

# Kaweah Delta Health Care District Board Of Directors Committee Meeting

*Health is our Passion. Excellence is our Focus. Compassion is our Promise.*

## SPECIAL MEETING NOTICE

The Human Resource Board Committee of the Kaweah Delta Health Care District will meet in the Executive Office Conference Room {305 W Acequia Avenue, Visalia, CA} on Wednesday, June 11, 2025:

- 4:00PM 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: [kedavis@kaweahhealth.org](mailto:kedavis@kaweahhealth.org), or on the Kaweah Delta Health Care District web page <http://www.kaweahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT

David Francis, Secretary/Treasurer



Kelsie Davis

Board Clerk / Executive Assistant to CEO

### DISTRIBUTION:

Governing Board, Legal Counsel, Executive Team, Chief of Staff, [www.kaweahhealth.org](http://www.kaweahhealth.org)

# Kaweah Delta Health Care District

## Board of Directors Committee Meeting

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## **KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HUMAN RESOURCES COMMITTEE**

Wednesday, June 11, 2025

Kaweah Health Medical Center

305 W. Acequia Avenue, Executive Office Conference Room (1<sup>st</sup> Floor)

**ATTENDING:** Directors: Lynn Havard Mirviss (chair) & Armando Murrieta; Gary Herbst, CEO; Dianne Cox, Chief Human Resources Officer; Brittany Taylor, Director of Human Resources; Raleen Larez, Director of Employee Relations; Hannah Mitchell, Director of Organizational Development; Jaime Morales, Director of Talent Acquisition; JC Palermo, Director of Physician Recruitment; Dr. Paul Stefanacci, Chief Medical Officer/Chief Quality Officer

### **OPEN MEETING – 4:00 PM**

**CALL TO ORDER** – *Lynn Havard Mirviss*

**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.

1. **MINUTES**- Review of March 11, 2025, meeting minutes.
2. **MEDICAL STAFF RECRUITMENT**– Overview and discussion of the monthly physician recruitment report. - *JC Palermo, Director of Physician Recruitment/Relations*
3. **HUMAN RESOURCES STRATEGIC PLAN FISCAL YEAR 2026 –** Overview and discussion. - *Dianne Cox, Chief Human Resources Officer*
4. **KAWEAH CARE STEERING COMMITTEE**- Presentation and Engagement Update. - *Dianne Cox, Chief Human Resources Officer*
5. **HUMAN RESOURCES POLICIES** – Review of the following Human Resources policies as reviewed and recommended to be presented to the Board for approval:
  - a. **EHS06** Work Related Injury and Illness and Workers' Compensation - Revised
  - b. **HR.47** Professional Licensure and Certification -Revised
  - c. **HR.72** Standby and Callback Pay- Revised

**Mike Olmos • Zone 1**  
President

**Lynn Havard Mirviss • Zone 2**  
Vice President

**Dean Levitan, MD • Zone 3**  
Board Member

**David Francis • Zone 4**  
Secretary/Treasurer

**Armando Murrieta • Zone 5**  
Board Member

# Kaweah Delta Health Care District

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- d. [HR. 80](#) Docking Staff- Revised- Revised
- e. [HR.145](#) Family Medical Leave Act (FMLA)/California Family Rights Act (CFRA) Leave of Absence - Revised
- f. [HR. 173](#) Employee Emergency Relief- Revised
- g. [HR.197](#) Dress Code- Professional Appearance Guidelines - Revised
- h. [HR.234](#) PTO, EIB and Healthy Workplace, Healthy Families Act of 2014 – Revised
- i. HR.243 Leave of Absences- Reviewed
- j. HR. 245 Event Participation Pay - Reviewed

### **ADJOURN** – Lynn Havard Mirviss, Committee Chair

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Secretary/Treasurer

**Armando Murrieta • Zone 5**  
Board Member



## ***KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HUMAN RESOURCES COMMITTEE MINUTES***

Tuesday, March 11, 2025  
Kaweah Health Medical Center  
305 Acequia Avenue, 4 Tower Multipurpose Room (4th Floor)

**PRESENT:** Directors: Lynn Havard Mirviss (chair) & Dave Francis; Dianne Cox, Chief Human Resources Officer; Raleen Larez, Director of Employee Relations; Hannah Mitchell, Director of Organizational Development; JC Palermo, Director of Physician Recruitment; Paul Stefanacci, M.D., Chief Medical & Quality Officer; Kelsie Davis, recording

**CALLED TO ORDER** – at 4:01pm by Director Havard Mirviss

**PUBLIC PARTICIPATION** –None.

**MINUTES**- Reviewed.

**PHYSICIAN RECRUITMENT** – JC gave an updated overview and discussion of the monthly physician recruitment report.

**HUMAN RESOURCES/ORG DEVELOPMENT INITIATIVES 2025**– Dianne, Hannah and Paul Stefanacci, MD, reviewed and discuss Kaweah Care Ideal Work Environment, Ideal Practices Environment, Physician Engagement and updates relative to current and proposed Initiatives which is attached hereto the minutes.

**KAWEAH CARE STEERING COMMITTEE** – Dianne and Paul reviewed the presentation and Physician Engagement update, which are attached hereto the minutes.

**HUMAN RESOURCES POLICIES** – Dianne and her team reviewed the Human Resources policies as reviewed and recommended to be presented to the Board for approval. Attached hereto the minutes.

**ADJOURN** – at 4:50pm by Director Havard Mirviss

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MEDICAL STAFF RECRUITMENT–

# Physician Recruitment Board Report - Physician Group Targets

## May 2025

<b>Key Medical Associates</b> Gastroenterology x1 Pediatrics x1 Pulmonology x1 Rheumatology x1	<b>Orthopaedics Associates</b> Orthopedic Surgery (General) x1 Orthopedic Surgery (Hand) x1	<b>Sequoia Cardiology</b> EP Cardiology x1	<b>Other Recruitment/Group TBD</b> CT Surgery x2 Family Medicine x5 Gastroenterology x2 General Cardiology x1 Neurology IP/OP x2 OB/GYN x2 Pediatrics x1 Adult Psychiatry x1 Pulmonology OP x1 Urology x3
<b>Oak Creek Anesthesia</b> Anesthesia - Cardiac x1 Anesthesia - General x1 Anesthesia - Regional x1 Anesthesia - GME Program Dir	<b>Valley ENT</b> Audiology x1 Otolaryngology x1	<b>Valley Children's</b> Maternal Fetal Medicine x2 Neonatology x1 Pediatric Cardiology x1 Pediatric Hospitalist x1	

### May Board Report Narrative:

We are excited to welcome, Dr. Walter Gribben to the Kaweah Health team. Dr. Gribben, will be providing much needed outpatient Pulmonology care to our community and has already begun seeing patients in the Kaweah Health Clinic located in 202 W. Willow.

Working with Precision Psychiatry, we have finalized contracts with two of our graduating Psychiatry Residents. They will begin full-time work in Kaweah Health facilities after graduation this year.

We are currently working with three OB/GYN candidates:

- 1) Signed Physician Recruitment Agreement with OB/GYN moving from the West Virginia
- 2) Site visit pending with physician from California
- 3) Screening candidate currently living and working in Texas

We are currently working with three Gastroenterology candidates and hope to have site visits scheduled soon.

The recruitment of additional OB/GYN, Family Medicine, Urology, and Gastroenterology physicians remain top priorities for the Kaweah Health Physician Recruitment team.

# Board Report - Physician Recruitment - May 2025

	Specialty	Group	Phase	Expected Start Date
1	Gastroenterology	TBD	Site Visit	
2	OBGYN	TBD	Site Visit	
3	Cardiothoracic Surgery	TBD	Site Visit	
4	Intensivist	Sound	Site Visit	
5	Intensivist	Sound	Site Visit	
6	ENT	Valley ENT	Site Visit	
7	Family Medicine	TBD	Screening	
8	Family Medicine	TBD	Screening	
9	Family Medicine	TBD	Screening	
10	OBGYN	TBD	Screening	
11	Gastroenterology		Screening	
12	Cardiology (EP)		Screening	
13	Cardiothoracic Surgery	TBD	Screening	
14	Gastroenterology	TBD	Screening	
15	Gastroenterology	TBD	Screening	
16	Pulmonology	TBD	Screening	
17	OBGYN	TBD	Screening	
18	Internal Medicine	1099 - KH Direct	Screening	
19	Radiology	Mineral King Radiology	Screening	
20	Radiology	Mineral King Radiology	Screening	
21	Family Medicine	TBD	Screening	
22	Pulmonology	TBD	Offer Extended	
23	Rheumatology	TBD	Offer Extended	
24	Anesthesia (Regional)	Oak Creek	Offer Extended	
25	Neonatology	Valley Childrens	Offer Extended	
26	OBGYN	TBD	Offer Accepted	
27	General Surgery	TBD	Offer Accepted	10/20/25
28	General Surgery	TBD	Offer Accepted	08/01/25
29	Family Medicine	TBD	Offer Accepted	08/01/25
30	OBGYN	1099 - KH Direct	Offer Accepted	
31	Neurology	1099 - KH Direct	Offer Accepted	
32	Urology	1099 - KH Direct	Offer Accepted	03/01/25
33	Endocrinology	1099 - KH Direct	Offer Accepted	
34	Family Medicine NP	CFC	Offer Accepted	
35	Family Medicine	KH Faculty MG	Offer Accepted	
36	Family Medicine	Key Medical Associates	Offer Accepted	
37	Anesthesia (Regional)	Oak Creek	Offer Accepted	04/01/25
38	Anesthesia (CRNA)	Oak Creek	Offer Accepted	04/15/25
39	Anesthesia (CRNA)	Oak Creek	Offer Accepted	04/01/25
40	Psychiatry	Precision Psych	Offer Accepted	06/16/25
41	Psychiatry	Precision Psych	Offer Accepted	06/16/25
42	Neonatology	Valley Childrens	Offer Accepted	07/28/25
43	Cardiothoracic Surgery	TBD	Leadership Call	
44	Family Medicine	TBD	Leadership Call	
45	Internal Medicine	CFC	Leadership Call	
46	Cardiology (EP)	KH Sequoia Cardiology	Leadership Call	
47	Urology	TBD	Applied	
48	Pulmonology	TBD	Applied	

	Specialty	Group	Phase	Expected Start Date
49	Pulmonology	TBD	Applied	
50	Pulmonology	TBD	Applied	
51	Orth Surgeon (Hand)	TBD	Applied	
52	OBGYN	TBD	Applied	
53	Cardiology (EP)	KH Sequoia Cardiology	Applied	
54	Cardiology (EP)	KH Sequoia Cardiology	Applied	
55	Cardiology (EP)	KH Sequoia Cardiology	Applied	



A photograph of the Kaweah Health Medical Center building, a multi-story structure with a mix of concrete and glass facades. The building is set against a blue sky with scattered white clouds. The text "FY 2026 Strategic Plan" is overlaid in large white font.

# FY 2026 Strategic Plan

April 28, 2025



[kaweahhealth.org](https://kaweahhealth.org)



**Kaweah Health**



MORE THAN MEDICINE. LIFE.

A photograph of the Kaweah Health Medical Center building, a modern multi-story structure with a mix of concrete and glass facades. The building is set against a blue sky with scattered white clouds. The text "Kaweah Health Medical Center" is visible on the upper part of the building's facade.

Kaweah Health Medical Center

# Ideal Environment



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## Kaweah Care Culture

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

**Description:** Integrate Kaweah Care culture into the various aspects of the organization.

## Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.1.1	Continue development of the Kaweah Care Culture.	07/01/2025	06/30/2026	Dianne Cox	Not Started	Kaweah Care Steering Committee includes subcommittees of Employee Engagement and Experience, Ideal Practice Environment Committee, and Patient Engagement and Experience Committee.
1.1.2	Ensure Competitive Compensation and Benefits.	07/01/2025	06/30/2026	Dianne Cox	Not Started	The executive team will evaluate the employee benefits plan for CY2026. Market adjustments for base pay and minimum wage will continue into FY2026 to ensure competitive pay for retention and recruitment.
1.1.3	New Leader Selection and Development	07/01/2025	06/30/2026	Hannah Mitchell	Not Started	<ul style="list-style-type: none"><li>- Continue with Emerging Leaders Academy cohorts to support knowledge and skills development for high-potential staff</li><li>- Partner with hiring managers to make sure that we're selecting the strongest candidates</li><li>- Work with Educational Governance Committee and leadership to review and revise new leader onboarding to align with current needs</li><li>- Add post HR Management Orientation check-ins from HR leaders to ensure they are supported</li></ul>

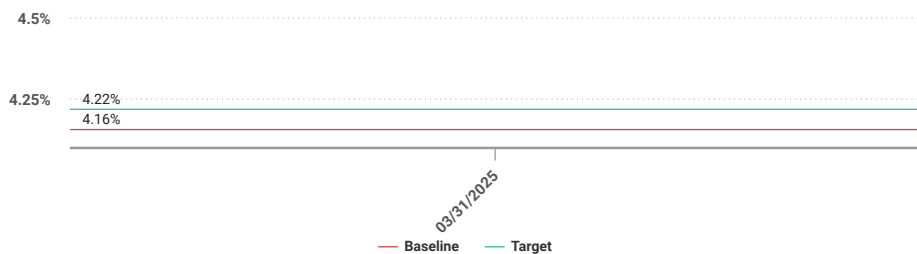
## Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.1.4	Improve Employee Engagement Surveys to > 4.2%	07/01/2025	06/30/2026	Dianne Cox	Not Started	Goal TBD - pending June 2025 results
1.1.5	Decrease overall KH turnover rate to meet CHA statewide statistics </= 12%	07/01/2025	06/30/2026	Dianne Cox	Not Started	
1.1.6	Decrease Direct Patient Care RN Turnover Rate to meet CHA statewide statistics </= 14%	07/01/2025	06/30/2026	Dianne Cox	Not Started	
1.1.7	Decrease New Hire Turnover Rate (leaving < 6 months) with 30/90 days Check-in </= 15%	07/01/2025	06/30/2026	Dianne Cox	Not Started	
1.1.8	Decrease RN New Hire Turnover Rate (leaving < 6 months) with 30/90 days Check-in </= 14%	07/01/2025	06/30/2026	Dianne Cox	Not Started	

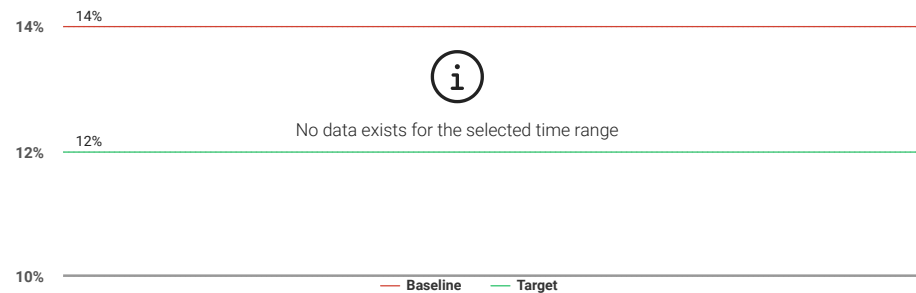
## Kaweah Care Culture

Champions: Dianne Cox, Raleen Larez, and Hannah Mitchell

### Improve Employee Engagement Surveys (4.20%)



### Decrease Overall KH Turnover Rate ( $\leq 12\%$ )



### Decrease Direct Patient Care RN Turnover Rate ( $\leq 14\%$ )



### Decrease New Hire Turnover Rate w/in 6 months ( $\leq 15\%$ )



### Decrease RN New Hire Turnover Rate w/in 6 months ( $\leq 14\%$ )



## Ideal Practice Environment

Champions: Dr. Paul Stefanacci and Amy Shaver

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

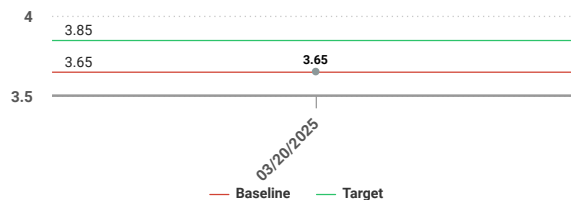
### Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.2.1	Improve Physician and Advanced Practice Provider Retention and Wellness.	07/01/2025	06/30/2026	Dianne Cox	Not Started	Various initiatives to help create an ideal practice environment: - Completion of the enhancement of workspace projects (surgery locker room, med staff lounge, library, and physician work areas) - Reduction in the onboarding timeframes and enhance mentoring programs
1.2.2	Develop Leadership Training Curriculum for Operational Directors, Division Chiefs and Medical Staff Service Line Directors.	07/01/2025	06/30/2026	Dianne Cox	Not Started	- Onboarding of medical staff leaders - Retreat in September 2025 - Explore additional training opportunities
1.2.3	Develop a follow-up action plan from the physician survey results.	07/01/2025	06/30/2026	Dianne Cox	Not Started	

### Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.2.4	Improve Physician and Advanced Practice Provider Engagement Surveys to > 3.85	07/01/2025	06/30/2026	Dianne Cox	Not Started	Survey from June 2024 (12 departments). Next survey is June 2026.

#### Improve Physician and Advanced Practice Provider Engagement Surveys to > 3.85



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

**Description:** Increase the pool of local RN candidates with the local schools to increase RN cohort seats and increase development opportunities for our employees

## Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
1.3.1	Continue to build partnerships with local colleges and universities for nursing programs; expand into other educational programs beyond nursing for KH employees.	07/01/2025	06/30/2026	Dianne Cox	Not Started	Continue to build partnerships with local colleges and universities for nursing programs; expand into other educational programs beyond nursing for KH employees. - Working to expand an apprenticeship model with COS Traditional RN Program in 2025. - Continue to explore expanded partnerships to build talent pipelines in alignment with needs for difficult-to-fill positions, including potential SJVC Imaging Tech and CSUF for OT.
1.3.2	Monitor the retention and graduation of KH employees in sponsored programs.	07/01/2025	06/30/2026	Dianne Cox	Not Started	Anticipated graduations: Unitek: - January 2026- 14 - March 2026- 30 - September 2026- 29  SJVC: - April 2025- 3  COS: Year Round - July 2026- 8 LVN >RN - May 2026- 2
1.3.3	Expand local high school volunteer opportunities at KH.	07/01/2025	06/30/2026	Dianne Cox	Not Started	Engaging high school students will help shape the future workforce and create more specialized candidates ready to meet KH needs, build relationships with local community to keep talent close to home and enhance retention. Also creates pathways for non-medical staff, which is equally important in filling critical operational roles.  Expanding partnerships with high schools. Continuing to welcome students from Porterville High School, getting ready for second group for Summer 2025. Hanford CTE program has reached out about expanding in Summer 2025, additional high school. Exeter is scheduled to start their Academy of health sciences program in August, rolling out for Freshman. VUSD has reached out about growing non-medical programs, including childhood education, first responders, law and justice, and food services. Woodlake started a health academy and could be an opportunity for growth.
1.3.4	Expand Kaweah Health University.	07/01/2025	06/30/2026	Hannah Mitchell	Not Started	- Continue current Leadership Development Programs, such as Leadership Academy, Leader Learning Path, and Leader Lunch & Learns - Develop Kaweah Health University Scholars Program to help employees develop an expertise on various topics (e.g., leadership and Microsoft Office) - Continue to promote and expand our catalog of available educational opportunities
1.3.5	Market Unitek program internally and externally to expand the pool of qualified candidates.	07/01/2025	06/30/2026	Dianne Cox	Not Started	

A photograph of the Kaweah Health Medical Center building, a modern multi-story structure with large glass windows and a concrete facade. The building is set against a blue sky with scattered white clouds. The text "Kaweah Health Medical Center" is visible on the upper part of the building's facade.

# Outstanding Health Outcomes



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## Hospital Acquired Infections (HAI)    Champion: Sandy Volchko

**Description:** Reduce the Hospital Acquired Infections (HAIs) to the selected national percentile in FY26 as reported by the Centers for Medicare and Medicaid Services.

### Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.2.1	Utilize the subject matter expertise of the Infection Prevention Team.	07/01/2025	06/30/2026	Sandy Volchko	Not Started	
3.2.2	Increase MRSA Decolonization.	07/01/2025	06/30/2026	Sandy Volchko	Not Started	
3.2.3	Reduce line utilization through best practices and multidisciplinary rounding.	07/01/2025	06/30/2026	Sandy Volchko	Not Started	
3.2.4	Adherence to best practices related to care and maintenance of lines	07/01/2025	06/30/2026	Sandy Volchko	Not Started	
3.2.5	Expand the use of Bio-Vigil.	07/01/2025	06/30/2026	Sandy Volchko	Not Started	
3.2.6	Improve cleanliness of the environment through ATP Testing.	07/01/2025	06/30/2026	Sandy Volchko	Not Started	

### Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.2.7	Decrease Standardized Infection Ratio (SIR) CAUTI to $\leq 0.321$ (NHSN 30th Percentile 223)	07/01/2025	06/30/2026	Sandy Volchko	Not Started	
3.2.8	Decrease Standardized Infection Ratio (SIR) CLABSI to $\leq 0.635$ (NHSN 50th Percentile 2023)	07/01/2025	06/30/2026	Sandy Volchko	Not Started	
3.2.9	Decrease Standardized Infection Ratio (SIR) MRSA to $\leq 0.658$ (NHSN 50th Percentile 2023)	07/01/2025	06/30/2026	Sandy Volchko	Not Started	

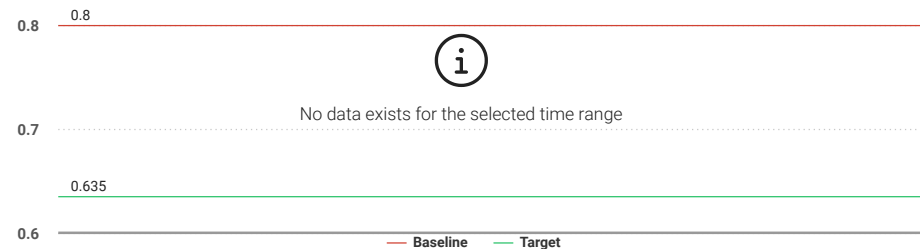


## Hospital Acquired Infections (HAI) Champion: Sandy Volchko

SIR CAUTI FYTD ( $\leq 0.321$ )



SIR CLABSI FYTD ( $\leq 0.635$ )



SIR MRSA FYTD ( $\leq 0.658$ )



## Reduce Surgical Complications Champion: Sandy Volchko

**Description:** Reduce the Patient Safety Indicator (PSI) 90 composite rate to the selected national percentile in FY26 as reported by the Centers for Medicare and Medicaid Services.

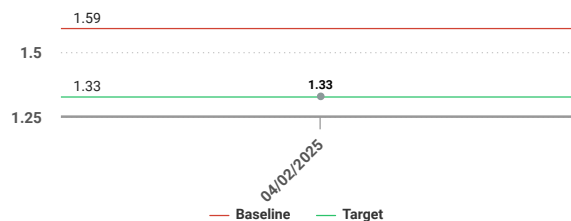
### Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.1	Utilize the subject matter expertise of the Surgical Quality Team.	07/01/2025	06/30/2026	Sandy Volchko	Not Started	
3.3.2	Validate targeted opportunities through updated data analysis.	07/01/2025	06/30/2026	Sandy Volchko	Not Started	
3.3.3	Implement best practices to address preventable complications in surgical patients (Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) Prevention & Respiratory Failure)	07/01/2025	06/30/2026	Sandy Volchko	Not Started	

### Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.4	Decrease the CMS composite score consisting of 9 weighted individual PSIs defined by CMS to 1.33 (MIDAS 50th Percentile).	07/01/2025	06/30/2026	Sandy Volchko	Not Started	

Decrease the CMS composite score consisting of 9 weighted individual PSIs defined by CMS to 1.33 (MIDAS 50th Percentile).



## Safety Program Enhancement Champion: Sandy Volchko

**Description:** Count rate of serious safety events per the new taxonomy (harm score E or F-I) per 10,000 patient days and OP visits.

### Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.1.1	Develop standardized roles and responsibility for process improvement team.	07/01/2025	06/30/2026	Sandy Volchko	Not Started	
3.1.2	Provide safety training for all leaders.	07/01/2025	06/30/2026	Sandy Volchko	Not Started	
3.1.3	Complete Apparent Cause Analysis: 2 ACAs per Leader	07/01/2025	06/30/2026	Sandy Volchko	Not Started	
3.1.4	Training and standardization for safety huddles	07/01/2025	06/30/2026	Sandy Volchko	Not Started	
3.1.5	Optimize event reporting and data analytics	07/01/2025	06/30/2026	Sandy Volchko	Not Started	

### Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.1.6	Implement Leadership education on proactive evidenced based strategies that enhance the Patient Safety Program (High Reliability Leadership Training)	07/01/2025	06/30/2026	Sandy Volchko	Not Started	Improve capability, effectiveness and accountability of PI work
3.1.7	Establish baseline metrics for enhanced patient safety program.	07/01/2025	06/30/2026	Sandy Volchko	Not Started	

A photograph of the Kaweah Health Medical Center building, a modern multi-story structure with large glass windows and a light-colored facade. The building is set against a blue sky with scattered white clouds. The text "Physician Alignment" is overlaid in the center in a large, white, sans-serif font.

# Physician Alignment



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

## Recruit and Retain Physicians and Advanced Practice Providers Champions: Ryan Gates and JC Palermo

**Description:** Refine and execute strategies for recruitment and retention of physicians.

### Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.1.1	Beginning early in their residencies, educate and build partnerships with Central Valley medical residents related to practice opportunities and recruitment packages.	07/01/2025	06/30/2026	JC Palermo	Not Started	
5.1.2	Continue to work directly with Key Medical Group, local physicians and other medical groups to assist in recruitment and placement of new physicians in their practices.	07/01/2025	06/30/2026	JC Palermo	Not Started	The Physician Needs Assessment completed in 2023 lists a shortfall of 28 primary care physicians in KH's service area. With available opportunities in the Ben Maddox, Plaza, Akers, Woodlake, and Lindsay clinics, a target of five net new PCP recruitments has been selected.
5.1.3	Continue to work directly with Key Medical Group, local physicians and other medical groups to explore options for long term practice sustainability and growth.	07/01/2025	06/30/2026	JC Palermo	Not Started	
5.1.4	Continue efforts of the Physician Recruitment and Retention Strategy Committee to meet regarding physician recruitment needs, fair market value and physician retention strategies.	07/01/2025	06/30/2026	JC Palermo	Not Started	

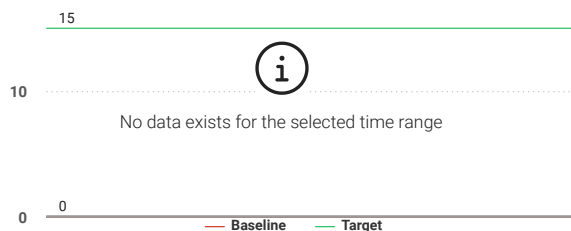
### Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.1.5	Recruit 5 Primary Care Physicians	07/01/2025	06/30/2026	JC Palermo	Not Started	
5.1.6	Recruit 15 Specialty Providers	07/01/2025	06/30/2026	JC Palermo	Not Started	
5.1.7	Recruit 10 Advanced Practice Providers	07/01/2025	06/30/2026	JC Palermo	Not Started	

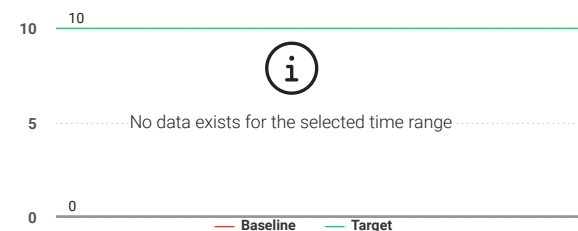
#### Recruit 5 Primary Care Physicians



#### Recruit 15 Specialty Providers



#### Recruit 10 Advanced Practice Providers



## Develop Practice Support for Physicians Champions: Ryan Gates and JC Palermo

**Description:** Develop services and opportunities that improve alignment with and support for contracted and affiliated physician practices.

## Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.2.1	Support physicians and their respective medical groups by offering management services organization (MSO) services to alleviate the administrative burden and enable them to focus on patient care activities.	07/01/2025	06/30/2026	Ryan Gates	Not Started	
5.2.2	Promote Kaweah Health services and the physicians that support them.	07/01/2025	06/30/2026	Ryan Gates	Not Started	

## Physician Alignment through Integrated Delivery Network Champions: Ryan Gates and JC Palermo

**Description:** With our physician community partners, continue to develop and strengthen relationships with health plans and providers through Sequoia Integrated Health.

## Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.3.1	Continue physician alignment efforts through our joint venture with Key Medical Group, Tulare-Kings Foundation for Medical Care and Sierra View Local Healthcare District (i.e. Sequoia Integrated Health) to contract with payers to become the provider network of choice.	07/01/2025	06/30/2026	Ryan Gates	Not Started	
5.3.2	Work with providers to design and implement care models and invest in resources that improve quality outcomes, patient experience and decrease cost.	07/01/2025	06/30/2026	Ryan Gates	Not Started	
5.3.3	Invest in resources and infrastructure that supports physician practices and the management of their attributed, capitated or empaneled patients.	07/01/2025	06/30/2026	Ryan Gates	Not Started	



A photograph of the Kaweah Health Medical Center building, a modern multi-story structure with large glass windows and a concrete facade. The building is set against a blue sky with scattered white clouds. The text "Kaweah Health Medical Center" is visible on the upper part of the building's facade.

# Patient Experience and Community Engagement



[kaweahhealth.org](http://kaweahhealth.org)



**Kaweah Health**  
MORE THAN MEDICINE. LIFE

## Promote a Patient-Centric Culture Champion: Deborah Volosin and Marc Mertz

**Description:** Focus on ensuring that every touchpoint in a patient's healthcare journey—from scheduling and admission to discharge and follow-up care—is designed with their needs, preferences, and well-being in mind.

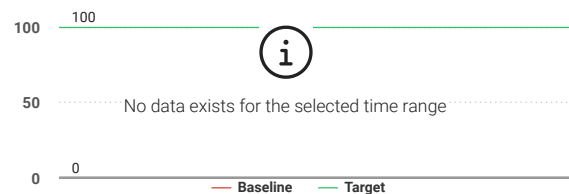
### Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.5.1	Executive Team to support the PX team by modeling patient-centered behaviors, reinforcing expectations with leaders, and using patient feedback to guide priorities and visibly champion key initiatives.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.5.2	Identify and Address Departmental Barriers to Delivering Excellent Customer Service by meeting with clinical unit leaders quarterly to review PX data.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.5.3	Utilize CAC members to help conduct a Comprehensive Evaluation of the Patient Journey From First Engagement to the Receipt of Their Final Bill to Identify Improvement Opportunities.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.5.4	Patient Rounding	07/01/2025	06/30/2026	Deborah Volosin	Not Started	

### Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.5.1.1	Executive Team to highlight at least one patient-centered initiative, success story, or improvement opportunity each leadership meeting, demonstrating alignment with PX team priorities and patient feedback	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.5.2.1	Director of Patient and Community Experience will report out on the unit specific barriers and successes at the Kaweah Care committee.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.5.3.1	CAC members will participate in a minimum of two structured evaluations of the patient journey, covering key milestones from initial engagement through final billing. Findings will be documented and shared with the Executive Team, with at least two improvement recommendations implemented as a result of their input.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.5.4.1	Patient Experience Team to interact with a minimum of 100 patients/families per month. (rounding, phone, email, social media, etc.). Executive Team members and Board of Directors to round one hour per month with Patient Experience team members. Rounding numbers will be reported at the Kaweah Care Meetings.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	

#### Patient Rounding with a Goal of 100 patients/ Month





## Empower ALL Team Members to Deliver Patient Centric Care Champion: Deborah Volosin and Marc Mertz

**Description:** Focus on equipping team members at all levels with the necessary skills, tools, and authority to drive meaningful improvements in patient interactions, service delivery, and overall satisfaction.

### Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.1	Ensure Unit Leaders Are Accessing Survey Data and Patient Experience Feedback and that they are sharing the information with their teams.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.1.2	Provide training and best practices to all areas of organization on areas of focus on the both the HCAHPS and Real Time surveys and priorities set by NRC.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.1.3	Reference Goals set in Spring 2025. Work with unit leaders to provide training and education to drive improvement and accountability so that each area meets their patient experience goals.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.1.4	Ancillary Departmental Partnership and Coordination	07/01/2025	06/30/2026	Deborah Volosin	Not Started	

### Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.2.3	Achieve an organizational-wide score of 67.7 in Real Time Net Promoter Score (NPS)	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.1.2.2	Achieve an organizational-wide score of 73.8 in HCAHPS "Would Recommend Hospital".	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.1.2.1	Achieve an organizational-wide score of 74 in HCAHPS "Overall Rating of Hospital".	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.1.1.1	Patient Experience to monitor user activity logs and provide monthly reports to Leadership, each unit manager, assistant manager, and clinical director.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.1.4.1	PX Steering Committee to act on feedback to improve all aspects of the patient journey.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	

Achieve an organizational-wide score of 74 in HCAHPS "Overall Rating of Hospital".



Achieve an organizational-wide score of 67.7 in Real Time Net Promoter Score (NPS)



Achieve an organizational-wide score of 73.8 in HCAHPS "Would Recommend Hospital".



## Foster a Culture of Human Understanding

Champions: Deborah Volosin and Marc Mertz

**Description:** Foster an environment where empathy, respect, and compassion are at the core of all interactions.

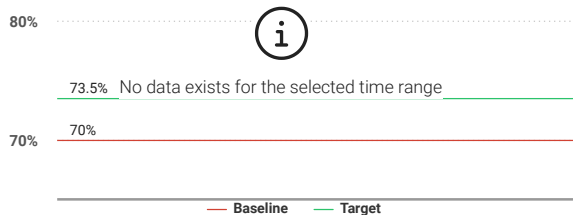
### Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.1	Provide Staff Education on Delivering Compassionate, Empathetic, and Individualized Patient Care.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.2.2	Implement a Comprehensive Customer Service Training Across All Areas of the Organization.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	

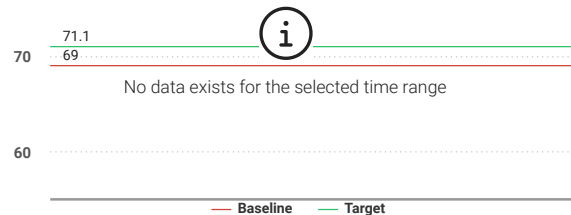
### Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.1.1	Achieve an Organizational-wide Score of 73.5 in Human Understanding.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.2.2.1	Achieve an Organizational-wide Score of 71.1 in Responsiveness of Staff.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	

Achieve an Organizational-wide Score of 73.5 in Human Understanding.



Achieve an Organizational-wide Score of 71.1 in Responsiveness of Staff.



## Enhancement of Environment Champion: Deborah Volosin and Marc Mertz

**Description:** Focus on improving the hospital's physical spaces to promote comfort, accessibility, and a sense of healing.

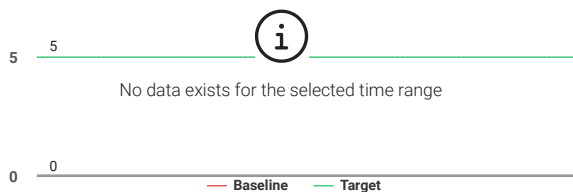
### Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.1	Conduct Executive Rounds with EVS, Facilities, Patient Experience to Identify and Address Cleanliness and Other Improvement Opportunities.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.3.2	Incorporate Cleanliness Feedback into Patient Experience QR Code Surveys and relay information to EVS Leadership.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.3.3	Implement Facility Upgrade and Refurbishment Projects to Enhance the Patient and Staff Environment.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	

### Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.2.1	Achieve a Score of 69.4 in The HCAHPS Cleanliness Score	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.3.2.2	Achieve a Score of 80 in Real-Time "Clean Clinic" Score	07/01/2025	06/30/2026	Deborah Volosin	Not Started	
4.3.3.1	Complete 5 Facility Upgrades and Refurbishment Projects.	07/01/2025	06/30/2026	Deborah Volosin	Not Started	

#### Complete 5 Facility Upgrades and Refurbishment Projects.



#### Achieve a Score of 69.4 in The HCAHPS Cleanliness Score



#### Achieve a score of 80 in "Cleanliness of Clinic" Score





A photograph of the Kaweah Health Medical Center building, a modern multi-story structure with large glass windows and a concrete facade. The building is set against a blue sky with scattered white clouds. The text "Kaweah Health Medical Center" is visible on the upper part of the building's facade.

# Strategic Growth & Innovation



[kaweahhealth.org](https://kaweahhealth.org)

## Grow Targeted Service Line Volumes

Champions: Kevin Bartel and Nancy Hungarland

**Description:** Grow volumes in key service lines and evaluate establishment of new services.

### Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.1	Implement a lung cancer screening program.	07/01/2025	06/30/2026		Not Started	Renee Lauck will own this.
2.1.2	Evaluate year one of the orthopedic traumatology program to develop a future state roadmap and workflows.	07/01/2025	09/30/2025	Kevin Bartel	Not Started	
2.1.3	Execute the Cardiothoracic Strategic Plan.	07/01/2025	06/30/2026		Not Started	The Director of the Heart and Vascular Service Line will own.
2.1.4	Complete a pro forma for the mitral clip program and develop an implementation plan if financially viable.	07/01/2025	06/30/2026		Not Started	The Director of the Heart and Vascular Service Line will own.
2.1.5	Establish an EP Cardiology Program.	07/01/2025	06/30/2026		Not Started	The Director of the Heart and Vascular Service Line will own.
2.1.6	Develop a strategy for Skilled Nursing Facility Growth.	07/01/2025	06/30/2026		Not Started	Kari Moreno will own this tactic.
2.1.7	Develop a plan for a comprehensive women's health center.	07/01/2025	06/30/2026		Not Started	

## Grow Targeted Service Line Volumes

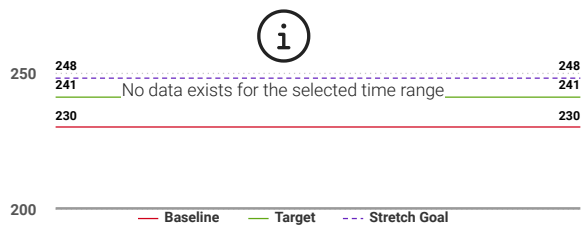
Champions: Kevin Bartel and Nancy Hungarland

**Description:** Grow volumes in key service lines and evaluate establishment of new services.

### Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.2.1	Perform 241 orthopedic surgery cases per month.	03/01/2025	06/30/2026	Kevin Bartel	Not Started	
2.1.3.1	Complete nine (five additional) Impella procedures in the FY2026.	07/01/2025	06/30/2026	Lori Mulliniks	Not Started	

#### Perform 241 orthopedic surgery cases per month.



#### Complete nine (five additional) Impella procedures in the FY2026.





## Enhance Medical Center Capacity and Efficiency: Kevin Morrison and Nancy Hungarland

**Description:** Enhance existing spaces to grow capacity for additional and expanded services and focus on operational efficiency within the surgery areas.

### Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.2.1	Focus efforts on improving Operating Room efficiency related to first case on time starts, block time utilization and turn around time.	07/01/2025	06/30/2026	Nancy Hungarland	Not Started	
2.2.2	Complete renovation and licensing of two outpatient procedure rooms.	07/01/2025	12/31/2025		Not Started	Kevin Morrison will be assigned to this item.
2.2.3	Complete expansion of the Cardiovascular Post Acute Care Unit (PACU).	07/01/2025	06/30/2026		Not Started	Kevin Morrison will be assigned to this item.
2.2.4	Consistently operate a sixth Cath Lab.	07/01/2025	06/30/2026		Not Started	Kevin Morrison will own.

### Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.2.1.1	Improve room turnover time in the main operating room ( in minutes).	07/01/2025	06/30/2026	Lori Mulliniks	Not Started	
2.2.1.2	50% or more of first cases of the day will start on time.	07/01/2025	06/20/2026	Nancy Hungarland	Not Started	
2.2.1.3	Launch a Block Time Utilization Committee.	07/01/2025	09/30/2025	Nancy Hungarland	Not Started	
2.2.2.1	Perform 450 endoscopy procedures per month.	07/01/2025	06/30/2026	Lori Mulliniks	Not Started	

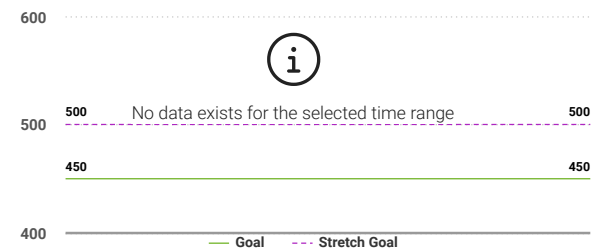
#### Improve room turnover time in the main operating room ( in minutes).



#### 50% or more of first cases of the day will start on time.



#### Perform 450 endoscopy procedures per month.





## Expand Access for Patients through Clinic Network Development Champions: Ryan Gates, Marc Mertz and Ivan Jara

**Description:** Strategically expand and enhance the existing clinic network to increase access at convenient locations for the community.

### Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.3.1	Open the Youth Crisis Stabilization Unit.	07/01/2025	10/01/2025	Marc Mertz	Not Started	
2.3.3	Open and evaluate further expansion of a multispecialty clinic on Akers.	07/01/2025	08/31/2025	Ivan Jara	Not Started	
2.3.4	Complete an assessment of the need for an expansion of Sequoia Regional Cancer Center-Medical Oncology services and space.	07/01/2025	06/30/2026	Ryan Gates	Not Started	
2.3.5	Finalize the plan for the ambulatory surgery center project.	07/01/2025	09/30/2025	Marc Mertz	Not Started	
2.3.6	Expand the rural health clinic network.	07/01/2025	06/30/2026	Ivan Jara	Not Started	
2.3.7	Launch occupational medicine at the Plaza clinic.	07/01/2025	12/31/2025	Ivan Jara	Not Started	

### Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.3.3.1	Phase I- Open the Akers multi-specialty clinic.	07/01/2025	08/31/2025	Ivan Jara	Not Started	
2.3.3.2	Phase II-Open Kaweah Admissions Testing, Lab and Imaging at the Akers multi-specialty clinic.	07/01/2025	12/31/2025	Ivan Jara	Not Started	
2.3.3.3	Complete assessment and evaluation of expansion opportunities at the Akers multi-specialty clinic.	07/01/2025	06/30/2026	Ivan Jara	Not Started	

### Innovation    Champion: Kevin Bartel

**Description:** *Implement and optimize new tools, applications and services to improve the patient experience, communication, and outcomes.*

#### Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.4.1	Continue exploring opportunities to use technology and artificial intelligence across Kaweah Health.	07/01/2025	06/30/2026	Luke Schneider	Not Started	
2.4.2	Pilot ambient listening technology in select clinics.	07/01/2025	06/30/2026	Luke Schneider	Not Started	
2.4.3	Optimize new call system to support integrated access for patients.	07/01/2025	06/30/2026	Ryan Gates	Not Started	
2.4.4	Identify new strategies and tools related to scheduling, registration and billing to enhance the patient experience.	07/01/2025	06/30/2026	Ivan Jara	Not Started	
2.4.5	Complete feasibility study for enhanced care at home and determine next steps.	07/01/2025	08/31/2025	Marc Mertz	Not Started	

## Enhance Health Plan Programs

Champion: Sonia Duran-Aguilar

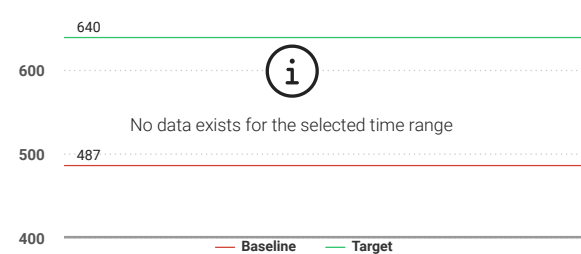
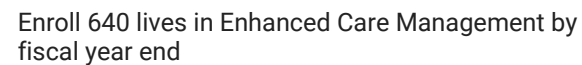
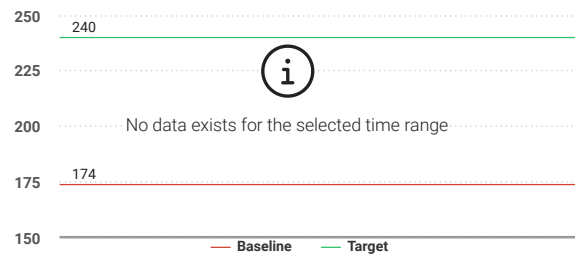
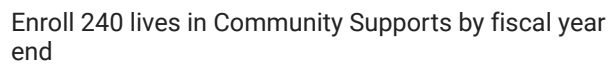
**Description:** Enhance relationships with health plans and community partners and participate in programs and funding opportunities to improve overall outcomes for the community.

## Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.5.2	Grow Community Supports community care coordinator staff to 6, with an assigned case load of 40 patients.	07/01/2024	06/30/2026	Sonia Duran-Aguilar	Not Started	
2.5.1	Grow Enhanced Care Management community care coordinator staff to 16 with an assigned case load of 40 patients.	07/01/2024	06/30/2026	Sonia Duran-Aguilar	Not Started	

## Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.5.2.1	Increase enrollment to 240 lives in Community Supports by fiscal year end.	07/01/2025	06/30/2026	Sonia Duran-Aguilar	Not Started	
2.5.1.1	Increase enrollment to 640 lives in Enhanced Care Management by fiscal year end.	07/01/2025	06/30/2026	Sonia Duran-Aguilar	Not Started	



## **KAWEAH CARE STEERING COMMITTEE-**

# Kaweah Care

Employee Engagement &  
Experience

*June 2025 Update*



# Check-in: Mission Statement Exercise



- Mission Statement Team Exercise
  - What is our Mission Statement?
  - What are you passionate about in your role?
  - How does that link back to our Mission Statement?
- During meetings and performance reviews
- Mission Moments for next LTM
  - Schwartz Steering lead by Sandra Shadley and Hannah Mitchell

# Employee Engagement & Experience - July to Present

- 7/13: Fox Summer Movie Night
- 7/22 - 7/29: Tower Challenge
- 7/22 - 7/29: Kaweah Health Crossword
- 7/31: Summer Games Event
- 8/2: Schwartz Rounds – People and Events that Shaped My Career
- 8/7: Launch of Compass Polls – Coffee/Tea Giveaway
- 8/16: Wear a Hawaiian Shirt Day
- 8/16: Free Shave Ice
- 8/20: Return of in-person LTMs
- 8/22: Just Culture Scenario Review
- 8/31: Kaweah Health Rawhide Night
- 9/2: Sport Jersey Fridays Relaunch
- 9/27 - 10/17: Visalia Corporate Games
- 10/1: Team of the Month Kickoff
- 10/4: Schwartz Rounds – Work. Love. Laughter.
- 10/15: Leader Learning Path Kickoff
- 10/17: SME Lunch & Learn Kickoff
- 10/24-10/31: Candy Corn Contest
- 10/24 - 10/31: Pumpkin Decorating and Carving Contest
- 10/28: Open Enrollment Kickoff
- 10/31: Halloween Festival
- 10/31: Halloween Dress-up Day
- 10/31: ET Rounding with Candy
- 11/1 - 11/3: Dia de Los Muertos
- 11/11: Veteran's Day Observance Video and Pins
- 11/12 - 12/4: Holiday Giving Drive
- 11/8 - 11/22: Cobbler and Ice Cream
- 12/2: Holiday Cheer
- 12/3 - 12/17: Kaweah Care Pulse Survey
- 12/6: Schwartz Rounds - Lessons from the Past. Hopes for the Future.
- 12/9 - 12/13: Holiday Meal
- 12/9 - 12/13: Ugly Sweater Dress-up Day
- 12/9 - 12/13: Employee Gift (Zipper Pouches)
- 12/9 - 12/13: KEEP Launch with Scavenger Hunt
- 1/1 -1/31: Self-Care Gallery on Compass
- 1/31: Fun at Work Day (Twin-Up Dress-Up Day)
- 2/7 - Wear Red Day for Cardiovascular Disease
- 2/7 - Schwartz Rounds – They're Playing My Song
- 2/14 - Kaweah Health Art Show
- 3/4 - Mardi Gras Dress-up Day
- 3/7 - Staff Appreciation Day - Employee Day Pass at Lifestyles Fitness
- 3/14 - Gold Coin Hunt
- 3/17 - Wear Green for St. Patrick's Day
- 4/4: Spring Bunny Photos
- 4/4 Schwartz Rounds
- 4/15: Celebration of Life
- 4/22: Take a Minute for Earth Day
- 5/1: Starlight Awards
- 5/6 - 5/12: Nurses' Week
- 5/11 - 5/17: Hospital Week
- 5/22: Kaweah Health Rawhide Night

# Employee Engagement & Experience – June

- 6/6: Schwartz Rounds
- 6/10: Rubber Ducky Race
- 6/27: Share Your Pride on Compass
- Ongoing opportunities and programs include
  - ET Employee Rounding, Lunch with the CEO, Employee Huddle, Employee of the Month, Team of the Month, Kaweah Care recognitions, JWD department recognitions, service award, retirement recognition and gifts, Kaweah Shares, Employee Emergency Relief Program, Jersey Fridays, food trucks and farmers' market, Pet Therapy, Self-Care Calendars, KEEP

**FRIDAY • JUNE 6**

A safe place to share and appreciate each other's stories.

TOPIC

## Compassionate Care in Turbulent Times

Schwartz Rounds sessions offer support and encouragement for Kaweah Health clinical and support staff.

Storytellers


**If you haven't been coming, you're missing out.**

Friday, June 6 | 11:30 AM to 1:00 PM  
Fifth Floor of Support Services Building, GME Classroom.  
**FREE LUNCH PROVIDED.**  
Go to [KaweahHealth.org/SchwartzReg](https://KaweahHealth.org/SchwartzReg) and register by Thursday, June 5.

Please note: You must be signed in to Workday™ to access the registration page. If the link sends you to a previous session, it may be necessary to clear your browser cache or access it in incognito mode.

EMPLOYEE CONNECTION PRESENTS

## Rubber Ducky Race 2025




**Tuesday, June 10 • 9:00 AM to 10:30 AM**

At the creek near the Acequia Wing parking lot.  
This year's theme is Disney.

**To enter, please email:**  
[OrgDev@KaweahHealth.org](mailto:OrgDev@KaweahHealth.org)

A \$100 voucher for a team celebration will be awarded to 1) Race winner, and 2) Team with best on-theme boat. Boat width and length must be no greater than 12 x 12 inches and no less than 5 x 5 inches. Design must incorporate a rubber duck. No motors are allowed.

 **Kaweah Health**



# Observances & Recognition Days

June		
Month-Long Observances	Week-Long Observances	Day Observances
Liver Health Matters Month	6/2-6/8 Men's Health Week	6/1 National Cancer Survivors Day
National Migraine and Headache Awareness Month	6/9-6/13 Community Health Improvement (CHI) Week	6/7 World Food Safety Day
Scleroderma Awareness Month	6/12-6/18 National Nursing Assistants Week	6/13 Wear Blue Friday for Men's Mental Health
Alzheimer's & Brain Awareness Month	6/16-6/20 Health Care Risk Management Week	6/14 American Family Health & Fitness Day
Cataract Awareness Month		6/14 World Blood Donor Day
PTSD Awareness Month		6/15 Father's Day
National Aphasia Awareness Month		6/19 Juneteenth
Hernia Awareness Month		6/27 National HIV Testing Day
National Great Outdoors Month		6/27 National PTSD Awareness Day
LGBTQ+ Pride Month		6/29 World Scleroderma Day

See email *Healthcare Observances - Calendar Year 2025* from Ariana Jasso for more

# 2025 Work Environment Pulse

- Survey dates June 2 - June 16
- Goals
  - Meet or exceed 80% participation
  - Increase 27-item average from 4.18 to 4.22
  - Meet workgroup-level goal of 75<sup>th</sup> percentile
    - Employees in my unit/department follow proper procedures for patient care/customer service.
    - Employees in my unit/department make every effort to deliver safe, error-free care.
- Scheduling time to take the survey and promotion = higher response rates
- Report out of results at 7/21 ET Meeting, August LTM, and September BOD

# On the Horizon for FY26

- Kaweah Health University Scholars Expansion
- Expansion of virtual and in-service educational opportunities for staff
- Lifecycle Survey Revamp
- New Vendor for 2026 EES
- New Leader Onboarding Revamp



# Kaweah Care Physician Engagement

June 3, 2025



[kaweahhealth.org](https://kaweahhealth.org)



# Areas of Focus

- **Workspace Enhancements**
- **KDHub Optimization**
- **Physician Engagement Survey**
- **Onboarding and Mentoring Medical Staff**

# Workspace Enhancement

Surgery Locker Room Remodel	Renovation and Expansion of Surgeon Locker Rooms and Surgeon Lounge	<b>Construction Timeline</b> <ul style="list-style-type: none"><li>• Design: Q2 2025</li><li>• Construction: Q4 2025</li></ul> <b>Update – Considering Med Staff Lounge remodel first</b>
Medical Staff Lounge Restructure	Remodel and Expand Physician Lounge: Work Area / Lounge / Dinning	<b>Construction Timeline</b> <ul style="list-style-type: none"><li>• Design: Q2 2025</li><li>• Construction: Q4 2025</li></ul>
Medical Resource Center (Library)	Expand Resource Center <i>Additional 48 Workstations</i>	<b>Construction Timeline</b> <ul style="list-style-type: none"><li>• Design: Q4 2024</li></ul> <b>Update - Pending approval of design</b> <ul style="list-style-type: none"><li>• Construction: Q2 2025</li></ul>

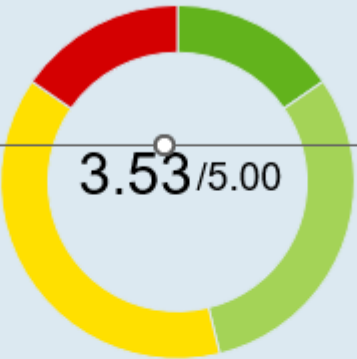
**Renovation/Remodel Design Presentation - June: Medical Staff Lounge**

# KDHub Optimization

<b>Cerner Connect Messaging</b>	<p>Increase Physician Utilization</p> <p>Update: Engage Attending &amp; Residents on use of Cerner Connect Messaging as sole Secure Texting platform</p> <ul style="list-style-type: none"> <li>• <b>Resident Orientation: Enable App for New Residents - June</b></li> </ul> <p><b>Update –April 2025:</b></p> <ul style="list-style-type: none"> <li>• <b>Medical Staff: Usage: 50%</b></li> <li>• <b>Resident: Usage: 96%</b></li> <li>• <b>*New* Currently reviewing on-call physician usage &amp; nursing usage based on resident feedback</b></li> </ul>
<b>Physician Orders</b>	<p>ED Consult to Case Management Order – <b>COMPLETE</b></p> <p>COPD Best Practice Alert: D/C Prescription for LAMA/LABA Combo medication – <b>COMPLETE</b></p> <p>ID PowerPlan: Suspected Tuberculosis – <b>COMPLETE</b></p> <p>Trauma PowerPlan: Tranexamic Acid administration – <b>COMPLETE</b></p> <p>Code Status: Notification of prior hospitalization resuscitation status – <b>COMPLETE</b></p>
<b>Physician Documentation</b>	<p>OB Discharge Summary Optimization – <b>Expected Go Live June</b></p> <p>Outpatient History and Physical Template – <b>Expected Go Live June</b></p> <p>OB History and Physical Optimization – <b>Expected Go Live June</b></p>
<b>Pediatrics</b>	<p>Physician Notification: Vitamin K refusal at birth – <b>Complete</b></p> <p>Update: Newborn Naming Process – <b>6-10 months</b></p>
<b>Obstetrics</b>	<p>Ambulatory: PowerPlan Optimization: Enhanced ordering workflow - <b>Complete</b></p> <p>Ambulatory: Non-Stress Test Ordering: Electronic process for requesting routine NST - <b>Expected Two months</b></p> <p>OB Anesthesia: Electronic workflow for outpatient Anesthesia Consult – <b>Expected Go Live June</b></p>

# Physician Engagement

## Engagement



■ Highly Engaged (15%) ■ Engaged (31%)  
■ Neutral (38%) ■ Disengaged (15%)

13th Rank vs. Nat'l Physician Avg

### Historical Performance

2021 3.86

## Safety Culture

Mean Score  
**3.73** out of 5

Benchmark	Difference
vs. Overall Org Avg	-0.18
vs. Nat'l Healthcare >400 Bed Avg 2025	-0.16

### Historical Performance

Year	Difference
2023 Results	-0.14

## Physician Surveys

2024 Physician Engagement Survey  
2025 Safety Culture Survey

### Objective

Improve Hospital - Medical Staff Relationship  
Elevate Quality of Care

Provide Feedback on  
Physician Survey Results and  
Progress on Actions

- Present Survey Results
- Discuss Issues & Concerns
- Develop & Implement Effective Actions
- Provide Follow Up

### Stop Light Reports

- In Development
- Align Response with Safety Culture Survey
- Follow Up at Scheduled Meetings



# Physician Engagement

## Key Drivers / Opportunities for Improvement

### Physician Engagement Survey

### Safety Culture Survey

Communication	
Hospital administration is responsive to feedback from physicians.	Communication between physicians, nurses, and other medical personnel is good in this organization.
I can easily communicate any ideas and/or concerns I may have to hospital administration.	Communication between units/departments is effective in this organization.
I have adequate input into decisions that affect how I practice medicine	
Quality	
Kaweah Health provides high-quality care and service.	This organization provides high-quality care and service.
Kaweah Health cares about quality improvement.	This organization makes every effort to deliver safe, error-free care to patients
Kaweah Health makes every effort to deliver safe, error-free care to patients.	Senior management provides a work climate that promotes patient safety.

# Physician Engagement

Department	Meeting Date
Hospitalists / Critical Care	Complete
Emergency Medicine	Complete
Anesthesia	Complete
OB/GYN	Complete
Cardiovascular Services	Complete
Internal Medicine	Complete
Radiology	Complete
Psychiatry & Neurosciences	Complete
Family Medicine	Complete
Pediatrics	Complete
Surgery	6/11/25

# Onboarding & Mentoring

<b>Onboarding</b>	<p>Optimize Recruitment to Active Staff Process</p> <ul style="list-style-type: none"> <li>• Coordinate Process across Stakeholders <ul style="list-style-type: none"> <li>• Recruitment</li> <li>• Medical Staff Services</li> <li>• Contracting</li> <li>• ISS</li> </ul> </li> </ul> <p><b>Goal: Reduce Onboarding Time</b></p>	<p>Process for Physician &amp; APP from Recruitment to MDDS to MCO: <b>In Development</b>  <b>Coordinate with Recruitment &amp; Strategy Team</b></p> <ul style="list-style-type: none"> <li>• Identify opportunities to optimize and reduce time to complete onboarding processes.</li> <li>• Define KPI's to measure and monitor to ensure sustained process improvement.</li> </ul> <p>Key Stakeholders: Recruitment, Contracted Group Admin Contacts, MSSD, MCO, ISS</p>
<b>Mentoring</b>	<p>Provide Health System Education &amp; Training</p> <ul style="list-style-type: none"> <li>• Regulatory Requirements</li> <li>• Medical Staff Policies</li> <li>• ISS – Cerner Training</li> </ul> <p>Support Physician Orientation</p> <ul style="list-style-type: none"> <li>• Utilize established physicians for practice guidance</li> <li>• Provide support for community introduction</li> </ul> <p><b>Goal: Support physician practice establishment and introduction to Community</b></p>	<p>Process for orienting &amp; mentoring Physicians across the organization: <b>In Development</b>  <b>Coordinate with Recruitment &amp; Strategy Team</b></p> <ul style="list-style-type: none"> <li>• Identify opportunities to streamline and enhance Physician Orientation &amp; Mentoring</li> </ul> <p>Key Stakeholders: Recruitment, Contracted Group Admin Contacts, MSSD, MCO, ISS</p>

# EHS06

<b>Policy Number:</b> EHS 06	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> 12/18/2024
<b>Approvers:</b> Dianne Cox (Chief Human Resources Officer), Jenn Cooper (Executive Assistant), Kelsie Davis (Board Clerk/Executive Assistant to CEO)	
<b>Work Related Injury and Illness and Workers' Compensation</b>	

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

#### PURPOSE:

To provide the employee with Workers' Compensation benefits in the event of employment-related injury or illness. To comply with California Code of Regulations, Title 8, 342 Reporting Work-Connected Fatalities and Serious Injuries and Occupational Safety and Health Administration (OSHA) Regulation 1904.39: Reporting fatalities, hospitalizations, amputations, and losses of an eye as a result of work-related incidents to OSHA.

#### POLICY:

Kaweah Health provides coverage under the Workers' Compensation Act of the state of California for employees who are injured in the course of employment. Workers' Compensation is a no-fault insurance designed to provide employees with compensation for work-related injuries or illness, regardless of fault. Workers' Compensation covers all employees of Kaweah Health for work-related injuries and illnesses. Kaweah Health contracts with a Third-Party Administrator, to provide claims management services for injured workers, i.e. medical claims, temporary disability wages, mileage to medical appointments, etc.

AB-1870 Provides for Kaweah Health to include the following information in this policy:

- The injured employee may consult a licensed attorney to advise them of their rights under workers compensations laws. In most instances, attorneys fees will be paid from an injured employees recovery.
- The rights of the employee to select and change the treating physician pursuant to the provisions of Section 4600.
- The rights of the employee to receive temporary disability indemnity, permanent disability indemnity, supplemental job displacement, and death benefits, as appropriate.
- To whom injuries should be reported.
- The existence of time limits for the employer to be notified of an occupational injury.
- The protections against discrimination provided pursuant to Section 132a.
- The internet website address and contact information that employees may use to obtain further information about the workers compensation claims process

and injured employee's rights and obligations, including the location and telephone number of the nearest information and assistance officer.

- o Failure of an employer to provide the notice required by this section shall automatically permit the employee to be treated by their personal physician with respect to an injury occurring during that failure.
- o The form and content of the notice required to be posted by this section shall be made available to self-insured employers and insurers by the administrative director. Insurers shall provide this notice to each of their policy holders, with advice concerning the requirements of this section and the penalties for failure to post this notice.

A Transitional Work Program (TWP) may be available to employees who have suffered an on-the-job injury or have temporary limitations rendering them unable to return to their regular positions, but have released to restricted duty by their provider(s).

#### BENEFITS:

1. Medical bills are paid as long as the bills were incurred for services that were reasonable and necessary to cure or relieve the effects of the work-related illness or injury.
2. If an employee cannot work, temporary disability compensation (TTD) is paid directly to the claimant through Kaweah Health's Third Party Administrator, in compliance with the state of California requirements. The maximum amount paid is set by the state of California and is not determined by Kaweah Health. The employee must use accrued Extended Illness Bank (EIB) and Paid Time Off (PTO) to supplement their pay to equal base earnings each pay period, exclusive of any shift differentials. If the employee is off work for less than 14 days, there is a three (3) day waiting period before TTD will begin. The first three (3) days is paid using accrued Extended Illness Bank (EIB) hours. If the employee is off work for more than 14 days, TTD begins on day one.

#### PROCEDURE FOR WORK RELATED INJURY/ILLNESS:

1. If medical care is required for an employee who has sustained a work-related injury or illness, the supervisor or employee is required to contact Employee Health Services, house supervisor, or in the case of a clear emergency, the Emergency Department. If treated in the Emergency Department or Urgent Care Facility, the employee must contact their manager and Employee Health Services the next business day Employee Health Services is open.
2. Employees may pre-designate a medical provider for work related injuries or illnesses. These forms are maintained in the employee's employee health file.
3. If the injury involves a sterile (unused) sharp object, no treatment or testing is usually necessary. If injury/exposure involves contact with blood or body fluids, refer to EHS 02: Employee Exposure to Bloodborne Pathogens Policy when treating the employee. The supervisor or employee is required to contact Employee Health Services, house supervisor, or in the case of an emergency, the Emergency Department. If treated in the Emergency Department, the employee must contact their manager and Employee Health Services on the next business

Work Related Injury and Illness and Workers' Compensation  
day Employee Health Services is open.

3



4. It is the supervisor or manager's responsibility to have the employee complete and sign the Work-Related Injury/Illness Report Form within 24 hours of knowledge of injury if they are the first point of contact for the injured employee. This form is located on the organization's intranet site and in Employee Health Services. A DWC-1 claim form must also be completed in Employee Health if it is believed that this injury will be more than first aid treatment. These forms must be completed and provided to Employee Health immediately so the claim filing process can begin. If Employee Health is not open at the time of the injury, management shall report the injury by email to Employee Health Services, on the Employee Health Services voicemail by calling extension 2458, or by faxing the forms to Employee Health Services at 559-635-6233. In the event that the injury is such that the employee must be seen by a provider immediately, the house supervisor will instruct the employee to report to Kaweah Health Clinic to be seen by Work Comp provider or in an emergency, to the Emergency Department.
5. The supervisor or manager is to notify Employee Health regarding any lost time from work by an employee so disability payments can be determined. Any employee sent home the day of an injury will be paid his/her full base wage for that day if the provider determines the employee is not able to return to work at that time. Employee Health will also notify the supervisor or manager of any information received directly.
6. Employees must keep their supervisor or manager and Employee Health informed with a written statement from the treating provider for time lost from work for job related illnesses/injuries. They must present to Employee Health a provider's written statement allowing them to return to work giving specific limitations, if any. The Employee Health nurse may contact the provider if clarification is needed on the work limitations.
7. Employees must schedule appointments with providers, physical therapy, and any special testing during off duty time, whenever possible. Employees must give their manager a minimum of 24 hours of notice if an appointment must be scheduled during work time. Employees must clock in and out for appointments and must use available Paid Time Off (PTO) for appointments.
8. The manager will record the days missed on the employee's timecard so accurate records are maintained and reflect scheduled days missed.
9. Employee Health will coordinate all claims with the Workers' Compensation Third Party Administrator.

#### PROCEDURE FOR TRANSITIONAL WORK PROGRAM (TWP):

1. Employees returning to work with specific limitations must contact employee health.
2. An employee who is released to return to work with specific limitations may be accommodated. Employee Health Services and/or Human Resources will work

- with the employee's manager to establish a Transitional Work Program for the employee. A Transitional Work Program contract must be signed.
3. Every attempt is made by the accommodating RN case manager to place the TWP employees in their home department; however, an employee may be placed in an alternative department. If an employee refuses a TWP placement, they may not be eligible for benefits.
  4. TWP employees are assigned and must comply with specific work duties within their provider-set limitations.
    - a. Employees participating in the TWP are responsible to report to the assigned work area at the designated time, dressed appropriately for the job, and work the designated hours. Employees must comply with all Kaweah Health policies and procedures.
    - b. The TWP manager is responsible for ensuring that an employee's transitional position does not exceed the specific restrictions of duties or time limits of the TWP position. The employee is also responsible to ensure that they work within those restrictions.
    - c. The TWP manager will provide the training and orientation of the TWP employee. He/she will supervise the employee as regular staff.
    - d. Once assigned, failure to report for TWP or to contact the designated manager may result in the same counseling for progressive discipline process as applicable to all other employees.
    - e. The TWP assignment is a temporary assignment and Kaweah Health reserves the right to terminate assignments at any time.
  5. Employees released from the TWP to full duty by their provider will be reinstated in their former position, at the same rate of pay, or to a comparable position for which the employee is qualified, unless circumstances have changed which make it impossible or unreasonable to reinstate the employee. If the employee cannot be reinstated, the employee will be placed on worker's compensation leave of absence.

#### PROCEDURE FOR WORKER'S COMPENSATION LEAVE OF ABSENCE:

1. Reason for Leave:

Kaweah Health will grant a Worker's Compensation Disability Leave to employees with occupational illnesses or injuries in accordance with state law. As previously stated, as an alternative, Kaweah Health will try to reasonably accommodate such employees with transitional work. A Worker's Compensation Disability Leave will be concurrently charged as a Medical Leave under the federal and state Family Medical Leave laws (FMLA and CFRA) if the injury qualifies as a "serious health condition."

2. Notice and Certification Requirements:

a. Notice:

If, as a result of the injury, the attending provider directs the employee to remain off work, the off-work order must be brought to Employee Health Services immediately. Employee Health Services will monitor status and follow-up with employee as appropriate. Provider "return to work orders" must be brought to Employee Health Services 24-48 hours prior to the employee's first day back to work following an injury. If, as a result of the injury, the provider directs the employee to return to work with restrictions the employee needs to immediately communicate this to Employee Health Services. This will begin the process for the employee to request a reasonable accommodation under the Americans with Disabilities Act (ADA).

b. Certification:

Kaweah Health requires a written statement from a provider, which must include the following:

- i. That the employee is unable to perform the regular job duties;
- ii. The date on which the impairment commenced; and
- iii. The expected date of the employee's ability to return to work.

3. Compensation During Leave

Refer to the pamphlet from the Employment Development Department (EDD) entitled "For Your Benefit: California's Program for the Unemployed" for more information.

- a. If injured on the job employees will be paid full scheduled shift for that day of injury. If subsequent days off are needed from scheduled shifts prior to the third calendar day waiting period, accrued Extended Illness Bank time may be utilized up to three (3) days. If additional hours of non-productive, hours are needed Paid Time Off hours may be used at the discretion of the employee. PTO must be utilized for pre-approved appointments and intermittent leave requests. In the circumstance of an immediate hospitalization or surgery, an employee may be paid from accrued EIB from their first full day off. EIB must be used for coordination with SDI or Workers' Compensation Temporary Disability Payments; PTO time may be used only after all EIB has been exhausted. Coordinated amounts will not exceed the regular amount of pay normally earned by the employee.
- b. It is the employee's responsibility to notify Payroll of the amount they receive from SDI or Workers' Compensation to ensure the correct amount of EIB.

4. Benefit Accrual:

The employee will continue to accrue PTO/EIB as long as he/she is being paid using accrued PTO hours by Kaweah Health (receiving a paycheck).

5. Performance Review Date:

The performance review date will remain unchanged when on a leave of absence. Common review date is mid October of each year.

6. Benefits During Leave:

- a. An employee taking leave will continue to receive the same level of coverage they had prior to taking leave under the Kaweah Health's employee benefit plans for up to a maximum of 16 weeks in a rolling calendar year. Kaweah Health will continue during that maximum of 16 weeks on leave to make the same premium contribution as if the employee had continued working.
- b. Insurance premiums (health, vision, dental, life, etc.) are to be paid by the employee and Kaweah Health, under the same conditions as existed prior to leave, for a maximum of 16 weeks in a rolling calendar year period.
- c. If on paid status (utilizing PTO/EIB), an employee may continue his/her normal premiums through payroll deduction. If on unpaid status, he/she is required to pay the Kaweah Health his/her portion of the premiums while on a leave of absence for a total of 16 weeks. After 16 weeks, employees will be offered COBRA Continuation Coverage for applicable benefits.
- d. An employee whose insurance is canceled due to nonpayment of premiums will have to satisfy a new waiting period after returning to work and will be considered a "new employee" for insurance purposes and as such, the employee may have to provide proof of insurability.
- e. An employee may cancel his/her insurance within 30 days of the end of his/her paid leave and will be re-enrolled upon return without a waiting period. Cancellation must be done in writing to the Human Resources Department. The employee must reinstate coverage within 30 days of his/her return from work.
- f. Group medical, dental and vision insurance coverage will cease on the last day of the month in which an employee reaches 16 weeks of leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan.

- g. If the employee fails to return to work at the expiration of the leave, he/she must repay any health insurance premiums paid by Kaweah Health while on leave, unless failure to return to work is due to a continuation of his/her own serious health condition or other reasons beyond his/her control.
- 7. Reinstatement:
  - a. A doctor's release and a clearance with Employee Health Services will be required when an employee is returning from a Workers' Compensation Leave of Absence. Upon the submission of a medical certification that the employee is able to return to work, the employee will be reinstated in accordance with applicable law. If an employee is disabled due to an industrial injury, the Kaweah Health will attempt to accommodate the employee. If the employee is returning from a Workers' Compensation Disability Leave that runs concurrently with a Family and Medical Leave, then the provisions of the Family and Medical Leave policies will also apply.
  - b. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS and TB testing, as applicable) prior to a return to work. Requesting or receiving a leave of absence in no way relieves an employee of his or her obligation while on the job to perform his or her job responsibilities and to observe all Kaweah Health policies, rules and procedures.
  - c. Kaweah Health reviews job status while an employee is on a leave of absence and may replace positions when a leave extends to beyond 16 weeks. In this case, the employee on a leave of absence due to a work injury remains employed for up to two years. When able to return to work, we review opportunities and options with the employee if available.

#### PROCEDURE FOR GUILD MEMBERS AND VOLUNTEERS INJURED WHILE VOLUNTEERING AT KAWEAH HEALTH:

- 1. If a guild member sustains an injury while on the job, the guild member will immediately report to his/her supervisor, the House Supervisor, and Employee Health. The Work Injury Report will be completed and injured guild member will report to Employee Health Services with the completed form. Employee Health Services will provide first aid treatment and, if necessary, refer the injured guild member to either the Emergency Department or to a Kaweah Health Clinic.
- 2. Charges incurred as a result of first aid provided in Employee Health Services, Kaweah Health Clinics, or where indicated, an initial Emergency Department visit, will be covered under this program. Charges incurred as a result of

additional or follow-up care will be the responsibility of the injured individual's personal insurance.

#### PROCEDURE FOR SERIOUS INJURY OR WORK-RELATED DEATH REPORTING:

1. Reporting Work-Connected Fatalities and Serious Injuries:
  - a. Every employer shall report immediately to the Division of Occupational Safety and Health (OSHA) any serious injury or illness, or death, of an employee in a place of employment or in connection with any employment.
  - b. Death of an employee must be reported to OSHA within 8 hours of the fatality. Refer to California Code of Regulations, Title 8, Section 342 and OSHA Regulation 1904.39 for more details.
  - c. In-patient hospitalization, an employee's amputation, or an employee's loss of eye, as a result of a work-related incident must be reported within 24 hours to OSHA.
  - d. When an employee suffers serious injury, illness or death, the Employee Health Services manager or designee will be notified via email through daily admissions report or by phone or email from the employee's supervisor. Employee Health manager or designee will report immediately to the Division of Occupational Safety and Health. If the Employee Health manager is not notified right away of the fatality, in-patient hospitalization, amputation or loss of eye, report must be made within the following timeframe after Employee Health Manager or designee learns of the incident: 8 hours for fatality, 24 hours for hospitalization, amputation, and eye loss.
  - e. Report can be made by telephone call to OSHA (1-800-321-6742), or by electronic submission on OSHA's public website ([www.osha.gov](http://www.osha.gov)). Refer to OSHA Regulation 1904.39 for more details.
  - f. TPA will be notified by EHS.

#### PROCEDURE FOR EXPOSURES TO COMMUNICABLE DISEASES:

1. Employees exposed, or believed to have been exposed to any communicable disease from work, shall report the exposure to their supervisor or manager and Employee Health Services. The Infection Prevention department will be advised or consulted as necessary. Employees exposed to highly communicable diseases for example: Pertussis, Meningococcal Meningitis, Pulmonary Tuberculosis, Viral Hepatitis ), Chickenpox, and Covid 19 must be reported as guided by Infection Prevention Department in accordance with California Department of Public Health Code of Regulations. The Employee Health nurse will determine the necessity of further treatment or referrals to a provider.. The susceptible employee may be taken off of work or away from patient care as guided by EHS 04: Infectious Disease Guidelines For Employees Policy.

#### NON-WORK RELATED INJURY OR ILLNESS:

1. Kaweah Health, or its insurance carrier will not be liable for the payment of Workers' Compensation benefits for any injury which arises out of any



employee's voluntary participation in any off-duty recreational, social, or athletic activity which is not part of the employee's work-related duties.

2. Falsification of any facts regarding an incident or injury, or failure to report an incident promptly may be grounds for progressive discipline, up to and including termination of employment. Furthermore, the law requires that the Kaweah Health notify the Third Party Administrator of any concerns of false or fraudulent claims. Any person who makes or causes misrepresentation for the purpose of obtaining or denying Workers' Compensation benefits or payments is guilty of a felony. A violation of this law is punishable by imprisonment for one to five years, or by a fine. Additional civil penalties may be in order.

#### References:

Department of Industrial Relations Cal/OSHA Title 8 Regulations: Ch 3.2 California Occupational Safety and Health Regulations (CAL/OSHA), Subchapter 2 Regulations of the Division of Occupational Safety and Health, Article 3 Reporting Work-Connected Injuries, 342 Reporting Work-Connected Fatalities and Serious Injuries URL: <https://www.dir.ca.gov/title8/342.html>

United States Department of Labor: Occupational Safety and Health Administration Regulation Standard 1904.39 Reporting fatalities, hospitalizations, amputations, and losses of eye as a result of work-related incidents to OSHA URL: <https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.39>

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

# HR.47

<b>Policy Number:</b> HR.47	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> 12/18/2024
<b>Approvers:</b> Board of Directors (Administration), Kelsie Davis (Board Clerk/Executive Assistant to CEO)	
<b>Professional Licensure and Certification</b>	

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#### POLICY:

To ensure appropriate licensure and certification on all employees and contracted staff (not subject to the medical staff privilege process, e.g., Allied Health Professionals) in compliance with appropriate licensing agencies. Employee Health requirements for immunizations and PPD are available for Licensed Independent Practitioners and Physicians who practice at Kaweah Health.

It is the policy of Kaweah Health to employ only those individuals and/or to utilize contract services staff that meet all job requirements (TB Screening/PPD testing, etc.) and have proper licensure, certification or registration by the appropriate licensing agency in those jobs requiring such status. Current employees and contract staff who provide direct patient care will have a CPR (Heartsaver-AED or BLS) card on file with Human Resources (or in the nursing office or applicable department if Contract Staff). Employees and Contract Staff working in positions with a requirement for ACLS, NRP, and PALS, etc., will also provide proof of certification. Employees driving their own vehicles for ongoing business will be required to produce proof of current California Driver's License.

All job requirements and current status of documentation shall be maintained by the employee/contract staff member. The employee will furnish proof of this status with original documents before employment or service begins. At each time the status requires updating and/or renewal, the employee will provide further documentation to Human Resources as proof of update and/or renewal.

For employees on a Leave of Absence, Kaweah Health may hold in abeyance the requirement to complete job requirement documentation (i.e., updated competencies, TB testing, etc.) until the employee returns from leave. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, TB Testing, as applicable) prior to returning to work. Competency-related documentation must be completed within two weeks of the employee's return to work.

Current job requirement documentation will be retained by Human Resources. Managers are responsible for monitoring staff compliance with all job requirements and must ensure that no employee is permitted to work if any required documentation is delinquent or expired.

Employees who have failed to obtain or renew their required license or certification by the due or expiration date will not be permitted to work, will be placed on a personal leave of absence, and are subject to Progressive Discipline, up to and including termination.

## PROCEDURE:

### I. Definitions

Licensure/Certification: Refers to any license/certifications required for an employee's job from the time of hire going forward. Examples include: CA RN License, Clinical Dietitian Registration, and Radiology Tech Certification. Basic Life Support (BLS), Heartsaver CPR AED. Licensure/Certification requirements are listed in job descriptions, and employee offer letters, and also can be found in Workday.

Primary Source Verification (PSV): refers to the required process of confirming with the issuing board/agency that an individual possesses a valid license, certification or registration to practice a profession when required by law or regulation. PSV must include the date the verification was conducted and must take place prior to placing employee in job. Simply presenting a copy of a license in lieu of evidence that PSV was completed does not meet the intent of the requirement. Methods for conducting PSV most often include secure online verification from the licensing board, but can also include direct correspondence, documented telephone verification, or reports from credentials verification organizations.

### II. Verification Licensure/Certification at Time of Hire/Transfer/Renewal

It is the responsibility of the Human Resources Department to validate the PSV prior to hire/transfer date. Renewals of Licensure/Certifications will be tracked, verified and documented by the Human Resources Department prior to the expiration date. Employees and Managers can upload the primary source verification (PSV) of licensure/certification through Workday for electronic review and approval by Human Resources.

- a. Human Resources will process the hire/transfer/renewal of an employee to a job that requires valid licensure/certification only after obtaining PSV from the appropriate licensing board. Primary source verification applies only to licensure/certifications required to practice a profession. It is not required for organizational requirements such as advanced cardiac life support (ACLS) or pediatric advanced life support (PALS) or clinical certification such as peripherally inserted catheter (PICC) line certification.
- b. Any employee that allows their required licensure/certification to lapse for any reason will be given a Disciplinary Action and removed from the schedule. Exceptions:

1. MICN Certification: If regional EMS agency cancels MICN

certification class, the employee will be permitted to work without updated certification and no disciplinary action. Employees will be required to attend the next scheduled regional MICN class.

2. TNCC Certification: If TNCC class is cancelled, and as a result, the employee is unable to obtain initial/renewal TNCC certification, employee will be permitted to work without updated certification and no disciplinary action. Employee will be required to attend the next scheduled TNCC class.

### III. Cardiopulmonary Resuscitation (CPR) Courses

- A. Only the American Heart Association (AHA) or American Red Cross (ARC) certification programs will be acceptable for employment or renewal. Acceptable courses must contain an in-person, hands-on skills component and cannot be completed solely online. Please see HR.49 Education Assistance for reference of paid time. Classes taken outside of Kaweah Health must be AHA or ARC courses and documentation of completion must include the following:

1. Course completion card (or eCard) from AHA or ARC training center/site

**OR**

2. Temporary Certificate of Completion paperwork from the AHA or ARC training center stating the following:
  - i. Student's name
  - ii. Type of course
    1. AHA Heartsaver CPR AED
    2. AHA BLS for Health Care Providers
    3. ARC CPR/AED adult, child & infant
    4. ARC CPR for the Professional Rescuer or CPR for the health care provider
  - iii. Date of Course
  - iv. Successful Completion
  - v. Name of Training Center
  - vi. Signature of training center representative

For option 2 above, the provider course card (or eCard) must be submitted to Human Resources within 30 days of course completion to avoid suspension and disciplinary action.

### IV. Kaweah Health Offered Courses

- A. Employees are to give advanced notice for cancellation of any class or program in which they are enrolled, whether voluntary or mandatory. Advanced notice for cancellation defined as the following:

1. If class is on Tuesday through Friday, cancel the day before by 8:00am. EXAMPLE: Class is Wednesday at noon- must cancel before Tuesday 8:00 am.
  2. If class is on Monday, cancel prior to 23:59 on Saturday
  3. Classes need to be cancelled through our Learning Management System (LMS)
  4. If the employee cannot cancel in our LMS or they are past the defined time for advanced notice, the employee must contact their manager via phone or email letting them know they cannot attend.
- B. Kaweah Health completed courses will be documented in Workday as a completed learning course and added as a validated certification for job requirements. Employees and Managers do not have to provide documentation to Human Resources for courses completed at Kaweah Health.
- C. Classes offered at Kaweah Health are at no charge, and classes taken outside of Kaweah Health are not eligible for reimbursement.

### III. Manager's Responsibilities

- A. Management is responsible for ensuring that all licensed/certified staff has current licensure at all times and is not working if license/certification has expired.
- B. Managers and Directors may also be subjected to Disciplinary Action, including suspension and possible termination should licensed/certified employees within their responsibility be working without proper licensure/certification.

### IV. Employee's Responsibilities

Failure by an employee to provide the necessary documentation or proof of current status, or failure to meet any established job requirement, will result in the employee not being permitted to work. The employee will be placed on a personal leave of absence and is subject to disciplinary action, up to and including termination.

### V. Interim Permit or Temporary License Processing

Employees must obtain licensure in accordance with the requirements of the licensing board applicable to their position. Employees whose temporary license is invalidated due to failed examination will be placed on a personal leave of absence for a maximum of 12- weeks. During the 12- weeks period, if licensure is obtained, current employees may apply for a transfer to an open position. If licensure and/or transfer to an eligible position is not obtained, employment will be terminated at the end of the 12-week leave of absence.



VI. Employees on Leave of Absence

Employees on a Kaweah Health approved Leave of Absence are responsible for being in compliance with all license/certification requirements prior to their return to work. As it pertains to CPI, employees returning from leave will have 60 days from return to complete Kaweah Health offered CPI course.

VII. Display of License/Certification

As required by law, some licensure/certifications must be displayed in the department.

Related Documents:

Human Resources policy, HR.216 [Progressive Discipline](#)

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# HR.72

<b>Policy Number:</b> HR.72	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> 12/18/2024
<b>Approvers:</b> Board of Directors (Administration), Kelsie Davis (Board Clerk/Executive Assistant to CEO)	
<b>Standby and Callback Pay</b>	

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

#### **PURPOSE:**

To establish standards for Standby and Call Back requirements and to compensate employees who, at Kaweah Health's request, are required to make themselves available for work if called.

#### **POLICY:**

Employees assigned to take Standby will be available to work as needed. Standby is paid at the California Healthcare Minimum Wage for non-exempt employees.

For exempt employees, pay practices may vary depending on the nature of the work to be performed. Pharmacists in Pharmacy-Home Infusion KHHIP (7299) will receive one hour of "other hours" on weekdays, and two hours on weekend when on Standby. If called in, they will record "other hours" for actual hours worked. In ISS departments, exempt employees will receive \$100 stipend for weekdays and \$200 stipend on the weekends. No call back will be paid for ISS with the exception of holidays. On District approved holidays, ISS will receive the appropriate stipend as well as "other hours" for actual hours worked.

In addition, certain departments are eligible for Call Back when on Standby. Call Back pay will not apply if Call Back occurs on a previously scheduled regular shift. Home Health staff record "base pay" when on Standby but called to work. Kaweah Health reserves the right to adjust the Standby rate and Call Back paid to specific positions as conditions warrant.

#### **PROCEDURE:**

1. While on Standby, an employee will not be required to remain on Kaweah Health premises but is required to leave word at his/her residence or where he/she can be reached or may voluntarily utilize their own cell phone.
2. Standby and Call Back time will be recorded via regular timekeeping. Standby and Call Back will not be paid for the same hours. In addition, Standby should not be scheduled within 8 hours after the end of a shift for which the employee has claimed sick time.

3. If the employee has been called off from his/her regular schedule and placed on Standby:
  - a. The hours for which the employee will receive Standby payment will be determined by the department leader. In addition to recording Standby on the timekeeping system, PTO Mandatory Dock or Mandatory Dock-No Pay is to be recorded for the employee to receive Paid Time Off and EIB accruals.
  - b. If the employee is called back to work, the hours worked will be paid at the employee's base rate, unless the employee has met overtime requirements. It is expected that the staff member on standby will respond and drive promptly to work upon notification of the need to come back in.
4. When on pre-scheduled Standby (primarily Cath Lab, Surgical Services, Clinical Engineering, and certain ISS departments), non-exempt employees do not record Mandatory Dock pay codes, but are paid Call Back pay for work. Call Back begins when the employee arrives at and/or begins work.
  - a. An employee answering questions by telephone for Call Back is paid for the actual hours worked only.
  - b. Call Back will not be paid for hours during which the employee is working his/her regular schedule.
  - c. Surgical Services receive a minimum of two hours Call Back when called in and the need does not require them to be on site two hours. The two-hour period will extend from the second time of arrival.
  - d. Travel time is not paid except in areas of Home Health and Hospice and in accordance with Federal law.

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# HR. 80

<b>Policy Number:</b> HR.80	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> 12/18/2024
<b>Approvers:</b> Board of Directors (Administration), Kelsie Davis (Board Clerk/Executive Assistant to CEO)	
<b>Docking Staff</b>	

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

**POLICY:**

The fluctuating workload and census inherent in hospitals and health care may occasionally cause the need for a reduced workforce. When this situation occurs, non-exempt personnel may have their hours reduced in accordance with this policy. Exempt staff are not normally included in the docking rotation. Each department's management will be responsible for recommending and implementing sound staffing decisions in accordance with Kaweah Health's goals for effective resource management. Employees who report to work, are not provided any work, and are subsequently docked are guaranteed one (1) hour of pay.

**PROCEDURE:**

At times the workload or census may require that employees who are scheduled to work be docked. Docked time will be documented in the timekeeping system to allow appropriate application of hours.

Each department establishes a plan for docking that sets out the criteria by which decisions for docking are made, utilizing the prioritization noted below. When docking is indicated, the determination of which employees will be scheduled for docking will be made by the department leader or designee.

In certain units/departments when volumes are low, employees scheduled to work will be called with a new start time for their shift. Refusal to accept the change in the start time may count as an attendance occurrence. Employees may use the PTO Mandatory Dock or Mandatory Dock-No Pay, pay code for the hours missed in order to accrue PTO and EIB within policy limits.

- II. Mandatory dock time will be applied in the following order
  - A. Overtime shifts
  - B. Employees who volunteer to be docked
  - C. Per Diem

- D. Part-Time Staff
- E. Full-Time Staff

#### Docking Staff

Prior to mandatory docking employees, leaders may ask if any employee wishes to take time off rather than work the shift or remainder of the shift.

If no employee desires time off, then leaders will apply the mandatory dock time as it meets the functional needs of the department.

To ensure fairness, each department will rotate their employees through docking procedures as appropriate to their staffing needs.

#### Timekeeping

Timekeeping is noted as PTO Mandatory Dock or Mandatory Dock/No Pay.

Dock hours are applied to:

- A. Hours required to maintain employee benefits eligibility.
- B. Accruals earned each pay period,
- C. Qualified service hours used to compute what level Paid Time Off accrual is earned.

Department management who routinely dock employees will review staffing needs. Those who are actively recruiting to fill vacancies within their department will analyze the need for extra staff and, when not justified, will notify Human Resources if it is determined that a current vacancy should not be posted or if a full-time opening should be changed to part-time or per-diem.

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# HR.145

<b>Policy Number:</b> HR.145	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> 3/26/2025
<b>Approvers:</b> Board of Directors (Administration)	
<b>Family Medical Leave Act (FMLA) / California Family Rights Act (CFRA) Leave of Absence</b>	

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

### **POLICY:**

To allow time off to eligible employees. To establish a system to continue to receive compensation through accessible benefits, such as Extended Illness Bank (EIB), Paid Time Off (PTO), State Disability Insurance, and Workers' Compensation. To advise employees of their rights and responsibilities.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, Kaweah Health will make reasonable accommodations for known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship would result. A leave of absence may be considered as a type of reasonable accommodation. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact their supervisor, department head, or Human Resources and make a request to participate in a timely interactive process to explore reasonable accommodations. The individual with the disability is invited to identify what accommodation he or she needs to perform the job. Kaweah Health will take steps to identify the barriers that make it difficult for the applicant or employee to perform his or her job, and will identify possible accommodations, if any, that will enable the individual to perform the essential functions of his or her job. If the accommodation is reasonable and will not impose an undue hardship, Kaweah Health will meet the request.

**NOTE:** Due to coordination of information between departments and outside agencies, and the requirement that certain records be maintained to demonstrate compliance with State and Federal law, it is important that paperwork and documentation be completed and submitted to Human Resources in a timely manner by department heads and employees.

### **PROCEDURE:**

This policy is based on the California Family Rights Act, as amended in 1993 (CFRA), and the Federal Family and Medical Leave Act of 1993 (FMLA), and is intended to provide eligible employees with all of the benefits mandated by these laws. However, in the event that these laws or the regulations implementing these laws are hereafter amended or modified, this policy may be amended or modified to conform with any change or clarification in the law.

## 1. Reason for Leave

Family leaves are subject to the eligibility requirements and rules set forth in this policy statement, and as provided by State and Federal regulations.

- a. FMLA requires covered employers to provide up to 12 weeks of unpaid, job- protected leave to eligible employees for the following reasons:
  - i. For incapacity due to pregnancy, prenatal medical care or childbirth;
  - ii. Leave taken for the birth, adoption or placement of a child for foster care must be concluded within 12 months immediately following the birth, adoption or placement. The minimum duration for such leave is two (2) weeks. However, leave for less than two (2) weeks can be taken on two occasions only. Kaweah Health has the right to approve intermittent leave. Under CFRA, bonding leave may be taken at the end of Pregnancy Disability Leave for up to 12 weeks, and concluded within 12 months immediately following the birth.
  - iii. To care for the employee's spouse, registered domestic partner, son or daughter, step son or daughter, or parent, step parent, grandparent, foster parent, adoptive parent, who has a serious health condition, including a son or daughter 18 years of age or older if the adult son or daughter has a disability as defined by the Americans with Disability Act (ADA); or
  - iv. For a serious health condition that makes the employee unable to perform the employee's job.
  - v. Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status deployed to a foreign country may use Leave to prepare for short-notice deployment, attend military events, arrange for childcare, address financial and legal arrangements, attend counseling sessions, and allow for rest, recuperation and post- deployment activities, among other events.
  - vi. A special leave entitlement is available that permits eligible employees to take up to 26 weeks of leave to care for a covered service member who is the spouse, son, daughter, parent, or next of kin. Certain conditions apply.

CFRA: In addition to the protections listed above, CFRA allows an employee to take up to 12 workweeks of unpaid protected leave during any 12-month period to bond with a new child of the employee or to take care for a designated person (any individual related by blood or whose association with the employee is the equivalent of a family member (one per 12-month period)), grandparent, grandchild, sibling, spouse, or domestic partner. If Kaweah Health employs both of the parents of a child, both are covered by this policy if

eligibility requirements are met. Kaweah Health will grant a request by an eligible employee to take up to 12 workweeks of unpaid protected leave during any 12-month period due to a qualifying exigency related to the covered active duty or call to covered active duty of an employee's spouse, domestic partner, child, or parent in the Armed Forces of the United States. Leaves for this reason are, for the most part, covered under the FMLA, so these leaves may run concurrently with leave under the FMLA if the leave qualifies for protection under both laws.

- b. A "serious health condition" is an illness, injury, impairment or physical or mental condition which involves:
  - i. inpatient care (i.e., an overnight stay) in a medical care facility; or
  - ii. continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.
  - iii. The continuing treatment may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may qualify.

## 2. Employee Eligibility

Family leave is available to employees who have worked at least 12 months for Kaweah Health and have worked more than 1,250 hours during the previous 12 months.

### Leave Available

An employee may take up to twelve (12) weeks of leave during a 12-month period. A 12-month period begins on the date of an employee's first use of FMLA/CFRA leave. Successive 12-month periods commence on the date of an employee's first use of such leave after the preceding 12-month period has ended. FMLA and CFRA counts against the amount of Medical Leave available and vice versa.

- a. If certified to be medically necessary, leave to care for a family member's serious health condition may be taken intermittently or the employee may request a reduced work schedule. See below for more information.
- b. Leave taken for the birth, adoption or placement of a child for foster care must be concluded within 12 months immediately following the birth, adoption or placement. The minimum duration for such leave is two (2) weeks. However, leave for less than two (2) weeks can be taken on two occasions only. Kaweah Health has the right to approve intermittent leave. Under CFRA, bonding leave may be taken at the end of Pregnancy Disability Leave for

up to 12 weeks, and concluded within 12 months immediately following the birth.

Employees with pregnancy-related disabilities may have the right to take a Pregnancy Disability Leave in addition to a Family Leave.

3. Intermittent or Reduced Leave Schedule:

- a. If certified to be medically necessary, for self or leave to care for a family member's serious health condition may be taken intermittently or the employee may request a reduced work schedule. Increments of time may not be less than one hour.
- b. Employees requesting intermittent leave or a reduced work schedule may be requested to transfer to an alternate job position. Such a transfer will be to a job position better able to accommodate recurring periods of absence but which provides equivalent compensation and benefits.
- c. In any case, employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations.
- d. Leaves to care for a newborn child or a child placed for adoption of foster care may not be taken intermittently or on a reduced leave schedule under FMLA/CFRA.
- e. Exempt employees taking an intermittent or reduced leave will be paid for all hours actually worked. For example: An exempt employee is restricted to working three hours a day. The employee will be paid for three hours of productive time and five hours of PTO without impacting their exempt status. If the employee doesn't have PTO, the five hours will be unpaid.
- f. Accrued PTO hours are required to be used for intermittent leaves.

4. Notice, Certification and Reporting Requirements

a. Timing:

If the need for the leave is foreseeable, an employee must provide 30 days written notice prior to the requested start of the leave. When 30 days is not possible, the employee must provide notice as soon as practicable and generally must comply with Kaweah Health's normal call-in procedures.

If the need for the leave is foreseeable due to a planned medical treatment or supervision, the employee must make a reasonable effort to schedule the treatment or supervision in order to avoid disruption to the operations of Kaweah Health.

b. Certification:

- i. An employee requesting leave to care for a family member with a serious

health condition must provide a health-care provider's certification that it is medically necessary for the employee to assist in caring for the family member with the serious health condition. The certification must include the following:

1. The date on which the serious health condition commenced;
2. The probable duration of the condition;
3. An estimate of the amount of time that the health care provider believes the employee needs to care for the individual requiring the care; and
4. A statement that the serious health condition warrants the participation of a family member to provide care during a period of the treatment or supervision of the individual requiring care.
  - ii. Upon expiration of the time estimated by the health-care provider needed for the leave, Kaweah Health may require the employee to obtain recertification in accordance with the above requirements as certifications expire.
  - iii. In addition, an employee requesting an Intermittent Leave or reduced work schedule must provide a health-care provider's certification stating the following:
    1. The date on which the treatment is expected to be given and the duration of the treatment.
    2. That the employee's Intermittent Leave or reduced work schedule is necessary for the care of a spouse, child or parent with a serious health condition or that such leave will assist in the individual's recovery; and
    3. The expected duration of the need for an Intermittent Leave or reduced work schedule.
  - iv. Department heads may not contact the employee's health care provider to obtain information on a leave. They are to refer any questions to Human Resources or Employee Health Services who may contact the provider.

c. Employee Periodic Reports:

During a leave, an employee must provide periodic reports regarding the employee's status to the department head and Human Resources, including any change in the employee's plans to return to work. Failure to provide updates may cause Kaweah Health to apply a voluntary resignation from employment.

During an approved Intermittent Leave, the employee must call their department head or designee each day or partial day that is requested as Intermittent Leave time.

5. Compensation During Leave:

Refer to the pamphlet from the Employment Development Department (EDD) entitled "For Your Benefit: California's Program for the Unemployed" for more information. Also refer to the Paid Family Leave policy in the manual.

- a. For a medical leave of absence longer than seven days which is to be coordinated with State Disability Insurance (SDI), the initial 24 hours are paid through accrued PTO, if available, at the employee's discretion. In the circumstance of an immediate hospitalization or surgery, an employee may be paid from accrued EIB from their first full day off. EIB must be used for coordination with SDI or Workers' Compensation Temporary Disability Payments; PTO time may be used only after all Extended Illness Bank (EIB) has been exhausted. Coordinated amounts will not exceed the regular amount of pay normally earned by the employee. For a Workers' Compensation leave of absence, if the employee is off work for less than 14 days, there is a three (3) day waiting period before TTD will begin. The first three (3) days is paid using accrued EIB hours. If the employee is off work for more than 14 days, TTD begins on day one (1).
- b. It is the employee's responsibility to notify Payroll of the amount they receive from SDI or Workers' Compensation to ensure the correct amount of EIB coordination.
- c. Applying the EIB utilization guidelines, EIB may be used for Kin Care for the same eligible members noted on page one. Up to 50% of the annual EIB accrual can be used if the employee has worked a full 12 months; otherwise the utilization will be limited to 50% of the employee's accrued EIB. A maximum of 50% of accrued hours in a 12- month period may be utilized.

6. Benefit Accrual:

The employee will continue to accrue PTO as long as they are being paid by Kaweah Health (receiving a paycheck) during integration of benefits on continuous leave of absence.

7. Merit Review Date:

The merit review date will not change during a leave of absence.

8. Benefits During Leave:

- a. An employee taking leave will continue to receive coverage under Kaweah Health 's employee benefit plans for up to a maximum of four (4) months per 12-month period at the level and under the conditions of coverage as if the employee had continued in employment continuously for the duration of such leave.



Kaweah Health will continue to make the same premium

contribution as if the employee had continued working.

- b. Insurance premiums (health, vision, dental, life, etc.) are to be paid by the employee and Kaweah Health, under the same conditions as existed prior to the leave, for a maximum period of four (4) months in a 12-month period.
- c. If on paid status (utilizing PTO/EIB), an employee may continue his/her normal premiums through payroll deduction. If on unpaid status, he/she is required to pay Kaweah Health his/her portion of the premiums while on a leave of absence for a total of four months. After four months, employees will be offered COBRA Continuation Coverage for applicable benefits.
- d. In the case where Pregnancy Disability Leave (FMLA) combined with CFRA bonding leave applies, if an employee is on paid status (utilizing PTO/EIB), the employee may continue her normal premiums through payroll deduction. If on unpaid status, she is required to pay Kaweah Health her portion of the premiums monthly while on a leave of absence for a total of up to seven months; COBRA rules then apply.
- e. An employee whose insurance is canceled due to nonpayment of premiums will have to satisfy a new waiting period after returning to work and will be considered a "new employee" for insurance purposes and as such, the employee may have to provide proof of insurability and will be subject to the pre-existing rules which apply at the time of the leave.
- f. An employee may cancel his/her insurance(s) within 30 days of the end of his/her paid leave and will be re-enrolled upon return without a waiting period. Cancellation must be done in writing to the Human Resources Department. The employee must reinstate coverage within 30 days of his/her return from work.
- g. Group medical, dental, vision insurance coverage and the medical spending account will cease on the last day of the month in which an employee reaches four months of leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan.
- h. If the employee fails to return to work at the expiration of the leave, he/she must repay any health insurance premiums paid by Kaweah Health while on leave, unless failure to return to work is due to a continuation of his/her own serious health condition or other reasons beyond his/her control.

9. Reinstatement:

- a. A doctor's release and a clearance with Employee Health Services will be required when an employee is returning from a medical leave of absence. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB testing, as applicable) prior to

a return to work.

Competency-related documentation must be completed within 2 weeks of the employee's return. Requesting or receiving a leave of absence in no way relieves an employee of his or her obligation while on the job to perform his or her job responsibilities and to observe all District policies, rules and procedures.

- b. Under most circumstances, upon return from Family or Medical Leave, an employee will be reinstated to his or her previous position, or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions. However, an employee returning from a Family or Medical Leave has no greater right to reinstatement than if the employee had been continuously employed rather than on leave. For example, if an employee on Family and Medical Leave would have been laid off had he/she not gone on leave, or if an employee's position is eliminated during the leave, then the employee would not be entitled to reinstatement.
- c. An employee's use of Family and Medical Leave will not result in the loss of any employment benefit that the employee earned or was entitled to before using Family or Medical Leave.
- d. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB testing, as applicable) prior to a return to work. Competency-related documentation must be completed within 2 weeks of the employee's return. Requesting or receiving a leave of absence in no way relieves an employee of his or her obligation while on the job to perform his or her job responsibilities and to observe all District policies, rules and procedures.

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# HR. 173

<b>Policy Number:</b> HR.173	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> 4/24/24
<b>Approvers:</b> Board of Directors (Administration)	
<b>Employee Emergency Relief</b>	

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

## **POLICY:**

This policy was developed to assist employees with personal financial emergencies. The funding of this program is through unused Section 125 funds and donations by employees of Kaweah Health. The unused Section 125 funds will be donated to the Kaweah Health Hospital Foundation and restricted to use for the Kaweah Health Employee Emergency Relief.

## **PROCEDURE:**

To seek assistance from the emergency fund, an application (attached Exhibit) must be fully completed and signed. The application must be submitted to the Human Resources Department. Applications for assistance shall be reviewed and approved by the Chief Human Resources Officer.

### **I. Eligibility**

- A. All full-time and part-time employees are eligible after successfully completing the introductory period of employment. Employees may not be in the Disciplinary Action Process with a Level II counseling or higher.
- B. One application per household.
- C. Requests must be submitted to Human Resources in writing by the employee needing assistance. A Manager/Director acknowledgment of submission for Human Resources review is required.
- D. Application must be submitted to Human Resources within sixty (60) days of the emergency event or condition resulting in a need for assistance.
- E. Any misrepresentation on this application may be sufficient cause for rejection of the application and disciplinary action up to and including termination of employment.
- F. Employees requesting assistance must meet at least one of the required criteria.

## II. Criteria

The requesting employee must provide documentation with their application for any of the criteria listed below (i.e. direct financial impact that creates a hardship for the household):

Expenses associated with:

1. Death of an immediate family member
2. A catastrophic event affecting the employee (Example: home fire or natural disaster)
3. Financial hardship related to educational pursuits
4. Adoption
5. Medical emergency outside of what would be covered by insurance and/or PTO/EIB (Example: hotel stay)

## III. Definition of Immediate Family

For the purpose of this policy, immediate family is defined as mother, father, sister, brother, spouse, registered domestic partner, child, grandchild, grandparent, legal guardian, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, stepchild, step parent, step-brother, and step sister.

## IV. Disbursement

- Awards will be disbursed as approved by the Chief Human Resources Officer or designee provided funds are available.
- Awards are applied only to bill(s) related to the emergency and do not cover the applicant's recurring expenses.

Awards are not granted directly to the employee, but paid to the party to whom the funds are owed.

- Awards are not to exceed a maximum of \$1,000.
- Employees are eligible to reapply for assistance every five (5) years. Exceptions to the policy can be approved by the Chief Human Resources Officer after review and approval.

## V. Donations

Should the Employee Emergency Relief program be discontinued, the Kaweah Health Hospital Foundation and Human Resources will determine the use of the funds. No additional donations to the Employee Emergency Relief Fund will be accepted

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Kaweah Health  
Employee Emergency Relief Application  
(Submit to the Human Resources Department)

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_ Department: \_\_\_\_\_

Title: \_\_\_\_\_ Employee # \_\_\_\_\_ Phone # \_\_\_\_\_

Amount of Request \$ \_\_\_\_\_ (Maximum \$1,000)

**Emergency Criteria (Please check one)**

- ☐ Death of an immediate family member  
☐ A catastrophic event affecting the employee. (Example: Fire or Natural Disaster)  
☐ Financial hardship related to educational pursuits  
☐ Adoption  
☐ Medical emergency outside of what would be covered by insurance and/or PTO/EIB  
(Example: hotel stay)

***\*Funds may take up to one month to be distributed.***

(Brief explanation of your situation): \_\_\_\_\_ Date of Incident: \_\_\_\_\_

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Our goal is to pay some of your expenses to help assist you with this unforeseen emergency. Please list the expenses that you need assistance with as well as the amount of assistance needed. Please attach unpaid invoices. (Unfortunately, we can only make payments to third parties. We cannot write a check directly to you. Funds cannot be used to pay **Medical Insurance Premiums.**)

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I certify that all statements above are true and correct. Any misrepresentation on this application may be sufficient cause for rejection of the application. I also certify that I have read the Employee Emergency Relief Policy HR 173.

Requestor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Department Director/Manager Verification \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

Human Resources use only

Date Received: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Has the employee applied and been awarded in the past three (5) years? Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Approved: (Amount) \_\_\_\_\_ Denied (Reason): \_\_\_\_\_

Given to the Foundation (Date): \_\_\_\_\_ Check to be ready on (Date): \_\_\_\_\_

# HR.197



Policy Number: HR.197	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 8/28/24
Approvers: Cindy Moccio (Board Clerk/Exec Assist-CEO)	
<b>Dress Code - Professional Appearance Guidelines</b>	

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

**POLICY:**

The professional appearance and conduct of our employees and contract staff are important parts of the experience for patients, their families, and visitors in clinical and non-clinical areas. This policy provides expectations and guidelines for dress, personal appearance and behavior for employees, contract staff, and other individuals working at Kaweah Health. ~~Dress and behavioral guidelines help Kaweah Health employees and contract staff with expectations concerning appearance and conduct.~~ This helps to ensure that our patients feel welcomed, respected, comfortable, and safe. ~~as well as while off duty.~~

Kaweah Health observes religious dress and grooming practices including wearing religious clothing or articles (e.g., a headscarf, turban); observing a religious prohibition against wearing certain garments (e.g., woman's practice of not wearing pants or skirts), or adhering to shaving or hair length observances, (e.g., uncut hair and beard, dreadlocks, or sidelocks).

**PROCEDURE:**

All individuals working at Kaweah Health affect the overall image of patients, visitors, and the community. In addition, individuals are required to present a professional healthcare appearance and dress according to the requirements of this policy as well as adhere to their department-specific or job-specific dress standards.

Kaweah Health has established the following criteria for personal appearance. These criteria are for meeting our customers' and the community's expectations and the image of what they expect of healthcare providers and administrative department personnel.

The following applies while at work and not at work if wearing any article that indicates "Kaweah Health," or Kaweah Health ID badge:

- a. Employees and contract staff are required to wear the official Kaweah Health ID badge at all times while on duty. The ID badge must be worn so that the picture and name can be seen and must be chest high or above. No marks, stickers (other than flu vaccine compliance), etc., or membership pins may be on the badge; it must include a current picture and not be faded or worn). Kaweah Health recognition pins may be

attached to the badge extender. If an employee or contract staff member is visiting Kaweah Health while not on duty, they are not to wear their ID badge, nor represent that they are on duty; they may not perform any work. At the option of an employee, the badge may include only the first name and initial of last name.

- b. Attire must be neat, clean, appropriately fitting, matched, and coordinated and have a professional or business-like appearance. Scrubs must be appropriately fitting as well, neither too large nor too tight; pants may not touch the ground. Scrub leggings are not permitted. Scrub jackets branded with another organization's name or logo (including health care or a hospital) are prohibited.
1. Revealing clothing (such as see-through or showing cleavage), dresses, and skirts must not be shorter than three (3) inches above the knee. Sun-dresses, inappropriate length dresses or mini-skirts, bare-back dresses, halter tops, tank tops, t-shirts, any denim color or denim appearing material, leggings, scrub leggings, unprofessional casual Capri pants with strings or cargo pockets, shorts or walking-shorts, army fatigue-print clothing are some examples of inappropriate attire. T-Shirts/Tops that expose chest hair are not allowed. Sleeveless attire is appropriate as long as it is business professional. "Hoodies" or hooded jackets of any kind are not permitted; team jackets are to be approved by a manager.
  2. Those employees who work in departments that are exposed to the outside elements may wear hats while outside.
  3. Tattoos may be visible if the images or words do not convey violence, discrimination, profanity, or sexually explicit content. Tattoos containing such messages must be covered with bandages, clothing, or cosmetics. Kaweah Health reserves the right to judge the appearance of visible tattoos. However, tattoos that are visible on the front neck area above the collar line and the face must be covered.
  4. Hickeys can be considered offensive, unprofessional, and distracting in nature, and must be covered by clothing or Band-Aids.
  5. Excessive jewelry and watches that may affect safe patient care or violate infection control standards, multiple ear piercings, or body piercings are not allowed. Ear expanders must be plugged with a flesh color plug. Only pin-size nose adornment and/or small nose rings/hoops are acceptable. Septum piercings and jewelry under the nose are prohibited.
  6. Shoes are to be worn as appropriate for the position and must be clean, in good repair, and meet the safety and noise abatement requirements of Kaweah Health environment. Open-toed shoes may not be worn in patient care areas by those providing direct patient care. Socks are to be worn as appropriate for the position, (i.e. with Croc-type shoes that have holes). Closed-toe shoes are required in the patient care areas and other areas in

which safety requires closed-toe shoes. Casual type thong, flip-flops, and locker room sandals (even with back straps) are not acceptable. Dressy type sandals or open-toed shoes with a back strap are acceptable when safety does not dictate otherwise. Tennis shoes are acceptable to wear. They must be neat, clean and appropriate. High heels greater than three (3) inches, wedges, and platform shoes are not safe in our work environment at Kaweah Health and may not be worn.

7. Hair is to be kept neat and clean. Unnatural hair color is acceptable; extreme hairstyles are not permitted. Employees with long hair who have direct patient contact or work with food or machinery must have their hair pinned up off the shoulders, secured at the nape of the neck, or secured in a hair net. Traits historically associated with race or religion including, but not limited to, hair length, hair texture, and protective hairstyles, defined as braids, locks, and twists are allowed and must be secured. Beards, mustaches, and sideburns must be clean and neat at all times.
8. Kaweah Health is fragrance-free due to allergies that present themselves with colognes, perfumes, aftershave lotions, hand lotions, etc. Body odor, smell of cigarette/e- cigarette/tobacco smoke, or excessive makeup are examples of unacceptable personal grooming.
9. Fingernails: Employees who have direct contact with patients (those employees who touch patients as a part of their job description) and those indirectly involved in patient care, such as Pharmacy, Housekeeping, Laboratory, and Sterile Processing must comply with the following guidelines. Some departments (i.e. Food and Nutrition Services) may have specific requirements that vary:
  - a. Nails must be kept clean, short, and natural.
  - b. Artificial nails, acrylics, or other artificial materials (including nail jewelry) applied over the nails are prohibited. These are dried grinded nail products (acrylics or gels).
  - c. Nail or Gel Polish is permissible in most areas if used in good taste, with non-shocking colors or decor, and is maintained without chips or cracks. Polish is not allowed in Food and Nutrition Services.
  - d. Nails should not be visible when holding the palm side of the hand up.

Non-direct caregivers (those employees without “hands-on” patient contact) must comply, as follows:

- i. Nails (including artificial) must be kept clean and neatly trimmed or filed.
  - ii. Short nail length is defined as the white nail tip no greater than 1/4 inch.
  - iii. Polish is permissible if used in good taste, with non-shocking colors or decor, and is maintained without chips or cracks.
10. Employees who are required to wear certain uniform-type attire must comply with the requirements set forth by their department head or Kaweah Health, within the following guidelines: attire limited to a general color of fabric (i.e., dark, solid colors), business style jackets/blazers, white shirts/blouses, and/or black shoes. Any other attire required by

Kaweah Health will be provided to the employee at no cost.

11. Employees attending Kaweah Health staff meetings on Kaweah Health premises may wear casual and appropriate attire. It would be inappropriate to wear shorts, gym- wear, tank tops, or anything similar. Jeans are appropriate as long as they are not frayed and torn. Employees must be modestly dressed. Employees attending on-site classes or other meetings are to wear office-casual attire, scrubs, or street clothes in good taste. Kaweah Health employees and contract staff are not permitted to present in any way that would appear unprofessional to Kaweah Health leadership.
- ~~12. Kaweah Health promotes organization-wide events and may allow Kaweah Health provided t-shirts for these days. These are allowed if appropriate for the employees' work environment.~~
13. Kaweah Health promotes organization-wide events and may allow Kaweah Health to provide t-shirts for these days. These are allowed if appropriate for the employees' work environment. With the exception of specific areas where scrubs are laundered (i.e. Cath Lab, CVOR, OR, NICU, L&D) Kaweah Health does not provide or launder scrubs or uniforms for employees, unless the garments are provided by Kaweah Health and requires dry-cleaning. However, employees who have received a splash of blood or body fluid during the normal course of their job need to change into clothing for protection. Per Standard Precautions, employees are allowed to wear Kaweah Health-provided scrubs or uniforms furnished by Kaweah Health laundry. These are to be returned to Kaweah Health at the next shift worked. Upon arriving at and leaving from work, employees are provided with reasonable paid time to change. An employee may not wear these scrubs to and from Kaweah Health or outside of the hospital unless it is for work-related business (i.e. Employee Health, Human Resources, and Employee Pharmacy) and they must wear a white lab coat over the scrubs. Upon returning to the department, personnel must change into fresh scrubs before returning to the semi-restricted or restricted areas. Refer to Policy SS4000.
14. The responsibility to determine the appropriateness of employee appearance and attire and for enforcing uniform/dress code requirements rests with leadership. For example, the Behavioral Health departments may allow exceptions to this policy as appropriate to their patient care population. Employees who fail to follow personal appearance and hygiene guidelines will be sent home and instructed to return to work in proper form. Under such circumstances, employees will not be compensated for the time away from work.

Employees who violate this policy are subject to progressive discipline per HR.216 Progressive Discipline.

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# HR.234

<b>Policy Number:</b> HR.234	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b> 3/26/2025
<b>Approvers:</b> Board of Directors (Administration)	
<b>Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014</b>	

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

## **POLICY:**

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

This policy does not apply to Graduate Medical Education

## **PROCEDURE:**

### Eligibility and Accrual for PTO and EIB

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

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

EIB accrual will be reinstated for employees who leave Kaweah Health and are rehired as follows:

- a. If left as non-benefited and rehired as a non-benefited, we will reinstate the ending available EIB balance into a reserve bucket. These hours are available for use.

- b. If terminated as a benefited and rehired as benefited, we will reinstate the ending EIB balance.
- c. If terminated as non-benefited and rehired as benefited, we will reinstate the ending available EIB balance from the reserved EIB balance (if any).
- d. If terminated as a benefited and rehired as non-benefited, we will reinstate the ending available EIB balance up to the 80-hour maximum, placing the excess EIB balance into a reserve bucket. These hours are not available for use.

The rate of PTO and EIB accrual received is based on years of service. Employees receive accruals on up to 80 eligible hours, per pay period. The bi-weekly pay period starts at 12 AM on a Sunday, and ends at 11:59 PM on the last Saturday of the pay period. Qualified service hours which count towards a year of service for the accrual rate include the following: regular hours worked (non-overtime), Flex Time Off, PTO FMLA, PTO unscheduled, PTO/PSL, PTO Sick/Pregnancy, PTO/Workers Compensation, Sitter Pay, Sleep Pay, PTO hours, bereavement hours, jury duty hours, training/workshop hours, orientation hours, and mandatory dock hours. Neither EIB nor PTO accruals will be earned while employees are being paid EIB hours.

All Other Employees					Directors					Chiefs				
Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours accrued per pay period	PTO Days per year	Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours accrued per pay period	PTO Days per year	Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours accrued per pay period	PTO Days per year
0.0	4.9	0.084625	6.77	22	0.0	4.9	0.103875	8.3	27	0.0	1.0	0.103875	8.3	27
5.0	9.9	0.103875	8.31	27	5.0	9.9	0.123000	9.8	32	1.1	4.0	0.123000	9.8	32
10.0	14.9	0.123000	9.84	32	10.0	14.9	0.142250	11.4	37	4.1	9.0	0.142250	11.4	37
15	19.9	0.126875	10.15	33	15	19.9	0.146125	11.7	38	9.1	13.5	0.146125	11.7	38
20	24.9	0.130750	10.46	34	20	24.9	0.150000	12.0	39	13.6	18.0	0.150000	12.0	39
25	26.9	0.134625	10.77	35	25	26.9	0.153875	12.3	40	18.1	22.5	0.153875	12.3	40
27	28.9	0.138500	11.08	36	27	28.9	0.157750	12.6	41	22.6	27.0	0.157750	12.6	41
29+		0.142375	11.39	37	29+		0.161625	12.9	42	27.1		0.161625	12.9	42

### Eligibility and Accrual for PSL

PSL eligible employees include Per-Diem, Private Home Care, and Part-Time non-benefit eligible employees. PSL eligible employees will accrue at the rate of one hour per every 30 hours worked (.033333 per hour); accrual begins as of the first pay period.

To qualify for sick leave (PSL), an employee must:

- Must be employed for 30-days;
- May use beginning at 90-days of employment;
- Will be paid to the extent of an employee's accrued hours only.

Employees are limited to use up to 40 hours or five (5) days whichever is greater of accrued time in each calendar year. PSL will carry over to the following calendar year not to exceed 60 hours of accrual in any calendar year.



## Maximum Accruals

The maximum PTO accrual allowed is 400 hours. The accrual will cease once the maximum accrual is reached until PTO hours are used or cashed out. The maximum EIB accrual is 2000 hours; the maximum PSL accrual is 120 hours in a calendar year. No payment is made for accrued EIB or PSL time when employment with Kaweah Health ends for any reason.

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

Employees are required to use accrued PTO for time off for illness or unexpected absence occurrences.

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

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

## AB 1522 Healthy Workplace Healthy Families Act of 2014

An employee may utilize up to five (5) days or 40 hours, whichever is greater, of PTO or PSL in a calendar year (January-December). For example:

- For employees who work 12-hour shifts, the employee will be entitled to use up to 60 hours of paid sick leave (5 days x 12 hours).
- An employee who works 10-hour shifts will be entitled to use up to 50 hours (5 days x 10 hours).
- An employee who works 8-hour shifts will be entitled to use up to 40 hours (5 days x 8 hours).
- Alternatively, if an employee works only 6 hours a day and takes five days of paid sick leave, for a total of 30 hours, the employee will still have 10 hours remaining.

Employee may use PTO or PSL for the following purposes:

- a) Diagnosis, care, or treatment of an existing health condition, or preventative care for an employee or an employee's designated person, family member, as defined as employee's parent, child, spouse, registered domestic partner, grandparent, grandchild, and siblings.
- b) "Family Member" means any of the following:
  - i. A child, which for purposes of this policy means a biological, adopted or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis; this definition of child is applicable regardless of age or dependency status.
  - ii. A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child.
  - iii. Spouse
  - iv. Registered domestic partner
  - v. Grandparent
  - vi. Grandchild
  - vii. Sibling
- c) Designated Person means the following:
  - i. Under the California Family Rights Act (CFRA) and California Healthy Workplaces Health Families Act (HWHFA) an employee will be able to identify a designated person for whom they want to use leave when they request unpaid CFRA or paid HWHFA.
- d) For an employee who is a victim of domestic violence, sexual assault or stalking, as specified.

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

PSL and PTO time shall be utilized at a minimum of 1-hour increments and no more than the length of the employee's shift.

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

#### Time Off Due To Extended Illness

Employees who are absent due to illness for more than three (3) consecutive work days should notify their manager and contact the Human Resources Department to determine if they are eligible for a leave of absence. Accrued EIB can be utilized for an approved continuous leave of absence beyond three (3) days and if admitted to a

hospital or have a medical procedure under anesthesia. However, in instances when an employee has been issued Disciplinary Action and directed to provide a doctor's note for all sick days, then an employee may need to submit a doctor's note. If applying for a continuous leave of absence, accrued PTO may be applied for the first twenty four (24) hours at the employee's regular shift length, if leave is for your own medical condition.

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

Employees who are absent due to a Worker's Compensation injury for less than 14 days, there is a three (3) day waiting period before TTD (Total Temporary Disability) will begin. The first three (3) days is paid using accrued EIB hours. If the employee is off work more than 14 days, TTD begins on day one (1).

Employees who are absent with an Intermittent Leave under FMLA/CFRA are required to use accrued PTO for their absences, at no less than one hour and no more than the regular length of the shift.

#### Time Off Due to Kin Care

Kin Care allows eligible employees to use up to one-half (1/2) of the Extended Illness Bank (EIB) that they accrue annually in a calendar year to take time off to care for a sick family member. Only employees who accrue EIB are eligible for Kin Care. No more than one-half of an employee's EIB accrual in a calendar year period can be counted as Kin Care. An employee who has exhausted their EIB and then is absent to care for a sick family member cannot claim that absence under Kin Care.

Kin Care can be used to care for a sick family member, to include a spouse or registered domestic partner, child of an employee, "child" means a biological, foster, or adopted child, a stepchild, a legal ward, a child of a domestic partner, or a child or a person standing in loco parentis, parents, parents-in-law, siblings, grandchildren and grandparents.

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

#### Holidays

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

1. New Year's Day (January 1<sup>st</sup>)
2. President's Day (Third Monday in February)
3. Memorial Day (Last Monday in May)
4. Independence Day (July 4<sup>th</sup>)
5. Labor Day (First Monday in September)

6. Thanksgiving Day (Fourth Thursday in November)
7. Day after Thanksgiving Day (Friday following Thanksgiving)

8. Christmas Day (December 25<sup>th</sup>)
9. Personal Day

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

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

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

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