

Kaweah Delta Health Care District Board of Directors Meeting

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



March 21, 2025

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the City of Visalia City Council Chambers {707 W. Acequia, Visalia, CA} on Wednesday, March 26, 2025:

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

In compliance with the Americans with Disabilities Act, if you need special assistance to participate at this meeting, please contact the Board Clerk (559) 624-2330. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the Kaweah Delta Health Care District Board of Directors meeting.

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

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

KAWEAH DELTA HEALTH CARE DISTRICT
David Francis, Secretary/Treasurer

Kelsie Davis
Board Clerk / Executive Assistant to CEO

DISTRIBUTION:

Governing Board, Legal Counsel, Executive Team, Chief of Staff, www.kaweahhealth.org

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

Board of Directors Meeting

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KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

Wednesday March 26, 2025 {Regular Meeting}

OPEN MEETING AGENDA {4:00PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.
4. **APPROVAL OF THE CLOSED AGENDA – 4:01PM**
Public Participation – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.
Action Requested – Approval of the March 26, 2025, closed meeting agenda.
5. **ADJOURN**

CLOSED MEETING AGENDA {4:01PM}

1. **CALL TO ORDER**
2. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality committee.
Scott Baker, Interim Director of Emergency Services
3. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION** – Pursuant to Government Code 54956.9(d)(1).

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- A. Martinez (Santillan) v KDHCDCase # VCU279163
- B. Franks v KDHCDCase #VCU290542
- C. Burns-Nunez v KDHCDCase # VCU293107
- D. Oney v KDHCDCase # VCU293813
- E. Parnell v Kaweah Health Case # VCU292139
- F. Newport v KDHCDCase # 1:23-CV-01752-NODJ-SAB
- G. M. Vasquez v KDHCDCase # VCU297964
- H. Apkarian-Souza v KDHCDCase # VCU303650
- I. Pendleton v KDHCDCase #VCU305571
- J. Rhodes v KDHCDCase # VCU306460
- K. Negrete v KDHCDCase #VCU309437
- L. LaRumbe-Torres v KDHCDCase #VCU313564
- M. Smithson v KDHCDCase #VCU313258
- N. Maxey v KDHCDCase #VCU314996
- O. Medina v KDHCDCase #VCU316413
- P. Richardson v KDHCDCase #VCU311369
- Q. Burger v. KDHCDCase #VCU312863
- R. Andrade v. KDHCDCase #VCU317338

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

- 4. **CONFERENCE WITH LEGAL COUNSEL – [ANTICIPATED LITIGATION](#)** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2). 1 Case
Rachele Berglund, Legal Counsel & Evelyn McEntire, Director of Risk Management
- 5. **[CREDENTIALING](#)** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155.
Daniel Hightower, MD, Chief of Staff
- 6. **[QUALITY ASSURANCE](#)** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.
Daniel Hightower, MD Chief of Staff

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7. **APPROVAL OF THE CLOSED MEETING MINUTES** – [February 26, 2025](#), closed meeting minutes.
8. **ADJOURN**

OPEN MEETING AGENDA {4:45PM}

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **FLAG SALUTE- DIRECTOR FRANCIS**
4. **APPROVAL OF AGENDA**
5. **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.
6. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
7. **OPEN MINUTES** – Request approval of the [February 26, 2025](#), open minutes.
Public Participation – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.
Action Requested – Approval of the February 26, 2025, open minutes.
8. **RECOGNITIONS**
 - 8.1. Presentation of [Resolution 2253](#) to Diane Hayes in recognition as the Kaweah Health World Class Employee of the month – March 2025 – *Director Francis*
 - 8.2. Team of the Month – 4 South Team
9. **CREDENTIALS** - Medical Executive Committee requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval.

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Daniel Hightower, MD, Chief of Staff

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

Action Requested – Approval of the March 26, 2025, medical staff credentials report.

- 10. CHIEF OF STAFF REPORT** – Report relative to current Medical Staff events and issues.

Daniel Hightower, MD, Chief of Staff

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

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

Action Requested – Approval of the March 26, 2025, Consent Calendar.

11.1. REPORTS

- A. [Physician Recruitment](#)
- B. [Strategic Plan](#)
- C. [Environment of Care Quarterly Report](#)
- D. [Throughput](#)
- E. [Semi Annual Investment Report](#)
- F. [Cardiovascular Services](#)

- 11.2.** Approve Jag Batth, Chief Operating Officer, to be designated as the administrative person for the Kaweah Health Skilled Nursing Units on Court Street at the Kaweah Health Rehabilitation Hospital on Akers Street - to serve until such time as his successor shall be appointed by the Board of Directors.

11.3. POLICIES

A. Administrative Policies

- A.1. [AP161](#)- Workplace Violence Prevention Program- Revised

B. Human Resources

- B.1. [HR 49](#)- Education Assistance - Revised
- B.2. [HR 145](#)- Family Medical Leave Act (FMLA)/ California Family Rights Act (CFRA) Leave of Absence – Revised
- B.3. [HR 149](#)- Bereavement Leave – Revised
- B.4. [HR 184](#)- Attendance & Punctuality- Revised

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- B.5. [HR 216](#)- Progressive Discipline – Revised
- B.6. [HR 233](#)- Non-Employees- Revised
- B.7. [HR 234](#)- Paid Time Off (PTO, Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014- Revised

11.4. LEGAL

- A. Granting application for late claim and rejecting the claim on its merits - [Jasmine E. Sahagun Martinez](#).
- B. Granting application for late claim and rejecting the claim on its merits - [Edward Salinas](#).
- C. Granting application for late claim and rejecting the claim on its merits - [Liam Edward Luna Martinez](#).

- 12. **STRATEGIC PLANNING INITIATIVE** – [Community and Patient Experience](#) – Detailed review of Strategic Plan Initiative.

Deborah Volosin, Director of Patient and Community Experience

- 13. **HOSPITAL ACQUIRED PRESSURE INJURY PREVENTION REPORT** – Quality & Patient Safety Program report on key metrics associated with evidenced-based prevention of Hospital Acquired Pressure Injuries.

Sandy Volchko, DNP, RN, CPHQ, CLSSBB, Director of Quality & Patient Safety

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

Malinda Tupper – Chief Financial Officer

15. REPORTS

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

Gary Herbst, Chief Executive Officer

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

Mike Olmos, Board President

CLOSED MEETING AGENDA

IMMEDIATELY FOLLOWING THE OPEN SESSION

Kaweah Delta Health Care District Board of Directors Meeting

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



1. CALL TO ORDER

2. **CEO EVALUATION** – Discussion with the Board and the Chief Executive Officer relative to the evaluation of the Chief Executive Officer pursuant to Government Code 54957(b)(1).
Gary Herbst, Chief Executive Officer and Rachele Berglund, Legal Counsel

3. ADJOURN

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Agenda item intentionally omitted

Open Meeting Minutes 2.26.2025

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY FEBRUARY 26, 2025, AT 4:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Levitan, Havard Mirviss & Murrieta; G. Herbst, CEO; D. Hightower, Chief of Staff; M. Tupper, CFO; B. Cripps, Chief Compliance Officer; D. Cox, Chief Human Resource Officer; R. Gates; Chief Population Health Officer; M. Mertz, Chief Strategy Officer; R. Berglund, Legal Counsel; and K. Davis, recording

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

Director Olmos asked for approval of the agenda.

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

PUBLIC PARTICIPATION –None.

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

ADJOURN - Meeting was adjourned at 4:00PM

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY FEBRUARY 26, 2025, AT 4:30PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Murrieta & Levitan; G. Herbst, CEO; D. Hightower, Chief of Staff; M. Tupper, CFO; B. Cripps, Chief Compliance Officer; D. Cox, Chief Human Resource Officer; R. Gates; Chief Population Health Officer; M. Mertz, Chief Strategy Officer; R. Berglund, Legal Counsel; and K. Davis, recording

The meeting was called to order at 4:41 PM by Director Olmos.

ROLL CALL- Director Olmos, Havard Mirviss, Levitan, Francis, and Murrieta were all present and accounted for.

FLAG SALUTE- Director Levitan lead the flag salute.

Director Olmos asked for approval of the agenda.

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

PUBLIC PARTICIPATION – None.

CLOSED SESSION ACTION TAKEN: approval of the closed meeting minutes from January 22, 2025.

OPEN MINUTES – Requested approval of the open meeting minutes from January 22, 2025.

PUBLIC PARTICIPATION – None.

MMSC (Havard Mirviss/Francis) to approve the open minutes from January 22, 2025.

This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Francis, Levitan and Murrieta.

RECOGNITIONS- Resolution 2250, 2251, and 2252. New Directors Rhonda Quinones.

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

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

- No report.

Public Participation – None.

Director Olmos requested a motion for the approval of the February 26, 2025, Medical executive committee report as presented.

MMSC (Havard Mirviss/Murrieta) Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the Executive Committee of

the Medical Staff, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files . This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Levitan, Murrieta and Francis

CONSENT CALENDAR – Director Olmos entertained a motion to approve the February 26, 2025, consent calendar.

PUBLIC PARTICIPATION – None.

MMSC (Havard Mirviss/Francis) to approve the February 26, 2025, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Levitan, Murrieta and Francis.

STRATEGIC PLAN- PHSYCIAN ALIGNMENT – A detailed review of strategic plan initiative. Copy attached to the original of the minutes and to be considered a part thereof.

FINANCIALS – Review of the most current fiscal year financial results. Copy attached to the original of these minutes and considered a part thereof.

REPORTS

Chief Executive Officer Report – Mr. Herbst gave an update on the hospital census, Chartis, and OBHG. – *Gary Herbst, CEO*

Board President- Thanked his constituents who went to the Moonshine Soiree. Director Olmos also asked that Chartis come and review the findings with the Board. – *Mike Olmos, Board President*

ADJOURN - Meeting was adjourned at 6:36PM

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

ATTEST:

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

R2253 EOM Diane Hayes



RESOLUTION 2253

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Diane Hayes with the World Class Service Excellence Award for the Month of March 2025, for consistent outstanding performance, and,

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

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

PASSED AND APPROVED this 26th day of March 2025 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

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

Physician Recruitment Report - March 2025



Physician Recruitment Board Report - Physician Group Targets March 2025

Key Medical Associates
Gastroenterology x1 Pediatrics x1 Pulmonology x1 Rheumatology x1

Orthopaedics Associates
Orthopedic Surgery (General) x1 Orthopedic Surgery (Hand) x1

Sequoia Cardiology
EP Cardiology x1

Other Recruitment/Group TBD
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

Oak Creek Anesthesia
Anesthesia - Cardiac x1 Anesthesia - General x2 Anesthesia - Regional x1

Valley ENT
Audiology x1 Otolaryngology x1

Valley Children's
Maternal Fetal Medicine x2 Neonatology x1 Pediatric Cardiology x1 Pediatric Hospitalist x1

March Board Report Narrative:

We are excited to announce that we have signed Letters of Intent for two of our Family Medicine Residents. One of the residents will be taking an Adult Hospitalist position with Valley Hospitalist Medical Group working nights in the Kaweah Health Medical Center. The other soon to be graduate, has accepted a position with the Kaweah Health Faculty Medical Group and will be responsible for resident education, along with seeing patients in both the Kaweah Health Tulare Clinic and Kaweah Health Medical Center.

We currently have two OB/GYN candidates in queue. One of these physicians will be joining us for a site visit 4/1/25. Both of these candidate would be net new for our service area.

OB/GYN and Family Medicine recruitment remain top priorities for the Kaweah Health Physician Recruitment team.

Board Report - Physician Recruitment - Mar 2025

	Specialty	Group	Phase	Expected Start Date
1	OBGYN	TBD	Site Visit	
2	Rheumatology	TBD	Site Visit	
3	Internal Medicine	TBD	Site Visit	
4	Pulmonology	TBD	Site Visit	
5	Cardiothoracic Surgery	TBD	Site Visit	
6	ENT	Valley ENT	Site Visit	
7	Neonatology	Valley Childrens	Site Visit	
8	Radiology	Mineral King Radiology	Screening	
9	Gastroenterology	TBD	Screening	
10	Cardiothoracic Surgery	TBD	Screening	
11	Anesthesia (Regional)	Oak Creek	Screening	04/01/25
12	Family Medicine	TBD	Screening	
13	OBGYN	1099 - KH Direct	Screening	
14	OBGYN	TBD	Screening	
15	Psychiatry	TBD	Screening	
16	Pathology	Pathology Group	Screening	
17	Family Medicine	TBD	Resident	
18	Family Medicine	TBD	Resident	
19	Neurology	1099 - KH Direct	Offer Extended	
20	Neurology	1099 - KH Direct	Offer Extended	
21	Anesthesia (Regional)	Oak Creek	Offer Extended	
22	Family Medicine	TBD	Offer Extended	
23	Family Medicine NP	CFC	Offer Extended	
24	Psychiatry	Precision Psych	Offer Extended	
25	Psychiatry	Precision Psych	Offer Extended	
26	Family Medicine	KH Faculty MG	Offer Accepted	
27	Anesthesia (CRNA)	Oak Creek	Offer Accepted	04/01/25
28	Anesthesia (CRNA)	Oak Creek	Offer Accepted	04/01/25
29	Family Medicine	TBD	Offer Accepted	08/01/25
30	General Surgery	TBD	Offer Accepted	08/01/25
31	General Surgery	TBD	Offer Accepted	10/20/25
32	Ped Hospitalist	Valley Childrens	Offer Accepted	10/14/24
33	Pulmonology	1099 - KH Direct	Offer Accepted	05/01/25
34	Urology	1099 - KH Direct	Offer Accepted	03/01/25
35	Endocrinology	1099 - KH Direct	Offer Accepted	
36	Neonatology	Valley Childrens	Offer Accepted	
37	Family Medicine	TBD	Leadership Call	
38	Neurology	TBD	Leadership Call	
39	Cardiothoracic Surgery	TBD	Applied	
40	Cardiothoracic Surgery	TBD	Applied	
41	Cardiothoracic Surgery	TBD	Applied	
42	Family Medicine NP	CFC	Applied	
43	Radiology	Mineral King Radiology	Applied	
44	Radiology	Mineral King Radiology	Applied	
45	Anesthesia General	Oak Creek	Applied	

FY25 Strategic Plan Overview March Final



FY 2025 Strategic Plan

Monthly Performance Report

March 26, 2025



kaweahhealth.org



Kaweah Health
MORE THAN MEDICINE. LIFE 92/407

Kaweah Health Strategic Plan: Fiscal Year 2025

Our Mission

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

Our Vision

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

Our Pillars

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

Our Five Initiatives

Ideal Environment
Strategic Growth and Innovation
Outstanding Health Outcomes
Patient Experience and Community Engagement
Physician Alignment

Kaweah Health Strategic Plan FY2025 Overview

Statuses



Due Dates



Progress Updates



Ideal Environment

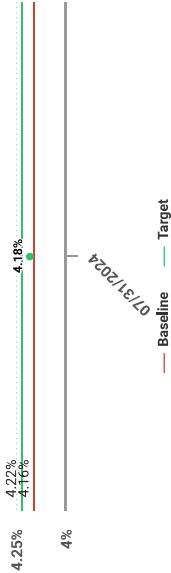
Champions: Dianne Cox and Hannah Mitchell

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

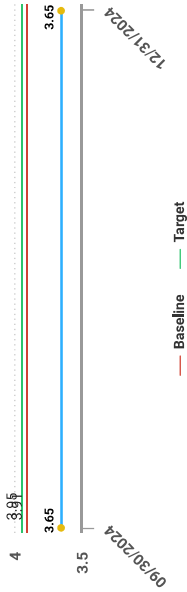
FY2025 Strategic Plan - Ideal Environment Strategies

#	Name	Description	Status	Assigned To	Last Comment
1.1	Integrate Kaweah Care Culture	Integrate Kaweah Care culture into the various aspects of the organization.	On Track	Dianne Cox	<p>The Kaweah Care Steering Committee and its subcommittees are dedicated to embedding the Kaweah Care culture throughout the organization.</p> <p>Employee Engagement and Experience: We have planned a year-round calendar of exciting events to boost employee engagement and synergy, along with recognizing achievements through Starlight awards and Team Pyramid awards.</p> <p>Ideal Practice Environment Committee: Our focus is on enhancing the provider experience by improving the environment, systems, and overall culture.</p> <p>Patient Engagement and Experience Committee: We work on service recovery, patient navigation, managing lost belongings, improving customer service, enhancing the environment, and ensuring timely communication and transitions.</p>
1.2	Ideal Practice Environment	Ensure a practice environment that is friendly and engaging for providers, free of practice barriers.	On Track	Dianne Cox	<p>We have initiated several efforts aimed at enhancing provider experience:</p> <p>Team Rounding: Brief team rounding (60-90 seconds per room) involving a physician, RN, and case manager to streamline communication and improve patient care.</p> <p>Dedicated Workspaces: Will be establishing workstations in key locations including 5T, the library, and various hospital areas. Restoration/remodeling of the Medical Staff lounge, female locker room, and surgery spaces to better support provider needs.</p>
1.3	Growth in Nursing School Partnerships	Increase the pool of local RN candidates with the local schools to increase RN cohort seats and increase growth and development opportunities for Kaweah Health Employees	On Track	Dianne Cox	<p>We have formed partnerships with local high schools for the Career Technical Education program, including Visalia Unified, Cutler, Oroshi, Hanford West, Tulare Joint Union, and Lindsay.</p> <p>Additionally, we are rolling out several initiatives: a Leadership Academy, an Emerging Leaders Program, Charge Nurse Development, and Mentorship and Succession Planning. A comprehensive calendar has been created to support and schedule all upcoming learning events.</p>

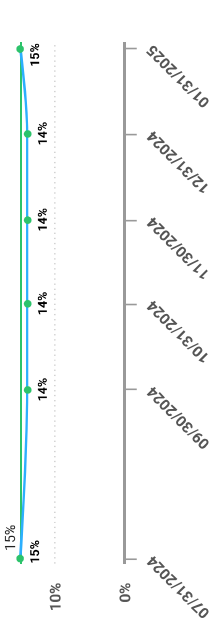
Employee Engagement Survey Score Greater Than 4.2%



Physician and APP Engagement Survey Score Greater Than 3.95%



Decrease Overall Turnover Rate (< 15%)



Strategic Growth and Innovation

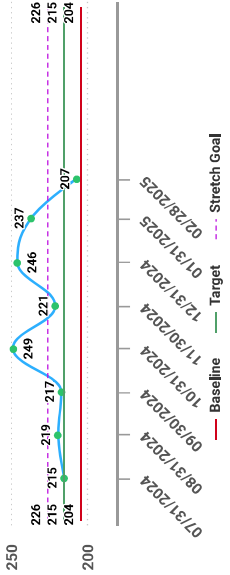
Champions: Marc Mertz and Kevin Bartel

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

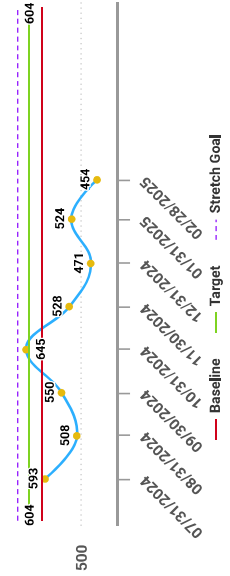
FY2025 Strategic Plan - Strategic Growth and Innovation Strategies

#	Name	Description	Status	Assigned To	Last Comment
2.1	Grow Targeted Surgery/Procedure Volumes	Grow volumes in key service lines, including Orthopedics, Endoscopy, Urology and Cardio Thoracic services.	Off Track	Kevin Bartel	FYTD, only one of the established service line volume goals is being met (orthopedics), although for the month of February all four surgical volume targets were not achieved, for various reasons...
2.2	Expand Clinic Network	Strategically expand and enhance the existing clinic network to increase access at convenient locations for the community.	On Track	Ivan Jara	We continue to evaluate and pursue growth opportunities through recruitment, acquisitions, new locations, quality initiatives, state/federal programs, and a team-based care model. All areas currently have active projects supporting the expansion of the clinic network.
2.3	Innovation	Implement and optimize new tools and applications to improve the patient experience, communication, and outcomes.	On Track	Marc Mertz	Key initiatives include optimizing telehealth services (inpatient-Neurology focus), integrating referral and authorization software, and developing online scheduling tools (clinical lab), all on track. We continue to explore an advanced care at-home program with Key Medical Group. The centralized navigation service strategy will involve key stakeholders to help determine next steps.
2.4	Enhance Health Plan Programs	Improve relationships with health plans and community partners and participate in local/state/federal programs and funding opportunities to improve overall outcomes for the community.	On Track	Sonia Duran-Aguilar	Monthly meetings with MCPs to discuss CalAIM and quality remain underway. Work underway to complete PATH CITED Round 4 application due May 2nd 2025 and working closely with MCPs to ensure our application aligns with gaps noted in Tulare County CalAIM programs and Populations of Focus.
2.5	Explore Organizational Affiliations and Partnerships	Pursue organizational affiliations and partnerships.	On Track	Marc Mertz	Leaders continue to evaluate current and new affiliations and partnership to enhance the delivery of care. The Cleveland Clinic affiliation fee was renegotiated to a lower annual rate.

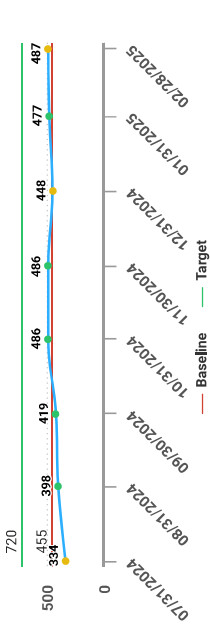
Perform 215 Orthopedic Surgery Cases Per Month



Perform 636 Endoscopy Cases Per Month



Increase Enrollment to 720 Lives in Enhanced Care Management



Outstanding Health Outcomes

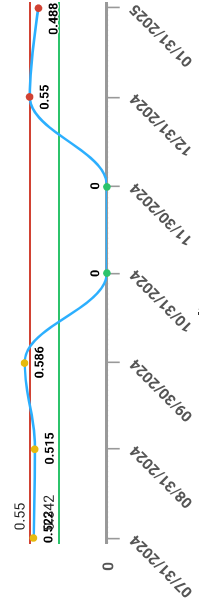
Champions: Dr. Paul Stefanacci and Sandy Volchko

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

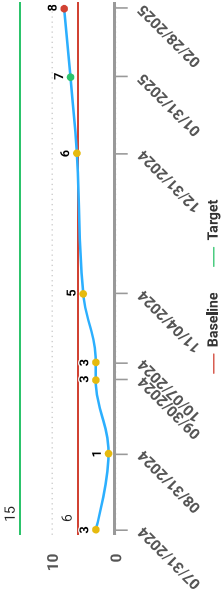
FY2025 Strategic Plan - Outstanding Health Outcomes Strategies

#	Name	Description	Status	Assigned To	Last Comment
3.1	Standardized Infection Ratio (SIR)	Reduce the Hospital Acquired Infections (HAIs) to the national 70th percentile in FYTD24 as reported by the Centers for Medicare and Medicaid Services	At Risk	Sandy Volchko	Key Actions: - Reduce line utilization; less lines less opportunity for infections to occur - Improve environmental cleaning effectiveness for high risk areas - MRSA nasal and skin decolonization for patient with lines - Improve hand hygiene
3.2	Sepsis Bundle Compliance (SEP-1)	Increase SEP-1 bundle compliance to overall 85% compliance rate for FY24 through innovative improvement strategies based on root causes.	At Risk	Sandy Volchko	Next Steps – enhanced engagement with GME through Sepsis Coordinator (ongoing education, order set utilization). Future State: Code Sepsis in ED
3.3	Mortality and Readmissions	Reduce observed/expected mortality through the application of standardized best practices.	At Risk	Sandy Volchko	Key Actions: - Provide guideline directed medical therapy at discharge - Provide guideline directed medical therapy during hospitalization
3.4	Quality Improvement Program (QIP) Reporting	Achieve performance on the Quality Incentive Pool measures to demonstrate high quality care delivery in the primary care space.	On Track	Sonia Duran-Aguilar	QIP reporting for Performance Year 7 (CY 2024) currently underway with Population Health Data Team and BI Development team collaborating on updating all QIP reports to reflect the Measure Specifications as outlined in the QIP Reporting Manual. Kaweah will report on 15 QIP measures for CY 2024. As of the end of February 2025, 4 reports of the 15 have been completed validated by both teams. Once Final Assigned patient population is received from both Managed Care Plans (MCPs) we will refresh and obtain final performance.
3.5	Health Equity	Identify health disparities that improve affordable access to care by enhancing care coordination and more effective treatment through healthy living.	On Track	Sonia Duran-Aguilar	Monthly Health Equity Committee Meeting in place. Identification of disparities for Population of Focus (Pregnant Persons), farmworkers remains underway. Discussion of focus on Maternal/Child Outcomes disparities. We have enrolled 19 patients into the HRSA Care Coordination Project with 7 of them being farmworkers.
3.6	Inpatient Diabetes Management	Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.	Off Track	Sandy Volchko	An inpatient diabetes management team has been established to focus on optimizing diabetes care for patients using Gluco Commander (GM), aiming to reduce hypoglycemia rates to or below SHM benchmarks for both critical and non-critical patients, and to minimize recurrent hypoglycemia in these settings to meet or fall below SHM benchmarks.

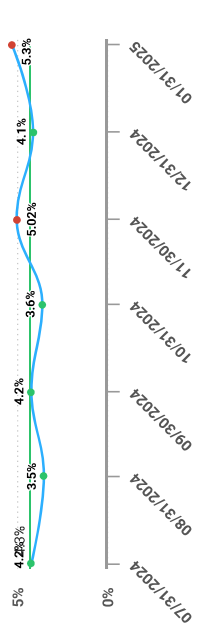
Decrease Standardized Infection Ratio (SIR) CAUTI to < 0.401



Meet or exceed 15 QIP measures in 2024



Hypoglycemia in Critical Care Patients (< 4.3%)



Patient Experience and Community Engagement

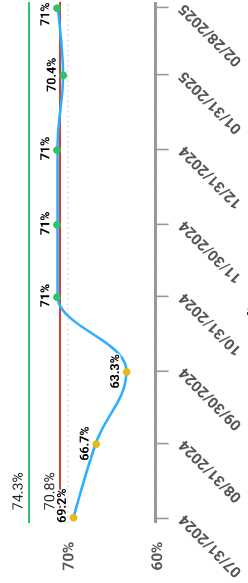
Champions: Marc Mertz and Deborah Volosin

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

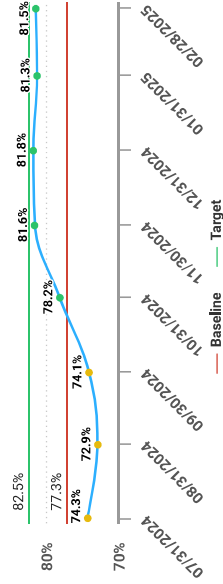
FY2025 Strategic Plan - Patient Experience and Community Engagement Strategies

#	Name	Description	Status	Assigned To	Last Comment
4.1	Highlight World-Class Service/Outcomes (Hospitality Focus)	Develop strategies that give our health care team the tools they need to deliver a world-class health care experience. We aim to be in the 90th percentile over the next three years.	On Track	Deborah Volosin	Paper maps have been updated and given to the patient access teams at the front desks of both hospital entrances. There is new signage throughout the main hospital and new signage will be going up in parking lots in Winter/Spring of 2025. The community group will be coming back on campus in January and will re-evaluate patient wayfinding. We exceeded our goal for Best Image/Reputation in July (28.7), August (28.7), September (29.8), and October (31.1) of 2024.
4.2	Increase Compassionate Communication	To reach the 50th percentile in physician and nursing communication and responsiveness of staff on the HCAHPS survey.	On Track	Deborah Volosin	Compassionate Communication modules were rolled out to clinical staff in Fall of 2024. We will continue to look for opportunities to make compassionate communication top of mind as we prioritize the patient experience initiative.
4.3	Enhancement of Systems and Environment	To create a secure, warm and welcoming environment for patients and the community.	On Track	Deborah Volosin	Patient Access teams are working on customer service initiatives to ensure that all family members guests of patients feel welcomed when they enter our facilities.
4.4	Community Engagement	To provide an environment where community members and patients are able to assist staff in co-designing safe, high quality, and world-class care and services.	On Track	Deborah Volosin	The Community Advisory Councils continue to meet and provide feedback and work on projects and initiatives. (Health Equity Survey review, QR Code for ED waiting room and patient rooms, Lost & Found initiatives, etc.)

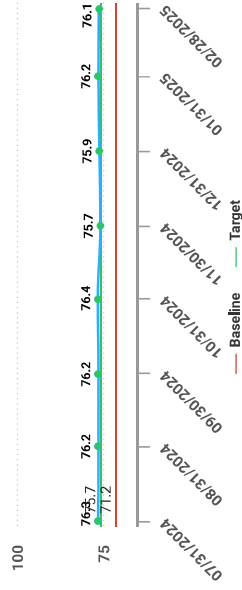
Achieve a score of 74.3 in HCAHPS Overall Rating



Achieve a 82.5 in Nursing Communication Inpatient Score



Achieve a score of 75.7 in the Cleanliness of Clinic Environment

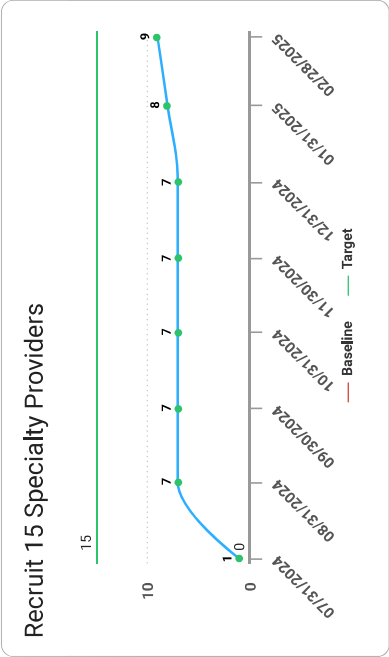
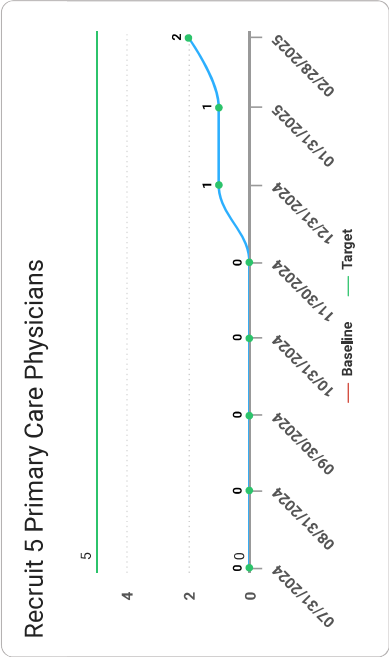


Physician Alignment

Champions: Ryan Gates and JC Palermo

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

FY2025 Strategic Plan -Physician Alignment - Strategies					
#	Name	Description	Status	Assigned To	Last Comment
5.1	Recruit Providers	Develop a recruitment strategy and employment options for physicians that will assist with recruitment of providers to support community needs and Kaweah Health's growth.	On Track	JC Palermo	The Physician Recruitment Strategy Committee has been meeting twice a month. We have established new processes, guidelines, and are having regular strategy discussions about practice locations. The team will continue to meet to ensure we are utilizing our resources as strategically as possible.
5.2	Physician Alignment and Practice Support	Develop services and opportunities that improve alignment with and support for contracted and affiliated physician practices.	Off Track	Ryan Gates	Legal counsel and executives from Kaweah and Friendly PC met on 2/13/25 and reviewed and approved agreement terms with minor follow-ups to be ironed out by legal counsel. The contract is now in final form awaiting approval from Friendly PC owner and legal counsel. W-2 compensation and benefit models for Family Medicine faculty drafts are completed and are awaiting review with the Faculty Medical Group.



EOC_2024 Annual Evaluation_Board Packet

Annual Evaluation of the Environment of Care 2024



Prepared by

Environment of Care Committee

Maribel Aguilar, Assistant Director of Environment of Care/Safety Officer

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

March 2025

Annual Evaluation of the Environment of Care 2024

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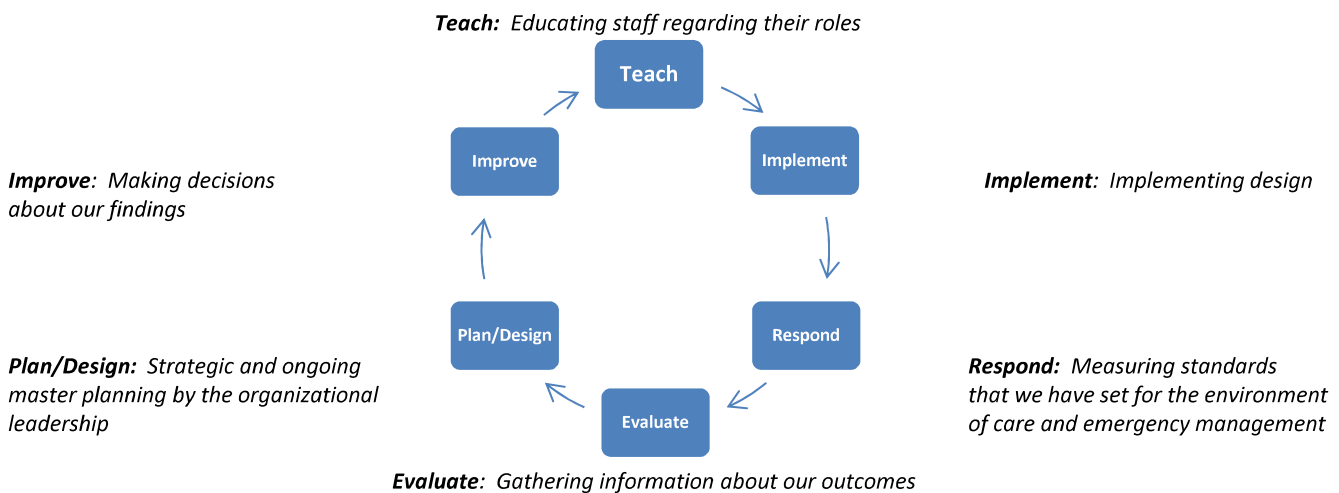
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Evaluation of the Objectives of the Environment of Care Management Plans and the Emergency Operations Plan 2024

Introduction

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

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



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

Evaluation of Objectives – Safety Management Plan

Various risks are inherent in the environment because of the types of care provided and the types of equipment that may be used during patient care or office activities. The Safety Management plan is designed to provide a physical environment wherein risks may be proactively identified.

Evaluation of Objectives, *continued*

Evaluation of Objectives – Safety Management Plan, Continued

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

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

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

Evaluation of Objectives – Security Management Plan

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

Evaluation of the Objectives of the Emergency Operations Plan

The objective of the *Emergency Operations Plan* is to minimize risks related to potential emergencies that fall on a continuum from disruptive to disastrous, and to ensure an effective staff response to disasters and emergent events that may effect our organization's ability to provide care. This plan is intended to identify risks and balance these risks against preparedness and mitigation strategies in place as well as to use information relating to these risks in the design of our disaster drills. Our *Emergency Operations Plan* addresses four phases of emergency management, which includes: mitigation, preparedness, response and recovery, and includes the testing of our plan through drill activities that require a practiced response from staff. Our staff effectively exercised a decontamination exercise in June 2024. The incident included a trailer vs truck incident, where the trailer was carrying powdered insecticide, which included escalating events, and where the local community was unable to assist. The exercise tested our ability to decompress the emergency department and activate our decontamination team. In December 2024, we conducted an exercise that involved a bomb threat to our facilities. Both the exercises included Hospital Incident Command System (HICS) activation, Emergency Department staffing (accessing additional physicians, residents and staff available), labor pool activation, alternate care sites identified and prepared, etc. The use of the HICS, a standardized approach to disaster management, allows our management and staff to respond with an all-hazard approach to disasters. We have continued to actively partner with our community partners including The County of Tulare Office of Emergency Services, Tulare County Public Health Emergency Preparedness Program, Visalia Police Department and Visalia Fire Department

Evaluation of Objectives, *continued*

Evaluation of the Objectives of the *Emergency Operations Plan*, *continued*

We have continued to train staff for in emergency response including decontamination and workplace violence prevention and we have a very active Emergency Management Subcommittee that has addressed multiple issues throughout the year, including, but not limited to, refining and augmenting our inventory of organizational assets and resources, planning for drills, and completing the hazard vulnerability analysis. The Organization has succeeded in meeting the objectives of the Emergency Operations Plan and have continued to strengthen our partnerships with other organizations, and agencies having jurisdiction (e.g., local law enforcement, fire departments, and the Tulare County Department of Health Services). The objectives of the Emergency Management Plan have been met.

Evaluation of the Objectives of the Life Safety / Fire Prevention Management Plan

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

Evaluation of the Objectives of the Clinical Engineering Management Plan

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

Evaluation of the Objectives of the Utilities Management Plan

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

Evaluation of the SCOPE of the Environment of Care Management Plans 2024

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

Safety Management:

- Environmental surveillance completed, with action items identified, and corrections made.
- Safety Education for employees include online learning modules.
- Sharp exposures, with an increase in sharp injuries. Syringe safety education provided.
- Employee injuries monitored, with 33% decrease in OSHA reportable injuries (Without Covid+ claims) in 2024. Worker's Compensation Administrator continues to implement the Risk Improvement Action Plan.
- Safe Patient Handling training complete for patient care staff.
- Infection Prevention monitored hand hygiene compliance.
- Environment of Care training modules distributed.
- Dialysis water testing monitored.
- Product recalls monitored.
- *Environment of Care* Committee meetings regularly scheduled, reviewing Organization-wide issues, trends, reflecting a solid EOC program.
- Reviewed/revised Safety Management Plan with approval from Board of Directors.

Security Management:

- Security incidents reviewed with access granted to key areas for select staff members. Upgraded access control system.
- CPI- Nonviolent Crisis Intervention training conducted for employees working in Mental Health, Security, Emergency Department, Float Pool, Rehab and South Campus. Additionally, Licensed Patient Family Services staff, Maintenance staff, Leadership staff, Unit Charge staff, 4South staff and Nursing Supervision staff also received CPI training.
- CPI with advanced physical skills training conducted for employees working in Mental Health and Security stationed at Mental Health.
- Code Silver mini drills added to unit education.
- Security officer staffing was increased in the Emergency Department and the Mental Health Hospital Facility to improve safety and security efforts.
- Annual Security Risk Assessments completed in conjunction with weekly hazard surveillance rounds.
- Reviewed/revised Security Management Plan with approval from Board of Directors.

Hazardous Materials and Waste Management:

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

Evaluation of Scope, *continued*

Emergency Operations:

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

Life Safety Management:

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

Clinical Engineering Management:

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

Utility Equipment Management:

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

EVALUATION of PERFORMANCE STANDARDS

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

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

2024 PERFORMANCE STANDARDS – Kaweah Health

SAFETY

Objective is to reduce OSHA reportable work related injuries/illness in the year 2024.

Goal: Reduce OSHA reportable injuries by 10% and stay below National benchmark.

Outcome: Goal met.

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

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

Outcome: Goal not met.

Reduction of non-patient safety related events.

Goal: Decrease of preventable Non-patient safety related injuries by 2 events compared to 2023, no more than 7.

Outcome: Goal met.

Infection Prevention - Presence of medical supplies, device or medication within 3ft of sink.

Goal: 100% compliance.

Outcome: Goal not met. Environmental hazard rounds to continue 2025.

Infection Prevention- Compliance with biohazard instrument transport containers.

Goal: 100% compliance.

Outcome: Goal not met. Environmental hazard rounds to continue 2025.

During hazardous surveillance, rounding expired sanitizer will be monitored.

Goal: 100% compliance.

Outcome: Goal not met. Environmental hazard rounds to continue 2025.

During hazardous surveillance, rounding cleanliness of soiled utility rooms & EVS closets will be monitored.

Goal: 100% compliance

Outcome: Goal not met. Environmental hazard rounds to continue 2025.

During hazardous surveillance, rounding cleanliness of vents will be monitored.

Goal: 100% compliance

Outcome: Goal not met. Environmental hazard rounds to continue 2025.

UTILITIES MANAGEMENT

Inspections will be performed to confirm that ceiling tiles are not damaged/stained.

Goal: 100% compliance.

Outcome: Goal not met. Environmental hazard rounds to continue 2025.

Inspections will be performed to confirm that electrical panels are locked.

Goal: 100% compliance.

Outcome: Goal not met. Environmental hazard rounds to continue 2025.

SECURITY

During hazardous surveillance rounding, units will be evaluated for authorized personnel doors/exit only door accessibility to the public.

Goal: 100% Compliance

Outcome: Goal not met. Environmental hazard rounds to continue 2025, improve staff education on requirements.

Evaluation of 2024 Performance Standards, *continued*

FIRE PREVENTION

Sprinkler heads will be monitored for damage, corrosion, foreign material, and paint.

Goal: 100% Compliance.

Outcome: *Goal not met. Environmental hazard rounds to continue 2025.*

CLINICAL EQUIPMENT

Maintain a 100% compliance rate on non-high risk and high-risk Medical Equipment.

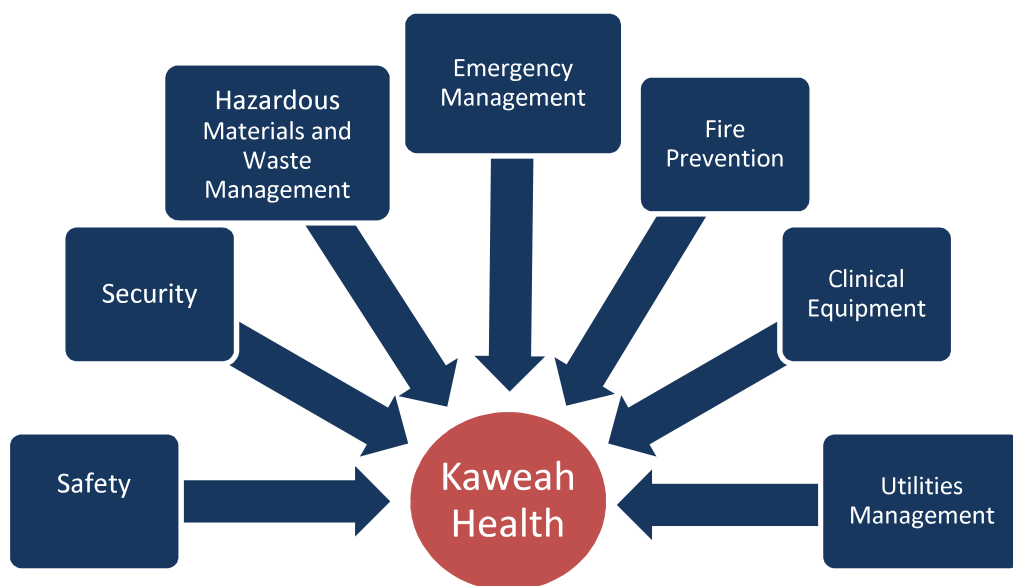
Goal: 100% Compliance.

Outcome: *Goal met*

<2% Total of High-Risk Devices to be Missing for Preventative Maintenance per quarter.

Goal: 100% Compliance.

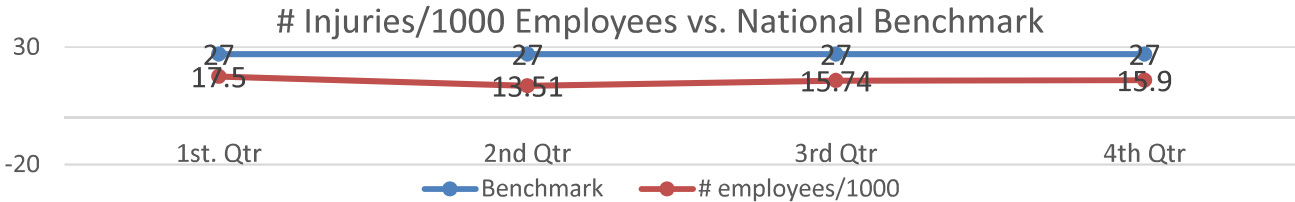
Outcome: *Goal met*



Kaweah Health Performance Monitoring 2024

EOC

Performance Standard: Employee Health: Our goal for 2024 is to maintain a safety record that is better than the national benchmark for workplace injuries and illnesses. To achieve this, we are planning to implement new processes that focus on reducing workplace injuries, keeping track of injury trends by department and type, and improving awareness of potential risks. Our Workers Compensation Program will be providing educational opportunities that align with the most common types of injuries in each department.



Evaluation:

For 2024:
There were a total of 623 incidents, 216 were OSHA recordable.

For 4th Qtr. we had:

- 55 OSHA Recordable Injuries in Q4
- 40 COVID 19 claims
- Provided 24 ergonomic evaluations in Fourth Quarter.
- 17 Sharps Exposure in 4th Quarter.
- Goal Met for 2024

Type of Injury	Q1	Q2	Q3	Q4	Total '24	Annualized '24	Totals '23
Total Incidents	170	133	158	162	623	623	537
COVID 19 +	188	64	330	40	622	622	991
OSHA Recordable	51	48	62	55	216	216	323
Lost time cases	38	35	36	30	139	139	182
Strain/Sprain	49	37	41	39	166	166	104
Sharps Exp.	16	20	15	17	51	68	69
# of Employees (EE) end of QTR	4943	4998	5093	5076			

Plan for Improvement:

We have devised a set of processes to ensure safety and prevent accidents at our workplace. These measures include:

- Providing Managers and Directors with quarterly notifications of Work Injury Reports (WIR), which will contain up-to-date year-to-date information.
- Offering education through quick reference guides that can be posted in break rooms, Mandatory Annual Training (MAT) and/or education provided by clinical education or ancillary departments.
- Conducting follow-ups with managers to identify prevention opportunities and/or process changes and policy reviews. The investigation and follow-up may include photos, videos, and interviews of witnesses and managers.
- Increasing Sharps education in General Orientation by Infection Prevention and Manager Orientation by EHS. Demonstrating the correct sharps activation in new hire physicals with all employees handling sharps.
- Utilizing Physical Therapist Aide in Employee Health for Ergo evaluations. Evaluating for proper body mechanics to prevent injury, stretching exercises, and equipment recommendations to ensure safety with our jobs.
- Working with Infection Prevention to track exposures and outbreaks amongst Health Care Workers in 2024.

OSHA recordable injuries and illnesses are as follows:

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

Total Incidents include First Aid and Report Only,

EOC Component:**SAFETY****Performance Standard:**

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

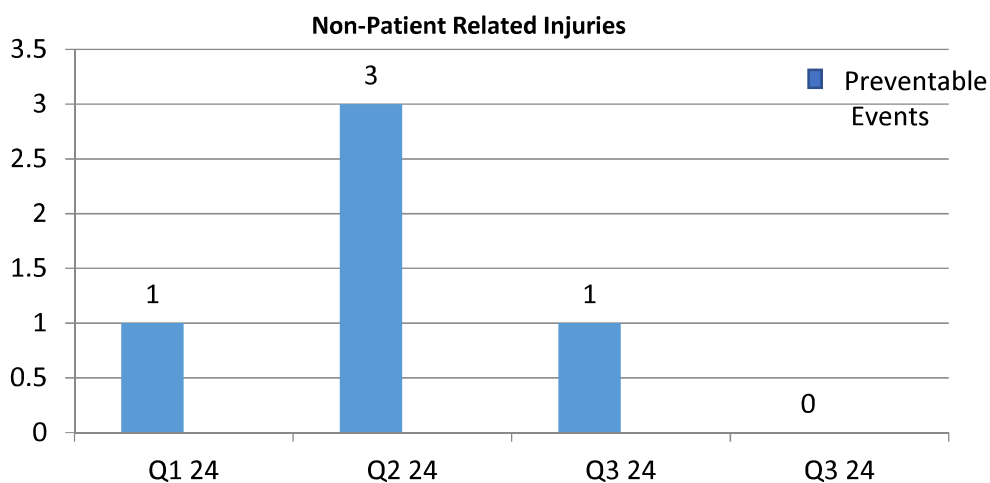
Goal: Report non-patient safety related events within 7 days

Evaluation:

In 2024, there were a total of 5 reported preventable injuries reported

Non-patient related events were tracked by Risk Management. Reports of visitor injuries in 2024 remained consistent from prior year.

Minimum performance measure was met for 2024 with 5 preventable events.



Indicator	Quarter 1 2024	Quarter 2 2024	Quarter 3 2024	Quarter 4 2024	2024 YTD Totals	2023 YTD Totals	*Injury is defined as physical or mental impairment that requires additional medical treatment or intervention.
Preventable- Non patient related	1	3	1	0	5	7	

Plan for Improvement:

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

EOC Component:**SAFETY****Performance Standard:**

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

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

Evaluation:

In 2024, there was 1 event of patient death or serious disabilities associated with a fall.

Events were tracked by Risk Management. Follow up was conducted as appropriate with Patient Safety Committee, and Quality Committee.

Minimum performance measure was not met for 2024.

Plan for Improvement:

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

Infection Prevention

Component:

**INFECTION PREVENTION
COMPREHENSIVE ROUNDS**

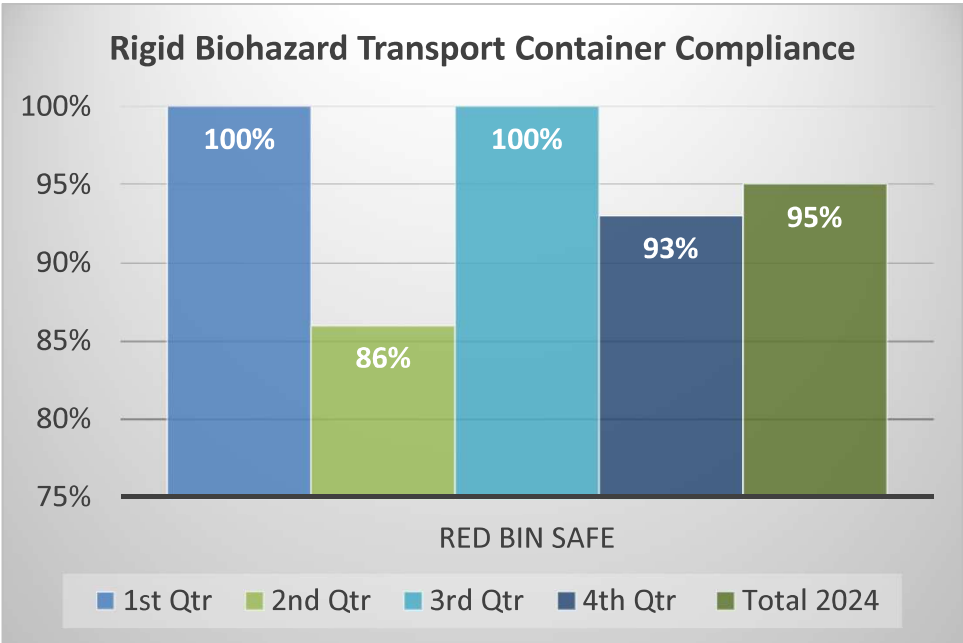
Performance Standard: Comprehensive Rounds 2024 Infection Prevention Goal:

- Will audit for 3 specific observations related to rigid biohazard instrument transport containers:
- (1) Whether used instrumentation/scopes are placed in a rigid biohazard instrument transport container.
 - (2) Whether enzymatic/wetting solution is present along all surfaces of used instrumentation/scopes and that enzymatic/wetting solution has not dried out.
 - (3) That the rigid biohazard instrument transport container is secured “locked” when in use.

Goal: 100% compliance (no fallouts).

Evaluation:

2024 Compliance Rate:
40 departments were surveyed for Q4 2024.
Three departments observed out of compliance with elements of appropriate rigid biohazard instrument transport container usage.



Plan for Improvement:

Methods to mitigate these events from occurring:

- 1. Appropriate use of rigid biohazard instrument transport container by staff in department observed.
- 2. “Tip-of-the-day” and “One-Page-Wonder” information sheet (available in existing policy) distributed in advance of audits and each time a fallout is observed.

Performance Standard:

Will audit for presence of medical supplies, devices and/or medication within 3 feet on either side of sinks present in patient care areas, including outpatient care clinical settings.

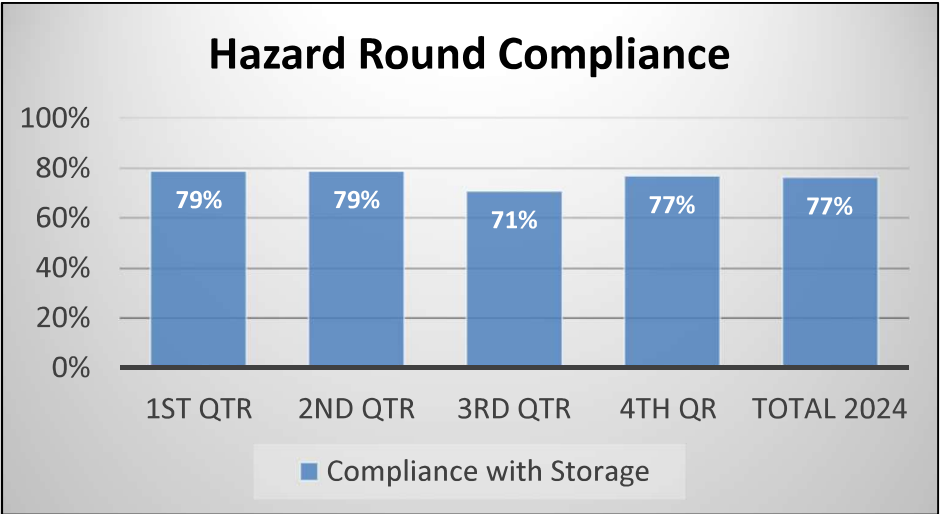
Goal: 100% compliance

Evaluation:

2024 Compliance Rate:

77%

35 departments were surveyed for Q1 2024. 8 departments were observed out of compliance with medical supplies, devices and/or medication stored within 3 feet on either side of sinks.



Plan for Improvement:

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

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

EOC Component: SECURITY

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

Goal: 100 % compliance rate

Evaluation:

For year 2024, the goal was to decrease Code Pink false alarms by 50% of the previous year - <11 events for the calendar year; 2.75 events per quarter.

Quarterly Goal Not Met – Twenty seven **false** Code Pink activations reported for the 4th quarter
Annual Goal: Not Met- 139 false Code Pink activations reported in 2024.

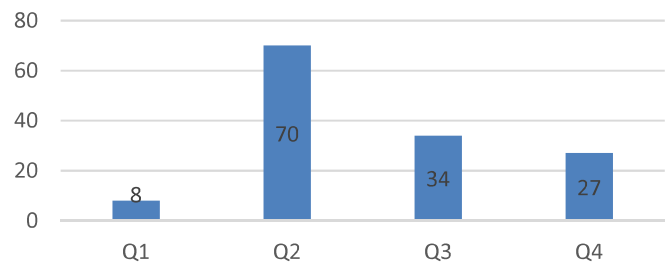
Plan for Improvement:

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

The system was upgraded and this caused issues with training and education in the maternal-child care areas. Education was provided and they have been engaging the vendor as issues arise.

This performance measure will continue for 2025.

2024 False Code Pink Activations



EOC Component: SECURITY

Performance Standard: During hazardous surveillance rounding, units will be evaluated for authorized personnel doors/exit only door accessibility to the public. Goal 100% compliance with doors not accessible to the public.

Goal: 100% compliance rate.

Evaluation:

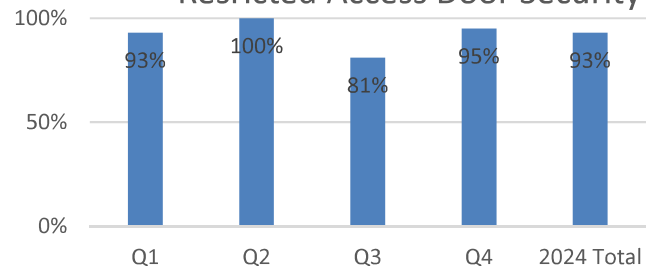
Sixty-six (66) departments were surveyed in the 4th quarter. In all departments surveyed three had authorized personnel only doors found accessible to the public, which resulted in a 95% compliance rate. 100% performance level was not met for this quarter.

Quarterly Goal was not met – 100% performance level was not met for this quarter.
Annual Goal was not met – 100% performance level was not met.

Plan for Improvement:

Security staff will continue to follow up with Department Leadership of areas with restricted accesses found unsecure to identify causes and partner to identify solutions. Explore addition/ removal of signage to restricted access doors where appropriate.

Restricted Access Door Security



Utilities Management

Annual Evaluation and Forth Quarter 2024

Performance Standard: Inspections will be performed during EOC rounds to confirm that electrical panels are locked.

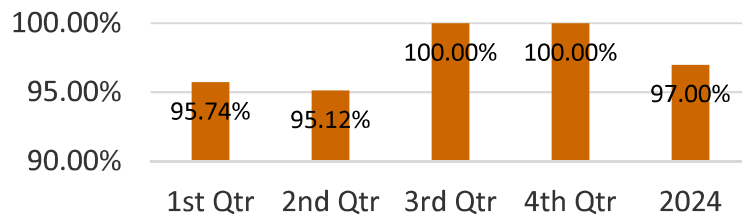
Goal: 100% Compliance

Evaluation:

A total of 169 departments or buildings were surveyed in 2024. 5 electrical panels were found unlocked, this resulted in 97% compliance rate.

Goal was not met during 2024.

Confirm that electrical panels are locked.



Confirm that electrical panels are locked.

Plan for Improvement: We have been searching for a universal surface mount panel lock that is keyless and self latching. Locking system not universally available. Increasing staff education and potential alternative options for securing panels.

Utilities Management

Annual Evaluation and Forth Quarter 2024

Performance Standard: Inspections will be performed during EOC rounds to identify any ceiling tiles that are damaged/stained. The expectation is staff that work in the area have placed a Facilities Maintenance work order and the Goal is to correction of causation within 30 days of work order being placed.

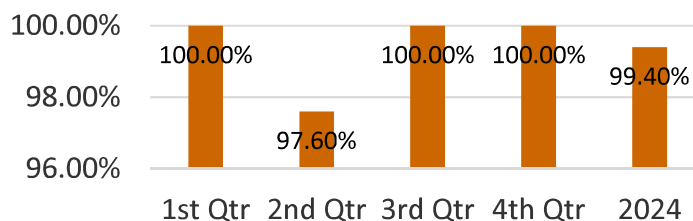
Goal: 100% Compliance

Evaluation:

A total of 169 departments or buildings were surveyed in the 2024. The correction of causation of 7 were not replaced within 30 days of work order being placed. This resulted in 99% compliance rate.

Goal was not met during 2024.

Causation of leak repaired within 30 days



Causation of leak repaired within 30 days

Plan for Improvement: Internal response times were met, fallout related to leased building, will continue to contact building landlord when issues arise.

LIFE SAFETY

Fourth Quarter 2024 and Annual Evaluation

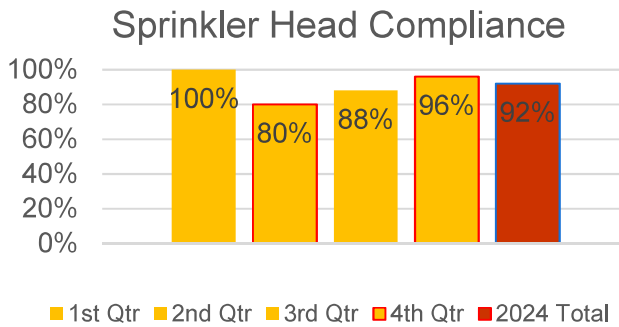
Performance Standard: During hazardous surveillance rounding, sprinkler heads will be monitored for damage, corrosion, foreign material, and paint.

Goal 100% compliance

Evaluation:

For 2024 there were a total of 227 sprinkler head observations. Of those observations, 18 were found to have foreign material, which resulted in an 92% compliance rate for the year.

Goal not met for 2024



Detailed Plan for Improvement:

Environmental Services (EVS) work orders were placed at the time the issue was identified. Findings were sent to EVS leaders at the time of survey. Will continue to work with EVS as issue are identified.

EVS has purchased a new tool to clean debris from fire sprinklers and increase quarterly scheduled cleanings.

Environmental Services (EVS) – Environment of Care Rounds (EOC)

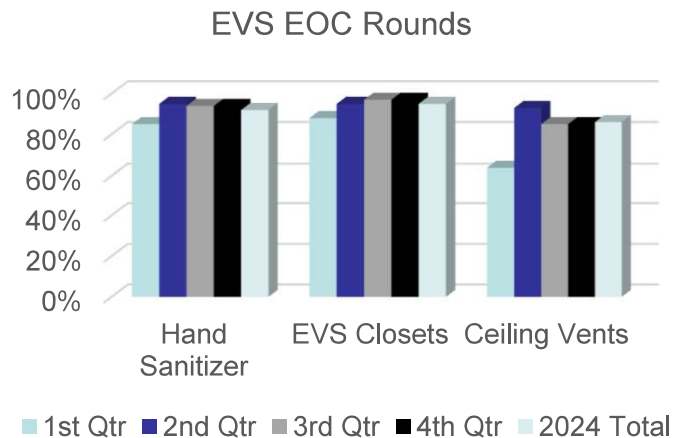
Performance Standard: During EOC rounds, as applicable, the following is evaluated: hand sanitizer not expired; EVS closets are clean; ceiling vents are clean.

Goal: 95% -100% Compliance

Evaluation 2024:

1. Hand Sanitizer not expired had a total of 154 observations of those 13 were found to be expired.
2. EVS Closets clean had a total of 115 observations of those 6 closets were found to be dirty
3. Ceiling vents had a total of 160 observations of those 22 were found to be dirty.

Status: Goal not met for 2024



Detailed Plan for Improvement:

- Electronic system (RLDatix) has gone live and we're able to record data real-time and also retrieve reports. Hand sanitizer not expired is compliant. Ceiling vents are above 90% and are showing a positive trend when compared to prior quarters, while EVS closets slightly dropped. We will continue to closely monitor through:
 - EVS Leadership to proactively monitor areas routinely while completing departmental rounds (ongoing).
 - EVS Managers to coach staff in non-compliant areas and also recognize compliance as appropriate.

Workplace Violence

Workplace Violence Events-2024

Year/Qtr	2 North	2 South	2 West-ICU	3 North	3 South	3 Tower-CV ICU	3 West	4 North	4 South	4 Tower	5 Tower	ASC
Total 2023	12	2	2	10	9	5	3	10	14	11	8	0
2024, Q1	1	5	1	0	6	0	1	9	3	3	0	0
2024, Q2	1	1	0	4	5	0	0	2	10	4	1	0
2024, Q3	6	3	3	2	5	0	5	1	6	4	0	0
2024, Q4	4	3	0	5	6	1	0	9	7	0	1	0
Total 2024	12	12	4	11	22	1	6	21	26	11	2	0

Acequia Lobby	Cafeteria	CT	ED	Labor & Delivery	MK Lobby	Mother-baby	MRI	PACU	PBX-Operator	Peds	Respiratory	X-Ray	Total
4	1	1	151	1	1	1	2	0	2	0	0	0	250
0	0	0	28	1	0	0	0	0	0	0	0	0	58
0	0	0	20	0	0	0	0	0	0	0	0	0	48
0	1	0	28	0	0	0	0	0	0	0	0	0	64
0	0	0	34	0	0	1	0	0	0	0	0	0	71
0	1	0	110	1	0	1	0	0	0	0	0	0	241

Workplace Violence Events- Off site

Year/Qtr	Exeter Clinic	Finance Bldg	Hospice	KKC	Lindsay Clinic	Mental Health	Parking Lot	Public Area	Rehab Hospital	SSB	Specialty Clinic	Sub-Acute, S. Campus	TLC	UCC, S. Court	Visalia Dialysis	Visalia SRCC	West Campus	Total
Total 2023	0	0	0	0	0	213	5	0	2	0	0	0	1	1	0	0	0	222
2024, Q1	0	0	0	0	0	44	1	0	0	0	0	0	0	0	0	0	0	45
2024, Q2	0	0	0	0	0	26	2	0	0	0	0	0	0	0	0	0	0	28
2024, Q3	0	0	0	0	0	29	0	0	0	1	1	0	0	0	0	0	0	31
2024, Q4	0	0	0	0	0	56	0	0	0	0	0	0	0	0	0	0	0	56
Total 2024	0	0	0	0	0	155	3	0	0	1	1	0	0	0	0	0	0	160

Evaluation: Workplace violence (WPV) reporting on MIDAS is continuing to improve. In 2024 overall WPV was down from 472 in 2023 to 401 in 2024. We did see a decrease of events in the Emergency Department and Mental Health facility. Some areas of concern were inpatient units, 3South, 4South and 4North.

Detailed Plan for Improvement (2024):

1. 4South has implemented a new training focusing on dementia patients.
2. We have added a new Safety Specialist to assist with in the moment education on the units
3. Leaders will continue to encourage staff to enter incident reports for workplace violence on Midas.
4. Traveler nurses will receive a CPI physical skills training upon hire. Those travel nurses will also receive a de-escalation tutorial and access to our code grey and code green information sheets.
5. WPV cases will be reviewed by the WPV case review team, and results to those case studies will be sent out to leadership to review for their units.
6. Safety specialist will assist mental health leadership in conducting WPV case reviews at the MH facility monthly.
7. MH will conduct a code grey drill monthly.
8. CPI training will include use of the new 3rd edition from the Crisis Prevention Institute. Refresher courses will focus on the latest in CPI instruction.
9. We have added a new CPI instructor in November 2024 from our EVS staff.

EMERGENCY MANAGEMENT/EMERGENCY OPERATIONS PLAN

Evaluation of Performance - 2024

The KH Emergency Preparedness Committee, a subcommittee of the Environment of Care Committee, met regularly throughout 2024 to address the preparedness needs within the Organization. Members from the Subcommittee ensured that leadership throughout the Organization were assigned positions in the *Hospital Incident Command System* (HICS), and that the organizational chart was kept current. The KH Emergency Operations Plan was reviewed/revised during 2024.

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

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

Offsite Facilities: During 2024, the Emergency Planning Committee focused on the offsite facilities to ensure the specific risks of each facility were addressed during emergency exercises.

Disaster Exercises: On June 25, 2024, Kaweah Health activated the Hospital Incident Command System (HICS) in response to a vehicle accident in which a trailer was carrying powdered insecticide. The role of HICS in a rapidly evolving complex incident is to help manage the information, logistics, and operational needs in a systematic manner, while providing scalability and business continuity to prevent interruptions to mission critical services. Actions included, Activation of our decontamination team, Emergency Department staffing accessed with additional physicians and staff available, Labor Pool activated, Surgery held elective cases, downtime procedures activated and prepared, utility assessment of all KH facilities, etc.

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

On December 12, 2024, Kaweah Health conducted an organizational wide exercise which involved a bomb threat to our Kaweah Health facilities. Community partners including Tulare County Office of Emergency Services, Tulare County Public Health, Visalia Police Department and Emergency Medical Services were working closely during the exercise. Actions included HICS activation, Emergency Department staffing accessed with additional physicians and staff available, Labor Pool activated, Surgery held elective cases, alternate care sites identified and prepared, utility assessment of all KH facilities, etc.

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

EVALUATION – OVERALL EFFECTIVENESS ENVIRONMENT OF CARE AND EMERGENCY OPERATIONS

Safety: Based upon the objectives, scope and performance standards, the risks within our Safety Management plan have been managed effectively. The Safety Education program for the Organization is highly effective, departments completed the Safety Training Modules. The Infection Prevention Department monitored infection control practices. Risk Management continued to monitor visitor injuries, with no trends identified. Based on the high level of commitment to education, surveillance and ongoing activities, the Management Plan for Safety is highly effective in promoting safety standards for the organization and in guiding the direction of safety-related activities. In 2024, we will improve safety outcomes by continuing with our monitoring activities and current programs, knowing they are effective in promoting safety standards for the organization and in guiding us towards continued risk reduction.

Security: The Management Plan for Security and the security program is effective at Kaweah Health has proven by the objectives to minimize security risks being met in 2024. The Workplace Violence Committee worked to monitor the Workplace Violence Program, implementing recommendations and responding to actual threats. Workplace violence awareness and crisis intervention training is provided to employees working in high risk areas and for support staff who also support patient care in those high risk patient care areas. Code Silver (active shooter) education is available for staff. Security risk assessments were completed in conjunction with weekly hazard surveillance rounding. Any identified deficiencies are reported and tracked until correction/improvement is made.

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

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

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

EVALUATION – OVERALL EFFECTIVENESS EOC AND EMERGENCY OPERATIONS, continued

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

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

Pt Throughput Committee 2.26.25

Patient Throughput Committee

February 26, 2025

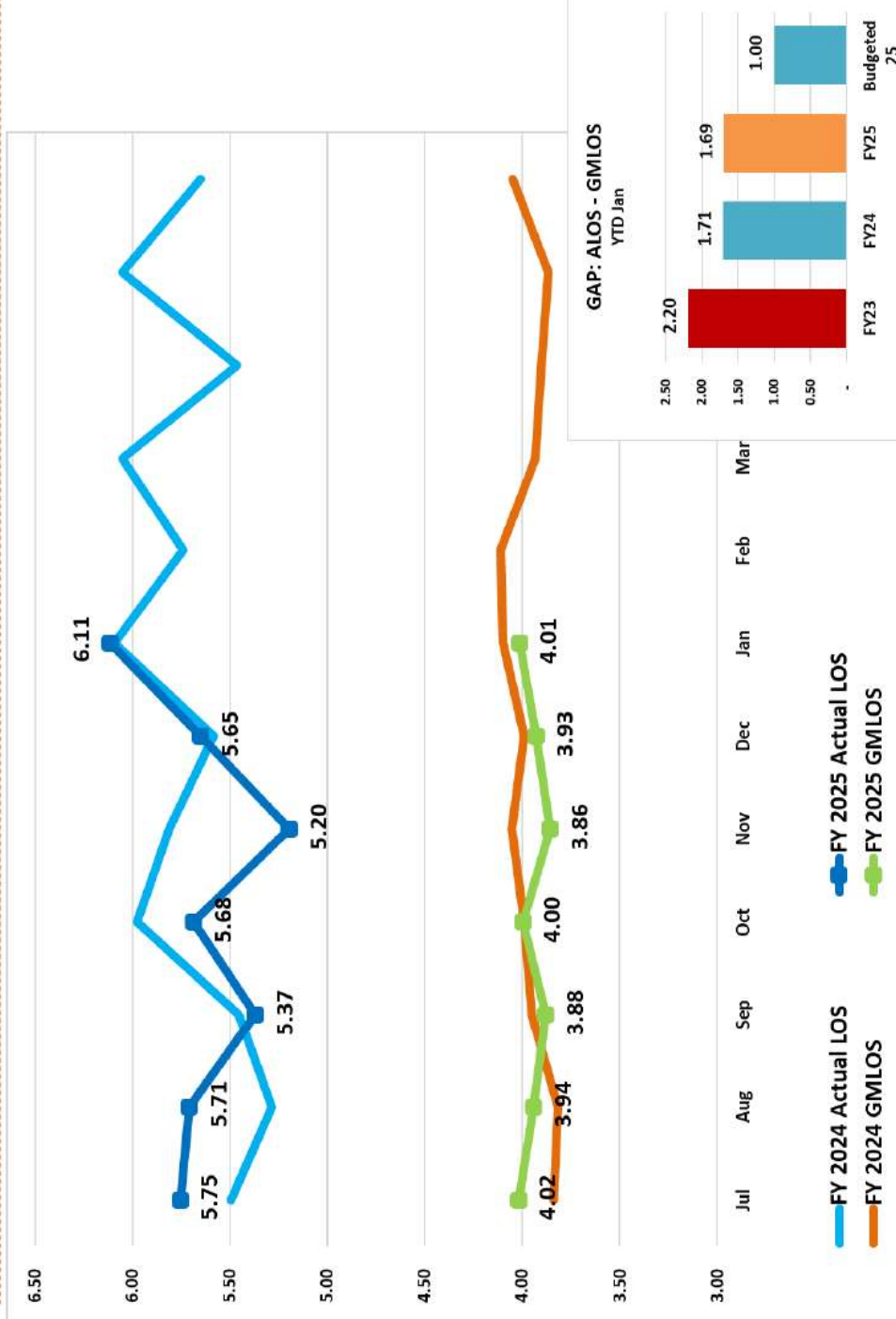


kaweahhealth.org

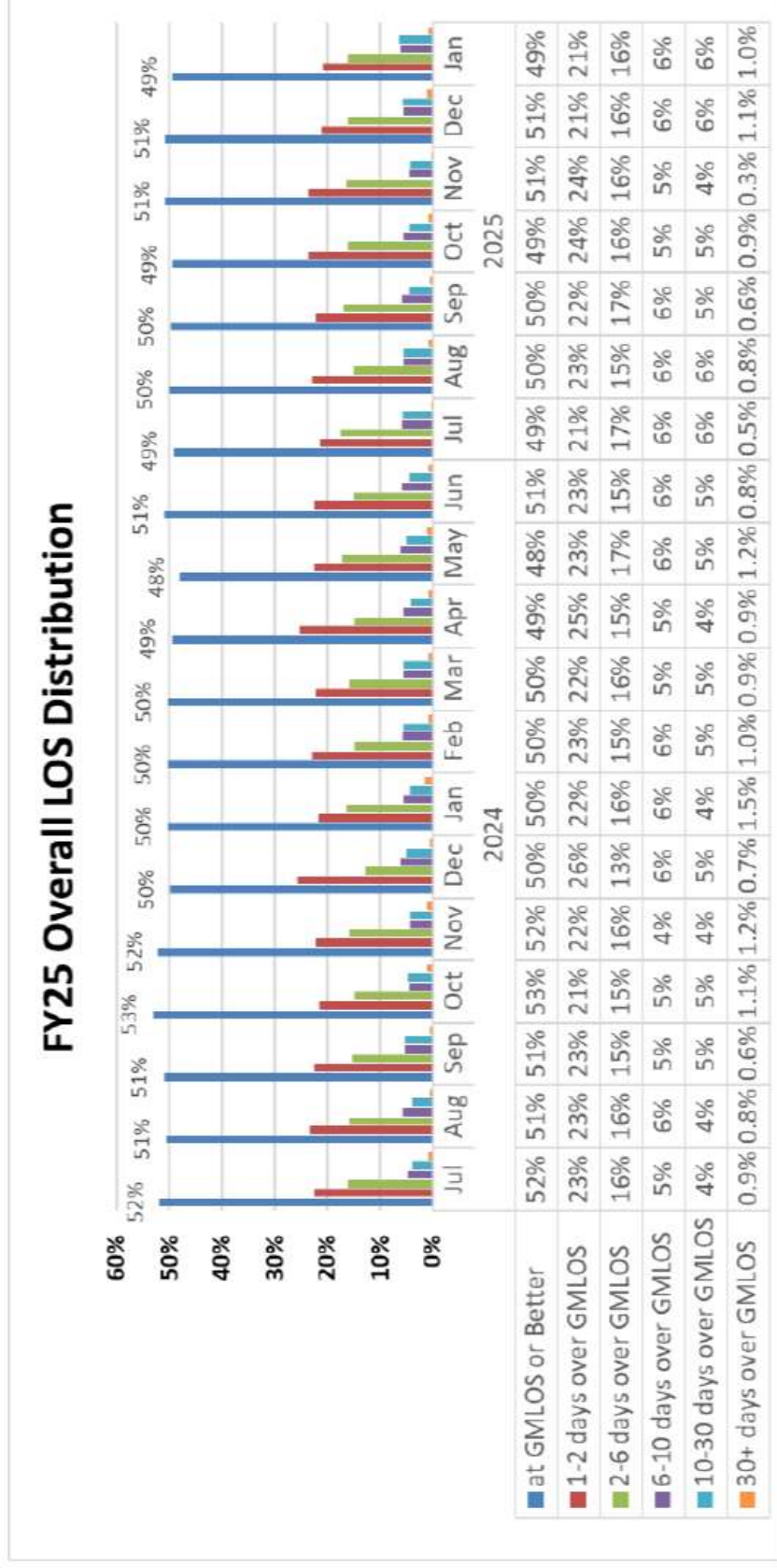


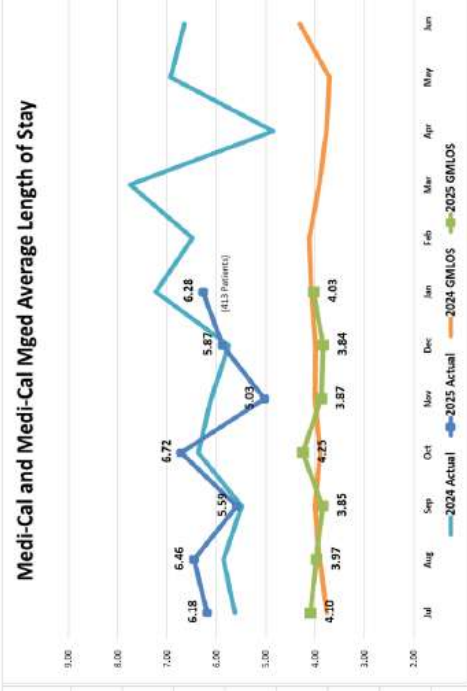
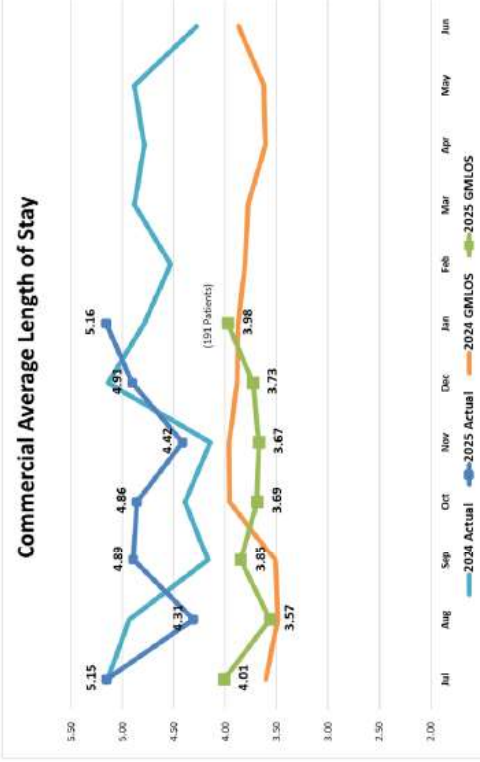
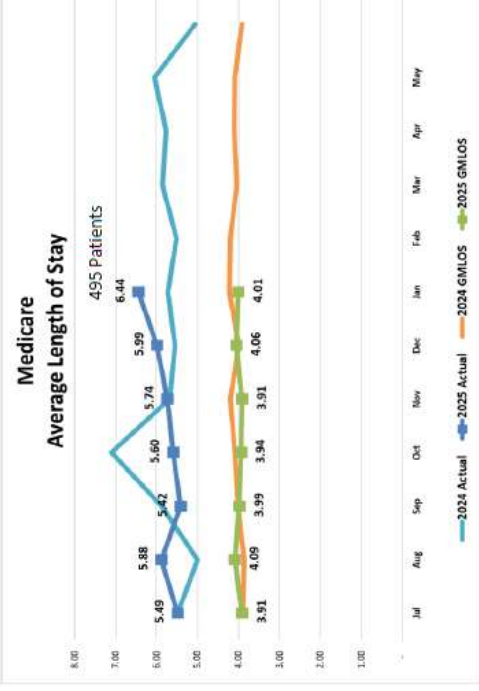
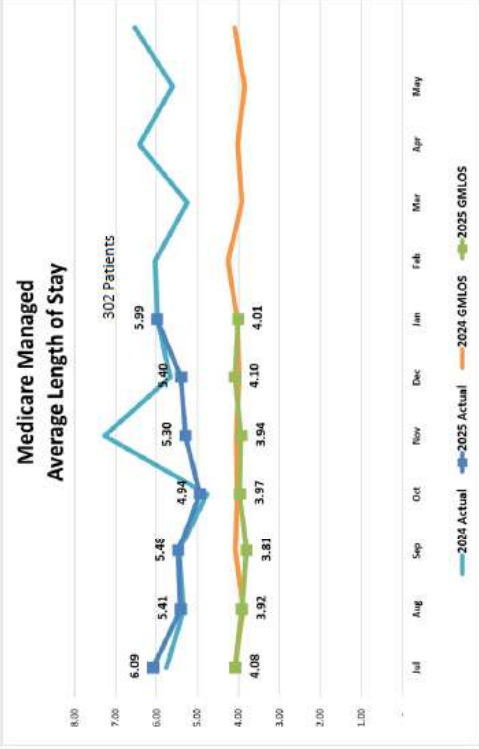
121/407

Average Length of Stay versus National Average (GMLOS)

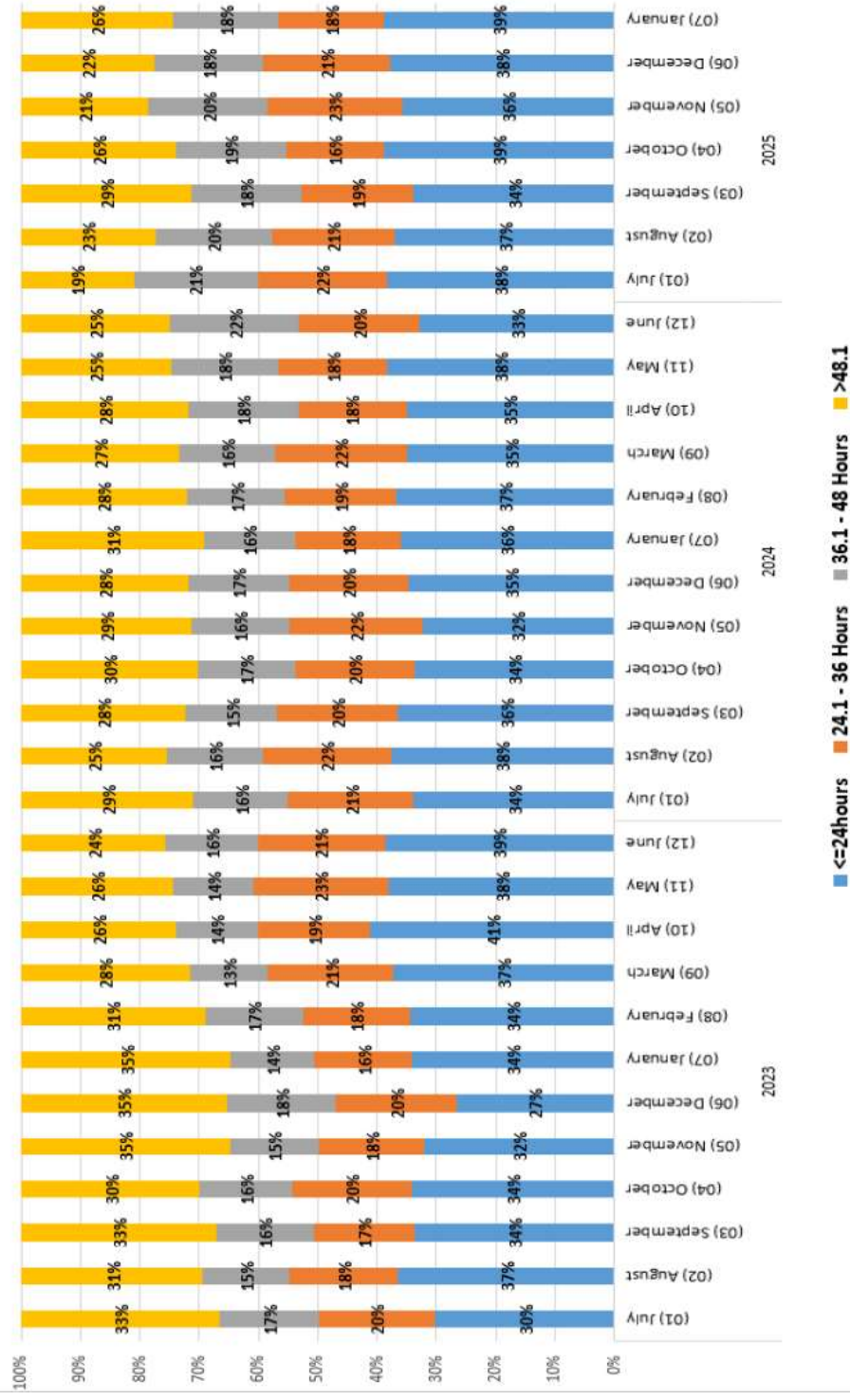


Average Length of Stay Distribution

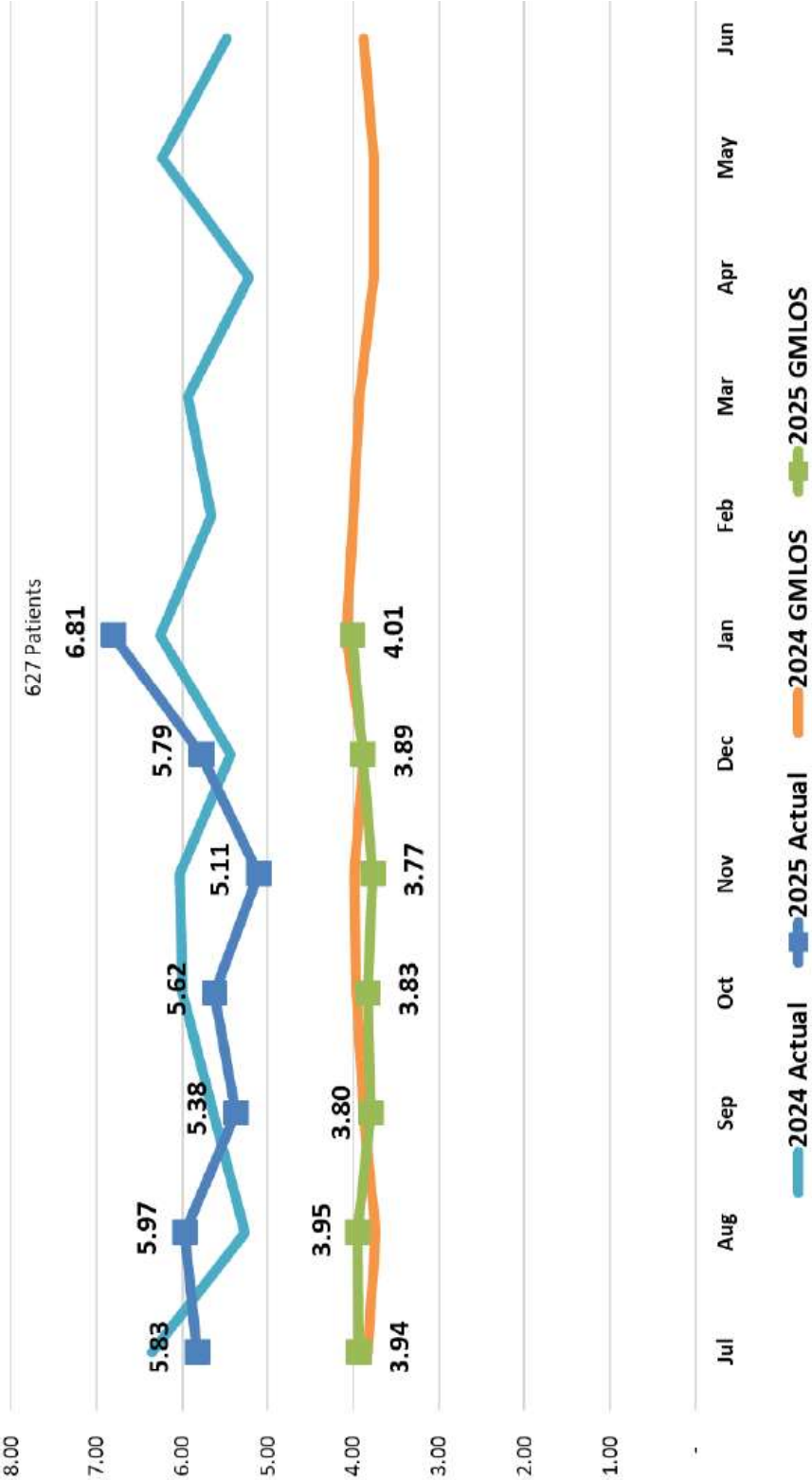




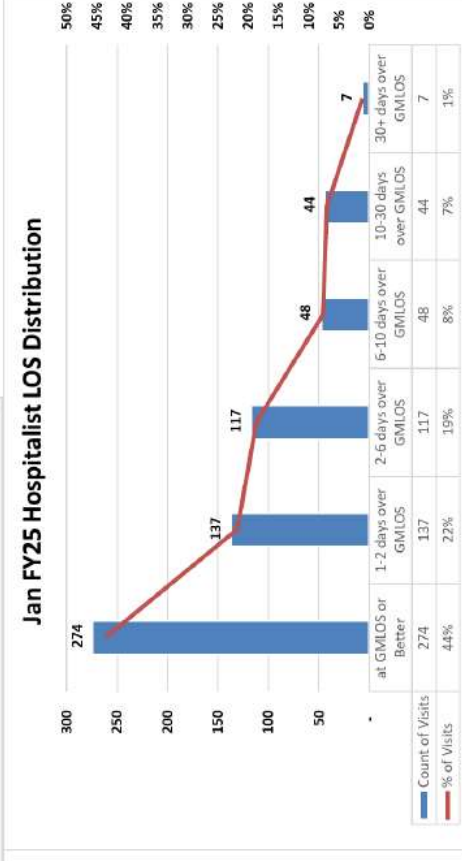
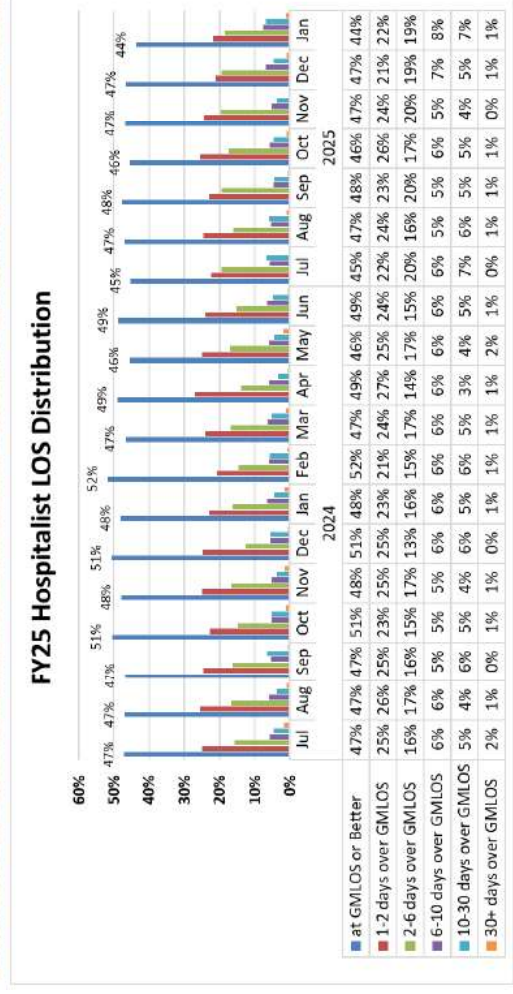
Observation



Hospitalist Average Length of Stay

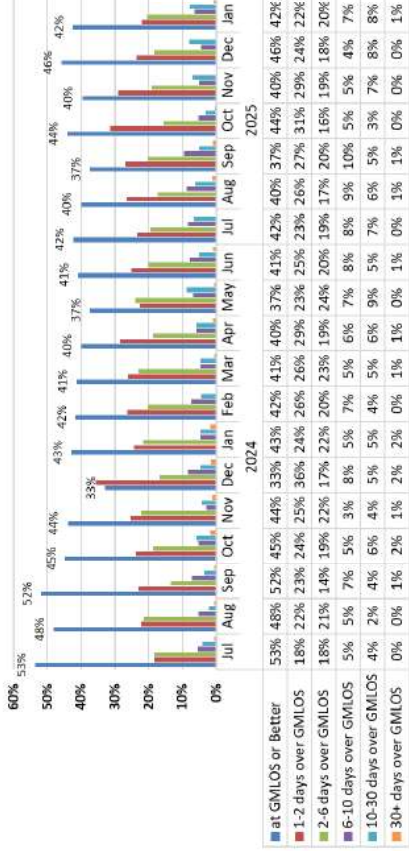


LOS Distribution

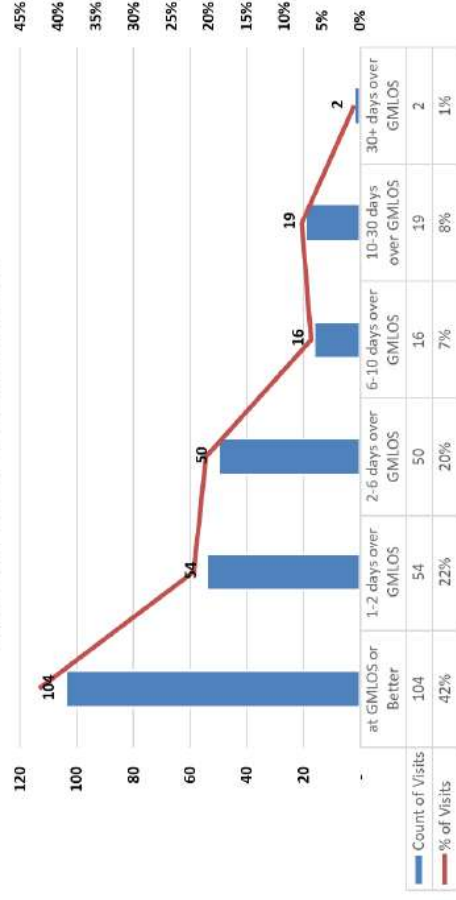


LOS Distribution

FY25 FHCN LOS Distribution

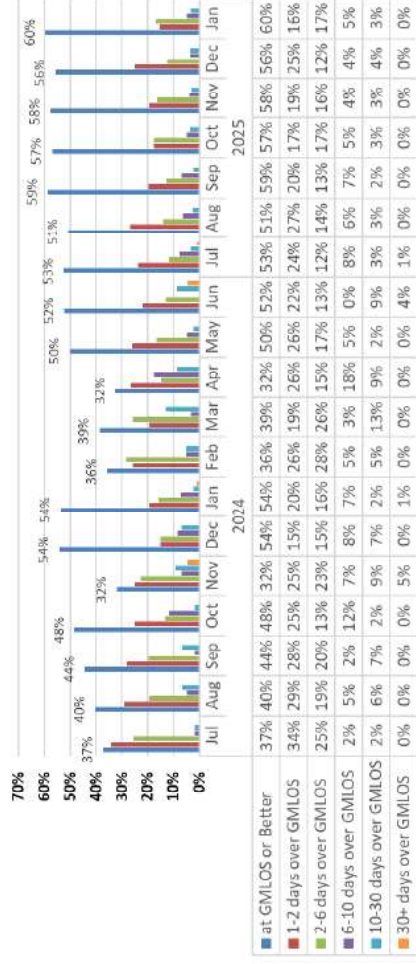


Jan FY25 FHCN LOS Distribution

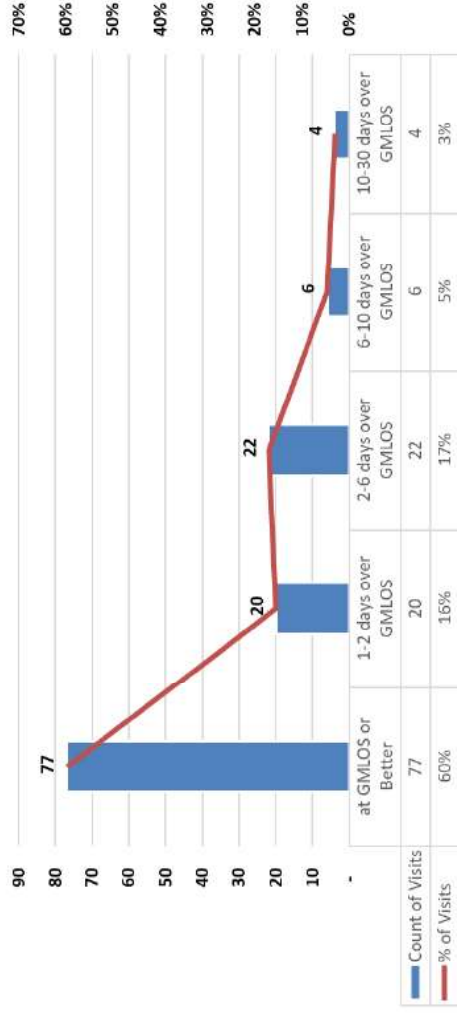


LOS Distribution

FY25 Humana-Key Medical LOS Distribution



Jan FY25 Humana-Key Medical LOS Distribution



Performance Scorecard

Leading Performance Metrics – Inpatient & Observation

Age Group (All) Behavioral Health (All)

Metric	Patient Type	Definition	Goal	Baseline**	Discharge Date												
					9/1/2024 1/31/2025												
Observation Average Length of Stay (Obs ALOS) <i>(Lower is better)*</i>	Overall	Average length of stay (hours) for observation patients	36	40.00	<table> <tr> <th></th><th>Sep 2024</th><th>Oct 2024</th><th>Nov 2024</th><th>Dec 2024</th><th>Jan 2025</th></tr> <tr> <td></td><td>40.66</td><td>38.09</td><td>36.42</td><td>39.91</td><td>48.26</td></tr> </table>		Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025		40.66	38.09	36.42	39.91	48.26
	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025												
	40.66	38.09	36.42	39.91	48.26												
Inpatient Average Length of Stay (IP ALOS) <i>(Lower is better)*</i>	Overall	Average length of stay (days) for inpatient discharges	5.64	5.64	<table> <tr> <th></th><th>Sep 2024</th><th>Oct 2024</th><th>Nov 2024</th><th>Dec 2024</th><th>Jan 2025</th></tr> <tr> <td></td><td>5.35</td><td>5.68</td><td>5.24</td><td>5.74</td><td>6.12</td></tr> </table>		Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025		5.35	5.68	5.24	5.74	6.12
	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025												
	5.35	5.68	5.24	5.74	6.12												
Inpatient Observed-to-Expected Length of Stay <i>(Lower is better)**</i>	Overall	Observed LOS / geometric mean length of stay for inpatient discharges	1.32	1.44	<table> <tr> <th></th><th>Sep 2024</th><th>Oct 2024</th><th>Nov 2024</th><th>Dec 2024</th><th>Jan 2025</th></tr> <tr> <td></td><td>1.39</td><td>1.43</td><td>1.35</td><td>1.46</td><td>1.54</td></tr> </table>		Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025		1.39	1.43	1.35	1.46	1.54
	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025												
	1.39	1.43	1.35	1.46	1.54												
Discharges*	Inpatient	Count of inpatient discharges	N/A	1,326	<table> <tr> <th></th><th>Sep 2024</th><th>Oct 2024</th><th>Nov 2024</th><th>Dec 2024</th><th>Jan 2025</th></tr> <tr> <td></td><td>1,298</td><td>1,355</td><td>1,229</td><td>1,267</td><td>1,425</td></tr> </table>		Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025		1,298	1,355	1,229	1,267	1,425
	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025												
	1,298	1,355	1,229	1,267	1,425												
	Observation	Count of observation discharges	N/A	772	<table> <tr> <th></th><th>Sep 2024</th><th>Oct 2024</th><th>Nov 2024</th><th>Dec 2024</th><th>Jan 2025</th></tr> <tr> <td></td><td>749</td><td>770</td><td>753</td><td>806</td><td>803</td></tr> </table>		Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025		749	770	753	806	803
	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025												
	749	770	753	806	803												
	Overall	Count of inpatient and observation discharges	N/A	2,098	<table> <tr> <th></th><th>Sep 2024</th><th>Oct 2024</th><th>Nov 2024</th><th>Dec 2024</th><th>Jan 2025</th></tr> <tr> <td></td><td>2,047</td><td>2,125</td><td>1,982</td><td>2,073</td><td>2,228</td></tr> </table>		Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025		2,047	2,125	1,982	2,073	2,228
	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025												
	2,047	2,125	1,982	2,073	2,228												

*All metrics above exclude Mother/Baby encounter data

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

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

Performance Scorecard

Leading Performance Metrics – Emergency Department

		Age Group		Behavioral Health	
		(All)		(All)	
		Check In Date and Time			
Metric		Patient Type		Definition	Goal
				Baselines**	
				9/1/2024 12:00:00 AM	1/31/2025 11:59:59 PM
ED Boarding Time (Lower is better)*	Inpatient	Median time (minutes) for admission order written to check out for admitted patients		150	200
	Observation	Median time (minutes) for admission order written to check out for observation patients		150	244
	Overall	Median time (minutes) for admission order written to check out for inpatient and observation patients		150	202
	Overall >4 Hours	Count of patients (volume) with ED boarding time ≥ 4 hours		N/A	412
ED Length of Stay (ED LOS) (Lower is better)*	Discharged	Median ED length of stay (minutes) for discharged patients		214	283
	Inpatient	Median ED length of stay (minutes) for admitted patients		500	644
	Observation	Median ED length of stay (minutes) for observation patients		500	650
	Overall	Median ED length of stay (minutes) for admitted and discharged patients		N/A	326
ED Visits*	Discharged	Count of ED visits for discharged patients		N/A	6,374
	Inpatient	Count of ED Visits for admitted patients		N/A	1,174
	Observation	Count of ED Visits for observation patients		N/A	412
	Overall	Count of ED visits		N/A	7,959
				Sep 2024	Oct 2024
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Observed-to-Expected Length of Stay

Unit Group	Loc Nurse Unit	Month of Discharge Date												
		Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25
Med/Surg	KHMC 1E Emergency Room	0.34	0.46	0.33	0.36	0.28	0.31	0.37	0.29	0.30	0.32	0.31	0.30	0.40
	KHMC 2N Medical Surgical	1.52	1.53	1.54	1.62	1.78	1.37	1.56	1.59	1.58	1.49	1.41	1.53	1.64
	KHMC 2S Medical Surgical	1.16	0.95	0.85	0.87	0.82	0.69	0.88	0.95	0.87	0.83	0.86	0.84	1.07
	KHMC 3N Medical Surgical	1.70	1.55	1.56	1.66	1.44	1.80	1.44	1.47	1.43	1.30	1.21	1.43	1.66
	KHMC 3S Medical Surgical	1.40	1.59	1.80	1.69	1.81	1.69	1.61	1.72	1.53	1.77	1.42	1.85	1.67
	KHMC 4N Medical Surgical	1.94	1.36	1.62	1.23	1.70	1.42	1.51	1.52	1.34	1.32	1.61	1.35	1.98
	KHMC 4S Medical Surgical	1.58	1.54	1.83	1.35	2.06	1.80	2.17	1.56	1.80	1.83	1.60	1.73	1.99
	KHMC 14 Medical Surgical	1.75	1.43	1.50	1.55	1.38	1.32	1.51	1.78	1.46	1.39	1.42	1.49	1.65
	KHMC BP Broderick Pavilion	1.00	0.71	0.74	0.65	0.76	0.84	0.80	1.42	0.96	0.97	0.69	0.79	0.86
	KHMC PE Pediatrics	1.01	0.96	0.65	0.78	0.76	0.60	0.77	0.66	0.81	0.73	0.63	0.92	0.83
ICU	KHMC 3W ICU	1.32	2.14	1.18	0.99	1.85	1.73	1.61	1.18	1.53	1.59	1.73	1.28	1.23
	KHMC 15 ICU	1.27	1.37	3.13	1.17	1.33	0.95	1.35	1.02	1.03	1.20	1.07	1.36	1.09
	KHMC CV Intensive Care	1.23	0.61	1.09	1.40	1.08	1.40	0.83	0.73	1.17	0.84	0.88	0.94	1.17
	KHMC IC Intensive Care	1.23	1.05	1.01	1.03	2.23	1.00	0.75	1.34	0.73	1.07	1.14	1.98	0.89
Grand Total		1.50	1.40	1.55	1.41	1.58	1.41	1.45	1.46	1.39	1.43	1.35	1.46	1.54

Observed-to-Expected Length of Stay by Calendar Year

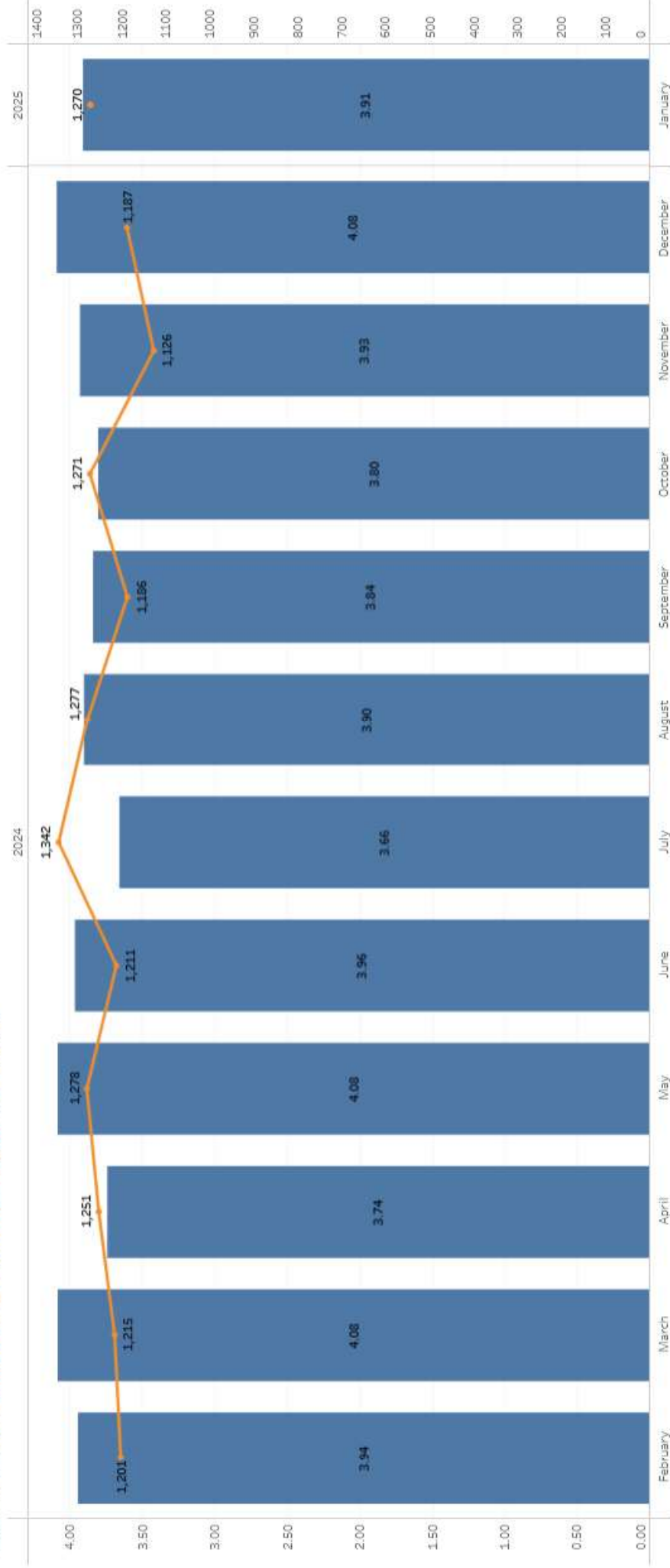
Unit Group	Loc Nurse Unit	Disch Dt Yr	
		2024	2025
Med/Surg	KHMC 1E Emergency Room Overflow	0.34	0.40
	KHMC 2N Medical Surgical	1.55	1.64
	KHMC 2S Medical Surgical	0.88	1.07
	KHMC 3N Medical Surgical	1.50	1.66
	KHMC 3S Medical Surgical	1.65	1.67
	KHMC 4N Medical Surgical	1.50	1.98
	KHMC 4S Medical Surgical	1.73	1.99
	KHMC 14 Medical Surgical	1.50	1.65
	KHMC BP Broderick Pavilion	0.87	0.86
	KHMC PE Pediatrics	0.80	0.83
ICU	KHMC 3W ICU	1.50	1.23
	KHMC 15 ICU	1.37	1.09
	KHMC CV Intensive Care	1.04	1.17
	KHMC IC Intensive Care	1.21	0.89

Average Length-of-Stay (hours) for Observation Patients

Unit Group	i	Loc Nurse Unit	Month of Discharge Date												
			Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025
Med/Surg		KH-MC 1E Emergency Room Overflow	14.33	14.38	13.34	13.28	14.03	16.22	14.70	13.88	08.80	07.51	08.94	11.27	19.19
		KH-MC 2N Medical Surgical	51.32	39.75	35.84	39.87	112.29	42.53	66.14	42.48	43.40	51.41	35.18	46.27	76.69
		KH-MC 2S Medical Surgical	49.80	41.95	40.11	46.28	39.53	43.15	42.68	38.32	43.06	36.46	38.67	40.15	50.74
		KH-MC 3N Medical Surgical	32.57	54.71	48.41	49.72	52.66	70.00	35.64	33.80	45.99	39.91	44.41	50.80	114.18
		KH-MC 3S Medical Surgical	64.47	75.11	44.16	149.79	45.75	50.86	47.08	43.62	49.36	49.85	50.76	49.35	55.08
		KH-MC 4N Medical Surgical	99.47	67.24	58.81	63.68	60.43	46.97	37.32	39.63	56.66	51.28	30.25	55.37	90.03
		KH-MC 4S Medical Surgical	79.60	29.08	76.31	39.51	44.32	65.02	88.55	44.27	36.20	45.83	41.43	63.51	53.42
		KH-MC 14 Medical Surgical	61.53	53.62	70.96	59.48	36.00	44.01	31.14	29.65	53.78	48.12	34.85	37.86	70.74
		KH-MC BP Broderick Pavilion	29.18	30.51	31.10	28.28	30.09	26.62	27.97	26.44	31.71	28.70	25.14	26.66	34.25
		KH-MC PE Pediatrics	18.69	20.20	19.92	21.64	21.32	28.46	19.36	22.69	22.14	21.67	19.44	19.30	27.15
ICU		KH-MC 3W/ICCU	63.10				67.77							11.92	
		KH-MC 15/ICCU						28.75	30.30		54.27				19.92
		KH-MC CV Intensive Care	117.40	01.65		34.85		38.97	31.95	26.94	38.48	28.85	20.37	33.29	34.81

Inpatient Average Discharge Order to Discharge Time (Hours)

*Exclusions; Patients with discharge order to discharge time > 24 hours.



More than medicine. Life.

Patient Throughput Updates – February 2025

Updates		Next Steps
<p>Patient Progression:</p> <ul style="list-style-type: none"> Discharge Lounge new location/process Hiring for second FTE Throughput Supervisor and will have a PD also. Have worked through an SOP for staff fulfilling this role. Have CM staff starting to use Delays tab. 	<p>Patient Progression:</p> <ul style="list-style-type: none"> Identify staffing needs, several nurses in the RN programs going to half time. New staff is being interviewed to cover for the three nursing students, they need training time to get up to speed. Working on CM and CMA barriers to DC. Longest DC times are for Post Acute needs. Will start a 4-corners to monitor this. Working with Molly and her team to identify streamlined processes. We now have scheduled time to work through processes. Conferring with payers on auth processes for DC to PACPs, we now have a dedicated staff member to work on auths and SNF placements. Working with PACPs on accepting and reason for not, timely auth submittal. This is also being worked through with our new dedicated Auth Nurse. 	
<p>ED to Inpatient Admission Process:</p> <ul style="list-style-type: none"> No updates 	<p>ED to Inpatient Admission Process:</p> <ul style="list-style-type: none"> N/A 	
<p>Observation Program:</p> <ul style="list-style-type: none"> Observation dashboard ready for use 10/2023. September power plan usage 47.45% (highest since go live 12/2023) PCP follow up process and resources finalized Medical observation patients are prioritized for placement on 2S Observation Powerplan updates went live 11/28/23: education to providers sent 11/27, Emma presented at Valley Hospitalist meeting 11/21, attended Department of Critical Care, Pulmonary Medicine & Adult Hospitalist meeting 12/18 to educate as well Outpatient appointment (NM Lexi, Treadmill, Holter, PCP) process implemented 6/3/24, 1st patient completed NM LexiScan on 7/12 (discharged 7/10) 	<p>Observation Program:</p> <ul style="list-style-type: none"> Outpatient appointment process optimization: consider expanding the providers that are included Collaborate with radiology on MRI/CT delays Evaluate EEG outpatient appointment process Evaluate a targeted afternoon discharge round huddle on 2S Ongoing optimization of observation dashboard 	
<p>LOS by DC Disposition:</p> <ul style="list-style-type: none"> Working with Chartis on new Physician Rounding process to id DC date and plan earlier. Setting expectations for Ensocare response time and reasons for denial Auth Nurse working directly with PACPs on timely auths for DC. Assist living and B/C transitioned to Complex Care quicker 	<p>LOS by DC Disposition:</p> <ul style="list-style-type: none"> Physicians Rounding and Identify DC Plan early. We can usually see “The writing on the Wall” Post Acute Care Partners-PACPs meetings more meaningful. Expectations set for Ensocare response times and auth times. We are weeding through Payers and average auth times for them for baseline data to use for goals to improve. Action for Improvement of auth time is to have our own dedicated Auth Nurse (this CM will work on ED placements also). 	<p>135/407</p>

Next Meeting:

Wednesday, March 26, 2024

2:00p-3:30p

4T Multipurpose Room/GoTo

Semi annual Investment Report- December 31 2024

KAWEAH DELTA HEALTH CARE DISTRICT

FINANCE DIVISION MEMORANDUM

TO: Finance Committee, Board of Directors, Chief Executive Officer and Executive Team

FROM: Jennifer Stockton, Director of Finance (ext. #5536) and Malinda Tupper, Chief Financial Officer (ext. #4065)

DATE: March 13, 2025

SUBJECT: Semi-annual Investment Report

Each month the Board of Directors receives an investment report depicting the specific investments held by the District including the nature, amount, maturity, yield, and investing institution. On a semi-annual basis, the District's Chief Financial Officer is required to review the District's investment policy with the Board, to discuss our compliance with that policy, to review the purpose of our various investment funds and to report on the performance, quality and risk profile of our current portfolio. At the Board's request, fulfillment of this requirement is hereby made by means of this written report and accompanying schedules.

The purpose of this report is to assure the Board that the following primary objectives have been satisfied with respect to its fiduciary responsibility for the sound and prudent management of the District's monetary assets:

- 1) The Board of Directors understands and approves of the District's investment policy and is confident that management has effectively complied with this policy.
- 2) Management has effectively established appropriate funds and managed investments in a manner that safeguards the District's assets, meets the ongoing liquidity needs of the District and provides necessary funds for the various projects and budgets approved and adopted by the Board.
- 3) Within the constraints of the investment policy and the funding needs of the District, management effectively maximizes its return on investments to meet the income expectations adopted by the Board as part of the annual budget.
- 4) **The acceptance/approval of this report includes the semi-annual review and approval of the investment policy (and any changes proposed) as well as the delegation of authority contained within the policy.**

For the purpose of assessing performance relative to each of these objectives, this written report describes and evaluates each of the following documents accompanying this report and demonstrates achievement of the stated objectives.

General Deposit and Investment Policy

The District's current investment policy reflects strict compliance with the California Government Code (Code) sections 53600 through 53686 which govern the investment of surplus funds by governmental entities of the State of California, including political subdivisions thereof. **At December 31, 2024, the District's investment portfolio complies with all provisions of this policy.**

Statement of Purpose Guidelines District Funds

This document describes the various funds established by the District for the purpose of setting aside cash and investments for specific uses. The establishment of these funds (other than revenue or general obligation bond proceeds) is entirely at the discretion of the Board and are not mandated or controlled by any third-party or regulatory agency.

Summary of Investment Funds

This document depicts the carrying value, equal to cost, of investments held at December 31, 2024 in each of the various funds established by the District. As indicated in this report, the District's total adjusted surplus funds at December 31, 2024 were \$178.0 million. The following table depicts the District's adjusted surplus funds over the past four years; the number of days cash on hand, a measure of liquidity; and the District's average daily operating expenses (excluding depreciation expense), the denominator used in the calculation of the liquidity measure; and the percent increase in each year over the prior year:

	December 31, 2024	December 31, 2023	December 31, 2022	December 31, 2021
Adjusted Surplus Funds	\$178,008,000	\$183,601,000	\$201,873,000	\$332,543,000
Days Cash on Hand	74.6	83.5	83.4	147.8
Average Daily Operating Expenses (excluding depreciation expense)	\$2,385,000	\$2,199,000	\$2,420,000	\$2,250,000
Percent Increase in Daily Expenses	8.5%	-9.1%	7.6%	8.4%
Days Cash on Hand Benchmarks:				
Moody's "A" Rated Hospitals	188.4 Days			
Revenue Bond Covenants	90 Days			

As illustrated in the above table, as of December 31, 2024 the District's liquidity ratio (days cash on hand) fell short of the covenant amount required by the District's revenue bond indentures, which is reported and measured for covenant compliance as of fiscal year end (June 30). Total surplus funds experienced a 46.5% decrease from December 31, 2021 to December 31, 2024, and the number of days cash on hand decreased 49.5% from 2021. The primary reasons for the decrease in total surplus funds and days cash on hand include the \$84.3 million in Medicare Advanced Payments received in calendar year 2020 that were subsequently repaid, the funding of the \$18 million debt reserve fund in December

2022 due to the failure to meet the mandated maximum annual debt service threshold at that reporting period, and the operating losses sustained in fiscal years 2022 through 2025.

Given the District's current average daily operating expense total of \$2.4 million, achievement of the Moody's "A"-rated hospitals' days cash on hand benchmark of 188.4 would require approximately \$271.5 million of additional cash resources.

The District's surplus funds investment portfolio is separated into two different categories including short-term funds and long-term funds. The District's short-term funds included investment in the Local Agency Investment Fund (LAIF) and California Asset Management Program (CAMP). The annual yields for LAIF and CAMP were 4.4 % and 5.3%, respectively, for the year ended June 30, 2024. The District's long-term portfolio is managed by PFM Asset Management (PFM) and Allspring (formerly Wells Capital Management). The twelve-month total return of the portfolio managed by PFM was 4.1%, net of fees, while the twelve-month total return of the portfolio managed by Allspring was 4.8%, net of fees. Both portfolios performed better than the benchmark of 3.8% for the period. The benchmark for the managed portfolios is a custom index including 70% of the Merrill Lynch 1-5 year US Treasury Index and 30% of the Merrill Lynch 1-5 year A-AAA Corporate Index. The benchmark does include security types that the District is not allowed to purchase and that because of their nature tend to carry higher yields. These include foreign issuers and private placement securities. As of December 31, 2024, the District's investment portfolio had a weighted average prospective yield of 3.5%. The District's targeted rate of return of 2.8% was used to project interest income in the District's Annual Budget for the fiscal year. The prospective yield excludes market value fluctuations that are included in the total return figures noted above.

Investment Summary by Institution

This document depicts the amount of District investments held by various financial institutions as of December 31, 2024. In each case, the financial institution may be the issuer of an investment security, the custodian of securities, or the investment advisor managing the securities.

Investment Summary of Surplus Funds by Type

This document depicts the amount of District funds invested into the various categories of investments permitted by the District's investment policy and the Code, as well as the percentage of total surplus funds invested in each category and the corresponding limitation established by the Code for compliance measurement.

Investment Summary of Surplus Funds by Maturity

This document depicts the amount of District funds maturing each year over the five-year investment time horizon permitted by the District's investment policy. The measurement period for each year commences on January 1 and runs to December 31. The purpose of this schedule is to assess the overall liquidity of the District's portfolio, which has a weighted average maturity of 2.48 years at December 31, 2024.

Investment Summary of Surplus Fund's Unrealized Gains and Losses

All investment summaries referenced above include the cost of investments and do not reflect current market values. This document depicts the status of securities with respect to unrealized gains and losses at December 31, 2024. The District measures and records an adjustment to reflect the current fair market value of its total investment portfolio each quarter. The unrealized loss on the District's surplus fund portfolio at December 31, 2024 was \$1.5 million.

Kaweah Delta Health Care District
General Deposit and Investment Policy

Scope

This policy sets forth the deposit and investment policy governing all District funds and related transactions and investment activity. This policy does not apply to the Employer Retirement Plan Trust. Bond proceeds shall be invested in securities permitted by the applicable bond documents. If the bond documents are silent as to the permitted investments, bond proceeds will be invested in the securities permitted by this Policy. Notwithstanding the other provisions of this Policy, the limitations (credit quality, percentage holdings, etc.) listed elsewhere in this Policy do not apply to bond proceeds. With the exception of permitted investment requirements, all other provisions of this policy will apply to the investment of bond proceeds to the degree they do not conflict with the requirements of the applicable bond documents.

Goals and Objectives

Legal Compliance: All District deposits and investments shall be in compliance with sections 53600 through 53686 of the California Government Code (Code) for local agencies. This policy sets forth certain additional restrictions which may exceed those imposed by the Code.

Prudence: The District Board of Directors (Board) and any persons authorized to make investment decisions on behalf of the District are trustees and therefore fiduciaries subject to the prudent investor standard. When managing District investment activities, a trustee shall act with care, skill, prudence and diligence under the circumstances then prevailing, including, but not limited to, the general economic conditions and the anticipated needs of the District, that a prudent person acting in a like capacity and familiarity with those matters would use in the conduct of funds of like character and with like aims, to safeguard the principal and maintain the liquidity needs of the District.

Goals: In order of priority, trustee goals shall be:

- 1) Safety - The principal of the portfolio will be preserved by investing in high quality securities and by maintaining diversification of securities to include various types, issuers and maturities. Investments will be limited to those allowed by the Code as outlined in the permitted investments section below. Due to the complexity of various investment options and the volatility of market conditions, the trustee may seek professional advice in making decisions in order to optimize investment selections.

The trustee will also monitor the ongoing credit rating of selected investments by reference to monthly investment statements and council with investment advisors.

- 2) Liquidity - The portfolio will be managed to ensure sufficient liquidity to meet routine and non-routine budgeted cash flow requirements as well as provide for unanticipated cash needs. Based upon these needs, investments with appropriate maturity dates will be selected. Generally, these investments will be held to maturity once purchased unless called by the issuer. Securities may be sold prior to maturity under the following circumstances: 1) A security with declining credit may be sold early to minimize loss of principal. 2) A security trade would improve the quality, yield, or target duration in the portfolio. 3) Liquidity needs of the portfolio require that the security be sold.
- 3) Rate of Return - The investment portfolio shall be designed with the objective of attaining a market rate of return throughout budgetary and economic cycles, taking into account the investment risk constraints and liquidity needs. Performance will be measured by the ability to meet the targeted rate of return, which will equal or exceed the average return earned on the District's investment in the State of California Local Agency Investment Funds.

Safekeeping

District investments not purchased directly from the issuer shall be purchased either from an institution licensed by the State as a broker-dealer or from a member of a federally-regulated securities exchange, a national or state-chartered bank, a federal or state association or from a brokerage firm designated as a primary government dealer by the Federal Reserve Bank. Investments purchased in a negotiable, bearer, registered or nonregistered format shall be delivered to the District by book entry, physical delivery or third party custodial agreement. The transfer of securities to the counterparty bank's customer book entry account may be used for book entry delivery. A counterparty bank's trust or separate safekeeping department may be used for the physical delivery of the security if the security is held in the District's name.

Authorized Financial Dealers and Institutions: If the District utilizes an external investment adviser, the adviser may be authorized to transact with its own Approved Broker/Dealer List on behalf of the District. In the event that the investment advisor utilizes its own Broker/Dealer List, the advisor will perform due diligence for the brokers/dealers on its Approved List.

Internal Controls: The Chief Financial Officer is responsible for establishing and maintaining an internal control structure designed to ensure that the assets of the District

are protected from loss, theft or misuse. The internal control structure shall be designed to provide reasonable assurance that these objectives are met. The concept of reasonable assurance recognizes that (1) the cost of a control should not exceed the benefits likely to be derived and (2) the valuation of costs and benefits requires estimates and judgments by management.

Delivery vs. Payment: All trades where applicable will be executed by delivery vs. payment (DVP) to ensure that securities are deposited in an eligible financial institution prior to the release of funds. Securities will be held by a third-party custodian as evidenced by safekeeping receipts.

Ethics and Conflicts of Interest

Officers and employees involved in the investment process shall refrain from personal business activity that could conflict with the proper execution and management of the investment program, or that could impair their ability to make impartial decisions. Employees and investment officials shall disclose any material interests in financial institutions with which they conduct business. They shall further disclose any personal financial/investment positions that could be related to the performance of the investment portfolio. Employees and officers shall refrain from undertaking personal investment transactions with the same individual with whom business is conducted on behalf of the District.

Delegation of Authority

The Board hereby delegates its authority to invest District funds, or to sell or exchange purchased securities, to the Treasurer for a one-year period, who shall thereafter assume full responsibility for those transactions until the delegation of authority is revoked or expires. The Board may renew the delegation of authority each year. The responsibility for day-to-day management (including the investment of funds, and selling or exchanging of purchases securities) of District investments is hereby delegated by the Board, and the Treasurer, to the Chief Financial Officer (CFO).and/or their designee subject to compliance with all reporting requirements and the prudent investor standard. The District may engage the services of one or more external investment managers to assist in the management of the investment portfolio in a manner consistent with the Districts' objectives. Such external managers will be granted the discretion to purchase and sell investment securities in accordance with the Investment Policy.

Reporting

The Treasurer or CFO shall annually submit a statement of investment policy to the Board summarizing the District's investment activities and demonstrating compliance with this

policy and the Code. The Treasurer or CFO shall submit monthly reports to the Board detailing each investment by amount, type, issuer, maturity date, and rate of return, and reporting any other information requested by the Board. The monthly reports shall also summarize all material non-routine investment transactions and demonstrate compliance of the portfolio with this policy and the Code, or delineate the manner in which the portfolio is not in compliance. Any concerns regarding the District's ability to maintain sufficient liquidity to meet current obligations shall be disclosed in the monthly reports.

Performance Standards: The investment portfolio will be managed in accordance with the parameters specified within this policy. The portfolio should obtain a market average rate of return during a market/economic environment of stable interest rates. A series of appropriate benchmarks shall be established against which portfolio performance shall be compared on a regular basis.

Deposits

All District deposits shall be maintained in banks having full-service operations in the State of California. Deposits are defined as working funds needed for immediate necessities of the District. Deposits in any depository bank shall not exceed the shareholders' equity of that bank. The Treasurer shall be responsible for the safekeeping of District funds and shall enter into a contract with any qualified depository making the depository responsible for securing the funds deposited. All District deposits shall be secured by eligible securities as defined by section 53651 of the Code and shall have a market value of at least 10 percent in excess of the total amount deposited. The Treasurer may waive security for the portion of any deposits insured pursuant to federal law and any interest which subsequently accrues on federally-insured deposits.

Permitted Investments

Sinking funds or surplus funds not required for immediate needs of the District shall be invested in authorized investments as defined in Code section 53601 and may be further limited by this policy. No investment shall be made in any security having a term remaining to maturity exceeding five years at the time of investment unless the Board has granted express authority to make the investment no less than three months prior to the investment. Certain investments are limited by the Code and this policy as to the percent of surplus funds which may be invested. Investments not expressly limited by the Code or this policy may be made in a manner which maintains reasonable balance between investments in the portfolio.

Authorized investments are limited to the following:

- (a) Investment in the State of California Local Agency Investment Fund up to the maximum investment allowed by the State.
- (b) United States Treasury notes, bonds, bills or certificates of indebtedness, or those for which the faith and credit of the United States are pledged for the payment of principal and interest.
- (c) Registered State warrants or treasury notes or bonds of this State, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled or operated by the State or a department, board, agency or authority of the State.
- (d) Federal agency or United States government-sponsored enterprise obligations, participations, or other instruments, including those issued by or fully guaranteed as to principal and interest by federal agencies or United States government-sponsored enterprises.
- (e) Bills of exchange or time drafts drawn on and accepted by a commercial bank, otherwise known as bankers' acceptances. Purchases of bankers' acceptances may not exceed 180 days maturity or 40 percent of surplus funds. However, no more than 30 percent of surplus funds may be invested in bankers' acceptances of any one commercial bank.
- (f) Commercial paper of prime quality of the highest ranking or of the highest letter and numerical rating as provided for by a nationally recognized statistical rating organization (NRSRO).. Eligible paper is further limited to issuing corporations organized and operating within the United States and having total assets exceeding five hundred million dollars (\$500,000,000) and is rated in a rating category of "A" or its equivalent or higher rating for the issuer's debt, other than commercial paper, if any, as provided for by an NRSRO. Purchases of eligible commercial paper may not exceed 270 days maturity nor represent more than 10 percent of the outstanding paper of an issuing corporation. Purchases of commercial paper may not exceed 25 percent of surplus funds.
- (g) Negotiable certificates of deposit issued by a nationally or state-chartered bank, a savings association or a federal association, a state or federal credit union, or by a federally licensed or state-licensed branch of a foreign bank. For purposes of this section, negotiable certificates of deposit do not come within Article 2 (commencing with Section 53630), except that the amount so invested shall be subject to the limitations of Section 53638. The legislative body of a local agency

and the treasurer or other official of the local agency having legal custody of the moneys are prohibited from investing local agency funds, or funds in the custody of the local agency, in negotiable certificates of deposit issued by a state or federal credit union if a member of the legislative body of the local agency, or a person with investment decision making authority in the administrative office manager's office, budget office, auditor-controller's office, or treasurer's office of the local agency also serves on the board of directors, or any committee appointed by the board of directors, or the credit committee or the supervisory committee of the state or federal credit union issuing the negotiable certificates of deposit. Purchases of all types of certificates of deposit may not exceed 30 percent of surplus funds.

- (h) Investments in repurchase agreements or reverse repurchase agreements of any securities authorized by this policy when the term of the agreement does not exceed one year. The market value of securities underlying a repurchase agreement shall be valued at 102 percent or greater of the funds borrowed against those securities and the value shall be adjusted no less than quarterly. Reverse repurchase agreements shall meet all conditions and requirements set forth in Code section 53601.
- (i) Medium-term notes, defined as all corporate and depository institution debt securities with a maximum of five years maturity, issued by corporations organized and operating within the United States or by depository institutions licensed by the United States or any state and operating within the United States. Notes eligible for investment shall be rated in a rating category of "A" or its equivalent or better by an NRSRO. Purchases of medium-term notes may not exceed 30 percent of surplus funds.
- (j) Any mortgage passthrough security, collateralized mortgage obligation, mortgage-backed or other pay-through bond, equipment lease-backed certificate, consumer receivable passthrough certificate, or consumer receivable-backed bond. Securities eligible for investment under this subdivision shall be rated in a rating category of "AA" or its equivalent or better by an NRSRO and have a maximum remaining maturity of five years or less. Purchases of collateralized mortgage obligations may not exceed 20 percent of surplus funds.
- (k) Shares of beneficial interest issued by diversified management companies that invest in securities and obligations as authorized by section 53601 or that are money market funds registered with the Securities and Exchange Commission under the Investment Act of 1940, and that have attained the highest ranking or the highest letter and numerical rating provided by not less than two NRSROs.

Purchases of shares of beneficial interest may not exceed 20 percent of surplus funds, and no more than 10 percent of surplus funds may be invested in shares of beneficial interest of any one mutual fund.

- (l) Bonds issued by Kaweah Delta Health Care District, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled, or operated by Kaweah Delta Health Care District.
- (m) Bonds, notes, warrants, or other evidences of indebtedness of any local agency within this state, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled, or operated by the local agency, or by a department, board, agency, or authority of the local agency.
- (n) Registered treasury notes or bonds of any of the other forty-nine United States in addition to California, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled, or operated by a state or by a department, board, agency, or authority of any of the other forty-nine United States, in addition to California.
- (p) Shares of beneficial interest issued by a joint powers authority (JPA) organized pursuant to Section 6509.7 that invests in the securities and obligations authorized under Section 53601 subdivisions (a) to (q), inclusive. Each share shall represent an equal proportional interest in the underlying pool of securities owned by the JPA. The JPA issuing the shares shall have retained an investment adviser registered or exempt from registration with the Securities and Exchange Commission, with not less than five years of experience investing in the authorized securities, and having assets under management in excess of five hundred million dollars.
- (q) United States dollar denominated senior unsecured unsubordinated obligations issued or unconditionally guaranteed by the International Bank for Reconstruction and Development, International Finance Corporation, or Inter-American Development Bank, with a maximum remaining maturity of five years or less, and eligible for purchase and sale within the United States. Investments under this subdivision shall be rated in a rating category of "AA" or its equivalent or better by an NRSRO and shall not exceed 30 percent of surplus funds.

Policy Considerations

This policy shall be reviewed on an annual basis. Any changes must be approved by the Chief Financial Officer and any other appropriate authority, as well as the individual(s) charged with maintaining internal controls.

**Kaweah Delta Health Care District
STATEMENT OF PURPOSE GUIDELINES
DISTRICT FUNDS**

Operating Accounts:

General operating funds to meet current and future operating obligations.

Self-Insurance Trust Fund:

Self-insurance fund established for potential settlement of general, professional and public liability claims. All earnings remain in the fund. Disbursements are allowed for payment of claims, legal fees, or by approval of the Board of Directors. Whenever possible, District operating funds or other funds will be used to meet such liabilities.

2015A Revenue Bond Fund:

The purpose of this fund is to hold and disburse the District's 2015A Revenue Bond principal and interest payments made by the District pending disbursement by the trustee bank.

2015B Revenue Bond Fund:

The purpose of this fund is to hold and disburse the District's 2015B Revenue Bond proceeds for various projects and to hold principal and interest payments made by the District pending disbursement by the trustee bank.

2017 C Revenue Bond Fund:

The purpose of this fund is to hold and disburse the District's 2017C Revenue Bond principal and interest payments made by the District pending disbursement by the trustee bank.

2020 Revenue Bond Fund:

The purpose of this fund is to hold and disburse the District's 2020 Revenue Bond proceeds for various projects and to hold principal and interest payments made by the District pending disbursement by the trustee bank.

2022 Revenue Bond Fund:

The purpose of this fund is to hold and disburse the District's 2022 Revenue Bond proceeds for various projects and to hold principal and interest payments made by the District pending disbursement by the trustee bank.

Master Debt Reserve Fund:

The purpose of this fund is to hold funds equal or greater than the amount of the District's maximum annual debt service. This fund was created due to the District's failure to meet the required MADS debt service requirement at December 31, 2022.

2014 General Obligation Bond Fund:

The purpose of this fund is to hold and disburse the District's 2014 General Obligation Bond principal and interest payments made by the District pending disbursement by the trustee bank.

Plant Fund:

The primary purpose of this fund is to retain investments for funded depreciation. In addition, funds for special capital projects and Board-designated projects which may include real property, unbudgeted capital equipment, etc. are retained in the fund. Disbursements are made for such special capital projects and for replacement capital items at the Board's discretion.

Cost Report Settlement Fund:

Account established to set aside sufficient funds to settle Federal and State cost reports due to the substantial nature of potential settlements.

Development Fund:

Accumulated reserves set aside from special projects, activities and memorials to be used as seed money for research, community service, or service development at the specific direction of the Board.

Workers' Compensation Liability Fund:

Funds available for possible settlement or payment of employee work-related medical claims, suits or judgments, or legal fees. Whenever possible, District operating funds or other funds will be used to meet such liabilities.

General Obligation Bond Reserve Fund:

The purpose of this fund is to hold funds set aside to establish a reserve account in the amount recommended by the County of Tulare.

Kaweah Delta Health Care District
SUMMARY OF INVESTMENT FUNDS
12/31/2024

Investment Amount (Cost)			
		December 31, 2024	December 31, 2023
<u>Trust Accounts</u>			
Self-Insurance Trust Fund		\$ 1,715,000	\$ 1,909,000
2014 General Obligation Bond Fund		4,168,000	1,541,000
2015A Revenue Bond Fund		1,090,000	191,000
2015B Revenue Bond Fund		373,000	369,000
2017C Revenue Bond Fund		3,214,000	4,810,000
2020 Revenue Bond Fund		577,000	673,000
2022 Revenue Bond Fund		1,468,000	619,000
Master Debt Reserve Fund		22,811,000	19,166,000
<u>Operating Accounts</u>		14,016,000	(256,000)
<u>Board Designated Funds</u>			
Plant Fund			
Committed for Capital Expenditure	\$16,812,000		
Uncommitted	103,903,000	120,715,000	141,330,000
General Obligation Bond Reserve		1,993,000	1,993,000
Cost Report Settlement Fund		3,448,000	3,448,000
Development Fund		104,000	104,000
Workers' Compensation Liability Fund		17,626,000	20,903,000
Total Board Designated Funds		143,886,000	167,778,000
Total Investments		\$ 193,318,000	\$196,800,000
Kaweah Health Medical Group Funds		\$0	\$242,000
Sequoia Regional Cancer Center Funds		\$0	\$5,000
Kaweah Health Hospital Foundation		\$18,867,000	\$17,425,000

Kaweah Delta Health Care District
SUMMARY OF INVESTMENT FUNDS
December 31, 2024

	December 31, 2024	December 31, 2023	December 31, 2022	December 31, 2021
Total Surplus Funds	\$157,902,000	\$167,524,000	\$189,125,000	\$294,884,000
Add: Kaweah Health Medical Group	0	242,000	2,011,000	9,351,000
Sequoia Regional Cancer Ctr.	0	5,000	2,000	228,000
KH Foundation	18,867,000	17,425,000	20,188,000	19,480,000
Adjustment to record fair market value (FMV)	549,000	(2,247,000)	(10,096,000)	7,938,000
Accrued Investment Earnings	690,000	653,000	643,000	662,000
Adjusted Surplus Funds	\$178,008,000	\$183,602,000	\$201,873,000	\$332,543,000
Daily Operating Expenses (excluding depreciation expense)	\$2,385,000	\$2,199,000	\$2,420,000	\$2,250,000
Percent Increase	8.5%	-9.1%	7.6%	8.4%
Days Cash on Hand (Actual - consolidated financial statements)	74.6	83.5	83.4	147.8
Benchmark:				
Moody's "A" Rated Hospitals (2023)	188.4			
Cash spread to "A" rating	\$271,546,000			
Surplus portfolio return (includes FMV adjustment) :				
12-Months Ended :				
LAIF	4.38%	3.93%	1.06%	0.28%
CAMP	5.31%	5.50%	1.80%	0.06%
Total Return:				
Long-Term (PFM - net of fees)	4.13%	5.16%	-4.99%	-0.92%
Long-Term (Allspring - net of fees)	4.78%	4.25%	-5.13%	-0.90%
Benchmark (70% ML 1-5 Treasury, 30% ML US Corp A-AAA)	3.83%	4.78%	-5.37%	-0.96%
Prospective Yield of Portfolio (No FMV)	3.45%	2.65%	1.50%	0.85%
Fiscal Year Budget (No FMV)	2.82%	1.65%	0.92%	1.03%

Note: All investment balances included in the attached investment summaries are stated at the cost value and do not reflect current fair market values. Please refer to the Investment Summary of Unrealized Gains and Losses for current market values.

Kaweah Delta Health Care District
INVESTMENT SUMMARY BY INSTITUTION
December 31, 2024

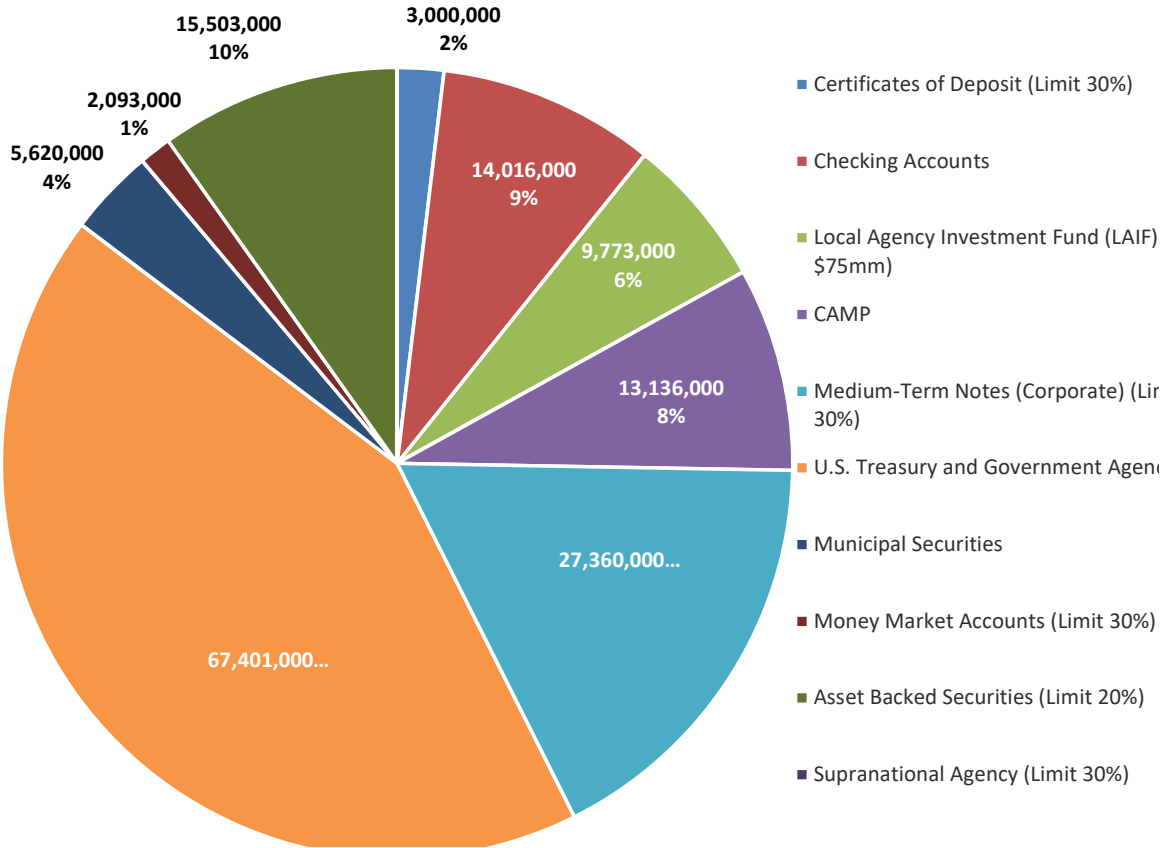
	Investment Amount (Cost)	
	December 31, 2024	December 31, 2023
US Bank (Bond Trustee)	\$ 29,533,000	\$ 25,827,000
Local Agency Investment Fund (LAIF)	9,773,000	10,222,000
PFM Asset Management (Manager) - US Bank Custodian	58,803,000	58,845,000
Allspring (Manager) - US Bank Custodian	57,459,000	57,098,000
Allspring (SITF)	1,715,000	1,909,000
CAMP (Managed by PFM)	17,303,000	38,246,000
Bancorp/Navia (FSA)	0	363,000
Torrey Pines CD (CD Placement GO Refinance)	3,000,000	3,000,000
Wells Fargo Bank (Operating accounts)	15,732,000	1,290,000
Total Investments	193,318,000	196,800,000
Less Trust Accounts	(35,416,000)	(29,276,000)
Total Surplus Funds	\$157,902,000	\$167,524,000
<u>Kaweah Health Medical Group</u>		
Wells Fargo Bank	\$0	\$242,000
<u>Sequoia Regional Cancer Center</u>		
Wells Fargo Bank	\$0	\$5,000
<u>Kaweah Health Hospital Foundation</u>		
Central Valley Community Bank	\$361,000	\$433,000
Various Short-Term and Long-Term Investments	18,506,000	16,992,000
	\$18,867,000	\$17,425,000

Kaweah Delta Health Care District

INVESTMENT SUMMARY OF SURPLUS FUNDS BY TYPE

December 31, 2024

	Investment Amount (Cost)	%	\$ or % Limit
Certificates of Deposit	\$3,000,000	1.9%	30.0%
Checking Accounts	14,016,000	8.9%	
Local Agency Investment Fund (LAIF)	9,773,000	6.2%	\$75 mm
CAMP	13,136,000	8.3%	
Medium-Term Notes (Corporate)	27,360,000	17.3%	30.0%
U.S. Treasury and Government Agency	67,401,000	42.7%	
Municipal Securities	5,620,000	3.6%	
Money Market Accounts	2,093,000	1.3%	20.0%
Commercial Paper	0	0.0%	25.0%
Asset Backed Securities	15,503,000	9.8%	20.0%
Supranational Agency	0	0.0%	30.0%
Total Surplus Funds	<u>\$157,902,000</u>	<u>100.0%</u>	

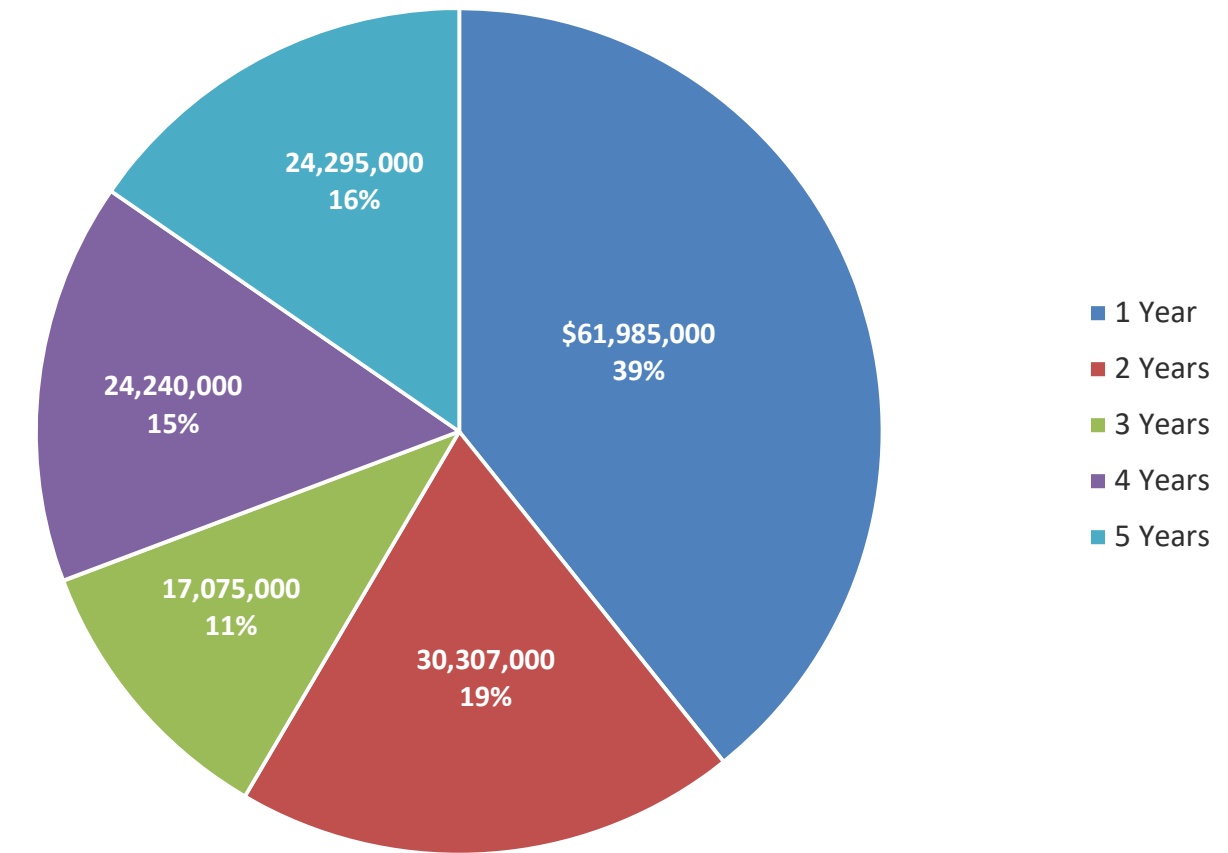


Kaweah Delta Health Care District
 INVESTMENT SUMMARY OF SURPLUS FUNDS BY MATURITY
 December 31, 2024

	Investment Amount (Cost)	%
1 Year	\$61,985,000	39.3%
2 Years	30,307,000	19.2%
3 Years	17,075,000	10.8%
4 Years	24,240,000	15.4%
5 Years	24,295,000	15.4%
Total Surplus Fund Investments	<u>\$ 157,902,000</u>	<u>100.0%</u>

Weighted Average Maturity

2.48 Years



Kaweah Delta Health Care District
INVESTMENT SUMMARY OF SURPLUS FUND'S UNREALIZED GAINS AND LOSSES
December 31, 2024

Description	Maturity	Par Value	Amort Cost	Market Value	Unrealized Gain (Loss)
Medium-Term Notes (Corporate):					
JOHN DEERE CAPITAL CORP	01/09/2025	500,000	499,999	499,735	(264)
US BANK NA CINCINNATI	01/21/2025	1,400,000	1,401,016	1,397,900	(3,116)
DEERE JOHN CAPITAL CORP	03/07/2025	550,000	549,986	547,525	(2,461)
PROCTER GAMBLE CO	10/29/2025	1,300,000	1,299,653	1,259,609	(40,044)
STATE STR CORP	02/06/2026	1,000,000	999,984	996,740	(3,244)
BANK OF AMERICA CORP	04/02/2026	250,000	250,000	249,033	(968)
BANK OF AMERICA CORP	04/19/2026	295,000	299,959	290,596	(9,363)
MORGAN STANLEY BK N A	04/21/2026	1,000,000	994,528	1,001,070	6,542
WELLS FARGO CO	04/25/2026	800,000	800,000	797,552	(2,448)
IBM CORP	05/15/2026	410,000	422,005	402,600	(19,406)
ASTRAZENECA FINANCE LLC L P	05/28/2026	265,000	265,106	253,308	(11,798)
TOYOTA MTR CR CORP	06/18/2026	1,400,000	1,399,047	1,333,346	(65,701)
AMERICAN HONDA FIN CORP	07/07/2026	145,000	144,910	146,127	1,216
WALMART INC	07/08/2026	205,000	207,656	200,916	(6,740)
COOPERATIEVE CENTRALE RAIFFEISEN	07/17/2026	400,000	400,000	407,768	7,768
WELLS FARGO BANK NA	08/07/2026	545,000	544,977	551,458	6,481
CATERPILLAR FINL SVCS	09/14/2026	220,000	218,855	208,212	(10,642)
NATIXIS NY	09/18/2026	405,000	405,000	414,967	9,967
JP MORGAN CHASE CO	10/01/2026	415,000	423,480	404,335	(19,146)
AMERICAN EXPRESS CO SR	11/04/2026	445,000	444,725	421,629	(23,097)
NATIONAL RURAL UTIL COOP	11/13/2026	160,000	159,966	162,640	2,674
CITIBANK N A SR NT	12/04/2026	1,000,000	1,005,297	1,014,960	9,663
DEERE JOHN CAPITAL CORP	01/11/2027	220,000	217,444	208,054	(9,390)
TARGET CORP	01/15/2027	900,000	899,373	856,269	(43,104)
CISCO SYS INC	02/26/2027	260,000	259,760	261,898	2,138
STATE STR CORP SR NT	03/18/2027	335,000	335,000	337,787	2,787
HORMEL FOODS CORP	03/30/2027	115,000	114,919	115,507	588
HOME DEPOT INC SR NT	04/15/2027	220,000	215,861	210,520	(5,341)
PACCAR FINANCIAL CORP	05/13/2027	95,000	94,942	96,079	1,137
IBM CORP	05/15/2027	230,000	220,612	214,779	(5,833)
UNITEDHEALTH GROUP INC	05/15/2027	85,000	84,978	83,323	(1,655)
GOLDMAN SACHS BK USA	05/21/2027	1,100,000	1,110,831	1,108,580	(2,251)
GOLDMAN SACHS BK USA	05/21/2027	220,000	220,000	221,716	1,716
BLACKROCK FUNDING INC	07/26/2027	185,000	184,995	185,422	427
HONEYWELL INTL INC	07/30/2027	185,000	184,995	185,673	678
BANK AMERICA CORP	09/15/2027	1,100,000	1,131,136	1,119,657	(11,479)
TOYOTA MTR CR CORP FR	10/08/2027	130,000	129,953	129,090	(863)
CATERPILLAR FINL SVCS	11/15/2027	1,000,000	999,177	1,000,540	1,363
BP CAP MKTS AMER INC	11/17/2027	310,000	310,000	313,401	3,401
MASTERCARD INCORPORATED	01/15/2028	130,000	129,935	128,591	(1,345)
BANK OF NY MELLON CORP	02/07/2028	300,000	292,616	292,365	(251)
JPMORGAN CHASE CO	04/22/2028	1,100,000	1,103,690	1,118,689	14,999
MORGAN STANLEY BK N A	05/26/2028	280,000	280,278	283,900	3,622
JOHN DEERE CAPITAL CORPORATION	07/14/2028	120,000	119,874	121,156	1,282
CITIBANK N A SR	09/29/2028	535,000	535,000	551,703	16,703
BANK NEW YORK MELLON CORP	10/25/2028	1,000,000	1,016,780	1,026,570	9,790
PACCAR FINANCIAL CORP	01/31/2029	160,000	159,787	159,603	(184)
AIR PRODUCTS AND CHEMICALS INC	02/08/2029	295,000	294,679	293,608	(1,071)
TEXAS INSTRS INC	02/08/2029	370,000	369,679	368,997	(682)
CUMMINS INC	02/20/2029	195,000	195,419	196,217	798
BRISTOL MYERS SQUIBB CO	02/22/2029	200,000	199,653	200,972	1,319
ASTRAZENECA FINANCE LLC	02/26/2029	165,000	164,857	165,340	483
CISCO SYS INC	02/26/2029	225,000	224,935	226,323	1,388
BLACKROCK FUNDING	03/14/2029	270,000	270,022	270,200	178
ADOBE INC SR GLBL	04/04/2029	225,000	224,715	226,136	1,421
HOME DEPOT INC	06/25/2029	500,000	497,116	501,080	3,964
HOME DEPOT INC	06/25/2029	95,000	94,452	95,205	753
PEPSICO INC SR NT	07/17/2029	280,000	279,606	279,468	(138)
CITIBANK N A	08/06/2029	295,000	297,318	293,740	(3,577)
TOYOTA MTR CR CORP FR	08/09/2029	195,000	194,865	192,615	(2,250)
ELI LILLY CO	08/14/2029	65,000	64,869	63,639	(1,230)
NOVARTIS CAPITAL CORP	09/18/2029	365,000	364,164	351,440	(12,724)
ACCENTURE CAPITAL INC SR NT	10/04/2029	195,000	194,675	189,273	(5,403)
		\$ 27,360,000	\$ 27,419,113	\$ 27,207,150	\$ (211,963)

Kaweah Delta Health Care District
INVESTMENT SUMMARY OF SURPLUS FUND'S UNREALIZED GAINS AND LOSSES
December 31, 2024

Description	Maturity	Par Value	Amort Cost	Market Value	Unrealized Gain (Loss)
Municipal Securities:					
BAY AREA TOLL AUTH CA TOLL BRDG REV	04/01/2025	250,000	250,000	247,860	(2,140)
SAN DIEGO CNTY CA WTR AUTH TAXABLE	05/01/2025	300,000	300,000	296,430	(3,570)
UNIVERSITY CALIF REVS TAXABLE GEN	05/15/2025	185,000	185,000	182,638	(2,362)
CONNECTICUT ST TAXABLE GO BDS 2021 A	06/01/2025	400,000	400,000	394,276	(5,724)
SANTA CRUZ CALIF MET TRAN DISTSALES	08/01/2025	400,000	400,000	395,184	(4,816)
SAN JUAN CA UNI SCH DIST REF	08/01/2025	190,000	190,000	186,039	(3,962)
ANAHEIM CA PUB FING AUTH LEASE	07/01/2026	1,000,000	999,414	959,910	(39,504)
LOS ANGELES CA UNI SCH DIST GO	07/01/2026	270,000	270,000	258,611	(11,389)
CALIFORNIA ST UNIV REV TAXABLE	11/01/2026	125,000	125,000	125,690	690
MASSACHUSETTS ST SPL OBLIG REV	07/15/2027	1,000,000	1,000,000	980,700	(19,300)
ALAMEDA CNTY CA TAXABLE GO BDS 2022	08/01/2027	500,000	500,000	489,450	(10,550)
SAN FRANCISCO CA CITY CNTY PUB	10/01/2027	1,000,000	1,000,000	1,001,640	1,640
		<u>\$ 5,620,000</u>	<u>\$ 5,619,414</u>	<u>\$ 5,518,427</u>	<u>\$ (100,987)</u>
U.S. Treasury and Government Agency:					
U S TREASURY NOTE	01/15/2025	3,300,000	3,299,810	3,296,205.00	(3,605)
U S TREASURY NOTE	05/15/2025	980,000	980,317	974,610.00	(5,707)
F N M A	06/17/2025	2,000,000	1,999,621	1,966,380.00	(33,241)
U S TREASURY NOTE	06/30/2025	350,000	349,943	343,304.50	(6,638)
F H L M C M T N	07/21/2025	1,500,000	1,499,177	1,467,600.00	(31,577)
F N M A	08/25/2025	1,500,000	1,499,092	1,462,440.00	(36,652)
F H L M C MULTICLASS MTG PARTN	08/25/2025	259,799	257,506	258,091.76	586
FEDERAL HOME LOAN BKS	09/04/2025	525,000	524,787	511,287.00	(13,500)
F H L M C M T N	09/23/2025	750,000	749,672	729,382.50	(20,290)
U S TREASURY NOTE	10/31/2025	770,000	769,097	745,182.90	(23,914)
U S TREASURY NOTE	11/30/2025	2,550,000	2,550,120	2,462,433.00	(87,687)
U S TREASURY NOTE	01/31/2026	1,000,000	996,274	959,510.00	(36,764)
U S TREASURY NOTE	02/15/2026	1,000,000	1,009,079	971,430.00	(37,649)
U S TREASURY NOTE	02/28/2026	500,000	490,023	490,185.00	162
U S TREASURY NOTE	02/28/2026	1,500,000	1,498,277	1,437,105.00	(61,172)
U S TREASURY NOTE	03/31/2026	675,000	674,234	646,542.00	(27,692)
U S TREASURY NOTE	03/31/2026	1,000,000	999,523	957,840.00	(41,683)
U S TREASURY NOTE	04/30/2026	1,000,000	987,306	955,150.00	(32,156)
U S TREASURY NOTE	05/31/2026	1,200,000	1,222,931	1,165,260.00	(57,671)
U S TREASURY NOTE	05/31/2026	1,000,000	999,326	952,420.00	(46,906)
U S TREASURY NOTE	06/30/2026	1,850,000	1,854,383	1,760,256.50	(94,127)
U S TREASURY NOTE	06/30/2026	990,000	979,695	941,975.10	(37,720)
U S TREASURY NOTE	07/31/2026	880,000	873,402	831,644.00	(41,758)
U S TREASURY NOTE	08/31/2026	800,000	792,419	755,480.00	(36,939)
U S TREASURY NOTE	09/30/2026	2,210,000	2,201,444	2,085,554.90	(115,889)
U S TREASURY NOTE	09/30/2026	1,000,000	995,760	943,690.00	(52,070)
U S TREASURY NOTE	10/31/2026	800,000	798,263	756,272.00	(41,991)
U S TREASURY NOTE	11/30/2026	2,000,000	1,999,005	1,890,840.00	(108,165)
F H L M C MULTICLASS MTG PARTN	03/25/2027	575,000	554,837	559,291.00	4,454
U S TREASURY NOTE	04/30/2027	970,000	970,286	937,766.90	(32,519)
U S TREASURY NOTE	04/30/2027	250,000	236,899	229,320.00	(7,579)
U S TREASURY NOTE	04/30/2027	800,000	796,389	773,416.00	(22,973)
U S TREASURY NOTE	05/15/2027	925,000	914,142	885,844.75	(28,297)
U S TREASURY NOTE	08/15/2027	190,000	181,597	180,602.60	(994)
U S TREASURY NOTE	08/31/2027	1,140,000	1,035,261	1,032,840.00	(2,421)
U S TREASURY NOTE	10/31/2027	1,500,000	1,334,596	1,350,165.00	15,569
U S TREASURY NOTE	02/29/2028	1,500,000	1,367,126	1,360,605.00	(6,521)
U S TREASURY NOTE	04/30/2028	600,000	546,079	543,564.00	(2,515)
U S TREASURY NOTE	04/30/2028	750,000	727,287	731,085.00	3,798
U S TREASURY NOTE	05/31/2028	1,500,000	1,449,089	1,467,150.00	18,061
F H L M C MULTICLASS MTG PARTN	06/25/2028	530,000	533,734	531,272.00	(2,462)
F H L M C MULTICLASS MTG PARTN	06/25/2028	435,464	435,456	434,248.95	(1,207)
U S TREASURY NOTE	06/30/2028	1,500,000	1,477,260	1,484,490.00	7,230
F N M A GTD R E M I C PASS THRU	07/25/2028	515,992	509,742	505,847.17	(3,895)
F H L M C MULTICLASS MTG PARTN	08/25/2028	545,000	539,057	543,888.20	4,831
F H L M C MULTICLASS MTG PARTN	08/25/2028	545,000	536,013	544,912.80	8,899
F H L M C MULTICLASS MTG PARTN	09/25/2028	535,000	530,221	536,107.45	5,886
F H L M C MULTICLASS MTG PARTN	09/25/2028	410,000	400,052	411,652.30	11,600
U S TREASURY NOTE	09/30/2028	500,000	507,139	504,675.00	(2,464)
F H L M C MULTICLASS MTG PARTN	10/25/2028	200,000	199,553	202,196.00	2,643
F H L M C MULTICLASS MTG PARTN	10/25/2028	300,000	299,327	301,008.00	1,681
U S TREASURY NOTE	10/31/2028	2,275,000	2,052,519	2,037,649.25	(14,870)

Kaweah Delta Health Care District
INVESTMENT SUMMARY OF SURPLUS FUND'S UNREALIZED GAINS AND LOSSES
December 31, 2024

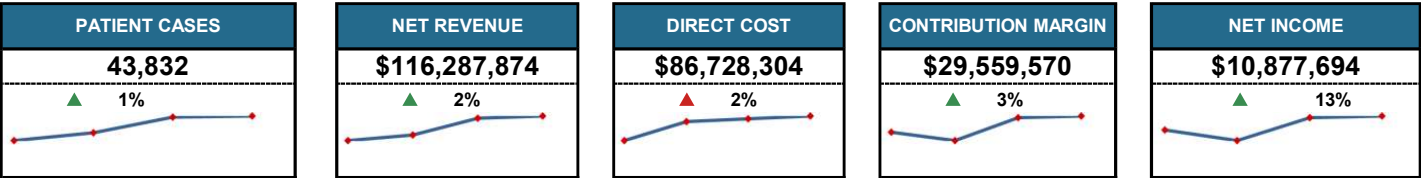
Description	Maturity	Par Value	Amort Cost	Market Value	Unrealized Gain (Loss)
F H L M C MULTICLASS MTG PARTN	11/25/2028	280,000	282,067	282,452.80	385
F H L M C MULTICLASS MTG PARTN	12/25/2028	315,000	317,537	314,666.10	(2,871)
F H L M C MULTICLASS MTG PARTN	12/25/2028	325,000	327,652	322,760.75	(4,891)
U S TREASURY NOTE	12/31/2028	500,000	453,314	445,860.00	(7,454)
U S TREASURY NOTE	12/31/2028	1,200,000	1,197,819	1,173,060.00	(24,759)
U S TREASURY NOTE	02/28/2029	750,000	742,764	746,497.50	3,733
F H L M C MULTICLASS MTG PARTN	03/25/2029	315,000	316,103	319,743.90	3,641
U S TREASURY NOTE	03/31/2029	1,000,000	987,194	990,170.00	2,976
U S TREASURY NOTE	03/31/2029	225,000	222,655	222,788.25	134
F H L M C MULTICLASS MTG PARTN	05/25/2029	460,000	462,569	459,116.80	(3,452)
U S TREASURY NOTE	05/31/2029	1,000,000	1,002,148	1,004,780.00	2,632
FHLMC REMIC SERIES K-528 6/25/2029	06/25/2029	200,000	203,742	197,850.00	(5,892)
U S TREASURY NOTE	06/30/2029	2,030,000	1,993,138	1,937,086.90	(56,051)
F H L M C MULTICLASS MTG PARTN	07/25/2029	515,000	519,446	509,999.35	(9,447)
F H L M C MULTICLASS MTG PARTN	07/25/2029	410,000	416,638	407,421.10	(9,217)
U S TREASURY NOTE	07/31/2029	500,000	507,065	492,075.00	(14,990)
U S TREASURY NOTE	07/31/2029	750,000	744,674	738,112.50	(6,561)
U S TREASURY NOTE	08/31/2029	750,000	733,994	726,187.50	(7,807)
F H L M C MULTICLASS MTG PARTN	09/25/2029	345,000	351,601	344,993.10	(6,608)
U S TREASURY NOTE	09/30/2029	950,000	927,623	914,080.50	(13,543)
U S TREASURY NOTE	11/30/2029	1,700,000	1,699,343	1,680,688.00	(18,655)
		\$ 67,401,254	\$ 66,393,236	\$ 65,038,059	\$ (1,355,177)
Asset-backed Securities:					
KUBOTA CR OWN TR	11/17/2025	6,585	6,585	6,575	(10)
CARMAX AUTO OWNER TRUST	06/15/2026	79,487	79,484	78,886	(598)
HONDA AUTO REC OWN TR	07/20/2026	67,485	67,484	67,257	(227)
DAIMLER TRUCKS RETAIL	03/15/2027	325,000	324,997	328,286	3,289
CARMAX AUTO OWNER TRUST	04/15/2027	365,643	365,640	364,535	(1,104)
CAPITAL ONE PRIME AT	05/17/2027	181,656	181,650	180,680	(970)
NISSAN AUTO LEASE TRUST	11/15/2027	500,000	499,998	503,395	3,397
MERCEDES BENZ AUTO	11/15/2027	162,980	162,969	163,001	32
MERCEDES BENZ AUTO	01/18/2028	1,000,000	999,903	1,011,890	11,987
GM FINL CONSUMER AUTOMOBILE RE	02/16/2028	1,000,000	989,765	999,970	10,205
HONDA AUTO RECEIVABLES OWNER	02/18/2028	350,000	349,950	353,493	3,543
BMW VEH OWNER TR 2023 A	02/25/2028	95,000	94,989	95,873	885
HYUNDAI AUTO RECEIVABLES TR	04/17/2028	115,000	114,997	116,258	1,262
ALLY AUTO RECV TR	05/15/2028	195,000	194,977	196,868	1,891
AMERICAN EXPRESS CREDIT	05/15/2028	150,000	149,991	150,795	804
BANK OF AMERICA CREDIT CARD	05/15/2028	180,000	179,972	180,794	822
FORD CR AUTO OWNER TR	05/15/2028	160,000	159,999	161,390	1,392
GM FINL CON AUT RECV TR	06/16/2028	110,000	109,997	111,189	1,192
FIFTH THIRD AUTO	08/15/2028	385,000	384,983	389,227	4,245
HARLEY DAVIDSON MOTORCYCLE	08/15/2028	500,000	499,916	505,650	5,734
AMERICAN EXPRESS CREDIT	09/15/2028	445,000	444,985	450,687	5,702
CHASE ISSUANCE TRUST	09/15/2028	435,000	434,911	440,120	5,209
BANK OF AMERICA CREDIT CARD	11/15/2028	394,000	392,790	397,822	5,032
CHASE ISSUE TR	01/16/2029	490,000	489,939	491,269	1,330
WELLS FARGO CARD ISSUANCE TRUST	02/15/2029	560,000	559,874	565,331	5,458
BMW VEHICLE OWNER TRUST	02/26/2029	1,100,000	1,099,853	1,112,980	13,127
HYUNDAI AUTO REC TR	03/15/2029	1,000,000	999,863	1,005,150	5,287
JOHN DEERE OWNER	03/15/2029	1,000,000	999,827	1,012,510	12,683
FORD CR AUTO OWNER TR	04/15/2029	1,000,000	999,992	1,011,680	11,688
FORD CR AUTO OWNER TR	04/15/2029	415,000	414,997	419,847	4,851
HYUNDAI AUTO REC	05/15/2029	195,000	194,986	194,191	(796)
VERIZON MASTER TRUST	06/20/2029	1,000,000	999,950	1,009,250	9,300
FORD CR AUTO OWNER TR	07/15/2029	360,000	359,998	356,429	(3,569)
AMERICAN EXPRESS CREDIT	07/16/2029	1,025,000	1,024,958	1,027,122	2,164
GM FINL CON AUTO REC TR 2024-4	08/16/2029	155,000	154,971	154,533	(438)
		\$ 15,502,836	\$ 15,490,137	\$ 15,614,934	\$ 124,797

Cardiology Board report 3.2025

KAWEAH HEALTH ANNUAL BOARD REPORT
Cardiovascular Services - Summary

FY2025 Annualized

KEY METRICS - FY 2025 Seven Months Ended January 31, 2025 Annualized



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

METRICS BY SERVICE LINE - FY 2025

*Annualized

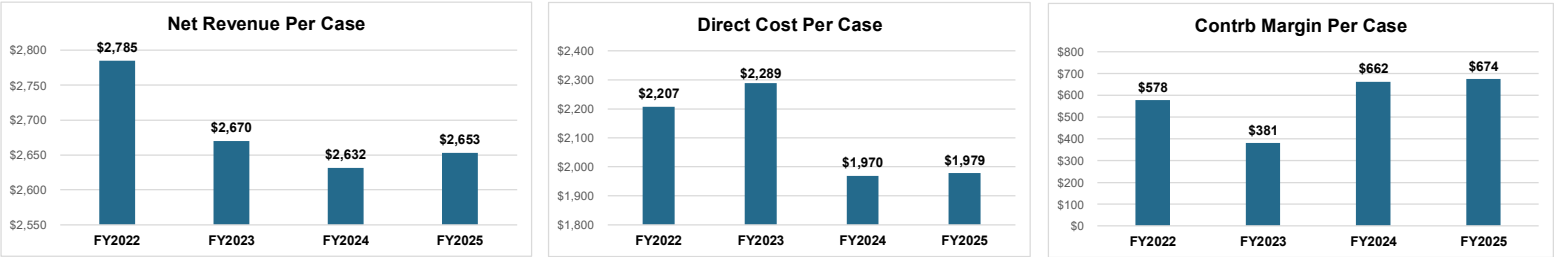
SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Inpatient Cardiology	2,751	\$58,868,823	\$39,567,485	\$19,301,338	\$8,978,011
Outpatient Cardiac Cath Lab	2,952	\$24,137,786	\$14,542,306	\$9,595,479	\$6,626,911
Outpt. Cardiology Clinic & Non-Inv. Cardio	31,872	\$9,401,637	\$7,400,655	\$2,000,981	\$745,822
Inpatient Cardiothoracic Surgeries	286	\$23,070,082	\$23,034,921	\$35,162	(\$3,907,001)
Cardiothoracic Surgery Clinic	410	\$58,237	\$372,018	(\$313,780)	(\$313,819)
Cardiology Clinic Tulare	5,561	\$751,309	\$1,810,919	(\$1,059,610)	(\$1,252,230)
Cardiovascular Services Totals	43,832	\$116,287,874	\$86,728,304	\$29,559,570	\$10,877,694

METRICS SUMMARY - 4 YEAR TREND

*Annualized

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	33,099	36,474	43,273	43,832	▲ 1%	
Net Revenue	\$92,177,985	\$97,386,121	\$113,876,128	\$116,287,874	▲ 2%	
Direct Cost	\$73,055,907	\$83,490,457	\$85,231,330	\$86,728,304	▲ 2%	
Contribution Margin	\$19,122,079	\$13,895,664	\$28,644,798	\$29,559,570	▲ 3%	
Indirect Cost	\$17,901,307	\$20,283,129	\$19,031,040	\$18,681,876	▼ -2%	
Net Income	\$1,220,772	(\$6,387,464)	\$9,613,759	\$10,877,694	▲ 13%	
Net Revenue Per Case	\$2,785	\$2,670	\$2,632	\$2,653	▲ 1%	
Direct Cost Per Case	\$2,207	\$2,289	\$1,970	\$1,979	▲ 0%	
Contrb Margin Per Case	\$578	\$381	\$662	\$674	▲ 2%	

GRAPHS

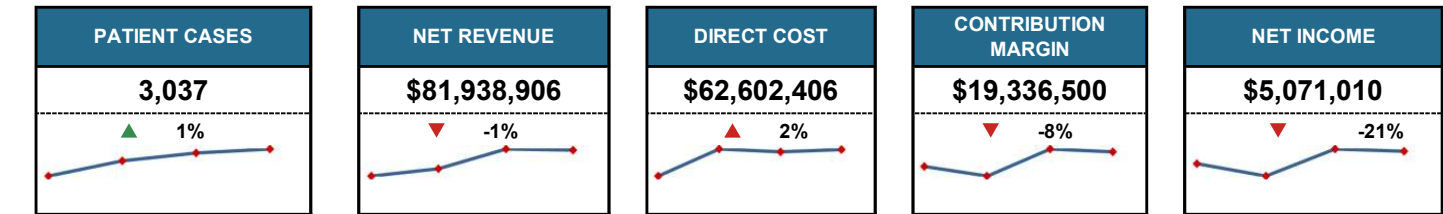


Source: Inpatient and Outpatient Service Line Reports
Criteria: Inpatient Cardiothoracic Surgeries and Cardiology Service Line
Criteria: Outpatient Service Line (Cardiac Cath Lab, Cardiology Clinic and Non-Invasive Cardiology, Cardiology Clinic Tulare and CTS Clinic)

KAWEAH HEALTH ANNUAL BOARD REPORT
Cardiovascular Services - Inpatient Summary

FY2025 Annualized

KEY METRICS - FY 2025 Seven Months Ended January 31, 2025 Annualized



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

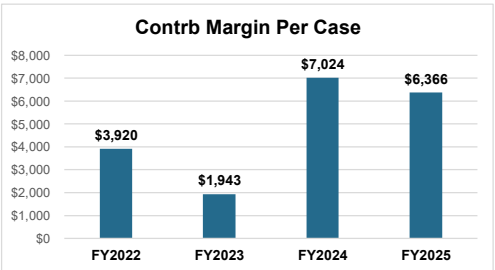
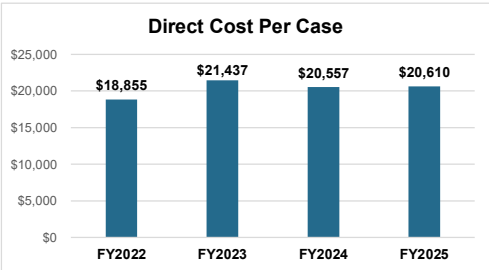
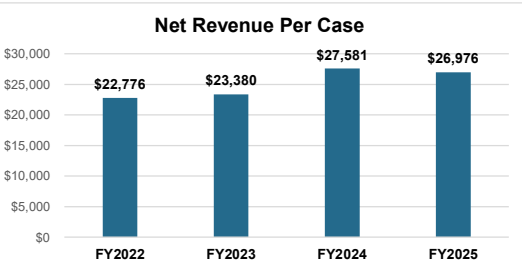
METRICS BY SERVICE LINE - FY 2025

SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Inpatient Cardiology	2,751	\$58,868,823	\$39,567,485	\$19,301,338	\$8,978,011
Inpatient Cardiothoracic Surgeries	286	\$23,070,082	\$23,034,921	\$35,162	(\$3,907,001)
Inpatient Cardiovascular Services Total	3,037	\$81,938,906	\$62,602,406	\$19,336,500	\$5,071,010

METRICS SUMMARY - 4 YEAR TREND

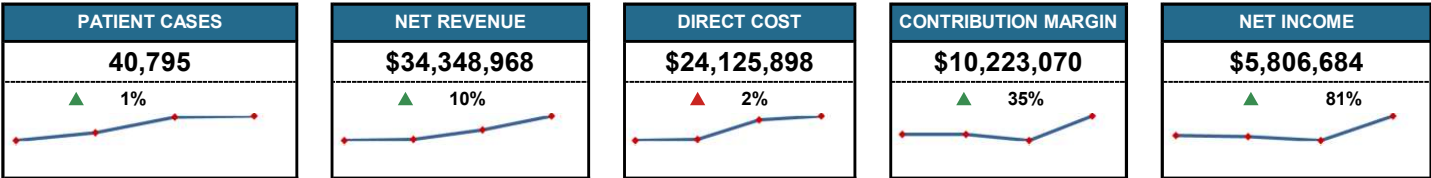
METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	2,784	2,928	3,000	3,037	▲ 1%	
Patient Days	15,245	15,620	15,895	16,322	▲ 3%	
ALOS	5.48	5.33	5.30	5.34	▲ 1%	
GM LOS	6.10	5.88	5.70	6.03	▲ 1%	
Opportunity Days	5.36	3.83	4.36	4.62	▶ 1%	
Net Revenue	\$63,407,224	\$68,457,304	\$82,743,091	\$81,938,906	▼ -1%	
Direct Cost	\$52,492,769	\$62,767,520	\$61,669,865	\$62,602,406	▲ 2%	
Contribution Margin	\$10,914,455	\$5,689,784	\$21,073,226	\$19,336,500	▼ -8%	
Indirect Cost	\$13,435,043	\$15,686,254	\$14,659,102	\$14,265,490	▼ -3%	
Net Income	(\$2,520,588)	(\$9,996,470)	\$6,414,124	\$5,071,010	▼ -21%	
Net Revenue Per Case	\$22,776	\$23,380	\$27,581	\$26,976	▼ -2%	
Direct Cost Per Case	\$18,855	\$21,437	\$20,557	\$20,610	▶ 0%	
Contrb Margin Per Case	\$3,920	\$1,943	\$7,024	\$6,366	▼ -9%	

GRAPHS



Source: Inpatient Service Line Reports
Criteria: Inpatient Cardiothoracic Surgeries and Cardiology Service Line

KEY METRICS - FY 2025 Seven Months Ended January 31, 2025 Annualized



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

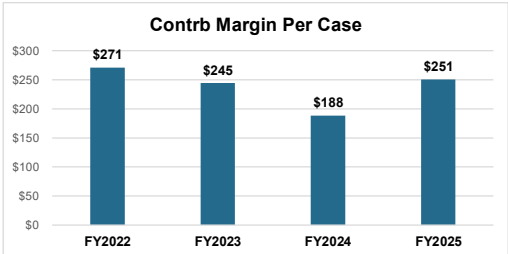
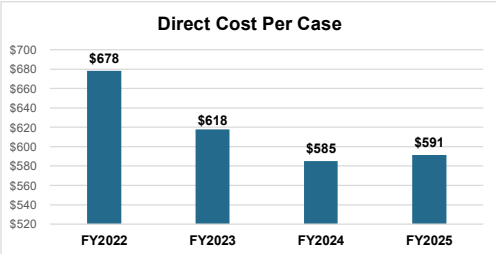
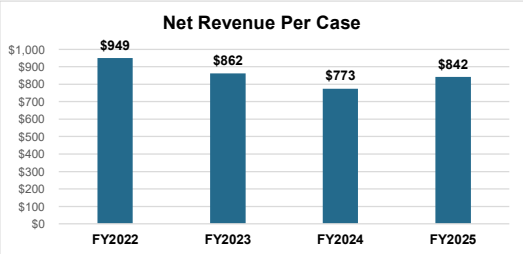
METRICS BY SERVICE LINE - FY 2025

SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Outpatient Cardiac Cath Lab	2,952	\$24,137,786	\$14,542,306	\$9,595,479	\$6,626,911
Outpt. Cardiology Clinic & Non-Inv. Cardic	31,872	\$9,401,637	\$7,400,655	\$2,000,981	\$745,822
Cardiothoracic Surgery Clinic	410	\$58,237	\$372,018	(\$313,780)	(\$313,819)
Cardiology Clinic Tulare	5,561	\$751,309	\$1,810,919	(\$1,059,610)	(\$1,252,230)
Outpatient Cardiovascular Services Total	40,795	\$34,348,968	\$24,125,898	\$10,223,070	\$5,806,684

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	30,315	33,546	40,273	40,795	▲ 1%	
Net Revenue	\$28,770,761	\$28,928,817	\$31,133,037	\$34,348,968	▲ 10%	
Direct Cost	\$20,563,138	\$20,722,937	\$23,561,465	\$24,125,898	▲ 2%	
Contribution Margin	\$8,207,624	\$8,205,880	\$7,571,572	\$10,223,070	▲ 35%	
Indirect Cost	\$4,466,264	\$4,596,875	\$4,371,938	\$4,416,386	▲ 1%	
Net Income	\$3,741,360	\$3,609,005	\$3,199,635	\$5,806,684	▲ 81%	
Net Revenue Per Case	\$949	\$862	\$773	\$842	▲ 9%	
Direct Cost Per Case	\$678	\$618	\$585	\$591	▲ 1%	
Contrb Margin Per Case	\$271	\$245	\$188	\$251	▲ 33%	

GRAPHS

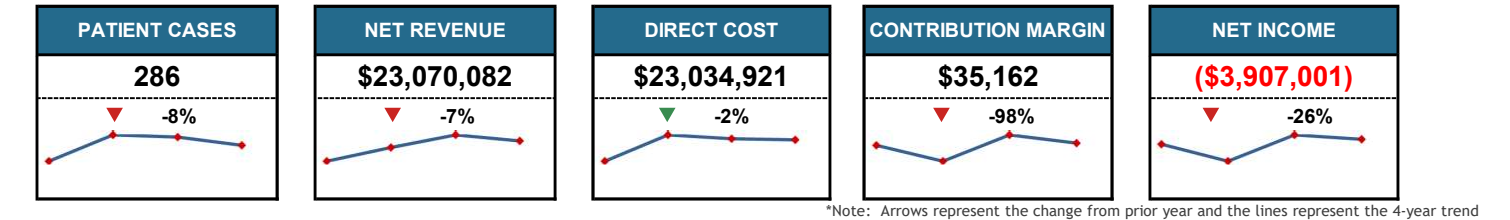


Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line (Cardiac Cath Lab, Cardiology Clinic and Non-Invasive Cardiology, Cardiology Clinic Tulare and CTS Clinic)

KAWEAH HEALTH ANNUAL BOARD REPORT
Cardiovascular Services - *Inpatient Cardiothoracic Surgeries*

FY2025 Annualized

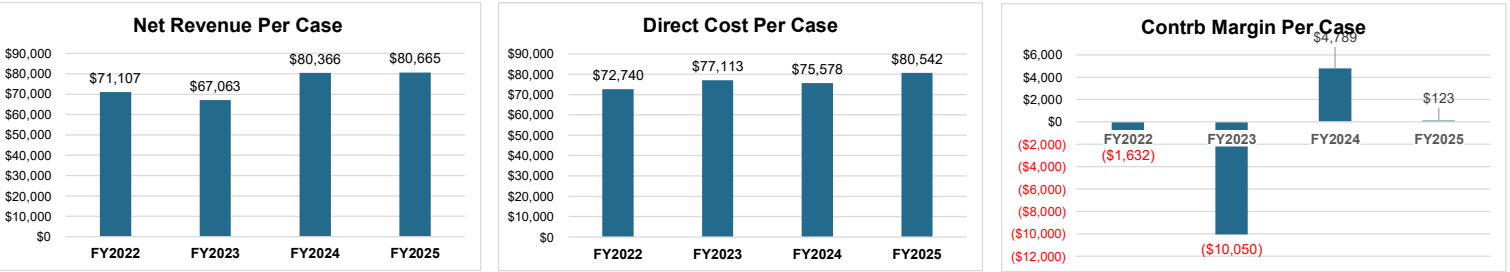
KEY METRICS - FY 2025 Seven Months Ended January 31, 2025 Annualized



METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	242	316	310	286	-8%	
Patient Days	3,091	3,456	3,449	3,619	5%	
ALOS	12.77	10.94	11.13	12.65	14%	
GM LOS	8.82	8.39	8.06	8.79	9%	
Opportunity Days	3.95	2.54	3.07	3.86	26%	
Net Revenue	\$17,207,949	\$21,191,887	\$24,913,559	\$23,070,082	-7%	
Direct Cost	\$17,603,012	\$24,367,698	\$23,429,067	\$23,034,921	-2%	
Contribution Margin	(\$395,063)	(\$3,175,811)	\$1,484,492	\$35,162	-98%	
Indirect Cost	\$4,502,303	\$5,227,490	\$4,593,203	\$3,942,163	-14%	
Net Income	(\$4,897,366)	(\$8,403,301)	(\$3,108,711)	(\$3,907,001)	-26%	
Net Revenue Per Case	\$71,107	\$67,063	\$80,366	\$80,665	0%	
Direct Cost Per Case	\$72,740	\$77,113	\$75,578	\$80,542	7%	
Contrb Margin Per Case	(\$1,632)	(\$10,050)	\$4,789	\$123	-97%	

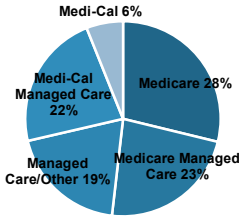
PER CASE TRENDING GRAPHS



PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

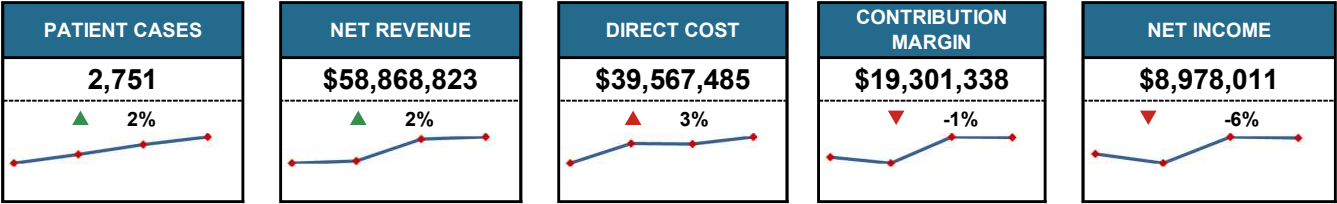
PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	38%	38%	28%	28%
Medicare Managed Care	20%	21%	25%	23%
Managed Care/Other	19%	24%	19%	19%
Medi-Cal Managed Care	17%	12%	25%	22%
Medi-Cal	5%	5%	3%	6%

FY 2025 Payer Mix



Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient Surgeon Specialty = Cardiothoracic Surgery

KEY METRICS - FY 2025 Seven Months Ended January 31, 2025 Annualized

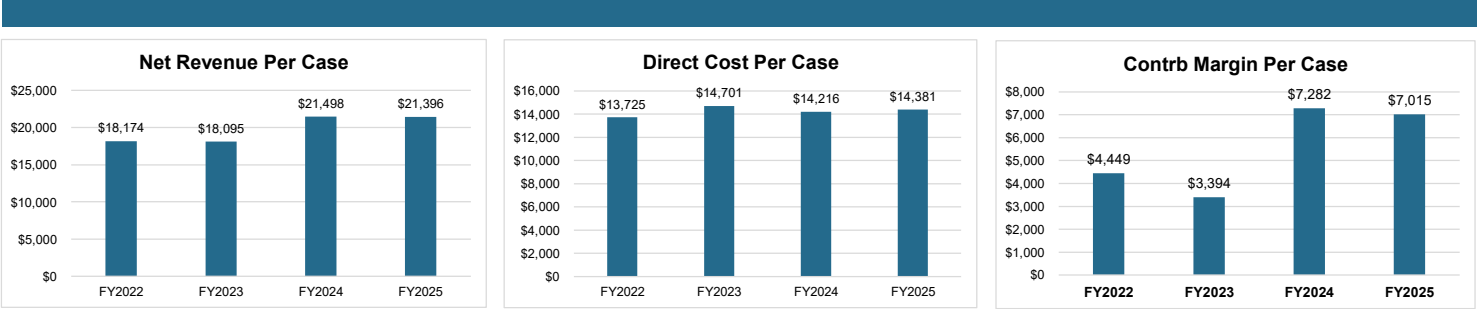


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	2,542	2,612	2,690	2,751	▲ 2%	
Patient Days	12,154	12,164	12,446	12,703	▲ 2%	
ALOS	4.78	4.66	4.63	4.62	▶ 0%	
GM LOS	3.37	3.37	3.34	3.28	▶ -2%	
Opportunity Days	1.41	1.28	1.29	1.34	▲ 4%	
Net Revenue	\$46,199,275	\$47,265,417	\$57,829,532	\$58,868,823	▲ 2%	
Direct Cost	\$34,889,757	\$38,399,822	\$38,240,798	\$39,567,485	▲ 3%	
Contribution Margin	\$11,309,518	\$8,865,595	\$19,588,734	\$19,301,338	▼ -1%	
Indirect Cost	\$8,932,740	\$10,458,763	\$10,065,899	\$10,323,327	▲ 3%	
Net Income	\$2,376,778	(\$1,593,168)	\$9,522,835	\$8,978,011	▼ -6%	
Net Revenue Per Case	\$18,174	\$18,095	\$21,498	\$21,396	▶ 0%	
Direct Cost Per Case	\$13,725	\$14,701	\$14,216	\$14,381	▲ 1%	
Contrb Margin Per Case	\$4,449	\$3,394	\$7,282	\$7,015	▼ -4%	

PER CASE TRENDED GRAPHS

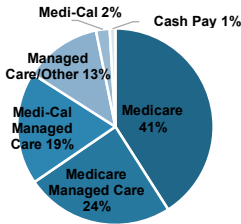


PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

*Annualized

PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	45%	42%	38%	41%
Medicare Managed Care	19%	22%	25%	24%
Medi-Cal Managed Care	17%	19%	18%	19%
Managed Care/Other	14%	13%	13%	13%
Medi-Cal	5%	3%	4%	2%
Cash Pay	0%	1%	1%	1%

FY 2025 Payer Mix

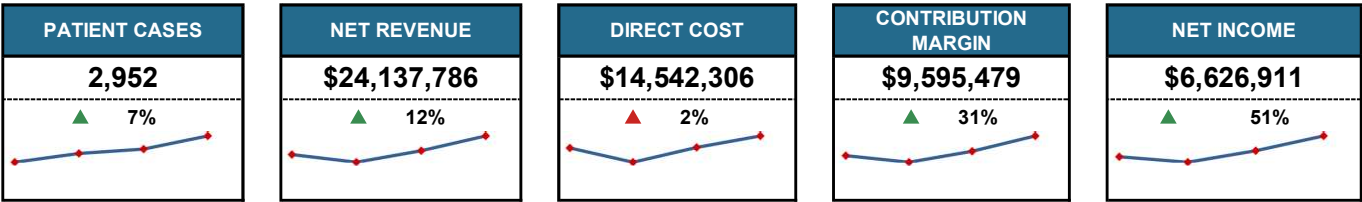


Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient Service Line - Cardiology

KAWEAH HEALTH ANNUAL BOARD REPORT
Cardiovascular Services - *OP Cardiac Cath Lab*









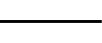
FY2025 Annualized

KEY METRICS - FY 2025 Seven Months Ended January 31, 2025 Annualized

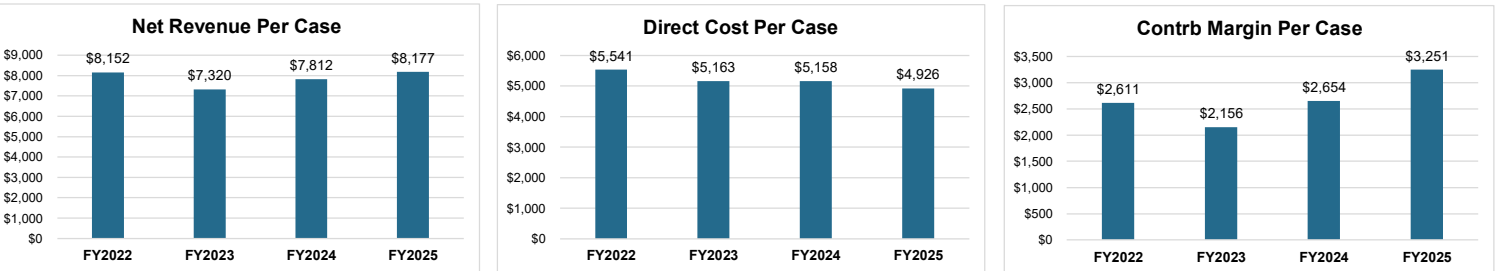


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	2,572	2,694	2,764	2,952	▲ 7%	
Net Revenue	\$20,968,111	\$19,718,758	\$21,592,791	\$24,137,786	▲ 12%	
Direct Cost	\$14,252,339	\$13,909,302	\$14,257,261	\$14,542,306	▲ 2%	
Contribution Margin	\$6,715,772	\$5,809,456	\$7,335,530	\$9,595,479	▲ 31%	
Indirect Cost	\$3,264,745	\$3,181,412	\$2,948,764	\$2,968,569	▲ 1%	
Net Income	\$3,451,027	\$2,628,044	\$4,386,766	\$6,626,911	▲ 51%	
Net Revenue Per Case	\$8,152	\$7,320	\$7,812	\$8,177	▲ 5%	
Direct Cost Per Case	\$5,541	\$5,163	\$5,158	\$4,926	▼ -4%	
Contrb Margin Per Case	\$2,611	\$2,156	\$2,654	\$3,251	▲ 22%	

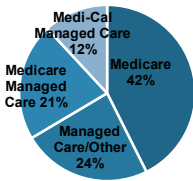
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (Patient Visits)

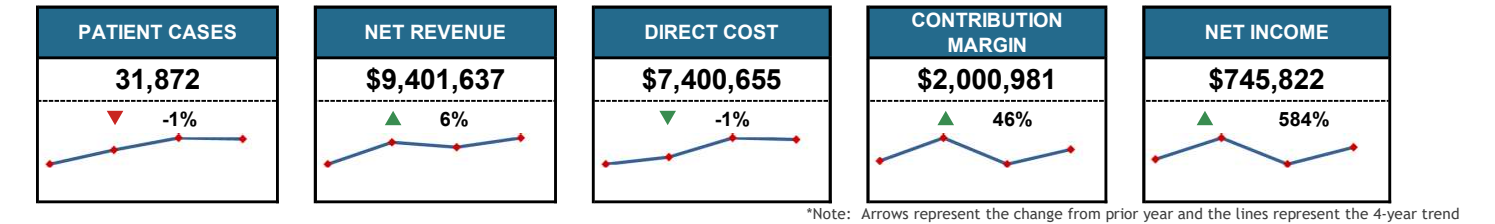
PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	45%	44%	44%	42%
Managed Care/Other	23%	22%	21%	24%
Medicare Managed Care	19%	19%	23%	21%
Medi-Cal Managed Care	12%	13%	11%	12%

FY 2025 Payer Mix



Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line Cardiac Cath Lab

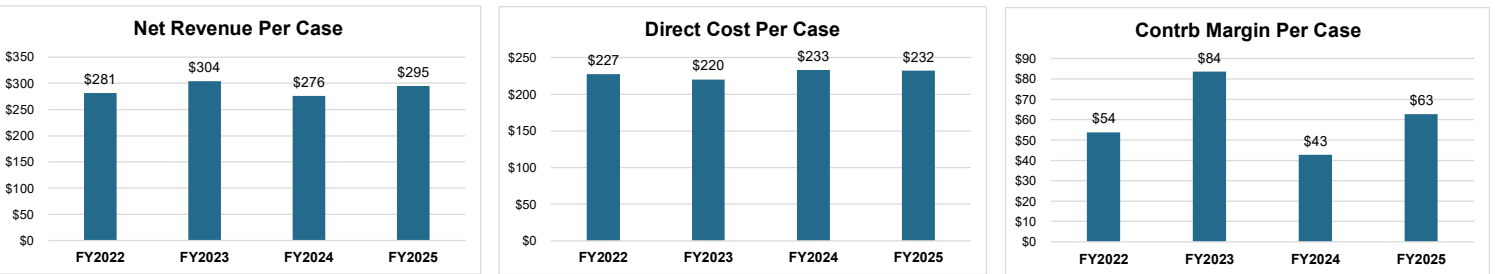
KEY METRICS - FY 2025 Seven Months Ended January 31, 2025 Annualized



METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	27,743	30,024	32,040	31,872	-1%	
Net Revenue	\$7,802,650	\$9,118,936	\$8,835,092	\$9,401,637	6%	
Direct Cost	\$6,310,799	\$6,609,934	\$7,463,851	\$7,400,655	-1%	
Contribution Margin	\$1,491,852	\$2,509,002	\$1,371,241	\$2,000,981	46%	
Indirect Cost	\$1,201,519	\$1,415,451	\$1,262,169	\$1,255,159	-1%	
Net Income	\$290,332	\$1,093,552	\$109,072	\$745,822	584%	
Net Revenue Per Case	\$281	\$304	\$276	\$295	7%	
Direct Cost Per Case	\$227	\$220	\$233	\$232	0%	
Contrb Margin Per Case	\$54	\$84	\$43	\$63	47%	

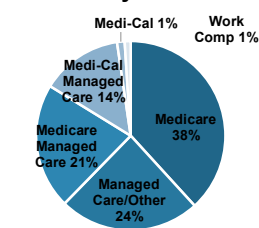
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (Patient Visits)

PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	37%	37%	38%	38%
Managed Care/Other	24%	24%	25%	24%
Medicare Managed Care	14%	16%	21%	21%
Medi-Cal Managed Care	21%	17%	14%	14%
Medi-Cal	2%	2%	2%	1%
Work Comp	1%	1%	1%	1%

FY 2025 Payer Mix



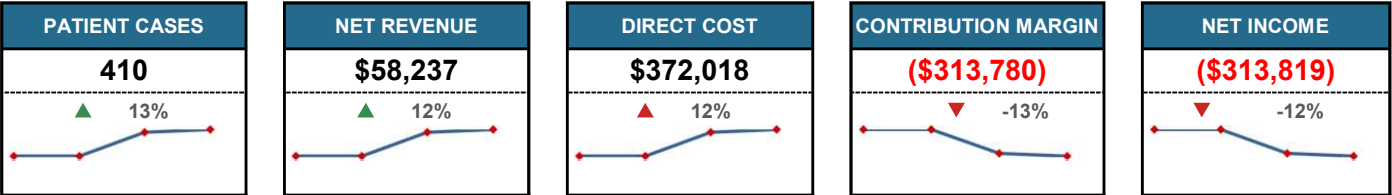
Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line: Non-Invasive Cardiology & Sequoia Cardiology Clinic

KAWEAH HEALTH ANNUAL BOARD REPORT

Cardiovascular Services - Outpatient Kaweah Health Cardiothoracic Surgery

FY2025 Annualized

KEY METRICS - FY 2025 Seven Months Ended January 31, 2025 Annualized

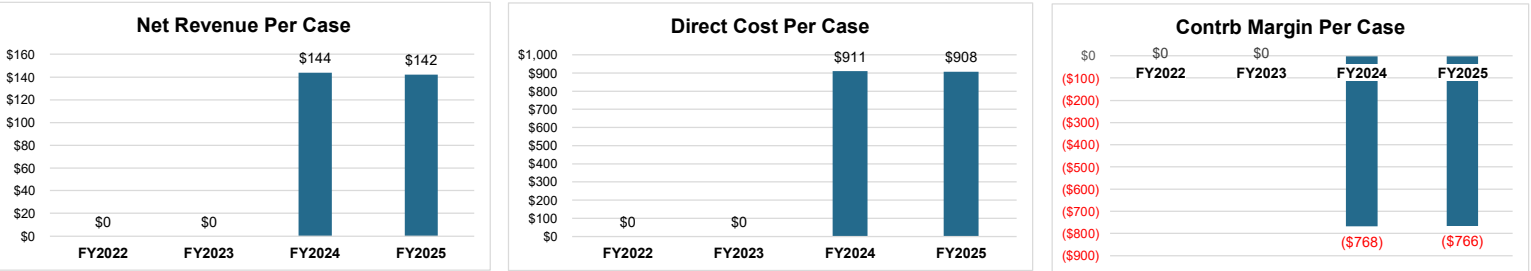


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	0	0	363	410	▲ 13%	
Net Revenue	\$0	\$0	\$52,175	\$58,237	▲ 12%	
Direct Cost	\$0	\$0	\$330,860	\$372,018	▲ 12%	
Contribution Margin	\$0	\$0	(\$278,685)	(\$313,780)	▼ -13%	
Indirect Cost	\$0	\$0	\$673	\$39	▼ -94%	
Net Income	\$0	\$0	(\$279,358)	(\$313,819)	▼ -12%	
Net Revenue Per Case	\$0	\$0	\$144	\$142	▼ -1%	
Direct Cost Per Case	\$0	\$0	\$911	\$908	▶ 0%	
Contrb Margin Per Case	\$0	\$0	(\$768)	(\$766)	▶ 0%	

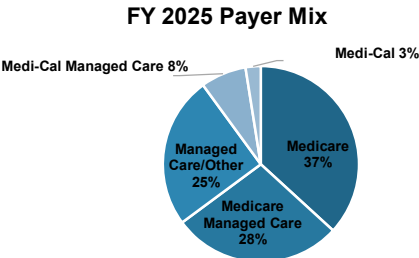
PER CASE TRENDED GRAPHS



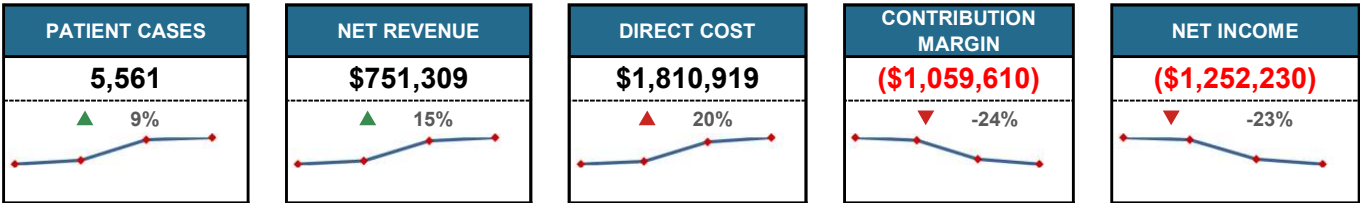
PAYER MIX - 4 YEAR TREND (Patient Visits)

*Annualized

PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	0%	0%	44%	37%
Medicare Managed Care	0%	0%	21%	28%
Managed Care/Other	0%	0%	22%	25%
Medi-Cal Managed Care	0%	0%	10%	8%
Medi-Cal	0%	0%	1%	3%



Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line Cardiothoracic Surgery Clinic

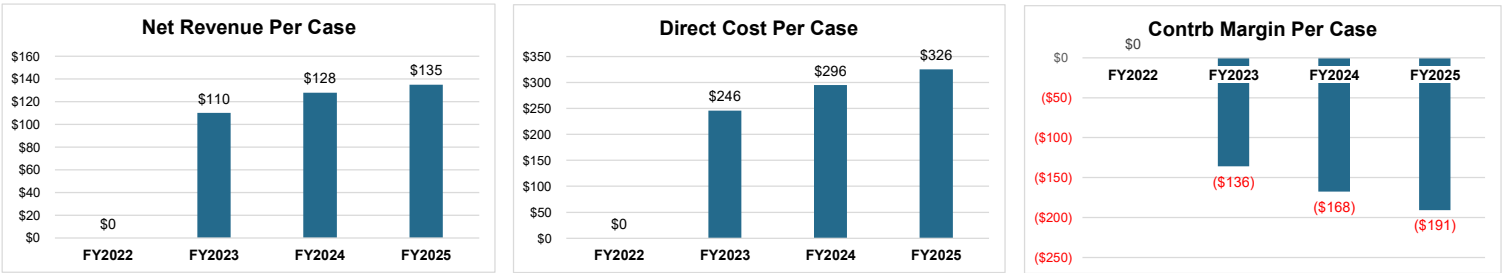


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	0	828	5,106	5,561	▲ 9%	
Net Revenue	\$0	\$91,123	\$652,979	\$751,309	▲ 15%	
Direct Cost	\$0	\$203,701	\$1,509,493	\$1,810,919	▲ 20%	
Contribution Margin	\$0	(\$112,578)	(\$856,514)	(\$1,059,610)	▼ -24%	
Indirect Cost	\$0	\$13	\$160,331	\$192,620	▲ 20%	
Net Income	\$0	(\$112,590)	(\$1,016,845)	(\$1,252,230)	▼ -23%	
Net Revenue Per Case	\$0	\$110	\$128	\$135	▲ 6%	
Direct Cost Per Case	\$0	\$246	\$296	\$326	▲ 10%	
Contrb Margin Per Case	\$0	(\$136)	(\$168)	(\$191)	▼ -14%	

PER CASE TRENDED GRAPHS

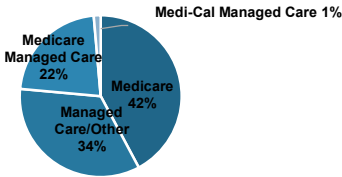


PAYER MIX - 4 YEAR TREND (Patient Visits)

*Annualized

PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	0%	39%	40%	42%
Managed Care/Other	0%	38%	37%	34%
Medicare Managed Care	0%	22%	22%	22%
Medi-Cal Managed Care	0%	0%	1%	1%

FY 2025 Paver Mix



Notes:
Cardiology Clinic Tulare
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line Cardiology Clinic Tulare

REPORT TO THE BOARD OF DIRECTORS

Cardiology Center – Visalia (7088), Diagnostic Center (7561), Diagnostic Center Nuclear Medicine (7652) and Noninvasive Cardiology (Inpatient/hospital) (7560)

Tracy M. Salsa RN BSN MBA
Consultant, Cardiovascular Service Line

March 2025

Summary Issue/Service Considered

Please note this fiscal narrative combines the Cardiology Center (7088), Diagnostic Center (7561), Diagnostic Center Nuclear Medicine (7652), and Noninvasive Cardiology (7560).

Highlights

- Clinic volumes are slightly down (-1%) from FY24
- Combined Contribution Margin (CM) at \$2.0 million, a significant increase (46%) from FY24
- Net Revenue per visit increased 7% (\$295/visit)
- Direct Costs per visit remain consistent as previous years at \$232/visit
- Payor mix shows Medicare remains top payor with 38% with a stable payment trend; managed care is second top payor at 24% with stable payment trend; Medicare Managed Care is third top payor at 21% with a break-even CM/visit

Quality/Performance Improvement Data

Cardiology Center Cancellation and No Show rates:

Cancellation rate = 17%, which has been stable but ideally lower (canceled visits = increase telephone calls to this very busy OP clinic, requiring staff time to reschedule the patient; day prior to visit or same day cancellations leave an open clinic appointment yet staffing remains the same which results in schedule inefficiencies and costs). No Show rate average for calendar year 2024 = 8% a steady trend but down from a higher rate in previous years. Both no shows and cancellations remain a high priority focus of clinic staff. Text messaging platform (WELL) that reminds the patient of appointment implemented; bi-directional communication ability which has helped with fast response time to reschedule patient to prevent no shows.

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Canceled	18%	19%	16%	17%	19%	18%	18%	17%	16%	15%	17%	18%
No Show	8%	7%	8%	8%	9%	8%	7%	8%	7%	8%	10%	10%

Cardiology Center Patient Experience data:

Patient Experience data for calendar year 2024 shows a positive trend upward at 86.5% (an increase of 7% from last board report). The Cardiology Center (Visalia) is one of the highest ranked departments among KH entities.



Diagnostic Center (OP noninvasive cardiology testing) Cancellation and No Show rates:

Cancelled rate = 14%, which has been stable but ideally lower (canceled visits require staff time to reschedule the patient; day prior to visit or same day cancellations leave an open testing appointment yet staffing remains the same which results in schedule inefficiencies and costs). No Show rate average for calendar year 2024 = 9% a steady trend but down from a higher rate in previous years. Process implemented (utilizing sonographers to make day before appointment reminder calls) remains in place. Sonographers that have a No Show during the day utilize this time slot to make appointment reminder calls for the next day's scheduled patients. If the patient needs to reschedule, the sonographer will reschedule the patient while on that phone call. Also implemented one sonographer as a Lead which has several added responsibilities; working the schedule to ensure no open slots is a primary responsibility.

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Canceled	14%	13%	14%	12%	15%	13%	12%	13%	16%	13%	15%	15%
No Show	10%	8%	10%	10%	9%	10%	10%	9%	10%	9%	9%	10%

Diagnostic Center (OP noninvasive cardiology testing) Patient Experience data:

Patient Experience data shows an 84.6% score. The Diagnostic Center (noninvasive cardiology testing) is one of the highest ranked departments among KH entities.



Diagnostic Center Nuclear Medicine Cancellation and No Show rates:

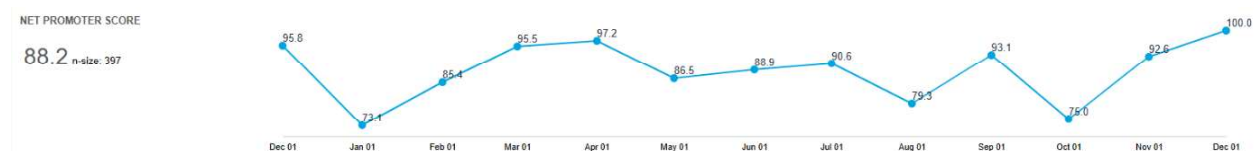
This service performs SPECT imaging for cardiac patients. This testing is available 2-3 days a week (due to sharing a nuclear technician with PET CT). Having this service available for patient testing five days a week is ideal but recruitment for a nuclear medicine technician is difficult. Cancelled rate = 25%, a rate that the team is actively working on reducing (various reasons contribute to this rate). Limited days during the week to provide this testing has resulted in longer wait times for a SPECT test. A minimum of 24 hours prep time is needed for a patient to undergo a SPECT test so filling open appointment slots on the day of is not an option. New workflow to address cancellations (to turn into a rescheduled testing date) is in place but this workflow is labor intensive. No Show rate = 1%, a low rate that is attributed to using the text messaging platform (WELL) that reminds the patient of appointment implemented; bi-directional

communication ability which has helped with fast response time to reschedule patient to prevent no shows.

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Canceled	27%	20%	24%	24%	26%	18%	31%	30%	24%	23%	26%	26%
No Show	1%	5%	1%	3%	2%	1%	2%	1%	2%	1%	1%	1%

Diagnostic Center Nuclear Medicine Patient Experience data:

Patient Experience data shows a steady trend upward; this service line is one of the highest ranked among KH entities.



Noninvasive Cardiology (inpatient/hospital testing)

Continued focus on quality of test with the review of a percentage of each sonographers' studies by the lead sonographer and manager. Education/mentoring provided.

Policy, Strategic or Tactical Issues

Highlights:

- Vascular surgeon (Dr. LaMar Mack) joined this clinic in Aug 2022; his patient volume exponentially increased throughout calendar year 2024
- Adding three other vascular surgeons to provide services including consults, procedures and vascular surgeries; this starts in March 2025
- New interventional cardiologist (Dr. Harleen Chahil) added to this clinic in Sept 2024; Dr. Chahil is a board certified interventional cardiologist with expertise in structural heart procedures (Watchman, TAVR), women's cardiovascular health, and providing advanced care and intervention for pulmonary embolism
- Tilt table testing moved from the hospital to this clinic; tilt table testing has been performed at the hospital (as an OP test) which stretches hospital resources since it requires a hospital-based NP to oversee this test; moving this testing procedure to the Diagnostic Center allows for more efficient scheduling, decreased wait time for this test, and an optimal patient experience (easier parking, checking in and out process)
- Several sonographers obtained IV certification; this has decreased the amount of time an echocardiogram is completed since the sonographer can administer Definity, an image enhancing agent that is administered intravenously vs. a LVN or NP having to start the patient's IV; using Definity has demonstrated improved patient throughput, better quality of images/tests, less labor costs, increase in number of tests performed, and prevents patients from repeat testing due to poor image quality thus reducing costs

Our focus remains on growing our market share for cardiology services. This includes cardiology physician services, noninvasive testing (ie. stress testing, echocardiograms) and vascular studies (ie. ultrasound). Also continued focus on growing our nuclear medicine

program (SPECT and cardiac PET). We continue our affiliation with Cleveland Clinic, incorporating evidence-based care, maximizing our purchasing relationships to decrease costs, and shape clinical policies and workflows centered on world-class service to our patients.

Recommendations/Next Steps

Several focused areas:

- Increase productivity by reducing check-in time
- Increase patient satisfaction – patients now receiving automated call requesting completion of an over-the-telephone survey regarding their last visit; data breakdown providing insight where attention should be which has resulted in increased patient satisfaction scores; patient experience online portal also provides close to “real time” ability to follow-up on any negative patient experience feedback
- Decrease errors in information collected at front desk during check-in (results in clean claims)
- Increase upfront cash collections for all services
- Decrease no show rate for all areas
- Continue efforts to add nuclear medicine services to the schedule
- Continue retrospective review of echocardiograms for report variability, report timeliness, and completeness
- Continue to increase the volume of echocardiography for quality review; Cleveland Clinic recommendation is to review approximately 2% of all completed echocardiograms with feedback given to sonographers as well as interpreting cardiologist

Approvals/Conclusions

The Cardiology Center, Diagnostic Center, Diagnostic Center Nuclear Medicine, and Noninvasive Cardiology (inpatient/hospital) provides needed cardiology and vascular services to our community. We continue to assess innovative methods to deliver high quality and cost effective care. This multi-service clinic continues offering world-class cardiovascular services in one location and remains committed to the delivery of the highest quality of care with service excellence at the core of what we do.

REPORT TO THE BOARD OF DIRECTORS

Cardiology Center – Tulare (7025)

Tracy M. Salsa RN BSN MBA
Consultant, Cardiovascular Service Line

March 2025

Summary Issue/Service Considered

The Cardiology Center in Tulare was opened in May 2023. FY24 was the first full year of operation. Volume showing a 9% increase in cases along with a 15% increase in net revenue. Net revenue per case has slightly increased. Direct cost has increased by 20%. Contribution margin loss expected this FY mainly due to the cost structure (100% of physician fees are housed in this cost center; this includes inpatient and cath lab professional fees as well as clinic visits this cardiologist completes at the Visalia Cardiology Center) however, this clinic volume generates significant volume for our OP Cath Lab, Inpatient Cardiology and Diagnostic Center (noninvasive) which all show positive trends in contribution margin.

Quality/Performance Improvement Date

- Cancellation and No Show rates: Cancellation rate is 17%. No Show rate is 5%. No show rate had been trending higher. Text messaging platform (WELL) that reminds the patient of appointment implemented during the FY; bi-directional communication ability which has helped with fast response time to reschedule patient to prevent no shows. Staff also make reminder telephone calls to patients in addition to the WELL app use; these efforts have cut the no show rate by 45%

	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Canceled	14%	21%	14%	16%	19%	18%	20%	16%	15%	20%	18%	17%	17%
No Show	6%	6%	6%	3%	5%	4%	6%	7%	6%	6%	4%	3%	4%

- Add this clinic to NRC for patient experience measurement
- Focused effort on up-front cash collections

Policy, Strategic or Tactical Issues

Clinic space is the limiting factor for sustained growth. Physician time is another factor related to growth. Plans to add a nurse practitioner to provide follow-up care to allow for an increase in physician consult and improved referral turnaround time.

Recommendations/Next Steps

Maximize clinic schedule with efficient and creative scheduling. Continue assessing volume produced from this clinic as it relates to the overall Cardiovascular Service Line. Staffing level continually assessed as volume increases. Once on NRC platform to measure patient

experience data, use this data to drive strategic initiatives to ensure an excellent patient experience at this KH clinic.

Approvals/Conclusions

This clinic has quickly grown since May 2023. The team at this location is small despite the upward trajectory of growth. This team prioritizes high-touch customer service with each patient receiving individual attention, which is reflected in the positive comments verbalized to the staff and physician.

REPORT TO THE BOARD OF DIRECTORS

Cardiothoracic Surgery Clinic (7424)

Tracy M. Salsa RN BSN MBA
Consultant, Cardiovascular Service Line

March 2025

Summary Issue/Service Considered

The Cardiothoracic Surgery (CTS) Clinic provides services to patients needing open heart, valve and thoracic surgery procedures. This clinic services as a base for elective consults for this surgical service line and for post-operative visits. Golden Valley Cardiothoracic Institute is the surgical group now providing surgeons for cardiothoracic surgeries. Dr. Shelly Bansal started this month. Dr. Bansal has expertise in cardiac surgery with a specialized focus on performing valve and thoracic surgeries. She will be the Medical Director for the CTS program. Dr. Frederick Mayer recently went part-time. A stable group of regularly scheduled locum tenens also provide coverage.

Volume (visits) increased 13% over the previous year. Direct costs increased 12% over the previous year, namely due to continued use of locum tenens. With Dr. Bansal starting, along with Dr. Mayer continuing to provide surgeon coverage, reliance on locum tenens will decrease, and ultimately be eliminated, thus physician fees will decrease. Direct cost per case remained steady at \$908. Contribution margin (CM) has a projected loss of -\$314,000 which is down 13% from the previous year.

Quality/Performance Improvement Date

The clinic team prides itself on focusing on quality and customer service. Referrals received are promptly scheduled within 7-10 days for a new referral. This goal is met 97% of the time. Data from the Society of Thoracic Surgeons is shared and discussed.

Policy, Strategic or Tactical Issues

- Cancellation and No Show rates: Cancellation rate is 16%. No Show rate is 6%. Patients receive a reminder about an upcoming appointment however, this is a focus on the team to reduce this rate

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Canceled	18%	14%	18%	10%	16%	10%	18%	20%	13%	14%	24%	13%
No Show	4%	9%	11%	4%	7%	4%	9%	4%		3%	3%	4%

- Recruitment of CT surgeons remains a top priority

- In collaboration with Dr. Bansal, a strategic plan was completed; marketing activities focus on program growth to meet community need
- Monitor & analyze Clarify data for market share, leakage, and opportunities
- Billing for CTS claims for professional fees changed from a third party vendor to KH reimbursement team in Aug 2023; also at this time, a change to a different third party vendor for coding (for professional fees) occurred; both changes have increased visibility to claims, denials, AR, reversals, etc.
- Elective open heart surgeries averaged approximately 25% during calendar year 2024; goal is to increase elective surgeries (open heart, valve, and thoracic surgeries)
- Inpatient CTS NPs to provide clinic coverage by FY26; this will improve clinic throughput so surgeons can focus on expedited consults and NPs will focus on post-operative visits
- Add CTS Clinic to NRC for patient experience measurement

Recommendations/Next Steps

As this service line grows as a KH entity, we can quickly pivot to ensure the above focus/metrics are routinely met, even exceeded. CT surgeon recruitment is key as well as increasing referral volume. Elective CT surgery referrals are integral to growing this service line. Continue monitoring Clarify data will assist in target marketing efforts.

Approvals/Conclusions

The CT Surgery service line has experienced a change in CT surgeons. Quality of care and outcomes have remained unchanged despite these changes. Our focus remains on providing world class care to our CT surgery patients, a personal touch in the clinic for consultative, preoperative and postoperative care.

REPORT TO THE BOARD OF DIRECTORS

Inpatient Cardiothoracic Surgeries (7423)

Nancy Hungarland RN, BSN
Interim Director, Surgical Services and Cardiac Services
624-2409

March 2025

Summary Issue/Service Considered

The Cardiothoracic Surgery Program experienced a decrease in contribution margin per case due to a decrease in volume, a 6% increase in direct costs per case (of note, dramatic increase for anesthesia [up 11%]; also increase in staffing & supply costs along with continued use of locum tenums), a decrease in supplemental funding, and a change in payor mix with a decrease of 3% Medi-cal Managed Care cases. Also, in FY25, the decision to change contracted cardiothoracic surgery groups, from Stanford Medical Group to Golden Valley Cardiothoracic Institute, was made. With the change in medical groups, use of locum tenums in this service line will significantly decrease as Golden Valley adds highly specialized and efficient CT surgeons for our open heart program.

Quality/Performance Improvement Date

Continued participation in the Society of Thoracic Surgeons national registry for adult cardiac surgery with the following results:

- Two star overall rating for Coronary Artery Bypass Graft (CABG)
- Two star overall rating for Aortic Valve Replacement (AVR)

Participation in this registry offers near real-time data, enabling swift adaptation to improvement opportunities, the implementation of evidence-based care, and ultimately, better patient outcomes.

Policy, Strategic or Tactical Issues

- Average Length of Stay (LOS)
 - CABG only patients showed an increase of 14%. This relates to several challenging cases that due to medical and social challenges that added additional LOS days
 - All cardiothoracic surgeries, LOS remained consistent as compared to previous years
- Cardiothoracic Surgeons
 - Contract with newly formed cardiothoracic surgeon group in place with Dr. Shelly Bansal providing CT surgery services effective March 2025; anticipate increase in cardiothoracic surgical volume with this change; plan to add additional CT surgeon within the calendar year
- Cardiothoracic Surgery (CTS) Program

- Continued focus on quality improvement as a priority focus of new CTS Medical Director (Dr. Bansal)
- Thoracic surgery program growth within our service area
- Valve surgery growth within our service area
- Case volumes continue to be a key indicator for the program's success

Recommendations/Next Steps

Continuous strategic planning will remain pivotal in navigating the evolving landscape of healthcare delivery. Our CTS program will focus on increasing volume, decreasing LOS and growing our elective thoracic surgery program. Continue to utilize our affiliation with Cleveland Clinic to improve quality and CVOR efficiencies. This collaboration has resulted in improved patient outcomes and educational opportunities for our CTS Team.

Approvals/Conclusions

Over the past year, the cardiothoracic surgery program faced significant challenges. The cost of delivering high-quality cardiac care increased, combined with decreased supplemental funding and payor reimbursement has impacted our contribution margin per case. Despite these setbacks, the hospital remains committed to revitalizing the program through strategic investments, quality improvements, and re-engagement efforts with stakeholders.

REPORT TO THE BOARD OF DIRECTORS

OP Cardiac Cath Lab (7570)

Nancy Hungarland RN, BSN
Interim Director, Surgical Services and Cardiac Services
624-2409

March 2025

Summary Issue/Service Considered

Outpatient Cath Lab contribution margin is strong at \$9.6 million, up from the previous year by 31%. This is mainly due to increased volumes, increased net revenue per case and direct cost per case at a four year low:

- Patient volume increased 7%
- Net revenue increased 12% due to an increase in payment rates for most payors)
- Direct cost per case decreased 5%, most likely due to increased case volume
- Staff remain stable without relying on contracted labor

Inpatient cath lab procedures are reported as Inpatient Cardiology (financials noted here):

- Inpatient cath lab procedures (percutaneous coronary intervention [stents], cardiac catheterizations [diagnostic], internal defibrillator implants, pacemaker implants, TAVR, Impella [temporary heart pump assist device]) account for \$12 million contribution margin of the \$19 million contribution margin of inpatient cardiology
- TAVR
 - Procedures trending in the positive; historically this is a break-even procedure but now is showing a \$500,000 contribution margin; this is due to lower room/board and implant costs and increased reimbursement since FY23
 - Net revenue per case and direct costs per case declined slightly this FY
 - Contribution margin per case has remained consistent at \$8,000 per case
 - Medicare and Medicare managed care are primary payors for this procedure
- Impella
 - Cases have trended lower over the last four years
 - Substantial contribution margin expected in FY25 at \$900,000
 - Net revenue per case increased to lend to a higher contribution margin per case from \$65,842 to \$80,351 per case in FY25

Quality/Performance Improvement Date

Continued participation in the NCDR CathPCI national registry for percutaneous coronary intervention (PCI) procedures with the following results:

- Radial usage continues to be the preferred method of access
- Reduction of 4.5% in acute kidney injury
- Same day discharge continues to be above national goal

Policy, Strategic or Tactical Issues

Our outpatient Cath Lab continues to grow, offering a wide range of procedures with an exceptionally knowledgeable, trained and experienced team of interventional cardiologists and clinicians.

Structural Heart Program growth

- Expansion of program – added interventional cardiologist who performs structural heart procedures
- Watchman program launched in September 2023
- TAVR program continues to grow
- Barostim implant program launched in December 2024

With the addition of Dr. Shelly Bansal, cardiothoracic surgeon, another focus is growing our shock program (Impella use).

Recommendations/Next Steps

Continue to utilize our affiliation with Cleveland Clinic to improve efficiencies and quality in the cath lab. This collaboration has resulted in improved patient outcomes, educational opportunities for physicians and staff, and added novel procedures to our cardiovascular service line. Continued focus on growth of our structural heart program.

Approvals/Conclusions

Our cardiac cath lab remains financially strong. The addition of an interventional cardiologist, combined with a highly experienced cath lab team and improved processes, will enhance efficiency and lead to excellent patient outcomes.

Board Officer Minute Order 03.26.25

March 26, 2025

BEFORE THE BOARD OF DIRECTORS
KAWEAH DELTA HEALTH CARE DISTRICT
COUNTY OF TULARE
STATE OF CALIFORNIA

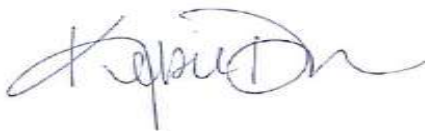
I HEREBY CERTIFY that at a meeting of the Board of Directors of the Kaweah Delta Health Care District dba Kaweah Health, County of Tulare, State of California, held at Visalia City Hall on Wednesday, March 26, 2025, Directors Francis, Murrieta, Havard Mirviss, Levitan & Olmos present, the following was approved by the Board of Directors, and entered on the official minutes of said meeting as follows:

MMSC (TBD/TBD) to approve item 11.2 {Designation of administrative person for the Skilled Nursing Unit. This was supported unanimously by those present. Vote: Yes – (TBD)}

Consent Calendar Item 11.2 - Approve Jag Batth, Chief Operating Officer to be designated as the administrative person for the Kaweah Health Skilled Nursing Units on Court Street at the Kaweah Health Rehabilitation Hospital on Akers Street - to serve until such time as her successor shall be appointed by the Board of Directors.

This was supported unanimously by those present. Vote: Yes – (TBD)
as the same appears of record in my office.

WITNESS my hand this 26th day of March 2026



Kelsie K. Davis
Board Clerk
Executive Assistant, CEO

Workplace_Violence_Prevention_Program_(19505_-1)

Policy Number: AP161	Date Created: No Date Set
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Workplace Violence Prevention Program	

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

PURPOSE:

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

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

DEFINITIONS:

"Environment of Care" (EOC):

The physical and social environment within which services are provided for patients within the District and off site areas.

Workplace:

Any location, either temporary or permanent, where an employee performs

any work-related duty. This includes, but is not limited to, the buildings and surrounding perimeters, including the parking lots, field locations, alternate work locations, and travel to and from work assignments.

Workplace Violence:

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

- (A) *The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury;*
- (B) *An incident involving the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury;*
- (C) *Four workplace violence types:*
 - 1. *"Type 1 violence" means workplace violence committed by a person who has no legitimate business at the work site, and includes violent acts by anyone who enters the workplace with the intent to commit a crime.*
 - 2. *"Type 2 violence" means workplace violence directed at employees by customers, clients, patients, students, inmates, or any others for whom an organization provides services.*
 - 3. *"Type 3 violence" means workplace violence against an employee by a present or former employee, supervisor, or manager.*
 - 4. *"Type 4 violence" means workplace violence committed in the workplace by someone who does not work there, but has or is known to have had a personal relationship with an employee.*

Imminent/Actual:

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

Potential Violence:

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

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

Assault:

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

Battery:

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

COMPLIANCE

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

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

RESPONSIBILITIES: Responsibilities for employees include, but are not limited to:

I. Employees:

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

- A. Employees who have reason to believe they, or others, may be victimized by a violent act sometime in the future, at the workplace or as a direct result of their employment with the Kaweah Health, are to inform their supervisor immediately. The supervisor will immediately inform the Risk Management Department, Security Department, Human Resources and his or her Director or ~~Vice President~~ Chief. The manager will work with the employee to complete a Workplace Violence Incident Report and, if indicated, contact local law enforcement officials. The Employee cannot be retaliated against for seeking assistance and intervention from emergency services or law enforcement when a violent incident occurs.
- B. Employees who have signed and filed a restraining order, temporary or permanent, against an individual due to a potential act of violence, who would be in violation of the order by coming near them at work, will immediately supply a copy of the signed order to their supervisor. The supervisor will provide copies to Human Resources. Human Resources or designee will contact Security, local law enforcement officials, and others as appropriate.

II. Management

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

III. Security Department

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

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

IV. Human Resources

- A. Work in collaboration with Security and management to ensure communication linkages remain open;
- B. Ensure a written *Illness and Injury Prevention Program* is in effect that addresses the following:
 - a. Safe and healthy work practices, which includes non-engagement with threats and physical actions that create a security hazard to others;
 - b. A system of communication with employees that includes a method employees can use to inform the employer of security hazards at the worksite;
 - c. Periodic inspections that includes identification of security hazards;
 - d. Procedures for investigating occupational injuries and/ or exposures;
 - e. Procedures for communicating to employees the outcome of the investigation and any action plan to be taken;
 - f. Procedures for correcting unsafe conditions, work practices, work procedures including workplace security hazards with attention to procedures for protecting employees from physical retaliation for reporting threats;
 - g. Ensuring no retaliation of any kind will be taken against anyone who reports acts or threats of violence, or who participates in any action or investigation related to such complaints;

- h. Training and instruction regarding how to recognize workplace security hazards, how to recognize “triggers” for violence, measures to prevent workplace assaults and what to do when an assault occurs, including emergency actions and post emergency procedures, and actions to take to diffuse a situation.
- C. Provision of Emergency Department and Security staff with continuing education relating to security;
- D. Provision of post-event trauma counseling to employees who are the victim of violence in order to reduce the short and long term physical and emotional effects of the incident;
- E. Ensuring reductions in force, terminations and disciplinary actions such as suspensions are carried out in a manner that is designed to minimize a violent eruption;
- F. Ensuring policies and procedures are consistently and fairly applied;
- G. Ensuring any fatalities, illnesses and injuries that result from violence are reported to the Occupational Safety and Health Administration (OSHA) immediately and recorded on the OSHA log, and completing the required supplementary forms.

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

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

The WVP Team is composed of the following members:

- ✓ *Employee Health Manager*
- ✓ *Employee Relations Coordinator*
- ✓ *Human Resources Directors*
- ✓ *Organization Development Director*
- ✓ *Security Manager*
- ✓ *Facilities/Physical Plant Director*
- ✓ *Nursing Supervision Director*
- ✓ *Emergency Department Director*
- ✓ *Behavioral Health Director*
- ✓ *Outpatient Clinics Director*
- ✓ *Home Health Director*
- ✓ *Diagnostic Imaging Director*
- ✓ *Pharmacy Director*
- ✓ *Medical Staff Director*
- ✓ *Contracting Officer*
- ✓ *Vendor Management*

- ✓ *Marketing/Communications Director*
- ✓ *Compliance Officer*
- ✓ *Risk Management Director*
- ✓ *Environmental Services Director*
- ✓ *Safety Officer*
- ✓ *Executive Liaison (Nursing)*
- ✓ ~~CUSP Team Leaders~~

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

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

LAW ENFORCEMENT INVOLVEMENT

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

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

TRAINING AND INSTRUCTION:

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

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

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

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

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

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

Managers and Supervisors shall be trained to:

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

Workplace Violence Response Team

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

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

1. All Department Managers/Asst. Managers
2. Acute Psych and Behavioral Health
3. Certified Nursing Assistant
4. Chaplain Services
5. Charge Staff
6. Clinical Engineering
7. Facilities/Maintenance Department
8. Nursing Supervision
9. PFS/Case Management
10. Security Department
11. 4 South staff

- ~~4. Security Department~~
- ~~5. Facilities/Maintenance Department~~
- ~~6. Clinical Engineering~~
- ~~7. PFS/Case Management~~

PROCEDURES FOR IDENTIFYING POTENTIAL TYPE 2 VIOLENCE

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

Procedures to Identify and evaluate patient-specific risk factors

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

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

Violence Risk Screening

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

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

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

1. Patients will be observed for potential risk to harm others by licensed nursing staff using the Broset violence checklist.
2. If the licensed nursing staff determines the patient is at risk for harm to others, an indicator will be activated to alert staff of potential risk.
3. Follow violence interventions as appropriate (See attached toolkit).

Incidents That Must be Reported

1. An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustained an injury. For the purpose of

this reporting requirement, a “dangerous weapon” means an instrument capable of inflicting death or serious bodily injury.

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

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

References:

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

Health and Safety Code 1257.7

Assembly Bill 508

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

The Joint Commission – *Environment of Care* Standards,

approval

WORKPLACE VIOLENCE CHECKLIST

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

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

STAFF RESPONSE***In a violent or imminently violent situation:***

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

(Code Silver)

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

In a potentially violent situation:

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

MANAGER***In a violent or imminently violent situation:***

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

(Code Silver)

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

In a potentially violent situation:

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

SECURITY

In a violent or imminently violent situation:

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

In a potentially violent situation:

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

Reporting Responsibilities:

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

SECURITY SERVICES MANAGER

Violent or imminently violent situation:

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

Potentially violent situation:

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

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

HUMAN RESOURCES

In a violent or imminently situation:

- ☐ *If the situation permits, verify with Security or appropriate management, the assessment of the injury or threat to the employee;*
- ☐ *Jointly with Security and Department Manager, assess the need to remove and/or reassign the employee to a more secure work area.*

In a potentially violent situation:

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

RISK MANAGEMENT

In a violent or imminently, or potentially violent situation:

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

REPORTING RESPONSIBILITIES- EMPLOYEE VICTIM
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Employee Health

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

Emergency Department

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

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

HR49

Policy Number: HR.49	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 6/26/2024
Approvers: Board of Directors (Administration)	
Education Assistance <ul style="list-style-type: none"> - Tuition, Books and Fees Reimbursement or Loan Repayment - Educational Programs and Compensation - Continuing Education and Conferences - Professional Certification Fee Reimbursement and Awards 	

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

POLICY:

Kaweah Health recognizes the importance of growth and development of all employees to improve work performance and increase job knowledge and skill. As an employee benefit and in support of the recruitment and retention of qualified employees, Kaweah Health offers a number of programs and opportunities as described in this policy.

Certain amounts reimbursed up to \$5,250 in a calendar year received under this Educational Assistance program are excluded from wages and other compensation. Monies are reimbursed without being subject to taxes. These programs include reimbursement for tuition, books and fees and for fees related to obtaining certifications. Loan Repayment is currently excluded from wages through 12/31/2025 due to the CARES Act. Employees are responsible to ensure their annual tax withholdings and disclosures are appropriate.

Education Assistance - Tuition, Books and Fees Reimbursement or Loan Repayment

Full-time and part-time employees may apply for reimbursement of tuition, books and fees or loan repayment for educational programs applicable to positions at Kaweah Health. An employee must have completed 2080 hours (1872 hours for 12-hour shift employees) of active employment and have received at least one performance evaluation before submitting a request for Tuition, Books, and Fees or Loan Repayment. Employees who have received a performance evaluation below an overall "Successful" rating or a Level II or III Performance Correction Notice within the prior 12 months are not eligible for that year, even if they had been previously eligible. If performance in a subsequent year meets expectations and there are no Performance Correction Notices, the employee is eligible again for reimbursement or loan repayment. No retroactive payments will be made; the lifetime amounts remain the same as long as eligibility and all requirements are met.

Lifetime maximum amounts for reimbursement or outstanding student loan repayments combined for each degree:

- Up to \$2,500 for Associates Degree or educational programs leading to a certification required for a position at Kaweah Health.
- Up to \$10,000 for a Baccalaureate Degrees, limited to \$2,500 per calendar year. Payments are made over four or more years if employee remains employed in an active full-time or part-time-benefitted status.
- Up to \$15,000 for a Masters' Degree, limited to \$5,000 per calendar year. Payments are made over three or more years if employee remains employed in an active full-time or part-time-benefited status. If receiving reimbursement for a Baccalaureate Degree, reimbursable monies for a Master's Degree will begin once the Baccalaureate Degree reimbursement is completed.
- Up to \$20,000 for Doctoral Degree (Pharmacy, Physical Therapy and Nursing Director or Manager, DNP or PhD in Nursing, or RN with BSN in a program for Nurse Practitioner that requires DNP), limited to \$5,000 per calendar year. Payments are made over four years if employee remains employed in an active full-time or part-time-benefited status.

If receiving reimbursement for a Bachelors' or Masters' Degree, reimbursable monies for a Doctoral Degree will begin once the Masters' Degree reimbursement is completed.

For all reimbursements or loan repayments, employees are required to exhaust all school, program, federal or state grant, scholarship and loan repayment opportunities offered prior to submitting a Reimbursement Form or Loan Repayment Form to Kaweah Health. These include, but are not limited to:

- Nurse Corps
- Health Professions Education Foundation
- CSLRP Loan Repayment Program only applicable to certain approved specialties and must be Primary Care
- Public Service Loan Forgiveness

In no case will an employee receive more than \$5,000 in a calendar year.

An employee may request pre-approval for the Tuition Reimbursement portion of this policy. If so, the employee must submit the form two weeks prior to the beginning of class or the program. A letter of approval/disapproval will be sent to the employee. If pre-approval is granted, all conditions of successful completion of the class or program must still be achieved to remain eligible for reimbursement.

Reimbursement or Loan Repayment Forms are due upon course completion or annually each year following the successful completion of the performance evaluation.

The Reimbursement Form and original receipts as well as grades verifying course completion must be submitted to Human Resources. A grade of C or better in graded courses and/or a grade of "Credit" in a Credit/No Credit course indicates successful completion. For loan repayment, a current outstanding educational loan statement must be attached to the application. If prior loan repayments have been issued, at least 2/3 of the monies received from Kaweah Health must show as a credit on the statement for the prior period. If not, there is no payment for the current year. The employee may reapply in future years providing evidence of loan payments.

All signatures on applications are required to be obtained prior to submitting the application to Human Resources, including the employee's Director or Chief Officer for Directors submitting for reimbursement, and the designated Human Resources Director.

Kaweah Health Sponsored Programs

Kaweah Health has partnership agreements in place with several school programs for difficult to fill positions. Kaweah Health employees selected for sponsorship are subject to the details of the applicable program agreement.

Terms and Conditions

Nothing in this policy shall be construed to bind either Kaweah Health or the employee to any period of employment with the other. Each party recognizes that employment is terminable at the will of either party.

Class attendance and completion of study assignments will be accomplished outside of the employee's regularly scheduled working hours. It is expected that educational activities will not interfere with the employee's work.

EDUCATIONAL PROGRAMS AND COMPENSATION

Kaweah Health provides various educational programs and opportunities for employees including but not limited to formal hospital/departmental/unit specific orientation, annual requirements, in-services related to new equipment or procedures, maintenance of certifications as required for identified positions, and staff meetings. Appropriate compensation will be provided in accordance with regulatory and Kaweah Health established guidelines.

Mandatory Education

- Programs may be designed as mandatory by Kaweah Health, a Chief Officer, a Director or a Manager. These programs may be offered during scheduled working hours or outside of scheduled working hours.
- Mandatory programs such as meetings, courses, and orientations will be compensated by Kaweah Health. Education hours will be considered productive time and as such will be paid in compliance with applicable wage and labor regulations and policy and are subject to adherence to the policies and procedures that govern productive time, i.e. – dress code, attendance, etc. (Refer to Policies HR.184—Attendance and Punctuality, HR.197 Dress Code - Professional Appearance Guidelines.)
- Courses may consist of instructor led training, computer based learning/testing, or blended learning defined as computer based learning followed by instructor led discussion or skills testing.

- With the exception of illness, approved absence or scheduled vacation, all employees must attend mandatory meetings. Reasonable notice is to be provided to employees of upcoming mandatory meetings. If the employee is unable to attend, he/she should request an absence. An employee who is unable to attend may be required to read and initial the meeting minutes or attend an additional meeting or program.
- 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 is 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 Attendance & Punctuality
 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.
 5. Employees must be on time.
 6. Failure to give advance notice may count as an occurrence under the Attendance Policy HR.184. Refer to Progressive Discipline policy HR 216.
- Assignment to attend during regular work hours will be made at the discretion of the department leader. Any deviations from mandatory attendance will be made at the discretion of the department leader.

COMPENSATION FOR KAWEAH HEALTH ASSIGNED JOB REQUIREMENTS

Employees who participate in courses will be paid for such time if the course is required for their position or they have obtained manager approval prior to participating in the course.

- Courses should be scheduled on non-work days and overtime should be avoided to the extent possible.

- If the course is offered at Kaweah Health, no reimbursement will be provided for programs taken elsewhere unless manager approval is obtained prior to attending an outside course.
- Instructor led training will be paid for actual time spent in the classroom. Staff who arrive late or unprepared will not be allowed to participate in the course and will not be paid for the attempt to participate.
- Computer based courses/testing ~~completed onsite~~ will be paid for actual time spent completing the course/test. Whenever possible, it should be completed onsite and during scheduled hours. Any training completed offsite must be approved in advance by their manager, and staff must submit a time card correction. Staff are expected to remain focused on the training and complete it within the expected time frame to the extent possible. If it takes longer, staff are expected to report this to their manager along with any extenuating circumstances. Computer based courses/testing completed off-site will be paid based on a predetermined amount of time. Fees charged to access online courses will not be reimbursed unless management approval is obtained prior to purchasing the course.
- Time spent by employees attending training programs, lectures and meetings are not counted as hours worked if attendance is voluntary on the part of the employee or the course is not related to the employee's job.

Employees must use the current time keeping system to record actual time for training in order to receive compensation for education hours.

Established ~~hours expected compensation~~ for successful completion of online training includes but is not limited to the following:

Online Training	Hours Expected (Record Actual Time)
HeartCode BLS	3
ACLS/PALS required pre-course self-assessment	2
NRP	4
STABLE	2
NDNQI Pressure Ulcer Training	1 (per module/max 4 modules)
NIHSS Stroke Certification	4
Off Duty completion of performance evaluation — self evaluation	4

Off Duty completion of Net Learning Other Online Modules/Testing	Variable based on module length, TBD prior to module release
Completion of Peer Evaluations	Not eligible — Must be done on duty

CONTINUING EDUCATION AND CONFERENCES

With the assistance of Human Resources and Clinical Education, department leaders plan, develop, and present educational offerings to Kaweah Health employees on a continuous and on-going basis. Continuing education includes all forms of job-related training, whether offered by Kaweah Health or by an outside organization.

Many different methods are utilized for staff education such as formal continuing education classes, in-services, web-based education, one-on-one instruction, teleconferences, self-learning modules, and conferences.

Reference materials for staff education are available within their respective departments, Kaweah Health Library, [Kaweah Health intranet](#) ~~KDCentral~~ and/or ~~KDNet~~ and resources online.

Types of educational offerings are determined as a result of Performance Improvement and Risk Management activities, new and changing technology, therapeutic and pharmacological intervention, regulatory and accreditation bodies, and identified or stated learning needs of employees.

Continuing education events may be required by Kaweah Health and if mandatory, the costs and time for attendance will be paid. If a program is voluntary, any payment or reimbursement of expenses and time for attendance will be determined by the department leader.

Conferences

A department may budget for short-term conference or seminar-type trainings for employees. It is the responsibility of the employee to complete the Travel Reimbursement Form and secure approval in advance of the training for all anticipated expenses, including approval for the hours to attend and whether hours in attendance will be paid. Conferences may be required by Kaweah Health and if mandatory, the costs and time for attendance will be paid.

Refer to AP19 Travel, Per Diem and Other Employee Reimbursements

PROFESSIONAL CERTIFICATION FEE REIMBURSEMENT AND AWARDS

As determined by the area Chief Officer, pre-approved professional certification fees are available to full-time and part-time employees attaining and/or maintaining professional certification(s) in their vocational area.

Employees must have successfully completed six months of employment to be eligible for this reimbursement or awards.

Professional Certification Criteria: To be reimbursed for examination fees and to qualify for the monetary award, the professional certification attained by the employee must:

- Not be a requirement for the staff members job code;
- Be sponsored by a national professional organization
- Involve an initial written examination that is available nationally and tests a professional body of knowledge (i.e., not technical such as ACLS, BCLS, etc.);
- Specify a defined recertification interval

Professional Certification Exclusions: Certification necessary as a condition of employment or as a minimum requirement for the position in which the employee is employed with Kaweah Health is not eligible under this program.

Employees may request reimbursement for exam and renewal fees associated with the examination up to a maximum of \$250; the maximum an employee may receive for all exam and renewal fees under this program is \$250 per calendar year. These fees are not taxable as long as the annual maximum received in reimbursement for tuition, books, and fees and Loan Repayment is under \$5,250. Expenses that are not eligible for reimbursement, include but are not limited to travel, food, and lodging. The continuing education costs themselves and renewal fees without an exam or continuing education requirement are not eligible. Reimbursements must be submitted to Human Resources within 30 days of obtaining certification. Reimbursement monies will be included in the employee's next paycheck.

Employees receiving an initial certification or renewal are eligible for a monetary award in recognition of their accomplishment. Full-time and part-time employees will receive an award of \$500. The maximum amount of award per calendar year is \$500. Award monies are taxable in accordance with employee exemptions on file.

Employees requesting reimbursement for examination or renewal fees and/or a monetary award may request the appropriate form through Human Resources.

All signatures on applications are required to be obtained prior to submitting the application to Human Resources, including the employee's Director or Chief Officer for Directors submitting for reimbursement and the Director of Human Resources.

Any exceptions to this policy must be approved by the Chief Human Resources Officer.

“Responsibility for the review and revision of this Policy is assigned to the Chief 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.”

HR145

Policy Number: HR.145	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 08/23/2023
Approvers: Board of Directors (Administration)	
Family Medical Leave Act (FMLA) / California Family Rights Act (CFRA) Leave of Absence	

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 or 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 ~~and Human Resources~~ 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), or a Workers' Compensation leave of absence, accrued EIB hours are paid after 24 hours off. The initial ~~three~~ 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.
- 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.

"Responsibility for the review and revision of this Policy is assigned to the Chief 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."

HR149

Policy Number: HR.149	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 08/23/2023
Approvers: Board of Directors (Administration)	
Bereavement Leave	

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

PURPOSE:

To allow employees who have experienced a death in the immediate family to take the time to make necessary arrangements and to observe a period of grieving.

POLICY:

All Full-Time and Part-Time Benefitted employees shall be granted paid bereavement time in the event of a death in their immediate family. As of January 1, 2023, an employee may take up to five shifts of bereavement leave upon the death of a qualifying family member, 24 hours of which will be paid under prior Kaweah Health Policy for employees who receive benefits (the remaining shifts would be unpaid or paid through accrued PTO).

An employee is eligible for bereavement leave once they have been employed for at least 30 days prior to the commencement of leave. A qualifying family member includes spouse, child, parent, sibling, grandparent, grandchild, domestic partner, or parent-in-law. The five shifts of bereavement leave do not need to be taken consecutively; they can be intermittent.

The employee must complete the bereavement leave within three months of the family member's date of death. The employer may require that the employee provide documentation of the death of the family member including a death certificate, published obituary, funeral home, burial society, crematorium, religious institution, or governmental agency. The documentation, if requested by the employer, must be provided within 30 days of the first day of bereavement leave.

PROCEDURE:

1. Immediate family can be defined with the list below; however, the California Family Rights Act (CFRA) defines there may be instances where a loss of a significant other, designated person, and/or close relative would be considered. This classification may be considered as one event for bereavement leave every 12 months and will be left up to the discretion of each Director or Executive.

Immediate Family Members:

Mother	Reg. Domestic Partner	Mother-in-law	Daughter-in-law
Father	Child	Father-in-law	Step Child
Sister	Grandchild	Sister-in-law	Step Parent
Brother	Grandparent	Brother-in-law	Step Brother
Spouse	Legal Guardian	Son-in-law	Step Sister
Miscarriage			

2. The employee must notify the department head of the need for time off.
3. Full-time and part-time benefitted employees will be granted up to three ~~consecutive~~ scheduled workdays off (up to 24 hours) with pay with the approval of management. Bereavement time may be delayed for a future date with a reasonable explanation for the delay and with the approval of management.
4. Additional leave utilizing Paid Time Off (PTO) or unpaid time off may be arranged upon request and with approval of management.
5. Bereavement time is to be recorded in Workday.
6. Where a pattern of use is established, documentation of death may be required. Failure to provide such documentation upon return to work may result in the leave being considered as an unauthorized absence without pay.

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HR184

Policy Number: HR.184	Date Created: 03/14/2014
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 4/24/2023
Approvers: Board of Directors (Administration)	
Attendance & Punctuality	

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

POLICY:

Attendance and punctuality is important to Kaweah Health's mission to deliver high quality service to our patients and the community. It is each employee's responsibility to maintain a good attendance record. Regular attendance and promptness are considered part of an employee's essential job functions. Employees with excessive absenteeism may be subject to Progressive Discipline.

Employees with disabilities may be granted reasonable accommodation to assist them in meeting essential functions under any provision in this policy. In cases of disability, appropriate documentation from a healthcare provider is required. A Leave of Absence may be considered as a reasonable accommodation. Please refer to Leave of Absence and the Reasonable Accommodation Policy for more information.

All absences will be recorded on an attendance record (utilizing specific comments in the timekeeping system), which will be used to identify acceptable or unacceptable attendance patterns. The focus of this policy is on the frequency of absences and is to ensure reliability of employees to their work schedule and/or work requirements.

Employees are also expected to report to work punctually at the beginning of the scheduled shift and when returning from meals and breaks.

An employee who misrepresents any reason for taking time off may be subject to disciplinary action up to and including termination of employment. See HR.216 Progressive Discipline.

PROCEDURE:

Absenteeism is not being at work or failing to attend a Kaweah Health paid workshop when scheduled unless the absence is protected by law.

The following number of occurrences, including full shift absences, tardies and leaving early, will be considered excessive and will be grounds for counseling and disciplinary action up to and including termination. During the new hire introductory period (see HR.37 Introductory Period), unacceptable attendance may result in the employee being placed in an advanced step of disciplinary action up to and including termination of employment.

Occurrence (full days, consecutive days, tardies, and leaving work early):

- An occurrence is defined as time off that was not pre-approved. This could include a full day or three (3) consecutive calendar days of unapproved, unprotected time off. [Beyond the 3rd day, employee may file for a Leave of Absence.](#) If makeup time is authorized on the same day or within the week of the occurrence, the absence is still counted as an occurrence. [Any sick days not covered by PSL will be considered an occurrence.](#) (For information regarding Paid Sick Leave, please see policy HR.234 [Paid Time Off PTO, Extended Illness Bank \(EIB\) and Healthy Workplace, Healthy Families Act of 2014.](#)

For the purpose of this policy, a "tardy" results when an employee fails to report to their work area ready for work at the start of their shift or fails to return from lunch or break at the appropriate time. Two tardies or leaving early that have not been pre-approved count as one occurrence. One tardy and one time leaving early can also count as one occurrence, as well as two unscheduled events of leaving early will count as one occurrence.

- An employee is expected to call in absences two hours prior to the start of their scheduled shift.
- Please note that attendance and punctuality is considered an important factor of overall performance and employees will be subject to Progressive Discipline. As such, if an employee has or is to receive disciplinary actions other than attendance, the Levels as noted below will escalate. The entire performance of an employee is considered when establishing Levels and Kaweah Health may apply any Level or immediate termination if warranted due to the circumstance as determined by Kaweah Health Leadership.

Number of Occurrences in a Rolling 12-Month Period

Counseling	Occurrences	Introductory Period
Verbal Warning	2	2
Level I Written Warning	3	NA
Level II Written Warning	4	
Level III Written Warning	5	
Termination	6	3

Pattern Absenteeism:

Employees will be considered to have a pattern of unscheduled absences if absences tend to occur immediately before or after scheduled days off, before or after holidays or weekends, occur at regular intervals or on consistent days, occur immediately following disciplinary action, or occur on days that the employee requested off but were denied such request. Patterned absences will be considered misconduct and will be grounds for Progressive Discipline.

Absences not to be considered under this policy are noted below. Reasonable notice of these absences is requested and in some cases required. Progressive Discipline may apply where reasonable notice or requested proof of time off documentation is not provided.

Attendance & Punctuality

- a. Work-related accident/illness.
- b. Pre-scheduled Paid Time Off (PTO).
- c. Pre-scheduled personal time.
- d. Time off to vote or for duty as an election official. This provision will be limited to federal and statewide elections exclusively and shall not be extended to include local, city or county elections. Employees requesting time off to vote will submit the request in writing. The request should state specifically why the employee is not able to vote during non-working hours. Unless otherwise agreed, this time must be taken at the beginning or ending of the employee's shift to minimize the time away from work.
- e. Time off for adult literacy programs.
- f. Time off if a victim of a crime, or if a family member is the victim of a crime, when they take time off following the crime. Protections are for an employee who is a victim of domestic violence, sexual assault, or stalking for taking time off from work for any specified purpose, including seeking medical attention, for injuries caused by the domestic violence, assault, or stalking and appearing in court pursuant to a subpoena. In addition, protections include taking time off from work to obtain or attempt to obtain any relief. Relief includes, but is not limited to, a temporary restraining order, restraining order, obtaining psychological counseling, engaging in safety planning, seeking other injunctive relief, and to help ensure the health, safety or welfare of the victim or their child. Furthermore, protections include if the employee provides certification that they were receiving services for injuries relating to the crime or abuse or if the employee was a victim advocate.
- g. Time off to attend judicial proceedings as a victim of a crime, the family member, registered domestic partner or child of a registered domestic partner who is a victim of a crime. Victim means any person who suffers direct or threatened physical, psychological, or financial harm as a result of the commission or attempted commission of specified crime or their spouse, parent, child, sibling, or guardian.
- h. Employees who enter uniformed military service of the Armed Forces of the United States for active duty or training.
- i. Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation.
- j. Time off of up to fourteen (14) days per calendar year for volunteer firefighter, reserve peace officer, or emergency rescue personnel training or duties.
- k. Time off to attend school or child care activities for their children,

grandchildren or guardians (limited to 40 hours per year not exceeding eight hours in any calendar month). Applies to children in grades 1 through 12 or in a licensed child care facility. Additional protections apply for required appearances after suspension of a child from school. Effective January 1, 2016, employees may take time off from work to find a school or a licensed child care provider and to enroll or re-enroll a child, and time off to address child care provider or school emergencies.

- I. Bereavement time related to Policy.
- m. Jury Duty or Witness Duty.
- n. Leaves pursuant to legislative requirements Family and Medical Leave Act of 1993 (FMLA); California Family Rights Act of 1991 (CFRA); Pregnancy Disability Leave (PDL); Organ and Bone Marrow Donation Leave; and Workers' Compensation (WC).
- o. Kin Care: Kin Care authorizes eligible employees to use up to one-half ($\frac{1}{2}$) 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. Employees who accrue EIB are eligible for Kin Care. Employees who are not eligible for EIB are not 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. For example, for full-time employees this would mean no more than 24 hours can be utilized as Kin Care in a calendar year period. An employee must have EIB available to use on the day of the absence for that absence to be covered under Kin Care. An employee who has exhausted his/her EIB and then is absent to care for a sick family member cannot claim that absence under Kin Care. Kin Care can be used to care for a sick family member, to include a spouse or registered domestic partner, child of an employee, parents, parents-in-law, siblings, grandchildren and grandparents. A Leave of Absence form does not need to be submitted unless the employee will be absent and use sick leave for more than three continuous workdays. In addition, an employee taking Kin Care does not need to submit a doctor's note or medical certification. However, in instances when an employee has been issued Disciplinary Action and directed to provide a doctor's note for all sick days, then an employee may need to submit a doctor's note.

Absence for Religious Observation

Kaweah Health will attempt to accommodate employees requesting absence for religious observation, however, in certain circumstances accommodation may not be possible or reasonable.

Notification of Late Arrival

An employee is required to call in absences two hours prior to the start of their scheduled shift.

Workers' Rights in Emergencies

Kaweah Health is compliant with California SB1044 and prohibits taking adverse action

against an employee for refusing to report to or leave work during an emergency condition. Prohibits preventing an employee from accessing a mobile device during that time. This is specified as:

- Conditions of disaster or extreme peril to the safety of persons or property at the workplace or worksite caused by natural forces or a criminal act.
- An order to evacuate a workplace, a worksite, a worker's home, or the school of a worker's child due to a natural disaster or a criminal act.

This paragraph does not apply to the following:

An employee or contractor of a health care facility who provides direct patient care, provides services supporting patient care operations during an emergency, or is required by law or policy to participate in emergency response or evacuation.

When feasible, an employee shall notify the employer of the emergency condition requiring the employee to leave or refuse to report to the workplace or worksite prior to leaving or refusing to report.

Schedules

- a. Employees are scheduled to work during specified hours. Unless approved by management, those hours may not be adjusted to accommodate early or late arrival or departure.
- b. Employees who arrive for work early may not leave before the end of their scheduled work period unless authorized to do so by their management. Employees may be subject to discipline for incurring unauthorized overtime by reporting to work before their scheduled start time. Employees who arrive for work late may not remain on duty beyond the regular scheduled work time to make up for the lost time unless authorized to do so by their management. Employees who are absent without approval but are allowed to make up time will continue to be subject to disciplinary action for lack of reliability.
- c. Employees may not shorten the normal workday by not taking or by combining full meal periods and rest break periods and may not leave before the end of their scheduled shift without the authorization of a supervisor.
- d. Any employee who leaves Kaweah Health premises during work hours must notify and obtain approval from management and/or their designee prior to departure. Employees must clock out and in for their absence.
- e. 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 is 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

Attendance & Punctuality

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.
 5. Employees must be on time.
 6. Failure to give advance notice may count as an occurrence under the Attendance Policy HR.184. Refer to Progressive Discipline policy HR 216.
- f. Employees who are absent from work for three days and have not contacted their department manager or supervisor will be assumed to have voluntarily terminated their employment. Employees who are absent from work without authorization and without providing proper notification to management may be considered to have abandoned their job and will be terminated from employment.
- g. Weekend Makeup Policy – Employees who call in on weekends may be required to make up weekend shifts missed. Weekend shift starts Fridays at 1800 and end Mondays at 0600 Weekend shifts will be scheduled for makeup on a successive schedule at the discretion of the scheduling coordinator/supervisor per staffing needs.
- h. Holiday Makeup Policy – Employees who call in on a holiday, which is from 1800 the day before the holiday and ends 0600 the morning after the holiday, will be required to work another holiday or an extra weekend shift at the discretion of the scheduling coordinator/supervisor per staffing needs.

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

Loitering

Kaweah Health employees may not arrive to work greater than thirty (30) minutes prior to the start of their shift and may not remain within Kaweah Health facilities greater than thirty (30) minutes beyond the end of their shift without specific purpose and/or authorization to do so.

Clocking

Employees may not clock in, may not begin work before the start of their scheduled shift, and must discontinue work and clock out at the conclusion of their scheduled shift unless instructed otherwise by their management. Employees may not work off-the-clock, including the use of electronic communication.

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

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HR216

Policy Number: HR.216	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 12/18/2024
Approvers: Board of Directors (Administration), Kelsie Davis (Board Clerk/Executive Assistant to CEO)	
Progressive Discipline	

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

POLICY:

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

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

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

Any employee who is in Progressive Discipline is eligible for transfer or promotion within Kaweah Health with review and approval by the hiring manager and Human Resources.

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

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

PROCEDURE:

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

- A. Warnings

1. Verbal Warning:

A Verbal Warning explains why the employee's conduct/performance is unacceptable and what is necessary to correct the conduct/performance.

- B. Written Warning:

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

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

1. Level I

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

2. Level II

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

3. Level III

A Level III is considered Final Written Warning to the employee involved, and includes a written explanation of what is necessary to meet the expectation of performance. A Level III Warning may be accompanied by a suspension. A suspension may be without pay and is generally up to five days or forty hours.

C. Administrative Leave

In the discretion of Kaweah Health, an employee may be placed on Administrative Leave at any time to give Kaweah Health time to conduct an investigation or for other circumstances considered appropriate. Management may impose an Administrative Leave at any time for an employee(s) if they believe there is a risk to employee or patient safety. Management will notify Human Resources immediately if an Administrative Leave is enforced. When an employee is placed on Administrative Leave, Kaweah Health will make every effort to complete the investigation of the matter within five business days. If Kaweah Health is unable to complete an investigation of the matter within five days the Administrative Leave may be extended.

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

D. Dismissal Without Prior Disciplinary History

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

E. Employee Conduct

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

1. Falsifying or altering of any record (e.g., employment application, medical history form, work records, time cards, business or patient records and/or charts).
2. Giving false or misleading information during a Human Resources investigation;

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

16. Improper access to or use of the computer system or breach of password security;
17. Improper access, communication, disclosure, or other use of patient information. Accessing medical records with no business need is a violation of state and federal law and as such is considered a terminable offense by Kaweah Health.
18. Unreliable attendance (See Attendance and Punctuality HR.184)
19. Violations of Kaweah Health Behavioral Standards of Performance.
20. Unintentional breaches and/or disclosures of patient information may be a violation of patient privacy laws. Unintentional breaches and/or disclosures include misdirecting patient information to the wrong intended party via fax transmission, mailing or by face-to-face interactions.
21. Access to personal or family PHI is prohibited.
22. Refusing to care for patients in the event mandated staffing ratios are exceeded due to a healthcare emergency.
23. Working off the clock at any time. However, employees are not permitted to work until their scheduled start time.
24. Use of personal cell phones while on duty if, unrelated to job duties anywhere in Kaweah Health. This includes wearing earbuds for the purpose of listening to music from your personal cell phone, unless authorized by department leadership.
25. Cell phones should not be used while driving unless hands-free capability is utilized, if the cell phone user does not have cell phone hands-free capability, staff need to pull safely to the side of the road to place a call. This applies to using the staff member's personal vehicle and/or using Kaweah Health vehicles while on Kaweah Health business.!
26. Taking a video or recording of any kind of at any time for personal use in a Kaweah Health facility is ~~prohibited~~ prohibited. This applies to work time breaks, or meal periods. This restriction does not apply to employer sponsored events initiated by Leadership Marketing or Employee

Connection Team. For further clarification refer to HR 236 Computer and Communication Devices and Social Media Code of Conduct.

27. Excessive or inappropriate use of the telephone, cell phones, computer systems, email, internet or intranet.
28. Any criminal conduct off the job that reflects adversely on Kaweah Health.
29. Making entries on another employee's time record or allowing someone else to misuse Kaweah Health's timekeeping system.
30. Bringing children to work, or leaving children unattended on Kaweah Health premises during the work time of the employee.
31. Immoral or inappropriate conduct on Kaweah Health property.
32. Unprofessional, rude, intimidating, condescending, or abrupt verbal communication or body language.
33. Unsatisfactory job performance.
34. Horseplay or any other action that disrupts work,
35. Smoking within Kaweah Health and/or in violation of the policy.
36. Failure to report an accident involving a patient, visitor or employee.
37. Absence from work without proper notification or adequate explanation, leaving the assigned work area without permission from the supervisor, or absence of three or more days without notice or authorization.
38. Unauthorized gambling on Kaweah Health premises.
39. Failure to detect or report to Kaweah Health conduct by an employee that a reasonable person should know is improper or criminal.
40. Providing materially false information to Kaweah Health or a government agency, patient, insurer or the like.
41. Spreading gossip or rumors which cause a hostile

work environment for the target of the rumor.

42. Impersonating a licensed provider.
43. Obtaining employment based on false or misleading information, falsifying information or making material omissions on documents or records.
44. Violation of Professional Appearance Guidelines
45. Being in areas not open to the general public during non- working hours without the permission of the supervisor or interfering with the work of employees.
46. Failure to complete all job related mandatory requirements as noted on the job description and as issued throughout a year (i.e. Mandatory Annual Training, TB/Flu, etc.).
47. Failure to use BioVigil.
48. Failure to use two (2) patient identifiers in the course of patient care.
49. Parking in unauthorized locations, such as for physicians, patients, and visitors.
- 49-50. Consuming food, beverages, or applying cosmetics in patient care areas or where food can become contaminated with pathogenic organisms in the Hospital inpatient and outpatient areas. (Beverages, food and cosmetics are not permitted in/on housekeeping carts, maintenance carts, supply carts, medication carts, isolation carts, supply storage areas, Procedure rooms, Pharmacy, Clinical Laboratory, Diagnostic Imaging).

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

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

HR233



Policy Number: HR.233	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 12/22/2022
Approvers: Board of Directors (Administration)	
Non-Employees	

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

POLICY: Kaweah Health uses both employees and non-employees in the course of normal operations. Non-employee categories include but are not limited to Volunteers, Students, Independent Contractors, Contractors who have direct patient care or access, Temporary Staff, and Travelers. Non-employees are not on the payroll and do not receive benefits. Department Leaders of non-employees must coordinate their usage of non-employees through Human Resources. Certain contractors may utilize the Vendor Mate process as instructed.

PROCEDURE:

I. Coordination of Non-Employees

Human Resources clears all non-employees covered by this policy.

All non-employees must complete third-party background checks as well as a drug screening, [two-step Quantiferon Gold or TB skin](#) testing, and Flu vaccine (during flu season).

Once Human Resources has processed and cleared the background check, an identification badge will be issued. Human Resources and Clinical Education (when required) will provide orientation materials. Additional Clinical Orientation requirements are determined by the non-employee position, location of work and level of involvement with staff, patients and the public. Leaders or their designees are responsible for department specific orientation. (See HR.46 Orientation of Kaweah Health Personnel)

II. Department Leaders Responsibilities

The Department Leader is responsible for all required processing, including orientation using information provided by Human Resources. All non-employees must complete orientation materials before they may begin working at Kaweah Health.

As determined by the leader, all non-employees must have an initial competency assessment that is documented in the department and/or Human Resources file.

The department leader is responsible for the training duties and documented performance of non-employees.

III. Worker's Compensation and Employee Benefits

Non-Employees are not covered under any Kaweah Health Self-Insurance nor health-related employee Insurance programs.

Kaweah Health provides Workers' Compensation coverage for volunteers within the scope of the volunteer's duties.

IV. Ending the Non-Employee Relationship

he relationship between Kaweah Health and the non- employee can be ended without notice by either the non- employee or Kaweah Health. Non-employees who leave Kaweah Health must return all Kaweah Health property. Department Leaders must notify Human Resources when a non-employee ends their service.

V. Volunteers

Volunteer opportunities are available through the Guild, Pet Therapy, Hospice (see policy H02-009), Clergy, General Volunteer Program, Kaweah Helps, and Community Engagement Initiatives.

Volunteers will not be used to replace paid staff members but will perform extra duties that will contribute to the well-being and comfort of patients and visitors or support the services of Kaweah Health.

VI. Students

The Human Resources Department maintains all Student Affiliation Agreement contracts.

Student placements are tracked by Clinical Education, Graduate Medical Education, Human Resources and may only occur when Affiliation Agreements are valid.

Duties of Students

Students will perform duties based on learning needs determined by their school and as defined in the Affiliation Agreement. Students/schools must show proof of compliance with Student Affiliation Agreements.

Supervision of Students

Supervision is provided by the clinical instructor of record, Physician, the department leader or designee following the Affiliation Agreement.

VII. Supplemental Staffing

As a general rule, an individual employed by Kaweah Health cannot also contract to provide services to Kaweah Health.

Outside resources will be utilized when a need is determined for specialized services and/or to fulfill a shortage of qualified staff. Management must present all requests for contracting services to their Director and Vice President for submission to Human Resources.

Per AP.69, Human Resources must approve all contracted staffing and independent contractor agreements. Human Resources has sole authority and responsibility for communication and negotiation with contracted staffing agencies and independent contractors.

Human Resources will be responsible for procuring and maintaining the contractors for contracted personnel, including Independent Contractors, Temporary Staff, and Travelers.

Leaders wishing to utilize temporary labor through an agency or registry are required to contact Human Resources. Human Resources will select the appropriate agencies for provision of personnel.

Departments which utilize contact or agency staff members are responsible for assuring compliance with regulatory standards and Kaweah Health standards for performance. Management is also responsible for assuring proper orientation, competency assessment, privacy and safety training for all contract and agency staff.

Individuals and companies who contract to provide staffing services with Kaweah Health must provide proof that they meet all applicable state, national, local, Kaweah Health and Joint Commission requirements.

VIII. Medical Exams and Health Requirements

Non-employees who provide services to patients will be contractually required to comply with Employee Health Services guidelines, i.e. [Two-Step Quantiferon Gold or TB skin](#) testing, drug screening and flu vaccine (during flu season). [Remote workers are exempt from vaccination requirements.](#) Non-employees must meet all essential functions for their position as noted in the job description. (See EHS.11 Immunization Requirements for Health Care Workers)

IX. Non-Employee Files

A file on each non-employee must be kept with the Department Leader and/or Human Resources. The file should contain the non-employee's initial competency assessment, documentation of competency assessment if applicable, and documentation of training and in-services. During surveys by the State or Joint Commission, Human Resources, leaders and the Director of Volunteer Services will be responsible for providing all required documentation.

X. Kaweah Health Policies and Procedures

All non-employees will conduct themselves in a manner which reflects positively upon Kaweah Health. Non-employees will familiarize themselves with the Mission of Kaweah Health.

Non-employees must abide by the same policies as Kaweah Health employees during their assignment. This includes dress code, identification badges, personal visits, use of phones for personal use, confidentiality of Kaweah Health and patient information, solicitation etc. between the District

XI. Harassment

Non-employees, who believe that they have been harassed by an employee, patient, or member of the medical staff, are encouraged to report the incident to their leader or to the Human Resources Department.

RELATED POLICIES: AP.69 Requirements for Contracting with Outside Service Provider; HR.35 Supplemental Staffing

"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."

HR234

Policy Number: HR.234	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 12/18/2024
Approvers: Board of Directors (Administration)	
Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014	

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

POLICY:

Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Workplace Act of 2014 – Paid Sick Leave (PSL) benefits are offered to all employees as defined in this policy. PTO is offered to full-time and part-time 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 which ever 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 ~~three calendar days~~ 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 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 1st)
2. President's Day (Third Monday in February)
3. Memorial Day (Last Monday in May)
4. Independence Day (July 4th)
5. Labor Day (First Monday in September)
6. Thanksgiving Day (Fourth Thursday in November)
7. Day after Thanksgiving Day (Friday following Thanksgiving)

8. Christmas Day (December 25th)
9. Personal Day

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

In 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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**Application for Permission to Present Late Claim
Granted and Rejection of Claim re Jasmine E. Sahagun
Martinez**



March 26, 2025

Donahue & Horrow, LLP
c/o Thomas E. Donahue, Esq.
1960 E Grand Avenue, Suite 1215
El Segundo, CA 90245

RE: Notice of Granting of Application for Leave to Present Late Claim for Jasmine E. Sahagun Martinez

NOTICE IS HEREBY GIVEN that the Application for Leave to Present Late Claim on Behalf of Claimant Edward Salinas, dated March 19, 2025, which you presented to Kaweah Health on March 19, 2025, was granted on March 26, 2025.

RE: Notice of Rejection of Claim of Jasmine E. Sahagun Martinez

NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of Directors of Kaweah Health on March 19, 2025, was rejected on its merits by the Board of Directors on March 26, 2025.

WARNING (Pursuant to Govt. Code §913(b))

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Sincerely,

David Francis
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

Application for Permission to Present Late Claim Granted and Rejection of Claim re Edward Salinas



March 26, 2025

Donahue & Horrow, LLP
c/o Thomas E. Donahue, Esq.
1960 E Grand Avenue, Suite 1215
El Segundo, CA 90245

RE: Notice of Granting of Application for Leave to Present Late Claim for Edward Salinas

NOTICE IS HEREBY GIVEN that the Application for Leave to Present Late Claim on Behalf of Claimant Edward Salinas, dated March 19, 2025, which you presented to Kaweah Health on March 19, 2025, was granted on March 26, 2025.

RE: Notice of Rejection of Claim of Edward Salinas

NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of Directors of Kaweah Health on March 19, 2025, was rejected on its merits by the Board of Directors on March 26, 2025.

WARNING (Pursuant to Govt. Code §913(b))

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Sincerely,

David Francis
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

Application for Permission to Present Late Claim Granted and Rejection of Claim re Liam Edward Luna Martinez



March 26, 2025

Donahue & Horrow, LLP
c/o Thomas E. Donahue, Esq.
1960 E Grand Avenue, Suite 1215
El Segundo, CA 90245

RE: Notice of Granting of Application for Leave to Present Late Claim for Liam Edward Luna Martinez

NOTICE IS HEREBY GIVEN that the Application for Leave to Present Late Claim on Behalf of Claimant Edward Salinas, dated March 19, 2025, which you presented to Kaweah Health on March 19, 2025, was granted on March 26, 2025.

RE: Notice of Rejection of Claim of Liam Edward Luna Martinez

NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of Directors of Kaweah Health on March 19, 2025, was rejected on its merits by the Board of Directors on March 26, 2025.

WARNING (Pursuant to Govt. Code §913(b))

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Sincerely,

David Francis
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

PECE Initiative Final



FY 2025 Strategic Plan

Patient Experience & Community
Engagement
March 26, 2025



kaweahhealth.org



Kaweah Health

MORE THAN MEDICINE. LIFE

253/407

World-Class Service Champion: Marc Mertz and Deborah Volosin

Description: Develop strategies that give our health care team the tools they need to deliver a world-class health care experience. We aim to be in the 90th percentile over the next three years.

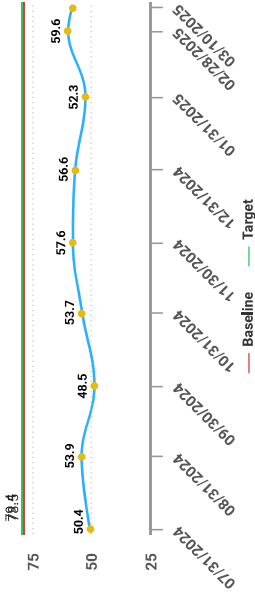
Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.1	Enhance patient physical navigation through Wayfinding, signage, and the website.	07/01/2024	06/30/2025	Deborah Volosin	On Track	Parking lot signs are currently being installed.
4.1.2	Enhance patient clinical navigation with centralized and online scheduling and call center standardization.	07/01/2024	06/30/2025	Deborah Volosin	On Track	Patient Navigation Team has finished integrating all RHC's to be a part of the "First-Call" Resolution program. All appointments, calls, and texts come through the call center for a centralized solution. Working to expand to bring on the urgent care calls in early October.
4.1.3	Improve best image and reputation score on the community portal in NRC.	07/01/2024	06/30/2025	Deborah Volosin	On Track	The Best Image/Reputation score for January 2025 is 43.8. We are over the goal of 26.

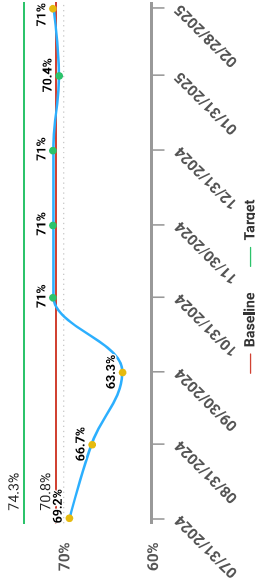
Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.1.4	Achieve overall organization net promoter score of 79.4	07/01/2024	06/30/2025	Deborah Volosin	Off Track	FY to Date
4.1.5	Achieve a score of 74.3 in HCAHPS Overall Rating	07/01/2024	06/30/2025	Deborah Volosin	Off Track	FY to Date
4.1.6	Achieve a score of 75.4 in "Likelihood to Recommend"	07/01/2024	06/30/2025	Deborah Volosin	Off Track	FY to Date
4.1.1.1	Identify and establish goals to improve patient wayfinding experience	07/01/2024	06/30/2025	Deborah Volosin	On Track	Marketing has updated the map that is given to patients at the entrances and updating maps that are on the website. The website is getting an overhaul in 2025.

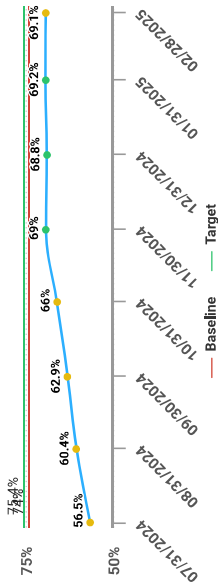
Achieve overall organization net promoter score of 79.4



Achieve a score of 74.3 in HCAHPS Overall Rating



Achieve a score of 75.4 in "Likelihood to Recommend"



Increase Compassionate CommunicationChampions: Marc Mertz and Deborah Volosin

Description: To reach the 50th percentile in physician and nursing communication and responsiveness of staff on the HCAHPS survey.

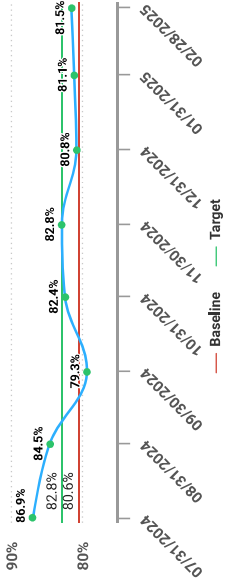
Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.1	Implement unit-based Schwartz rounds to interested departments.	07/01/2024	06/30/2025	Deborah Volosin	Canceled	Schwartz Rounds are happening bi-monthly for the organization. The unit-based Schwartz Rounds were an initiative of the former CNO and did not launch.
4.2.2	Develop compassionate communication simulations for leaders to implement in huddles, staff meetings, and training.	07/01/2024	06/30/2025	Deborah Volosin	On Track	4South Compassionate Communication SIM is scheduled for 4/15 and 4/18.
4.2.3	Create and assign learning modules based on communication expectations for organization-wide consistency in service standards.	07/01/2024	06/30/2025	Deborah Volosin	Not Started	This initiative is off-track for FY 2025 and will carry over to FY2026 and be led by Patient Experience.

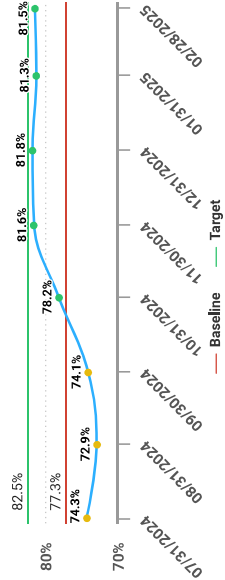
Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.2.4	Achieve a 82.8 in Physician Communication Inpatient Score	07/01/2024	06/30/2025	Deborah Volosin	On Track	Continue to monitor, engage physician leaders as necessary to address low performing scores/providers.
4.2.5	Achieve a 82.5 in Nursing Communication Inpatient Score	07/01/2024	06/30/2025	Deborah Volosin	On Track	Nov-Jan Score
4.2.6	Achieve a score of 71.1 in Responsiveness of Staff to Patients and Among Internal Teams	07/01/2024	06/30/2025	Deborah Volosin	Off Track	Individual Units evaluating and submitting action plans to Patient Experience Committee. Increasing nursing staff to support more help for responsiveness to patient needs.

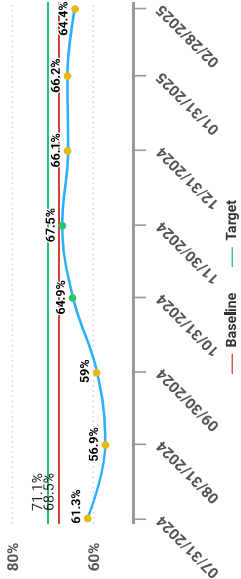
Achieve a 82.8 in Physician Communication Inpatient Score



Achieve a 82.5 in Nursing Communication Inpatient Score



Achieve a score of 71.1 in Responsiveness of Staff to Patients and Among Internal Teams



Enhancement of Environment Champion: Marc Mertz and Deborah Volosin

Description: To create a secure, warm, and welcoming environment for patients and the community.

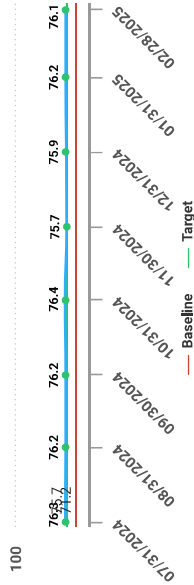
Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.1	Continue Executive rounding with EVS and facility directors to identify needs.	07/01/2024	06/30/2025	Deborah Volosin	On Track	Facilities, EVS, Strategic Planning, and Patient Experience Teams round monthly on inpatient units.
4.3.2	Improve impact of the Patient Experience Steering Committee.	07/01/2024	06/30/2025	Deborah Volosin	On Track	PX Steering Committee is working on the following plans: Food/Nutrition - Doing a special treat for new parents on Mother/Baby (Cookie box) Marketing - Updating parking lot signage - working on new website in 2025 Patient Access - finalizing a customer service training that will be rolled out to entire department and beyond. Facilities - Upgrading multiple units across the campus.
4.3.3	Partner with Facilities to create green initiatives and cost-efficiency synergies to reduce waste and environmental impact.	07/01/2024	06/30/2025	Deborah Volosin	On Track	Working on activities for Earth Day. "Lights Out". Cafeteria is going to start using compostable silverware. EVS switched out paper towels.

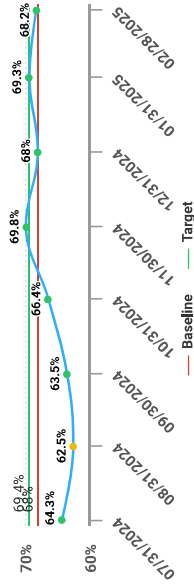
Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.3.4	Achieve a score of 75.7 in the Cleanliness of Clinic Environment	07/01/2024	06/30/2025	Deborah Volosin	On Track	October 1-October 31 data
4.3.5	Achieve a score of 69.4 in the HCAHPS Cleanliness Survey	07/01/2024	06/30/2025	Deborah Volosin	On Track	FY to Date

Achieve a score of 75.7 in the Cleanliness of Clinic Environment



Achieve a score of 69.4 in the HCAHPS Cleanliness Survey



Community Engagement Champion: Marc Mertz and Deborah Volosin

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

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
4.4.1	Increase participation in all Community Advisory Councils.	07/01/2024	06/30/2025	Deborah Volosin	On Track	So far this fiscal year we have added eight members to the advisory council rosters.
4.4.2	Increase the number of Kaweah Health leaders involved in service clubs and community organizations.	07/01/2024	06/30/2025	Deborah Volosin	On Track	We have had one additional leader join a service organization this Fiscal Year.
4.4.3	Increase Speakers Bureau opportunities.	07/01/2024	06/30/2025	Deborah Volosin	On Track	FY 2025 - 11 speaking engagements for community organizations.
4.4.4	Schedule at least three Town Halls.	07/01/2024	06/30/2025	Deborah Volosin	On Track	Working with Quail Park to do Town Halls at each of their facilities.
4.4.5	Continue to meet monthly with the Patient Family Advisory Council, Emergency Department Advisory Council, Healthcare for Today and Tomorrow, Diversity/Community Relations, and Employee Ambassador Committees.	07/01/2024	06/30/2025	Deborah Volosin	On Track	All Community Advisory Councils continue to meet. PFAC has received a reboot and several new members were added to the roster.
4.4.6	Create opportunities for board members to participate in community engagement activities.	07/01/2024	06/30/2025	Deborah Volosin	On Track	Board members are invited to all CAC meetings and are included in invitations for all community events sponsorships and organizational events.

HAPI Prevention March 2025 BOD Report

Hospital Acquired Pressure Injury (HAPI) Quality & Patient Safety Program Report

Sandy Volchko DNP, RN, CPHQ, CLSSBB
Director Quality & Patient Safety

March 2025



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HAPI Prevention

Why Is It Important to focus on HAPI as part of our Patient Safety strategy?

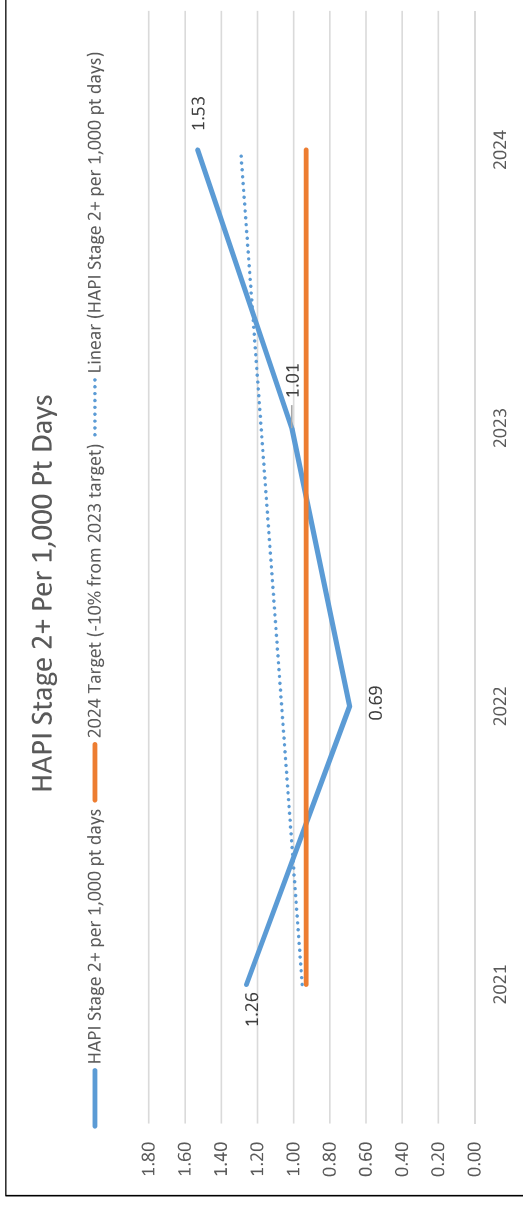
- **Patient Safety & Quality of Care** – HAPIs indicate poor skin integrity management and prolonged immobility, which can lead to severe infections, pain, and prolonged hospital stays.
- **Regulatory & Financial Impact** – Medicare and other payers do not reimburse hospitals for preventable HAPIs, increasing financial strain. Hospitals with high rates of HAPIs may also face penalties or accreditation issues.

How Do HAPIs Affect Patients?

- **Increased Pain & Suffering** – Pressure injuries can be **painful and debilitating**, affecting mobility and quality of life.
- **Higher Risk of Infection & Complications** – **Severe pressure ulcers** can lead to **sepsis, osteomyelitis, and even death**.
- **Longer Hospital Stays & Readmissions** – Patients with HAPIs often require **extended treatment, surgical intervention, or wound care services**, delaying recovery and increasing costs

Many pressure injuries are preventable with consistent application of evidenced based prevention practices

HAPI Reduction Plan



2025 GOAL

HAPI Stage 2+ per 1,000 pt days will be reduced to 0.54. The previous benchmark was an internal target set by the committee. The current benchmark of 0.54 per 1000 patient days is a result of a review of the current literature.

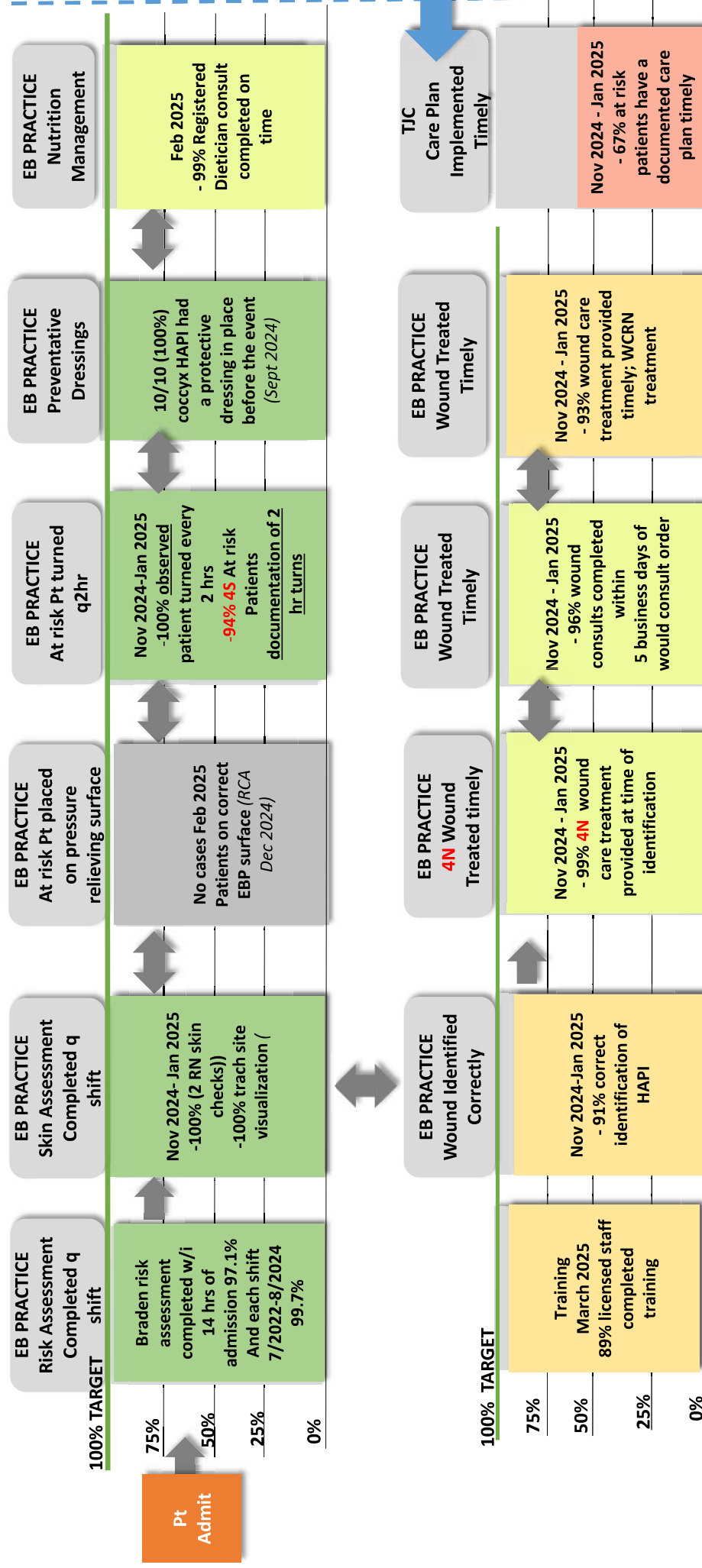
2024-2025 PLAN

High Level Action Plan

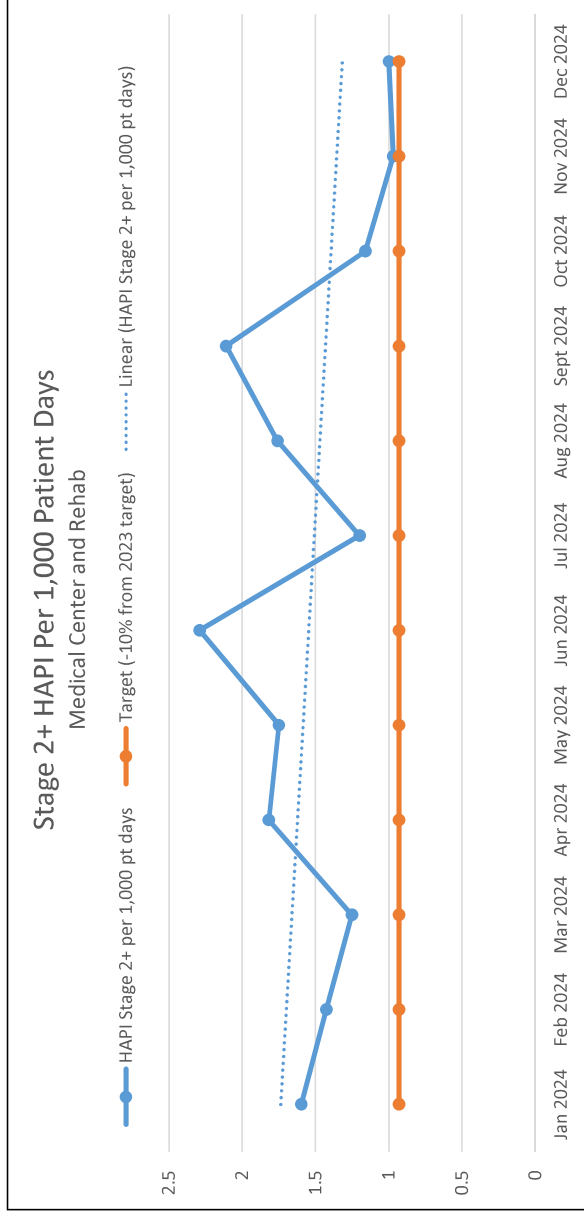
- Standardize and enculturate evidence-based prevention practices with 100% compliance:
 - Skin assessments completed each shift
 - turning/repositioning patient every 2 hours
 - Placing patients on the correct surfaces (mattresses) when indicated
 - Identifying HAPIs and treating them timely and correctly
 - Managing the patients nutrition to promote healing
- Ensuring all licensed staff are trained on evidenced based strategies
- Documenting the plan of care

HAPI Performance on Evidenced Based (EB) Practices Via Prevention Process Map

Plan of Care (documented as an IPOC)



HAPI Reduction Update



2025 GOAL

HAPI Stage 2+ per 1,000 pt days will be reduced to 0.54. The previous benchmark was an internal target set by the committee. The current benchmark of 0.54 per 1000 patient days is a result of a review of the current literature.

PROGRESS ON 2024-2025 PLAN

High Level Action Plan

- Standardize and enculturate evidence-based prevention practices with 100% compliance:
 - Skin assessments = 100%
 - turning/repositioning patient every 2 hours = 100%
 - Placing patients on the correct surfaces (mattresses) when indicated = unknown
 - Identifying HAPIs (91%) and treating them timely and correctly (99% primary RN; 93% Wound Care RN)
 - Managing the patients nutrition to promote healing (99%)
- Ensuring all licensed staff are trained on evidenced based strategies (89% completed, 100% completed by 4/30/25)
- Documenting the plan of care

HAPI Prevention –Next Steps

Strengthening the Prevention Program:

- Seeking all support available from wound care vendors
- Mandatory wound care training event - “Back to Basics” Competency fair scheduled for the week of May 19th
- Reinforcement of laser focus on wound care during nursing town halls
- Balancing schedule to ensure wound care service on weekends
- Establishing a “Wound Care” Champion program
- Increased staffing on our most vulnerable unit
- Working with leaders and educators to set expectations for bedside shift report to include 2-person skin check on every shift report out
- Establishing a robust “Mobility Program”

Questions?

Live with passion.

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



CFO Report Feb FY25 for FPSA and BOD

CFO Financial Report

Month Ending February 2025



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Fiscal Year 2026 Budget Calendar

March 12, 2025 Finance Department prepares cost center operating budget templates

March 21, 2025

- Operating budgets with statistics distributed to cost center Directors. Directors prepare operating budgets including details for selected expense lines Send to appropriate VP for review and approval
- Capital budgets distributed to cost center directors. Directors prepare capital equipment requests with input from medical directors and staff physicians

April 18, 2025 Completed VP reviewed and approved Operating and Capital Budgets

April 21–May 9 First round of Budget meeting sessions

May 19, 2025 First draft of budget presented to Executive Team

May 19, 2025 Leadership/Finance Team submits final vetted capital equipment budget

May 21, 2025 Present to Board of Directors of preliminary budget concepts and guidelines

June 11, 2025 Budget finalized in preparation for Board Meeting

June 18, 2025 Present to Finance Board

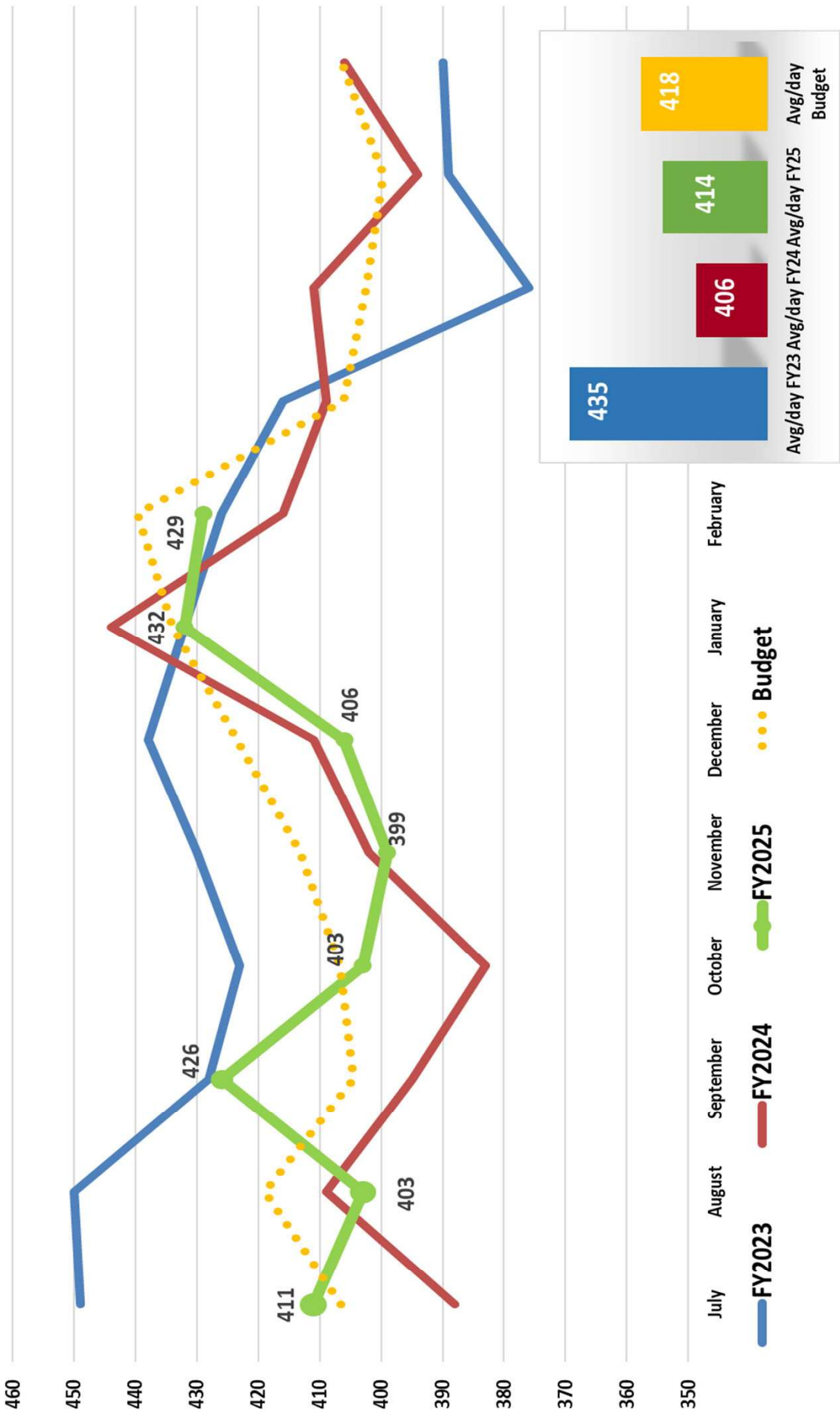
June 20, 2025 Complete presentation for Board Meeting due

June 25, 2025 Final budget presented to Board of Directors for approval

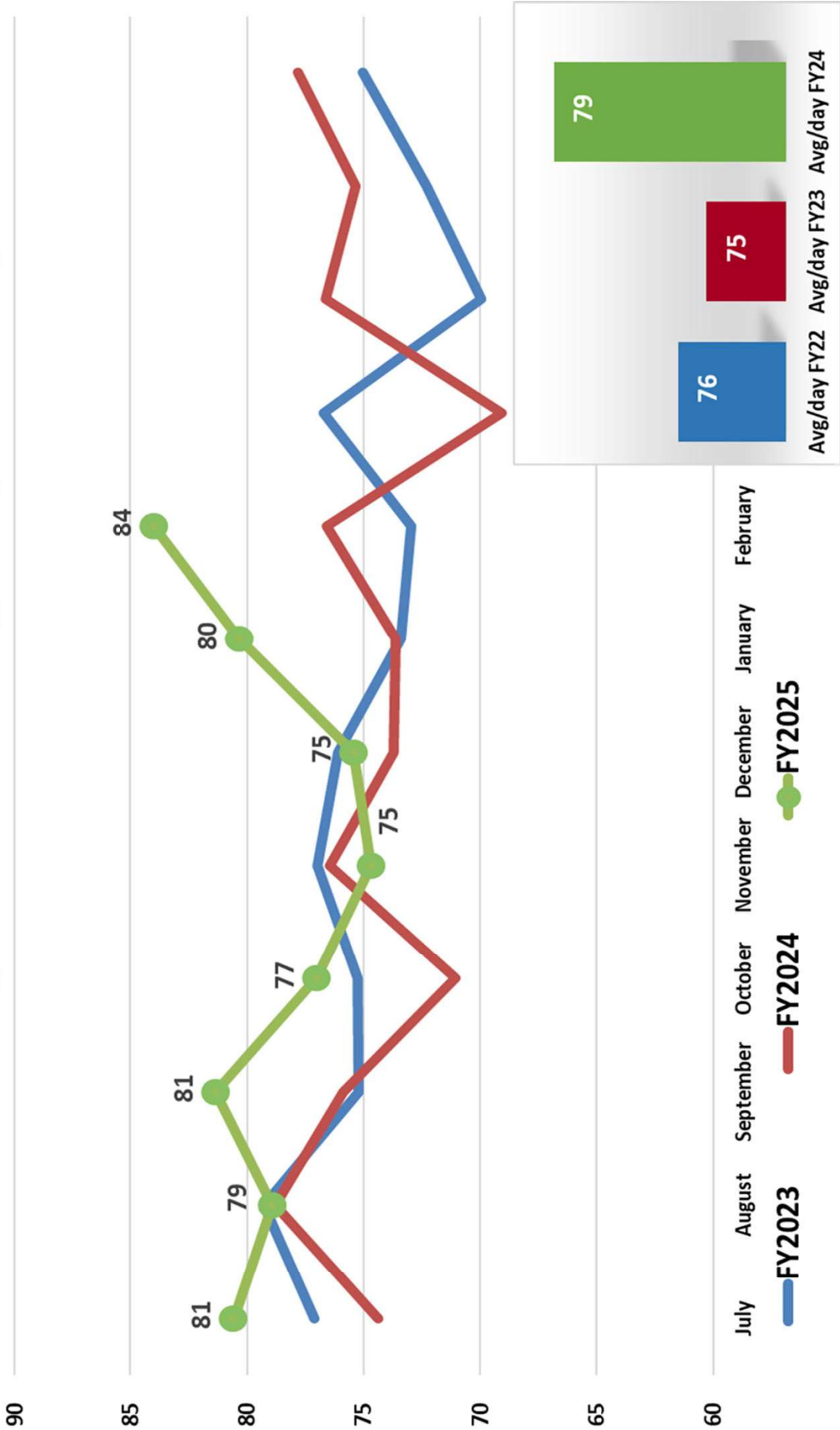
Status of FEMA Projects

FEMA Project Title	Process Step	Obligation Date	Best Available Cost	Best Available Federal Share Cost (90%)	Payments Received To Date
P1- Door Screeners/Temperature Scan (12/1/21-6/30/22)	Received	2/6/2023	\$190,721	\$190,721	\$190,721
P3- Medical Facility Infection Control (1/1/21-6/30/22)	Received	4/3/2023	\$187,351	\$187,351	\$187,351
P4- PPE (1/1/22-6/30/22)	Received	4/3/2023	\$134,926	\$134,926	\$134,926
P7- Diagnostic Testing for Employees (7/2/22-5/11/23)	Received	2/8/2024	\$15,150	\$13,635	\$13,635
P2- Contract Labor & Overtime, part 1 (4/1/20-6/30/22)	Obligated	11/27/2024	\$33,202,760	\$33,202,760	
P5- Contract Labor & Overtime, part 2 (7/2/22-5/11/2023)	Obligated	11/27/2024	\$16,132,516	\$14,519,264	
P8- Diagnostic Testing for Patients (7/2/22-5/11/23)	Received 3/5/2025	11/21/2024	\$606,825	\$546,143	\$546,143
Management Costs (5% B projects)	Submitted 12/13/24		\$2,523,512	\$132,927	
Total			\$52,993,762	\$48,927,728	\$1,072,777

Average Daily Census



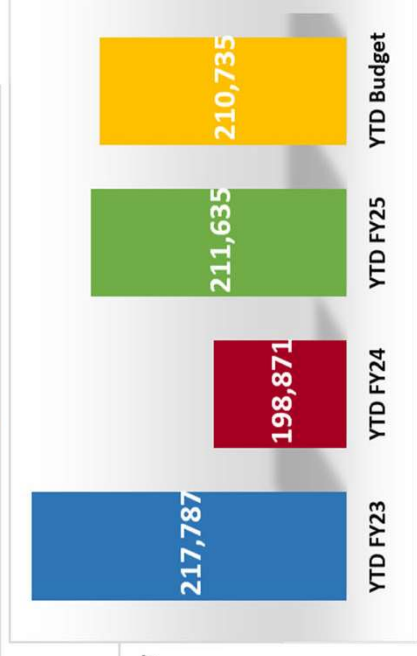
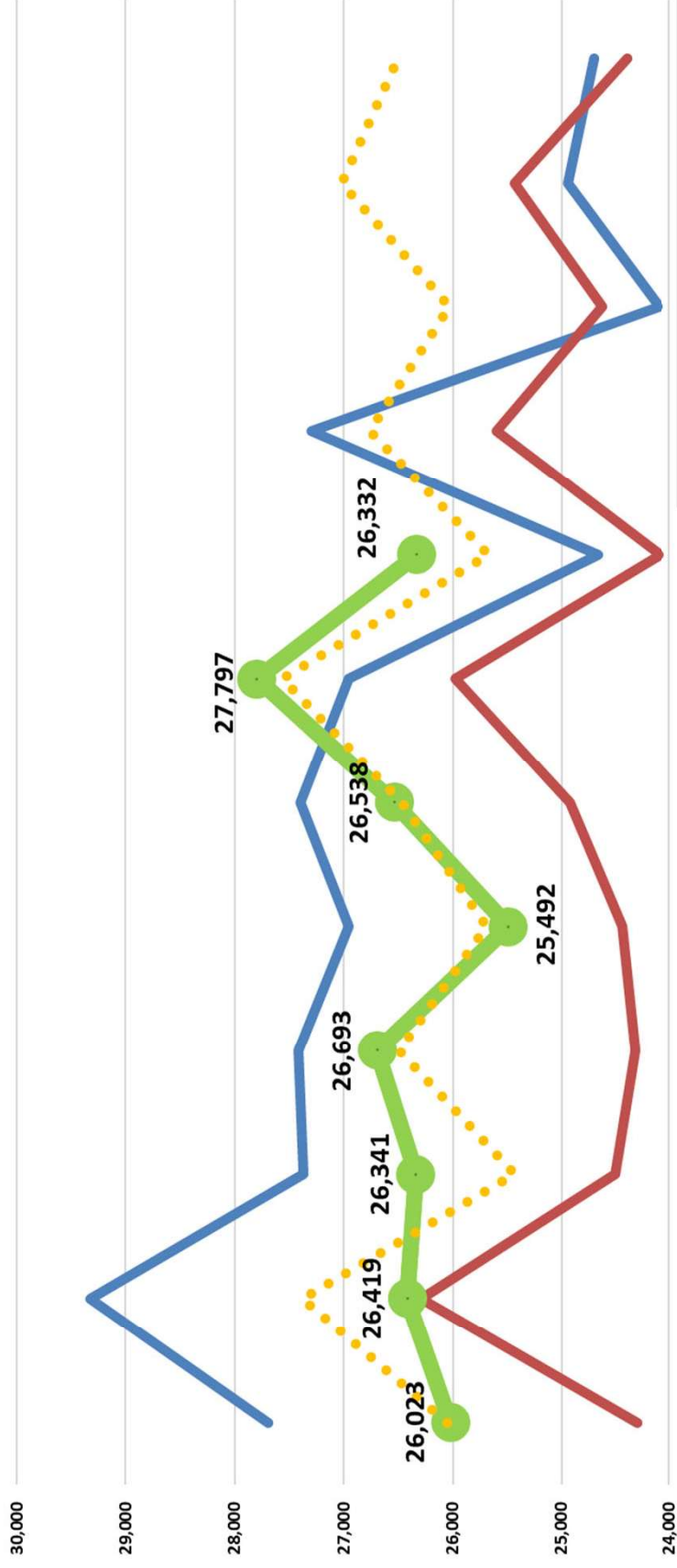
Average Discharges per day



Outpatient Registrations Per Day



Adjusted Patient Days



Statistical Results – Fiscal Year Comparison (Feb)

Actual Results			Budget		Budget Variance	
Feb 2024	Feb 2025	% Change	Feb 2025	Change	% Change	

Average Daily Census

416	429	440	(11)	(2.5%)
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KDHCD Patient Days:

Medical Center	8,307	8,287	(0.2%)	8,476	(189)	(2.2%)
Acute I/P Psych	1,339	981	(26.7%)	1,267	(286)	(22.6%)
Sub-Acute	863	853	(1.2%)	840	13	1.5%
Rehab	516	664	28.7%	531	133	25.0%
TCS-Ortho	315	375	19.0%	357	18	5.0%
NICU	314	335	6.7%	340	(5)	(1.5%)
Nursery	420	512	21.9%	500	12	2.4%

Total KDHC Patient Days

12,074	12,007	12,311	(304)	(2.5%)
			(0.6%)	

Total Outpatient Volume

57,232	55,693	1,539	2.8%
	(4.5%)		

Statistical Results – Fiscal Year Comparison (Jul-Feb)

Actual Results			Budget		Budget Variance	
FYTD 2024	FYTD 2025	% Change	FYTD 2025	Change	% Change	

Average Daily Census **406** **413** **1.8%** **418** **(5)** **(1.1%)**

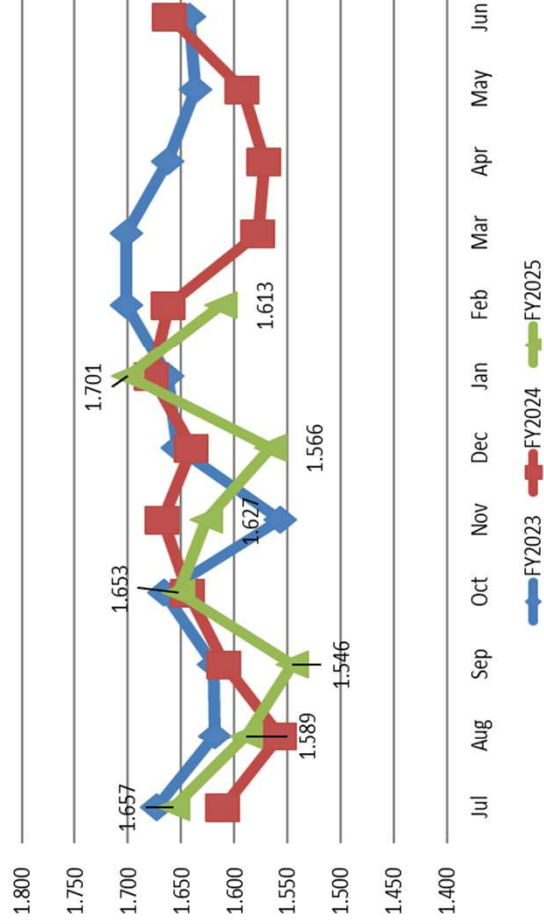
KDHCD Patient Days:

Medical Center	66,917	69,127	3.3%	68,515	612	0.9%
Acute I/P Psych	10,513	8,780	(16.5%)	10,996	(2,216)	(20.2%)
Sub-Acute	7,416	7,319	(1.3%)	7,310	9	0.1%
Rehab	4,287	4,857	13.3%	4,386	471	10.7%
TCS-Ortho	2,714	2,906	7.1%	3,060	(154)	(5.0%)
NICU	3,255	3,291	1.1%	3,360	(69)	(2.1%)
Nursery	3,988	4,179	4.8%	4,000	179	4.5%

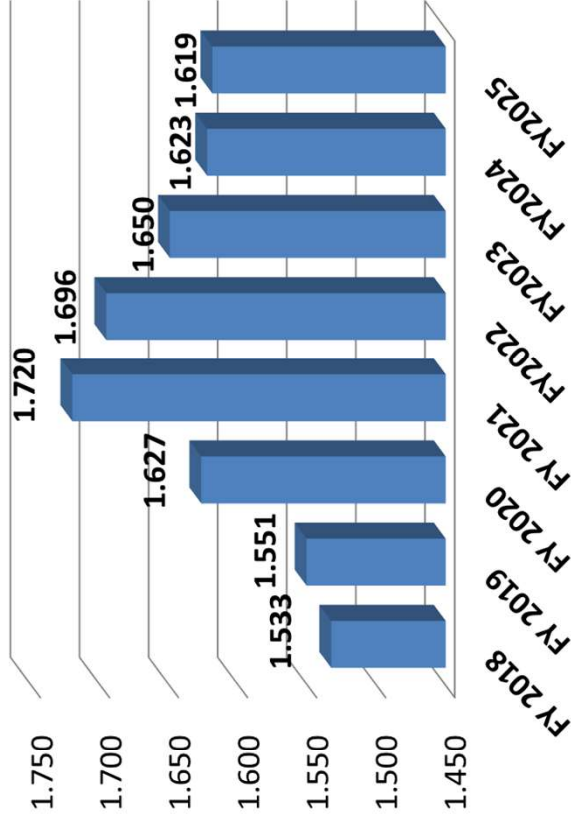
Total KDHCD Patient Days **99,090** **100,459** **1.4%** **101,627** **(1,168)** **(1.1%)**

Total Outpatient Volume **464,459** **477,030** **2.7%** **483,337** **(6,307)** **(1.3%)**

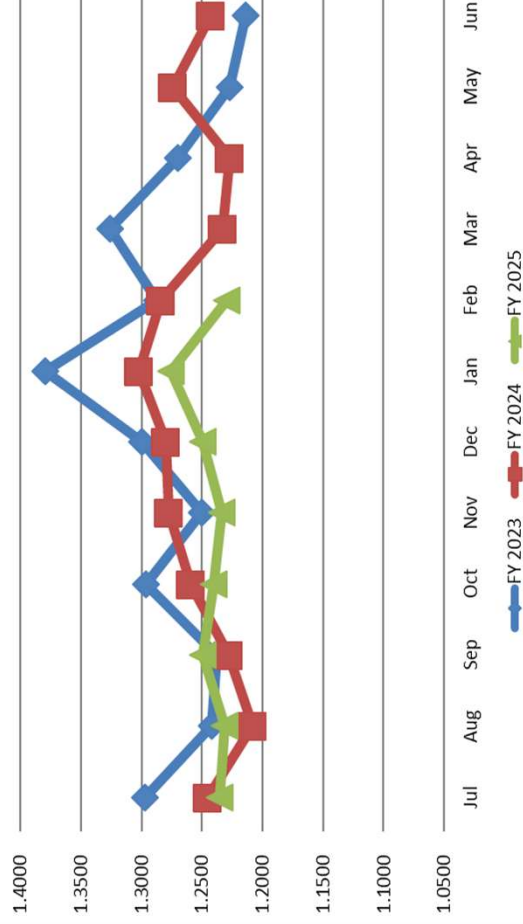
Case Mix Index w/o Normal Newborns



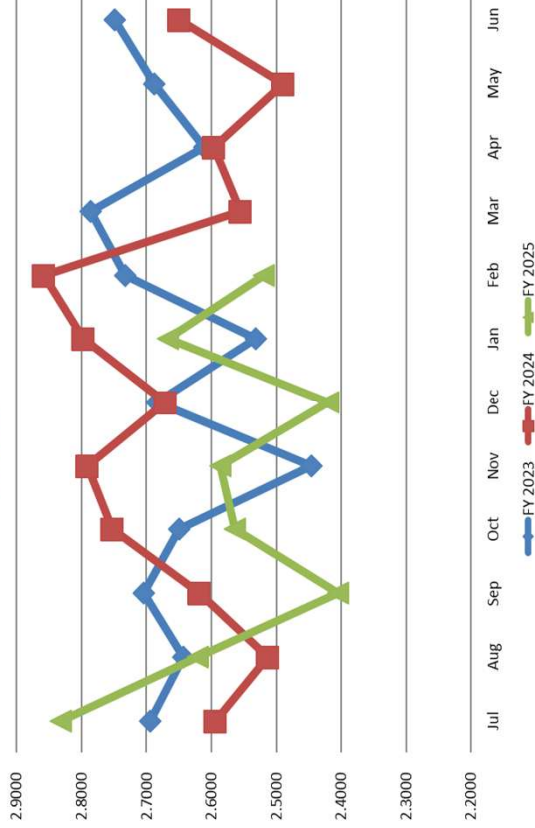
Case Mix Index w/o Normal Newborns - All



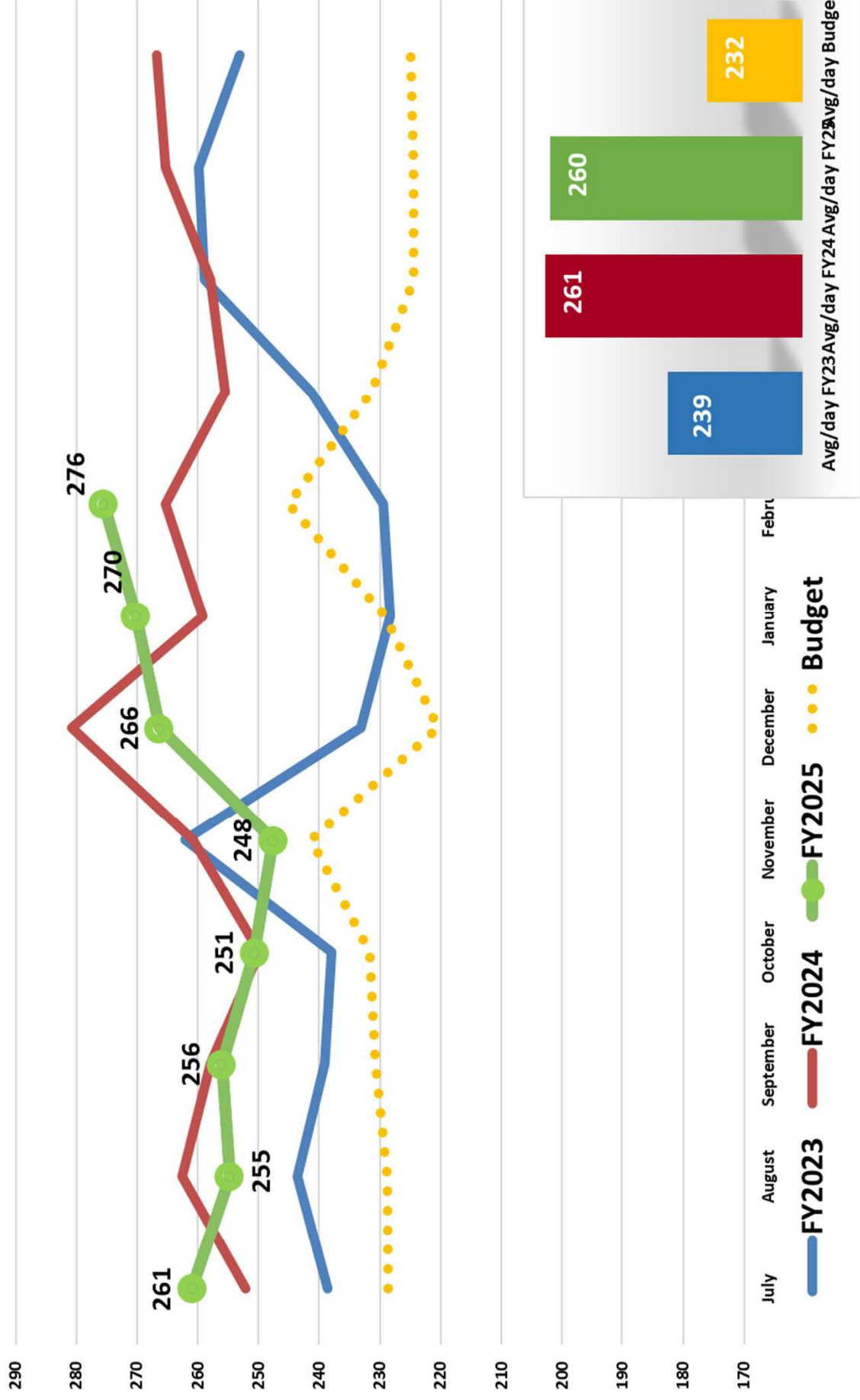
Case Mix Medical w/o Normal Newborns



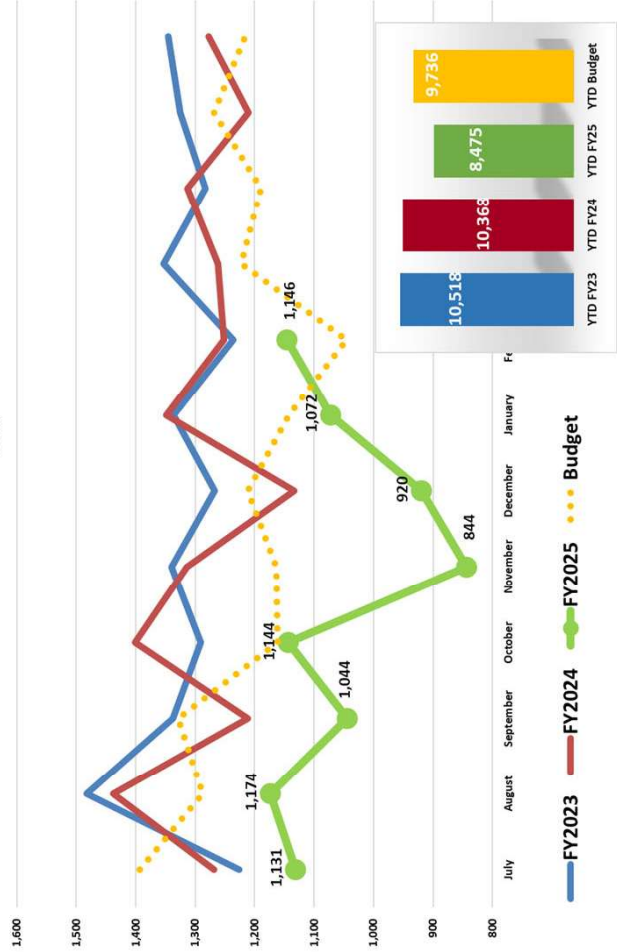
Case Mix Index Surgical w/o Normal Newborns



ED - Avg Treated Per Day



Medical Oncology Treatments



Medical Oncology Visits



Other Statistical Results – Fiscal Year Comparison (Feb)

	Actual Results			Budget	Budget Variance	
	Feb 24	Feb 25	Change	% Change	Feb 25	Change
Rural Health Clinics Registrations	12,088	12,807	719	5.9%	11,847	960
RHC Exeter - Registrations	5,857	6,076	219	3.7%	7,049	(973)
RHC Lindsay - Registrations	1,880	1,756	(124)	(6.6%)	1,450	306
RHC Woodlake - Registrations	931	1,334	403	43.3%	752	582
RHC Dinuba - Registrations	1,398	1,506	108	7.7%	1,246	260
RHC Tulare - Registrations	2,022	2,135	113	5.6%	1,350	785
Urgent Care – Court Total Visits	3,068	2,639	(429)	(14.0%)	4,696	(2,057)
Urgent Care – Demaree Total Visits	2,360	1,632	(728)	(30.8%)	2,860	(1,228)
KH Medical Clinic - Ben Maddox Visits	895	1,021	126	14.1%	1,100	(79)
KH Medical Clinic - Plaza Visits	243	243	0	0.0%	599	(356)
KH Medical Willow Clinic Visits	0	1,300	1,300	0.0%	1,175	125
KH Cardiology Center Visalia Registrations	1,613	1,368	(245)	(15.2%)	1,380	(12)
KH Mental Wellness Clinic Visits	282	234	(48)	(17.0%)	400	(166)
Urology Clinic Visits	310	305	(5)	(1.6%)	555	(250)
Wound Care Visits	729	1,021	292	40.0%	1,980	(959)

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

	YTD Actual Results				Budget		Budget Variance	
	YTD Feb 24	YTD Feb 25	Change	% Change	YTD Feb 25	Change	% Change	
Rural Health Clinics Registrations	95,412	107,438	12,026	12.6%	86,135	21,303	24.7%	
RHC Exeter - Registrations	47,339	51,200	3,861	8.2%	51,297	(97)	(0.2%)	
RHC Lindsay - Registrations	13,897	14,784	887	6.4%	10,292	4,492	43.6%	
RHC Woodlake - Registrations	8,568	10,537	1,969	23.0%	6,075	4,462	73.4%	
RHC Dinuba - Registrations	10,352	12,133	1,781	17.2%	9,696	2,437	25.1%	
RHC Tulare - Registrations	15,256	18,784	3,528	23.1%	8,775	10,009	114.1%	
Urgent Care – Court Total Visits	25,465	19,691	(5,774)	(22.7%)	31,117	(11,426)	(36.7%)	
Urgent Care – Demaree Total Visits	17,749	12,155	(5,594)	(31.5%)	18,876	(6,721)	(35.6%)	
KH Medical Clinic - Ben Maddox Visits	6,408	7,246	838	13.1%	9,200	(1,954)	(21.2%)	
KH Medical Clinic - Plaza Visits	750	2,154	1,404	187.2%	4,672	(2,518)	(53.9%)	
KH Medical Willow Clinic Visits	0	3,966	3,966	0.0%	9,760	(5,794)	(59.4%)	
KH Cardiology Center Visalia Registrations	11,633	12,216	583	5.0%	10,958	1,258	11.5%	
KH Mental Wellness Clinic Visits	2,151	2,299	148	6.9%	2,920	(621)	(21.3%)	
Urology Clinic Visits	2,222	2,412	190	8.6%	4,354	(1,942)	(44.6%)	
Wound Care Visits	7,832	7,015	(818)	(10.4%)	15,837	(8,822)	(55.7%)	

Other Statistical Results – Fiscal Year Comparison (Feb)

	Actual Results			Budget	Budget Variance	
	Feb 24	Feb 25	Change	% Change	Change	% Change
All O/P Rehab Svcs Across District	19,673	19,001	(672)	(3.4%)	927	5.1%
Physical & Other Therapy Units (I/P & O/P)	17,854	18,188	334	1.9%	712	4.1%
Radiology - CT - All Areas	4,308	4,423	115	2.7%	243	5.8%
Radiology - MRI - All Areas	844	807	(37)	(4.4%)	(24)	(2.9%)
Radiology - Ultrasound - All Areas	2,526	2,867	341	13.5%	621	27.6%
Radiology - Diagnostic Radiology	9,473	9,497	24	0.3%	1,865	24.4%
Radiology – Main Campus	14,538	14,893	355	2.4%	2,839	23.6%
Radiology - Ultrasound - Main Campus	1,947	2,253	306	15.7%	1,114	97.8%
West Campus - Diagnostic Radiology	1,179	1,222	43	3.6%	252	26.0%
West Campus - CT Scan	468	473	5	1.1%	75	18.8%
West Campus - MRI	387	392	5	1.3%	32	8.9%
West Campus - Ultrasound	579	614	35	6.0%	(137)	(18.2%)
West Campus - Breast Center	1,655	1,409	(246)	(14.9%)	(142)	(9.2%)
Med Onc Visalia Treatments	1,252	1,146	(106)	(8.5%)	100	9.6%
Rad Onc Visalia Treatments	1,362	1,056	(306)	(22.5%)	(824)	(43.8%)
Rad Onc Hanford Treatments	147	210	63	42.9%	(40)	(16.0%)

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

	YTD Actual Results				Budget		Budget Variance	
	YTD Feb 24	YTD Feb 25	Change	% Change	YTD Feb 25	Change	% Change	
All O/P Rehab Svcs Across District	157,211	162,902	5,691	3.6%	152,898	10,004	6.5%	
Physical & Other Therapy Units (I/P & O/P)	137,792	147,614	9,822	7.1%	150,611	(2,997)	(2.0%)	
Radiology - CT - All Areas	35,848	36,700	852	2.4%	33,506	3,194	9.5%	
Radiology - MRI - All Areas	6,663	6,945	282	4.2%	6,623	322	4.9%	
Radiology - Ultrasound - All Areas	20,773	24,053	3,280	15.8%	17,336	6,717	38.7%	
Radiology - Diagnostic Radiology	76,477	76,744	267	0.3%	64,521	12,223	18.9%	
Radiology – Main Campus	119,782	122,615	2,833	2.4%	100,767	21,848	21.7%	
Radiology - Ultrasound - Main Campus	16,134	18,789	2,655	16.5%	10,414	8,375	80.4%	
West Campus - Diagnostic Radiology	8,719	9,310	591	6.8%	8,078	1,232	15.3%	
West Campus - CT Scan	3,692	3,866	174	4.7%	3,266	600	18.4%	
West Campus - MRI	2,929	3,316	387	13.2%	2,953	363	12.3%	
West Campus - Ultrasound	4,639	5,264	625	13.5%	6,566	(1,302)	(19.8%)	
West Campus - Breast Center	13,553	13,173	(380)	(2.8%)	14,026	(853)	(6.1%)	
Med Onc Visalia Treatments	10,368	8,475	(1,893)	(18.3%)	9,736	(1,261)	(13.0%)	
Rad Onc Visalia Treatments	11,748	11,264	(484)	(4.1%)	15,462	(4,198)	(27.2%)	
Rad Onc Hanford Treatments	1,880	1,906	26	1.4%	3,208	(1,302)	(40.6%)	

Other Statistical Results – Fiscal Year Comparison (Feb)

	Actual Results			Budget		Budget Variance	
	Feb 24	Feb 25	Change	% Change	Feb 25	Change	% Change
ED - Avg Treated Per Day	265	276	10	3.8%	245	30	12.4%
Surgery (IP & OP) – 100 Min Units	853	768	(85)	(10.0%)	1,276	(508)	(39.8%)
Endoscopy Procedures	637	468	(169)	(26.5%)	526	(58)	(11.0%)
Cath Lab (IP & OP) - 100 Min Units	297	283	(14)	(4.7%)	398	(115)	(28.9%)
Cardiac Surgery Cases	28	21	(7)	(25.0%)	33	(12)	(36.4%)
Deliveries	321	395	74	23.1%	341	54	15.8%
Clinical Lab	229,961	252,687	22,727	9.9%	255,481	(2,794)	(1.1%)
Reference Lab	6,046	7,327	1,281	21.2%	4,064	3,263	80.3%
Dialysis Center - Visalia Visits	1,403	1,407	4	0.3%	1,750	(343)	(19.6%)
Infusion Center - Units of Service	482	367	(115)	(23.9%)	426	(59)	(13.8%)
Hospice Days	3,122	3,239	117	3.7%	3,817	(578)	(15.1%)
Home Health Visits	3,015	3,116	101	3.3%	2,815	301	10.7%
Home Infusion Days	21,565	20,608	(957)	(4.4%)	22,922	(2,314)	(10.1%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Feb 24	YTD Feb 25	Change	% Change	YTD Feb 25	Change	% Change
ED - Avg Treated Per Day	261	260	(1)	(0.3%)	232	28	12.2%
Surgery (IP & OP) – 100 Min Units	7,568	6,472	(1,096)	(14.5%)	10,100	(3,628)	(35.9%)
Endoscopy Procedures	5,038	4,430	(608)	(12.1%)	4,107	323	7.9%
Cath Lab (IP & OP) - 100 Min Units	2,654	2,724	70	2.6%	3,168	(444)	(14.0%)
Cardiac Surgery Cases	228	213	(15)	(6.6%)	295	(82)	(27.8%)
Deliveries	3,127	3,327	200	6.4%	3,092	235	7.6%
Clinical Lab	1,890,073	1,988,650	98,577	5.2%	2,103,012	(114,362)	(5.4%)
Reference Lab	45,825	53,374	7,549	16.5%	33,987	19,387	57.0%
Dialysis Center - Visalia Visits	12,014	11,924	(90)	(0.7%)	14,710	(2,786)	(18.9%)
Infusion Center - Units of Service	3,201	3,383	182	5.7%	3,219	164	5.1%
Hospice Days	28,767	27,876	(891)	(3.1%)	32,504	(4,628)	(14.2%)
Home Health Visits	24,619	23,005	(1,614)	(6.6%)	23,153	(148)	(0.6%)
Home Infusion Days	179,757	174,072	(5,685)	(3.2%)	200,266	(26,194)	(13.1%)

February Financial Summary (000's)

	Comparison to Budget - Month of February		
	Budget Feb-2025	Actual Feb-2025	\$ Change % Change
Operating Revenue			
Net Patient Service Revenue	\$51,151	\$53,731	\$2,580 4.8%
Other Operating Revenue	\$19,937	\$18,979	(\$958) -5.0%
Total Operating Revenue	\$71,088	\$72,710	\$1,622 2.2%
Operating Expenses			
Employment Expenses	\$36,040	\$38,637	\$2,597 6.7%
Other Expenses	\$34,338	\$33,796	(\$542) -1.6%
Total Operating Expenses	\$70,378	\$72,433	\$2,055 2.8%
Operating Margin	\$710	\$277	(\$433)
Stimulus/FEMA	\$0	\$0	\$0
Operating Margin after Stimulus/FEMA	\$710	\$277	(\$433)
Nonoperating Revenue (Loss)	\$669	\$1,166	\$497
Excess Margin	\$1,379	\$1,443	\$64

Year to Date Financial Summary (000's)

	Comparison to Budget - YTD February		
	Budget YTD Feb-2025	Actual YTD Feb-2025	\$ Change % Change
Operating Revenue			
Net Patient Service Revenue	\$423,602	\$435,269	\$11,667 2.7%
Other Operating Revenue	\$161,553	\$155,561	(\$5,991) -3.9%
Total Operating Revenue	\$585,155	\$590,831	\$5,676 1.0%
Operating Expenses			
Employment Expenses	\$305,985	\$319,253	\$13,268 4.2%
Other Expenses	\$296,283	\$287,657	(\$8,626) -3.0%
Total Operating Expenses	\$602,269	\$606,910	\$4,642 0.8%
Operating Margin	(\$17,114)	(\$16,080)	\$1,034
Stimulus/FEMA	\$0	\$47,722	\$47,722
Operating Margin after Stimulus/FEMA	(\$17,114)	\$31,642	\$48,756
Nonoperating Revenue (Loss)	\$5,279	\$10,992	\$5,713
Excess Margin	(\$11,835)	\$42,634	\$54,470

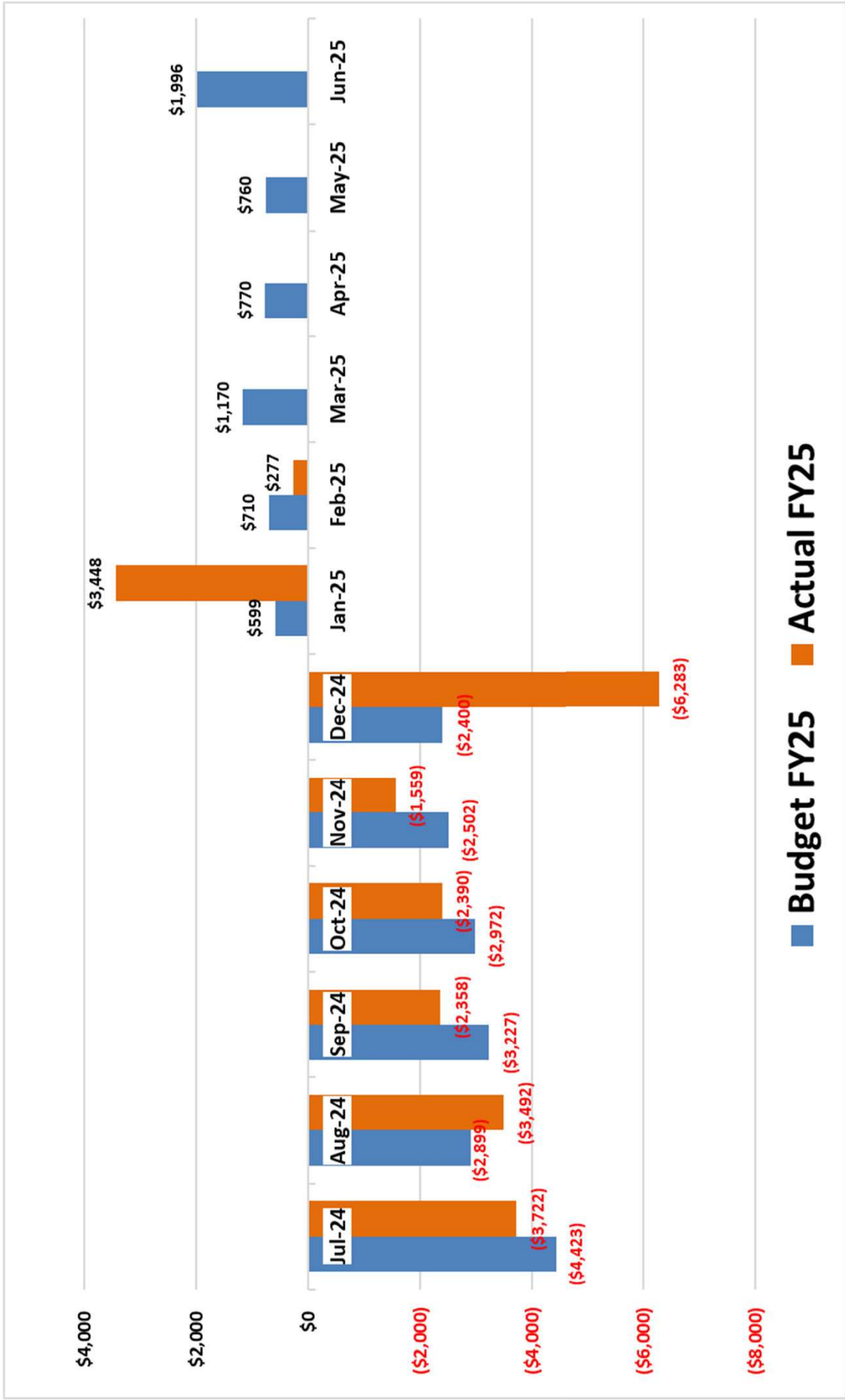
February Financial Comparison (000's)

	Comparison to Budget - Month of February			Comparison to Prior Year - Month of February				
	Budget Feb-2025	Actual Feb-2025	\$ Change	% Change	Actual Feb-2024	Actual Feb-2025	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$51,151	\$53,731	\$2,580	4.8%	\$49,778	\$53,731	\$3,953	7.4%
Supplemental Gov't Programs	\$7,195	\$7,650	\$455	6.0%	\$7,477	\$7,650	\$173	2.3%
Prime Program	\$792	\$792	\$0	0.0%	\$822	\$792	(\$30)	-3.8%
Premium Revenue	\$7,547	\$6,367	(\$1,180)	-18.5%	\$7,747	\$6,367	(\$1,380)	-21.7%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$3,207	\$0	(\$3,207)	0.0%
Other Revenue	\$4,403	\$4,170	(\$233)	-5.6%	\$3,217	\$4,170	\$953	22.8%
Other Operating Revenue	\$19,937	\$18,979	(\$958)	-5.0%	\$22,470	\$18,979	(\$3,491)	-18.4%
Total Operating Revenue	\$71,088	\$72,710	\$1,622	2.2%	\$72,248	\$72,710	\$462	0.6%
Operating Expenses								
Salaries & Wages	\$30,013	\$30,528	\$515	1.7%	\$28,662	\$30,528	\$1,866	6.1%
Contract Labor	\$1,151	\$1,948	\$798	40.9%	\$1,721	\$1,948	\$227	11.7%
Employee Benefits	\$4,876	\$6,161	\$1,285	20.9%	\$6,691	\$6,161	(\$530)	-8.6%
Total Employment Expenses	\$36,040	\$38,637	\$2,597	6.7%	\$37,074	\$38,637	\$1,563	4.0%
Medical & Other Supplies	\$13,000	\$12,648	(\$352)	-2.8%	\$14,988	\$12,648	(\$2,341)	-18.5%
Physician Fees	\$7,253	\$7,412	\$159	2.1%	\$6,586	\$7,412	\$826	11.1%
Purchased Services	\$1,643	\$1,447	(\$196)	-13.6%	\$1,221	\$1,447	\$226	15.6%
Repairs & Maintenance	\$2,048	\$2,355	\$308	13.1%	\$2,450	\$2,355	(\$95)	-4.0%
Utilities	\$902	\$909	\$6	0.7%	\$647	\$909	\$262	28.8%
Rents & Leases	\$154	\$155	\$2	1.1%	\$233	\$155	(\$78)	-50.1%
Depreciation & Amortization	\$3,302	\$3,221	(\$81)	-2.5%	\$2,672	\$3,221	\$549	17.0%
Interest Expense	\$549	\$555	\$5	1.0%	\$598	\$555	(\$43)	-7.7%
Other Expense	\$2,085	\$2,032	(\$54)	-2.6%	\$2,162	\$2,032	(\$130)	-6.4%
Humana Cap Plan Expenses	\$3,402	\$3,063	(\$339)	-11.1%	\$4,893	\$3,063	(\$1,831)	-59.8%
Total Other Expenses	\$34,338	\$33,796	(\$542)	-1.6%	\$36,449	\$33,796	(\$2,653)	-7.8%
Total Operating Expenses	\$70,378	\$72,433	\$2,055	2.8%	\$73,523	\$72,433	(\$1,090)	-1.5%
Operating Margin	\$710	\$277	(\$433)		(\$1,275)	\$277	\$1,552	
Stimulus/FEMA	\$0	\$0	\$0		\$0	\$0	\$0	
Operating Margin after Stimulus/FEMA	\$710	\$277	(\$433)		(\$1,275)	\$277	\$1,552	
Nonoperating Revenue (Loss)	\$669	\$1,166	\$497		\$618	\$1,166	\$548	
Excess Margin	\$1,379	\$1,443	\$64		(\$657)	\$1,443	\$2,100	

Year to Date: July through February Financial Comparison (000's)

	Comparison to Budget - YTD February			Comparison to Prior Year - YTD February				
	Budget YTD Feb-2025	Actual YTD Feb-2025	\$ Change	% Change	Actual YTD Feb-2024	Actual YTD Feb-2025	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$423,602	\$435,269	\$11,667	2.7%	\$385,812	\$435,269	\$49,458	11.4%
Supplemental Gov't Programs	\$59,580	\$56,222	(\$3,358)	-6.0%	\$55,375	\$56,222	\$847	1.5%
Prime Program	\$6,335	\$11,094	\$4,759	42.9%	\$8,211	\$11,094	\$2,884	26.0%
Premium Revenue	\$60,378	\$55,388	(\$4,989)	-9.0%	\$59,715	\$55,388	(\$4,327)	-7.8%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$26,320	\$0	(\$26,320)	0.0%
Other Revenue	\$35,260	\$32,857	(\$2,403)	-7.3%	\$26,055	\$32,857	\$6,802	20.7%
Other Operating Revenue	\$161,553	\$155,561	(\$5,991)	-3.9%	\$175,675	\$155,561	(\$20,114)	-12.9%
Total Operating Revenue	\$585,155	\$590,831	\$5,676	1.0%	\$561,486	\$590,831	\$29,344	5.0%
Operating Expenses								
Salaries & Wages	\$251,397	\$254,382	\$2,985	1.2%	\$228,294	\$254,382	\$26,088	10.3%
Contract Labor	\$10,515	\$13,146	\$2,631	20.0%	\$15,001	\$13,146	(\$1,855)	-14.1%
Employee Benefits	\$44,073	\$51,725	\$7,652	14.8%	\$53,625	\$51,725	(\$1,900)	-3.7%
Total Employment Expenses	\$305,985	\$319,253	\$13,268	4.2%	\$296,920	\$319,253	\$22,334	7.0%
Medical & Other Supplies	\$120,326	\$110,395	(\$9,931)	-9.0%	\$107,395	\$110,395	\$3,000	2.7%
Physician Fees	\$57,615	\$57,788	\$174	0.3%	\$53,024	\$57,788	\$4,764	8.2%
Purchased Services	\$14,245	\$13,190	(\$1,055)	-8.0%	\$12,434	\$13,190	\$757	5.7%
Repairs & Maintenance	\$16,596	\$17,269	\$672	3.9%	\$18,728	\$17,269	(\$1,459)	-8.5%
Utilities	\$7,654	\$7,670	\$16	0.2%	\$6,941	\$7,670	\$729	9.5%
Rents & Leases	\$1,229	\$1,126	(\$103)	-9.2%	\$1,294	\$1,126	(\$168)	-14.9%
Depreciation & Amortization	\$26,414	\$25,435	(\$980)	-3.9%	\$22,432	\$25,435	\$3,003	11.8%
Interest Expense	\$4,769	\$4,742	(\$26)	-0.6%	\$4,806	\$4,742	(\$64)	-1.3%
Other Expense	\$17,911	\$16,429	(\$1,483)	-9.0%	\$15,463	\$16,429	\$966	5.9%
Humana Cap Plan Expenses	\$29,523	\$33,613	\$4,090	12.2%	\$29,001	\$33,613	\$4,612	13.7%
Total Other Expenses	\$296,283	\$287,657	(\$8,626)	-3.0%	\$271,517	\$287,657	\$16,140	5.6%
Total Operating Expenses	\$602,269	\$606,910	\$4,642	0.8%	\$568,437	\$606,910	\$38,473	6.3%
Operating Margin	(\$17,114)	(\$16,080)	\$1,034		(\$6,950)	(\$16,080)	(\$9,129)	
Stimulus/FEMA	\$0	\$47,722	\$47,722		\$3,220	\$47,722	\$44,502	
Operating Margin after Stimulus/FEMA	(\$17,114)	\$31,642	\$48,756		(\$3,730)	\$31,642	\$35,373	
Nonoperating Revenue (Loss)	\$5,279	\$10,992	\$5,713		\$9,733	\$10,992	\$1,259	
Excess Margin	(\$11,835)	\$42,634	\$54,470		\$6,002	\$42,634	\$36,632	

Budget and Actual Fiscal Year 2025: Trended Operating Margin (000's)



July 2024 – February 2025 : Trended Financial Information (000's)

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	FY 2025
Patient Service Revenue	\$50,866	\$53,450	\$51,648	\$56,157	\$54,496	\$53,026	\$61,895	\$53,731	\$435,269
Other Revenue	\$19,487	\$20,024	\$19,142	\$20,242	\$19,868	\$19,778	\$18,042	\$18,979	\$155,561
Total Operating Revenue	\$70,353	\$73,474	\$70,790	\$76,398	\$74,364	\$72,804	\$79,938	\$72,710	\$590,831
Employee Expense	\$38,264	\$39,058	\$37,671	\$41,494	\$41,051	\$43,219	\$39,859	\$38,637	\$319,253
Other Operating Expense	\$35,811	\$37,908	\$35,477	\$37,294	\$34,872	\$35,868	\$36,630	\$33,796	\$287,657
Total Operating Expenses	\$74,075	\$76,965	\$73,148	\$78,788	\$75,923	\$79,087	\$76,489	\$72,433	\$606,910
Net Operating Margin	(\$3,722)	(\$3,492)	(\$2,358)	(\$2,390)	(\$1,559)	(\$6,283)	\$3,448	\$277	(\$16,080)
Stimulus/FEMA	\$0	\$0	\$0	\$0	\$0	\$47,722	\$0	\$0	\$47,722
NonOperating Income	\$1,190	\$896	\$4,720	\$1,371	\$905	(\$101)	\$845	\$1,166	\$10,992
Excess Margin	(\$2,533)	(\$2,596)	\$2,362	(\$1,019)	(\$654)	\$41,338	\$4,293	\$1,443	\$42,634

Profitability									
Operating Margin %	(5.3%)	(4.8%)	(3.3%)	(3.1%)	(2.1%)	(8.6%)	4.3%	0.4%	(2.7%)
Operating Margin %excl. Int	(4.4%)	(4.0%)	(2.5%)	(2.4%)	(1.3%)	(7.8%)	5.1%	1.1%	(1.9%)
Operating EBIDA	\$46	\$239	\$1,457	\$1,348	\$2,293	(\$2,546)	\$7,207	\$4,052	\$14,097
Operating EBIDA Margin	0.1%	0.3%	2.1%	1.8%	3.1%	(3.5%)	9.0%	5.6%	2.4%

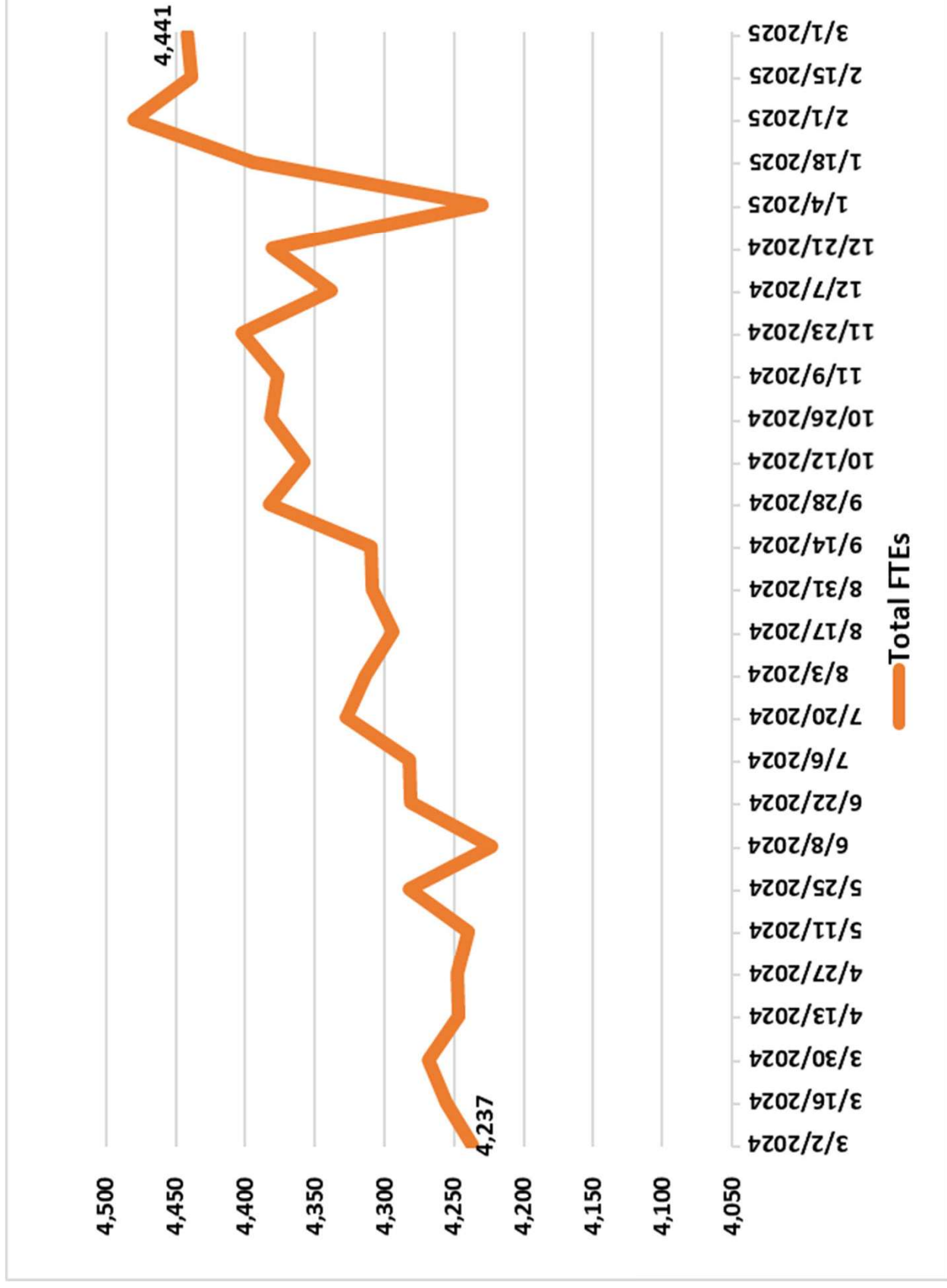
Liquidity Indicators									
Day's Cash on Hand	97.4	89.8	91.9	88.4	78.9	74.6	80.3	88.9	88.9
Day's in Accounts Receivable	64.0	68.5	71.0	68.3	66.9	65.8	70.6	73.0	73.0

Debt & Other Indicators									
Debt Service Coverage (MAD)	0.70	0.50	1.40	1.80	1.50	3.20	3.20	3.90	3.90
Discharges (Monthly)	2,498	2,447	2,440	2,388	2,240	2,339	2,339	2,352	2,380
Adj Discharges (Case mix adj)	8,455	8,215	7,779	8,441	7,760	7,724	8,294	8,320	64,988
Adjusted patient Days (Mo.)	26,023	26,419	26,419	26,693	25,492	26,538	26,538	26,332	26,307
Cost/Adj Discharge	\$8.8	\$9.4	\$9.4	\$9.3	\$9.8	\$10.2	\$9.2	\$8.7	\$9.3
Compensation Ratio	75%	73%	73%	74%	75%	82%	64%	72%	73%

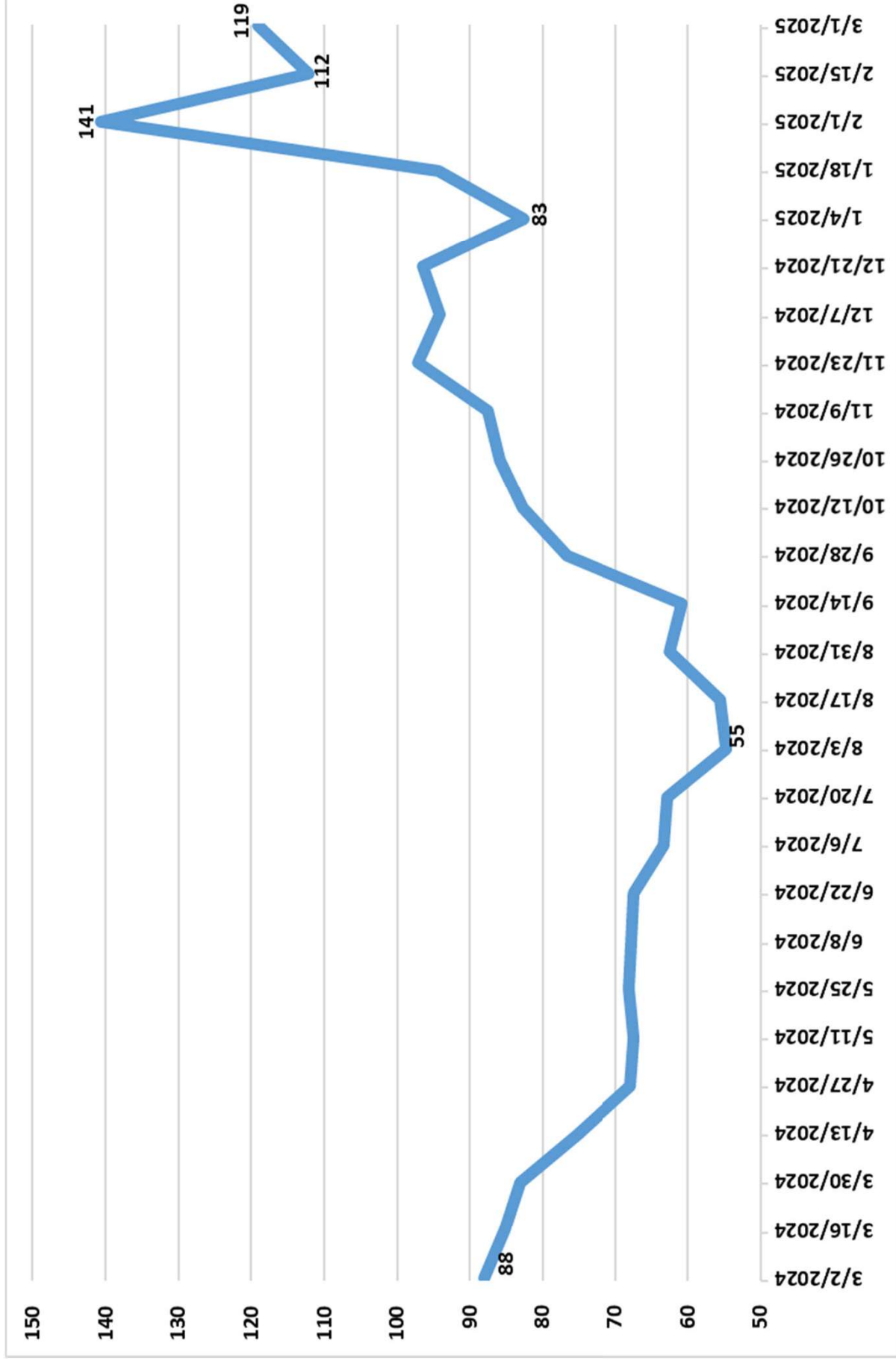
Month of February - Budget Variances

- **Net Patient Service Revenue:** The \$2.6M favorable variance in February resulted from outpatient volumes and the mix and acuity of our patients.
- **Premium Revenue:** Due to a decrease in enrollment in our Medicare managed care plan in January, we experienced a \$1.2M unfavorable variance.
- **Contract Labor:** The unfavorable variance of \$798K is due to an unexpected increase in the need of contract labor primarily in Labor and Delivery and the ED.
- **Employee Benefits:** Due to unbudgeted 100% 401k match for CY25, health insurance, and an increase in workers compensation expense, we experienced a \$1.3M unfavorable variance in February.
- **Repairs and Maintenance:** The \$308k unfavorable variance is due to IT service contracts.
- **Humana Cap Expenses:** The favorable variance of \$339K is due to lower than anticipated third party expenses as the enrollment decreased.

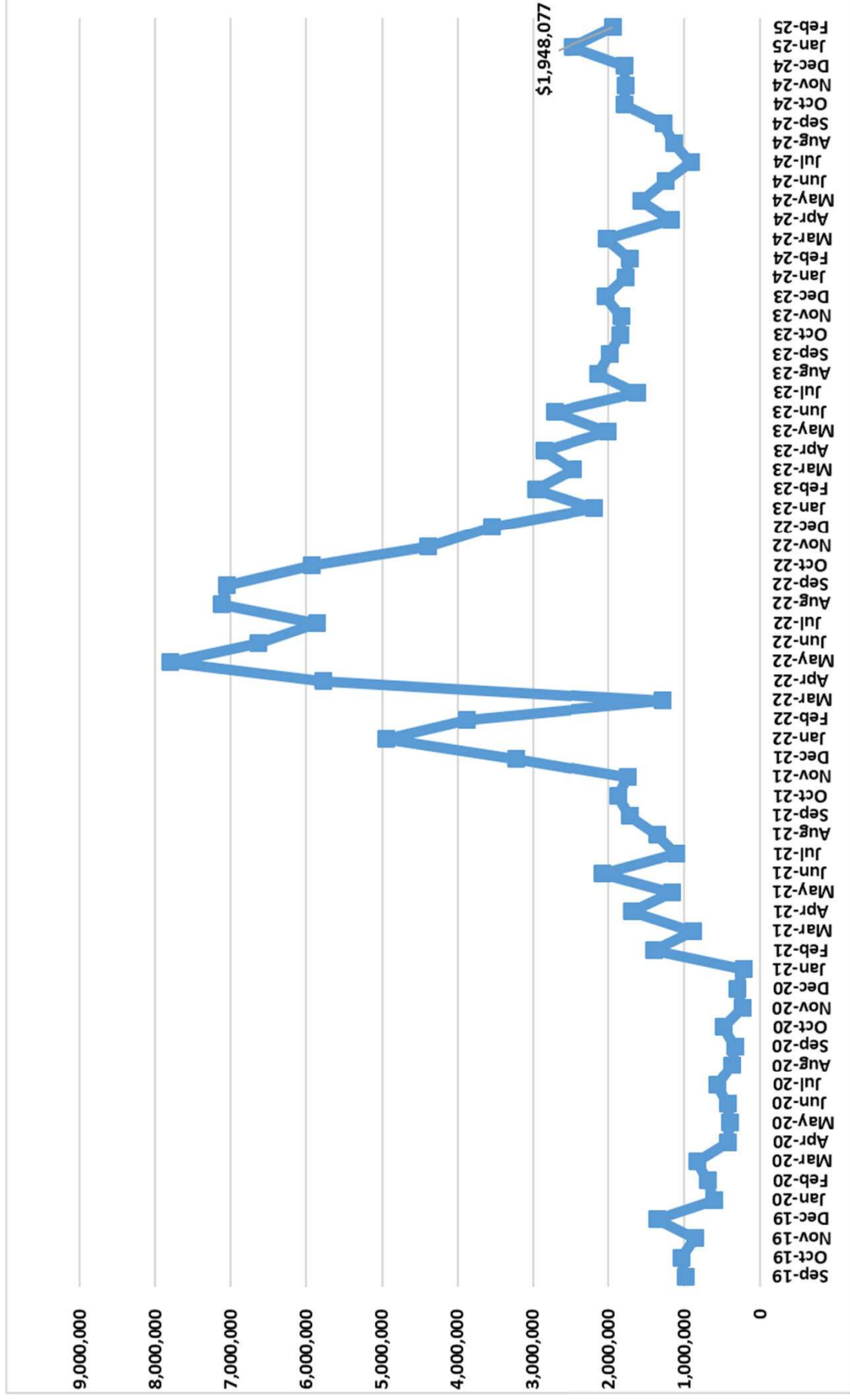
Total FTEs (includes Contract Labor)



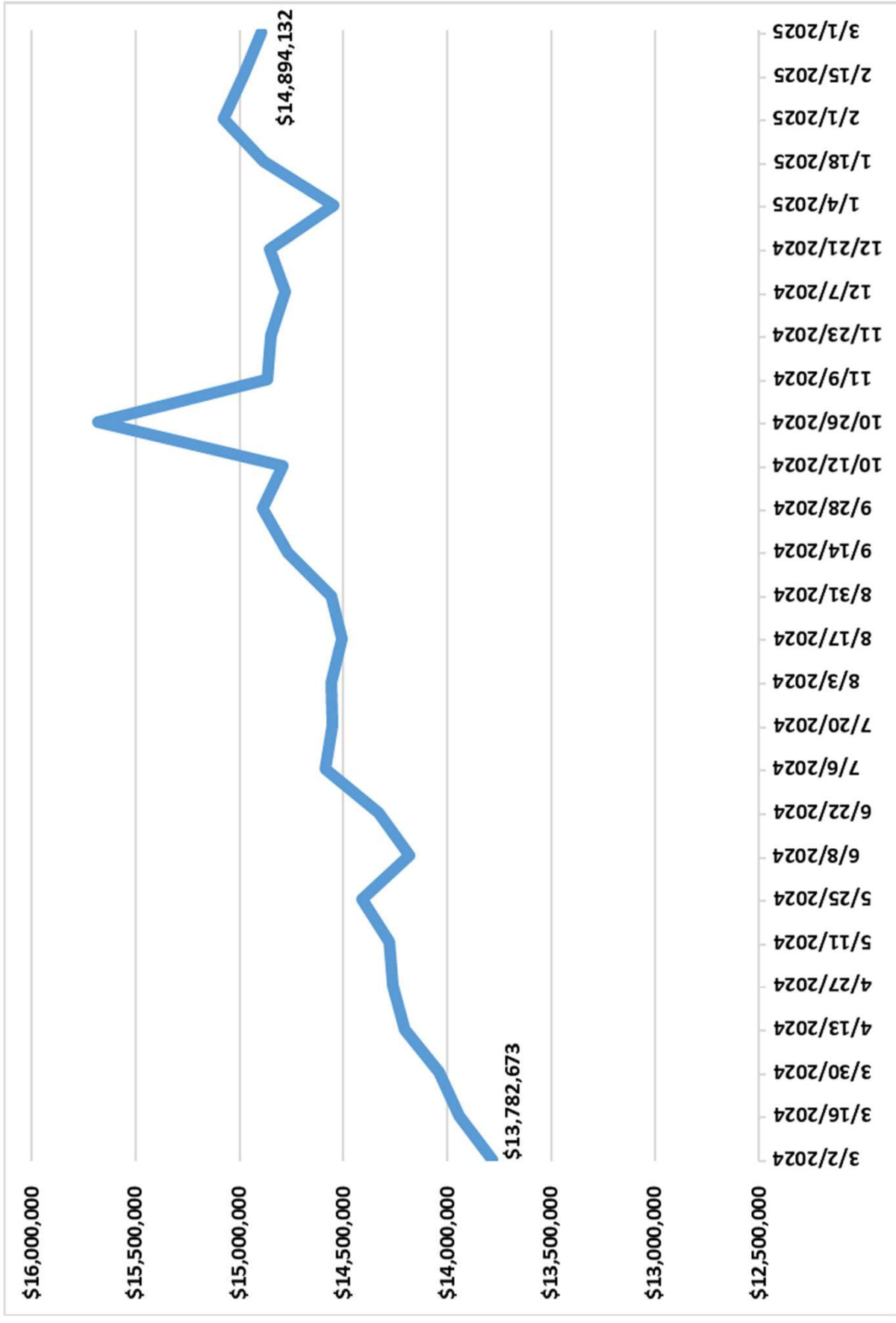
Contract Labor Full Time Equivalents (FTEs)



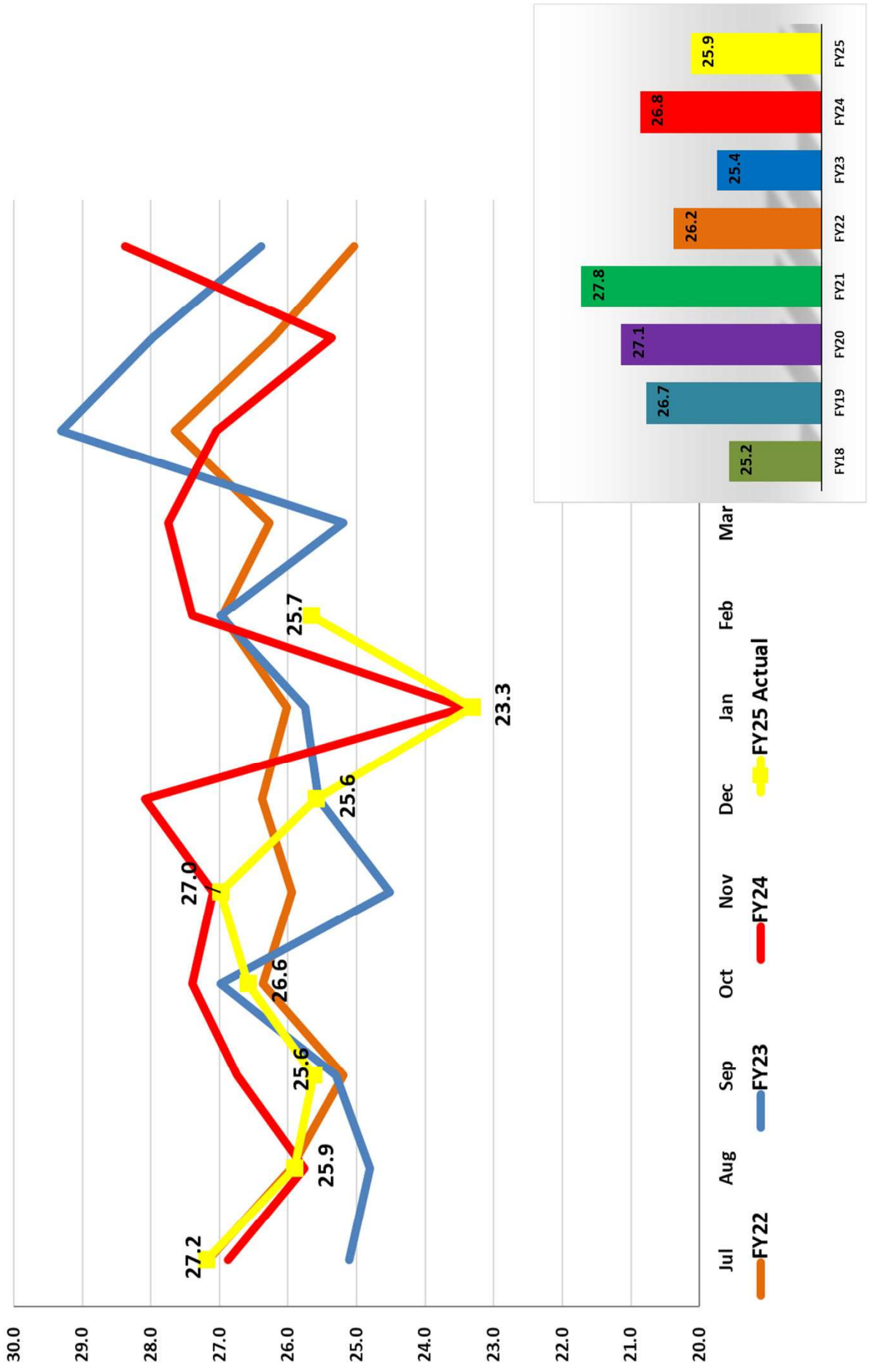
Contract Labor Expense



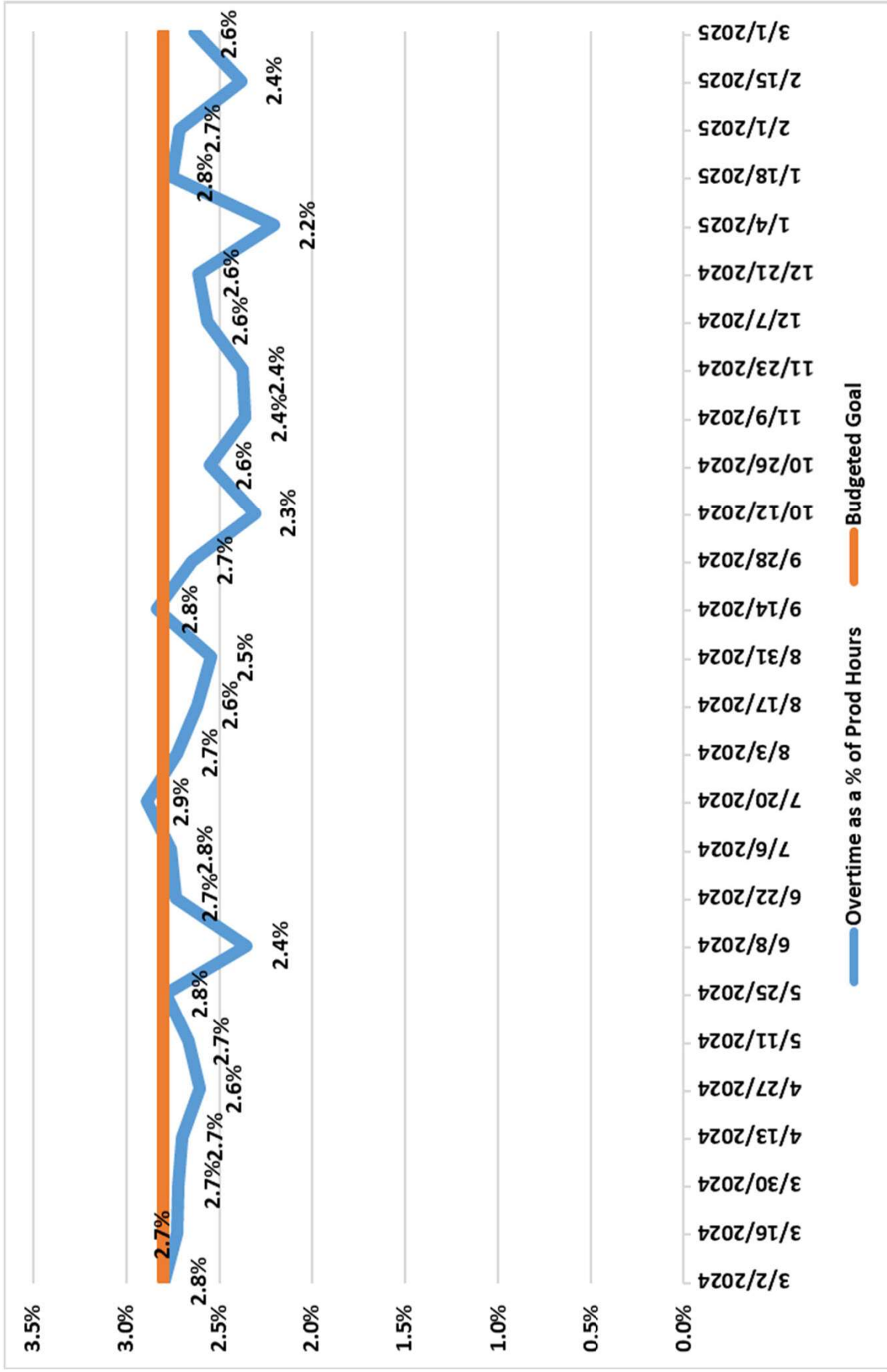
Total Payroll: excludes contract labor and PTO cash out



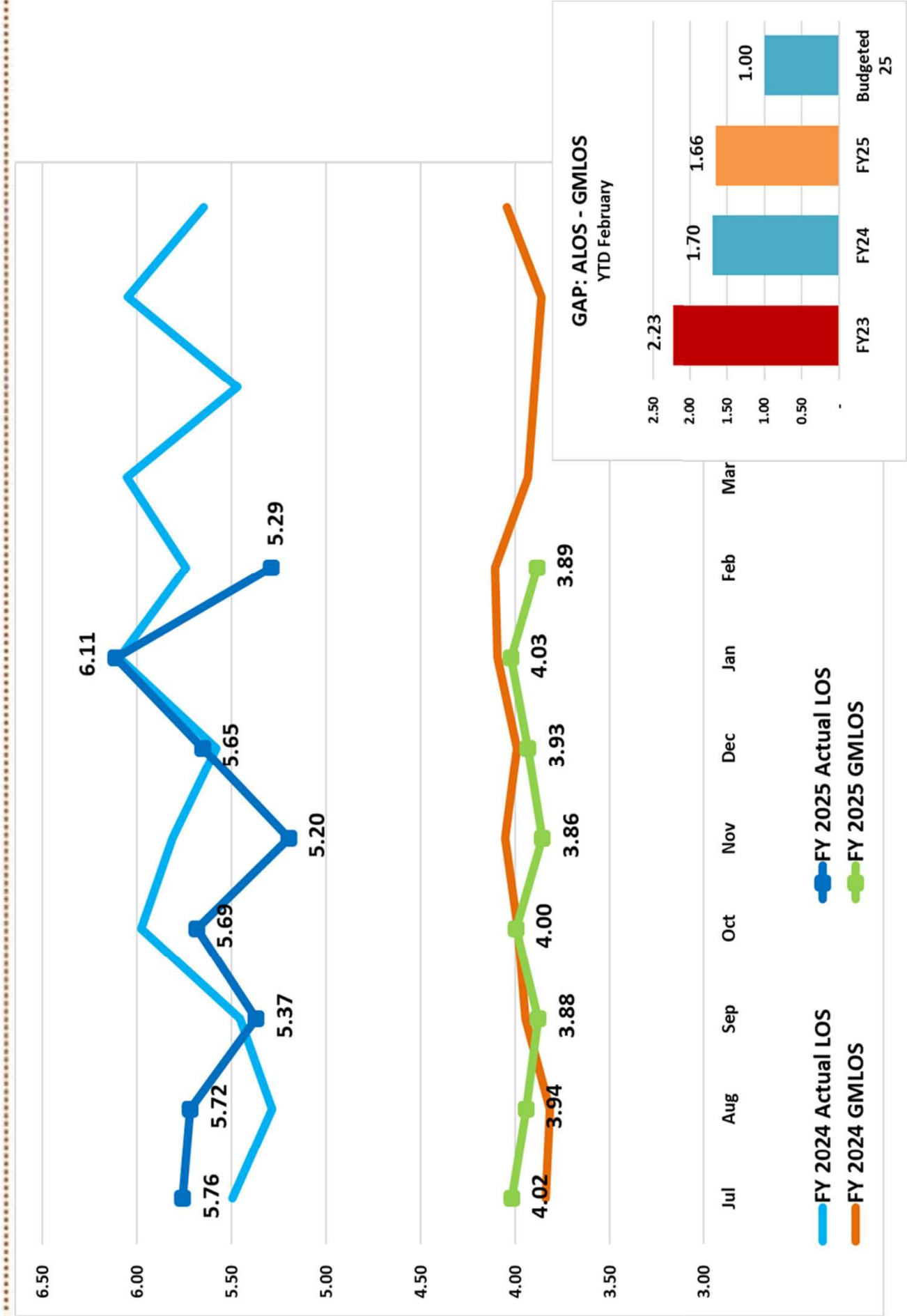
Productivity Measure : Worked Hours/ Adj. Patient Days



Overtime as a % of Productive Hours



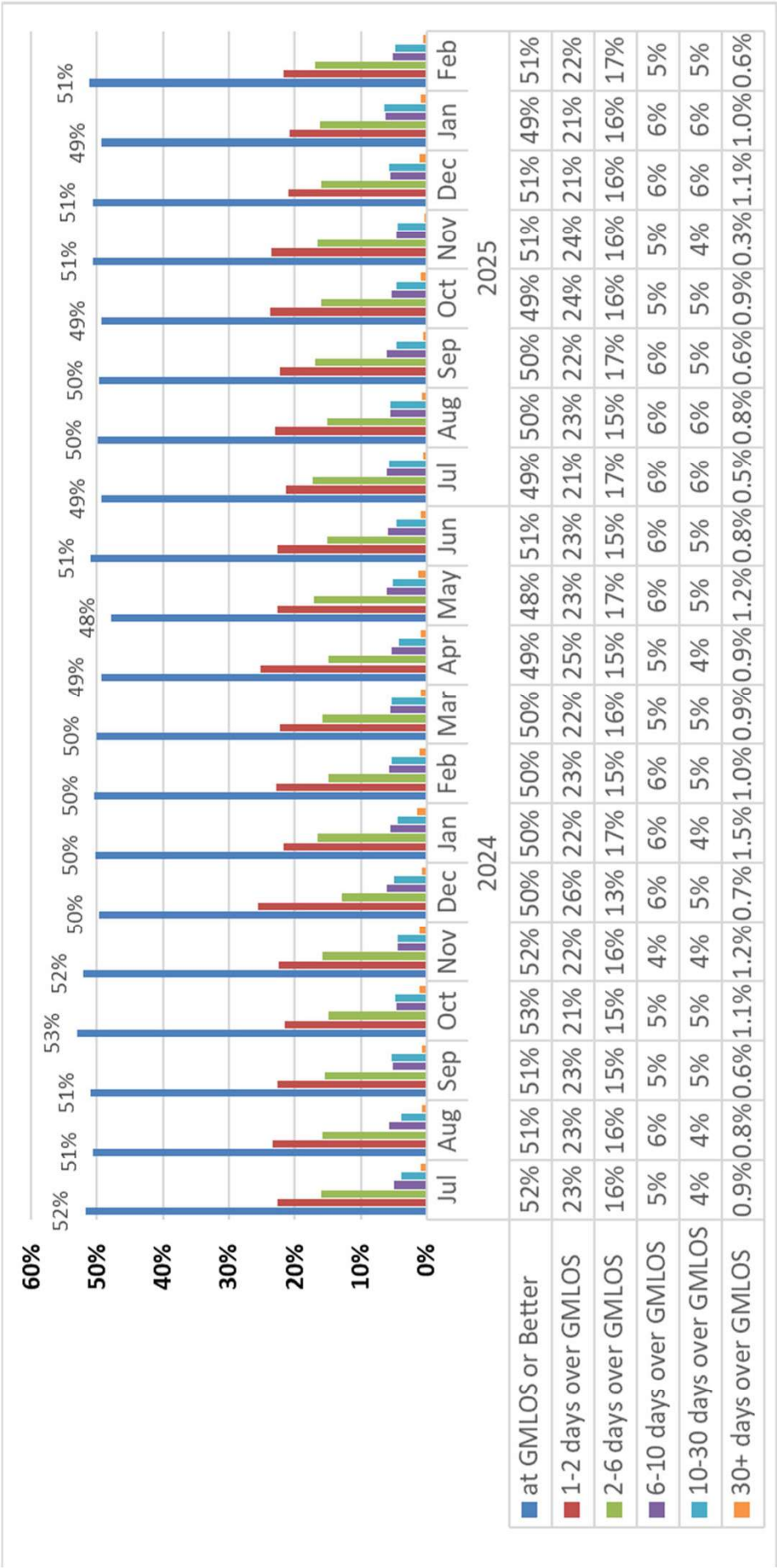
Average Length of Stay versus National Average (GMLOS)



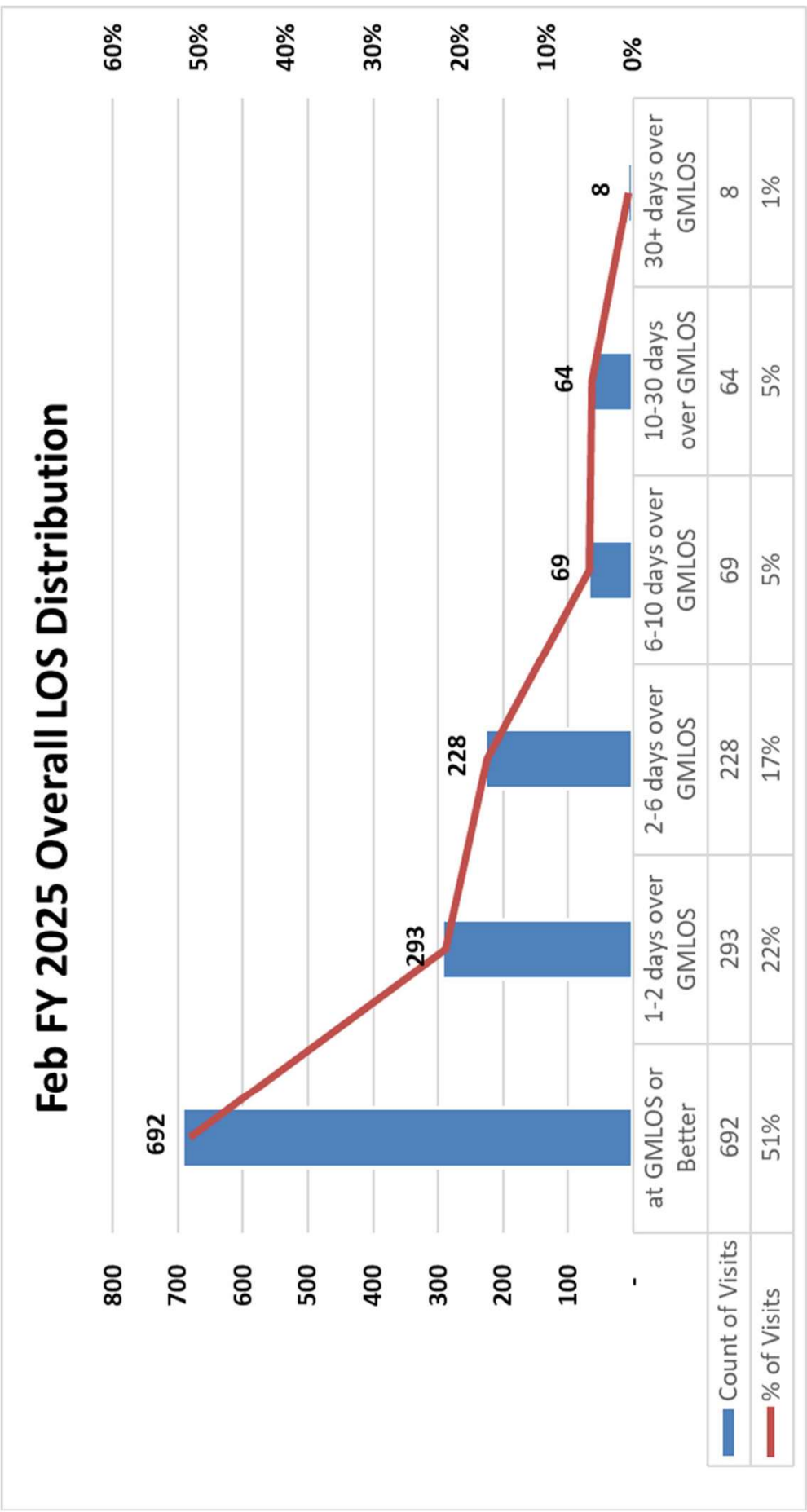
Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients		
	ALOS	GMLOS	GAP
Feb-23	6.56	4.06	2.50
Mar-23	5.69	4.09	1.60
Apr-23	5.35	3.99	1.36
May-23	5.37	3.99	1.38
Jun-23	5.39	3.94	1.45
Jul-23	5.50	3.90	1.60
Aug-23	5.29	3.84	1.45
Sep-23	5.45	3.82	1.64
Oct-23	5.98	3.95	2.03
Nov-23	5.81	3.99	1.82
Dec-23	5.58	4.05	1.53
Jan-24	6.09	3.99	2.10
Feb-24	5.74	4.10	1.64
Mar-24	6.05	4.11	1.94
Apr-24	5.47	3.94	1.53
May-24	6.05	3.90	2.15
Jun-24	5.63	3.86	1.76
Jul-24	5.76	4.02	1.74
Aug-24	5.72	3.94	1.77
Sep-24	5.37	3.88	1.49
Oct-24	5.69	4.00	1.69
Nov-24	5.20	3.86	1.34
Dec-24	5.65	3.93	1.72
Jan-25	6.11	4.03	2.09
Feb-25	5.29	3.89	1.40
	5.67	3.96	1.71

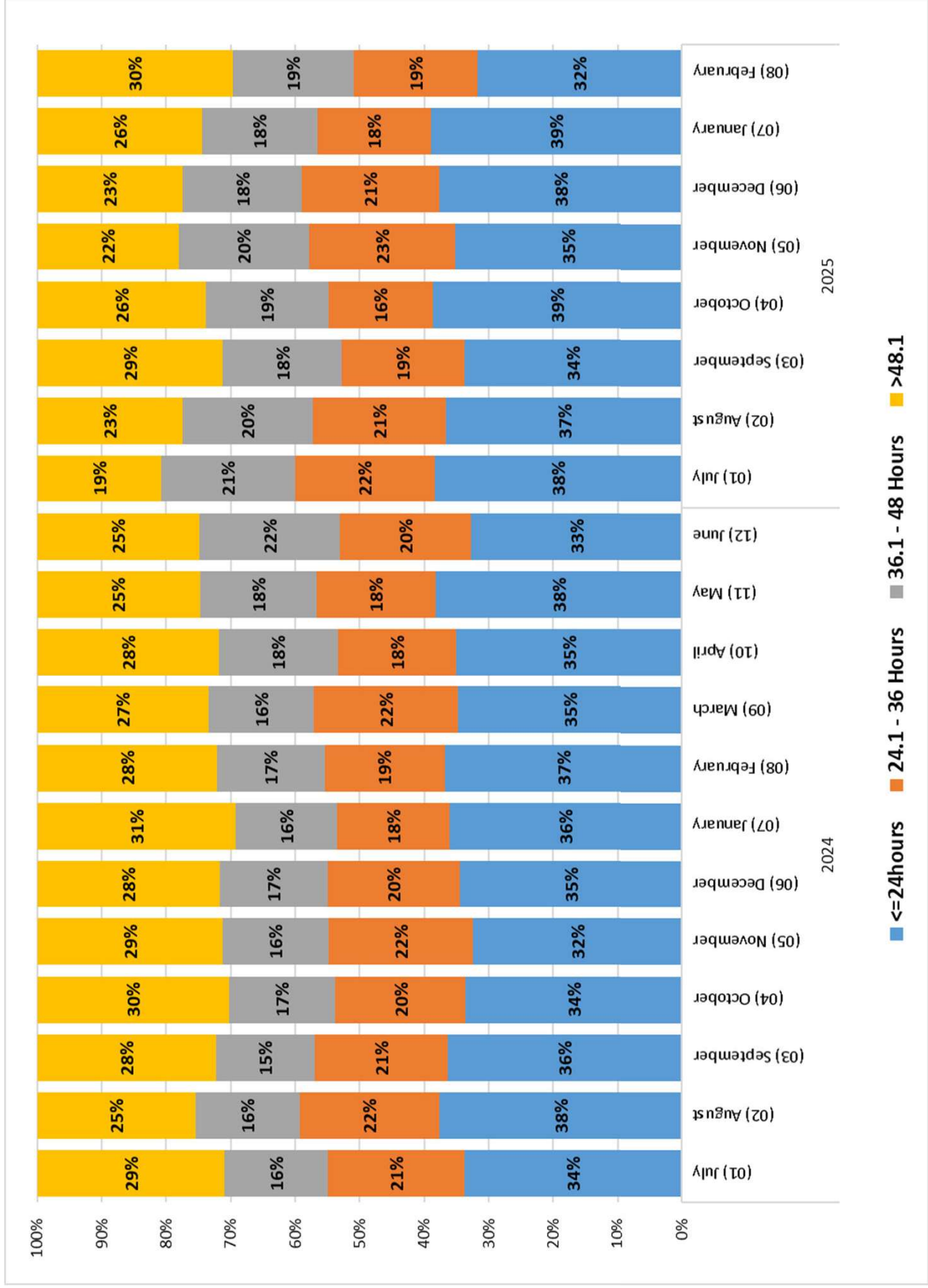
Average Length of Stay Distribution



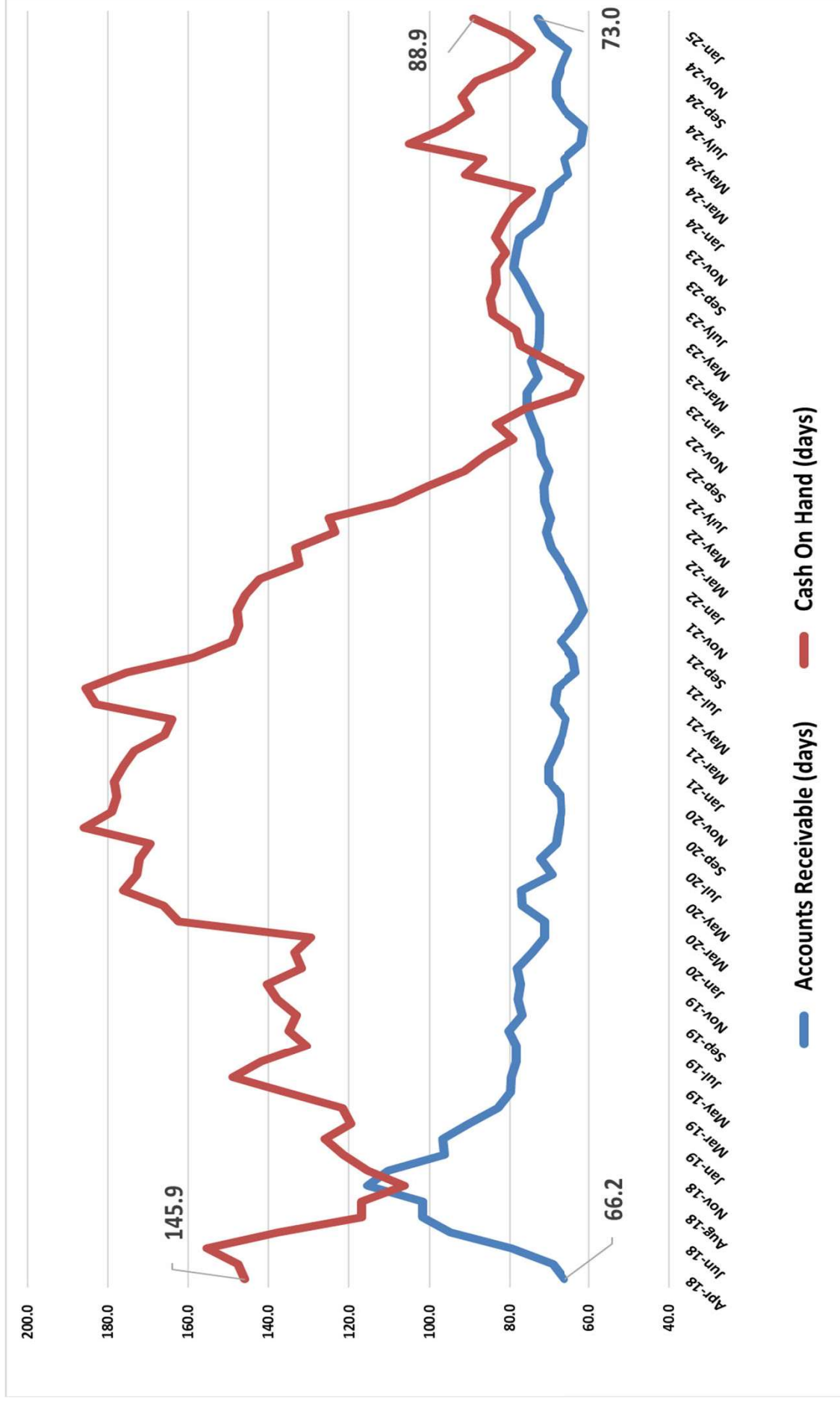
Length of Stay Distribution



Monthly Discharges of Observation Patients by their Length of Stay



Trended Liquidity Ratios



Ratio Analysis Report

FEBRUARY 28, 2025

LIQUIDITY RATIOS	
Current Ratio (x)	2.9
Accounts Receivable (days)	73.0
Cash On Hand (days)	88.9
Cushion Ratio (x)	9.9
Average Payment Period (days)	50.9
CAPITAL STRUCTURE RATIOS	
Cash-to-Debt	99.8%
Debt-To-Capitalization	32.0%
Debt-to-Cash Flow (x)	2.6
Debt Service Coverage	4.9
Maximum Annual Debt Service Coverage (x)	3.9
Age Of Plant (years)	13.9
PROFITABILITY RATIOS	
Operating Margin	(2.7%)
Excess Margin	6.6%
Operating Cash Flow Margin	2.4%
Return on Assets	7.1%

Current Month Value		Prior Month Value		June 30, 2024 Audited Value		2023 Moody's Median Benchmark		
Value		Value		Value		Aa	A	Baa
2.9		3.0		2.3		1.7	1.8	1.7
73.0		70.6		61.9		47.8	47.7	47.8
88.9		80.3		105.1		273.9	188.4	134.1
9.9		8.9		10.7		44.7	24.2	16.6
50.9		50.4		58.6		70.9	62.7	64.0
99.8%		89.7%		106.3%		271.7%	164.5%	131.0%
32.0%		32.0%		34.5%		22.5%	31.1%	35.0%
2.6		2.7		3.4		2.4	3.6	6.9
4.9		4.7		3.7		6.7	4.5	2.1
3.9		3.7		2.9		6.8	3.8	1.9
13.9		14.0		13.3		11.1	12.8	13.9
(2.7%)		(3.2%)		0.8%		2.1%	0.5%	(2.3%)
6.6%		7.2%		2.4%		5.5%	2.7%	(.9%)
2.4%		1.9%		6.1%		6.7%	5.5%	3.0%
7.1%		7.8%		2.4%		3.9%	2.4%	(.7%)

Consolidated Statements of Net Position (000's)

	Feb-25	Jun-24
	(Audited)	
ASSETS AND DEFERRED OUTFLOWS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 6,380	\$ 19,412
Current Portion of Board designated and trusted assets		
Accounts receivable:	21,540	14,944
Net patient accounts	151,245	133,806
Other receivables	79,098	25,023
Inventories	230,343	158,829
Medicare and Medi-Cal settlements	13,985	13,738
Prepaid expenses	71,215	82,755
Total current assets	8,665	8,403
NON-CURRENT CASH AND INVESTMENTS -	352,128	298,082
less current portion		
Board designated cash and assets	199,123	210,518
Revenue bond assets held in trust	22,850	19,326
Assets in self-insurance trust fund	708	827
Total non-current cash and investments	222,681	230,671
INTANGIBLE RIGHT TO USE LEASE,		
net of accumulated amortization	12,785	10,464
INTANGIBLE RIGHT TO USE SBITA,		
net of accumulated amortization	9,515	12,153
CAPITAL ASSETS		
Land	17,542	17,542
Buildings and improvements	428,894	428,209
Equipment	336,338	334,316
Construction in progress	25,970	22,757
Less accumulated depreciation	808,744	802,825
	530,525	512,148
	278,219	290,676
OTHER ASSETS		
Property not used in operations	5,168	4,487
Health-related investments	2,150	2,676
Other	17,357	17,120
Total other assets	24,676	24,283
Total assets	900,004	866,329
DEFERRED OUTFLOWS	14,400	15,283
Total assets and deferred outflows	\$ 914,404	\$ 881,611

Consolidated Statements of Net Position (000's)

	Feb-25	Jun-24
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	\$ 31,854	\$ 41,096
Accrued payroll and related liabilities	68,177	62,382
SBITA liability, current portion	3,742	4,146
Lease liability, current portion	2,869	2,248
Bonds payable, current portion	12,754	12,585
Notes payable, current portion	2,306	9,850
Total current liabilities	121,702	132,306
LEASE LIABILITY, net of current portion	10,253	8,477
SBITA LIABILITY, net of current portion	4,606	5,846
LONG-TERM DEBT, less current portion		
Bonds payable	212,280	214,713
Notes payable	18,444	20,750
Total long-term debt	230,724	235,463
NET PENSION LIABILITY	21,578	21,226
OTHER LONG-TERM LIABILITIES	39,105	36,256
Total liabilities	427,969	439,574
NET ASSETS		
Invested in capital assets, net of related debt	55,656	66,112
Restricted	64,672	52,733
Unrestricted	366,108	323,192
Total net position	486,435	442,037
Total liabilities and net position	\$ 914,404	\$ 881,611

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
February 28, 2025

Board designated funds	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
LAIIF		4.33	Various		39,955,175	
CAMP		4.51	CAMP		24,811,168	
Allspring		3.96	Money market		212,750	
PFM		3.96	Money market		53,943	
Allspring	17-Jan-30	4.95	MTN-C	Adobe Inc	900,000	
PFM	17-Jan-30	4.95	MTN-C	Adobe Inc	285,000	
PFM	31-Jan-30	4.25	U.S. Govt Agency	US Treasury Bill	500,000	
Western Alliance - CDARS	5-Mar-25	4.50	CD	Western Alliance	250,000	
Allspring	7-Mar-25	2.13	MTN-C	Deere John Mtn	550,000	
American Business Bank	20-Mar-25	4.50	CD	American Business Bank	235,500	
CalPrivate Bank	20-Mar-25	4.50	CD	CalPrivate Bank	235,500	
Citizens National Bank of Texas	20-Mar-25	4.50	CD	Citizens National Bank of Texas	235,500	
Community Bank of the Day	20-Mar-25	4.50	CD	Community Bank of the Day	203,034	
East West Bank	20-Mar-25	4.50	CD	East West Bank	235,500	
Farmers Bank and Trust Comp	20-Mar-25	4.50	CD	Farmers Bank and Trust Company	235,500	
Frontier Bank of Texas	20-Mar-25	4.50	CD	Frontier Bank of Texas	235,500	
Optus Bank	20-Mar-25	4.50	CD	Optus Bank	198,863	
Poppy Bank	20-Mar-25	4.50	CD	Poppy Bank	235,500	
Republic Bank	20-Mar-25	4.50	CD	Republic Bank	206,240	
St. Louis Bank	20-Mar-25	4.50	CD	St. Louis Bank	235,500	
Willamette Valley Bank	20-Mar-25	4.50	CD	Willamette Valley Bank	235,500	
Optus Bank	27-Mar-25	4.50	CD	Optus Bank	22,383	
Allspring	1-Apr-25	0.88	Municipal	Bay Area Toll	250,000	
Allspring	1-May-25	0.74	Municipal	San Diego County	300,000	
Allspring	15-May-25	2.75	U.S. Govt Agency	US Treasury Bill	980,000	
PFM	15-May-25	0.93	Municipal	University Calif Ca	185,000	
Allspring	1-Jun-25	0.92	Municipal	Connecticut ST	400,000	
Allspring	17-Jun-25	0.50	U.S. Govt Agency	FNMA	2,000,000	
Allspring	30-Jun-25	0.25	U.S. Govt Agency	US Treasury Bill	350,000	
Allspring	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	1,500,000	
Allspring	1-Aug-25	2.17	Municipal	Santa Cruz Ca	400,000	
PFM	1-Aug-25	0.85	Municipal	San Juan Ca	190,000	
Allspring	25-Aug-25	0.38	U.S. Govt Agency	FNMA	1,500,000	
PFM	25-Aug-25	3.75	U.S. Govt Agency	FHLMC	259,560	
Allspring	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000	
Allspring	23-Sep-25	0.38	U.S. Govt Agency	FHLMC	750,000	
Allspring	29-Oct-25	0.55	MTN-C	Procter Gamble Co	1,300,000	
Allspring	31-Oct-25	0.25	U.S. Govt Agency	US Treasury Bill	770,000	
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	2,550,000	
PFM	15-Feb-26	1.63	U.S. Govt Agency	US Treasury Bill	400,000	
PFM	28-Feb-26	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000	
Allspring	31-Mar-26	0.75	U.S. Govt Agency	US Treasury Bill	675,000	
PFM	31-Mar-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	2-Apr-26	3.38	MTN-C	Bank of America	250,000	
PFM	19-Apr-26	3.50	MTN-C	Bank of America	295,000	
Allspring	21-Apr-26	4.75	MTN-C	Morgan Stanley	1,000,000	
Allspring	25-Apr-26	3.91	MTN-C	Wells Fargo co	800,000	
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	15-May-26	3.30	MTN-C	IBM Corp	410,000	
PFM	28-May-26	1.20	MTN-C	Astrazeneca LP	265,000	
PFM	31-May-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	31-May-26	2.13	U.S. Govt Agency	US Treasury Bill	1,200,000	
PFM	15-Jun-26	0.55	ABS	Carmax Auto Owner	45,578	
Allspring	18-Jun-26	1.13	MTN-C	Toyota Motor	1,400,000	
Allspring	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	1,850,000	
PFM	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	990,000	
Allspring	1-Jul-26	1.89	Municipal	Anaheim Ca Pub	1,000,000	
PFM	1-Jul-26	1.46	Municipal	Los Angeles Ca	270,000	
PFM	7-Jul-26	5.25	ABS	American Honda Mtn	145,000	
PFM	17-Jul-26	5.08	MTN-C	Cooperative CD	400,000	
PFM	20-Jul-26	3.73	ABS	Honda Auto Rec Own	52,573	
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	880,000	
PFM	31-Aug-26	0.75	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	14-Sep-26	1.15	MTN-C	Caterpillar Finl Mtn	220,000	
PFM	18-Sep-26	5.61	MTN-C	Natixis Ny	405,000	
Allspring	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	2,210,000	
PFM	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	1-Nov-26	4.76	Municipal	California St Univ	125,000	
PFM	4-Nov-26	1.65	MTN-C	American Express Co	445,000	
PFM	13-Nov-26	5.60	MTN-C	National Rural Mtn	160,000	
Allspring	30-Nov-26	1.25	U.S. Govt Agency	US Treasury Bill	2,000,000	
Allspring	4-Dec-26	5.49	MTN-C	Citibank N A	1,000,000	
PFM	11-Jan-27	1.70	MTN-C	Deere John Mtn	220,000	
Allspring	15-Jan-27	1.95	MTN-C	Target Corp	900,000	
PFM	26-Feb-27	4.80	MTN-C	Cisco Sys	260,000	
PFM	15-Mar-27	5.90	MTN-C	Daimler Trucks	319,133	
PFM	18-Mar-27	4.99	MTN-C	State Street Corp	335,000	
PFM	25-Mar-27	3.22	U.S. Govt Agency	FHLMC	575,000	
PFM	30-Mar-27	5.39	MTN-C	Hormel Food Corp	115,000	
PFM	15-Apr-27	3.97	ABS	Carmax Auto Owner	308,763	
PFM	15-Apr-27	2.50	MTN-C	Home Depot Inc	220,000	
Allspring	30-Apr-27	2.75	U.S. Govt Agency	US Treasury Bill	970,000	
PFM	30-Apr-27	0.50	U.S. Govt Agency	US Treasury Bill	250,000	
PFM	30-Apr-27	2.75	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	13-May-27	5.00	MTN-C	Paccar Financial Mtn	95,000	
PFM	15-May-27	2.38	U.S. Govt Agency	US Treasury Bill	925,000	
PFM	15-May-27	1.70	MTN-C	IBM Corp	230,000	
PFM	15-May-27	3.70	MTN-C	Unitedhealth Group	85,000	
PFM	17-May-27	3.66	ABS	Capital One Prime	154,205	
Allspring	21-May-27	5.41	MTN-C	Goldman Sachs	1,100,000	
Allspring	15-Jul-27	3.68	Municipal	Massachusetts St	1,000,000	
PFM	26-Jul-27	4.60	MTN-C	Blackrock Funding	185,000	
PFM	31-Jul-27	2.75	U.S. Govt Agency	US Treasury Bill	185,000	
Allspring	1-Aug-27	3.46	Municipal	Alameda Cnty Ca	500,000	
Allspring	6-Aug-27	4.45	MTN-C	Paccar Financial Mtn	900,000	
PFM	15-Aug-27	2.25	U.S. Govt Agency	US Treasury Bill	190,000	
PFM	31-Aug-27	0.50	U.S. Govt Agency	US Treasury Bill	1,140,000	
Allspring	15-Sep-27	5.93	MTN-C	Bank of America	1,100,000	
Allspring	1-Oct-27	4.66	Municipal	San Francisco Ca	1,000,000	
PFM	8-Oct-27	4.35	MTN-C	Toyota Motor	130,000	
Allspring	22-Oct-27	4.33	MTN-C	State Street Corp	1,000,000	
PFM	31-Oct-27	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000	
Allspring	15-Nov-27	4.60	MTN-C	Caterpillar Finl Mtn	1,000,000	
Allspring	15-Nov-27	5.49	ABS	Nissan Auto Lease	500,000	

KAWEAH DELTA HEALTH CARE DISTRICT
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PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto	139,865
PFM	17-Nov-27	5.02	MTN-C	Bp Cap Mkts Amer	310,000
PFM	15-Jan-28	4.10	MTN-C	Mastercard	130,000
Allspring	18-Jan-28	5.66	ABS	Mercedes Benz Auto	1,000,000
PFM	24-Jan-28	4.90	MTN-C	Wells Fargo MTN	145,000
PFM	7-Feb-28	3.44	MTN-C	Bank New York Mellon Mtn	300,000
Allspring	12-Feb-28	4.55	MTN-C	Eli Lilly Co	300,000
Allspring	16-Feb-28	4.47	MTN-C	GM Finl Consumer	946,859
PFM	18-Feb-28	5.41	ABS	Honda Auto	350,000
PFM	24-Feb-28	4.55	MTN-C	Cisco Sys	70,000
PFM	24-Feb-28	4.55	MTN-C	Hershey Co	80,000
PFM	25-Feb-28	5.47	ABS	BMW Vehicle Owner	95,000
PFM	26-Feb-28	4.48	MTN-C	Chevron USA Inc	340,000
PFM	29-Feb-28	1.13	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	1-Mar-28	4.55	MTN-C	Johnson Johnson Sr	80,000
PFM	17-Apr-28	5.48	ABS	Hyundai Auto	115,000
Allspring	22-Apr-28	5.57	MTN-C	JP Morgan	1,100,000
PFM	30-Apr-28	3.50	U.S. Govt Agency	US Treasury Bill	750,000
PFM	30-Apr-28	1.25	U.S. Govt Agency	US Treasury Bill	600,000
PFM	15-May-28	5.46	ABS	Ally Auto Rec	195,000
PFM	15-May-28	4.87	MTN-C	American Express Co	150,000
PFM	15-May-28	4.79	MTN-C	Bank of America	180,000
PFM	15-May-28	5.23	MTN-C	Ford CR Auto Owner	160,000
PFM	26-May-28	5.50	MTN-C	Morgan Stanley	280,000
PFM	31-May-28	3.63	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	16-Jun-28	5.45	ABS	GM Finl con Auto Rec	110,000
PFM	25-Jun-28	4.82	U.S. Govt Agency	FHLMC	530,000
PFM	25-Jun-28	4.78	U.S. Govt Agency	FHLMC	434,827
PFM	30-Jun-28	4.00	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	14-Jul-28	4.95	MTN-C	John Deere Mtn	120,000
PFM	25-Jul-28	4.18	U.S. Govt Agency	FNMA	515,815
Allspring	1-Aug-28	5.75	Municipal	San Diego County	1,000,000
PFM	15-Aug-28	5.69	MTN-C	Harley Davidson	500,000
PFM	15-Aug-28	5.53	ABS	Fifth Third Auto	385,000
PFM	25-Aug-28	4.74	U.S. Govt Agency	FHLMC	545,000
PFM	25-Aug-28	4.65	U.S. Govt Agency	FHLMC	545,000
PFM	15-Sep-28	5.23	MTN-C	American Express	445,000
PFM	15-Sep-28	5.16	MTN-C	Chase Issuance Trust	435,000
PFM	25-Sep-28	4.85	U.S. Govt Agency	FHLMC	410,000
PFM	25-Sep-28	4.80	U.S. Govt Agency	FHLMC	535,000
PFM	29-Sep-28	5.80	MTN-C	Citibank N A	535,000
PFM	30-Sep-28	4.63	U.S. Govt Agency	US Treasury Bill	500,000
Allspring	25-Oct-28	5.80	MTN-C	Bank New York Mtn	1,000,000
PFM	25-Oct-28	5.07	U.S. Govt Agency	FHLMC	200,000
PFM	25-Oct-28	4.86	U.S. Govt Agency	FHLMC	300,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	775,000
Allspring	15-Nov-28	4.98	MTN-C	Bank of America	394,000
PFM	25-Nov-28	5.00	U.S. Govt Agency	FHLMC	280,000
PFM	25-Dec-28	4.57	U.S. Govt Agency	FHLMC	325,000
PFM	25-Dec-28	4.72	U.S. Govt Agency	FHLMC	315,000
PFM	31-Dec-28	3.75	U.S. Govt Agency	US Treasury Bill	1,200,000
PFM	31-Dec-28	1.38	U.S. Govt Agency	US Treasury Bill	500,000
PFM	12-Jan-29	5.02	MTN-C	Morgan Stanley	250,000
PFM	16-Jan-29	4.60	MTN-C	Chase Issuance Trust	490,000
PFM	24-Jan-29	4.92	MTN-C	JP Morgan	140,000
PFM	31-Jan-29	4.60	MTN-C	Paccar Financial Mtn	160,000
PFM	8-Feb-29	4.60	MTN-C	Air products	295,000
PFM	8-Feb-29	4.60	MTN-C	Texas Instrs	370,000
PFM	15-Feb-29	4.94	MTN-C	Wells Fargo Card	560,000
PFM	20-Feb-29	4.90	MTN-C	Cummins INC	195,000
PFM	22-Feb-29	4.90	MTN-C	Bristol Myers Squibb	200,000
Allspring	26-Feb-29	5.18	ABS	BMW Vehicle Owner	1,100,000
PFM	26-Feb-29	4.85	MTN-C	Cisco Sys	225,000
PFM	26-Feb-29	4.85	MTN-C	Astrazeneca	165,000
PFM	28-Feb-29	4.25	U.S. Govt Agency	US Treasury Bill	750,000
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	50,000
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	220,000
Allspring	15-Mar-29	5.20	ABS	John Deere Owner	1,000,000
Allspring	15-Mar-29	5.38	ABS	Hyundai Auto Rec	1,000,000
PFM	25-Mar-29	5.18	U.S. Govt Agency	FHLMC	315,000
Allspring	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	225,000
PFM	4-Apr-29	4.80	MTN-C	Adobe Inc	225,000
Allspring	15-Apr-29	5.10	MTN-C	Ford CR Auto Owner	1,000,000
PFM	15-Apr-29	5.10	MTN-C	Ford CR Auto Owner	415,000
PFM	15-May-29	4.42	ABS	Hyundai Auto Rec	195,000
PFM	25-May-29	4.72	U.S. Govt Agency	FHLMC	460,000
Allspring	31-May-29	4.50	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	15-Jun-29	5.15	MTN-C	National Rural Mtn	850,000
Allspring	20-Jun-29	5.98	MTN-C	Verizon Master Trust	1,000,000
Allspring	25-Jun-29	4.75	MTN-C	Home Depot Inc	500,000
PFM	25-Jun-29	4.64	U.S. Govt Agency	FHLMC	200,000
PFM	25-Jun-29	4.75	MTN-C	Home Depot Inc	95,000
PFM	30-Jun-29	3.25	U.S. Govt Agency	US Treasury Bill	2,030,000
PFM	15-Jul-29	4.76	MTN-C	Ford CR Auto Owner	360,000
Allspring	16-Jul-29	4.65	MTN-C	American Express	1,025,000
PFM	17-Jul-29	4.50	MTN-C	Pepsico inc	280,000
PFM	25-Jul-29	4.54	U.S. Govt Agency	FHLMC	515,000
PFM	25-Jul-29	4.62	U.S. Govt Agency	FHLMC	410,000
Allspring	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	500,000
PFM	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	750,000
PFM	6-Aug-29	4.84	MTN-C	Citibank N A	295,000
PFM	9-Aug-29	4.55	MTN-C	Toyota Motor	195,000
PFM	14-Aug-29	4.20	MTN-C	Eli Lilly Co	65,000
PFM	16-Aug-29	4.27	ABS	GM Finl con Auto Rec	155,000
PFM	18-Aug-29	4.64	MTN-C	Toyota Auto	260,000
PFM	31-Aug-29	3.63	U.S. Govt Agency	US Treasury Bill	750,000
PFM	18-Sep-29	3.80	MTN-C	Novartis Capital	365,000
PFM	21-Sep-29	4.57	ABS	Honda Auto	205,000
PFM	25-Sep-29	4.79	U.S. Govt Agency	FHLMC	345,000
PFM	25-Sep-29	4.85	ABS	BMW Vehicle Owner	140,000
Allspring	30-Sep-29	3.50	U.S. Govt Agency	US Treasury Bill	950,000
PFM	4-Oct-29	4.05	MTN-C	Accenture Capital	195,000
Allspring	31-Oct-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Oct-29	4.13	U.S. Govt Agency	US Treasury Bill	1,200,000
Allspring	30-Nov-29	4.13	U.S. Govt Agency	US Treasury Bill	1,700,000

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PFM	17-Dec-29	4.78	ABS	Mercedes Benz Auto	255,000	
Allspring	31-Dec-29	4.38	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	31-Dec-29	4.38	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	1-May-27	5.41	MTN-C	Goldman Sachs	220,000	
						\$ 186,129,235

	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
<u>Self-insurance trust</u>						
Wells Fargo Bank			Money market	110900	967,173	
Wells Fargo Bank			Fixed income - L/T	152300	748,762	
						1,715,934
<u>2015A revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	1,452,867	
						1,452,867
<u>2015B revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	1,057,738	
						1,057,738
<u>2017C revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	4,259,880	
						4,259,880
<u>2020 revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	777,291	
						777,291
<u>2022 revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	1,972,555	
						1,972,555
<u>2014 general obligation bonds</u>						
CAMP			Interest Payment fund	152440	3,737,382	
						3,737,382
<u>Master Reserve fund</u>						
US Bank				142102	(368,772)	
US Bank				142103	23,218,883	
						22,850,111
<u>Operations</u>						
Wells Fargo Bank		0.16	Checking	100100	100100	(3,490,927)
Wells Fargo Bank		0.16	Checking	100500	100500	8,360,586
						4,869,659
<u>Payroll</u>						
Wells Fargo Bank		0.16	Checking	100200	100200	(153,909)
Wells Fargo Bank		0.16	Checking	100300	100300	1,221,242
Wells Fargo Bank		0.16	Checking	100300	100300	15,905
Wells Fargo Bank			Checking	100300	100300	-
Bancorp			Checking	100300	100300	-
						1,083,238
						5,952,897
Total investments						\$ 229,905,889

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
February 28, 2025**

Kaweah Delta Medical Foundation

Wells Fargo Bank	Checking	100100	\$	3,593
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Sequoia Regional Cancer Center

Wells Fargo Bank	Checking	100500	1,386	\$ 1,386
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Kaweah Delta Hospital Foundation

Central Valley Community Checking	Investments	100100	397,767	
Various	S/T Investments	142200	5,358,999	
Various	L/T Investments	142300	13,470,278	
Various	Unrealized G/L	142400	3,053,913	
			\$	22,280,957

Summary of board designated funds:

Plant fund:

Uncommitted plant funds	\$ 130,467,854	142100	
Committed for capital	20,652,787	142100	
	151,120,642		
GO Bond reserve - L/T	1,992,658	142100	
401k Matching	11,837,640	142100	
Cost report settlement - current	2,135,384	142104	
Cost report settlement - L/T	1,312,727	142100	
	3,448,111		
Development fund/Memorial fund	104,184	112300	
Workers compensation - current	5,180,000	112900	
Workers compensation - L/T	12,446,000	113900	
	17,626,000		
	\$ 186,129,235		

	Total Investments	%	Trust Accounts	Surplus Funds	%
<u>Investment summary by institution:</u>					
Bancorp	\$ -	0.0%		-	0.0%
Cal Trust	-	0.0%		-	0.0%
CAMP	24,811,168	10.8%		24,811,168	12.9%
Local Agency Investment Fund (LAIF)	39,955,175	17.4%		39,955,175	20.8%
CAMP - GOB Tax Rev	3,737,382	1.6%	3,737,382	-	0.0%
Allspring	59,308,609	25.8%	1,715,934	57,592,674	30.0%
PFM	59,054,262	25.7%		59,054,262	30.7%
Western Alliance	250,000			250,000	0.1%
American Business Bank	235,500			235,500	0.1%
CalPrivate Bank	235,500			235,500	0.1%
Citizens National Bank of Texas	235,500			235,500	0.1%
Community Bank of the Day	203,034			203,034	0.1%
East West Bank	235,500			235,500	0.1%
Farmers Bank and Trust Company	235,500			235,500	0.1%
Frontier Bank of Texas	235,500			235,500	0.1%
Optus Bank	221,247			221,247	0.1%
Poppy Bank	235,500			235,500	0.1%
Republic Bank	206,240			206,240	0.1%
St. Louis Bank	235,500			235,500	0.1%
Willamette Valley Bank	235,500			235,500	0.1%
Wells Fargo Bank	7,668,831	3.3%		7,668,831	4.0%
Signature Bank	-	0.0%	-	-	0.0%
US Bank	32,370,442	14.1%	32,370,442	-	0.0%
Total investments	\$ 229,905,889	100.0%	\$ 37,823,758	192,082,131	100.0%

KAWEAH DELTA HEALTH CARE DISTRICT
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Investment summary of surplus funds by type:

		Investment Limitations	
Negotiable and other certificates of deposit	\$ 3,000,021	57,625,000	(30%)
Checking accounts	5,952,897		
Local Agency Investment Fund (LAIF)	39,955,175	75,000,000	
Cal Trust	-		
CAMP	24,811,168		
Medium-term notes (corporate) (MTN-C)	36,944,991	57,625,000	(30%)
U.S. government agency	66,885,202		
Municipal securities	6,620,000		
Money market accounts	266,693	38,416,000	(20%)
Commercial paper	-	48,021,000	(25%)
Asset Backed Securities	7,645,983	38,416,000	(20%)
Supra-National Agency	-	57,625,000	(30%)
	<u>\$ 192,082,131</u>		

Return on investment:

Current month	<u>3.41%</u>
Year-to-date	<u>3.66%</u>
Prospective	<u>3.51%</u>
 LAIF (year-to-date)	 <u>4.48%</u>
Budget	<u>2.82%</u>

Fair market value disclosure for the quarter ended Dec 31, 2024 (District only):

	<u>Quarter-to-date</u>	<u>Year-to-date</u>
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	(1,578,431)
Change in unrealized gain (loss) on investments (income statement effect)	\$ (686,000)	2,518,575

Investment summary of CDs:

American Business Bank	\$ 235,500
CalPrivate Bank	235,500
Citizens National Bank of Texas	235,500
Community Bank of the Day	203,034
East West Bank	235,500
Farmers Bank and Trust Company	235,500
Frontier Bank of Texas	235,500
Poppy Bank	235,500
Republic Bank	206,240
St. Louis Bank	235,500
Willamette Valley Bank	235,500
Optus Bank	221,247
Western Alliance	250,000
	<u>\$ 3,000,021</u>

Investment summary of asset backed securities:

Ally Auto Rec	\$ 195,000
American Honda Mtn	145,000
BMW Vehicle Owner	1,335,000
Fifth Third Auto	385,000
Capital One Prime	154,205
Carmax Auto Owner	354,341
GM Finl con Auto Rec	265,000
Honda Auto	555,000
Honda Auto Rec Own	52,573
Hyundai Auto	115,000
Hyundai Auto Rec	1,195,000
John Deere Owner	1,000,000
Mercedes Benz Auto	1,394,865
Nissan Auto Lease	500,000
	<u>\$ 7,645,983</u>

KAWEAH DELTA HEALTH CARE DISTRICT
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Investment summary of medium-term notes (corporate):

Accenture Capital	\$	195,000
Adobe Inc		1,410,000
American Express		1,470,000
American Express Co		595,000
Air products		295,000
Astrazeneca		165,000
Astrazeneca LP		265,000
Bank of America		2,219,000
Bank New York Mellon Mtn		300,000
Bank New York Mtn		1,000,000
Blackrock Funding		455,000
Bp Cap Mkts Amer		310,000
Bristol Myers Squibb		200,000
Chase Issuance Trust		925,000
Chevron USA Inc		340,000
Caterpillar Finl Mtn		1,220,000
Cisco Sys		555,000
Citibank N A		1,830,000
Cooperative CD		400,000
Cummins INC		195,000
Daimler Trucks		319,133
Deere John Mtn		770,000
Eli Lilly Co		365,000
Ford CR Auto Owner		1,935,000
GM Finl Consumer		946,859
Goldman Sachs		1,320,000
Harley Davidson		500,000
Hershey Co		80,000
Home Depot Inc		815,000
Hormel Food Corp		115,000
IBM Corp		640,000
John Deere Mtn		120,000
Johnson Johnson Sr		80,000
JP Morgan		1,240,000
Mastercard		130,000
Morgan Stanley		1,530,000
National Rural Mtn		1,010,000
Natixis Ny		405,000
Novartis Capital		365,000
Paccar Financial Mtn		1,155,000
Pepsico inc		280,000
Procter Gamble Co		1,300,000
State Street Corp		1,335,000
Target Corp		900,000
Texas Instrs		370,000
Toyota Auto		260,000
Toyota Motor		1,725,000
Unitedhealth Group		85,000
Verizon Master Trust		1,000,000
Wells Fargo Mtn		145,000
Wells Fargo Card		560,000
Wells Fargo co		800,000
	\$	36,944,991

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	\$	4,015,815
Federal Home Loan Bank (FHLB)		525,000
Federal Home Loan Mortgage Corp (FHLMC)		9,749,388
US Treasury Bill		52,595,000
	\$	66,885,202

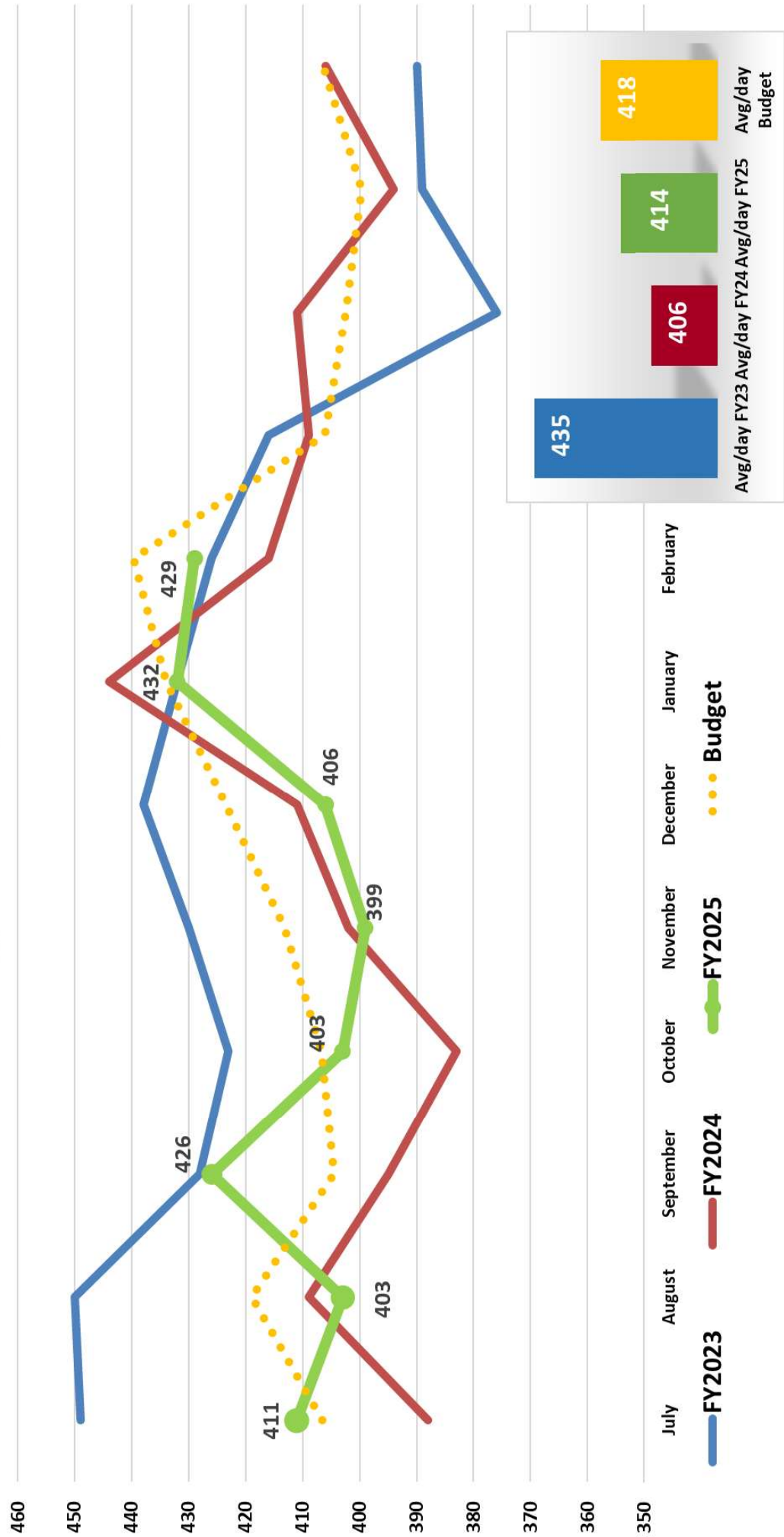
Investment summary of municipal securities:

Alameda Cnty Ca	\$	500,000
Anaheim Ca Pub		1,000,000
Bay Area Toll		250,000
California St Univ		125,000
Connecticut ST		400,000
Los Angeles Ca		270,000
Massachusetts St		1,000,000
San Diego County		1,300,000
San Francisco Ca		1,000,000
San Juan Ca		190,000
Santa Cruz Ca		400,000
University Calf Ca		185,000
	\$	6,620,000

Statistical Report

February 2025

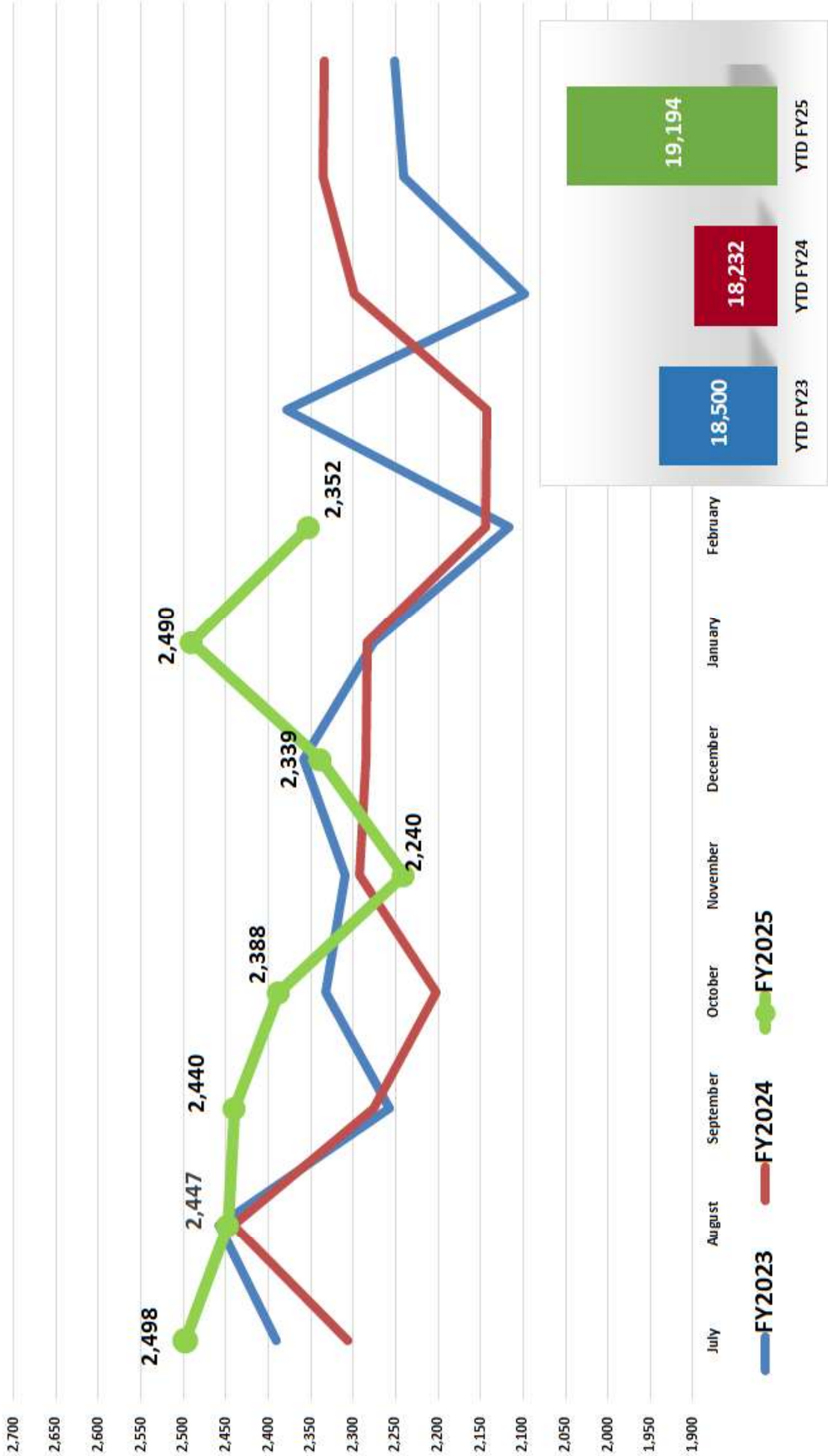
Average Daily Census



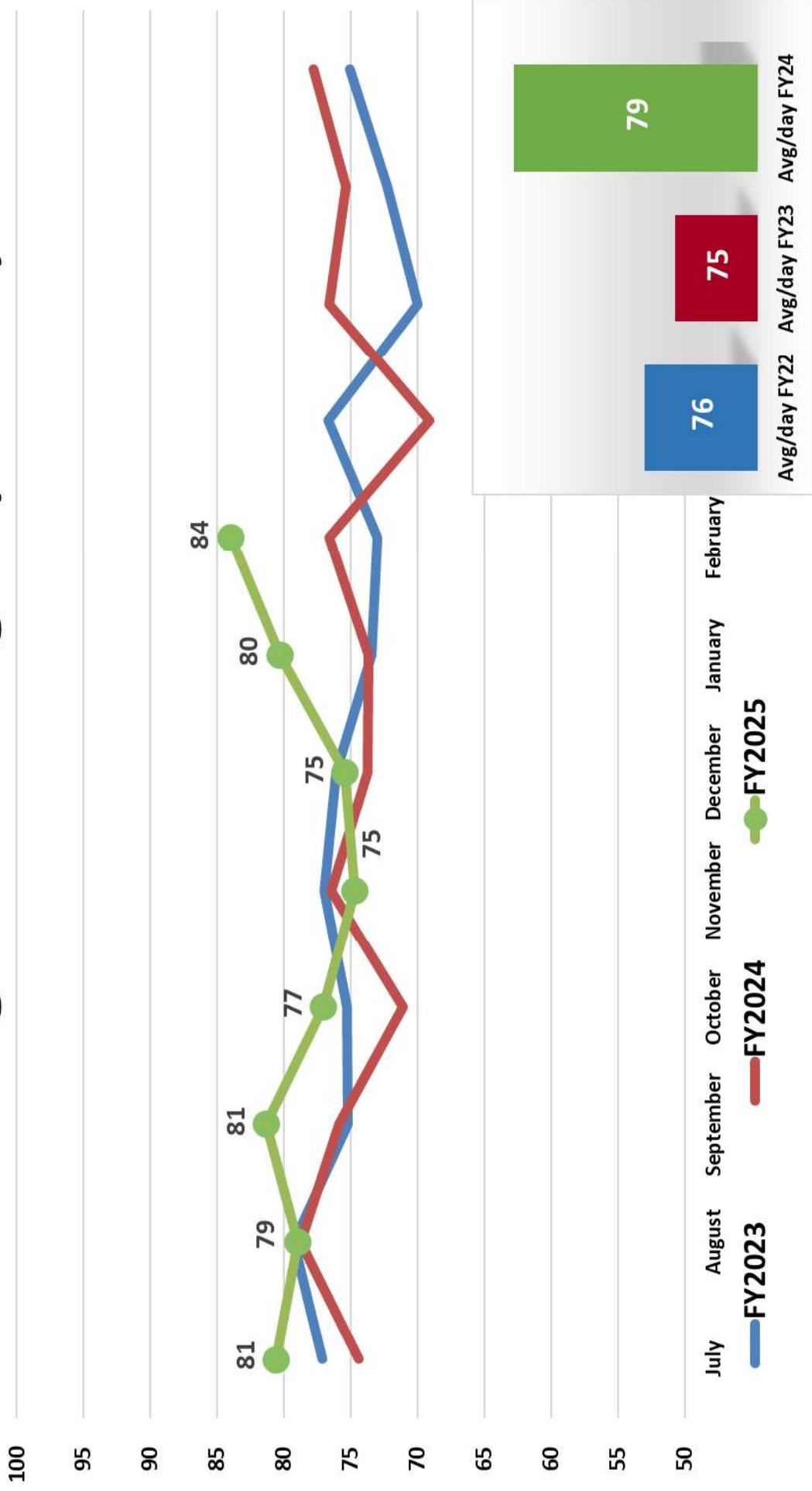
Admissions



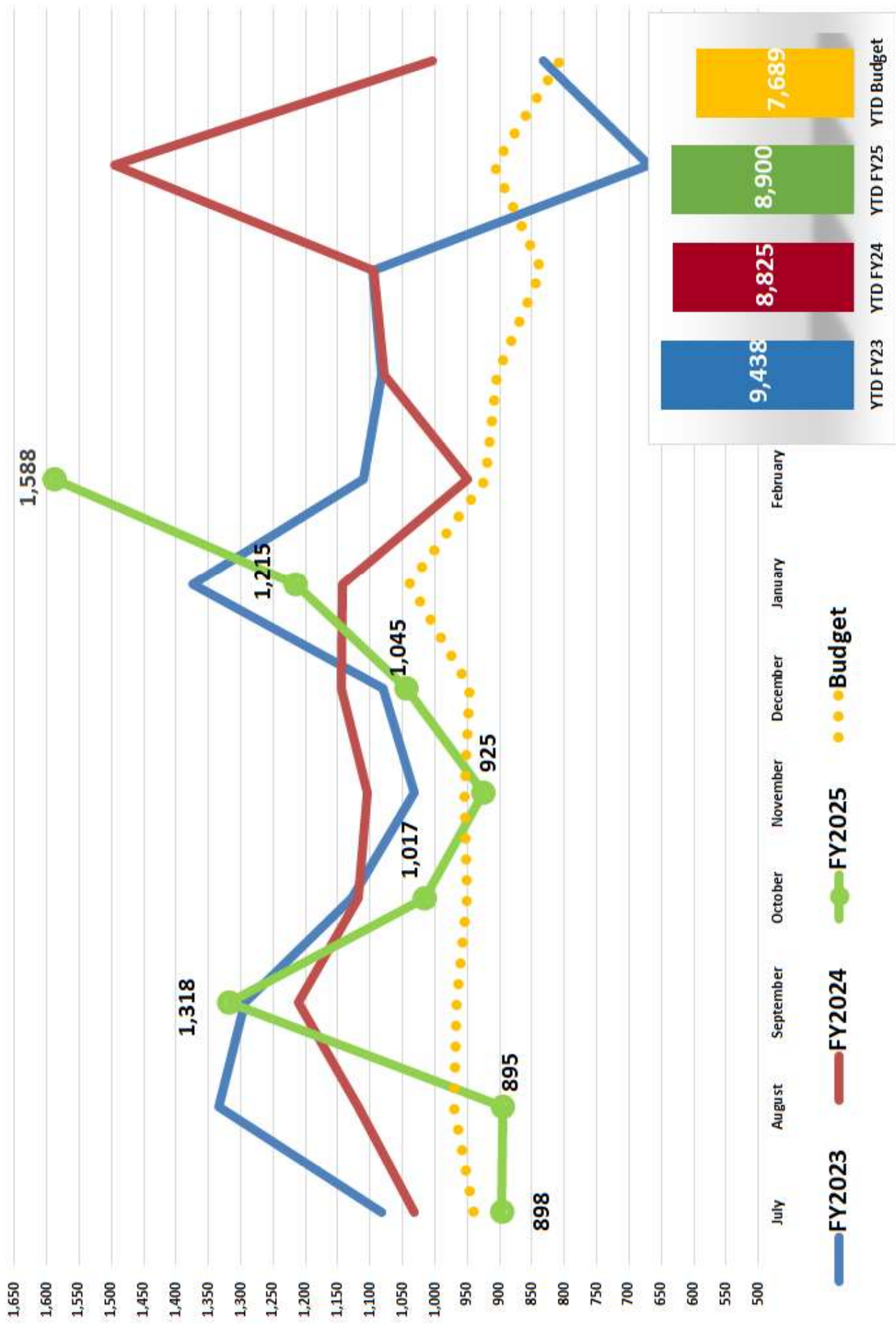
Discharges



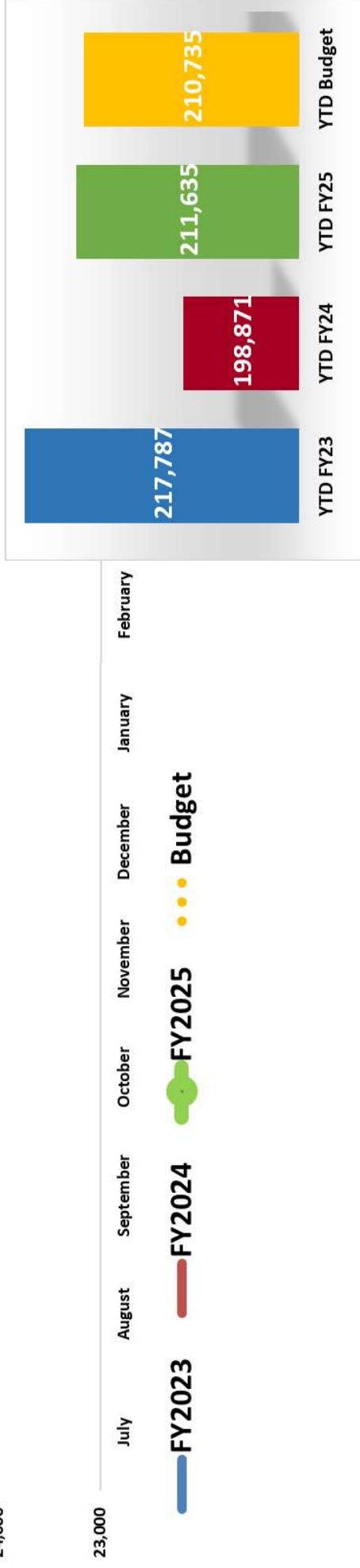
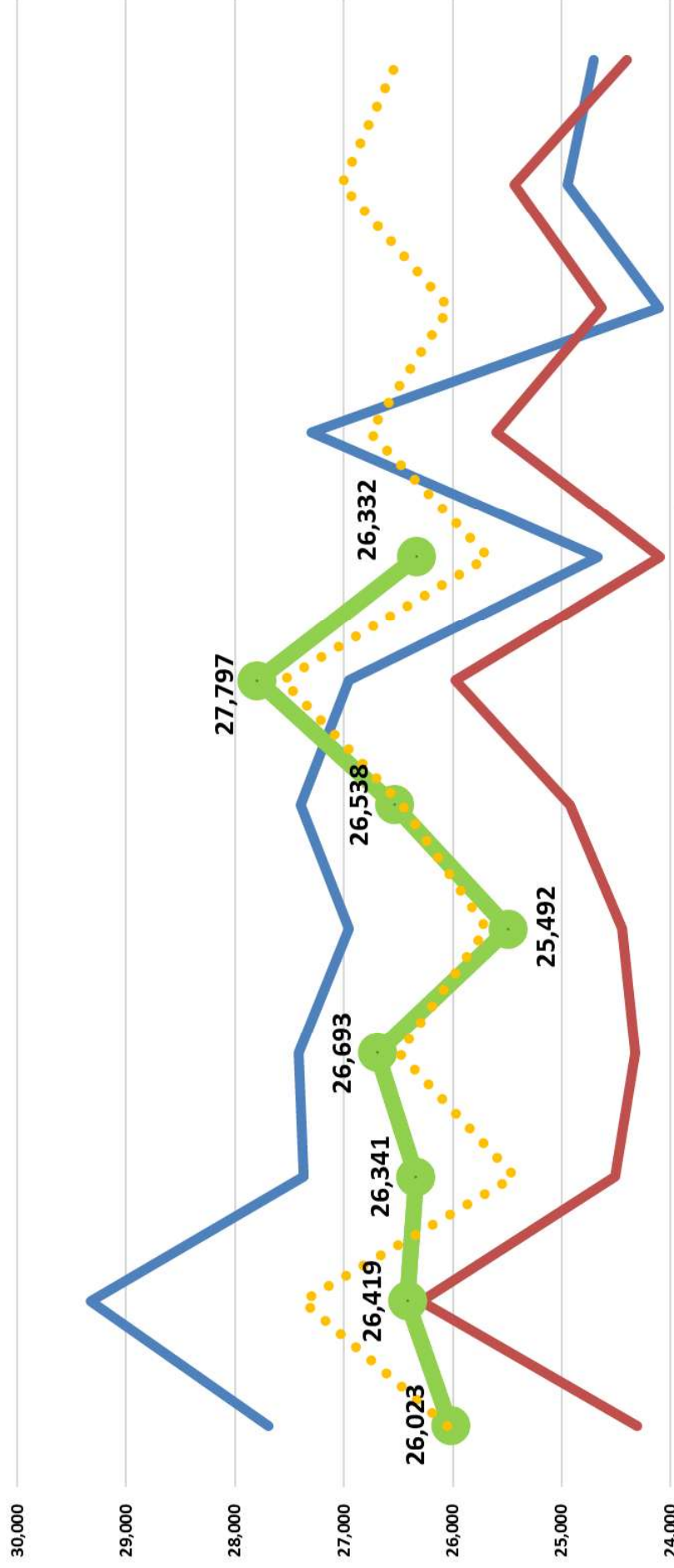
Average Discharges per day



Observation Days



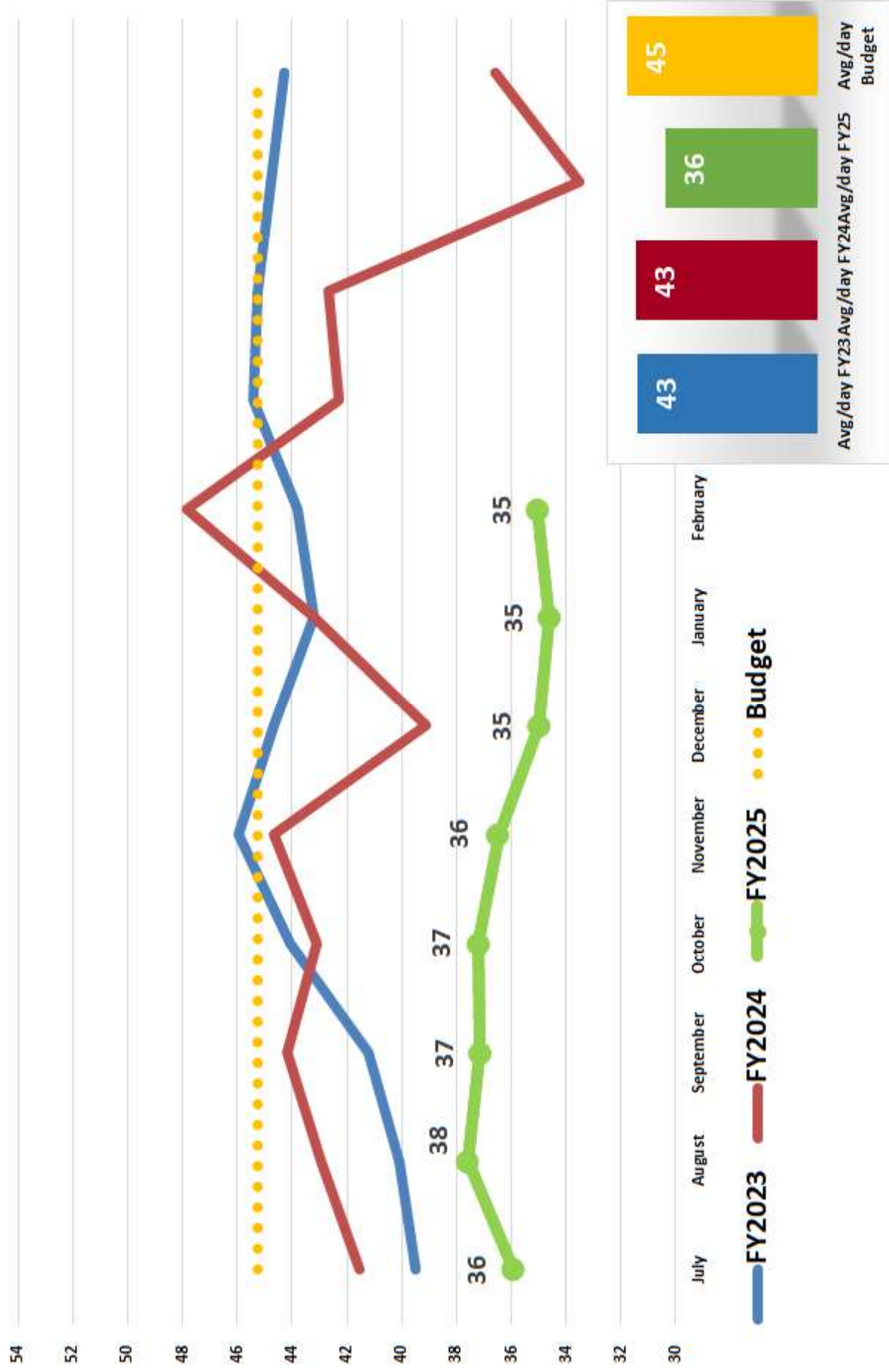
Adjusted Patient Days



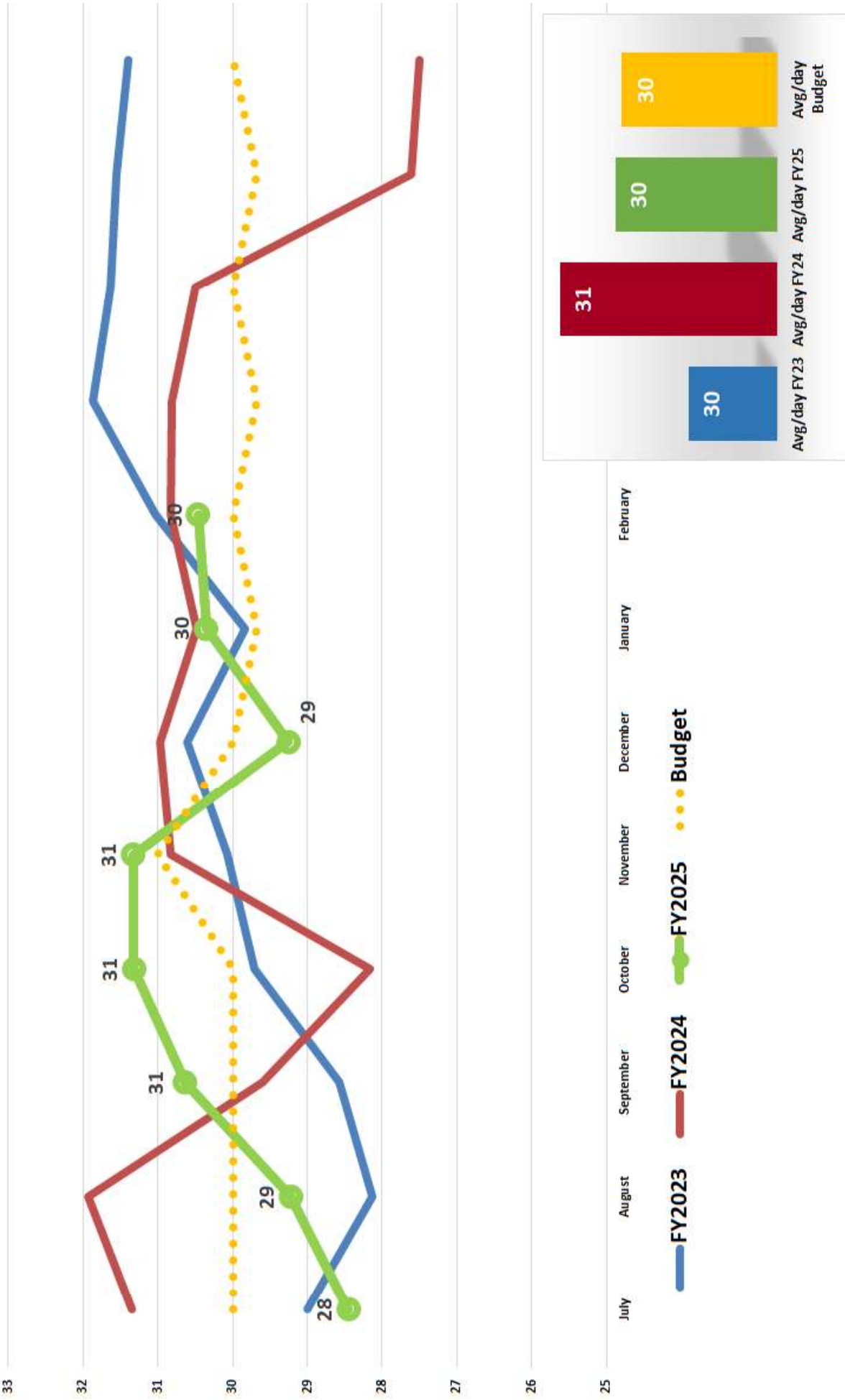
Medical Center (Avg Patients Per Day)



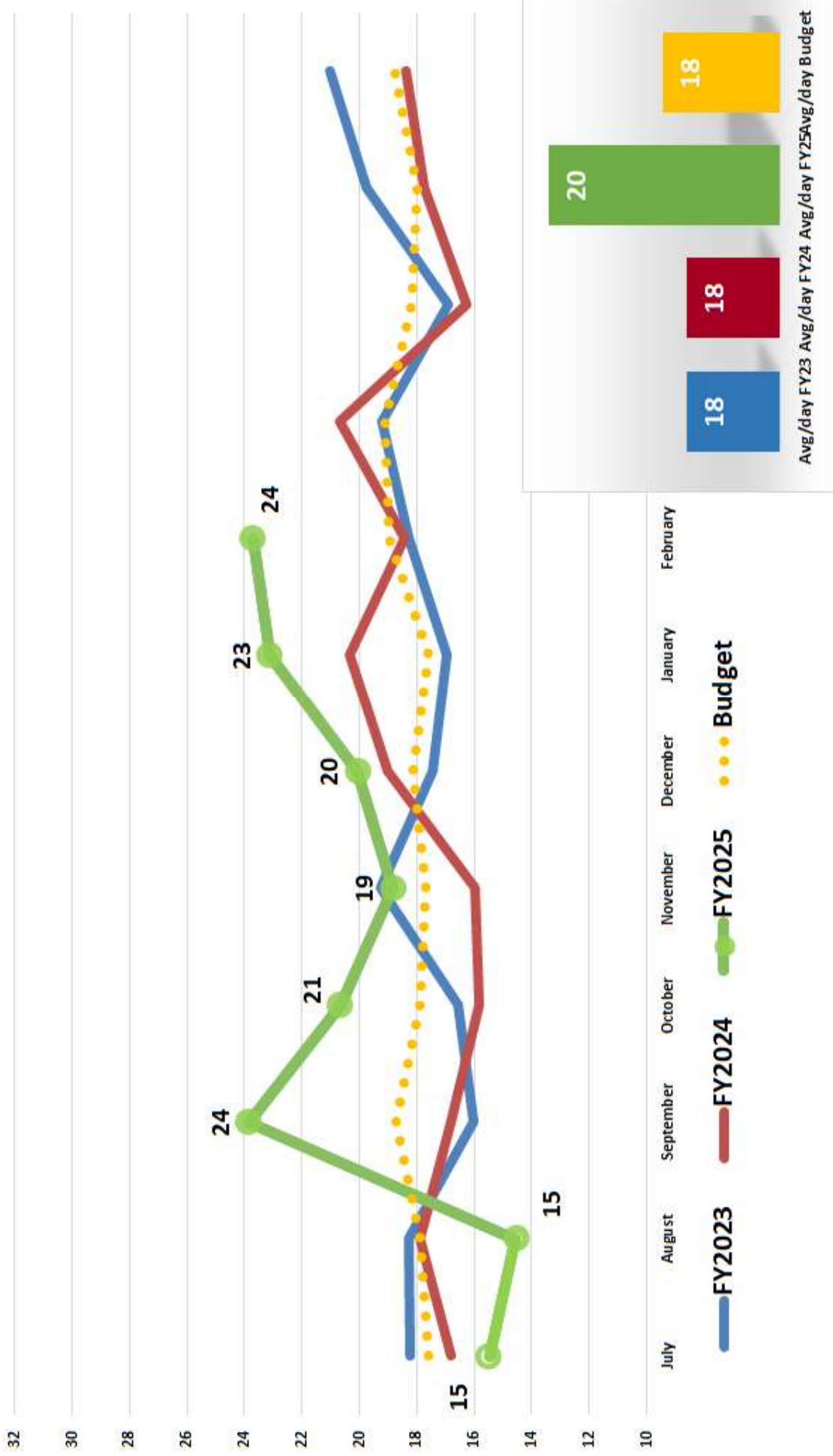
Acute I/P Psych (Avg Patients Per Day)



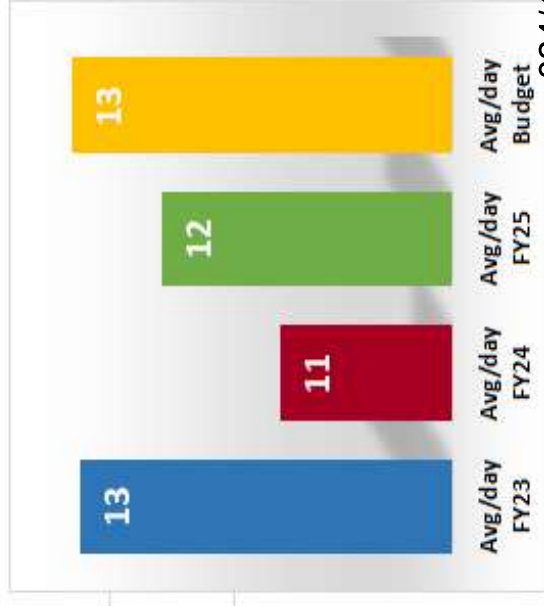
Sub-Acute - Avg Patients Per Day



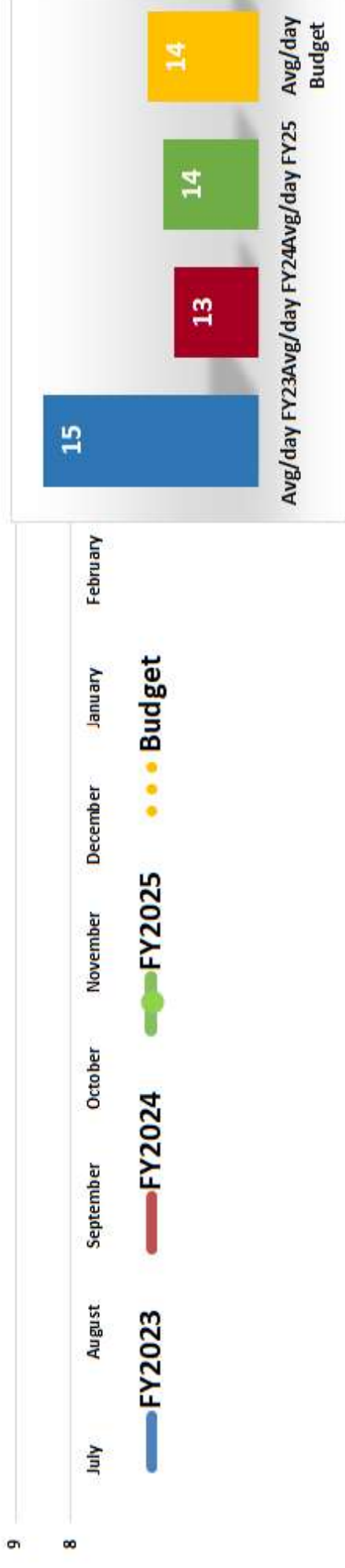
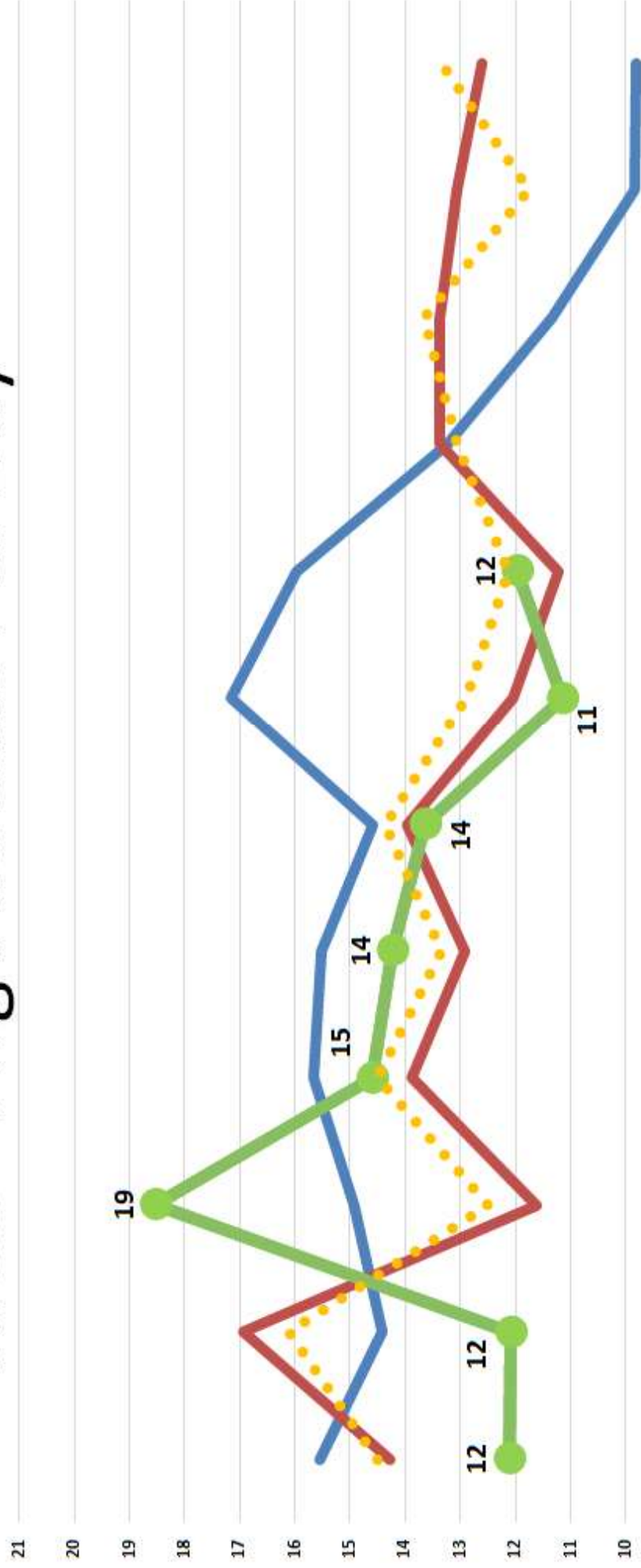
Rehabilitation Hospital - Avg Patients Per Day



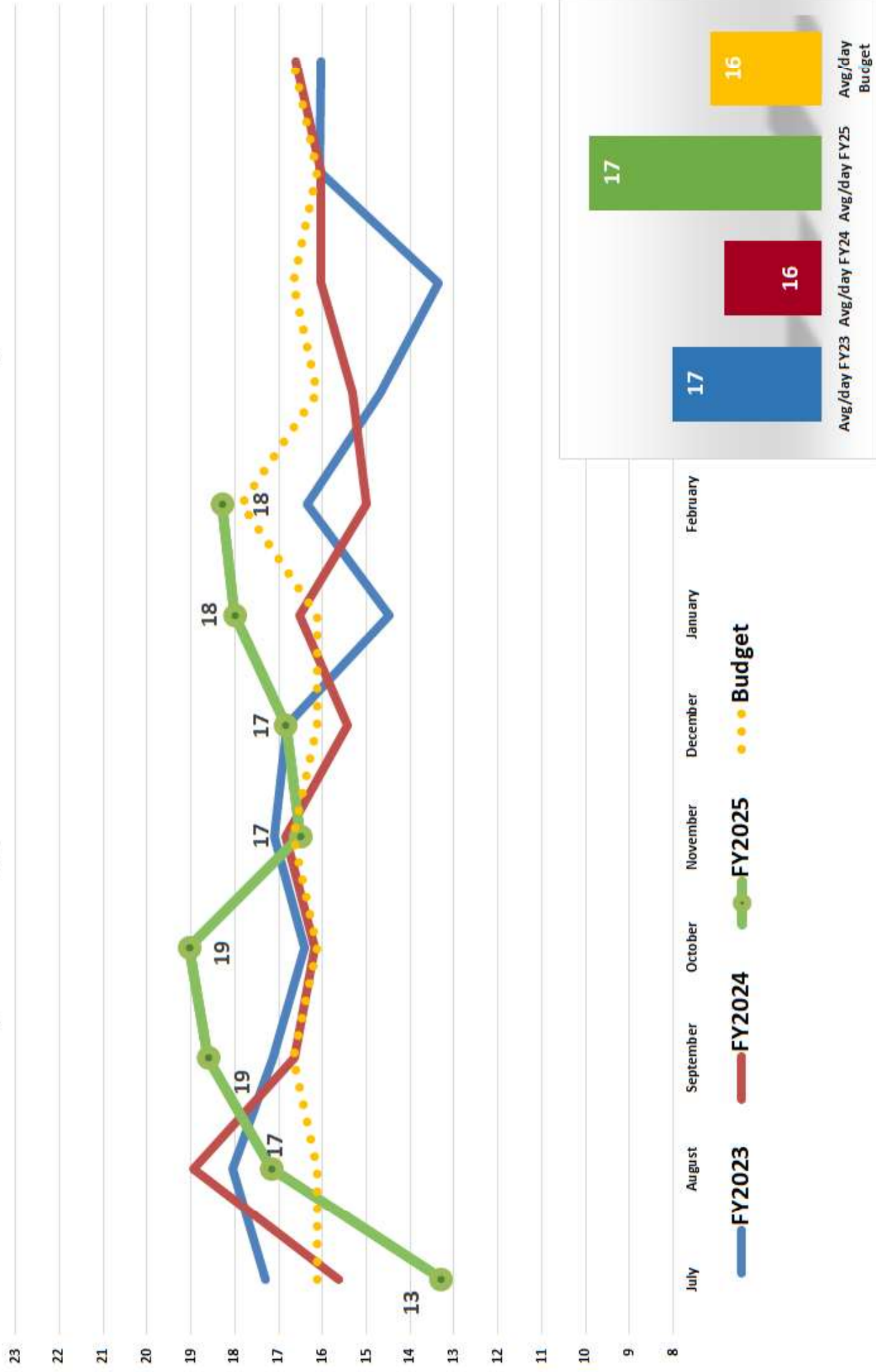
TCS Ortho - Avg Patients Per Day



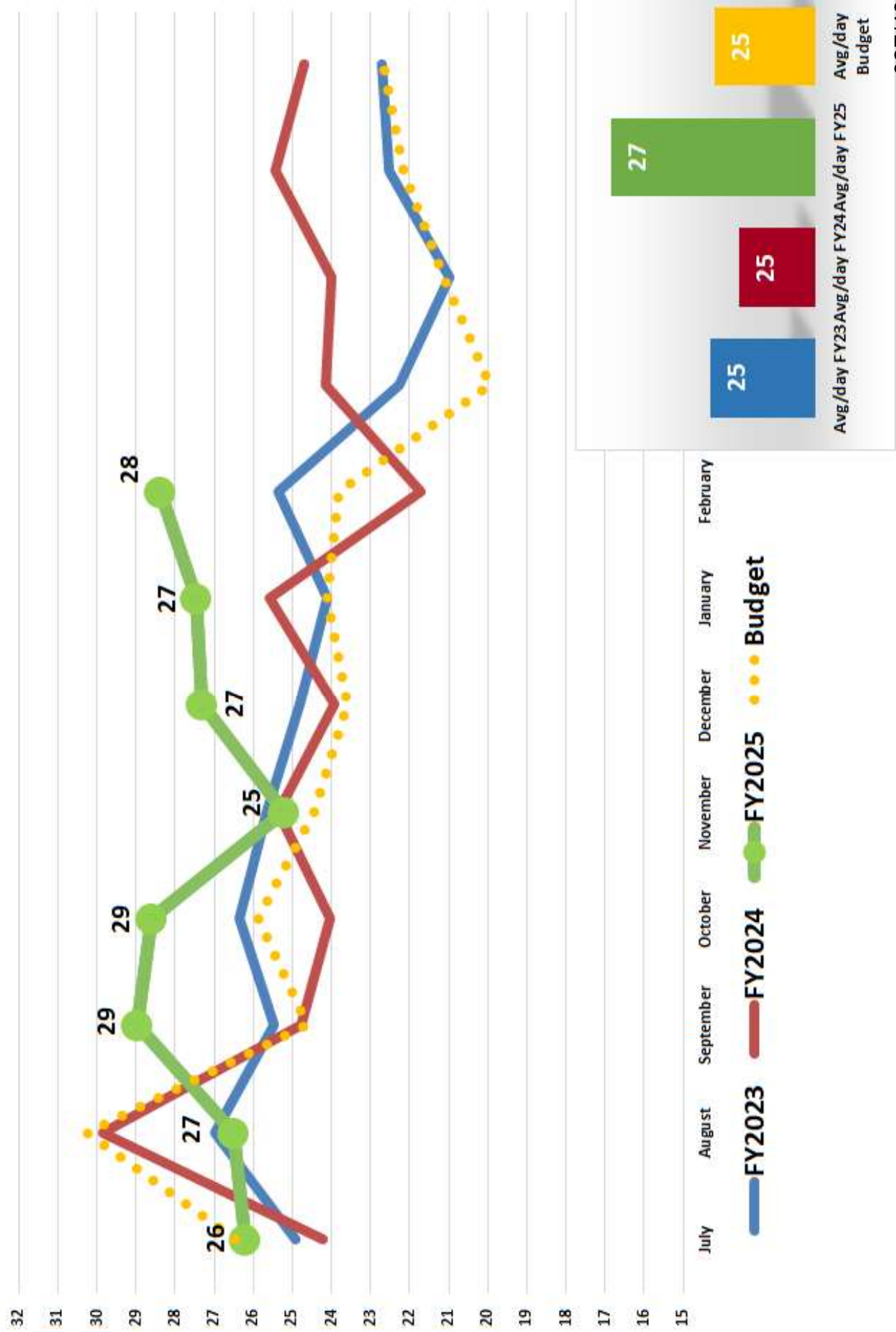
NICU - Avg Patients Per Day



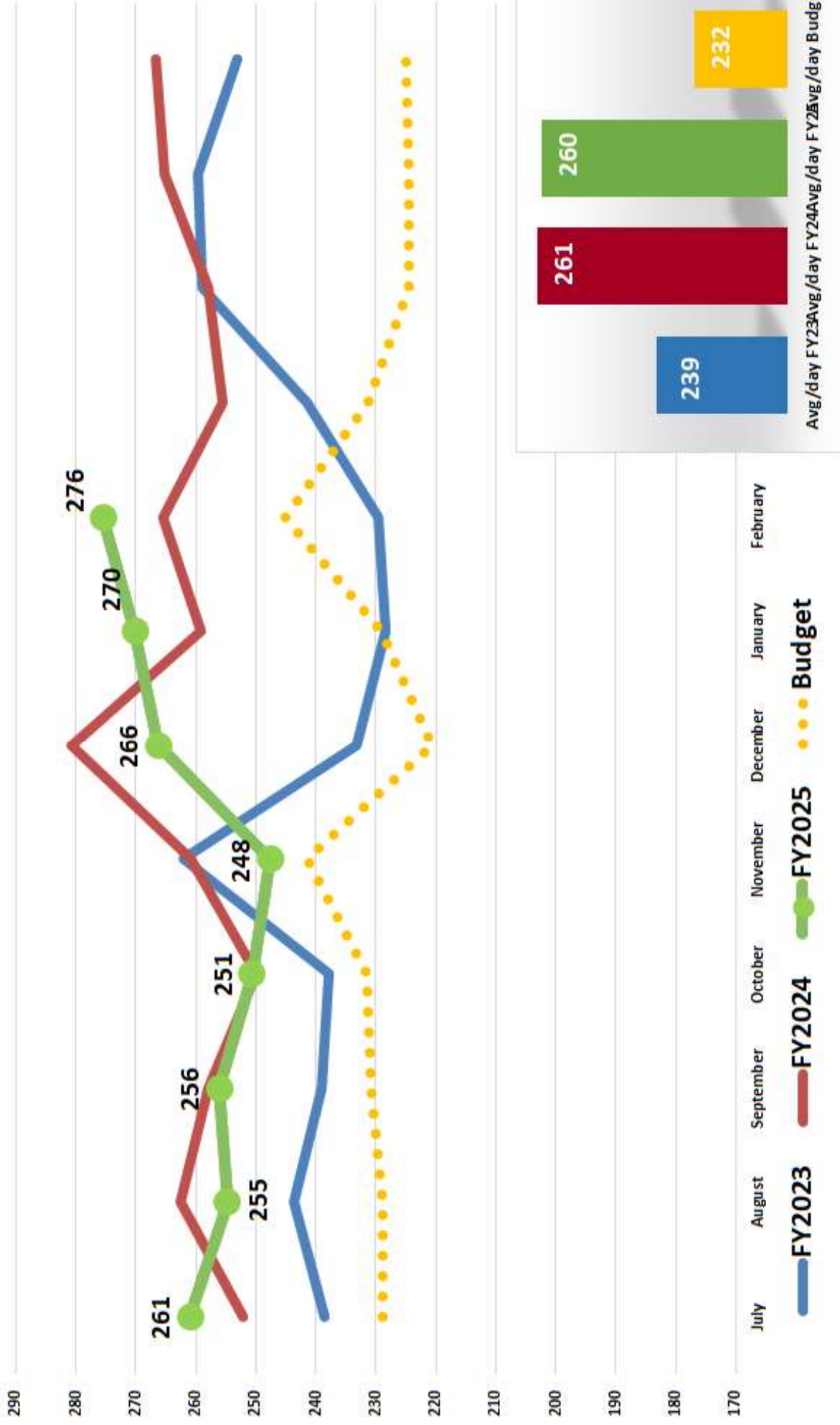
Nursery - Avg Patients Per Day



Obstetrics - Avg Patients Per Day



ED - Avg Treated Per Day



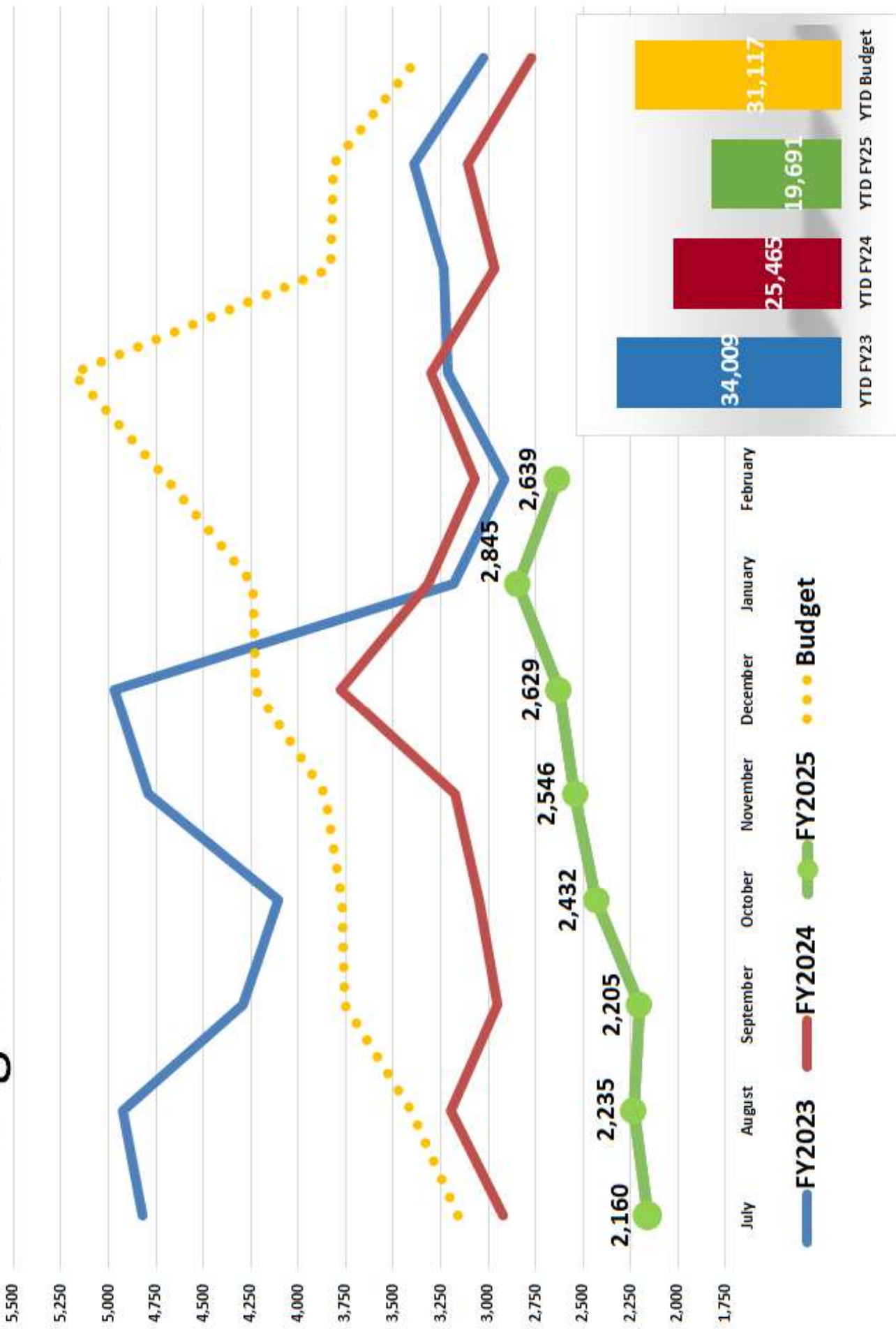
Outpatient Registrations



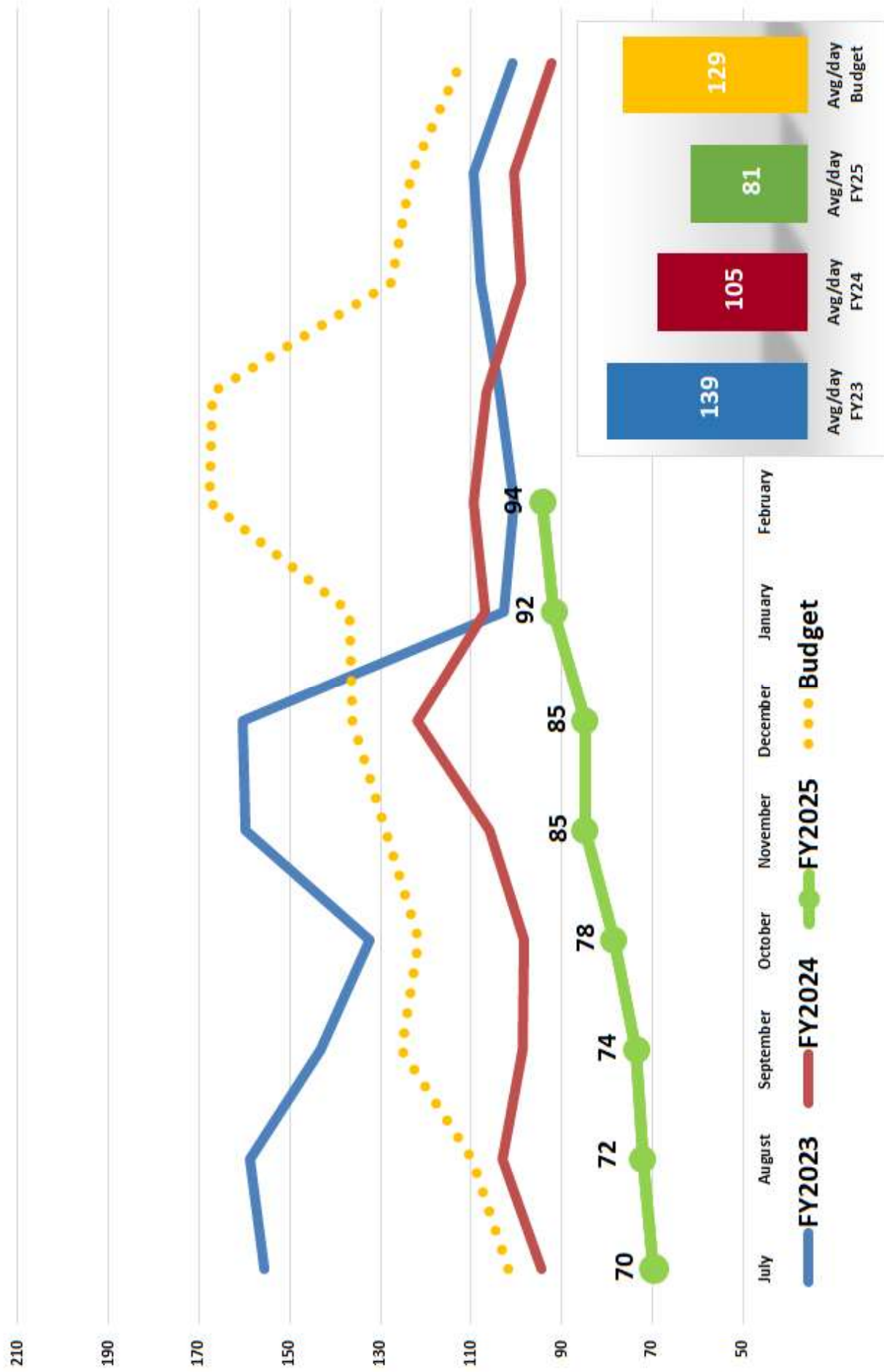
Outpatient Registrations Per Day



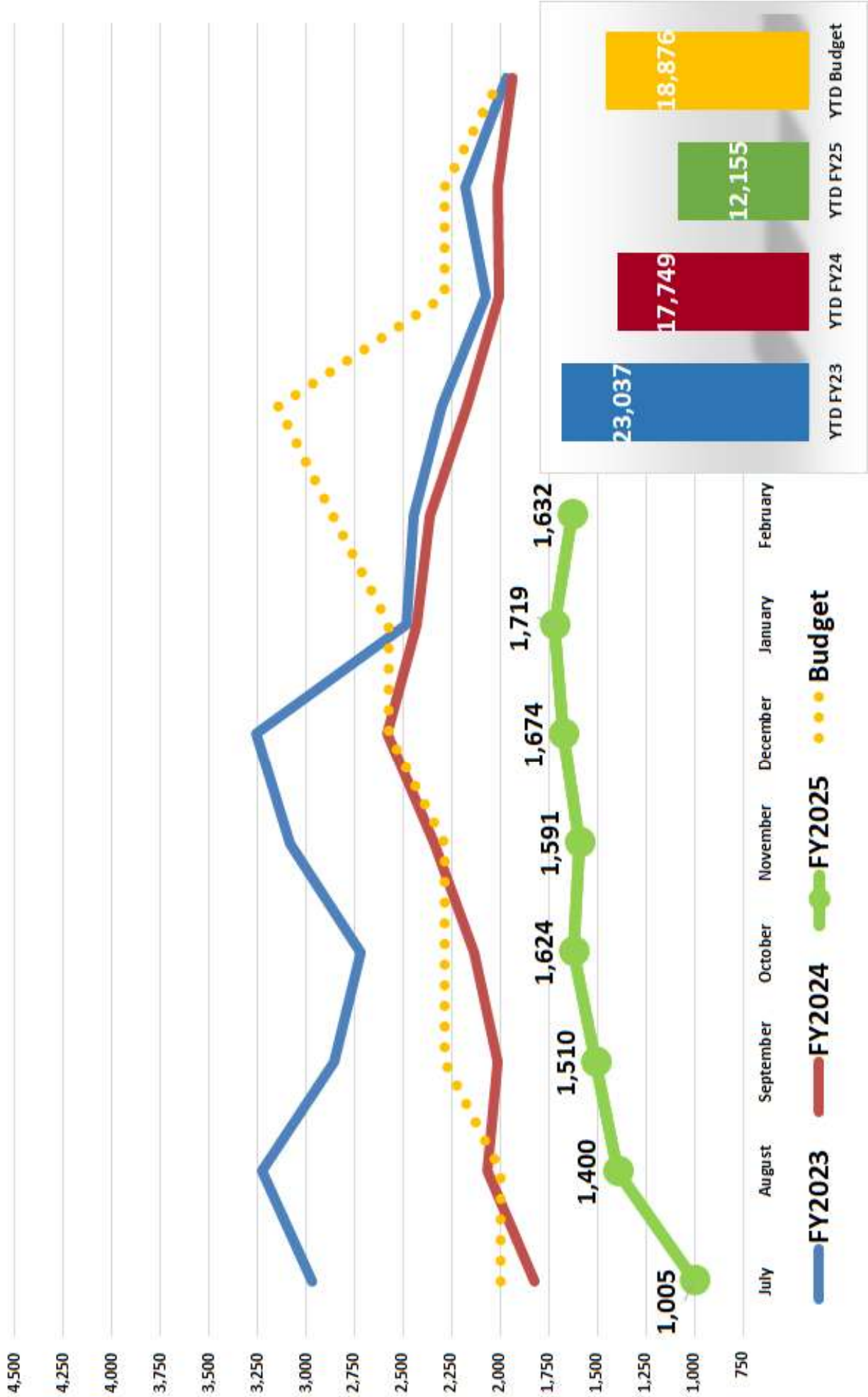
Urgent Care – Court Total Visits



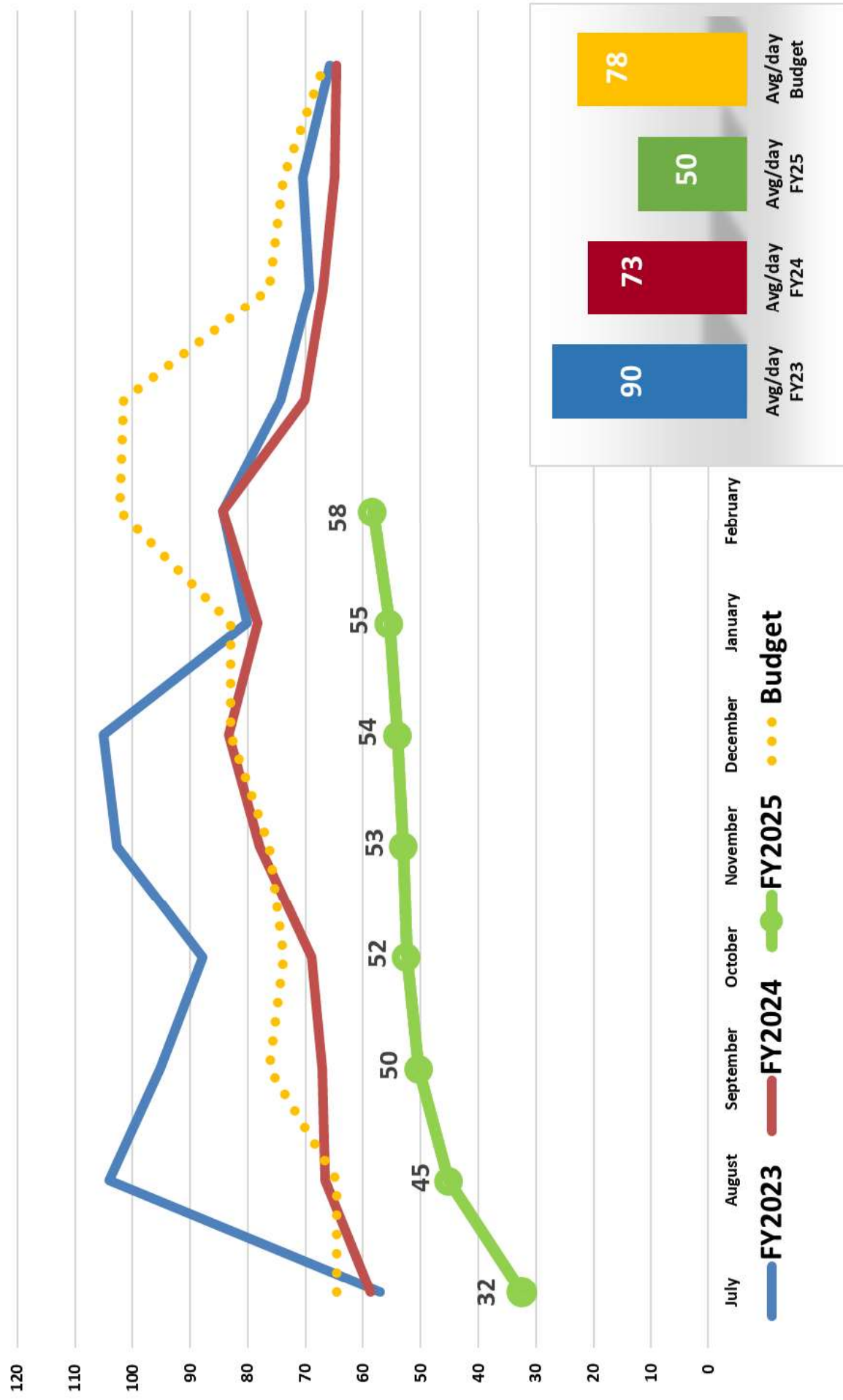
Urgent Care – Court Avg Visits Per Day



Urgent Care – Demaree Total Visits



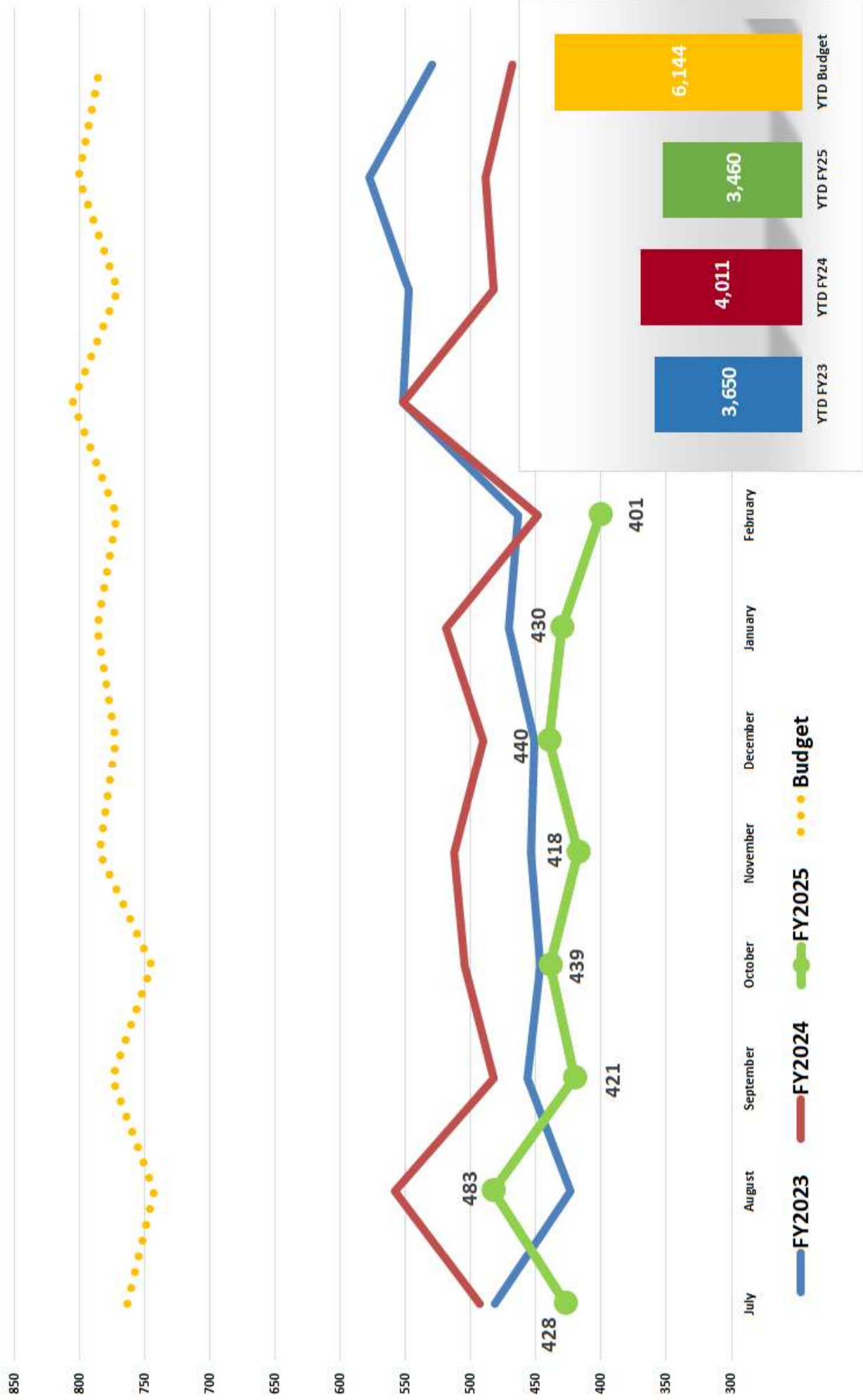
Urgent Care – Demaree Avg Visits Per Day



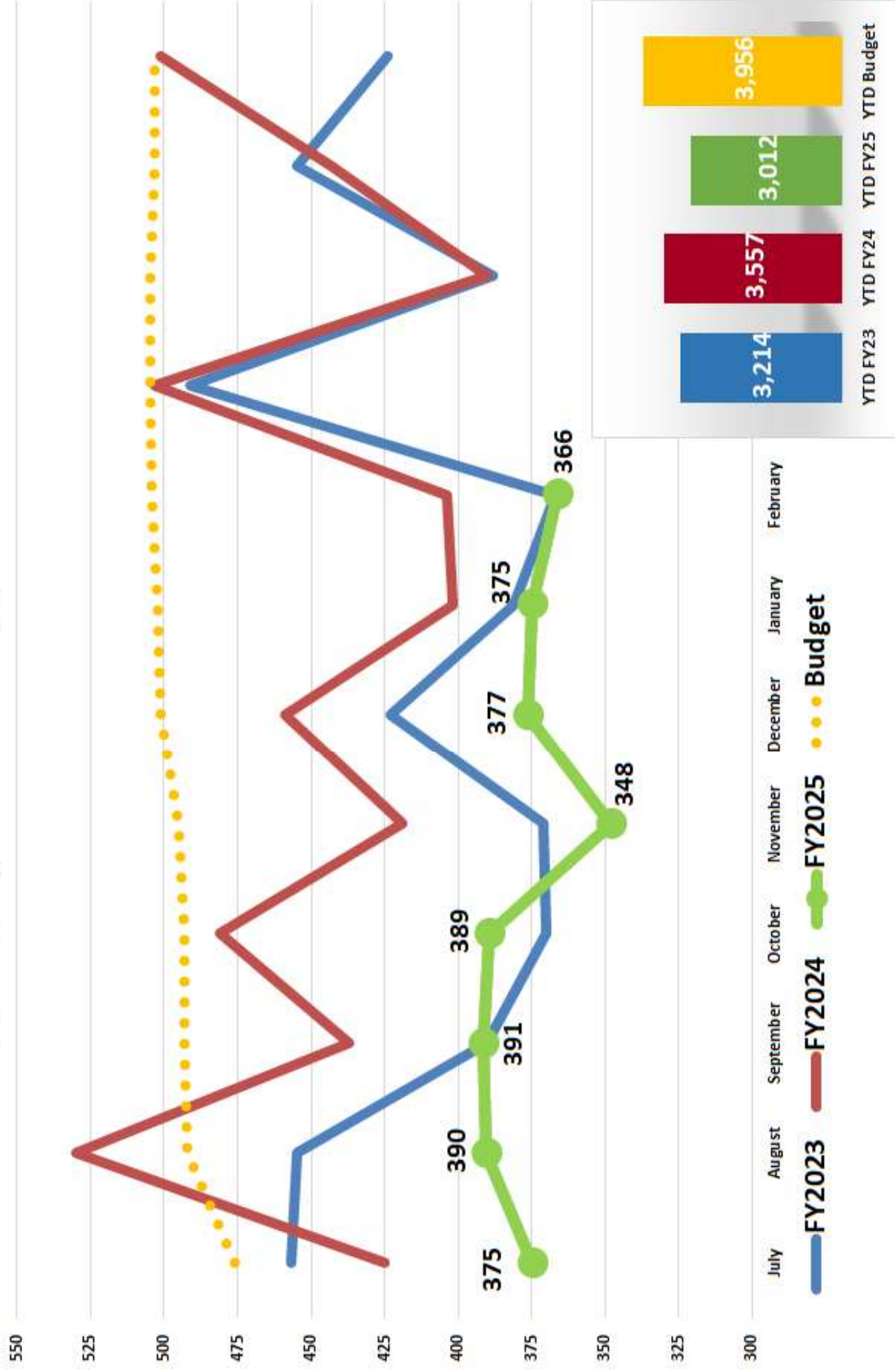
Surgery (IP & OP) – 100 Min Units



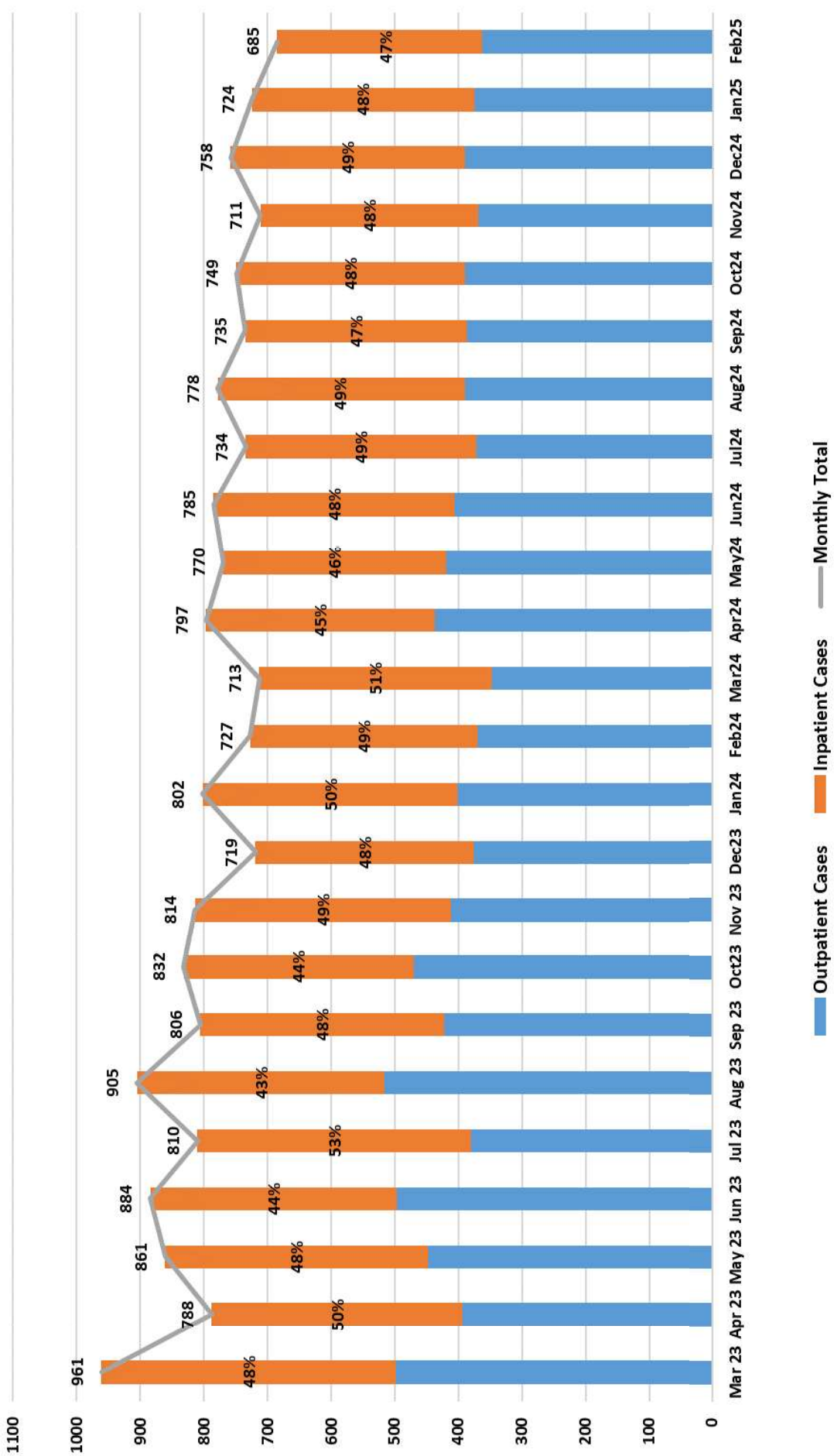
Surgery (IP Only) - 100 Min Unit



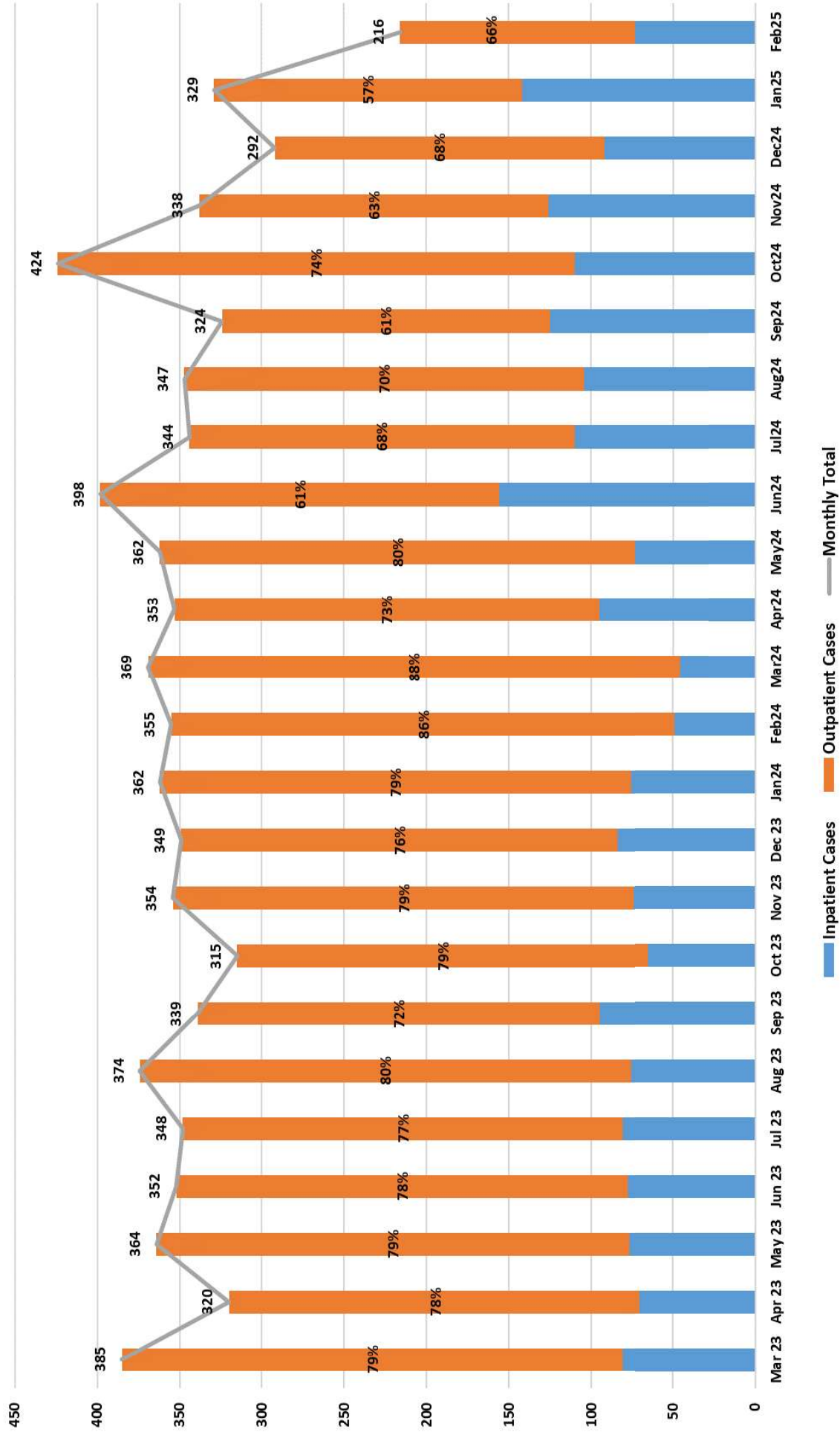
Surgery (OP Only) - 100 Min Units



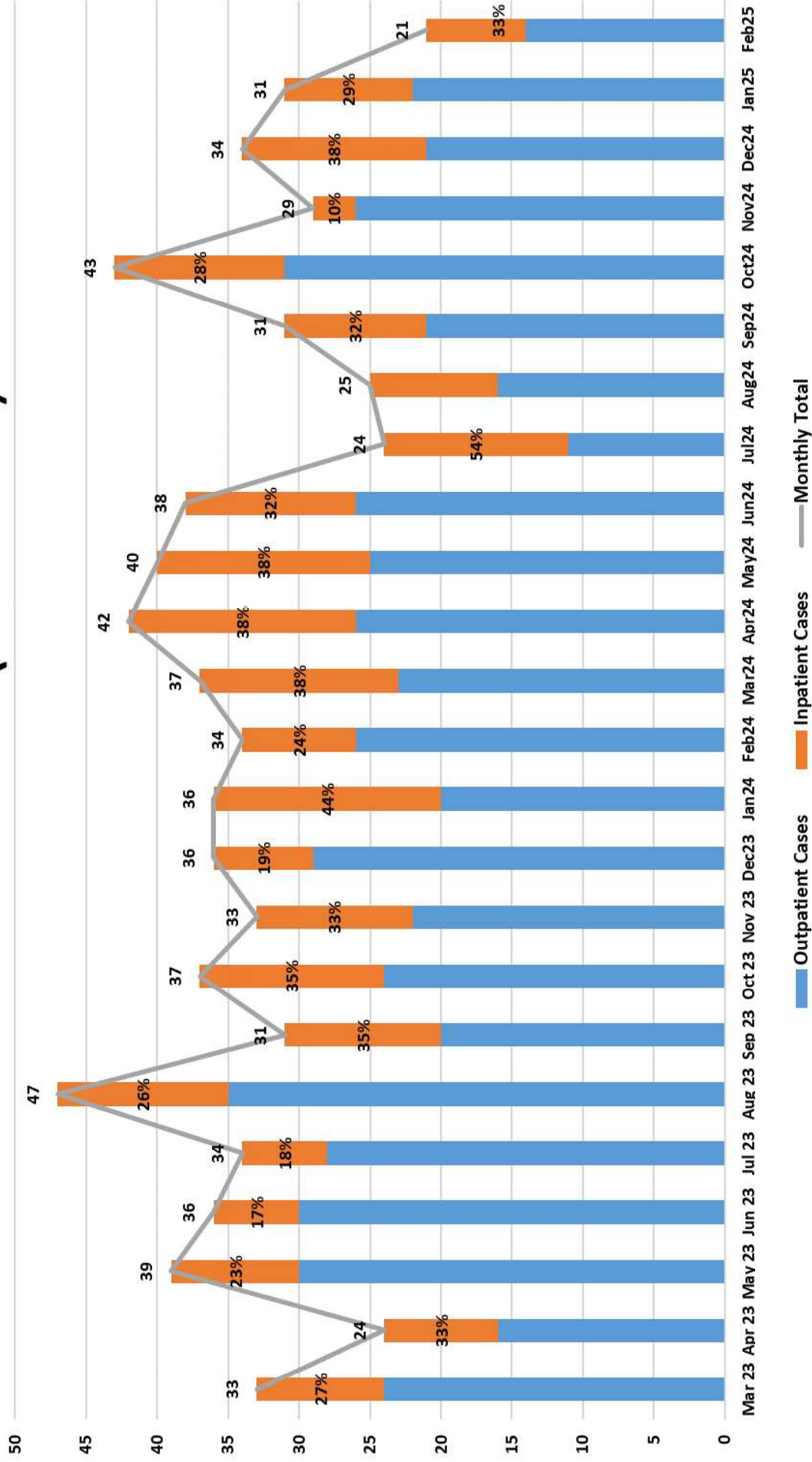
Surgery Cases (IP & OP)



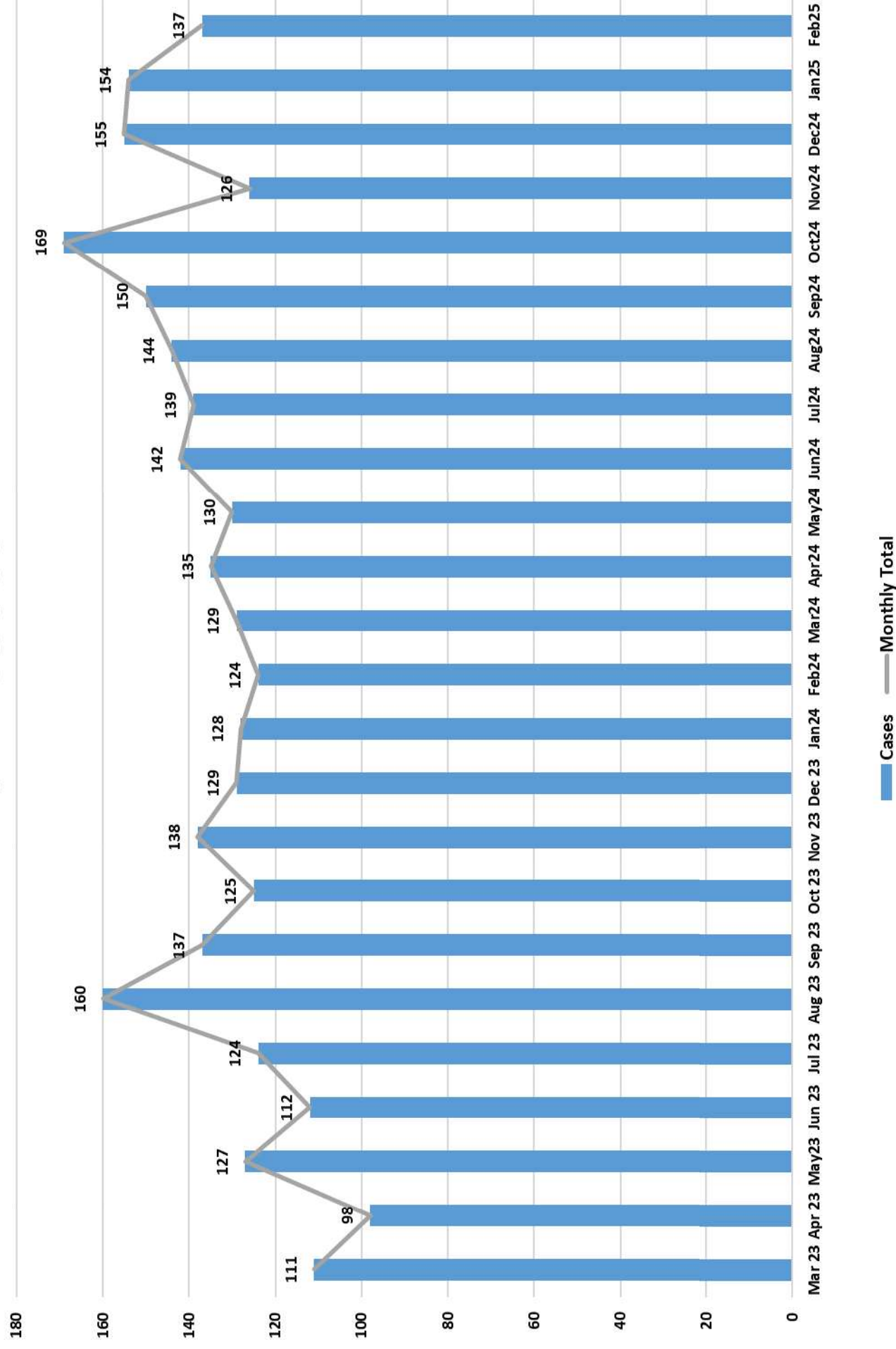
Endo Cases (Suites A & B and OR)



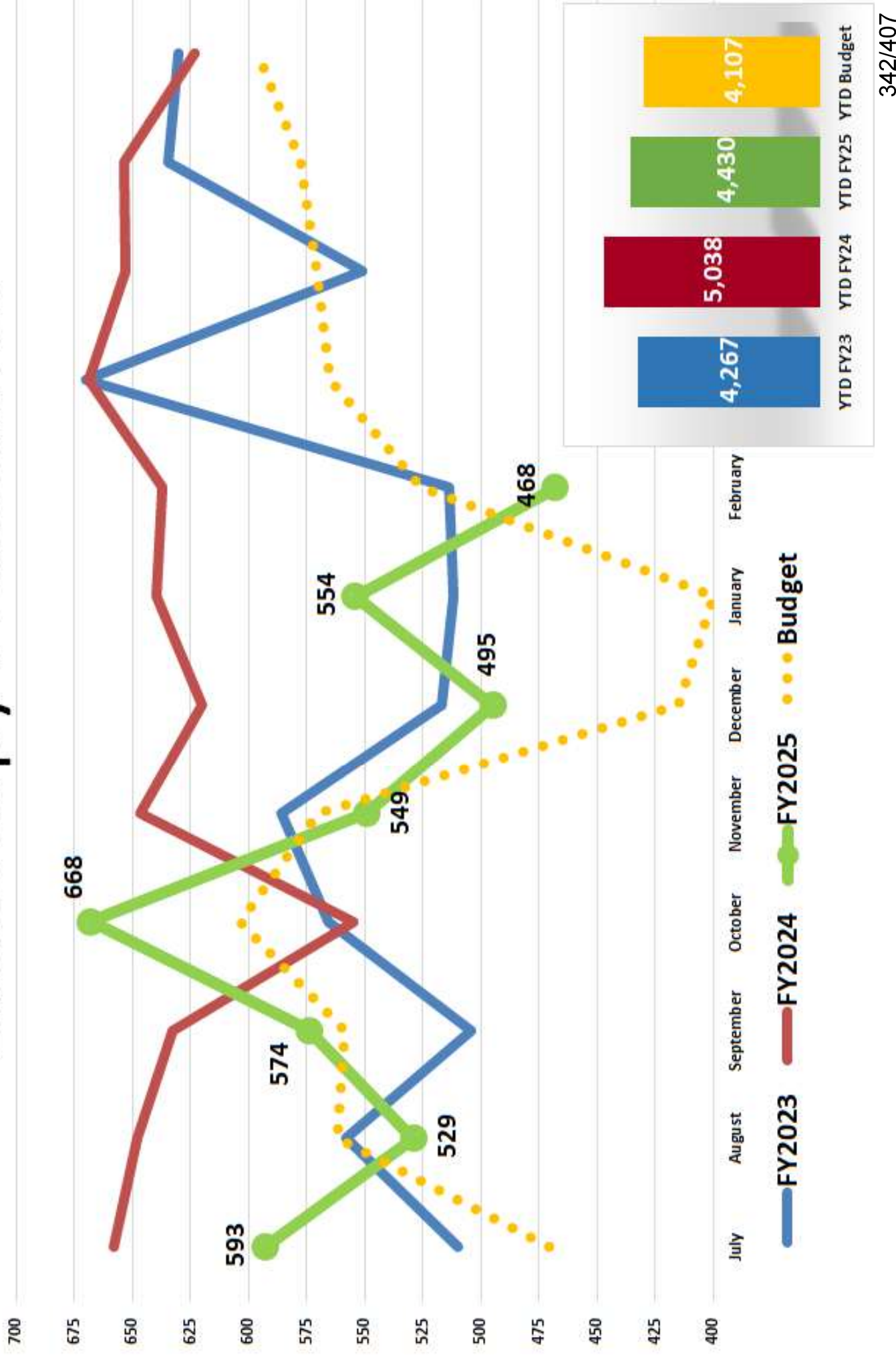
Robotic Cases (IP & OP)



OB Cases



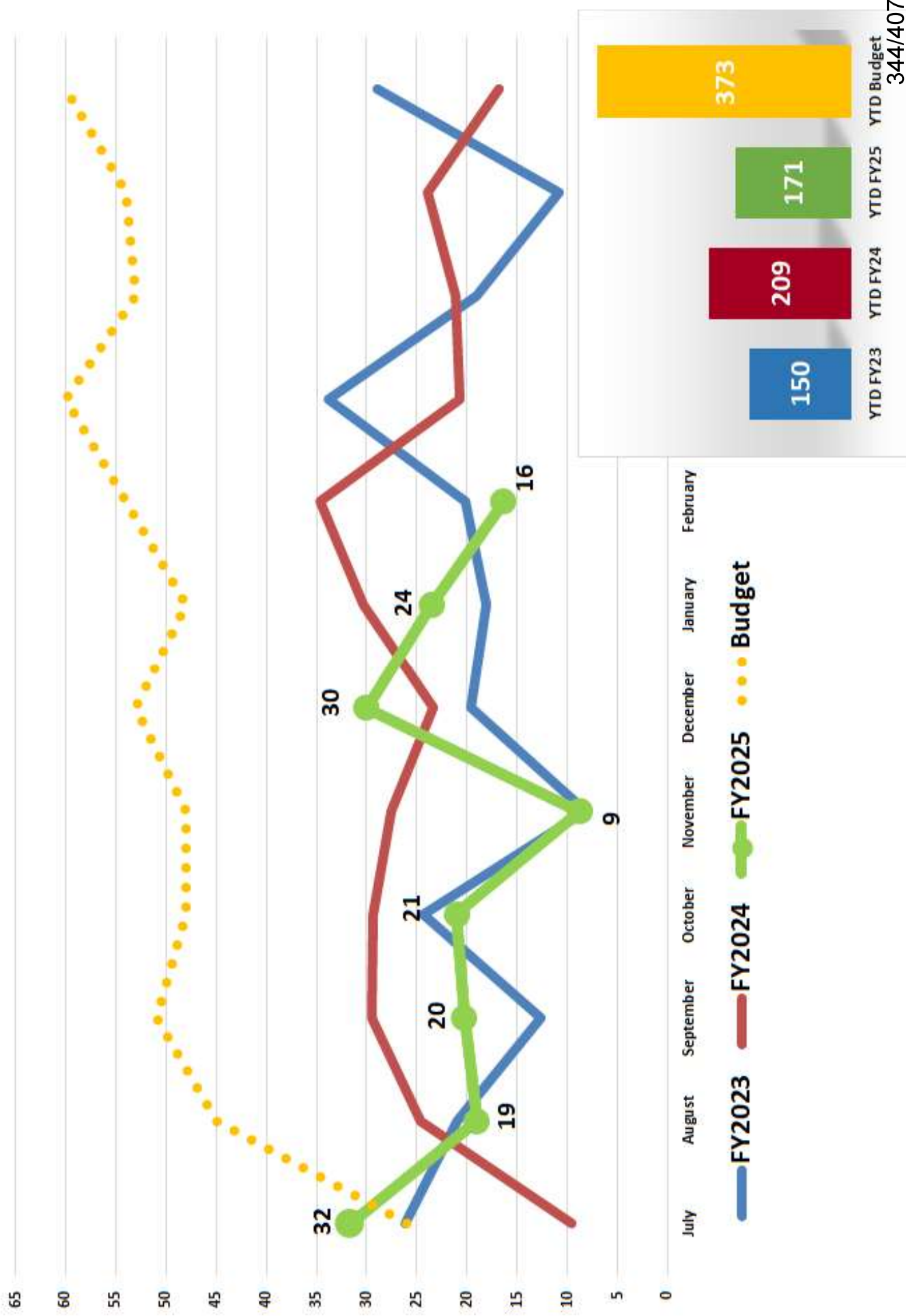
Endoscopy Procedures



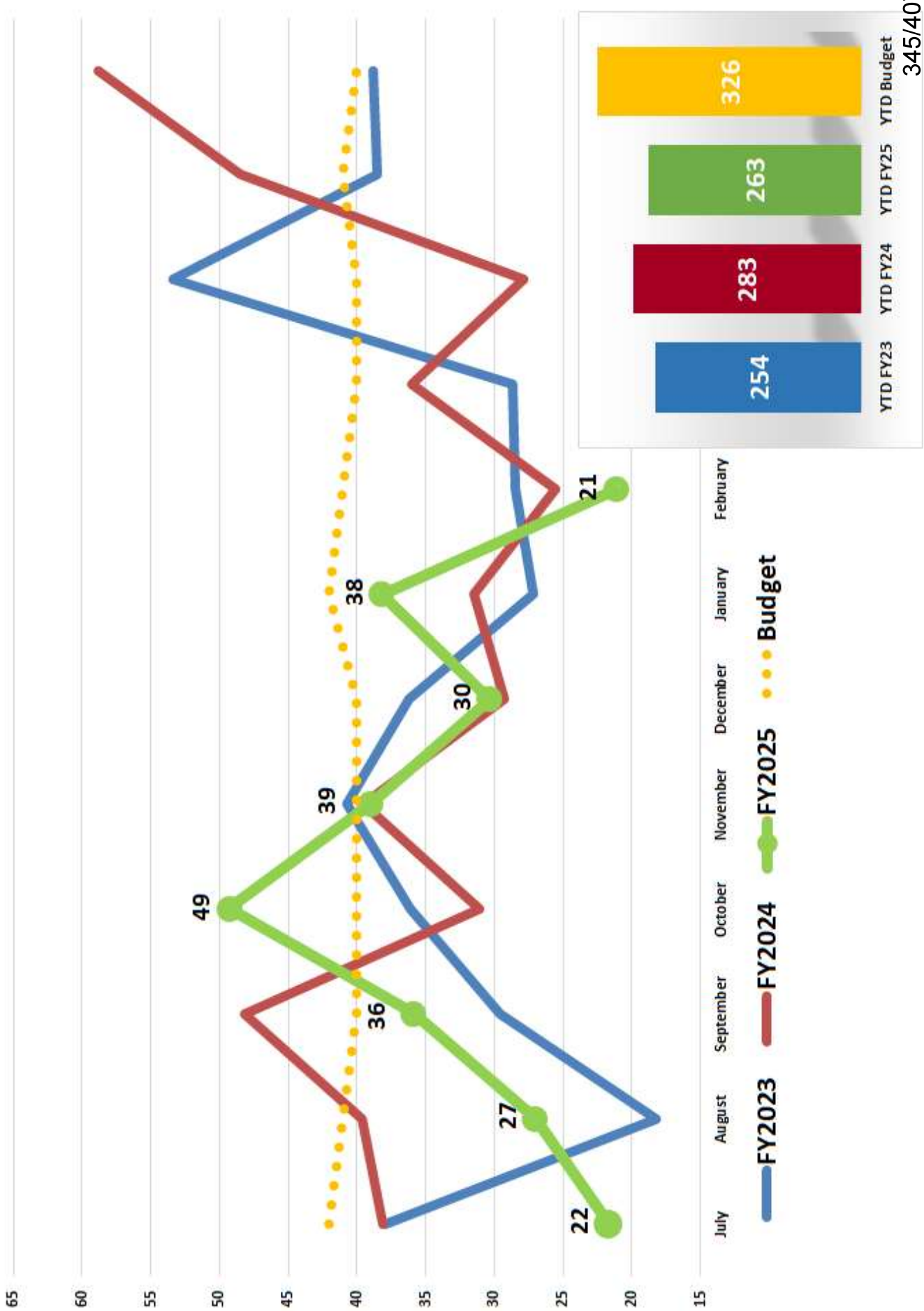
Robotic Surgery (IP & OP) - 100 Min Units



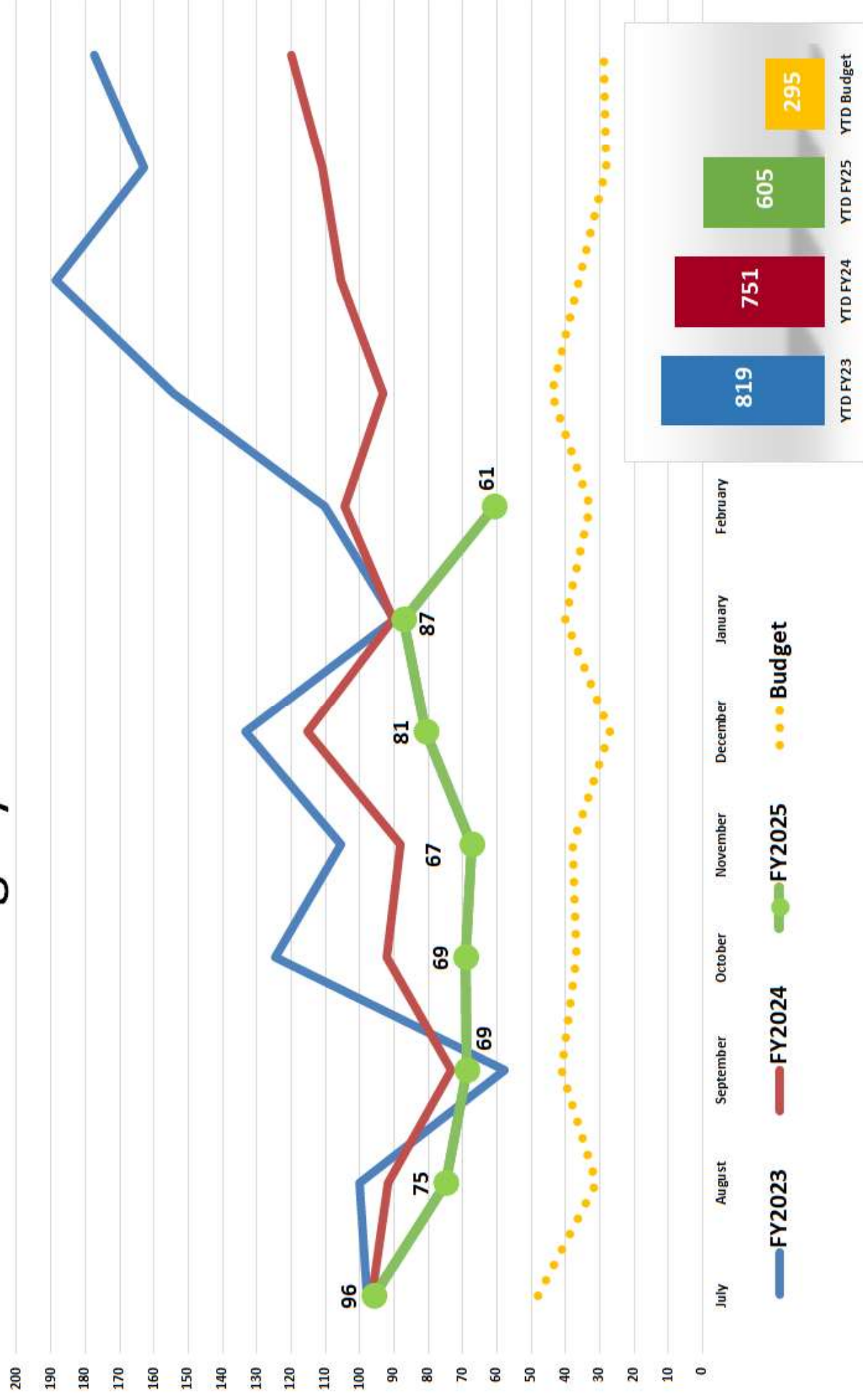
Robotic Surgery Minutes (IP Only)



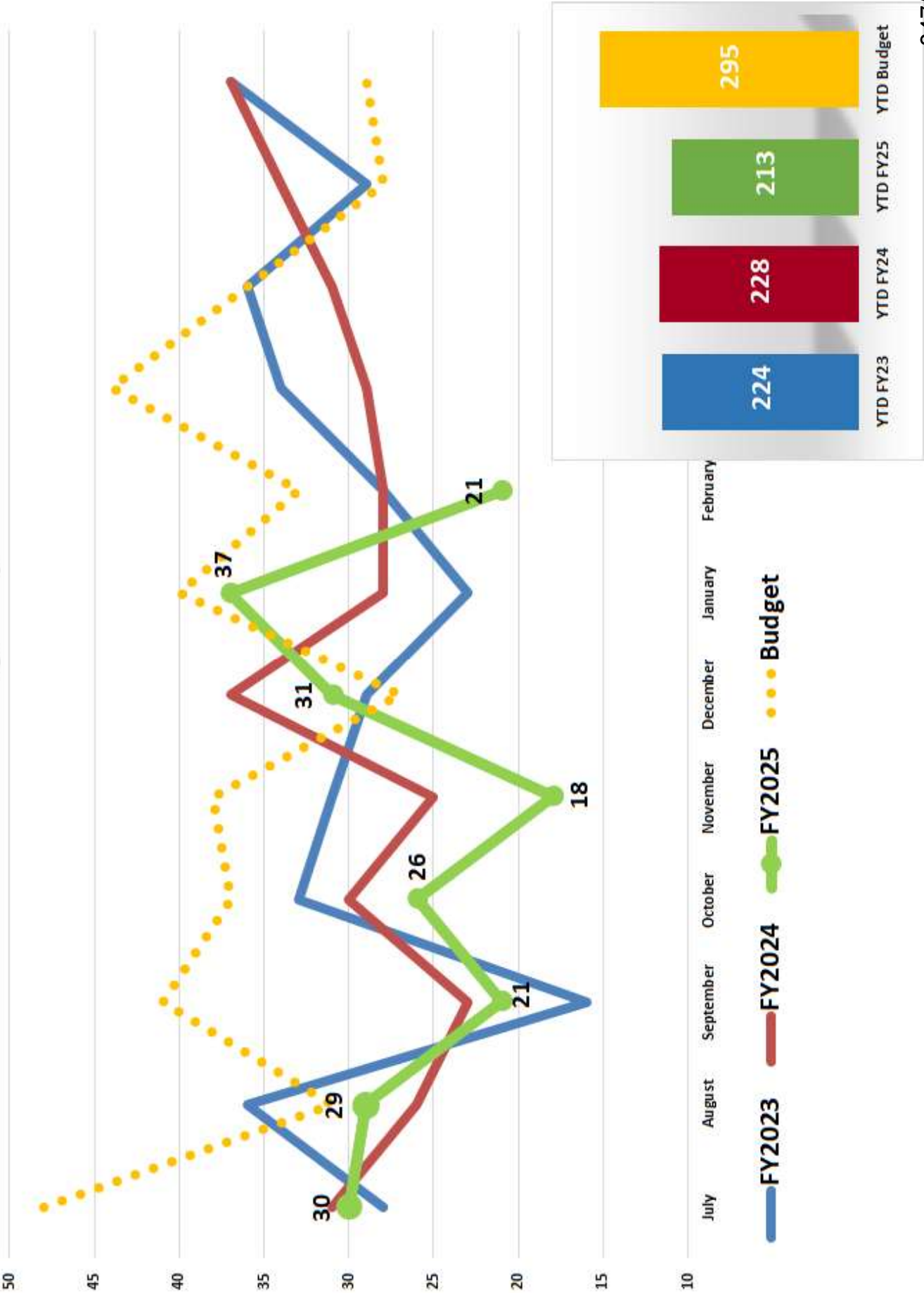
Robotic Surgery Minutes (OP Only)



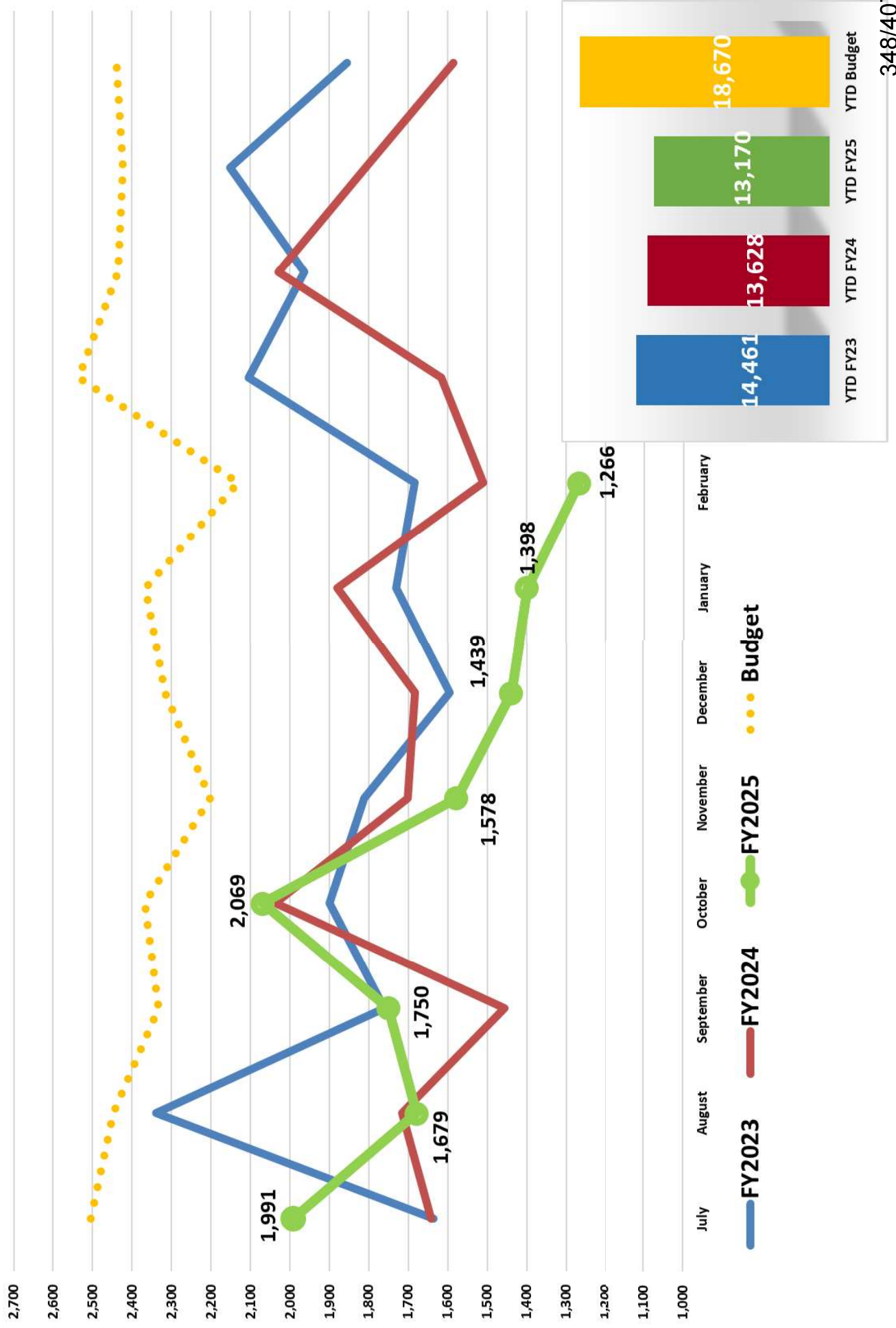
Cardiac Surgery - 100 Min Units



Cardiac Surgery Cases



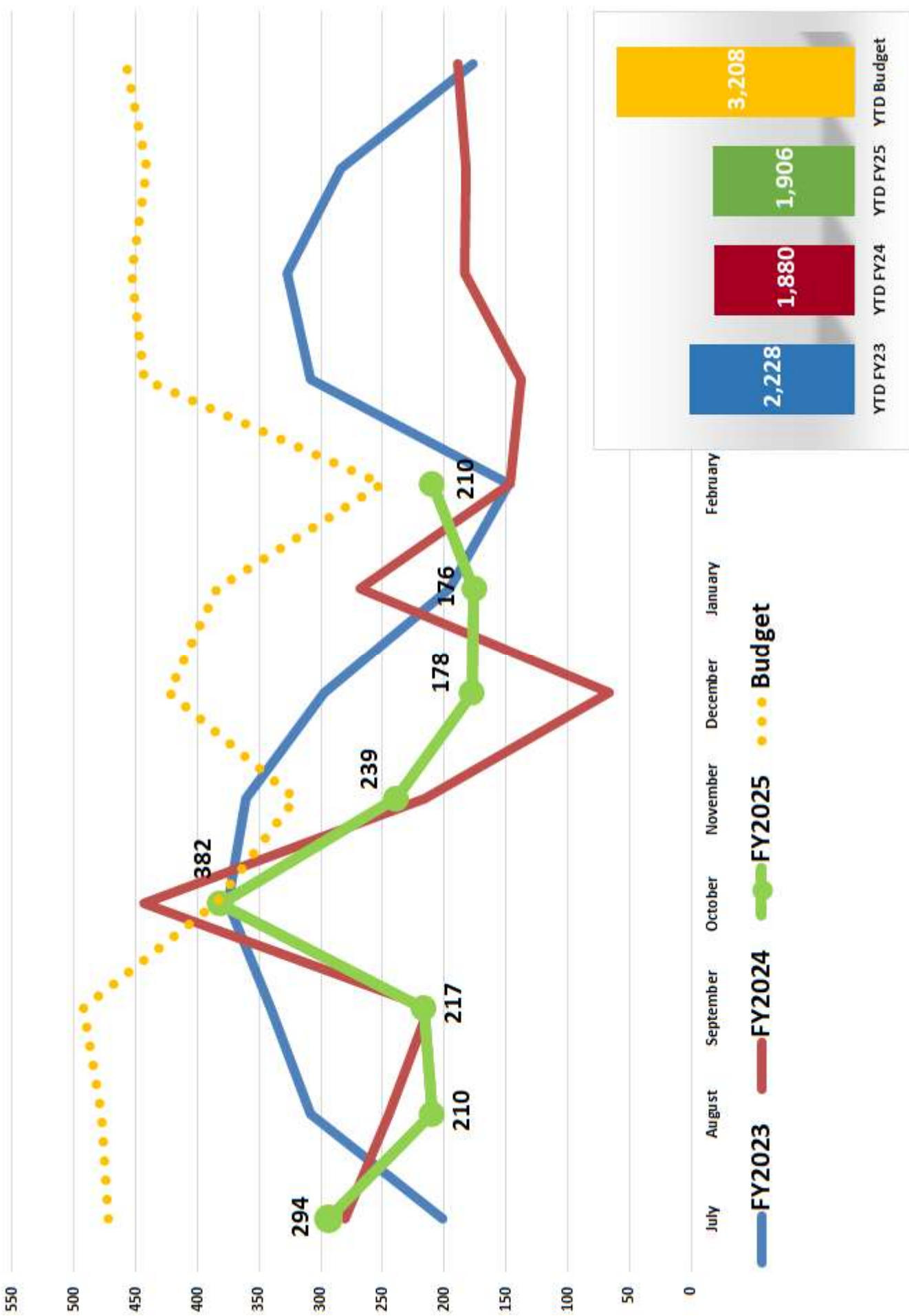
Rad Onc Treatments (Vis. & Hanf.)



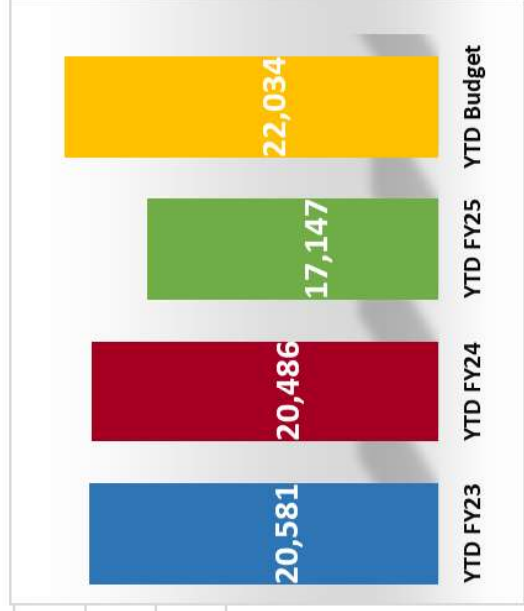
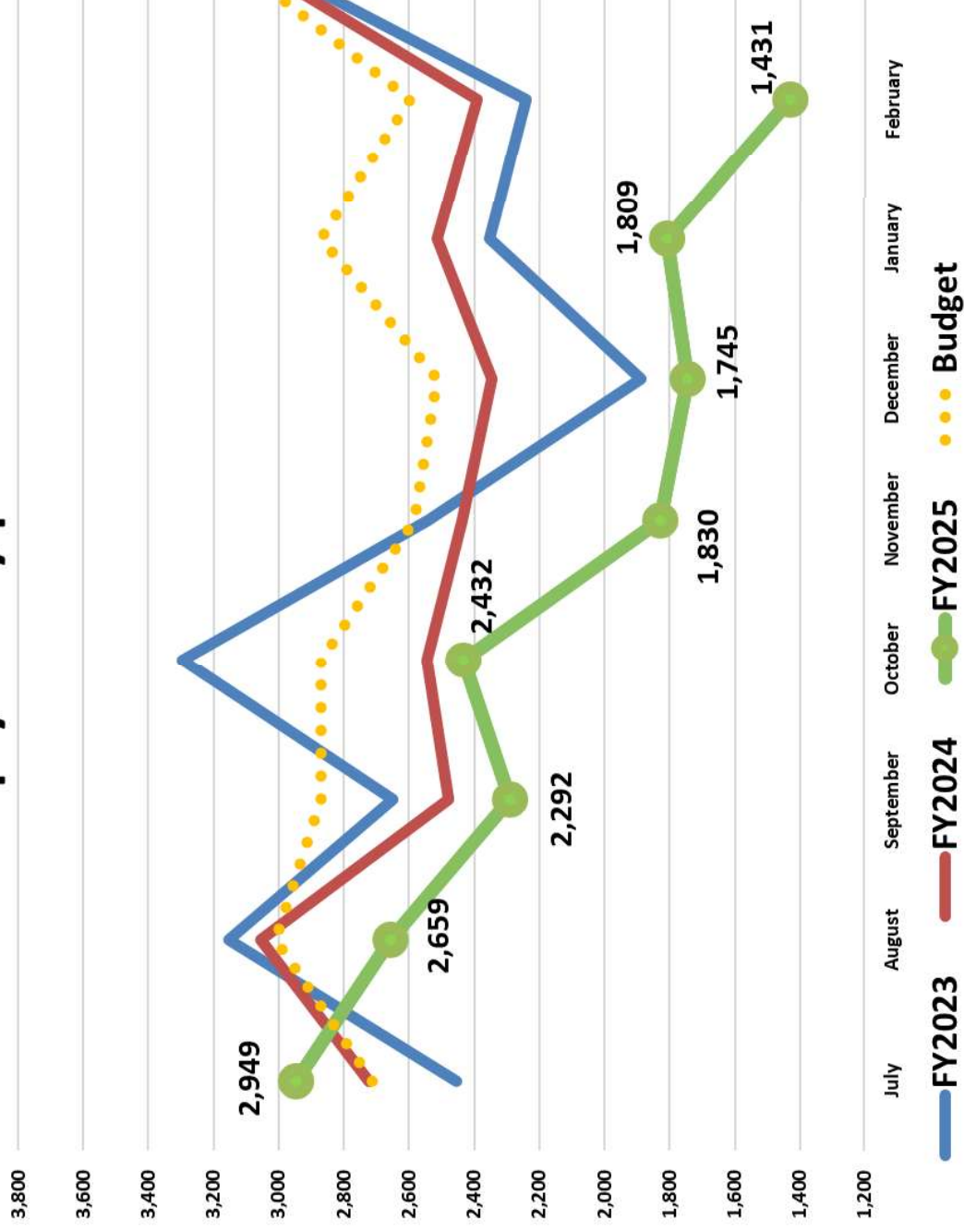
Rad Onc Visalia



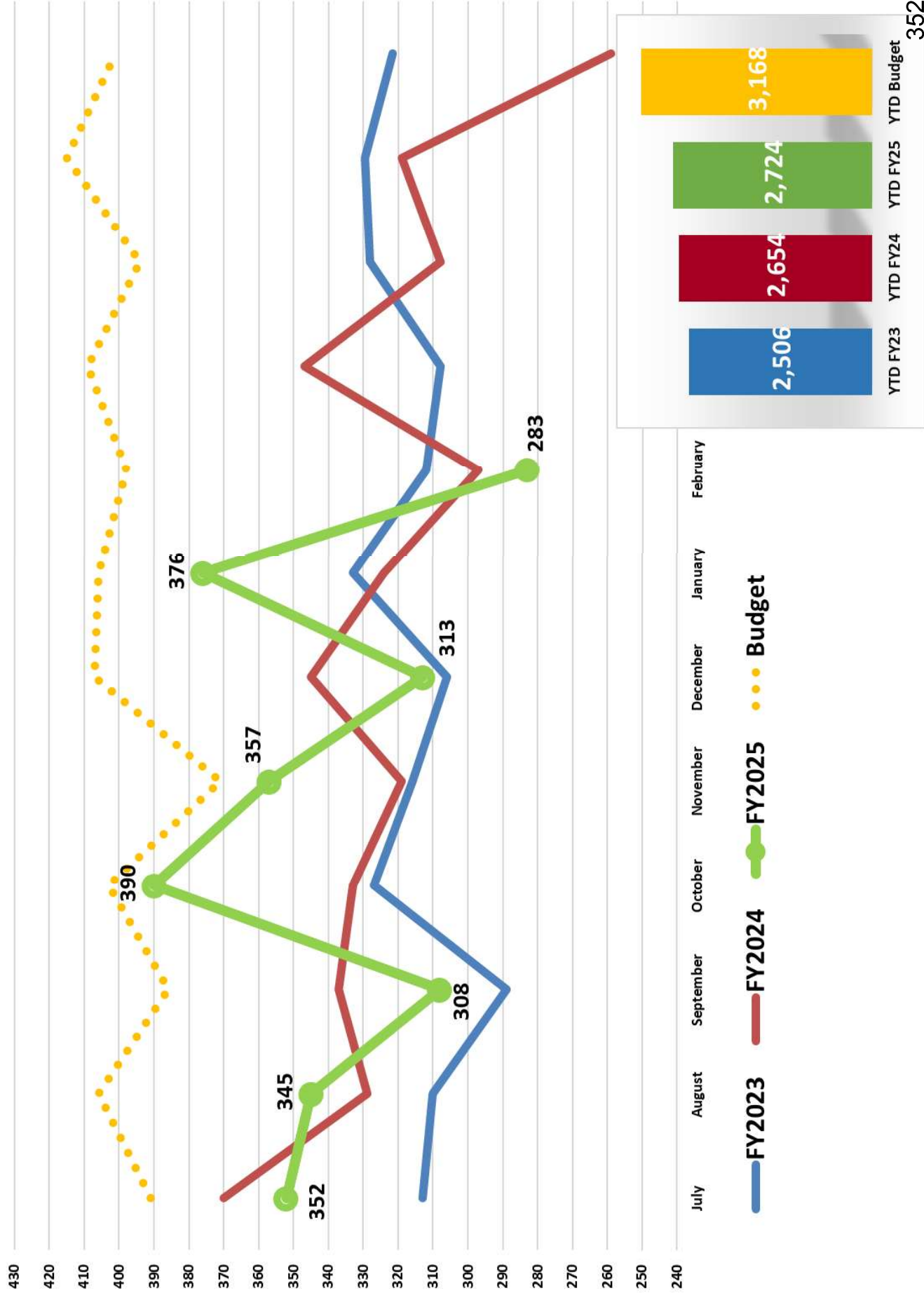
Rad Onc Hanford



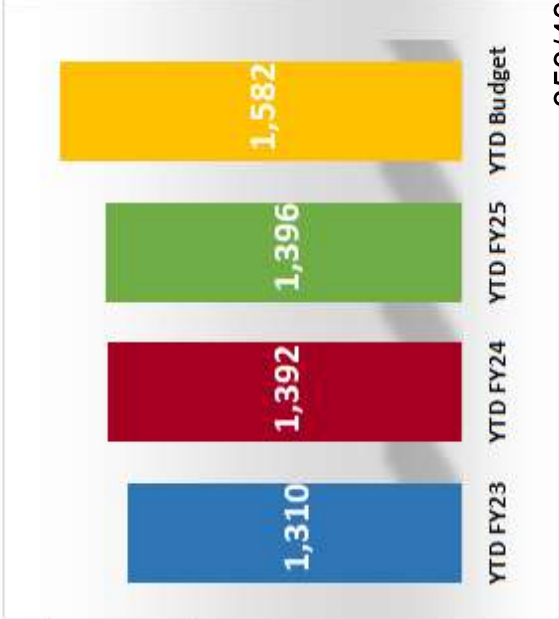
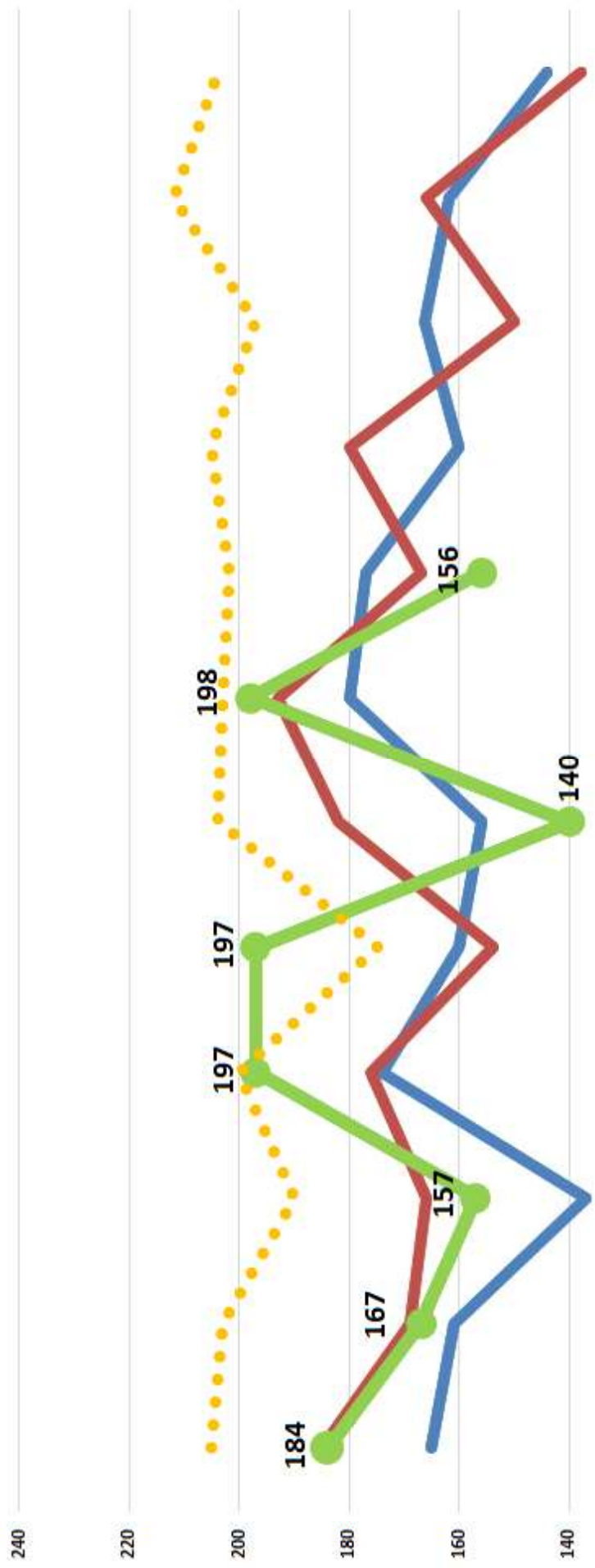
Therapy - Cypress Hand Center



Cath Lab (IP & OP) – 100 Min Units



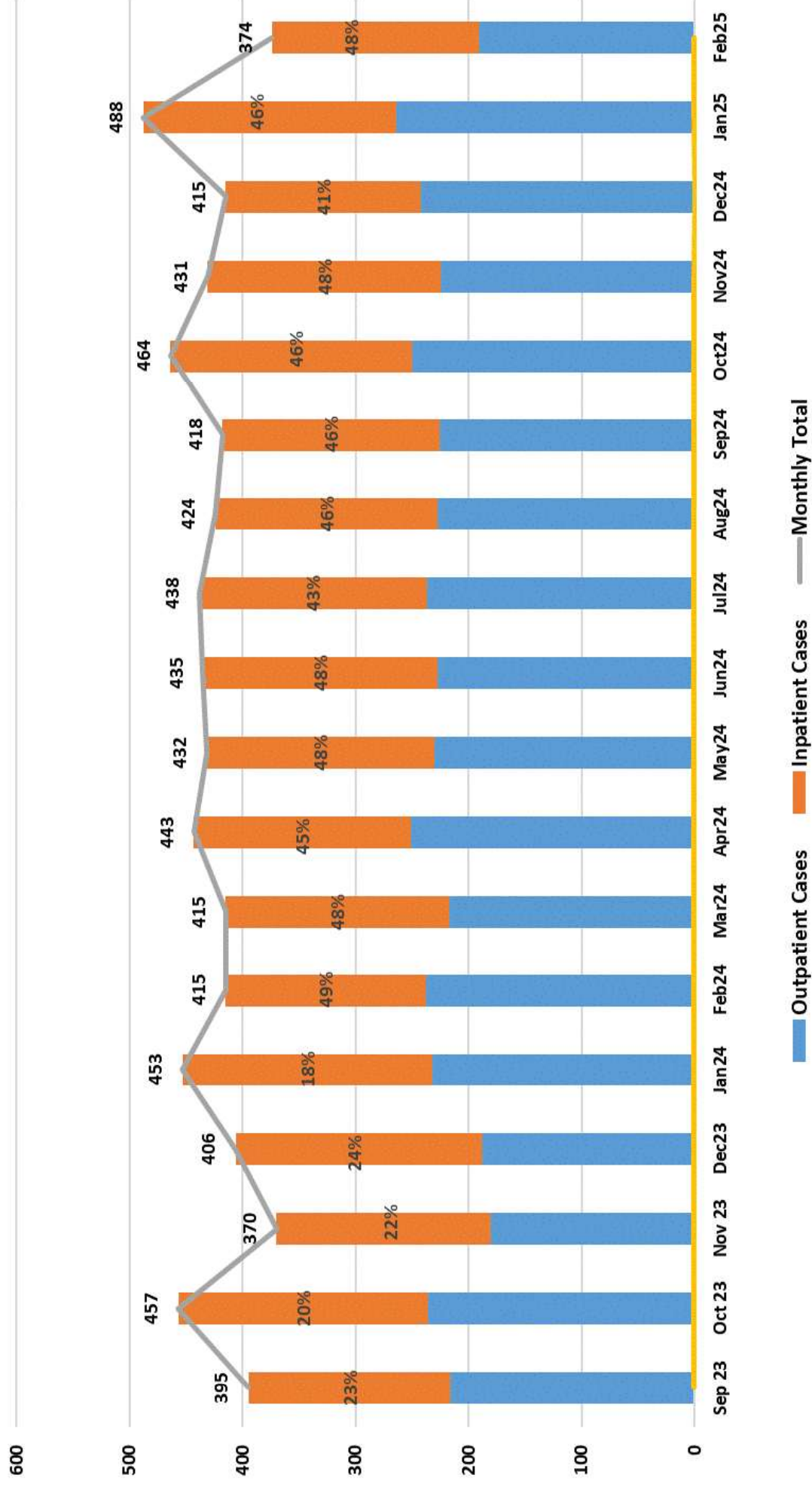
Cath Lab (IP Only) – 100 Min Units



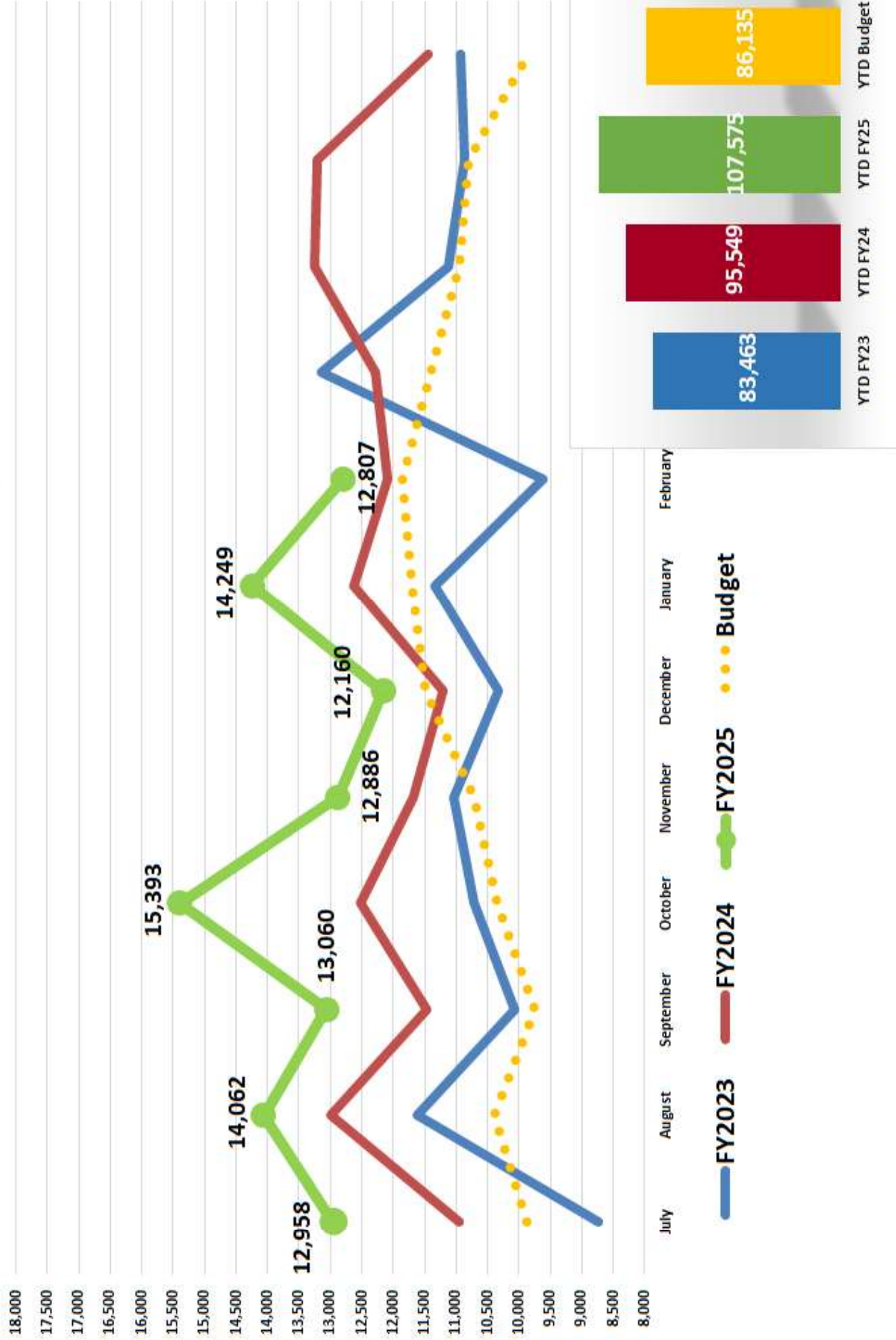
Cath Lab (OP Only) – 100 Min Units



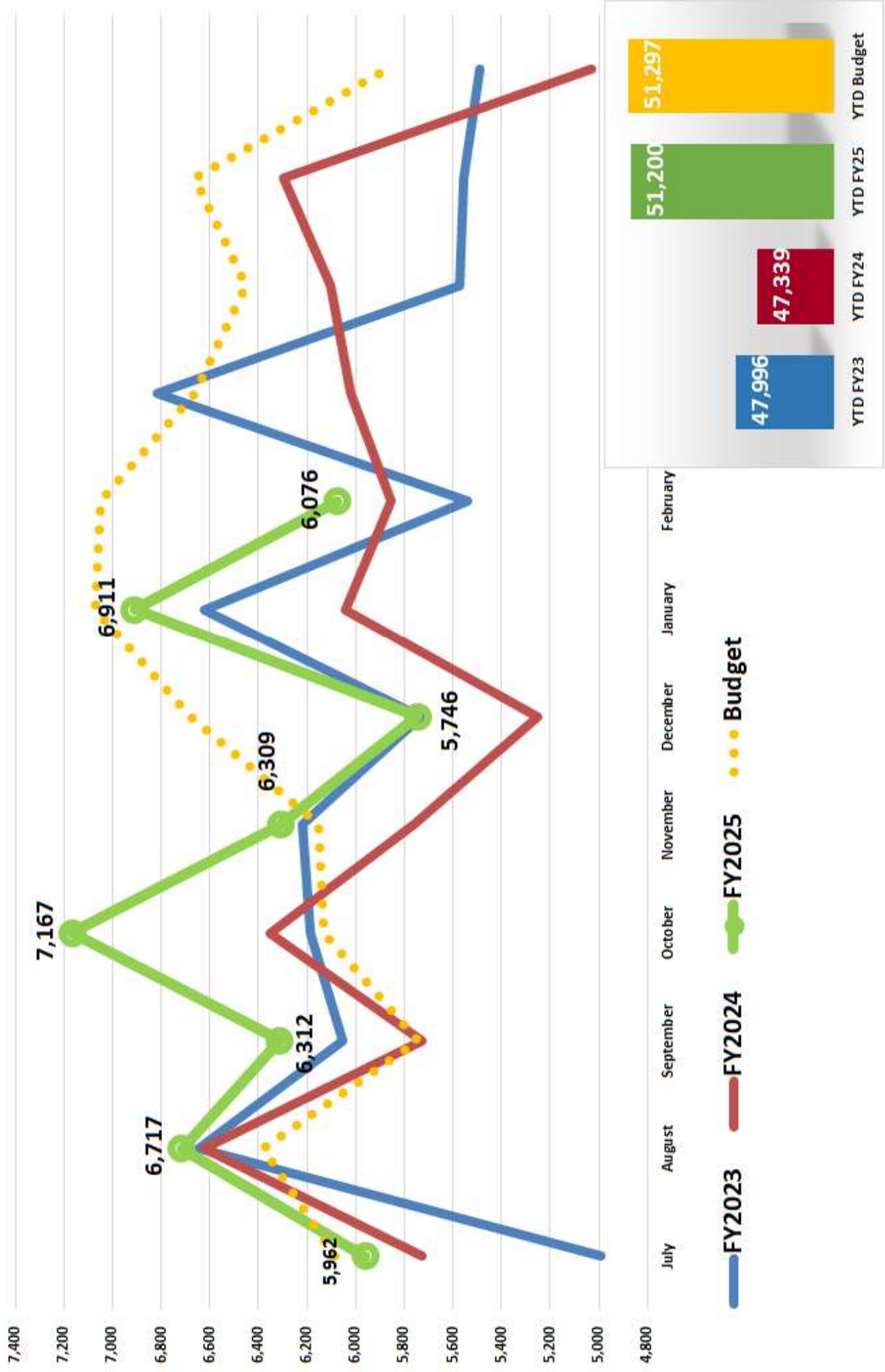
Cath Lab Patients (IP & OP)



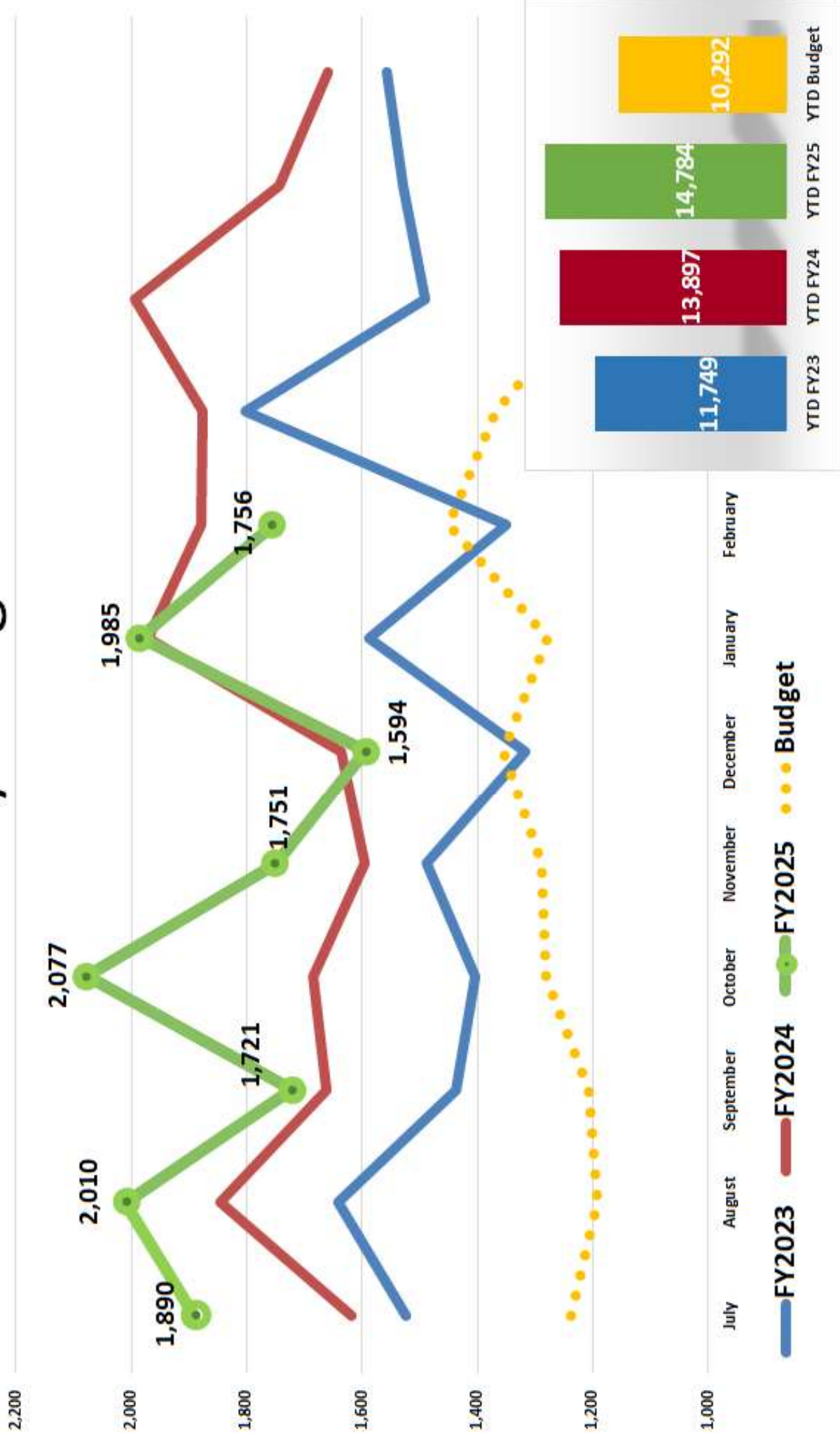
Rural Health Clinics Registrations



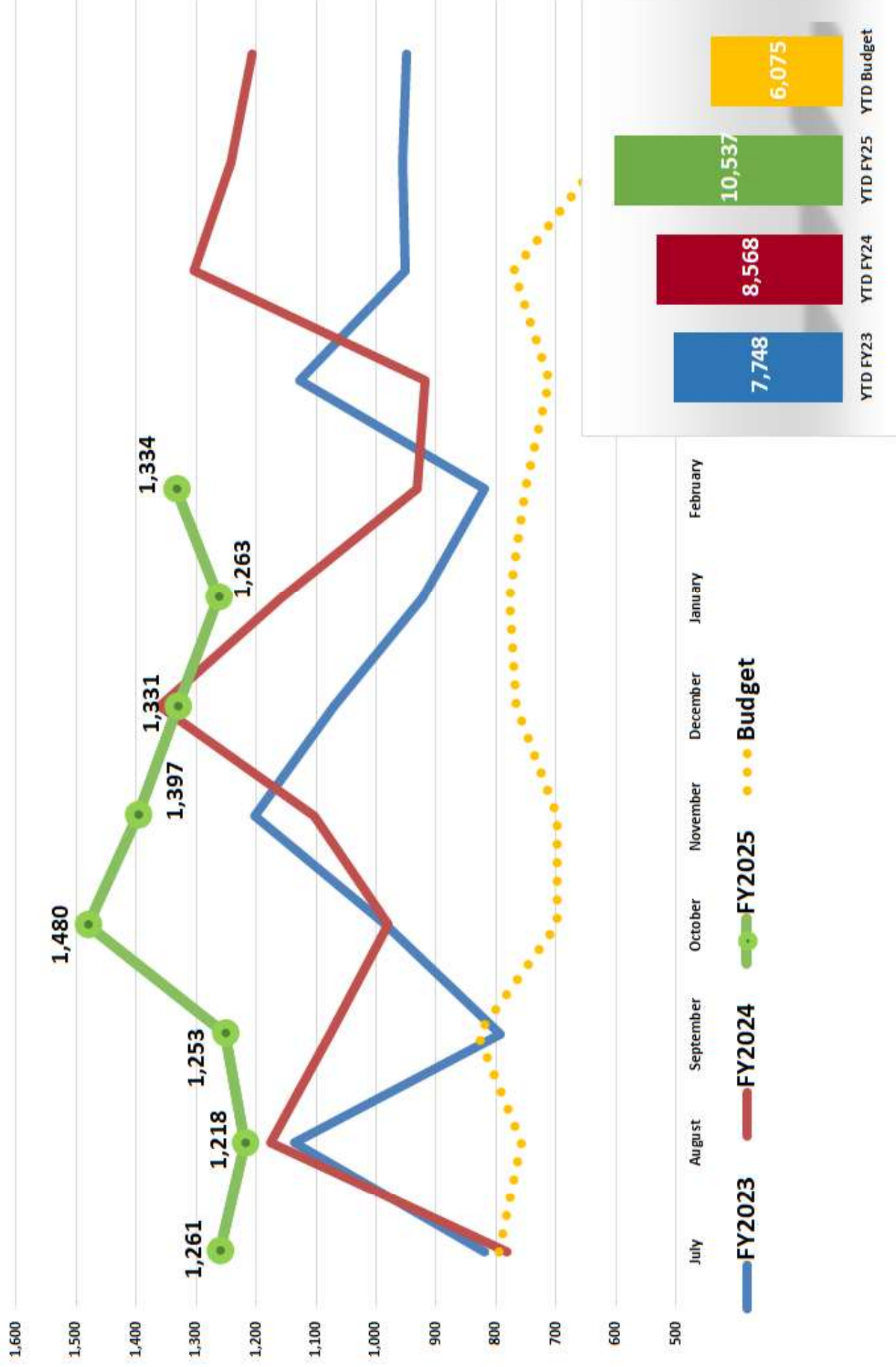
RHC Exeter - Registrations



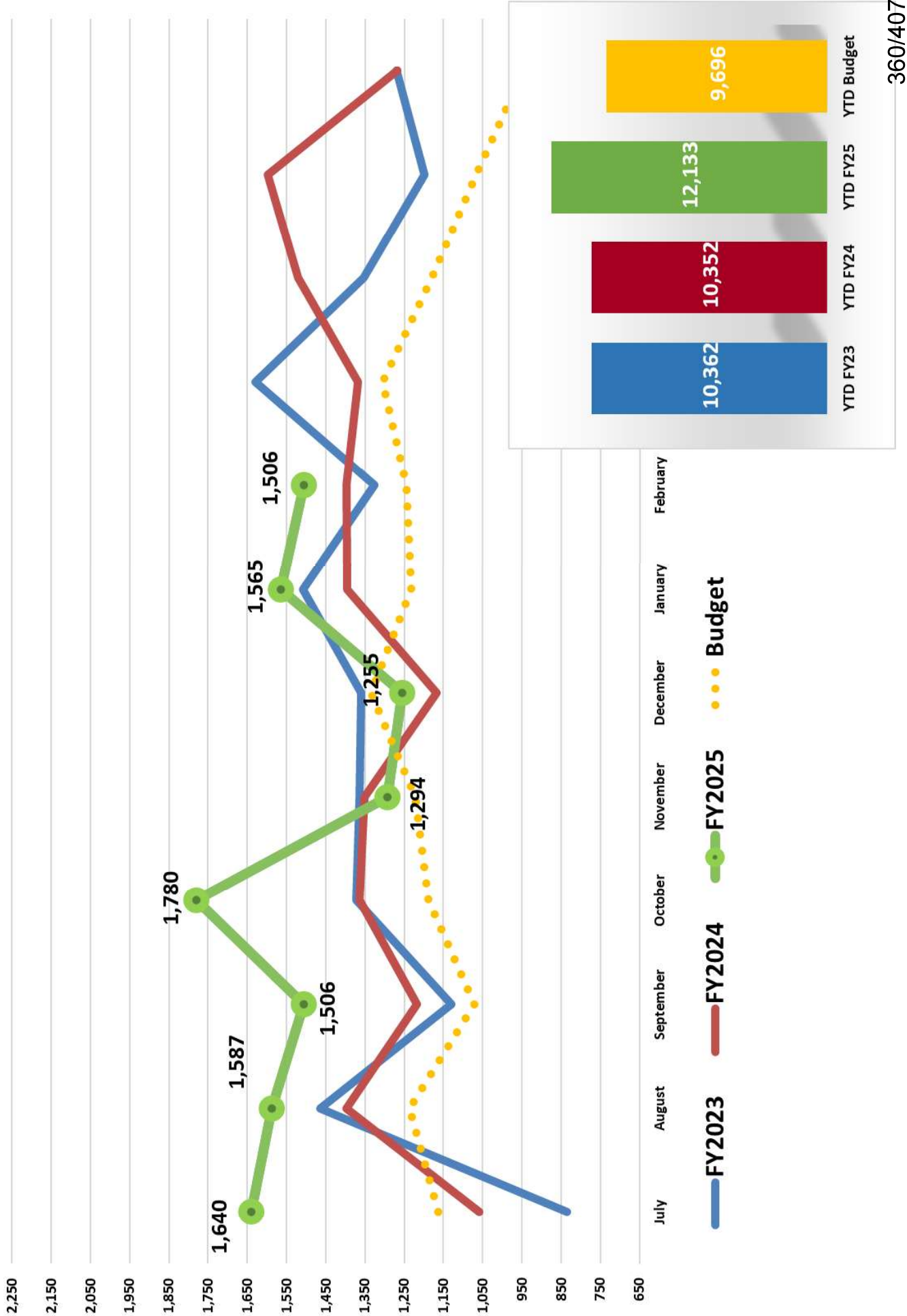
RHC Lindsay - Registrations



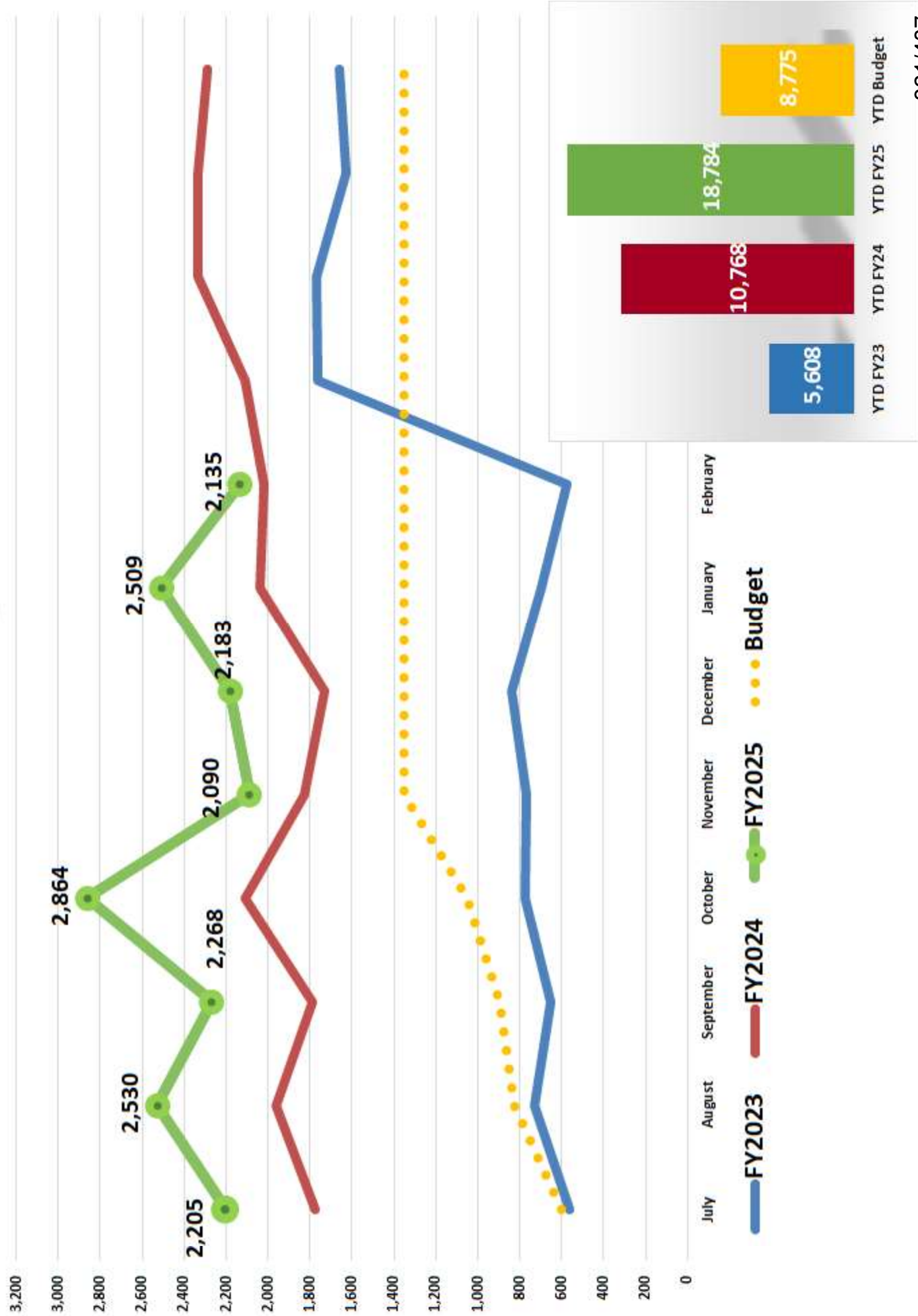
RHC Woodlake - Registrations



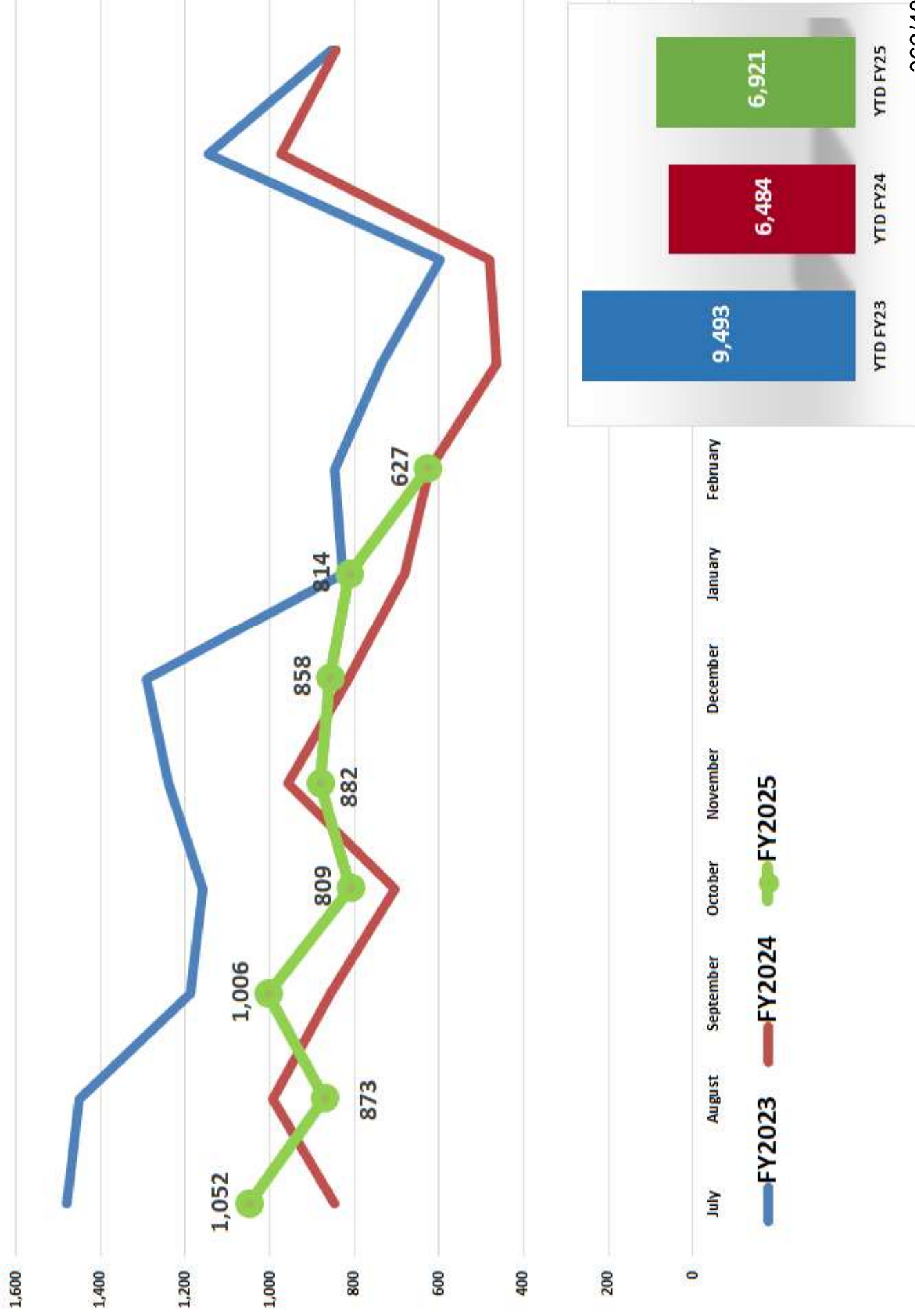
RHC Dinuba - Registrations



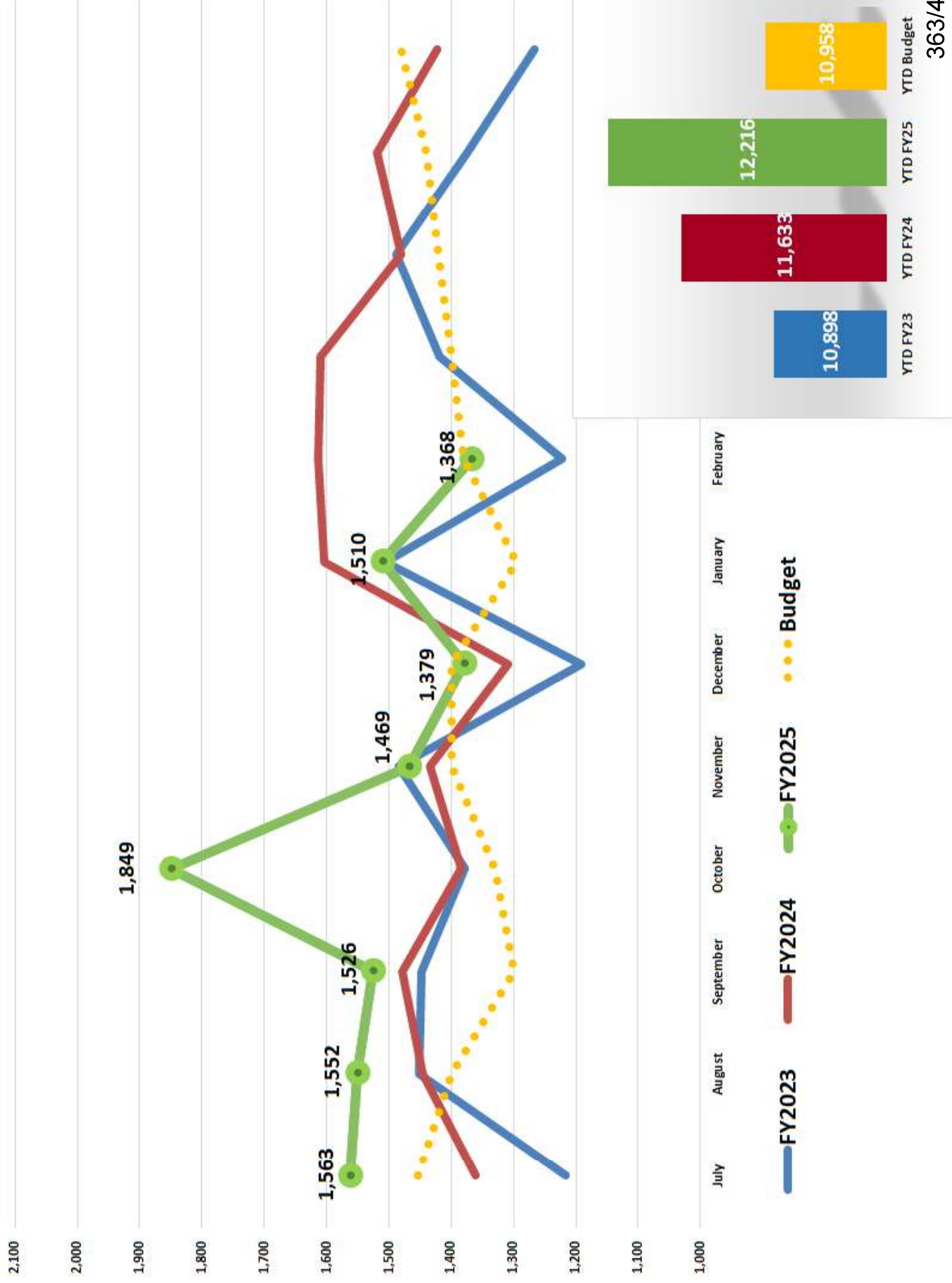
RHC Tulare - Registrations



Neurosurgery Clinic - wRVU's



KH Cardiology Center Registrations



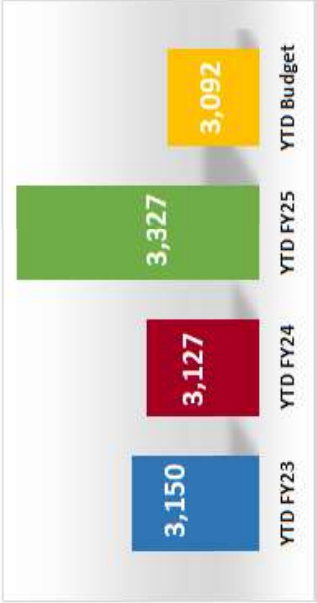
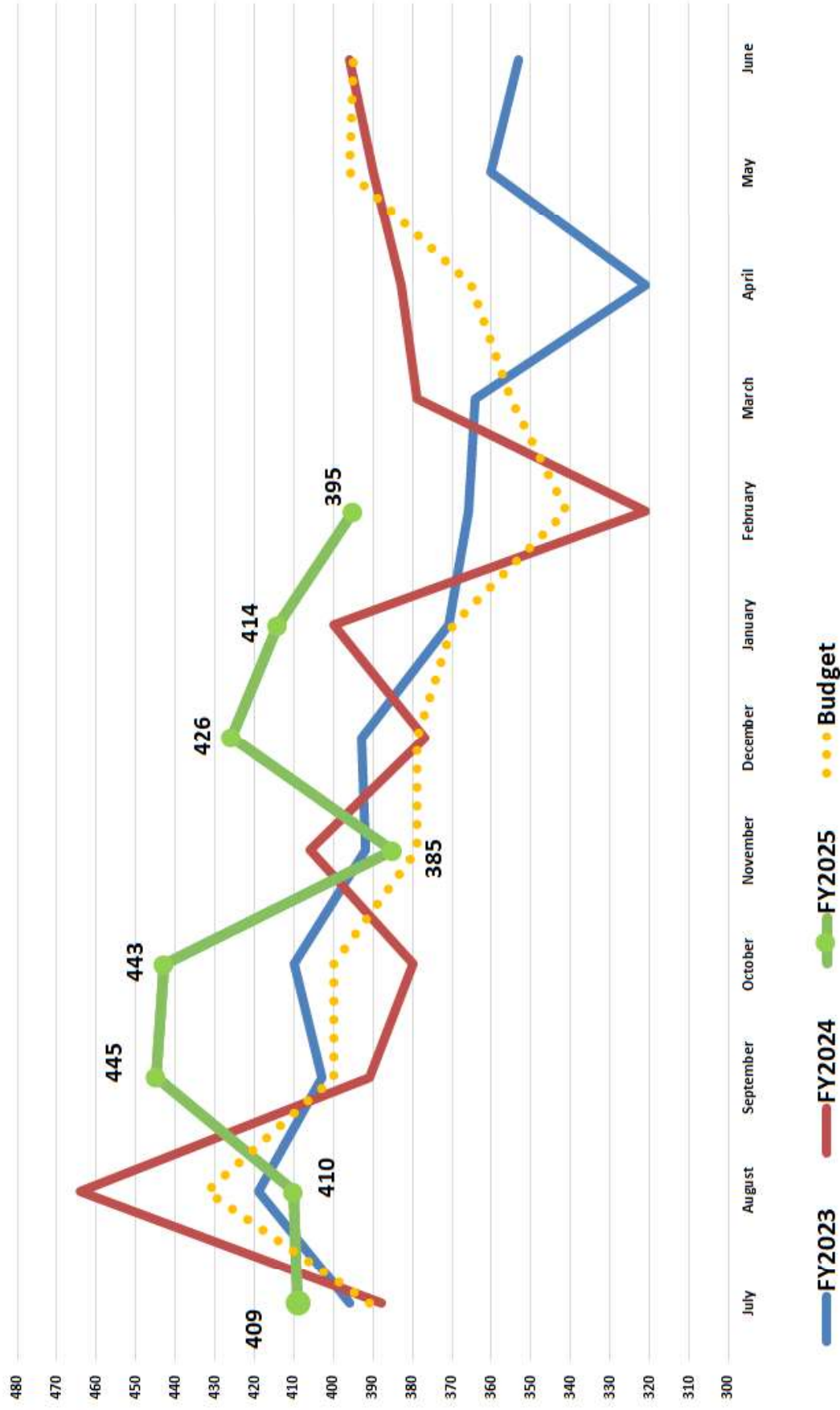
KH Cardiology Center - wRVU's



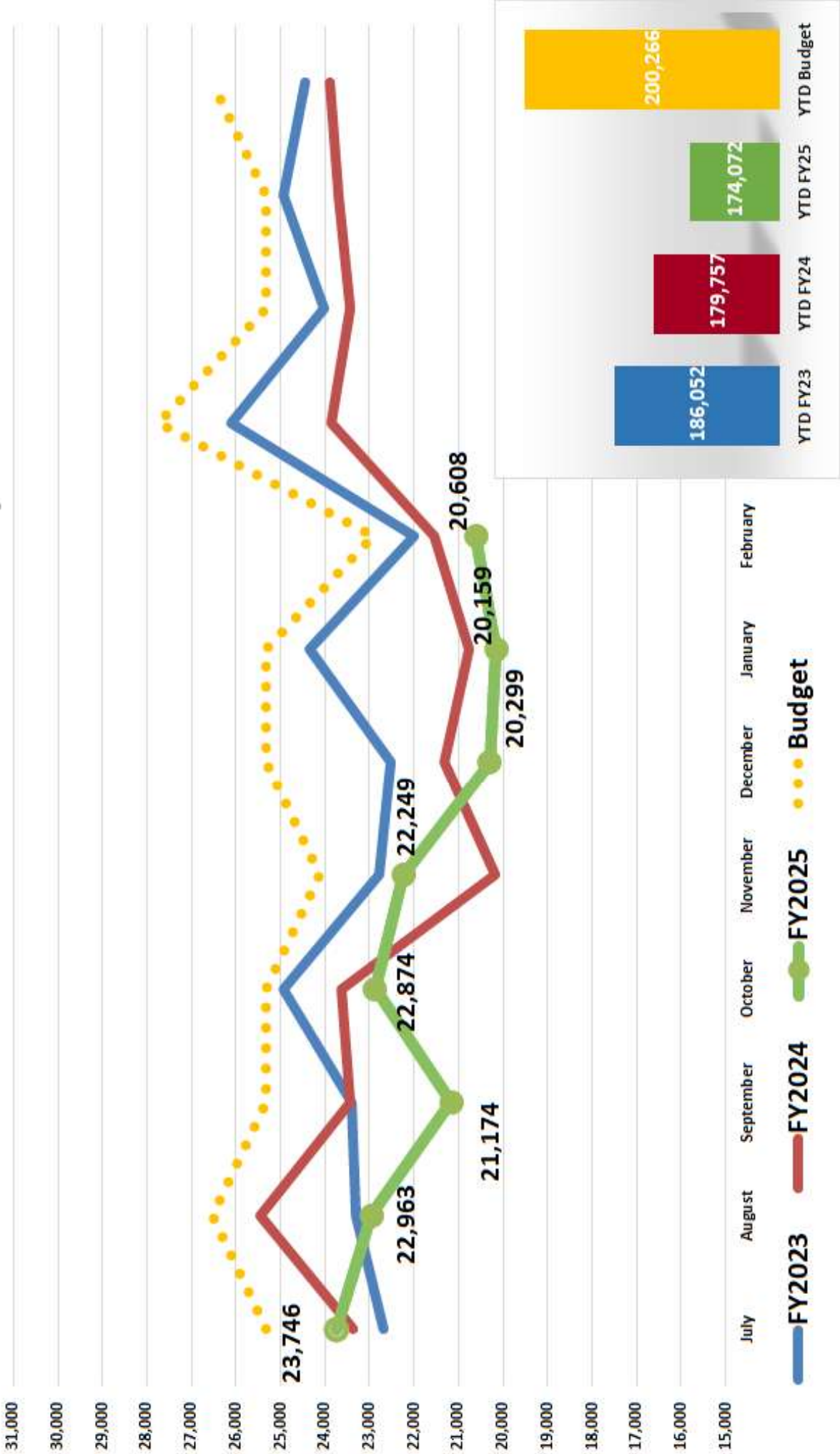
Labor Triage Registrations



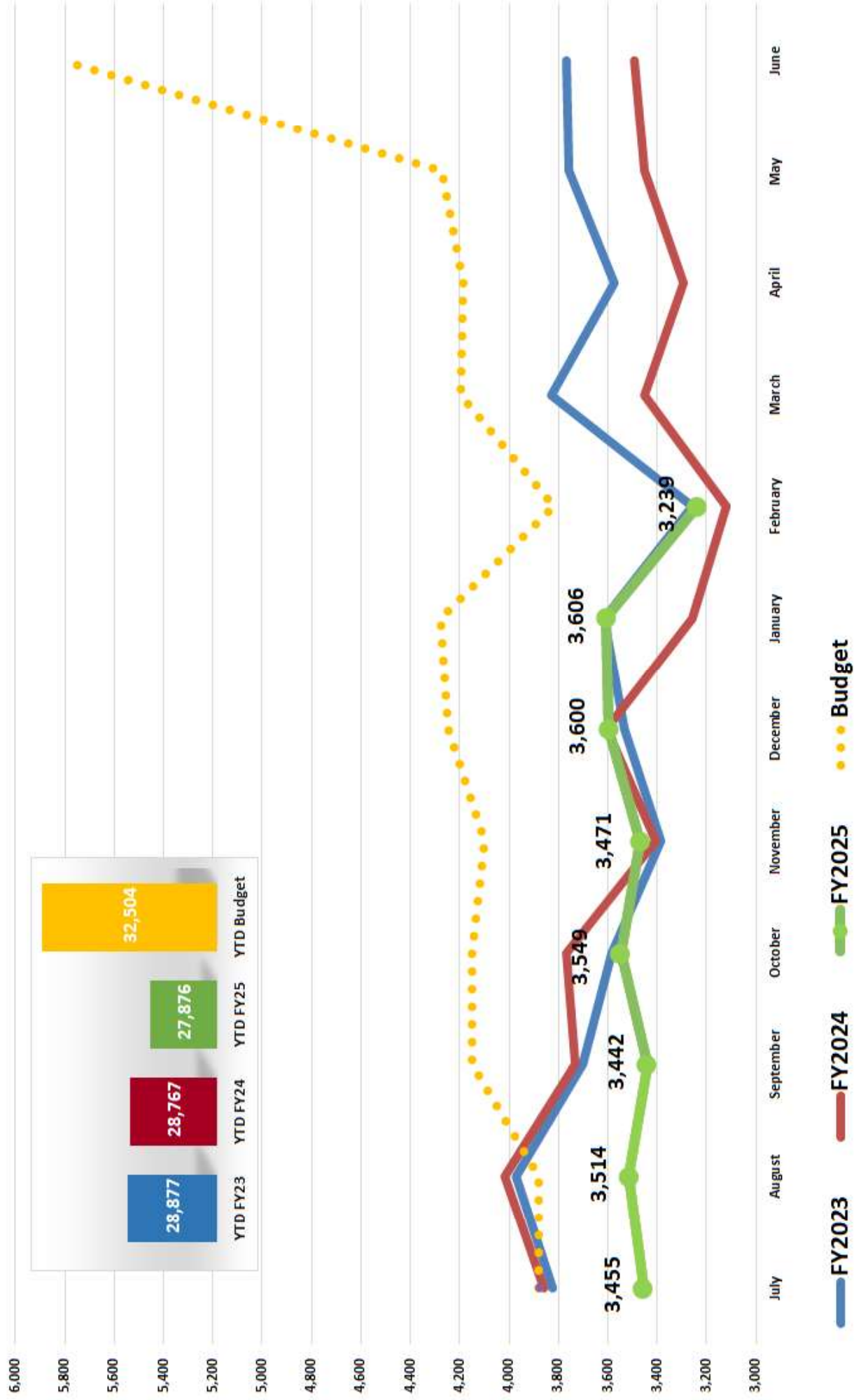
Deliveries



Home Infusion Days



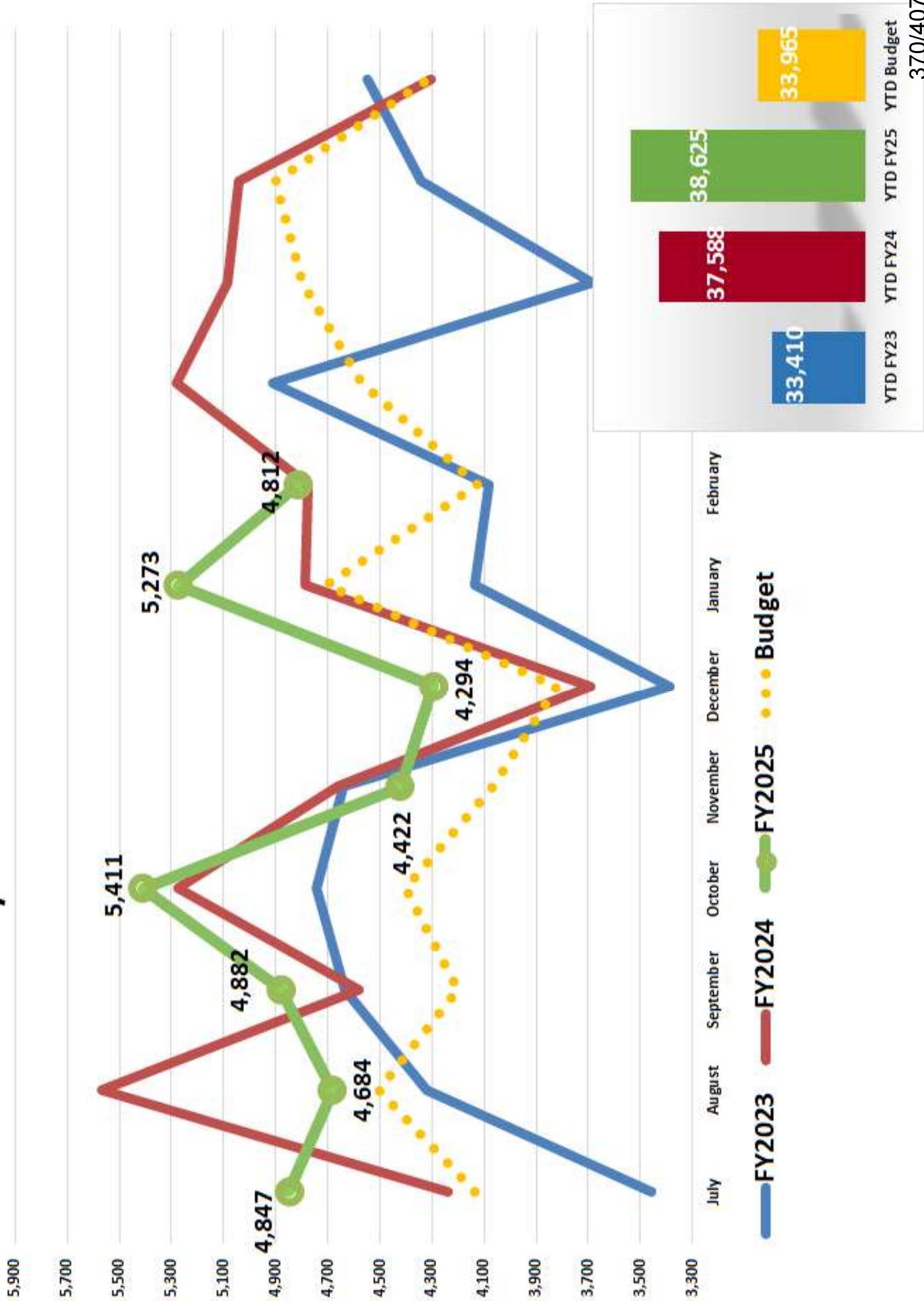
Hospice Days



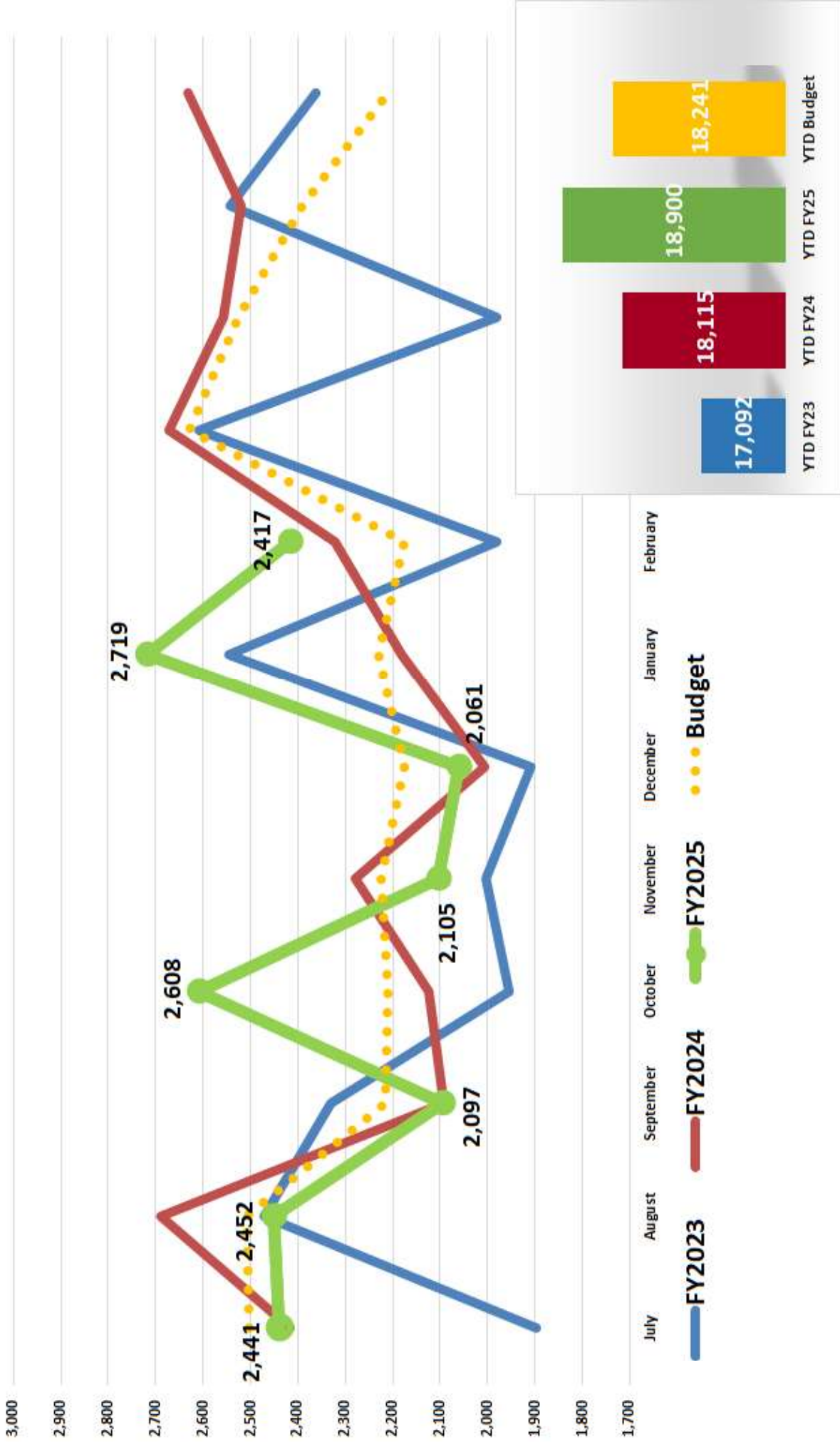
All O/P Rehab Svcs Across District



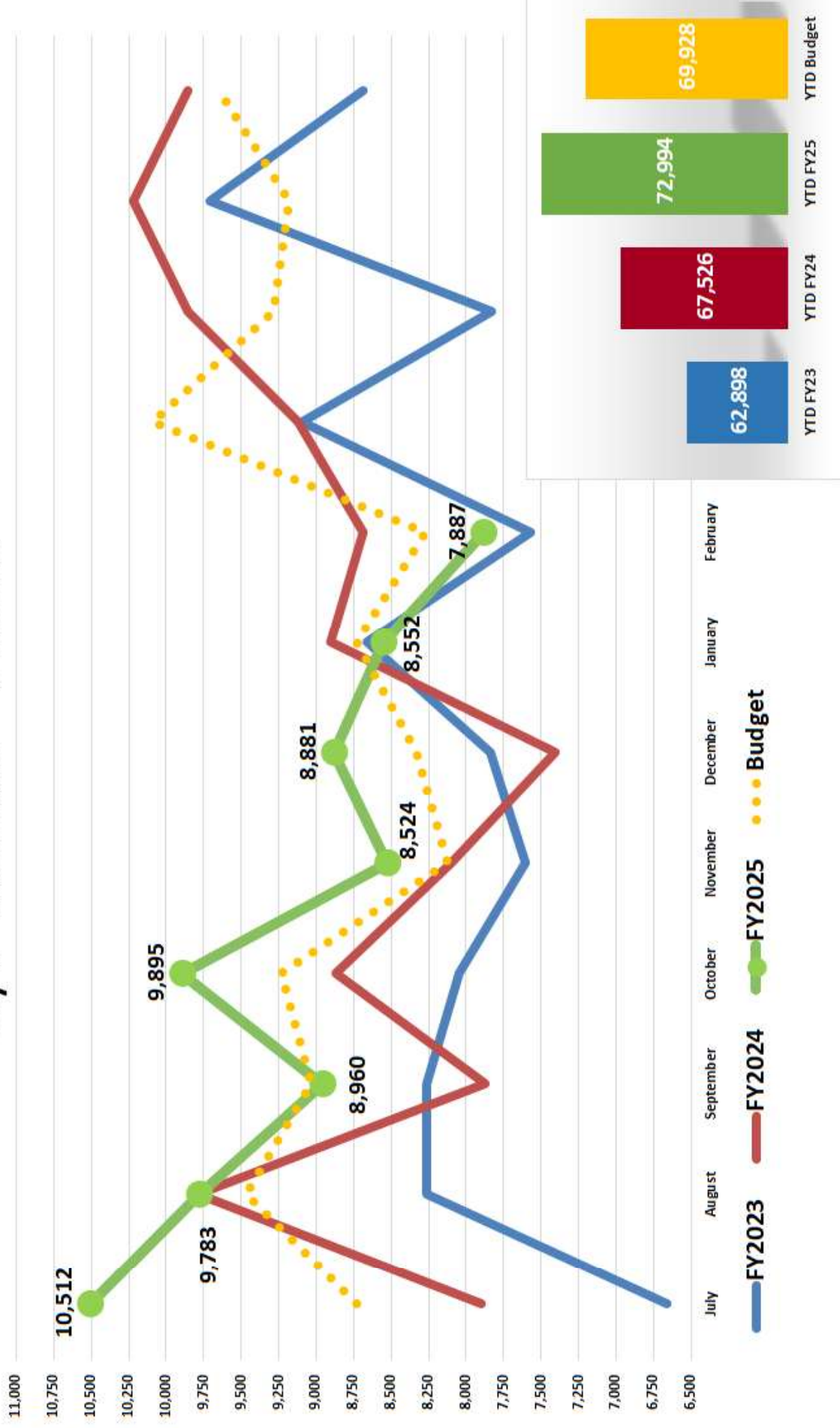
O/P Rehab Services



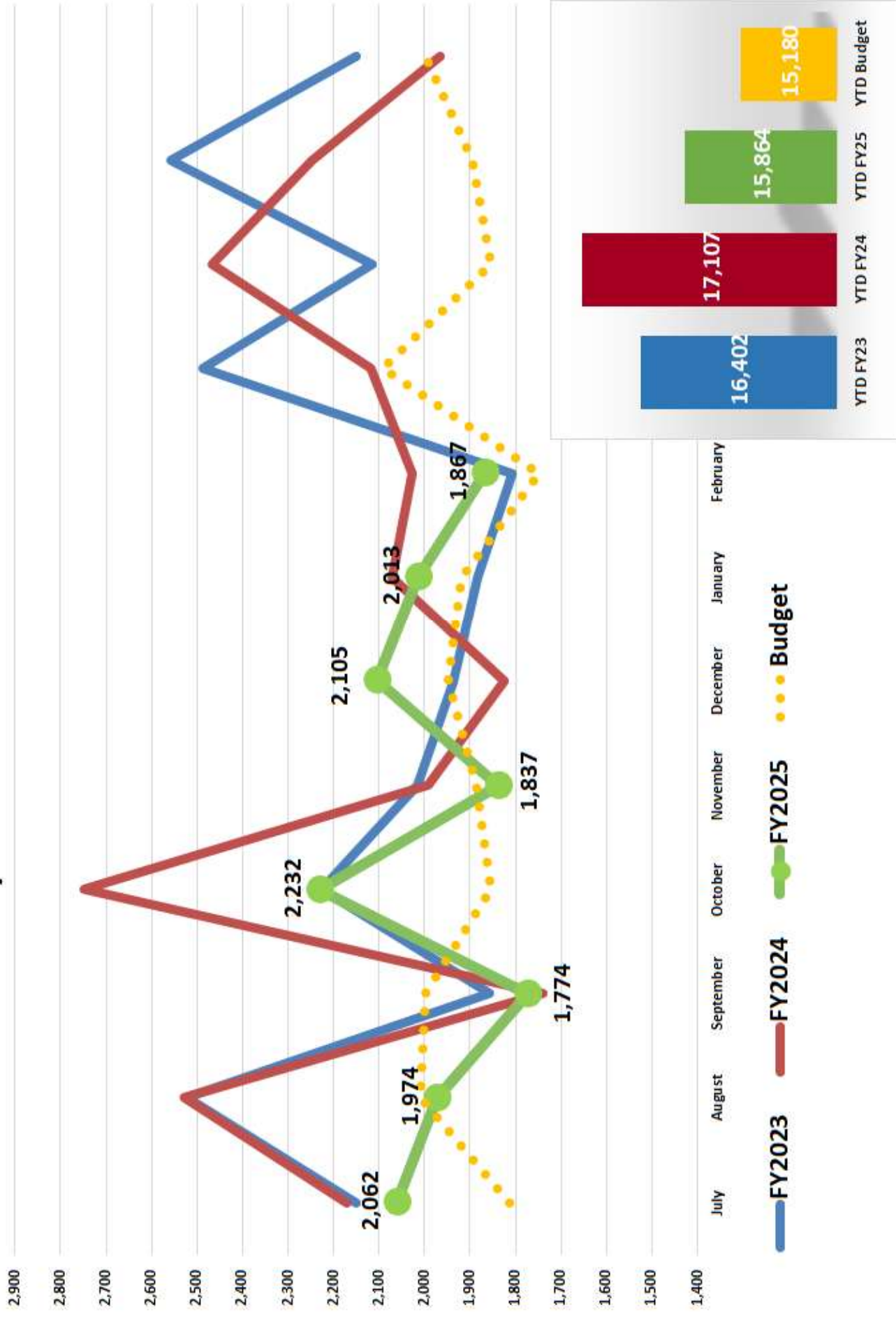
O/P Rehab - Exeter



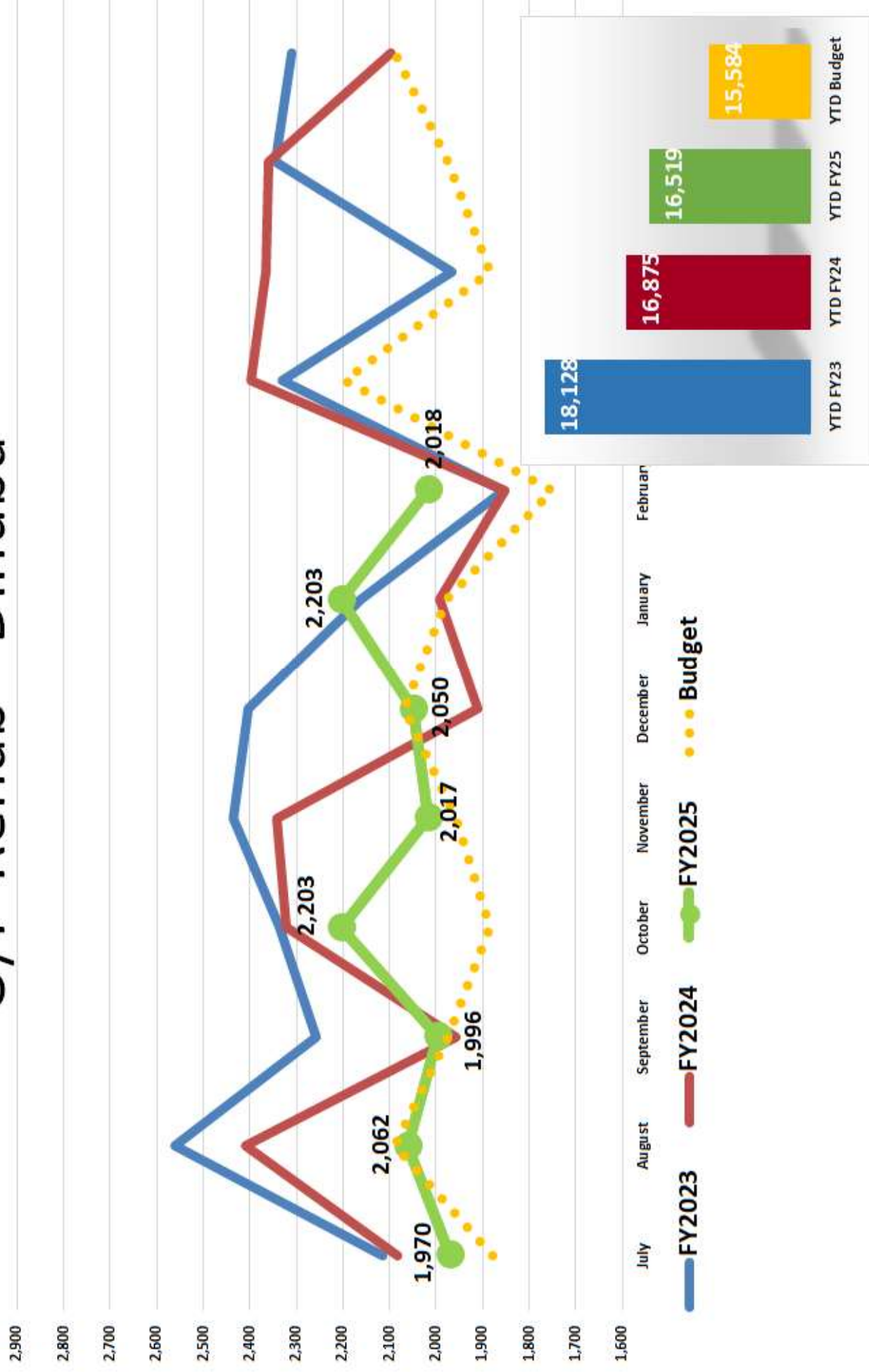
O/P Rehab - Akers



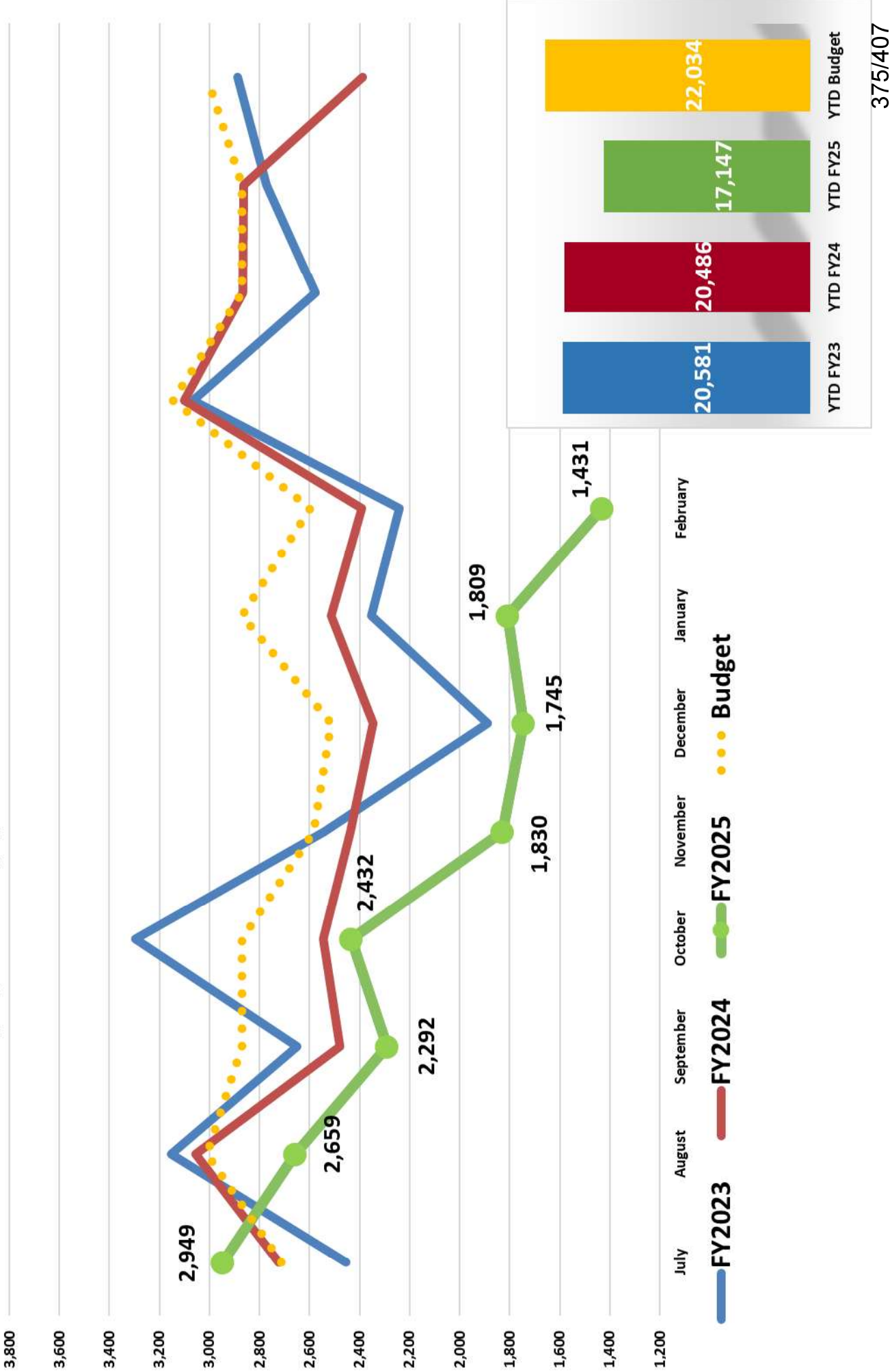
O/P Rehab - LLOPT



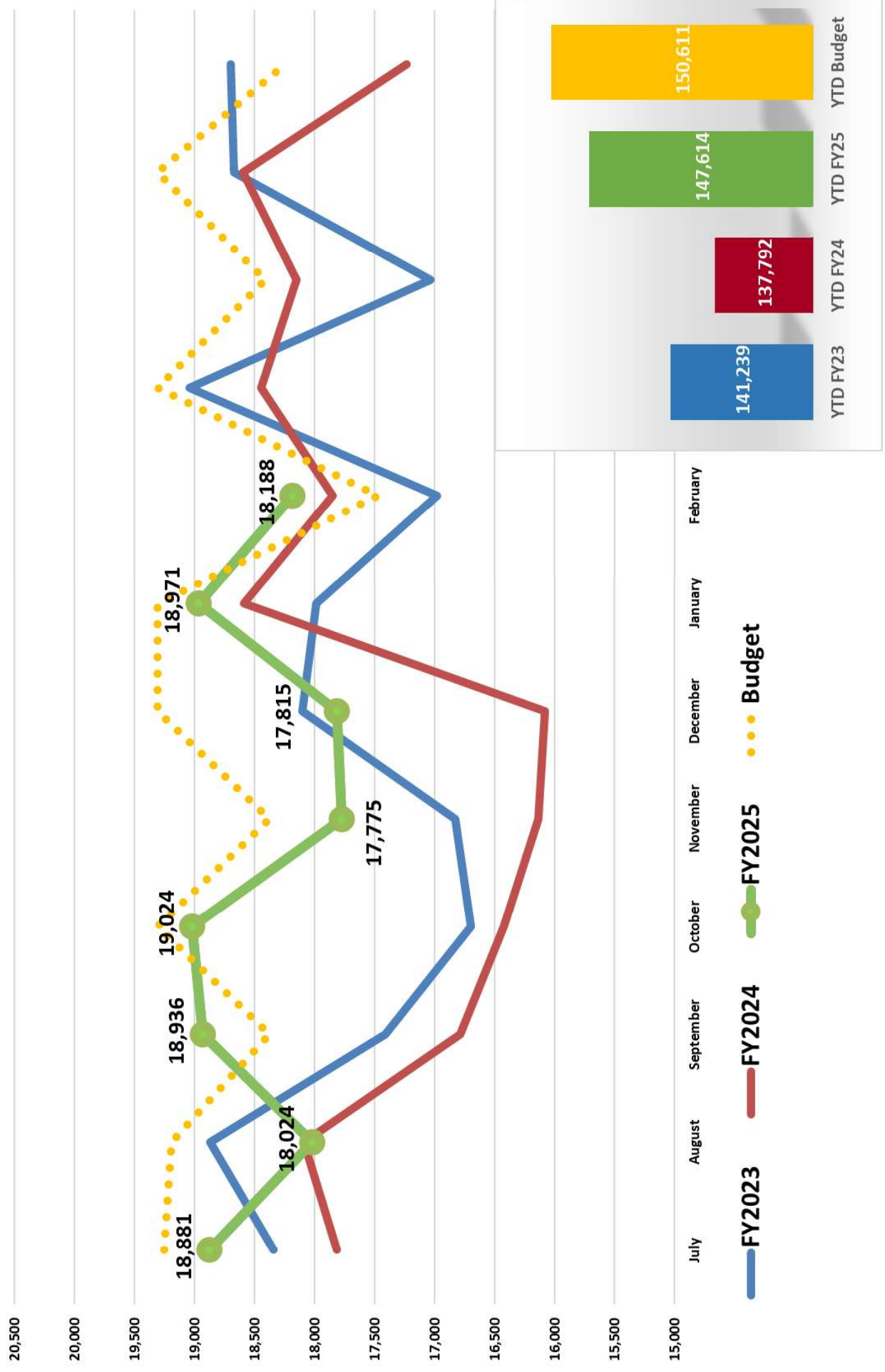
O/P Rehab - Dinuba



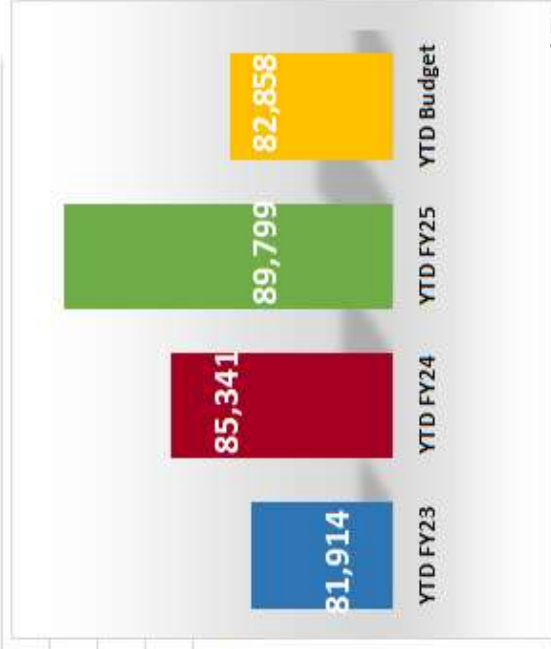
Therapy - Cypress Hand Center



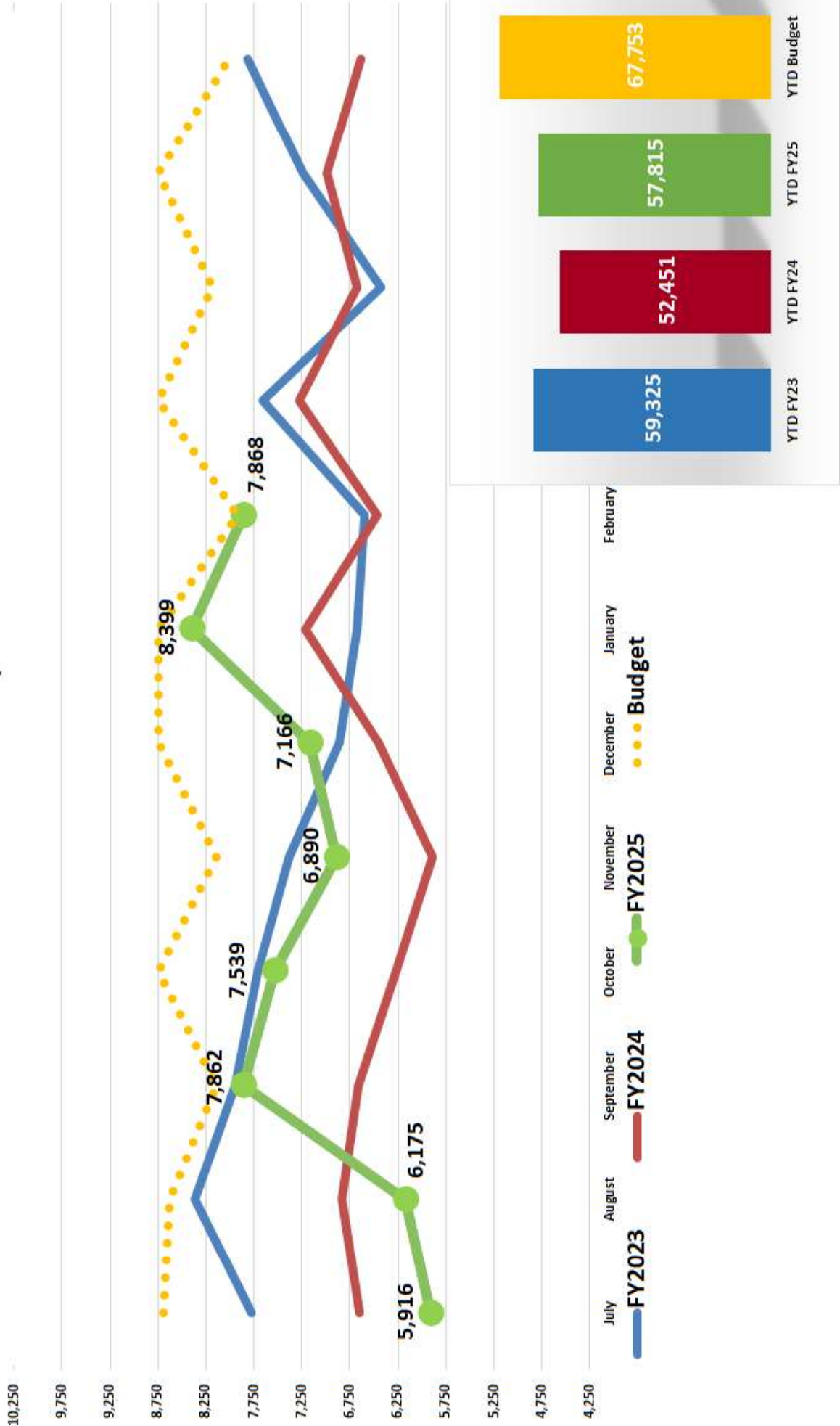
Physical & Other Therapy Units (I/P & O/P)



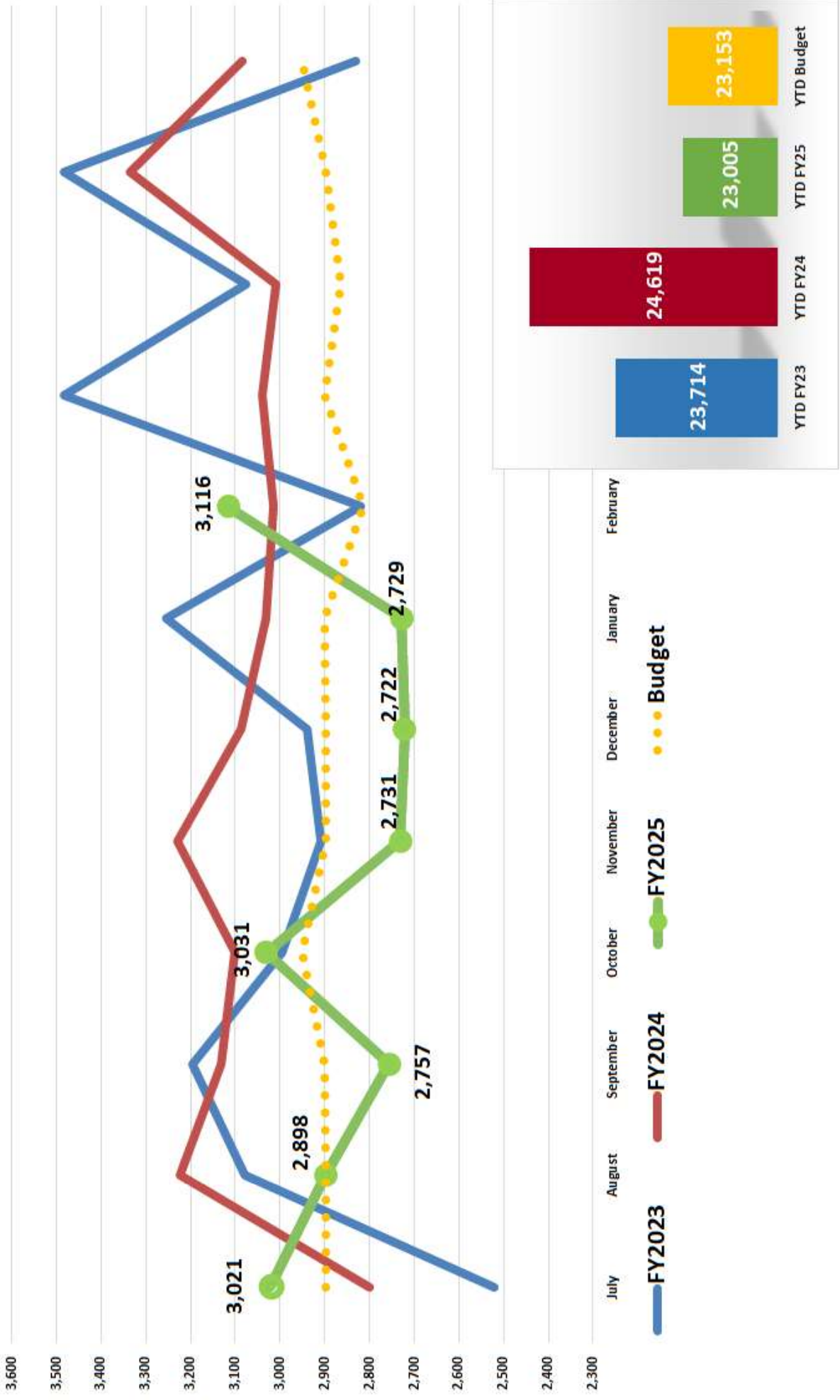
Physical & Other Therapy Units (I/P & O/P)-Main Campus



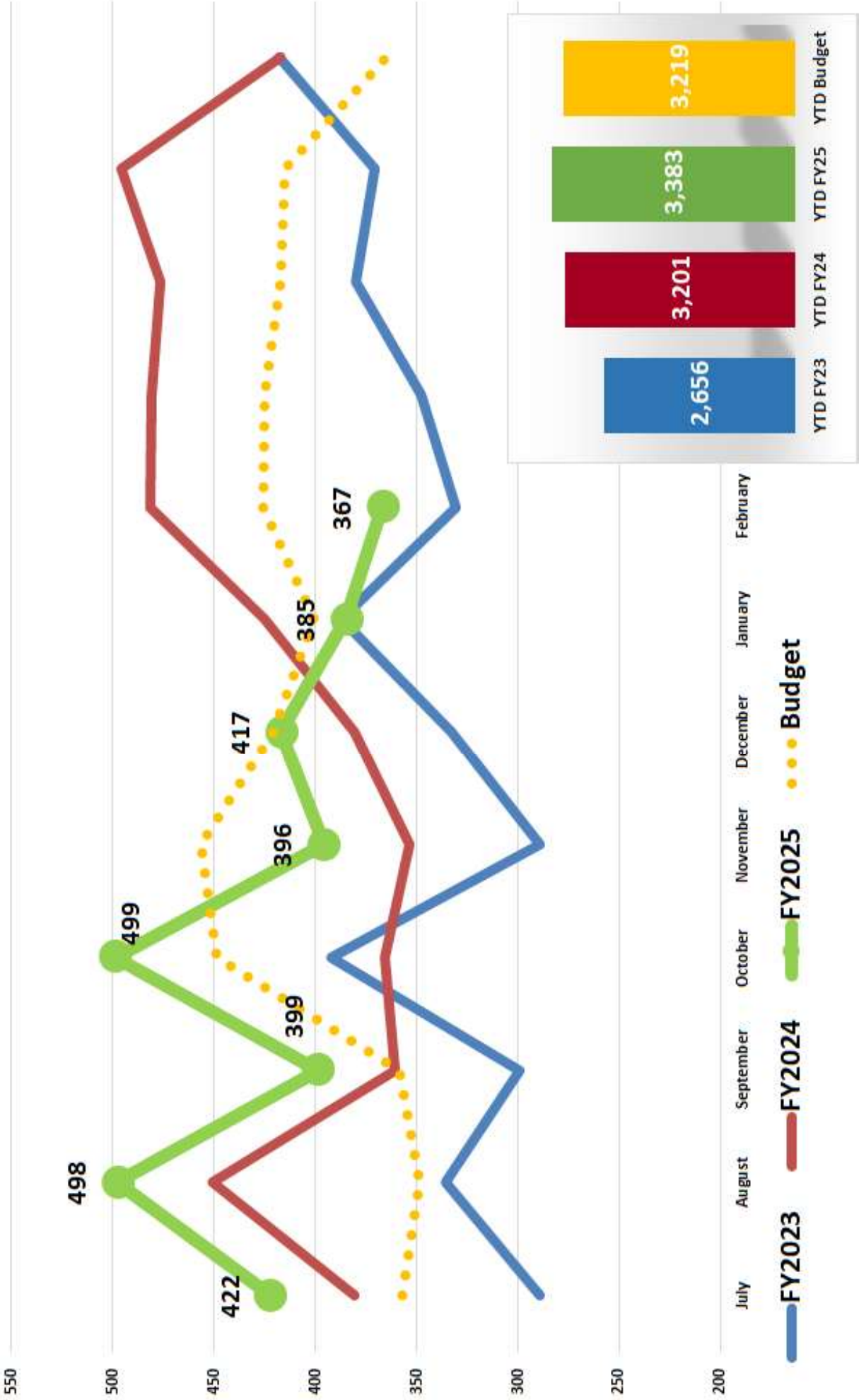
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



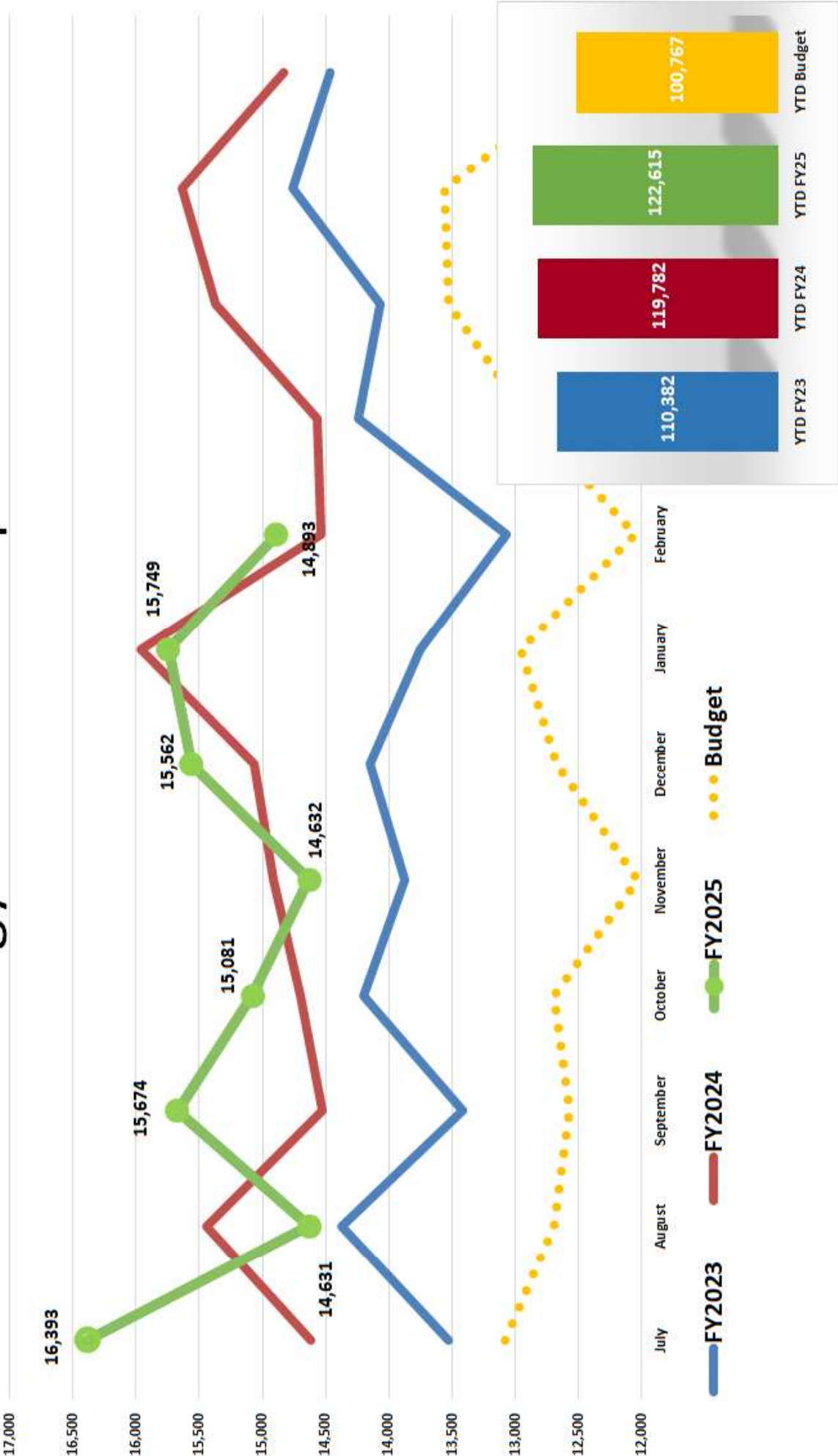
Home Health Visits



Infusion Center - Units of Service



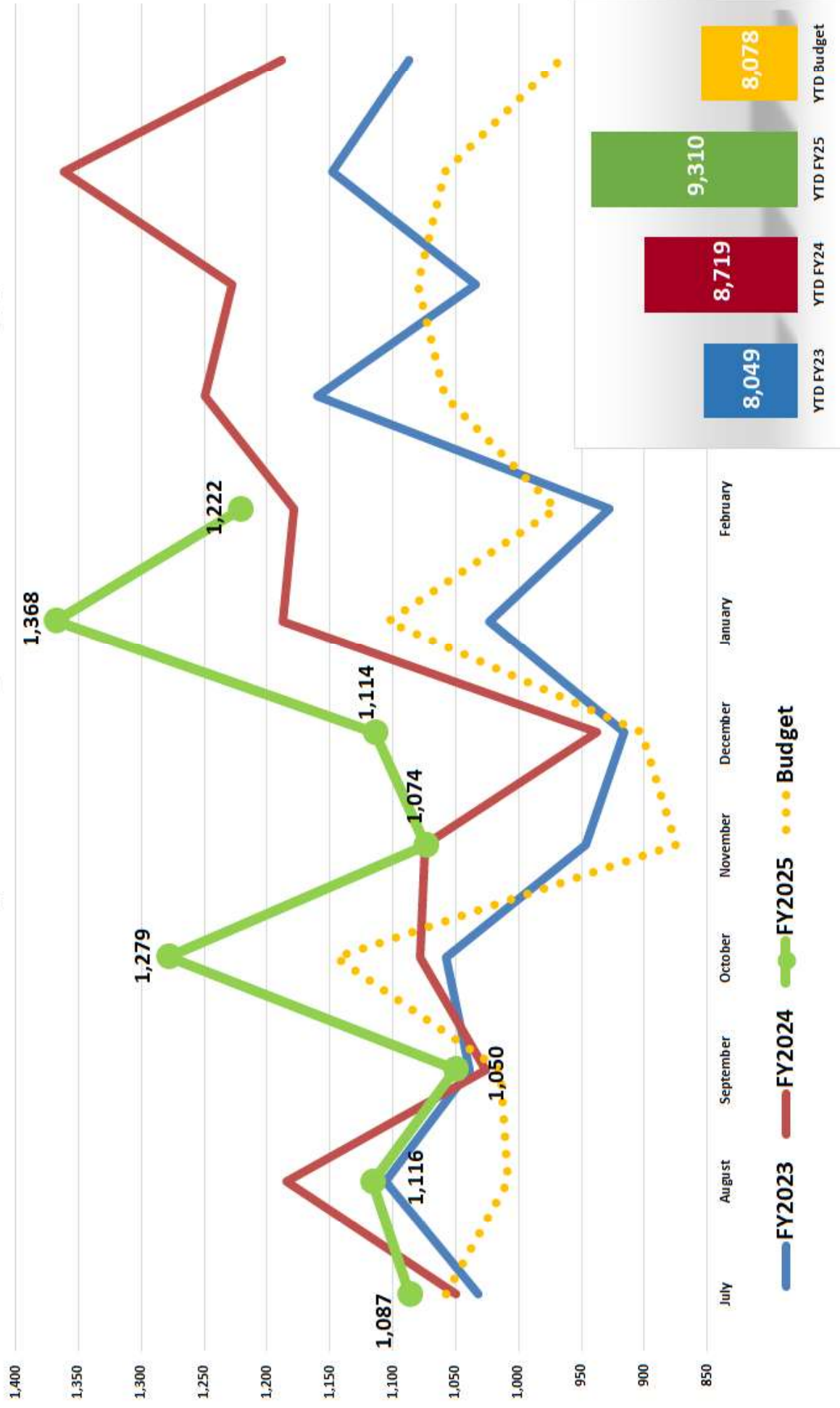
Radiology – Main Campus



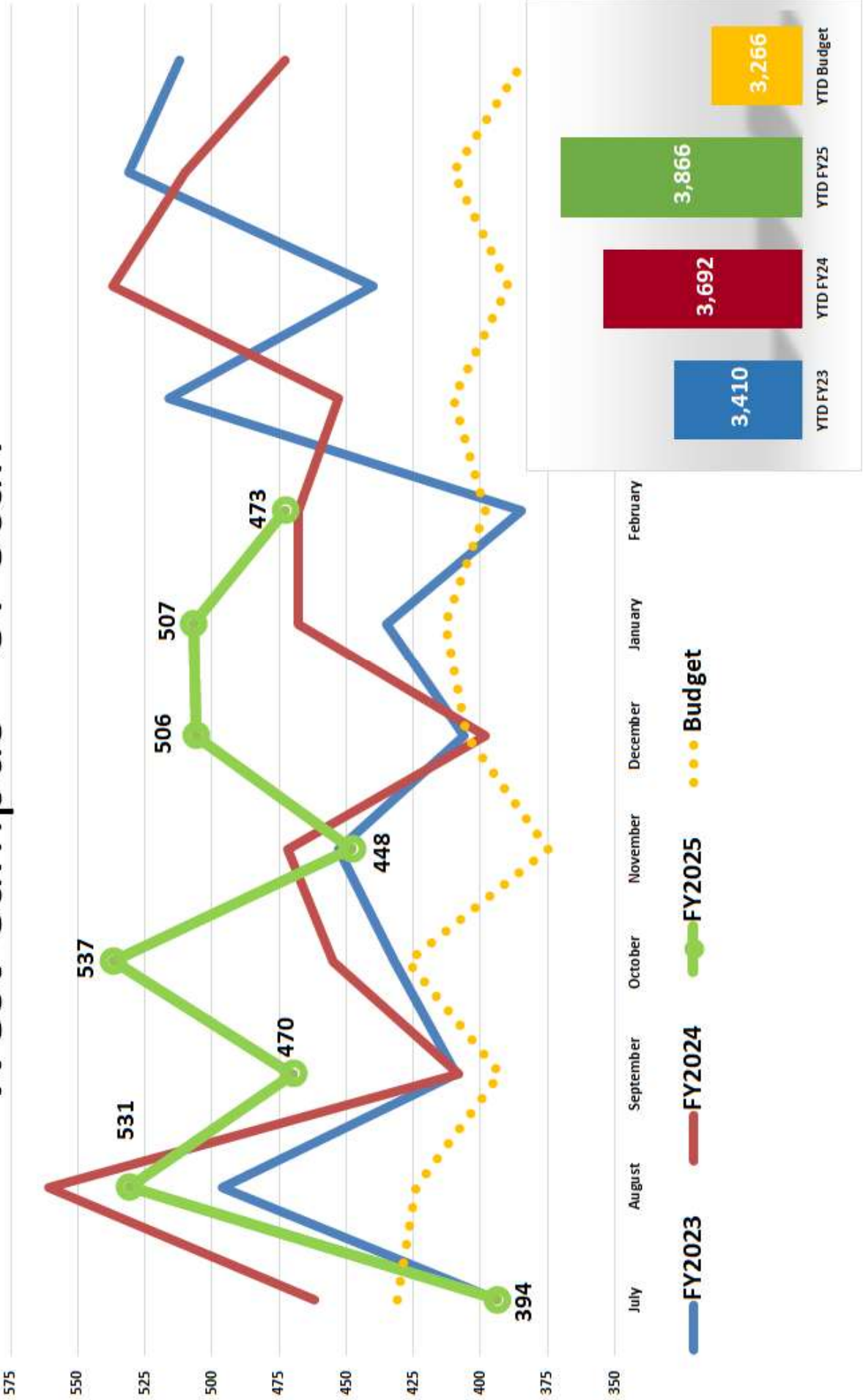
Radiology - West Campus Imaging



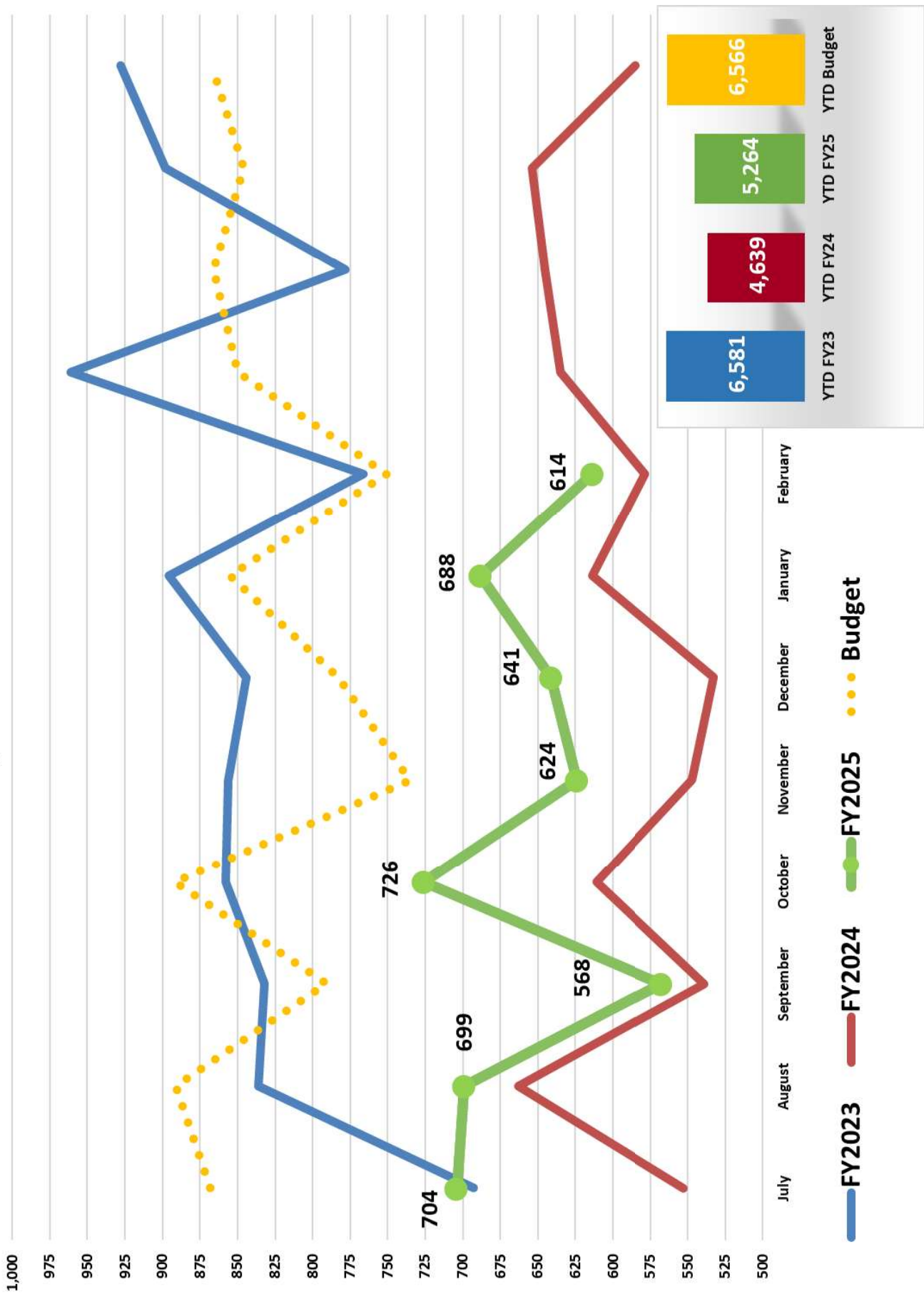
West Campus - Diagnostic Radiology



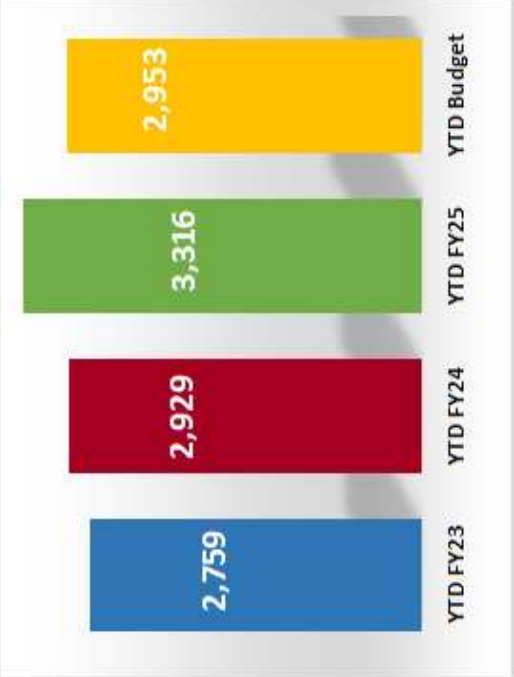
West Campus - CT Scan



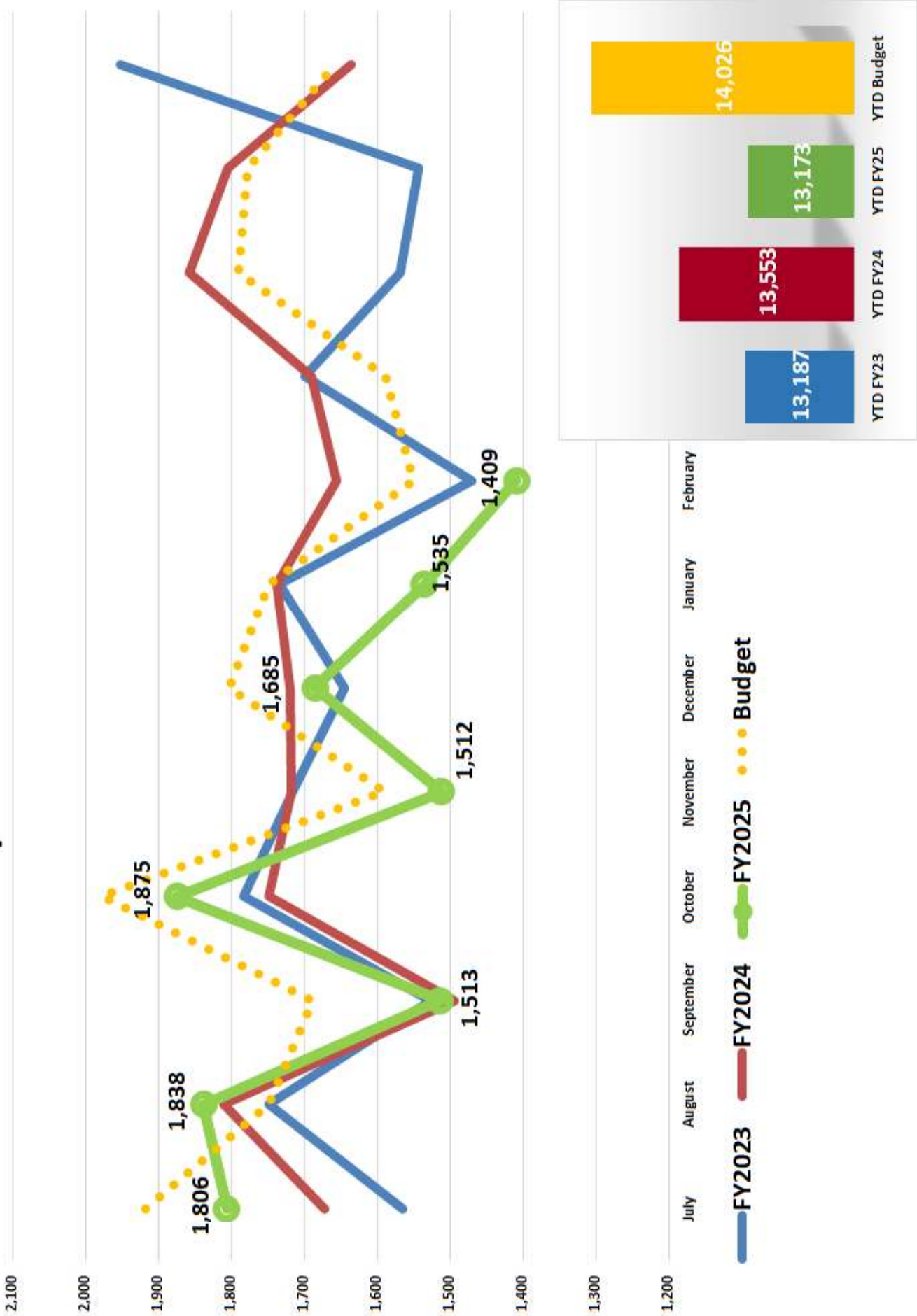
West Campus - Ultrasound



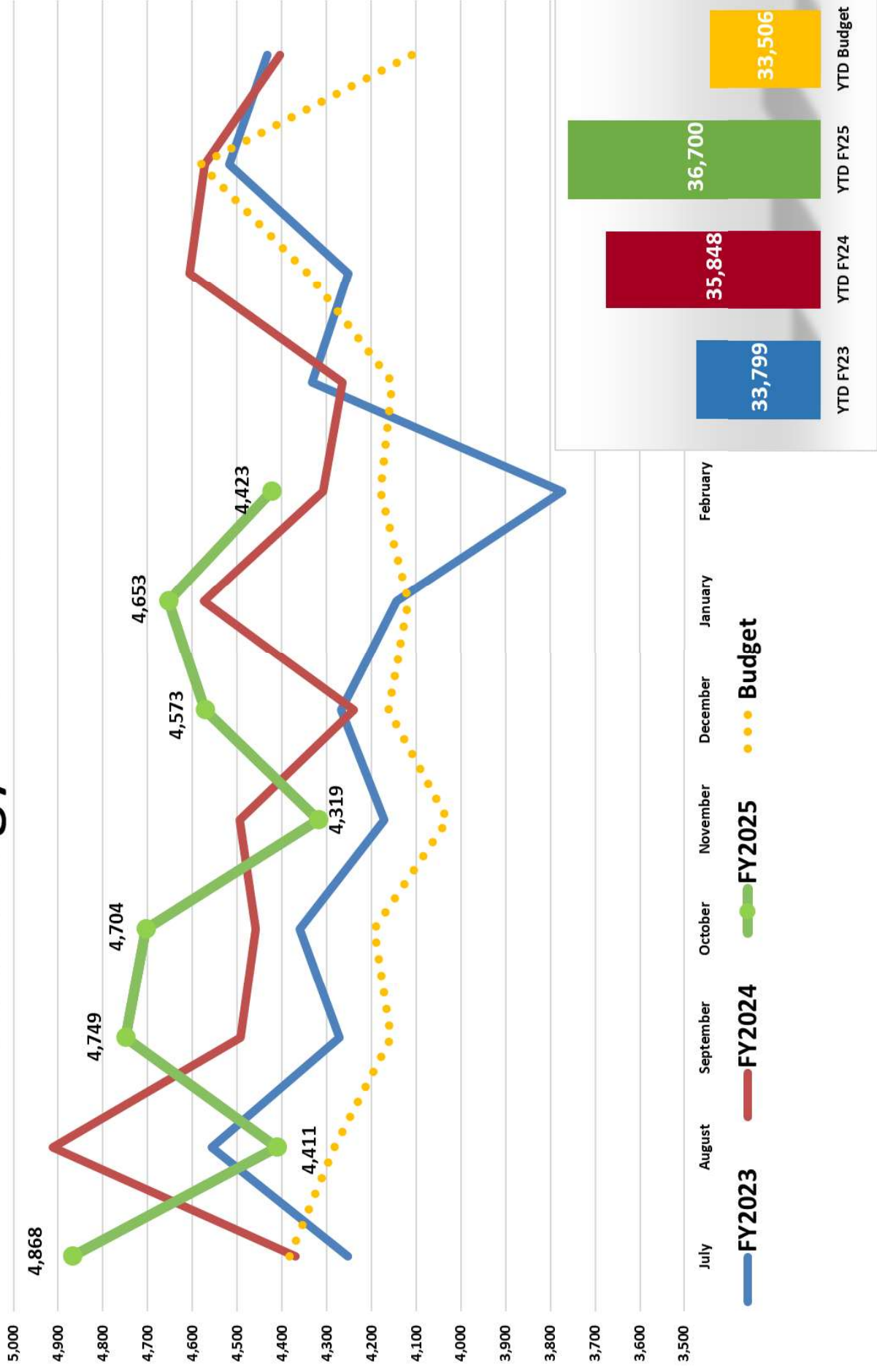
West Campus - MRI



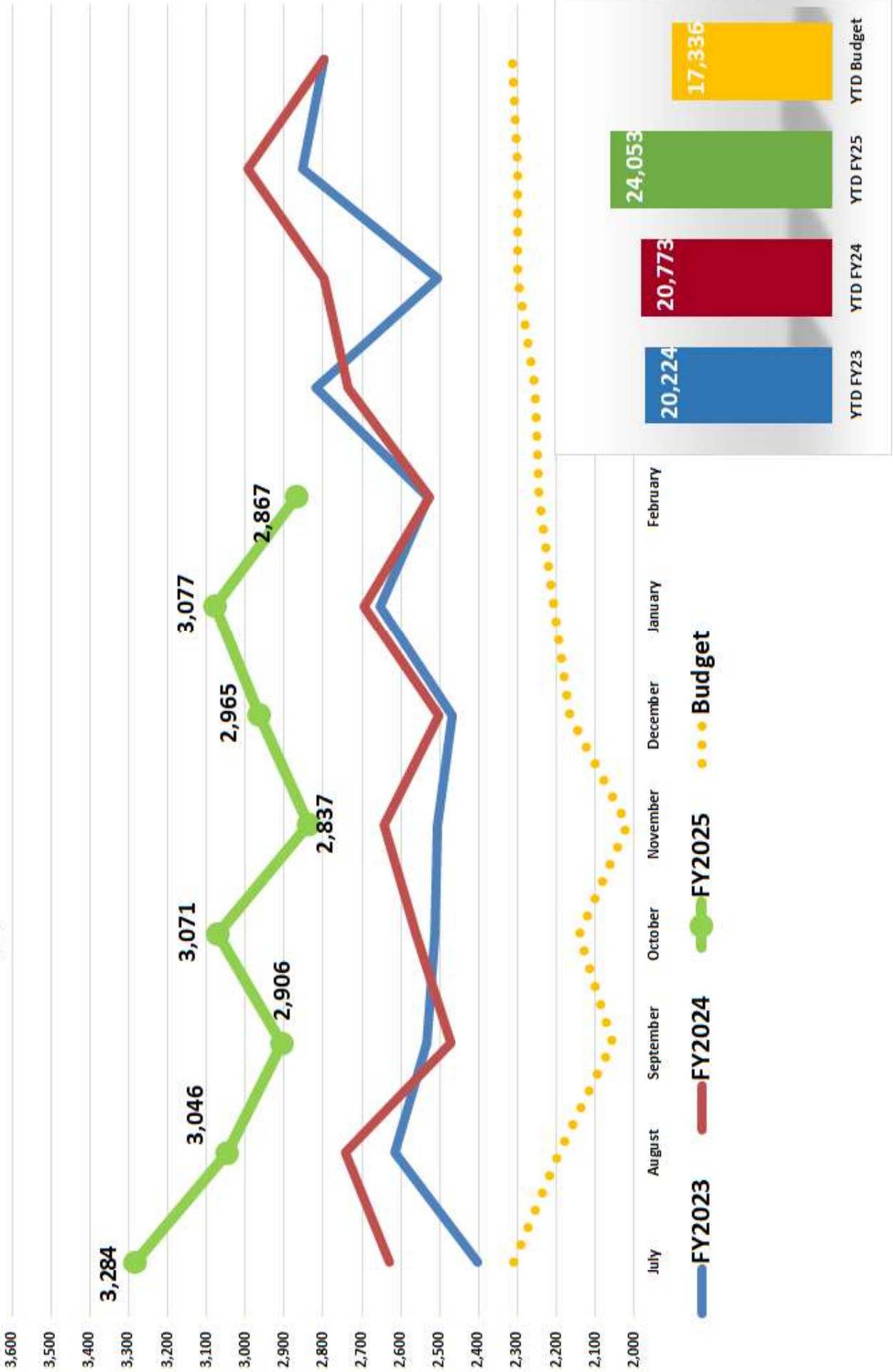
West Campus - Breast Center



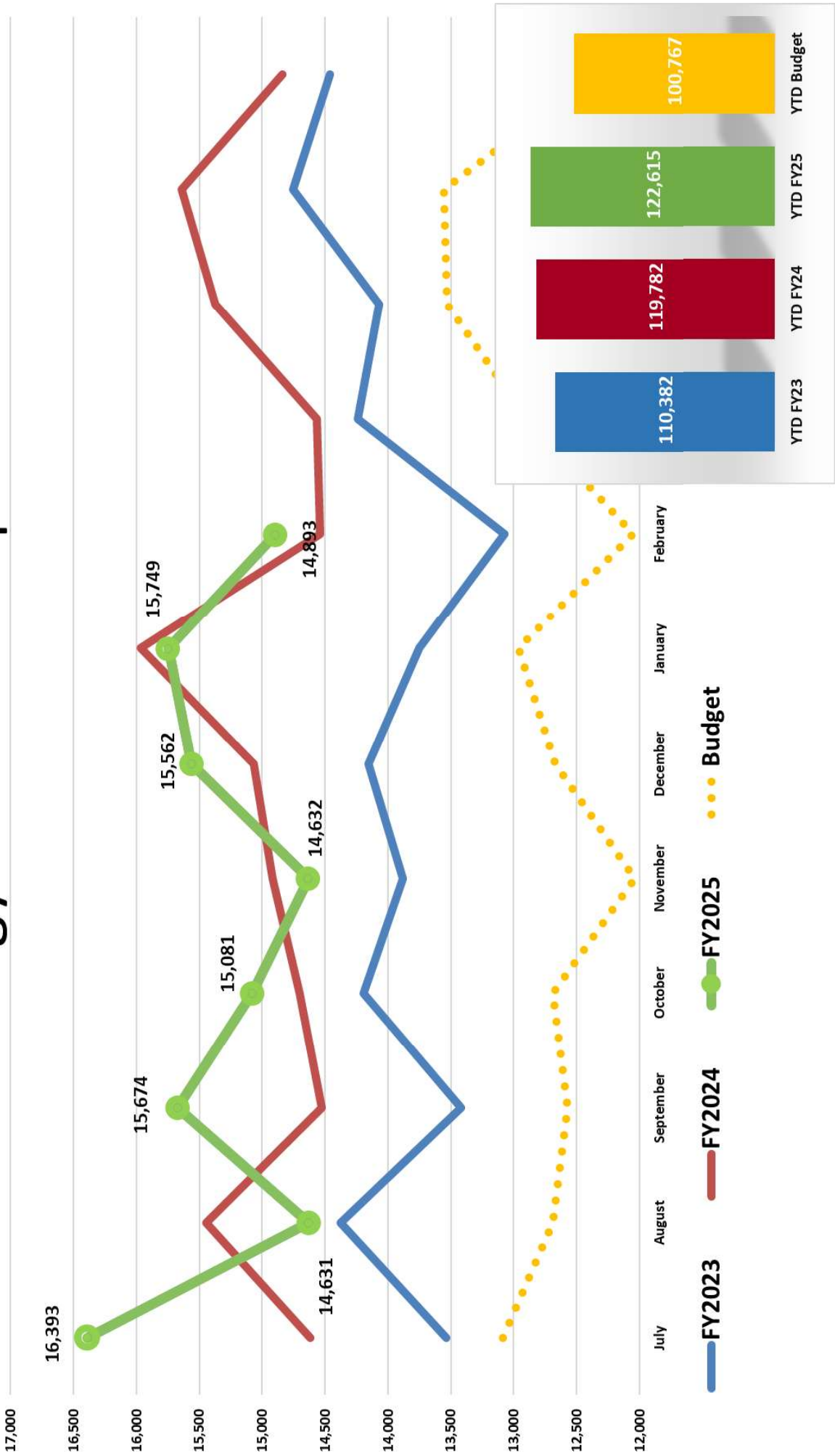
Radiology - CT - All Areas



Radiology - Ultrasound - All Areas



Radiology – Main Campus



Radiology - MRI - All Areas



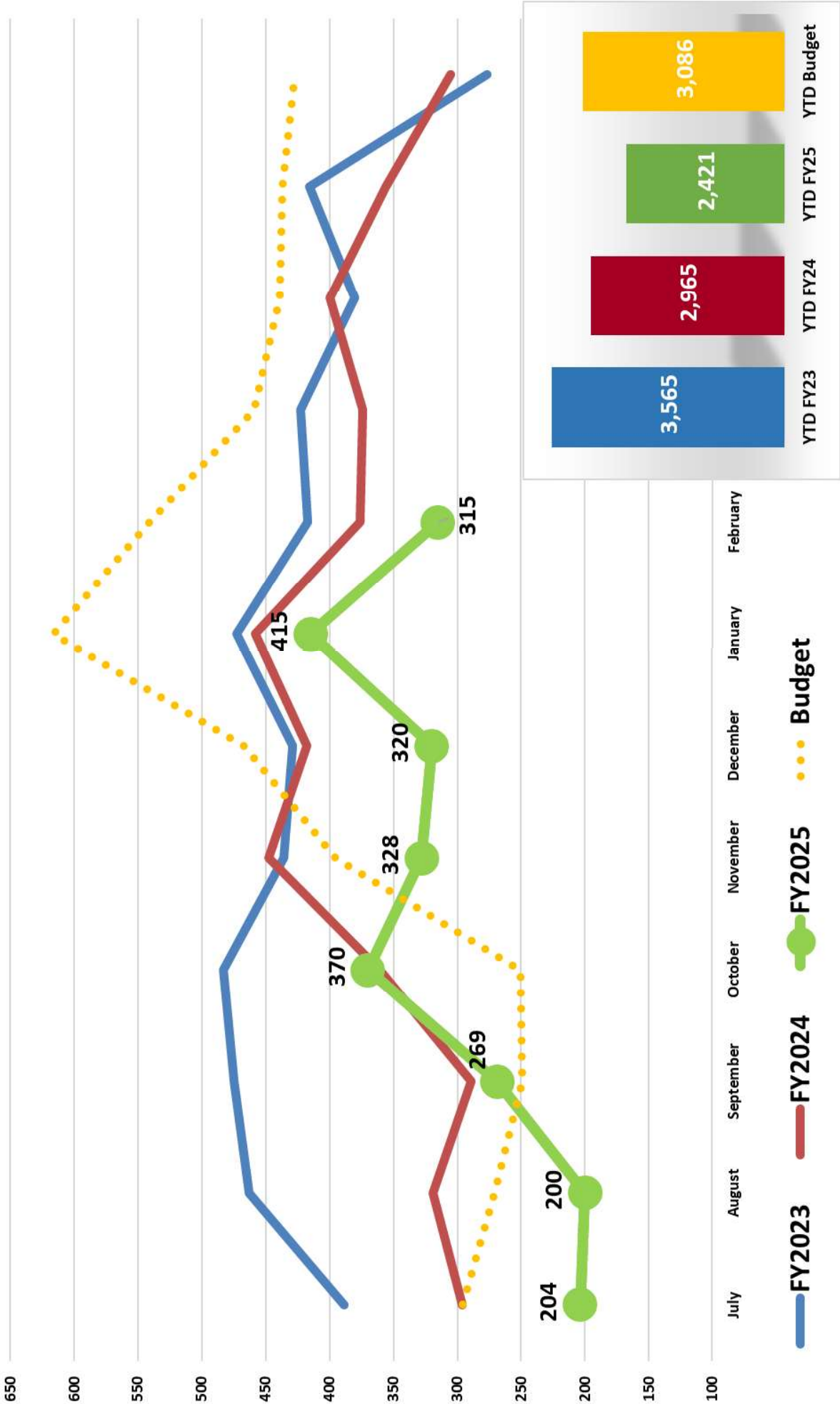
Radiology Modality - Diagnostic Radiology



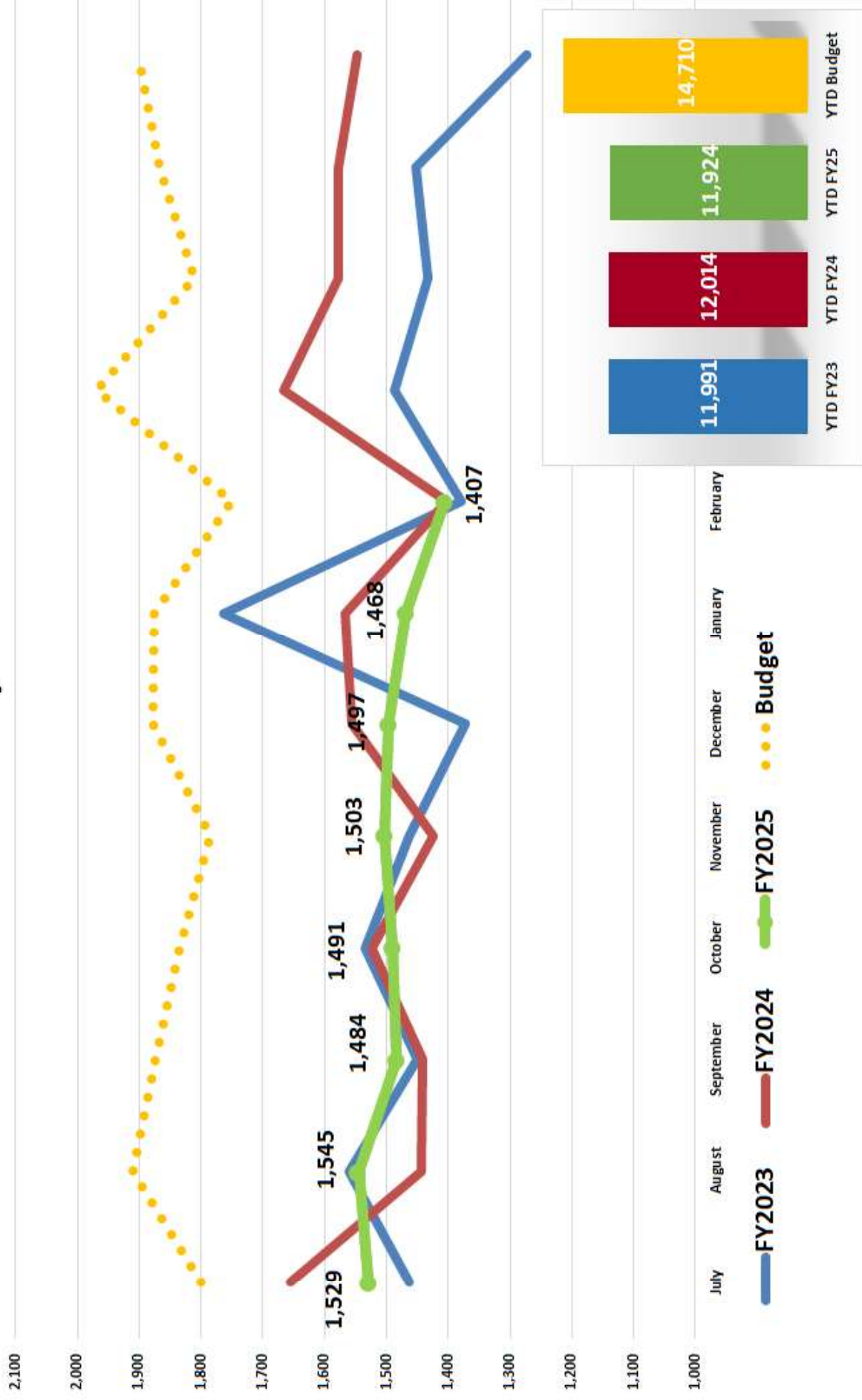
Radiology - UC Court/South Campus



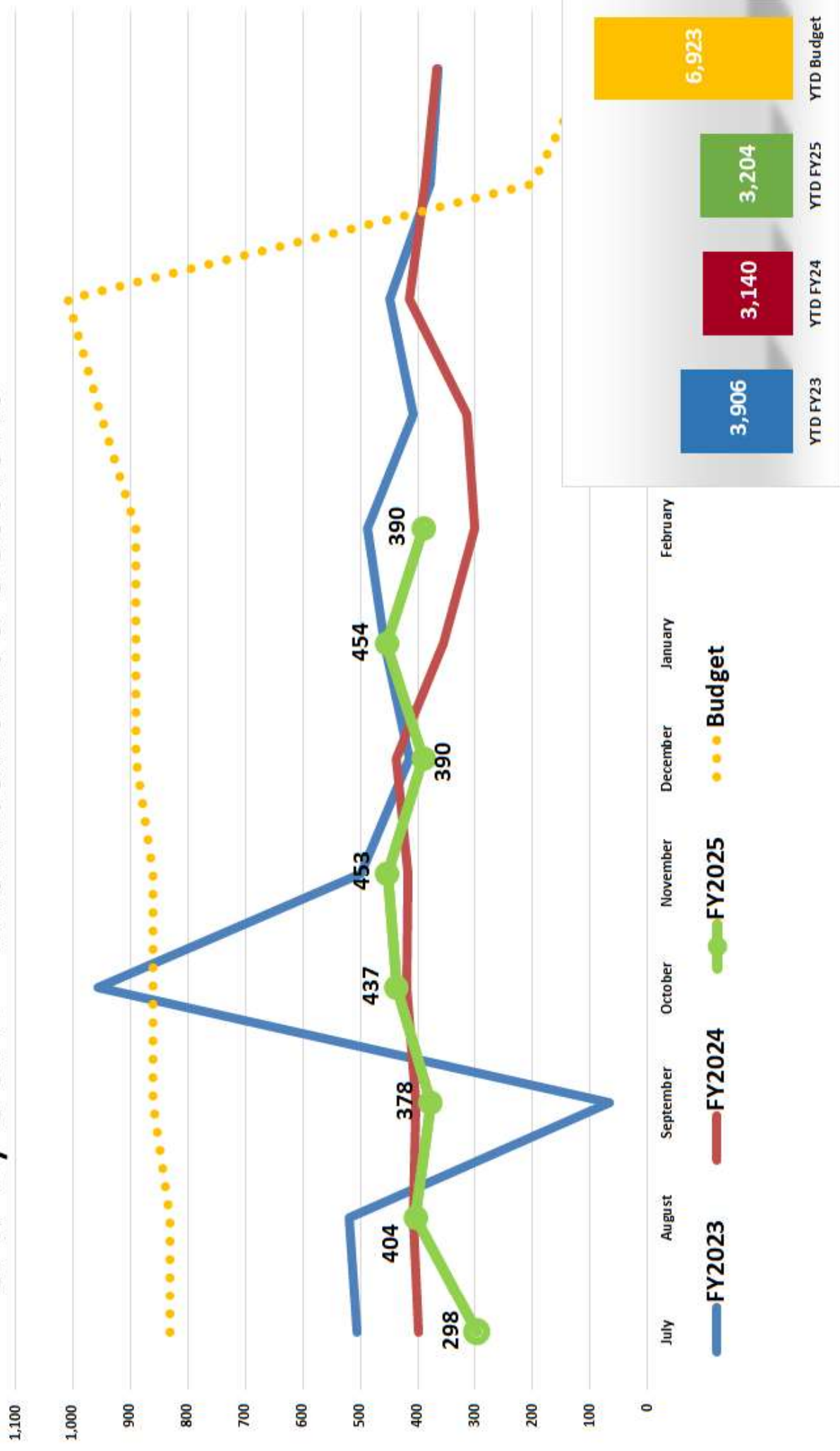
Radiology - UC Demaree/North Campus



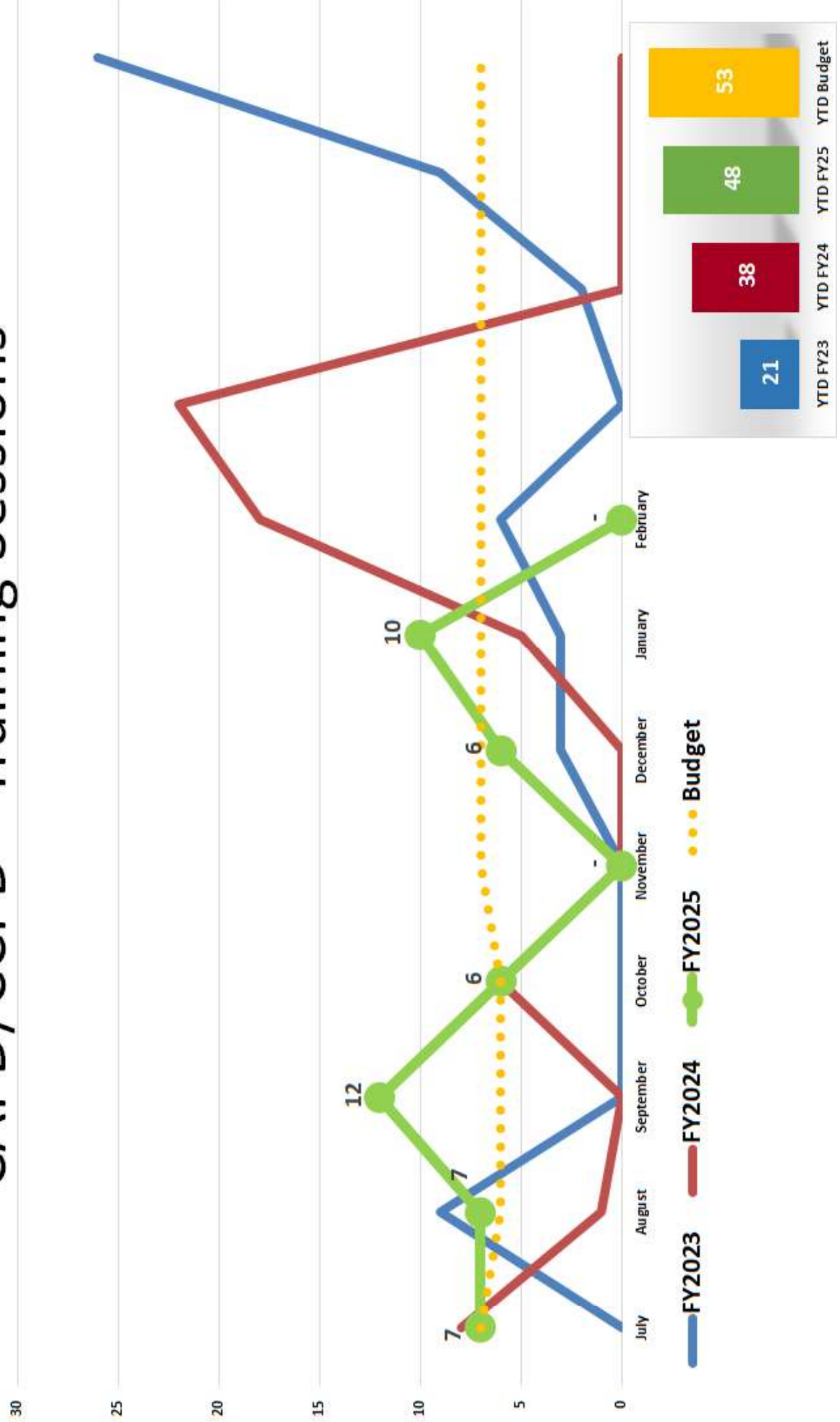
Chronic Dialysis - Visalia



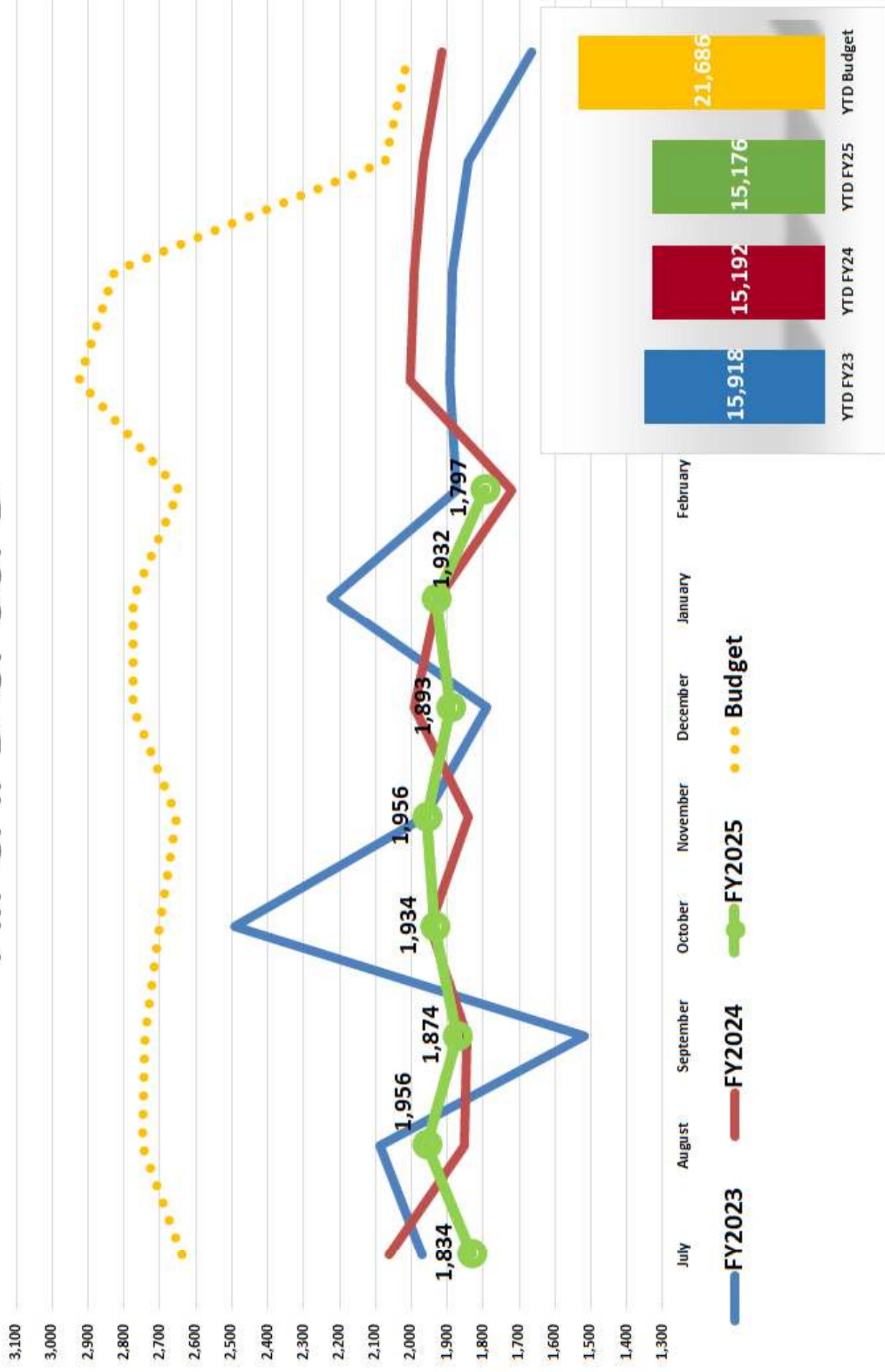
CAPD/CCPD - Maintenance Sessions



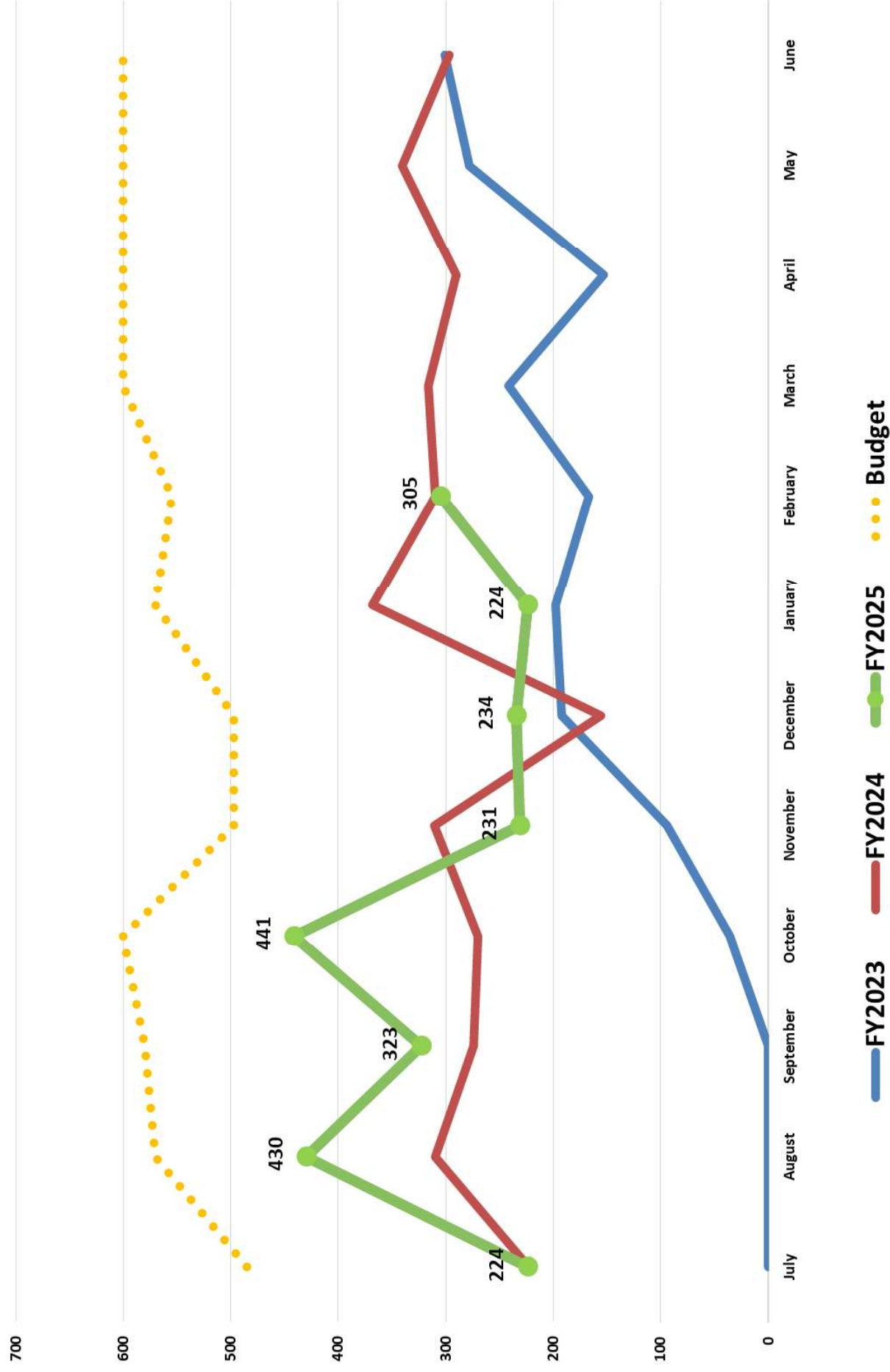
CAPD/CCPD - Training Sessions



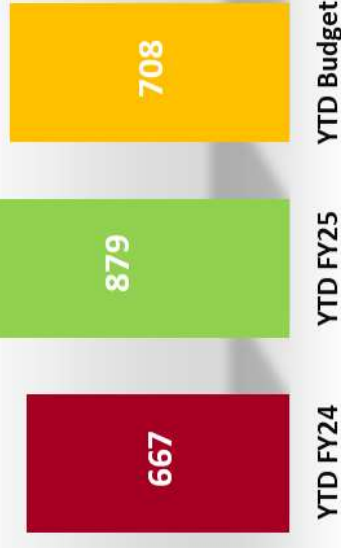
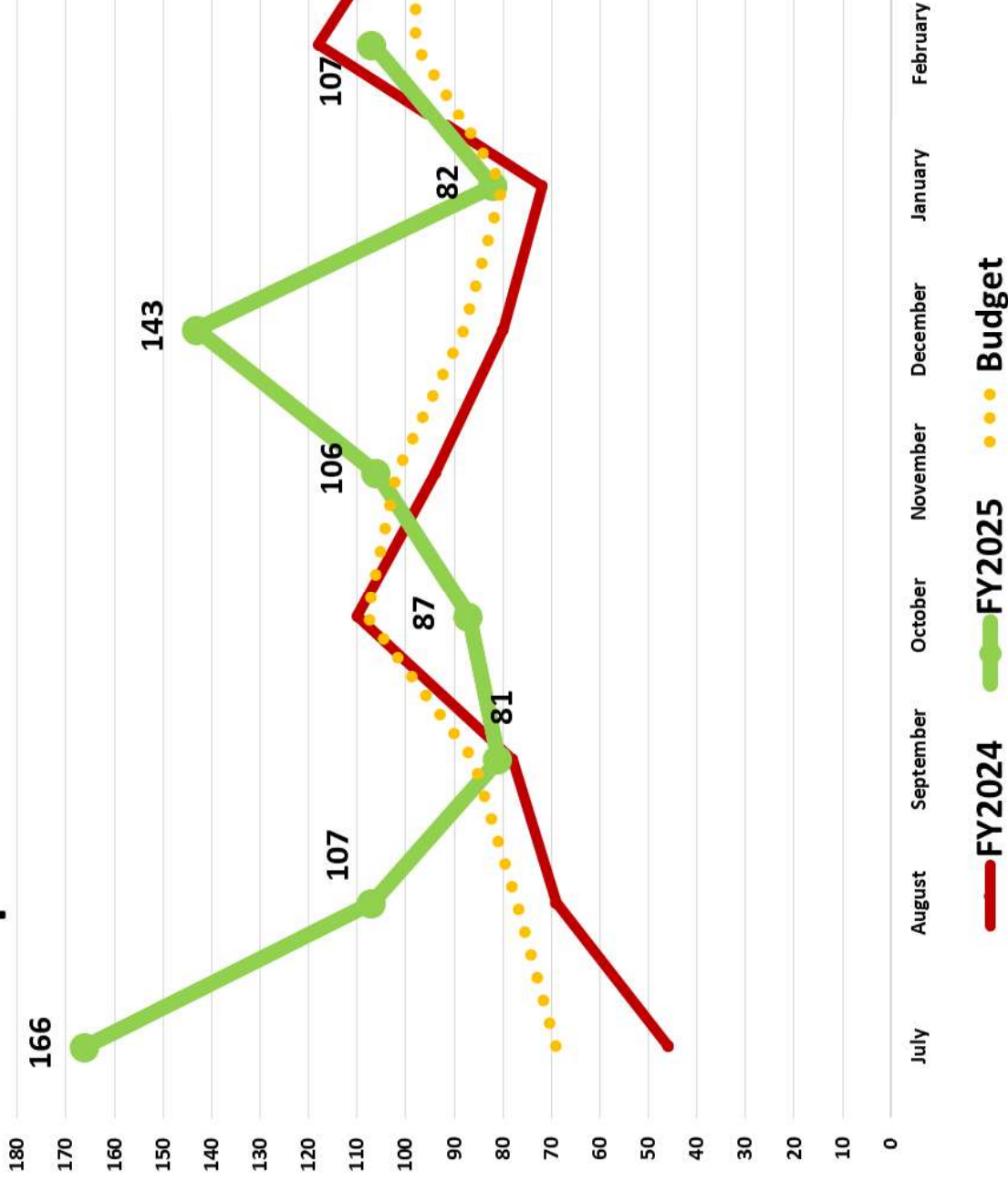
All CAPD & CCPD



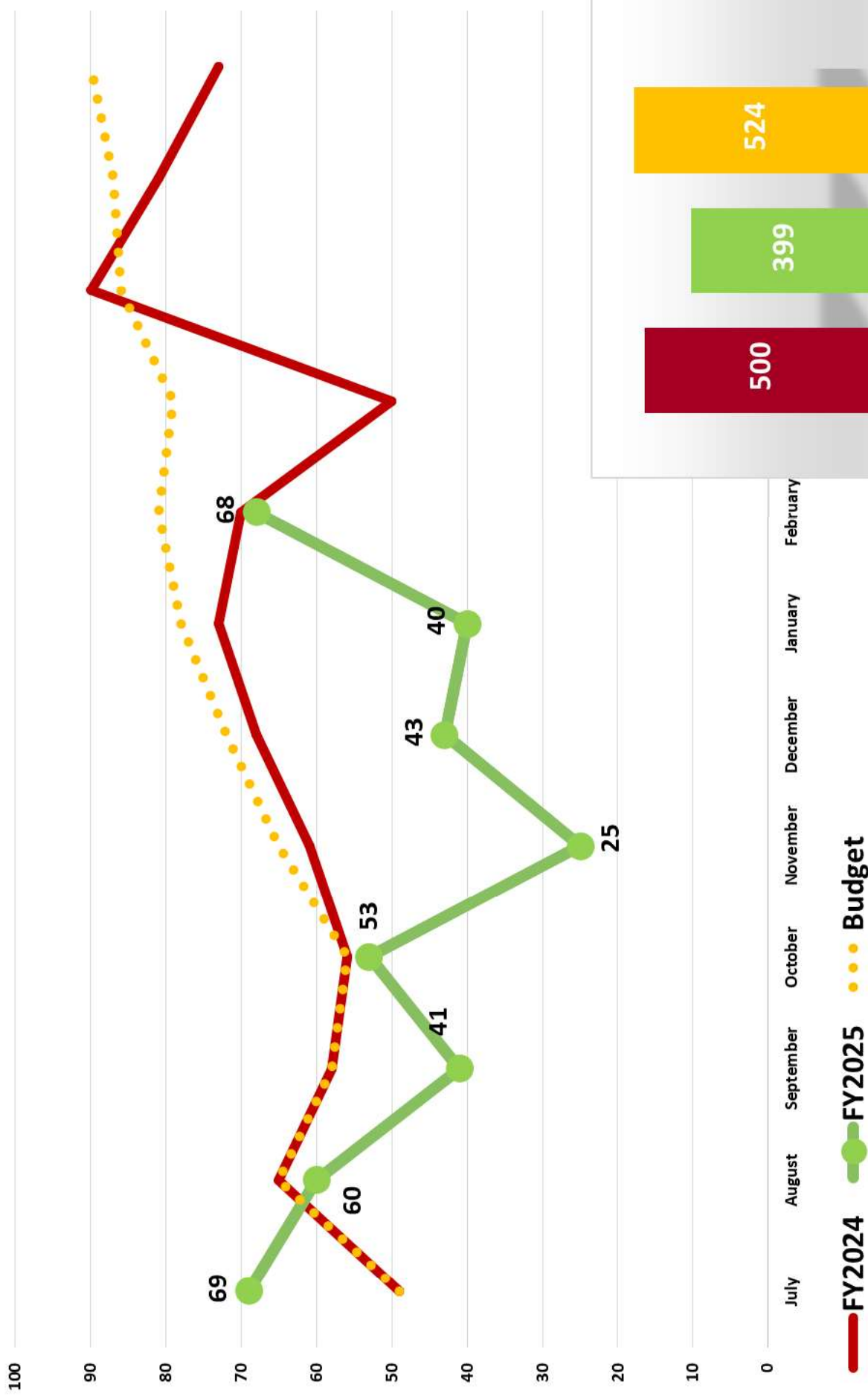
Urology Clinic Visits



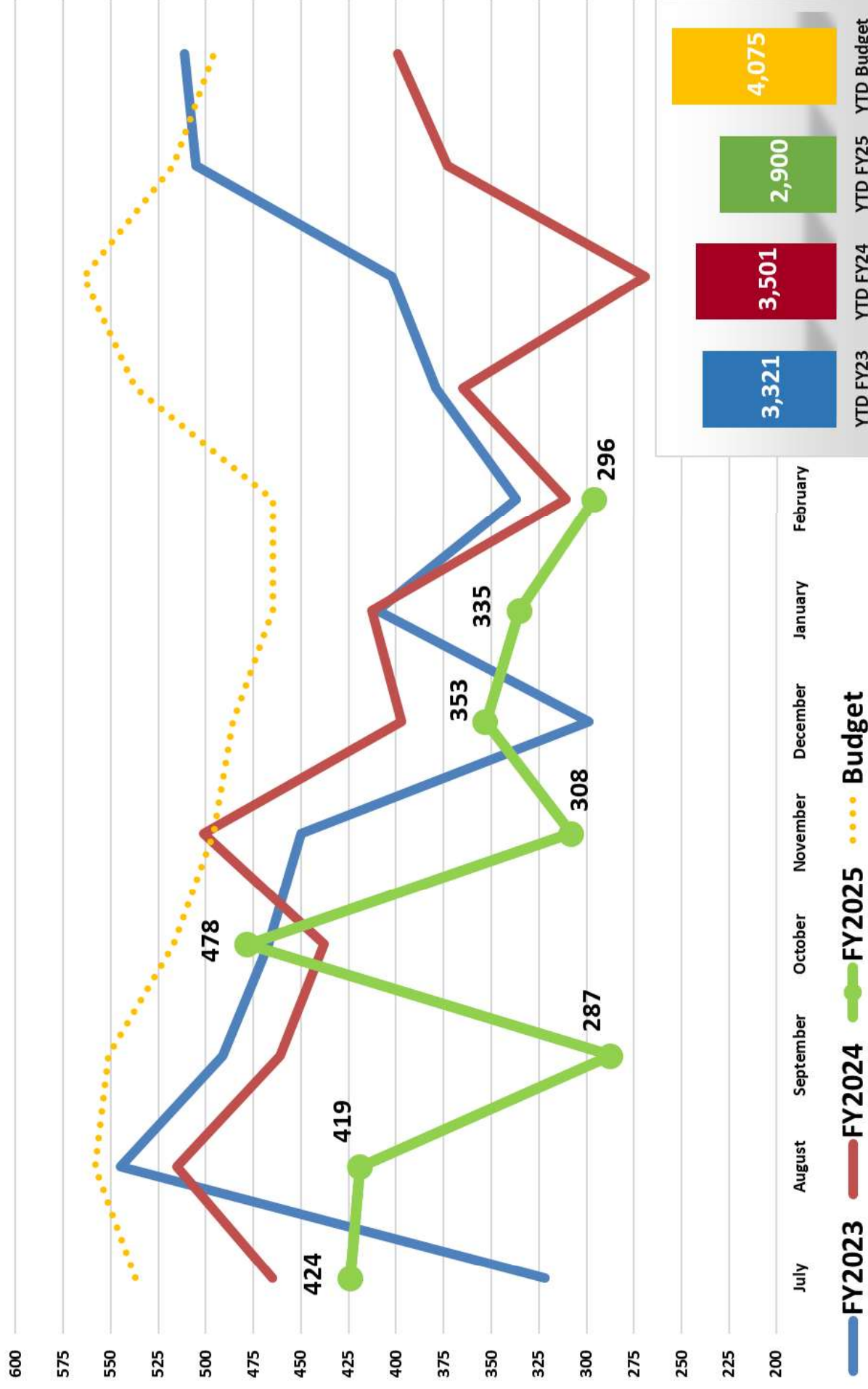
Open Arms House - Patient Days



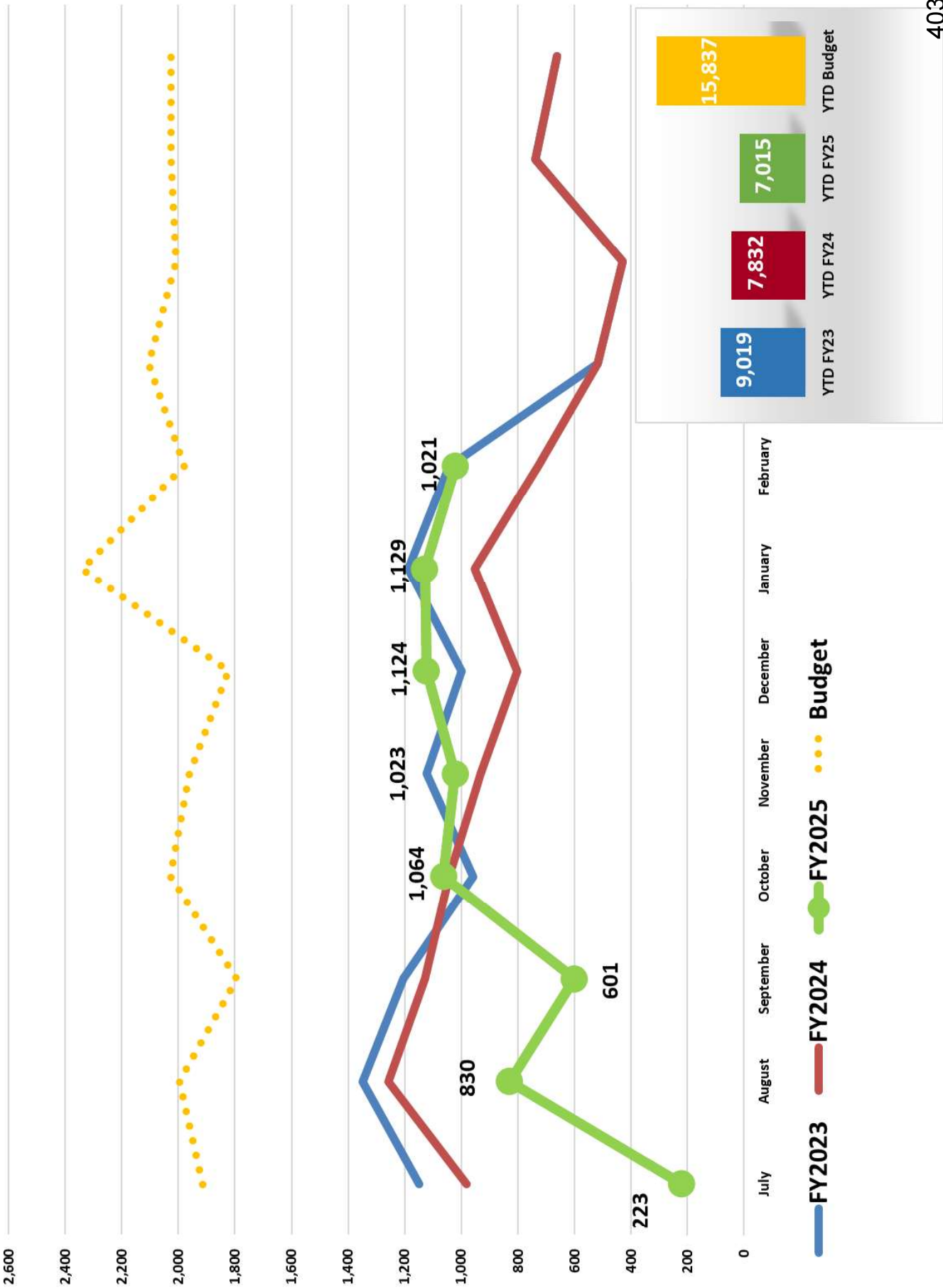
Cardiothoracic Surgery Clinic - Visits



Cardiac Rehabilitation



Therapy-Wound Care



KH Medical Clinic - Ben Maddox



KH Medical Clinic - Plaza



KH Willow Clinic



Medical Oncology Visits

