

Kaweah Delta Health Care District Board of Directors Meeting

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



April 18, 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, April 23, 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.
- 5:00PM Open meeting.

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

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

The disclosable public records related to agendas can be obtained by contacting the Board Clerk at Kaweah Health Medical Center – Acequia Wing, Executive Offices (Administration Department/Executive Offices) {1st floor}, 400 West Mineral King Avenue, Visalia, CA via phone 559-624-2330 or email: 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

Agenda item intentionally omitted

open minutes

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY MARCH 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 (Havard Mirviss/Francis) to approve the open agenda. This was supported unanimously by those present. Vote: Yes - Havard Mirviss, Murrieta, Levitan, Olmos and Francis

PUBLIC PARTICIPATION –None.

Director Olmos asked for approval of the closed agenda.

MMSC (Francis/Levitan) 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 MARCH 26, 2025, AT 4:45PM 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 4:50 PM by Director Olmos.

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

FLAG SALUTE- Director Francis 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 February 26, 2025.

OPEN MINUTES – Requested approval of the open meeting minutes from February 26, 2025.

PUBLIC PARTICIPATION – None.

MMSC (Levitan/Havard Mirviss) to approve the open minutes from February 26, 2025.

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

RECOGNITIONS- Resolution 2253.

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

the Medical Staff, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, 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 March 26, 2025, consent calendar. Director Francis pulled 11.1.C. Director Olmos entertained a motion to approve all consent except for Item 11.1.C.

PUBLIC PARTICIPATION – None.

MMSC (Havard Mirviss/Murrieta) to approve the February 26, 2025, consent calendar. 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 pulled item 11.1.C. as being satisfied on the March 26, 2025, consent calendar.

PUBLIC PARTICIPATION – None.

MMSC (Francis/Havard Mirviss) to approve item pulled 11.1.C., on March 26, 2025, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Levitan, Murrieta and Francis.

STRATEGIC INITIATIVE- COMMUNITY AND PATIENT EXPERIENCE – 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, Baxter, and OBHG. – *Gary Herbst, CEO*

Board President- Mr. Olmos thanked the board members for attending the Café 210 Forum for OBGYN care, The sequoia Regional Economic Summit, and reminded everyone of the Tiny Feet Big Steps Campaign. – *Mike Olmos, Board President*

ADJOURN - Meeting was adjourned at 6:49PM

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

ATTEST:

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

Resolution 2254



RESOLUTION 2254

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Adela Alvarez with the World Class Service Excellence Award for the Month of April 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 23rd day of April 2025 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

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

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ANNUAL INSTITUTIONAL REVIEW BOARD

Graduate Medical Education Annual Institutional Review

Paul Stefanacci, MD – Interim DIO
Amy Shaver Director, Graduate Medical Education



kaweahhealth.org



115/296

Kaweah Health: Programs & Residents

Program	Academic Year 2024 -2025	Academic Year 2025 - 2026
Anesthesia	16	20
Emergency Medicine	38	39
Family Medicine	20	21
Surgery	17	17
Transitional	12	12
Psychiatry	24	24
Child/Adolescent Psychiatry	5	6

** Academic Year 2025 – 2026 Update: Expansion of Anesthesia Program - 6 Residents per Year*

Graduating Residents

Resident Graduates: 30

- 4 Anesthesia
- 7 Family Medicine
- 13 Emergency Medicine
- 3 Psychiatry
- 3 Surgery

Fellowship Graduates: 2

- 2 Child/Adolescent Psychiatry

Transitional/Preliminary Program Residents: 14

- Transitional Program: 12
 - 2 are staying at Kaweah Health
 - Family Medicine
 - Emergency Medicine
- Surgery Program - Preliminary: 2
 - 1 is joining Kaweah Health Anesthesia Residency

Graduating Residents

Retention: 7

- 2 Psychiatry Residents have Kaweah Health Offers
- 2 Family Medicine Residents have Kaweah Health Offers
- 1 Family Medicine Resident signed with Hospitalist Group
- 2 Emergency Medicine Residents signed with Vituity - Kaweah Health location

Fellowships: 7

- Surgery: Surgical Critical Care – UNLV
- Surgery: Cosmetic Plastic Surgery – Inland Cosmetic Surgery - CA
- Emergency Medicine: Critical Care – Aurora Health - WI
- Psychiatry: Child & Adolescent – Kern Medical
- Psychiatry: Child & Adolescent – University of Washington
- Psychiatry: Child & Adolescent – Kaweah Health
- Anesthesia: Cardiothoracic Anesthesiology – Loma Linda

Institutional Statement of Commitment to Graduate Medical Education

Signed by Board of Directors every 5 years (last signed 2023)

Mission: To recruit & educate physicians who will provide world-class care to diverse populations, be leaders & educators in their fields, & achieve positive change in the local and broader context of healthcare delivery

- Dedicated to pursuing the highest quality of patient care and graduate medical education
- Committed to serve the community as a vital resource of expertise and knowledge
- Create a learning environment where trainees develop the skills needed to provide outstanding health care
- Safe and professional learning environment which fosters personal growth and education
- Provide all necessary financial support for the administrative, educational, financial, human, and clinical resources needed for producing training programs of the highest quality

ACGME Institutional Requirement

The DIO must annually submit a written executive summary of the Annual Institutional Review (AIR) to the Sponsoring Institution's Governing Body. [1.14.b.](#)

- The written executive summary must include a summary of institutional performance on indicators for the AIR. [1.14.b.1.](#)
- The written executive summary must include action plans and performance monitoring procedures resulting from the AIR. [1.14.b.2.](#)

Performance Indicators

- Accreditation Status and review of Letter of Notification
- Citations
- Results of ACGME Survey: Residents/Fellows
- Results of ACGME Survey: Core Faculty
- Test Results
- Case Logs / Procedure Numbers
- Failure to be in substantial compliance with requirements

Anesthesiology

Residents: 16

Program Director: Anne Shapiro, DO

Accreditation Status: Continued Accreditation with no citations

- Area of concern - Resident satisfaction with feedback
Faculty members interest in education

Major Changes: Complement Increase

Program Director change

Performance Indicators: *Items triggering a Special Review*

- Resident Survey Results: Impact of other learners on education
 - Monitoring # of learners on service (students); reduced visiting learner #s
- Resident Survey Results: Satisfied with health and safety conditions
 - Monitoring security concerns including call rooms and parking lot
 - Wellness Team monitoring schedules

Emergency Medicine

Residents: 38

Program Director: Sean Oldroyd, DO

Accreditation Status: Continued Accreditation *(no citations, no areas of concern)*

Performance Indicators: *Items triggering a Special Review*

- Resident Survey: Appropriate amount of teaching
- Resident Survey: Work Hours - Four days or more free in 28 days
 - Reviewed resident schedules to confirm schedules meet requirements
 - Monitoring off service rotation schedules monthly

Family Medicine

Residents: 20

Program Director: Mario Martinez, MD

Accreditation Status: Continued Accreditation *(no citations)*

- Area of concern - Resident satisfaction with feedback
Faculty members interest in education

Performance Indicators: *Items triggering a Special Review*

- Resident Survey – Interprofessional teamwork
 - Monitoring Cerner messaging usages to improve communication and response times; providing PD monthly reports on usage
- Resident Survey – Participate in safety event investigations
 - Worked with team to alleviate scheduling barriers to improve attendance; identified rotations which allow attendance at events

Family Medicine (continued)

- Resident Survey – Time to interact with patients
 - Worked with clinic management to standardize scheduling templates and number of patient visits per shift
- Resident Survey – Satisfied with safety and health conditions
 - Removed 24 hour call; increasing number of seniors on inpatient medicine team
 - Wellness team monitoring schedules and workloads
- Resident Survey – Confidential reporting of behavior concerns
 - Midas training; anonymous comment box added to clinic

General Surgery

Residents: 17

Program Director: Sebastiano Cassaro, MD

Accreditation Status: Continued Accreditation

- Citation: Board pass rate of 70% (*Benchmark 75%*)
 - All recent graduates passed, improving the overall pass rate
 - Implemented standardized Board prep materials to didactics

Performance Indicators: *Items triggering a Special Review*

- Faculty Survey: Participation in recruitment of diverse medical students and staff
 - Provided education to faculty regarding efforts to screen applicant pool to increase diversity of students and residents

Transitional Year

Residents: 12

Program Director: Michael Stanley, DO

Accreditation Status: Continued Accreditation (no citations, no areas of concern)

Performance Indicators: *Items triggering a Special Review*

- None

Psychiatry

Residents: 24

Program Director: Mandeep Bagga, MD

Accreditation Status: Continued Accreditation (no citations, no areas of concern)

Performance Indicators: *Items triggering a Special Review*

- None

Child and Adolescent Psychiatry Fellowship

Fellows: 5 Program Director: Cory Jaques, MD

Accreditation Status: Continued Accreditation (no citations, no areas of concern)

Performance Indicators: *Items triggering a Special Review*

- None

Strategic Growth and Innovation



Grow Targeted Surgery/Procedure Volumes

Champions: Kevin Bartel, Nancy Hungarland, and JC Palermo

Description: Grow volumes in key service lines, including Orthopedics, Endoscopy, Urology, and Cardio Thoracic services.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.6	Endoscopy-Recruit a pulmonologist to provide procedures within the endoscopy department.	07/01/2024	06/30/2025	JC Palermo	Achieved	Dr. Walter Gribben has signed both the PRA and PSA and will start seeing patients in a Kaweah Health Clinic, Spring of 2025.
2.1.8	Cardiothoracic Surgery-Add a cardiothoracic surgeon to increase CT surgery capacity.	07/01/2024	06/30/2025	JC Palermo	Achieved	We have successfully recruited and signed a full-time Cardiothoracic Surgeon who will serve as the Medical Director for Kaweah Health's Cardiothoracic Surgery Program. She will begin work in a full-time capacity in the next couple months and will assist with the recruitment of a second Cardiothoracic Surgeon.
2.1.1	Orthopedic-Add an Orthopedic Traumatologist to increase volume from outside facilities and to retain additional cases at Kaweah Health.	07/01/2024	06/30/2025	Kevin Bartel	Achieved	For trauma activations coming to our ED requiring orthopedic management in CY2024, Kaweah averaged 8 outbound transfers per month prior to Dr. Dean's arrival, and only 1 outbound transfer per month after Dr. Dean's arrival. Dr. Dean is working directly with the transfer center, trauma team and other orthopedic surgeons to optimize our ability to effectively accept additional orthopedic transfer cases and avoid unnecessary outbound transfers. Dr. Dean performed 45 surgical cases in January 2025.
2.1.2	Orthopedic-Implement a dedicated orthopedic trauma room to improve efficiencies in completion of orthopedic trauma cases.	07/01/2024	06/30/2025	Kevin Bartel	Achieved	New ortho traumatologist has successfully started working at Kaweah, and has been consistently performing cases in the dedicated ortho trauma room. Surgery leadership will focus on continued use of this room with appropriate OR staff support ongoing
2.1.3	Orthopedic-Prioritize efforts to optimize OR time and efficiency for orthopedic surgeons.	07/01/2024	06/30/2025	Kevin Bartel	On Track	Since opening up a dedicated orthopedic trauma room in September, the number of add on cases after 5pm for orthopedics has decreased noticeably, reducing the strain on OR staffing after-hours. Sharing first case delays with the orthopedic group on a monthly basis to address barriers related to delays. Surgery leadership is reviewing existing use of flip rooms to assess this utilization and planning to meet individually with orthopedics as appropriate to improve efficiency.
2.1.4	Urology-Add a full time advanced practice provider to the urology clinic to see more patients and allow existing providers to take additional call coverage.	07/01/2024	06/30/2025	Kevin Bartel	At Risk	Successfully hired a full time APP to support the urology clinic, but unanticipated issues related to necessary physician supervision (for billing purposes) have disallowed our APP to bill independently for their services. Working currently on a solution to allow APP independent billing contingent on bringing on a new Urologist, with timeframe anticipated to be summer 2025, assuming the new Urologist signs the agreement soon.
2.1.5	Urology-Ensure that all four existing USC urology subspecialists rotate at Kaweah Health for surgery at least every 2-3 months.	07/01/2024	06/30/2025	Kevin Bartel	Off Track	In the past 3 months, only 1 visit from Dr. Hemal (1). The last visit from Dr. Fuchs was in October, and the Dr. Nabhani has not come to Kaweah this FYTD.
2.1.7	Endoscopy-Add two additional endoscopy suites by moving into the old OB operating rooms.	07/01/2024	06/30/2025	Kevin Bartel	At Risk	Per Kevin Morrison, OB rooms are still finalizing design based on all the new equipment requirements. Will also need to gain capital budget approval for FY26 for the project to account for the expense of the project, so goal at this point is by the end of CY25.
2.1.9	Cardiothoracic Surgery-Implement a lung nodule screening program.	07/01/2024	06/30/2025	Nancy Hungarland	At Risk	This will not be completed in this fiscal year due to various factors. However workgroups are meeting to outline next steps and a timeline for implementing a full lung cancer screening program by the end of calendar year 2025. This will continue into next year's strategic plan.
2.1.10	Cardiothoracic Surgery- Increase marketing activities for the cardiothoracic surgery program.	07/01/2024	06/30/2025	Nancy Hungarland	Off Track	An event is scheduled for April 2025 related to Impella procedures. In addition, recruitment efforts are underway for the vacated Director position and focused marketing efforts will resume under their guidance, when hired.

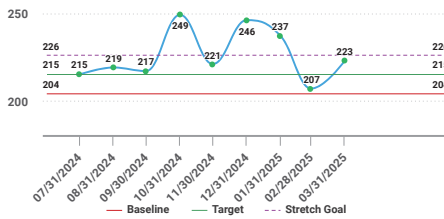
Grow Targeted Surgery/Procedure Volumes Champions: Kevin Bartel and Nancy Hungarland

Description: Grow volumes in key service lines, including Orthopedics, Endoscopy, Urology, and Cardio Thoracic services.

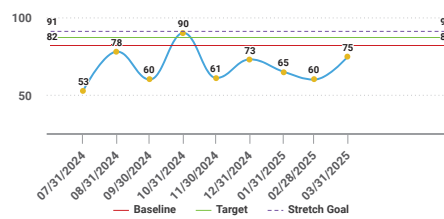
Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.3.1	Perform 215 orthopedic surgery cases per month.	07/01/2024	06/30/2025	Kevin Bartel	On Track	Exceeded the monthly target volume for orthopedic cases in March, still averaging 226 cases per month for FY25.
2.1.9.1	Perform 27 elective cardiothoracic surgeries per month.	07/01/2024	06/30/2025	Lori Mulliniks	Off Track	Total cardiothoracic surgeries = 31 ; 8 of these were elective (i.e. same day admit vs. inpatient). See comments about surgeon recruitment & ending of Stanford contract.
2.1.7.1	Perform 636 endoscopy procedures per month.	07/01/2024	06/30/2025	Lori Mulliniks	Off Track	We budgeted 111 IP and reported 142 IP. We budgeted 477 OP and reported 338. We have seen a reduction in Dr. Hsueh's procedure (he will be leaving the area in June) as well as Dr. Pua (OP only) took the entire month of March off.
2.1.5.1	Perform 87 urology surgery cases per month.	07/01/2024	06/30/2025	Kevin Bartel	Off Track	Zero surgeries performed in March by USC-affiliated subspecialists. Less than 40% urology call coverage attained in February, contributing to continued cases being transferred out. The average case volume for Urology this FY25 is 67.4, falling short of the established target.

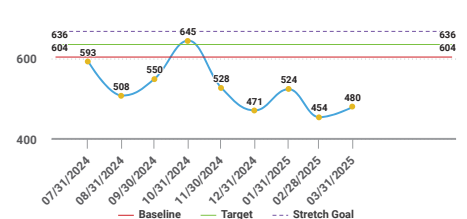
Perform 215 Orthopedic Surgery Cases Per Month



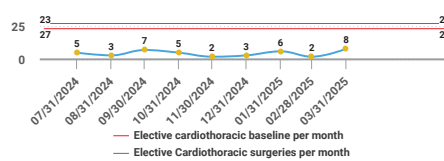
Perform 87 Urology Surgery Cases Per Month



Perform 636 Endoscopy Procedures Per Month.



Perform 27 Elective Cardiothoracic Surgeries Per Month



Expand Clinic Network Champions: Ivan Jara and Melissa Quinonez

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

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.2.1	Expand services at the 202 Willow Clinic.	07/01/2024	06/30/2025	Ivan Jara	On Track	Orthopedic Services - May 2024 OB/GYN Services - December 2024 (Dr. Quinn and Rita, CNMW) Pulmonology services - May 2025 Pediatrics Services - October 2025 (Dr. Flores) Laboratory Services - 2025
2.2.2	Open the Youth Crisis Stabilization Unit.	07/01/2024	04/30/2025	Melissa Quinonez	On Track	Responsibility for reporting will transition to Ishan Arvin, the interim Director of Mental Health. The CSU is still on track for opening in the grant time period. Demolition of existing space will begin in April and the CSU is expected to open in September 2025.
2.2.3	Continue to explore and develop clinic strategic growth opportunities.	07/01/2024	06/30/2025	Ivan Jara	On Track	New Woodlake Rural Health Clinic - April 2025. Exploring locations to establish commercial practices in Visalia. Exploring locations in Tulare county to expand services through Rural Health Clinics and Urgent Cares. Pursuing growth through practice acquisitions.

Innovation Champion: Marc Mertz

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

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.3.1	Explore opportunities to use technology and artificial intelligence across Kaweah Health.	07/01/2024	06/30/2025	Luke Schneider	On Track	A governance committee has been established to guide the responsible use of AI at Kaweah Health. We're currently evaluating vendors focused on ambient listening and clinical documentation solutions. The goal is to launch a pilot program by the end of May.
2.3.2	Redesign the current clinic care model-face to face and telehealth visit optimization.	07/01/2024	06/30/2025	Ivan Jara	On Track	Continue to expand the use of our telehealth platform, American Well. Stay informed of billing guidelines and payer changes impacting the financial sustainability of telehealth services. Evaluate services that are able to implement virtual care as a method to reach and treat their patients.
2.3.3	Explore expansion of telehealth services for inpatient areas.	07/01/2024	06/30/2025	Kevin Bartel	On Track	Finalizing contracting review and analysis needed to make a decision on next steps for service contracting and implementation within FY25 for teleneuro services, anticipate have a signed contract this month, with 3-4 month implementation to follow.
2.3.4	Implement and integrate referral and authorization software across the organization.	07/01/2024	06/30/2025	Ivan Jara	Off Track	Ongoing efforts related to integration are underway, but the timeline is not fully defined. This will move to at risk if the timeline extends beyond FY25.
2.3.5	Implement short and long term online scheduling and registration tools for patients.	07/01/2024	06/30/2025	Luke Schneider	Off Track	Lab and Registration have requested to shift the go-live date for online scheduling and registration to May 1, 2025, to allow for additional planning and preparation. In parallel, we're actively exploring enhanced functionality within the new Oracle Health patient portal to improve the online experience for patients, including streamlined scheduling, pre-registration, and enhanced mobile access.
2.3.6	Develop plan for centralized navigation services.	07/01/2024	06/30/2025	Ivan Jara	On Track	Redesigning clinic call center workflow and structure starting March 1, 2025. Tracking and trending initial data for review. Evaluating call center vendors in partnership with ISS. Need ability to scale patient navigation services while supporting vast unique services.
2.3.7	Explore financial opportunities of an advanced care at home program.	07/01/2024	06/30/2025	Marc Mertz	On Track	Feasibility/consulting project with Sena is underway now.

Enhance Health Plan Programs Champion: Sonia Duran-Aguilar

Description: 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.

Work Plan (Tactics)

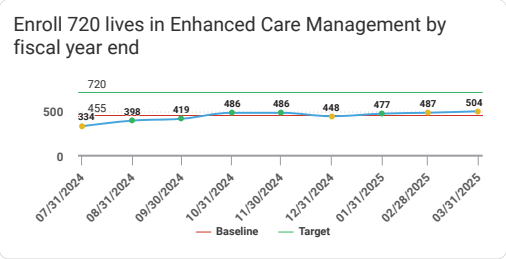
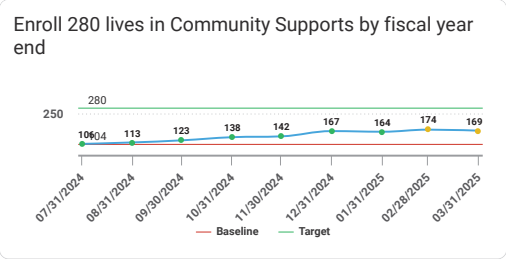
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.4.1	Evaluate and add additional population areas for Enhanced Care Management with a focus on children and youth.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	On Track	Monthly meetings with MCPs to discuss CalAIM and quality remain underway. Work 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. We have been successful in adding a subset of Children and Youth, ages 18-22 with both MCPs, currently updating contracts. Looking to expand to Children and Youth Population of Focus in FY 26 for children and youth who are high utilizers of Emergency Care Services.
2.4.3	Grow Community Supports community care coordinator staff to 7, with an assigned case load of 40 patients.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	On Track	We currently have 5 CCC hired to support Housing Navigation & Transition Services and Housing Sustainability. We are in the process of adding another CCC to total 6 CCC. We expect these combined efforts to support reaching enrollment targets along with efficient patient management.
2.4.2	Grow Enhanced Care Management community care coordinator staff to 18 with an assigned case load of 40 patients.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	On Track	We are currently staffed with 17 CCC, 15 CCC conduct Home Visits and see patients at the clinics. Fifteen CCC work to have panel of 40 enrolled members. Currently 1 CCC is on LOA. Two additional CCC have combined duties with CCC and PAS to run monthly eligibility, work out any issues with EBEW/CEWLS and conducting targeted Outreach to enroll ECM patients.

Enhance Health Plan Programs Champion: Sonia Duran-Aguilar

Description: 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.

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.4.3.1	Increase enrollment to 280 lives in Community Supports by fiscal year end.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Off Track	We are now staffed with 5 CCC and collaboration with the health plans remains underway to address delays in health plan authorizations. We continue to see delays in authorizations by 2-3 weeks. We are in the process of adding a 6th CCCC to support in growing enrollments. We expect to see an increase in enrollment once authorizations are approved.
2.4.2.1	Increase enrollment to 720 lives in Enhanced Care Management by fiscal year end.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Off Track	Centralized outreach has resulted in increase in enrollment. Positions have been filled for the grant funded CCC positions. There has been turnover of patients, given exclusions of Dual enrolled members. When the program began dual eligible members could be enrolled. Now, members must be transferred out to MediCare plan. We continue to partner with outpatient clinics for upstream referrals and the inpatient floors. Additionally we have been successful in adding a subset of Children and Youth, ages 18-22 with both MCPs, currently updating contracts. Once that occurs, we look to grow our enrollment numbers.



Explore Organizational Affiliations Champion: Marc Mertz

Description: Pursue organizational affiliations and partnerships.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.5.1	Obtain Board Approval to execute a new agreement related to the Gateway Project between Kaweah Health, Physician Partners and a Development Company.	07/01/2024	07/31/2024	Marc Mertz	Off Track	We are well behind schedule, but continue the financial feasibility analysis, and continue to speak with potential physician partners.
2.5.2	Explore opportunity to expand existing and new partnerships.	07/01/2024	06/30/2025	Marc Mertz	On Track	We continue to explore new partnerships and the enhancement of existing partnerships.

STROKE PROGRAM QUALITY REPORT

Stroke Quality Focus Team Report

Quality Council Report
April 2025

Cheryl Smit, BSN, RN, Stroke Program Manager
Sean Oldroyd, DO Stroke Program Medical Director



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Primary Stroke Re-certification Survey March 14, 2025

Survey Summary:

Strengths and Best Practices:

- The education assessment is **excellent!** Including Residents in the process is a great practice that many organizations overlook
- The NIH validation process with a super user every two years is **commendable**—many organizations do not implement this.
- **Strong community awareness efforts and stroke community assessments are notable achievements.** Not many organizations emphasize these initiatives, so well done!
- The recent changes to the inpatient RRT process for in-house stroke alerts are **impressive**, and the response times look great.

Findings and Opportunities for Improvement:

- **Quality Improvement Initiatives (Low/Pattern):** While progress has been made, door-to-needle and CT performance times are not consistently meeting targets. Strengthening ongoing quality improvement efforts may help optimize these metrics.
- **Order Set Usage & Evidence-Based Care Delivery (Moderate/Pattern):** A review of patient charts identified some areas where adherence to evidence-based care protocols can be strengthened, particularly in physician order set usage. Addressing these gaps can further enhance patient care.
- **Core Measure Metric Reporting (Low/Widespread):** Expanding data entry efforts to ensure full alignment between GWTG and the TJC system will enhance the completeness and accuracy of reporting.

Primary Stroke Re-certification Survey March 14, 2025

Requirements of Improvement Quality Improvement Initiatives

	Bench- marks	2023	Jan'24	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% Appropriate stroke order set used (In-Patient)	90%	94%	97%	89%	97%	94%	94%	89%	92%	86%	87%	88%	97%	93%
% Appropriate stroke order set used (ED)	90%	83%	91%	85%	83%	85%	96%	90%	83%	77%	85%	89%	92%	93%
STK-1 VTE (GWTG, TJC)	85%	80%	91%	93%	85%	91%	87%	100%	89%	78%	88%	92%	93%	96%
STK-2 Discharged on Antithrombotic (GWTG, TJC)	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	100%	100%
STK-3 Anticoag for afib/flutter ordered at Dc (GWTG, TJC)	85%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
STK-4 Thrombolytics arrive 2hrs treat 3hrs (GWTG, TJC)	75%	100%	NA	100%	100%	100%	100%	100%	50%	100%	100%	NA	NA	100%
STK-5 Early Antithrombotics by end of day 2 (GWTG, TJC)	85%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
STK-6 Discharged on Intensive Statin (GWTG, TJC)	85%	93%	100%	94%	89%	97%	90%	82%	98%	94%	82%	94%	94%	97%
STK-8 Stroke Education (GWTG, TJC)	75%	98%	91%	64%	96%	89%	97%	86%	88%	96%	100%	96%	92%	100%
STK-10 Assessed for Rehab (GWTG, TJC)	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

2025 GOAL

Build and maintain a structured approach to stroke quality improvement that enhances team collaboration, supports performance tracking, and drives measurable improvements in care processes and outcomes.

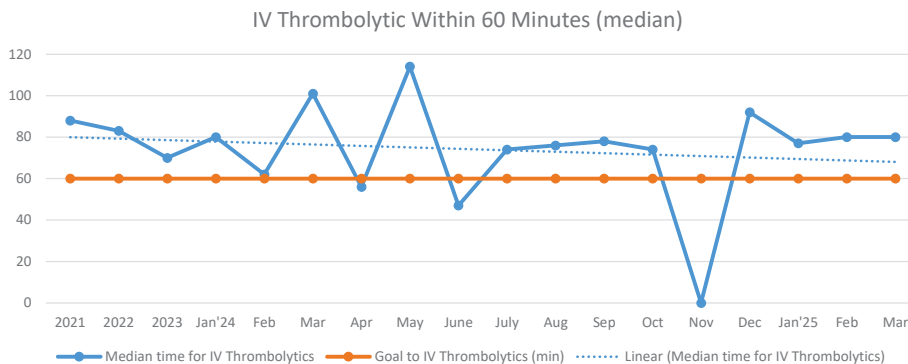
2025 PLAN

High Level Action Plan

- Develop standard guidelines on roles and responsibilities of performance improvement work at the committee level (April 21, 2025)
- Review and restructure Stroke Committee membership and expectations (May 2025)
- Prioritize meaningful, data-driven improvement efforts. Implement root cause analysis (RCA) method to select and prioritize stroke quality improvement project focused on guideline adherence and outcome improvement (May 2025)
 - Door to IV thrombolytic timeliness
 - Door to CT read timeliness
 - Order Set Usage and evidence based care delivery
- Action items are being reviewed by Chartis, and may be adjusted as needed

Current Performance: Door to IV thrombolytic

Requirements of Improvement Quality Improvement Initiatives



2025 GOAL

The median time for IV thrombolytic administration will be given within 60 minutes on eligible patients with stretch goal of 45 minutes
The decision to administer IV thrombolytics must be made quickly and is based on timely communication with family members

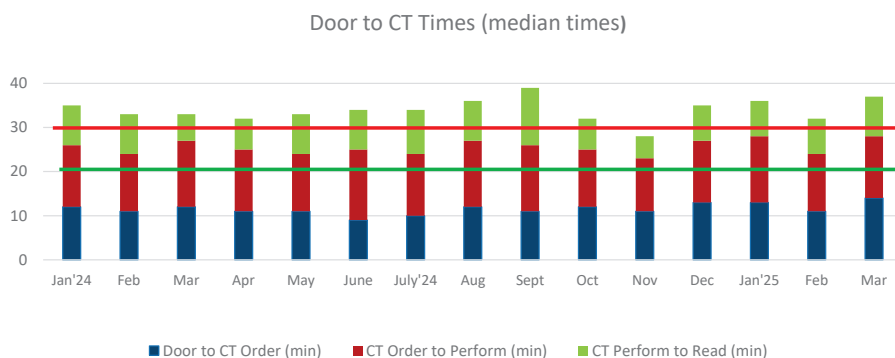
2025 PLAN

High Level Action Plan

- Developed EMS info card for timely family communication when administering IV thrombolytics (May 1, 2025)
- Mandatory ED Provider and Staff Education on the stroke alert process. (April/May 2025)
- Feedback loop: Provide ED stroke alert data to key stakeholders (ED leadership, radiology and laboratory) on a regular basis.
- Streamline the IV thrombolytic consent process.
- ED Stroke Alert Committee reviews each case to evaluate effectiveness of QI strategies and identify process and care gaps (ongoing)
- Collaborate with radiology to identify opportunities for improving turnaround times for stroke alert imaging. (May 2025)
- Mock stroke alert training for ED staff and Stroke Team Leads (ongoing)
- Actively pursuing Tele-Neurology consultation for in-house and ED stroke alert patients (spring/summer 2025)

Current Performance: Door to CT Perform and Read Timing

Requirement for Improvement: Quality improvement initiatives
Improving door to CT and perform and read times



2025 GOAL

Achieve a door-to-CT completion time of 20 minutes and a door-to-CT interpretation (read) time of 30 minutes

The decision to administer IV thrombolytics must be made quickly and is based on timely communication with family members

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2025 PLAN

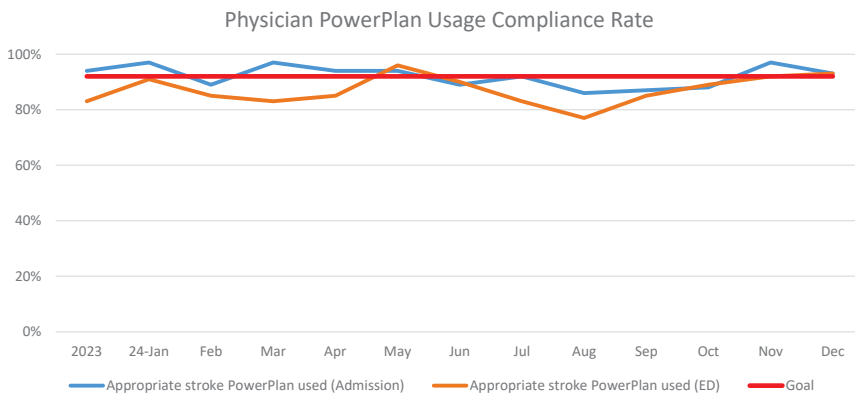
High Level Action Plan

- Collaborate with radiology to identify opportunities for improving turnaround times for stroke alert imaging. (May 2025)
- Feedback loop: Provide ED stroke alert data to key stakeholders (ED leadership, radiology and laboratory) on a regular basis.
- ED Stroke Alert Committee reviews each case to evaluate effectiveness of QI strategies and identify process and care gaps (ongoing)
- Actively pursuing Tele-Neurology consultation for in-house and ED stroke alert patients (spring/summer 2025)



Primary Stroke Re-certification Survey March 14, 2025

Requirement for Improvement: Order Set Usage & Evidence-Based Care Delivery



2025 GOAL

Achieve at least 92% utilization of the ED/Hemorrhagic and Admission PowerPlans for eligible patients in both Emergency Department and inpatient admissions for three consecutive months

Usage of the Stroke related PowerPlans promote evidence-based care and reduce variability in clinical practice.

2025 PLAN

High Level Action Plan

- Provider education: PowerPlan usage to be highlighted in the Annual ED Stroke Alert Education (March 28, 2025) and in the All Adult Acute Care Provider Stroke Education module (April 2025)
- EMR optimization: Modification of the ED Hemorrhagic PowerPlan to ensure timely and accurate care of this subset of patients (March 2025)
- Feedback loop: Provide quarterly and real time feedback to providers/departments on usage rates. (April 2025)
- Accountability and Reinforcement: Partner with physician leadership to align PowerPlan usage with performance/QI metrics. (TBD)
- Empower nursing and pharmacy to advocate for appropriate PowerPlan usage when applicable. (May 2025)

Stroke Program Accomplishments and Initiatives

Accomplishments:

- Improved door to transfer times for IV thrombolytic patients with large vessel occlusion by 26% from 2023 to 2024
- Improved STK-1 VTE compliance by 10% from 2023 to 2024 YTD (January-November 2024)
- Developed a scripting tool for RRT RNs to clearly describe patient status to the neurologist during in-house stroke alerts
- Successfully collaborate with the GME Program on multiple stroke-related quality improvement projects, including MRI compatibility of implantable devices, VTE prophylaxis, and TIA order set revisions
- Meets or exceeds the benchmarks for Achievement (7/7) and Quality (6/6) Measures in the American Heart Association's Get with the Guidelines registry (January-November 2024)
- Meets or exceeds the benchmark for Overall Diabetes Cardiovascular Initiative Composite Score in the American Heart Association's Get with the Guidelines registry (January-November 2024)
- Meets or exceeds the benchmarks for Primary Stroke Certification (8/8) through The Joint Commission (January-November 2024)

Initiatives:

- Stroke Alert Process Change: Have increased the "last known well time" window from 16 hours to 24 hours. Studies have shown benefits in treating large vessel occlusion patient within a larger window of time
- In-House Stroke Alert Process: Current review of the in-house stroke process by defining roles and expectations of all key stakeholders. Developing enhanced measures to monitor processes.
- Successful Primary Stroke Recertification survey in March 2025. Certification cycle: 2 year
- Actively pursuing Tele-Neurology contracting for ED and in-house stroke alerts

How has this been achieved?

Multidisciplinary team awareness & engagement

Ongoing collegial discussion of fall out events in monthly Stroke and ED Stroke Alert Committees

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Questions?



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Abbreviations Used During this Presentation

TJC = The Joint Commission
AHA/ASA = American Heart Association; American Stroke Association
GWTG = Get with the Guidelines
EMS = Emergency Medical Services
ED = Emergency Department
ICU = Intensive Care Unit
TIA = Transient Ischemic Attack
Dc = Discharge
rt-PA or Tenecteplase = thrombolytic therapy “clot busting medication”
CT/CTA = Computed tomography scan/computed tomography angiography
LVO = Large vessel occlusion
CMS = Centers for Medicare and Medicaid Services
VTE = Venous thromboembolism
NIHSS = National Institutes of Health Stroke Scale
RRT = Rapid Response Team
STL = Stroke Team Lead
SCD=Sequential Compression Devices
EMR = Electronic Medical Record

FINANCIALS

CFO Financial Report

Month Ending March 2025

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

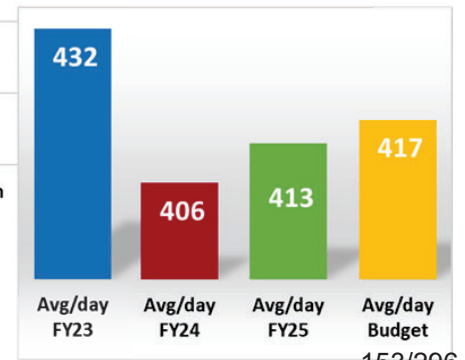
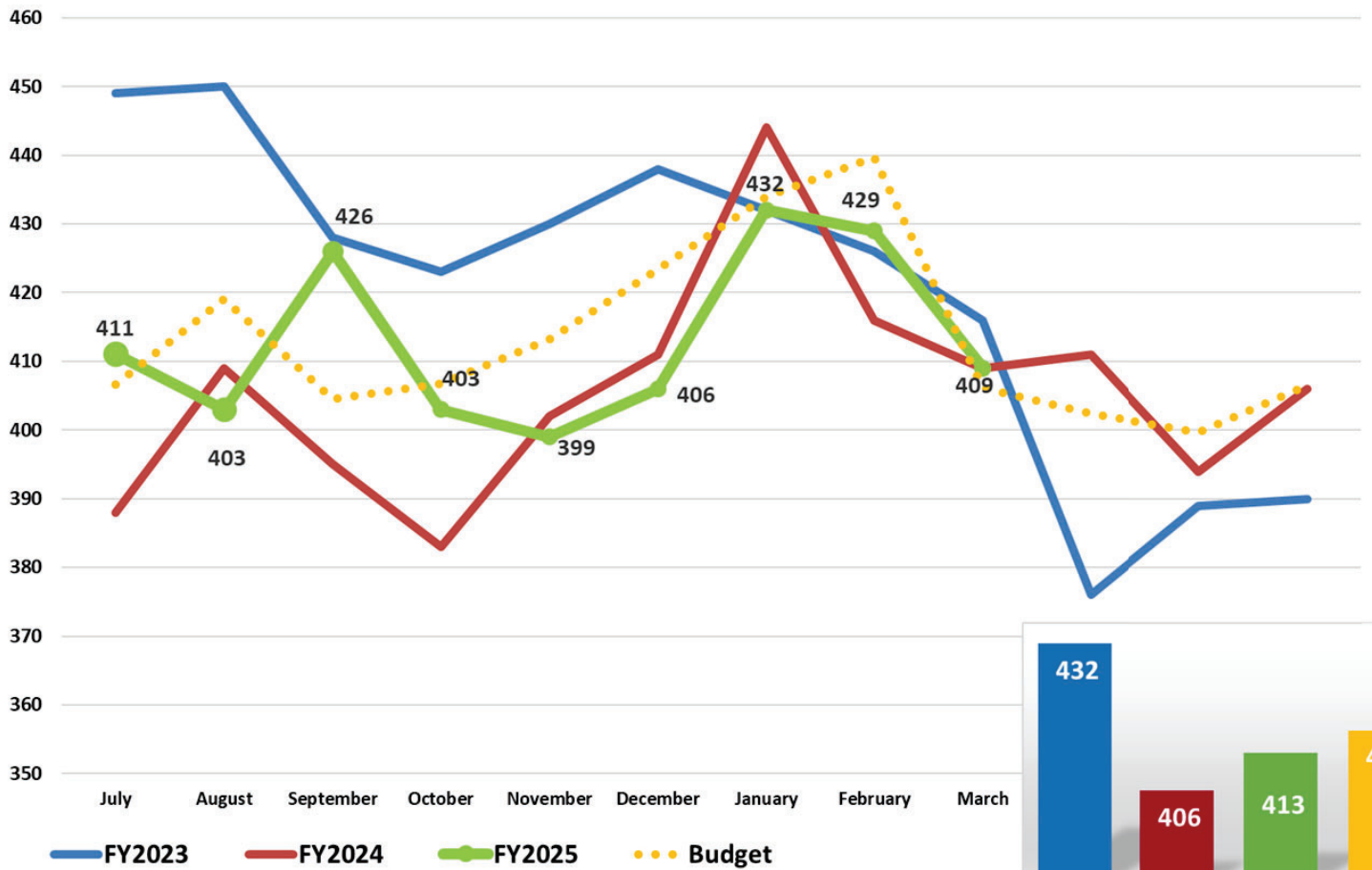
June 20, 2025 Complete presentation for Board Meeting due

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

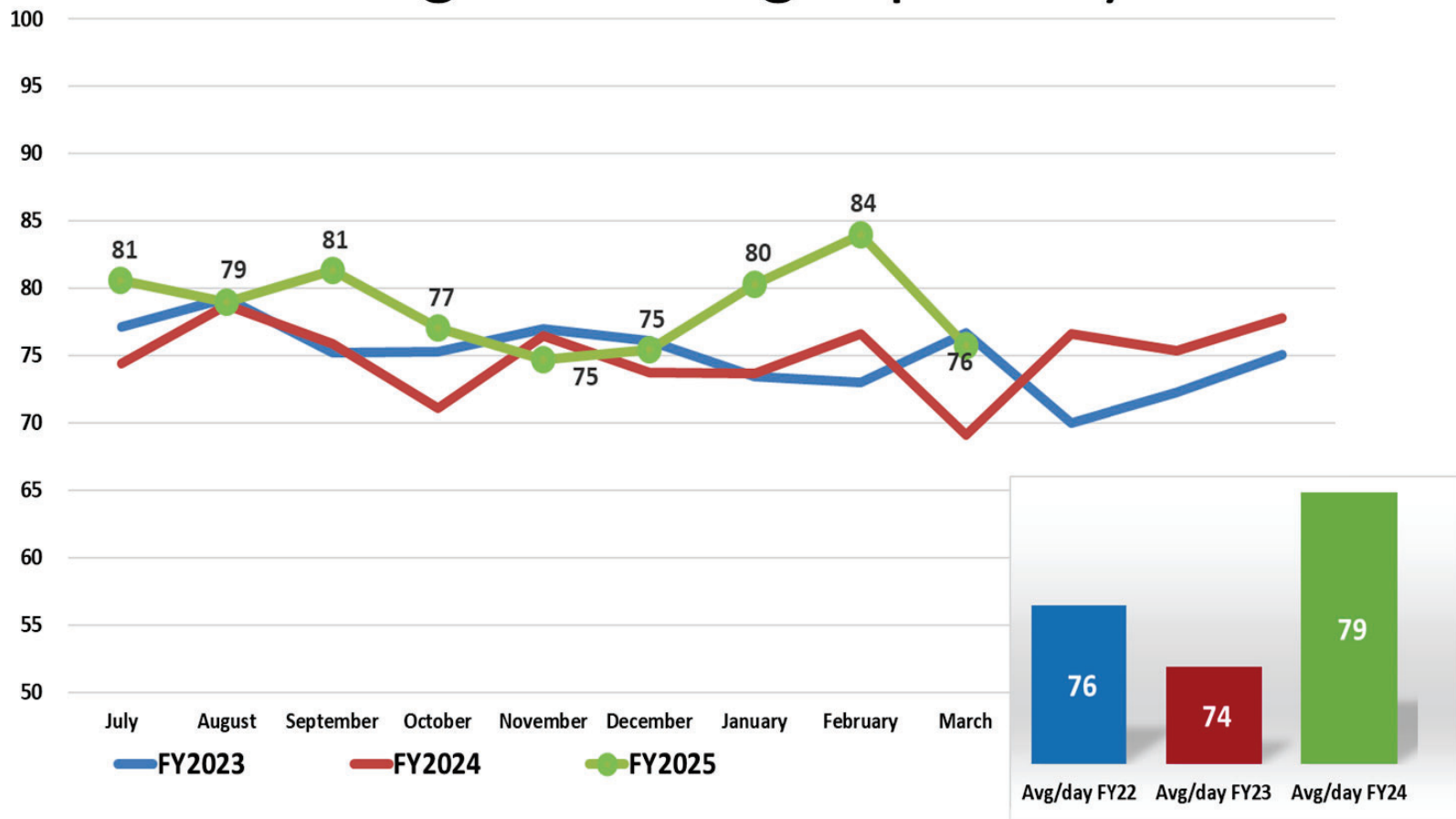
Status of FEMA Projects

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	\$33,202,771	
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	\$143,566	
Total			\$52,993,762	\$48,938,377	\$1,072,777

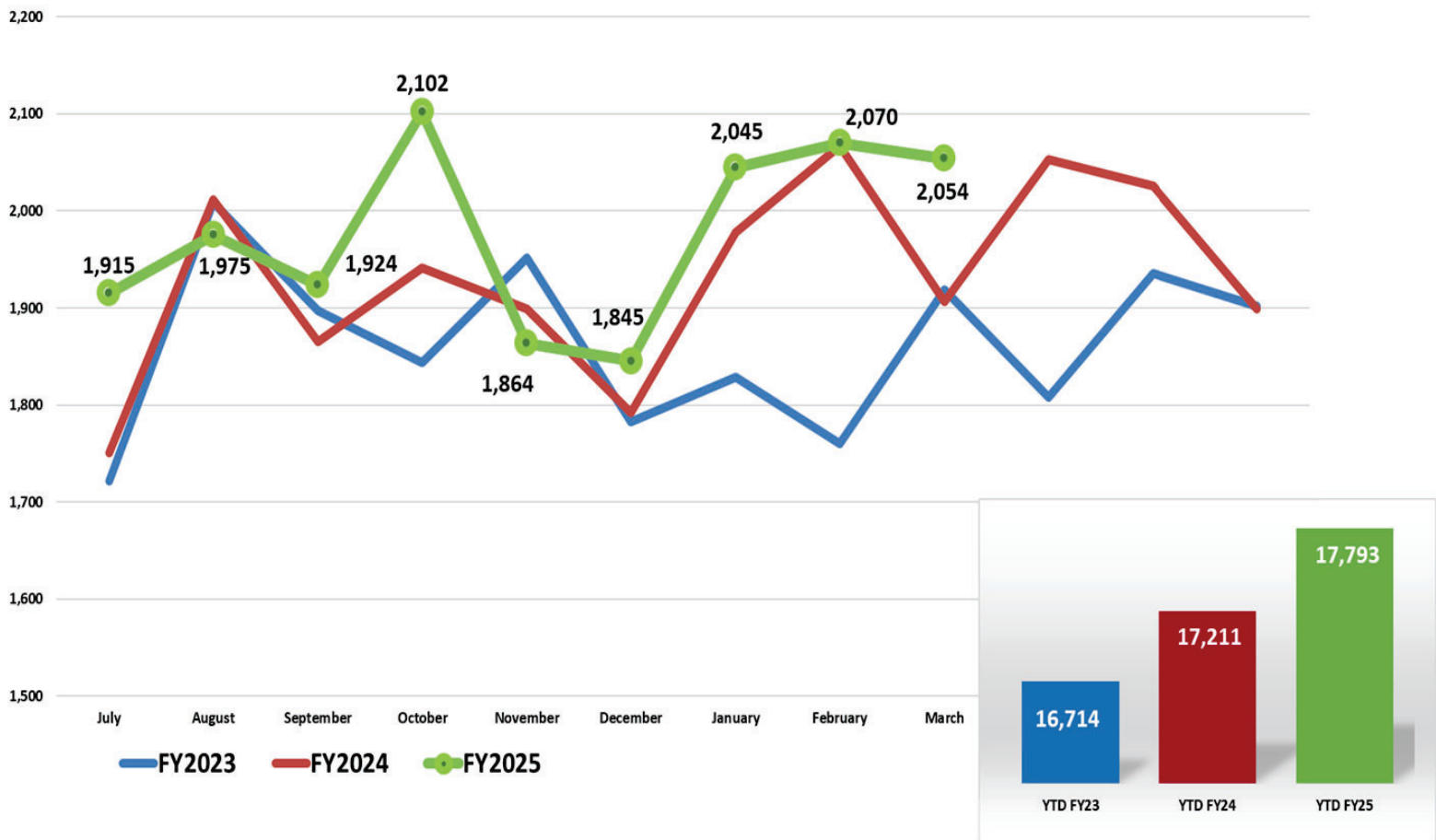
Average Daily Census



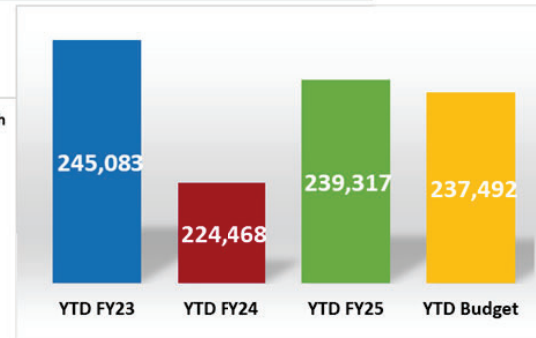
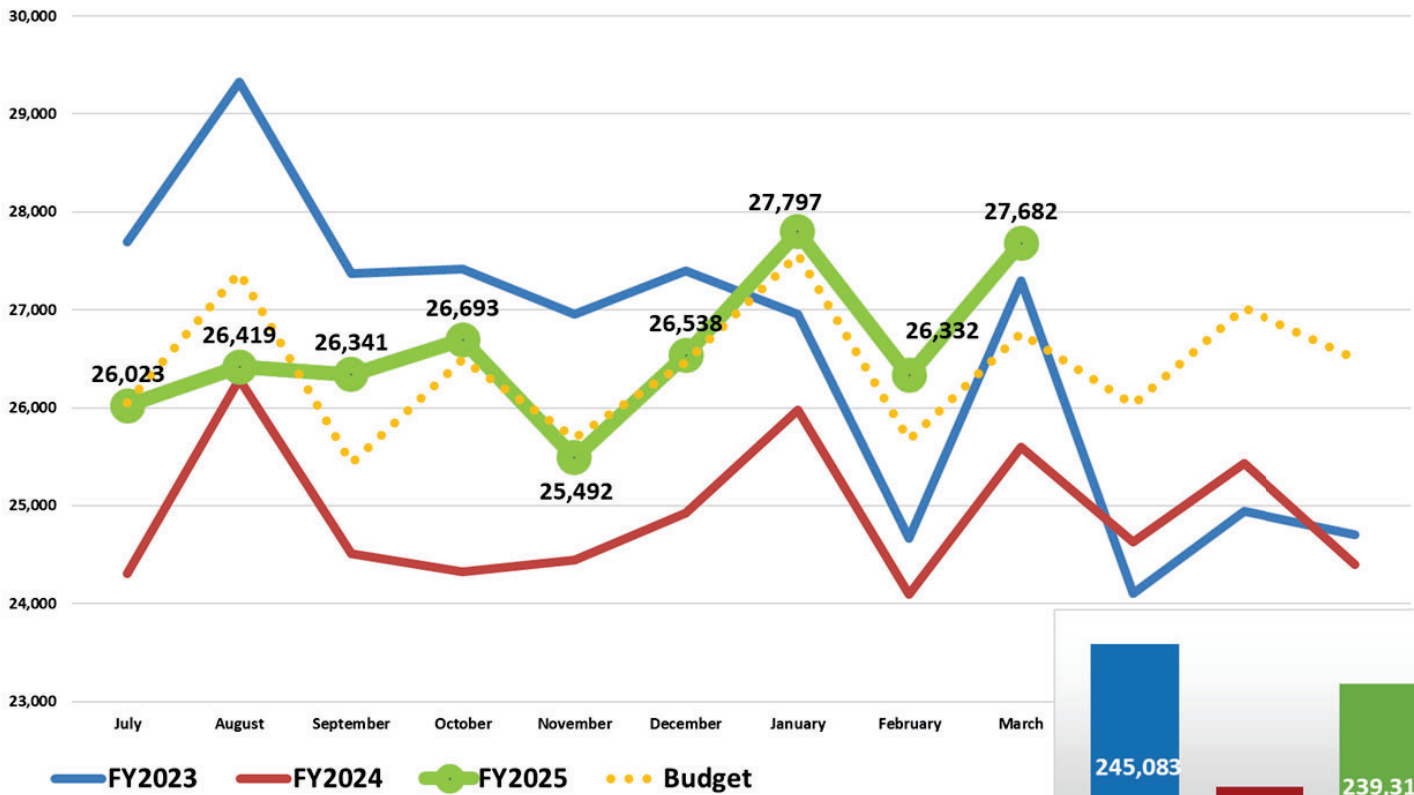
Average Discharges per day



Outpatient Registrations Per Day



Adjusted Patient Days



Statistical Results – Fiscal Year Comparison (Mar)

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

Average Daily Census	409	409	(0.1%)	407	2	0.4%
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KDHCD Patient Days:

Medical Center	8,498	8,747	2.9%	8,378	369	4.4%
Acute I/P Psych	1,311	1,114	(15.0%)	1,403	(289)	(20.6%)
Sub-Acute	955	890	(6.8%)	920	(30)	(3.3%)
Rehab	641	751	17.2%	592	159	26.9%
TCS-Ortho	371	347	(6.5%)	421	(74)	(17.6%)
NICU	415	323	(22.2%)	405	(82)	(20.2%)
Nursery	475	494	4.0%	500	(6)	(1.2%)

Total KDHCD Patient Days	12,666	12,666	0.0%	12,619	47	0.4%
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Total Outpatient Volume	59,086	63,674	7.8%	61,660	2,014	3.3%
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Statistical Results – Fiscal Year Comparison (Jul-Mar)

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

Average Daily Census	406	413	1.7%	417	(4)	(1.0%)
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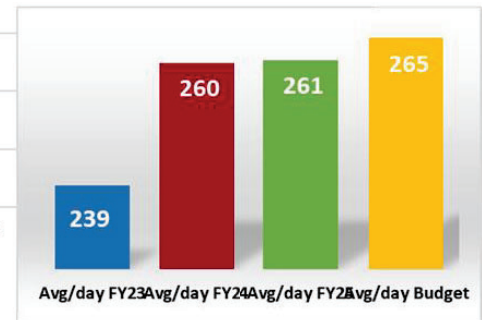
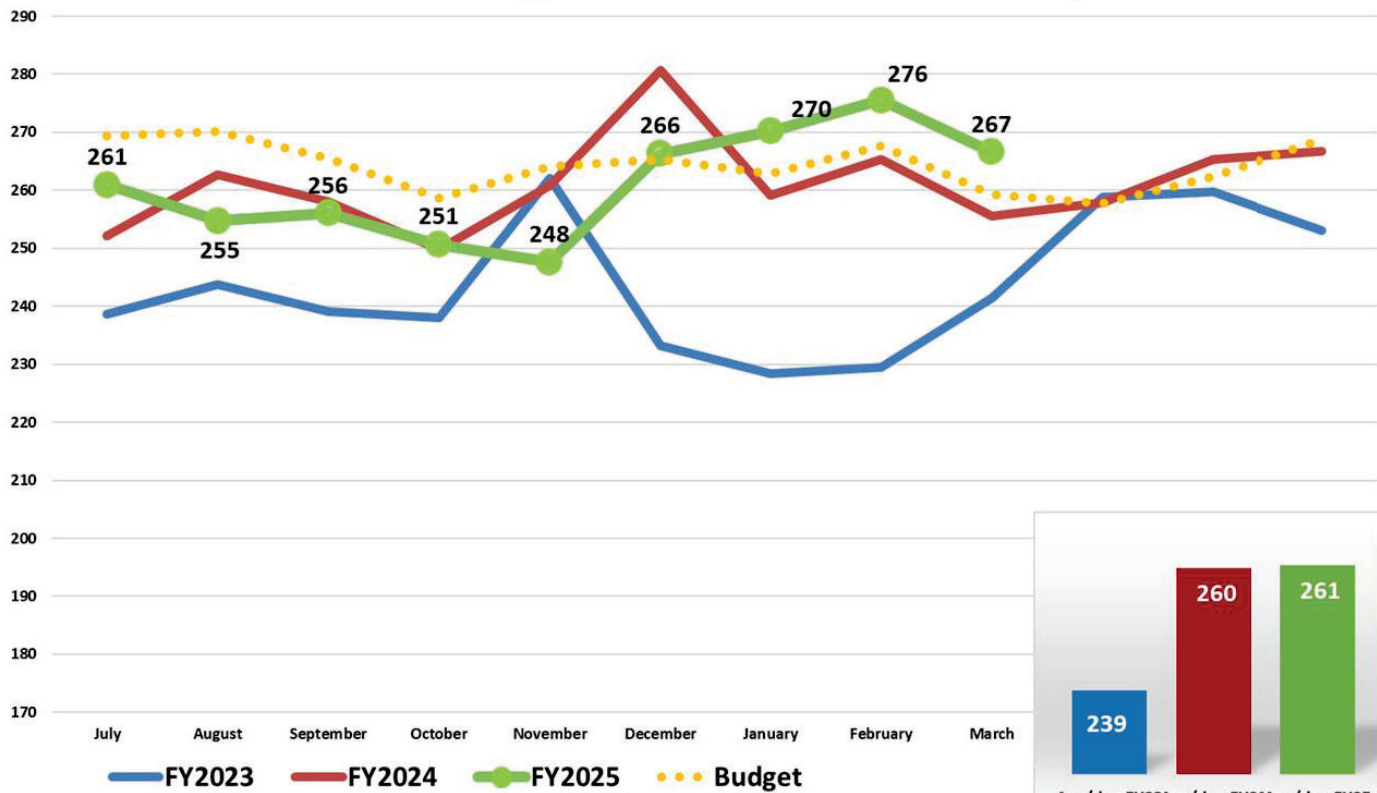
KDHCD Patient Days:

Medical Center	75,415	77,874	3.3%	76,940	934	1.2%
Acute I/P Psych	11,824	9,894	(16.3%)	12,399	(2,505)	(20.2%)
Sub-Acute	8,371	8,209	(1.9%)	8,230	(21)	(0.3%)
Rehab	4,928	5,608	13.8%	4,978	630	12.7%
TCS-Ortho	3,085	3,253	5.4%	3,481	(228)	(6.5%)
NICU	3,670	3,614	(1.5%)	3,765	(151)	(4.0%)
Nursery	4,463	4,673	4.7%	4,500	173	3.8%

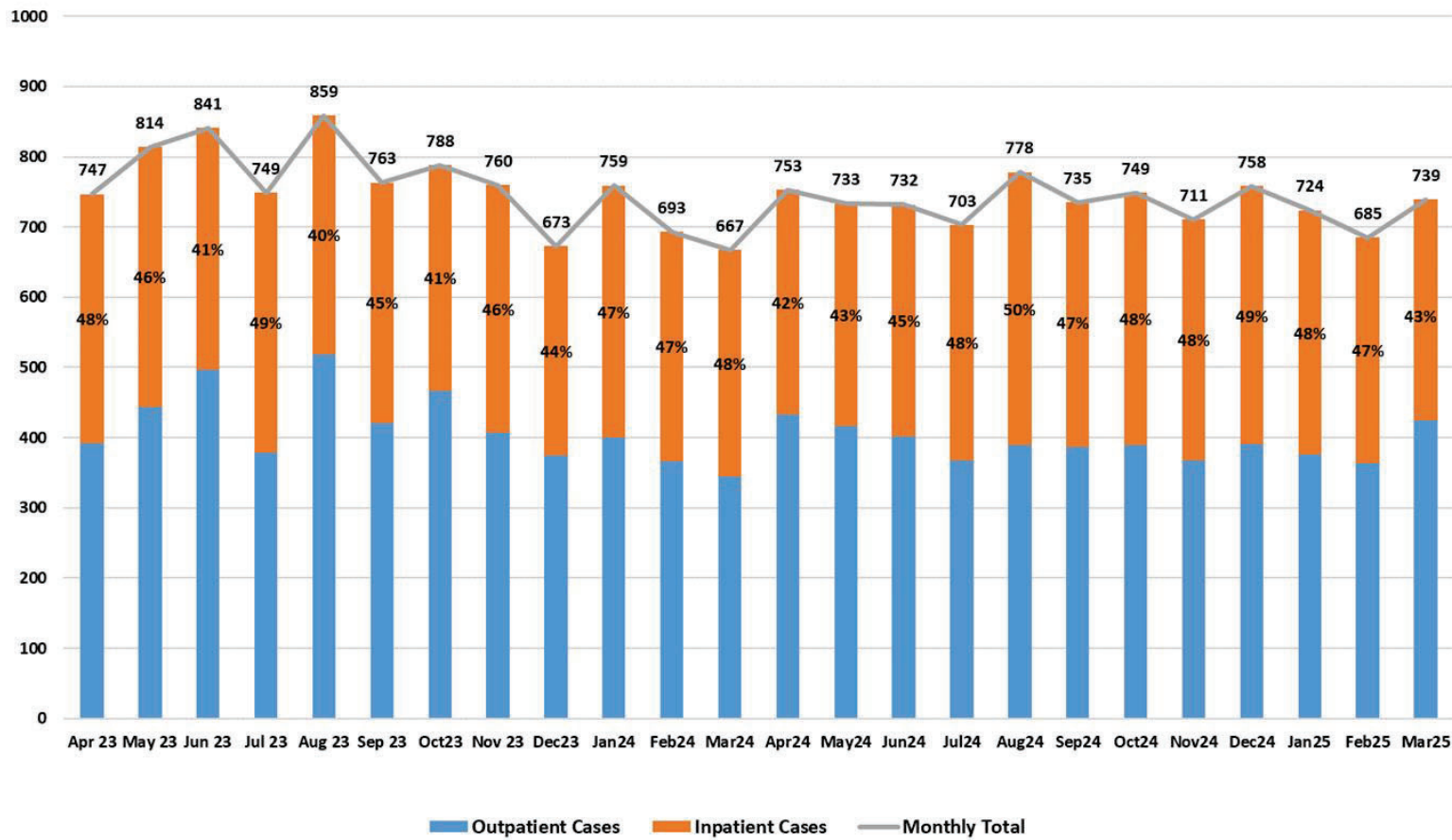
Total KDHCD Patient Days	111,756	113,125	1.2%	114,293	(1,168)	(1.0%)
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Total Outpatient Volume	523,545	541,616	3.5%	544,998	(3,382)	(0.6%)
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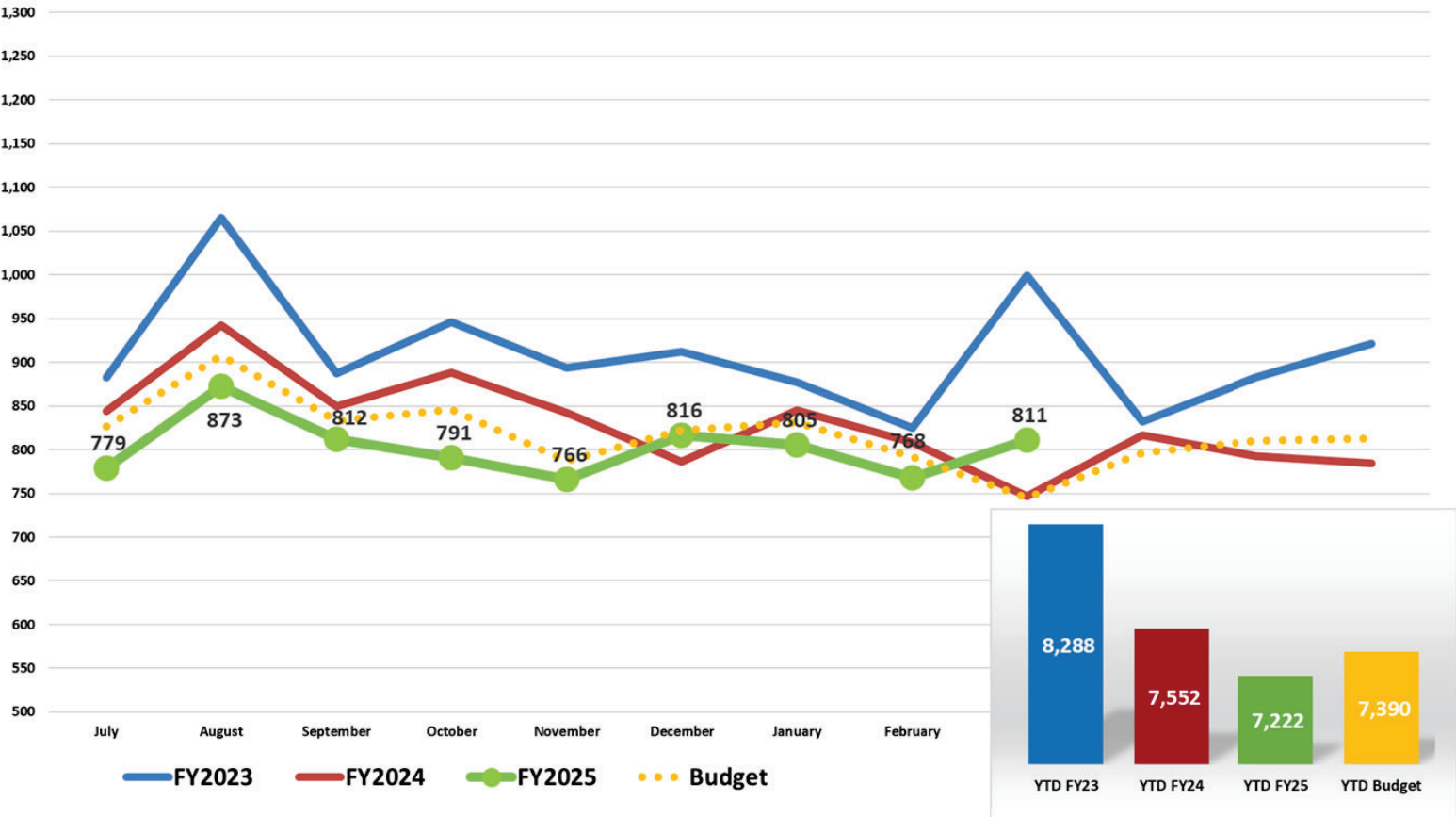
ED - Avg Treated Per Day



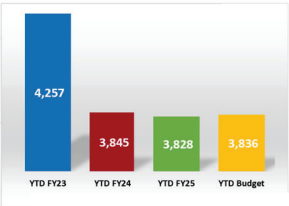
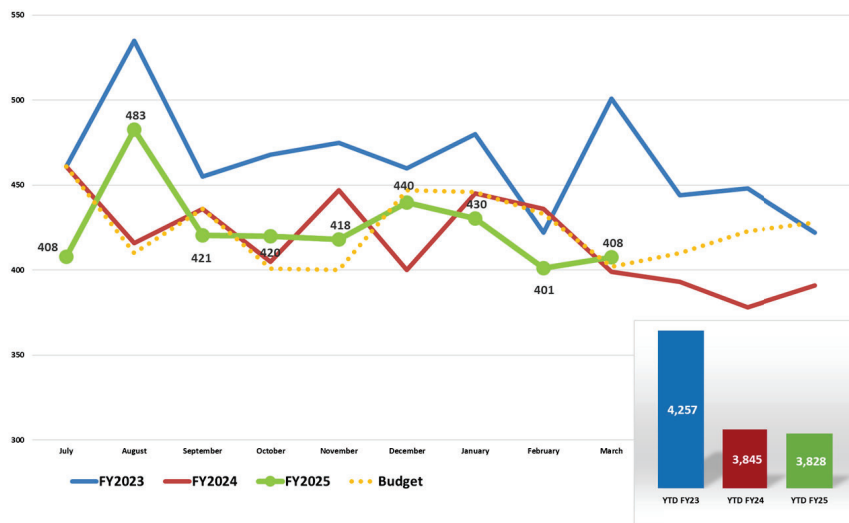
Surgery Cases (IP & OP)



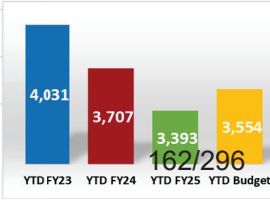
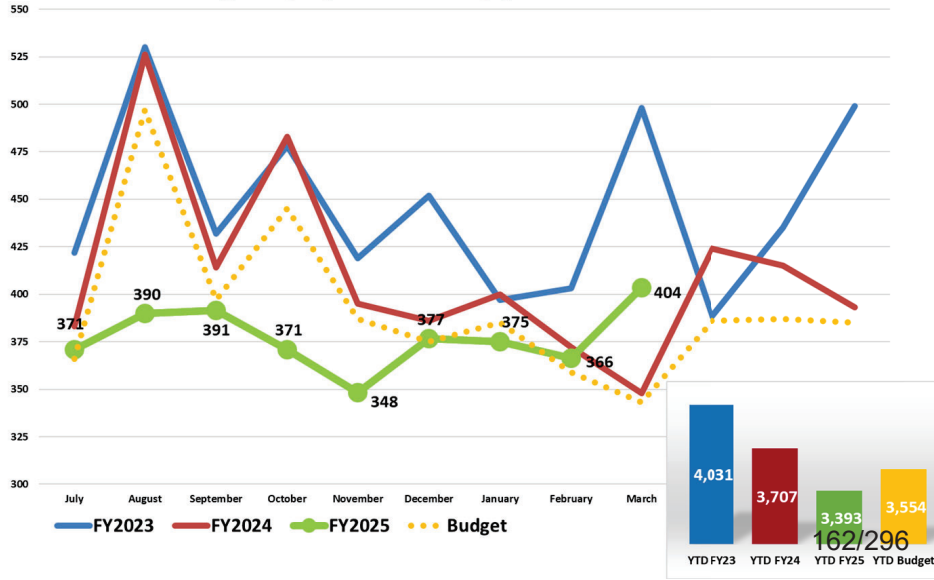
Surgery (IP & OP) – 100 Min Units



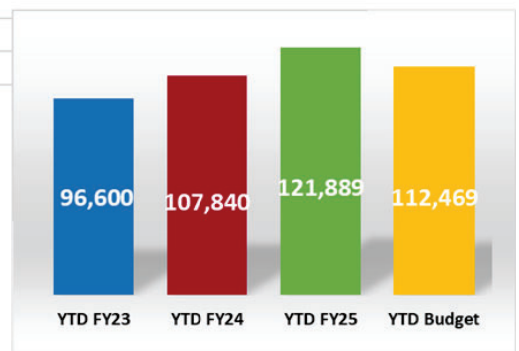
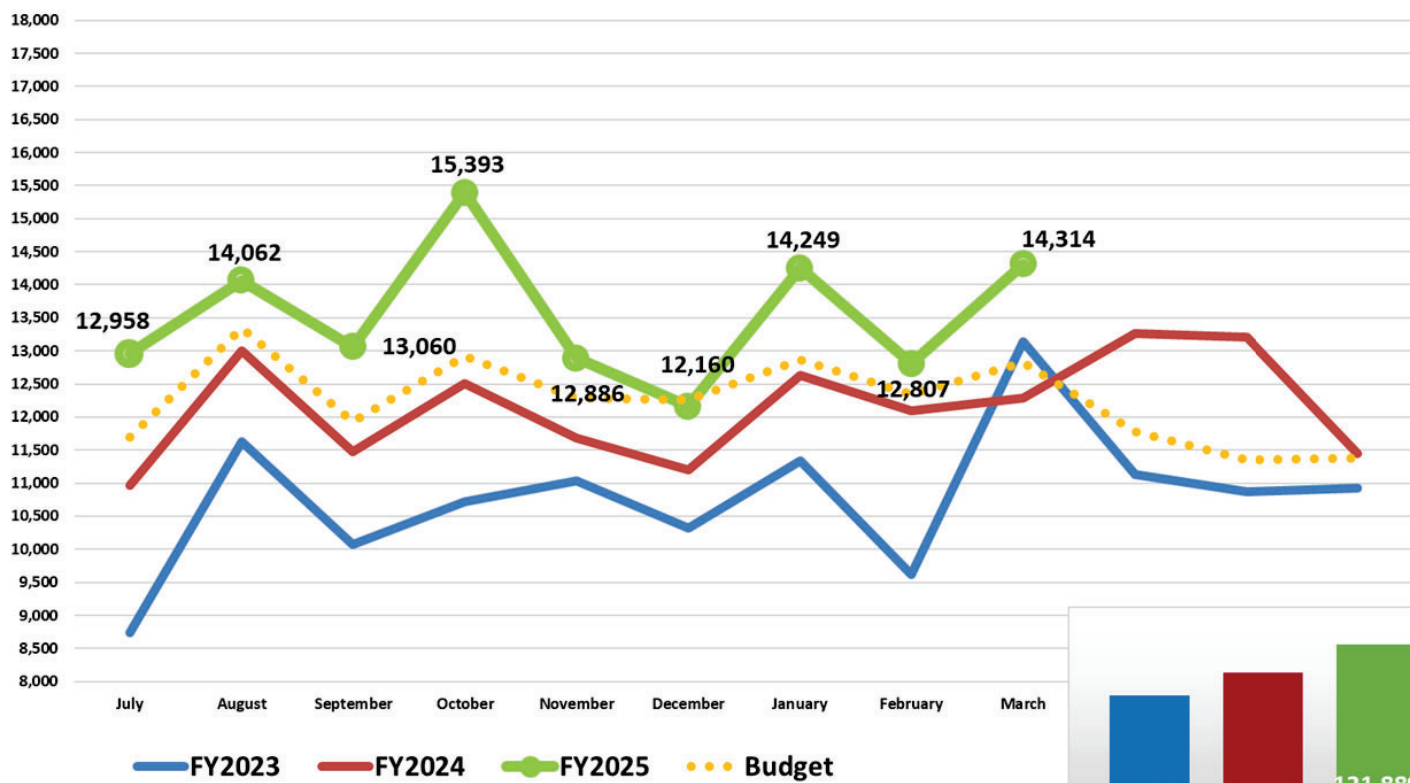
Surgery (IP Only) - 100 Min Unit



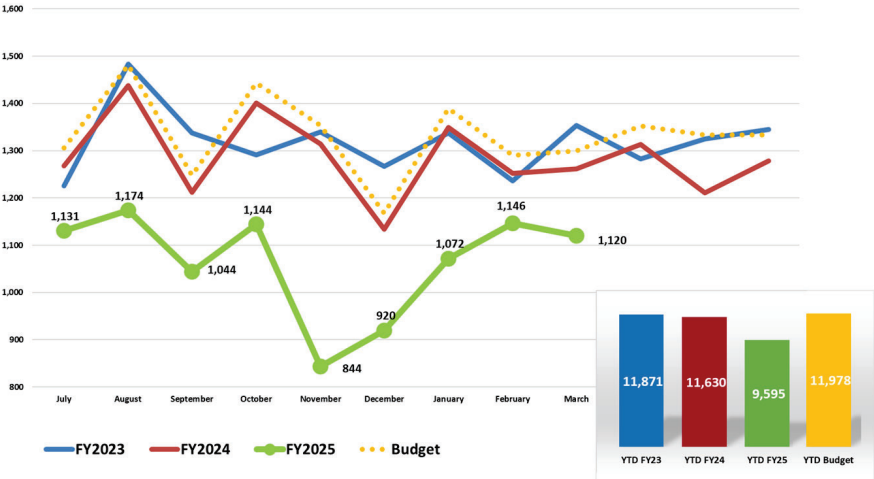
Surgery (OP Only) - 100 Min Units



Rural Health Clinics Registrations



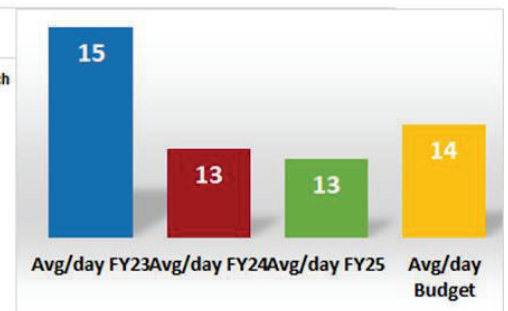
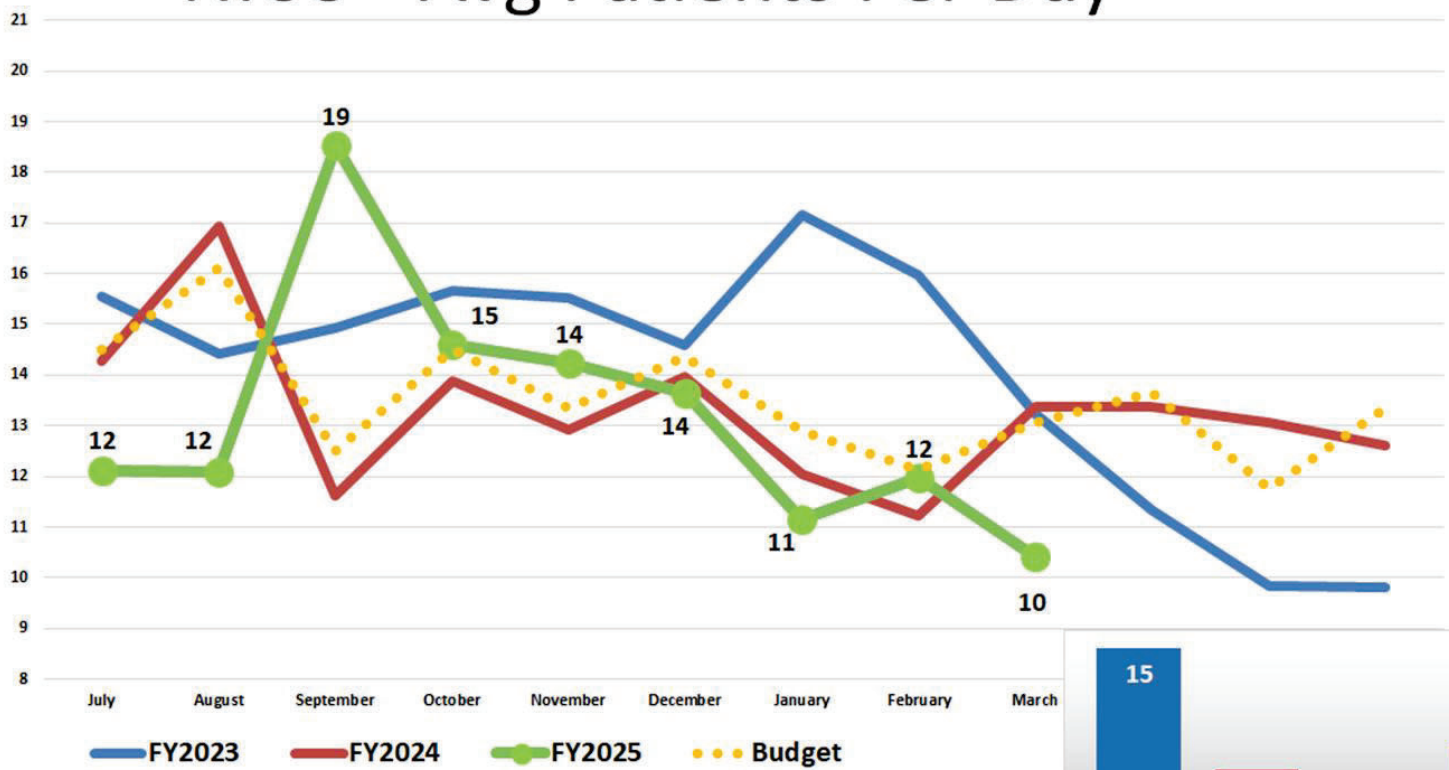
Medical Oncology Treatments



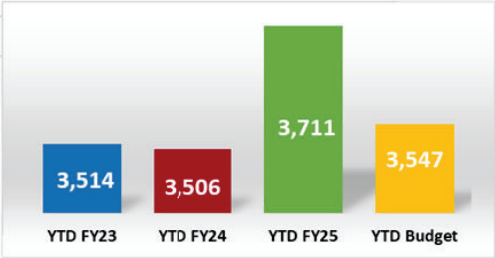
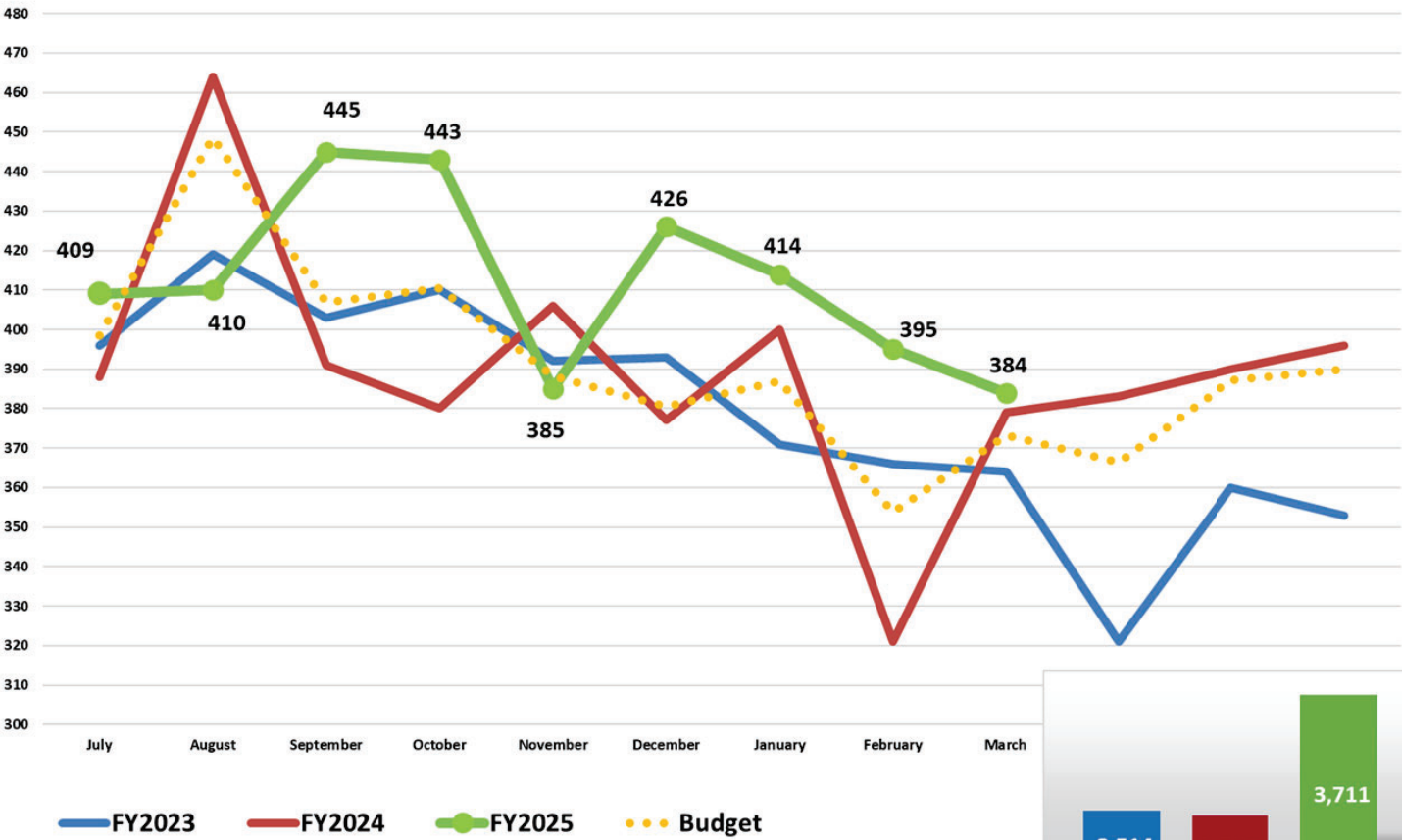
Medical Oncology Visits



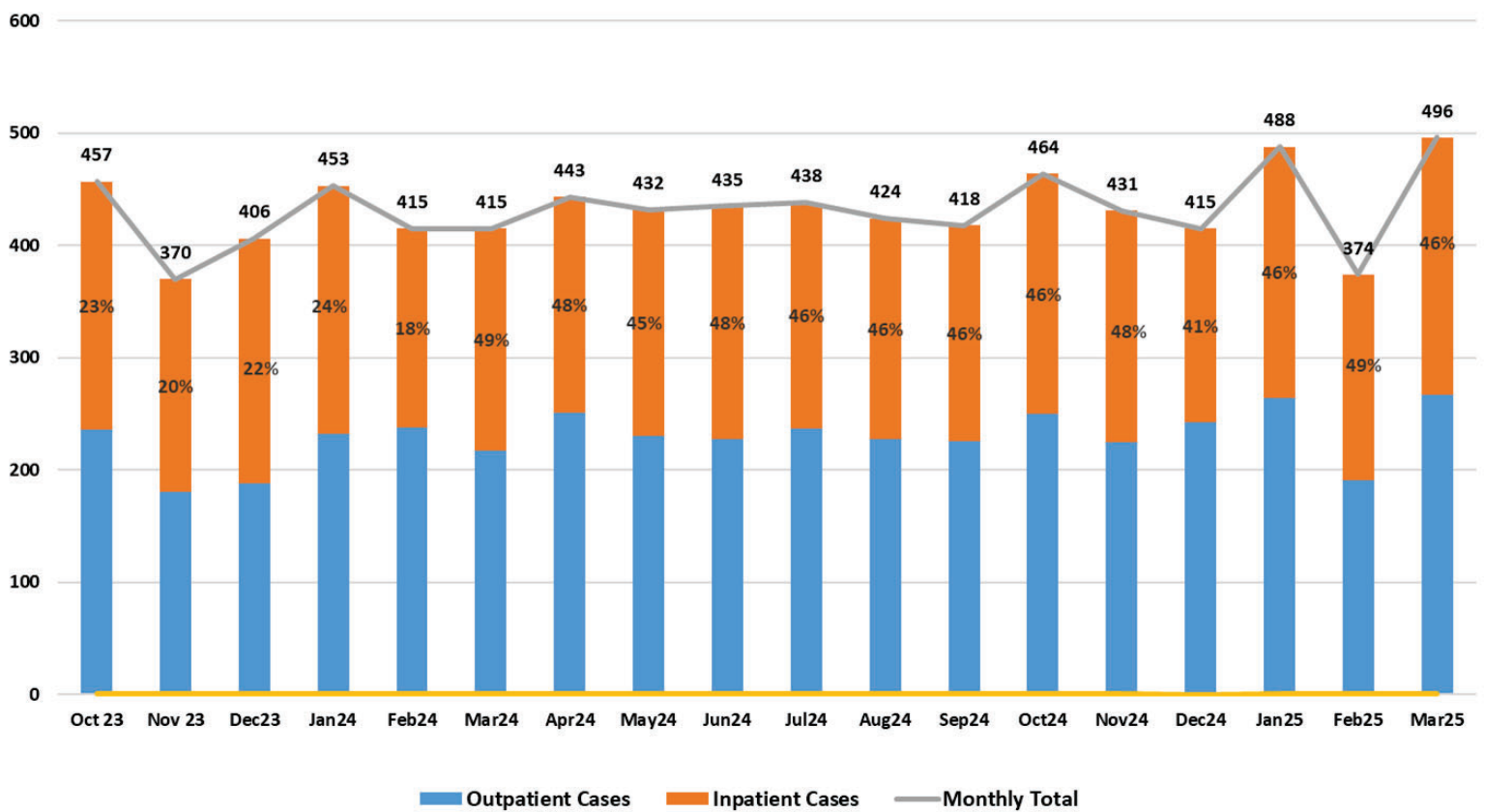
NICU - Avg Patients Per Day



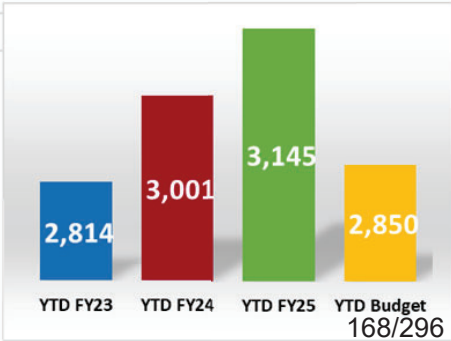
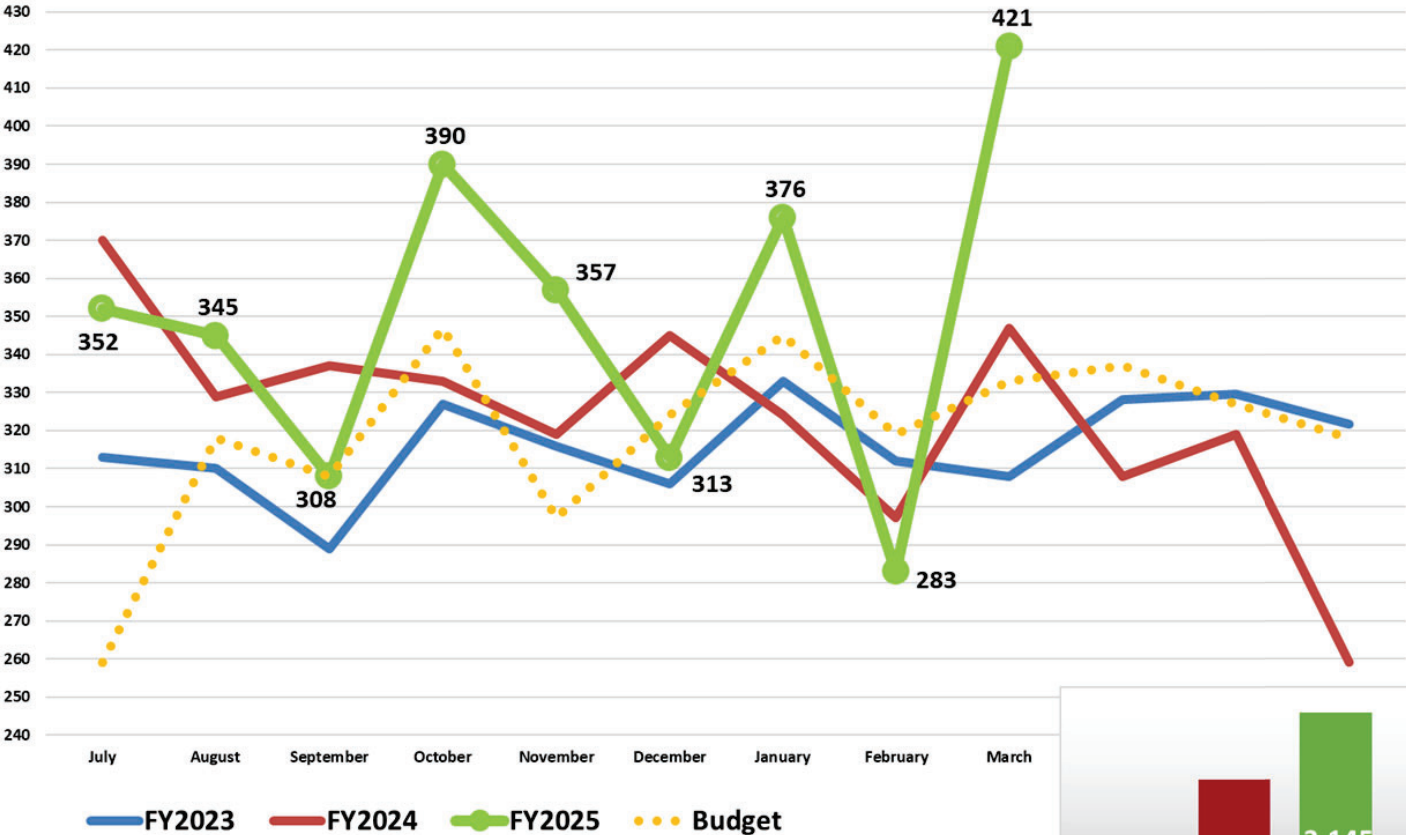
Deliveries



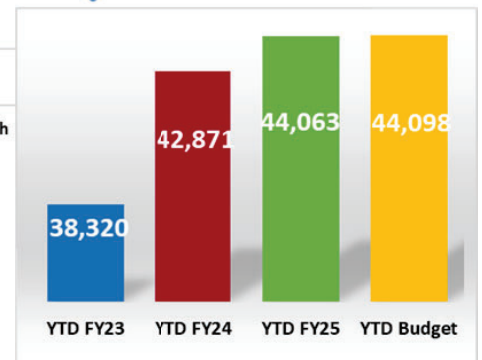
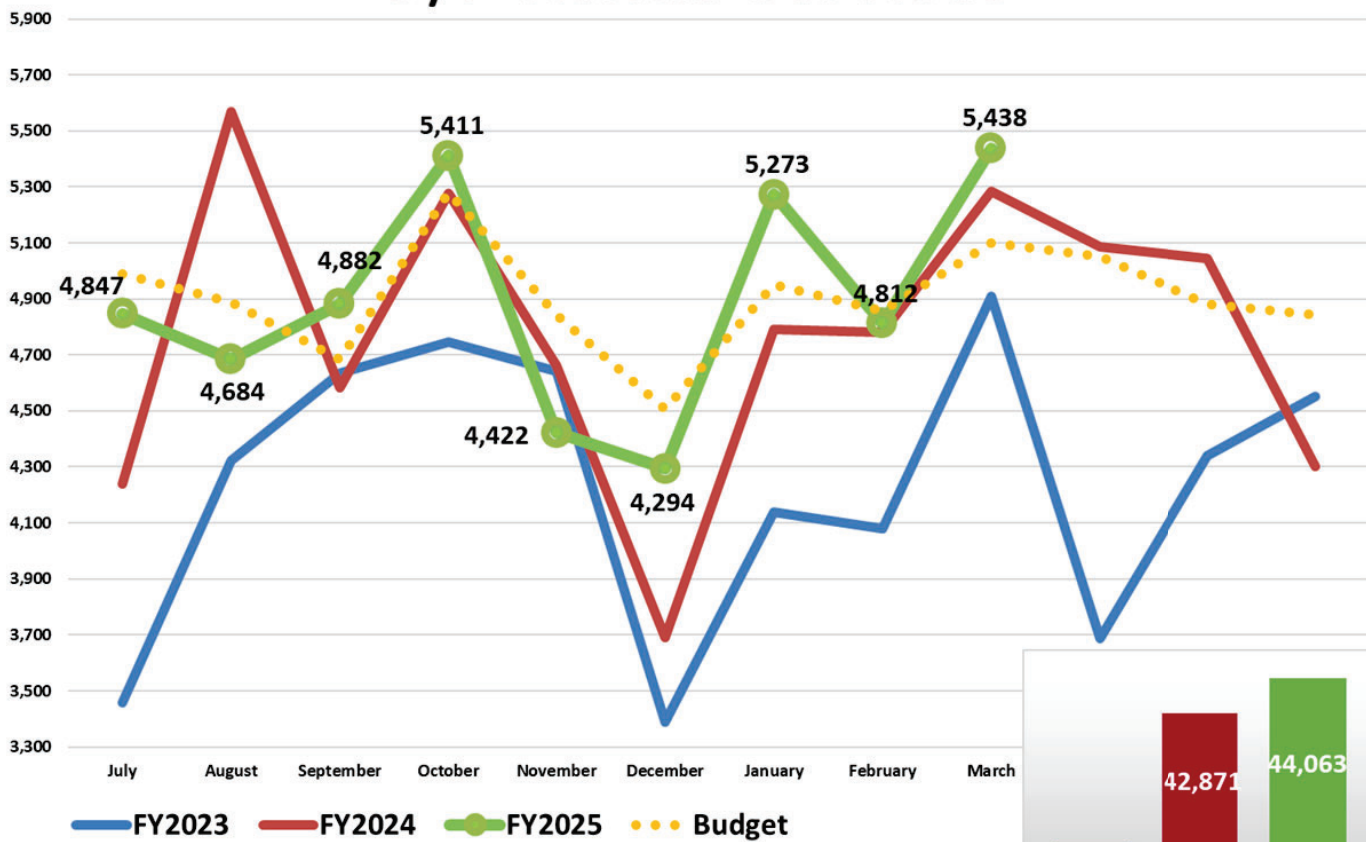
Cath Lab Patients (IP & OP)



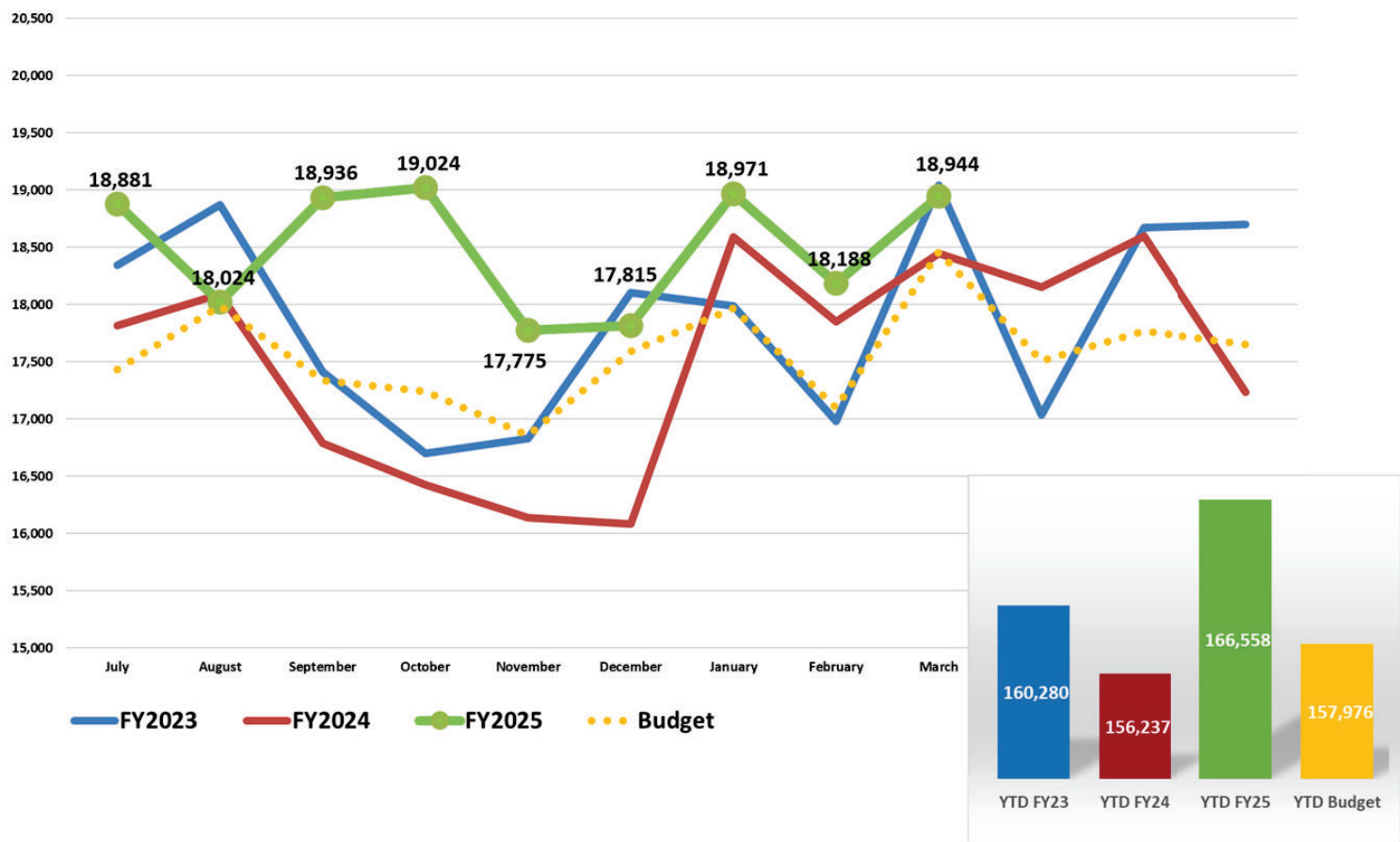
Cath Lab (IP & OP) – 100 Min Units



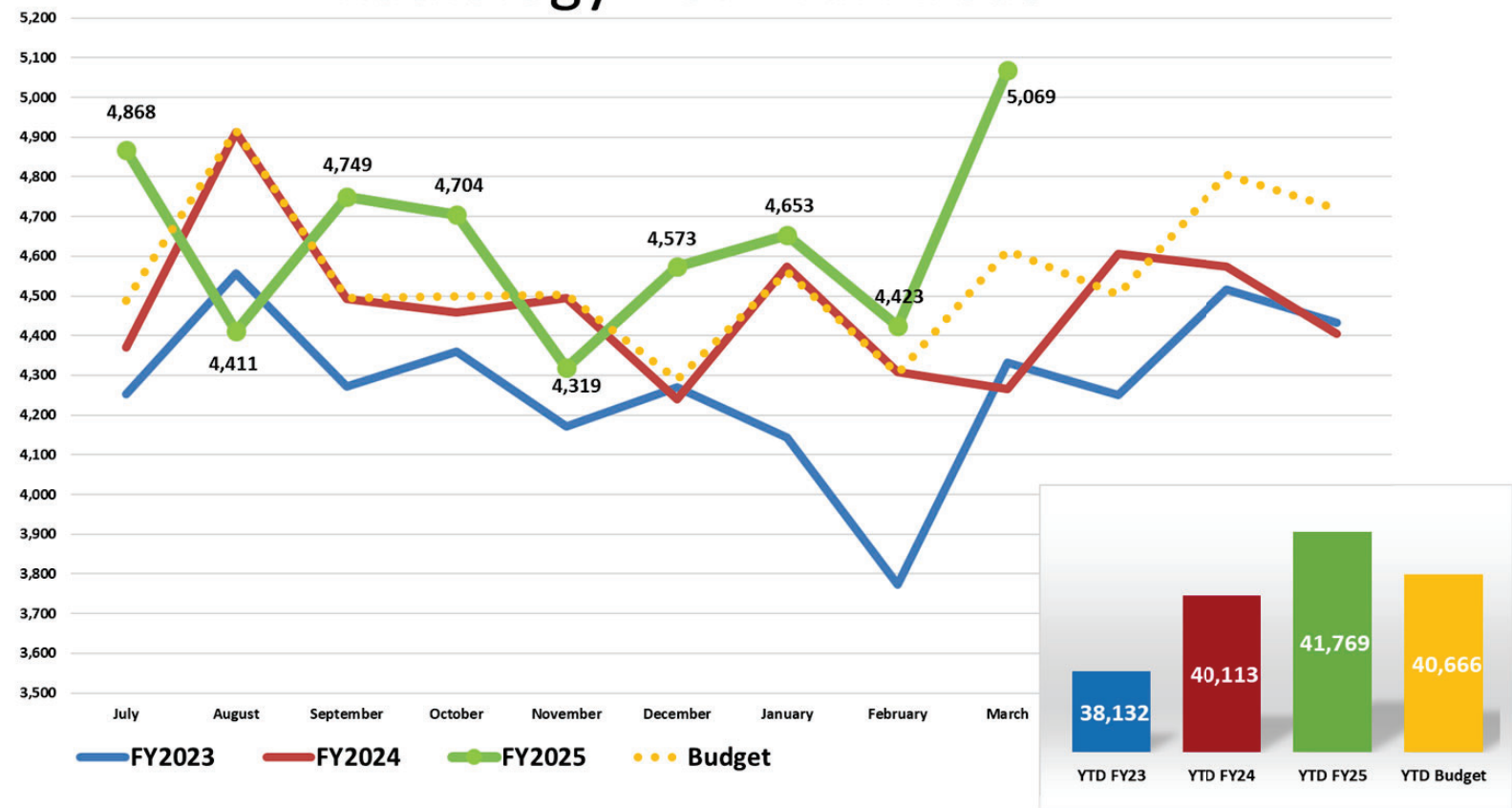
O/P Rehab Services



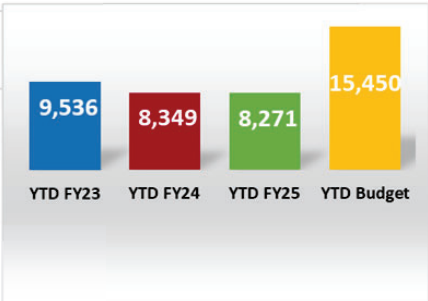
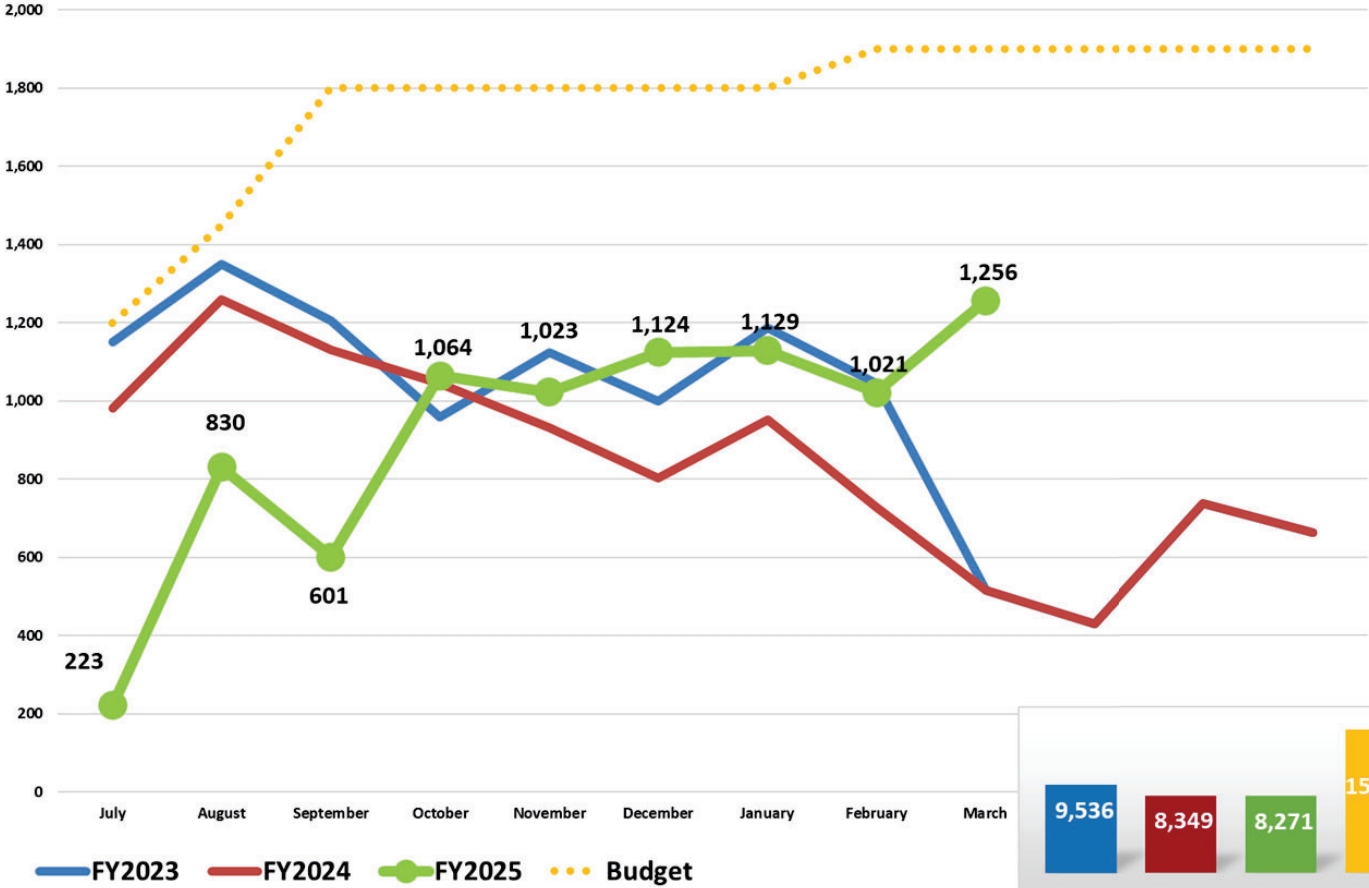
Physical & Other Therapy Units (I/P & O/P)



Radiology - CT - All Areas



Therapy-Wound Care



Other Statistical Results – Fiscal Year Comparison (March)

	Actual Results				Budget	Budget Variance	
	Mar 24	Mar 25	Change	% Change	Mar 25	Change	% Change
Rural Health Clinics Registrations	12,291	14,314	2,023	16.5%	11,398	2,916	25.6%
RHC Exeter - Registrations	6,019	6,804	785	13.0%	6,662	142	2.1%
RHC Lindsay - Registrations	1,876	1,924	48	2.6%	1,368	556	40.6%
RHC Woodlake - Registrations	918	1,505	587	63.9%	712	793	111.4%
RHC Dinuba - Registrations	1,368	1,561	193	14.1%	1,306	255	19.5%
RHC Tulare - Registrations	2,110	2,520	410	19.4%	1,350	1,170	86.7%
Urgent Care – Court Total Visits	3,301	2,924	(377)	(11.4%)	5,184	(2,260)	(43.6%)
Urgent Care – Demaree Total Visits	2,176	1,791	(385)	(17.7%)	3,146	(1,355)	(43.1%)
KH Medical Clinic - Ben Maddox Visits	923	1,026	103	11.2%	1,300	(274)	(21.1%)
KH Medical Clinic - Plaza Visits	245	233	(12)	(4.9%)	609	(376)	(61.7%)
KH Medical Willow Clinic Visits	0	1,312	1,312	0.0%	1,173	139	11.8%
KH Cardiology Center Visalia Registrations	1,609	1,590	(19)	(1.2%)	1,652	(62)	(3.7%)
KH Mental Wellness Clinic Visits	285	302	17	6.0%	400	(98)	(24.5%)
Urology Clinic Visits	316	350	34	10.8%	600	(250)	(41.7%)
Wound Care Visits	517	1,256	739	142.9%	2,106	(850)	(40.4%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Mar 24	YTD Mar 25	Change	% Change	YTD Mar 25	Change	% Change
Rural Health Clinics Registrations	107,703	121,752	14,049	13.0%	97,533	24,219	24.8%
RHC Exeter - Registrations	53,358	58,004	4,646	8.7%	57,959	45	0.1%
RHC Lindsay - Registrations	15,773	16,708	935	5.9%	11,660	5,048	43.3%
RHC Woodlake - Registrations	9,486	12,042	2,556	26.9%	6,787	5,255	77.4%
RHC Dinuba - Registrations	11,720	13,694	1,974	16.8%	11,002	2,692	24.5%
RHC Tulare - Registrations	17,366	21,304	3,938	22.7%	10,125	11,179	110.4%
Urgent Care – Court Total Visits	28,766	22,615	(6,151)	(21.4%)	36,301	(13,686)	(37.7%)
Urgent Care – Demaree Total Visits	19,925	13,946	(5,979)	(30.0%)	22,022	(8,076)	(36.7%)
KH Medical Clinic - Ben Maddox Visits	7,331	8,272	941	12.8%	10,500	(2,228)	(21.2%)
KH Medical Clinic - Plaza Visits	995	2,387	1,392	139.9%	5,281	(2,894)	(54.8%)
KH Medical Willow Clinic Visits	0	5,278	5,278	0.0%	10,933	(5,655)	(51.7%)
KH Cardiology Center Visalia Registrations	13,242	13,806	564	4.3%	13,724	82	0.6%
KH Mental Wellness Clinic Visits	2,436	2,601	165	6.8%	3,320	(719)	(21.7%)
Urology Clinic Visits	2,538	2,762	224	8.8%	4,954	(2,192)	(44.2%)
Wound Care Visits	8,349	8,271	(79)	(0.9%)	17,943	(9,672)	(53.9%)

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Other Statistical Results – Fiscal Year Comparison (March)

	Actual Results				Budget	Budget Variance	
	Mar 24	Mar 25	Change	% Change	Mar 25	Change	% Change
All O/P Rehab Svcs Across District	21,593	21,617	24	0.1%	21,575	42	0.2%
Physical & Other Therapy Units (I/P & O/P)	18,445	18,944	499	2.7%	19,311	(367)	(1.9%)
Radiology - CT - All Areas	4,265	5,069	804	18.9%	4,152	917	22.1%
Radiology - MRI - All Areas	831	866	35	4.2%	865	1	0.1%
Radiology - Ultrasound - All Areas	2,736	3,130	394	14.4%	2,255	875	38.8%
Radiology - Diagnostic Radiology	9,473	9,911	438	4.6%	8,322	1,589	19.1%
Radiology – Main Campus	14,568	16,151	1,583	10.9%	12,896	3,255	25.2%
Radiology - Ultrasound - Main Campus	2,101	2,485	384	18.3%	1,405	1,080	76.9%
West Campus - Diagnostic Radiology	1,250	1,248	(2)	(0.2%)	1,059	189	17.8%
West Campus - CT Scan	453	530	77	17.0%	410	120	29.3%
West Campus - MRI	399	402	3	0.8%	379	23	6.1%
West Campus - Ultrasound	635	645	10	1.6%	850	(205)	(24.1%)
West Campus - Breast Center	1,690	1,607	(83)	(4.9%)	1,589	18	1.1%
Med Onc Visalia Treatments	1,262	1,120	(142)	(11.3%)	1,223	(103)	(8.4%)
Rad Onc Visalia Treatments	1,478	1,188	(290)	(19.6%)	2,091	(903)	(43.2%)
Rad Onc Hanford Treatments	138	202	64	46.4%	444	(242)	(54.7%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Mar 24	YTD Mar 25	Change	% Change	YTD Mar 25	Change	% Change
All O/P Rehab Svcs Across District	178,804	184,519	5,715	3.2%	174,473	10,046	5.8%
Physical & Other Therapy Units (I/P & O/P)	156,237	166,558	10,321	6.6%	169,922	(3,364)	(2.0%)
Radiology - CT - All Areas	40,113	41,769	1,656	4.1%	37,658	4,111	10.9%
Radiology - MRI - All Areas	7,494	7,811	317	4.2%	7,488	323	4.3%
Radiology - Ultrasound - All Areas	23,509	27,183	3,674	15.6%	19,591	7,592	38.8%
Radiology - Diagnostic Radiology	85,950	86,655	705	0.8%	72,843	13,812	19.0%
Radiology – Main Campus	134,350	138,766	4,416	3.3%	113,663	25,103	22.1%
Radiology - Ultrasound - Main Campus	18,235	21,274	3,039	16.7%	11,819	9,455	80.0%
West Campus - Diagnostic Radiology	9,969	10,558	589	5.9%	9,137	1,421	15.6%
West Campus - CT Scan	4,145	4,396	251	6.1%	3,676	720	19.6%
West Campus - MRI	3,328	3,718	390	11.7%	3,332	386	11.6%
West Campus - Ultrasound	5,274	5,909	635	12.0%	7,416	(1,507)	(20.3%)
West Campus - Breast Center	15,243	14,780	(463)	(3.0%)	15,615	(835)	(5.3%)
Med Onc Visalia Treatments	11,630	9,595	(2,035)	(17.5%)	10,959	(1,364)	(12.4%)
Rad Onc Visalia Treatments	13,226	12,452	(774)	(5.9%)	17,553	(5,101)	(29.1%)
Rad Onc Hanford Treatments	2,018	2,108	90	4.5%	3,652	(1,544)	(42.3%)

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Other Statistical Results – Fiscal Year Comparison (March)

	Actual Results				Budget	Budget Variance	
	Mar 24	Mar 25	Change	% Change	Mar 25	Change	% Change
ED - Avg Treated Per Day	256	267	11	4.3%	231	35	15.2%
Surgery (IP & OP) – 100 Min Units	747	811	64	8.6%	745	66	8.9%
Endoscopy Procedures	653	480	(173)	(26.5%)	565	(85)	(15.0%)
Cath Lab (IP & OP) - 100 Min Units	347	421	74	21.3%	409	12	2.9%
Cardiac Surgery Cases	29	31	2	6.9%	44	(13)	(29.5%)
Deliveries	379	384	5	1.3%	355	29	8.2%
Clinical Lab	236,918	265,633	28,715	12.1%	274,614	(8,981)	(3.3%)
Reference Lab	6,228	7,797	1,569	25.2%	4,314	3,483	80.7%
Dialysis Center - Visalia Visits	1,666	1,566	(100)	(6.0%)	1,969	(403)	(20.5%)
Infusion Center - Units of Service	481	396	(85)	(17.7%)	425	(29)	(6.8%)
Hospice Days	3,452	3,777	325	9.4%	4,198	(421)	(10.0%)
Home Health Visits	3,040	2,947	(93)	(3.1%)	2,900	47	1.6%
Home Infusion Days	23,875	22,422	(1,453)	(6.1%)	27,748	(5,326)	(19.2%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Mar 24	YTD Mar 25	Change	% Change	YTD Mar 25	Change	% Change
ED - Avg Treated Per Day	260	261	0	0.2%	232	29	12.5%
Surgery (IP & OP) – 100 Min Units	7,552	7,222	(330)	(4.4%)	7,390	(168)	(2.3%)
Endoscopy Procedures	5,564	4,728	(836)	(15.0%)	4,672	56	1.2%
Cath Lab (IP & OP) - 100 Min Units	3,001	3,145	144	4.8%	3,577	(432)	(12.1%)
Cardiac Surgery Cases	257	244	(13)	(5.1%)	339	(95)	(28.0%)
Deliveries	3,506	3,711	205	5.8%	3,447	264	7.7%
Clinical Lab	2,126,991	2,254,283	127,293	6.0%	2,377,626	(123,343)	(5.2%)
Reference Lab	52,053	61,171	9,118	17.5%	38,301	22,870	59.7%
Dialysis Center - Visalia Visits	13,680	13,490	(190)	(1.4%)	16,679	(3,189)	(19.1%)
Infusion Center - Units of Service	3,682	3,779	97	2.6%	3,644	135	3.7%
Hospice Days	32,219	31,653	(566)	(1.8%)	36,702	(5,049)	(13.8%)
Home Health Visits	27,659	25,952	(1,707)	(6.2%)	26,053	(101)	(0.4%)
Home Infusion Days	203,632	196,494	(7,138)	(3.5%)	228,014	(31,520)	(13.8%)

March Financial Summary (000's)

Comparison to Budget - Month of March				
	Budget Mar-2025	Actual Mar-2025	\$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$54,519	\$57,324	\$2,806	4.9%
Other Operating Revenue	\$20,410	\$21,231	\$821	3.9%
Total Operating Revenue	\$74,929	\$78,555	\$3,626	4.6%
Operating Expenses				
Employment Expenses	\$38,052	\$42,423	\$4,370	10.3%
Other Expenses	\$35,706	\$36,024	\$318	0.9%
Total Operating Expenses	\$73,758	\$78,446	\$4,688	6.0%
Operating Margin	\$1,171	\$109	(\$1,062)	
Stimulus/FEMA	\$0	\$690	\$690	
Operating Margin after Stimulus/FEMA	\$1,171	\$799	(\$372)	
Nonoperating Revenue (Loss)	\$658	\$1,313	\$655	
Excess Margin	\$1,828	\$2,111	\$283	

Year to Date Financial Summary (000's)

Comparison to Budget - YTD March				
	Budget YTD Mar-2025	Actual YTD Mar-2025	\$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$478,121	\$492,594	\$14,473	2.9%
Other Operating Revenue	\$181,963	\$176,792	(\$5,171)	-2.9%
Total Operating Revenue	\$660,083	\$669,386	\$9,302	1.4%
Operating Expenses				
Employment Expenses	\$344,037	\$361,676	\$17,638	4.9%
Other Expenses	\$331,989	\$323,681	(\$8,309)	-2.6%
Total Operating Expenses	\$676,027	\$685,357	\$9,330	1.4%
Operating Margin	(\$15,944)	(\$15,971)	(\$27)	
Stimulus/FEMA	\$0	\$48,412	\$48,412	
Operating Margin after Stimulus/FEMA	(\$15,944)	\$32,441	\$48,384	
Nonoperating Revenue (Loss)	\$5,936	\$12,305	\$6,368	
Excess Margin	(\$10,007)	\$44,746	\$54,753	

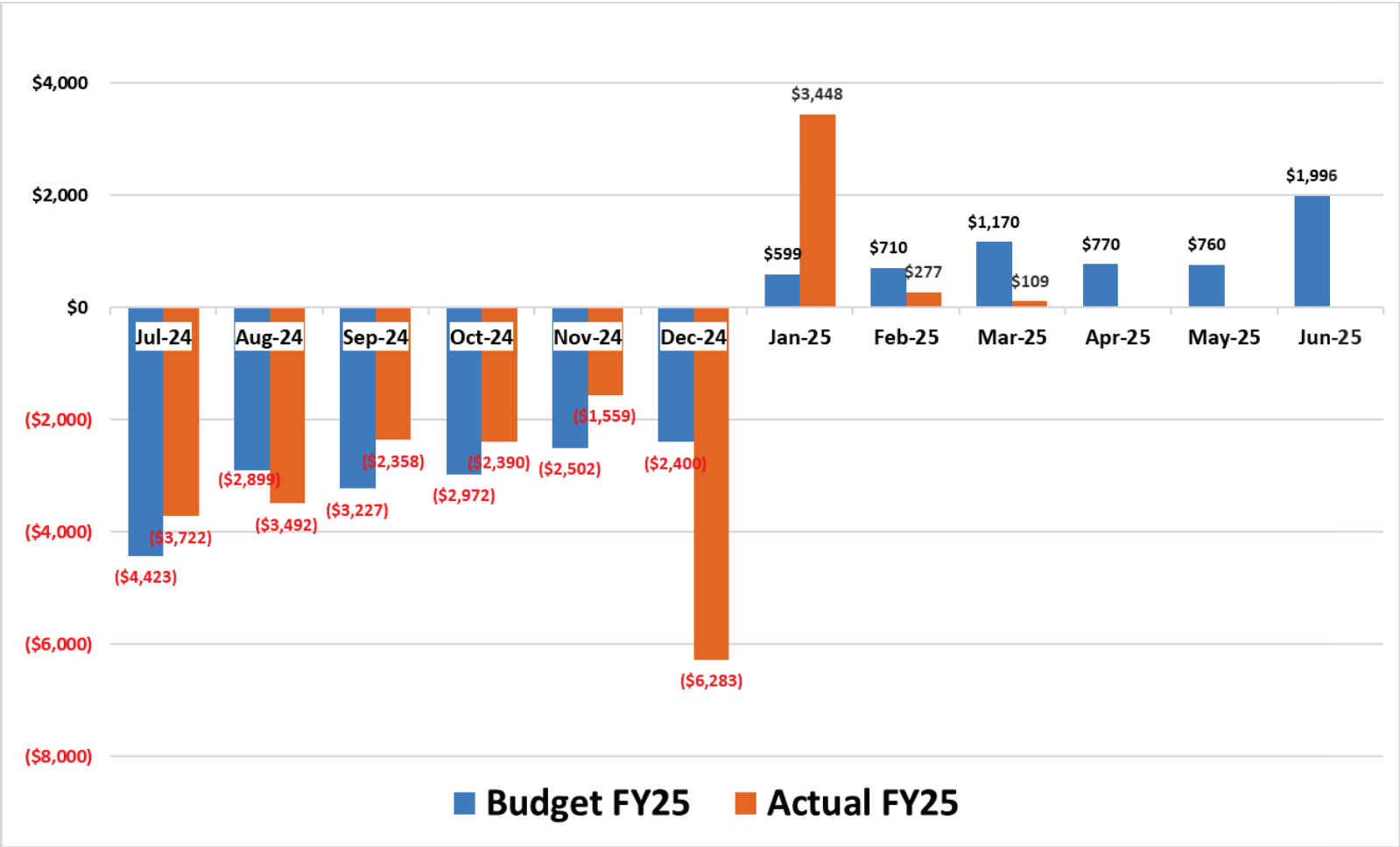
March Financial Comparison (000's)

	Comparison to Budget - Month of March				Comparison to Prior Year - Month of March			
	Budget Mar-2025	Actual Mar-2025	\$ Change	% Change	Actual Mar-2024	Actual Mar-2025	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$54,519	\$57,324	\$2,806	4.9%	\$54,365	\$57,324	\$2,959	5.2%
Supplemental Gov't Programs	\$7,668	\$7,573	(\$96)	-1.3%	\$7,472	\$7,573	\$101	1.3%
Prime Program	\$792	\$792	\$0	0.0%	\$822	\$792	(\$30)	-3.8%
Premium Revenue	\$7,547	\$8,201	\$654	8.0%	\$7,005	\$8,201	\$1,196	14.6%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$3,255	\$0	(\$3,255)	0.0%
Other Revenue	\$4,403	\$4,665	\$262	5.6%	\$641	\$4,665	\$4,024	86.3%
Other Operating Revenue	\$20,410	\$21,231	\$821	3.9%	\$19,194	\$21,231	\$2,036	9.6%
Total Operating Revenue	\$74,929	\$78,555	\$3,626	4.6%	\$73,559	\$78,555	\$4,996	6.4%
Operating Expenses								
Salaries & Wages	\$31,860	\$33,921	\$2,062	6.1%	\$32,185	\$33,921	\$1,736	5.1%
Contract Labor	\$1,114	\$2,347	\$1,233	52.5%	\$2,031	\$2,347	\$315	13.4%
Employee Benefits	\$5,079	\$6,155	\$1,076	17.5%	\$7,768	\$6,155	(\$1,613)	-26.2%
Total Employment Expenses	\$38,052	\$42,423	\$4,370	10.3%	\$41,984	\$42,423	\$438	1.0%
Medical & Other Supplies	\$13,582	\$13,847	\$265	1.9%	\$13,330	\$13,847	\$516	3.7%
Physician Fees	\$7,253	\$7,851	\$597	7.6%	\$6,115	\$7,851	\$1,736	22.1%
Purchased Services	\$1,819	\$1,763	(\$56)	-3.2%	\$995	\$1,763	\$768	43.6%
Repairs & Maintenance	\$2,081	\$2,112	\$30	1.4%	\$2,527	\$2,112	(\$416)	-19.7%
Utilities	\$850	\$828	(\$22)	-2.6%	\$676	\$828	\$152	18.4%
Rents & Leases	\$154	\$168	\$15	8.7%	\$161	\$168	\$7	4.1%
Depreciation & Amortization	\$3,302	\$3,402	\$100	2.9%	\$2,792	\$3,402	\$610	17.9%
Interest Expense	\$608	\$605	(\$4)	-0.6%	\$644	\$605	(\$39)	-6.4%
Other Expense	\$2,291	\$2,920	\$630	21.6%	\$1,927	\$2,920	\$993	34.0%
Humana Cap Plan Expenses	\$3,766	\$2,528	(\$1,238)	-49.0%	\$4,215	\$2,528	(\$1,687)	-66.7%
Total Other Expenses	\$35,706	\$36,024	\$318	0.9%	\$33,382	\$36,024	\$2,641	7.3%
Total Operating Expenses	\$73,758	\$78,446	\$4,688	6.0%	\$75,367	\$78,446	\$3,080	3.9%
Operating Margin	\$1,171	\$109	(\$1,062)		(\$1,807)	\$109	\$1,916	
Stimulus/FEMA	\$0	\$690	\$690		\$0	\$690	\$690	
Operating Margin after Stimulus/FEMA	\$1,171	\$799	(\$372)		(\$1,807)	\$799	\$2,606	
Nonoperating Revenue (Loss)	\$658	\$1,313	\$655		\$1,781	\$1,313	(\$468)	
Excess Margin	\$1,828	\$2,111	\$283		(\$26)	\$2,111	\$2,138	

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

	Comparison to Budget - YTD March				Comparison to Prior Year - YTD March			
	Budget YTD Mar-2025	Actual YTD Mar-2025	\$ Change	% Change	Actual YTD Mar-2024	Actual YTD Mar-2025	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$478,121	\$492,594	\$14,473	2.9%	\$440,177	\$492,594	\$52,417	10.6%
Supplemental Gov't Programs	\$67,249	\$63,795	(\$3,454)	-5.4%	\$62,846	\$63,795	\$948	1.5%
Prime Program	\$7,127	\$11,886	\$4,759	40.0%	\$9,032	\$11,886	\$2,854	24.0%
Premium Revenue	\$67,925	\$63,590	(\$4,335)	-6.8%	\$66,720	\$63,590	(\$3,131)	-4.9%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$29,574	\$0	(\$29,574)	0.0%
Other Revenue	\$39,662	\$37,522	(\$2,141)	-5.7%	\$26,696	\$37,522	\$10,826	28.9%
Other Operating Revenue	\$181,963	\$176,792	(\$5,171)	-2.9%	\$194,869	\$176,792	(\$18,077)	-10.2%
Total Operating Revenue	\$660,083	\$669,386	\$9,302	1.4%	\$635,046	\$669,386	\$34,340	5.1%
Operating Expenses								
Salaries & Wages	\$283,257	\$288,303	\$5,047	1.8%	\$260,479	\$288,303	\$27,824	9.7%
Contract Labor	\$11,629	\$15,493	\$3,864	24.9%	\$17,032	\$15,493	(\$1,540)	-9.9%
Employee Benefits	\$49,152	\$57,880	\$8,728	15.1%	\$61,393	\$57,880	(\$3,513)	-6.1%
Total Employment Expenses	\$344,037	\$361,676	\$17,638	4.9%	\$338,904	\$361,676	\$22,772	6.3%
Medical & Other Supplies	\$133,908	\$124,242	(\$9,666)	-7.8%	\$120,725	\$124,242	\$3,517	2.8%
Physician Fees	\$64,868	\$65,639	\$771	1.2%	\$59,139	\$65,639	\$6,500	9.9%
Purchased Services	\$16,064	\$14,953	(\$1,111)	-7.4%	\$13,429	\$14,953	\$1,525	10.2%
Repairs & Maintenance	\$18,678	\$19,380	\$702	3.6%	\$21,255	\$19,380	(\$1,875)	-9.7%
Utilities	\$8,505	\$8,499	(\$6)	-0.1%	\$7,617	\$8,499	\$882	10.4%
Rents & Leases	\$1,383	\$1,294	(\$89)	-6.8%	\$1,455	\$1,294	(\$161)	-12.4%
Depreciation & Amortization	\$29,716	\$28,836	(\$880)	-3.1%	\$25,223	\$28,836	\$3,613	12.5%
Interest Expense	\$5,377	\$5,347	(\$30)	-0.6%	\$5,450	\$5,347	(\$103)	-1.9%
Other Expense	\$20,202	\$19,349	(\$853)	-4.4%	\$17,390	\$19,349	\$1,959	10.1%
Humana Cap Plan Expenses	\$33,289	\$36,141	\$2,852	7.9%	\$33,216	\$36,141	\$2,925	8.1%
Total Other Expenses	\$331,989	\$323,681	(\$8,309)	-2.6%	\$304,899	\$323,681	\$18,781	5.8%
Total Operating Expenses	\$676,027	\$685,357	\$9,330	1.4%	\$643,803	\$685,357	\$41,553	6.1%
Operating Margin	(\$15,944)	(\$15,971)	(\$27)		(\$8,757)	(\$15,971)	(\$7,213)	
Stimulus/FEMA	\$0	\$48,412	\$48,412		\$3,220	\$48,412	\$45,192	
Operating Margin after Stimulus/FEMA	(\$15,944)	\$32,441	\$48,384		(\$5,537)	\$32,441	\$37,978	
Nonoperating Revenue (Loss)	\$5,936	\$12,305	\$6,368		\$11,513	\$12,305	\$791	
Excess Margin	(\$10,007)	\$44,746	\$54,753		\$5,976	\$44,746	\$38,770	

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



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

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	FY 2025
Patient Service Revenue	\$50,866	\$53,450	\$51,648	\$56,157	\$54,496	\$53,026	\$61,895	\$53,731	\$57,324	\$492,594
Other Revenue	\$19,487	\$20,024	\$19,142	\$20,242	\$19,868	\$19,778	\$18,042	\$18,979	\$21,231	\$176,792
Total Operating Revenue	\$70,353	\$73,474	\$70,790	\$76,398	\$74,364	\$72,804	\$79,938	\$72,710	\$78,555	\$669,386
Employee Expense	\$38,264	\$39,058	\$37,671	\$41,494	\$41,051	\$43,219	\$39,859	\$38,637	\$42,423	\$361,676
Other Operating Expense	\$35,811	\$37,908	\$35,477	\$37,294	\$34,872	\$35,868	\$36,630	\$33,796	\$36,024	\$323,681
Total Operating Expenses	\$74,075	\$76,965	\$73,148	\$78,788	\$75,923	\$79,087	\$76,489	\$72,433	\$78,446	\$685,357
Net Operating Margin	(\$3,722)	(\$3,492)	(\$2,358)	(\$2,390)	(\$1,559)	(\$6,283)	\$3,448	\$277	\$109	(\$15,971)
Stimulus/FEMA	\$0	\$0	\$0	\$0	\$0	\$47,722	\$0	\$0	\$690	\$48,412
NonOperating Income	\$1,190	\$896	\$4,720	\$1,371	\$905	(\$101)	\$845	\$1,166	\$1,313	\$12,305
Excess Margin	(\$2,533)	(\$2,596)	\$2,362	(\$1,019)	(\$654)	\$41,338	\$4,293	\$1,443	\$2,111	\$44,746

Profitability										
Operating Margin %	(5.3%)	(4.8%)	(3.3%)	(3.1%)	(2.1%)	(8.6%)	4.3%	0.4%	0.1%	(2.4%)
Operating Margin %excl. Int	(4.4%)	(4.0%)	(2.5%)	(2.4%)	(1.3%)	(7.8%)	5.1%	1.1%	0.9%	(1.6%)
Operating EBIDA	\$46	\$239	\$1,457	\$1,348	\$2,293	(\$2,546)	\$7,207	\$4,052	\$4,115	\$18,213
Operating EBIDA Margin	0.1%	0.3%	2.1%	1.8%	3.1%	(3.5%)	9.0%	5.6%	5.2%	2.7%

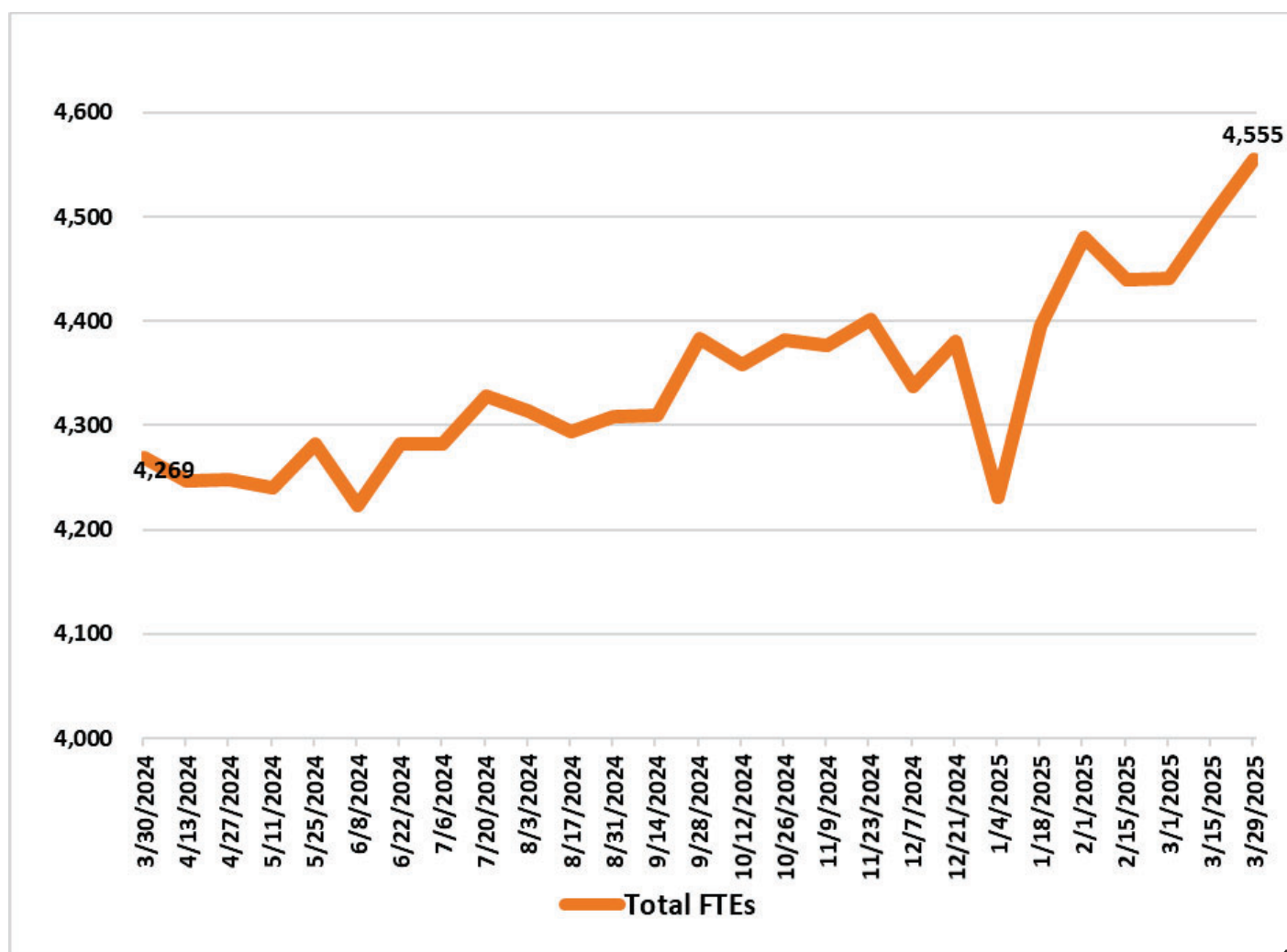
Liquidity Indicators										
Day's Cash on Hand	97.4	89.8	91.9	88.4	78.9	74.6	80.3	88.9	88.1	88.1
Day's in Accounts Rec.	64.0	68.5	71.0	68.3	66.9	65.8	70.6	73.0	68.6	68.6

Debt & Other Indicators										
Debt Service Coverage (MADS)	0.70	0.50	1.40	1.80	1.50	3.20	3.20	3.90	4.10	4.10
Discharges (Monthly)	2,498	2,447	2,440	2,388	2,240	2,339	2,339	2,352	2,347	2,377
Adj Discharges (Case mix adj)	8,455	8,215	7,779	8,441	7,760	7,724	8,294	8,320	8,053	73,041
Adjusted patient Days (Mo.)	26,023	26,419	26,419	26,693	25,492	26,538	26,538	26,332	27,682	26,460
Cost/Adj Discharge	\$8.8	\$9.4	\$9.4	\$9.3	\$9.8	\$10.2	\$9.2	\$8.7	\$9.7	\$9.4
Compensation Ratio	75%	73%	73%	74%	75%	82%	64%	72%	74%	73%

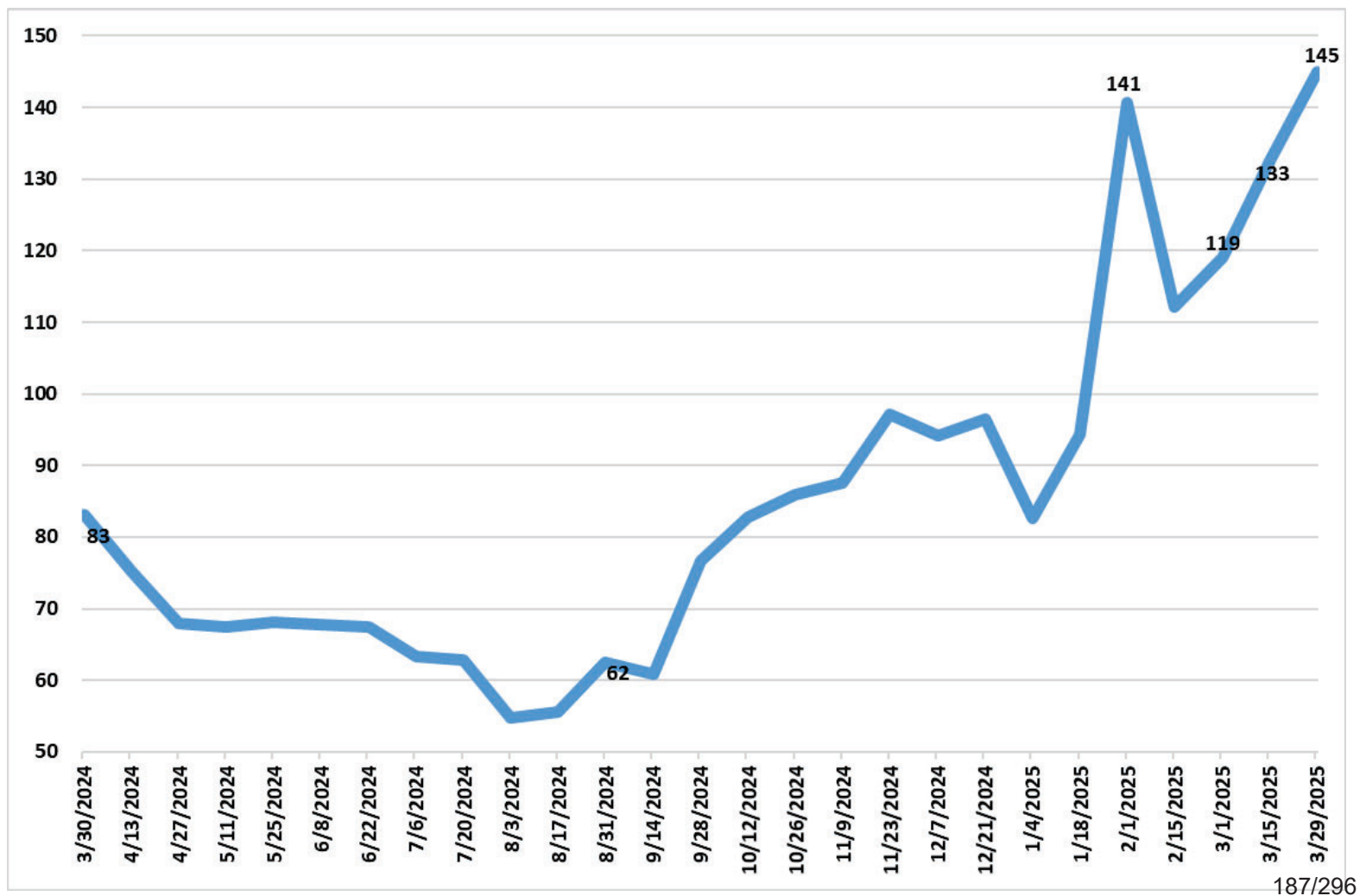
Month of March - Budget Variances

- **Net Patient Service Revenue:** The \$2.8M favorable variance in March resulted from and increase in both inpatient and outpatient volumes and the mix of our patients.
- **Salaries and wages:** The \$2.0M unfavorable variance is due to increases in staffing in the ED and other areas as well as increases in market rates.
- **Contract Labor:** The unfavorable variance of \$1.2M 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 (50% budgeted), an increase in FICA due to increased payroll, and an increase in workers compensation expense, we experienced a \$1.1M unfavorable variance in March.
- **Physician Fees:** The \$597K unfavorable variance is due to the timing of payments as well as a change in the radiology contract.
- **Humana Cap Expenses:** The favorable variance of \$1.2M is due to lower than anticipated third party expenses as the enrollment decreased.
- **Investment Income:** The quarterly fair market value adjustment for investments was recorded in March which resulted in a \$655K favorable variance.

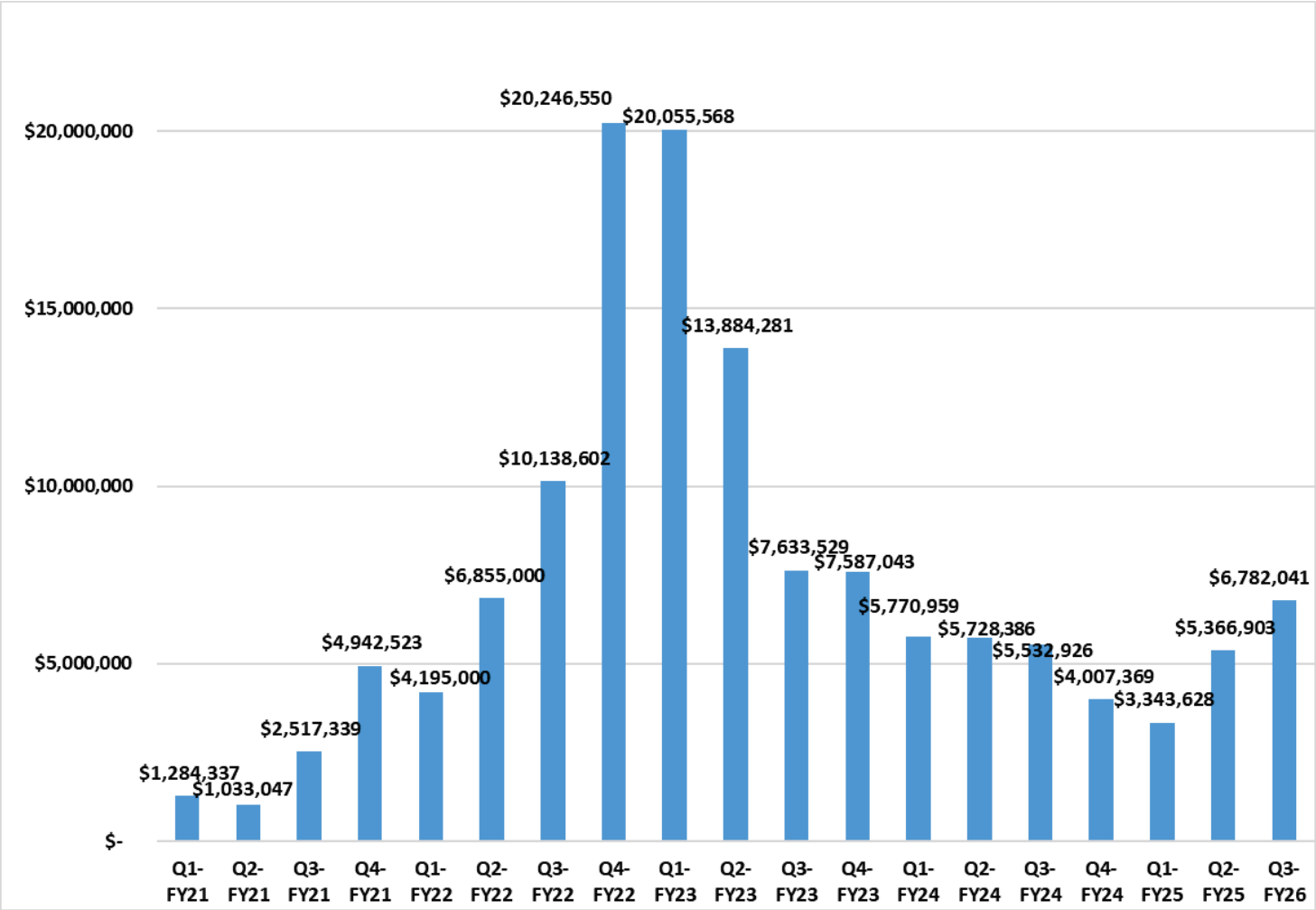
Total FTEs (includes Contract Labor)



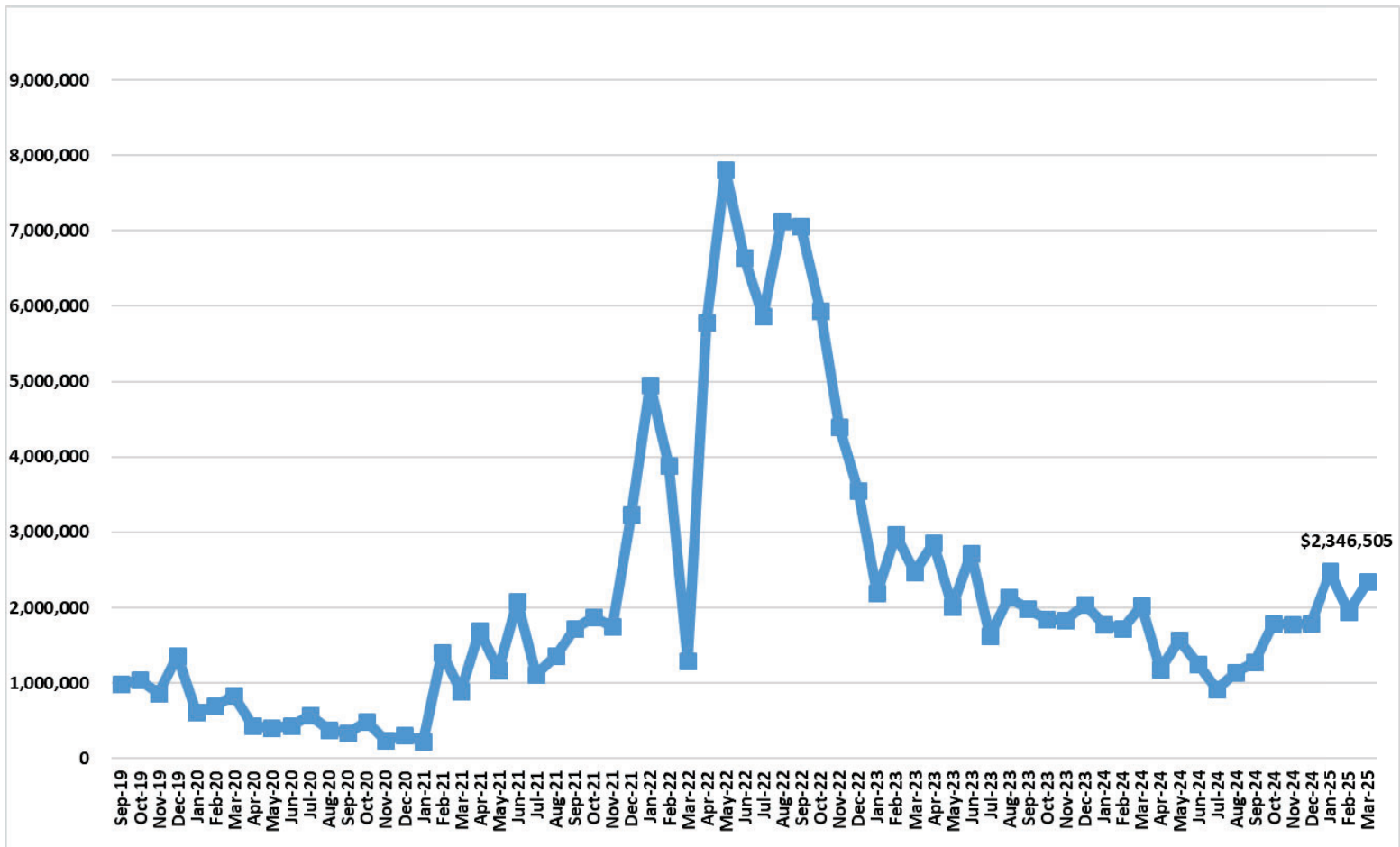
Contract Labor Full Time Equivalents (FTEs)



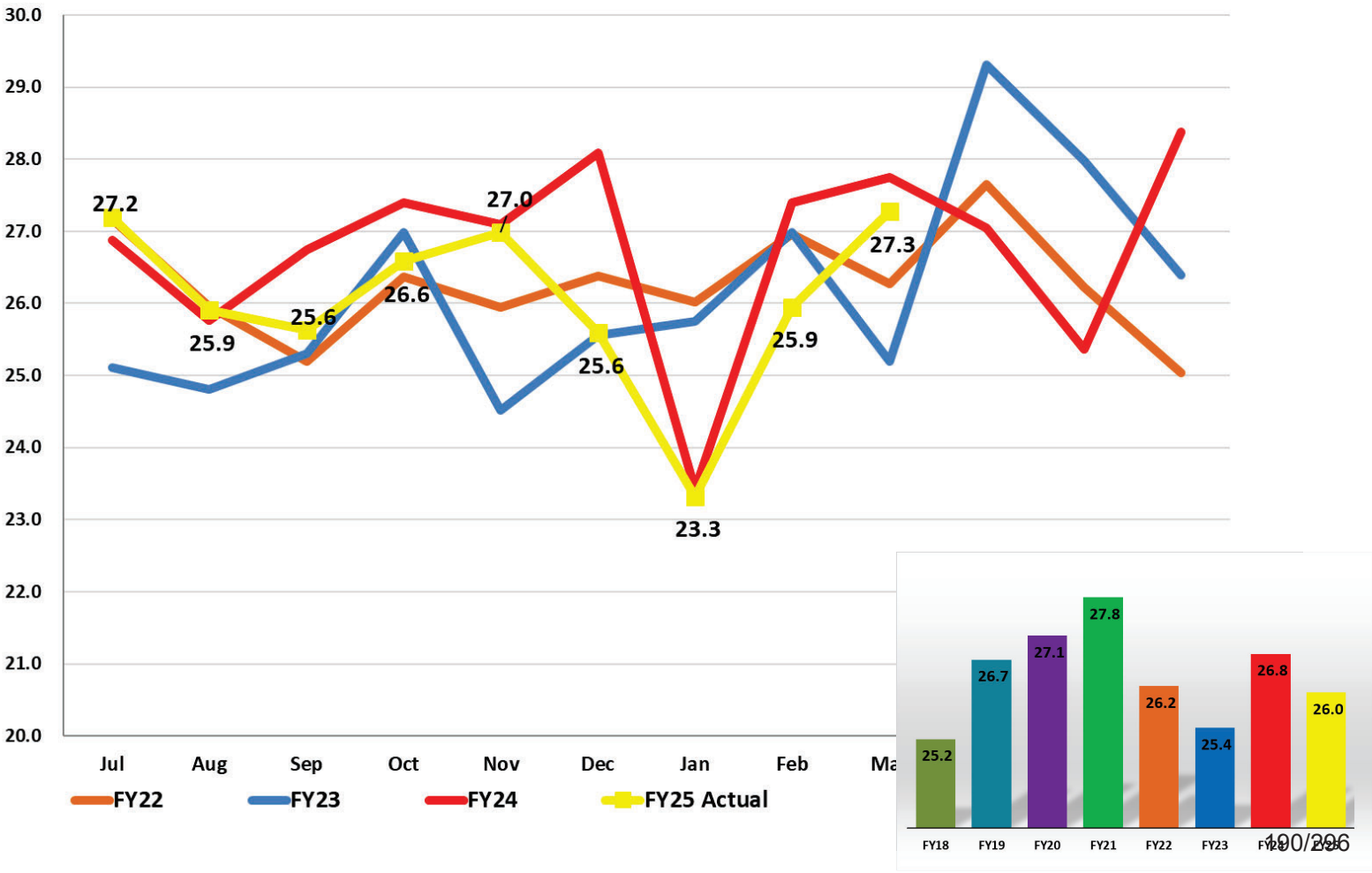
Trended Contract Labor Expense by Quarter



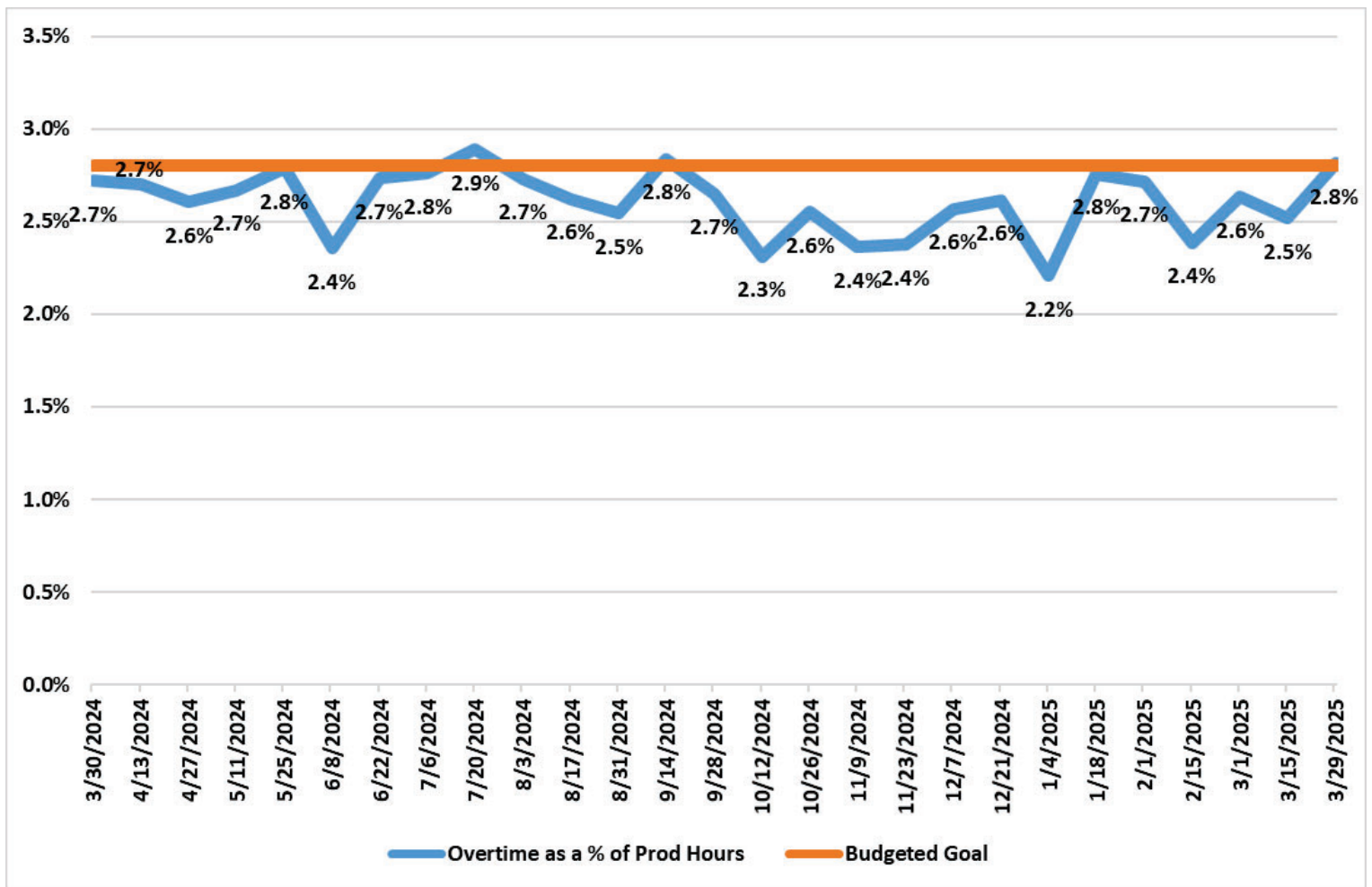
Contract Labor Expense



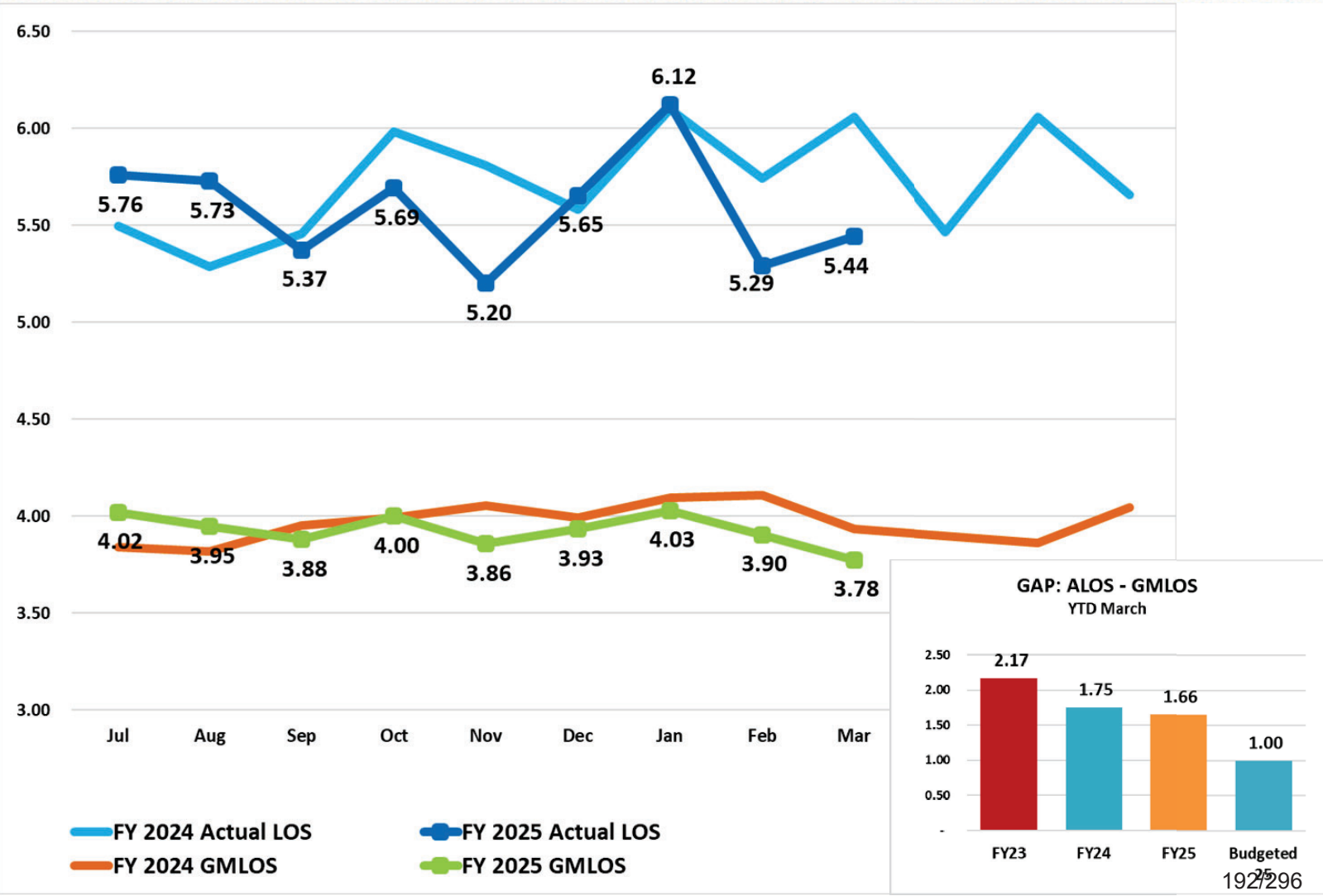
Productivity Measure : Worked Hours/ Adj. Patient Days



Overtime as a % of Productive Hours



Average Length of Stay versus National Average (GMLOS)

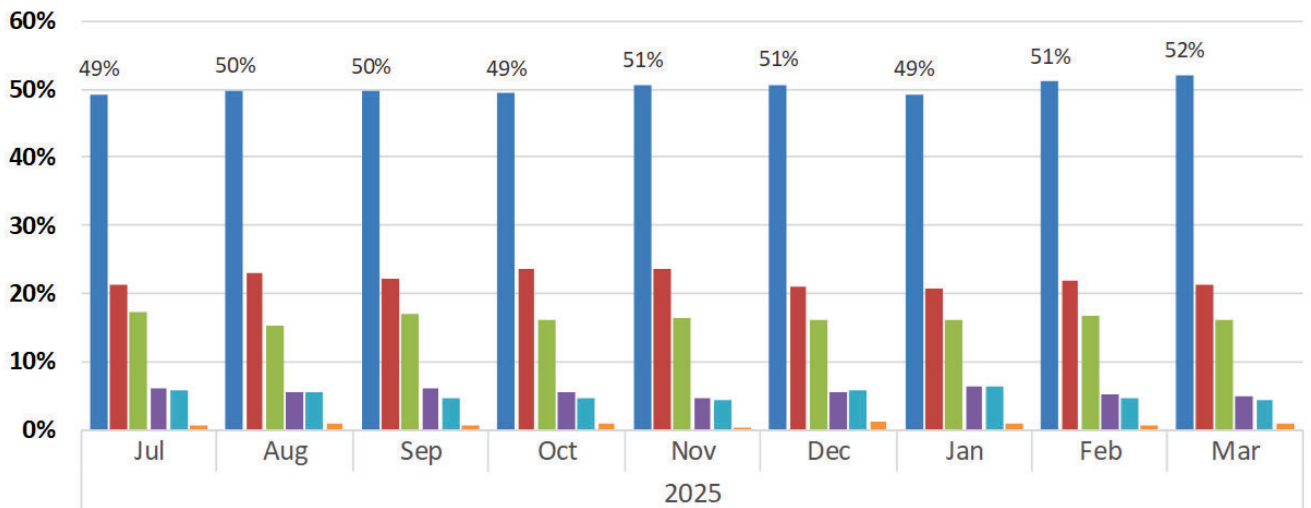


Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients		
	ALOS	GMLOS	GAP
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	5.73	3.95	1.78
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	6.12	4.03	2.09
Feb-25	5.29	3.90	1.39
Mar-25	5.44	3.78	1.66
Average	5.66	3.96	1.71

Average Length of Stay Distribution

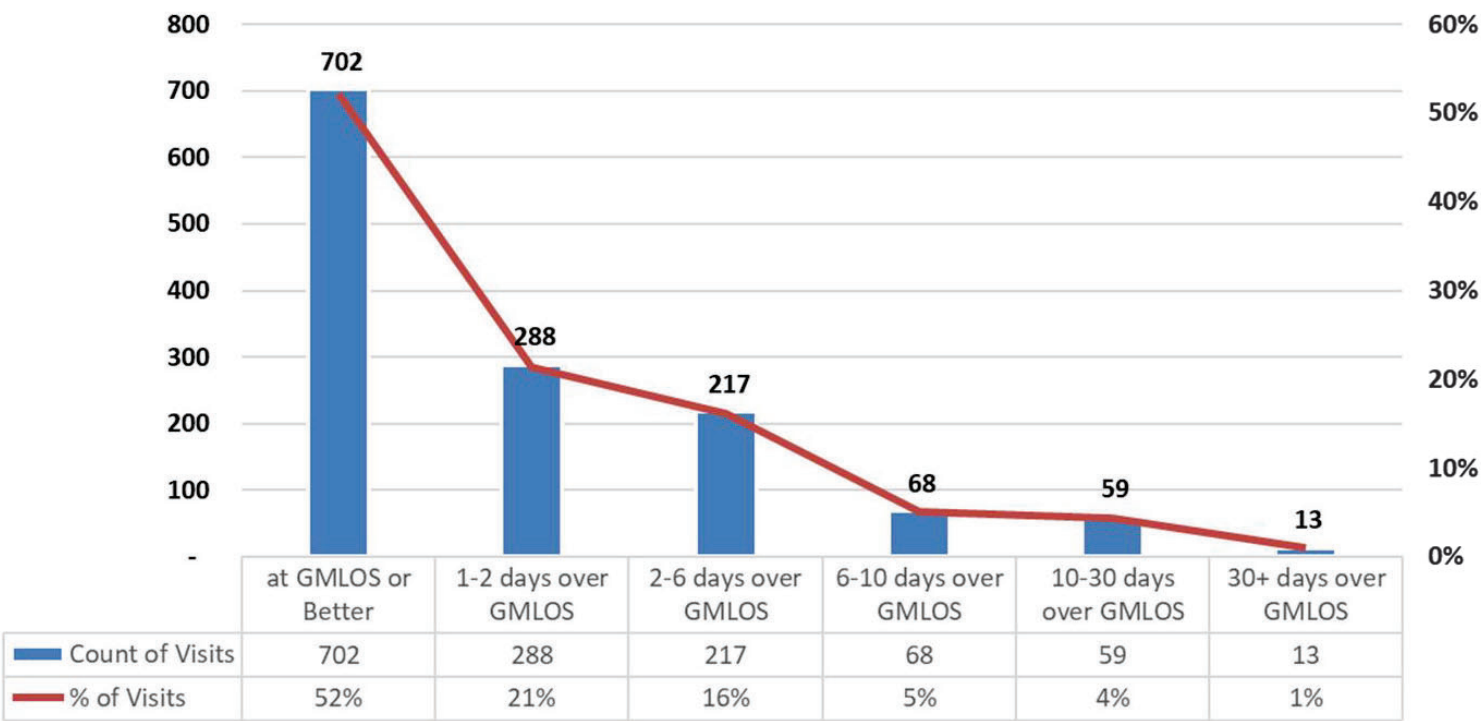
Overall



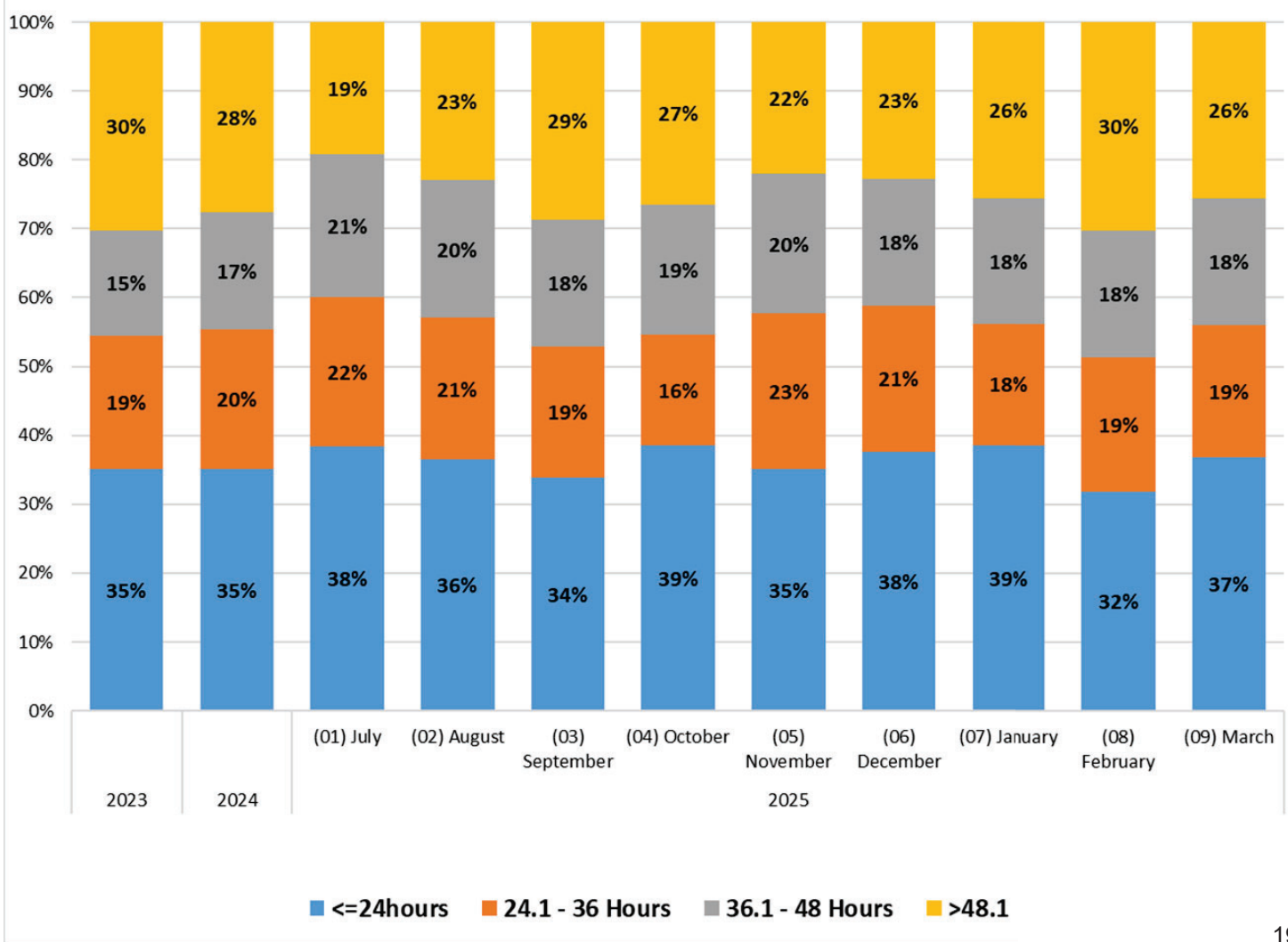
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
at GMLOS or Better	49%	50%	50%	49%	51%	51%	49%	51%	52%
1-2 days over GMLOS	21%	23%	22%	24%	24%	21%	21%	22%	21%
2-6 days over GMLOS	17%	15%	17%	16%	17%	16%	16%	17%	16%
6-10 days over GMLOS	6%	6%	6%	5%	5%	6%	6%	5%	5%
10-30 days over GMLOS	6%	6%	5%	5%	4%	6%	6%	5%	4%
30+ days over GMLOS	0.5%	0.8%	0.6%	0.9%	0.3%	1.1%	1.0%	0.6%	1.0%

Length of Stay Distribution

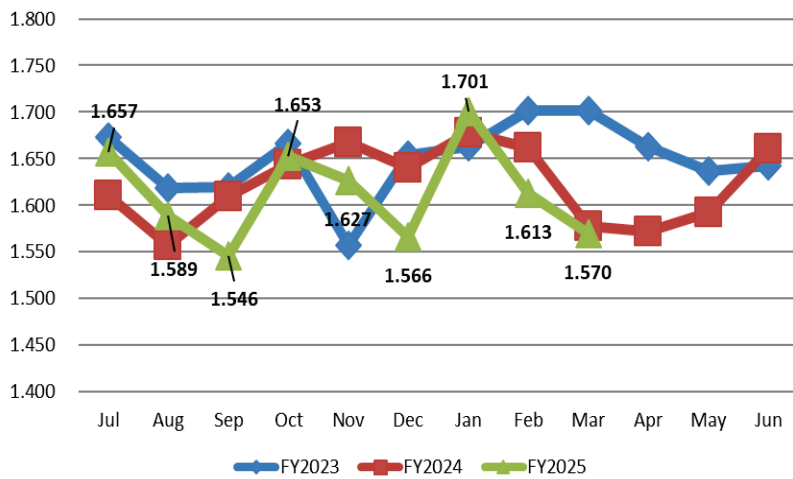
Mar FY 2025 Overall LOS Distribution



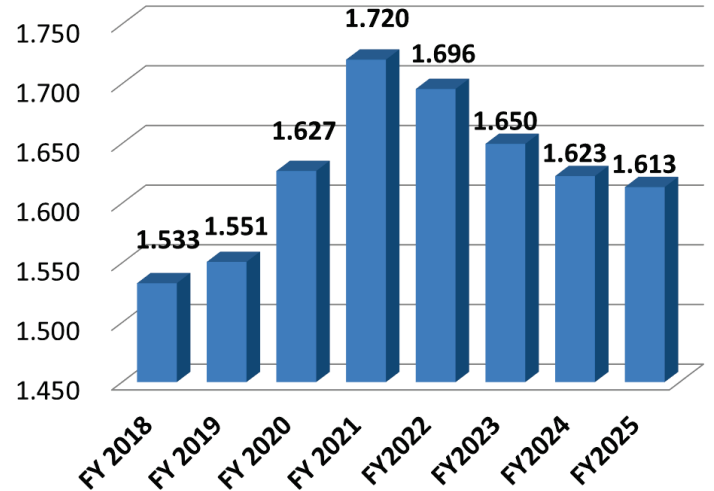
Monthly Discharges of Observation Patients by their Length of Stay



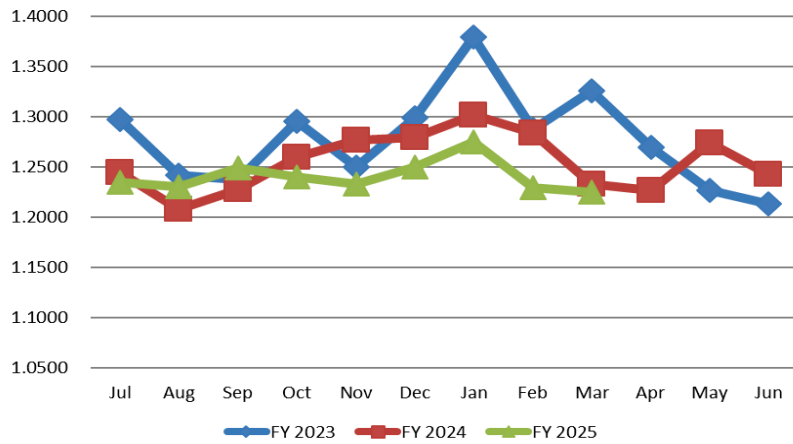
Case Mix Index w/o Normal Newborns



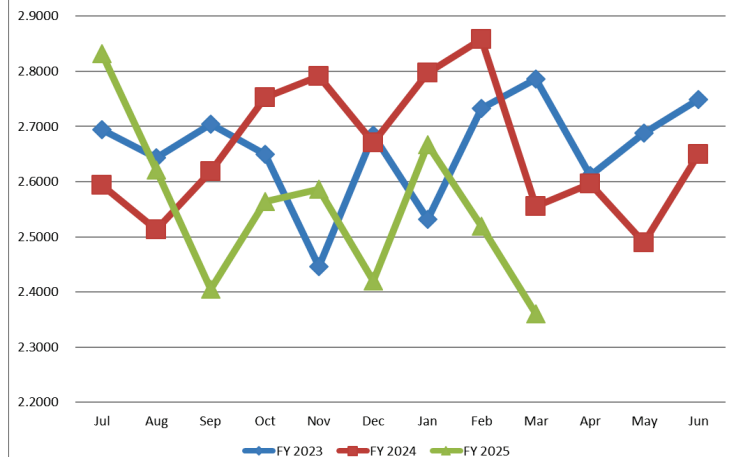
Case Mix Index w/o Normal Newborns - All



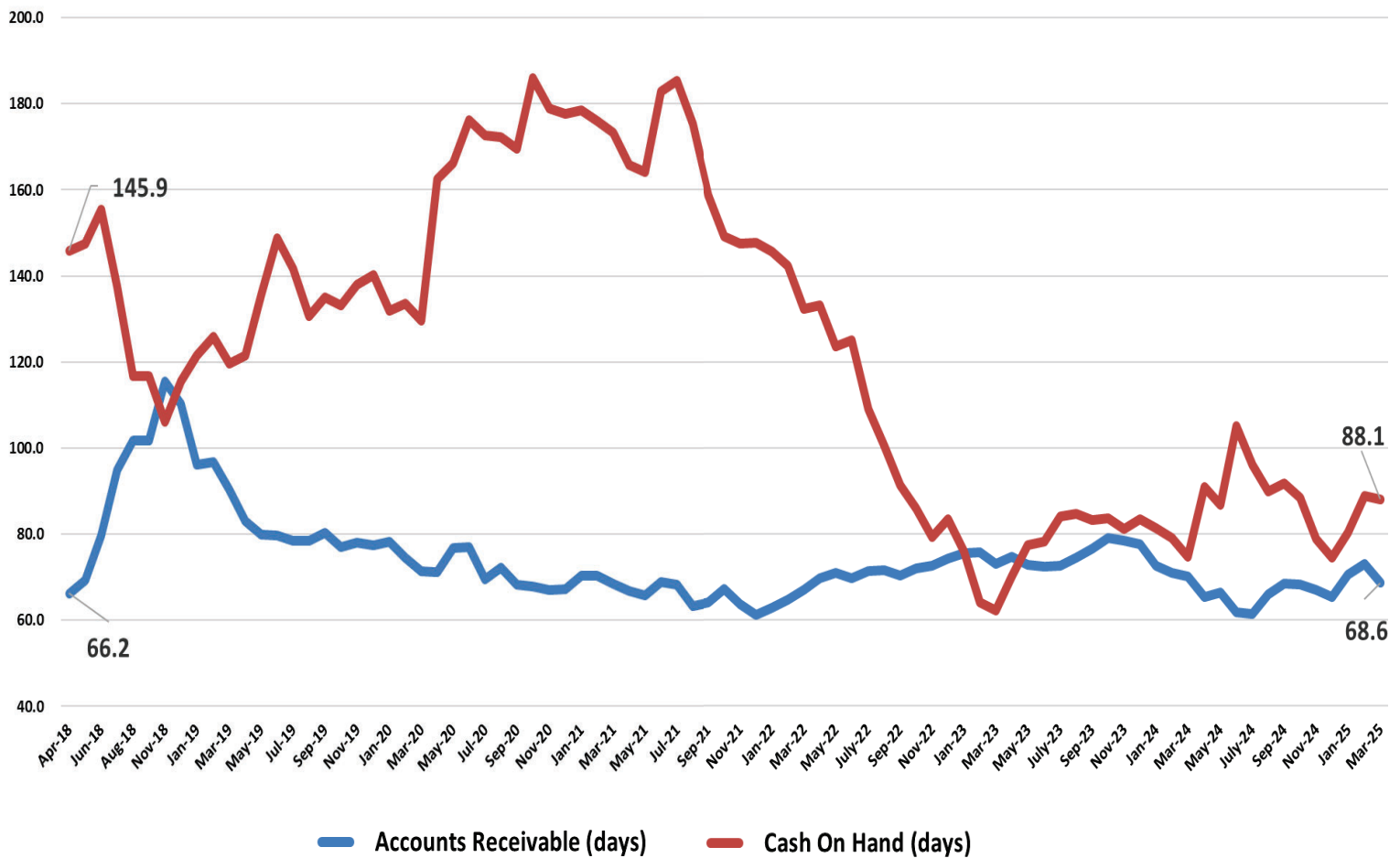
Case Mix **Medical** w/o Normal Newborns



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



Trended Liquidity Ratios



Ratio Analysis Report

MARCH 31, 2025

	Current Month Value	Prior Month Value	6/30/2023 Audited Value	2023 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.9	2.9	2.3	1.7	1.8	1.7
Accounts Receivable (days)	68.6	73.0	61.9	47.8	47.7	47.8
Cash On Hand (days)	88.1	88.9	105.1	273.9	188.4	134.1
Cushion Ratio (x)	9.9	9.9	10.7	44.7	24.2	16.6
Average Payment Period (days)	54.2	50.9	58.6	70.9	62.7	64.0
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	99.0%	99.8%	106.3%	271.7%	164.5%	131.0%
Debt-To-Capitalization	31.9%	32.0%	34.5%	22.5%	31.1%	35.0%
Debt-to-Cash Flow (x)	2.5	2.6	3.4	2.4	3.6	6.9
Debt Service Coverage	5.2	4.9	3.7	6.7	4.5	2.1
Maximum Annual Debt Service Coverage (x)	4.1	3.9	2.9	6.8	3.8	1.9
Age Of Plant (years)	13.9	13.9	13.3	11.1	12.8	13.9
PROFITABILITY RATIOS						
Operating Margin	(2.4%)	(2.7%)	0.8%	2.1%	0.5%	(2.3%)
Excess Margin	6.1%	6.6%	2.4%	5.5%	2.7%	(.9%)
Operating Cash Flow Margin	2.7%	2.4%	6.1%	6.7%	5.5%	3.0%
Return on Assets	6.5%	7.1%	2.4%	3.9%	2.4%	(.7%)

Consolidated Statements of Net Position (000's)

	Mar-25	Jun-24
	(Audited)	
ASSETS AND DEFERRED OUTFLOWS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 12,676	\$ 19,412
Current Portion of Board designated and trusted assets	22,943	14,944
Accounts receivable:		
Net patient accounts	145,605	133,806
Other receivables	90,250	25,023
	235,856	158,829
Inventories	13,625	13,738
Medicare and Medi-Cal settlements	77,002	82,755
Prepaid expenses	8,990	8,403
Total current assets	371,091	298,082
NON-CURRENT CASH AND INVESTMENTS -		
less current portion		
Board designated cash and assets	191,142	210,518
Revenue bond assets held in trust	22,692	19,326
Assets in self-insurance trust fund	729	827
Total non-current cash and investments	214,563	230,671
INTANGIBLE RIGHT TO USE LEASE,	12,530	10,464
net of accumulated amortization		
INTANGIBLE RIGHT TO USE SBITA,	9,149	12,153
net of accumulated amortization		
CAPITAL ASSETS		
Land	17,542	17,542
Buildings and improvements	430,344	428,209
Equipment	337,728	334,316
Construction in progress	25,266	22,757
	810,880	802,825
Less accumulated depreciation	533,218	512,148
	277,662	290,676
OTHER ASSETS		
Property not used in operations	5,165	4,487
Health-related investments	2,270	2,676
Other	20,836	17,120
Total other assets	28,270	24,283
Total assets	913,265	866,329
DEFERRED OUTFLOWS	14,290	15,283
Total assets and deferred outflows	\$ 927,555	\$ 881,611

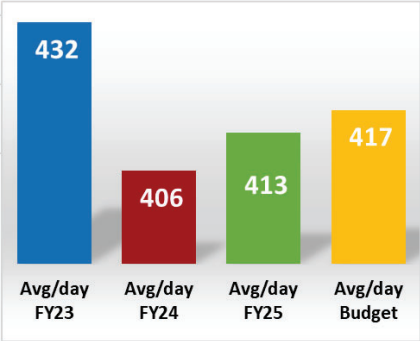
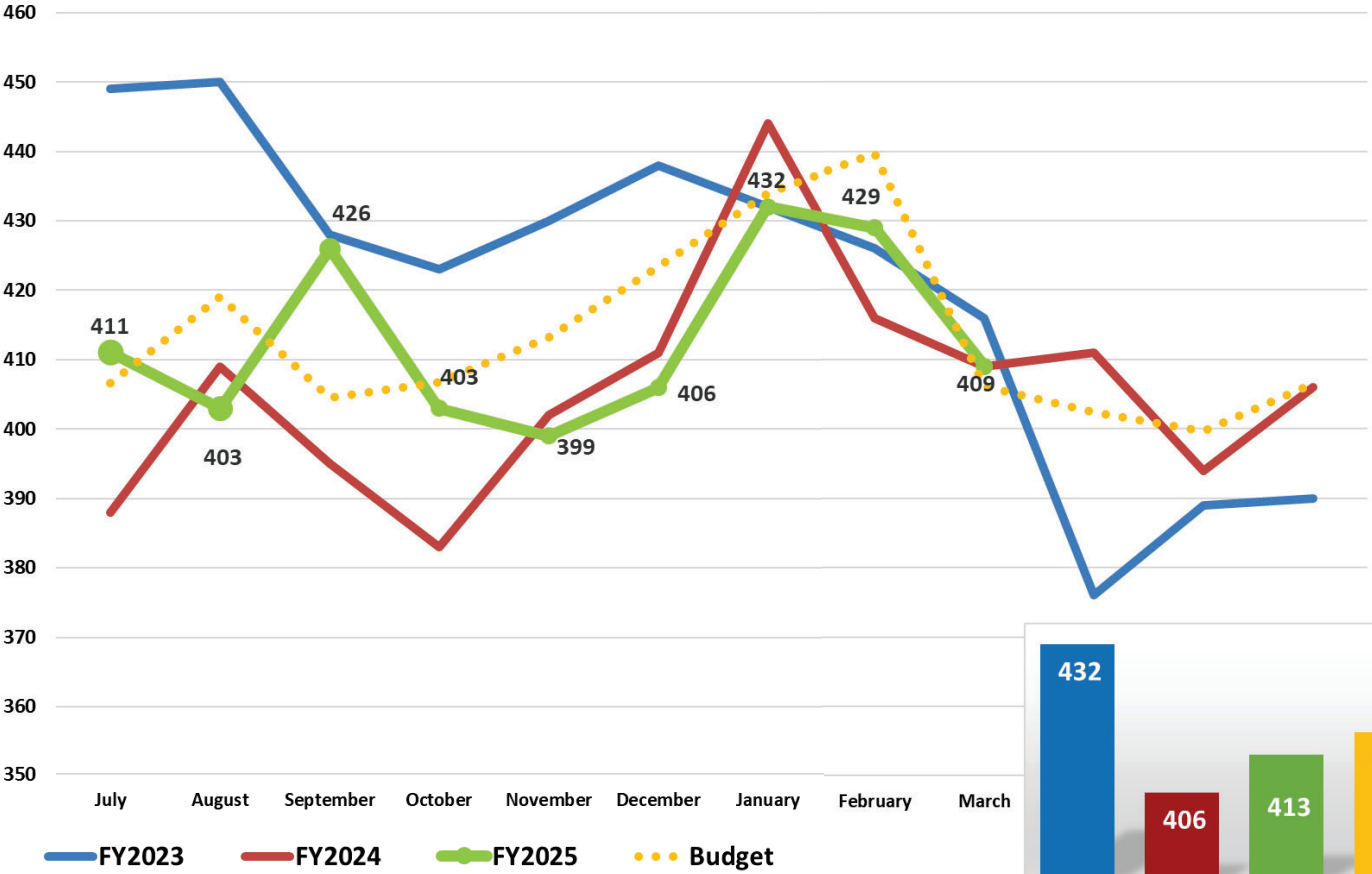
Consolidated Statements of Net Position (000's)

	Mar-25	Jun-24
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	\$ 34,785	\$ 41,096
Accrued payroll and related liabilities	73,115	62,382
SBITA liability, current portion	3,722	4,146
Lease liability, current portion	2,869	2,248
Bonds payable, current portion	12,754	12,585
Notes payable, current portion	2,690	9,850
Total current liabilities	129,935	132,306
LEASE LIABILITY, net of current portion	10,011	8,477
SBITA LIABILITY, net of current portion	3,854	5,846
LONG-TERM DEBT, less current portion		
Bonds payable	212,273	214,713
Notes payable	18,060	20,750
Total long-term debt	230,333	235,463
NET PENSION LIABILITY	21,622	21,226
OTHER LONG-TERM LIABILITIES	43,224	36,256
Total liabilities	438,980	439,574
NET ASSETS		
Invested in capital assets, net of related debt	55,073	66,112
Restricted	65,210	52,733
Unrestricted	368,293	323,192
Total net position	488,576	442,037
Total liabilities and net position	\$ 927,555	\$ 881,611

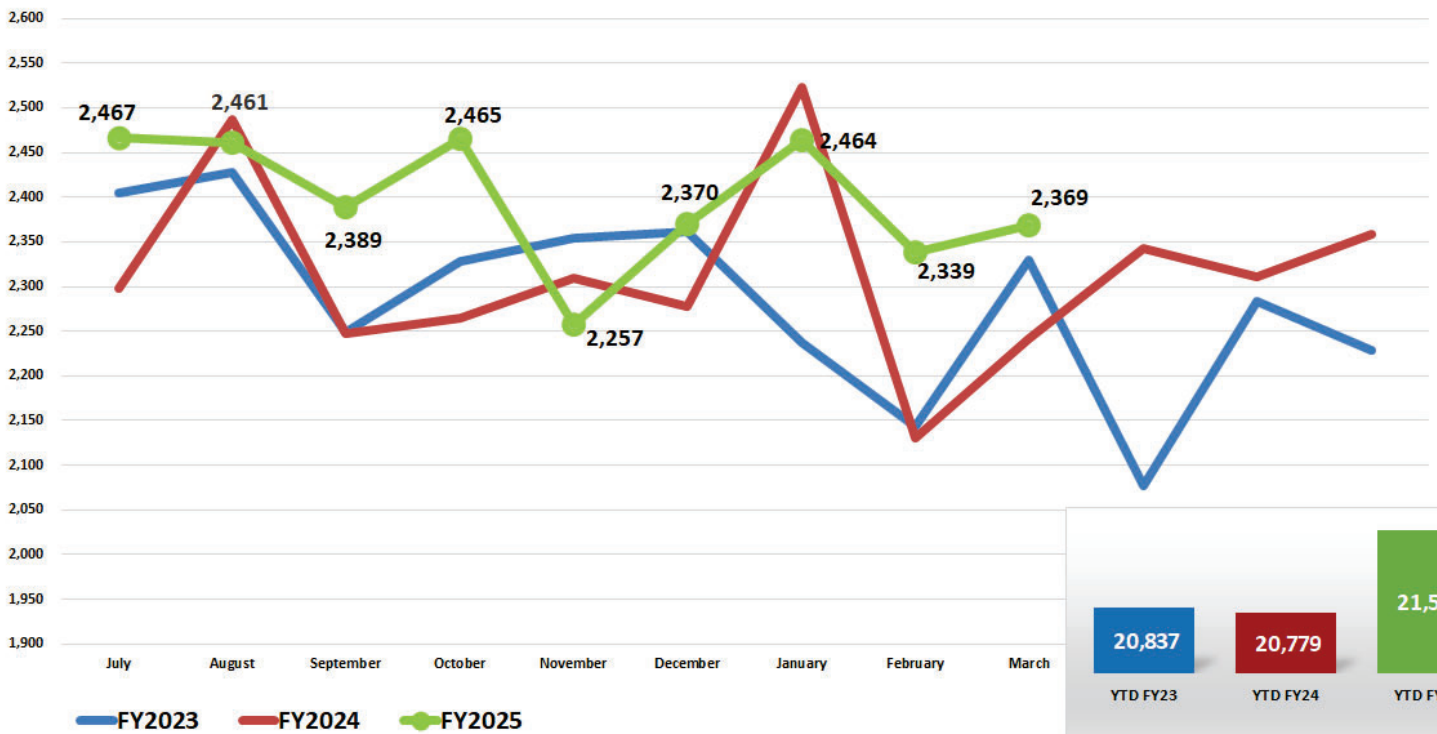
Statistical Report

March 2025

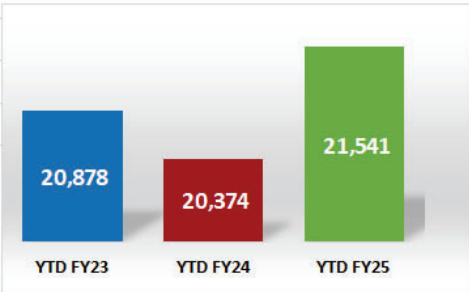
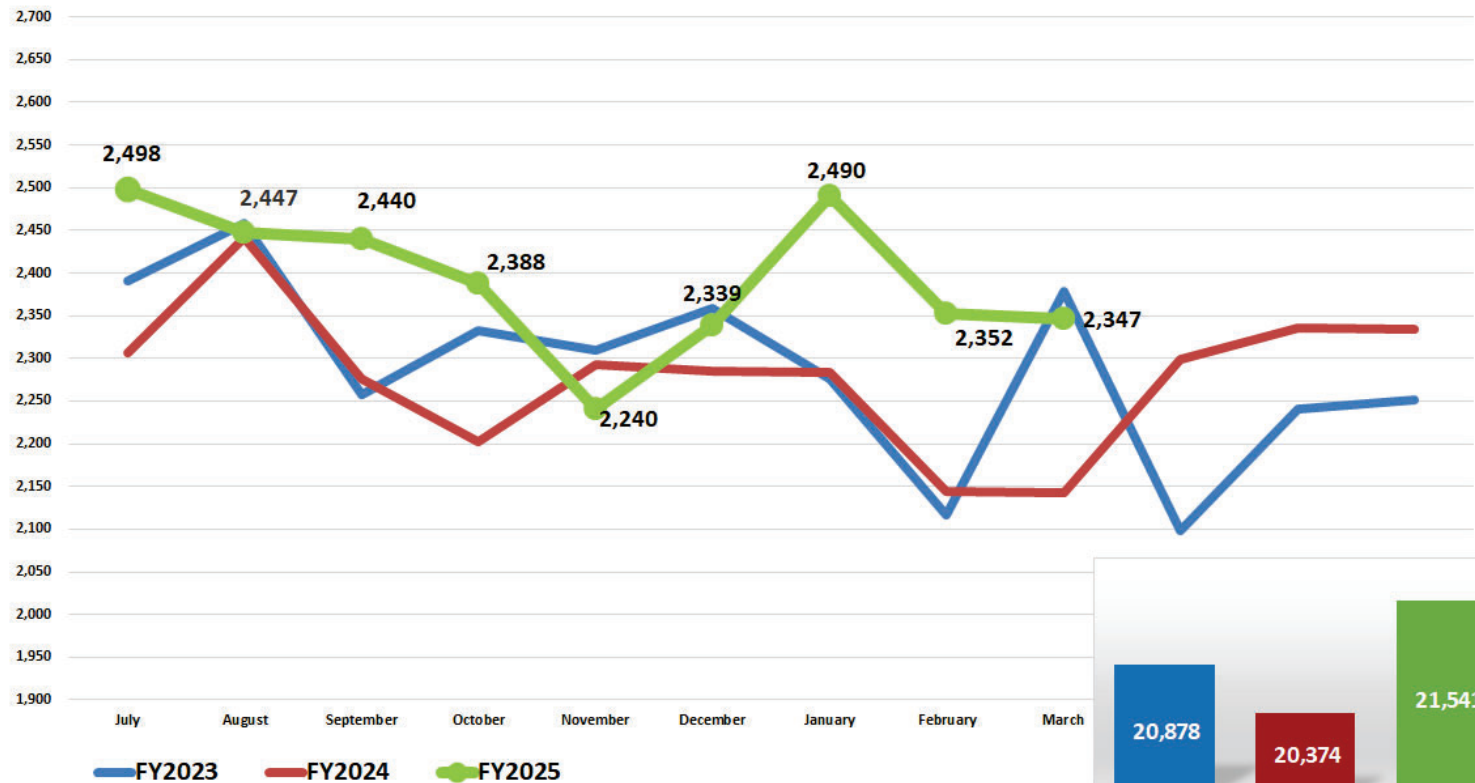
Average Daily Census



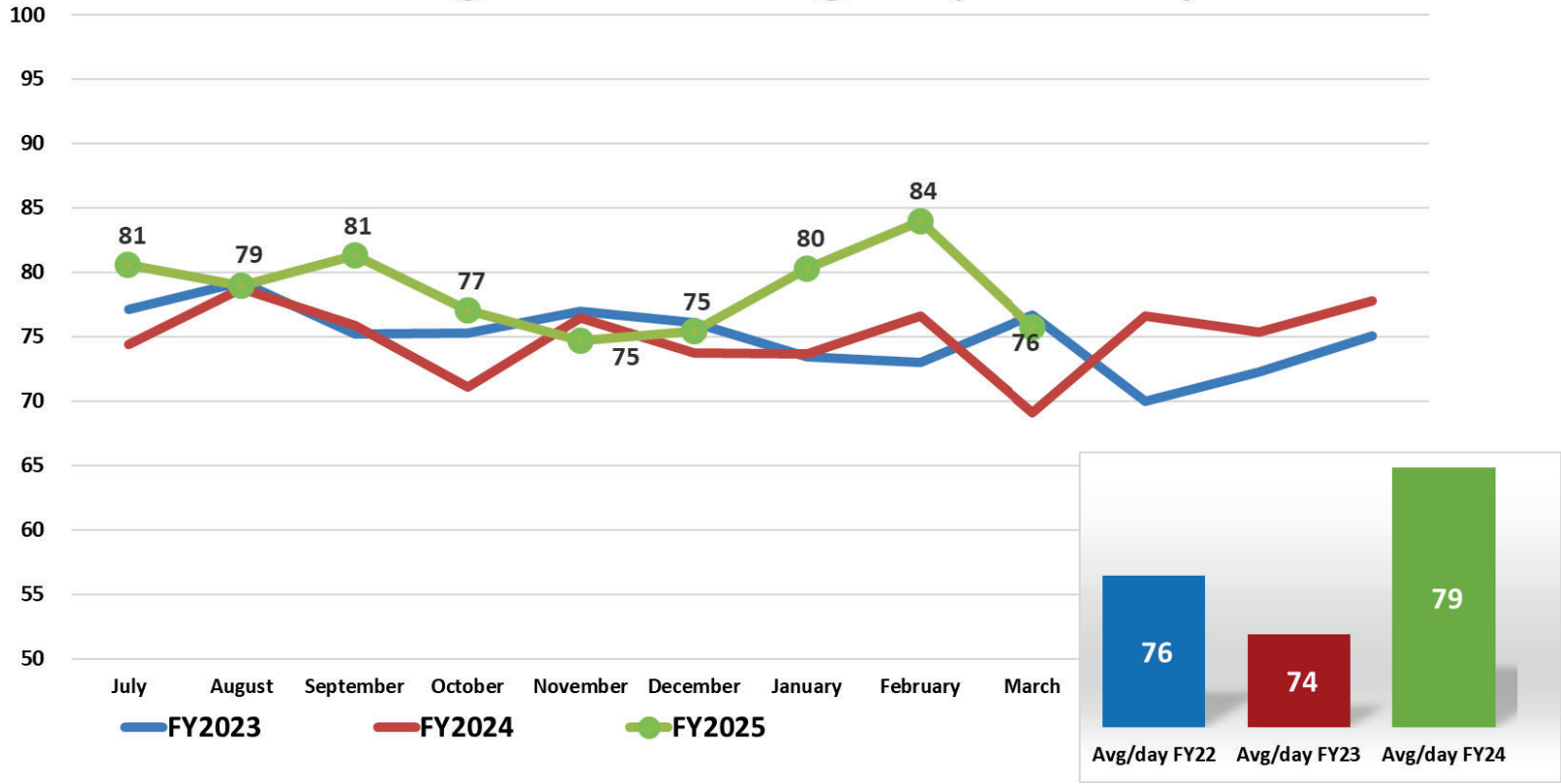
Admissions



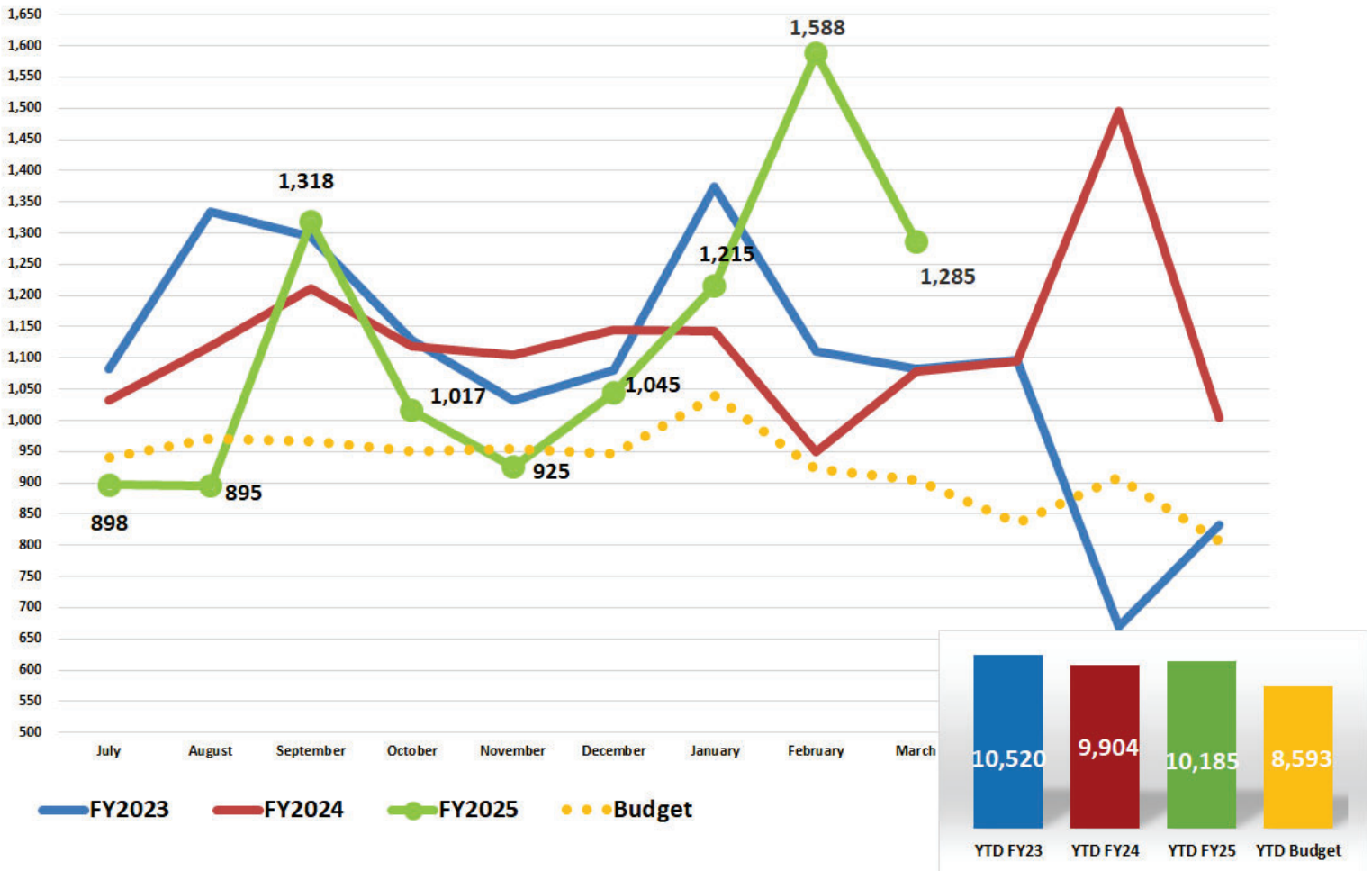
Discharges



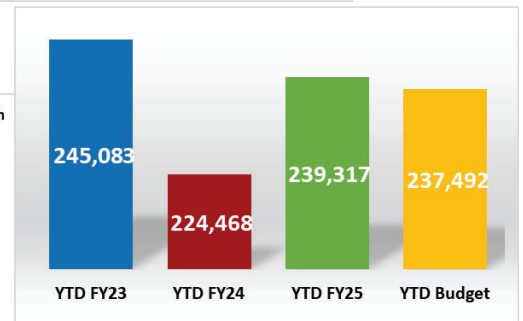
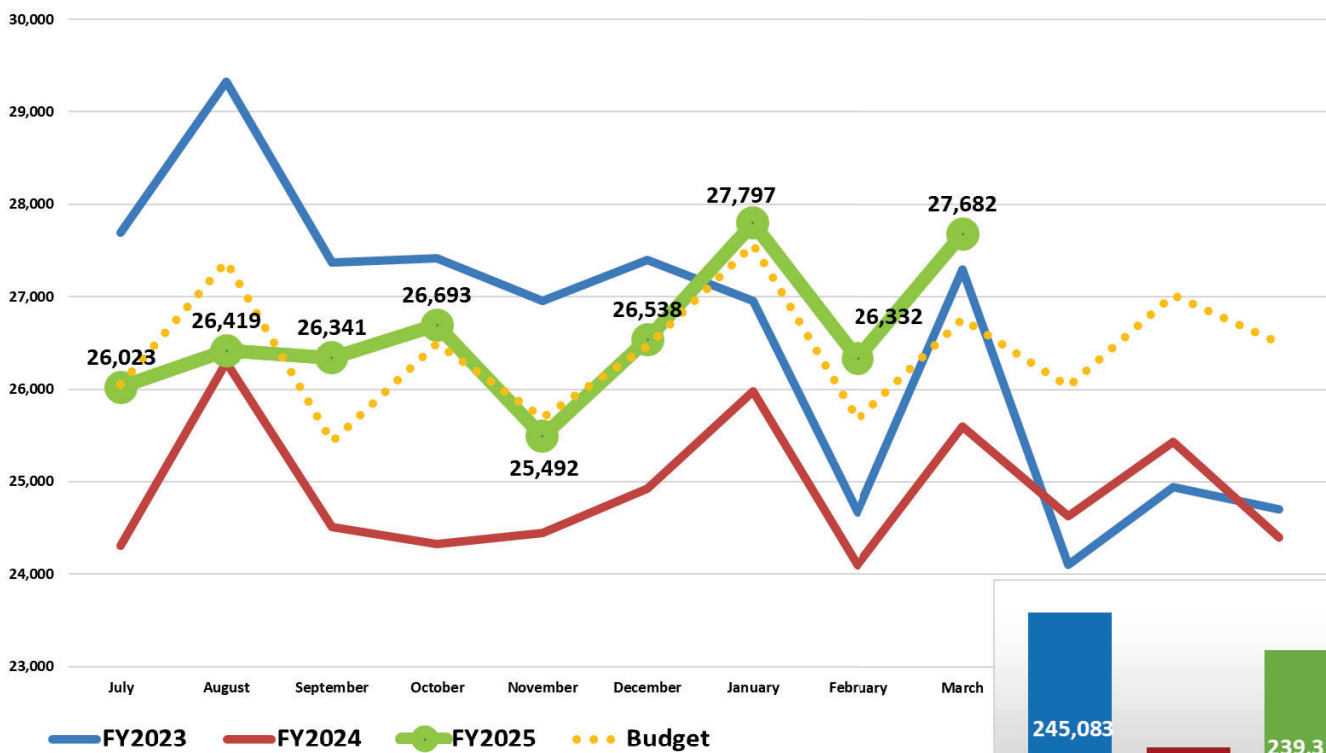
Average Discharges per day



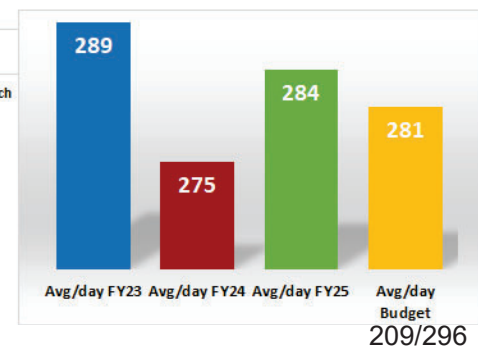
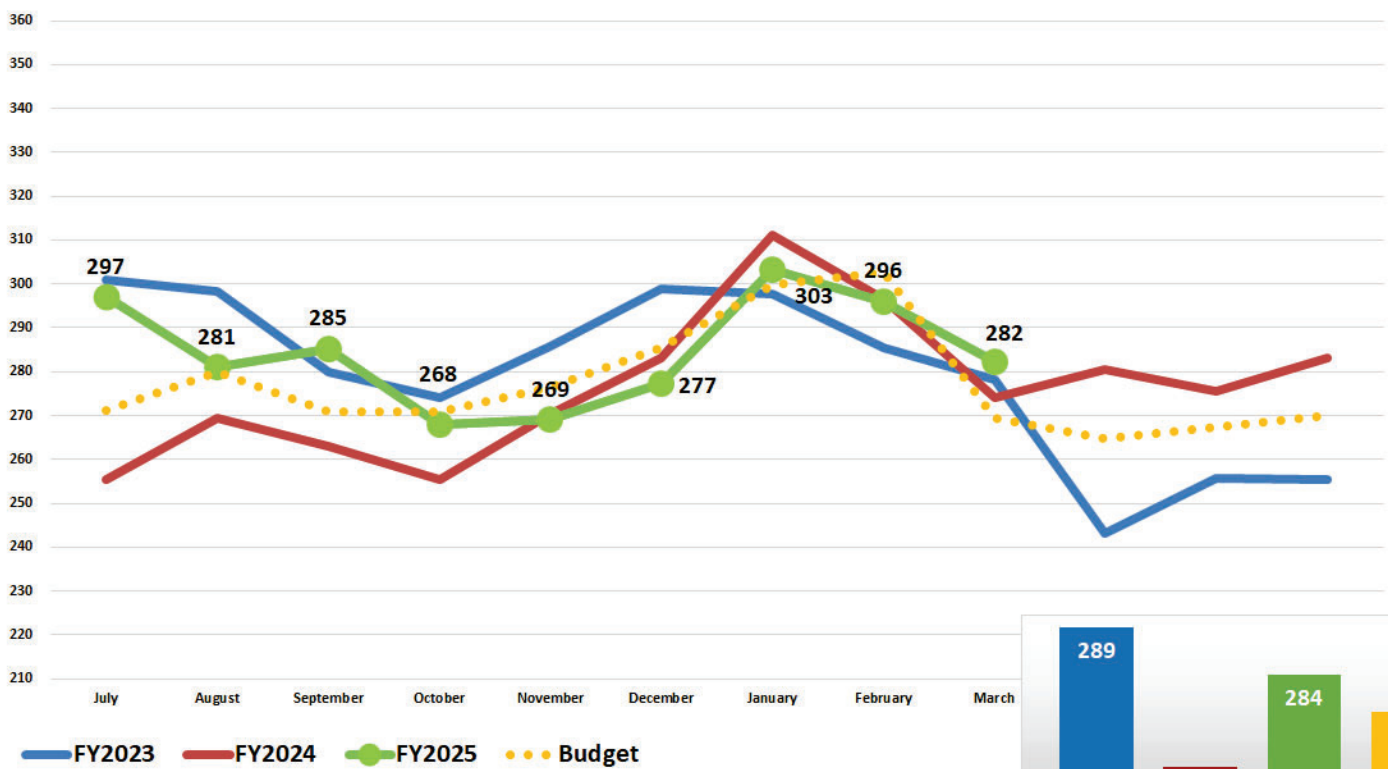
Observation Days



Adjusted Patient Days

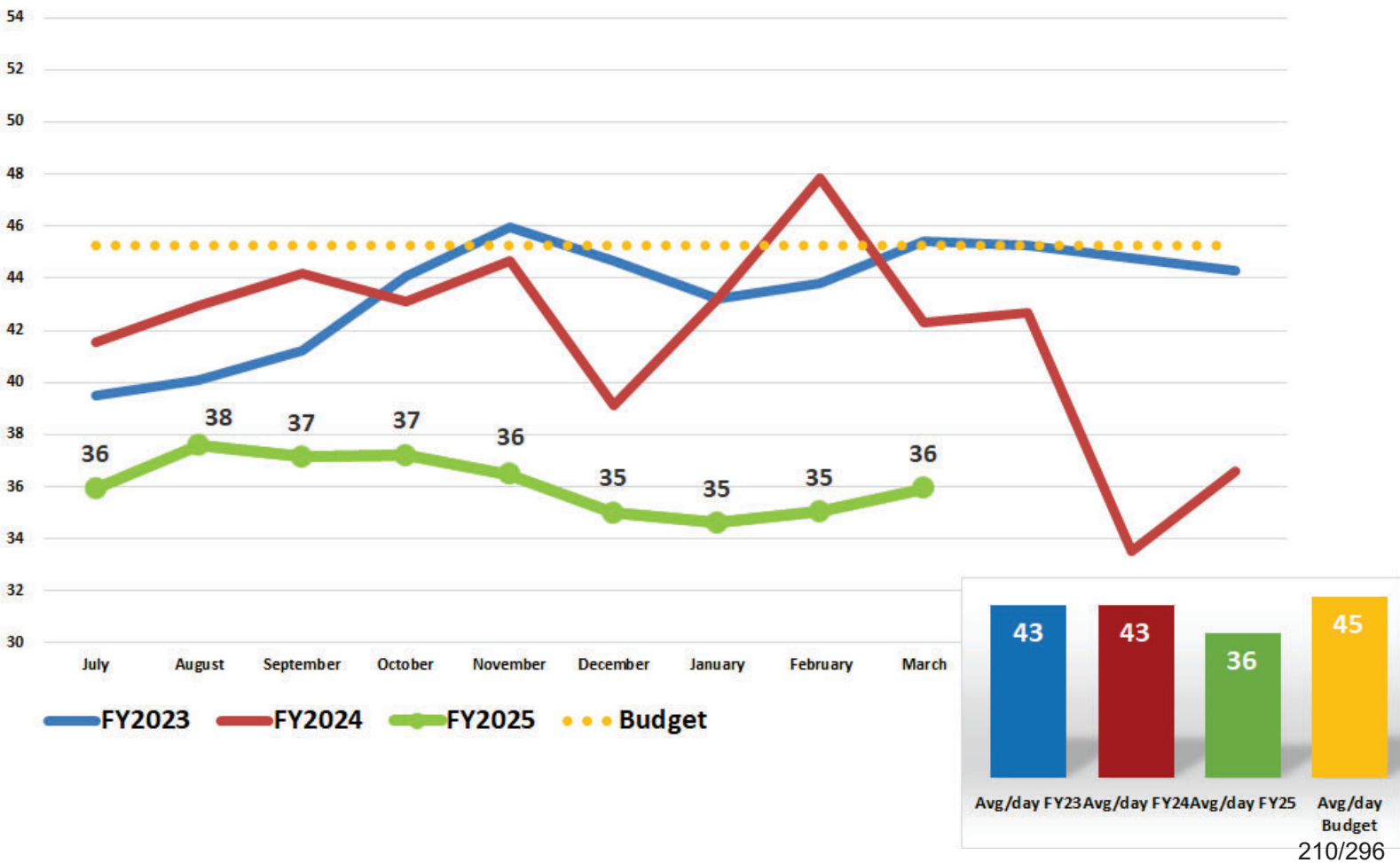


Medical Center (Avg Patients Per Day)

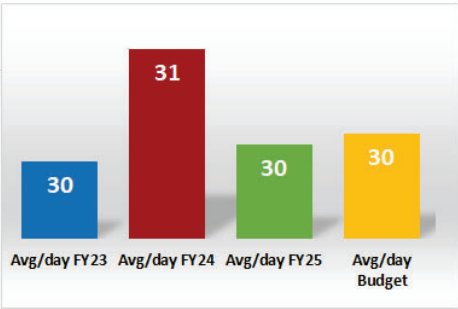
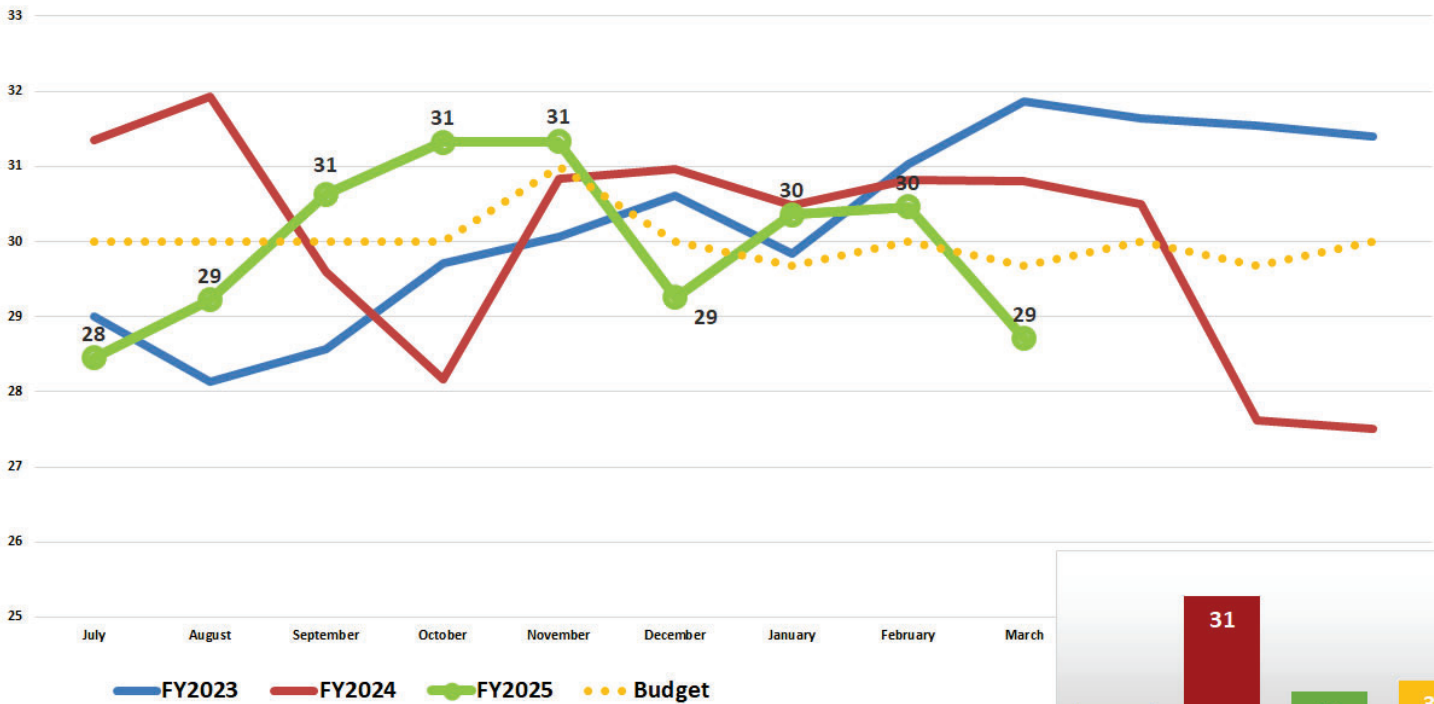


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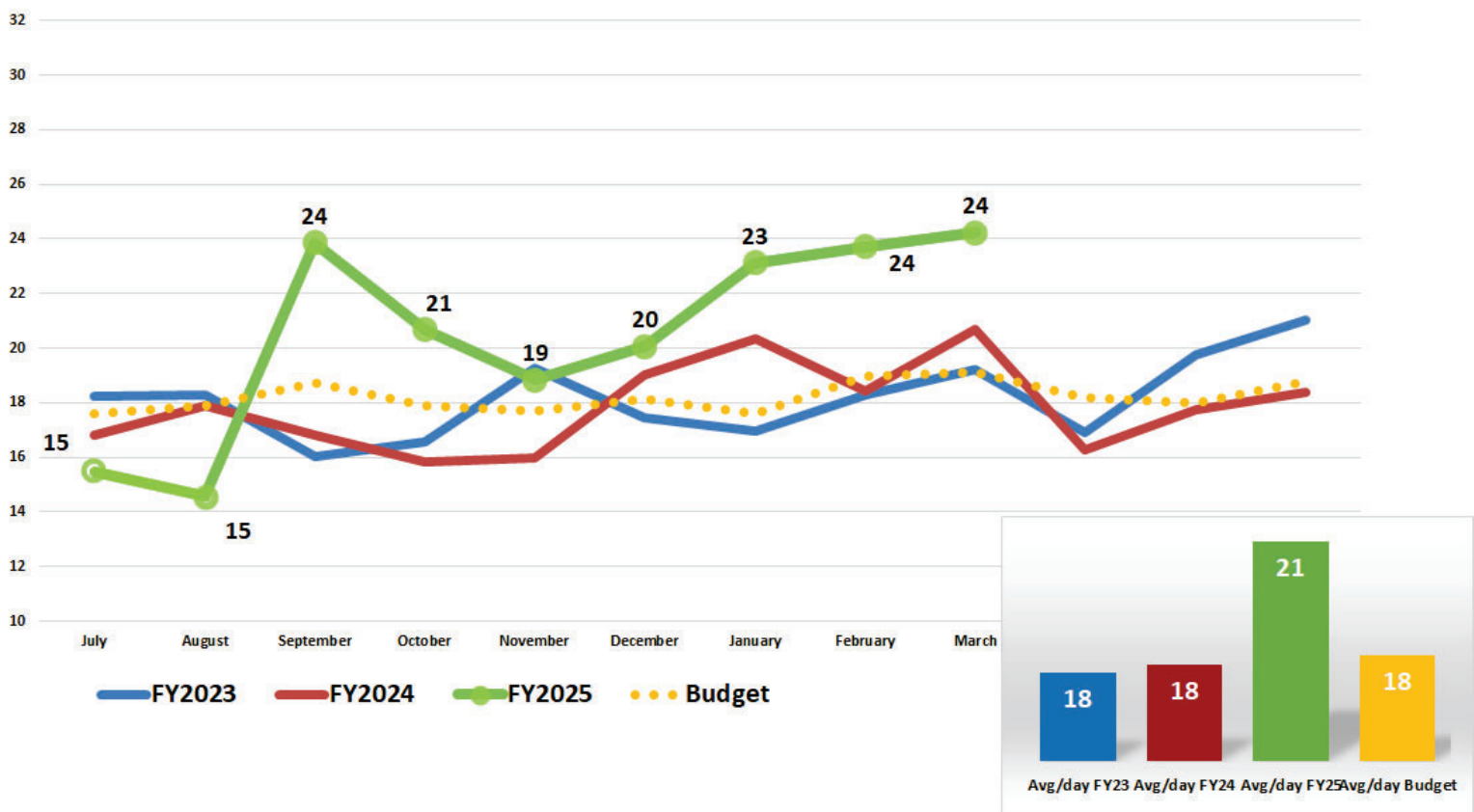
Acute I/P Psych (Avg Patients Per Day)



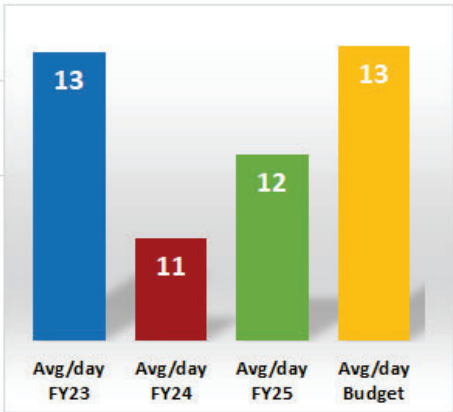
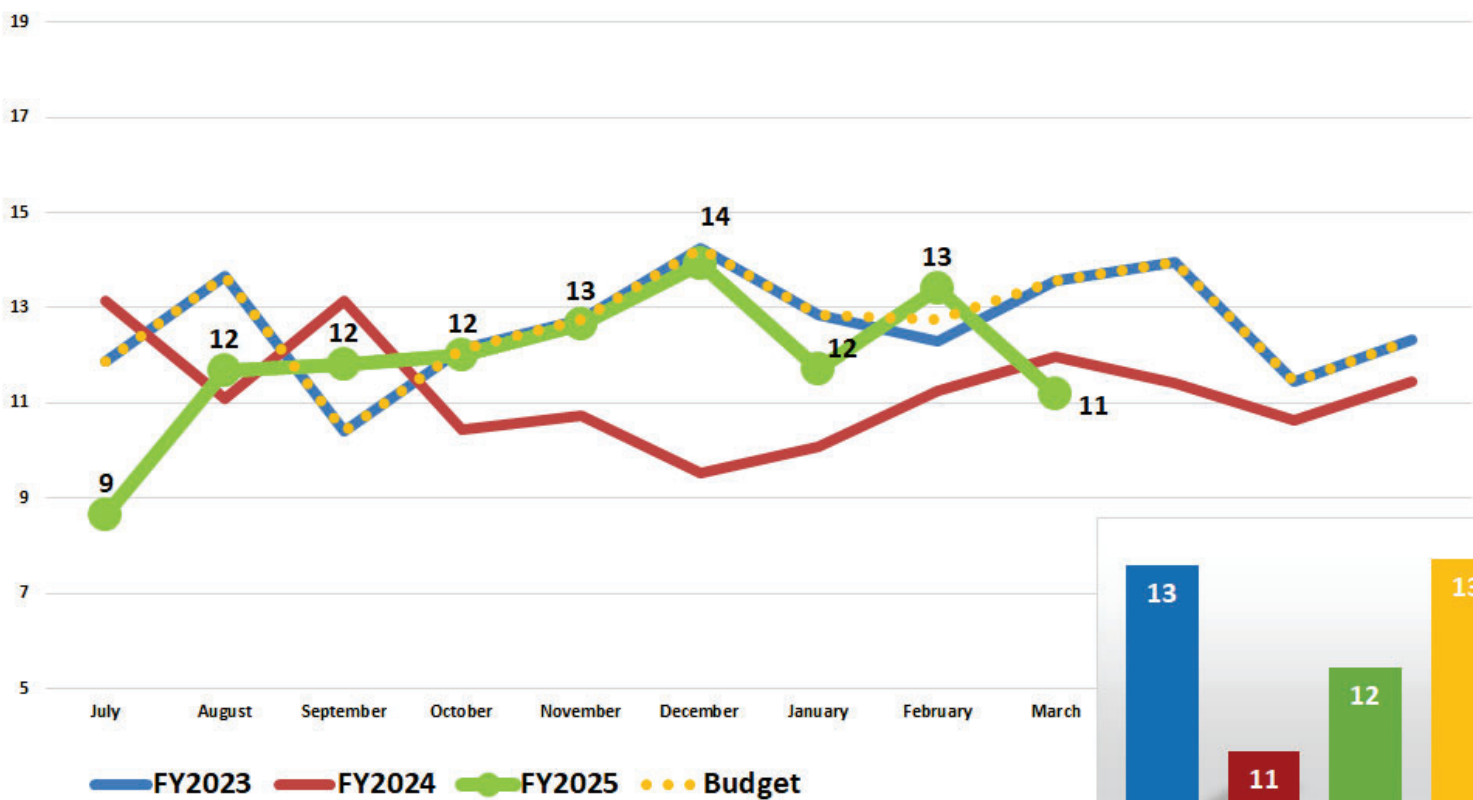
Sub-Acute - Avg Patients Per Day



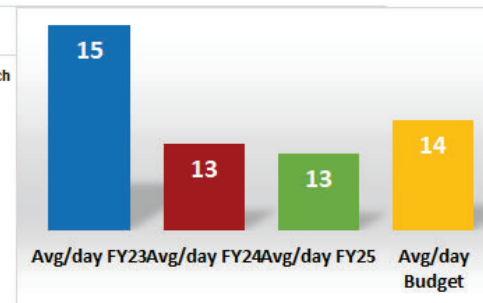
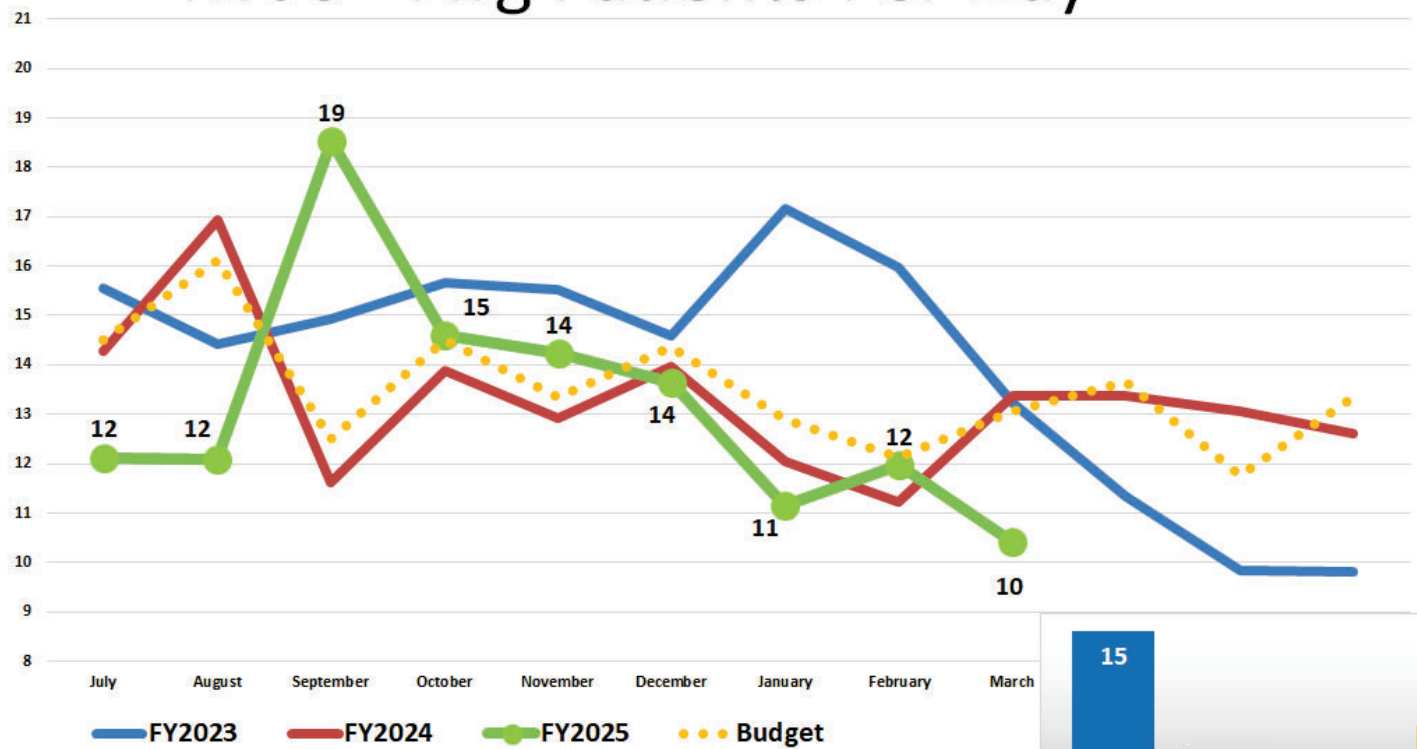
Rehabilitation Hospital - Avg Patients Per Day



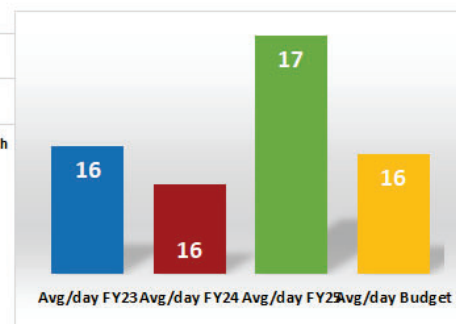
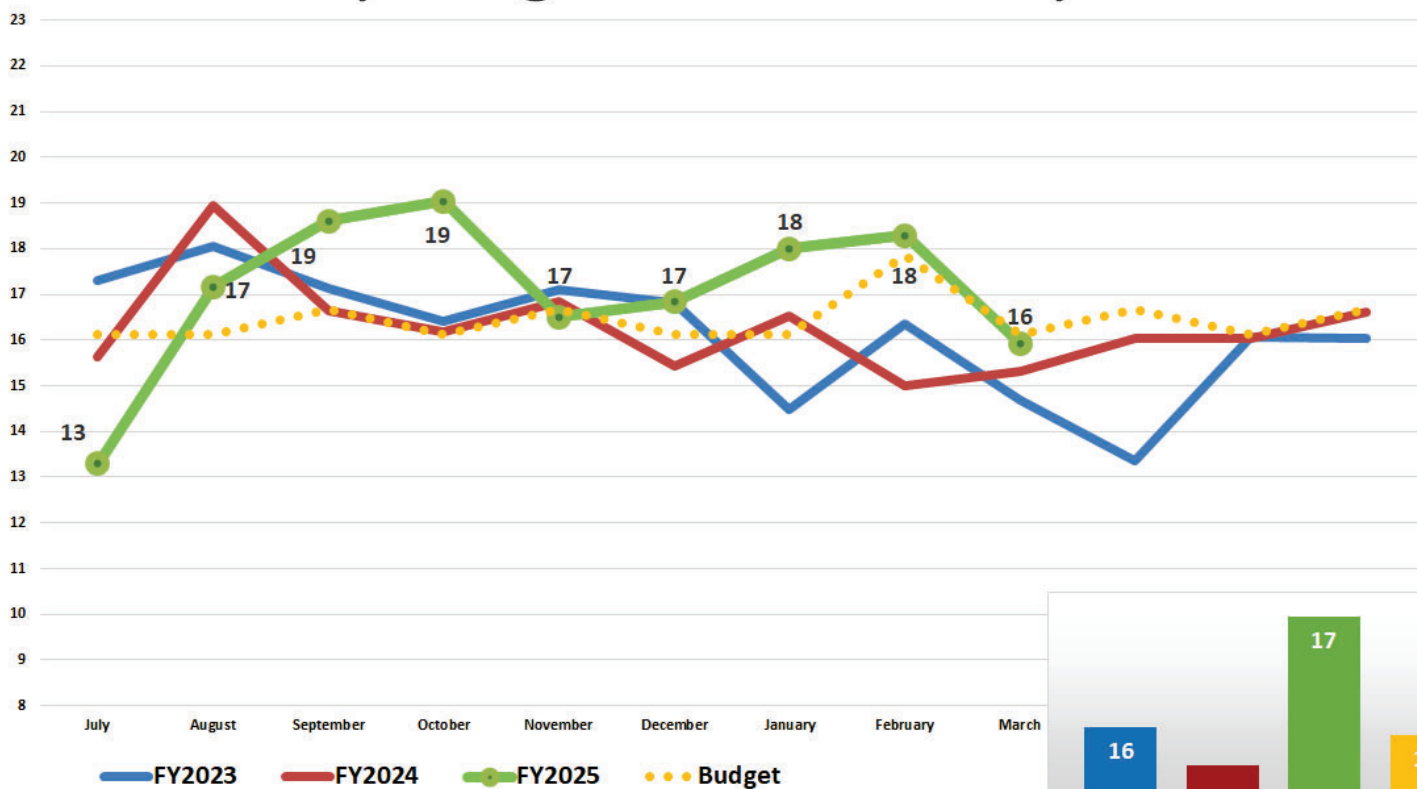
TCS Ortho - Avg Patients Per Day



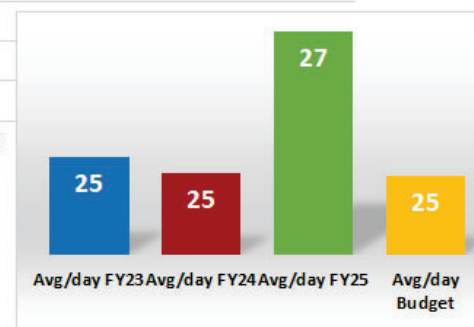
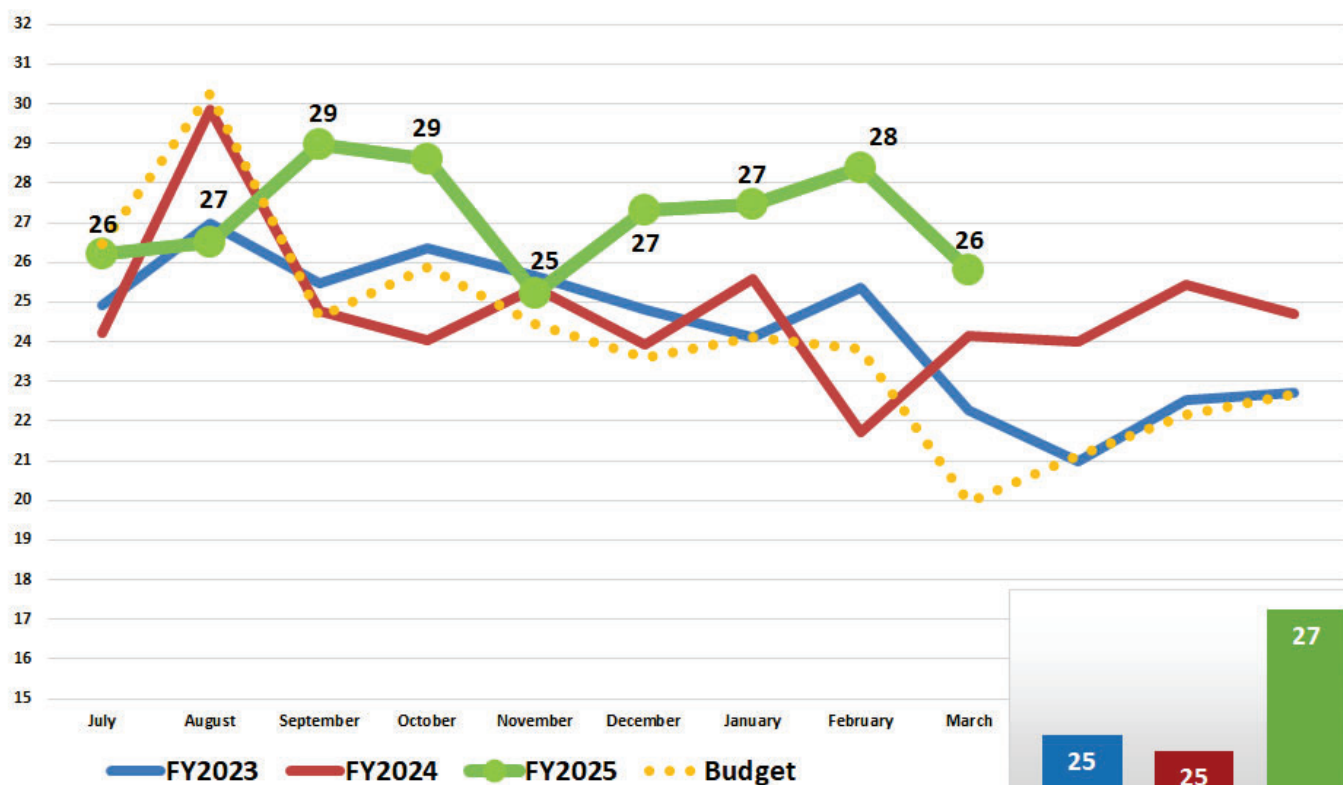
NICU - Avg Patients Per Day



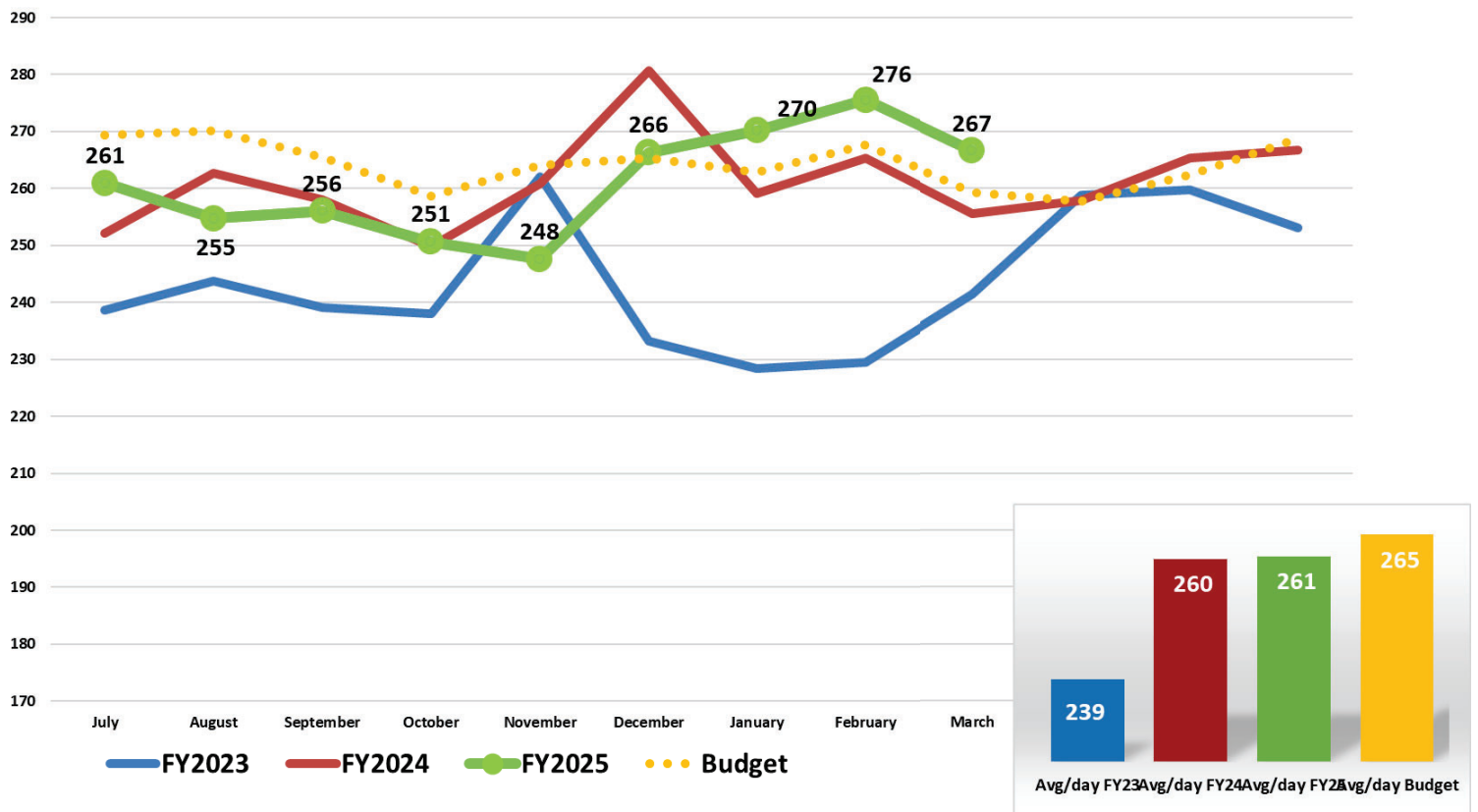
Nursery - Avg Patients Per Day



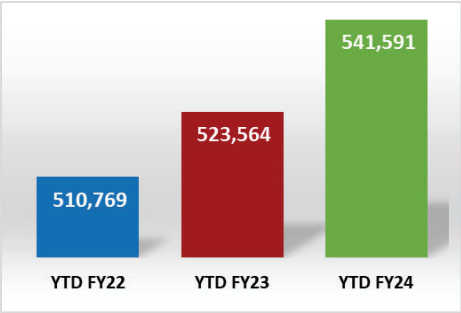
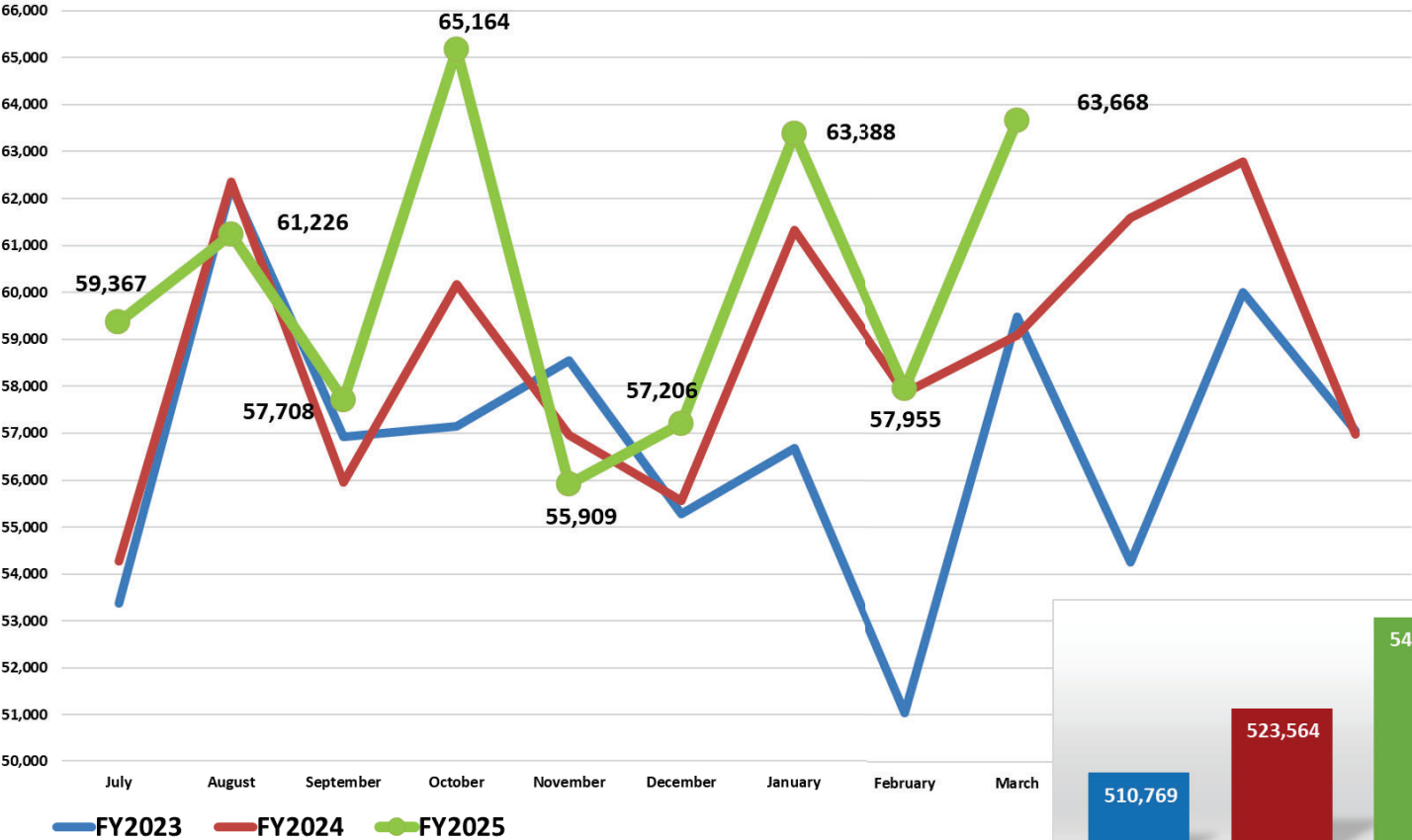
Obstetrics - Avg Patients Per Day



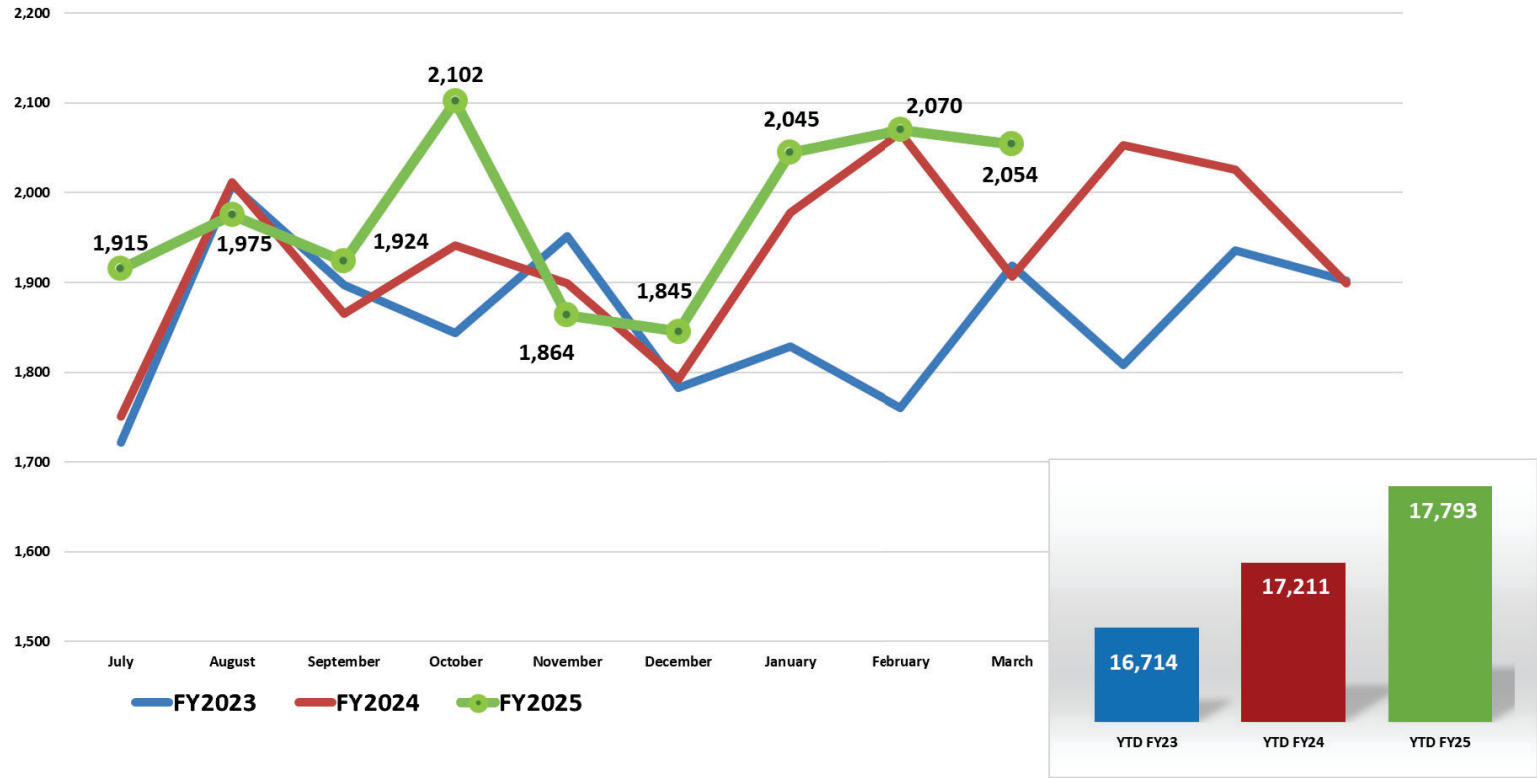
ED - Avg Treated Per Day



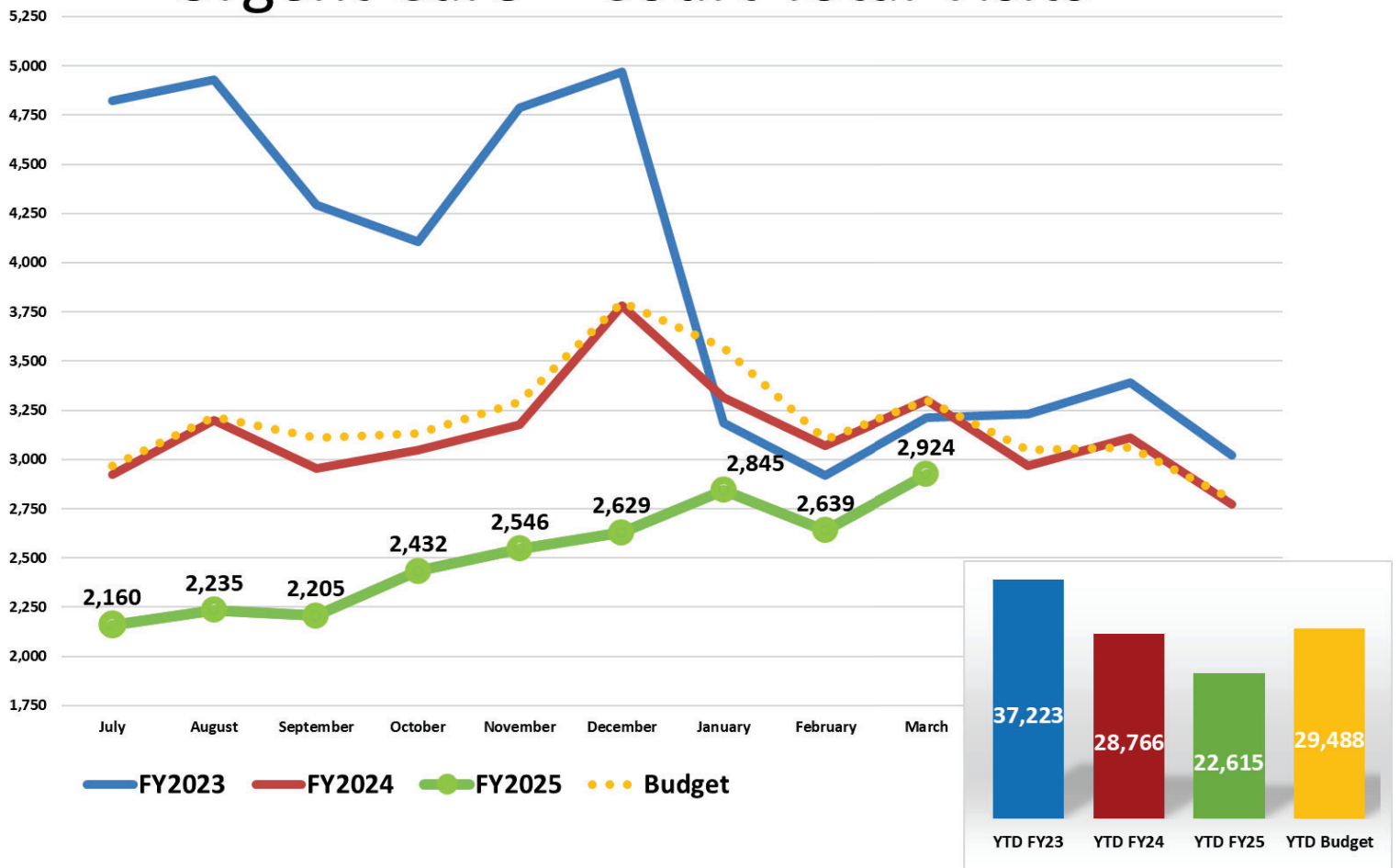
Outpatient Registrations



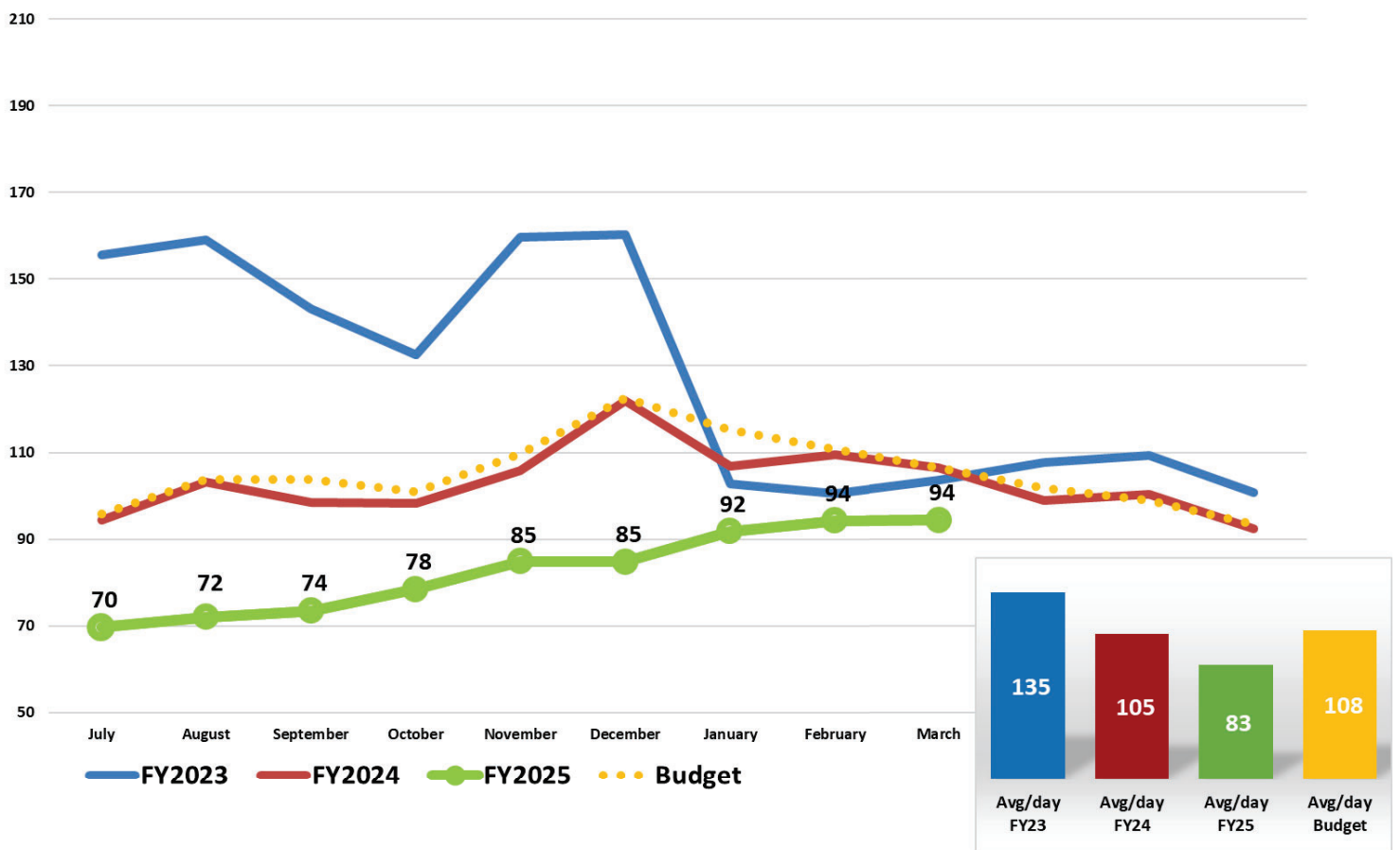
Outpatient Registrations Per Day



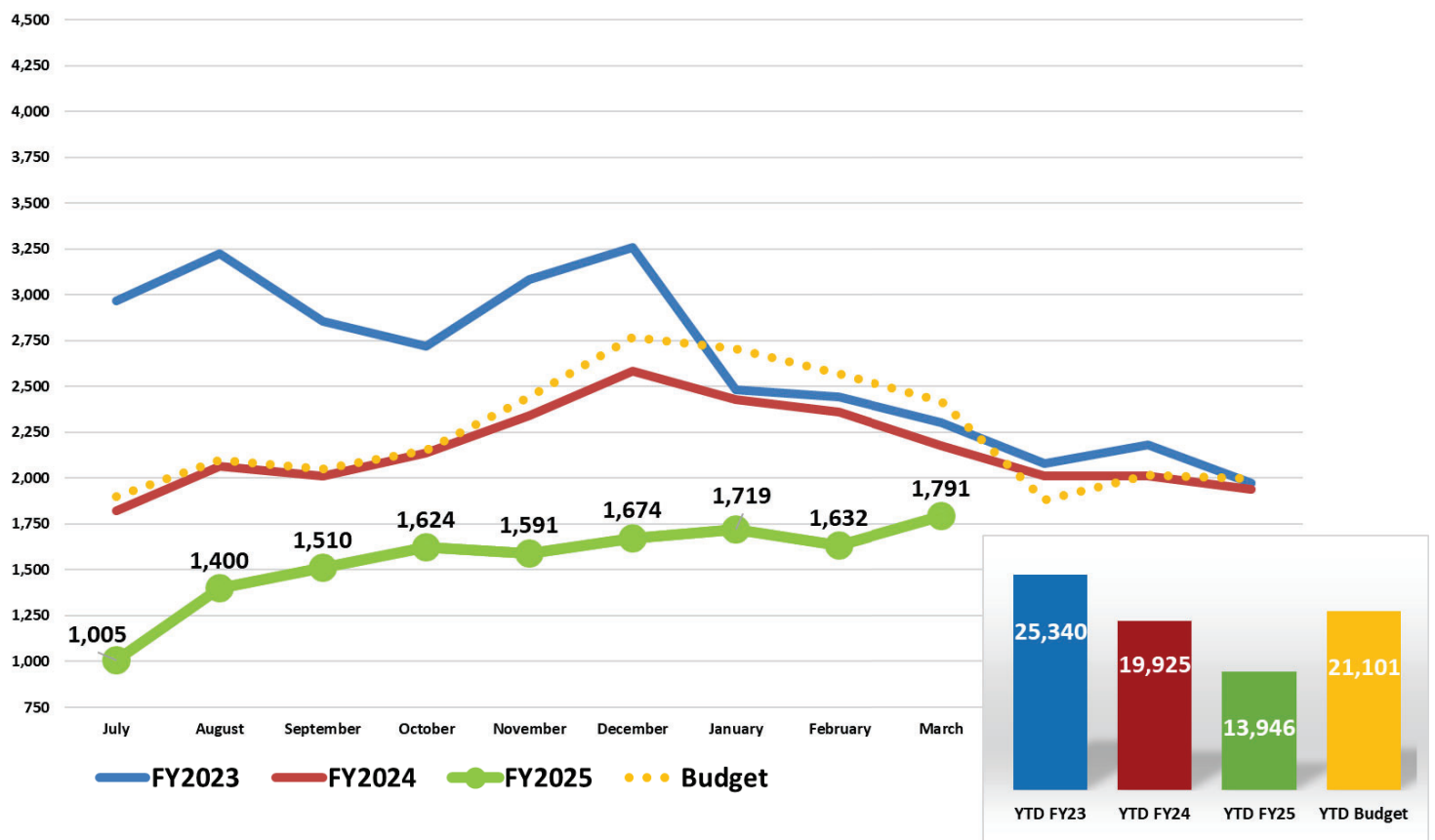
Urgent Care – Court Total Visits



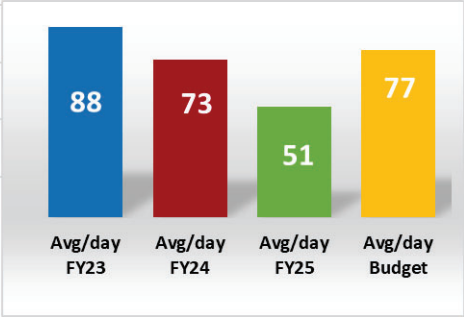
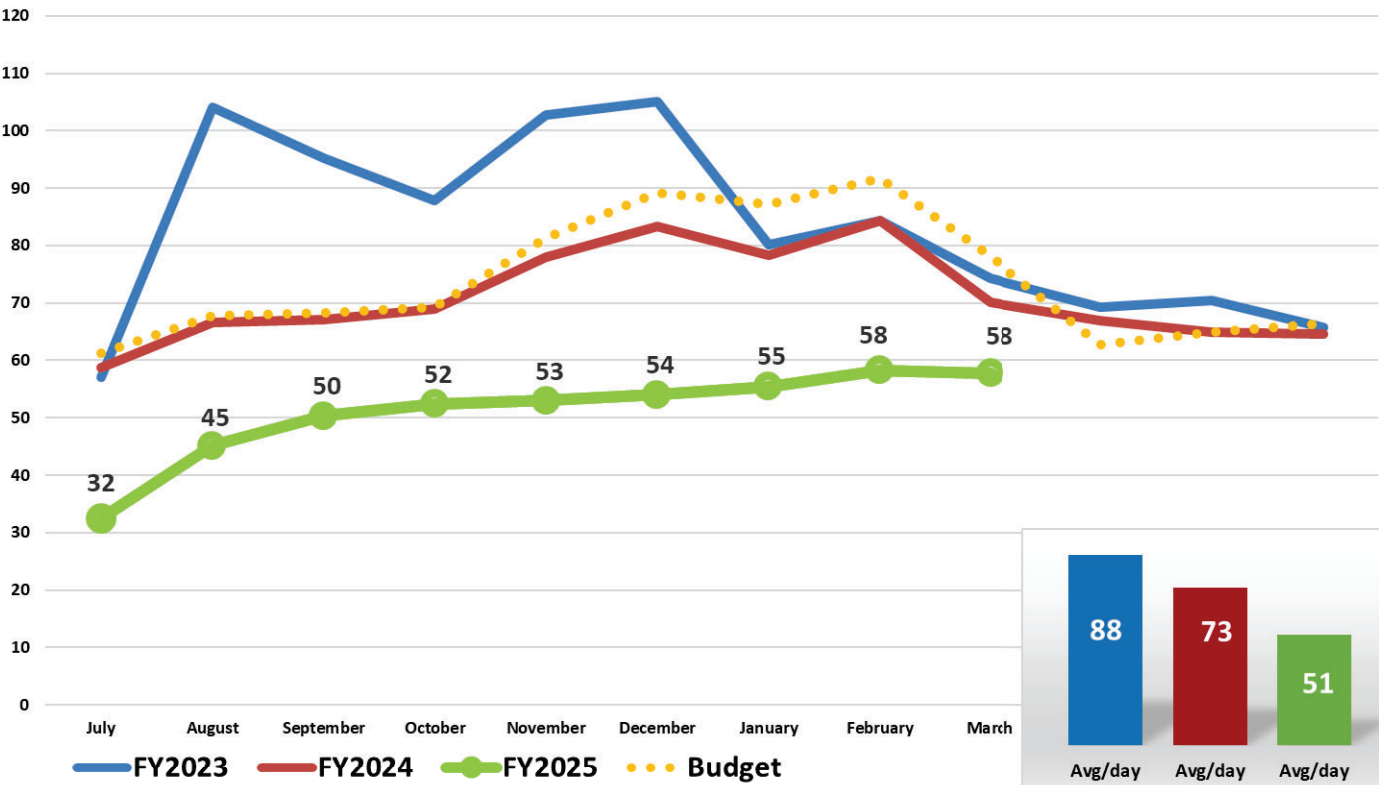
Urgent Care – Court Avg Visits Per Day



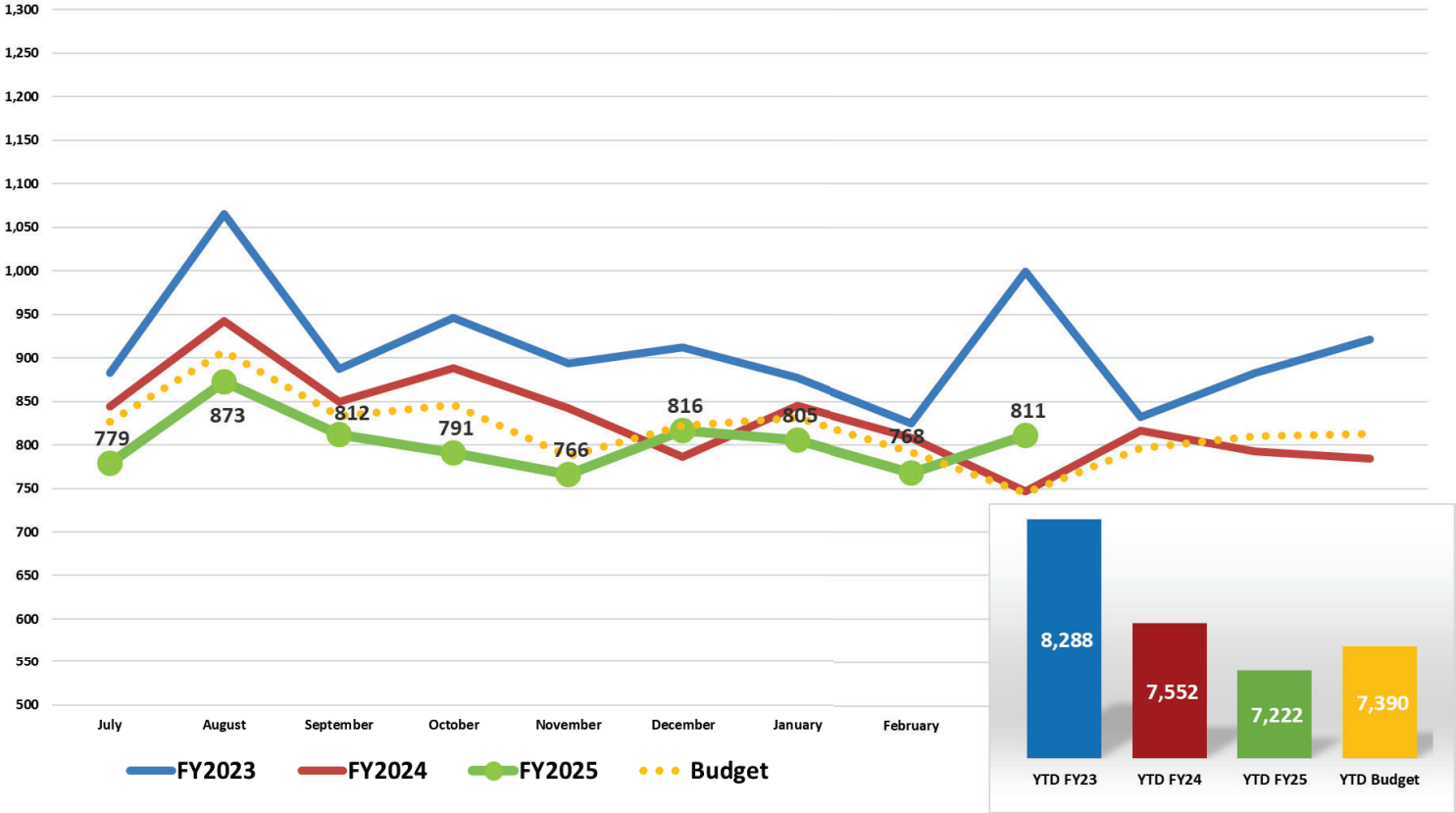
Urgent Care – Demaree Total Visits



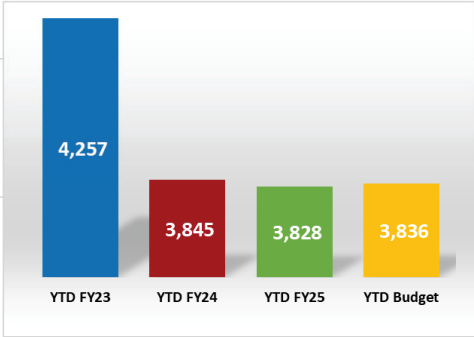
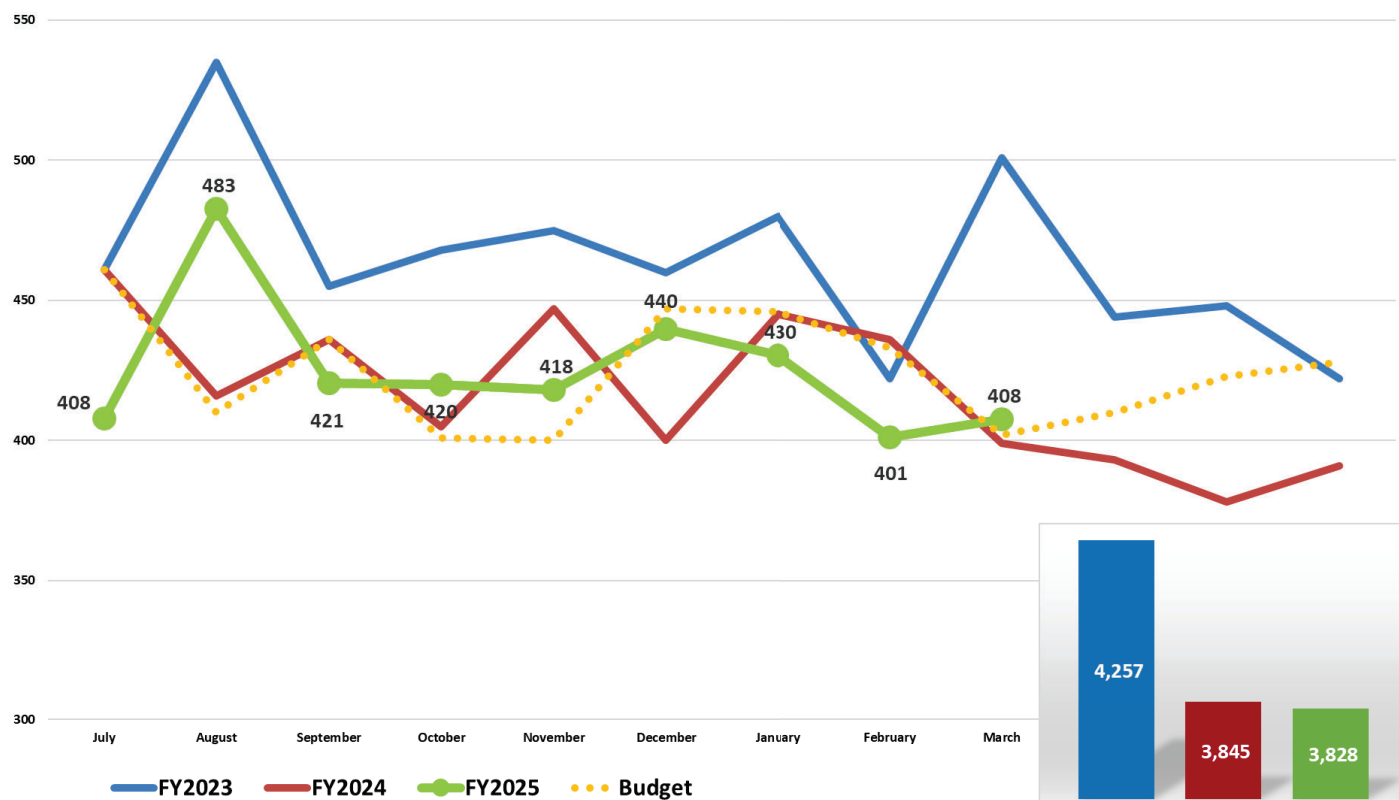
Urgent Care – Demaree Avg Visits Per Day



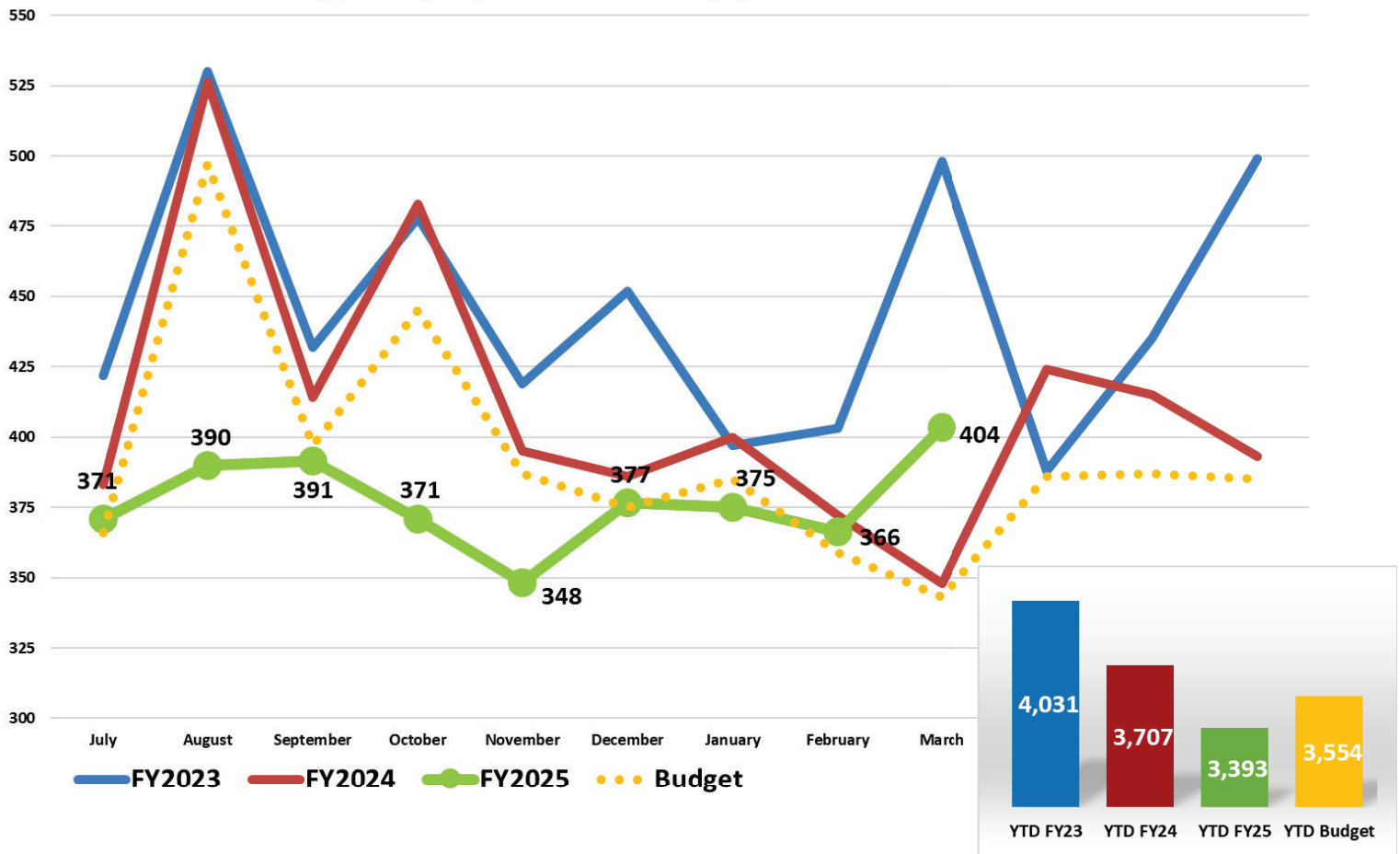
Surgery (IP & OP) – 100 Min Units



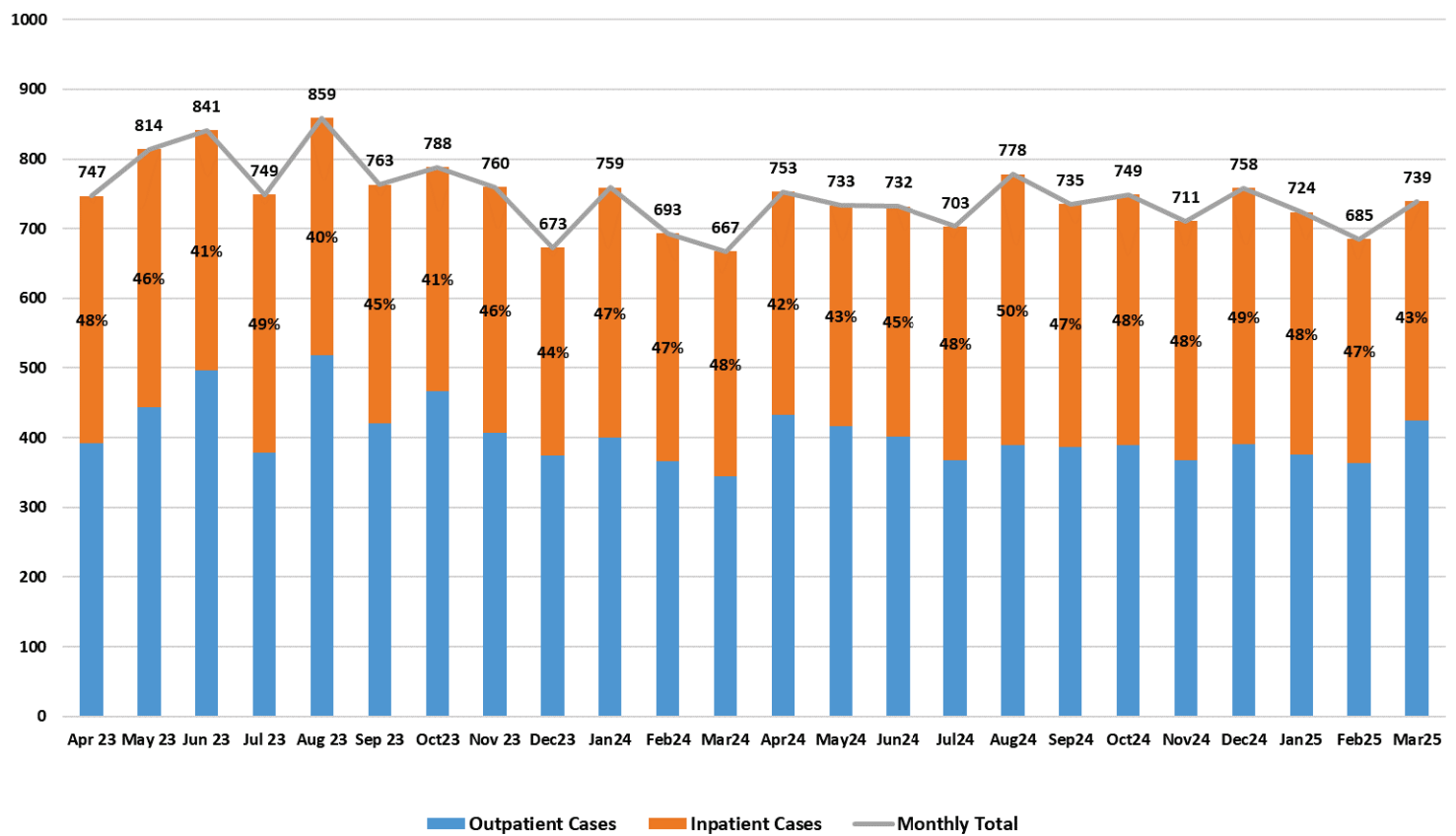
Surgery (IP Only) - 100 Min Unit



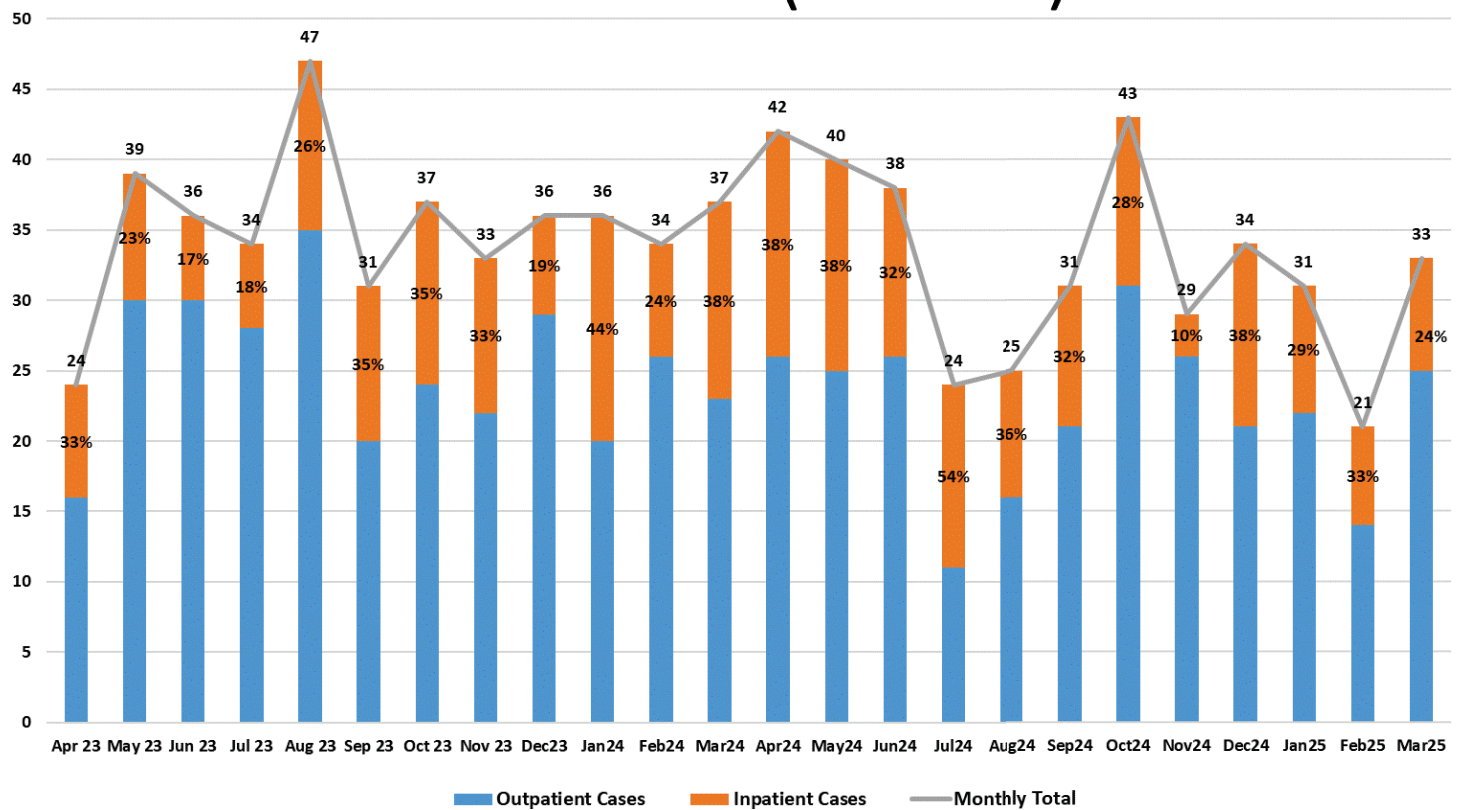
Surgery (OP Only) - 100 Min Units



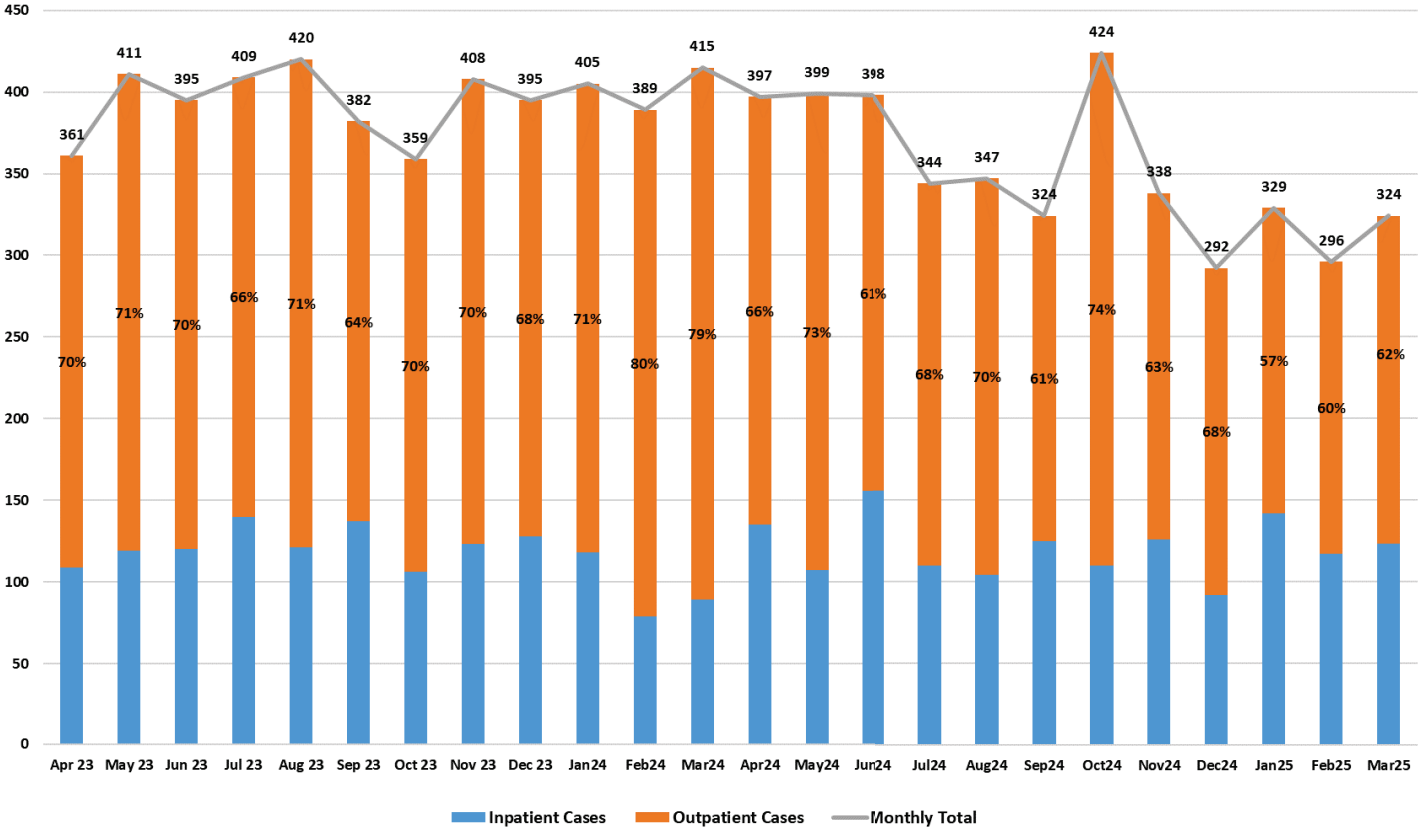
Surgery Cases (IP & OP)



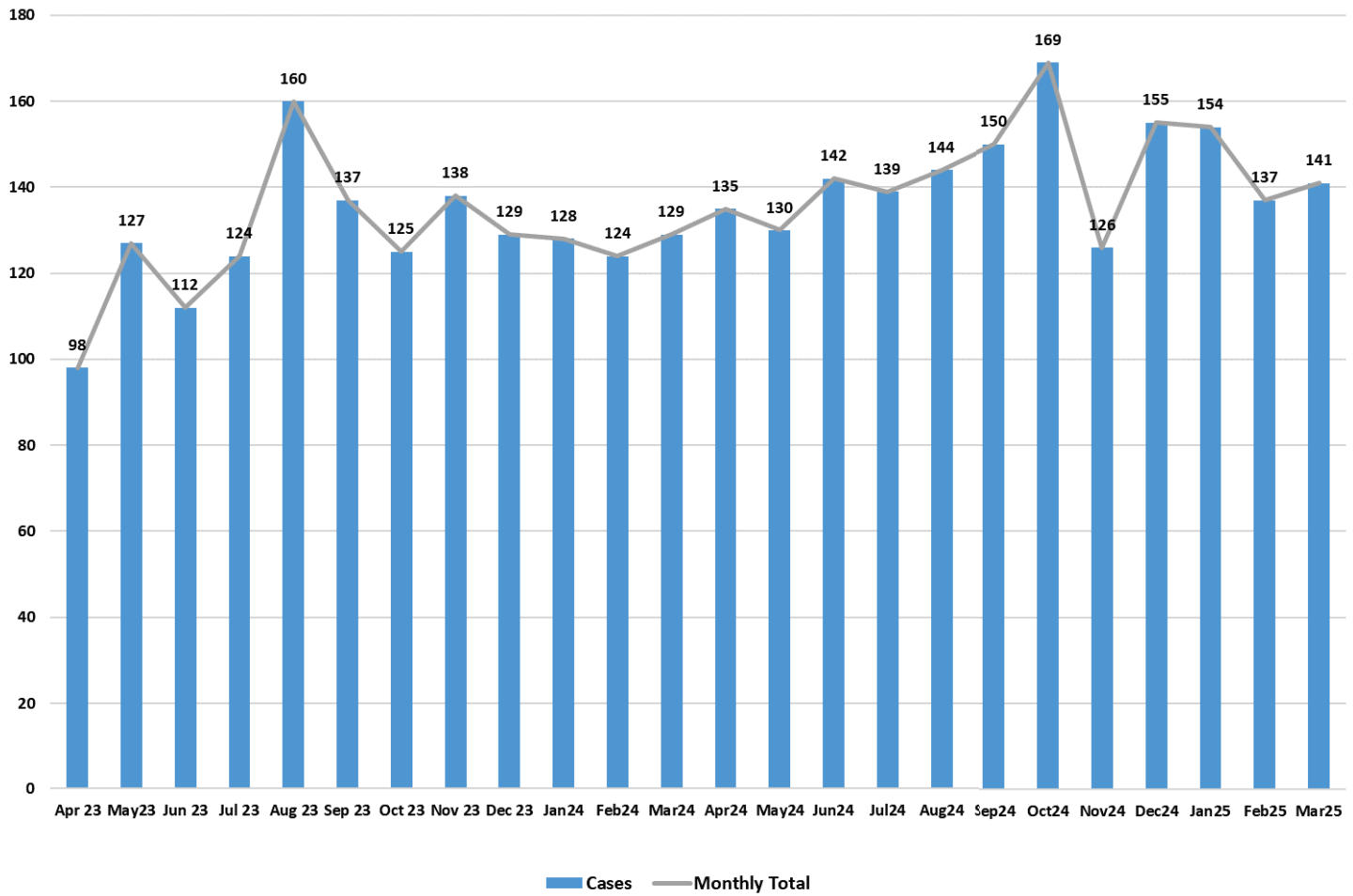
Robotic Cases (IP & OP)



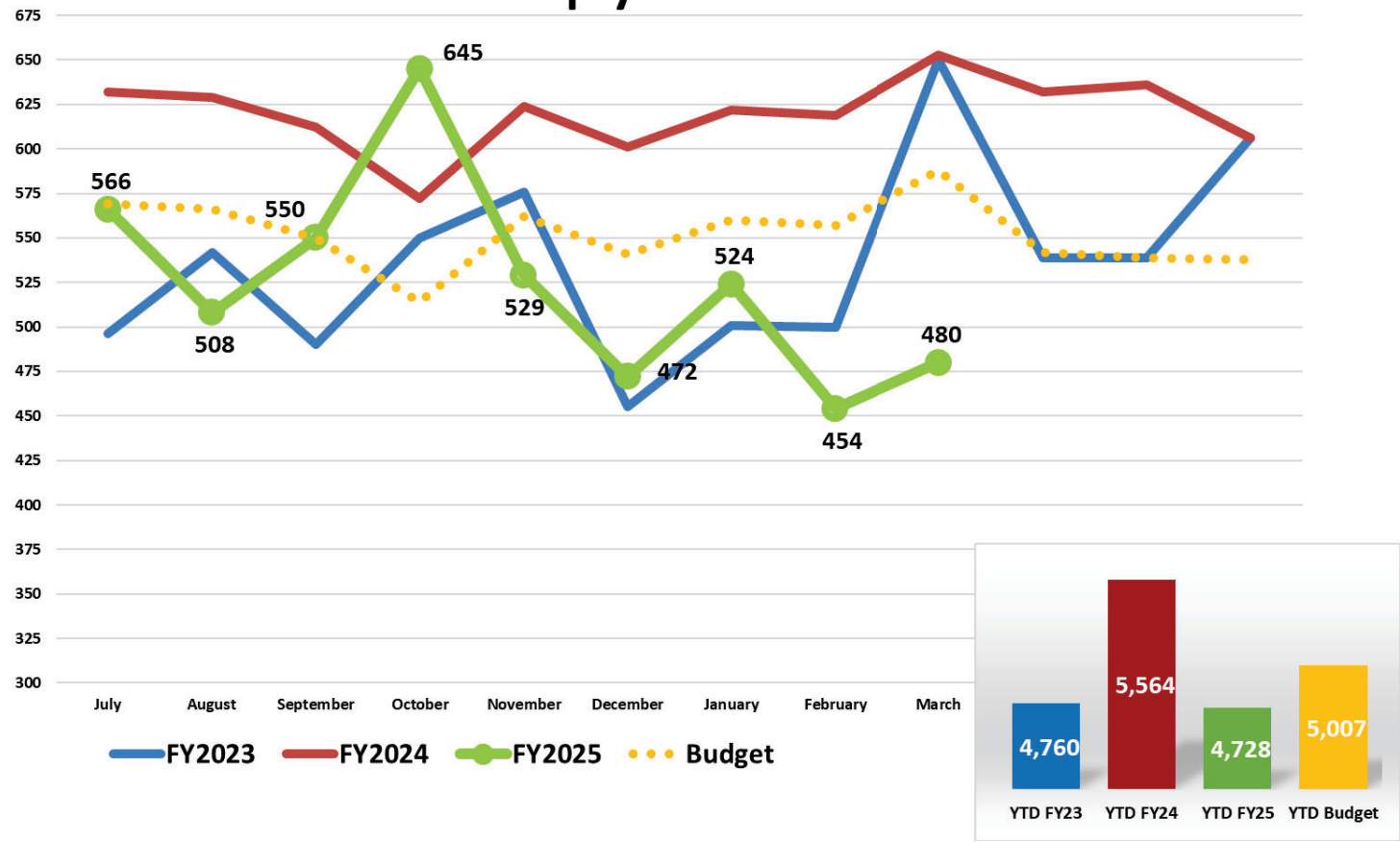
Endo Cases (Suites A & B and OR)



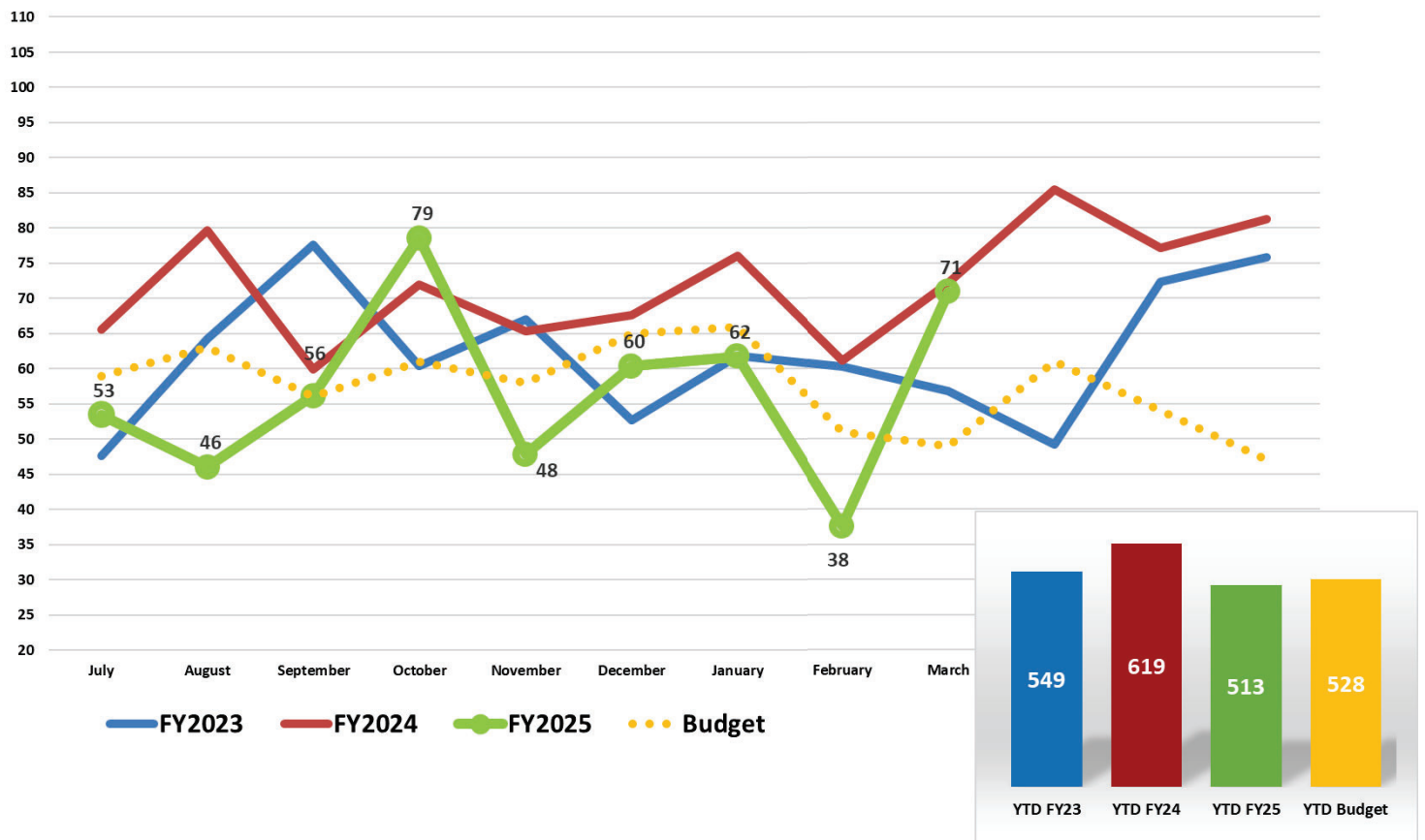
OB Cases



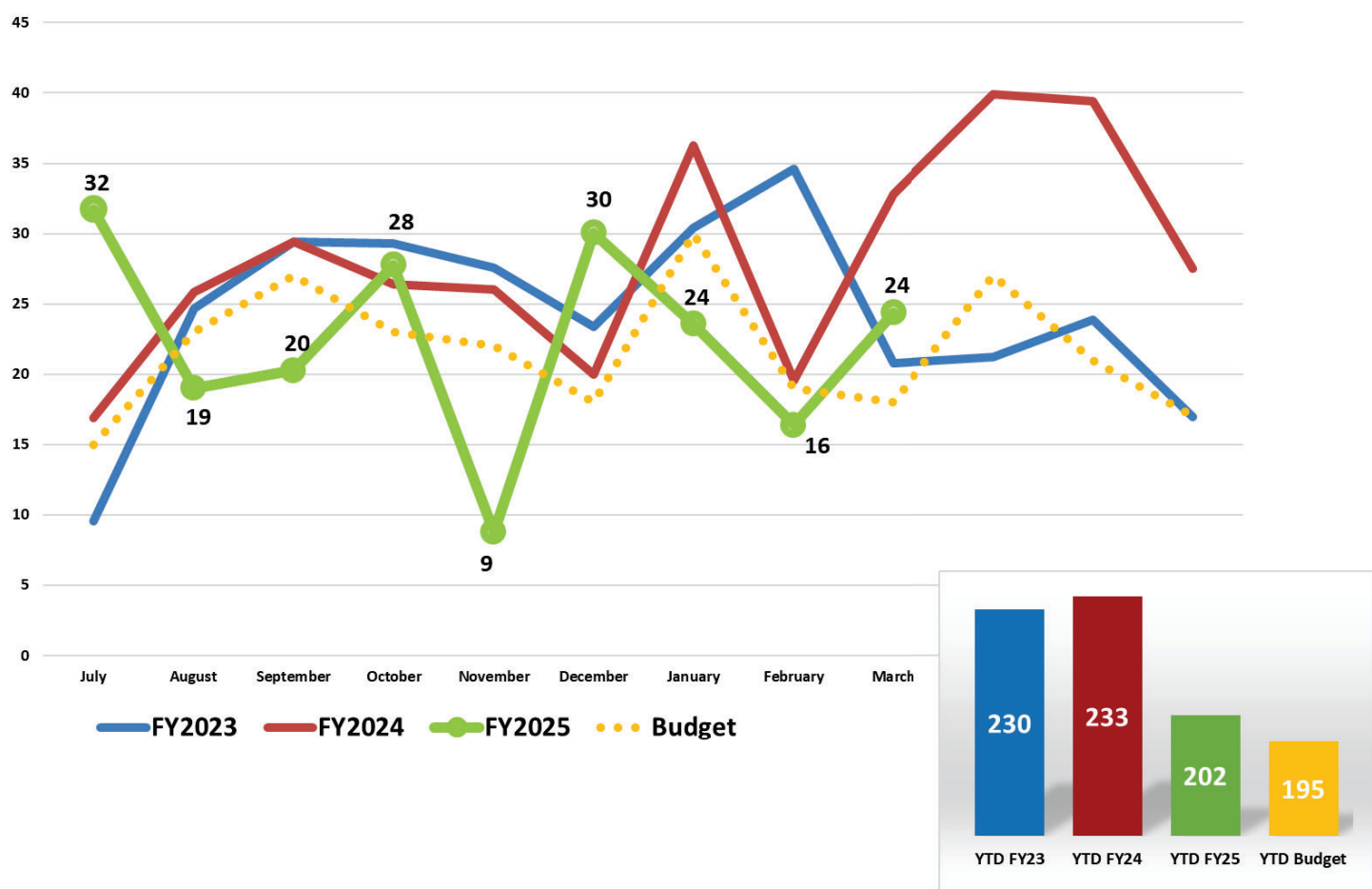
Endoscopy Procedures



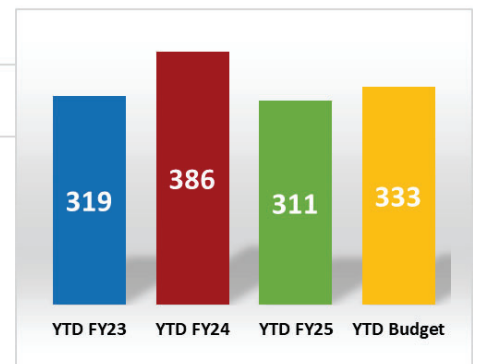
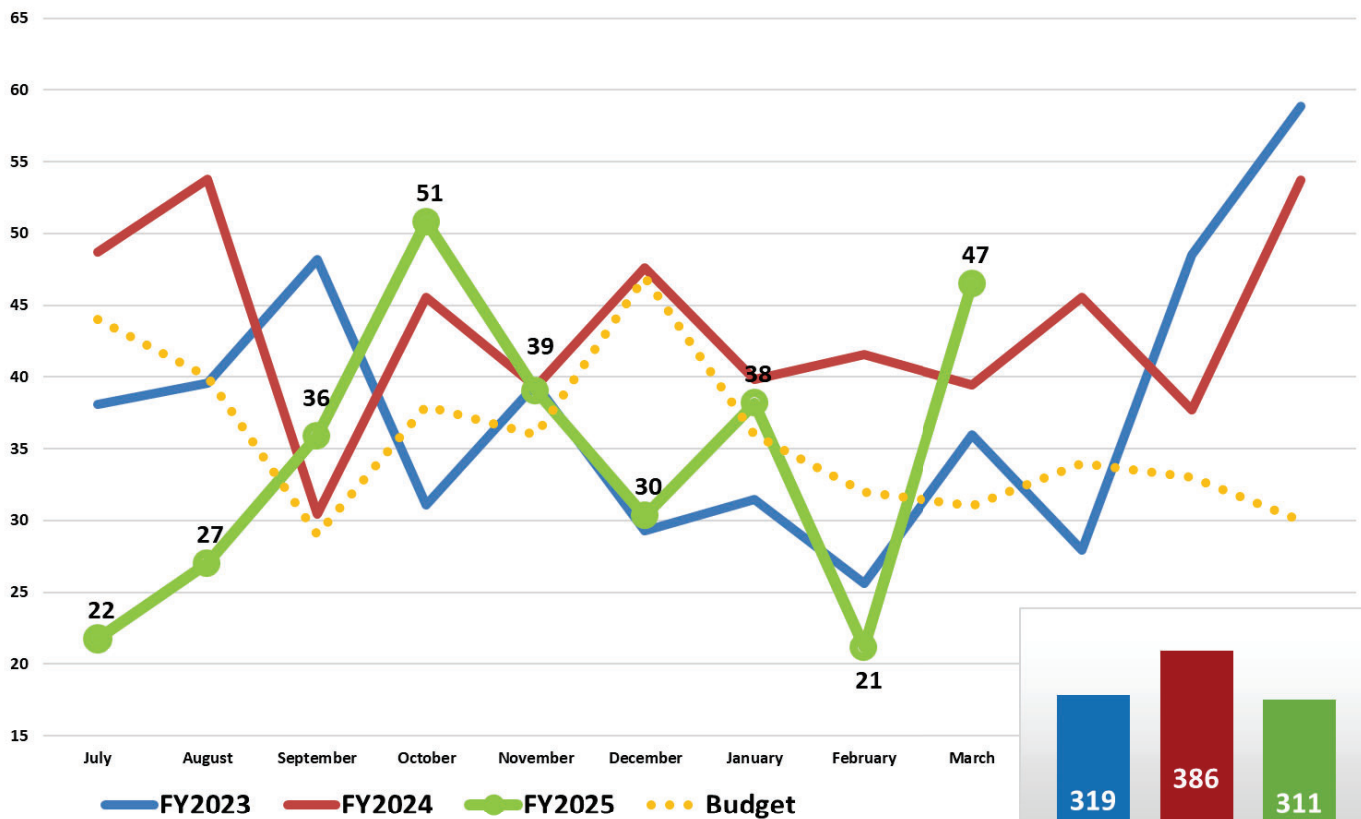
Robotic Surgery (IP & OP) - 100 Min Units



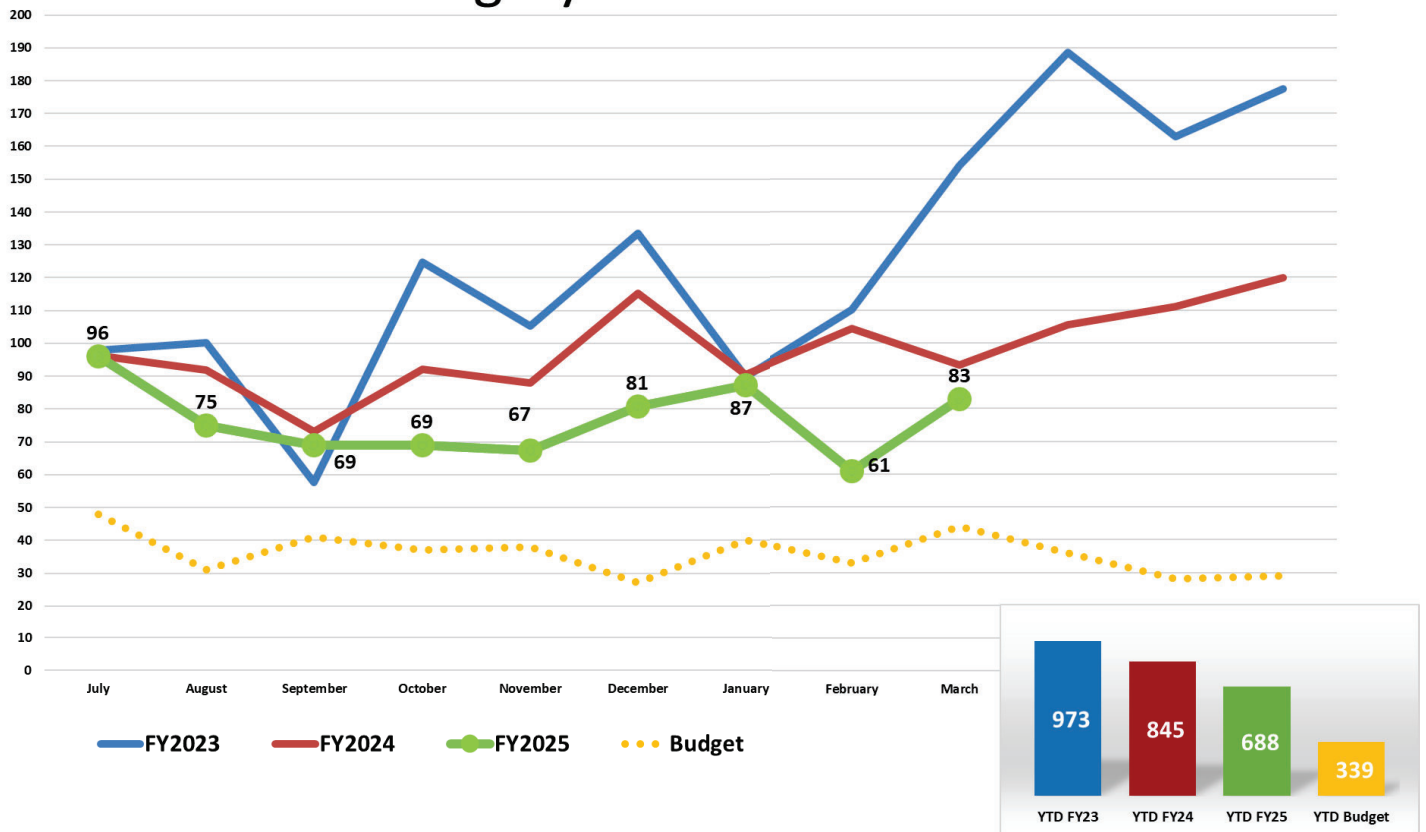
Robotic Surgery Minutes (IP Only)



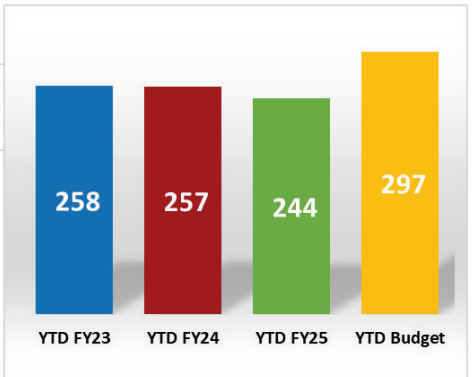
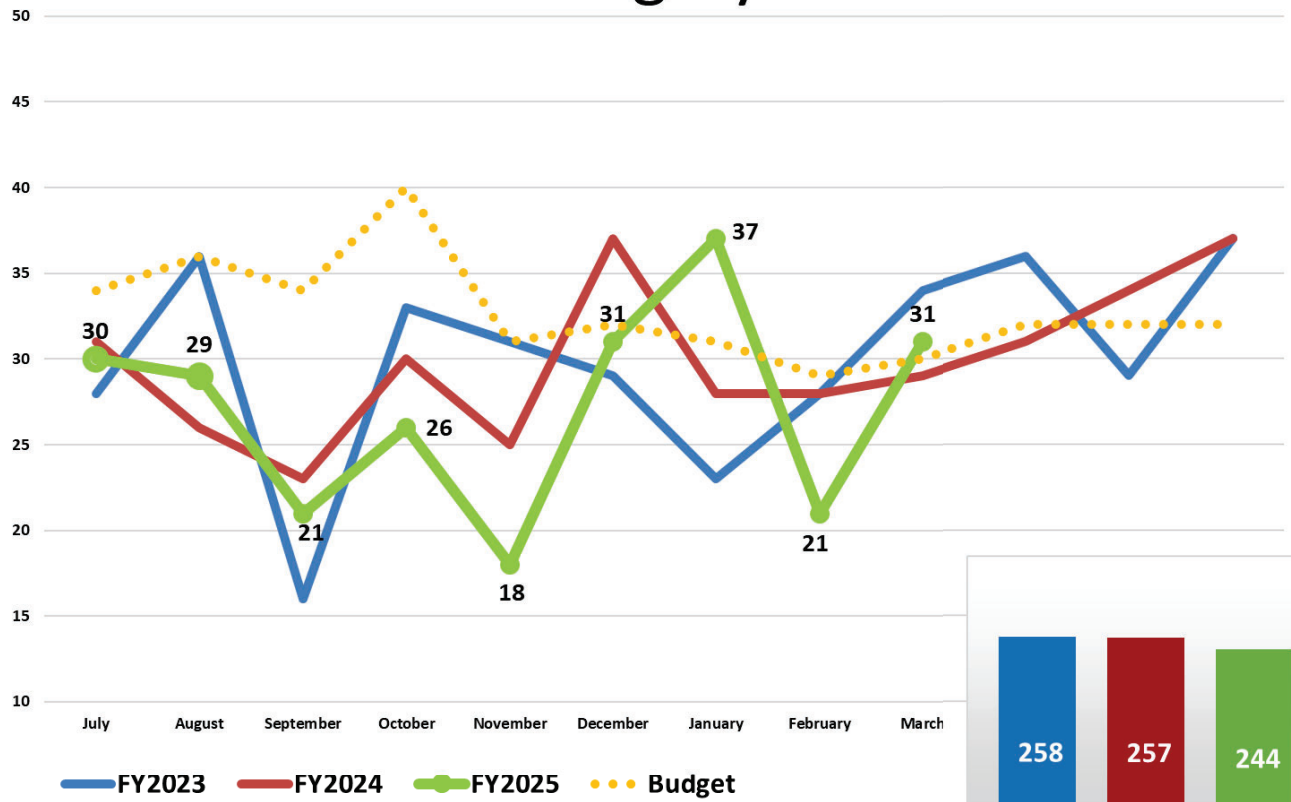
Robotic Surgery Minutes (OP Only)



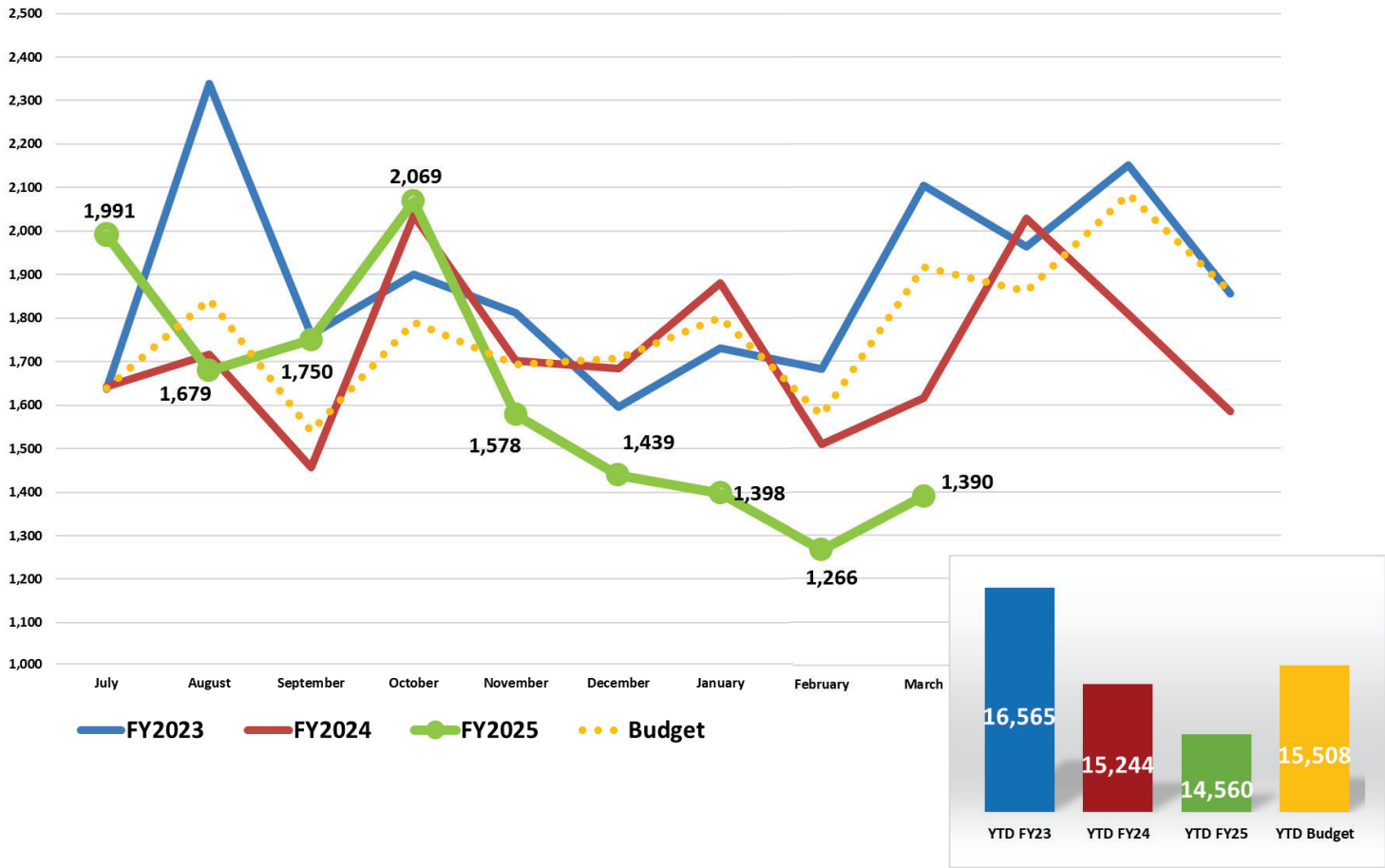
Cardiac Surgery - 100 Min Units



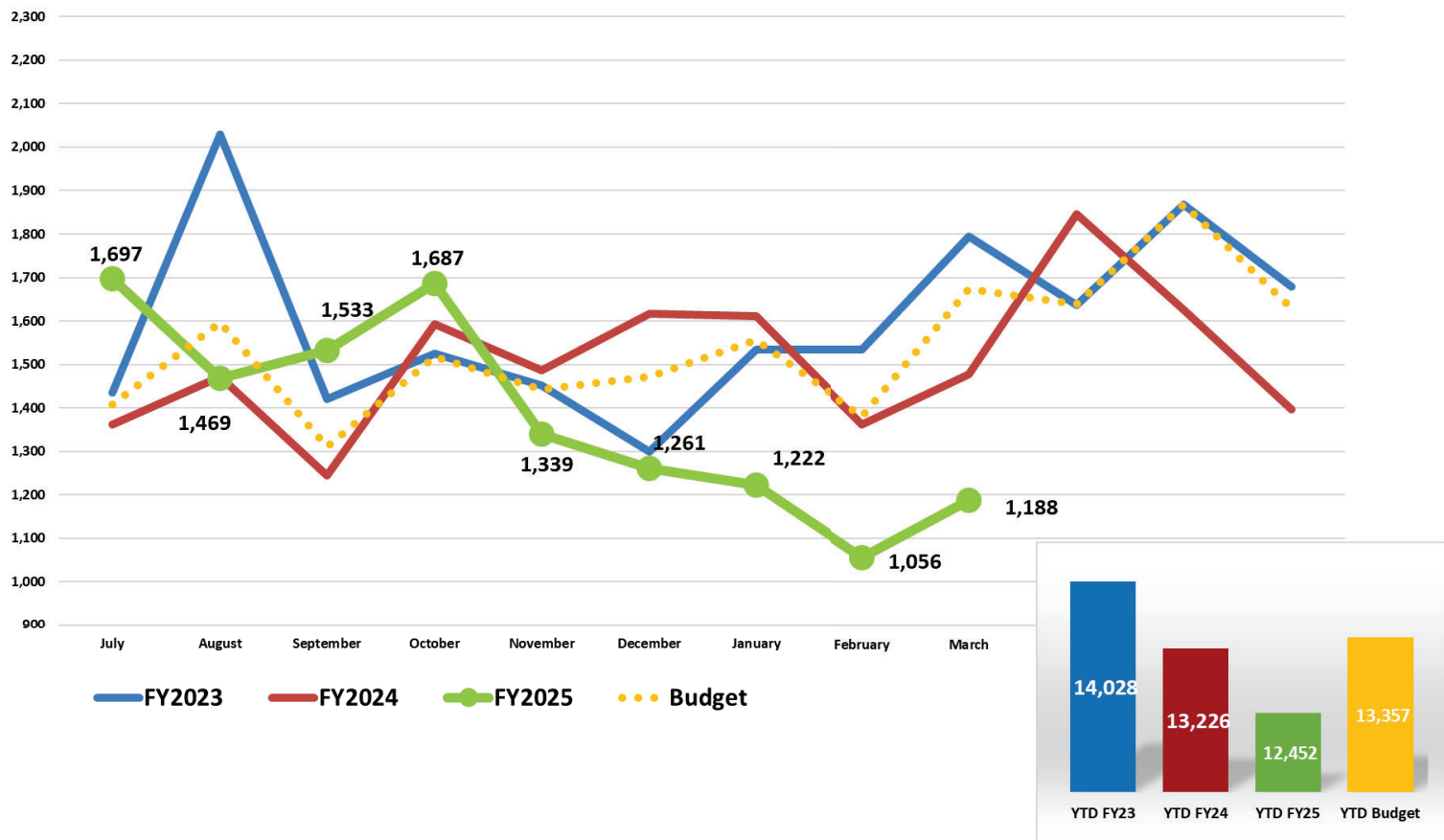
Cardiac Surgery Cases



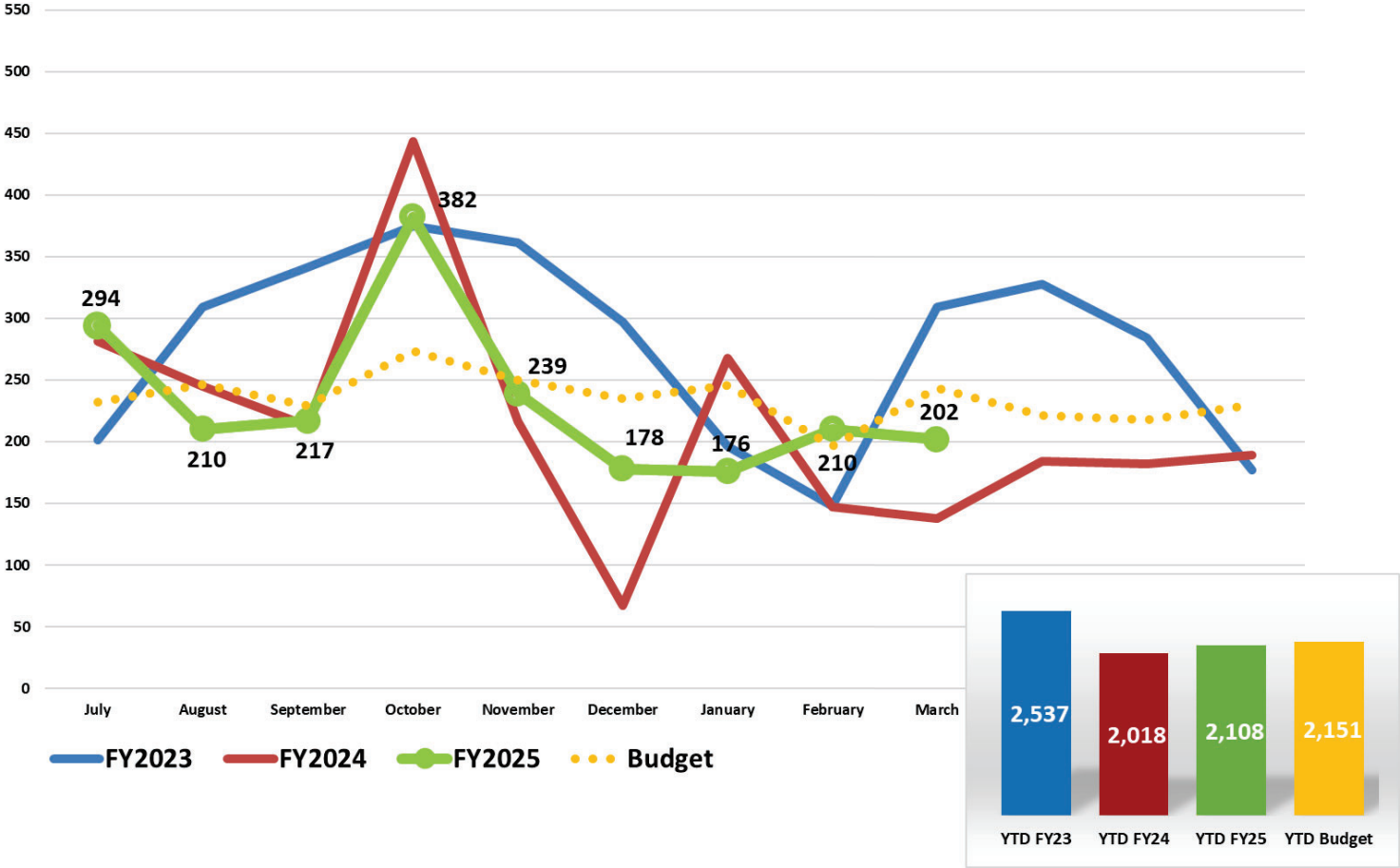
Rad Onc Treatments (Vis. & Hanf.)



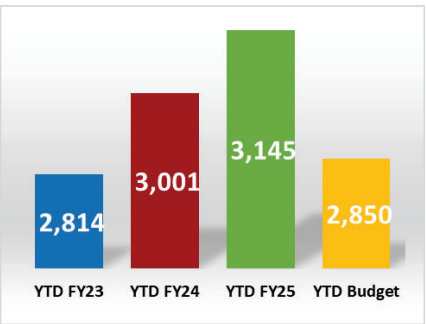
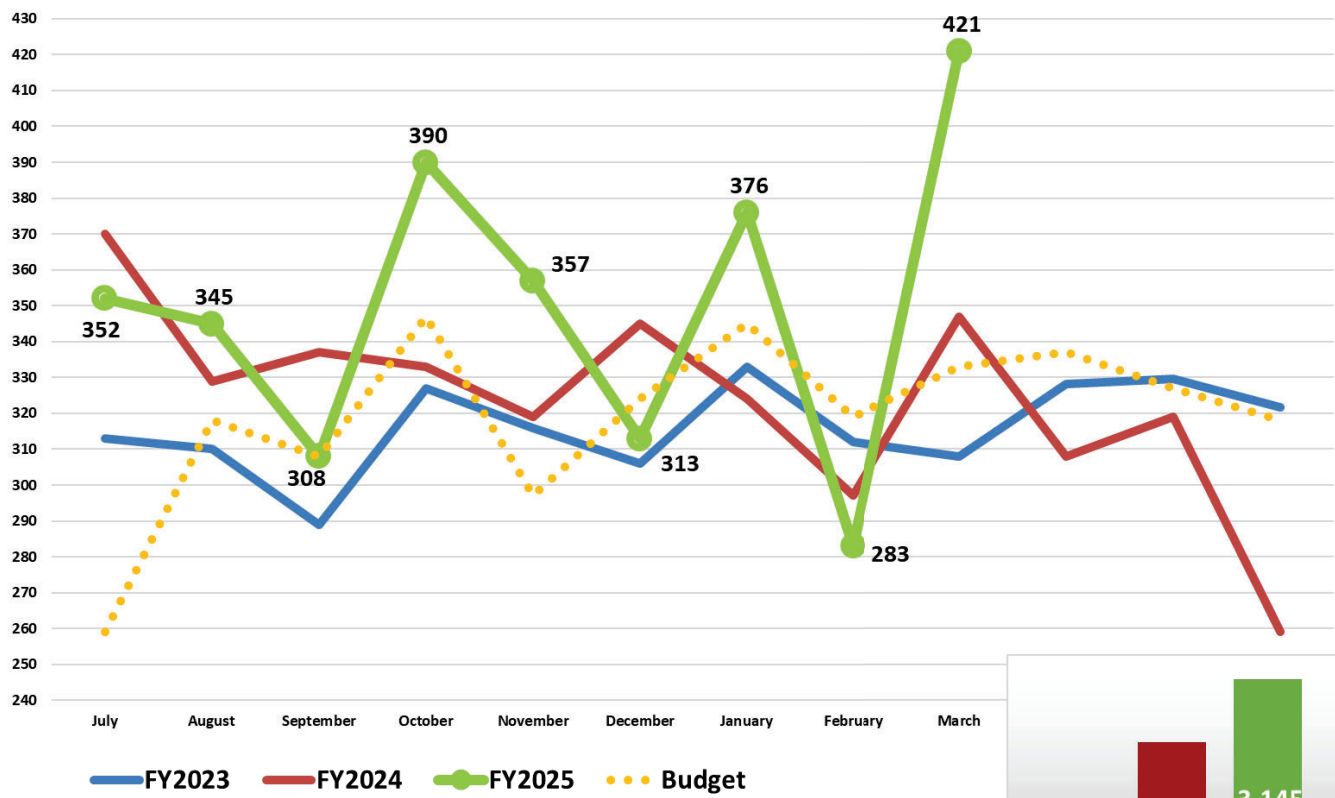
Rad Onc Visalia



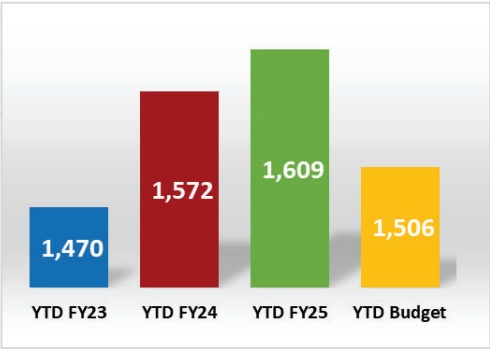
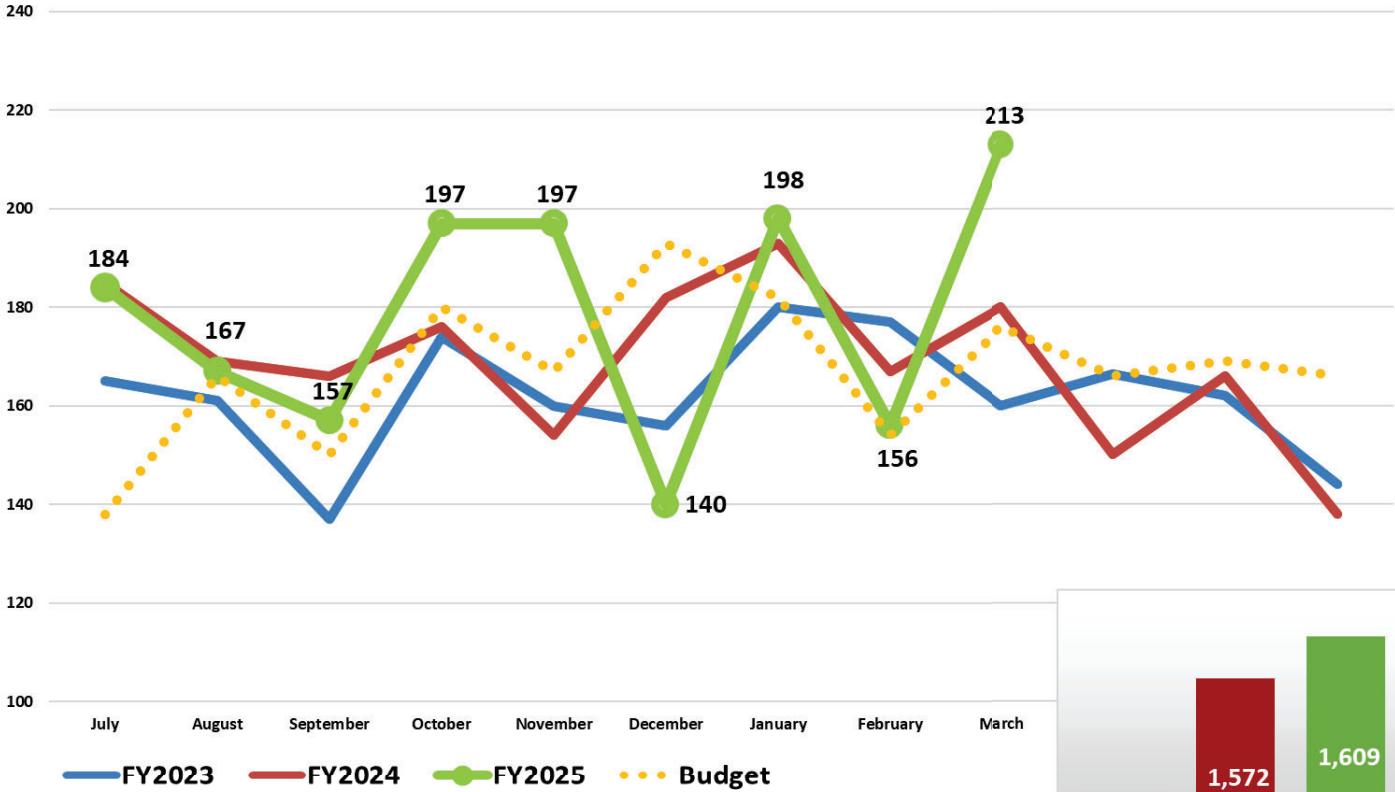
Rad Onc Hanford



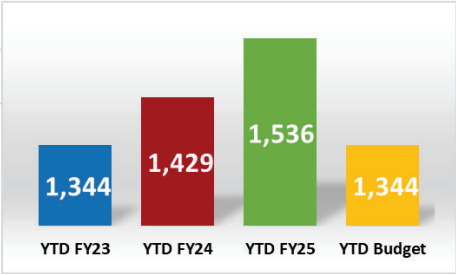
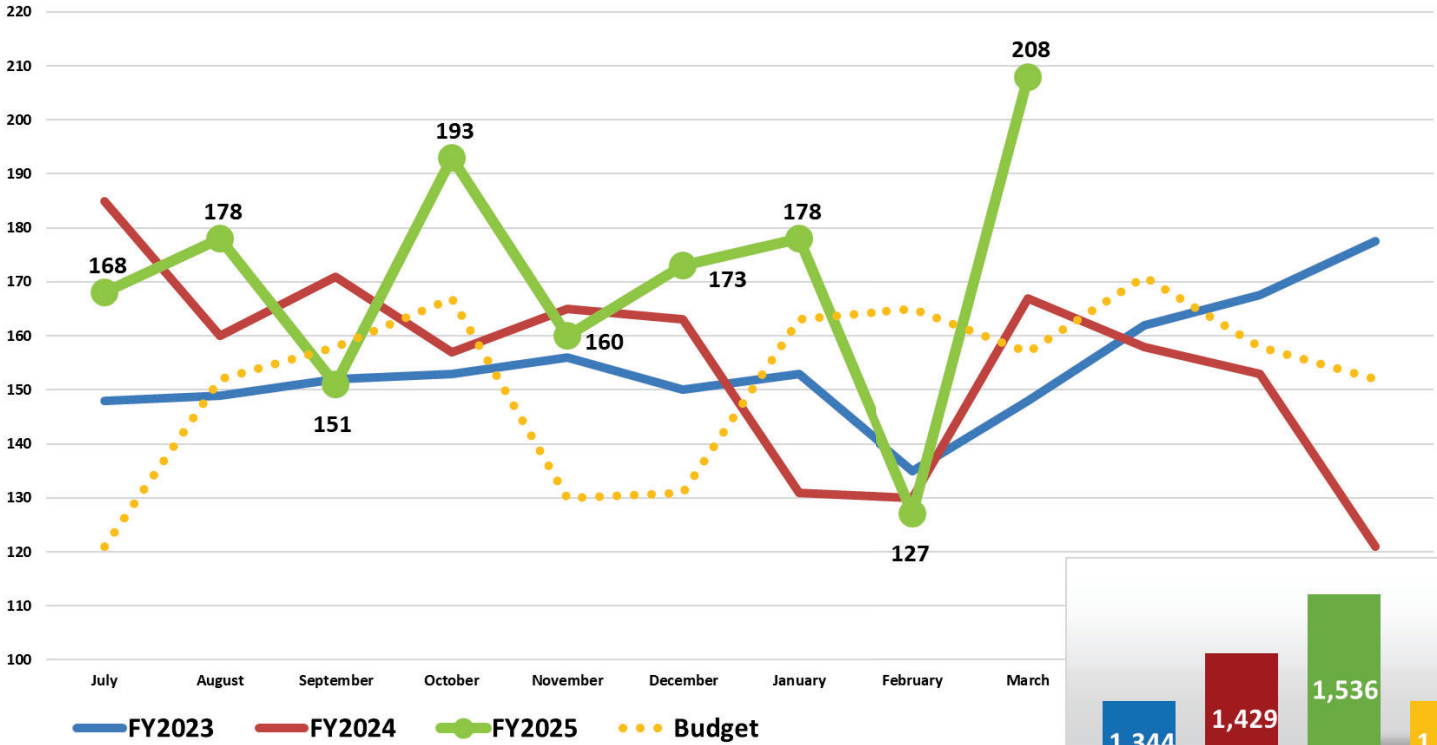
Cath Lab (IP & OP) – 100 Min Units



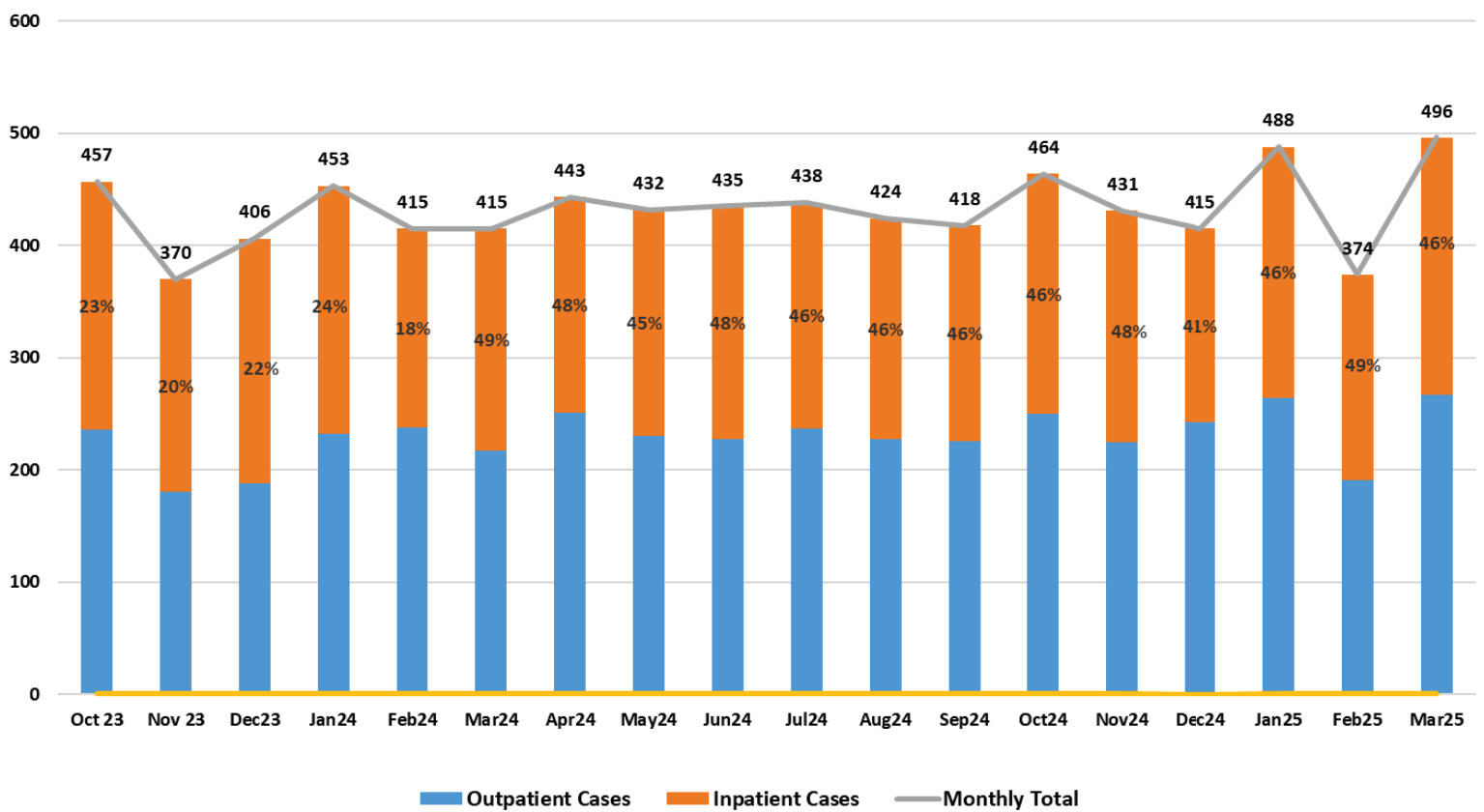
Cath Lab (IP Only) – 100 Min Units



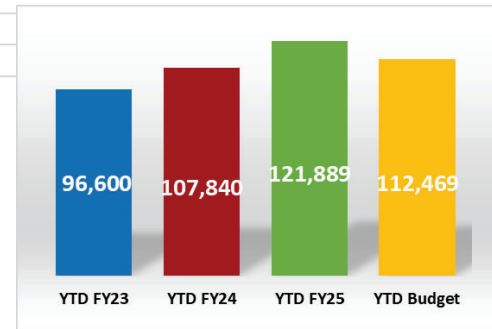
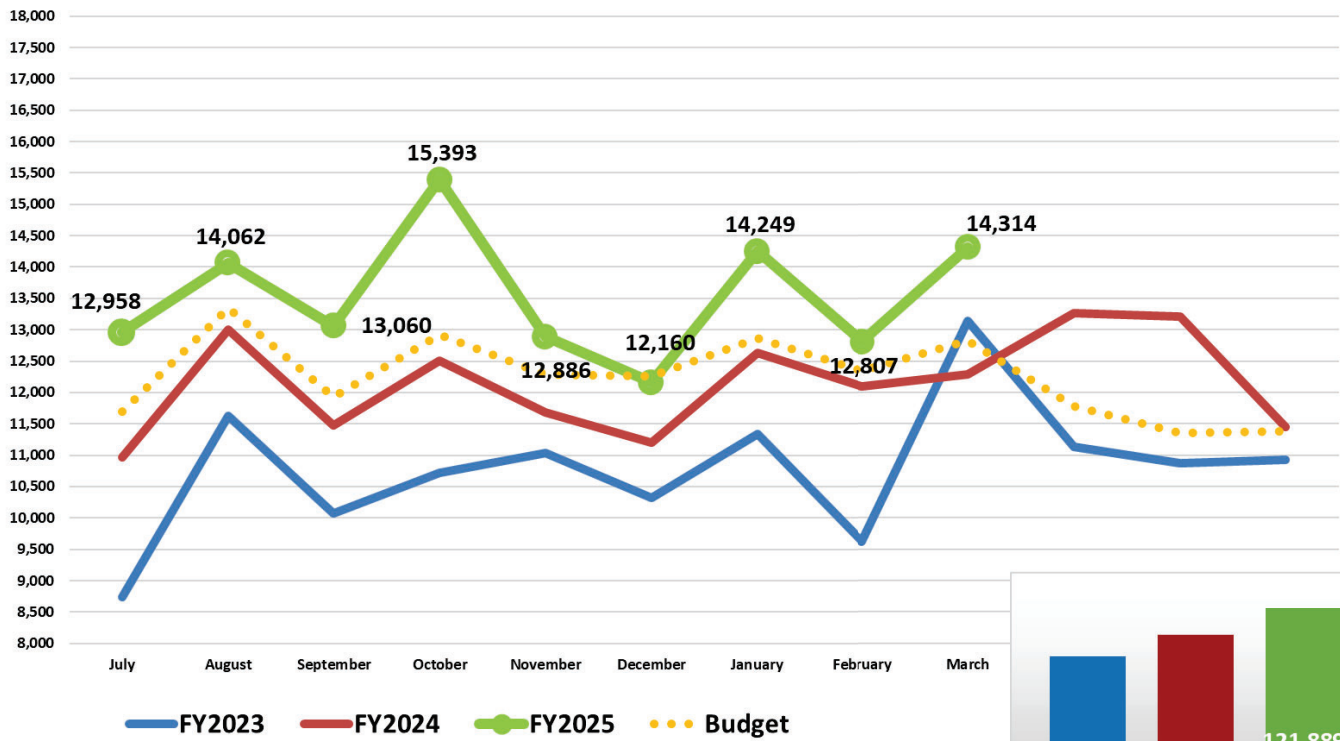
Cath Lab (OP Only) – 100 Min Units



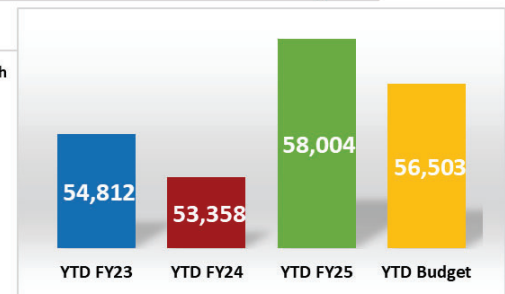
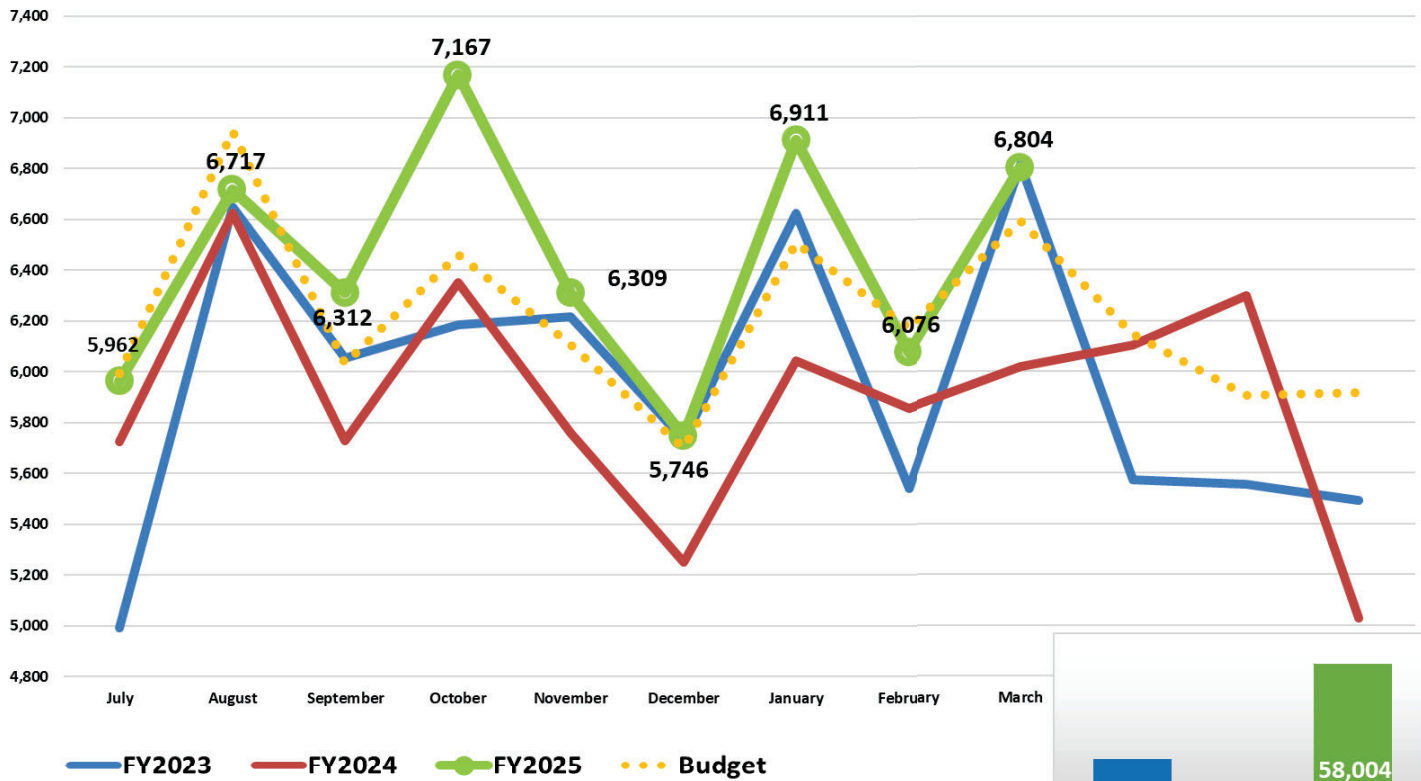
Cath Lab Patients (IP & OP)



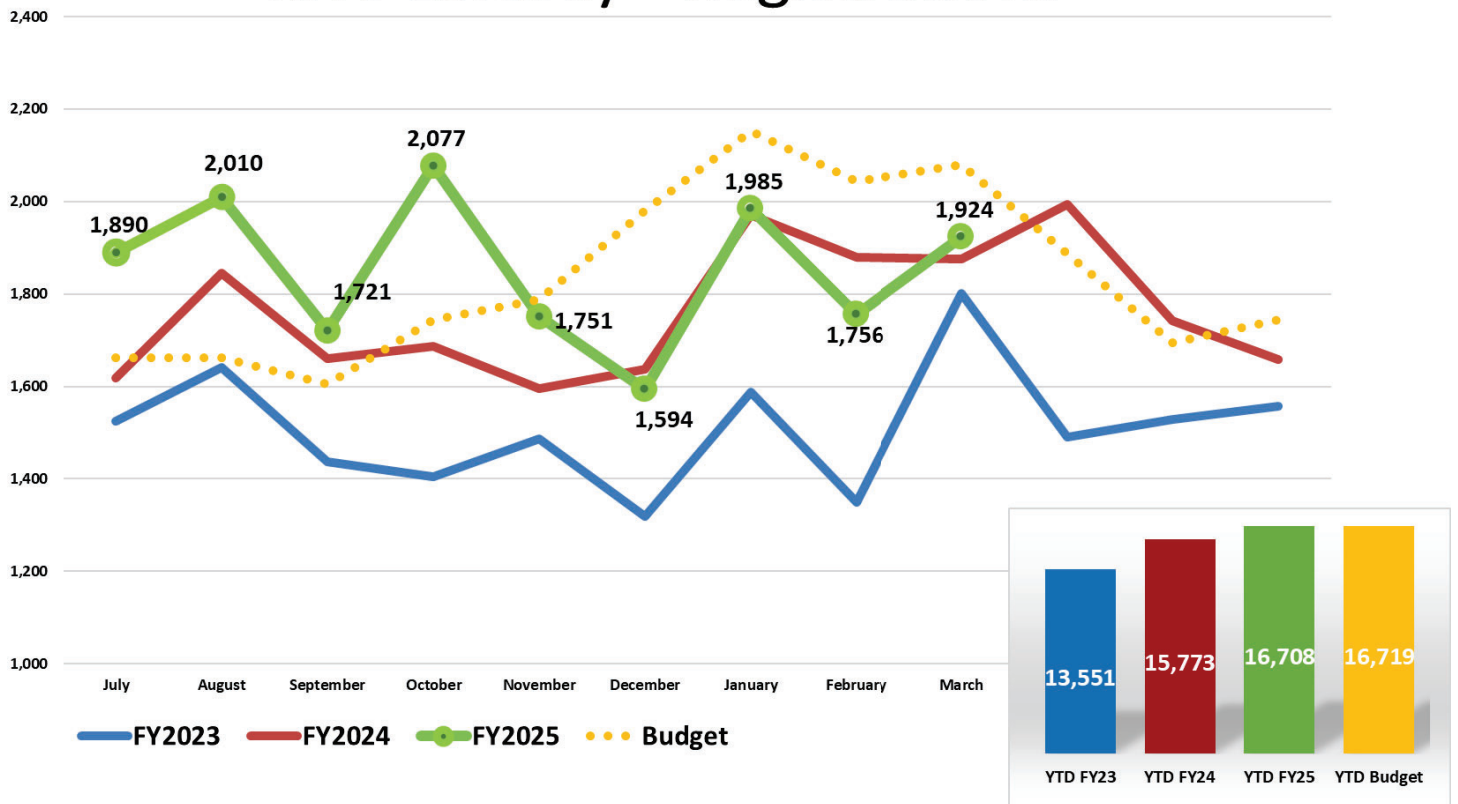
Rural Health Clinics Registrations



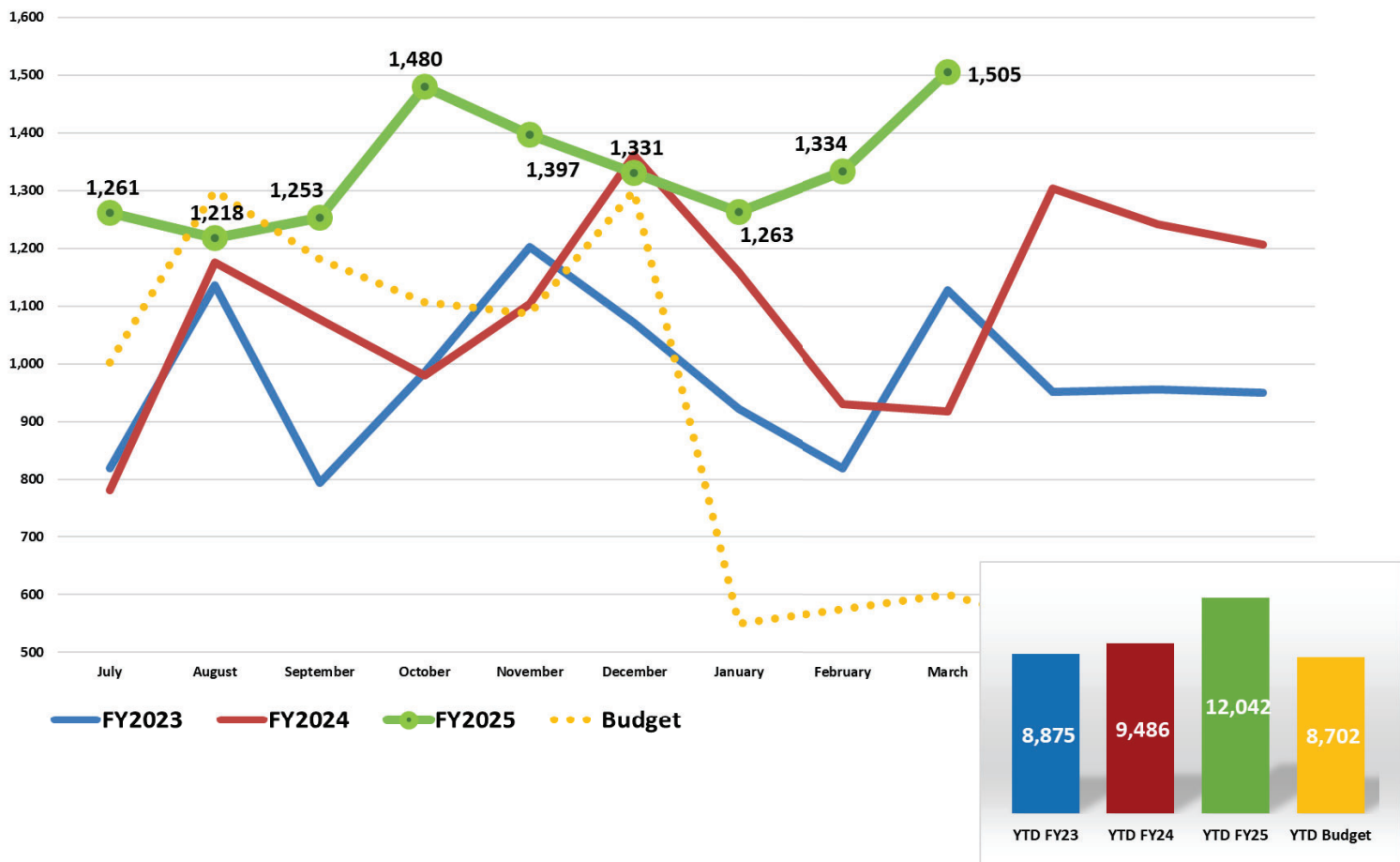
RHC Exeter - Registrations



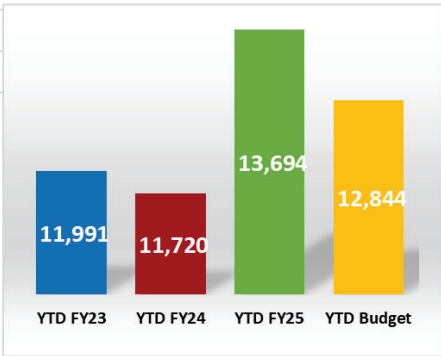
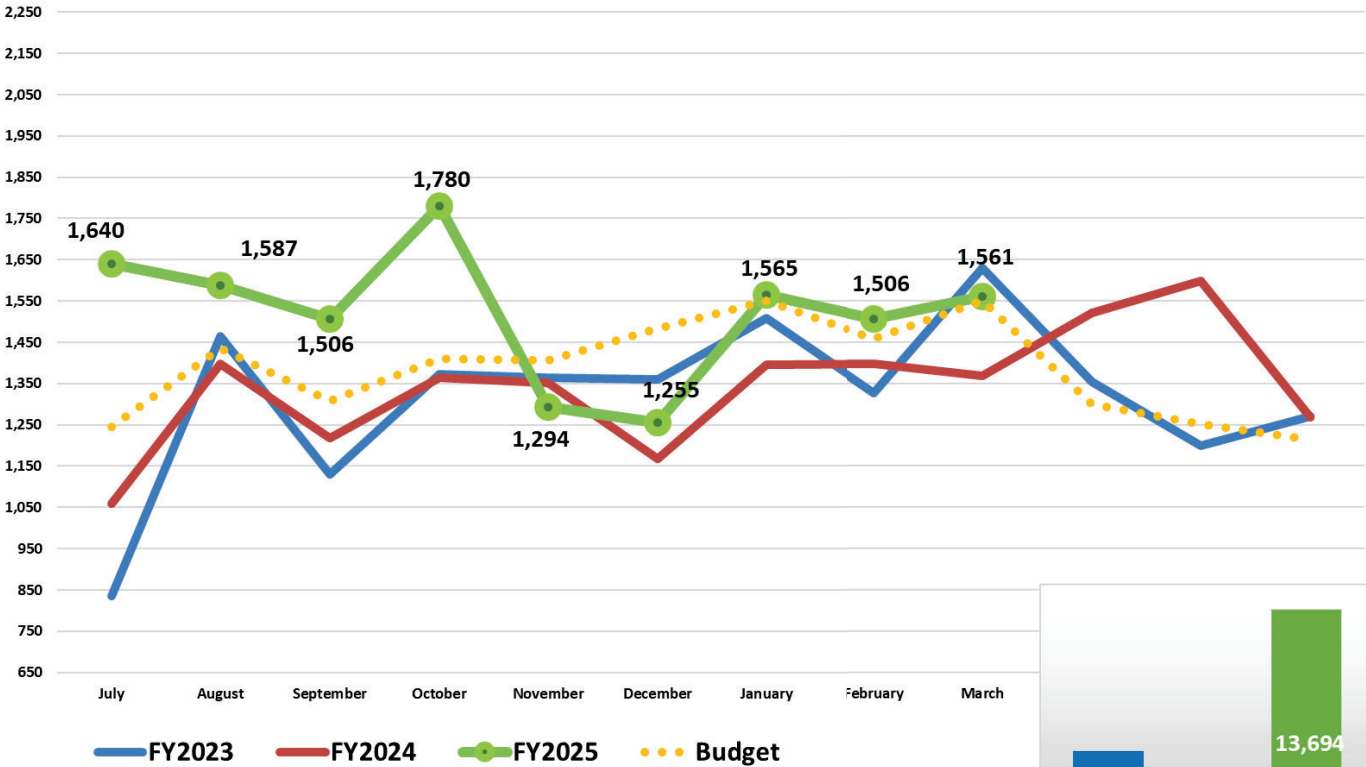
RHC Lindsay - Registrations



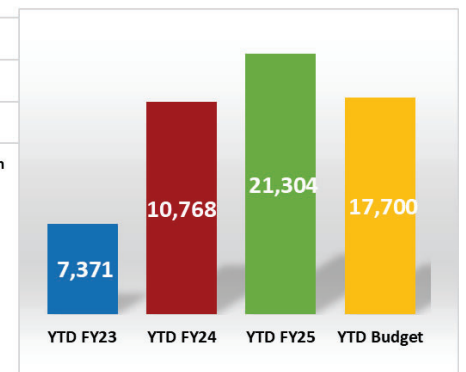
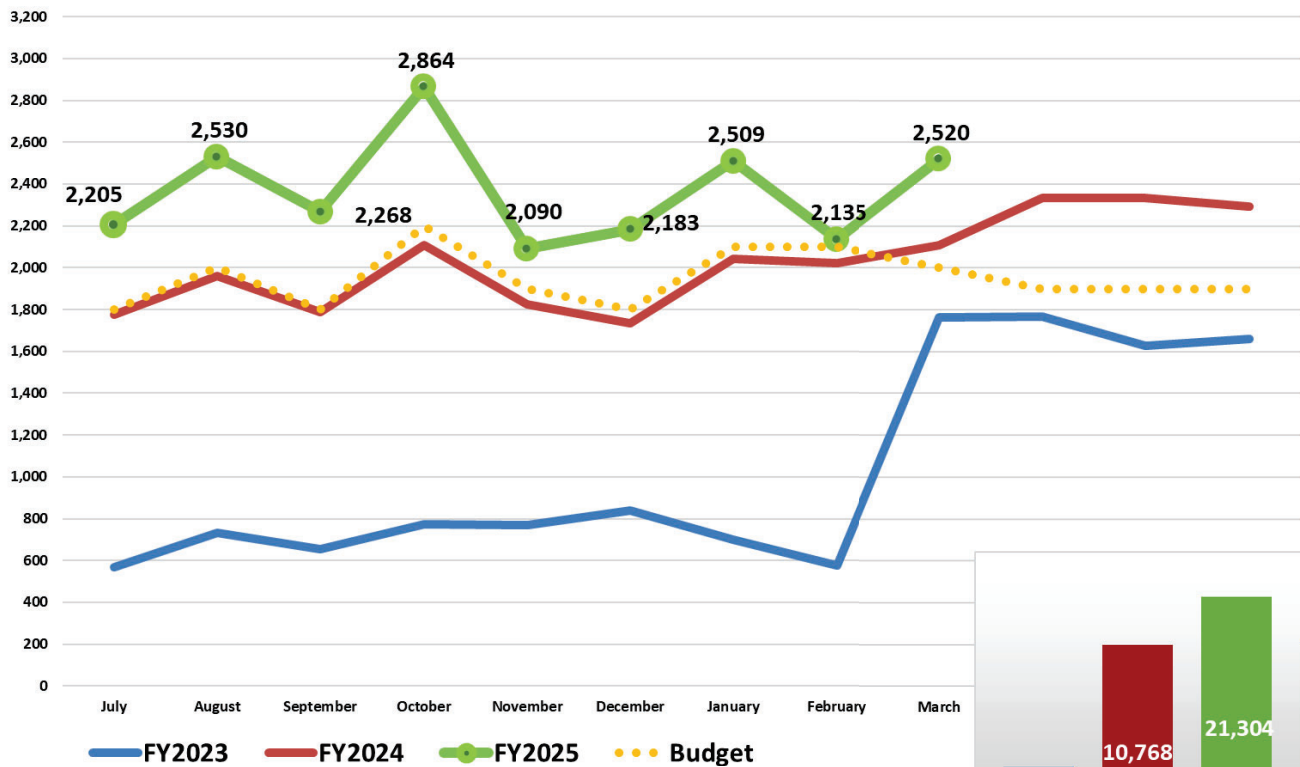
RHC Woodlake - Registrations



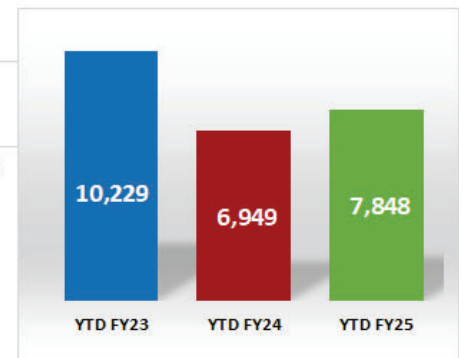
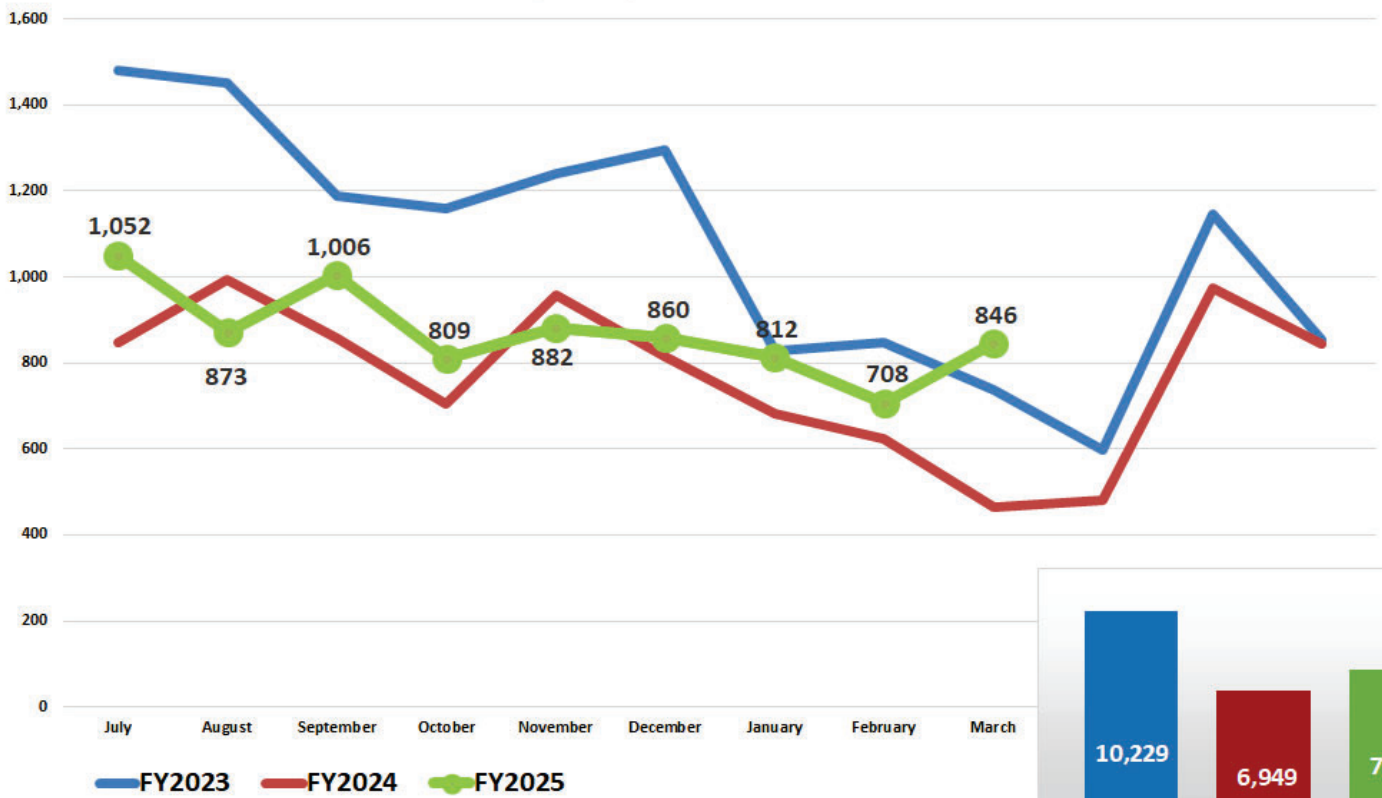
RHC Dinuba - Registrations



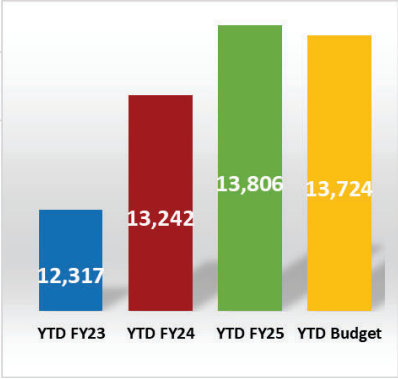
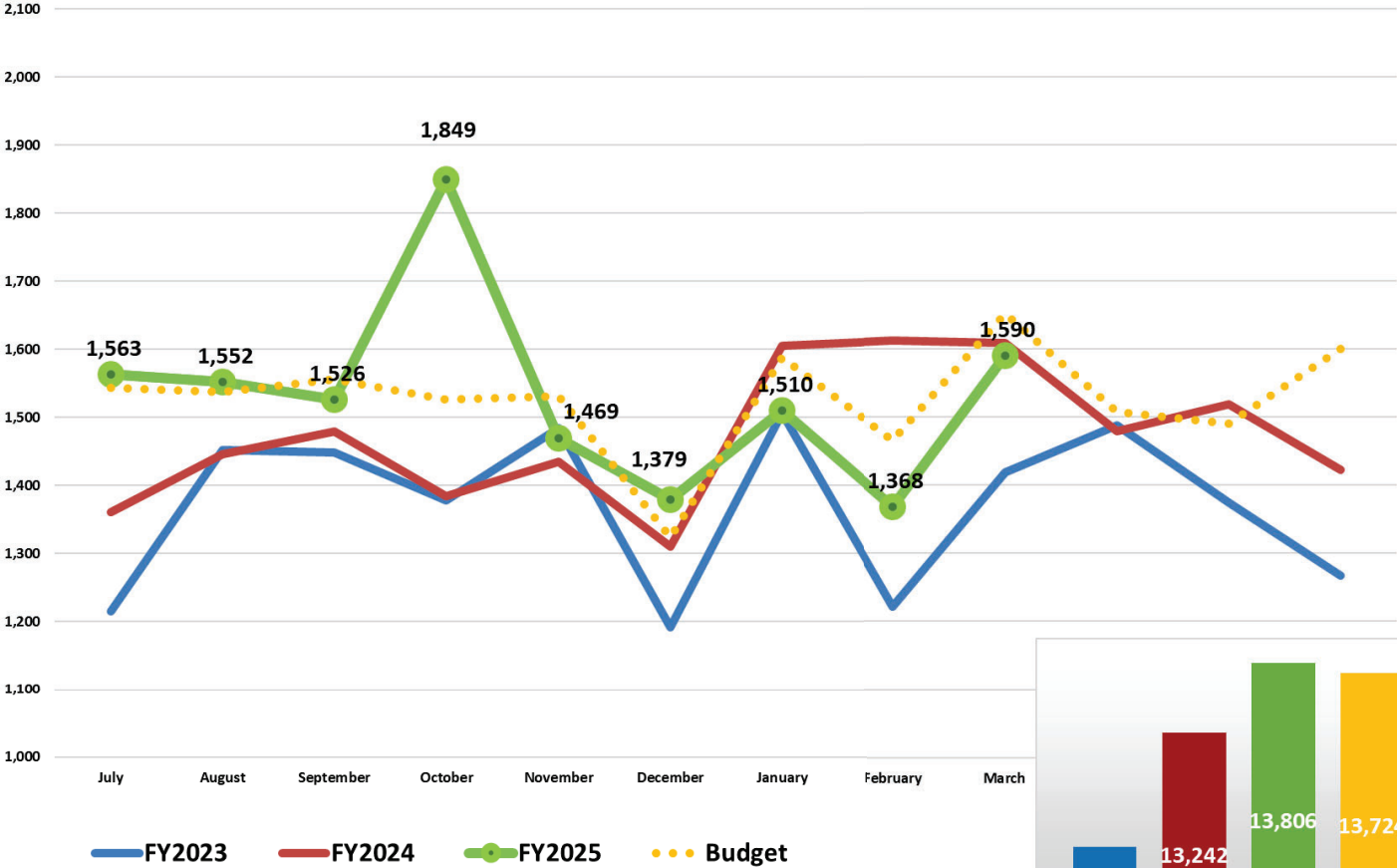
RHC Tulare - Registrations



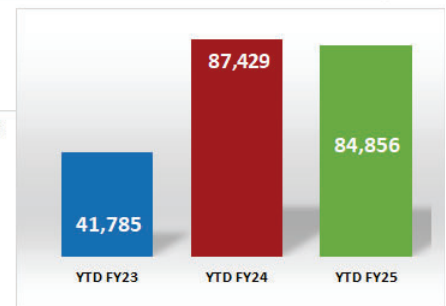
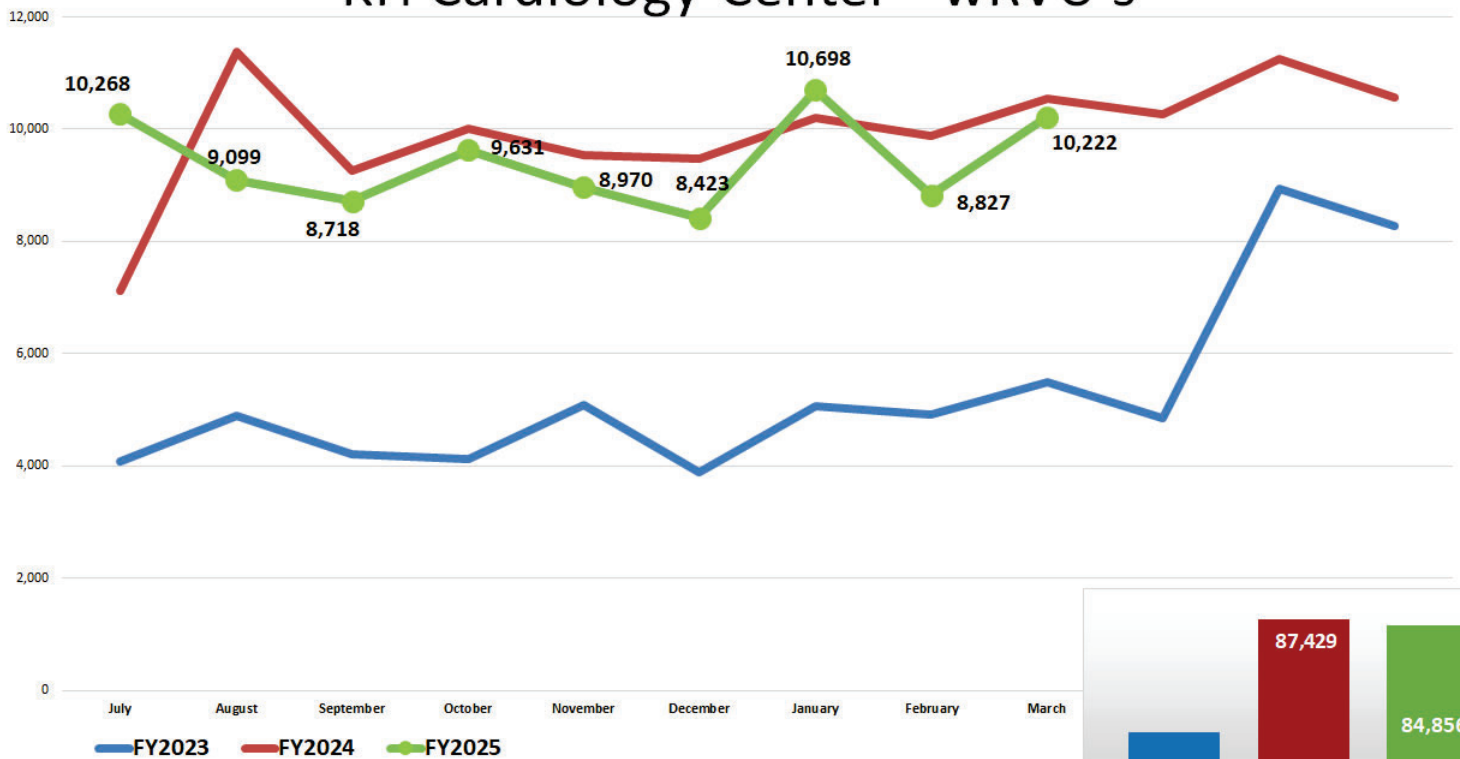
Neurosurgery Clinic - wRVU's



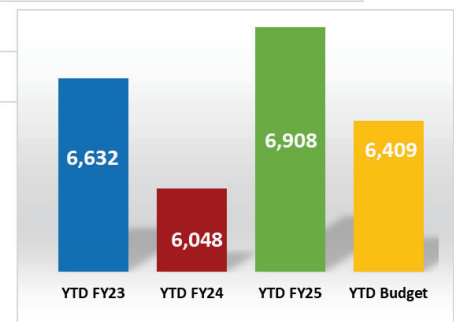
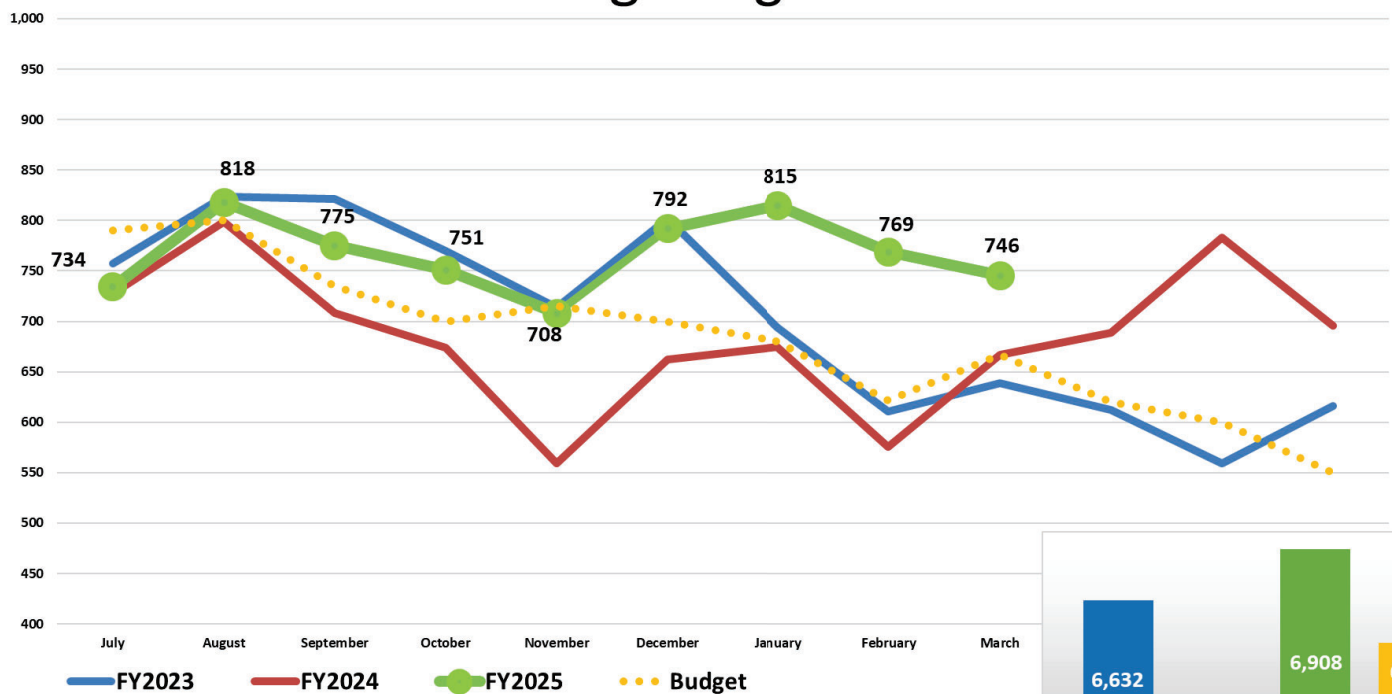
KH Cardiology Center Registrations



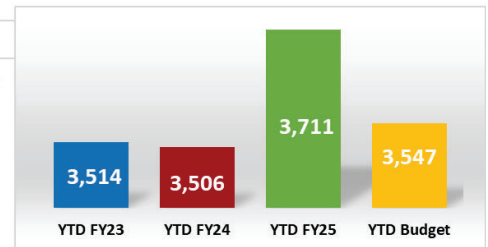
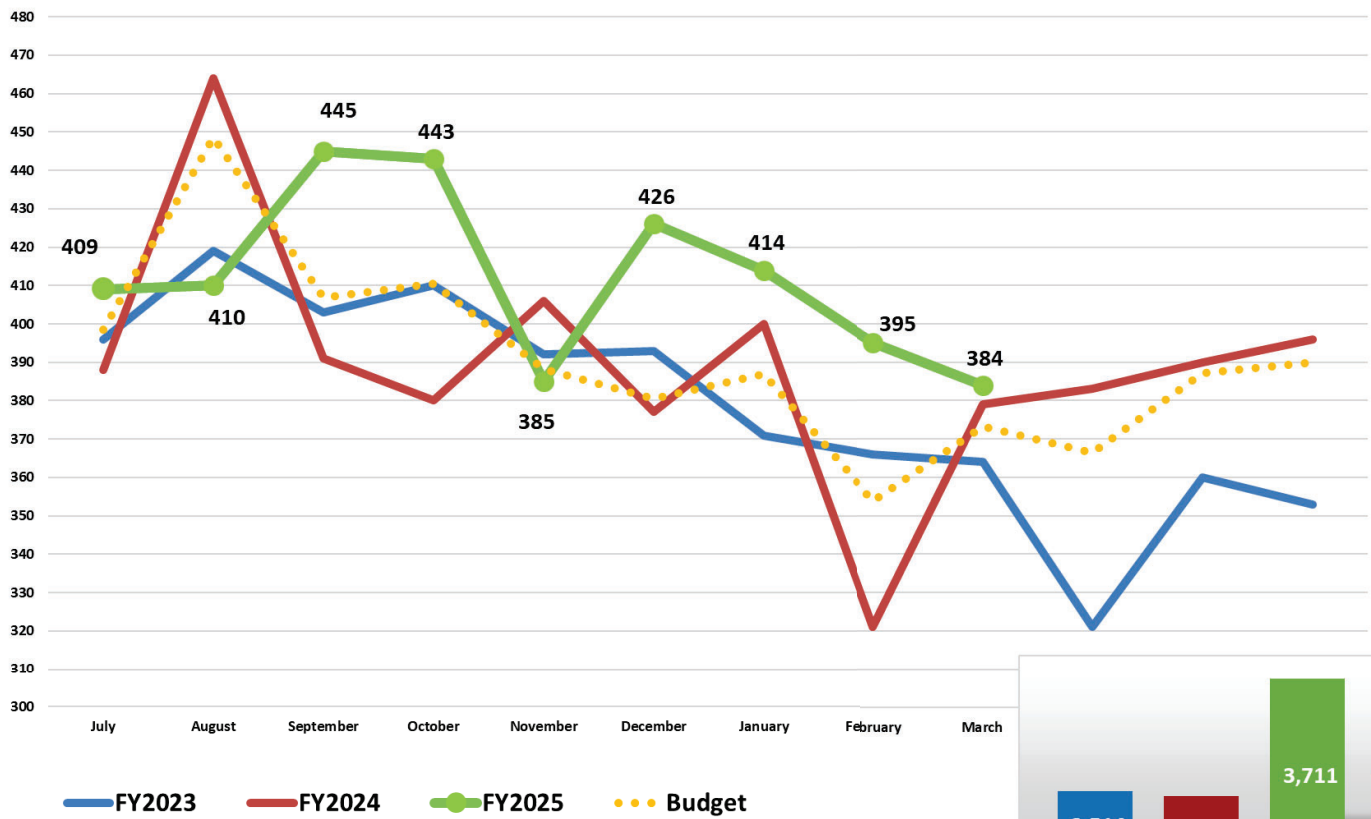
KH Cardiology Center - wRVU's



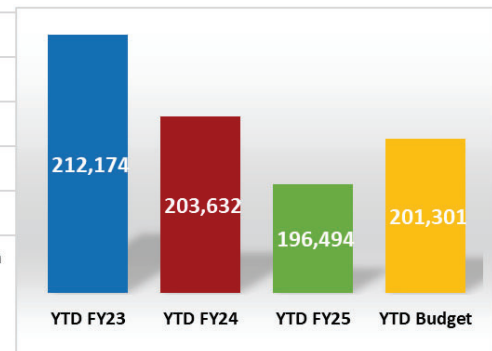
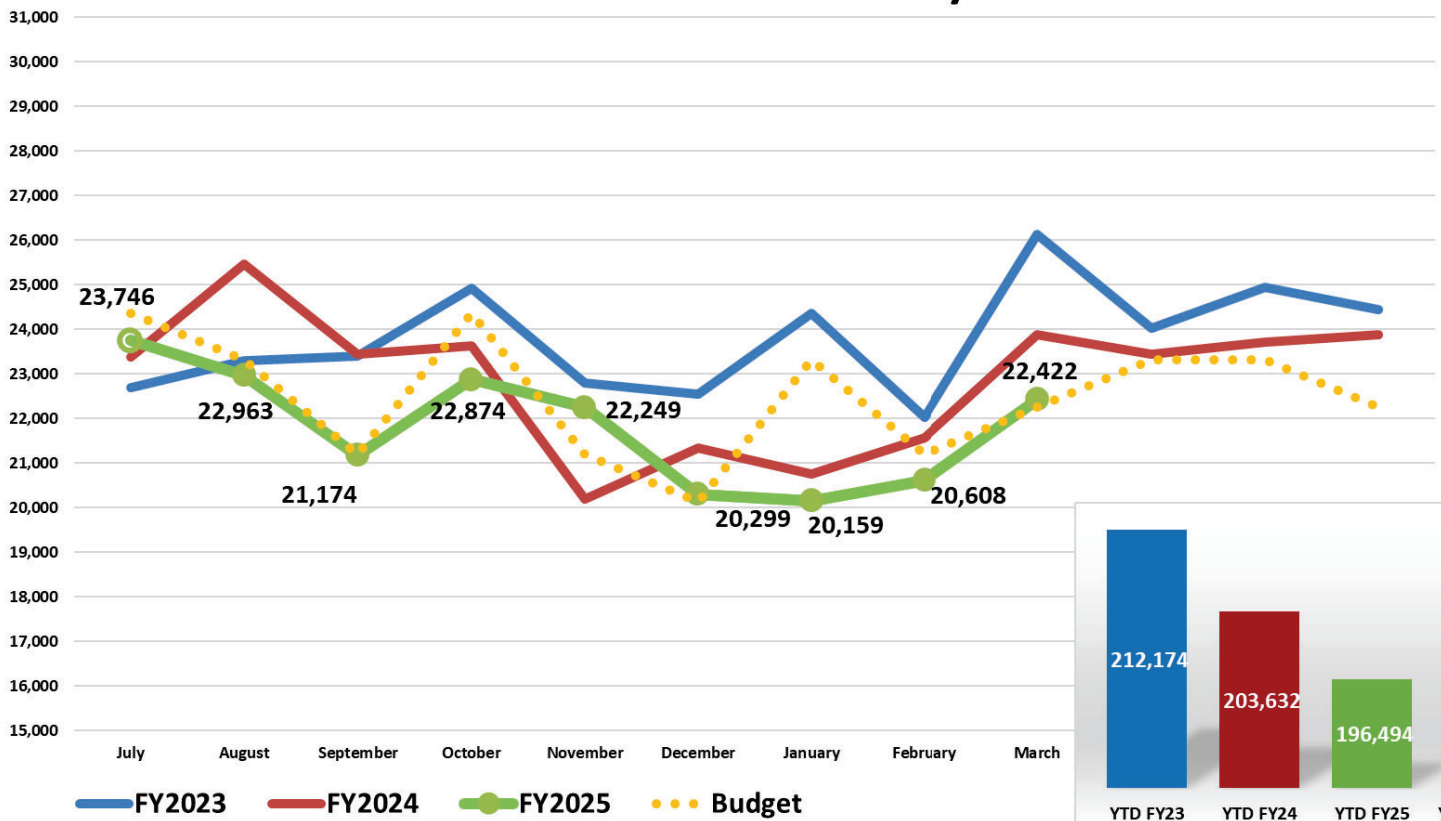
Labor Triage Registrations



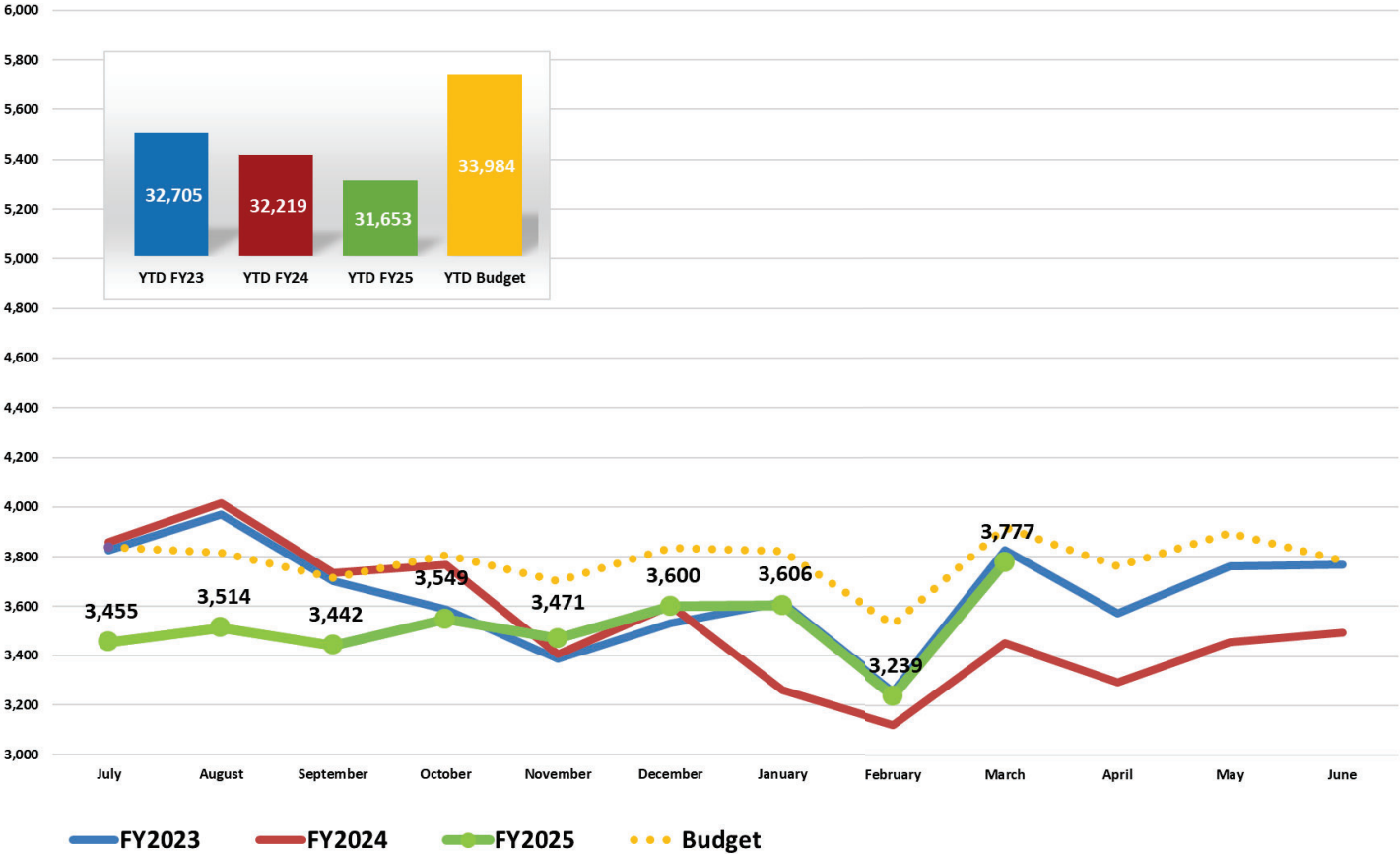
Deliveries



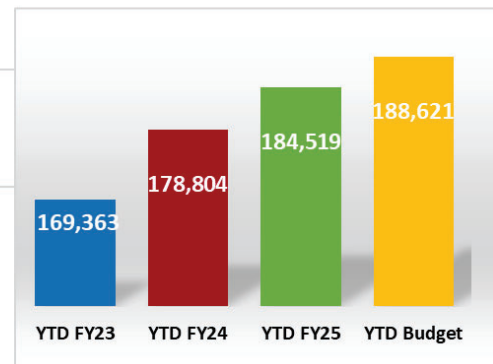
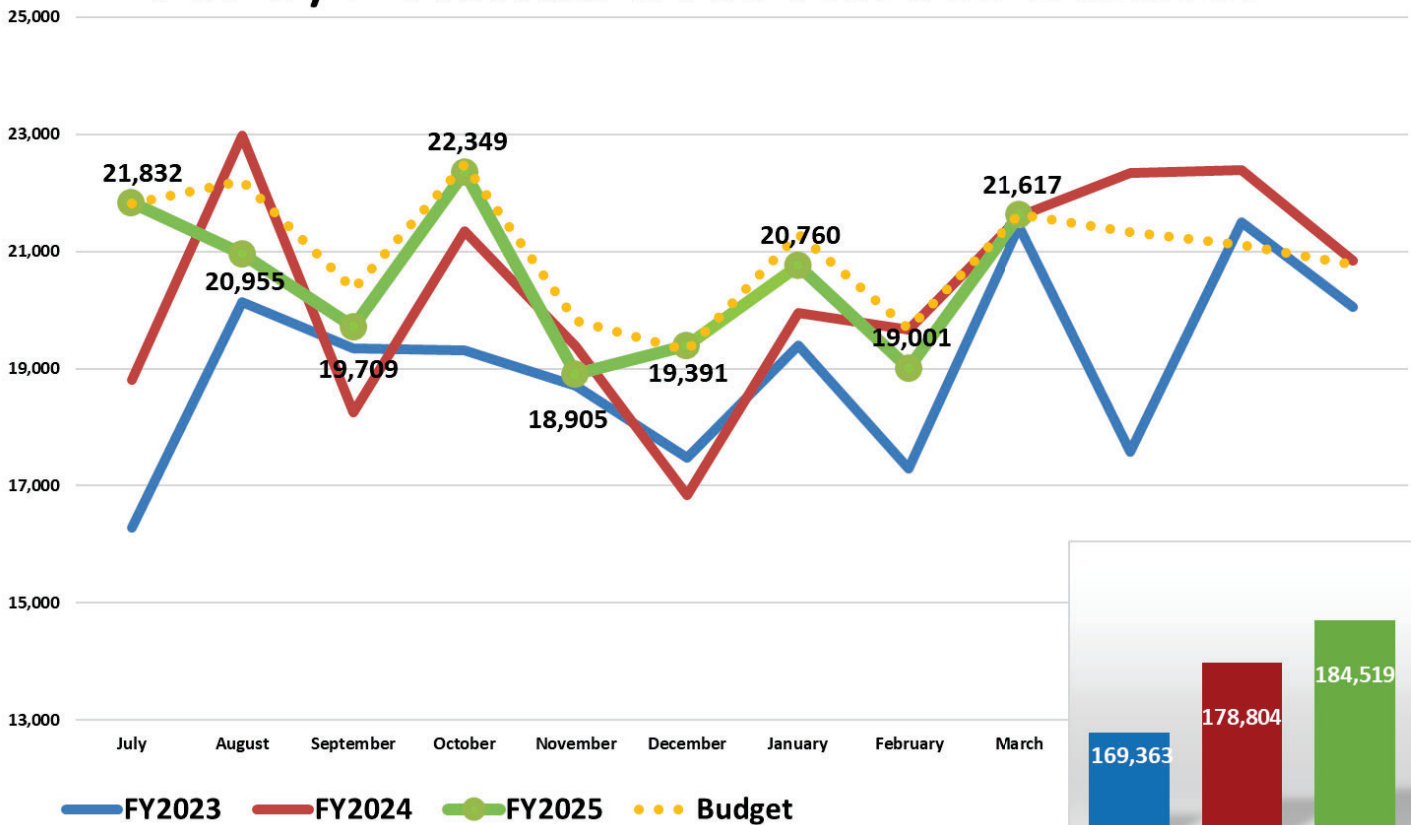
Home Infusion Days



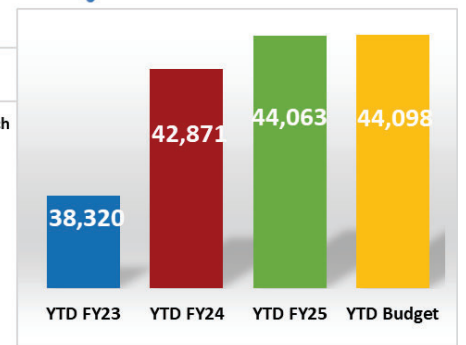
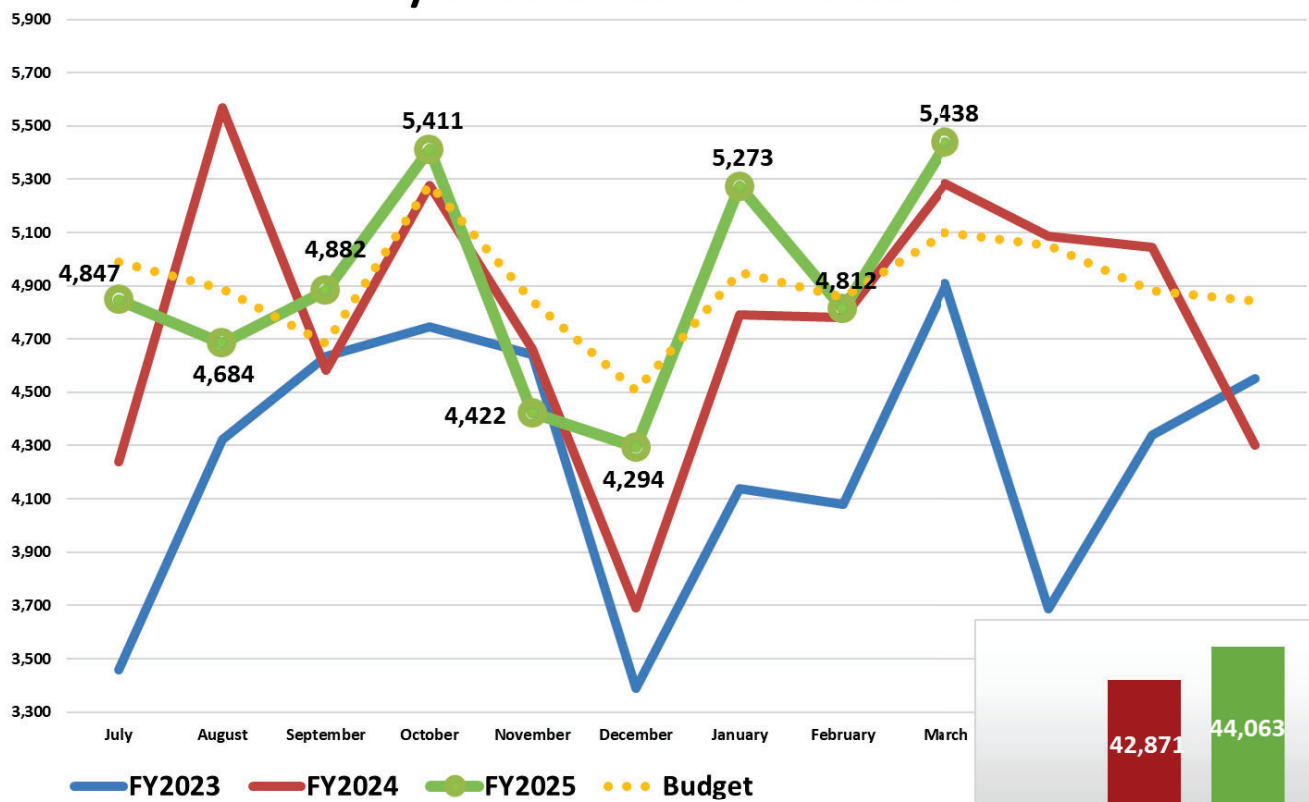
Hospice Days



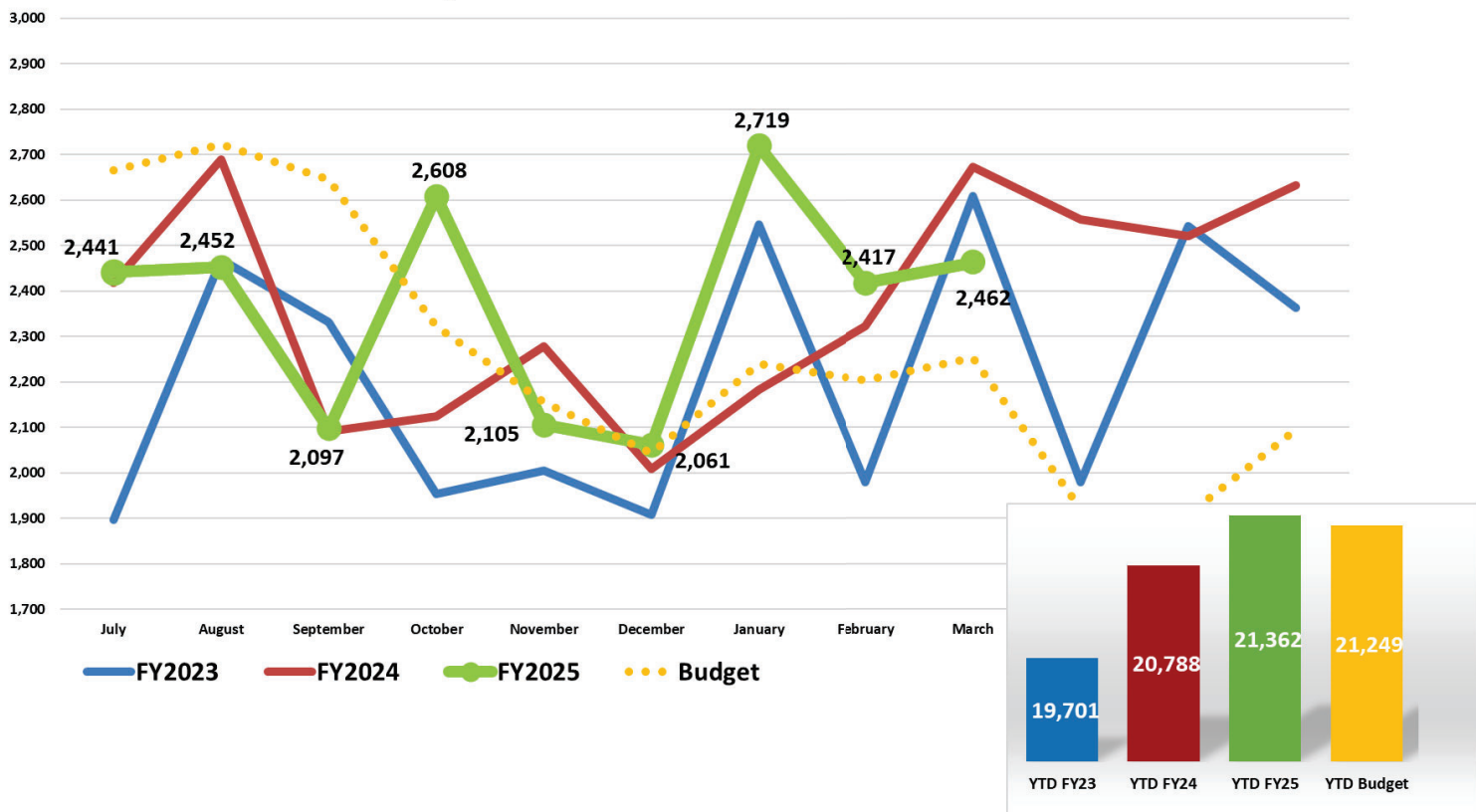
All O/P Rehab Svcs Across District



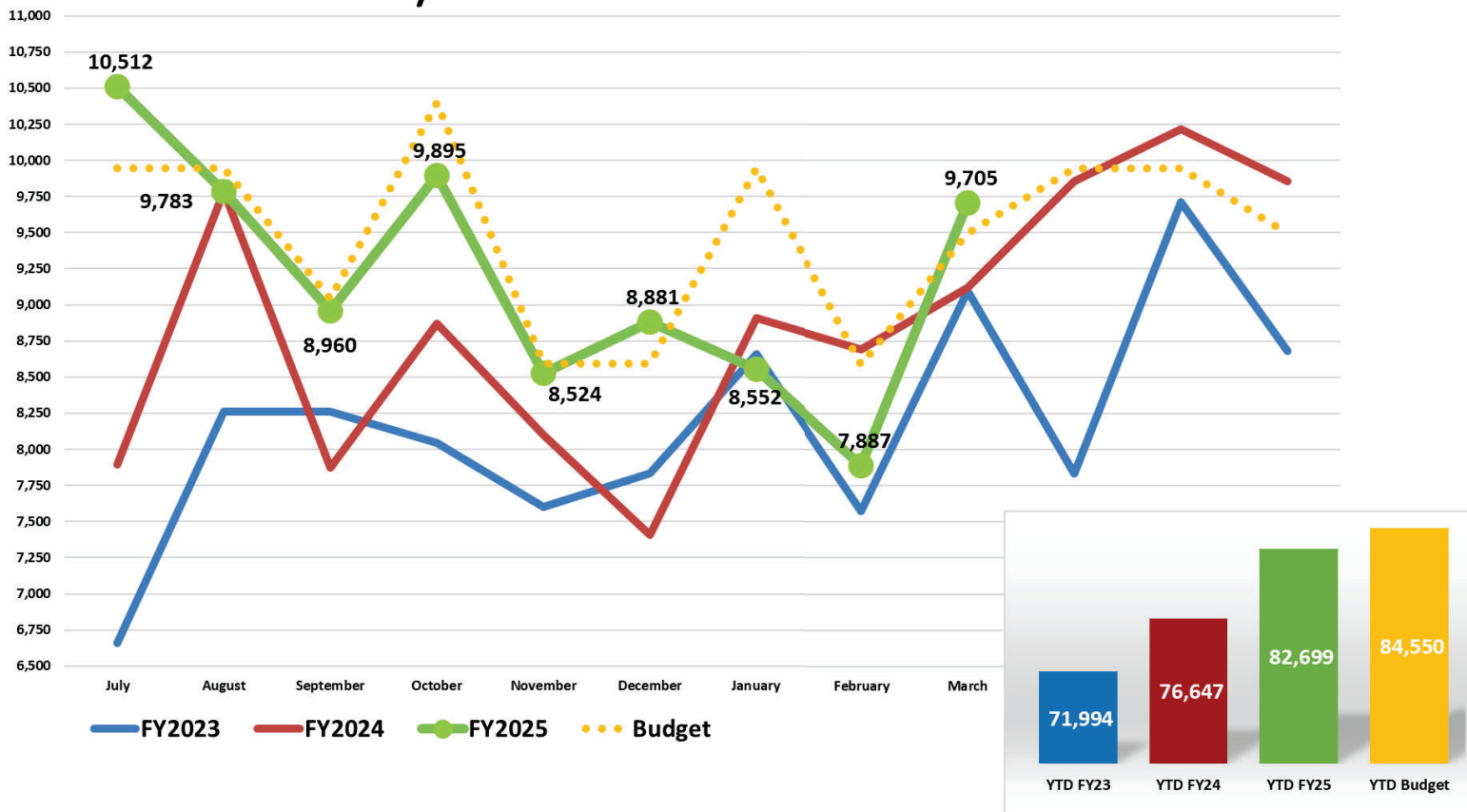
O/P Rehab Services



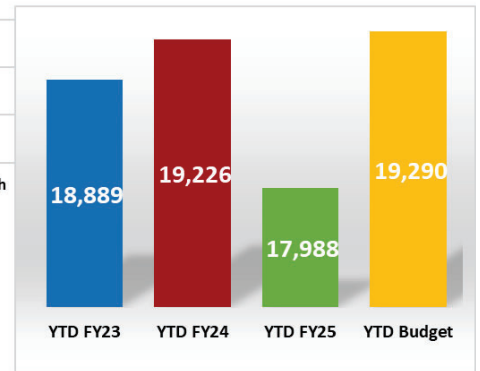
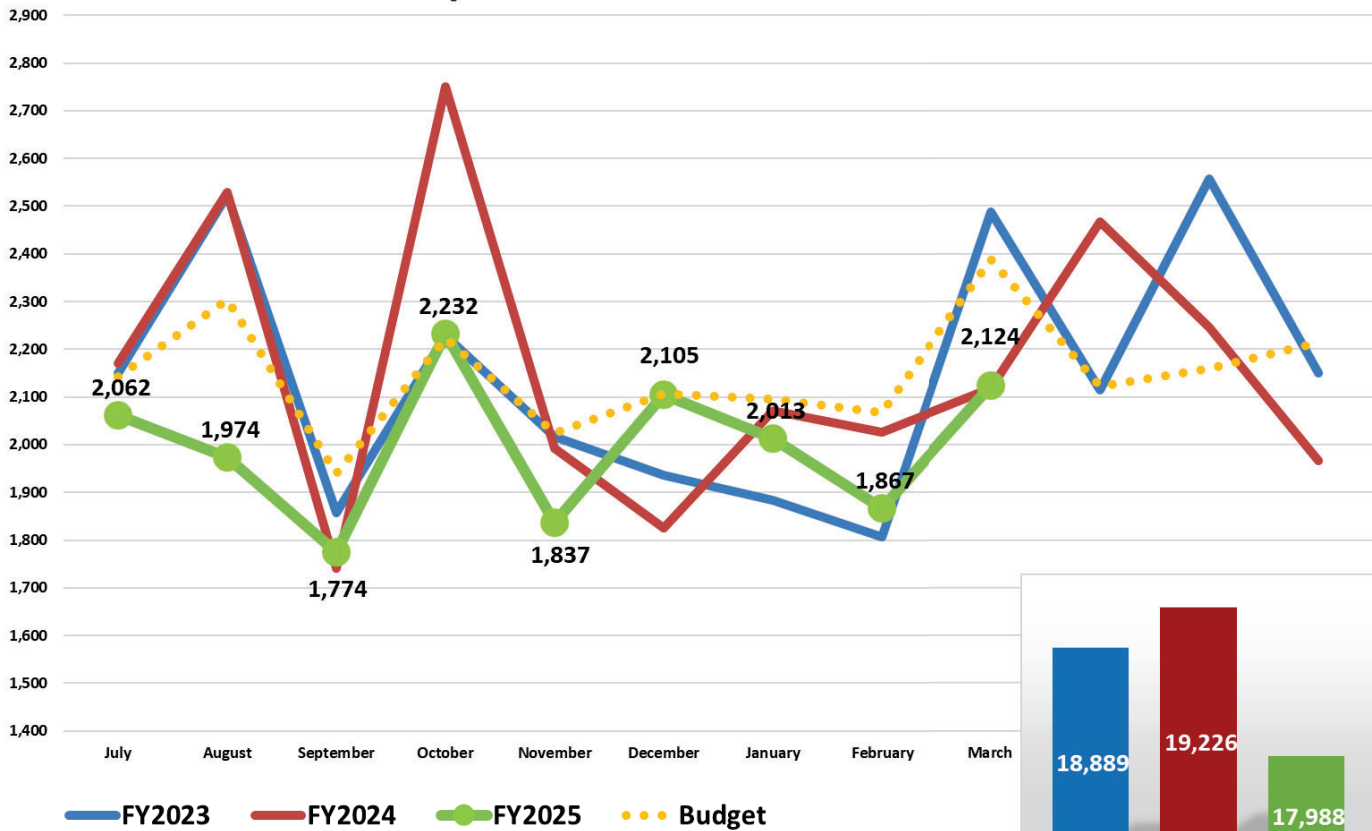
O/P Rehab - Exeter



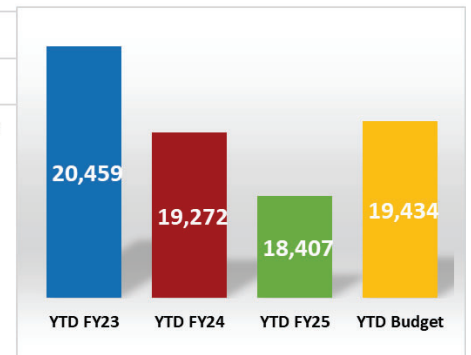
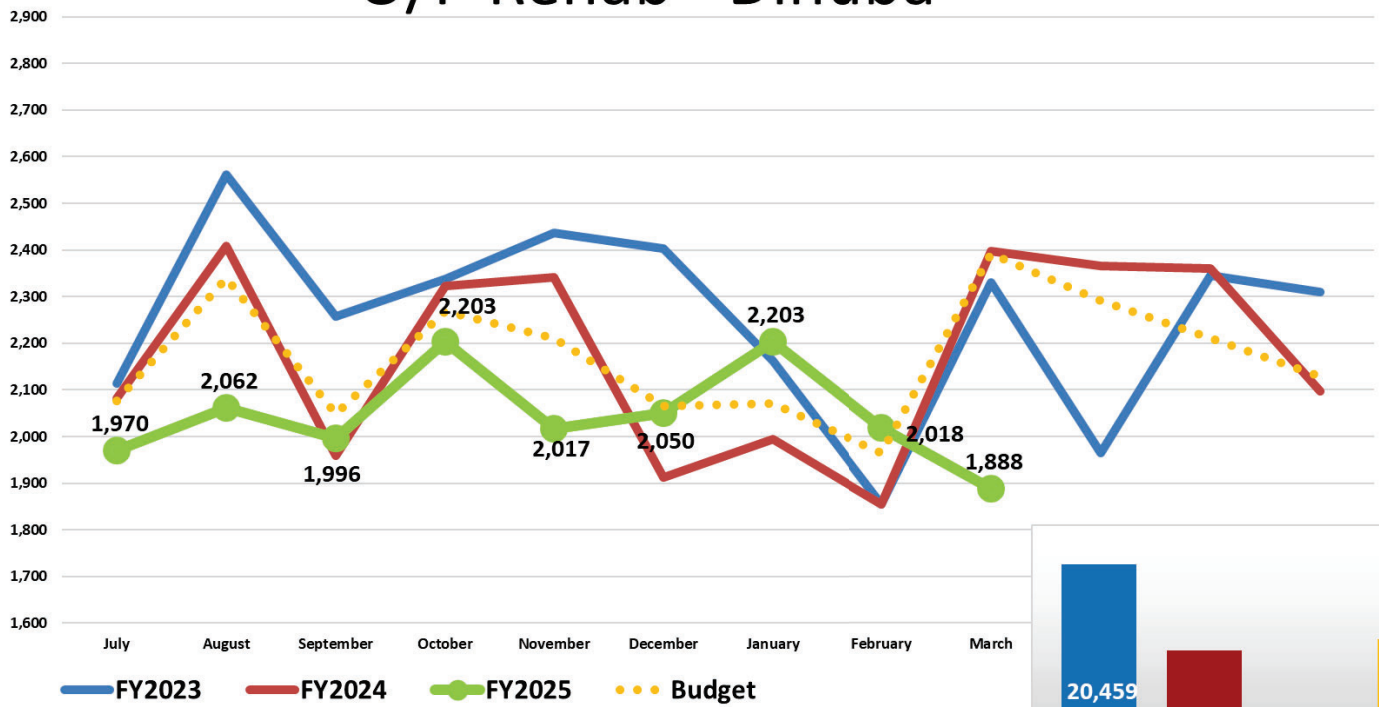
O/P Rehab - Akers



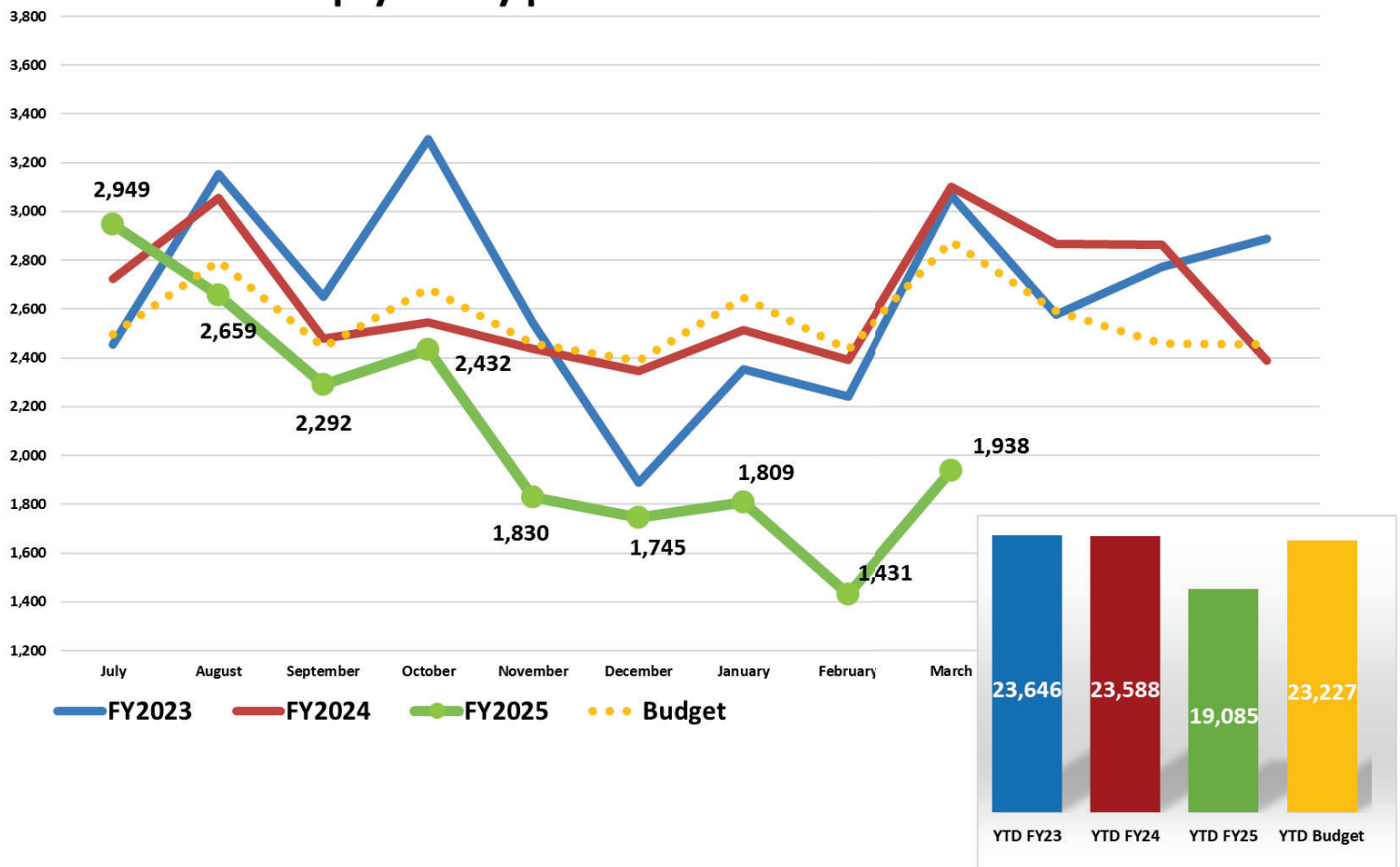
O/P Rehab - LLOPT



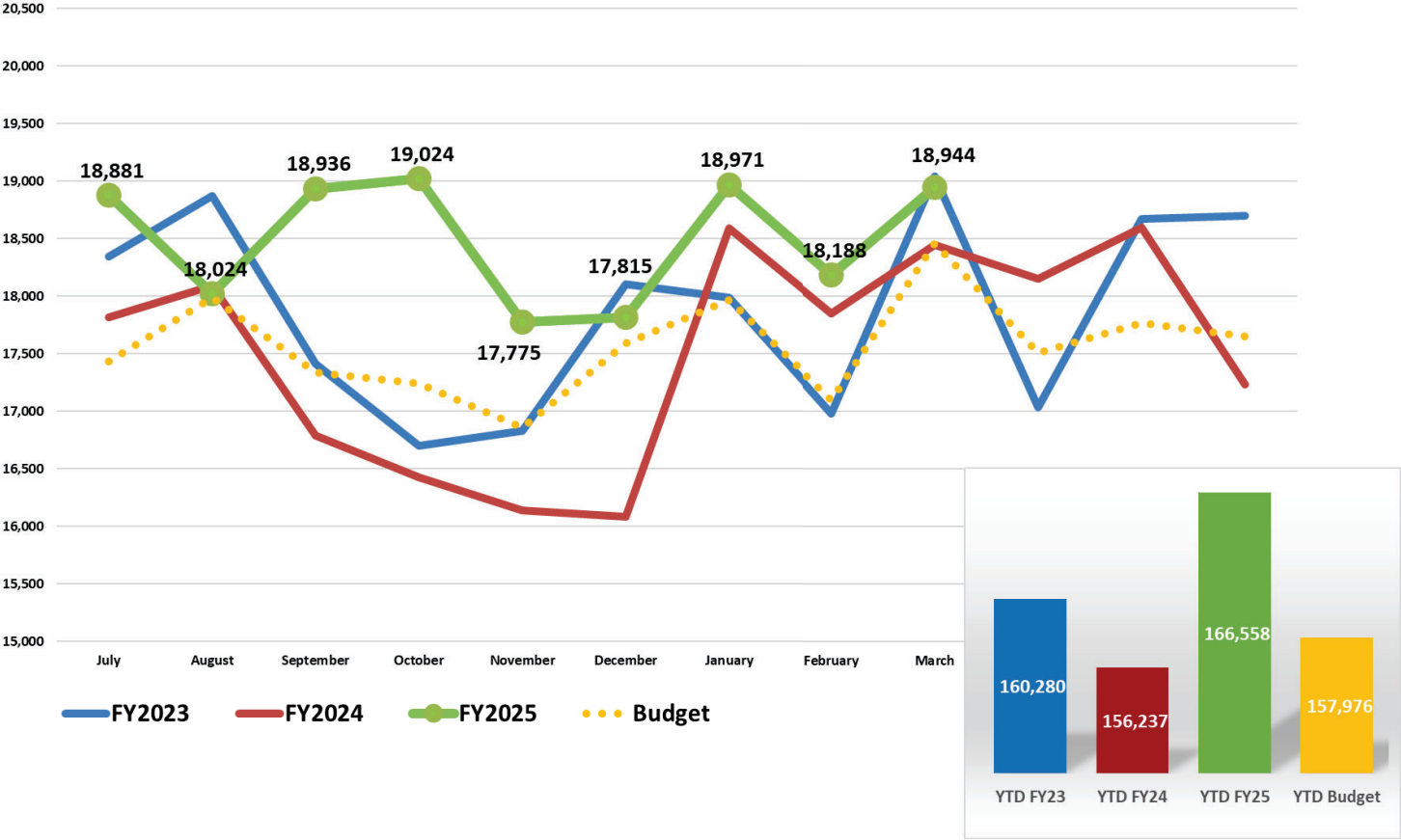
O/P Rehab - Dinuba



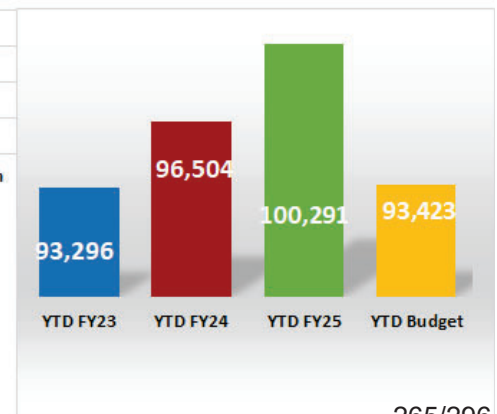
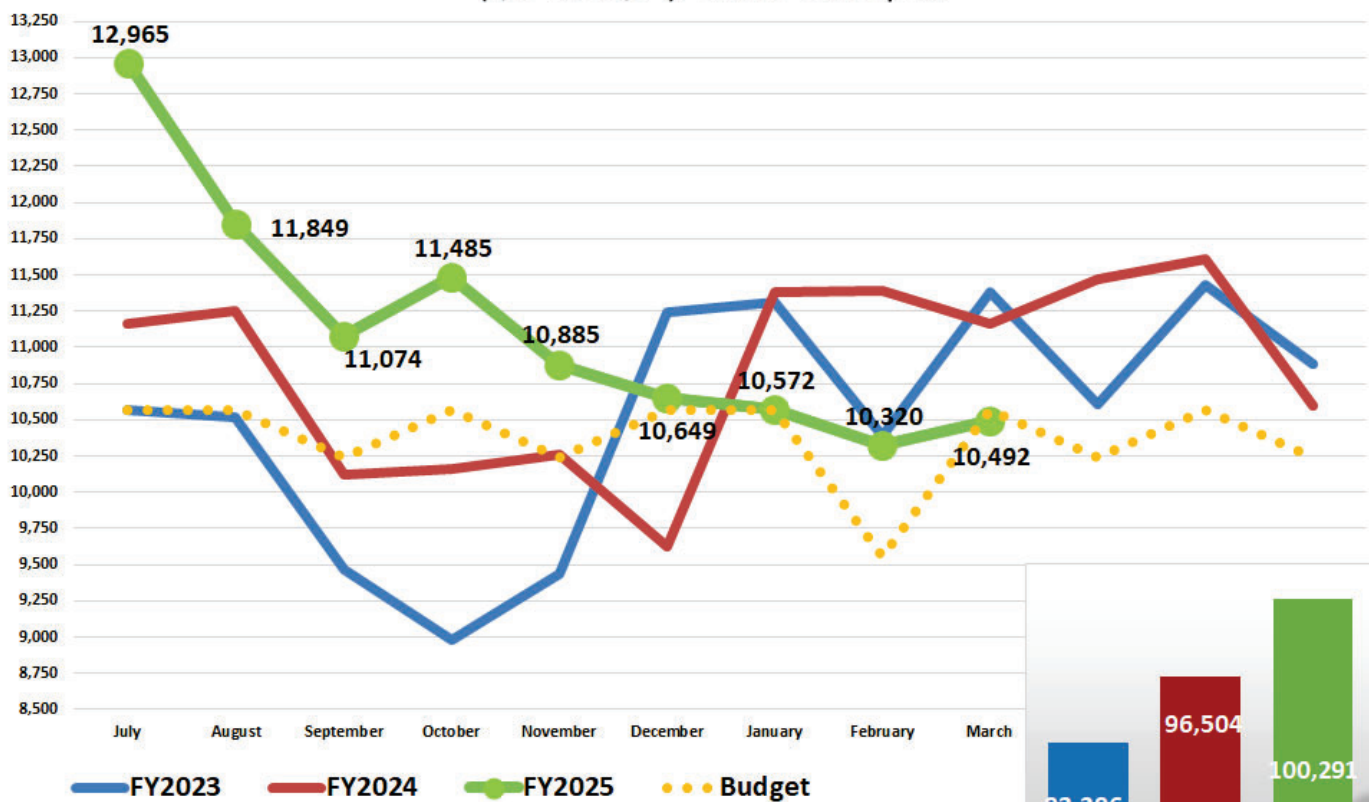
Therapy - Cypress Hand Center



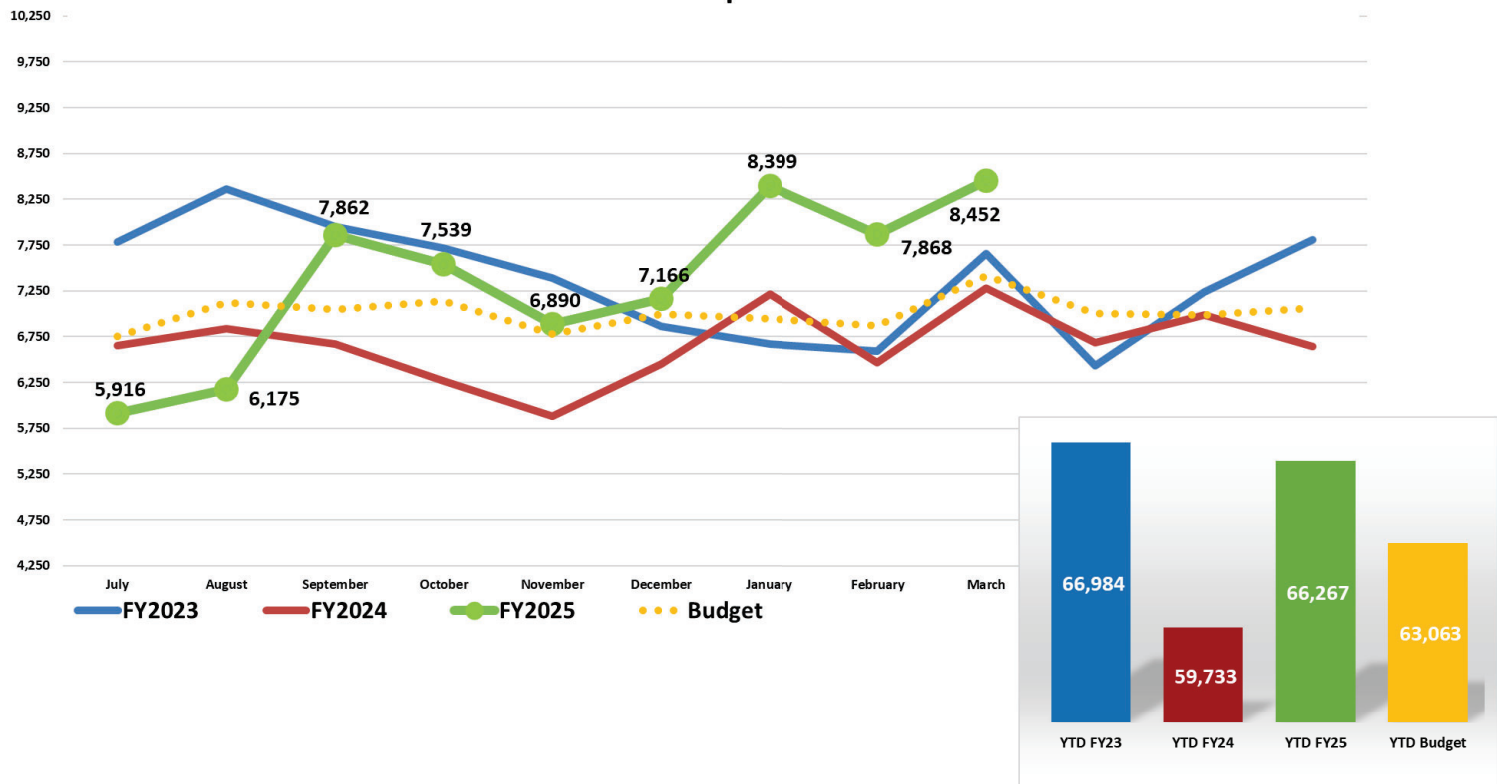
Physical & Other Therapy Units (I/P & O/P)



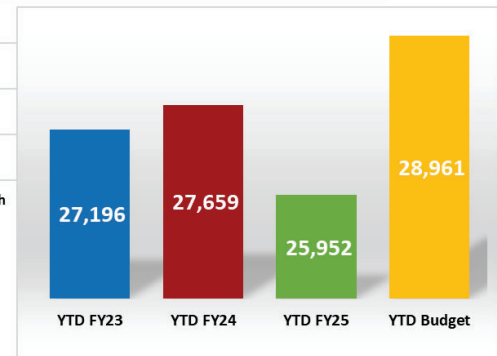
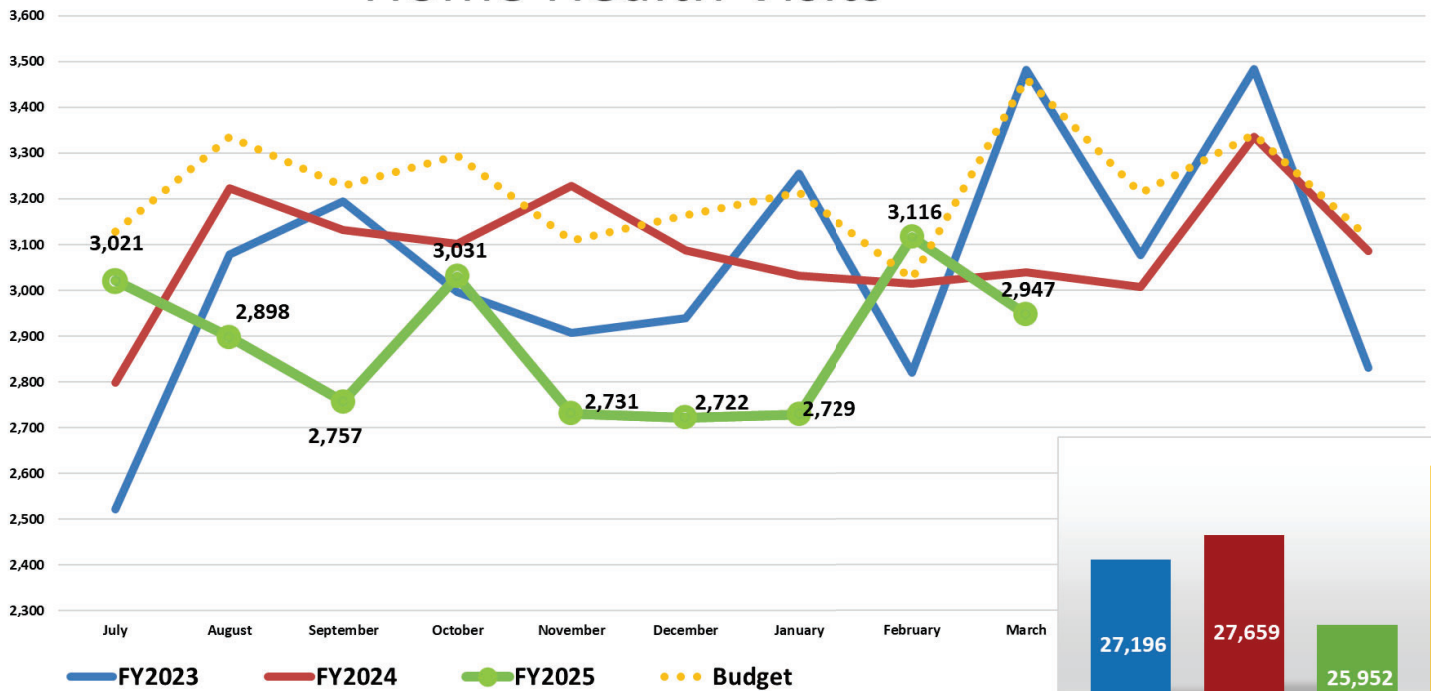
Physical & Other Therapy Units (I/P & O/P)-Main Campus



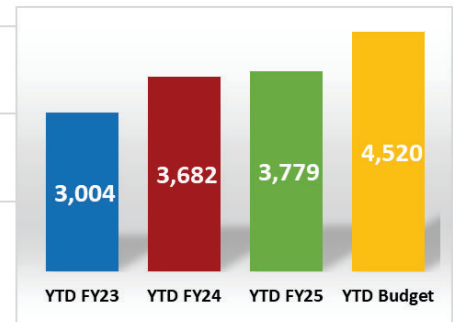
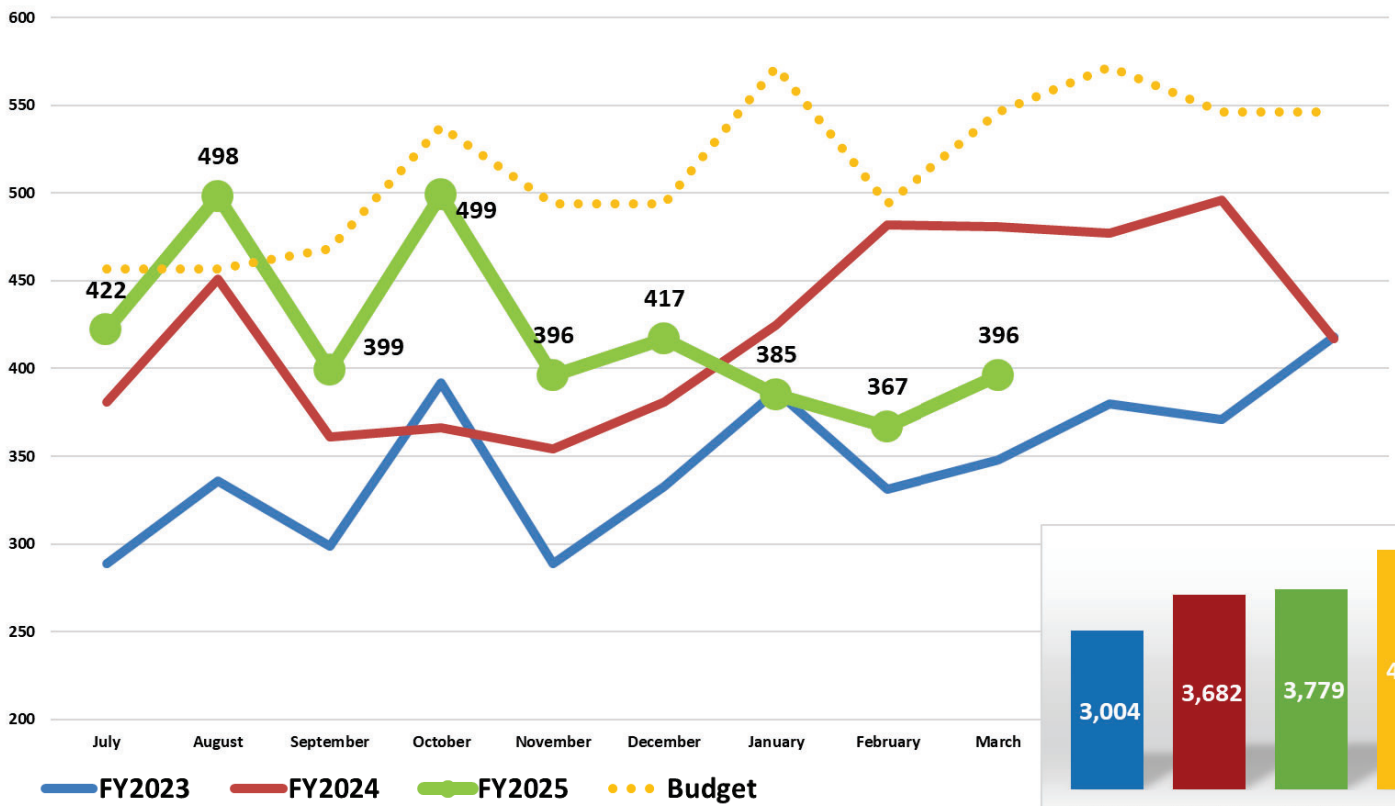
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



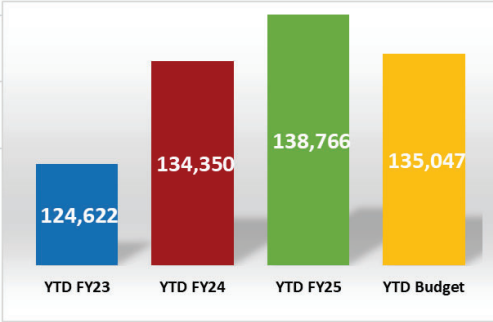
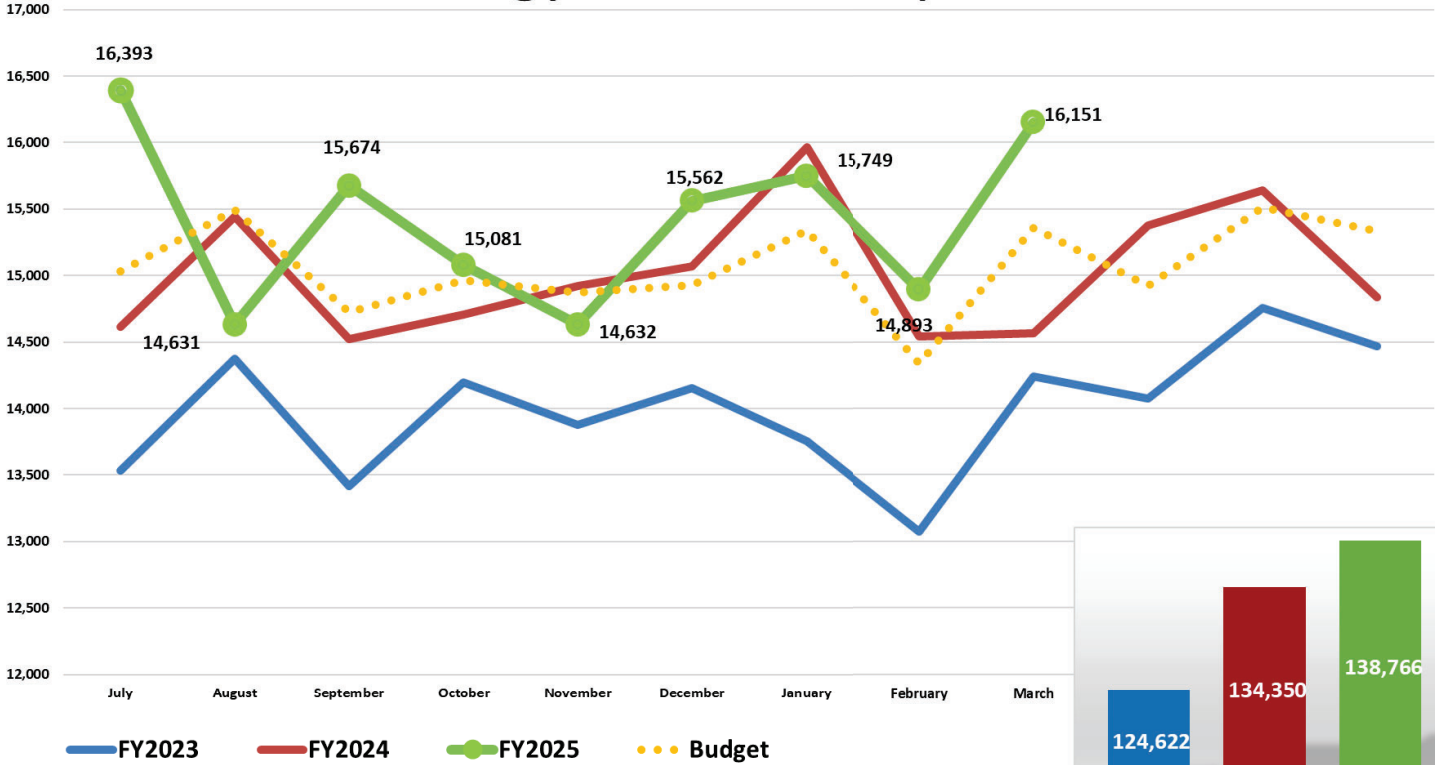
Home Health Visits



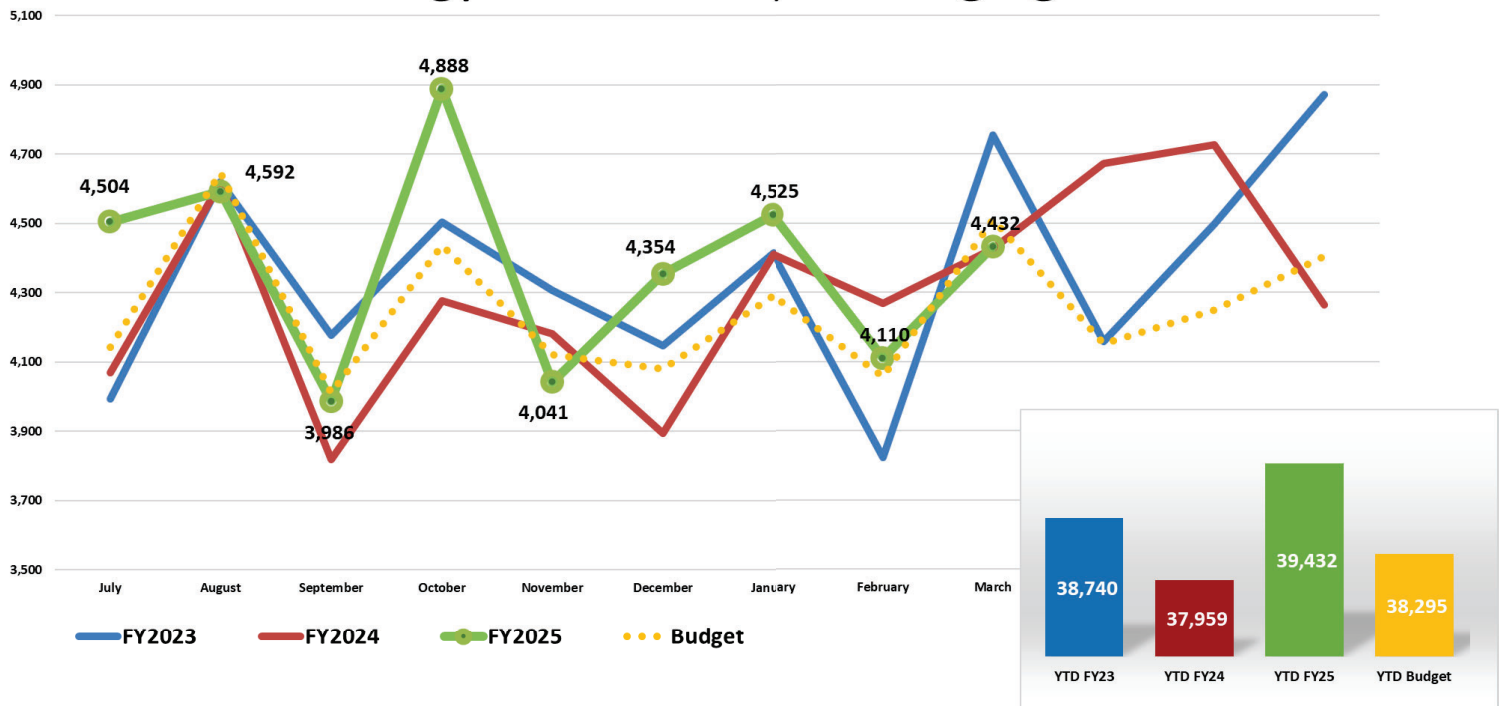
Infusion Center - Units of Service



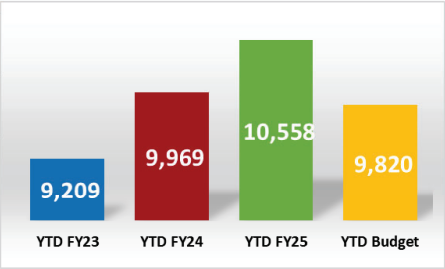
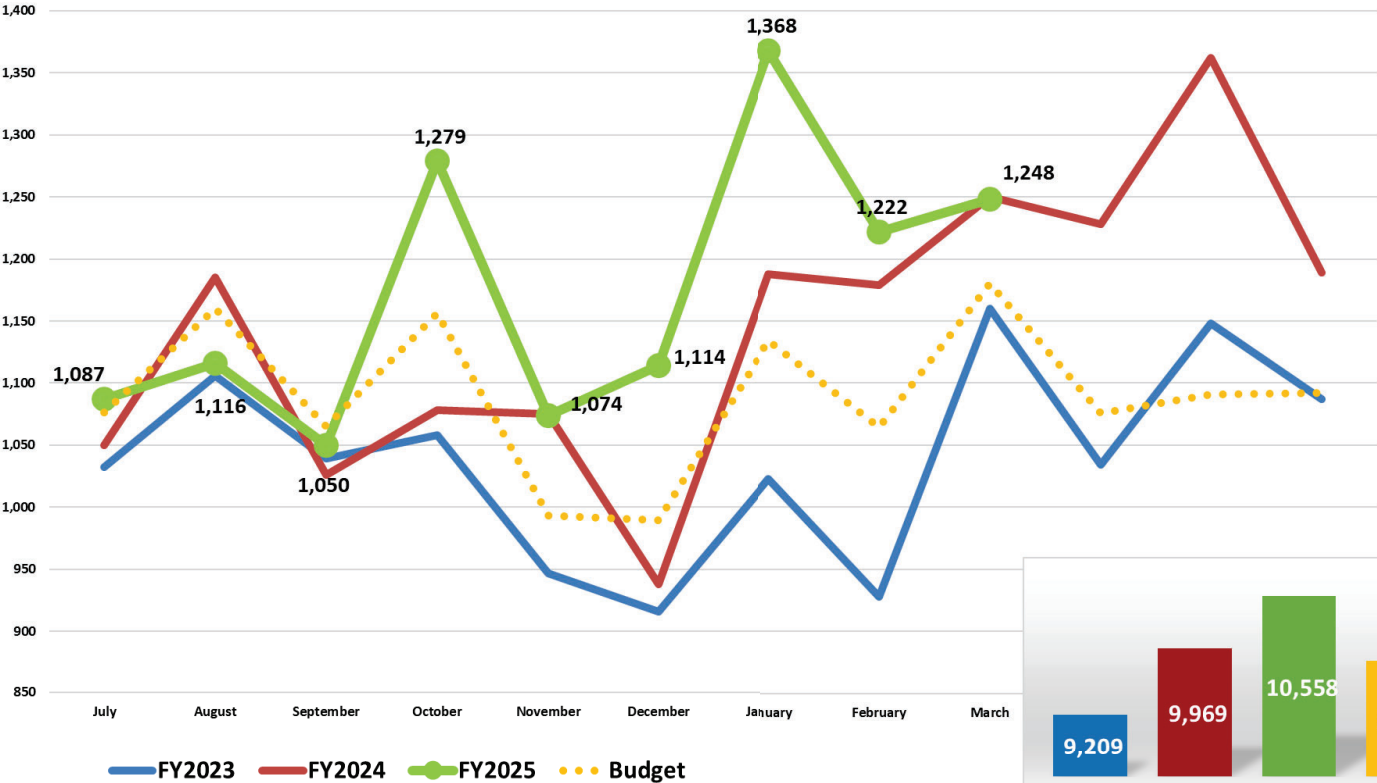
Radiology – Main Campus



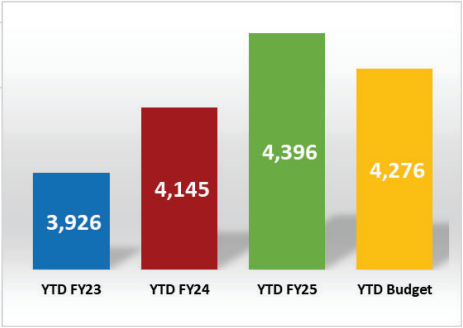
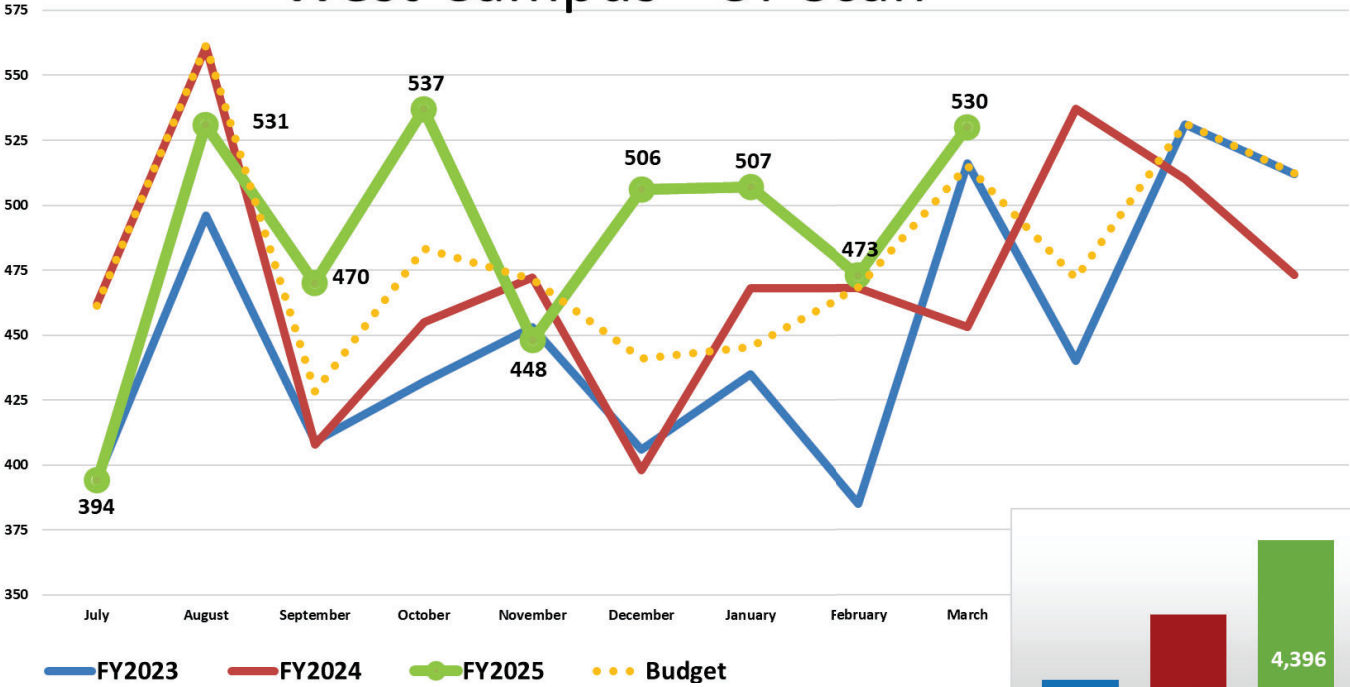
Radiology - West Campus Imaging



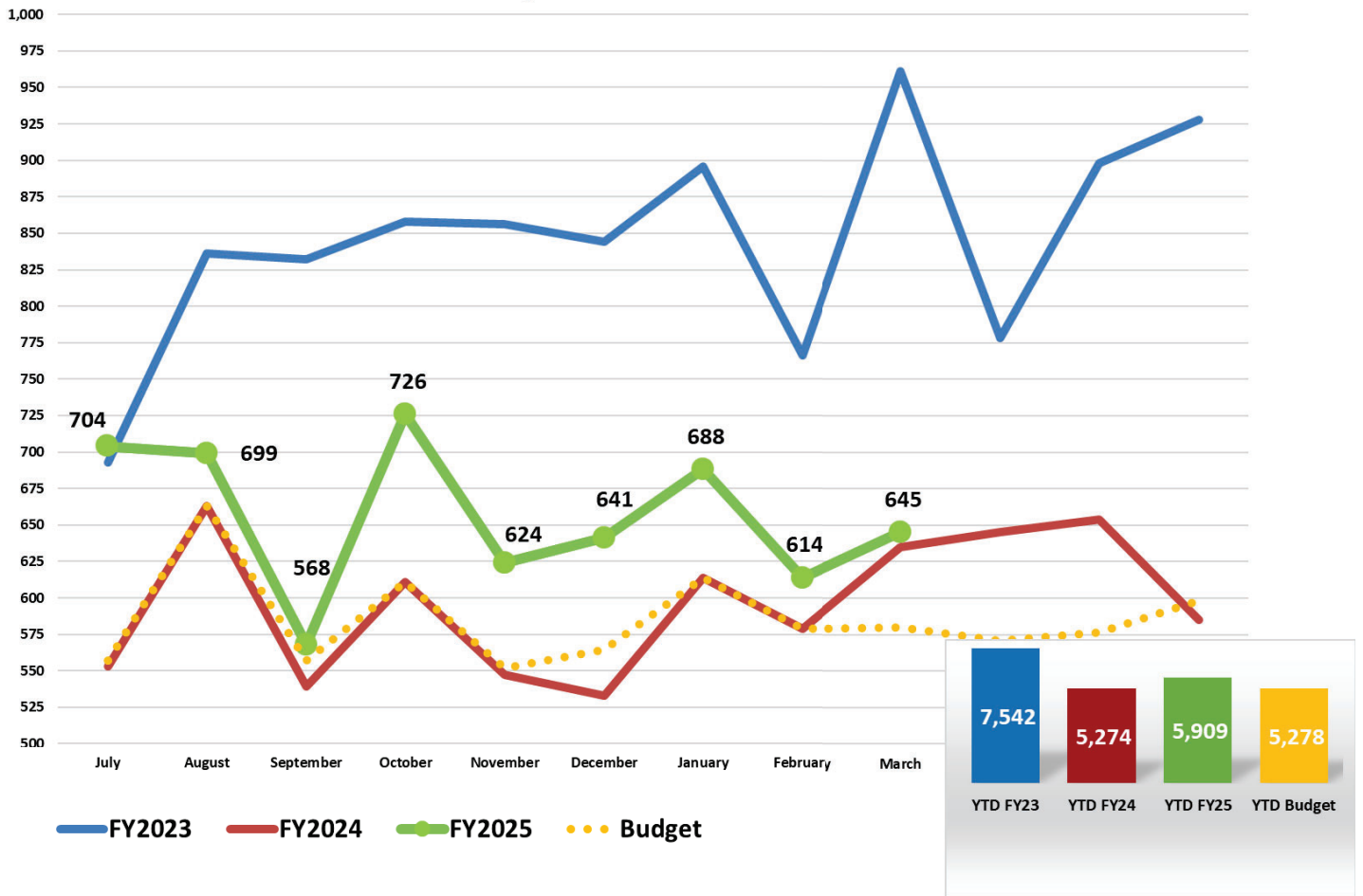
West Campus - Diagnostic Radiology



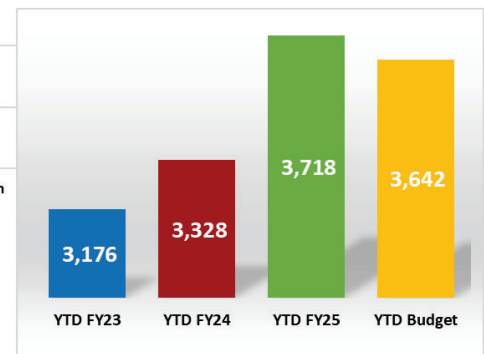
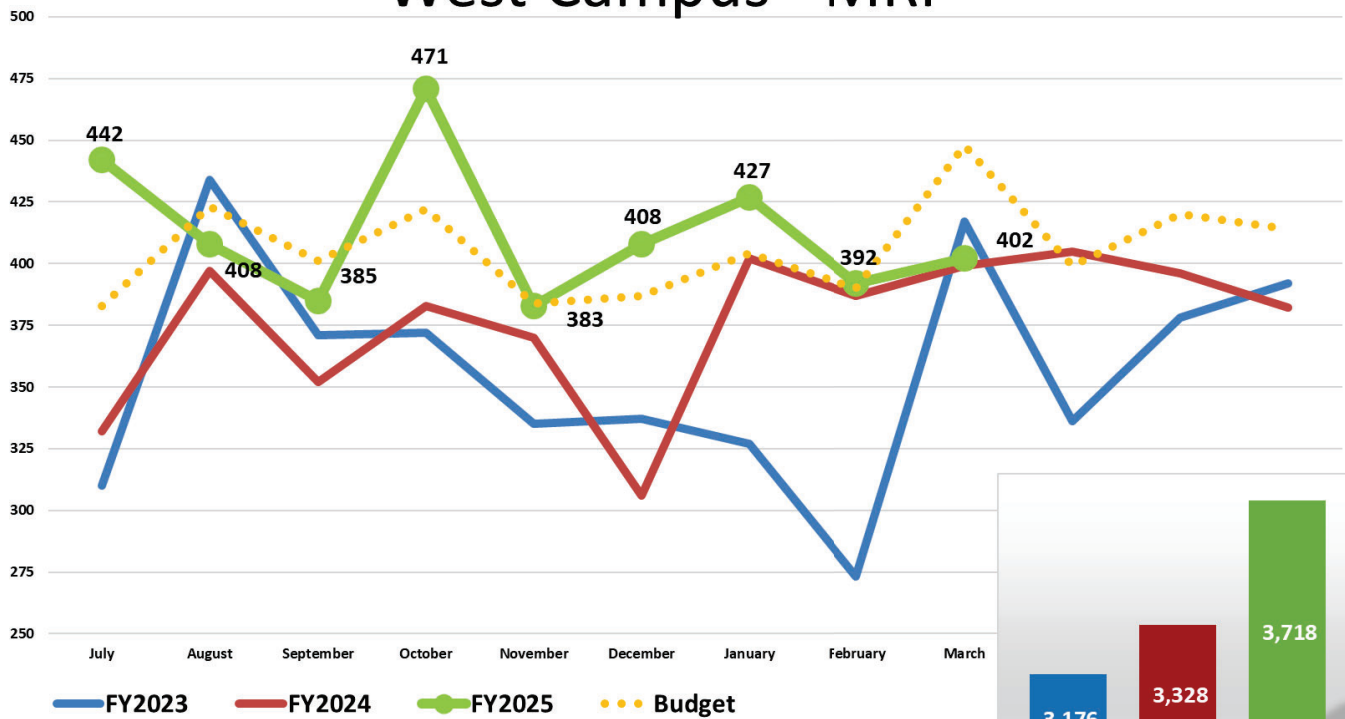
West Campus - CT Scan



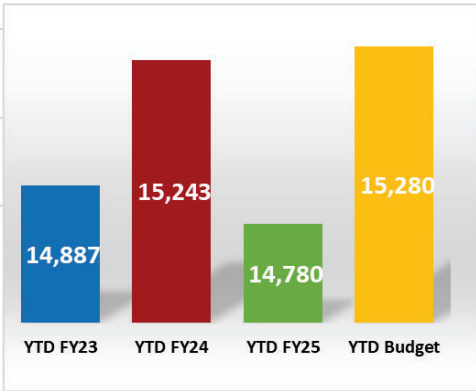
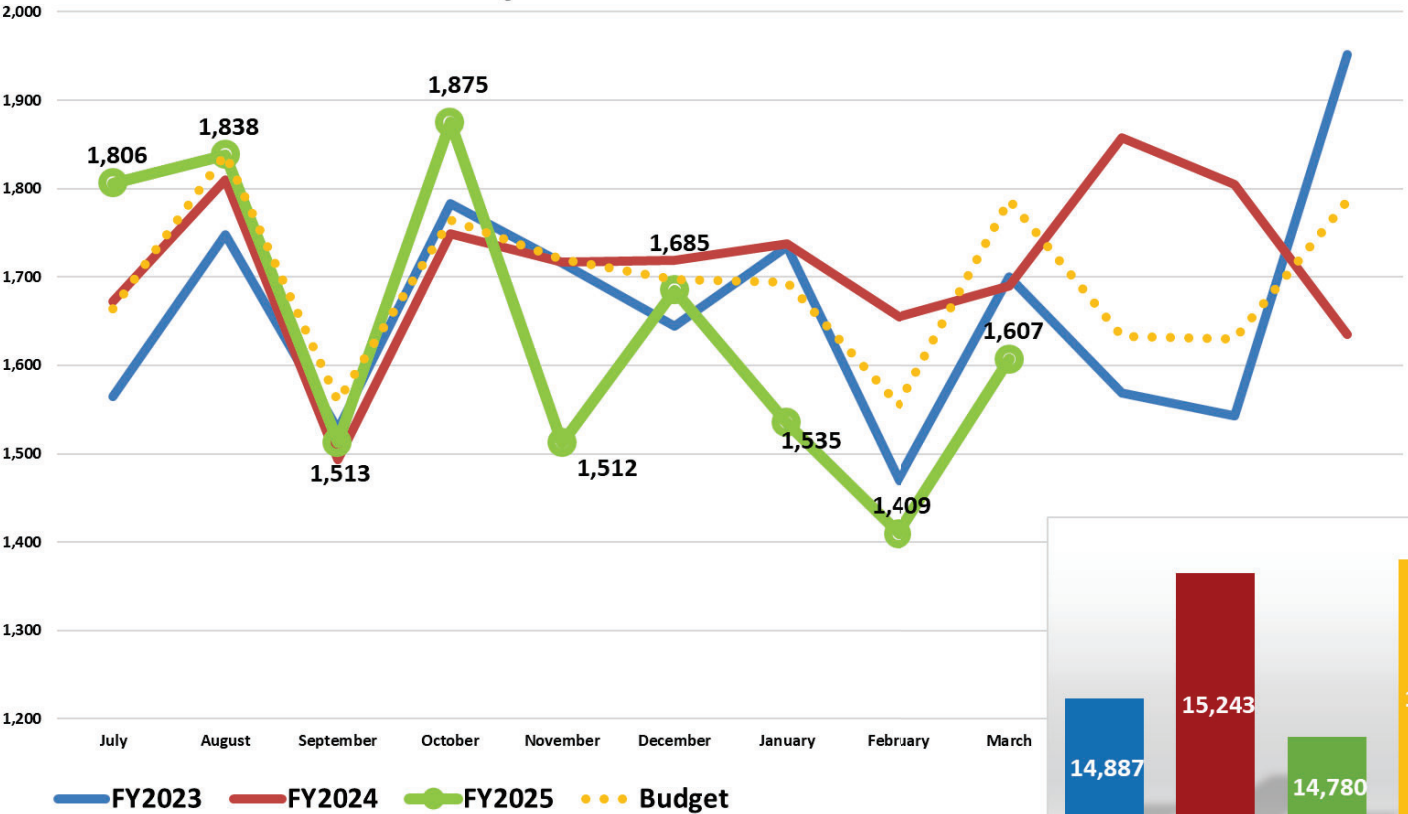
West Campus - Ultrasound



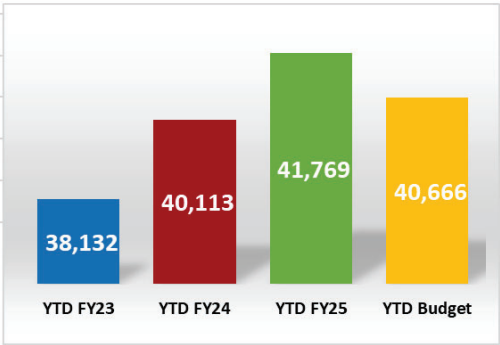
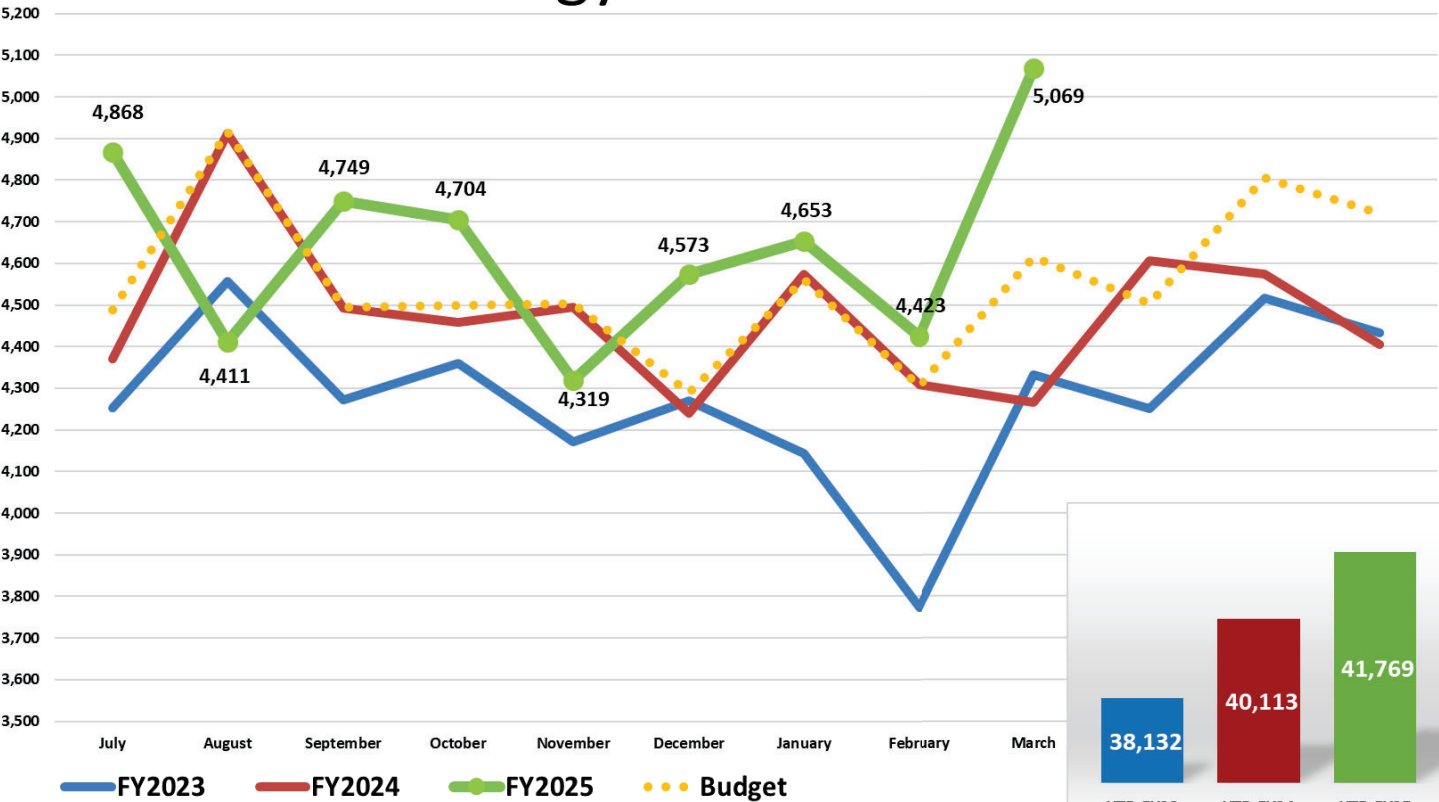
West Campus - MRI



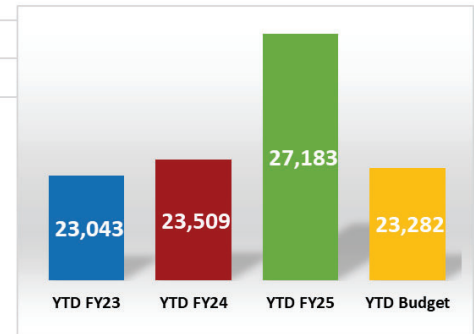
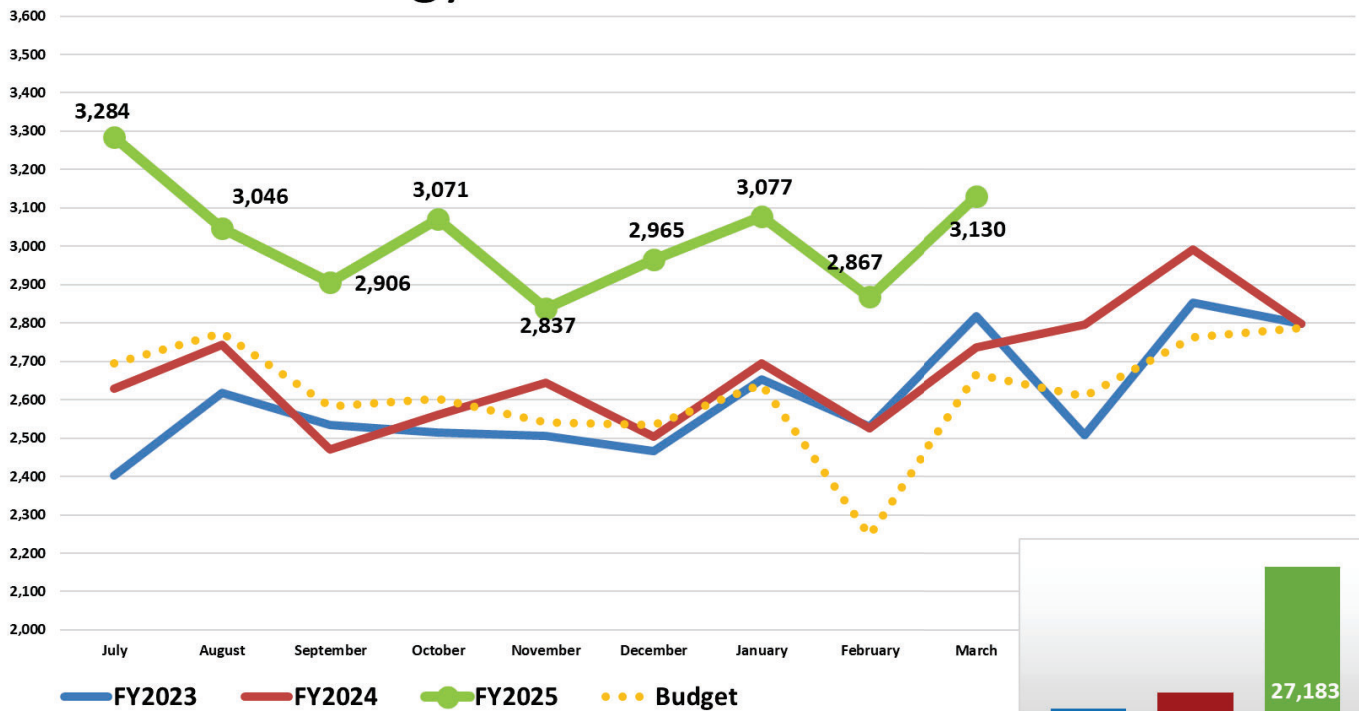
West Campus - Breast Center



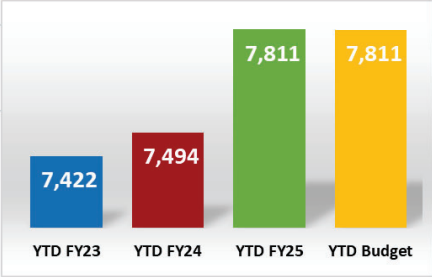
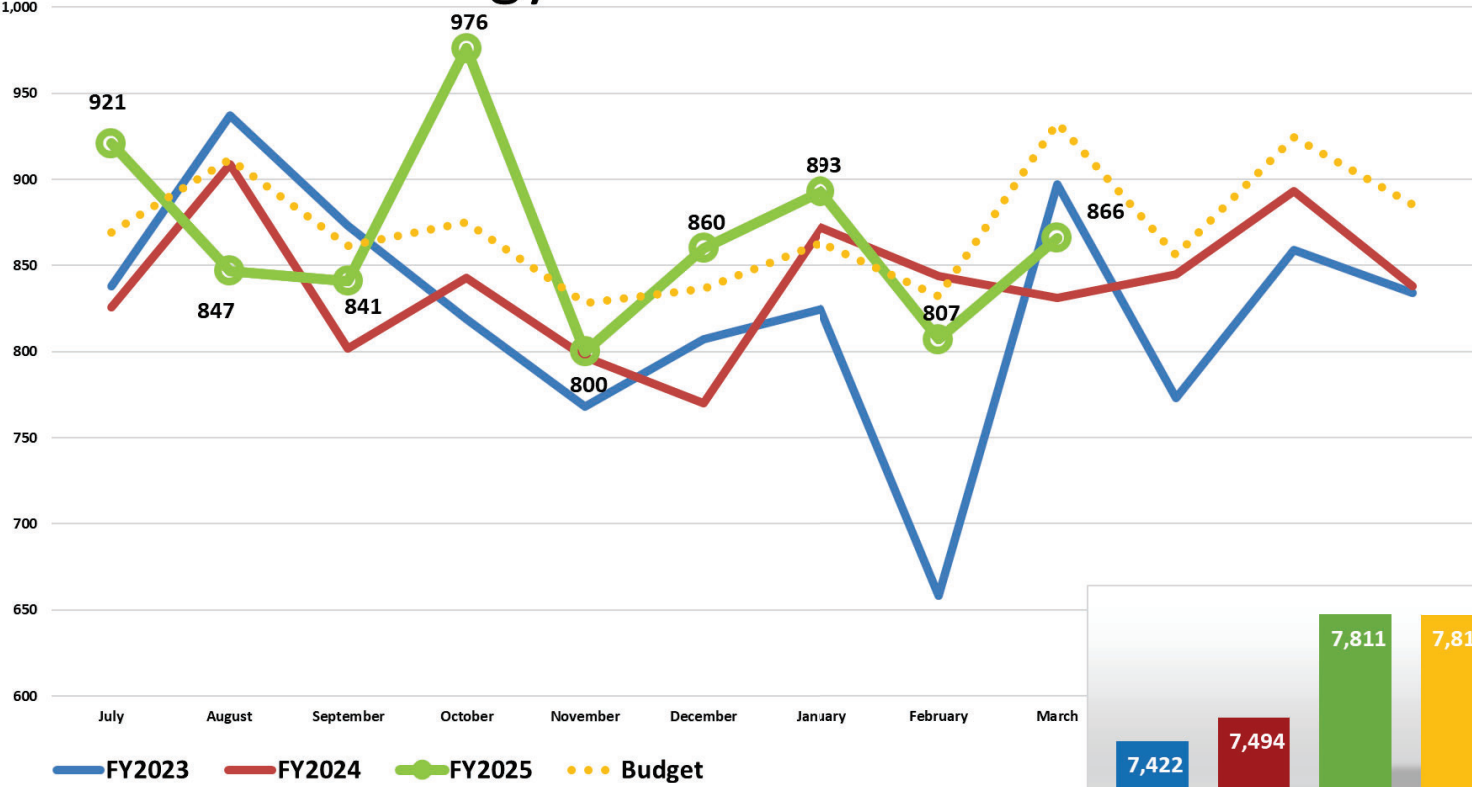
Radiology - CT - All Areas



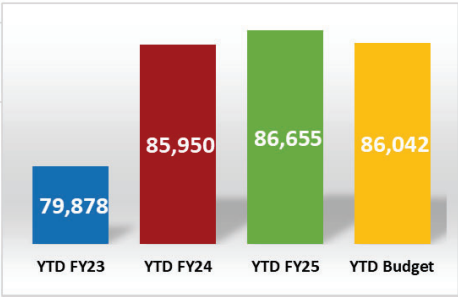
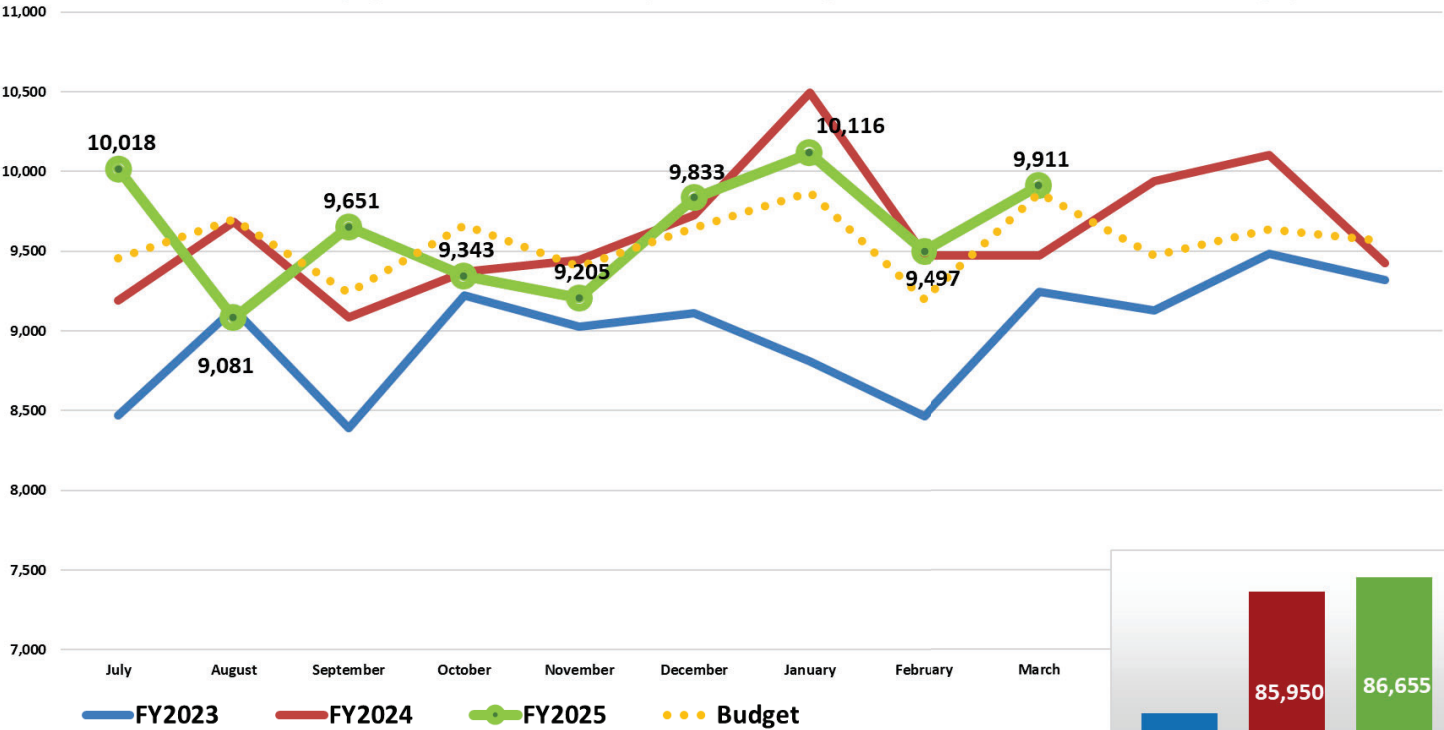
Radiology - Ultrasound - All Areas



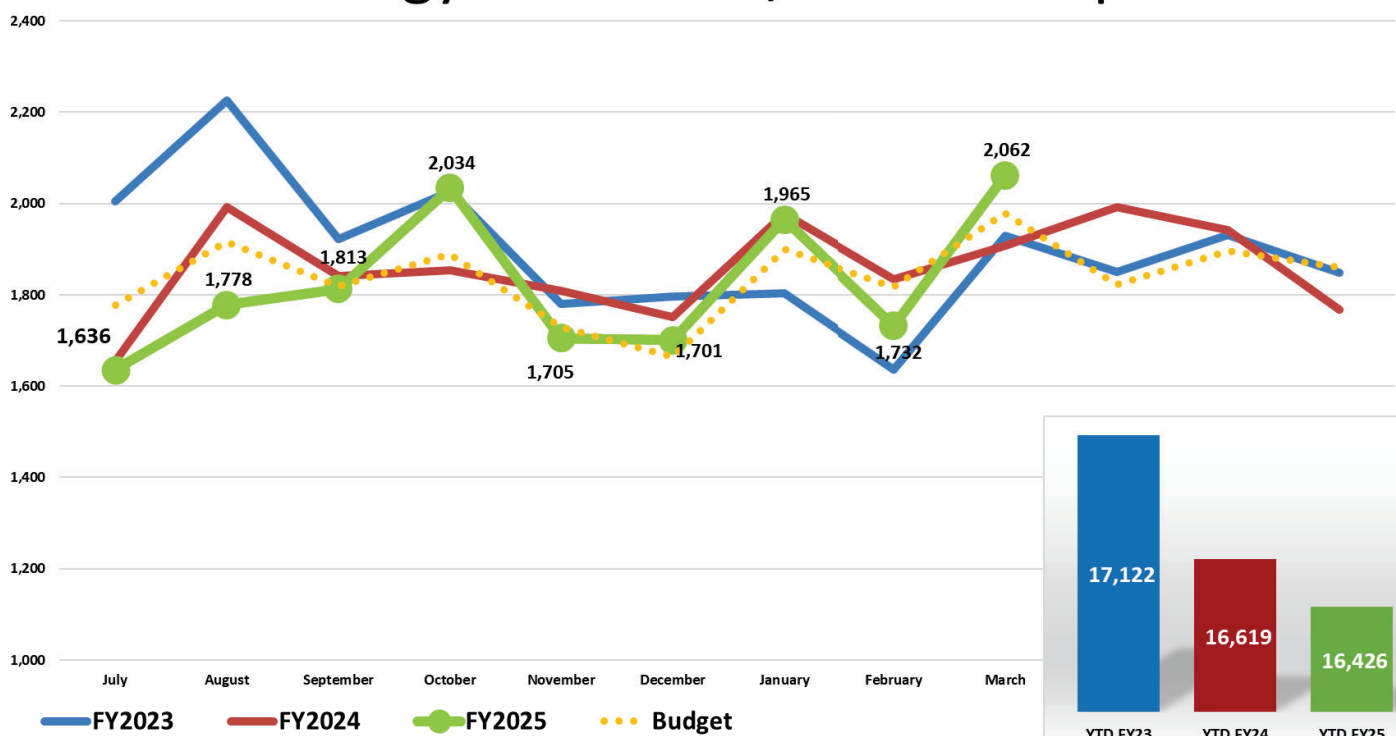
Radiology - MRI - All Areas



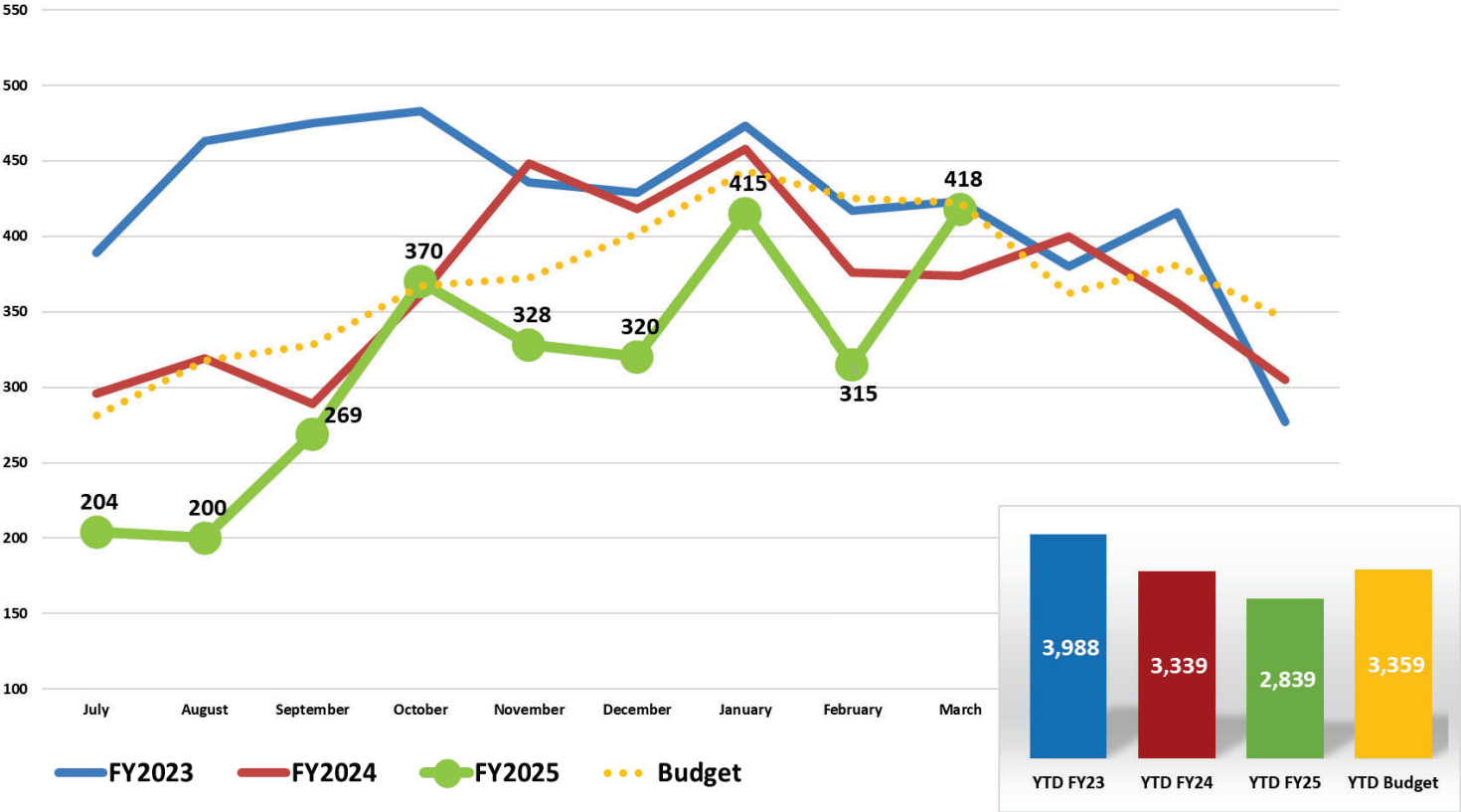
Radiology Modality - Diagnostic Radiology



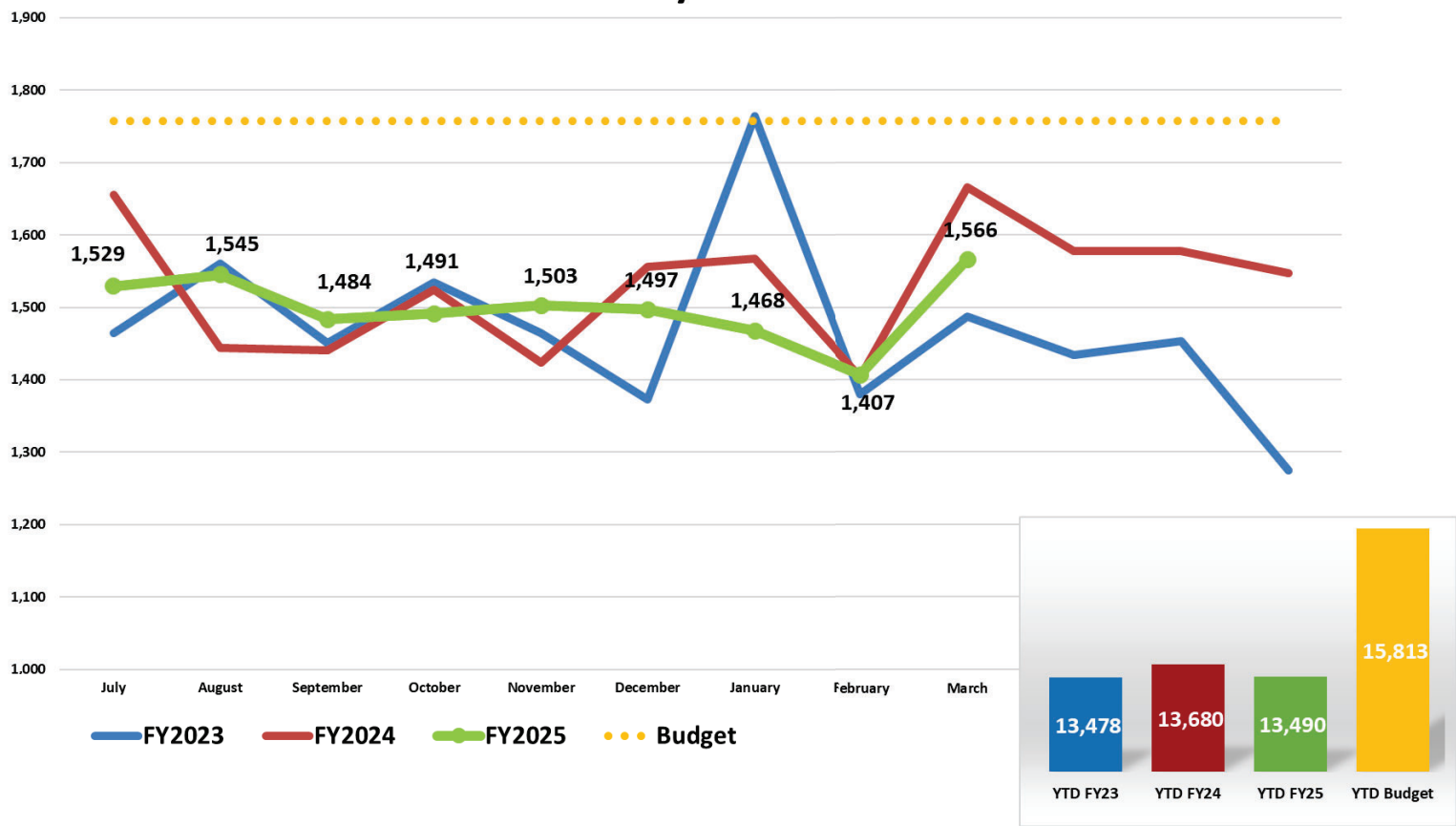
Radiology - UC Court/South Campus



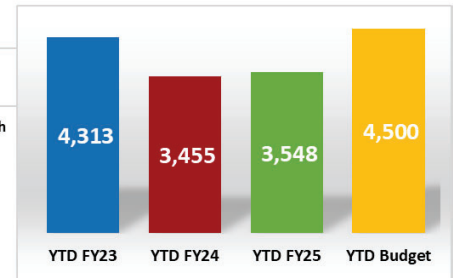
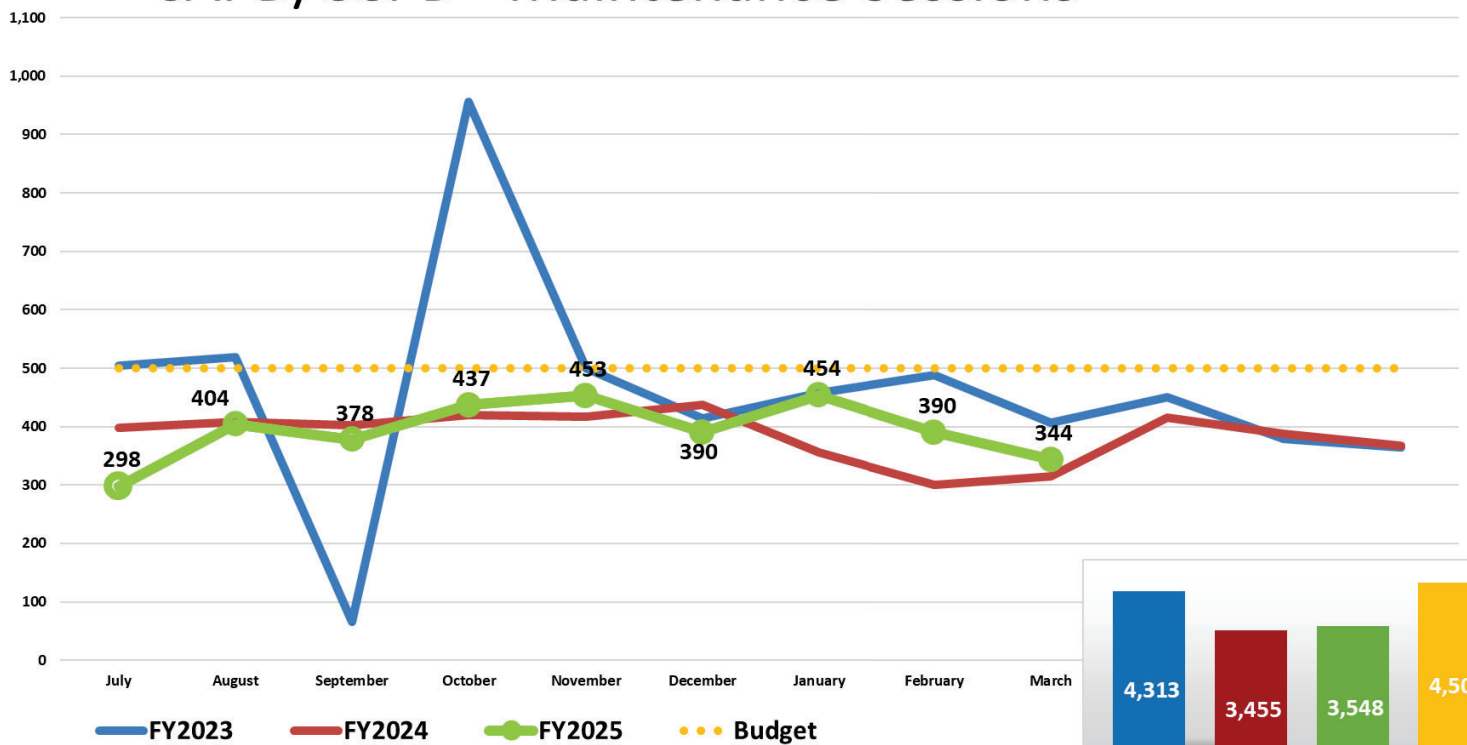
Radiology - UC Demaree/North Campus



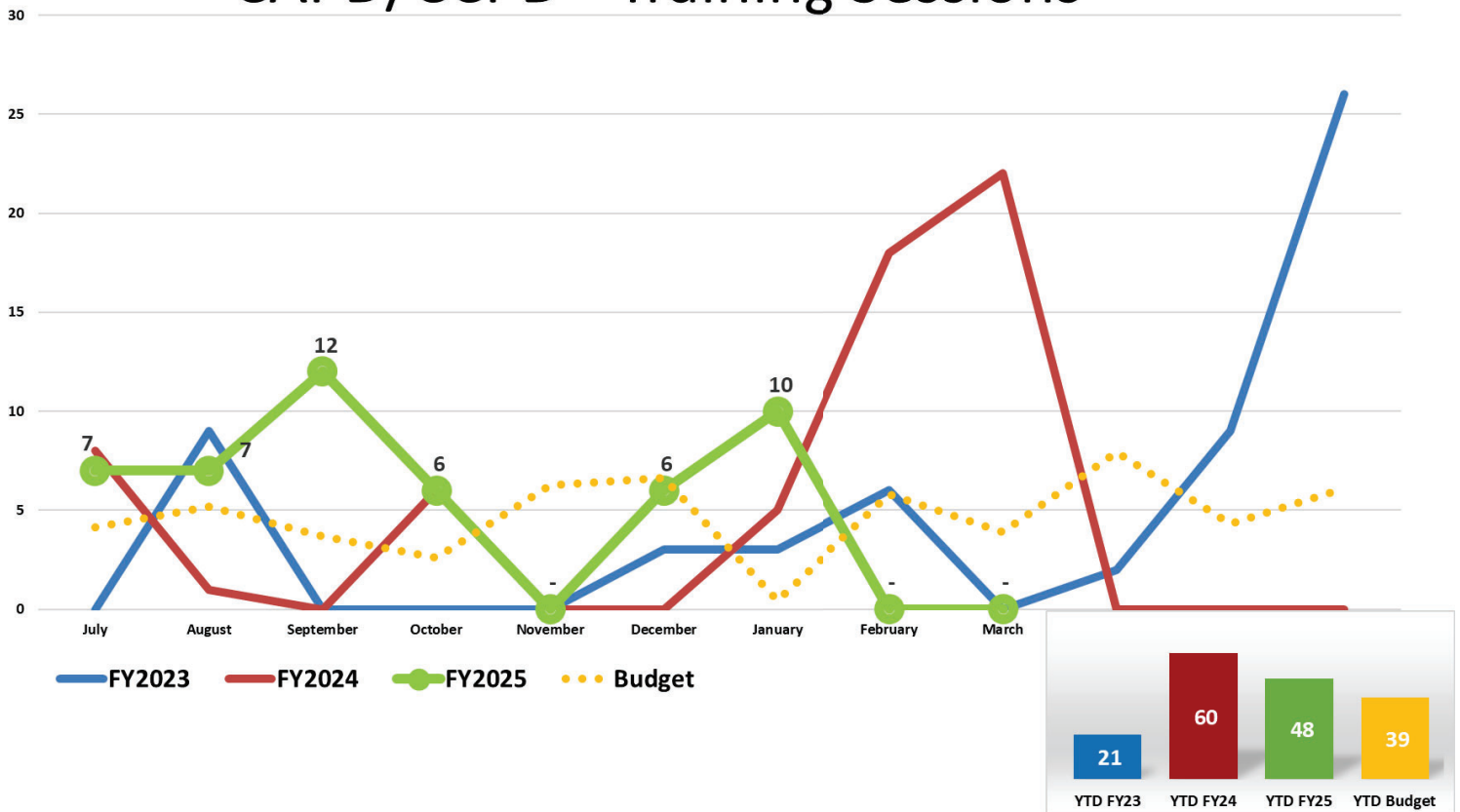
Chronic Dialysis - Visalia



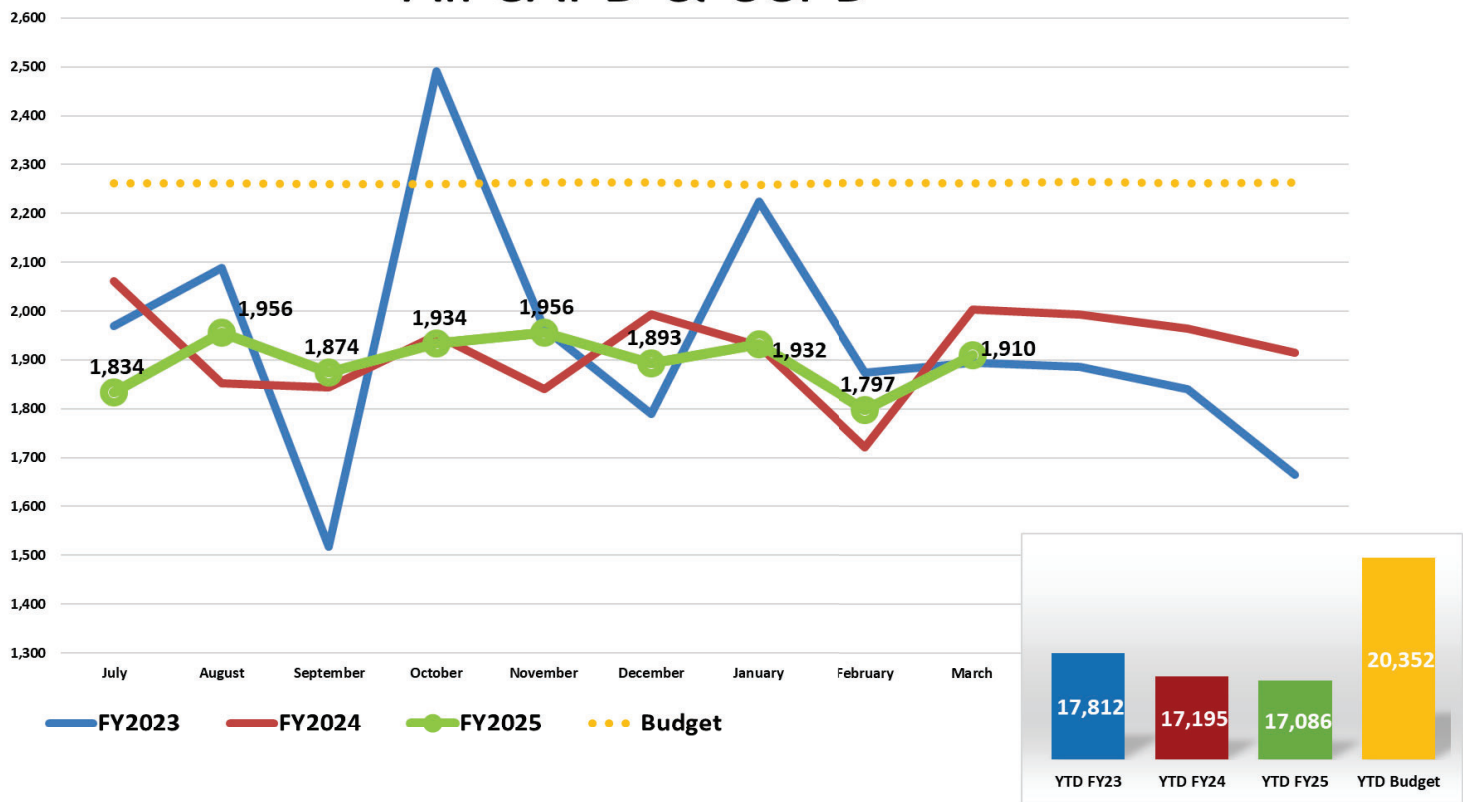
CAPD/CCPD - Maintenance Sessions



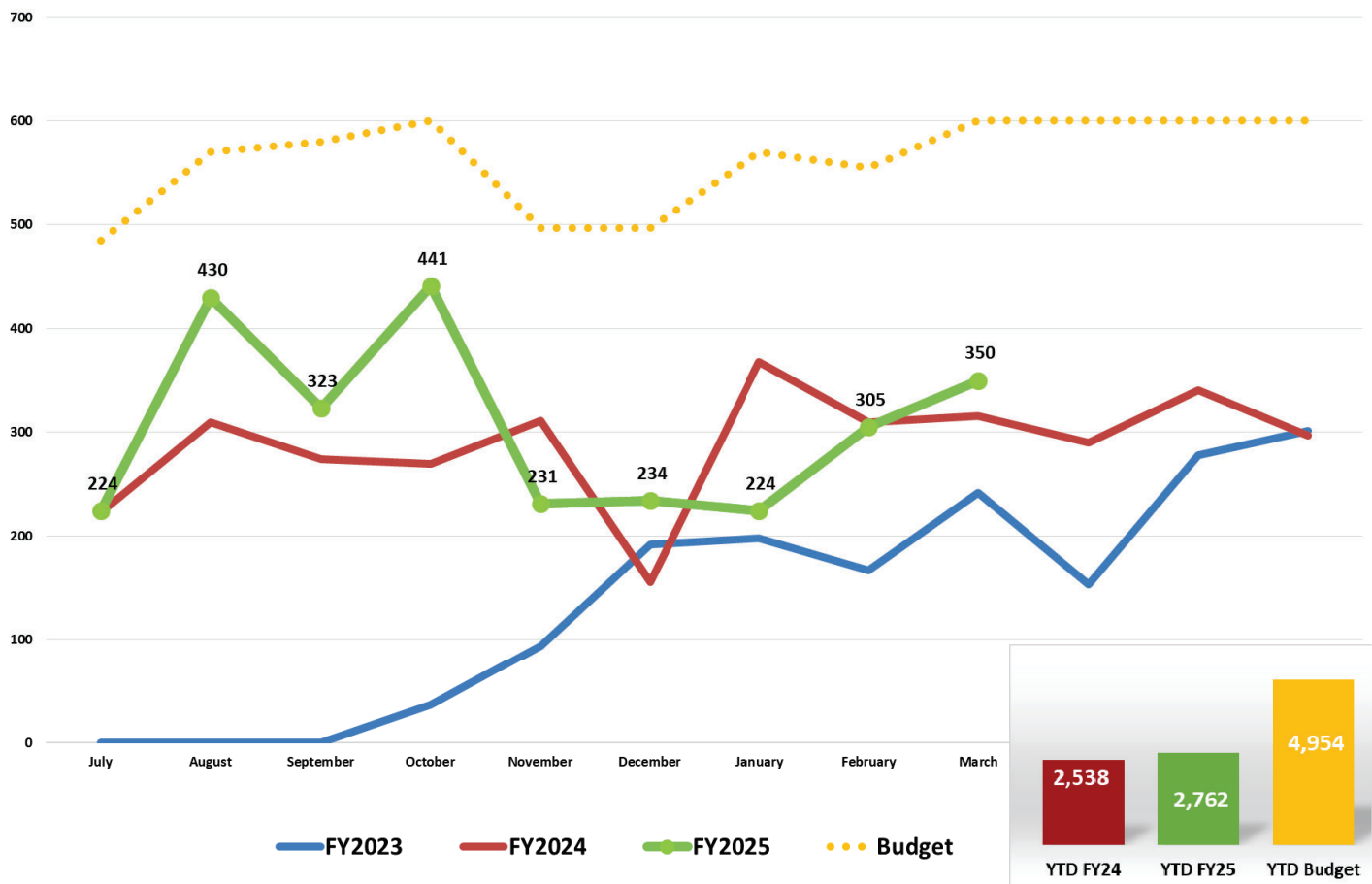
CAPD/CCPD - Training Sessions



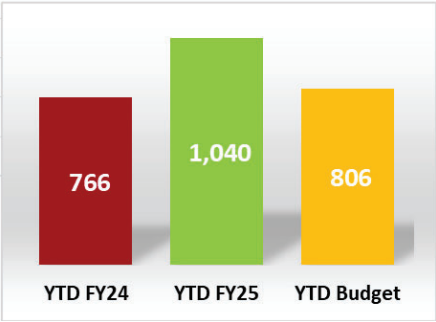
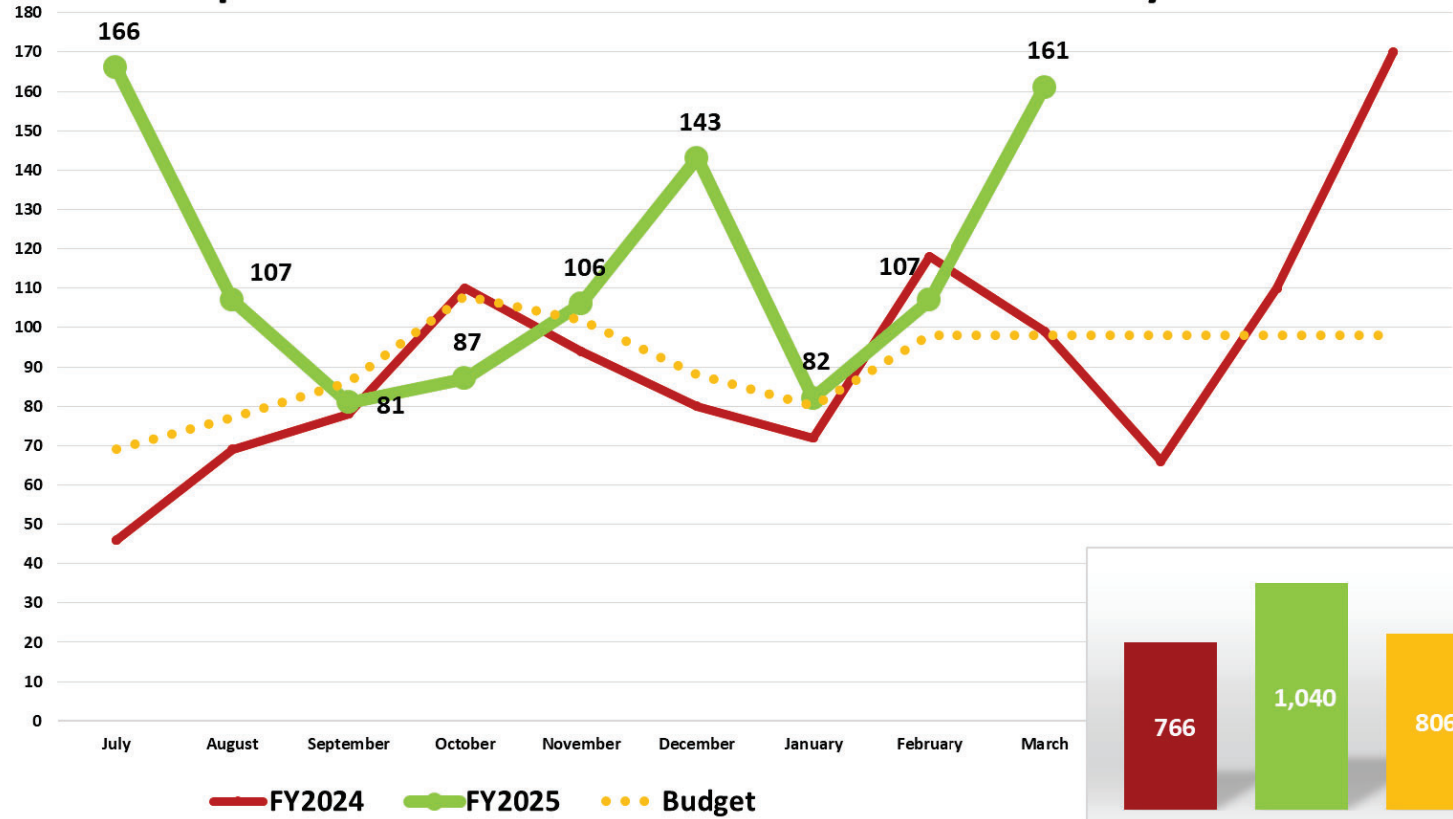
All CAPD & CCPD



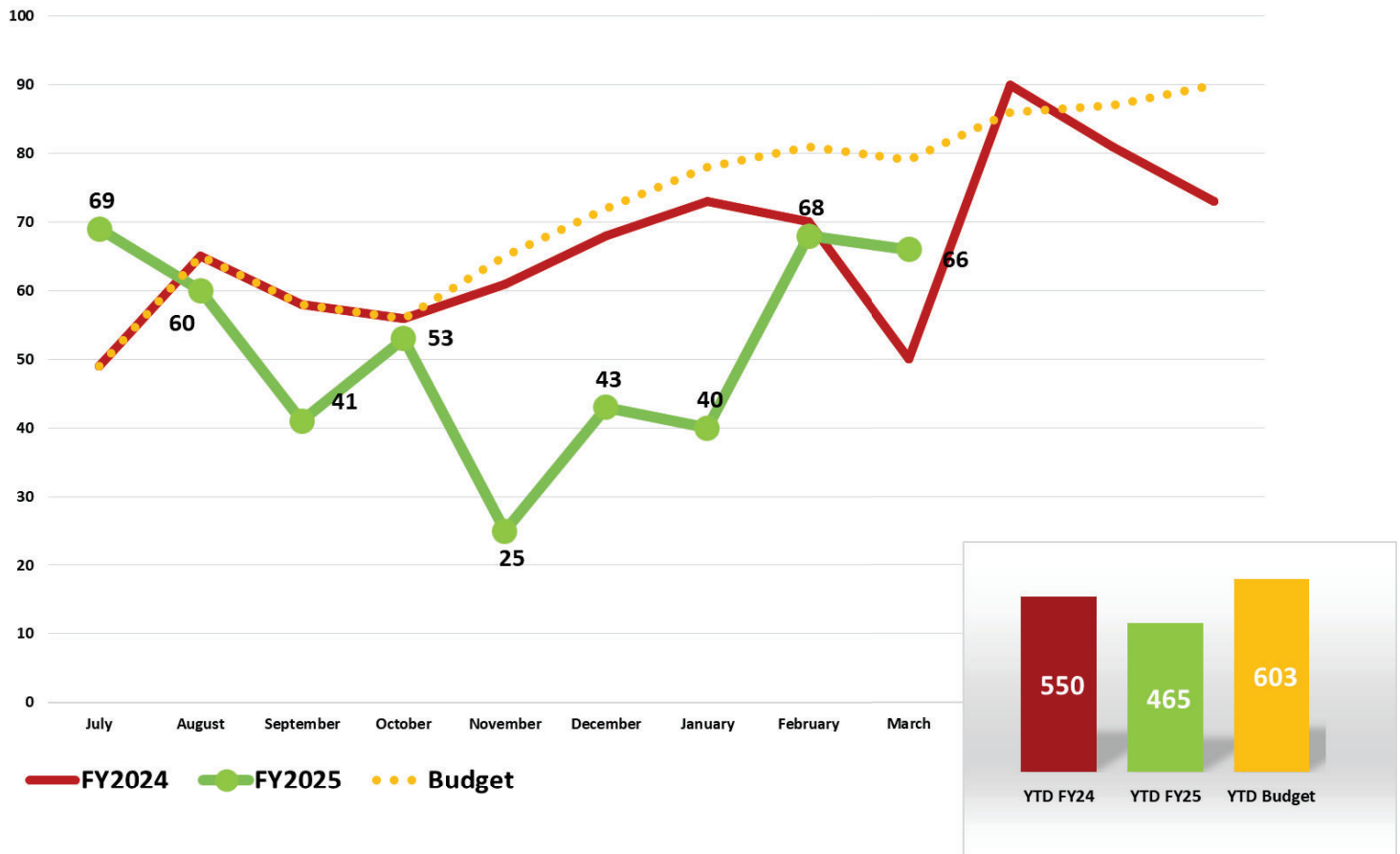
Urology Clinic Visits



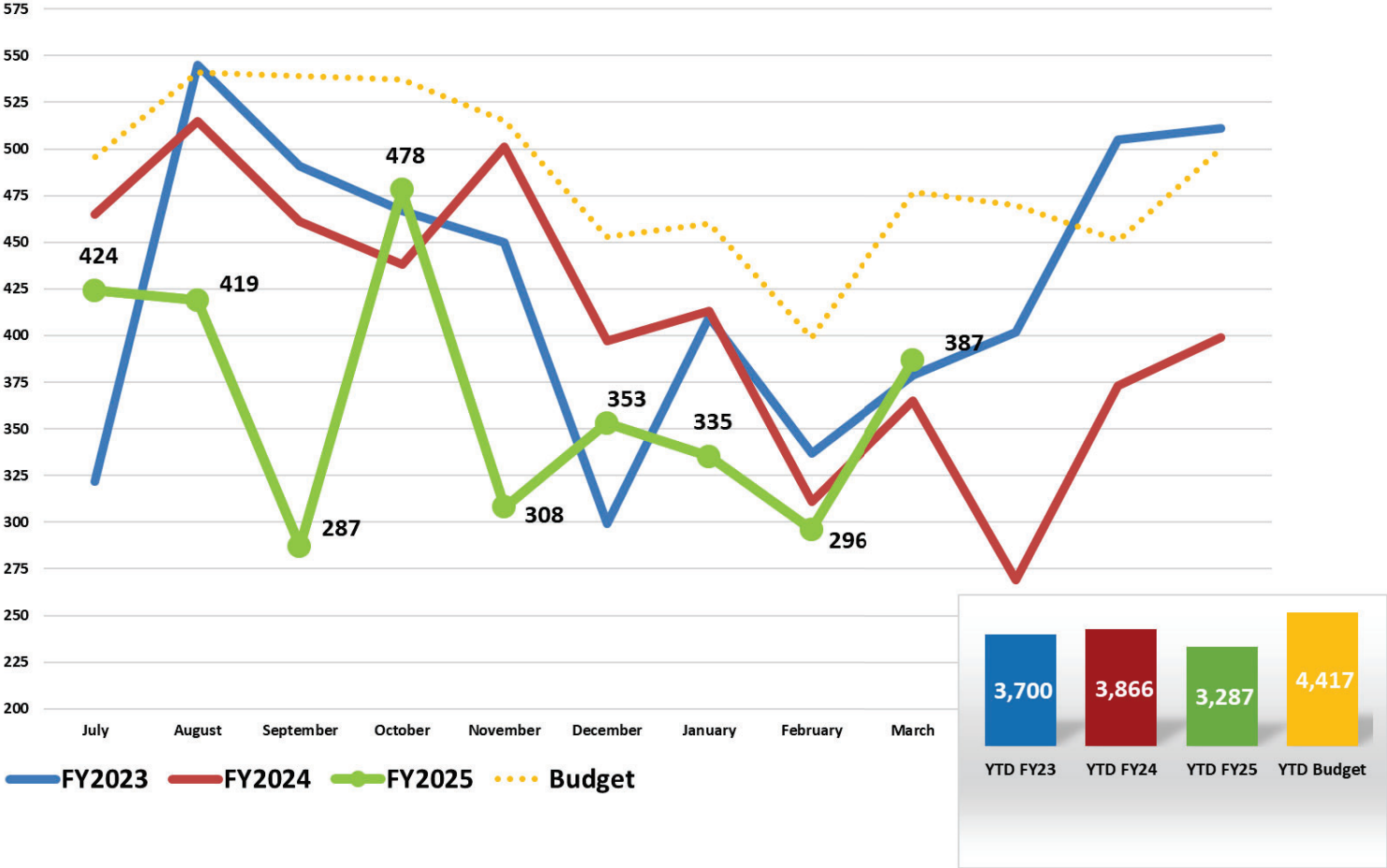
Open Arms House - Patient Days



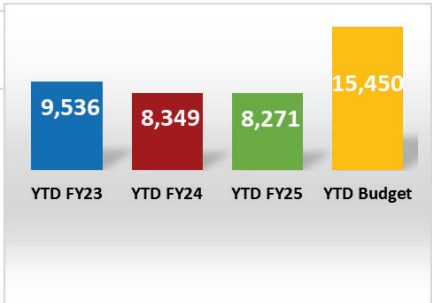
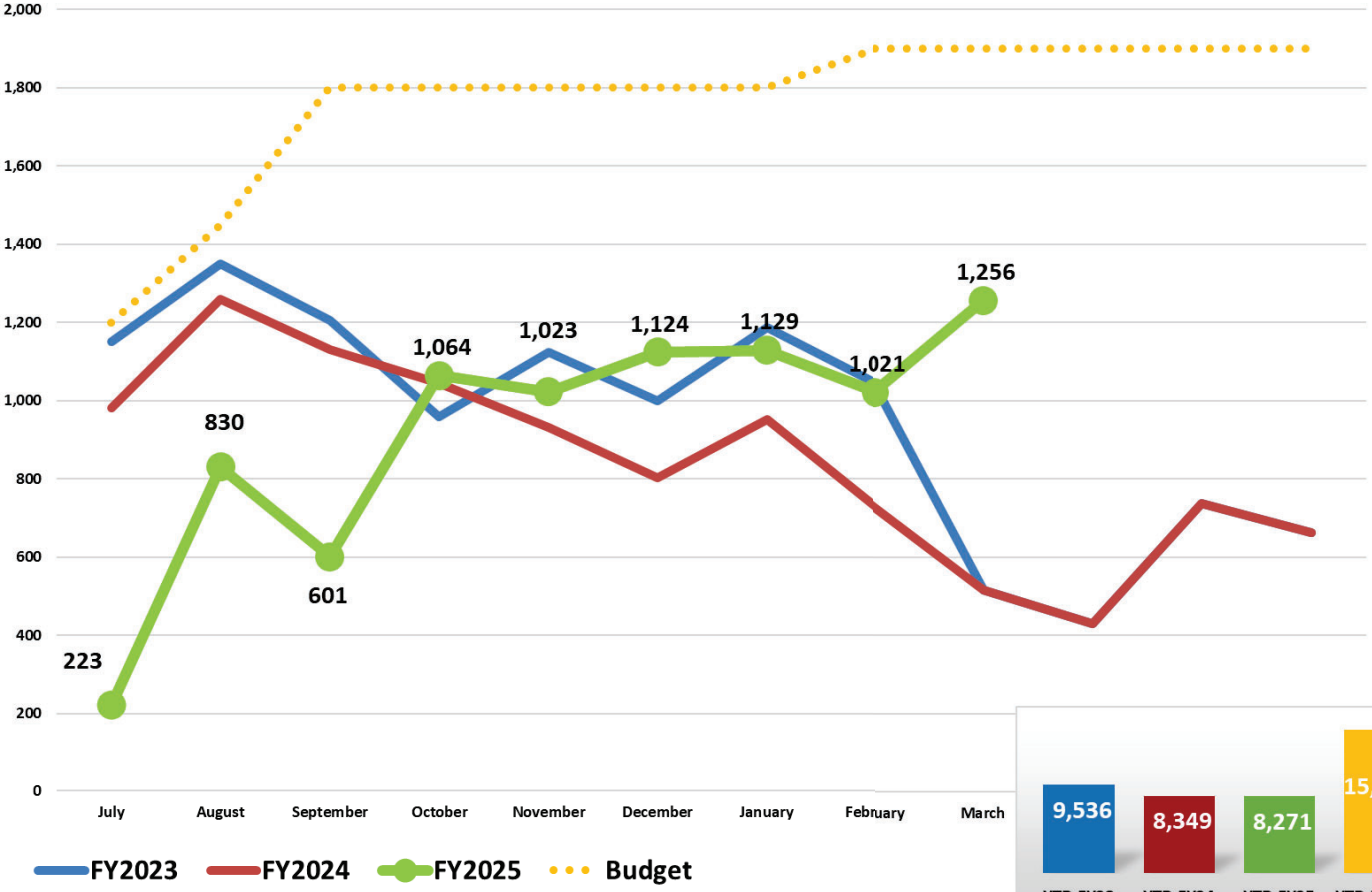
Cardiothoracic Surgery Clinic - Visits



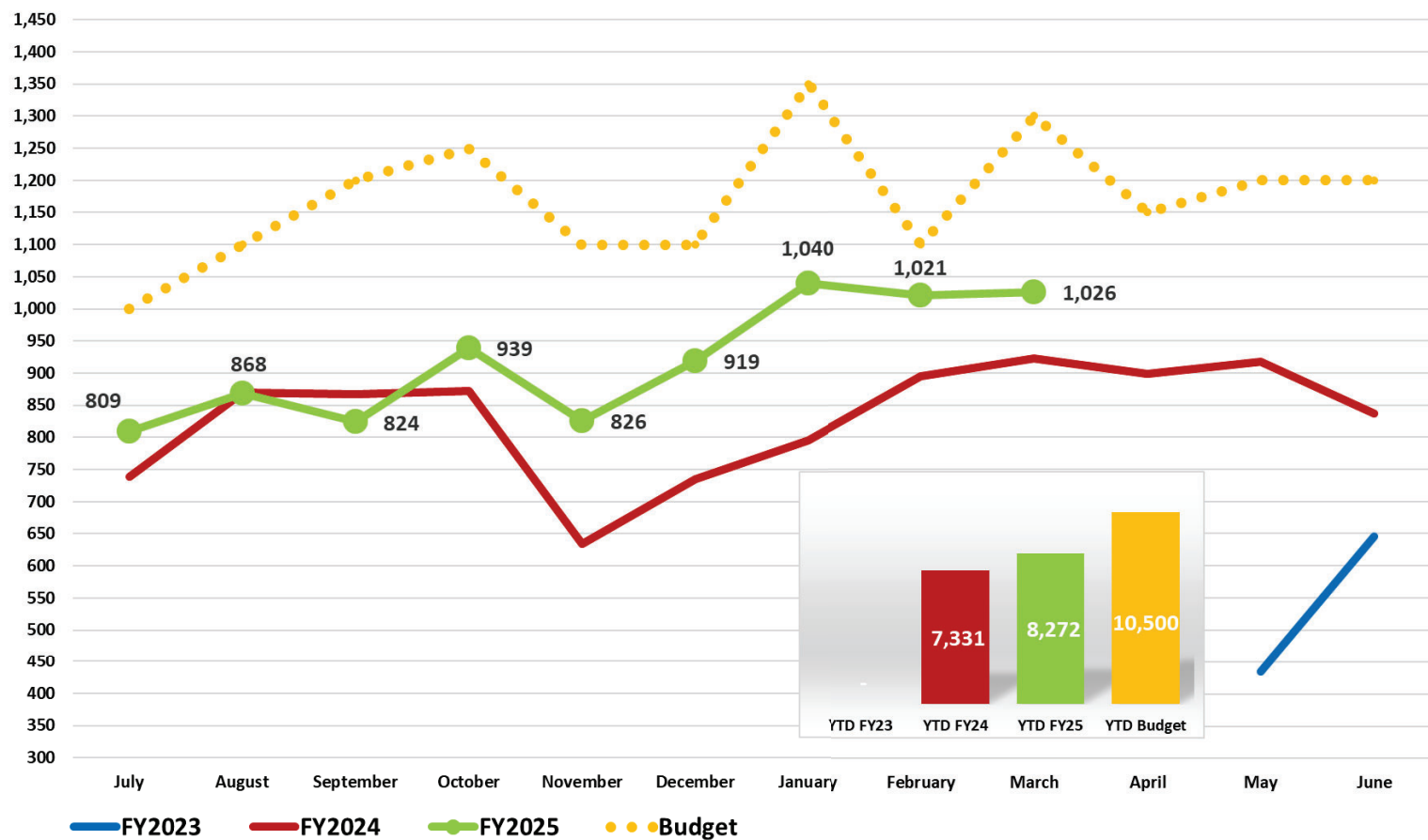
Cardiac Rehabilitation



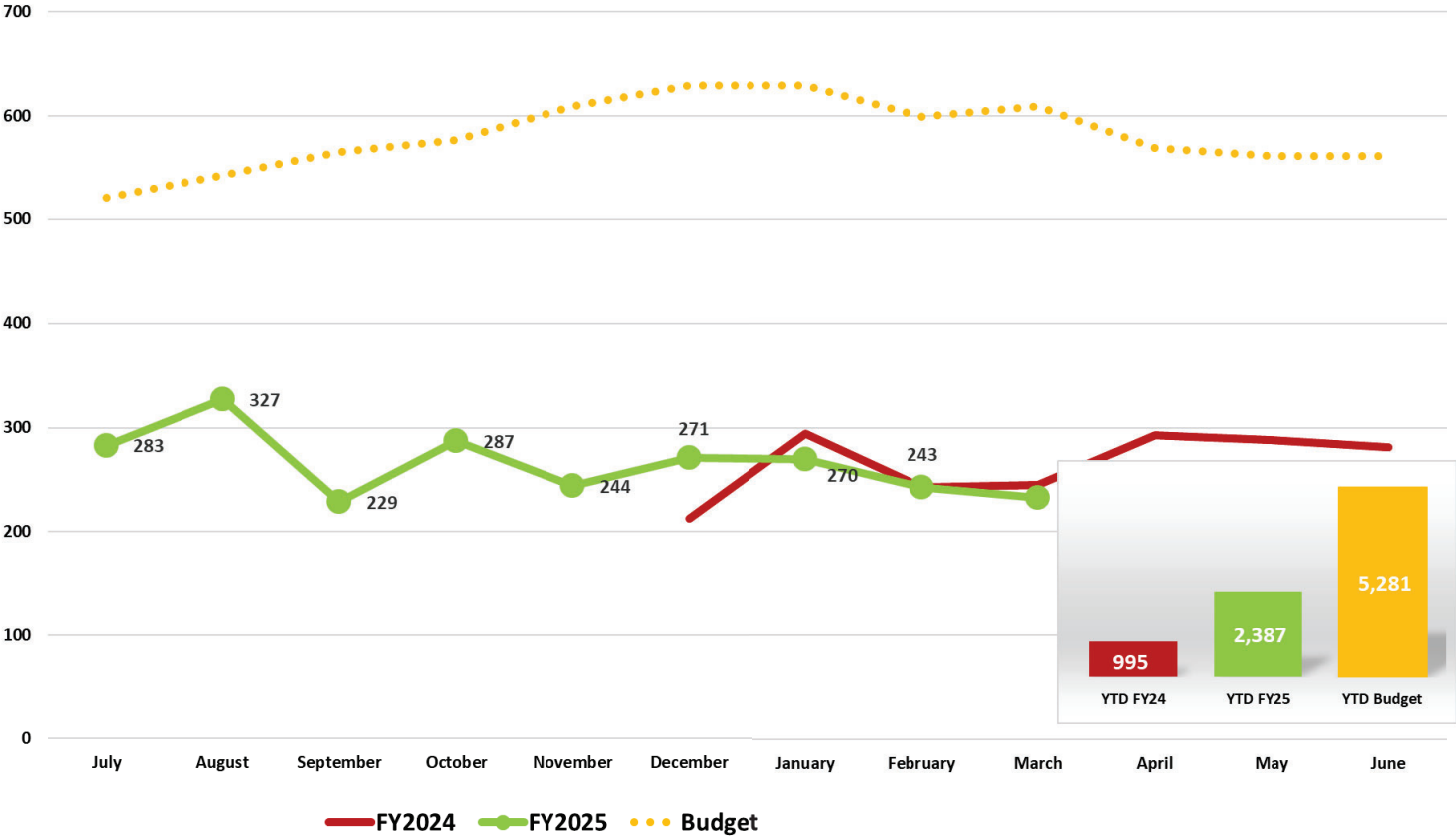
Therapy-Wound Care



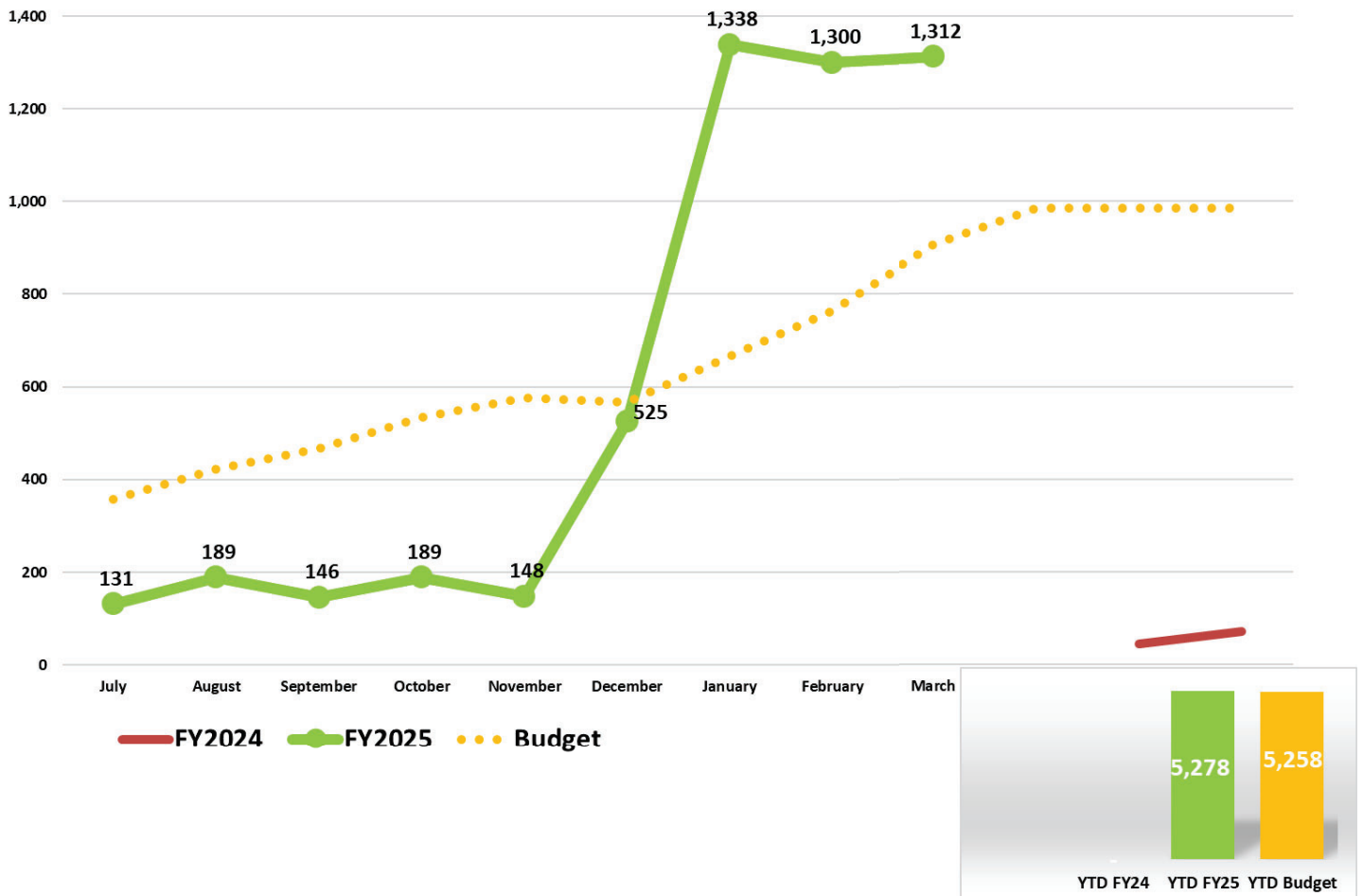
KH Medical Clinic - Ben Maddox



KH Medical Clinic - Plaza



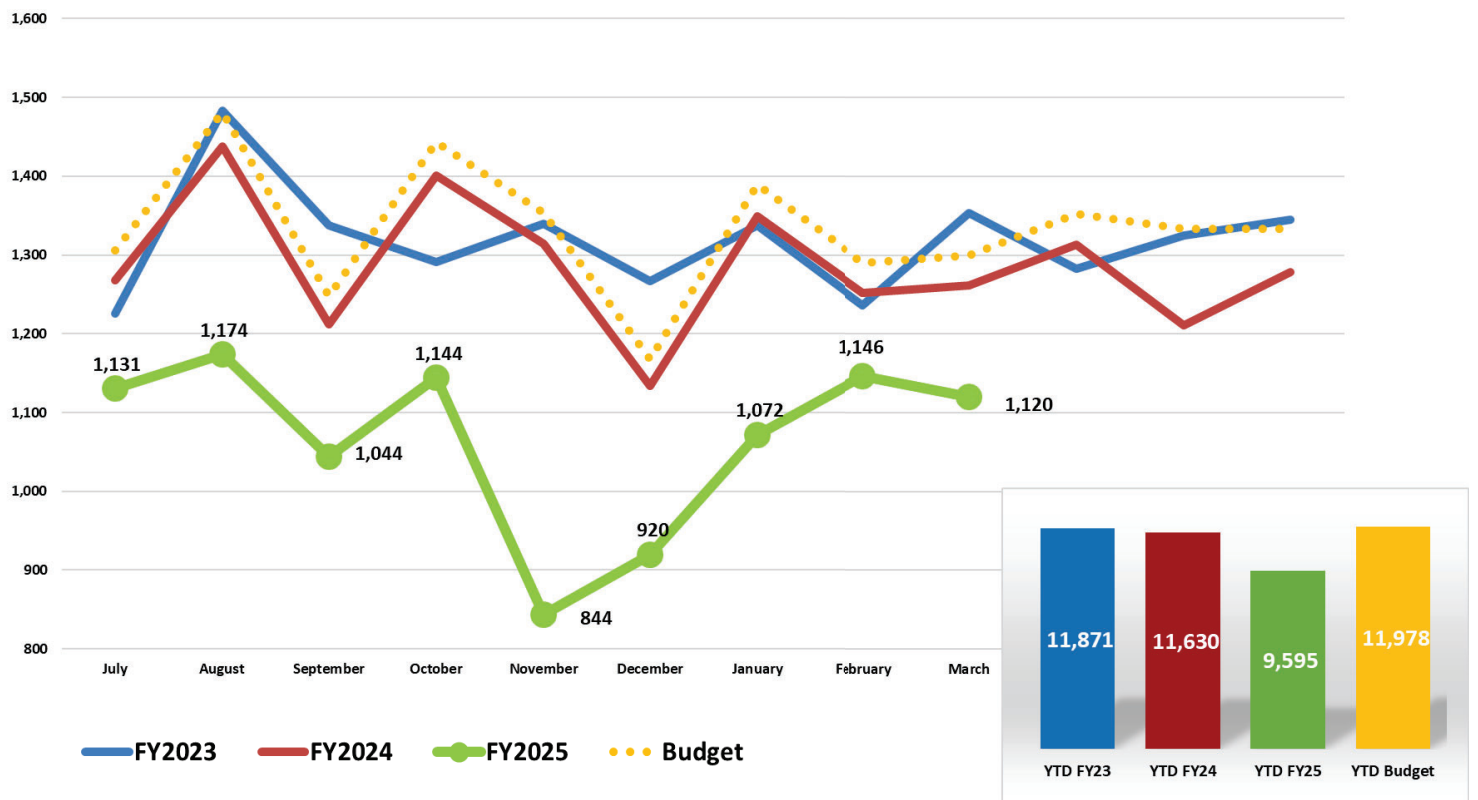
KH Willow Clinic



Medical Oncology Visits



Medical Oncology Treatments



Mental Wellness Clinic

