



January 19, 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 January 24, 2024:

- 4:00PM Open meeting to approve the Closed agenda
- 4:01PM Closed meeting pursuant to Government Code 54956.9(d)(2), Health and Safety Code 1461, 32155, and 32106 and;
- 5:00PM 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: cmoccio@kawahhealth.org, or on the Kaweah Delta Health Care District web page <http://www.kawahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT
Davis Francis, Secretary/Treasurer

A handwritten signature in black ink that reads 'Cindy Moccio'.

Cindy Moccio
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 January 24, 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 (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
- 4. APPROVAL OF THE CLOSED AGENDA – 4:01PM**
 - 4.1. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 5 Cases - *Ben Cripps, Chief Compliance & Risk Officer and Rachele Berglund, Legal Counsel*
 - 4.2. CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION** – Pursuant to Government Code 54956.9(d)(1) - *Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel*
 - A. Martinez (Santillian) v KDHCD Case # VCU279163
 - B. Stanger v Visalia Medical Center Case # VCU284760
 - C. Whaley v KDHCD Case # VCU288850
 - D. Franks v KDHCD Case #VCU290542
 - E. Burns-Nunez v KDHCD Case# VCU293109
 - F. Oney v KDHCD Case # VCU293813
 - G. Parnell v Kaweah Health Case # VCU292139
 - H. Benton v KDHCD Case # VCU295014
 - I. Cano v KDHCD Case # VCU300701

- J. Gabbard v KDHCDC Case # VCU297787
 - K. Gress v KDHCDC Case # VCU294286
 - L. Kingsbury v KDHCDC Case # 299220
 - M. Newport v KDHCDC Case # VCU295708
 - N. Olivares v KDHCDC Case # VCU298480
 - O. Rice v KDHCDC Case # 295620
 - P. Vanni v KDHCDC Case # VCU299235
 - Q. S. Vasquez v KDHCDC Case # VCU294513
 - R. M. Vasquez v KDHCDC Case # VCU297964
 - S. Borba v KDHCDC Case # VCU301816
 - T. Zamudio v KDHCDC Case # 302284
 - U. Apkarian-Souza v KDHCDC Case # VCU303650
- 4.3. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to **Government Code 54956.9(d)(2)** – 3 Cases - *Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel*
 - 4.4. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee - *Evelyn McEntire, Director of Risk Management*
 - 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** – December 21, 2023 and January 9, 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 January 24, 2024 closed meeting agenda.

5. ADJOURN

CLOSED MEETING AGENDA {4:01PM}

1. **CALL TO ORDER**
2. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 5 Cases.
Ben Cripps, Chief Compliance & Risk Officer and Rachele Berglund, Legal Counsel

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

- A. Martinez (Santillian) v KDHCDC Case # VCU279163
- B. Stanger v Visalia Medical Center Case # VCU284760
- C. Whaley v KDHCDC Case # VCU288850
- D. Franks v KDHCDC Case #VCU290542
- E. Burns-Nunez v KDHCDC Case# VCU293109
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- U. Apkarian-Souza v KDHCDC Case # VCU303650

Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel

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

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

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

Evelyn McEntire, Director of Risk Management

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](#)** – December 21, 2023 and January 9, 2024.
Action Requested – Approval of the closed meeting minutes – December 21, 2023 and January 9, 2024.
- 9. **ADJOURN**

OPEN MEETING AGENDA {5:00PM}

- 1. **CALL TO ORDER**
- 2. **APPROVAL OF AGENDA**
- 3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the 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 (Cindy Moccio 559-624-2330) or cmoccio@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 December 21, 2023, January 9, and January 11, 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 December 21, 2023, January 9, and January 11, 2024 open minutes.

- 6. **RECOGNITIONS**
 - 6.1. Presentation of [Resolution 2218](#) to [Elli Santana, LVN](#), in recognition as the Kaweah Health World Class Employee of the month – January 2024 – *Director Havard Mirviss*
 - 6.2. Presentation of [Resolution 2219](#) to Becky Stark, RN in recognition of her retirement from Kaweah Health – 45 years of service – *Director Havard Mirviss*

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 January 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 January 24, 2024 Consent Calendar

9.1. REPORTS

- A. [Physician Recruitment](#)
- B. [Strategic Plan](#)
- C. [Risk Management](#)
- D. [Urology Services](#)
- E. [Hospice](#)

9.2. POLICIES – ADMINISTRATIVE

- A. [AP08](#) – Patient Complaint & Grievance Management - Revised
- B. [AP14](#) – Department Visits by Vendor Representatives – Revised
- C. [AP29](#) – Patient Care Forms new and revised to existing - Revised
- D. [AP133](#)-Patient Elopement Critical Incident Response Code Green – Revised
- E. [AP142](#) – Traffic and Parking Regulations - Revised
- F. [AP150](#) – Identity Theft Detection, Prevention, and Mitigation – Revised
- G. [AP159](#) – Patient Personal Property and Valuables – Revised
- H. [AP161](#) – Workplace Violence Prevention Program - Revised
- I. [AP174](#) – District Charge Master Maintenance – Revised
- J. [AP176](#) – Debt Policy - Revised
- K. AP149 – Hospital Acquired Conditions and Present on Admission Indicator - Reviewed
- L. AP147 - Use of District Vehicle - Delete

- 9.3. Approval of [rejection of claim of Oma Jean Pendleton](#) vs. Kaweah Delta Health Care District.
- 9.4. Approval of [rejection of claim of Ricardo Garcia](#) and Griscelda Garcia vs. Kaweah Delta Health Care District.

- 10. [QUALITY REPORT – Annual review of the Quality and Patient Safety Plans](#) - A review of the Quality and Patient Safety prioritized initiatives for 2024, and reporting schedule for Quality Council.

Tom Gray, MD – Interim Chief Medical & Quality Officer and Sandy Volchko, RN, DNP, Director of Quality and Patient Safety

- 11. [STRATEGIC PLAN - Outstanding Health Outcomes](#) – Detailed review of Strategic Plan Initiative.

LaMar Mack, MD, Quality & Patient Safety Medical Director & Sandy Volchko, Director of Quality and Patient Safety

- 12. [STRATEGIC PLAN - Organizational Effectiveness and Efficiency and Throughput](#) – Detailed review of Strategic Plan Initiative and monthly throughput update.

Jag Batth, Chief Operating Officer

- 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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BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY JANUARY 24, 2024

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-67

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD THURSDAY DECEMBER 21, 2023 AT 4:00PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Francis, Gipson, Havard Mirviss, Rodriguez & Olmos; D. Hightower, MD, 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 Human Resources Officer, R. Berglund, Legal Counsel; and C. Moccio, recording

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

Director Francis entertained a motion to approve the agenda.

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

PUBLIC PARTICIPATION – Public comment from Julie M (copy attached).

APPROVAL OF THE CLOSED AGENDA – 4:01PM

- **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 2 Cases – *Rachele Berglund, Legal Counsel and Lindsay Johnson, Risk Management Specialist*
- **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*
- **Approval of the closed meeting minutes** – November 16, 2023.

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 – No public present.

MMSC (Havard Mirviss/Gipson) to approve the December 21, 2023 closed agenda. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Gipson, and Francis

ADJOURN - Meeting was adjourned at 4:06PM

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

ATTEST:

Mike Olmos, 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 THURSDAY DECEMBER 21, 2023 AT 4:30PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Francis, Havard Mirviss, Gipson, Rodriguez & Olmos; D. Hightower, MD, 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 Human Resources Officer, R. Berglund, Legal Counsel; and C. Moccio, recording

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

Director Francis asked for approval of the agenda.

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

PUBLIC PARTICIPATION

- None.

CLOSED SESSION ACTION TAKEN: Approval the closed minutes from November 16, 2023.

OPEN MINUTES – Request approval of the open meeting minutes from November 16, 2023.

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

MMSC (Havard Mirviss/Gipson) to approve the open minutes from November 16, 2023. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Gipson, and Francis

RECOGNITIONS

- Presentation of Resolution 2208 to Ody DaSilva, in recognition as the Kaweah Health World Class Employee of the month – November 2023 – *Director Gipson*
- Presentation of Resolution 2209 to Armando Gonzalez Zambrano, in recognition as the Kaweah Health World Class Employee of the month – December 2023 – *Director Gipson*
- Presentation of Resolution 2210 to Brenda Isaac, RN in recognition of her retirement from Kaweah Health – 35 years of service – *Director Havard Mirviss*
- Presentation of Resolution 2215 to Helene Oliver, RN, in recognition of her retirement from Kaweah Health – 41 years of service – *Director Havard Mirviss*
- Presentation of Resolution 2213 to Melinda Blankenship, in recognition of her retirement from Kaweah Health – 42 years of service – *Director Francis*
- Presentation of Resolution 2214 to Garth Gipson in recognition of his service to the Board 2020-2023 – *Director Francis*
- Recognition of the Cardiovascular Data Team – *Tracy Salsa & Keri Noeske*

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

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

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

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

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

- No Report.

CONSENT CALENDAR – Director Francis entertained a motion to approve the November 16, 2023 consent calendar.

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/Olmos) to approve the December 21, 2023 consent calendar (copy attached to the original of these minutes and considered a part thereof). This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Gipson, and Francis

QUALITY – Dialysis – A review of key performance indicators and actions associated with care of dialysis services (copy attached to the original of these minutes and considered a part thereof) - Amy Baker, MSN, RN, Director of Renal Services

STRATEGIC PLANNING – Strategic Growth and Innovation - Detailed review of Strategic Plan Initiative (copy attached to the original of these minutes and considered a part thereof) - Ryan Gates, Chief Population Health Officer and J.C. Palermo, Director Physician Recruitment and Relations

PROVIDER NEEDS ASSESSMENT – Board action requested relative to the Kaweah Health physician recruitment annual physician recruitment plan – based on the Provider Needs Assessment for Kaweah Health Medical Center (copy attached to the original of these minutes and considered a part thereof) - Marc Mertz, VP & Chief Strategy Officer and J.C. Palermo, Director Physician Recruitment and Relations

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) Having reviewed and analyzed the Provider Needs Assessment conducted by Zephyr Healthcare Advisors in 2023, which includes a specific list of the needed physician specialties for 2023 and 2024 in communities served by the District “Needed Physician Specialties,” the Board hereby finds that it will be in the best interests of the public health of the communities served by the District to have the District provide appropriate assistance in order to obtain licensed physicians and surgeons in the Needed Physician Specialties to practice in the communities served by the District. Therefore, the Board authorizes the District to provide the types of assistance authorized by Cal. Health & Safety Code §32121.3, to obtain licensed physicians and surgeons in the Needed Physician Specialties to practice in the communities served by the District. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Gipson, and Francis

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*

INDEPENDENT AUDITOR REPORT – Report from Optimum Financial Consultant, Inc. of the review and evaluation of compliance of Kaweah Delta Health Care District (copy attached to the original of these minutes and considered a part thereof) - *Malinda Tupper – Chief Financial Officer Chief Financial 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 (Gipson/Havard Mirviss) - Approval and acceptance of the Independent Consultant Report dated December 11, 2023 from Optimum Financial Consultant, Inc. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Gipson, and Francis

KAWEAH DELTA BOARD OF DIRECTORS – ZONE III – Discussion relative to letters of interest received for the Zone III Kaweah Delta Health Care District Board seat - *Board of Directors & Legal Counsel*

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

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

Ms. Berglund opened the floor to the Board for nominations for the office of President

Director Havard Mirviss nominated Mike Olmos as President.

Ms. Berglund inquired if there are any other nominations for President. No other nominations being made, Ms. Berglund opened the floor to the Board for nominations for the office of Vice President.

Director Francis nominated Director Havard Mirviss as Vice President.

Ms. Berglund inquired if there are any other nominations for Vice President. No other nominations being made, Ms. Berglund opened the floor to the Board for nominations for the office of Secretary/Treasurer.

Director Havard Mirviss nominated Director Francis as Secretary/Treasurer. No other nominations being made, Ms. Berglund requested that the Board vote relative to the nominated officers of the Board.

MMSC (Gipson/Havard Mirviss) to appoint Mike Olmos as the President of the Board of Directors, Lynn Havard Mirviss as the Vice President of the Board of Directors, and David Francis as the Secretary/Treasurer of the Board of Directors. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Gipson, and Francis

REPORTS

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

- The Medical Center is close to 100% occupancy. We are experiencing admit holds. We are also experiencing staffing issues.

Board President - Report relative to current events and issues - *David Francis, Board President*

- Thanked the staff and leaders for their hard work.

APPROVAL OF THE CLOSED AGENDA

Conference with Legal Counsel – Anticipated Litigation – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case – *Rachele Berglund, Legal Counsel and Gary Herbst, Chief Executive Officer*

MMSC (Gipson/Olmos) to approve the closed agenda (copy attached to the original of these minutes and considered a part thereof). This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson, Rodriguez, and Francis

ADJOURN - Meeting was adjourned at 7:05PM.

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

ATTEST:

Mike Olmos, 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 TUESDAY JANUARY 9, 2024, AT 3:30PM, IN KAWEAH HEALTH MEDICAL CENTER EXECUTIVE OFFICE CONFERENCE ROOM.

PRESENT: Directors Francis, Havard Mirviss, and Olmos; G. Herbst, CEO; B. Cripps, Chief Compliance Officer; R. Berglund, Legal Counsel and C. Moccio, recording

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

Director Olmos requested the approval of the open meeting agenda.

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

PUBLIC PARTICIPATION – None.

APPROVAL OF THE SPECIAL CLOSED AGENDA – 3:31PM

Conference with Legal Counsel – Existing Litigation {Robinson v. KDHCD Case #VCU300675} – Pursuant to Government Code 54956.9(d)(1) – *Rachele Berglund, Legal Counsel*

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

Adjourned 3:31PM

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

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD THURSDAY JANUARY 11, 2024, AT 4:00PM, IN KAWEAH HEALTH MEDICAL CENTER EXECUTIVE OFFICE CONFERENCE ROOM.

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

The meeting was called to order at 4:00PM 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, and Francis

PUBLIC PARTICIPATION – None.

KAWEAH DELTA BOARD OF DIRECTORS – ZONE III – Discussion relative to letters of interest received for the Zone III Kaweah Delta Health Care District Board seat. Potential next steps may include interviewing some of the candidates, interviewing all of the candidates, making a selection based on the information provided to the Board from the candidate (*copy attached to the original of these minutes and considered a part thereof*) - *Board of Directors & Legal Counsel*

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/Francis) to direct management and the Board Clerk to set up interviews with the following candidates: Mathias Daniels, MD, Dean Levitan, MD, and John Schouten. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, and Francis

CEO REPORT – Mr. Herbst briefed the Board on the medical centers' current census.

BOARD PRESIDENT REPORT – Mr. Olmos noted his appreciation to the Board for electing him to serve as the Board President and thanked Director Francis for his service as the Board President. Director Olmos requested that if anyone has concerns relative to the new committee assignments to please reach out to him to discuss.

Adjourned 4:50PM

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



RESOLUTION 2218

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Elli Santana, LVN with the World Class Service Excellence Award for the Month of January 2024, for consistent outstanding performance, and,

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

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

PASSED AND APPROVED this 24th day of January 2024 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

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

Elli Santana is a high achiever with an exceptional work ethic, as evidenced by her career journey so far. Elli started as a CNA on 4N. After returning to school, she transitioned into an LVN role and will be in the Unitek BSN program starting fall 2024. There are many examples of her work ethic and commitment to her patients and colleagues. One of which happened the other night (Elli, in fact, received 4 employee of the month nominations from her peers after this shift). Elli was assigned to a patient that was at risk for elopement. She stationed herself in the same alcove to ensure the patient did not elope and was constantly attending her patients' needs and making sure she was safe. She responded right away when the patient had any requests or looked like she was making an attempt to leave. On this particular night, Elli was paired with an RN in a team nursing assignment. The RN happened to also have a busy assignment. When the RN was unable to tend to one of her assigned patients, Elli didn't hesitate to respond. Even though the patient was loud, disruptive and a bit rude, Elli maintained her composure and treated the patient with kindness and respect. The CNAs working with Elli that night admired Elli's calmness amidst the adversity—even when faced with an aggressive patient (who threw a phone at her and used foul language). Elli advocated for both her patient and her RN team member's patient by discussing the plan of care with the physician and getting appropriate medications ordered. Elli isn't afraid to step outside of her own patient assignment to help other patients and other team members. It is all of the little things that Elli does that speak to her integrity and true nature. These examples are of witnessed events, but there are so many more little day-to-day things, that she does. These things are what make up a good nurse, colleague and person. We're lucky to have her on 4N and a part of the Kaweah Health team.

Her peers say this:

“She's always like this, it wasn't just this one night.”

“Even when I was filling in as HUC, she offered to help me up front with hole punching papers and filing telemetry strips.”

“Elli is passionate, loving, and caring. She's hands-on and is a great role model.”



RESOLUTION 2219

WHEREAS, Becky Stark, RN, is retiring from duty at Kaweah Delta Health Care District dba Kaweah Health after 45 years of service; and,

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her loyal service and devotion to duty;

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her excellence in caring and service,

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Becky Stark for 45 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 24th day of January 2024 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

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

Physician Recruitment and Relations

Medical Staff Recruitment Report - January 2024

Prepared by: JC Palermo, Director Physician Recruitment - jpalermo@kaweahhealth.org - (559) 624-5456

Date prepared: 1/9/2024

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

Delta Doctors Inc.	
Family Medicine	2
OB/GYN	1
Adult Psychiatry	1

Key Medical Associates	
Endocrinology	1
Family Medicine/Internal Medicine	4
Gastroenterology	1
Pediatrics	1
Pulmonology	1
Rheumatology	1

Sequoia Oncology Medical Associates Inc.	
Hematology/Oncology	1

Orthopaedic Associates Medical Clinic, Inc.	
Orthopedic Surgery (General)	1
Orthopedic Surgery (Hand)	1
Orthopedic Surgery (Trauma)	1

Stanford Health Care	
Cardiothoracic Surgery	2

Sequoia Cardiology Medical Group	
EP Cardiology	1

Oak Creek Anesthesia	
Anesthesia - General/Medical Director	1
Anesthesia - Obstetrics	1
Anesthesia - Regional Pain	1

USC Urology	
Urology	3

Valley Hospitalist Medical Group	
GI Hospitalist	1

Other Recruitment/Group TBD	
Dermatology	2
Family Medicine	3
Gastroenterology	2
Hospice & Palliative Medicine	1
Neurology - Outpatient	1
Otolaryngology	2
Pediatrics	1
Pulmonology - Outpatient	1
Interventional Cardiology	1
General Cardiologist	1

Valley ENT	
Audiology	1
Otolaryngology	1

Physician Recruitment and Relations
Medical Staff Recruitment Report - January 2024

Prepared by: JC Palermo, Director Physician Recruitment - jpalermo@kaweahhealth.org - (559) 624-5456
 Date prepared: 1/9/2023

#	Specialty	Group	Date Added	Current Status
1	Geriatrician	TBD	1/9/2024	Site Visit: 1/24/24
2	General Surgery	TBD	1/9/2024	Site Visit: Scheduling
3	General Surgery	TBD	1/9/2024	Currently under review
4	General Surgery	TBD	1/9/2024	Currently under review
5	Pulmonology	TBD	1/9/2024	Currently under review
6	Pulmonology	TBD	1/9/2024	Currently under review
7	OB/GYN	TBD	12/4/2023	Site Visit: 1/10/24
8	OB/GYN	TBD	11/4/2023	Site Visit: 12/20/23
9	ENT	TBD	11/1/2023	Currently under review
10	General Cardiology	TBD	11/1/2023	Currently under review
11	Cariothoracic Surgery	Stanford	10/18/2023	Site Visit: 12/11/23
12	Gastroenterology	TBD	9/25/2023	Currently under review
13	EP	TBD	9/11/2023	Currently under review
14	Family Medicine	TBD	6/21/2023	Currently under review
15	Family Medicine	TBD	6/21/2023	Currently under review
16	Orthopedic Trauma	Orthopaedic Associates Medical Clinic, inc	8/18/2022	Currently under review

#	Specialty	Group	Offer Sent	Current Status
1	Psychiatry	TBD	12/5/2024	Currently under review
2	Ortho - General	Orthopaedics Associates	1/12/2024	Currently under review
3	Neurology	Kaweah Nerology	1/4/2024	Currently under review
4	Pulmonology	Direct/1099	12/11/2023	
5	Neurology	Kaweah Nerology	11/8/2023	
6	Family Medicine	Direct/1099	11/7/2023	
7	Family Medicine	Direct/1099	11/2/2023	
8	Interventional Cardiology	TBD	9/25/2023	
9	Endocrinology	Delta Doctors	9/20/2023	
10	Family Medicine	Direct/1099	9/14/2023	
11	Medical Oncology	Sequoia Oncology Medical Associates	9/1/2023	

#	Group	Offer Sent	Expected Start Date
1	Anesthesia - General	Oak Creek Anesthesia	Spring 2024
2	CRNA	Oak Creek Anesthesia	Spring 2024
3	CRNA	Oak Creek Anesthesia	Spring 2024
4	CRNA	Oak Creek Anesthesia	Spring 2024
5	Orthopedic Trauma	Orthopaedic Associates Medical Clinic	Summer 2024
6	Hospice & Palliative Medicine	Independent	Summer 2024
7	CRNA	Oak Creek Anesthesia	
8	Radiation Oncology	SROSI	Summer 2024



FY 2024 Strategic Plan

Monthly Performance Report

January 24, 2024



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

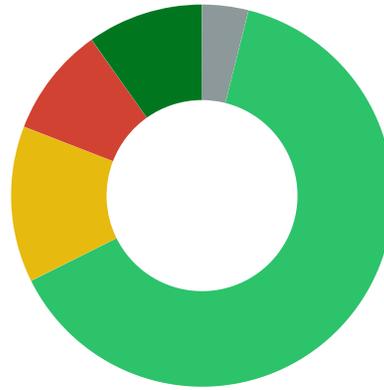
Achieve outstanding community health.
 Deliver excellent service.
 Provide an ideal work environment.
 Empower through education.
 Maintain financial strength.

Our Six Initiatives

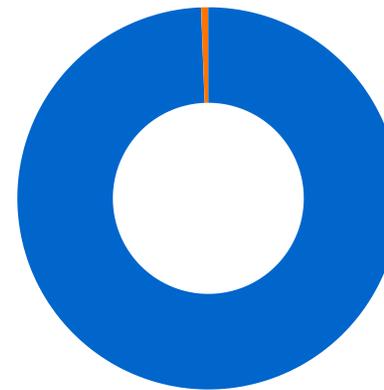
Empower Through Education
 Ideal Work Environment
 Strategic Growth and Innovation
 Organizational Efficiency and Effectiveness
 Outstanding Health Outcomes
 Patient Experience and Community Engagement

Kaweah Health Strategic Plan FY2024 Overview

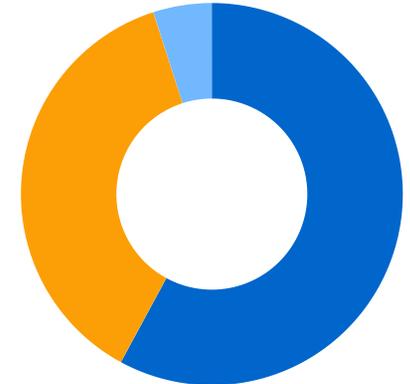
Statues



Due Dates



Progress Updates



● Not Started 8 (4%)
 ● On Track 130 (64%)
 ● Off Track 27 (13%)
 ● At Risk 19 (9%)
 ● Achieved 20 (10%)

● Not Past Due 166 (99%)
 ● Past Due 1 (1%)

● Up-to-Date 117 (58%)
 ● Late 75 (37%)
 ● Pending 10 (5%)

Empower Through Education

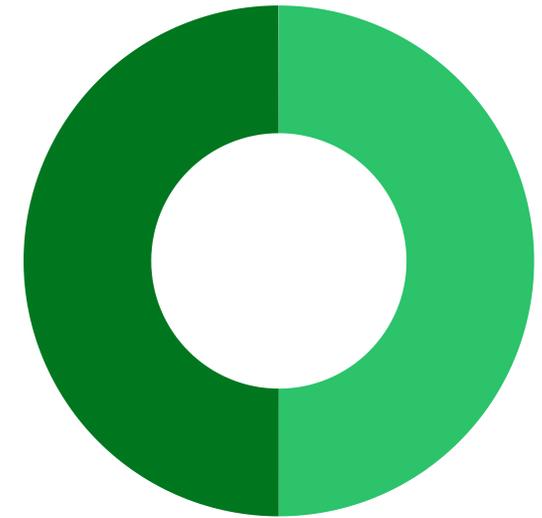
Champions: Dr. Lori Winston and Hannah Mitchell

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

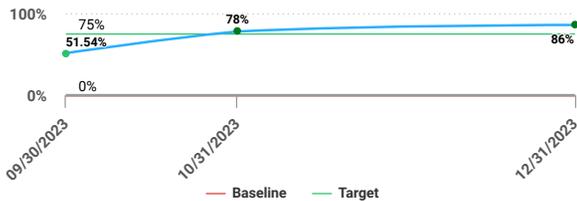
#	Name	Description	Status	Assigned To	Last Comment
1.1	Expand Online Learning Opportunities and Participation	Increase and optimize existing and new educational opportunities and platforms to support on line and computer based learning.	Achieved	Hannah Mitchell	Goals have been met and exceeded.
1.2	Increase 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

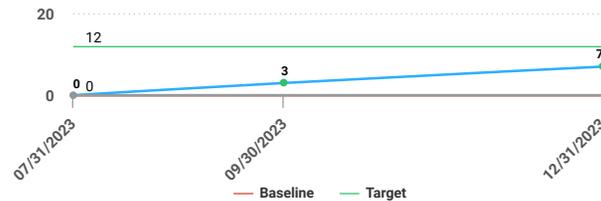


● On Track 2 (50%)
● Achieved 2 (50%)

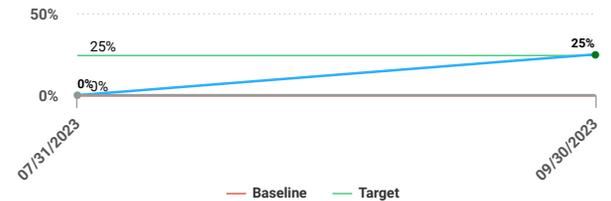
Automate the Week One Onboarding and Orientation Competencies for Patient Care Staff



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



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



Ideal Work Environment

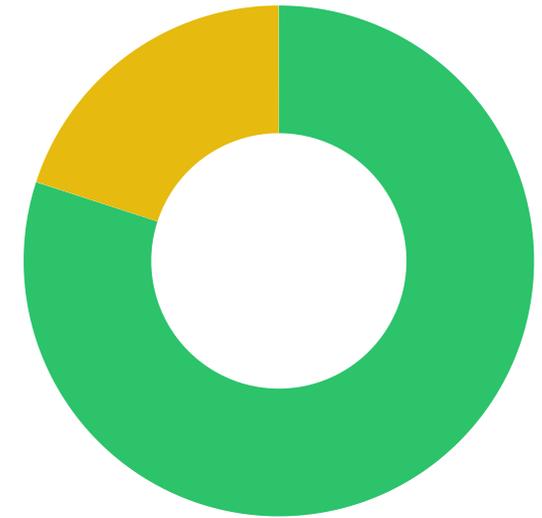
Champions: Dianne Cox and Raleen Larez

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

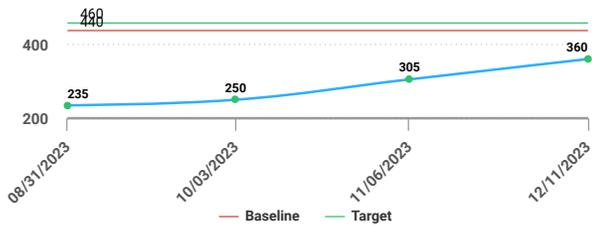
FY2024 Strategic Plan - Ideal Work Environment Strategies

#	Name	Description	Status	Assigned To	Last Comment
2.2	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.
2.5	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	
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	
2.3	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	

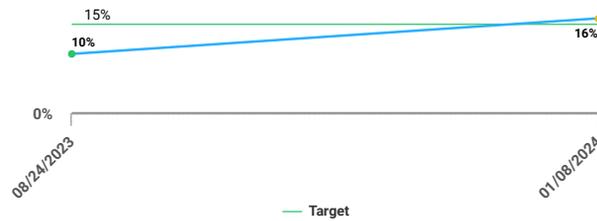
Objectives and Outcomes



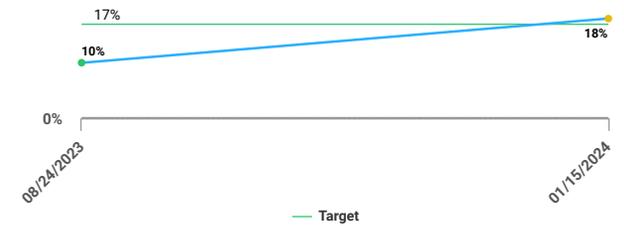
Increase to 460 Volunteers (by 6/30/24)



Decrease Overall KH Turnover Rate (< 15%)



Decrease Nursing Turnover Rate (< 17%)



Strategic Growth and Innovation

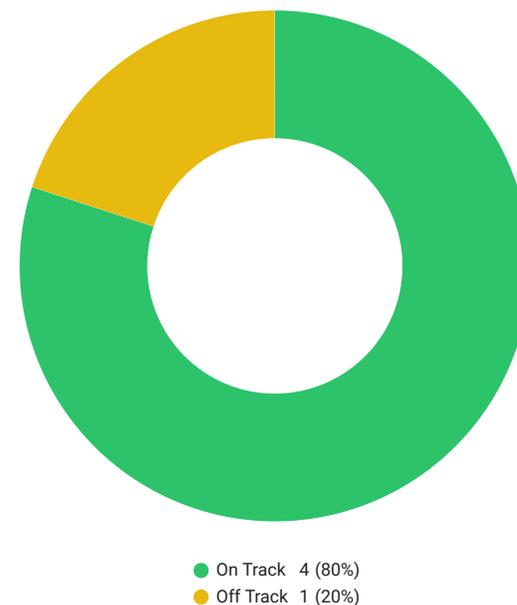
Champions: Ryan Gates and JC Palermo

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.

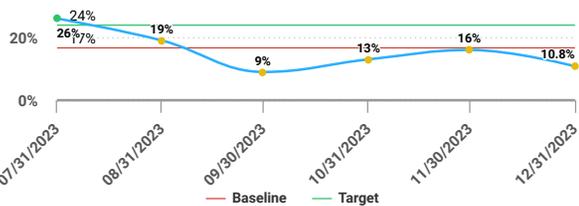
FY2024 Strategic Plan - Strategic Growth and Innovation Strategies

#	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.

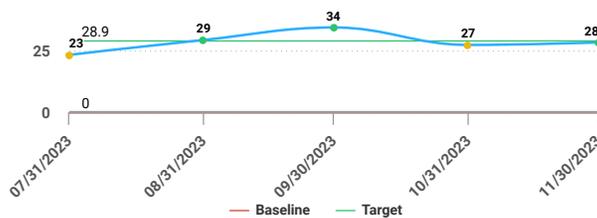
Objectives and Outcomes



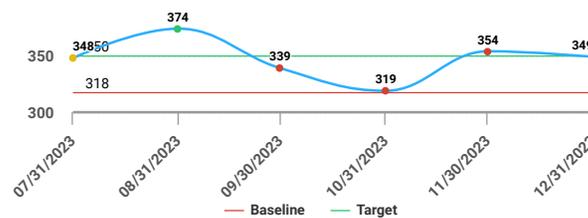
Increase the Percentage of Coronary Artery Bypass Graph Surgery Cases that are Elective



Increase Number of Urology Surgery Cases



Increase Monthly Endoscopy Case Volume



Organizational Efficiency and Effectiveness

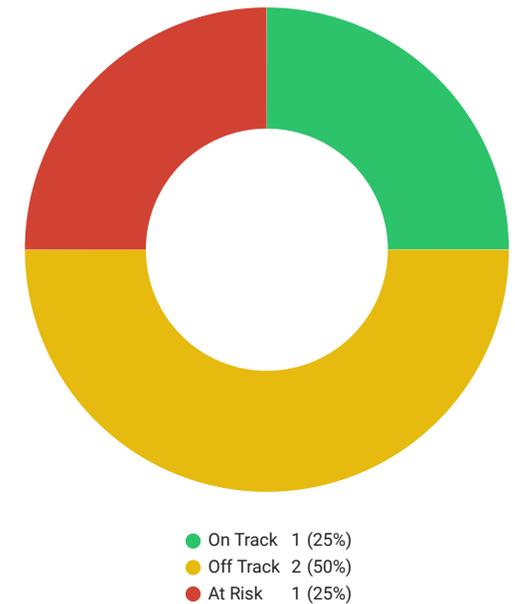
Champions: Jag Batth and Rebekah Foster

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

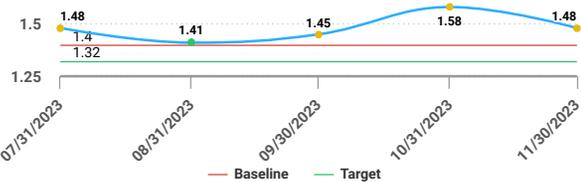
FY2024 Strategic Plan - Organization Efficiency and Effectiveness Strategies

#	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	December length of stay data is not available at the time of this report. These comments reflect November 2023 status. While we have not achieved our goals, work continues on this important initiative. For this month, both inpatient and observation length of stay numbers are trending downward and ED slightly increased as we enter flu and respiratory season.
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. Three of our five metrics are off track and two are 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	Team is meeting regularly to discuss focus areas, benchmarks and measures of success. Tracking will begin of metric performance in January 2024.
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.

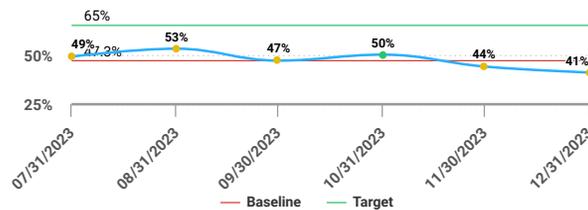
Objectives and Outcomes



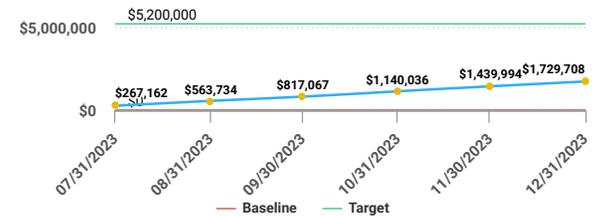
Decrease Inpatient Observed to Expected Length of Stay



Improve Elective Case Main Operating Room Utilization



Increase Front End Collections



Outstanding Health Outcomes

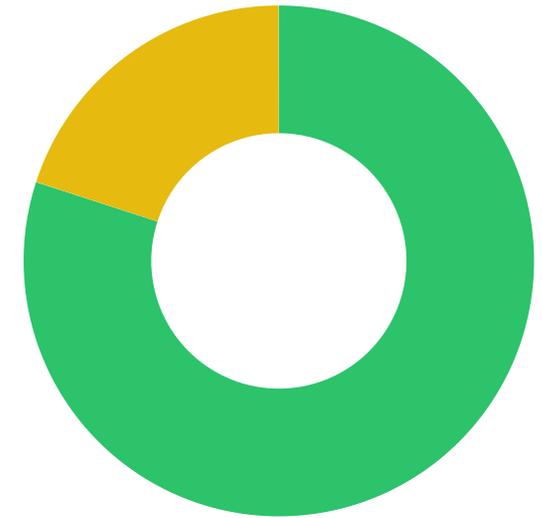
Champions: Dr. LaMar Mack and Sandy Volchko

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

FY2024 Strategic Plan - Outstanding Health Outcomes Strategies

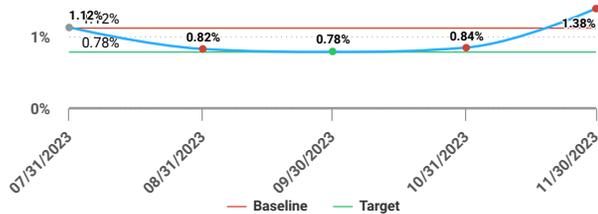
#	Name	Description	Status	Assigned To	Last Comment
5.1	Standardized Infection Ratio (SIR)	Reduce the Hospital Acquired Infections (HAIs) to the national 70th percentile in FYTD24 as reported by the Centers for Medicare and Medicaid Services	On Track	Sandy Volchko	Will be modifying the metric targets.
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 7 Quality Measures out of 10; performance at 70% 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

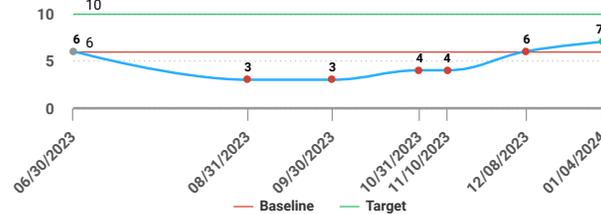


On Track 4 (80%)
Off Track 1 (20%)

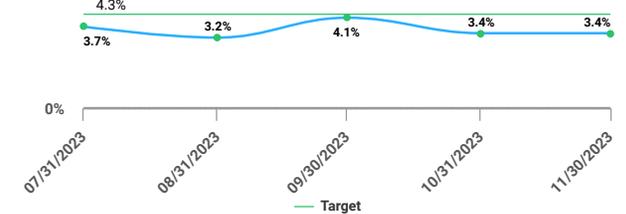
SEPSIS Mortality O/E



Meet 10 QIP Performance Measures



Hypoglycemia in Critical Care Patients (< 4.3%)



Patient and Community Experience

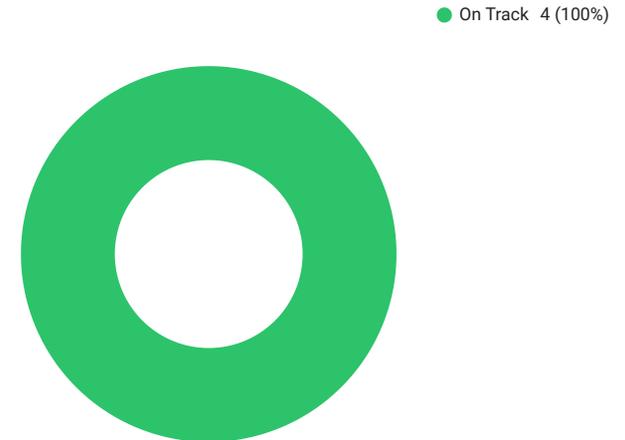
Champions: Keri Noeske and Deborah Volosin

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

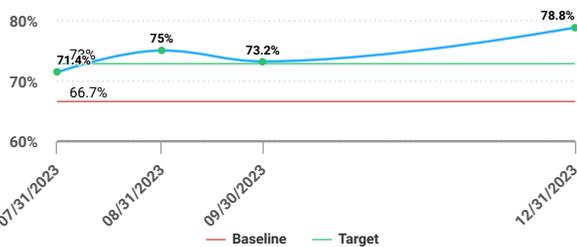
FY2024 Strategic Plan - Patient and Community Experience Strategies

#	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 and services.	On Track	Deborah Volosin	

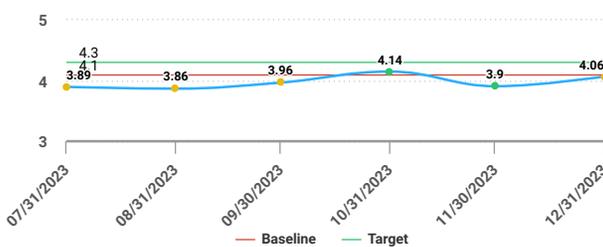
Objectives and Outcomes



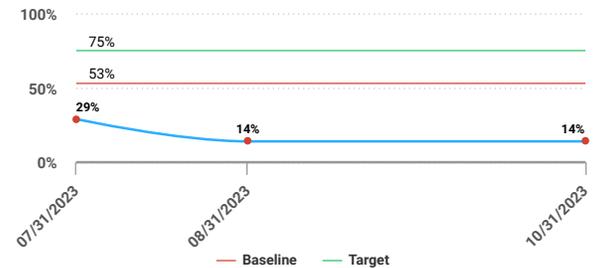
Achieve the 60th Percentile in Overall Rating Goal on HCAHPS Survey



Achieve 4.3 Patient Feedback Score Goal on ED Survey



Reunite 75% of Lost Belongings with Owners



BOD Risk Management Report – Open 4th Quarter 2023

Evelyn McEntire, Director of Risk Management
559-624-5297/emcentir@kaweahhealth.org



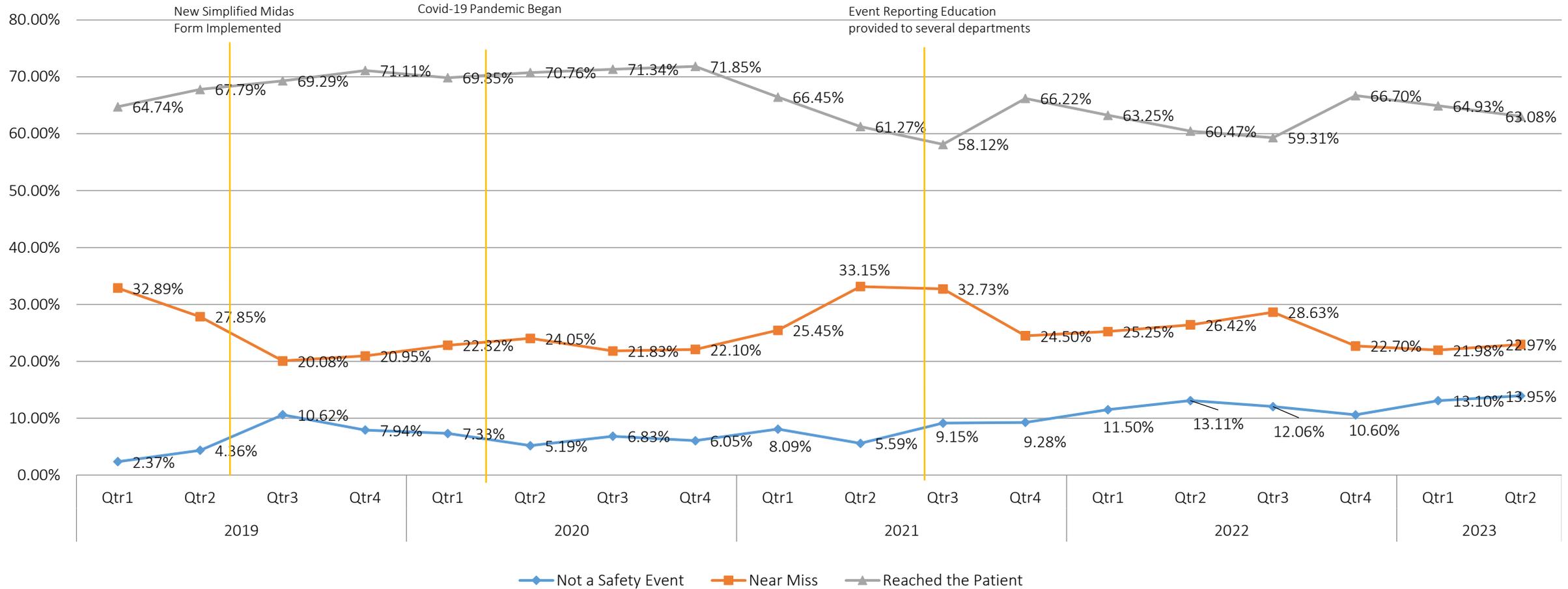
kaweahhealth.org



Risk Management Goals

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

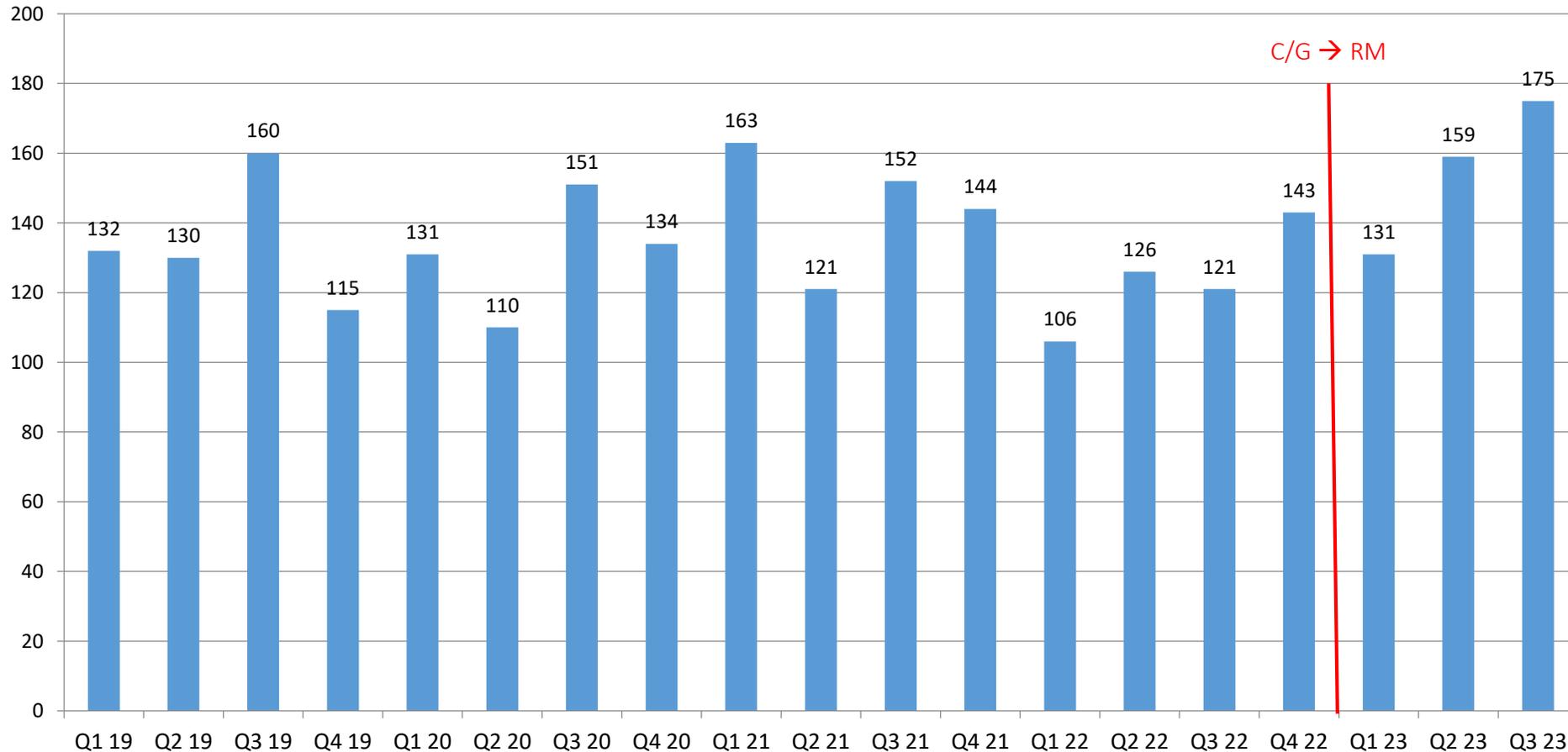
Midas Risk Events - Rate by Significance



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

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

Complaints & Grievances 2019-2023



Trends:

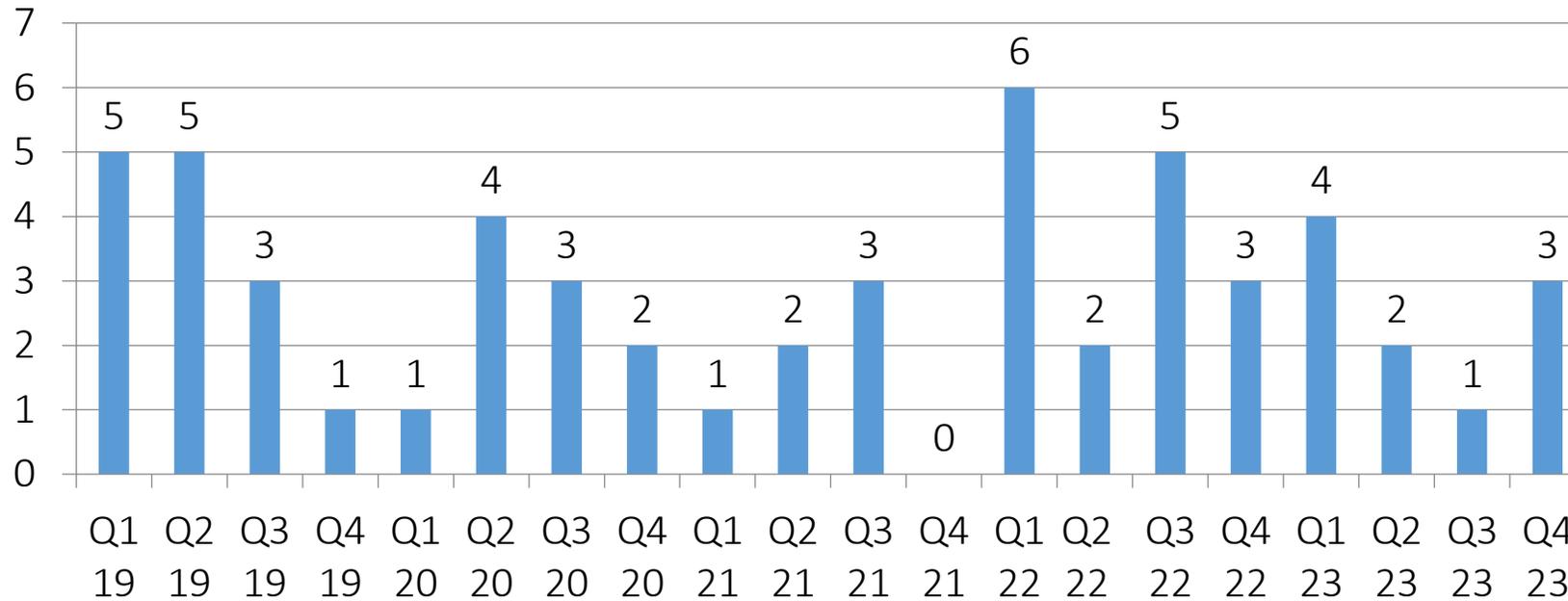
- Communication - Staff
- Professionalism- Staff
- Clinical Care - Staff

Actions:

- Began tracking complaints originating from social media in Midas (6/1/2023).
- Revised Complaints & Grievances portion of Midas to improve data collection in coming quarters.
- Response letter template revised to improve patient satisfaction.

Claims

2019 - 2023



New Claims Received per Quarter

Total cases closed during 4th Quarter 2023 – Two (2).

REPORT TO THE BOARD OF DIRECTORS

Urology Service Line

Kevin Bartel, DPT, Director of Orthopedics, Neurosciences & Specialty Practice
Contact number: 559-624-3441

Board Meeting: January 24, 2024

Summary Issue/Service Considered

1. Expansion of Kaweah Health Urology services with the launch of our outpatient clinic in October 2022, in alliance with USC Keck School of Medicine. Kaweah Health Urology services now include a referral-based outpatient clinic where consults and procedures are performed, as well as Urology call coverage with inpatient consultative and surgery services.
2. Focus on implementing cost-effective Urology care for our patients, with efforts to expand Urology clinic and call coverage to meet the Urology demands of our community.
3. To compliment a new and growing practice, increased oversight taken to track and measure quality data related to patient accessibility for clinic consults, referral processing time, and patient satisfaction reporting.
4. Targeted focus to keep the delivery of Urology care local at Kaweah, minimizing the need to transfer patient care outside of the area.

Analysis of financial/statistical data:

- Overall, the Urology service line ended FY2023 with an overall contribution margin of **\$360,455**, which is a decrease of 29% from FY2022, which was \$510,176.
 - The Urology Inpatient contribution margin (including non-robot and robot IP surgeries) was **\$676,719**, showing slight increase over the past three FY.
 - The Urology Outpatient contribution margin (including non-robot and robot OP surgery cases, as well as the new OP Urology clinic) was **-\$316,264**.

Inpatient surgery

- Non-robot surgical case volumes increased 181% from FY2022 leading to a three year high in total contribution margin for this service.
- Robot surgical case volumes decreased in FY2023 to 62 cases. While this volume is a four-year low, we also saw a four-year high in contribution margin per case.
- Overall, IP non-robotic surgical cases (132) have a contribution margin per case of \$1,660, while IP robotic cases (62) have a contribution margin per case of \$7,381.
 - IP robotic surgery cases have a much lower Average Length of Stay (ALOS) (2.98 days) versus IP non-robotic cases (6.99 days), resulting in a decreased direct cost per case and resultant higher contribution margin per case.
- For both IP non-robotic and robotic surgery cases, payer mix shifted positively to a higher percentage of managed care/commercial volume.

- For IP non-robotic surgeries, commercial and straight Medi-Cal were the only payers with a positive contribution margin per case in FY2023
- For IP robotic surgeries, all payers ended FY2023 with a positive contribution margin per case.

Outpatient surgery

- Overall, OP non-robotic surgical cases (527) have a contribution margin of -\$309,092, while OP robotic surgery cases (81) had a contribution margin of \$53,033.
- OP non-robotic surgeries had a -\$591 contribution margin loss per case, leading to the biggest contribution margin loss of all Urology services.
 - All payers for OP non-robotic surgeries had a negative contribution margin per case, with Medi-Cal Managed care losing the most per case.
- OP robotic surgeries had a \$655 contribution margin per case, and have shown positive volume growth over the last four years.
 - All payers for OP robotic surgeries showed a positive contribution margin.

Outpatient Urology clinic

- Opened in FY2023, ending the FY with a contribution margin loss of -\$60,205.
 - 97% of this contribution margin loss (\$58,196) was realized in the first four months of clinic opening due to lower volumes and higher direct costs associated with clinic opening
- FY2023 clinic volume (1,647 visits) led to a contribution margin loss per case of -\$37.
- Clinic payer mix is led by Managed care/commercial (38%), which is the only payer with a positive contribution margin per case.

Quality/Performance Improvement Data

1. Outpatient clinic referral processing and timely patient schedule for access to care remain priorities for this service. Our goal to process referrals (number of days between receiving a referral and scheduling a patient) is 5 days, and we ended FY2023 with a referral processing time of 2.99 days. However, patients are being scheduled out 3 months for their clinic visit, due to limited provider coverage in the clinic relative to the incoming referral volume.
2. Expanding Urology call coverage for the hospital in efforts to reduce the number of outbound Urology transfer cases remains a strategic goal for our organization. However, for FY2023, only 40% of all days were covered by a Urologist for on-call service. For FY2023, a total of 63 patient transfers were made for primary Urology patients. 34 of these transfers (54%) were due to “specialist not available”, indicative of a lack of Urologist on-call coverage.
3. The average length of stay for Urology inpatient cases overall in FY2023 was 5.76 days, compared with a geometric mean length of stay of 3.67 days. This length of stay gap (2.09 days) is increased from FY2022, which had a gap of 1.32 days.
4. Patient satisfaction for the Urology clinic and service began collecting data in December 2022, and finished FY2023 with a Net Promoter Score (NPS) rating of 71.7. This puts the Urology clinic in the 25th percentile amongst benchmarked locations. The bulk of dissatisfied patient comments and scores have been related to the length of time required to obtain a scheduled visit and see the provider.

Policy, Strategic or Tactical Issues

1. Timely access to clinic care was one of the biggest challenges for FY2023 as the clinic opened and began accepting outside referrals. Considering the physician needs analysis that determined Urology as one of the most underserved specialties in our community, opening a clinic with one full-time Urologist was beneficial, but not enough to meet the volume and referral demands. Ongoing recruitment efforts continued through FY2023 for additional Urologists and Advanced Practice Providers (APPs) such as NPs or PAs, which would help with clinic visits to decompress the backlog of patients waiting to be seen. Additionally, plans were implemented for Dr. Rosenberg (full time Urologist in the clinic) to begin seeing Medi-Cal patients in our Tulare RHC starting in July 2023 (FY2024).
2. Operational strategy has been to increase our clinic's scope, training and capacity to perform procedures in our OP clinic, that otherwise would have been performed in the hospital OR. These procedures, such as vasectomy, cystoscopy and prostate biopsy, bring in additional revenue for the clinic, as well as decompress our main OR.
3. Inpatient Urology surgeries have shown to be the primary financial driver for the success of this service line. Efforts taken continue to try and optimize the number of IP surgeries that are being performed. Challenges to this consist of limited additional OR block time available for elective cases, irregular USC subspecialist presence for surgical cases, and limited ability to more fully cover the call schedule for Urology (in which case surgical procedures could be performed at Kaweah versus patient transfer).
4. The issue of limited Urology call coverage at Kaweah has a multi-reaching effect on the organization and our patients. Due to only having an average of 40% call coverage for Urology (shared by two local Urologists), it is a regular occurrence for patients requiring Urologic care to be transferred outside of Kaweah. This takes local patients out of the area for their emergent care, reducing the opportunities for Kaweah to treat these patients. In FY2023, we successfully contracted directly with Dr. Ford so that he was able to provide more regular call coverage, and we are working with USC for additional resources/Fellows that many have an interest/ability to moonlight on the call schedule at Kaweah.
5. Our recently established alliance with USC Keck School of Medicine to deliver Urology care at Kaweah has come with procedural and operational challenges that have limited our ability to optimize our outcomes. These challenges include professional billing & collections, urologist recruitment for our clinic, subspecialist presence for surgeries and clinic at Kaweah and limited on-call urologist coverage for the hospital.. Kaweah service line leadership has and will continue to engage with USC leadership on all of these elements as we work towards improved urology service line care delivery and contribution margin.
6. Due to the rapid influx of Urology referrals that flooded our clinic immediately upon opening, and our inability to schedule and see patients timely, very limited resources have been used to perform community outreach and market our services to local referring providers and the public. In this way, we have not been able to actively promote the Urology services that we offer, as we had originally intended to do. The ability to recruit additional providers would better allow us to market our services positively in the community.

Recommendations/Next Steps

In FY2024, Urology services leadership will seek to address many of these listed issues in the following ways:

1. Primary efforts will continue in the area of Urologist and/or APP recruitment in order to address many of the issues that are outlined in this report. USC administration is helping to partner in these recruitment efforts, as both entities desire to see our Urology coverage and services grow.
2. Surgery scheduling emphasis will be placed on robotic cases, as both IP and OP robotic cases show a positive contribution margin across all payers. We will work directly with USC subspecialists and our Kaweah surgery scheduling teams to optimize our ability to proactively schedule surgical days at least 2-3 months in advance for all subspecialists.
3. Urology on-call coverage gaps will need to be addressed through recruitment efforts and/or supplemental coverage via locums, as our financial situation allows. The ill-effects of partial Urology call coverage impact many areas of the service and patient care at Kaweah.
4. While lack of additional providers is the primary limitation to OP clinic growth and efficiency, work will continue to be done to optimize the clinic's ability to schedule and perform procedures in the OP clinic space, which has a significant impact on the clinic's ability to turn a positive contribution margin.

Approvals/Conclusions

Kaweah Health's alliance with USC Keck School of Medicine allowed us to begin seeing patients in the outpatient clinic space in FY2023. The various Urology services lines have been positively impacted by the presence of the full time Urologist provided by USC, Dr. Rosenberg, as he has been the sole provider at the clinic and has also helped to cover regular on-call shifts. We plan to find ways to support Dr. Rosenberg and the growth of the Urology service line in FY2024 by focusing on provider recruitment efforts, so that referred clinic patients and emergency/critical Urology patients can receive consistent and efficient Urology care more fully through Kaweah health services.

Urology Services - IP Summary

KEY METRICS - FY 2023 - Twelve Months Ended June 30, 2023



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

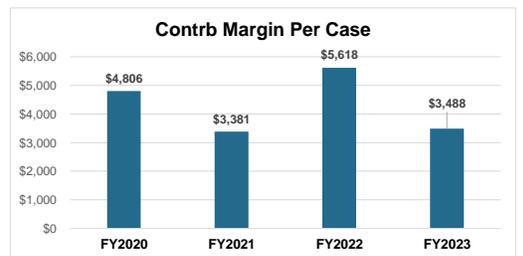
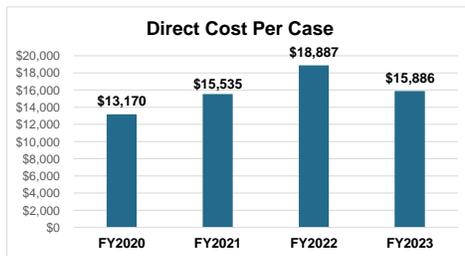
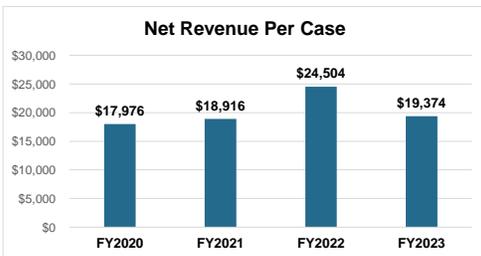
METRICS BY SERVICE LINE - FY 2023

SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Urology Inpatient da Vinci Surgery	62	\$1,222,984	\$765,364	\$457,620	\$168,233
Urology Inpatient Surgery	132	\$2,535,620	\$2,316,521	\$219,099	(\$534,470)
Inpatient Urology Total	194	\$3,758,604	\$3,081,885	\$676,719	(\$366,237)

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	310	193	118	194	▲ 64%	
Net Revenue	\$5,572,561	\$3,650,729	\$2,891,521	\$3,758,604	▲ 30%	
Direct Cost	\$4,082,820	\$2,998,290	\$2,228,642	\$3,081,885	▲ 38%	
Contribution Margin	\$1,489,741	\$652,439	\$662,879	\$676,719	▲ 2%	
Indirect Cost	\$1,375,528	\$960,050	\$740,006	\$1,042,956	▲ 41%	
Net Income	\$114,213	(\$307,611)	(\$77,127)	(\$366,237)	▼ -375%	
Net Revenue Per Case	\$17,976	\$18,916	\$24,504	\$19,374	▼ -21%	
Direct Cost Per Case	\$13,170	\$15,535	\$18,887	\$15,886	▼ -16%	
Contrb Margin Per Case	\$4,806	\$3,381	\$5,618	\$3,488	▼ -38%	

GRAPHS



Source: Inpatient Service Line Reports

Criteria: Surgeon Specialty = Urology, Surgery Flag/DaVinci Flag valued at "1", meaning patient had a charge out of department 7420/7421.

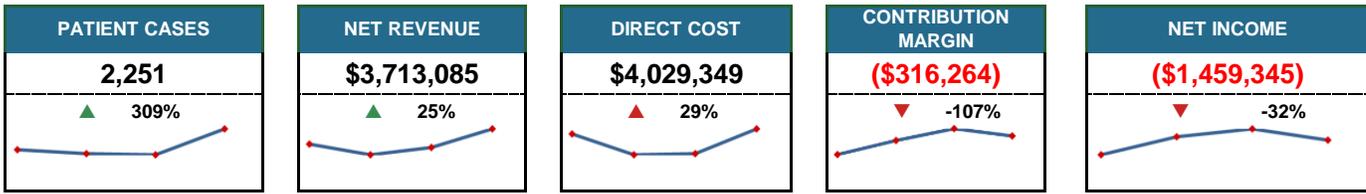
KAWEAH HEALTH ANNUAL BOARD REPORT

Urology Services - OP Summary

Clinic opened
October 2022

FY2023

KEY METRICS - FY 2023 - Twelve Months Ended June 30, 2023



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

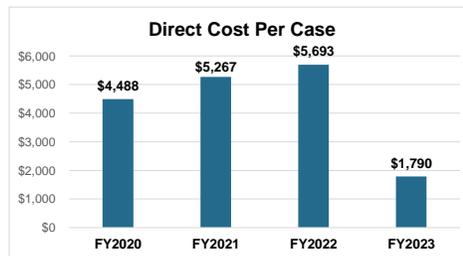
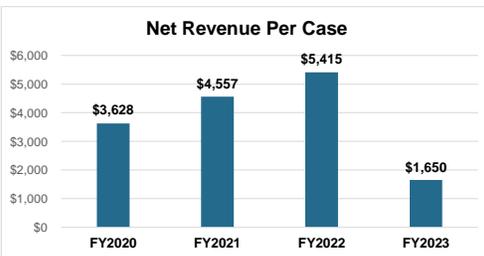
METRICS BY SERVICE LINE - FY 2023

Service Line	Patient Cases	Net Revenue	Direct Cost	Contribution Margin	Net Income
Urology Outpatient da Vinci Surgery	81	\$610,763	\$557,730	\$53,033	(\$164,204)
Urology Outpatient Clinic	1,647	\$538,880	\$599,085	(\$60,205)	(\$209,976)
Urology Outpatient Surgery	523	\$2,563,442	\$2,872,534	(\$309,092)	(\$1,085,165)
Outpatient Urology Total	2,251	\$3,713,085	\$4,029,349	(\$316,264)	(\$1,459,345)

METRICS SUMMARY - 4 YEAR TREND

Metric	FY2020	FY2021	FY2022	FY2023	% Change from Prior Yr	4 Yr Trend
PATIENT CASES	858	589	550	2,251	▲ 309%	
Net Revenue	\$3,113,149	\$2,684,288	\$2,978,443	\$3,713,085	▲ 25%	
Direct Cost	\$3,850,861	\$3,102,318	\$3,131,146	\$4,029,349	▲ 29%	
Contribution Margin	(\$737,712)	(\$418,030)	(\$152,703)	(\$316,264)	▼ -107%	
Indirect Cost	\$1,180,340	\$933,218	\$953,338	\$1,143,081	▲ 20%	
Net Income	(\$1,918,052)	(\$1,351,248)	(\$1,106,041)	(\$1,459,345)	▼ -32%	
Net Revenue Per Case	\$3,628	\$4,557	\$5,415	\$1,650	▼ -70%	
Direct Cost Per Case	\$4,488	\$5,267	\$5,693	\$1,790	▼ -69%	
Contrb Margin Per Case	(\$860)	(\$710)	(\$278)	(\$140)	▲ 49%	

GRAPHS



Source: Outpatient Service Line Reports

Criteria: Surgeon Specialty = Urology, Surgery Flag/DaVinci Flag valued at "1", meaning patient had a charge out of department 7420/7421.

& Service Line = Urology Clinic

KAWEAH HEALTH ANNUAL BOARD REPORT

Urology Services - Inpatient Urologist Surgeries

FY2023

KEY METRICS - FY 2023 - Twelve Months Ended June 30, 2023

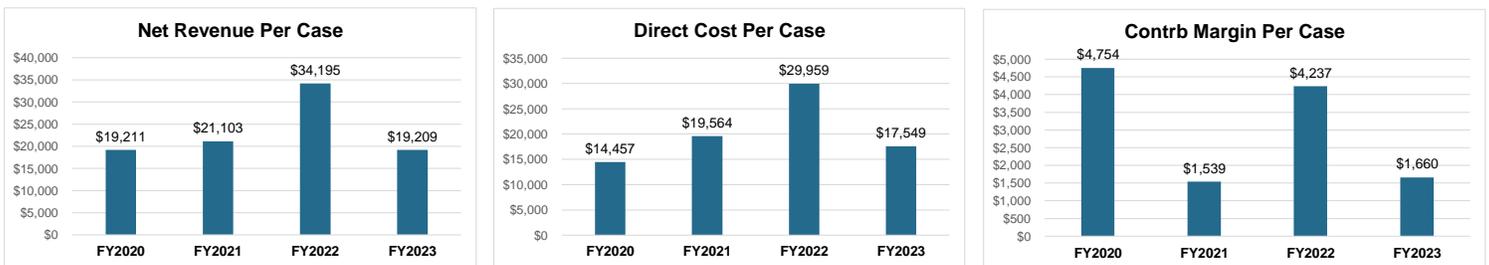


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	235	111	47	132	▲ 181%	
Patient Days	1,351	745	435	923	▲ 112%	
ALOS	5.8	6.7	9.3	7.0	▼ -25%	
GM LOS	4.5	4.8	5.6	3.9	▼ -30%	
Net Revenue	\$4,514,587	\$2,342,437	\$1,607,171	\$2,535,620	▲ 58%	
Direct Cost	\$3,397,357	\$2,171,625	\$1,408,054	\$2,316,521	▲ 65%	
Contribution Margin	\$1,117,230	\$170,812	\$199,117	\$219,099	▲ 10%	
Indirect Cost	\$1,142,983	\$677,156	\$399,618	\$753,569	▲ 89%	
Net Income	(\$25,753)	(\$506,344)	(\$200,501)	(\$534,470)	▼ -167%	
Net Revenue Per Case	\$19,211	\$21,103	\$34,195	\$19,209	▼ -44%	
Direct Cost Per Case	\$14,457	\$19,564	\$29,959	\$17,549	▼ -41%	
Contrb Margin Per Case	\$4,754	\$1,539	\$4,237	\$1,660	▼ -61%	
ALOS Opportunity	1.3	2.0	3.7	3.1	▼ -16%	

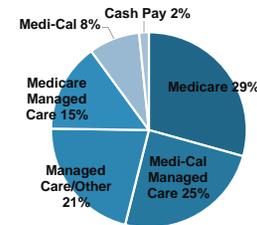
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND - (based on charges)

PAYER	FY2020	FY2021	FY2022	FY2023
Medicare	33%	32%	28%	29%
Medi-Cal Managed Care	25%	27%	6%	25%
Managed Care/Other	22%	8%	11%	21%
Medicare Managed Care	11%	31%	50%	15%
Medi-Cal	9%	1%	0%	8%
Cash Pay	0%	1%	4%	2%

FY 2023 PAYER MIX



Notes:
 Source: Inpatient Service Line Reports
 Criteria: Surgeon Specialty = Urology, Surgery Flag = All and DaVinci Flag valued at "0".

KAWEAH HEALTH ANNUAL BOARD REPORT

Urology Services - Inpatient Urology Specialty daVinci Cases

FY2023

KEY METRICS - FY 2023 - Twelve Months Ended June 30, 2023

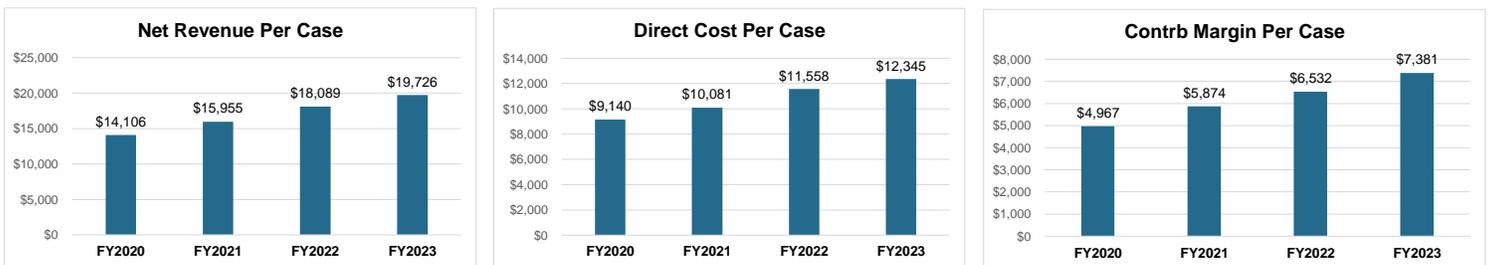


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

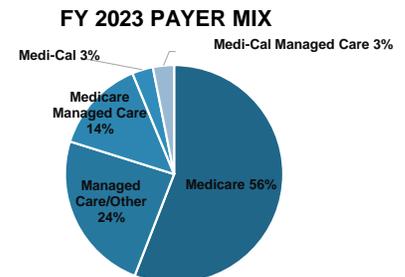
METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	75	82	71	62	▼ -13%	
Patient Days	181	218	194	185	▼ -5%	
ALOS	2.4	2.7	2.7	3.0	▲ 9%	
GM LOS	2.8	2.7	3.1	3.1	▼ -1%	
Net Revenue	\$1,057,974	\$1,308,292	\$1,284,350	\$1,222,984	▼ -5%	
Direct Cost	\$685,463	\$826,665	\$820,588	\$765,364	▼ -7%	
Contribution Margin	\$372,511	\$481,627	\$463,762	\$457,620	▼ -1%	
Indirect Cost	\$232,545	\$282,894	\$340,388	\$289,387	▼ -15%	
Net Income	\$139,966	\$198,733	\$123,374	\$168,233	▲ 36%	
Net Revenue Per Case	\$14,106	\$15,955	\$18,089	\$19,726	▲ 9%	
Direct Cost Per Case	\$9,140	\$10,081	\$11,558	\$12,345	▲ 7%	
Contrb Margin Per Case	\$4,967	\$5,874	\$6,532	\$7,381	▲ 13%	
ALOS Opportunity	(0.4)	(0.0)	(0.4)	(0.1)	▲ 74%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND - (based on charges)

PAYER	FY2020	FY2021	FY2022	FY2023
Medicare	33%	35%	51%	56%
Managed Care/Other	32%	37%	20%	24%
Medicare Managed Care	19%	24%	29%	14%
Medi-Cal	2%	0%	0%	3%
Medi-Cal Managed Care	13%	4%	0%	3%



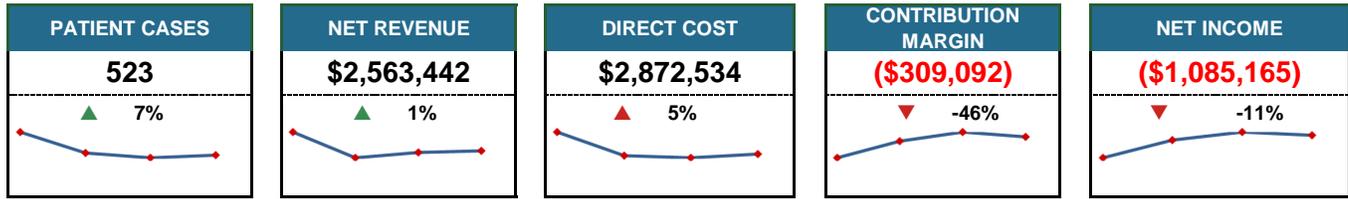
Notes:
 Source: Inpatient Service Line Reports
 Criteria: Surgeon Specialty = Urology, Surgery Flag = 0 and DaVinci Flag valued at "1".

KAWEAH HEALTH ANNUAL BOARD REPORT

Urology Services - *Outpatient Urology Surgical Cases*

FY2023

KEY METRICS - FY 2023 - Twelve Months Ended June 30, 2023

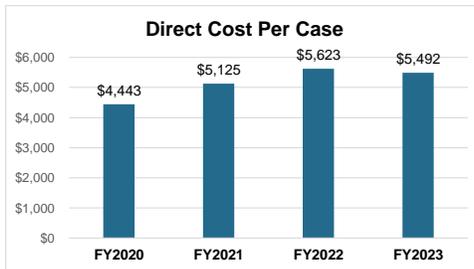
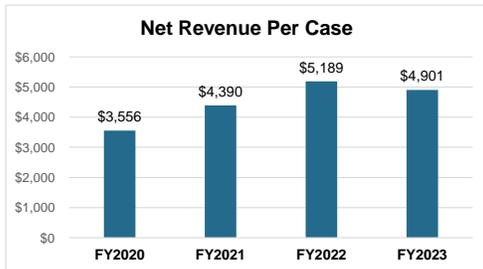


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

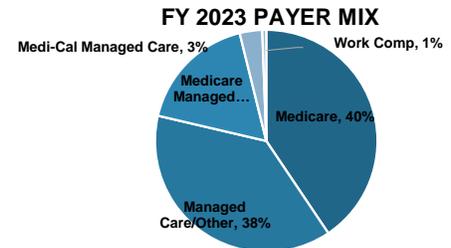
METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	844	549	487	523	▲ 7%	
Net Revenue	\$3,001,022	\$2,410,282	\$2,527,087	\$2,563,442	▲ 1%	
Direct Cost	\$3,749,530	\$2,813,890	\$2,738,311	\$2,872,534	▲ 5%	
Contribution Margin	(\$748,508)	(\$403,608)	(\$211,224)	(\$309,092)	▼ -46%	
Indirect Cost	\$1,146,216	\$842,336	\$762,203	\$776,073	▲ 2%	
Net Income	(\$1,894,724)	(\$1,245,944)	(\$973,427)	(\$1,085,165)	▼ -11%	
Net Revenue Per Case	\$3,556	\$4,390	\$5,189	\$4,901	▼ -6%	
Direct Cost Per Case	\$4,443	\$5,125	\$5,623	\$5,492	▼ -2%	
Contrb Margin Per Case	(\$887)	(\$735)	(\$434)	(\$591)	▼ -36%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND - (Based on Volume)

PAYER	FY2020	FY2021	FY2022	FY2023
Medicare	39%	40%	42%	40%
Managed Care/Other	36%	38%	39%	38%
Medicare Managed Care	14%	16%	19%	17%
Medi-Cal Managed Care	9%	6%	0%	3%
Work Comp	0%	0%	0%	1%



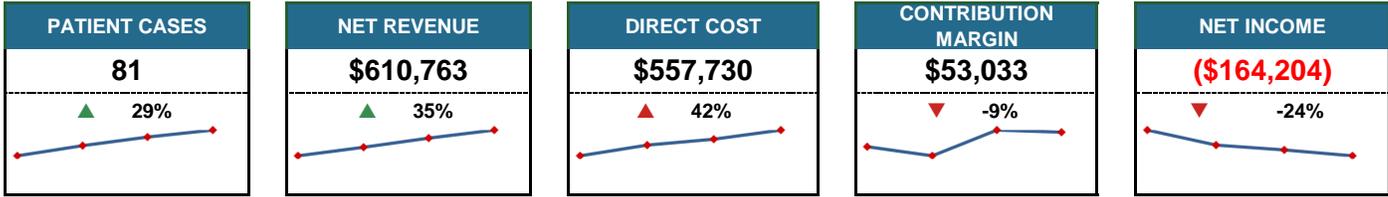
Notes:
 Source: Outpatient Service Line Reports
 Criteria: Surgeon Specialty = Urology, Surgery Flag = All and DaVinci Flag valued at "0".

KAWEAH HEALTH ANNUAL BOARD REPORT

Urology Services - *Outpatient Urology daVinci Cases*

FY2023

KEY METRICS - FY 2023 - Twelve Months Ended June 30, 2023

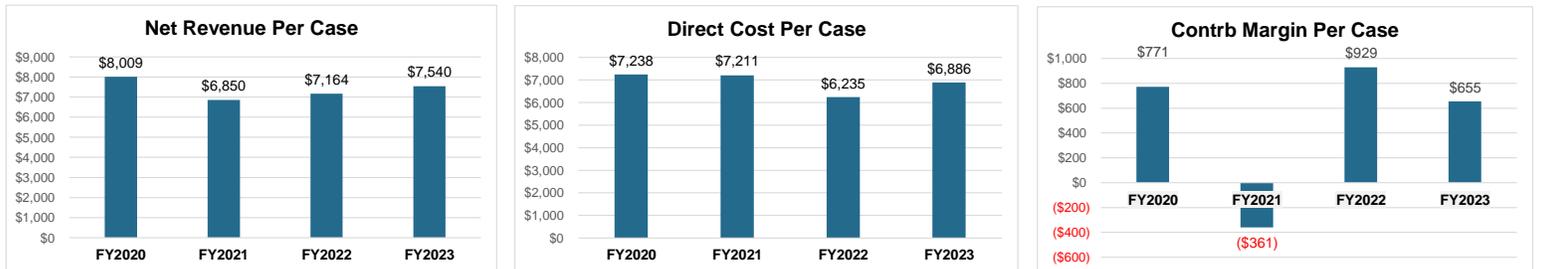


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	14	40	63	81	▲ 29%	
Net Revenue	\$112,127	\$274,006	\$451,356	\$610,763	▲ 35%	
Direct Cost	\$101,331	\$288,428	\$392,835	\$557,730	▲ 42%	
Contribution Margin	\$10,796	(\$14,422)	\$58,521	\$53,033	▼ -9%	
Indirect Cost	\$34,124	\$90,882	\$191,135	\$217,237	▲ 14%	
Net Income	(\$23,328)	(\$105,304)	(\$132,614)	(\$164,204)	▼ -24%	
Net Revenue Per Case	\$8,009	\$6,850	\$7,164	\$7,540	▲ 5%	
Direct Cost Per Case	\$7,238	\$7,211	\$6,235	\$6,886	▲ 10%	
Contrb Margin Per Case	\$771	(\$361)	\$929	\$655	▼ -30%	

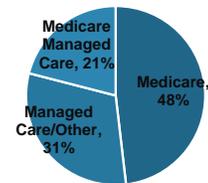
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND - (based on volume)

PAYER	FY2020	FY2021	FY2022	FY2023
Medicare	50%	38%	29%	48%
Managed Care/Other	36%	38%	40%	31%
Medicare Managed Care	7%	20%	32%	21%

FY 2023 PAYER MIX



Notes:
 Source: Outpatient Service Line Reports
 Criteria: Surgeon Specialty = Urology, Surgery Flag = 0 and DaVinci Flag valued at "1".

KAWEAH HEALTH ANNUAL BOARD REPORT

Urology Services - *Outpatient Urology Clinic*

FY2023

KEY METRICS - FY 2023 - Twelve Months Ended June 30, 2023

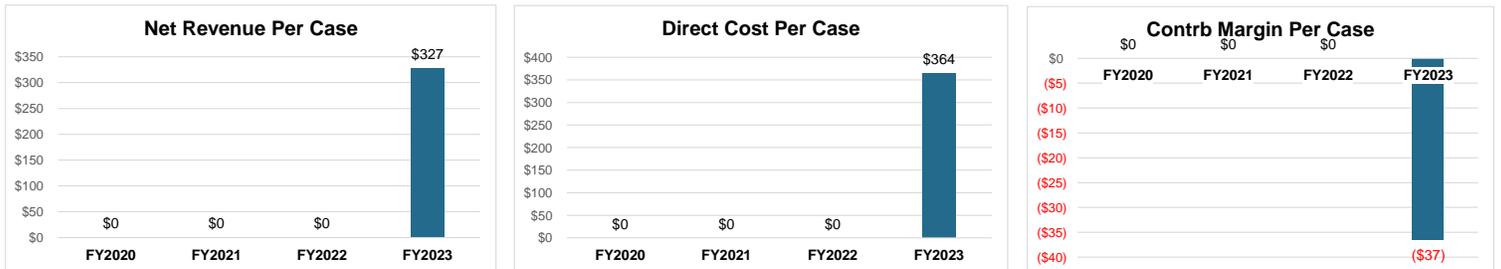
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
1,647	\$538,880	\$599,085	(\$60,205)	(\$209,976)

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

METRICS SUMMARY - 4 YEAR TREND

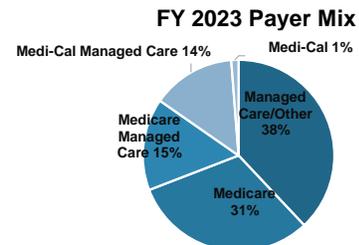
METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	0	0	0	1,647		
Net Revenue	\$0	\$0	\$0	\$538,880		
Direct Cost	\$0	\$0	\$0	\$599,085		
Contribution Margin	\$0	\$0	\$0	(\$60,205)		
Indirect Cost	\$0	\$0	\$0	\$149,771		
Net Income	\$0	\$0	\$0	(\$209,976)		
Net Revenue Per Case	\$0	\$0	\$0	\$327		
Direct Cost Per Case	\$0	\$0	\$0	\$364		
Contrb Margin Per Case	\$0	\$0	\$0	(\$37)		

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND - (based on volume)

PAYER	FY2020	FY2021	FY2022	FY2023
Managed Care/Other	0%	0%	0%	38%
Medicare	0%	0%	0%	31%
Medicare Managed Care	0%	0%	0%	15%
Medi-Cal Managed Care	0%	0%	0%	14%
Medi-Cal	0%	0%	0%	1%



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

Kaweah Health Care District Annual Report to the Board of Directors

Hospice Services

Tiffany Bullock, BSN, RN

Director of Hospice Services. Contact number: 559-624-6447

January 24, 2024

Summary Issue/Service Considered

- Kaweah Health Hospice's mission is to deliver optimal end-of-life care to pediatric and adult populations in Kings and Tulare counties via the hospice and concurrent care program. Hospice provides physical, emotional, social and spiritual support to terminally ill patients as well as their families using a team approach to help them live with dignity and comfort as they cope with end-of-life issues.
- Hospice and concurrent care services provide nursing, physical and occupational therapy, spiritual counselors, social work services and home health aides to assist with personal care. In addition, Kaweah Health Hospice utilizes volunteers to provide much needed services to patients that could not be provided otherwise. This was suspended during Covid but was reinstated in 2023. Unfortunately, many volunteers did not return once restrictions were lifted and there have been challenges to increase the number of volunteers back to pre-Covid levels. Ongoing efforts are being made to recruit volunteers.
- Of note is the fact that Kaweah Health Hospice continues to see children seeking concurrent care. For FY2023 the pediatric Average Daily Census (ADC) was 77.
- Hospice utilizes Kaweah Health Home Infusion Pharmacy for medications needed for patients and works closely with them in coordinating services. The ability to receive medications for patients at the reduced cost lends to profitability.
- In September 2023, the Hospice office was moved to the Multi-Service Center. This resulted in all Home Care services being in one location. Additionally this was a cost saving to the District as it resulted in the District being able to eliminate the payment of one leased building.
- Through the efforts of the Kaweah Health Hospice Foundation, Kaweah Health was able to host the Norm Shearer Symposium in October. Guest speaker was Dr. Ira Byock, a nationally known author of several books on dying well. Dr. Byock spoke for medical and nursing staff as well as to 350 members of the general public at an event held for the community. This serves to help educate our community on the benefits of choosing hospice care.
- Hospice continues to be able to provide care to indigent patients who do not have insurance or means to pay for services with the support of the Kaweah Health Hospice Foundation.

Financial/statistical Analysis

- Average daily census for FY2023 was 120. This is a decrease of 13% from the prior year. There have been minimal changes to expenses. The current year is trending above budgeted volumes.
- Hospice had a FY2023 contribution margin of \$2.6 million.
- Net revenue per unit of service was \$196, up 7% from FY2022.
- Direct cost per unit of service increased by 15% from \$119 to \$136. This is primarily attributed to an increase in salaries due to pay for performance increases and market rate adjustments.
- Contribution margin has decreased to \$59 from \$65 in FY 2022. However, this is a drastic increase from FY2020 when it was only \$31. Moreover, the volumes from FY2020 were just slightly under those from FY2023. This shows the efforts of working very closely with

Patient Accounting to maximize collections.

- The average length of stay for FY2023 was 42 days for adults. This is a notable decrease from previous years. Increased length of stay results in increased revenue as well as patients/families being able to receive the full benefit of the Hospice services. This is the result of the majority of referrals coming from the acute hospital where patients continue to seek treatment until the very end of life, leading to very short lengths of stay in Hospice.
- Fiscal year 2023 saw a 13% decrease in Hospice days and minimal changes to expenses. Net revenue increased by 7% per unit of service, as it has increased every year for at least four years. For FY2024 there is a rebound with units of service above budget for all months.
- In 2023, the contract Kaweah Health Hospice for durable medical equipment was renewed with beneficial changes made to non-formulary items that will assist with costs.

Quality/Performance Improvement Data

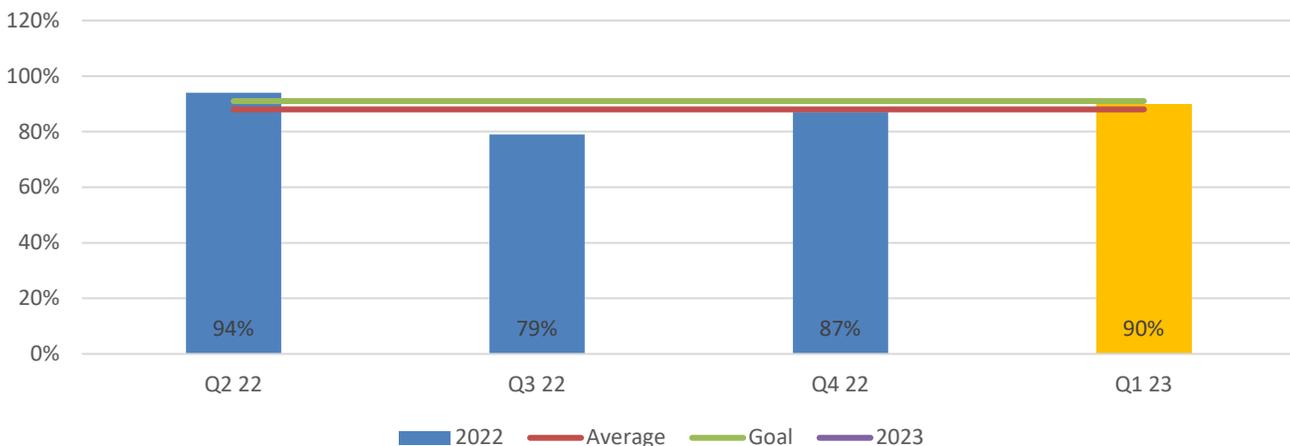
Quality reporting

- Hospice Item Set (HIS) data - Mandated reporting of data collected and reported to Medicare (CMS) on admission and at time of death or discharge. Reporting time frames have been met. We exceed the national benchmark in all elements.
- Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey - This is a CMS mandated survey that measures caregiver experience as well as quality measure information received from submissions on the Hospice Item Set. We exceed the national percentage in all elements in both categories of family caregiver experience as well as quality of patient care. We currently have a 4-star rating for family caregiver survey summaries.

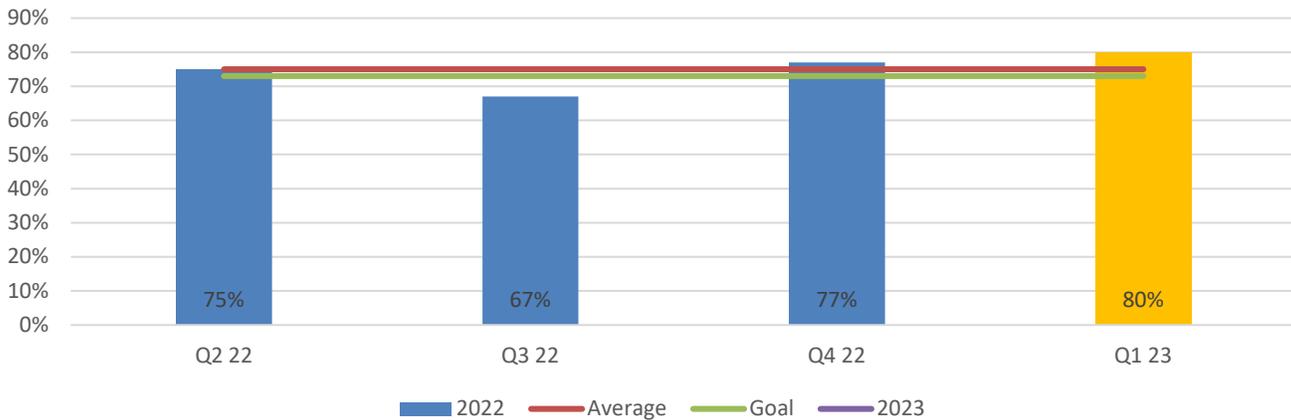
PI measures

As is noted from the graphs below and mentioned above, Hospice meets or exceeds the national averages in all categories. Measures were recently submitted to the District Quality Committee via the ProStaff that will be the focus over the next year. These measures were chosen either due to recent decreases or as matter of importance to the overall quality of care. These measures include getting help with pain, getting help with constipation and getting help needed after hours. These statistics are obtained from NRC, an independent company we contract with the distribute the survey. These are used because they can provide more current, relevant and detailed data than that reported by CMS on Hospice Compare. This information from NRC will eventually be submitted to CMS and will be publicly reported. Action plans to stabilize and/or increase percentages in these measures have been implemented and are being monitored.

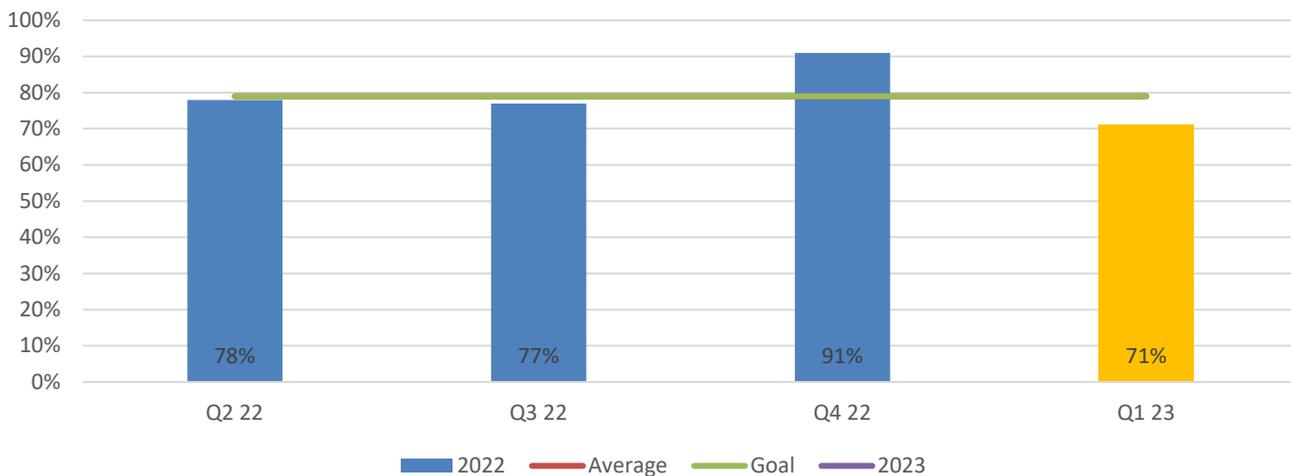
**CAHPS Hospice Quality Measure:
How often got help with pain.**



CAHPS Hospice Quality Measure: How often did you get help with constipation?



CAHPS Hospice Quality Measure: How often did you get help needed after hours?



Policy, Strategic or Tactical Issues

- Kaweah Health Hospice continues to see competition from the for-profit agencies in this area. These agencies have a strong emphasis on marketing to the community physicians and facilities and the finances to support these endeavors. Kaweah Health Marketing department works closely with Hospice leadership to strategize on the most productive ways to increase the market share of referrals received from community skilled nursing and assisted living facilities.
- In July 2022, Kaweah Health opened the Kaweah Health Ruth Wood Open Arms House. This facility is uniquely licensed to house six hospice patients. This home provides care to patients whose families may not have the ability to care for their loved one at home as they near end of life. Or for those patients who may have no family or even a home where they can go. The daily rate charged is based on a sliding fee scale developed in line with that used throughout the District. This ensures no one is excluded from receiving care in the home provided there is a bed available. This has assisted with throughput in the acute

setting so Hospice patients do not need to delay receiving Hospice services due to a lack of a safe home setting or caregiver. All of these patients are serviced by Kaweah Health Hospice, which generates revenue for this department as well. The Manager and Director of Kaweah Health Hospice have absorbed oversight of this department to minimize expenses. Kaweah Health Hospice Foundation has provided financial support to ensure losses are covered. They do this through donations and fund raising events done throughout the year. Since opening, it has served well over 100 residents.

- On November 1, 2023, Hospice implemented of a new electronic medical record. This same EMR is used in Kaweah Health Home Health and also Private Home Care. This has resulted in a decrease in charting time and appears to be a staff satisfier. With this transition, all Home Care services are on the same platform.
- Hospice Director continues to meet with Patient Accounting Services on a bi- weekly basis to ensure we are decreasing unnecessary loss of income and optimize collection.

Recommendations/Next Steps

- Continue to increase referral sources through marketing campaigns and efforts of Kaweah Health Marketing Department, especially from community facilities.
- Ongoing pre- and post-billing monitoring to ensure regulatory requirements are met and no revenue is lost.
- Continued improvement and stabilization of financial performance.
- Increase the number of volunteers in Hospice.

Approvals/Conclusions

In the coming year, hospice will focus on:

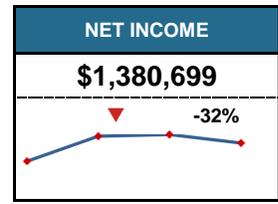
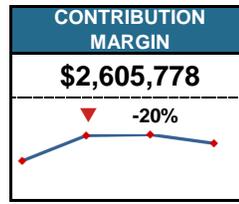
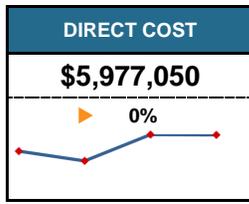
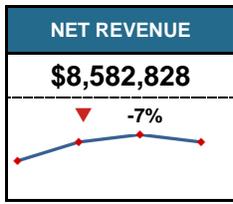
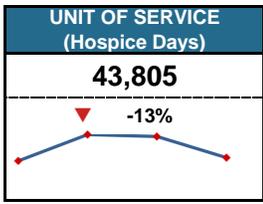
1. Continue marketing campaigns/efforts to become the preferred hospice provider with the community and local facilities.
2. Continued review of profitability, look for means to maintain contribution margins and cost of care, increase patient satisfaction, increase staff satisfaction and achieve clinical excellence.
3. Grow the hospice volunteer program.
4. Continue to utilize the Open the Kaweah Health Ruth Wood Open Arms House for patients with the need.

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2023

Hospice Services

KEY METRICS - FY 2023 - Twelve Months Ended June 30, 2023

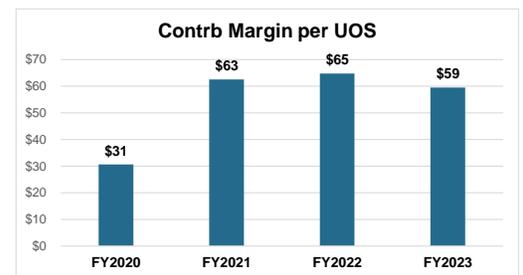
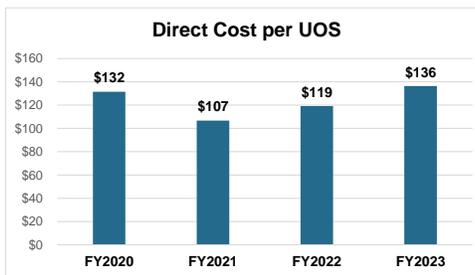
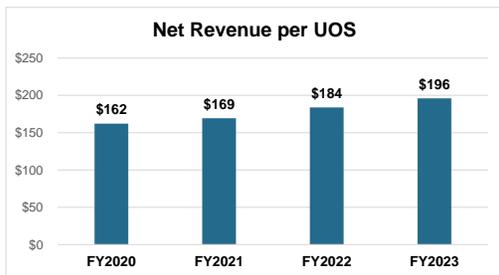


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Unit of Service (Hospice Days)	42,821	50,808	50,259	43,805	▼ -13%	
Net Revenue	\$6,943,542	\$8,599,294	\$9,241,039	\$8,582,828	▼ -7%	
Direct Cost	\$5,632,518	\$5,421,630	\$5,986,228	\$5,977,050	▶ 0%	
Contribution Margin	\$1,311,024	\$3,177,664	\$3,254,811	\$2,605,778	▼ -20%	
Indirect Cost	\$1,330,526	\$1,276,446	\$1,224,926	\$1,225,079	▶ 0%	
Net Income	(\$19,502)	\$1,901,218	\$2,029,885	\$1,380,699	▼ -32%	
Net Revenue per UOS	\$162	\$169	\$184	\$196	▲ 7%	
Direct Cost per UOS	\$132	\$107	\$119	\$136	▲ 15%	
Conrb Margin per UOS	\$31	\$63	\$65	\$59	▼ -8%	

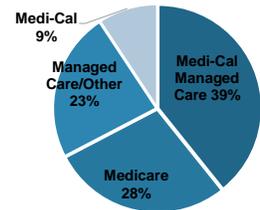
PER CASE TRENDED GRAPHS



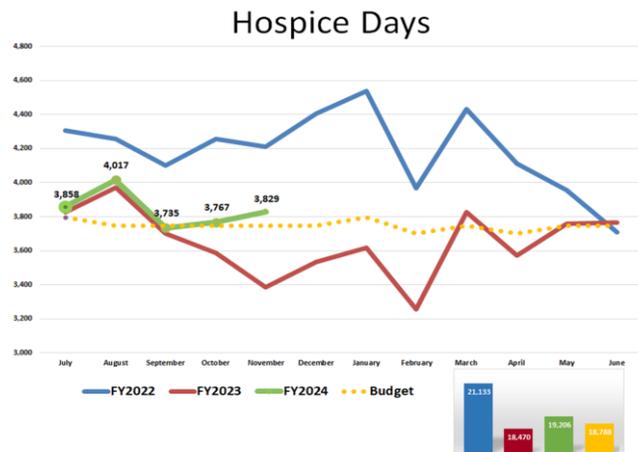
PAYER MIX - 4 YEAR TREND (Gross Charges)

PAYER	FY2020	FY2021	FY2022	FY2023	Reimb/ Hospice Day	Reimb/ Hospice Day
Medi-Cal Managed Care	17%	32%	33%	39%	\$215	\$190
Medicare	31%	35%	32%	28%	\$188	\$182
Managed Care/Other	28%	23%	20%	23%	\$193	\$187
Medi-Cal	24%	10%	14%	9%	\$346	

FY 2023 Payer Mix

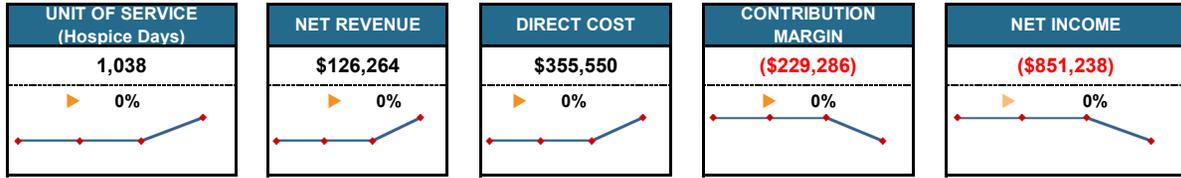


UNIT OF SERVICE GRAPH - HOSPICE DAYS TRENDED



Hospice Services
Open Arms House

#REF!

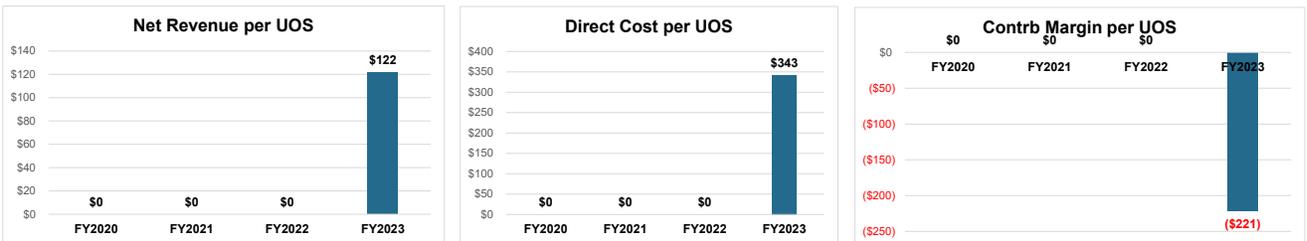


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2020	FY2021	FY2022	FY2023	%CHANGE FROM PRIOR YR	4 YR TREND
Unit of Service (Hospice Days)	0	0	0	1,038	0%	
Net Revenue	\$0	\$0	\$0	\$126,264	0%	
Direct Cost	\$0	\$0	\$0	\$355,550	0%	
Contribution Margin	\$0	\$0	\$0	(\$229,286)	0%	
Indirect Cost	\$0	\$0	\$0	\$621,952	0%	
Net Income	\$0	\$0	\$0	(\$851,238)	0%	
Net Revenue per UOS	\$0	\$0	\$0	\$122	0%	
Direct Cost per UOS	\$0	\$0	\$0	\$343	0%	
Contrb Margin per UOS	\$0	\$0	\$0	(\$221)	0%	

PER CASE TRENDED GRAPHS

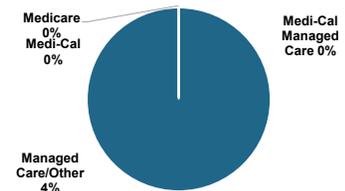


PAYER MIX - 4 YEAR TREND (Gross Charges)

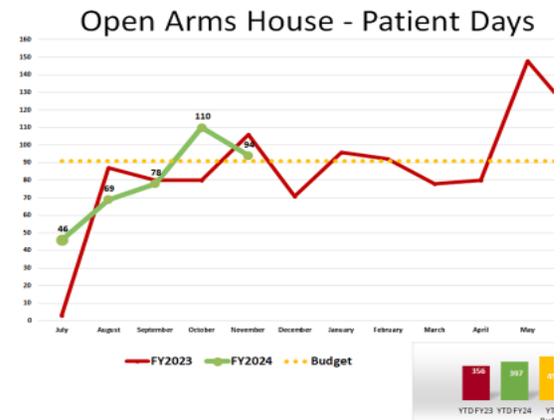
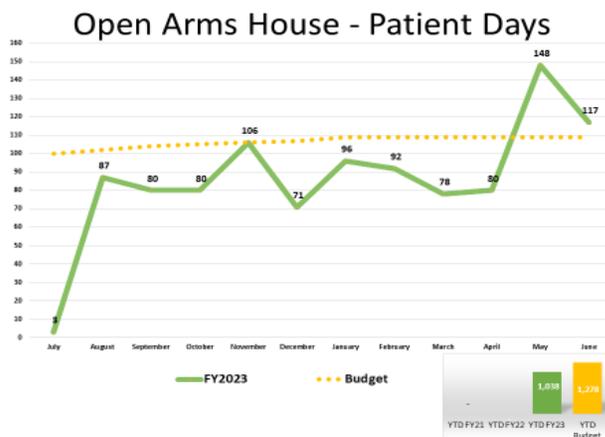
Have Cindy Fix because the numbers are in the wrong Fys.

PAYER	FY2020	FY2021	FY2022	FY2023
Managed Care/Other	0%	0%	0%	4%
Medicare	0%	0%	0%	0%
Medi-Cal Managed Care	0%	0%	0%	0%
Medi-Cal	0%	0%	0%	0%

FY 2023 Payer Mix



UNIT OF SERVICE GRAPH - HOSPICE DAYS TRENDED





Policy Number: AP08	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Patient Complaint & Grievance Management	

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

POLICY: Kaweah Delta Health Care District (KDHC), herein referred to as Kaweah Health, is committed to the timely resolution of any ~~concern~~, complaint and/or grievance raised by the patient, or their patient's representative, or their family. The patient or their representative has the right to file a written complaint with the California Department of Public Health (CDPH), The Joint Commission (TJC), or other appropriate agencies regardless of whether they ~~patient, the patient's representative, or their family~~ chooses to use Kaweah HealthDHCD's complaint or grievance process. The District Board of Directors approves this policy, and delegates oversight responsibility of the complaint and grievance process to the Director of Risk Management and to the Grievance Committee.

Kaweah HealthDHCD is committed to actively seeking, listening, and responding to the needs, preferences, concerns, complaints, and grievances of our patients and their families. It is the policy of this organization to encourage the patient or their, the patient's representative, or the patient's family to express their complaints in order to identify opportunities to improve the quality of patient care services. At no time shall a complaint or grievance be used as a reason to retaliate against or deny a patient current or future access to Kaweah HealthDHCD services. All staff members are responsible for identifying and responding to complaints from patients, their representatives or family.

Data collected regarding patient grievances, as well as other complaints not defined as grievances, will be incorporated into Kaweah HealthDHCD's Quality Assessment and Performance Improvement Plan (QAPI). ~~The Grievance Committee will direct and implement proactive solutions to address the issues identified by the grievance process.~~

DEFINITIONS:

Complaint- verbal communication the the hospital by a patient, or the patient's representative, regarding the patient's care or non-care issue that can be resolved

~~immediately by the staff present~~An expression of dissatisfaction related to a patient issue.

Grievance- a written or verbal complaint ~~(when the verbal complaint is not resolved at the time of the complaint by staff present)~~ by a patient, or –the patient's representative regarding the patient's care, abuse or neglect, issues related to the hospital's compliance with the Centers for Medicare and Medicaid Services (CMS) Hospital Conditions of Participation (COP), or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §489.

- A verbal complaint is a grievance if: it cannot be resolved at the time of the complaint by staff present, is postponed for later resolution, is referred to other staff for later resolution, requires investigation, and/or requires further actions for resolution, then the complaint is a grievance for the purposes of these requirements.
 - ~~It cannot be resolved at the time of the complaint by staff present;~~
 - ~~It is postponed for later resolution;~~
 - ~~It is referred to other staff for later resolution;~~
 - ~~It requires investigation and/or requires further actions for resolution;~~
 - ~~The patient or the patient's representative request a written response from the hospital; or~~
 - The patient or the patient's representative request the complaint be handled as a grievance.

Staff Present- any hospital staff present at the time of the complaint, or who can quickly be at the patient's location (supervisor, manager, house supervisor, administration, etc.) to resolve the patient's complaint.

Grievance Committee –The internal committee given authority and oversight for the resolution of grievances within Kaweah HealthDHCD. The Director of Risk Management Risk Management (RM) is the chair and membership includes, but is not limited to:

- The Chief Operating Officer (COO),
- The Chief Nursing Officer (CNO),
- ~~The Chief Medical Officer (CMO), and~~
The Performance Improvement Medical Director; and
The Director of Performance Improvement.

PROCEDURE

I. Problems, questions or complaints should be handled by the “staff present” and in the simplest and most direct way that is appropriate to the situation. Depending on the nature of the complaint expressed by the patient or by their representative, the Manager or Director of that department will be notified and will be accountable for the initial response to the complainant and for attempting to provide an acceptable resolution.

II. Complaints unable to be resolved by the staff present and to the satisfaction of the complainant will be come a grievance and documented by completing an

~~occurrence report in accordance with AP 10. The forwarded the Department of Risk Management will forward the complaint as indicated in Attachment A.~~

~~**I. Complaints that cannot be resolved by “staff present” become a grievance and must be handled according to this policy.**~~

~~II. _____~~

~~Grievances should be documented by completing an online occurrence report in accordance with AP 10. on the Notice of Event (NOE) report form (AP10)~~

~~a. Telephone and ~~W~~written grievances (including emails or faxes) will be processed by ~~are attached to the NOE and forwarded to the Risk Management~~Risk Management Department.~~

~~-b. Social media-related concerns will be facilitated by the Media Relations department and referred to the appropriate department leaders for issue resolution.~~

~~Telephone grievances are documented by completing an online occurrence report on the NOE and forwarded to the Risk Management Department. Social media-related concerns will be facilitated by the Media Relations department and referred to the appropriate department leaders for issue resolution.~~

~~c. The Director of Risk Management shall be notified of a Any complaint or grievance with potential legal implications or those with potential significant patient safety issues pertaining to legal, abuse, violence, injury, or death; will be forwarded to the Risk Management Department.~~

~~d. Complaints specifically related to breaches of patient privacy or misuse of Protected Health Information will be forwarded to the Compliance Department.~~

~~**ADDITIONAL INFORMATION ON GRIEVANCES:**~~

~~1. All written complaints are grievances.~~

~~2. an emailed or faxed complaint is considered written and therefore is a grievance.~~

~~a. _____~~

~~If a patient or their representative requests their complaint be handled as a formal complaint or grievance, or requests a formal response from the hospital, it must be forwarded to the Risk Management Department and treated as a grievance.~~

~~3. Billing issues are not usually considered a grievance except Medicare beneficiary billing complaints related to rights and limitations provided in 42 CFR §489.~~

~~3. Example: a complaint that the bill is incorrectly calculated is NOT a grievance; but~~

~~b. A complaint that they were billed more because they were of a particular ethnic or racial group IS a grievance.~~

~~c. _____~~

~~If the patient or their representative telephones or writes the hospital with a complaint regarding their care, or with an allegation of abuse or neglect, or failure of the hospital to comply with one or more of the Conditions Of Participation or other CMS requirements, it is a grievance.~~

~~4. Example: a complaint about related to physical abuse of a patient by the staff.~~

~~b.—~~

~~Post-hospital verbal communications regarding patient care that would routinely have been handled by staff present if the communication had occurred during the stay/visit are **not** defined as a grievance.~~

~~5. Example: the daughter of a patient requests more information about the patient's diet.~~

~~b.—~~

~~Information obtained with patient satisfaction surveys is not a grievance unless an identified patient writes or attaches a written complaint and requests a resolution of that complaint. Then it is a grievance and must be handled according to this policy.~~

~~7.—~~

~~Complaints specifically related to breaches of patient privacy or misuse of Protected Health Information should be forwarded to the Compliance Department and to the District Privacy Officer.~~

III. MEDICAL STAFF GRIEVANCES:

a. Grievances concerning members of the medical staff will be forwarded to the Medical Staff organization for investigation and for resolution through the occurrence reporting system.

~~b. If the complaint is in writing, the complainant will be informed of the following and given the address and toll-free number of the applicable state board:~~

~~-i. The Medical Board of California is responsible for processing consumer complaints about physicians and surgeons;~~

~~-ii. The Board of Podiatry Medicine is responsible for consumer complaints about podiatrists.~~

~~— The telephone numbers for these Boards will be made available to complainants.~~

~~— The complaining party will be advised that SB916 provides immunity to people who complain or provide information regarding any physician, surgeon, or podiatrist.~~

c. There is no requirement that the preceding steps be taken in response to a verbal complaint.

RESOLUTION:

I. A The complaint or grievance is ~~not~~ considered ~~resolved until closed when~~ the patient is satisfied with the actions taken on their behalf unless -

II. —

If reasonable and appropriate actions have been taken on the patient's behalf in order to resolve the patient's grievance and the patient or their ~~patient's~~ representative remains unsatisfied with the hospital's actions, ~~the grievance may be considered closed~~. Documentation of efforts and compliance with CMS requirements must be maintained.

~~II.~~ ALL All grievances will be responded to in writing within 7 days acknowledging receipt of grievance if resolution is unable to be achieved during this timeframe.

~~II.~~ a. -

~~III.~~

Written notice/response of the hospital's determination regarding the grievance must be communicated to the patient or to their representative in a language and manner the patient or their representative understands.

b. - The written response will be provided by the Risk Management department.

~~III.~~ III. The written notice/response MUST contain:

- ~~a.~~ a. The name of the hospital contact person; (the Director of Risk Management ~~Risk Management~~ or designee);
- ~~b.~~ b. The steps taken on behalf of the patient to investigate the grievance;
- ~~c.~~ c. The results of the grievance process; ~~and~~
- ~~d.~~ d. The date of completion.

~~The Director of Risk Management or designee will request an investigation from the director or manager of the involved department, unit, or location.~~

~~I.~~

~~Based upon the information provided and the investigation from Risk Management, the Director of Risk Management or designee will draft the written notice/response according to the required elements in 15 (b).~~

~~A copy of the letter will be forwarded to the involved Director or manager for their files.~~

~~IV.)~~ IV. Complaints and Grievances may be responded to verbally in person or via telephone when appropriate or when more information is required to fully investigate. This does not replace a written notice/response. ~~The written notice/response may refer to the verbal discussion but the written response must contain all the required elements outlined above in F(2).~~

V. Every attempt will be made to resolve the grievance within ~~20~~ 30 days. KDHC will inform the patient or patient's representative if there will be a delay and, the timeframe within which they may expect our written response.

VI. If a Medicare beneficiary submits a grievance regarding quality of care or early discharge issues, the complainant will be provided information regarding their rights to contact the designated Quality Improvement Organization (QIO) for Medicare.

VII.

The Hospital Governing Board is responsible for the effective operation of the grievance process. The Board may delegate the responsibility for review and resolution of grievances to a Grievance Committee.

GRIEVANCE EXCEPTIONS

- I. Billing issues are not usually considered a grievance except Medicare beneficiary billing complaints related to rights and limitations provided in 42 CFR 489. Examples provided below:
 - a. Example: a complaint that the bill is incorrectly calculated **is not a grievance**
 - ~~b. A complaint that the patient was billed more because they were of a particular ethnic or racial group is a grievance.~~

PATIENT NOTIFICATION OF RIGHTS COMPLAINT PROCESS:

- A. Patients and their representatives will be notified of their rights to file a complaint or grievance with Kaweah Health~~DHCD~~, CDPH, and/or The Joint Commission via:
 - a. Signage posted in the Kaweah Health main visitor lobbies, emergency room lobby, Health Information Management department, and the patient registration office.
 - b. The Kaweah Health patient information guide (The Guide).
 - ~~c. The Kaweah Health website, the m the KDHGD patient information guide (The Guide).~~
- ~~II.~~ If, due to a patient's illness, injury, mental state, or due to an emergency situation, the patient's rights and/or grievance process cannot be communicated to the patient, those rights and the grievance process may be communicated to the patient's representative in a language and manner easily understood by the recipient.

~~The complaint and Grievance process will be explained in a language and manner easily understood by the recipient.~~

~~a.~~

~~All patients will receive a copy of The Guide upon registration to a patient care area.~~

~~b.~~

~~The Guide will explain that complaints and/or grievances may be filed verbally or in writing to KDHGD personnel or the patient may complain directly to CDPH or The Joint Commission.~~

~~c.~~

~~The Guide will contain the hospital address and telephone number to CDPH and The Joint Commission.~~

CONFIDENTIALITY:

All information obtained through the Complaint and Grievance process will be maintained with the strictest confidentiality and security at all times. The accessibility

of this information will be limited to those individuals authorized by the requirements of Peer Review Privilege and HIPAA.

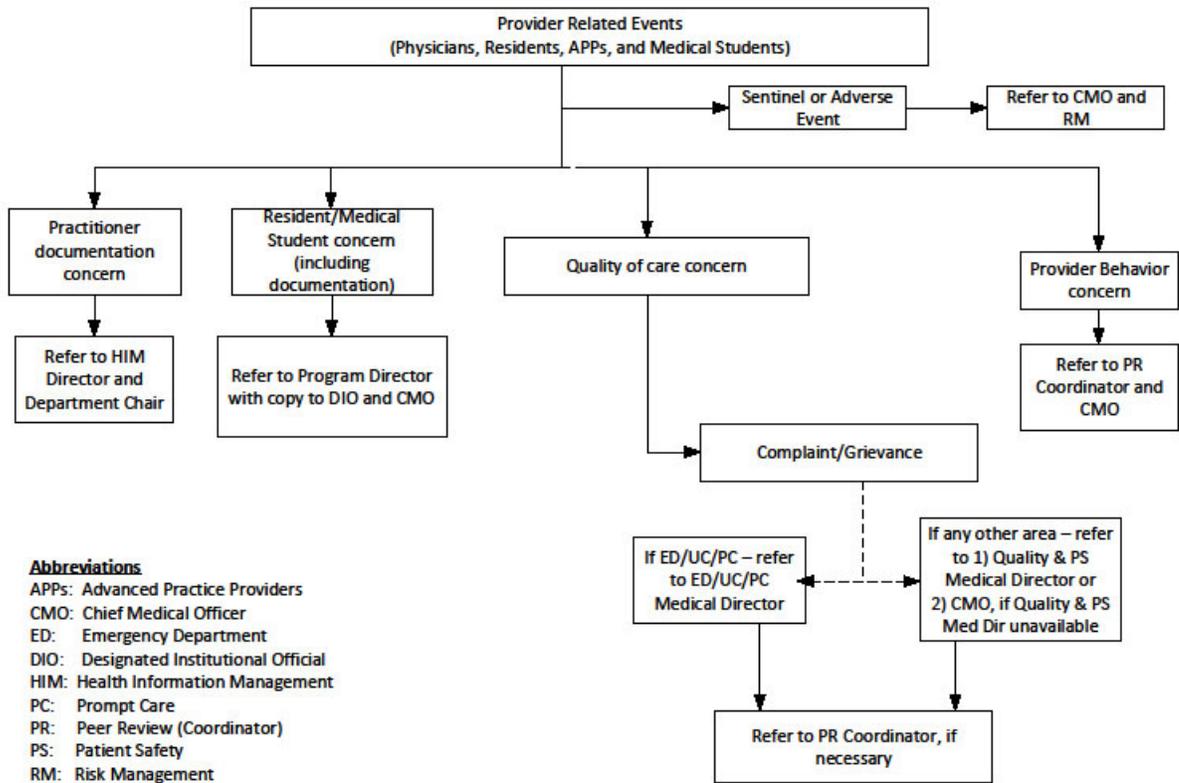
Reference:

AP10 – Occurrence Reporting Process

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

Approved

ATTACHMENT A



APP



Policy Number: AP14	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Department Visits by Vendor Representatives	

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

POLICY: Kaweah Delta Health Care District is required by the Health Insurance Portability and Accountability Act (HIPAA) and State of California Privacy regulations to safeguard our patients' rights to privacy and confidentiality. In addition, ~~the District~~[Kaweah DeltaHealth](#) is required to preserve the integrity of the patient care environment for our employees and medical staff. This policy shall define the procedure by which vendors, and as well as manufacturer representatives, Vendor will be provided access to clinical, technical and administrative departments of Kaweah Delta for the purposes of conducting business with Kaweah Delta personnel, and will apply in all areas owned or operated by Kaweah DeltaHealth. ~~Therefore, it is required that the District defines and enforces appropriate and reasonable guidelines for sales representatives who access District employees and facilities to conduct business~~

SalesVendor representatives are defined as individuals who represent products used by ~~the District~~[Kaweah DeltaHealth](#), including those individuals who ~~make~~ themselves available in the clinical setting to answer questions about or give guidance concerning the use of these products. SalesVendor representatives are also defined as individuals who provide general services, such as landscaping, courier or janitorial services, to the District. A salesvendor representative **is not** any person who provides direct patient care (registry staff, perfusionists, etc.), any person who comes in direct physical contact with any patient, or any person who performs duties normally performed by an employee (such as temporary staff, interns, students, etc.) under the direction of a ~~District~~[Kaweah DeltaHealth](#) supervisor, manager or Director. These individuals are not governed by this policy, and should shall be referred to Human Resources for appropriate processing. ~~This policy shall define the procedure by which vendor and manufacturer representatives (sales representatives) will be provided access to clinical, technical and administrative departments of the District for the purposes of conducting business with District personnel, and will apply in all areas owned or operated by the District.~~

PROCEDURE:

I. Responsibilities of ~~SalesVendor~~ Representatives

A. ~~SalesVendor~~ representatives will acknowledge that their ability to conduct business with Kaweah ~~DeltaHealth Health Care District~~, its personnel, and within its facilities, is a privilege and not a right. As such, all ~~salesvendor~~ representatives will be required to respect and comply with all ~~DistrictKaweah DeltaHealth~~ policies and procedures at all times.

B. ~~SalesVendor~~ representatives shall, prior to entering any ~~DistrictKaweah DeltaHealth location-premises~~, be registered with Vendormate and use a Vendormate kiosk to check in and obtain the appropriate vendor identification badge. Vendor identification badges must be worn at all times while on ~~District-premises at Kaweah DeltaHealth~~. Vendor identification badges will be displayed above the waist on the upper chest so as to be fully visible to ~~DistrictKaweah DeltaHealth~~ personnel and Security staff.

~~SalesVendor~~ representatives visiting patient care areas for the purposes of providing support during invasive procedures will be subject to additional restrictions and requirements specific to those departments (for example, OR, Cath Lab, Endoscopy, etc.). Department specific policies and requirements of these areas will be provided to the ~~salesvendor~~ representative through Vendormate and must be acknowledged upon initial registration within the Vendormate system, and annually thereafter. Department specific policies will require the same level of respect and compliance as ~~DistrictKaweah DeltaHealth~~ level policies, and must be complied with at all times.

~~SalesVendor~~ representatives visiting patient care areas for purposes of providing clinical in-service education must coordinate the in-service with the Clinical Education Department in advance.

C. All visits by ~~salesVendor~~ representatives will be by appointment only, scheduled **prior** to arriving at the facility. Appointment hours are between 8:00 a.m. and 4:30 p.m., Monday through Friday. Exceptions to these hours must be approved by the department Director. ~~SalesVendor~~ representatives who have not made prior arrangements with the ~~d~~Departments, or whose appointments can-not be confirmed upon their arrival, will not be allowed to enter ~~DistrictKaweah DeltaHealth facilities-premises~~.

D. ~~SalesVendor~~ representatives who have appropriately checked in through Vendormate, and have had their appointment(s) confirmed, will report directly to the area of his/her appointment(s). Under no circumstance will ~~salesvendor~~ representatives be allowed to visit unscheduled areas of ~~Kaweah DeltaHealth facilities-the hospital~~. This policy will be strictly enforced.

- E. SalesVendor representatives found to be in violation of this policy or any other DistrictKaweah DeltaHealth policies, may immediately lose any and all visiting privileges within ~~the~~ DistrictKaweah DeltaHealth facilities. In the event of loss of visiting privileges, the minimum period of restriction will be 30 days. Depending upon the nature and severity of the violation, this period may be extended as ~~the~~ DistrictKaweah DeltaHealth deems appropriate, up to and including the permanent loss of all visiting privileges at Kaweah ~~Delta Health Health Care District~~. SalesVendor representatives found to be in violation of this policy, or any DistrictKaweah DeltaHealth policy, are subject to immediate removal by the DistrictKaweah Delta's Health's Security staff. Repeated violations of this policy or any other DistrictKaweah DeltaHealth policies will result in the immediate and permanent ban of the sales representative from all DistrictKaweah DeltaHealth facilities.
- F. SalesVendor representatives will be required to sign a Declaration of Confidentiality on an annual basis, and prior to entering any DistrictKaweah DeltaHealth facility for the first time. (See Exhibit A) -In addition, prior to entering any DistrictKaweah DeltaHealth facility for the first time, salesVendor representatives will be provided through Vendormate, and acknowledge receipt of, copies of pertinent Kaweah Delta Health Care District policies including, but not limited to, Administrative Policy #14 – Departmental Visits by SalesVendor Representatives, and Human Resources Policy #13 – Sexual or Unlawful Harassment. Strict compliance of salesvendor representatives with these policies, and all DistrictKaweah DeltaHealth policies, will be required at all times.
- G. SalesVendor representatives are strictly prohibited from conducting business with physicians on DistrictKaweah DeltaHealth premises. Vendor appointments with physicians must be made directly with the physician's office, and be held outside of DistrictKaweah DeltaHealth facilities. Under no circumstance will a salesvendor representative be allowed access to any physician lounge.
- H. SalesVendor representatives are expected to respect the need of patients, patient family members, and physicians to have ready access to DistrictKaweah DeltaHealth parking. SalesVendor representatives will not be allowed to park, even for short periods of time for loading/unloading, in any DistrictKaweah DeltaHealth parking space that has been designated for physician or patient use. SalesVendor representatives will also not park in designated staff parking areas. SalesVendor representatives will utilize only general public parking areas made available by the City of Visalia in the areas surrounding DistrictKaweah DeltaHealth premises, or the vendor designated parking in the lot just east of Kaweah Kids Center.

I. ~~SalesVendor gifts and gratuities shall be governed and managed by AP.40 Vendor Relationships and Conflict of Interest.~~

~~representatives are prohibited from providing meals to District staff members unless the meal is provided as part of a vendor sponsored educational seminar or conference. Other token gifts (such as vendor promotional items like pens, notepads, etc.) will be allowed only at the discretion of the department Director or manager, and only when provided to the entire department. Gifts greater than \$50 must be made to the Kaweah Delta Hospital Foundation.~~

J. Any ~~salesVendor~~ representative that requires access to Sterile Processing or the Operating Room must have permission from the Director of Surgical Services, the Operating Room Supervisor, or their designee before entering any surgical suite. All ~~salesVendor~~ representatives requiring such access must provide proof of training in sterile procedure and operating room techniques on an annual basis via the Vendormate credentialing process. In addition, proof of a negative TB skin test ~~and other appropriate vaccinations~~ must be provided on an annual basis, again through the Vendormate credentialing process. ~~SalesVendor~~ representatives exhibiting any sign of illness will not be allowed into the surgical suite.

Appropriate scrub attire is required by ~~DistrictKaweah DeltaHealth~~ Operating Room policy for those ~~salesVendor~~ representatives entering any surgical suite. ~~SalesVendor~~ representatives must wear ~~DistrictKaweah DeltaHealth-owned~~ scrubs while in the surgical suite as well as ~~DistrictKaweah DeltaHealth~~ provided red bonnets which clearly identify them as vendor personnel. Under no circumstance will sales representatives be allowed to wear scrubs provided by anyone other than the ~~DistrictKaweah DeltaHealth~~. Upon completion of their business in the Operating Room, the sales representative must change into their personal or company-provided clothing and return the ~~DistrictKaweah DeltaHealth-owned~~ scrubs to the appropriate collection area. ~~SalesVendor~~ representatives are not to remove ~~DistrictKaweah DeltaHealth~~ scrubs from the premises, or leave ~~DistrictKaweah DeltaHealth~~ premises while wearing ~~DistrictKaweah DeltaHealth-owned~~ scrubs, for any reason.

Other than for purposes of entering the OR staff locker room to change scrubs, or to conduct an in-service education previously approved by the ~~DistrictKaweah DeltaHealth's~~ Clinical Education Department and the Director of Surgical Services, ~~salesvendor~~ representatives are to remain outside of the OR staff lounge at all times. The OR staff lounge is provided for the safety and comfort of Kaweah ~~DeltaHealth~~ OR staff only. The cafeteria or other public waiting areas should be used by vendors that are between cases.

K. ~~Vendor~~ representatives providing instruments or equipment for special surgical cases must deliver the necessary instruments or equipment to ~~the DistrictKaweah DeltaHealth~~ no later than 24 hours prior to the scheduled case to allow adequate time for sterilization. ~~The~~

~~District Kaweah Delta Health~~ is not responsible for instruments or equipment loaned to us by vendors, other than compensation for damages occurring due to negligence during normal use, storage or cleaning. ~~Sales Vendor~~ representatives are responsible for lost or stolen equipment.

II. ~~District Kaweah Delta Health~~ Staff Member Responsibility

It is the responsibility of all ~~District Kaweah Delta Health~~ staff members to understand and enforce the contents of this policy. All ~~District Kaweah Delta Health~~ employees will interact with sales representatives in a fair, honest and courteous manner. ~~District Kaweah Delta Health~~ employees will not accept gifts from ~~sales Vendor~~ representatives beyond what is permitted in AP.40 Vendor Relationships and Conflict of Interest. ~~that which is allowed by this policy.~~ Department Managers/Supervisors and/or staff members contacted by ~~sales Vendor~~ representatives shall inquire whether the representative has followed the protocol for registering with Vendormate. In cases where protocol was not followed, the representative will be instructed that they will not be allowed to visit the ~~District Kaweah Delta Health~~ until they have enrolled within the Vendormate credentialing system.

III. Purchasing Commitments

Only designated Materials Management Department staff are authorized to make purchase commitments on behalf of the ~~District Kaweah Delta Health~~, except as noted below. ~~Sales Vendor~~ representatives are cautioned not to expect payment for product brought into the ~~District Kaweah Delta Health~~ without a purchase order issued by the Materials Management Department. Except in cases where a consignment agreement exists between ~~the District Kaweah Delta Health~~ and a vendor, product should not be left in the facility with the expectation that the ~~District Kaweah Delta Health~~ will purchase the product at a later date. Product left in the facility without a consignment agreement, or brought into the facility without a properly issued purchase order, will be considered a donation to ~~the District Kaweah Delta Health.~~

Exception: Director of Pharmacy and Director of Food Services, or their designees, may make purchase commitments for pharmaceuticals and foods stuffs, respectively.

IV. Evaluation Only Products and/or New Products

~~The District Kaweah Delta Health~~ follows a standardized, employee-driven evaluation process for the introduction of new products or equipment to our facilities on either a temporary evaluation or permanent basis. ~~Sales Vendor~~ representatives will understand and respect this process. New equipment and/or products may not be put into service within the ~~District Kaweah Delta Health~~ without the knowledge and approval of the Materials Management Department. As noted above, any product or equipment brought into the facility for use, in disregard of this process, will be considered

a donation. Kaweah ~~Health Care District~~ [DeltaHealth](#) also follows strict policy concerning the use of equipment brought into the facility for evaluations. Any equipment brought to any ~~District~~ [Kaweah DeltaHealth](#) facility for evaluation purposes must, prior to its use by any staff member or on any patient, be reviewed and cleared through the appropriate ~~District~~ [Kaweah DeltaHealth](#) Department's including, but not limited to, Materials Management and Clinical Engineering.

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

EXHIBIT A

Declaration of Confidentiality

I, the undersigned, as a business associate/vendor representative to Kaweah Delta Health Care District, promise that I will observe the greatest confidentiality in all matters pertaining to ~~the District~~Kaweah DeltaHealth's business.

Without limiting the completeness and generality of the above statement, I will continually keep in mind that any and all matters pertaining to:

- the care and treatment of all individuals dealing with ~~the District~~Kaweah DeltaHealth;
- all activities of ~~the District~~Kaweah DeltaHealth, of whatever description, with its patients, doctors, or with any other entities or person;
- the medical or personal history of all persons regarding which I may acquire information through the business of ~~the District~~Kaweah DeltaHealth;

must be kept in complete and absolute confidence, and further, I will observe this confidence on all matters whenever my association with ~~the District~~Kaweah DeltaHealth ends.

I understand that access or review of information, through verbal, written or electronic means, on a patient or client is allowed only to effectively carry out my assigned duties.

I will not use any ~~District~~Kaweah DeltaHealth computer system to access patient information.

I further acknowledge that a breach of the foregoing statements by me will (without limiting any other rights of ~~the District~~Kaweah DeltaHealth or others) justify ~~the District~~Kaweah DeltaHealth in terminating my relationship with ~~the District~~Kaweah DeltaHealth.

Printed Name

Date

Signature

Company Name

(Date)

(Signature)

Approval



Policy Number: AP29	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Patient Care Forms – New and Revisions to Existing	

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

POLICY:

All patient care forms shall be approved by the Documentation Standardization Committee (DSC) before printing and inclusion in the Medical Record. Patient Care forms requiring a physician’s signature require Health Information Management (HIM) Committee approval.

PROCEDURE:

- I. All hospital personnel requesting a new or revised form shall complete the “Request for New or Revised Form” (attached), ensure form design meets form standardization rules, and obtain necessary approval prior to submission of request to the DSC. For urgent or minor changes, ~~the Director of HIM or DSC Chair the Chief Nursing Officer~~ can authorize a form between Document Standardization meetings. The form can then be presented by the ~~Director-form owner~~ or his or her agent at the next DSC meeting.
 - A. Complete “Request for New or Revised Form” and attach a sample form designed according to standardization rules. Include original for comparison when submitting revision.
 - B. Obtain Department Head and/or physician’s approval on the request and forward these to the ~~Forms Coordinator (Executive Assistant to the CIO) HIM Data Analysts (HIMDataAnalyst@kaweahhealth.org)~~.
 - C. Completed requests for new or revised forms shall be processed within sixty (60) days.

- II. Upon receipt of completed “Request for New or Revised Form” the ~~HIM Data Analysts shall add the form to the next agenda packet and schedule the requestor to attend the next DSC meeting. Forms Coordinator DSC Chair shall coordinate the preliminary review process.~~ The form requester will present forms at the DSC meeting.
 - A. ~~Upon receipt of the request, the Forms Coordinator DSC Chair shall log the request and complete preliminary review process.~~
 - B. ~~Schedule the requestor to bring new or revised form to the DSC for approval.~~

- III. The DSC shall be responsible for ensuring that all new or revised form requests do not duplicate existing forms. All forms will be designed to conform to the forms standardization rules.
 - A. When appropriate the ~~Optical Imaging Coordinator~~ DSC Chair will research the master file to identify similar forms. If similar forms exist, then notify requester to:
 - 1. determine if requester can use existing form; or,
 - 2. request that requester explain and justify needed changes.
 - 3. determine if changes are significant enough to warrant a new form or whether they can be made to an existing form.
- IV. Whenever possible, patient care forms shall be “piloted” prior to submission before the final approval process.
 - A. A DSC member may assist in form development and provide “pilot” forms for use.
 - B. DSC member provided forms should be used for a minimum of thirty (30) days without revision or correction.
 - C. Revision and/or correction shall be made prior to finalizing document.
 - D. No “pilot” form will be used for a period exceeding six (6) months.
- V. Final Approval
 - ~~A. DSC shall complete the approval process then forward the patient care form to the HIM Committee for final approval. Only those patient care forms requiring a physician’s signature go on to HIM Committee for approval.~~
 - ~~1.A.~~ DSC shall return forms not approved to the requester with reason for non-approval. Form standardization rules will be attached as appropriate.
 - ~~B.~~ Approved forms will receive bar code assignment.
 - ~~2.C.~~ Approved forms will be provided to the appropriate individual for printing and distribution as needed.
 - ~~3.~~ Method of printing and/or online location will be determined by the committee.
 - ~~D.~~ Patient Care forms requiring a physician’s signature will be placed on HIM Committee agenda for approval.
 - ~~a)~~ The form will be reviewed by the HIM Committee within the established policy time frame of sixty (60) days.
 - ~~b)~~ A copy of the final version of the form will be sent to the Medical Executive Committee by HIM Data Analyst.
 - ~~E.~~ The form will be added to the eForms Master List once completed by ISS.

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~~B. If necessary the HIM Committee shall review the form at their monthly meeting within the established policy time frame of sixty (60) days.~~

~~1. Forward the approved form to the appropriate individual for printing and distribution as needed.~~

~~2. Return non-approved forms to the requester with reason for non-approval.~~

~~3. A copy of the final version of the form will be sent to the Medical Executive Committee by the Forms Coordinator.~~

~~C. Optical Imaging Coordinator/DSC Chair will ensure printing and distribution of the new or revised form.~~

~~D. Optical Imaging Coordinator/DSC Chair to file copy final draft in Forms Binder or electronic Forms Library.~~

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approved

Form Standardization Rules Guidelines

1. ~~All forms created for the district shall be labeled with KAWEAH DELTA HEALTH CARE DISTRICT in the header. “A division of Kaweah Delta Health Care District” in italics under the ‘header line’ is acceptable when more specific location identification is appropriate. When a form is used District wide, location specific names will not be permitted.~~
2. ~~Place the title of the form in the header, on the right. Translate into Spanish when translated.~~
3. ~~Leave a one inch high by two inch wide (1” x 2”) space in the lower right hand corner for the form bar code and name.~~
4. ~~Allow a 1 3/4” high by 3 1/2” wide area in the lower left hand corner for patient identifiers (Patient name, MRN, Acct. #, DOB, physician, etc.) or patient label.~~
5. ~~Using a small font, center the title of the form in the footer between the areas left for the bar code and patient identification. (This is for ease of identification while form is in patient’s chart.) Do not translate into Spanish.~~
6. ~~Place the date of revision (or creation) at the bottom, center of the page or just above the barcode.~~
7. ~~Design forms to eliminate any markings within 1/4” of the document edge.~~
8. ~~Do not use any type of shading.~~
9. ~~Allow 1/2” (one half inch) space at top of patient care forms for hole punch. The KDHCDC title and the form title can be placed between the 1/4” and 1/2” area at the top of the form if necessary to fit the form on one page.~~
10. ~~Fold out forms shall be perforated on the fold lines with each page numbered in sequence and allow for patient identification and form identification on ALL separate sheets. The barcode only needs to be on the first page.~~

11. ~~Place the barcode on the front, only, of a duplex (two-sided) form; even for English/Spanish duplex forms (English on one side; Spanish on the other).~~

12. ~~All Medical Record/patient chart copies of NCR's need to be white.~~

13. ~~All documentation requires lines for date, time, and signature of person documenting. All physician signatures require a date and time.~~

~~The following guidelines will be used when formatting documents for use in the medical record. The business forms vendor and/or HIM is responsible for formatting and typesetting the document.~~

~~All documents should be designed using one of the Documentation Standards Committee Microsoft Word templates.~~

~~Form Identification:~~

~~KAWEAH DELTA HEALTH CARE DISTRICT must be located in upper left hand corner in the header of the document. The district logo will be placed in the header when space allows. If the form is intended to be used only in the hospital of the main campus, the Medical Center header will be used.~~

~~"A Division of Kaweah Delta Health Care District" in italics under the 'header line' is acceptable when more specific location identification is appropriate.~~

~~Form Name/Title: The name of the form must be located in two places on the form:~~

- ~~Upper right hand corner in the header of the document.~~
- ~~Centered in the footer of the document between the bar code and patient identification areas. This is for ease of identification of the form in the patient's chart while the patient is still in the facility.~~

~~Forms used District-wide should not have location specific names printed on the form.~~

~~Margins:~~

~~Forms should be designed to eliminate any markings within 1/4" of the document edge.~~

~~Generally a 1/2" side margin should be observed, if possible.~~

~~Allow 1.4" space at top of patient care forms for the margin, hole punch, and logo/title bar.~~

~~Standard forms: leave 1" at top for margin and logo/title bar.~~

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- Footer: leave 1.25" at bottom of the page for margin/bar code and name, and patient identification (ID label): Patient name, MRN, Account Number, DOB, physician name or patient identification label will be placed here.
- Font Theme and Size:
 - For the ease of conversion into an electronic form, only the Helvetica font theme will be used.
 - Font size 14 will be used for the Authorization for Use or Disclosure of Health Information.
 - Font size 12 will be used for all material provided to patients, including consent forms and Condition of Admission (COA).
 - Font size 8 will be used for the title of the form in the footer of the document.
- Shading:
 - Do not use any type of shading when drafting form. Shading will be added when form is typeset.
- Form Number and Creation/Revision Date:
 - Located at the bottom, center of the page and/or just above the barcode.
- Multiple Page Forms:
 - A page number will be present at the footer of every page.
 - Barcode and patient identification will be placed on every page.
 - The header of the first page will contain the Kaweah Delta logo.
 - A simplified header will be placed for any subsequent pages.
- Multi Part Forms
 - First page will be the original form in the color white.
 - Footer should state:
 - First page: Original— Medical Record
 - Additional pages should state appropriate distribution, i.e., Patient copy, Physician Office copy, etc.
- Fold out forms:
 - Will be perforated on the fold lines with each page numbered in sequence.
 - Barcode and patient identification will be placed on every page.
 - Page numbers will be placed on each sheet.
- Signature Lines:
 - Forms requiring signatures will have a standardized footer.
 - Physician: Signature/Date/Time
 - Consents/Authorizations: Signature/Date/Time
 - Patient Education Material: Signature/Date
 - Space for legal relationship to patient when the form is signed by someone other than the patient.

- Location for signatures will be standard for all forms and be located at the bottom of the document.
- Pages of forms that do not need to be scanned into the electronic medical record require the following statement in the footer:
 - “For reference only. Do not include this page in the medical record.”
- Language Translation
 - Forms provided to patients will be offered in English and Spanish.
 - Spanish language forms will be translated by Interpreter Services.
 - A space for interpreter signature, printed name, or telephonic ID number will be added to all consent and education forms that require language translation.
- Reading Level
 - Forms intended for patients to read must be written at a 5th grade reading level.

approval

REQUEST FOR NEW/REVISED FORM

Date of Request: _____
_____/_____/_____

Form Title: _____

Requested by: _____ Phone: _____ e-mail: _____

Originated by (name of committee or person): _____

Department Head approval (signature): _____ Dept: _____

Physician's approval: _____

Name of person who will present this form at the Documentation Standardization Meeting: _____

Other Committees/Meetings that approved this form: _____

Does this form contain the same information as an existing form(s)? Yes No

Is this form replacing the existing form (s)? Yes No

Name of form(s) being replaced: _____

Does this form meet "Form Standardization Guidelines"? Yes No

(Contact a Documentation Standardization Committee member for a copy of the guidelines ext. 5018.)

Why is this form required? TJC CMS Other: _____

Will this form be filed in the patient's chart? Yes No

If yes, what barcode in EDM will this form be filed under? _____

How does this form feed into the electronic medical record? Cold drop Scanned

Will this form be given to the patient? Yes No

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approval



Policy Number: AP133	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Patient Elopement Critical Incident Response - Code Green	

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

I. PURPOSE: Kaweah Health is committed to the safety and security of all patients. This policy will outline the process when a high-risk patient is discovered missing or is seen eloping.

II. DEFINITIONS

A. High-risk patients include:

1. A cognitively impaired patient without capacity to make medical decisions.
2. Any patient who is on an involuntary psychiatric hold, such as a 1799, 5150, or 5250.
3. An unemancipated minor.
4. A patient who is conserved pursuant to the Lanterman-Petris-Short Act (LPS Act).
5. Any patient at moderate or high-risk for suicide

III. POLICY

- A. All hospital staff are responsible for responding in the event of the elopement or discovery of a missing patient.
- B. This policy excludes competent patients leaving against medical advice (AMA).
- C. If patient is combative and leaving while eloping, the staff member ~~noting~~ monitoring the elopement will stay with the patient and alert the next nearest staff member to initiate a "Code Graey".
- D. The staff member monitoring the patient will take all reasonable precautions to ensure the safety of the patient, without placing ~~him or herself~~ ~~themselves~~ in harm's way.

IV. PROCEDURE

A. IMMEDIATE ELOPEMENT AREA

1. Person who identifies possible elopement

- a. Call “44” to activate ~~the~~ overhead paging ~~and~~ to announce a “Code Green” with description of patient to include height, attire, gender, ethnicity, age, and any other pertinent details;
 - b. Give exact location to alert all staff that a patient is missing or in the process of elopement; ~~and~~;
 - c. Instruct available staff to ~~start~~ initiate a room-to-room search of the immediate area.
2. Area Charge Nurse (or other lead staff):
- a. Gather additional information and verify
 - a. Patient name, room number, gender, approximate height and weight, hair color, race, photograph if available, and any other identifying information (e.g. using a wheelchair) that was not previously identified;
 - b. Time patient was last seen with description of what patient was wearing;
 - c. If the patient had any visitors in the last 24 hours, including who visited the patient and when; ~~and~~
 - d. The area the patient left from and in what direction they were going.
 - b. Initiate ~~an area~~ search, ~~which includes~~ of the areas which ~~includes, but is, but~~ not limited to: patient rooms, corridors, nourishment center, waiting room, classrooms, conference rooms, elevators, stairways, storage rooms, restrooms, housekeeping or utility closets, dietary or housekeeping carts, offices, and cabinets.
 - c. If patient elopes from a non-inpatient unit, lead staff will notify the inpatient department for assistance.
3. If the patient is seen exiting the building, lead staff and House Supervisor will work with Security to determine if Visalia Police Department (VPD) should be notified with a “9-911” call to initiate an area search.

B. PBX Checklist

1. Upon notification, announce Code Green plus description (3 times) over the ~~public address~~ overhead paging system, ~~including handheld pagers.~~
2. Notify the following:
 - a. Security
 - b. House Supervisor
 - c. Others as requested by House Supervisor or Security.

C. Security Checklist

1. Immediately respond to the location of the possible elopement.
2. Assign Security Officer as appropriate.

3. Search external areas of campus for eloped patient.
4. Attempt to get information on possible description of eloped patient.
5. Assist unit staff to complete VPD notification, when indicated.
6. Greet ~~police~~VPD with description and any known information, acting as our liaison with the ~~police department~~VPD personnel.

D. Hospital staff checklist

1. Staff respond immediately, as assigned, to the exits of the hospital and should not leave their position until “All Clear” page is heard.
2. All staff, even those not in an assigned area or exit, should stay alert and report any person matching the description to the PBX Operator at Ext. 44.
3. If a person runs, do not attempt to apprehend them. Without losing sight of the person, ask for someone to call Security.
 - a. If an individual matches the Code Green description, take special note of their appearance. This includes what they are wearing (style, color, etc.); and how they leave the hospital ~~property~~ground (including the make, model, color, and license plate number if leaving by vehicle).
 - b. Immediately report information to Security.
4. Assignments include:

<u>Name of Exit or Area</u>	<u>Department to Respond</u>
<u>Mineral King Main Lobby</u>	<u>Patient Access 0700-2100</u> <u>Emergency Department 2100-0700</u>
<u>Ambrosia Exit</u>	<u>Food Services</u>
<u>House Supervisor/Bed CoordinatorBed Allocation Office</u>	<u>Staffing CoordinatorBed Allocation</u>
<u>Endoscopy Hallway</u>	<u>Respiratory</u>
<u>Surgery Center Exit</u>	<u>Surgery Waiting Patient Access 0700-1700</u> <u>Pharmacy 1700-0700</u>
<u>Acequia West Staircase Exit</u>	<u>Help DeskPatient Access 0700-2100</u> <u>CVICU 2100-0700</u>
<u>Acequia West Employee Entrance/Exit by Visitor Elevators</u>	<u>Patient Access 0700-2100</u> <u>CVICU 2100-0700</u>
<u>Acequia Wing Lobby</u>	<u>Patient Access 0700-2100</u> <u>4-Tower 2100-0700</u>
<u>Acequia East Employee Entrance/Exit</u>	<u>EVS</u>
<u>Emergency Department Ambulance Bay (Inside)</u>	<u>Emergency Department</u>
<u>Acequia Zone A – Exterior Post – by ambulance bay with clear view of east stairwell exit, EMS door, ambulance</u>	<u>Emergency Department</u>

door, and Emergency Department stairwell exit	
Acequia Zone B – Exterior Post – East Stairwell Exit	Emergency Department
Acequia Zone C – Exterior Post – Northeast Employee Entrance/Exit	Patient Access 0700-2100 CVICU 1700-0700
Acequia Zone D – Exterior Post – Acequia Main Stairwell and exit door – Northeast Side	Patient Access 0700-1700 4-Tower 1700-0700
Acequia Zone E – Exterior Post – Acequia Main Entrance	Patient Access 0700-1700 Emergency Department 1700-0700
Acequia Zone F – Exterior Post – Northwest exit and stairwell	Environmental Services
Acequia Zone G – Exterior Post – Acequia Southwest Exit with clear view of west stairwell, recessed exit.	Environmental Services
Mineral King Zone H – Exterior Post – Surgery Center Pre-Op West Exit door with view of courtyard walkway, back surgery door	Laundry Department
Mineral King Zone I – Exterior Post – Surgery Center Main Entrance	Surgery Patient Access 0700-1700 Pharmacy 1700-0700
Mineral King Zone J – Exterior Post – Loading Dock	Shipping and Receiving 0700-1500 Maintenance 1500-0700
Mineral King Zone K – Exterior Post – Dietary Exit Door	Food Services
Mineral King Zone L – Exterior Post – Ambrosia Exit	Ambrosia Staff 0700-2000 Security 2000-0700
Mineral King Zone M – Exterior Post – Mineral King Main Entrance	Patient Access 0700-2100 Security 2100-0700
Mineral King Zone N – Exterior Post – Emergency Department Main Entrance	Security

E. Notifications

1. [If the patient is not located, Security and unit leadership will coordinate notification to VPD.](#)
2. [House Supervisor will notify the administrator on-call and Risk Management.](#)
3. [If the patient is not located, Charge Nurse/Team Lead staff will call the family and notify them of the patient's absence. Assistance can be provided by PFS or House Supervisor as needed.](#)
4. [Charge Nurse/Team Lead will contact the attending physician to relay information regarding the incident.](#)
5. [Following the incident, the Department Manager or designee submits an event report to Risk Management.](#)

F. Documentation of patient's return

1. Time of return;
2. Patient's reason for leaving (if known) and where they went;
3. Assessment of patient, including current vital signs;
4. Interventions implemented (e.g. sitter, telesitter, TAB monitor);
5. Individuals notified of patient's return (Physician and family).;

G. Documentation if patient not located

1. Time patient elopement was identified;
2. Notification of family, physician, VPD;
3. Steps taken to locate patient.

H. Only House Supervisor can authorize the PBX to page "Code Green All Clear."

REFERENCES:

California Welfare & Institution Code Section 5150 and 5250 California Health & Safety Code Section 1799.111 and CHA Consent Manual Links 5150, 5250 & 1799

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POLICY: ~~Kaweah Delta Health Care District (KDHCD) is committed to the safety and security of all patients. All physicians and staff are responsible for responding quickly and appropriately in the event of the elopement of a cognitively impaired patient who may be at risk for harm, including patients on a voluntary or involuntary psychiatric hold who leave the hospital without notification of KDHCD staff. Unit personnel will respond immediately when a patient is identified as missing. This policy excludes competent patients leaving against medical advice (AMA).~~

PROCEDURE:

~~When a cognitively impaired patient, or a patient who is on an involuntary psychiatric hold such as a W&I 5150 or 5250, or a medical hold pending a psychiatric evaluation such as a H&S1799.111 is believed to be missing from our facilities, or is observed leaving a facility, the following process will be followed in response to the elopement:~~

~~ECALL "44" TO ACTIVATE THE OVERHEAD PAGING AND ANNOUNCE A "CODE GREEN", WITH DESCRIPTION OF PATIENT, HEIGHT, ATTIRE, GENDER, ETHNICITY, AGE GIVING EXACT LOCATION TO ALERT ALL~~

- STAFF A PATIENT IS MISSING OR IN THE PROCESS OF ELOPEMENT.** Call “44” to activate the overhead paging and announce a “Code Green”, giving exact location to alert all staff a patient is missing or in the process of elopement. Hospital Security and all available staff will respond immediately to the location. If patient is combative and leaving, the staff member noting the elopement will stay with the patient and alert the next nearest staff member to initiate a “Code Green”. The staff member monitoring the patient will take all reasonable precautions to ensure the safety of the patient, without placing him or herself in harm’s way. The Visalia Police Department will be notified by a “9-911” call, if the patient leaves the facility.
- II. The Nurse Manager, (or Charge Nurse/Team Lead) will respond to the code alert and gather the following information:
- A. Patient name, room number, gender, approximate height and weight, hair color, race, photograph if available, and any other identifying information (e.g. using a wheelchair).
 - B. Time patient was last seen and description of what patient was wearing.
 - C. If the missing patient had any visitors in the last 24 hours, i.e. who visited the patient and when.
 - D. The area the patient left from and what direction they were going.
- Notification of the patient’s family.
- On weekends or when an administrator is not on campus, the nurse in charge of the patient will notify the House Supervisor. If the patient is not located, the House Supervisor will notify the administrator on-call and Risk Management. If the elopement was not observed and a patient is found to be missing, all available personnel will search all rooms within the unit and initiate a “Code Green”. If the patient is not found, the staff will follow the protocol listed in numbers I and II above. If staff are unable to find the patient within the building, KDHC staff will search the immediate grounds outside of KDHC’s buildings and campus. If the patient is not found, nursing staff will call the family and notify them of the patient’s absence. Patient and Family Services should be notified to assist with calling the family or guardian of the patient.
- VII. If the patient is not found, the Nurse Manager, Charge Nurse or Team Lead will notify the Visalia Police Department with a “9-911” call to initiate an area search.
- VIII. Documentation of the patient’s return to the facility will include:
- A. Time of return.
 - B. Patient’s reason for leaving (if known), and where they went while AWOL.
 - C. Assessment of patient, including current vital signs (BP, T, P, R).
 - D. Interventions implemented (i.e.: sitter, TAB monitor).
 - E. Individuals notified of patient’s return (Administration, Physician, and Family).
 - F. Completion of an occurrence report.

Respond to

REFERENCES:

California Welfare & Institution Code Section 5150 and 5250 California Health & Safety Code Section 1799.111

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Approval



Kaweah Health Medical Center External Exits



Policy Number: AP142	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Traffic and Parking Regulations	

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

PURPOSE: Traffic and parking regulations are developed by the Kaweah Delta Health Care District , approved by the Board of Trustees and published in the appropriate publications. The Traffic and Parking regulations are needed to provide safe vehicular movement, and to provide as many parking spaces as possible to Patients, Visitors and family members.

POLICY: The Board of Trustees authorizes the Kaweah Delta Health Care District Security Officers to enforce parking regulations on Kaweah Delta Health Care District property. Citations may be issued for violating the following regulations, codes or ordinances:

Parking regulations established by the Board of Trustees of Kaweah Delta Health Care District.

California Vehicle Code, Section 21113.

Ordinances of the County of Tulare and the City of Visalia.

POSTED SIGNS: Signs shall be posted at every ingress and egress of Kaweah Delta Health Care District parking facilities, advising users of the enforcement of parking regulations. These signs will be at a minimum 17 inches, by 22 inches, with lettering not less than 1 inch. These signs shall be black and white in color.

FINES: The fines for any violations of Sections 1, 2, & 3 above, shall be the same as set forth by the City of Visalia Police Department.

PROCEDURE:

California Vehicle Code Authority: It shall be an infraction for any person to do any act forbidden or fail to perform any act required in these articles (Calif. Vehicle Code, Section 21113):

I. Section 101: EFFECTIVE DAYS AND HOURS OF ENFORCEMENT

All parking regulations shall apply throughout the year on all Kaweah Delta Health Care District campuses.

All other regulations set forth in the Traffic and Parking Regulations will apply throughout the year.

Violations of the California Vehicle Code, not included in the Traffic and Parking Regulations, will be enforced at all times throughout the year.

II. Section 102: SPEED LIMIT

Where not otherwise posted, the maximum speed limit for any vehicle on Kaweah Delta Health Care District property shall be a maximum 10 mph.

III. Section 103 UNAUTHORIZED VISITORS PARKING

Vehicles parked in the visitors parking area is limited to family members and friends of patients who are being treated at KDHC. Employees of KDHC who are on duty are prohibited from parking in the visitor parking area.

IV. Section 104 LOADING ZONE PARKING (20 MINUTES)

Vehicles may be parked in Loading Zones only for the purpose of loading and unloading and only for as long as is necessary for that purpose. In no case may a vehicle remain in a Loading Zone in excess of 20 minutes.

V. Section 105 VISITOR PARKING (GREEN CURB) ZONES

No vehicle may park in Visitor Parking Zones in excess of 20 minutes.

VI. Section 106 NO PARKING/STOPPING (RED CURB) ZONES

No vehicle may be parked or stopped in a no-parking (red curb) zone.

VII. Section 107 DRIVING AND PARKING WITH TRAFFIC FLOW

In all Kaweah Delta Health Care District parking areas, all motor vehicle shall be driven and parked in the same direction as the designated traffic flow as indicated by the direction of the parking spaces and/or by posted signs or markings.

VIII. Section 108 PARKING WITHIN ALLOTTED SPACES

Motor vehicles shall not be parked in Kaweah Delta Health Care District parking spaces in such a way as to protrude from spaces to the extent that traffic flow is impeded or other motorists cannot effectively utilize adjacent spaces.

IX. Section 109 AREAS AUTHORIZED FOR MOTOR VEHICLE OPERATION

No motor vehicles shall be driven or parked on sidewalks, lawns, landscaped areas or other areas not designated for motor vehicle traffic or parking. This restriction shall not apply to emergency and maintenance vehicles while the driver is performing necessary duties.

X. Section 110 ABANDONED VEHICLES

Non-District owned vehicles left on Kaweah Delta Health Care District property without prior authorization of the Board of Trustees or their designee in excess of 72 hours may be towed away at the registered owner's expense. (Ref: CVC 22651 k/Visalia City Ordinance 10.16.050)

XI. Section 111 TRAFFIC BLOCKAGE / HAZARDOUS CONDITION

Vehicles parked or stopped in such a manner and location as to create a traffic blockage or endangerment to the community may be towed away at the registered owner's expense. (Ref: CVC 22651 b)

XII. Section 112 PERSISTENT VIOLATORS – VEHICLES TOWED

Persistent violators of Kaweah Delta Health Care District's Traffic and Parking Regulations may, at the discretion of the Board of Trustees or their designee, may be permanently denied authorization to drive or park on District property. Any vehicle parked on District property found to have five or more un-cleared citations, may be impounded at the owner's expense. Such vehicles will be released to the owner upon written proof the outstanding citations have been cleared.

XIII. Section 113 SLEEPING IN VEHICLES

No person shall sleep in any vehicle parked on Kaweah Delta Health Care District property between the hours of 10 p.m. and 8 a.m. unless authorized by Board of Trustees or their designees.

XIV. Section 114 PEDESTRIAN RIGHT-OF-WAY

Pedestrians on Kaweah Delta Health Care District property shall have right-of-way over all vehicles, including bicycles, motor driven cycles, motorcycles, carts and all other mechanical methods of conveyance.

XV. Section 115 PROHIBITED METHODS OF CONVEYANCE

No person shall go upon any roadway, path, interior service road, sidewalk, landscaped area, lawn or other paved or hard surfaced area on Kaweah Delta Health Care District property while operating a bicycle, coaster, roller or blade skates, skateboard, toy vehicle or other similar device. Security Officers while on duty utilizing a bicycle shall be exempt from this section.

XVI. Section 116 LOUD MUSIC OR NOISE

No person shall operate a vehicle on Kaweah Delta Health Care District property while projecting amplified music or other noise that is so loud as to disturb others.

XVII. Section 117 DISABLED PARKING

Only those vehicles bearing State of California disabled placards may park in spaces designated for disabled parking.

XVIII. Section 118 NO LITTERING

No pedestrian or driver or occupant of a vehicle shall throw or deposit upon any portion of Kaweah Delta Health Care District property any bottle, can garbage, glass, nail, paper, wire or any substance likely to injure or damage vehicles or pedestrians. Prohibited substances also include any noisome, nauseous, or offensive matter of any kind.

XIX. Section 119 NO UNAUTHORIZED POSTING/DISTRIBUTION OF HANDBILLS

No person, without authorization from the Board of Trustees or their designee, shall post handbills upon vehicles, buildings, or other stationary objects on Kaweah Delta Health Care District property.

XX. Section 120 NO POSTING VEHICLES FOR SALE

No vehicles shall be parked over (12) twelve hours, while posted for sale, on Kaweah Delta Health Care District property.

XXI. Section 121 NO BLOCKING TRAFFIC FLOW

No vehicle shall block normal traffic flow as per California Vehicle Code Section 22500 (b) crosswalk, (e) driveway, (f) sidewalk, (h) double parked, (i) bus stop, or (l) wheelchair ramp.

XXII. Section 122 PERMIT PARKING

When signs authorized by this policy are in place giving notice thereof, no person shall operate, park or stand any vehicle contrary to the directions and provisions of such signs.

XXIII. Section 123 TIMED PARKING

No vehicle shall park in a parking space with posted time limits in excess of the posted time limit.

↪

REF: California Vehicle Code: Section 21113(a)

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a

Policy Number: AP150	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Identity Theft Detection, Prevention, and Mitigation	

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

POLICY: Kaweah Delta Health Care District (“Kaweah DeltaHealthK”DHCD) will maintain appropriate protocols to detect, prevent, and mitigate possible occurrences of identity theft.

REFERENCE: Fair Credit Reporting Act (FCRA, 15 U.S.C. 1681 et seq.)

PROCEDURE:

Protocols to Prevent ~~of~~ Identity Theft

a. Registration

i. Kaweah DeltaHealth KDHCD—Registration Patient Access personnel will verify a patient’s identity by using a government issued identification ID-card (or other acceptable alternative forms of photo identificationid).

1. In emergent situations, basic registration information may be obtained prior to the medical screening examination as long as it does NOT delay the medical screening examination or emergency treatment.

~~2. The Registration Patient Access personnel will document in the patient’s account that the patient’s identification was verified.~~

2. If a patient is unable to present an acceptable form of identification, the Patient AccessRegistration personnel will document that ~~no~~ photo identification id was not verified

a. Registration personnel will use other patient identifiers when photo identification is not available, some examples are Social Security Number and Date of Birth.

b. In areas where camera capture is utilized to document a patient’s photo, such photo will not be placed in the medical record if a patient’s identification is not confirmed with a valid form of identification.

3. Registration personnel will create a new patient medical record, if they are unable to verify and confirm the

patient's identity.

- b. Confidentiality and Security of protected medical information
 - i. As outlined in the *Confidentiality, Security, and Integrity of Information* policy (AP. 64 Confidentiality Security and Integrity of Health Information) ~~Kaweah DeltaHealth KDHCD~~ will ensure that individually identifiable health information is kept confidential and is only accessed and/or released in accordance with ~~Kaweah DeltaHealth KDHCD~~ policy, State, and/or Federal laws governing release of information.
 - ii. ~~If there is a reasonable suspicion that the confidentiality of patient information is compromised, the Kaweah DeltaHealth KDHCD Compliance & Privacy Officer or designee will be notified immediately.~~
 - iii. ~~ii. AP 128~~
 - iv. ~~iii. AP 107- Patient Privacy Use and Disclosure of Patient Information~~
 - v. ~~iv. AP 108- Patient Privacy Administrative and Compliance Requirements~~

Protocols to Detect and Monitor for Identity Theft

- a. ~~During the billing process if a carrier denies a claim for conflicting procedures or diagnosis the Patient Account Specialist will investigate and work with coding on appropriate charges and coding. If determined to be Potential Identity Theft, the Patient Account Specialist will proceed with completing the Potential Identity Theft form (Attachment "B") will be completed. (i.e. pregnancy after hysterectomy, reported pregnancy on a male patient)~~
 - i. ~~The Patient Account Specialist receiving the denial is responsible to complete the Potential Identity Theft form.~~
- b.a. ~~Self pay a~~ Analytic tools will be utilized by t ~~The Patient Accounting Department to will~~ monitor for potential instances of identity theft by Social Security Number (SSN) and/or patient address ~~fraud.~~
 - i. ~~Reports will be periodically monitored to determine if there are patient accounts with instances of invalid identity verification. Examples of potential fraud flags to be monitored are:~~
 1. ~~If a Hotel, Motel, Campground, Storage Facility, Prison, Check Cashing Facility address is used or given during registration process.~~
- a. ~~If a~~ SSN Social Security Number ~~is reported as being misused by a patient, the Patient Accounting Specialist will review the patient's account to determine if potential identity theft has occurred.~~
 - ii. ~~i. The Patient Accounting Specialist Staff member will review the patient's account to determine if a potential identity theft fraud case has occurred.~~

1. If potential ~~fraud~~ identity theft is believed to have occurred, the *Potential Identity Theft* form will be completed.
- b. The Federal Trade Commission (FTC) has suggested 26 “Red Flags” that are possible indicators of identity theft across the multitude of financial institutions affected by the Fair Credit Reporting Act. The FTC has allowed each individual entity to monitor the “Red Flags” that apply to their entity’s business practices.
 - i. ~~A summary of the 26 “Red Flags” is included in Attachment “A”.~~
 - ii. ~~The~~ “Red Flags” considered relevant to Kaweah DeltaHealth’s KDHCDC’s business practices are have been highlighted/identified (Attachment A).
 1. If there is an occurrence of an issue relevant to one of the FTC’s “Red Flags”, the *Potential Identity Theft* form will be completed.

Investigation Process

- a. The *Potential Identity Theft* form will be completed in any instance where there is a reasonable suspicion that ~~i~~ identity ~~T~~ theft has occurred or where a patient has notified Kaweah DeltaHealth KDHCDC of identity theft. When reported to Patient Accounting, Customer Service or Patient Access/Registration personnel, they will make a reasonable effort to review the account(s) for validation.
~~The Potential Identity Theft form is forwarded to the Compliance Department for investigation.~~
 - b. If a patient ~~is~~ reporting a concern of identity theft, the patient must file a police report with the appropriate Law Enforcement Agency/Visalia Police Department as well as notify KDHCDC. A copy of the police report must be provided to Kaweah DeltaHealth KDHCDC and the
~~The~~ police report number ~~should be~~ documented on the *Potential Identity Theft* form.
- c. The completed Potential Identity Theft form is forwarded to the Compliance Department for further investigation.
- d. Once the information has been received in the Compliance Department, the ~~p~~ Potential ~~i~~ identity ~~T~~ theft incident will be reviewed and researched in accordance with Administrative District Policy CP.05 Compliance and Privacy Issues Investigation and Resolution.

Identity Theft Mitigation

- a. If Identity Theft is confirmed the following will occur:
 - i. Incorrect medical record entries will be moved from the victim’s medical record to an “Identity Theft” account in IMNET/EDM.
 - ii. Any erroneous payments received, will be refunded accordingly.
 - iii. The victim’s account balance will be adjusted using a specified Identity Theft CDM, 8040237.
 1. Identity theft totals will be reported monthly on the AR Dashboard.

- iii.iv. The victim of the identity theft will be notified of the identity theft if they are not already aware by the Compliance department.
- v. Kaweah DeltaHealth KDHCD may offer credit protection monitoring for the affected individual for a period of one year at Kaweah DeltaHealth KDHCD's expense.

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Attachment A

FTC Red Flags

1. Documents provided for identification appear to have been altered or forged.
2. The photograph or physical description on the identification is not consistent with the appearance of the applicant or customer presenting the identification.
3. Other information on the identification is not consistent with readily accessible information that is on file with the financial institution or creditor, such as a signature card or a recent check.
4. Personal identifying information provided is inconsistent when compared against external information sources used by the financial institution or creditor.
5. Personal identifying information provided by the customer is not consistent with other personal identifying information provided by the customer. For example, there is a lack of correlation between the SSN range and date of birth.
6. Personal identifying information provided is associated with known fraudulent activity as indicated by internal or third-party sources used by the financial institution or creditor.
7. Personal identifying information provided is of a type commonly associated with fraudulent activity as indicated by internal or third-party sources used by the financial institution or creditor.
8. The SSN provided is the same as that submitted by other persons opening an account or other customers.
9. The address or telephone number provided is the same as or similar to the account number or telephone number submitted by an unusually large number of other persons opening accounts or other customers.
10. The person opening the covered account or the customer fails to provide all required personal identifying information on an application or in response to notification that the application is incomplete.
11. Personal identifying information provided is not consistent with personal identifying information that is on file with the financial institution or creditor.
12. For financial institutions and creditors that use challenge questions, the person opening the covered account or the customer cannot provide authenticating information beyond that which generally would be available from a wallet or consumer report.
13. Mail sent to the customer is returned repeatedly as undeliverable although transactions continue to be conducted in connection with the customer's covered account.
14. The financial institution or creditor is notified that the customer is not receiving paper account statements.
15. The financial institution or creditor is notified of unauthorized charges or transactions in connection with a customer's covered account.
16. The financial institution or creditor is notified by a customer, a victim or identity theft, a law enforcement authority, or any other person that is has opened a fraudulent account for a person engaged in identity theft.



**Kaweah Delta
Health Care District**

Attachment B

POTENTIAL IDENTITY THEFT FORM

Today's Date: _____ **Police Report**
_____

Name of person making complaint: _____

Name of person whose Private Data has been used or disclosed (if different from above): _____

Account # _____ **Medical Record #** _____

Date of Birth: _____ **Last 4 digits of SS#: XXX-XX-** _____

I can be reached at: _____ or _____
Phone Number Alternate Phone Number

Address: Street _____ City _____ State _____ Zip _____

The best time of day to reach me is: _____

Type of Private Data involved: Health Information Personal Identifying Information

I feel that the privacy rights of the above-named person have been violated in the following way:

This is what I want done to resolve this violation:

Signature: _____

Thank you for the opportunity to improve our services. We want to assist you in any way we reasonably can. Please keep a copy of this form and mail or fax to (559) [735-300613-2254](tel:735-300613-2254) or if you choose to deliver to the Compliance

Department located at 520 W. Mineral King, Visalia CA 93291 4th Floor Support Services Building. A representative will contact you to discuss your concerns.

Mail to: 400 W. Mineral King Ave, Visalia, CA 93291 Attention: Compliance Department Fax: 559-74335-22543006

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Approval

Policy Number: AP159	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Patient Personal Property and Valuables	

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

Purpose: To establish a system for the custody and tracking of patient personal property during a patient’s stay at Kaweah Delta Health Care District (herein referred to as Kaweah Health) excluding the Kaweah Delta Mental Health Hospital (herein referred to as Kaweah Health Mental Hospital), which has a policy specific to its service area.

Definitions: Personal property – items or objects that belong to a patient and patients keep in their possession during their hospital stay. –Valuables – personal property such as money, credit cards, dentures, hearing aids, glasses, or jewelry.-

1. **Policy:** Patients should be actively encouraged to send personal property home.
2. Kaweah Health is not responsible for any personal property brought into the hospital after admission. As part of the patient’s admission process, Patient Access staff will review the Release of Responsibility and Liability for Personal Property and Valuables with the patient, and/or the patient’s legal representative. Upon request, staff will provide ~~them with~~ a copy of the ***Patient Personal Property and Valuables Policy***.
3. Patient Access staff will obtain the patient’s or patient’s legal representative’s signature on the Conditions of Admission (COA) form indicating acknowledgment that the management of personal belongings has been explained to him or her.
4. The ~~licensed staff~~~~RN~~ and/or designee admitting the patient is responsible for ~~ensuring making sure that~~ the **Valuables/Belongings List** is completed upon admission should the patient or patient’s legal representative choose to keep valuables/belongings in the patient’s possession.
 - a. Money, jewelry and other valuables should be labeled and stored in the safe.
 - b. Medications should be labeled and sent to Pharmacy.
 - c. Weapons, drugs, and drug paraphernalia should be sent to Security Services.

- d. Assistive devices needed by the patient should be labeled and inventoried. Examples include dentures, glasses, hearing aids, and prosthetics.
 - e. If a patient is not alert and oriented, the patient's property should be labeled and inventoried for tracking purposes.
 - f. If a staff member takes possession of a patient's property, items collected from the patient should be inventoried and the patient or their legal representative should sign the inventory form. This is to acknowledge that the patient's items were labeled and inventoried correctly.
5. Patient Refusal: If the patient or patient's legal representative refuse to allow the licensed staff and/or designee to view and inventory the patient's personal property, staff will discuss the purpose of maintaining a safe environment by ensuring there are no prohibited items and, if so, they are properly secured by staff.
- a. The licensed staff and/or designee may consider allowing the patient to physically sort through each item while the licensed staff or designee visualize and inventory the personal property.
 - b. Staff may also request that the personal property is picked up by family and taken home.
 - c. The patient identified as *MODERATE* or *HIGH-RISK FOR SUICIDE* cannot refuse a belongings search (Please refer to policy PC.26 Suicide: Screening, Assessment and Care of Patients – Acute Care).
 - d. For additional support, staff may use the chain of command or notify Security Services for further assistance.
- 5-6. Kaweah Health may provide storage containers and/or "Personal Property" bags to patients choosing to retain personal property at the bedside. This is a courtesy and does not constitute Kaweah Health's acceptance of responsibility for retained items.
- 6-7. It is the responsibility of the patient and/or the patient's legal representative to make sure personal property such as dentures, glasses, and hearing aids are labeled and placed in protective containers when not in use.
- a. Kaweah Health will not be responsible for the loss or damage of such items.
- 7-8. Personal property will accompany the patient when transferred between units and Kaweah Health staff will make all reasonable efforts to assist the patient in moving these items upon transfer.
- 8-9. Medications

- a. Medications brought in by patients are to be sent home, unless the physician orders medication from home to be administered or kept in the service area. (Refer to District Policy CP.66 Patient's Personal Medications).
- b. A patient's personal medications will be secured by the hospital pharmacy if they cannot be returned to the family or legal representative (Refer to District Policy CP.66 Patient's Personal Medications).

9.10. Valuables may be locked in the hospital's safe in accordance with CA Civil Code §1860.

- a. Items should be placed in a Patient Belongings Envelope. Items should be described as they appear without making assumptions, e.g. a diamond ring should be documented as "yellow metal band and clear stone." Any documentation of the property description should avoid indication of its value.
- b. The hospital statutory limit of liability for loss/damage to deposited items will be \$500.
- c. The hospital may release such deposited items to the patient's representative if the patient is unable to personally retrieve personal property or valuables upon discharge.

10.11. At discharge, staff should check the patient room to ensure personal property has gone home with the patient.

- a. Personal property left behind should be placed in a "Personal Property" Bag labeled with the patient's name and placed in the unit's storage area. After thirty (30) days has elapsed and the items have not been retrieved, they will be donated to a charitable organization or discarded.

11.12. At discharge, items locked in the safe will be retrieved:

- a. During business hours: the patient, patient's legal representative will contact Patient Access.
- b. During non-business hours: the House Supervisor will be contacted and will retrieve the Patient Belongings Envelope from the safe.

12.13. When a staff member discovers a weapon on a patient or visitor, they should immediately notify Security Services staff. Security Services staff are the only staff permitted to handle patient property related to weapons and/or firearms (Please refer to policy SEC 129 Emergency Department Weapons Inspection).

- a. The Security Services staff will notify the shift lead or request a secondary Officer to assist with managing the weapon discovery.

13. The Kaweah Health Department where the loss/damage occurred will determine liability in claims submitted for lost or damaged personal property. The Department will be responsible for completing an investigation. In situations where Kaweah Health is liable, the Department Leader shall be responsible for reimbursing the patient.
 - a. No promises of reimbursement or replacement of lost or damaged property should ever be made.

References:

[PC.26 Suicide: Screening, Assessment and Care of Patients – Acute Care](#)

[SEC129 Emergency Department Weapons Inspection](#)

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Subcategories of Department Manuals not selected.

Policy Number: AP161	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Workplace Violence Prevention Program	

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

PURPOSE:

1. To provide guidance on appropriate responses to all violence or threats of violence that may affect Kaweah Health (KH) workplace in any significant way. This policy and procedures applies, but is not limited to, employees, physicians, residents, patients, visitors, contract and temporary workers, vendors and other individuals, who are either on KH property or otherwise involved with KH operations in any way.
2. To heighten the safety of every individual in the workplace and to recognize that everyone must share in the responsibility of preventing and responding to threats of violence and actual workplace violence. Cooperation, adherence to and support of this policy and procedure by everyone, both management and non-management, are essential.
3. To recognize that a safe environment is fundamental to a productive and positive workplace, and that both physical and psychological safety are integral factors in providing patients with the quality health treatment and services to which KH has been entrusted.

POLICY: KH strictly forbids any behavior or threat of behavior which is inconsistent with the purpose of this policy, or which may constitute a violation of law or public policy. Once the potential for violent behavior has been established, KH will act immediately to minimize and diffuse such behavior. All employees bear a responsibility to report any potentially violent situation or individual to his/her manager, the Risk Management Department, Human Resources, Security and/or when applicable, the Police Department (or other appropriate law enforcement agency). The District will strictly abide by applicable statutes, laws and regulations regarding work place safety and security.

DEFINITIONS:

“Environment of Care” (EOC):
The physical and social environment within which services are provided for patients within the District and off site areas.

Workplace:

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Any location, either temporary or permanent, where an employee performs any work-related duty. This includes, but is not limited to, the buildings and surrounding perimeters, including the parking lots, field locations, alternate work locations, and travel to and from work assignments.

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Workplace Violence:

Workplace violence means any act of violence or threat of violence that occurs at the work site. The term workplace violence does not include lawful acts of self-defense or defense of others.

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(A) *The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury;*

~~(B) *An incident involving the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury;*~~

~~(B)~~

(C) *Four workplace violence types:*

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1. *"Type 1 violence" means workplace violence committed by a person who has no legitimate business at the work site, and includes violent acts by anyone who enters the workplace with the intent to commit a crime.*
2. *"Type 2 violence" means workplace violence directed at employees by customers, clients, patients, students, inmates, or any others for whom an organization provides services.*
3. *"Type 3 violence" means workplace violence against an employee by a present or former employee, supervisor, or manager.*
4. *"Type 4 violence" means workplace violence committed in the workplace by someone who does not work there, but has or is known to have had a personal relationship with an employee.*

Imminent/Actual:

Any act or speech threatening or committing assaultive behavior including, but not limited to, any physical contact or menacing behavior which would lead a reasonable person to believe that he/she is in danger of violence and or harm.

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Potential Violence:

A potentially violent situation or individual includes but is not limited to:

- verbal harassment or threats perceived by a reasonable person occur as a prelude to assaultive behavior;
- a domestic dispute spills over into the work place;
- a restraining order has been obtained by an employee against another person;
- an employee is the victim of a stalker;
- an altercation occurs between persons on the premises;
- when gang activity spills over into the work place;

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- when an assaultive or potentially assaultive patient is admitted.

Assault:

An unlawful attempt, coupled with a present ability, to commit a violent injury on the person of another.

Battery:

Any willful and unlawful use of force or violence upon the person of another.

COMPLIANCE

Implement procedures to obtain the active engagement of employees in developing, implementing, and reviewing the Workplace Violence Prevention Plan, including their participation in identifying, evaluating, and correcting workplace violence hazards, designing, and implementing training, and reporting and investigating workplace violence incidents. A copy of the plan is available to any employee at any time on KH's Policy Tech System.

PROCEDURES: See Workplace Violence Checklists on Pages ~~11-12~~10-12.

RESPONSIBILITIES:

Responsibilities for employees include, but are not limited to:

I. Employees:

To immediately report concerns or observed incidents of violence to his/her supervisor or in the absence of such supervisor, to Security, the Risk Management Department, Human Resources or any manager, and when applicable, to the Police Department (or other appropriate law enforcement agency). Patient Family Services can be reached by dialing Ext. 5633 for information on referral so. Follow Administrative Policy .10, Occurrence Reporting Process to complete the Occurrence Reporting form and submit to Risk Management for investigation. The Occurrence Report must be submitted before end of shift.

A. Employees who have reason to believe they, or others, may be victimized by a violent act sometime in the future, at the workplace or as a direct result of their employment with the Kaweah Health, are to inform their supervisor immediately. The supervisor will immediately inform the Risk Management Department, Security Department, Human Resources and his or her Director or Vice President. The manager will work with the employee to complete a Workplace Violence Incident Report and, if indicated, contact local law enforcement officials. The Employee cannot be retaliated against for seeking assistance and intervention from emergency services or law enforcement when a violent incident occurs.

B. Employees who have signed and filed a restraining order, temporary or permanent, against an individual due to a potential act of violence, who would be in violation of the order by coming near them at work, will immediately supply a copy of the signed order to their supervisor. The

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supervisor will provide copies to Human Resources. Human Resources or designee will contact Security, local law enforcement officials, and others as appropriate.

II. Management

To immediately take action to prevent violence by reporting any potential violence to Security, Human Resources, or Risk Management, and when applicable, to the Police Department (or other appropriate law enforcement agency). Patient Family Services can be reached by dialing Ext. 5633 for information on referral sources.

III. Security Department

To assess any immediate or imminently violent situation and respond as appropriate based upon that a follow-up written investigation will be part of all assessments, and this report will be routed to Risk Management and, to Human Resources. If Security cannot diffuse the situation, or perceives the situation escalating, the Police Department (or other appropriate law enforcement agency) must be notified immediately. Other responsibilities include:

- A. Keeping records of all violent acts, including location, time of day and actions ~~taken; identifying~~ taken; identifying trends, and using the information collected to develop action plans that may be needed;
- B. Reporting findings to the *Environment of Care* Committee on a quarterly basis;
- C. Ensuring at least annually, a security risk assessment is completed that identifies workplace security factors that have been shown to contribute to the risk of violence in the workplace. The risk assessment should include the review of access points, barrier placement between patients and providers, escape routes, location of panic alarms, security staffing ratios, security operational practices, the need for escort services or "buddy systems" when walking at night, camera surveillance and use of protective equipment by Security;
- D. Reporting data to Human Resources;
- E. Knowing when and how to implement access control to the organization;
- F. Ensuring the *Security Management Plan*, EOC 3000 is current and addresses measures taken to protect personnel, patients and visitors from aggressive or violent behavior.

IV. Human Resources

- A. Work in collaboration with Security and management to ensure communication linkages remain open;
- B. Ensure a written *Illness and Injury Prevention Program* is in effect that addresses the following:
 - a. Safe and healthy work practices, which includes non-engagement with threats and physical actions that create a security hazard to others;
 - b. A system of communication with employees that includes a method employees can use to inform the employer of security hazards at the worksite;
 - c. Periodic inspections that includes identification of security hazards;
 - d. Procedures for investigating occupational injuries and/ or exposures;

- e. Procedures for communicating to employees the outcome of the investigation and any action plan to be taken;
 - f. Procedures for correcting unsafe conditions, work practices, work procedures including workplace security hazards with attention to procedures for protecting employees from physical retaliation for reporting threats;
 - g. Ensuring no retaliation of any kind will be taken against anyone who reports acts or threats of violence, or who participates in any action or investigation related to such complaints;
 - h. Training and instruction regarding how to recognize workplace security hazards, how to recognize "triggers" for violence, measures to prevent workplace assaults and what to do when an assault occurs, including emergency actions and post emergency procedures, and actions to take to diffuse a situation.
- C. Provision of Emergency Department and Security staff with continuing education relating to security;
- D. Provision of post-event trauma counseling to employees who are the victim of violence in order to reduce the short and long term physical and emotional effects of the incident;
- E. Ensuring reductions in force, terminations and disciplinary actions such as suspensions are carried out in a manner that is designed to minimize a violent eruption;
- F. Ensuring policies and procedures are consistently and fairly applied;
- G. Ensuring any fatalities, illnesses and injuries that result from violence are reported to the Occupational Safety and Health Administration (OSHA) immediately and recorded on the OSHA log, and completing the required supplementary forms.

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WORKPLACE VIOLENCE PREVENTION TEAM: The Workplace Violence Prevention team is designated to assess the vulnerability to workplace violence and reach agreement on preventive action to be taken. The team reports through the Environment of Care Committee and is responsible for:

- Responsible for implementing the Workplace Violence Plan;
- Assessing the vulnerability of workplace violence at KH and reaching agreement on preventive actions to be taken;
- Recommending/implementing employee training programs on workplace violence;
- Implementing plans for responding to acts of violence;
- Communicating internally with employees.

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The WVP Team is composed of the following members:

- ✓ Employee Health Manager
- ✓ Employee Relations Coordinator

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- ✓ *Human Resources Directors*
- ✓ *Organization Development Director*
- ✓ *Security Manager*
- ✓ *Facilities/Physical Plant Director*
- ✓ *Nursing Supervision Director*
- ✓ *Emergency Department Director*
- ✓ *Behavioral Health Director*
- ✓ *Outpatient Clinics Director*
- ✓ *Home Health Director*
- ✓ *Diagnostic Imaging Director*
- ✓ *Pharmacy Director*
- ✓ *Medical Staff Director*
- ✓ *Contracting Officer*
- ✓ *Vendor Management*
- ✓ *Marketing/Communications Director*
- ✓ *Compliance Officer*
- ✓ *Risk Management Director*
- ✓ *Environmental Services Director*
- ✓ *Safety Officer*
- ✓ *Executive Liaison (Human ResourcesNursing-VP)*
- ✓ *CUSP Team Leaders*

ACTIVE ENGAGEMENT OF EMPLOYEES IN DEVELOPING, IMPLEMENTING AND EVALUATING THE WVP PLAN

At a minimum one employee from each high risk department and CUSP Team Leaders will actively participate in developing, implementing and reviewing the WVP plan.

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LAW ENFORCEMENT INVOLVEMENT

The Security Manager and/or the Director of ~~Risk Management~~Facilities will maintain collaborative involvement and partnership with local police department.

Proactive business relationships are maintained with Visalia Police District 1 and District 2 Commanders through quarterly meetings, formal committee meetings attendance (with invitation) or requests for incident review.

TRAINING AND INSTRUCTION:

Kaweah Health shall be responsible for ensuring that all employees, including managers, supervisors and contractors are provided training and instruction on general workplace safety practices. Department Directors shall be responsible for ensuring that all employees, including managers and supervisors, are provided training and instructions on job specific workplace security practices.

General workplace violence and security training and instruction include, but are not limited to, the following:

- Explanation of the Workplace Violence Prevention Program including

- measures for reporting any violent acts or threats of violence.
- Recognition of workplace security hazards including the risk factors associated with the four types of violence.
- Measures to prevent workplace violence, including procedures for reporting workplace security hazards or threats.
- Ways to defuse hostile or threatening situations.
- Measures to summon others for assistance.
- Employee routes of escape.
- Notification to law enforcement when a criminal act may have occurred.
- Emergency medical care provided in the event of any violent act upon an employee.
- Post-event trauma counseling for those employees desiring such assistance.

Training and instruction is conducted at minimum at new hire orientation, annually or when laws or procedures change.

Workplace security training and instruction includes, but is not limited to, the following:

- Techniques for recognizing the potential for violence.
- Preventive measures to reduce the threat of workplace violence, including procedures for reporting workplace security hazards.
- In addition, specific instructions shall be provided to all employees regarding workplace security hazards unique to their job assignment.
- ~~Non-Violent~~ Non-Violent Crisis Intervention training is required within 60 days of hire for employees in high-risk areas and those whose assignment is to respond to alarms or other notifications of violent incidents or whose assignments involve confronting or controlling persons exhibiting aggressive or violent behavior. Refresher classes are also required, every 12 months.
- How employees will document and communicate to other employees (including between shifts and units) information regarding conditions that may increase the potential for workplace violence incidents.

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Managers and Supervisors shall be trained to:

- Ensure that employees are not placed in assignments that compromise safety and in methods and procedures which will reduce the security hazards.
- Respond compassionately towards co-workers when an incident does occur.
- Ensure that employees follow safe work practices and receive appropriate training to enable them to do this.
- Reinforce the Work Place Violence Prevention Program, promote safety and security, and ensure employees receive additional training as the need arises.

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Workplace Violence Response Team

Employees whose job duties include responding to alarms or other notifications of violent incidents will receive additional, interactive training that is specific to confronting or controlling persons exhibiting aggressive or violent behaviors.

These team members will receive the highest level of Crisis Intervention Training.

1. Nursing Supervision
2. All Department Managers/Asst. Managers, Directors
3. Charge Staff
4. Security Department
5. Facilities/Maintenance Department
6. Clinical Engineering
7. PFS/Case Management

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PROCEDURES FOR IDENTIFYING POTENTIAL TYPE 2 VIOLENCE

- Behavior Dysfunction
- Developmentally Delayed
- Domestic Violence
- Forensic Patient (Jail/Corrections/in-Custody Prisoner)
- Gang Affiliation
- Intoxication (drugs or alcohol)
- Mental Illness with Aggressive Tendencies

Procedures to Identify and evaluate patient-specific risk factors

We have a process in place to evaluate patient-specific risk factors which can include:

1. Patient mental status and conditions that may cause the patient to be non-responsive to instruction or behave unpredictably, disruptively, uncooperatively, or aggressively.
2. A patient's treatment and medication status, type, and dosage, as its known to the health care facility and employees.
3. A patient's history of violence, as is known to the health facility and employees.
4. Any disruptive or threatening behavior displayed by patient.

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Violence Risk Screening

Violence is a complex social interaction, characterized by an inability to cooperate and negative emotions, that may include nonverbal, verbal, and physical behavior that is threatening or harmful to others or property.

Using a standardized evidence-based tool which assists in the prediction of violent behavior, screening will be used for all children aged 10 and over and all adult patients at the point of entry to Kaweah Health Medical Center (KDHC), inpatient/outpatient services, Kaweah Health Rehabilitation Hospital, Sub-acute and Transitional Care Services, and Urgent Cares.

On admission to inpatient units or at the beginning of outpatient services and as needed for behavioral changes:

1. Patients will be observed for potential ~~of~~-risk to harm ~~of~~-others by licensed nursing staff using the Broset violence checklist.

2. If the licensed nursing staff determines the patient is at risk for harm to others, an indicator will be activated to alert staff of potential risk.
3. [Follow violence interventions as appropriate \(See attached toolkit\).](#)

Incidents That Must be Reported

1. An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustained an injury. For the purpose of this reporting requirement, a “dangerous weapon” means an instrument capable of inflicting death or serious bodily injury.
2. The use of physical force against an employee by a patient or a person accompanying a patient that results in, or has a high likelihood of resulting in injury, psychological trauma, or stress, regardless of whether the employee sustains an injury. For the purpose of determining whether an incident must be reported, “injury” means an incident which results in one or more of the following:
 - a. Death- Any occupational injury that results in death, regardless of the time between injury and death. (Title 8, California Code of Regulations, Section 14300.46);
 - b. One or more days away from work (which includes the day the injury occurred);
 - c. Restricted work or transfer to another job. Restricted work occurs when, as a result of the work related injury, the employer keeps the employee from performing on or more of the routine functions of the job, or from working the full workday that he or she would otherwise have been scheduled to work; or a licensed health care professional recommends the employee not perform one or more of the routine functions of the job, or not work the full workday. A “routine function” is a work activity that the employee regularly performs at least once a week. [Title 8, California Code of Regulations, Section 14300.7(b)(4)];
 - d. Medical treatment beyond first aid. “Medical treatment” means the management and care of a patient to combat disease or disorder. For the purpose of the law, medical treatment does not include:
 - Visits to a licensed health care professional solely for observatory or counseling;
 - The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils); or
 - First aid
 - e. Loss of consciousness, regardless of the length of time the employee remains unconscious.
 - f. A significant injury diagnosed by a licensed health care professional. In the context of workplace violence, this could be a fractured or cracked toe or rib, or a punctured eardrum. Most significant injuries that must be reported will involve one of the categories above (death, days away from work, medical treatment beyond first aid, or loss of consciousness)

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[Title 8, California Code of Regulations, Section 14300.7] If the employee reports psychological trauma or stress as a result of the use of physical force by a patient, visitor, employee or other individual at the worksite, the incident must be reported, even if there is no physical injury.

References:

Title 8; California Code of Regulations (CCR) §3203

Health and Safety Code 1257.7

Assembly Bill 508

http://www.dir.ca.gov/dosh/dosh_publications/worksecurity.html

The Joint Commission – *Environment of Care Standards*,

approval

WORKPLACE VIOLENCE CHECKLIST

Purpose: To provide a safe and secure healthcare environment for patients, visitors, volunteers, physicians and employees. Also, to assist employees in managing and/or de-escalating the situation.

Note: If the situation involves a weapon, immediately notify PBX and announce "Code Silver and Location".

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STAFF RESPONSE

In a violent or imminently violent situation:

- Call Security at Ext 44
- Provide the District operator with the following information:
 - Code Gray or Code Silver.
 - State your name, where you are and where the incident is occurring and if weapons are involved.

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(Code Silver)

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- Description and number of suspects.
- Number and location of hostages.
- Number and type of weapons involved.
- Within the limits of personal safety, clear the area and limit access to area and to patient as much as possible.
- Immediately notify your manager or immediate supervisor and the House Supervisor.
- Seek shelter, protecting patients as able.
- Complete an occurrence report and send to Risk Management.

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In a potentially violent situation:

- Call Security, Ext 44.
- Clear the area as able.
- Complete an occurrence report and send to Risk Management.

MANAGER

In a violent or imminently violent situation:

- Call Security at Ext 44.
- Provide the District operator with the following information:
 - Code Gray or Code Silver.
 - State your name, where you are and where incident is occurring and if weapons are involved.

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(Code Silver)

- Description and number of suspects.
- Number and location of hostages.
- Number and type of weapons involved.
- Clear the area and limit access to area and to patient as much as possible.
- Complete an occurrence report and send to Risk Management.

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In a potentially violent situation:

- Call Security, Ext 44.
- Notify Human Resources if an employee is involved.
- Complete and occurrence report and send to Risk Management.

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SECURITY

In a violent or imminently violent situation:

- Respond to reported situation and assess for (1) type of violence. (2) Threat of physical danger and the need for police assistance.
- Manage the incident in accordance with Security Department policy and procedures.
- Follow-up with investigation and written security incident report.

In a potentially violent situation:

- If the situation permits, consult with Supervisor/Lead Office in Security to determine the appropriate action to take
- Follow up with investigation, provide written incident report.

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Reporting Responsibilities:

- Any act of assault or battery that results in injury or involves the use of a firearm or other dangerous weapon against any on-duty personnel SHALL be reported to the local police department within 72 hours of the incident.
- Any other act of assault or battery against any on-duty personnel MAY be reported to the local police department within 72 hours of the incident.

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SECURITY SERVICES MANAGER

Violent or imminently violent situation:

- Once a reported incident is stabilized, follow up with Risk Management, Human Resources and the manager of the department affected by the incident.

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Potentially violent situation:

- If the situation permits, conduct meeting with Risk Management, Human Resources and ~~the other~~ appropriate management to determine the proper appropriate action to take.

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Note: When notified by the Security Officer on the scene that a "Code Gray" is in progress, Security will send back up support as needed.

HUMAN RESOURCES

In a violent or imminently situation:

- If the situation permits, verify with Security or ~~other~~ appropriate management, the assessment of the injury or threat to the employee.

- Jointly with Security and Department Manager, assess the need to remove and/or reassign the employee to a more secure work area.*



In a potentially violent situation:

- Consult with Risk Management, Security and Department Manager to determine the appropriate action to take.*
- Maintain documentation of all actions taken, and maintain in Human Resources.*



RISK MANAGEMENT

In a violent or imminently, or potentially violent situation:

- Use Follow routine risk management process for all imminently violent events.*

REPORTING RESPONSIBILITIES- EMPLOYEE VICTIM

Employee Health

- If an employee reports to Employee Health with an injury related to an incident of violence, after treatment has been rendered, the Employee Health personnel has a duty to report the incident to the local police department (-verify with Security to determine if the incident has been reported).*



Emergency Department

- When you hear PBX announce "Code Silver, All Clear," or "Code Grey" All Clear", return to your normal work duties, unless other wise directed.*
- In the event Employee Health is closed, the Emergency Department has the same duty to report to the police department any injury to an employee which was sustained due to an incident of violence. Verify with security to determine if the incident has been reported.*
- ~~In the event Employee Health is closed, the Emergency Department has the same duty to report to the police department any injury to an employee which was sustained due to an incident of violence. Verify with security to determine if the incident has been reported.~~*

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

approval



Policy Number: AP174	Date Created: 08/09/2023
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
<u>Kaweah Health-Delta District Patient Charge Service Catalog-District Charge Master Maintenance</u>	

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

Purpose: To define the procedures for updating and maintaining Kaweah Delta's Health's the District's Patient Charge Master Service Catalog Master and to describe the responsibilities of all areas that provide patient chargeable services. To assure that patient charges will be accurately generated without errors, edits or omissions and with appropriate coding necessary to promote billing compliance and to receive full, accurate payment for services provided.

Policy: The District Charge Master's Patient Charge Service Catalog Charge Master is maintained according to the procedures herein and is consistent with Centers for Medicare and Medicaid Services (CMS), California Department of Health Services (Medi-Cal), American Medical Association (AMA), Clinical Laboratory Improvement Amendment (CLIA), and other payer specific rules, guidelines and standards. Department Directors are responsible for oversight of charge integrity, charge capture, and ongoing maintenance and review of all charges within the scope of their responsibility.

Process:

A. New services, supplies or ongoing~~Ongoing~~ changes:

1. If a new service line is to be implemented, adequate lead-time of no less than sixty (60) days; of no less than 30 days is required to establish the appropriate codes and pricing before the new service line is to be initiated.
2. For new patient chargeable supply items, vendors or suppliers should be consulted to able to recommend the appropriate Healthcare Common Procedure Coding System (HCPCS) code and suggested invoice or acquisition cost pricing for their supply item.
- 2-3. _____ If a consultant is used in consideration of any new patient medical service, they should be able to recommend appropriate coding and pricing of the new service.

3-4. Departments have the ability to access and review the ~~District's Chargemaster~~ ~~Catalog~~ ~~Chargemaster~~ through Craneware; ~~the District's Kaweah Health Delta's Chargemaster reference tool~~ ~~Catalogmaster maintenance software program~~. ~~All chargeable services, procedures, and supplies are created and maintained housed within the Soarian Financials Software System. All charges have a designated Service Provider Service ID (SPSID); This is also commonly referred to as a Charge Description Master (CDM).~~ In order to request a new ~~Charge Description Master (CDM)~~ or make changes, deactivate, and/or reactivate a CDM, departments ~~may input changes directly into the Craneware application,~~ submit requests ~~using the via "E-mail, or contact the Compliance Specialist~~ ~~Revenue Integrity Manager via telephone.~~ ~~CDM Charge Build and Request Form". The completed form shall and be submitted to the Chargemaster Analyst (via email or JIRA Ticketing system) for review. The request will also be and then tracked using the through the JIRA Ticketing System.~~

4-5. Accurate CPT (Current Procedure Terminology), HCPCS, Revenue Codes (bill summary codes) and General Ledger codes are required when submitting modifications to the ~~Compliance Specialist~~ ~~Revenue Integrity Manager~~ ~~Chargemaster Analyst~~. If assistance in determining such information is required, the ~~Compliance Specialist~~ ~~Revenue Integrity Manager~~ ~~Chargemaster Analyst~~ will provide assistance as necessary.

5-6. Patient chargeable items will be determined by the ~~Revenue Integrity Manager~~ ~~Chargemaster Analyst~~ ~~Compliance Specialist~~ in collaboration with Materials Management and Finance Departments. Appropriate pricing, general ledger, revenue codes, and CPT/HCPCS assignment must be submitted and approved prior to implementation. The ~~Compliance Patient Financial Services~~ ~~Revenue Integrity~~ Department will make the final determination as to appropriate coding and pricing of a new patient service supply item per guidelines.

~~A. If the new charge item is a supply, the requests should be initiated through the Compliance Specialist who will work with the District's Lawson Administrator to ensure that both systems are updated.~~

6-7. The following process will be used to implement any and all CDM changes:

A. Changes made by departments will be routed to the ~~District's Revenue Integrity Manager~~ ~~Chargemaster Analyst~~ ~~Compliance Specialist~~ for review and ~~input of such changes~~ ~~approval~~. The Chargemaster Analyst will send the CDM Charge Build and Request Form to the ~~Director of Revenue Integrity and~~ Director of Revenue Cycle for review and approval.

~~Upon approval by the eDirectors noted above, Aall changes will be input into Craneware by the Department designee and/or Revenue~~

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~~Integrity Manager Soarian Financials Software System by the Chargemaster Analyst. CDM requests shall be ~~are~~ entered into both the Soarian Financials ~~Testing e~~Environment (TEST) and the ~~Production e~~Environment (PROD) Compliance Specialist. The Revenue Integrity Manager Chargemaster Analyst Compliance Specialist will review and modify items as necessary to assure appropriateness and accuracy. Once accepted, the Compliance Manager will review and approve ~~necessary~~the modifications. Once a CDM has been input into the Production Environment (PROD), a notification will be sent by the Chargemaster Analyst to the Revenue Integrity team to assure appropriateness and accuracy within Soarian Financials.~~

~~B. Finally, and update the Invision Soarian Financial billing system will be updated through the Craneware interface scripting module (ISM).~~

~~C. The Revenue Integrity Manager Compliance Specialist will review the Soarian Financial system Invision to validate proper implementation, to the billing system.~~

~~D. Change confirmation will be sent via ~~E-mail~~JIRA Ticketing System by the Revenue Integrity Chargemaster Analyst Manager Compliance Specialist to the appropriate representatives as changes may need to be updated in the ~~Soarian Financial~~Corner Millennium Clinical system Invision Service Master and other ancillary systems.~~

~~D.E.~~ If the requesting department uses a computer sub-system that manages the services/inventory housed within their department, the department is responsible for the maintenance of their ~~sub~~-system. It is the responsibility of the department to ensure that their sub-system will be able to generate patient charges without errors.

~~E. Monthly, all additions, modifications or other ~~on~~updates from the Soarian Financials Software System will be imported into the Craneware Software Program.~~

B. Annual Updates

1. In ~~the~~ fourth quarter of each year, Medicare makes CPT/HCPCS coding changes. The effective and required implementation date of the changes is generally January 1st. The ~~Revenue Integrity Manager Chargemaster Analyst Compliance Specialist~~ will work with the departments effected by these changes to make sure their department's service line is updated accordingly.
2. Periodic price ~~increases and/or w~~RVU adjustments may occur due to ~~District~~ budgetary needs or for specific contracted services (i.e., ~~P~~athology, ~~R~~eference ~~L~~ab, ~~C~~ardiology). These price increases will be directed by the

Finance Department and coordinated through the ~~Compliance Patient Financial Services~~ Revenue Integrity Department. Changes to the wRVU values will be implemented based on Medicare and other regulatory bulletins.

3. The ~~Revenue Integrity Manager~~Chargemaster Analyst ~~Compliance Specialist~~ will facilitate ~~an annual periodic~~ reviews by the Department Directors / Managers of charges within their area(s) of responsibility. ~~Compliance Patient Financial Services~~ Revenue Integrity Department will require all departments to review their Charge Master for completeness and accuracy. Any changes, deactivations and/or reactivations resulting from the review will be updated as necessary.

~~eClinical Works (eCW) Modifications~~

- ~~Modifications to the eCW Billing System must be submitted to the Revenue Integrity Manager via e-mail or telephone.~~
- ~~The Revenue Integrity Manager will review, approve, and process modification to the eCW Billing System.~~
- ~~A change notification will be sent to the appropriate parties notifying them of the change.~~

3.

~~C. Other Ancillary Billing System Modifications~~

- ~~1. Modifications to other Billing Systems must be submitted to the Compliance Specialist via E-mail or telephone.~~
- ~~2. The Compliance Specialist will review, approve and submit to the Compliance Manager for final approval.~~
- ~~3. Once approved, the Compliance Manager will work with the appropriate party to assure implementation to the Ancillary Billing system.~~
- ~~4. A change notification will sent to all affected parties by the Compliance Specialist.~~

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approval



Policy Number: AP176	Date Created: 03/20/2017
Document Owner: Jennifer Stockton	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
DEBT POLICY	

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

PURPOSE: The Debt Policy has been developed to provide guidance in the issuance and management of debt by ~~the District~~Kaweah Delta Health Care District (Kaweah Health) or its related entities and is intended to comply with Section 8855(i) of the California Government Code effective on January 1, 2017. The Code requires that the local debt policy shall include: the purposes for which debt proceeds may be used; the types of debt that may be issued; the relationship of the debt to, and integration with, the issuer’s capital improvement program or budget, if applicable; policy goals related to the issuer’s planning, goals and objectives; and the internal control procedures that the issuer has implemented, or will implement, to ensure that the proceeds of any proposed debt issuance will be directed to the intended use.

DEBT POLICY OBJECTIVES:

This Debt Policy shall govern the issuance and management of all ~~District~~Kaweah Health’s debt. The policy provides a framework for debt management and capital planning by the ~~District~~Kaweah Health. The primary objectives of ~~the District~~Kaweah Health’s debt and financing activities are to:

- a. Maintain ~~the District~~Kaweah Health’s sound financial position.
- b. Preserve future financial flexibility and ensure that debt capacity and affordability are adequately considered.
- c. Protect ~~the District’s~~Kaweah Health’s credit-worthiness, including maintaining the highest possible credit rating and good investor relations.
- d. Achieve the lowest cost of borrowing while identifying mitigation factors for any additional risk to ~~the District~~Kaweah Health, and to minimize ~~the District~~Kaweah Health’s interest and issuance costs.
- e. Ensure that all debt is structured in order to protect the interests of ~~the District~~Kaweah Health and those it serves.
- f. Ensure that ~~the District~~Kaweah Health’s debt management is consistent with ~~the District~~Kaweah Health’s planning goals and objectives and capital improvement program or budget, as applicable.
- g. Support strong financial management and internal control policies and practices, and to provide complete financial disclosure and reporting.

POLICY:**A. Purposes For Which Debt May Be Issued**

In General, ~~the District~~Kaweah Health will consider the use of debt financing primarily for capital improvement projects when the project's useful life will equal or exceed the term of the financing and when resources are identified sufficient to fund the debt service requirements. An exception to this capital driven focus is the issuance of short-term instruments such as bank lines of credit, which are to be used for prudent cash management purposes, as described below.

- (i) Long-Term Debt. Long-term debt may be issued to finance or refinance the construction, acquisition, and rehabilitation of capital improvements and facilities, equipment and land to be owned and/or operated by ~~the District~~Kaweah Health.
 - a) Long-term debt financings are appropriate when the following conditions exist:
 - i. The project to be financed is necessary to provide Board approved services.
 - ii. The project to be financed will provide benefit to ~~the District~~Kaweah Health and those it serves over multiple years.
 - iii. The contemplated debt issuance proposed supports the debt policy objectives.
 - iv. The debt is used to refinance outstanding debt in order to produce debt service savings or to realize the benefits of a debt restructuring.
 - b) Long-term debt financings will not generally be considered appropriate for current operating expenses and routine maintenance expenses.
 - c) ~~The District~~Kaweah Health may use long-term debt financings subject to the following conditions:
 - i. The project to be financed has been or will be approved by the Board.
 - ii. The weighted average maturity of the debt (or the portion of the debt allocated to the project) will not exceed the average useful life of the project to be financed by more than 20%, unless specific conditions exist that would mitigate the extension of time to repay the debt and it would not cause ~~the District~~Kaweah Health to violate any covenants to maintain the tax-exempt status of such debt, if applicable.
 - iii. ~~The District~~Kaweah Health estimates that sufficient income or revenues will be available to service the debt through its maturity.
 - iv. ~~The District~~Kaweah Health determines that the issuance of the debt will comply with the applicable requirements of state and federal law.
 - v. ~~The District~~Kaweah Health considers the improvement/facility to be of vital, time-sensitive need of the community and other plausible alternative

financing sources have been considered.

- d) Periodic reviews of outstanding long-term debt will be undertaken to identify refunding opportunities. Refundings will be considered (within federal tax law constraints, if applicable) if and when there is an economically viable net economic benefit of the refunding (see below). Refundings which are non-economic may be undertaken to achieve District Kaweah Health's objectives relating to changes in covenants, call provisions, operational flexibility, tax status of the issuer, or the debt service profile.

In general, refundings which produce a net present value savings of at least 4% of the principal amount of refunded debt will be considered economically viable. Refundings which produce a net present value savings of less than 4% or negative savings will be considered on a case-by-case basis.

- (ii) Short-term debt. The District Kaweah Health may use a line of credit or similar short-term product as a source of temporary funding of operational cash flow deficits, or to provide interim financing for capital projects in anticipation of the issuance of long-term debt and/or other sources of funding. Short-term debt may also be used to finance short-lived capital projects (for example, lease-purchase financing for equipment). Short-term obligations shall consist of obligations with a final maturity of less than seven years.

B. Types of Debt

In order to maximize the financial options available to benefit the public, it is the policy of the District Kaweah Health to allow for the consideration of issuing all generally accepted types of debt, including, but not limited to the following:

- (i) General Obligation (GO) Bonds: General Obligation Bonds are suitable for use in the purchase of real property and in the construction or acquisition of improvements to real property that benefit the public at large, such as new hospital facilities. All GO bonds shall be authorized by the requisite number of voters in order to pass.
- (ii) Revenue Bonds: Revenue Bonds are limited-liability obligations tied to a specific enterprise or special fund revenue stream where the projects financed clearly benefit or relate to the enterprise or are otherwise permissible uses of the special revenue. The District Kaweah Health repays its Revenue Bonds with all revenues and income generated by the District Kaweah Health.
- (iii) Lease Financing: Lease obligations are a routine and appropriate means of financing capital equipment and sometimes facility improvements, and are a commonly used form of debt that allows a public entity to finance projects where the debt service is secured via a lease agreement or installment sale agreement. Tax-exempt lease financing structures should be considered when applicable.
- (iv) Direct Line of Credit: Structured as a short-term agreement with a financial institution providing the line of credit.

The District Kaweah Health may from time to time find that other forms of debt would be beneficial to further its public purposes and may approve such debt without an amendment of this Debt Policy.

To maintain a predictable debt service burden, ~~the District~~Kaweah Health will give preference to debt that carries a fixed interest rate. An alternative to the use of fixed rate debt is variable rate debt. ~~The District~~Kaweah Health may choose to issue securities that pay a rate of interest that varies according to a pre-determined formula or results from a periodic remarketing of securities. When making the determination to issue bonds in a variable rate mode, consideration will be given in regards to the useful life of the project or facility being financed or the term of the project requiring the funding, market conditions, credit risk and third party risk analysis, and the overall debt portfolio structure when issuing variable rate debt for any purpose. The maximum amount of variable-rate debt should be limited to no more than 20 percent of the total debt portfolio.

~~The District~~Kaweah Health will limit the use of derivatives, such as interest rate swaps, in its debt program. A derivative product is a financial instrument which derives its own value from the value of another instrument, usually an underlying asset such as a stock, bond, or an underlying reference such as an interest rate. Derivatives are commonly used as hedging devices in managing interest rate risk and thereby reducing borrowing costs. However, these products bear certain risks not associated with standard debt instruments.

C. Relationship of Debt to Capital Improvement Program and Budget

~~The District~~Kaweah Health intends to issue debt for the purposes stated in this Debt Policy and to implement policy decisions incorporated in ~~the District~~Kaweah Health's capital budget and its capital spending plan.

~~The District~~Kaweah Health shall strive to fund the upkeep and maintenance of its infrastructure and facilities due to normal wear and tear through the expenditure of available operating revenues. ~~The District~~Kaweah Health shall seek to avoid the use of debt to fund infrastructure and facilities improvements that are the result of normal wear and tear, unless a specific revenue source has been identified for this purpose.

~~The District~~Kaweah Health shall integrate its debt issuances with the goals of its capital improvement program by timing the issuance of debt to ensure that projects are available when needed in furtherance of ~~the District~~Kaweah Health's public purposes.

~~The District~~Kaweah Health shall seek to issue debt in a timely manner to avoid having to make unplanned expenditures for capital improvements or equipment from its operating funds.

D. Policy Goals Related to Planning Goals and Objectives

~~The District~~Kaweah Health is committed to financial planning, maintaining appropriate reserve levels and employing prudent practices in governance, management and budget administration. ~~The District~~Kaweah Health intends to issue debt for the purposes stated in this Debt Policy and to implement policy decisions incorporated in ~~the District~~Kaweah Health's annual operating budget.

It is a policy goal of ~~the District~~Kaweah Health to utilize conservative financing methods and techniques so as to obtain the highest practical credit ratings (if applicable) and the lowest practical borrowing costs.

~~The District~~Kaweah Health will comply with applicable state and federal law as it pertains to the maximum term of debt and the procedures for levying and imposing any related taxes, assessments, rates and charges.

Except as described in Section A(i)(d) above, when refinancing debt, it shall be the policy goal of ~~the DistrictKaweah Health~~ to realize, whenever possible, and subject to any overriding non-financial policy considerations a minimum net present value debt service savings equal to or greater than 4% of the principal amount of refunded debt.

E. Internal Control Procedures

When issuing debt, in addition to complying with the terms of this Debt Policy, ~~the DistrictKaweah Health~~ shall comply with any other applicable policies regarding initial bond disclosure, continuing disclosure, post-issuance compliance, and investment of bond proceeds.

~~The DistrictKaweah Health~~ will periodically review the requirements of and will remain in compliance with the following:

- (i) any existing covenants imposed in connection with ~~the DistrictKaweah Health's~~ presently outstanding debt,
- (ii) any continuing disclosure undertakings under SEC Rule 15c2-12,
- (iii) any federal tax compliance requirements, including without limitation arbitrage and rebate compliance, related to any prior bond issues, and
- (iv) ~~the DistrictKaweah Health's~~ investment policies as they relate to the investment of bond proceeds.

Whenever reasonably possible, proceeds of debt will be held by a third-party trustee and ~~the DistrictKaweah Health~~ will submit written requisitions for such proceeds. ~~The DistrictKaweah Health~~ will submit a requisition only after obtaining the authorized signature as outlined in the documents governing the debt issuance.

Waivers of Debt Policy

There may be circumstances from time to time when strict adherence to a provision of this Debt Policy is not possible or in the best interests of ~~the DistrictKaweah Health~~ and the failure of a debt financing to comply with one or more provisions of this Debt Policy shall in no way affect the validity of any debt issued by ~~the DistrictKaweah Health~~ in accordance with applicable laws.

PROCEDURES:

I. Post-Issuance Compliance Procedures:

The purpose of these Post-Issuance Compliance Procedures is to maximize the likelihood that post-issuance requirements of federal income tax law and continuing disclosure regulations applicable to the various issues of bonds, certificates, leases or other tax-exempt obligations (the "Bonds") are met.

A. External Advisors / Documentation

~~The DistrictKaweah Health~~ shall consult with bond counsel and other legal counsel and advisors, as needed, throughout the Bond issuance process to identify requirements and to establish procedures necessary and appropriate

so that the Bonds will continue to qualify for tax-exempt status. ~~The DistrictKaweah Health~~ also shall consult with bond counsel and/or other legal counsel and advisors, as needed, following issuance of the Bonds to ensure that all applicable post-issuance requirements in fact are met. This shall include, without limitation, consultation in connection with any potential changes in the use of Bond-financed or refinanced assets.

~~The DistrictKaweah Health~~ shall determine (or obtain expert advice to determine) whether arbitrage rebate calculations have to be made for the Bond issue. If it is determined that such calculations are, or are likely to be required, ~~the DistrictKaweah Health~~ shall engage expert advisors (each a "Rebate Service Provider") to assist in the calculation of arbitrage rebate payable with respect to the investment of Bond proceeds. ~~The DistrictKaweah Health~~ shall make any rebate payments required on a timely basis including the signing and filing of appropriate IRS forms (e.g., Form 8038-T). Unless otherwise provided by the indenture (or similar document) relating to the Bonds, unexpended Bond proceeds shall be held by a trustee or other financial institution, and the investment of Bond proceeds shall be managed by ~~the DistrictKaweah Health~~. ~~The DistrictKaweah Health~~ shall prepare (or cause the trustee or other financial institution to prepare) regular, periodic statements regarding the investments and transactions involving Bond proceeds.

B. Arbitrage Rebate and Yield

The Chief Financial Officer and/or Director of Finance of ~~the DistrictKaweah Health~~ shall be responsible for overseeing compliance with arbitrage rebate requirements under federal tax law:

- 1) If, at the time of Bond issuance, based on ~~the DistrictKaweah Health~~'s reasonable expectations, it appears likely that the Bond issue will qualify for an exemption from the rebate requirement, ~~the DistrictKaweah Health~~ may defer taking any of the actions set forth in subsection (2) below. Not later than the time of completion of construction or acquisition of the capital projects financed with proceeds of the Bonds, and depletion of all funds from the project fund, ~~the DistrictKaweah Health~~ shall make, determine, or cause its Rebate Service Provider to determine, whether any of the Bond proceeds qualified for a spending exception or other exception from the rebate requirements. If a rebate exception is determined to be applicable for all of the proceeds of the Bonds, ~~the DistrictKaweah Health~~ shall prepare and keep in the permanent records of the Bond issue a memorandum evidencing this conclusion together with records of expenditure (or other records) to support such conclusion. If the transaction does not qualify for an exception to the rebate requirement, for all of the proceeds of the Bonds, ~~the DistrictKaweah Health~~ shall initiate the steps set forth in subsection (2) below.
- 2) If, at the time of Bond issuance it appears likely that arbitrage rebate calculations will be required, or upon determination that calculations are required pursuant to subsection (1) above, ~~the DistrictKaweah Health~~ shall:

- i. engage the services of a Rebate Service Provider and, prior to each rebate calculation date, cause the trustee or other financial institution investing Bond proceeds to deliver periodic statements concerning the investment of Bond proceeds to the Rebate Service Provider;
- ii. provide to the Rebate Service Provider additional documents and information reasonably requested by the Rebate Service Provider;
- iii. monitor the efforts of the Rebate Service Provider;
- iv. assure the payment of required rebate amounts, if any, no later than 60 days after each 5-year anniversary of the issue date of the Bonds, and no later than 60 days after the last Bond of each issue is redeemed;
- v. during the construction period of each capital project financed in whole or in part by Bonds, monitor the investment and expenditure of Bond proceeds and consult with the Rebate Service Provider to determine compliance with any applicable exceptions from the arbitrage rebate requirements, including during each 6-month spending period up to 6 months, 18 months or 24 months, as and if applicable, following the issue date of the Bonds;
- vi. retain copies of all arbitrage reports and trustee statements as described below under "Record Keeping Requirements" and, upon request, provide such copies to the trustee; and
- vii. establish procedures to ensure that investments that are acquired with Bond proceeds are so acquired at their fair market value.

C. Use of Bond Proceeds and Bond Financed or Refinanced Assets

The Chief Financial Officer and/or Director of Finance of ~~the District~~Kaweah Health shall be responsible for monitoring the use of Bond proceeds and Bond financed assets:

- 1) monitoring the use of Bond proceeds (including investment earnings and including reimbursement of expenditures made before Bond issuance) and the use of Bond-financed or refinanced assets (e.g., facilities, furnishings or equipment) throughout the term of the Bonds to ensure compliance with covenants and restrictions set forth in the Tax Certificate relating to the Bonds;
- 2) maintaining records identifying the assets or portion of assets that are financed or refinanced with proceeds of each issue of Bonds (including investment earnings and including reimbursement of expenditures made before Bond issuance), including a final allocation of Bond proceeds as described below under Record Keeping Requirements;
- 3) consulting with bond counsel and other legal counsel and advisers in the review of any change in use, or potential change in use, of Bond-financed or refinanced assets to ensure compliance with all covenants and restrictions set forth in the Tax Certificate relating to the Bonds;
- 4) maintaining records for any contracts or arrangements involving the use of Bond-financed or refinanced assets as described below under Record Keeping Requirements; and conferring at least annually with personnel responsible for Bond-financed or refinanced assets to identify and discuss any existing or planned use of Bond-financed or refinanced assets and to

ensure that those uses are consistent with all covenants and restrictions set forth in the Tax Certificate relating to the Bonds; and to the extent that ~~the District~~Kaweah Health discovers that any applicable tax restrictions regarding use of Bond proceeds and Bond-financed or refinanced assets will or may be violated, consulting promptly with bond counsel and other legal counsel and advisers to determine a course of action to remediate all nonqualified Bonds or take other remedial action, if such counsel advises that a remedial action is necessary. All relevant records and contracts shall be maintained as described below.

D. Record Keeping Requirements

The Chief Financial Officer and/or Director of Finance of ~~the District~~Kaweah Health shall be responsible for maintaining the following documents for the term of each issue of Bonds (including refunding Bonds, if any) plus at least three years:

- 1) a copy of the Bond closing transcript(s) and other relevant documentation delivered to ~~the District~~Kaweah Health at or in connection with closing of the Bonds;
- 2) a copy of all material documents relating to capital expenditures financed or refinanced by Bond proceeds, including (without limitation) construction contracts, purchase orders, invoices, trustee requisitions and payment records, as well as documents relating to costs reimbursed with Bond proceeds and records identifying the assets or portion of assets that are financed or refinanced with Bond proceeds, including a final allocation of Bond proceeds;
- 3) a copy of all contracts and arrangements involving the use of Bond-financed or refinanced assets; and
- 4) a copy of all records of investments, investment agreements, credit enhancement, arbitrage reports and underlying documents, including trustee statements, in connection with any investment agreements, and copies of all bidding documents, if any.

E. Continuing Disclosure Compliance Requirements

The Chief Financial Officer and/or Director of Finance of ~~the District~~Kaweah Health shall be responsible for maintaining the following Continuing Disclosure items for each issue of Bonds Outstanding that contain a Continuing Disclosure Agreement:

- 1) Annual Report (send to Dissemination Agent 15 business days prior to the December 27th due date)
 - i. Revenue Bonds: Audited financials, bed complement, total capitalization and net long-term debt as a percentage of total capitalization, debt service coverage ratio, days cash on hand, gross patient service revenues by payer type, medical staff information, and utilization.
 - ii. General Obligation Bonds: as required by bank purchaser.
- 2) Quarterly Reports (Send to Dissemination Agent 5 business days prior to the due dates November 15, February 15, and May 15):

- i. Revenue Bonds: Unaudited quarterly balance sheet and unaudited quarterly statement of revenues and expenditures.
 - ii. General Obligation Bonds: as required by bank purchaser.
- 3) Reporting to Dissemination Agent any of the following listed events within 10 business days after the occurrence of an event:
 - i. Reportable Events:
 - (a) Principal and interest payment delinquencies.
 - (b) Unscheduled draws on debt service reserves reflecting financial difficulties.
 - (c) Unscheduled draws on credit enhancements reflecting financial difficulties.
 - (d) Substitution of credit or liquidity providers, or their failure to perform.
 - (e) Defeasances.
 - (f) Rating changes.
 - (g) Tender offers.
 - (h) Bankruptcy, insolvency, receivership or similar event of the obligated person.
 - (i) Adverse tax opinions, the issuance by the Internal Revenue Service of proposed or final determinations of taxability, Notices of Proposed Issue (IRS Form 5701-TEB) or other material notices of determinations with respect to the tax status of the security, or other material events affecting the tax status of the security.
 - ii. Material Reportable Events:
 - (a) Non-payment related defaults.
 - (b) Modifications to rights of security holders.
 - (c) Bond calls.
 - (d) The release, substitution, or sale of property securing repayment of the securities.
 - (e) The consummation of a merger, consolidation, or acquisition involving an obligated person or the sale of all or substantially all of the assets of the obligated person, other than the ordinary course of business, the entry into a definitive agreement to undertake such an action or the termination of a definitive agreement relation to any such actions, other than pursuant to its terms.
 - (f) Appointment of a successor or additional trustee, or the change of name of a trustee.
- 4) Maintain the following "best practices" for upholding the continuing disclosure responsibilities, including, in particular:
 - i. Establish written policies and procedures to ensure that ~~the~~ District Kaweah Health submits all documents, reports and notices

required to be submitted to the Dissemination Agent or EMMA/MSRB in a timely manner. Review and update these policies and procedures annually, as needed.

- ii. Review offering documents, including the Continuing Disclosure Agreement, confirm compliance with existing continuing disclosure obligations at the time of each new issue and promptly rectify any continuing disclosure lapses.
- iii. Disclose in each official statement any instances during the prior five years of any failure to comply in all material respects with applicable continuing disclosure obligations.
- iv. Implement annual training for personnel involved in the bond offering and disclosure process, including familiarity with the significant events described in the Continuing Disclosure Agreement and an understanding of ~~the DistrictKaweah Health~~'s written policies and procedures governing disclosure practices, including continuing disclosure.
- v. Identify an individual or individuals who will be responsible for reviewing and complying with ~~the DistrictKaweah Health~~'s continuing disclosure obligations on a regular basis.
- vi. Maintain a complete and accurate record of ~~the DistrictKaweah Health~~'s continuing disclosure undertakings and filings, including electronic confirmation of continuing disclosure submissions.
- vii. Confirm with EMMA that all continuing disclosure postings are complete and have been filed in a timely manner.
- viii. Ensure that Dissemination Agent files its notice with EMMA if ~~the DistrictKaweah Health~~ has been late in filing or missed filing any documents with EMMA.
- ix. Develop a calendar reminder system to track annual filing deadlines and requirements.
- x. Consult with counsel as needed to resolve potential issues and address any questions.

F. Education and Training

~~The DistrictKaweah Health~~ will provide responsible staff with education and training on federal tax requirements for post-issuance compliance applicable to the Bonds. ~~The DistrictKaweah Health~~ will enable and encourage responsible staff to attend and participate in educational and training programs offered by professional organizations and other entities with regard to monitoring compliance with federal tax requirements for the Bonds.

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



January 24, 2024

Matthew D. Owdom
Owdom Law Firm
734 W. Oak Ave.
Visalia, CA 93291

**Sent via Certified Mail No.
70223330000212415050
Return Receipt Required**

**RE: Notice of Rejection of Claim of Oma Jean Pendleton vs. Kaweah Delta Health
Care District**

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on December 26, 2023, was rejected on its merits by the Board of Directors on January 24, 2024.

WARNING

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

Sincerely,

David Francis
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law



January 24, 2024

Blair H. Widders, SBN
Wilcoxon Callaham, LLP
2114 K Street
Sacramento, CA 95816

**Sent via Certified Mail No.
70223330000212416088
Return Receipt Required**

**RE: Notice of Rejection of Claim of Ricardo Garcia and Griscelda Garcia vs.
Kaweah Delta Health Care District**

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on December 11, 2023 was rejected on its merits by the Board of Directors on January 24, 2024.

WARNING

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

Sincerely,

David Francis
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175) 2024 Quality and Patient Safety Initiatives & Quality Focus Team (QFT) Review

Quality Initiative	Type	Priority Category	Key Considerations	Measures of Success	Assigned Leader(s)
Patient Safety Committee	Org Oversight Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Responsible per AP.175 Patient Safety Plan Oversees Midas Event Triage and Ranking Committee (METER) and Quality-Risk Committee (QRC) Oversees all action plans related to Root Cause Analysis and Focus Review teams Oversees safety culture improvement action plan including Just Culture 	<ul style="list-style-type: none"> As determined by individual action plans Reportable never events Measure reports by subcommittee listed below 	Director of Quality and Patient Safety
Midas Event Triage & Ranking Committee (METER)	Patient Safety Subcommittee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Objective: Rank and Triage Events through a multidisciplinary team daily so that immediate notification of high risk events can be made to Medical Staff Leadership and Hospital Leadership Events are reviewed daily Monday through Friday (weekend events reviewed Monday with RM notification processes in place on weekends) Events are triaged using a criticality matrix in which members of the committee would come to consensus on event scoring 	<ul style="list-style-type: none"> Volume and severity of events; events escalated 	<ul style="list-style-type: none"> Director of Risk Management
Quality-Risk Committee	Patient Safety Subcommittee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Reviews Midas event reports weekly to identify trends High Risk Process Review (HiPR) which targets regular standardized review of several high risk processes (proposal includes ability to revise list of targeted processes by Patient Safety Committee (PSC)). High risk processes include those identified by regulatory entities (The Joint Commission (TJC)), and/or identified as high risk by current Quality and Risk processes. 	<ul style="list-style-type: none"> Volume and significance of events, reports submitted anonymously Specific event types trended and reported to the committee as identified HiPR process includes: <ul style="list-style-type: none"> Data on event reports/ analysis, root cause analysis (RCA) and Focused Review (FR) Other quality data utilized specific to the topic when available 	<ul style="list-style-type: none"> Directors of Risk Management and Quality & Patient Safety

*indicates committee is required or oversees process/metrics required by regulatory agency

**Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175)
2024 Quality and Patient Safety Initiatives & Quality Focus Team (QFT) Review**

Just Culture Steering	Patient Safety Subcommittee, Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • Key strategy in organization safety culture improvement action plan • National Quality Forum (NQF) safe practice included in Leapfrog Safety Grade 	<ul style="list-style-type: none"> • Just Culture measures included in the Safety Culture Survey 	Director of Organizational Development
Medication Safety	Org Oversight Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • Oversees the Medication Error Reduction Program (MERP) per CA state requirements • Oversees Patient Care Medication Safety Task Force QI work • Collaborative partnership with Patient Safety Committee on medication elements of high risk processes such as anticoagulation, medication reconciliation and procedural sedation safety which are Joint Commission National Patient Safety Goals. • Utilizes externally reported medication events to evaluate organizational process and procedures to evaluate risk and recommend improvements to improve medication safety • Oversees Adverse Drug Event Committee review of all reported medication events and reviews high or potential high severity reported events 	<ul style="list-style-type: none"> • Several measures monitored as determined annually by the committee through the MERP and Adverse Drug Event (ADE) committee work. • Examples of monthly trended data includes utilization of drug error reduction software • Home medication list review for high risk patients within 24 hours of hospital admission metrics include: number of medication histories completed, total admission discrepancies and total admission discrepancies per patient 	Director of Pharmacy and Medication Safety Coordinator
Adverse Drug Event (ADE) Committee	Org Sub-Committee Medication Safety	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • Reviews, tracks and trends and resolves (or escalates) adverse drug event Midas reports • Uses the Just Culture Algorithm to identify organizations process and systems that contributed the medication event and make QI recommendations to improve medication safety 	<ul style="list-style-type: none"> • ADE volume and tracked trends as reported to Medication Safety Committee 	Medication Safety Coordinator

*indicates committee is required or oversees process/metrics required by regulatory agency

**Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175)
2024 Quality and Patient Safety Initiatives & Quality Focus Team (QFT) Review**

			<ul style="list-style-type: none"> • Make recommendations for Root Cause Analysis or Focused Review as determined necessary 		
Patient Care Medication Safety Committee	Org Sub-Committee Medication Safety	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • Multidisciplinary team that develops, plans and implements QI strategies on medication related issues identified by ADE or Medication Safety Committee 	<ul style="list-style-type: none"> • Metrics determined by topics identified, examples include anticoagulation measures, diversion prevention measures. 	Director of Nursing Practice, Medication Safety Coordinator, Medication Safety Specialist
Sepsis QFT	OHO Strategic Initiative Quality Focus Team (QFT)	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • Established QFT since 2016 • High volume diagnosis, high mortality rates nationally (problem prone) • Centers for Medicare and Medicaid Services (CMS) SEP-1 bundle compliance publically reported on CMS care compare website 	<ul style="list-style-type: none"> • SEP-1 Bundle compliance • LOS • Mortality 	Medical Director of Quality & Patient Safety; Manager of Quality and Patient Safety
Handoff Communication QFT	Quality Focus Team (QFT)	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • QFT established in 2018; QI work recommended by TJC in a Sentinel Event Alert issued in September 2017. • Several sources indicate need for improvement work (ie. trended event reports, sentinel event data, and external literature) <ul style="list-style-type: none"> ○ Midas Event volume – Handoff category: 2019 = 65, 2020 = 30, 2021 = 27, 2022 = 61, 2023 (Jan-Nov) = 26. 	<ul style="list-style-type: none"> • Midas event “Handoff” category volume & significance • Handoff internal audit results by unit 	Director of Trauma Program
Hospital Acquired Pressure Injury (HAPI) QFT	Quality Focus Team (QFT)	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> • PSI3 (HAPI) is a component of Leapfrog Safety Score & CMS public report • Mandated reporting to California Department of Public Health (CDPH) 	<ul style="list-style-type: none"> • Percent of patients with stage 2+ • Proportion of HAPIs that are device related 	Director of Nursing Practice
Healthcare Associated Infections (HAI) QFT	OHO Strategic Initiative, QFT	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> • CMS Value-Based Purchasing (VBP) and star rating Measure • Leapfrog safety grade metric • TJC National Patient Safety Goal 	<ul style="list-style-type: none"> • Standardized Infection Ratio (SIR) for Central Line Associated Blood Stream Infection (CLABSI), Catheter Associated Urinary Tract Infection (CAUTI), and Methicillin-Resistant Staphylococcus Aureus (MRSA) 	Medical Director Quality & Patient Safety, Manager of Infection Prevention, Directors of: Quality & Patient Safety, Post Acute Nursing, Renal

*indicates committee is required or oversees process/metrics required by regulatory agency

**Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175)
2024 Quality and Patient Safety Initiatives & Quality Focus Team (QFT) Review**

				<ul style="list-style-type: none"> Standardized Utilization Ratios (SUR) for central lines and urinary catheter HAI Bundle compliance measures 	Services and Environmental Services
Heart Failure - Best Practice Team	OHO Strategic Initiative, Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> CMS VBP and star rating Measure High volume medical diagnosis CMS Readmission Reduction Program population 	<ul style="list-style-type: none"> Observed/expected (o/e) mortality and risk adjusted readmission rates examples of key performance indicators (KPI) include discharge medication, and inpatient medication management 	Director of Medical Surgical Services; Medical Director of Best Practice Teams
Pneumonia - Best Practice Team	OHO Strategic Initiative, Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> CMS VBP and star rating Measure High volume medical diagnosis CMS Readmission Reduction Program population 	<ul style="list-style-type: none"> o/e mortality and risk adjusted readmission rates examples of key performance indicators (KPI) Antibiotic medication timing and route, and power plan usage 	Director of Rehabilitation; Medical Director of Best Practice Teams
NSTEMI - Best Practice Team	OHO Strategic Initiative, Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> CMS VBP and star rating Measure High volume medical diagnosis CMS Readmission Reduction Program population 	<ul style="list-style-type: none"> o/e mortality and risk adjusted readmission rates examples of key performance indicators (KPI) include medication management and diagnostic testing 	Director of Cardiovascular Services; Medical Director of Best Practice Teams
COPD - Best Practice Team	OHO Strategic Initiative, Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> CMS VBP and star rating Measure CMS Readmission Reduction Program population 	<ul style="list-style-type: none"> o/e mortality and risk adjusted readmission rates examples of key performance indicators (KPI) include diagnostic studies, immunization, and discharge education 	Director of Respiratory Services; Medical Director of Best Practice Teams
Falls Prevention Committee	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> Nursing sensitive quality indicator Case reviews of fall events and collection an dissemination of contribution factors data 	<ul style="list-style-type: none"> Total falls and injury falls; contributing factors 	Director of Nursing Practice

*indicates committee is required or oversees process/metrics required by regulatory agency

**Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175)
2024 Quality and Patient Safety Initiatives & Quality Focus Team (QFT) Review**

Falls University	Sub-Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> • Case reviews of fall events and collection and dissemination of contribution factors data • Reports to Fall Prevention Committee 	<ul style="list-style-type: none"> • Contributing factors to falls 	Director of Nursing Practice
Diabetes	OHO Strategic Initiative, Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • High volume, high risk volume patient population 	<ul style="list-style-type: none"> • Hypo and Hyperglycemia rates 	Director of Nursing Practice, Medical Director of Quality & Patient Safety
Trauma Quality Program	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • Trauma program oversight and QI work related to ACS trauma designation 	<ul style="list-style-type: none"> • Various measures through data registry including documentation of assessment findings, airway management, timeliness of diagnostic studies, timeliness of surgical intervention, mortality rates 	Director of Trauma Program, Medical Director of Trauma
Stroke Quality Program	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • The Joint Commission (TJC) certified program • High risk population • Oversees work of the ED Stroke Alert sub task force 	<ul style="list-style-type: none"> • Various measure through American Heart/Stroke Association including medication management, discharge indicators, timeliness of diagnostics studies and assessments 	Manager of Stroke Program and Medical Director of Stroke Program
Health Equity	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • TJC Sentinel Event issued January 2022 • New TJC Leadership standard 2023 • New TJC National Patient Safety Goal for 2024 • National and ACGME initiative 	<ul style="list-style-type: none"> • Measures to identify disparities in care in key population; 2024 Social Determinates of Health (SDOH) • Uses REaL data (Race, Ethnicity and Language) in data analysis on population incidence, readmissions and mortality • Measures related to the effectiveness of demographic (REaL) collection (ie. Rate of “unknown” responses in a REaL field in the patients EMR) 	Chief Population Health Officer, Director of Population Health

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Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175) 2024 Quality and Patient Safety Initiatives & Quality Focus Team (QFT) Review

Patient Safety Indicator (PSI) Committee	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> Review of coded complications of the surgical population Reported on CMS Care Compare website Component of CMS star rating, VBP program 	<ul style="list-style-type: none"> PSI rates 	Medical Director of Surgical Quality, Director of Quality and Patient Safety
Surgical Quality Committee (SQIP)	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Oversees implementation of Enhanced Recovery After Surgery (ERAS) program (evidenced based care targeted at the surgical population) Oversees PSI (coded complications of care) 	<ul style="list-style-type: none"> ERAS measures PSI measures Surgical Site Infection measures 	Director of Surgical Services, Medical Director of Surgical Quality
Population Health Steering Committee	Org Oversight Committee; Medication Reconciliation OHO Initiative	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Quality Incentives Program (QIP) previously Public Hospital Redesign & Incentives Program (PRIME) Oversees Population Health Quality Committee work 	<ul style="list-style-type: none"> Calendar year 2023 reporting 10 measures, tracking over 25. In Calendar year 2024 likely increasing the number of measures reported to DHCS to be >10 	Director of Population Health
Rapid Response/Code Blue	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> TJC data monitoring requirements for accredited hospitals 	<ul style="list-style-type: none"> Several measures as submitted to American Heart Association registry including volume, location and outcome 	Director of Critical Care Services
Mortality	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> Review of unexpected deaths for follow up with quality of care concerns, coding or documentation 	<ul style="list-style-type: none"> Rates of cases with quality of care concerns, coding or documentation 	Medical Director of Quality and Patient Safety, Manager of Quality Improvement
Infection Prevention Committee	Org Oversight Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> Oversees the Infection Prevention Plan Oversees Surgical Site Infection task force Oversees regulatory compliance with IP standards 	<ul style="list-style-type: none"> Several measures monitored through quarterly dashboard including surgical site infection rates, ventilator associated events, line infection rates, MRSA. 	Manager of Infection Prevention, Medical Director of Infection Prevention
Accreditation Regulatory Committee	Org Oversight Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Oversees compliance with regulatory standards and plans of correction 	<ul style="list-style-type: none"> Various measures determined by plans of correction Regular tracer data for compliance with regulatory standards 	Director of Accreditation

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Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175) 2024 Quality and Patient Safety Initiatives & Quality Focus Team (QFT) Review

Environment of Care Committee	Org Oversight Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Oversees the EOC Plan and Workplace Violence Program (CA state mandate) Oversees compliance with EOC regulatory standards per annual plan 	<ul style="list-style-type: none"> Various measures determined by annual plan; can include preventive maintenance completion rates, workplace violence, and employee injury rates. 	Safety Officer
Emergency Management	Sub Committee of EOC	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> Oversees the Emergency Operations Plan Oversees compliance with EOP and Emergency Management regulatory standards. 	<ul style="list-style-type: none"> Various measured determined by annual plan and district wide exercises. 	Safety Officer
Patient Throughput	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Steering committee that oversees work of 5 sub-groups: <ul style="list-style-type: none"> Throughput & Patient Progression <ul style="list-style-type: none"> Care Mgmt roles & responsibilities Discharge planning & timely discharge Multidisciplinary huddles Throughput & Patient Progression <ul style="list-style-type: none"> Long Stay Committee Demand Mgmt <ul style="list-style-type: none"> ED to Inpatient admission process Capacity Mgmt <ul style="list-style-type: none"> Patient Placement Infrastructure Team Rounding <ul style="list-style-type: none"> Identified by Strategic planning group as a contributing factor to increased LOS, and decreased teamwork climate 	<ul style="list-style-type: none"> Various throughput measures included time to provider, time from door to admit, time from admit to arrival on unit. Several processes measures reported through each sub-group 	CNO & COO
Patient Care Leadership	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Organization wide oversight committee for patient care related practices and procedures. Facilitate discussion and collaboration of patient care leaders to ensure organization wide awareness, appreciation, consistency, and coordination of patient care activity in all settings. Provides oversight of patient 	<ul style="list-style-type: none"> Measure related to patient care delivery which includes accrediting/regulatory changes or strategic initiatives such as pain management & opioid safety 	CNO & COO

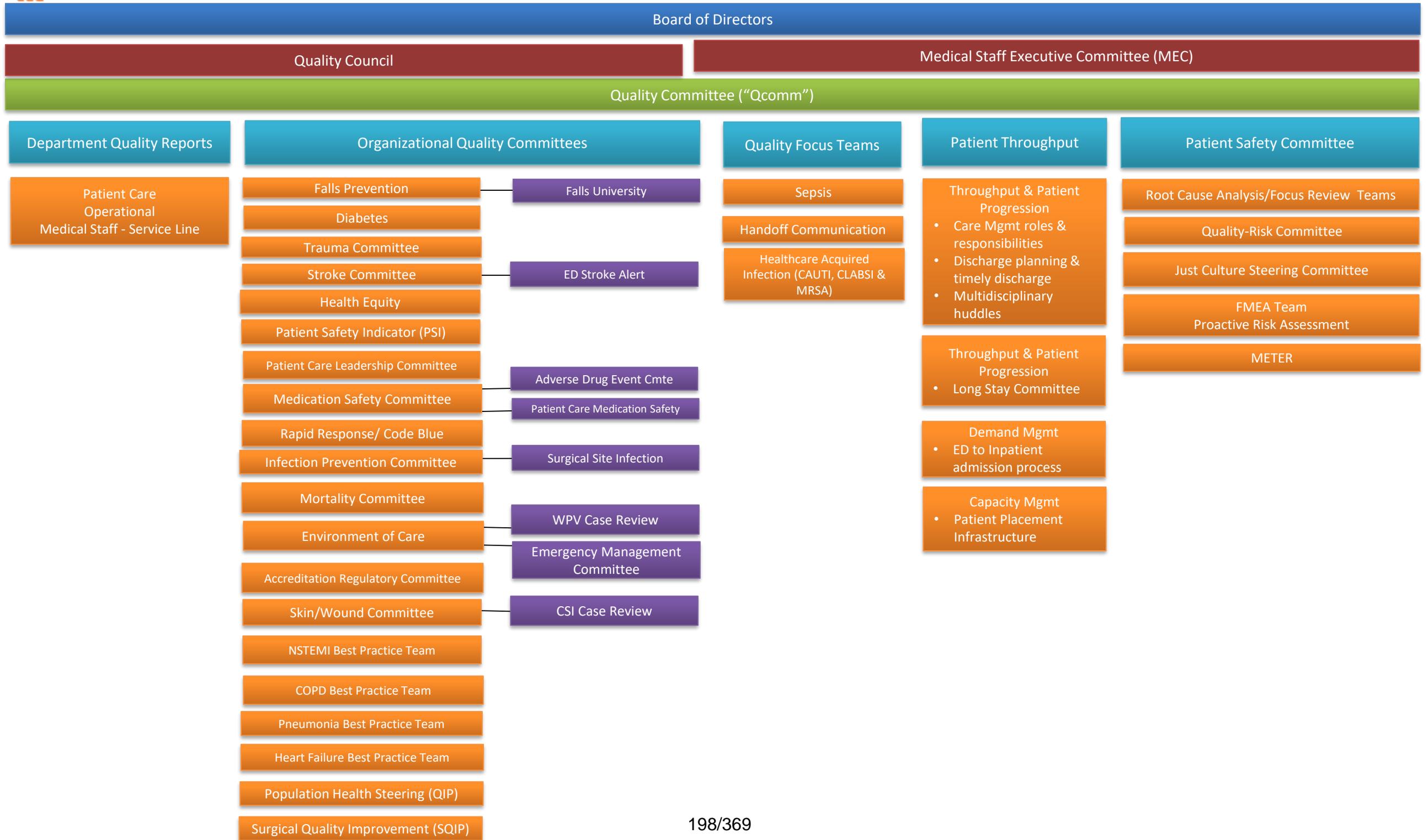
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**Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175)
 2024 Quality and Patient Safety Initiatives & Quality Focus Team (QFT) Review**

			care Quality Improvement initiatives that cross divisions/disciplines. Create and participate in subcommittees and/or workgroups to address performance improvement related to patient care delivery as needed		
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*All committees report to Quality Committee “QComm” per AP.41

*indicates committee is required or oversees process/metrics required by regulatory agency



2024 Quality Council/Board Quality Topic Review Schedule

TOPIC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
PUBLICALLY REPORTED/NATIONAL QUALITY PROGRAMS												
Annual Review of Quality and Patient Safety Plans	X	B										
Leadership Clinical Quality Goals	X		X		X		X		X		X	
Leapfrog Hospital Safety Score						X					X	B
Healthgrades											X	B
Value Based Purchasing					X		B					
Safety Culture – SAQ & Action Plan					X						X	
QUALITY & PATIENT SAFETY COMMITTEES												
Fall Prevention Committee				X	B				X			
Hospital Acquired Pressure Injury (HAPI) Committee						X					X	
Diabetes Committee						X				X	B	
Pain Management (Patient Care Leadership)			X					X				
Rural Health Clinics (QIP Program)				X					X			
Environment of Care (including annual Work Place Violence report)						X					X	
Nurse Staff and Adverse Events Annual analysis						X						
Infection Prevention Dashboard Hand Hygiene, SSI, C Diff, CAUTI & CLABSI				X			X	B		X		X
Hand Hygiene Report						X	B					X
Health Equity Committee					X					X	B	
CARDIAC SERVICES												
Cardiac Surgery Society of Thoracic Surgery(STS)						X	B				X	
Cardiology American College of Cardiology (ACC) Data			X					X		B		
CRITICAL CARE												

2024 Quality Council/Board Quality Topic Review Schedule

TOPIC	JAN		FEB		MAR		APR		MAY		JUN		JUL		AUG		SEP		OCT		NOV		DEC	
Emergency Dept Report											X												X	B
Rapid Response Team Code Blue	X			B			X						X						X					
Trauma Committee							X												X					
SURGICAL SERVICES																								
Surgical Quality Improvement Program									X												X	B		
ORTHO/NEURO/REHAB																								
Stroke	X												X			B								
Rehabilitation			X												x									
Orthopedics			X												x									
MATERNAL CHILD HEALTH																								
Perinatal Core Measures, Pediatrics, NICU,					X			B									X							
Labor & Delivery, Obstetrics					x			B									X							
RENAL SERVICES																								
Renal Services - Network 18											X												X	B
MENTAL HEALTH																								
CMS Core Measures							X												X					
POST ACUTE SERVICES																								
Subacute											X												X	
Hospice, Home Health							X												X					
2024 QUALITY FOCUS TEAMS																								
SEPSIS Quality Focus Team (QFT)	X	B					X						X					X						
Handoff Communication QFT					X	B					X					X							X	
HAI QFT			X						X						X	B					X			
2024 BEST PRACTICE TEAMS																								
Heart Failure BPT	X						X						X						X					
Pneumonia (PN) BPT	X						X						X						X					
COPD BPT	X						X						X						X					
AMI (non-STEMI) BPT	X						X						X						X					
CLOSED AGENDA ITEMS																								
QComm Report	X		X		X		X		X		X		X		X		X		X		X		X	

2024 Quality Council/Board Quality Topic Review Schedule

TOPIC	JAN		FEB		MAR		APR		MAY		JUN		JUL		AUG		SEP		OCT		NOV		DEC	
Medication Safety <i>J McNulty</i>	X						X						X	B					X					
MERP Annual Review													X	B										
Root Cause Analysis	X		X		X		X		X		X		X		X		X		X		X		X	



FY 2024 Strategic Plan

Outstanding Health Outcomes

January 24, 2024



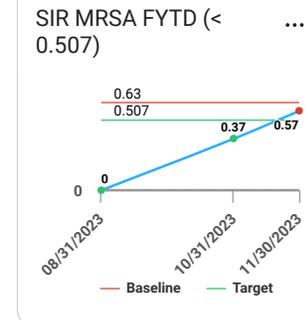
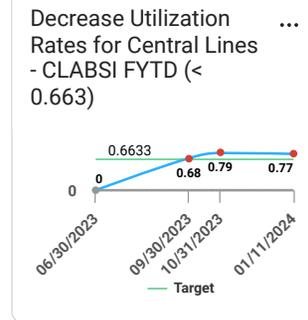
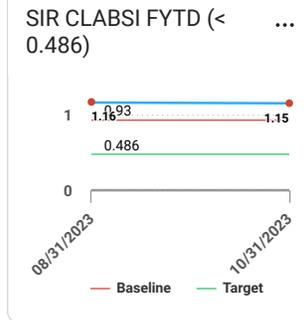
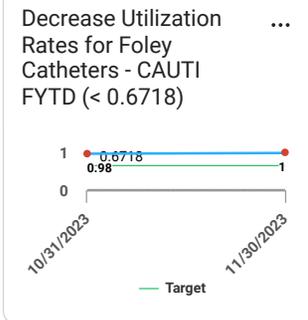
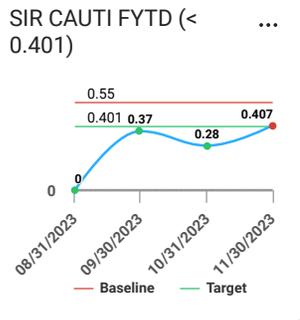
[kawahhealth.org](https://www.kawahhealth.org)

Standardized Infection Ratio (SIR) Champions: Sandy Volchko

Objective: Reduce the Hospital Acquired Infections (HAIs) to the national 70th percentile in FYTD24 as reported by the Centers for Medicare and Medicaid Services

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.1.1	Objective	The Healthcare Acquired Infection (HAI) Team	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.1.2	Objective	Daily catheter and central line Gemba rounds	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.1.3	Objective	Bio-Vigil	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.1.4	Objective	MRSA Decolonization	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.1.5	Objective	Multidisciplinary Rounds	01/15/2024	06/30/2024	Sandy Volchko	On Track	
5.1.6	Outcome	Standardized Infection Ratio (SIR) CAUTI (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	At Risk	FY24 Goal .401 (70th Percentile) Baseline FYTD .65 (June 2023) FYTD August .407
5.1.6.1	Outcome	Decrease Utilization Rates for Foley Catheters (CAUTI)	07/01/2023	06/30/2024	Sandy Volchko	At Risk	FY24 Goal .6718 (70th Percentile) Baseline FYTD .87 (June 2023) FYTD November 1.0
5.1.7	Outcome	Standardized Infection Ratio (SIR) CLABSI (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	At Risk	FY24 Goal .486 (70th Percentile) Baseline FYTD .93 (June 2023) FYTD October 1.15
5.1.7.1	Outcome	Decrease Utilization Rates for Central Lines (CLABSI)	07/01/2023	06/30/2024	Sandy Volchko	At Risk	FY24 Goal .6633 (70th Percentile) FYTD November .77
5.1.8	Outcome	Standardized Infection Ratio (SIR) MRSA (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	At Risk	FY24 Goal .507 (70th Percentile) Baseline FYTD .63 (June 2023) FYTD November .57

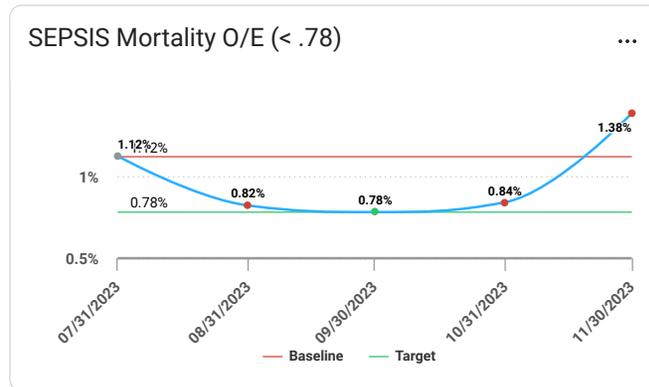
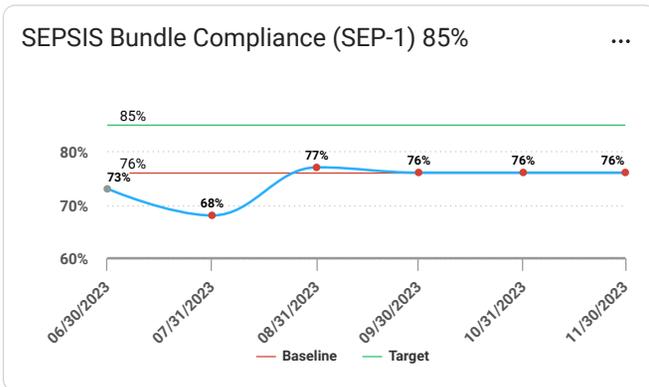


SEPSIS Bundle Compliance (SEP-1) Champions: Sandy Volchko

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

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.2.1	Objective	Utilize SEPSIS Coordinators to identify and monitor patients	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.2.2	Objective	SEPSIS Alerts-MD notifications	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.2.3	Objective	Quality Focus Team-RCAs/Fall out review	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.2.4	Objective	One hour Sepsis Bundle	06/30/2023	06/30/2024	Sandy Volchko	On Track	
5.2.5	Outcome	SEPSIS Bundle Compliance (SEP-1) % FYTD	07/01/2023	06/30/2024	Sandy Volchko	At Risk	FY24 Goal 85% FYTD November 76%
5.2.5.1	Outcome	SEPSIS Mortality O/E	07/01/2023	06/30/2024	Sandy Volchko	At Risk	FY24 Goal .78 (50th percentile) FYTD November 1.38



Mortality and Readmissions Champions: Sandy Volchko

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

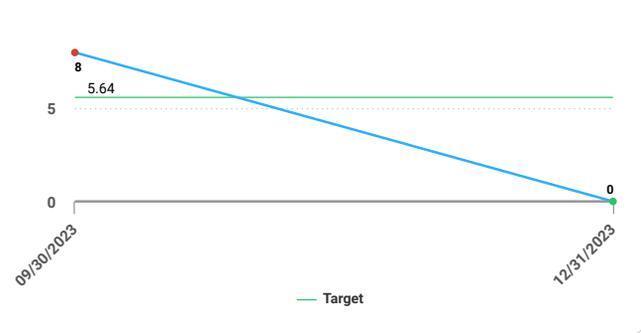
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.3.1	Objective	Enhanced diagnosis specific workgroups/committees	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.3.2	Objective	Standardized care based on evidence	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.3.3	Outcome	Hospital Readmissions % AMI (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	On Track	FY24 Goal 5.64 (75th percentile) Quarter 4 2023 - 0 (0/20)
5.3.4	Outcome	Hospital Readmissions % COPD (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	On Track	FY24 Goal 10.53 (75th percentile) Quarter 4 2023 - 10 (2/20)
5.3.5	Outcome	Hospital Readmissions % HF (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	At Risk	FY24 Goal 11.80 (75th percentile) Quarter 4 2023 -12.63 (5/32)
5.3.6	Outcome	Hospital Readmissions % PN Viral/Bacterial (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	On Track	FY24 Goal 9.76 (75th percentile) Quarter 4 2023 - 8.57 (3/35)
5.3.7	Outcome	Decrease Mortality Rates AMI - QTR	07/01/2023	06/30/2024	Sandy Volchko	On Track	FY24 Goal .60 (75th percentile) Quarter 4 2023 - 0 (n = 7)
5.3.8	Outcome	Decrease Mortality Rates COPD FYTD	07/01/2023	06/30/2024	Sandy Volchko	At Risk	FY24 Goal .66 (75th percentile) Quarter 4 2023 - 2.80 (n = 22)
5.3.9	Outcome	Decrease Mortality Rates HF - QTR	07/01/2023	06/30/2024	Sandy Volchko	At Risk	FY24 Goal .44 (75th percentile) Quarter 4 2023 - 1.04 (n=37)
5.3.10	Outcome	Decrease Mortality Rates PN Bacterial - QTR	07/01/2023	06/30/2024	Sandy Volchko	On Track	FY24 Goal .65 (75th percentile) Quarter 4 2023 - 0 (n=9)
5.3.11	Outcome	Decrease Mortality Rates PN Viral - QTR	07/01/2023	06/30/2024	Sandy Volchko	At Risk	FY24 Goal .44 (75th percentile) Quarter 4 2023 - 0.95 (n=28)
5.3.12	Outcome	Percutaneous Coronary Intervention (PCI) In Hospital Mortality Rate - STEMI	07/01/2023	06/30/2024	Sandy Volchko	At Risk	Goal - 2.5 (50th Percentile) Baseline - 3, Rolling 4 quarters (10/1/21 - 9/30/22) 4.1 Rolling 4 quarters (10/1/22 - 9/30/23)
5.3.13	Outcome	Acute Kidney Injury Post PCI	07/01/2023	06/30/2024	Sandy Volchko	At Risk	Goal - 4.7 (90th Percentile) Baseline - 3.3 Rolling 4 quarters (10/1/21 - 9/30/22) 4.7 Rolling 4 quarters (10/1/22 - 9/30/23)
5.3.14	Outcome	Risk Standardized Bleeding Rate	07/01/2023	06/30/2024	Sandy Volchko	At Risk	Goal - 1.5 (75th Percentile) Baseline - 1.77 Rolling 4 quarters (10/1/21 - 9/30/22) 1.58 Rolling 4 quarters (10/1/22 - 9/30/23)

Mortality and Readmissions

Champions: Sandy Volchko

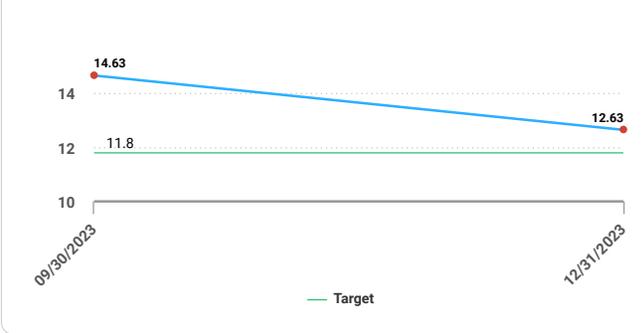
Hospital Readmissions AMI (< 5.64) - QTR



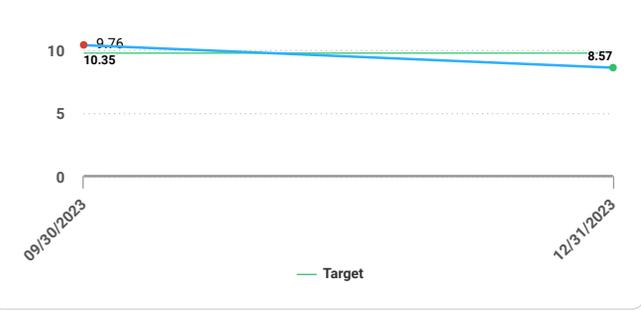
Hospital Readmissions COPD (< 10.53) - QTR



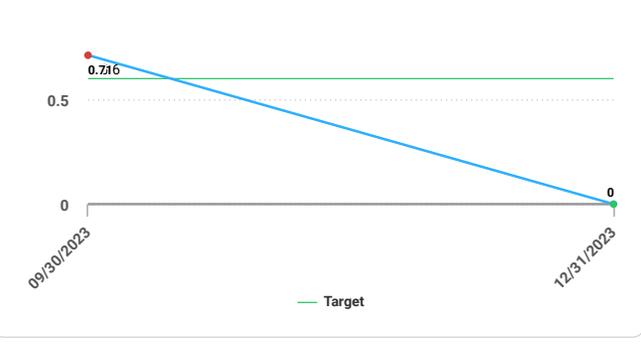
Hospital Readmissions HF (< 11.80) - QTR



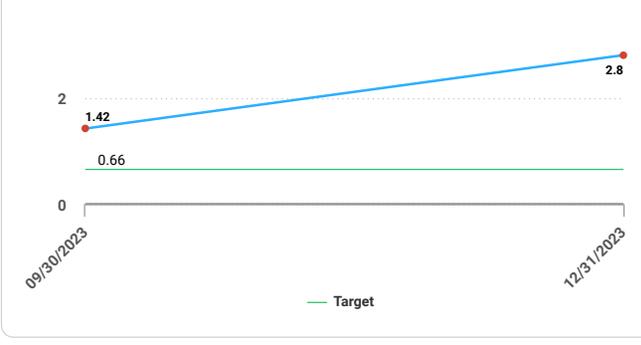
Hospital Readmissions PN Viral/Bacterial (< 9.76) - QTR



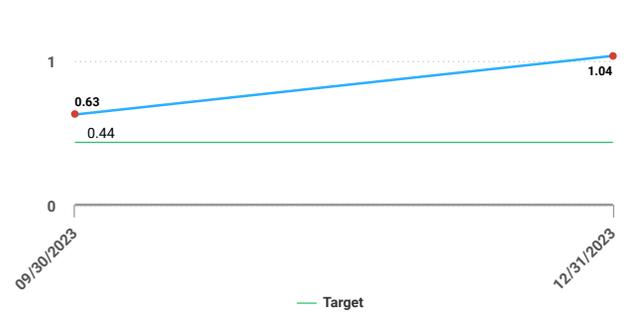
Decrease Mortality Rates AMI (< 0.60) - QTR



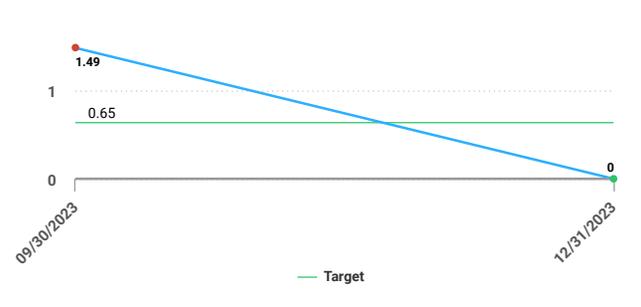
Decrease Mortality Rates COPD (< 0.66) - QTR



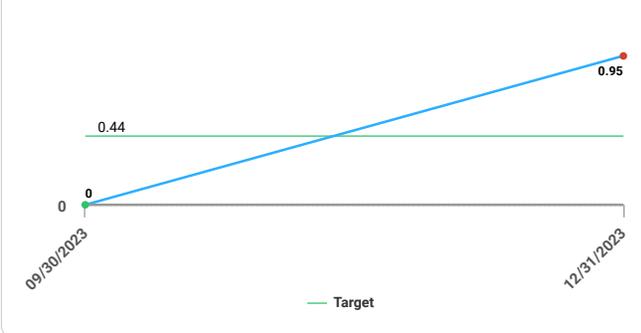
Decrease Mortality Rates HF (< 0.44) - QTR



Decrease Mortality Rates PN Bacterial (< 0.65) - QTR



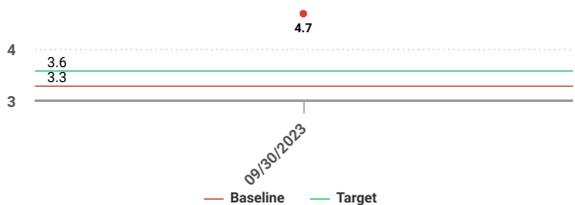
Decrease Mortality Rates PN Viral (<0.44) - QTR



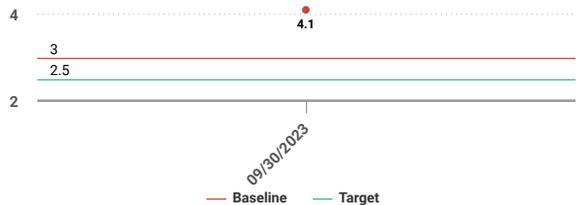
Mortality and Readmissions

Champions: Sandy Volchko

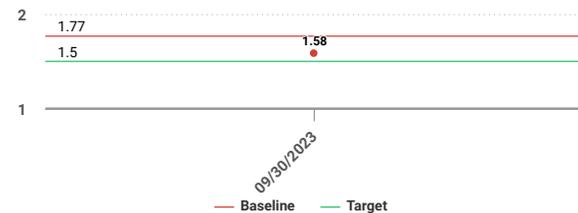
Acute Kidney Injury Post PCI (< 3.6)



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.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.4.1	Objective	Identify an individual to lead activities to improve Health Care Equity	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Achieved	Chief Of Population Health Ryan Gates leading Health Equity Committee along with Sonia Duran-Aguilar Director of Population Health and Dr. Omar Guzman.
5.4.2	Objective	Develop Organizational Multi-Year Health Equity Plan/Road Map	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	
5.4.3	Objective	Review and Select Toolkit to be used, and identify gaps and develop plans to resolve	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	Health Services Advisory Group (HSAG) health equity roadmap
5.4.4	Objective	Select Social Screening Data Collection Tool by 7/1/23	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Achieved	PRAPARE Tool Selected and to be built out end of December 2023.
5.4.4.1	Objective	Build out tool in Cerner	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Achieved	PRAPARE went live in Cerner December 12, 2023.
5.4.4.2	Objective	Develop training materials for front line staff and complete training	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Achieved	Outpatient and Inpatient EMR Documentation for PRAPARE tool was deployed to teams in advance of go live December 12, 2023.
5.4.4.3	Objective	Evaluate reporting capabilities/dashboards	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	Ticket submitted to ISS 1/3/2024. Ticket Assigned: SD-331201 SDOH HealthEAnalytics Dashboard
5.4.4.4	Objective	Implement new screening tool and monitor and reinforce progress using available reports	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	Requested monitoring reports and dashboard creation. ISS ticket submitted 1/3/2024. Ticket Issued: SD-331201 SDOH HealthEAnalytics Dashboard
5.4.5	Objective	Identify Disparities in data collected by 3/30/2024	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	Inpatient and outpatient maternal morbidity mortality outcomes/HRSA grant

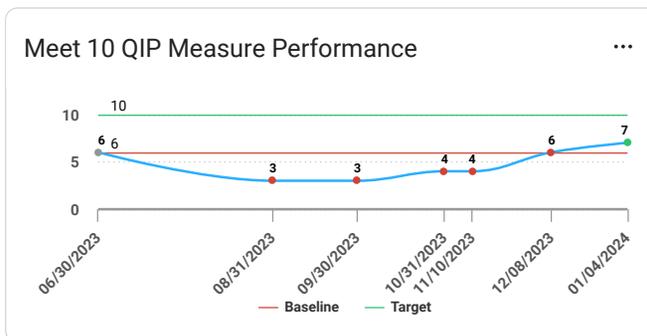
Quality Improvement Program (QIP) Reporting

Champions: Sonia Duran-Aguilar

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

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.5.1	Objective	Improve Frontline staff (Clinic Primary Care/Internal Medicine/clinical staff) awareness of QIP performance and thereby ensure engagement and buy in QI efforts	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	
5.5.2	Objective	Optimize workflows to drive and hardwire best practices for clinical care (registration, MA intake, provider documentation)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	
5.5.3	Objective	Continue with Monthly workgroups (MCPs, Revenue Integrity, Population Health/Clinic Teams) to track progress	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	
5.5.4	Objective	Continue to monitor Quality Data Code documentation and impact on QIP measure performance	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	REMOVE- this is an ongoing effort and is being tracked by operations/program team.
5.5.5	Objective	Optimize Patient Advisories/Health Maintenance that align with QIP measures	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	REMOVE- this is an ongoing effort and is being tracked by operations/program team.
5.5.6	Objective	Develop HealtheAnalytics Performance Dashboards-25 measures	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Achieved	HEDIS dashboard REMOVE- this is an ongoing effort and is being tracked by operations/program team.
5.5.7	Objective	Completion of HealtheAnalytics Fall Out Worklists for QIP Measures-completed 18 FY23/ongoing for new and remaining measures (7 additional)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	REMOVE- this is an ongoing effort and is being tracked by operations/program team.
5.5.8	Objective	Explore within Cerner, tools that improve automated coding (ICD/Quality Data Codes) per clinical documentation (long term strategy)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	REMOVE- this is an ongoing effort and is being tracked by operations/program team.
5.5.9	Outcome	Meet 10 QIP measure performance	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	Proxy Performance out of Cozeva Population Health Tool shows Kaweah Health is meeting 7 Quality Measures out of 10; performance at 70% 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.



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.

Plan

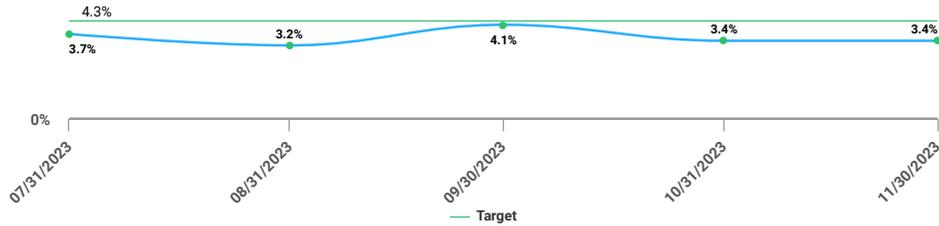
#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.6.1	Objective	Development of an inpatient diabetes management team	07/01/2023	06/30/2024	Sandy Volchko	On Track	To assist in a. the optimization of patients with diabetes on Glucommander (GM); b. reducing the rate of hypoglycemia to or at below SHM benchmarks in both the critical care and non-critical patients and c. reducing recurrent hypoglycemia in critical care and non-critical care to or at the SHM benchmark.
5.6.2	Objective	Development and implementation of non-Glucommander power plans	07/01/2023	06/30/2024	Sandy Volchko	On Track	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.
5.6.3	Outcome	Achieve benchmark performance for hypoglycemia in Critical Care (CC) patient population, defined as percent patient days with blood glucose (BG) <70	07/01/2023	06/30/2024	Sandy Volchko	On Track	Through November 2023
5.6.4	Outcome	Achieve benchmark performance for hypoglycemia in Non-Critical Care (NCC) patient population, defined as percent patient days with blood glucose (BG) <70	07/01/2023	06/30/2024	Sandy Volchko	On Track	Through November 2023
5.6.5	Outcome	Achieve benchmark performance for percent of patients with hypoglycemia with at least one recurrent hypoglycemic day for Critical Care (CC)	07/01/2023	06/30/2024	Sandy Volchko	On Track	Through November 2023
5.6.6	Outcome	Achieve benchmark performance for percent of patients with hypoglycemia with at least one recurrent hypoglycemic day for Non Critical Care (NCC)	07/01/2023	06/30/2024	Sandy Volchko	On Track	Through November 2023

Inpatient Diabetes Management

Champions: Emma Camarena and Cody Ericson

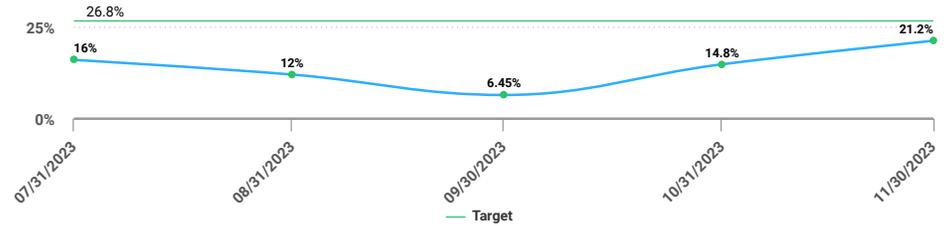
Hypoglycemia in Critical Care Patients (< 4.3%)

...



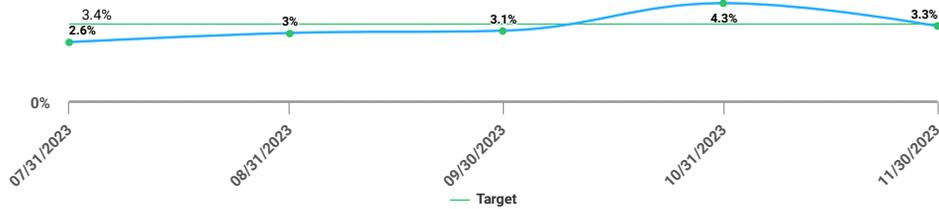
Recurrent Hypoglycemia in Critical Care Patients (< 26.8%)

...



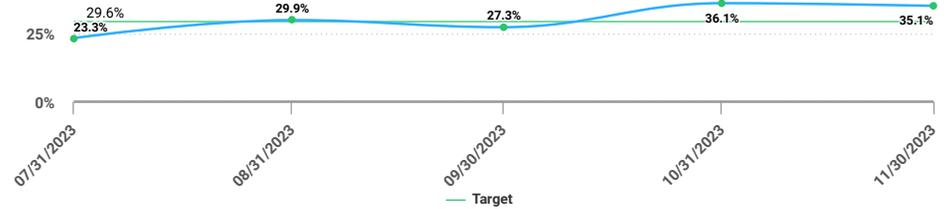
Hypoglycemia in Non-Critical Care Patients (< 3.4%)

...



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

...





Kaweah Health Medical Center

Organizational Efficiency and Effectiveness & LOS/ Throughput

January 2024



kaweahhealth.org



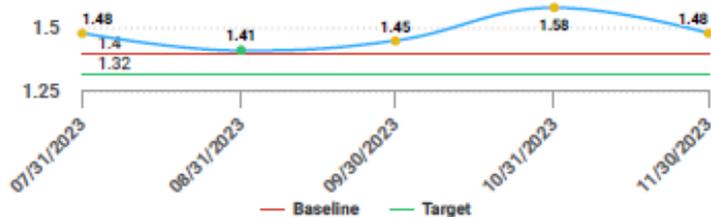
Patient Throughput and Length of Stay Champions: Jag Batth and Keri Noeske

Objective: Improve Patient Throughput and Length of Stay.

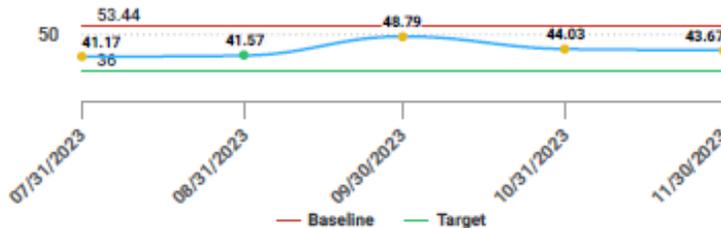
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.1	Objective	Using the Structure of the Throughput Steering Committee, Identify Opportunities and Implement Changes to Reduce Length of Stay	07/01/2023	06/30/2024	Keri Noeske	Off Track	See notes below. Trending in the right direction.
4.1.1.1	Outcome	Decrease Inpatient Observed to Expected Length of Stay	07/01/2023	06/30/2024	Keri Noeske	Off Track	Moving in the right direction. Had 3 patient's discharge in November with LOS over 100. 3 more were over 70 days. Lots of movement for our complex patients last month.
4.1.1.2	Outcome	Decrease Observation Patient Average Length of Stay	07/01/2023	06/30/2024	Keri Noeske	Off Track	Continue to work on order sets and progress with doctors.
4.1.1.3	Outcome	Decrease Emergency Department (IP) Average Length of Stay	07/01/2023	06/30/2024	Keri Noeske	Off Track	Census is moving higher with flu season and we are seeing more admit holds in the ED.

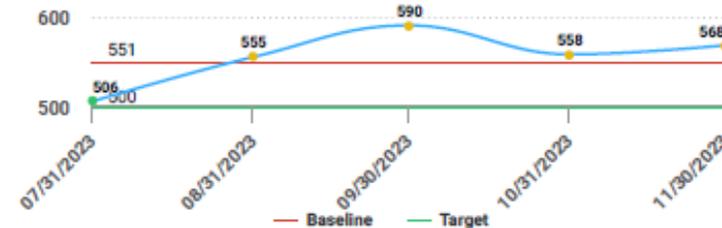
Decrease Inpatient Observed to Expected Length of Stay to 1.32 or Lower ...



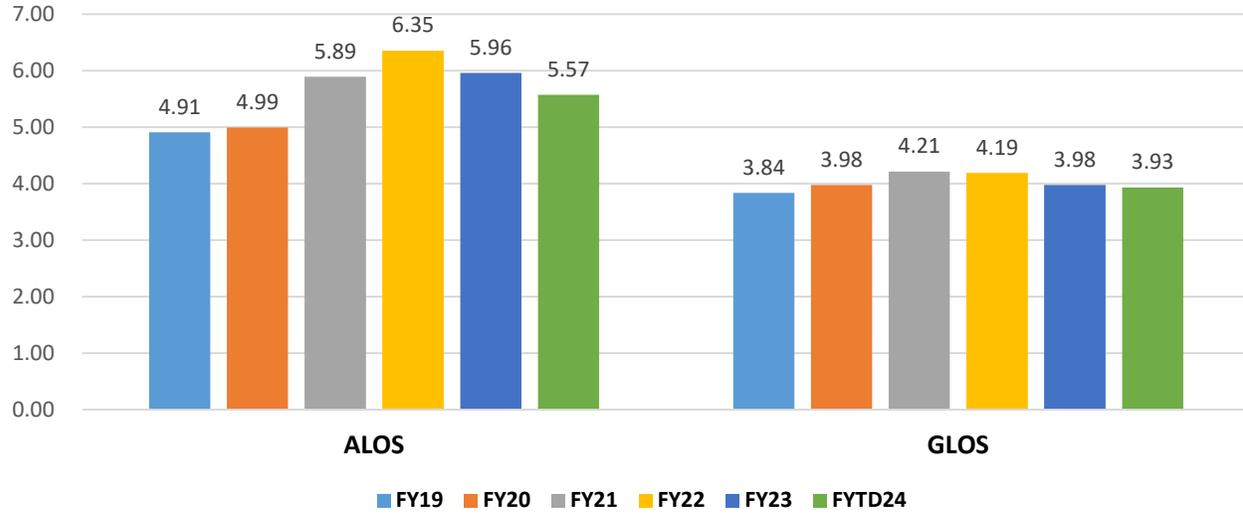
Decrease Observation Patient Average Length of Stay to 36 Hours or Less ...



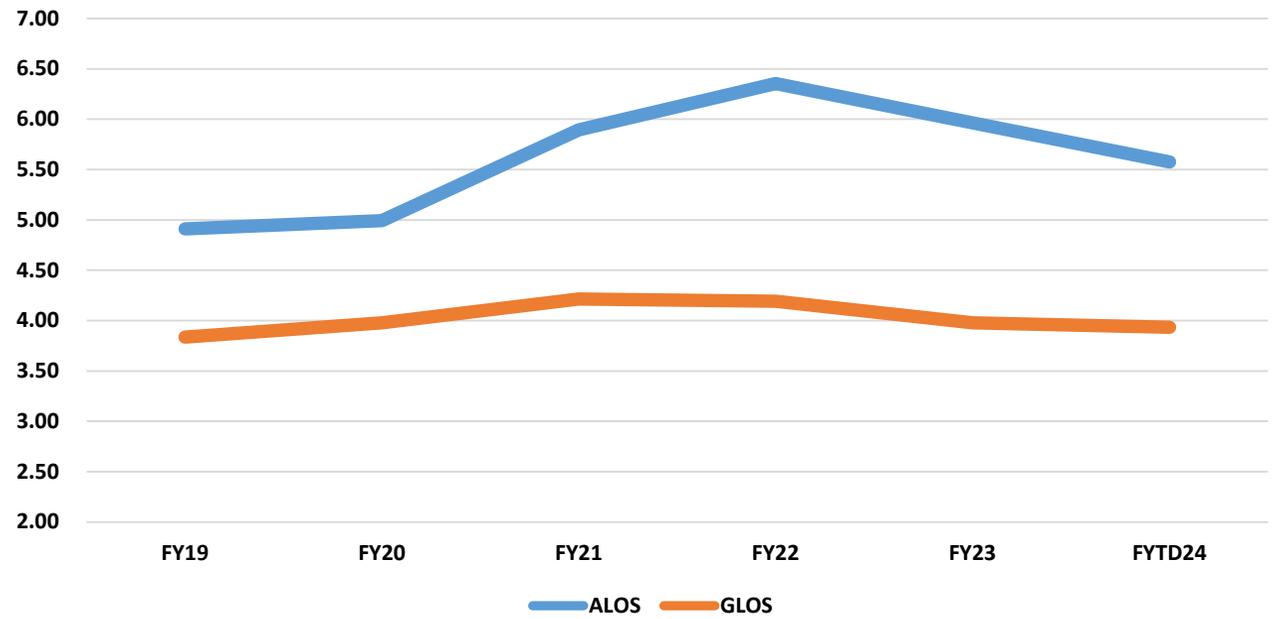
Decrease Emergency Department (IP) Average Length of Stay to 500 Minutes or Less ...



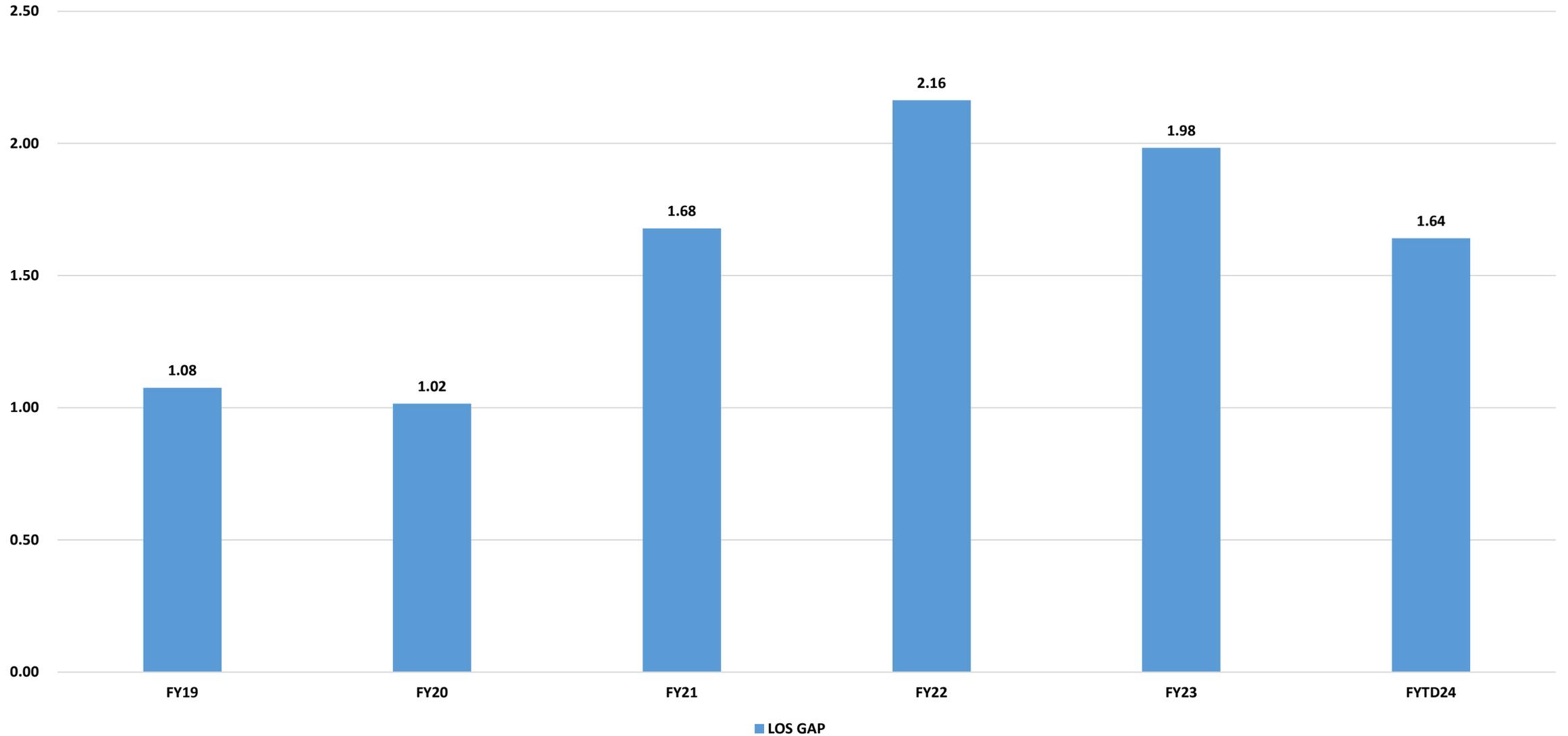
Trended ALOS and GMLOS



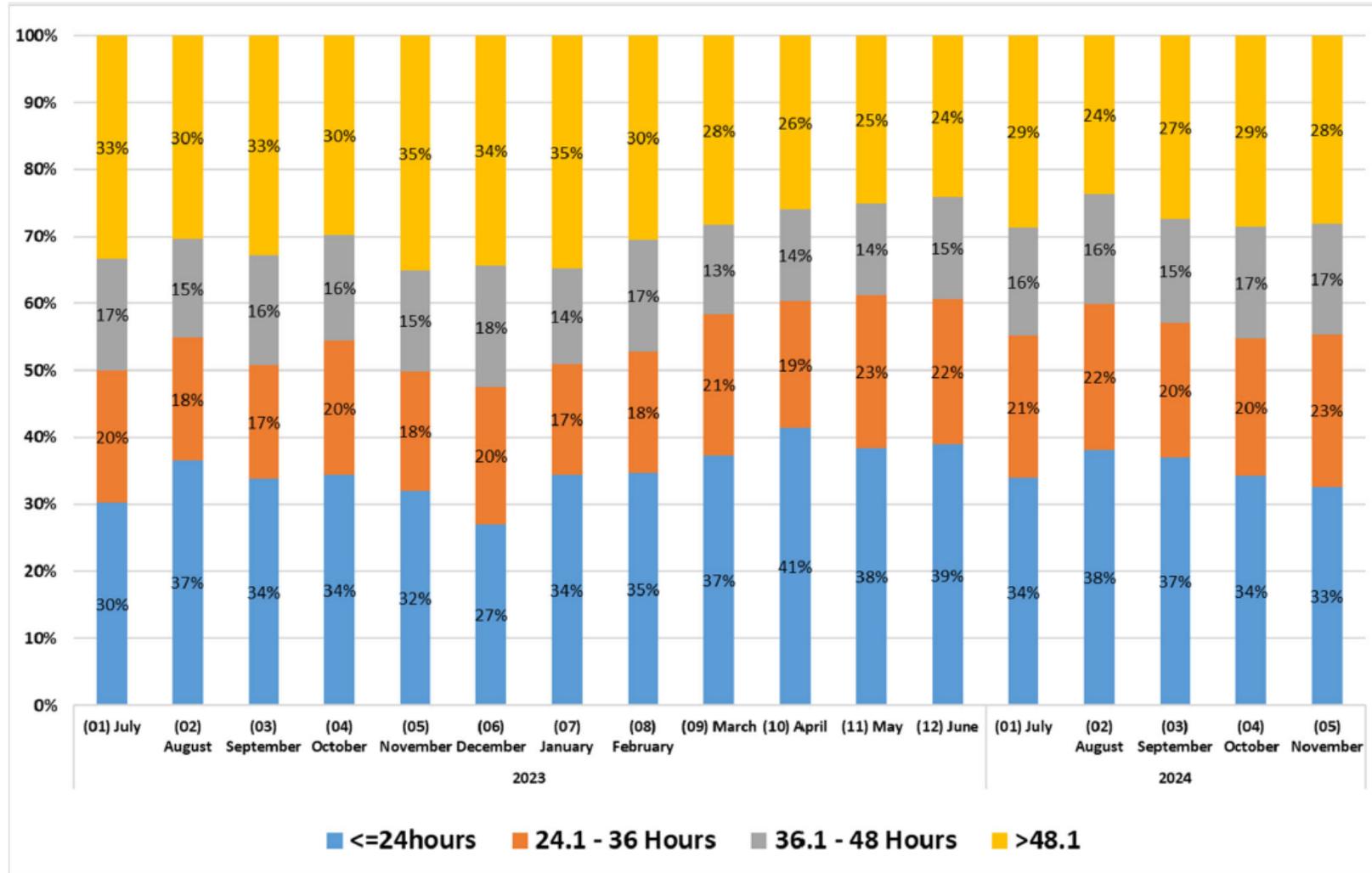
Trended ALOS and GMLOS



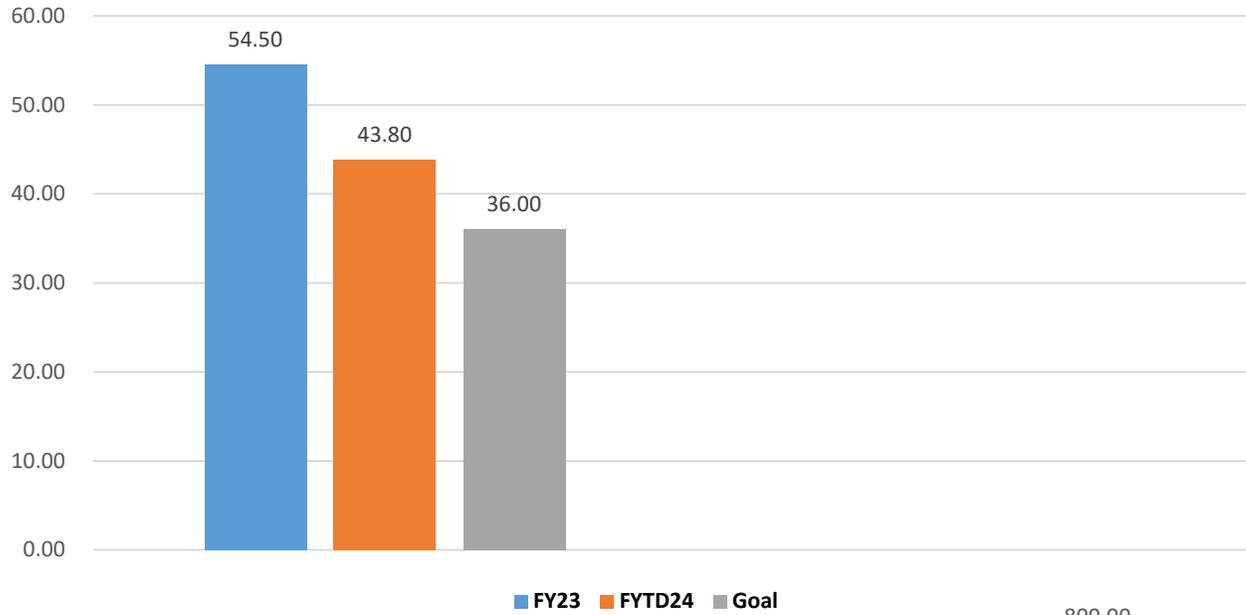
LOS GAP



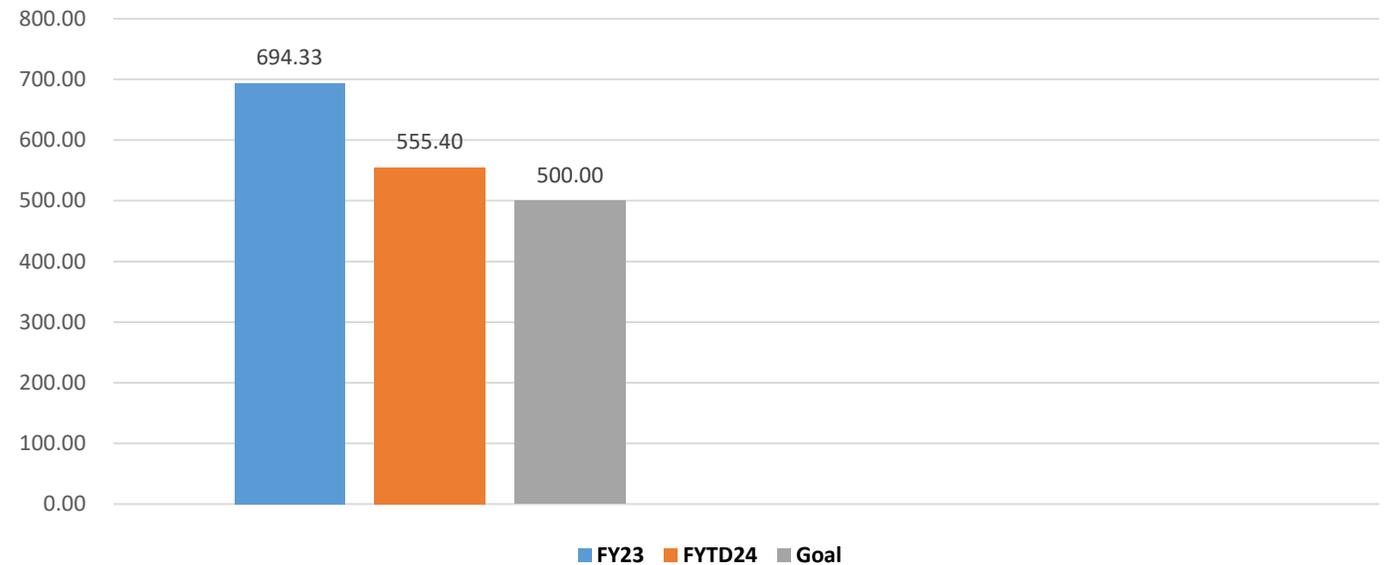
Monthly Discharges of Observation Patients by their Length of Stay



Observation unit Length of Stay



Median ED LOS for Admitted Patients



Performance Scorecard

Leading Performance Metrics – Inpatient & Observation

Metric	Patient Type	Definition	Goal	Baseline**	Discharge Date				
					8/1/2023 to 12/31/2023				
Observation Average Length of Stay (Obs ALOS) <i>(Lower is better)*</i>	Overall	Average length of stay (hours) for observation patients	36	43.83	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023
					41.43	48.79	43.89	44.24	43.63
Inpatient Average Length of Stay (IP ALOS) <i>(Lower is better)*</i>	Overall	Average length of stay (days) for inpatient discharges	5.64	5.69	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023
					5.33	5.51	6.08	5.98	5.75
Inpatient Observed-to-Expected Length of Stay <i>(Lower is better)**</i>	Overall	Observed LOS / geometric mean length of stay for inpatient discharges	1.32	1.47	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023
					1.41	1.45	1.58	1.48	1.43
Discharges*					Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023
	Inpatient	Count of inpatient discharges	N/A	1,246	1,283	1,196	1,244	1,227	1,264
	Observation	Count of observation discharges	N/A	447	467	431	427	440	462
	Overall	Count of inpatient and observation discharges	N/A	1,693	1,750	1,627	1,671	1,667	1,726

*All metrics above exclude Mother/Baby, Behavioral Health, and Pediatrics encounter data

*O/E LOS to be updated to include cases with missing DRG when available

**Baseline calculation: Previous 6-month rolling median or average based on the metric's calculation

Performance Scorecard

Leading Performance Metrics – Emergency Department

Metric	Patient Type	Definition	Goal	Baseline**	Check In Date and Time 8/1/2023 12:00:00 AM to 12/31/2023 11:59:59 PM				
					Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023
ED Boarding Time <i>(Lower is better)*</i>	Inpatient	Median time (minutes) for admission order written to check out for admitted patients	259	178	158	184	165	188	310
	Observation	Median time (minutes) for admission order written to check out for observation patients	287	210	161	256	147	313	405
	Overall	Median time (minutes) for admission order written to check out for inpatient and observation patients	286	179	158	185	165	190	315
ED Admit Hold Volume <i>(Lower is better)*</i>	Overall >4 Hours	Count of patients (volume) with ED boarding time \geq 4 hours	N/A	371	301	351	307	393	635
ED Length of Stay (ED LOS) <i>(Lower is better)*</i>	Discharged	Median ED length of stay (minutes) for discharged patients	214	297	297	298	285	295	312
	Inpatient	Median ED length of stay (minutes) for admitted patients	612	585	556	590	558	567	763
	Observation	Median ED length of stay (minutes) for observation patients	577	574	552	569	548	572	715
	Overall	Median ED length of stay (minutes) for admitted and discharged patients	N/A	348	347	352	334	354	370
ED Visits*	Discharged	Count of ED visits for discharged patients	N/A	5,144	5,444	5,033	5,010	4,843	5,390
	Inpatient	Count of ED Visits for admitted patients	N/A	1,127	1,156	1,073	1,089	1,126	1,176
	Observation	Count of ED Visits for observation patients	N/A	450	463	450	415	469	456
	Overall	Count of ED visits	N/A	6,720	7,063	6,556	6,514	6,438	7,022

*All metrics above exclude Mother/Baby, Behavioral Health, and Pediatrics encounter data.

**Baseline calculation: Previous 6-month rolling median or average based on the metric's calculation

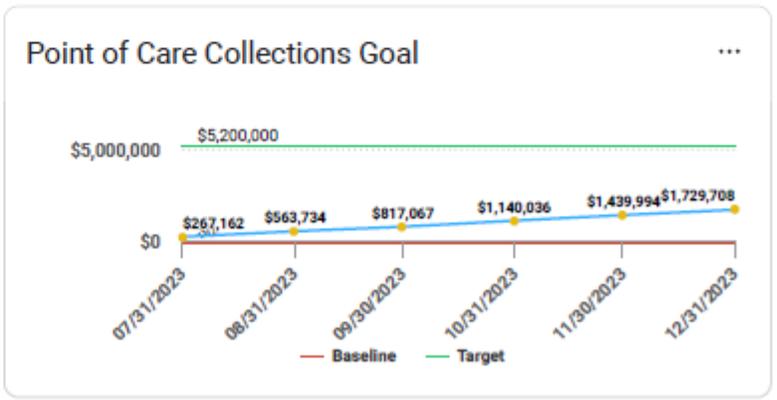
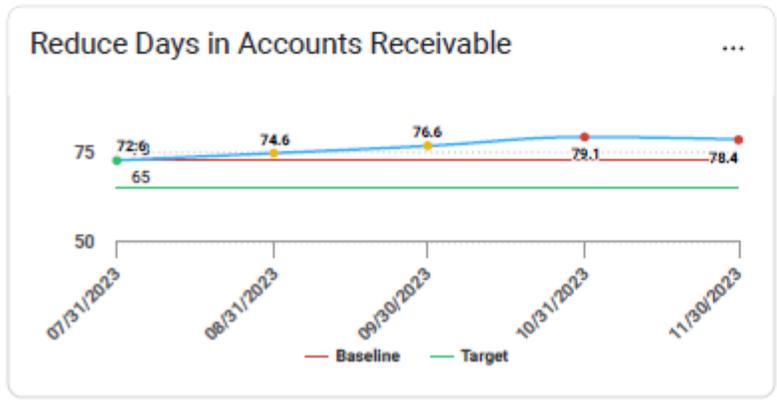
Organizational Efficiency & Effectiveness

Accomplishments	Challenges
<p><u>Inpatient LOS :</u></p> <ul style="list-style-type: none"> • Discharge nurse and lounge opening in October • Long Stay Committee actively strategizing long stay patients • Throughput huddle with CMs weekly to go over in the moment barriers to get patients out by LOS. 	<ul style="list-style-type: none"> • Insurance authorizations. More Managed 3rd party plans that are denying normal SNF and RH placements and takes many man hours to contest. • Insurance applications – Medicare needing Medical, or Medi-Cal needing managed plan Medi-Cal for SNFs to take. Apply during the month, will not be awarded until the first of the following month. • More than half of our patients over their LOS are still medically unstable each week. Very sick patients still requiring care.
<p><u>Observation LOS :</u></p> <ul style="list-style-type: none"> • Observation dashboard ready for use 10/2023 • PCP follow up process and resources finalized • Observation Power Plan updates went live 11/28/23: <ul style="list-style-type: none"> • Education to providers sent 11/27, Emma presented at Valley Hospitalist meeting 11/21, attended Department of Critical Care, Pulmonary Medicine & Adult Hospitalist meeting 12/18 to educate as well 	<ul style="list-style-type: none"> • Not all providers are using the new Power plan. • Working on approving turn around times for ancillary services. • Medical observation patients are prioritized for placement on 2S
<p><u>ED LOS :</u></p> <ul style="list-style-type: none"> • Since July 2023 we consistently admit about 20% of pts that arrive through the ED. Previous we would admit 22% • Collaboration between the hospitalist and ED on admits. • Pushing for more efficient ED stays also including PO fluids and meds vs IV, which may also account for the decrease in the admits. • Earlier escalation of barriers to D/C, D/C Lounge, D/C nurse rounding Immense amount of work in-house to decrease the amount of time the admits are holding ED including during surge times. 	<ul style="list-style-type: none"> • Evaluating the use of advanced imaging in-house vs outpt • Implementing more efficient throughput in the ED

Objective: Increase Front End Collections and Accounts Receivable

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.4.1	Objective	Focus Efforts on Key Revenue Cycle Metrics to Increase Collections and Reduce Denials	07/01/2023	06/30/2024	Frances Carrera	At Risk	
4.4.1.1	Outcome	Reduce Days in Accounts Receivable	07/01/2023	06/30/2024	Frances Carrera	At Risk	1. The Patient Accounting team is down 7-9 FTEs and 5 LOAs 2. PECOS (Medicare online enrollment)- implemented a new edit which requires the name on the billed claim to be the same as that in the PECOS enrollment (plus some of our physicians are not enrolled). The address on the facility has to match exactly to the PECOS enrollment - ie.. Ave. versus Avenue, The PO/PN modifier for off campus Provider based departments is required and must match 3. We have been holding all treatment series as they were ended and a new one created (it had been 5 years and needed to "clear out" old info like DX which could have changed) We released these now except for Dialysis which we are still holding for a compliance issue
4.4.1.2	Outcome	Increase Point of Care Collections	07/01/2023	06/30/2024	Frances Carrera	Off Track	Our goal for this six month period is \$2.6Million as we have an accumulated total of \$1.7Million. We should be able to offset the shortcomings in the months to follow due to annual deductibles and co-insurances take affect.



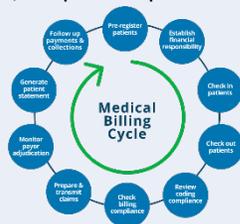
Accomplishments

Increase Point of Care Collections:

- Point of Service goals implemented and disseminated Organization- wide
- Organization-wide training sessions (2) were held in December with 51 attendees
 - Alternative methods for collection (i.e. Payroll deduction forms, credit card on file, Web based application (Flywire) etc.)
 - Scripting on how to initiate conversation with patient on their financial responsibility
 - Escalation process, if needed
- Signage created by marketing to make the community aware that payment is due at time of service (approved by compliance)

Reduce Days in Accounts Receivable

- Cash Received thus far through FY24 (6 months) is \$7.3 million higher than anticipated
 - Cash Received - \$302,832,136
 - Projected - \$295,504,434
- Customer Service Improvements
 - Charity Identifying Strategy –
 - We have partnered with a vendor to identify patient populations that qualify for Financial Assistance
 - This helps us recover monies for being a non-profit hospital.
 - Face-to-Face Assistance @ Acequia Wing (AW) -
 - A FTE was assigned to AW to assist our patients with billing and financial assistance questions
- More efficient strategies
 - Productivity Report – Based on hour vs day – Implemented end of FY23
 - This has allowed for robust review and accountability to determine meaningful follow-up vs no action type of follow-up.
 - Over time this has allowed PFS leadership to hold team members accountable.
 - Reducing false credits by using a report generated by Optum (vendor) – this will reduce manual review
 - Implemented Interactive Voice Response (IVR) for patient phone calls – This allows patients to make payments via self-service.



Challenges

Increase Point of Care Collections:

- Equipment- Card readers sporadically malfunction in certain departments as per users (New card readers are on order)
- Unable to take Apple Pay
- Awareness of the importance of Point of Service collection organization wide
- Low usage of Patient estimator tool, which will enable the end user to communicate the patients financial responsibility

Reduce Days in Accounts Receivable

- The Patient Accounting team is down 9 FTEs and 6 LOAs
- Treatment series for Dialysis and Therapy are holding since November.
 - Dialysis holding due to compliance issues
 - Therapy holding for review of charges
- PECOS (Medicare online enrollment)- implemented a new edit which requires the name on the billed claim to be the same as that in the PECOS enrollment
 - Some physicians are not enrolled in PECOS
 - Address on the facility has to match exactly to the PECOS enrollment - ie.. Ave. versus Avenue
 - Working with the ISS department for updates
- PO/PN modifier for off campus Provider based departments is required and must match CMS



Main and Cardiac Operating Room Efficiency

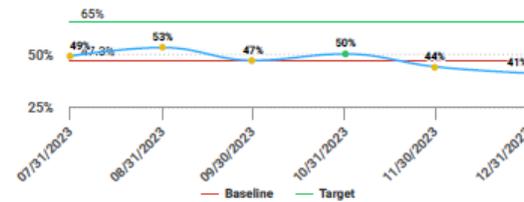
Champions: Jag Batth and Christine Aleman

Objective: Improve Efficiency and Capacity in the Main and Cardiac Operating Rooms.

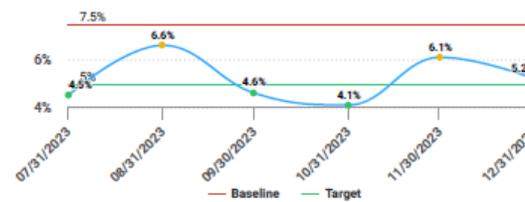
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.1	Objective	Monitor Main and Cardiac OR Metrics	07/01/2023	06/30/2024		Off Track	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.
4.2.1.1	Outcome	Improve Elective Case Main OR Utilization	07/01/2023	06/30/2024	Lori Mulliniks	Off Track	Surgery leadership is reviewing the data parameters for the report. This will result in updating FY23-FYTD24 data. Specifically, identifying including/not including Trauma room and cut off of surgery start time for end of day surgeries that transition to after hours.
4.2.1.2	Outcome	Improve Elective Case Cardiac OR Utilization	07/01/2023	06/30/2024	Lori Mulliniks	On Track	With onboarding of Dr. McLean we continue to see an increase in cardiac cases and OR utilization.
4.2.1.3	Outcome	Decrease Case Cancellation Rate-Main OR	07/01/2023	06/30/2024	Lori Mulliniks	Off Track	Of the 38 cancellations, 8 (21%) were due to duplicate appointments/scheduling errors, 6 (16%) were due to the patient being sick and 6 (16%) were due to surgeon cancellation.
4.2.1.4	Outcome	Decrease Case Cancellation Rate-Cardiac OR	07/01/2023	06/30/2024	Lori Mulliniks	On Track	Only one case canceled due to patient illness.
4.2.1.5	Outcome	Improve On Time Starts-First case of the Day in the Main OR	07/01/2023	06/30/2024	Lori Mulliniks	Off Track	A new report was developed to show Surgery Start Time to Patient in Room Time for all 0600, 0700 and 0730 starts for 1/1/23-11/30/23. We will be meeting with those Surgeons who are showing a pattern of being late and will discuss shifting block time if needed.

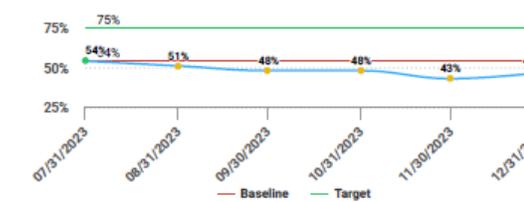
Improve Elective Case Main OR Utilization ...



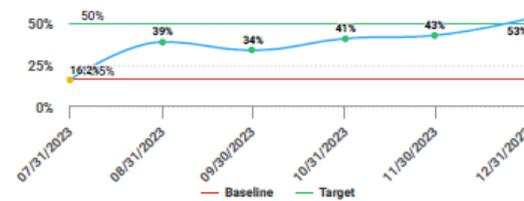
Decrease Case Cancellation Rate-Main OR ...



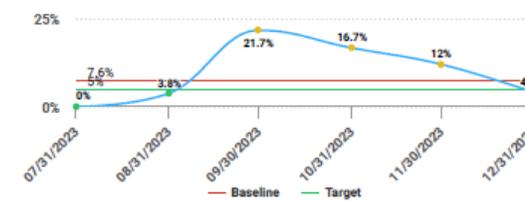
Improve On Time Starts-First Case of the Day in the Main OR (Wheels in at Scheduled Start Time) ...



Improve Elective Case Cardiac OR Utilization ...



Decrease Case Cancellation Rate-Cardiac OR ...



Organizational Efficiency & Effectiveness

Accomplishments

Main and Cardiac Operating room utilization

- Dr. McLean's arrival has helped with Cardiac Operating room utilization
- OR governance meeting regularly to discuss operations and utilization
- Sharing data with surgeons at Dept of Surgery and Anesthesia, Orthopedic Co-Management
- Add on inpatient cases helps improve overall OR utilization

Cancelation Rate Cardiac Operating Room

CVICU staffing improvements

Challenges

Main and Cardiac Operating room utilization

- OR elective block utilization-data challenges
- Flip room workflow (room sits idle) impacting block utilization
- Medi-Cal limitations-outpatient elective cases

First start of day-OR

- ASC expectation with the first case start
- Physician accountability/Culture change

Cancelation Rate-Main OR

- FLU/COVID
- Data clean up with duplicate appts.



Use of Tests and Treatments Champions: Jag Batth, Randy Kokka, and Renee Lauck

Objective: Create a Workgroup to Explore and Identify Benchmarks Related to the Use of Lab, Radiology and Therapy Tests and Treatments.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.1	Objective	Create and Initiate a Workgroup to Identify Areas of Focus and Establish Benchmarks Related to the Use of Tests and Treatments	07/01/2023	06/30/2024	Jag Batth	On Track	Team has identified areas of focus for reporting. These include Blood Utilization, Use of Biofire, Use of CT and MRI in the Emergency Department and Use of Therapy Orders in Observation Patients.

Test and Treatment Workgroup

Goals & Objectives

Critical Issues / Barriers

Create a workgroup to Identify Areas of Focus related to the use of tests and treatments throughout Kaweah Health. The workgroup will identify benchmarks and related goals and implement actions to move performance to established goals.

- Physician education and adoption
- Competing project priorities
- Culture change to mobilize patients
- Culture change related to ordering of labs and imaging studies

Plan

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

Accomplishments / Next Steps

#	Milestones	Start Date	Due Date	Who	Status R/Y/G
1	Workgroup launching in January to address CT and MRI usage in the ED. Detailed work plan steps will be identified	1/23/24	TBD	April McKee	●
2	Request updates to the Observation Status Dashboard to allow for better insight into Lab, Radiology and Therapy usage in that patient population	1/24/24		Luke Schneider	●
3	Blood Utilization Committee to Focus on Reduction of Blood Waste.			Jag Batth	●
4	Identify goals related to each of the focus areas as it relates to expected reduction and strategies to achieve those reductions			T&T Team	●
5					●
6					●

- Accomplishments:
- Identified focus areas for study.
 - Blood Use, Biofire Use, CT and MRI in the ED and Therapy orders for Observation patients
 - Launched Blood Utilization Committee with New Participants
 - Launched New Observation Order Set that should impact use of tests and treatments in identified focus areas
 - Developed Observation Dashboard that can be leveraged for use with this workgroup

- Next Steps:
- Request updates to the Observation dashboard to provide more detailed data in the specific focus areas. Determine if a separate Tests and Treatments Dashboard needs to be developed to encompass entire hospital
 - Identify goals related to reduction of tests and treatments in the identified focus areas.

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

Live with passion.

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



CFO Financial Report

Month Ending December 2023



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



Payer Trend by Gross Charges (Through December 2023)

Payers Grouped	Gross Charges						Gross Charges %					
	FY 2021	FY 2022	FY 2023	Q1 FY 24	Q2 FY 24	FYTD 2024	FY 2021	FY 2022	FY 2023	Q1 FY 24	Q2 FY 24	FYTD 2024
Medicare	\$1,024,451,713	\$1,062,365,899	\$1,096,307,867	\$273,128,804	\$289,949,357	\$563,078,161	43.3%	42.0%	43.1%	43.0%	44.1%	43.6%
Medi-Cal	\$762,544,244	\$834,800,630	\$834,363,261	\$208,040,072	\$206,995,899	\$415,035,971	32.2%	33.0%	32.8%	32.7%	31.5%	32.1%
Commercial	\$526,684,075	\$567,835,083	\$561,705,145	\$138,704,589	\$141,472,702	\$280,177,292	22.2%	22.5%	22.1%	21.8%	21.5%	21.7%
Other	\$54,693,423	\$62,886,295	\$51,081,682	\$15,375,245	\$18,718,564	\$34,093,810	2.3%	2.5%	2.0%	2.4%	2.8%	2.6%
Total	\$2,368,373,456	\$2,527,887,907	\$2,543,457,954	\$635,248,711	\$657,136,523	\$1,292,385,234	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Payers Add'l Group	Gross Charges						Gross Charges %					
	FY 2021	FY 2022	FY 2023	Q1 FY 24	Q2 FY 24	FYTD 2024	FY 2021	FY 2022	FY 2023	Q1 FY 24	Q2 FY 24	FYTD 2024
Medicare	\$722,858,035	\$719,387,201	\$721,389,253	\$170,370,061	\$184,391,220	\$354,761,281	30.52%	28.46%	28.36%	26.82%	28.06%	27.45%
Medi-Cal Managed	\$565,281,957	\$632,140,840	\$654,424,837	\$165,298,991	\$168,865,545	\$334,164,536	23.87%	25.01%	25.73%	26.02%	25.70%	25.86%
Commercial	\$526,684,075	\$567,835,083	\$561,705,145	\$138,704,589	\$141,472,702	\$280,177,292	22.24%	22.46%	22.08%	21.83%	21.53%	21.68%
Medicare Managed	\$301,593,678	\$342,978,698	\$374,918,614	\$102,758,744	\$105,558,137	\$208,316,880	12.73%	13.57%	14.74%	16.18%	16.06%	16.12%
Medi-Cal	\$197,262,287	\$202,659,791	\$179,938,424	\$42,741,081	\$38,130,354	\$80,871,435	8.33%	8.02%	7.07%	6.73%	5.80%	6.26%
Cash Pay	\$31,074,618	\$37,372,493	\$31,088,342	\$9,345,061	\$12,875,486	\$22,220,547	1.31%	1.48%	1.22%	1.47%	1.96%	1.72%
Work Comp	\$22,295,116	\$24,568,332	\$18,745,470	\$5,860,605	\$5,593,588	\$11,454,193	0.94%	0.97%	0.74%	0.92%	0.85%	0.89%
Tulare County	\$1,323,688	\$945,471	\$1,247,870	\$169,579	\$249,490	\$419,070	0.06%	0.04%	0.05%	0.03%	0.04%	0.03%
Total	\$2,368,373,456	\$2,527,887,907	\$2,543,457,954	\$635,248,711	\$657,136,523	\$1,292,385,234	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

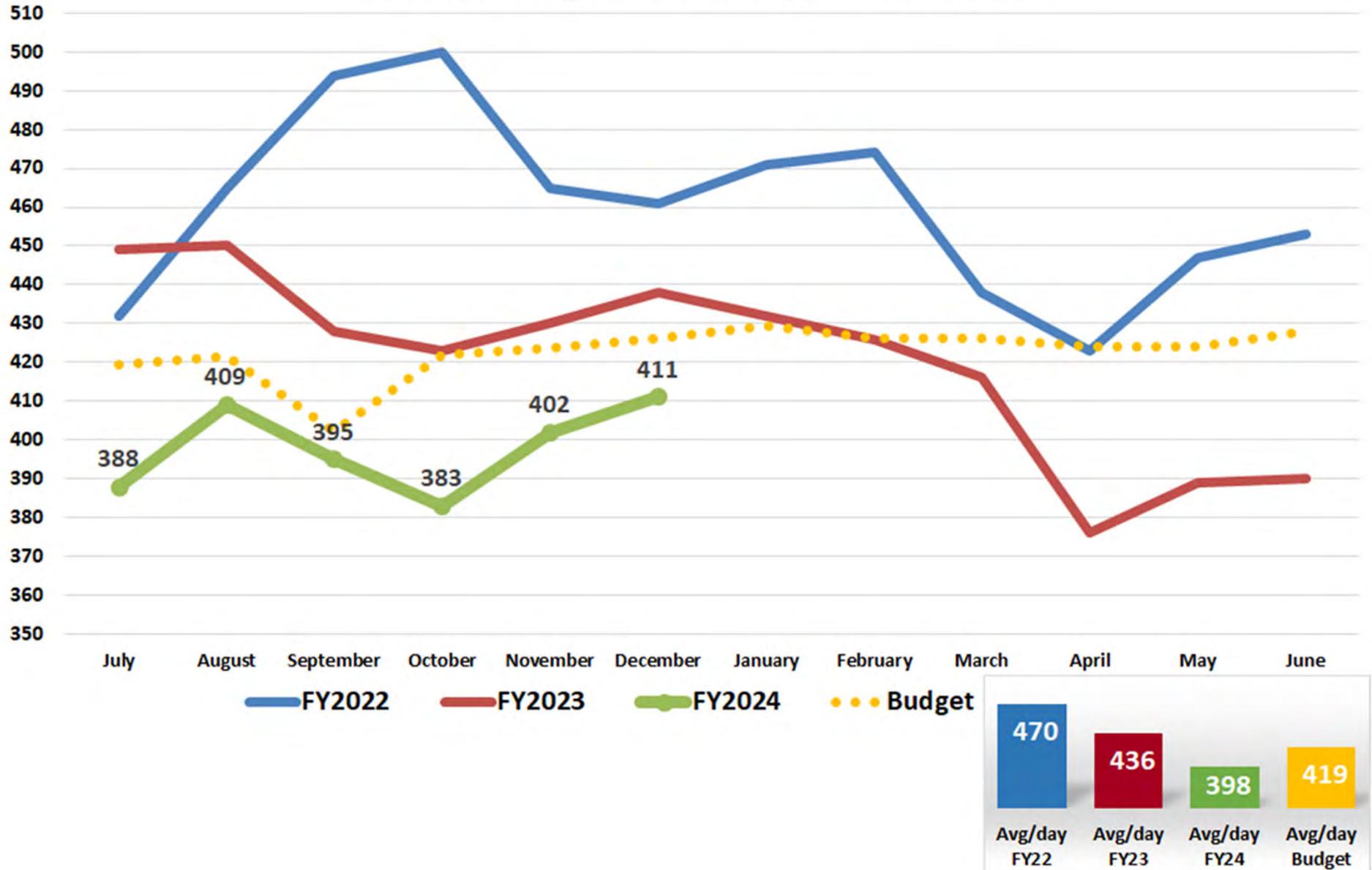
Excludes those service lines not on Cerner: Home Health, Home Care, Home Infusion, Hospice and Open Arms

Payer Trend by Patient Volume (Through December 2023)

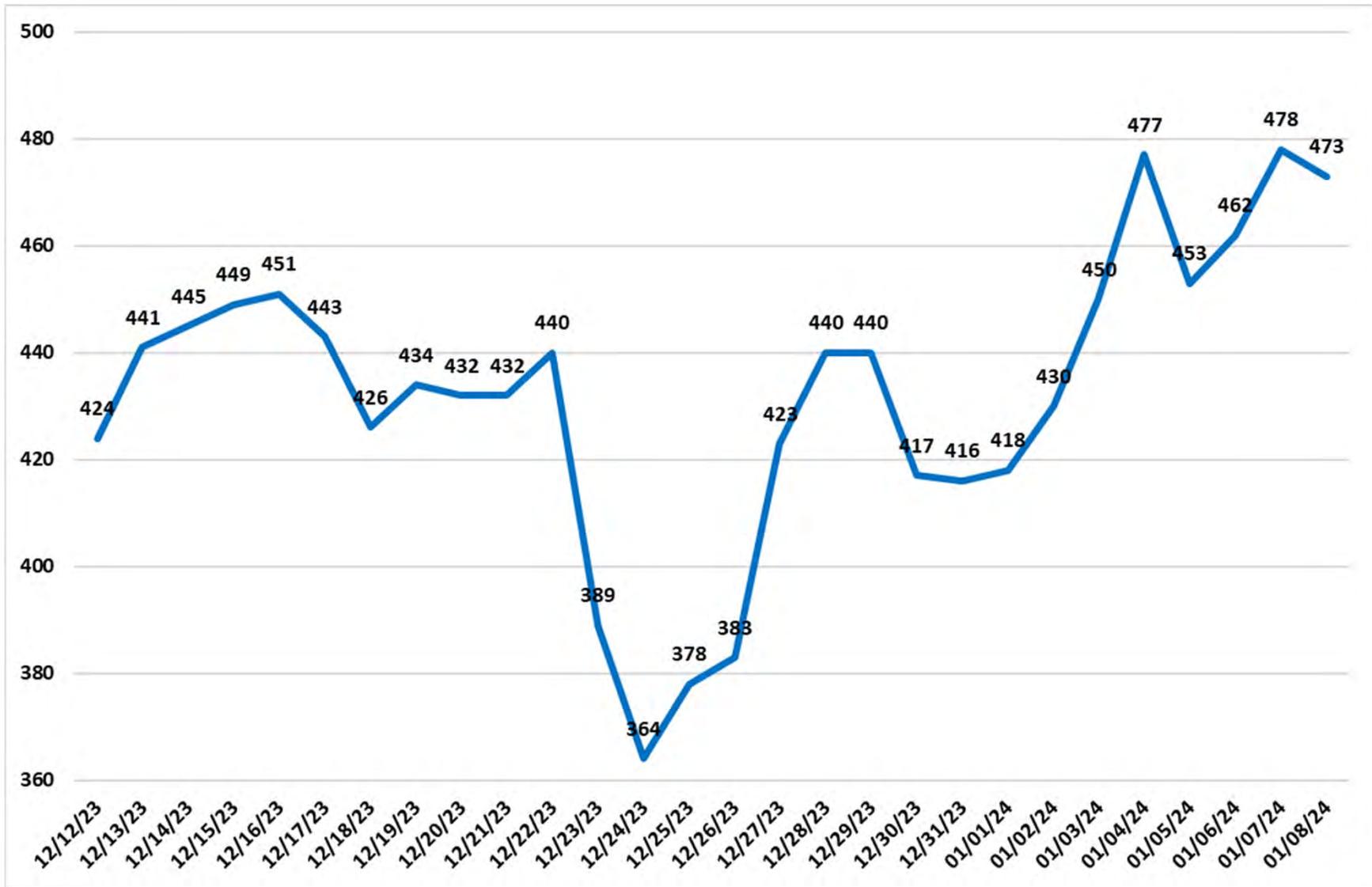
	Patient Cases						Patient Cases %					
	FY 2021	FY 2022	FY 2023	Q1 FY 24	Q2 FY 24	FYTD 2024	FY 2021	FY 2022	FY 2023	Q1 FY 24	Q2 FY 24	FYTD 2024
Inpatient												
Cash Pay	237	214	207	75	93	168	0.8%	0.7%	0.7%	1.1%	1.3%	1.2%
Medi-Cal	3,818	3,699	3,120	738	619	1,357	13.4%	12.8%	11.3%	10.4%	8.9%	9.7%
Medi-Cal Managed Care	8,047	8,544	8,736	2,357	2,295	4,652	28.3%	29.6%	31.6%	33.3%	33.2%	33.2%
Medicare	6,844	6,494	6,033	1,463	1,459	2,922	24.1%	22.5%	21.8%	20.7%	21.1%	20.9%
Medicare Managed Care	2,799	2,992	3,030	817	814	1,631	9.8%	10.4%	10.9%	11.5%	11.8%	11.7%
Commercial	6,491	6,771	6,400	1,595	1,603	3,198	22.8%	23.4%	23.1%	22.5%	23.2%	22.8%
Tulare County	74	49	58	10	9	19	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%
Work Comp	122	112	90	23	26	49	0.4%	0.4%	0.3%	0.3%	0.4%	0.4%
Total Inpatient	28,432	28,875	27,674	7,078	6,918	13,996	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Outpatient												
Cash Pay	10,343	14,428	9,536	2,240	2,406	4,646	2.0%	2.6%	1.8%	1.7%	1.8%	1.8%
Medi-Cal	24,835	23,906	22,964	4,476	4,204	8,680	4.8%	4.3%	4.3%	3.4%	3.2%	3.3%
Medi-Cal Managed Care	156,274	186,721	169,941	39,784	39,300	79,084	30.1%	33.2%	31.9%	30.1%	30.0%	30.0%
Medicare	100,411	96,914	94,360	24,525	23,589	48,114	19.3%	17.2%	17.7%	18.5%	18.0%	18.3%
Medicare Managed Care	46,714	51,220	60,091	16,579	15,724	32,303	9.0%	9.1%	11.3%	12.5%	12.0%	12.3%
Commercial	177,363	185,424	172,182	43,222	44,560	87,782	34.2%	33.0%	32.3%	32.7%	34.0%	33.3%
Tulare County	1						0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Work Comp	3,201	3,390	3,978	1,528	1,404	2,932	0.6%	0.6%	0.7%	1.2%	1.1%	1.1%
Total Outpatient	519,142	562,003	533,052	132,354	131,187	263,541	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Excludes those service lines not on Cerner: Home Health, Home Care, Home Infusion, Hospice and Open Arms

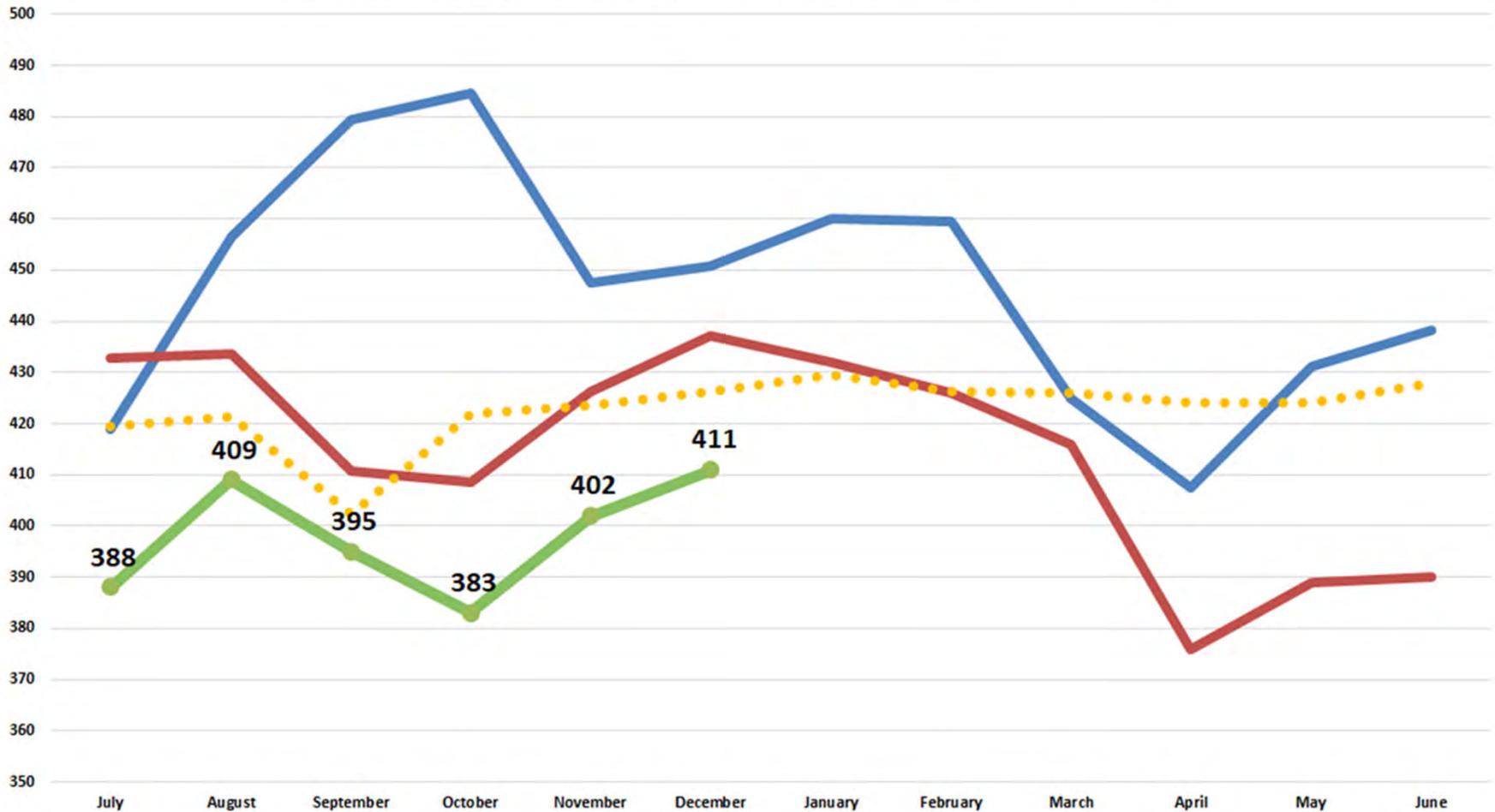
Average Daily Census



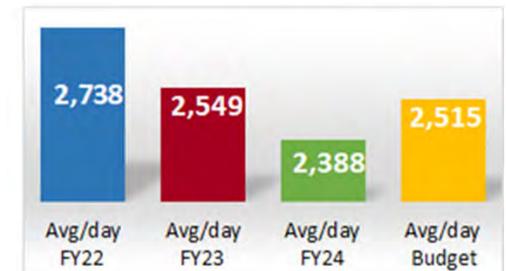
Daily Trend of Patients in a Bed



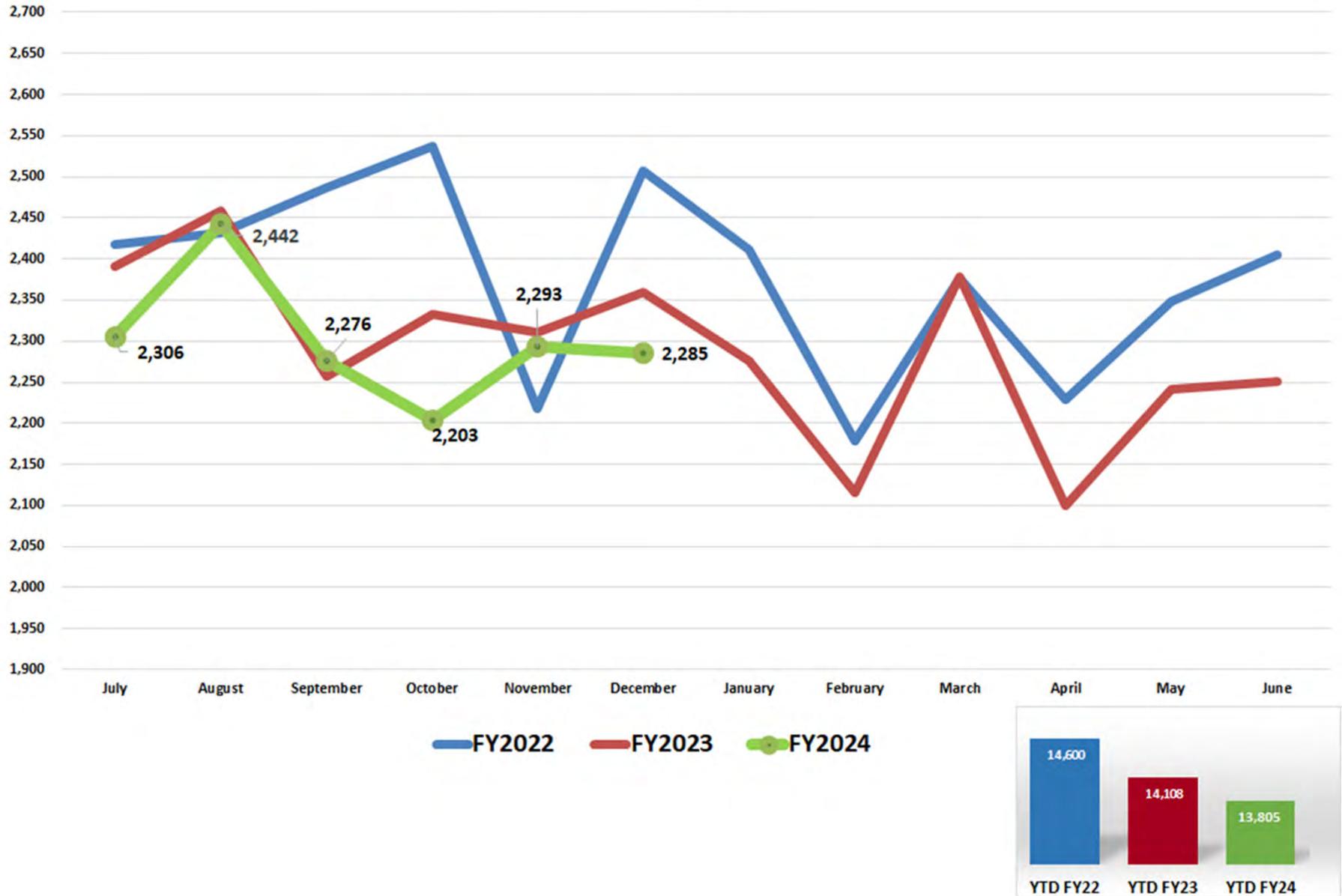
Average Daily Census w/o TCS



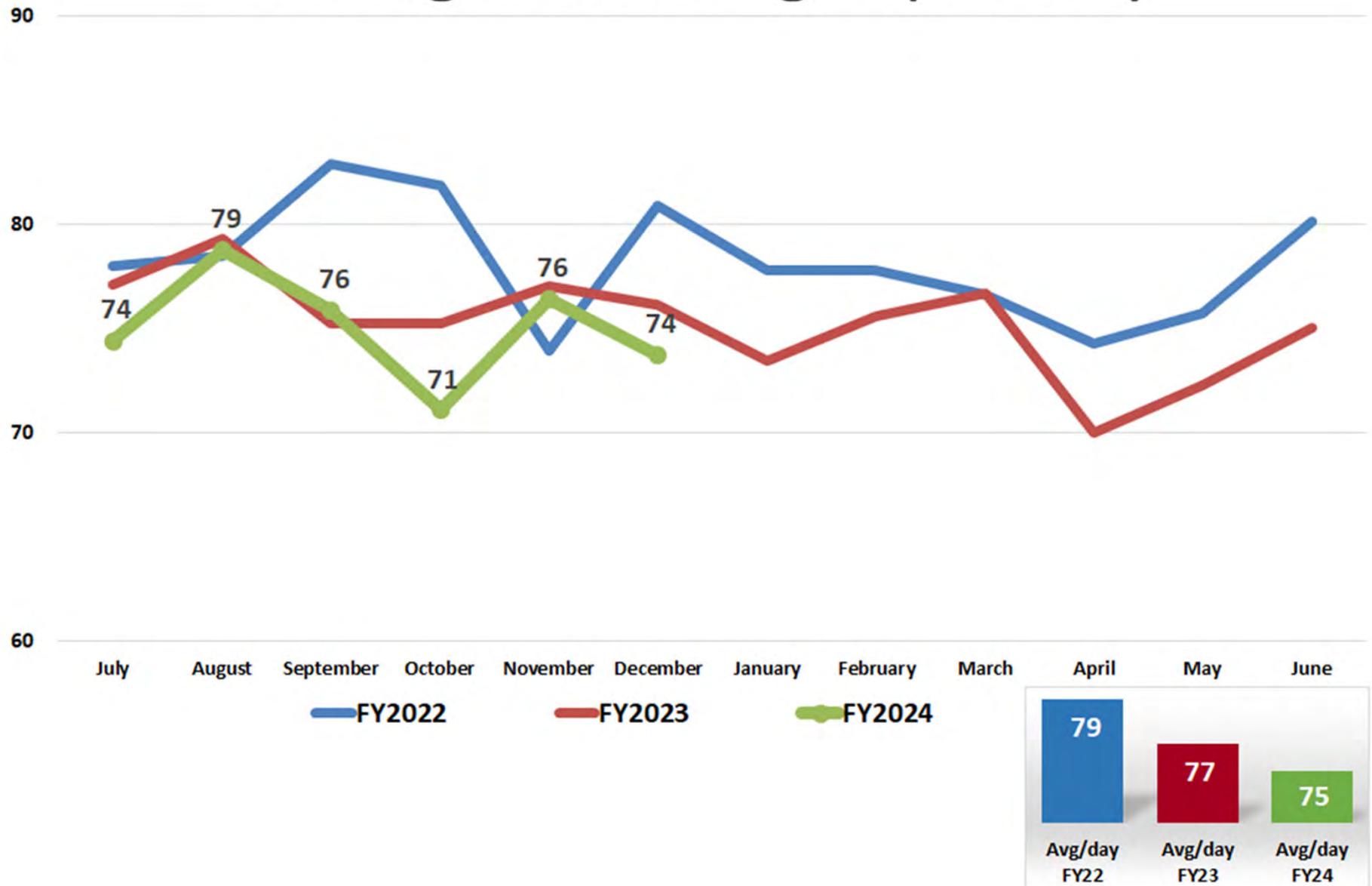
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



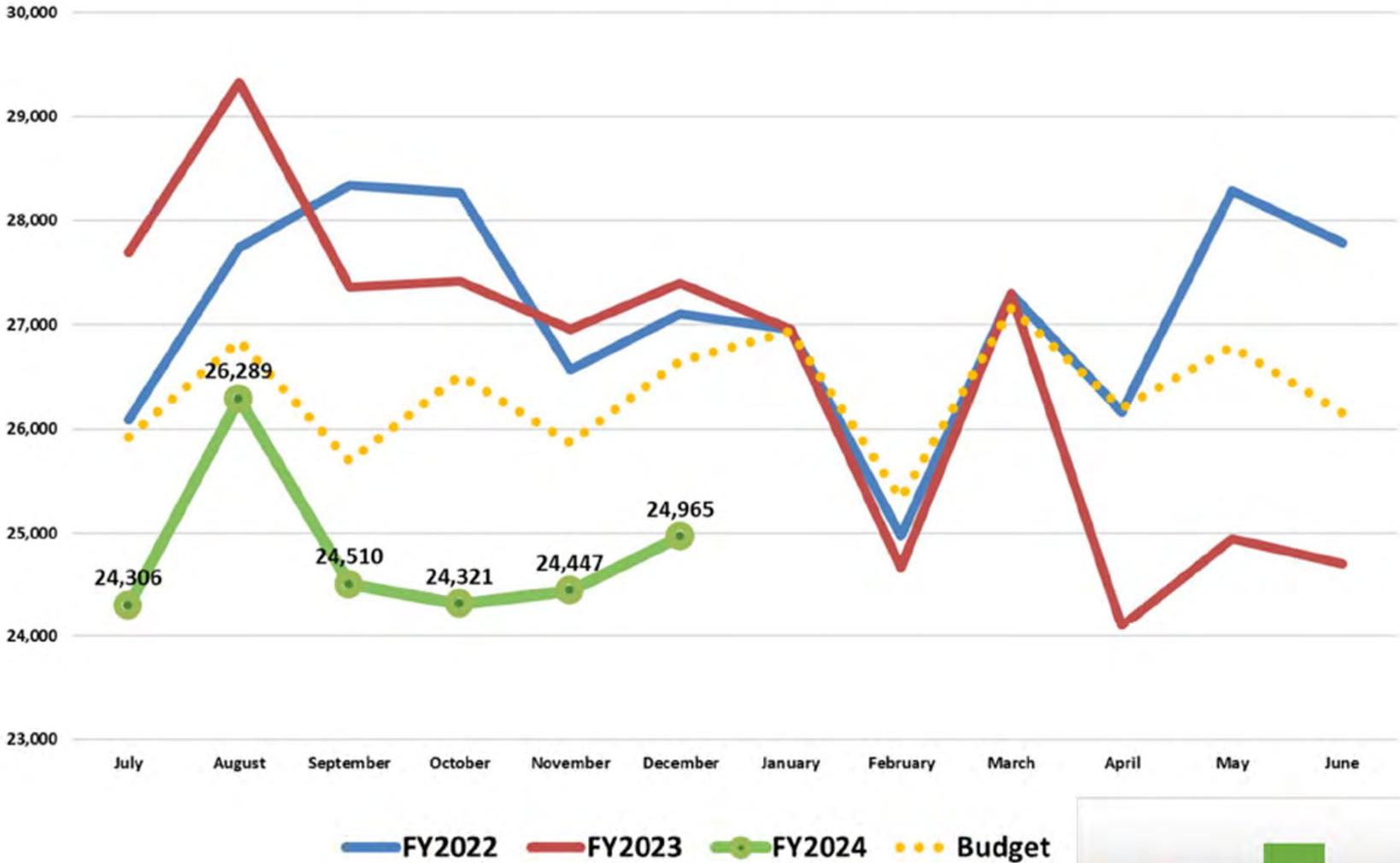
Discharges



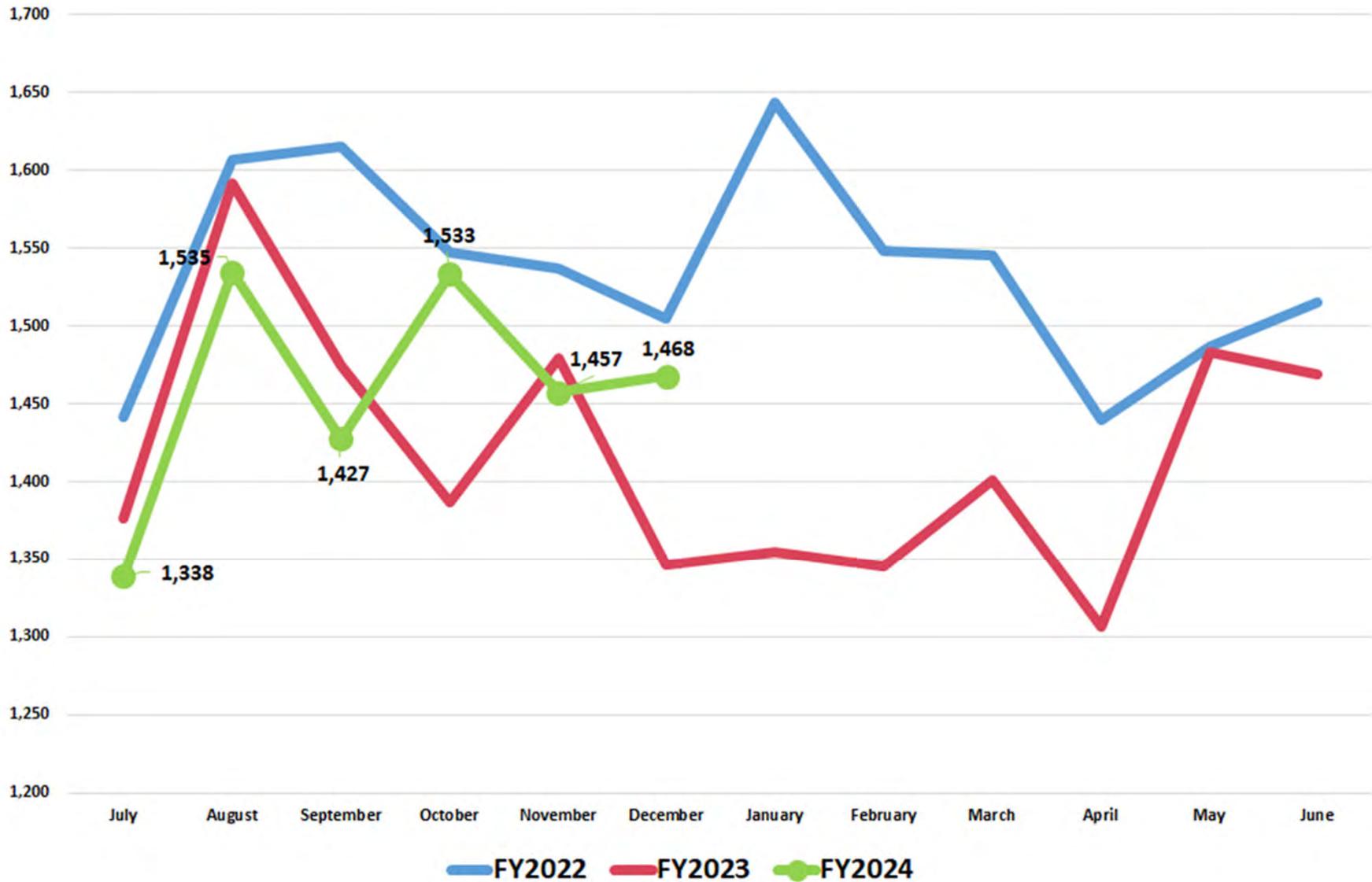
Average Discharges per day



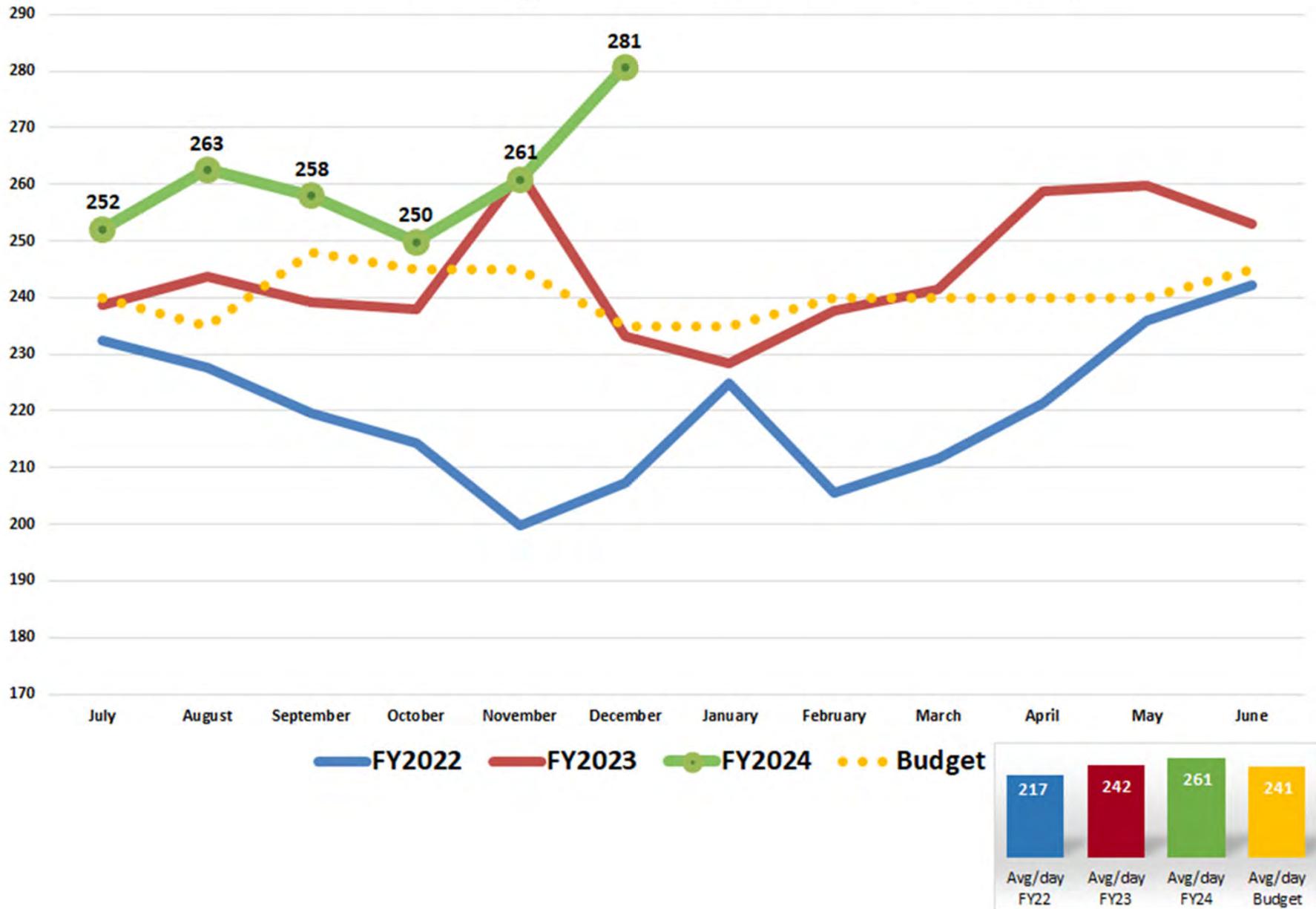
Adjusted Patient Days



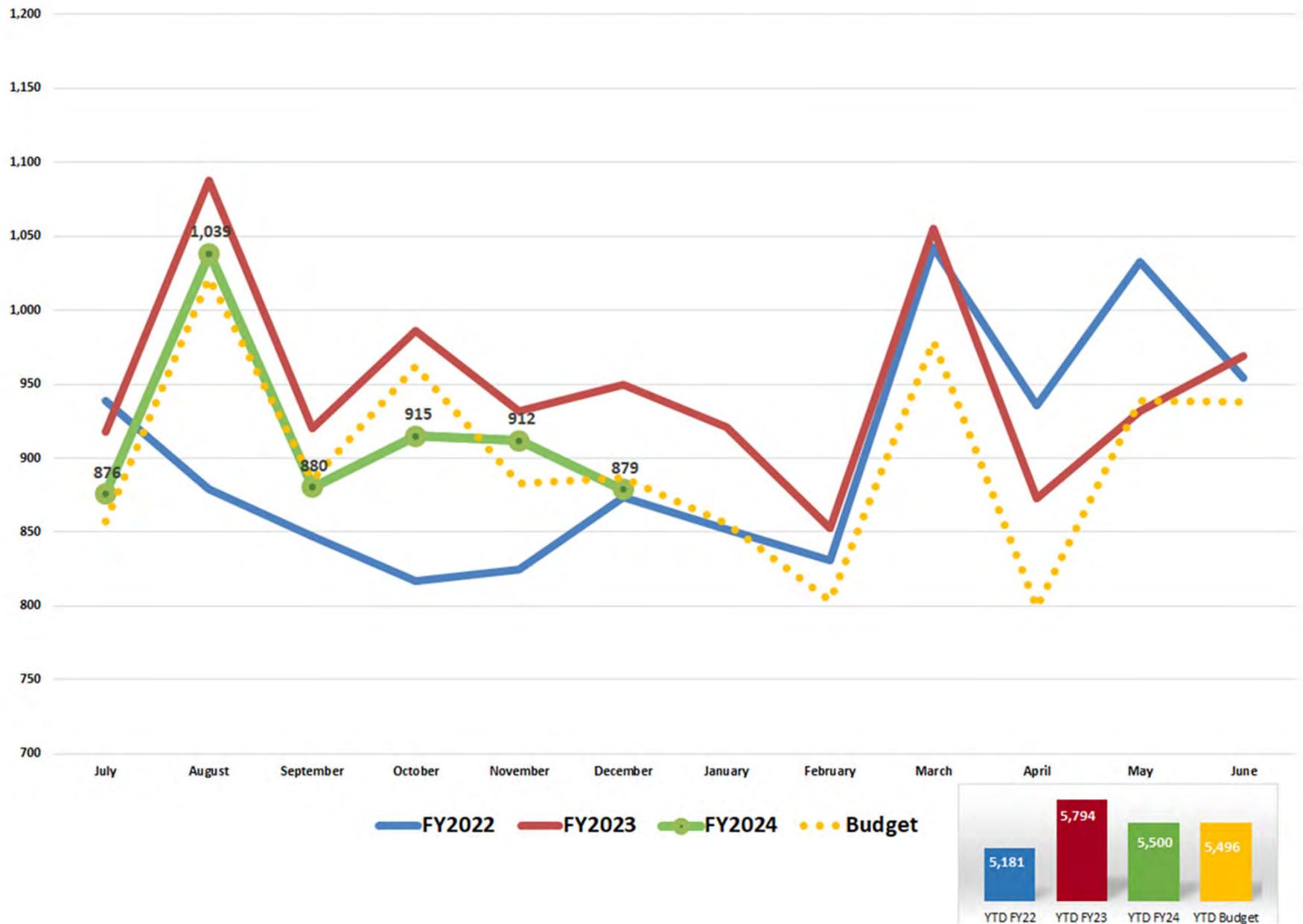
Outpatient Registrations Per Day



ED - Avg Treated Per Day



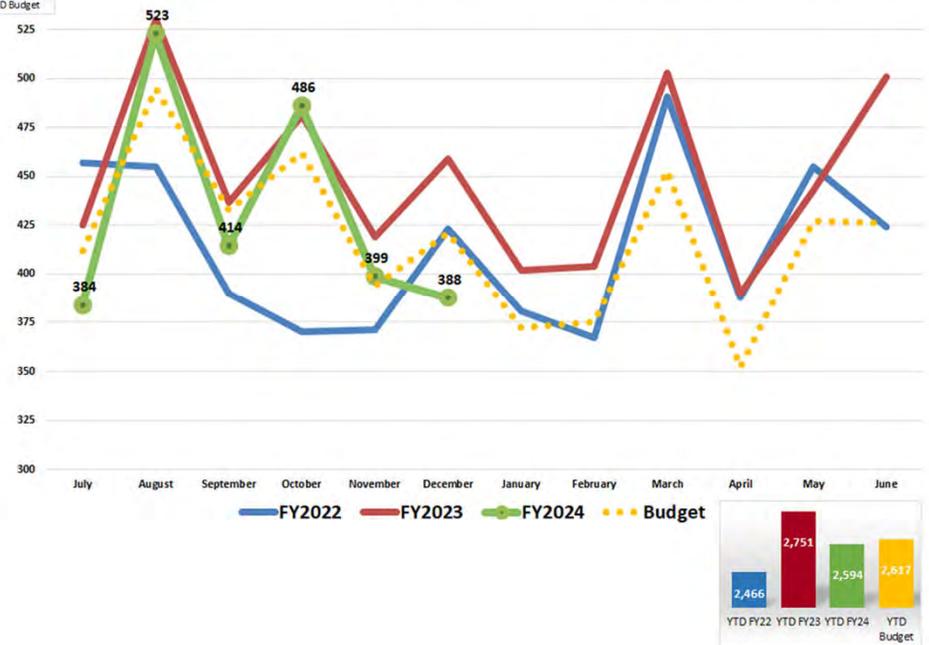
Surgery (IP & OP) – 100 Min Units



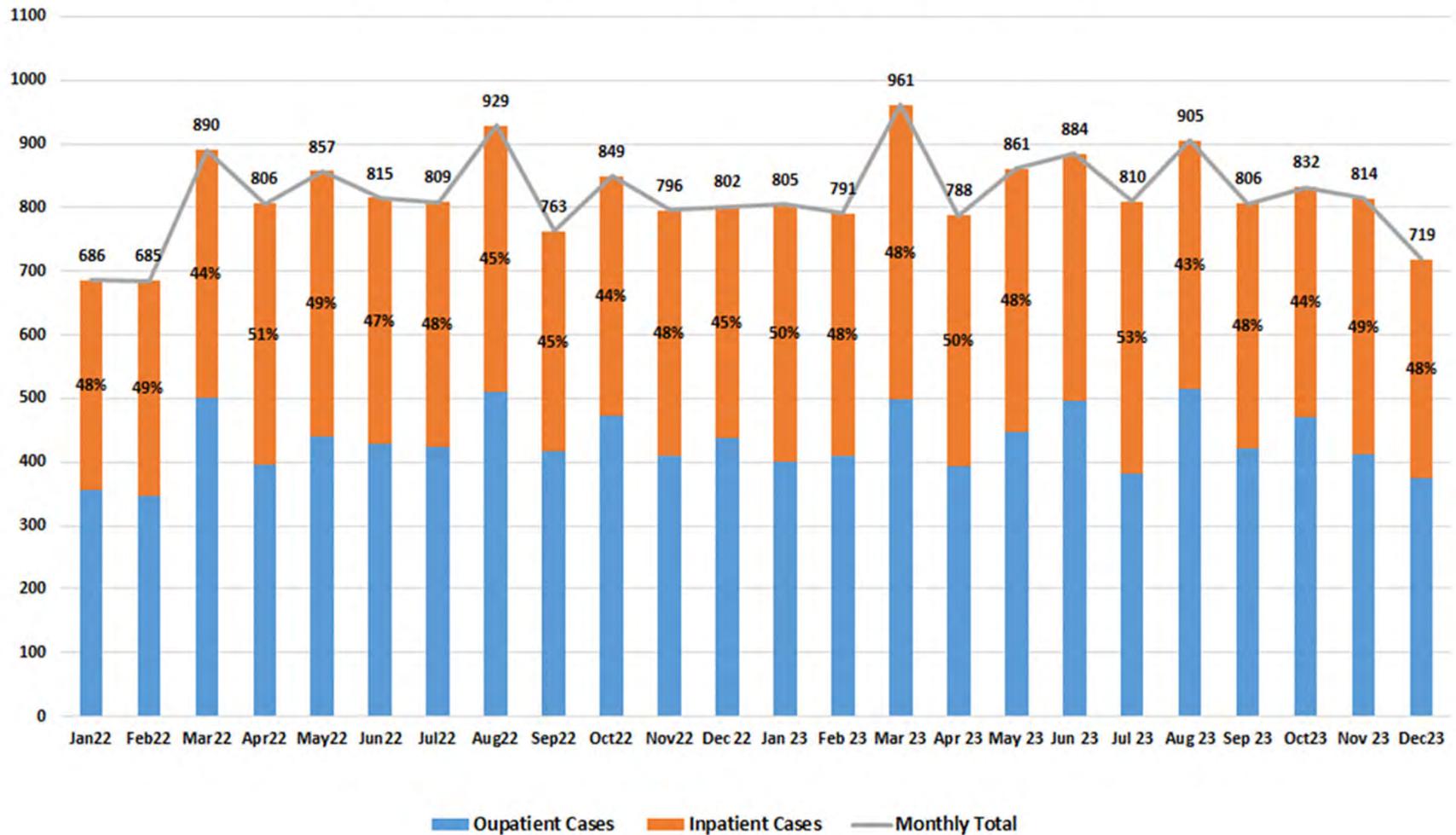
Surgery (IP Only) - 100 Min Unit



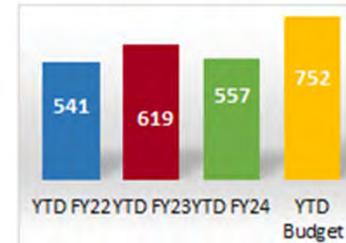
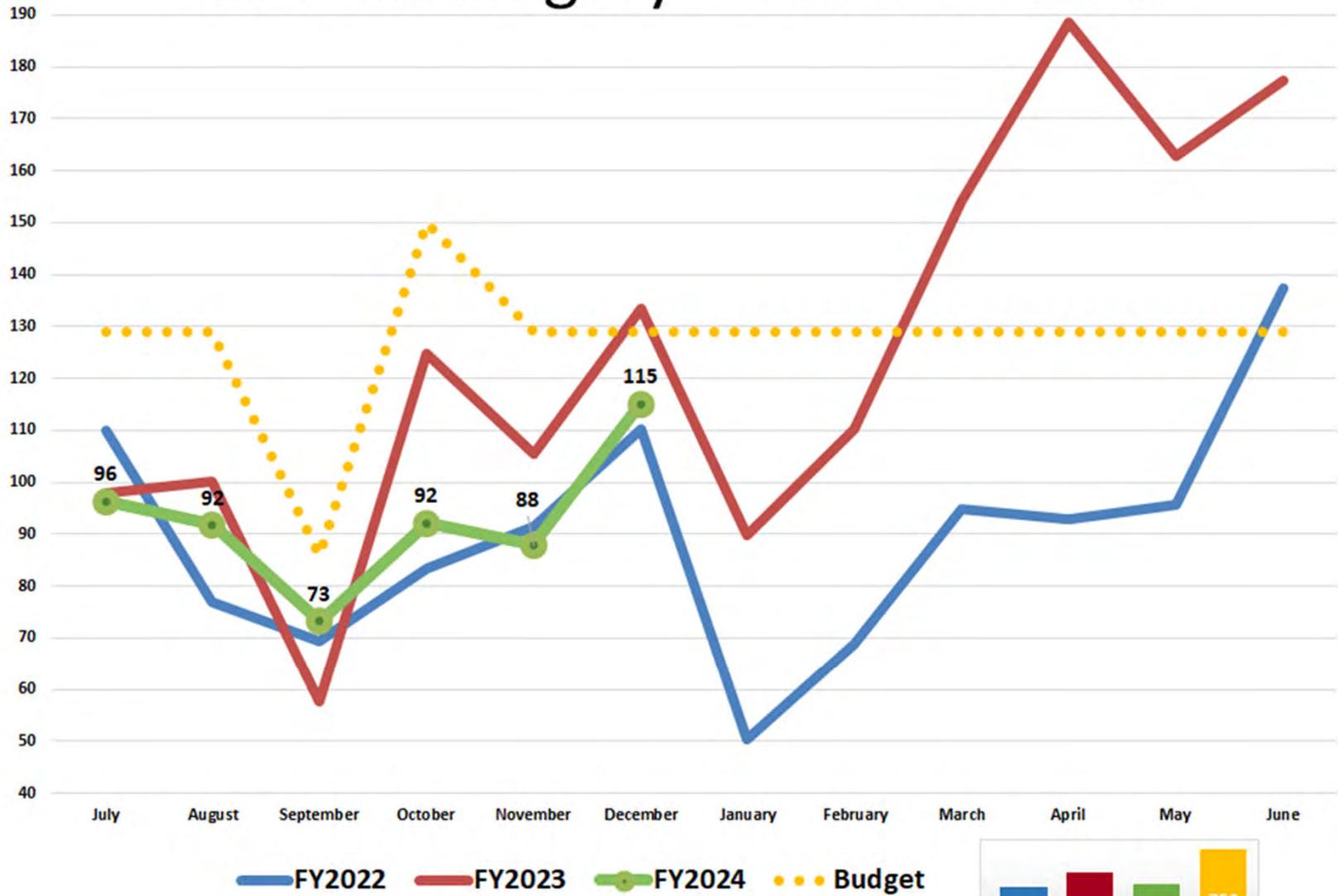
Surgery (OP Only) - 100 Min Units



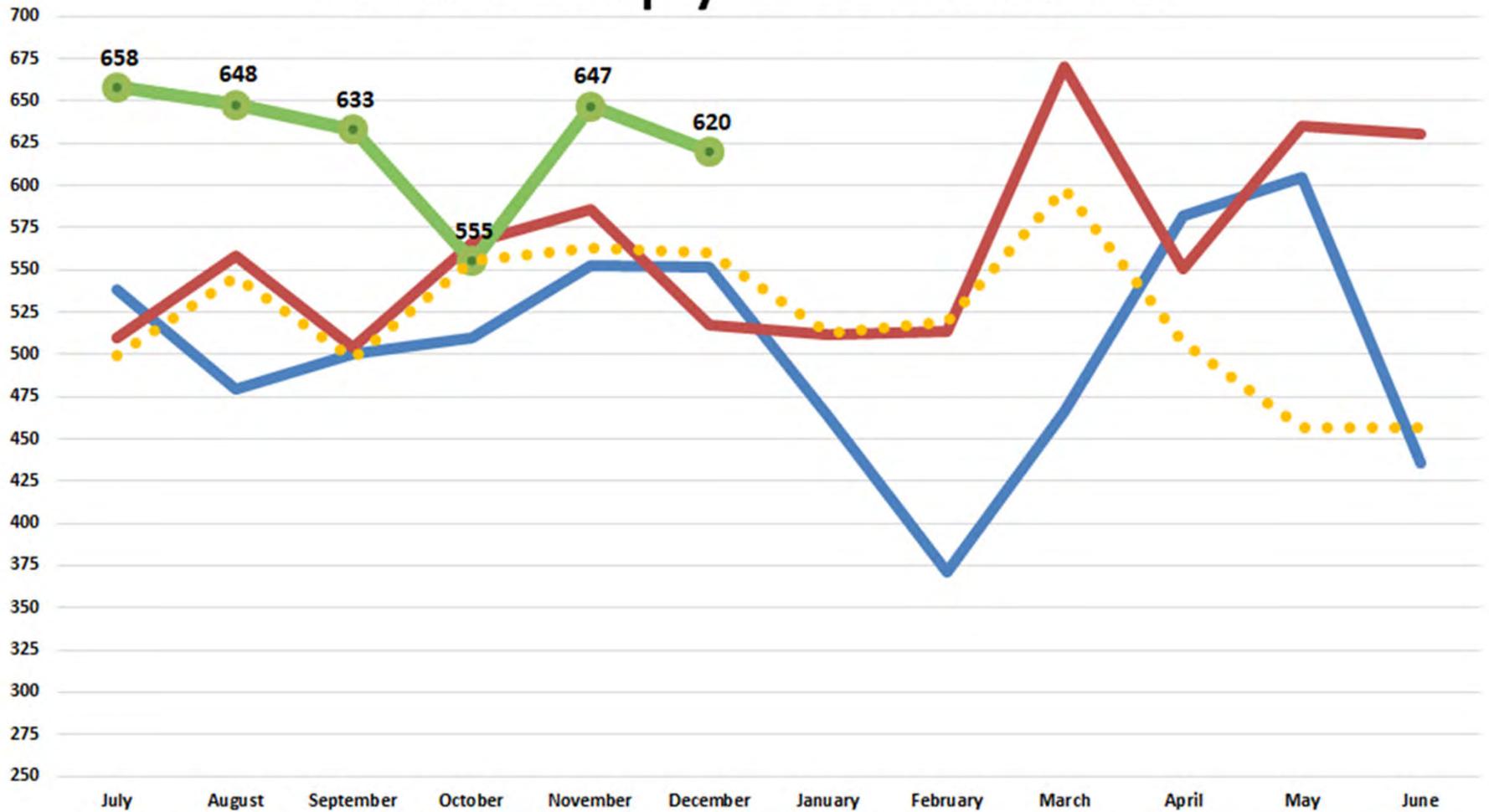
Surgery Cases (IP & OP)



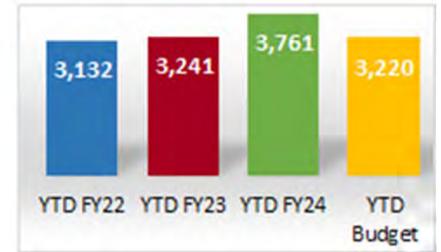
Cardiac Surgery - 100 Min Units



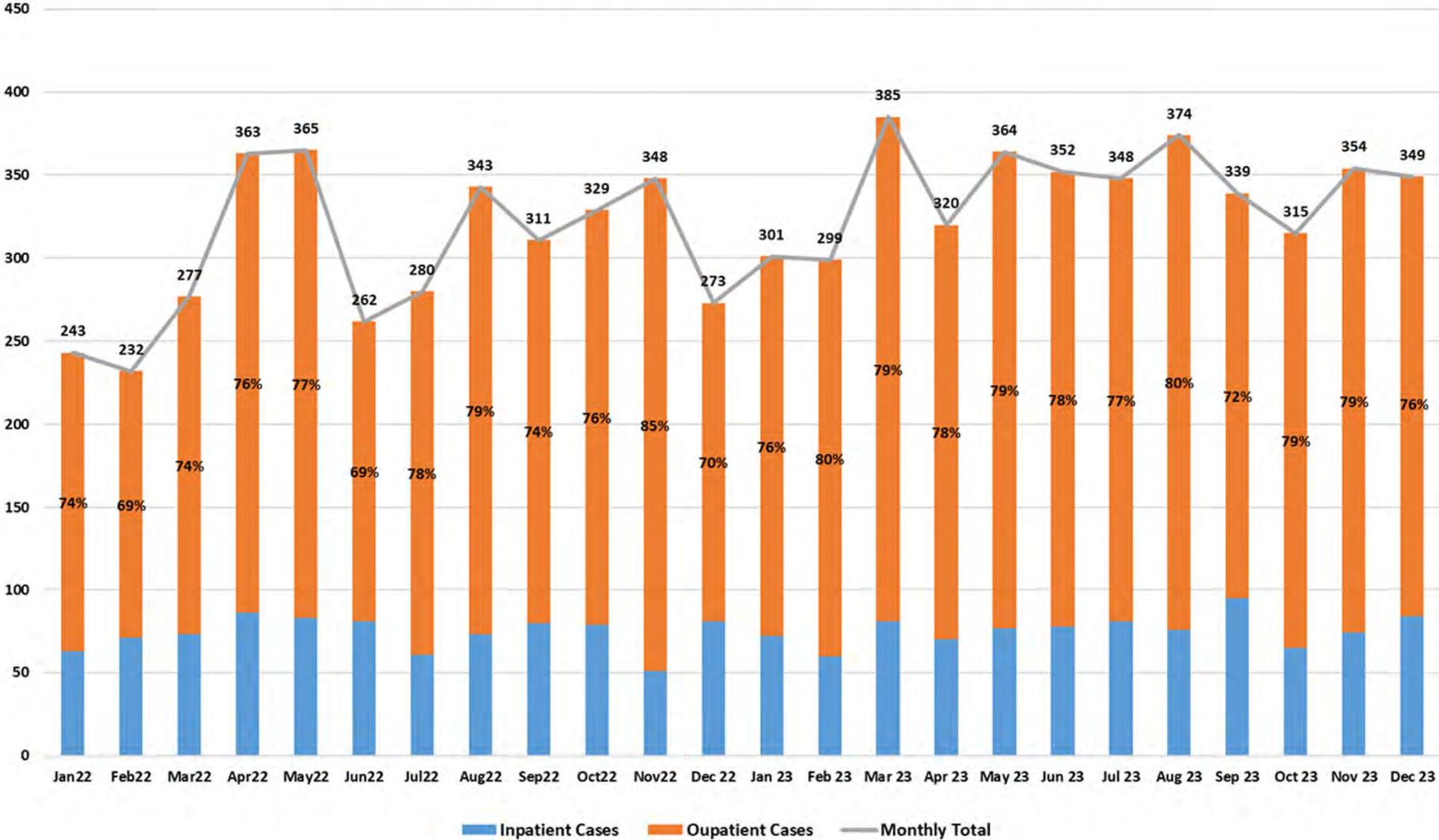
Endoscopy Procedures



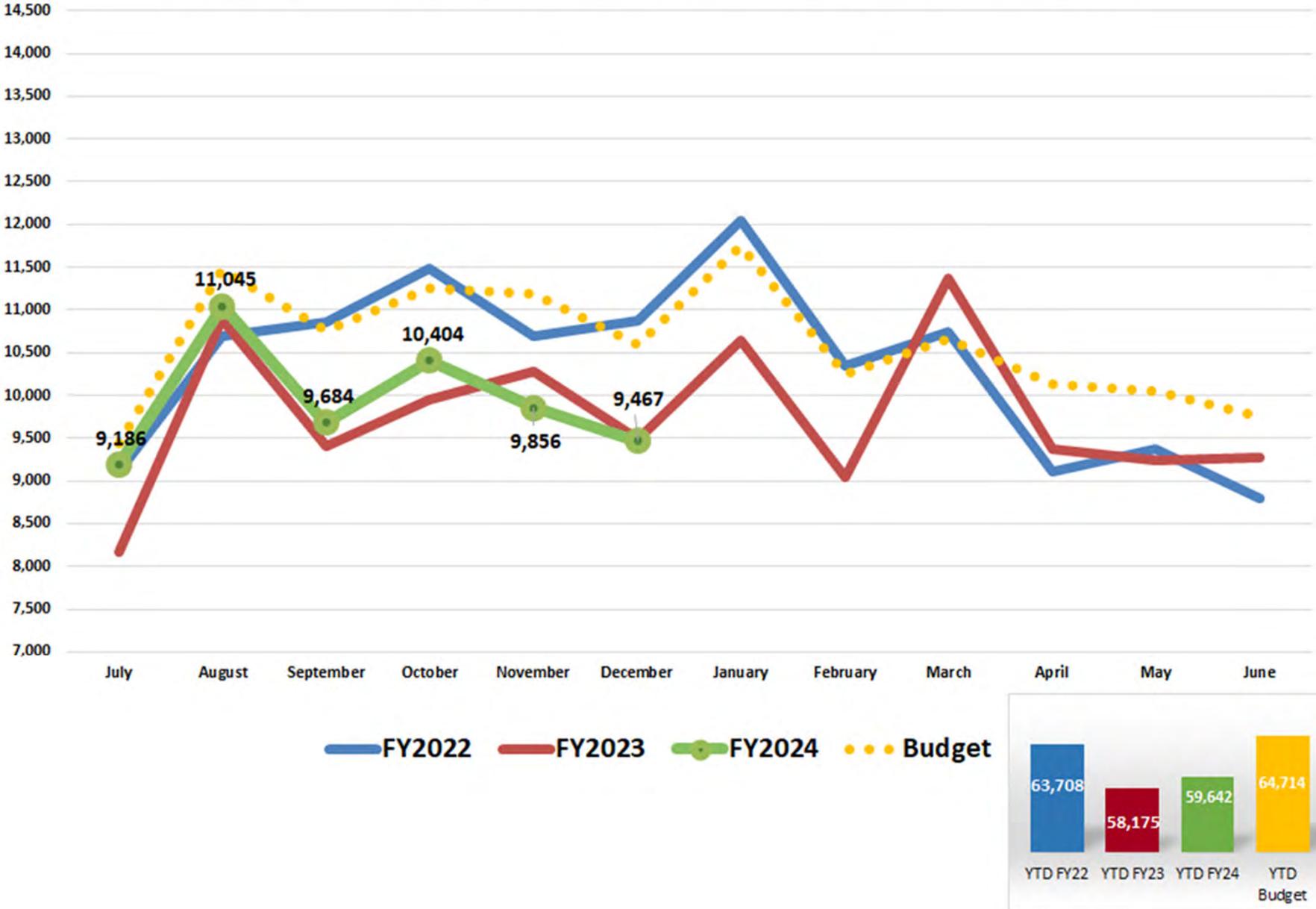
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



Endo Cases (Endo Suites)



Rural Health Clinics Registrations



Statistical Results – Fiscal Year Comparison (Dec)

Actual Results			Budget	Budget Variance	
Dec 2022	Dec 2023	% Change	Dec 2023	Change	% Change

Average Daily Census	438	411	(6.2%)	426	(15)	(3.5%)
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KDHCD Patient Days:

Medical Center	9,269	8,776	(5.3%)	8,890	(114)	(1.3%)
Acute I/P Psych	1,384	1,213	(12.4%)	1,395	(182)	(13.0%)
Sub-Acute	949	960	1.2%	951	9	0.9%
Rehab	541	590	9.1%	571	19	3.3%
TCS-Ortho	442	295	(33.3%)	421	(126)	(29.9%)
TCS	29	0	(100.0%)	0	0	0.0%
NICU	452	433	(4.2%)	450	(17)	(3.8%)
Nursery	521	478	(8.3%)	536	(58)	(10.8%)

Total KDHCD Patient Days	13,587	12,745	(6.2%)	13,214	(469)	(3.5%)
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Total Outpatient Volume	41,726	45,508	9.1%	42,641	2,867	6.7%
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Statistical Results – Fiscal Year Comparison (Jul-Dec)

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

Average Daily Census	436	398	(8.6%)	421	(23)	(5.5%)
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KDHCD Patient Days:

Medical Center	53,323	48,960	(8.2%)	51,852	(2,892)	(5.6%)
Acute I/P Psych	7,831	7,834	0.0%	8,325	(491)	(5.9%)
Sub-Acute	5,400	5,608	3.9%	5,293	315	6.0%
Rehab	3,245	3,140	(3.2%)	3,590	(450)	(12.5%)
TCS-Ortho	2,305	2,086	(9.5%)	2,449	(363)	(14.8%)
TCS	2,115	0	(100.0%)	0	0	0.0%
NICU	2,781	2,568	(7.7%)	2,863	(295)	(10.3%)
Nursery	3,153	3,056	(3.1%)	3,172	(116)	(3.7%)

Total KDHCD Patient Days	80,153	73,252	(8.6%)	77,544	(4,292)	(5.5%)
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Total Outpatient Volume	265,351	268,614	1.2%	253,093	15,521	6.1%
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Other Statistical Results – Fiscal Year Comparison (Dec)

	Actual Results				Budget	Budget Variance	
	Dec 2022	Dec 2023	Change	% Change	Dec 2023	Change	% Change
Adjusted Patient Days	27,686	24,965	(2,721)	(9.8%)	26,656	(1,730)	(6.5%)
Outpatient Visits	41,726	45,508	3,782	9.1%	42,641	2,867	6.7%
ED Total Registered	7,296	8,864	1,568	21.5%	7,285	1,579	21.7%
Endoscopy Procedures (I/P & O/P)	517	620	103	19.9%	560	60	10.7%
Infusion Center	333	381	48	14.4%	432	(51)	(11.8%)
Dialysis Treatments	1,373	1,556	183	13.3%	1,550	6	0.4%
Cath Lab Minutes (IP & OP)	306	324	18	5.9%	360	(36)	(10.0%)
Radiation Oncology Treatments (I/P & O/P)	1,596	1,684	88	5.5%	2,099	(415)	(19.8%)
Home Health Visits	2,940	3,097	157	5.3%	3,049	48	1.6%
Radiology/CT/US/MRI Proc (I/P & O/P)	16,657	17,243	586	3.5%	16,757	486	2.9%
Surgery Minutes-General & Robotic (I/P & O/P)	1,041	1,062	21	2.0%	1,086	(24)	(2.2%)
Hospice Days	3,533	3,604	71	2.0%	3,748	(144)	(3.8%)
RHC Registrations	9,482	9,467	(15)	(0.2%)	10,591	(1,124)	(10.6%)
O/P Rehab Units	17,471	16,845	(626)	(3.6%)	18,111	(1,266)	(7.0%)
OB Deliveries	393	377	(16)	(4.1%)	403	(26)	(6.5%)
Physical & Other Therapy Units	18,107	16,083	(2,024)	(11.2%)	19,309	(3,226)	(16.7%)
Urgent Care - Demaree	3,257	2,583	(674)	(20.7%)	3,057	(474)	(15.5%)
Urgent Care - Court	4,970	3,781	(1,189)	(23.9%)	4,694	(913)	(19.5%)

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

	Actual Results				Budget	Budget Variance	
	FY 2023	FY 2024	Change	% Change	FY 2024	Change	% Change
Adjusted Patient Days	166,281	148,839	(17,442)	(10.5%)	157,491	(8,692)	(5.5%)
Outpatient Visits	265,351	268,614	3,263	1.2%	253,093	15,521	6.1%
Infusion Center	1,938	2,294	356	18.4%	2,296	(2)	(0.1%)
Endoscopy Procedures (I/P & O/P)	3,241	3,761	520	16.0%	3,220	541	16.8%
ED Total Registered	45,153	48,559	3,406	7.5%	44,395	4,164	9.4%
O/P Rehab Units	111,243	117,593	6,350	5.7%	116,055	1,538	1.3%
Home Health Visits	17,638	18,581	943	5.3%	18,573	8	0.0%
Radiology/CT/US/MRI Proc (I/P & O/P)	99,324	103,970	4,646	4.7%	99,656	4,314	4.3%
RHC Registrations	58,175	59,642	1,467	2.5%	64,714	(5,072)	(7.8%)
Dialysis Treatments	8,847	9,044	197	2.2%	9,300	(256)	(2.8%)
Hospice Days	22,003	22,387	384	1.7%	22,536	(149)	(0.7%)
OB Deliveries	2,413	2,406	(7)	(0.3%)	2,418	(12)	(0.5%)
Cath Lab Minutes (IP & OP)	1,861	1,855	(6)	(0.3%)	2,098	(243)	(11.6%)
Surgery Minutes-General & Robotic (I/P & O/P)	6,542	6,468	(74)	(1.1%)	6,701	(233)	(3.5%)
Physical & Other Therapy Units	106,269	101,348	(4,921)	(4.6%)	113,822	(12,474)	(11.0%)
Radiation Oncology Treatments (I/P & O/P)	11,047	10,239	(808)	(7.3%)	12,692	(2,453)	(19.3%)
Urgent Care - Demaree	18,108	12,961	(5,147)	(28.4%)	16,908	(3,947)	(23.3%)
Urgent Care - Court	27,908	19,082	(8,826)	(31.6%)	26,206	(7,124)	(27.2%)

December Financial Comparison without KHMG (000's)

	Without KHMG				Without KHMG			
	Comparison to Budget - Month of December				Comparison to Prior Year - Month of December			
	Budget Dec-2023	Actual Dec-2023	\$ Change	% Change	Dec-2022	Dec-23	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$49,771	\$48,629	(\$1,142)	-2.3%	\$49,537	\$48,629	(\$908)	-1.9%
Supplemental Gov't Programs	\$6,483	\$6,388	(\$95)	-1.5%	\$5,060	\$6,388	\$1,328	20.8%
Prime Program	\$835	\$822	(\$13)	-1.6%	\$743	\$822	\$79	9.6%
Premium Revenue	\$7,931	\$7,032	(\$899)	-12.8%	\$6,780	\$7,032	\$252	3.6%
Management Services Revenue	\$3,439	\$2,907	(\$533)	-18.3%	\$3,277	\$2,907	(\$370)	-12.7%
Other Revenue	\$2,505	\$3,831	\$1,326	34.6%	\$2,503	\$3,831	\$1,328	34.7%
Other Operating Revenue	\$21,192	\$20,979	(\$213)	-1.0%	\$18,361	\$20,979	\$2,618	12.5%
Total Operating Revenue	\$70,963	\$69,608	(\$1,355)	-1.9%	\$67,899	\$69,608	\$1,709	2.5%
Operating Expenses								
Salaries & Wages	\$29,293	\$28,952	(\$341)	-1.2%	\$27,870	\$28,952	\$1,083	3.7%
Contract Labor	\$1,438	\$2,038	\$600	29.5%	\$3,556	\$2,038	(\$1,518)	-74.5%
Employee Benefits	\$6,771	\$6,278	(\$493)	-7.9%	\$5,665	\$6,278	\$613	9.8%
Total Employment Expenses	\$37,502	\$37,268	(\$234)	-0.6%	\$37,091	\$37,268	\$177	0.5%
Medical & Other Supplies	\$13,231	\$12,655	(\$576)	-4.6%	\$13,050	\$12,655	(\$395)	-3.1%
Physician Fees	\$6,665	\$6,987	\$322	4.6%	\$6,342	\$6,987	\$645	9.2%
Purchased Services	\$1,519	\$1,499	(\$20)	-1.3%	\$1,549	\$1,499	(\$50)	-3.3%
Repairs & Maintenance	\$2,371	\$2,627	\$255	9.7%	\$2,174	\$2,627	\$453	17.2%
Utilities	\$877	\$837	(\$40)	-4.7%	\$788	\$837	\$50	5.9%
Rents & Leases	\$165	\$161	(\$4)	-2.8%	\$148	\$161	\$13	8.1%
Depreciation & Amortization	\$2,914	\$2,769	(\$145)	-5.2%	\$2,807	\$2,769	(\$38)	-1.4%
Interest Expense	\$587	\$603	\$16	2.7%	\$704	\$603	(\$100)	-16.6%
Other Expense	\$2,187	\$1,919	(\$267)	-13.9%	\$1,771	\$1,919	\$148	7.7%
Humana Cap Plan Expenses	\$3,701	\$2,924	(\$777)	-26.6%	\$3,372	\$2,924	(\$448)	-15.3%
Total Other Expenses	\$34,218	\$32,981	(\$1,237)	-3.8%	\$32,703	\$32,981	\$277	0.8%
Total Operating Expenses	\$71,720	\$70,249	(\$1,471)	-2.1%	\$69,795	\$70,249	\$454	0.6%
Operating Margin	(\$757)	(\$641)	\$116		(\$1,896)	(\$641)	\$1,255	
Stimulus/FEMA	\$1,610	\$0	(\$1,610)		\$0	\$0	\$0	
Operating Margin after Stimulus/FEMA	\$853	(\$641)	(\$1,494)		(\$1,896)	(\$641)	\$1,255	
Nonoperating Revenue (Loss)	\$484	\$5,057	\$4,573		\$2,901	\$5,057	\$2,156	
Excess Margin	\$1,337	\$4,416	\$3,079		\$1,005	\$4,416	\$3,411	

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

	Without KHMG				Without KHMG			
	Comparison to Budget - YTD December				Comparison to Prior Year - YTD December			
	Budget Dec-2023	Actual Dec-2023	\$ Change	% Change	Dec-2022	Dec-2023	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$290,121	\$286,561	(\$3,560)	-1.2%	\$296,196	\$286,561	(\$9,635)	-3.4%
Supplemental Gov't Programs	\$38,477	\$39,118	\$641	1.6%	\$30,556	\$39,118	\$8,562	21.9%
Prime Program	\$4,956	\$4,930	(\$27)	-0.5%	\$4,456	\$4,930	\$474	9.6%
Premium Revenue	\$47,072	\$45,214	(\$1,858)	-4.1%	\$36,307	\$45,214	\$8,907	19.7%
Management Services Revenue	\$20,413	\$19,357	(\$1,056)	-5.5%	\$19,611	\$19,357	(\$254)	-1.3%
Other Revenue	\$14,867	\$20,208	\$5,341	26.4%	\$14,817	\$20,208	\$5,390	26.7%
Other Operating Revenue	\$125,785	\$128,826	\$3,041	2.4%	\$105,746	\$128,826	\$23,080	17.9%
Total Operating Revenue	\$415,906	\$415,387	(\$519)	-0.1%	\$401,942	\$415,387	\$13,445	3.2%
Operating Expenses								
Salaries & Wages	\$174,166	\$169,926	(\$4,239)	-2.5%	\$167,116	\$169,926	\$2,811	1.7%
Contract Labor	\$9,860	\$11,499	\$1,639	14.3%	\$33,987	\$11,499	(\$22,487)	-195.6%
Employee Benefits	\$40,260	\$40,775	\$515	1.3%	\$30,690	\$40,775	\$10,085	24.7%
Total Employment Expenses	\$224,286	\$222,200	(\$2,086)	-0.9%	\$231,792	\$222,200	(\$9,592)	-4.3%
Medical & Other Supplies	\$80,824	\$77,427	(\$3,397)	-4.4%	\$80,284	\$77,427	(\$2,857)	-3.7%
Physician Fees	\$39,991	\$38,880	(\$1,111)	-2.9%	\$41,268	\$38,880	(\$2,388)	-6.1%
Purchased Services	\$9,016	\$9,504	\$487	5.1%	\$9,660	\$9,504	(\$156)	-1.6%
Repairs & Maintenance	\$14,206	\$13,313	(\$893)	-6.7%	\$13,379	\$13,313	(\$66)	-0.5%
Utilities	\$5,820	\$5,463	(\$357)	-6.5%	\$5,174	\$5,463	\$289	5.3%
Rents & Leases	\$990	\$921	(\$69)	-7.5%	\$854	\$921	\$67	7.3%
Depreciation & Amortization	\$17,483	\$16,869	(\$613)	-3.6%	\$16,730	\$16,869	\$139	0.8%
Interest Expense	\$3,486	\$3,605	\$119	3.3%	\$3,734	\$3,605	(\$129)	-3.6%
Other Expense	\$12,985	\$11,986	(\$998)	-8.3%	\$10,064	\$11,986	\$1,922	16.0%
Humana Cap Plan Expenses	\$22,209	\$21,356	(\$852)	-4.0%	\$21,518	\$21,356	(\$161)	-0.8%
Total Other Expenses	\$207,010	\$199,326	(\$7,684)	-3.9%	\$202,665	\$199,326	(\$3,339)	-1.7%
Total Operating Expenses	\$431,296	\$421,526	(\$9,770)	-2.3%	\$434,457	\$421,526	(\$12,931)	-3.1%
Operating Margin	(\$15,390)	(\$6,139)	\$9,251		(\$32,515)	(\$6,139)	\$26,376	
Stimulus/FEMA	\$9,554	\$3,220	(\$6,334)		\$97	\$3,220	\$3,123	
Operating Margin after Stimulus/FEM	(\$5,836)	(\$2,919)	\$2,917		(\$32,418)	(\$2,919)	\$29,499	
Nonoperating Revenue (Loss)	\$2,867	\$8,146	\$5,279		\$384	\$8,146	\$7,762	
Excess Margin	(\$2,968)	\$5,227	\$8,195		(\$32,034)	\$5,227	\$37,261	

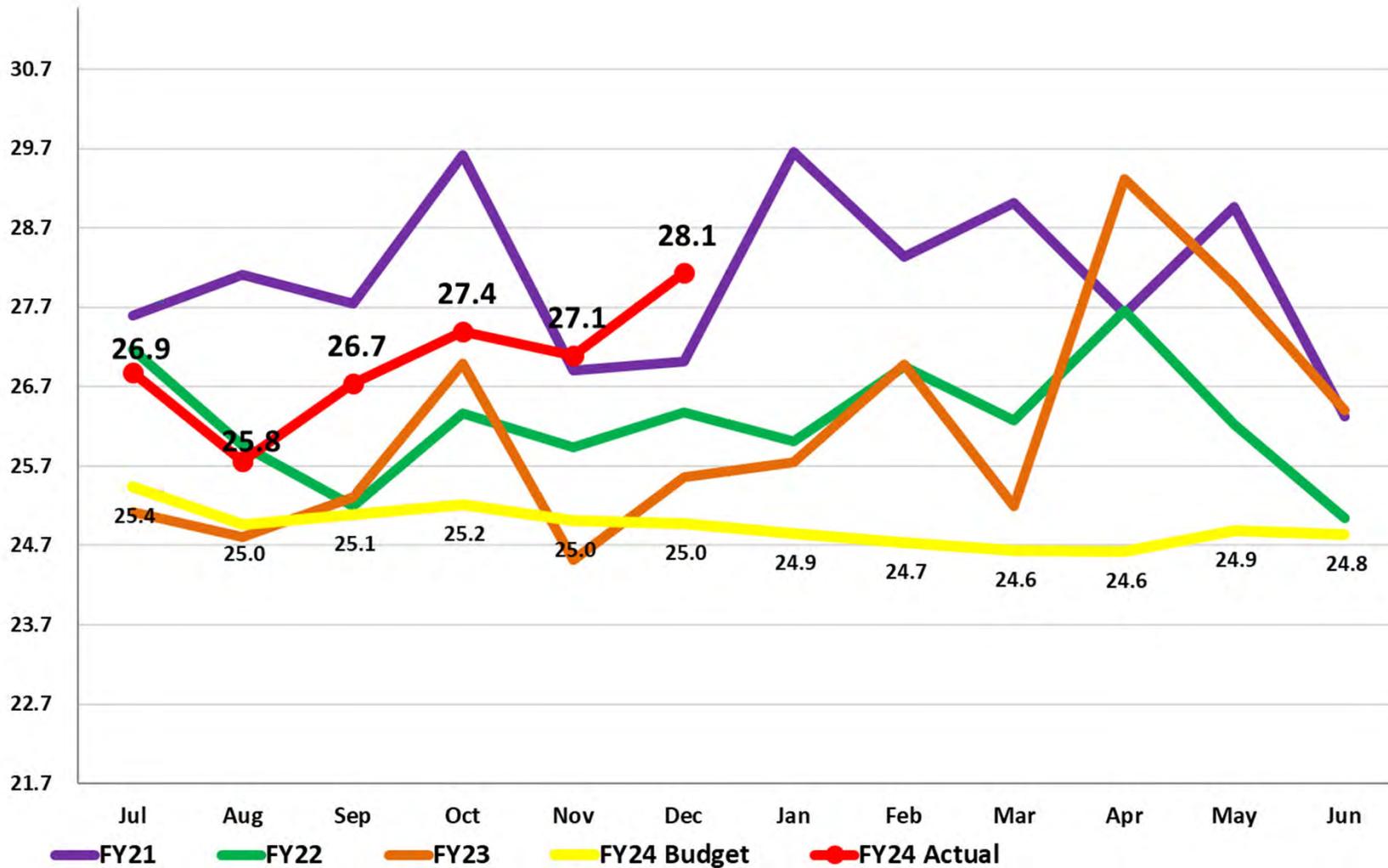
Trended Bottom Line



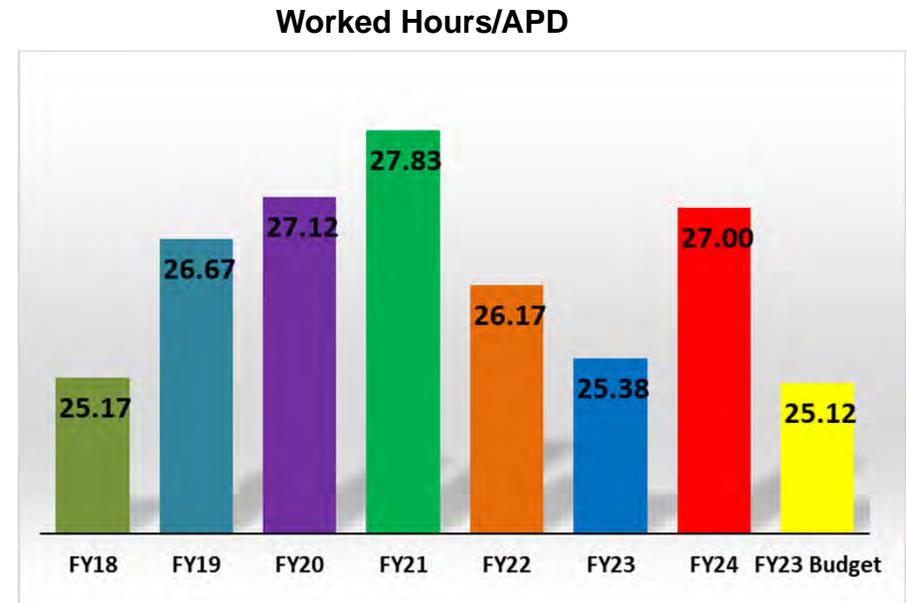
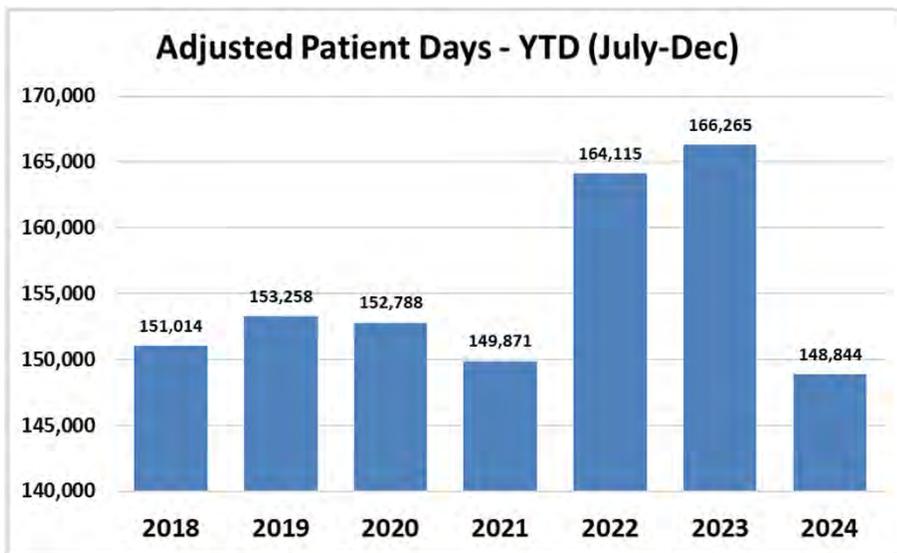
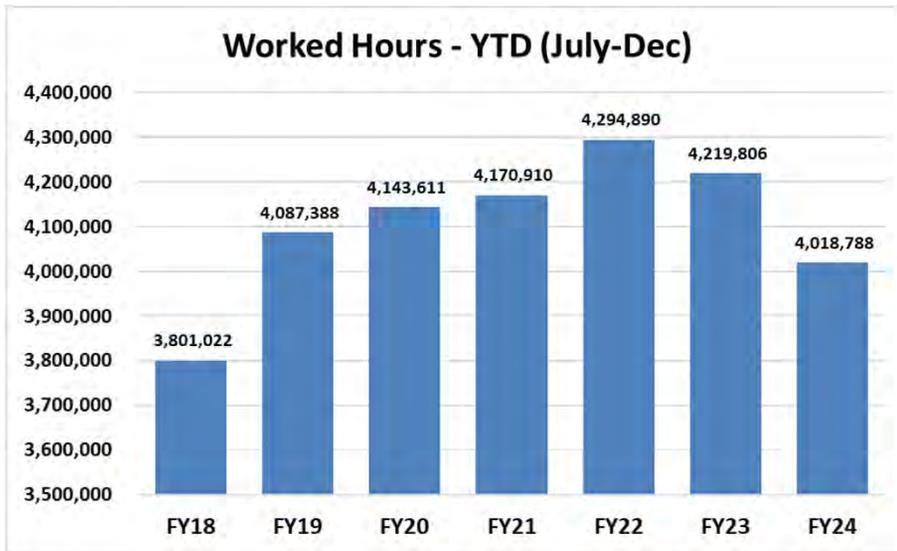
Month of December- Budget Variances

- **Net Patient Service Revenue:** In December, actuals were less than budget by \$1.1M, (2.3%), primarily due to patient volumes that were less than budgeted.
- **Other Revenue:** Other revenue was \$1.3M higher than budget in December. We recorded \$226K from Open Arms donations to offset their operational loss. \$151K was recorded in additional income from Sequoia Surgery and our retail pharmacy was \$336K higher than budgeted. This was offset by a reduction to our Humana premium revenue based on our YTD estimate by (\$899K).
- **Contract Labor:** In December, the need for contract labor was \$600K more than budgeted primarily due to shortages in the ED, L&D department, M/S: 4 South, 3 South and 2 South units.

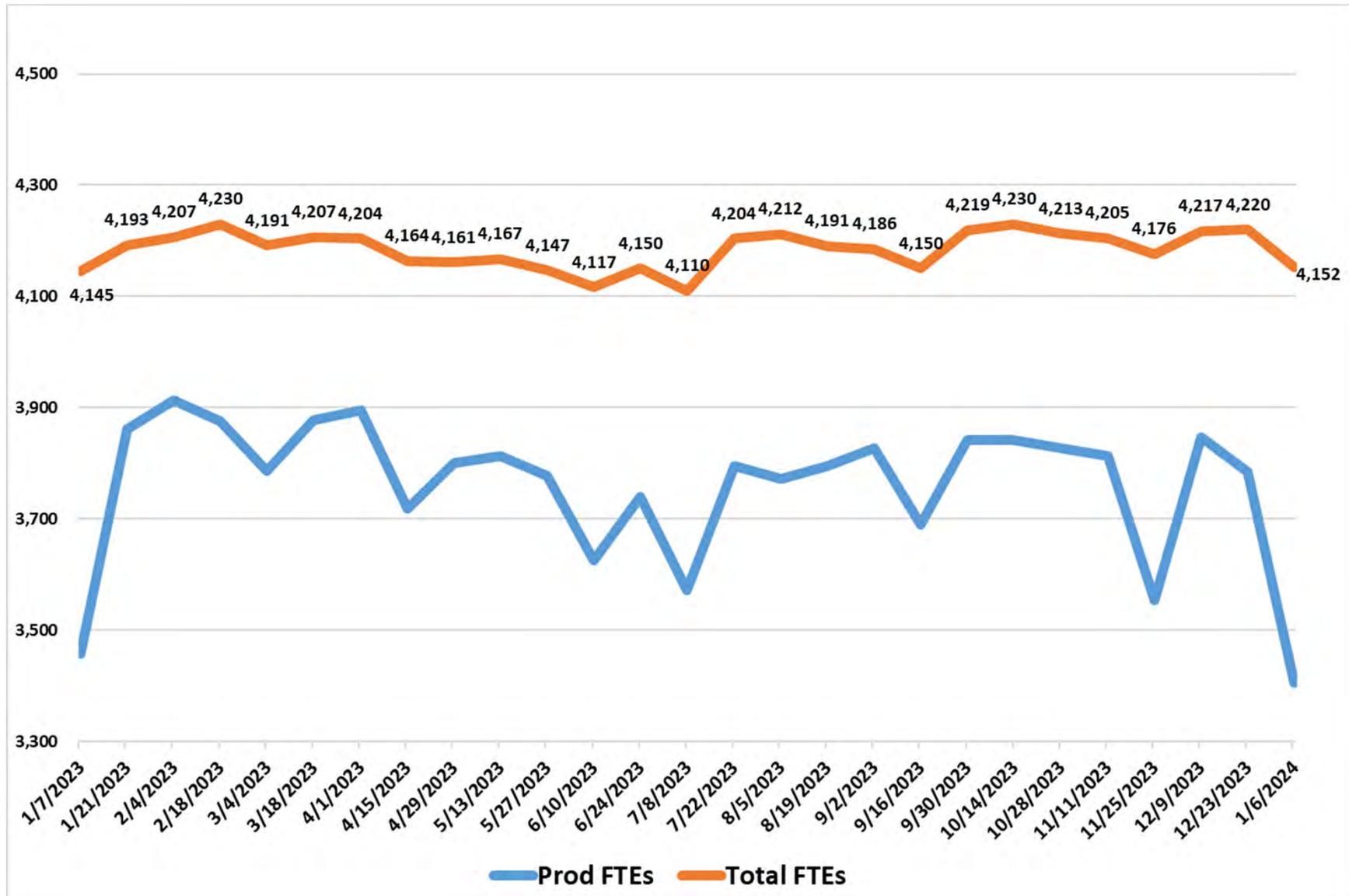
Productivity: Worked Hours/Adjusted Patient Days



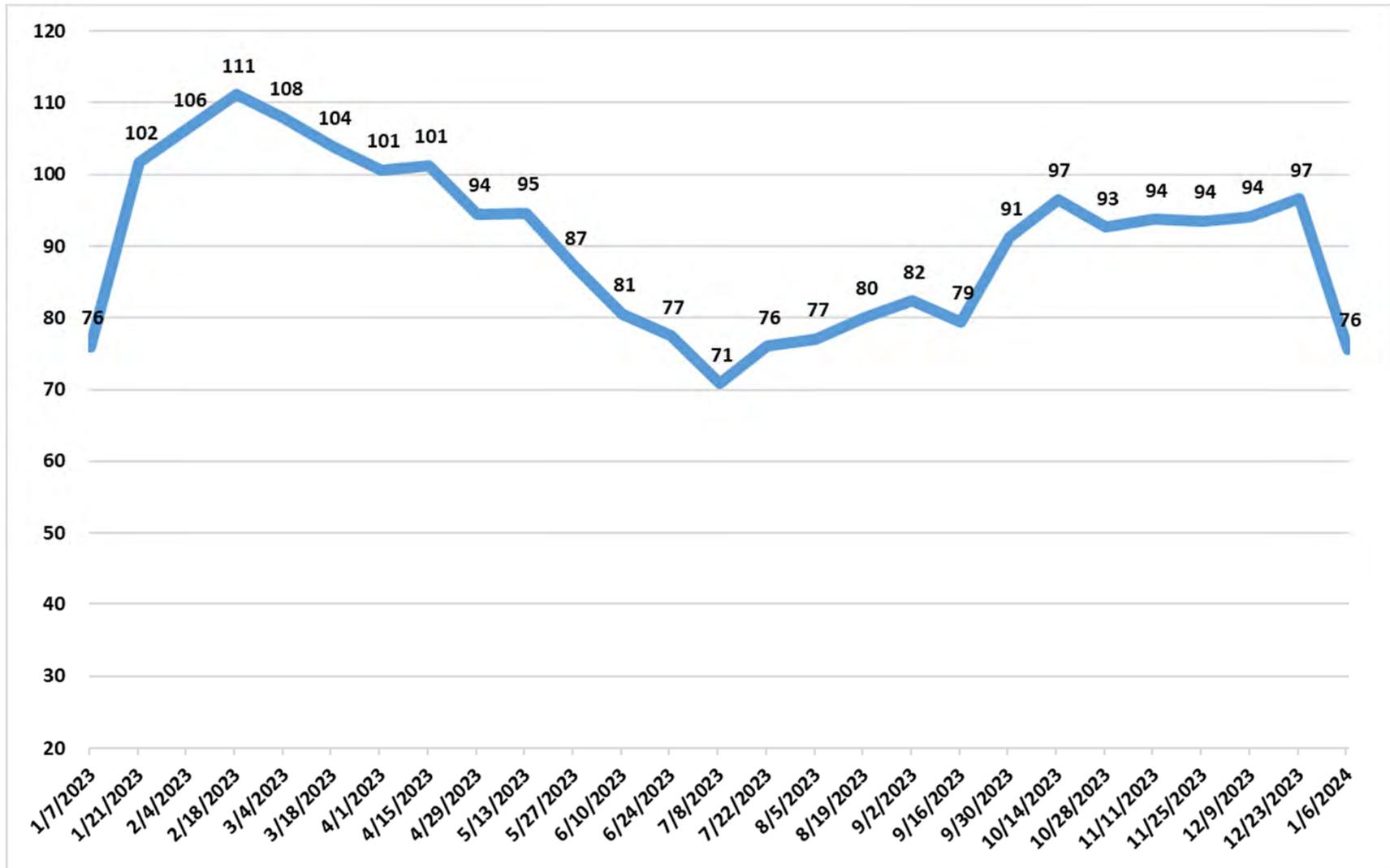
Adjusted Patient Days Trended



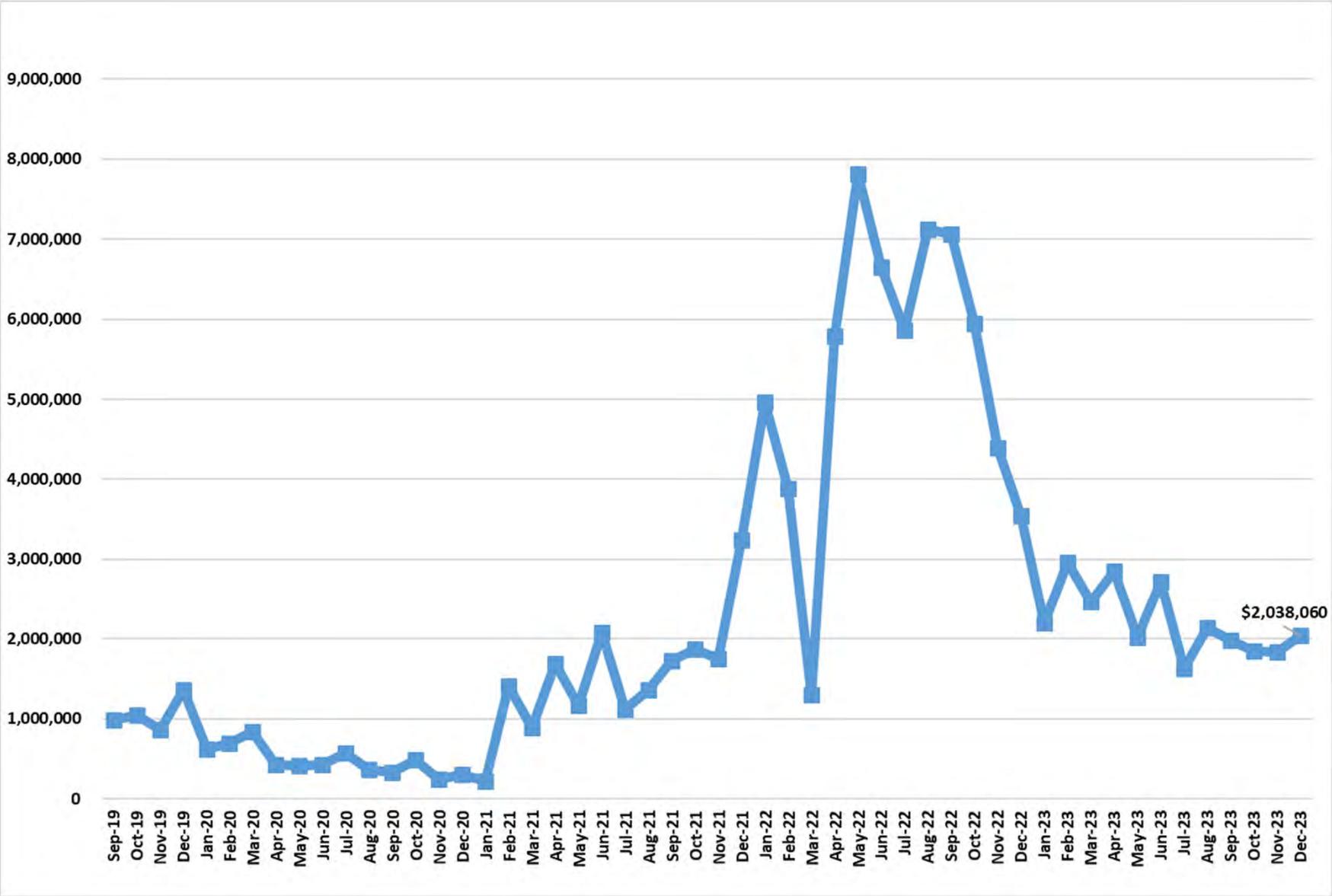
Productive and Total FTEs without KHMG



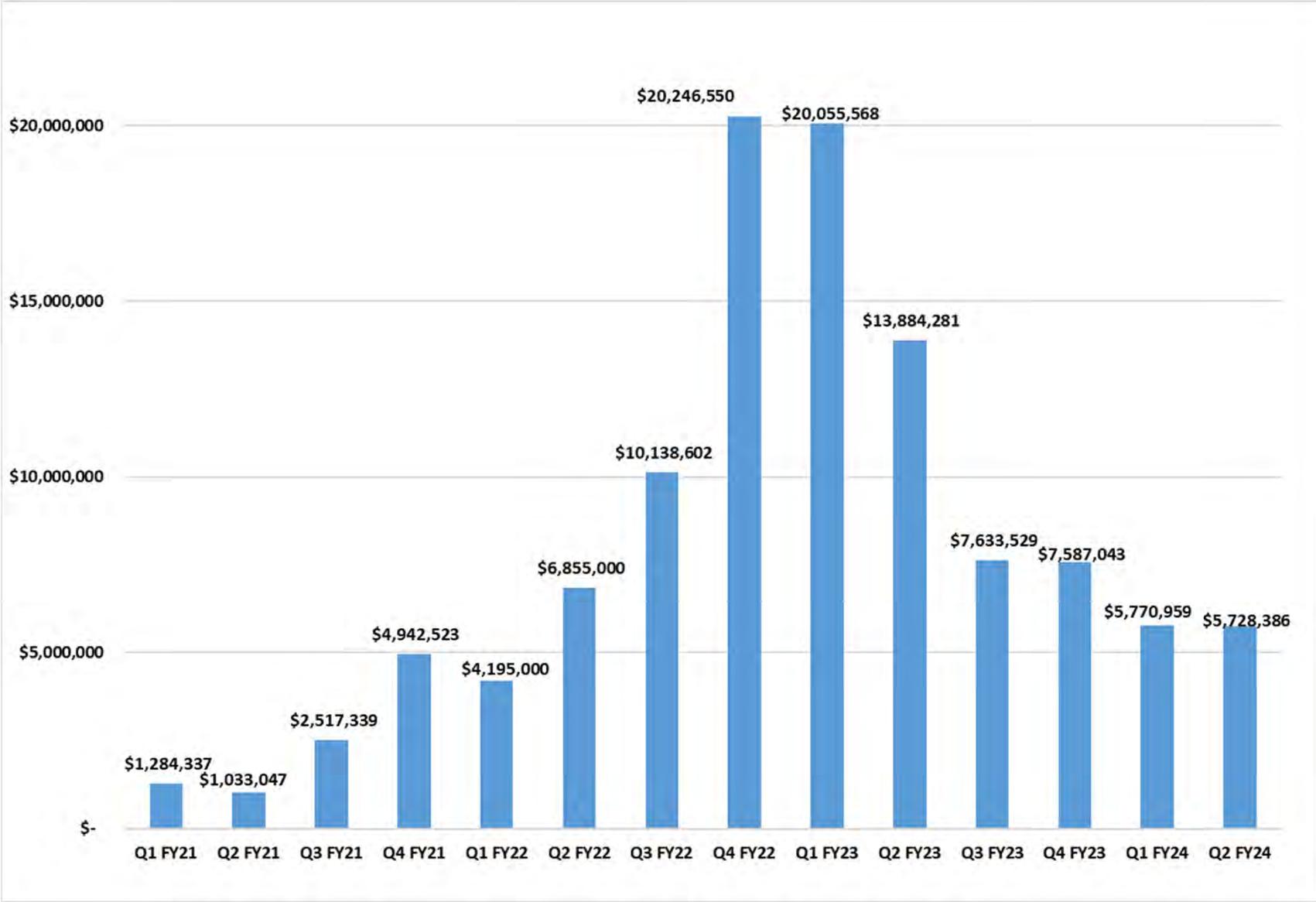
Contract Labor Full Time Equivalents (FTEs)



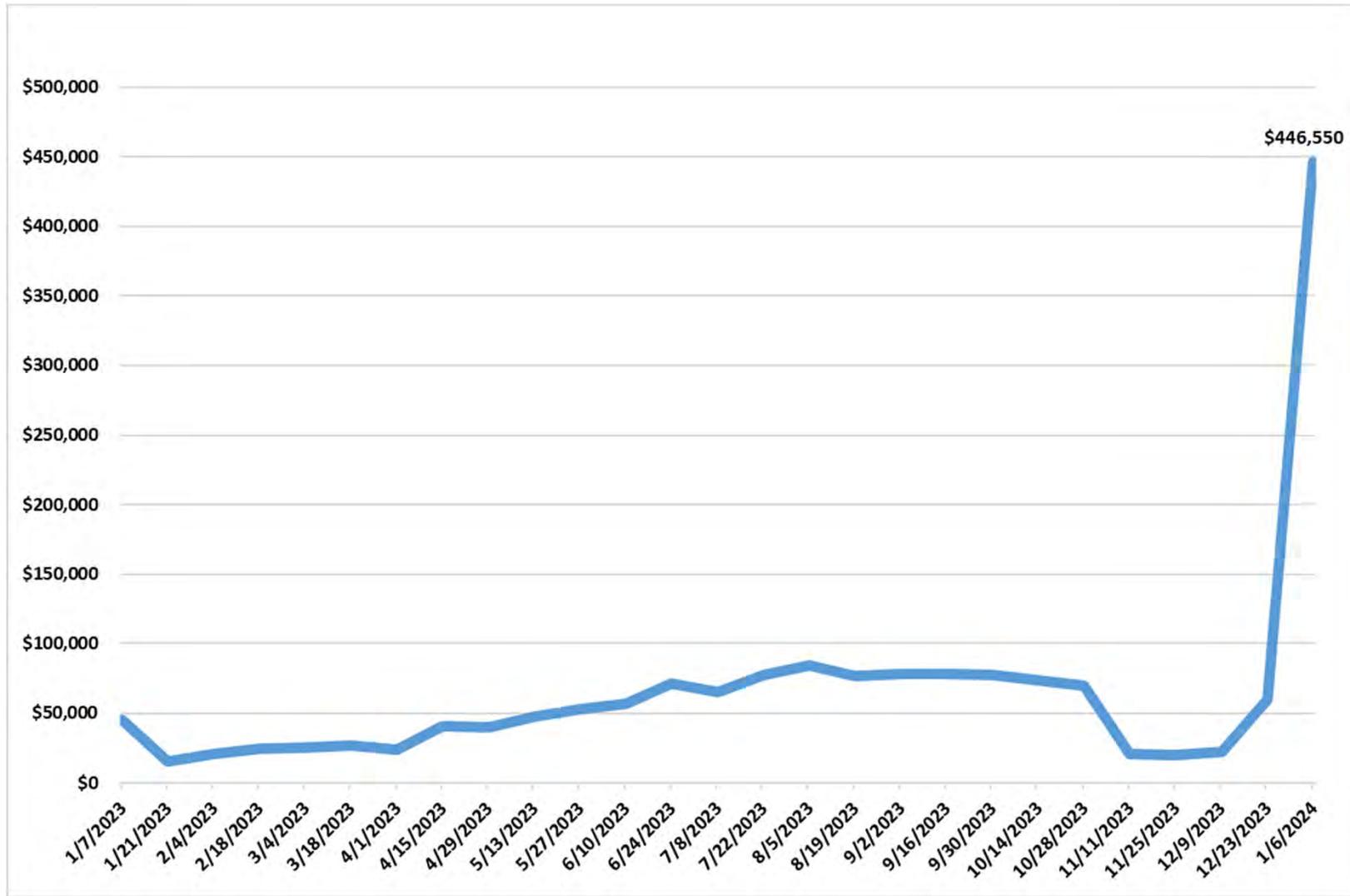
Contract Labor Expense



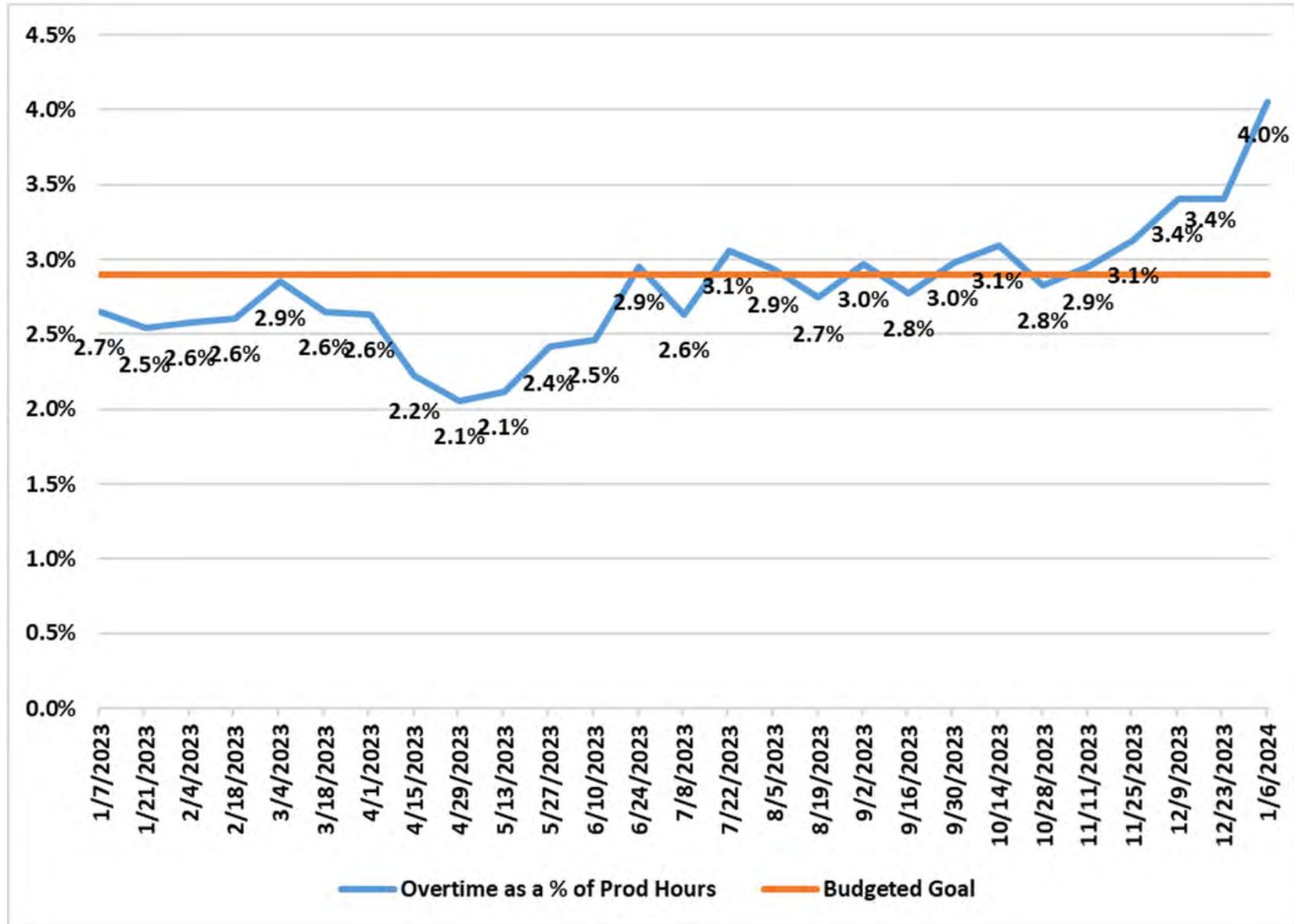
Contract Labor Expense



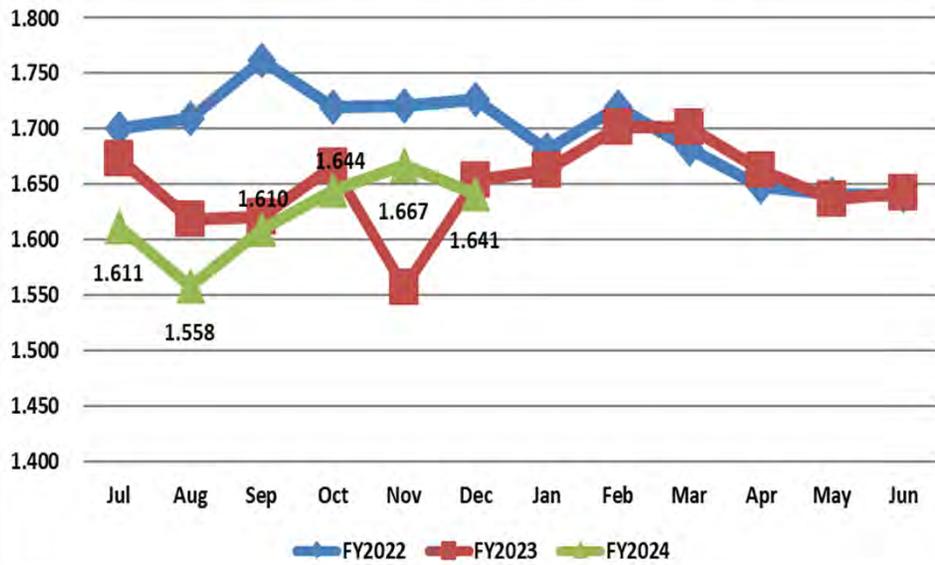
Shift Bonus Expense



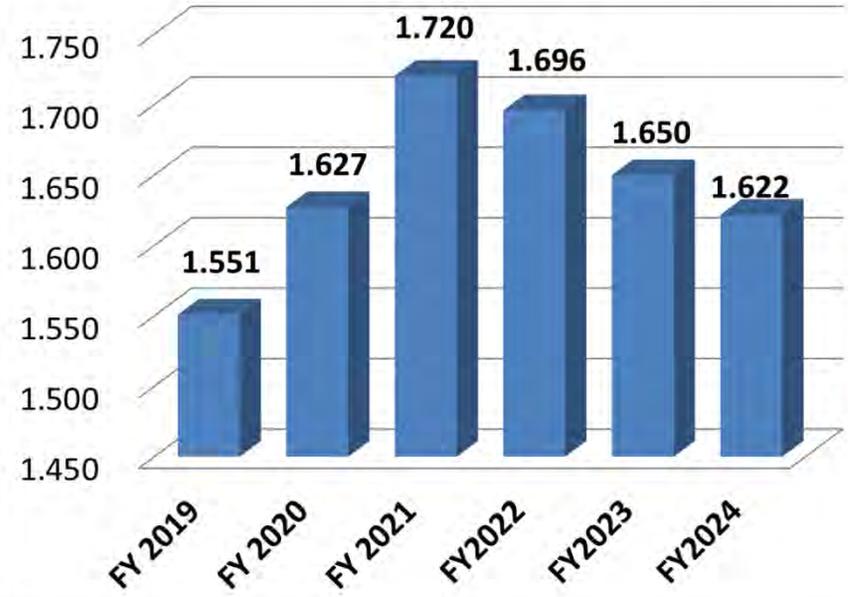
Overtime as a % of Productive Hours



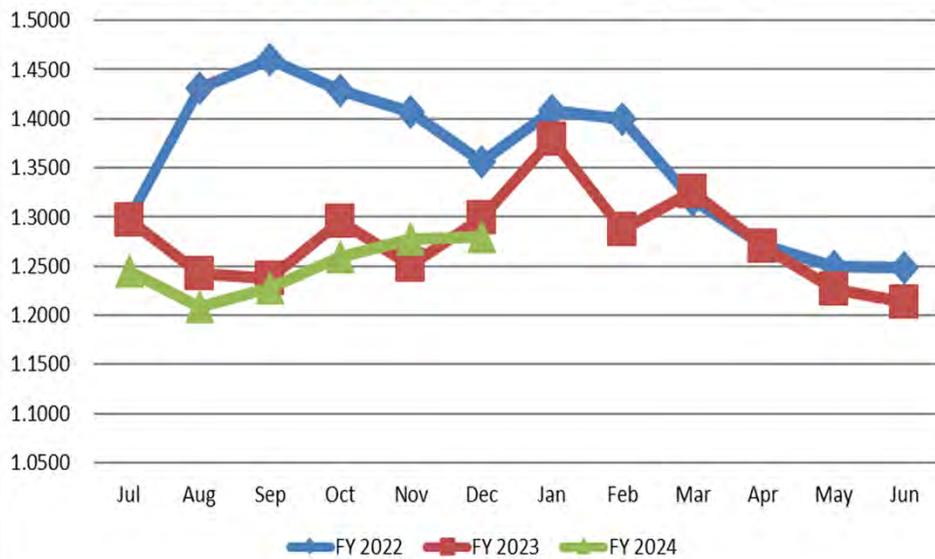
Case Mix Index w/o Normal Newborns



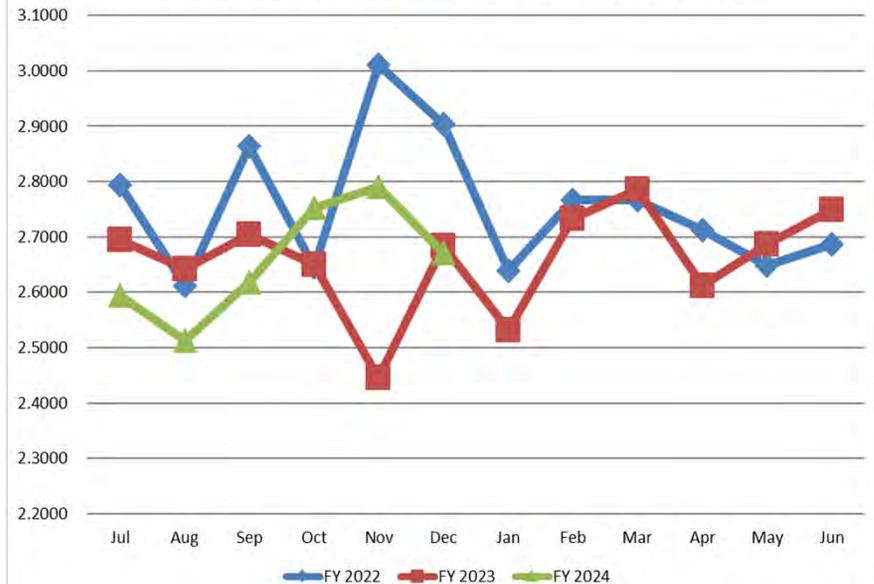
Case Mix Index w/o Normal Newborns - All



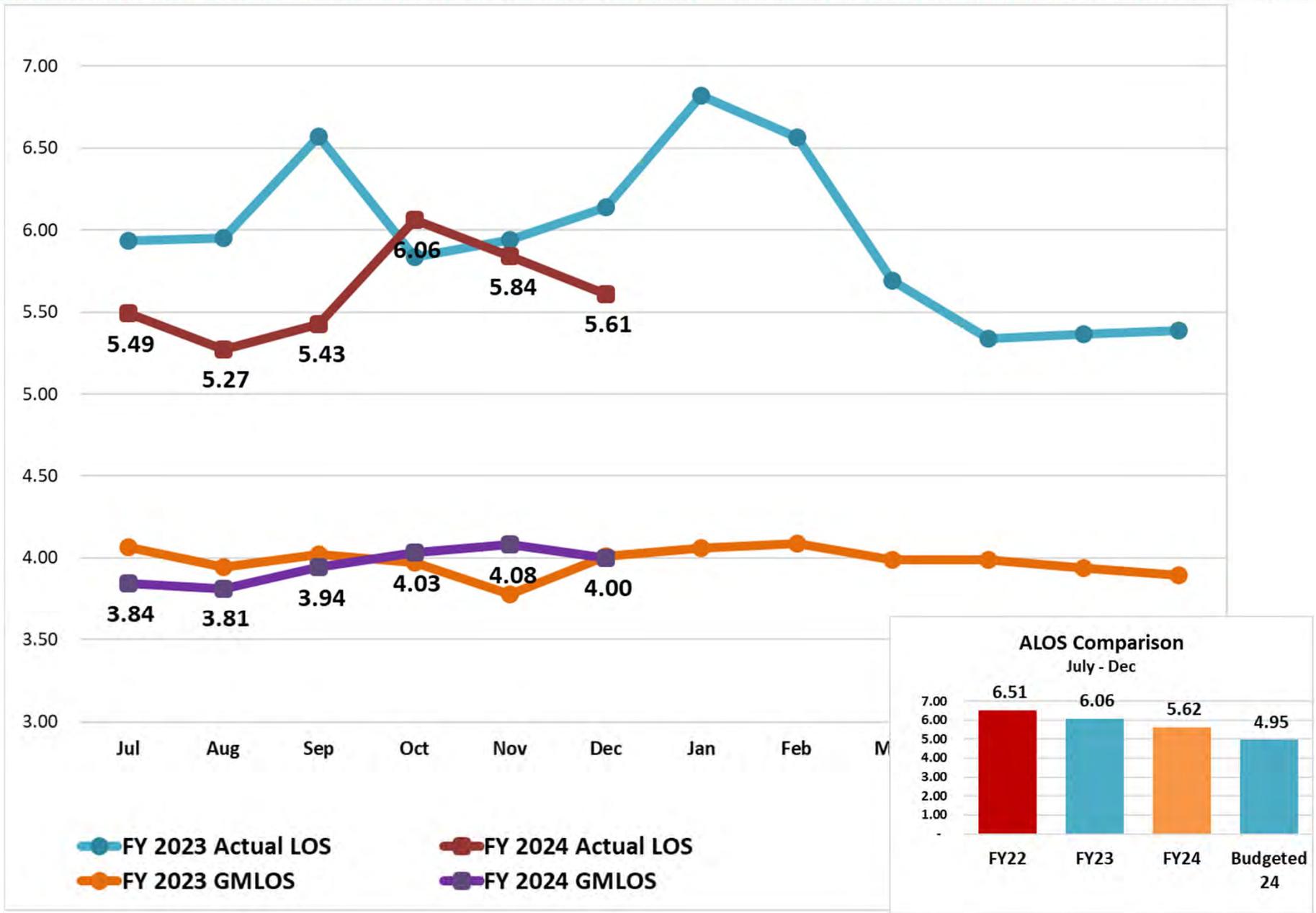
Case Mix **Medical** w/o Normal Newborns



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



Average Length of Stay versus National Average (GMLOS)

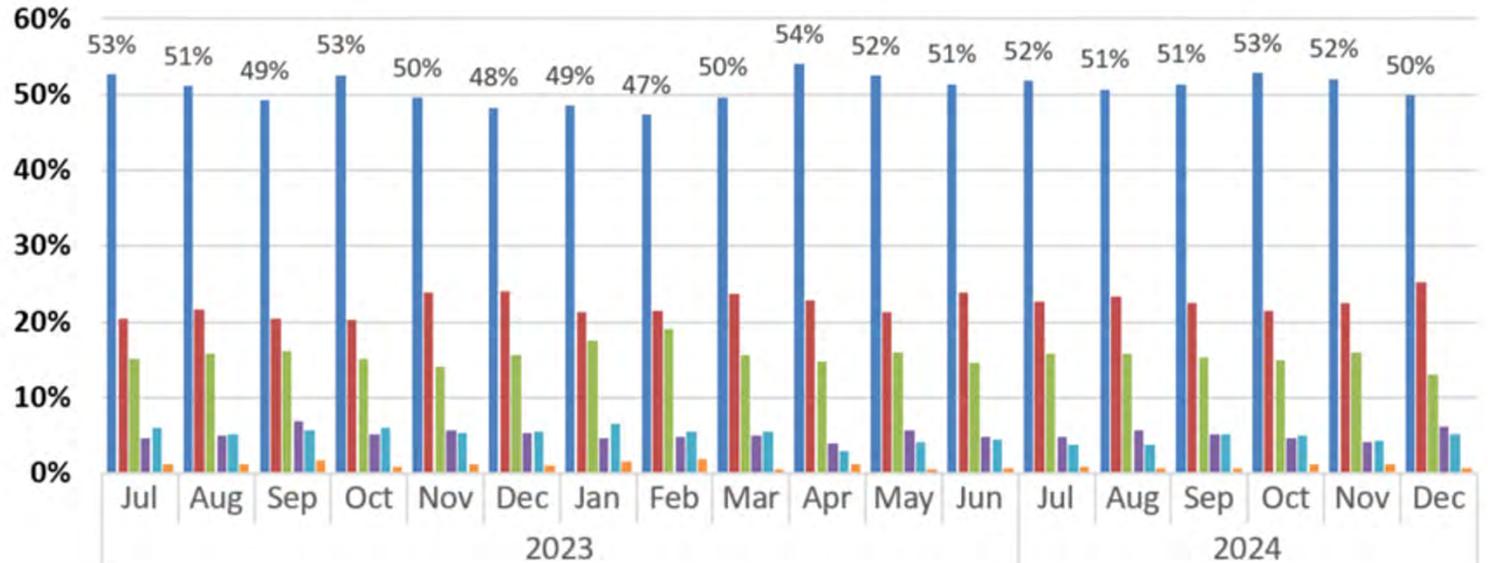


Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients			Excluding COVID Patients		
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP
Dec-21	6.82	4.23	2.59	6.12	3.98	2.14
Jan-22	6.09	4.26	1.83	5.97	3.97	2.00
Feb-22	6.61	4.23	2.38	5.86	3.83	2.03
Mar-22	6.60	4.02	2.58	5.67	3.89	1.78
Apr-22	5.79	3.99	1.80	5.67	3.98	1.69
May-22	5.98	3.94	2.04	5.62	3.88	1.74
Jun-22	6.11	3.97	2.14	5.62	3.88	1.74
Jul-22	5.93	4.06	1.87	5.66	3.90	1.76
Aug-22	5.95	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	3.97	1.86	5.62	3.91	1.71
Nov-22	5.94	3.78	2.16	5.87	3.74	2.13
Dec-22	6.14	4.01	2.13	5.68	3.92	1.76
Jan-23	6.82	4.06	2.76	6.30	3.95	2.35
Feb-23	6.57	4.09	2.48	6.36	4.04	2.32
Mar-23	5.69	3.99	1.70	5.56	3.93	1.63
Apr-23	5.34	3.99	1.35	5.05	3.94	1.11
May-23	5.37	3.94	1.43	5.14	3.91	1.23
Jun-23	5.38	3.90	1.48	5.33	3.86	1.47
Jul-23	5.49	3.84	1.65	5.47	3.82	1.65
Aug-23	5.27	3.81	1.46	5.21	3.77	1.44
Sep-23	5.43	3.94	1.49	5.38	3.91	1.47
Oct-23	6.06	4.03	2.03	6.02	4.01	2.01
Nov-23	5.84	4.08	1.76	5.64	4.05	1.59
Dec-23	5.61	4.00	1.61	5.59	3.97	1.62
Average	6.01	4.02	1.85	5.70	3.91	1.58

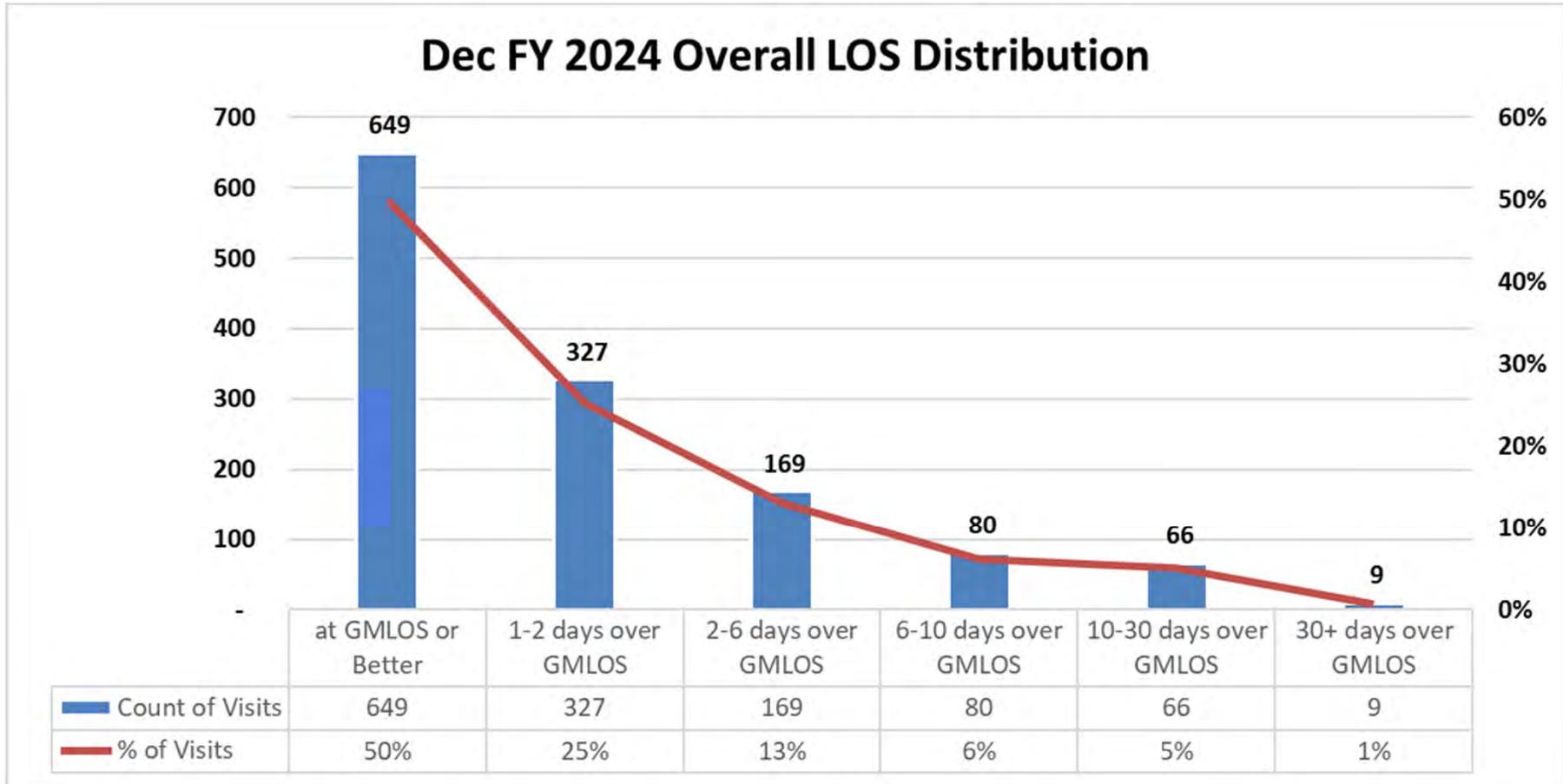
Average Length of Stay Distribution

Overall



at GMLOS or Better	53%	51%	49%	53%	50%	48%	49%	47%	50%	54%	52%	51%	52%	51%	51%	53%	52%	50%
1-2 days over GMLOS	20%	22%	20%	20%	24%	24%	21%	21%	24%	23%	21%	24%	23%	23%	22%	21%	22%	25%
2-6 days over GMLOS	15%	16%	16%	15%	14%	16%	17%	19%	16%	15%	16%	15%	16%	16%	15%	15%	16%	13%
6-10 days over GMLOS	5%	5%	7%	5%	6%	5%	5%	5%	5%	4%	6%	5%	5%	6%	5%	5%	4%	6%
10-30 days over GMLOS	6%	5%	6%	6%	5%	6%	7%	5%	5%	3%	4%	5%	4%	4%	5%	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%	1.2%	1.2%	0.7%

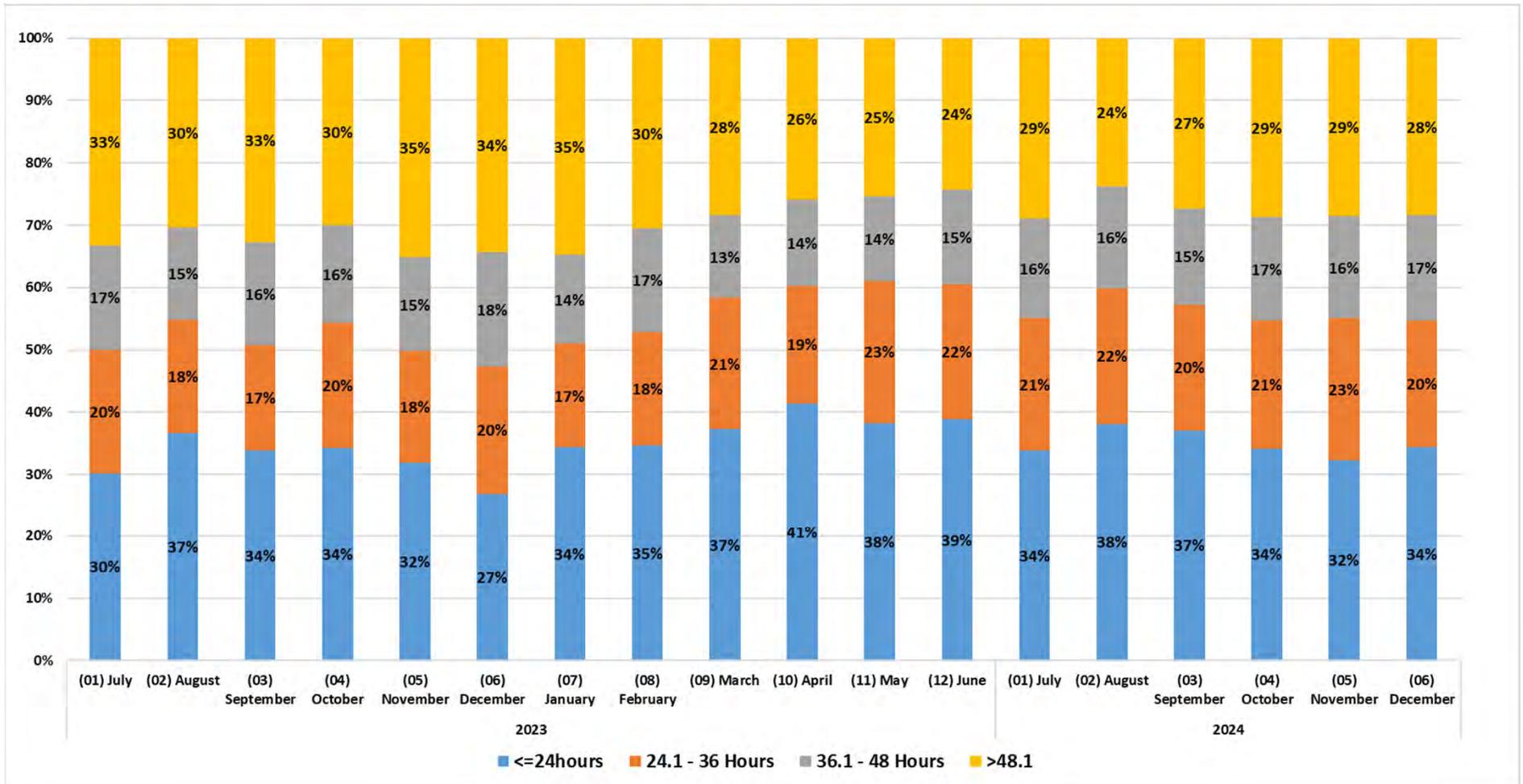
Average Length of Stay Distribution



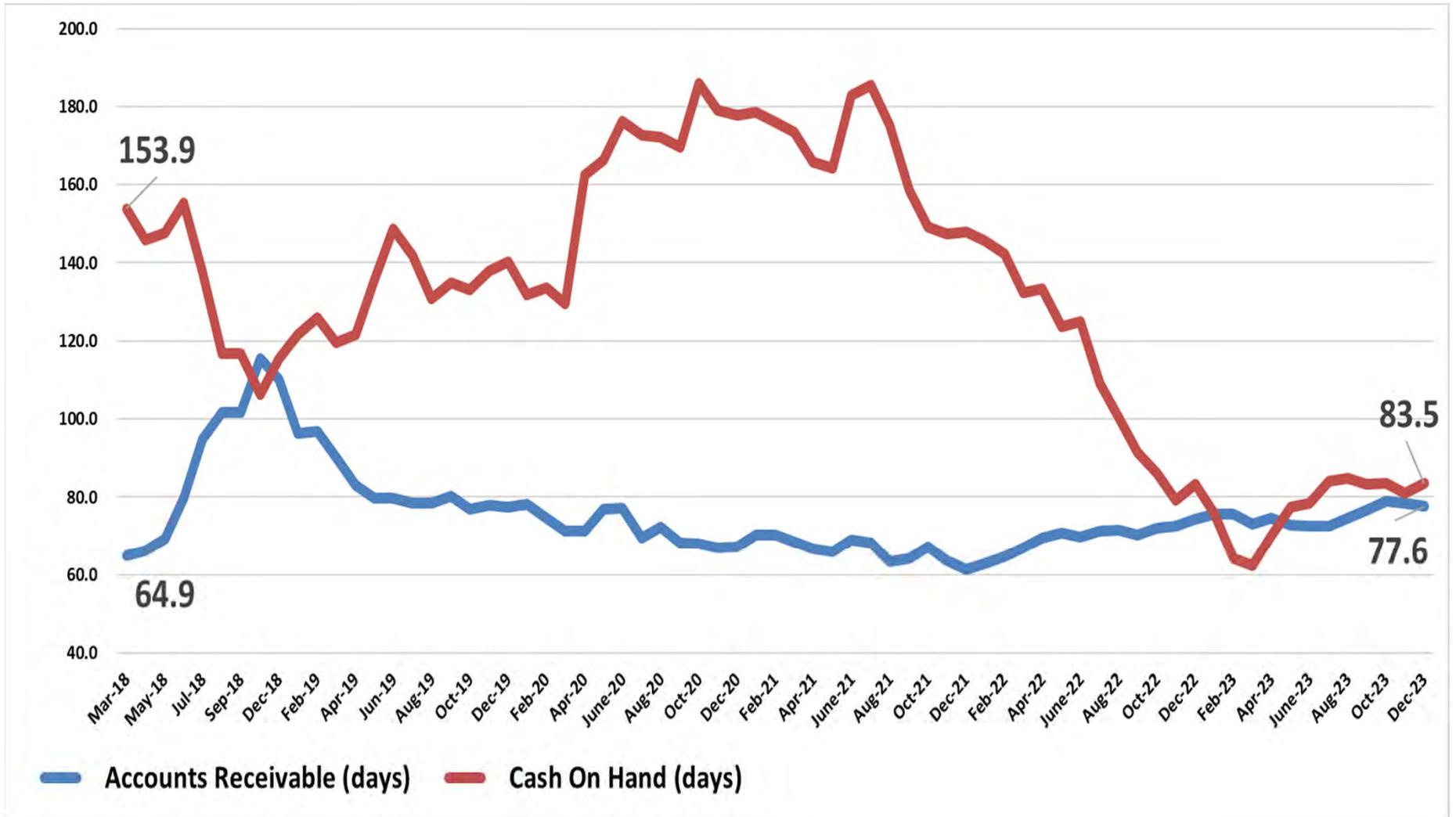
Opportunity Cost of Reducing LOS to National Average - \$74M FY23



Monthly Discharges of Observation Patients by their Length of Stay



Trended Liquidity Ratios



Ratio Analysis Report

	Dec Value	Nov Value	June 30, 2023 Audited Value	2021 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.9	2.8	2.7	1.4	1.7	1.6
Accounts Receivable (days)	77.6	78.4	72.5	48.3	48.3	47.5
Cash On Hand (days)	83.5	81.1	78.3	341.3	268.4	206.5
Cushion Ratio (x)	10.1	9.9	10.3	52.4	31.5	19.9
Average Payment Period (days)	48.4	51.3	44.7	97.6	86.4	94.0
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	83.3%	81.0%	84.7%	323%	220%	170%
Debt-To-Capitalization	35.0%	35.4%	35.2%	20.6%	29.1%	36.3%
Debt-to-Cash Flow (x)	4.5	5.4	(128.9)	2.1	2.6	3.3
Debt Service Coverage	2.7	2.2	(0.1)	9.6	6.0	4.5
Maximum Annual Debt Service Coverage (x)	2.7	2.2	(0.1)	8.2	5.5	3.9
Age Of Plant (years)	14.8	14.7	12.2	10.8	12.4	13.5
PROFITABILITY RATIOS						
Operating Margin	(1.5%)	(1.6%)	(6.9%)	4.1%	3.1%	2.2%
Excess Margin	1.2%	0.2%	(5.5%)	8.1%	6.7%	4.8%
Operating Cash Flow Margin	3.5%	3.4%	(1.3%)	9.6%	8.8%	7.5%
Return on Assets	1.2%	0.2%	(5.7%)	5.8%	4.9%	3.9%

Consolidated Statements of Net Position (000's)

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

	Dec-23	Nov-23	Change	% Change	Jun-23 (Audited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	\$ 447	\$ 9,360	\$ (8,912)	-95.22%	\$ 4,127
Current Portion of Board designated and trusted assets	17,161	19,081	(1,920)	-10.06%	14,978
Accounts receivable:					
Net patient accounts	138,691	140,437	(1,746)	-1.24%	132,621
Other receivables	30,169	29,577	591	2.00%	27,475
	168,859	170,014	(1,155)	-0.68%	160,096
Inventories	14,748	14,302	446	3.12%	13,117
Medicare and Medi-Cal settlements	95,745	98,461	(2,717)	-2.76%	81,412
Prepaid expenses	8,752	9,076	(324)	-3.57%	9,037
Total current assets	305,712	320,294	(14,581)	-4.55%	282,767
NON-CURRENT CASH AND INVESTMENTS - less current portion					
Board designated cash and assets	175,416	161,533	13,883	8.59%	174,916
Revenue bond assets held in trust	19,279	18,606	673	3.62%	18,605
Assets in self-insurance trust fund	514	474	40	8.43%	956
Total non-current cash and investments	195,210	180,613	14,596	8.08%	194,477
INTANGIBLE RIGHT TO USE LEASE, net of accumulated amortization	11,933	12,134	(201)	-1.66%	11,249
INTANGIBLE RIGHT TO USE SBITA, net of accumulated amortization	8,418	8,418	-	0.00%	8,417
CAPITAL ASSETS					
Land	20,544	20,544	-	0.00%	17,542
Buildings and improvements	427,164	427,164	-	0.00%	427,105
Equipment	329,371	329,303	68	0.02%	328,663
Construction in progress	22,295	20,657	1,638	7.93%	25,413
	799,375	797,669	1,706	0.21%	798,723
Less accumulated depreciation	496,622	494,112	2,510	0.51%	486,537
	302,752	303,557	(804)	-0.27%	312,186
OTHER ASSETS					
Property not used in operations	1,896	1,900	(4)	-0.22%	1,533
Health-related investments	2,195	2,069	126	6.10%	2,841
Other	13,976	13,976	0	0.00%	13,350
Total other assets	18,067	17,945	122	0.68%	17,724
Total assets	842,091	842,960	(869)	-0.10%	826,820
DEFERRED OUTFLOWS	23,886	23,919	(33)	-0.14%	24,083
Total assets and deferred outflows	\$ 865,977	\$ 866,879	\$ (901)	-0.10%	\$ 850,903

Consolidated Statements of Net Position (000's)

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

	Dec-23	Nov-23	Change	% Change	Jun-23
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	\$ 27,399	\$ 28,558	\$ (1,159)	-4.06%	\$ 30,636
Accrued payroll and related liabilities	55,714	61,172	(5,459)	-8.92%	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	106,461	113,078	(6,617)	-5.85%	106,516
LEASE LIABILITY, net of current portion	9,547	9,736	(189)	-1.94%	8,741
SBITA LIABILITY, net of current portion	4,425	4,425	-	0.00%	4,426
LONG-TERM DEBT, less current portion					
Bonds payable	227,338	227,345	(7)	0.00%	227,378
Notes payable	9,850	9,850	-	0.00%	9,850
Total long-term debt	237,188	237,195	(7)	0.00%	237,228
NET PENSION LIABILITY	48,505	47,581	924	1.94%	42,961
OTHER LONG-TERM LIABILITIES	34,023	33,680	343	1.02%	30,984
Total liabilities	440,150	445,695	(5,546)	-1.24%	426,430
NET ASSETS					
Invested in capital assets, net of related debt	65,423	66,107	(684)	-1.03%	75,776
Restricted	51,341	53,107	(1,766)	-3.33%	50,013
Unrestricted	309,064	301,969	7,095	2.35%	294,258
Total net position	425,828	421,183	4,644	1.10%	420,047
Total liabilities and net position	\$ 865,977	\$ 866,879	\$ (901)	-0.10%	\$ 850,903

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Dec 31, 2023**

<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		3.93	Various		10,221,558	
CAMP		5.57	CAMP		36,705,445	
Allspring		4.97	Money market		1,940,932	
PFM		4.97	Money market		105,138	
Allspring	1-Jan-24	2.12	Municipal	New York ST	585,000	
Allspring	2-Feb-24	0.35	MTN-C	Paccar Financial Mtn	1,000,000	
Allspring	8-Feb-24	0.35	MTN-C	National Rural	1,400,000	
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	106,482	
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	30-Jul-24	2.40	MTN-C	US Bancorp	415,000	
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	18-Oct-24	0.37	ABS	Honda Auto	7,589	
PFM	24-Oct-24	2.10	MTN-C	Bank of NY	150,000	
PFM	25-Oct-24	0.85	MTN-C	Bank of Ny Mtn	390,000	
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	
PFM	7-Jan-25	1.63	U.S. Govt Agency	FNMA	1,510,000	
Allspring	9-Jan-25	2.05	MTN-C	John Deere Mtn	500,000	
PFM	10-Jan-25	1.38	Supra-National Agency	Cooperative	440,000	
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	
Allspring	24-Jan-25	1.76	MTN-C	Goldman Sachs	725,000	
PFM	7-Feb-25	1.88	MTN-C	National Rural Mtn	125,000	
PFM	12-Feb-25	1.50	U.S. Govt Agency	FHLMC	1,000,000	
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	99,668	
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	37,002	
PFM	15-Aug-25	0.62	ABS	Kubota Credit	95,310	
Allspring	25-Aug-25	0.38	U.S. Govt Agency	FNMA	1,500,000	

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Dec 31, 2023**

PFM	25-Aug-25	3.75	U.S. Govt Agency	FHLMC	278,169
Allspring	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000
Allspring	15-Sep-25	0.36	ABS	John Deere Owner	195,152
PFM	15-Sep-25	0.00	ABS	Hyundai Auto	54,948
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
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	106,788
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	37,897
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	114,071
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	320,210
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
PFM	16-Nov-26	0.00	ABS	Capital One Multi	640,000

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Dec 31, 2023**

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	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
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	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	438,815
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	15-Sep-28	0.00	MTN-C	Discover Card Exe	495,000
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	1,200,000
PFM	25-Nov-28	0.00	U.S. Govt Agency	FHLMC	280,000
PFM	1-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	500,000

\$ 167,778,173

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Dec 31, 2023**

	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>596,369</u>	1,908,555
<u>2015A revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	<u>190,681</u>	190,681
<u>2015B revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	368,694	368,694
<u>2017C revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	<u>4,809,654</u>	4,809,654
<u>2020 revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	<u>673,100</u>	673,100
<u>2022 revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	<u>618,847</u>	618,847
<u>2014 general obligation bonds</u>						
CAMP			Interest Payment fund	142110	<u>1,541,052</u>	1,541,052
<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	(2,785,301)	
Wells Fargo Bank	0.16		Checking	100500	<u>968,757</u>	
					(1,816,544)	
<u>Payroll</u>						
Wells Fargo Bank	0.16		Checking	100200	277,112	
Wells Fargo Bank	0.16		Checking	100300	959,219	
Wells Fargo Bank	0.16		Checking	100300	(39,510)	
Wells Fargo Bank			Checking	100300	1,466	
Bancorp			Checking	100300	<u>362,745</u>	
					1,561,032	(255,512)
Total investments					\$	<u>196,798,854</u>

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Dec 31, 2023**

Kaweah Delta Medical Foundation

Wells Fargo Bank	Checking	100100	<u>\$</u>	<u>241,867</u>
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Sequoia Regional Cancer Center

Wells Fargo Bank	Checking	100500	5,131	<u>\$</u>	<u>5,131</u>
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Kaweah Delta Hospital Foundation

Central Valley Community Checking	Investments	100100	433,140		
Various	S/T Investments	142200	4,534,149		
Various	L/T Investments	142300	12,458,022		
Various	Unrealized G/L	142400	2,606,646		
				<u>\$</u>	<u>20,031,957</u>

Summary of board designated funds:

Plant fund:

Uncommitted plant funds	\$	120,701,130	142100	
Committed for capital		<u>15,636,729</u>	142100	
		136,337,859		
GO Bond reserve - L/T		1,992,658	142100	
401k Matching		4,992,361	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>\$</u>	<u>167,778,173</u>	

	<u>Total</u>		<u>Trust</u>	<u>Surplus</u>	
	<u>Investments</u>	%	<u>Accounts</u>	<u>Funds</u>	%
<u>Investment summary by institution:</u>					
Bancorp	\$ 362,745	0.2%		362,745	0.2%
CAMP	36,705,445	18.7%		36,705,445	21.9%
Local Agency Investment Fund (LAIF)	10,221,558	5.2%		10,221,558	6.1%
CAMP - GOB Tax Rev	1,541,052	0.8%	1,541,052	-	0.0%
Allspring	59,006,084	30.0%	1,908,555	57,097,529	34.1%
PFM	58,845,086	29.9%		58,845,086	35.1%
Western Alliance	250,000			250,000	0.1%
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	1,290,298	0.7%		1,290,298	0.8%
US Bank	25,826,585	13.1%	25,826,585	-	0.0%
Total investments	<u>\$ 196,798,854</u>	<u>100.0%</u>	<u>\$ 29,276,192</u>	<u>167,522,661</u>	<u>100.0%</u>

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Dec 31, 2023**

<u>Investment summary of surplus funds by type:</u>		<u>Investment Limitations</u>
Negotiable and other certificates of deposit	\$ 3,000,000	50,257,000 (30%)
Checking accounts	(255,512)	
Local Agency Investment Fund (LAIF)	10,221,558	75,000,000
CAMP	36,705,445	
Medium-term notes (corporate) (MTN-C)	37,588,000	50,257,000 (30%)
U.S. government agency	59,123,466	
Municipal securities	14,355,000	
Money market accounts	2,046,070	33,505,000 (20%)
Commercial paper	-	41,881,000 (25%)
Asset Backed Securities	4,298,634	33,505,000 (20%)
Supra-National Agency	440,000	50,257,000 (30%)
	<u>\$ 167,522,661</u>	

<u>Return on investment:</u>	
Current month	<u>1.93%</u>
Year-to-date	<u>1.94%</u>
Prospective	<u>2.65%</u>
LAIF (year-to-date)	<u>3.62%</u>
Budget	<u>1.65%</u>

<u>Fair market value disclosure for the quarter ended December 31, 2023 (District only):</u>	<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
Dec 31, 2023**

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
	\$ 3,000,000

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 Multi		640,000
Capital One Prime		265,000
Carmax Auto Owner		1,109,179
GM Finl con Auto Rec		110,000
Gm Financial		99,668
Honda Auto		357,589
Honda Auto Rec Own		130,000
Hyundai Auto		169,948
John Deere Owner		195,152
Kubota Credit		202,098
Mercedes Benz Auto		200,000
	\$	4,298,634

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Dec 31, 2023**

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
Astrazeneca LP		265,000
Bank of America		1,250,000
Bank of NY		150,000
Bank of NY Mtn		1,390,000
Bk of America		1,300,000
Branch Banking Trust		1,300,000
Chase Issuance Trust		435,000
Caterpillar Finl Mtn		1,320,000
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		800,000
Emerson Electric Co		265,000
Exxon Mobil		1,320,000
Ford CR Auto Owner		160,000
General Dynamics		395,000
Goldman Sachs		930,000
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		1,400,000
National Rural Mtn		285,000
Natixis Ny		405,000
Novartis Capital		425,000
Paccar Financial Mtn		1,000,000
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
Toyota Motor		1,820,000
Unitedhealth Group		85,000
US Bancorp		415,000
US Bank NA		1,400,000
Verizon		730,000
Walmart INC		205,000
Wells Fargo Bank Na		545,000
Wells Fargo co		800,000
	\$	37,588,000

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	\$	7,186,482
Federal Home Loan Bank (FHLB)		1,865,000
Federal Home Loan Mortgage Corp (FHLMC)		8,741,984
US Treasury Bill		41,330,000
	\$	59,123,466

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
Dec 31, 2023**

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
New York ST		585,000
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>14,355,000</u>

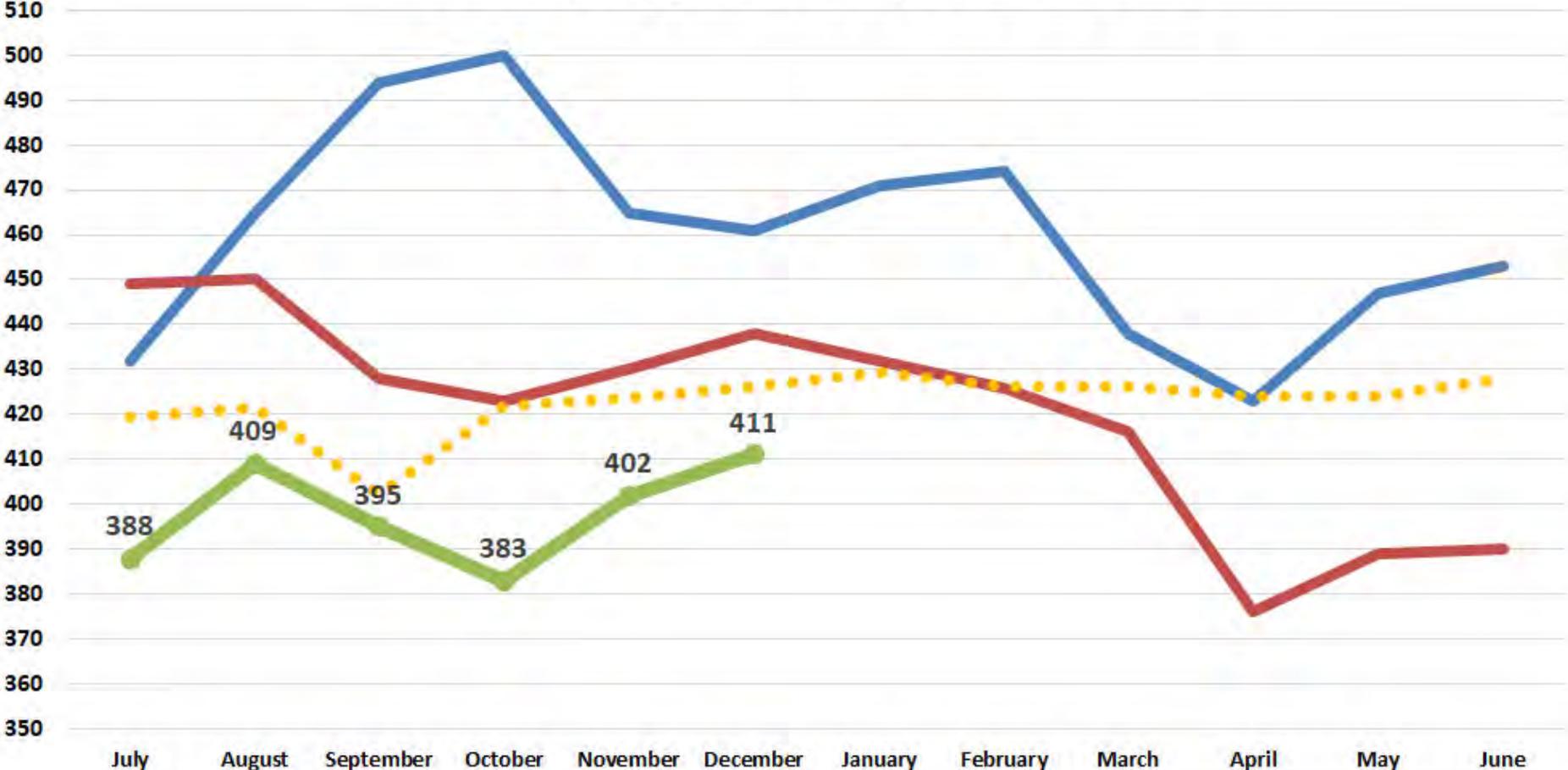
Investment summary of Supra-National Agency:

Cooperative	\$	440,000
Inter Amer Bk		-
	<u>\$</u>	<u>440,000</u>

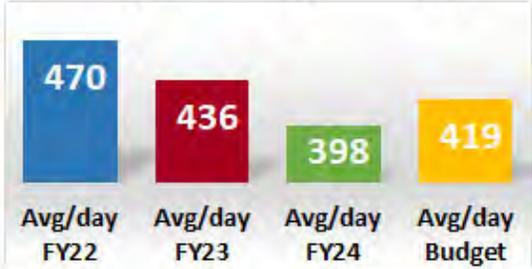
Statistical Report

December 2023

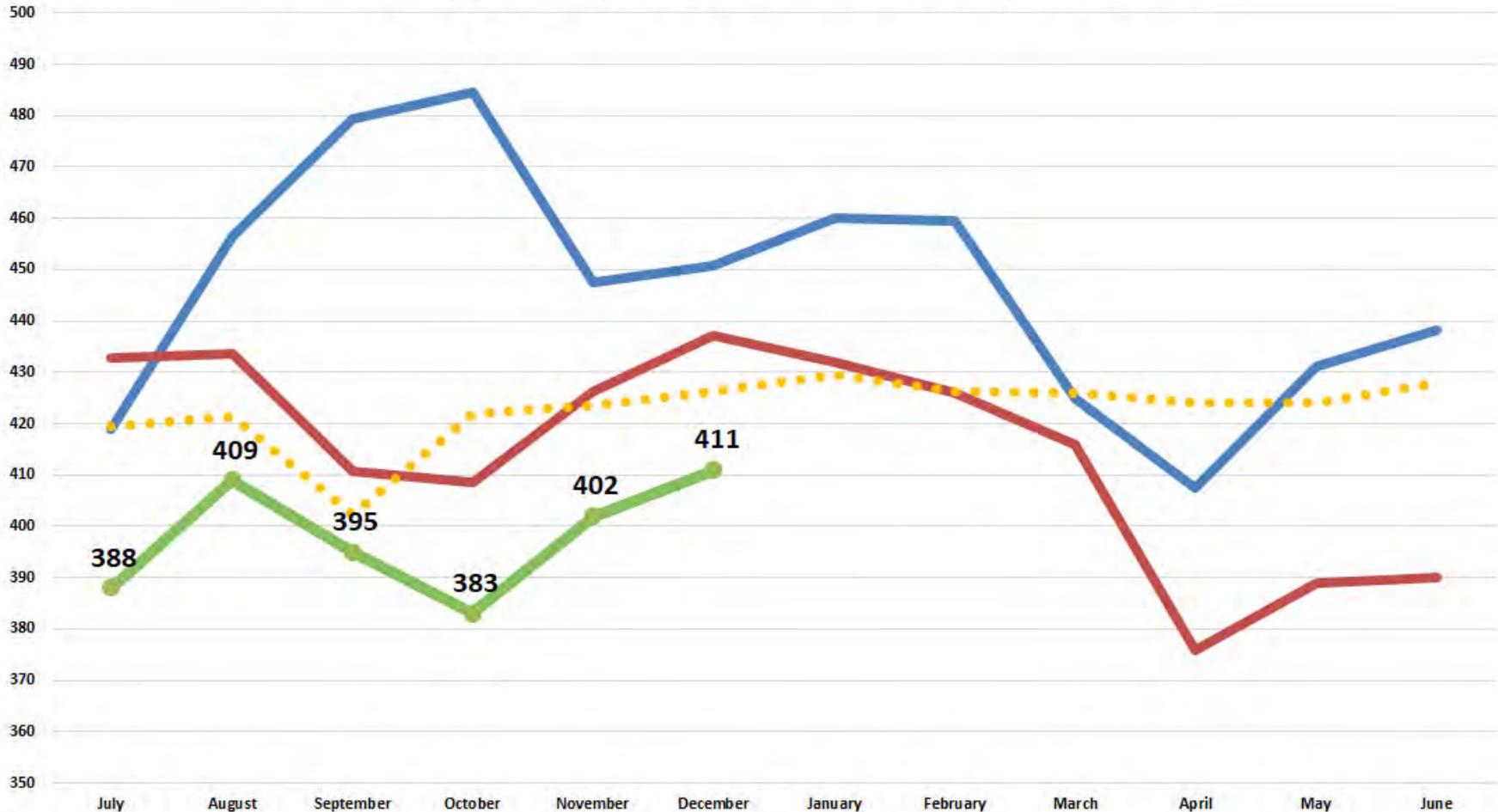
Average Daily Census



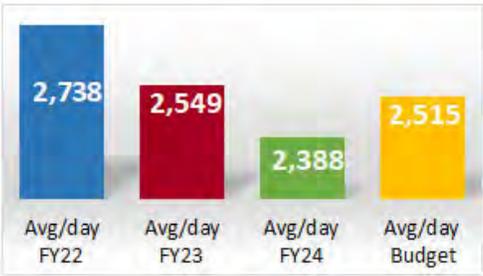
— FY2022
 — FY2023
 — FY2024
 ⋯ Budget



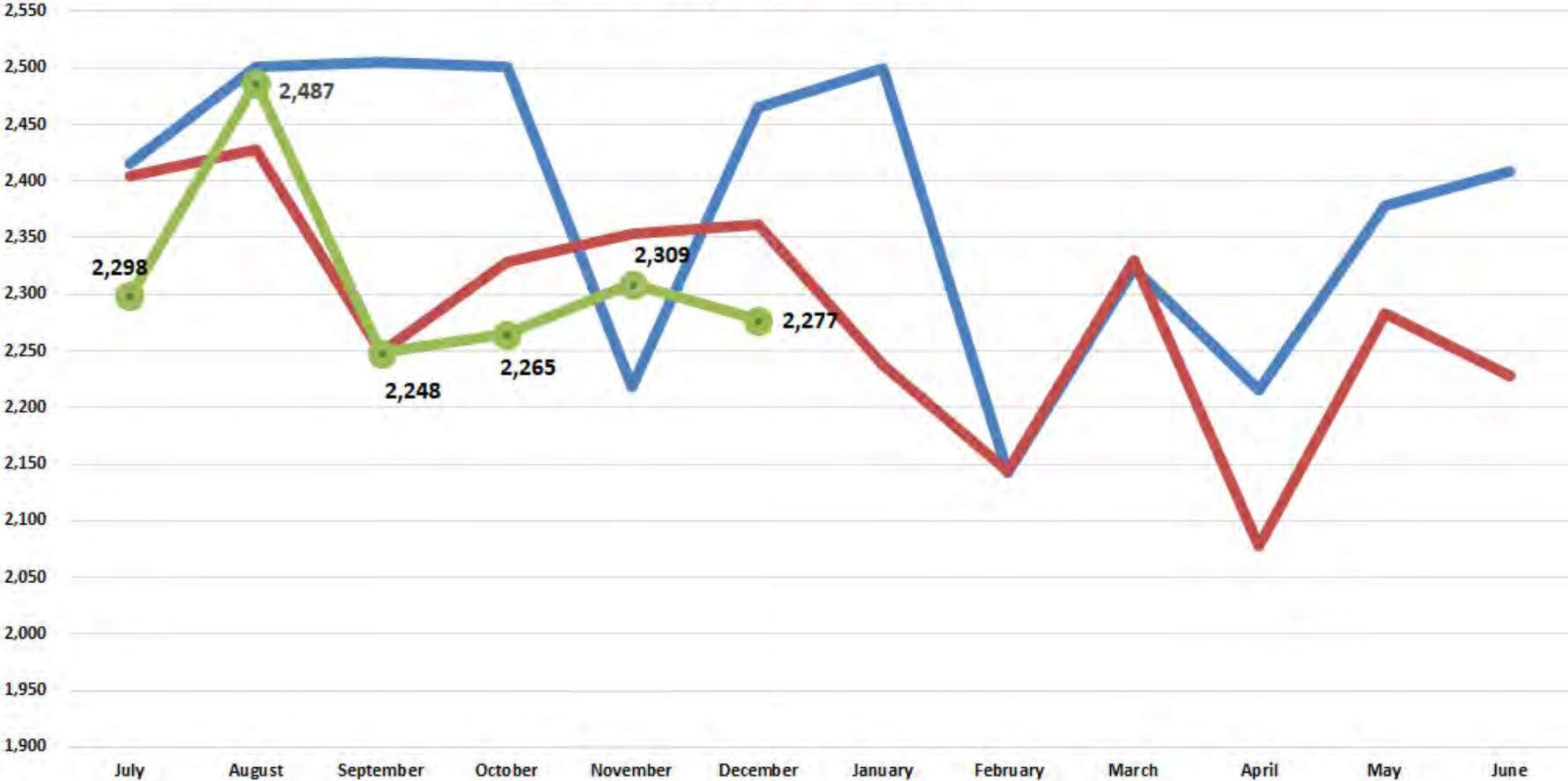
Average Daily Census w/o TCS



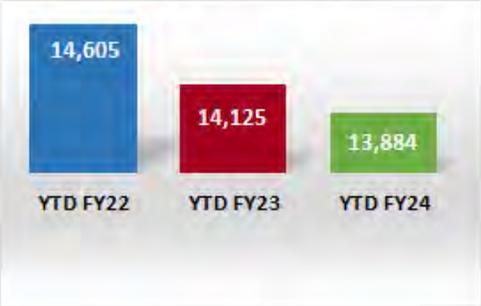
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



Admissions



— FY2022
 — FY2023
 — FY2024



Discharges



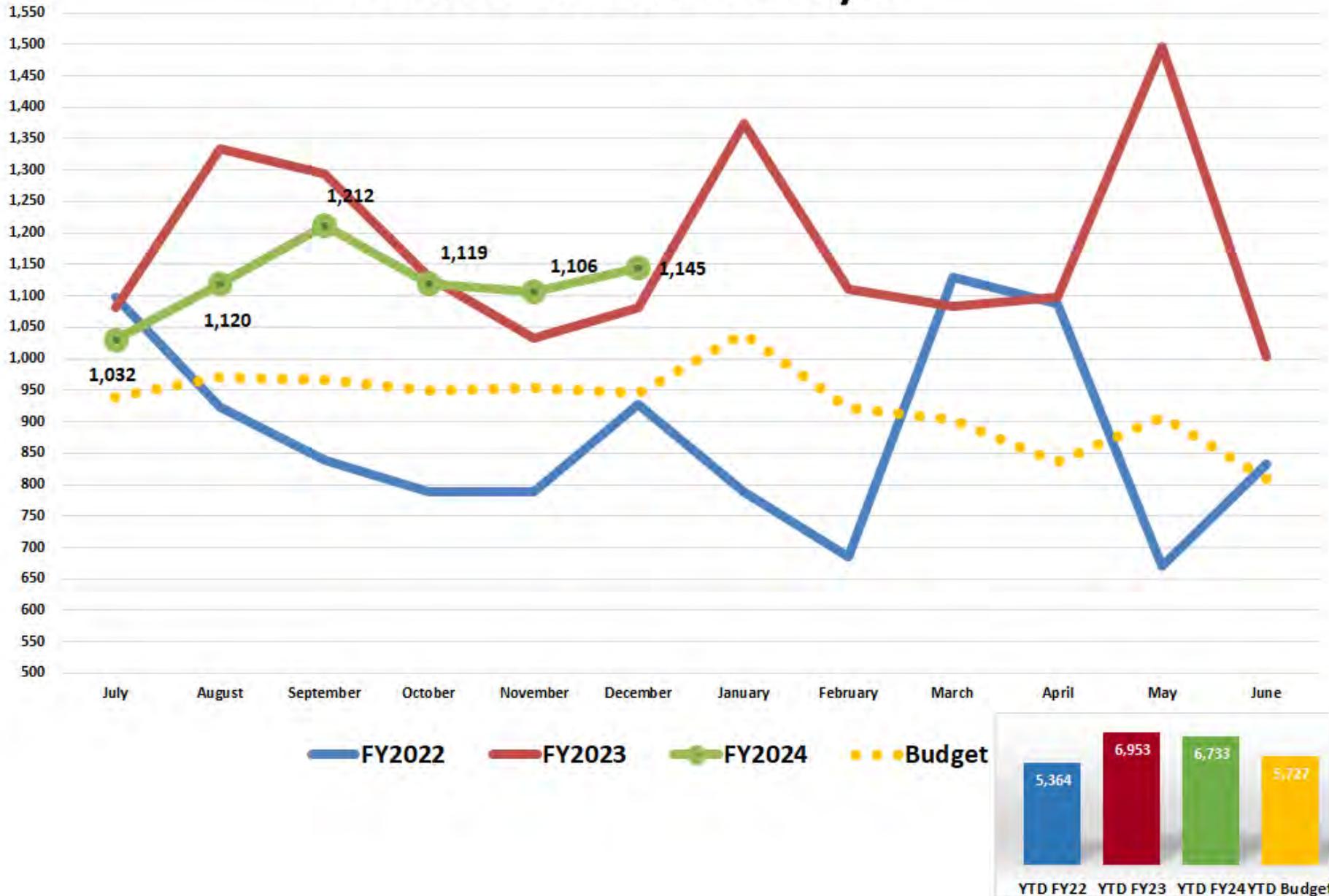
— FY2022 — FY2023 — FY2024



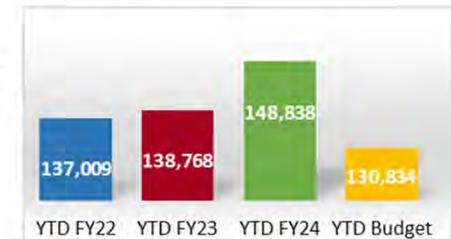
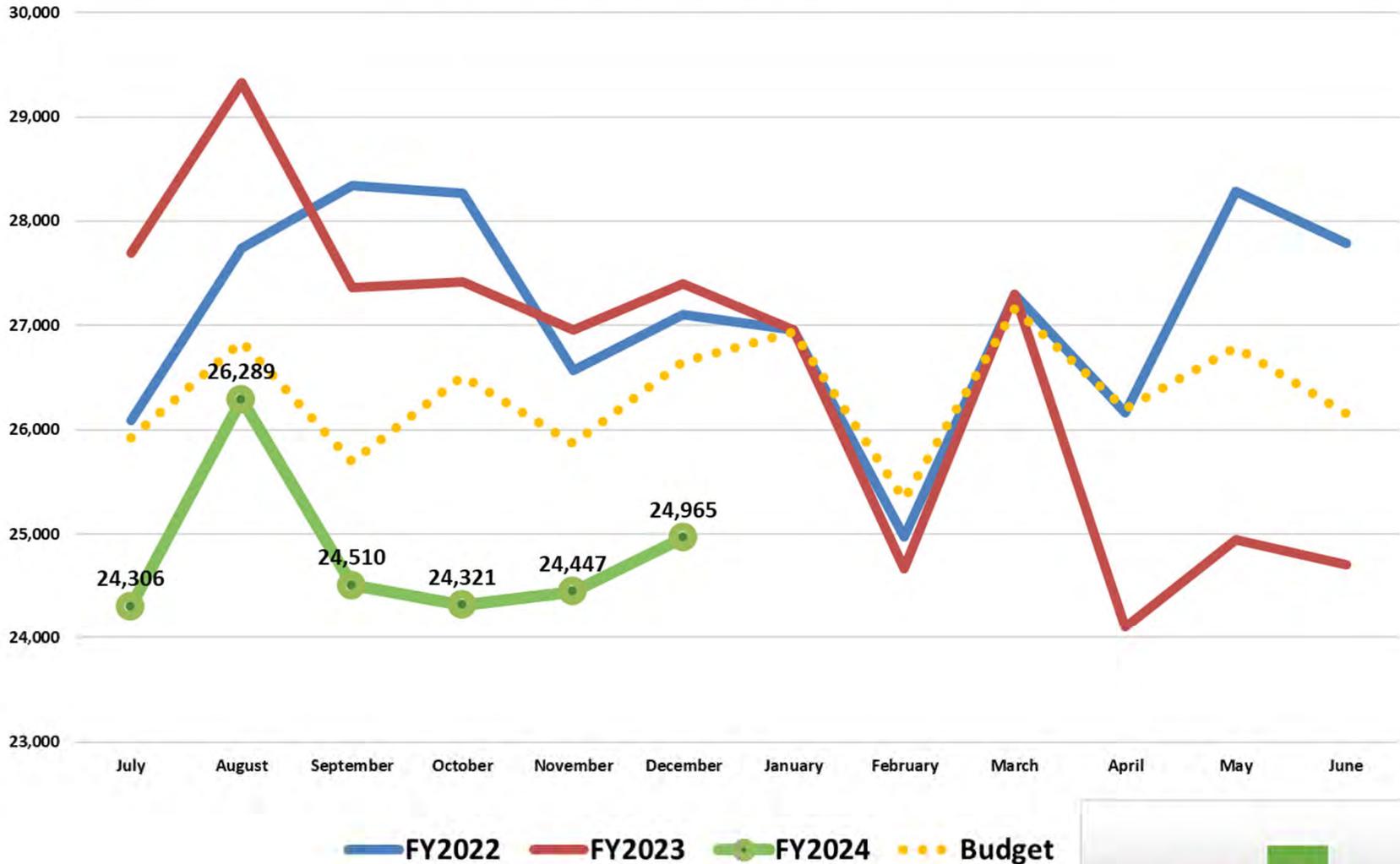
Average Discharges per day



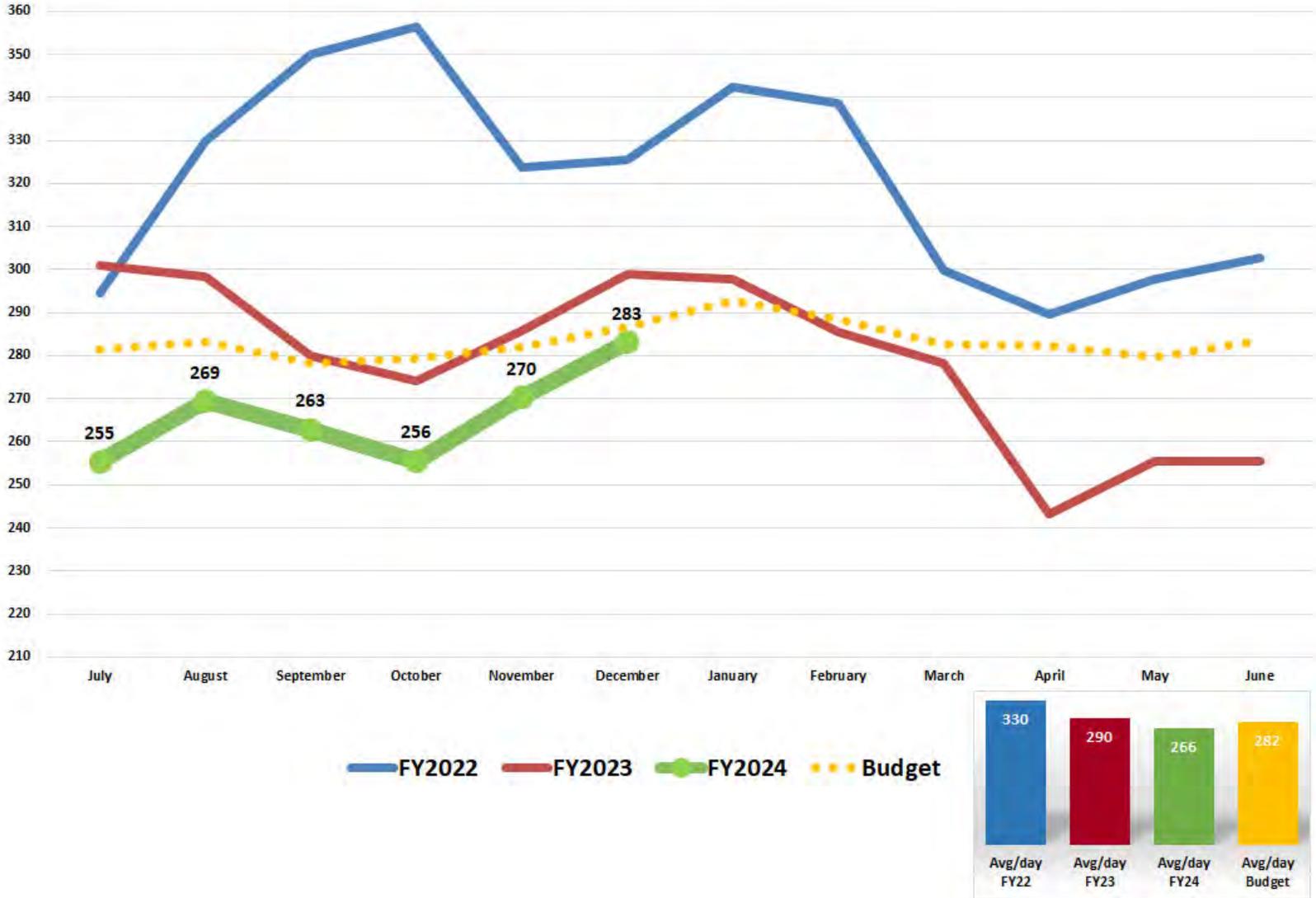
Observation Days



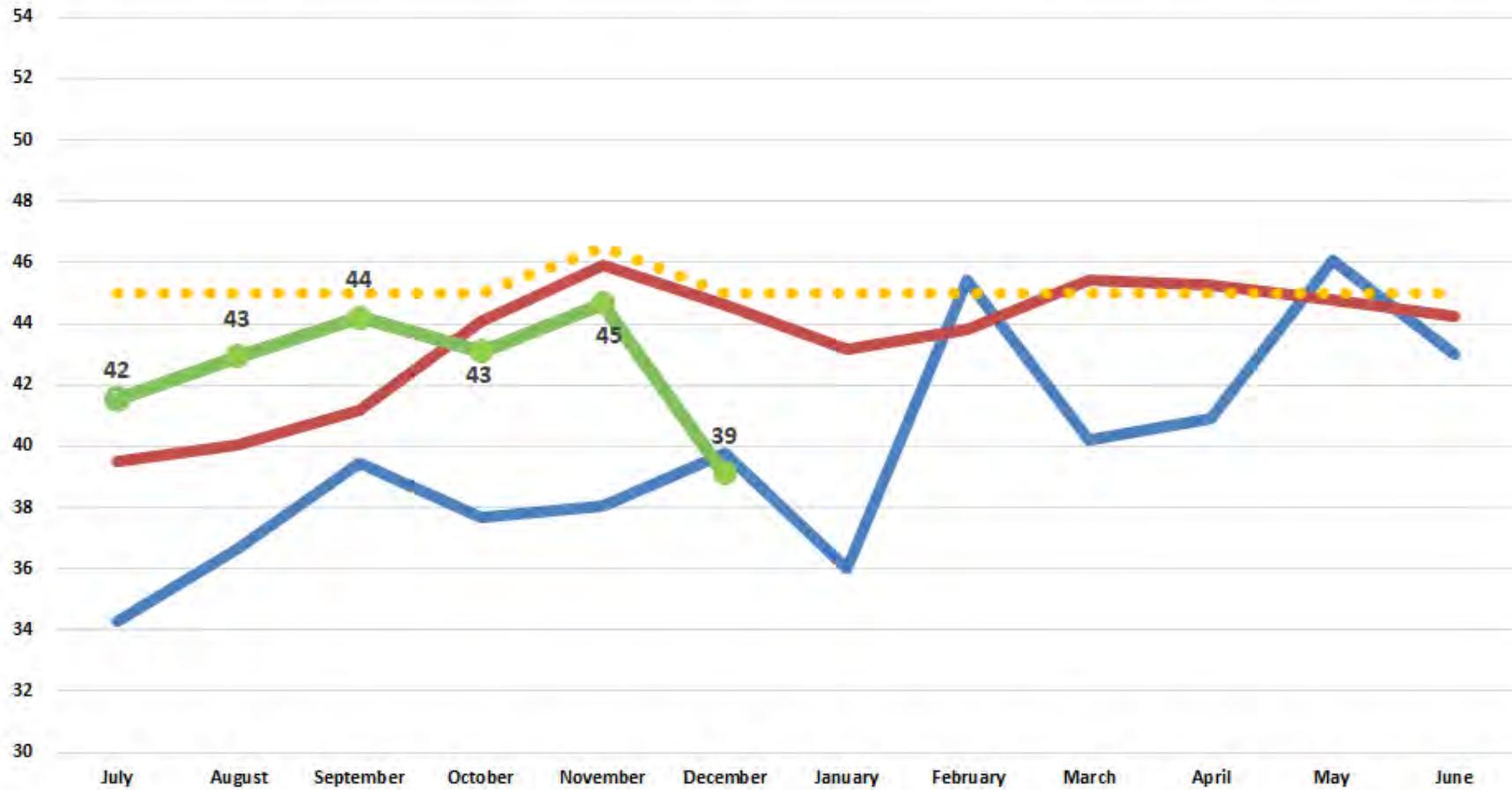
Adjusted Patient Days



Medical Center (Avg Patients Per Day)



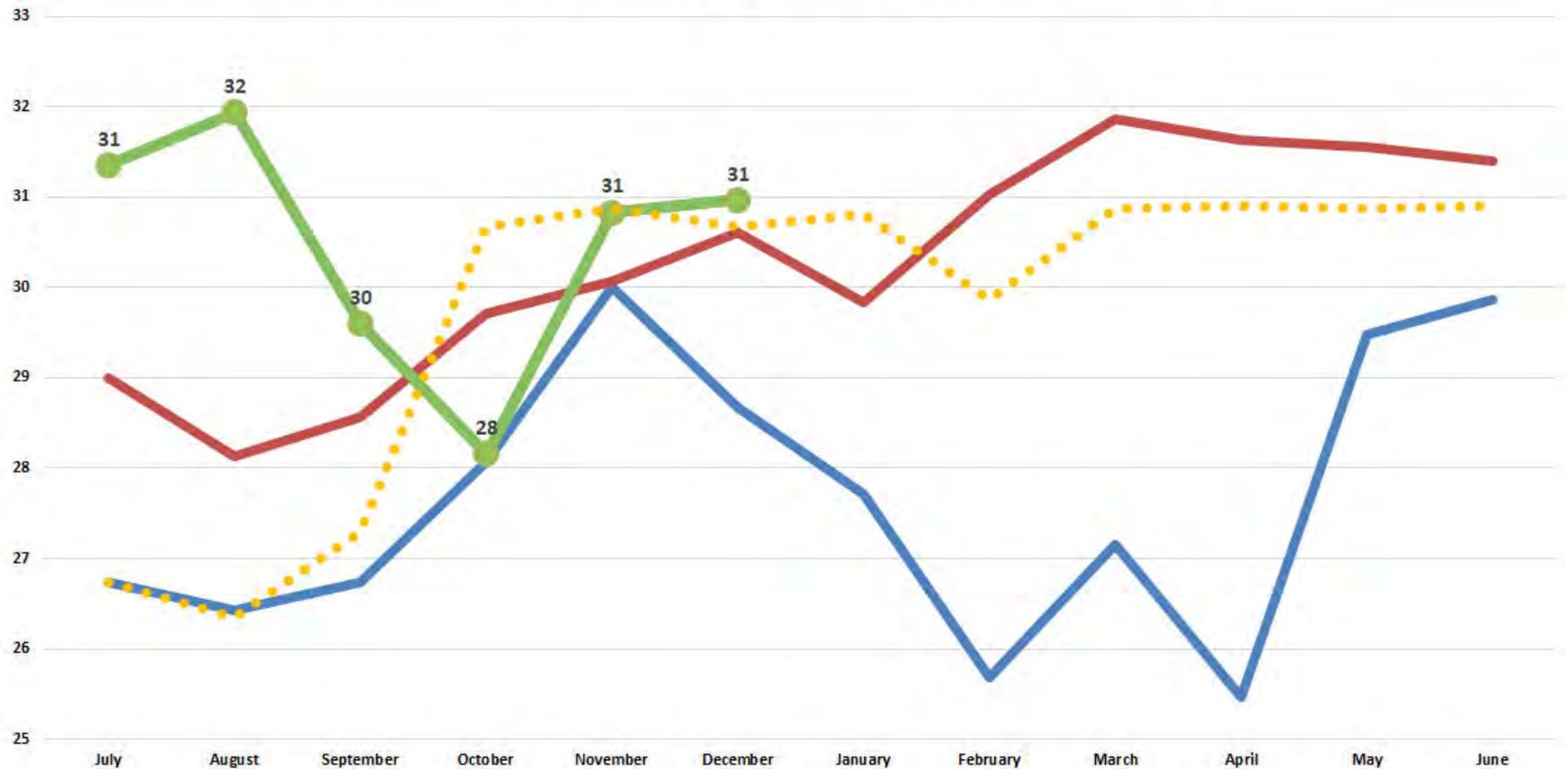
Acute I/P Psych (Avg Patients Per Day)



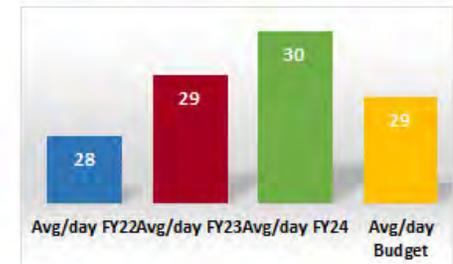
— FY2022
 — FY2023
 — FY2024
 - - - Budget

38	43	43	45
Avg/day FY22	Avg/day FY23	Avg/day FY24	Avg/day Budget

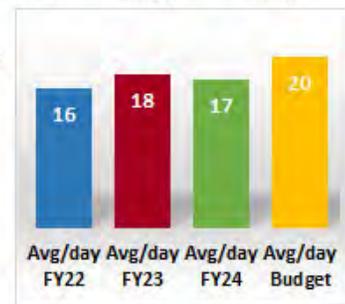
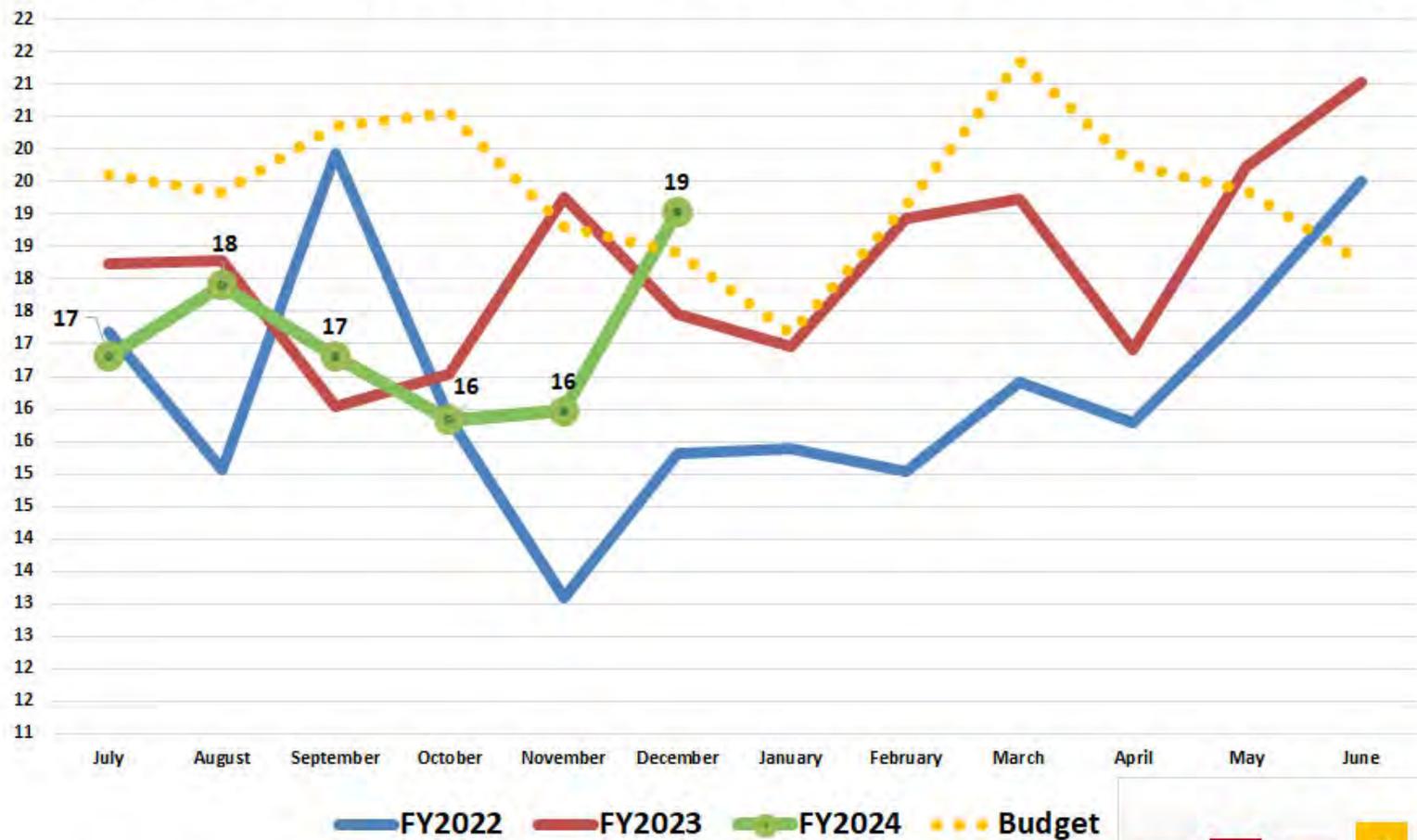
Sub-Acute - Avg Patients Per Day



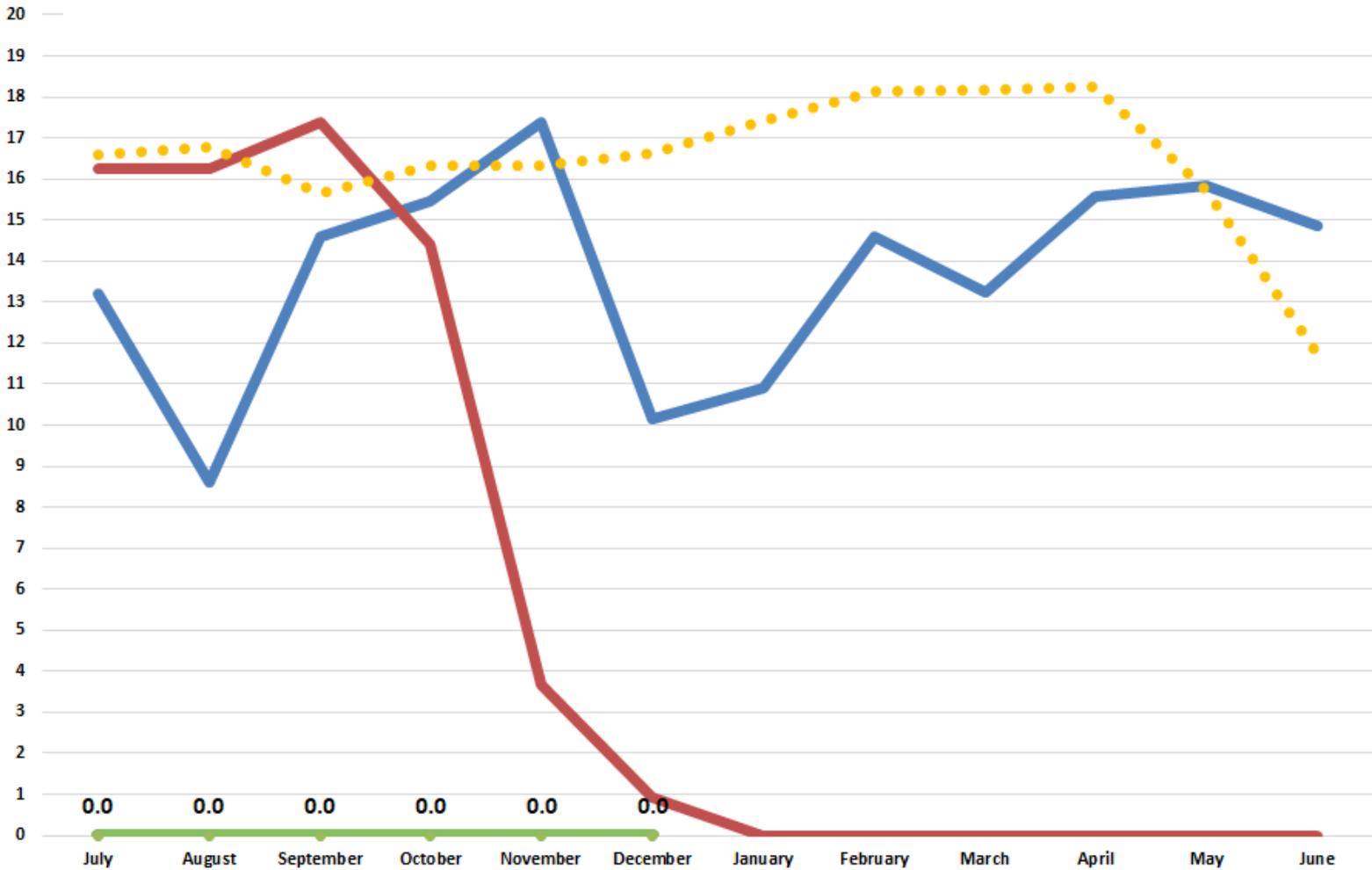
— FY2022
 — FY2023
 —● FY2024
 -.- Budget



Rehabilitation Hospital - Avg Patients Per Day



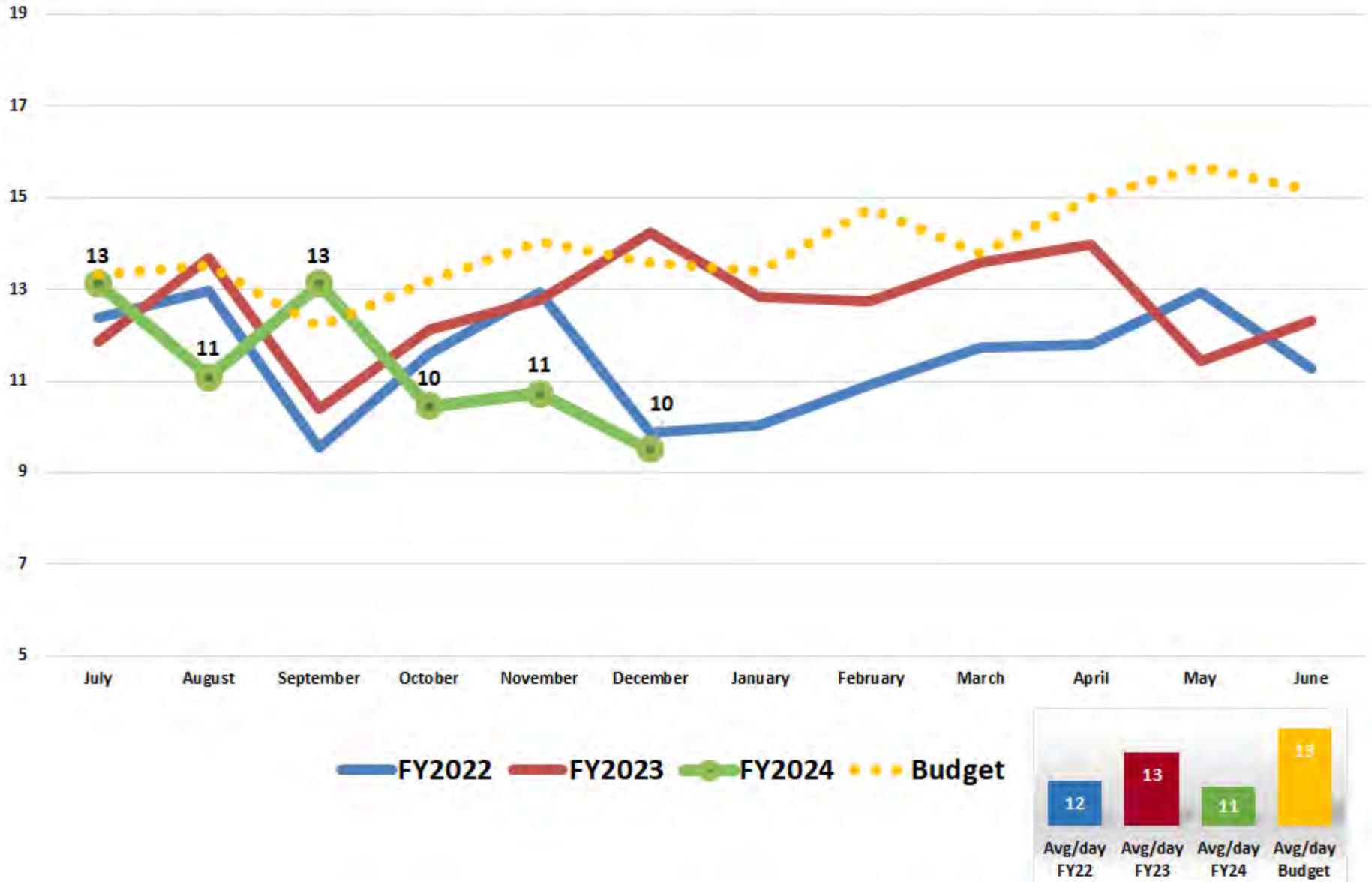
Transitional Care Services (TCS) - Avg Patients Per Day



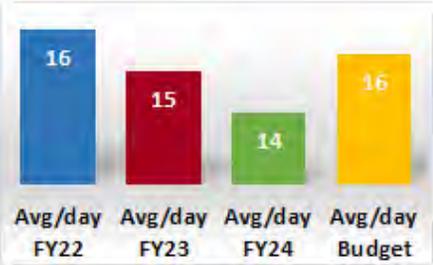
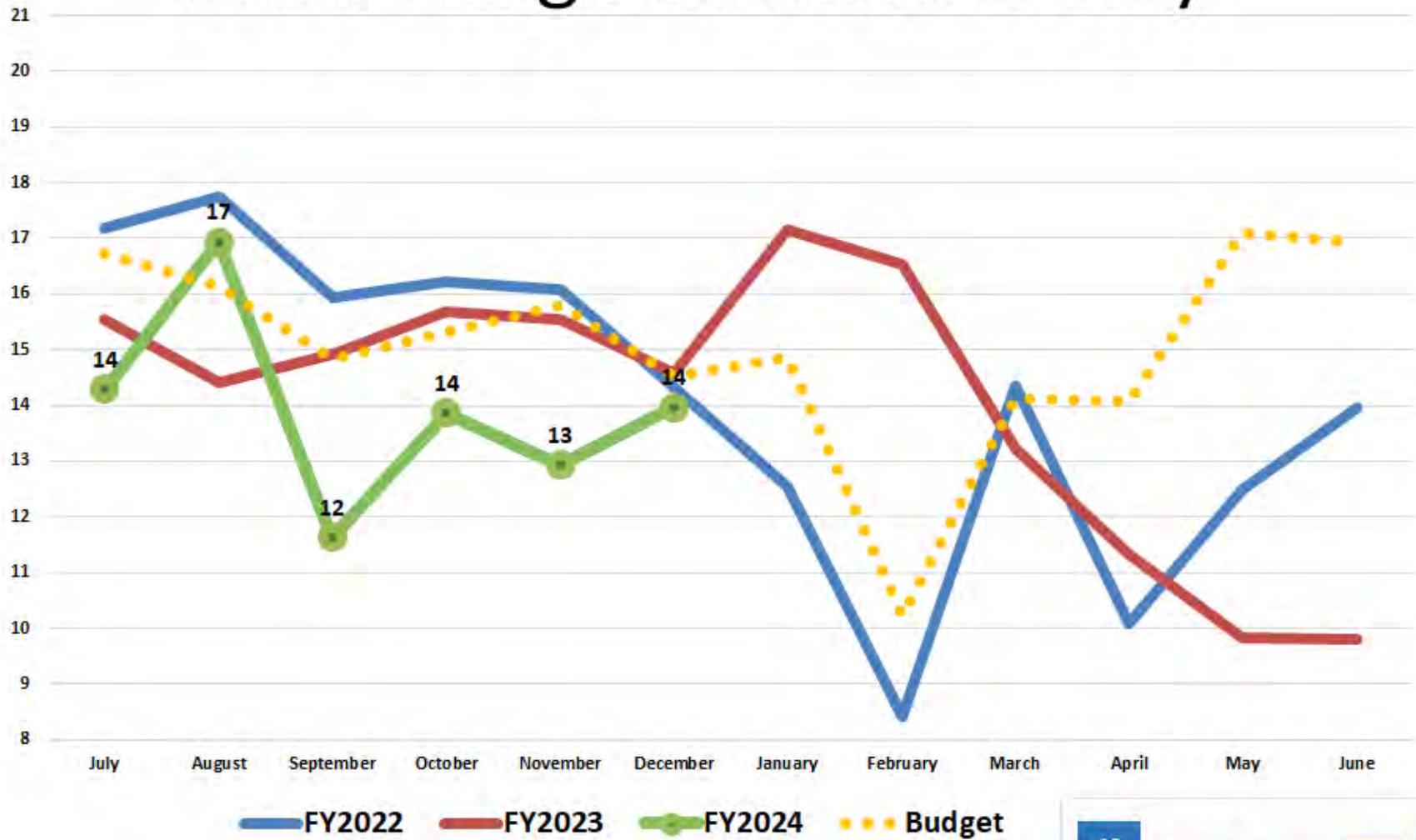
— FY2022
 — FY2023
 — FY2024
 ●●● Budget

13	11	0	16
Avg/day FY22	Avg/day FY23	Avg/day FY24	Avg/day Budget

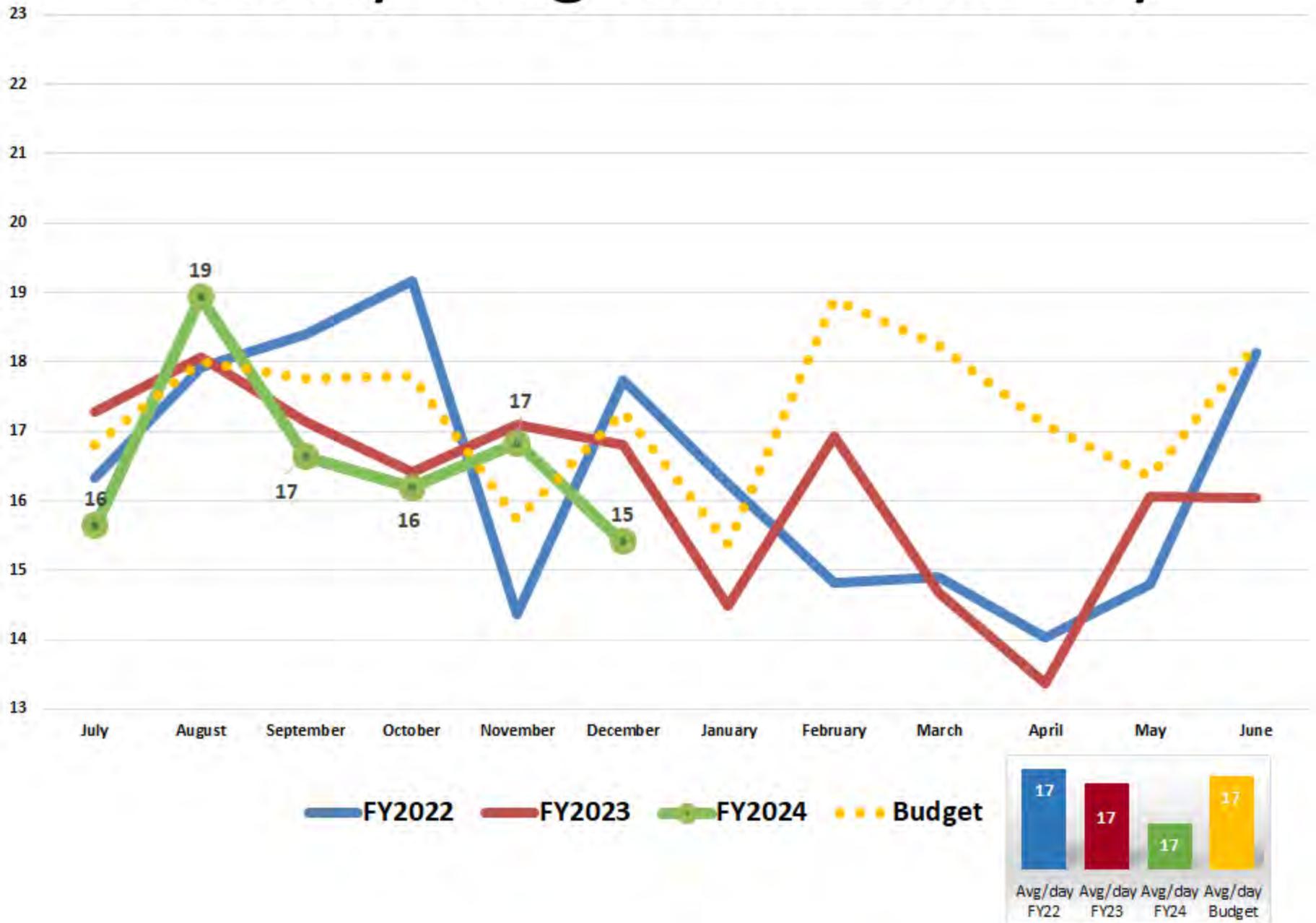
TCS Ortho - Avg Patients Per Day



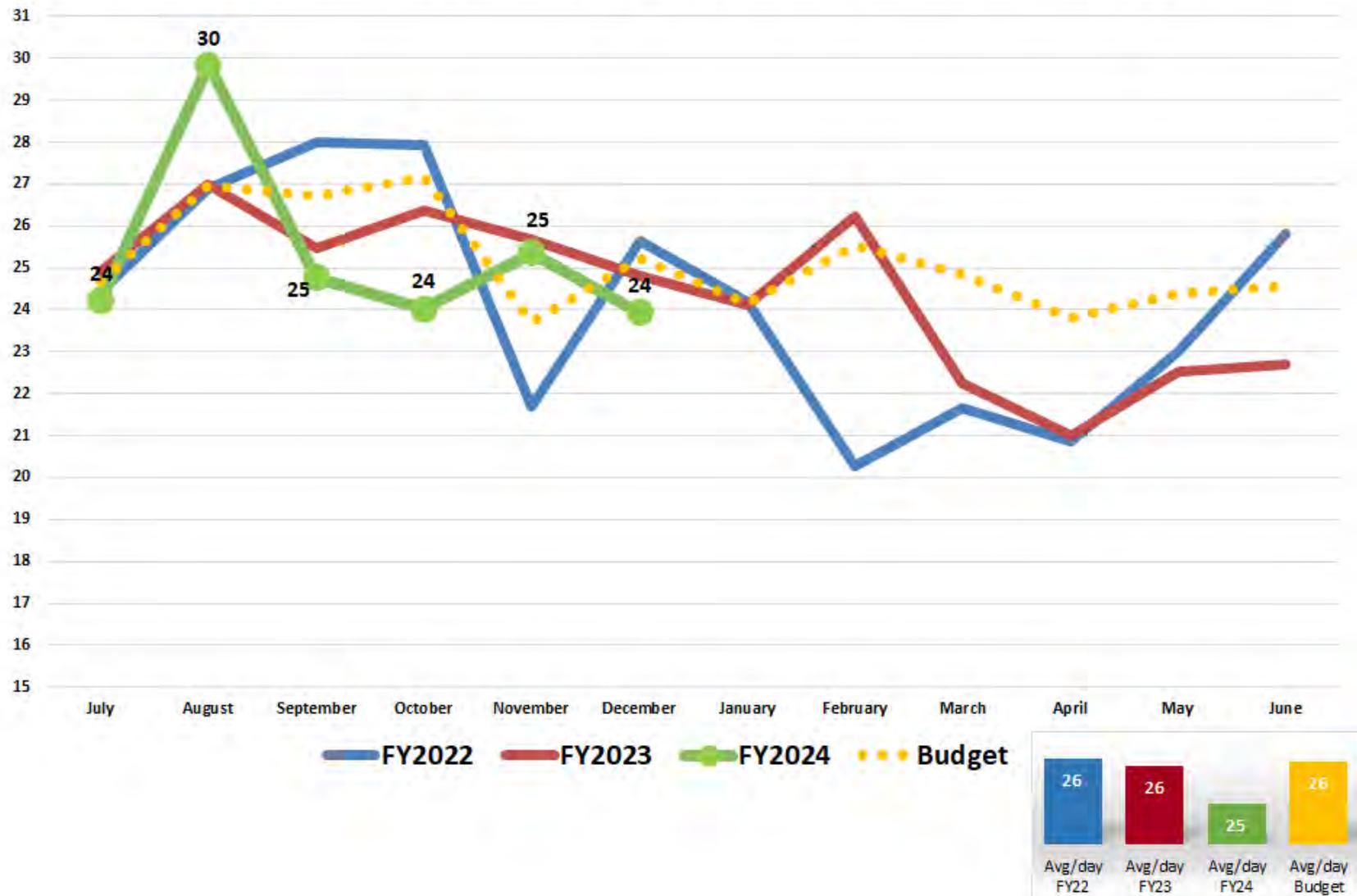
NICU - Avg Patients Per Day



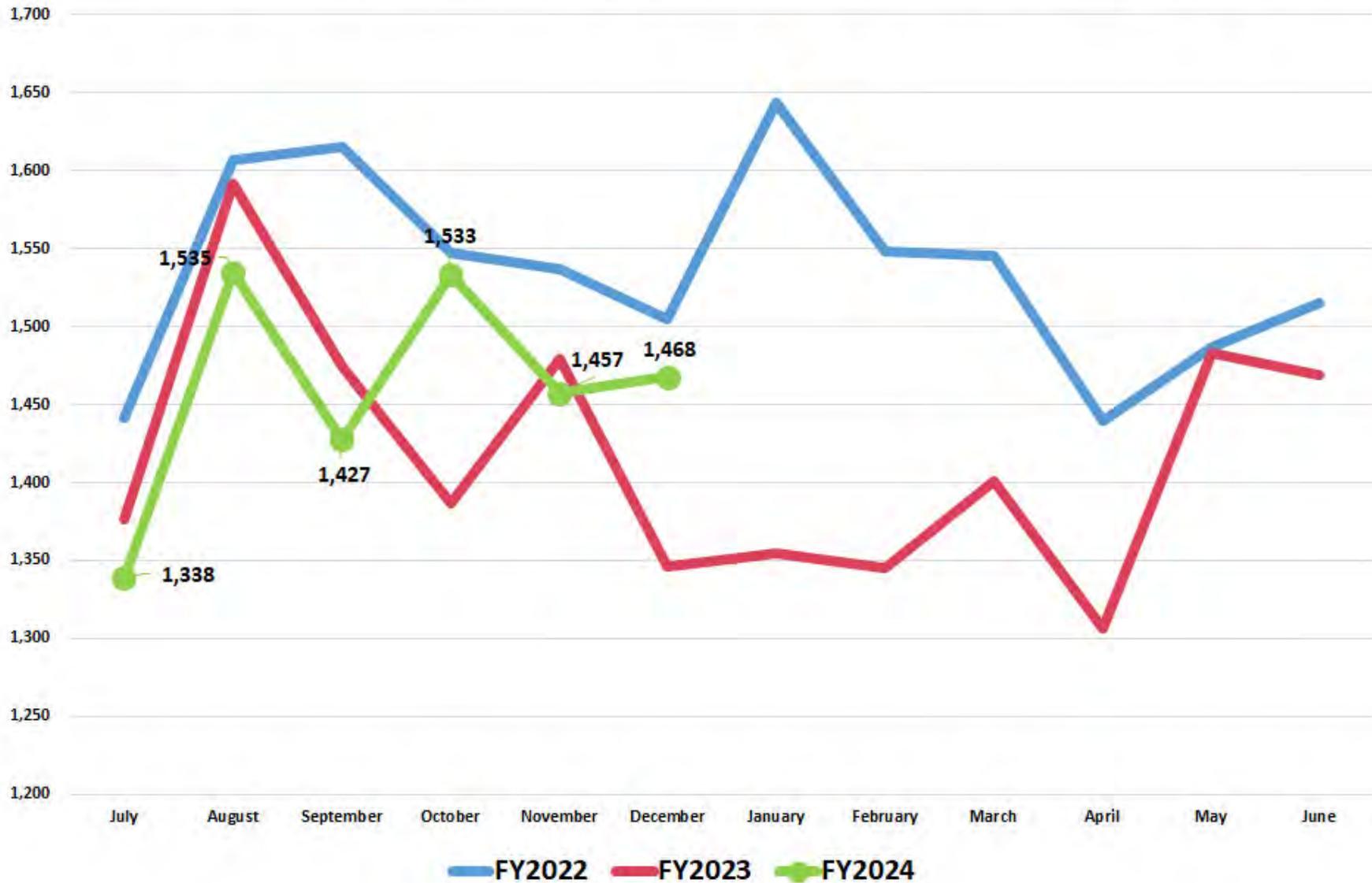
Nursery - Avg Patients Per Day



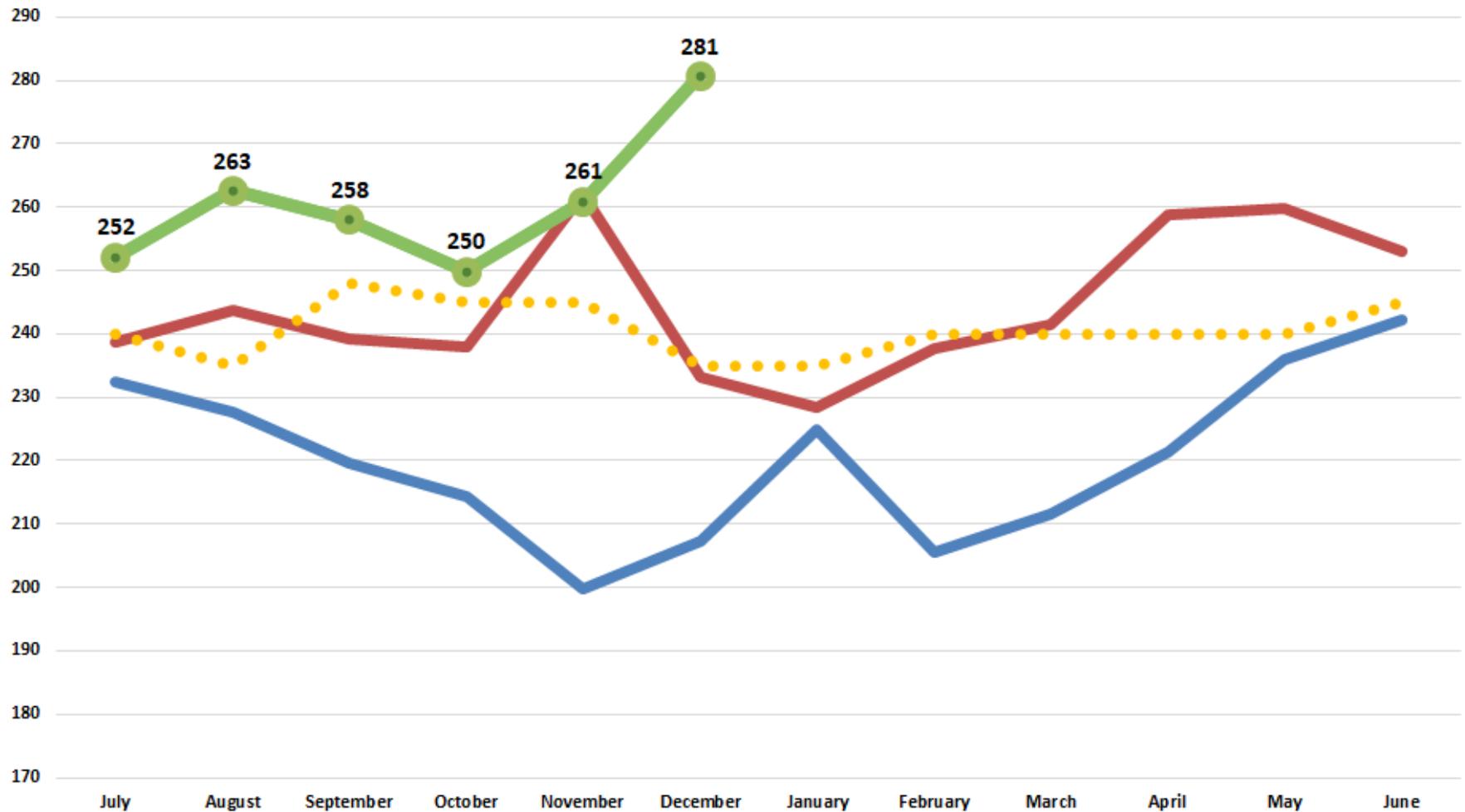
Obstetrics - Avg Patients Per Day



Outpatient Registrations Per Day



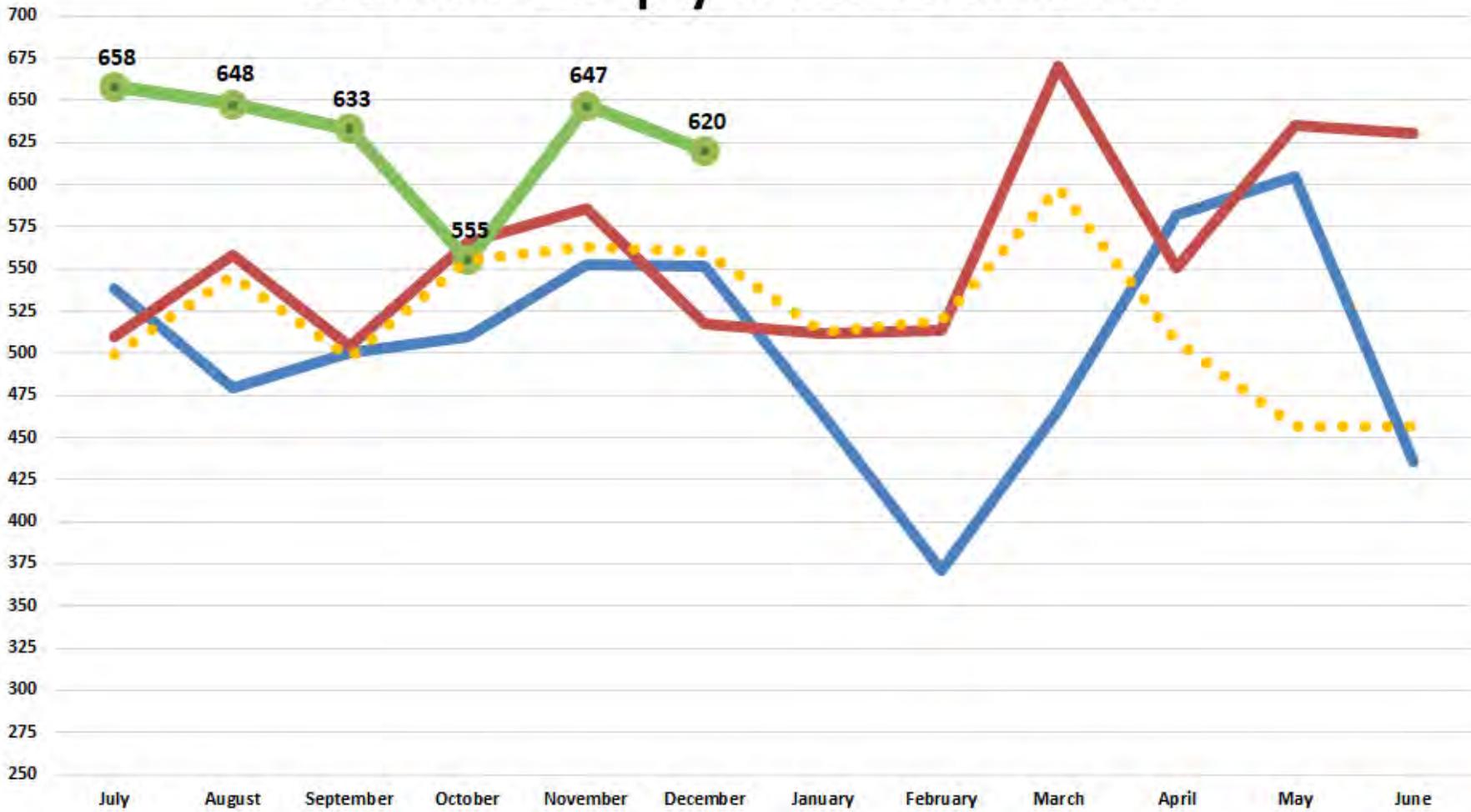
ED - Avg Treated Per Day



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

217	242	261	241
Avg/day FY22	Avg/day FY23	Avg/day FY24	Avg/day Budget

Endoscopy Procedures



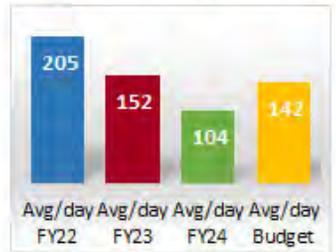
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



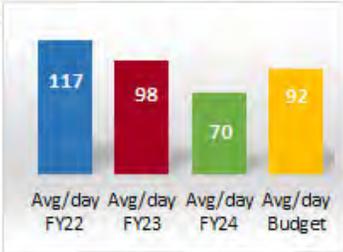
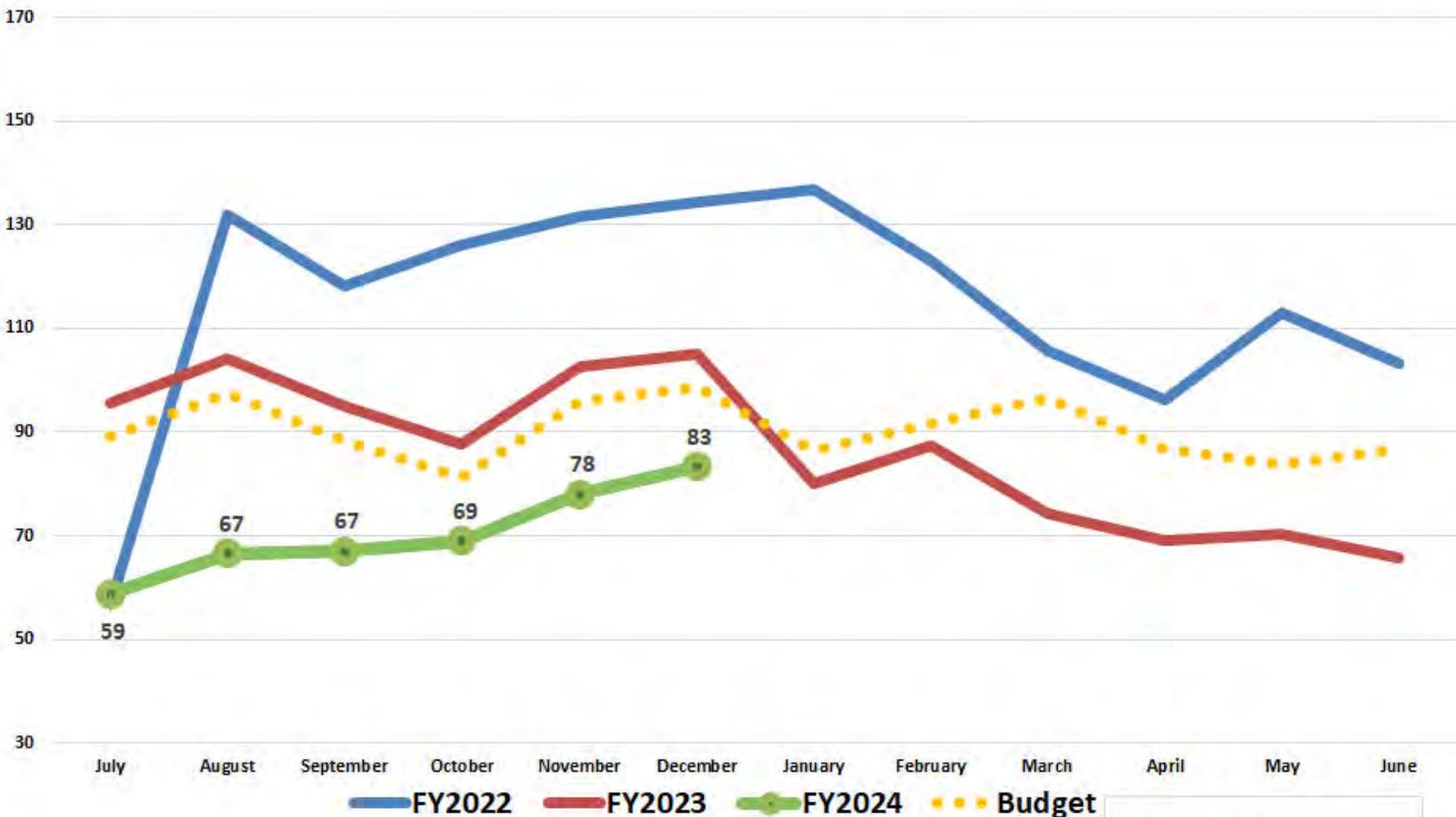
Urgent Care – Court Avg Visits Per Day



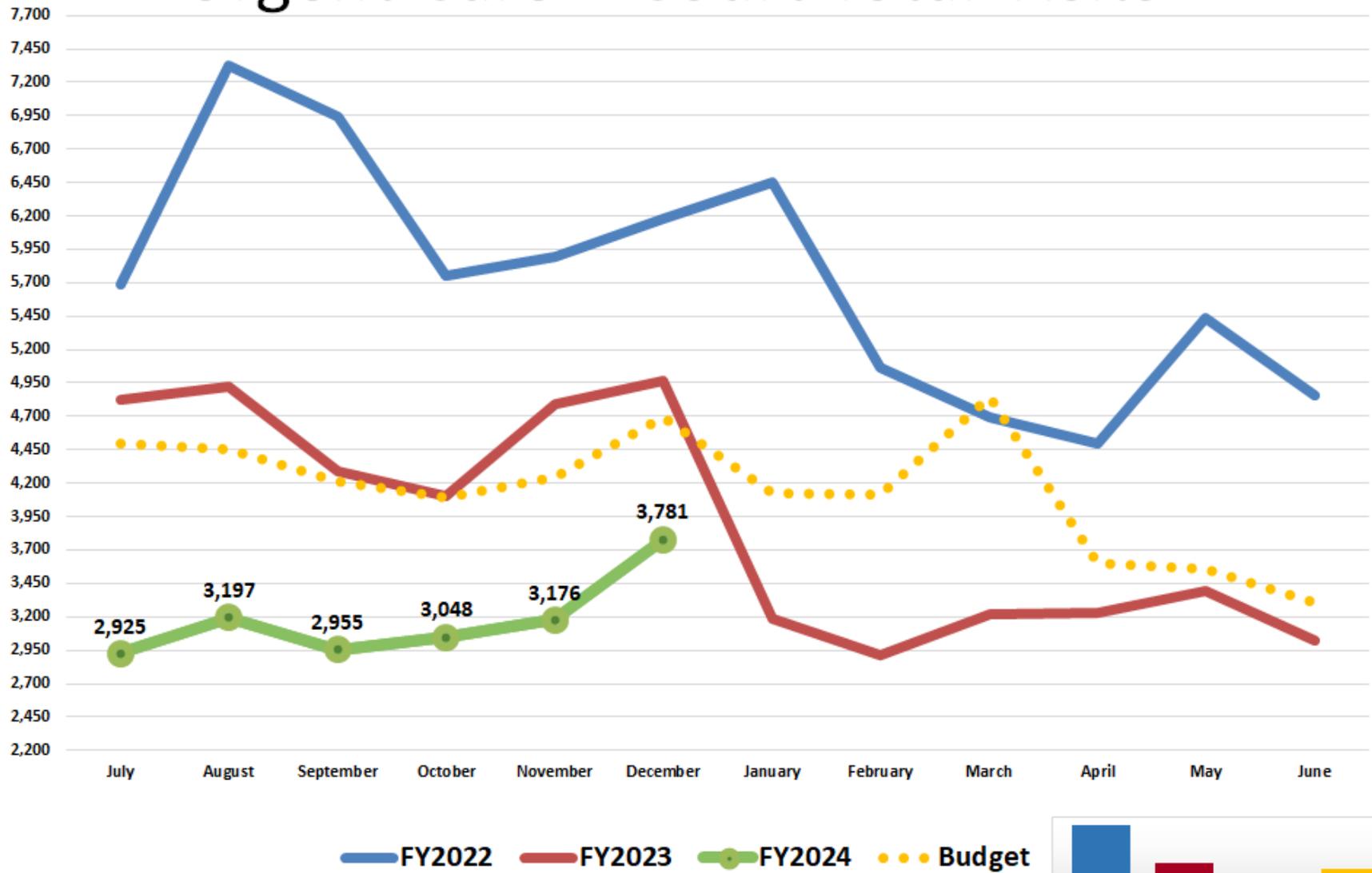
— FY2022 — FY2023 — FY2024 ••• Budget



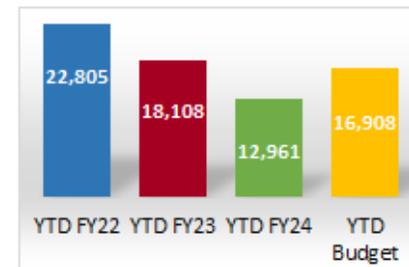
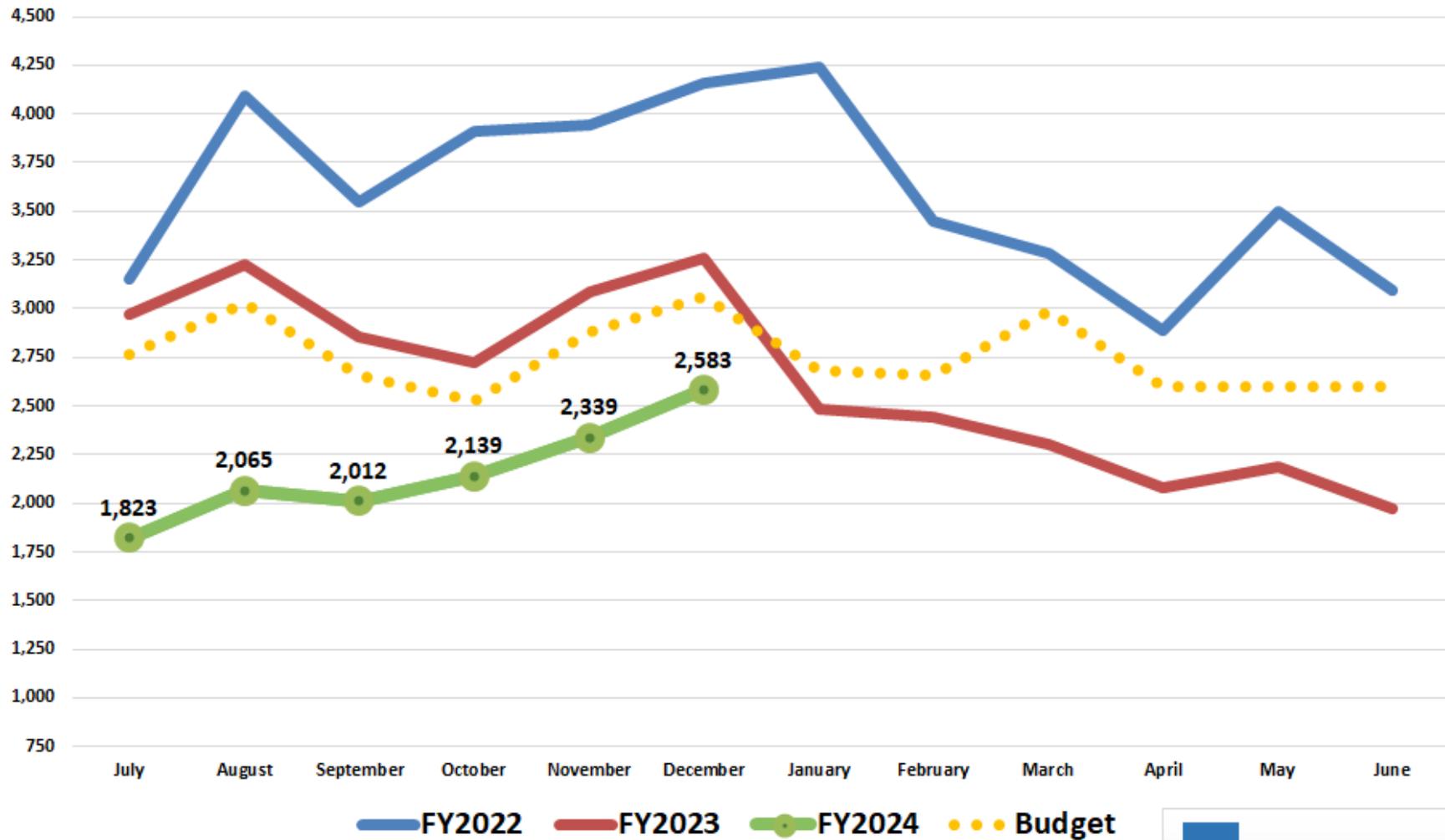
Urgent Care – Demaree Avg Visits Per Day



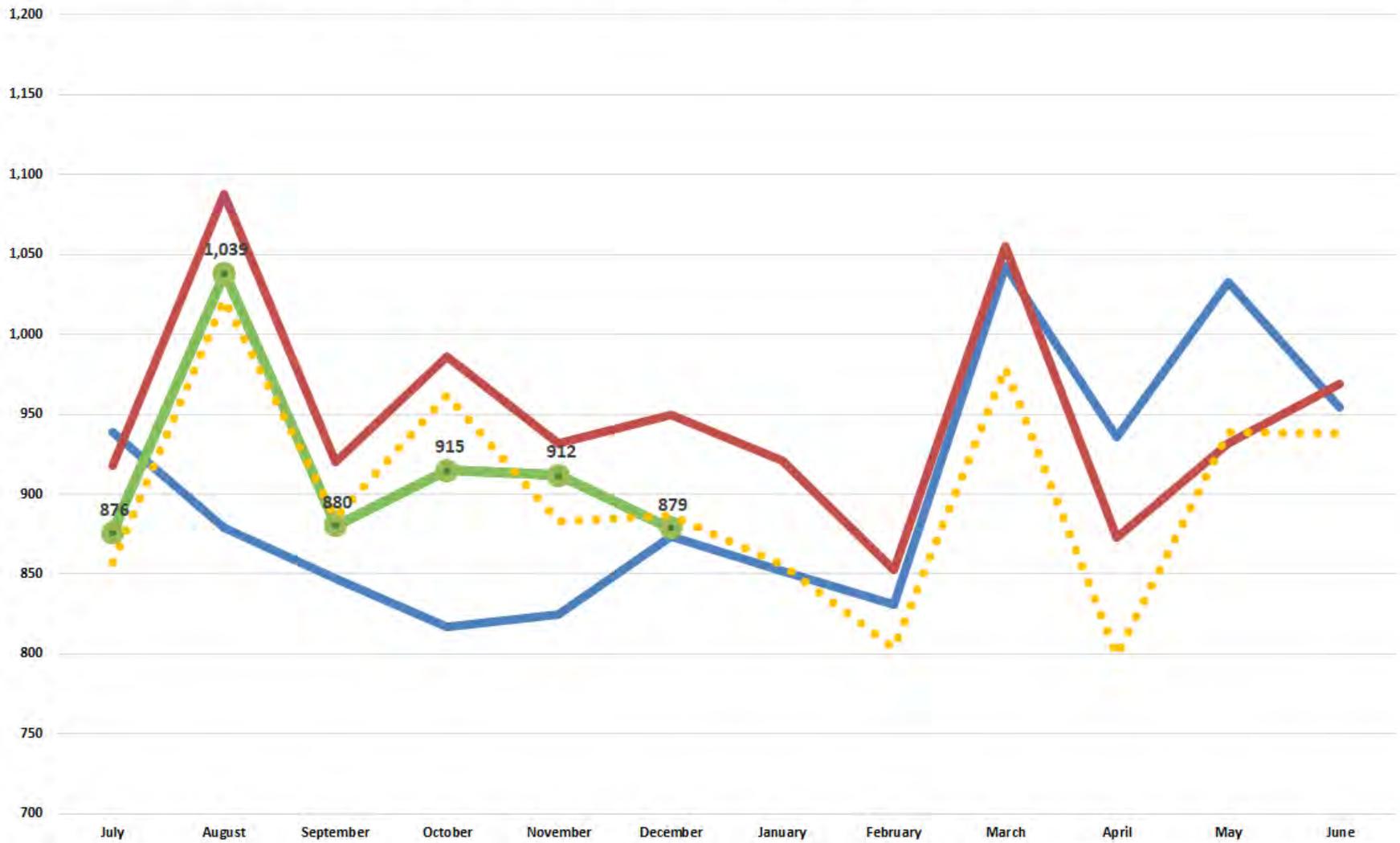
Urgent Care – Court Total Visits



Urgent Care – Demaree Total Visits



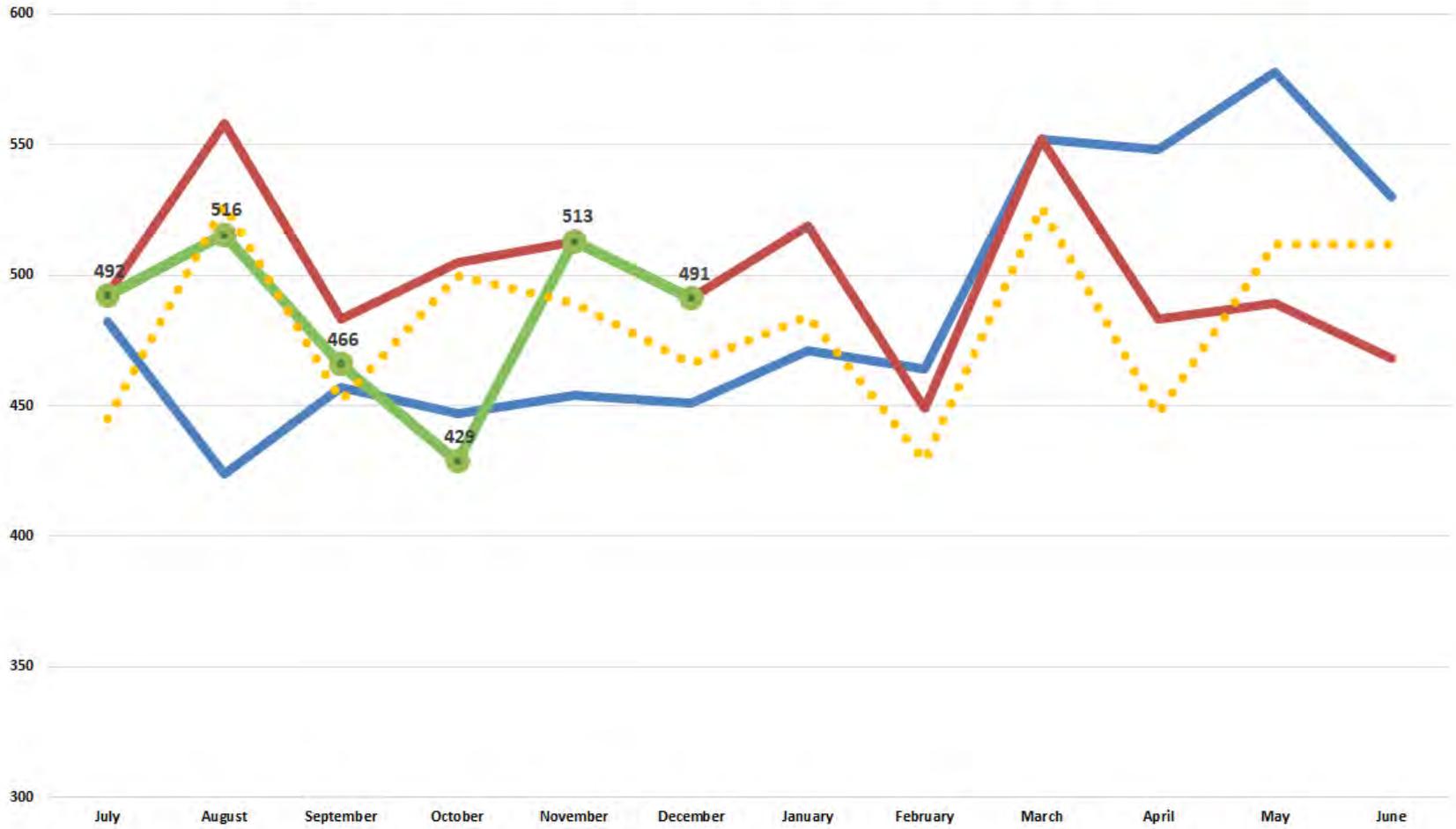
Surgery (IP & OP) – 100 Min Units



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



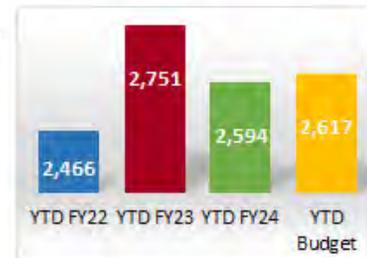
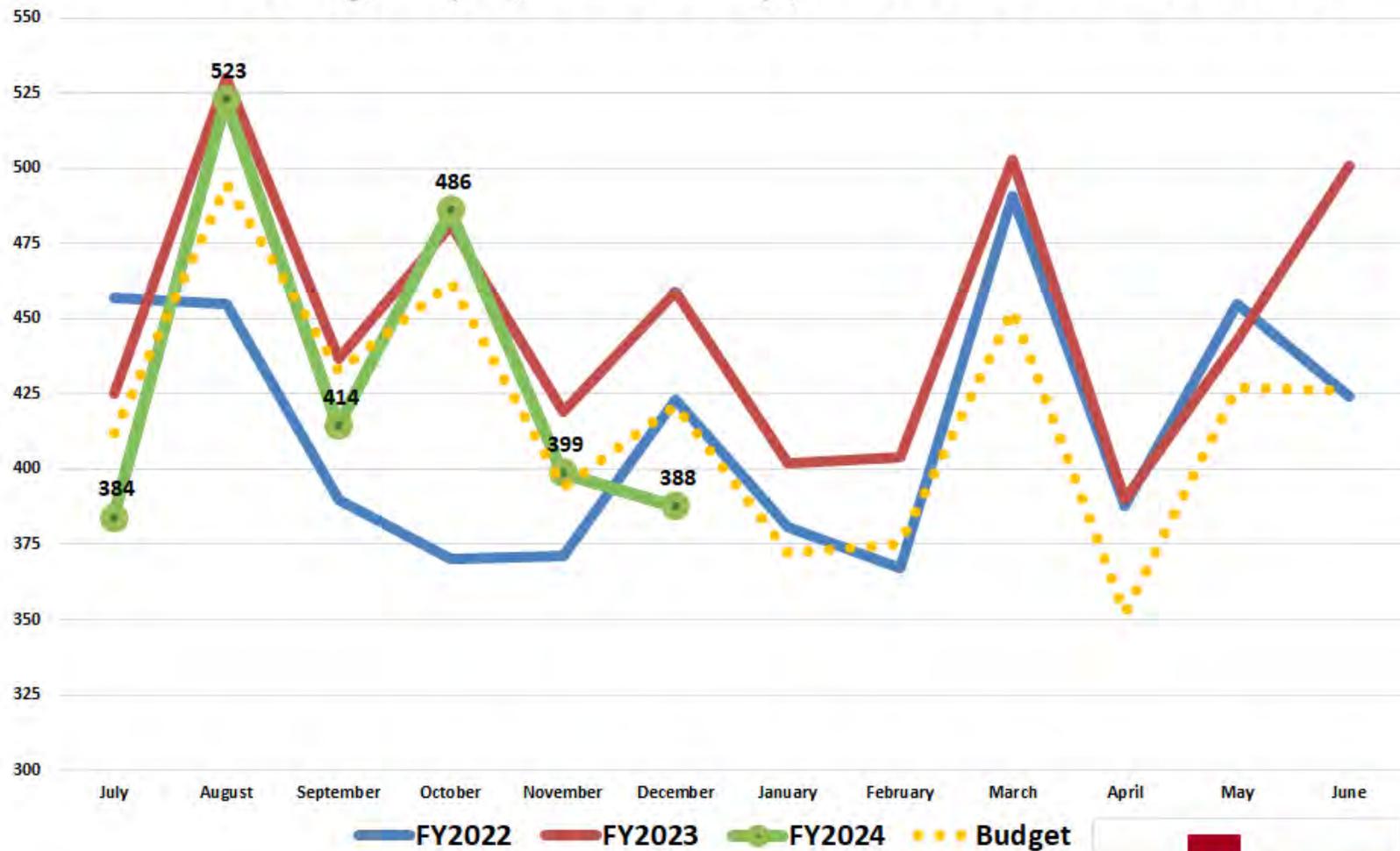
Surgery (IP Only) - 100 Min Unit



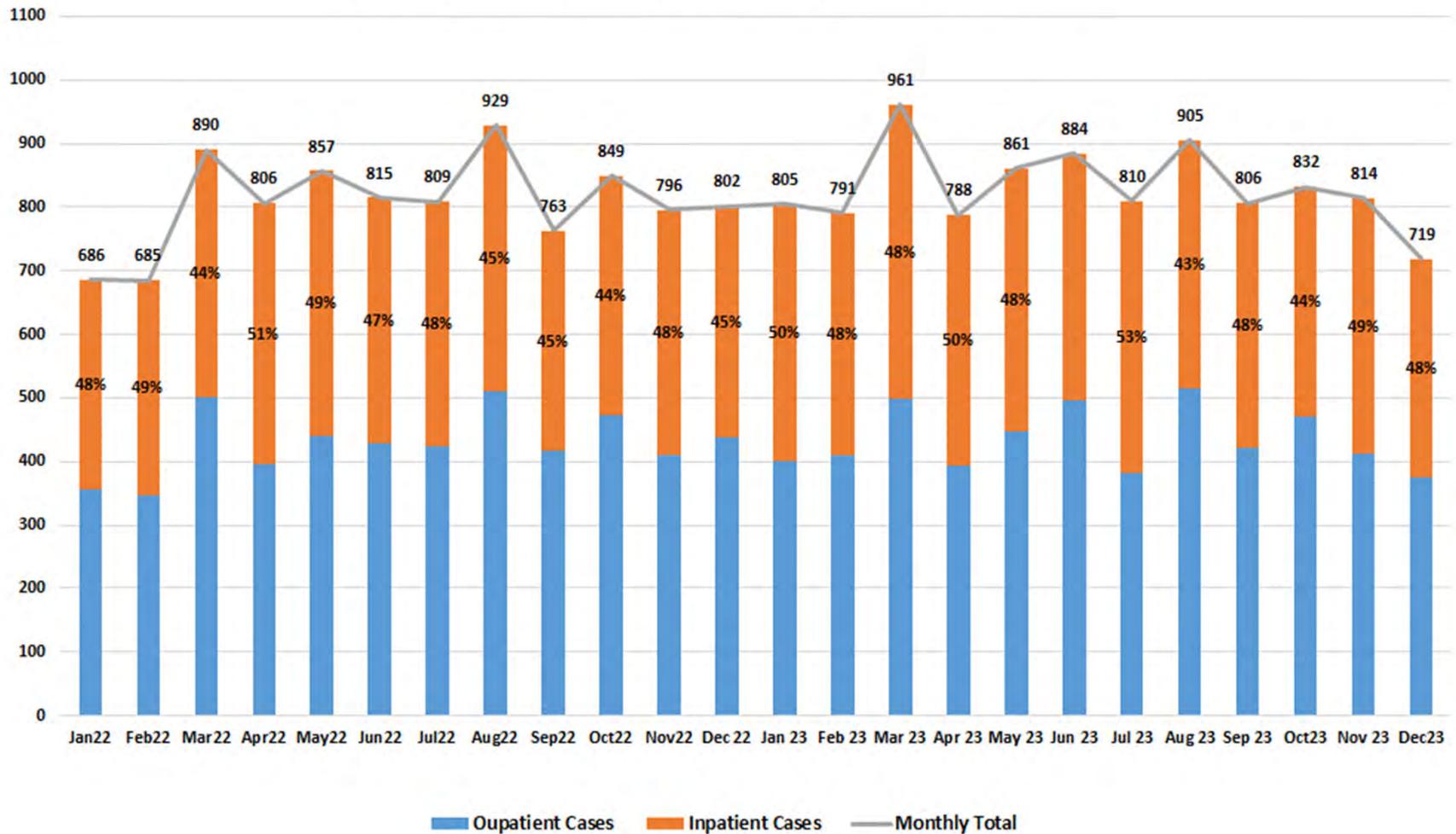
— FY2022 — FY2023 — FY2024 ••• Budget



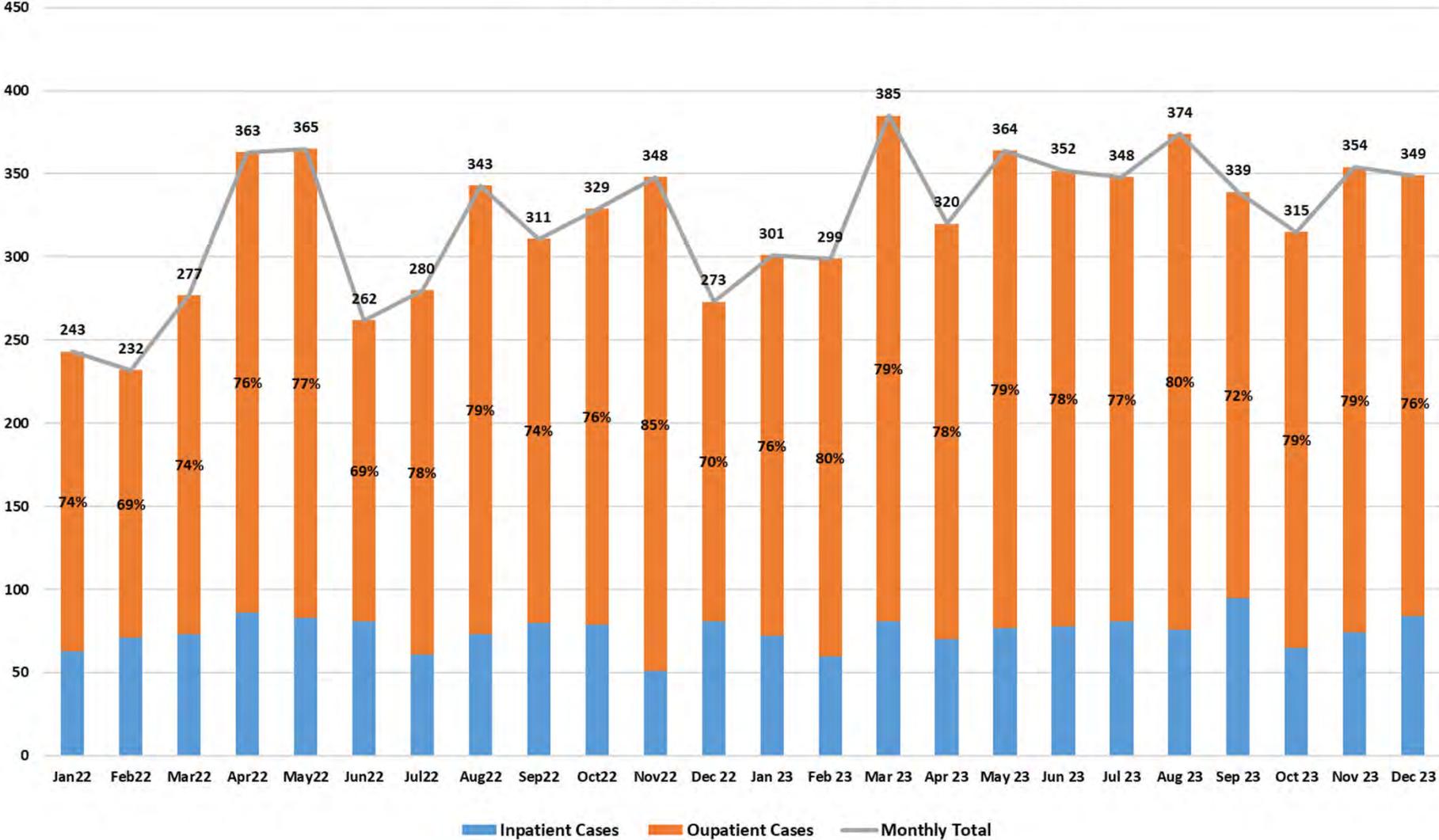
Surgery (OP Only) - 100 Min Units



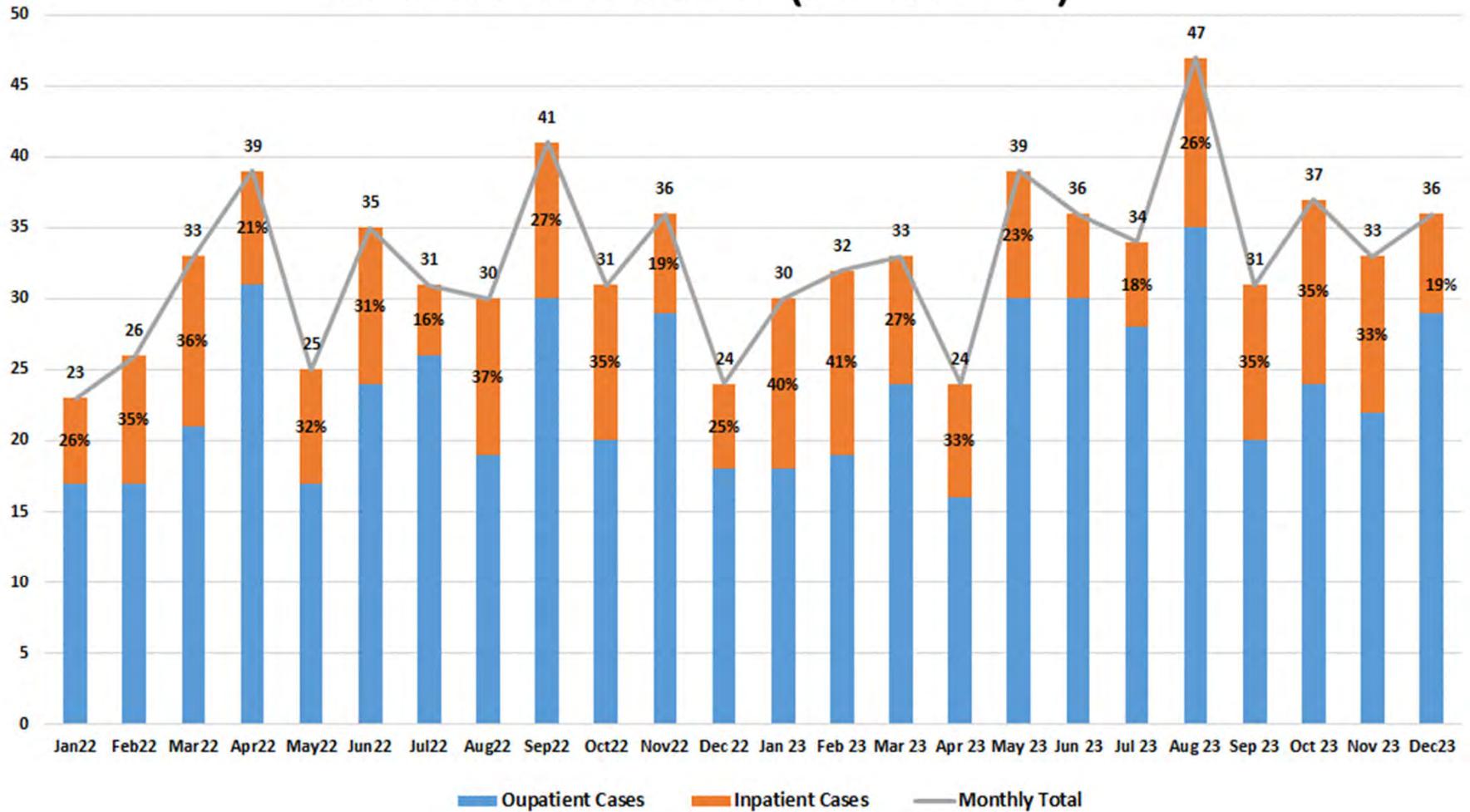
Surgery Cases (IP & OP)



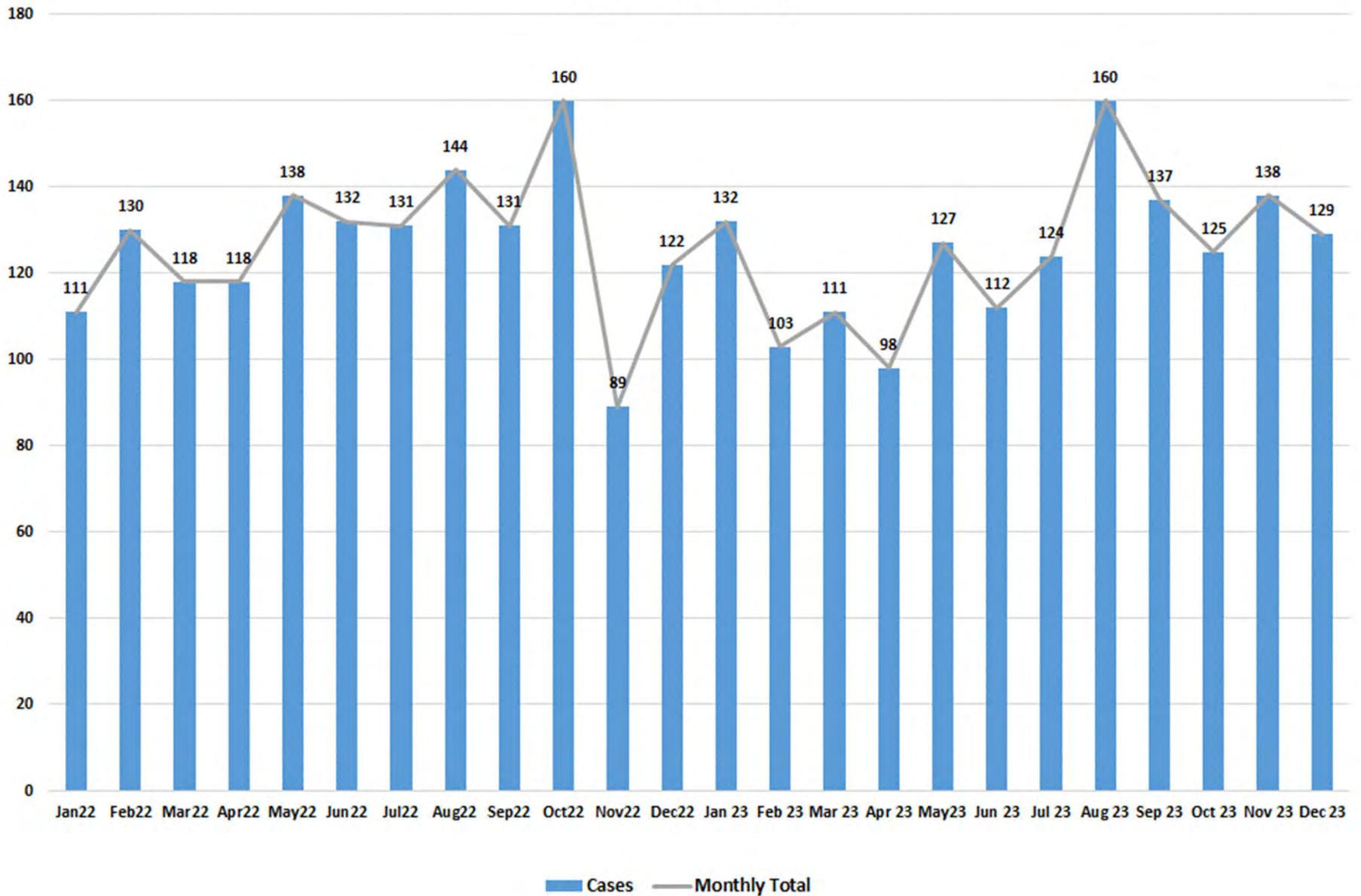
Endo Cases (Endo Suites)



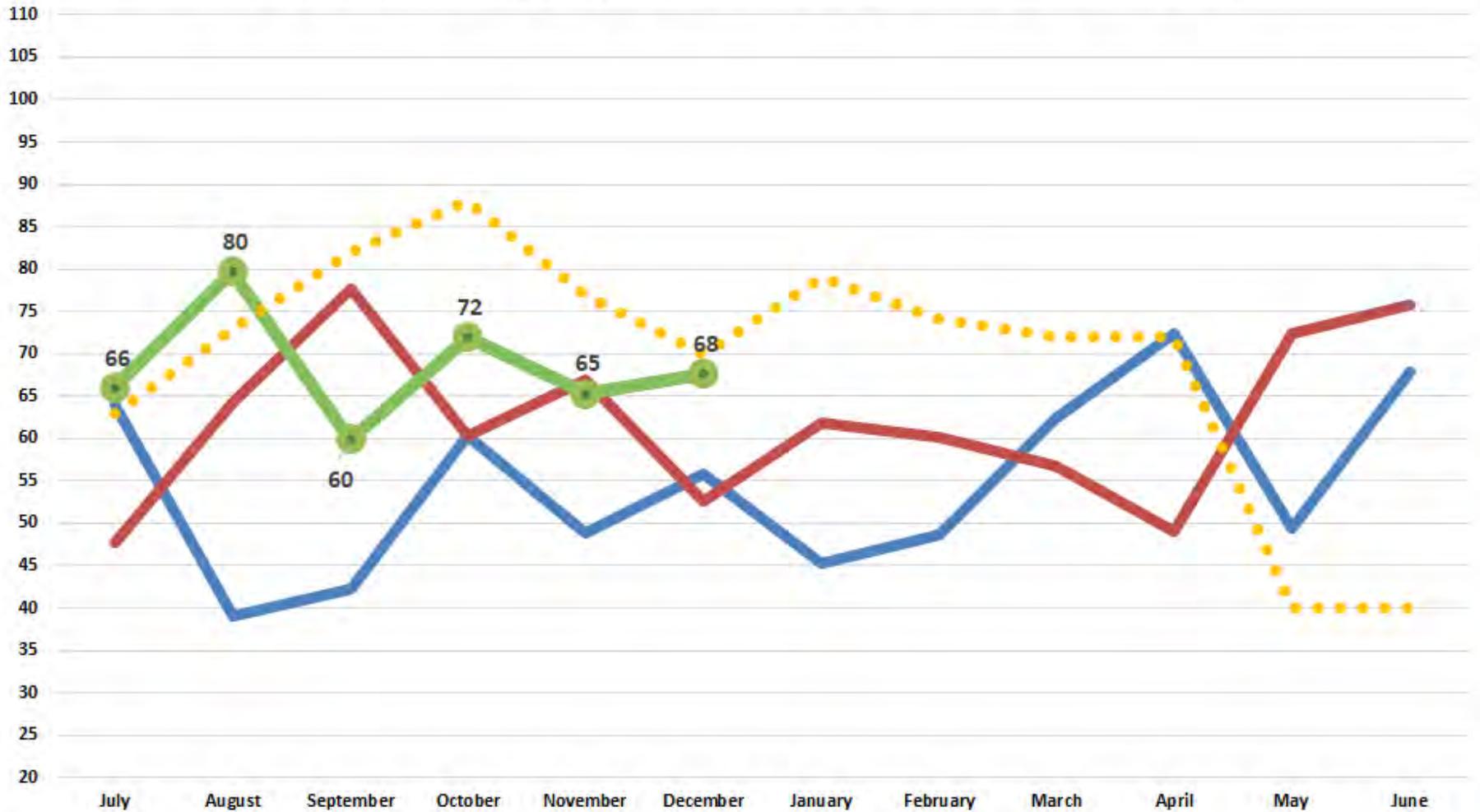
Robotic Cases (IP & OP)



OB Cases



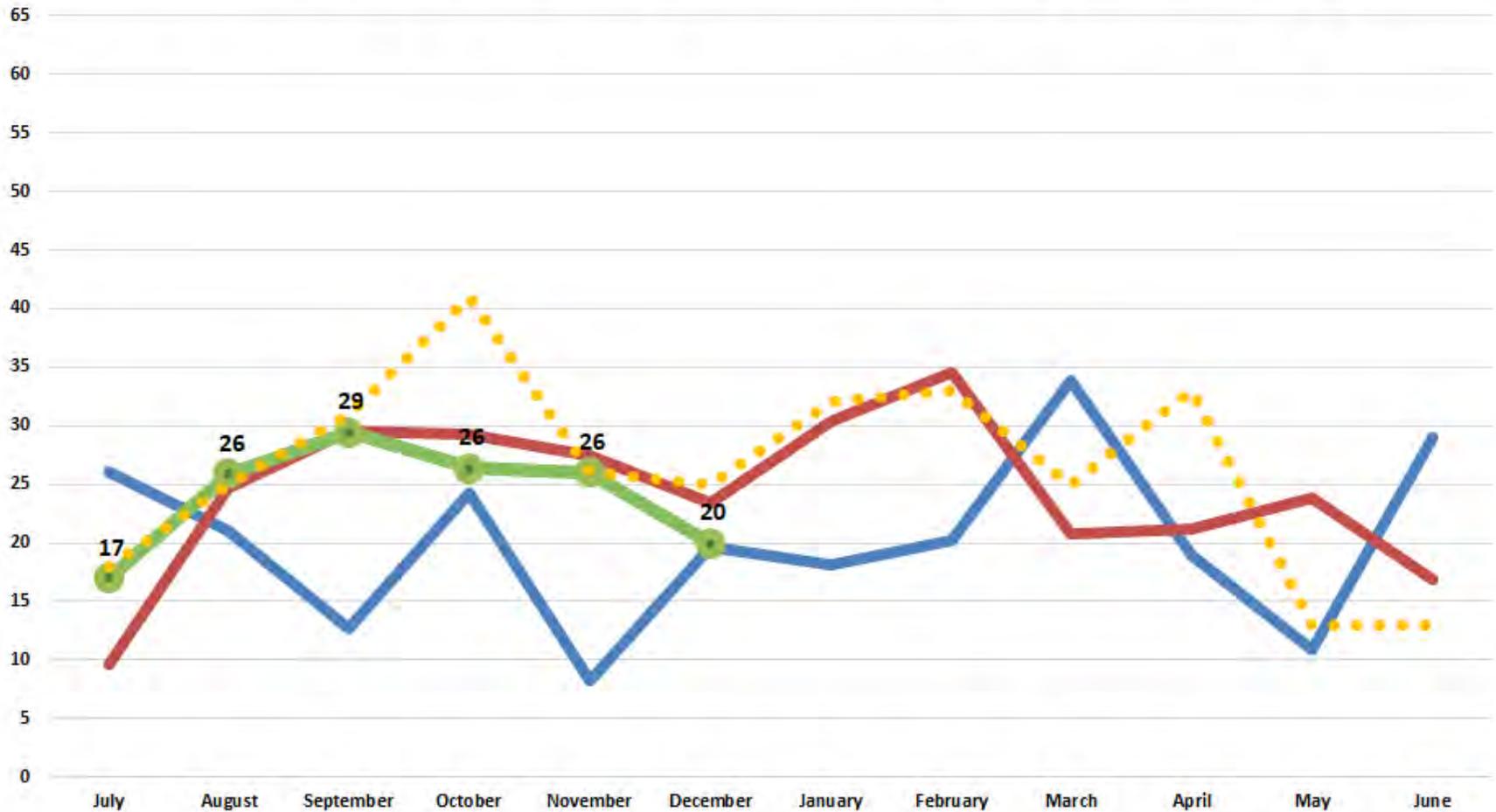
Robotic Surgery (IP & OP) - 100 Min Units



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



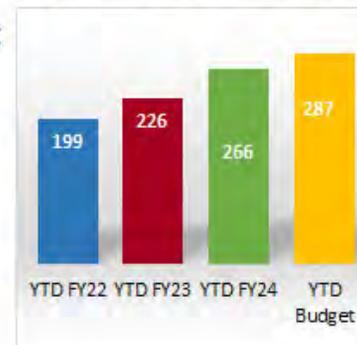
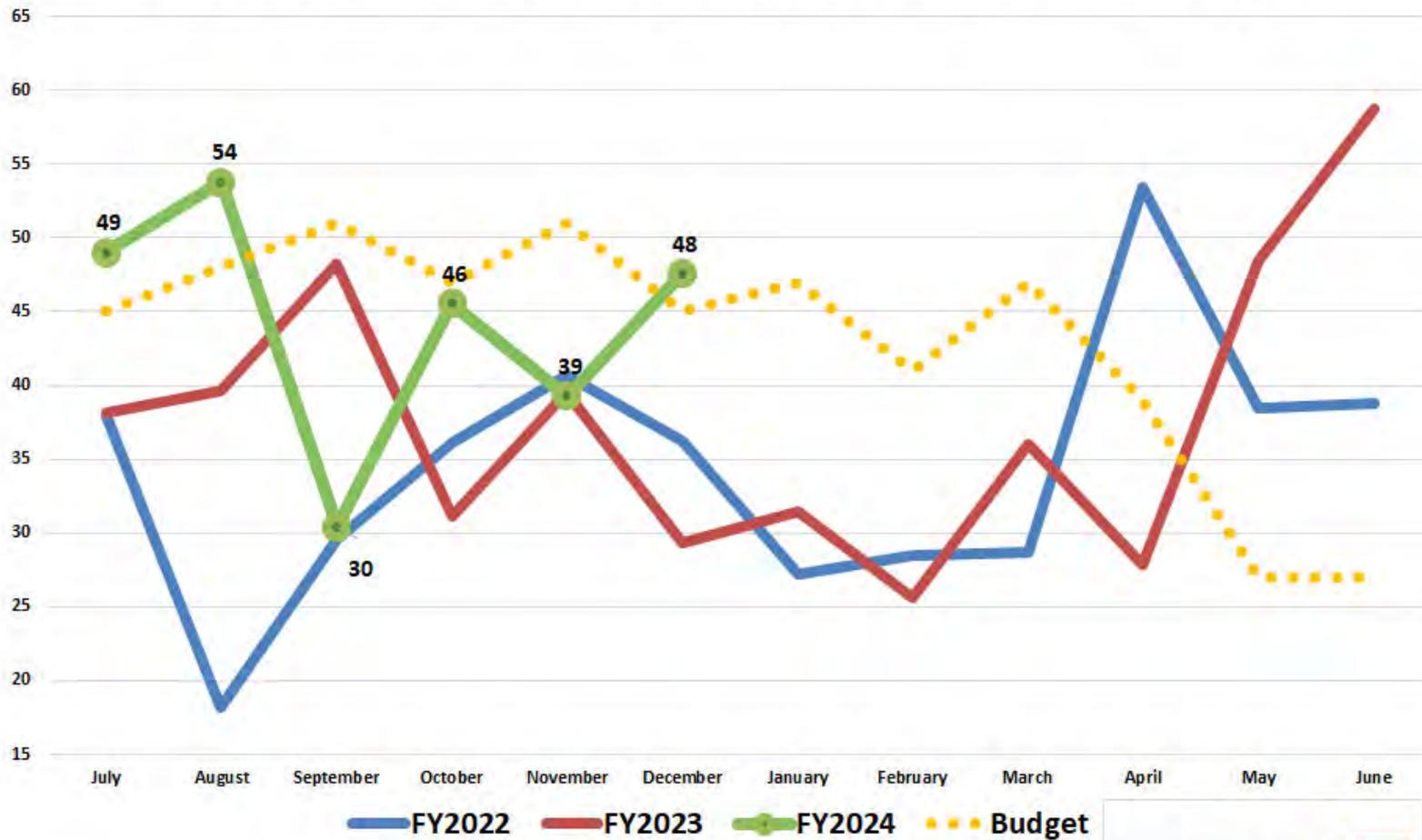
Robotic Surgery Minutes (IP Only)



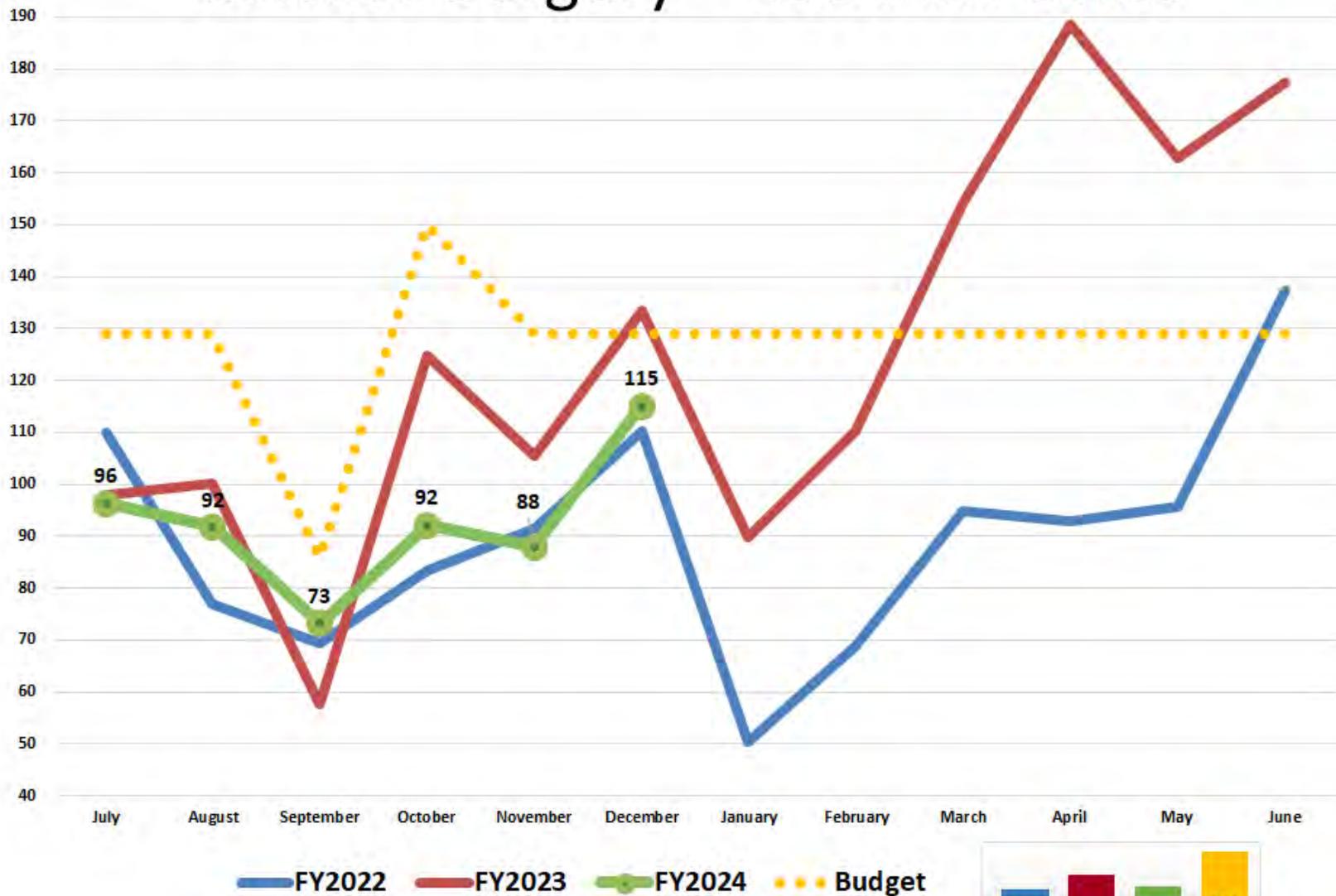
—●— FY2022
 —●— FY2023
 —●— FY2024
 - - - ● - - - Budget



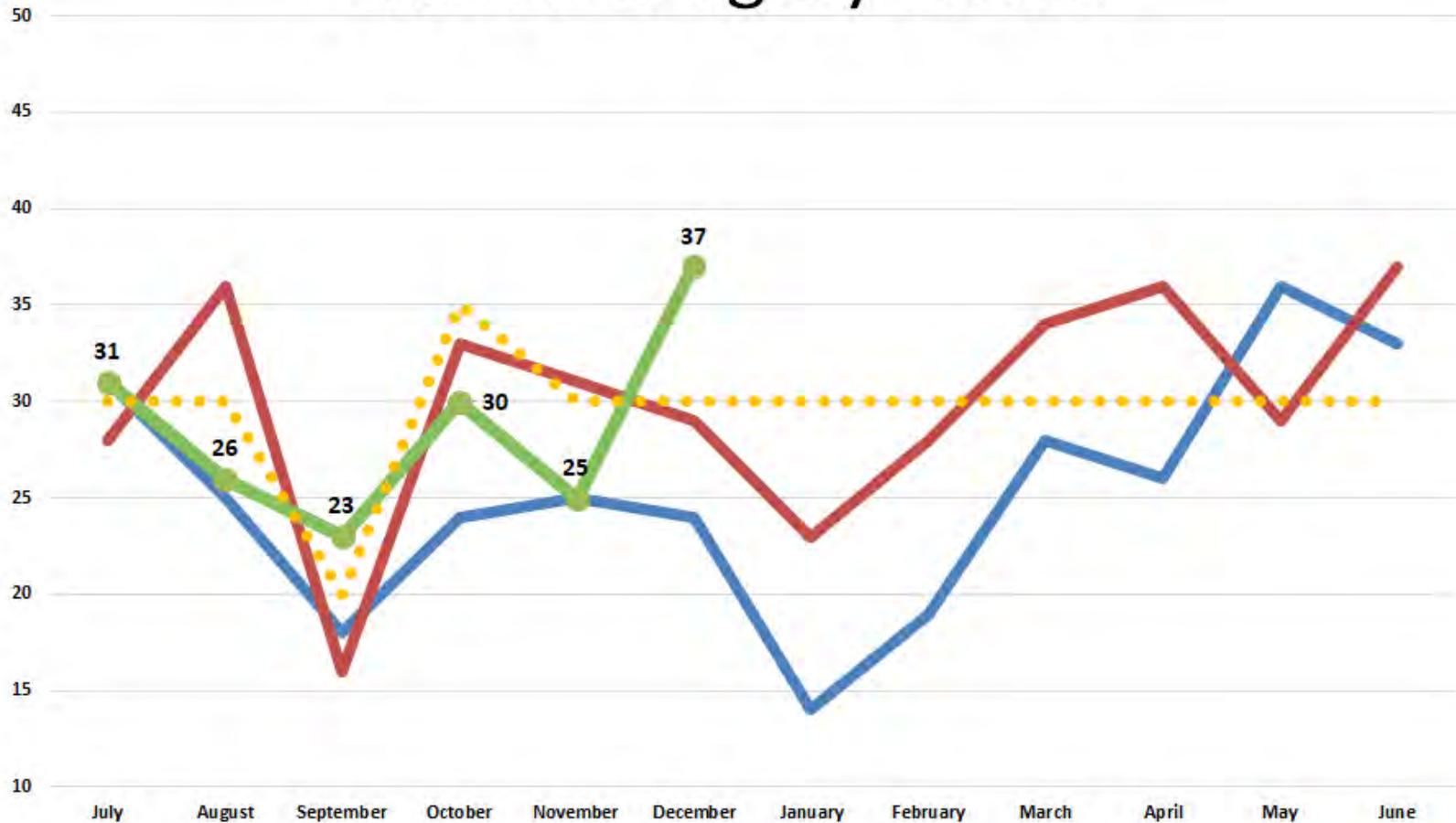
Robotic Surgery Minutes (OP Only)



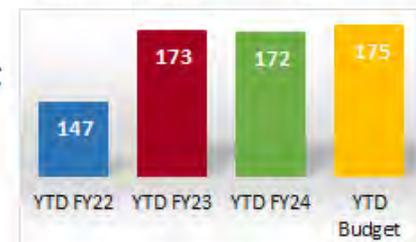
Cardiac Surgery - 100 Min Units



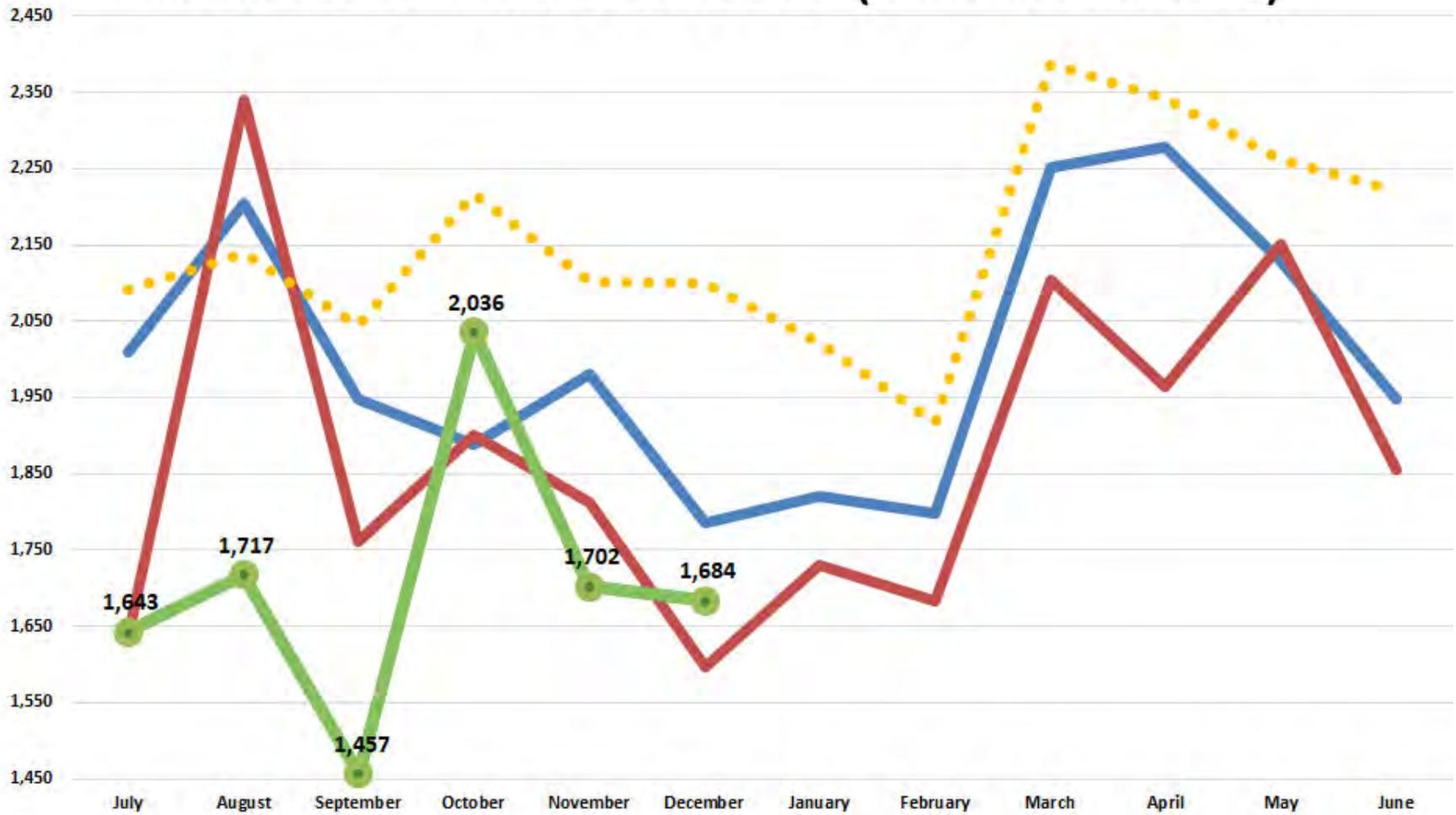
Cardiac Surgery Cases



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



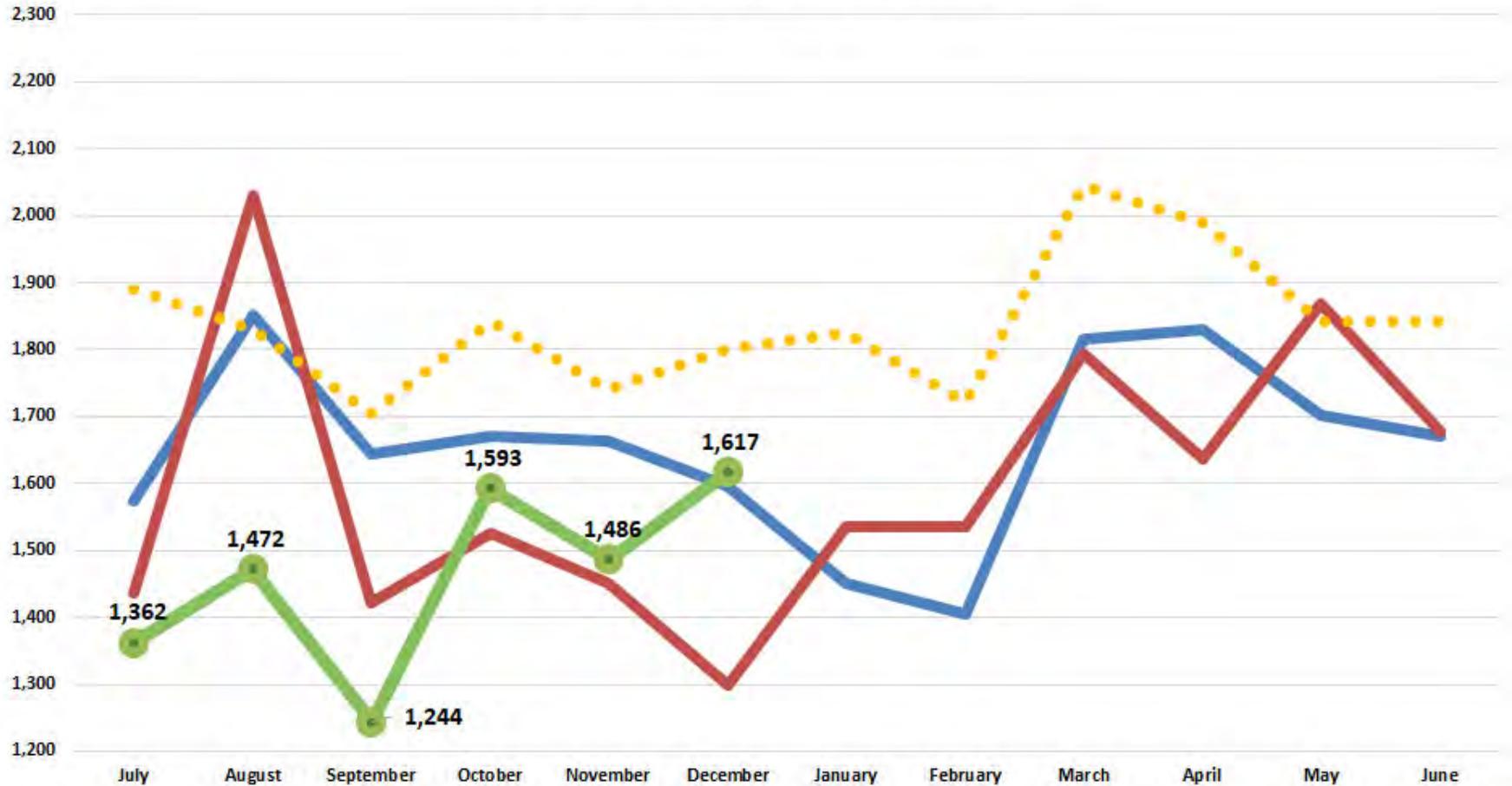
Rad Onc Treatments (Vis. & Hanf.)



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

11,817	11,047	10,239	12,692
YTD FY22	YTD FY23	YTD FY24	YTD Budget

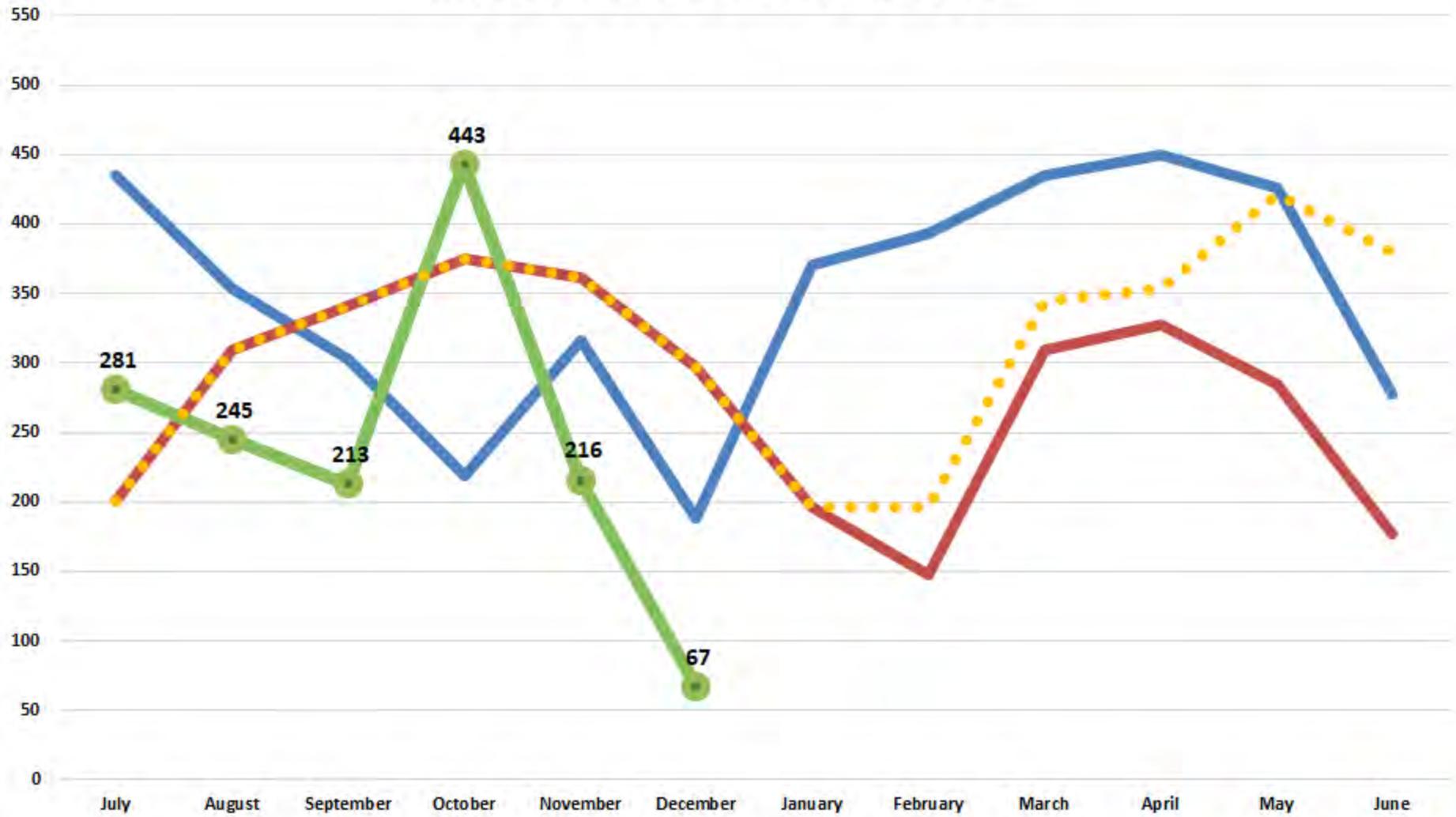
Rad Onc Visalia



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



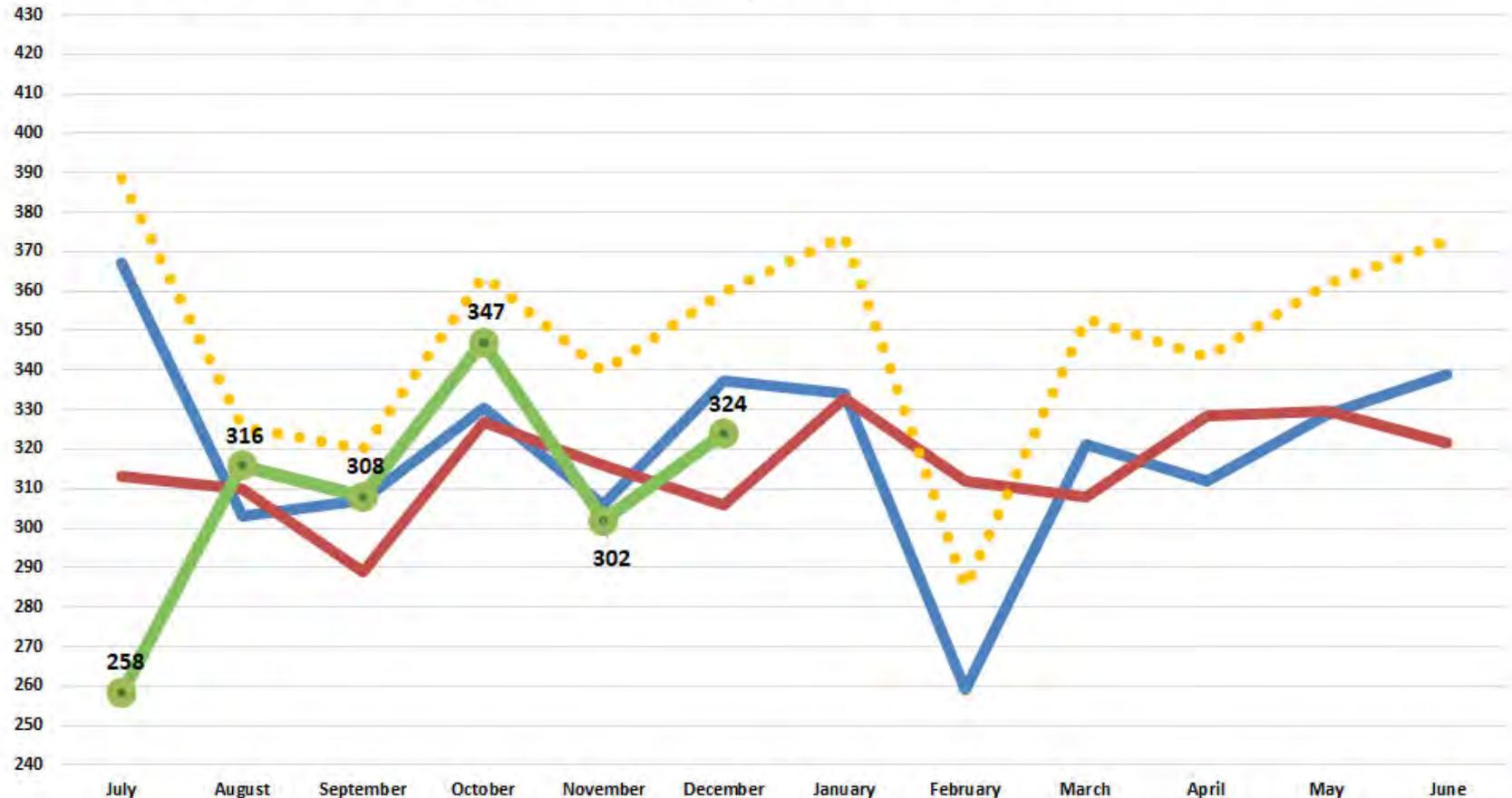
Rad Onc Hanford



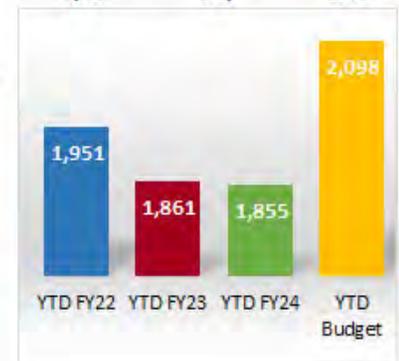
—●— FY2022
 —●— FY2023
 —●— FY2024
 - - - Budget



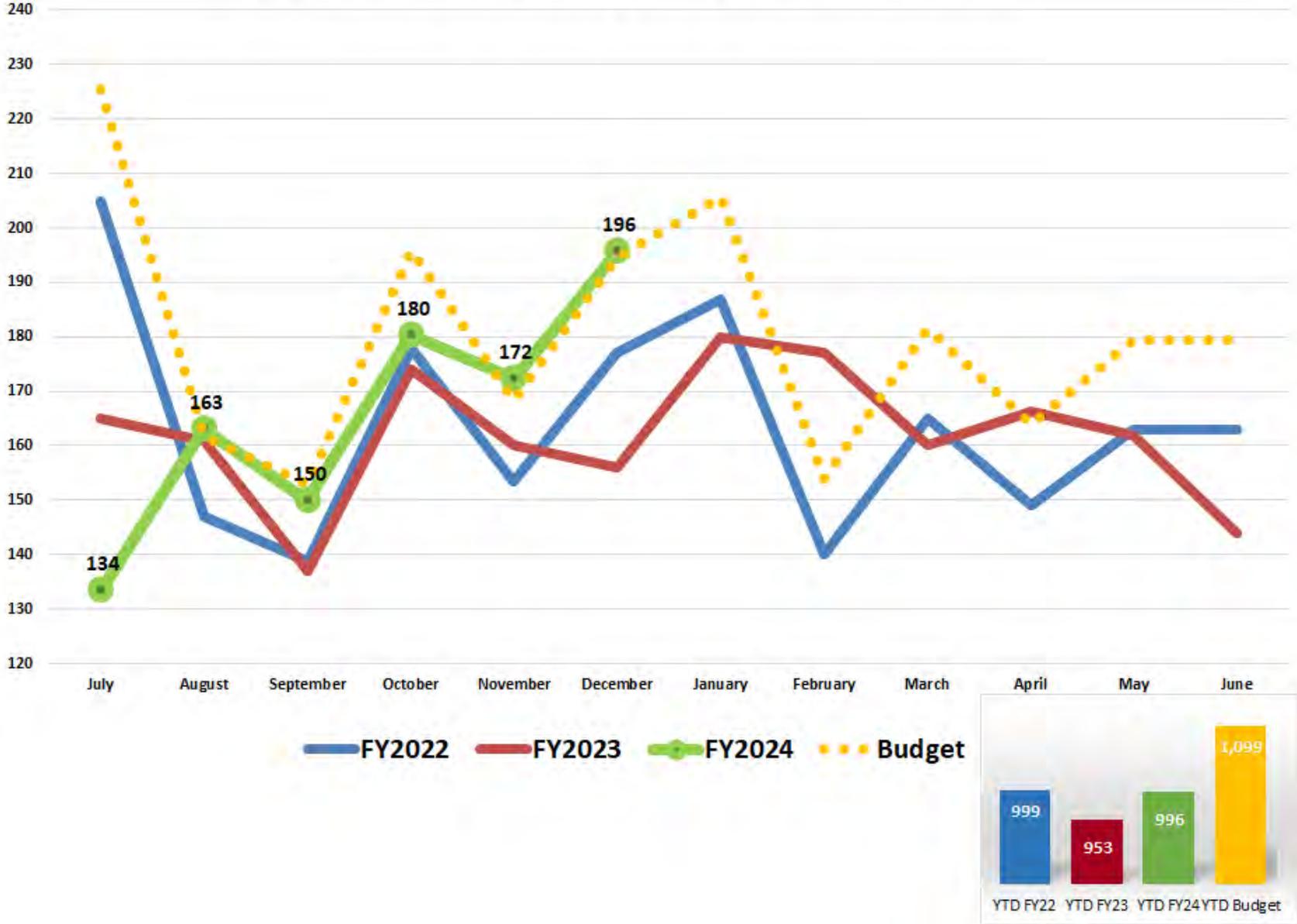
Cath Lab (IP & OP) – 100 Min Units



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



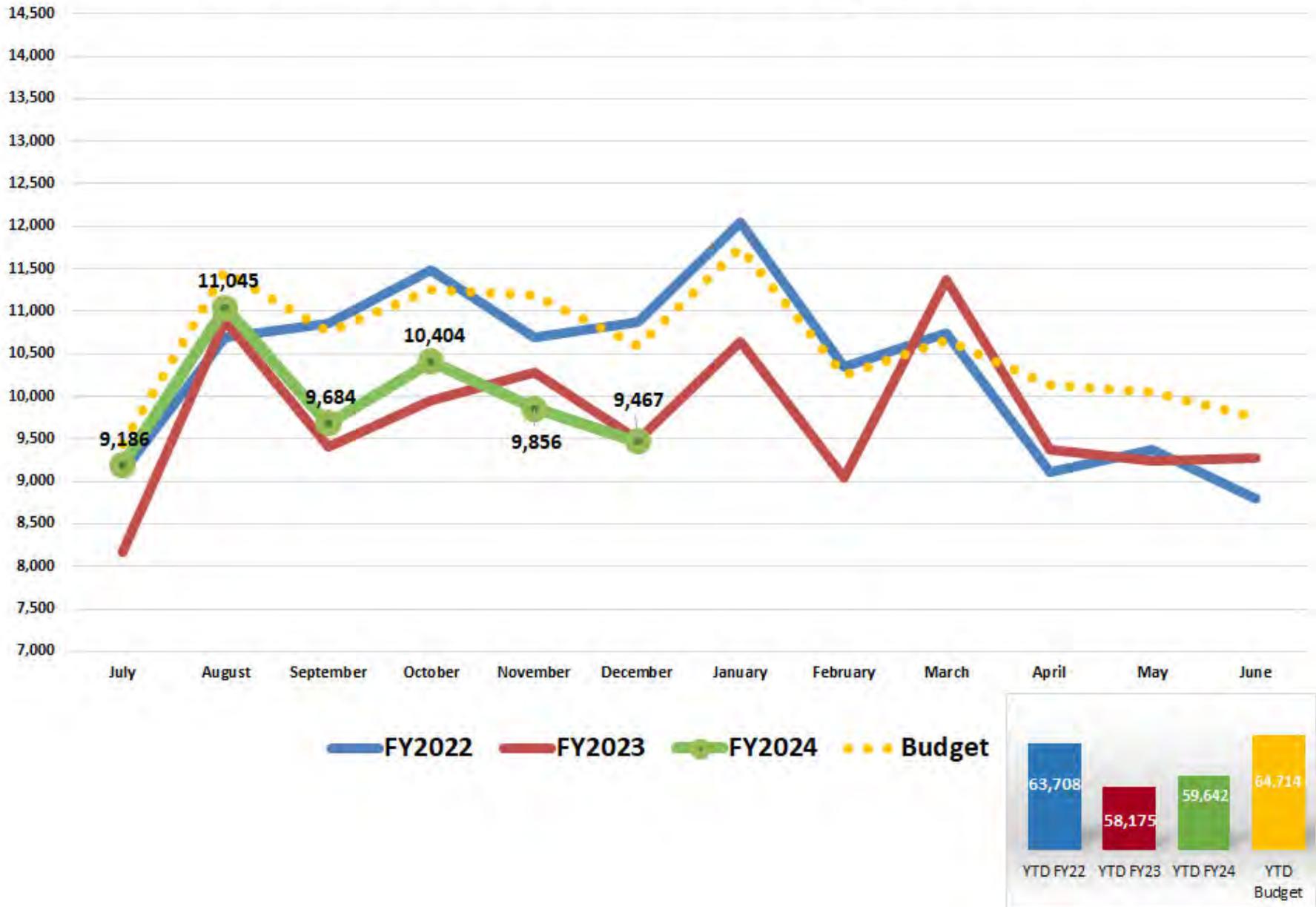
Cath Lab (IP Only) – 100 Min Units



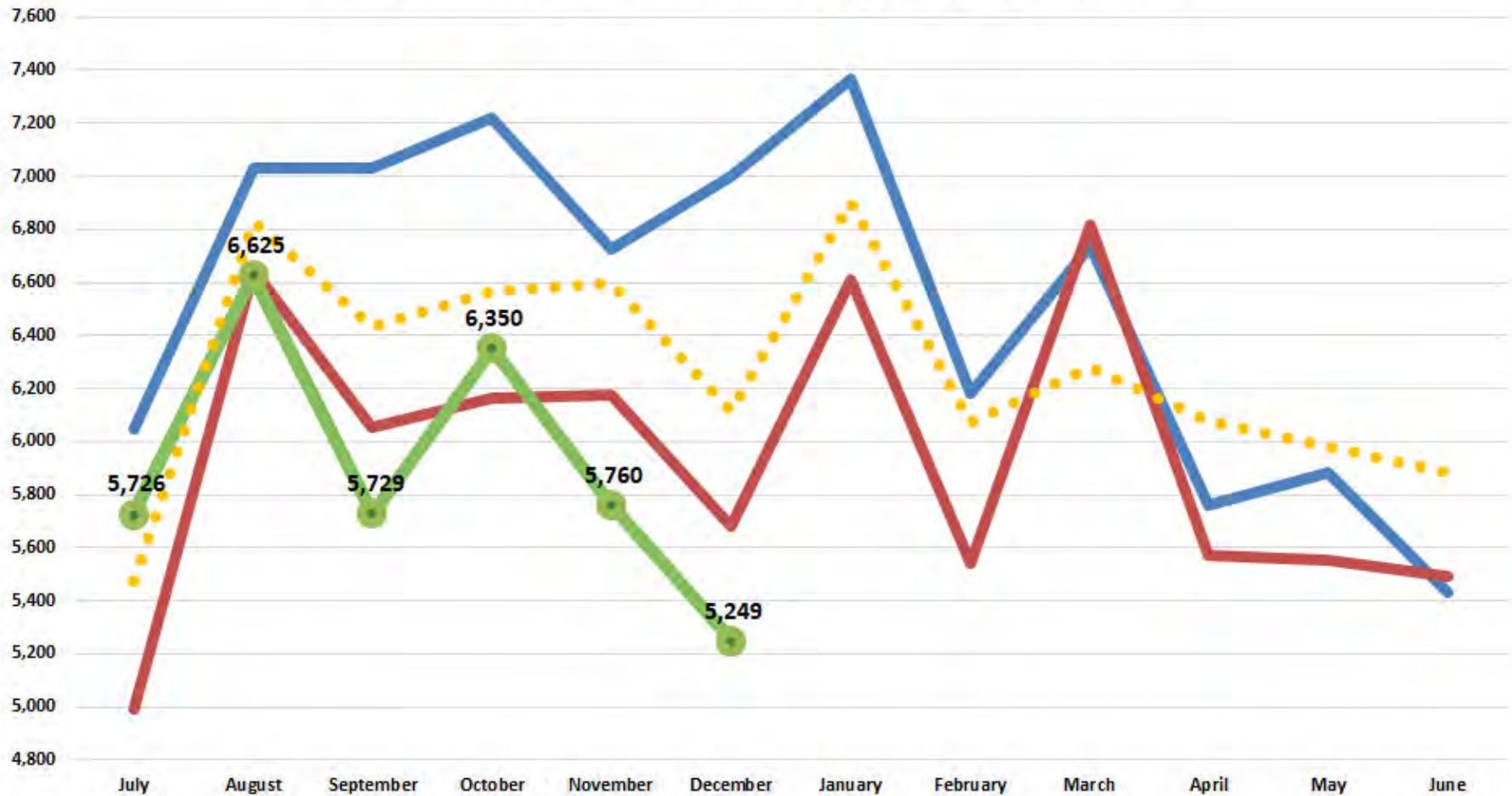
Cath Lab (OP Only) – 100 Min Units



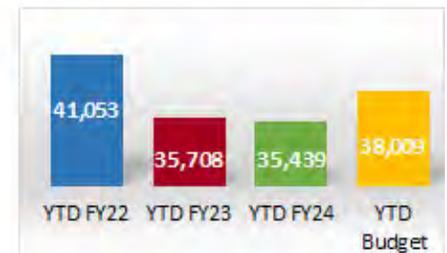
Rural Health Clinics Registrations



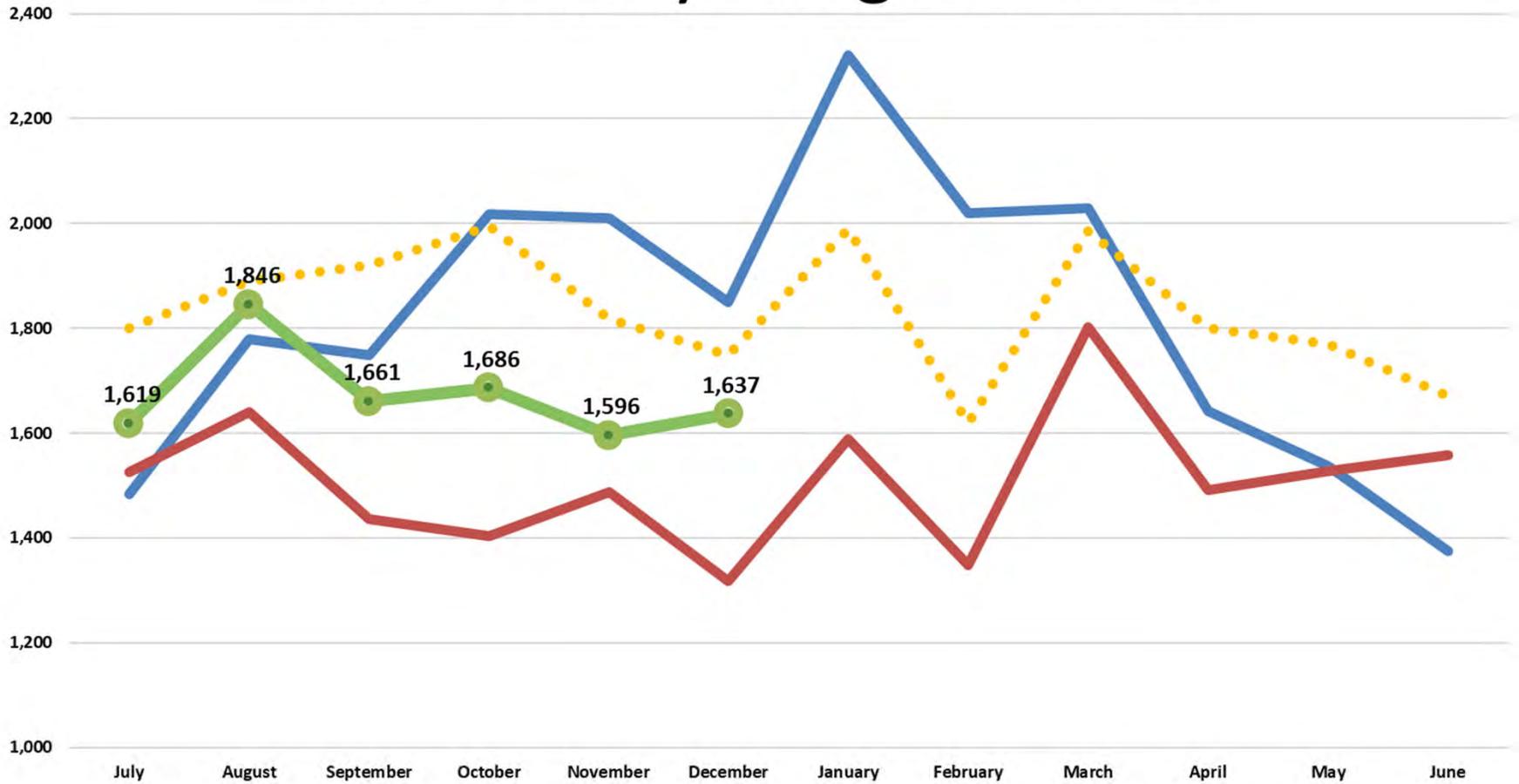
RHC Exeter - Registrations



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



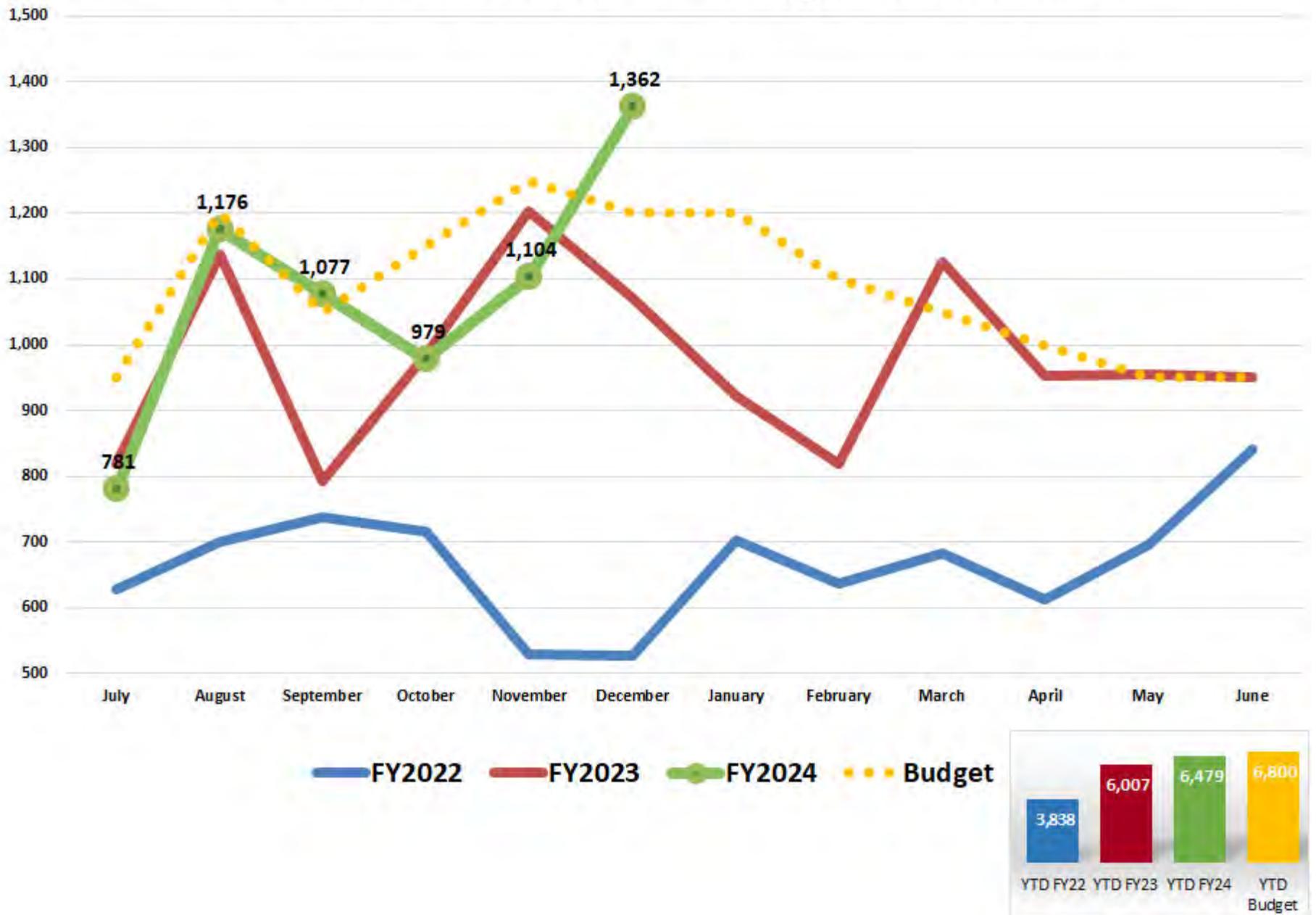
RHC Lindsay - Registrations



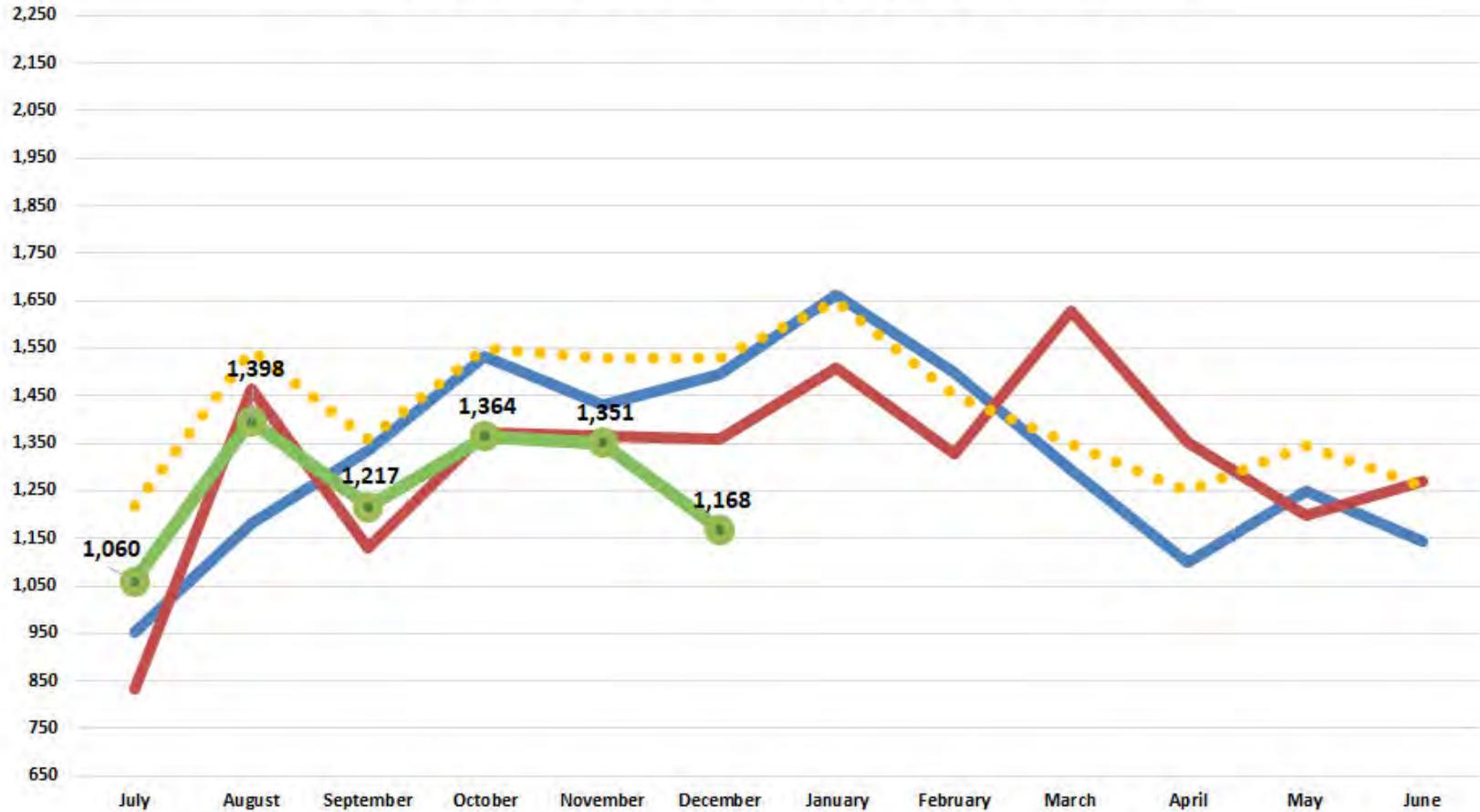
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



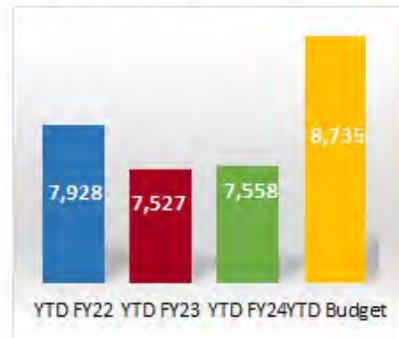
RHC Woodlake - Registrations



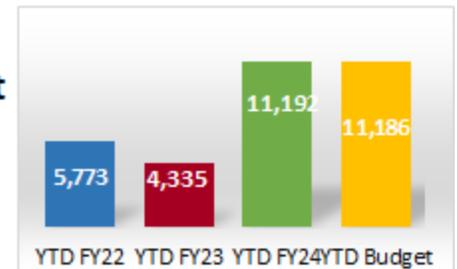
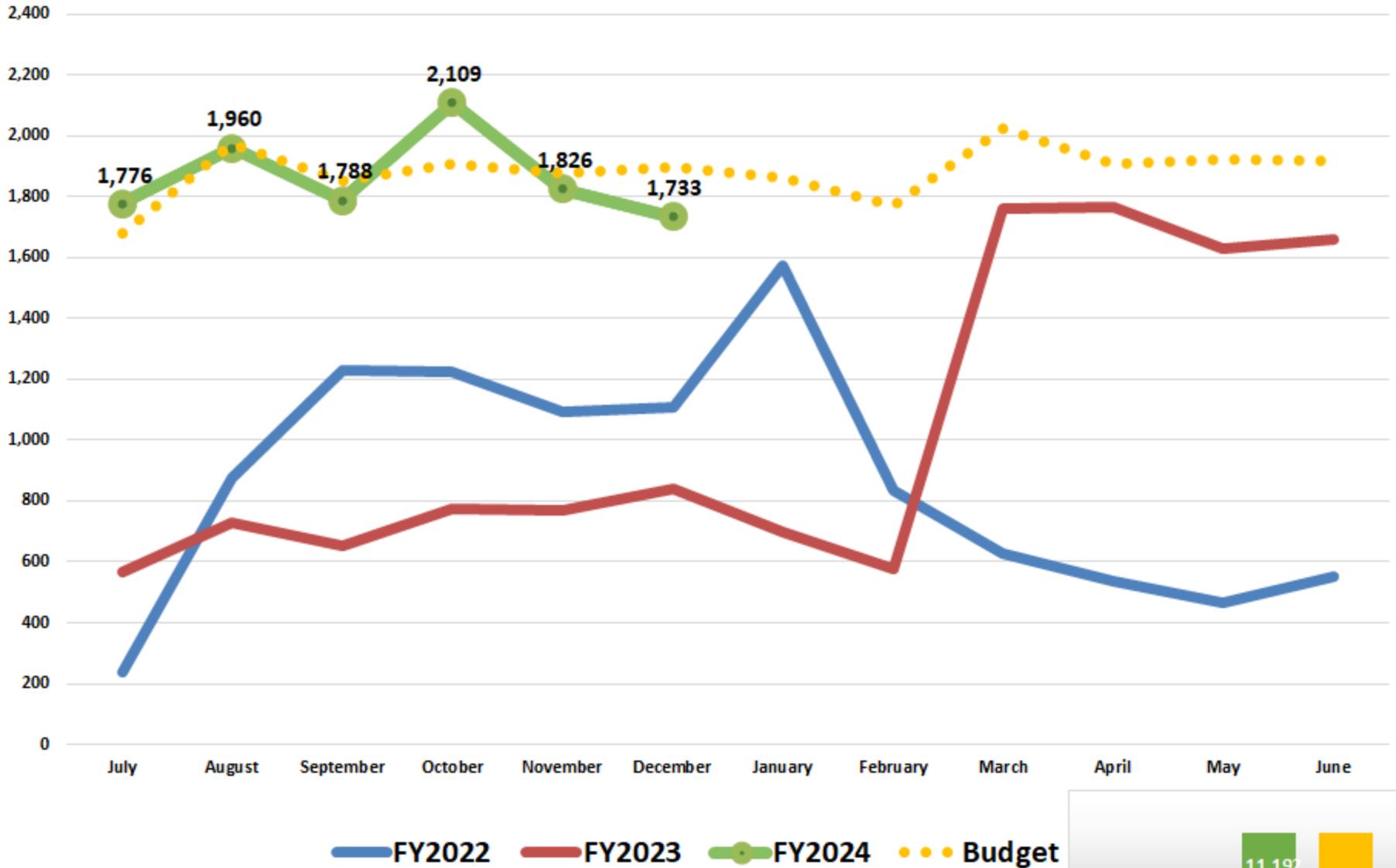
RHC Dinuba - Registrations



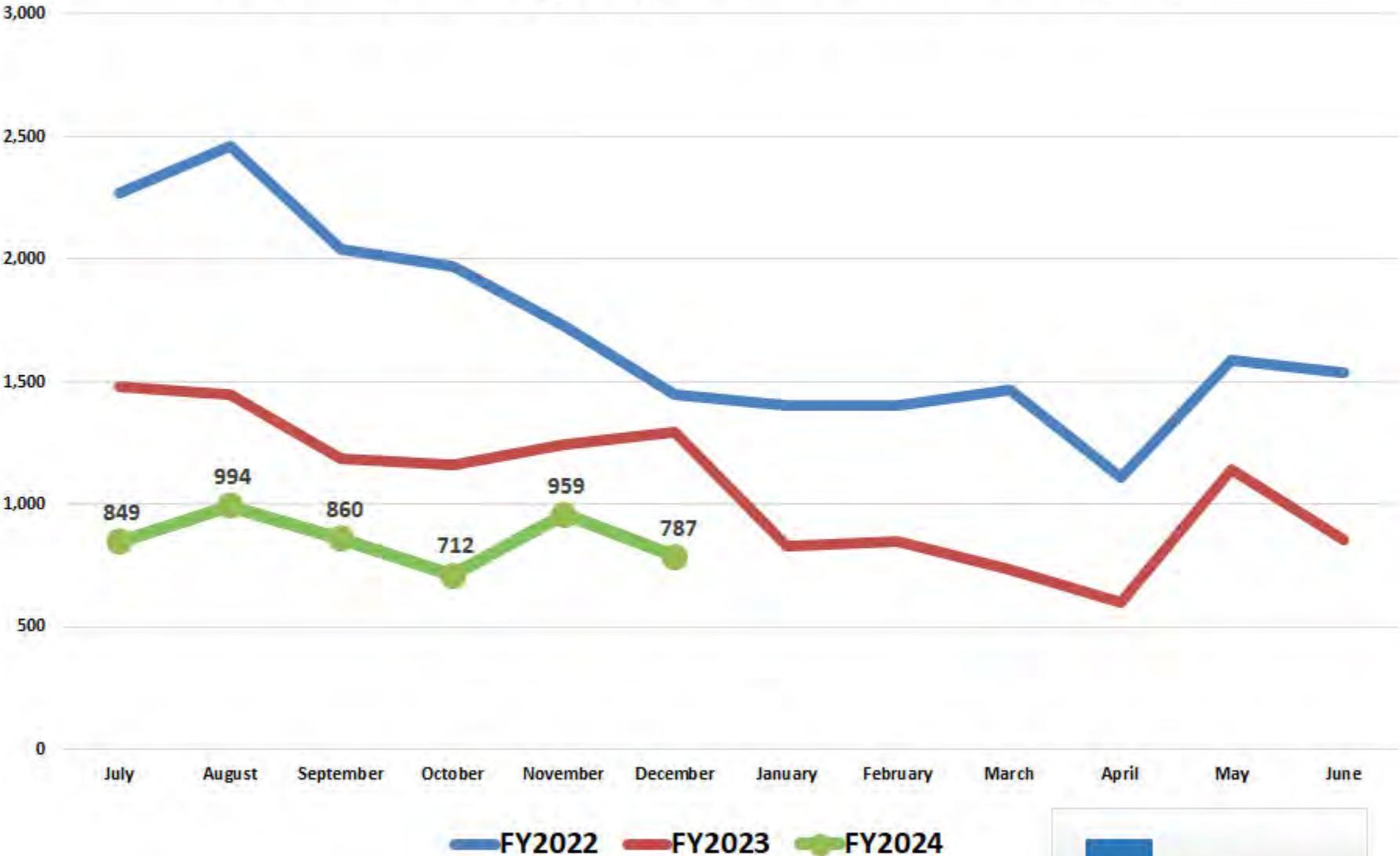
—●— FY2022
 —●— FY2023
 —●— FY2024
 - - - ● - - - Budget



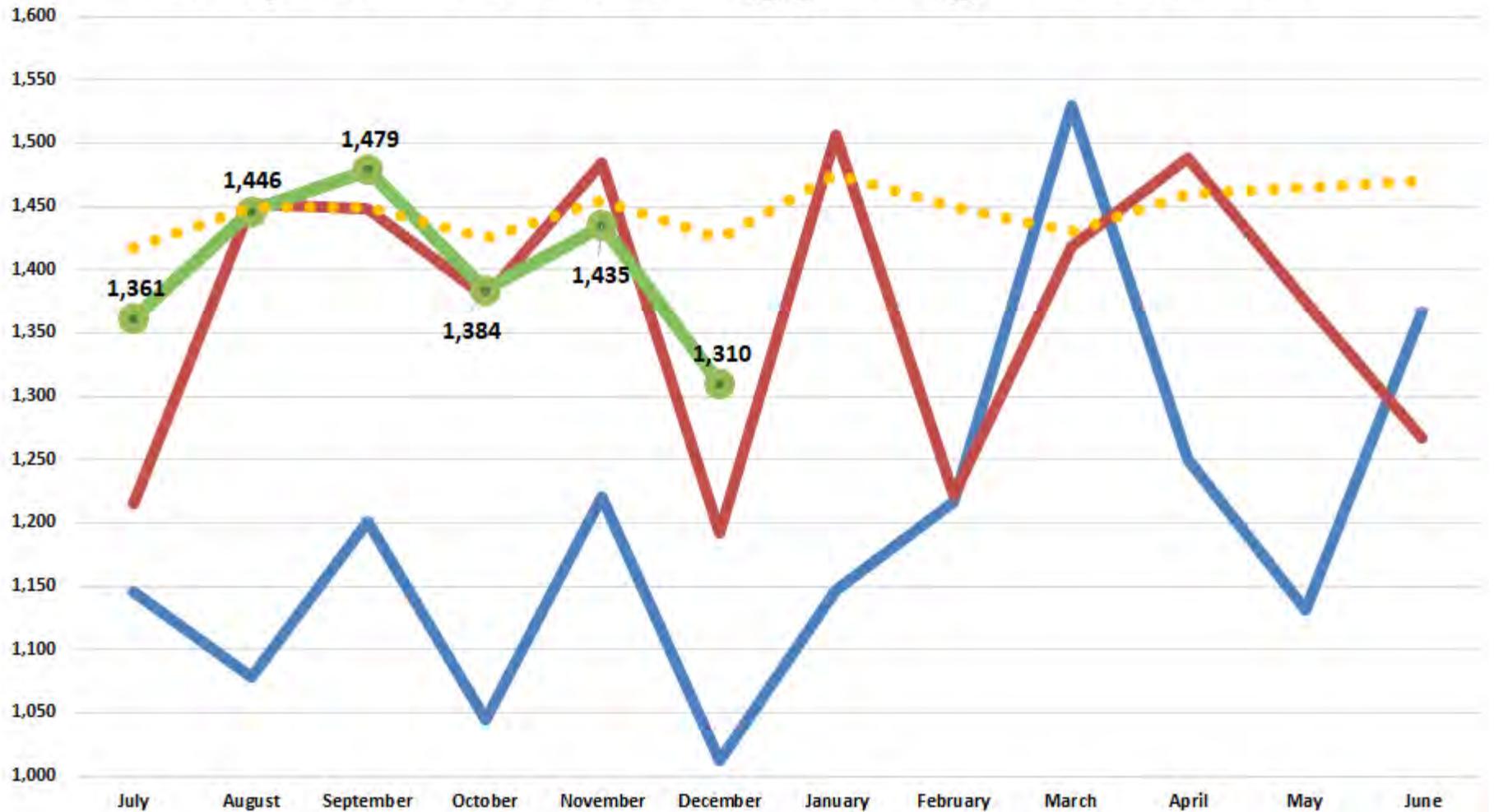
RHC Tulare - Registrations



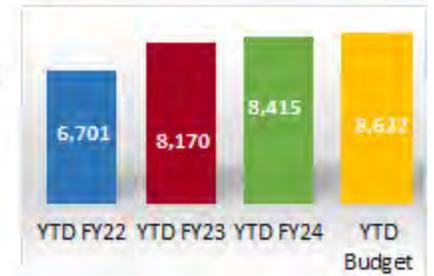
Neurosurgery Clinic - wRVU's



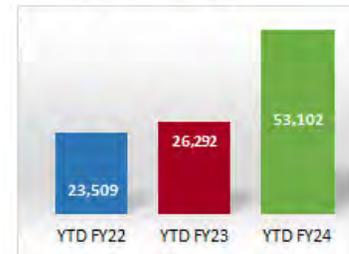
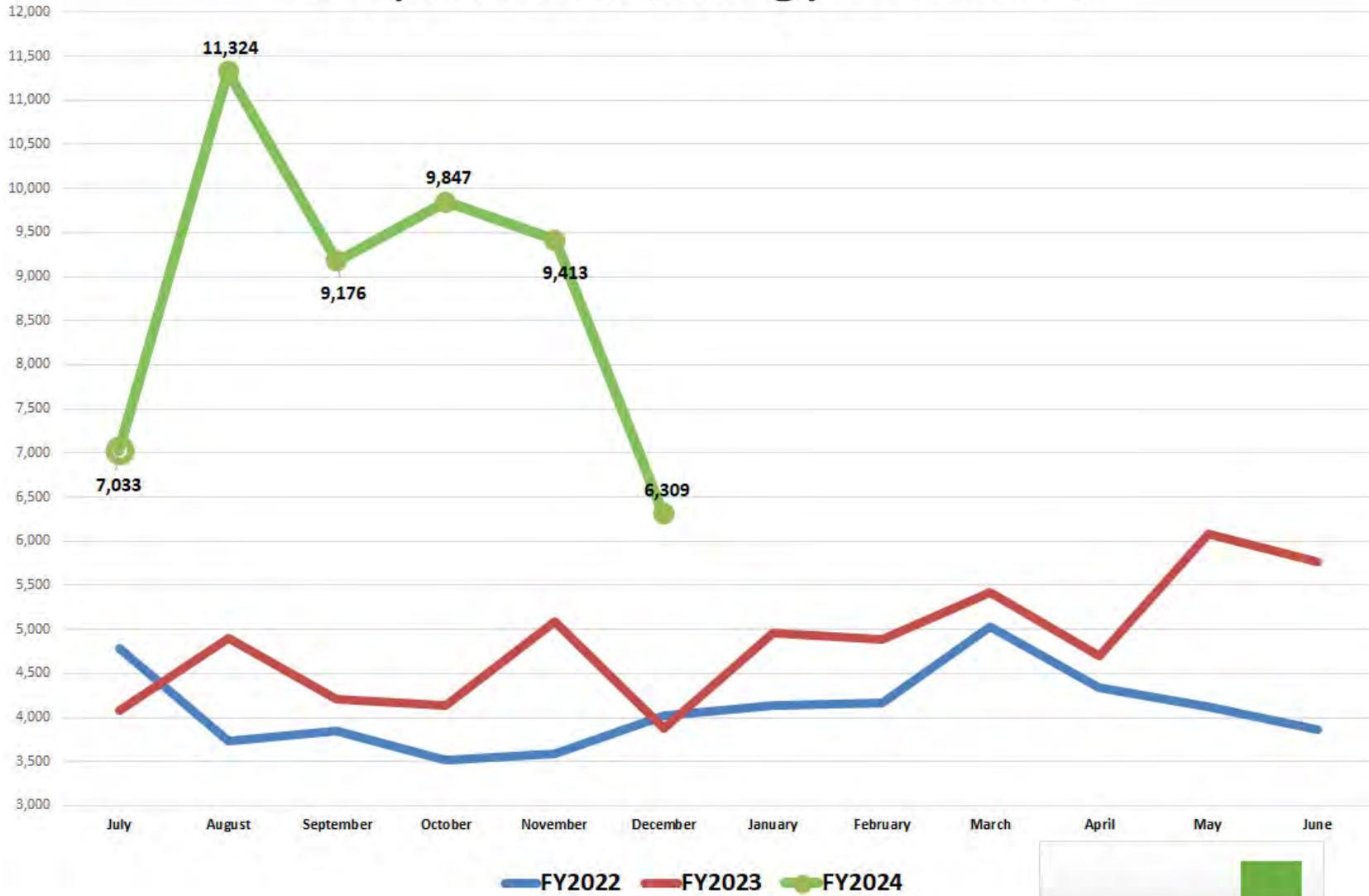
Sequoia Cardiology Registrations



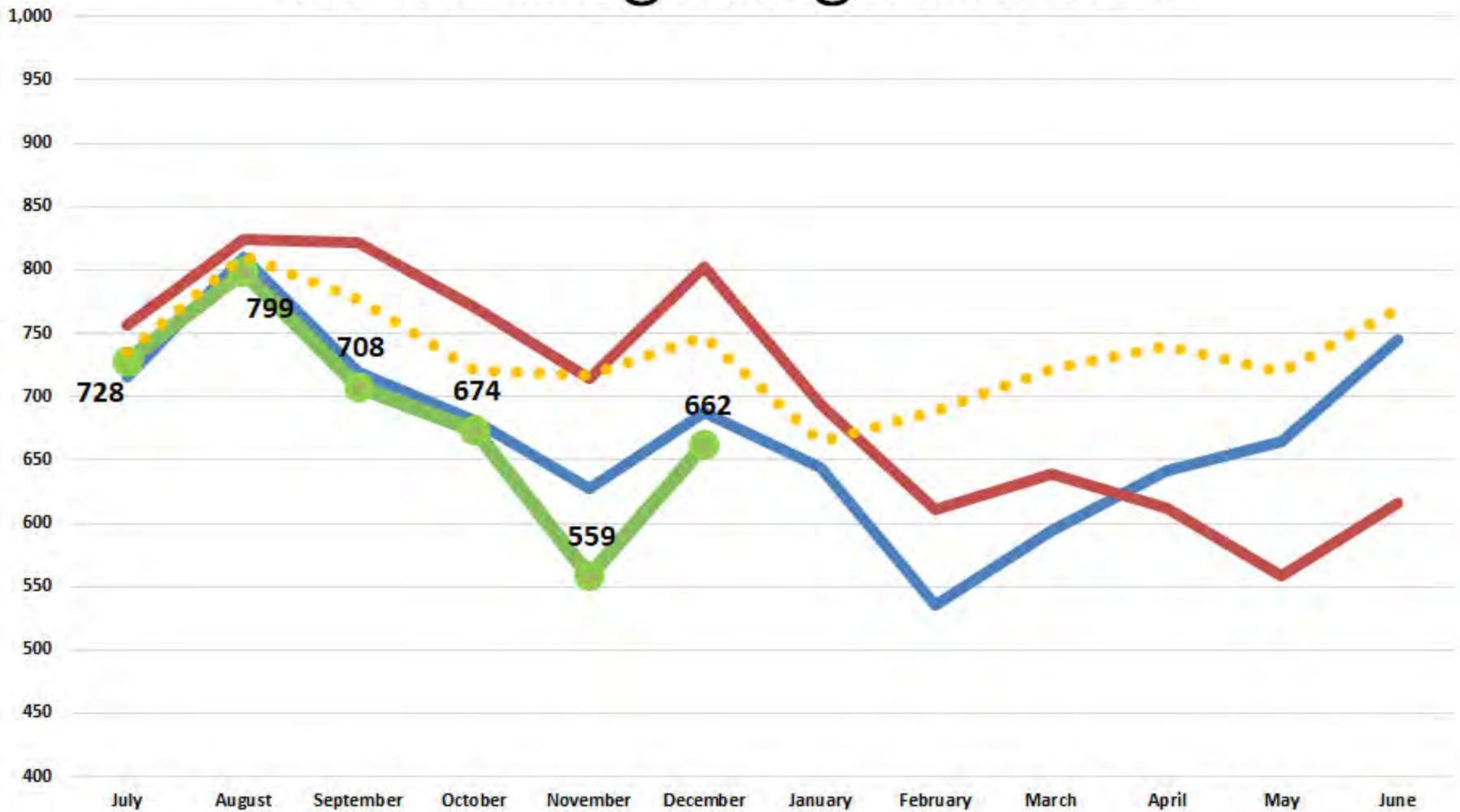
— FY2022
 — FY2023
 —●— FY2024
 ●●● Budget



Sequoia Cardiology - wRVU's



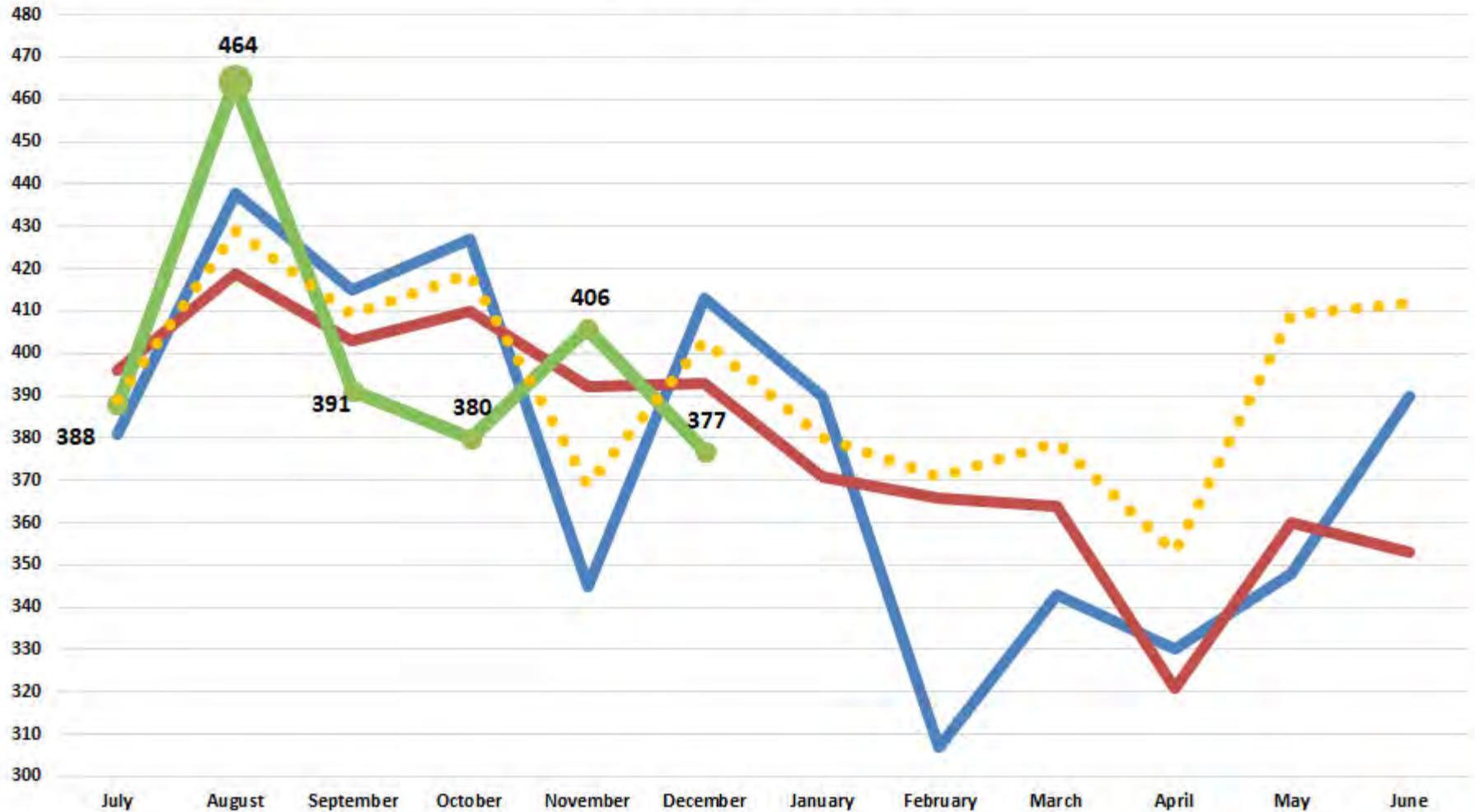
Labor Triage Registrations



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



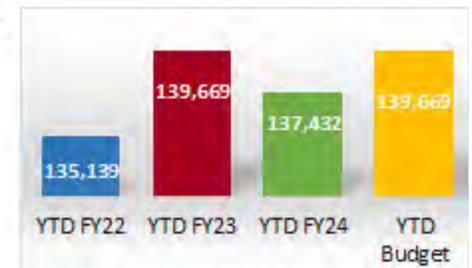
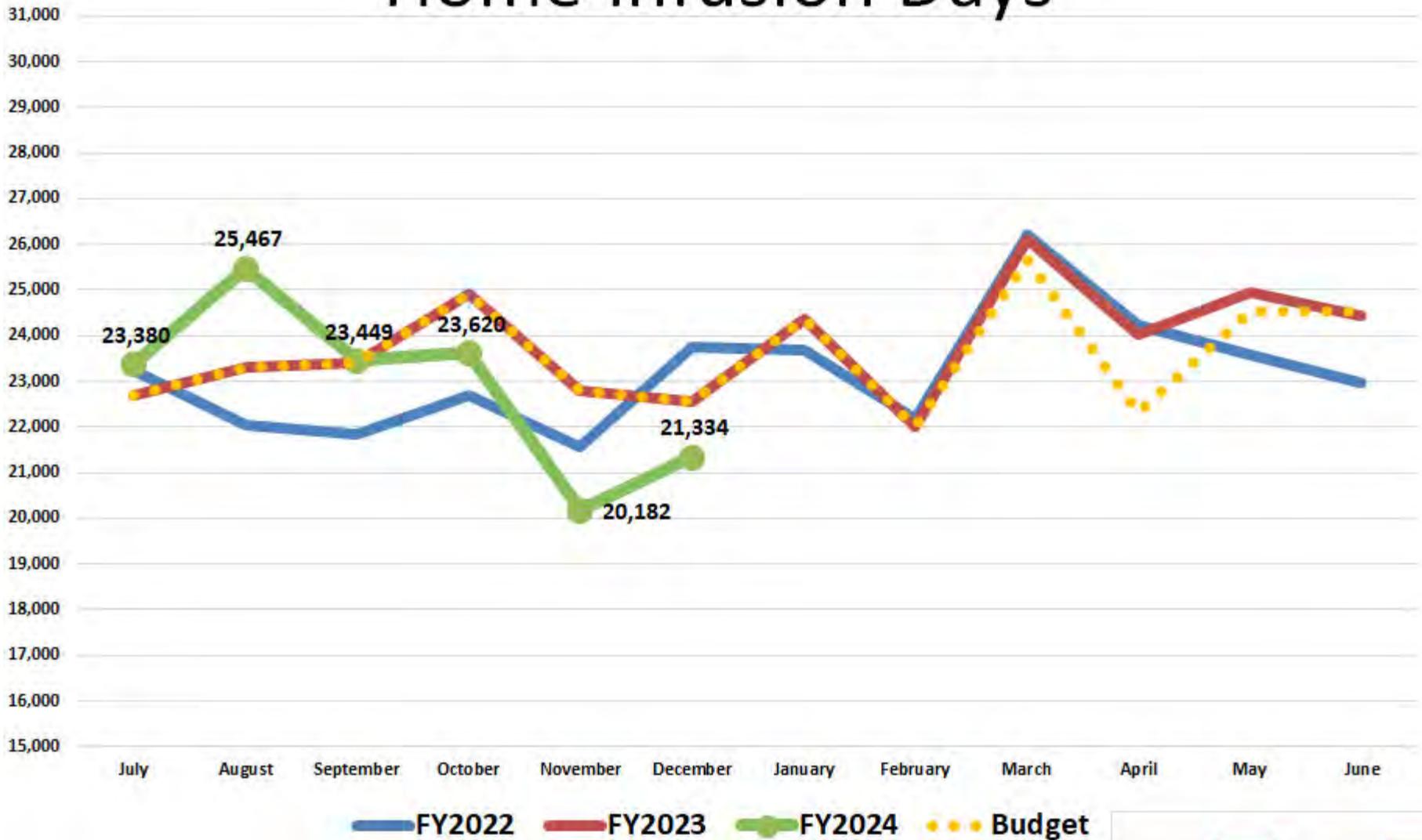
Deliveries



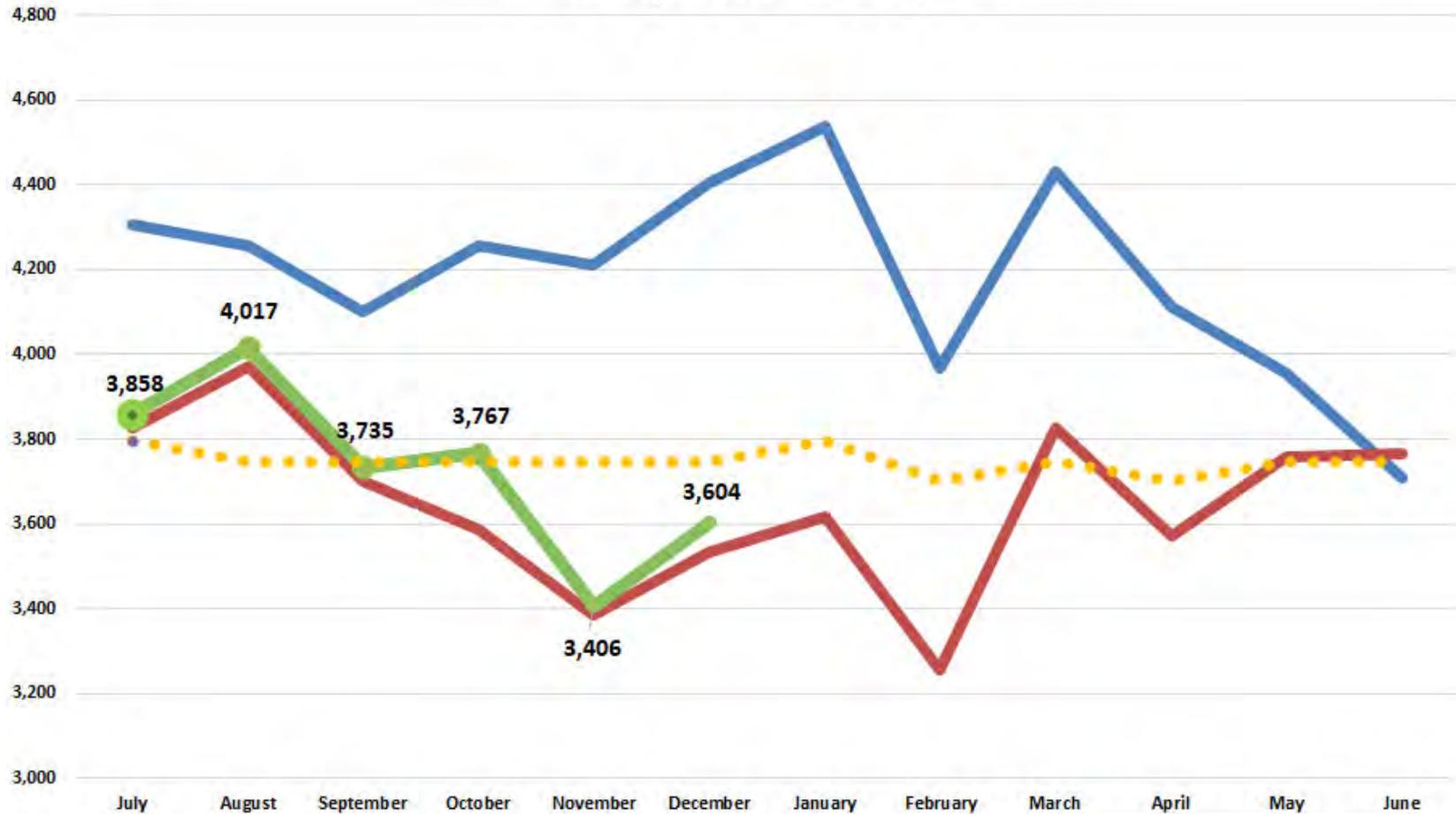
—●— FY2022
 —●— FY2023
 —●— FY2024
 - - - ● - - - Budget



Home Infusion Days



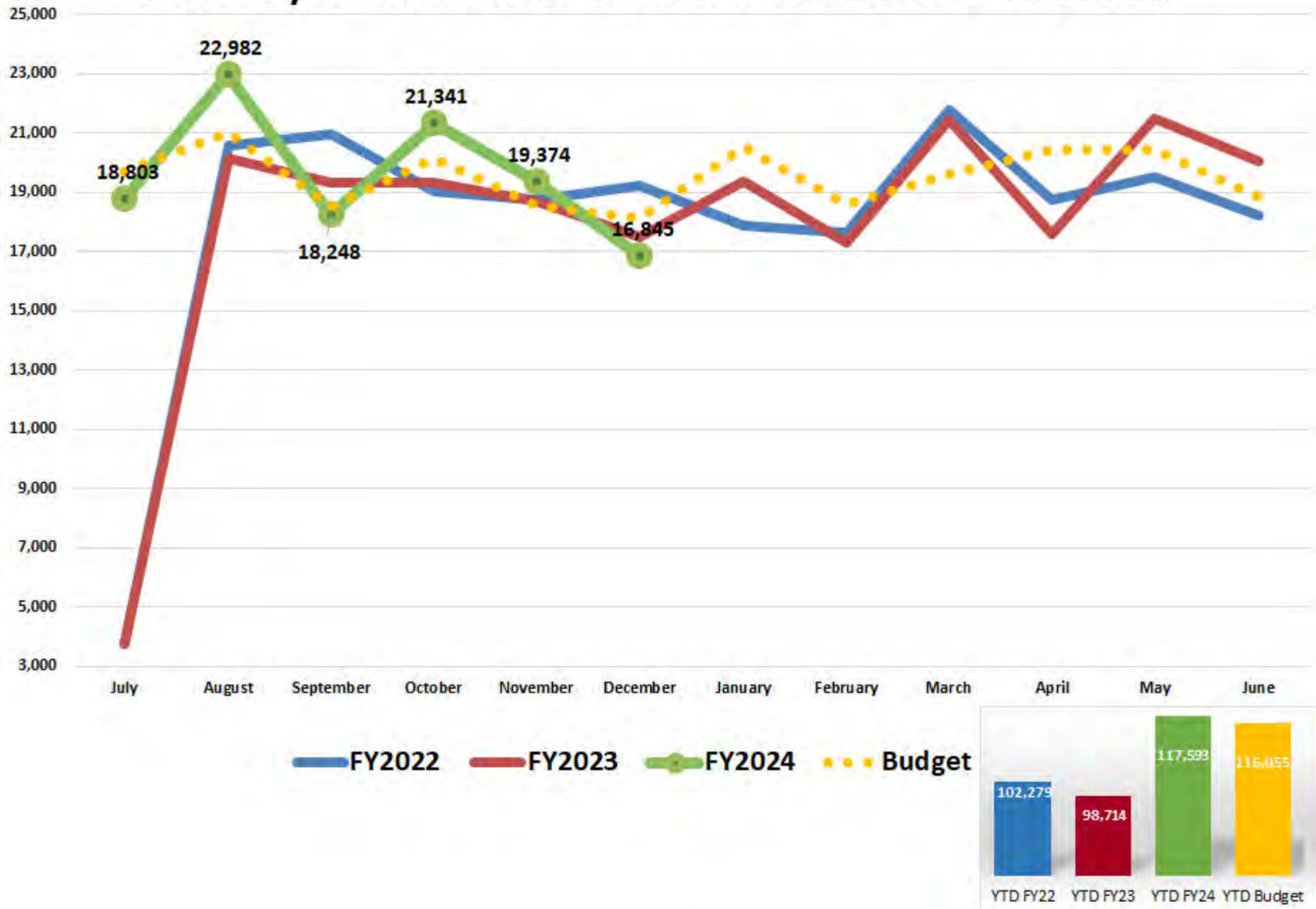
Hospice Days



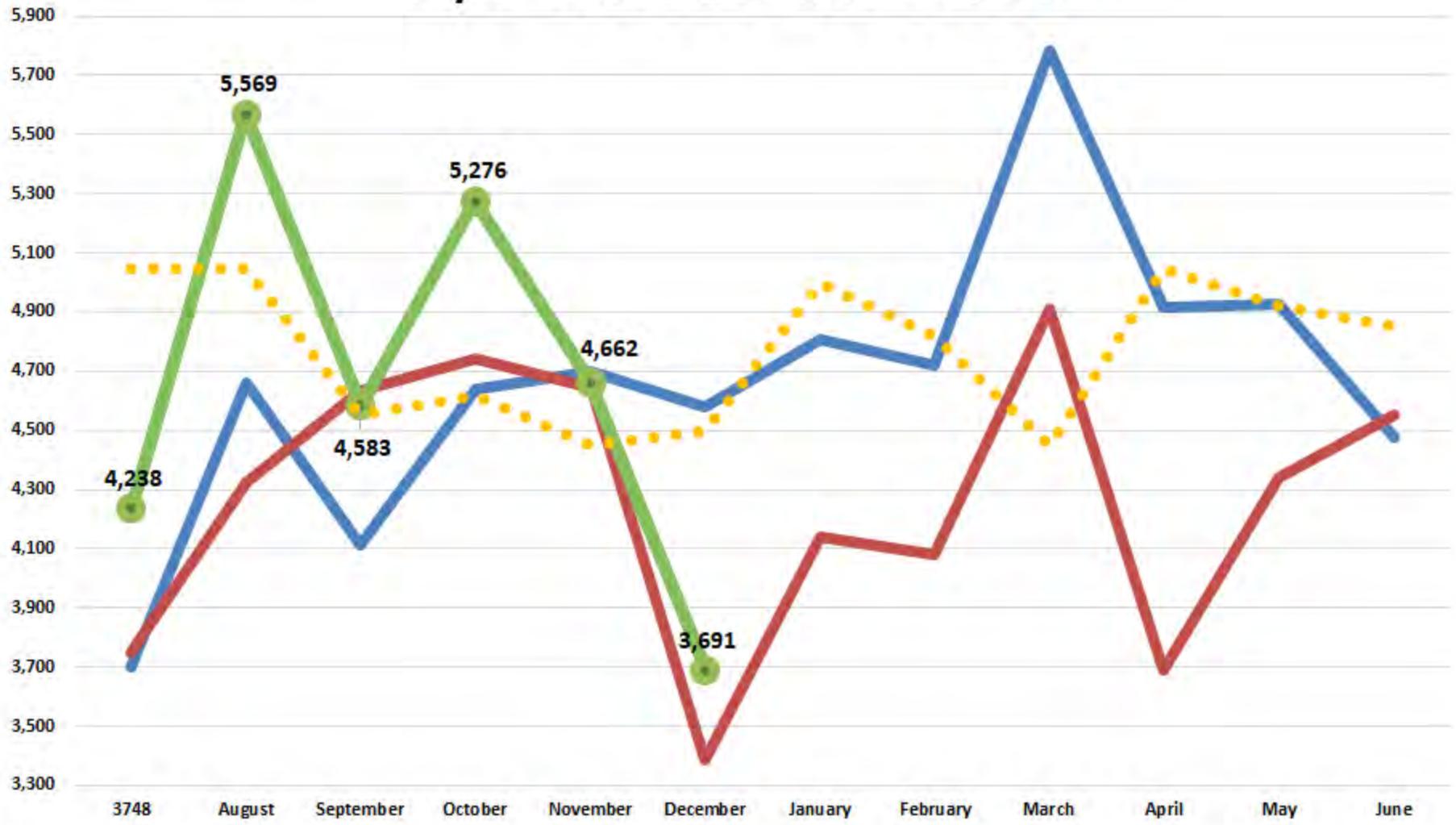
— FY2022
 — FY2023
 — FY2024
 ••• Budget



All O/P Rehab Svcs Across District



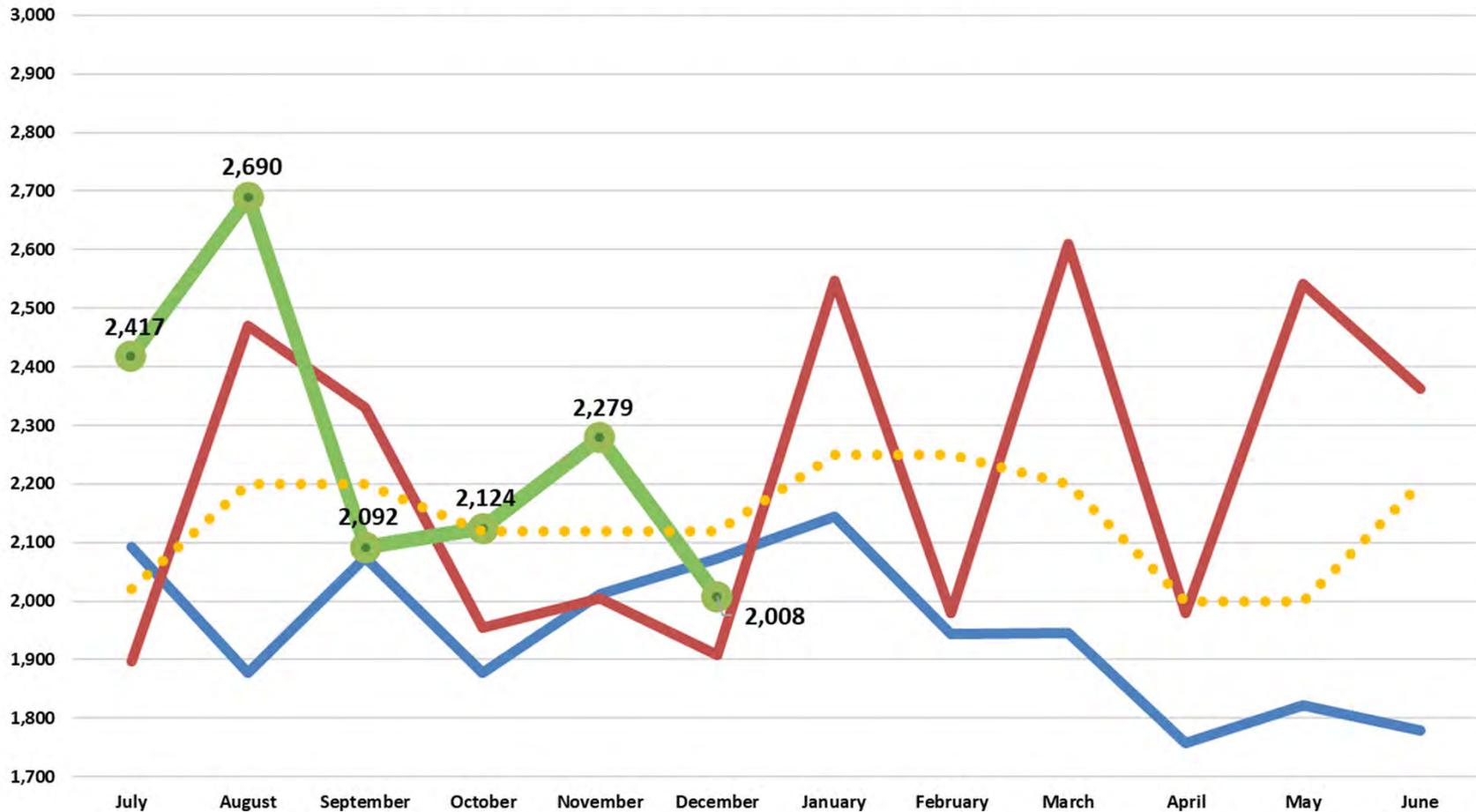
O/P Rehab Services



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



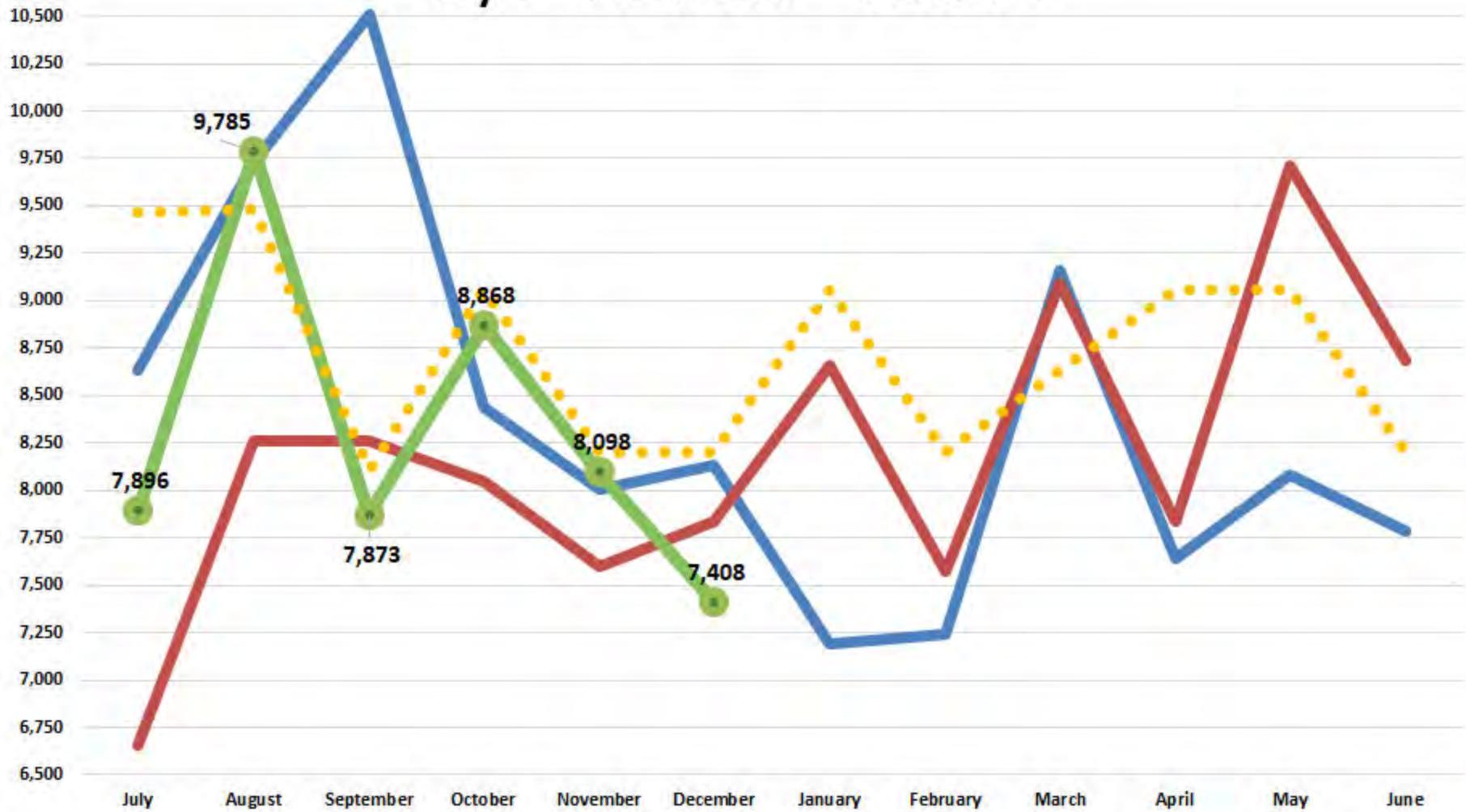
O/P Rehab - Exeter



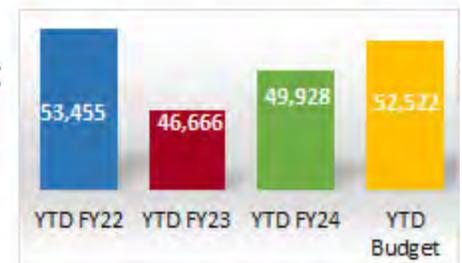
— FY2022
 — FY2023
 —●— FY2024
 ●●● Budget



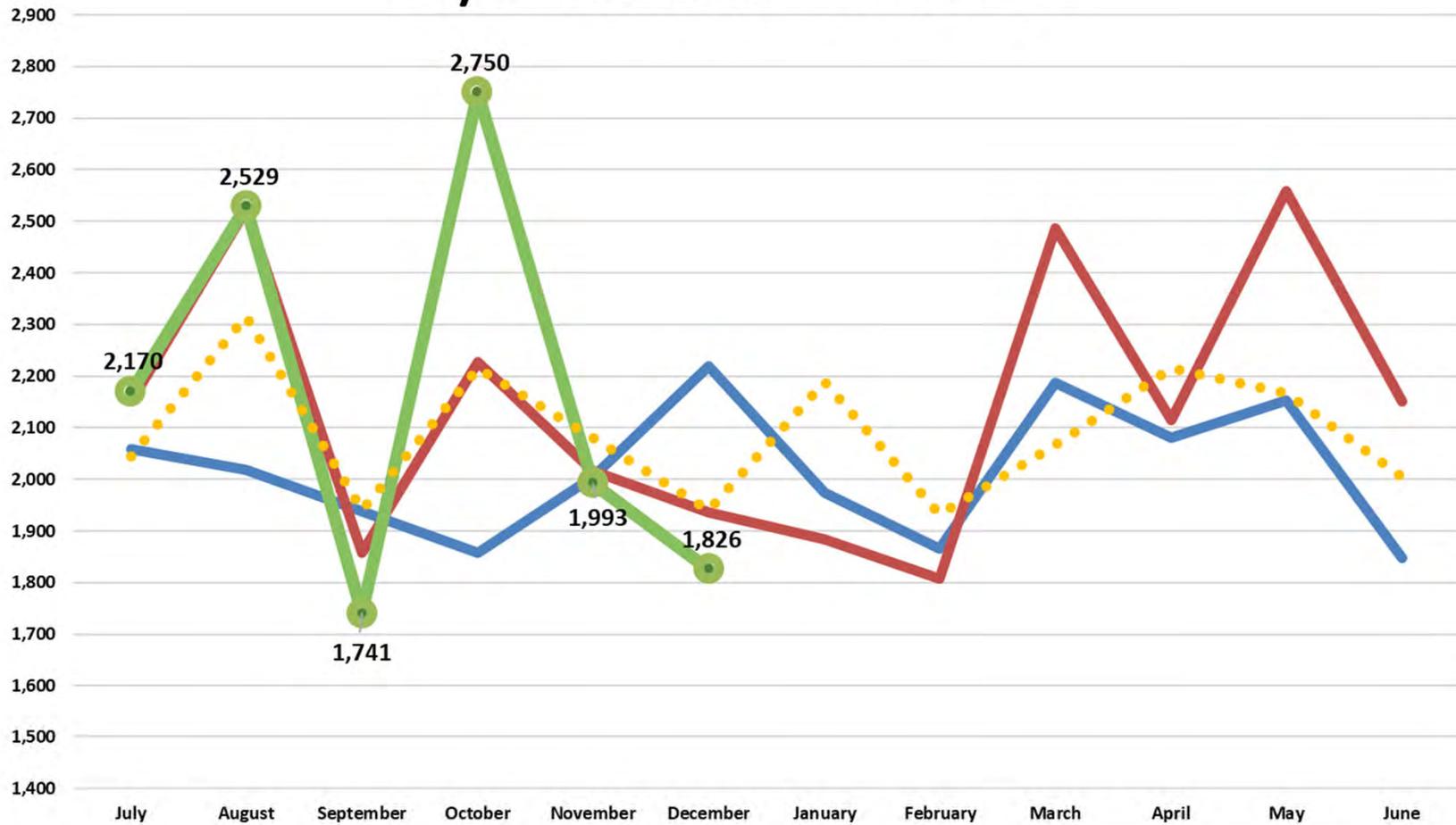
O/P Rehab - Akers



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



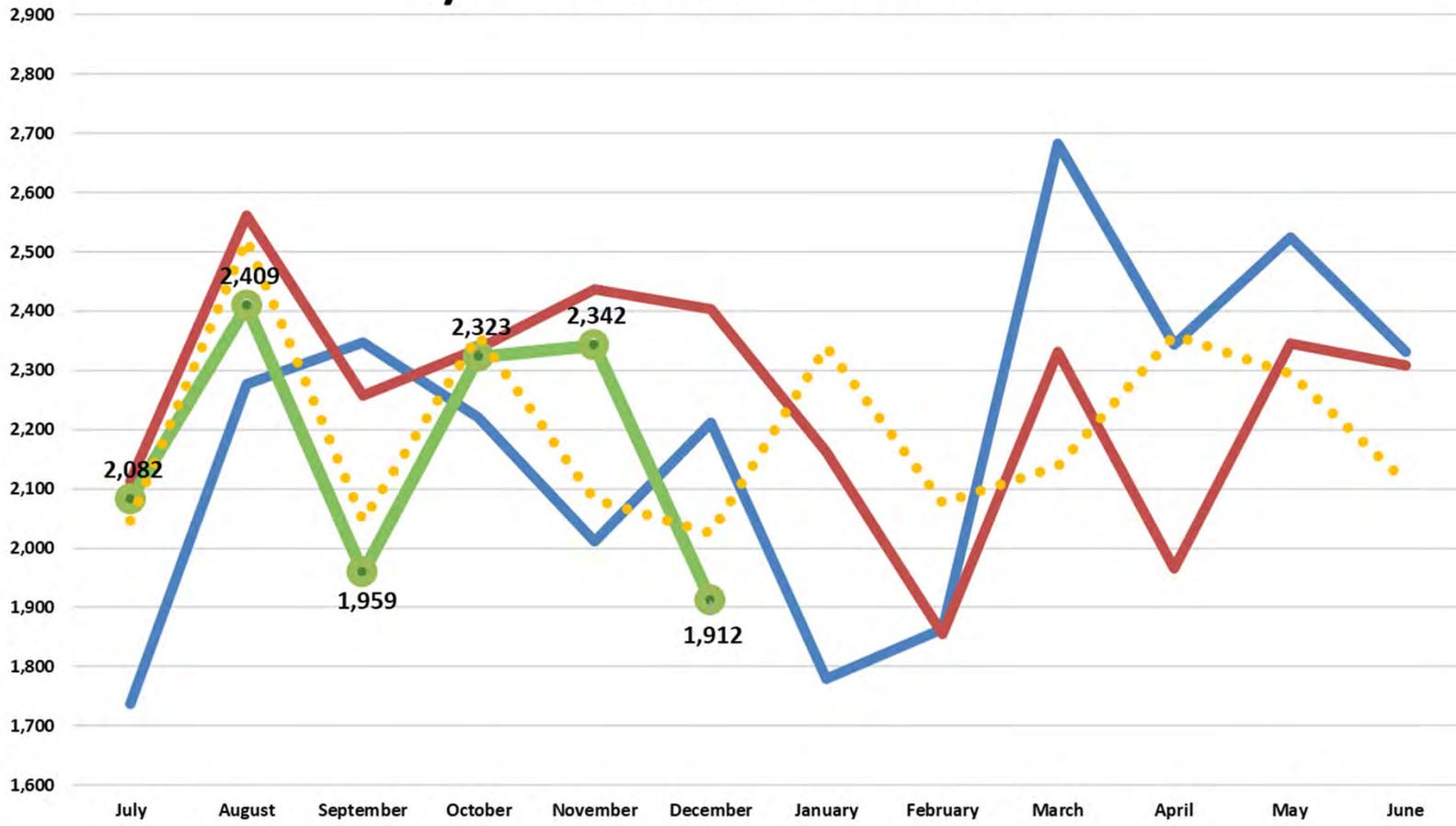
O/P Rehab - LLOPT



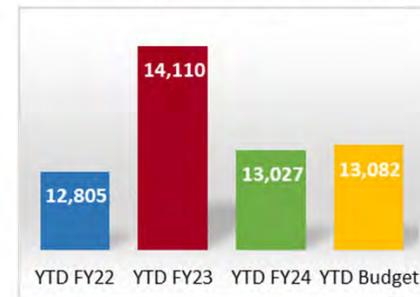
—●— FY2022
 —●— FY2023
 —●— FY2024
 - - - Budget



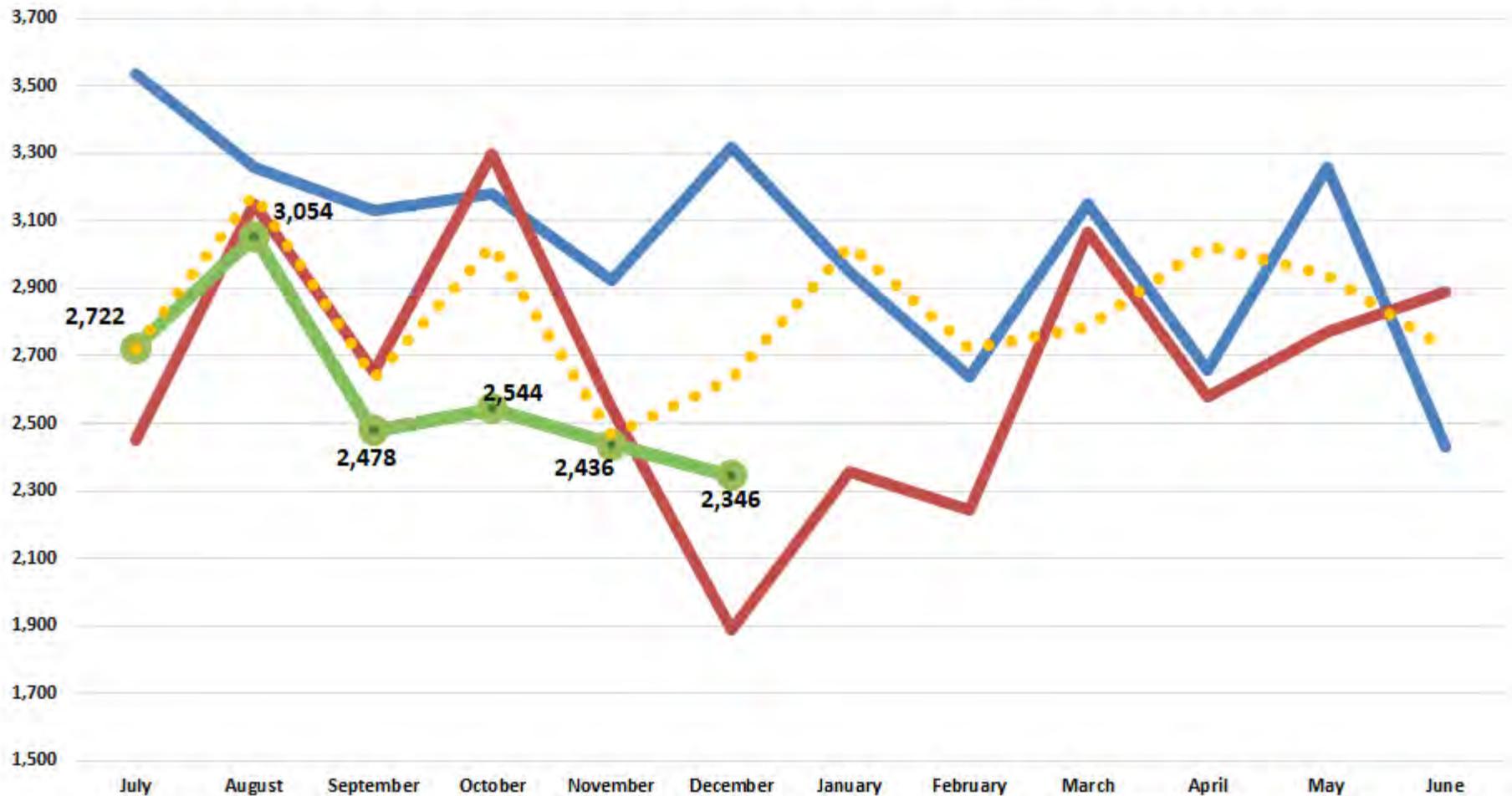
O/P Rehab - Dinuba



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



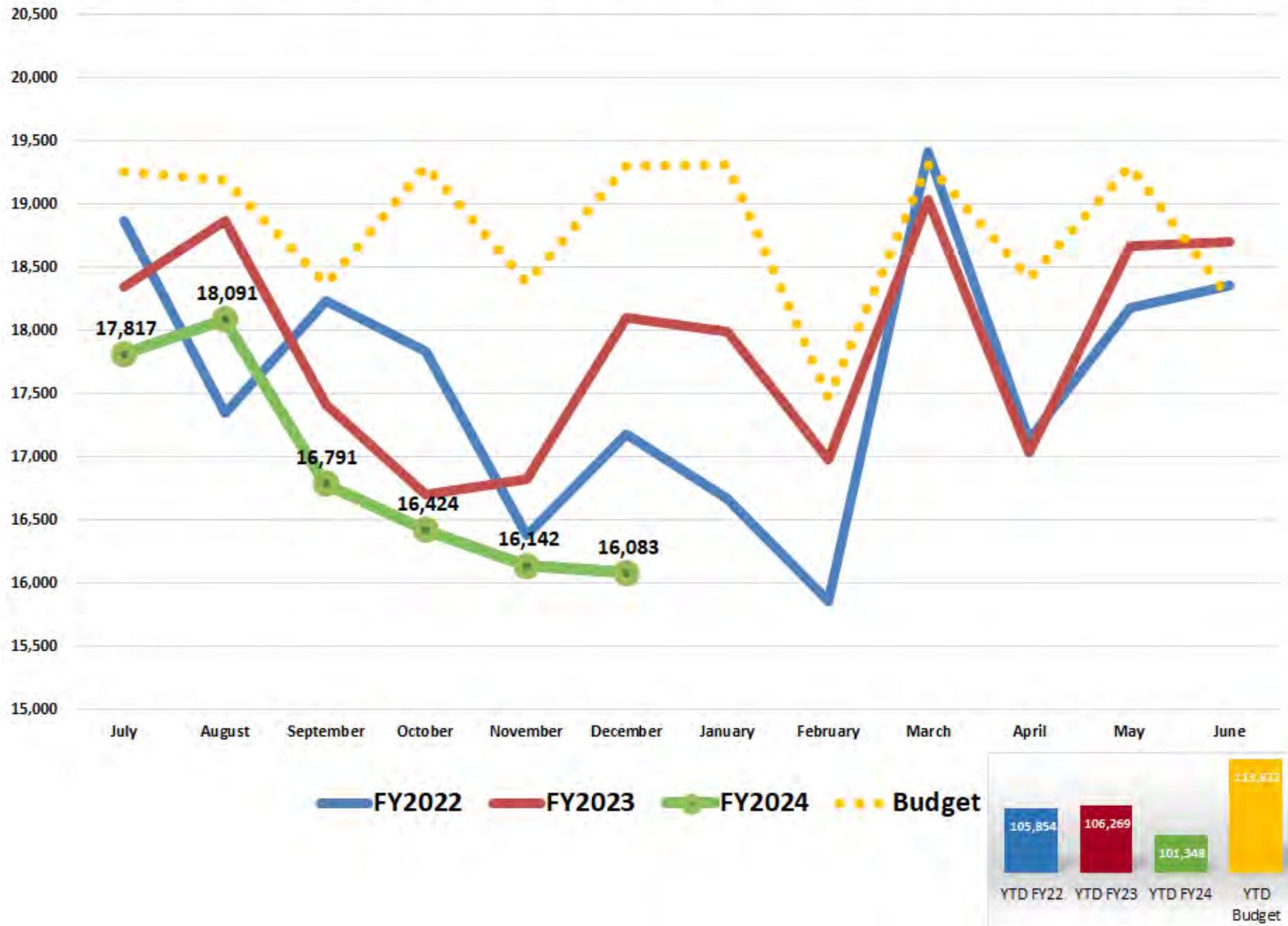
Therapy - Cypress Hand Center



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



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

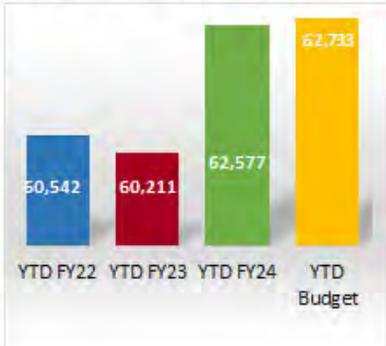


Physical & Other Therapy Units

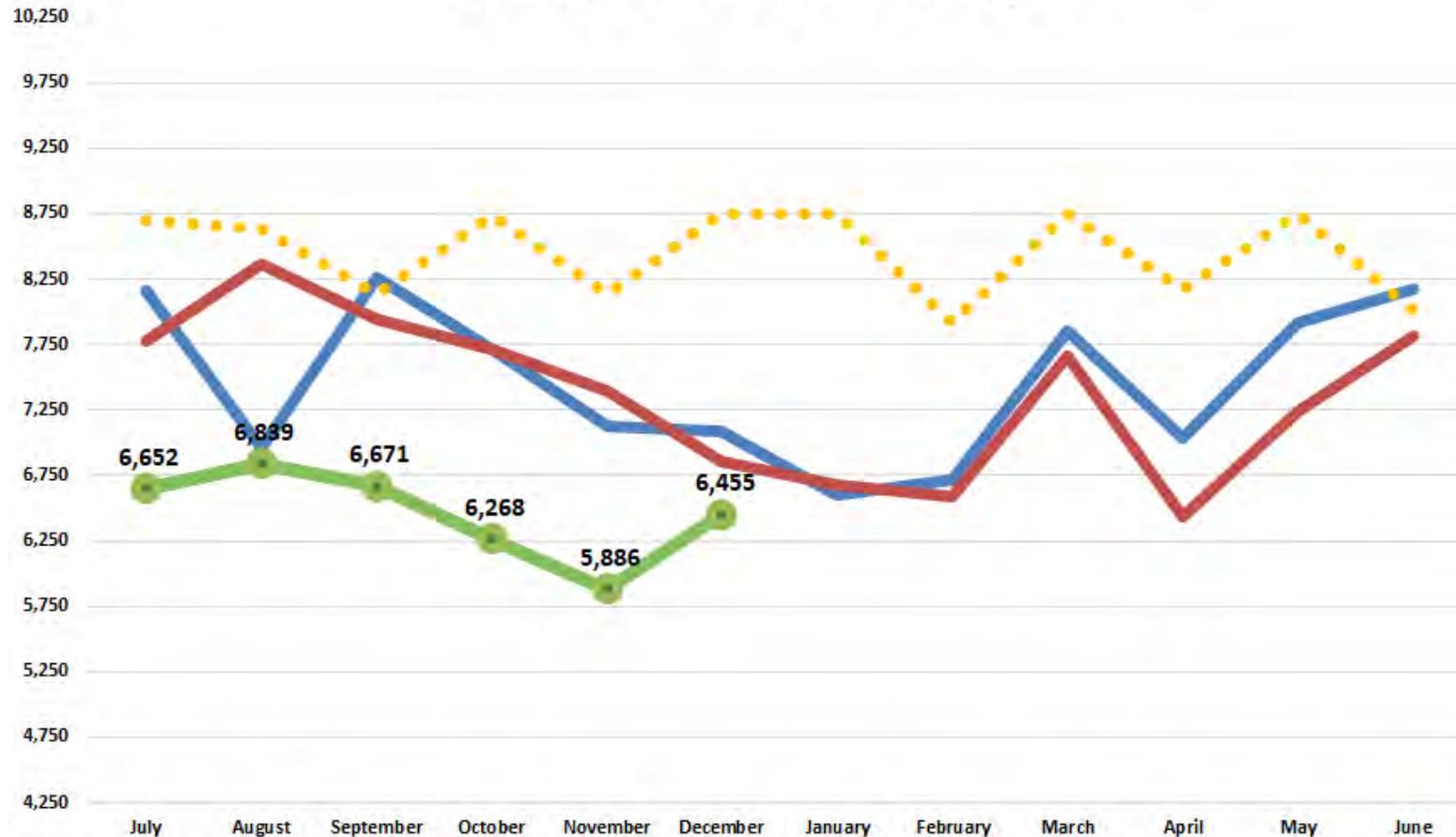
(I/P & O/P)-Main Campus



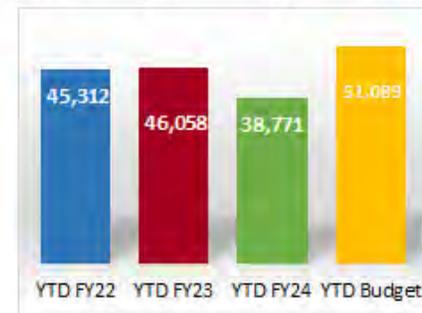
— FY2022 — FY2023 — FY2024 ••• Budget



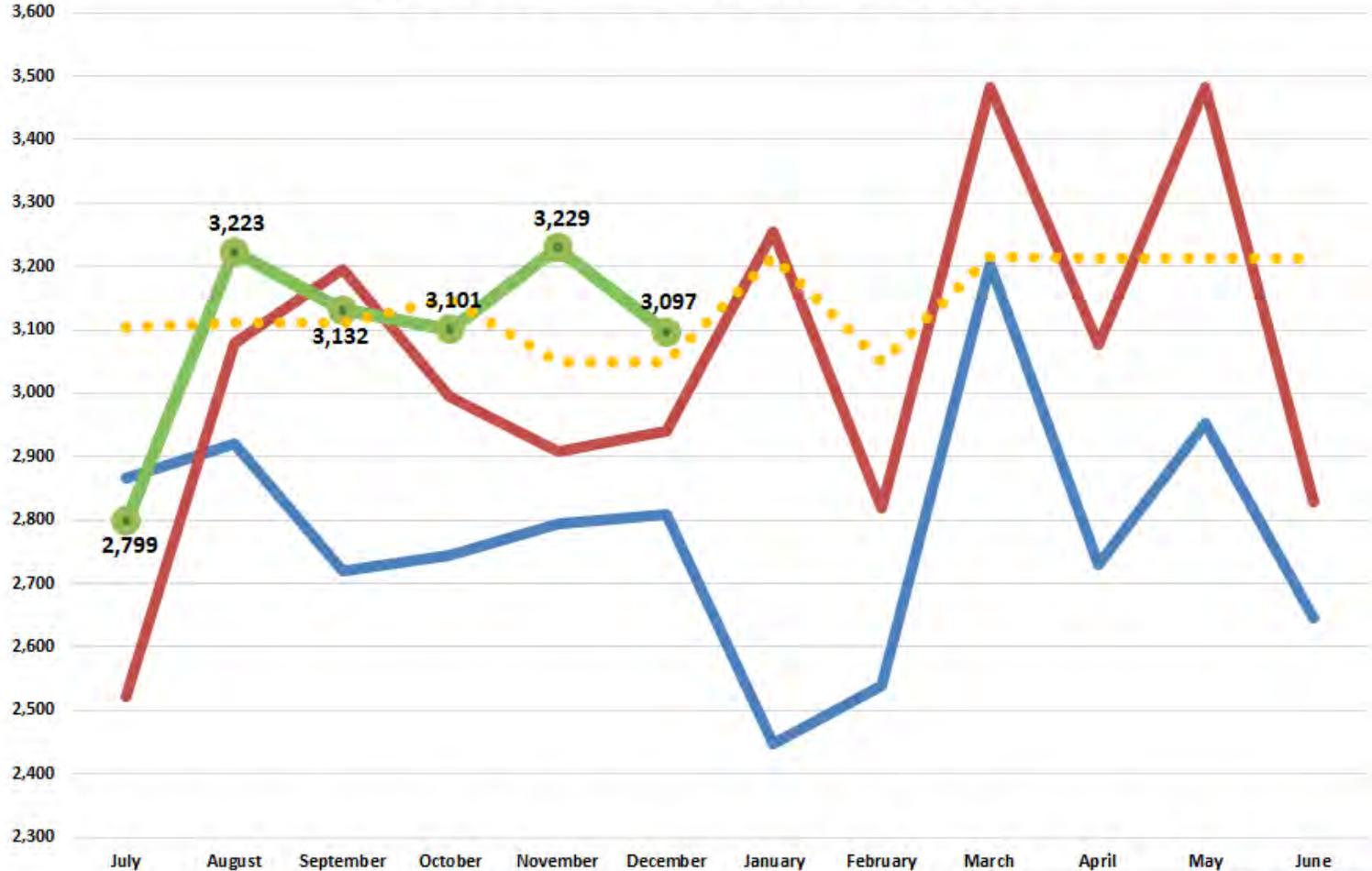
Physical & Other Therapy Units (I/P & O/P)- KDRH & South Campus



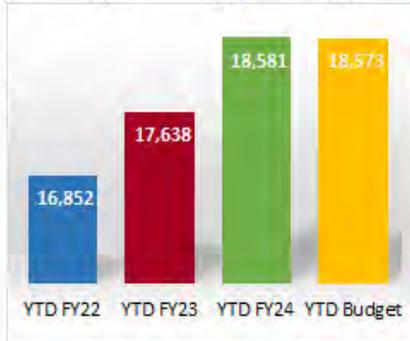
—●— FY2022
 —●— FY2023
 —●— FY2024
 - - - - Budget



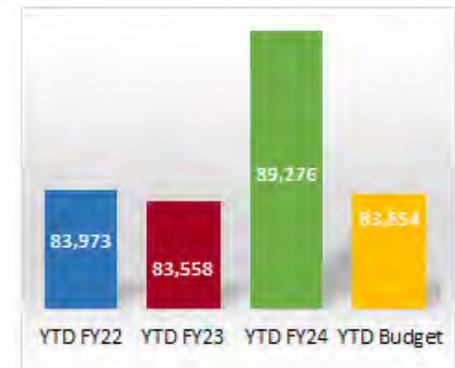
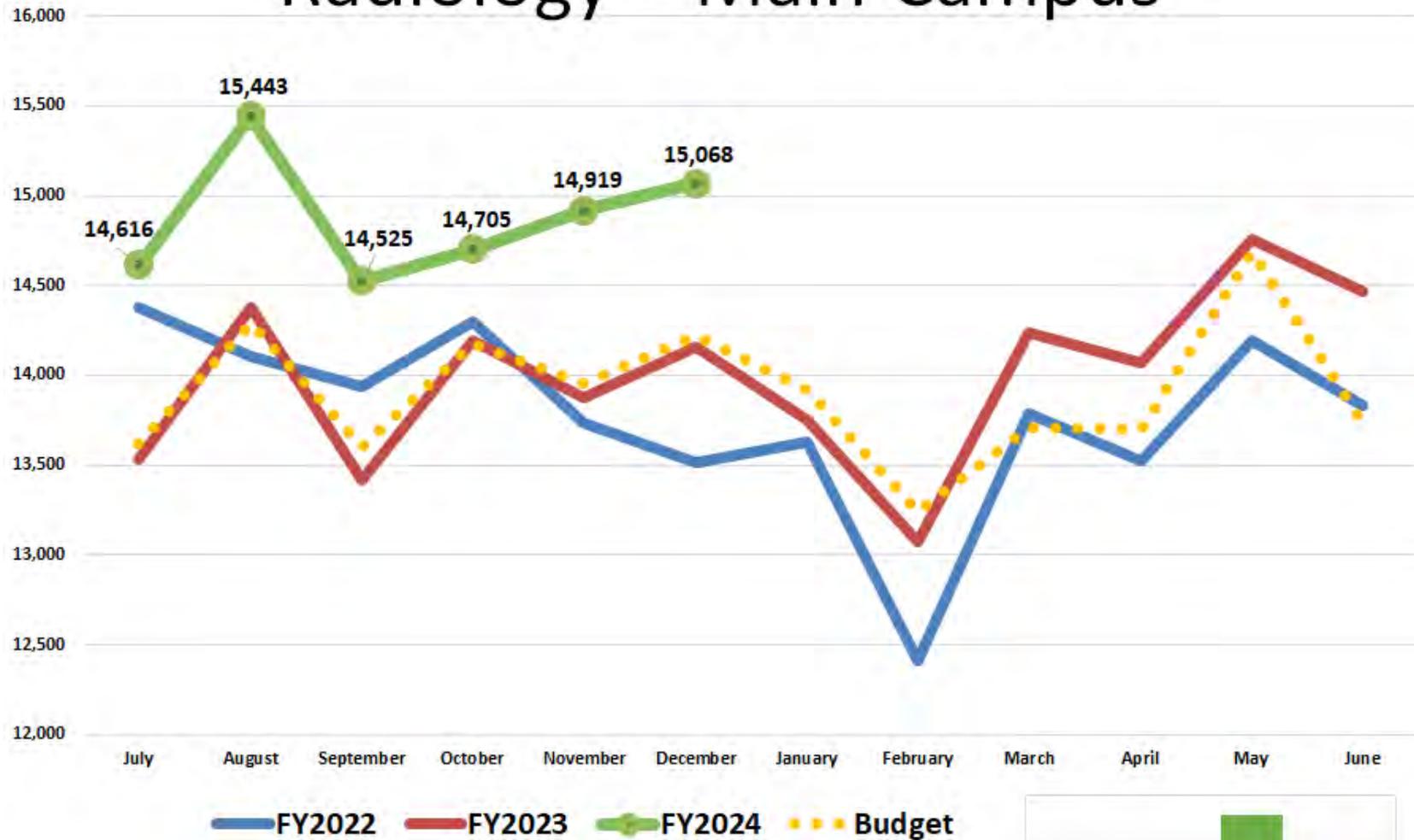
Home Health Visits



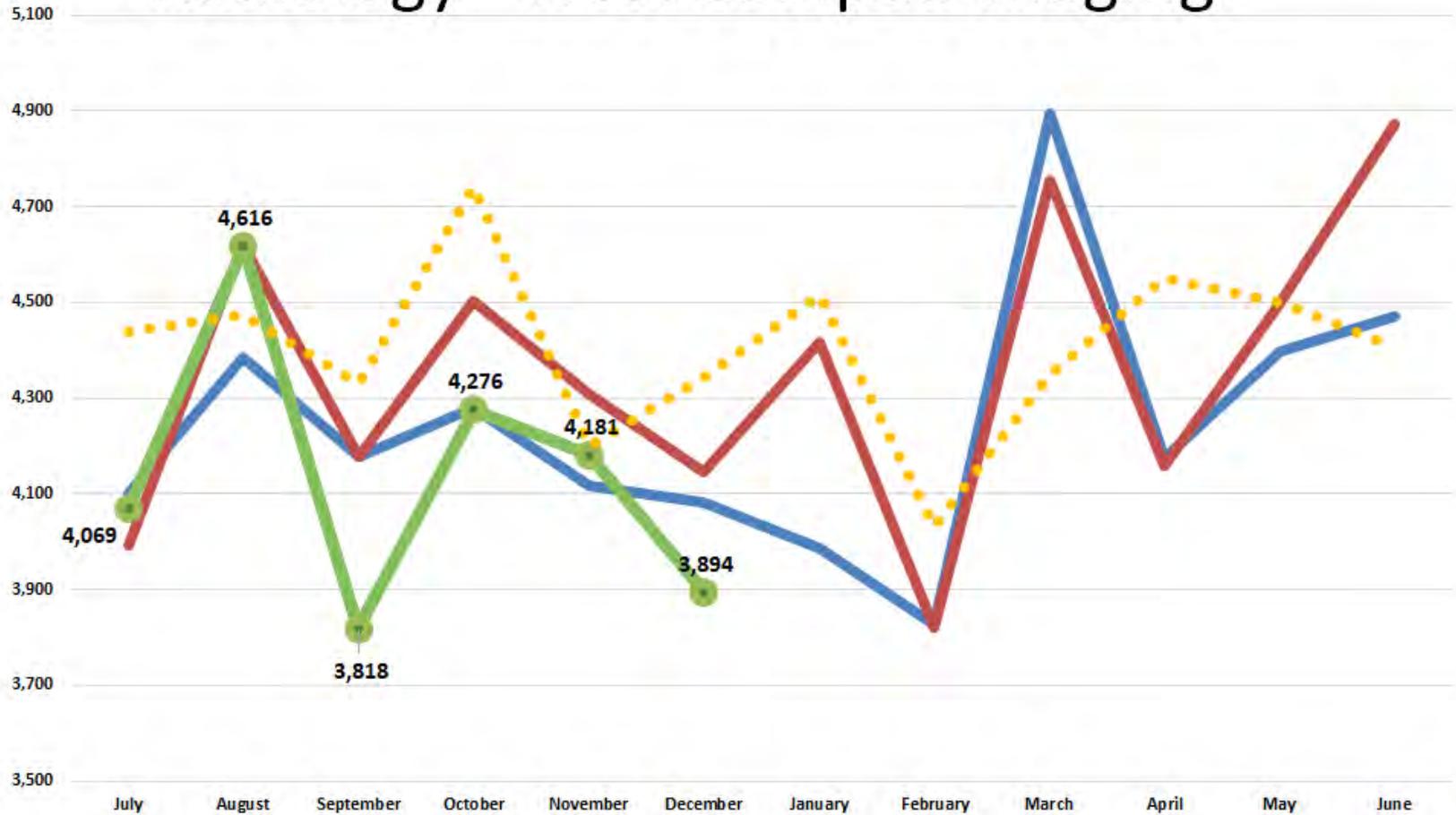
— FY2022
 — FY2023
 —●— FY2024
 ⋯ Budget



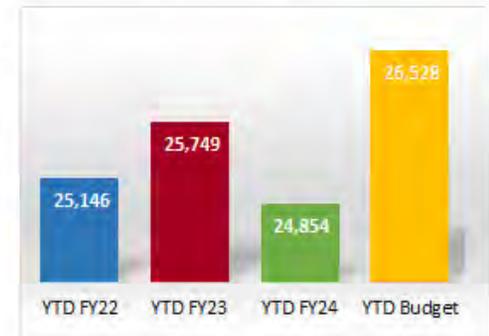
Radiology – Main Campus



Radiology - West Campus Imaging



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



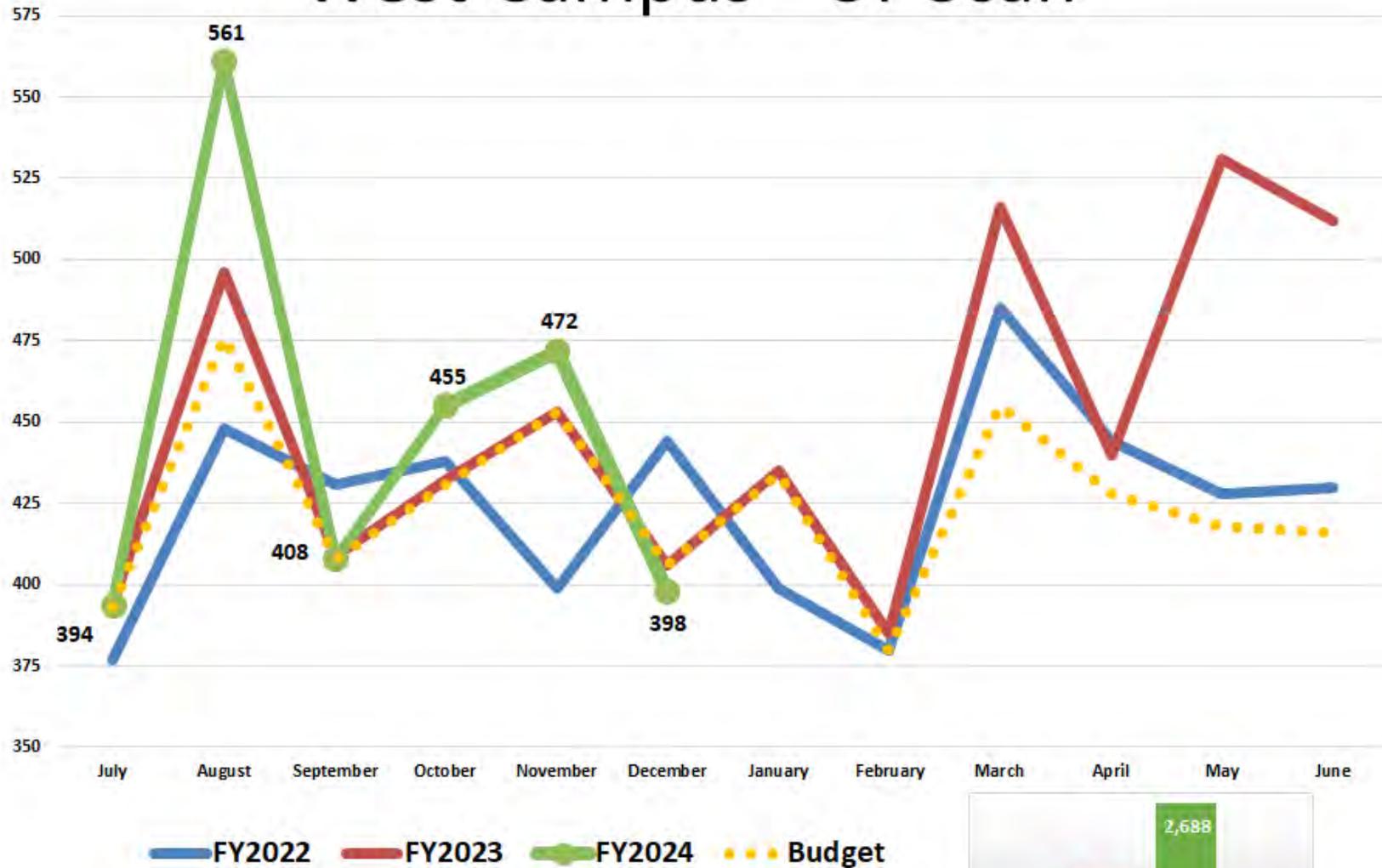
West Campus - Diagnostic Radiology



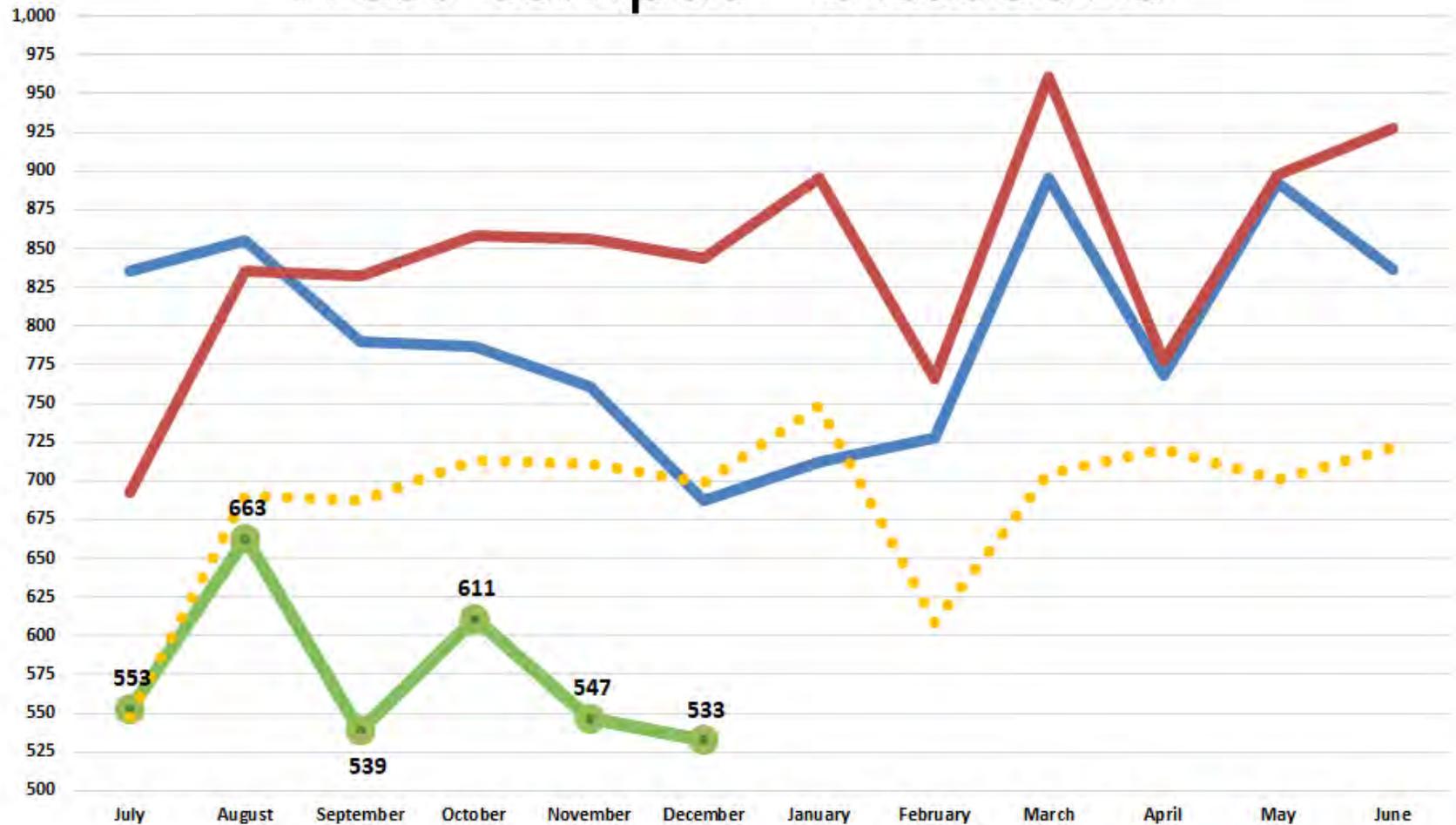
— FY2022
 — FY2023
 —●— FY2024
 ●●● Budget



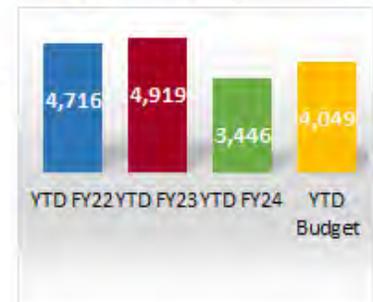
West Campus - CT Scan



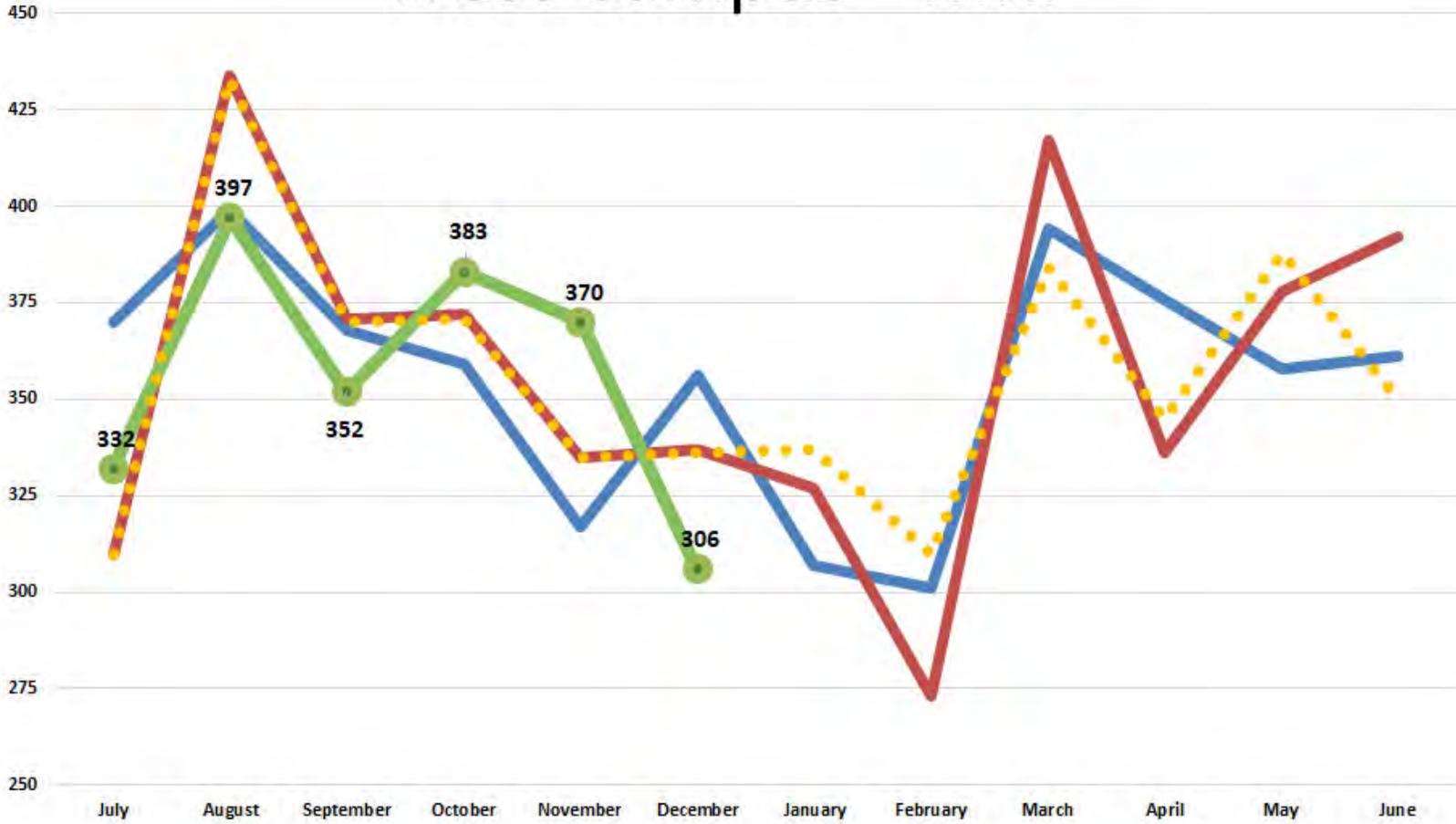
West Campus - Ultrasound



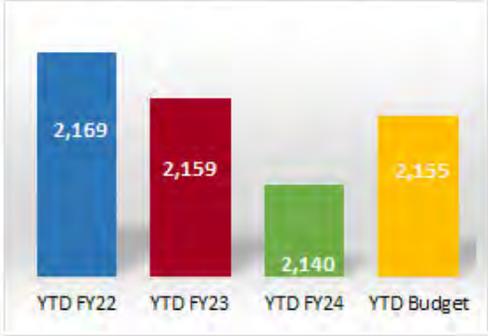
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



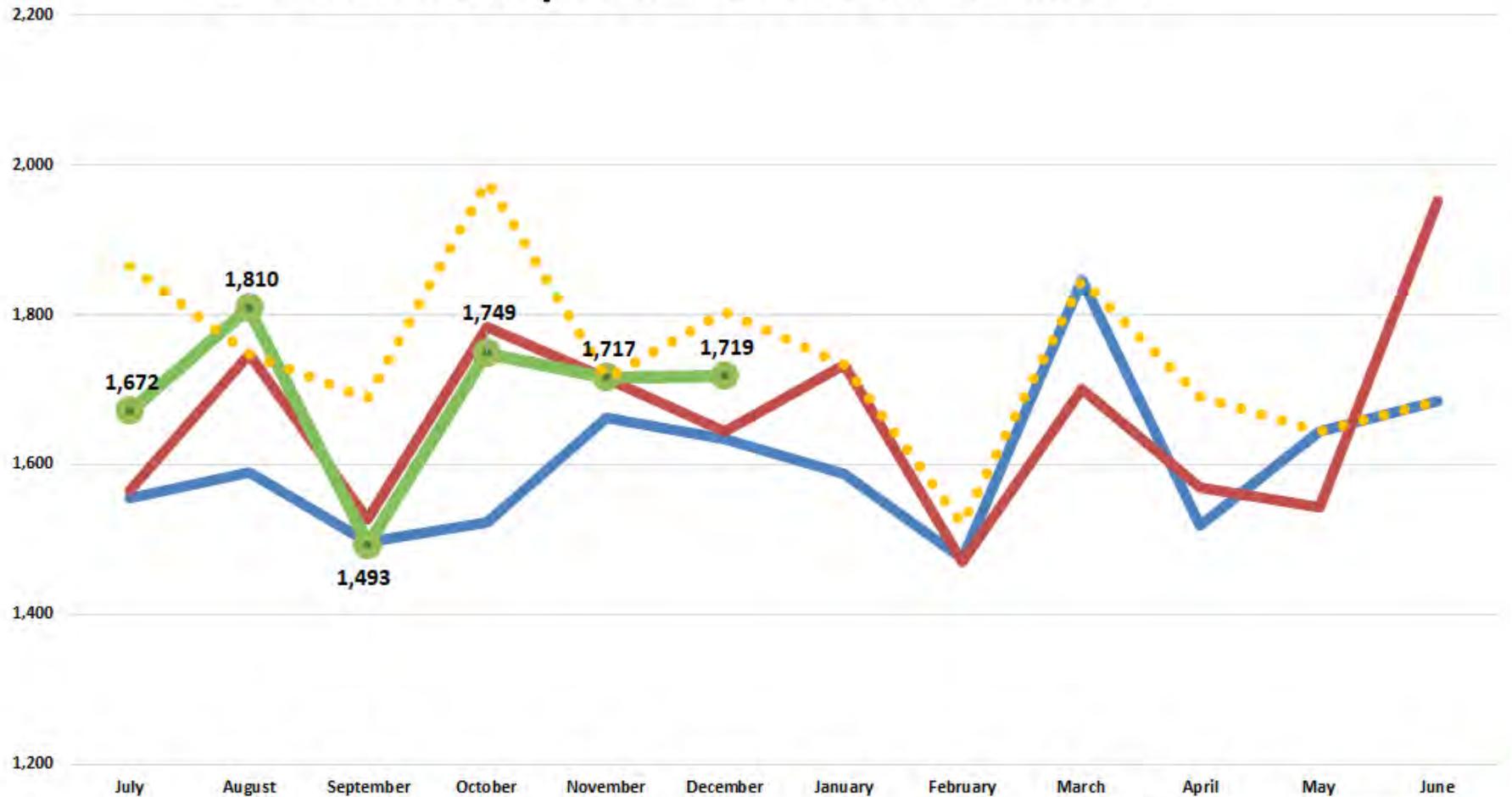
West Campus - MRI



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



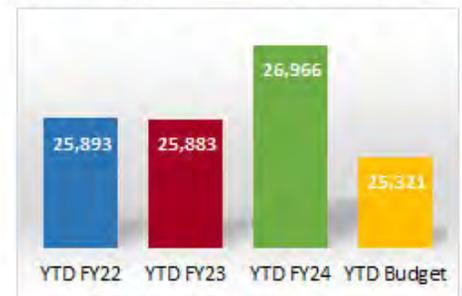
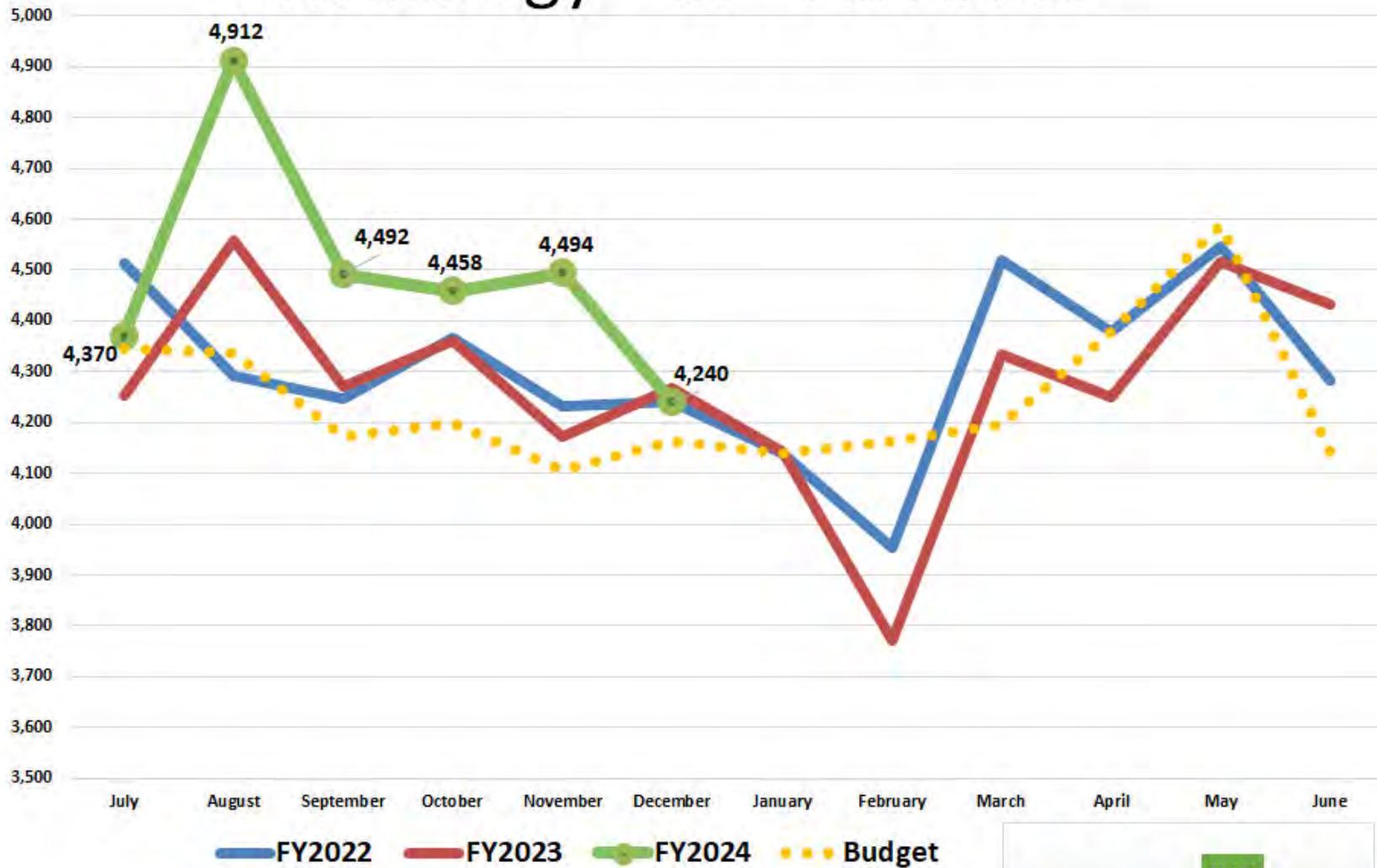
West Campus - Breast Center



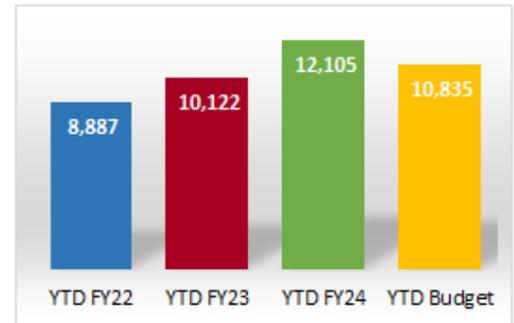
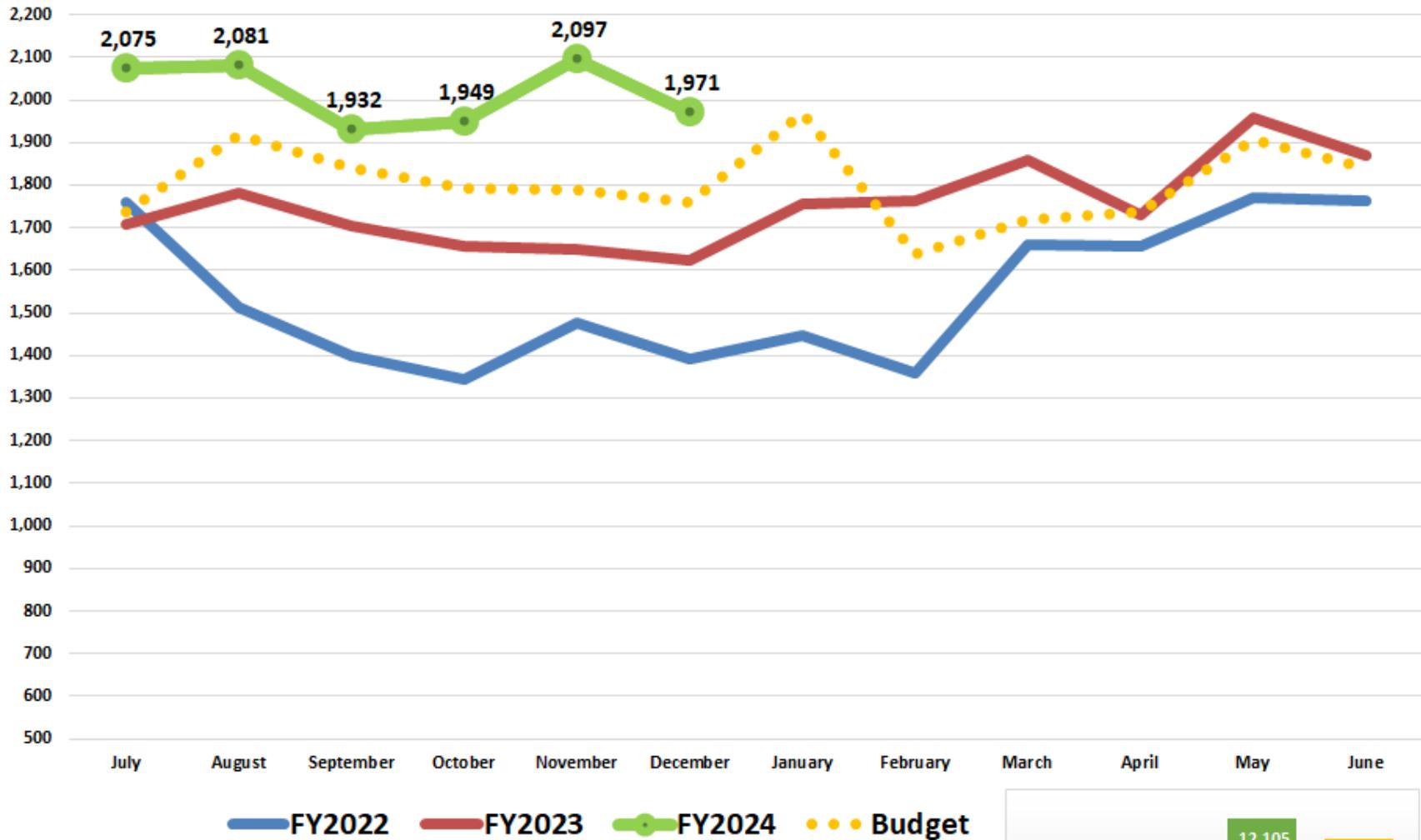
— FY2022
 — FY2023
 — FY2024
 - - - Budget



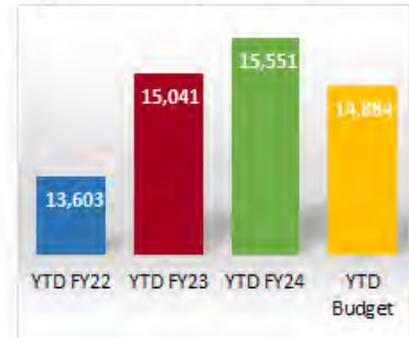
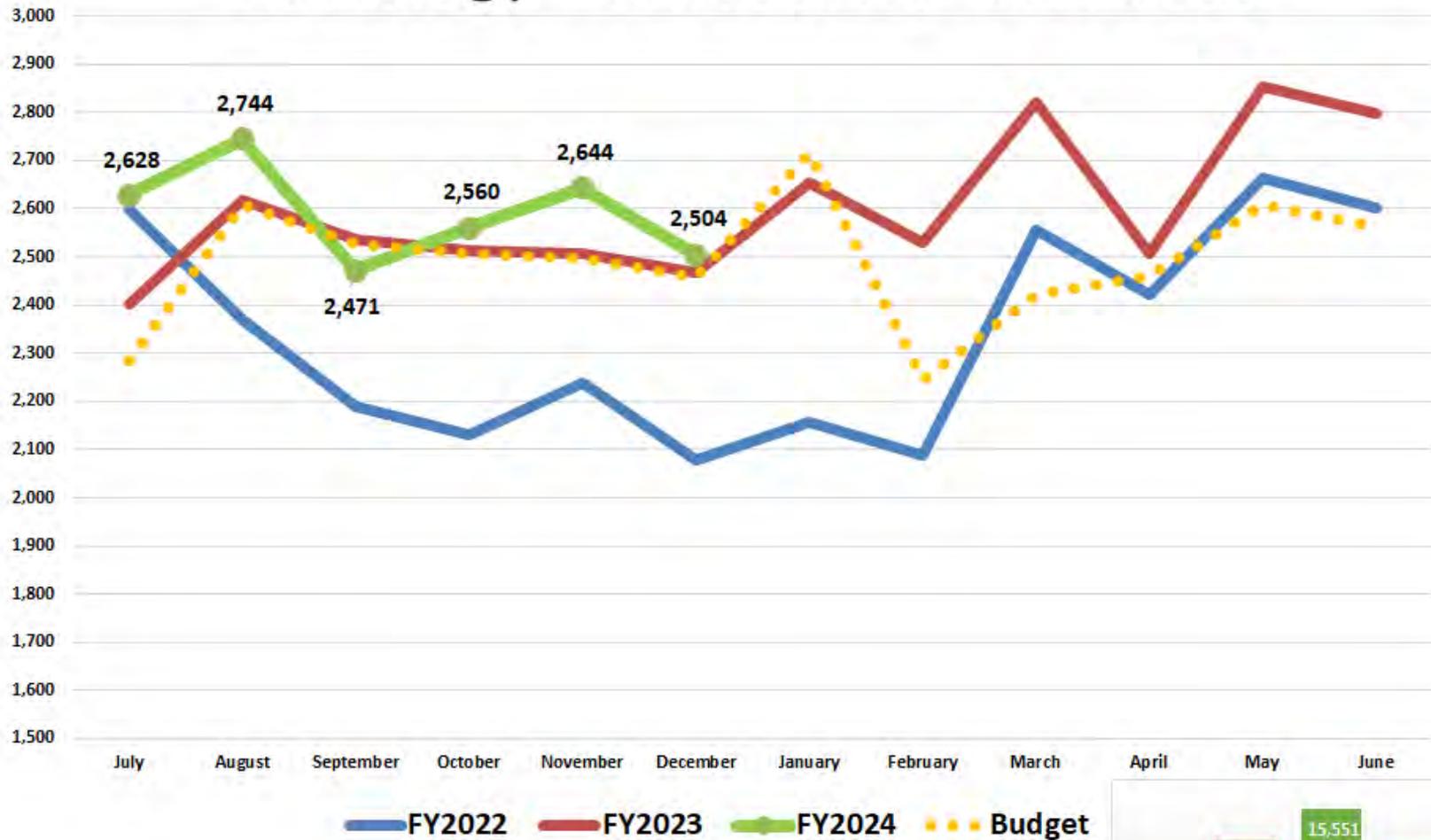
Radiology - CT - All Areas



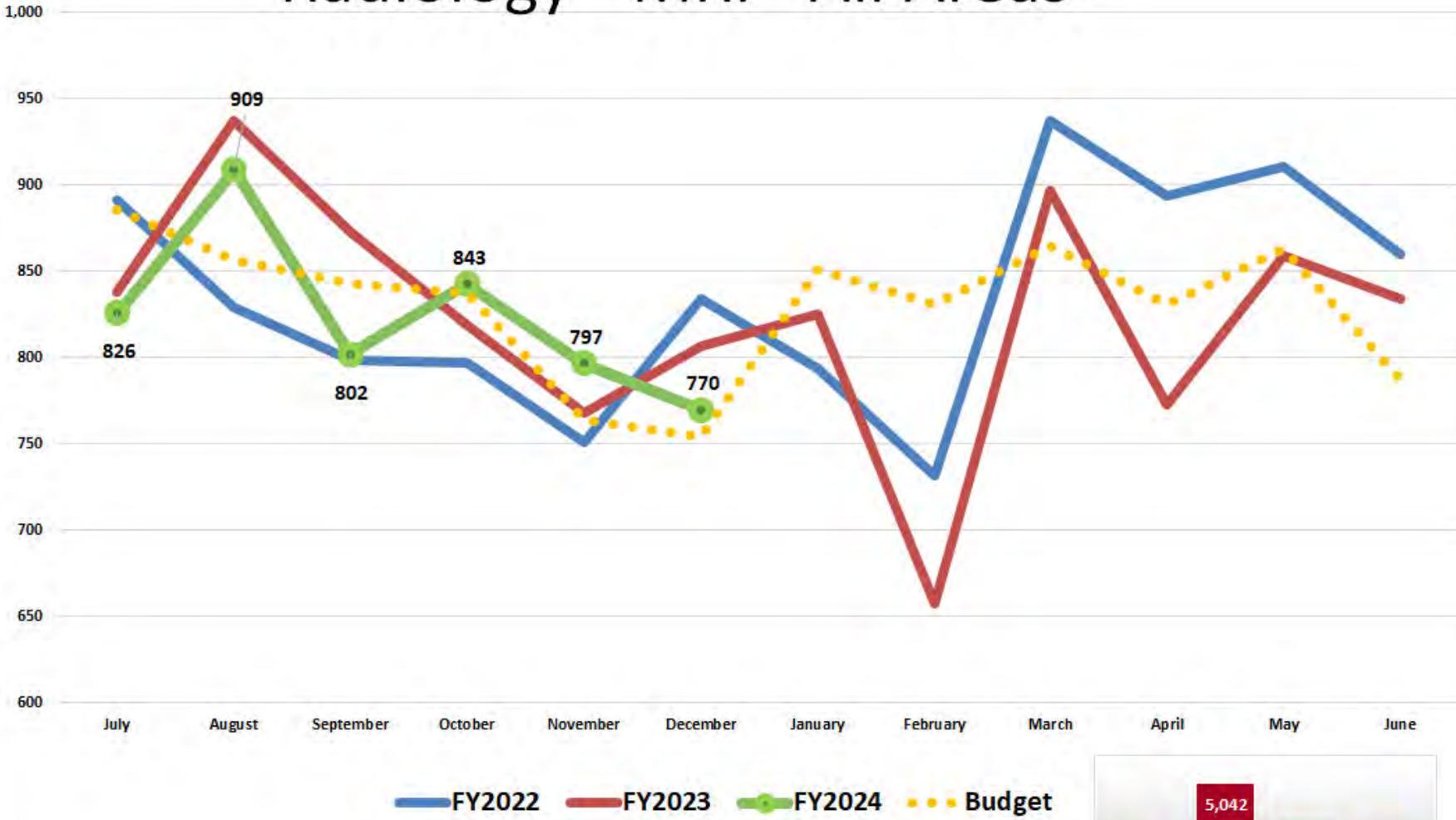
Radiology - Ultrasound - Main Campus



Radiology - Ultrasound - All Areas



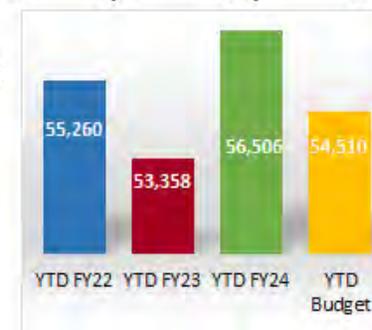
Radiology - MRI - All Areas



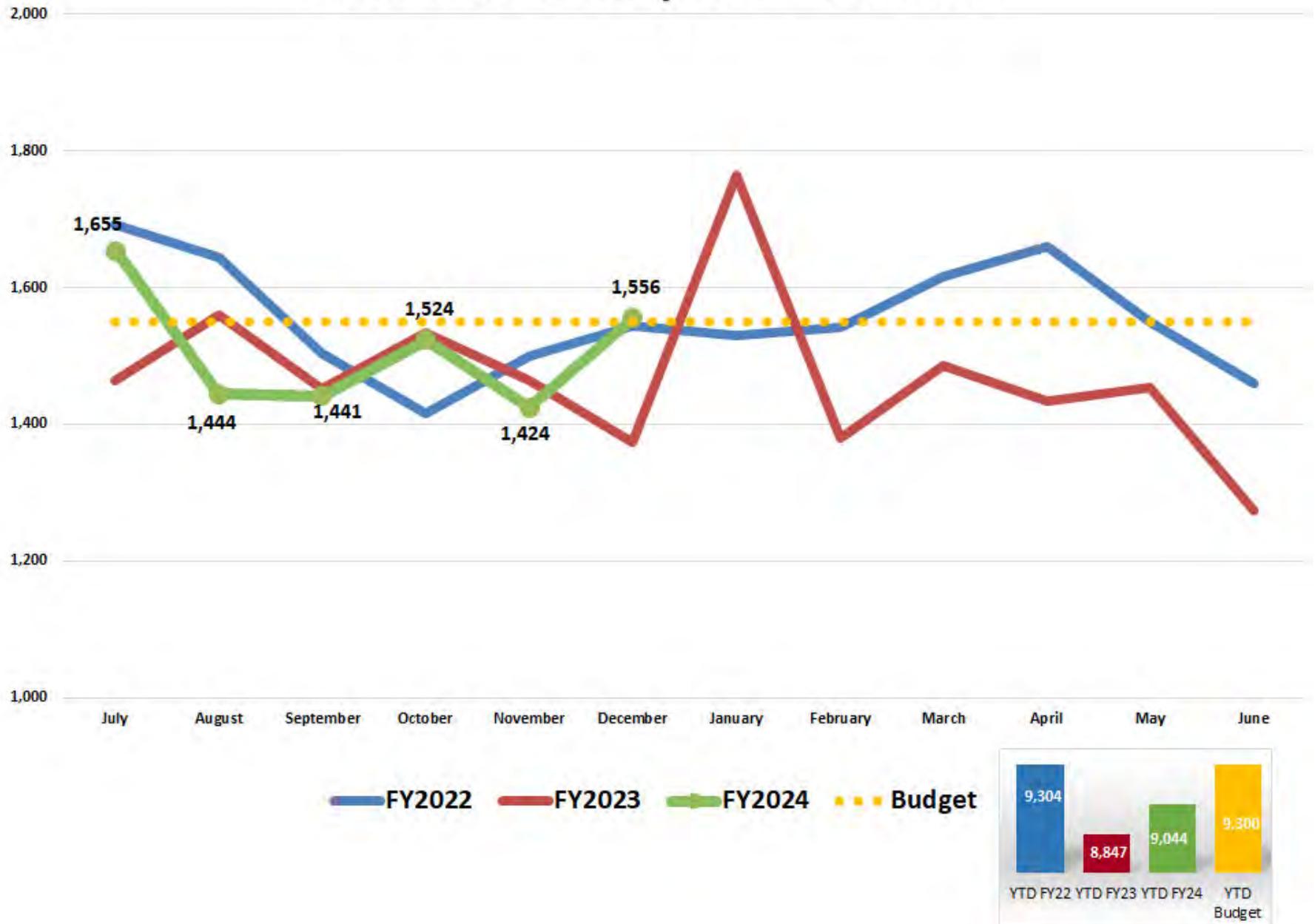
Radiology Modality - Diagnostic



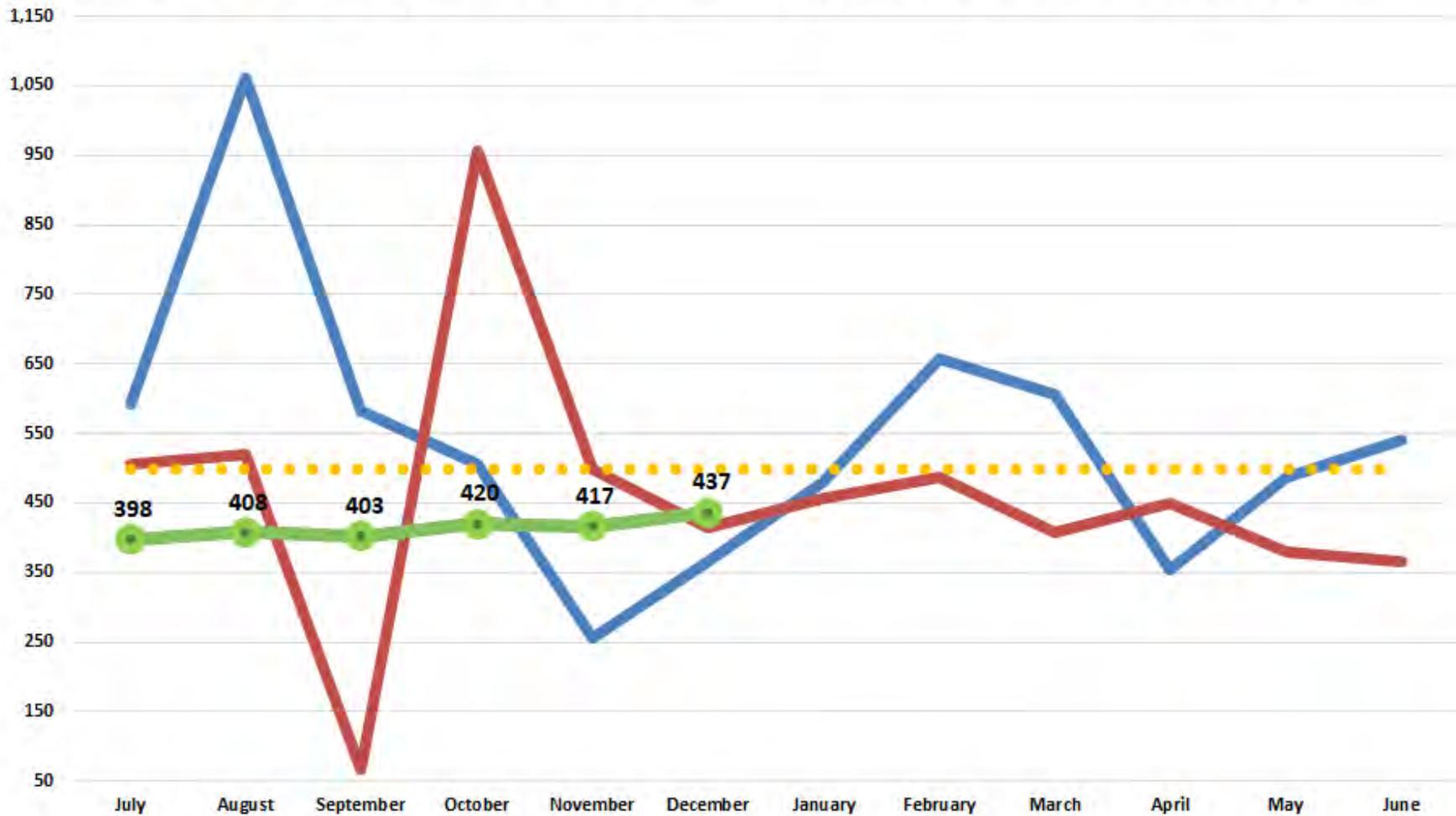
— FY2022
 — FY2023
 —●— FY2024
 - - - Budget



Chronic Dialysis - Visalia



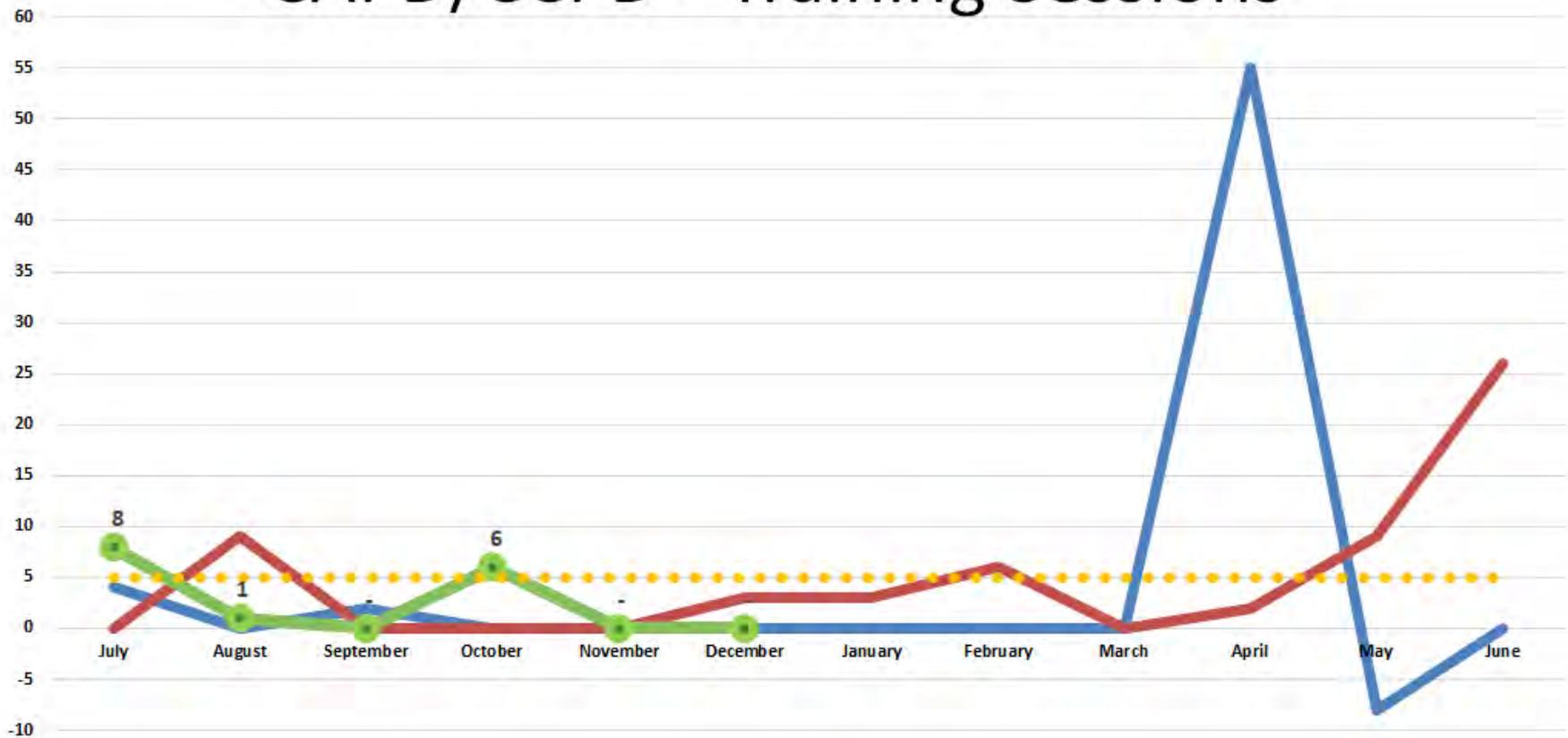
CAPD/CCPD - Maintenance Sessions



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



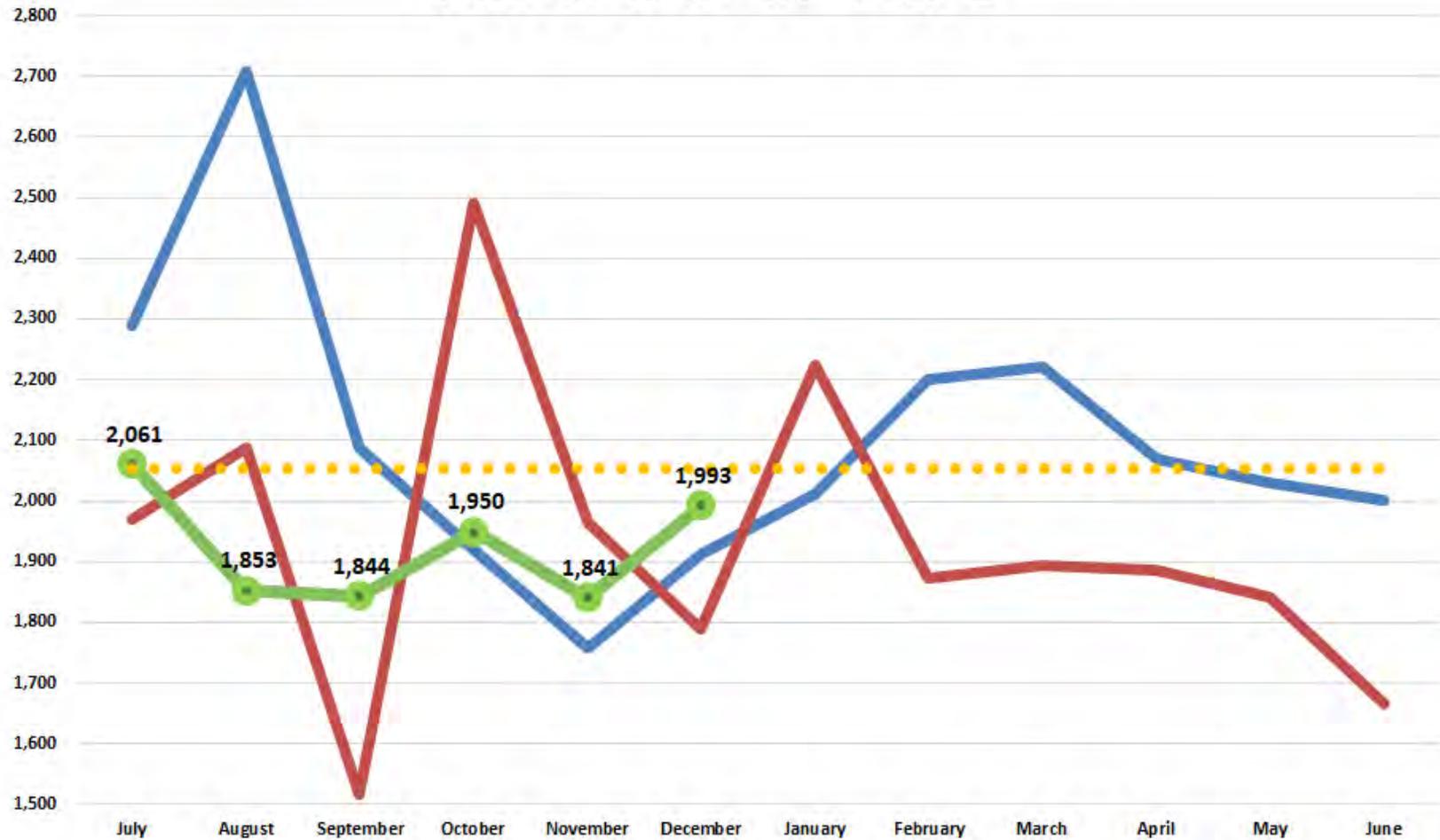
CAPD/CCPD - Training Sessions



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



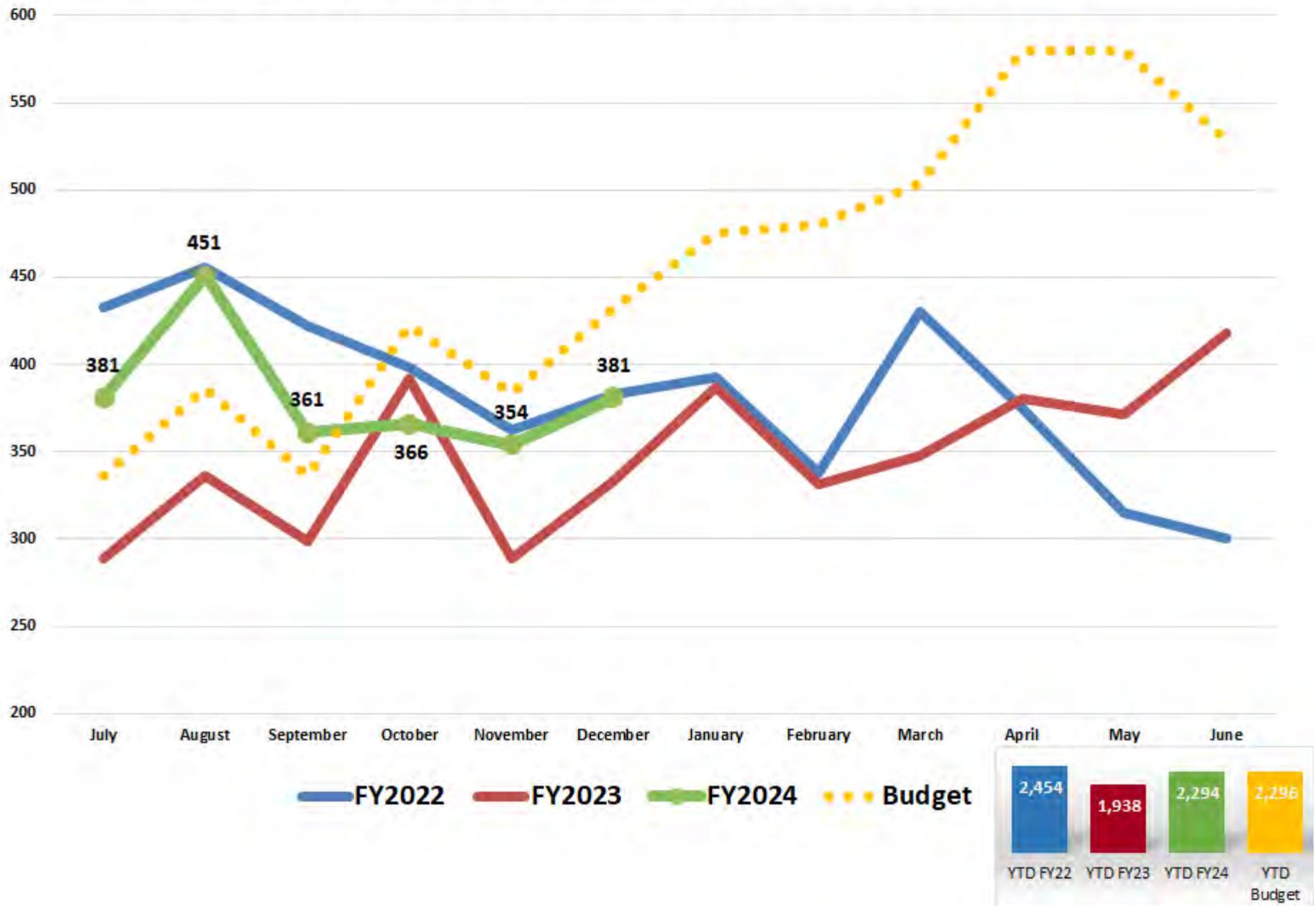
All CAPD & CCPD



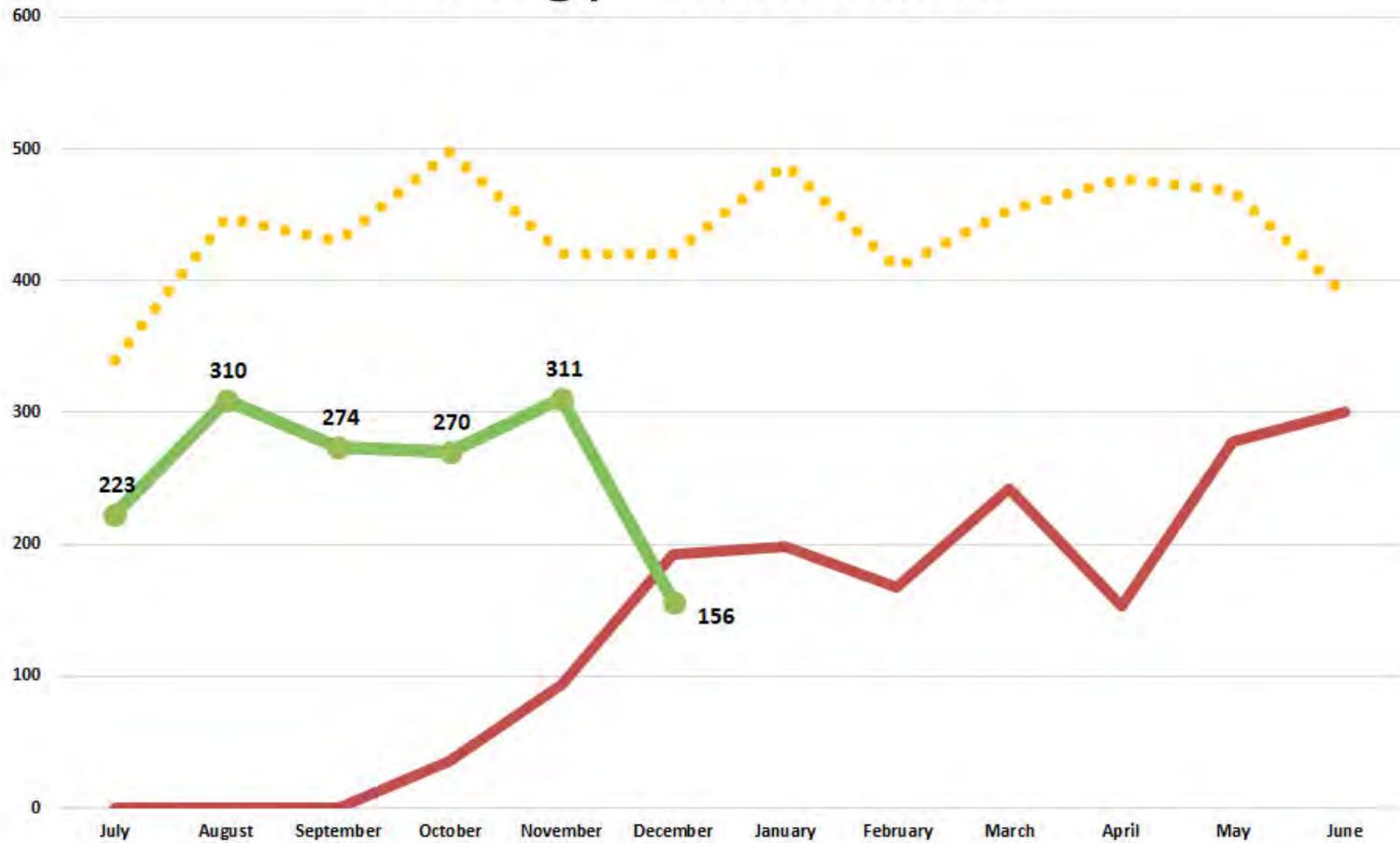
—●— FY2022
 —●— FY2023
 —●— FY2024
 -.-.- Budget



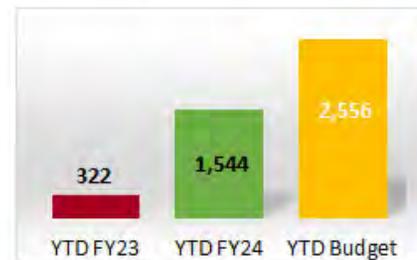
Infusion Center - Outpatient Visits



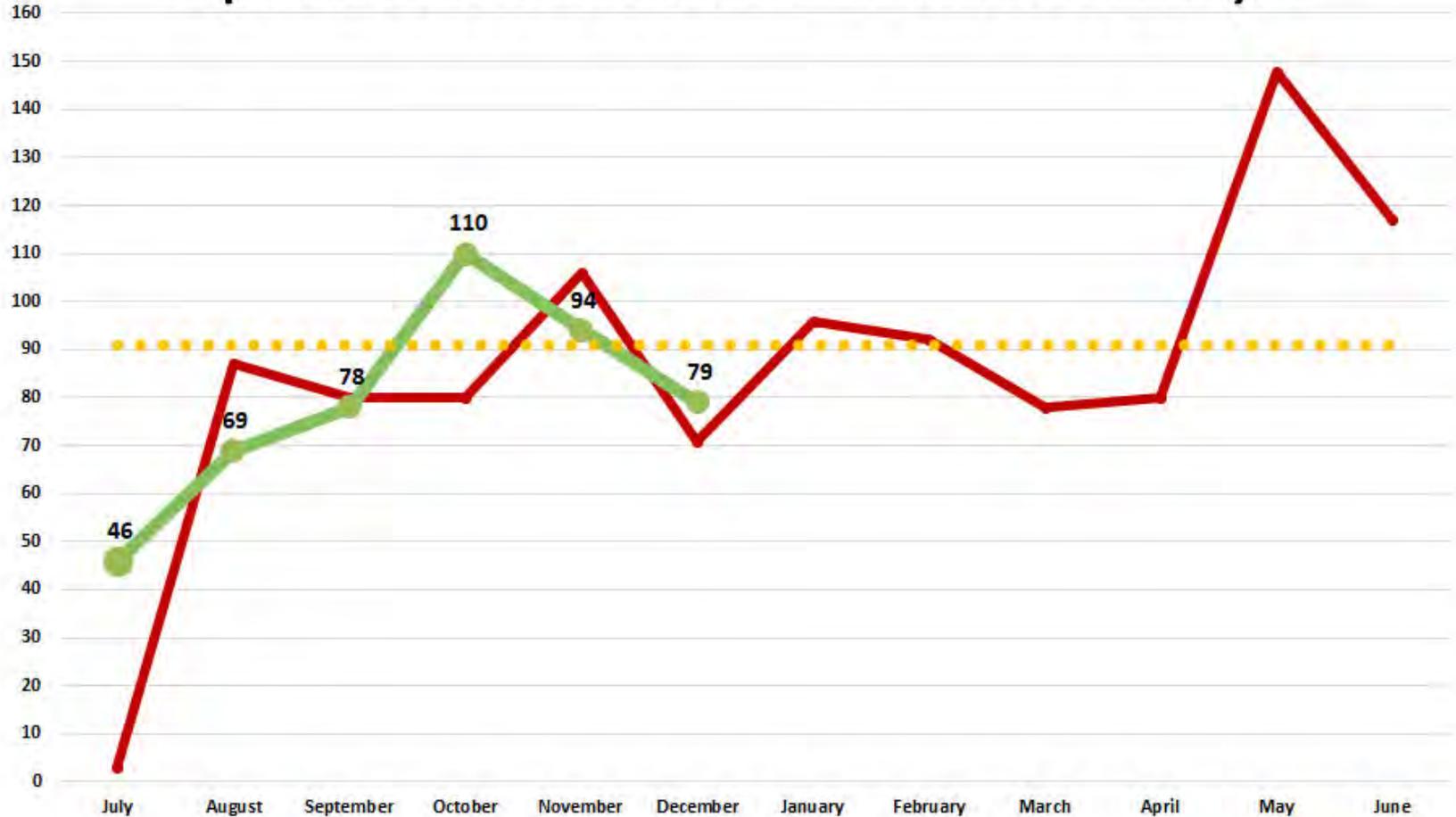
Urology Clinic Visits



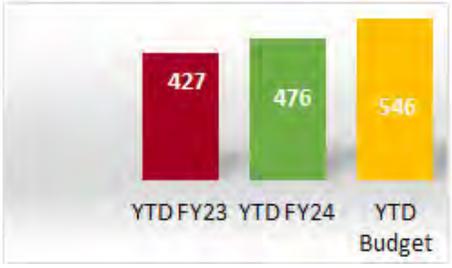
— FY2023
 — FY2024
 ••• Budget



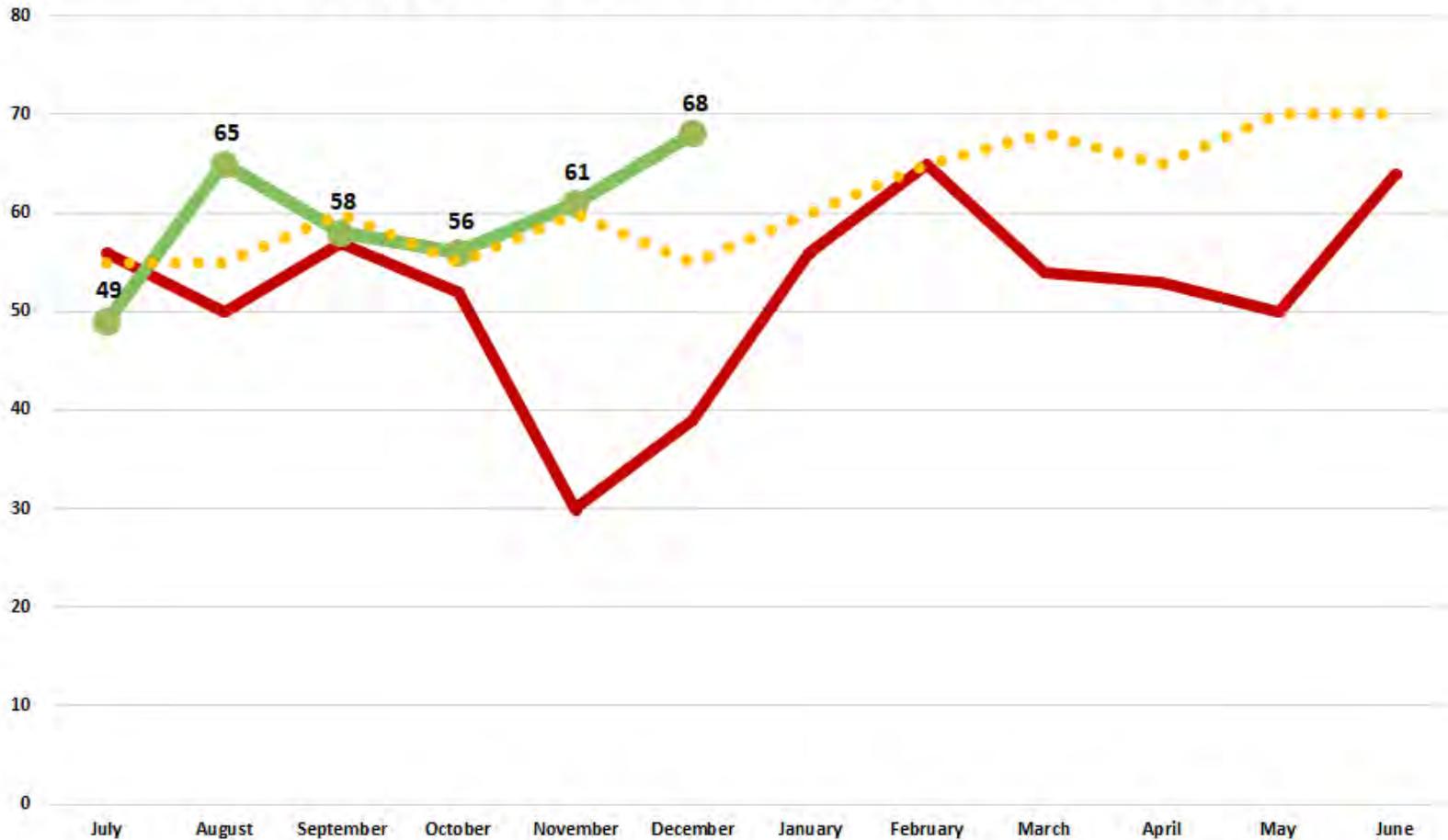
Open Arms House - Patient Days



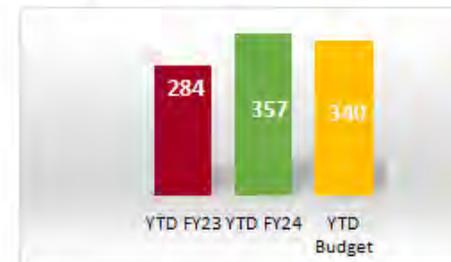
—●— FY2023
 —●— FY2024
 -.-.- Budget



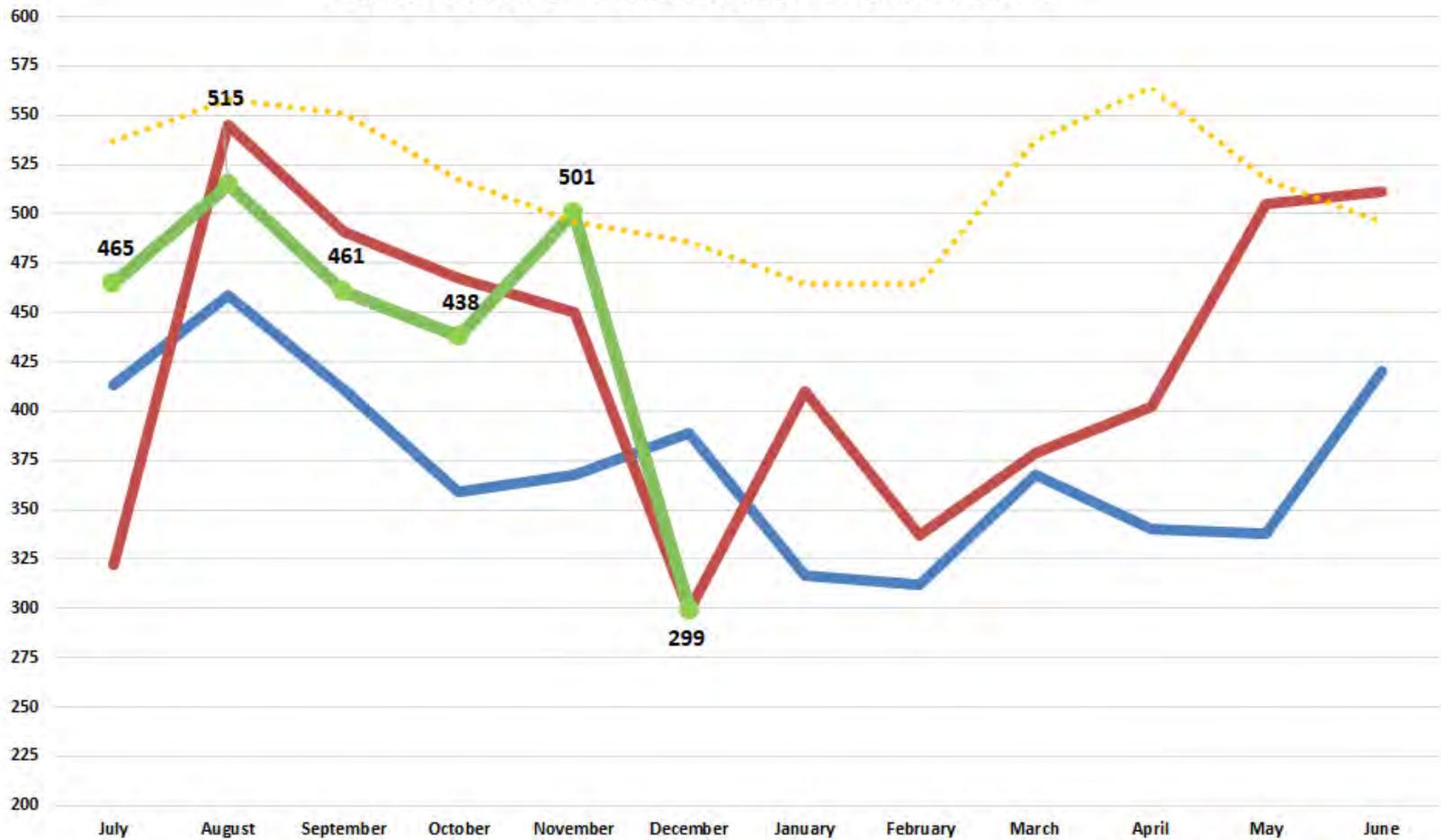
Cardiothoracic Surgery Clinic - Visits



— **FY2023**
 —●— **FY2024**
 -.- **Budget**



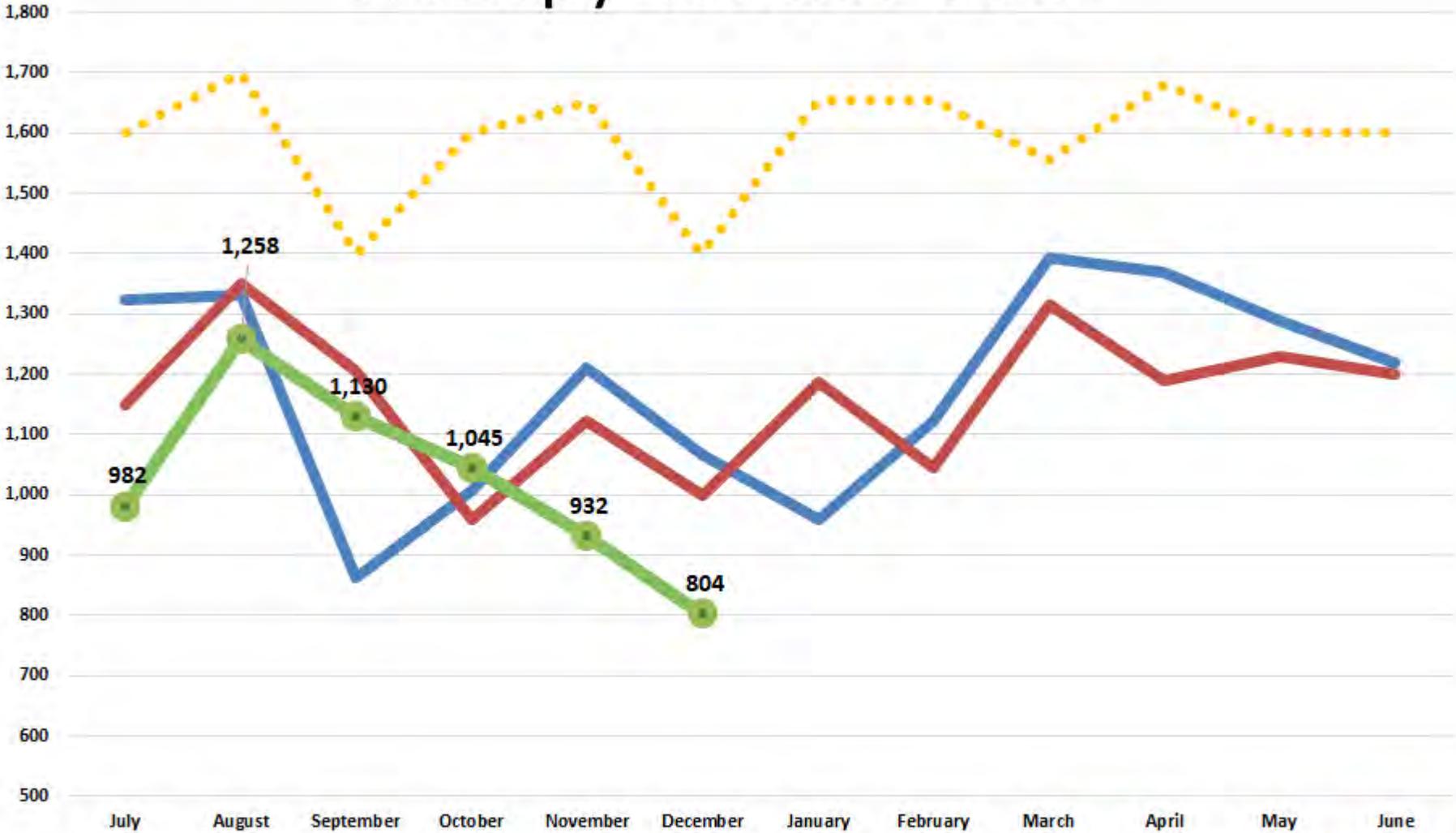
Cardiac Rehabilitation



— FY2022
 — FY2023
 — FY2024
 ⋯ Budget



Therapy-Wound Care



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

