrance Ca	1,450,000	
Allspring	15-Jun-24	0.52	Municipal	Louisiana ST	500,000	
Allspring	1-Jul-24	0.63	Municipal	El Segundo Ca	510,000	
Allspring	1-Jul-24	5.00	Municipal	Los Angeles Calif Ca	1,500,000	
PFM	1-Aug-24	0.70	Municipal	San Juan Ca	195,000	
Allspring	16-Aug-24	2.02	MTN-C	Exxon Mobil	1,320,000	
Allspring	13-Sep-24	0.60	MTN-C	Caterpillar Finl Mtn	500,000	
PFM	24-Oct-24	2.10	MTN-C	Bank of NY	150,000	
Allspring	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	650,000	
PFM	1-Nov-24	0.57	Municipal	Mississippi ST	300,000	
Allspring	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn	600,000	
Allspring	6-Dec-24	2.15	MTN-C	Branch Banking Trust	1,300,000	
Allspring	15-Dec-24	1.00	U.S. Govt Agency	US Treasury Bill	550,000	
Allspring	31-Dec-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	9-Jan-25	2.05	MTN-C	John Deere Mtn	500,000	
Allspring	15-Jan-25	1.13	U.S. Govt Agency	US Treasury Bill	3,300,000	
Allspring	21-Jan-25	2.05	MTN-C	US Bank NA	1,400,000	
PFM	7-Feb-25	1.88	MTN-C	National Rural Mtn	125,000	
PFM	13-Feb-25	1.80	MTN-C	Toyota Motor	420,000	
PFM	14-Feb-25	1.75	MTN-C	Novartis Capital	425,000	
Allspring	7-Mar-25	2.13	MTN-C	Deere John Mtn	550,000	
PFM	10-Mar-25	2.13	MTN-C	Roche Holding Inc	730,000	
Allspring	1-Apr-25	0.88	Municipal	Bay Area Toll	250,000	
PFM	1-Apr-25	3.25	MTN-C	General Dynamics	395,000	
PFM	14-Apr-25	0.50	U.S. Govt Agency	FHLB	1,340,000	
PFM	15-Apr-25	2.70	MTN-C	Home Depot Inc	65,000	
PFM	22-Apr-25	0.63	U.S. Govt Agency	FNMA	1,530,000	
Allspring	1-May-25	0.74	Municipal	San Diego County	300,000	
PFM	1-May-25	0.98	MTN-C	Citigroup Inc	440,000	
PFM	11-May-25	1.13	MTN-C	Apple, Inc	655,000	
Allspring	15-May-25	2.75	U.S. Govt Agency	US Treasury Bill	980,000	
PFM	15-May-25	0.93	Municipal	University Calif Ca	185,000	
PFM	25-May-25	3.33	U.S. Govt Agency	FHLMC	855,000	
Allspring	1-Jun-25	0.92	Municipal	Connecticut ST	400,000	
PFM	1-Jun-25	1.35	MTN-C	Honeywell	400,000	
PFM	1-Jun-25	3.15	MTN-C	Emerson Electric Co	265,000	
PFM	1-Jun-25	0.82	MTN-C	JP Morgan	1,000,000	
PFM	3-Jun-25	0.80	MTN-C	Amazon Com Inc	445,000	
Allspring	17-Jun-25	0.50	U.S. Govt Agency	FNMA	2,000,000	
Allspring	30-Jun-25	0.25	U.S. Govt Agency	US Treasury Bill	350,000	
PFM	1-Jul-25	1.26	Municipal	Florida ST	600,000	
PFM	1-Jul-25	0.77	Municipal	Wisconsin ST	440,000	
Allspring	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	1,500,000	
PFM	21-Jul-25	0.50	ABS	GM Financial	4,343	
Allspring	1-Aug-25	2.17	Municipal	Santa Cruz Ca	400,000	
PFM	1-Aug-25	0.77	Municipal	Los Angeles Ca	335,000	
PFM	1-Aug-25	0.85	Municipal	San Juan Ca	190,000	
PFM	15-Aug-25	0.78	ABS	Carmax Auto Owner	21,792	
PFM	15-Aug-25	0.62	ABS	Kubota Credit	73,377	
Allspring	25-Aug-25	0.38	U.S. Govt Agency	FNMA	1,500,000	
PFM	25-Aug-25	3.75	U.S. Govt Agency	FHLMC	277,888	
Allspring	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000	
Allspring	15-Sep-25	0.36	ABS	John Deere Owner	141,834	
PFM	15-Sep-25	0.00	ABS	Hyundai Auto	38,037	
PFM	15-Sep-25	3.88	MTN-C	Abbott Laboratories	195,000	
Allspring	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	750,000	
Allspring	25-Sep-25	0.98	MTN-C	Bk of America	1,300,000	

**KAWEAH DELTA HEALTH CARE DISTRICT
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Allspring	29-Oct-25	0.55	MTN-C	Procter Gamble Co	1,300,000
Allspring	31-Oct-25	0.25	U.S. Govt Agency	US Treasury Bill	770,000
PFM	17-Nov-25	0.56	ABS	Kubota Credit	89,044
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	2,550,000
PFM	15-Dec-25	0.00	ABS	Carmax Auto Owner	28,686
PFM	31-Dec-25	0.38	U.S. Govt Agency	US Treasury Bill	1,395,000
PFM	31-Jan-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	6-Feb-26	1.75	MTN-C	State Street Corp	1,000,000
PFM	12-Feb-26	0.86	MTN-C	Goldman Sachs	205,000
PFM	15-Feb-26	1.63	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	17-Feb-26	0.00	ABS	Carmax Auto Owner	91,178
PFM	28-Feb-26	2.50	U.S. Govt Agency	US Treasury Bill	500,000
PFM	28-Feb-26	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	30-Mar-26	2.90	MTN-C	State Street Corp	420,000
Allspring	31-Mar-26	0.75	U.S. Govt Agency	US Treasury Bill	675,000
PFM	31-Mar-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	2-Apr-26	3.38	MTN-C	Bank of America	250,000
PFM	19-Apr-26	3.50	MTN-C	Bank of America	295,000
Allspring	25-Apr-26	3.91	MTN-C	Wells Fargo co	800,000
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,435,000
PFM	15-May-26	3.30	MTN-C	IBM Corp	410,000
PFM	28-May-26	1.20	MTN-C	Astrazeneca LP	265,000
PFM	31-May-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-May-26	2.13	U.S. Govt Agency	US Treasury Bill	1,200,000
PFM	15-Jun-26	0.00	ABS	Carmax Auto Owner	276,307
Allspring	18-Jun-26	1.13	MTN-C	Toyota Motor	1,400,000
Allspring	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	1,850,000
PFM	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	990,000
Allspring	1-Jul-26	1.89	Municipal	Anaheim Ca Pub	1,000,000
PFM	1-Jul-26	1.46	Municipal	Los Angeles Ca	270,000
PFM	7-Jul-26	5.25	ABS	American Honda Mtn	145,000
PFM	8-Jul-26	3.05	MTN-C	Walmart INC	205,000
PFM	17-Jul-26	5.08	MTN-C	Cooperatieve CD	400,000
PFM	20-Jul-26	0.00	ABS	Honda Auto Rec Own	130,000
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	880,000
PFM	7-Aug-26	5.45	MTN-C	Wells Fargo Bank Na	545,000
PFM	31-Aug-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	14-Sep-26	1.15	MTN-C	Caterpillar Finl Mtn	220,000
PFM	18-Sep-26	5.61	MTN-C	Natixis Ny	405,000
Allspring	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	2,210,000
PFM	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	1-Oct-26	2.95	MTN-C	JP Morgan	415,000
Allspring	31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill	800,000
PFM	1-Nov-26	4.76	Municipal	California St Univ	125,000
PFM	4-Nov-26	0.02	MTN-C	American Express Co	445,000
PFM	13-Nov-26	5.60	MTN-C	National Rural Mtn	160,000
PFM	15-Nov-26	3.55	MTN-C	Lockheed Martin	203,000
Allspring	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	2,000,000
PFM	11-Jan-27	1.70	MTN-C	Deere John Mtn	220,000
Allspring	15-Jan-27	1.95	MTN-C	Target Corp	900,000
PFM	15-Jan-27	1.95	MTN-C	Target Corp	330,000
PFM	26-Feb-27	4.80	MTN-C	Cisco Sys	260,000
PFM	15-Mar-27	6.03	MTN-C	Daimler Trucks	325,000
PFM	25-Mar-27	3.22	U.S. Govt Agency	FHLMC	575,000
PFM	15-Apr-27	0.00	ABS	Carmax Auto Owner	600,000
PFM	15-Apr-27	2.50	MTN-C	Home Depot Inc	220,000
Allspring	30-Apr-27	2.88	U.S. Govt Agency	US Treasury Bill	970,000
PFM	30-Apr-27	0.50	U.S. Govt Agency	US Treasury Bill	250,000
PFM	30-Apr-27	2.88	U.S. Govt Agency	US Treasury Bill	800,000

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
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PFM	15-May-27	2.38	U.S. Govt Agency	US Treasury Bill	925,000
PFM	15-May-27	1.70	MTN-C	IBM Corp	230,000
PFM	15-May-27	3.70	MTN-C	Unitedhealth Group	85,000
PFM	17-May-27	4.14	ABS	Capital One Prime	265,000
PFM	17-May-27	2.39	MTN-C	American Express Co	655,000
PFM	17-May-27	0.00	MTN-C	Discover Card Exe	305,000
Allspring	15-Jul-27	3.68	Municipal	Massachusetts St	1,000,000
Allspring	1-Aug-27	3.46	Municipal	Alameda Cnty Ca	500,000
PFM	15-Aug-27	2.25	U.S. Govt Agency	US Treasury Bill	500,000
PFM	31-Aug-27	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto	200,000
PFM	18-Feb-28	5.41	ABS	Honda Auto	350,000
PFM	25-Feb-28	0.00	ABS	BMW Vehicle Owner	95,000
PFM	29-Feb-28	1.13	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	17-Apr-28	0.00	ABS	Hyundai Auto	115,000
PFM	17-Apr-28	5.00	MTN-C	Bank of America	525,000
PFM	30-Apr-28	1.25	U.S. Govt Agency	US Treasury Bill	600,000
PFM	15-May-28	0.00	ABS	Ally Auto Rec	195,000
PFM	15-May-28	4.87	MTN-C	American Express Co	150,000
PFM	15-May-28	4.79	MTN-C	Bank of America	180,000
PFM	15-May-28	5.23	MTN-C	Ford CR Auto Owner	160,000
PFM	16-Jun-28	5.59	ABS	GM Finl con Auto Rec	110,000
PFM	25-Jun-28	0.00	U.S. Govt Agency	FHLMC	530,000
PFM	25-Jun-28	0.00	U.S. Govt Agency	FHLMC	438,362
PFM	14-Jul-28	4.95	MTN-C	John Deere Mtn	120,000
PFM	25-Jul-28	4.19	U.S. Govt Agency	FNMA	540,000
PFM	15-Aug-28	5.69	MTN-C	Harley Davidson	500,000
PFM	15-Aug-28	5.90	ABS	Fifth Third Auto	385,000
PFM	25-Aug-28	0.00	U.S. Govt Agency	FHLMC	545,000
PFM	25-Aug-28	4.65	U.S. Govt Agency	FHLMC	545,000
PFM	15-Sep-28	5.23	MTN-C	American Express	445,000
PFM	15-Sep-28	5.16	MTN-C	Chase Issuance Trust	435,000
PFM	25-Sep-28	4.85	U.S. Govt Agency	FHLMC	410,000
PFM	25-Sep-28	0.00	U.S. Govt Agency	FHLMC	535,000
PFM	29-Sep-28	5.80	MTN-C	Citibank N A	535,000
PFM	30-Sep-28	4.63	U.S. Govt Agency	US Treasury Bill	500,000
PFM	25-Oct-28	0.00	U.S. Govt Agency	FHLMC	200,000
PFM	25-Oct-28	4.86	U.S. Govt Agency	FHLMC	300,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	775,000
PFM	25-Nov-28	0.00	U.S. Govt Agency	FHLMC	280,000
PFM	25-Dec-28	4.57	U.S. Govt Agency	FHLMC	325,000
PFM	25-Dec-28	0.00	U.S. Govt Agency	FHLMC	315,000
PFM	31-Dec-28	1.38	U.S. Govt Agency	US Treasury Bill	500,000
PFM	16-Jan-29	4.60	MTN-C	Chase Issuance Trust	490,000
PFM	31-Jan-29	4.60	MTN-C	Paccar Financial Mtn	160,000
PFM	8-Feb-29	4.60	MTN-C	Air products	295,000
PFM	8-Feb-29	4.60	MTN-C	Texas Instrs	370,000
PFM	15-Feb-29	4.94	MTN-C	Wells Fargo Card	560,000
PFM	22-Feb-29	4.90	MTN-C	Bristol Myers Squibb	200,000
PFM	26-Feb-29	4.85	MTN-C	Astrazeneca	165,000
PFM	1-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	500,000

\$ 163,502,742

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
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	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
<u>Self-insurance trust</u>							
Wells Fargo Bank			Money market		110900	1,312,186	
Wells Fargo Bank			Fixed income - L/T		152300	<u>601,533</u>	1,913,719
<u>2015A revenue bonds</u>							
US Bank			Principal/Interest payment fund		142110	<u>297,413</u>	297,413
<u>2015B revenue bonds</u>							
US Bank			Principal/Interest payment fund		142110	1,055,783	1,055,783
<u>2017C revenue bonds</u>							
US Bank			Principal/Interest payment fund		142110	<u>6,370,858</u>	6,370,858
<u>2020 revenue bonds</u>							
US Bank			Principal/Interest payment fund		142110	<u>876,460</u>	876,460
<u>2022 revenue bonds</u>							
US Bank			Principal/Interest payment fund		142110	<u>886,165</u>	886,165
<u>2014 general obligation bonds</u>							
CAMP			Interest Payment fund		152440	<u>3,084,357</u>	3,084,357
<u>Master Reserve fund</u>							
US Bank					142102	(1,220,625)	
US Bank					142103	<u>20,386,233</u>	19,165,608
<u>Operations</u>							
Wells Fargo Bank	0.16	Checking	100100	100100		(4,600,334)	
Wells Fargo Bank	0.16	Checking	100500	100500		<u>(669,321)</u>	
						(5,269,655)	
<u>Payroll</u>							
Wells Fargo Bank	0.16	Checking		100200		(96,190)	
Wells Fargo Bank	0.16	Checking	Flexible Spending	100300		851,714	
Wells Fargo Bank	0.16	Checking	HSA	100300		(39,510)	
Wells Fargo Bank		Checking	Resident Fund	100300		1,521	
Bancorp		Checking	Bancorp	100300		<u>672,071</u>	
						1,389,607	(3,880,048)
Total investments						\$	<u>193,273,055</u>

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
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Kaweah Delta Medical Foundation

Wells Fargo Bank	Checking	100100		\$ 455,840
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Sequoia Regional Cancer Center

Wells Fargo Bank	Checking	100500	689,159	\$ 689,159
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Kaweah Delta Hospital Foundation

Central Valley Community Checking	Investments	100100	760,270	
Various	S/T Investments	142200	4,346,192	
Various	L/T Investments	142300	12,554,809	
Various	Unrealized G/L	142400	2,606,646	
				\$ 20,267,917

Summary of board designated funds:

Plant fund:

Uncommitted plant funds		\$ 110,677,097		142100
Committed for capital		20,355,400		142100
		<u>131,032,497</u>		
GO Bond reserve - L/T		1,992,658		142100
401k Matching		6,022,292		142100
Cost report settlement - current	2,135,384			142104
Cost report settlement - L/T	<u>1,312,727</u>			142100
		3,448,111		
Development fund/Memorial fund		104,184		112300
Workers compensation - current	5,625,000			112900
Workers compensation - L/T	<u>15,278,000</u>			113900
		20,903,000		
		<u>\$ 163,502,742</u>		

Investment summary by institution:

	Total Investments	%	Trust Accounts	Surplus Funds	%
Bancorp	\$ 672,071	0.3%		672,071	0.4%
CAMP	32,004,438	16.6%		32,004,438	20.1%
Local Agency Investment Fund (LAIF)	10,324,324	5.3%		10,324,324	6.5%
CAMP - GOB Tax Rev	3,084,357	1.6%	3,084,357	-	0.0%
Allspring	59,202,053	30.6%	1,913,719	57,288,333	35.9%
PFM	58,971,926	30.5%		58,971,926	36.9%
Western Alliance	250,000			250,000	0.2%
Bank of Marin	236,500			236,500	0.1%
Blue Ridge Bank	236,500			236,500	0.1%
BOKF National Association	236,500			236,500	0.1%
BOM Bank	236,500			236,500	0.1%
Cattlemens Bank	236,500			236,500	0.1%
East West Bank	236,500			236,500	0.1%
First Northern Bank of Dixon	236,500			236,500	0.1%
First Republic Bank	236,500			236,500	0.1%
Live Oak Banking Company	236,500			236,500	0.1%
SouthEast Bank	94,138			94,138	0.1%
SpiritBank	236,500			236,500	0.1%
Springs Valley Bank & Trust Company	54,362			54,362	0.0%
The Bank of Commerce	236,500			236,500	0.1%
Wells Fargo Bank	(2,638,400)	-1.4%		(2,638,400)	-1.7%
US Bank	28,652,286	14.8%	28,652,286	-	0.0%
<hr/>					
Total investments	\$ 193,273,055	100.0%	\$ 33,650,362	159,622,694	100.0%

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Feb 29, 2024**

<u>Investment summary of surplus funds by type:</u>		<u>Investment Limitations</u>
Negotiable and other certificates of deposit	\$ 3,000,000	47,887,000 (30%)
Checking accounts	(3,880,048)	
Local Agency Investment Fund (LAIF)	10,324,324	75,000,000
CAMP	32,004,438	
Medium-term notes (corporate) (MTN-C)	35,888,000	47,887,000 (30%)
U.S. government agency	58,255,340	
Municipal securities	13,770,000	
Money market accounts	6,906,041	31,925,000 (20%)
Commercial paper	-	39,906,000 (25%)
Asset Backed Securities	3,354,597	31,925,000 (20%)
Supra-National Agency	-	47,887,000 (30%)
	<hr/>	
	\$ 159,622,694	

Return on investment:

Current month	<hr/> <hr/> 2.10%
Year-to-date	<hr/> <hr/> 2.07%
Prospective	<hr/> <hr/> 2.82%
LAIF (year-to-date)	<hr/> <hr/> 3.73%
Budget	<hr/> <hr/> 1.65%

Fair market value disclosure for the quarter ended December 31, 2023 (District only):

	<u>Quarter-to-date</u>	<u>Year-to-date</u>
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	(4,126,972)
Change in unrealized gain (loss) on investments (income statement effect)	\$ 3,057,656	3,704,387

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Feb 29, 2024**

Investment summary of CDs:

Western Alliance	250,000
Bank of Marin	236,500
Blue Ridge Bank	236,500
BOKF National Association	236,500
BOM Bank	236,500
Cattlemens Bank	236,500
East West Bank	236,500
First Northern Bank of Dixon	236,500
First Republic Bank	236,500
Live Oak Banking company	236,500
SouthEast Bank	94,138
SpiritBank	236,500
Springs Valley Bank & Trust Company	54,362
The Bank of Commerce	236,500
	<u>\$ 3,000,000</u>

Investment summary of asset backed securities:

Ally Auto Rec	\$ 195,000
American Honda Mtn	\$ 145,000
BMW Vehicle Owner	95,000
Fifth Third Auto	385,000
Capital One Prime	265,000
Carmax Auto Owner	1,017,962
GM Finl con Auto Rec	110,000
Gm Financial	4,343
Honda Auto	350,000
Honda Auto Rec Own	130,000
Hyundai Auto	153,037
John Deere Owner	141,834
Kubota Credit	162,421
Mercedes Benz Auto	200,000
	<u>\$ 3,354,597</u>

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Feb 29, 2024

Investment summary of medium-term notes (corporate):

Abbott Laboratories	\$	195,000
Amazon Com Inc		1,320,000
American Express		445,000
American Express Co		1,250,000
Apple, Inc		655,000
Air products		295,000
Astrazeneca		165,000
Astrazeneca LP		265,000
Bank of America		1,250,000
Bank of NY		150,000
Bank of NY Mtn		1,000,000
Bk of America		1,300,000
Branch Banking Trust		1,300,000
Bristol Myers Squibb		200,000
Chase Issuance Trust		925,000
Caterpillar Finl Mtn		1,320,000
Cisco Sys		485,000
Citibank N A		535,000
Citigroup Inc		440,000
Cooperatieve CD		400,000
Daimler Trucks		325,000
Deere John Mtn		770,000
Discover Card Exe		305,000
Emerson Electric Co		265,000
Exxon Mobil		1,320,000
Ford CR Auto Owner		160,000
General Dynamics		395,000
Goldman Sachs		205,000
Harley Davidson		500,000
Home Depot Inc		285,000
Honeywell		400,000
IBM Corp		640,000
John Deere Mtn		620,000
JP Morgan		1,415,000
Lockheed Martin		203,000
National Rural Mtn		285,000
Natixis Ny		405,000
Novartis Capital		425,000
Paccar Financial Mtn		160,000
Procter Gamble Co		1,300,000
Roche Holding Inc		730,000
Schwab Charles		1,715,000
State Street Corp		1,420,000
Target Corp		1,230,000
Texas Instrs		370,000
Toyota Motor		1,820,000
Unitedhealth Group		85,000
US Bank NA		1,400,000
Verizon		730,000
Walmart INC		205,000
Wells Fargo Bank Na		545,000
Wells Fargo Card		560,000
Wells Fargo co		800,000
	<u>\$</u>	<u>35,888,000</u>

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	\$	5,604,091
Federal Home Loan Bank (FHLB)		1,865,000
Federal Home Loan Mortgage Corp (FHLMC)		8,381,249
US Treasury Bill		42,405,000
	<u>\$</u>	<u>58,255,340</u>

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Feb 29, 2024**

Investment summary of municipal securities:

Alameda Cnty Ca	\$	500,000
Anaheim Ca Pub		1,000,000
Bay Area Toll		250,000
California St Univ		125,000
Connecticut ST		400,000
El Segundo Ca		510,000
Florida ST		600,000
Los Angeles Ca		605,000
Los Angeles Calif Ca		1,500,000
Louisiana ST		500,000
Massachusetts St		1,000,000
Mississippi ST		300,000
Orange Ca		500,000
San Diego County		300,000
San Juan Ca		385,000
Santa Cruz Ca		400,000
Torrance Ca		1,450,000
University Ca		1,000,000
University Calif Ca		185,000
Wisconsin ST		2,260,000
	<u>\$</u>	<u>13,770,000</u>

Investment summary of Supra-National Agency:

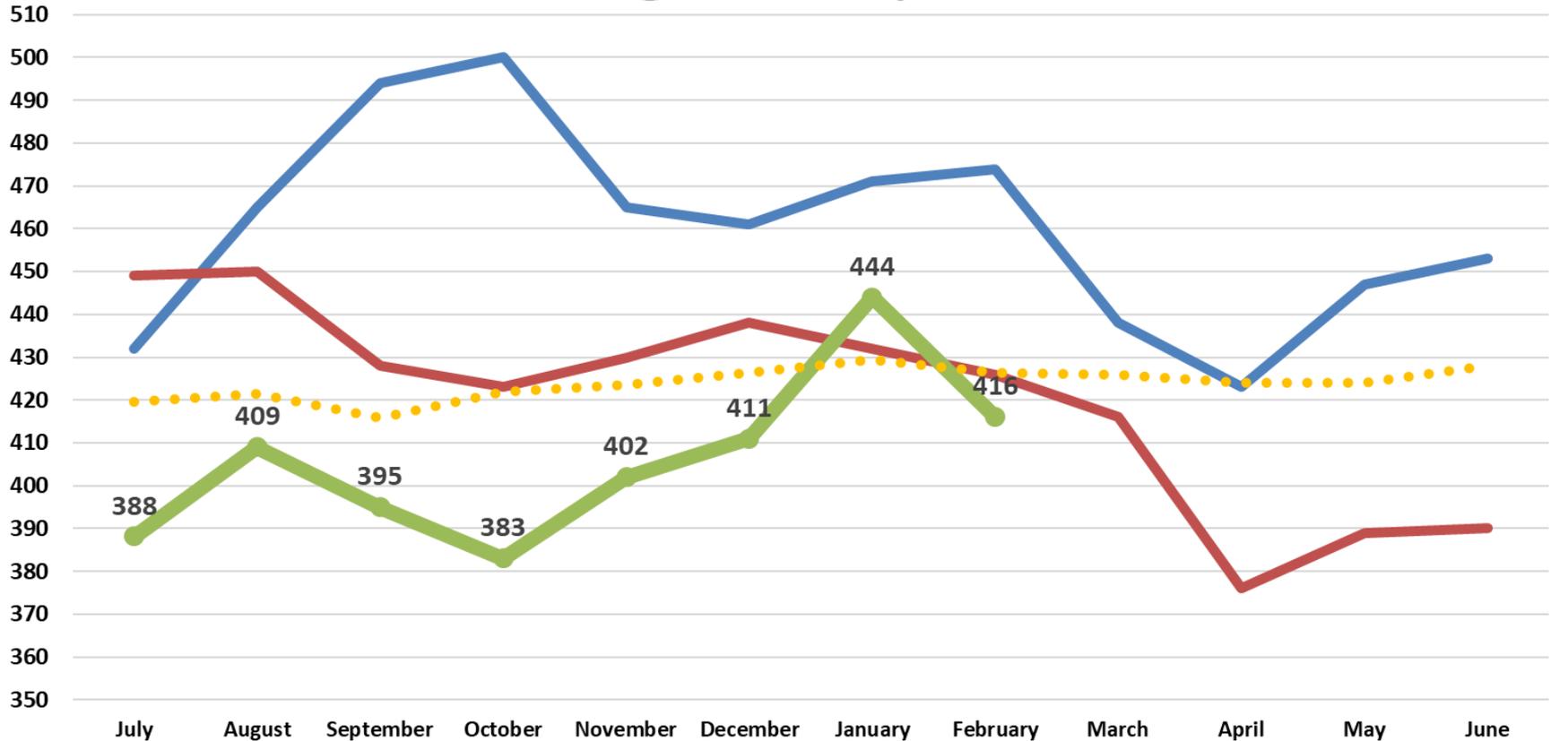
Cooperative	\$	-
Inter Amer Bk		-
	<u>\$</u>	<u>-</u>

Stat slides_Feb24

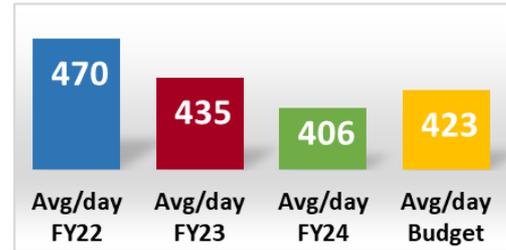
Statistical Report

February 2024

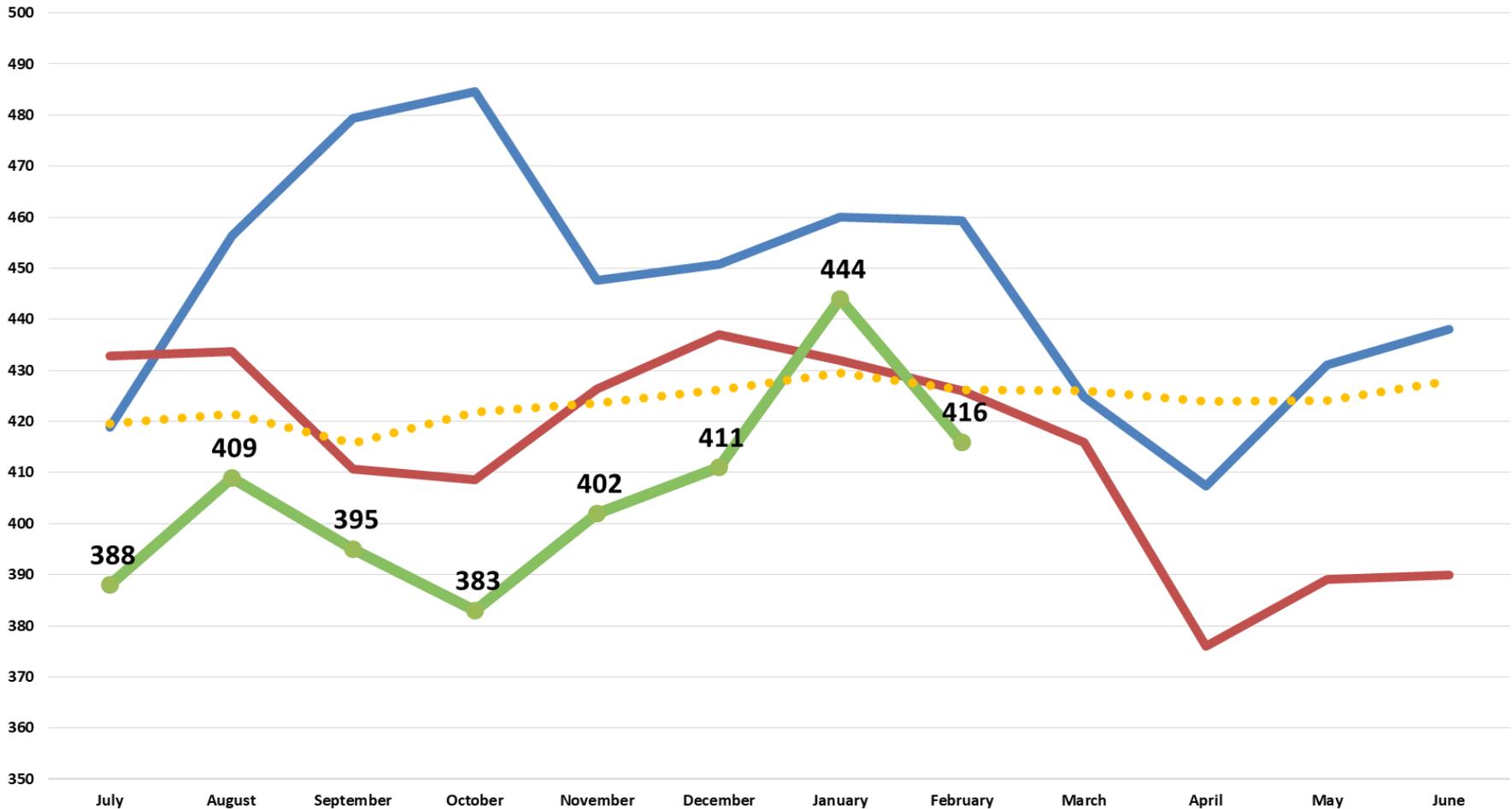
Average Daily Census



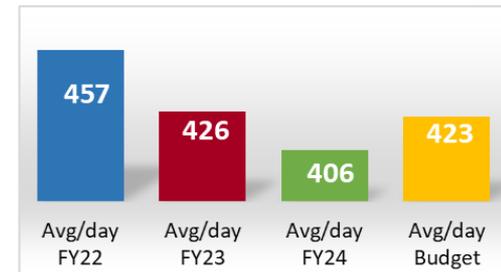
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



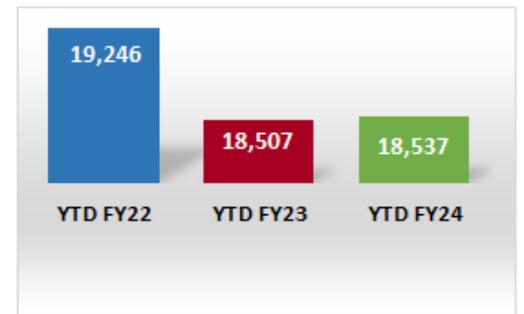
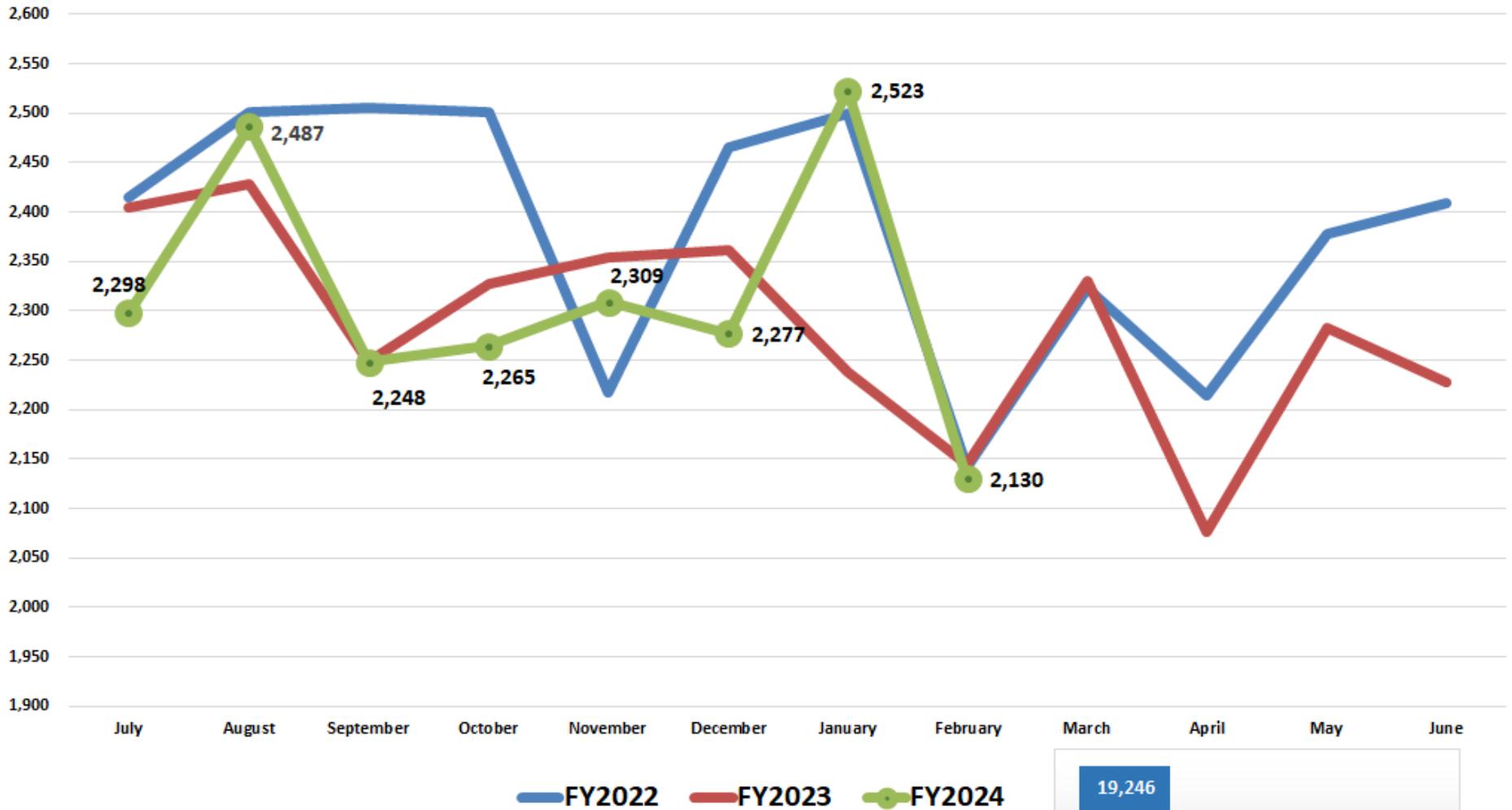
Average Daily Census w/o TCS



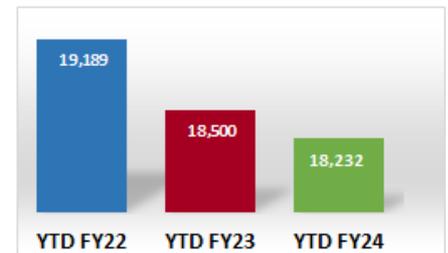
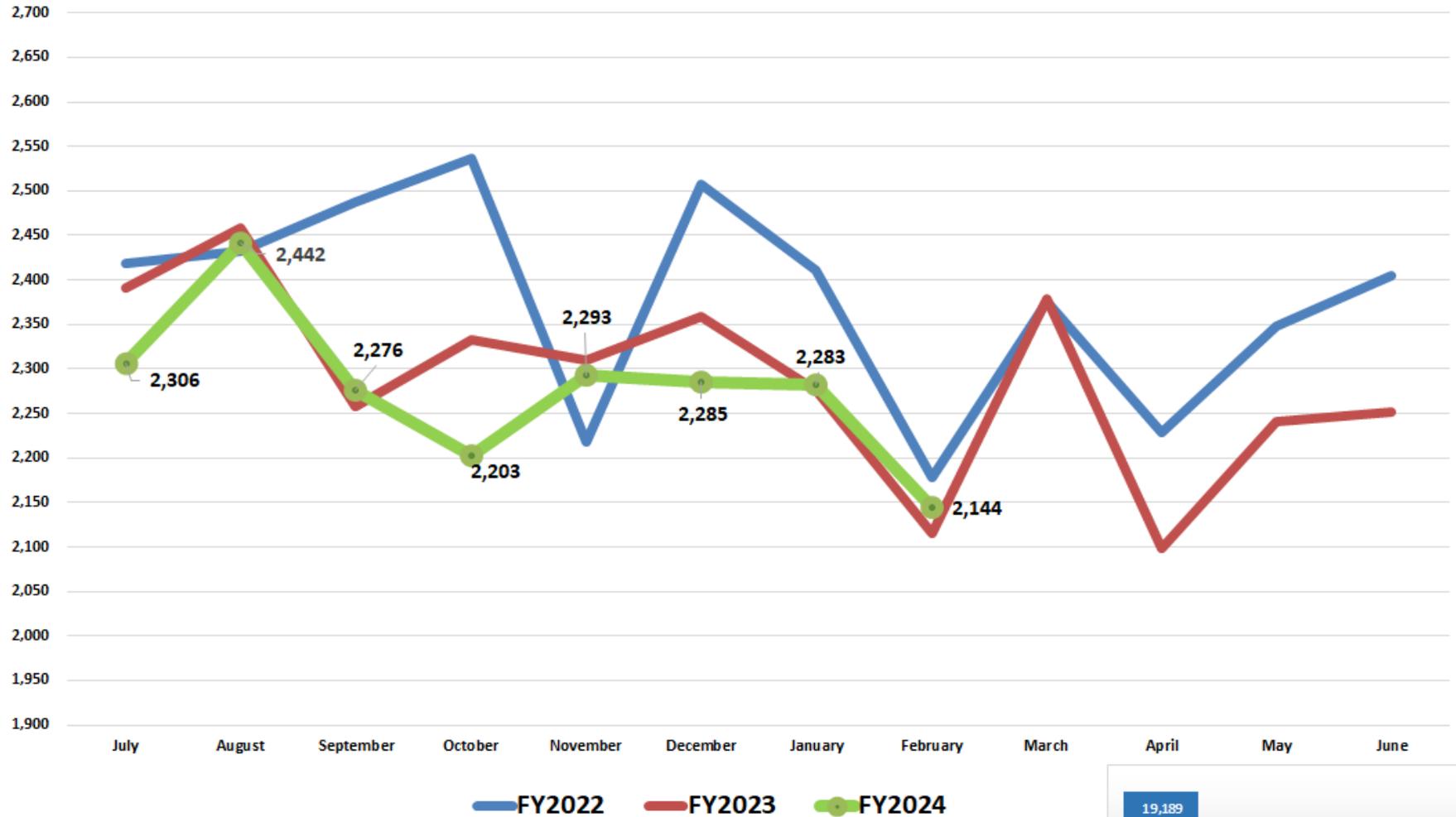
—● FY2022
 —● FY2023
 —● FY2024
 ●●● Budget



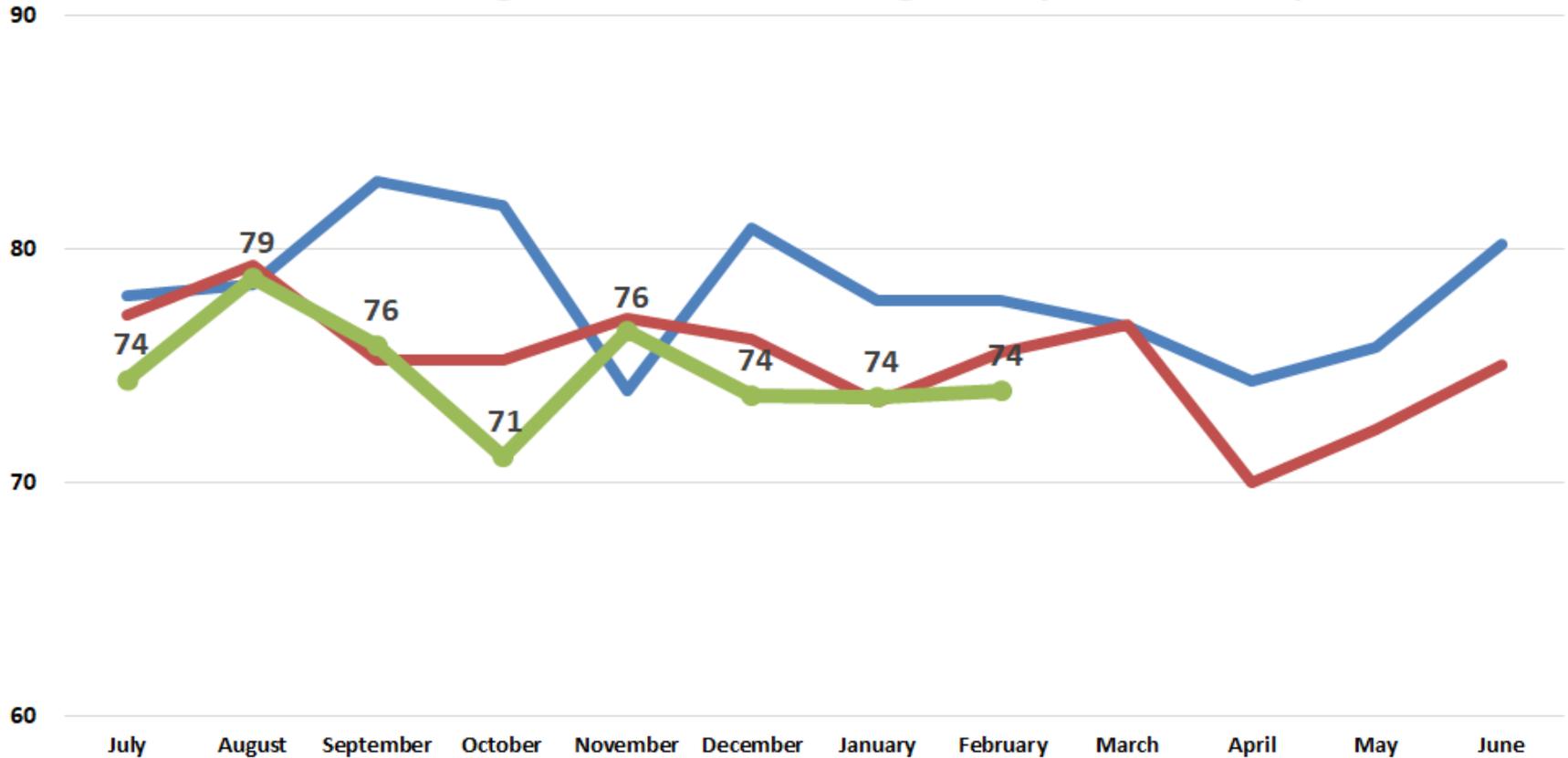
Admissions



Discharges



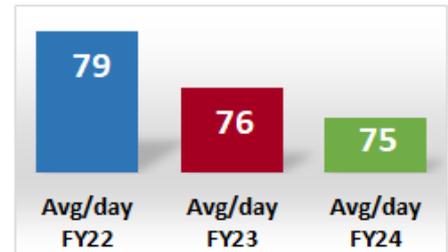
Average Discharges per day



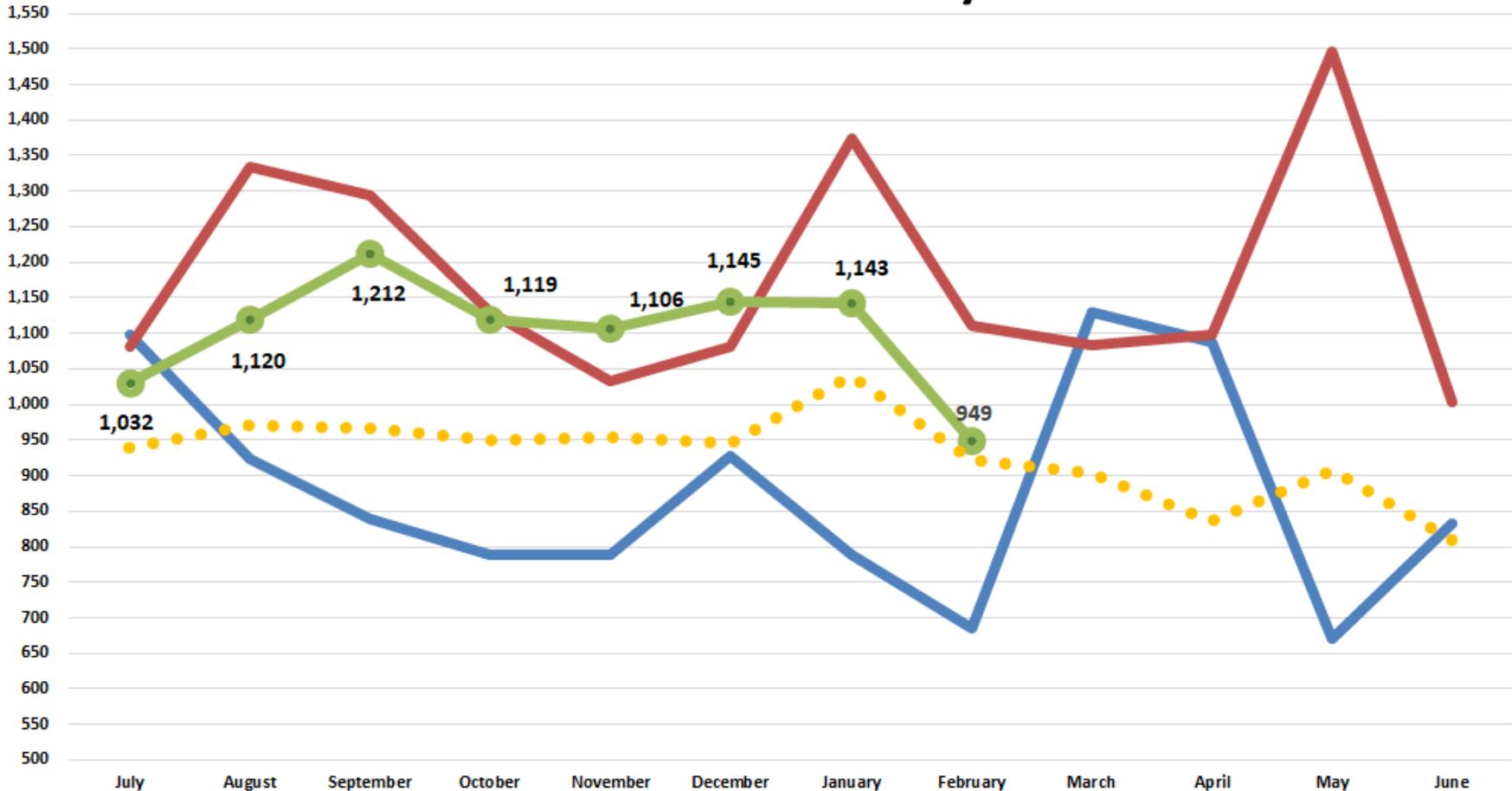
FY2022

FY2023

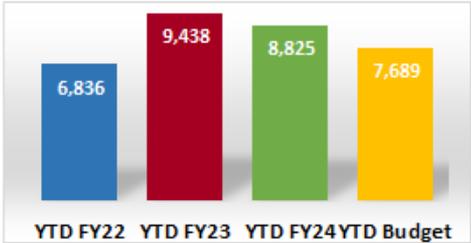
FY2024



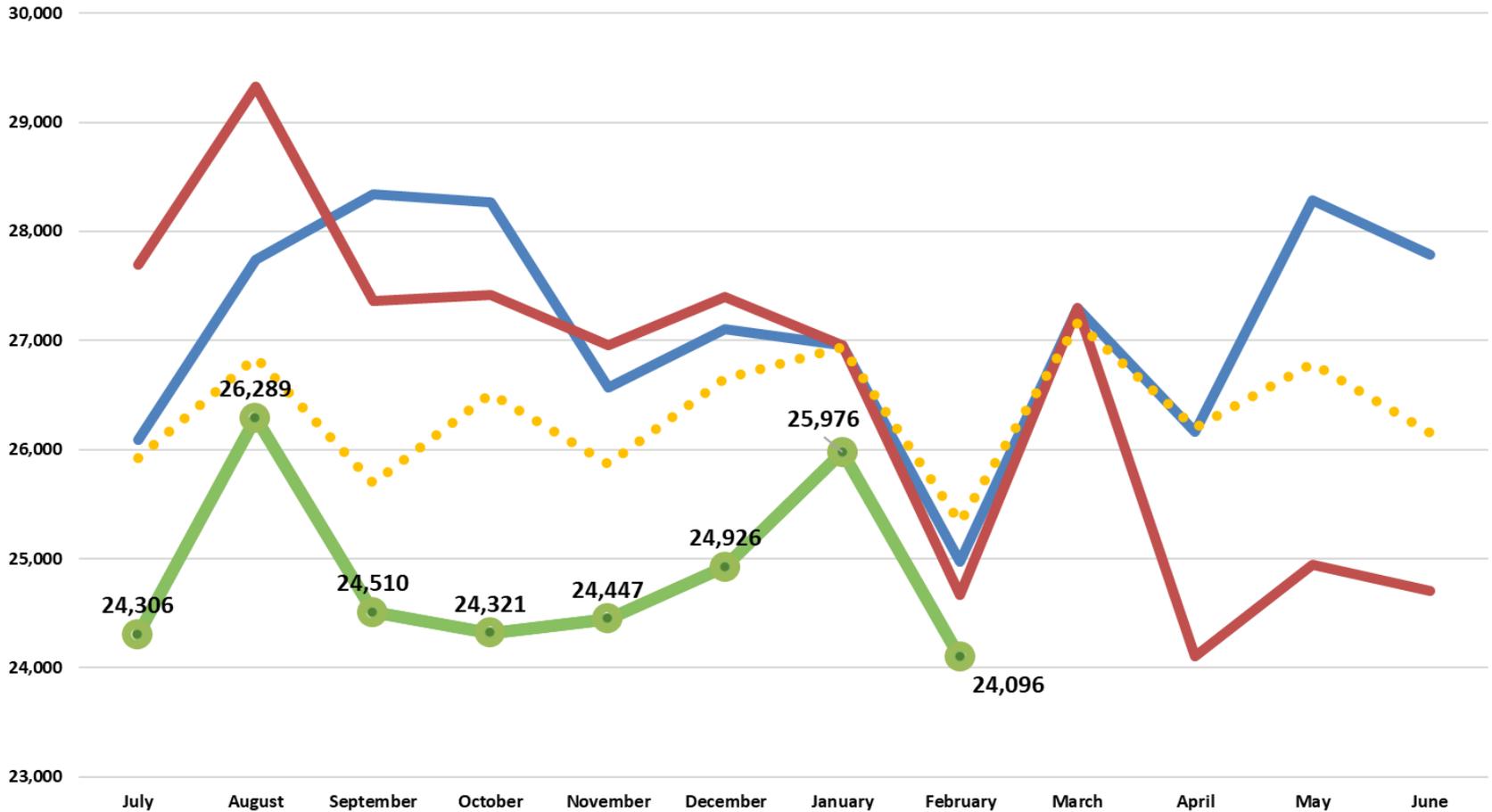
Observation Days



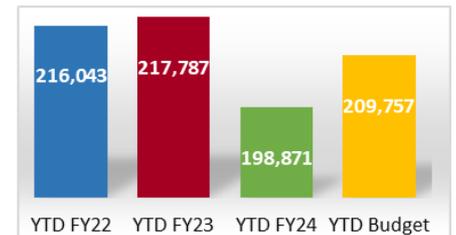
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



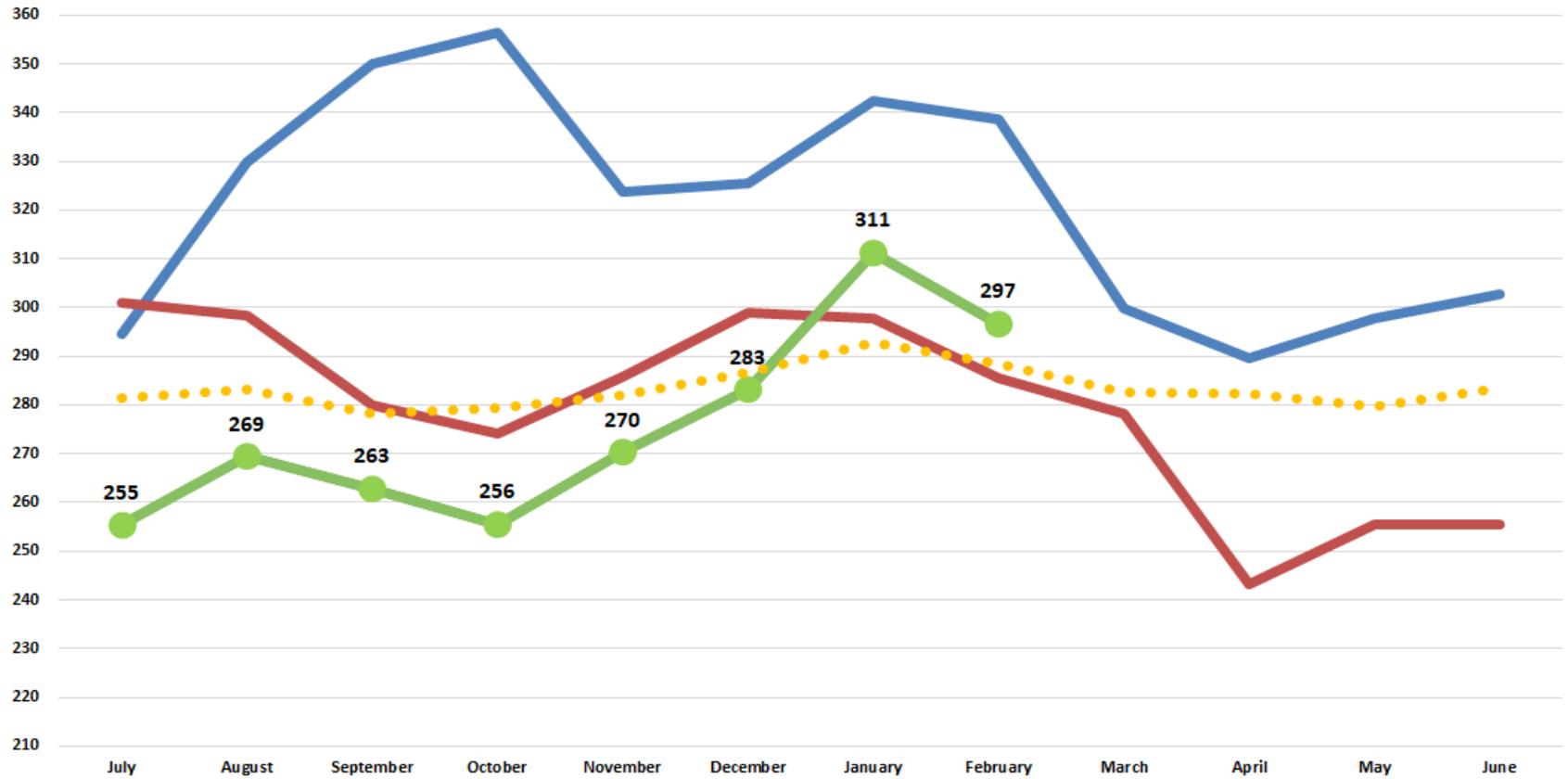
Adjusted Patient Days



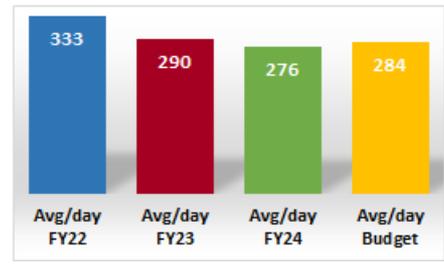
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



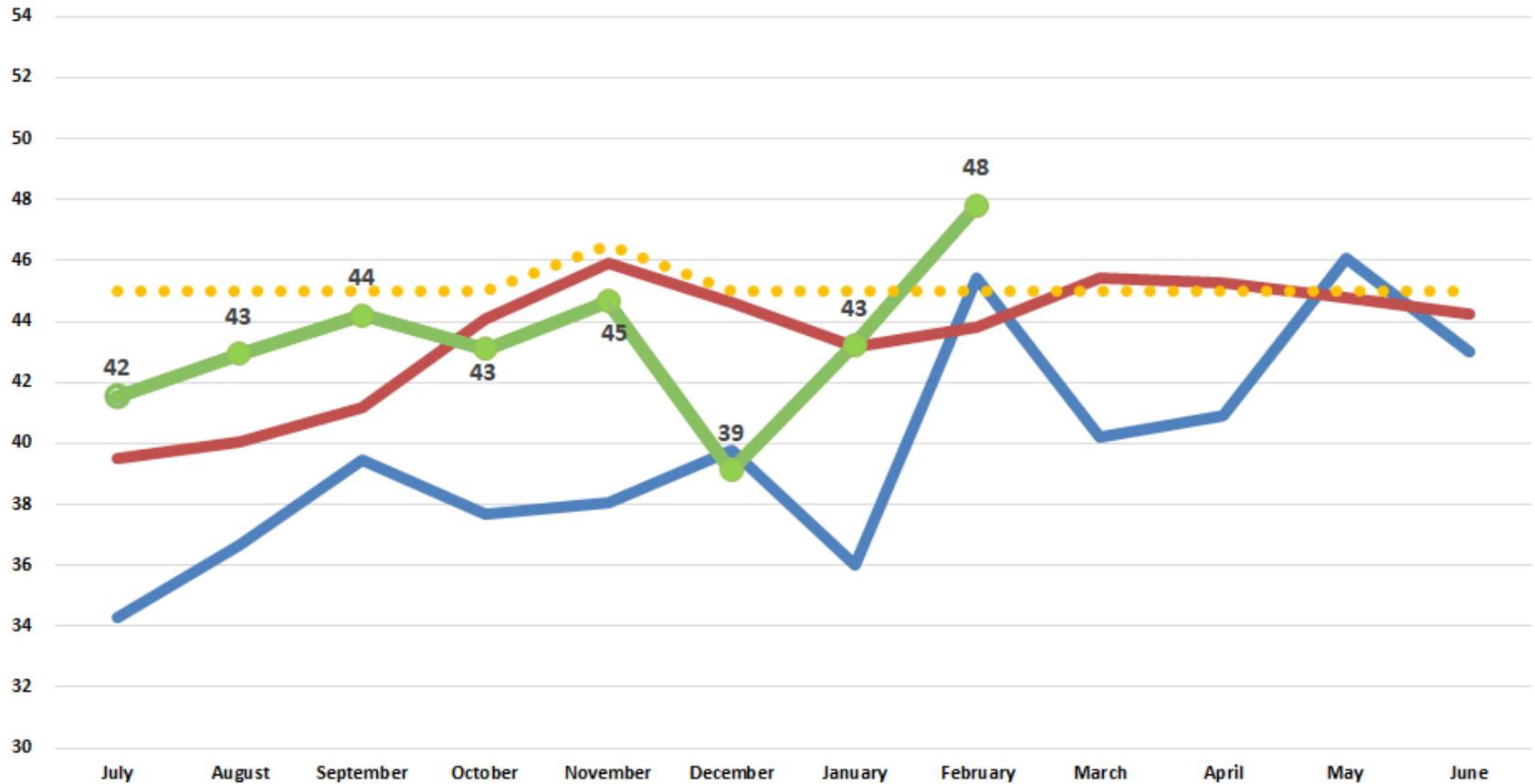
Medical Center (Avg Patients Per Day)



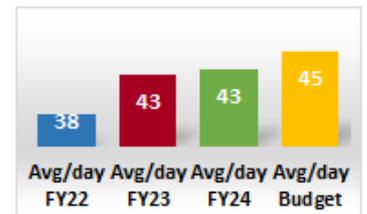
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●●● Budget



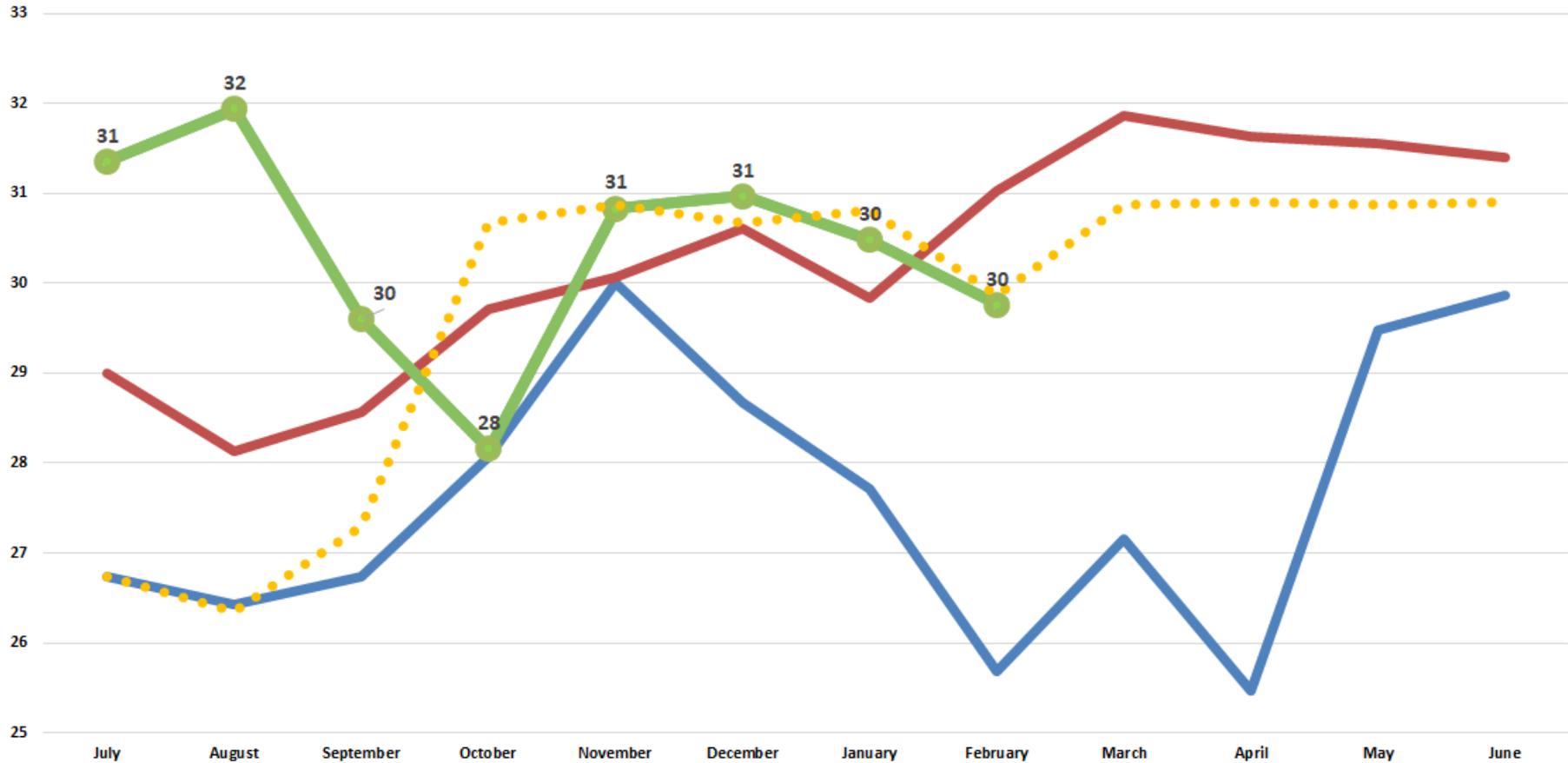
Acute I/P Psych (Avg Patients Per Day)



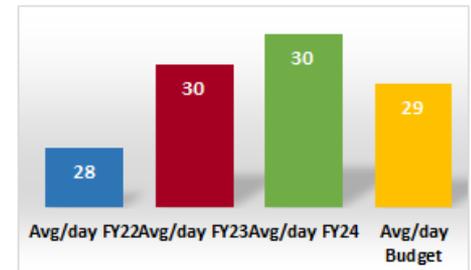
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



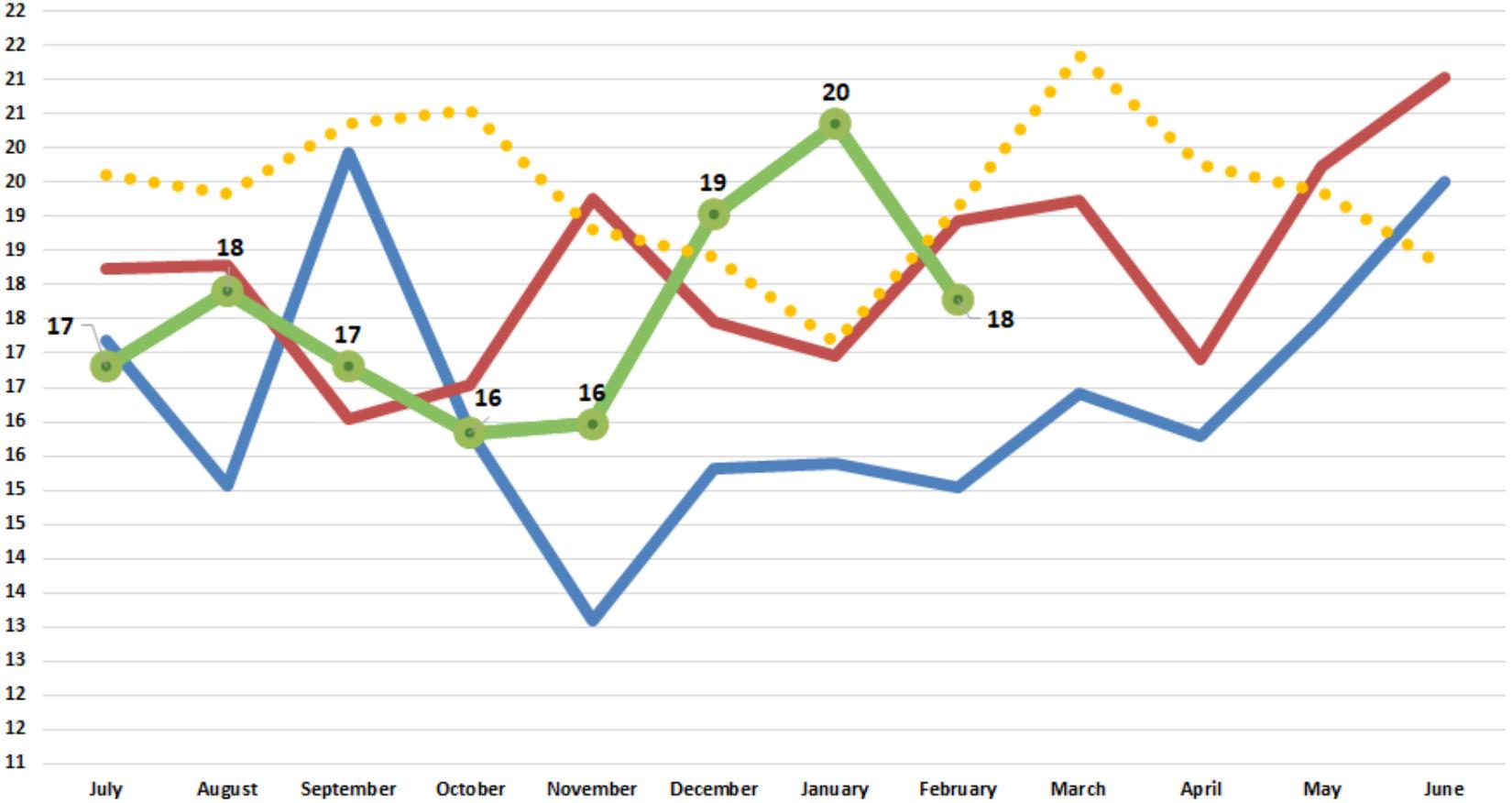
Sub-Acute - Avg Patients Per Day



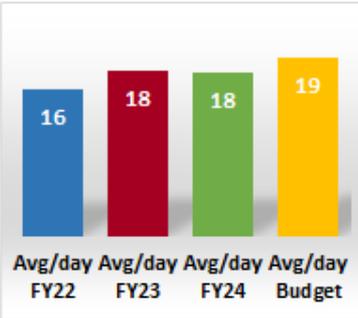
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



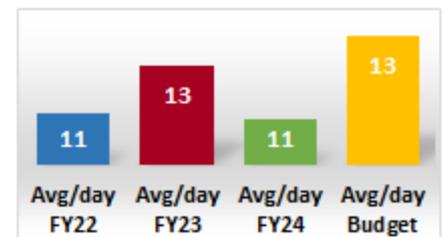
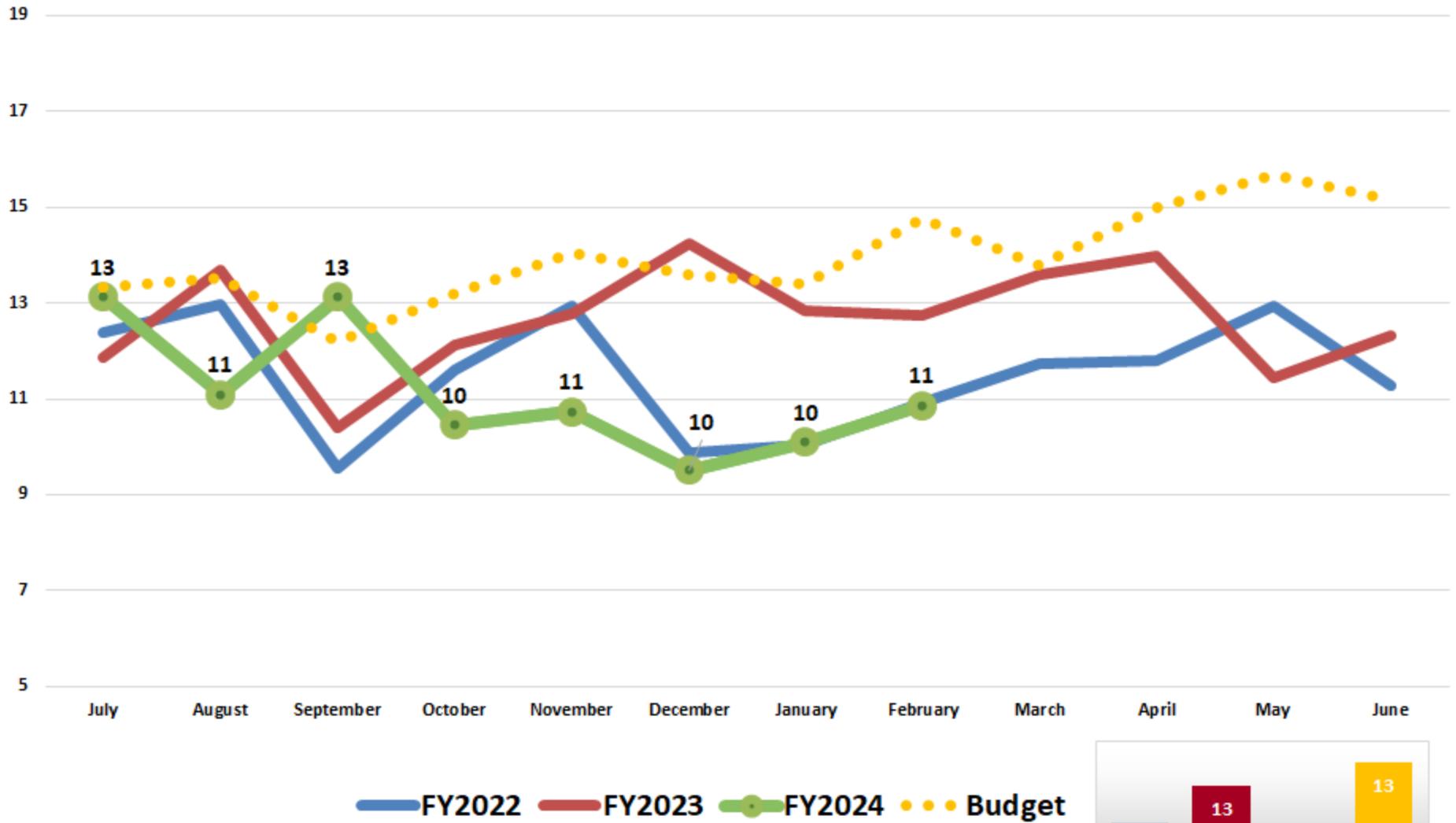
Rehabilitation Hospital - Avg Patients Per Day



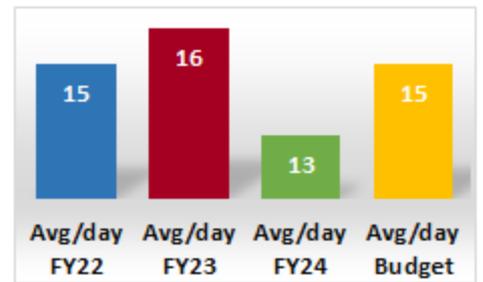
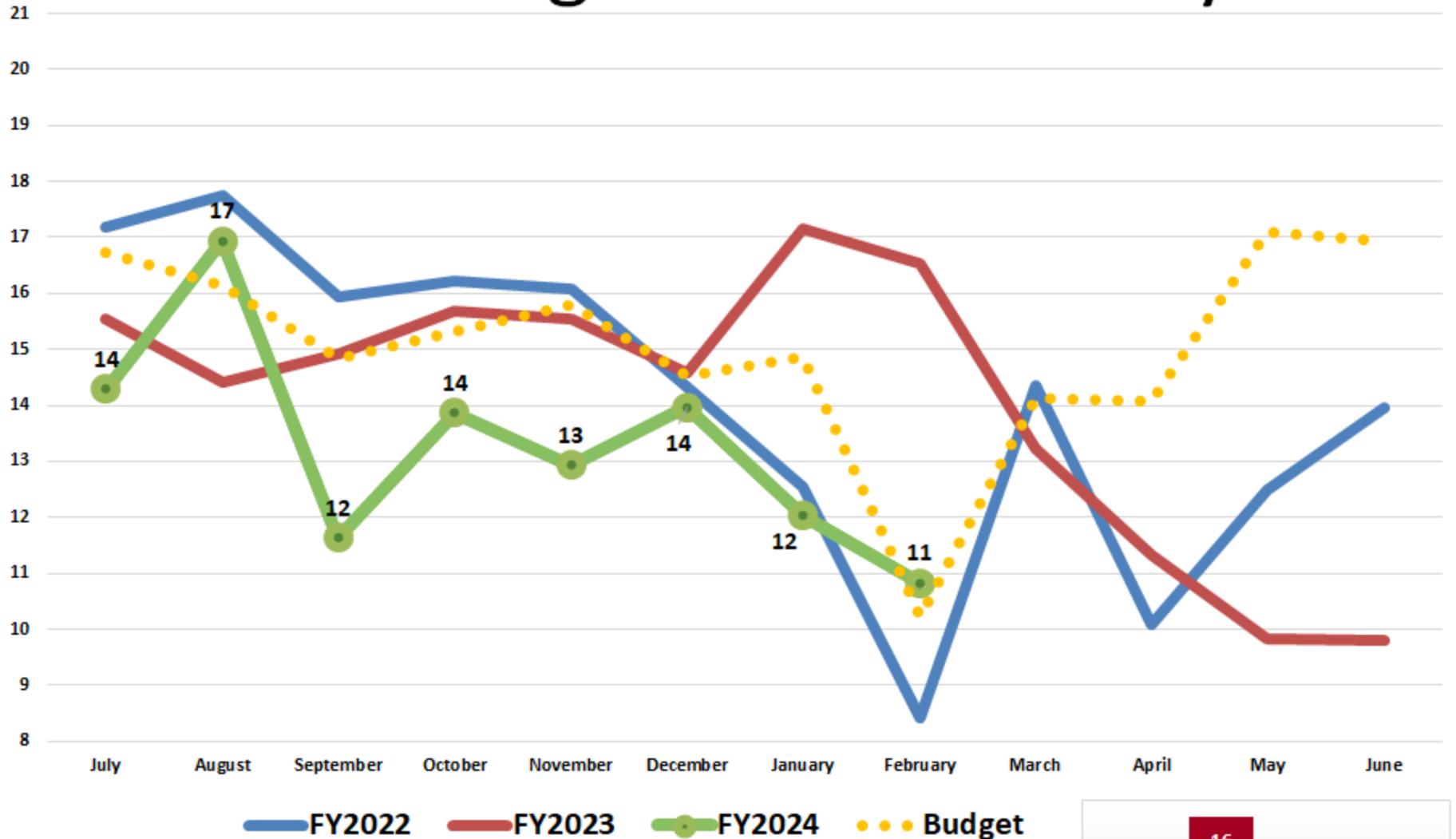
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



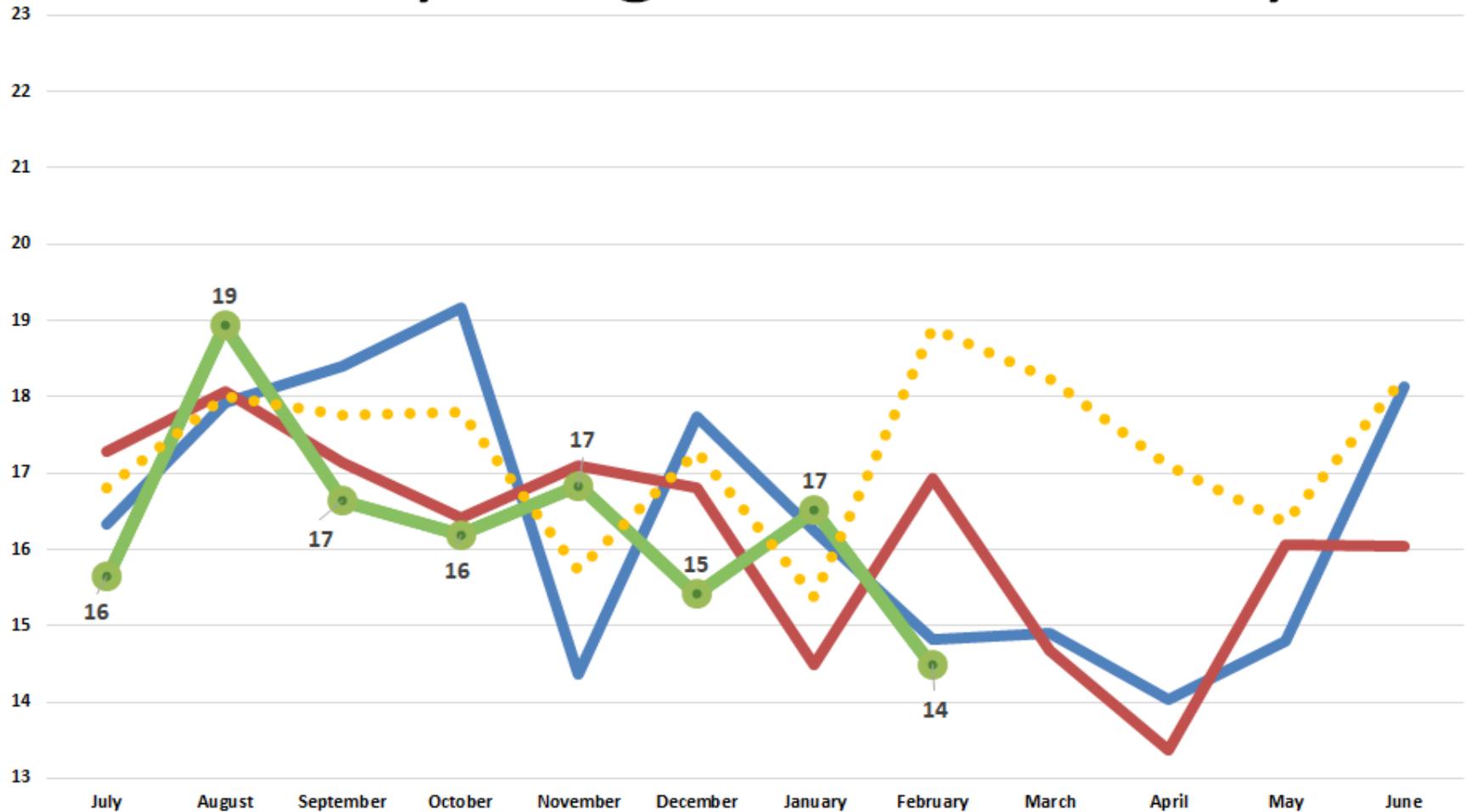
TCS Ortho - Avg Patients Per Day



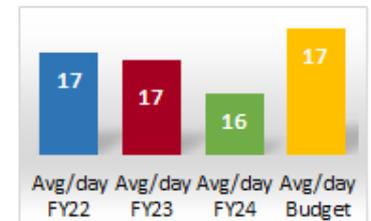
NICU - Avg Patients Per Day



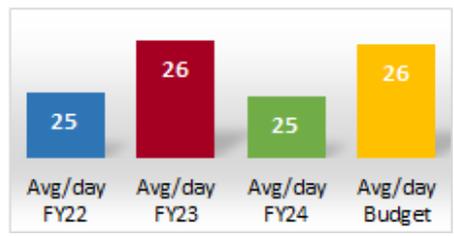
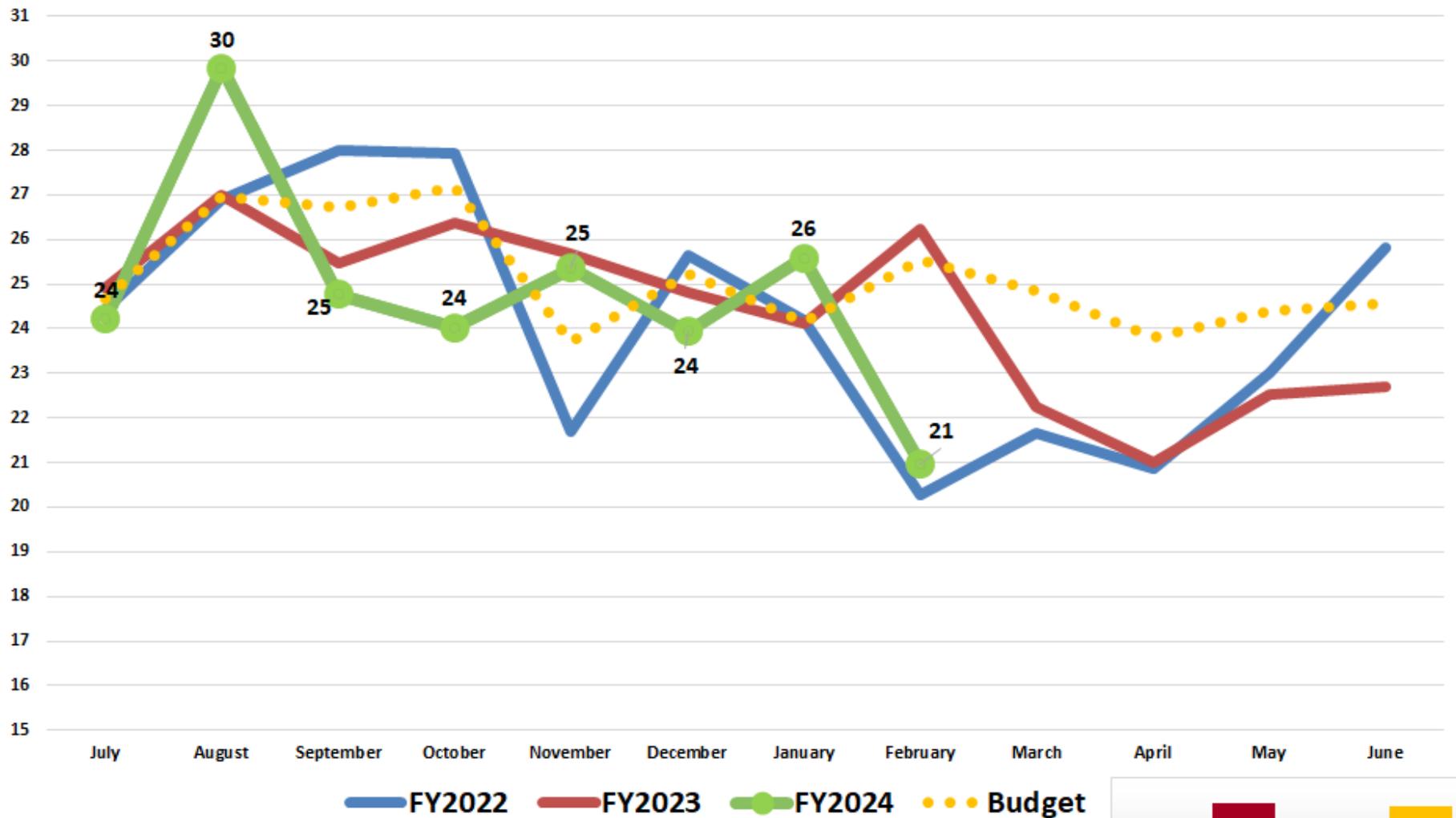
Nursery - Avg Patients Per Day



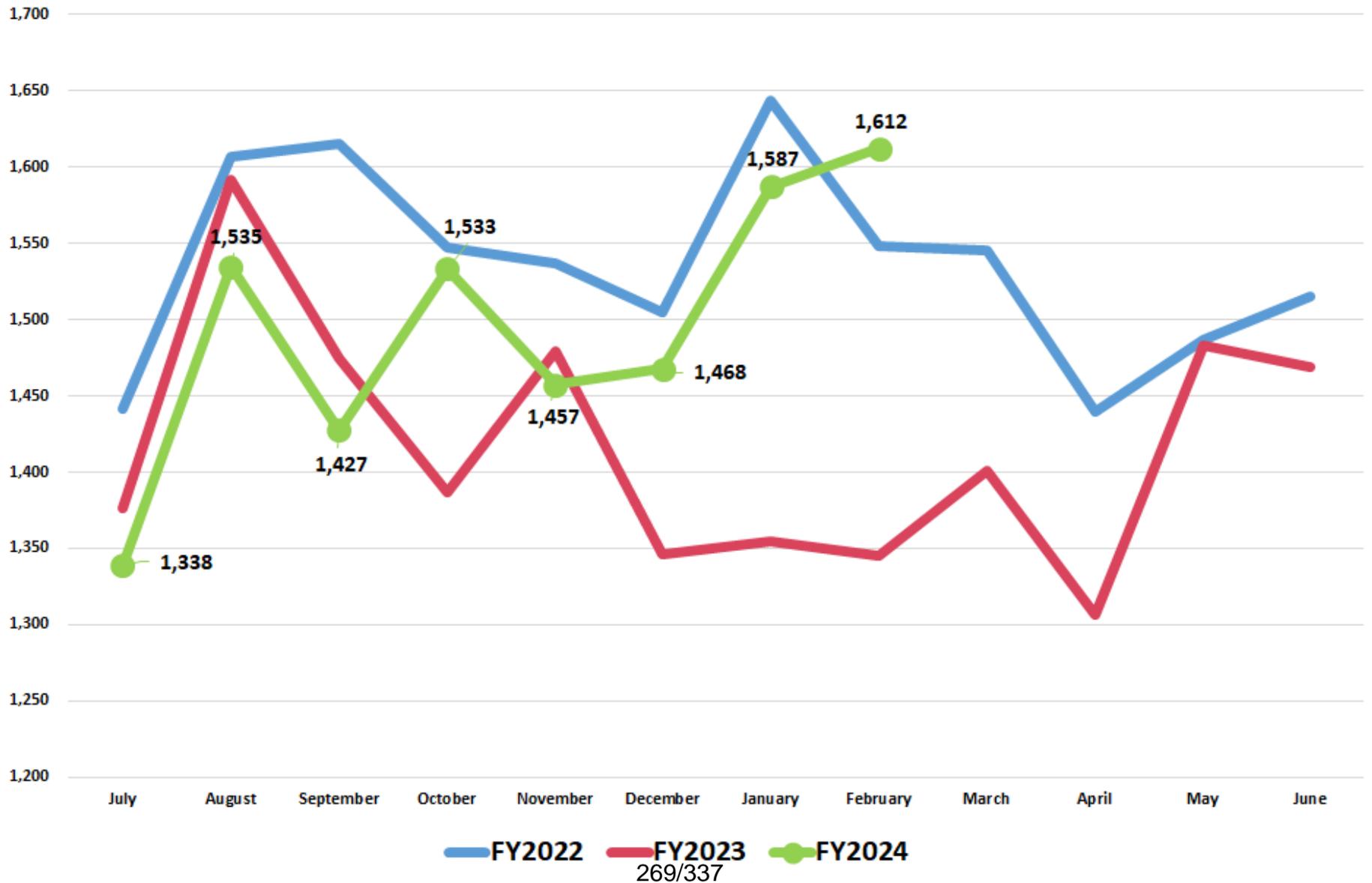
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



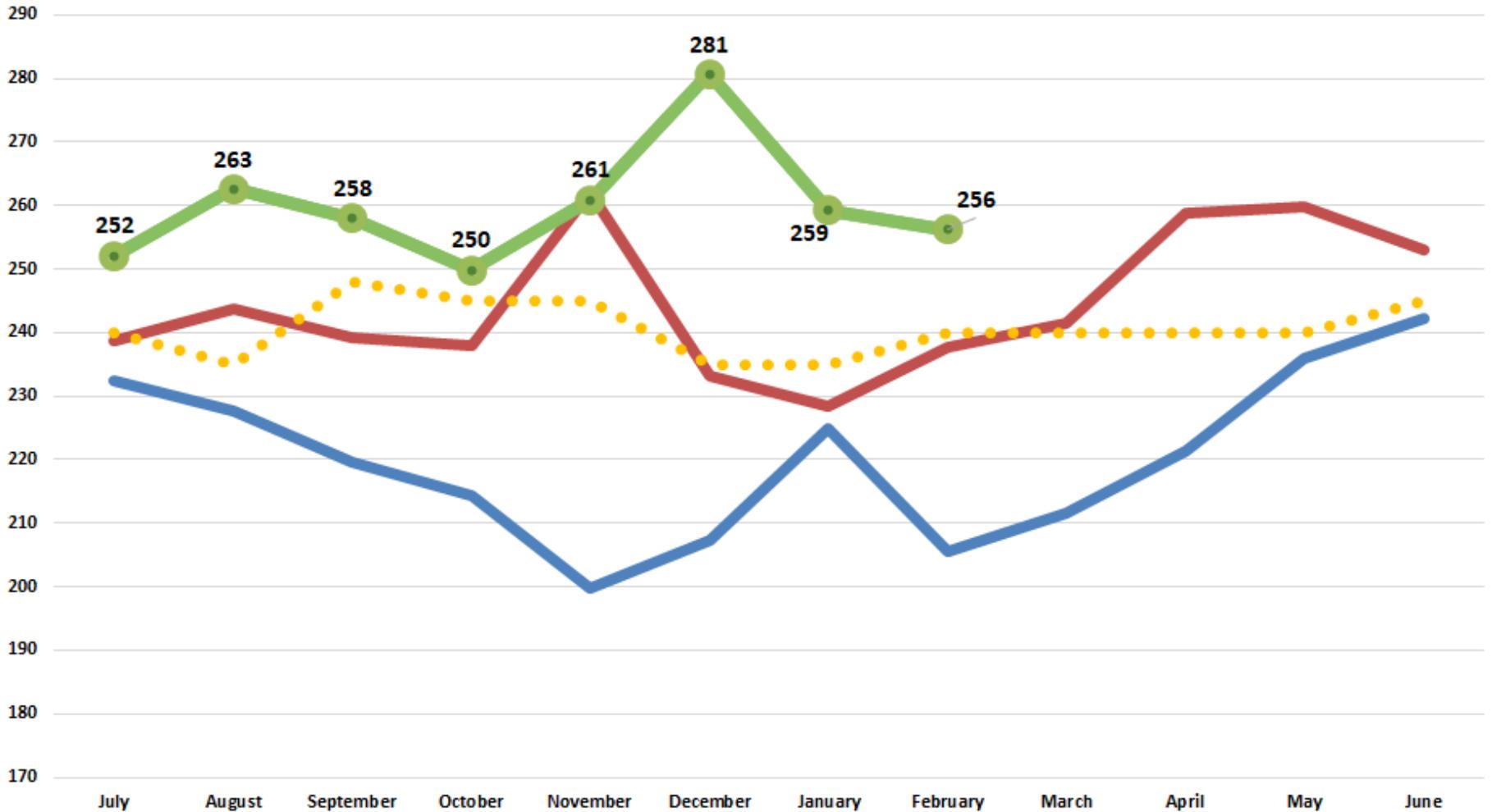
Obstetrics - Avg Patients Per Day



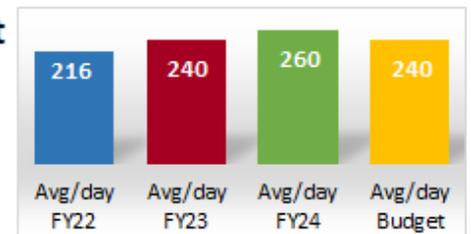
Outpatient Registrations Per Day



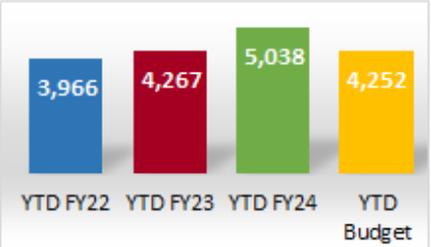
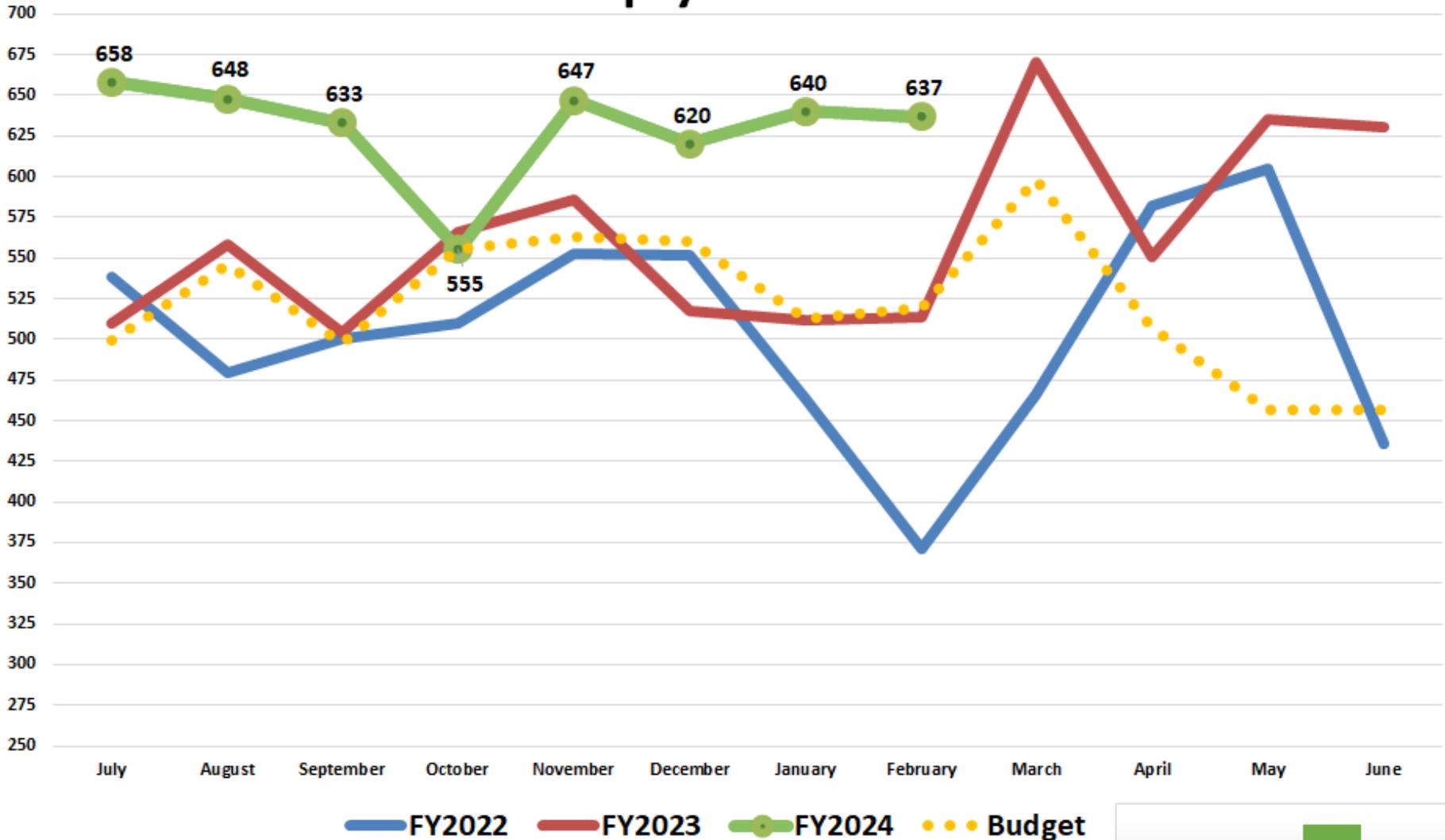
ED - Avg Treated Per Day



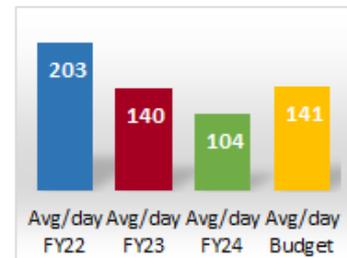
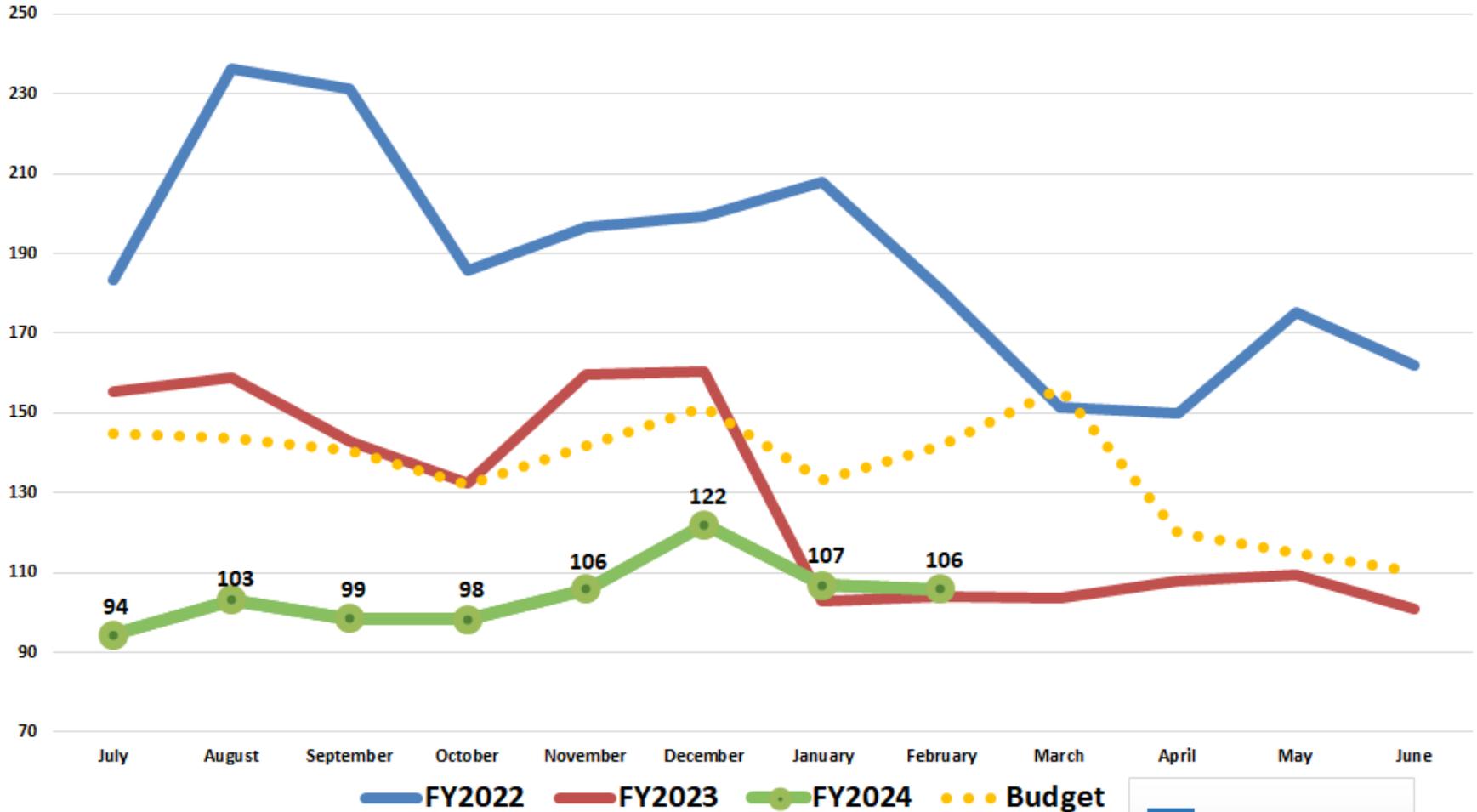
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



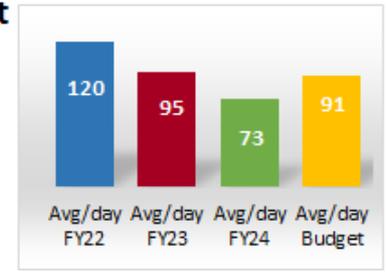
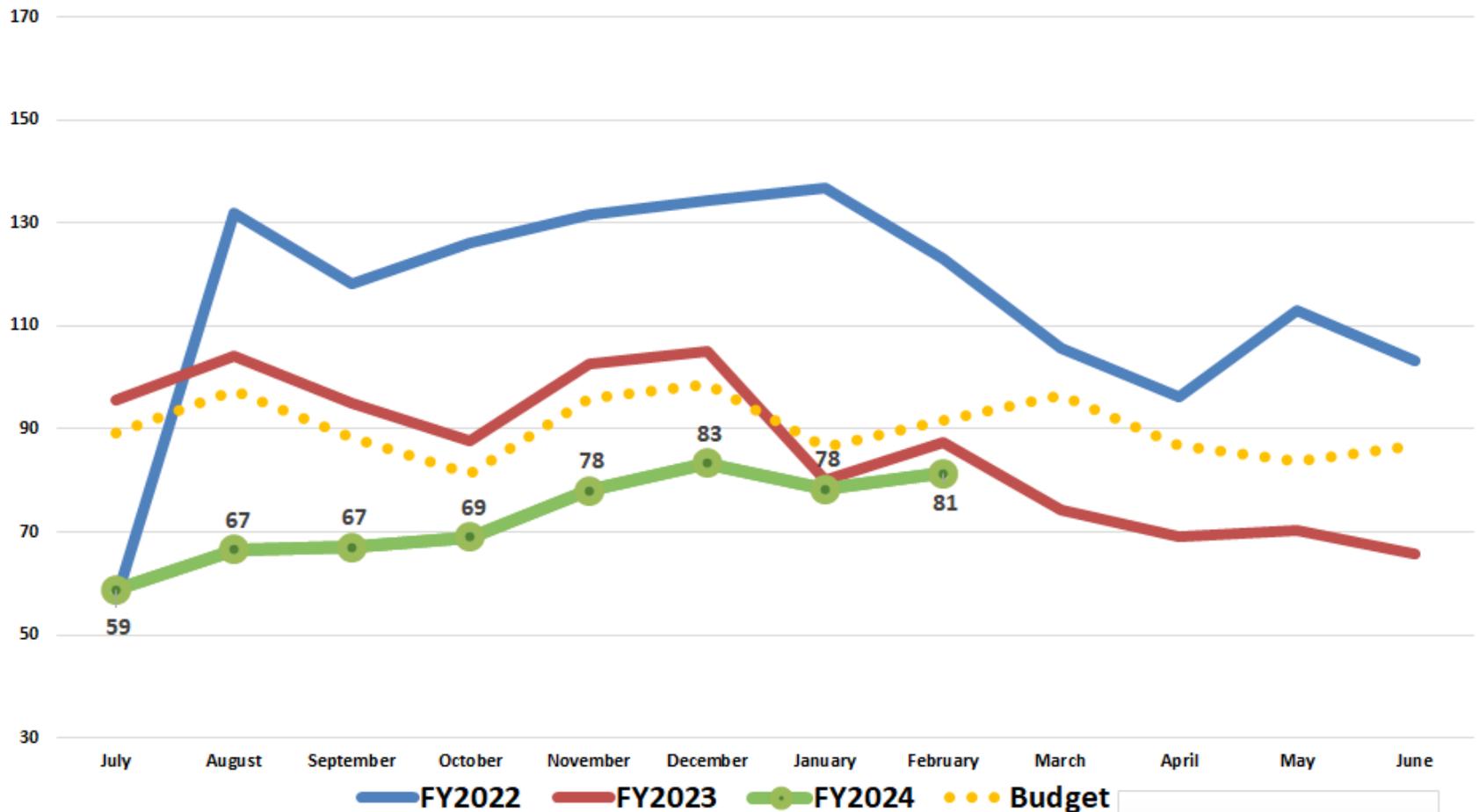
Endoscopy Procedures



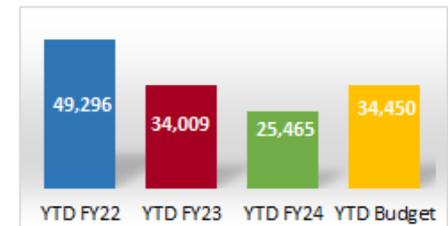
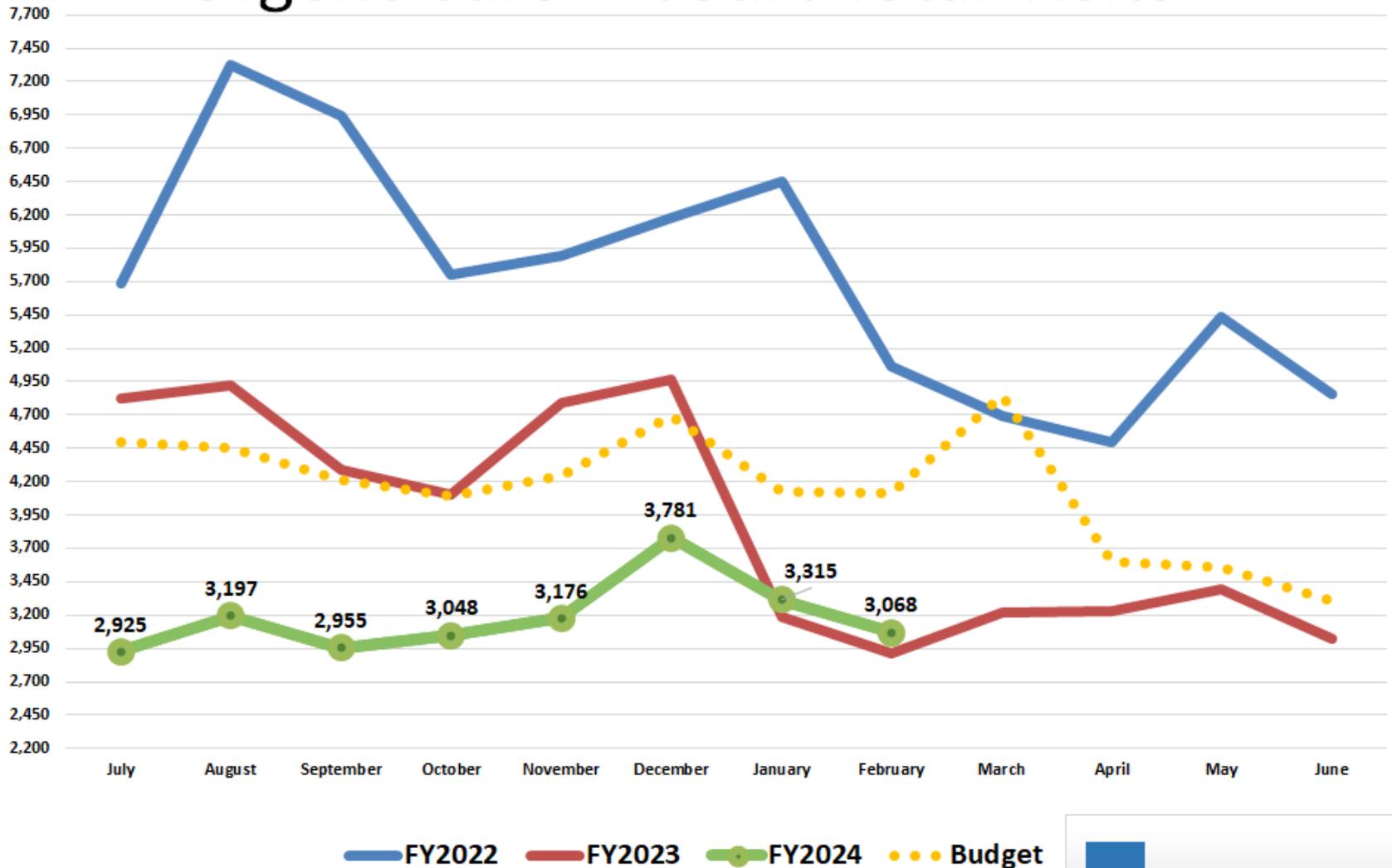
Urgent Care – Court Avg Visits Per Day



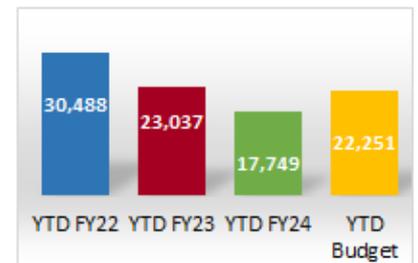
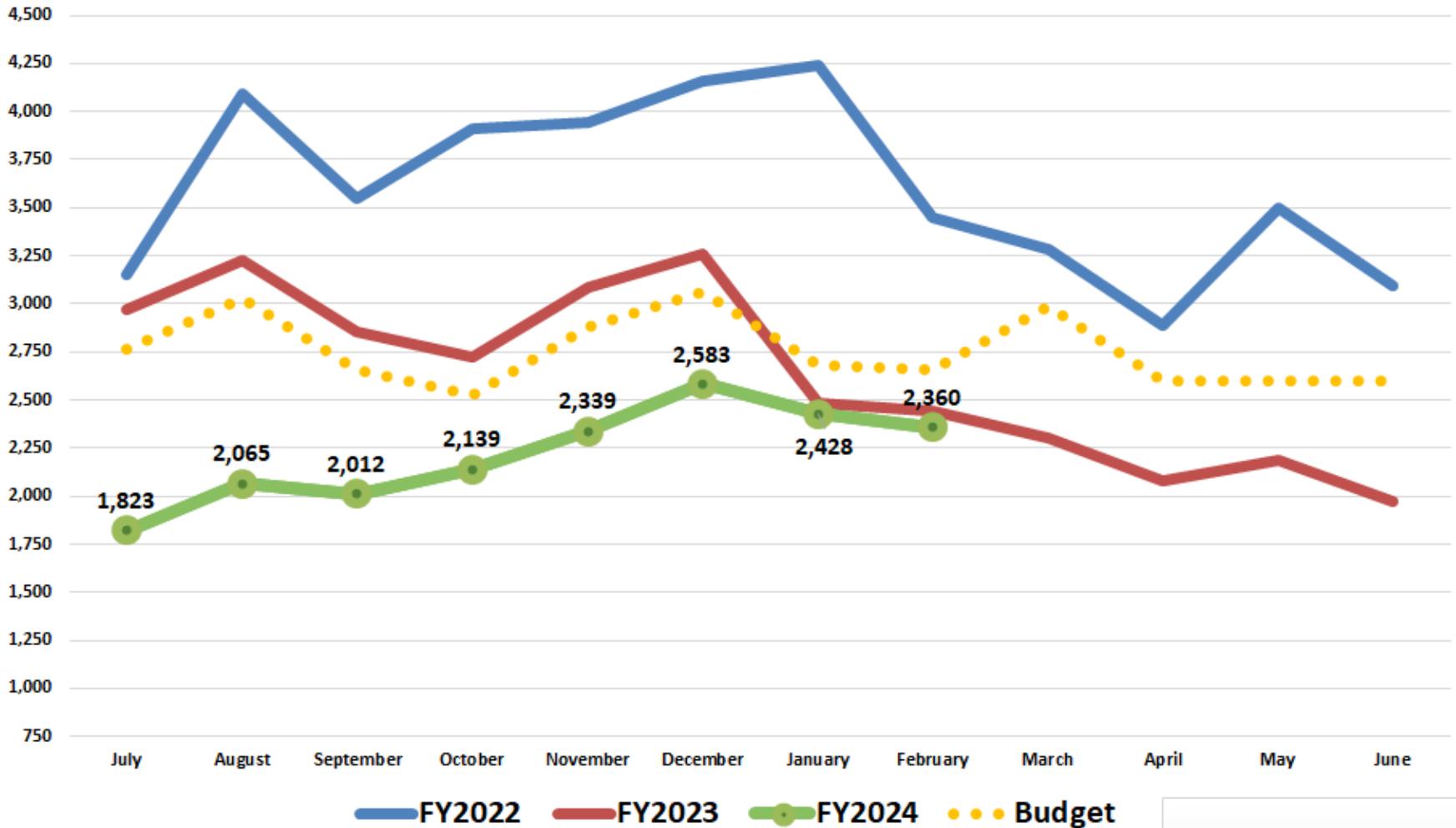
Urgent Care – Demaree Avg Visits Per Day



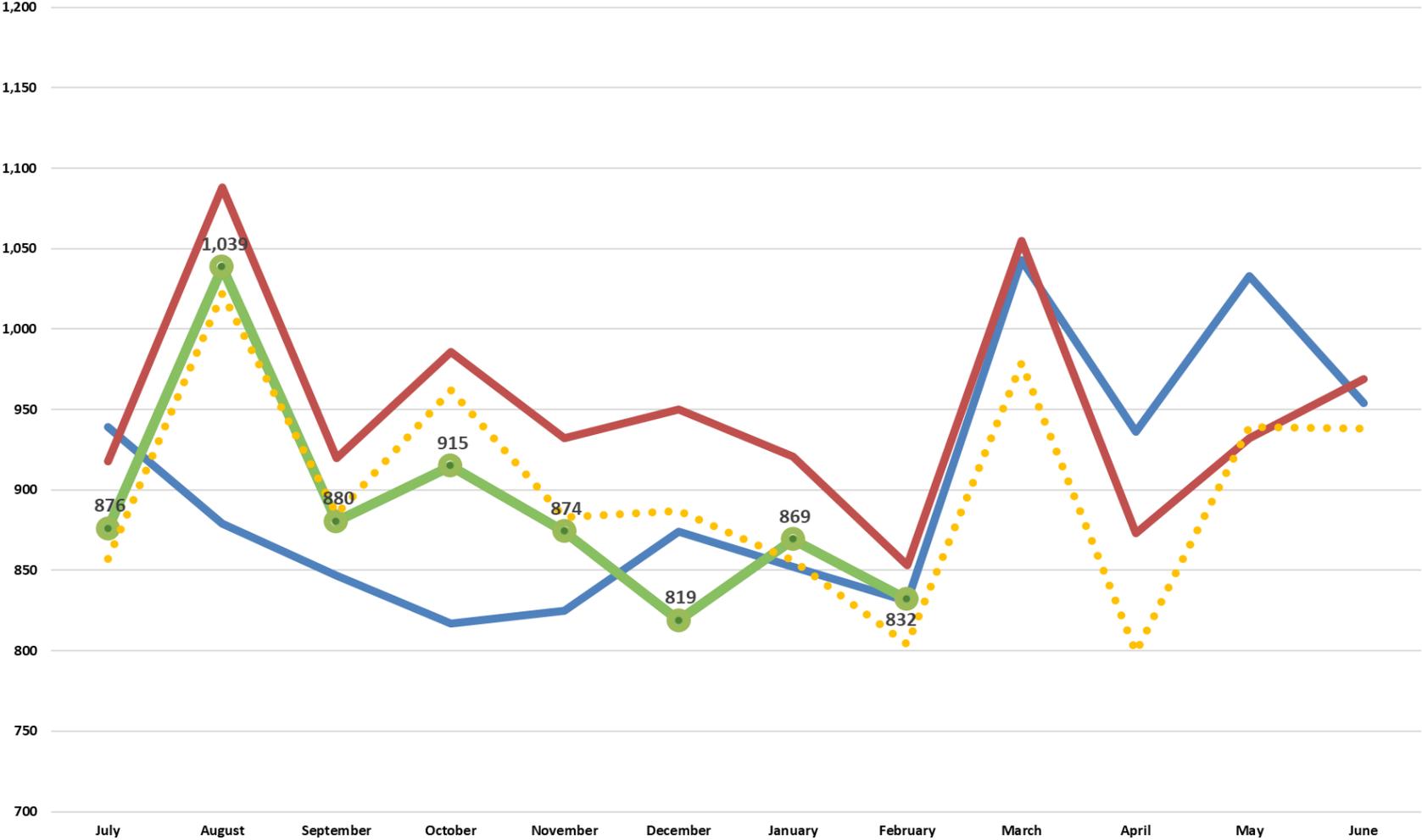
Urgent Care – Court Total Visits



Urgent Care – Demaree Total Visits



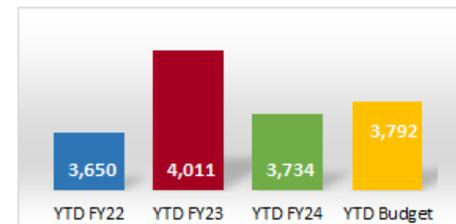
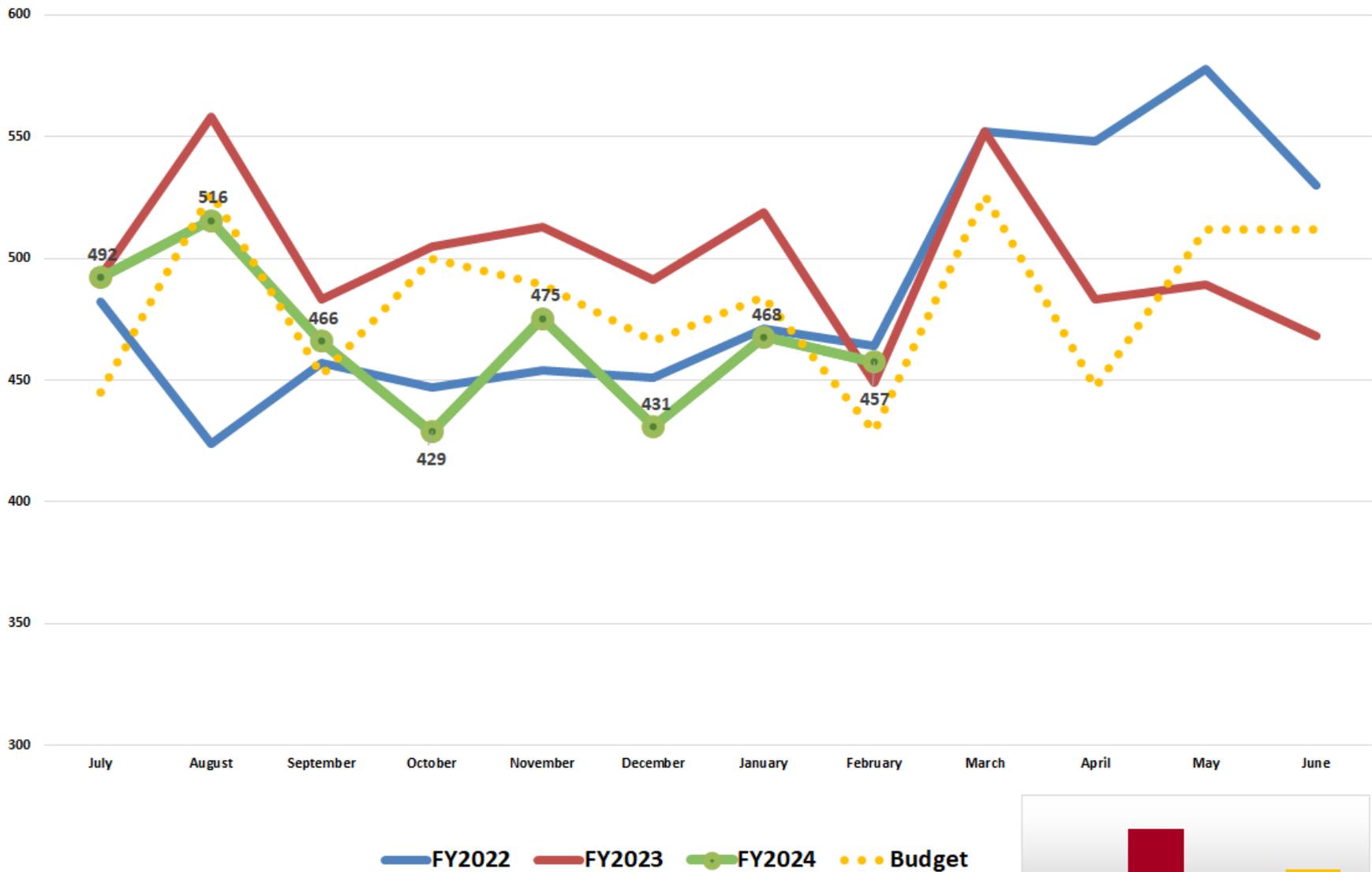
Surgery (IP & OP) – 100 Min Units



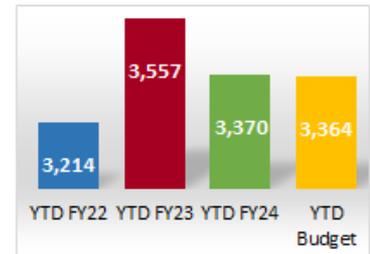
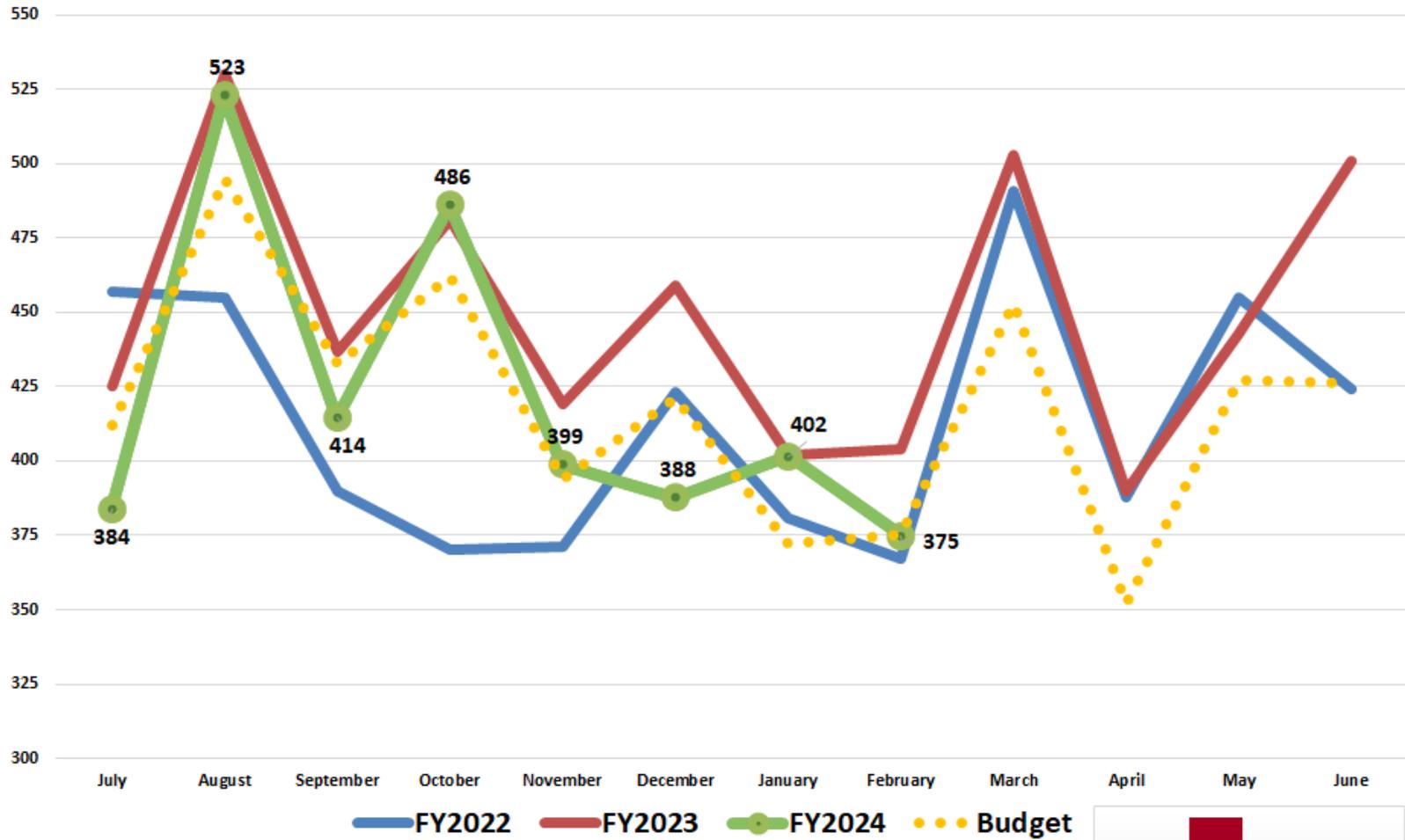
— FY2022 — FY2023 — FY2024 ••• Budget



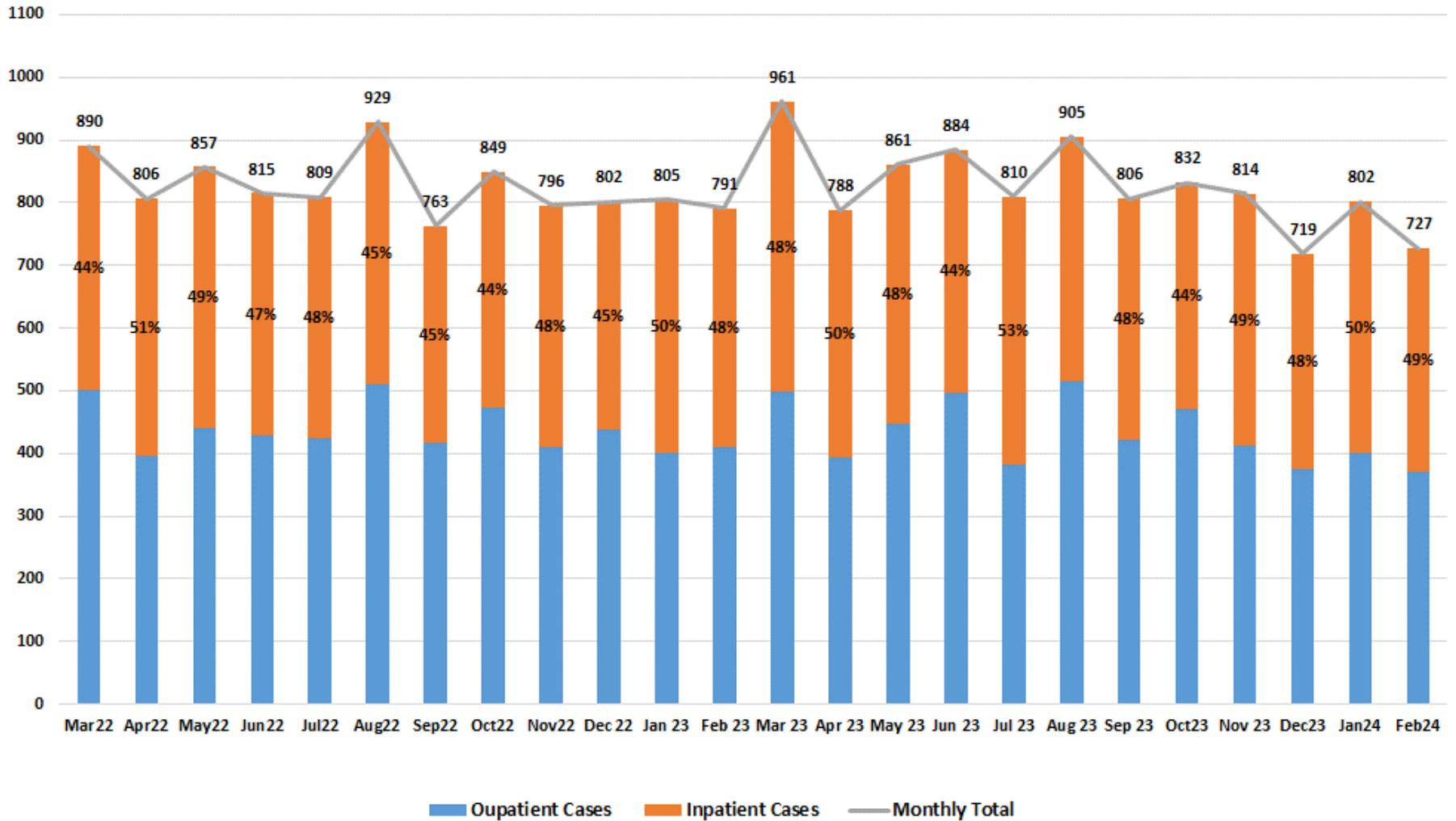
Surgery (IP Only) - 100 Min Unit



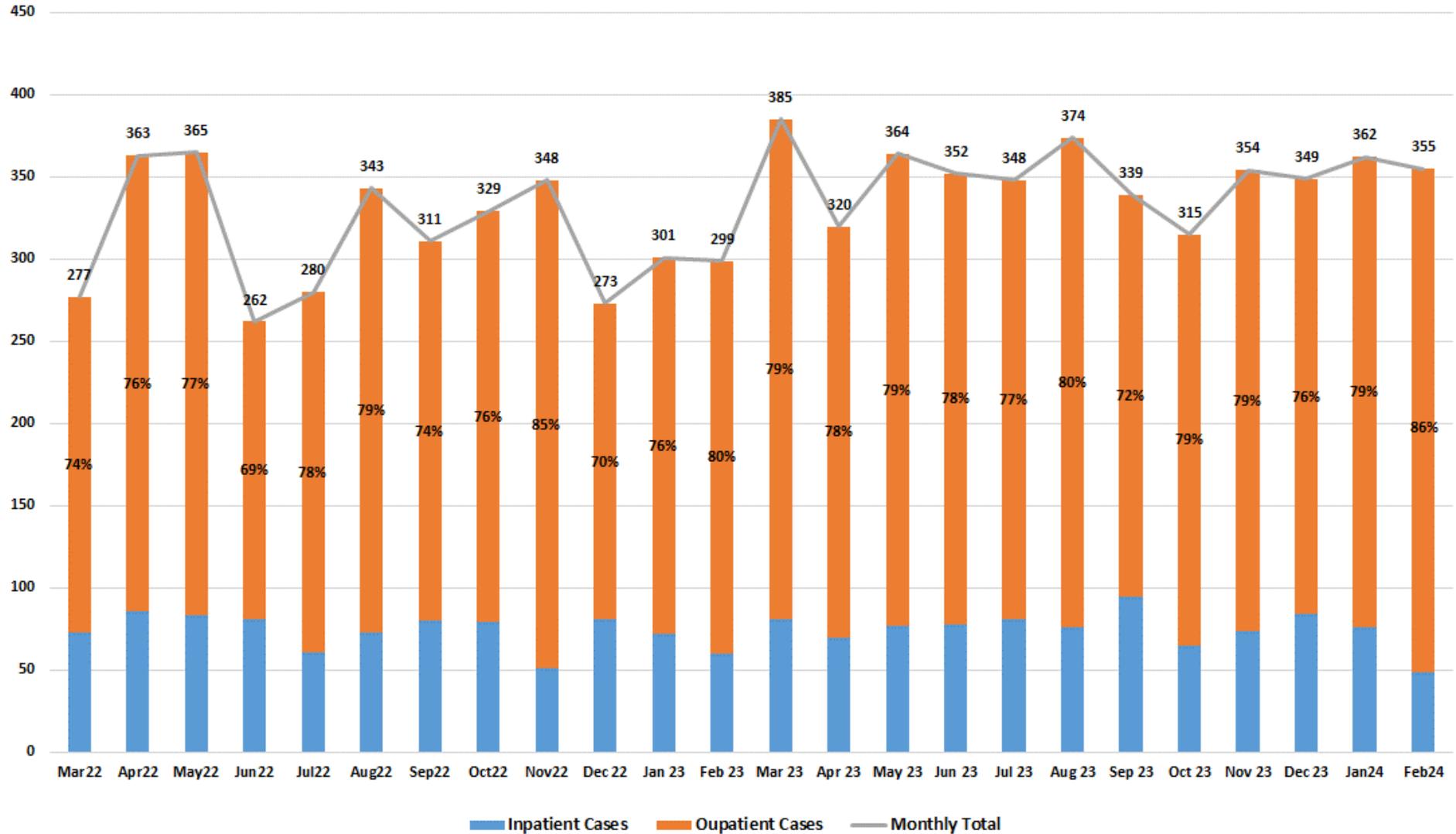
Surgery (OP Only) - 100 Min Units



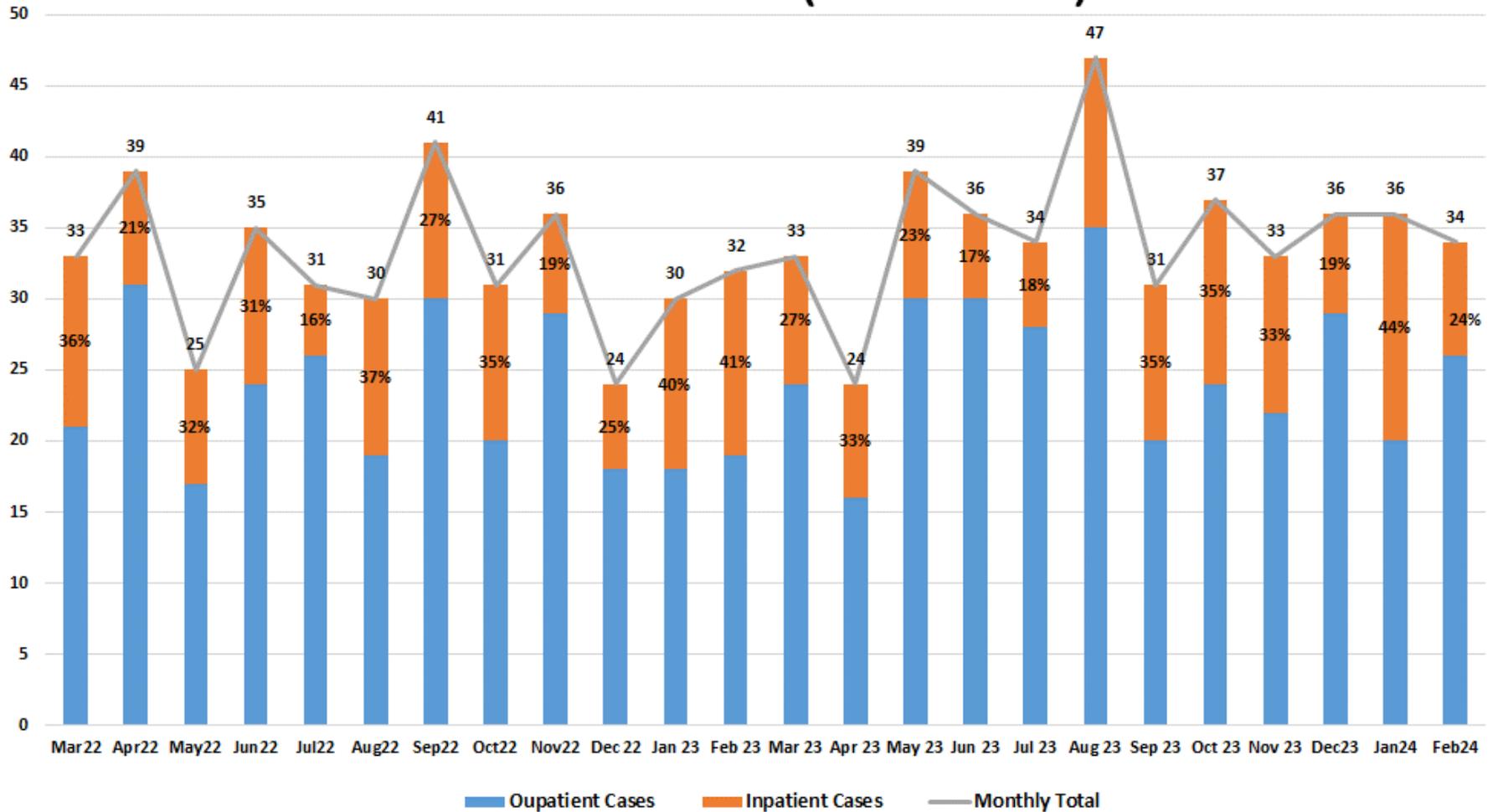
Surgery Cases (IP & OP)



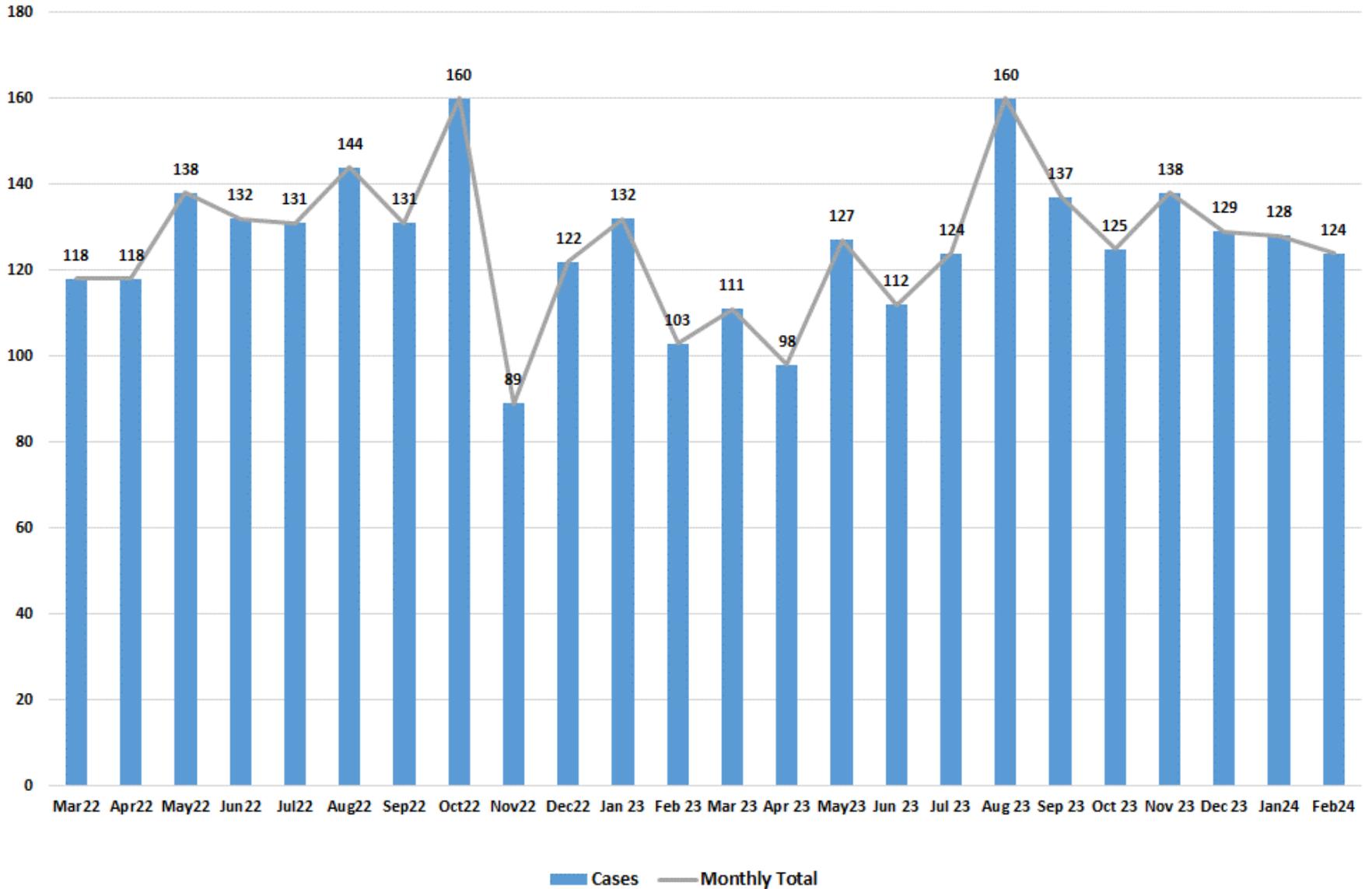
Endo Cases (Endo Suites)



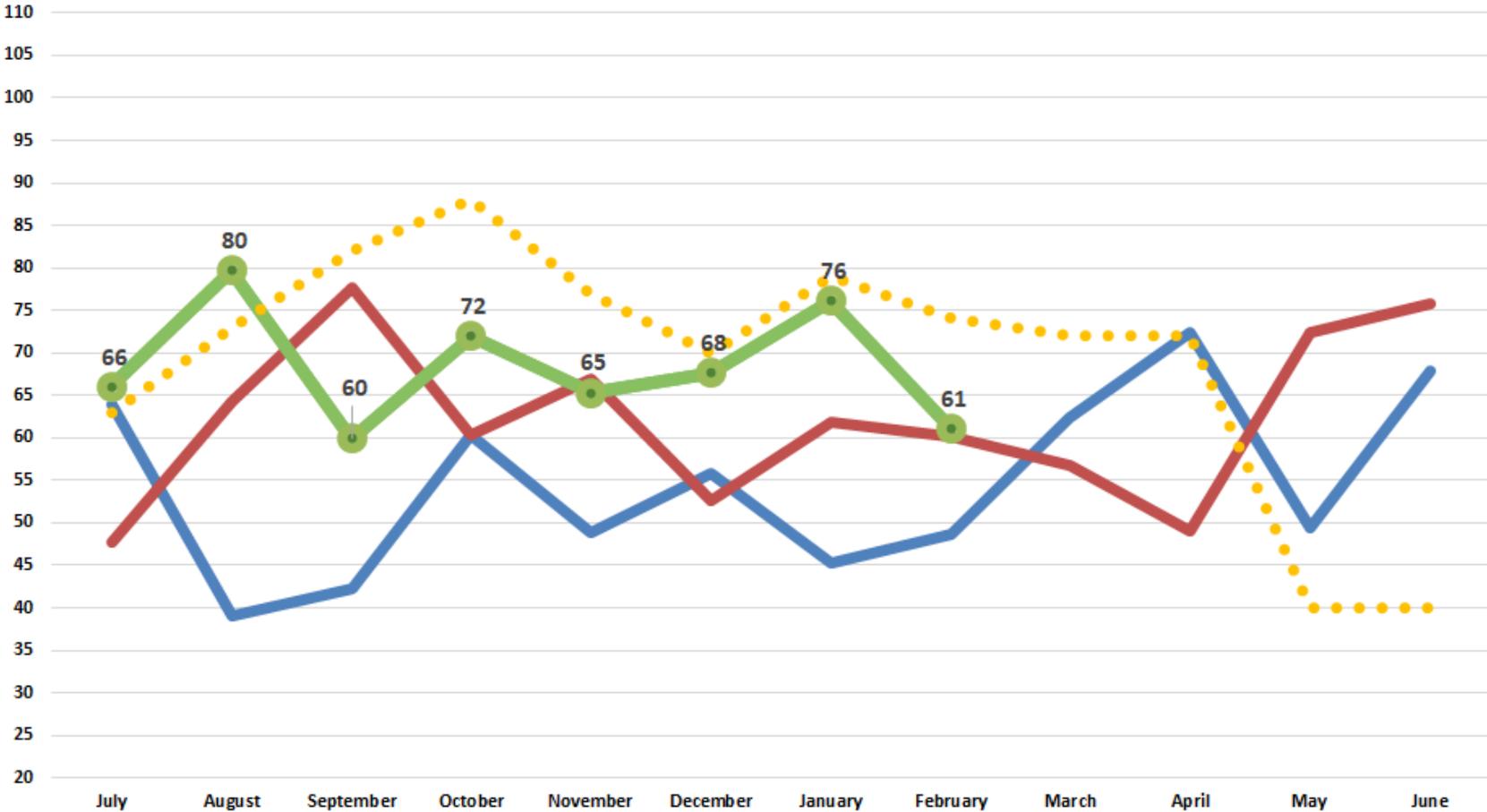
Robotic Cases (IP & OP)



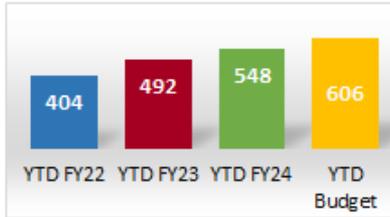
OB Cases



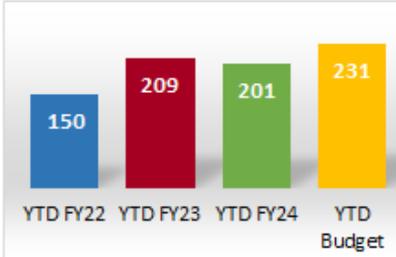
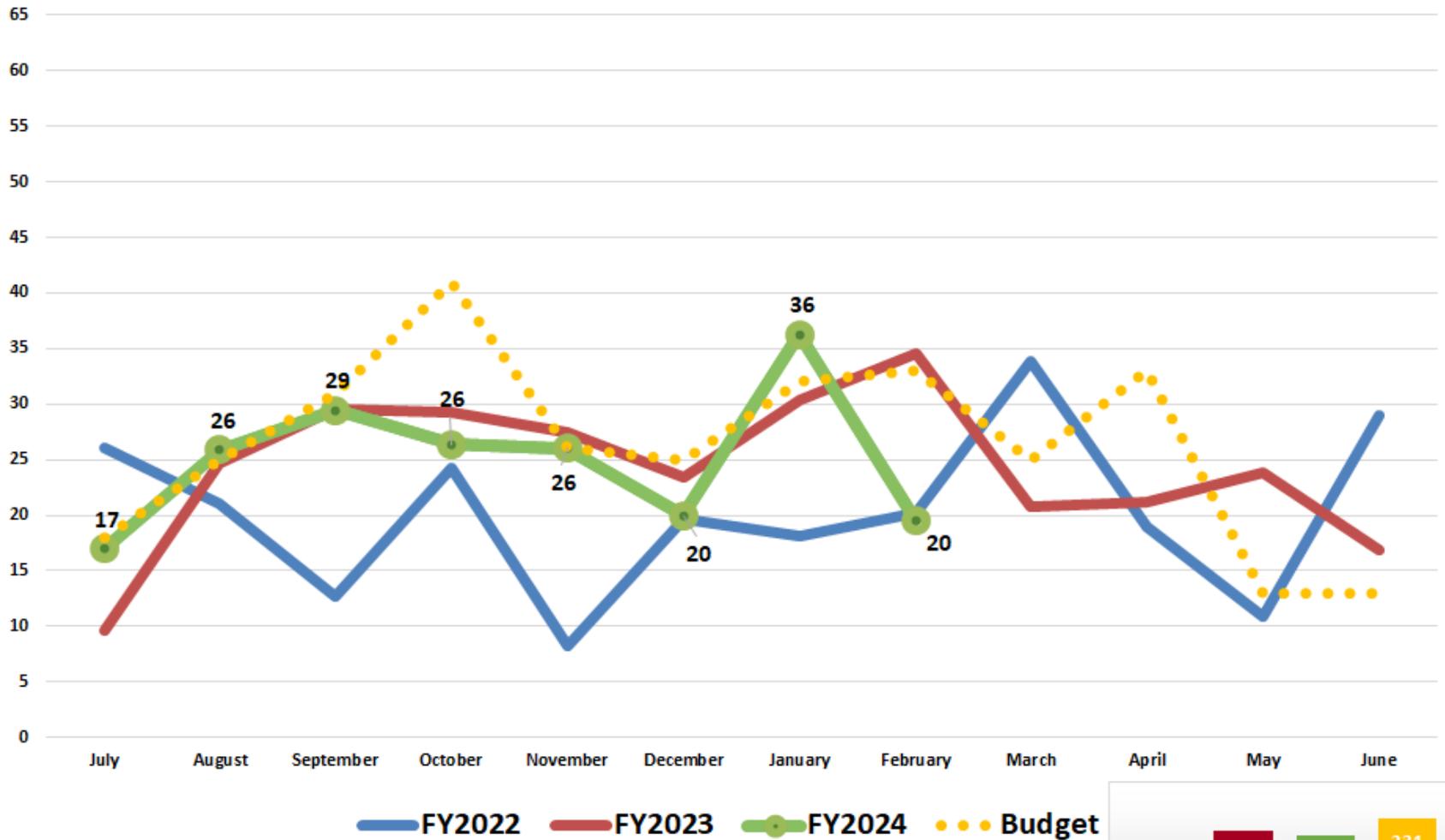
Robotic Surgery (IP & OP) - 100 Min Units



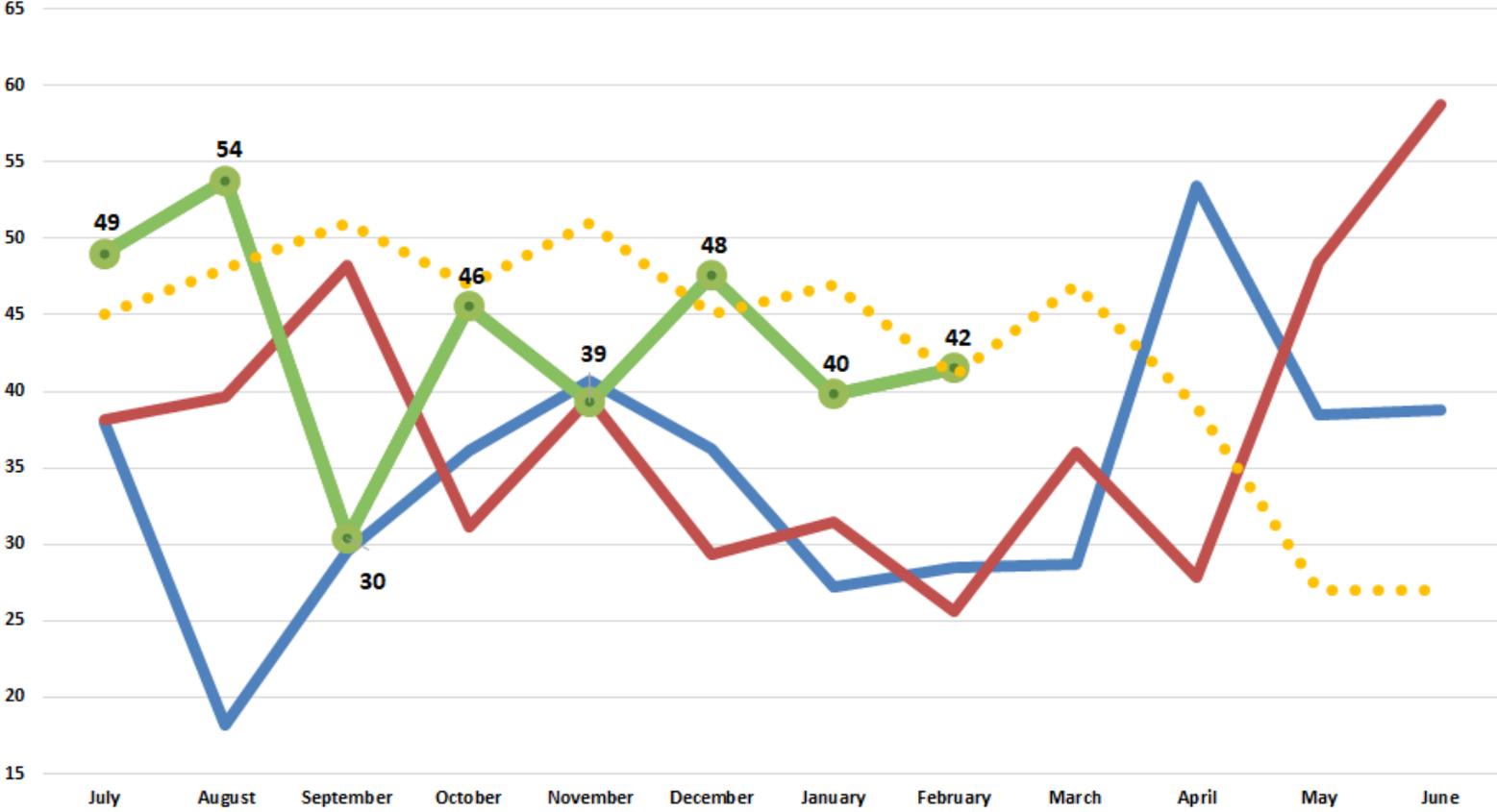
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



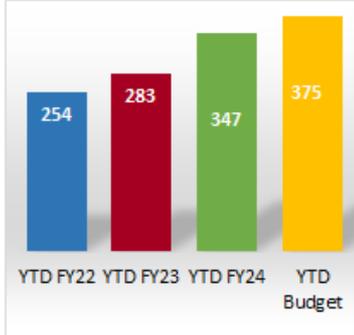
Robotic Surgery Minutes (IP Only)



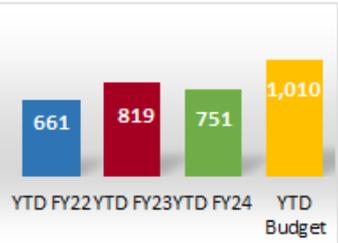
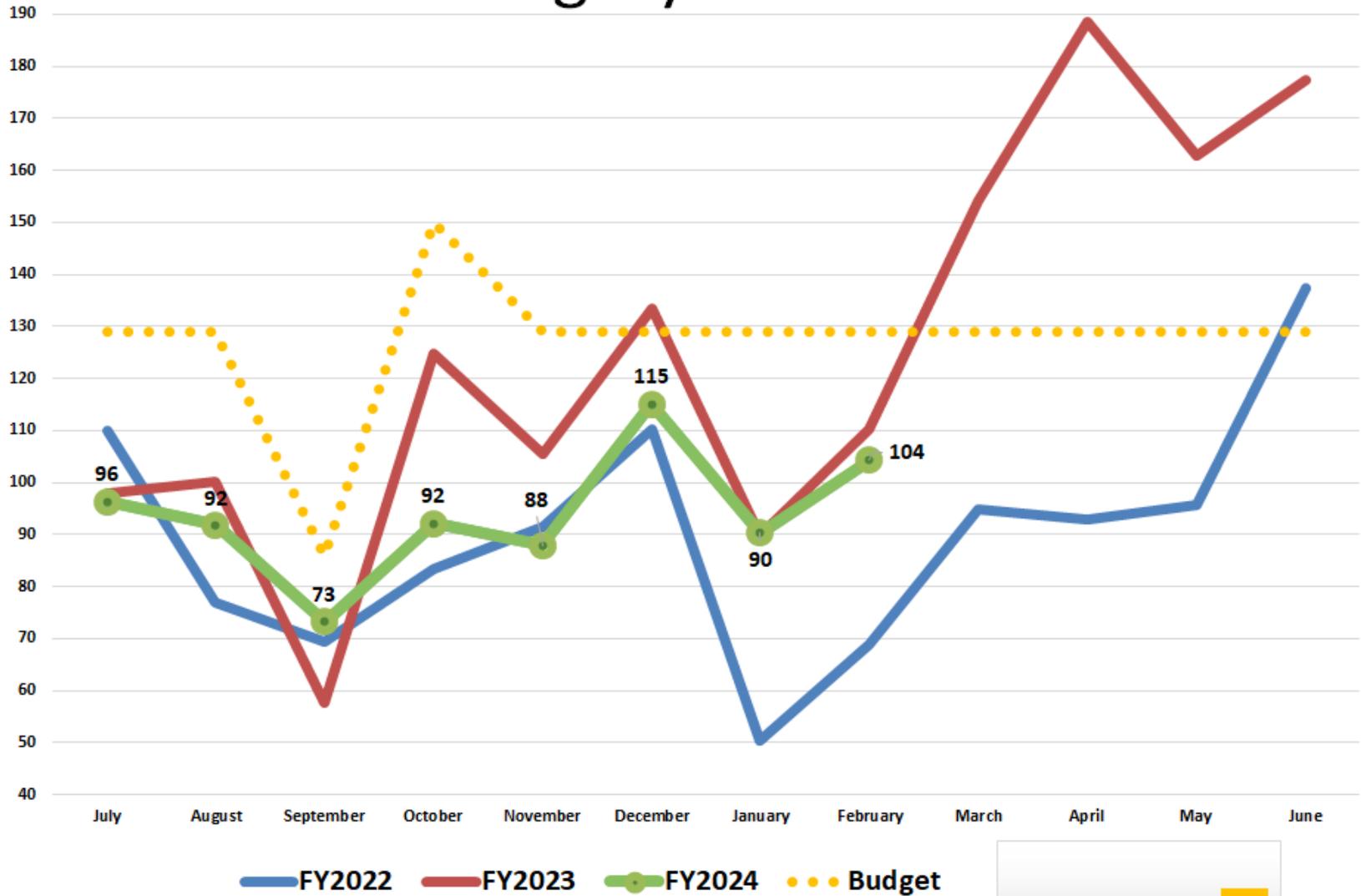
Robotic Surgery Minutes (OP Only)



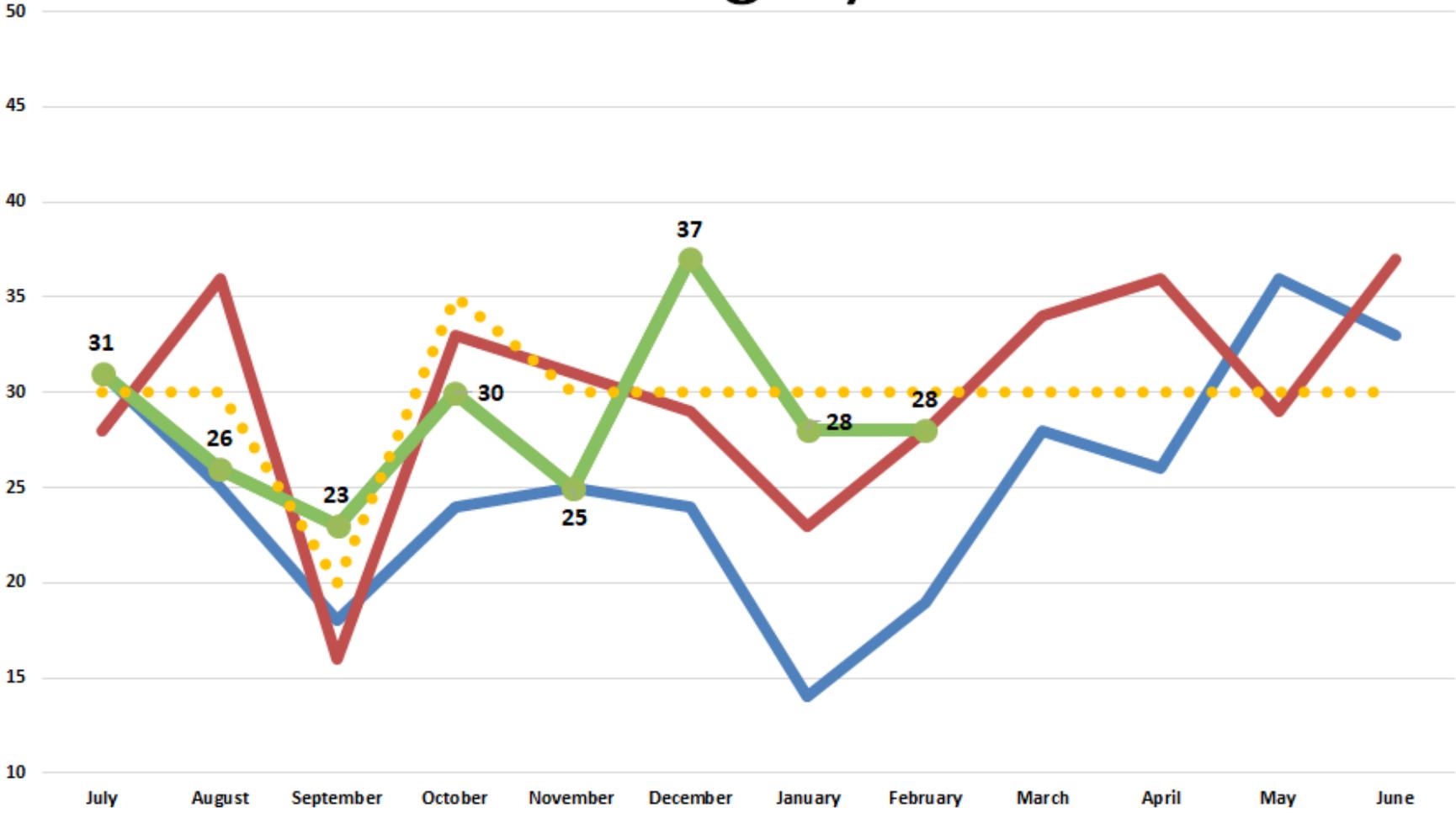
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●●● Budget



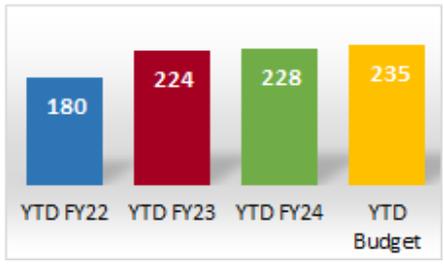
Cardiac Surgery - 100 Min Units



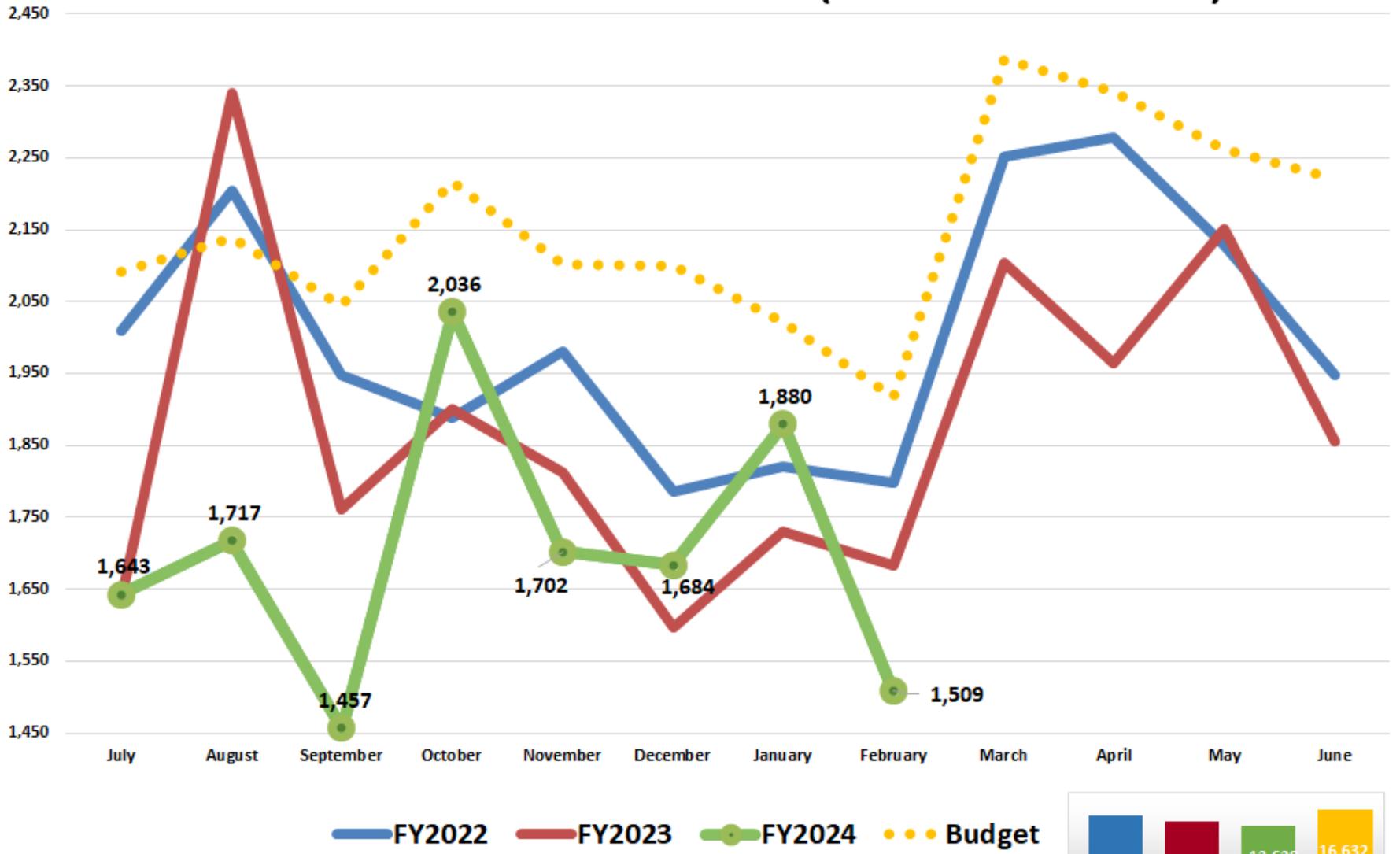
Cardiac Surgery Cases



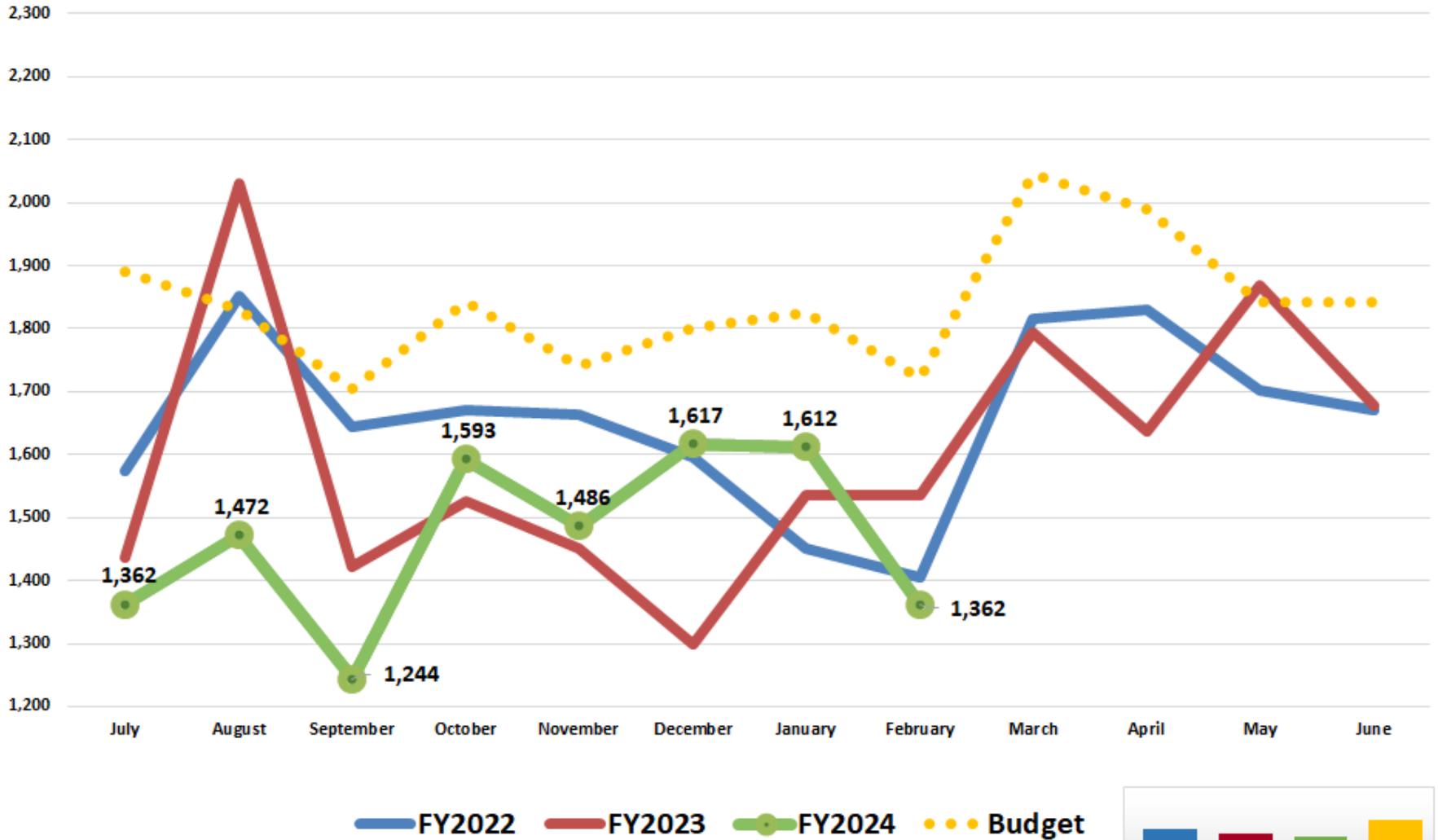
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



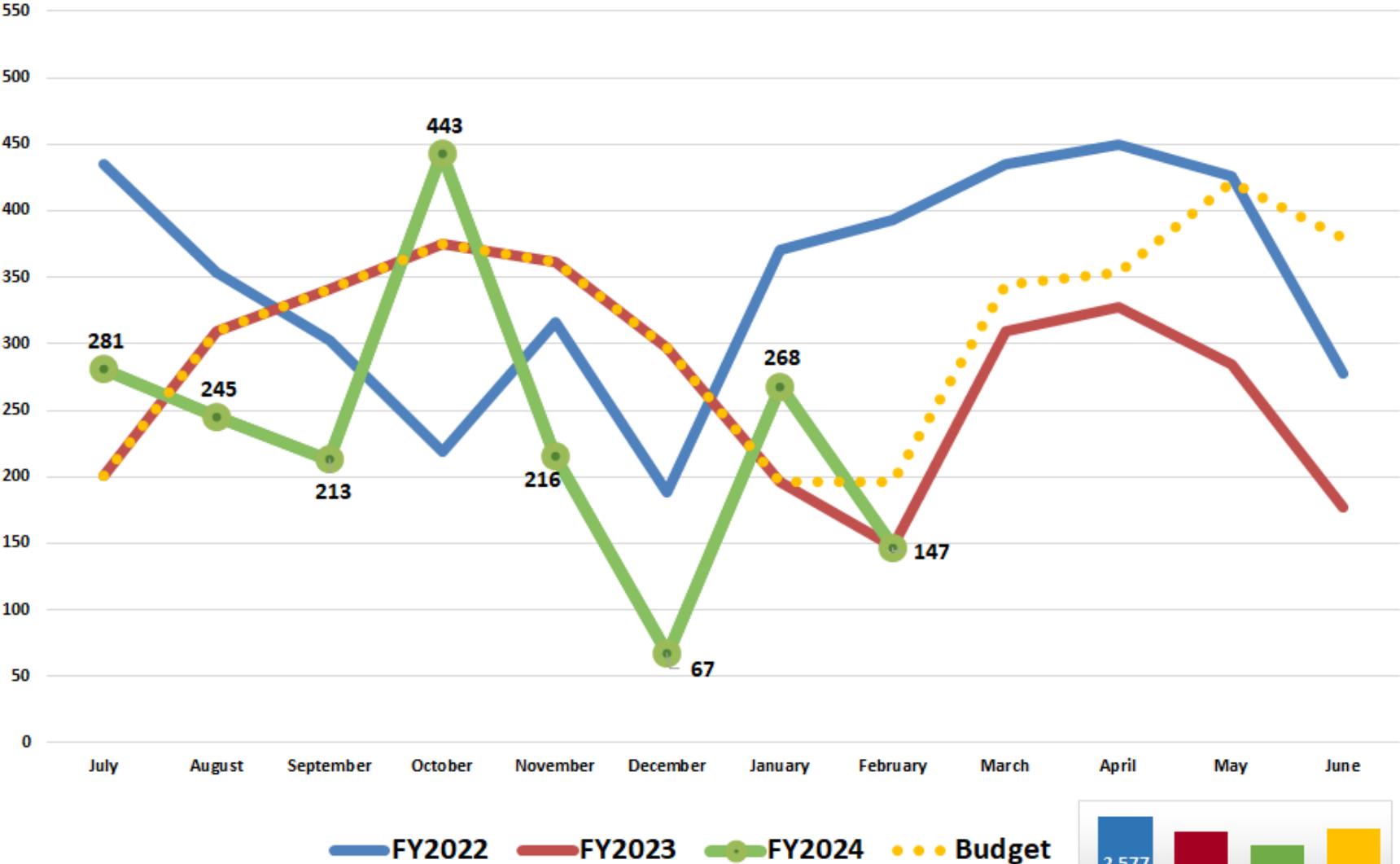
Rad Onc Treatments (Vis. & Hanf.)



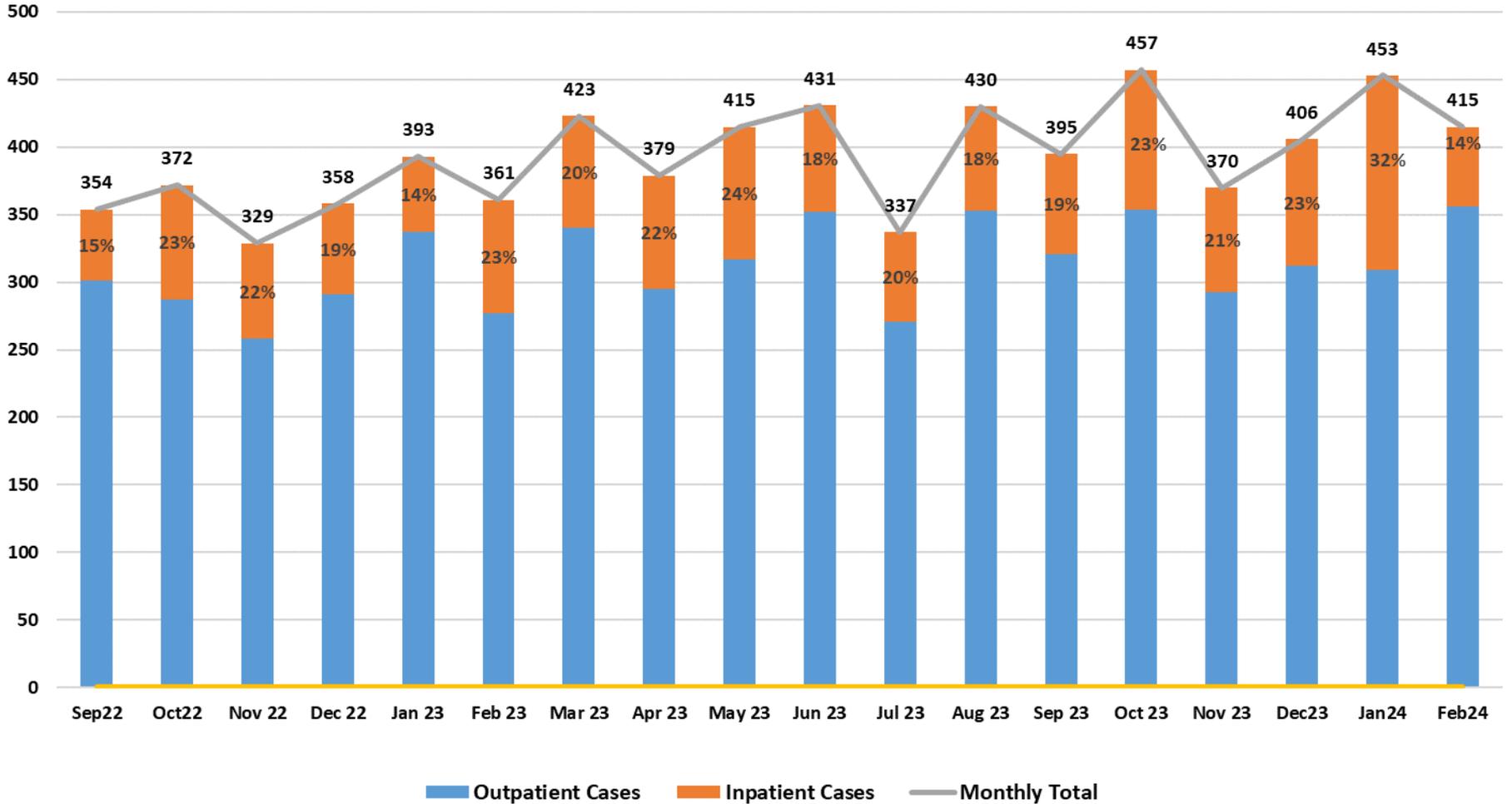
Rad Onc Visalia



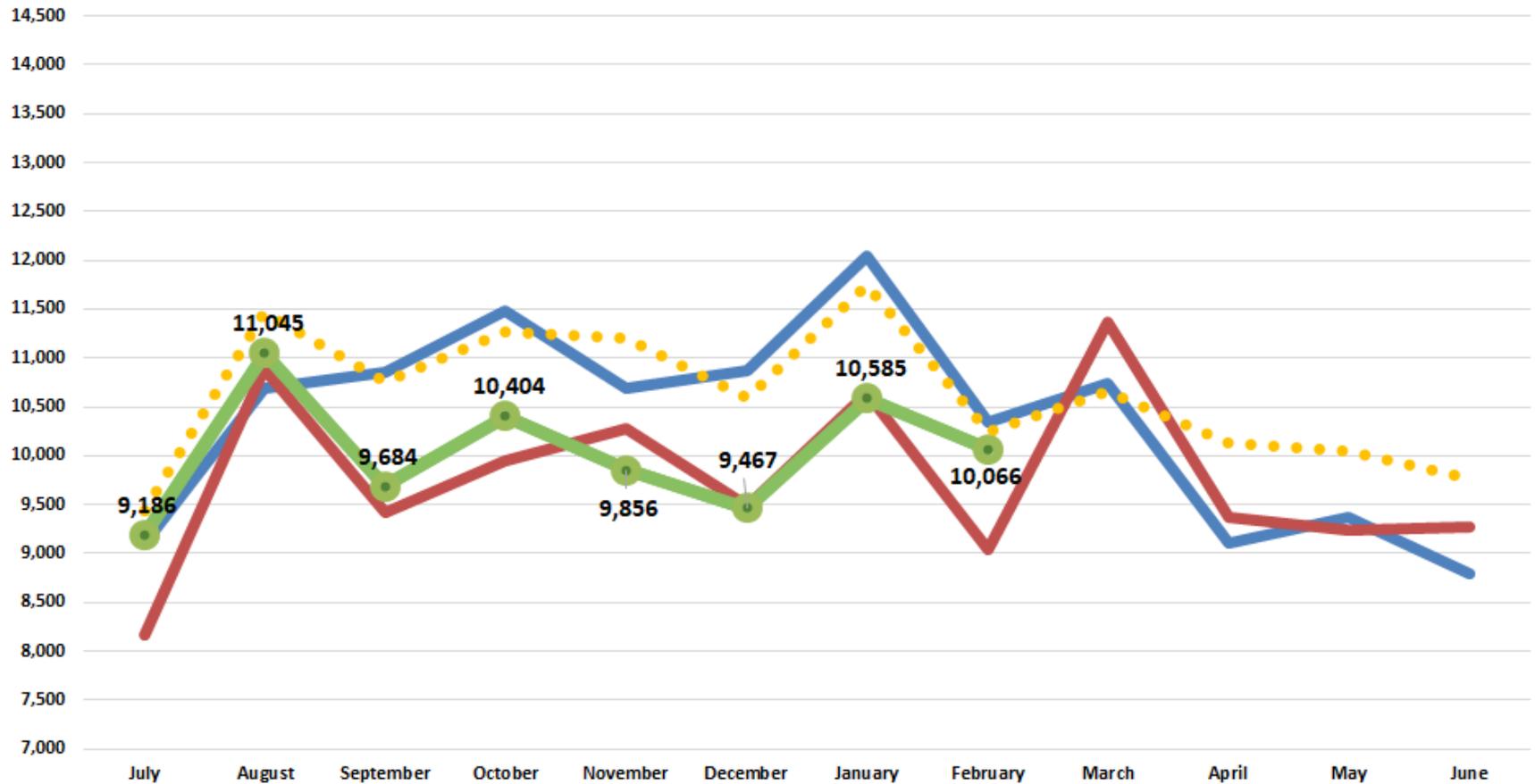
Rad Onc Hanford



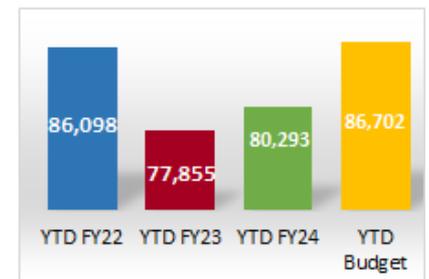
Cath Lab Patients (IP & OP) REVISED



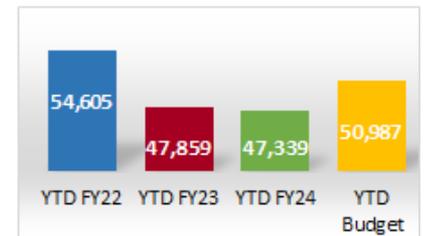
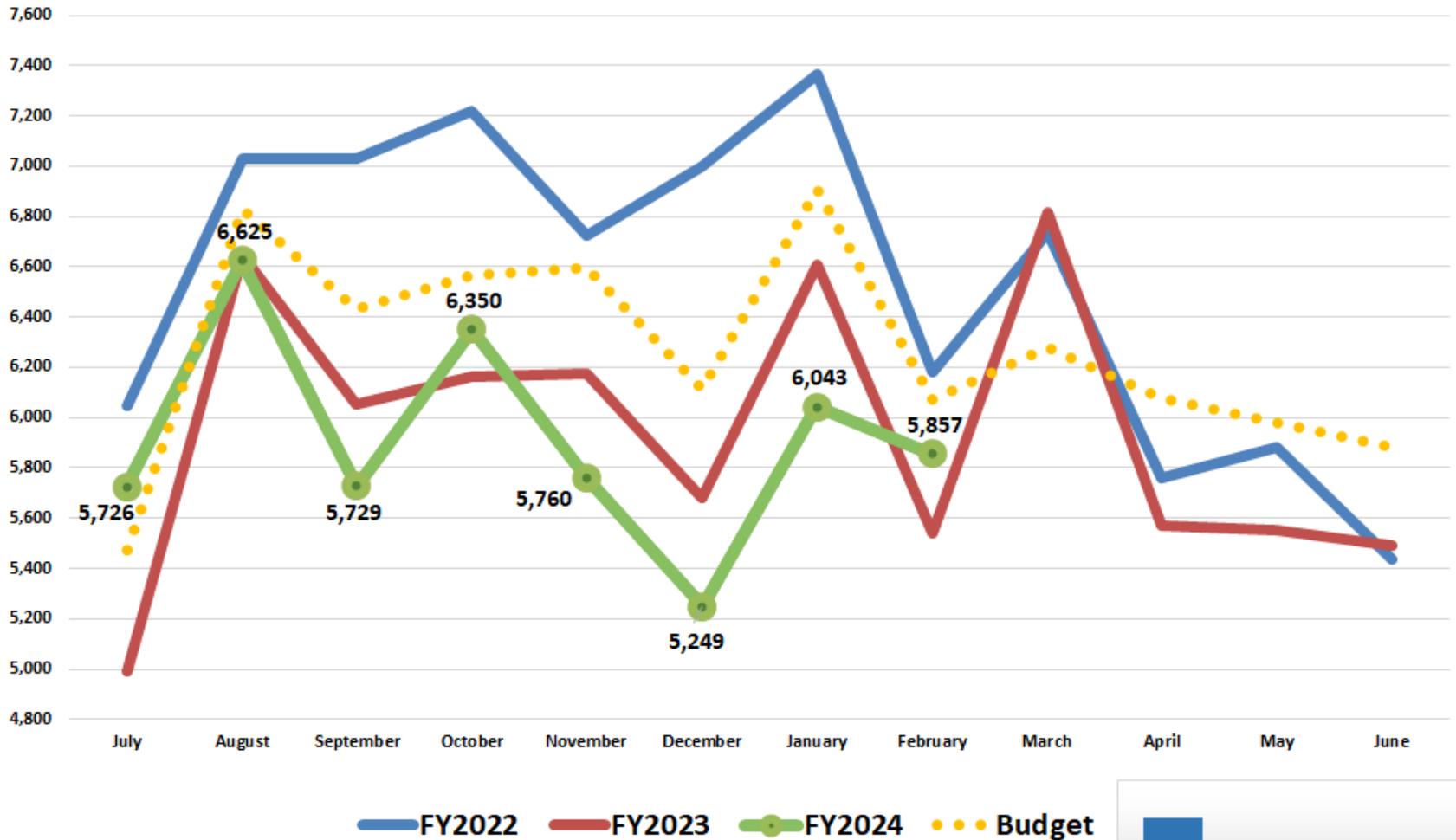
Rural Health Clinics Registrations



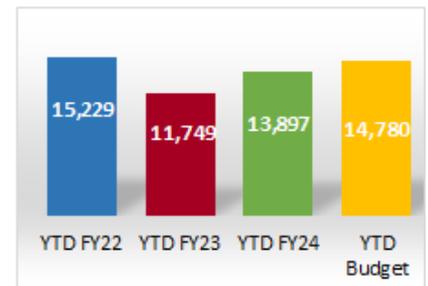
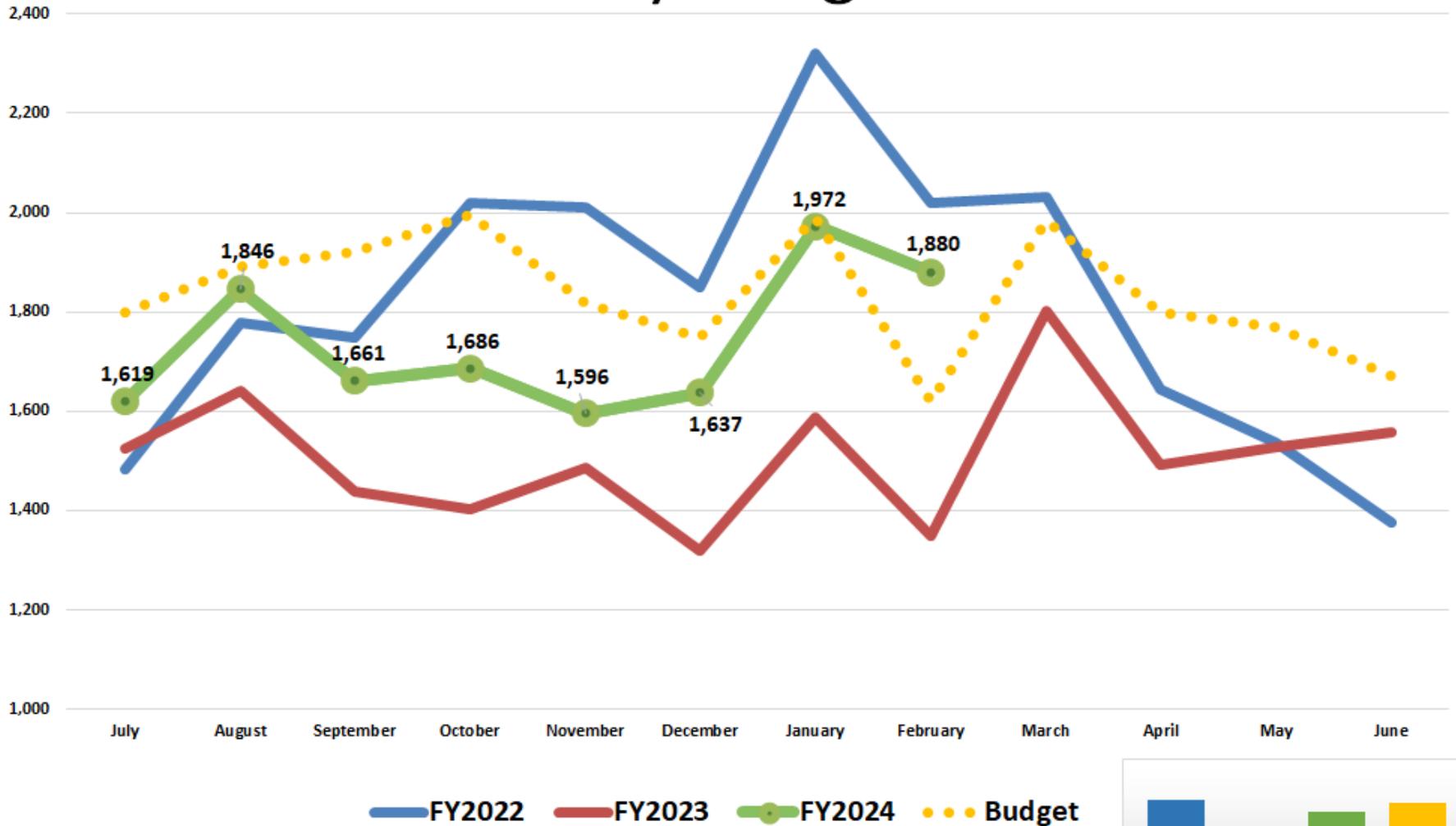
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



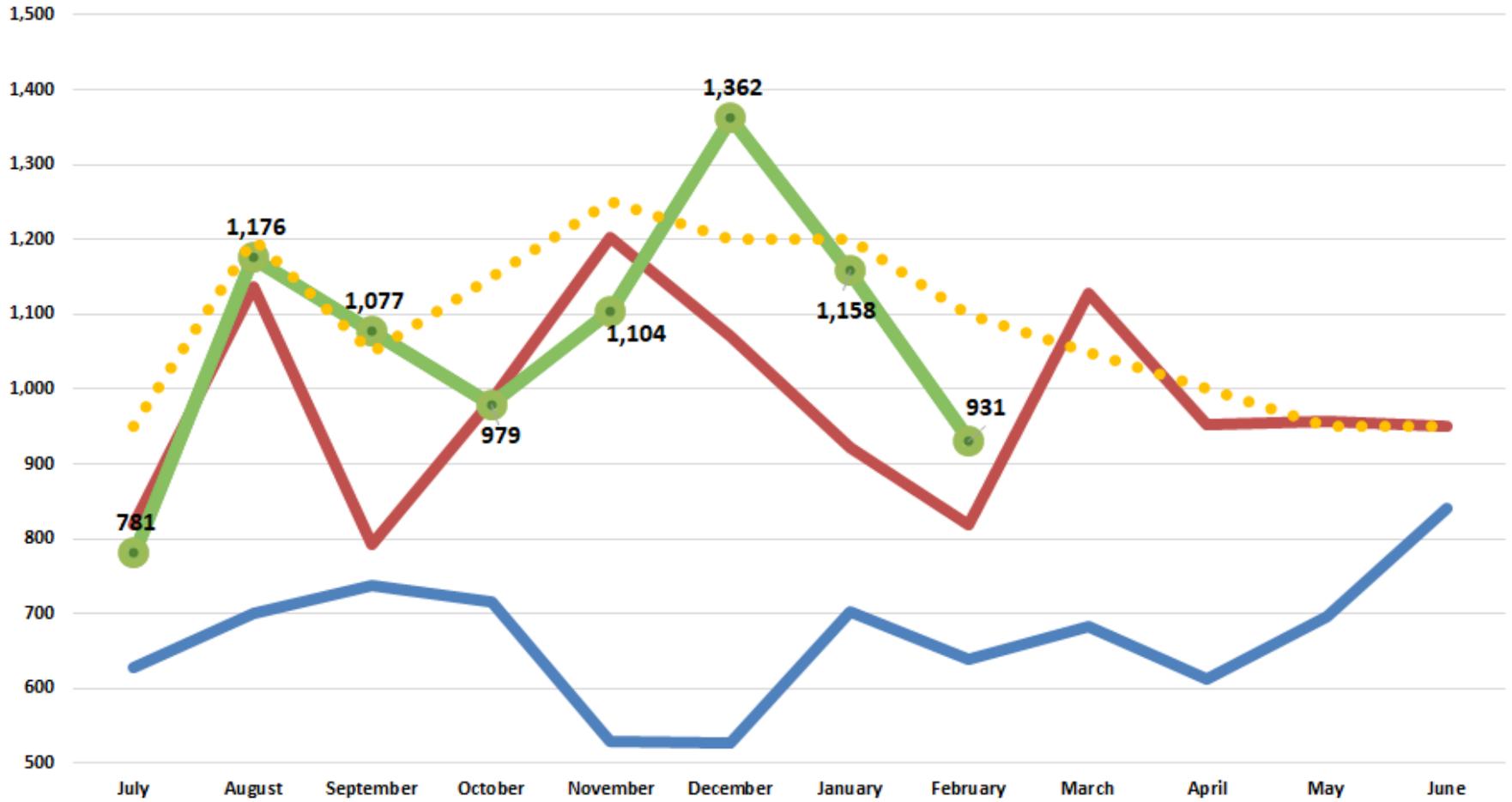
RHC Exeter - Registrations



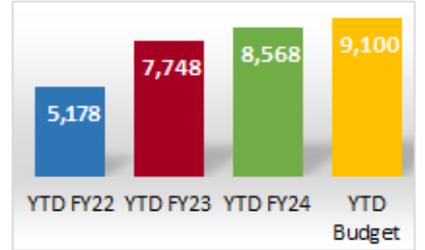
RHC Lindsay - Registrations



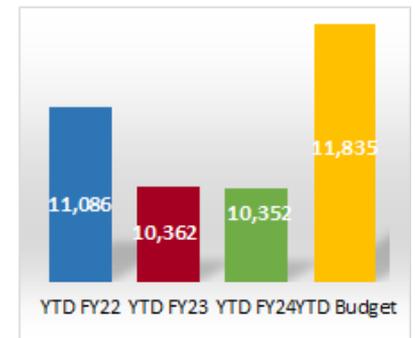
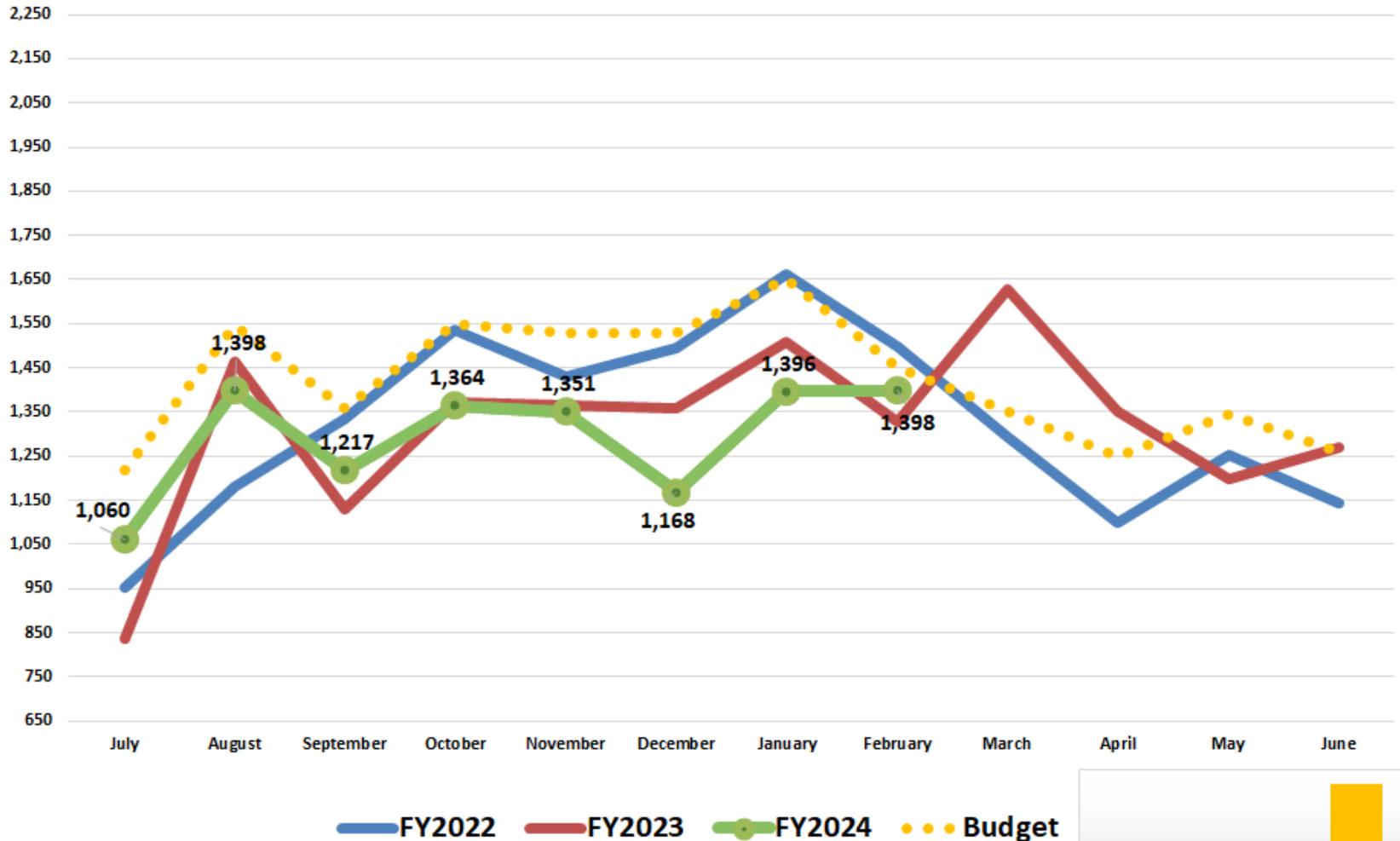
RHC Woodlake - Registrations



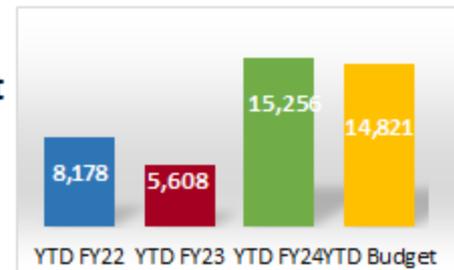
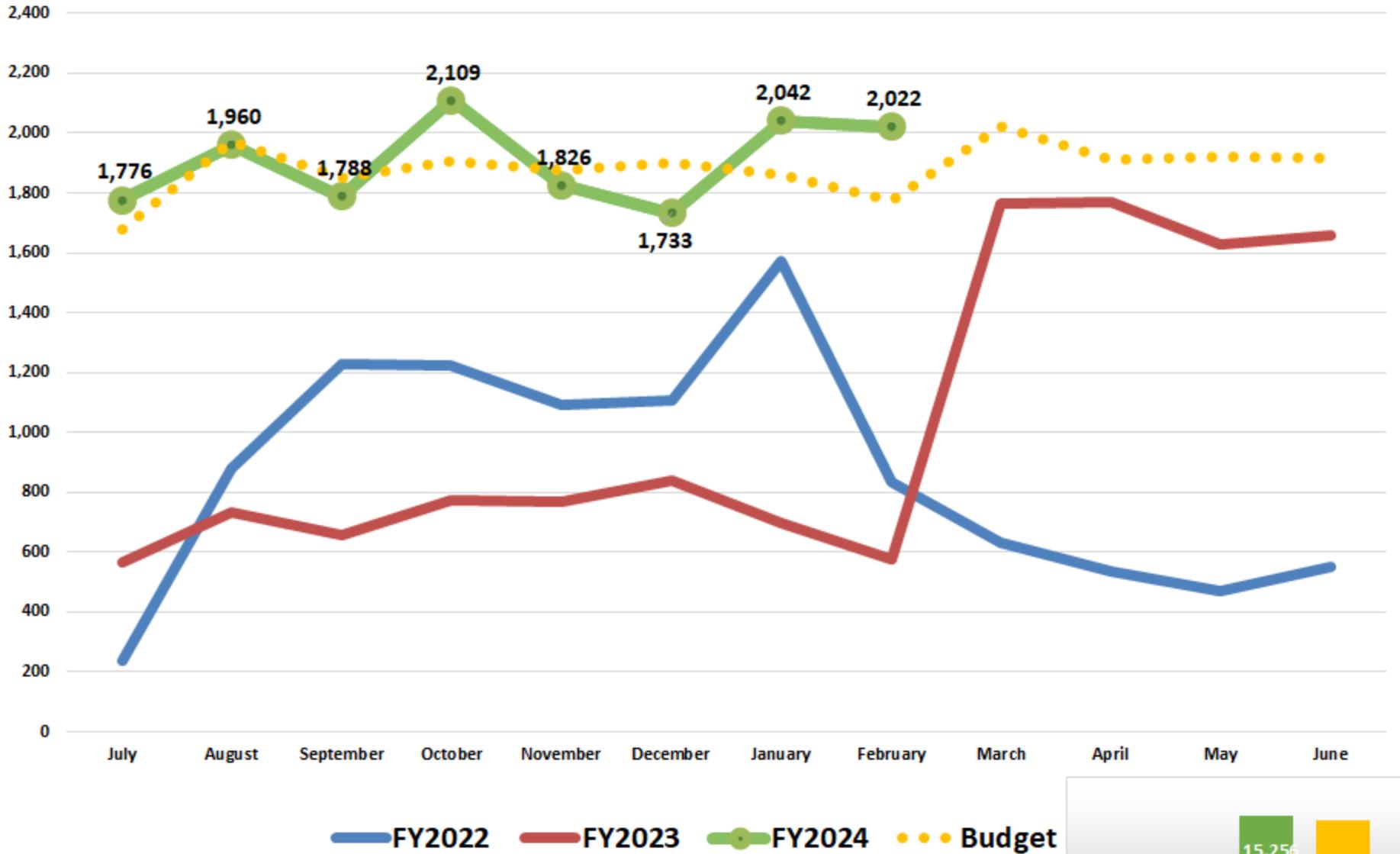
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



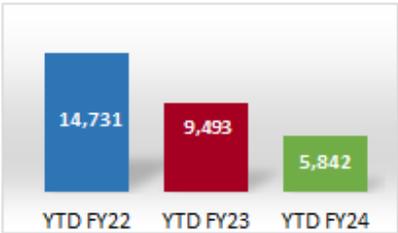
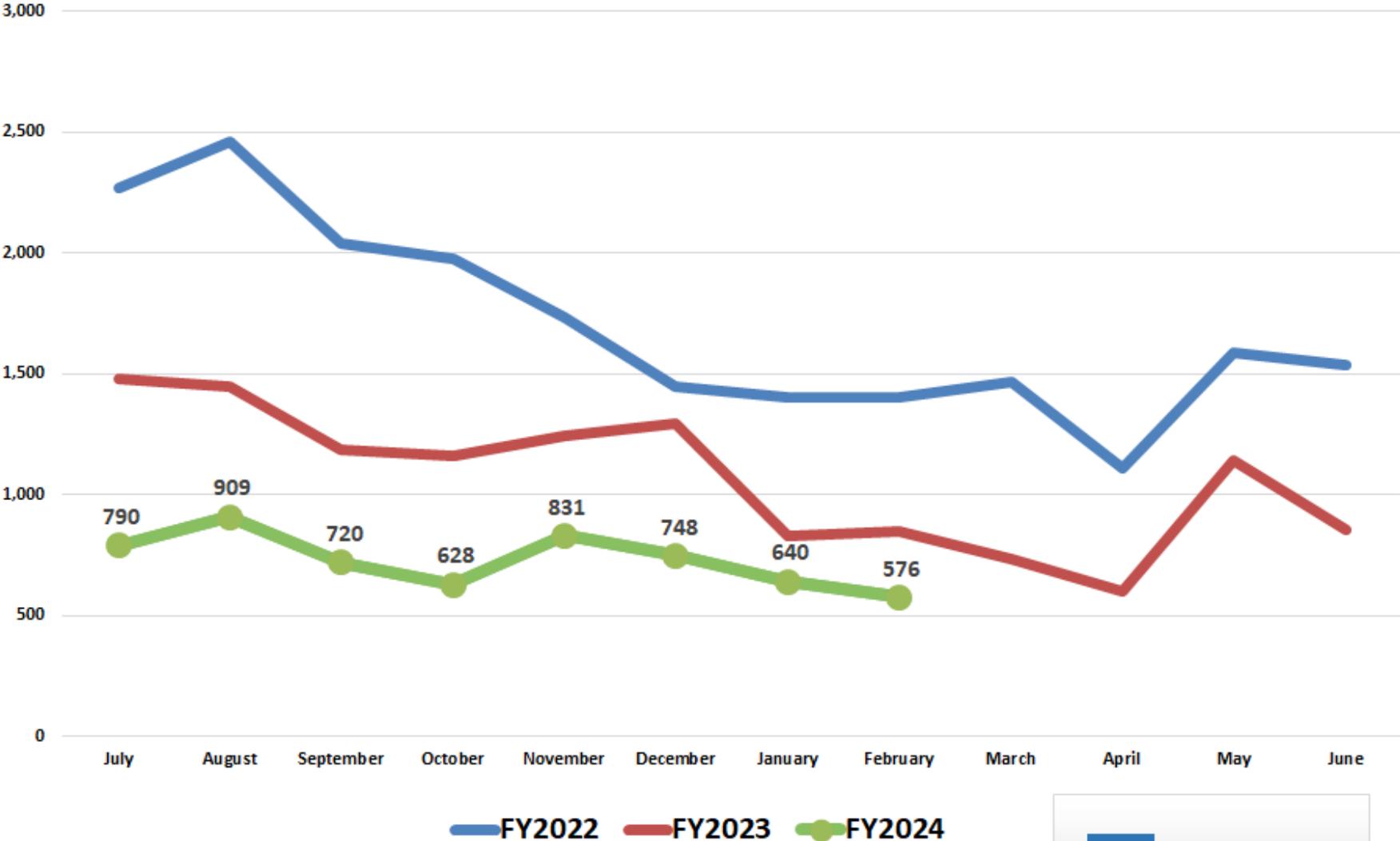
RHC Dinuba - Registrations



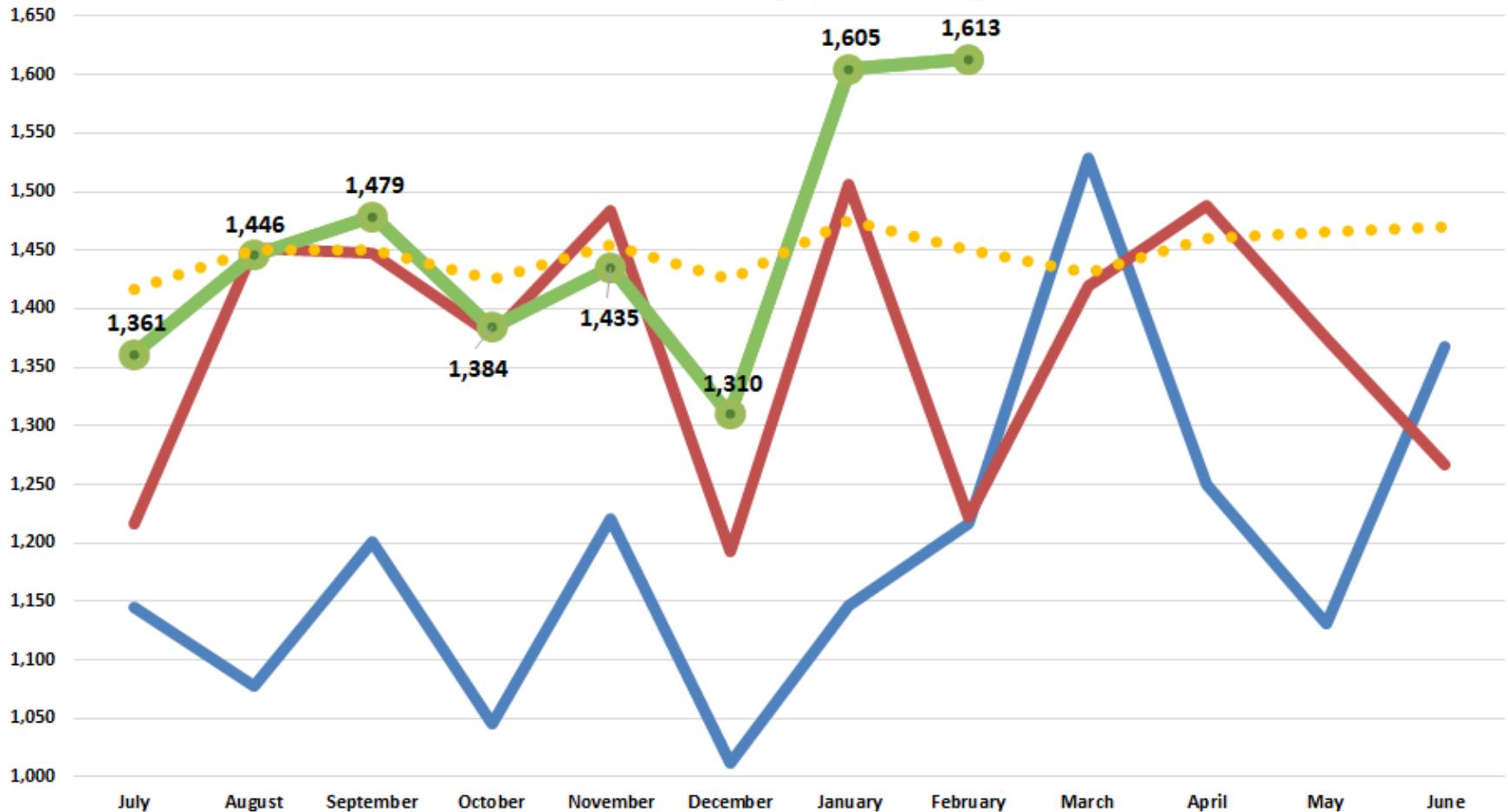
RHC Tulare - Registrations



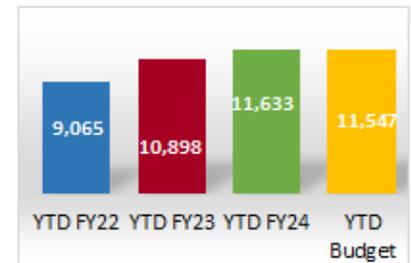
Neurosurgery Clinic - wRVU's



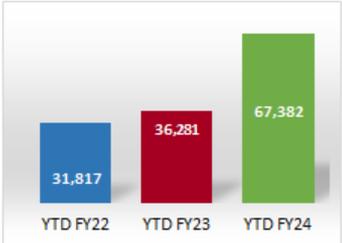
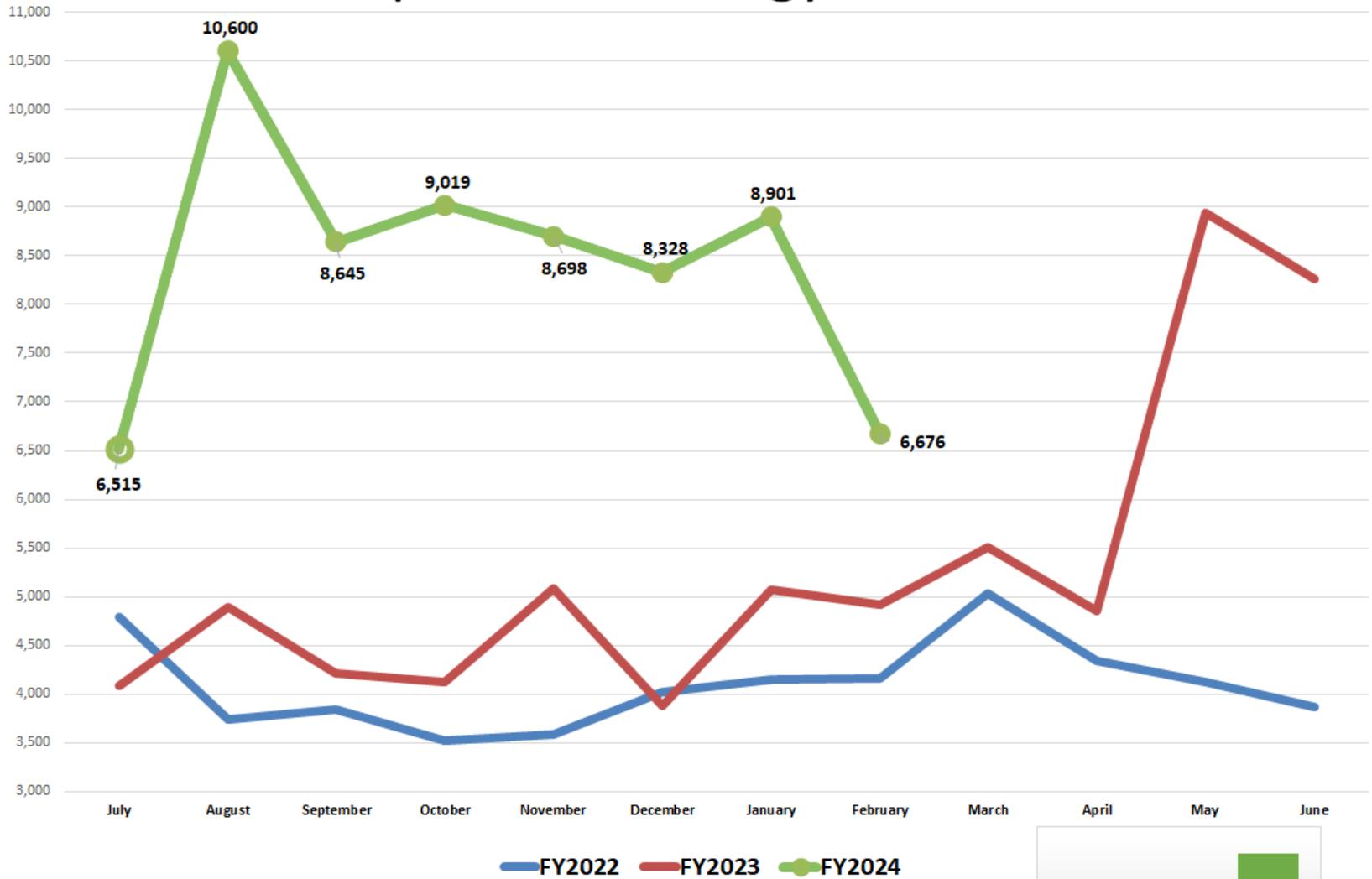
Sequoia Cardiology Registrations



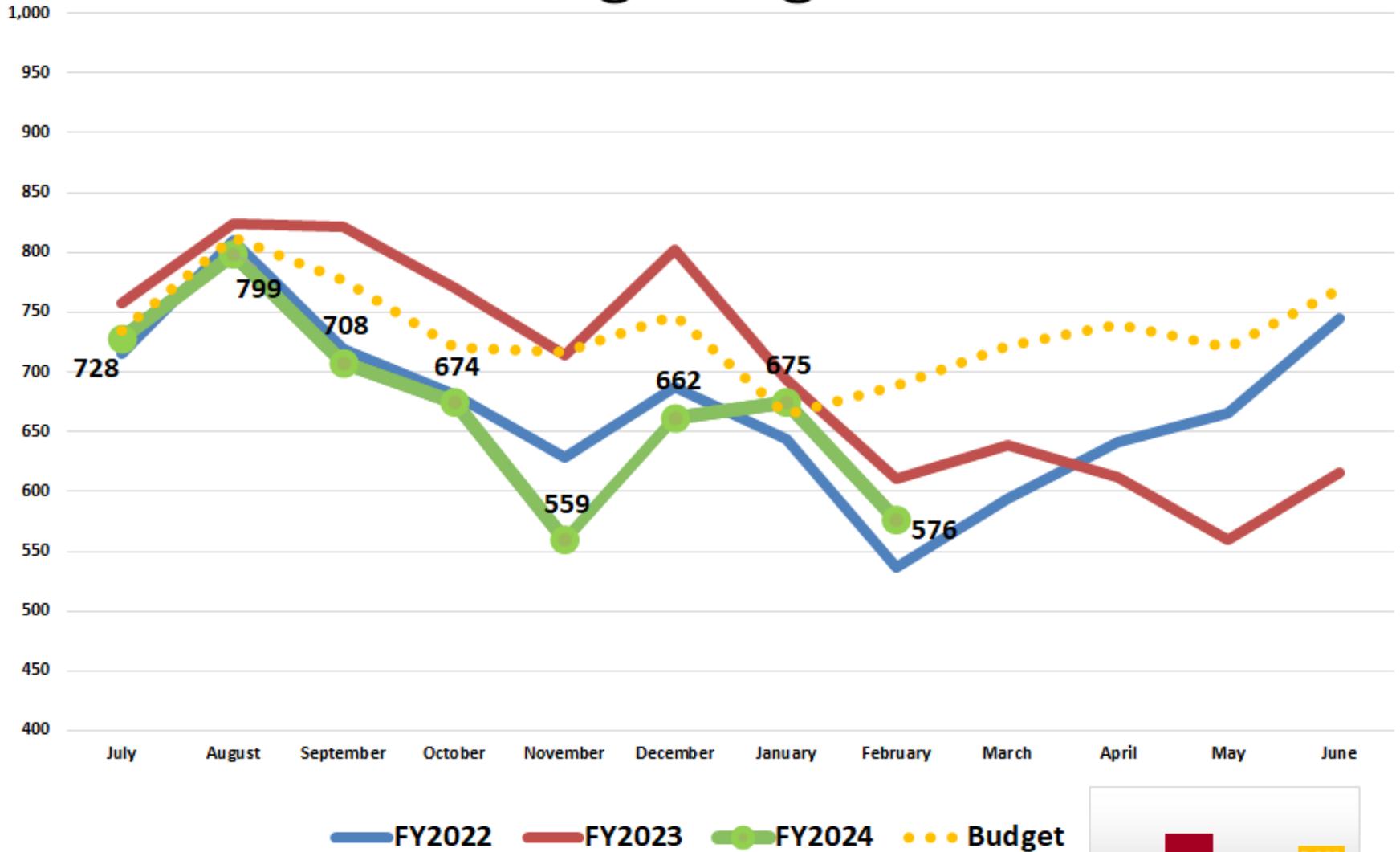
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



Sequoia Cardiology - wRVU's

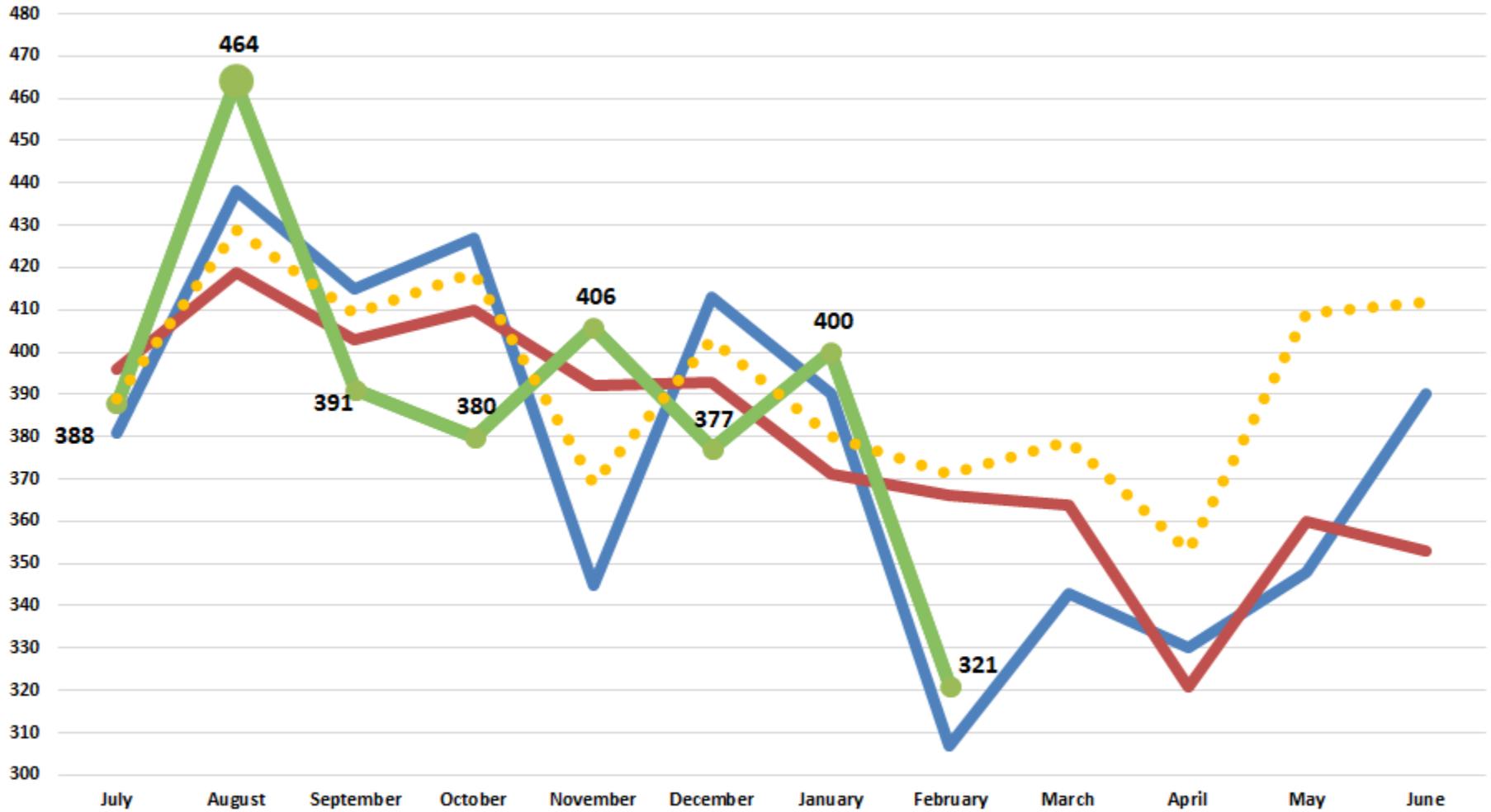


Labor Triage Registrations

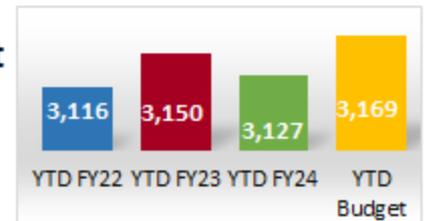


5,421	5,993	5,381	5,862
YTD FY22	YTD FY23	YTD FY24	YTD Budget

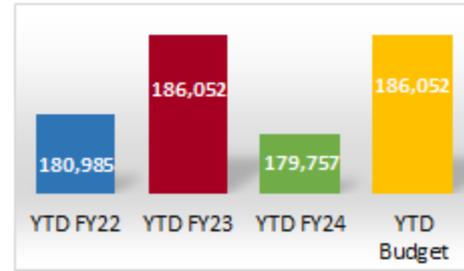
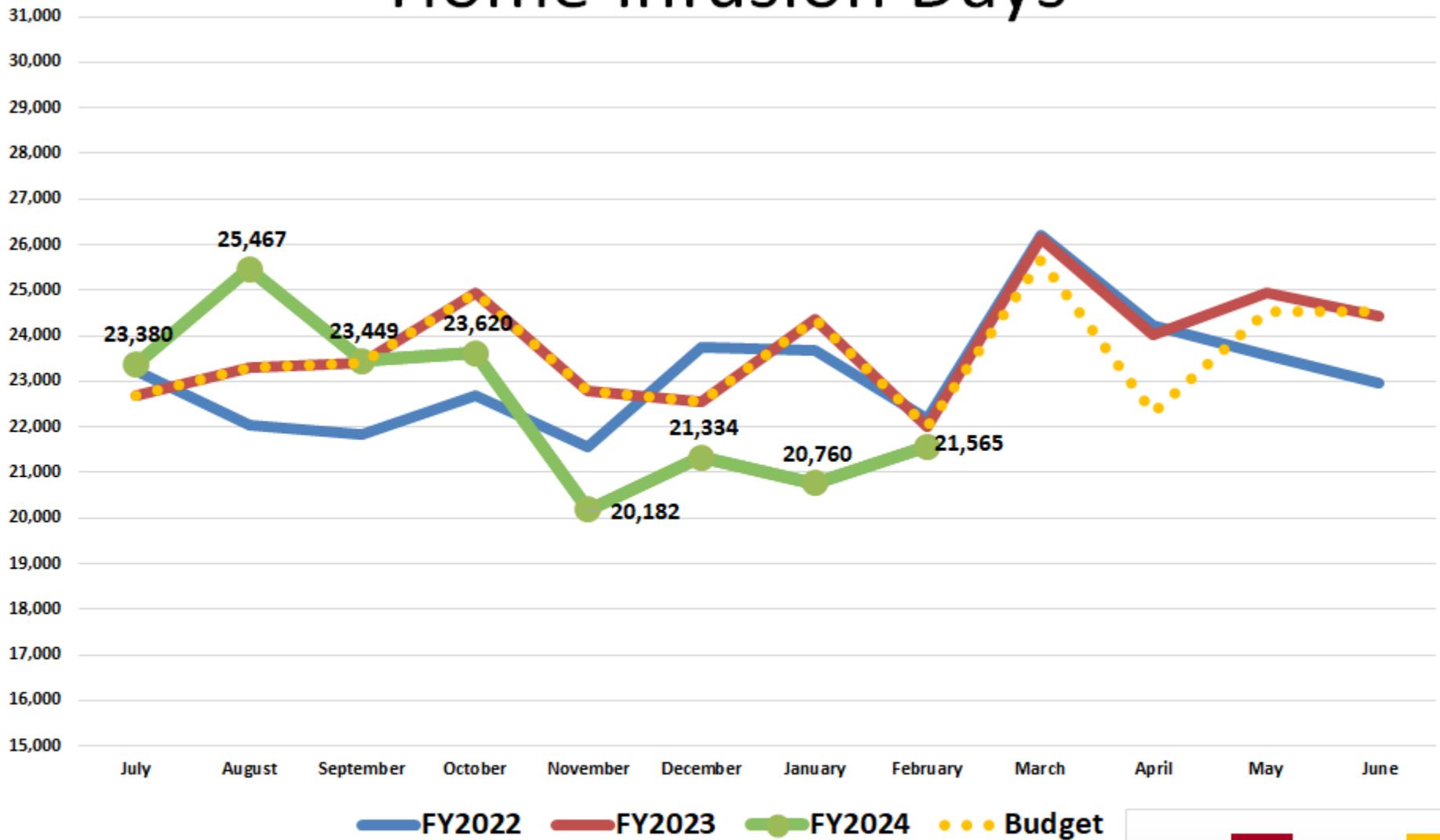
Deliveries



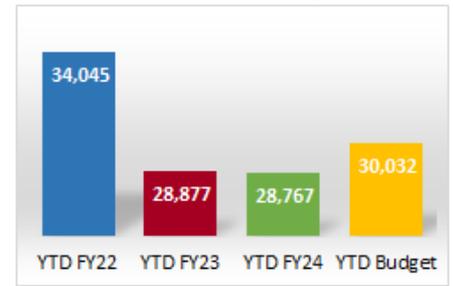
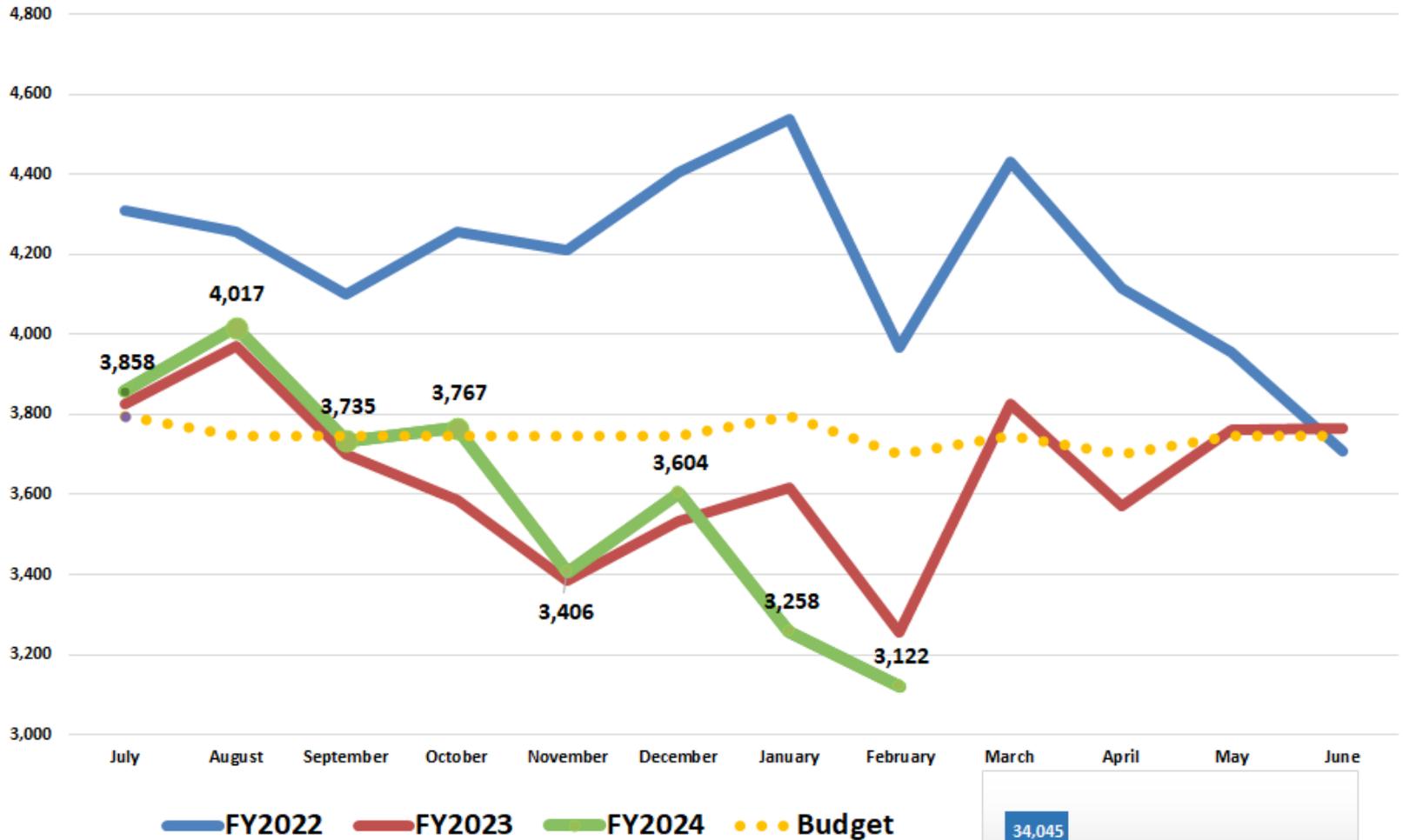
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



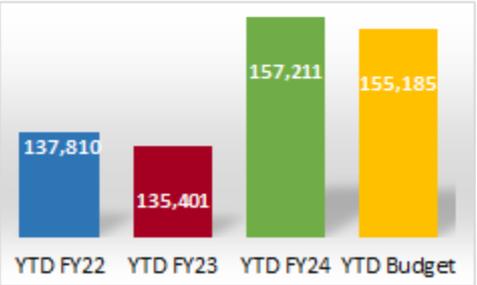
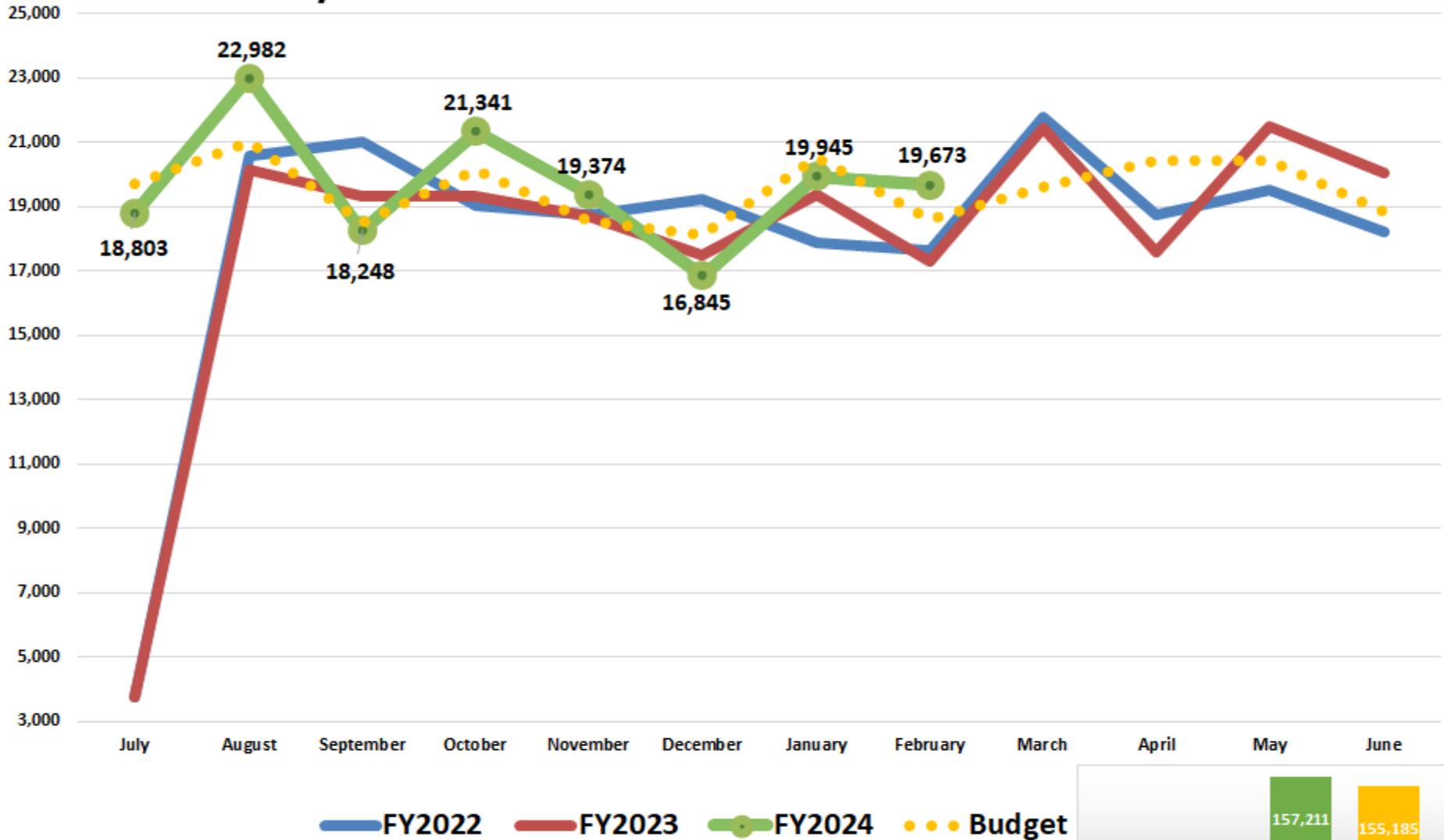
Home Infusion Days



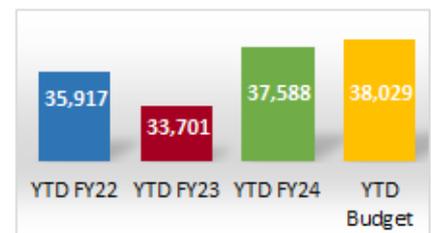
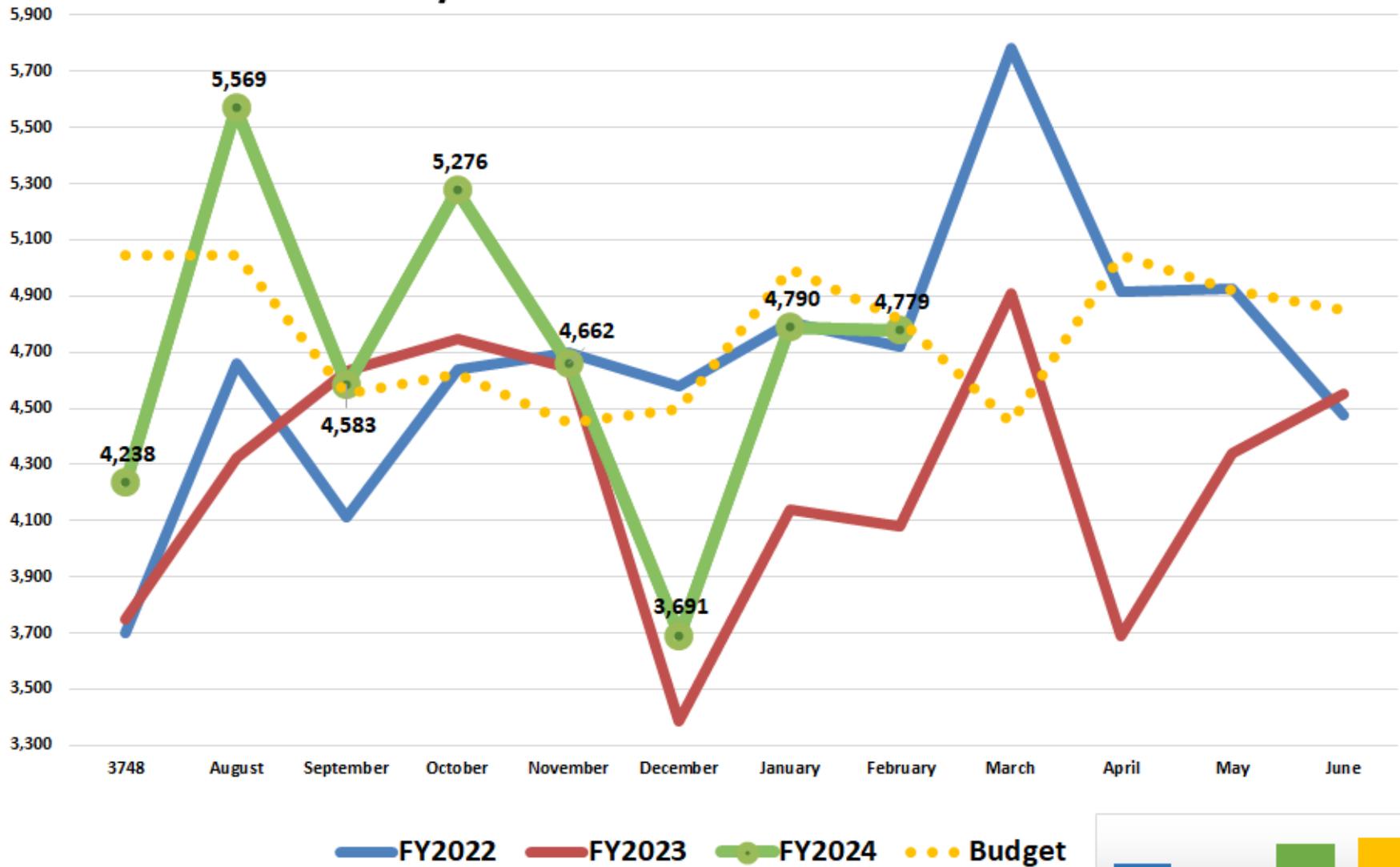
Hospice Days



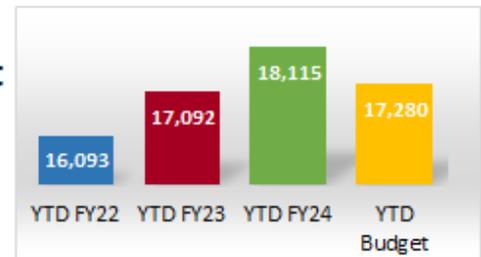
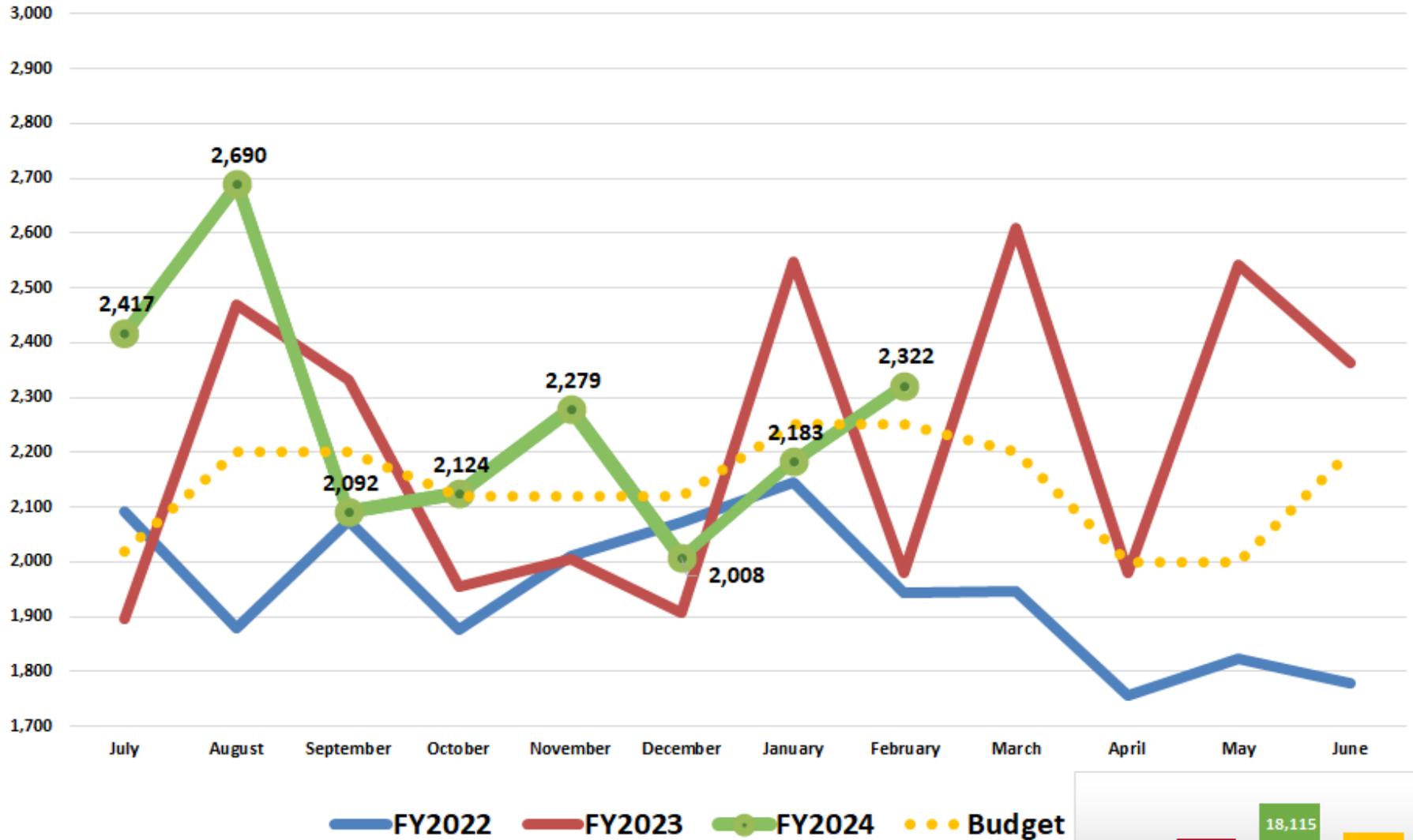
All O/P Rehab Svcs Across District



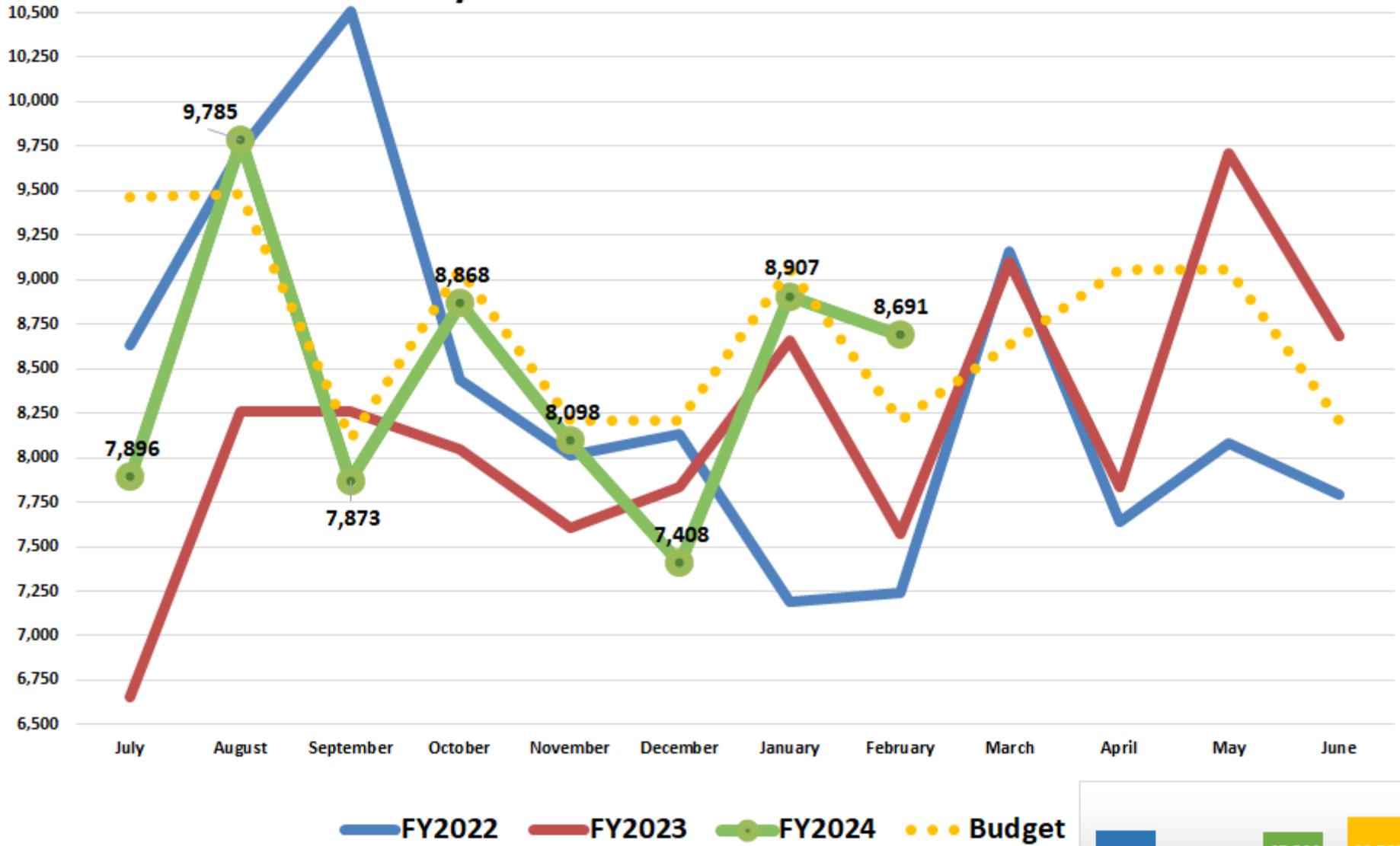
O/P Rehab Services



O/P Rehab - Exeter

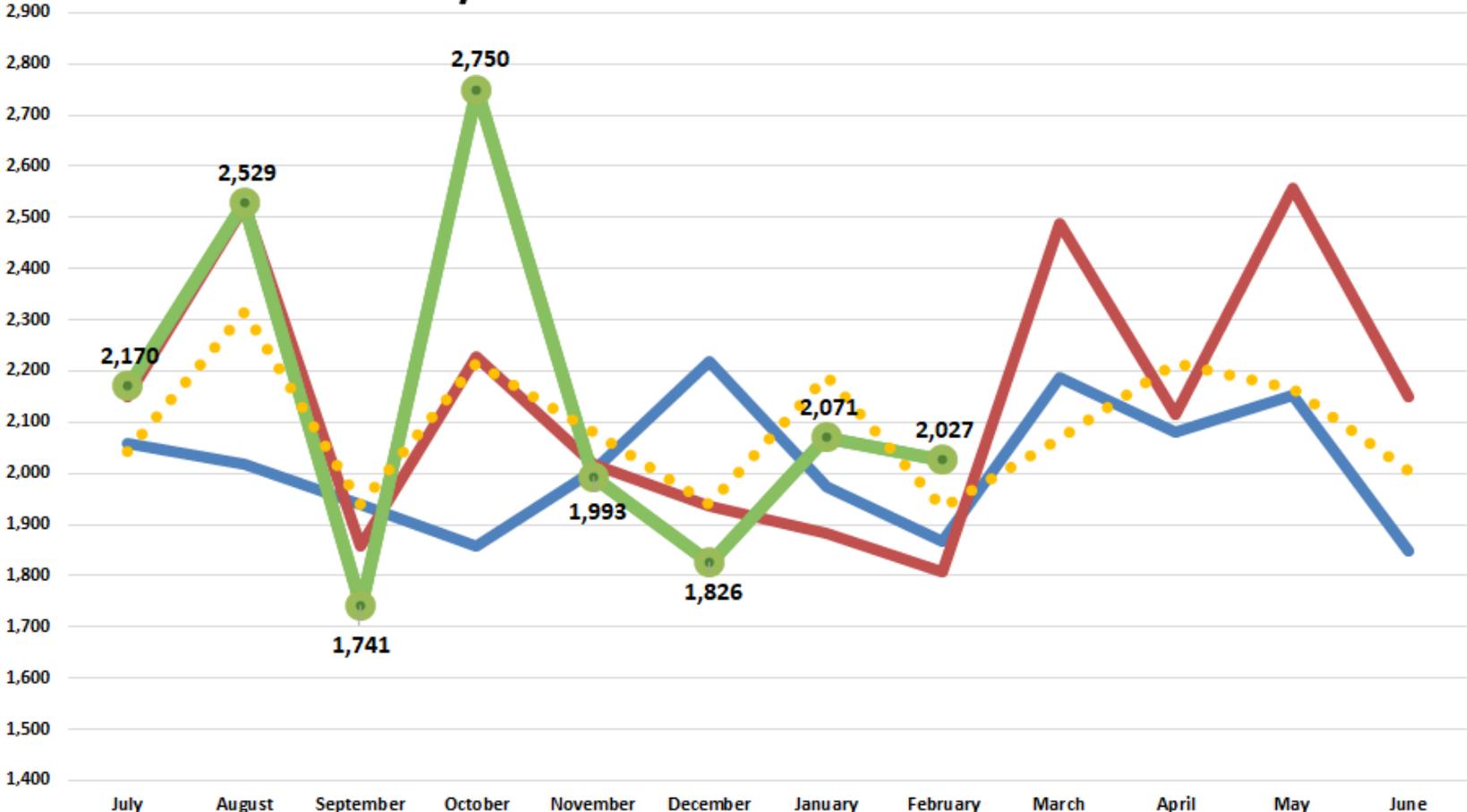


O/P Rehab - Akers

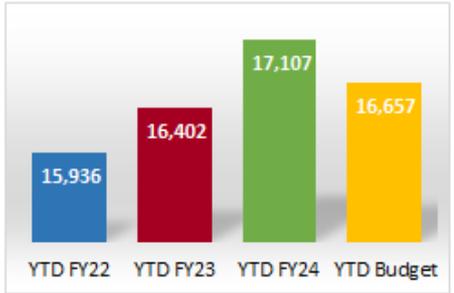


67,888	62,898	67,526	69,785
YTD FY22	YTD FY23	YTD FY24	YTD Budget

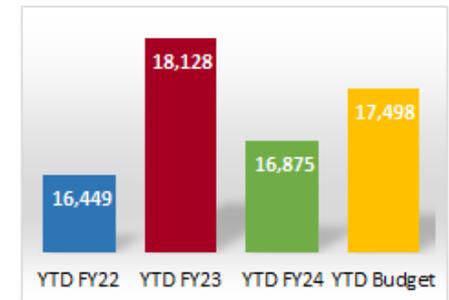
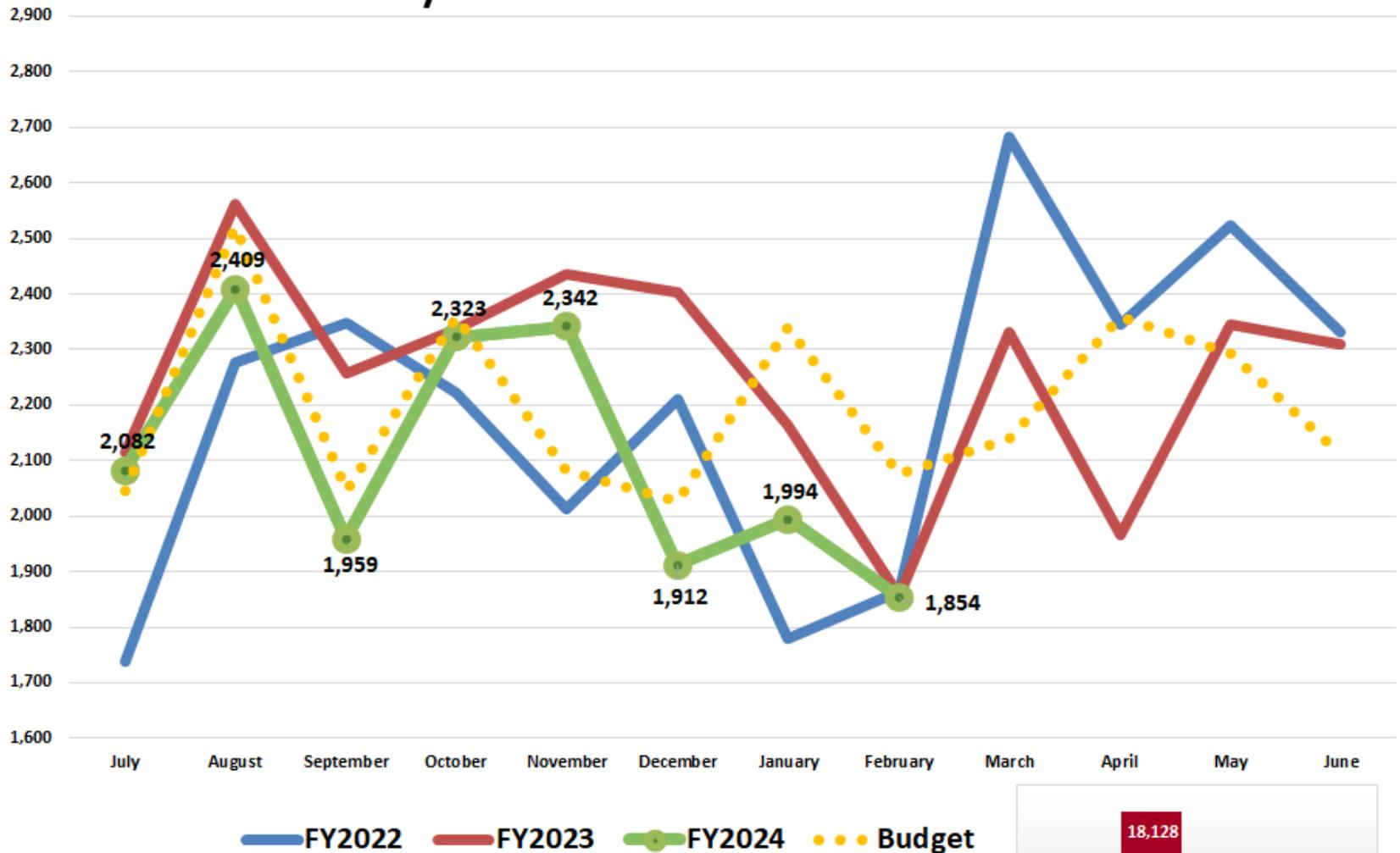
O/P Rehab - LLOPT



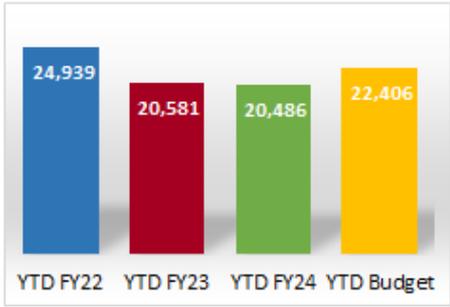
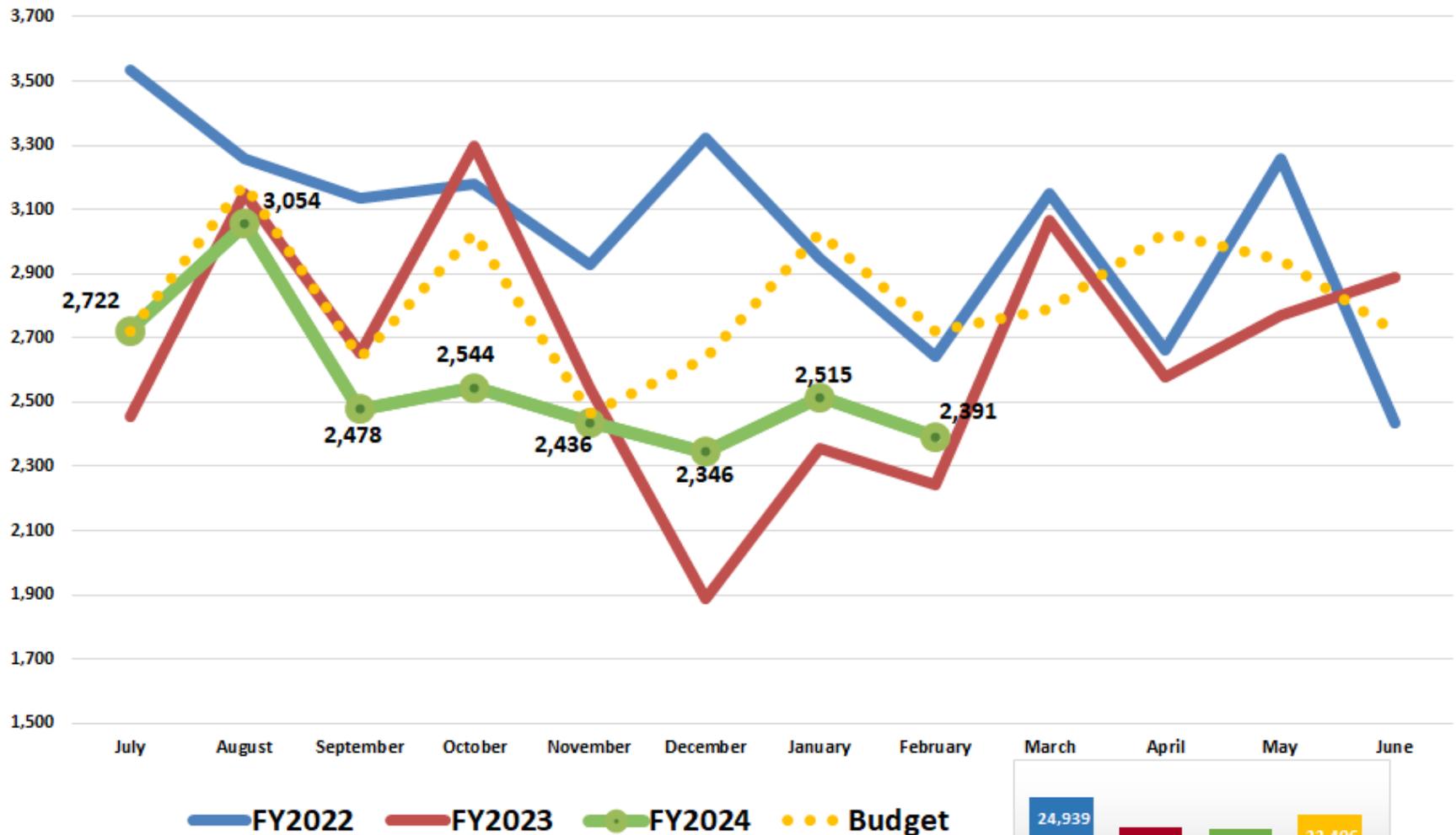
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



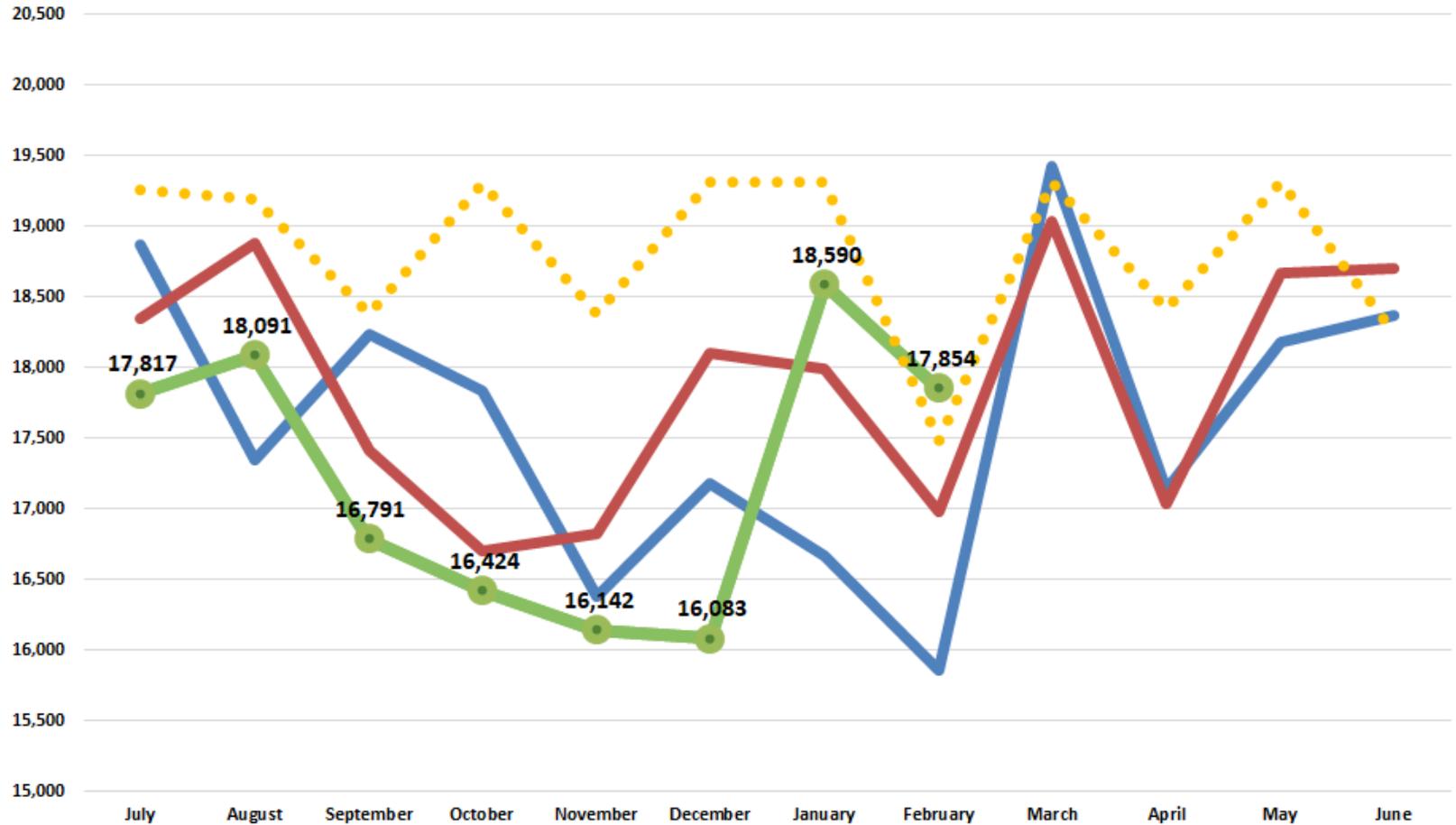
O/P Rehab - Dinuba



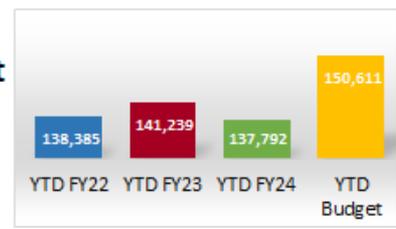
Therapy - Cypress Hand Center



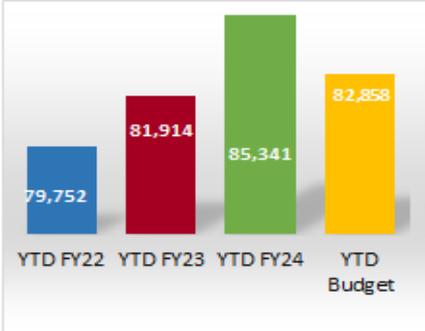
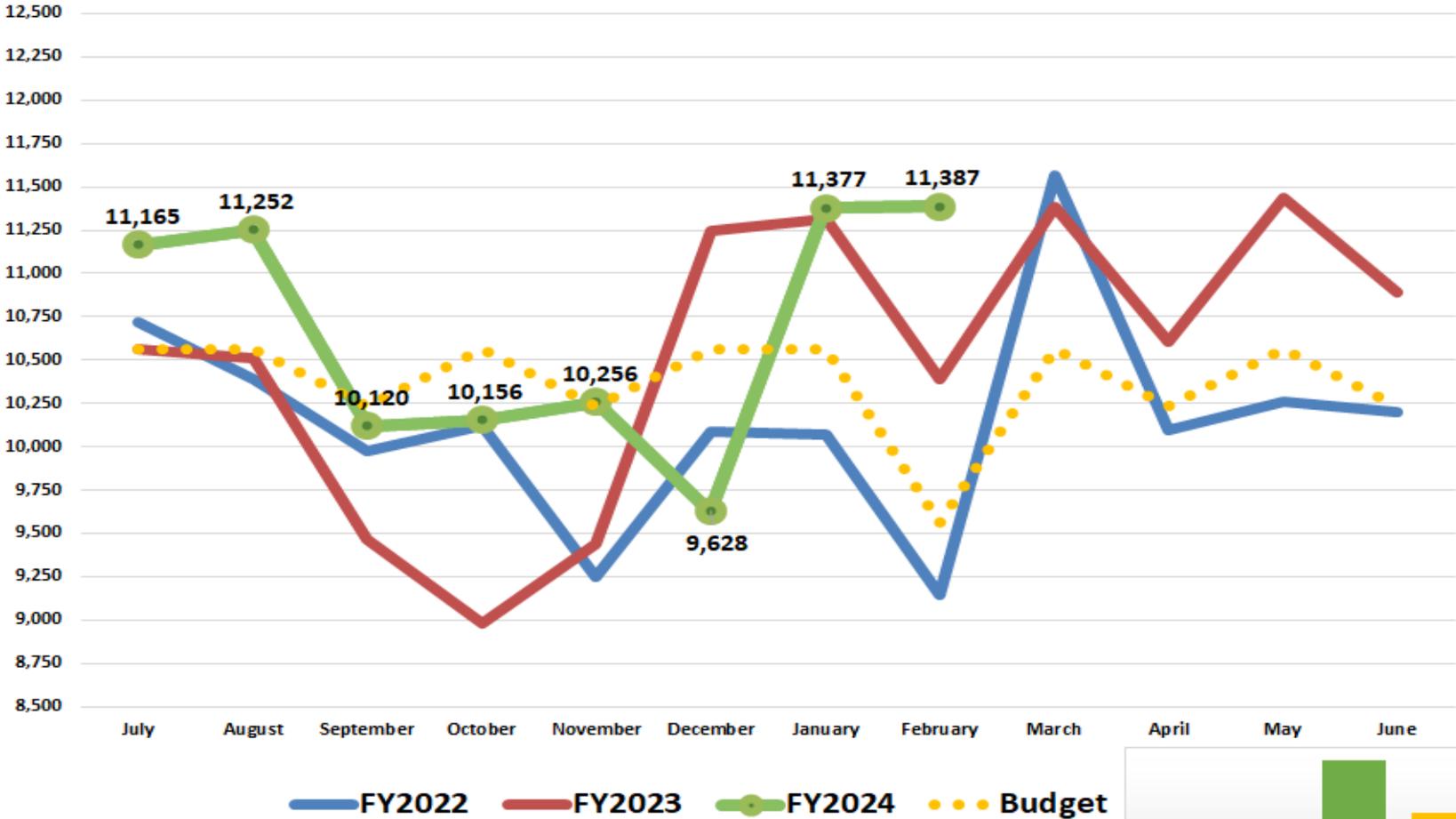
Physical & Other Therapy Units (I/P & O/P)



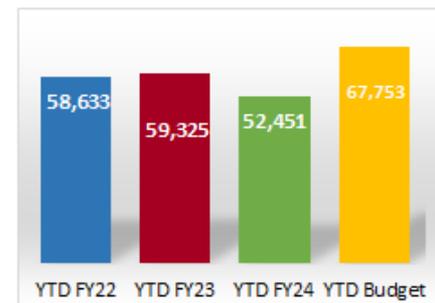
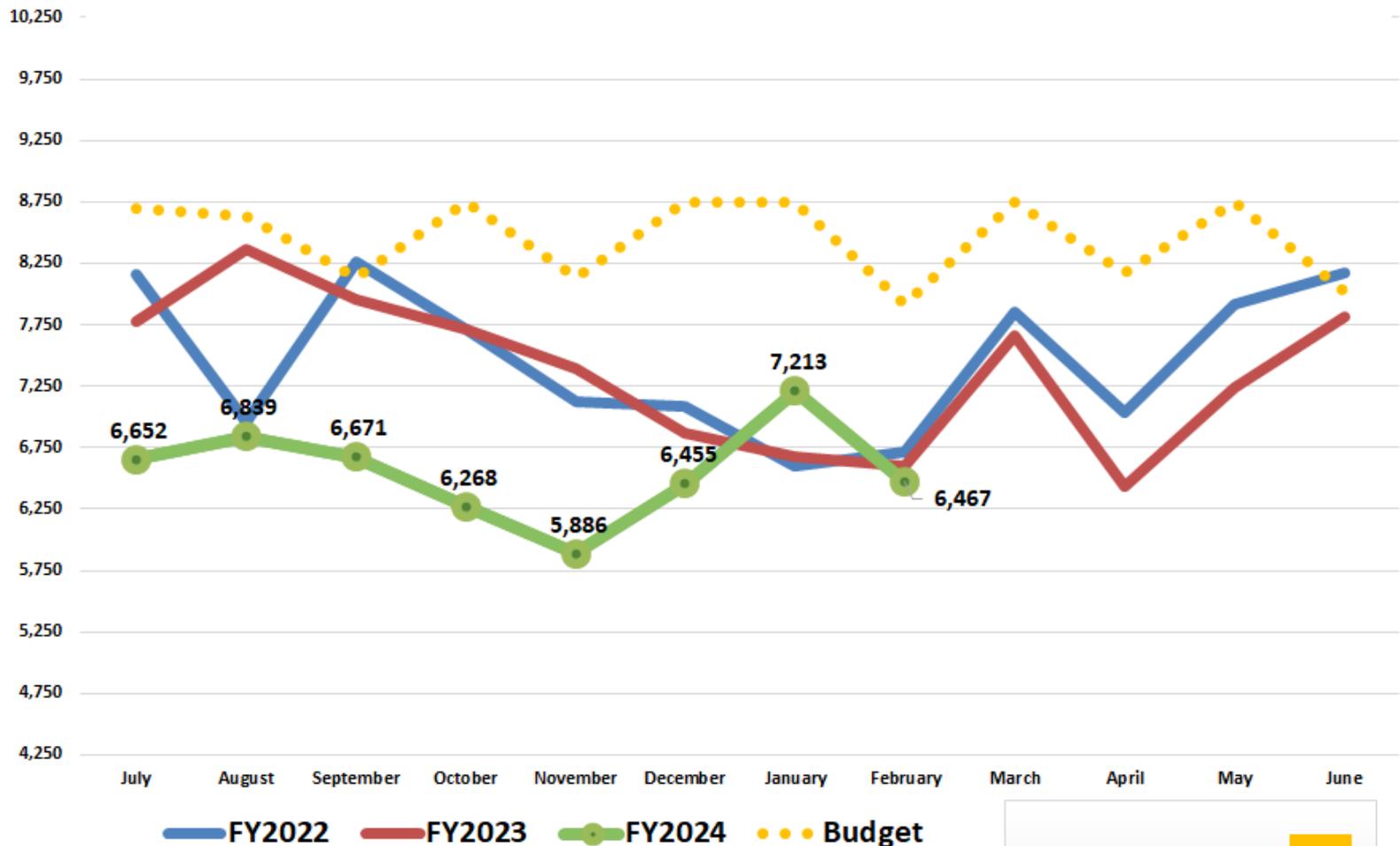
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



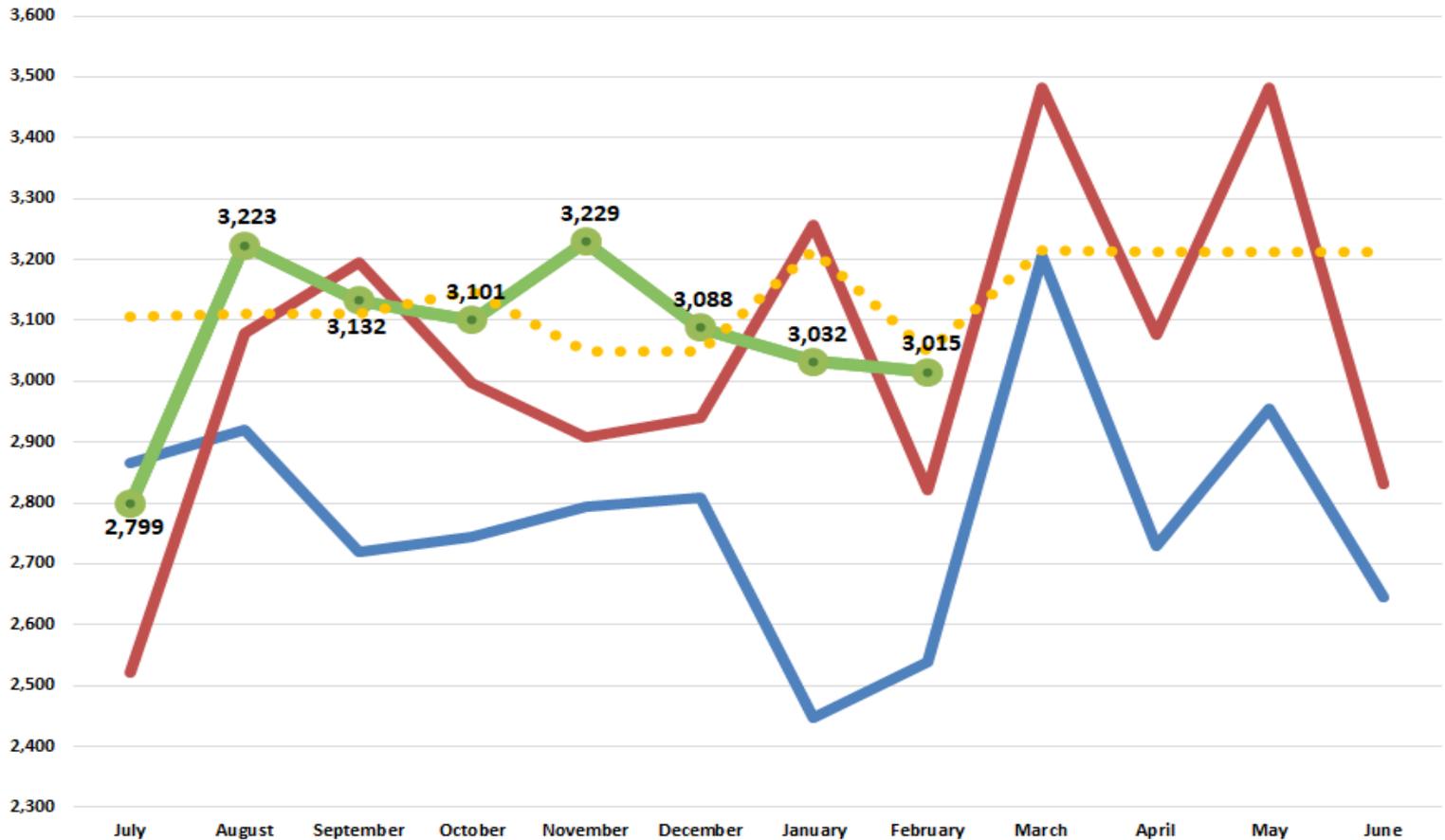
Physical & Other Therapy Units (I/P & O/P)-Main Campus



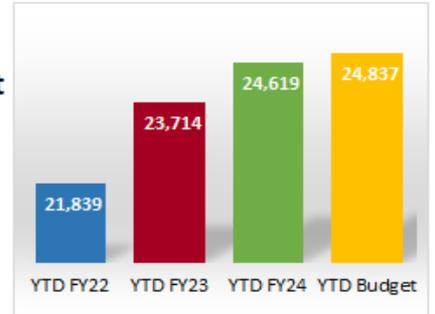
Physical & Other Therapy Units (I/P & O/P)- KDRH & South Campus



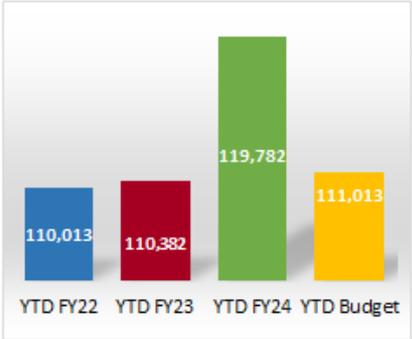
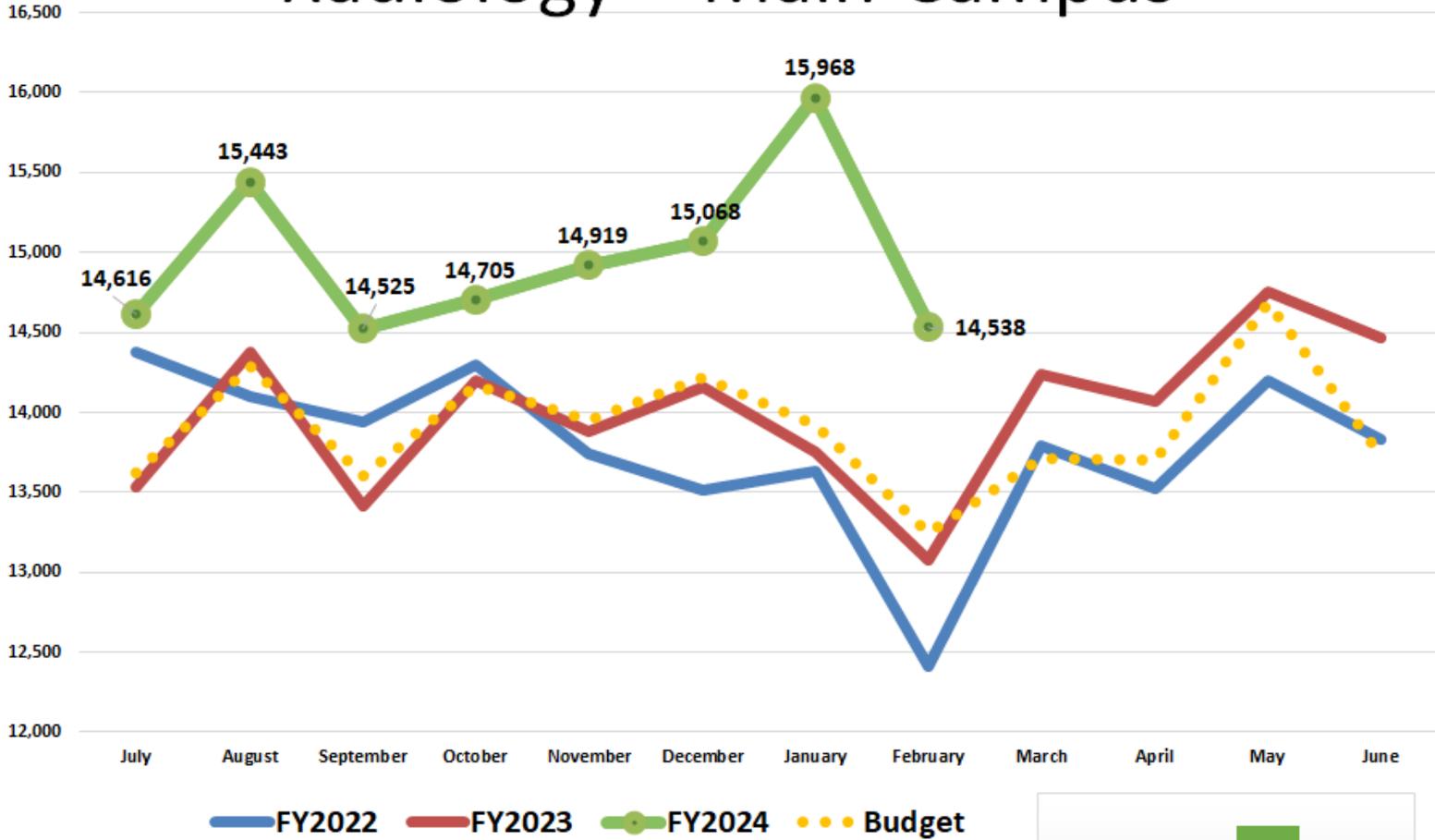
Home Health Visits



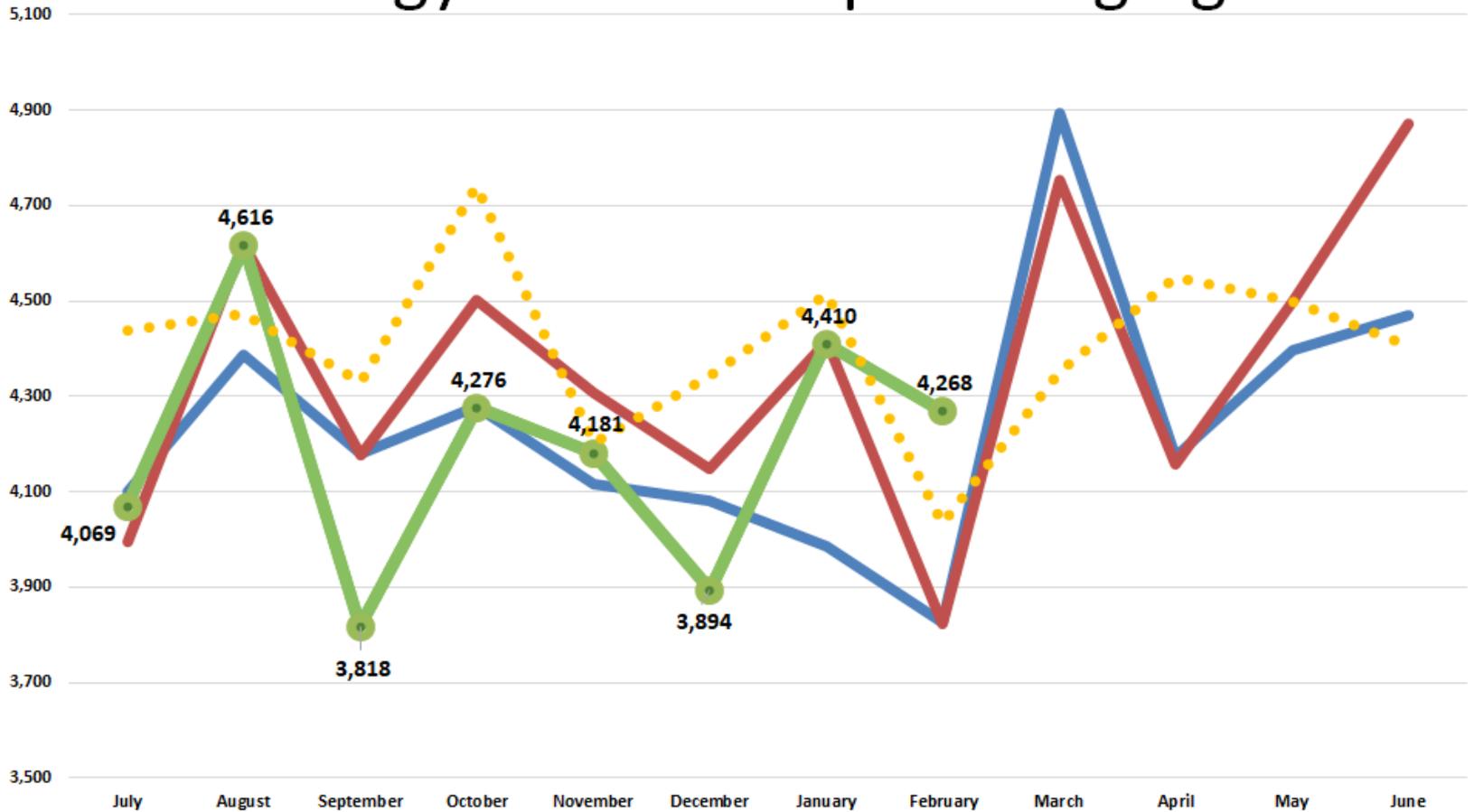
— FY2022
 — FY2023
 —● FY2024
 ●●● Budget



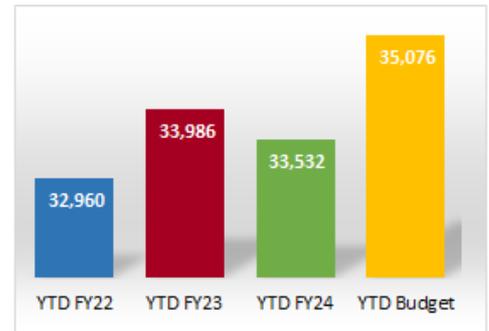
Radiology – Main Campus



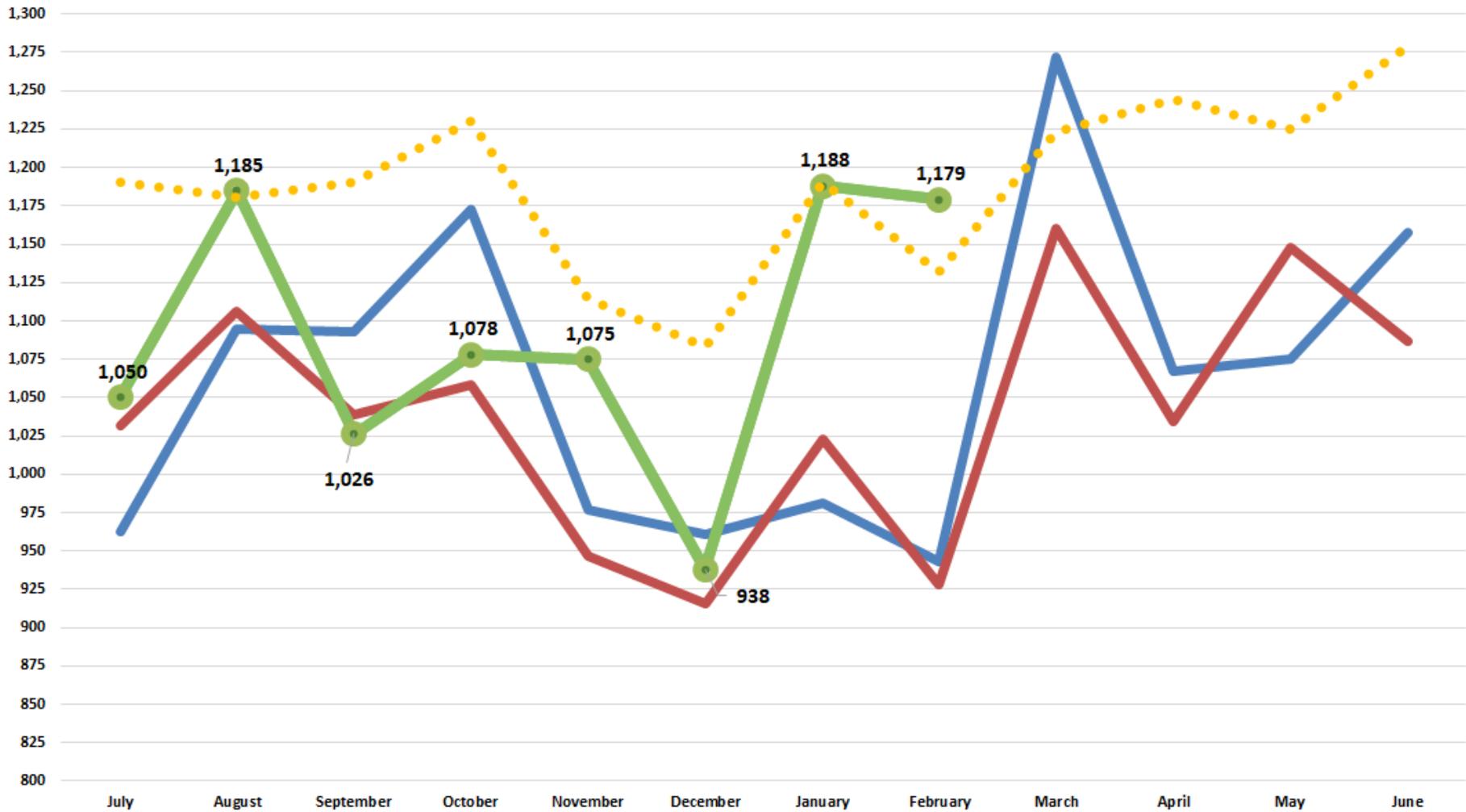
Radiology - West Campus Imaging



—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



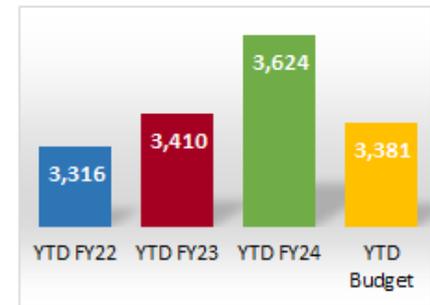
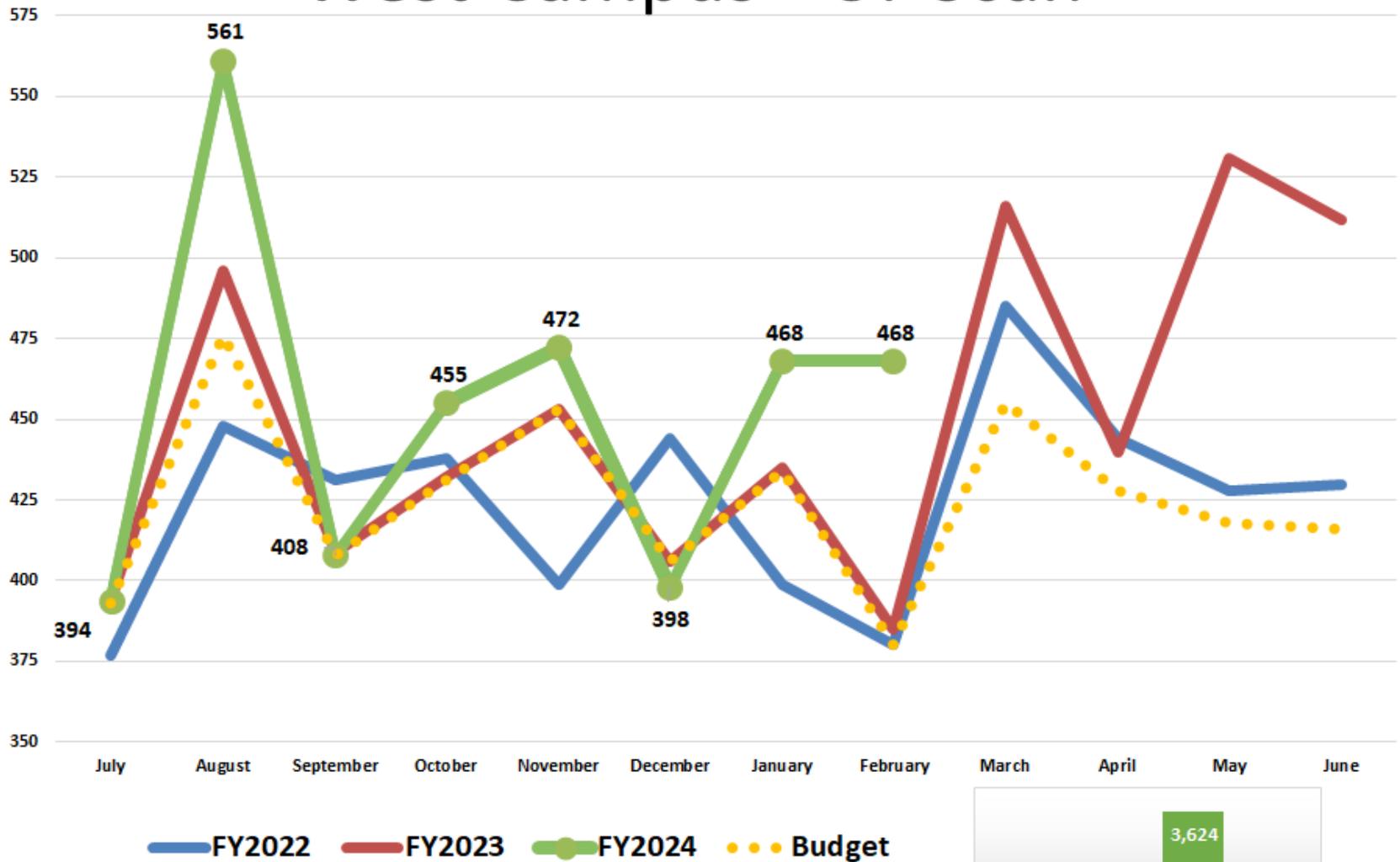
West Campus - Diagnostic Radiology



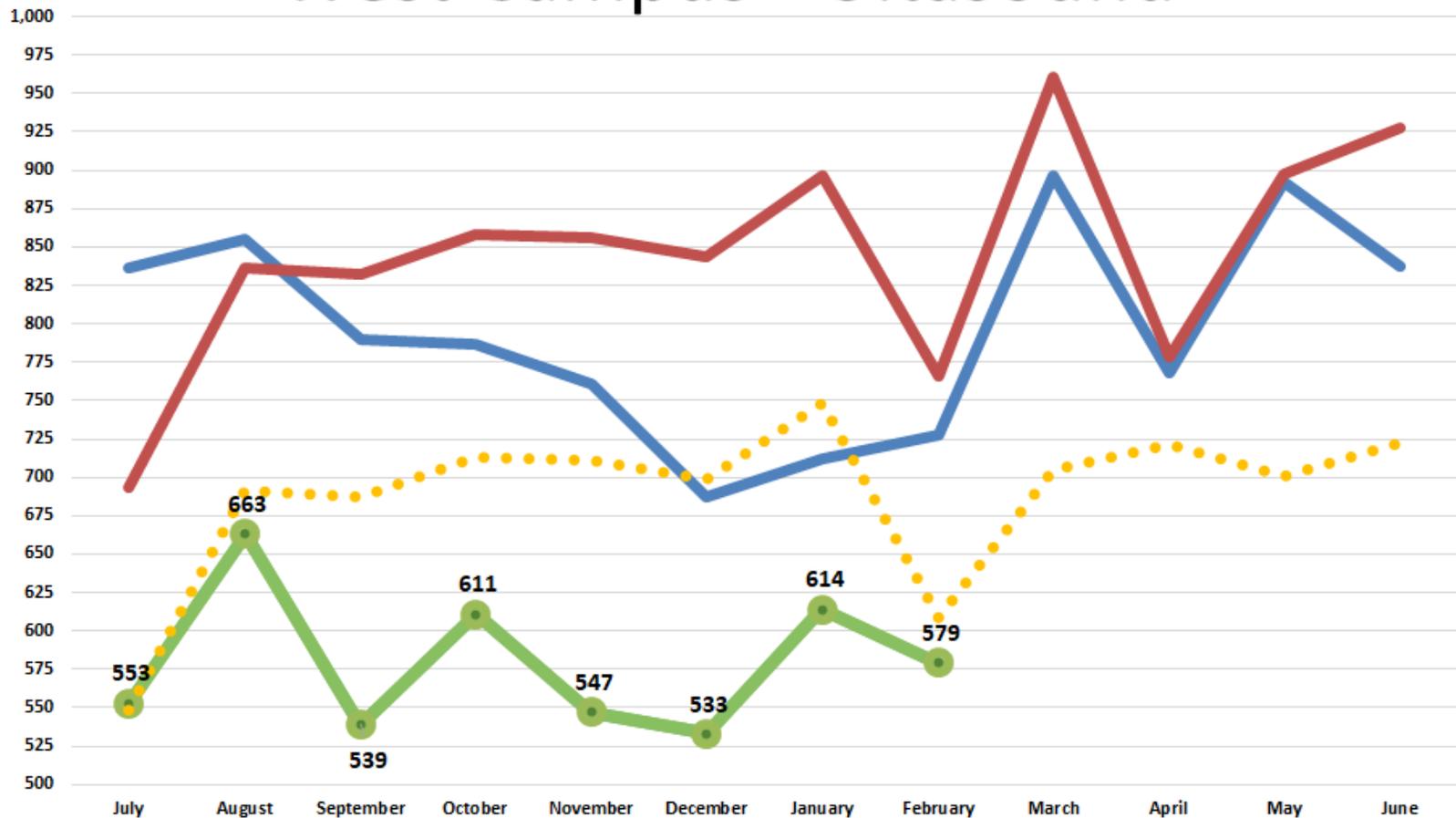
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



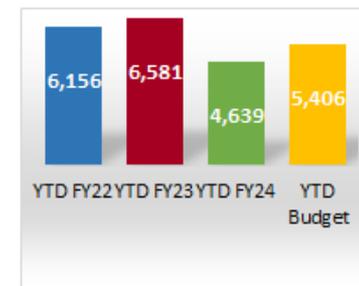
West Campus - CT Scan



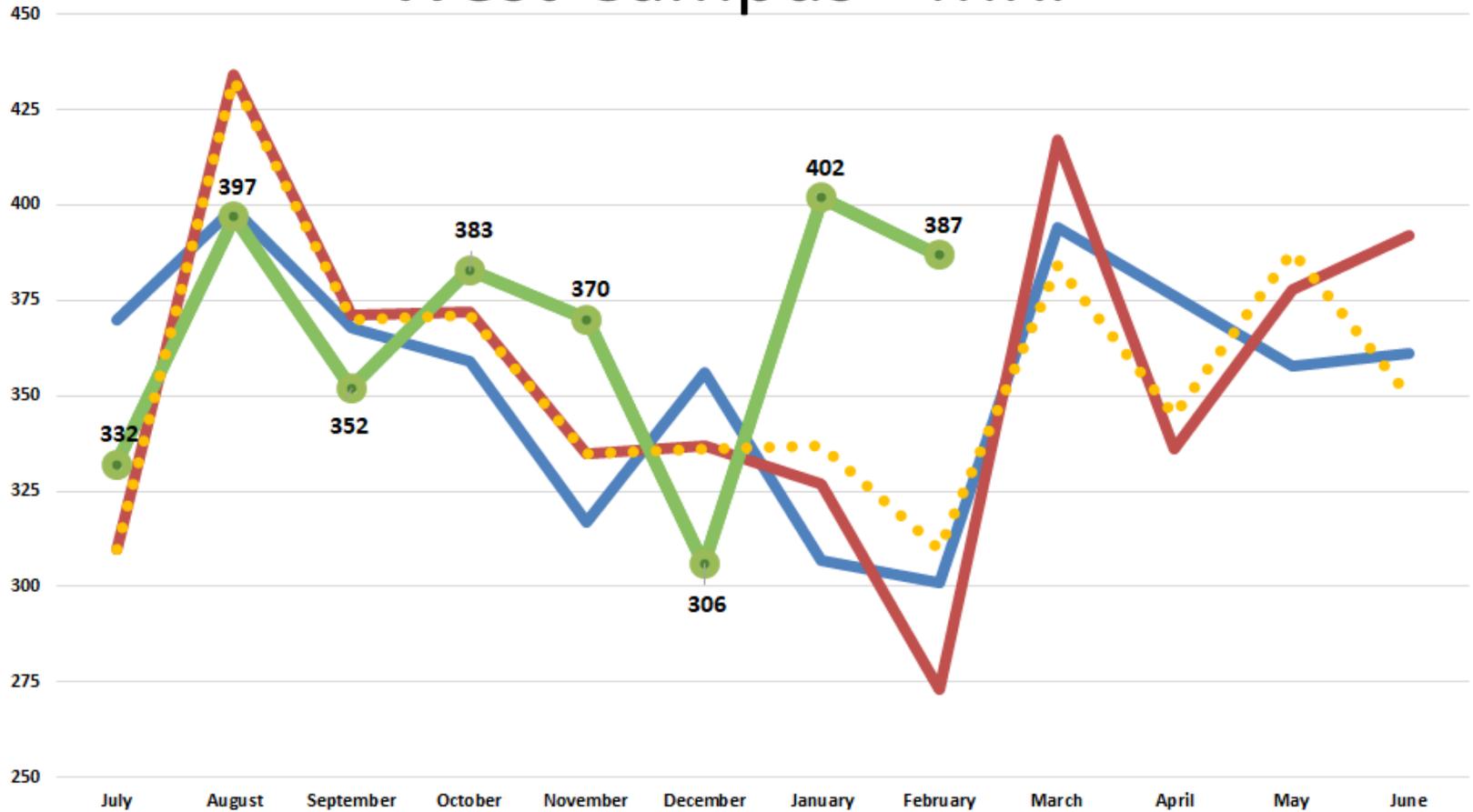
West Campus - Ultrasound



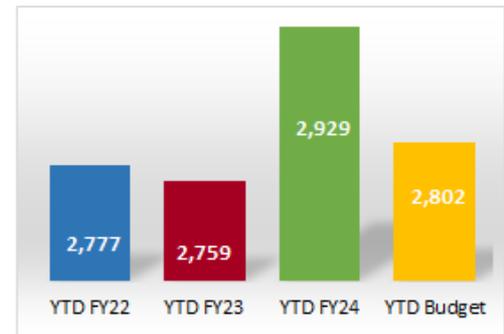
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



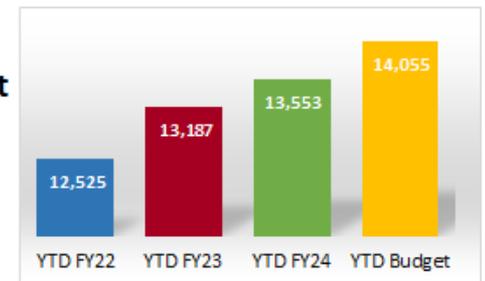
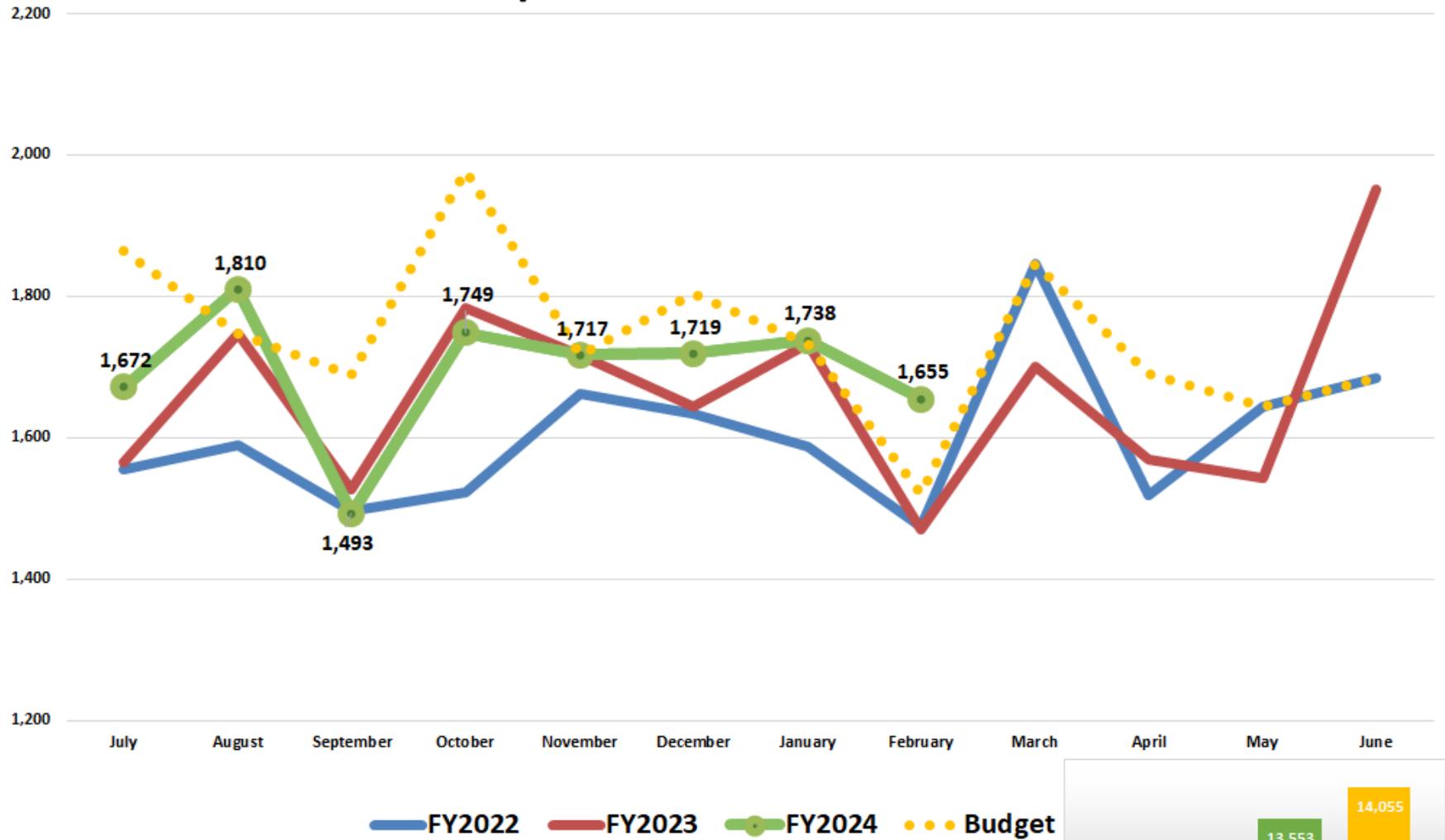
West Campus - MRI



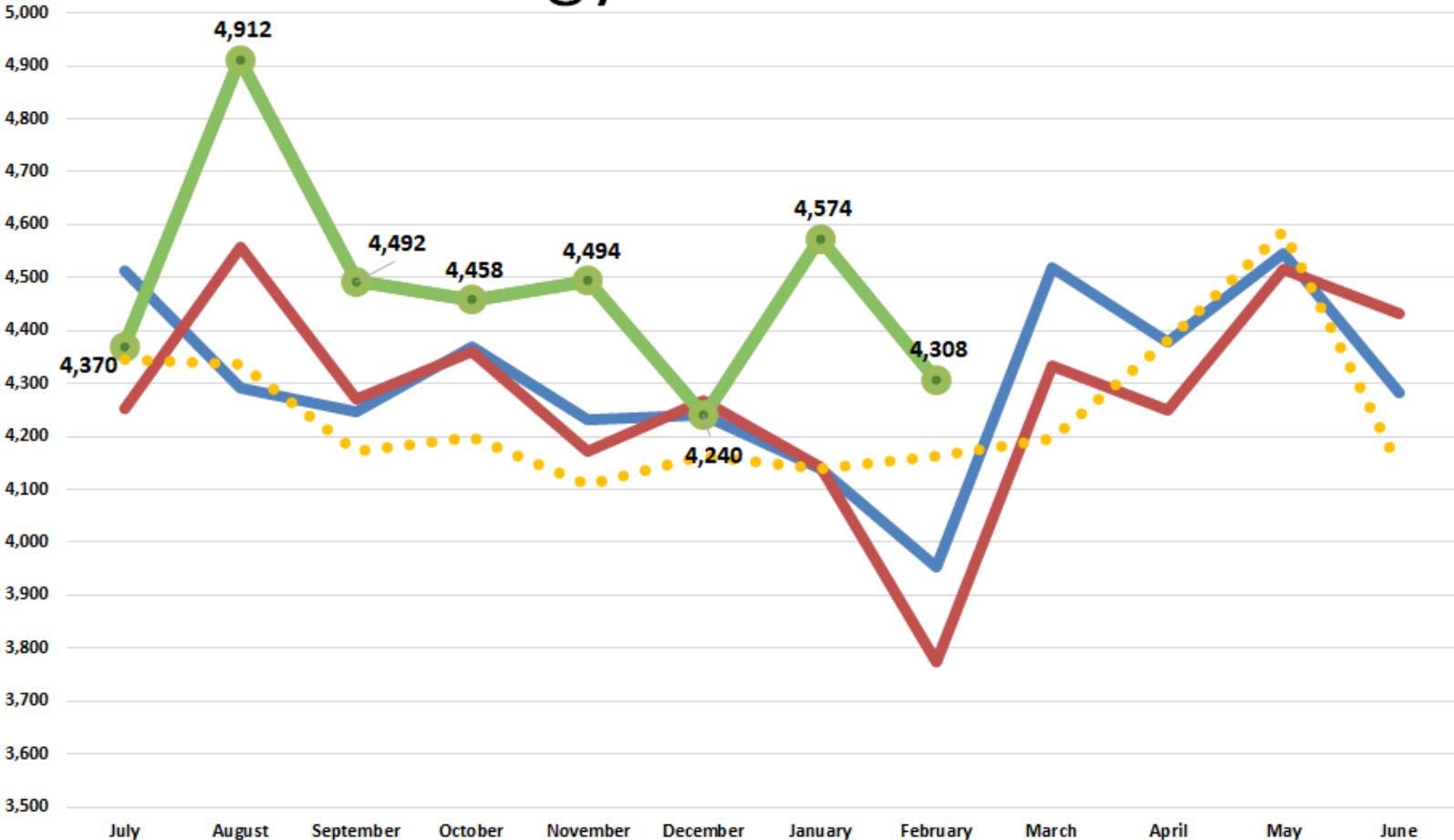
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



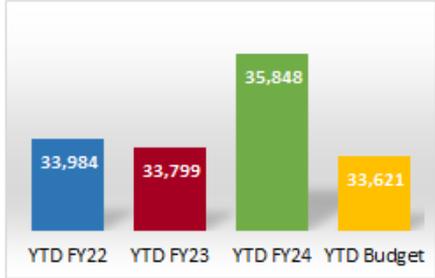
West Campus - Breast Center



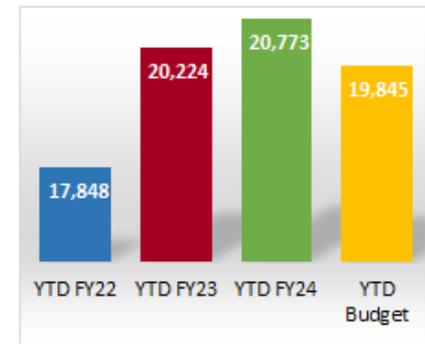
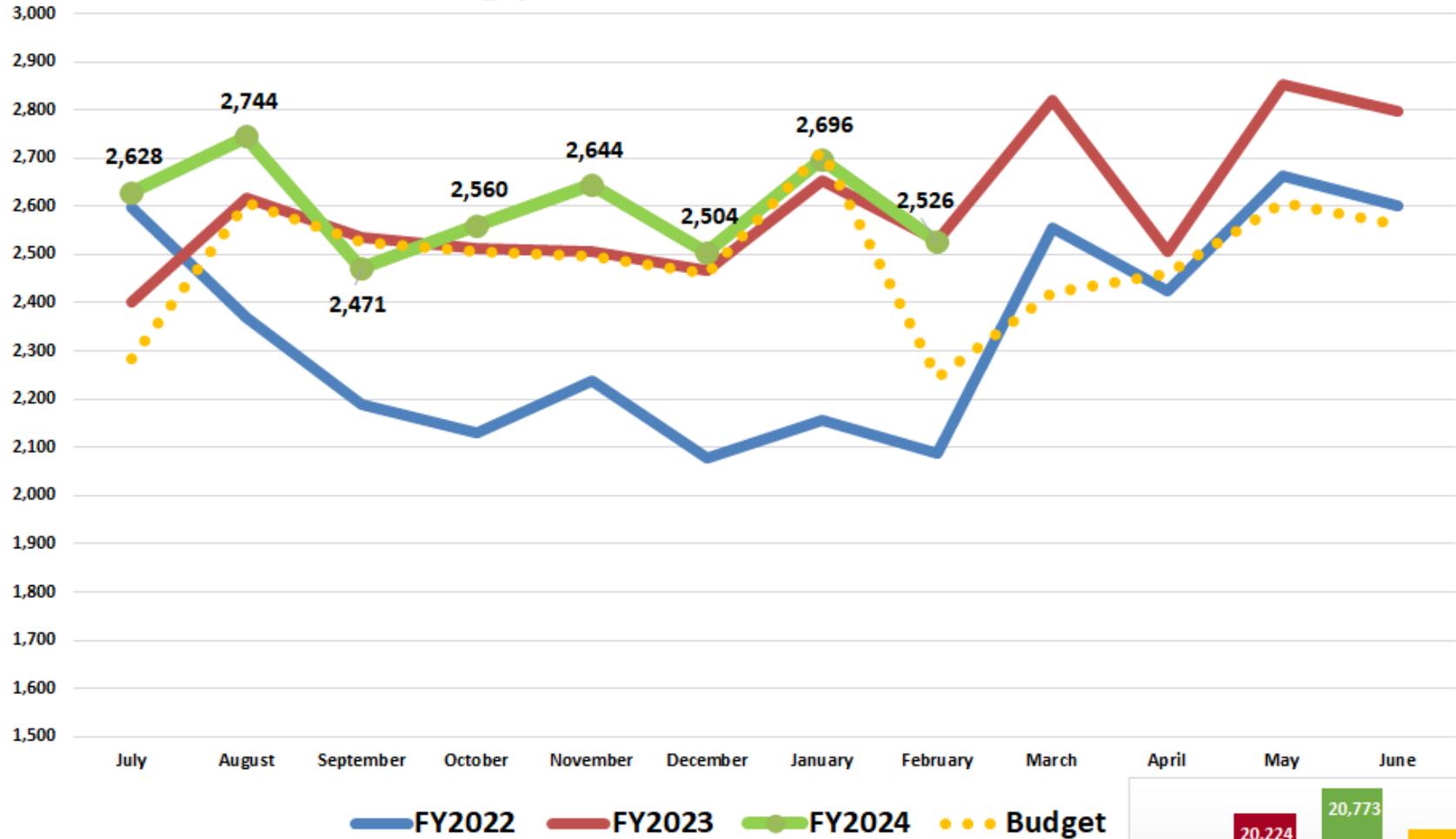
Radiology - CT - All Areas



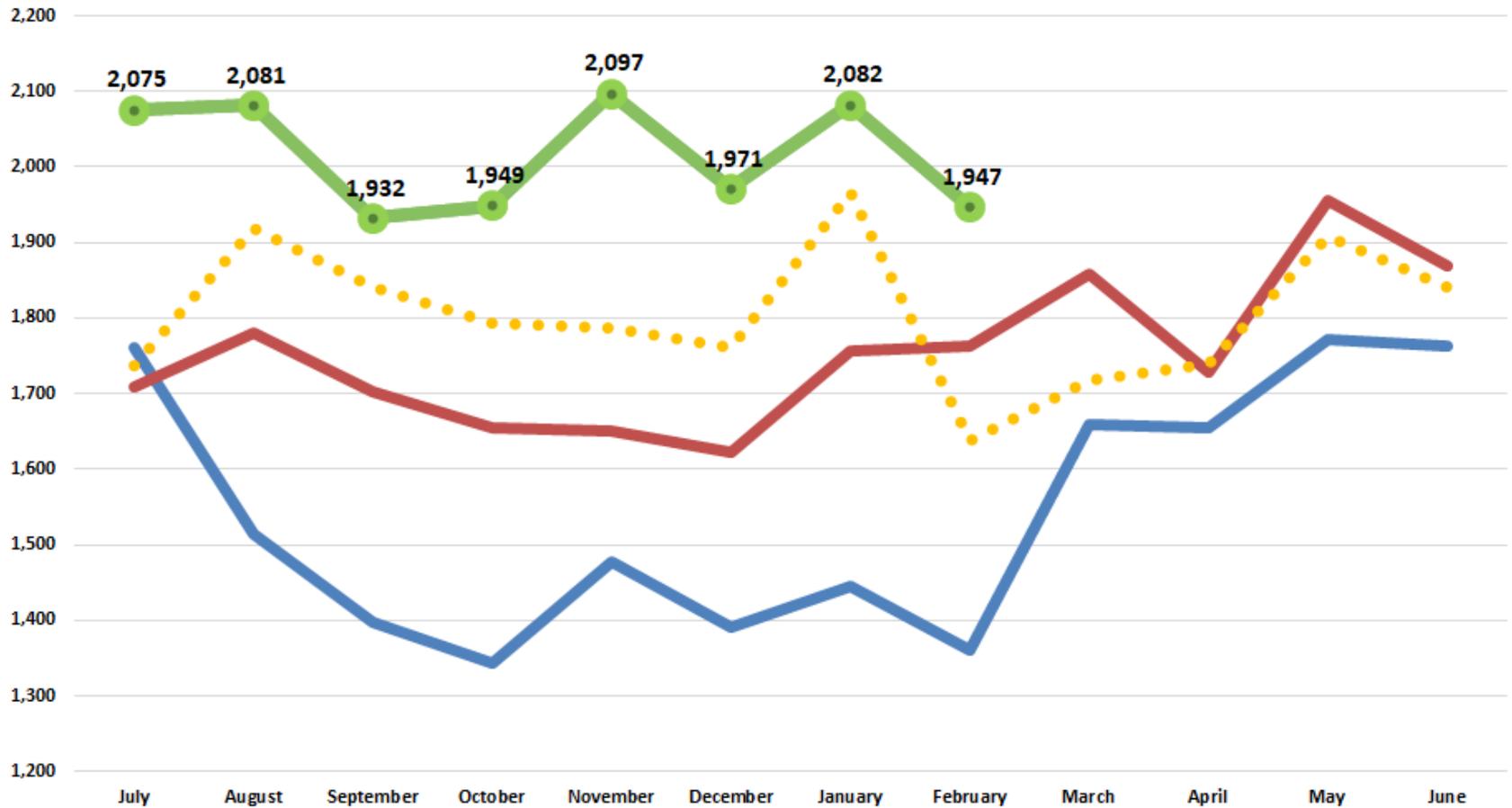
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



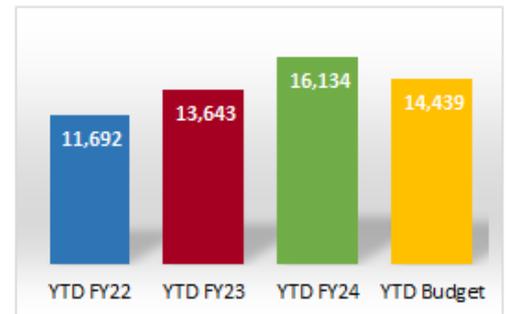
Radiology - Ultrasound - All Areas



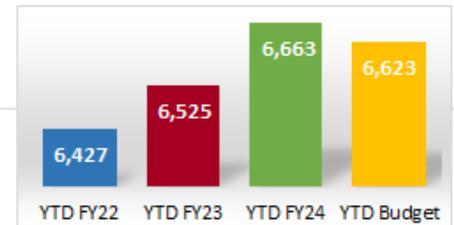
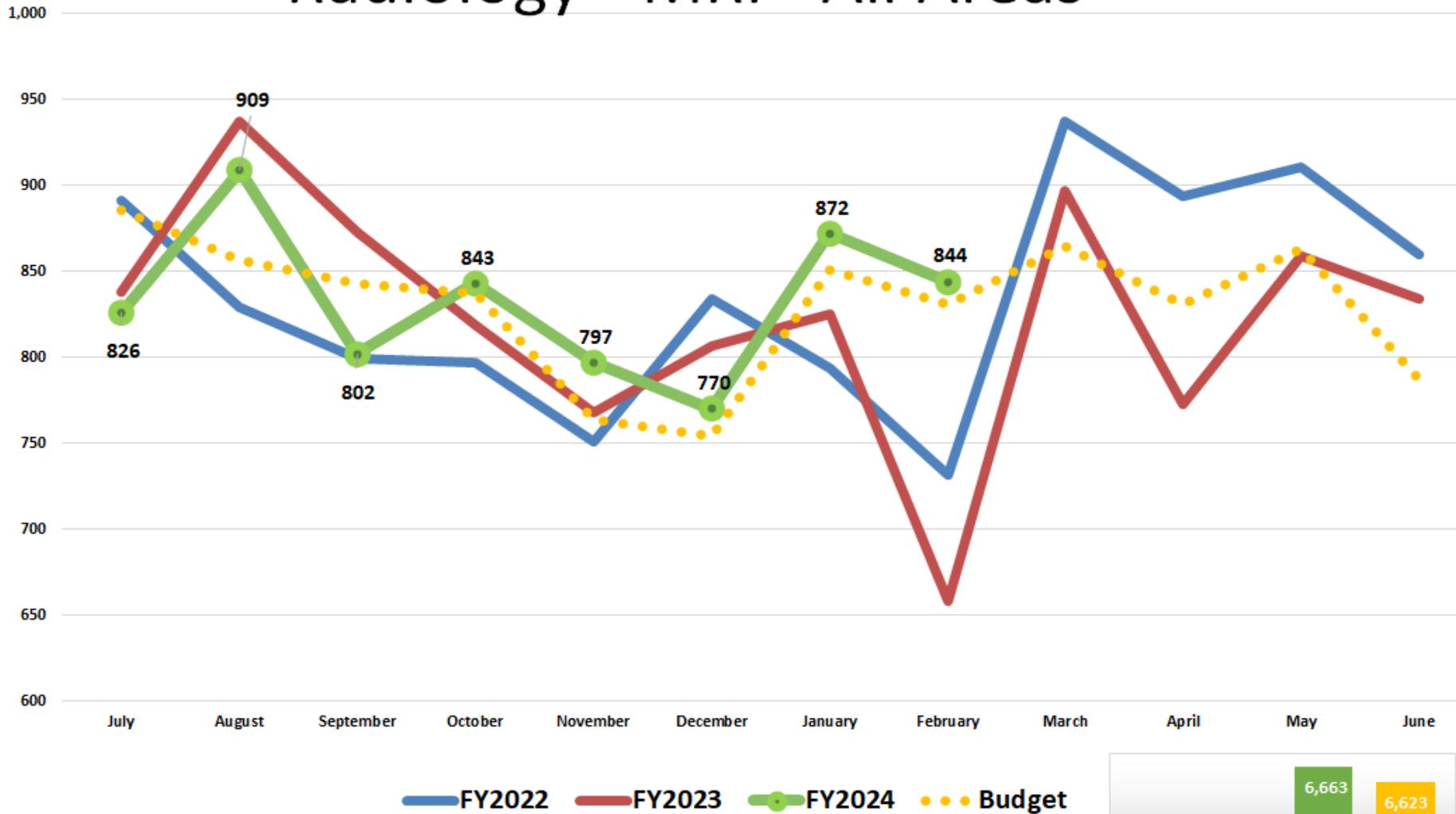
Radiology - Ultrasound - Main Campus



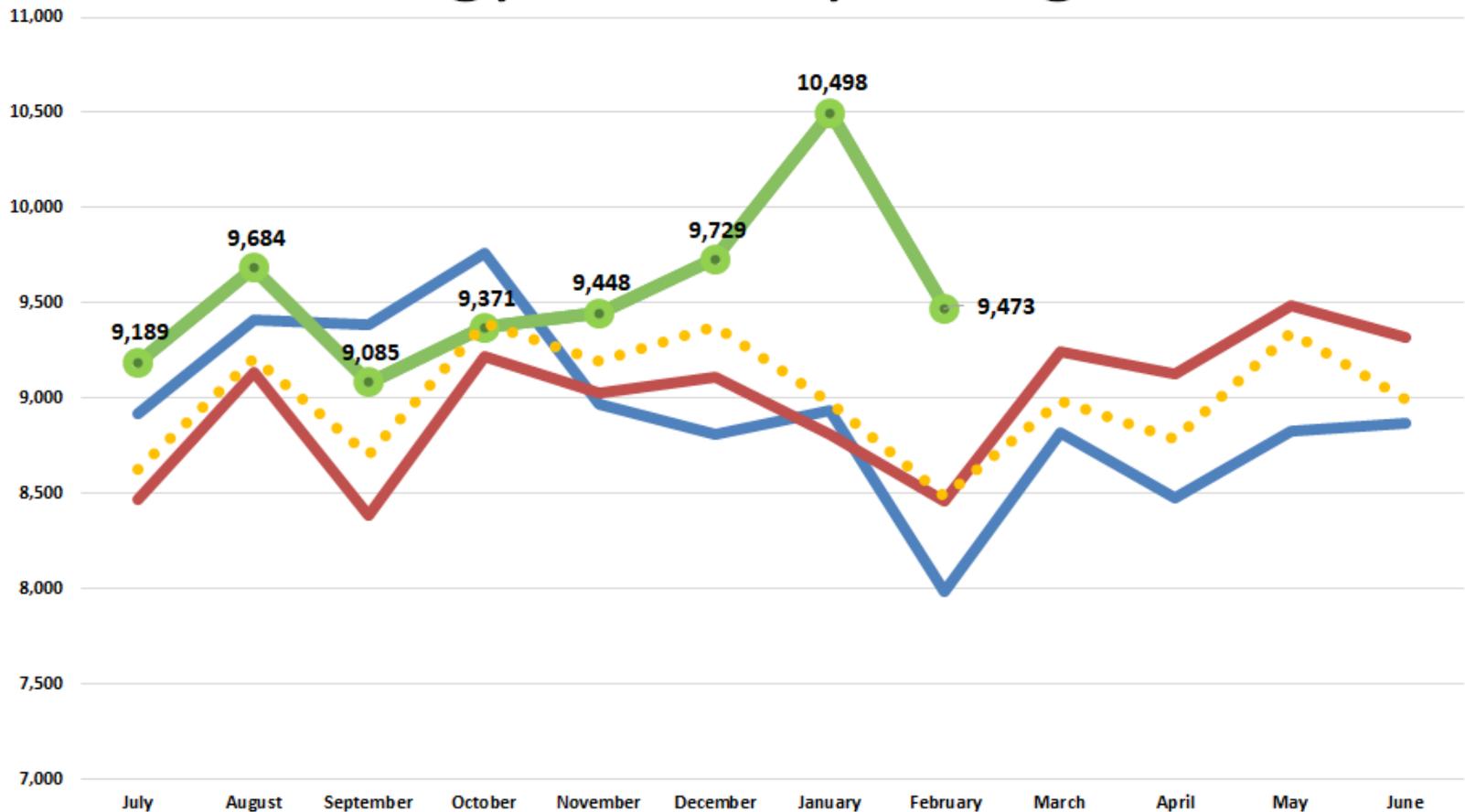
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



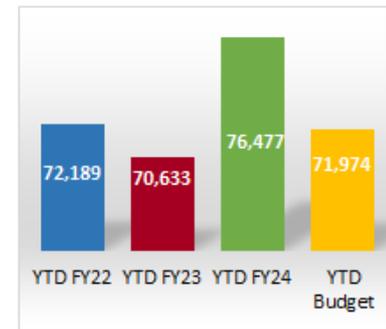
Radiology - MRI - All Areas



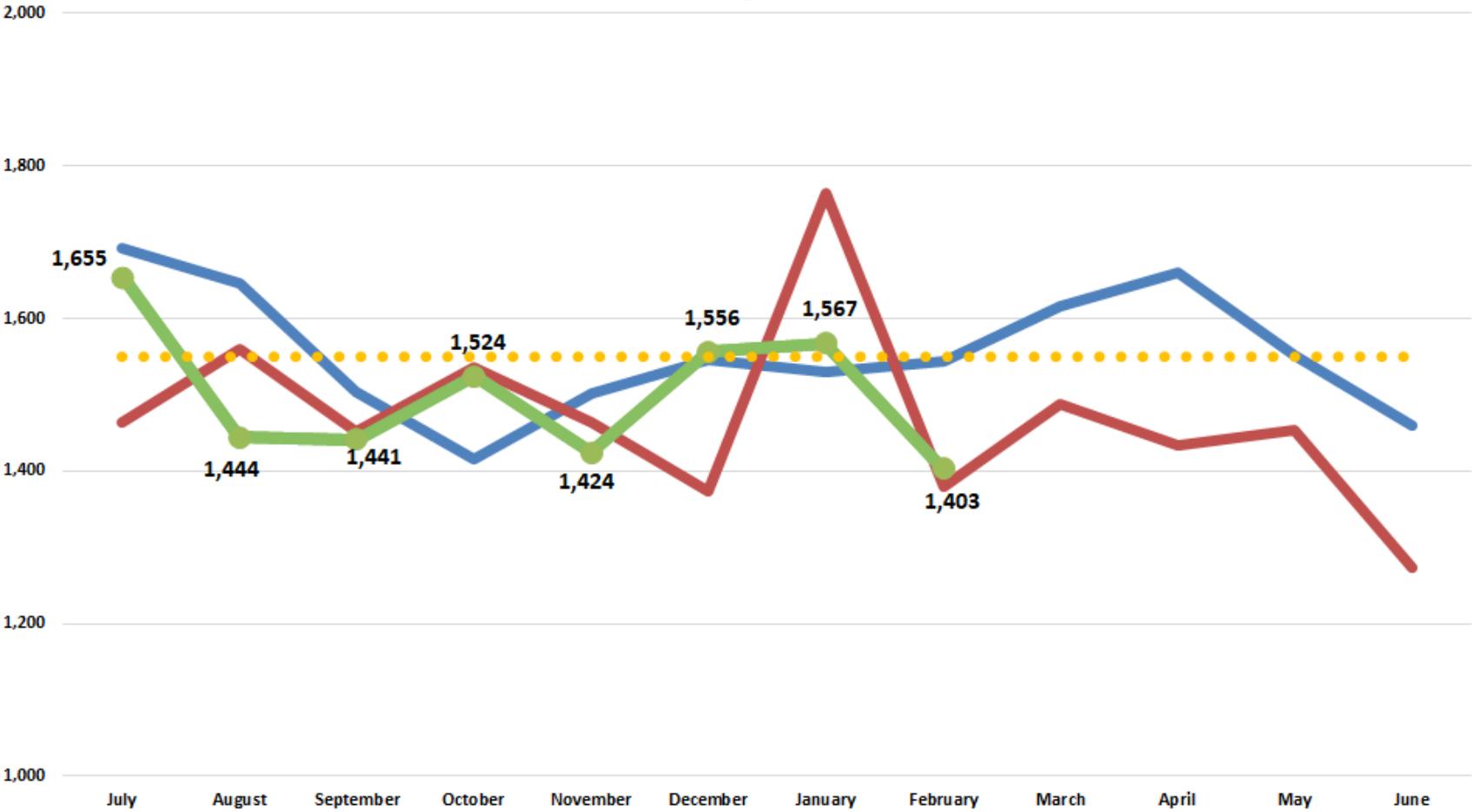
Radiology Modality - Diagnostic



—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



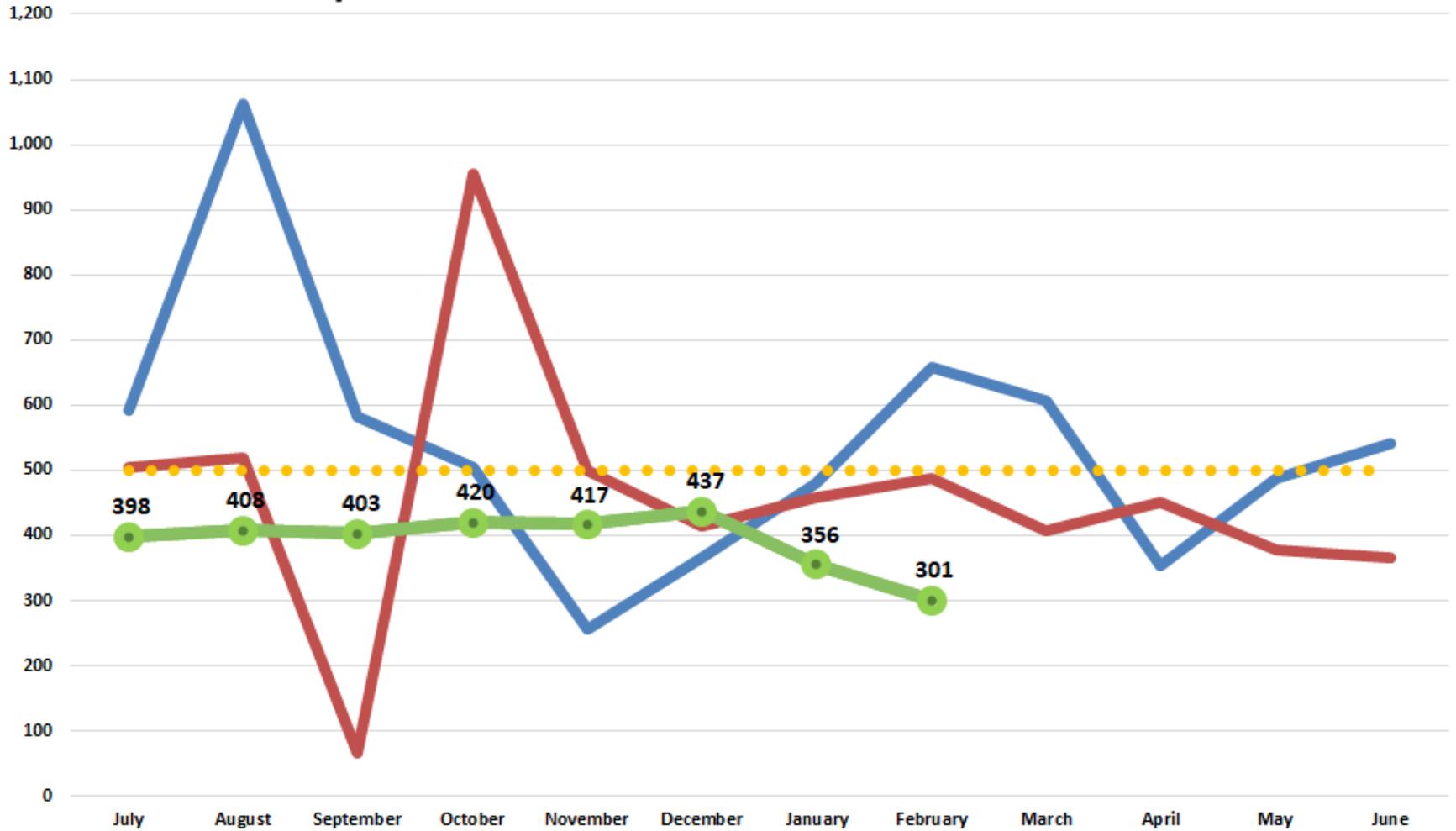
Chronic Dialysis - Visalia



—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



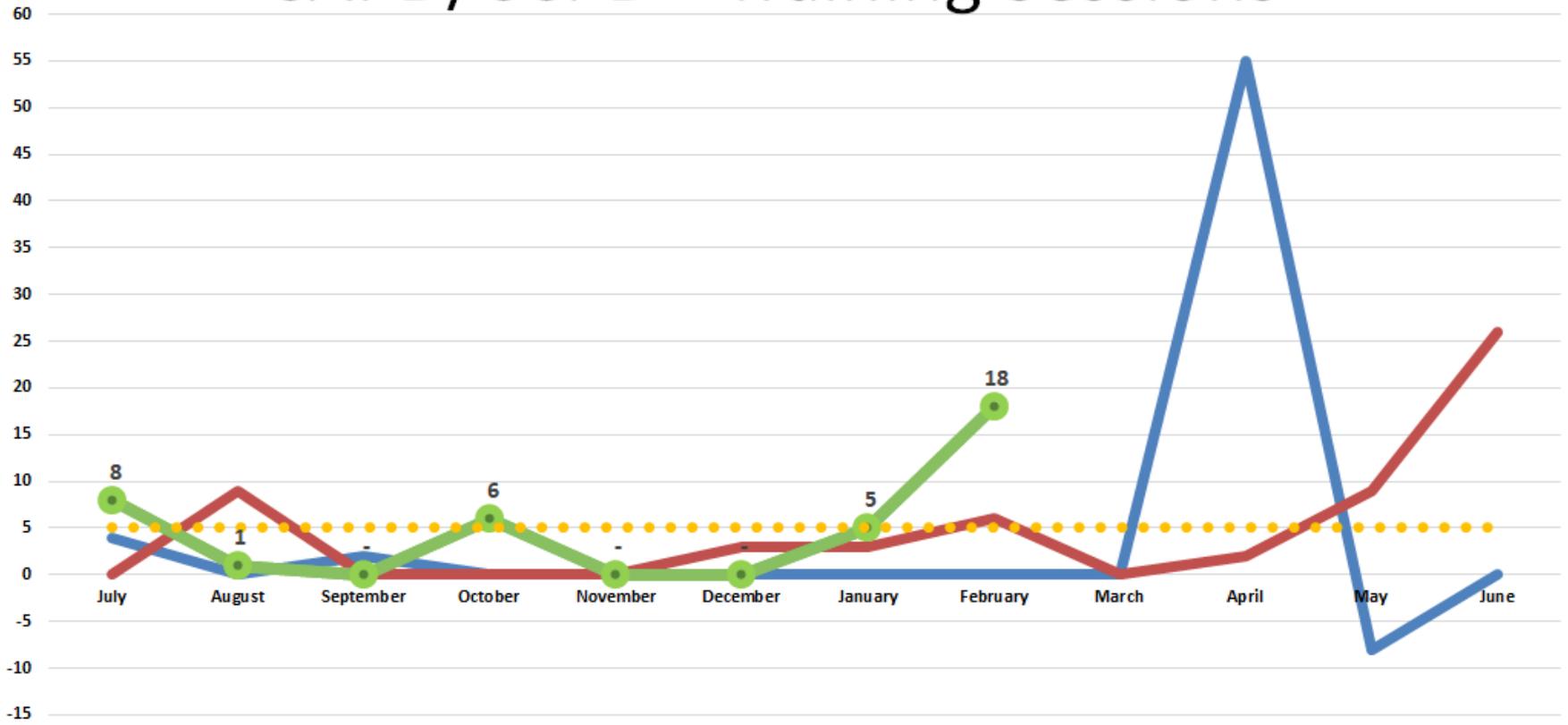
CAPD/CCPD - Maintenance Sessions



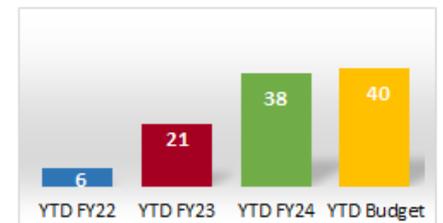
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



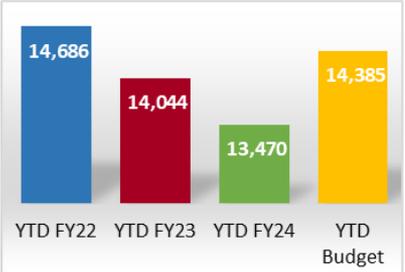
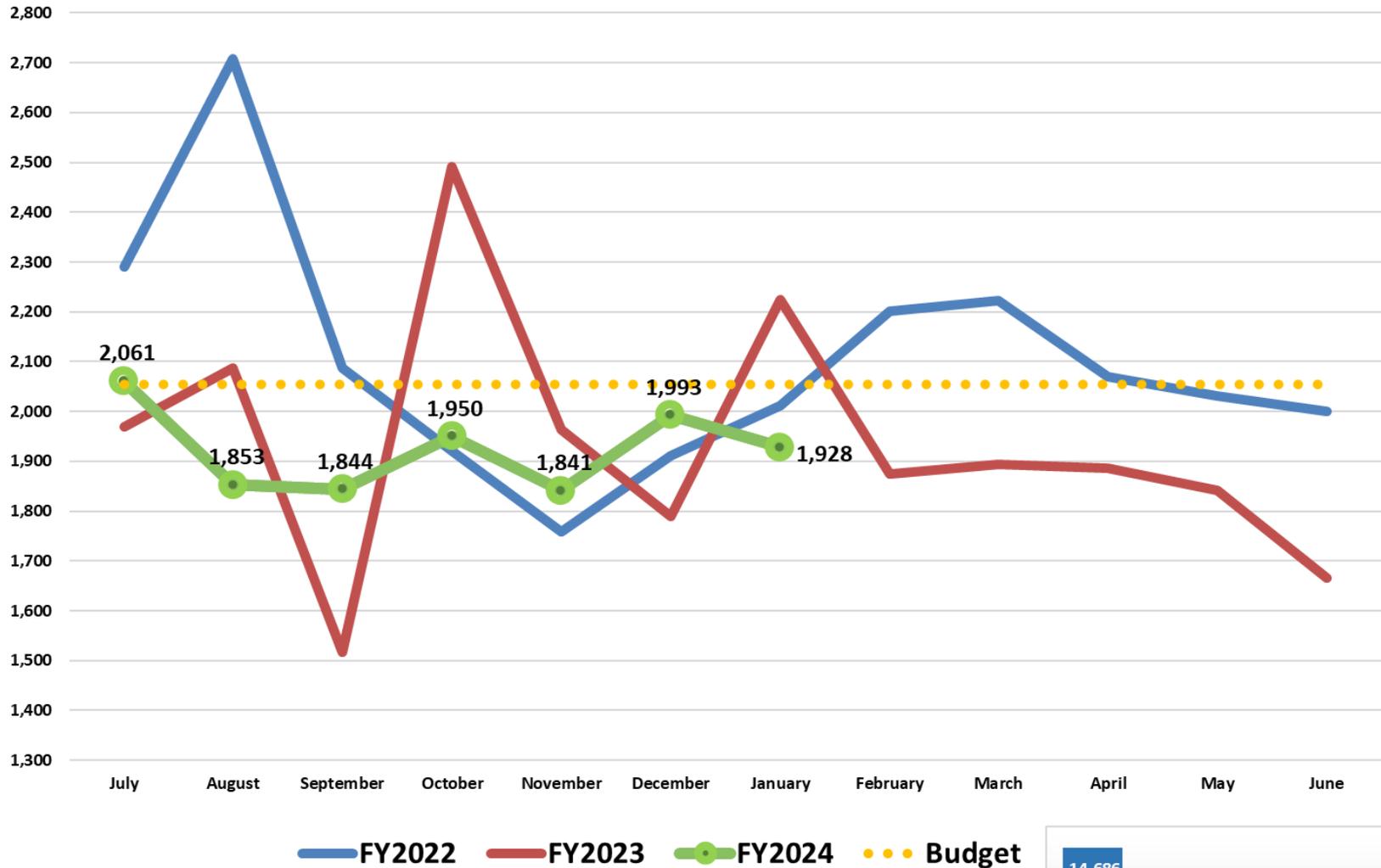
CAPD/CCPD - Training Sessions



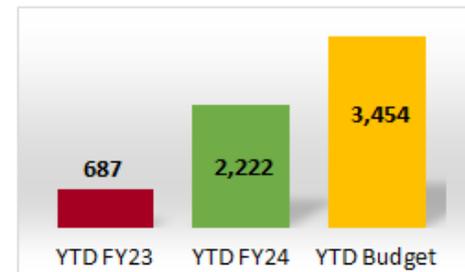
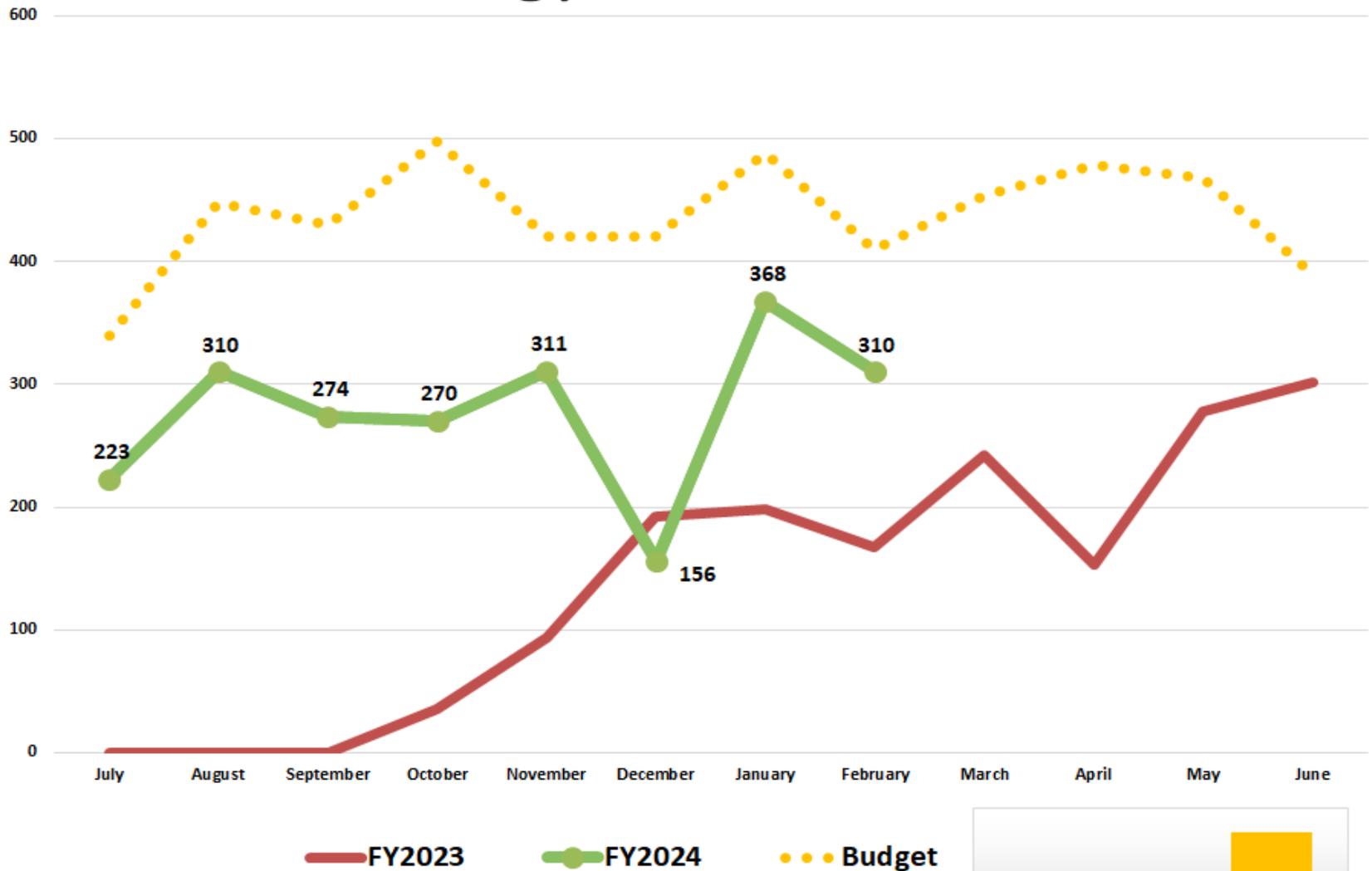
—● FY2022
 —● FY2023
 —● FY2024
 ⋯ Budget



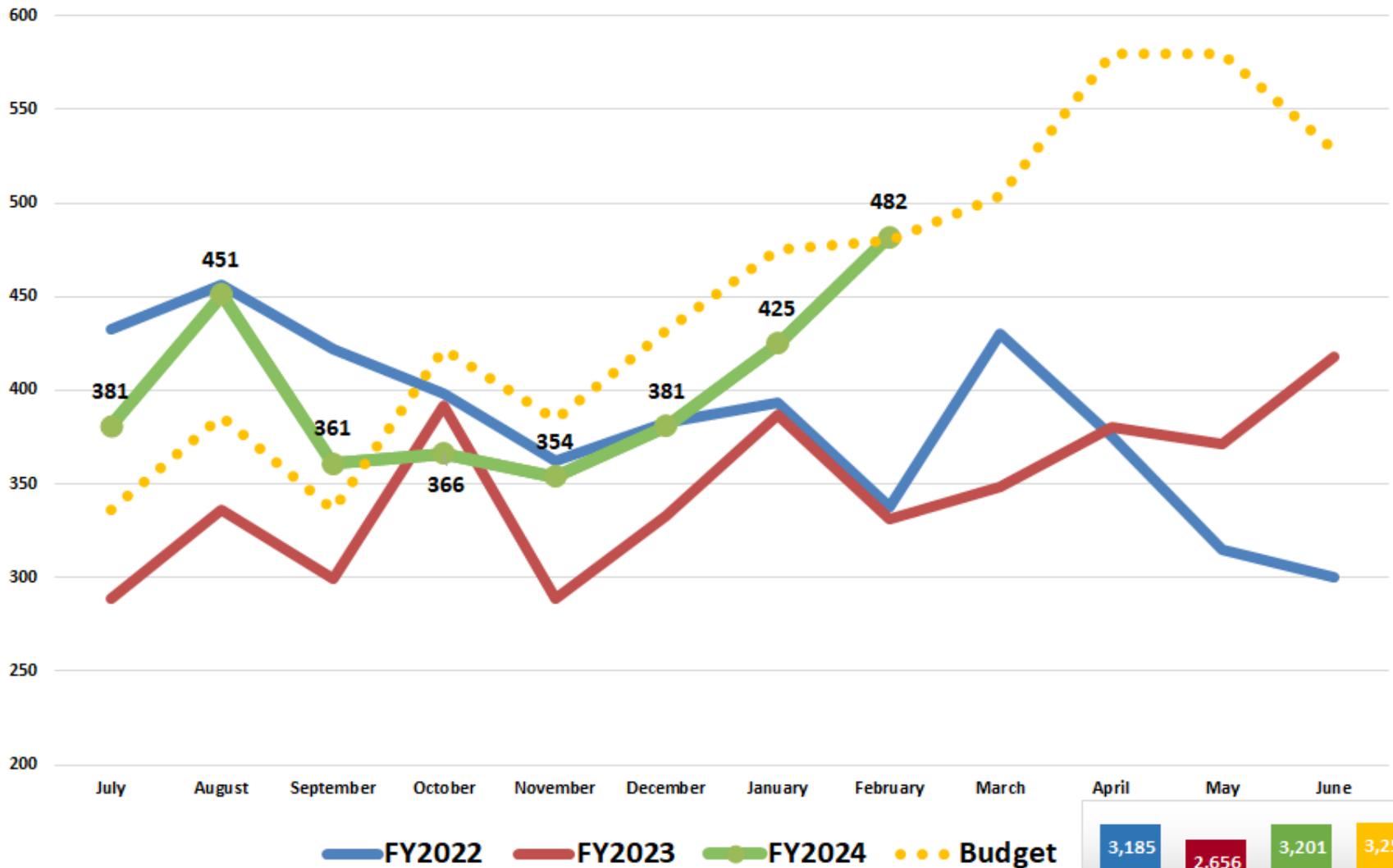
All CAPD & CCPD



Urology Clinic Visits

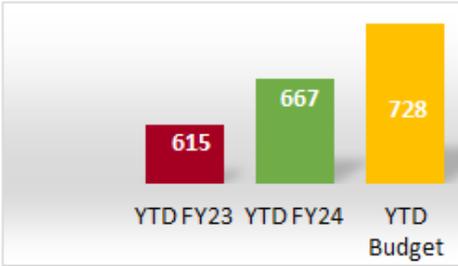
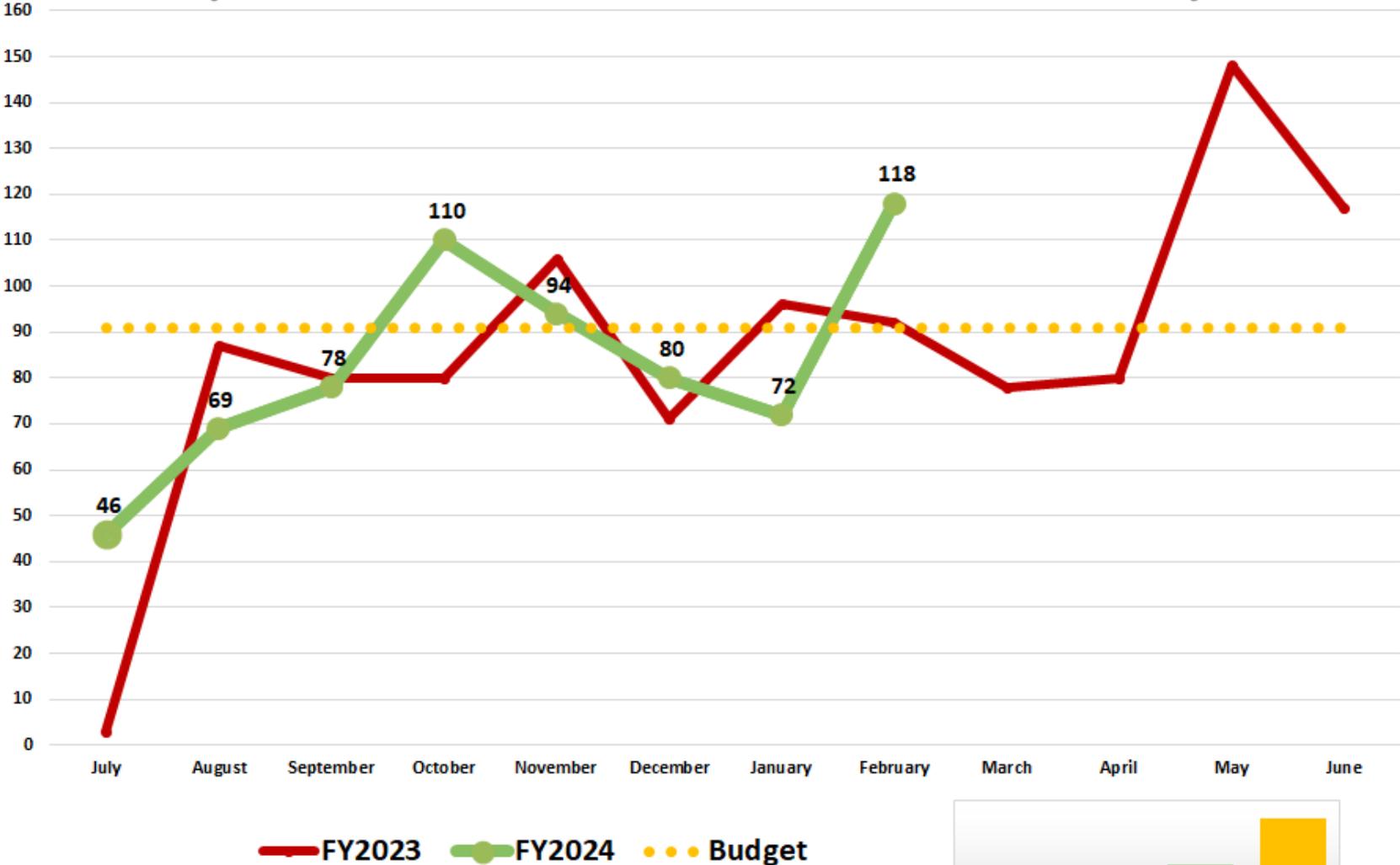


Infusion Center - Outpatient Visits

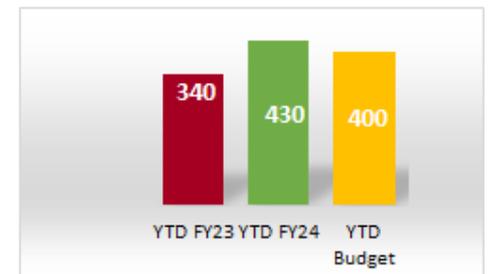
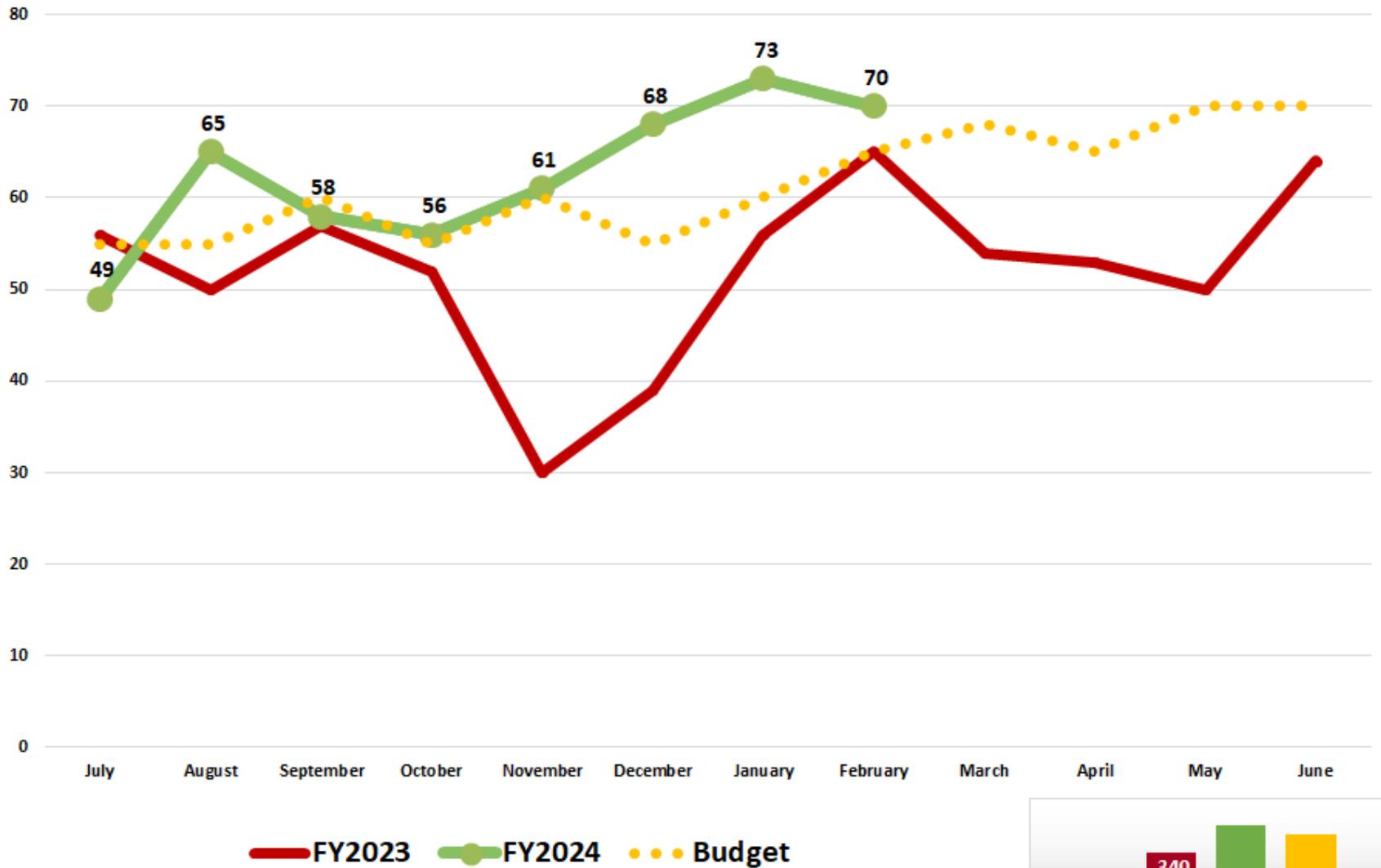


3,185	2,656	3,201	3,251
YTD FY22	YTD FY23	YTD FY24	YTD Budget

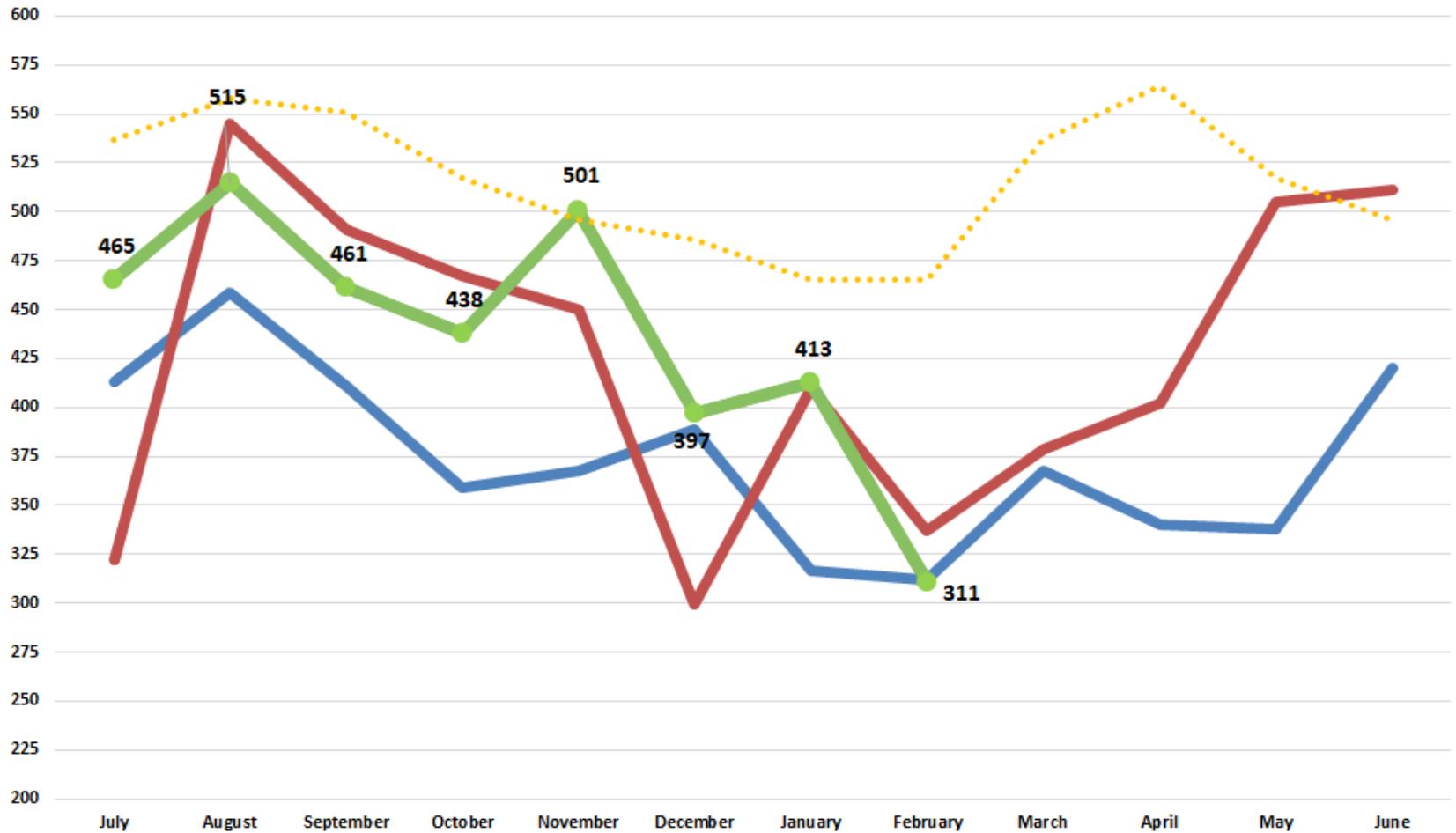
Open Arms House - Patient Days



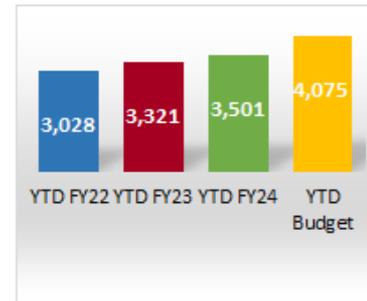
Cardiothoracic Surgery Clinic - Visits



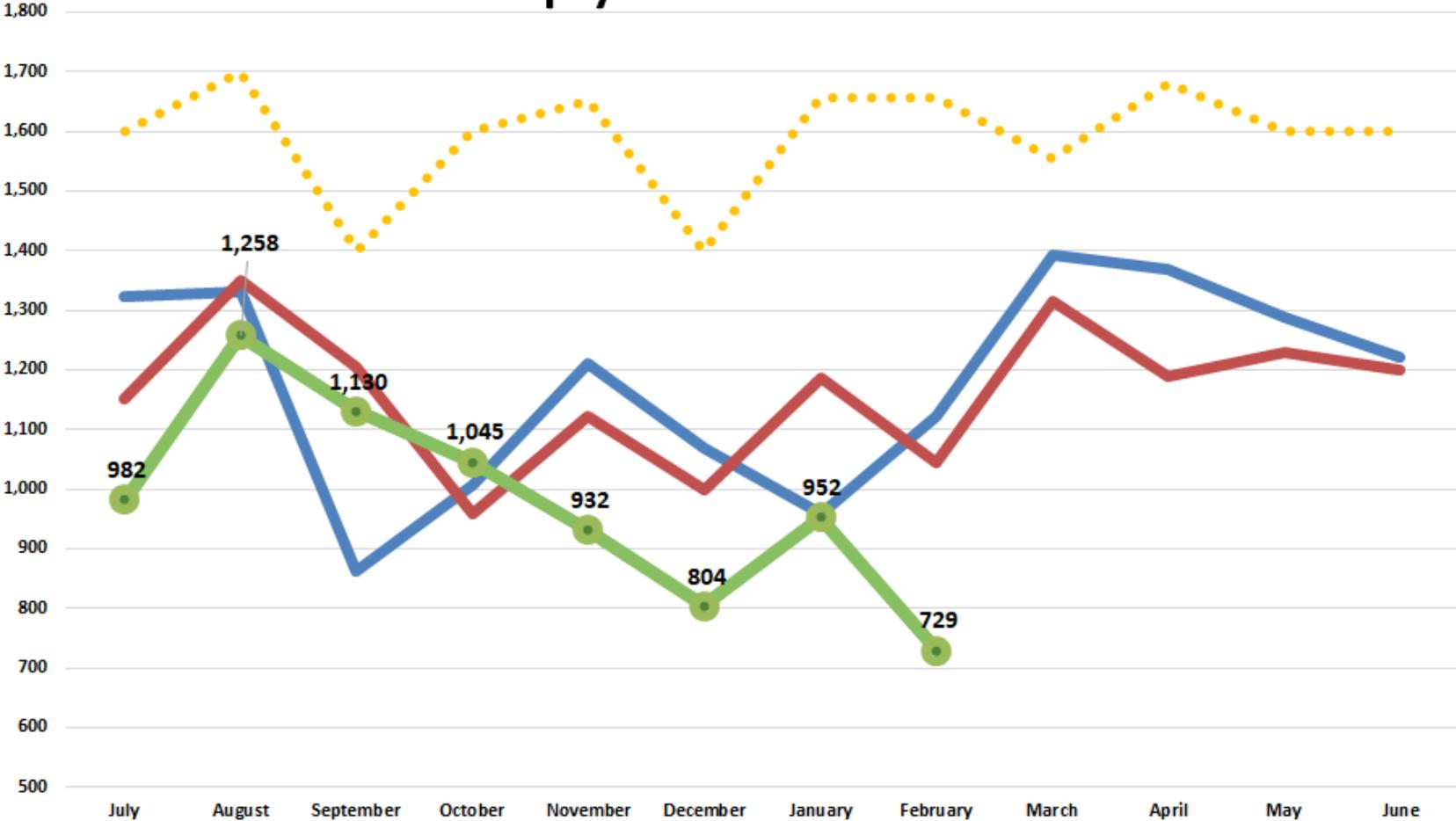
Cardiac Rehabilitation



—●— FY2022
 —●— FY2023
 —●— FY2024
 ⋯ Budget



Therapy-Wound Care



—●— FY2022
 —●— FY2023
 —●— FY2024
 - - - ● - - - Budget

