

Kaweah Delta Health Care District Board of Directors Meeting

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



July 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, July 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.
- 4:30PM 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@kawahhealth.org, or on the Kaweah Delta Health Care District web page <http://www.kawahhealth.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.kawahhealth.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
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Kaweah Delta Health Care District

Board of Directors Meeting

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KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

Wednesday July 23, 2025 {Regular Meeting}

OPEN MEETING AGENDA {4:00PM}

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

CLOSED MEETING AGENDA {4:01PM}

1. **CALL TO ORDER**
2. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION AND RISK MANAGEMENT** – Discussion with legal counsel regarding ongoing litigation matters involving risk management, patient safety, or related claims. (Pursuant to Government Code 54956.9(d)(1))

A. BURNS-NUNEZ V KDHCDC	J. RAMIREZ V KDHCDC
B. ONEY V KDHCDC	K. BURGER V KDHCDC
C. PARNELL V KAWEAH HEALTH	L. ANDRADE V KDHCDC
D. M. VASQUEZ V KDHCDC	M. MARTINEZ-LUNA V KDHCDC
E. RHODES V KDHCDC	N. VIZCAINO V KDHCDC
F. NEGRETE V KDHCDC	O. MEDINA V KDHCDC
G. LARUMBE-TORRES V KDHCDC	P. MORENO V KDHCDC
H. SMITHSON V KDHCDC	Q. ISQUIERDO V KDHCDC

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3. **CONFERENCE WITH LEGAL COUNSEL – [ANTICIPATED LITIGATION / QUALITY OF CARE RISK EXPOSURE](#)** – Conference with legal counsel regarding potential exposure to litigation involving adverse patient outcomes, risk management review, and related quality assurance matters. (Pursuant to Government Code 54956.9(d)(2); Evidence code 1157.)
4. **[EXPOSURE TO LITIGATION AND QUALITY ASSURANCE REVIEW](#)**- Conference with legal counsel and risk management regarding a specific adverse event with potential legal exposure, including internal quality review and risk mitigation steps. (Government code 54956.9(d)(2) and Evid. Code 1157.)
5. **[MEDICAL STAFF CREDENTIALING AND PRIVILEGING](#)** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Government Code 54957 and Evidence Code 1157.
Action Requested – Approval of the July 23, 2025, medical staff credentials report.
6. **[MEDICAL STAFF QUALITY ASSURANCE](#)** discussion and evaluation of medical staff quality assurance matters, including peer review findings, performance assessments, and related compliance activities. This session is closed pursuant to Government Code 54957 and Evidence Code 1157.
7. **APPROVAL OF THE CLOSED MEETING MINUTES – [June 25, 2025, closed meeting minutes.](#)**
Action Requested – Approval of the June 25, 2025, closed meeting minutes.
8. **ADJOURN**

OPEN MEETING AGENDA {4:30PM}

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **FLAG SALUTE**
4. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes.

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Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.

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

6. RECOGNITIONS

- 6.1. Presentation of [Resolution 2265](#) to Wendy Parsons in recognition as the Kaweah Health World Class Employee of the month – July 2025.
- 6.2. Presentation of [Resolution 2266](#) to Claudia Mulvaney in recognition for years of service and retirement after 44 years.
- 6.3. Team of the Month – Human Resources

7. INTRODUCTION – New Directors

- 7.1. Jill Berry, Esq., Director of Corporate Compliance
- 7.2. Khloe Tijerina, Director of Revenue Cycle

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

9. CONSENT CALENDAR - All items listed under the Consent Calendar are considered routine and non-controversial by District staff and will be approved by one motion, unless a Board member, staff, or member of the public requests that an items be removed for separate discussion and action.

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

Action Requested – Approval of all items on the July 23, 2025, Consent Calendar.

Section	Item	Description	Type
9.1. REPORTS	A	Physician Recruitment	Informational Report
	B	End of FY25 Strategic Plan	Status Update
	C	Quarter 2 Risk Management Report	Receive and File
	D	Monthly Throughput Report	Receive and File
	E	Environment of Care Quarterly Report	Receive and File
	F	Sequoia Integrated Health & Sequoia Health Plan	Informational Report
	G	Respiratory Services	Departmental Update
	H	Outpatient Services	Departmental Update

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9.2. MINUTES	A	Patient Experience Committee – July 9, 2025	Approve Minutes
	B	Finance Property Services & Acquisition Committee – July 21, 2025	Approve Minutes
	C	Quality Council Committee – June 17, 2025	Approve Minutes
	D	Special Open Board Meeting – June 12, 2025	Approve Minutes
	E	Special Open Board Meeting – June 25, 2025	Approve Minutes
	F	Regular Open Board Meeting – June 25, 2025	Approve Minutes
9.3. POLICIES	A	Administrative Policies AP. 18 Foreign Language Forms, Signs, etc.	Approve Revisions
9.4. MEC	A	Vascular Surgery Privilege Form	Approve Revisions
	B	Bylaws- Rules & Regulations Recommendations	Approve Revisions
9.5. LEGAL	A	Rejection of Government Claim submitted by R.J. and H.J. related to “Alleged Negligence” as recommended by legal counsel pursuant to Government Code § 913	Reject
9.6 DISTRICT	A	Adoption of Resolution 2267 Approving 2025-2026 Tulare County California to Levy a Tax to Pay the Principal of and Interest on General Obligation Bonds of the District	Approve Resolution

- 10. [STRATEGIC OPPORTUNITIES RELATED TO LENGTH OF STAY](#)**– Board discussion of operational and clinical strategies to improve patient throughput and optimize average length of stay, based on current performance metrics and benchmarks.
- 11. [KAWEAH HEALTH CHRONIC DIALYSIS QUALITY REPORT](#)** – Presentation and discussion of quality performance indicators for chronic dialysis services. Data will be presented in aggregate and de-identified formats.
- 12. [PATIENT EXPERIENCE AND SATISFACTION UPDATE](#)** – Staff presentation and discussion regarding aggregated and de-identified patient experience data, including trends, themes, and opportunities for improvement. No individual patient information will be disclosed.
- 13. [FINANCIALS](#)** – Presentation and discussion of current financial statements, budget performance, revenue, and expense trends, and year-to-date comparisons for the District.

14. REPORTS

Kaweah Delta Health Care District

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

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

CLOSED MEETING AGENDA IMMEDIATELY FOLLOWING THE OPEN SESSION

- 1. CALL TO ORDER**
- 2. CEO EVALUATION** – Discussion with the Board and the Chief Executive Officer relative to the evaluation of the Chief Executive Officer pursuant to Government Code 54957(b)(1).
- 3. ADJOURN**

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Agenda item intentionally omitted

Resolution 2265



RESOLUTION 2265

Board Resolution Honoring Wendy Parsons as World Class Employee of the Month of July

WHEREAS, Kaweah Health recognizes outstanding performance, dedication, and excellence among its staff through the Employee of the Month program;

WHEREAS, Wendy Parsons, of the Medical Surgical Department, has consistently demonstrated exceptional commitment to their responsibilities, a strong work ethic, and a positive attitude that uplifts their team;

WHEREAS, She has made significant contributions during the month of July 2025, including but not limited to providing seamless support and maintaining unshakable professionalism while juggling the chaos that only an exemplary employee can make;

WHEREAS, Wendy's professionalism, integrity, and enthusiasm embody the core values of Kaweah Health, setting a high standard for colleagues and exemplifying what it means to go above and beyond in the workplace;

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors formally recognizes and congratulates Wendy Parsons as **Employee of the Month** for July 2025, and expresses its sincere appreciation for her outstanding contributions;

BE IT FURTHER RESOLVED, that this resolution be entered into the official records of Kaweah Health and that a copy be presented to Wendy Parsons as a token of recognition and gratitude.

PASSED AND ADOPTED this 23rd of July, 2025, by the Board of Directors of Kaweah Health.

Mike Olmos
President
Kaweah Health Board of Directors

David Francis
Secretary/Treasurer
Kaweah Health Board of Directors

Resolution 2266



RESOLUTION 2266

RESOLUTION HONORING CLAUDIA MULVANEY ON THE OCCASION OF THEIR YEARS OF SERVICE AND RETIREMENT

WHEREAS, Claudia Mulvaney has faithfully and diligently served Kaweah Health for 44 years, beginning their service on December 1, 1981, and concluding on August 1, 2025; and

WHEREAS, throughout their tenure, Claudia has demonstrated exceptional dedication, professionalism, and leadership in their role; and

WHEREAS, she has made significant contributions to Kaweah Health; and

WHEREAS, Claudia has earned the respect, admiration, and gratitude of colleagues, staff, and the community through their commitment to excellence and their positive influence on workplace culture; and

WHEREAS, the Kaweah Health Board of Directors recognizes the lasting legacy and enduring impact Claudia Mulvaney leaves behind;

NOW, THEREFORE, BE IT RESOLVED, that the Kaweah Health Board of Directors formally commends and thanks Claudia Mulvaney for her outstanding service, and extends sincere best wishes for a fulfilling, healthy, and well-deserved retirement.

PASSED AND ADOPTED this 23rd of July, 2025, by the Board of Directors of Kaweah Health.

Mike Olmos
President
Kaweah Health Board of Directors

David Francis
Secretary/Treasurer
Kaweah Health Board of Directors

Physician Recruitment

Physician Recruitment Board Report - Physician Group Targets

July 2025



Key Medical Associates
Gastroenterology x1 Pediatrics x1 Pulmonology x1 Rheumatology x1

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

Sequoia Cardiology
EP Cardiology x1

Other Recruitment/Group TBD
CT Surgery x2 Family Medicine x5 Gastroenterology x2 General Cardiology x1 Neurology IP/OP x2 OB/GYN x2 Pediatrics x1 Adult Psychiatry x1 Pulmonology OP x1 Urology x3

Oak Creek Anesthesia
Anesthesia - Cardiac x1 Anesthesia - General x1 Anesthesia - Regional x1 Anesthesia - GME Program Dir

Valley ENT
Audiology x1 Otolaryngology x1

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

July Board Report Narrative:

Recent Activity of note:

- 1) An offer has been delivered to a Cardiothoracic Surgeon to join Golden Valley Cardiothoracic Institute
- 2) An offer has been delivered to an Occupational Medicine physician
- 3) An offer has been delivered to a Family Medicine Physician currently residing in Fowler, Ca.

We are working with one OB/GYN candidate:

- 1) Arranging site visit for candidate currently living in Texas

We are working with three Gastroenterology candidates:

- 1) Fellow in Illinois - Site visit schedule for 8/8
- 2-3) Currently scheduling leadership calls for 2 candidates

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

Board Report - Physician Recruitment - July 2025



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

End of FY25 Strategic Plan

Kaweah Health Strategic Plan: Fiscal Year 2025

Our Mission

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

Our Vision

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

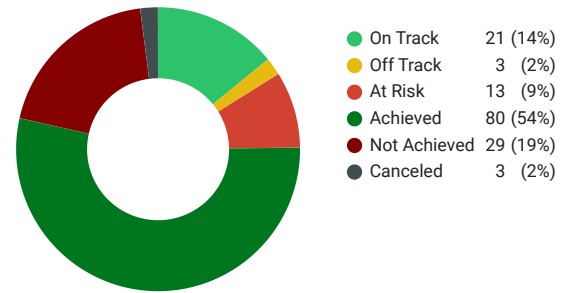
Our Pillars

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

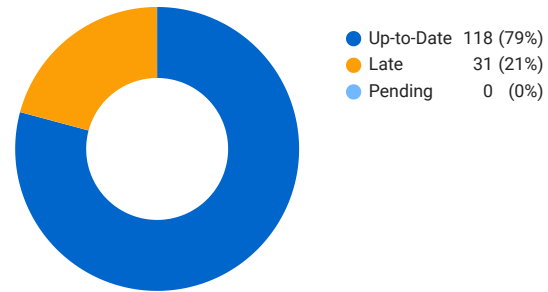
Our Five Initiatives

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

Kaweah Health Strategic Plan FY2025 Overview: Status



Kaweah Health Strategic Plan FY2025 Overview: Updates



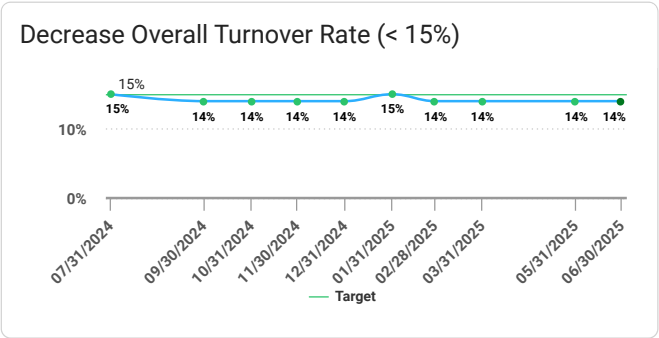
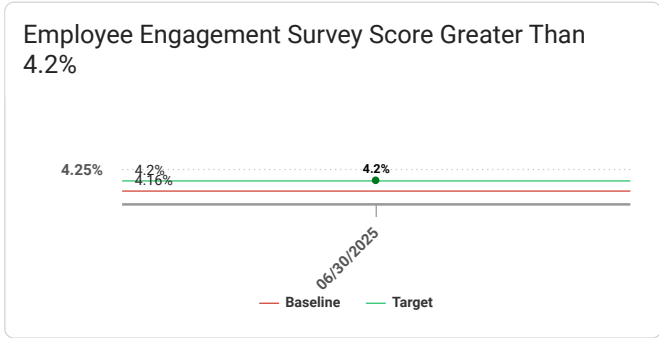
Ideal Environment

Champions: Dianne Cox and Hannah Mitchell

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

FY2025 Strategic Plan - Ideal Environment Strategies

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



Strategic Growth and Innovation

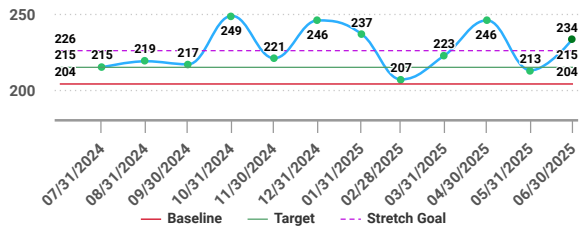
Champions: Marc Mertz and Kevin Bartel

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

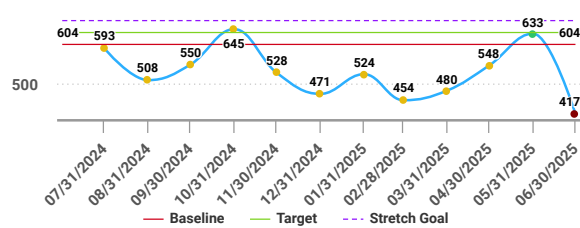
FY2025 Strategic Plan - Strategic Growth and Innovation Strategies

#	Name	Description	Status	Assigned To	Last Comment
2.1	Grow Targeted Surgery/Procedure Volumes	Grow volumes in key service lines, including Orthopedics, Endoscopy, Urology and Cardio Thoracic services.	Not Achieved	Kevin Bartel	For FY2025, only orthopedics met the target goals established for volume, with all other areas (Urology, CTS elective cases, endoscopy) falling short of both baseline and target goals. Urology fell short due to having limited USC subspecialists presence at KH, continued limitations with urology call coverage on a consistent basis, and continued struggles with anticipated recruiting of additional full-time urologists to the area. CTS saw improvement in the past quarter with Dr. Bansal's arrival and program growth, but still fell short for FY2025.
2.2	Expand Clinic Network	Strategically expand and enhance the existing clinic network to increase access at convenient locations for the community.	Achieved	Ivan Jara	We continue to evaluate and pursue growth opportunities through recruitment, acquisitions, new locations, quality initiatives, state/federal programs, and a team-based care model. All areas currently have active projects supporting the expansion of the clinic network.
2.3	Innovation	Implement and optimize new tools and applications to improve the patient experience, communication, and outcomes.	Not Achieved	Marc Mertz	While some tools have been implemented, others were not successfully implemented. Our call center software contract is ending in June and we have not identified a solution going forward. The current vendor will likely be extended.
2.4	Enhance Health Plan Programs	Improve relationships with health plans and community partners and participate in local/state/federal programs and funding opportunities to improve overall outcomes for the community.	Achieved	Sonia Duran-Aguilar	Ongoing meetings with MCPs to discuss CaAIM and quality continue. PATH CITED Round 4 application was submitted 5/2/25 requesting \$1.59M for staff salaries to support expansion of CaAIM programs and adding Community Health Workers (CHWs) to ED and busiest inpatient units to assist in Social Determinants of Health (SDOH) Screening. We have submitted a Provider Interest Form to HealthNet to update our population of focus to a subset of Children and Youth, ages 18-22. Anthem has already approved and we await contract amendment along with rate negotiation. 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. Collaboration remains strong with both MCPs and CaAIM services to date are not being pulled back. We expect to continue exploring additional populations of focus to ensure members are connected to resources. Due to staffing turnover, vacancies and LOAs were did not achieve enrollment goals related to ECM and CS, however a plan is in place for FY 2026.
2.5	Explore Organizational Affiliations and Partnerships	Pursue organizational affiliations and partnerships.	Achieved	Marc Mertz	We continue to evaluate existing and potentially new partnerships to improve healthcare in our community.

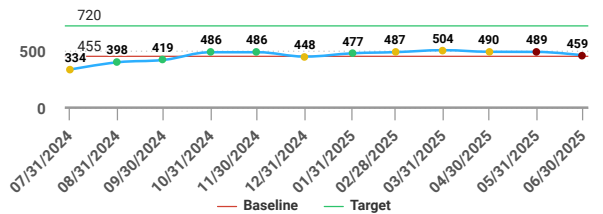
Perform 215 Orthopedic Surgery Cases Per Month



Perform 636 Endoscopy Cases Per Month



Increase Enrollment to 720 Lives in Enhanced Care Management



Outstanding Health Outcomes

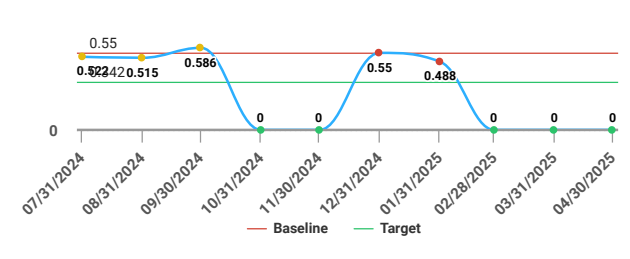
Champions: Dr. Paul Stefanacci and Sandy Volchko

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

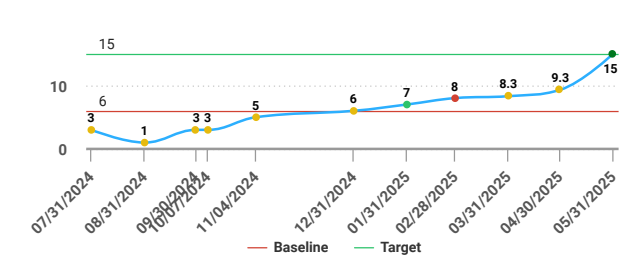
FY2025 Strategic Plan - Outstanding Health Outcomes Strategies

#	Name	Description	Status	Assigned To	Last Comment
3.1	Standardized Infection Ratio (SIR)	Reduce the Hospital Acquired Infections (HAIs) to the national 70th percentile in FYTD24 as reported by the Centers for Medicare and Medicaid Services	At Risk	Sandy Volchko	Key Actions: (1) Reduce line utilization; less lines means less opportunity for infections to occur. (2) Improve environmental cleaning effectiveness for high risk areas. (3) MRSA nasal and skin decolonization for patient with lines. (4) Improve hand hygiene
3.2	Sepsis Bundle Compliance (SEP-1)	Increase SEP-1 bundle compliance to overall 85% compliance rate for FY24 through innovative improvement strategies based on root causes.	At Risk	Sandy Volchko	Next Steps are to enhance engagement with GME through the Sepsis Coordinator (ongoing education, order set utilization). Future State will include a Code Sepsis in the ED.
3.3	Mortality and Readmissions	Reduce observed/expected mortality through the application of standardized best practices.	At Risk	Sandy Volchko	Key Actions: Provide guideline directed medical therapy at discharge and provide guideline directed medical therapy during hospitalization.
3.4	Quality Improvement Program (QIP) Reporting	Achieve performance on the Quality Incentive Pool measures to demonstrate high quality care delivery in the primary care space.	Achieved	Sonia Duran-Aguilar	QIP reporting for Performance Year 7 (CY 2024) submitted 6/16/25. Population Health Data Team and BI Development team collaborated on updating all QIP reports to reflect the Measure Specifications as outlined in the QIP Reporting Manual. Kaweah will report on 15 QIP measures for CY 2024. As of June 16th, 2025, all reports were been finalized.
3.5	Health Equity	Identify health disparities that improve affordable access to care by enhancing care coordination and more effective treatment through healthy living.	Achieved	Sonia Duran-Aguilar	Monthly Health Equity Committee Meeting in place. Identification of disparities for Population of Focus (Pregnant Persons), farmworkers is underway. Discussion of focus on Maternal/Child Outcomes disparities. 38 patients have been enrolled into the HRSA Care Coordination Project with half of them being farmworkers. The goal is to enroll 40.
3.6	Inpatient Diabetes Management	Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.	On Track	Sandy Volchko	An inpatient diabetes management team has been established to focus on optimizing diabetes care for patients using Glucommander (GM), aiming to reduce hypoglycemia rates to or below SHM benchmarks for both critical and non-critical patients, and to minimize recurrent hypoglycemia in these settings to meet or fall below SHM benchmarks. For clinical scenarios where GM is not suitable for managing glycemic excursions, non-Glucommander power plans are utilized.

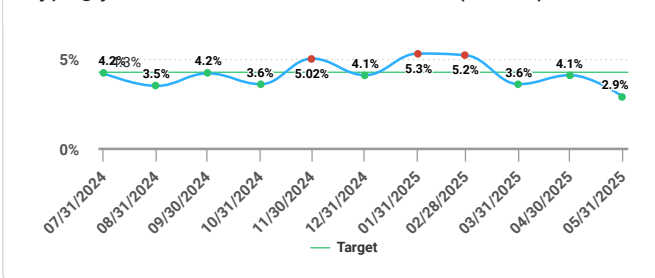
Decrease Standardized Infection Ratio (SIR) CAUTI to < 0.401



Meet or exceed 15 QIP measures in 2024



Hypoglycemia in Critical Care Patients (< 4.3%)



Patient Experience and Community Engagement

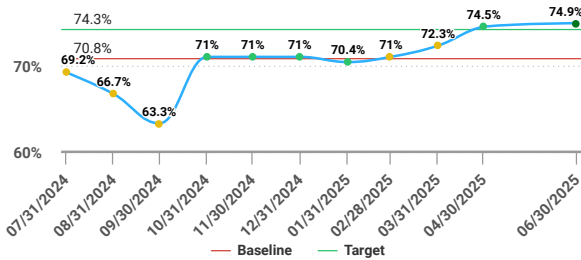
Champions: Marc Mertz and Deborah Volosin

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

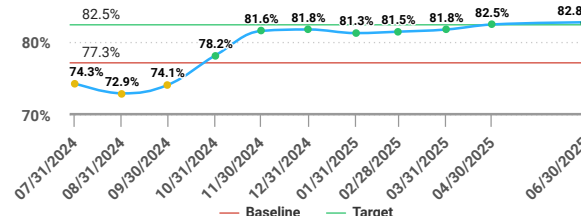
FY2025 Strategic Plan - Patient Experience and Community Engagement Strategies

#	Name	Description	Status	Assigned To	Last Comment
4.1	Highlight World-Class Service/Outcomes (Hospitality Focus)	Develop strategies that give our health care team the tools they need to deliver a world-class health care experience. We aim to be in the 90th percentile over the next three years.	Achieved	Deborah Volosin	We continue to surpass our goal for Best Image/Reputation score. We have put up new signage both internally and externally in our main hospital facility. Since the patient's experience begins at the website and ends with the bill, we are working to make sure every touchpoint that a patient has is world-class. We are on track to bring back our community group to do physical wayfinding. We continue to surpass our image and reputation score on the Market Insights data in NRC. We have surpassed our HCAHPS goal for FY 2025 are aiming towards being in the 75th percentile by the end of FY 2027.
4.2	Increase Compassionate Communication	To reach the 50th percentile in physician and nursing communication and responsiveness of staff on the HCAHPS survey.	Achieved	Deborah Volosin	We include compassionate communication in both new employee orientation and GME New Resident orientation sessions. It has also become a regular topic in every staff meeting and presentation involving the Patient Experience Department. Additionally, Patient Access has implemented compassionate communication training for our Patient Access leaders. For FY 2025 we exceed the goals of 50th percentile in doctor and nursing communication. Based on the CMS average, we are in the 75th percentile for doctor communication and the 71st percentile for nursing communication. We are in the 62nd percentile in responsiveness of hospital staff.
4.3	Enhancement of Systems and Environment	To create a secure, warm and welcoming environment for patients and the community.	Achieved	Deborah Volosin	EVS, Facilities, and Patient Experience round with Marc Mertz, our Chief Strategic Officer, on a monthly basis to identify items that need to be fixed or replaced. The Patient Experience Steering Committee is actively advancing initiatives in every area to guarantee a consistent, world-class patient journey throughout the continuum of care. While we consistently achieve our cleanliness targets within the clinic environment, our HCAHPS Cleanliness score has not met expectations.
4.4	Community Engagement	To provide an environment where community members and patients are able to assist staff in co-designing safe, high quality, and world-class care and services.	Achieved	Deborah Volosin	We hold monthly meetings with our four community advisory committees, using these groups to help develop processes, introduce new services, and gather feedback on existing ones. With the addition of eleven new members to our councils this year, we remain committed to prioritizing community involvement.

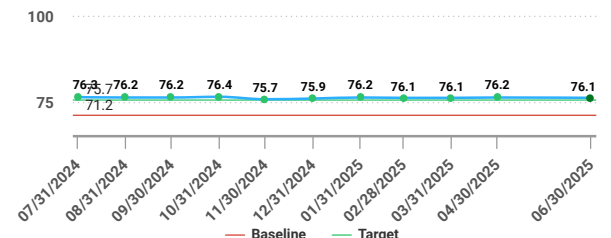
Achieve a score of 74.3 in HCAHPS Overall Rating



Achieve a 82.5 in Nursing Communication Inpatient Score



Achieve a score of 75.7 in the Cleanliness of Clinic Environment



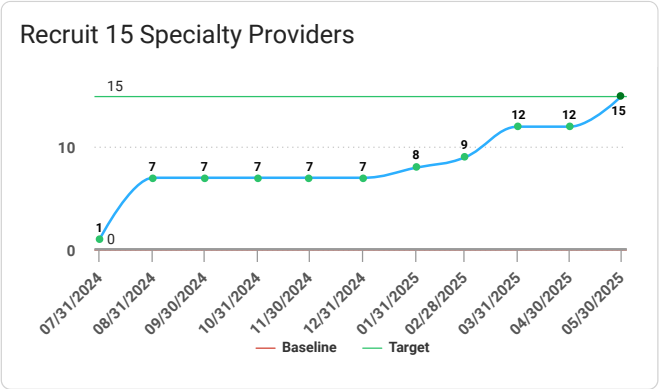
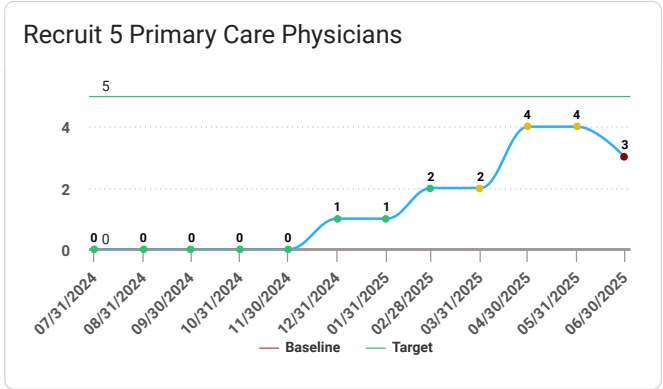
Physician Alignment

Champions: Ryan Gates and JC Palermo

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

FY2025 Strategic Plan -Physician Alignment - Strategies

#	Name	Description	Status	Assigned To	Last Comment
5.1	Recruit Providers	Develop a recruitment strategy and employment options for physicians that will assist with recruitment of providers to support community needs and Kaweah Health's growth.	Achieved	JC Palermo	The Physician Recruitment Strategy Committee continues to meet. We have established new processes, guidelines, and are having regular strategy discussions about practice locations, compensation, and retainment strategies. The team will continue to meet to ensure we are utilizing our resources as strategically as possible.
5.2	Physician Alignment and Practice Support	Develop services and opportunities that improve alignment with and support for contracted and affiliated physician practices.	Achieved	Ryan Gates	Both Friendly PC and MSO (Argus) have been successfully contracted



Quarter 2 Risk Management Report

BOD Risk Management Report – Open 2nd Quarter 2025

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

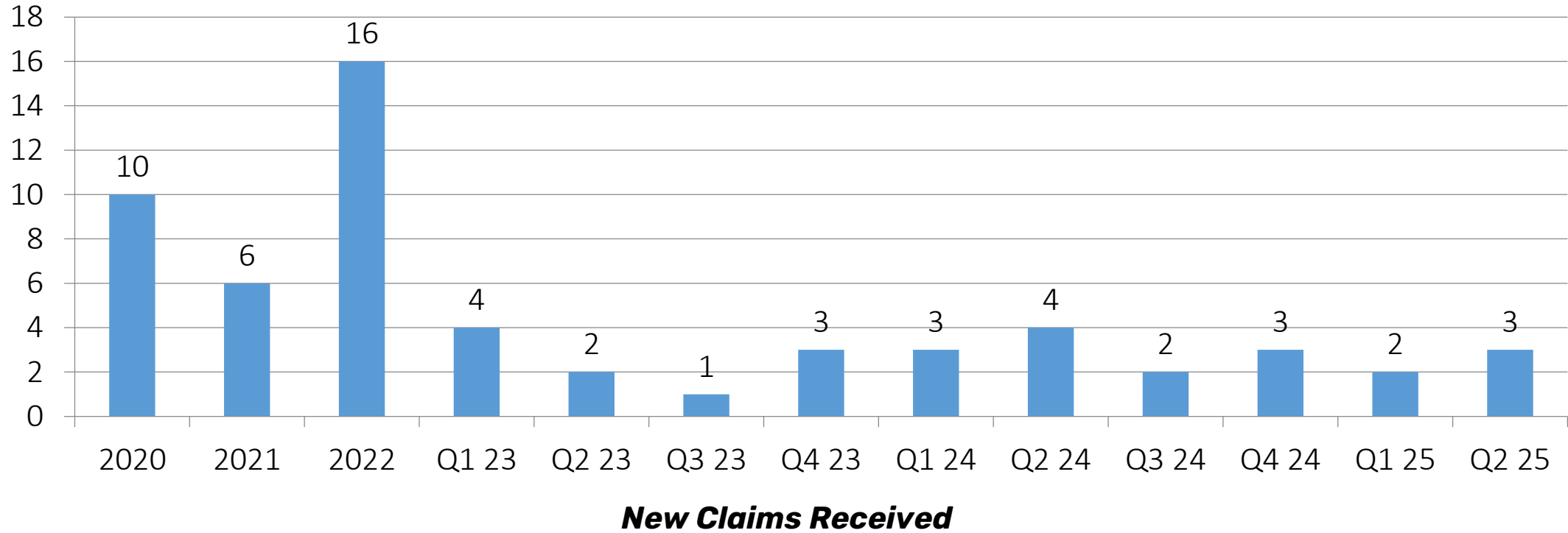


Risk Management Goals

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

Claims

2020 - 2025



**Total cases closed in 2nd Quarter 2025 Three- (3)*

Monthly Throughput Report

Update

ED Flow

- The redesign of the Emergency Department Front End Throughput process has yielded significant improvements in key performance indicators, demonstrating enhanced efficiency and patient care.
- Notably, the median door-to-discharge time has shown a consistent downward trend, reaching 257 minutes in the current period, a substantial improvement from 271 minutes in February, 295 minutes in January, and a marked decrease from prior comparable high-volume periods where times exceeded 300 minutes.
- This achievement underscores the team's effectiveness in rapidly registering, triaging, and evaluating patients. This expedited initial assessment facilitates the swift initiation of diagnostic workups and treatments, leading to more timely interventions and, consequently, reduced lengths of stay.
- Left Without Being Seen (LWBS) rate has been sustained at an exceptionally low 0.8% for the entire month, indicating a significant success in ensuring patients are seen and evaluated, thereby enhancing patient satisfaction and safety.

ED to Inpatient Admission Process:

- Dr TU educating on process for "Request to Admit" will only be put in after contact initiated with admitting Doc. This will ensure the start time is consistent on each pt admit.
- UR work group continuing work for utilization of MRI in ED and Inpt, delaying pt progression.
- Social Admit new process, decision to pull upstairs <24 hours

Observations

- **Observation Dashboard ready for use 10/2023. September power plan usage 47.45% (highest since go-live 12/2023)**
- PCP follow up process and resources finalized.
- Medical observation Powerplan updates went live 11/28/23: educated to providers sent 11/27, Emma presented at Valley Hospitalist meeting 11/21, attended Department of Critical Care, Pulmonary Medicine & Adult Hospitalist meeting 12/18 to educate as well.
- Outpatient appointment (NM Lexi, Treadmill, Holter, PCP) process implemented 6/24, 1st patient completed NM LexiScan on 7/12 (discharged 7/10)

Next Steps

ED Flow:

- Sustained Reduction in LOS for Discharged Patients: Achieving and maintaining a significant reduction in the median Length of Stay (LOS) for discharged patients
- Improvement in Bed Utilization: Demonstrable improvement in the efficient utilization of ED beds.
- Reduction in EMS Wall Times: Decrease the median EMS offload time to below 45 minutes (*Measure: Median EMS offload time consistently below 45 minutes*)

ED to Inpatient Admission Process:

- ED CM taking on the role of Gatekeeper. Keeping soft admissions from making it to floor/process DC from ED. Pushing Social Admits up when not able to U-turn. Assuring admissions are viable and ready to transition earlier in day.
- EVS to turn over clean rooms more timely
- Transport to move patients more timely.

Observation

- Outpatient appointment process optimization: consider expanding the providers that are included
- Collaborate with radiology on MRI/Ct delays
- Evaluate/Establish Echo and EEG outpatient appointment process
- Evaluate a targeted afternoon discharge round huddle on 2S
- Ongoing optimization of observation dashboard

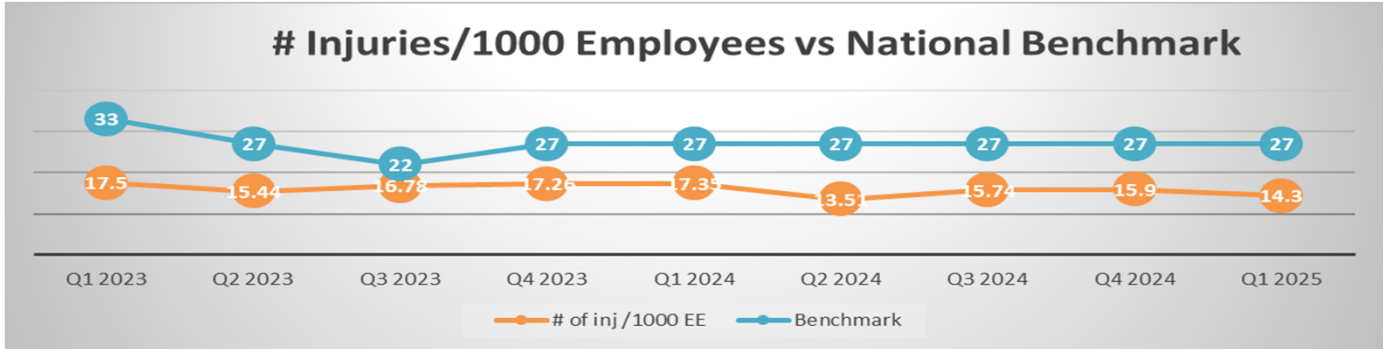
Environment of Care Quarterly Report



**Environment of Care
1st Quarter Report
January 1, 2025 through March 31, 2025
Presented by
Maribel Aguilar, Safety Officer
maaguila@kaweahhealth.org
559-624-2381**

Kaweah Health
Performance Monitoring 2025
EOC

Performance Standard: Our goal for 2025 is to maintain a safety record that is better than the national benchmark for workplace injuries and illnesses. To achieve this, we are planning to implement new processes that focus on reducing workplace injuries, keeping track of injury trends by department and type, and improving awareness of potential risks. Our Workers Compensation Program will be providing educational opportunities that align with the most common types of injuries in each department.



- Evaluation Q1:**
- 45 OSHA Recordable
 - 32 COVID 19 claims
 - Provided 17 Ergonomic Evaluations
 - 20 Sharps Exposure

Type of Injury	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total '25	Annualized '25	Totals '24
Total Incidents	144				144	576	623
COVID 19 + OSHA Recordable	32				32	128	622
Lost time cases	45				45	180	216
Strain/Sprain	18				18	72	139
Sharps Exp.	39				39	156	166
# of Employees (EE) end of QTR	20				20	80	68
	5215						

Plan for Improvement:

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

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

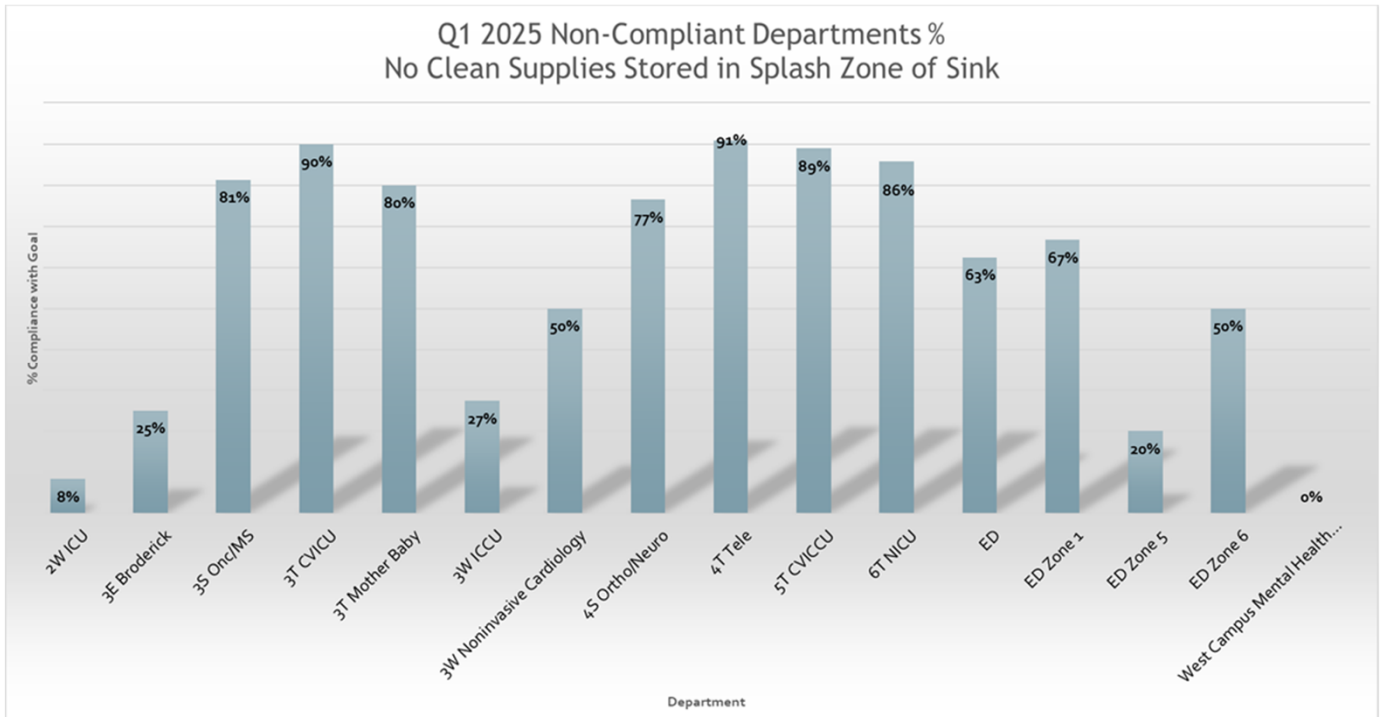
Infection Prevention – Environment of Care Rounds

First Quarter 2025

Performance Standard: During EOC rounds, as applicable, the following is evaluated: presence of medical supplies, devices and/or medication within 3 feet on either side of sinks present in patient care areas, including outpatient care clinical settings.

Goal: 95% -100% Compliance

Status: **Not Met**



	2024 Q1	2024 Q2	2024 Q3	2024 Q4	2025 Q1
No clean supplies stored in splash zone of sink.	58.3%	91.3%	65.7%	76.1%	79.0%

Evaluation:

No medical supplies, devices and/or medication stored within 3 feet on either side of sinks : 79% (Not Met)

Detailed Plan for Improvement:

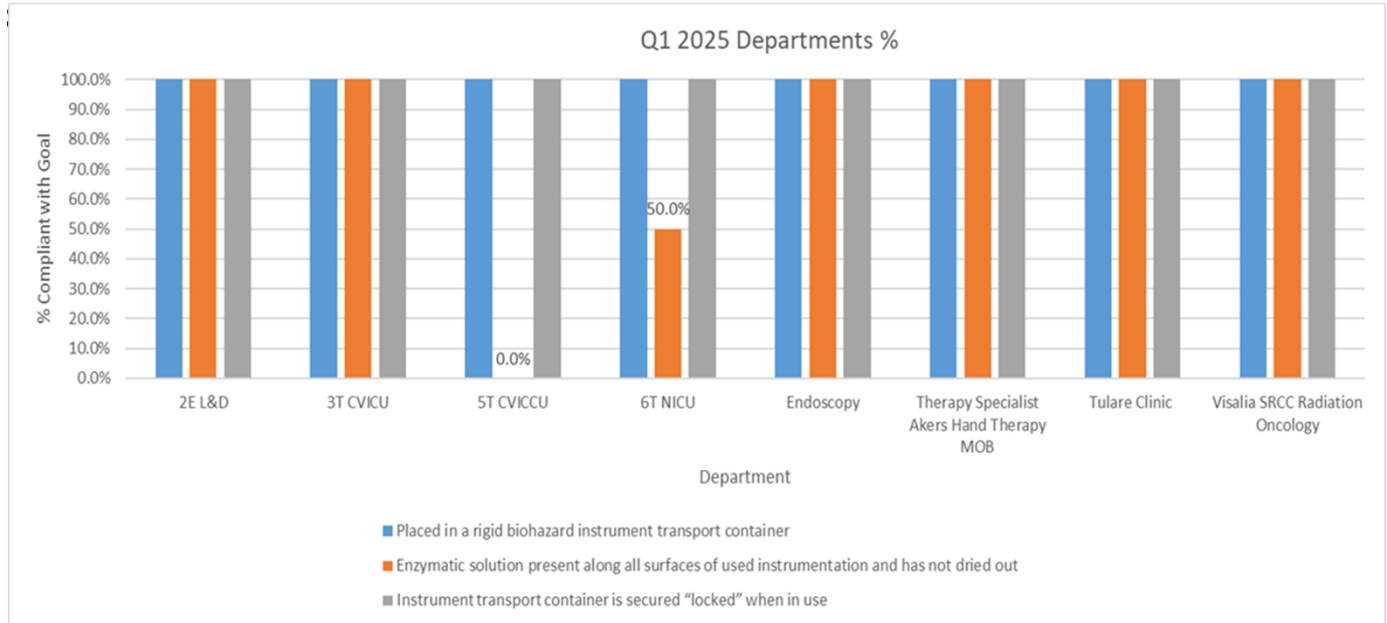
- Methods to mitigate events from occurring: Unit eliminates storage of supplies, devices, medication within 3 feet on either side of a patient care sink. Unit installs an approved hard plastic barrier that prevents water exposure to medical supplies, devices and/or medication that are present within 3 feet on either side of patient care sinks.
- Unit leaders are notified in RLDatix and during rounds of fallouts in department.
- Education has been distributed by IP to all unit leaders for use in staff education and coaching.
- Infection Prevention and Facilities rounded all inpatient units in Q3 2024. Recommendations for area splashguards were developed, and Facilities collaborated with unit leaders to install splash guards in recommended areas.

Infection Prevention – Comprehensive Rounds

First Quarter 2025

Performance Standard: During EOC rounds, as applicable, the following is evaluated: (1) used instrumentation/scopes are placed in a rigid biohazard instrument transport container, (2) enzymatic/wetting solution is present along all surfaces of used instrumentation/scopes and enzymatic/wetting solution has not dried out and (3) the rigid biohazard instrument transport container is secured “locked” when in use.

Goal: 95% -100% Compliance



	2024 Q1	2024 Q2	2024 Q3	2024 Q4	2025 Q1
The rigid biohazard instrument transport container is secured “locked” when in use.	100.0%	88.9%	100.0%	90.0%	100.0%
Used instrumentation/scopes are placed in a rigid biohazard instrument transport container.	100.0%	70.0%	100.0%	88.2%	100.0%
Used instruments/scopes have enzymatic/wetting solution present on all surfaces and has not dried.	66.7%	88.9%	80.0%	80.0%	77.8%

Evaluation:

1. Instruments placed in rigid biohazard transport container: 100% (Met)
2. Enzymatic/wetting solution present on all surfaces and not dried out: 77% (Not Met)
3. Transport container is locked when in use: 100% (Met)

Detailed Plan for Improvement:

- Methods to mitigate events from occurring: Appropriate use of rigid biohazard instrument transport container by staff in department.
- Unit leaders are notified in RLDatix and during rounds of fallouts.
- Information sheet (available in existing policy) available for leaders to utilize in coaching and education.

Risk Management – Environment of Care (EOC) Rounds

First Quarter 2025

Goal #1: Annual Performance Standard: Zero patient death or serious disability associated with a fall while being cared for in a KDHC facility.

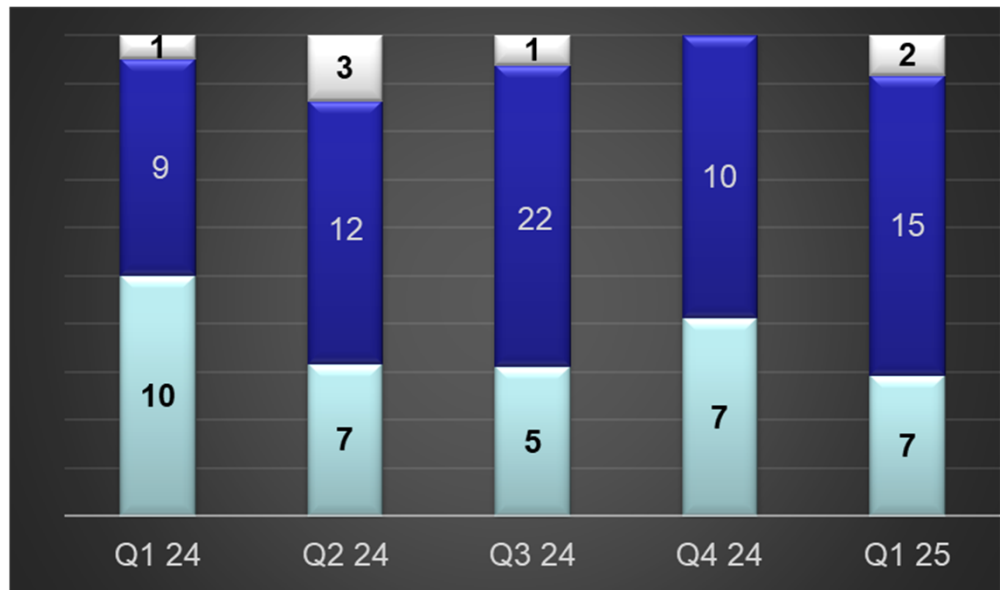
Goal: Met




Goal #2: Annual Performance Standard: Reports of preventable non-patient safety events will decrease by two (2) events or more.

Goal: Met

Non-Patient Safety Events
2024-2025

Goal #2 Evaluation: There were (2) preventable safety events reported at the Medical Center in Q1 2025. These were visitor slip & fall events related to water spills.



-  Q1 25 Lifestyle Center – Seven (7) Non-Preventable Events
-  Q1 25 Kaweah Health – Fifteen (15) Non-Preventable Events
-  Q1 25 Kaweah Health – Two (2) Preventable Events

Detailed Plan for Improvement:

- Leadership and staff will ensure floors remain dry and free from spills.
- Ongoing monitoring of Lifestyle Center rock wall action items: It is now mandatory for Lifestyle Center staff to witness each members attach and secure the harness prior to climbing the rock wall. After this observation, staff document the harness securement verification within a log prior to each climb. Signage is posted at the front desk where the climbing equipment and harness are located as a reminder to members.

Employee Health Services (EHS) – Environment of Care Round (EOC) First Quarter 2025

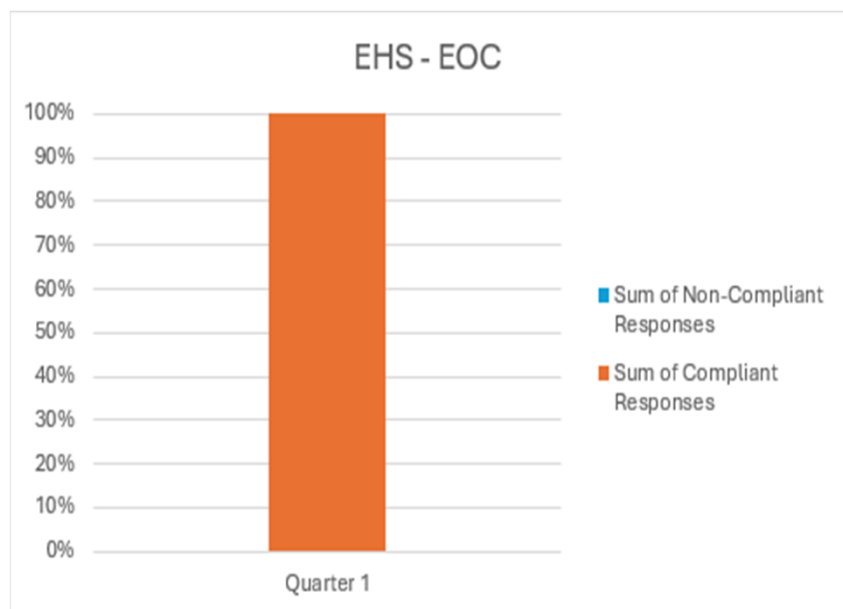
Performance Standard: During EOC rounds, as applicable, the following is evaluated: staff are knowledgeable and can clearly explain the appropriate steps to take in the event of exposure to bloodborne pathogens.

Goal: 100% Compliance

Status: **Met**

Evaluation:

1. Staff members can verbalize what to do in the event of a bloodborne pathogen exposure. 40/40=100% (Met)



Detailed Plan for Improvement:

- Electronic system (RLDatix) has gone live and we're able to record data real-time and retrieve reports. **Staff members can verbalize what to do in the event of a bloodborne pathogen exposure.**
 - EHS has incorporated Bloodborne Pathogen Education into the Manager Orientation.
 - EHS has updated Compass to include procedures for exposure to bloodborne pathogens..

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

First Quarter 2025

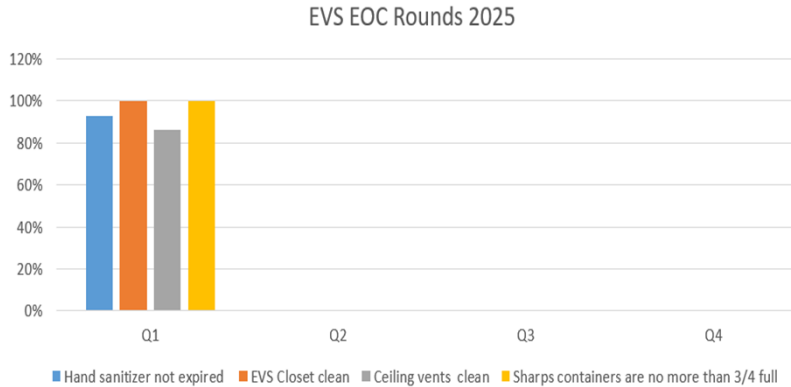
Performance Standard: During EOC rounds, as applicable, the following is evaluated: hand sanitizer not expired; EVS closets are clean; ceiling vents are clean and Sharps containers are no more than ¾ full.

Goal: 95% -100% Compliance

Status: 2 Met, 2 Not Met

Evaluation:

1. **Hand Sanitizer not expired:** 38/41 = 93% (Not Met)
2. **EVS Closets clean:** 21/21 = 100% (Met)
3. **Ceiling vents clean:** 37/43 = 86% (Not Met)
4. **Sharps containers are no more than ¾ full** 26/26 100% (Met)



Detailed Plan for Improvement:

EVS Closets clean and Sharps containers no more than ¾ full are compliant for the quarter. Hand sanitizer not expired is at 93% and Ceiling vents are at 86% both not compliant. We will continue to closely monitor through:

- EVS Leadership continue to proactively monitor areas routinely while completing departmental rounds (ongoing).
- EVS Managers to coach staff in non-compliant areas.
- New cordless backpack vacuum to do cleaning of vents.

Safety

First Quarter 2025

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

Goal: 100% compliance

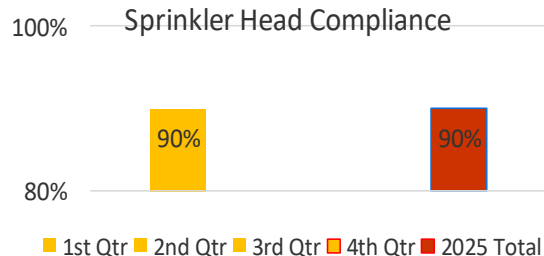
Status: Goal **not met** for 1st Quarter 2025

Evaluation:

Fifty nine observations were conducted in 1st quarter 2025. Of those observations, 7 were found to have foreign material, which resulted in an 90% compliance rate.

The areas with observed non compliance include:

Open Arms Hospice
 4T Tele
 West Campus Breast Center/Imaging
 Visalia SRCC Medical Oncology
 Visalia SRCC Radiation Oncology
 Therapy Specialist Akers MOB



Detailed Plan for Improvement:

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

Utilities Management

First Quarter 2025

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

Goal: 100% Compliance

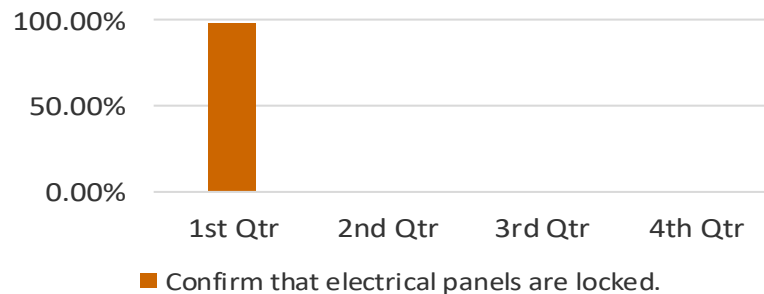
Status: Not Met

Evaluation:

42 Departments or buildings were surveyed in the 1st quarter. One electrical panel was found unlocked, this resulted in 97.62 % compliance rate.

Minimum Performance Level was not met during this quarter.

Confirm that electrical panels are locked.



We are searching for a universal surface mount panel lock that is keyless and self latching. However some panels, due to age, can not be modified to add locks.

Utilities Management

First Quarter 2025

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

Goal: 100% Compliance

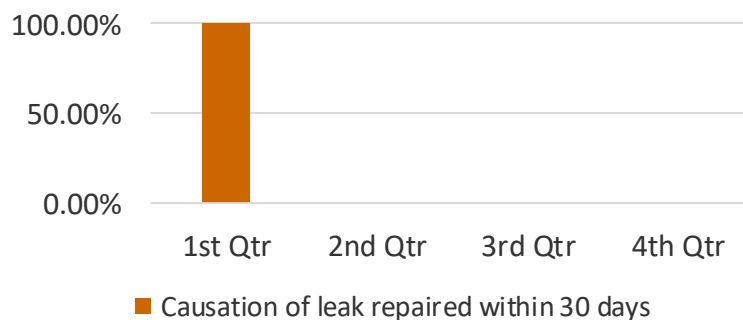
Status: Met

Evaluation:

42 Departments or buildings were surveyed in the 1st quarter. Fourteen stained ceiling tiles were documented. The correction of causation of fourteen repaired within 30 days of work order being placed. This resulted in 100% compliance rate.

Minimum Performance Level was met during this quarter.

Causation of leak repaired within 30 days



Detailed Plan for Improvement: 100% Compliance for Q1

Security Services

First Quarter 2025

False Code Pink Activations

Performance Standard: Reduce *false* Code Pink activations **by 50% of the previous year - <69 events for the calendar year; 17 events per quarter**

Goal: 100% Compliance

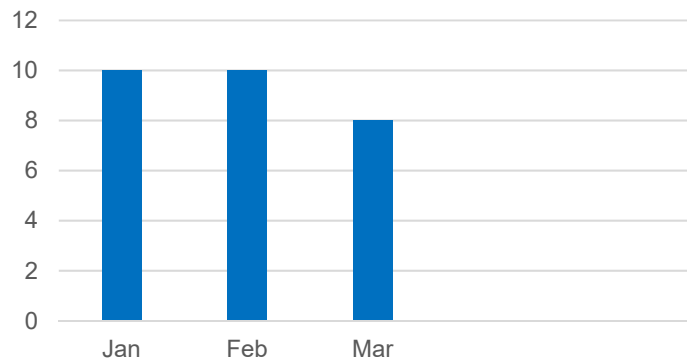
Status: Not Met

Evaluation:

In 1st qtr. 2025 there were 28 false code pink activations.

Minimum Performance Level was not met during this quarter.

2025 False Code Pink Activations



Plan for Improvement: Unit leaders for Maternal-child Health units continue to work with their clinical-clerical staff to improvement system management, especially when short staffed.

Restricted Access Door Security

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

Goal: 100% Compliance

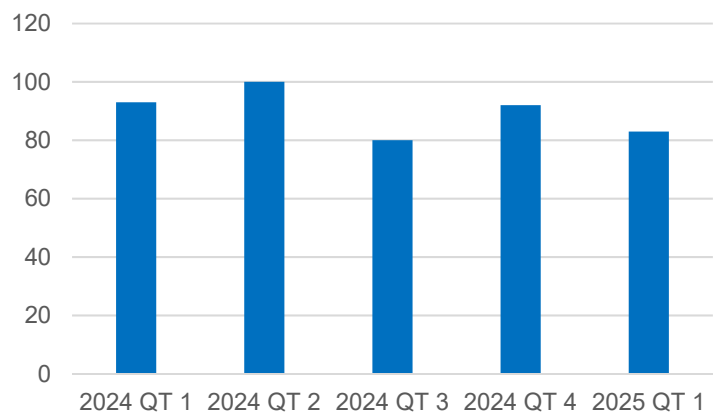
Status: Not Met

Evaluation:

Fifty-six (56) departments were surveyed in the 1st quarter. In all the departments surveyed 10 had authorized personnel only doors found accessible to the public, which resulted in an 83% compliance rate.

Minimum Performance Level was not met during this quarter.

Restricted Access Door Security



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

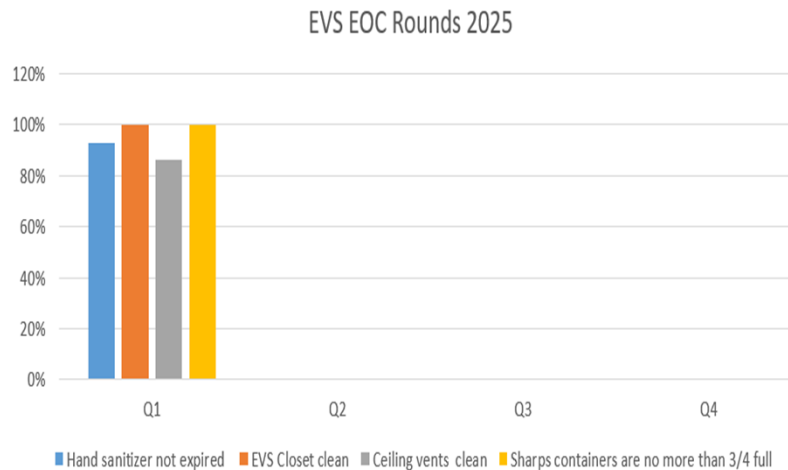
Environmental Services (EVS) – Environment of Care Rounds (EOC) First Quarter 2025

Performance Standard: During EOC rounds, as applicable, the following is evaluated: hand sanitizer not expired; EVS closets are clean; ceiling vents are clean and Sharps containers are no more than ¾ full.

Goal: 95% -100% Compliance

Status: 2 Met, 2 Not Met

Evaluation:	
1.	Hand Sanitizer not expired: 38/41 = 93% (Not Met)
2.	EVS Closets clean: 21/21 = 100% (Met)
3.	Ceiling vents clean: 37/43 = 86% (Not Met)
4.	Sharps containers are no more than ¾ full 26/26 100% (Met)



Detailed Plan for Improvement:

- EVS Closets clean and Sharps containers no more than ¾ full are compliant for the quarter. Hand sanitizer not expired is at 93% and Ceiling vents are at 86% both not compliant. We will continue to closely monitor through:
 - EVS Leadership continue to proactively monitor areas routinely while completing departmental rounds (ongoing).
 - EVS Managers to coach staff in non-compliant areas.
 - New cordless backpack vacuum to do cleaning of vents.

EOC Component: Compliance Medical Equipment Preventive Maintenance (PM)

Performance Standard: Maintain a 100% compliance rate on non-high risk and high-risk Medical Equipment

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

Evaluation:

For the reporting quarter, CY 2025, Q1 (Jan-Mar), Medical Device count available to receive Preventive Maintenance is 2770 and all of those devices received Preventive Maintenance. All Medical Devices this Quarter received PM or were marked as In Use or Missing in Action (MIA) as defined by policy.

PM Compliance for Non-High Risk Devices is 100%.

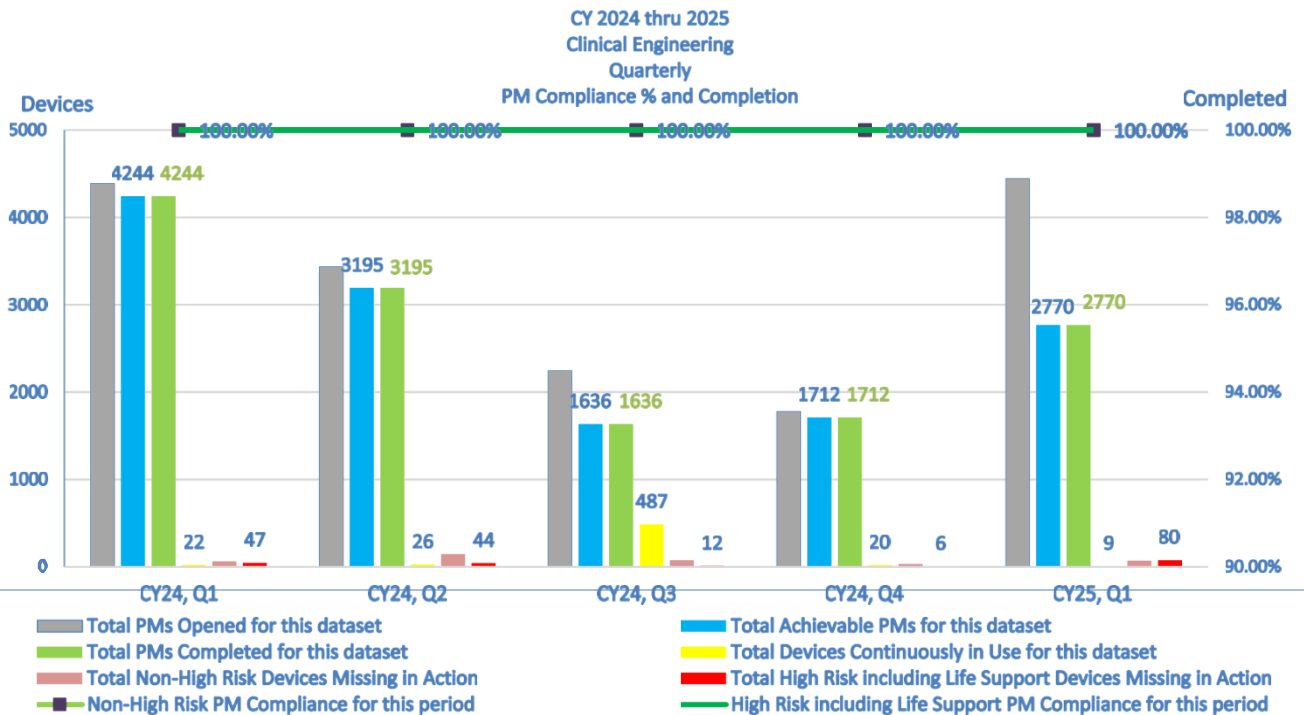
PM Compliance for High Risk Including Life Support Devices is 100%.

Performance Improvement Goal: Total High Risk Device missing count is 80 for Q1 and >2% of High-Risk Inventory.

Goal **MET**.

Goal **MET**.

Goal **NOT MET**.



Calendar Year 2025	Quarter 1			Q1 Total
Category	Jan-25	Feb-25	Mar-25	CY25, Q1
Total PMs Opened for this dataset	990	1439	2017	4446
Total Administrative Closures for this dataset	11	33	1472	1516
Total Devices Continuously in Use for this dataset	5	0	4	9
Total Non-High Risk Devices Missing in Action	48	15	8	71
Total High Risk including Life Support Devices Missing in Action	0	16	64	80
Total Achievable PMs for this dataset	926	1375	469	2770
Total PMs Completed for this dataset	926	1375	469	2770
Total Achievable PMs Not Completed	0	0	0	0
Total PM Compliance	100.00%	100.00%	100.00%	100.00%
Non-High Risk PM Compliance for this period	100.00%	100.00%	100.00%	100.00%
High Risk including Life Support PM Compliance for this period	100.00%	100.00%	100.00%	100.00%

Plan for Improvement: The PI Goal was Not Met. Of the 80 missing devices, 61 are BD Pumps currently marked for retirement. Location of these pumps is a current priority. The new Baxter Novum IQ Plus IV pumps are now in service and almost completely replace the BD pumps. All Baxter pumps received the new RFID tracking tag. These were the first 1081 devices marked with these tags. The remainder of the High-Risk equipment will begin receiving the RFID tags by May 2025. The expectation is to lower the number of missing High Risk medical devices to as close to zero with the use of this new locator system.

Sequoia Integrated Health & Sequoia Health Plan

Sequoia Integrated Health (SIH) Sequoia Health Plan (SHP)

Board Report
July 15, 2025

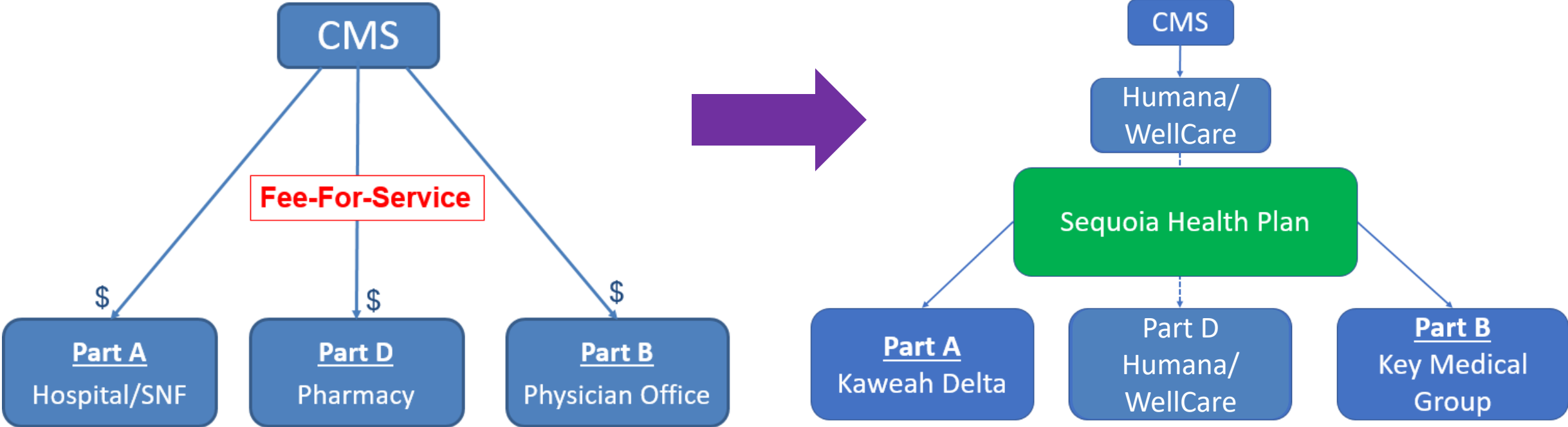


Sequoia Integrated Health

What is our why?

Our Why

Develop an Integrated Delivery Network that improves the health and wellness of our community in a way that is financially sustainable



Sequoia Integrated Health

What is our how?

Understanding the Financial Mechanics of Medicare Advantage

Revenue

- Largest variables we can impact
 - Risk Adjustment Factor (RAF)
 - CMS Star Quality Score
- Annual CMS rate adjustments

Expenses

- Largest variables we can impact
 - Decrease the cost of care by improving health and wellbeing & operational efficiencies
 - Preventable hospitalizations and ED visits
 - Avoiding transferring care outside of the area when able

Our How

Improving Documentation & Coding (*revenue*)

- Annual Wellness/Physician Assessment Form (PAF) Visits:
 - Assessing Hierarchical Chronic Conditions (HCC) = Risk Adjustment Factor (RAF) scores
- Key MG Incentive Compensation Program rewarding Quality

Improving Care and Decreasing Avoidable Utilization (*savings*)

- Virtual Care Team & Dedicated Hospitalists
 - Admission diversions
 - LOS 2025 YTD (0.67 days vs 1.91 days of hospitalists group)
- Comprehensive Care Clinic (CCC)
- End-Stage Renal Disease (ESRD) Program
- Clinical Pharmacists & Medication Management
- Streamlining the Medicare benefit

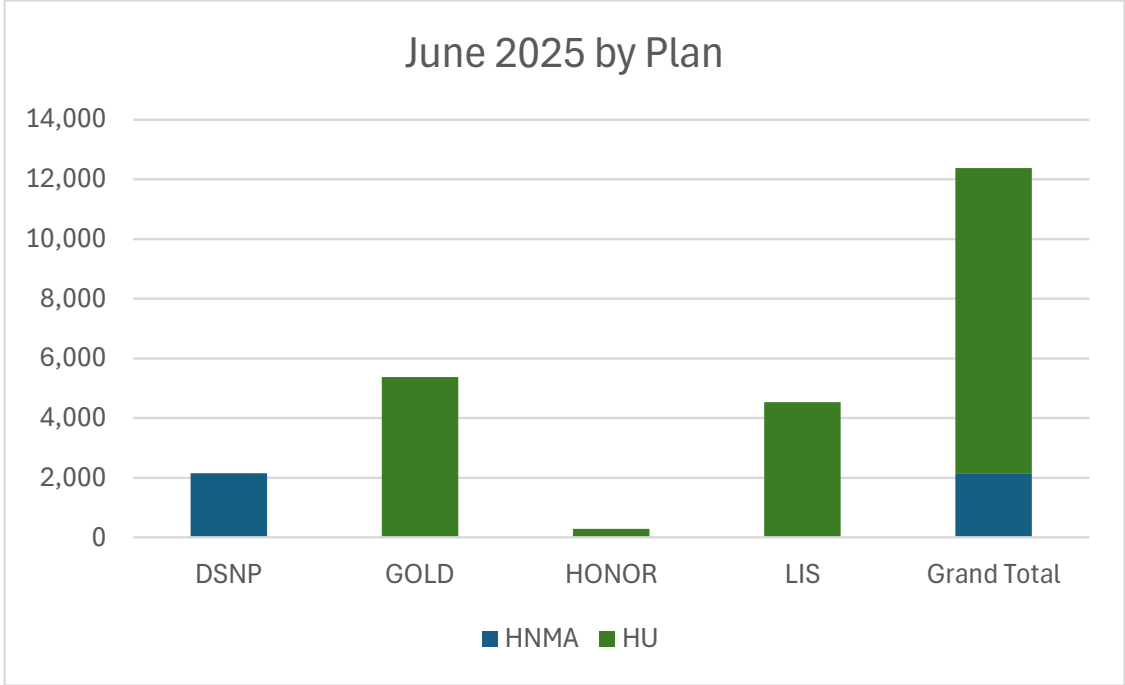
Sequoia Integrated Health

Where are we today?

Membership Update

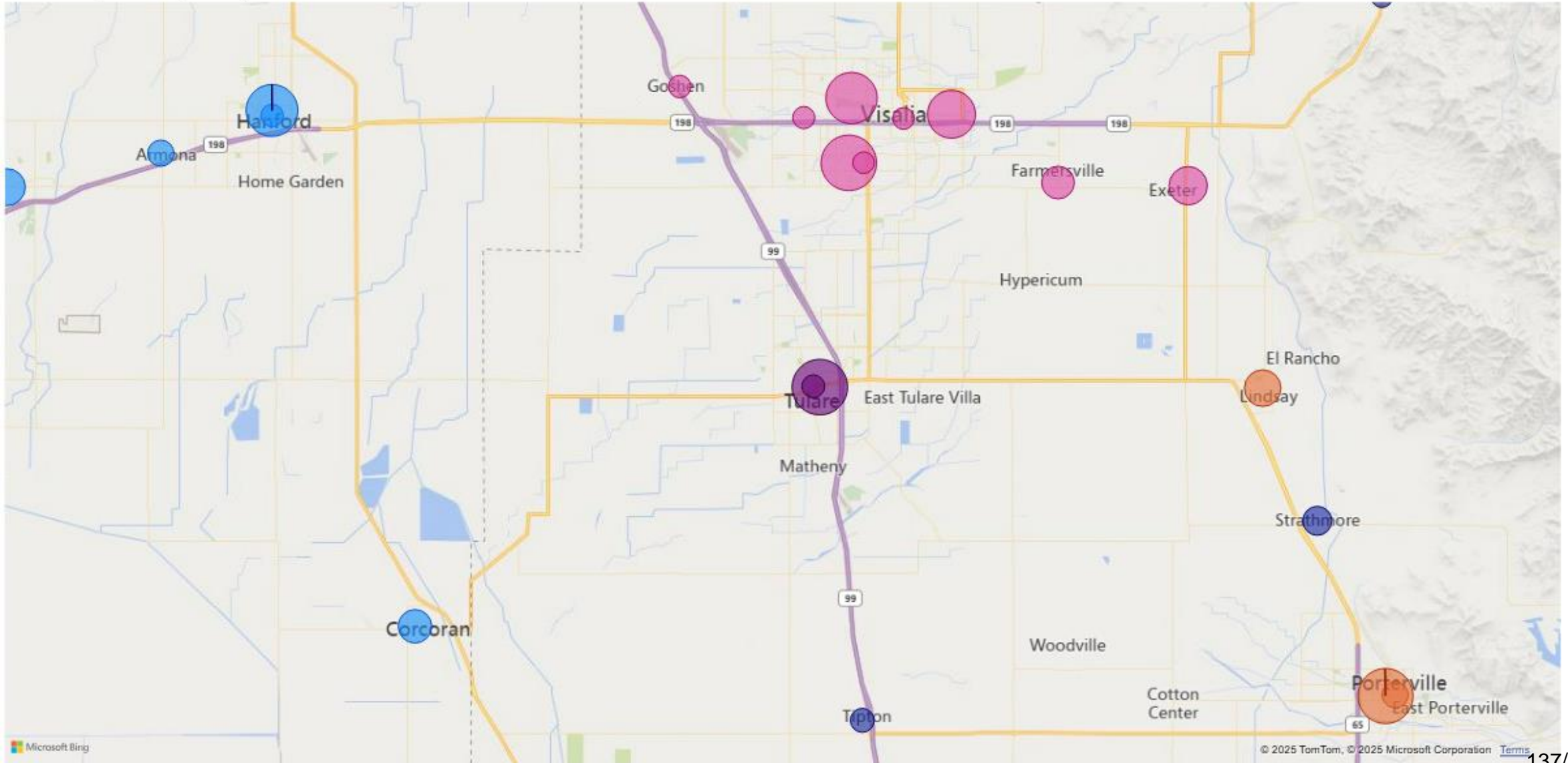
Humana MA & WellCare – Enrollment

Option	June 2024	June 2025	Change
DSNP	3,384	2,157	-1,227
GOLD	7,779	5,383	-2,396
HONOR	280	294	14
LIS	2,474	4,541	2,067
Grand Total	13,917	12,375	-1,542



Geographic Distribution of

Member Region ● Kings County ● Other ● Porterville ● Tulare ● Visalia



Financial Update

Humana & WellCare (DNSP) Combined

Kaweah Health Capitation Summary

FY25 YTD

	YTD May 2025					
	Humana Gold		WellCare DSNP		Total	
Member Months	51,476		9,157		60,633	
Revenue	GOLD	PMPM	DSNP	PMPM	Total	PMPM
Annual Funding ¹	\$25,130,352	\$488	\$7,973,956	\$871	\$33,104,308	\$546
Annual Settlement	\$0	\$0				\$0
Mid Year Settlement	\$912,918	\$18				\$0
Reinsurance Payments						
KDHCD Employee	\$0	\$0	\$0	\$0	\$0	\$0
Lab Capitation	\$42,449	\$1	\$7,551	\$1	\$50,000	\$1
Indirect Medical Education Payments ³	\$229,567	\$4	\$50,931	\$6	\$280,498	\$5
Total Revenue	\$26,315,286	\$511	\$8,032,438	\$877	\$34,347,723	\$566

Kaweah Health Capitation

	YTD May 2025					
	Humana Gold		WellCare DSNP		Total	
Member Months	51,476		9,157		60,633	
Expenses						
Operational/Patient Related Expenses						
Kaweah Health - Direct Cost ⁵	\$12,896,881	\$251	\$4,263,258	\$466	\$17,160,139	\$283
Third Party Facilities Net Paid Claims ⁴	\$8,451,834	\$164	\$1,189,867	\$130	\$9,641,702	\$159
IBNR - Third Party Claims ⁵	\$4,880,605	\$95	\$868,205	\$95	\$5,748,809	\$95
Estimated Kaweah Health Home Health Direct Cost ⁸	\$404,128	\$8	\$86,047	\$9	\$490,176	\$8
Total Patient related expenses	\$26,633,448	\$517	\$6,407,378	\$700	\$33,040,826	\$545
Total Admin Fee - Foundation	\$477,809	\$9	\$151,564	\$17	\$629,374	\$10
Total Direct Expenses	\$27,111,258	\$527	\$6,558,942	\$716	\$33,670,200	\$555
Contribution Margin	(\$795,972)	(\$15)	\$1,473,496	\$161	\$677,524	\$11
Kaweah Delta - Indirect Cost ⁷	\$3,760,815	\$73	\$1,284,281	\$140	\$5,045,096	\$83
Total Expenses	\$30,872,072	\$600	\$7,843,223	\$857	\$38,715,296	\$639
Profit / Loss	(\$4,556,787)	(\$89)	\$189,215	\$21	(\$4,367,572)	(\$72)

Financial Update

Humana

Kaweah Health Capitation - Humana

HUMANA PART A FINANCIAL SUMMARY KAWEAH HEALTH

	2023						2024						YTD May 2025			
	GOLD		DSNP		Total		GOLD		DSNP		Total		Gold		Total	
Member Months	120,276		48,333		168,609		126,184		40,526		166,710		51,476		51,476	
Revenue	GOLD	PMPM	DSNP	PMPM	Total	PMPM	GOLD	PMPM	DSNP	PMPM	Total	PMPM	GOLD	PMPM	Total	PMPM
Annual Funding ¹	\$51,084,633	\$425	\$34,472,186	\$713	\$85,556,819	\$507	\$56,338,979	\$446	\$31,780,708	\$784	\$88,119,687	\$529	\$25,130,352	\$488	\$25,130,352	\$488
Annual Settlement		\$0		\$0		\$0	\$1,150,554	\$9	\$649,026	\$16	\$1,799,580	\$11	\$0	\$0		\$0
Mid Year Settlement		\$0		\$0		\$0		\$0		\$0		\$0	\$912,918	\$18	\$912,918	\$18
Reinsurance Payments							\$274,919	\$2	\$155,081	\$4	\$430,000	\$3				
KDHCD Employee	\$286,457	\$2	\$193,303	\$4	\$479,760	\$3	\$306,733	\$2	\$173,027	\$4	\$479,760	\$3	\$0	\$0	\$0	\$0
Lab Capitation							\$76,722	\$1	\$43,278	\$1	\$120,000	\$1	\$50,000	\$1	\$50,000	\$1
Indirect Medical Education Payments ³	\$629,804	\$5	\$424,995	\$9	\$1,054,800	\$6	\$731,265	\$6	\$412,505	\$10	\$1,143,770	\$7	\$229,567	\$4	\$229,567	\$4
Total Revenue	\$52,000,894	\$432	\$35,090,484	\$726	\$87,091,378	\$517	\$58,879,171	\$467	\$33,213,625	\$820	\$92,092,797	\$552	\$26,322,837	\$511	\$26,322,837	\$511
Expenses																
Operational/Patient Related Expenses																
Kaweah Health - Direct Cost ⁶	\$25,905,996	\$215	\$15,073,448	\$312	\$40,979,444	\$243	\$29,718,031	\$236	\$12,570,034	\$310	\$42,288,065	\$254	\$12,896,881	\$251	\$12,896,881	\$251
Third Party Facilities Net Paid Claims ⁴	\$24,827,877	\$206	\$17,044,950	\$353	\$41,872,828	\$248	\$35,613,721	\$282	\$15,050,760	\$371	\$50,664,481	\$304	\$8,451,834	\$164	\$8,451,834	\$164
IBNR - Third Party Claims ⁵	\$0	\$0	\$0	\$0	\$0	\$0	\$450,914	\$4	\$254,360	\$6	\$705,273	\$4	\$4,880,605	\$95	\$4,880,605	\$95
Estimated Kaweah Health Home Health Direct Cost	\$1,188,242	\$10	\$801,832	\$17	\$1,990,074	\$12	\$1,858,606	\$15	\$1,048,436	\$26	\$2,907,042	\$17	\$404,128	\$8	\$404,128	\$8
Total Patient related expenses	\$51,922,115	\$432	\$32,920,230	\$681	\$84,842,346	\$503	\$67,641,272	\$536	\$28,923,590	\$714	\$96,564,861	\$579	\$26,633,448	\$517	\$26,633,448	\$517
Total Admin Fee - Foundation	\$960,736	\$8	\$648,310	\$13	\$1,609,046	\$10	\$1,100,982	\$9	\$621,062	\$15	\$1,722,044	\$10	\$477,809	\$9	\$477,809	\$9
Total Direct Expenses	\$52,882,852	\$439.68	\$33,568,540	\$694.53	\$86,451,392	\$513	\$68,742,254	\$545	\$29,544,652	\$729	\$98,286,905	\$590	\$27,111,258	\$527	\$27,111,258	\$527
Contribution Margin	(\$881,957)	-\$7	\$1,521,944	\$31	\$639,987	\$4	(\$9,863,082)	(\$78)	\$3,668,973	\$91	(\$6,194,109)	(\$37)	(\$788,421)	(\$15)	(\$788,421)	(\$15)
Kaweah Delta - Indirect Cost ⁷	\$7,601,047	\$63	\$4,667,866	\$97	\$12,268,913	\$73	\$8,583,808	\$68	\$3,958,479	\$98	\$12,542,287	\$75	\$3,760,815	\$73	\$3,760,815	\$73
Total Expenses	\$60,483,898	\$503	\$38,236,406	\$791.10	\$98,720,305	\$585	\$77,326,062	\$613	\$33,503,130	\$827	\$110,829,192	\$665	\$30,872,072	\$600	\$30,872,072	\$600
Profit / Loss	(\$8,483,004)	(\$71)	(\$3,145,922)	(\$65)	(\$11,628,926)	(\$69)	(\$18,446,891)	(\$146)	(\$289,505)	(\$7)	(\$18,736,396)	(\$112)	(\$4,549,236)	(\$88)	(\$4,549,236)	(\$88)

Financial Update

WellCare - DSNP

Kaweah Health Capitation – WellCare DSNP

WellCare Part A Financial Summary

	YTD May 2025			
	DSNP		Total	
Member Months	9,157		9,157	
Revenue	DSNP	PMPM	Total	PMPM
Annual Funding ¹	\$7,973,956	\$871	\$7,973,956	\$871
Annual Settlement		\$0		\$0
Mid Year Settlement		\$0		\$0
KDHCD Employee	\$0	\$0	\$0	\$0
Lab Capitation	\$7,551	\$1	\$7,551	\$1
Indirect Medical Education Payments ³	\$0	\$0	\$0	\$0
Total Revenue	\$7,981,507	\$872	\$7,981,507	\$872
Expenses				
Operational/Patient Related Expenses				
Kaweah Health - Direct Cost ⁶	\$4,263,258	\$466	\$4,263,258	\$466
Third Party Facilities Net Paid Claims ⁴	\$1,189,867	\$130	\$1,189,867	\$130
IBNR - Third Party Claims ⁵	\$868,205	\$95	\$868,205	\$95
Estimated Kaweah Health Home Health Direct Cost	\$86,047	\$9	\$86,047	\$9
Total Patient related expenses	\$6,407,378	\$700	\$6,407,378	\$700
Total Admin Fee - Foundation	\$151,564	\$17	\$151,564	\$17
Total Direct Expenses	\$6,558,942	\$716	\$6,558,942	\$716
Contribution Margin	\$1,422,565	\$155	\$1,422,565	\$155
Kaweah Delta - Indirect Cost ⁷	\$1,284,281	\$140	\$1,284,281	\$140
Total Expenses	\$7,843,223	\$857	\$7,843,223	\$857
Profit / Loss	\$138,284	\$15	\$138,284	\$15

Improvements in Care & Efficiency

Improvements in Efficiency

LOS of SIH Members vs Hospitalist Group

	2025 Cases	GMLOS	ALOS	Cost Per Day	LOS Opp	Direct Cost Savings vs Hospitalist Group
Hospitalist	6,618	3.88	5.79	\$2,406	1.91	
Virtual Care Team – Key Medical Group	1,168	3.93	4.6	\$2,714	0.67	\$3,484,658

Additional value of avoided costs if Kaweah funded/subsidized 2 FTE hospitalists

Key Medical Group Employs 2 FTE Hospitalists

2 FTEs = ~\$475,000 / year savings to Kaweah in subsidies

Improvements in Care

Hospital Admission Diversions by KMG Virtual Care Team

2025 Diversions	
May	3
April	5
March	5
February	5
January	6
YTD Total	24

May Details:

3 Diversions:

- 2 placements (2 to SNF-Part A)
- 1 discharged home with hospice

Historical	
July - Dec 2022	36
2023	41
2024	43

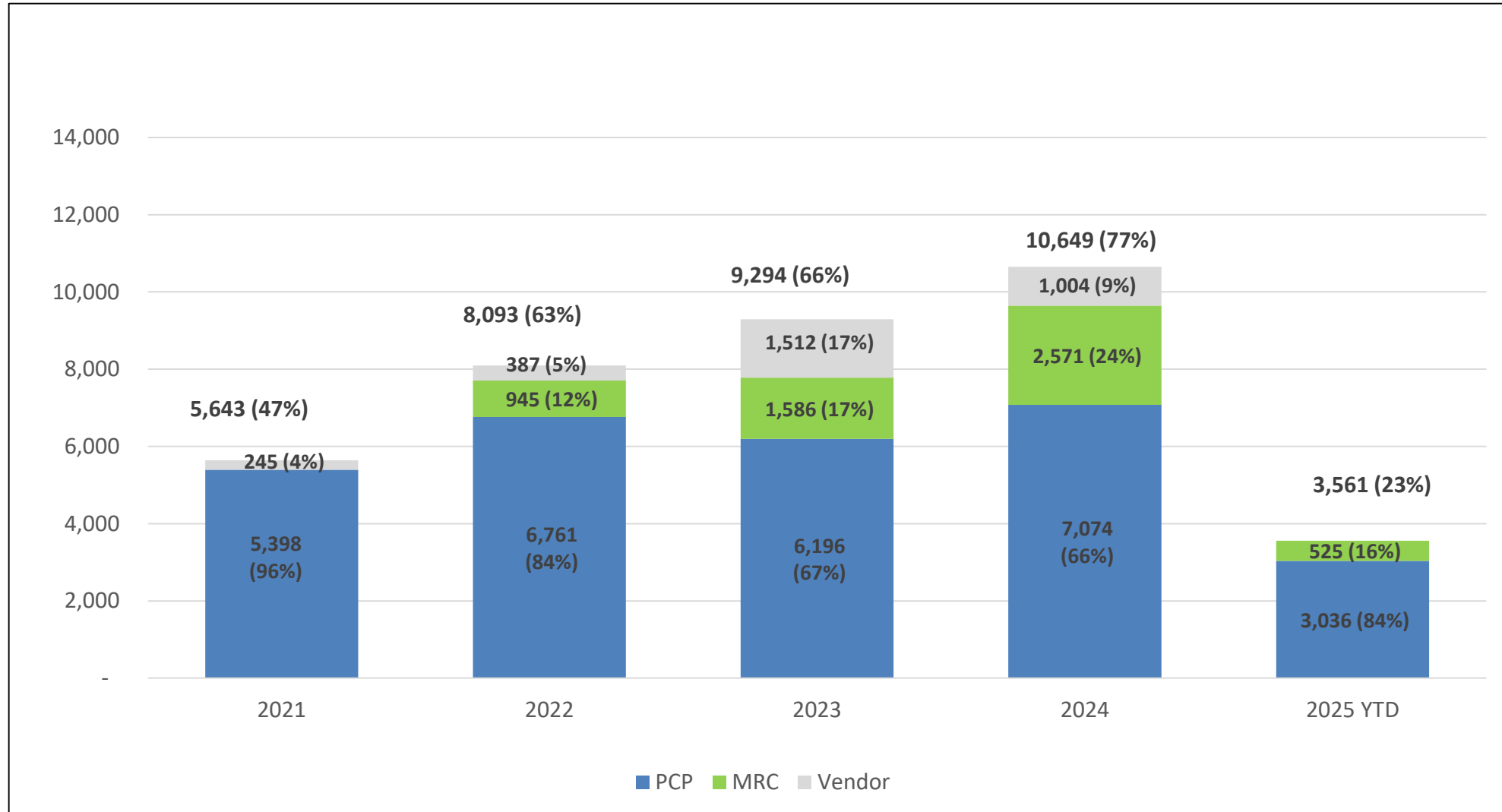
Definition: Members in the ED who do not meet medical necessity for admission but rather diverted to outpatient services.

RAF Score & Quality Outcomes

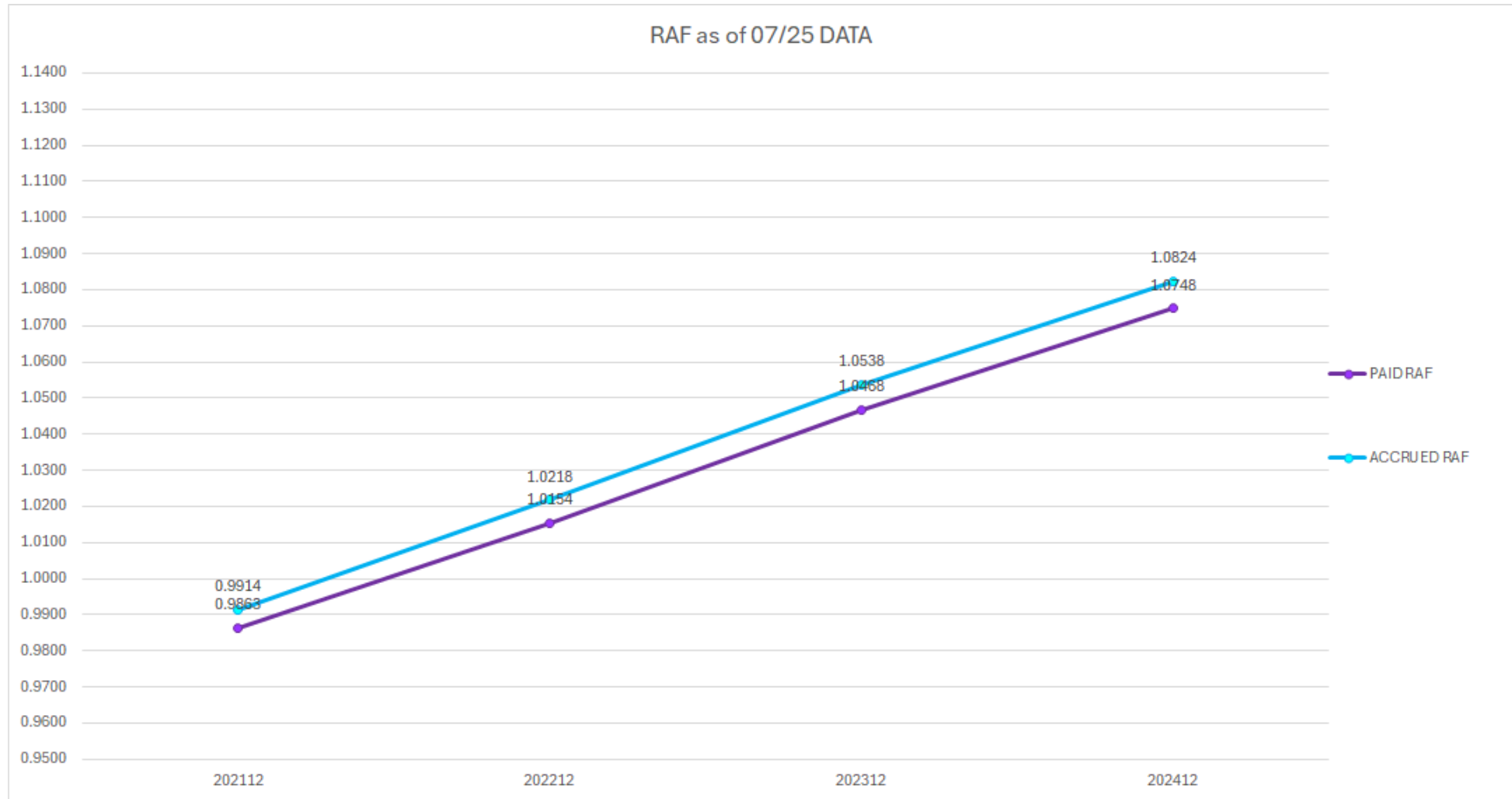
Impact of Key MG's Quality Incentive Program

- KMG's Quality Incentive Program factors
 - Risk Adjustment Factor
 - Star Score
 - Practice Participation
 - Cozeva Use
 - Open Practice/Accepting New Patients
 - Embedded office support
 - Attend Coding & Documentation Training
 - 80% HCC Redocumentation Rate
 - Kaweah's 2024 Quality Incentive Bonus = \$169,906

Annual Assessments as of 6/2/25



RAF Score



Quality/Stars Summary MY 2024

Quality Stars Summary 04/07/2025 08:35 AM HST

KEY MED GRP CALIFORNIA (SG1: CA000030)

Lob: Medicare Product: HMO, HMO - Dual/SNP, POS

Status: New, Existing Patients: 13,625 CMS Bonus Year: 2026

Overall Star: 2.96 HEDIS & Patient Safety Star: 3.63 HEDIS Star: 3.65

Patient Safety Star: 3.60 Patient Experience Star: 2.00

Patient Experience: 81.05% Overall Medication Adherence: 88.55%

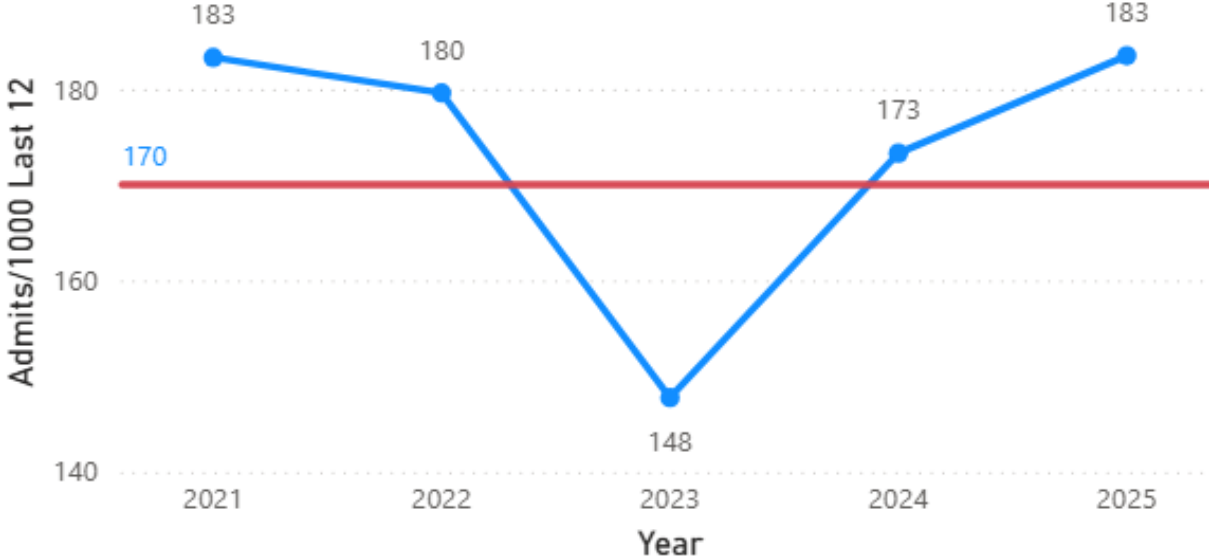
Quality Outcomes

Measure Name	Pass %	PFY %	YOY	Passing	Eligible	Open	Opp 4	Opp 5	Star	MY 23	YOY Var
			Var PR				Star	Star	Level		Star
Breast Cancer Screening	80.2	78.2	2	2065	2573	508	0	45	4	4	
Care for Older Adults: Functional Status Assessment	93.1	91.4	1.7	2197	2359	162	0	0	5	5	
Care for Older Adults: Medication Review	93.3	92.9	0.4	2202	2359	157	0	110	4	4	
Care for Older Adults: Pain Screening	94.3	94.4	-0.1	2226	2359	133	0	39	4	4	
Colorectal Cancer Screening	74.0	68.7	5.3	4236	5719	1483	54	511	3	3	
Colorectal Cancer Screening: Patients 45-50	45.6	42.8	2.8	26	57	31	-	-	-	-	
Controlling High Blood Pressure	79.2	76.3	2.9	5007	6316	1309	46	362	3	4	-1
Eye Exam for Patients with Diabetes	76.4	75.0	1.4	2269	2969	700	18	196	3	4	-1
Follow-Up After Emergency Department Visit for MCC	62.4	59.9	2.5	992	1589	597	0	105	4	4	
Glycemic Status Assessment for Patients with Diabetes (<=9%)	84.6	80.4	4.2	2514	2969	455	0	159	4	4	
Kidney Health Evaluation for Patients With Diabetes	61.7	56.6	5.1	2488	4031	1543	0	213	4	-	
Osteoporosis Management in Women Who Had a Fracture	44.4	42.8	1.6	24	54	30	5	15	3	3	
Plan All-Cause Readmissions	8.6	9.3	-0.7	1562	1709	147	-	-	4	4	
Statin Therapy for Patients with Cardiovascular Disease	80.6	81.9	-1.3	635	787	152	58	90	2	2	
Transitions of Care: Medication Reconciliation Post Discharge	84.7	75.0	9.7	1242	1466	224	0	34	4	4	
Transitions of Care: Patient Engagement After Inpatient Discharge	89.9	90.4	-0.5	1318	1466	148	0	17	4	4	
Medication Adherence for Cholesterol (Statins)	88.7	88.5	0.2	5858	6602	744	0	282	4	4	
Medication Adherence for Diabetes	85.9	87.2	-1.3	2478	2883	405	31	146	3	3	
Medication Adherence for Hypertension (ACE or ARB)	89.5	88.9	0.6	5629	6284	655	0	153	4	4	
Statin Use in Persons with Diabetes	86.2	86.2	0	1861	2157	296	59	146	3	3	
Coordination of Care	82.55	83.60	-1.05	-	-	-	-	-	2	2	
Getting Care Quickly	88.10	88.01	0.09	-	-	-	-	-	2	2	
Getting Needed Care	91.22	89.88	1.34	-	-	-	-	-	2	2	
Patient Discussion	58.18	57.54	0.64	-	-	-	-	-	2	2	

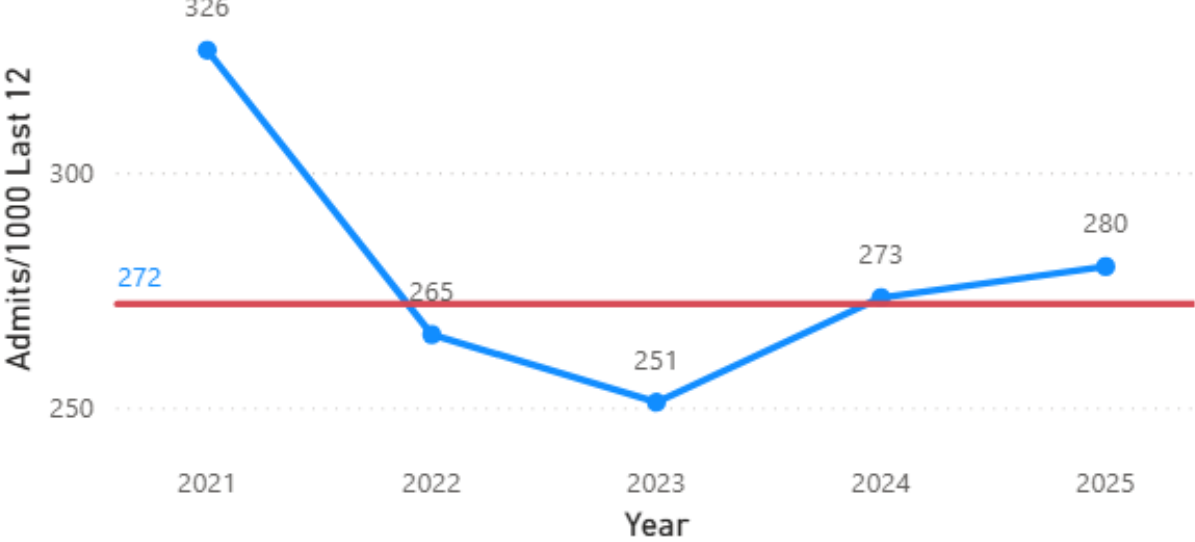
Acute Care Utilization

Hospital Admissions per 1,000

Gold Admits/1000 Rolling 12

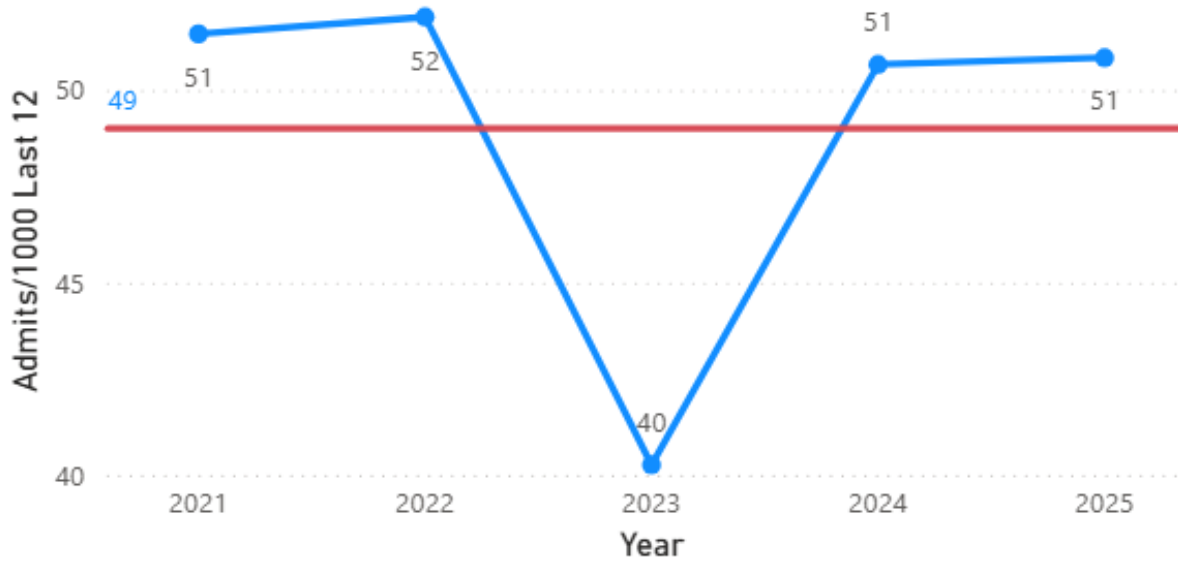


Combined D-SNP Admits/1000 Rolling 12 ↑ ↓ ↕ 🔍 📄 🔔 ☰ 🗨️ ⋮

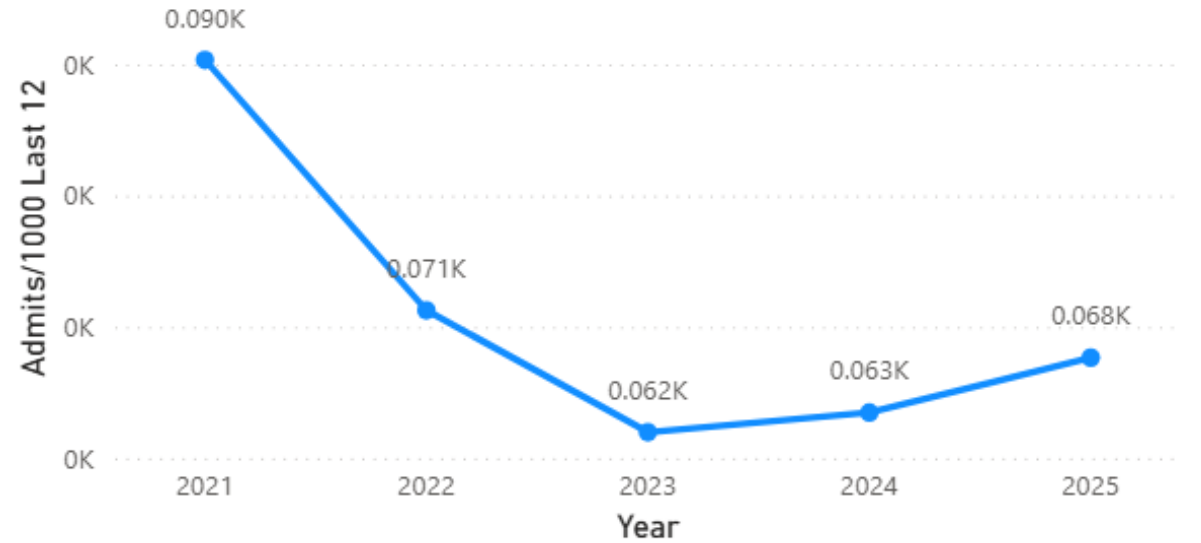


SNF Admissions per 1,000

Humana Gold SNF Admits/1000 Rolling 12



Combined D-SNP SNF Admits/1000 Rolling 12



Disease States Driving Avoidable Utilization

Hospital Admissions

Top Admission Clinical Categories

Clinical Category	CY IP Admits	% Change from PY	CY IP Avg Cost	% Change from PY
Heart failure	37.00	27.6%	\$14,308	-19.0%
Bacterial infections	32.00	-17.9%	\$18,301	-24.4%
Pneumonia (except that caused by tube..	12.00	-47.8%	\$11,675	6.1%
Intestinal obstruction and ileus	11.00	175.0%	\$11,611	1.1%
Cardiac dysrhythmias	10.00	25.0%	\$12,083	-32.8%
Gastrointestinal hemorrhage	10.00	-9.1%	\$11,506	-5.1%
Influenza	10.00	233.3%	\$9,930	-7.9%
Acute and unspecified renal failure	9.00	-25.0%	\$12,145	-30.5%
Acute myocardial infarction	9.00	125.0%	\$13,787	-59.1%
Cerebral infarction	9.00	-25.0%	\$13,486	14.4%

Top PQI Avoidable Clinical Categories

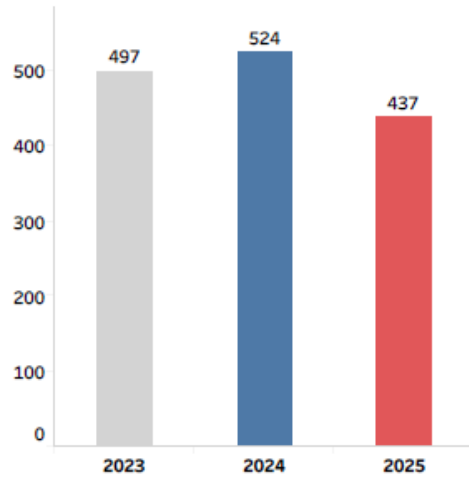
Clinical Category	CY Avoidable Admits	% Change from PY	CY Average Avoidable Co..	% Change from PY
Heart failure	37.00	27.6%	\$14,308	-19.0%
Chronic obstructive pulmonary disease and ..	9.00	-50.0%	\$9,380	18.6%
Diabetes mellitus, Type 2	8.00	-27.3%	\$13,924	7.6%
Pneumonia (except that caused by tuberculo..	7.00	-61.1%	\$11,943	7.3%
Diabetes mellitus with complication	6.00	-33.3%	\$19,454	-26.0%
Null	0.00			
Abdominal hernia	0.00			
Abdominal pain and other digestive/abdome..	0.00			
Abnormal findings related to substance use	0.00			
Abnormal findings without diagnosis	0.00			

Top 10 Inpatient Facilities

Servicing Provider	Network	Admits	CMI Adjusted Cost per Admit	ALOS	Avoidable Rate	Readmission Rate
Kaweah Delta Health Care District	IN - IN AREA	252	\$9,220	5.28	18%	14%
Hanford Community Hospital	OON	43	\$8,435	5.51	23%	9%
Sierra View Local Health Care District	IN - IN AREA	35	\$9,525	3.71	9%	17%
Adventist Health Tulare	OON	27	\$9,133	5.19	30%	11%

ED and Urgent Care Visits

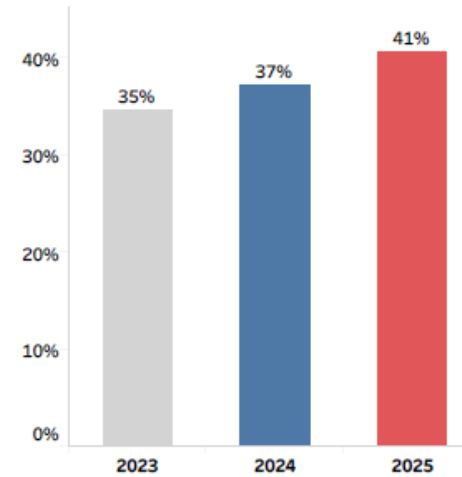
ED Visits per 1000



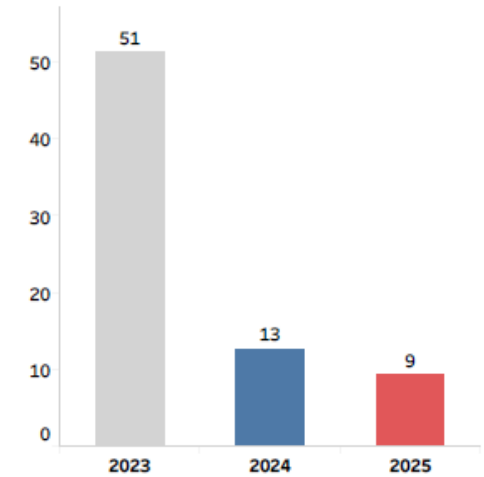
ED Clinical Categories
Ranked by ED Visit Count

Clinical Category	Visits	Avg Cost
Nonspecific chest pain	47	\$757
Superficial injury; contusion, initial encounter	42	\$409
Musculoskeletal pain, not low back pain	35	\$332
Urinary tract infections	34	\$630
Respiratory signs and symptoms	31	\$478
Abdominal pain and other digestive/abdomen signs and symp..	30	\$475
Syncope	26	\$1,159
Other unspecified injury	23	\$344
Influenza	22	\$567
Skin and subcutaneous tissue infections	22	\$245

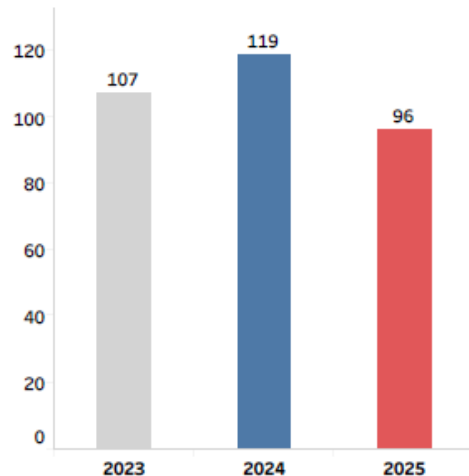
% ED Visits Converted to IP Admits



Urgent Care Visits per 1000



Preventable ED Visits per 1000



Preventable Clinical Categories
Ranked by Preventable ED Visit Count

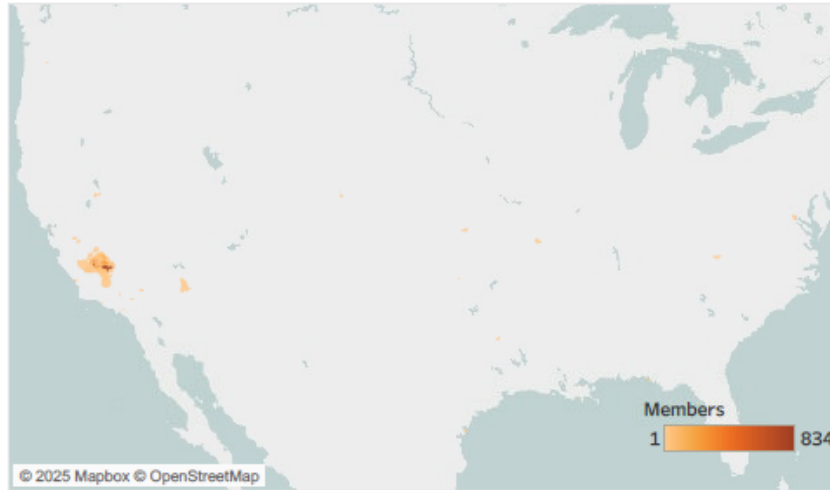
Clinical Category	Visits	Avg Cost
Musculoskeletal pain, not low back pain	34	\$342
Pneumonia (except that caused by tuberculosis)	18	\$668
Malaise and fatigue	16	\$565
Aplastic anemia	15	\$725
Chronic obstructive pulmonary disease and bronchiectasis	14	\$1,186
Nausea and vomiting	13	\$439
Diabetes mellitus, Type 2	10	\$646
General sensation/perception signs and symptoms	10	\$575
Essential hypertension	6	\$256
Spondylopathies/spondyloarthropathy (including infective)	6	\$227

Urgent Care Clinical Categories
Ranked by Urgent Care Visit Count

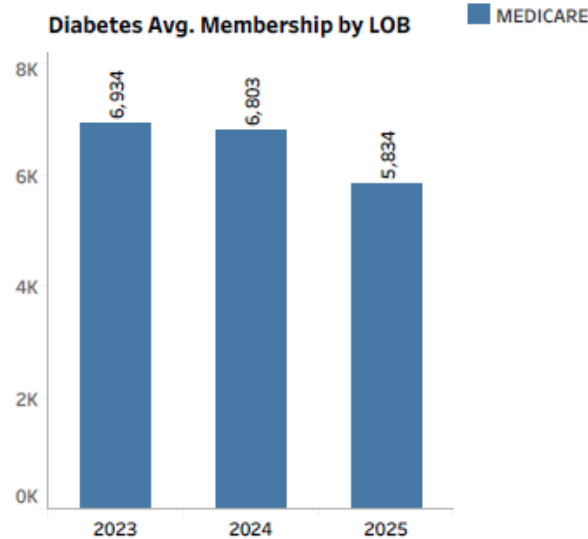
Clinical Category	Visits
Other specified upper respiratory infections	6
Other specified and unspecified disorders of the ear	4
Acute bronchitis	1
Effect of other external causes, initial encounter	1
Fracture of the upper limb, initial encounter	1
Hyperplasia of prostate	1
Musculoskeletal pain, not low back pain	1
Nausea and vomiting	1
Other general signs and symptoms	1
Other specified and unspecified skin disorders	1

Diabetes Utilization and Cost of Care

Diabetes Member Density by Zip Code



Diabetes Avg. Membership by LOB



Diabetes Trends: Overall vs LOB

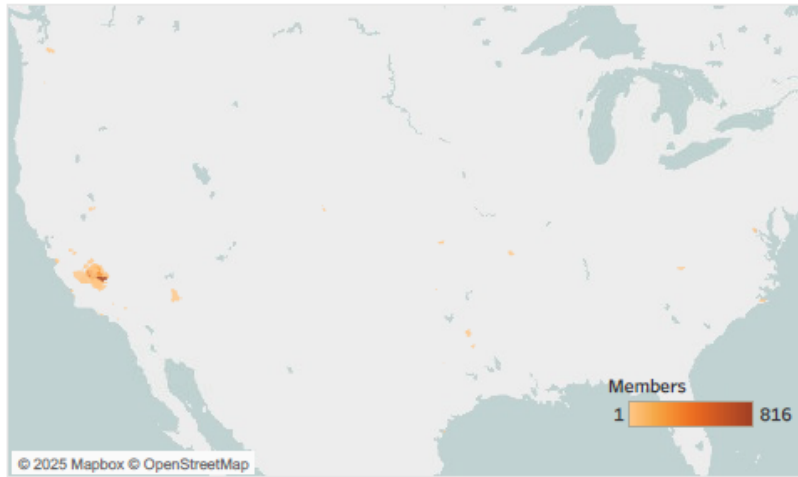


Practices with Highest Diabetes Membership

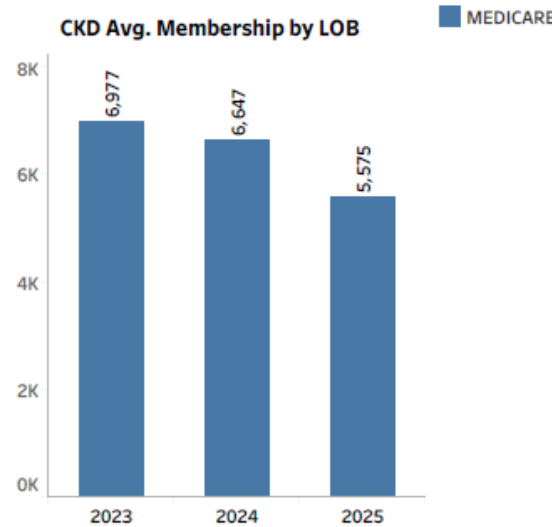
Practice	Members	PMPM	ED/K	IP/K
KAWEAH HEALTH MEDICAL CENTER - V00086	940	\$763	280	247
KEY MEDICAL ASSOCIATES - V02826	557	\$1,092	483	270
TULARE FAMILY PRACTICE MEDICAL GROUP - V00217	362	\$1,003	649	239
SEQUOIA HEALTHCARE ALLIANCE - V04085	357	\$794	399	191
KINGS MEDICAL GROUP - V00697	264	\$1,270	963	399

CKD Utilization and Cost of Care

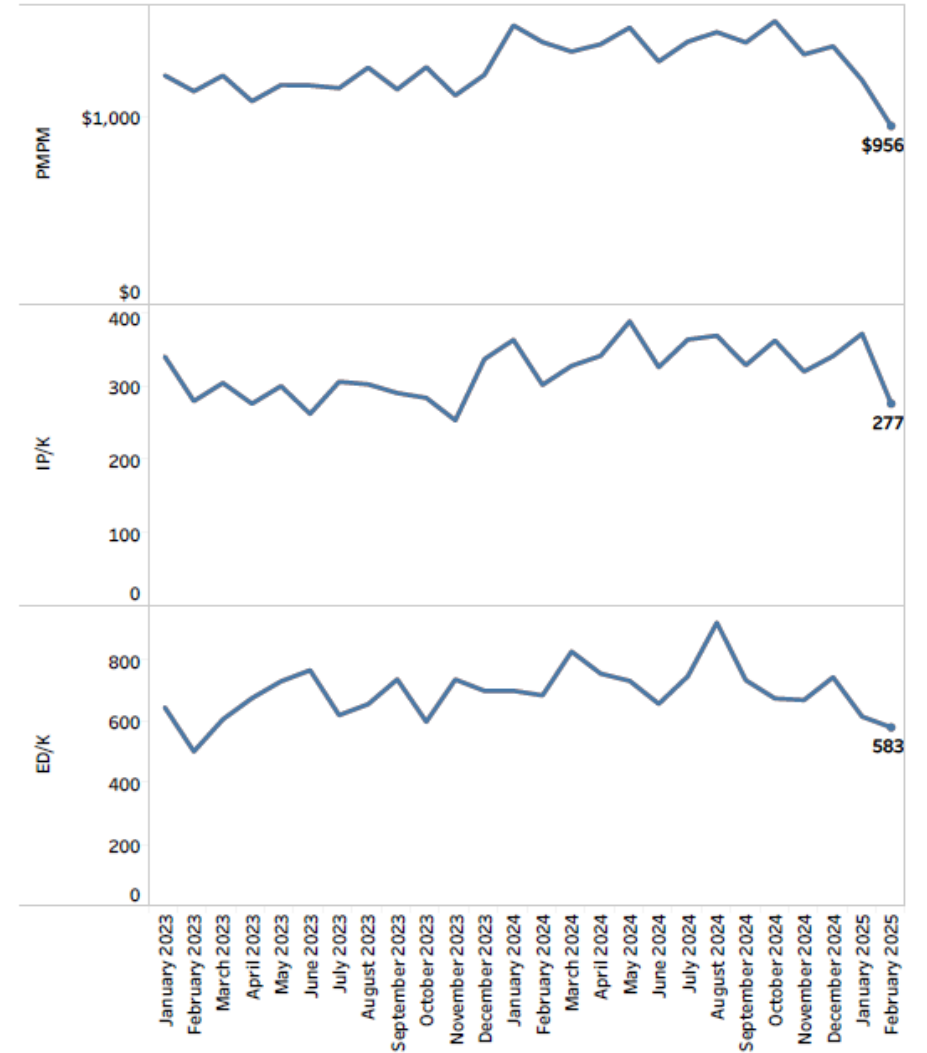
CKD Member Density by Zip Code



CKD Avg. Membership by LOB



CKD Trends: Overall vs LOB



Practices with Highest CKD Membership

Practice	Members	PMPM	ED/K	IP/K
KAWEAH HEALTH MEDICAL CENTER - V00086	924	\$875	343	289
KEY MEDICAL ASSOCIATES - V02826	619	\$1,292	585	404
SEQUOIA HEALTHCARE ALLIANCE - V04085	388	\$936	574	239
TULARE FAMILY PRACTICE MEDICAL GROUP - V00217	324	\$1,266	612	383
VISALIA FAMILY PRACTICE MEDICAL GROUP - V00234	230	\$1,071	426	239



The pursuit of healthiness

Respiratory Services Board Report FY2025-Final Version

Kaweah Delta Health Care District Annual Report to the Board of Directors

Respiratory Services

Wendy Jones, BS, RRT, RPFT, Director, (559) 624-2329
Johnny Mata, BS, RRT-NPS, Manager, (559) 624-2192
July 2025

Summary Issue/Service Considered

Respiratory Services will continue to provide/support primary and advanced respiratory care services emphasizing stabilization, maintenance, and restorative goal driven patient care.

As active and vital members of acute, emergent, critical, sub-acute and rehabilitative care teams, we continue to work jointly with physicians, nurses, Allied Health Leaders, and the Executive Team to assure the provision of:

- High Quality Care
- Optimal Patient safety
- Service excellence
- Optimal health outcomes
- Financial Stability

Specific Clinical Focus:

- Continue to work collaboratively with Rapid Response Team (RRT)
- Continue to actively support our Intensivist group to assure a continuum of care and service excellence is sustained.
- Continue to work collaboratively with our Neonatologists and nursing staff to achieve optimal patient outcomes in our Neonatal population.
- Continue to support respiratory care education for our Residents.
- Develop Lead RT role as a clinical resource
- Continue to support integration of Respiratory Care Practitioners (RCP's) into the expanding Emergency Department staffing mix to provide advanced clinical expertise to the ED team.

Analysis of Financial/Statistical Data:

Respiratory Services contribution margin is anticipated to be \$7.2 million for FY 2025, with \$3.6 million provided by supplemental government funding.

Contribution margin decreased 18% over the prior year due to decreases in volumes and increases in direct costs, specifically staffing, offset by increased reimbursement from payers and increased supplemental government funds.

Patient days are seeing a downward trend over the prior four years, while ALOS decreased slightly.

In FY 2021 and FY 2022 COVID was driving the results, now we see our new normal from FY 2023 forward.

Payor mix

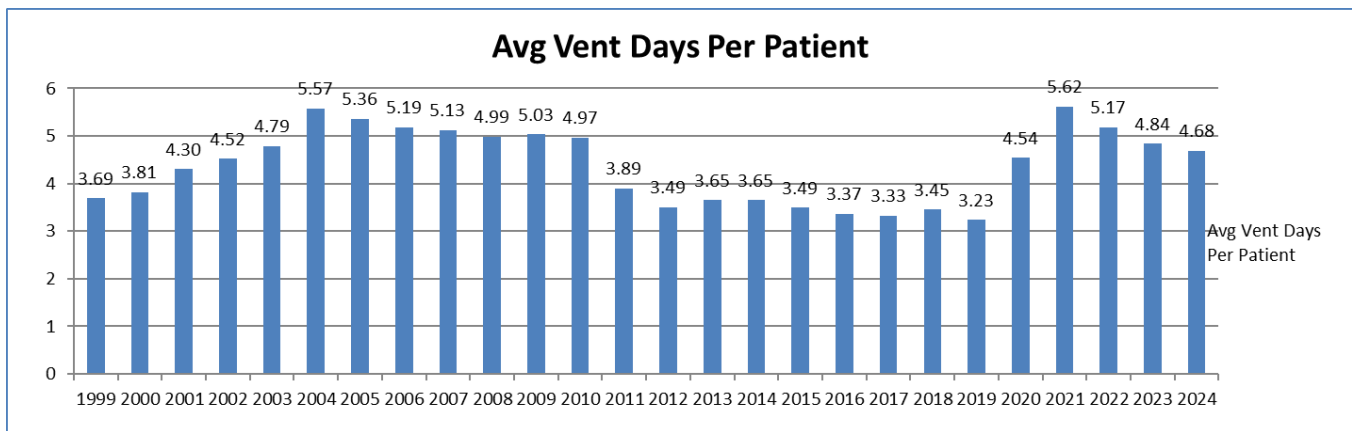
- Medicare 33%
- Medi-Cal Managed Care 33%
- Medicare Managed Care 17%
- Medi-Cal 15%
- Managed Care/other 10%

Quality/Performance Improvement Data

Average Ventilator Days Per Patient

As continuing success of our collaboration with our multidisciplinary critical care team we continue to support and champion our Ventilator Acquired Pneumonia (VAP) bundle as key to continuing success with:

- Decreasing Ventilator Days
- Increase throughput
- Improving patient safety by rapid weaning and extubation
- Reduction in hospital acquired infections
- Reducing overall Hospital Length of Stay
- Reducing Direct Expense when possible



Policy, Strategic or Tactical Issues

Ideal Work Environment:

1. Provide staff with continuing education, advancing clinical knowledge in pursuit of best practices.
2. Encourage staff to advance their education by offering loan repayment for baccalaureate level achievement.
3. Develop Lead RT roles
4. Maintain an internal per diem pool of RTs to support fluctuations in staffing in an effort to maintain high quality care while optimizing our financial performance.
5. Work collaboratively with our Medical Director on developing Respiratory Care policies, procedures and processes designed to standardize/optimize best evidence based respiratory care throughout the district.

Service Excellence:

1. Daily rounding with staff to identify top patient care priorities with a goal of care planning to ensure patient expectations are achieved and optimal outcomes met.
2. Celebrate staff achievements/contributions/recognition for supporting our Mission, Values, Goals and Behavioral Standards of Performance.
3. Daily Huddles to ensure staff have updated information.

Quality Outcomes:

1. Continue to support VAE/HAPI improvement process.
2. Work collaboratively to support best practices.
3. Continue to support/manage our quality initiatives resulting in our exceeding HCAPS benchmarks.

Financial Strength:

1. Manage personnel resources and supply utilization to achieve productivity/financial goals set forth during the annual budget process.
2. Continue to monitor and assess technological/professional advancements that add value, operational efficiency and have potential to increase profitability.
3. Validate value in all aspects of care and service.

Recommendations/Next Steps

1. Continue to recognize and reward staff for walking the talk.
2. Continue to work with Valley Children's Hospital to advance our expertise with caring for our pediatric population
3. Work with pulmonologists to have PFT reports available within our goal of 7 days.
Work with pulmonologist to add six minute walk test to pulmonary function lab.

Conclusions

Although faced with wide variations in patient care demands, our respiratory care service continues to provide exceptional acute, critical, emergent, rehabilitative, and Sub-Acute Care for the communities we serve.

Top priorities:

- Staff recognition, reward, satisfaction, education and professional development.
- Continue to support our Intensivist group through sustaining strong working relationships, shared vision, and standardized ventilator management.
- Sustain optimal clinical care and expertise designed to enhance Physician satisfaction and collaboration

Kaweah Delta Health Care District Annual Report to the Board of Directors

Sleep Center

Wendy Jones, BS, RRT, RPFT, Director, (559) 624-2329
Sasha Nevarez, RPSGT, Manager (559) 624-6797
July 2025

Summary Issue/Service Considered

1. Continue to develop and achieve optimum balance of priorities that provide and sustain high quality care, outstanding service, regulatory compliance and profitability while sustaining an Ideal Work Environment.
2. Ensuring our Sleep Disorders Center continues to provide a full complement of sleep testing services that support the needs of our communities as a District Center of Excellence.
3. Continue to support/provide education for our community, physicians and residents regarding the benefits of preventative management of sleep disorders.

Analysis of Financial/Statistical Data:

The Sleep Center is anticipating 2,223 visits in FY2025 with a CM of approximately \$550k. Home Sleep Testing is holding steady at approximately 34% of the business. On the payer side, the Sleep Center has 59% Managed Care, 9% Medicare payers, and 26% Managed Medi-Cal payers.

Quality/Performance Improvement Data

The following Quality measures have been developed based on American Academy of Sleep Medicine (AASM) standards to ensure the highest quality care is delivered to patients with sleep disordered breathing.

Monitoring and Reporting: The Sleep Center Performance Improvement (PI) program monitors and reports the following biannually to our Qcomm Committee:

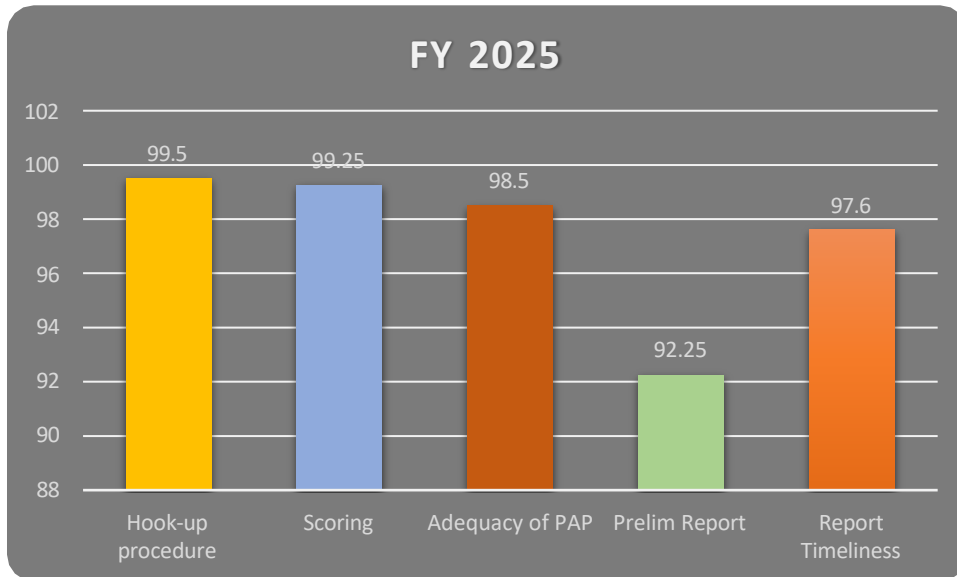
Report Timeliness: Time from the date of study to the date of dictation. The Sleep Disorder Center (SDC) standard is 15 days or less. The PI threshold for total timeliness is $\geq 90\%$

Hook Up Procedure: Quality of electrode/ sensor application and the resulting quality of signal acquisition. The PI threshold for hook up quality is $\geq 90\%$ for all American Board of Sleep Medicine (ABSM) cases.

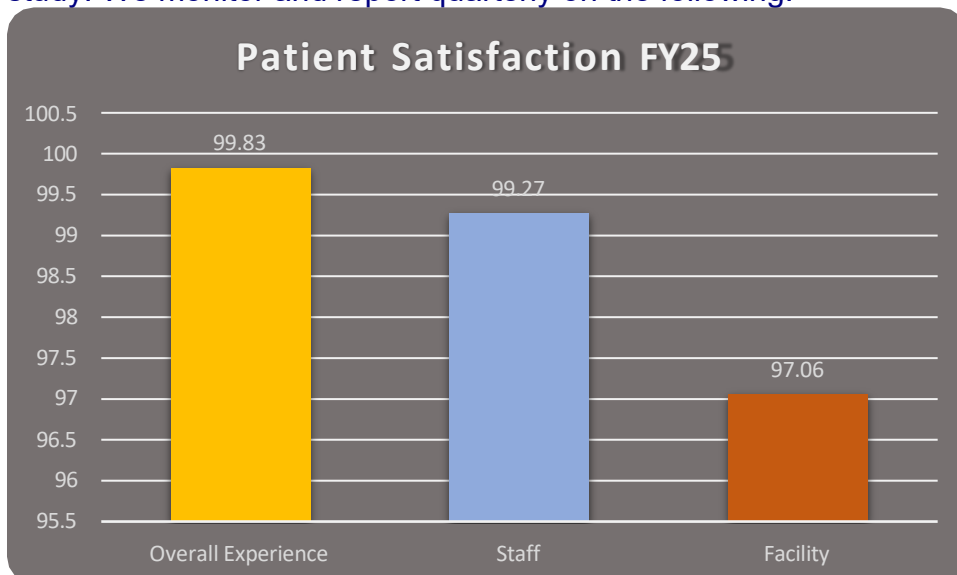
Adequacy of Positive Airway Pressure (PAP) Titration: Patients receive expert assessment and intervention with optimal application of PAP ranges to correct obstructive sleep disorders. The Performance Improvement (PI) threshold for adequacy of PAP titration is $>90\%$ as established by the ABSM.

Reporting: There must be correlation between the preliminary technical report generated by the Sleep Technologist and the final report generated by the scoring Sleep Physician. The PI threshold for agreement is >90% as established by the ABSM.

Scoring: All sleep studies will be assessed for quality of signals/data, sleep staging, event recognition, appropriateness of interventions and identification of sleep disordered breathing with severity by Certified Technical and Professional Staffs. The PI threshold for the quality of technical scoring is >90% as established by the ABSM.



Monitoring and Reporting: Sleep Center Patient Satisfaction Program, consists of a satisfaction survey that is given to patients the morning following their overnight sleep study. We monitor and report quarterly on the following:



Facility Score: Accessible parking, facility safety and overall rating of the sleep center (lobby, restrooms, overnight rooms). Threshold score is >90%

Staff Score: Staff friendliness, attentiveness, professionalism and knowledge of the service provided. Threshold score is >90%

Overall Experience: Threshold score is >90%

Policy, Strategic or Tactical Issues

1. Continue to monitor and implement latest Centers for Medicare & Medicaid Services (CMS) reimbursement guidelines.
2. Carefully monitor overall polysomnography reimbursement in an effort to sustain profitability including the monitoring and efficient management of Medi-Cal (payer) sources
3. Continue to stay abreast of Home Sleep Study trends and potential impact on In-Lab testing
4. Medical Director will continue to be actively engaged in educating both our community and the providers we serve.

Recommendations/Next Steps

1. Continue to provide an ideal work environment for staff.
2. Develop and maintain an efficient budget that allows for both high quality diagnostic services, excellent patient outcomes and increased profitability.
3. Continue to meet or exceed quality benchmarks.
4. Maintain and or implement new practice standards set forth by the AASM.
5. Continue to work closely with our Medical Director in the ongoing development, planning and implementation of sleep disorder services that optimize diagnostic evaluation, treatment and preventative health care for our community.
6. Continue to respond to Medicare/Medi-Cal initiatives related to reimbursement for sleep testing at the State and National levels to optimally align our services with financial viability.

Conclusions

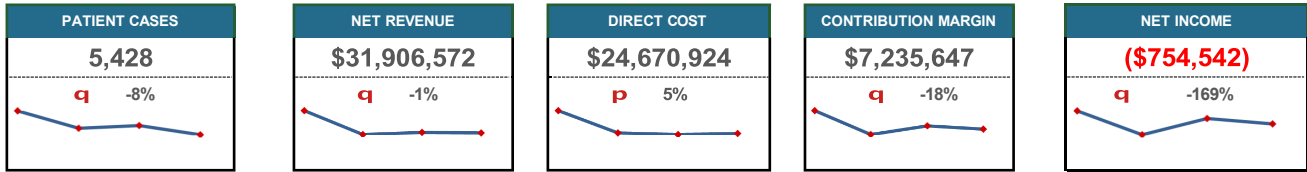
1. Continue working to overcome financial challenges with identified payer groups.
2. Home Sleep Testing contribution margin is expected to increase in FY25.
3. Sustain staff job satisfaction score at 92% or greater
4. Maintain patient experience scores >90%

Top Priorities for 2025:

- Patient and Provider satisfaction.
- Staff recognition, job satisfaction, reward, education and professional development
- Continue the provision of highest quality sleep testing in the Valley.
- Focus on preventative medicine specific to Sleep Disordered Breathing.
- Remain provider of choice for sleep testing.
- Continue to improve financial strength through further expansion of our HST program.
- Acquire and gain the confidence of new referral sources within our community
- Work with sleep physicians to improve timeliness of sleep reports.

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025

KEY METRICS - FY 2025



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

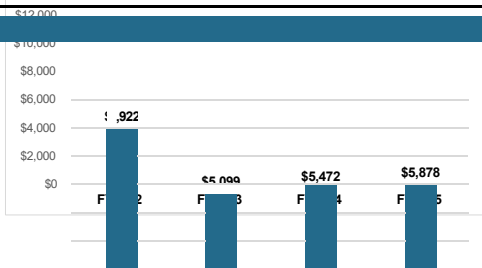
METRICS BY SERVICE LINE - FY 2025

SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
PULMONARY INPATIENT	1,930	\$29,794,582	\$23,350,868	\$6,443,714	(\$1,040,693)
SLEEP DISORDERS CENTER OUTPATIENT	2,223	\$1,677,138	\$1,128,560	\$548,578	\$146,105
PULMONARY FUNCTION OUTPATIENT	1,078	\$375,933	\$153,292	\$222,641	\$132,340
OUTPATIENT EEG	197	\$58,919	\$38,204	\$20,715	\$7,705
RESPIRATORY SERVICES TOTAL	5,428	\$31,906,572	\$24,670,924	\$7,235,647	(\$754,542)

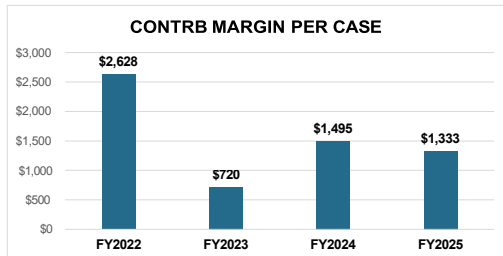
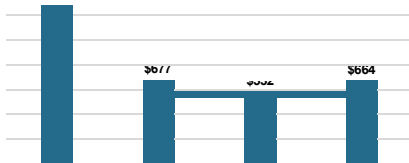
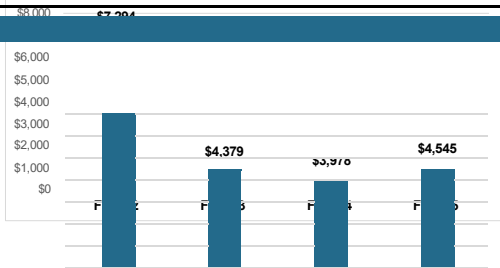
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	6,693	5,757	5,914	5,428	q -8%	
NET REVENUE	\$66,406,581	\$29,354,691	\$32,362,446	\$31,906,572	q -1%	
ADDITIONAL REIMB	\$8,552,961	\$3,899,854	\$3,148,702	\$3,602,047	p 14%	
DIRECT COST	\$48,815,766	\$25,212,390	\$23,523,875	\$24,670,924	p 5%	
CONTRIBUTION MARGIN	\$17,590,814	\$4,142,301	\$8,838,572	\$7,235,647	q -18%	
INDIRECT COST	\$13,942,694	\$8,402,173	\$7,737,959	\$7,990,190	p 3%	
NET INCOME	\$3,648,121	(\$4,259,872)	\$1,100,612	(\$754,542)	q -169%	
NET REVENUE PER CASE	\$9,922	\$5,099	\$5,472	\$5,878	p 7%	
DIRECT COST PER CASE	\$7,294	\$4,379	\$3,978	\$4,545	p 14%	
ADD REIMB PER CASE	\$1,278	\$677	\$532	\$664	p 25%	
CONTRB MARGIN PER CASE	\$2,628	\$720	\$1,495	\$1,333	q -11%	

GRAPHS NET REVENUE PER CASE



GRAPHS DIRECT COST PER CASE



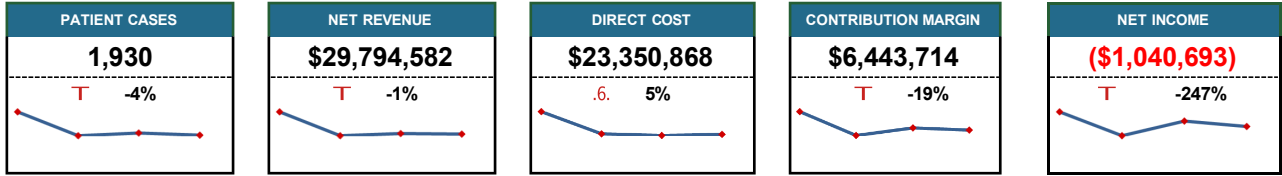
Report Notes:

Selection Criteria: Kaweah Health Medical Center Inpatient Pulmonary Service Line and Outpatient Service Line 1 Respiratory Services.

Respiratory Services - Pulmonary Inpatient

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025

KEY METRICS - FY 2025



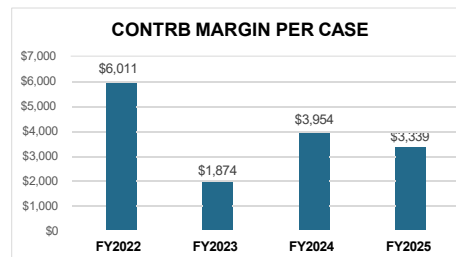
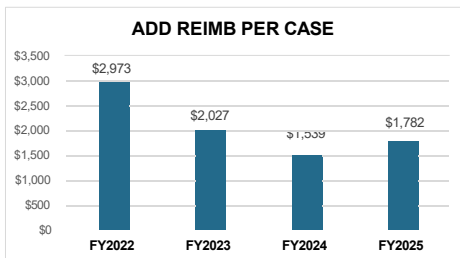
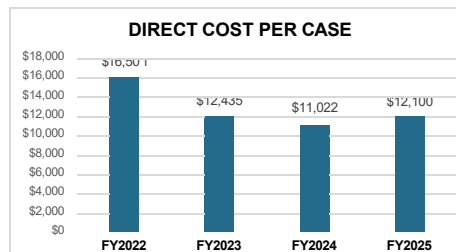
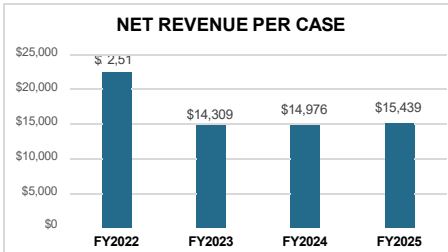
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

*Annualized

METRIC	FY2022	FY2023	FY2024	FY2025	%C HANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	2,876	1,913	2,013	1,930	T -4%	
PATIENT DAYS	21,390	10,556	10,184	9,668	T -5%	
ALOS	7.44	5.52	5.06	5.01	T -1%	
GM LOS	4.89	3.92	3.77	3.68	T -2%	
OPPORTUNITY LOS	2.55	1.60	1.29	1.33	.6. 3%	
NET REVENUE	\$64,745,225	\$27,374,068	\$30,147,458	\$29,794,582	T -1%	
ADDITIONAL REIMB	\$8,551,484	\$3,877,412	\$3,097,236	\$3,438,516	.6. 11%	
DIRECT COST	\$47,456,918	\$23,789,026	\$22,188,291	\$23,350,868	.6. 5%	
CONTRIBUTION MARGIN	\$17,288,307	\$3,585,042	\$7,959,167	\$6,443,714	T -19%	
INDIRECT COST	\$13,420,551	\$7,851,240	\$7,250,131	\$7,484,407	.6. 3%	
NET INCOME	\$3,867,756	(\$4,266,198)	\$709,035	(\$1,040,693)	T -247%	
NET REVENUE PER CASE	\$22,512	\$14,309	\$14,976	\$15,439	.6. 3%	
DIRECT COST PER CASE	\$16,501	\$12,435	\$11,022	\$12,100	.6. 10%	
ADD REIMB PER CASE	\$2,973	\$2,027	\$1,539	\$1,782	.6. 16%	
CONTRB MARGIN PER CAS	\$6,011	\$1,874	\$3,954	\$3,339	T -16%	

PER CASE TRENDED GRAPHS

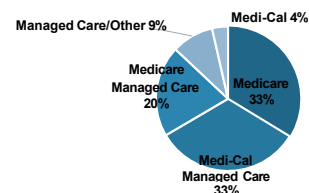


PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

*Annualized

PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	30%	38%	35%	33%
Medi-Cal Managed Care	20%	24%	31%	33%
Medicare Managed Care	15%	15%	17%	20%
Managed Care/Other	19%	9%	10%	9%
Medi-Cal	14%	13%	6%	4%

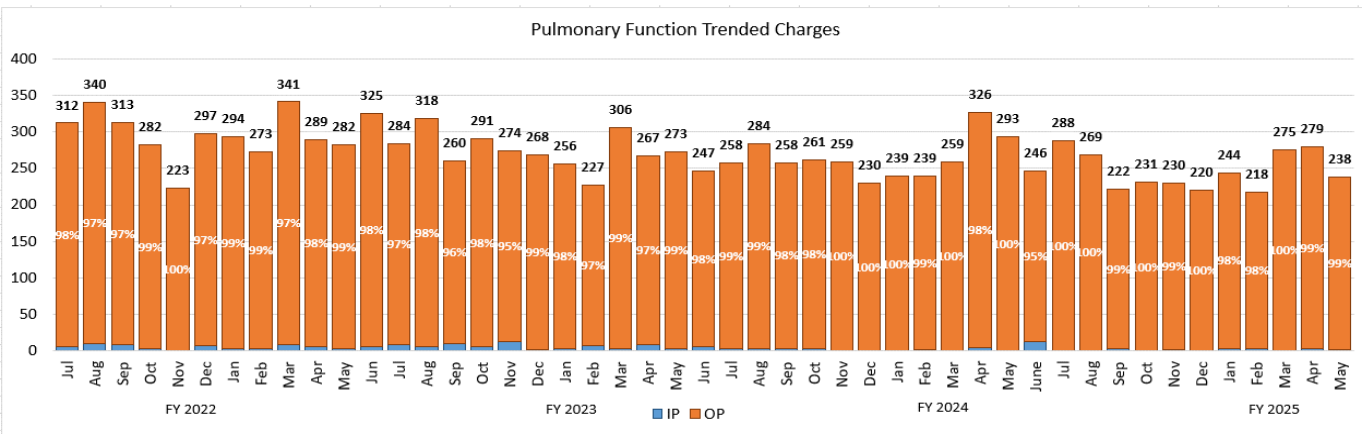
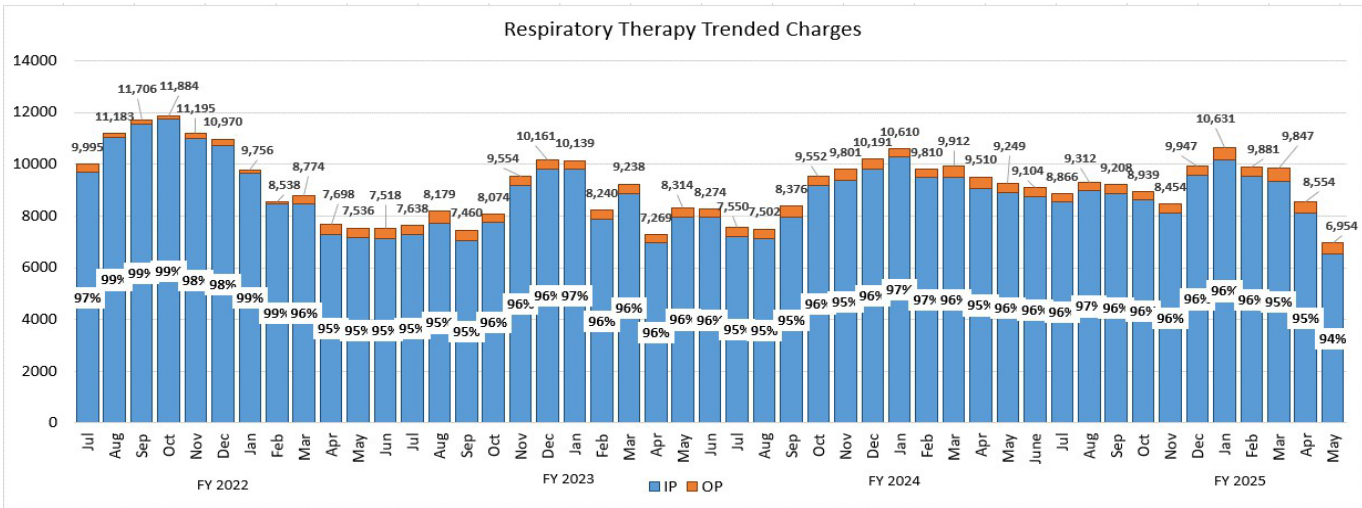
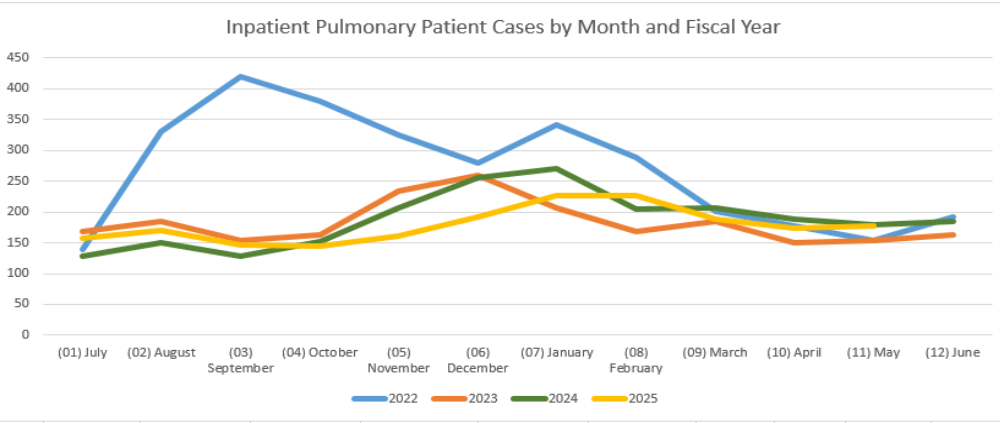
FY 2025 PAYER MIX



Respiratory Services - Pulmonary Inpatient

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025

KEY METRICS - FY 2025



Report Notes:

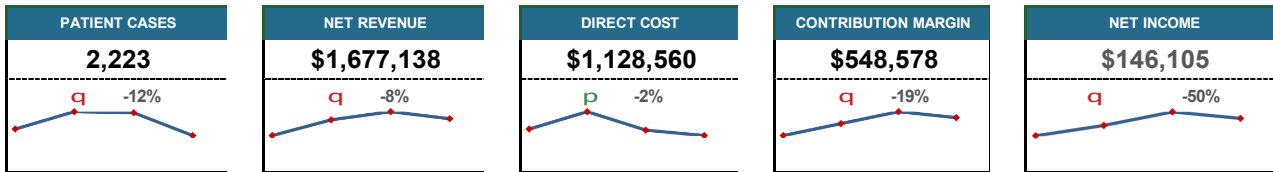
Source: KHMC, Inpatient Service Line Report
 Selection Criteria: Service Line 1 = Pulmonary

KAWEAH HEALTH ANNUAL BOARD REPORT

Respiratory Services - Sleep Disorders Center

FY2025

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025
KEY METRICS - FY 2025

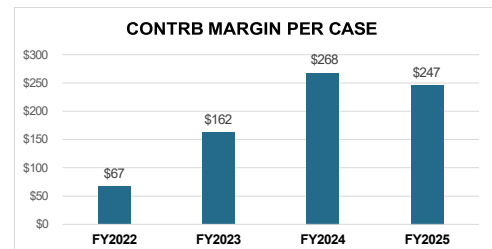
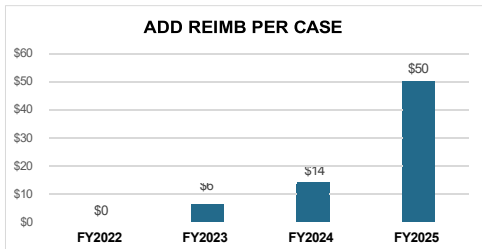
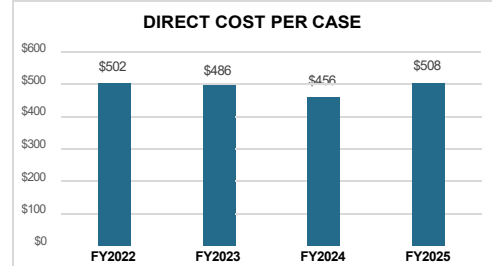
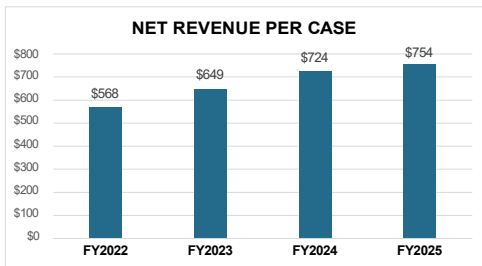


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	2,306	2,538	2,527	2,223	q -12%	
NET REVENUE	\$1,310,413	\$1,646,688	\$1,828,868	\$1,677,138	q -8%	
ADDITIONAL REIMB	\$310	\$15,684	\$35,271	\$111,775	p 217%	
DIRECT COST	\$1,156,568	\$1,234,303	\$1,152,153	\$1,128,560	q -2%	
CONTRIBUTION MARGIN	\$153,845	\$412,385	\$676,715	\$548,578	q -19%	
INDIRECT COST	\$423,039	\$444,476	\$382,081	\$402,472	p 5%	
NET INCOME	(\$269,194)	(\$32,091)	\$294,634	\$146,105	q -50%	
NET REVENUE PER CASE	\$568	\$649	\$724	\$754	p 4%	
DIRECT COST PER CASE	\$502	\$486	\$456	\$508	p 11%	
ADD REIMB PER CASE	\$0	\$6	\$14	\$50	p 260%	
CONTRB MARGIN PER CASE	\$67	\$162	\$268	\$247	q -8%	

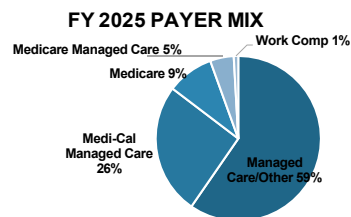
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (Cases)

*Annualized

PAYER	FY2022	FY2023	FY2024	FY2025
Managed Care/Other	49%	59%	59%	59%
Medi-Cal Managed Care	31%	23%	24%	26%
Medicare	12%	11%	9%	9%
Medicare Managed Care	6%	6%	6%	5%



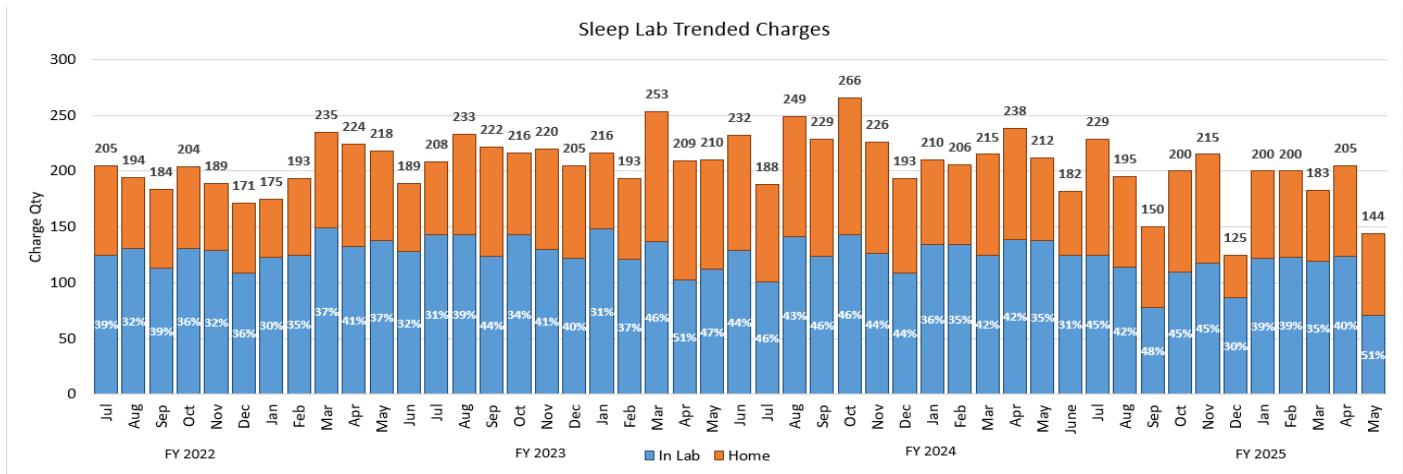
KAWEAH HEALTH ANNUAL BOARD REPORT

Respiratory Services - *Sleep Disorders Center*

FY2025

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025

KEY METRICS - FY 2025



Note:
 Source: Outpatient Service Line Report
 Selection Criteria: Service Line 1 = Respiratory Services and Service Line 2 = Sleep Disorders Center
 Chart is based on charges

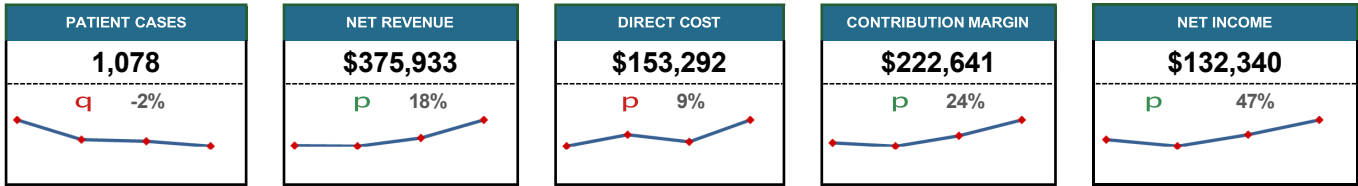
KAWEAH HEALTH ANNUAL BOARD REPORT

Respiratory Services - Pulmonary Function

FY2025

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025

KEY METRICS - FY 2025

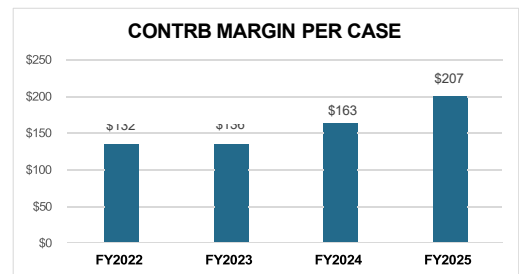
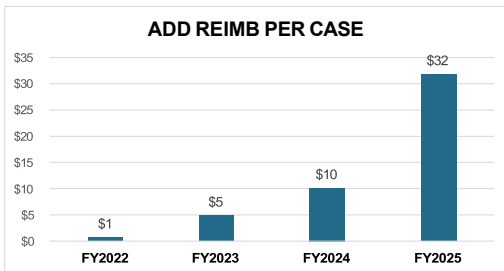
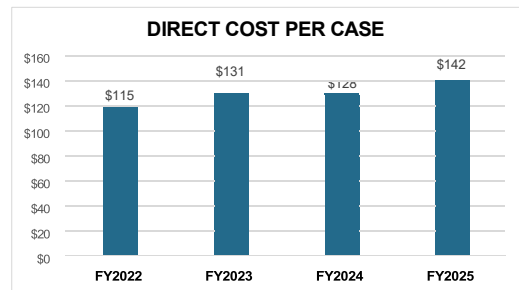
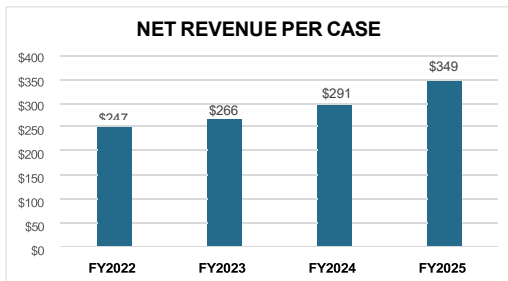


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	1,198	1,106	1,100	1,078	q -2%	
NET REVENUE	\$295,780	\$294,514	\$319,550	\$375,933	p 18%	
ADDITIONAL REIMB	\$882	\$5,415	\$11,119	\$34,287	p 208%	
DIRECT COST	\$137,976	\$144,533	\$140,554	\$153,292	p 9%	
CONTRIBUTION MARGIN	\$157,804	\$149,981	\$178,996	\$222,641	p 24%	
INDIRECT COST	\$80,483	\$90,541	\$88,756	\$90,301	p 2%	
NET INCOME	\$77,320	\$59,441	\$90,240	\$132,340	p 47%	
NET REVENUE PER CASE	\$247	\$266	\$291	\$349	p 20%	
DIRECT COST PER CASE	\$115	\$131	\$128	\$142	p 11%	
ADD REIMB PER CASE	\$1	\$5	\$10	\$32	p 215%	
CONTRB MARGIN PER CASE	\$132	\$136	\$163	\$207	p 27%	

PER CASE TRENDED GRAPHS

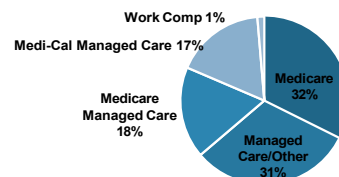


PAYER MIX - 4 YEAR TREND (Cases)

*Annualized

PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	24%	31%	30%	32%
Managed Care/Other	33%	33%	33%	31%
Medicare Managed Care	13%	16%	18%	18%
Medi-Cal Managed Care	27%	19%	16%	17%
Work Comp	1%	1%	2%	1%

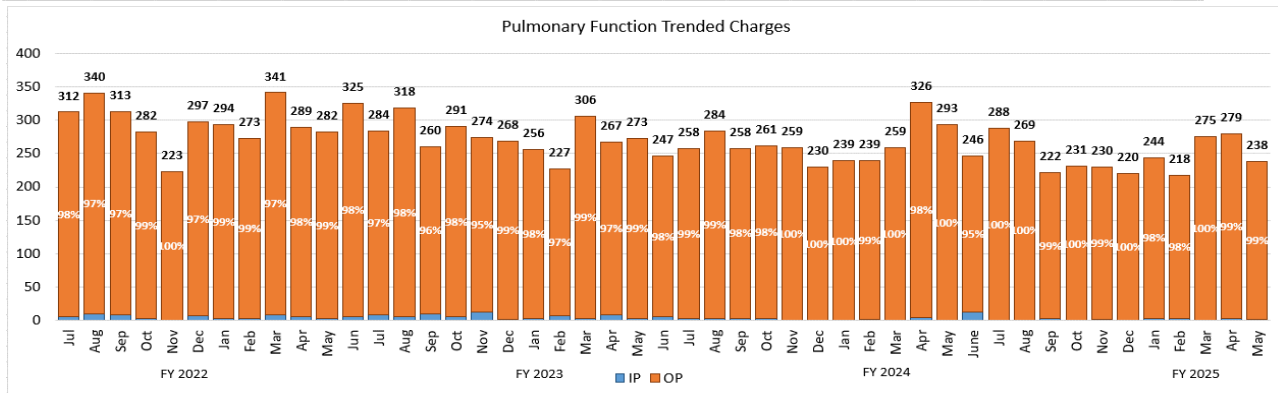
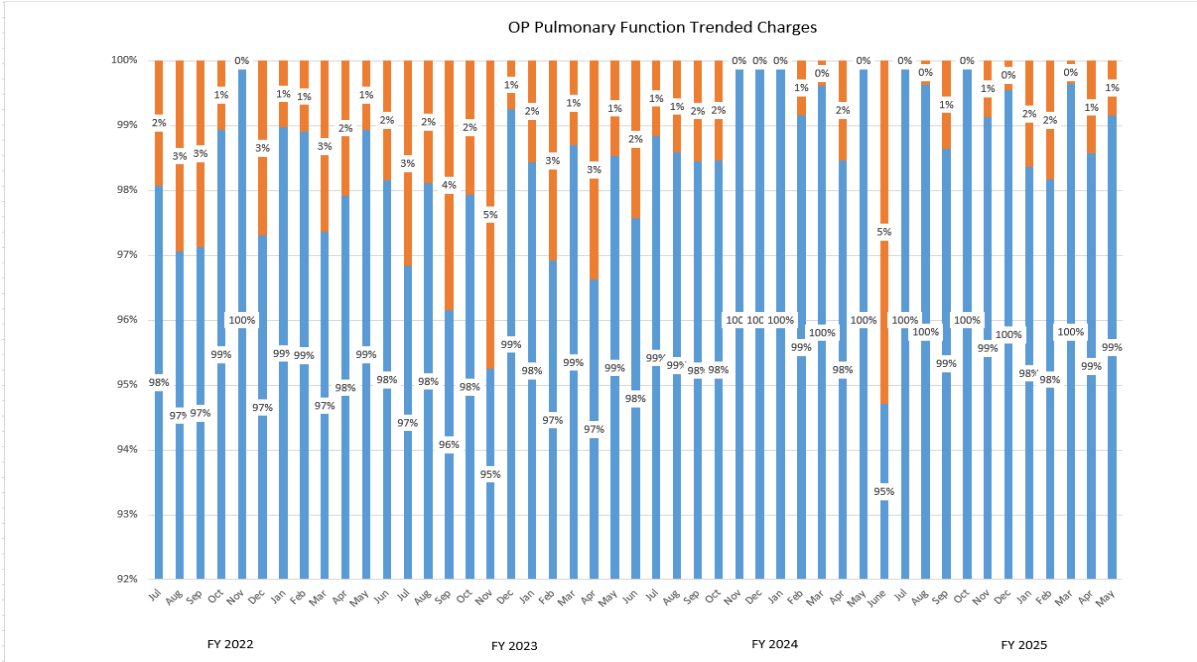
FY 2025 PAYER MIX



Respiratory Services - Pulmonary Function

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025

KEY METRICS - FY 2025



Note:
 Source: Outpatient Service Line Report
 Selection Criteria: Service Line 1 = Respiratory Services and Service Line 2 = Pulmonary Function
 Second Chart is based off of Pulmonary Charges

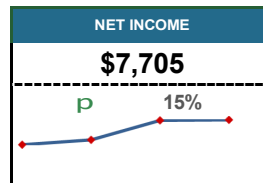
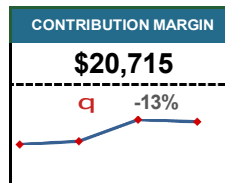
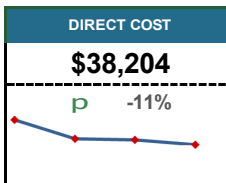
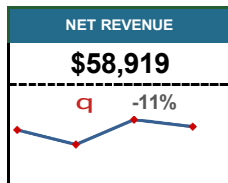
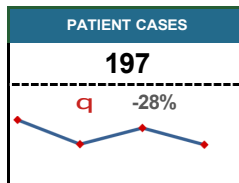
KAWEAH HEALTH ANNUAL BOARD REPORT

FY2025

Respiratory Services - Outpatient EEG

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025

KEY METRICS - FY 2025

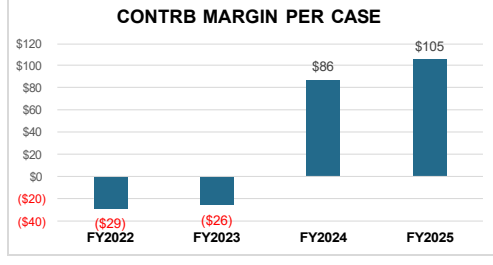
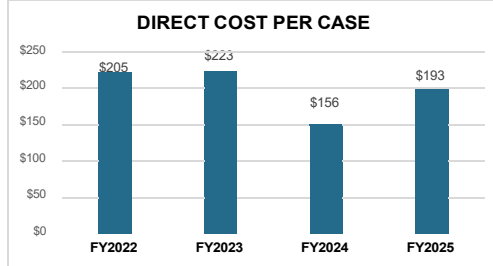
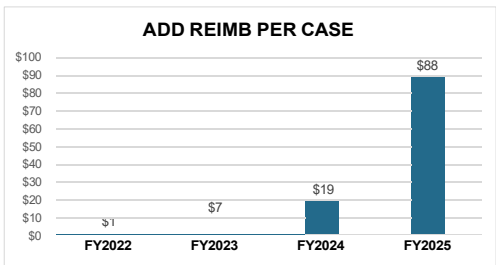
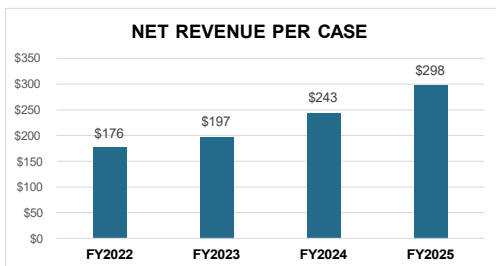


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	313	200	274	197	q -28%	
NET REVENUE	\$55,162	\$39,420	\$66,570	\$58,919	q -11%	
ADDITIONAL REIMB	\$285	\$1,343	\$5,077	\$17,470	p 244%	
DIRECT COST	\$64,303	\$44,529	\$42,877	\$38,204	q -11%	
CONTRIBUTION MARGIN	(\$9,141)	(\$5,109)	\$23,694	\$20,715	q -13%	
INDIRECT COST	\$18,620	\$15,916	\$16,990	\$13,010	q -23%	
NET INCOME	(\$27,761)	(\$21,024)	\$6,704	\$7,705	p 15%	
NET REVENUE PER CASE	\$176	\$197	\$243	\$298	p 23%	
DIRECT COST PER CASE	\$205	\$223	\$156	\$193	p 24%	
ADD REIMB PER CASE	\$1	\$7	\$19	\$88	p 377%	
CONTRB MARGIN PER CAS	(\$29)	(\$26)	\$86	\$105	p 21%	

PER CASE TRENDED GRAPHS

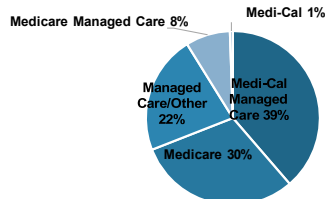


PAYER MIX - 4 YEAR TREND (Cases)

*Annualized

PAYER	FY2022	FY2023	FY2024	FY2025
Medi-Cal Managed Care	46%	37%	32%	39%
Medicare	18%	23%	28%	30%
Managed Care/Other	29%	34%	25%	22%
Medicare Managed Care	4%	3%	13%	8%

FY 2025 PAYER MIX



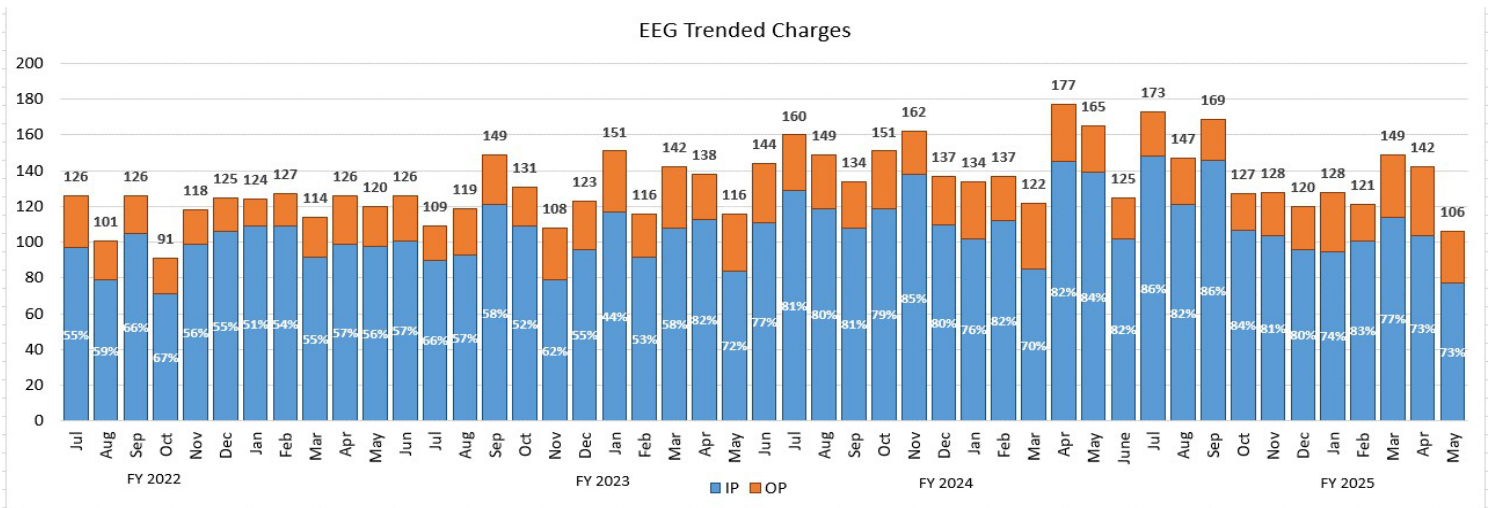
KAWEAH HEALTH ANNUAL BOARD REPORT

Respiratory Services - *Outpatient EEG*

FY2025

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025

KEY METRICS - FY 2025



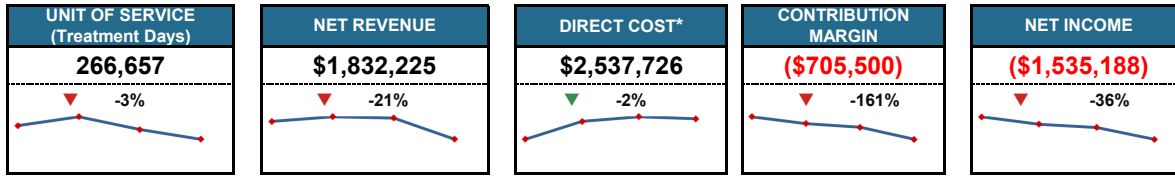
Note:
 Source: Outpatient Service Line Report
 Selection Criteria: Service Line 1 = Respiratory Services and Service Line 2 = EEG
 Chart is based off of EEG Charges

Outpatient Services

Kaweah Health Home Infusion Pharmacy

FY 2025 The Annualized Eleven Months Ended May 31, 2025

KEY METRICS - FY 2025 ANNUALIZED

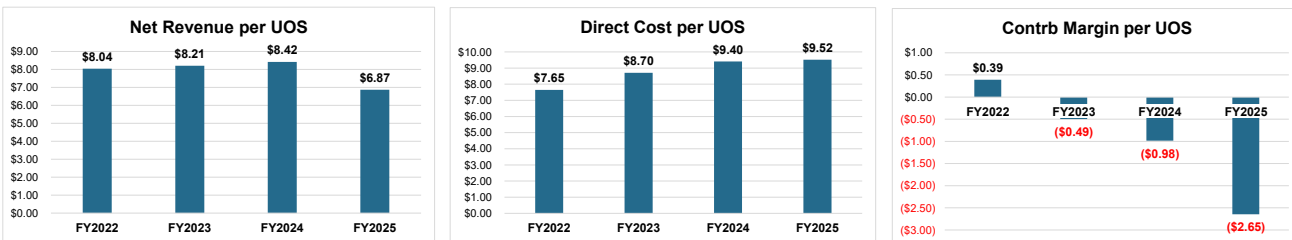


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Unit of Service (Treatment Days)	277,957	285,577	274,658	266,657	-3%	
Net Revenue	\$2,234,321	\$2,343,389	\$2,312,149	\$1,832,225	-21%	
Direct Cost	\$2,125,396	\$2,484,507	\$2,582,485	\$2,537,726	-2%	
Contribution Margin	\$108,925	(\$141,118)	(\$270,336)	(\$705,500)	-161%	
Indirect Cost	\$868,206	\$868,239	\$854,581	\$829,688	-3%	
Net Income	(\$759,281)	(\$1,009,358)	(\$1,124,917)	(\$1,535,188)	-36%	
Net Revenue per UOS	\$8.04	\$8.21	\$8.42	\$6.87	-18%	
Direct Cost per UOS	\$7.65	\$8.70	\$9.40	\$9.52	1%	
Contrb Margin per UOS	\$0.39	(\$0.49)	(\$0.98)	(\$2.65)	-169%	

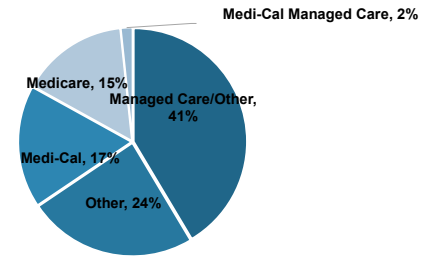
PER CASE TRENDED GRAPHS



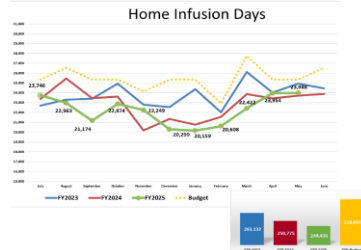
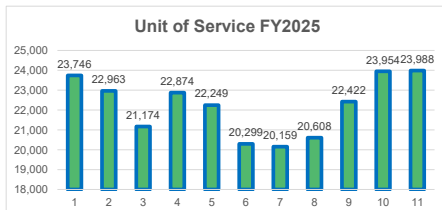
PAYER MIX - 4 YEAR TREND (Patient Visits)

PAYER	FY2022	FY2023	FY2024	FY2025
Managed Care/Other	48%	55%	51%	41%
Other	16%	19%	20%	24%
Medi-Cal	12%	14%	13%	17%
Medicare	18%	11%	15%	15%
Medi-Cal Managed Care	6%	1%	2%	2%

FY 2025 Payer Mix



Payer	FY 2025 Net Rev/Visit	FY 2024 Net Rev/Visit	FY 2023 Net Rev/Visit
Managed Care/KDH Employees	\$8	\$14	\$13
Other (Hospice, Dialysis, County Indigent, Ba	\$26	\$29	\$28
Medicare	\$25	\$32	\$15
Medi-Cal & Medi-Cal Managed Care	\$5	\$14	\$24
Total	\$14	\$18	\$17



- Notes:
- The "Managed Care/Other" payer category represents Mgd. Care patients and KDH Employees.
 - The "Other" payer category represents Hospice, Dialysis, County Indigent and Cash Pay.

*IMPORTANT NOTE per James, Allison and Clint, regarding Home Infusion Pharmacy:▪

The benefit of drug cost savings passed through to KH Hospice for FY 2025 is estimated by Allison Gonzalez to be - \$1.5M, which is not recognized on KHHP service line reporting but does help provide an ongoing positive contribution margin to KH Hospice. This revenue is reflected in the Hospice business line with operational costs in Home Infusion business line.

REPORT TO THE BOARD OF DIRECTORS

Kaweah Health Home Infusion Pharmacy

James McNulty, Director of Pharmacy (559-624-2470)

Clint Brown, Assistant Director of Pharmacy (559-624-4588)

June 30, 2025

Summary Issue/Service Considered

- Kaweah Health Home Infusion Pharmacy (KHHIP) is a closed-door pharmacy that services the community, along with patients discharged from the hospital who need prolonged intravenous medication therapy at home. In addition, KHHIP is the preferred pharmacy for Kaweah Home Health and is contracted with Kaweah Health Hospice to provide all their pharmacy needs. 80% of the KHHIP's volume (UOS) is directly related to KH Hospice, but accounts for only 8.5% of the associated revenue. KHHIP is able to leverage special drug pricing, drug savings, and passes this on to Kaweah Health Hospice to reduce their overall drug spend by \$1.5 million in cost of goods and maximize savings for the organization. The overall drug savings (decreased drug costs) are reflected in the Hospice business line. Operational costs to dispense those medications remain largely with the KHHIP business line which may not accurately demonstrate the true value KHHIP provides to the organization. This year there have been unforeseen, and uncontrollable decreases in non-hospice revenue that, overall, have impacted the KHHIP business line revenue. Overall referral volume for KHHIP was impacted by national fluid shortages limiting IV solutions that could be dispensed, the closure of Visalia OBGYN and a reduction in patient volume for hydration management, and a change in hospital baby formula saving expense on the hospital side of business but resulting in reduced KHHIP referrals for same formula as contract would have resulted in loss for KHHIP. These revenue generating referrals, coupled with an overall lower than normal volume of patients on service for other key high revenue generating prescriptions than in years past has resulted in reduce revenue for KHHIP.

Analysis of financial/statistical data:

- KHHIP annualized Units of Service (UOS) were 266,657, a 3% decrease from FY24.
- Net Revenue totaled \$1.83M, down from FY24.
- Net Revenue/UOS saw a decrease of 18% compared to FY24.
- Direct Costs are down 2%
- Revenue and direct cost down secondary to:
 - Less Total Parenteral Nutrition (high dollar) patients on service.
 - Fluid shortages did not allow IV fluids to be dispensed.
 - The closure of Visalia OBGYN reduced the IV fluids prescriptions normally dispensed.
 - No longer dispensing formula for premature infants discharging from KHMC Labor and Delivery. KHMC has a contract for formula that saves the inpatient hospital but is not profitable for KHHIP to dispense in outpatient setting.
 - Low to no pain management patients.
 - Less IVIG patients.
 - Home Health referrals that are either not selected, denied, or a lost opportunity if not able to service that impacts KHHIP.

- KHHIP had a negative contribution margin of \$705K.
- KHHIP saw a payer mix reduction in Managed Care (10%), which historically is the largest revenue generator for KHHIP.
- KHHIP is able to pass on the direct savings in drug expense to KH Hospice to help decrease organizational cost and is estimated to be ~ \$1.5M annually. The drug savings are reflected in the Hospice business line, but operational costs are tied to KHHIP business line.

Quality/Performance Improvement Data

KHHIP tracks and trends several clinical quality indicators on an annual basis, as required by both the State Board of Pharmacy and The Joint Commission. Two examples of those quality indicators are listed below:

- High Risk Compounded Sterile Product (CSP) Documentation: Ensure completion of and improve upon the quality review process required by Pharmacy Technicians and Pharmacists when preparing high risk CSP's, specifically Total Parenteral Nutrition (TPN) and Patient Controlled Analgesia (PCA) drips. Assure documentation completed that quality checks are being done. Target: >90% compliance. Most recent date range evaluated was July 1, 2024 – December 31, 2024.
 - Current audit period results: 150 doses of high risk CSP's were prepared during this period and 100% were found in compliance with current quality assurance verification and documentation process. The target was met.
 - TPN 147 total CSP's, all had complete documentation
 - PCA: Three total CSP's, all had complete documentation
- Initial Assessment Completion for New Patients: Initial patient assessment and medication reconciliation for home infusion patients are to be conducted and documented in the patient electronic record within seven days of admission per KHHIP policy and procedures and Joint Commission regulations. Goal: Ensure completion of and improve upon the assessment and medication reconciliation process and documentation of all new home infusion patients. Target: >90% compliance. Most recent date range evaluated was July 1, 2024 – December 31, 2024.
 - Current audit period results: Review of 40 new patient admission charts were audited during this period and 97% were found to be compliant. Of the charts audited, 39 contained documentation of initial assessment and medication reconciliation completed within seven days of admission and 1 chart competed with initial assessment but did not complete medication reconciliation as expected. While goal was met education was done on one chart not meeting expectations.

Policy, Strategic or Tactical Issues

Strategy to increase revenue for KHHIP:

- **Quarterly Meetings with key stakeholders** - KHHIP personnel will meet with Hospital Case managers as well as the Clinics Referral team quarterly to offer education on Home Infusion Pharmacy and ensure referrals are being routed to KHHIP as appropriate.
- **Pharmacy Healthcare Solutions Engagement** - Engage with the Pharmacy Healthcare Solutions team to analyze the prescription volumes within the community to evaluate other opportunities for the KHHIP service line.

- **Potential contract with Tri-County Infusion Nurses** - Local company that provides nursing home infusion services that are not provided by Kaweah Health Home Health nursing such as:
 - IVIG and SCIG infusions
 - Monoclonal antibodies

KH Home Health currently does not accept patients with this type of service due to the time and complexity of the infusion.

- **Imperial Health Plan Medicare Part D Contract** - KHHIP has applied to contract with a new Medicare Part D with Imperial Health Plan of California.
- **TPN Pediatric Referrals** - KHHIP would expand and accept referrals of Pediatric patients, currently not getting, in need of TPN. This would capture patients that Valley Children’s Hospital homecare is not able to provide service for.
- **Hospice Contract Amendment** - Amending the current Hospice contract to adjust a dispense fee per prescription cost charged to Hospice for dispense and delivery to Hospice patients.
- **Dialysis Contract** - Enter into a Pharmacy Services Agreement with the Outpatient Dialysis Center to dispense and deliver phosphate binder type medication to the Dialysis patients.

Recommendations/Next Steps

Effectuate above-described strategies.

- Work with physician groups to increase awareness and encourage service utilization to optimize patient volume and net revenue
- Look into adding new contracts (Tri-County/Imperial Health) to increase volume and net revenue.
- Continue to focus on quality metrics to ensure high quality patient care with strategies focused on mitigating medication errors and potential patient harm.

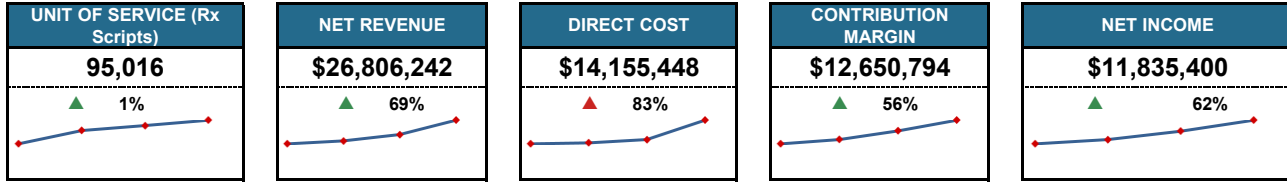
Approvals/Conclusions

Kaweah Health Home Infusion Pharmacy is a world class pharmacy offering multiple services for the community and the organization. Over 80% of the business line is dedicated to meeting the pharmacy needs of Kaweah Health Hospice. It is important to recognize that KHHIP saved KH Hospice an estimated \$1.5M in drug spend/dispense/delivery costs for FY25 by directly passing on 340b savings. This is not recognized in the financial reports or contribution margin for KHHIP and should not be undervalued or overlooked as an overall contribution and cost savings initiative to the organization. By passing along direct drug cost savings, the direct costs for KH Hospice are significantly reduced resulting in an increased overall contribution margin. Over the next year, focus will be given to evaluating and optimizing the KHHIP service line, evaluating contracts (external/internal) to see if there is additional revenue opportunity. The focus will be on capturing additional non-hospice revenue if feasible. Exploring contracts with other companies and capturing more patient volume that needs infusion services.

Kaweah Health Retail Pharmacy

FY 2025 on the Eleven Months Ended May 31, 2025

KEY METRICS - FY 2025

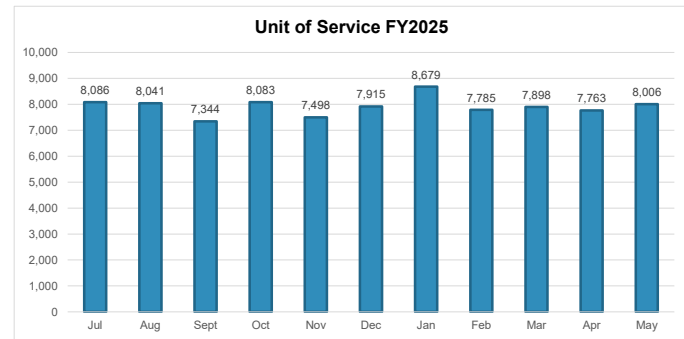
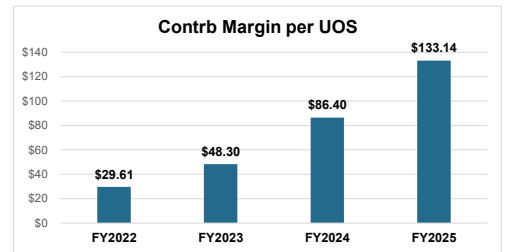
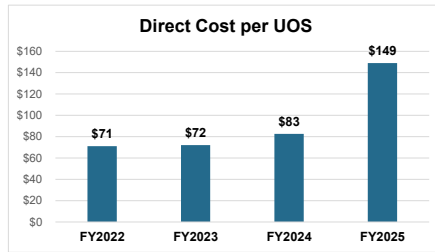
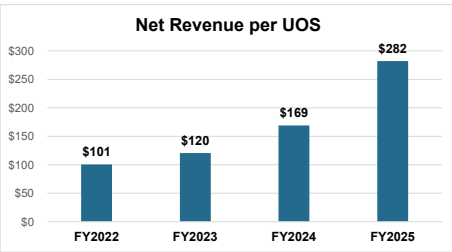


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Unit of Service (Rx Scripts)	89,538	92,613	93,723	95,016	▲ 1%	
Net Revenue	\$9,014,270	\$11,150,512	\$15,841,169	\$26,806,242	▲ 69%	
Direct Cost	\$6,362,814	\$6,676,975	\$7,743,520	\$14,155,448	▲ 83%	
Contribution Margin	\$2,651,456	\$4,473,537	\$8,097,649	\$12,650,794	▲ 56%	
Indirect Cost	\$540,078	\$666,006	\$804,298	\$815,394	▲ 1%	
Net Income	\$2,111,378	\$3,807,531	\$7,293,351	\$11,835,400	▲ 62%	
Net Revenue per UOS	\$101	\$120	\$169	\$282	▲ 67%	
Direct Cost per UOS	\$71	\$72	\$83	\$149	▲ 80%	
Contrb Margin per UOS	\$30	\$48	\$86	\$133	▲ 54%	

PER CASE TRENDED GRAPHS



REPORT TO THE BOARD OF DIRECTORS

Kaweah Health Retail Pharmacy

James McNulty, Director of Pharmacy (624-2470)

Clint Brown, Assistant Director of Pharmacy (624-4588)

July 1, 2025

Summary Issue/Service Considered

Kaweah Health Retail Pharmacy (KHRP) is an open-door pharmacy that services the community. In addition, it offers a meds-to-beds program for patients discharged from the hospital to increase medication adherence and decrease re-admissions. The pharmacy also works closely with the Kaweah Health Specialty Center (KHSC) ambulatory care pharmacy team to process prescriptions for the employees and their dependents that are participating in the Employee Wellness Specialty program designed for those with chronic illnesses as well as the Pharmacotherapy Review Clinic (PRC) to optimize savings on specialty meds for employees/dependents. The pharmacy recently began processing specialty oncology prescriptions for the Sequoia Regional Cancer Center (SRCC) that was acquired by Kaweah Health in June of 2024. Retail pharmacy service line experienced growth overall through various prescription sources. These collaborative programs improve health outcomes for the patients and decrease drug costs for the organization. In addition to the services of these programs, the pharmacy also coordinates with the ambulatory pharmacy team at KHSC, to offer the community a medication assistance program for patients that cannot afford their medications. This improves medication adherence, decreases health complications, and prevents potential ED visits and/or hospitalizations for medication related issues. The pharmacy hours are Monday – Friday 9-7pm, Saturday 9-4pm and Sunday 10-4pm. This pharmacy is considered an in-house retail pharmacy that allows for special drug pricing under certain circumstances and, because of this, is a profitable business venture that services the community and our employees at times.

Analysis of financial/statistical data:

- 95,016 (annualized) prescriptions were processed, resulting in a 1% increase from FY24.
- Net Revenue totaled \$26M (annualized), which was a 69% increase from FY24.
- KHRP had a positive contribution margin of \$12.6M resulting in a 56% increase from FY24.
- Overall Net Income was \$11.8M, an increase of 62% from FY24
- The pharmacy still saw significant growth and financial success with key contributions from the following services:
 - Ambulatory Pharmacy Service Programs:
 - 7% total volume
 - 40% of total revenue (\$10.8M annualized)
 - Increase of \$4.18M over FY24
 - These programs are operated by the Ambulatory Care Pharmacy team at Kaweah Health Specialty Clinic and eligible prescriptions filled at Kaweah Health Retail Pharmacy.
 - Med-Assist
 - Employee Wellness Program
 - Pharmacotherapy Review Clinic

- Concierges Service
 - 54% of total volume
 - 12% of total Revenue (\$3.1M annualized)
 - Increase of \$250K over FY24
- Community
 - 39% of total volume
 - 28% of total Revenue (\$7.45M annualized)
 - Increase of \$2.88M over FY24
- SRCC
 - 1% of total volume
 - 21% of total Revenue (\$5.62M annualized)
 - New service FY25

Quality/Performance Improvement Data

340B Regulatory Compliance: The 340b program is a highly regulated program by the federal government and ensuring 100% accuracy and compliance is paramount to the ongoing success of the services provided through the pharmacy. The goal is to perform weekly prescription audits to monitor the eligibility of 340b qualified prescriptions. Claims are ran through a spreadsheet to ensure the pharmacy is correctly billing and being appropriately reimbursed for the eligible prescriptions. The audit identifies trends in systematic processing errors and allows changes to avoid this moving forward, in turn, mitigating compliance risk and maximizing pharmacy profitability. In addition, eligible claims are ran through software to ensure they qualify, allowing us to purchase drug at a reduced cost. The 340b team reviews this monthly to maximize drug cost savings wherever possible. The 340b program resulted in an overall drug savings of \$11.9M to Retail Pharmacy in FY25.

Meds-to-Beds Concierges Rx Capture: The goal is to monitor the number of patients that are eligible to receive medications at time of discharge from our pharmacy that actually receive them compared to those eligible and choose to have their prescriptions filled at an outside pharmacy upon discharge. Literature suggests that hospital readmissions are as high as 25-30% as a direct result of medication related errors and/or discharge medications not being picked-up post discharge. This service was specifically designed to reduce readmission rates and decrease healthcare costs associated with readmissions. Data indicates that hospitals with a meds-to-beds program typically capture 50-65% of eligible discharged medications. Our goal has been to capture at least 80% of the eligible discharged prescriptions. The current capture rate is 94%. The total revenue from concierge scripts totaled \$3.1M (annualized). The true benefit to this program is largely undervalued as it does not capture the total dollars saved through readmission prevention, nor does it calculate totals in savings and benefits by improving throughput.

Policy, Strategic or Tactical Issues

- Focus on the expansion of the Employee Wellness and Pharmacotherapy Review Clinic programs by increasing awareness amongst employees and dependents.
- Expand and optimize the Med-Assist Program.
- Focus on oral oncology from SRCC acquisition to increase prescription volume and associated revenue.

Recommendations/Next Steps

- Continue to offer world-class care to our community, patients, employees and their dependents
- Continuing to grow and expand Med Assist, Pharmacotherapy Review Clinic and Employee Wellness programs
- Optimize oral oncology dispensing and patient care through mail order prescriptions for patients living out of the area and unable to wait for next day fills.

Approvals/Conclusions

Kaweah Health Pharmacy is a world-class ambulatory care retail pharmacy that offers multiple services for the community, hospital patients, and our employees and their dependents. The pharmacy optimizes patient care by leveraging 340b savings to lower drug costs for the pharmacy, maximize reimbursement margins, and pass on savings to the patient to increase medication adherence and decrease overall healthcare costs. In addition, the services provided help reduce readmission rates and unnecessary health care costs for the organization. Overall, Kaweah Health Retail Pharmacy is a financially stable business that has seen significant growth through specialty pharmacy optimization. Growth is expected to continue as we optimize specialty medication dispensing, including oral Oncolytics. A great portion of the financial success for the pharmacy is a direct result of the unique structure of this pharmacy, collaborative efforts with our Ambulatory Care Pharmacy team and the specialized patient services they offer, collaboration with HR benefits for our employees.

Kaweah Delta Health Care District Annual Report to the Board of Directors

Respiratory Services

Wendy Jones, BS, RRT, RPFT, Director, (559) 624-2329
Johnny Mata, BS, RRT-NPS, Manager, (559) 624-2192
July 2025

Summary Issue/Service Considered

Respiratory Services will continue to provide/support primary and advanced respiratory care services emphasizing stabilization, maintenance, and restorative goal driven patient care.

As active and vital members of acute, emergent, critical, sub-acute and rehabilitative care teams, we continue to work jointly with physicians, nurses, Allied Health Leaders, and the Executive Team to assure the provision of:

- High Quality Care
- Optimal Patient safety
- Service excellence
- Optimal health outcomes
- Financial Stability

Specific Clinical Focus:

- Continue to work collaboratively with Rapid Response Team (RRT)
- Continue to actively support our Intensivist group to assure a continuum of care and service excellence is sustained.
- Continue to work collaboratively with our Neonatologists and nursing staff to achieve optimal patient outcomes in our Neonatal population.
- Continue to support respiratory care education for our Residents.
- Develop Lead RT role as a clinical resource
- Continue to support integration of Respiratory Care Practitioners (RCP's) into the expanding Emergency Department staffing mix to provide advanced clinical expertise to the ED team.

Analysis of Financial/Statistical Data:

Respiratory Services contribution margin is anticipated to be \$7.2 million for FY 2025, with \$3.6 million provided by supplemental government funding.

Contribution margin decreased 18% over the prior year due to decreases in volumes and increases in direct costs, specifically staffing, offset by increased reimbursement from payers and increased supplemental government funds.

Patient days are seeing a downward trend over the prior four years, while ALOS decreased slightly.

In FY 2021 and FY 2022 COVID was driving the results, now we see our new normal from FY 2023 forward.

Payor mix

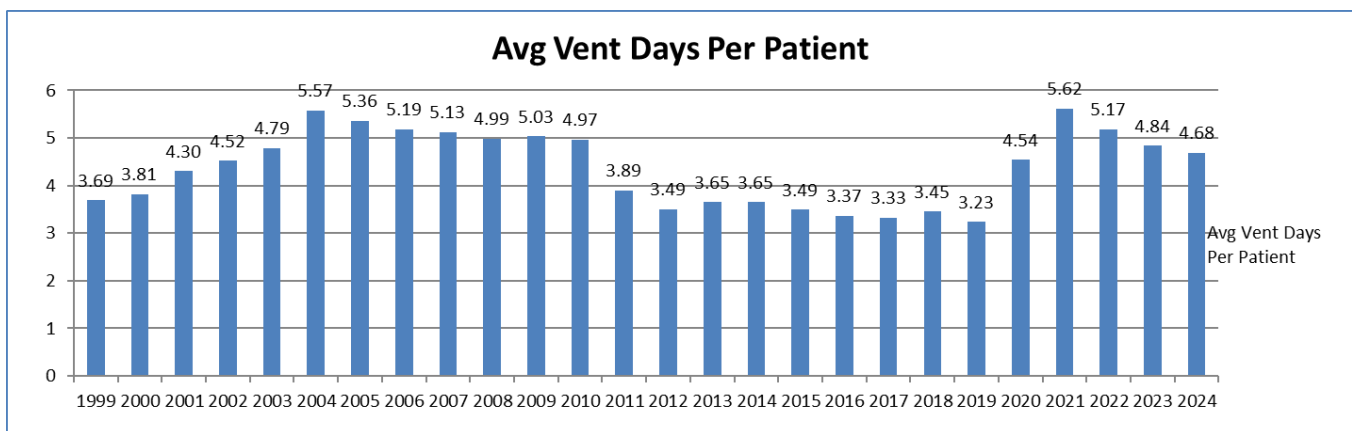
- Medicare 33%
- Medi-Cal Managed Care 33%
- Medicare Managed Care 17%
- Medi-Cal 15%
- Managed Care/other 10%

Quality/Performance Improvement Data

Average Ventilator Days Per Patient

As continuing success of our collaboration with our multidisciplinary critical care team we continue to support and champion our Ventilator Acquired Pneumonia (VAP) bundle as key to continuing success with:

- Decreasing Ventilator Days
- Increase throughput
- Improving patient safety by rapid weaning and extubation
- Reduction in hospital acquired infections
- Reducing overall Hospital Length of Stay
- Reducing Direct Expense when possible



Policy, Strategic or Tactical Issues

Ideal Work Environment:

1. Provide staff with continuing education, advancing clinical knowledge in pursuit of best practices.
2. Encourage staff to advance their education by offering loan repayment for baccalaureate level achievement.
3. Develop Lead RT roles
4. Maintain an internal per diem pool of RTs to support fluctuations in staffing in an effort to maintain high quality care while optimizing our financial performance.
5. Work collaboratively with our Medical Director on developing Respiratory Care policies, procedures and processes designed to standardize/optimize best evidence based respiratory care throughout the district.

Service Excellence:

1. Daily rounding with staff to identify top patient care priorities with a goal of care planning to ensure patient expectations are achieved and optimal outcomes met.
2. Celebrate staff achievements/contributions/recognition for supporting our Mission, Values, Goals and Behavioral Standards of Performance.
3. Daily Huddles to ensure staff have updated information.

Quality Outcomes:

1. Continue to support VAE/HAPI improvement process.
2. Work collaboratively to support best practices.
3. Continue to support/manage our quality initiatives resulting in our exceeding HCAPS benchmarks.

Financial Strength:

1. Manage personnel resources and supply utilization to achieve productivity/financial goals set forth during the annual budget process.
2. Continue to monitor and assess technological/professional advancements that add value, operational efficiency and have potential to increase profitability.
3. Validate value in all aspects of care and service.

Recommendations/Next Steps

1. Continue to recognize and reward staff for walking the talk.
2. Continue to work with Valley Children's Hospital to advance our expertise with caring for our pediatric population
3. Work with pulmonologists to have PFT reports available within our goal of 7 days.
Work with pulmonologist to add six minute walk test to pulmonary function lab.

Conclusions

Although faced with wide variations in patient care demands, our respiratory care service continues to provide exceptional acute, critical, emergent, rehabilitative, and Sub-Acute Care for the communities we serve.

Top priorities:

- Staff recognition, reward, satisfaction, education and professional development.
- Continue to support our Intensivist group through sustaining strong working relationships, shared vision, and standardized ventilator management.
- Sustain optimal clinical care and expertise designed to enhance Physician satisfaction and collaboration

Kaweah Delta Health Care District Annual Report to the Board of Directors

Sleep Center

Wendy Jones, BS, RRT, RPFT, Director, (559) 624-2329
Sasha Nevarez, RPSGT, Manager (559) 624-6797
July 2025

Summary Issue/Service Considered

1. Continue to develop and achieve optimum balance of priorities that provide and sustain high quality care, outstanding service, regulatory compliance and profitability while sustaining an Ideal Work Environment.
2. Ensuring our Sleep Disorders Center continues to provide a full complement of sleep testing services that support the needs of our communities as a District Center of Excellence.
3. Continue to support/provide education for our community, physicians and residents regarding the benefits of preventative management of sleep disorders.

Analysis of Financial/Statistical Data:

The Sleep Center is anticipating 2,223 visits in FY2025 with a CM of approximately \$550k. Home Sleep Testing is holding steady at approximately 34% of the business. On the payer side, the Sleep Center has 59% Managed Care, 9% Medicare payers, and 26% Managed Medi-Cal payers.

Quality/Performance Improvement Data

The following Quality measures have been developed based on American Academy of Sleep Medicine (AASM) standards to ensure the highest quality care is delivered to patients with sleep disordered breathing.

Monitoring and Reporting: The Sleep Center Performance Improvement (PI) program monitors and reports the following biannually to our Qcomm Committee:

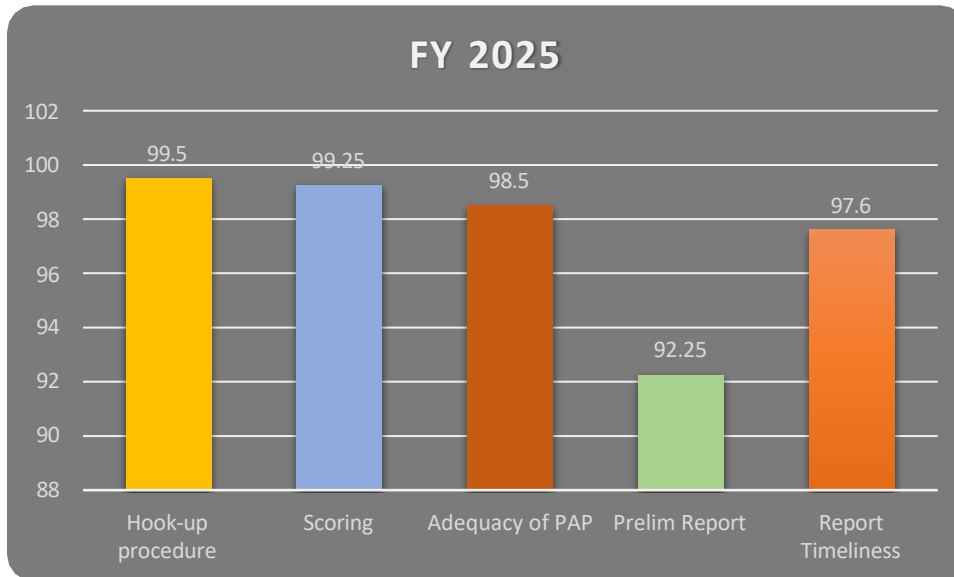
Report Timeliness: Time from the date of study to the date of dictation. The Sleep Disorder Center (SDC) standard is 15 days or less. The PI threshold for total timeliness is $\geq 90\%$

Hook Up Procedure: Quality of electrode/ sensor application and the resulting quality of signal acquisition. The PI threshold for hook up quality is $\geq 90\%$ for all American Board of Sleep Medicine (ABSM) cases.

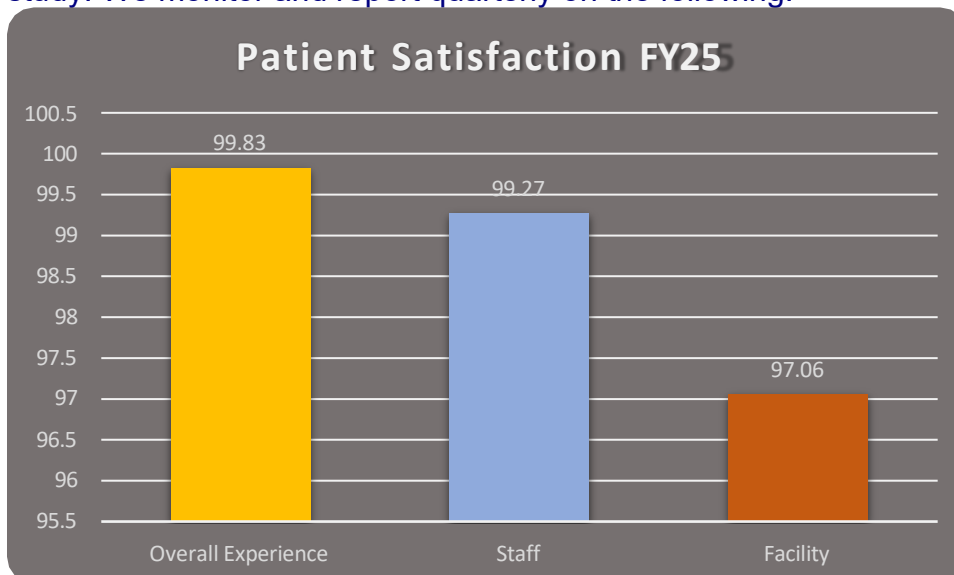
Adequacy of Positive Airway Pressure (PAP) Titration: Patients receive expert assessment and intervention with optimal application of PAP ranges to correct obstructive sleep disorders. The Performance Improvement (PI) threshold for adequacy of PAP titration is $>90\%$ as established by the ABSM.

Reporting: There must be correlation between the preliminary technical report generated by the Sleep Technologist and the final report generated by the scoring Sleep Physician. The PI threshold for agreement is >90% as established by the ABSM.

Scoring: All sleep studies will be assessed for quality of signals/data, sleep staging, event recognition, appropriateness of interventions and identification of sleep disordered breathing with severity by Certified Technical and Professional Staffs. The PI threshold for the quality of technical scoring is >90% as established by the ABSM.



Monitoring and Reporting: Sleep Center Patient Satisfaction Program, consists of a satisfaction survey that is given to patients the morning following their overnight sleep study. We monitor and report quarterly on the following:



Facility Score: Accessible parking, facility safety and overall rating of the sleep center (lobby, restrooms, overnight rooms). Threshold score is >90%

Staff Score: Staff friendliness, attentiveness, professionalism and knowledge of the service provided. Threshold score is >90%

Overall Experience: Threshold score is >90%

Policy, Strategic or Tactical Issues

1. Continue to monitor and implement latest Centers for Medicare & Medicaid Services (CMS) reimbursement guidelines.
2. Carefully monitor overall polysomnography reimbursement in an effort to sustain profitability including the monitoring and efficient management of Medi-Cal (payer) sources
3. Continue to stay abreast of Home Sleep Study trends and potential impact on In-Lab testing
4. Medical Director will continue to be actively engaged in educating both our community and the providers we serve.

Recommendations/Next Steps

1. Continue to provide an ideal work environment for staff.
2. Develop and maintain an efficient budget that allows for both high quality diagnostic services, excellent patient outcomes and increased profitability.
3. Continue to meet or exceed quality benchmarks.
4. Maintain and or implement new practice standards set forth by the AASM.
5. Continue to work closely with our Medical Director in the ongoing development, planning and implementation of sleep disorder services that optimize diagnostic evaluation, treatment and preventative health care for our community.
6. Continue to respond to Medicare/Medi-Cal initiatives related to reimbursement for sleep testing at the State and National levels to optimally align our services with financial viability.

Conclusions

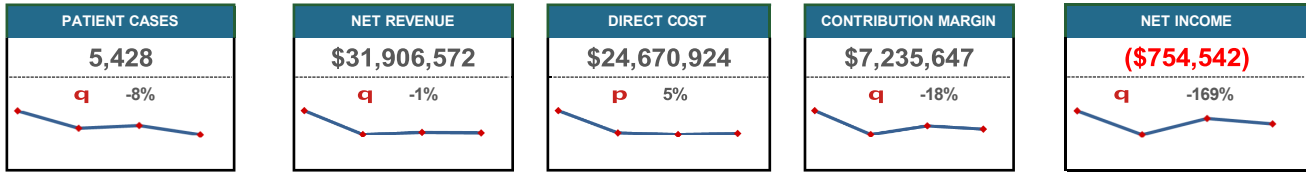
1. Continue working to overcome financial challenges with identified payer groups.
2. Home Sleep Testing contribution margin is expected to increase in FY25.
3. Sustain staff job satisfaction score at 92% or greater
4. Maintain patient experience scores >90%

Top Priorities for 2025:

- Patient and Provider satisfaction.
- Staff recognition, job satisfaction, reward, education and professional development
- Continue the provision of highest quality sleep testing in the Valley.
- Focus on preventative medicine specific to Sleep Disordered Breathing.
- Remain provider of choice for sleep testing.
- Continue to improve financial strength through further expansion of our HST program.
- Acquire and gain the confidence of new referral sources within our community
- Work with sleep physicians to improve timeliness of sleep reports.

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025

KEY METRICS - FY 2025



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

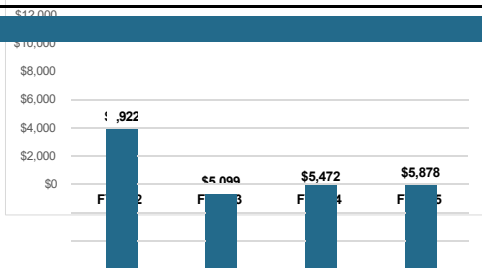
METRICS BY SERVICE LINE - FY 2025

SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
PULMONARY INPATIENT	1,930	\$29,794,582	\$23,350,868	\$6,443,714	(\$1,040,693)
SLEEP DISORDERS CENTER OUTPATIENT	2,223	\$1,677,138	\$1,128,560	\$548,578	\$146,105
PULMONARY FUNCTION OUTPATIENT	1,078	\$375,933	\$153,292	\$222,641	\$132,340
OUTPATIENT EEG	197	\$58,919	\$38,204	\$20,715	\$7,705
RESPIRATORY SERVICES TOTAL	5,428	\$31,906,572	\$24,670,924	\$7,235,647	(\$754,542)

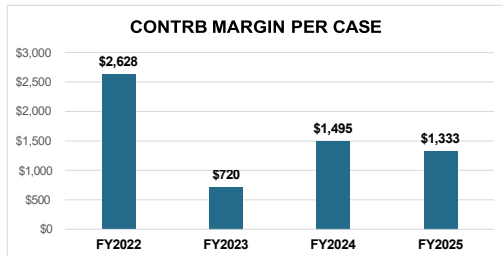
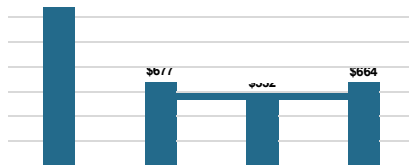
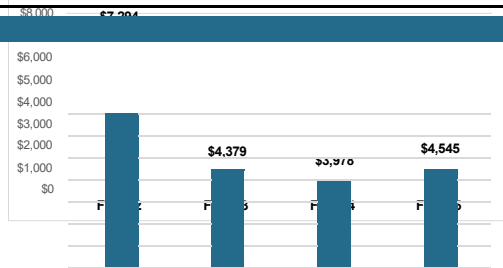
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	6,693	5,757	5,914	5,428	q -8%	
NET REVENUE	\$66,406,581	\$29,354,691	\$32,362,446	\$31,906,572	q -1%	
ADDITIONAL REIMB	\$8,552,961	\$3,899,854	\$3,148,702	\$3,602,047	p 14%	
DIRECT COST	\$48,815,766	\$25,212,390	\$23,523,875	\$24,670,924	p 5%	
CONTRIBUTION MARGIN	\$17,590,814	\$4,142,301	\$8,838,572	\$7,235,647	q -18%	
INDIRECT COST	\$13,942,694	\$8,402,173	\$7,737,959	\$7,990,190	p 3%	
NET INCOME	\$3,648,121	(\$4,259,872)	\$1,100,612	(\$754,542)	q -169%	
NET REVENUE PER CASE	\$9,922	\$5,099	\$5,472	\$5,878	p 7%	
DIRECT COST PER CASE	\$7,294	\$4,379	\$3,978	\$4,545	p 14%	
ADD REIMB PER CASE	\$1,278	\$677	\$532	\$664	p 25%	
CONTRB MARGIN PER CASE	\$2,628	\$720	\$1,495	\$1,333	q -11%	

GRAPHS NET REVENUE PER CASE



GRAPHS DIRECT COST PER CASE



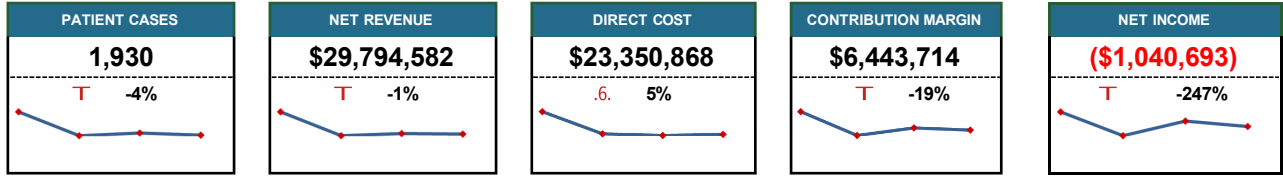
Report Notes:

Selection Criteria: Kaweah Health Medical Center Inpatient Pulmonary Service Line and Outpatient Service Line 1 Respiratory Services.

Respiratory Services - Pulmonary Inpatient

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025

KEY METRICS - FY 2025



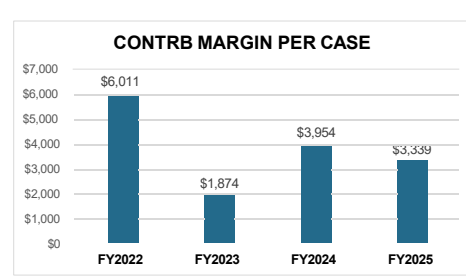
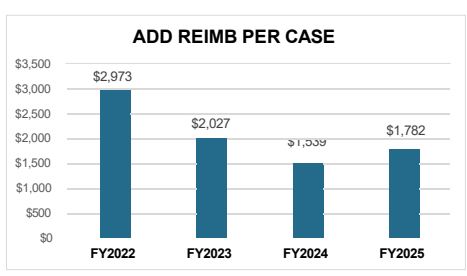
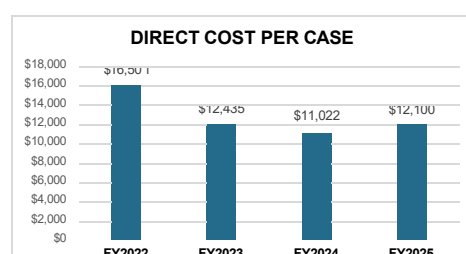
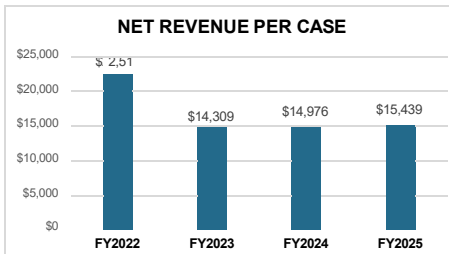
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

*Annualized

METRIC	FY2022	FY2023	FY2024	FY2025	%C HANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	2,876	1,913	2,013	1,930	T -4%	
PATIENT DAYS	21,390	10,556	10,184	9,668	T -5%	
ALOS	7.44	5.52	5.06	5.01	T -1%	
GM LOS	4.89	3.92	3.77	3.68	T -2%	
OPPORTUNITY LOS	2.55	1.60	1.29	1.33	.6. 3%	
NET REVENUE	\$64,745,225	\$27,374,068	\$30,147,458	\$29,794,582	T -1%	
ADDITIONAL REIMB	\$8,551,484	\$3,877,412	\$3,097,236	\$3,438,516	.6. 11%	
DIRECT COST	\$47,456,918	\$23,789,026	\$22,188,291	\$23,350,868	.6. 5%	
CONTRIBUTION MARGIN	\$17,288,307	\$3,585,042	\$7,959,167	\$6,443,714	T -19%	
INDIRECT COST	\$13,420,551	\$7,851,240	\$7,250,131	\$7,484,407	.6. 3%	
NET INCOME	\$3,867,756	(\$4,266,198)	\$709,035	(\$1,040,693)	T -247%	
NET REVENUE PER CASE	\$22,512	\$14,309	\$14,976	\$15,439	.6. 3%	
DIRECT COST PER CASE	\$16,501	\$12,435	\$11,022	\$12,100	.6. 10%	
ADD REIMB PER CASE	\$2,973	\$2,027	\$1,539	\$1,782	.6. 16%	
CONTRB MARGIN PER CAS	\$6,011	\$1,874	\$3,954	\$3,339	T -16%	

PER CASE TRENDED GRAPHS

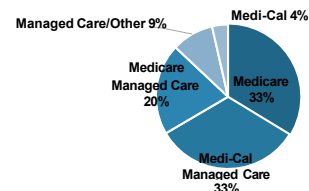


PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

*Annualized

PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	30%	38%	35%	33%
Medi-Cal Managed Care	20%	24%	31%	33%
Medicare Managed Care	15%	15%	17%	20%
Managed Care/Other	19%	9%	10%	9%
Medi-Cal	14%	13%	6%	4%

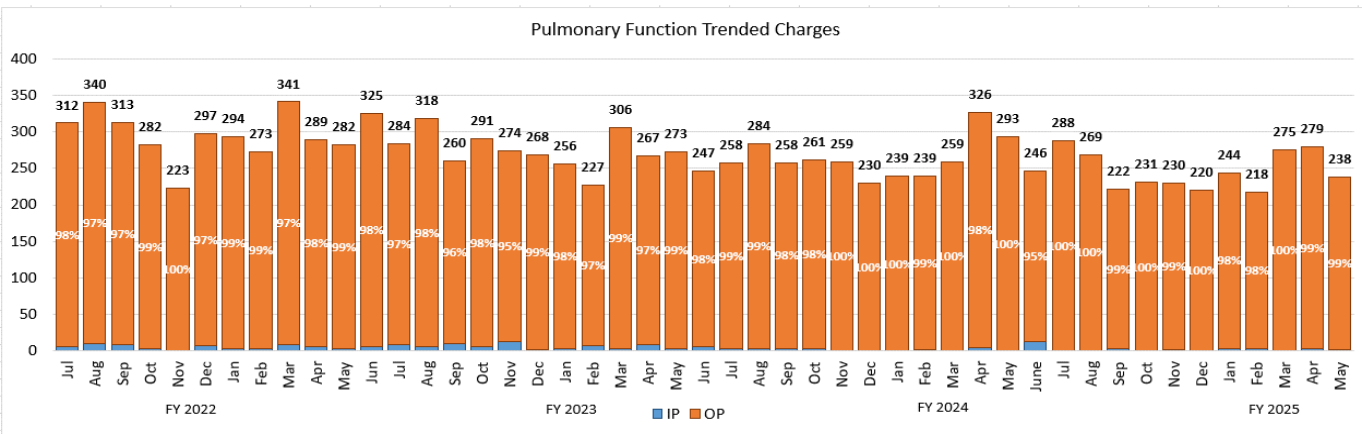
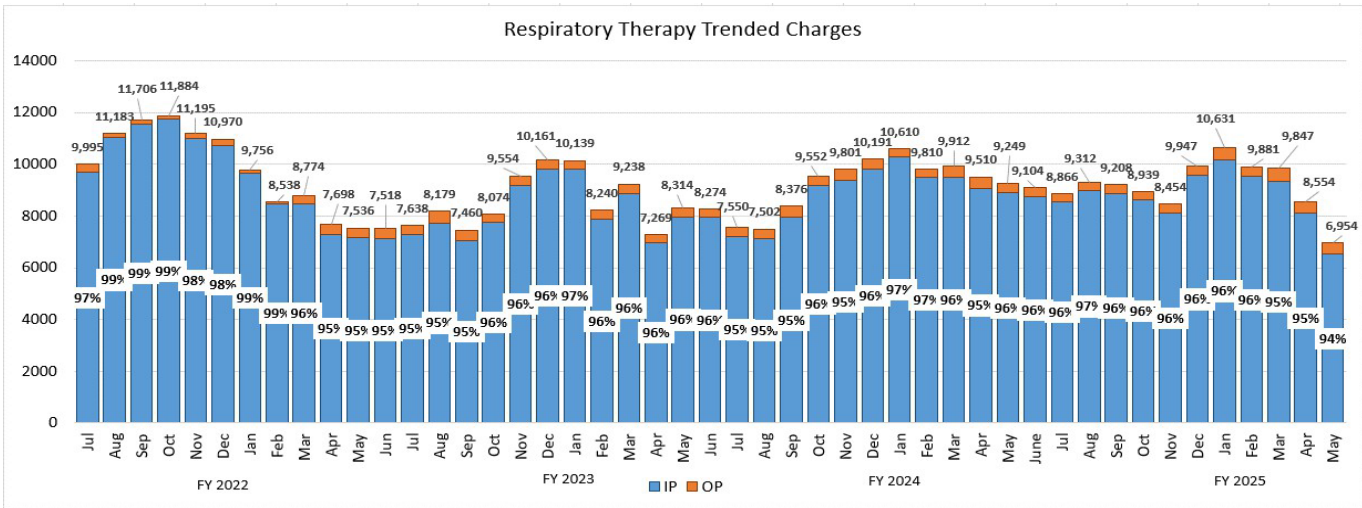
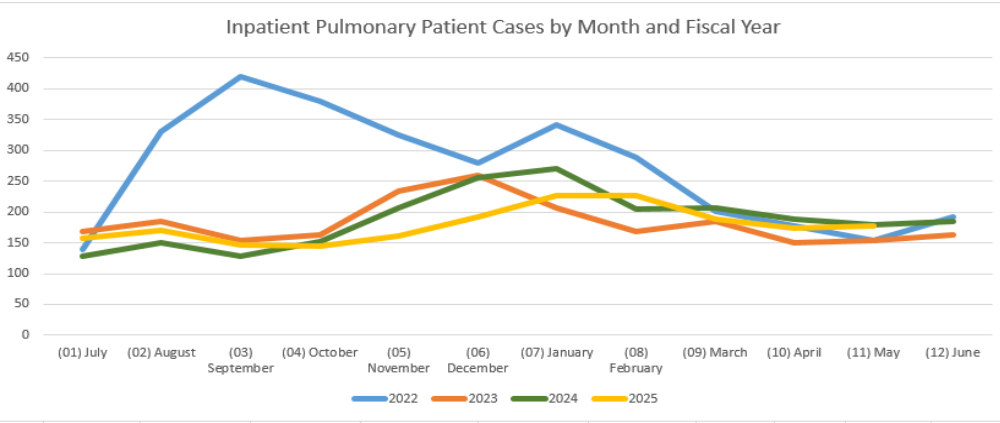
FY 2025 PAYER MIX



Respiratory Services - Pulmonary Inpatient

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025

KEY METRICS - FY 2025



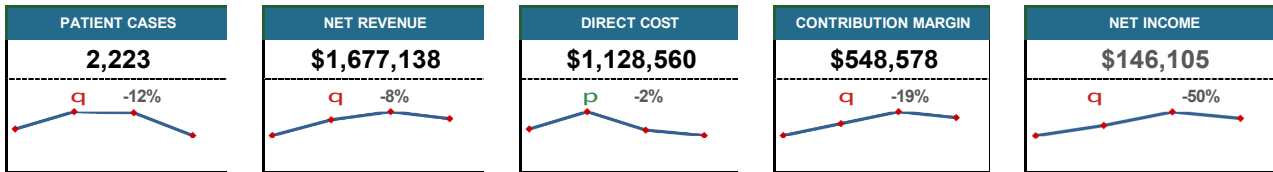
Report Notes:
 Source: KHMC, Inpatient Service Line Report
 Selection Criteria: Service Line 1 = Pulmonary

KAWEAH HEALTH ANNUAL BOARD REPORT

Respiratory Services - Sleep Disorders Center

FY2025

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025
KEY METRICS - FY 2025

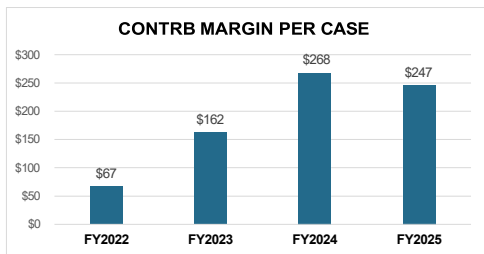
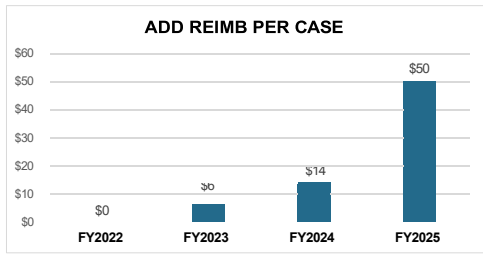
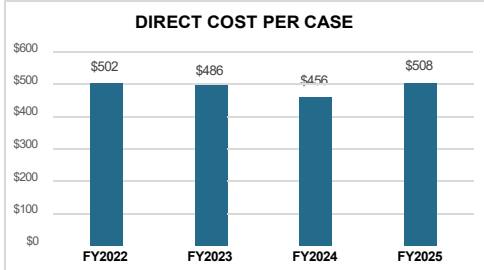
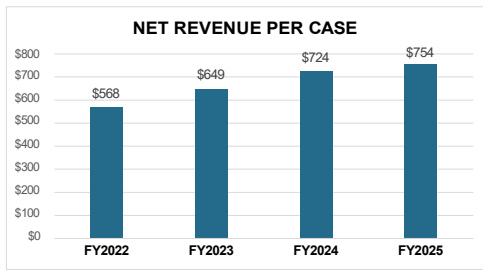


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	2,306	2,538	2,527	2,223	q -12%	
NET REVENUE	\$1,310,413	\$1,646,688	\$1,828,868	\$1,677,138	q -8%	
ADDITIONAL REIMB	\$310	\$15,684	\$35,271	\$111,775	p 217%	
DIRECT COST	\$1,156,568	\$1,234,303	\$1,152,153	\$1,128,560	q -2%	
CONTRIBUTION MARGIN	\$153,845	\$412,385	\$676,715	\$548,578	q -19%	
INDIRECT COST	\$423,039	\$444,476	\$382,081	\$402,472	p 5%	
NET INCOME	(\$269,194)	(\$32,091)	\$294,634	\$146,105	q -50%	
NET REVENUE PER CASE	\$568	\$649	\$724	\$754	p 4%	
DIRECT COST PER CASE	\$502	\$486	\$456	\$508	p 11%	
ADD REIMB PER CASE	\$0	\$6	\$14	\$50	p 260%	
CONTRB MARGIN PER CASE	\$67	\$162	\$268	\$247	q -8%	

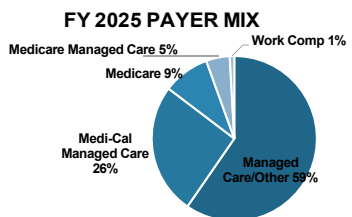
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (Cases)

*Annualized

PAYER	FY2022	FY2023	FY2024	FY2025
Managed Care/Other	49%	59%	59%	59%
Medi-Cal Managed Care	31%	23%	24%	26%
Medicare	12%	11%	9%	9%
Medicare Managed Care	6%	6%	6%	5%



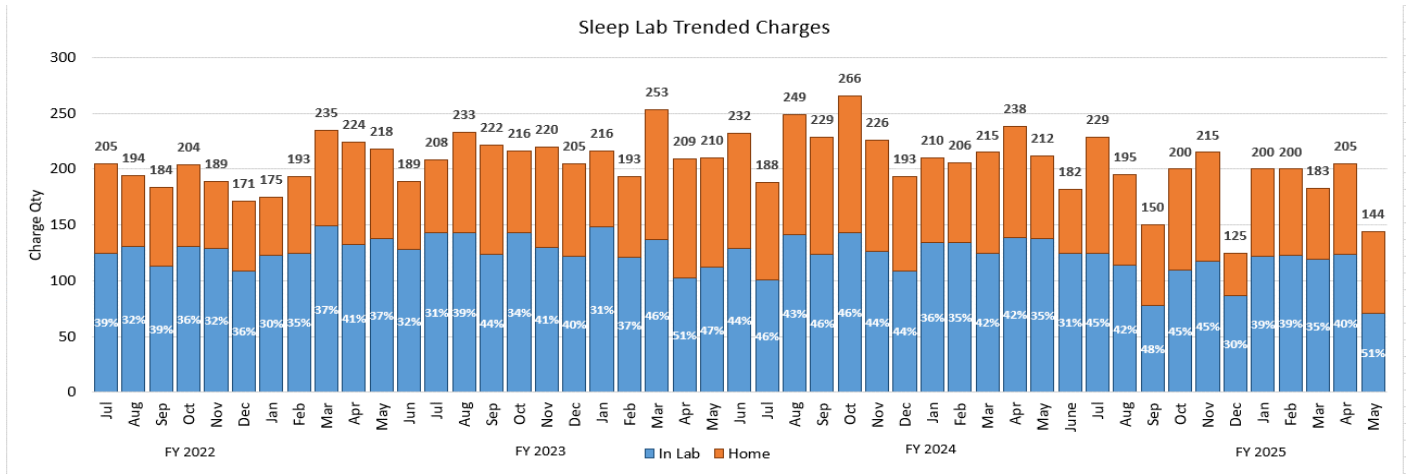
KAWEAH HEALTH ANNUAL BOARD REPORT

Respiratory Services - Sleep Disorders Center

FY2025

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025

KEY METRICS - FY 2025



Note:
 Source: Outpatient Service Line Report
 Selection Criteria: Service Line 1 = Respiratory Services and Service Line 2 = Sleep Disorders Center
 Chart is based on charges

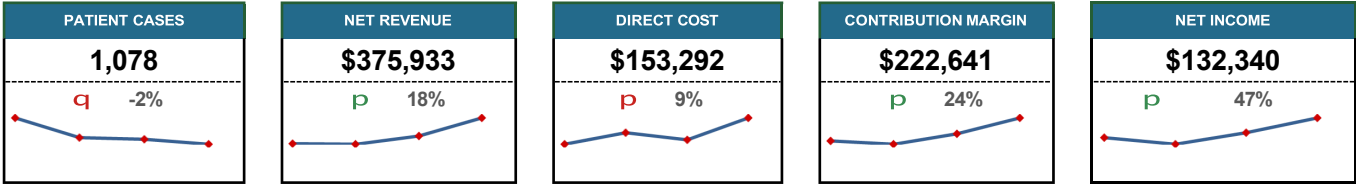
KAWEAH HEALTH ANNUAL BOARD REPORT

Respiratory Services - Pulmonary Function

FY2025

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025

KEY METRICS - FY 2025

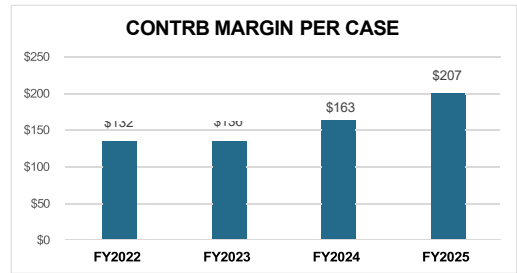
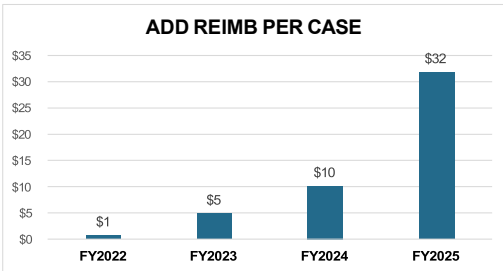
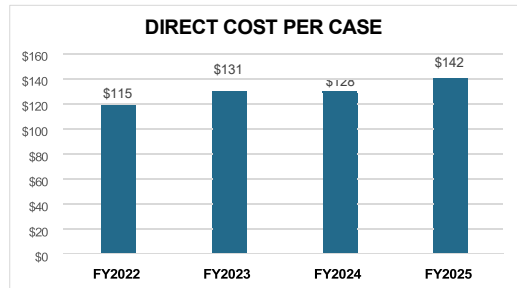
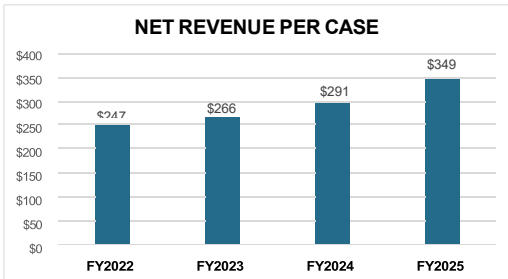


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	1,198	1,106	1,100	1,078	q -2%	
NET REVENUE	\$295,780	\$294,514	\$319,550	\$375,933	p 18%	
ADDITIONAL REIMB	\$882	\$5,415	\$11,119	\$34,287	p 208%	
DIRECT COST	\$137,976	\$144,533	\$140,554	\$153,292	p 9%	
CONTRIBUTION MARGIN	\$157,804	\$149,981	\$178,996	\$222,641	p 24%	
INDIRECT COST	\$80,483	\$90,541	\$88,756	\$90,301	p 2%	
NET INCOME	\$77,320	\$59,441	\$90,240	\$132,340	p 47%	
NET REVENUE PER CASE	\$247	\$266	\$291	\$349	p 20%	
DIRECT COST PER CASE	\$115	\$131	\$128	\$142	p 11%	
ADD REIMB PER CASE	\$1	\$5	\$10	\$32	p 215%	
CONTRB MARGIN PER CASE	\$132	\$136	\$163	\$207	p 27%	

PER CASE TRENDED GRAPHS

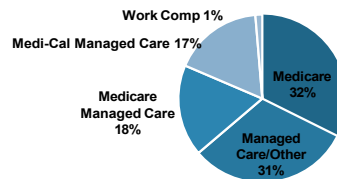


PAYER MIX - 4 YEAR TREND (Cases)

*Annualized

PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	24%	31%	30%	32%
Managed Care/Other	33%	33%	33%	31%
Medicare Managed Care	13%	16%	18%	18%
Medi-Cal Managed Care	27%	19%	16%	17%
Work Comp	1%	1%	2%	1%

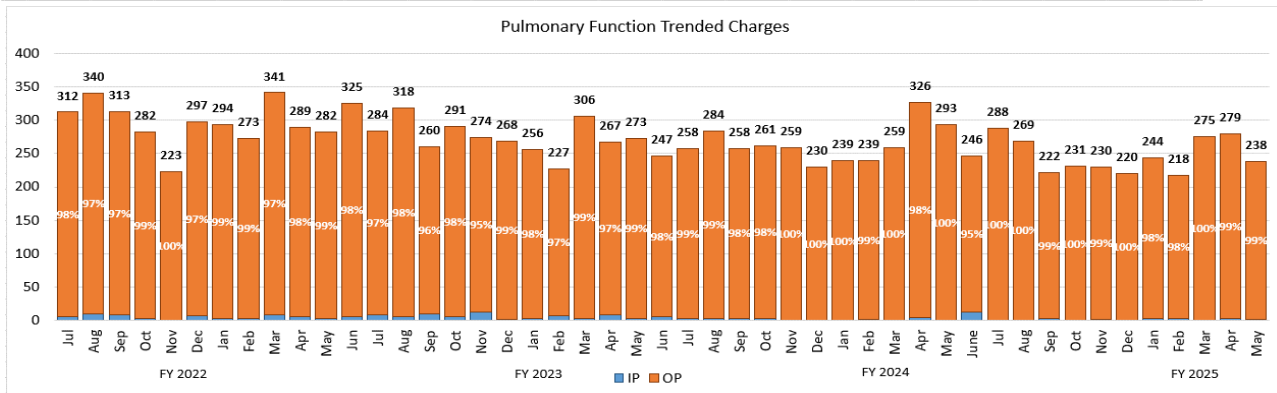
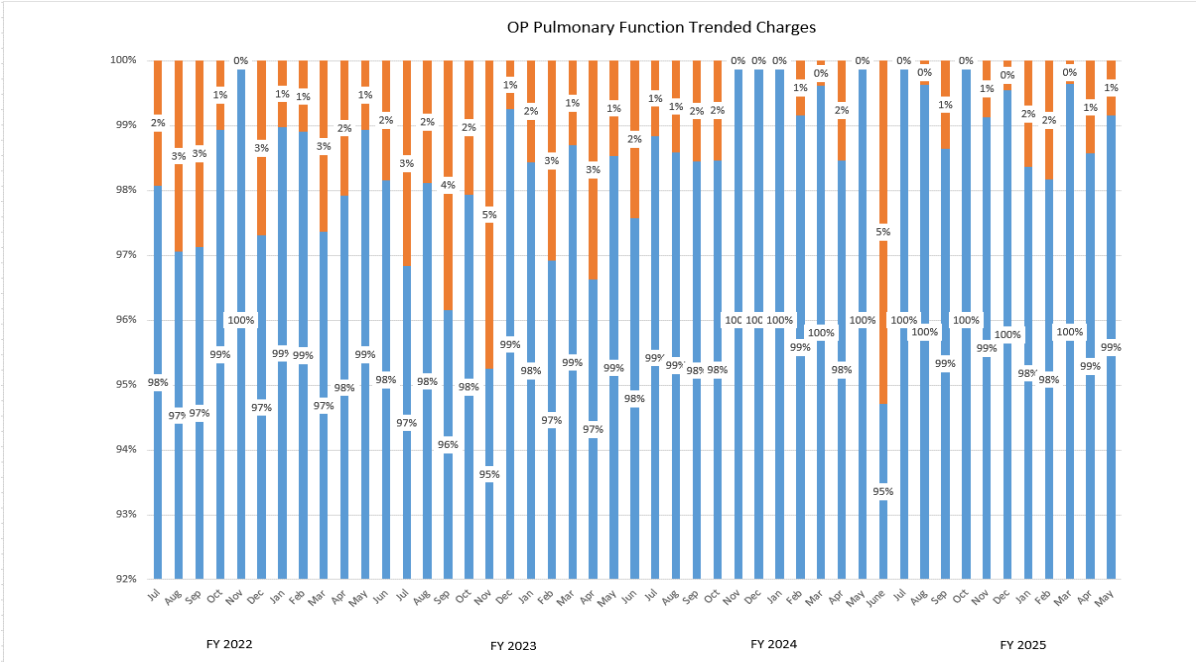
FY 2025 PAYER MIX



Respiratory Services - Pulmonary Function

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025

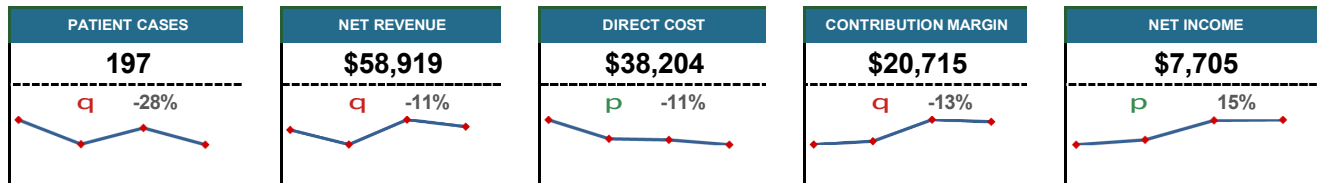
KEY METRICS - FY 2025



Note:
 Source: Outpatient Service Line Report
 Selection Criteria: Service Line 1 = Respiratory Services and Service Line 2 = Pulmonary Function
 Second Chart is based off of Pulmonary Charges

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025

KEY METRICS - FY 2025

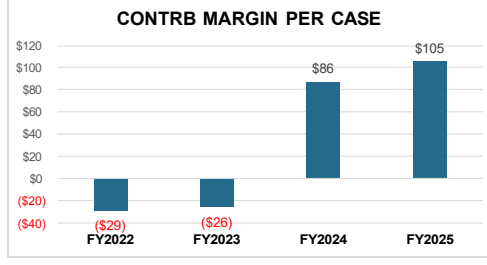
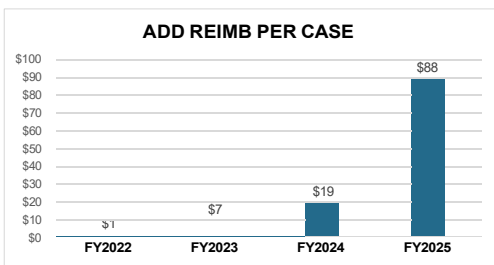
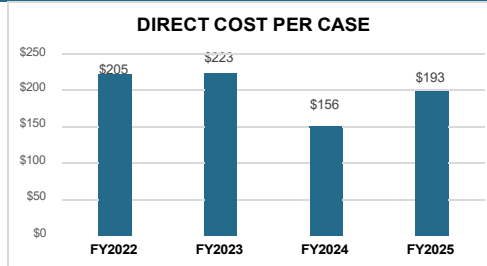
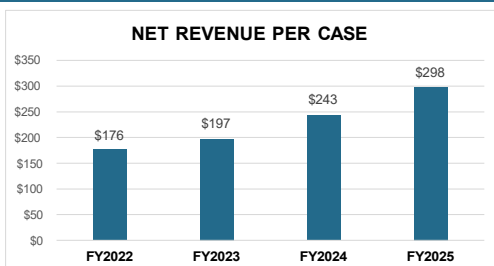


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	313	200	274	197	q -28%	
NET REVENUE	\$55,162	\$39,420	\$66,570	\$58,919	q -11%	
ADDITIONAL REIMB	\$285	\$1,343	\$5,077	\$17,470	p 244%	
DIRECT COST	\$64,303	\$44,529	\$42,877	\$38,204	q -11%	
CONTRIBUTION MARGIN	(\$9,141)	(\$5,109)	\$23,694	\$20,715	q -13%	
INDIRECT COST	\$18,620	\$15,916	\$16,990	\$13,010	q -23%	
NET INCOME	(\$27,761)	(\$21,024)	\$6,704	\$7,705	p 15%	
NET REVENUE PER CASE	\$176	\$197	\$243	\$298	p 23%	
DIRECT COST PER CASE	\$205	\$223	\$156	\$193	p 24%	
ADD REIMB PER CASE	\$1	\$7	\$19	\$88	p 377%	
CONTRB MARGIN PER CAS	(\$29)	(\$26)	\$86	\$105	p 21%	

PER CASE TRENDED GRAPHS

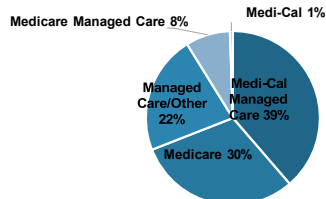


PAYER MIX - 4 YEAR TREND (Cases)

*Annualized

PAYER	FY2022	FY2023	FY2024	FY2025
Medi-Cal Managed Care	46%	37%	32%	39%
Medicare	18%	23%	28%	30%
Managed Care/Other	29%	34%	25%	22%
Medicare Managed Care	4%	3%	13%	8%

FY 2025 PAYER MIX



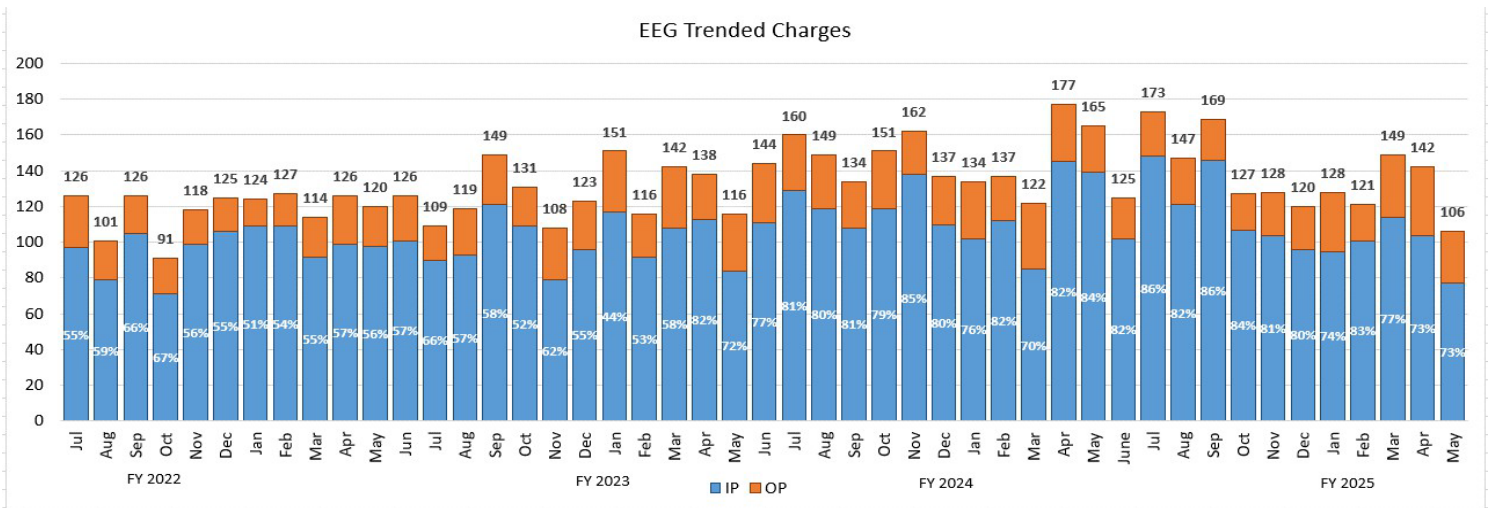
KAWEAH HEALTH ANNUAL BOARD REPORT

Respiratory Services - *Outpatient EEG*

FY2025

FY 2025 ELEVEN MONTHS ENDED MAY 31, 2025

KEY METRICS - FY 2025



Note:
 Source: Outpatient Service Line Report
 Selection Criteria: Service Line 1 = Respiratory Services and Service Line 2 = EEG
 Chart is based off of EEG Charges

REPORT TO THE BOARD OF DIRECTORS

The Lifestyle Fitness Center

Patrick Tazio, Director
(559) 624-3407
July 23, 2025

Summary Issue/Service Considered

1. Providing medically based health and fitness services for the prevention and rehabilitation of lifestyle-related illnesses.
2. Ensuring that the Lifestyle Fitness Center continues to provide a full continuum of programs and services to the community.

Analysis of financial/statistical data:

The Lifestyle Fitness Center has continued to see a strong post-pandemic recovery. Net Revenue has increased by 24% over the past four years. The FY 2025 contribution margin of \$862,567 is the highest of the prior four years, which is 10% higher than FY 2024.

Membership enrollment continues to remain steady at just under 11,000 active members. This is a 1% growth over the prior year and 6% over the past four years.

UOS (Units of Service) are calculated on the number of members per month added cumulatively over the budget year.

Net revenue per UOS for FY 2025 is \$33.09, which is also higher than the previous four fiscal years. However, direct expenses have also increased by 5% in FY25 primarily related to the Health Care Minimum Wage adjustments, and Building & Equipment Repairs.

This resulted in a contribution margin of \$6.62 per UOS in 2025 versus \$6.07 per UOS in 2024, currently the highest seen in the last four fiscal years.

Quality/Performance Improvement Data

As of June 30, 2025 there are 10,939 members currently enrolled at the Center, 52% Female and 48% Male, 43% are regularly community memberships, 16% are Silver Sneakers (Medicare Advantage) memberships, 19% are Kaweah Health employee memberships, 12% are senior memberships, 2% corporate memberships, 2% student memberships, and 4% PRIME (Private Health Insurance). Increased enrollment has also increased daily utilization with over 41,000 member and guest check-ins monthly, averaging 1,400 visits daily and close to 500,000 annually.

Prior to COVID-19, we already had a well-established cleaning schedule for the equipment. However, we have increased our cleaning frequency and installed additional hand-sanitizers throughout the facility. There are disinfectant spray bottles and cleaning towels placed on each piece of equipment. The strength and cardiovascular equipment are sanitized daily by Weight Room Instructors while the showers and locker rooms are sanitized by our nightly janitorial service.

Policy, Strategic or Tactical Issues

1. The Lifestyle Fitness Center has seen a steady increase in membership enrollments throughout the last two years up from 9,600 members in July 2023 to 10,939 in June of 2025. We reached a high of 11,235 in August 2025 but lost over 1,000 members in December of 2024 when United Health Care discontinued the Silver Sneakers Program as part of their plan coverage.
2. Club 50 – The Lifestyle Fitness Center staff's and facilitates a low-cost senior fitness program at The Boys & Girls Club on Mondays, Wednesdays and Fridays from 8 a.m. – 12 noon: serving over 200 members.
3. Quail Park – Personal Trainers from the Lifestyle Fitness Center provide exercise classes daily at the assisted living and memory care facilities.
4. Scholarships – The Lifestyle Fitness Center currently has 56 members with a medical need on a reduced rate scholarship and 80 scholarships available.
5. Community Benefits – The Lifestyle Fitness Center has contributed over \$45,000 in community benefits programs. Services are in the form of health screenings, lecture presentations, workshops, scholarships, community-based exercise programs, Club 50 at the Boys & Girls Club and membership donations.
6. Personal Trainers and Exercise Physiologist at the Center are continually researching new training methods to achieve the greatest benefits and results for our members. Group Exercise Classes are closely monitored, adding new formats to stay current with new fitness trends.
7. Aquatic Classes and Programs are routinely evaluated, adding new classes and services as trends change within the industry. Learn to swim programs and private swim lessons remain very popular, with classes filling quickly and a standing waiting list.
8. The men's and women's dry saunas in the pool area continue to be very popular and highly utilized but are undersized based on their usage. We are currently preparing to remodel and update the Men's and Women's Locker Rooms, adding the saunas as an amenity to those areas.

Recommendations/Next Steps

1. Work closely with the Marketing Department to continue developing strong membership campaigns to attract new members and maintain a strong brand image.
2. Closely monitor enrollments and cancellations of members.
3. Focus on the retention of existing members.
4. Closely monitor financial performance and adjust expenses accordingly.
5. Continue to promote Recovery Services (cryo-therapy and compression-therapy) as ancillary revenue and service line.
6. Plan to replace the front entry doors, replace a line of strength equipment, paint the lap pool and windowsills, replace the pool grates, restore the wood floors in the gymnasium and group exercise room.
7. Prepare for a membership rate adjustment scheduled for April 2026.

Approvals/Conclusions

In the coming year, The Lifestyle Center will focus on:

1. Maintaining strong Membership Enrollment Campaigns.
2. Continuing to build a customer base with our Recovery Services.
3. Continuing to review profitability and contribution margin to identify opportunities for volume growth, cost containment, member satisfaction and employee engagement.
4. Continue to provide World-Class Service to our members and the community.
5. Continue to be the Medical Fitness Center of choice for our community.

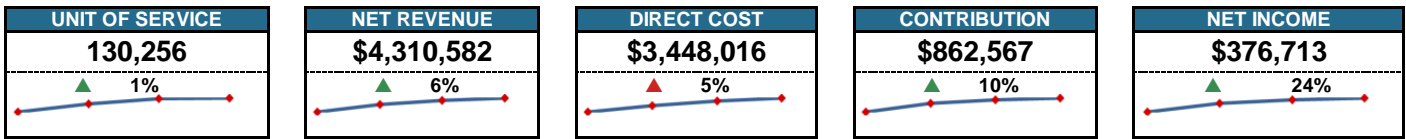
KAWEAH HEALTH ANNUAL BOARD REPORT

Kaweah Health Lifestyle Fitness Center

FY2025

*FY2025 Annualized: ELEVEN MONTHS ENDED MAY 31, 2025

KEY METRICS - FY 2025 ANNUALIZED

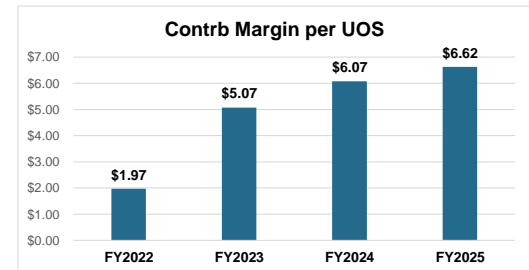
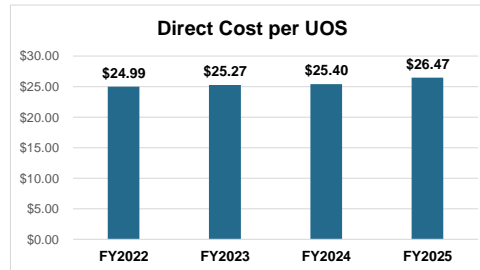
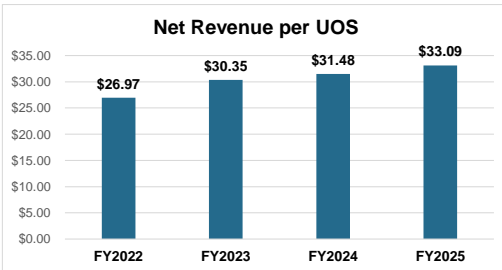


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Unit of Service (Members)	110,022	121,429	129,507	130,256	▲ 1%	
Net Revenue	\$2,966,811	\$3,684,873	\$4,076,654	\$4,310,582	▲ 6%	
Direct Cost	\$2,749,898	\$3,068,663	\$3,289,918	\$3,448,016	▲ 5%	
Contribution Margin	\$216,913	\$616,210	\$786,736	\$862,567	▲ 10%	
Indirect Cost	\$410,382	\$452,930	\$483,061	\$485,854	▲ 1%	
Net Income	(\$193,469)	\$163,280	\$303,675	\$376,713	▲ 24%	
Net Revenue per UOS	\$26.97	\$30.35	\$31.48	\$33.09	▲ 5%	
Direct Cost per UOS	\$24.99	\$25.27	\$25.40	\$26.47	▲ 4%	
Contrb Margin per UOS	\$1.97	\$5.07	\$6.07	\$6.62	▲ 9%	

PER CASE TRENDED GRAPHS



- Lifestyle Center - TLC

July	11,157
August	11,235
September	11,223
October	11,185
November	11,159
December	10,360
January	10,388
February	10,480
March	10,657
April	10,738
May	10,819
Totals	119,401

Notes:

Source: Non-Cerner Service Line Report, Lifestyle Fitness Center

Patient Experience Committee – July 9, 2025

Kaweah Delta Health Care District

Board of Directors Committee

Meeting Minutes

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

Patient Experience Committee – OPEN MEETING

Wednesday July 9, 2025

Kaweah Health Medical Center – Executive Office Conference Room

Present: Director: Mike Olmos (Chair) & Armando Murrieta; Gary Herbst, Chief Executive Officer; Marc Mertz, Chief Strategy Officer; Deborah Volosin, Director of Patient & Community Experience; Sintayehu Yirgu, Patient Experience Advocate; Teresa Bobadilla, Patient Experience Data Analyst; and Lisette Mariscal, Recording

CALL TO ORDER – This meeting was called to order at 4:02 PM by Mike Olmos.

PUBLIC/MEDICAL PARTICIPATION – There was no public or medical participation.

PATIENT EXPERIENCE –

- 1.1. Deborah Volosin provided a report on the current phases of the Patient Experience initiative. (see Attachment 1.1 of the agenda)
- 1.2. Teresa Bobadilla presented the latest data from HCAHPS survey and reviewed the Patient Experience dashboard. (see Attachment 1.2 of the agenda)
- 1.3. Sintayehu Yirgu reported on patient rounding metrics for the month of June. (see Attachment 1.3 of the agenda)
- 1.4 – 1.7. Discussion on agenda items 1.4 through 1.7 were deferred.

Adjourned at 5:17 PM

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.

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

Quality Council Committee – June 17, 2025

OPEN Quality Council Committee

Thursday, July 17, 2025

The Lifestyle Center Conference Room

Attending: Board Members: Mike Olmos (Chair) & Dr. Dean Levitan, Board Member; Gary Herbst, CEO; Sandy Volchko, Director of Quality & Patient Safety; Schlene Peet, Interim Chief Nursing Officer; Mark Mertz, Chief Strategy Officer; Ryan Gates, Chief Ambulatory Officer; Dr. Lamar Mack, Medical Director of Quality & Patient Safety; Amy Baker, Director of Specialty Clinics; Connie Green, Nurse Manager; Cody Ericson, RN-Advanced Practice Nurse; Shawn Elkin, Infection Prevention Manager; Erika Pineda, Quality Improvement Manager; Kyndra Licon – Recording.

Mike Olmos called to order at 7:30 AM.

Approval of Closed Session Agenda: Dr. Dean Levitan made a motion to approve the closed agenda, there were no objections.

Mike Olmos adjourned the meeting at 7:31 AM.

Public Participation – None.

Mike Olmos called to order at 8:00 AM.

- 3. Review of June Quality Council Open Session Minutes** – Mike Olmos, Committee Chair; Dr. Dean Levitan, Board Member.
 - Reviewed and acknowledged the June Quality Council Open Session Minutes by Dr. Dean Levitan and Mike Olmos. No further actions.
- 4. Written Quality Reports** – A review of key quality metrics and actions associated with the following improvement initiatives: – Reports reviewed and attached to minutes. No action taken.
 - 4.1 Best Practice Teams**
 - 4.2 Diabetes Committee Quality Report**
- 5. Kaweah Health Dialysis Report** – A review of key performances indicators and actions associate with care of dialysis patient population. – Reports reviewed and attached to minutes. No action taken. Trend on volume and not percentage.
- 6. Clinical Quality Goals Update**- A review of current performance and actions focused on the clinical quality goals for Healthcare Acquired Infections and Sepsis. – Reports reviewed and attached to minutes. No action taken.

Adjourn Open Meeting – *Mike Olmos, Committee Chair*

Mike Olmos adjourned the meeting at 9:09 AM.

Special Open Board Meeting – June 12, 2025

SPECIAL MINUTES OF THE OPEN SPECIAL MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD THURSDAY JUNE 12, 2025, AT 4:00PM IN THE GME WEST CLASSROOM 5TH FLOOR SUPPORT SERVICES BUILDING – 520 W. MINERAL KING AVENUE, VISALIA, CA.

PRESENT: Directors Olmos, Havard Mirviss, & Levitan; G. Herbst, CEO; M. Tupper, CFO; B. Cripps, Chief Compliance Officer; D. Cox, Chief Human Resource Officer; R. Gates; Chief Ambulatory Officer; M. Mertz, Chief Strategy Officer; S. Peet, CNO; D. Leeper, Chief Information Officer; P. Stefanacci, Chief Medical Officer; R. Berglund, Legal Counsel; and K. Davis, recording

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

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

FLAG SALUTE- Director Olmos lead the flag salute.

Director Olmos asked for approval of the agenda.

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

PUBLIC PARTICIPATION – None.

ANNUAL OPERATING & CAPITAL BUDGET – A Review and discussion of the annual operating and capital budget strategies. Copy attached to the original of the minutes and to be considered a part thereof.

ADJOURN - Meeting was adjourned at 5:47PM

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

Special Open Board Meeting – June 25, 2025

SPEICAL MINUTES OF THE OPEN SPECIAL MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JUNE 25, 2025, AT 3:45PM IN THE CITY OF VISALIA COUNCIL CHAMBERS – 707 W ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Murrieta & Levitan; G. Herbst, CEO; M. Tupper, CFO; B. Cripps, Chief Compliance Officer; D. Cox, Chief Human Resource Officer; R. Gates; Chief Ambulatory Officer; M. Mertz, Chief Strategy Officer; S. Peet, CNO; D. Leeper, Chief Information Officer; P. Stefanacci, Chief Medical Officer; R. Berglund, Legal Counsel; and K. Davis, recording

The meeting was called to order at 3:45 PM by Director Olmos.

PUBLIC PARTICIPATION – None.

APPROVAL TO INITIATE EXECUTIVE SEARCH FOR CHIEF EXECUTIVE OFFICER AND ENGAGE A SEARCH FIRM – The District’s current Chief Executive Officer has announced retirement, and the Board seeks to begin the process of identifying a successor. This item requests board approval to retain a professional executive search firm experienced in healthcare leadership recruitment to ensure a qualified and competitive selection process.

PUBLIC PARTICIPATION – None.

Director Olmos asked for the board to authorize the initiative of an executive recruitment process for the position of Chief Executive Officer and approve an agreement with Peak Recruiters a qualified executive search firm to assist with the recruitment process.

MMSC (Havard Mirviss/Levitan) to approve the authorization of the initiative of an executive recruitment process for the position of Chief Executive Officer and approve an agreement with Peak Recruiters a qualified executive search firm to assist with the recruitment process. This was supported unanimously by those present. Vote: Yes – Francis, Murrieta, Havard Mirviss, Olmos and Levitan.

ADJOURN - Meeting was adjourned at 3:54PM

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

ATTEST:

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

Regular Open Board Meeting – June 25, 2025

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JUNE 25, 2025, AT 4:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Levitan & 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 Ambulatory Officer; M. Mertz, Chief Strategy Officer; S. Peet, CNO; D. Leeper, Chief Information Officer; P. Stefanacci, Chief Medical Officer; R. Berglund, Legal Counsel; and K. Davis, recording

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

PUBLIC PARTICIPATION –None.

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 JUNE 25, 2025, AT 4:30PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss, Murrieta & Levitan; G. Herbst, CEO; D. Hightower, Chief of Staff; M. Tupper, CFO; B. Cripps, Chief Compliance Officer; D. Cox, Chief Human Resource Officer; R. Gates; Chief Ambulatory Officer; M. Mertz, Chief Strategy Officer; S. Peet, CNO; D. Leeper, Chief Information Officer; P. Stefanacci, Chief Medical Officer; R. Berglund, Legal Counsel; and K. Davis, recording

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

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

FLAG SALUTE- Director Murrieta lead the flag salute.

Director Olmos has announced that an items has come to the attention of the board regarding expedited medical staff privilege form revisions (1 form) not listed on today’s agenda. The request relates to a new procedure that if we did not approve now would cause patient harm and delay of care, which has created an urgent need to maintain patient safety and continuity of care.

Because this issue arose after the agenda was posted, and delaying action until the next meeting would create risk to patient care, I am going to ask the Board to consider whether we may add the item under the Brown Act’s immediate need exception, as outlined in Government Code section 54954.2(b)(2). With that being said, I’ll now entertain a motion to add an item to the agenda titled: Privileges in Critical Care, Pulmonary and Sleep Medicine. This motion requires a two-thirds vote of the board members present.

MMSC(Francis/Havard Mirviss) to approve the board add the item to the agenda under government code 54954.2(b)(2).

Director Olmos stated the motion passed unanimously and this item will be added to the agenda as item under the consent calendar 10.4.B.

PUBLIC PARTICIPATION – None.

CLOSED SESSION ACTION TAKEN: approval of the closed meeting minutes from May 20 and May 28, 2025.

RECOGNITIONS- Resolution 2258, 2259, 2260.

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 to approve the Medical Executive Committee recommendations on appointments and other credentialing activity regarding clinical privileges and staff membership as presented.

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

CONSENT CALENDAR – Director Olmos entertained a motion to approve the June 25, 2025, consent calendar. Director Murrieta pulled consent item 10.6.B for discussion.

PUBLIC PARTICIPATION – None.

MMSC (Francis/Havard Mirviss) to approve the June 25, 2025, consent calendar except 10.6.B. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Levitan, Murrieta and Francis.

Agenda item 10.6.B was pulled to make sure the community was aware that the Board will be taking stipends now.

CONSENT CALENDAR – Director Olmos entertained a motion to approve the June 25, 2025, consent calendar with item 10.6.B.

PUBLIC PARTICIPATION – None.

MMSC (Murrieta/Havard Mirviss) to approve the June 25, 2025, consent calendar with 10.6.B. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Levitan, Murrieta and Francis.

STRATEGIC INITIATIVE- OUTSTANDING HEALTH OUTCOMES – A detailed review of strategic plan initiative. Copy attached to the original of the minutes and to be considered a part thereof.

FINANCIALS – A detailed review of the most current fiscal year financial results. Copy attached to the original of the minutes and to be considered a part thereof.

ANNUAL OPERATING AND CAPITAL BUDGET – A detailed review of the full strategic plan initiatives for fiscal year 2026. Copy attached to the original of the minutes and to be considered a part thereof.

Public Participation – None.

Director Olmos called for a motion to approve the FY26 annual operating and capital budget as presented.

MMSC (Havard Mirviss/ Francis) to approve the FY26 annual operating and capital budget as presented.

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

REPORTS

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

Board President- None. – *Mike Olmos, Board President*

ADJOURN - Meeting was adjourned at 6:21PM

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

AP. 18 Foreign Language Forms, Signs, etc.

Policy Number: AP18	Date Created: 06/01/1998
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Set
Approvers: Board of Directors (Administration)	
Foreign Language Forms, Signs, Etc. Foreign Language Forms, Signs, Etc.	



**Kaweah Delta
Health Care District**

Subcategories of Department Manuals
not selected.

Policy Number: AP18	Date Created: 06/01/1998
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Set
Approvers: Board of Directors (Administration)	
Foreign Language Forms, Signs, Etc. Foreign Language Forms, Signs, Etc.	

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

POLICY: To ensure quality of translation, all forms, signs, pamphlets, brochures, etc., produced for display on or distribution by Kaweah Delta Health Care District, in a language other than English, will be coordinated through the Marketing and Interpreter Services Departments. ~~to provide proper content and structure meeting District standards.~~

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

Vascular Surgery Privilege Form

Privileges in Vascular Surgery

Name: _____

Please Print

VASCULAR SURGERY

Education & Training: MD or DO; **AND** Successful completion of a general surgery residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA) or by the Royal College of Physicians & Surgeons of Canada if board certified by an ABMS board or actively pursuing board certification by an American Board/American Osteopathic Board within 5 years; **AND** successful completion of an accredited vascular surgery fellowship ; **AND** current board certification or actively pursuing certification by the American Board/American Osteopathic Board of Vascular Surgery within 5 years.

Current Clinical Competence: Documentation of the performance of at least 100 vascular procedures in the past 2 years, the majority being reconstructive; (excluding cardiac surgery) or successful completion of a residency or clinical fellowship in the past 12 months

Renewal Criteria: Maintenance of Board Certification and documentation of 70 procedures reflective of the privileges requested.

FPPE: Direct observation of a minimum of five (5) diverse procedures

Request	CORE PRIVILEGES	Approve
<input type="checkbox"/>	VASCULAR SURGERY CORE PRIVILEGES INCLUDE: Medical H&P (may include telehealth); work up, diagnosis, ordering and prescribing medication, ordering diagnostic tests, as well as surgical and non-surgical treatment of patients of all ages presenting with diseases/disorders of the arterial, venous, and lymphatic circulatory systems, excluding the heart and intracranial vessels. Vascular surgery procedures include but are not limited to: <ul style="list-style-type: none"> • Abdominal aortic aneurysm repair • Amputations, upper extremity, lower extremity; • Aneurysmectomy • Angio-access for dialysis, chemotherapy • Central vascular access, permanent: fistula, graft, shunt • Embolectomy (non-dialysis access related); arterial, graft, venous • Endarterectomy - Carotid; Peripheral • Endovascular abdominal and thoracic aneurysm repair • Endovascular percutaneous interventions/repairs • Intraoperative angiography • Peripheral arterial bypass grafts - Obstructive bypass • Peripheral venous procedures (includes varicose veins) • Skin Grafts 	<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active staff status)	<input type="checkbox"/>

Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Peripheral and Carotid Angiography - Includes: Subclavian, Axillary, Brachial (not by axillary approach) Renals, Common Carotid, Vertebral and Internal Carotid (diagnostic only) Prerequisite: Fluoroscopy	Documentation of 100 diagnostic angiograms (at least 50 as primary) in the last 2 years.	25 Diagnostic angiograms in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Peripheral Vascular Interventions (peripheral balloon, stent placement, artherectomy and peripheral catheter directed thrombolysis). Includes: Abdominal Aorta; Use of approved artherectomy devices; Femoropopliteal, Subclavian, Axillary, Brachial (not by axillary approach) Infrapopliteal, Renals Prerequisite: Peripheral Angiography	Meets initial training criteria OR , if trained before 1995, must have performed at least 50 peripheral balloon angioplasties (25 as primary operator within the last 2 years.	25 balloon angioplasties and/or stent placements in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Carotid Interventions (Includes: carotid stenting and angiography)	Meets initial training criteria OR documentation of 30 Cervico-cerebral angiograms (15 as primary) & 25 carotid stent procedures (13 as primary)	10 procedures in the last two years.	<input type="checkbox"/>

ADVANCED PROCEDURES				
FPPE: Direct observation of the first 3 cases of each privilege granted, except Hyperbaric which requires the first 2 cases observed and charts reviewed. Direct observation of 2 TCAR procedures. <u>Direct observation of 2 Detour PTAB procedures.</u>				
Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Laparoscopic placement of peritoneal dialysis catheter	Completion of General Surgery Residency OR Fellowship in Vascular Surgery AND documentation of 10 procedures in the last 2 years	5 procedures in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	TransCarotid Artery Revascularization (TCAR)	Completion of Fellowship in Vascular Surgery AND Minimum of 3 TCAR procedures in the last 2 years, OR documentation of TCAR training certification.	3 TCAR procedures in the last 2 years as primary operator	<input type="checkbox"/>
<input type="checkbox"/>	Wound Care: Surgical debridement of wounds, transcutaneous oximetry interpretation, complicated wound management, local and regional anesthesia, wound biopsy and preparation of wound bed and application of skin substitute	Meets initial criteria for core and documentation of a minimum of 20 procedures in the last two years.	Documentation of 5 procedures in the last 2 years.	<input type="checkbox"/>
<input type="checkbox"/>	Hyperbaric Oxygen Therapy	Document completion of a training program in hyperbaric oxygen therapy (HBOT) of a minimum of 40 hours, approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) AND 10 dives in the last 2 years.	Documentation of 20 dives in the last 2 years.	<input type="checkbox"/>
<input type="checkbox"/>	Barostim Neo System – Implant (prerequisite: hold current Endarterectomy privileges)	Demonstrated current competence & evidence of performance with successful completion of at least 2 proctored cases by the Vendors Senior Clinical, Vendors Field Trainer, or a physician that currently performs the procedure.	Documentation of at least 5 cases in the last 2 years.	<input type="checkbox"/>
<input type="checkbox"/>	<u>Detour PTAB Procedure</u> (prerequisite: vascular core privileges)	<u>Documentation of successful completion of a didactic/hands on training by Endologix or at an offsite training course approved by Endologix. AND 1 procedure in the last 2 years.</u>	<u>2 procedures in the last 2 years</u>	<input type="checkbox"/>
ADDITIONAL PROCEDURES				
FPPE: None				
Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Fluoroscopy	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	<input type="checkbox"/>
<input type="checkbox"/>	Procedural Sedation	Pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	Pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	<input type="checkbox"/>
<input type="checkbox"/>	Outpatient Services at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: <u>__Dinuba __Exeter __Lindsay __Tulare</u> <u>__Valencia __Woodlake __KHMC – Akers</u> <u>__KHMC – Willow Specialty 202 __KHMC – Willow 502 __Specialty Clinic __Wound Care Center __Sequoia Cardiology Clinic</u> <u>__Tulare Cardiology Clinic</u>	Initial Core Criteria AND Contract for Outpatient Clinical services with Kaweah Delta Health Care District.	Maintain initial criteria	<input type="checkbox"/>

Acknowledgment of Practitioner:

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

- (a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

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

Name: _____
Print

Signature: _____
Applicant _____
Date

Signature: _____
Department of Cardiovascular Services Chair _____
Date

Bylaws- Rules & Regulations Recommendations

July 17, 2025

Attached are the Medical Staff Approved Proposed Bylaws & Rules and Regulations Revisions forwarded to the Board of Directors

Vote Statistics:

Sent to Active & Active-Voting Medical Staff Members (275)

Bylaws 2.A.2

Approve	83.05%	49
Not Approve	11.86%	7
Abstain	5.08%	3

Bylaws 10.H.

Approve	93.10%	54
Not Approve	1.72%	1
Abstain	5.17%	3

Bylaws 2.B.2

Approve	80.70%	46
Not Approve	15.79%	9
Abstain	3.51%	2

Bylaws 17.B.

Approve	81.36%	48
Not Approve	11.86%	7
Abstain	6.78%	4

Bylaws 3.A.1, 2, 3

Approve	89.47%	51
Not Approve	7.02%	4
Abstain	3.51%	2

Rules and Regulations 7.1.d

Approve	81.03%	47
Not Approve	10.34%	6
Abstain	8.62%	5

Bylaws 3.B.1, 2

Approve	89.66%	52
Not Approve	6.90%	4
Abstain	3.45%	2

Rules and Regulations 7.3.a; 7.4.c

Approve	93.10%	54
Not Approve	3.45%	2
Abstain	3.45%	2

Bylaws 4.A.1

Approve	91.38%	53
Not Approve	5.17%	3
Abstain	3.45%	2

Rules and Regulations 3.2.q

Approve	78.95%	45
Not Approve	15.79%	9
Abstain	5.26%	3

Bylaws 4.A.7

Approve	91.38%	53
Not Approve	3.45%	2
Abstain	5.17%	3

Bylaws 5.B.1

Approve	87.93%	51
Not Approve	6.90%	4
Abstain	5.17%	3

Medical Staff Bylaws and Rules
Proposed Revisions – July 2025

BYLAWS

2.A.2 Waiver of Threshold Eligibility Criteria:

Insofar as is consistent with applicable laws, the Board has the discretion to deem an applicant to have satisfied a qualification, based upon the recommendation of the applicable clinical department, Credentials Committee, and the MEC, if it determines that the applicant has demonstrated he or she has substantially comparable qualifications and that this waiver is necessary to serve the best interests of the patients and of the District. There is no obligation to grant any such waiver, and applicants have no right to have a waiver considered and/or granted. An applicant who is denied a waiver or consideration of a waiver shall not be entitled to any hearing and appeal rights under these Bylaws.

The granting of a waiver in a particular case does not set a precedent for any other applicant or group of applicants. An application for appointment that does not satisfy an eligibility criterion will not be processed unless and until the Board has determined that a waiver will be granted.

2.B.2 Burden of Providing Information:

- (c) An application shall be complete when all questions on the application form have been answered, all supporting documentation has been supplied, and all information has been verified from primary sources. An application shall become incomplete if the need arises for new, additional, or clarifying information at any time during the credentialing process. Any application that continues to be incomplete ~~90~~ 30 days after the applicant individual has been notified of the additional information required shall be deemed to be withdrawn.

Rationale: adding language to prohibit applicants with restricted licenses to be eligible for a waiver

3.A ACTIVE ~~-VOTING~~ STAFF

3.A.1 Qualifications:

The Active ~~-Voting~~ Staff shall consist of physicians, dentists, oral surgeons, podiatrists, and psychologists who:

- (a) ~~M~~mmeet the general qualifications for membership as set forth in section 2.A.1;
(b) are involved in at least 24 patient contacts at the District (as defined in the Bylaws) per two-year appointment term;
(~~b~~c) have expressed a willingness to contribute to Medical Staff functions and/or demonstrated a commitment to the Medical Staff and District through service on District or Medical Staff committees and/or active participation in performance improvement or professional practice evaluation functions.
(c) at each reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical

Medical Staff Bylaws and Rules Proposed Revisions – July 2025

competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from insurers or managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

3.A.2 Prerogatives:

Active-~~Voting~~ Staff members may:

- (a) admit patients without limitation, except as otherwise provided in the Bylaws, Rules and Regulations, or policies;
- (b) attend and vote at all general and special meetings of the Medical Staff and applicable department, division, and committee meetings;
- (c) hold office, serve as department chairs and division chairs, serve on Medical Staff committees, and serve as chairs of committees; and
- (d) exercise such clinical privileges as are granted to them.

3.A.3 Responsibilities:

Active-~~Voting~~ Staff members must assume all the responsibilities of membership on the Active-~~Voting~~ Staff, including:

- (a) serving on committees, as requested;
- (b) participating in the evaluation of new members of the Medical Staff;
- (c) participating in the professional practice evaluation and performance improvement processes (including constructive participation in the development of clinical practice protocols and guidelines pertinent to their medical specialties);
- (d) accepting inpatient consultations, when requested by another member of the Medical Staff;
- (e) paying application fees, dues, and assessments; and
- (f) performing assigned duties.

3.B. ~~COURTESY ACTIVE NON-VOTING~~ STAFF

3.B.1 Qualifications:

The ~~Courtesy Active Non-Voting~~ Staff shall consist of physicians, dentists, oral surgeons, podiatrists, and psychologists who:

- (a) meet the general qualifications for membership as set forth in section 2.A.1; ~~and~~ (b) are involved in a minimum of six, but fewer than 24, patient contacts at the District (as defined in the Bylaws) per two-year appointment term;
- (b) at each reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from insurers or managed care

Medical Staff Bylaws and Rules Proposed Revisions – July 2025

organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

3.B.2 Prerogatives and Responsibilities:

~~Courtesy~~ ~~Active Non-Voting~~ Staff members:

- (a) may attend and participate in Medical Staff, department, and division meetings (without vote);
- (b) may not hold office or serve as department chairs, division chairs, or committee chairs (unless waived by the MEC);
- (c) may be invited to serve on committees (with vote);
- (d) shall cooperate in the professional practice evaluation and performance improvement processes, including the evaluation of new members of the Medical Staff;
- (e) shall accept inpatient consultations when requested by another member of the Medical Staff;
- (f) may exercise such clinical privileges as are granted to them; and
- (g) shall pay application fees, dues, and assessments.

Rationale: Updated category names to revert back to previous version. Defined the patient contact range for Active & Courtesy Staff and updated responsibilities and committee participation rights.

4.A.1 Application:

- (d) ~~Applications may be processed and reviewed by Medical Staff leadership and approved by the Board contingent upon the applicant providing evidence that a California license, completion of residency/fellowship program, adequate professional liability insurance, and work permit (if applicable) have been obtained. Any grant of appointment and/or clinical privileges by the Board shall become effective only upon such demonstration.~~

Rationale: 4.A.1(c) already allows the medical staff to process applications from residents & fellow who are nearing the end of their training.

4.A.7 Board Action:

- (d) ~~Notice of Any final decision by the Board to grant or, deny , revise or revoke an application for appointment/reappointment and/or clinical privileges will be sent to the applicant/reapplicant, the Chief of Staff, and the CEO. When the Board takes final action on an application for appointment/reappointment and/or clinical privileges that is adverse to the applicant/reapplicant, following exhaustion or waiver of hearing and appeal rights the final action will be reported to the state licensing board and the National Practitioner Data Bank if required by law. ~~disseminated to appropriate individuals and, as required, reported to appropriate entities.~~~~

Medical Staff Bylaws and Rules
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Rationale: added provisions for notice

5.B.1. Eligibility to Request Temporary Clinical Privileges:

- (b)(3) the applicant demonstrates that (i) there are no pending or previous adverse actions against the applicant's license or DEA registration, and (ii) he or she has not been subject to involuntary termination of Medical Staff membership or involuntary limitation, reduction, denial, or loss of clinical privileges; at another health care facility;
- (5) the individual may exercise locum tenens privileges for a maximum of 120 days, consecutive or not, anytime during the 12-month period following the date they are granted, on the condition that the individual must inform the Medical Staff Services Department of any material change that has occurred to any of the information provided on the initial application for locum tenens privilege.

~~If an individual who has been granted locum tenens privileges has reason to exceed the 120-day maximum time frame referenced above, he or she may request a renewal of locum tenens privileges for an additional time period, not to exceed 120 days. Such requests shall be granted by the CEO, following review and favorable recommendation by the Chief of Staff and the relevant department chair. If any of those individuals have any concerns about the renewal request, it shall be forwarded to the full Credentials Committee for review and recommendation. If an individual is granted an additional 120-day renewal and still requires additional time, he or she must apply for full appointment to the Medical Staff.~~

Rationale: ensures that long-term or repeated assignments are subject to full vetting

10.H. VACANCIES

~~(a) Vacancies in office occur upon the death or disability, resignation, or removal of the officer, or such officer's loss of Active Staff membership.~~

~~(b) A vacancy in the office of Chief of Staff shall be filled by the Vice Chief of Staff for the remaining term (in addition to service out his/her own term as Chief of Staff, provided that the Vice Chief of Staff took office pursuant to an election rather than appointment by the MEC). and~~

~~(c) A vacancy in the office of Vice Chief of Staff shall be filled by the Secretary-Treasurer for the remaining term (in addition to service out his/her own term as Vice Chief of Staff, provided that the Secretary-Treasurer took office pursuant to an election rather than appointment by the MEC).~~

~~(d) In the event there is a vacancy in the office of Secretary-Treasurer, the MEC shall appoint an individual to fill that office for the remainder of the term or until a special election can be held, at the discretion of the MEC.~~

~~(e) If there is a concurrent vacancy in the office of Chief of Staff and Vice Chief of Staff, the MEC must appoint Medical Staff members to serve as interim officers to fill the offices of Chief of Staff and Vice Chief of Staff and must immediately appoint an ad hoc nominating committee to decide promptly upon nominees for both offices. Such nominees must be reported to the MEC and to the Medical Staff. A special election to fill the positions must occur within ninety (90) days of the vacancies, unless a regular election is scheduled to occur in that period of time.~~

**Medical Staff Bylaws and Rules
Proposed Revisions – July 2025**

(f) Any individual appointed to fill a vacant officer position must meet the qualifications in Section 9.1-2.

Rationale: Established procedures and succession plans for officer vacancies, including special elections

17.B. OTHER MEDICAL STAFF DOCUMENTS

(1) In addition to the Medical Staff Bylaws, there shall be policies, procedures, and Rules and Regulations that shall be applicable to all members of the Medical Staff and other individuals who have been granted clinical privileges or a scope of practice. All Medical Staff policies, procedures, and Rules and Regulations shall be considered an integral part of the Medical Staff Bylaws, but will be amended in accordance with this section.

(2) The Medical Staff delegates authority to the Medical Executive Committee to initiate and adopt such Rules and Regulations as it may deem necessary for the proper conduct of Medical Staff business. Recommended changes to the Rules and Regulations may be submitted to the Medical Executive Committee by any member of the Medical Executive Committee or by other Medical Staff committees. If the Medical Executive Committee proposes to adopt a change(s) to the Rules and Regulations, it must communicate the proposal to the Medical Staff in writing at least fifteen (15) days before it is adopted. .

(3) The Medical Executive Committee has the power to approve, on behalf of the Medical Staff, such amendments to the Rules and Regulations as are, in its judgment, technical modifications or clarifications, reorganization or renumbering of the Rules and Regulations, amendments made necessary because of punctuation, spelling, or other errors of grammar or expression, or inaccurate cross-references.

(4) All other policies of the Medical Staff may be adopted and amended by a majority vote of the Medical Executive Committee. No prior notice is required.

(5) Adoption of, and changes to, the Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.

(6) To the extent any existing Rule or Regulation is inconsistent with these Bylaws, it is of no force or effect.

Rationale: to simplify the manner in which revisions to the Rules can occur.

RULES

7.1 General

(d) General anesthesia for surgical procedures ~~will~~ is to be performed by an anesthesiologist or CRNA. ~~not be administered outside of the operating room unless the surgical and anesthetic procedures are considered lifesaving.~~

7.3 Monitoring During Procedure

(a) The anesthesiologist or CRNA shall insert appropriate notes into the patient's medical record on ~~approved paper or~~ electronic forms. Approved paper forms may be used during computer down-times. There must be an intraoperative anesthesia record or report for each patient who received general, regional or monitored anesthesia. The anesthesia record shall indicate the state

Medical Staff Bylaws and Rules Proposed Revisions – July 2025

of consciousness of the patient on arrival in the operating room and shall include all events occurring during the administration of the anesthetic. A paper or electronic original shall remain in the patient's medical record.

7.4 Post-Anesthesia Evaluations:

(c) The evaluation can occur in the Post-Anesthesia Care Unit ("PACU") or the ICU or other designated recovery location. The evaluation is required any time general, regional, or monitored anesthesia has been administered to the patient. Unusual post-anesthetic complications occurring in the PACU shall be recorded. The anesthesiologist or CRNA shall record his/her post-anesthetic evaluation on approved ~~paper or~~ electronic forms or, when necessary, in a progress note in the electronic medical record. Approved paper forms may be used during computer down-times. This evaluation shall contain a note of a post-anesthetic visit after the patient has recovered from anesthesia, describing the presence or absence of anesthesia-related complications. Exceptions may be warranted on outpatients discharged prior to this evaluation.

Rationale: clarification of anesthesia documentation

3.2 Content and Timeliness of Medical Record Documentation:

(q) All providers will use the digital problem list in the electronic medical record system and prioritize their diagnoses by importance.

Rationale: added new requirement for clinicians to prioritize diagnoses in the digital problem list

Rejection of Government Claim submitted by R.J. and H.J. related to "Alleged Negligence" as recommended by legal counsel pursuant to Government Code § 913

July 23, 2025

Nathaniel Leeds, Esq.
Mitchell Leeds, LLP
290 7th Avenue
San Francisco, CA 94118

Sent via Certified Mail
No.9589071052700415215287
Returned Receipt Requested

RE: Claim of R.J. and H.J. vs Kaweah Health Medical Center and Kaweah Health Care District

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on June 11, 2025, was rejected on its merits by the Board of Directors on July 23, 2025. Kaweah Delta Health Care District reserves the right to argue that this claim is untimely pursuant to Government Code sections 901 and 911.2

WARNING

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

Sincerely,

David Francis
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law



**Adoption of Resolution 2267 Approving 2025-2026
Tulare County California to Levy a Tax to Pay the
Principal of and Interest on General Obligation Bonds of
the District**

***KAWEAH HEALTH
FINANCE DIVISION MEMORANDUM***

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

FROM: Malinda Tupper, Chief Financial Officer
Jennifer Stockton, Director of Finance

DATE: July 17, 2025

SUBJECT: General Obligation Tax Resolution

On July 23, 2025, the Kaweah Health Board of Directors (the “**Board**”) will be asked to approve Resolution No. 2263 directing the County of Tulare to levy and collect, for the fiscal year July 1, 2025 to June 30, 2026, a tax sufficient to pay the principal and interest of the 2014 bonds (debt service schedule attached to the resolution).

History of the Bonds: In November of 2003, the residents of the Kaweah Delta Health Care District voted to approve the issuance of \$51 million of general obligation bonds. General Obligation (“GO”) bonds can be issued by governmental entities and are secured by property taxes of the residents that live within the boundaries of the entity. These taxes are in addition to the normal operating taxes collected by the County. The related GO bonds were issued by Kaweah Health in 2004 and the funds were used to construct improvements to the Kaweah Health facility that are currently referred to as the “Acequia Wing”. In 2014, the 2004 bonds were advance refunded in order to take advantage of favorable interest rates. With an advance refunding we are allowed to issue new bonds with new lower rates, and then pay off the old bonds that had higher rates.

Each year in July, Kaweah Health Finance representatives work with representatives of the County of Tulare to calculate the amount of tax to levy. The tax rate per \$100 is determined by utilizing the annual debt service on the bonds, the internal bond reserve funds, unsecured tax revenues and unitary revenues estimated by the County, and the total Kaweah Delta Health Care District secured property values as determined by the County.

A trend of the values utilized to determine the annual tax rate is attached.

For any questions regarding the documents, please contact Malinda Tupper at 624-4065 or Jennifer Stockton at 624-5536.

Kaweah Delta Health Care District
 Tax Rate Resolution - for submission to County of Tulare
 Debt Service of 2004 (2014 refi) General Obligation Bonds

Fiscal Year	25-26	24-25	23-24	22-23	21-22
Internal Reserve	\$ 1,930,980	\$ 1,952,555	\$ 1,635,832	\$ 1,785,239	\$ 1,521,611
Balance to be raised	\$ 3,262,939	\$ 3,681,520	\$ 3,594,816	\$ 3,514,268	\$ 3,444,469
Unsecured Value	\$ 1,502,885,029	\$ 1,498,385,757	\$ 1,286,828,333	\$ 1,096,631,965	\$ 917,599,514
Delinquency Rate	95%	95%	92%	96%	96%
Unsecured Revenue	\$ 210,071	\$ 229,294	\$ 190,964	\$ 189,748	\$ 147,992
Unitary Revenue	\$ 720,101	\$ 786,023	\$ 725,151	\$ 782,522	\$ 648,059
Secured Value	\$ 19,558,074,906	\$ 18,536,667,144	\$ 17,054,838,914	\$ 16,016,117,073	\$ 14,881,908,926
Delinquency Rate	97%	97%	97%	98%	98%
Secured Amount to Raise	\$ 2,332,767	\$ 2,666,201	\$ 2,678,701	\$ 2,541,998	\$ 2,648,418
Tax Rate - per \$100 of value	\$ 0.012212	\$ 0.014729	\$ 0.016044	\$ 0.016057	\$ 0.018020
Increase in Secured Values	\$ 1,021,407,762 5.5%	\$ 1,481,828,230 8.7%	\$ 1,038,721,841 6.5%	\$ 1,134,208,147 7.6%	\$ 791,323,035 5.6%

**BOARD OF DIRECTORS
KAWEAH DELTA HEALTH CARE DISTRICT**

RESOLUTION 2267

**A RESOLUTION DIRECTING TULARE COUNTY, CALIFORNIA, TO
LEVY A TAX TO PAY THE PRINCIPAL OF AND INTEREST ON
GENERAL OBLIGATION BONDS OF THE DISTRICT.**

WHEREAS, by Resolution No. 1312 (the "*Ballot Resolution*") adopted by the Board of Directors of Kaweah Delta Health Care District (the "*Board*") on July 22, 2003, the Board determined and declared that public interest and necessity demanded the acquisition, construction and/or reconstruction, improvement and equipping of additional health care facilities to expand Kaweah Delta Hospital of Kaweah Delta Health Care District (the "*District*"); and

WHEREAS, by the Ballot Resolution, the Board duly called an election to be held on November 4, 2003, for the purpose of submitting to the electors of the District a proposition to incur bonded indebtedness to finance all works, property, parking and structures necessary or convenient for the acquisition, improvement, construction and/or reconstruction of an expansion to Kaweah Delta Hospital, as more fully defined herein (the "*Project*"); and

WHEREAS, an election was held in the District on November 4, 2003, for the purpose of submitting to the qualified voters of the District a proposition for incurring bonded indebtedness of the District in the aggregate principal amount not to exceed \$51,000,000 to finance the Project; and

WHEREAS, the Registrar of Voters of Tulare County, California, duly canvassed the return of said election and, as the result of such canvass, certified to the Board that more than two-thirds of the votes cast on said proposition favored the incurring of such bonded indebtedness; and

WHEREAS, in 2004, the District issued its General Obligation Bonds, Election of 2003, Series 2004 (the "*2004 Bonds*") in the aggregate principal amount of \$51,000,000 for the purposes authorized and on the conditions set forth in Ordinance No. 04-02 (the "*Ordinance*"); and

WHEREAS, on January 6, 2014, the Board adopted Resolution No. 1795 authorizing the issuance of its General Obligation Refunding Bonds, Series 2014 (the "*2014 Bonds*") in an amount sufficient to provide for the advance refunding and redemption, on August 1, 2014, of the 2004 Bonds maturing on or after August 1, 2015; and

WHEREAS, on January 30, 2014, the Board issued its 2014 Bonds in the aggregate principal amount of \$48,906,000 pursuant to Chapter 4, Division 23 (Sections

32300 *et seq.*) of the California Health & Safety Code (the “*Authorizing Law*”), Chapter 3, Part 1, Division 2, Title 5 of the California Government Code and Resolution No. 1795;

WHEREAS, pursuant to the Authorizing Law, the District is authorized to direct Tulare County, California, in which jurisdiction the District is located (the “*County*”), to levy an *ad valorem* tax on all property within the District for the purpose of paying the principal and interest coming due on the 2014 Bonds,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF KAWEAH DELTA HEALTH CARE DISTRICT AS FOLLOWS:

Section 1. Recitals. All of the recitals herein are true and correct. To the extent that the Recitals relate to findings and determinations of the Board, the Board declares such findings or determinations to be made hereby.

Section 2. Tax Levy. For the purpose of paying the principal of and interest on the 2014 Bonds, and subject to the provisions below, the Board hereby directs the County to levy and collect, in each successive fiscal year, commencing with the District's fiscal year beginning July 1, 2025, and ending June 30, 2026 a tax sufficient to pay the annual interest on the 2014 Bonds as the same becomes due and also such part of the principal thereof as becomes due before the proceeds of a tax levied at the time for making the next general tax levy can be made available for the payment of such interest or principal. Attached to this Resolution as Exhibit A is the annual debt service schedule for the 2014 Bonds. Attached to this Resolution as Exhibit B is the property tax rate set by the Board for the fiscal year ending June 30, 2026.

The levy of taxes for the 2014 Bonds takes into account amounts on deposit in the General Obligation Refunding Bond Fund of the District established pursuant to Resolution No. 1795 of the District to pay debt service on the 2014 Bonds during such year as estimated by the Chief Financial Officer.

Said tax shall be in addition to all other taxes levied for District purposes, shall be levied and collected by the County at the same time and in the same manner as other taxes of the District are levied and collected, and shall be used only for the payment of the 2014 Bonds, and the interest thereon.

Pursuant to Sections 32127 and 32204 of the California Health & Safety Code, all taxes collected by the County pursuant to this Section 2 shall be paid into the treasury of the District and deposited forthwith in a special account of the District as set forth in Resolution No. 1795 of the District.

Section 3. Request for Necessary County Actions. The Board of Supervisors, the Treasurer, the Tax Collector, the Auditor and other officials of the County are hereby requested to take and authorize such actions as may be necessary pursuant to law to provide for the levy and collection of a property tax on all taxable property within the District sufficient to provide for the payment of all principal of, redemption premium (if any), and interest on the 2014 Bonds, as the same shall become due and payable, and

to transfer the tax receipts from such levy to the District for deposit into the District's General Obligation Refunding Bond Fund. The Chief Financial Officer is hereby authorized and directed to deliver certified copies of this Resolution to the clerk of the Board of Supervisors of the County, and the Treasurer, Tax Collector and Auditor of the County.

Section 4. Ratification. All actions heretofore taken by officials, employees and agents of the District with respect to the request and direction for the tax levy described herein are hereby approved, confirmed and ratified.

Section 5. General Authority. The President of the Board, the Secretary/Treasurer, the Chief Executive Officer and the Chief Financial Officer, and their respective designees, are each hereby authorized, empowered and directed in the name and on behalf of the District to take any and all steps, which they or any of them might deem necessary or appropriate in order to ensure that the County levies and collects the property taxes as described herein and otherwise to give effect to this Resolution.

Section 6. This Resolution shall take effect immediately upon enactment.

THE FOREGOING RESOLUTION WAS PASSED AND ADOPTED by the Board of Directors of Kaweah Delta Health Care District on July 23, 2025 by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

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

Attest:

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

EXHIBIT A

BOND DEBT SERVICE

Kaweah Delta Health Care District of Tulare County, California
 General Obligation Refunding Bonds, Series 2014
 (Refunds Series 2004 G.O. Bonds)
 FINAL

Period Ending	Principal	Coupon	Interest	Debt Service	Annual Debt Service
08/01/2014			956,281.17	956,281.17	956,281.17
02/01/2015			950,997.85	950,997.85	
08/01/2015	1,089,000	** %	950,997.85	2,039,997.85	2,990,995.70
02/01/2016			930,734.35	930,734.35	
08/01/2016	1,193,000	** %	930,734.35	2,123,734.35	3,054,468.70
02/01/2017			908,535.15	908,535.15	
08/01/2017	1,301,000	** %	908,535.15	2,209,535.15	3,118,070.30
02/01/2018			884,325.80	884,325.80	
08/01/2018	1,412,000	** %	884,325.80	2,296,325.80	3,180,651.60
02/01/2019			858,044.95	858,044.95	
08/01/2019	1,530,000	** %	858,044.95	2,388,044.95	3,246,089.90
02/01/2020			829,571.50	829,571.50	
08/01/2020	1,651,000	** %	829,571.50	2,480,571.50	3,310,143.00
02/01/2021			798,844.10	798,844.10	
08/01/2021	1,779,000	** %	798,844.10	2,577,844.10	3,376,688.20
02/01/2022			765,734.30	765,734.30	
08/01/2022	1,913,000	** %	765,734.30	2,678,734.30	3,444,468.60
02/01/2023			730,134.10	730,134.10	
08/01/2023	2,054,000	** %	730,134.10	2,784,134.10	3,514,268.20
02/01/2024			691,907.70	691,907.70	
08/01/2024	2,211,000	** %	691,907.70	2,902,907.70	3,594,815.40
02/01/2025			650,759.75	650,759.75	
08/01/2025	2,380,000	** %	650,759.75	3,030,759.75	3,681,519.50
02/01/2026			606,469.35	606,469.35	
08/01/2026	2,550,000	** %	606,469.35	3,156,469.35	3,762,938.70
02/01/2027			559,011.15	559,011.15	
08/01/2027	2,725,000	** %	559,011.15	3,284,011.15	3,843,022.30
02/01/2028			508,297.60	508,297.60	
08/01/2028	2,917,000	** %	508,297.60	3,425,297.60	3,933,595.20
02/01/2029			454,010.45	454,010.45	
08/01/2029	3,113,000	4.090%	454,010.45	3,567,010.45	4,021,020.90
02/01/2030			390,349.60	390,349.60	
08/01/2030	3,328,000	4.090%	390,349.60	3,718,349.60	4,108,699.20
02/01/2031			322,292.00	322,292.00	
08/01/2031	3,547,000	4.090%	322,292.00	3,869,292.00	4,191,584.00
02/01/2032			249,755.85	249,755.85	
08/01/2032	3,803,000	4.090%	249,755.85	4,052,755.85	4,302,511.70
02/01/2033			171,984.50	171,984.50	
08/01/2033	4,066,000	4.090%	171,984.50	4,237,984.50	4,409,969.00
02/01/2034			88,834.80	88,834.80	
08/01/2034	4,344,000	4.090%	88,834.80	4,432,834.80	4,521,669.60
	48,906,000		25,657,470.87	74,563,470.87	74,563,470.87

EXHIBIT B

TAX RATE FOR FISCAL YEAR 2025-2026

\$.012212 per \$100 of assessed value

STRATEGIC OPPORTUNITIES RELATED TO LENGTH OF STAY–

Hospital Throughput

Initiatives and Strategic Focus



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Goal of Initiatives

Enhancing Patient Flow and Operational Efficiency

- Ensure efficient, timely patient movement across the care continuum
- Reduce bottlenecks and length of stay (LOS) without compromising care
- Improve patient experience and staff workflow
- Optimize bed utilization and emergency department (ED) flow

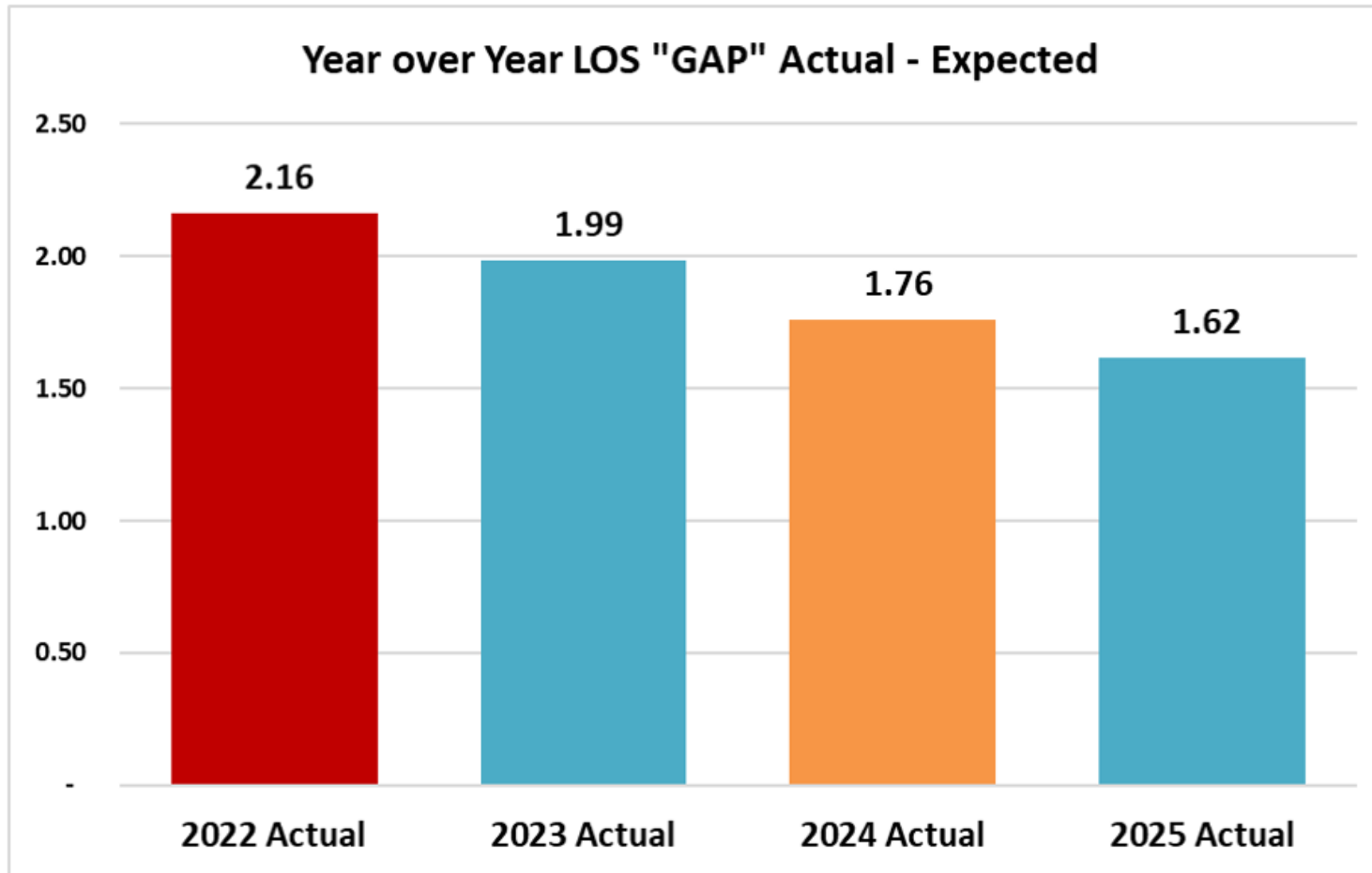
Key Metrics

Baseline and Actionable

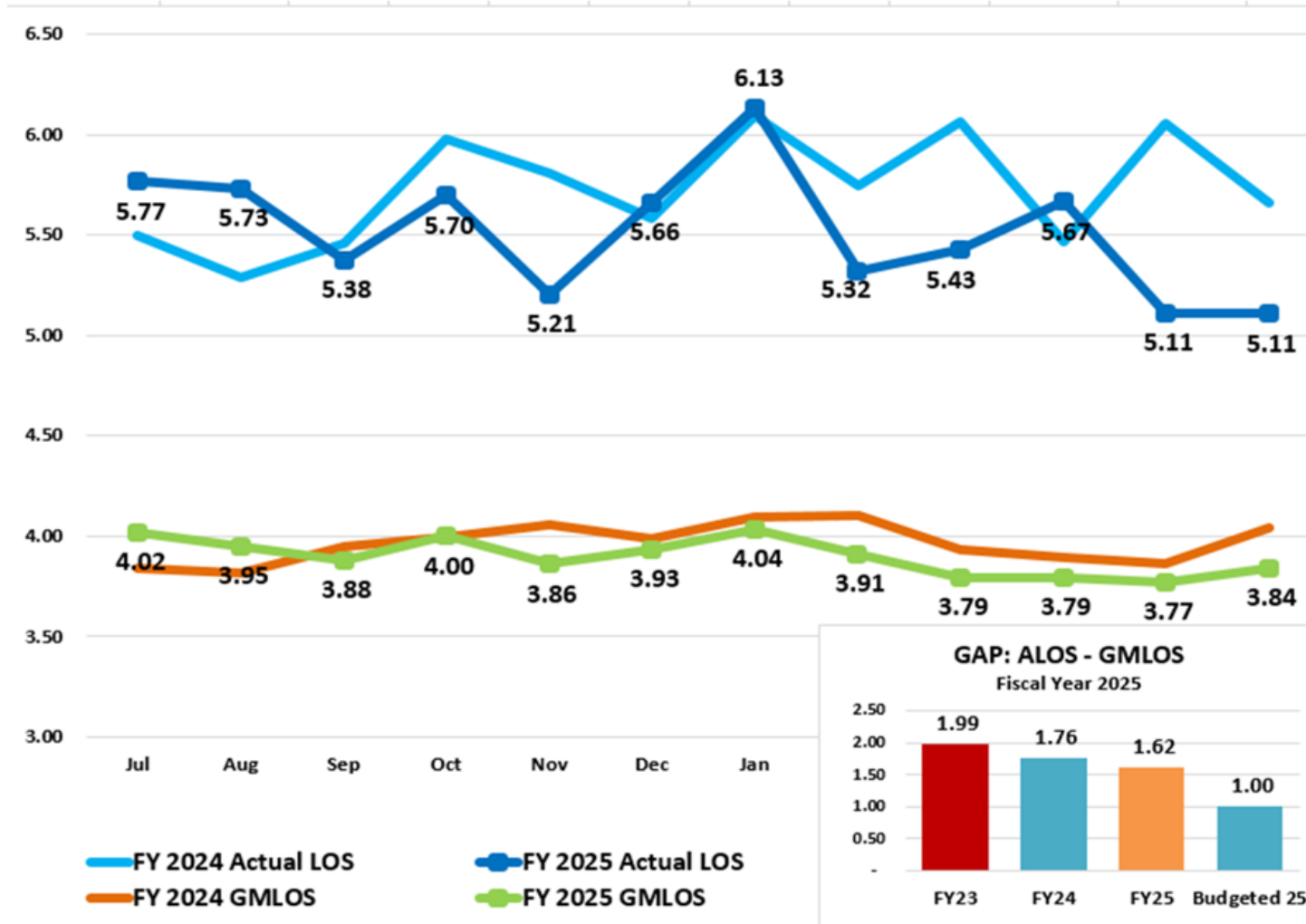
- Average LOS, GMLOS and Gap O:E
- Discharge Before Noon (DBN) %
- ED Throughput Intervals
 - Door to request to admit
 - Request to admit to orders for bed
 - Orders to bed assignment
 - Assignment to transport
 - Request to admit to “head in a bed”
- Delays in care, consults, imaging, etc.
- Readmission Rates



Average Length of Stay versus National Average (GMLOS)



Average Length of Stay versus National Average (GMLOS)



	ALOS	GMLOS	GAP
Jun-23	5.40	3.90	1.50
Jul-23	5.50	3.84	1.66
Aug-23	5.29	3.82	1.47
Sep-23	5.46	3.95	1.51
Oct-23	5.98	3.99	1.99
Nov-23	5.81	4.06	1.75
Dec-23	5.58	3.99	1.59
Jan-24	6.10	4.10	2.00
Feb-24	5.74	4.11	1.63
Mar-24	6.06	3.93	2.13
Apr-24	5.47	3.90	1.57
May-24	6.06	3.86	2.20
Jun-24	5.66	4.04	1.62
Jul-24	5.77	4.02	1.75
Aug-24	5.73	3.95	1.78
Sep-24	5.38	3.88	1.50
Oct-24	5.70	4.00	1.70
Nov-24	5.21	3.86	1.35
Dec-24	5.66	3.93	1.73
Jan-25	6.13	4.04	2.10
Feb-25	5.32	3.91	1.41
Mar-25	5.43	3.79	1.63
Apr-25	5.67	3.79	1.87
May-25	5.11	3.77	1.34
Jun-25	5.11	3.84	1.27
	5.61	3.93	1.62

Core Focus Areas

My Areas of Oversight

- ✓ Admission Optimization
- ✓ Discharge Planning
- ✓ Bed Management and Allocation
- ✓ Transfer Center
- ✓ Throughput Supervisors
- ✓ Interdepartmental Communication
- ✓ Case Management and Social Work



What are we doing?

Partnerships and Coordination

- Finally fully staffed, staff has consistent hours, holding Per Diems accountable to contract
- Educated out regulatory needs, policies, forward thinking, etc
- ED CM establishing relationships with outside entities to coordinate DC from ED when possible
- ED CM doing a UR screen of patients with “Request to Admit” to identify and prevent “soft admissions” and ensure LOC and Status is correct upon moving to a bed
- Transition patients upstairs when appropriate within 24 hours in ED (Bed Allocation and ED-CM)
- Making Inpatient admits priority for beds, working OBS in ED to DC as soon as possible.
- Prevention of “Social Admits” when possible, by holding families accountable
- Prevention of ordering diagnostics not needed or alternate quicker modalities, decreasing LOS in ED and Inpatient. (UR Subcommittee working on this-currently)
- Created a UR Committee to identify mis-utilization of resources, to establish a United Front when changing culture and behaviors, also to meet CoP
- Centralized UR staff allowing CM floor staff to focus on discharges, establish a committed “auth” role
- Throughput Supervisors are rounding on floors all day identifying discharges and knocking down barriers in real time

What are we doing?

Partnerships and Coordination

- Created a Regional Transfer Co-Op quarterly meeting and signed a Regional Transfer Back Agreement.
- Identifying diagnostics and procedures that can be done after DC and scheduling to prevent delays
“is that result going to change POC?”
- Identified Discharge dispositions and their individual LOS to allow focus on processes.
- Identifying and escalating Delays in Care to appropriate leadership i.e. Consults, procedures and diagnostics
- Partnering PFS and CM to do family meetings to promote quicker decision making and care planning
- Tuesday Throughput meetings with Manager, Complex CM, Floor CM and PFS to talk through all patient stays over GMLOS
- Thursday Multi Discipline meeting for Throughput, discuss with financial counselors, etc.
- Bringing bedside staff into the DC plan earlier on in the stay so they can help work toward goals
- Participated in Nursing Competencies, pointing out how nursing could help with common delays in DC. Gave out Emoji keychains, and Emoji pillow and badge riders

CM DISCHARGE Report Tool

Diagnosis & Stability

Is the patient medically cleared? Acute issues?



IV Status

Still receiving IV meds/fluids? Type of access?
Medical recommendation?



Support at Home

Family, caregiver, or home health arranged?
Transportation arranged?



Catheters/Lines/Tubes

Any drains, foley, or PICC that need removal
or plans?



Home Equipment

Walker, O₂, hospital bed, etc. needed?



Appointments

Follow-ups scheduled (PCP, specialist, therapy,
HD, chemo, radiation, etc.)?



Readiness

Any pending consults, tests, or provider clearance?



GI Function

Last bowel movement? Eating/drinking OK? Diet?



Education



ADMITS

A ALERT & ORIENTED

DIALYSIS

MOBILITY

INFUSION / TREATMENTS

TRANSFERRED FROM

SUPPORT SYSTEM



HIGH-RISK ▶ Consult PFS

- ▶ ETOH
- ▶ Homeless
- ▶ SI/HI
- ▶ Abuse/Neglect
- ▶ Behaviors - Hx/Dx
- ▶ CVRC/DD
- ▶ Hold/Conserved
- ▶ IHSS

KaweahHealth.org/CMresources



What we need to do better....

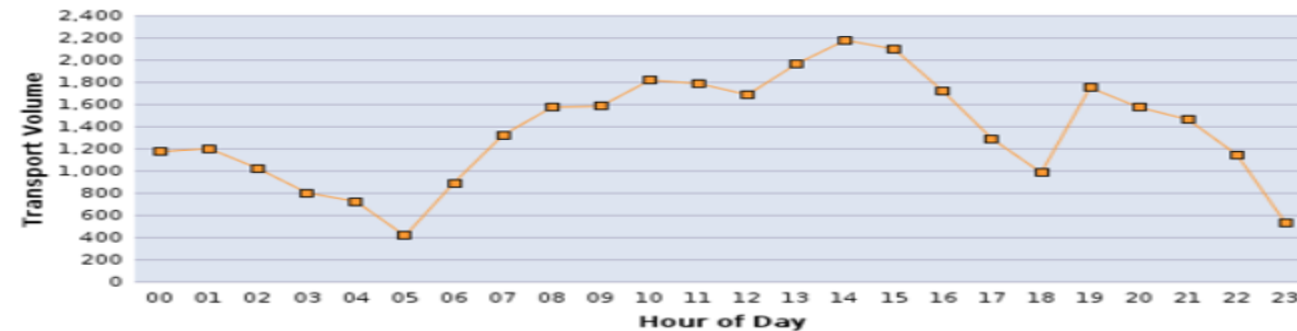
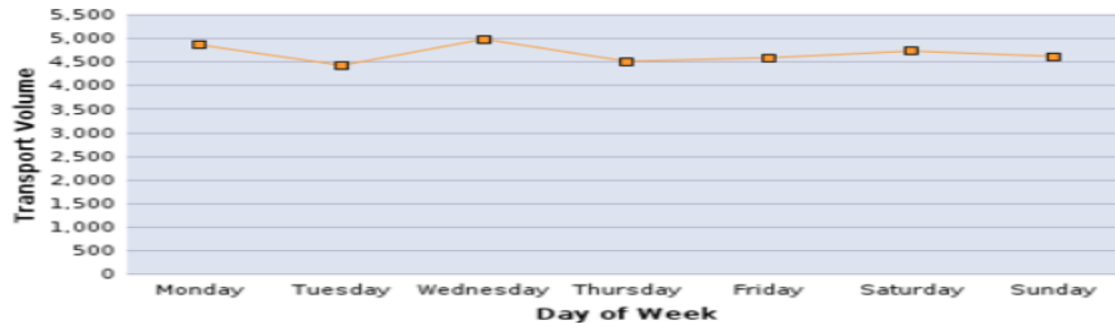
Partnerships and Coordination

- Streamline ED-to-inpatient handoff and timing
- Streamline transportation processes, shift change on downtime, staff up during busy hours, etc.
- Streamline EVS room cleaning processes, shift change on downtime, staff up during busy hours, etc.
- CM coordinating with physicians and bedside nurses to prioritize early morning discharges, by setting an expected DC date on admission then planning day before that agreed upon date
- Changing the culture of Dialysis on day of Discharge, HD clinics are losing charges, we are dialyzing for free.
- Expand direct admissions from clinics and procedural areas to avoid impacting the ED when appropriate
- Incoming and outgoing transfer coordination with physicians/service lines, does the service need to be done as inpatient? Can one of their peers do it here?
- Identifying patients that can repatriate to their original hospital, use TBA
- Coordinating Specialty Consults and communication with Attending as soon as consult done
- Conversations about Medical Necessity and Inpt vs OBS vs DC decisions on admission

Patient Transportation Project

Actionable Data for Process improvement, shift change, etc

Transport (Patient) Milestone Status Interval	Median (hh:mm:ss)	Average (hh:mm:ss)	Minimum (hh:mm:ss)	Maximum (hh:mm:ss)
Transport Request to Transport Start	00:15:54	00:26:14	-01:-19:-16	24:08:09
Transport Start to Transport Complete	00:04:19	00:07:39	00:00:01	14:05:25
Transport Request to Transport Complete	00:23:47	00:34:16	-02:-06:-31	24:10:37



Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Transport Volume	4868	4431	4989	4518	4592	4736	4623	32757

What we still need to do.....

Partnerships and Coordination

- Initiate discharge planning at admission every time
- Physician education series---Preventing Delays in Care by establishing relationships with physician groups and coordinating hand offs (Physician to Physician) and connecting the dots of diagnosis and intervention needs i.e. PNA, Culture results, Supplemental oxygen needs, IV Antibiotics, WBC trending down, S/S improving, or not.
- Mobility training to bedside staff to establish prior level of functioning, current level and DC needs instead of waiting for PT eval
- ED CM continue to establish relationships with outside entities to coordinate DC from ED when needed
- Implement discharge before noon (DBN) targets with floor nursing “buy in”
- Continue to streamline communication and coordination with Insurance Specialists and payer CMs, auth for inpt stay to expedite auth for DCP
- Strengthen relationships with PACPs-Post Acute Care Partners, coordinating accepting and authorization process
- Change from DC rounds to daily interdisciplinary rounds to address **barriers in real time**

Discharge Rounds vs IDT Rounds

- Rounds ceased w/physicians in October when zone rounding stopped
- Tried phone rounds—failed fast
- Valley Hospitalists unknown timeframe to go back to Zone coverage
- Met with other disciplines and set expectations of participation if Zone covered.
- Pharmacy, Therapies, Dietitians, etc.
- IDT Rounds are best practice for patient safety, continuity of POC, coordination of care, decrease in delays in care, increase in patient satisfaction, all caregivers aware of plan and barriers

IDT Rounding Participation Template

Interdisciplinary Rounding Checklist

Discipline	Checklist Items
Attending Physician / Hospitalist	<input type="checkbox"/> Primary diagnosis and medical status <input type="checkbox"/> Current treatment plan and goals of care <input type="checkbox"/> Anticipated discharge date <input type="checkbox"/> Barriers to discharge (medical or logistical) <input type="checkbox"/> Orders or changes in treatment needed Notes: _____
Nursing (Bedside Nurse or Charge Nurse)	<input type="checkbox"/> Vital signs and clinical stability <input type="checkbox"/> Functional status and nursing concerns <input type="checkbox"/> Pain management effectiveness <input type="checkbox"/> Patient and family concerns or education needs <input type="checkbox"/> Discharge readiness from a nursing perspective Notes: _____
Case Manager (RN or CM)	<input type="checkbox"/> Insurance/authorization status <input type="checkbox"/> Discharge disposition planning <input type="checkbox"/> Status of DME, home care, transportation <input type="checkbox"/> Barriers to discharge planning Notes: _____
Social Worker	<input type="checkbox"/> Psychosocial barriers <input type="checkbox"/> Substance use concerns <input type="checkbox"/> Financial or legal issues <input type="checkbox"/> Family dynamics or caregiver availability Notes: _____

Pharmacist	<input type="checkbox"/> Medication reconciliation and optimization <input type="checkbox"/> High-risk medications or polypharmacy concerns <input type="checkbox"/> Antibiotic stewardship recommendations <input type="checkbox"/> Expired orders that need continued <input type="checkbox"/> Discharge medication needs and access issues Notes: _____
Dietitian / Nutritionist	<input type="checkbox"/> Nutritional status and dietary restrictions <input type="checkbox"/> Supplement/snack Recs <input type="checkbox"/> Tube feeding or TPN needs <input type="checkbox"/> Nutritional goals and education Notes: _____
PT / OT	<input type="checkbox"/> Functional mobility and ADL status <input type="checkbox"/> Recommendations for continued therapy <input type="checkbox"/> Safe discharge recommendations <input type="checkbox"/> Equipment or home modifications needed Notes: _____
Speech-Language Pathologist	<input type="checkbox"/> Swallowing assessment results <input type="checkbox"/> Cognitive and communication status <input type="checkbox"/> Recommendations for therapy or dietary adjustments Notes: _____
Rehab Liaison	<input type="checkbox"/> Patient eligibility for inpatient rehab <input type="checkbox"/> Functional status updates <input type="checkbox"/> Insurance authorization status for transfer Notes: _____

Questions?



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KAWEAH HEALTH CHRONIC DIALYSIS QUALITY REPORT

QUALITY & PATIENT SAFETY PRIORITY

Renal Services Quality Report

Quality Committee Report

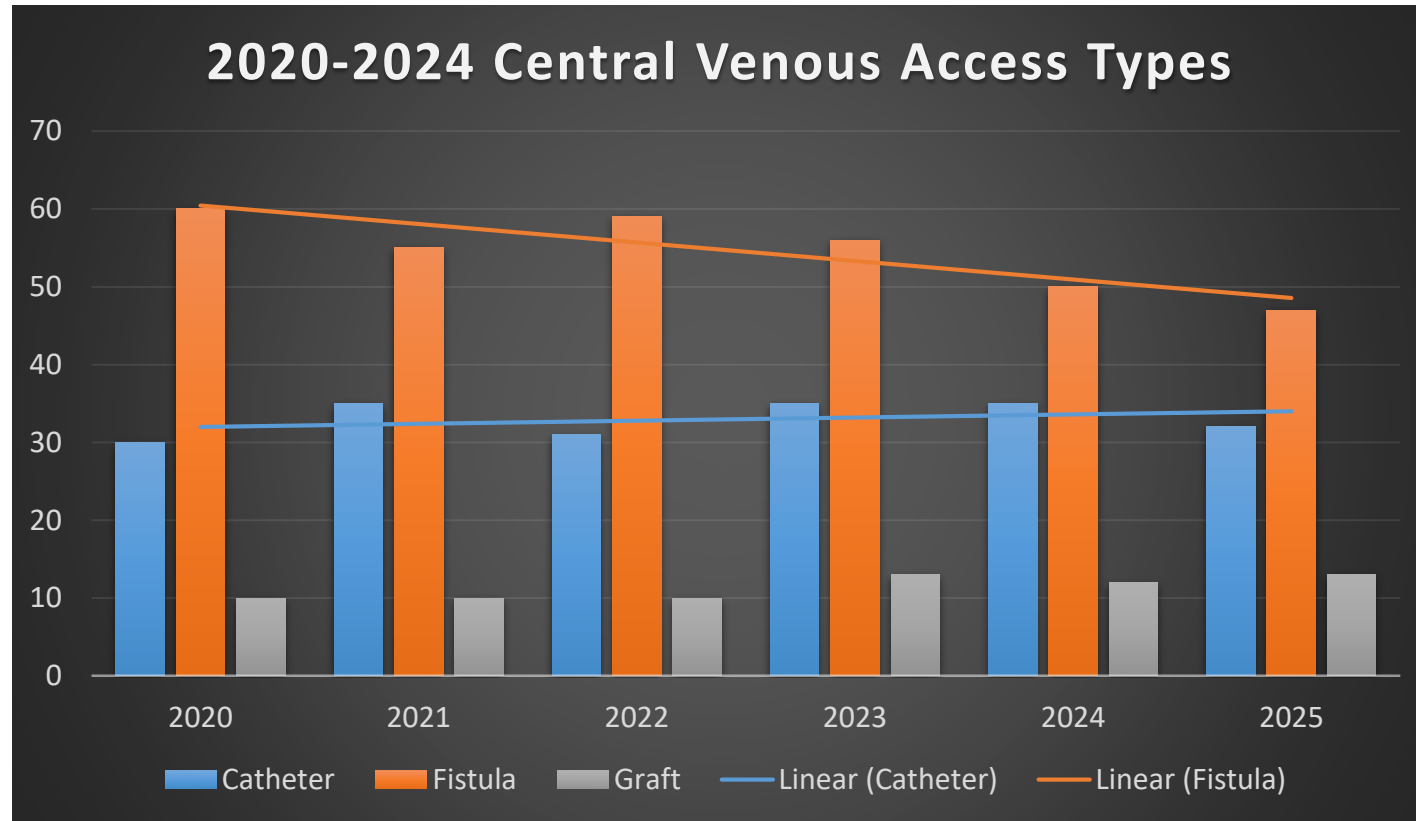
July 2025



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Renal Services Quality Report: Central Venous Access Management



Central Venous Access Management High Level Action Plan CY 2025

- Increase number of patients with arteriovenous fistula 70%
- Decrease the number of patients with central venous catheter (CVC)
- Decrease number of patients with CVC greater than 90 days- Goal: 10.7%

Patients who use an arteriovenous fistula (AVF) have an increased median life expectancy. These patients have a life expectancy that exceeds the secondary patency of arteriovenous grafts and central venous catheters. In this subset of patients, AVF remains the best hemodialysis option.

Arteriovenous Fistula Remains the Best Hemodialysis Access Choice for Some Elderly Patients, Pastor, M. Chris et al. Journal of Vascular Surgery, Volume 68, Issue 3e82. September 2018

Renal Services Quality Report: Central Venous Access Management



KH Dialysis Central Venous Access Management

	Target	June 2024	July 2024	Aug. 2024	Sept. 2024	Oct. 2024	Nov. 2024	Dec. 2024	Jan. 2025	Feb. 2025	March 2025	April 2025	May 2025	Rolling 12M Av
Percent of patients with CVC		36.7	38.4	38.8	37	37.6	39.5	40.4	43.2	40.6	41.8	42.8	42	39.90%
Percent of patients with AV Fistula	70%	50	49.2	49.6	51.6	51.1	49.2	50.17	45.4	48.4	47.3	46.8	45.2	48.55%
Percent of patients with CVC >90 days	10%	25.3	25.75	27.9	31.4	33	33.3	29.27	30.3	32	32.5	34.1	31.5	30.76%

Targeted Opportunities (why goal not achieved in most recent month)

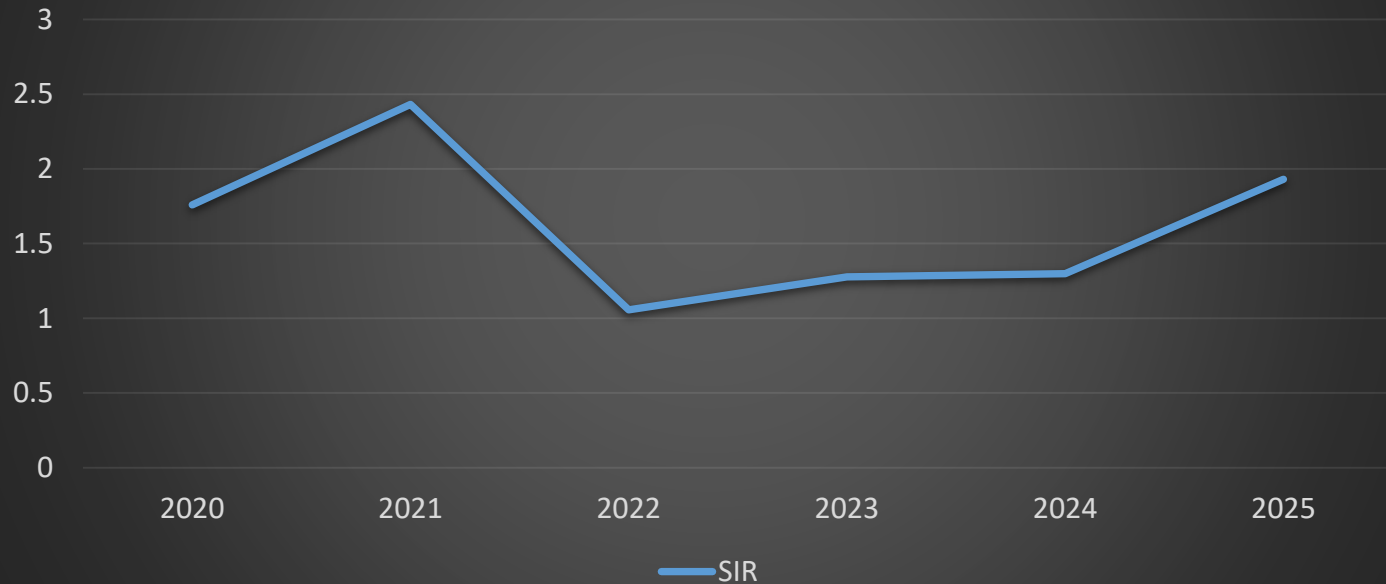
1. Lack of appointment availability for vascular access providers
2. Lack of Interventional Radiology availability for vascular providers
3. Patient refusal, which is multifactorial, can be related to knowledge deficit
4. Difficulties with new access (infiltrations/refusals) delaying TDC removals

Renal Services Quality Report: Central Venous Access Management

CURRENT IMPROVEMENT ACTIVITIES	EXPECTED COMPLETION DATE	BARRIERS/UPDATES
Efficient referral process - The clinical coordinator/ access manager has established an efficient workflow to speed up the vascular access referral process. New patients are referred immediately upon admission to Kaweah Health Dialysis Clinic.	December 2025	This process generally takes longer than 90 days due to high volume of patients seeing vascular surgeons.
Patient Education on the benefits of AVF Providing education to the patient with regard to the many advantages of an AVF or AVG as opposed to a CVC. We are currently exploring new methods of providing patient education such as educational videos that play throughout the day on the dialysis center televisions.	Ongoing	Seeking patient education videos that feature high-quality content and are easy to understand to ensure accessibility for our broad patient population.

Renal Services Quality Report: Central Venous Access Management

Standard Infection Ratio for Blood Stream Infections



Blood Stream Infection Reduction High Level Action Plan CY 2025

- Goal of zero bloodstream infections

Preventing bloodstream infections in outpatient hemodialysis ensures patient safety. Closely monitoring infection trends allows us to identify areas of improvement and implement interventions to reduce infection rates. This helps improve patient outcomes and maintain compliance with regulatory standards and quality care.

Renal Services Quality Report: Central Venous Access Management



KH Dialysis Central Venous Access Management

	Target	June 2024	July 2024	Aug. 2024	Sept. 2024	Oct. 2024	Nov. 2024	Dec. 2024	Jan. 2025	Feb. 2025	March 2025	April 2025	May 2025	Rolling 12M Av
NHSN Blood Stream Infection Ratio	0	0.836	2.489	1.886	0	3.88	2.805	0.8063	3.572	2.283	0.902	0.825	2.803	1.923
Actual Number of Blood Stream Infections	0	1	3	2	0	4	3	1	4	3	1	1	3	2

Targeted Opportunities (why goal not achieved in most recent month)

1. Biovigil Compliance
2. Staff Accountability to following standards of care

Renal Services Quality Report: Central Venous Access Management

CURRENT IMPROVEMENT ACTIVITIES	EXPECTED COMPLETION DATE	BARRIERS/UPDATES
Biovigil Compliance: The nurse manager reviews Biovigil reports with staff as needed to address missed opportunities, low participation, and/or high exception rates.	Ongoing	Staff reports lack of consistency in device triggering a fallout. Working with vendor to ensure devices working appropriately. One on one meetings with employees to counsel/discuss and review policies, procedures, and expectations.
Infection Prevention Audit: Monthly observations of vascular access care. The charge nurses and nurse manager will make every attempt to address fallouts immediately as education in the moment helps to provide added insight with regard to process fallouts.	December 2025	Staff continue to skip key elements of best practice standards. One on one meetings with employees to counsel/discuss and review policies, procedures, and expectations.

Renal Services Quality Report: Facility Commitment to Health Equity

2025 Health Equity Domains

1. Equity as a Strategic Priority	Completed
2. Data Collection	88.1% complete
3. Data Analysis	In progress
4. Quality Improvement	In progress
5. Leadership Engagement	In progress

Facility Commitment to Health Equity

High Level Action Plan CY 2025

- Each domain needs to be completed to receive an affirmative attestation to receive credit for the End Stage Renal Disease Quality Incentive Program.

The Facility Commitment to Health Equity reporting measure was added to the End Stage Renal Disease (ESRD) Quality Incentive Program (QIP) for payer year 2026. This measure assesses a dialysis clinic's commitment to health equity.

Renal Services Quality Report: Facility Commitment to Health Equity



Performance Data Stratified by Social Determinant

Transportation Status	# of Patients	Missed Treatments	Average Missed Treatments per Patient
No Transportation Difficulty	112	60	0.54
Reports Transportation Difficulty	11	19	1.73

Interpretation:

- Patients without transportation difficulties missed 0.54 treatments per person.
- Patients with transportation difficulties missed 1.73 treatments per person- Over 3 times as many.

Patients reporting transportation challenges are missing significantly more treatments than those who do not.

Renal Services Quality Report: Facility Commitment to Health Equity

CURRENT IMPROVEMENT ACTIVITIES	EXPECTED COMPLETION DATE	BARRIERS/UPDATES
Social Worker Interventions: Patients that report difficulty in transportation will receive a social worker consultation to discuss transportation options available.	Ongoing	With two full time social workers, patients have improved access to transportation related resources.
Patient Education: Patients that report difficulty in transportation will receive education by care team about options when a missed treatment should arise. The education includes diet restrictions and rescheduling options.	December 2025	Educational handout is being developed for patients and key talking points for the nurses.

Thank you

Live with passion.

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



This tool provides a framework for Kaweah Health Dialysis Center leadership and staff to develop a health equity strategic plan that meets the [CMS End State Renal Disease \(ESRD\) Quality Incentive Program \(QIP\) Attestation Guidance for the Facility Commitment to Health Equity Reporting Measure](#). Per Domain 5 Leadership Engagement in the guidance, the health equity plan should be reviewed and updated *at least annually*.

Dialysis Clinic: Kaweah Health Dialysis Clinic

Chief Health Equity Officer/Health Equity Champion(s): Connie Green, Amy Baker, Roger Haley, MD

Strategic Plan Approved by Senior Leadership and the Hospital Board on: _____

Executive Summary:

As a hospital-based outpatient dialysis clinic, we are committed to fostering health equity and ensuring that all patients, regardless of their background, have access to high-quality, culturally competent care. Our strategic plan focuses on addressing healthcare disparities affecting vulnerable populations, including racial and ethnic minorities, low-income patients, and those in rural communities who face unique barriers to dialysis treatment.

Dialysis Clinic Background:

Kaweah Health Dialysis Center is a not-for-profit, hospital-based dialysis center located in Tulare County in Visalia, California. The clinic is certified with 26 treatment stations, which includes 2 rooms and is currently staffed with approximately 40 employees. Kaweah Health Dialysis Center core services include in-center hemodialysis and peritoneal dialysis.

Health Equity Statement:

Our clinic's mission is to improve health outcomes for all patients by reducing healthcare disparities through culturally competent care, data-driven interventions, and targeted efforts to address the social determinants of health (SDOH).

Domain 1A. Our facility strategic plan identifies priority populations who currently experience health disparities.

Identified Priority Population(s)	Supporting Data Evidence (i.e., REaL, SDOH, CHNA, Hospital Demographic and/or State Level Data)
<p>EXAMPLE: A disproportionately large percentage of the dialysis clinic's hospital readmissions are Hispanic patients.</p>	<p>Using patient data collected from the EHR by the Quality Measures Assessment Tool (QMAT), Hispanic patients make up approximately 73.9% of the 92 readmissions that occurred between 7/1/2023 - 6/30/2024. This disparity led us to focus on why Hispanic patients are readmitting more than any other populations.</p>
<p>EXAMPLE: Economically disadvantaged patients in our dialysis clinic lack appropriate access to food security.</p>	<p>Data collected from assessments, screening tools, plan of care meetings, Core meetings, etc.</p>
<p>EXAMPLE: Patients lacking a support system experience an increase in missed hemodialysis treatments.</p>	<p>Using patient data collected from the EHR by the Quality Measures Assessment Tool (QMAT), 60 patients had missed 1 or more hemodialysis treatment(s) per month in at least 3 months or more from 1/1/2024 - 7/31/2024. Of those 60 patients, 16 patients missed 3 or more hemodialysis treatments per month in at least 3 months or more from 1/1/2024 - 7/31/2024.</p>

Domain 1B. Our facility strategic plan identifies health equity goals and discrete action steps to achieving those goals.

Health Equity Goal(s)	Related Action Steps
<p>Goal 1: Reduce readmission rates among Hispanic patients</p>	<ol style="list-style-type: none"> 1. Perform a detailed RCA. to identify the key factors contributing to higher readmission rates among Hispanic patients. Use patient data from the EHR, QMAT, and SDOH assessments. 2. Develop and deliver bilingual (Spanish and English) patient education materials and programs that focus on dialysis care, medication adherence, and post-discharge follow-up. Work with bilingual healthcare providers and community partners to create and distribute materials tailored to Hispanic patients' specific cultural and language needs. 3. Strengthen post-discharge follow-up process with a standardized checklist and follow-up procedures specifically designed for Hispanic patients. ensuring their
<p>Goal 2: Address food insecurity by improving access to food.</p>	<ol style="list-style-type: none"> 1. Provide linkage to community agencies, organizations, and government assistance programs to access food.
<p>Goal 3: Increase adherence to hemodialysis treatment</p>	<ol style="list-style-type: none"> 1. Perform a detailed RCA to identify the key factors contributing to missed hemodialysis treatments. Use patient data from the EHR, QMAT, and SDOH assessments. 2. Develop patient education programs that explain the critical importance of adhering to dialysis treatment schedules, targeting both patients and caregivers. Create and distribute educational materials. Include workshops, videos, brochures, and in-person sessions that explain the consequences of missed dialysis and the positive outcomes of regular treatment adherence. 3. Connect patients with resources offering financial counseling and/or assistance programs to help patients manage the costs related to dialysis. including

<p>Gaol 4: Incorporate screening tool into EHR and create tracking tool</p>	<p>Utilize the Accountable Health Communities Health-Related Social Needs Screening Tool (AHC HRSN) as a checklist in the EMR system. This will allow for SDOH documentation in patients' health records.</p> <p>Create a method to track and quantify positive screenings for any of the SDOH.</p>
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Domain 1C. Our facility strategic plan outlines specific resources which have been dedicated to achieving our equity goals.

Type of Resource(s)	Description of Resource(s)
<p>Staffing Resources</p>	<p>Connie Green, Clinic Nurse Manager - Health Equity Champion Amy Baker, Director of Specialty Clinics- Health Equity Champion Ryan Gates, Chief Ambulatory Officer- Health Equity Champion Interdisciplinary Team: Social Worker Dietitian(s) Renal Coordinator Charge Nurse(s) CHT(s) Registered Nurse(s) Secretary(ies) Pharmacist</p>
<p>Structural Resources (i.e., technological capabilities/EHR adaptations, integrated model of care etc.)</p>	<p>Accountable Health Communities Health-Related Social Needs Screening Tool (AHC HRSN) as a checklist in the EMR system. This will allow for SDOH documentation in patients' health records.</p> <p>Create a method to track and quantify positive screenings for any of the SDOH.</p>
<p>Training Resources</p>	<p>Employees receive education at the time of hire and then annually, known as the Mandatory Annual Training (MAT). This includes videos and tests about cultural competency.</p> <p>Additionally, we partner with the Health Services Advisory Group (HSAG) (ESRD Network 18) and the ESRD National Coordinating Center (NCC) for our quality improvement activity and attend monthly Learning Action Network calls (LANs) and related learning and education events.</p>
<p>Other Resources (i.e., Funding, staffing, etc.)</p>	<p>Need for additional resources:</p> <ul style="list-style-type: none"> - Social Worker assistance - EHR upgrade to meet new health equity screening requirements - Renewed membership to Renal Healthcare Association (formerly NRAA)

Domain 1D. Our facility strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

Type of Partnership	Name of Partner Organization and Description of Partnership
National Partner (i.e., National Quality Forum, American Hospital Association etc.)	<p>National Kidney Foundation (NKF): Collaborate to promote community outreach and education about kidney disease and health equity.</p> <p>ESRD National Coordinating Center (NCC): Offers educational trainings, toolkits, and best practices in health equity</p> <p>National Research Corporation (NRC): Manages the patient satisfaction surveys In-Center Hemodialysis Consumer Assessment of Healthcare Providers & Systems (ICH CAHPS)</p> <p>National Healthcare Safety Network/Centers for Disease Control (NHSN/CDC):</p>
State Partner (i.e., Hospital Association, Alliant Health Solutions, Elected Officials,	<p>Health Services Advisory Group (HSAG) (Network 18): Offers educational trainings, toolkits, and best practices in health equity</p> <p>California Department of Public Health (CDPH): provides data on community health indicators, supporting health education and outreach programs, and offering guidance on implementing strategies to improve health equity at the local level</p>
Local Partner (i.e., City Council Officials, Community Coalitions, Community-Based Organizations to Address SDOH, etc.)	<p>Tulare County Health and Human Services Agency: This agency offers resources, programs, and initiatives focused on addressing SDOH, such as access to healthcare, housing and food security.</p> <p>Community Health Centers: Community health centers serve as valuable partners in addressing SDOH and providing comprehensive care to under-served populations.</p> <p>Local Nonprofits: Health Insurance Counseling & Advocacy Program (HICAP) - provides free and objective information and counseling about Medicare. Refer patients as indicated</p>
Hospital-Specific Partner (i.e., Patient and Family Advisory Groups)	<p>Kaweah Health Patient & Family Services</p> <p>Kaweah Health Patient Access Services - Financial Counselor</p> <p>Kaweah Health Population Health - Enhanced Care Management</p> <p>Kaweah Health Pharmacy program- Med Assist</p>

Domain 2A. Our facility collects demographic information and/or social determinant of health information on the majority of our patients.

Data is collected using the EHR system and Health Related Social Needs screening tool.

Domain 2B. Our facility has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.

Employees receive education at the time of hire and then annually, known as the Mandatory Annual Training (MAT). This includes videos and tests about cultural competency.

Domain 2C. Our facility inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using Electronic Health Record (EHR) technology.

Our clinic inputs demographic and/or social determinant of health information collected into the EHR system, however, the EHR technology is not structured nor is it interoperable. We are working to address this by considering new EHR software. Current EHR vendor has reported that they are working to develop and track information in a structured and interoperable way.

Domain 3A. Our facility stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on facility performance dashboards.

Our clinic inputs demographic and/or social determinant of health information collected into the EHR system, however, the EHR technology is not structured nor is it interoperable. We are working to address this by considering new EHR software. Current EHR vendor has reported that they are working to develop and track information in a structured and interoperable way

Domain 4A. Our facility participates in local, regional, or national quality improvement activities focused on reducing health disparities.

Our clinic collaborates with Network 18 to promote quality improvement activities focused on reducing inequities in healthcare outcomes.

Network 18 quality improvement project is focused on reducing hospital readmissions.

Domain 5A. Our facility senior leadership, including chief executives and the entire facility board of trustees, annually reviews our strategic plan for achieving health equity.

Nurse Manager and Director of Specialty Clinics will coordinate an annual review of the strategic plan for achieving health equity with senior leadership and the Board of Directors.

Domain 5B. Our facility senior leadership, such as, but not limited to, chief executives and the entire facility board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.

Our facility's key performance indicators, stratified by demographic and/or social factors, are reviewed at least annually through Quality Committee meetings, which includes senior leadership and members of the executive team and Board of Directors.

PATIENT EXPERIENCE AND SATISFACTION UPDATE

Patient & Community Experience

July 2025



kaweahhealth.org





Patient Experience Matters



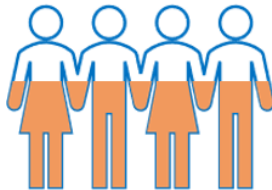
Opportunities and insights to increase patient satisfaction.

Kaweah Health June 2025

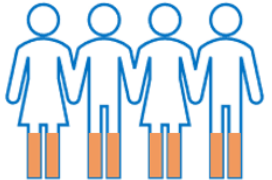
Fiscal Year Data

July 2024 – May 2025

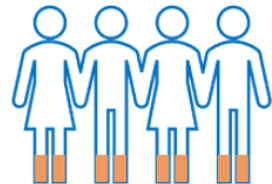
Survey Scores



HCAHPS – 72.4
59th Percentile

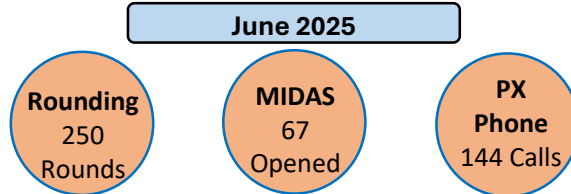
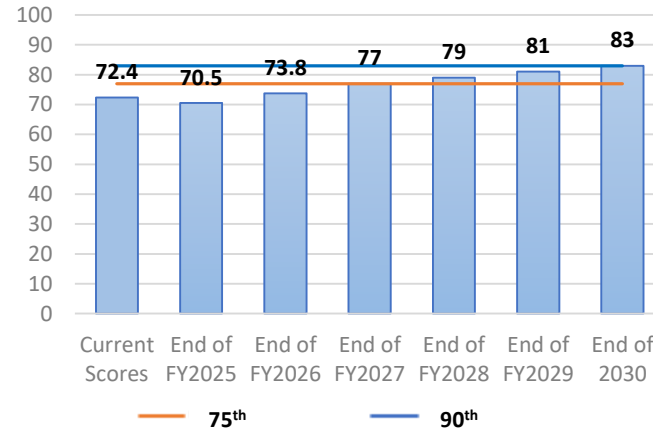


Inpatient
NPS – 62.6
38th Percentile

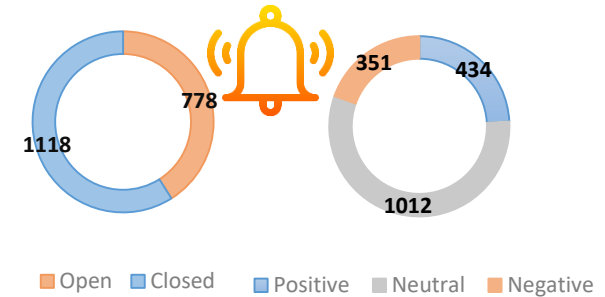


Medical Practice
NPS – 79.9
17th Percentile

5 Year HCAHPS Goal



Service Alerts



Human Understanding – 70.8
7th Percentile

PRIORITIES FOR ORGANIZATION

- Quiet rooms at night
- Providers knowing medical history
- Explained what to do if not better after discharge
- Care providers listening
- Informed of delays

HCAHPS Trend

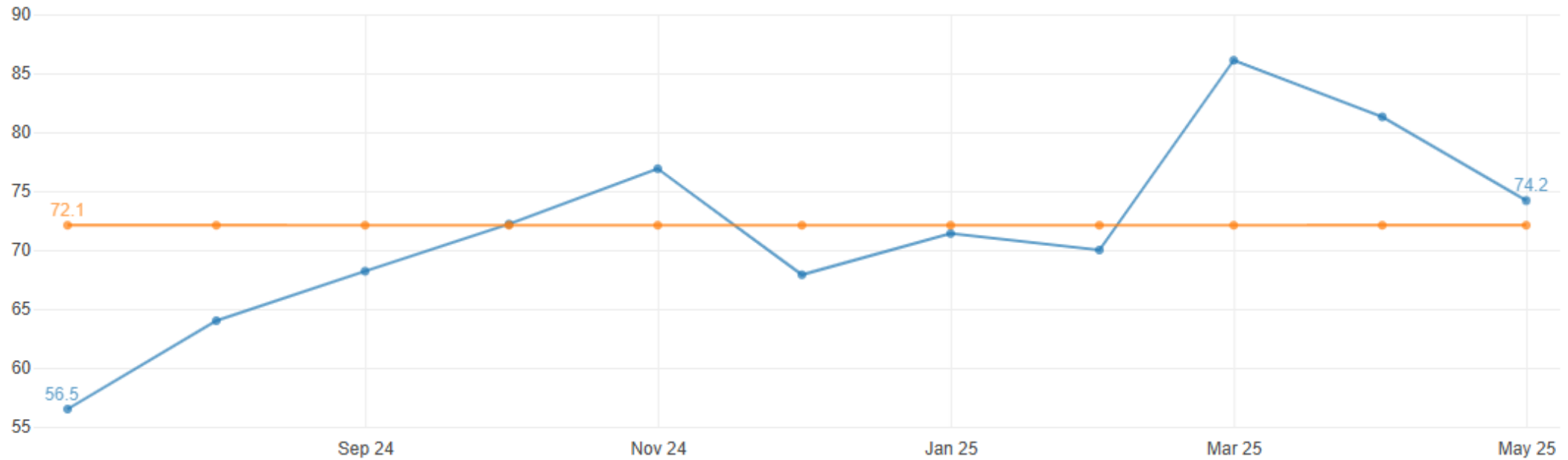
☆ Favorite ▾

📧 Subscribe

📄 Export ▾

Jul 01, 2024 - May 31, 2025

■ Would recommend hospital to family ■ Benchmark



Question	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25
Would recommend hospital to family	56.5 n = 23	64.0 n = 25	68.2 n = 22	72.2 n = 36	76.9 n = 39	67.9 n = 28	71.4 n = 35	70.0 n = 30	86.1 n = 36	81.3 n = 32	74.2 n = 31

Real Time Surveys - Inpatient

Trend

☆ Favorite ▾

📧 Subscribe

📄 Export ▾

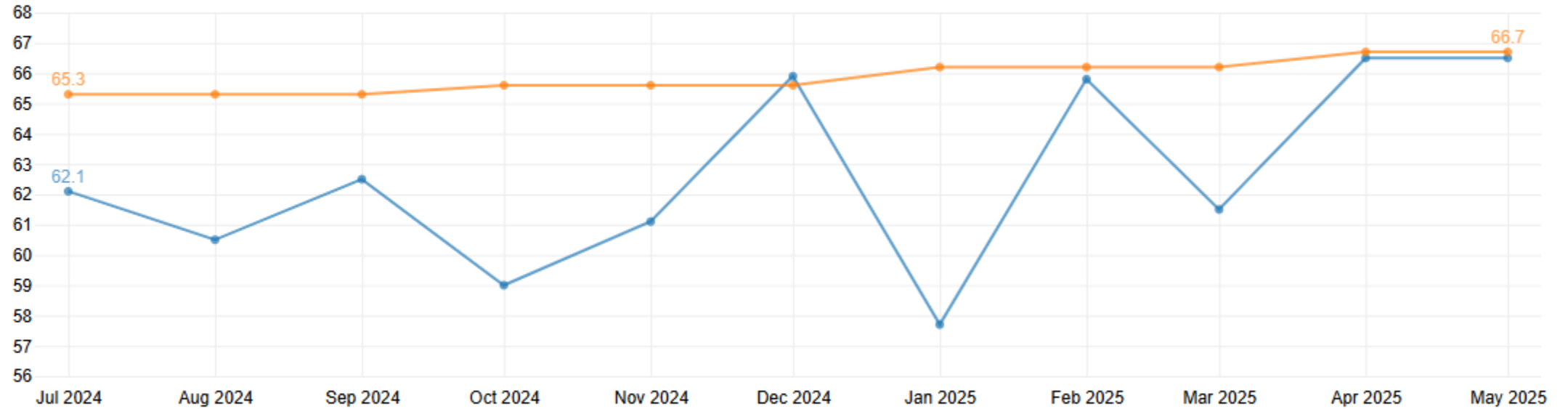
Jul 01, 2024 - May 31, 2025 ▲

Respondents

2,734

■ NPS: Facility would recommend ■ Benchmark

NPS: Facility would recommend



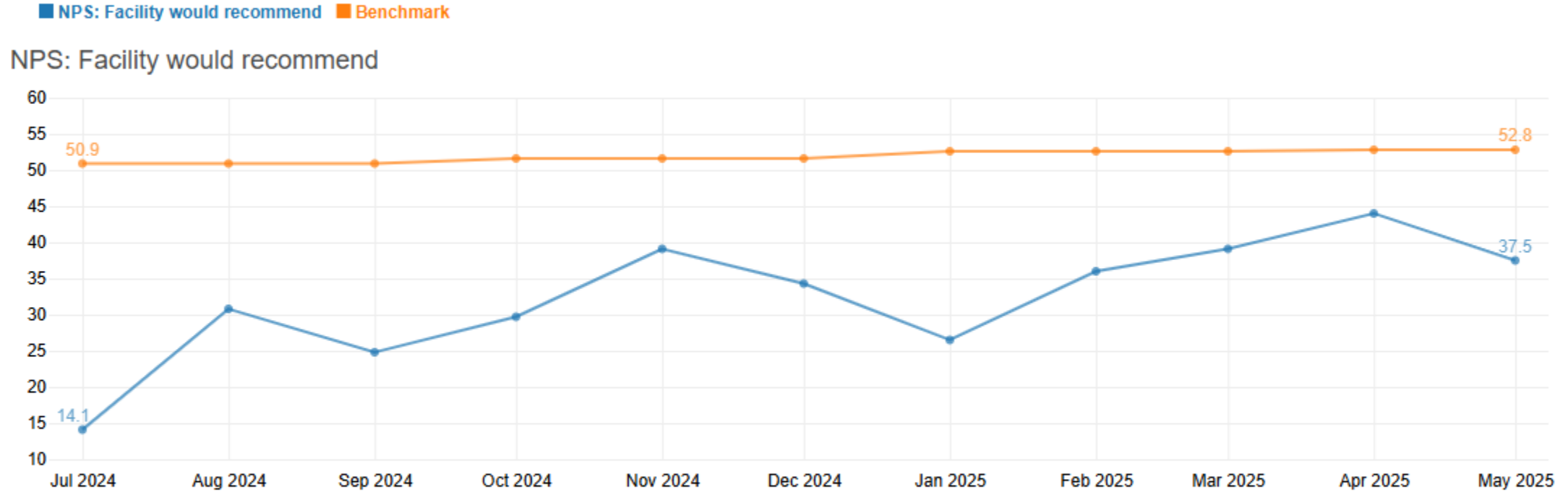
	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025
NPS: Facility would recommend	60.5 n = 261	62.5 n = 267	59.0 n = 288	61.1 n = 239	65.9 n = 229	57.7 n = 220	65.8 n = 272	61.5 n = 257	66.5 n = 224	66.5 n = 221

Real Time Surveys - Emergency

Trend

☆ Favorite
📧 Subscribe
📄 Export
Jul 01, 2024 - May 31, 2025

Respondents 9,853



	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025
NPS: Facility would recommend	30.8 n = 1,056	24.8 n = 1,009	29.7 n = 960	39.1 n = 886	34.3 n = 846	26.5 n = 889	36.0 n = 850	39.1 n = 883	44.0 n = 789	37.5 n = 920

Real Time Surveys – Medical Practice

Trend

☆ Favorite

✉ Subscribe

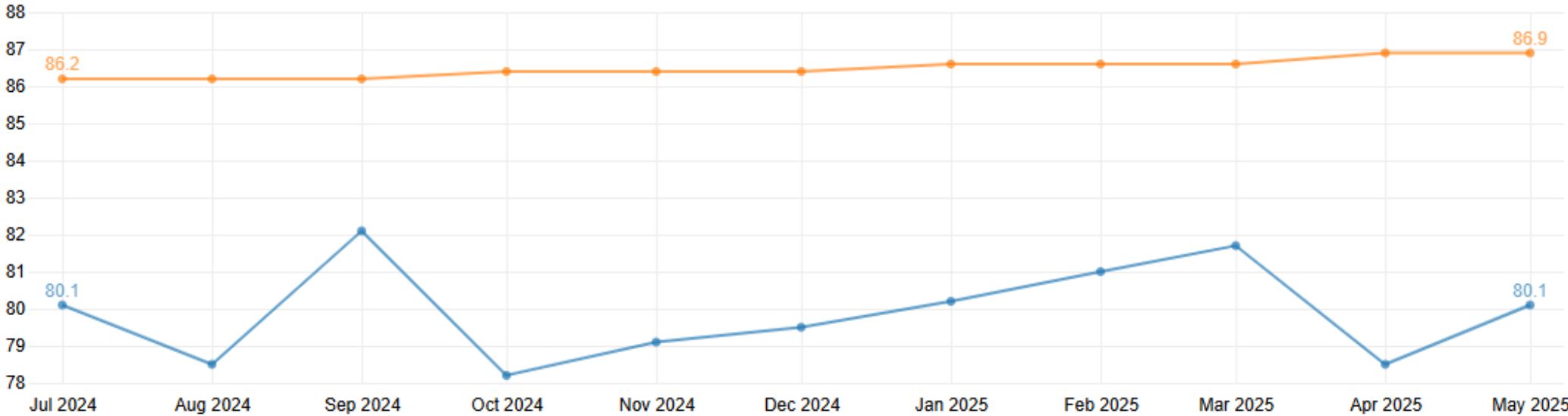
↓ Export

Jul 01, 2024 - May 31, 2025

Respondents 9,158

■ NPS: Provider would recommend ■ Benchmark

NPS: Provider would recommend



	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025
NPS: Provider would recommend	80.1 n = 893	78.5 n = 968	82.1 n = 792	78.2 n = 878	79.1 n = 722	79.5 n = 702	80.2 n = 966	81.0 n = 878	81.7 n = 857	78.5 n = 769	80.1 n = 733

Real Time Surveys - Human Understanding

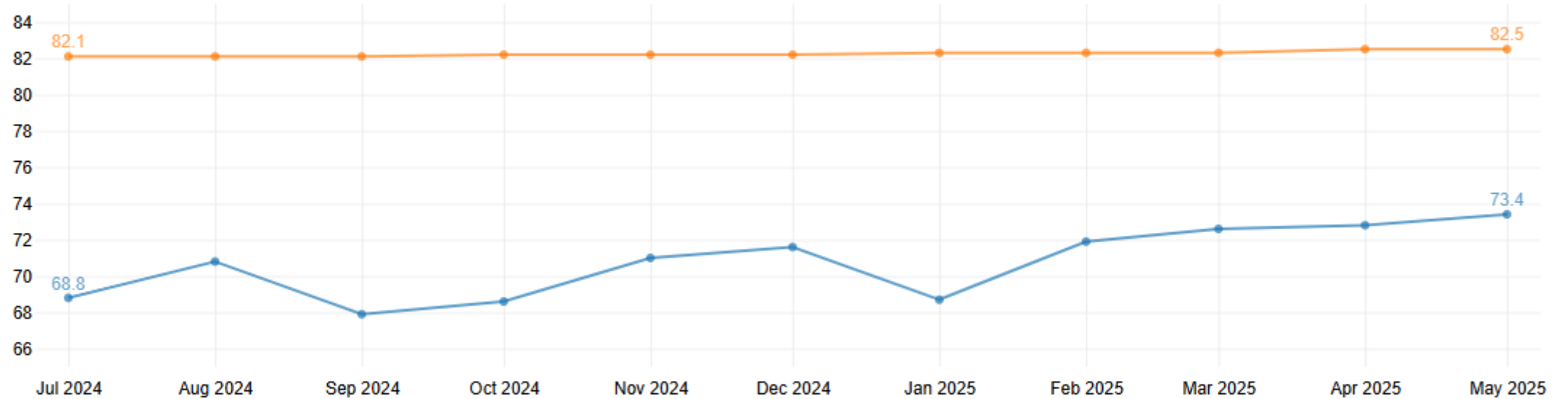
Trend

☆ Favorite 📧 Subscribe ⬇️ Export Jul 01, 2024 - May 31, 2025

Respondents 30,378

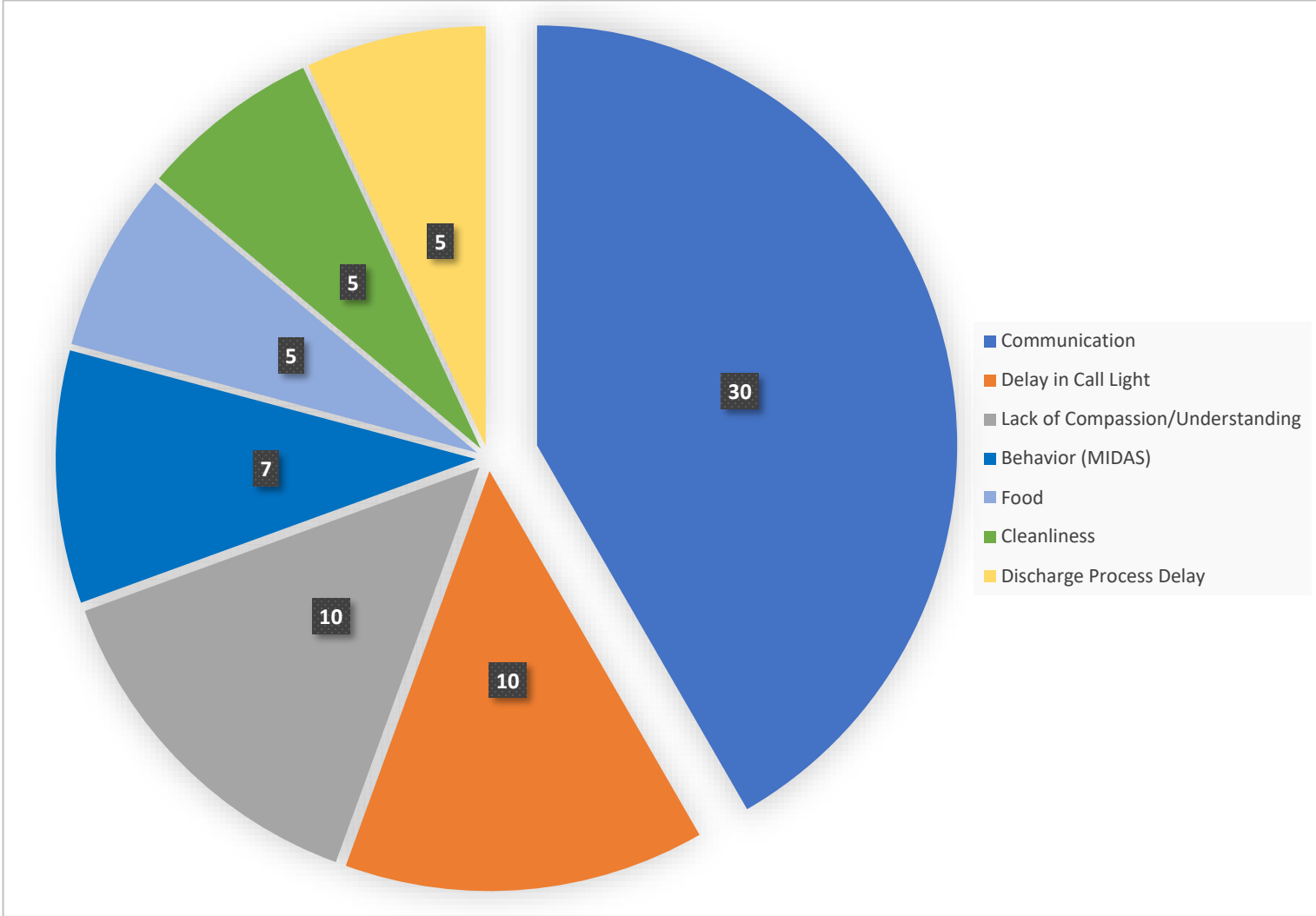
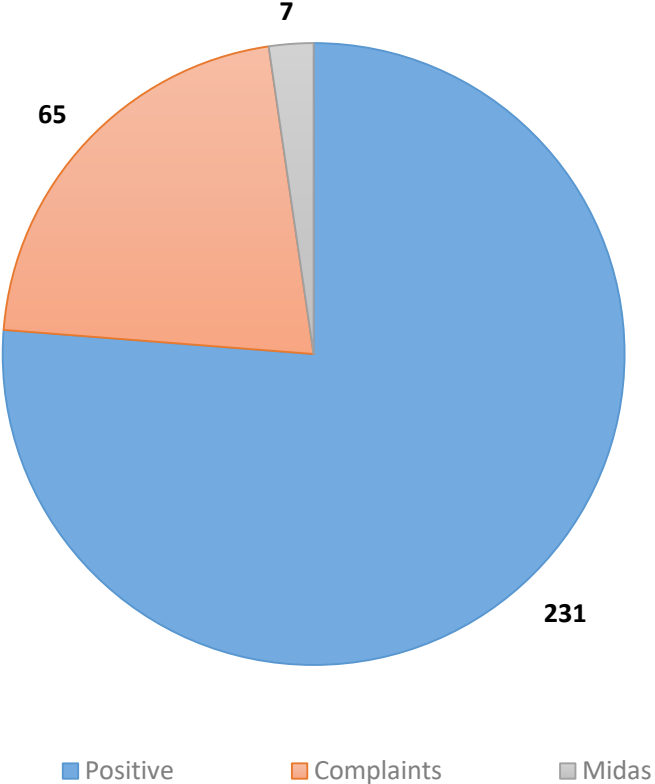
■ Human Understanding ■ Benchmark

Human Understanding



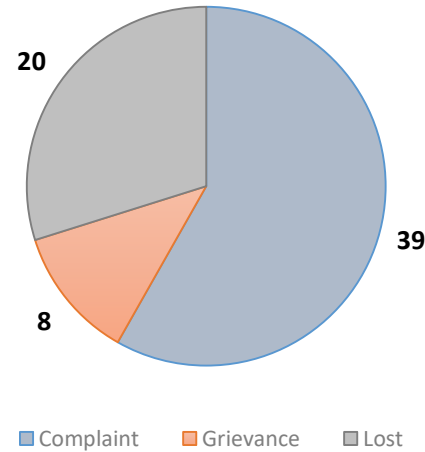
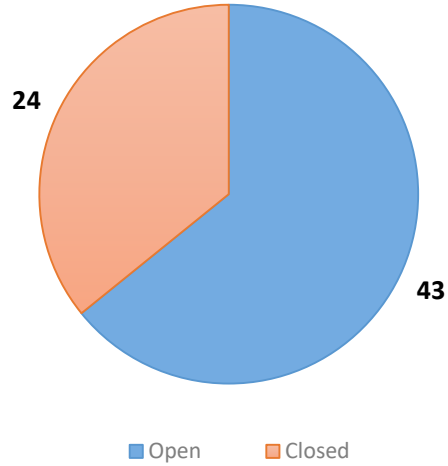
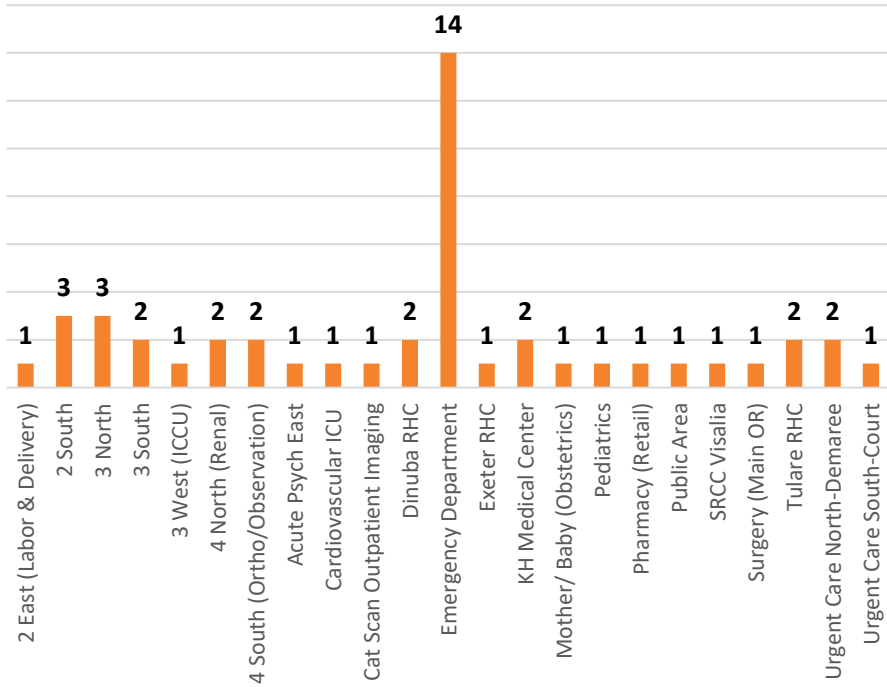
	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025
Human Understanding	70.8 n = 3,027	67.9 n = 2,695	68.6 n = 2,884	71.0 n = 2,473	71.6 n = 2,365	68.7 n = 2,828	71.9 n = 2,726	72.6 n = 2,768	72.8 n = 2,584	73.4 n = 3,359

250 PX Rounds

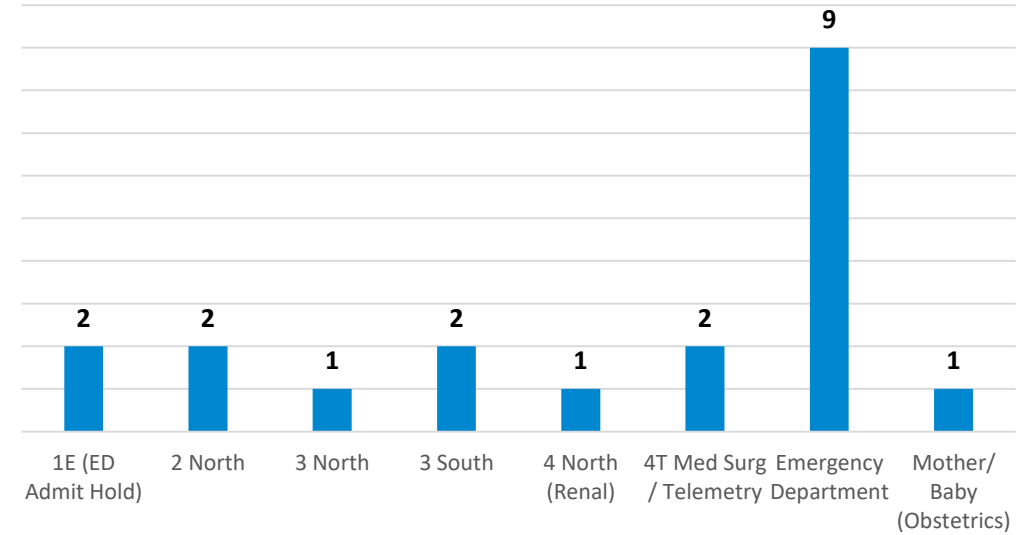


67 PX MIDAS

Complaints & Grievances

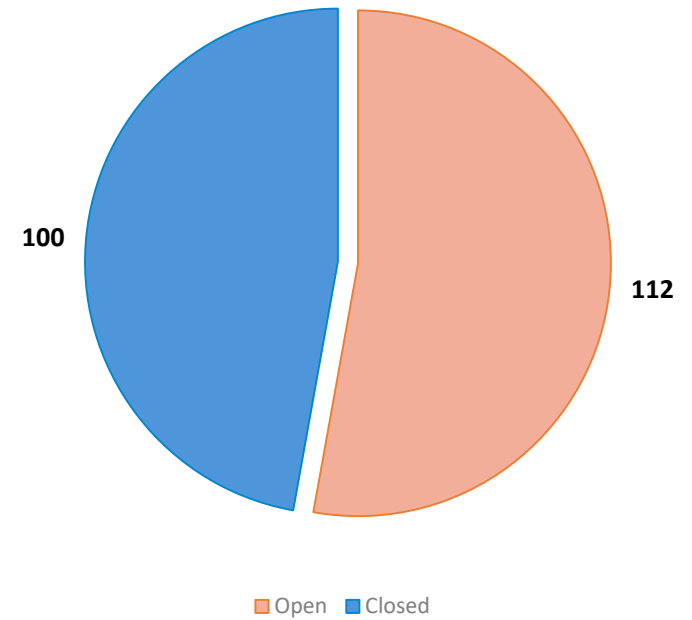
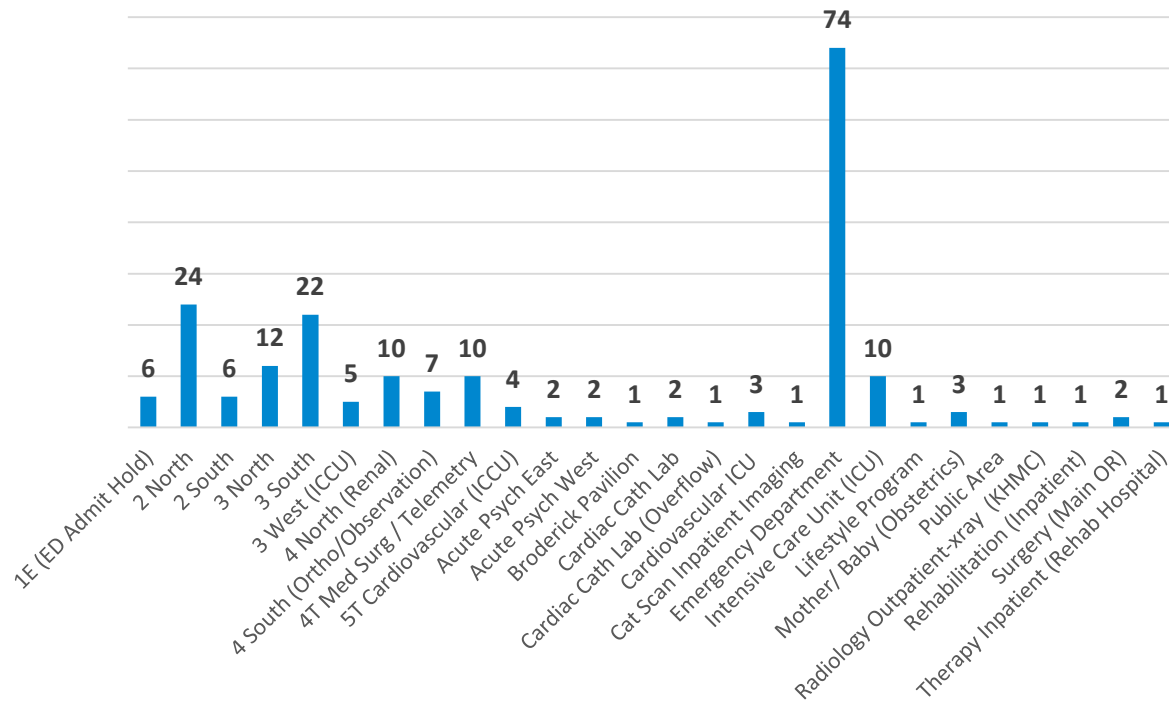


Lost Belongings



212 Lost Belongings (FY25)

July 2024 - Current



FINANCIALS

CFO Financial Report

Month Ending June 2025

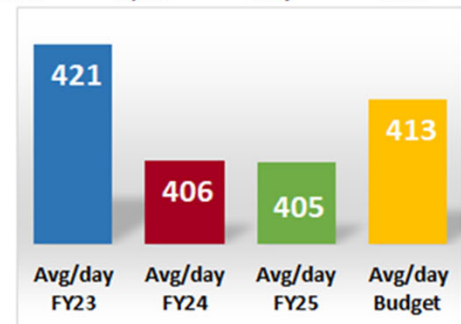
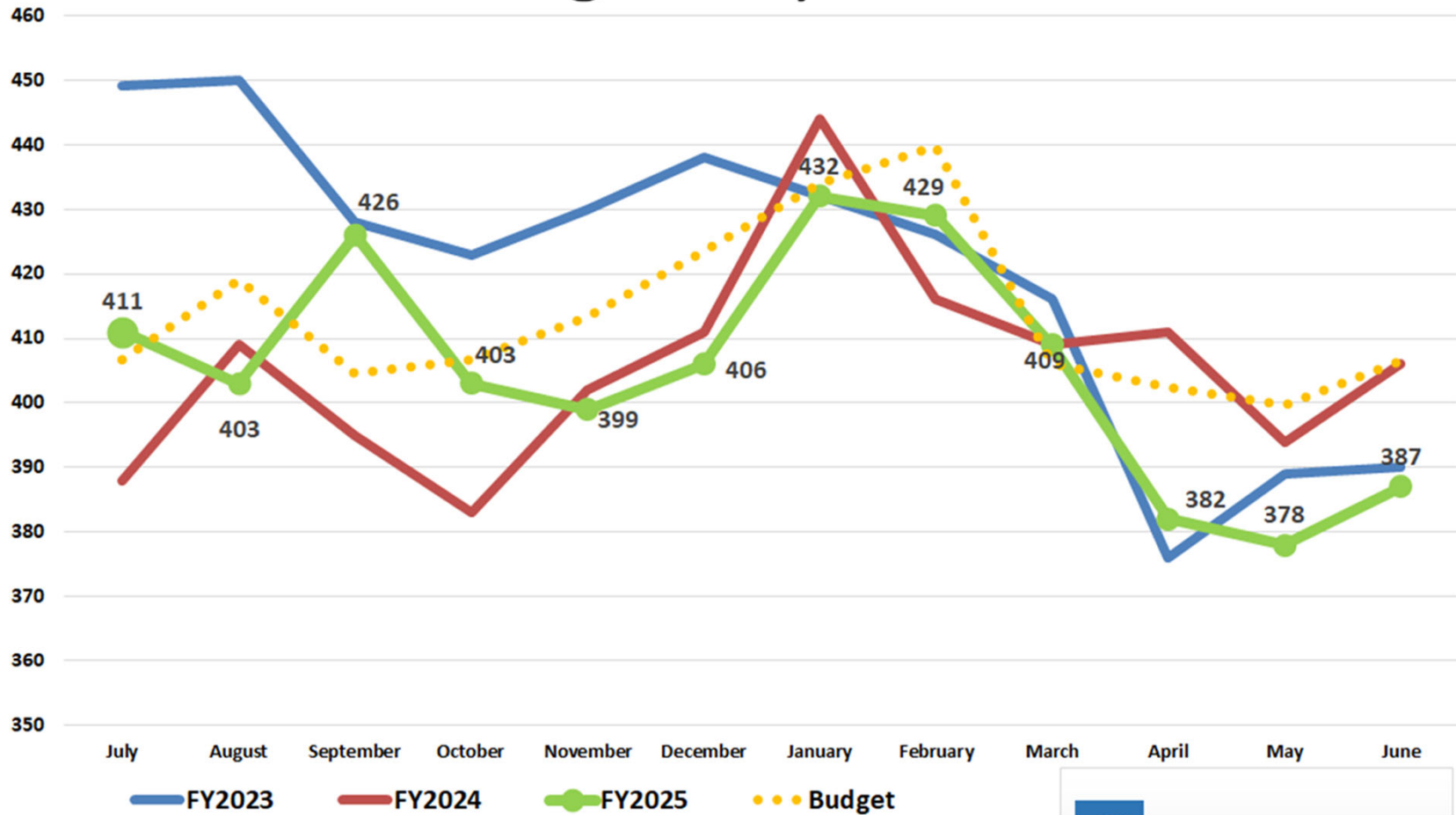


[kawahhealth.org](https://www.kawahhealth.org)

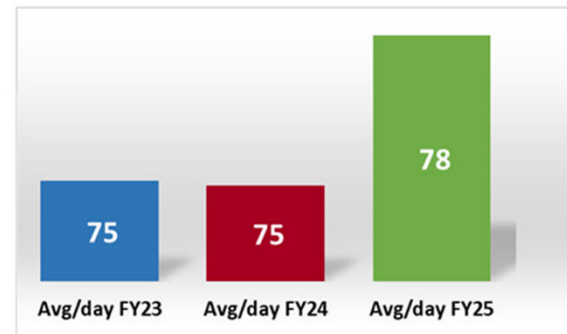
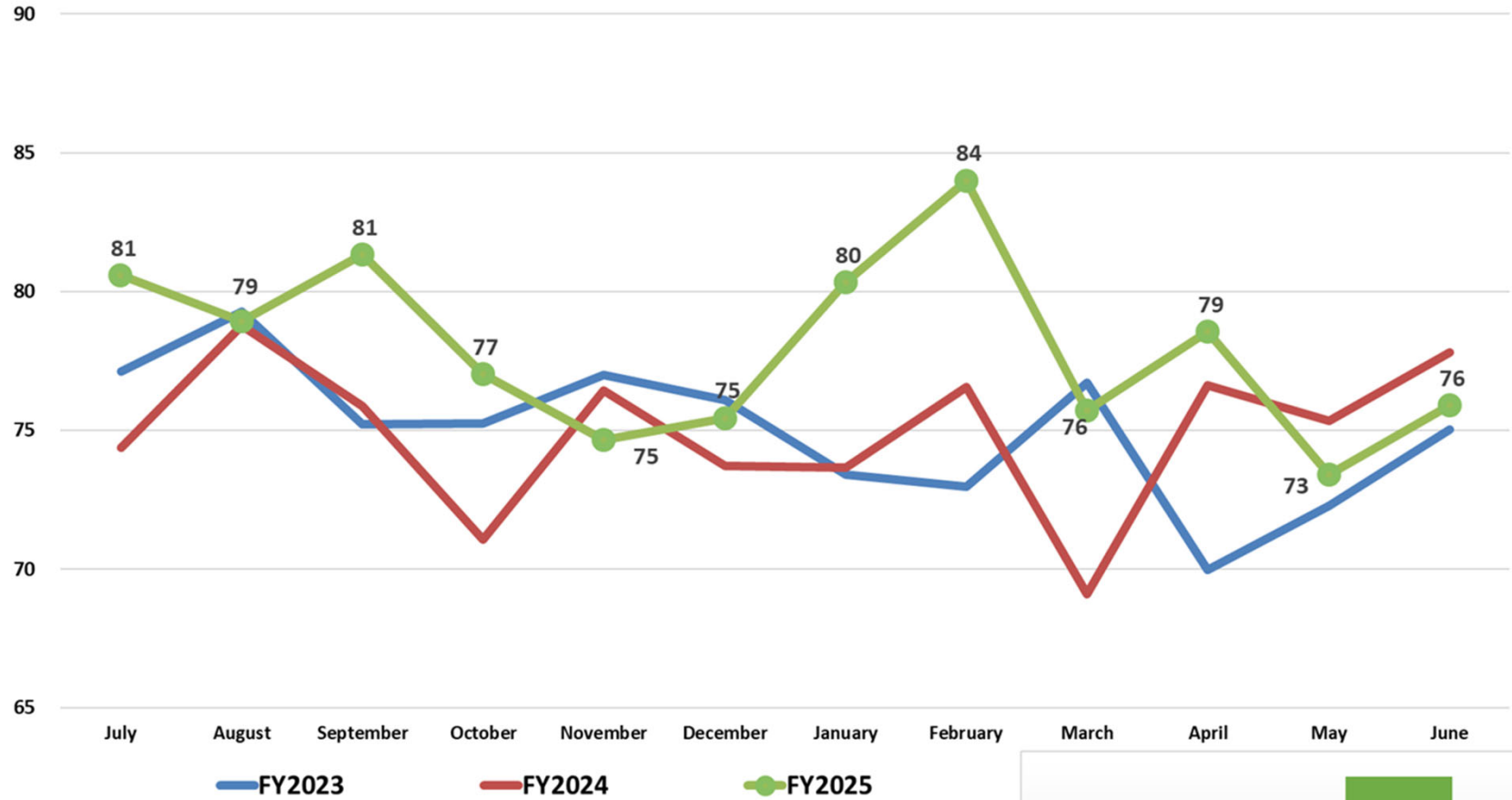


Kawah Health[™]
MORE THAN MEDICINE. LIFE.

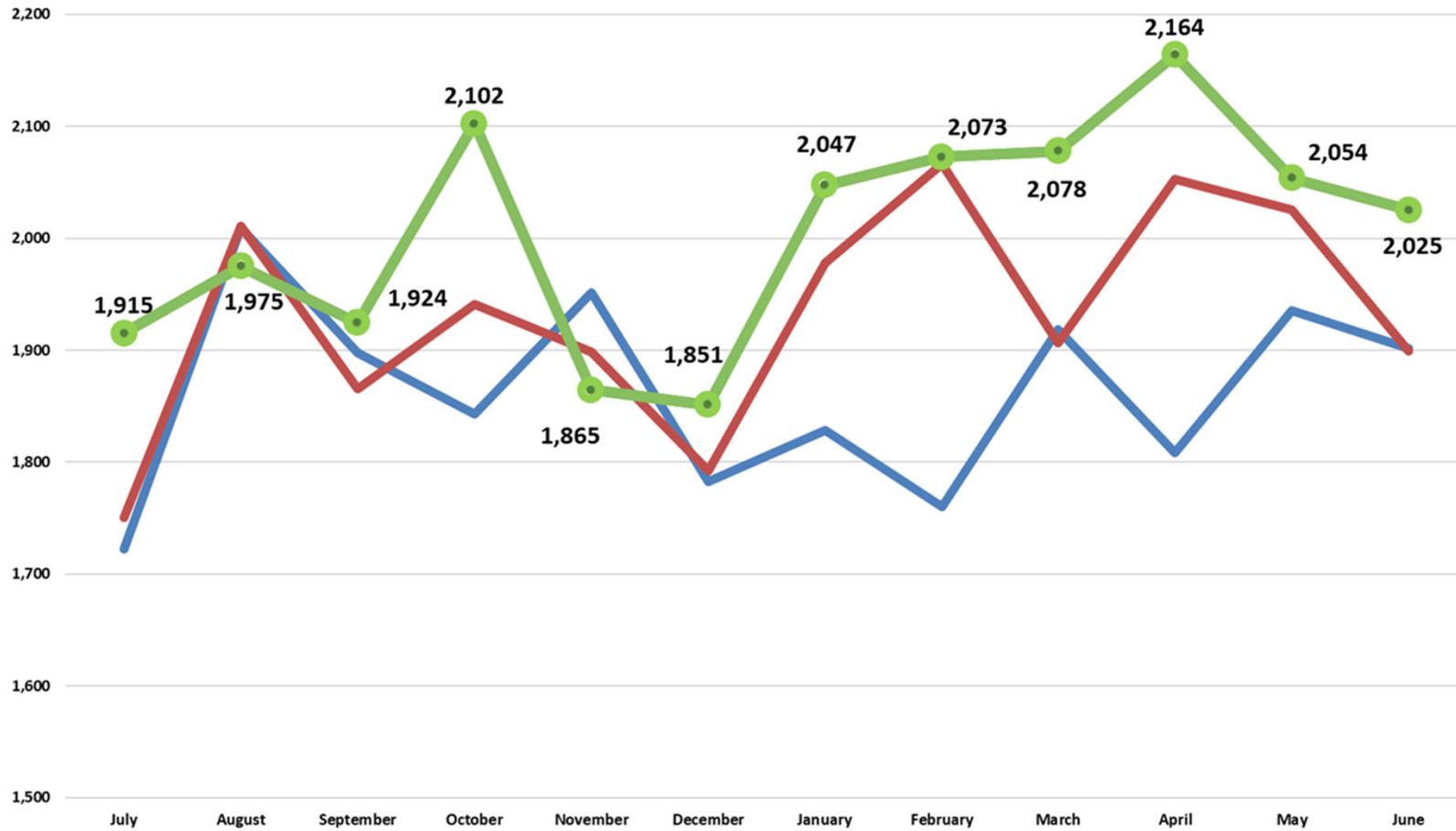
Average Daily Census



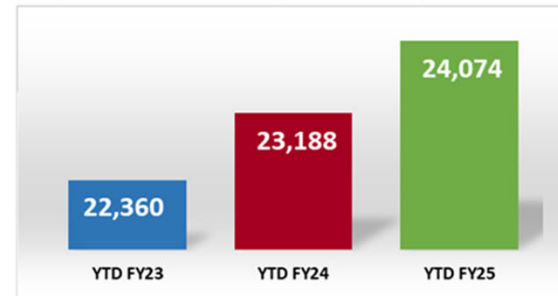
Average Discharges per Day



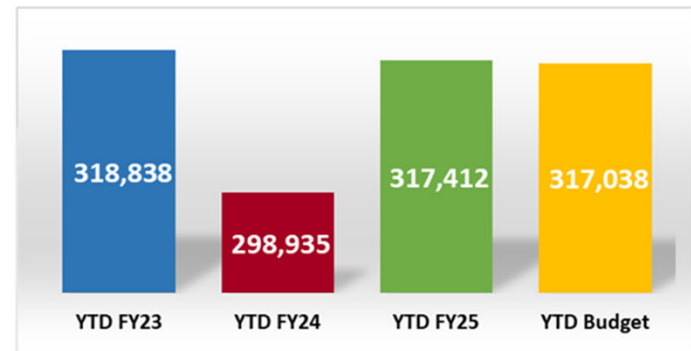
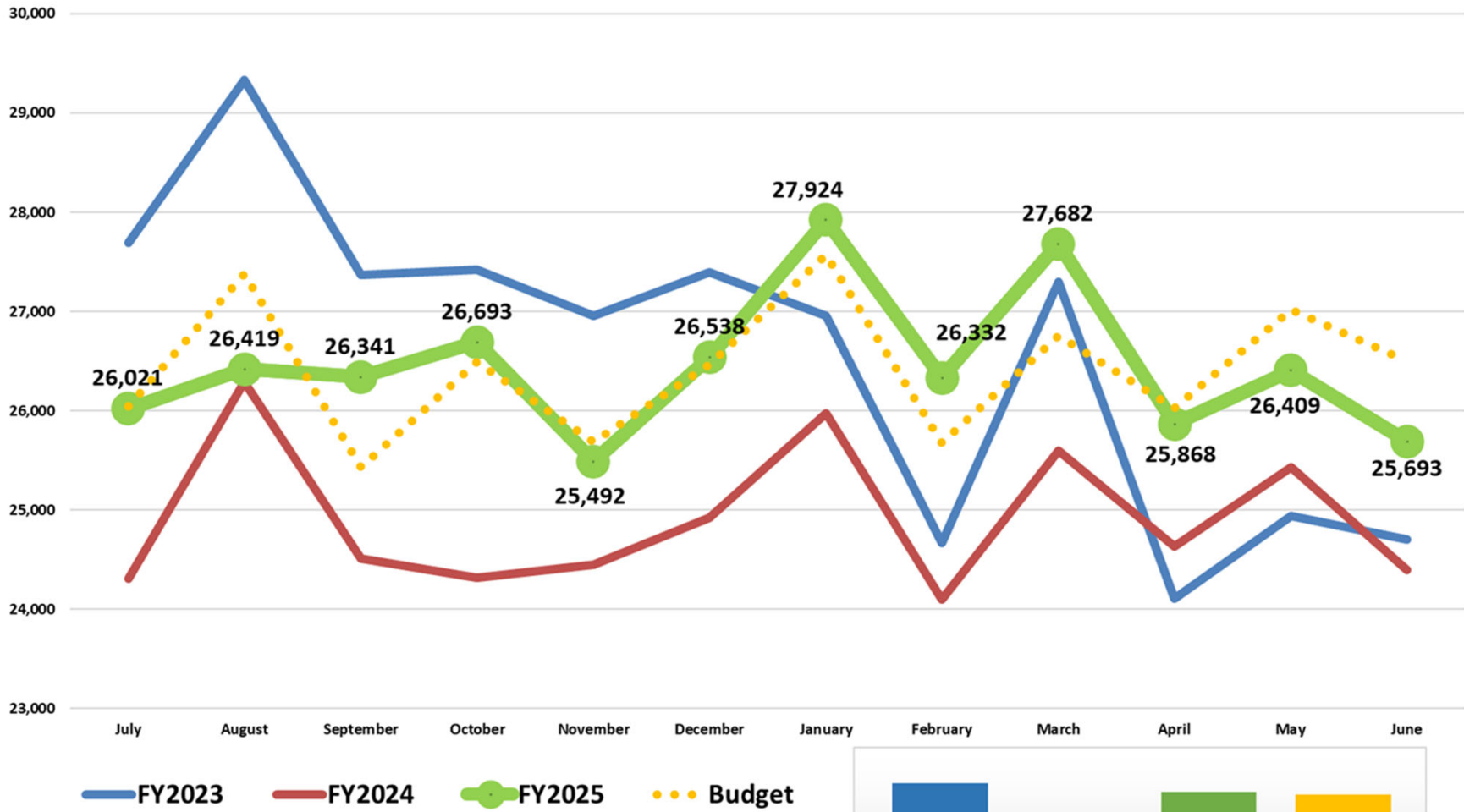
Outpatient Registrations Per Day



—●— FY2023
 —●— FY2024
 —●— FY2025



Adjusted Patient Days



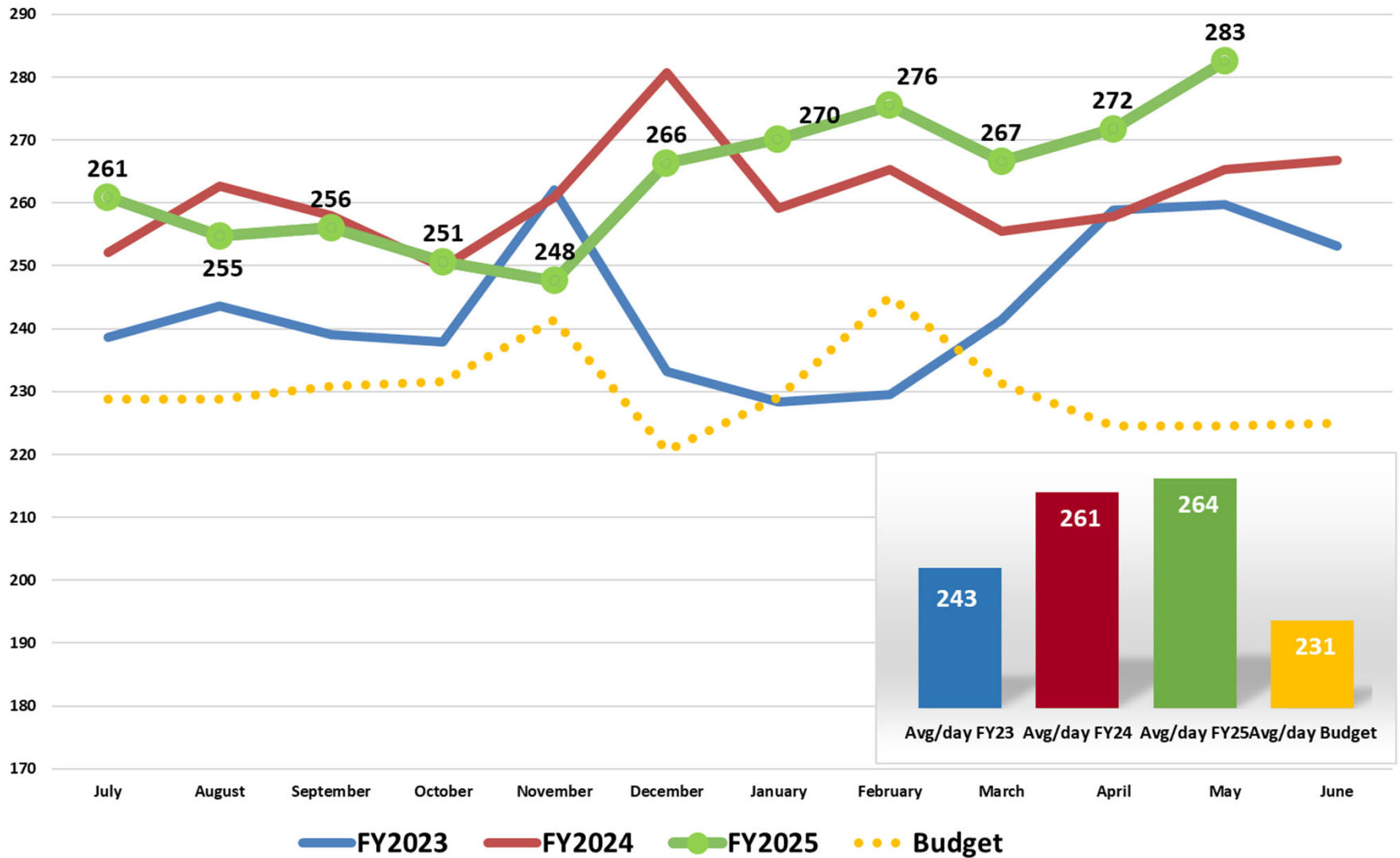
Statistical Results – Fiscal Year Comparison (June)

	Actual Results			Budget	Budget Variance	
	Jun 2024	Jun 2025	% Change	Jun 2025	Change	% Change
Average Daily Census	406	387	(4.7%)	407	(20)	(5.0%)
KDHCD Patient Days:						
Medical Center	8,493	7,765	(8.6%)	8,115	(350)	(4.3%)
Acute I/P Psych	1,098	1,299	18.3%	1,358	(59)	(4.3%)
Sub-Acute	825	836	1.3%	900	(64)	(7.1%)
Rehab	552	543	(1.6%)	564	(21)	(3.7%)
TCS-Ortho	344	393	14.2%	370	23	6.2%
NICU	378	323	(14.6%)	400	(77)	(19.3%)
Nursery	498	443	(11.0%)	500	(57)	(11.4%)
Total KDHCD Patient Days	12,188	11,602	(4.8%)	12,207	(605)	(5.0%)
Total Outpatient Volume	56,970	60,750	6.6%	59,671	1,079	1.8%

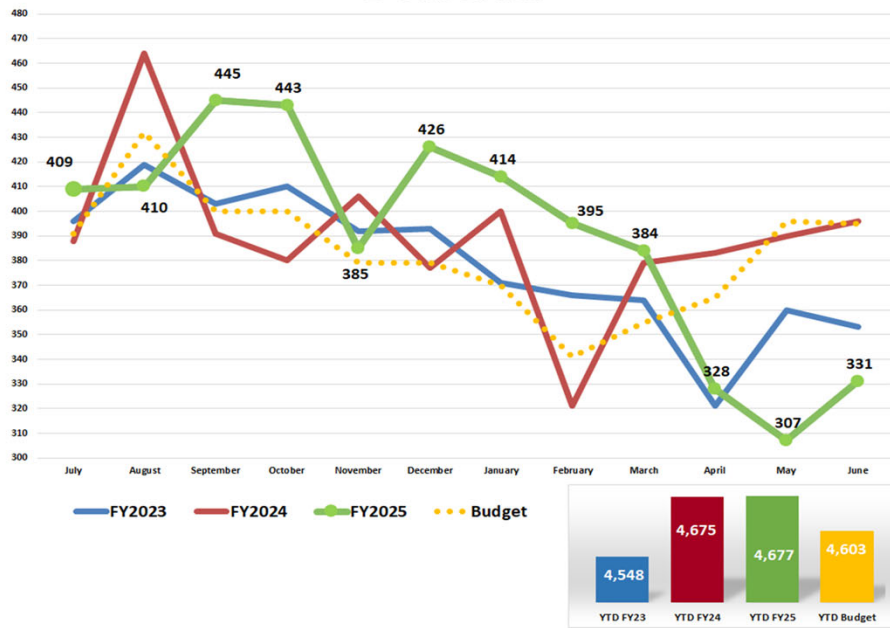
Statistical Results – Fiscal Year Comparison (Jul-Jun)

	Actual Results			Budget	Budget Variance	
	FYTD 2024	FYTD 2025	% Change	FYTD 2025	Change	% Change
Average Daily Census	406	405	(0.2%)	413	(8)	(2.0%)
KDHCD Patient Days:						
Medical Center	100,865	101,129	0.3%	101,198	(69)	(0.1%)
Acute I/P Psych	15,242	13,754	(9.8%)	16,516	(2,762)	(16.7%)
Sub-Acute	10,967	10,719	(2.3%)	10,950	(231)	(2.1%)
Rehab	6,518	7,384	13.3%	6,646	738	11.1%
TCS-Ortho	4,102	4,333	5.6%	4,625	(292)	(6.3%)
NICU	4,854	4,643	(4.3%)	4,940	(297)	(6.0%)
Nursery	5,939	5,945	0.1%	6,000	(55)	(0.9%)
Total KDHCD Patient Days	148,487	147,907	(0.4%)	150,875	(2,968)	(2.0%)
Total Outpatient Volume	704,880	732,066	3.9%	726,001	6,065	0.8%

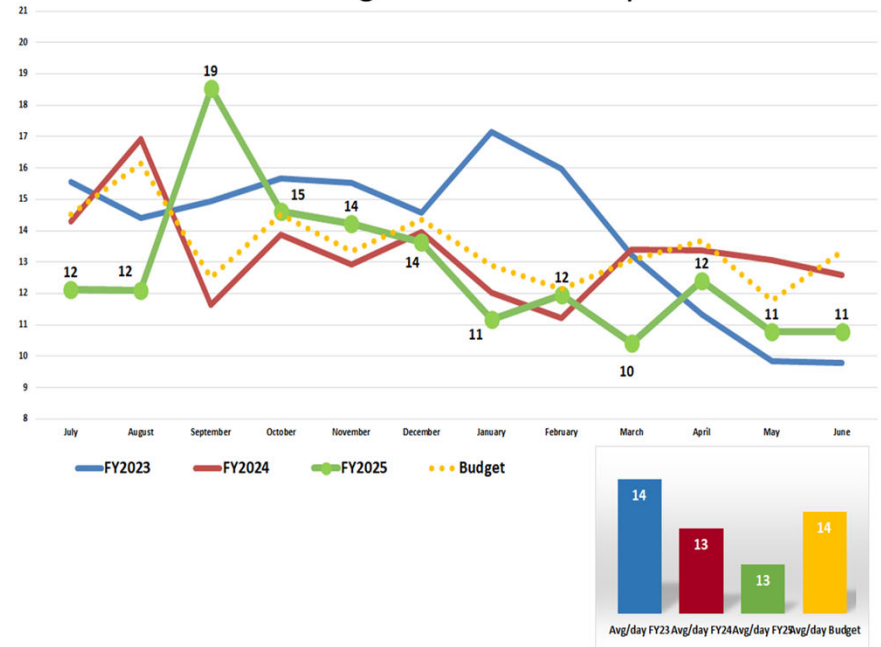
ED - Avg Treated Per Day



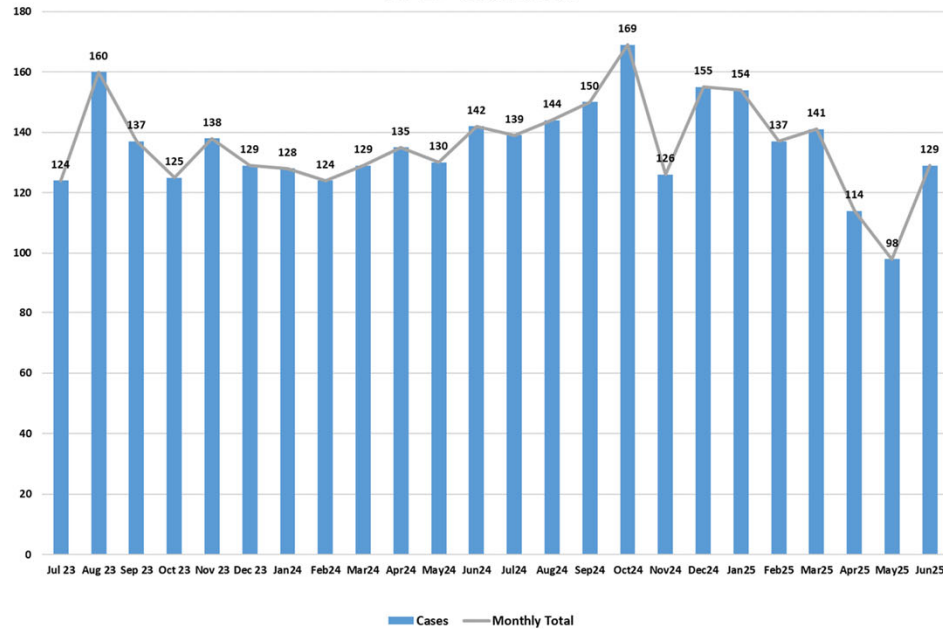
Deliveries



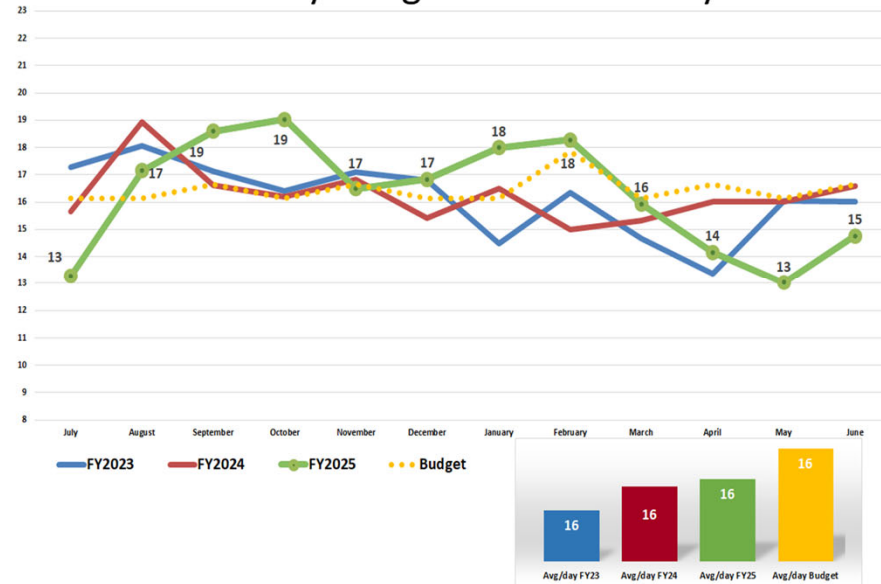
NICU - Avg Patients Per Day



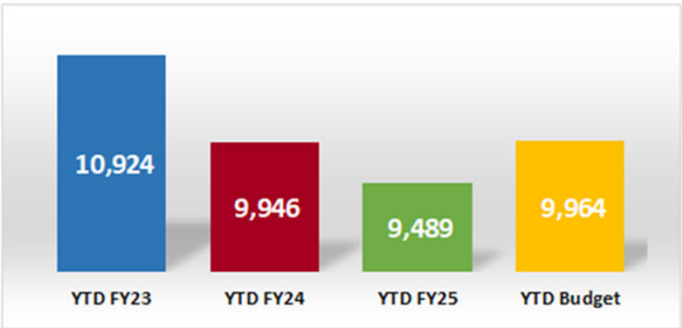
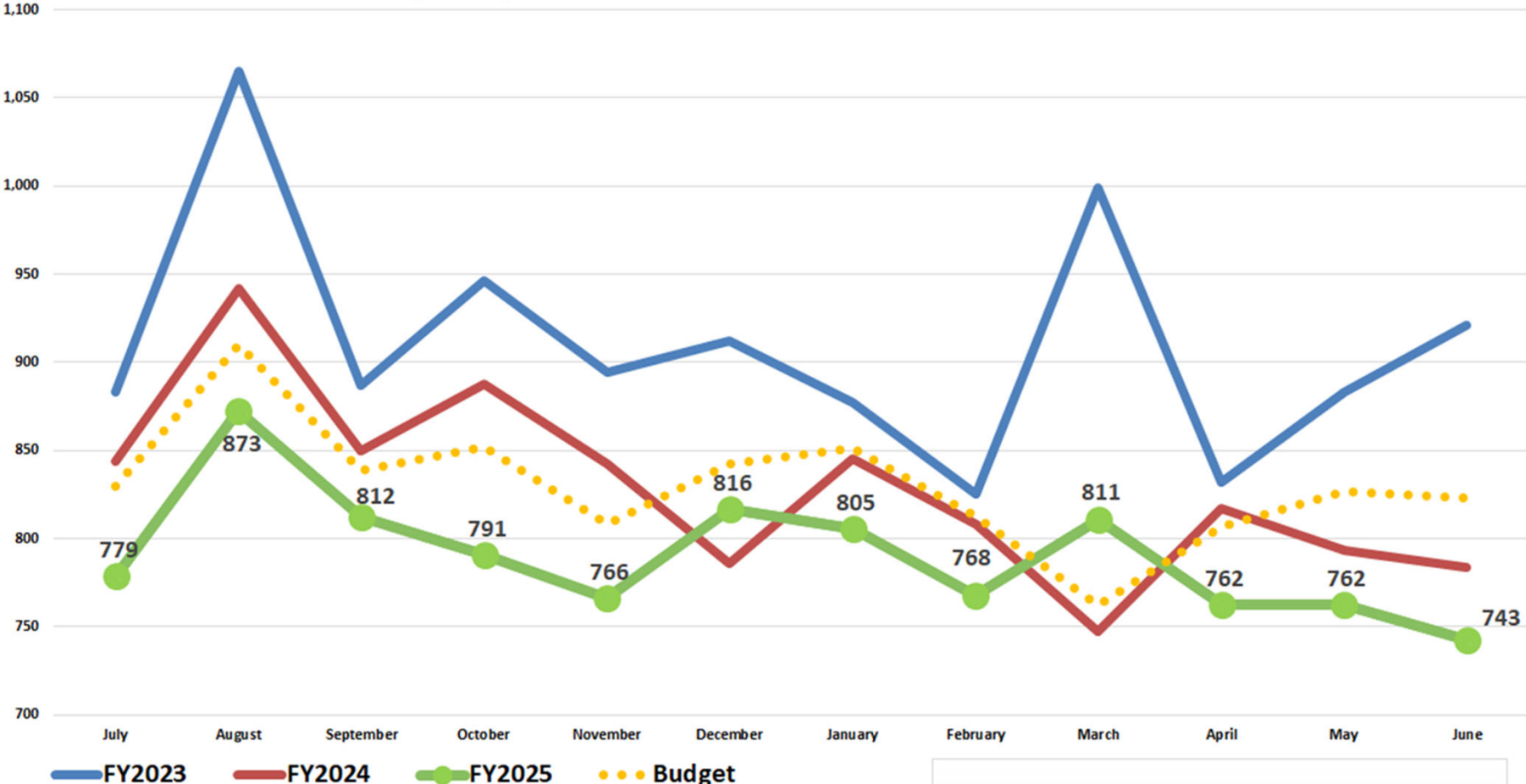
OB Cases



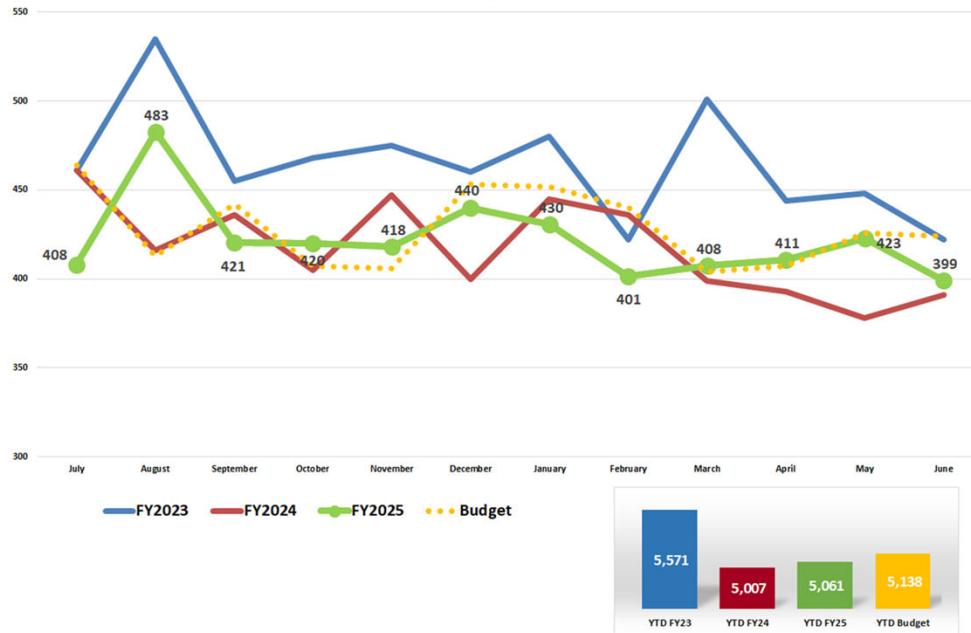
Nursery - Avg Patients Per Day



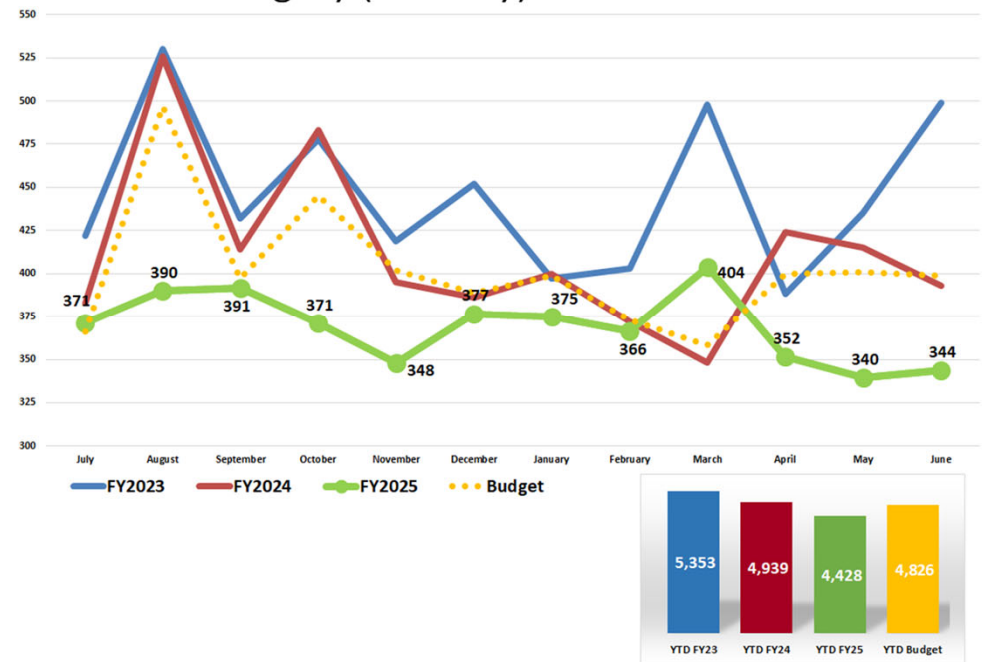
Surgery (IP & OP) – 100 Min Units



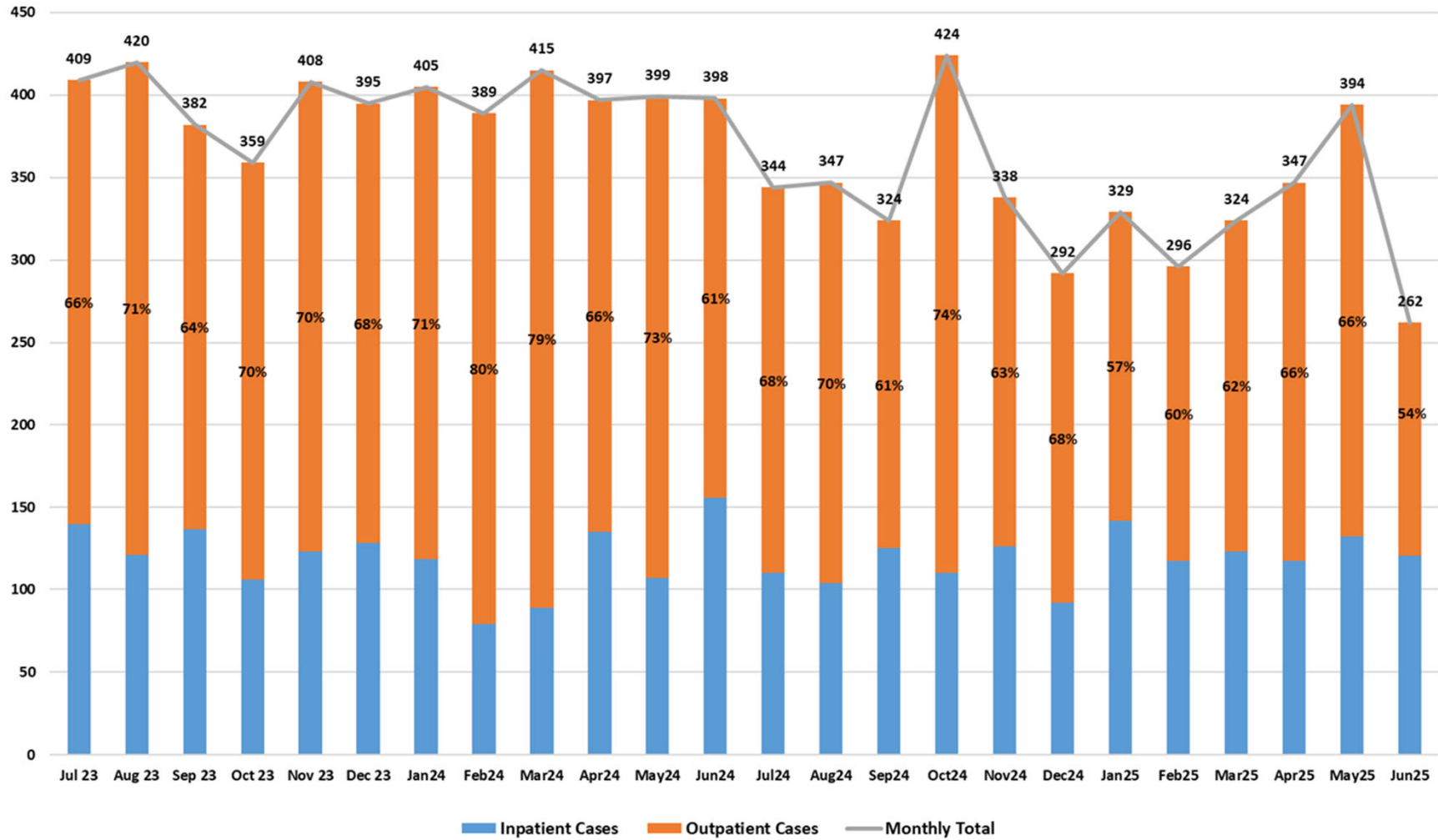
Surgery (IP Only) - 100 Min Unit



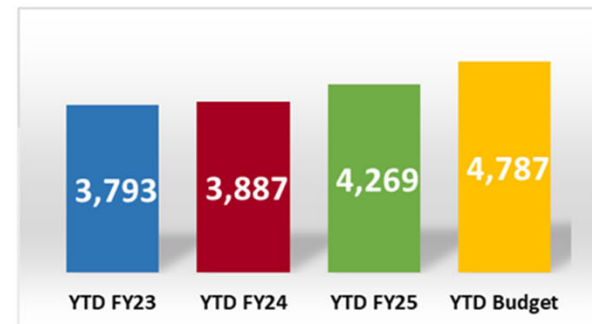
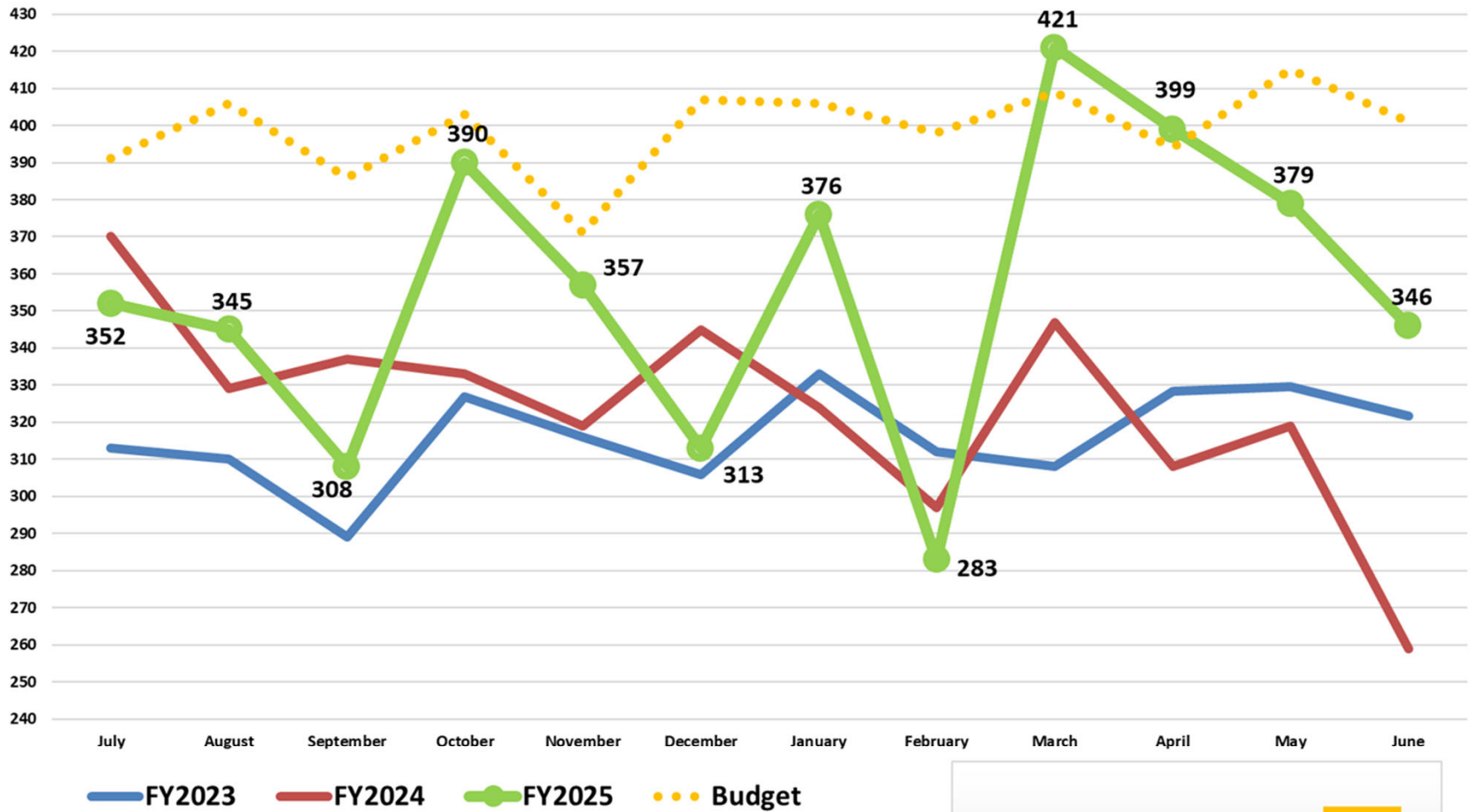
Surgery (OP Only) - 100 Min Units



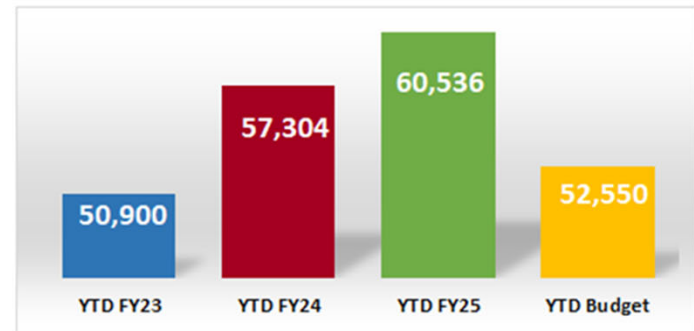
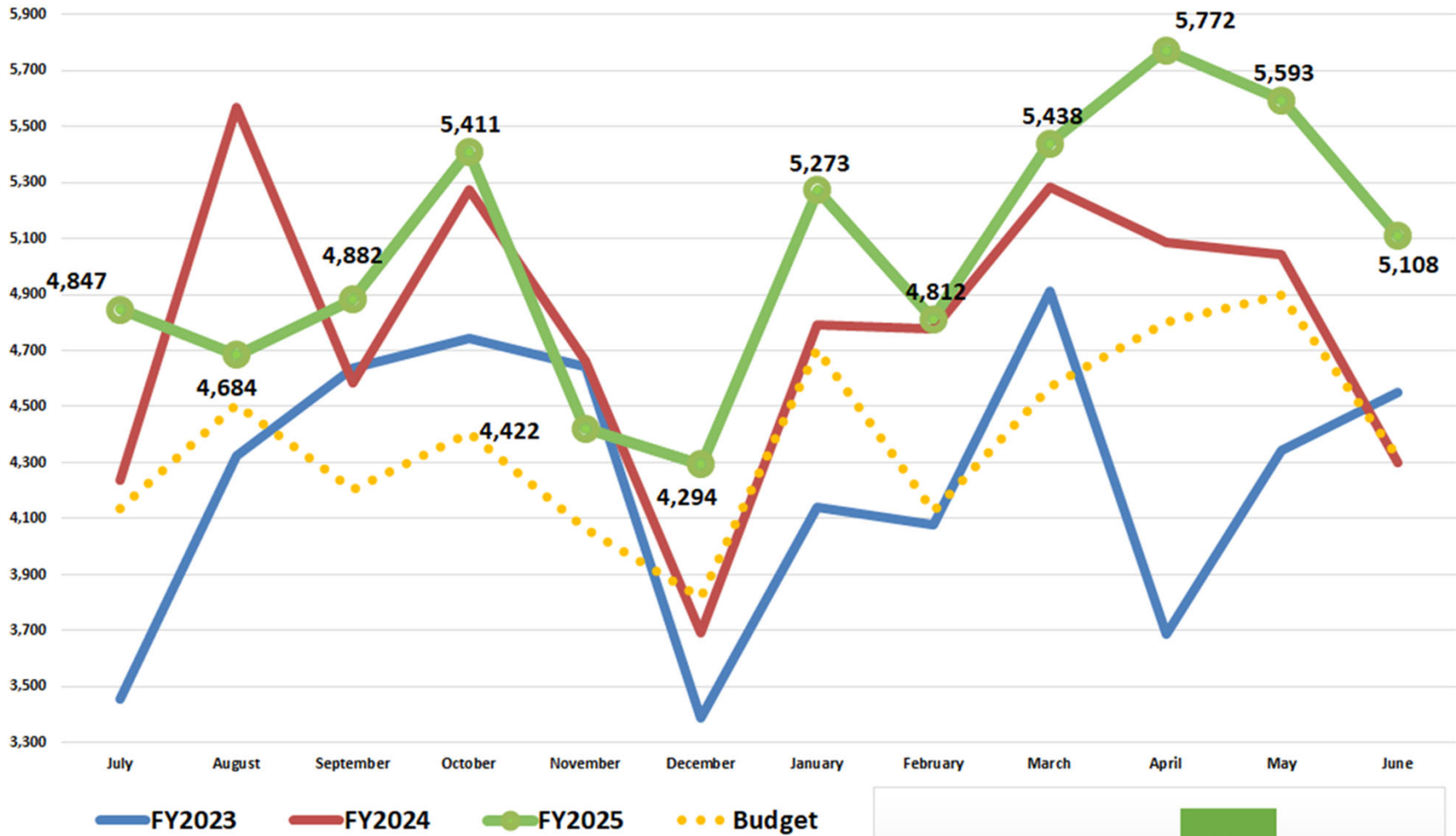
Endo Cases (Suites A & B and OR)



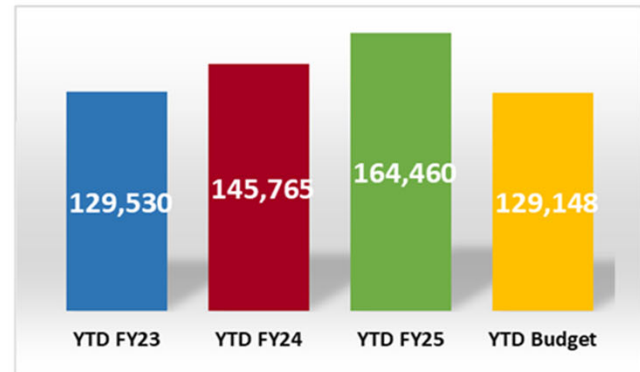
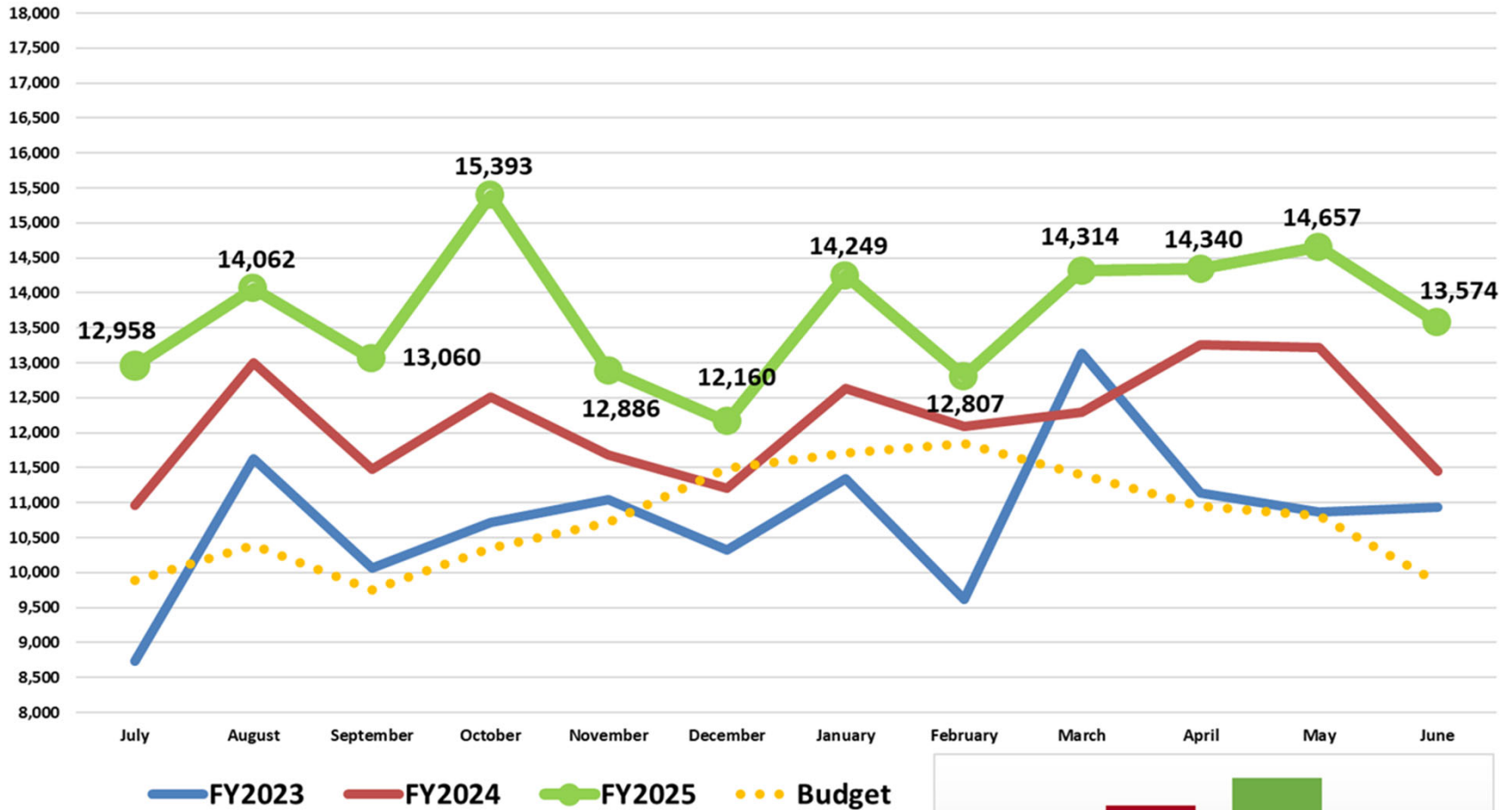
Cath Lab (IP & OP) – 100 Min Units



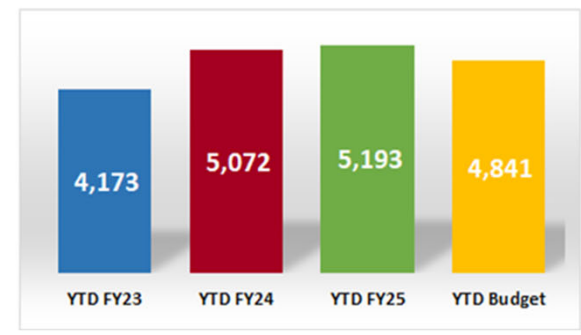
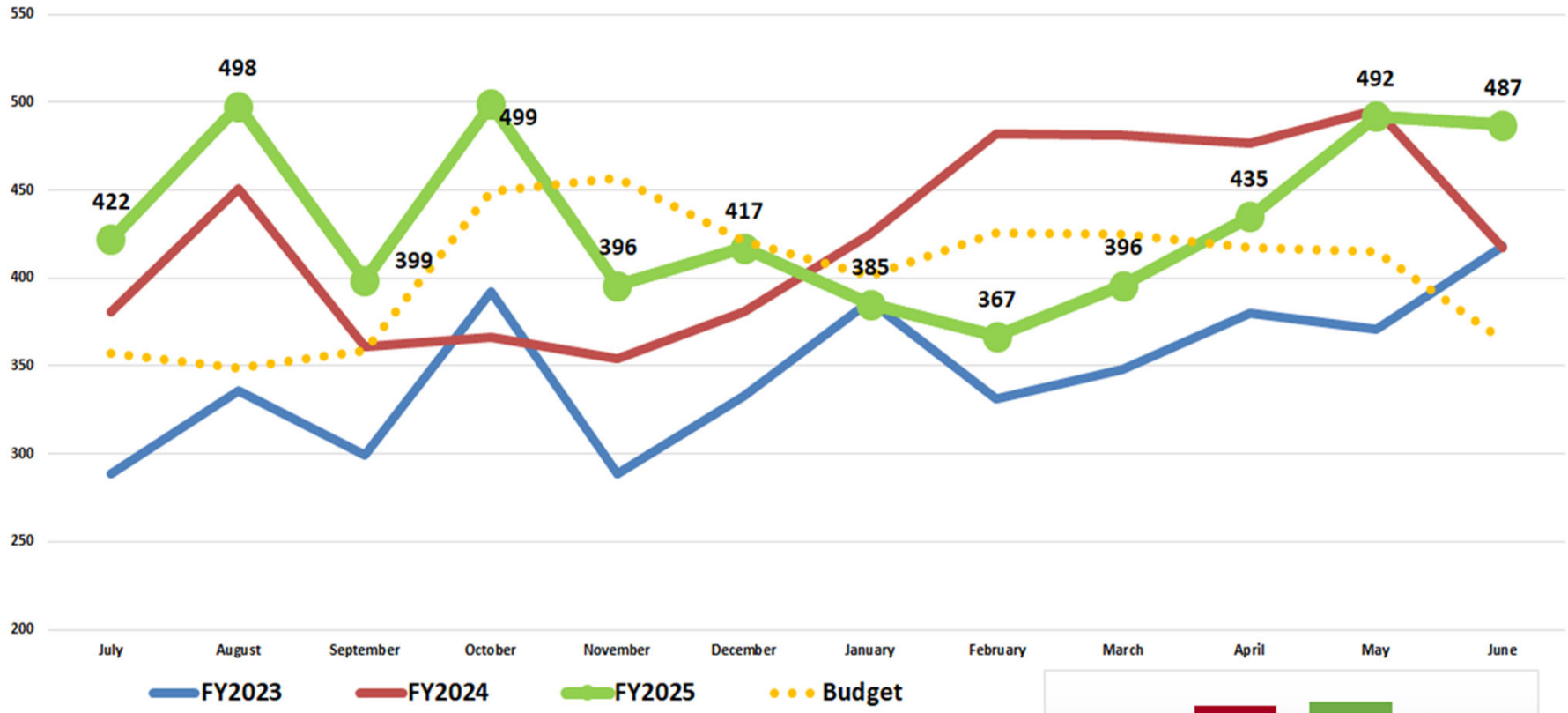
O/P Rehab Services



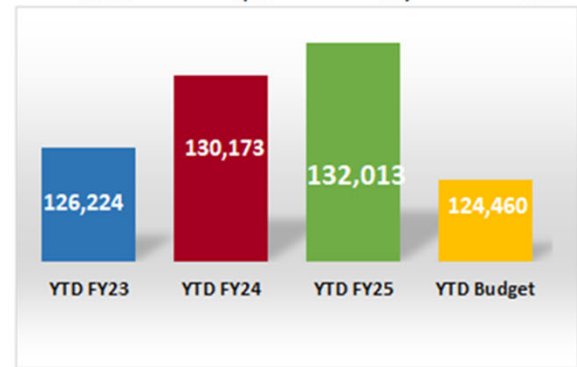
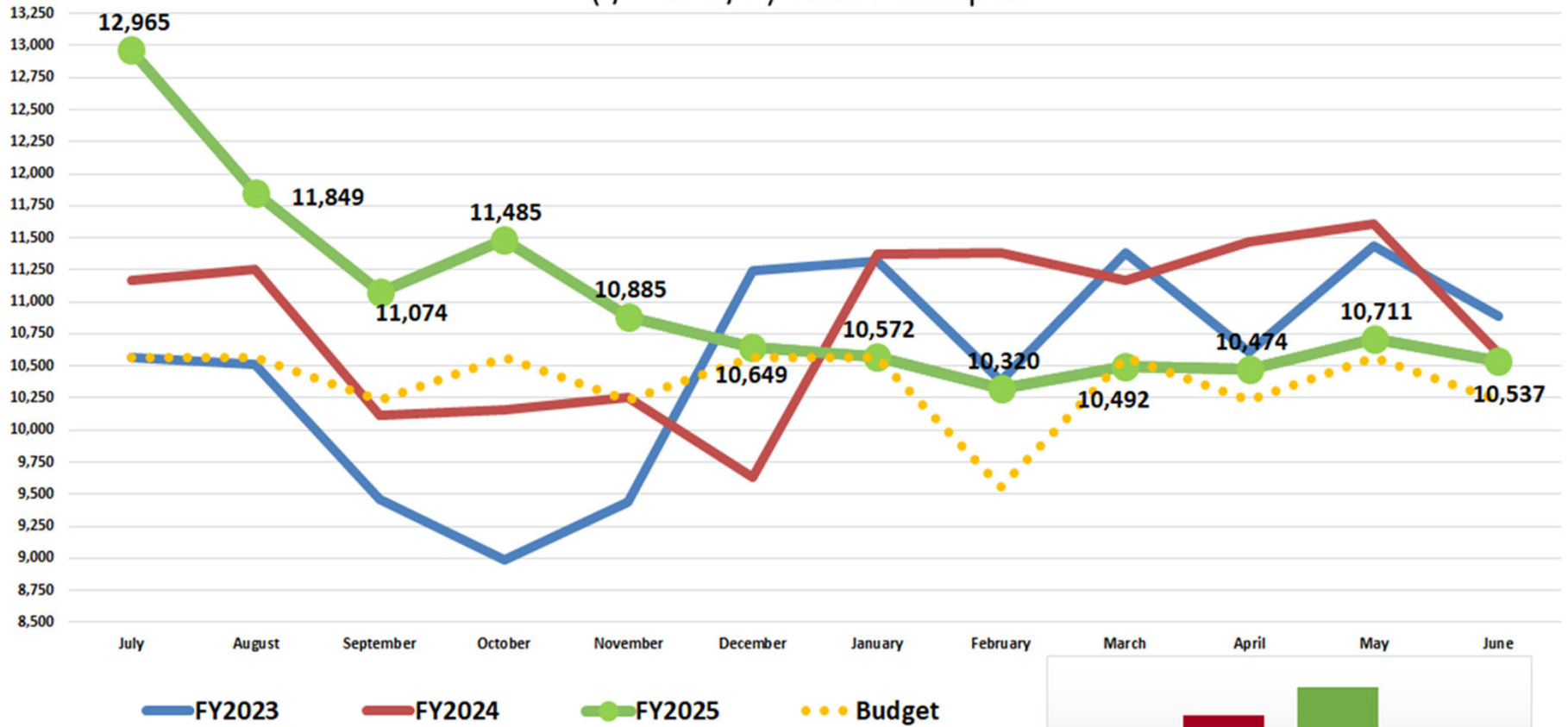
Rural Health Clinics Registrations



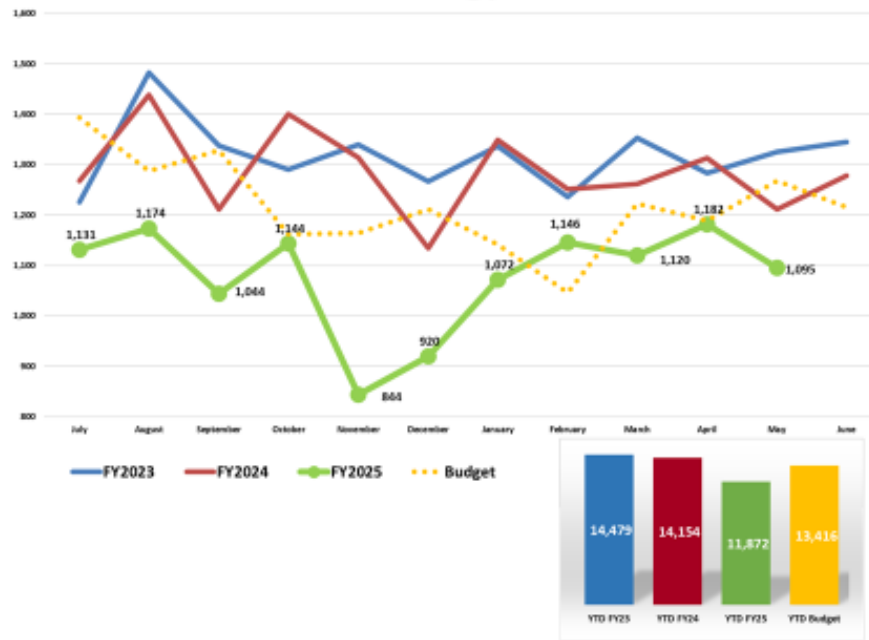
Infusion Center - Units of Service



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



Medical Oncology Treatments



Medical Oncology Visits



Other Statistical Results – Fiscal Year Comparison (June)

	Actual Results				Budget	Budget Variance	
	Jun 24	Jun 25	Change	% Change	Jun 25	Change	% Change
Rural Health Clinics Registrations	11,452	13,574	2,122	18.5%	9,856	3,718	37.7%
RHC Exeter - Registrations	5,028	6,490	1,462	29.1%	5,870	620	10.6%
RHC Lindsay - Registrations	1,658	1,868	210	12.7%	1,088	780	71.7%
RHC Woodlake - Registrations	1,206	1,302	96	8.0%	602	700	116.3%
RHC Dinuba - Registrations	1,268	1,257	(11)	(0.9%)	946	311	32.9%
RHC Tulare - Registrations	2,292	2,657	365	15.9%	1,350	1,307	96.8%
Urgent Care – Court Total Visits	2,772	2,473	(299)	(10.8%)	3,370	(897)	(26.6%)
Urgent Care – Demaree Total Visits	1,940	1,568	(372)	(19.2%)	2,002	(434)	(21.7%)
KH Medical Clinic - Ben Maddox Visits	837	862	25	3.0%	1,200	(338)	(28.2%)
KH Medical Clinic - Plaza Visits	281	254	(27)	(9.6%)	561	(307)	(54.7%)
KH Medical Willow Clinic Visits	71	1,385	1,314	1850.7%	1,078	307	28.5%
KH Cardiology Center Visalia Registrations	1,423	1,396	(27)	(1.9%)	1,600	(204)	(12.8%)
KH Mental Wellness Clinic Visits	270	311	41	15.2%	400	(89)	(22.3%)
Urology Clinic Visits	297	243	(54)	(18.2%)	600	(357)	(59.5%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Jun 24	YTD Jun 25	Change	% Change	YTD Jun 25	Change	% Change
Rural Health Clinics Registrations	145,628	164,323	18,695	12.8%	129,148	35,175	27.2%
RHC Exeter - Registrations	70,787	78,302	7,515	10.6%	76,941	1,361	1.8%
RHC Lindsay - Registrations	21,167	22,470	1,303	6.2%	15,045	7,425	49.4%
RHC Woodlake - Registrations	13,238	15,980	2,742	20.7%	8,791	7,189	81.8%
RHC Dinuba - Registrations	16,109	18,242	2,133	13.2%	14,196	4,046	28.5%
RHC Tulare - Registrations	24,327	29,329	5,002	20.6%	14,175	15,154	106.9%
Urgent Care – Court Total Visits	37,619	30,487	(7,132)	(19.0%)	47,323	(16,836)	(35.6%)
Urgent Care – Demaree Total Visits	25,888	18,797	(7,091)	(27.4%)	28,600	(9,803)	(34.3%)
KH Medical Clinic - Ben Maddox Visits	9,985	10,906	921	9.2%	14,050	(3,144)	(22.4%)
KH Medical Clinic - Plaza Visits	1,857	3,151	1,294	69.7%	6,972	(3,821)	(54.8%)
KH Medical Willow Clinic Visits	115	9,475	9,360	8139.1%	14,240	(4,765)	(33.5%)
KH Cardiology Center Visalia Registrations	17,664	18,285	621	3.5%	18,321	(36)	(0.2%)
KH Mental Wellness Clinic Visits	3,214	3,639	425	13.2%	4,520	(881)	(19.5%)
Urology Clinic Visits	3,466	3,551	85	2.5%	6,754	(3,203)	(47.4%)

Other Statistical Results – Fiscal Year Comparison (June)

	Actual Results				Budget	Budget Variance	
	Jun 24	Jun 25	Change	% Change	Jun 25	Change	% Change
All O/P Rehab Svcs Across District	20,851	20,711	(140)	(0.7%)	20,261	450	2.2%
Physical & Other Therapy Units (I/P & O/P)	17,237	17,449	212	1.2%	18,250	(801)	(4.4%)
Radiology - CT - All Areas	4,404	5,109	705	16.0%	4,110	999	24.3%
Radiology - MRI - All Areas	838	1,128	290	34.6%	787	341	43.3%
Radiology - Ultrasound - All Areas	2,799	3,153	354	12.6%	2,312	841	36.4%
Radiology - Diagnostic Radiology	9,425	9,677	252	2.7%	7,683	1,994	26.0%
Radiology – Main Campus	14,837	16,052	1,215	8.2%	12,341	3,711	30.1%
Radiology - Ultrasound - Main Campus	2,214	2,439	225	10.2%	1,445	994	68.8%
West Campus - Diagnostic Radiology	1,189	1,310	121	10.2%	967	343	35.5%
West Campus - CT Scan	473	523	50	10.6%	384	139	36.2%
West Campus - MRI	382	468	86	22.5%	333	135	40.5%
West Campus - Ultrasound	585	714	129	22.1%	867	(153)	(17.6%)
West Campus - Breast Center	1,635	1,635	0	0.0%	1,658	(23)	(1.4%)
Med Onc Visalia Treatments	1,278	1,100	(178)	(13.9%)	1,216	(116)	(9.5%)
Rad Onc Visalia Treatments	1,396	1,675	279	20.0%	1,982	(307)	(15.5%)
Rad Onc Hanford Treatments	189	391	202	106.9%	458	(67)	(14.6%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Jun 24	YTD Jun 25	Change	% Change	YTD Jun 25	Change	% Change
All O/P Rehab Svcs Across District	244,375	248,488	4,113	1.7%	235,428	13,060	5.5%
Physical & Other Therapy Units (I/P & O/P)	210,219	220,355	10,136	4.8%	225,895	(5,540)	(2.5%)
Radiology - CT - All Areas	53,697	57,086	3,389	6.3%	50,691	6,395	12.6%
Radiology - MRI - All Areas	10,070	10,766	696	6.9%	9,969	797	8.0%
Radiology - Ultrasound - All Areas	32,098	36,707	4,609	14.4%	26,501	10,206	38.5%
Radiology - Diagnostic Radiology	115,420	116,224	804	0.7%	97,792	18,432	18.8%
Radiology – Main Campus	180,203	186,875	6,672	3.7%	153,091	33,784	22.1%
Radiology - Ultrasound - Main Campus	24,940	28,658	3,718	14.9%	16,150	12,508	77.4%
West Campus - Diagnostic Radiology	13,748	14,716	968	7.0%	12,243	2,473	20.2%
West Campus - CT Scan	5,665	5,990	325	5.7%	4,860	1,130	23.3%
West Campus - MRI	4,511	5,082	571	12.7%	4,408	674	15.3%
West Campus - Ultrasound	7,158	8,049	891	12.4%	9,995	(1,946)	(19.5%)
West Campus - Breast Center	20,541	19,258	(1,283)	(6.2%)	20,841	(1,583)	(7.6%)
Med Onc Visalia Treatments	15,432	12,972	(2,460)	(15.9%)	14,632	(1,660)	(11.3%)
Rad Onc Visalia Treatments	18,093	16,943	(1,150)	(6.4%)	23,499	(6,556)	(27.9%)
Rad Onc Hanford Treatments	2,573	2,925	352	13.7%	5,005	(2,080)	(41.6%)

Other Statistical Results – Fiscal Year Comparison (Jun)

	Actual Results				Budget	Budget Variance	
	Jun 24	Jun 25	Change	% Change	Jun 25	Change	% Change
ED - Avg Treated Per Day	267	280	13	4.9%	225	55	24.4%
Surgery (IP & OP) – 100 Min Units	784	743	(41)	(5.3%)	823	(80)	(9.8%)
Endoscopy Procedures	606	438	(168)	(27.7%)	596	(158)	(26.5%)
Cath Lab (IP & OP) - 100 Min Units	259	346	87	33.6%	401	(55)	(13.7%)
Cardiac Surgery Cases	37	30	(7)	(18.9%)	29	1	3.4%
Deliveries	396	331	(65)	(16.4%)	395	(64)	(16.2%)
Clinical Lab	244,663	256,686	12,024	4.9%	262,318	(5,632)	(2.1%)
Reference Lab	5,328	7,108	1,780	33.4%	3,859	3,249	84.2%
Dialysis Center - Visalia Visits	1,547	1,457	(90)	(5.8%)	1,901	(444)	(23.4%)
Infusion Center - Units of Service	417	487	70	16.8%	365	122	33.4%
Hospice Days	3,494	4,112	618	17.7%	3,784	328	8.7%
Home Health Visits	3,085	2,789	(296)	(9.6%)	2,950	(161)	(5.5%)
Home Infusion Days	23,883	24,374	491	2.1%	26,541	(2,167)	(8.2%)

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

	YTD Actual Results				Budget	Budget Variance	
	YTD Jun 24	YTD Jun 25	Change	% Change	YTD Jun 25	Change	% Change
ED - Avg Treated Per Day	261	265	4	1.6%	230	35	15.3%
Surgery (IP & OP) – 100 Min Units	9,946	9,489	(457)	(4.6%)	9,964	(475)	(4.8%)
Endoscopy Procedures	7,438	6,591	(847)	(11.4%)	6,417	174	2.7%
Cath Lab (IP & OP) - 100 Min Units	3,887	4,269	382	9.8%	4,787	(518)	(10.8%)
Cardiac Surgery Cases	359	344	(15)	(4.2%)	432	(88)	(20.4%)
Deliveries	4,675	4,677	2	0.0%	4,603	74	1.6%
Clinical Lab	2,886,963	3,020,527	133,564	4.6%	3,170,258	(149,732)	(4.7%)
Reference Lab	69,081	82,799	13,718	19.9%	50,803	31,996	63.0%
Dialysis Center - Visalia Visits	18,382	17,884	(498)	(2.7%)	22,259	(4,375)	(19.7%)
Infusion Center - Units of Service	5,072	5,193	121	2.4%	4,841	352	7.3%
Hospice Days	42,460	43,419	959	2.3%	45,425	(2,006)	(4.4%)
Home Health Visits	37,088	34,533	(2,555)	(6.9%)	34,765	(232)	(0.7%)
Home Infusion Days	274,658	268,810	(5,848)	(2.1%)	305,225	(36,415)	(11.9%)

June Financial Summary (000's)

Comparison to Budget - Month of June

	Budget June-2025	Actual June-2025	\$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$53,232	\$53,472	\$240	0.4%
Other Operating Revenue	\$20,229	\$28,843	\$8,613	29.9%
Total Operating Revenue	\$73,462	\$82,315	\$8,853	10.8%
Operating Expenses				
Employment Expenses	\$35,969	\$42,029	\$6,060	14.4%
Other Expenses	\$35,496	\$36,580	\$1,083	3.0%
Total Operating Expenses	\$71,466	\$78,609	\$7,144	9.1%
Operating Margin	\$1,996	\$3,706	\$1,709	
Stimulus/FEMA	\$2,200	\$0	(\$2,200)	
Operating Margin after Stimulus/FEMA	\$4,196	\$3,706	(\$491)	
Nonoperating Revenue (Loss)	\$661	\$2,633	\$1,972	
Excess Margin	\$4,857	\$6,338	\$1,481	

Year to Date Financial Summary (000's)

Comparison to Budget - YTD June

	Budget YTD June-2025	Actual YTD June-2025	\$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	\$637,868	\$657,902	\$20,034	3.0%
Other Operating Revenue	\$242,658	\$246,035	\$3,378	1.4%
Total Operating Revenue	\$880,525	\$903,938	\$23,412	2.6%
Operating Expenses				
Employment Expenses	\$454,306	\$493,338	\$39,032	7.9%
Other Expenses	\$438,636	\$433,904	(\$4,732)	-1.1%
Total Operating Expenses	\$892,942	\$927,242	\$34,300	3.7%
Operating Margin	(\$12,416)	(\$23,305)	(\$10,888)	
Stimulus/FEMA	\$6,600	\$48,412	\$41,812	
Operating Margin after Stimulus/FEMA	(\$5,816)	\$25,107	\$30,924	
Nonoperating Revenue (Loss)	\$7,916	\$17,007	\$9,091	
Excess Margin	\$2,100	\$42,114	\$40,014	

June Financial Comparison (000's)

	Comparison to Budget - Month of June				Comparison to Prior Year - Month of June			
	Budget June-2025	Actual June-2025	\$ Change	% Change	Actual June-2024	Actual June-2025	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$53,232	\$53,472	\$240	0.4%	\$49,876	\$53,472	\$3,596	6.7%
Supplemental Gov't Programs	\$7,487	\$16,897	\$9,410	55.7%	\$18,604	\$16,897	(\$1,707)	-10.1%
Prime Program	\$792	\$524	(\$268)	-51.2%	(\$1,844)	\$524	\$2,368	452.0%
Premium Revenue	\$7,547	\$6,590	(\$957)	-14.5%	\$7,356	\$6,590	(\$766)	-11.6%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$1,905	\$0	(\$1,905)	0.0%
Other Revenue	\$4,403	\$4,832	\$429	8.9%	\$4,185	\$4,832	\$648	13.4%
Other Operating Revenue	\$20,229	\$28,843	\$8,613	29.9%	\$30,206	\$28,843	(\$1,363)	-4.7%
Total Operating Revenue	\$73,462	\$82,315	\$8,853	10.8%	\$80,082	\$82,315	\$2,233	2.7%
Operating Expenses								
Salaries & Wages	\$30,121	\$31,673	\$1,552	4.9%	\$31,206	\$31,673	\$467	1.5%
Contract Labor	\$973	\$3,699	\$2,726	73.7%	\$1,255	\$3,699	\$2,444	66.1%
Employee Benefits	\$4,875	\$6,658	\$1,783	26.8%	(\$402)	\$6,658	\$7,060	106.0%
Total Employment Expenses	\$35,969	\$42,029	\$6,060	14.4%	\$32,059	\$42,029	\$9,971	23.7%
Medical & Other Supplies	\$13,680	\$13,330	(\$351)	-2.6%	\$14,094	\$13,330	(\$764)	-5.7%
Physician Fees	\$7,253	\$7,176	(\$77)	-1.1%	\$6,018	\$7,176	\$1,158	16.1%
Purchased Services	\$1,767	\$2,236	\$469	21.0%	\$2,154	\$2,236	\$82	3.7%
Repairs & Maintenance	\$2,070	\$1,629	(\$441)	-27.1%	\$1,796	\$1,629	(\$167)	-10.3%
Utilities	\$821	\$233	(\$587)	-251.5%	\$1,301	\$233	(\$1,068)	-457.4%
Rents & Leases	\$154	\$103	(\$51)	-49.3%	\$144	\$103	(\$41)	-39.9%
Depreciation & Amortization	\$3,302	\$3,766	\$465	12.3%	\$3,484	\$3,766	\$282	7.5%
Interest Expense	\$589	\$694	\$105	15.2%	\$762	\$694	(\$68)	-9.8%
Other Expense	\$2,216	\$2,227	\$11	0.5%	\$2,665	\$2,227	(\$438)	-19.7%
Humana Cap Plan Expenses	\$3,645	\$5,185	\$1,540	29.7%	\$5,102	\$5,185	\$83	1.6%
Total Other Expenses	\$35,496	\$36,580	\$1,083	3.0%	\$37,520	\$36,580	(\$941)	-2.6%
Total Operating Expenses	\$71,466	\$78,609	\$7,144	9.1%	\$69,579	\$78,609	\$9,030	11.5%
Operating Margin	\$1,996	\$3,706	\$1,709		\$10,503	\$3,706	(\$6,798)	
Stimulus/FEMA	\$2,200	\$0	(\$2,200)		(\$1,603)	\$0	\$1,603	
Operating Margin after Stimulus/FEMA	\$4,196	\$3,706	(\$491)		\$8,900	\$3,706	(\$5,194)	
Nonoperating Revenue (Loss)	\$661	\$2,633	\$1,972		\$1,213	\$2,633	\$1,420	
Excess Margin	\$4,857	\$6,338	\$1,481		\$10,113	\$6,338	(\$3,774)	

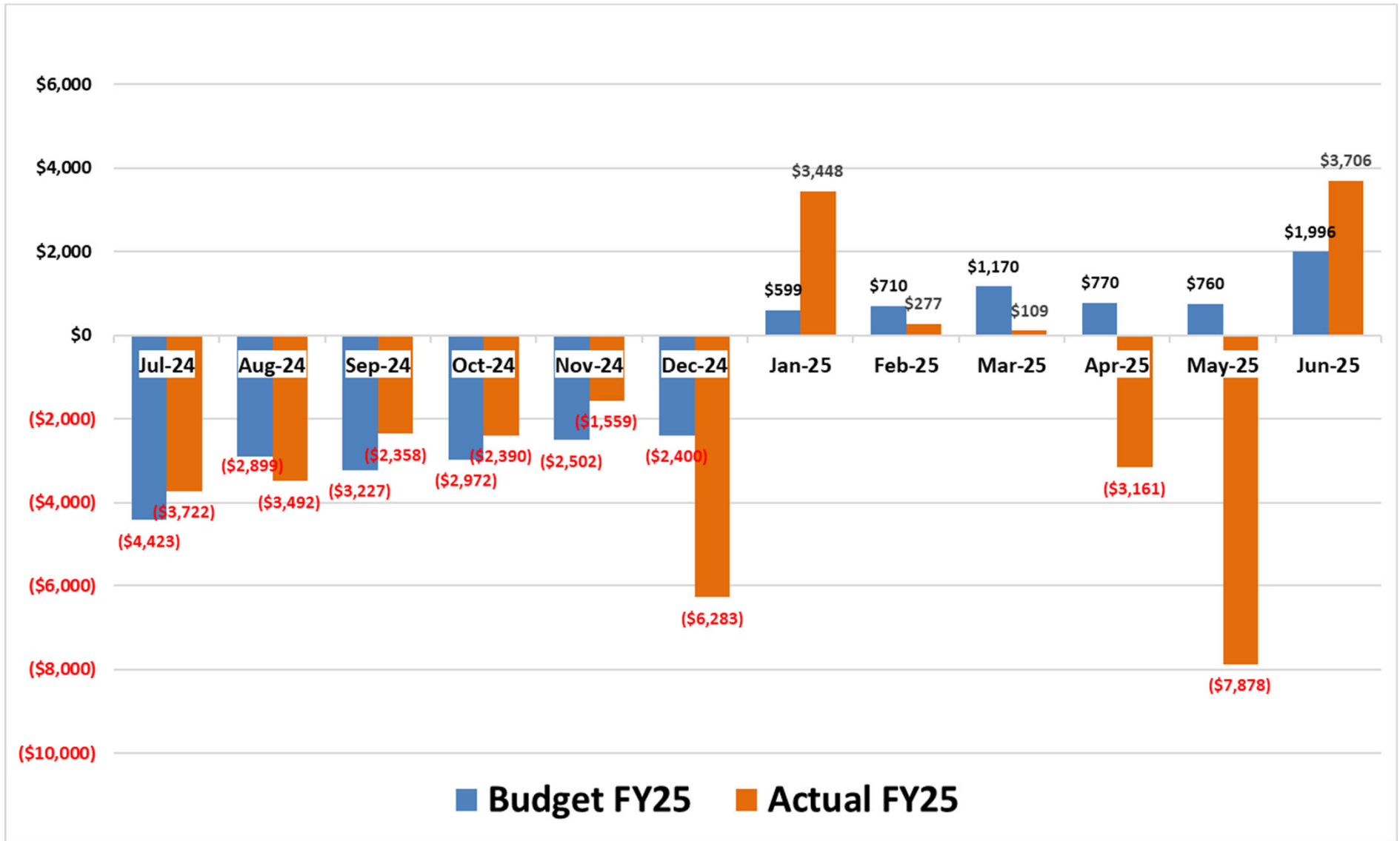
Year to Date: July through June Financial Comparison (000's)

	Comparison to Budget - YTD June				Comparison to Prior Year - YTD June			
	Budget YTD June-2025	Actual YTD June-2025	\$ Change	% Change	Actual YTD June-2024	Actual YTD June-2025	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$637,868	\$657,902	\$20,034	3.0%	\$593,847	\$657,902	\$64,056	9.7%
Supplemental Gov't Programs	\$89,717	\$95,229	\$5,512	5.8%	\$106,005	\$95,229	(\$10,775)	-11.3%
Prime Program	\$9,502	\$13,994	\$4,491	32.1%	\$8,831	\$13,994	\$5,162	36.9%
Premium Revenue	\$90,567	\$85,330	(\$5,236)	-6.1%	\$88,414	\$85,330	(\$3,083)	-3.6%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$37,519	\$0	(\$37,519)	0.0%
Other Revenue	\$52,872	\$51,482	(\$1,389)	-2.7%	\$37,459	\$51,482	\$14,023	27.2%
Other Operating Revenue	\$242,658	\$246,035	\$3,378	1.4%	\$278,228	\$246,035	(\$32,192)	-13.1%
Total Operating Revenue	\$880,525	\$903,938	\$23,412	2.6%	\$872,074	\$903,938	\$31,863	3.5%
Operating Expenses								
Salaries & Wages	\$375,604	\$386,197	\$10,594	2.7%	\$353,464	\$386,197	\$32,734	8.5%
Contract Labor	\$14,685	\$25,550	\$10,865	42.5%	\$21,040	\$25,550	\$4,510	17.7%
Employee Benefits	\$64,017	\$81,591	\$17,573	21.5%	\$73,526	\$81,591	\$8,064	9.9%
Total Employment Expenses	\$454,306	\$493,338	\$39,032	7.9%	\$448,030	\$493,338	\$45,308	9.2%
Medical & Other Supplies	\$174,807	\$165,990	(\$8,818)	-5.3%	\$163,147	\$165,990	\$2,843	1.7%
Physician Fees	\$86,628	\$88,113	\$1,486	1.7%	\$81,122	\$88,113	\$6,992	7.9%
Purchased Services	\$21,484	\$21,103	(\$381)	-1.8%	\$18,892	\$21,103	\$2,211	10.5%
Repairs & Maintenance	\$24,899	\$25,354	\$455	1.8%	\$23,506	\$25,354	\$1,848	7.3%
Utilities	\$10,987	\$10,522	(\$465)	-4.4%	\$10,467	\$10,522	\$55	0.5%
Rents & Leases	\$1,843	\$1,689	(\$155)	-9.2%	\$1,928	\$1,689	(\$239)	-14.2%
Depreciation & Amortization	\$39,621	\$39,841	\$220	0.6%	\$38,511	\$39,841	\$1,329	3.3%
Interest Expense	\$7,163	\$7,229	\$66	0.9%	\$7,545	\$7,229	(\$316)	-4.4%
Other Expense	\$26,858	\$25,978	(\$880)	-3.4%	\$23,280	\$25,978	\$2,698	10.4%
Humana Cap Plan Expenses	\$44,345	\$48,086	\$3,740	7.8%	\$48,426	\$48,086	(\$340)	-0.7%
Total Other Expenses	\$438,636	\$433,904	(\$4,732)	-1.1%	\$416,824	\$433,904	\$17,081	3.9%
Total Operating Expenses	\$892,942	\$927,242	\$34,300	3.7%	\$864,854	\$927,242	\$62,389	6.7%
Operating Margin	(\$12,416)	(\$23,305)	(\$10,888)		\$7,221	(\$23,305)	(\$30,525)	
Stimulus/FEMA	\$6,600	\$48,412	\$41,812		\$14	\$48,412	\$48,398	
Operating Margin after Stimulus/FEM	(\$5,816)	\$25,107	\$30,924		\$7,234	\$25,107	\$17,873	
Nonoperating Revenue (Loss)	\$7,916	\$17,007	\$9,091		\$14,124	\$17,007	\$2,883	
Excess Margin	\$2,100	\$42,114	\$40,014		\$21,358	\$42,114	\$20,756	

Supplemental Funds (000's)

Programs (000's)	FY23	FY24	FY25	FY25 Budget	FY25-Bdgt 25	FY26 Budget	BDGT FY 26 - FY 25
HQAF	23,345	20,607	18,535	20,768	(2,233)	20,768	2,233
Directed Payments	11,629	21,258	46,774	19,371	27,403	71,800	25,026
MCO Tax ED only	-	-	-	-	-	2,000	2,000
Medi-Cal DSH	2,756	21,814	(23,810)	17,250	(41,060)	-	23,810
Rate Range	16,538	28,355	48,250	25,616	22,634	27,400	(20,850)
Fee for Service	7,139	13,971	5,480	6,713	(1,232)	5,700	220
Total Supplemental	\$61,407	\$106,005	\$95,229	\$89,717	\$5,512	\$127,668	\$32,438
Prime (QIP) Program	\$8,719	\$8,832	\$13,994	\$9,504	\$4,490	\$8,268	(\$5,726)
Total	\$70,126	\$114,837	\$109,223	\$99,221	\$10,002	\$135,936	\$26,713

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



Fiscal Year 2025: Trended Financial Information (000's)

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	FY 2025
Patient Service Revenue	\$50,866	\$53,450	\$51,648	\$56,157	\$54,496	\$53,026	\$61,895	\$53,731	\$57,324	\$55,188	\$56,648	\$53,472	\$657,902
Other Revenue	\$19,487	\$20,024	\$19,142	\$20,242	\$19,868	\$19,778	\$18,042	\$18,979	\$21,231	\$20,234	\$20,167	\$28,843	\$246,035
Total Operating Revenue	\$70,353	\$73,474	\$70,790	\$76,398	\$74,364	\$72,804	\$79,938	\$72,710	\$78,555	\$75,422	\$76,815	\$82,315	\$903,938
Employee Expense	\$38,264	\$39,058	\$37,671	\$41,494	\$41,051	\$43,219	\$39,859	\$38,637	\$42,423	\$43,595	\$46,037	\$42,029	\$493,338
Other Operating Expense	\$35,811	\$37,908	\$35,477	\$37,294	\$34,872	\$35,868	\$36,630	\$33,796	\$36,024	\$34,988	\$38,656	\$36,580	\$433,904
Total Operating Expenses	\$74,075	\$76,965	\$73,148	\$78,788	\$75,923	\$79,087	\$76,489	\$72,433	\$78,446	\$78,583	\$84,693	\$78,609	\$927,242
Net Operating Margin	(\$3,722)	(\$3,492)	(\$2,358)	(\$2,390)	(\$1,559)	(\$6,283)	\$3,448	\$277	\$109	(\$3,161)	(\$7,878)	\$3,706	(\$23,305)
Stimulus/FEMA	\$0	\$0	\$0	\$0	\$0	\$47,722	\$0	\$0	\$690	\$0	\$0	\$0	\$48,412
NonOperating Income	\$1,190	\$896	\$4,720	\$1,371	\$905	(\$101)	\$845	\$1,166	\$1,313	\$1,114	\$955	\$2,633	\$17,007
Excess Margin	(\$2,533)	(\$2,596)	\$2,362	(\$1,019)	(\$654)	\$41,338	\$4,293	\$1,443	\$2,111	(\$2,047)	(\$6,923)	\$6,338	\$42,114
Profitability													
Operating Margin %	(5.3%)	(4.8%)	(3.3%)	(3.1%)	(2.1%)	(8.6%)	4.3%	0.4%	0.1%	(4.2%)	(10.3%)	4.5%	(2.6%)
Operating Margin %excl. Int	(4.4%)	(4.0%)	(2.5%)	(2.4%)	(1.3%)	(7.8%)	5.1%	1.1%	0.9%	(3.4%)	(9.5%)	5.3%	(1.8%)
Operating EBIDA	\$46	\$239	\$1,457	\$1,348	\$2,293	(\$2,546)	\$7,207	\$4,052	\$4,115	\$920	(\$3,534)	\$8,166	\$23,765
Operating EBIDA Margin	0.1%	0.3%	2.1%	1.8%	3.1%	(3.5%)	9.0%	5.6%	5.2%	1.2%	(4.6%)	9.9%	2.6%
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	95.7	90.5	95.7	95.7
Day's in Accounts Rec.	64.0	68.5	71.0	68.3	66.9	65.8	70.6	73.0	68.6	63.6	71.3	68.8	68.8
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	4.00	3.70	4.00	4.00
Discharges (Monthly)	2,498	2,447	2,440	2,388	2,240	2,339	2,339	2,352	2,347	2,357	2,276	2,277	2,358
Adj Discharges (Case mix adj)	8,455	8,215	7,779	8,441	7,760	7,724	8,294	8,320	8,053	8,500	8,534	8,538	98,614
Adjusted patient Days (Mo.)	26,021	26,419	26,341	26,693	25,492	26,538	27,924	26,332	27,682	25,868	26,409	25,593	26,443
Cost/Adj Discharge	\$8.8	\$9.4	\$9.4	\$9.3	\$9.8	\$10.2	\$9.2	\$8.7	\$9.7	\$9.2	\$9.9	\$9.2	\$9.4
Compensation Ratio	75%	73%	73%	74%	75%	82%	64%	72%	74%	79%	81%	79%	75%

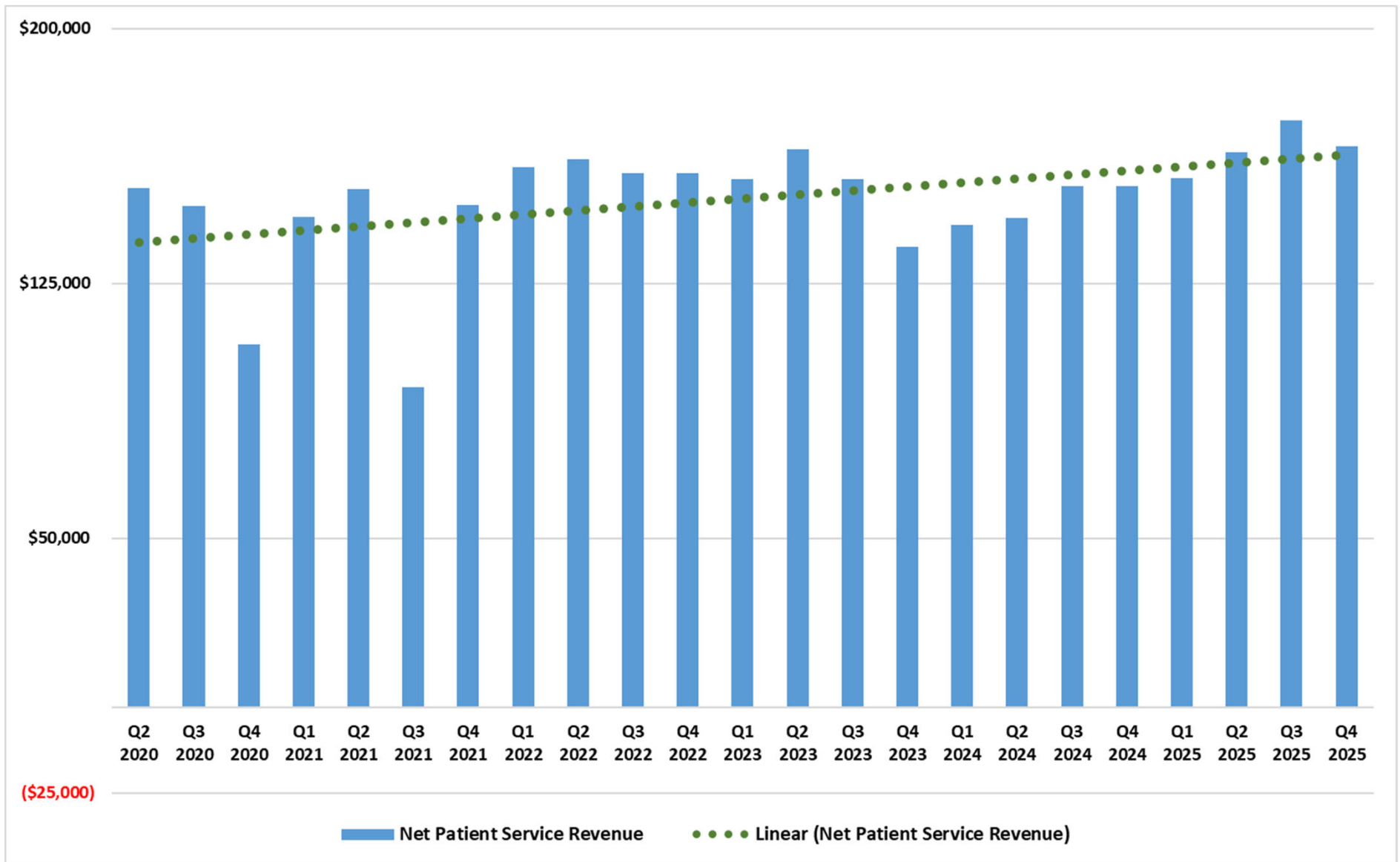
Month of June - Budget Variances

- **Supplemental Funds:** The \$9.4M (55.7%) favorable budget variance was due to additional Rate Range funds recognized based on recent estimates by the state for FY2024.
- **Salaries and Wages:** The \$1.5M 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 \$2.7M is due to an unexpected increase in the need of contract labor primarily in the ED, Labor and Delivery, and for interim management positions.
- **Employee Benefits:** The \$1.8M unfavorable variance is mainly due to the recognition of one-third (\$1.4M) of the total amount necessary to record our year end unpaid claims liability for workers' compensation as projected by our actuary.
- **Humana Cap Expenses:** The unfavorable variance of \$1.5M is due to higher than anticipated third party expenses.

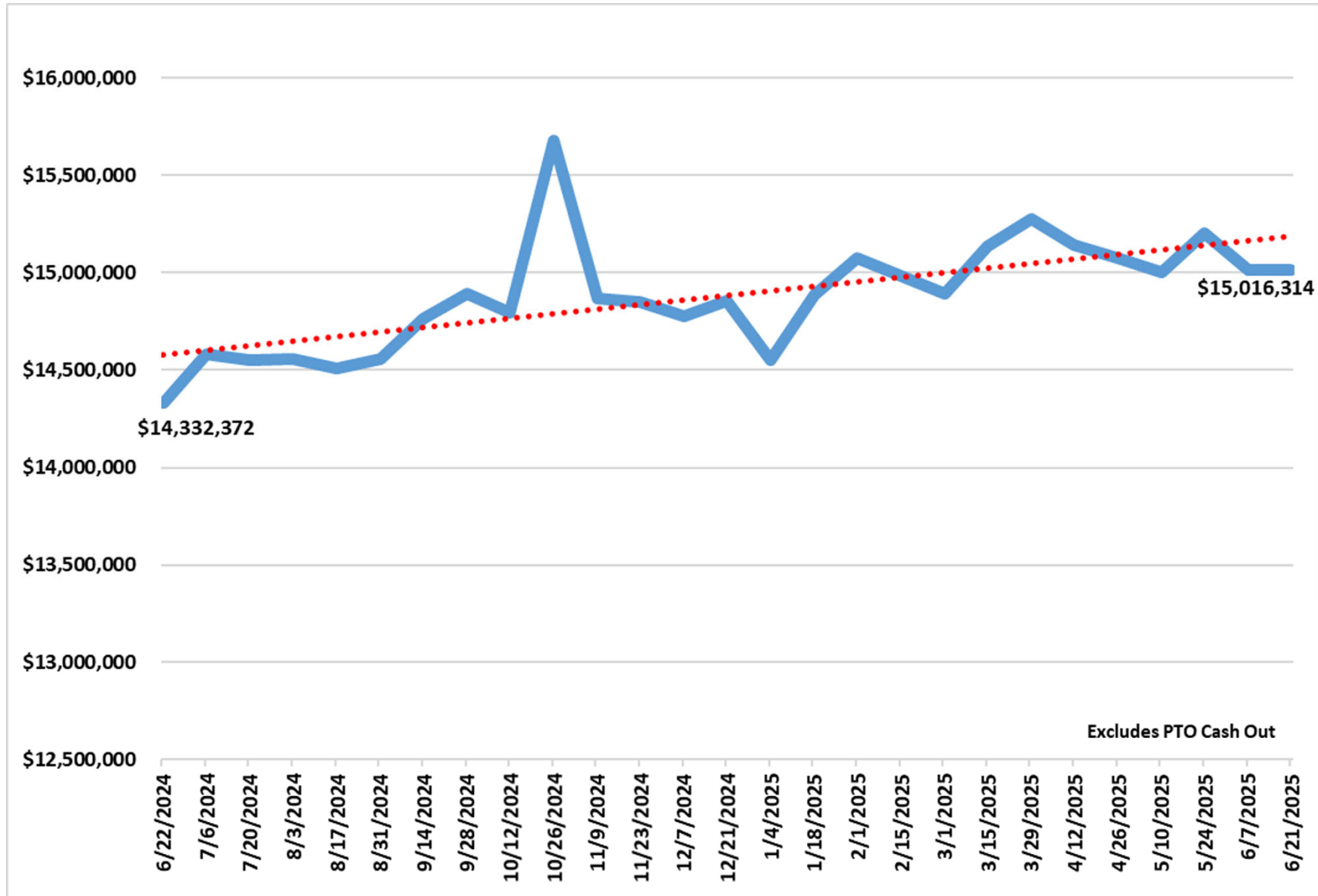
Fiscal Year 2025 - Budget Variances

- **Net Patient Service Revenue:** The \$20M (3.0%) favorable variance resulted from an increase in outpatient volumes and within the mix of our patients.
- **Supplemental Funds:** The \$5.5M (5.8%) favorable budget variance was a combination of offsetting variances in several programs including variances in Directed Payments (+\$27.4M), Medi-Cal DSH (-\$41.1M Capped), Rate Range (+\$22.6M), HQAF (-\$2.2M), and FFS (-\$1.2M).
- **Prime/QIP:** This \$4.5M (32.1%) positive variance occurred as we successfully achieved more goals than expected .
- **Humana Premium Revenue:** The \$5.2M (6.1%) unfavorable variance is primarily due to a loss in membership
- **Salaries and wages:** The \$10.6M (2.7%) unfavorable variance is due to increases in staffing in the ED and other patient care areas as well as increases in market rates.
- **Contract Labor:** The unfavorable variance of \$10.9M (42.5%) is due to an unexpected increase in the need of contract labor primarily in the ED, Labor and Delivery, and for interim management positions.
- **Employee Benefits:** The \$17.6M (21.5%) unfavorable variance is due to an increase in employee self-funded health insurance claims \$6.4M, an unbudgeted 100% 401k match for CY25 \$4.3M (50% budgeted), and workers compensation expense \$5.5M
- **Medical and Other Supplies:** The \$8.8M (5.3%) positive variance is due to lower than anticipated pharmaceutical expense.
- **Humana Cap Expenses:** The unfavorable variance of \$3.7M (7.8%) is due to higher than anticipated third party expenses.
- **Investment Income:** The 8.9M positive favorable variance is due to higher than expected realized investment income and \$6.2M in unrealized gains on District and Foundation portfolios due to changes in the market.

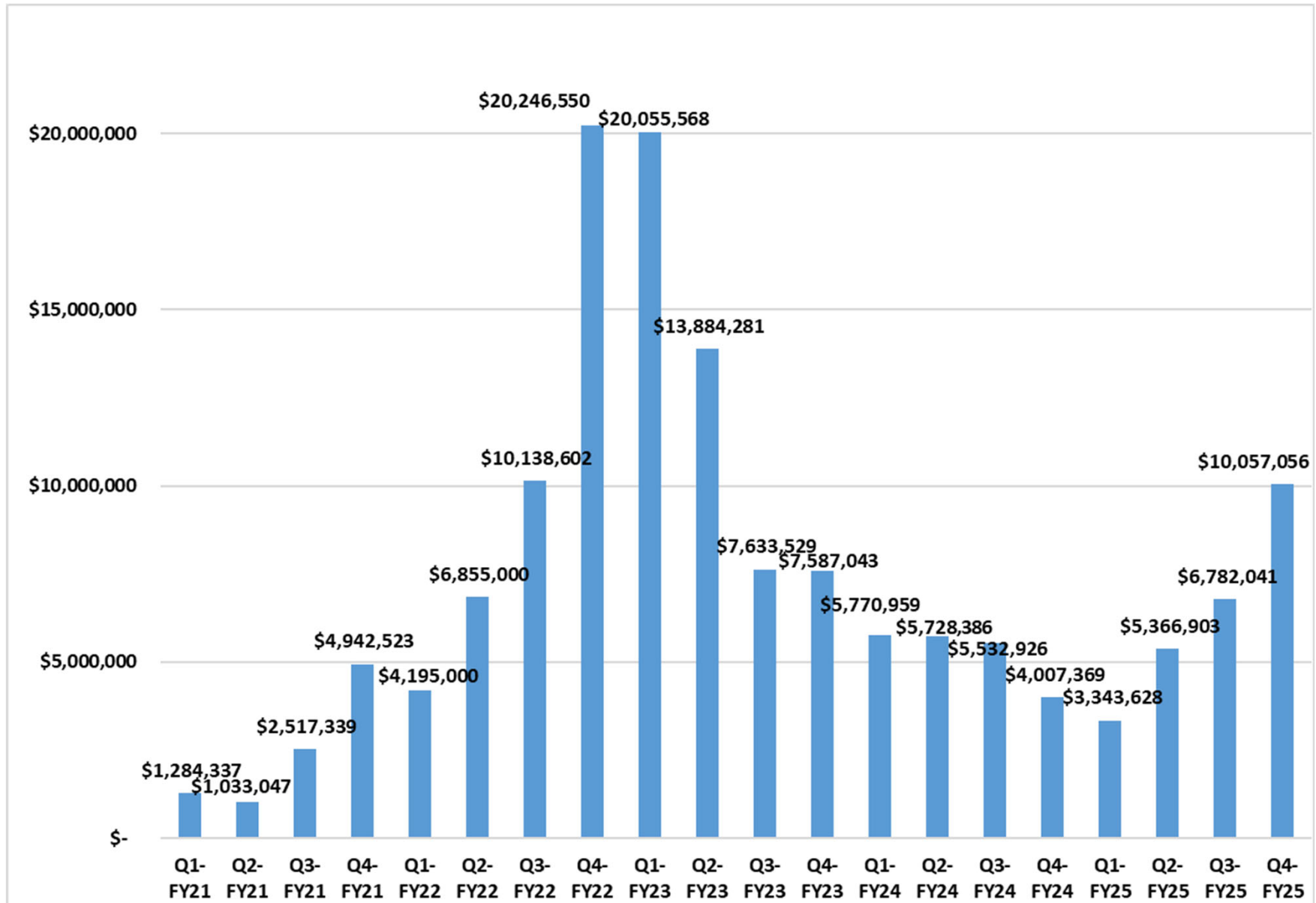
Net Patient Revenue



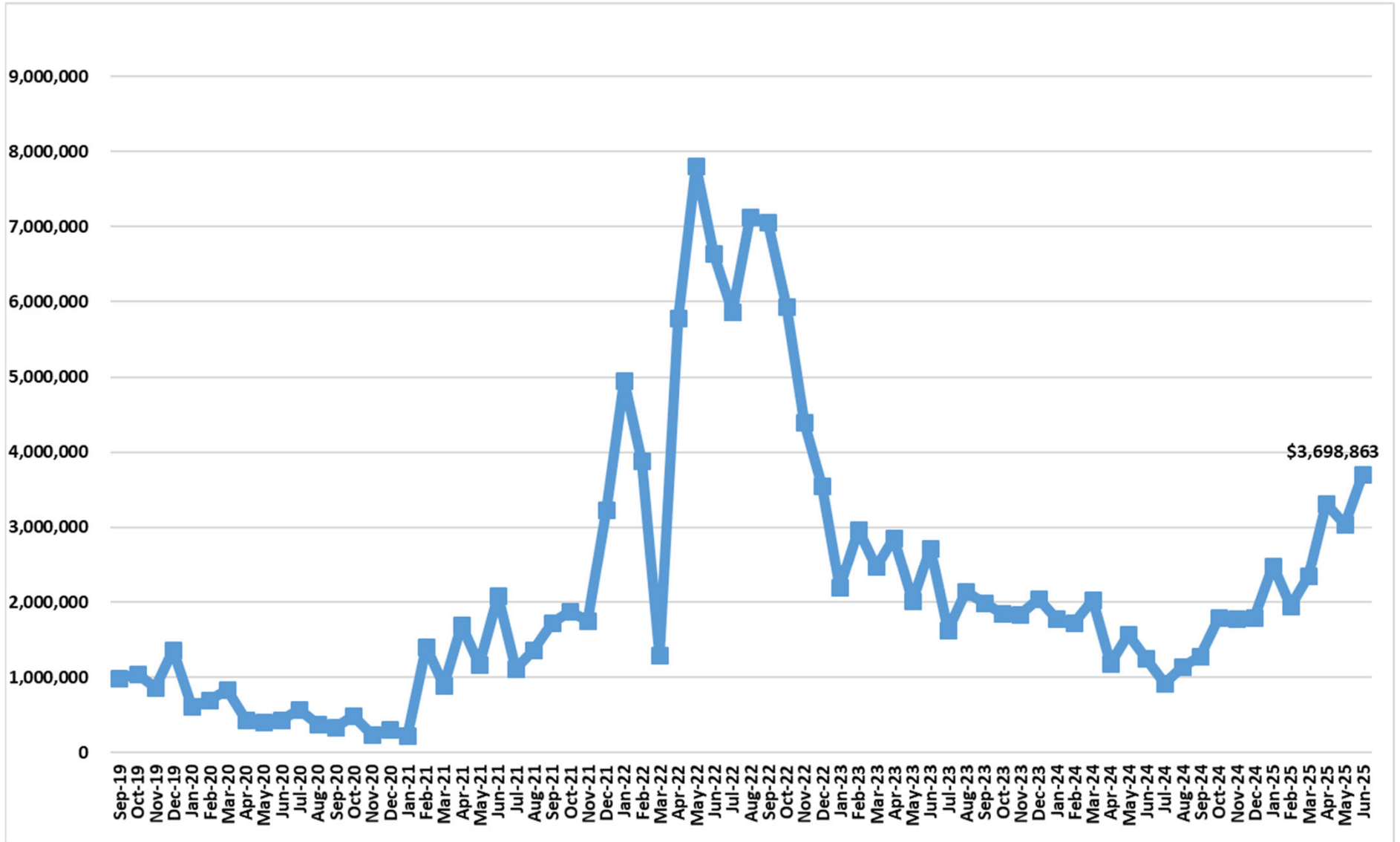
Biweekly Payroll Costs excluding Contract Labor



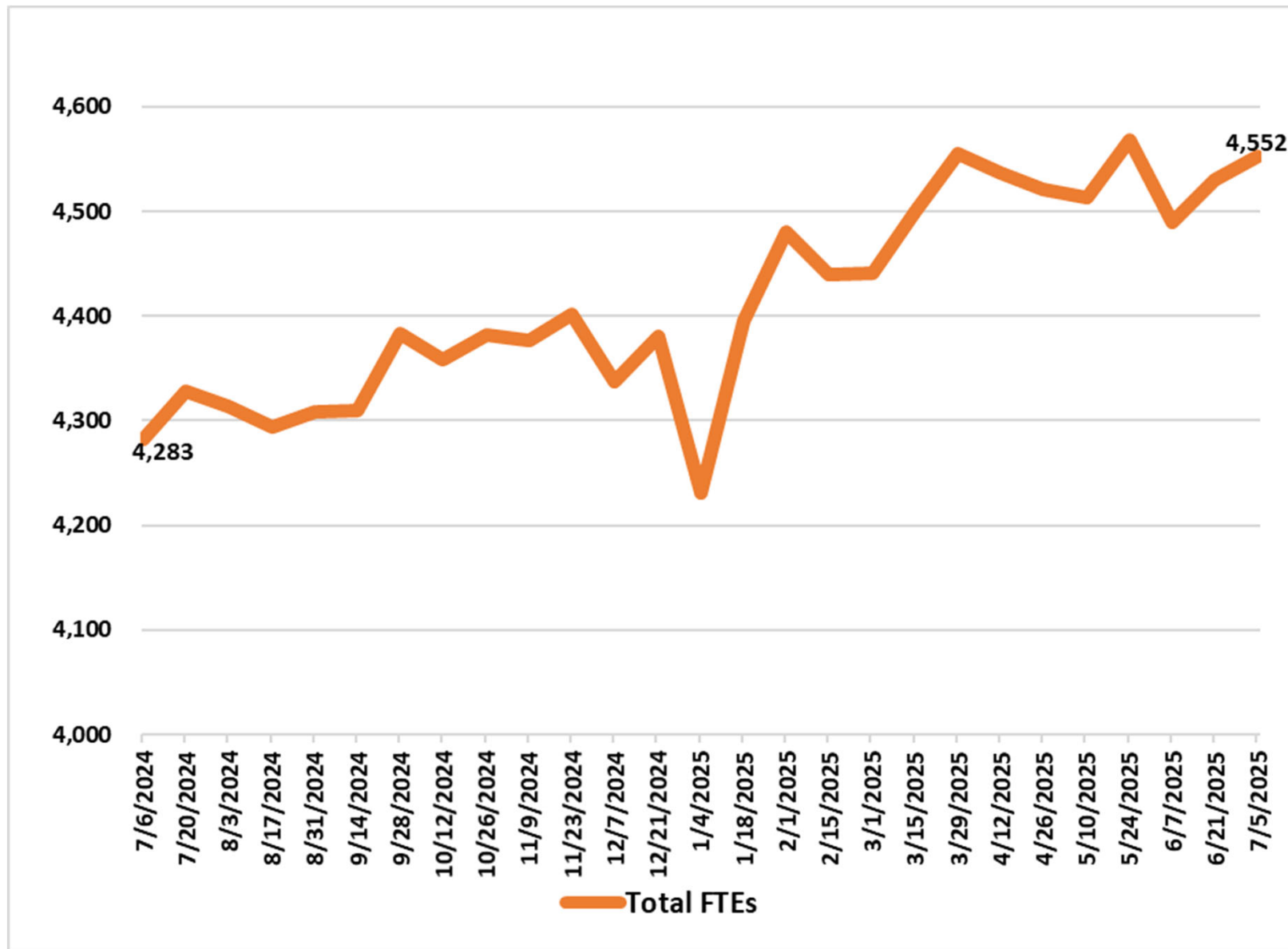
Quarterly Contract Labor Costs



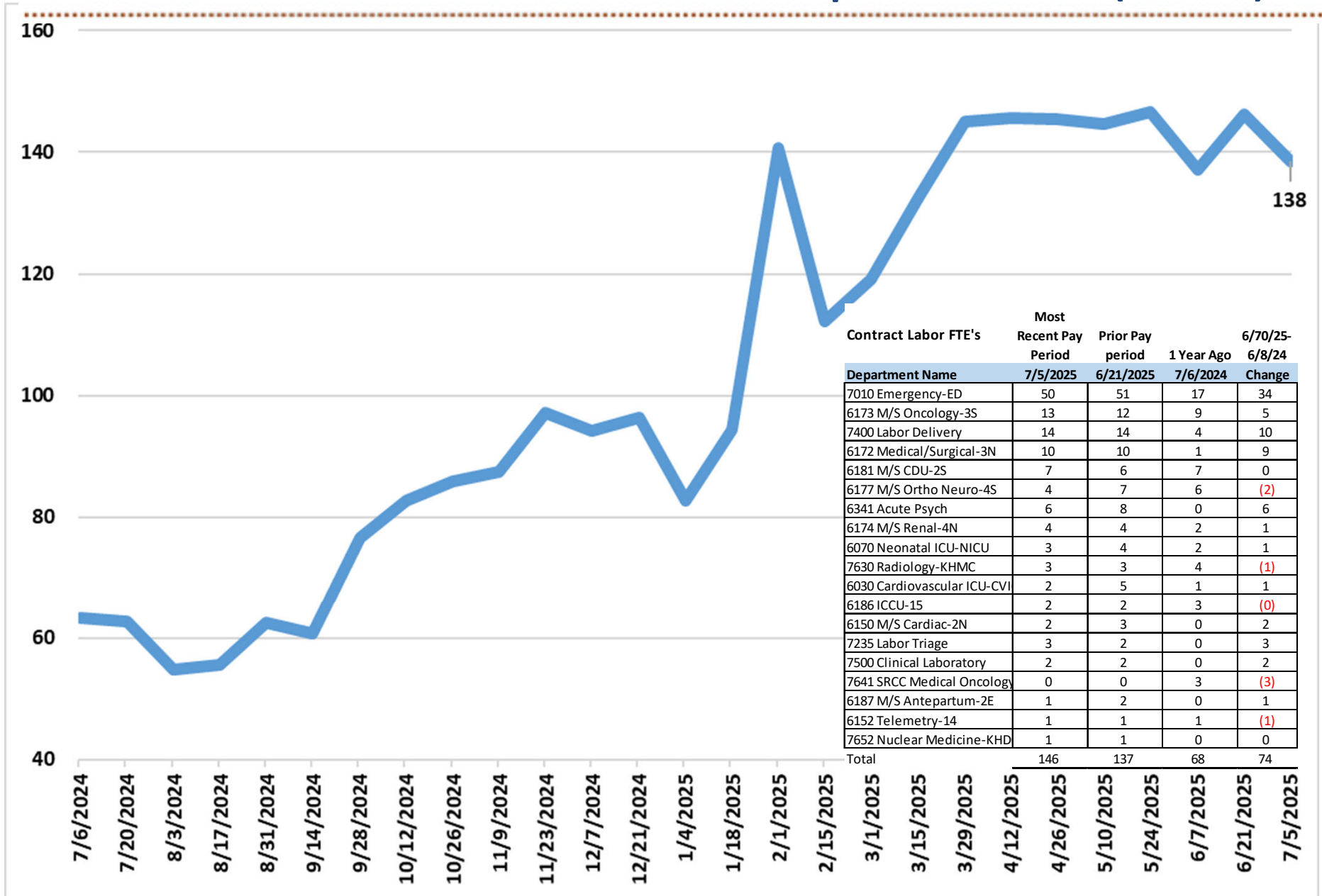
Monthly Contract Labor Costs



Total FTEs (includes Contract Labor)

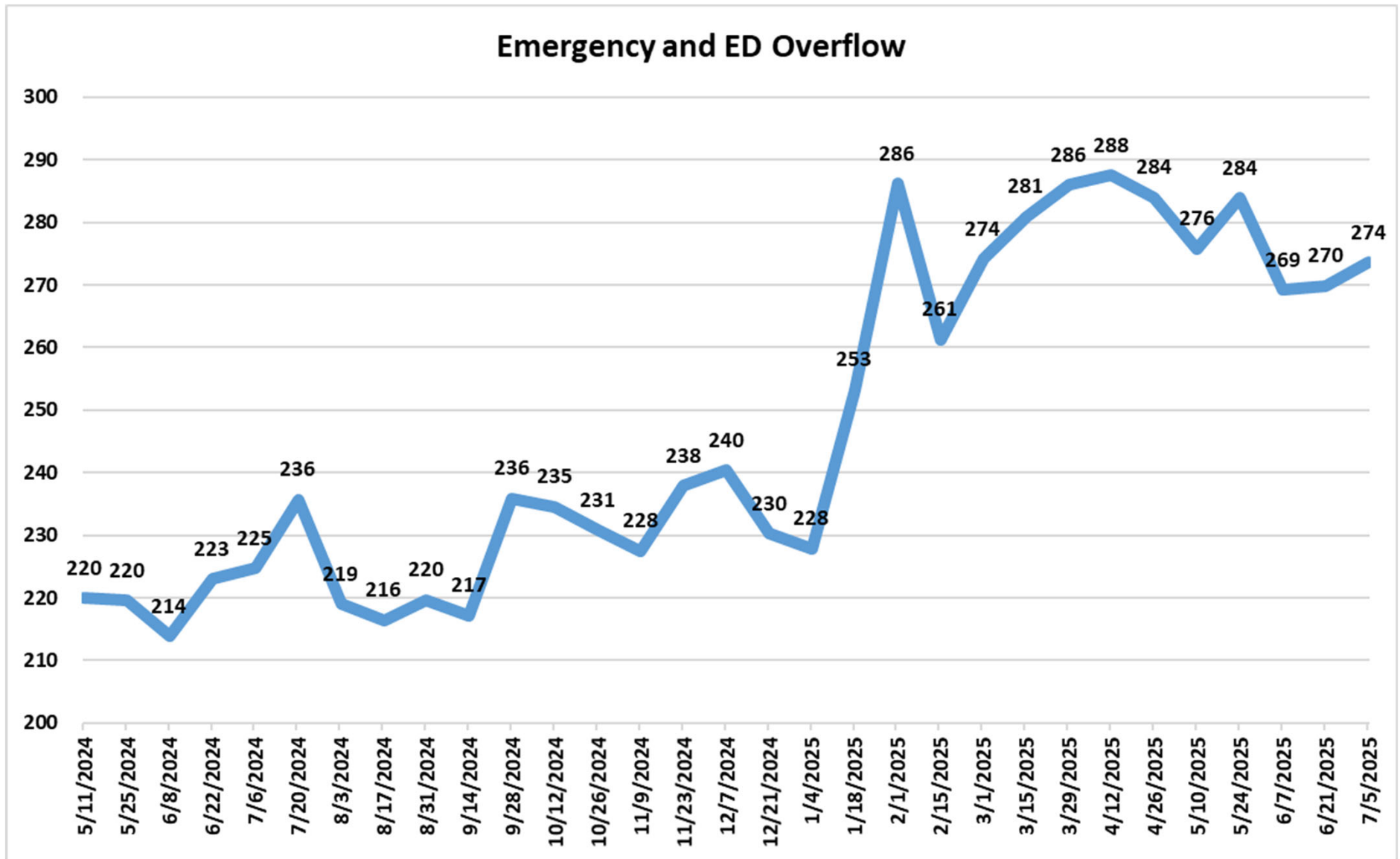


Contract Labor Full Time Equivalents (FTEs)

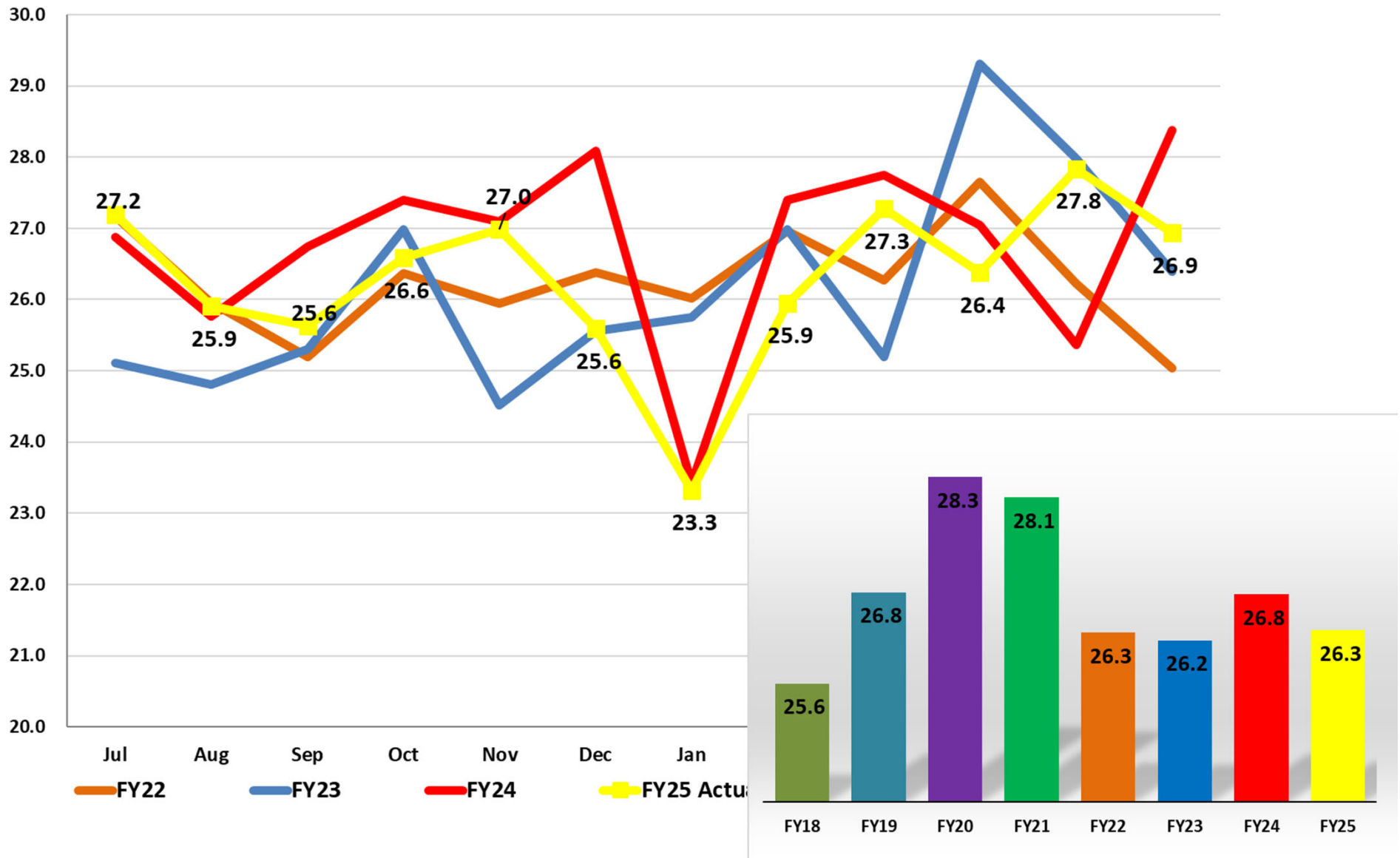


Contract Labor FTE's	Most Recent Pay Period	Prior Pay period	1 Year Ago	6/70/25- 6/8/24
Department Name	7/5/2025	6/21/2025	7/6/2024	Change
7010 Emergency-ED	50	51	17	34
6173 M/S Oncology-3S	13	12	9	5
7400 Labor Delivery	14	14	4	10
6172 Medical/Surgical-3N	10	10	1	9
6181 M/S CDU-2S	7	6	7	0
6177 M/S Ortho Neuro-4S	4	7	6	(2)
6341 Acute Psych	6	8	0	6
6174 M/S Renal-4N	4	4	2	1
6070 Neonatal ICU-NICU	3	4	2	1
7630 Radiology-KHMC	3	3	4	(1)
6030 Cardiovascular ICU-CVI	2	5	1	1
6186 ICCU-15	2	2	3	(0)
6150 M/S Cardiac-2N	2	3	0	2
7235 Labor Triage	3	2	0	3
7500 Clinical Laboratory	2	2	0	2
7641 SRCC Medical Oncology	0	0	3	(3)
6187 M/S Antepartum-2E	1	2	0	1
6152 Telemetry-14	1	1	1	(1)
7652 Nuclear Medicine-KHD	1	1	0	0
Total	146	137	68	74

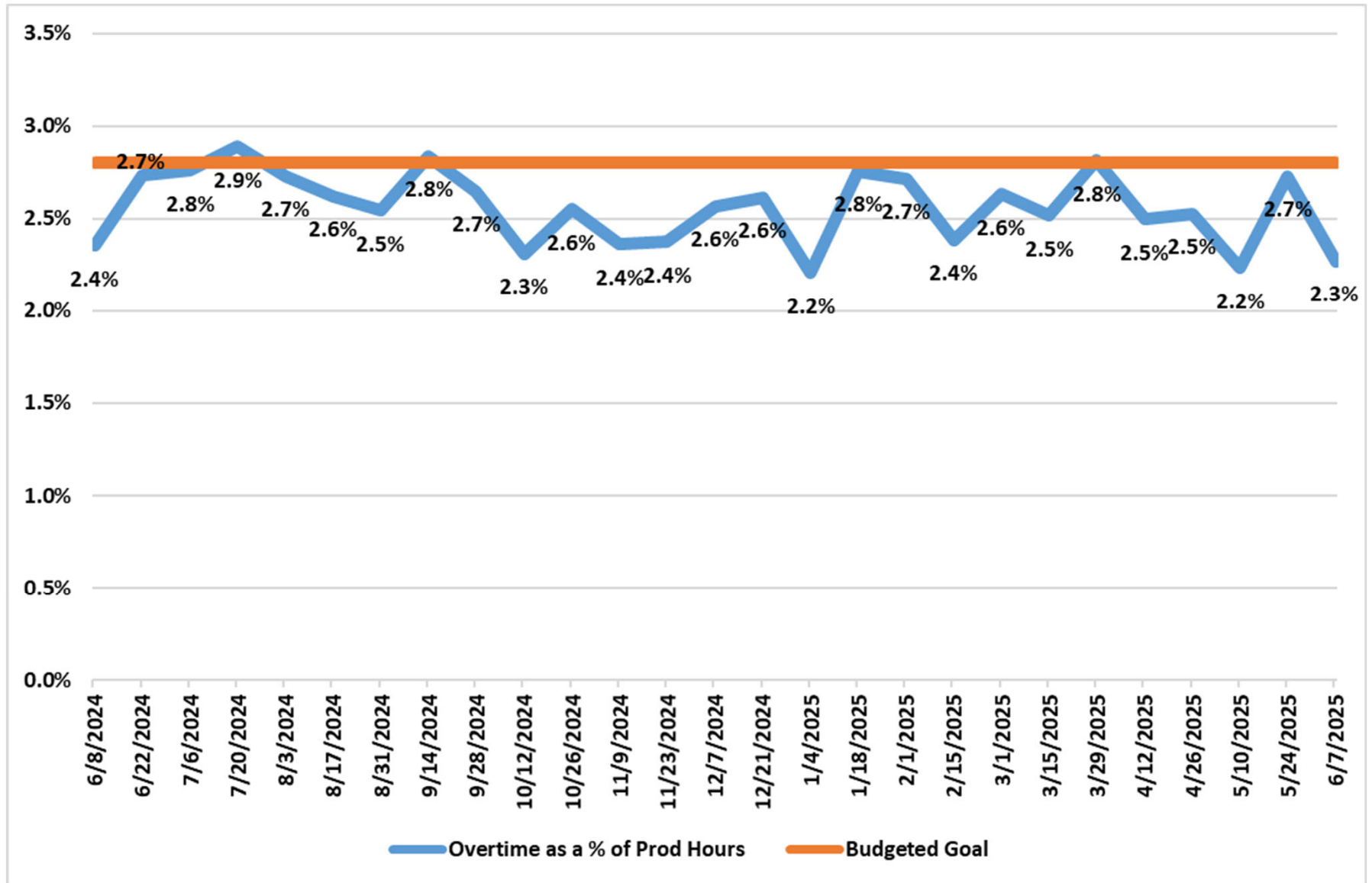
Emergency Department FTEs: Includes Contract



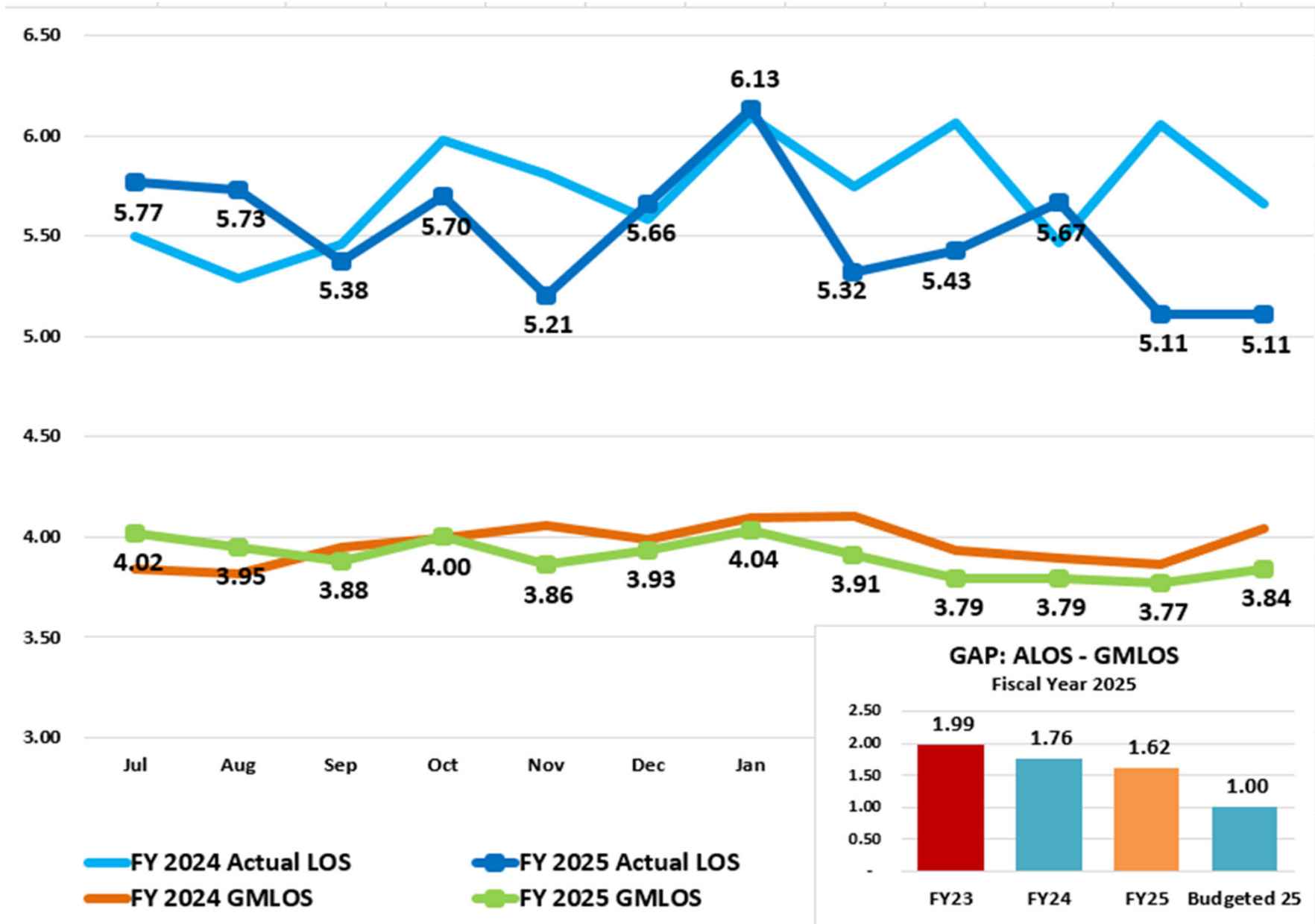
Productivity Measure : Worked Hours/ Adj. Patient Days



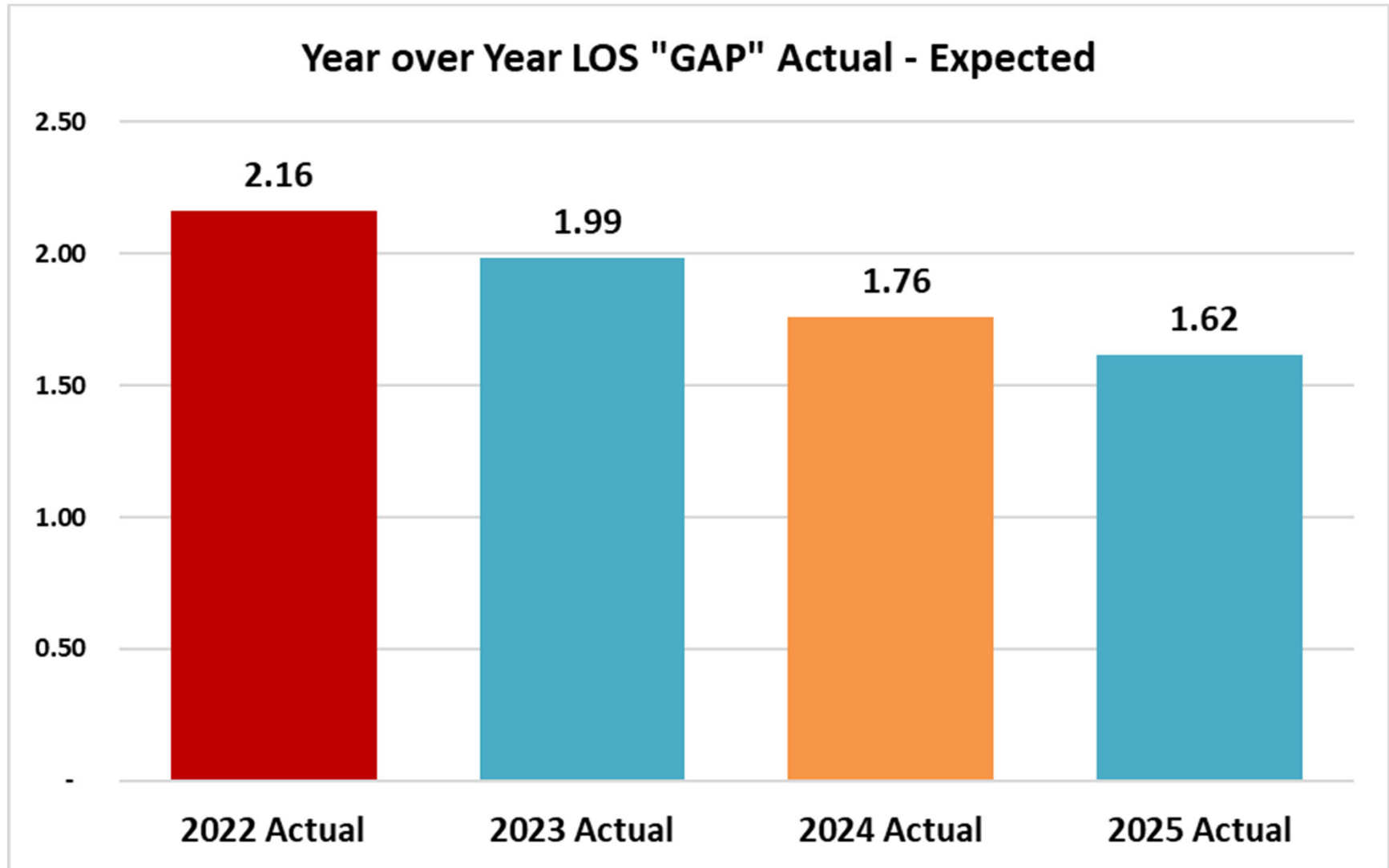
Overtime as a % of Productive Hours



Average Length of Stay versus National Average (GMLOS)



Average Length of Stay versus National Average (GMLOS)

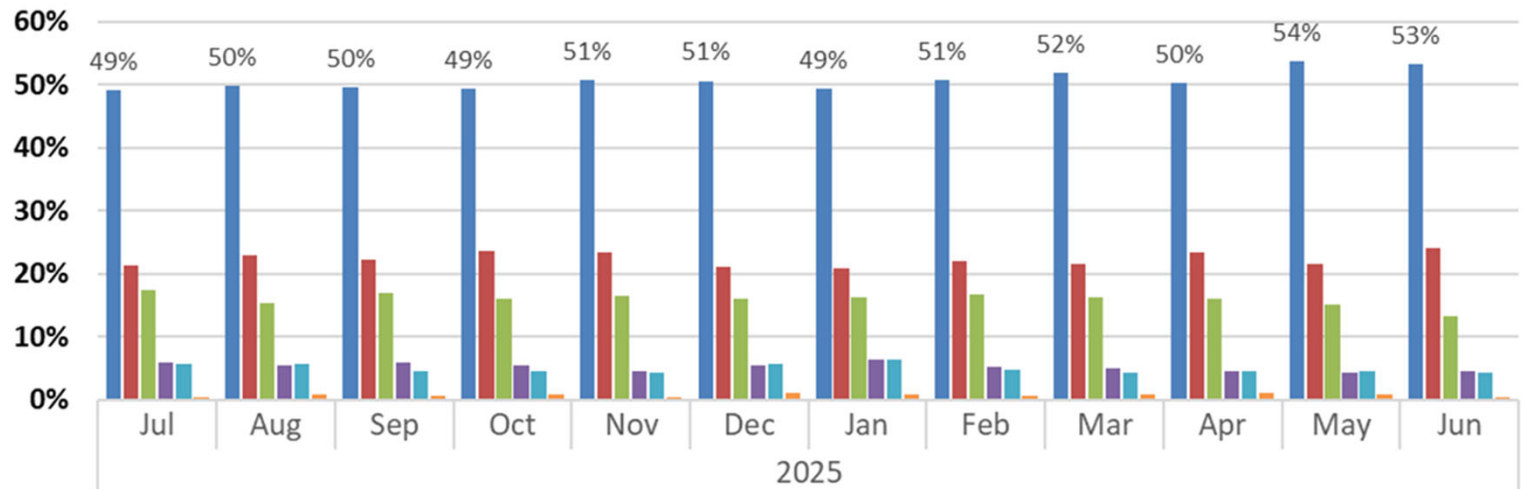


Average Length of Stay versus National Average (GMLOS)

	ALOS	GMLOS	GAP
Jun-23	5.40	3.90	1.50
Jul-23	5.50	3.84	1.66
Aug-23	5.29	3.82	1.47
Sep-23	5.46	3.95	1.51
Oct-23	5.98	3.99	1.99
Nov-23	5.81	4.06	1.75
Dec-23	5.58	3.99	1.59
Jan-24	6.10	4.10	2.00
Feb-24	5.74	4.11	1.63
Mar-24	6.06	3.93	2.13
Apr-24	5.47	3.90	1.57
May-24	6.06	3.86	2.20
Jun-24	5.66	4.04	1.62
Jul-24	5.77	4.02	1.75
Aug-24	5.73	3.95	1.78
Sep-24	5.38	3.88	1.50
Oct-24	5.70	4.00	1.70
Nov-24	5.21	3.86	1.35
Dec-24	5.66	3.93	1.73
Jan-25	6.13	4.04	2.10
Feb-25	5.32	3.91	1.41
Mar-25	5.43	3.79	1.63
Apr-25	5.67	3.79	1.87
May-25	5.11	3.77	1.34
Jun-25	5.11	3.84	1.27
	5.61	3.93	1.62

Average Length of Stay Distribution

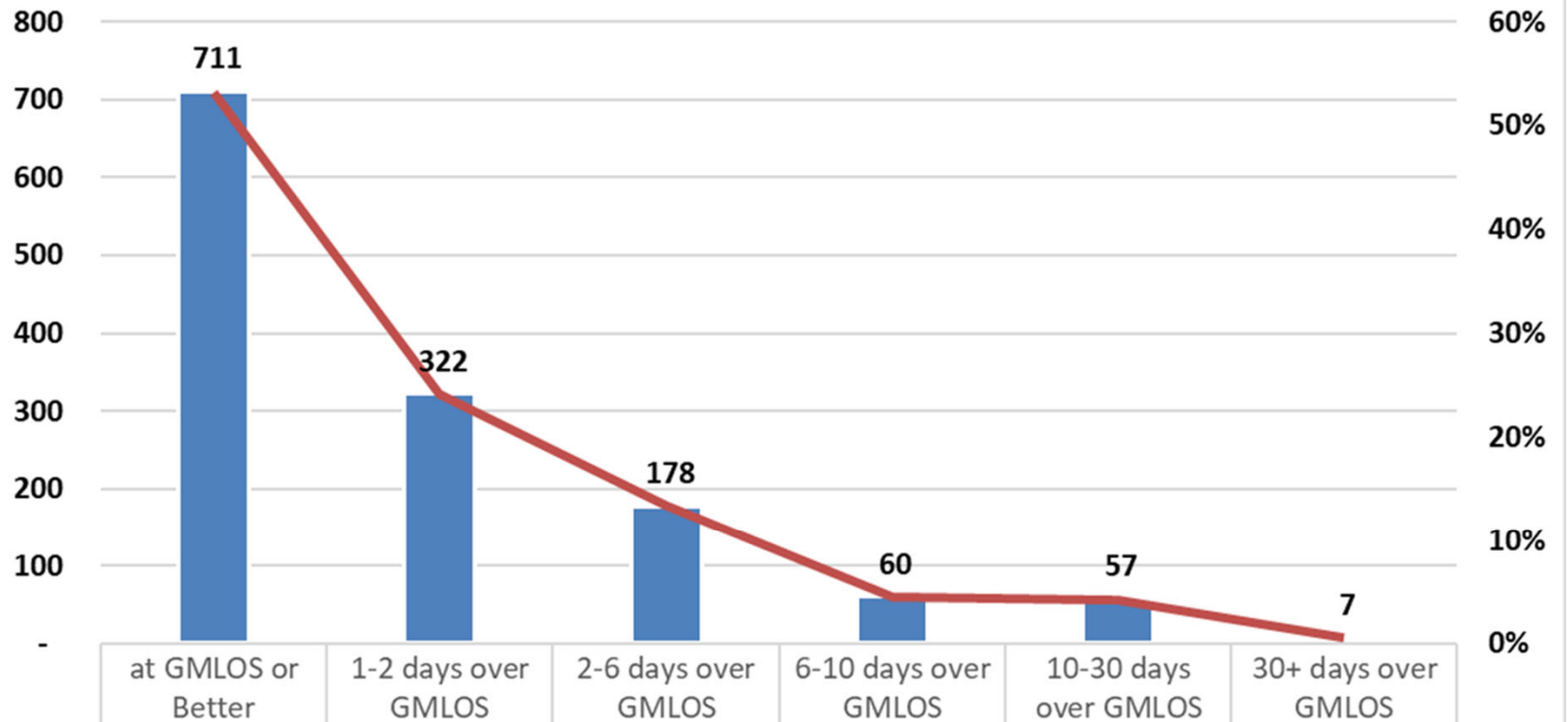
FY25 Overall LOS Distribution



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
at GMLOS or Better	49%	50%	50%	49%	51%	51%	49%	51%	52%	50%	54%	53%
1-2 days over GMLOS	21%	23%	22%	24%	23%	21%	21%	22%	22%	23%	22%	24%
2-6 days over GMLOS	17%	15%	17%	16%	17%	16%	16%	17%	16%	16%	15%	13%
6-10 days over GMLOS	6%	6%	6%	5%	5%	6%	6%	5%	5%	5%	4%	4%
10-30 days over GMLOS	6%	6%	5%	5%	4%	6%	6%	5%	4%	5%	4%	4%
30+ days over GMLOS	0.5%	0.8%	0.6%	0.9%	0.3%	1.1%	1.0%	0.6%	0.9%	1.2%	0.8%	0.5%

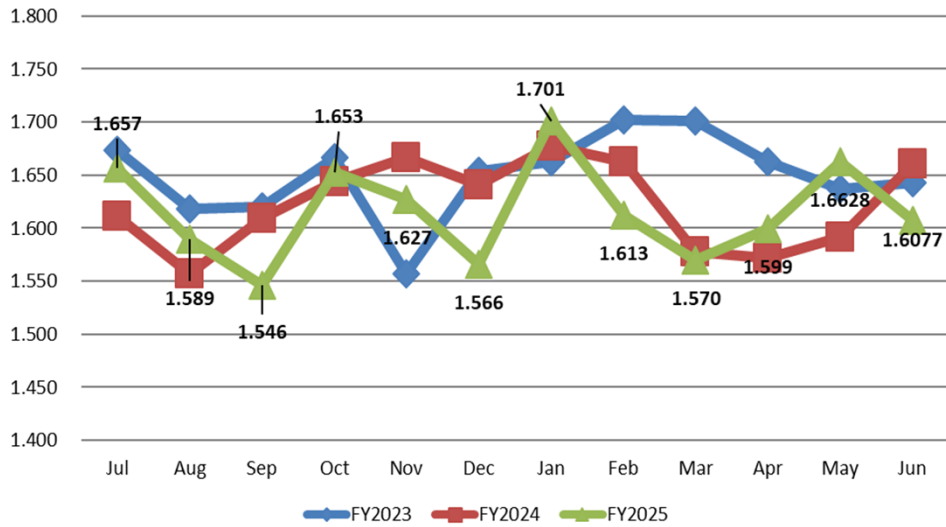
Length of Stay Distribution

Jun FY 2025 Overall LOS Distribution

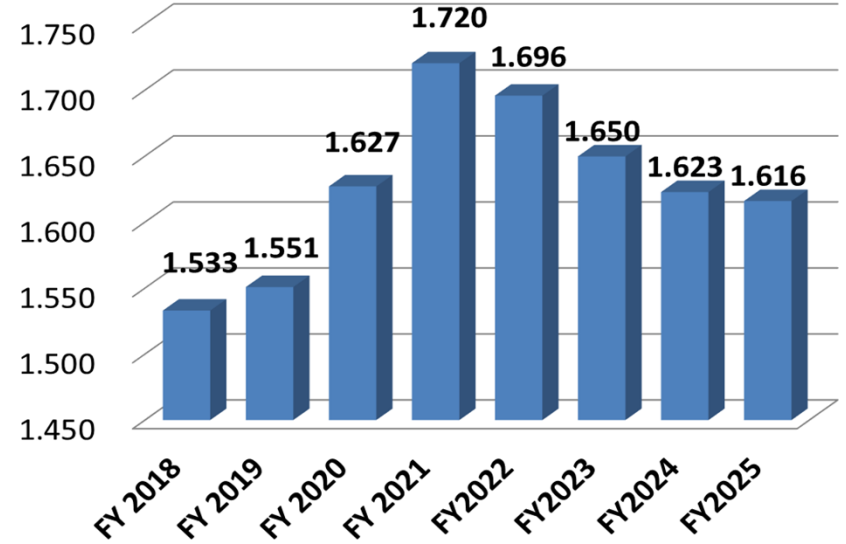


Count of Visits	711	322	178	60	57	7
% of Visits	53%	24%	13%	4%	4%	1%

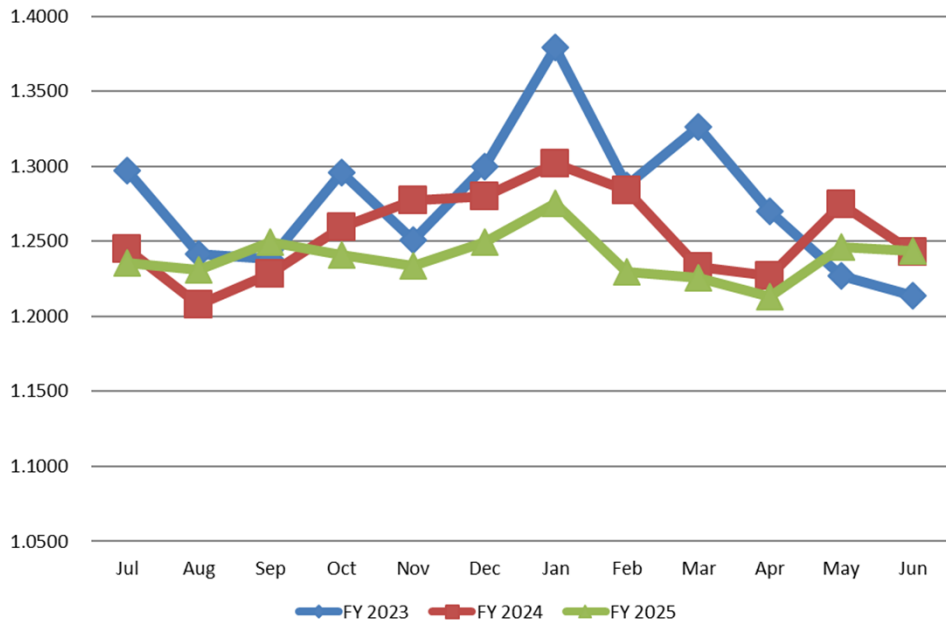
Case Mix Index w/o Normal Newborns



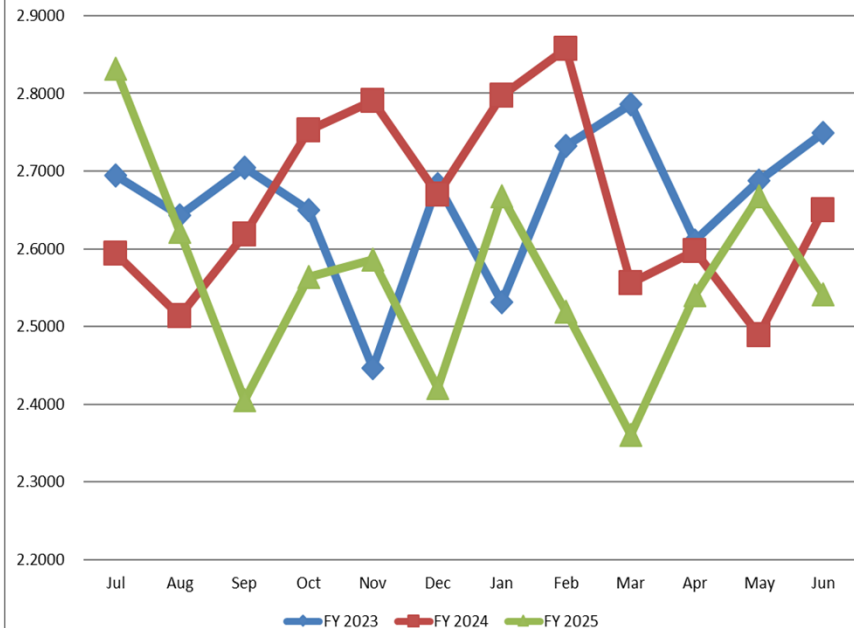
Case Mix Index w/o Normal Newborns - All



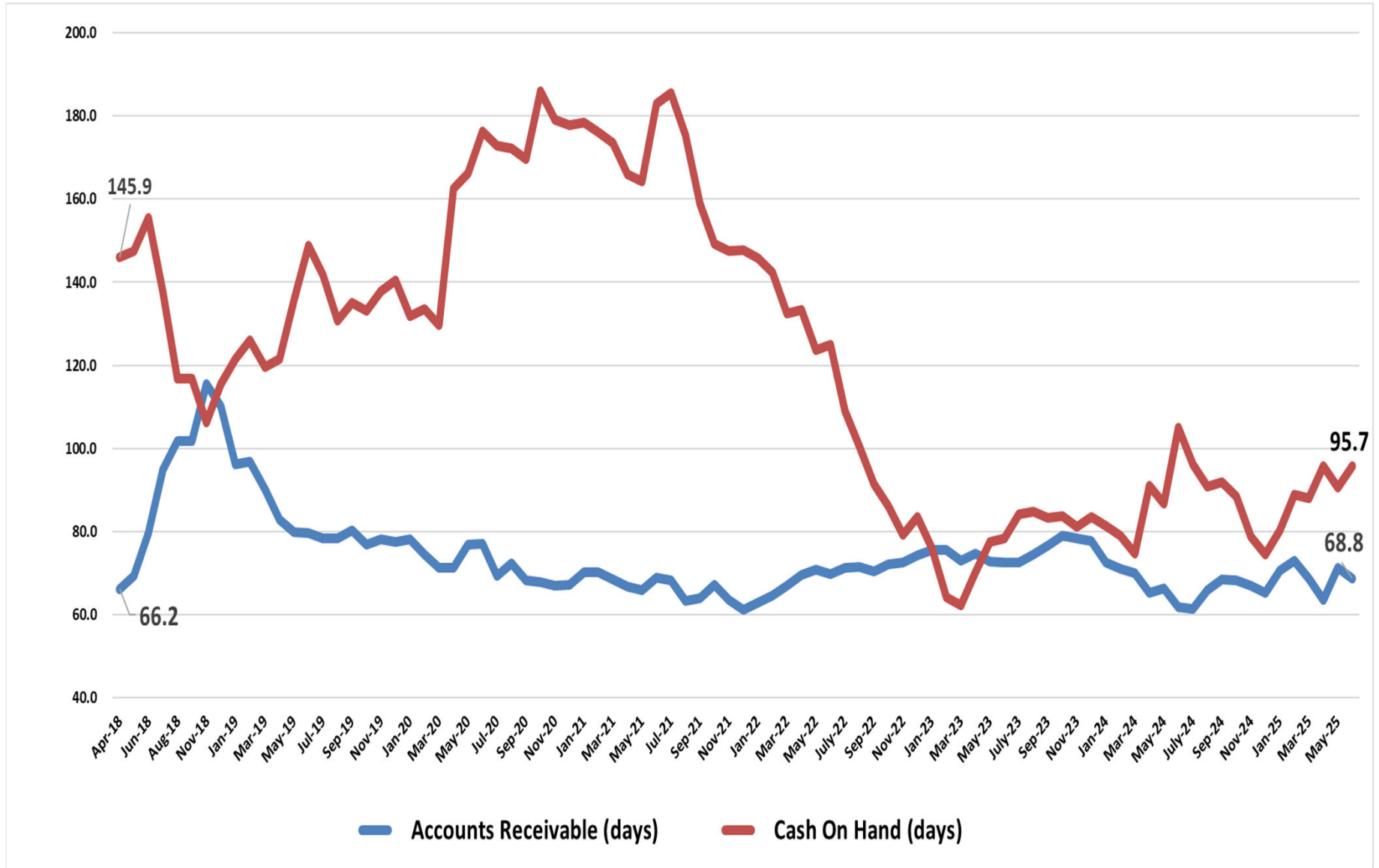
Case Mix **Medical w/o Normal Newborns**



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



Trended Liquidity Ratios



Ratio Analysis Report

JUNE 30, 2025

	Current Month Value	Prior Month Value	June 30, 2024 Audited Value	2023 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.6	2.7	2.3	1.7	1.8	1.7
Accounts Receivable (days)	68.8	71.3	61.9	47.8	47.7	47.8
Cash On Hand (days)	95.7	90.5	105.1	273.9	188.4	134.1
Cushion Ratio (x)	10.9	10.3	10.7	44.7	24.2	16.6
Average Payment Period (days)	53.3	52.6	58.6	70.9	62.7	64.0
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	114.7%	103.0%	106.3%	271.7%	164.5%	131.0%
Debt-To-Capitalization	30.6%	32.5%	34.5%	22.5%	31.1%	35.0%
Debt-to-Cash Flow (x)	2.3	2.7	3.4	2.4	3.6	6.9
Debt Service Coverage	5.2	4.7	2.9	6.7	4.5	2.1
Maximum Annual Debt Service Coverage (x)	4.0	3.7	3.7	6.8	3.8	1.9
Age Of Plant (years)	13.6	13.7	13.3	11.1	12.8	13.9
PROFITABILITY RATIOS						
Operating Margin	(2.6%)	(3.3%)	0.8%	2.1%	0.5%	(2.3%)
Excess Margin	4.3%	4.0%	2.4%	5.5%	2.7%	(.9%)
Operating Cash Flow Margin	2.6%	1.9%	6.1%	6.7%	5.5%	3.0%
Return on Assets	4.6%	4.3%	2.4%	3.9%	2.4%	(.7%)

Consolidated Statements of Net Position (000's)

	Jun-25	Jun-24
		(Audited)
ASSETS AND DEFERRED OUTFLOWS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 6,146	\$ 19,412
Current Portion of Board designated and trusted assets	16,070	14,944
Accounts receivable:		
Net patient accounts	154,445	133,806
Other receivables	70,327	25,023
	224,772	158,829
Inventories	13,669	13,738
Medicare and Medi-Cal settlements	71,696	82,755
Prepaid expenses	8,297	8,403
Total current assets	340,650	298,082
NON-CURRENT CASH AND INVESTMENTS -		
less current portion		
Board designated cash and assets	219,278	210,518
Revenue bond assets held in trust	22,950	19,326
Assets in self-insurance trust fund	747	827
Total non-current cash and investments	242,975	230,671
INTANGIBLE RIGHT TO USE LEASE,	15,613	10,464
net of accumulated amortization		
INTANGIBLE RIGHT TO USE SBITA,	8,062	12,153
net of accumulated amortization		
CAPITAL ASSETS		
Land	17,542	17,542
Buildings and improvements	437,184	428,209
Equipment	340,589	334,316
Construction in progress	19,186	22,757
	814,502	802,825
Less accumulated depreciation	541,578	512,148
	272,924	290,676
OTHER ASSETS		
Property not used in operations	5,155	4,487
Health-related investments	2,251	2,676
Other	20,922	17,120
Total other assets	28,328	24,283
Total assets	908,551	866,329
DEFERRED OUTFLOWS	13,958	15,283
Total assets and deferred outflows	\$ 922,510	\$ 881,611

Consolidated Statements of Net Position (000's)

	Jun-25	Jun-24
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	\$ 43,358	\$ 41,096
Accrued payroll and related liabilities	67,143	62,382
SBITA liability, current portion	2,950	4,146
Lease liability, current portion	3,191	2,248
Bonds payable, current portion	13,014	12,585
Notes payable, current portion	-	9,850
Total current liabilities	129,657	132,306
LEASE LIABILITY, net of current portion	12,862	8,477
SBITA LIABILITY, net of current portion	4,022	5,846
LONG-TERM DEBT, less current portion		
Bonds payable	201,619	214,713
Notes payable	20,750	20,750
Total long-term debt	222,369	235,463
NET PENSION LIABILITY	21,666	21,226
OTHER LONG-TERM LIABILITIES	45,362	36,256
Total liabilities	435,939	439,574
NET ASSETS		
Invested in capital assets, net of related debt	60,630	66,112
Restricted	59,659	52,733
Unrestricted	366,282	323,192
Total net position	486,571	442,037
Total liabilities and net position	\$ 922,510	\$ 881,611

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
June 30, 2025**

Board designated funds	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
LAIF		4.26	Various		43,218,951	
CAMP		4.40	CAMP		37,637,139	
Allspring	31846V203	3.95	Money market		641,840	
PFM	31846V203	3.95	Money market		1,075,101	
Western Alliance		0.25	Money market		130,764	
Allspring	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	1,500,000	
Allspring	1-Aug-25	2.17	Municipal	Santa Cruz Ca	400,000	
PFM	1-Aug-25	0.85	Municipal	San Juan Ca	190,000	
Allspring	25-Aug-25	0.38	U.S. Govt Agency	FNMA	1,500,000	
PFM	25-Aug-25	3.75	U.S. Govt Agency	FHLMC	162,294	
Allspring	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000	
Allspring	23-Sep-25	0.38	U.S. Govt Agency	FHLMC	750,000	
Allspring	29-Oct-25	0.55	MTN-C	Procter Gamble Co	1,300,000	
Allspring	31-Oct-25	0.25	U.S. Govt Agency	US Treasury Bill	770,000	
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	2,550,000	
Allspring	31-Mar-26	0.75	U.S. Govt Agency	US Treasury Bill	675,000	
Western Alliance - CDARS	2-Apr-26	4.01	CD	First Heritage Bank	238,007	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Farmers & Merchants Bank	13,586	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Citizens Bank & Trust	22,597	
Western Alliance - CDARS	2-Apr-26	4.01	CD	American Plus Bank, N.A.	238,007	
Western Alliance - CDARS	2-Apr-26	4.01	CD	BOKF, National Association	238,007	
Western Alliance - CDARS	2-Apr-26	4.01	CD	CalPrivate Bank	238,007	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Centreville Bak	238,007	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Citizens Bank & Trust	215,411	
Western Alliance - CDARS	2-Apr-26	4.01	CD	City Natl Bank of Sulphur Springs	238,007	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Farmer & Merchants Bank	176,797	
Western Alliance - CDARS	2-Apr-26	4.01	CD	First Oklahoma Bank	201,033	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Homeland Federal Savings Bank	16,013	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Locus Bank	238,007	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Old National Bank	238,007	
Western Alliance - CDARS	2-Apr-26	4.01	CD	River City Bank	238,007	
Western Alliance - CDARS	2-Apr-26	4.01	CD	Solera National Bank	238,007	
PFM	19-Apr-26	3.50	MTN-C	Bank of America	295,000	
Allspring	21-Apr-26	4.75	MTN-C	Morgan Stanley	1,000,000	
PFM	15-May-26	3.30	MTN-C	IBM Corp	410,000	
PFM	28-May-26	1.20	MTN-C	Astrazeneca LP	265,000	
Allspring	18-Jun-26	1.13	MTN-C	Toyota Motor	1,400,000	
Allspring	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	1,850,000	
PFM	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	990,000	
Allspring	1-Jul-26	1.89	Municipal	Anaheim Ca Pub	1,000,000	
PFM	1-Jul-26	1.46	Municipal	Los Angeles Ca	270,000	
PFM	7-Jul-26	5.25	MTN-C	American Honda Mtn	145,000	
PFM	17-Jul-26	5.08	MTN-C	Cooperative CD	400,000	
PFM	20-Jul-26	3.73	ABS	Honda Auto Rec Own	25,219	
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	880,000	
PFM	31-Aug-26	0.75	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	14-Sep-26	1.15	MTN-C	Caterpillar Finl Mtn	220,000	
PFM	18-Sep-26	5.61	MTN-C	Natixis Ny	405,000	
Allspring	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	2,210,000	
PFM	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	1-Nov-26	4.76	Municipal	California St Univ	125,000	
PFM	4-Nov-26	1.65	MTN-C	American Express Co	445,000	
PFM	13-Nov-26	5.60	MTN-C	National Rural Mtn	160,000	
Allspring	30-Nov-26	1.25	U.S. Govt Agency	US Treasury Bill	2,000,000	
Allspring	4-Dec-26	5.49	MTN-C	Citibank N A	1,000,000	
Allspring	15-Jan-27	1.95	MTN-C	Target Corp	900,000	
PFM	26-Feb-27	4.80	MTN-C	Cisco Sys Inc	260,000	
PFM	15-Mar-27	5.90	ABS	Daimler Trucks	228,651	
PFM	18-Mar-27	4.99	MTN-C	State Street Corp	335,000	
PFM	25-Mar-27	3.22	U.S. Govt Agency	FHLMC	575,000	
PFM	30-Mar-27	5.39	MTN-C	Hormel Food Corp	115,000	
PFM	15-Apr-27	2.50	MTN-C	Home Depot Inc	220,000	
PFM	15-Apr-27	3.97	ABS	Carmax Auto Owner	197,657	
Allspring	30-Apr-27	2.75	U.S. Govt Agency	US Treasury Bill	970,000	
PFM	30-Apr-27	0.50	U.S. Govt Agency	US Treasury Bill	250,000	
PFM	30-Apr-27	2.75	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	1-May-27	5.41	MTN-C	Goldman Sachs	220,000	
PFM	13-May-27	5.00	MTN-C	Paccar Financial Mtn	95,000	
PFM	15-May-27	3.70	MTN-C	Unithedhealth Group	85,000	
PFM	15-May-27	2.38	U.S. Govt Agency	US Treasury Bill	925,000	
PFM	17-May-27	3.66	ABS	Capital One Prime	102,251	
Allspring	21-May-27	5.41	MTN-C	Goldman Sachs	1,100,000	
Allspring	15-Jul-27	3.68	Municipal	Massachusetts St	1,000,000	
PFM	26-Jul-27	4.60	MTN-C	Blackrock Funding	185,000	
PFM	31-Jul-27	2.75	U.S. Govt Agency	US Treasury Bill	185,000	
Allspring	1-Aug-27	3.23	Municipal	San Jose Ca Redeve	400,000	
Allspring	1-Aug-27	3.46	Municipal	Alameda Cnty Ca	500,000	
Allspring	6-Aug-27	4.45	MTN-C	Paccar Financial Mtn	900,000	
PFM	15-Aug-27	2.25	U.S. Govt Agency	US Treasury Bill	190,000	
PFM	31-Aug-27	0.50	U.S. Govt Agency	US Treasury Bill	1,140,000	
Allspring	15-Sep-27	5.93	MTN-C	Bank of America	1,100,000	
Allspring	1-Oct-27	4.66	Municipal	San Francisco Ca	1,000,000	
PFM	8-Oct-27	4.35	MTN-C	Toyota Motor	130,000	
Allspring	22-Oct-27	4.33	MTN-C	State Street Corp	1,000,000	
PFM	31-Oct-27	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000	
Allspring	15-Nov-27	5.49	ABS	Nissan Auto Lease	500,000	
Allspring	15-Nov-27	4.60	MTN-C	Caterpillar Finl Mtn	1,000,000	
PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto	100,532	
PFM	17-Nov-27	5.02	MTN-C	Bp Cap Mkts Amer	310,000	
PFM	15-Jan-28	4.10	MTN-C	Mastercard	130,000	
Allspring	18-Jan-28	5.66	ABS	Mercedes Benz Auto	1,000,000	
PFM	24-Jan-28	4.90	MTN-C	Wells Fargo MTN	145,000	
PFM	7-Feb-28	3.44	MTN-C	Bank New York Mellon Mtn	300,000	
Allspring	12-Feb-28	4.55	MTN-C	Eli Lilly Co	300,000	
Allspring	16-Feb-28	4.47	ABS	GM Finl Consumer	710,344	
PFM	18-Feb-28	5.41	ABS	Honda Auto	303,872	
PFM	24-Feb-28	4.55	MTN-C	Cisco Sys Inc	70,000	
PFM	24-Feb-28	4.55	MTN-C	Hershey Co	80,000	
PFM	25-Feb-28	5.47	ABS	BMW Vehicle Owner	71,480	
PFM	28-Feb-28	4.48	MTN-C	Chevron USA Inc	340,000	
PFM	29-Feb-28	1.13	U.S. Govt Agency	US Treasury Bill	1,500,000	
PFM	1-Mar-28	4.55	MTN-C	Johnson Johnson Sr	80,000	
PFM	17-Apr-28	5.48	ABS	Hyundai Auto	99,614	
Allspring	22-Apr-28	5.57	MTN-C	JP Morgan	1,100,000	

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
June 30, 2025**

PFM	23-Apr-28	4.89	MTN-C	Goldman Sachs	155,000
PFM	30-Apr-28	3.50	U.S. Govt Agency	US Treasury Bill	750,000
PFM	30-Apr-28	1.25	U.S. Govt Agency	US Treasury Bill	600,000
PFM	9-May-28	4.25	MTN-C	Cummins INC	20,000
PFM	15-May-28	5.23	ABS	Ford CR Auto Owner	146,929
PFM	15-May-28	5.46	ABS	Ally Auto Rec	166,348
PFM	26-May-28	5.50	MTN-C	Morgan Stanley	280,000
PFM	31-May-28	3.63	U.S. Govt Agency	US Treasury Bill	730,000
PFM	15-Jun-28	4.35	MTN-C	Target Corp	75,000
PFM	15-Jun-28	4.35	MTN-C	Target Corp	290,000
PFM	16-Jun-28	5.45	ABS	GM Finl con Auto Rec	98,750
PFM	25-Jun-28	4.82	U.S. Govt Agency	FHLMC	530,000
PFM	25-Jun-28	4.78	U.S. Govt Agency	FHLMC	433,132
Allspring	30-Jun-28	4.00	U.S. Govt Agency	US Treasury Bill	500,000
PFM	30-Jun-28	4.00	U.S. Govt Agency	US Treasury Bill	1,300,000
PFM	1-Jul-28	4.42	Municipal	Los Angeles Ca	140,000
Allspring	14-Jul-28	4.95	MTN-C	John Deere Mtn	700,000
PFM	14-Jul-28	4.95	MTN-C	John Deere Mtn	120,000
PFM	25-Jul-28	4.18	U.S. Govt Agency	FNMA	515,773
Allspring	1-Aug-28	5.75	Municipal	San Diego County	1,000,000
PFM	15-Aug-28	5.53	ABS	Fifth Third Auto	354,694
PFM	15-Aug-28	5.69	ABS	Harley Davidson	484,448
PFM	25-Aug-28	4.74	U.S. Govt Agency	FHLMC	545,000
PFM	25-Aug-28	4.65	U.S. Govt Agency	FHLMC	545,000
PFM	15-Sep-28	5.16	ABS	Chase Issuance Trust	435,000
PFM	15-Sep-28	5.23	ABS	American Express	445,000
PFM	25-Sep-28	4.85	U.S. Govt Agency	FHLMC	410,000
PFM	25-Sep-28	4.80	U.S. Govt Agency	FHLMC	535,000
PFM	29-Sep-28	5.80	MTN-C	Citibank N A	535,000
PFM	30-Sep-28	4.63	U.S. Govt Agency	US Treasury Bill	500,000
Allspring	25-Oct-28	5.80	MTN-C	Bank New York Mtn	1,000,000
PFM	25-Oct-28	5.07	U.S. Govt Agency	FHLMC	200,000
PFM	25-Oct-28	4.86	U.S. Govt Agency	FHLMC	300,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	775,000
Allspring	15-Nov-28	4.98	ABS	Bank of America	394,000
PFM	25-Nov-28	5.00	U.S. Govt Agency	FHLMC	280,000
PFM	25-Dec-28	4.57	U.S. Govt Agency	FHLMC	325,000
PFM	25-Dec-28	4.72	U.S. Govt Agency	FHLMC	315,000
PFM	31-Dec-28	3.75	U.S. Govt Agency	US Treasury Bill	1,200,000
PFM	31-Dec-28	1.38	U.S. Govt Agency	US Treasury Bill	500,000
PFM	12-Jan-29	5.02	MTN-C	Morgan Stanley	250,000
PFM	16-Jan-29	4.60	ABS	Chase Issuance Trust	490,000
PFM	24-Jan-29	4.92	MTN-C	JP Morgan	140,000
PFM	31-Jan-29	4.60	MTN-C	Paccar Financial Mtn	160,000
PFM	8-Feb-29	4.60	MTN-C	Air products	295,000
PFM	8-Feb-29	4.60	MTN-C	Texas Instrs	370,000
PFM	15-Feb-29	4.94	ABS	Wells Fargo Card	560,000
PFM	20-Feb-29	4.90	MTN-C	Cummins INC	195,000
PFM	22-Feb-29	4.90	MTN-C	Bristol Myers Squibb	200,000
Allspring	26-Feb-29	5.18	ABS	BMW Vehicle Owner	1,100,000
PFM	26-Feb-29	4.85	MTN-C	Cisco Sys Inc	225,000
PFM	26-Feb-29	4.85	MTN-C	Astrazeneca	165,000
PFM	28-Feb-29	4.25	U.S. Govt Agency	US Treasury Bill	750,000
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	50,000
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	220,000
Allspring	15-Mar-29	5.20	ABS	John Deere Owner	1,000,000
Allspring	15-Mar-29	5.38	ABS	Hyundai Auto Rec	1,000,000
PFM	25-Mar-29	5.18	U.S. Govt Agency	FHLMC	315,000
Allspring	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	225,000
PFM	4-Apr-29	4.80	MTN-C	Adobe Inc	225,000
Allspring	15-Apr-29	5.10	ABS	Ford CR Auto Owner	1,000,000
PFM	15-Apr-29	5.10	ABS	Ford CR Auto Owner	415,000
PFM	23-Apr-29	4.91	MTN-C	Wells Fargo co	205,000
PFM	25-Apr-29	4.73	MTN-C	American Express	245,000
PFM	9-May-29	4.62	MTN-C	Bank America Mtn	290,000
PFM	15-May-29	4.42	ABS	Hyundai Auto Rec	195,000
PFM	25-May-29	4.72	U.S. Govt Agency	FHLMC	460,000
Allspring	31-May-29	4.50	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	15-Jun-29	5.15	MTN-C	National Rural Mtn	850,000
Allspring	20-Jun-29	5.98	ABS	Verizon Master Trust	1,000,000
Allspring	25-Jun-29	4.75	MTN-C	Home Depot Inc	500,000
PFM	25-Jun-29	4.75	MTN-C	Home Depot Inc	95,000
PFM	25-Jun-29	4.64	U.S. Govt Agency	FHLMC	200,000
PFM	30-Jun-29	3.25	U.S. Govt Agency	US Treasury Bill	2,030,000
PFM	15-Jul-29	4.76	ABS	Ford CR Auto Owner	360,000
Allspring	16-Jul-29	4.65	ABS	American Express	1,025,000
PFM	17-Jul-29	4.50	MTN-C	Pepsico inc	280,000
PFM	25-Jul-29	4.54	U.S. Govt Agency	FHLMC	515,000
PFM	25-Jul-29	4.62	U.S. Govt Agency	FHLMC	410,000
Allspring	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	500,000
PFM	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	260,000
PFM	9-Aug-29	4.55	MTN-C	Toyota Motor	195,000
PFM	14-Aug-29	4.20	MTN-C	Eli Lilly Co	65,000
PFM	16-Aug-29	4.27	ABS	GM Finl con Auto Rec	155,000
PFM	18-Aug-29	4.64	ABS	Toyota Auto	260,000
PFM	20-Aug-29	4.92	ABS	Volkswagen Auto Ln	365,000
PFM	31-Aug-29	3.63	U.S. Govt Agency	US Treasury Bill	750,000
PFM	16-Sep-29	3.80	MTN-C	Novartis Capital	365,000
PFM	21-Sep-29	4.57	ABS	Honda Auto	205,000
PFM	25-Sep-29	4.85	ABS	BMW Vehicle Owner	140,000
PFM	25-Sep-29	4.79	U.S. Govt Agency	FHLMC	345,000
Allspring	30-Sep-29	3.50	U.S. Govt Agency	US Treasury Bill	950,000
PFM	4-Oct-29	4.05	MTN-C	Accenture Capital	195,000
PFM	15-Oct-29	4.15	ABS	Honda Auto	125,000
PFM	15-Oct-29	4.45	ABS	Ford Credit Auto	445,000
Allspring	31-Oct-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Oct-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	15-Nov-29	4.77	ABS	Toyota Auto	220,000
Allspring	30-Nov-29	4.13	U.S. Govt Agency	US Treasury Bill	1,700,000
Allspring	15-Dec-29	4.49	ABS	Nissan Auto Rec	500,000
PFM	17-Dec-29	4.78	ABS	Mercedes Benz Auto	255,000
Allspring	31-Dec-29	4.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	31-Dec-29	4.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	17-Jan-30	4.95	MTN-C	Adobe Inc	900,000
PFM	17-Jan-30	4.95	MTN-C	Adobe Inc	285,000
Allspring	23-Jan-30	5.20	MTN-C	Wells Fargo co	500,000

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
June 30, 2025**

PFM	25-Jan-30	0.00	U.S. Govt Agency	FHLMC	205,000	
PFM	31-Jan-30	4.25	U.S. Govt Agency	US Treasury Bill	295,000	
PFM	24-Feb-30	4.75	MTN-C	Cisco Sys Inc	290,000	
PFM	28-Feb-30	4.00	U.S. Govt Agency	US Treasury Bill	160,000	
PFM	20-Mar-30	4.51	ABS	Verizon Master Trust	440,000	
PFM	31-Mar-30	4.00	U.S. Govt Agency	US Treasury Bill	700,000	
PFM	15-Apr-30	4.28	ABS	American Express	410,000	
PFM	16-Apr-30	4.66	ABS	GM Finl Consumer	95,000	
PFM	24-Apr-30	4.76	MTN-C	State Street Corp	140,000	
Allspring	28-Apr-30	4.35	MTN-C	Walmart Inc	500,000	
PFM	28-Apr-30	4.30	MTN-C	Walmart Inc	160,000	
Allspring	30-Apr-30	3.88	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	1-May-30	4.20	MTN-C	Colgate Palmolive	180,000	
PFM	15-May-30	4.31	ABS	Bank of America	265,000	
PFM	15-May-30	4.34	ABS	WF Card Issuance	515,000	
PFM	15-May-30	4.80	MTN-C	Toyota Motor	200,000	
PFM	25-May-30	4.35	U.S. Govt Agency	FHLMC	575,000	
PFM	29-May-30	4.91	MTN-C	Citibank N A	250,000	
Allspring	31-May-30	4.00	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	31-May-30	4.00	U.S. Govt Agency	US Treasury Bill	1,065,000	
PFM	5-Jun-30	4.55	MTN-C	John Deere Mtn	285,000	
PFM	15-Jun-30	4.50	MTN-C	Analog Devices	435,000	
PFM	21-Jun-30	4.30	ABS	Citibank Credit	580,000	
Allspring	30-Jun-30	3.88	U.S. Govt Agency	US Treasury Bill	1,000,000	
						\$ 203,460,293

	<u>Maturity Date</u>	<u>Yield</u>	<u>Investment Type</u>		<u>G/L Account</u>	<u>Amount</u>	<u>Total</u>
<u>Self-insurance trust</u>							
Wells Fargo Bank			Money market		110900	967,173	
Wells Fargo Bank			Fixed income - L/T		152300	<u>761,799</u>	1,728,971
<u>2015A revenue bonds</u>							
US Bank			Principal/Interest payment fund		142110	<u>512,039</u>	512,039
<u>2015B revenue bonds</u>							
US Bank			Principal/Interest payment fund		142110	367,973	367,973
<u>2017C revenue bonds</u>							
US Bank			Principal/Interest payment fund		142110	<u>951,120</u>	951,120
<u>2020 revenue bonds</u>							
US Bank			Principal/Interest payment fund		142110	<u>193,391</u>	193,391
<u>2022 revenue bonds</u>							
US Bank			Principal/Interest payment fund		142110	<u>436,185</u>	436,185
<u>2014 general obligation bonds</u>							
CAMP			Interest Payment fund		152440	<u>5,327,015</u>	5,327,015
<u>Master Reserve fund</u>							
US Bank					142102	(422,246)	
US Bank					142103	<u>23,372,427</u>	22,950,181
<u>Operations</u>							
Wells Fargo Bank	(Checking)	0.38	Checking	100100	100100	(623,737)	
Wells Fargo Bank	(Savings)	0.38	Checking	100500	100500	<u>5,924,022</u>	
						5,300,285	
<u>Payroll</u>							
Wells Fargo Bank	(Checking)	0.38	Checking		100200	(186,139)	
Wells Fargo Bank	(Checking)	0.38	Checking	Flexible Spending	100300	595,653	
Wells Fargo Bank	(Checking)	0.38	Checking	Benefits	100300	39,481	
Wells Fargo Bank	(Checking)	0.00	Checking	HSA	100300	28,155	
						477,150	
							5,777,435
Total investments						\$	<u>241,704,602</u>

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
June 30, 2025**

Sequoia Regional Cancer Center

Wells Fargo Bank (Medical)	Checking	100500	4,636	
			<u>\$</u>	<u>4,636</u>

Kaweah Delta Hospital Foundation

Central Valley Community Checking	Investments	100100	342,815	
Various	S/T Investments	142200	5,603,109	
Various	L/T Investments	142300	13,788,807	
Various	Unrealized G/L	142400	2,901,293	
			<u>\$</u>	<u>22,636,024</u>

Summary of board designated funds:

Plant fund:

Uncommitted plant funds	\$	142,143,643	142100
Committed for capital		<u>23,435,552</u>	142100
		165,579,195	
GO Bond reserve - L/T		1,992,658	142100
401k Matching		14,710,145	142100
Cost report settlement - curre	2,135,384		142104
Cost report settlement - L/T	<u>1,312,727</u>		142100
		3,448,111	
Development fund/Memorial fund		104,184	112300
Workers compensation - curr	5,180,000		112900
Workers compensation - L/T	<u>12,446,000</u>		113900
		17,626,000	
	<u>\$</u>	<u>203,460,293</u>	

	Total Investments	%	Trust Accounts	Surplus Funds	%
Investment summary by institution:					
CAMP	37,637,139	15.6%		37,637,139	18.0%
Local Agency Investment Fund (LAIF)	43,218,951	17.9%		43,218,951	20.7%
CAMP - GOB Tax Rev	5,327,015	2.2%	5,327,015	-	0.0%
Allspring	59,971,185	24.8%	1,728,971	58,242,213	27.8%
PFM	59,476,748	24.6%		59,476,748	28.4%
Western Alliance - CDARS	3,025,506			3,025,506	1.4%
Western Alliance	130,764			130,764	0.1%
Wells Fargo Bank	7,506,406	3.1%		7,506,406	3.6%
US Bank	25,410,889	10.5%	25,410,889	-	0.0%
Total investments	<u>\$ 241,704,602</u>	<u>100.0%</u>	<u>\$ 32,466,875</u>	<u>209,237,728</u>	<u>100.0%</u>

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
June 30, 2025**

Investment summary of surplus funds by type:

		<u>Investment</u> <u>Limitations</u>	
Negotiable and other certificates of deposit	\$ 3,025,506	62,771,000	(30%)
Checking accounts	5,777,435		
Local Agency Investment Fund (LAIF)	43,218,951	75,000,000	
CAMP	37,637,139		
Medium-term notes (corporate) (MTN-C)	31,025,000	62,771,000	(30%)
U.S. government agency	61,696,199		
Municipal securities	6,025,000		
Money market accounts	1,847,706	41,848,000	(20%)
Commercial paper	-	52,309,000	(25%)
Asset Backed Securities	18,984,791	41,848,000	(20%)
Supra-National Agency	-	62,771,000	(30%)
	<u>\$ 209,237,728</u>		

Return on investment:

Current month	<u>3.60%</u>
Year-to-date	<u>3.78%</u>
Prospective	<u>3.73%</u>
LAIF (year-to-date)	<u>4.41%</u>
Budget	<u>2.82%</u>

Fair market value disclosure for the quarter ended June 30, 2025 (District only):

	<u>Quarter-to-date</u>	<u>Year-to-date</u>
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	485,552
Change in unrealized gain (loss) on investments (income statement effect)	\$ 894,350	4,529,081

Investment summary of CDs:

American Plus Bank, N.A.	\$ 238,007
BOKF, National Association	238,007
CalPrivate Bank	238,007
Centreville Bak	238,007
Citizens Bank & Trust	238,007
City Natl Bank of Sulphur Springs	238,007
Farmer & Merchants Bank	176,797
Farmers & Merchants Bank	13,586
First Heritage Bank	238,007
First Oklahoma Bank	201,033
Homeland Federal Savings Bank	16,013
Locus Bank	238,007
Old National Bank	238,007
River City Bank	238,007
Solera National Bank	238,007
	<u>\$ 3,025,506</u>

Investment summary of asset backed securities:

Ally Auto Rec	\$ 166,348
American Express	1,880,000
Bank of America	659,000
BMW Vehicle Owner	1,311,480
Capital One Prime	102,251
Carmax Auto Owner	197,657
Chase Issuance Trust	925,000
Citibank Credit	580,000
Daimler Trucks	228,651
Fifth Third Auto	354,694
Ford CR Auto Owner	1,921,929
Ford Credit Auto	445,000
GM Finl con Auto Rec	253,750
GM Finl Consumer	805,344
Harley Davidson	484,448
Honda Auto	633,872
Honda Auto Rec Own	25,219
Hyundai Auto	99,614
Hyundai Auto Rec	1,195,000
John Deere Owner	1,000,000
Mercedes Benz Auto	1,355,532
Nissan Auto Lease	500,000
Nissan Auto Rec	500,000
Toyota Auto	480,000
Verizon Master Trust	1,440,000
Wells Fargo Card	560,000
WF Card Issuance	515,000
Volkswagen Auto Ln	365,000
	<u>\$ 18,984,791</u>

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
June 30, 2025**

Investment summary of medium-term notes (corporate):

Accenture Capital	\$	195,000
Adobe Inc		1,410,000
American Express		245,000
American Express Co		445,000
American Honda Mtn		145,000
Analog Devices		435,000
Air products		295,000
Astrazeneca		165,000
Astrazeneca LP		265,000
Bank America Mtn		290,000
Bank of America		1,395,000
Bank New York Mellon Mtn		300,000
Bank New York Mtn		1,000,000
Blackrock Funding		455,000
Bp Cap Mkts Amer		310,000
Bristol Myers Squibb		200,000
Chevron USA Inc		340,000
Caterpillar Finl Mtn		1,220,000
Cisco Sys Inc		845,000
Citibank N A		1,785,000
Colgate Palmolive		180,000
Cooperative CD		400,000
Cummins INC		215,000
Eli Lilly Co		365,000
Goldman Sachs		1,475,000
Hershey Co		80,000
Home Depot Inc		815,000
Hormel Food Corp		115,000
IBM Corp		410,000
John Deere Mtn		1,105,000
Johnson Johnson Sr		80,000
JP Morgan		1,240,000
Mastercard		130,000
Morgan Stanley		1,530,000
National Rural Mtn		1,010,000
Natixis Ny		405,000
Novartis Capital		365,000
Paccar Financial Mtn		1,155,000
Pepsico inc		280,000
Procter Gamble Co		1,300,000
State Street Corp		1,475,000
Target Corp		1,265,000
Texas Instrs		370,000
Toyota Motor		1,925,000
Unitedhealth Group		85,000
Walmart Inc		660,000
Wells Fargo Mtn		145,000
Wells Fargo co		705,000
	\$	31,025,000

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	\$	2,015,773
Federal Home Loan Bank (FHLB)		525,000
Federal Home Loan Mortgage Corp (FHLMC)		10,430,426
US Treasury Bill		48,725,000
	\$	61,696,199

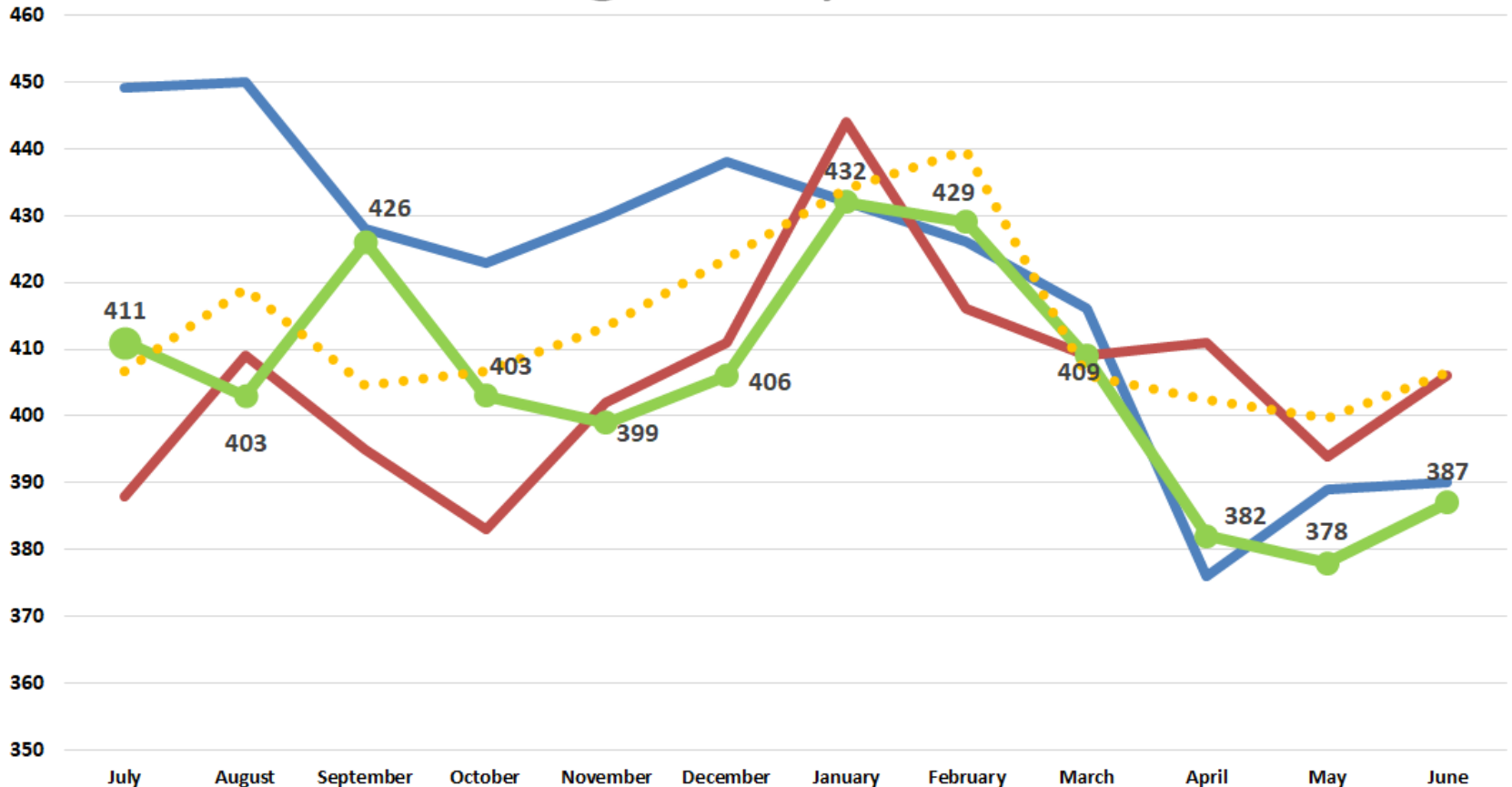
Investment summary of municipal securities:

Alameda Cnty Ca	\$	500,000
Anaheim Ca Pub		1,000,000
California St Univ		125,000
Los Angeles Ca		410,000
Massachusetts St		1,000,000
San Diego County		1,000,000
San Francisco Ca		1,000,000
San Jose Ca Redev		400,000
San Juan Ca		190,000
Santa Cruz Ca		400,000
	\$	6,025,000

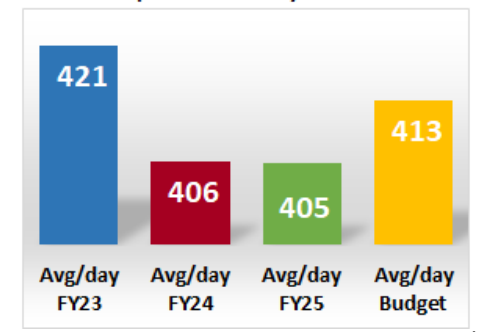
Statistical Report

June 2025

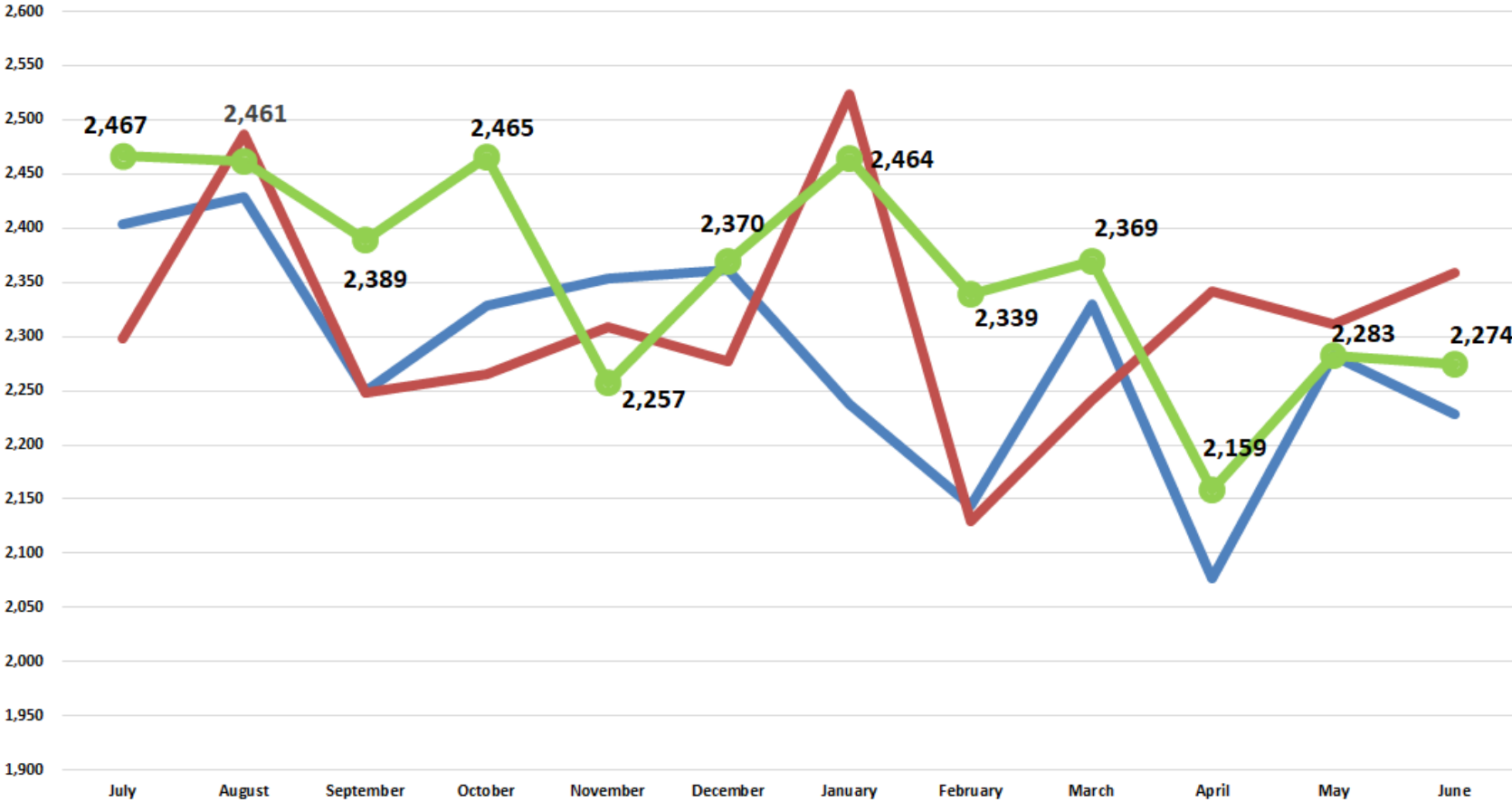
Average Daily Census



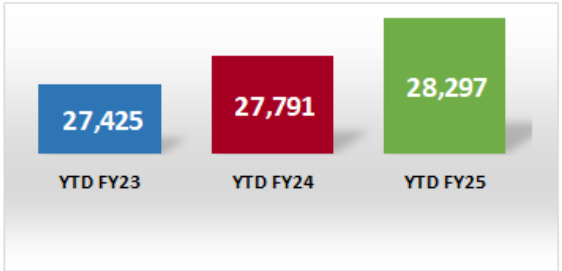
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 —●— FY2024
 —●— FY2025
 ●●● Budget



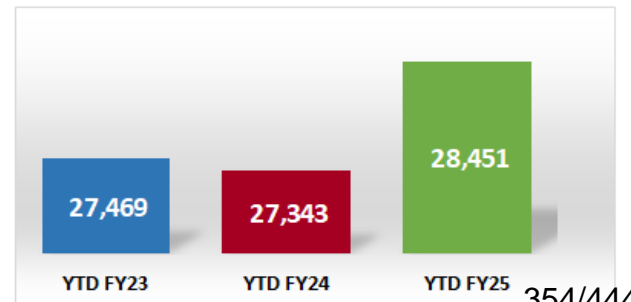
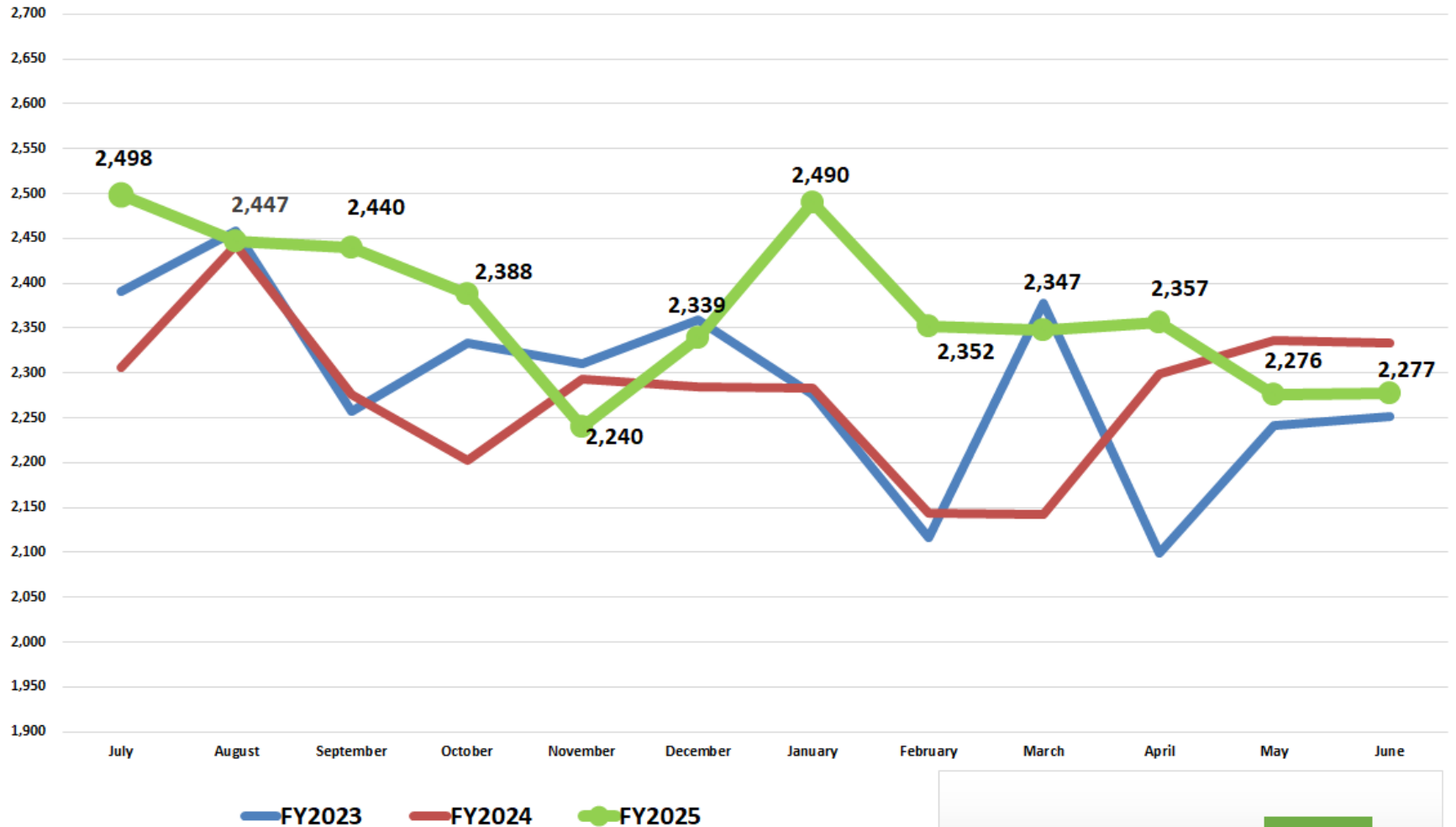
Admissions



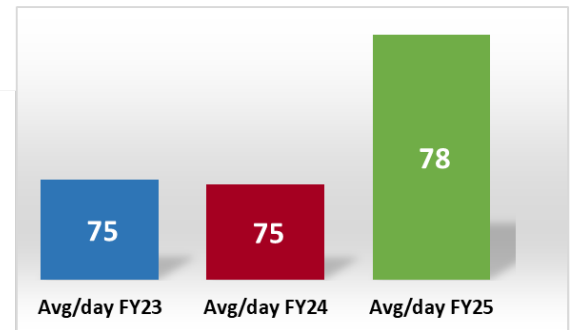
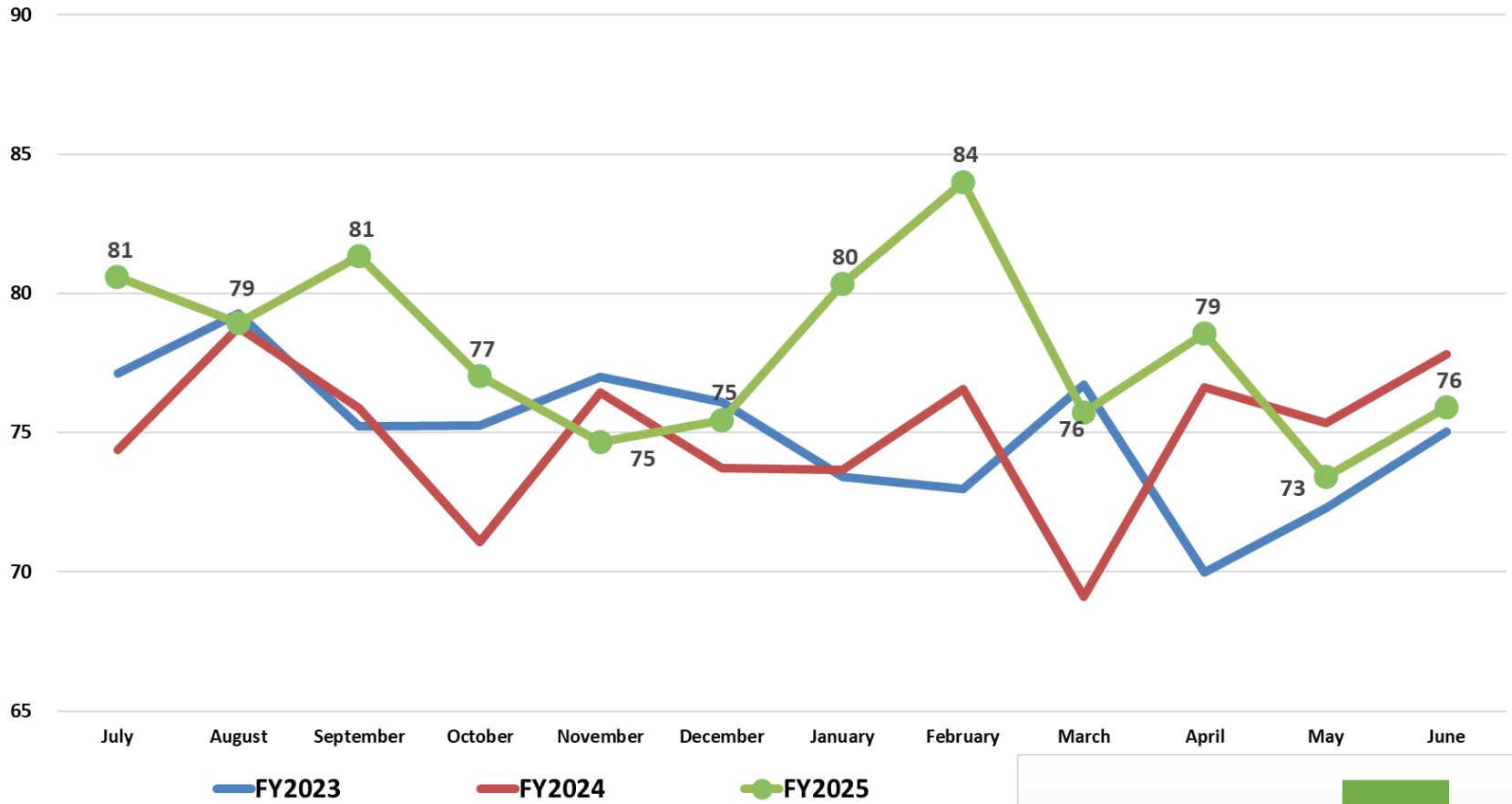
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 —● FY2024
 —● FY2025



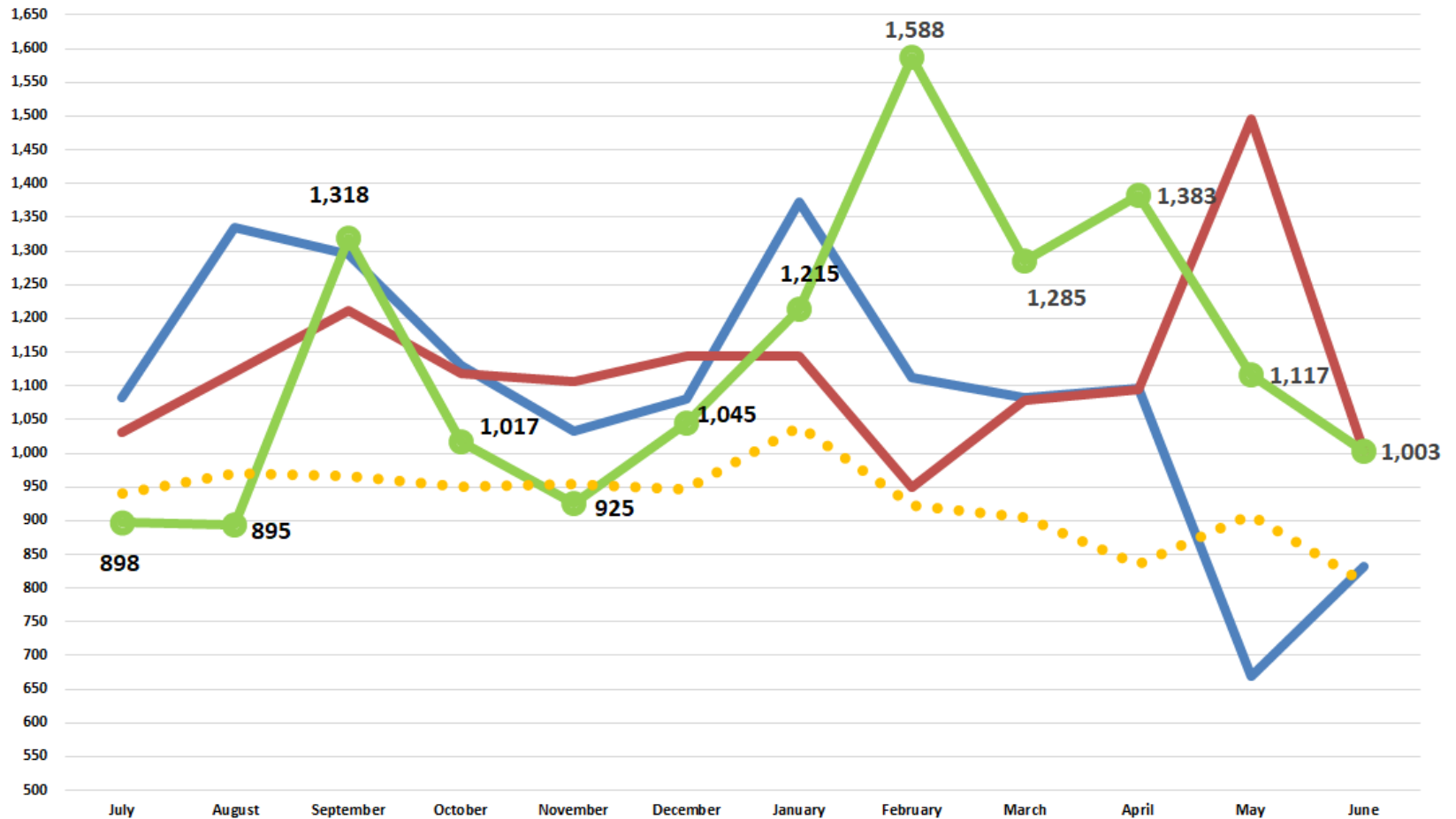
Discharges



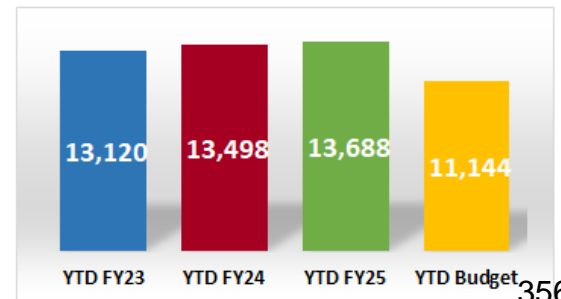
Average Discharges per Day



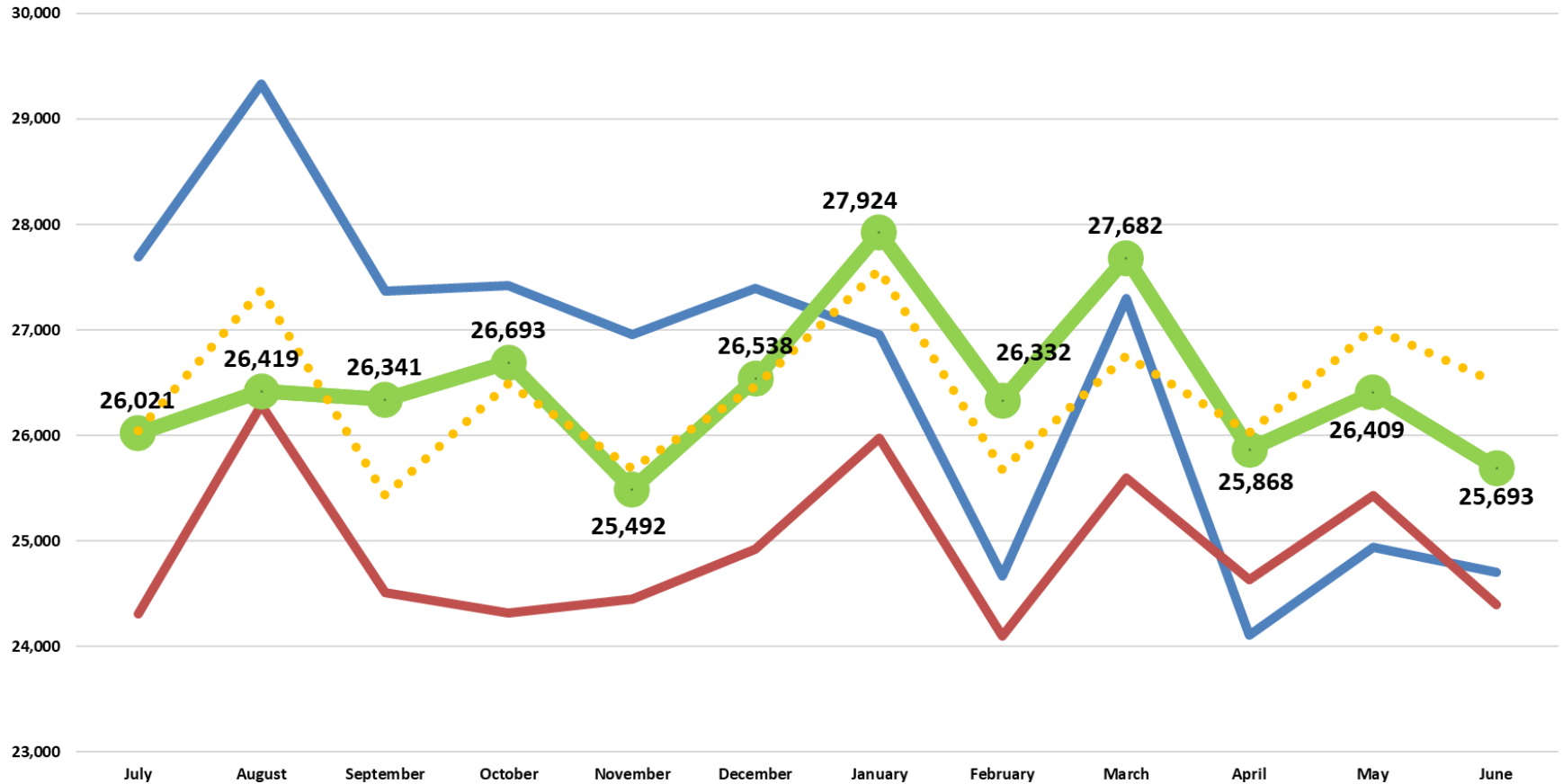
Observation Days



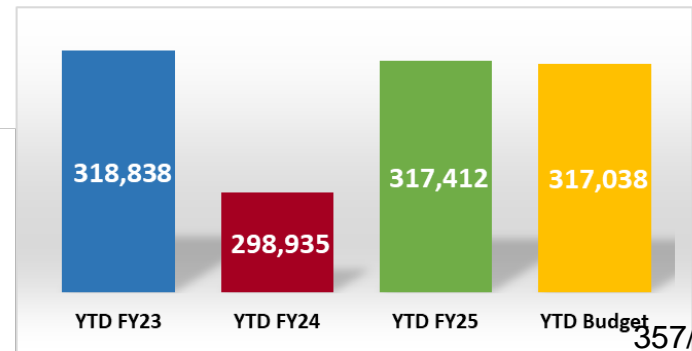
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



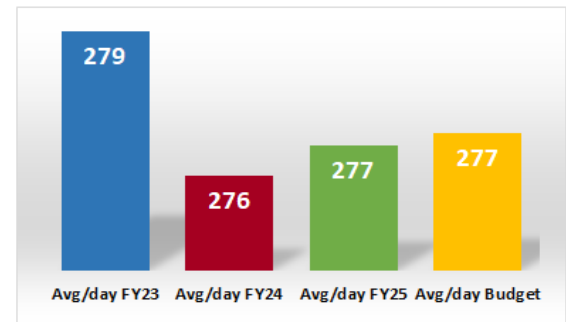
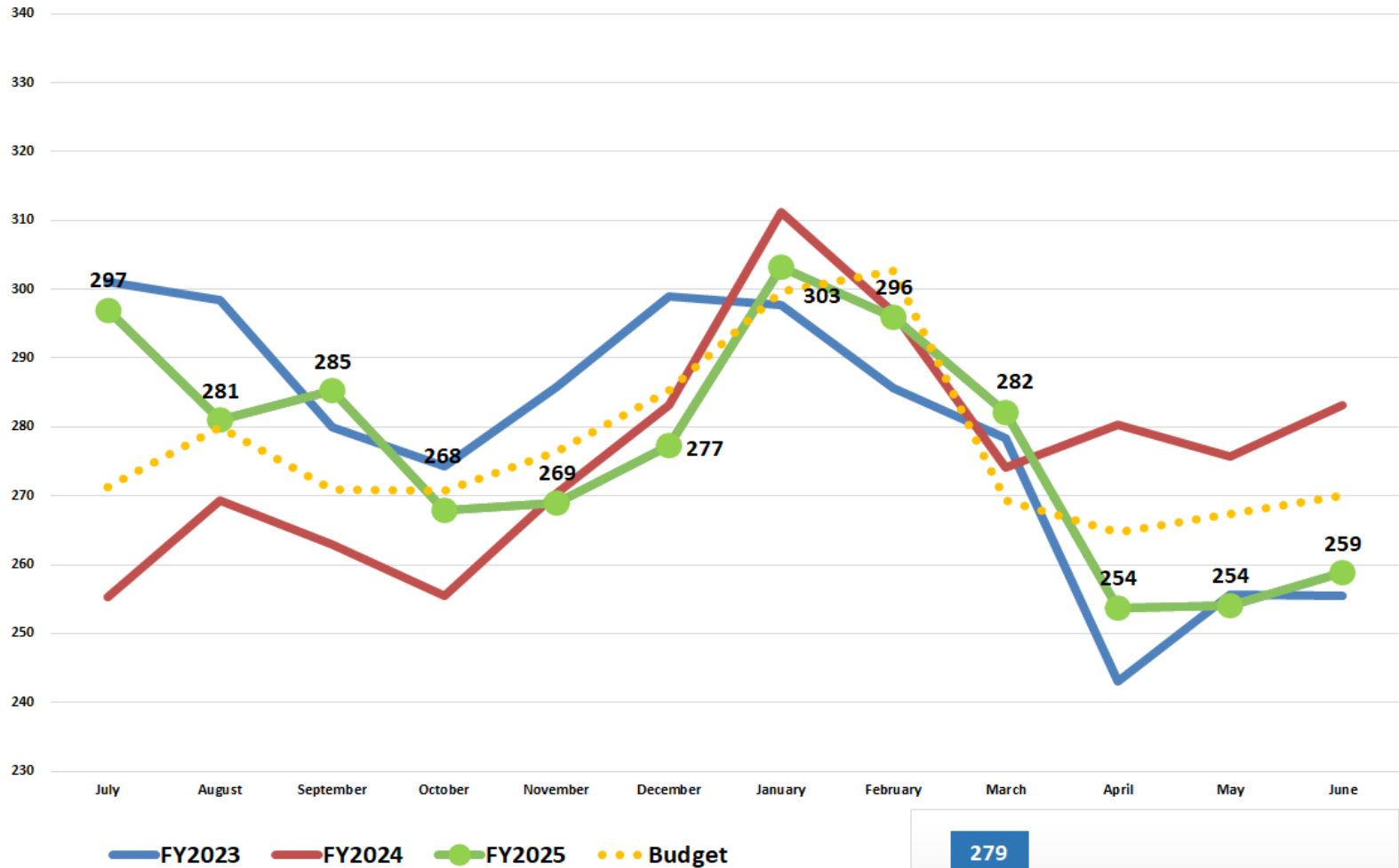
Adjusted Patient Days



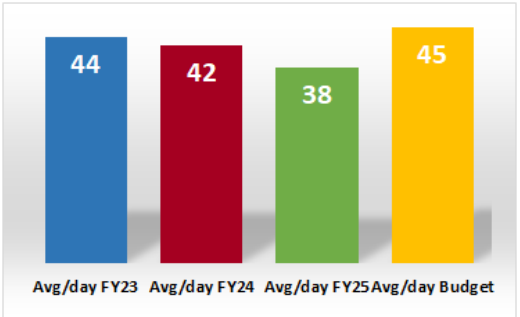
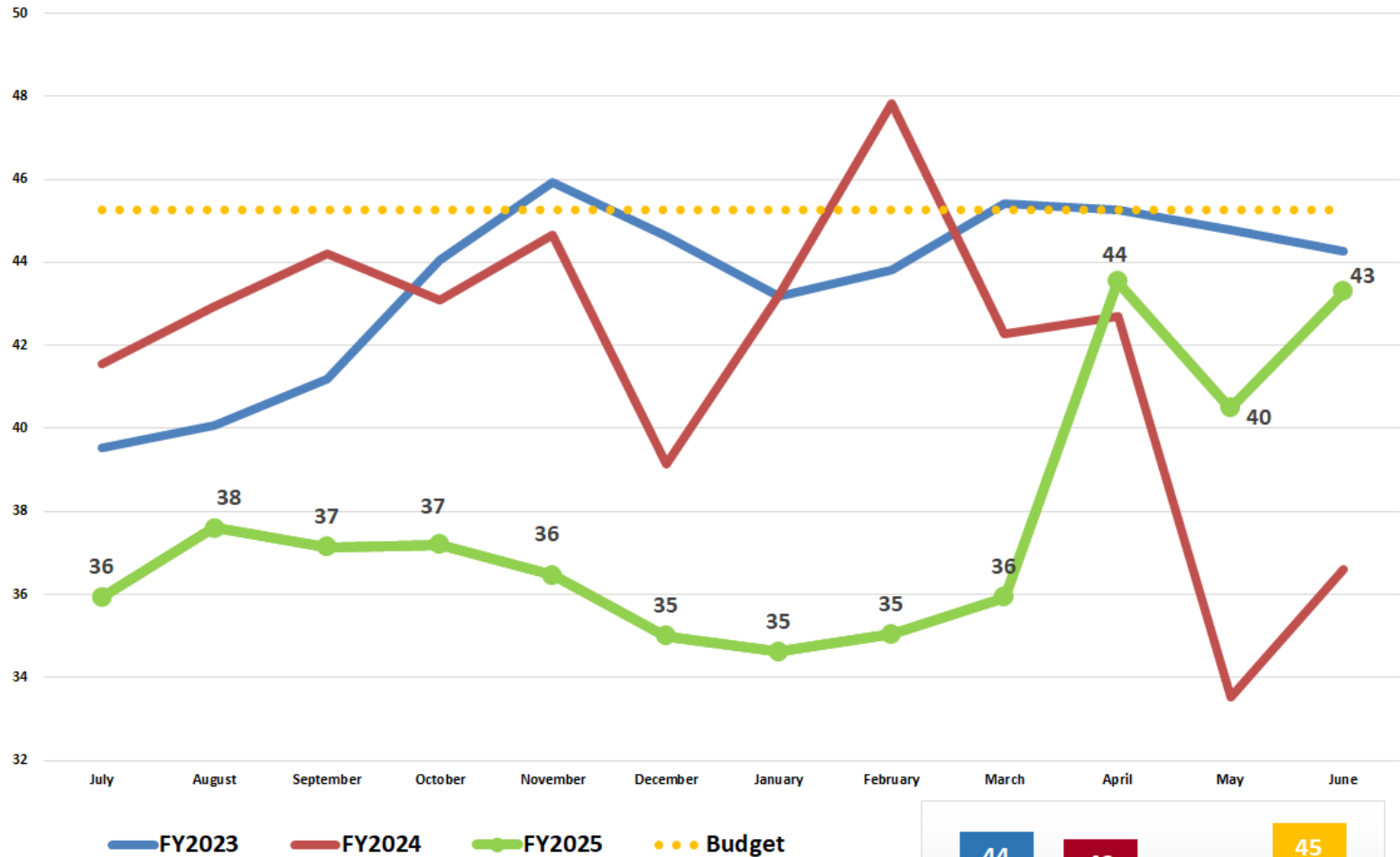
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



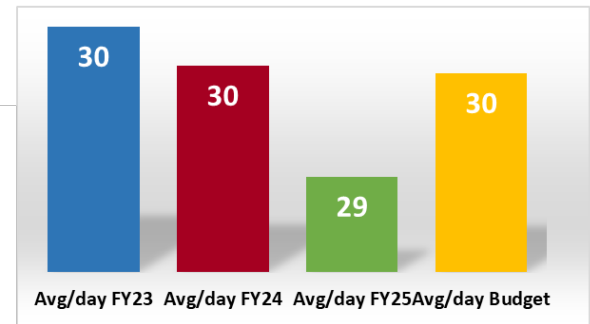
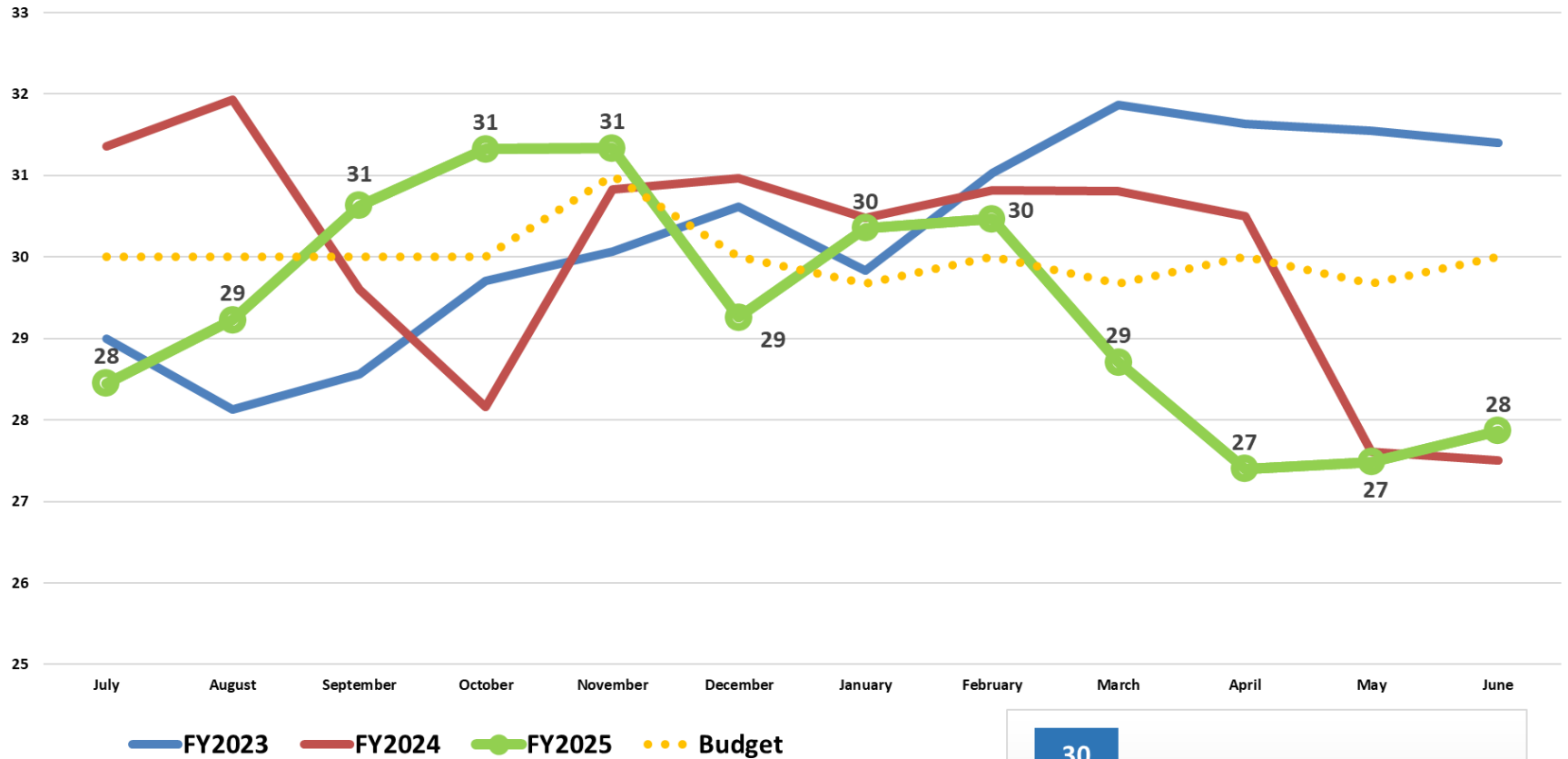
Medical Center (Avg Patients Per Day)



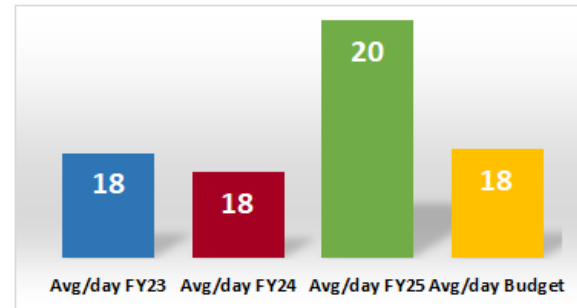
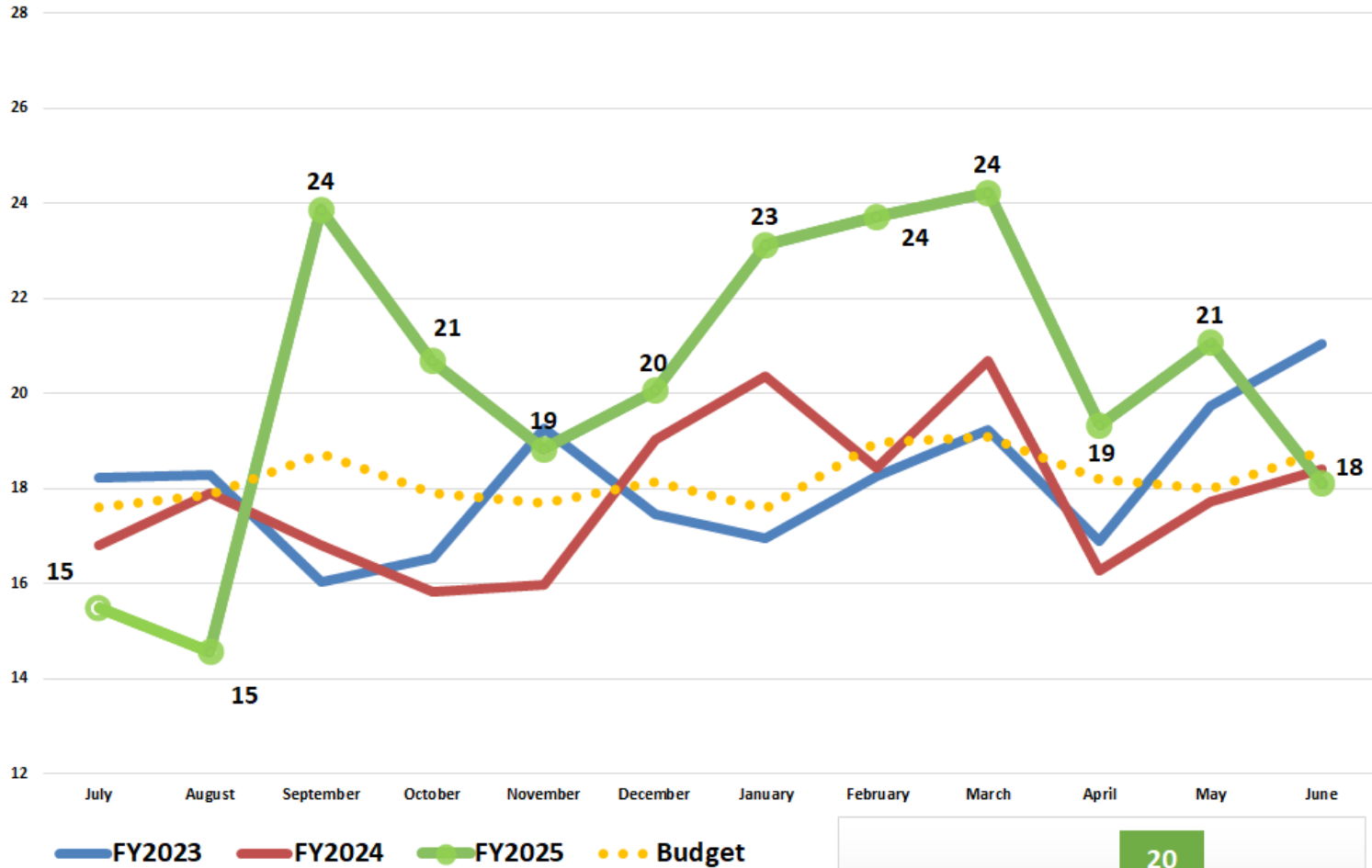
Acute I/P Psych (Avg Patients Per Day)



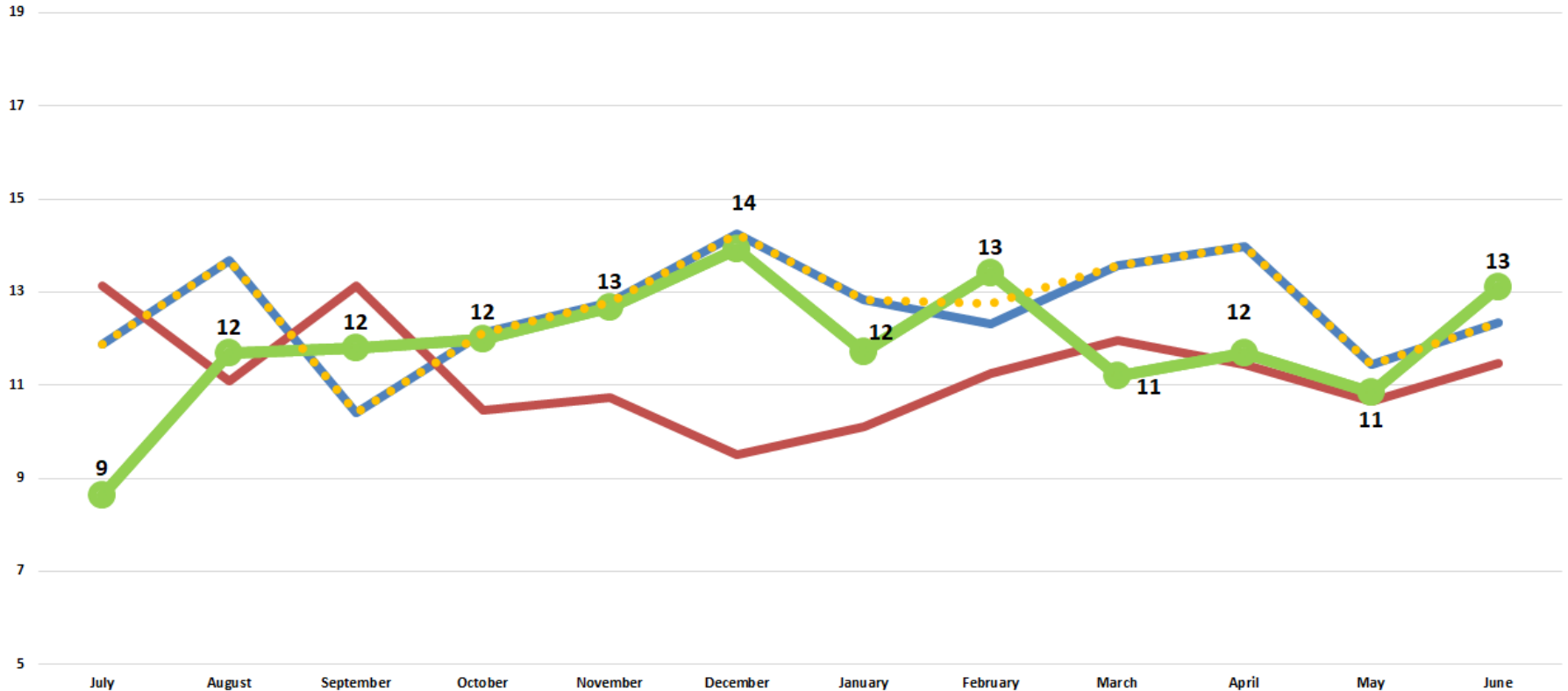
Sub-Acute - Avg Patients Per Day



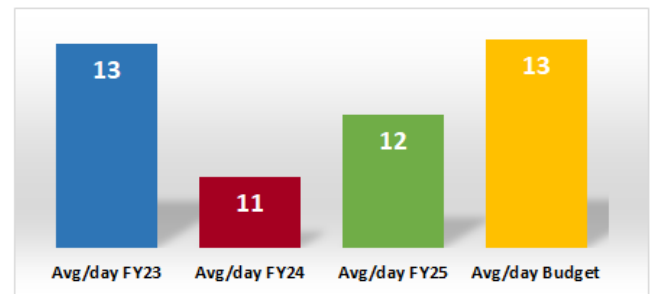
Rehabilitation Hospital - Avg Patients Per Day



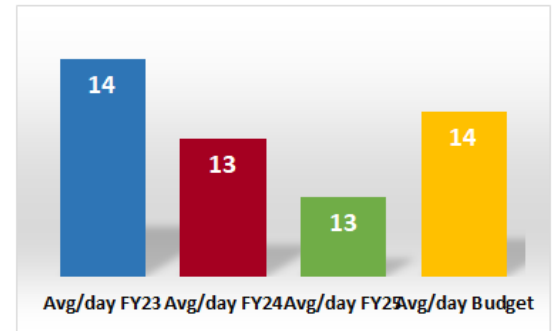
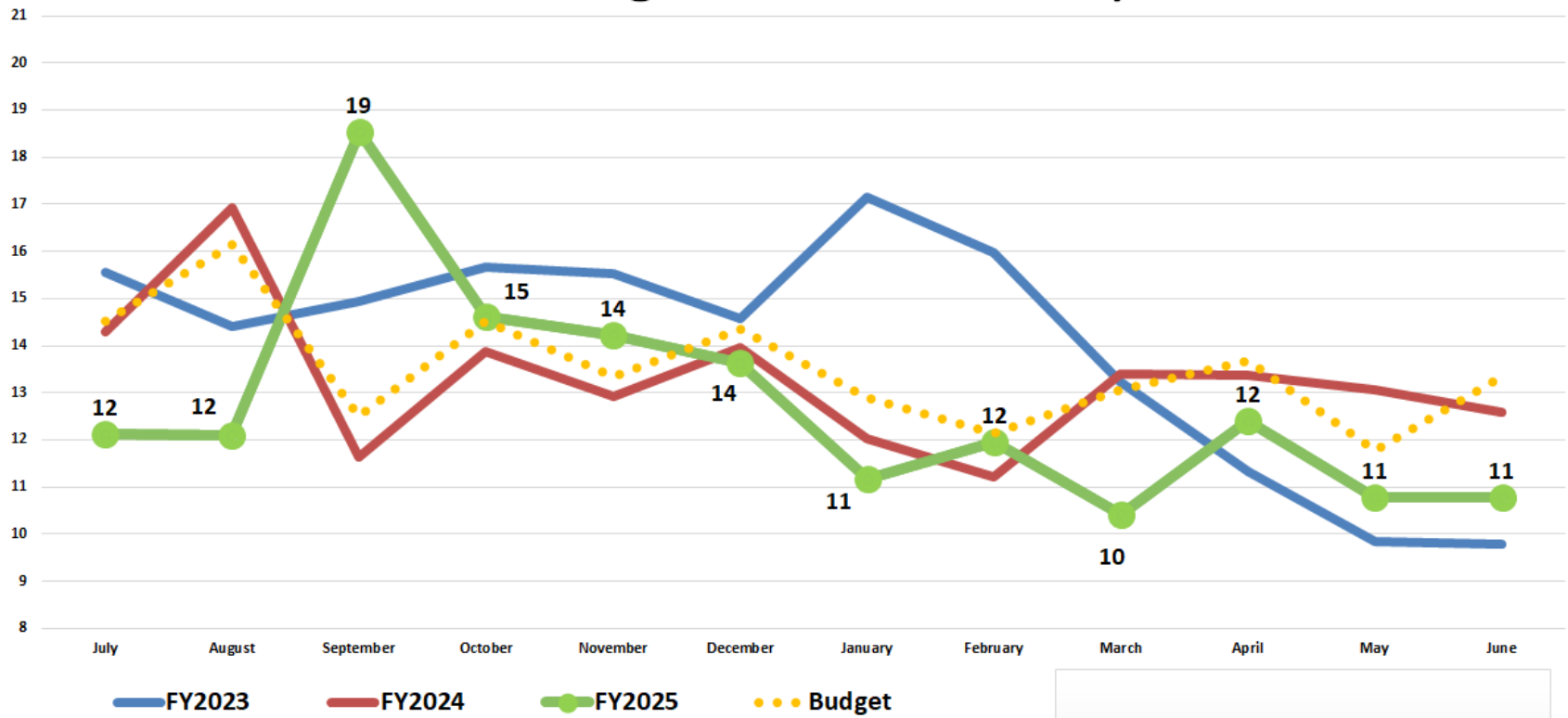
TCS Ortho - Avg Patients Per Day



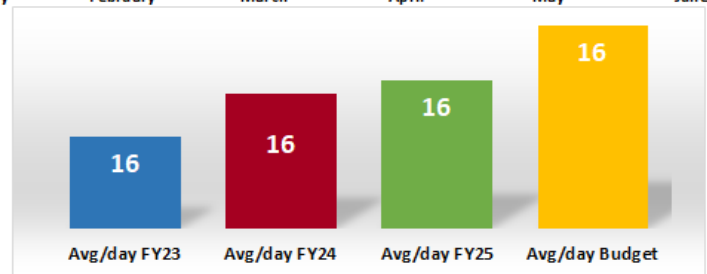
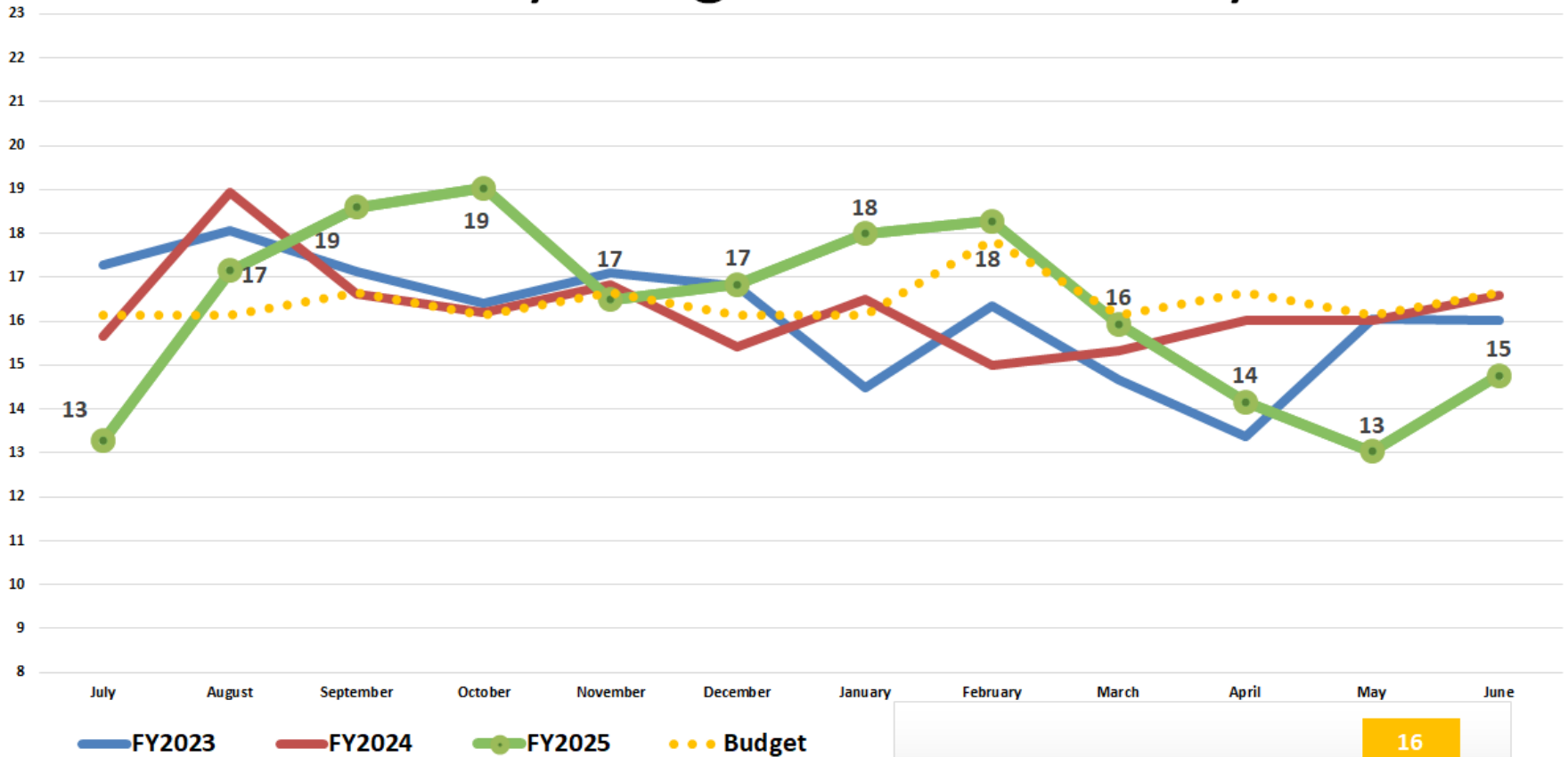
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



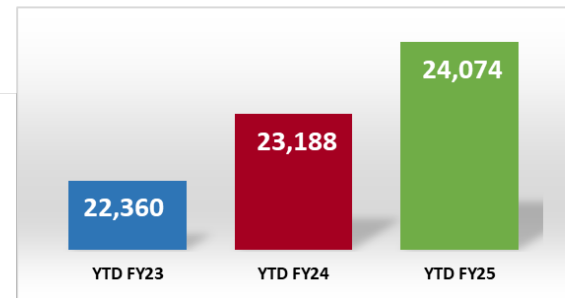
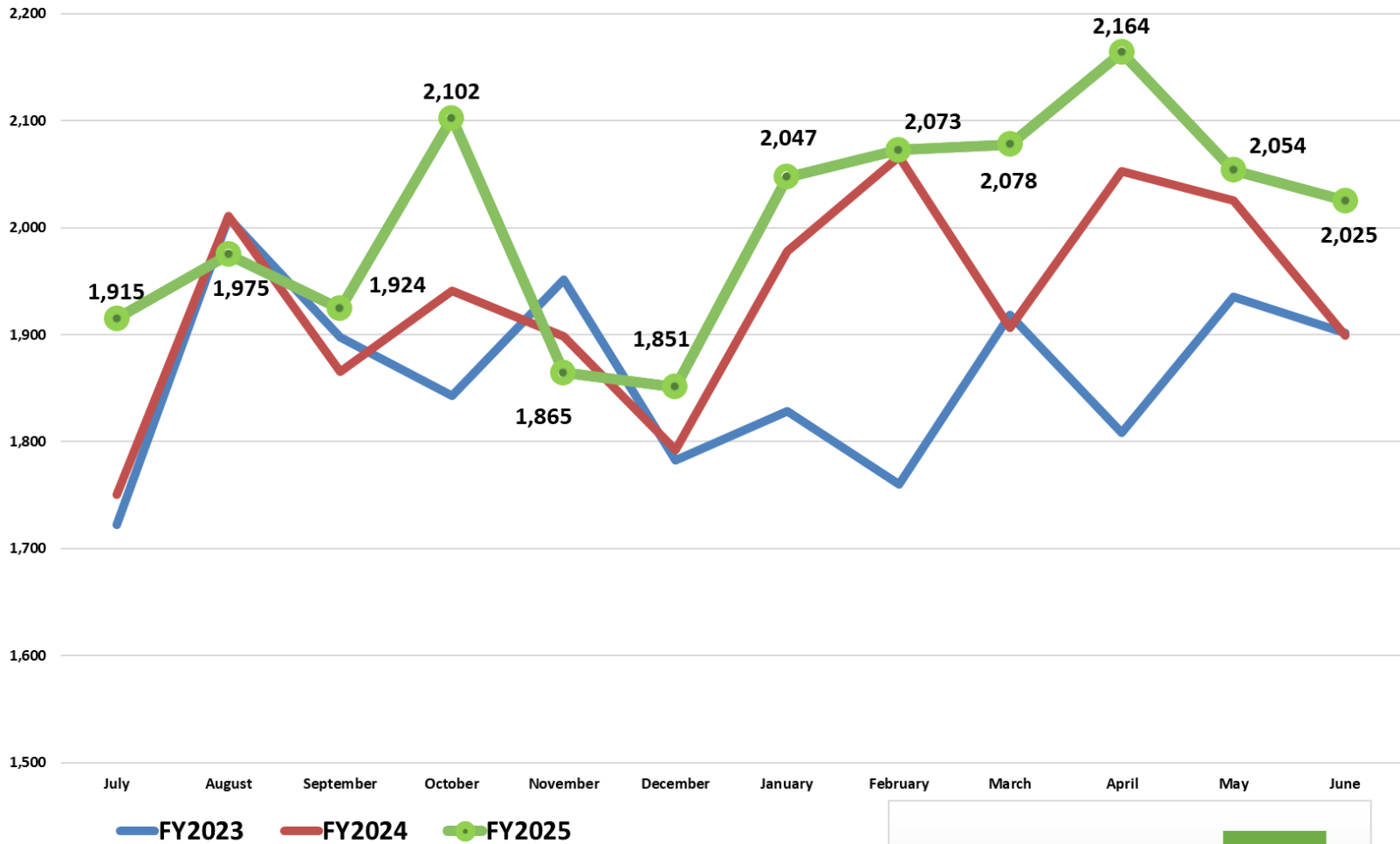
NICU - Avg Patients Per Day



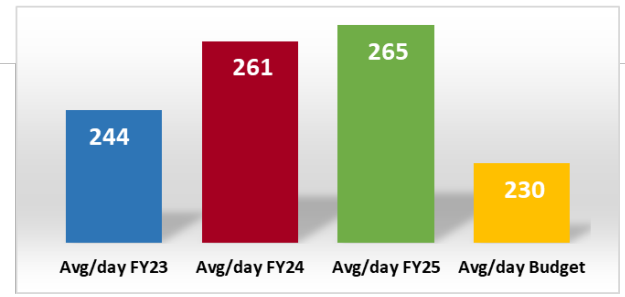
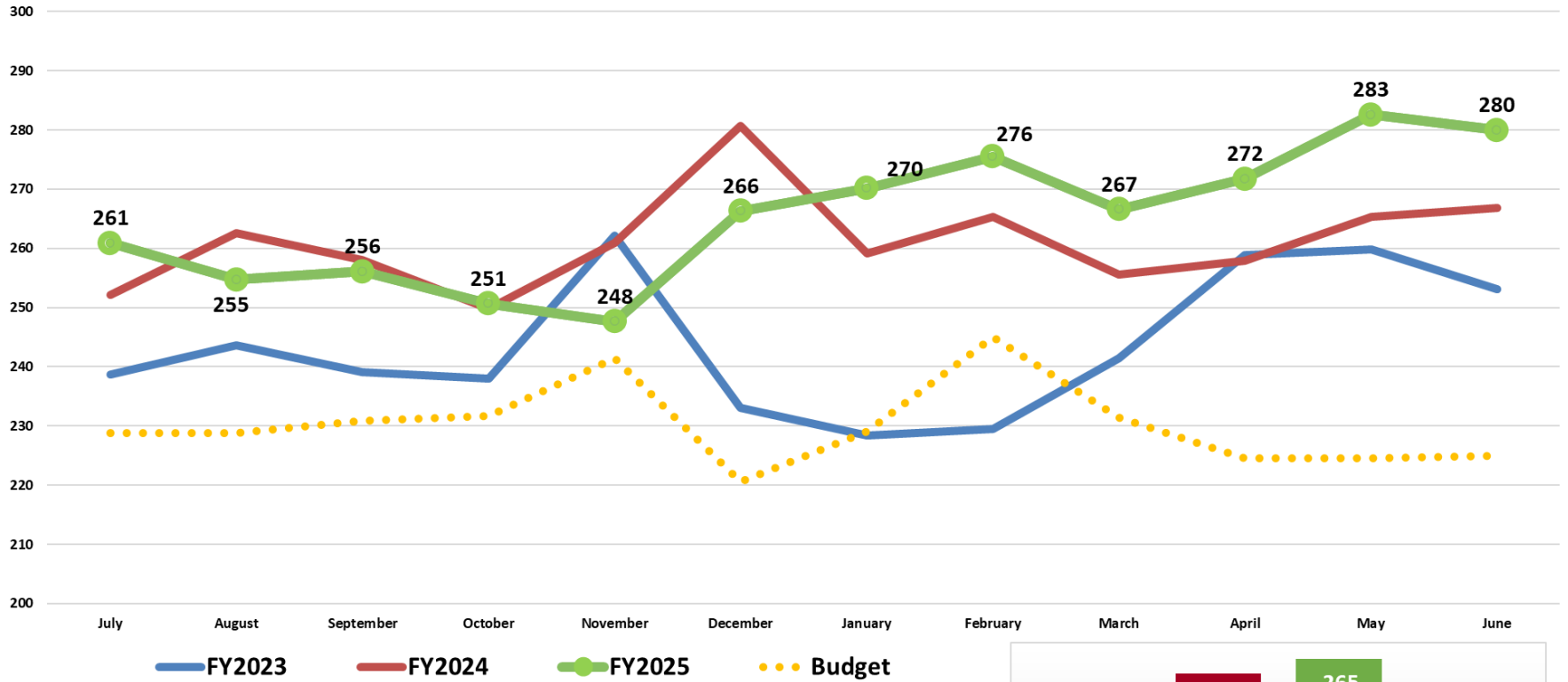
Nursery - Avg Patients Per Day



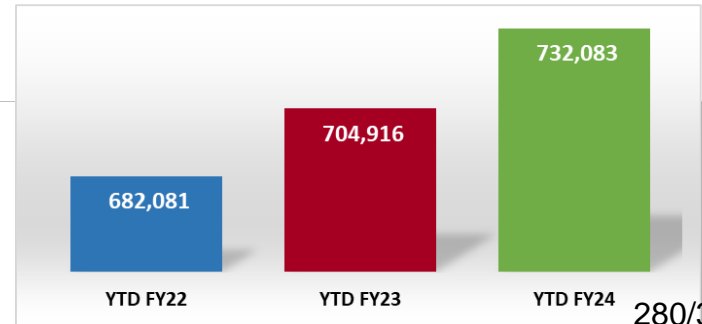
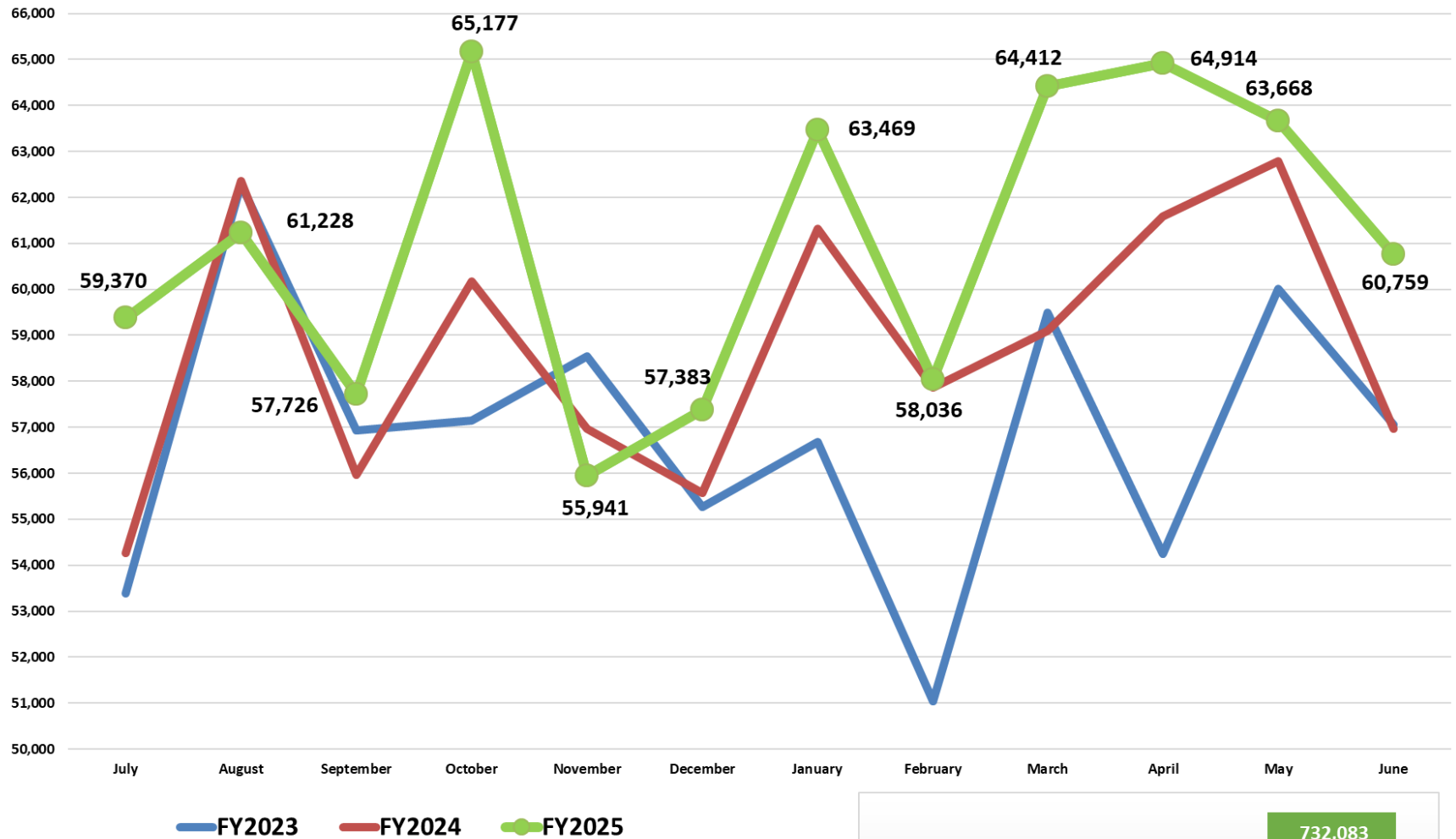
Outpatient Registrations Per Day



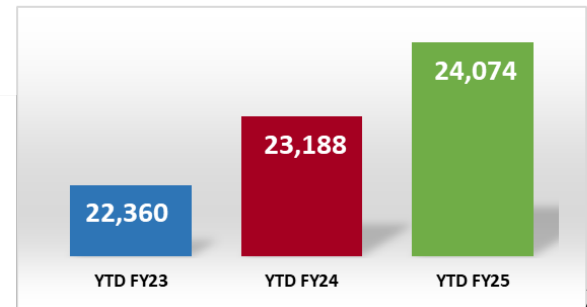
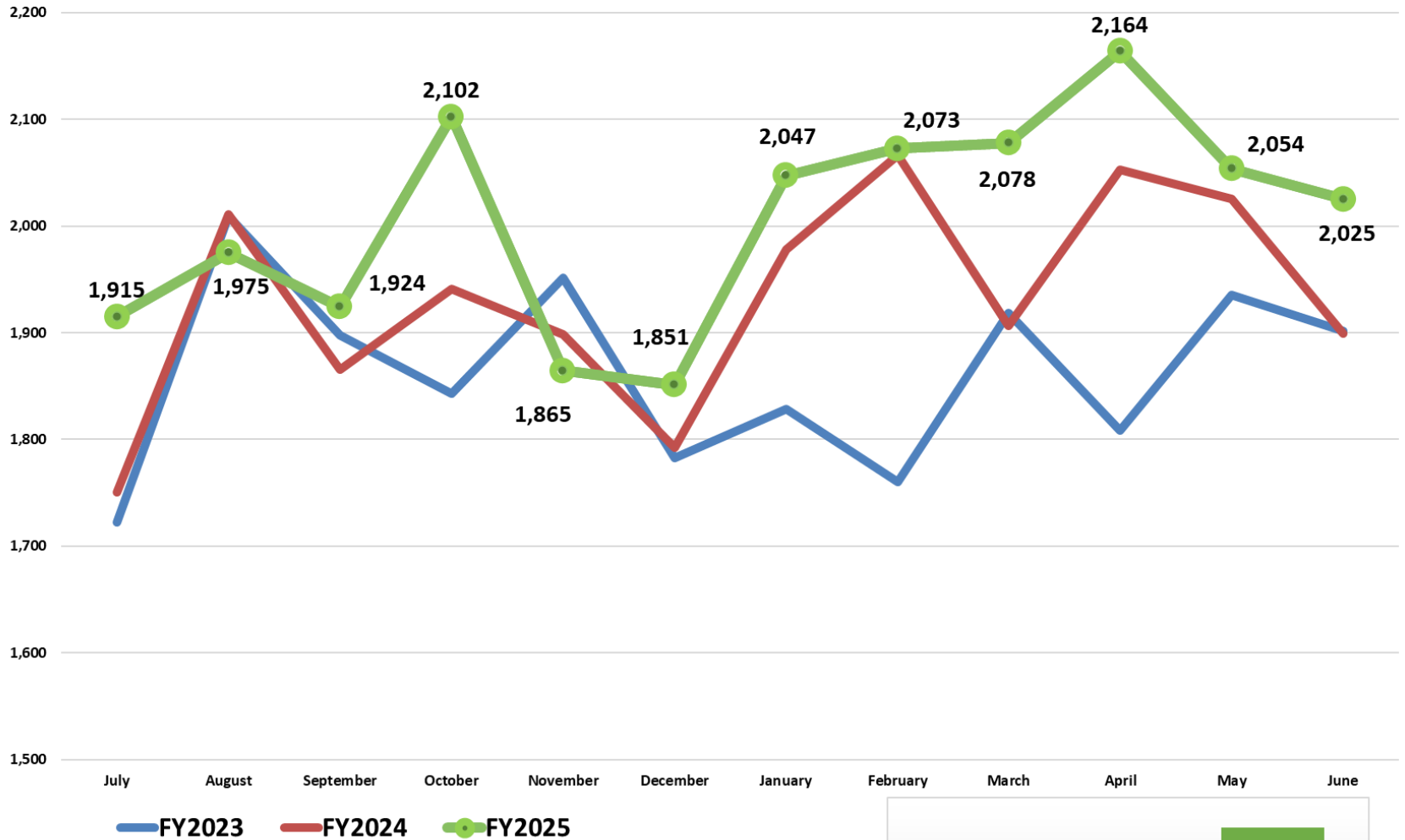
ED - Avg Treated Per Day



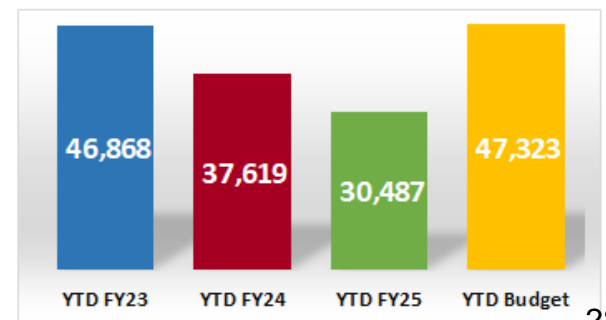
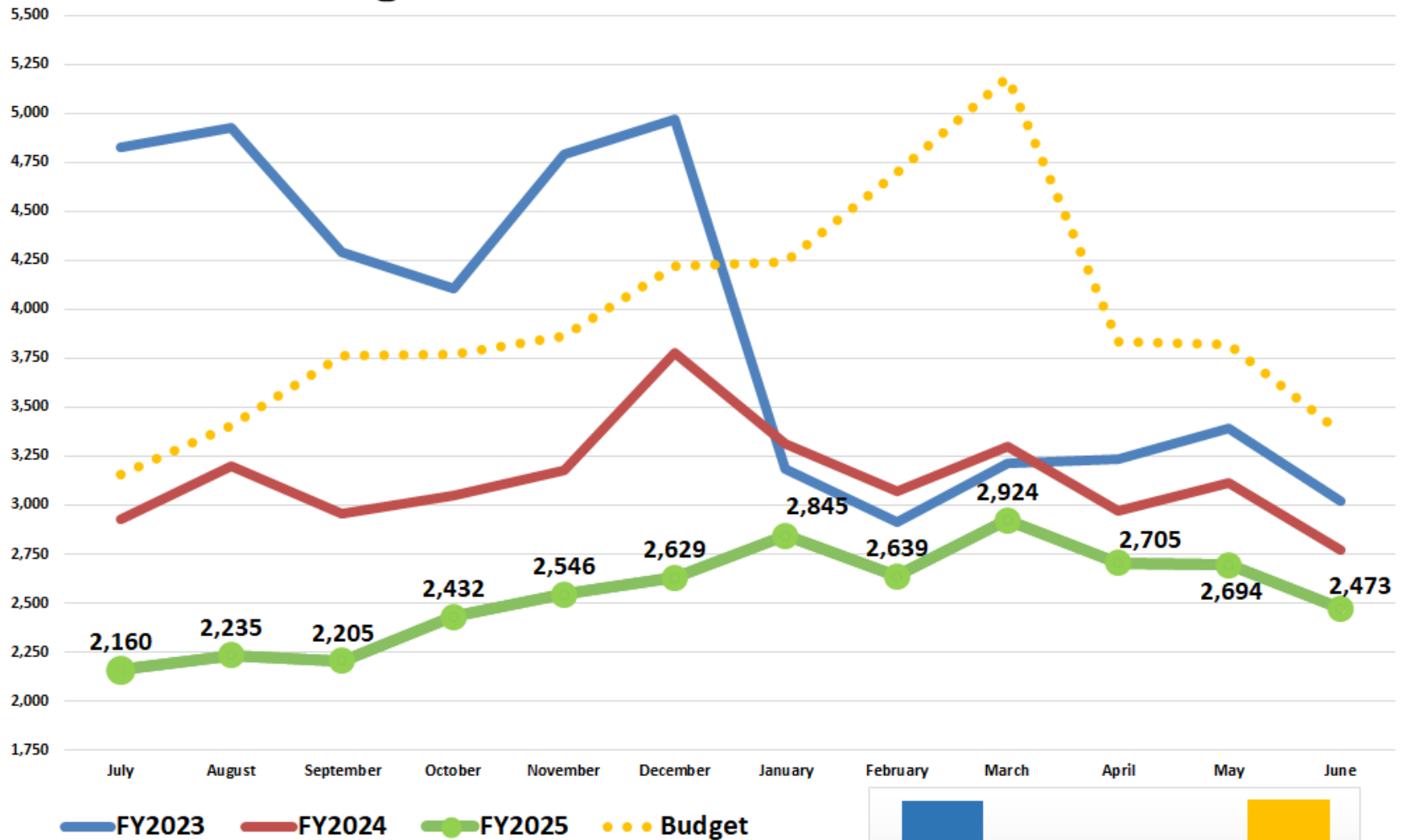
Outpatient Registrations



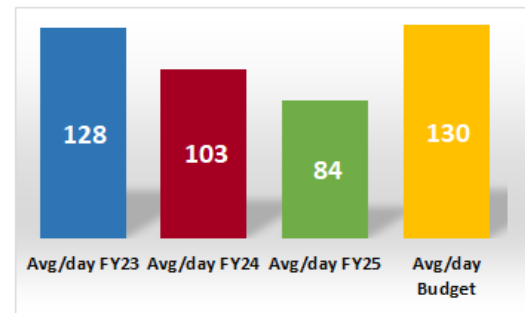
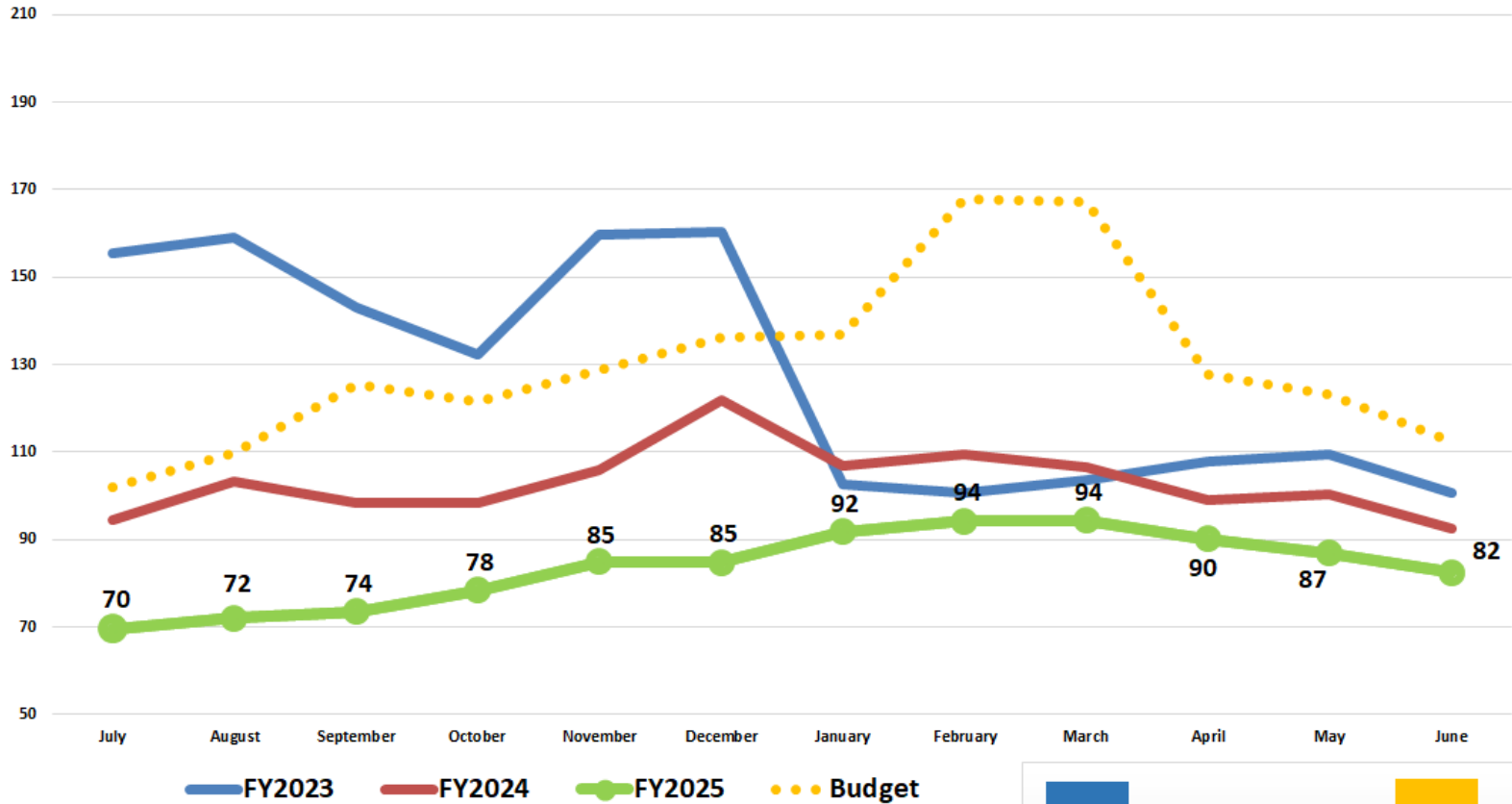
Outpatient Registrations Per Day



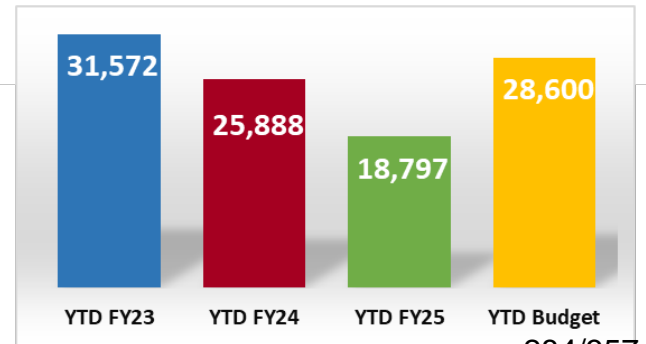
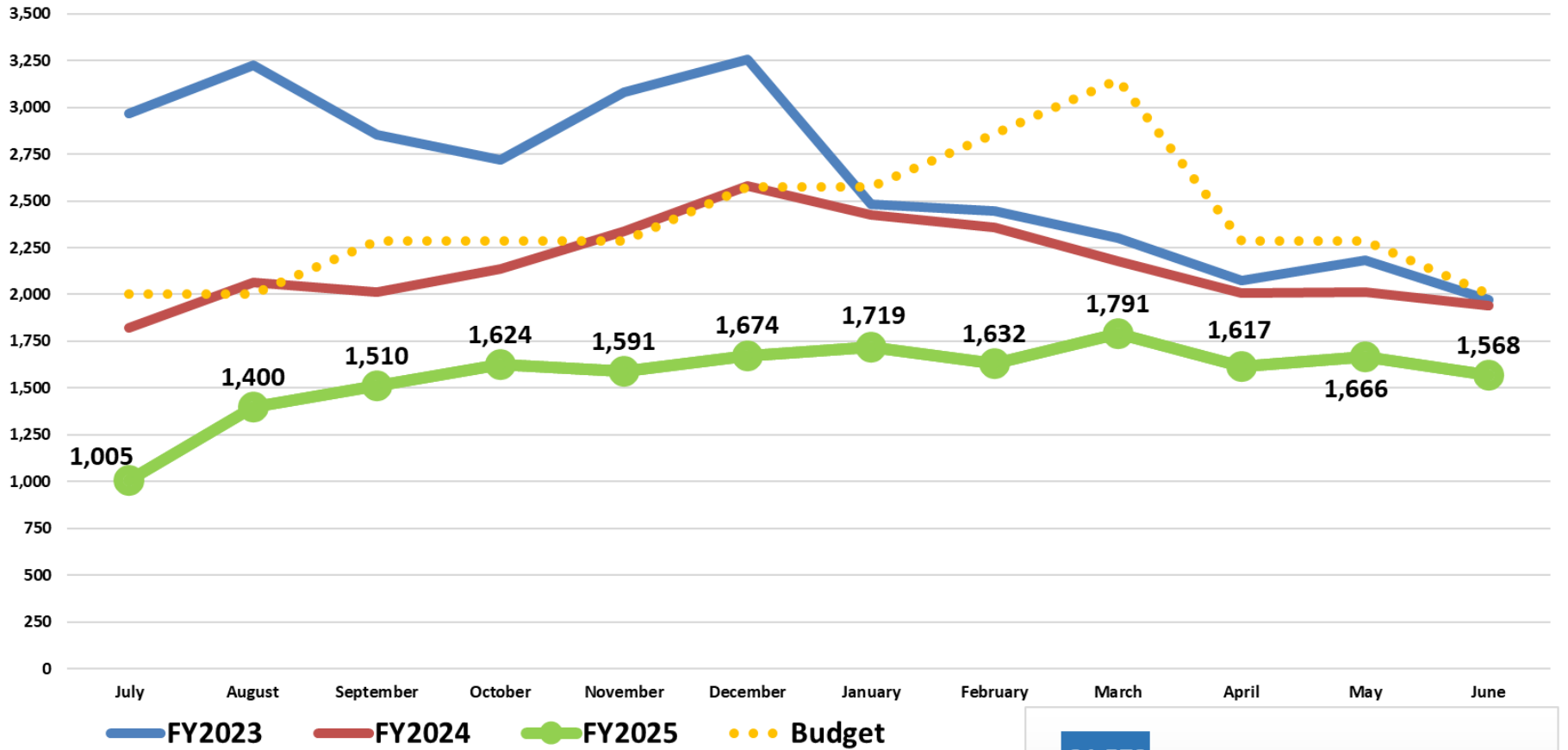
Urgent Care – Court Total Visits



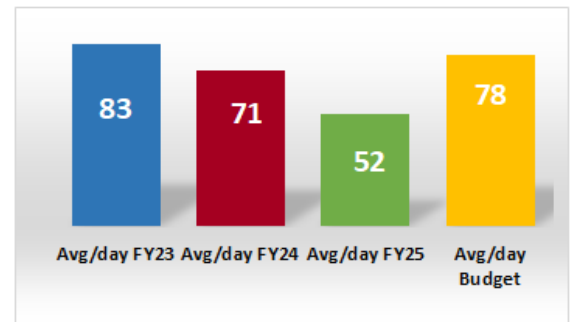
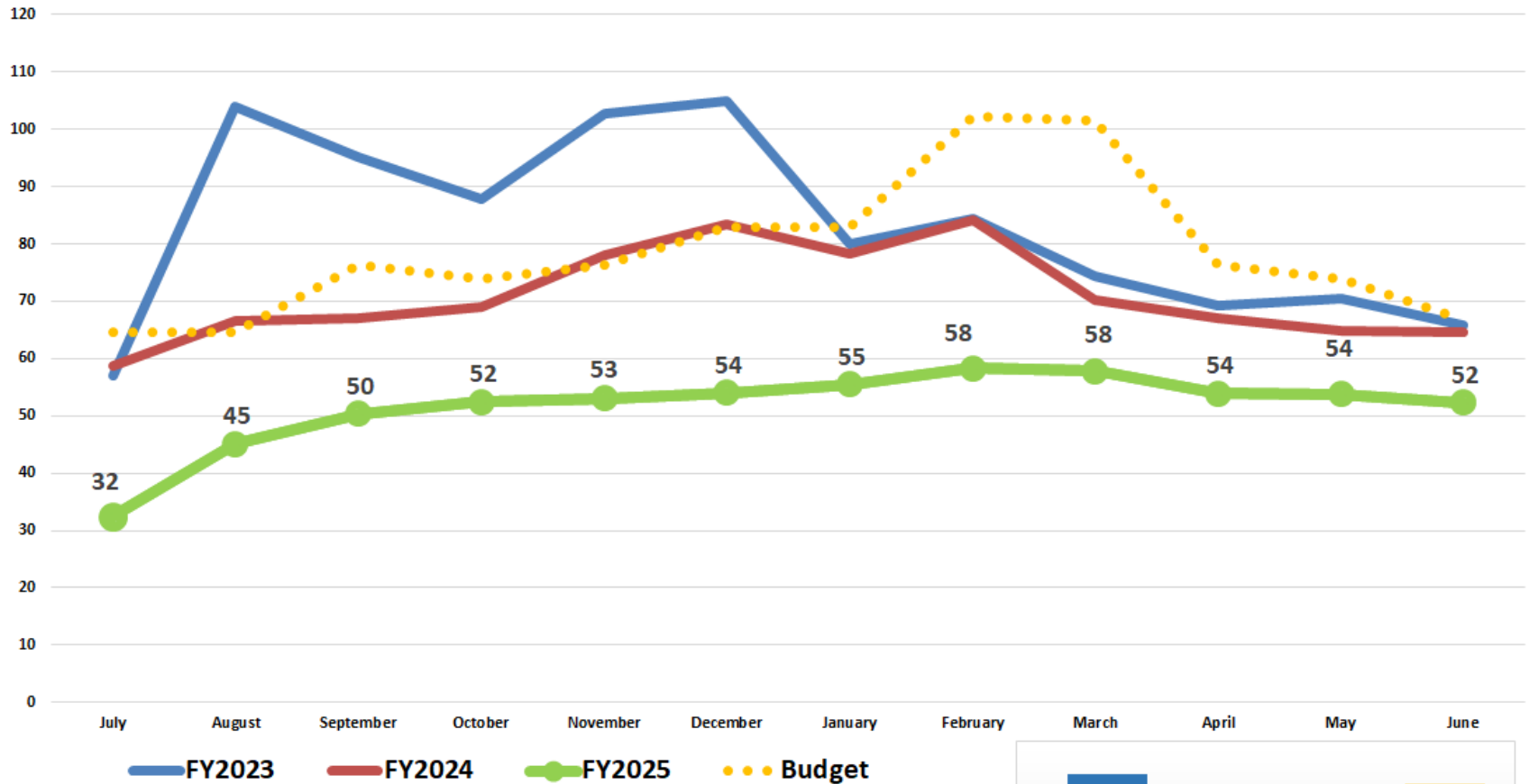
Urgent Care – Court Avg Visits Per Day



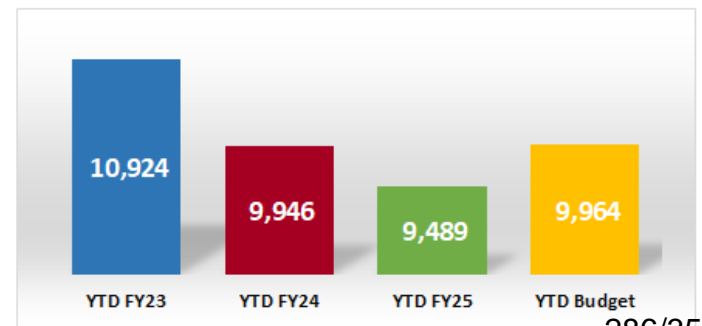
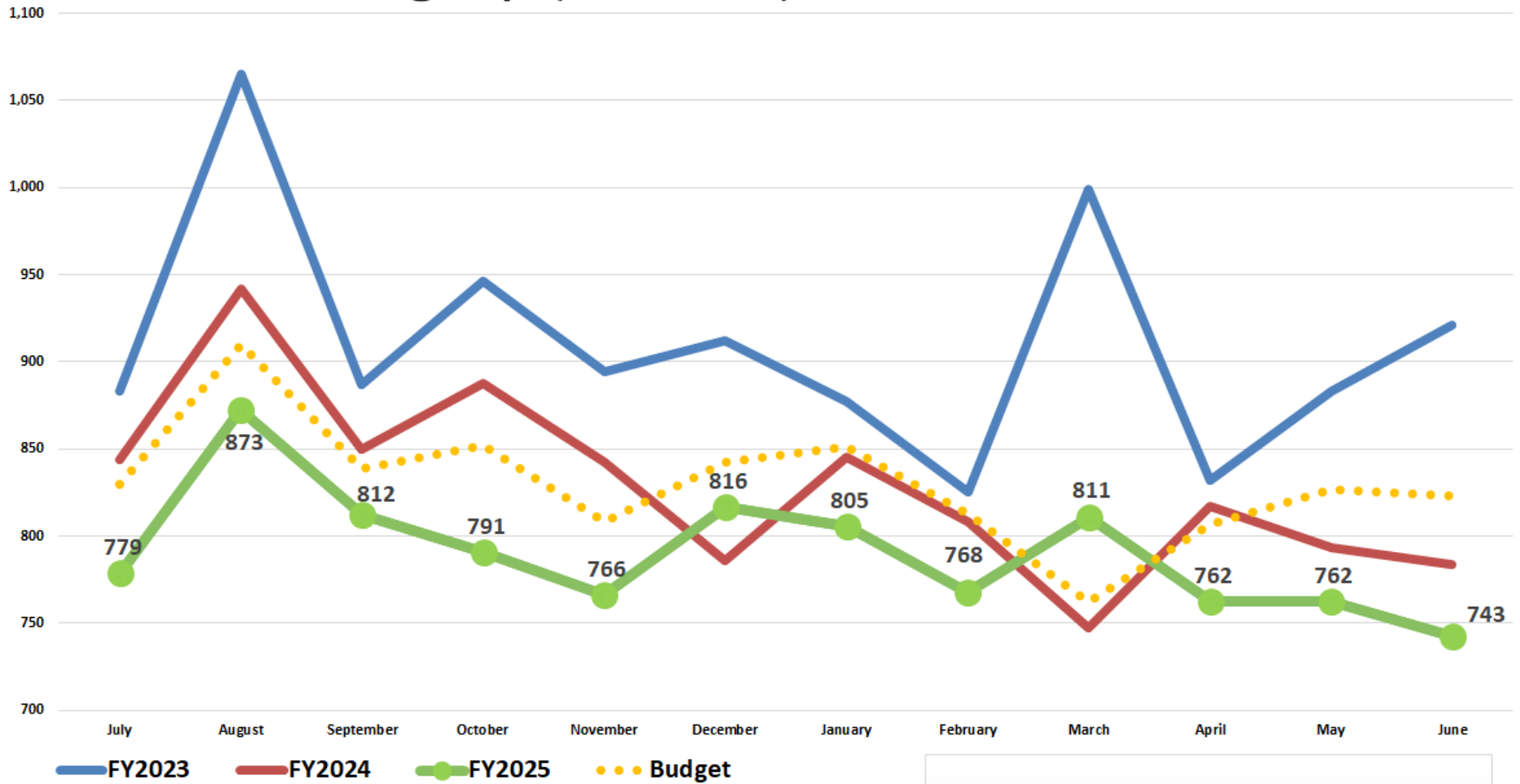
Urgent Care – Demaree Total Visits



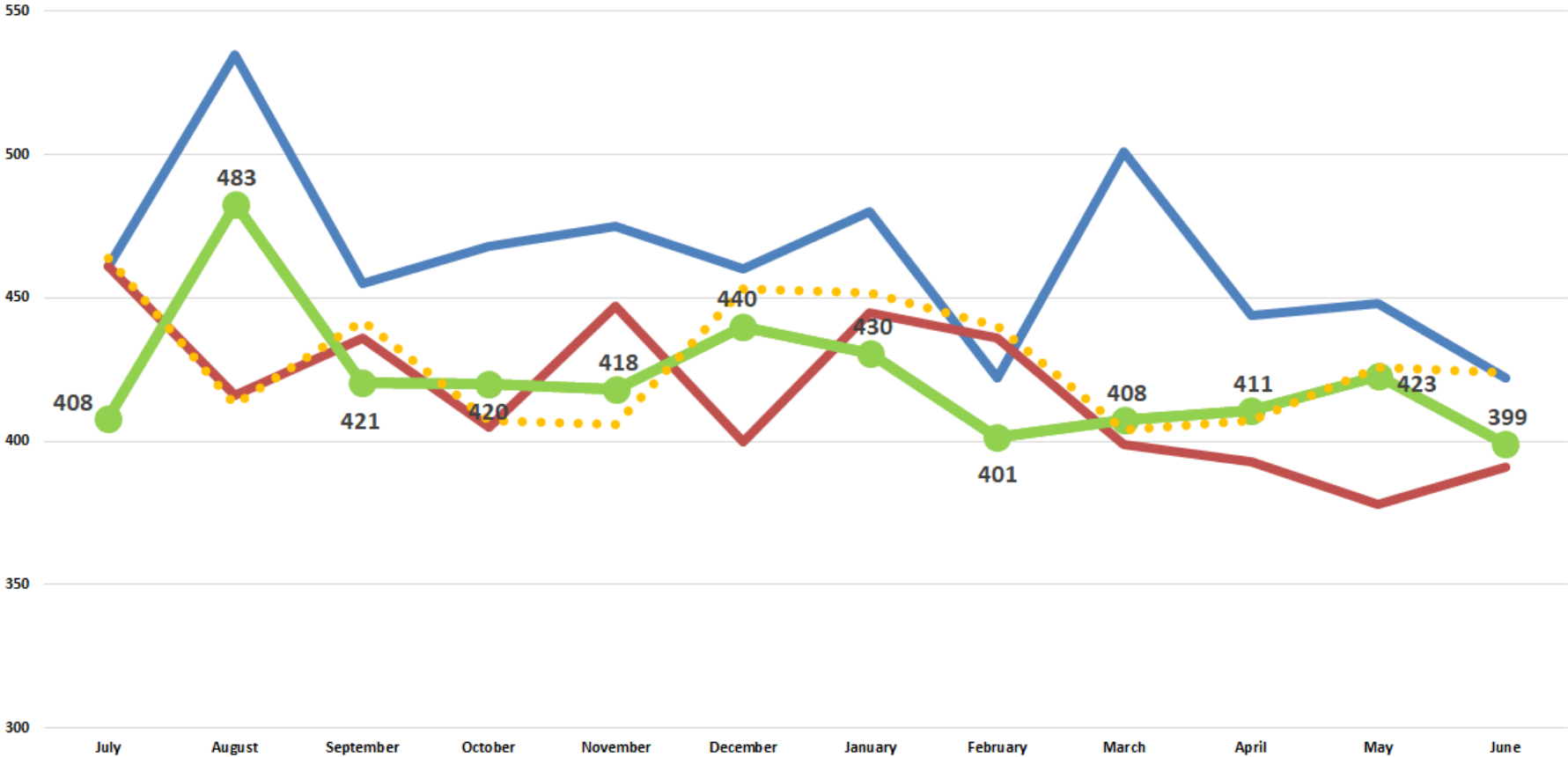
Urgent Care – Demaree Avg Visits Per Day



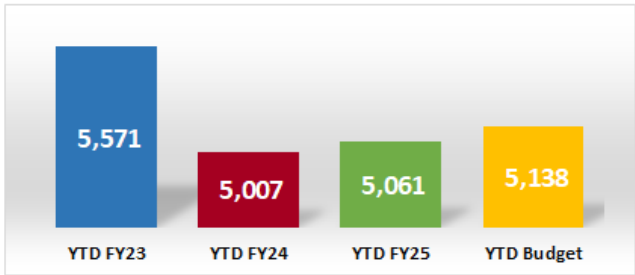
Surgery (IP & OP) – 100 Min Units



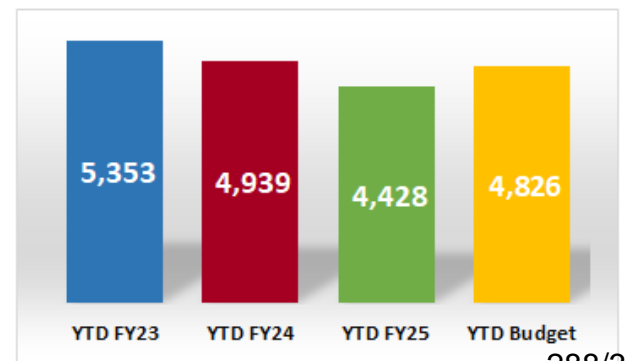
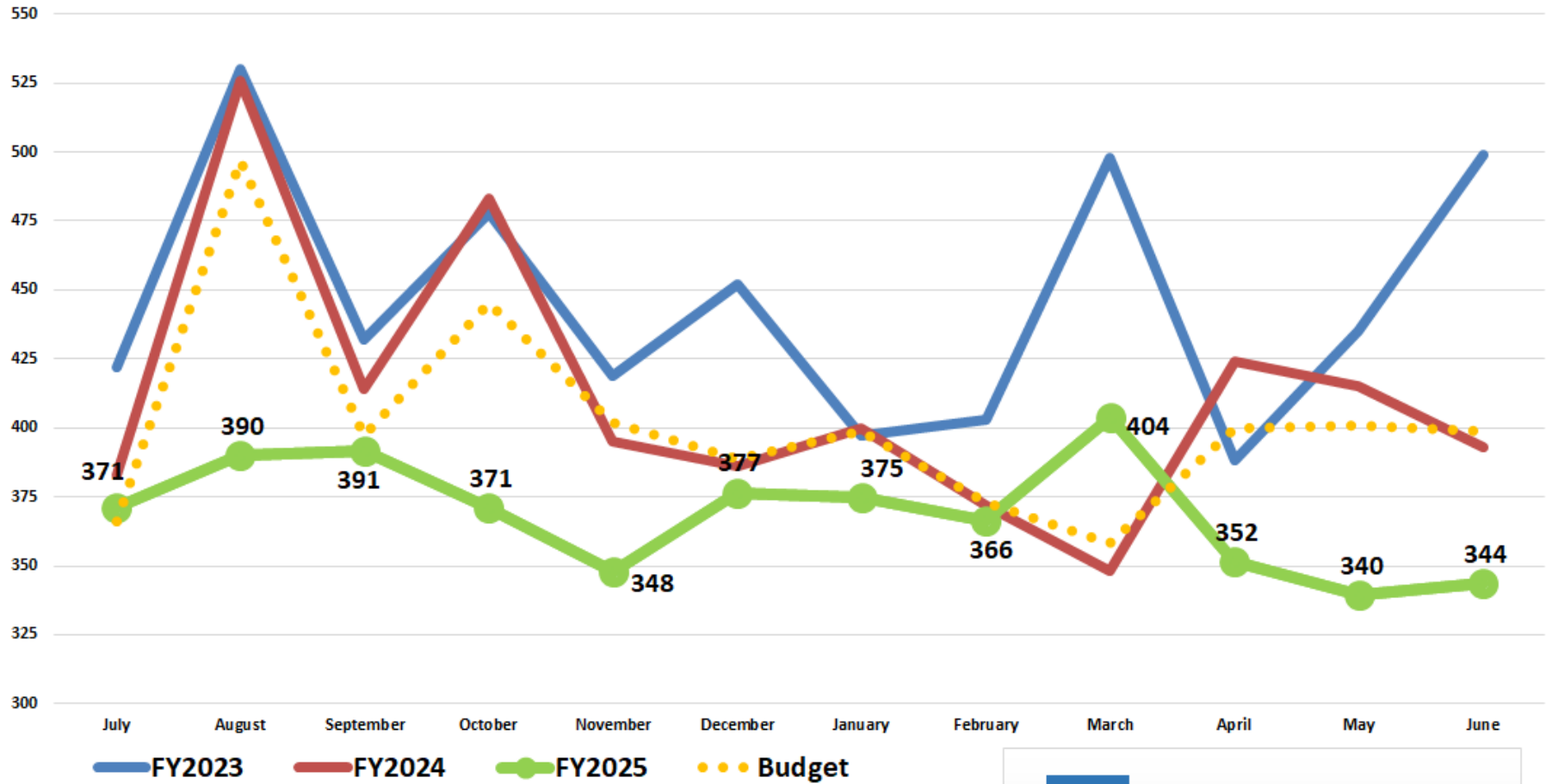
Surgery (IP Only) - 100 Min Unit



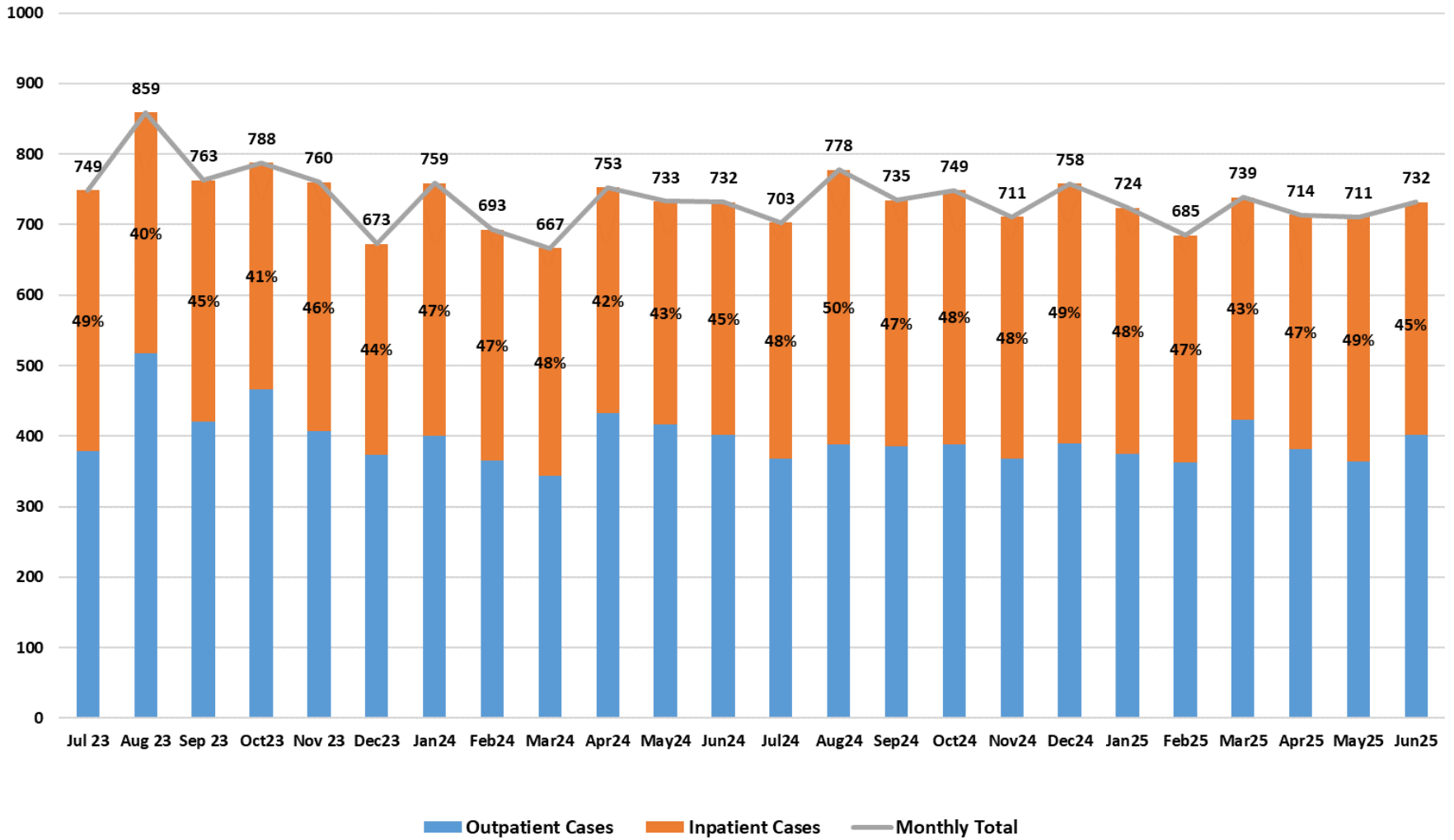
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



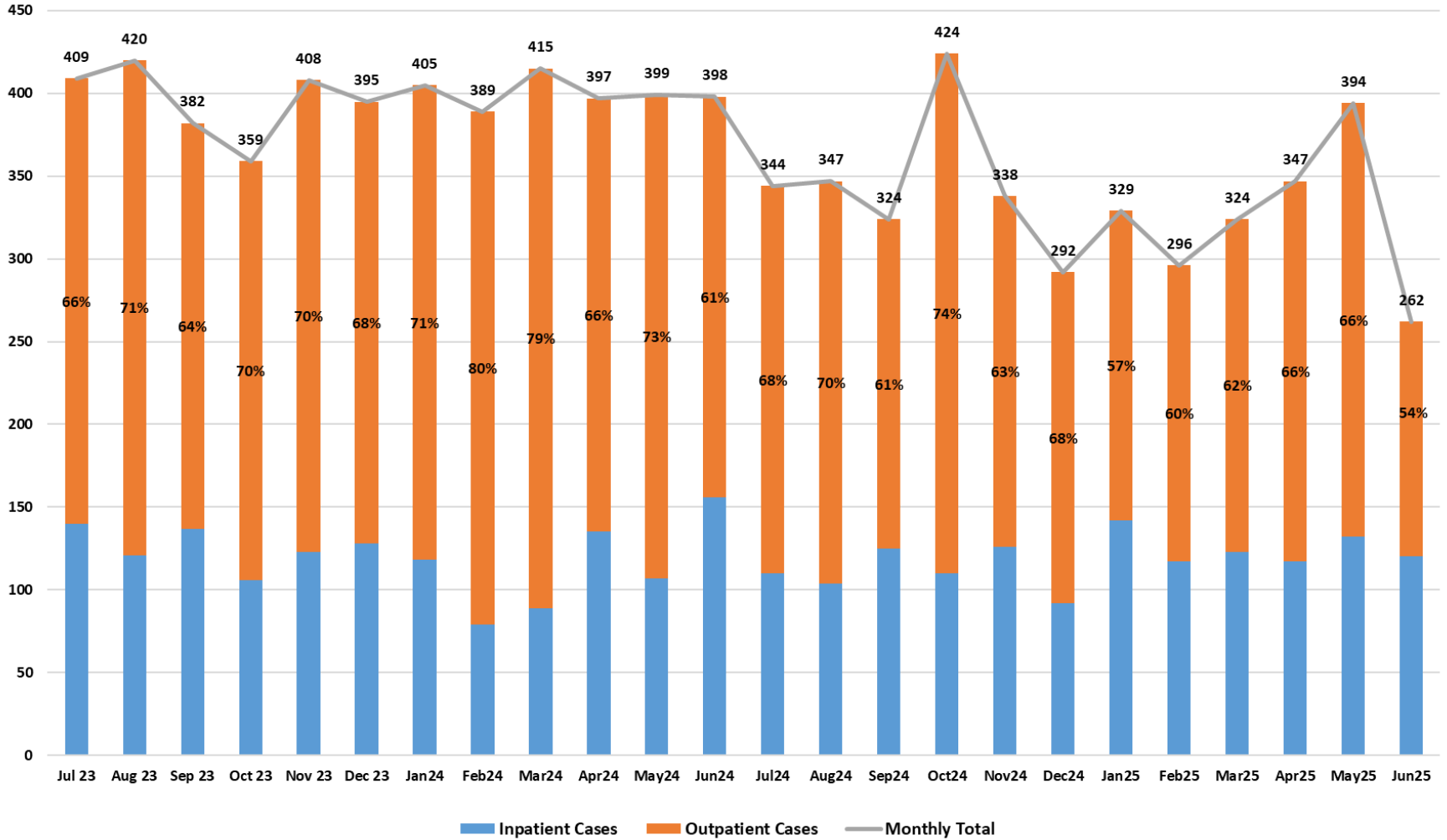
Surgery (OP Only) - 100 Min Units



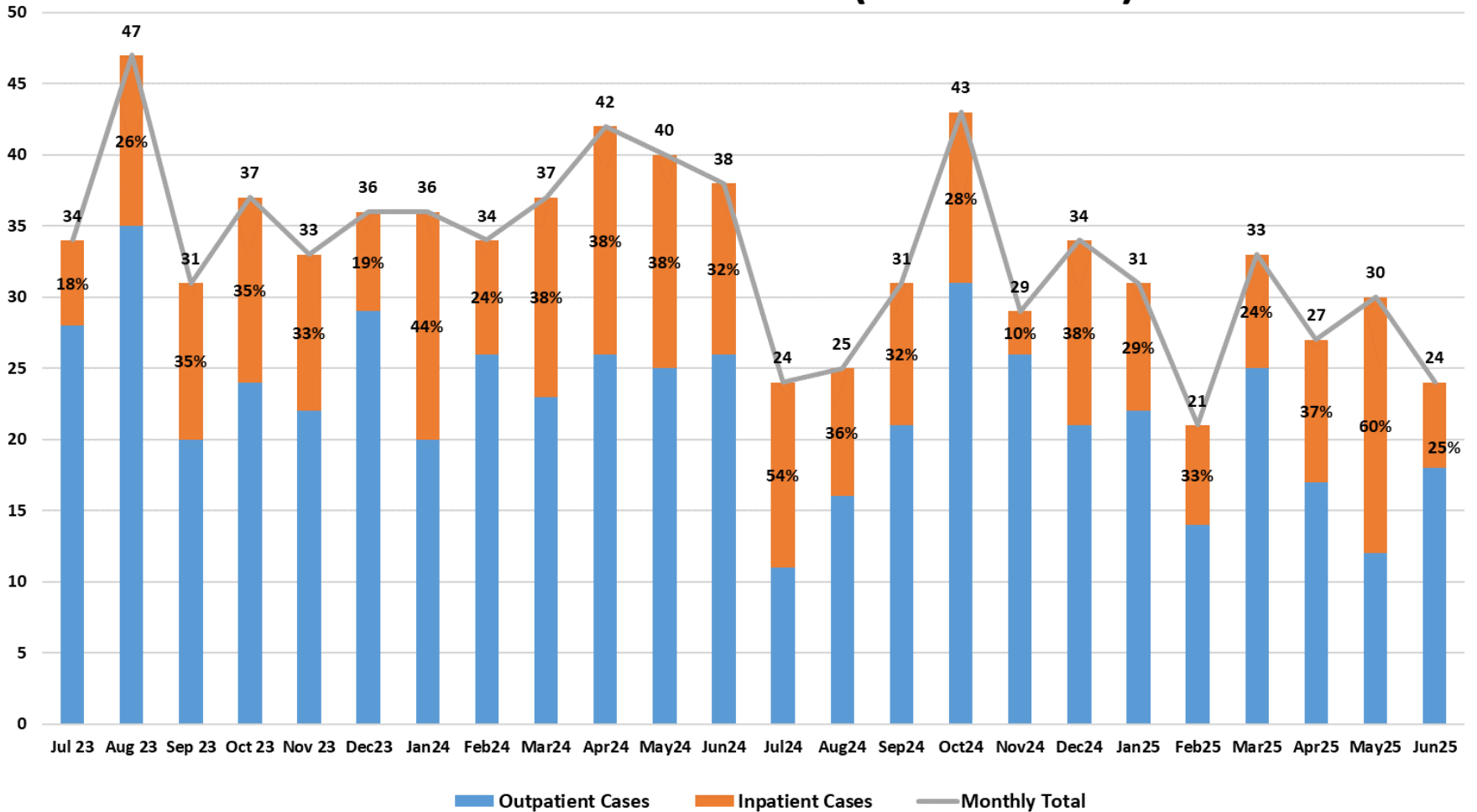
Surgery Cases (IP & OP)



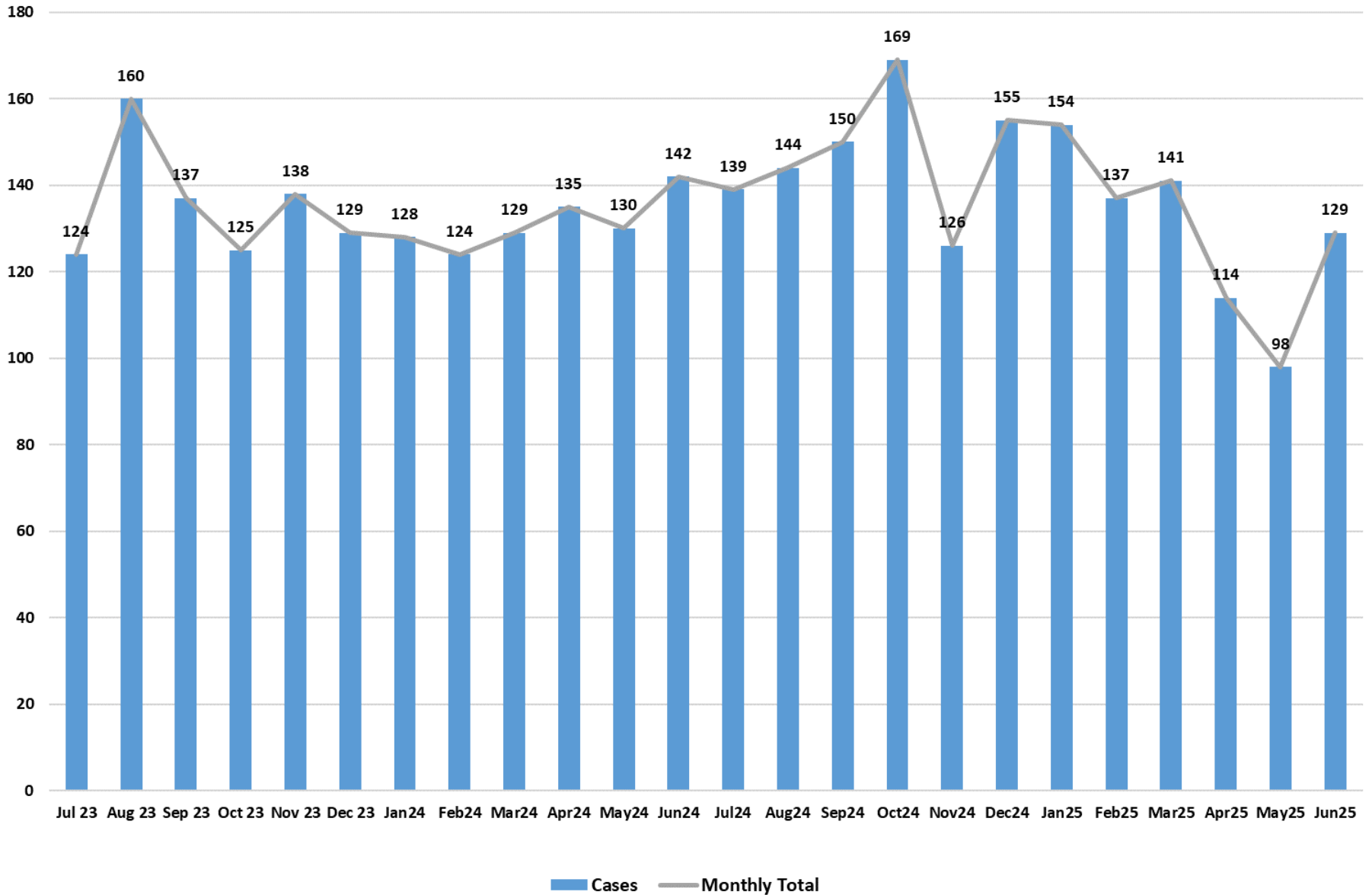
Endo Cases (Suites A & B and OR)



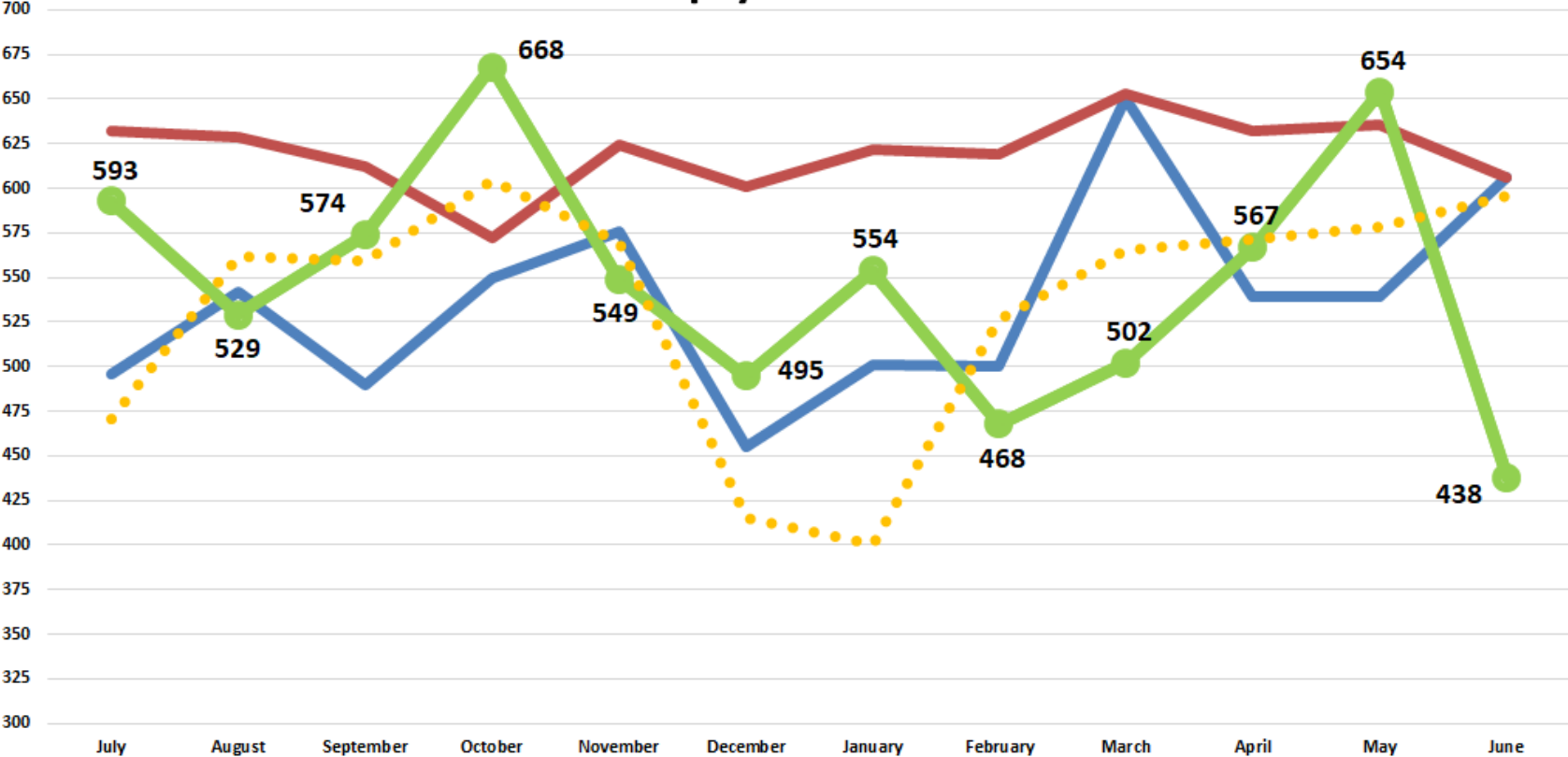
Robotic Cases (IP & OP)



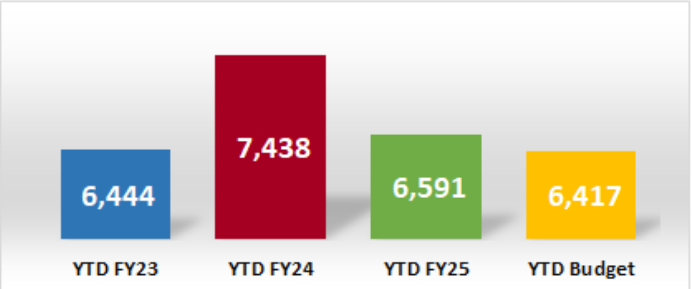
OB Cases



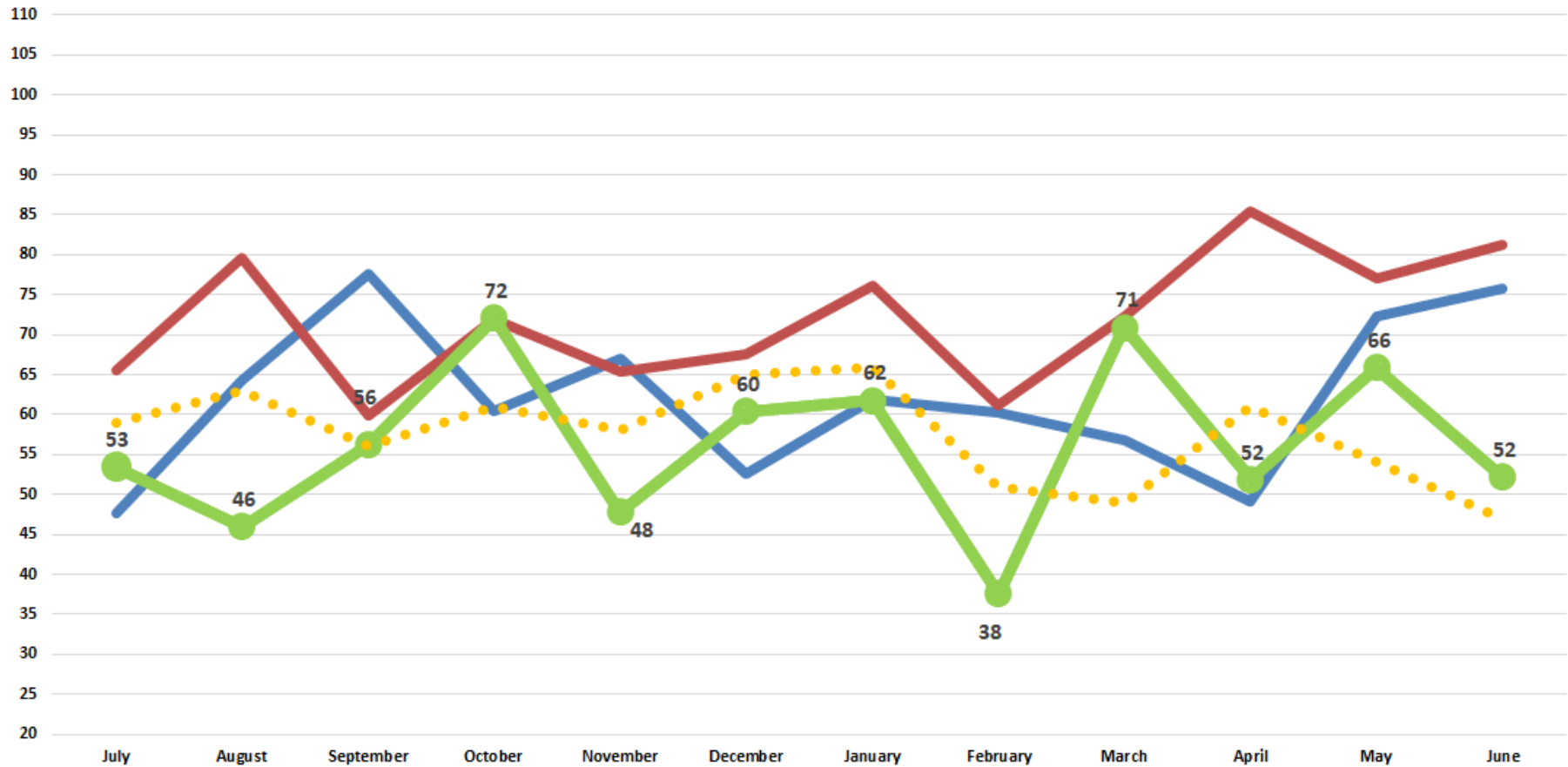
Endoscopy Procedures



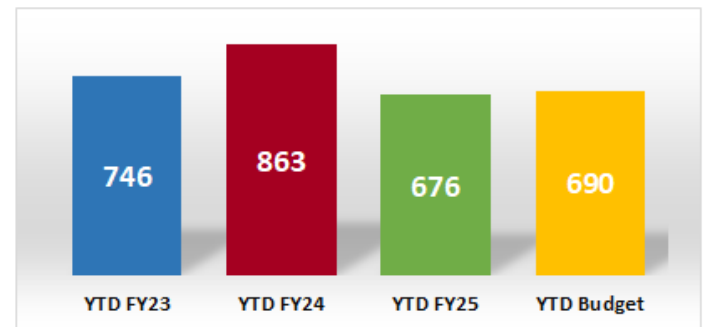
—●— FY2023
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 —●— FY2025
 ●●● Budget



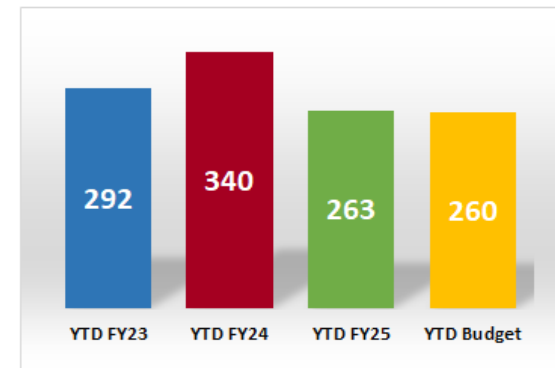
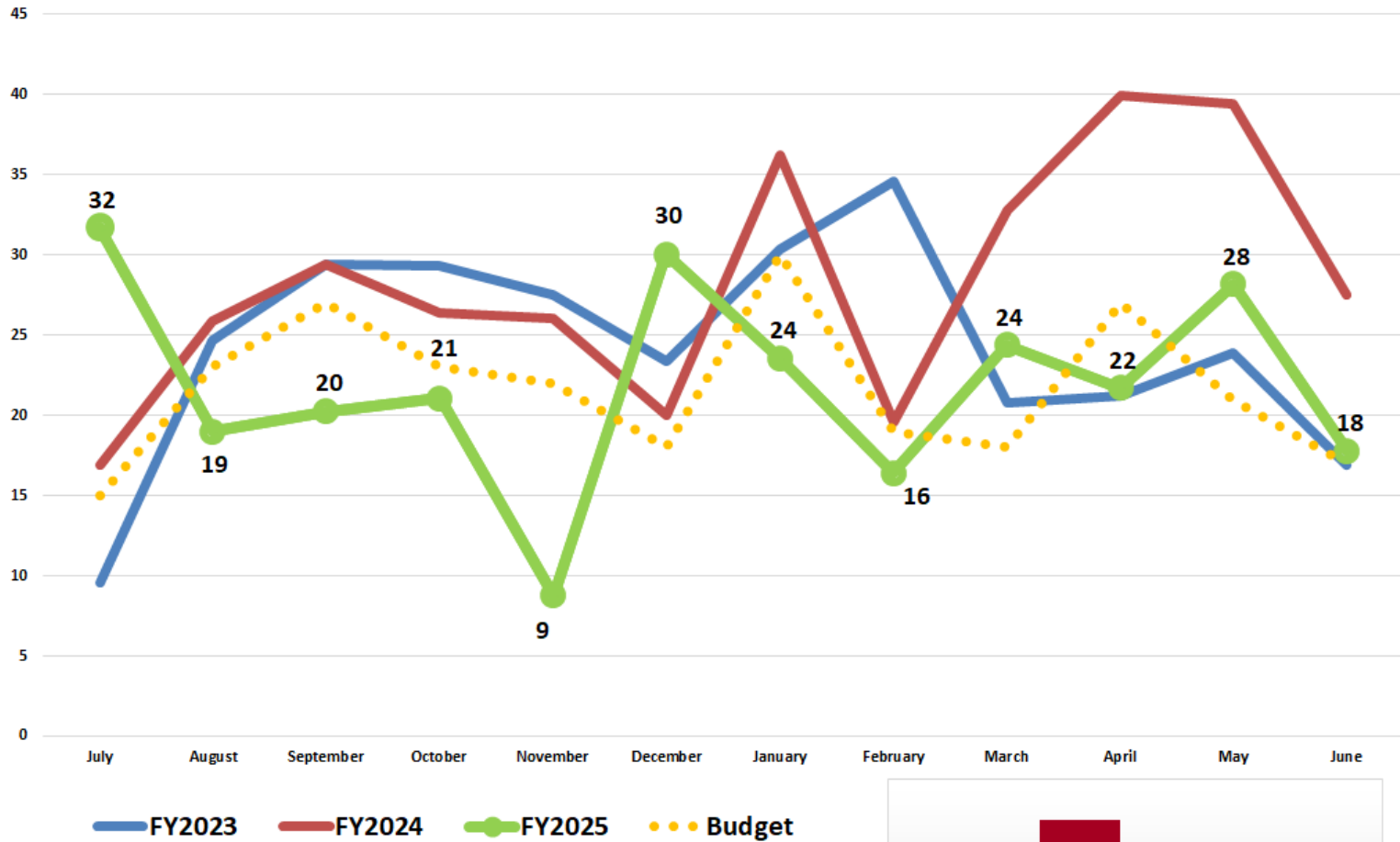
Robotic Surgery (IP & OP) - 100 Min Units



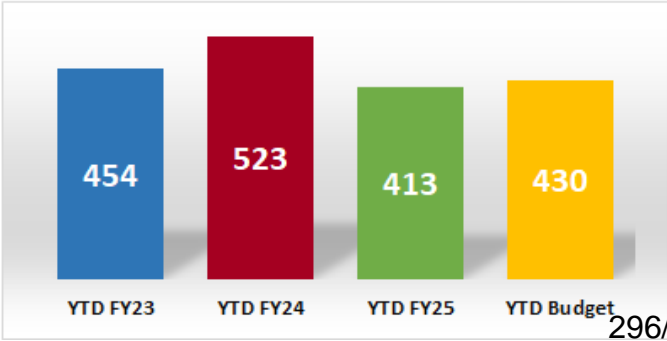
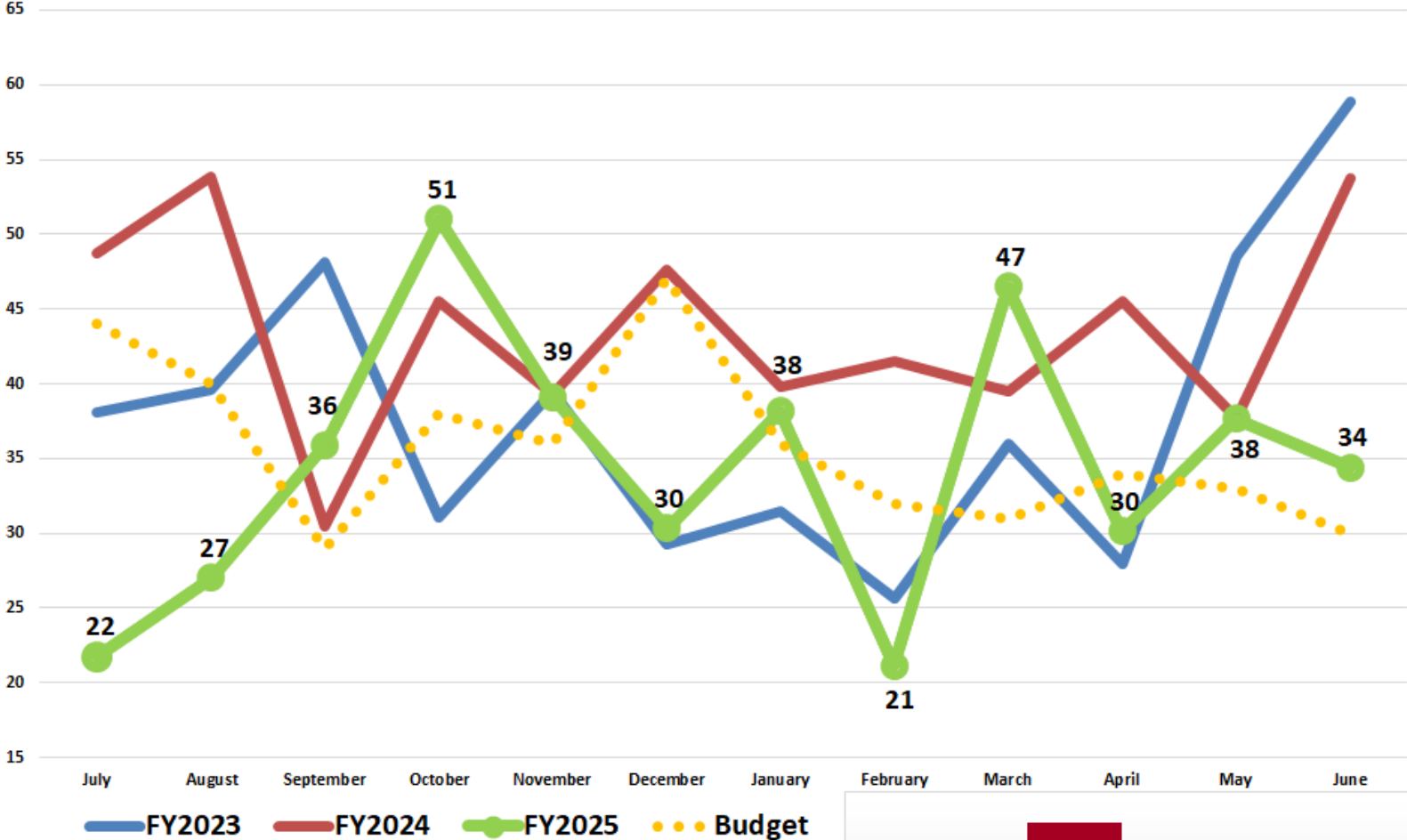
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



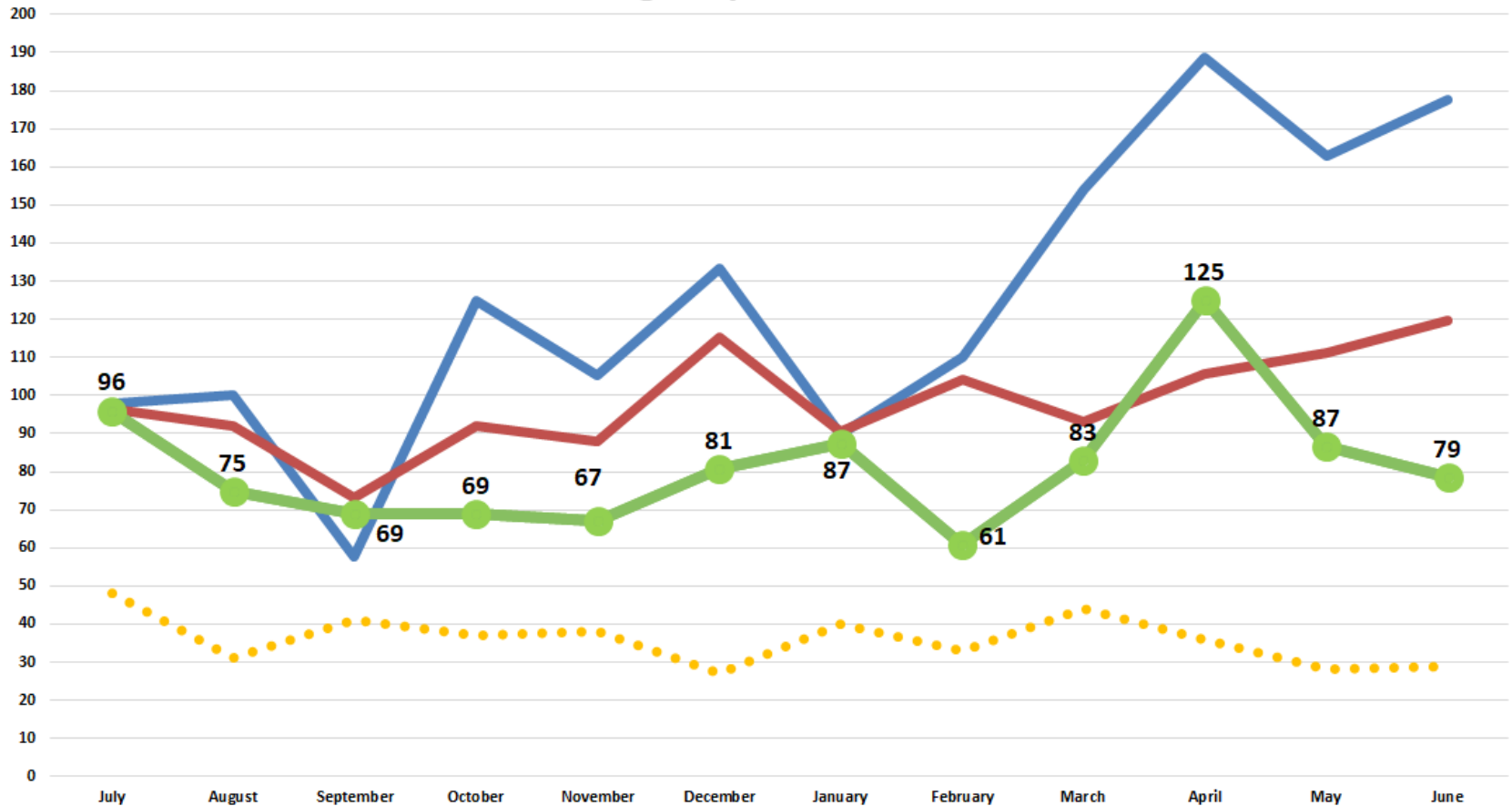
Robotic Surgery Minutes (IP Only)



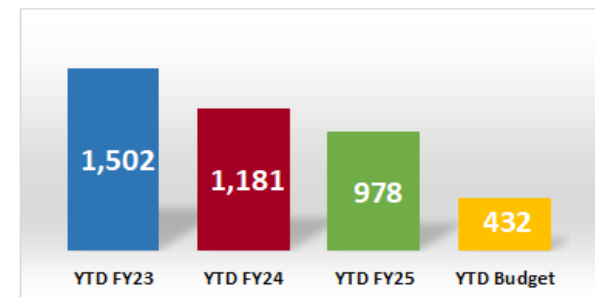
Robotic Surgery Minutes (OP Only)



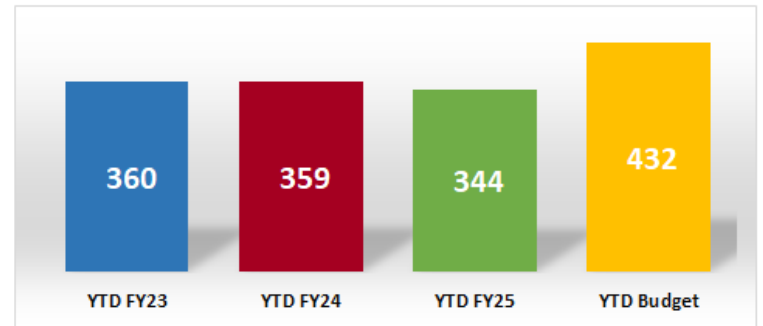
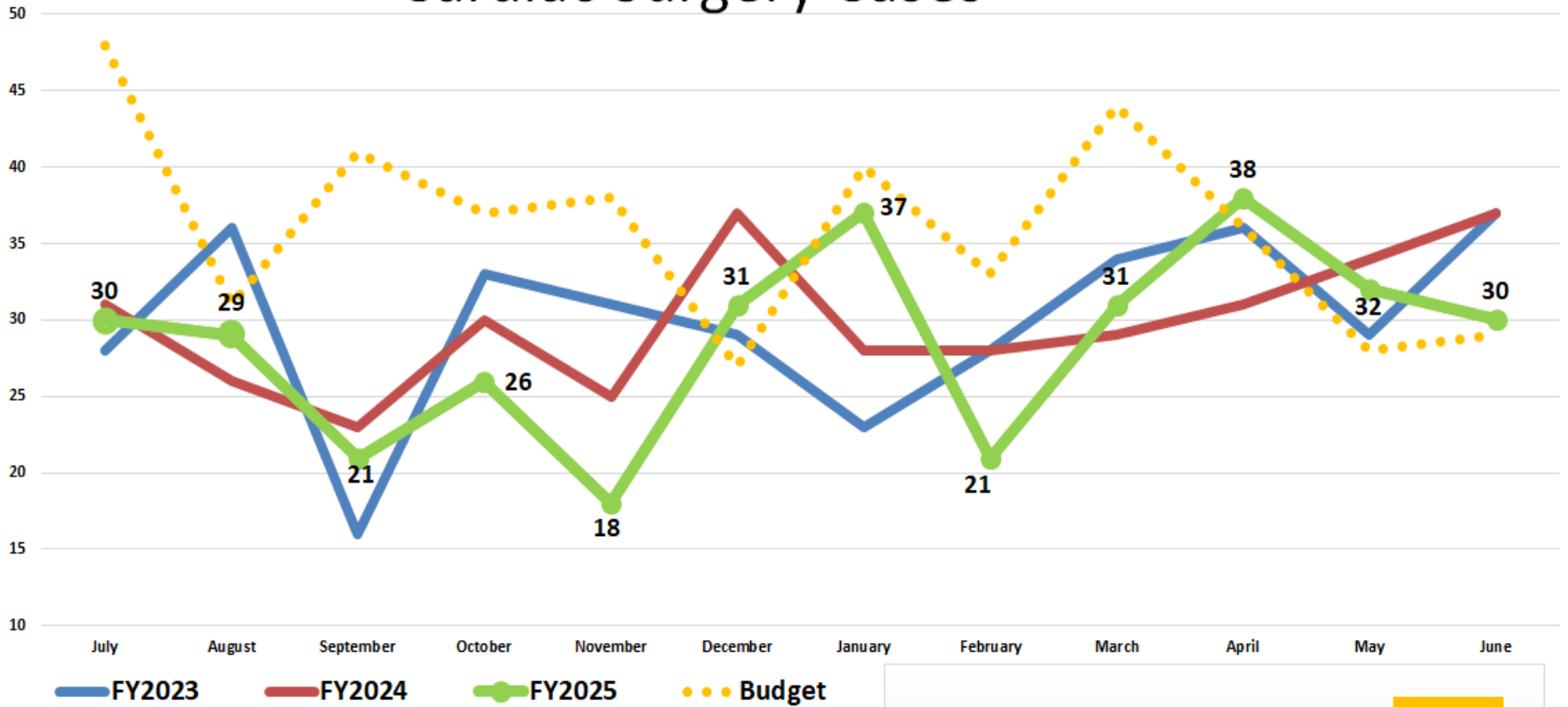
Cardiac Surgery - 100 Min Units



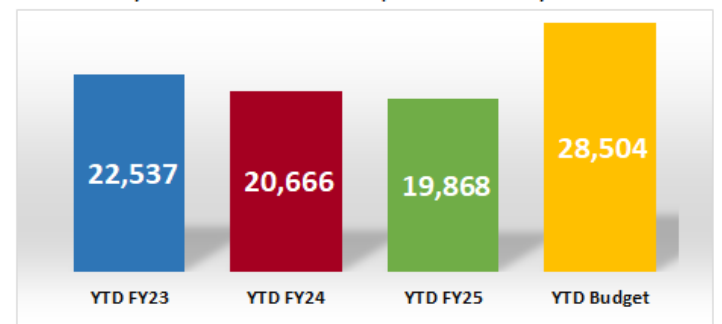
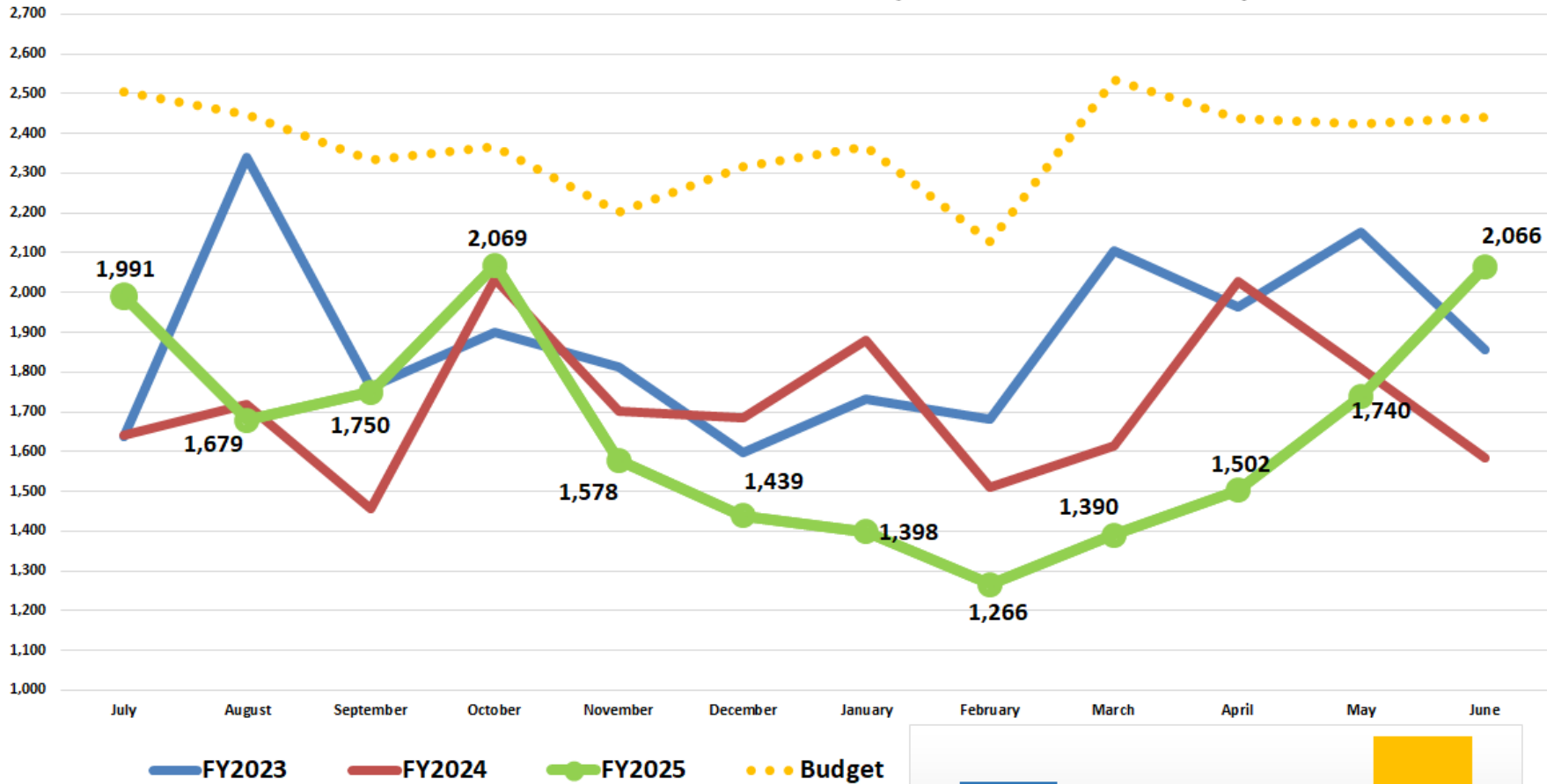
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



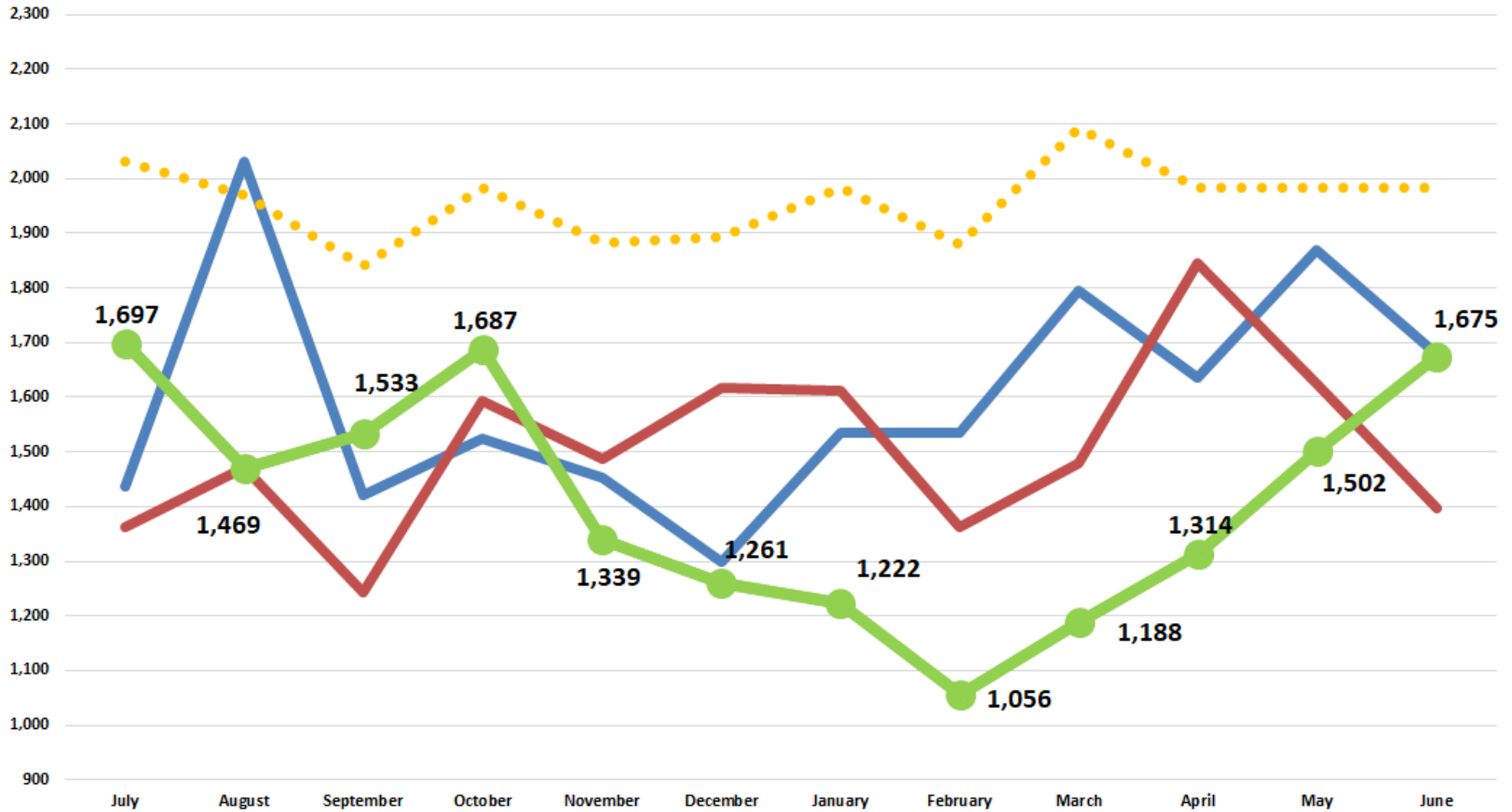
Cardiac Surgery Cases



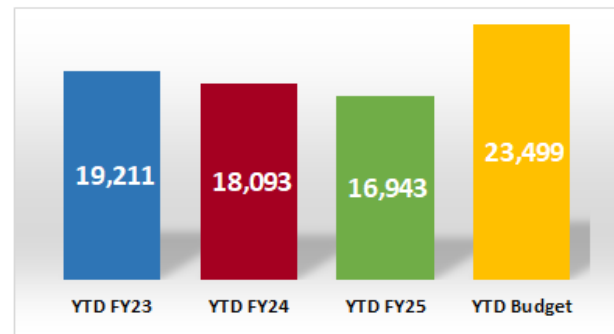
Rad Onc Treatments (Vis. & Hanf.)



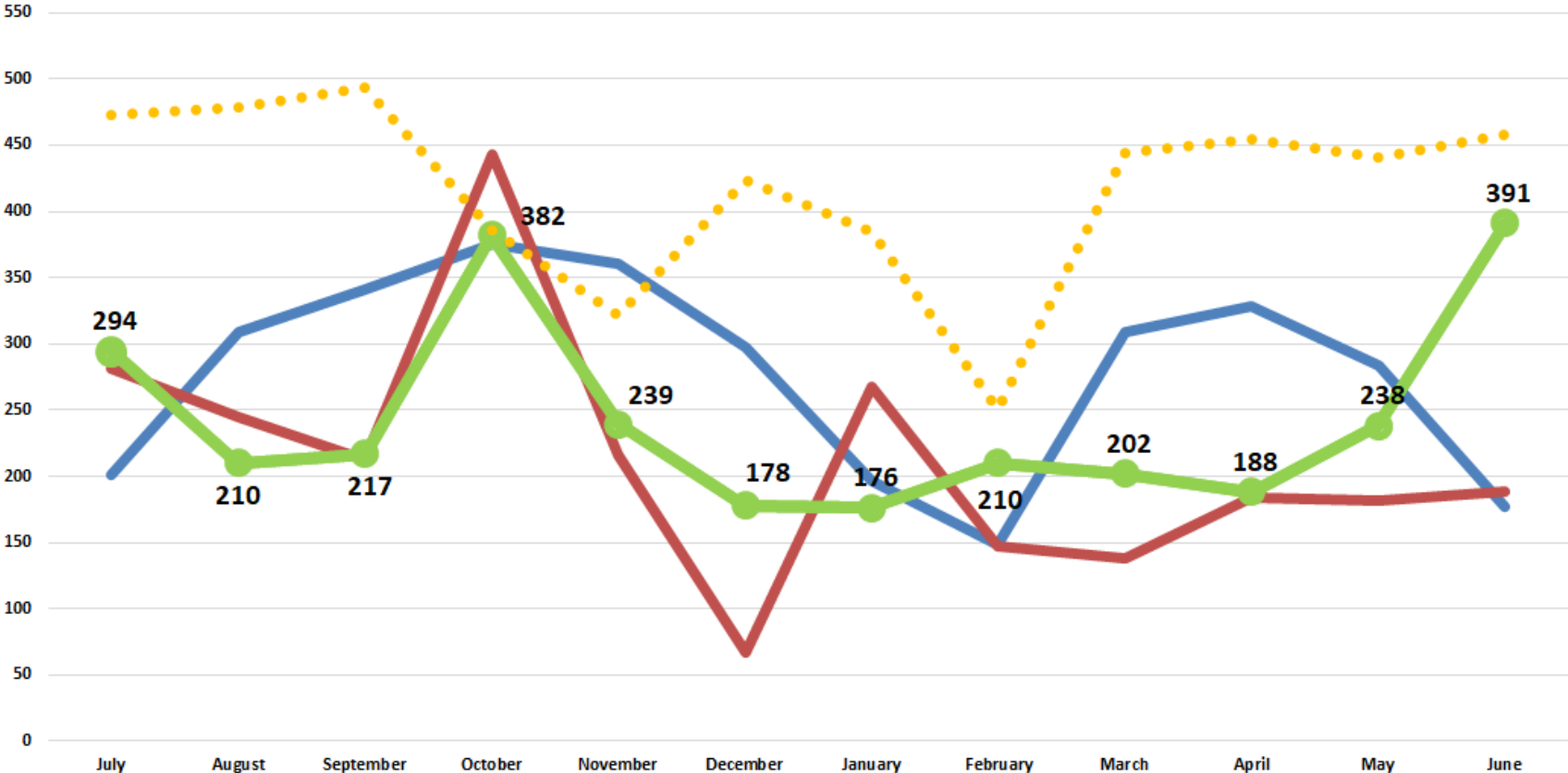
Rad Onc Visalia



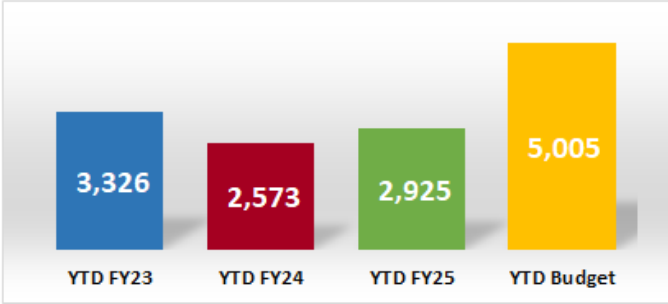
—●— FY2023
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 —●— FY2025
 ●●● Budget



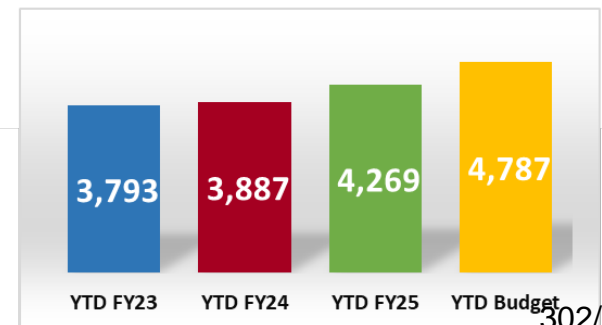
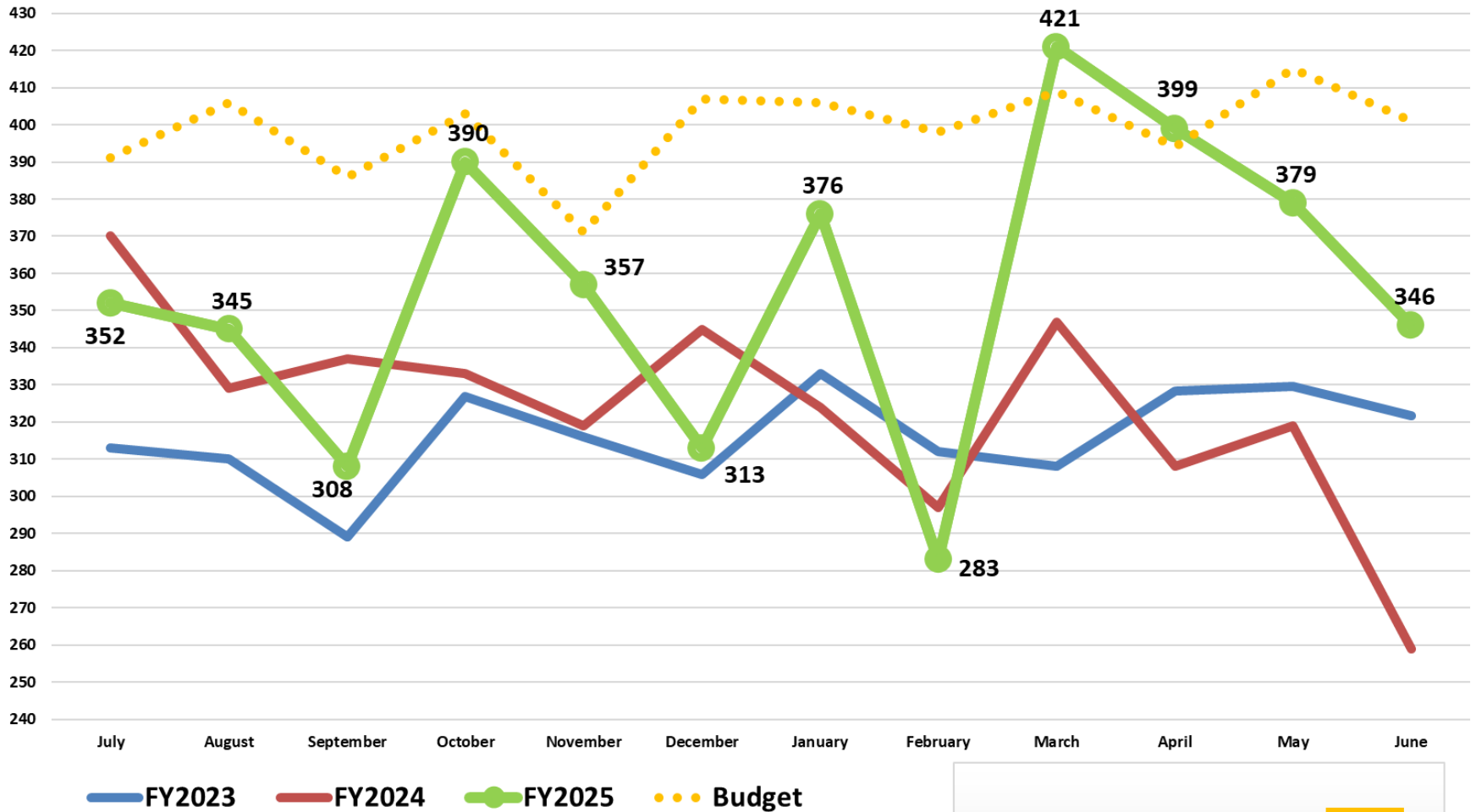
Rad Onc Hanford



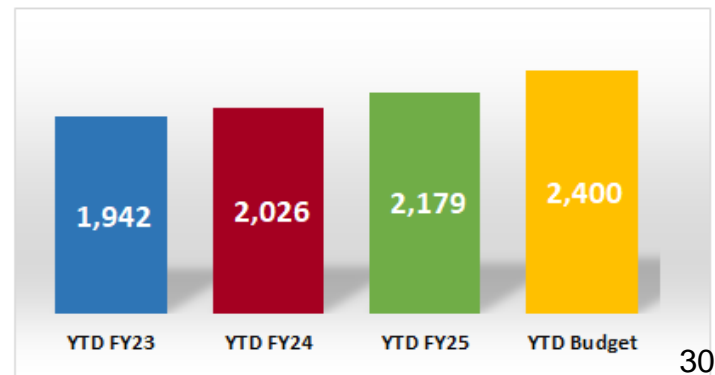
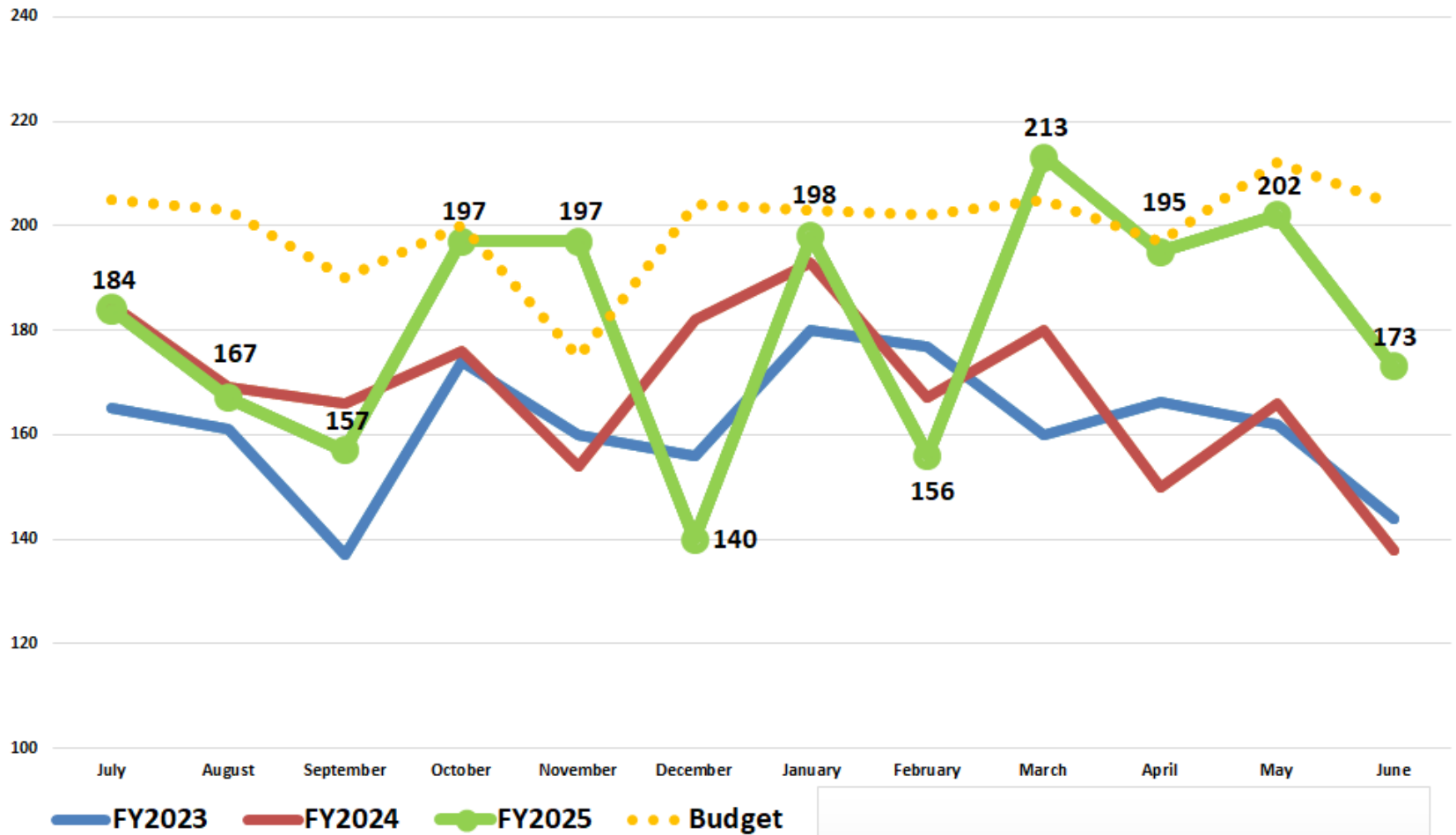
—●— FY2023
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 ●●● Budget



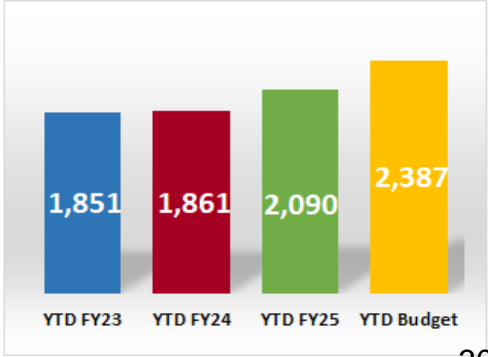
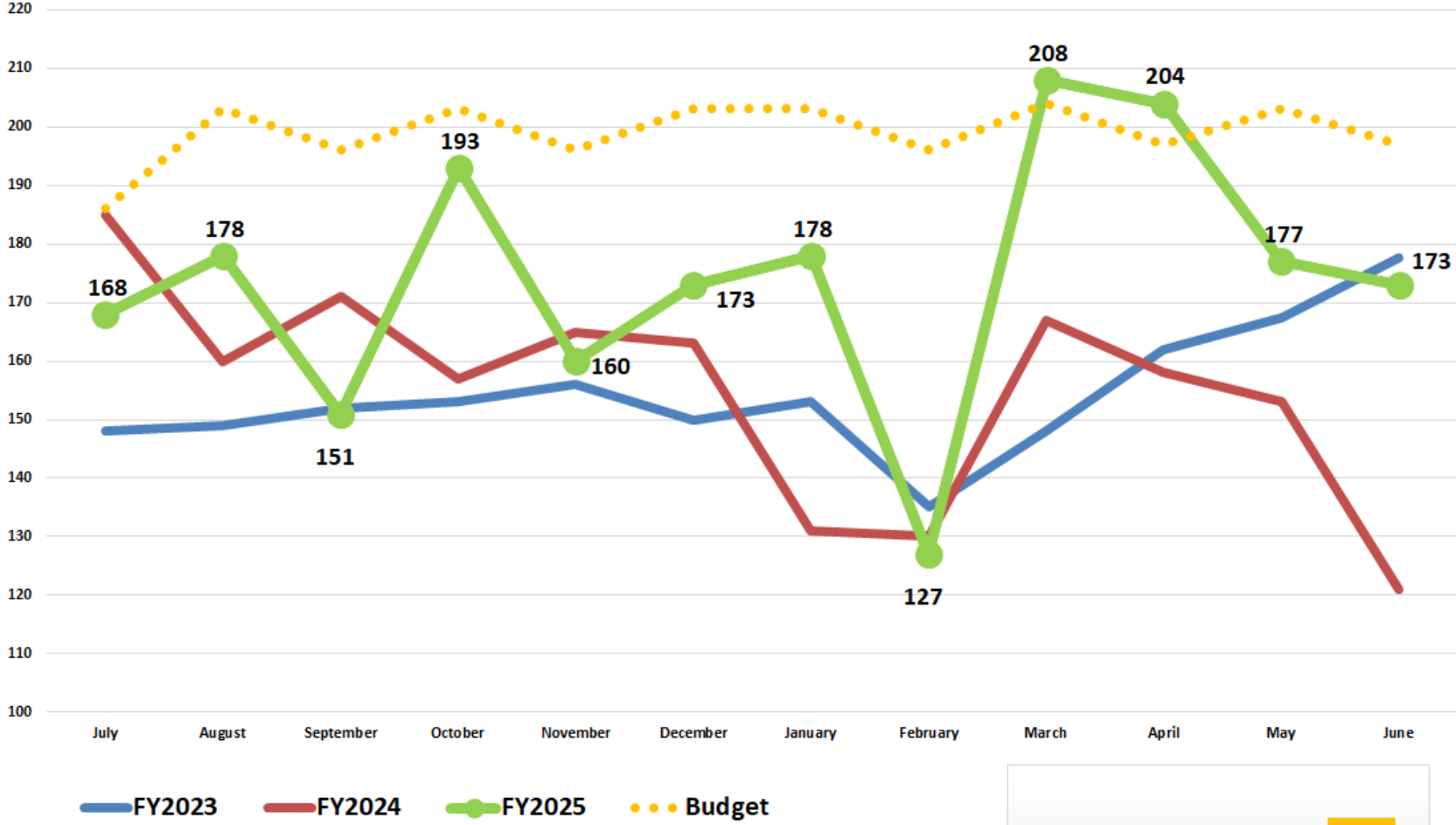
Cath Lab (IP & OP) – 100 Min Units



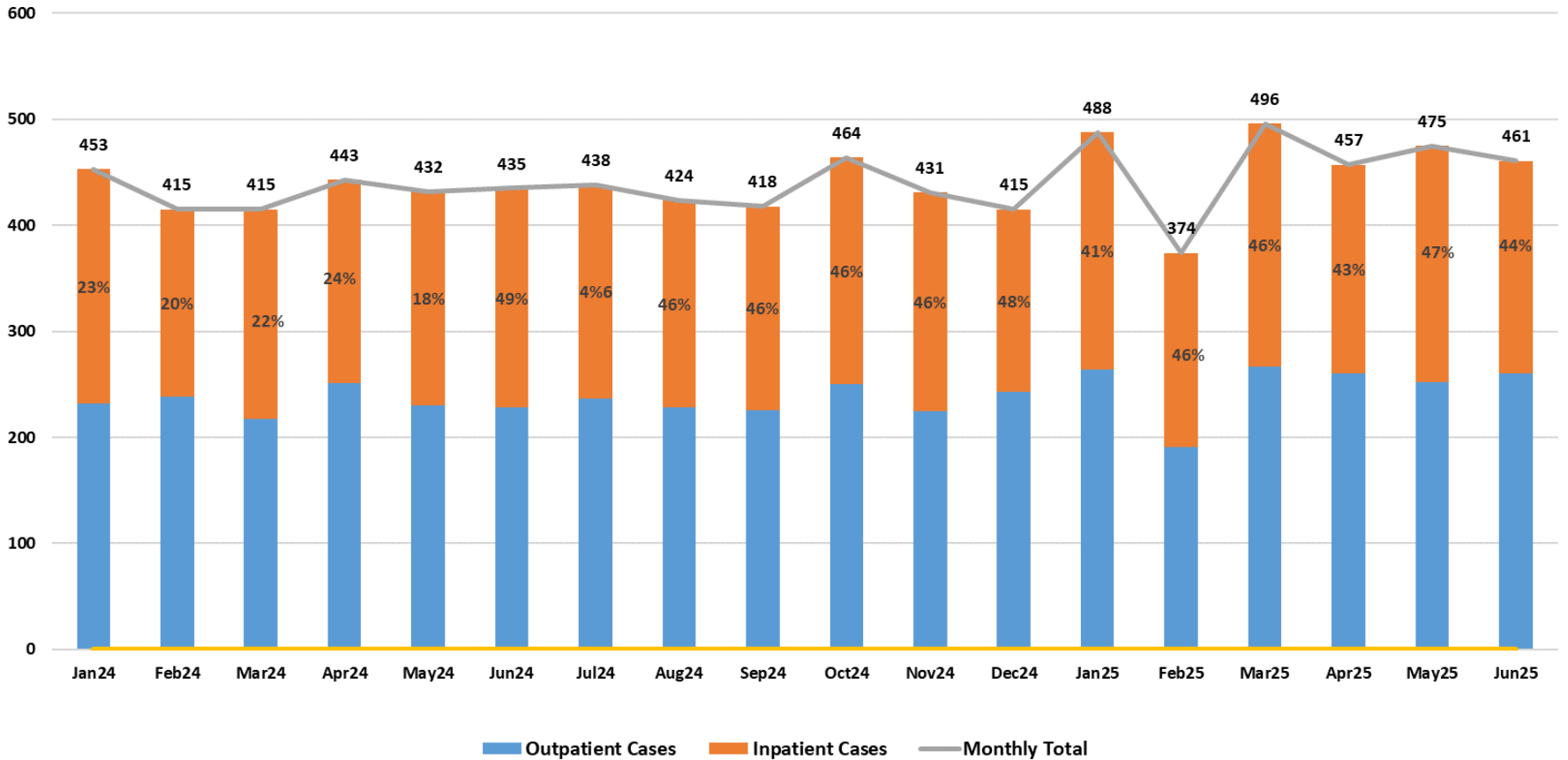
Cath Lab (IP Only) – 100 Min Units



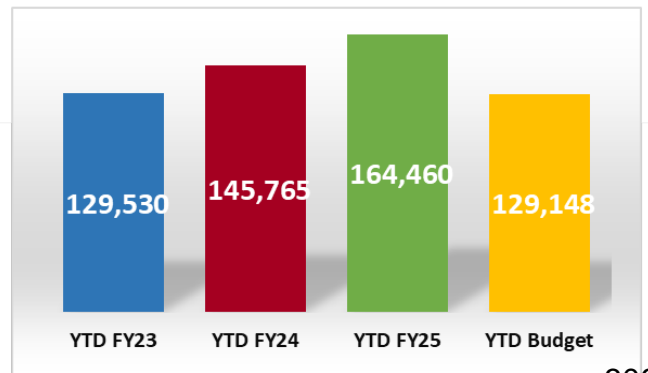
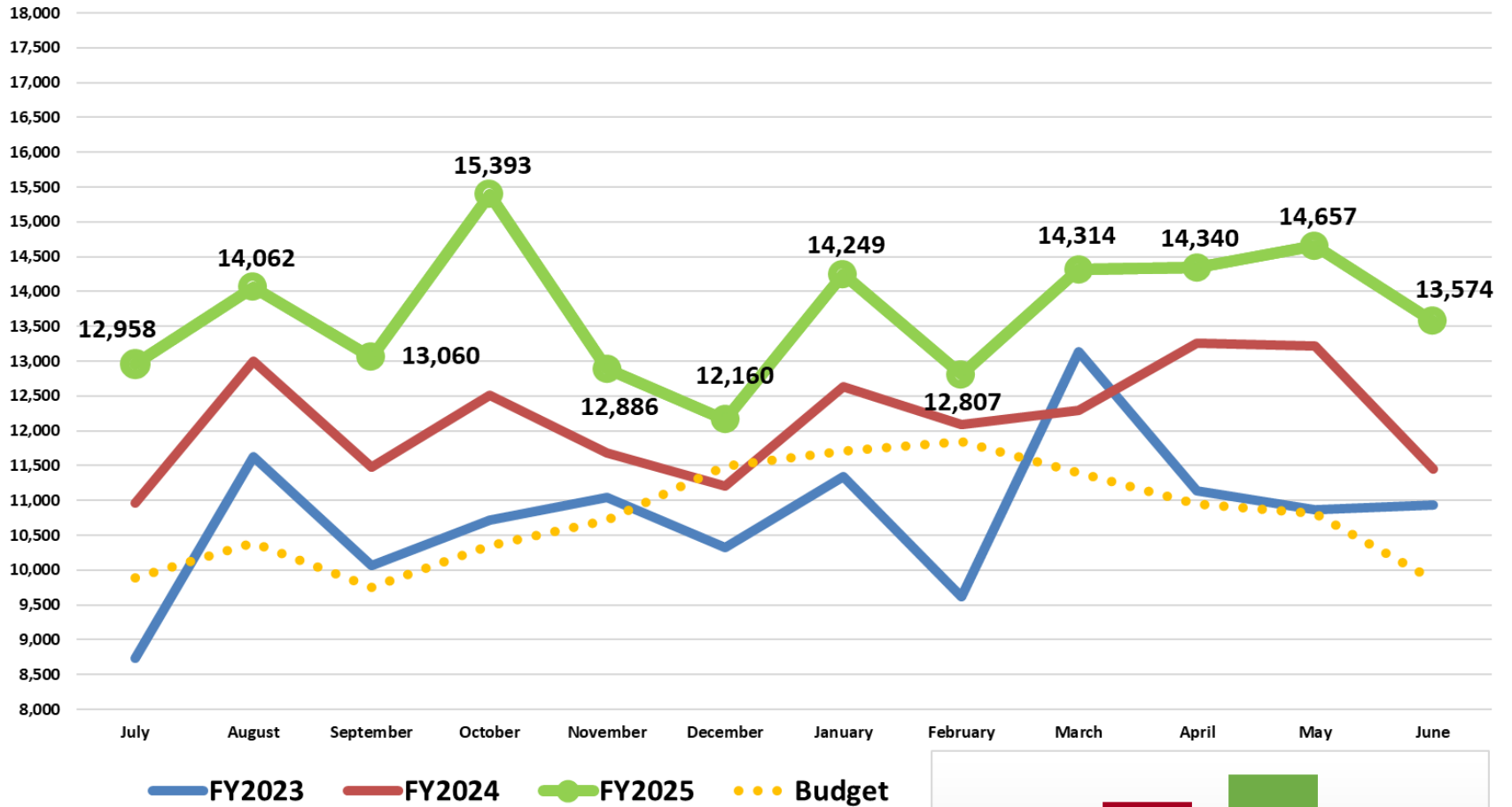
Cath Lab (OP Only) – 100 Min Units



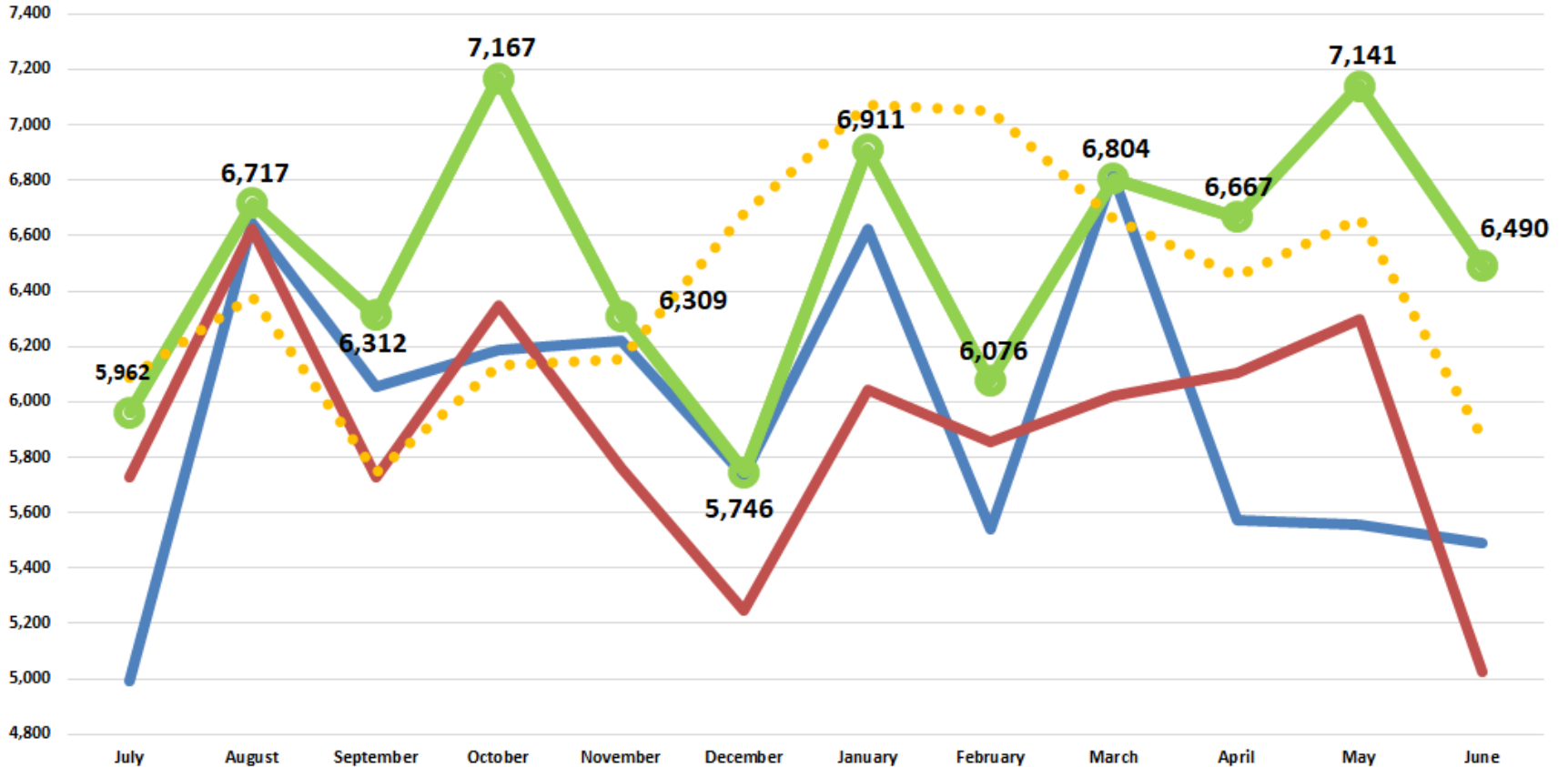
Cath Lab Patients (IP & OP)



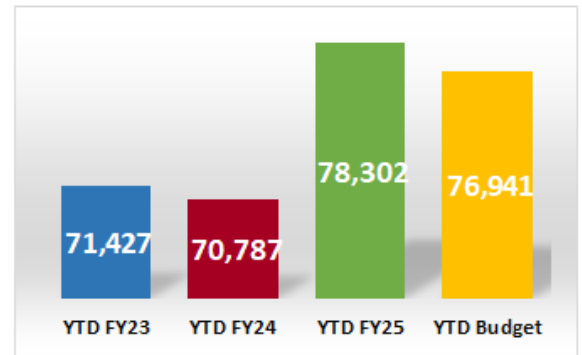
Rural Health Clinics Registrations



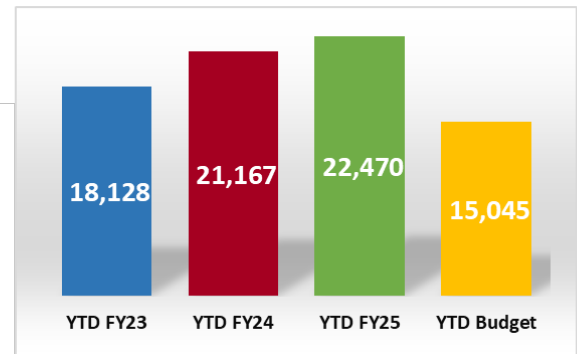
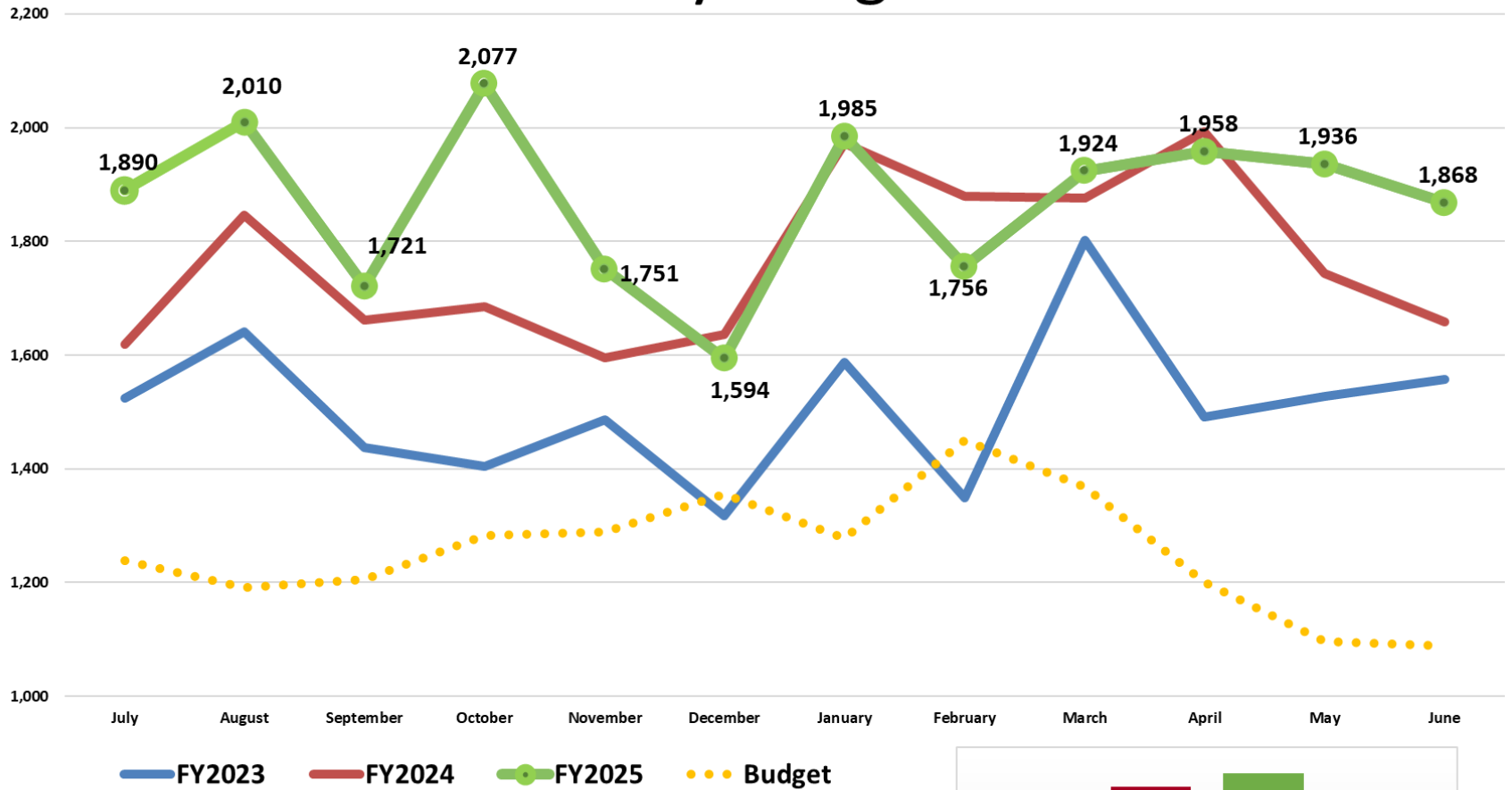
RHC Exeter - Registrations



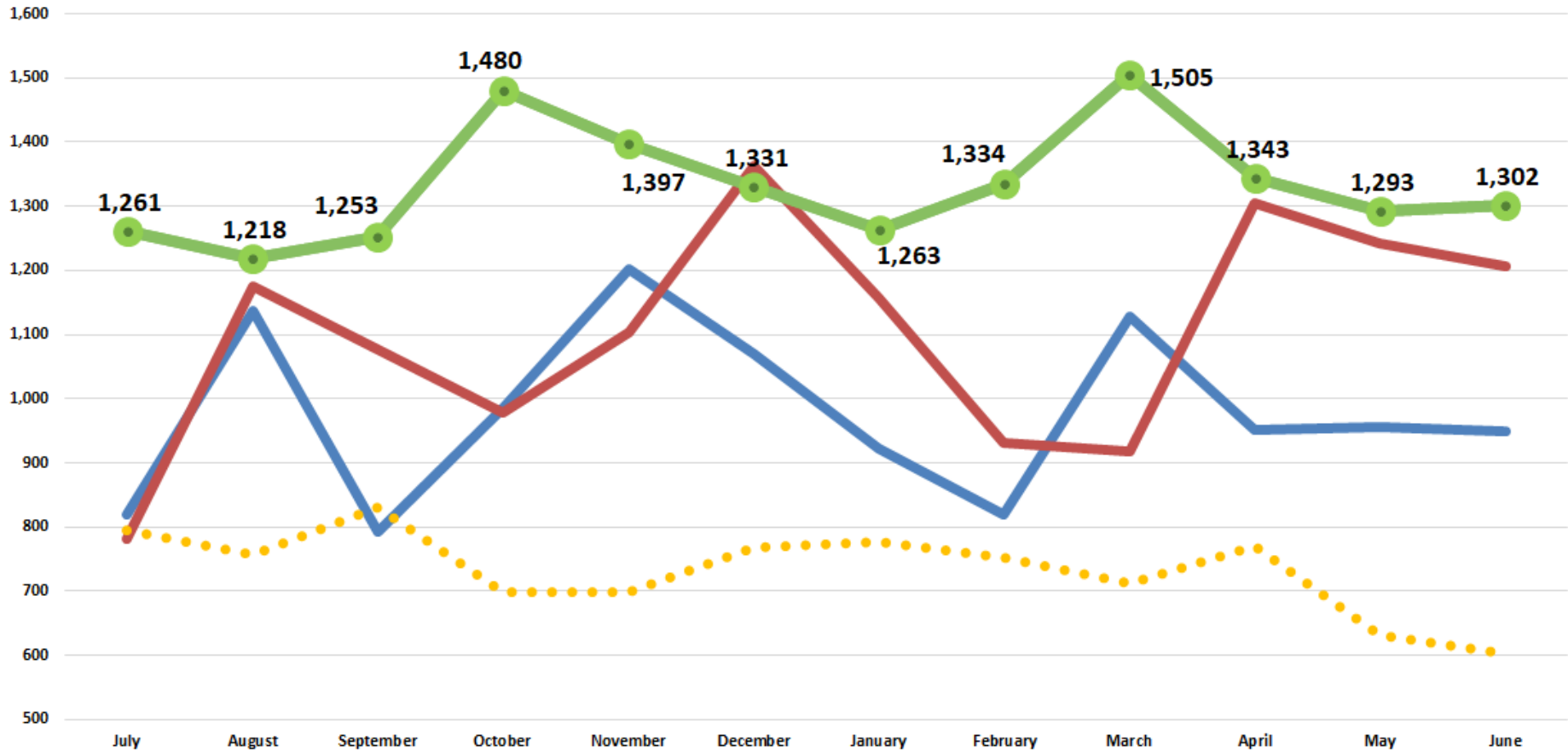
—●— FY2023
 —●— FY2024
 —●— FY2025
 - - -●- - - Budget



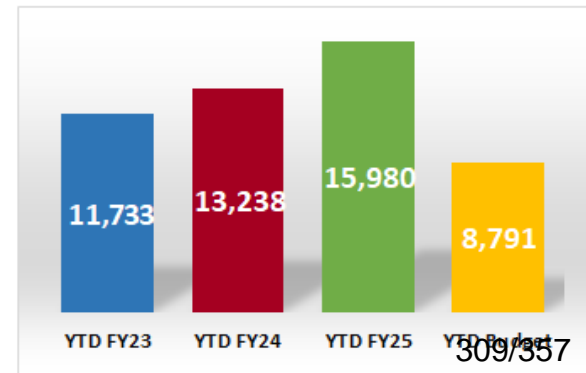
RHC Lindsay - Registrations



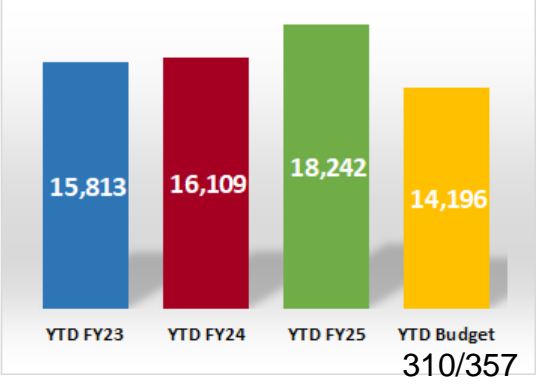
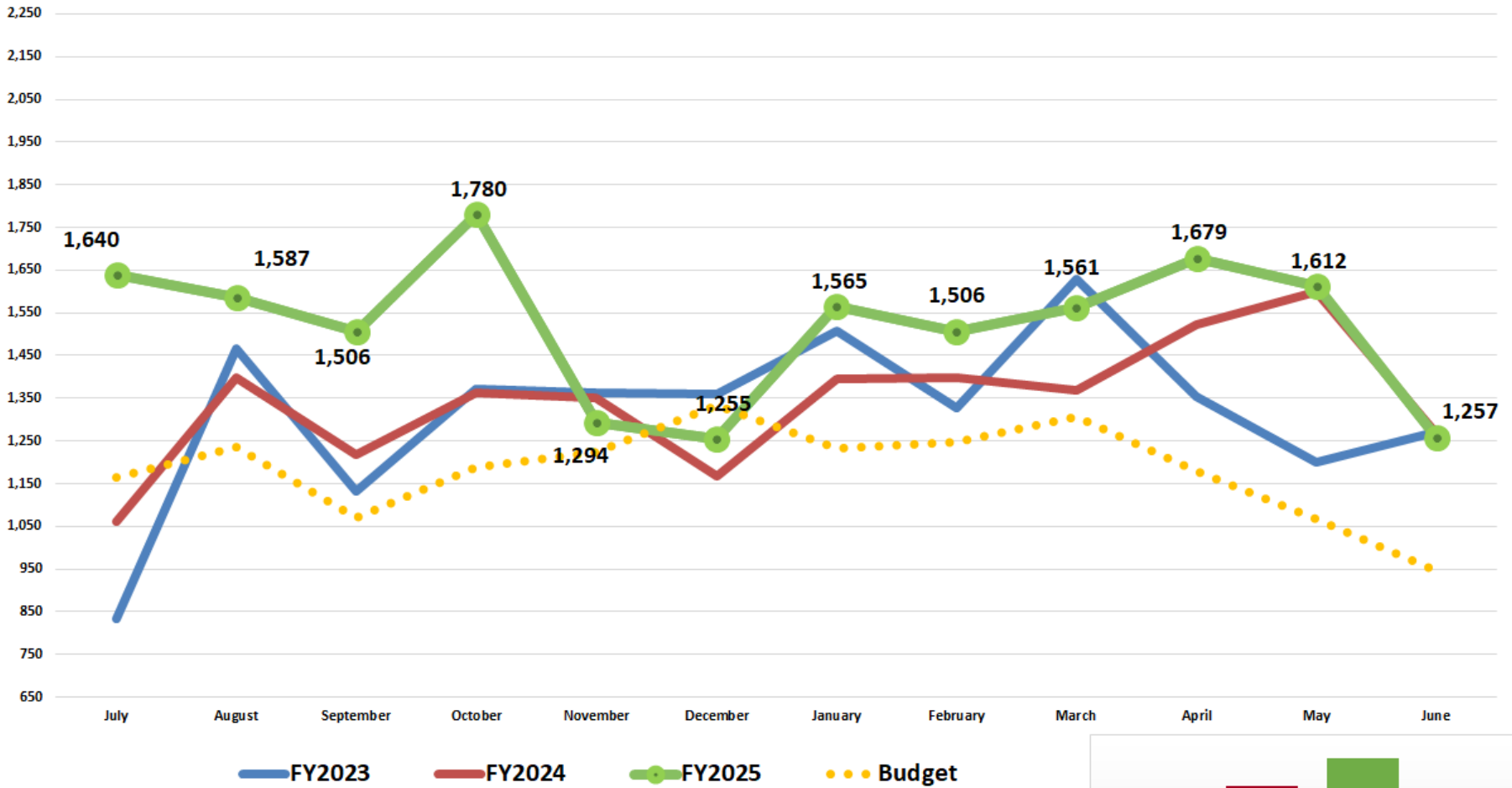
RHC Woodlake - Registrations



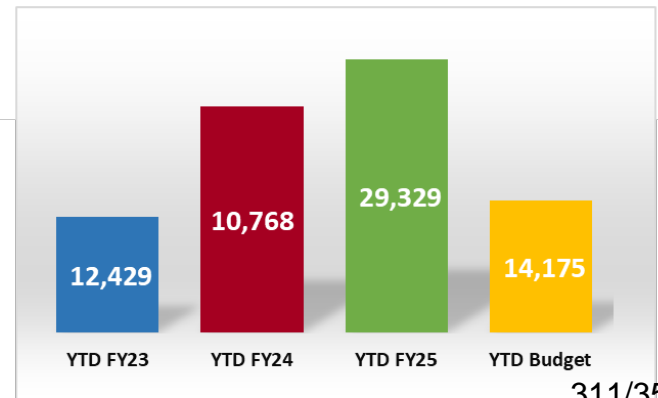
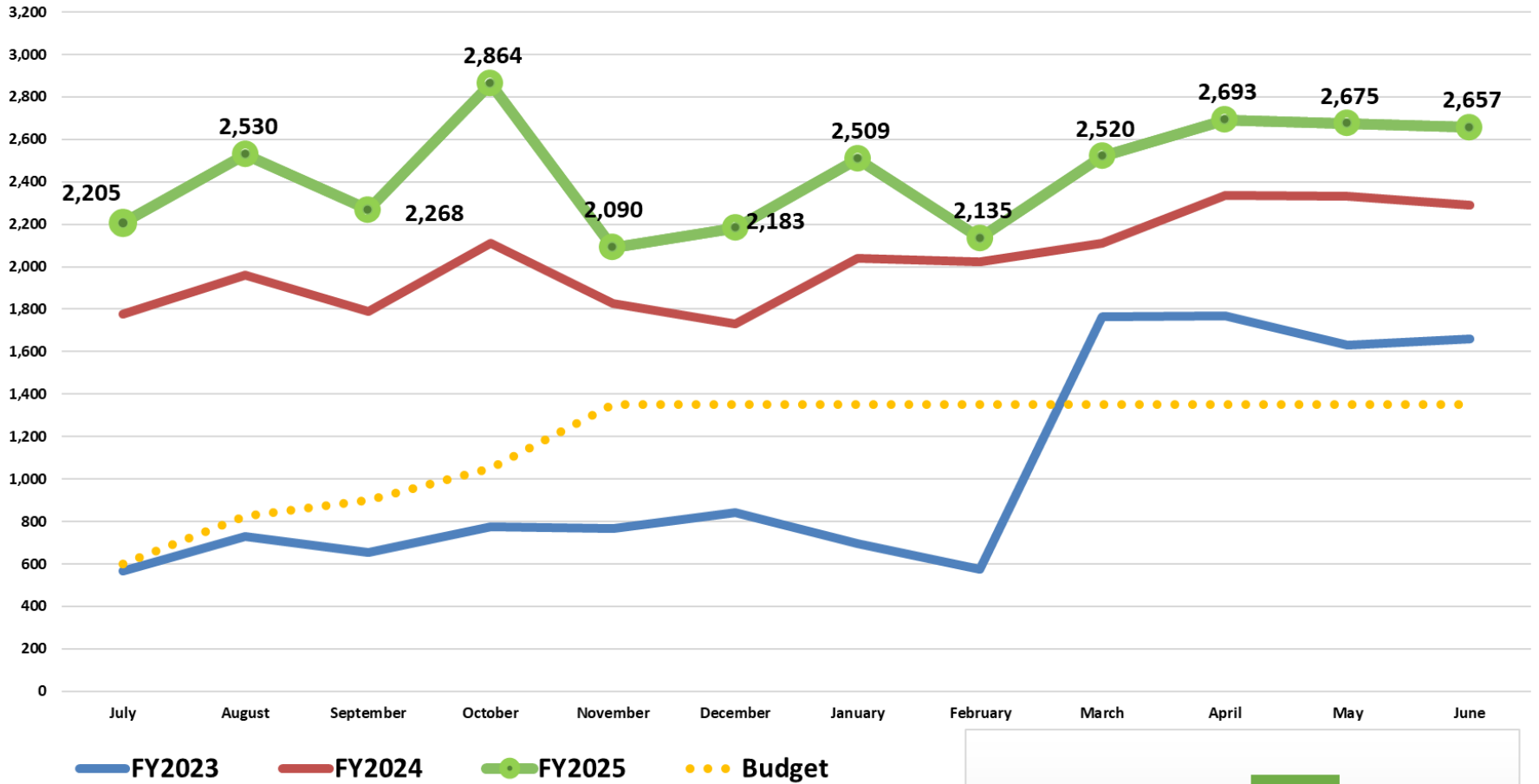
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



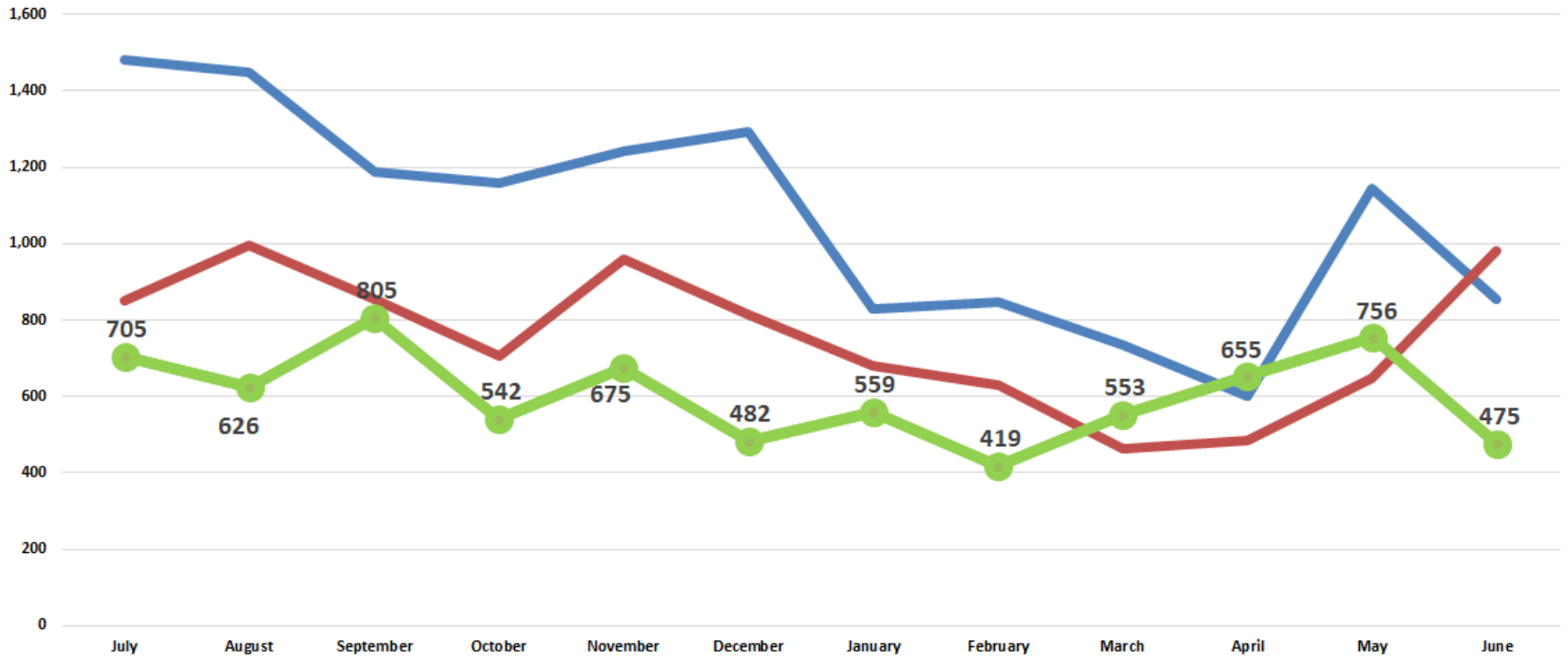
RHC Dinuba - Registrations



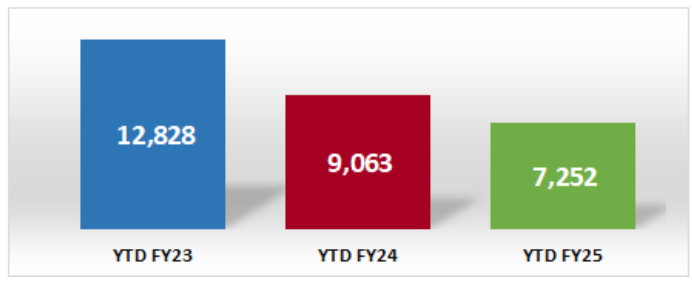
RHC Tulare - Registrations



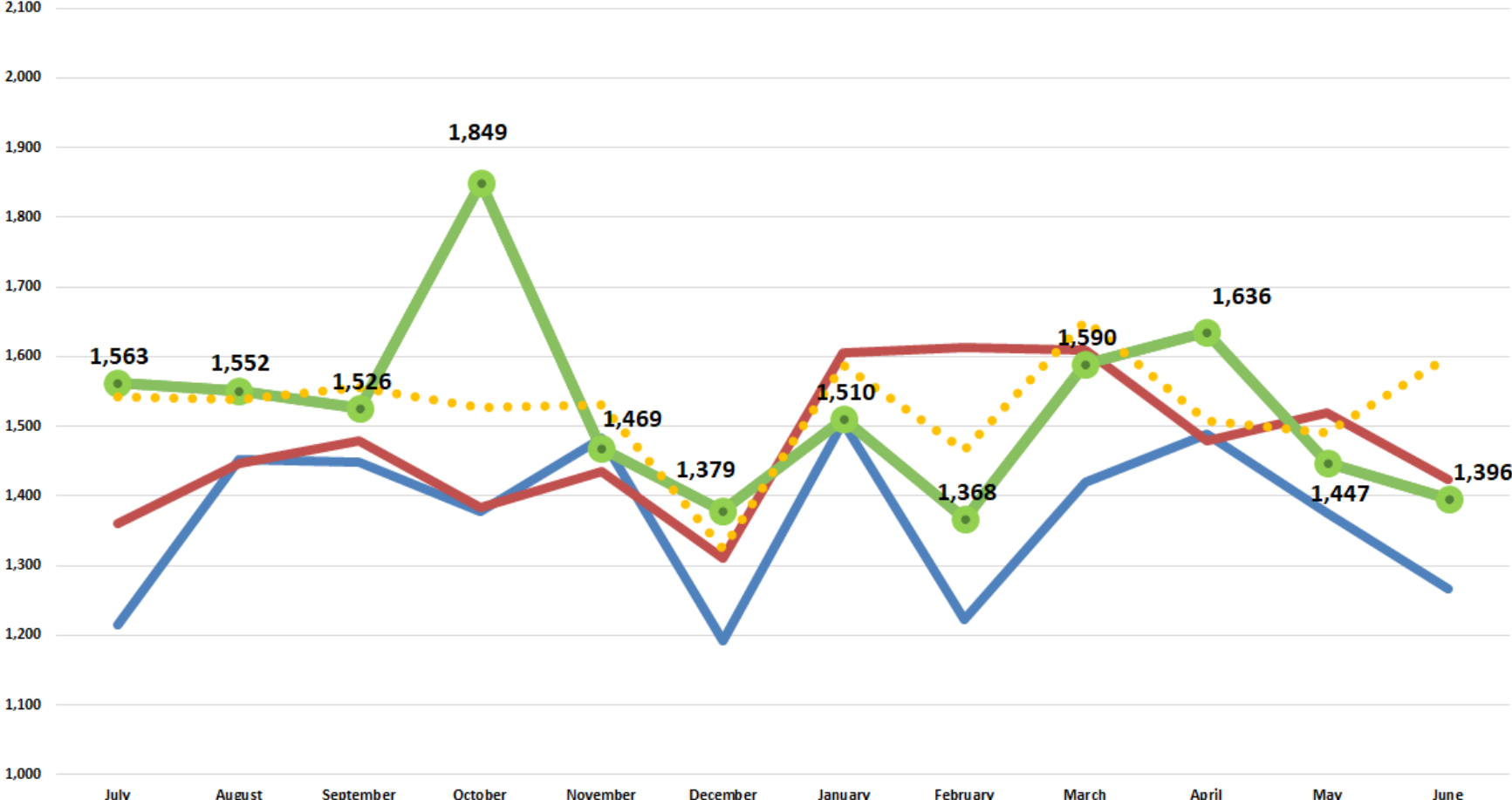
Neurosurgery Clinic - wRVU's



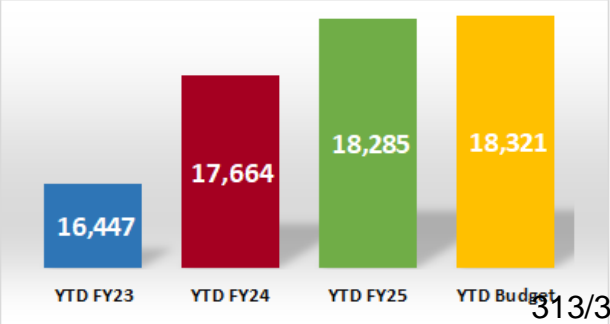
—●— FY2023
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 —●— FY2025



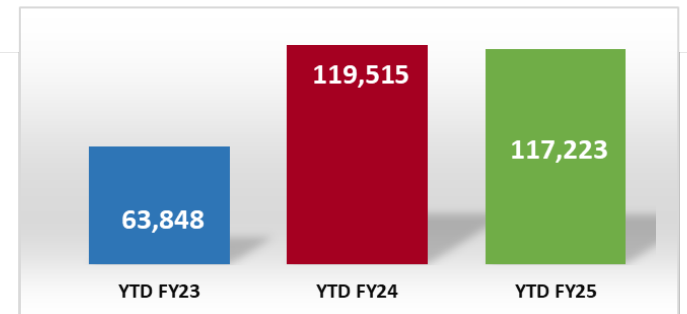
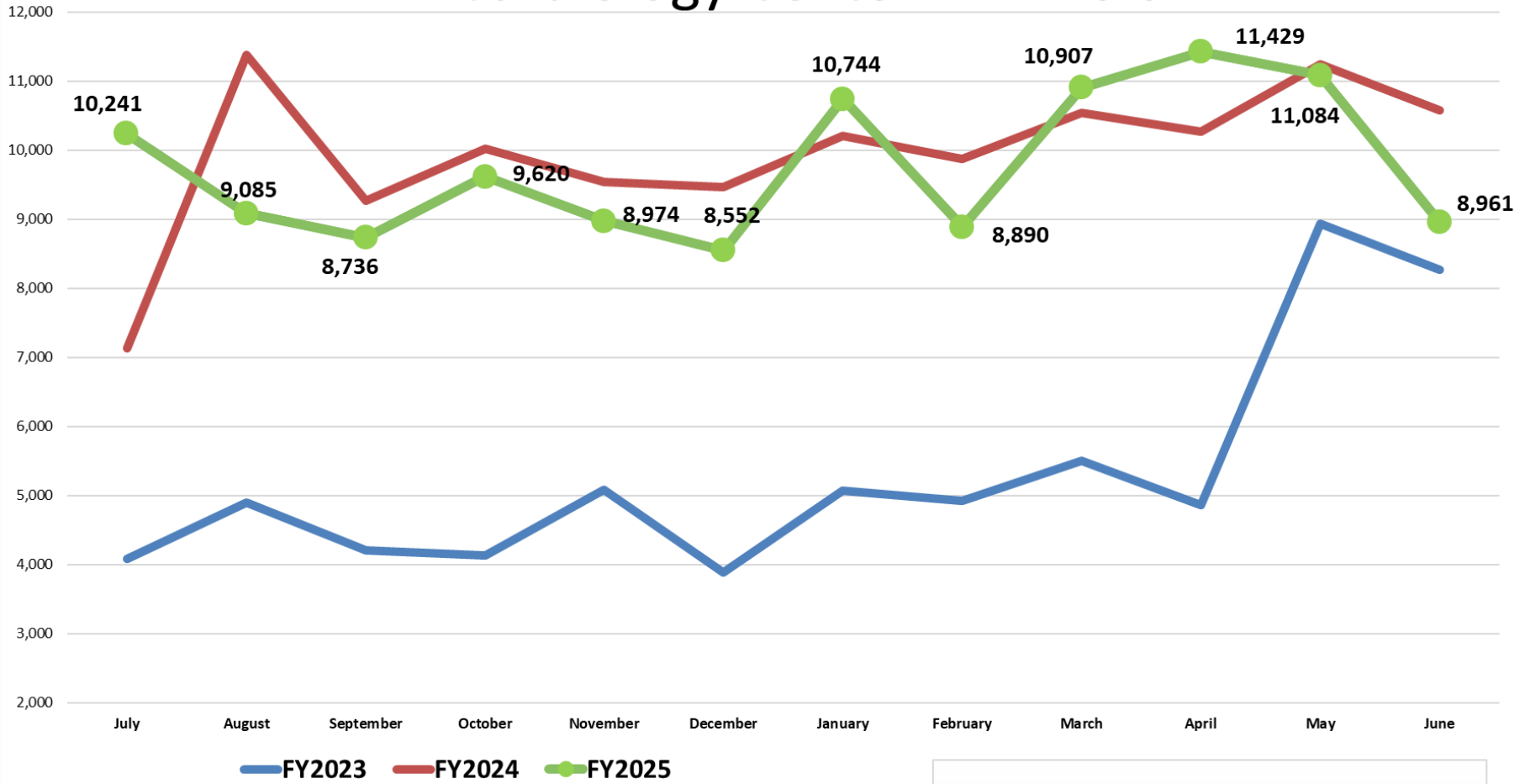
KH Cardiology Center Registrations



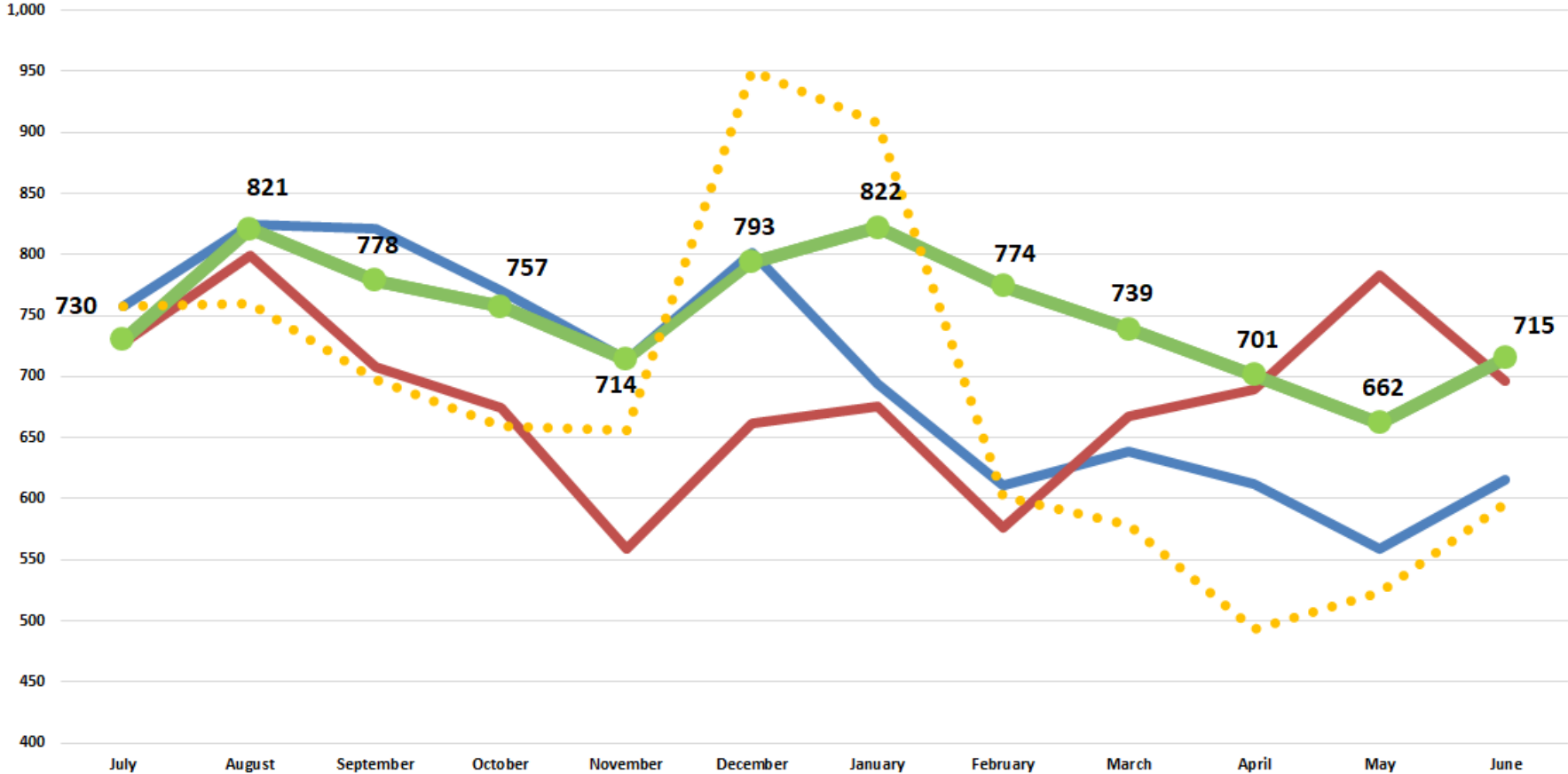
—● FY2023
 —● FY2024
 —● FY2025
 ●● Budget



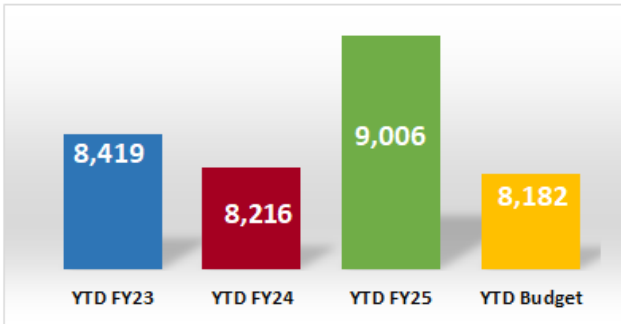
KH Cardiology Center - wRVU's



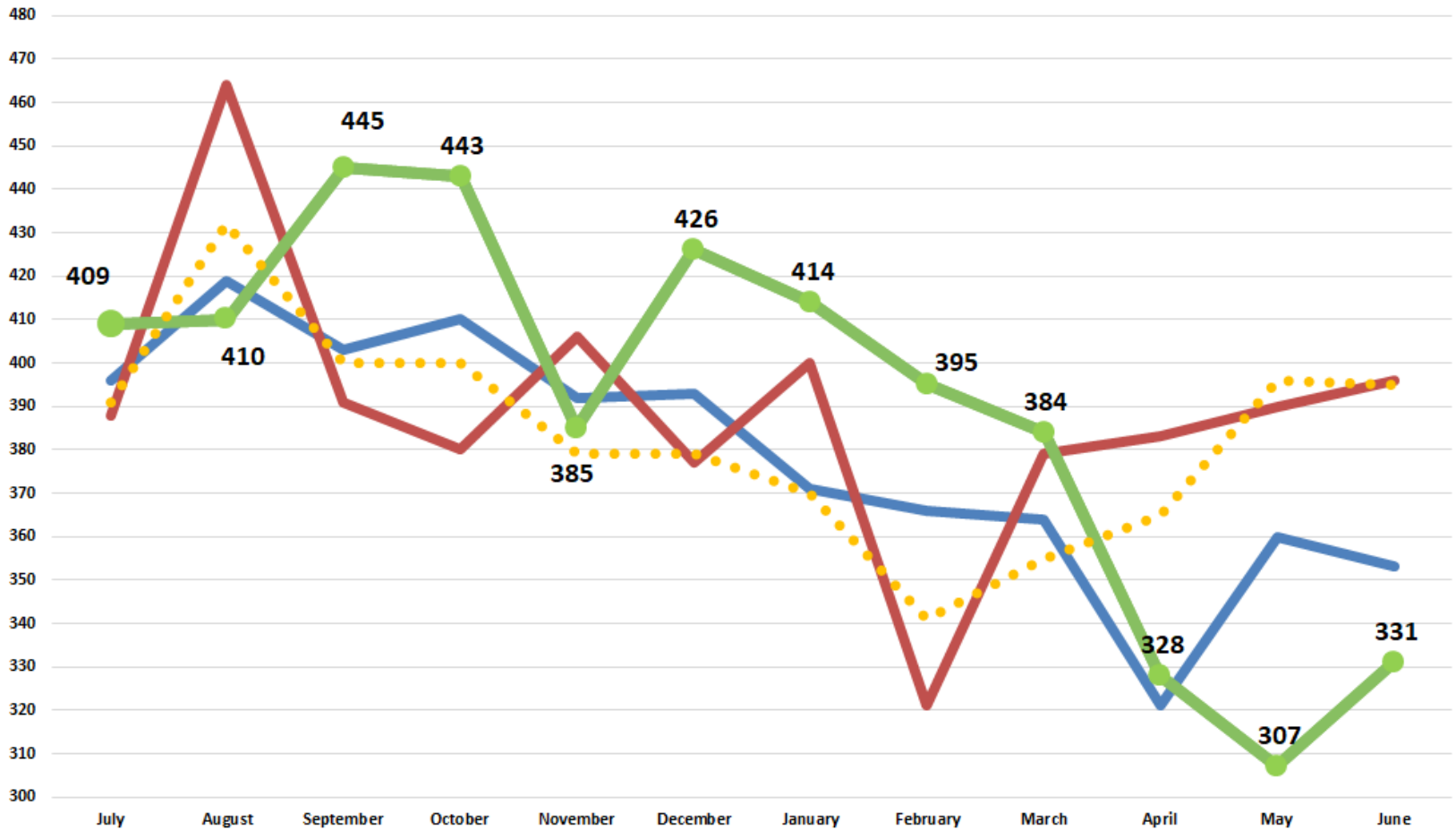
Labor Triage Registrations



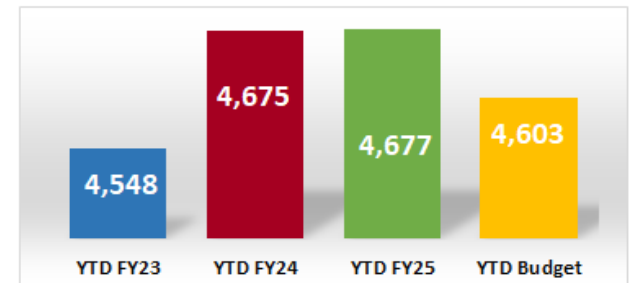
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 ●●● Budget



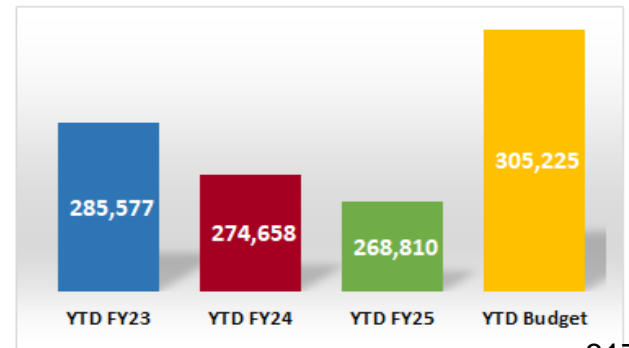
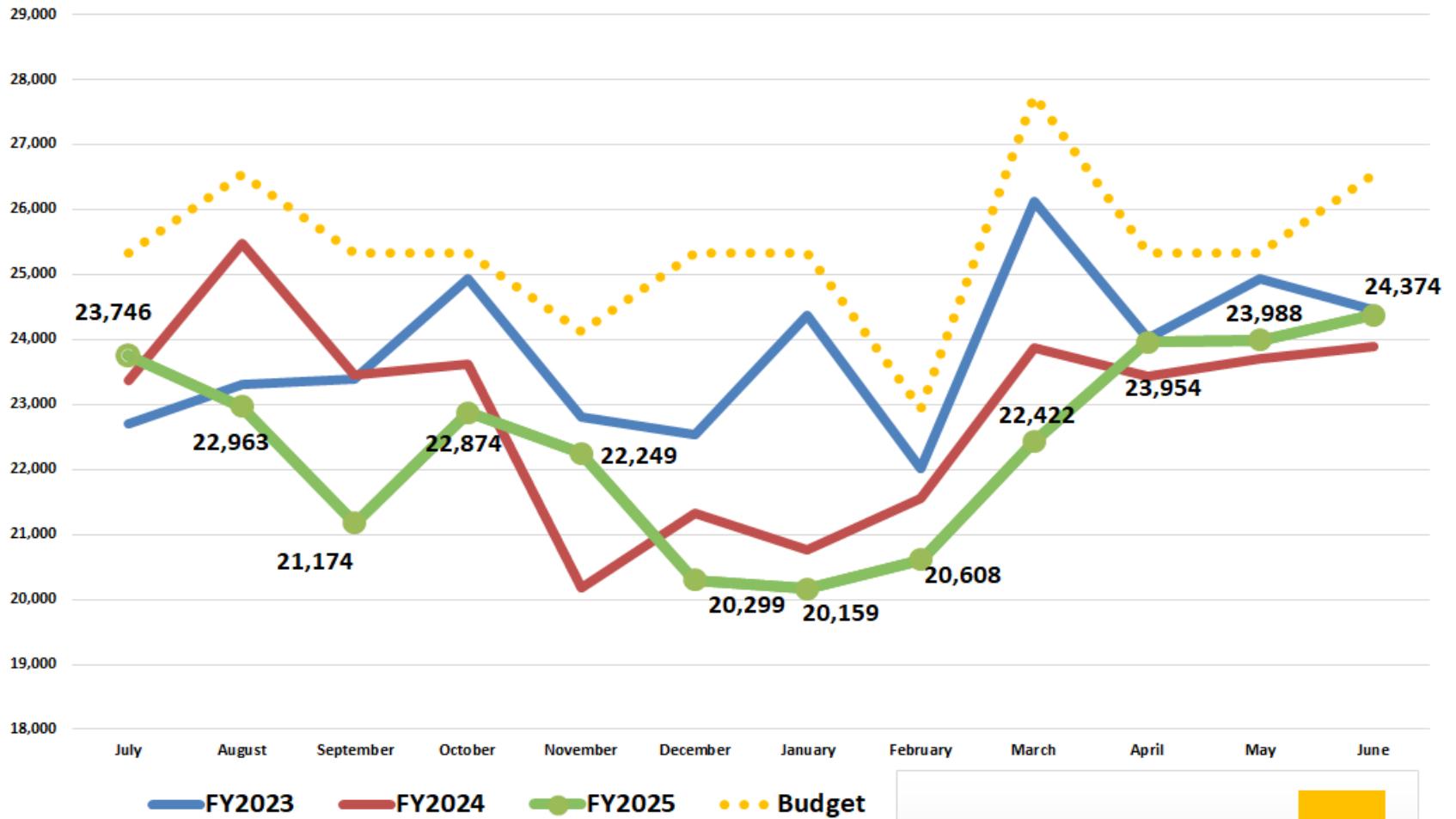
Deliveries



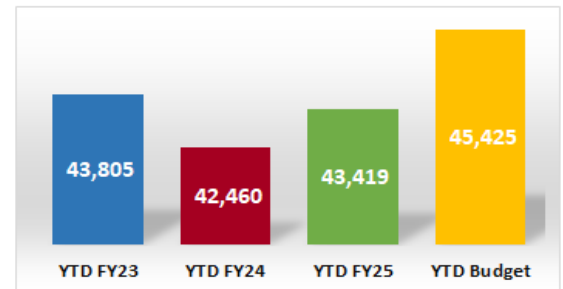
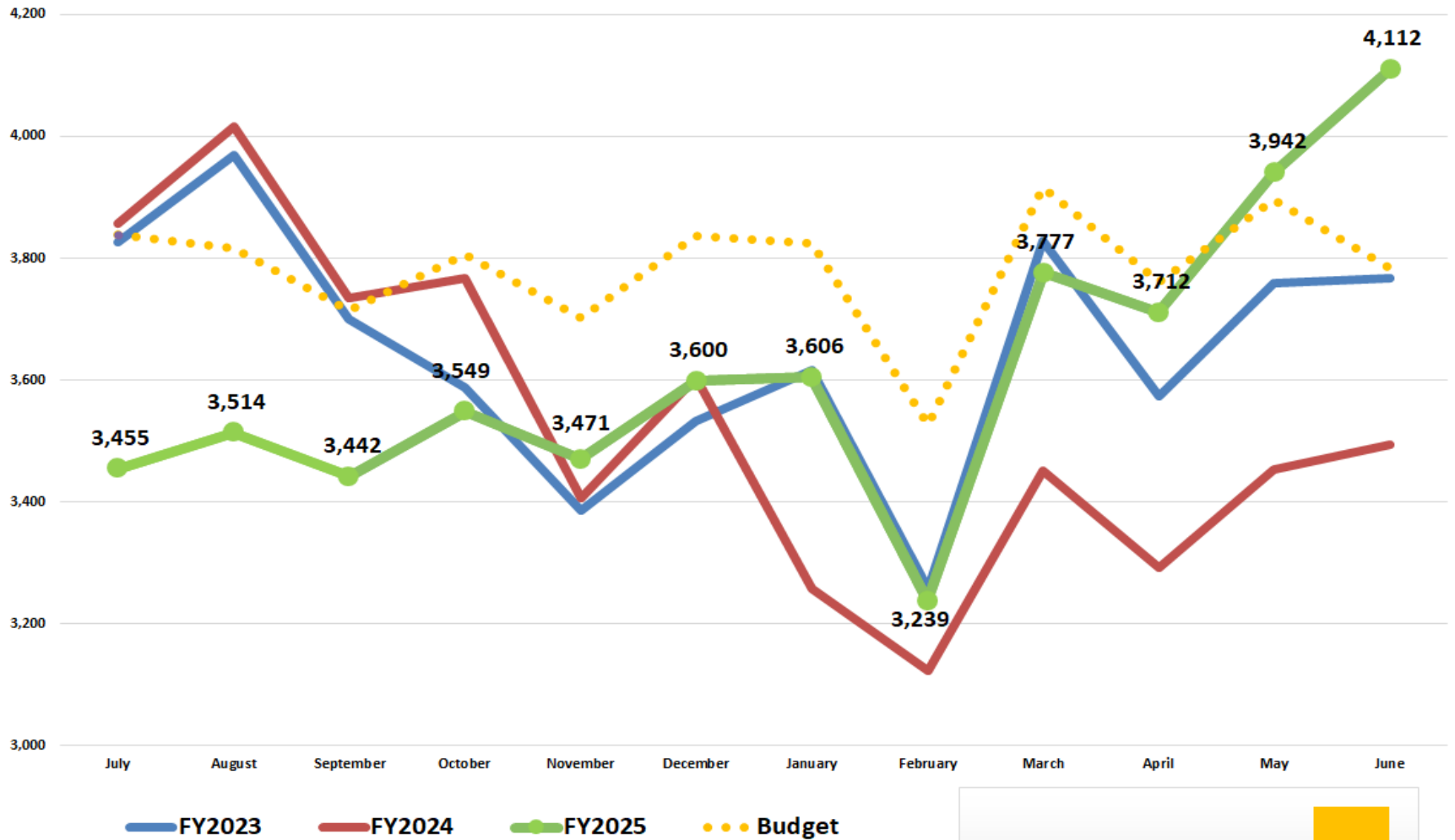
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 ●●● Budget



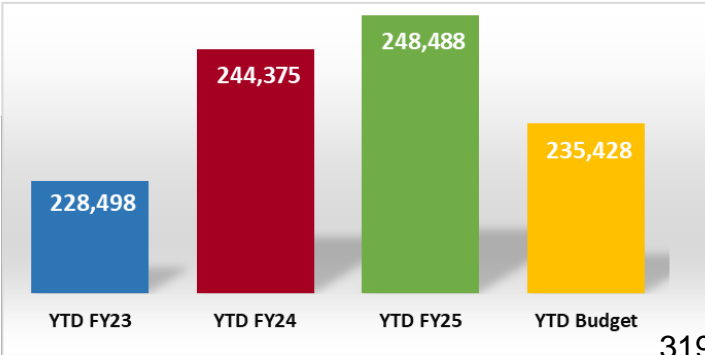
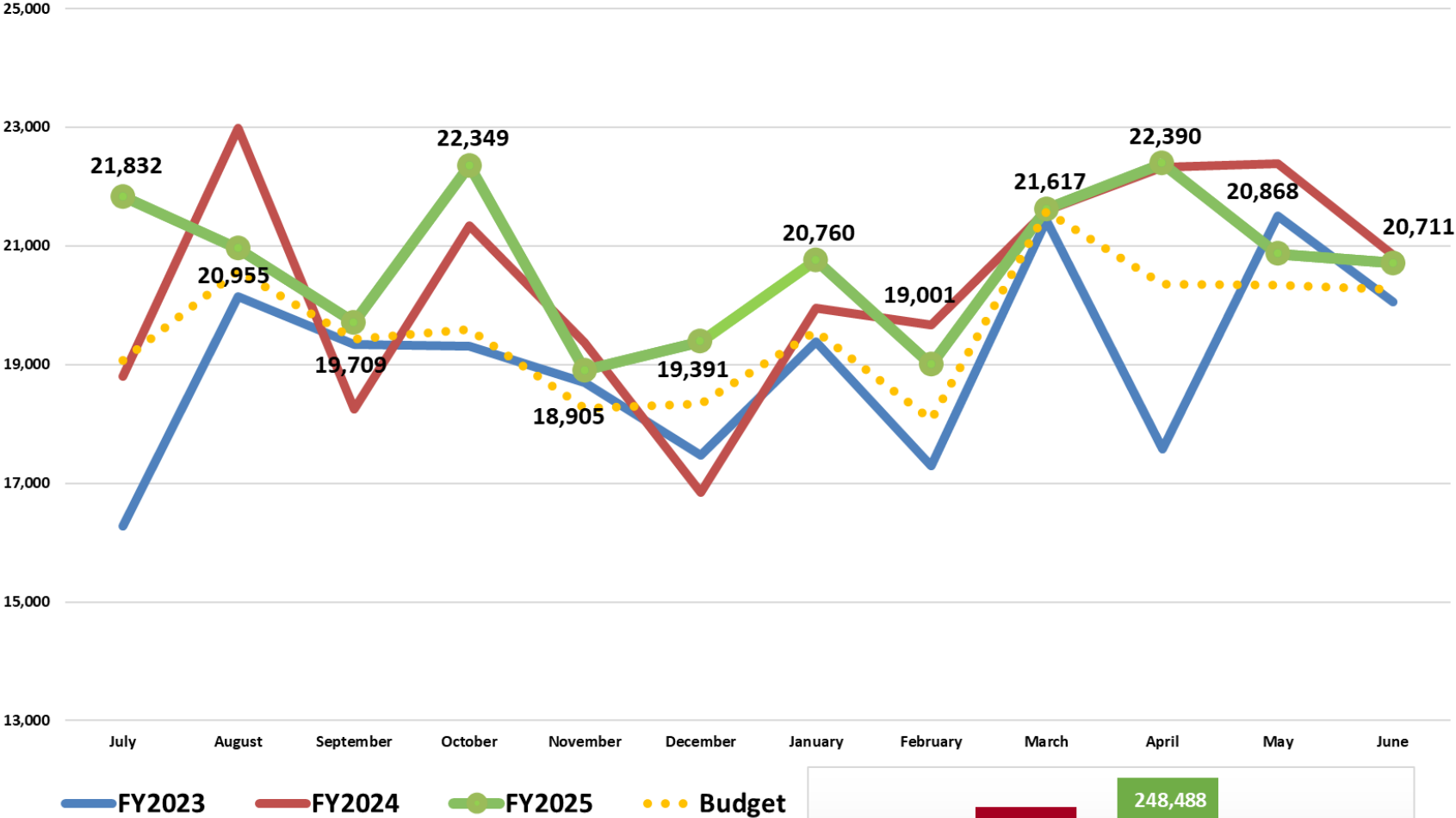
Home Infusion Days



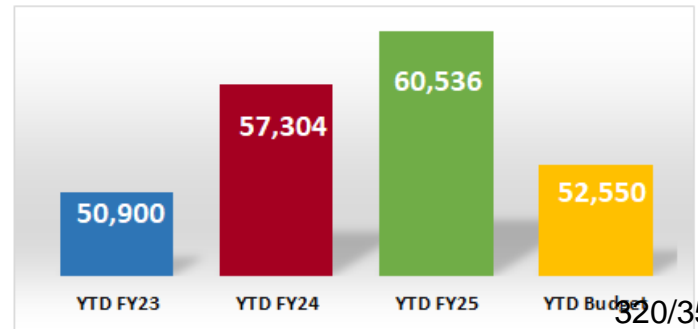
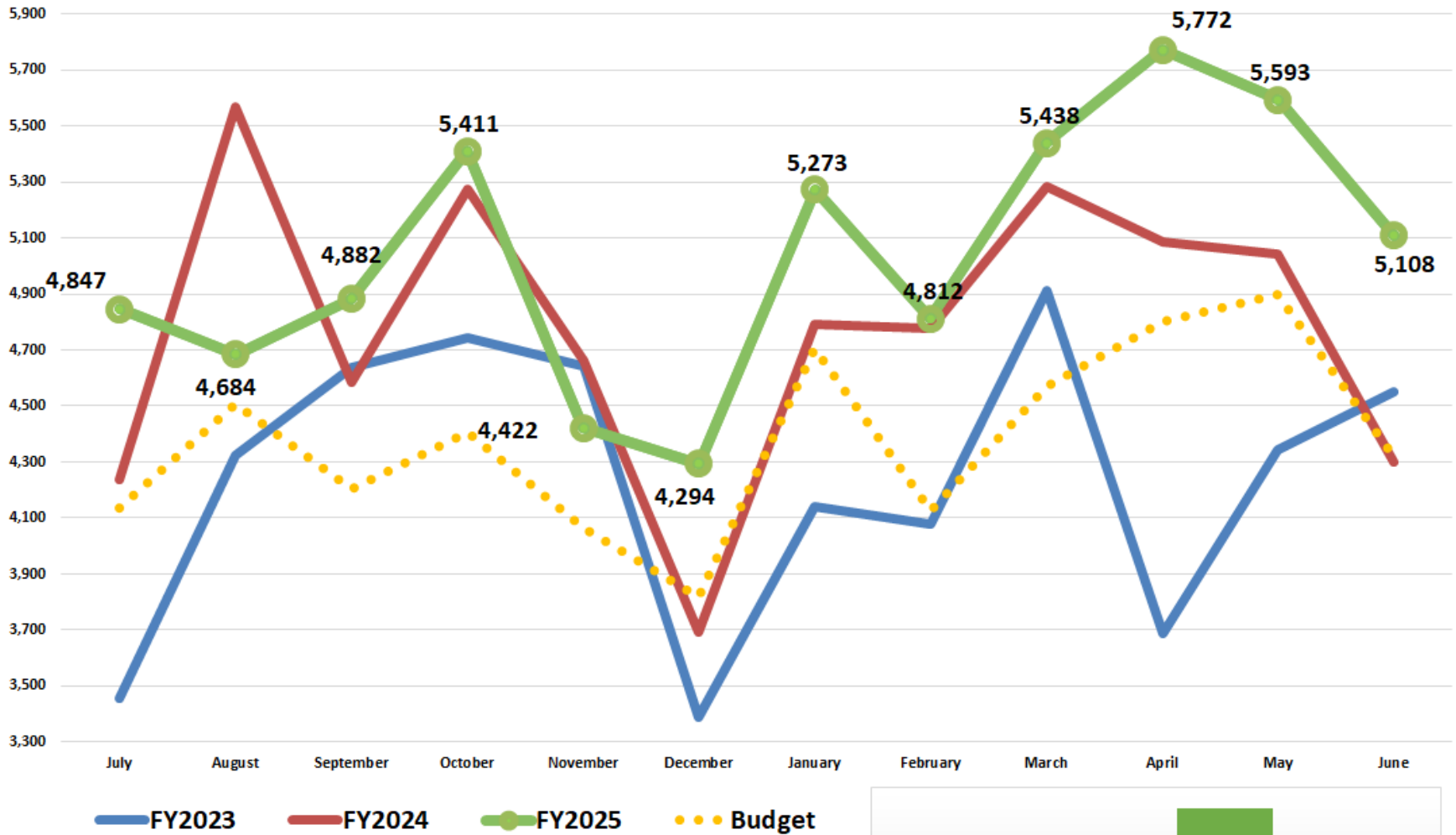
Hospice Days



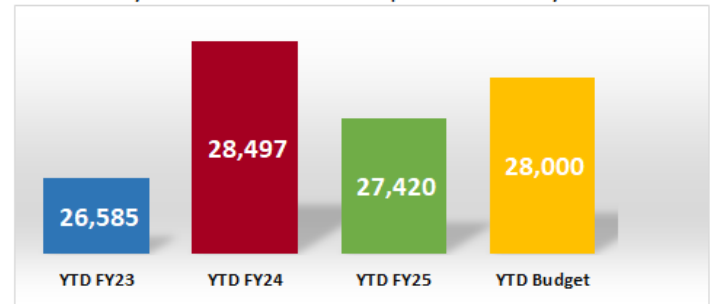
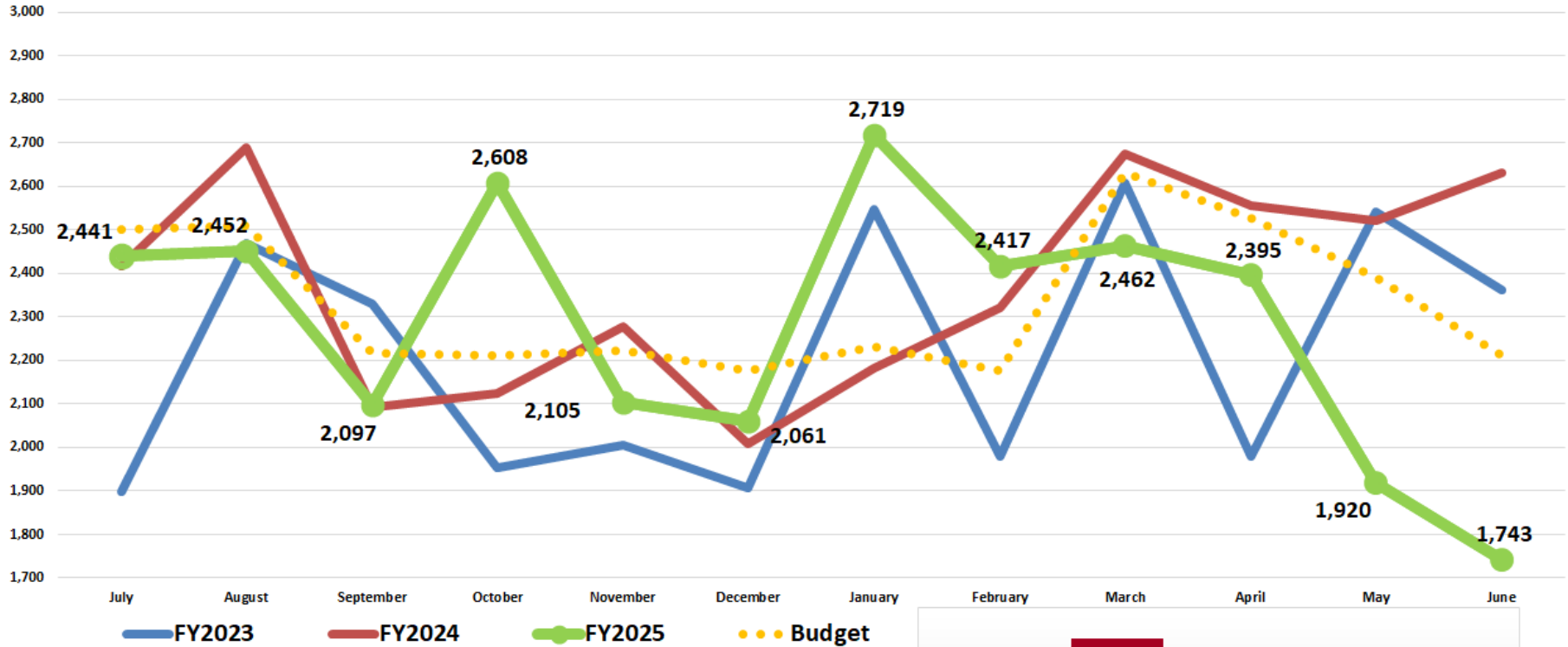
All O/P Rehab Svcs Across District



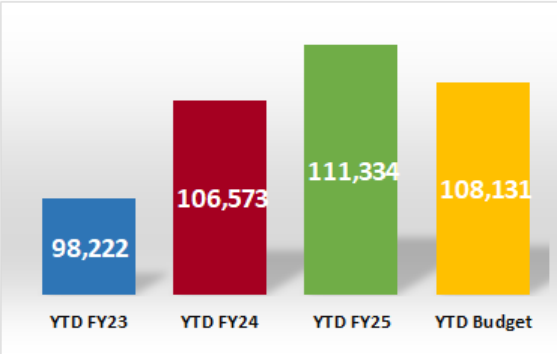
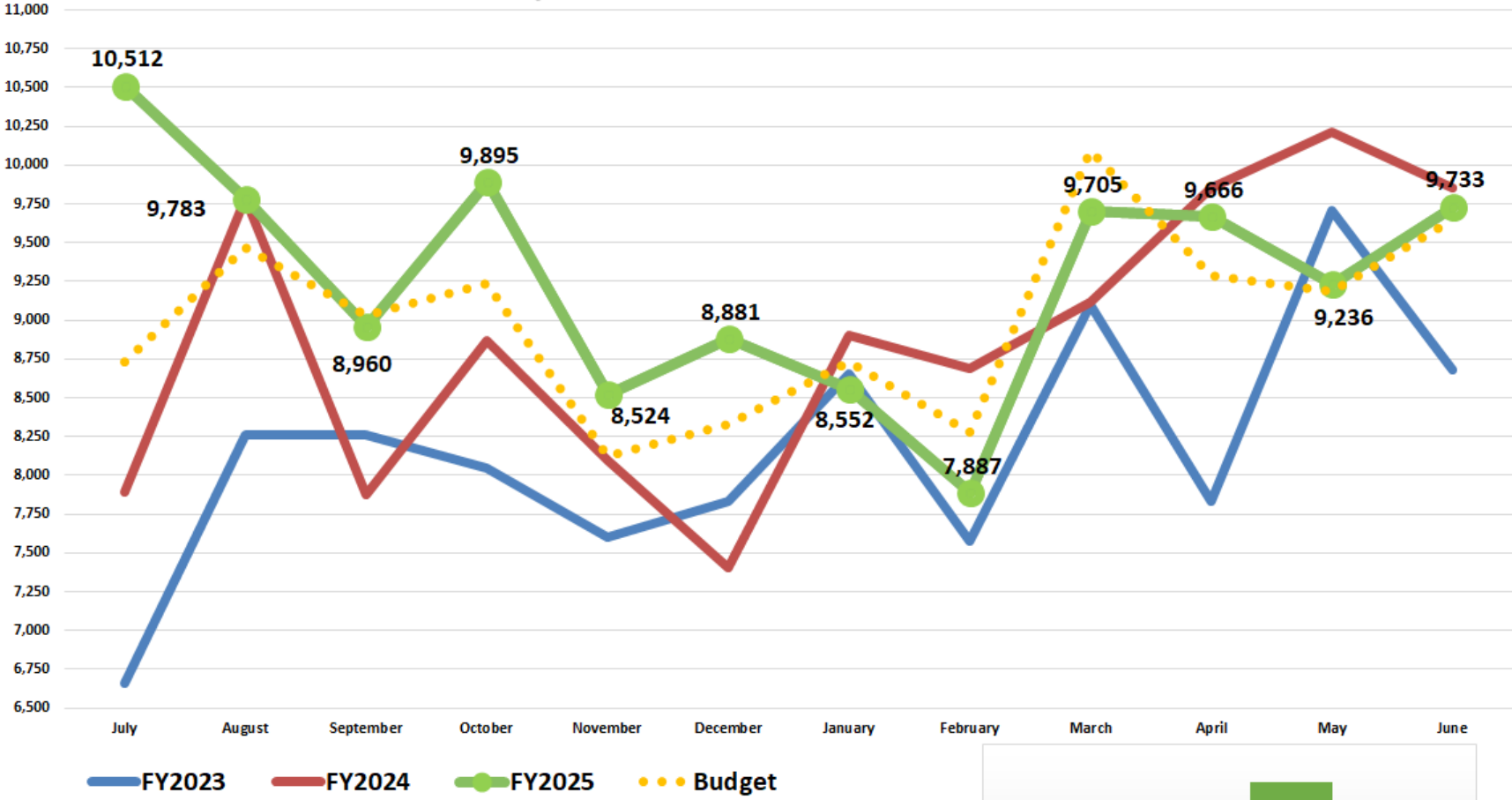
O/P Rehab Services



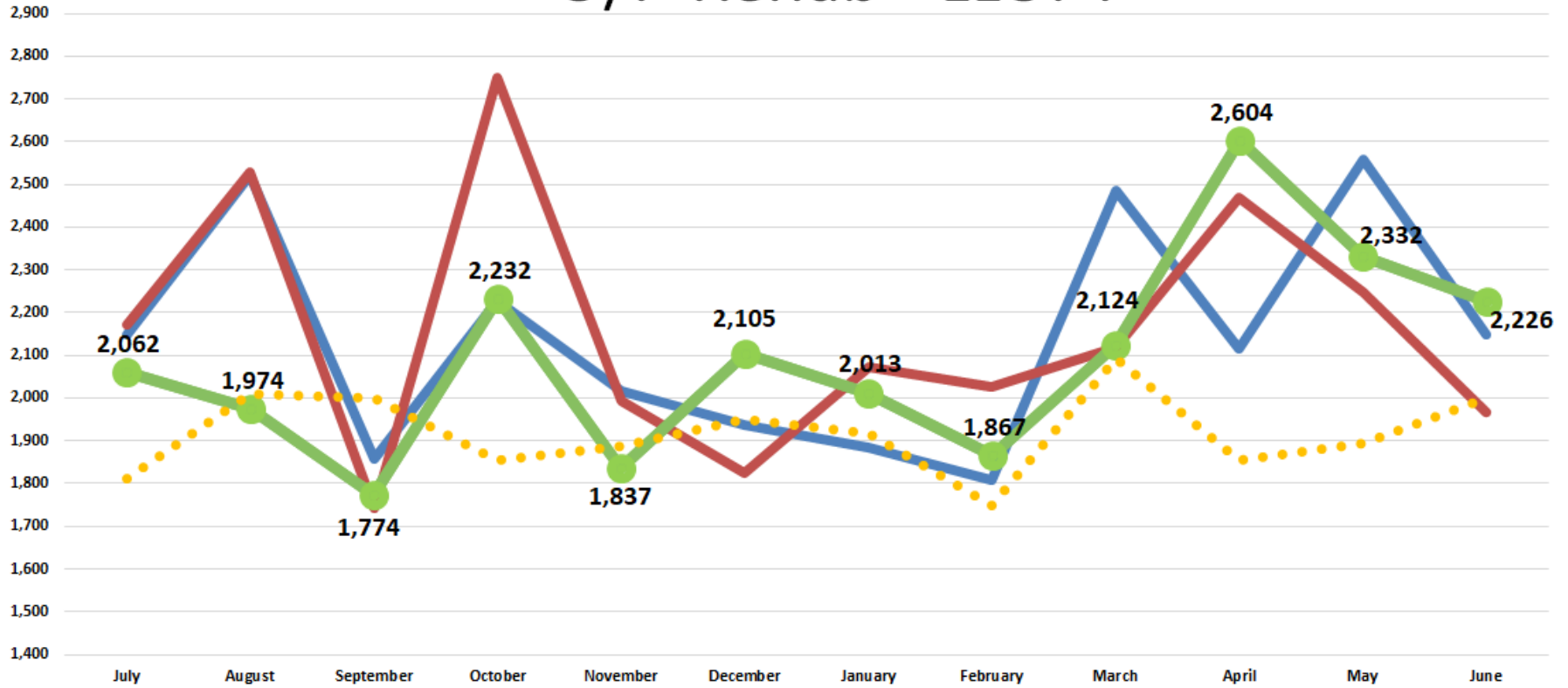
O/P Rehab - Exeter



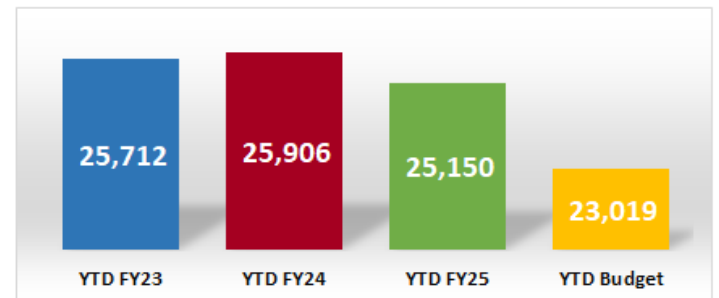
O/P Rehab - Akers



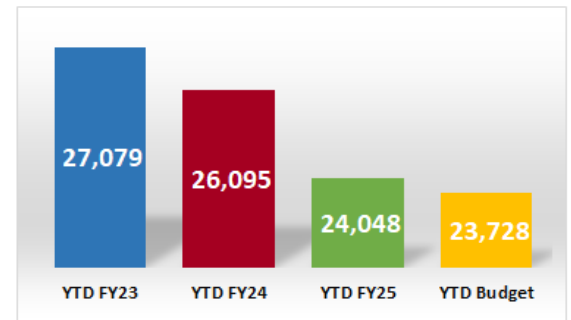
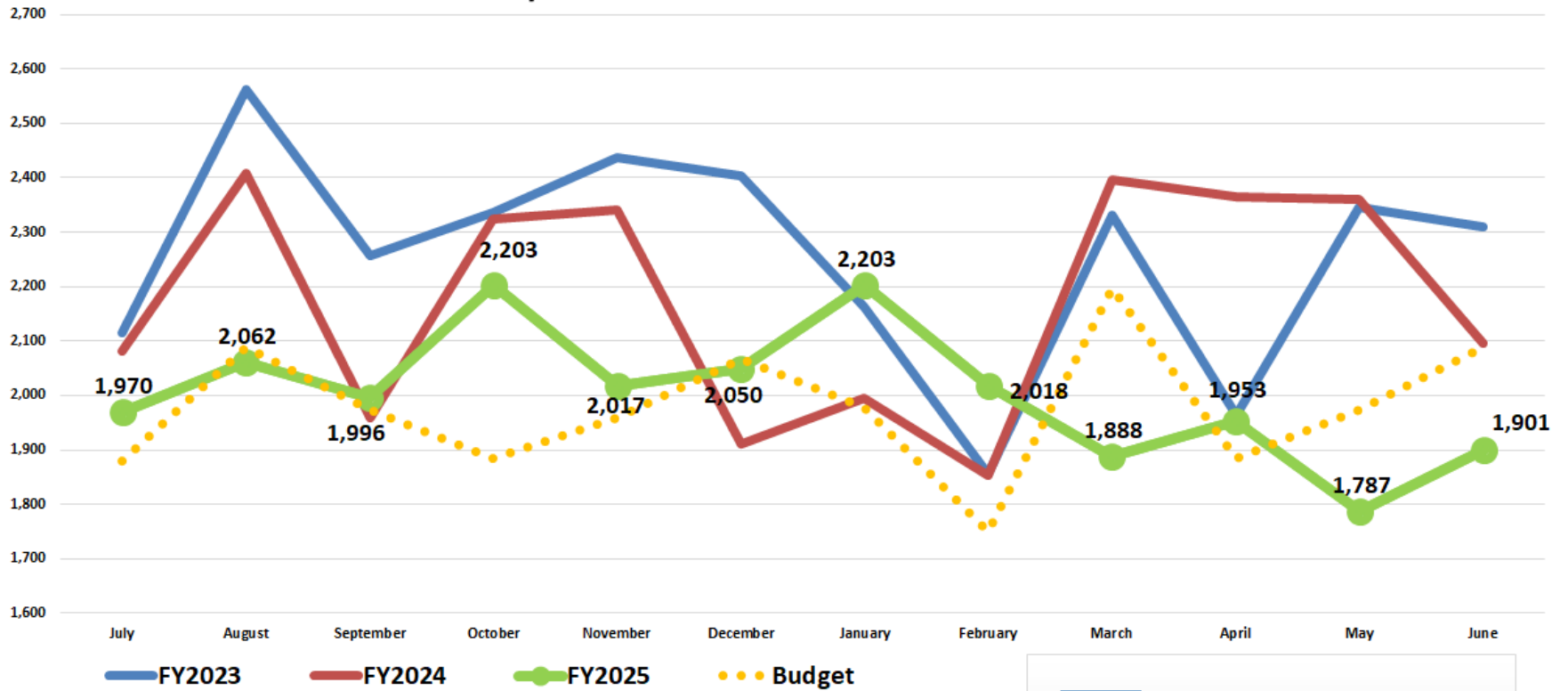
O/P Rehab - LLOPT



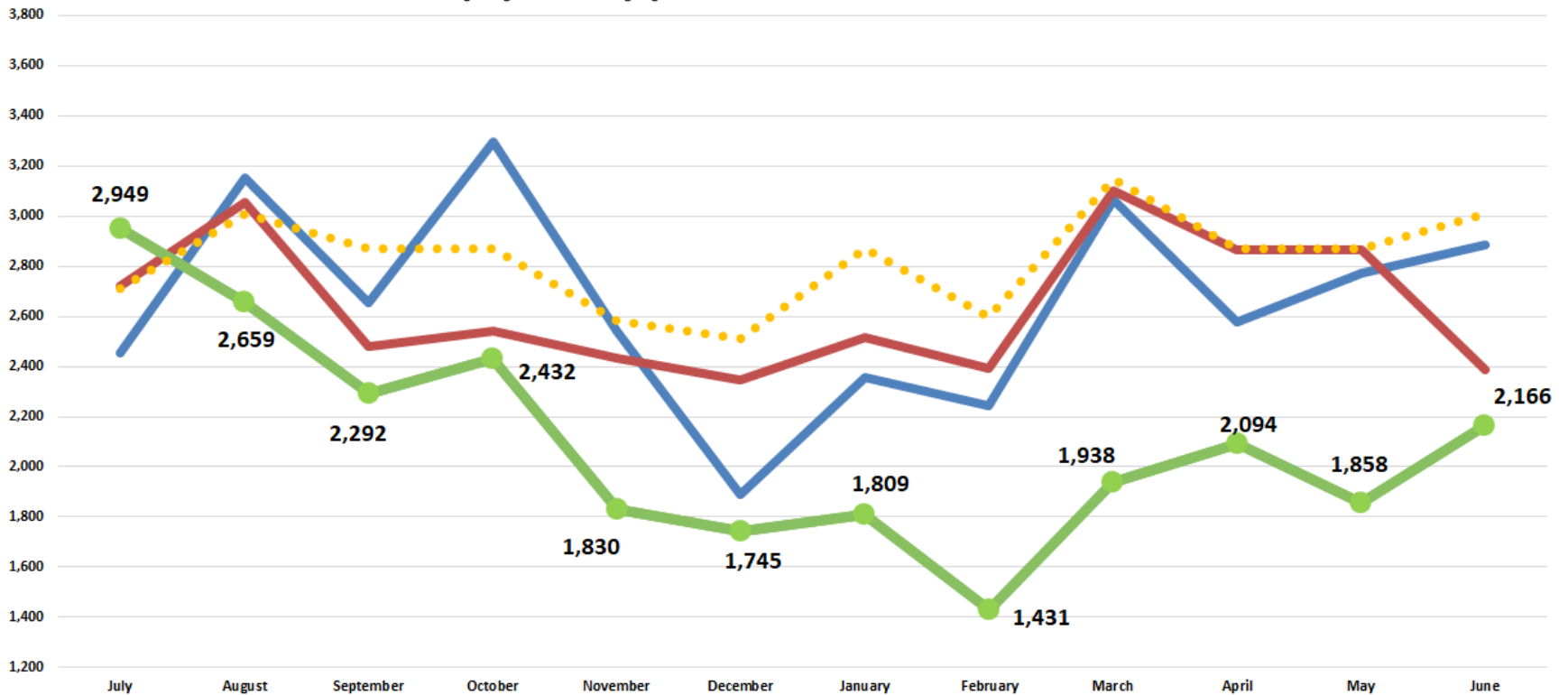
—●— FY2023
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 —●— FY2025
 ●●● Budget



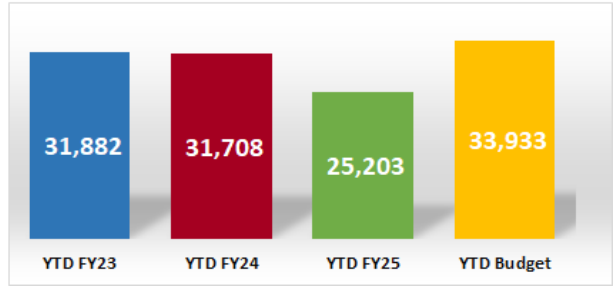
O/P Rehab - Dinuba



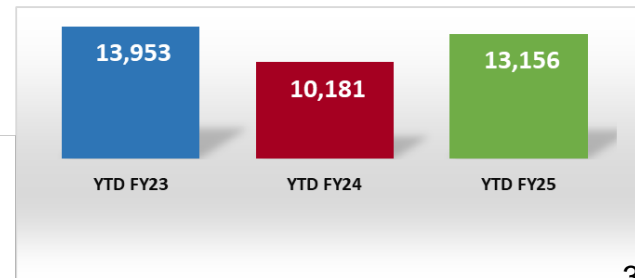
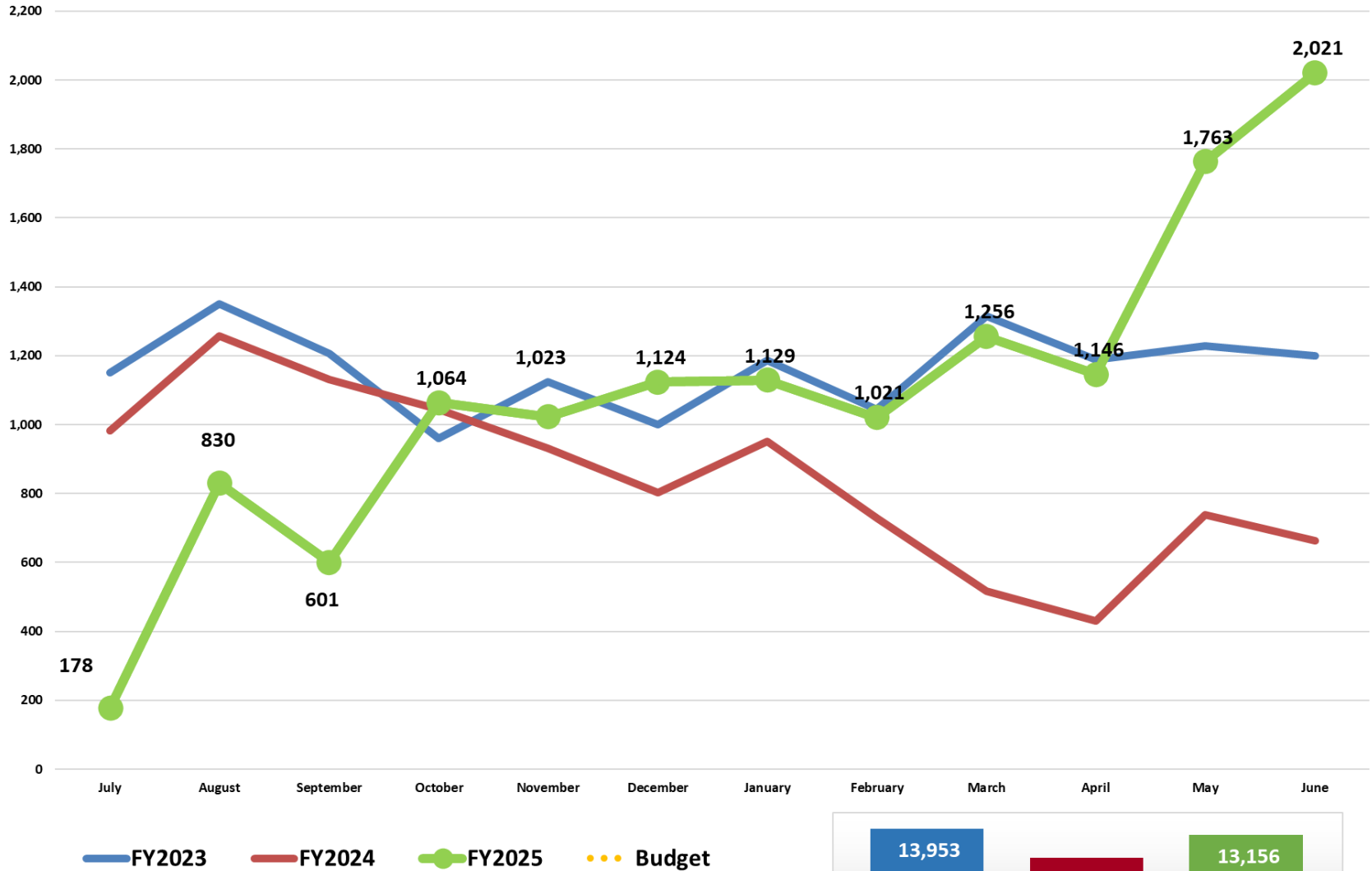
Therapy - Cypress Hand Center



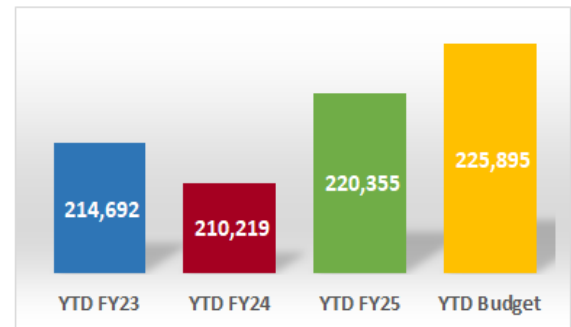
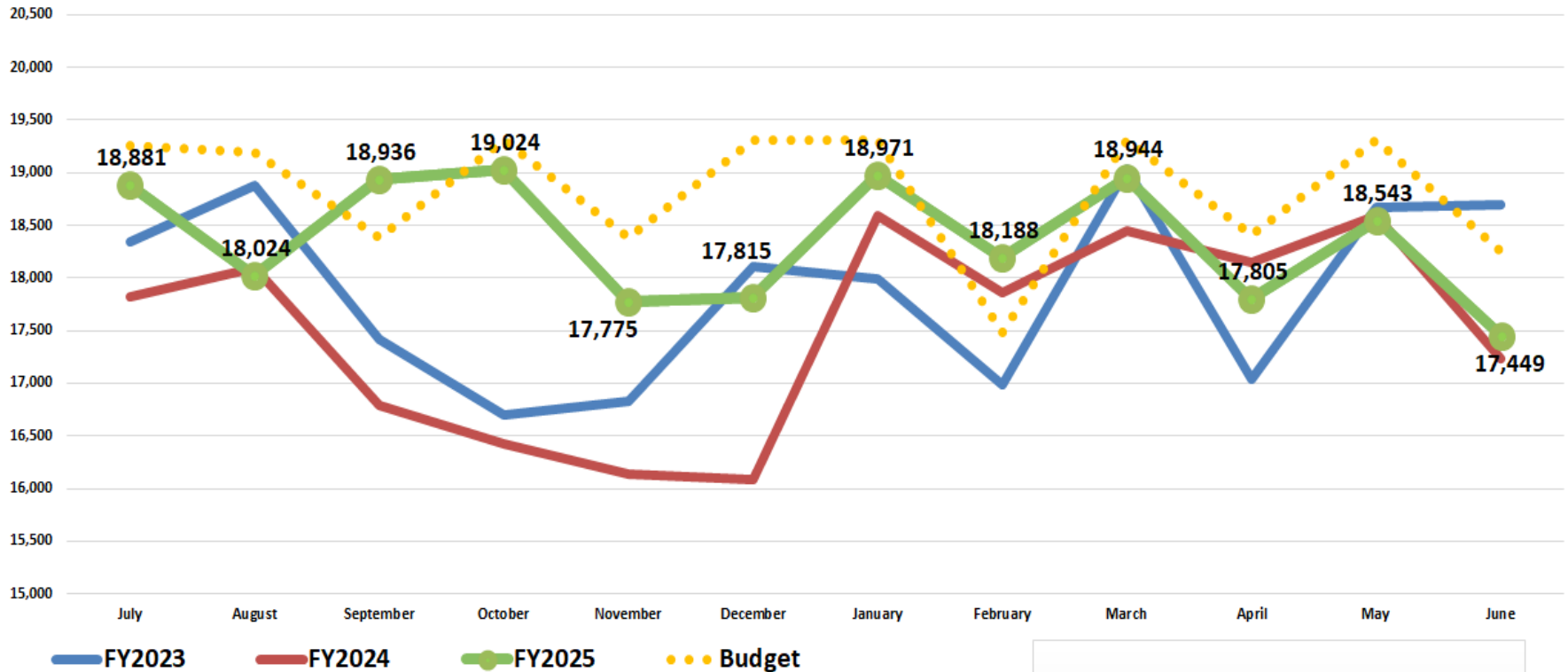
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



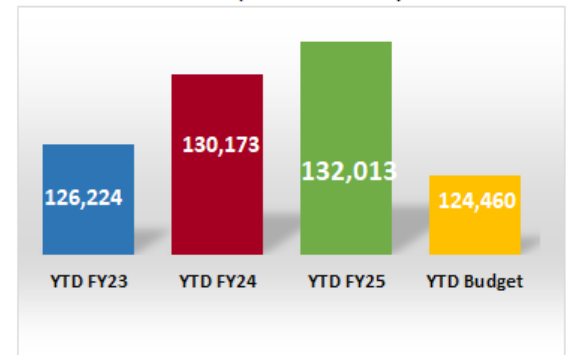
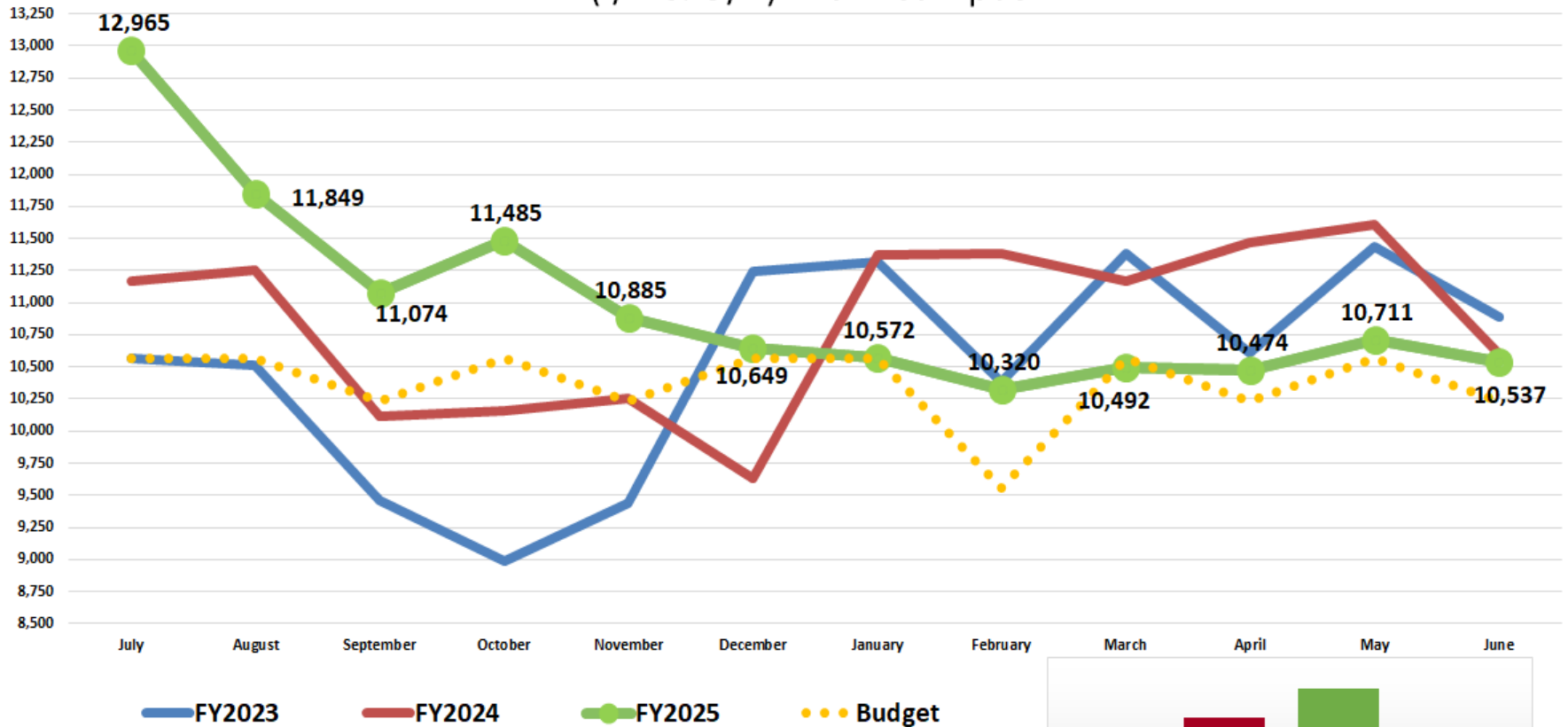
Therapy-Wound Care Visits



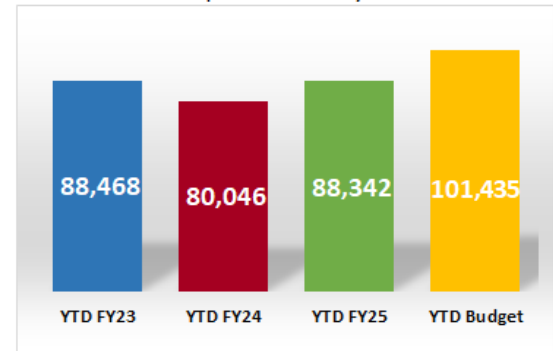
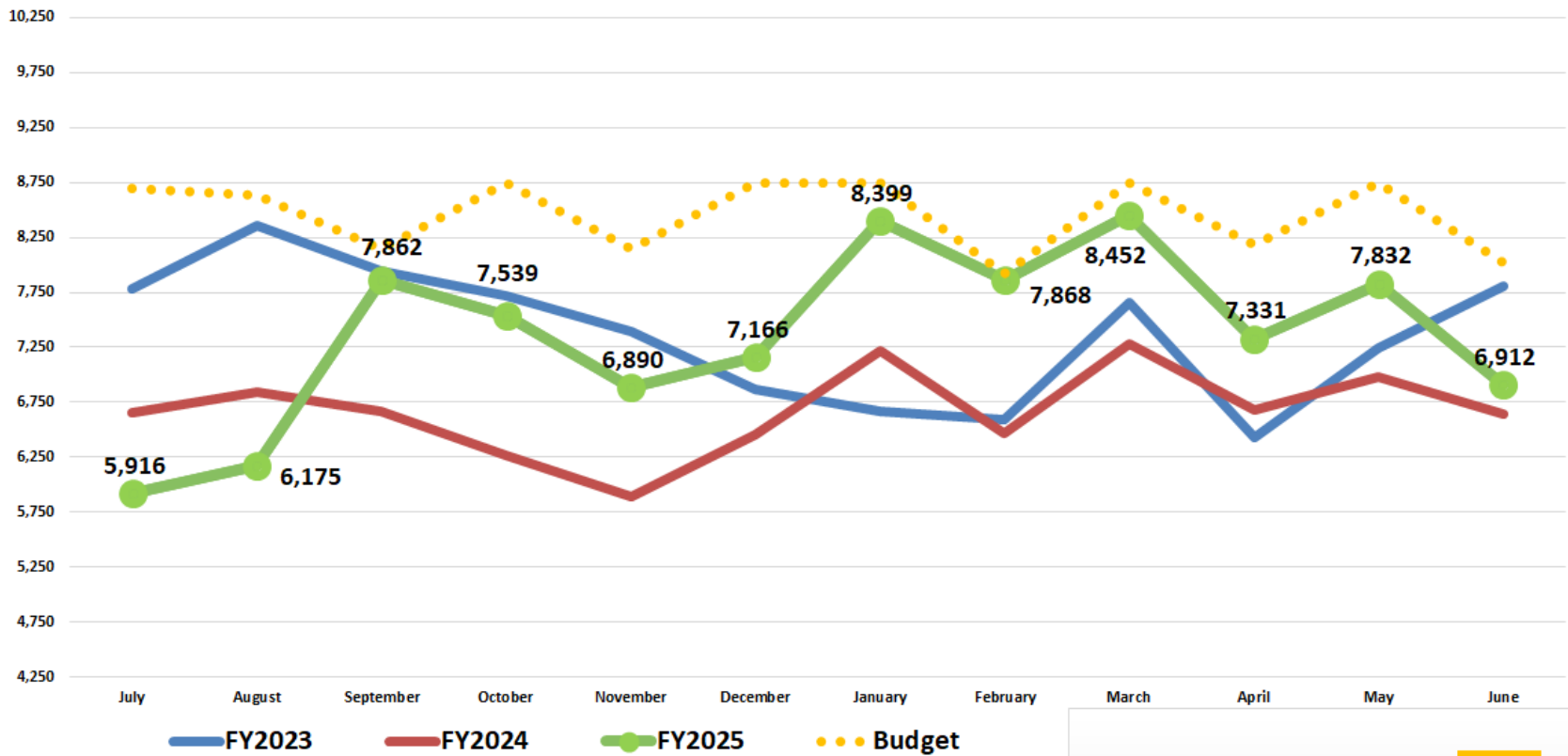
Physical & Other Therapy Units (I/P & O/P)



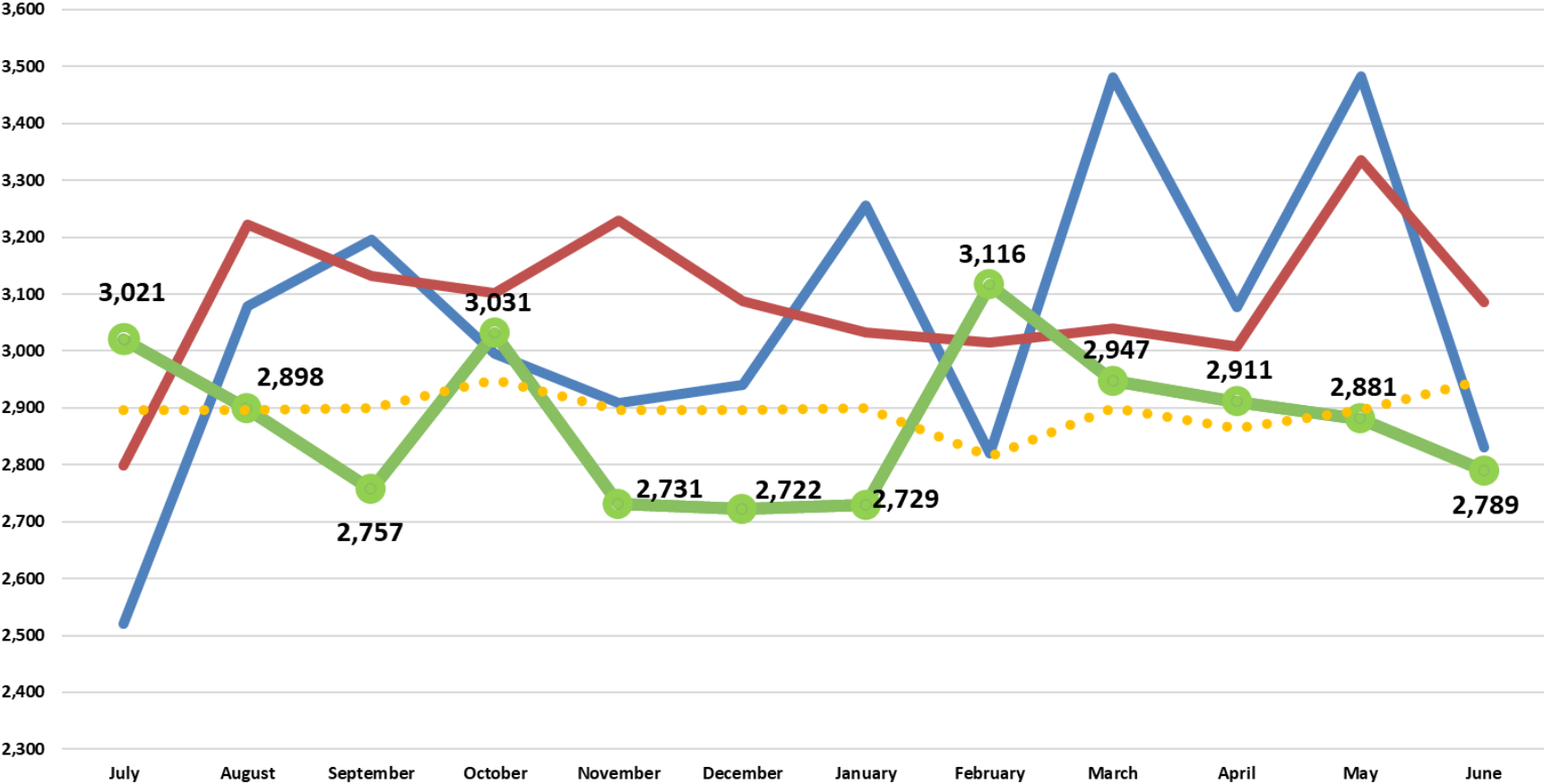
Physical & Other Therapy Units (I/P & O/P)-Main Campus



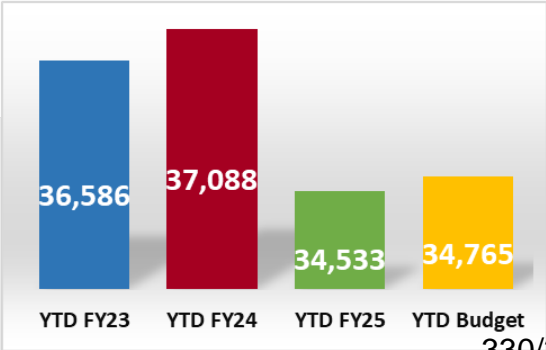
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



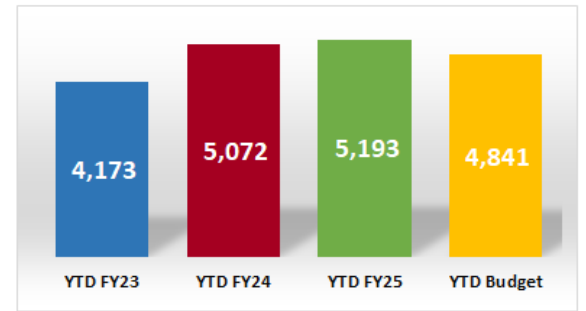
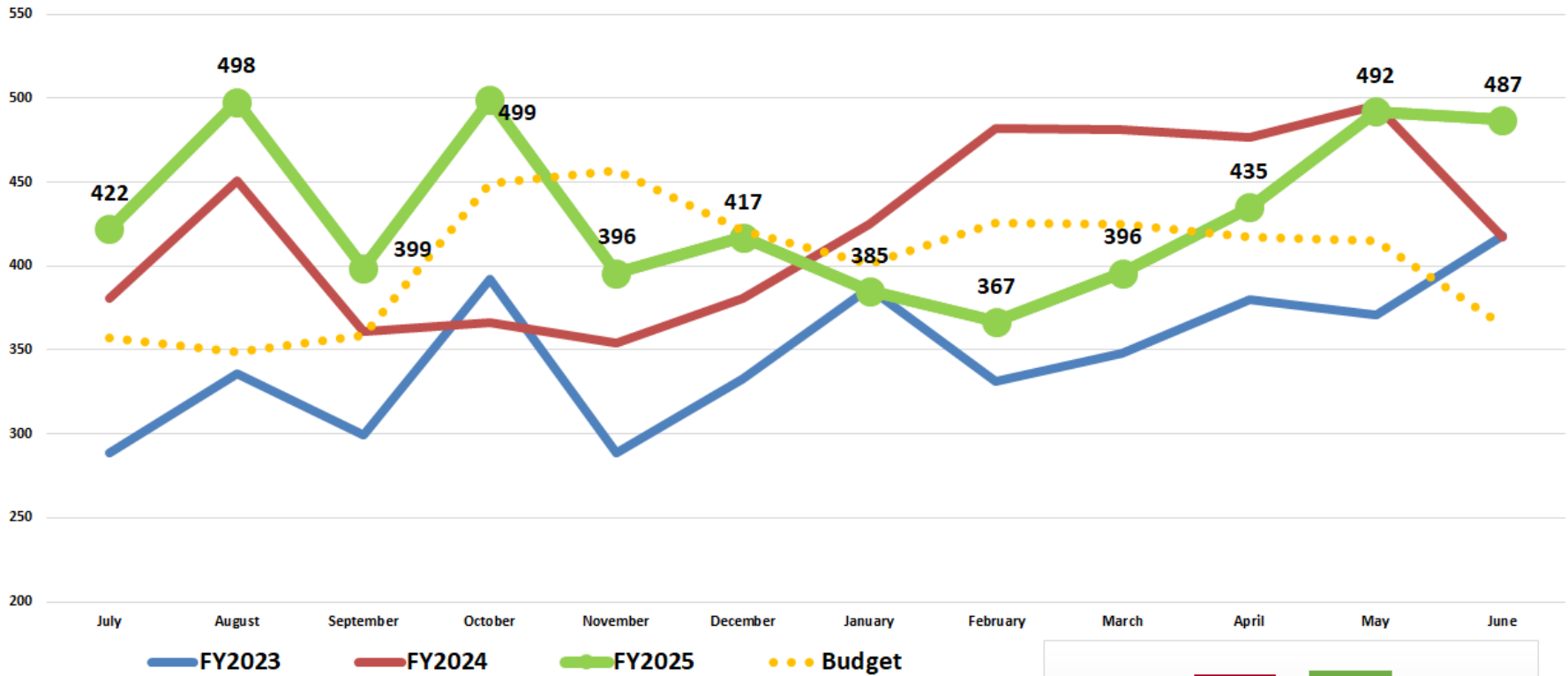
Home Health Visits



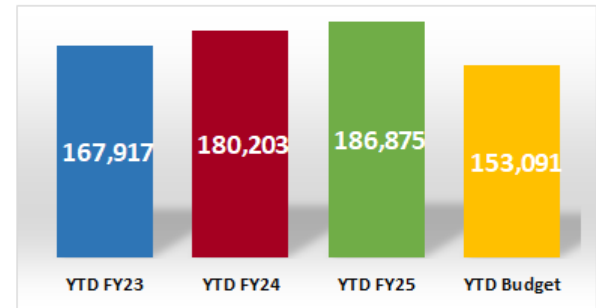
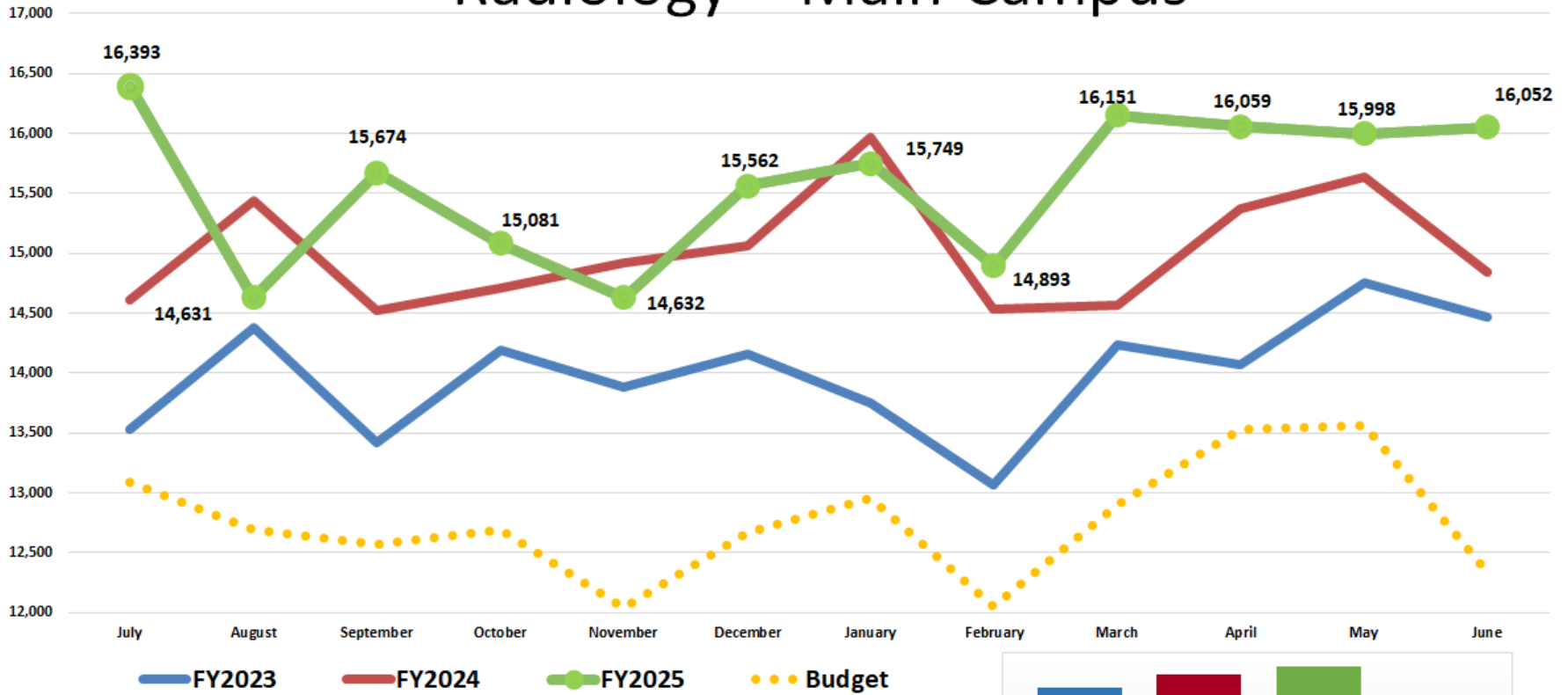
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



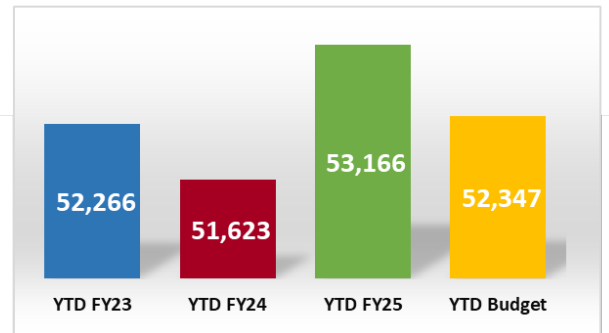
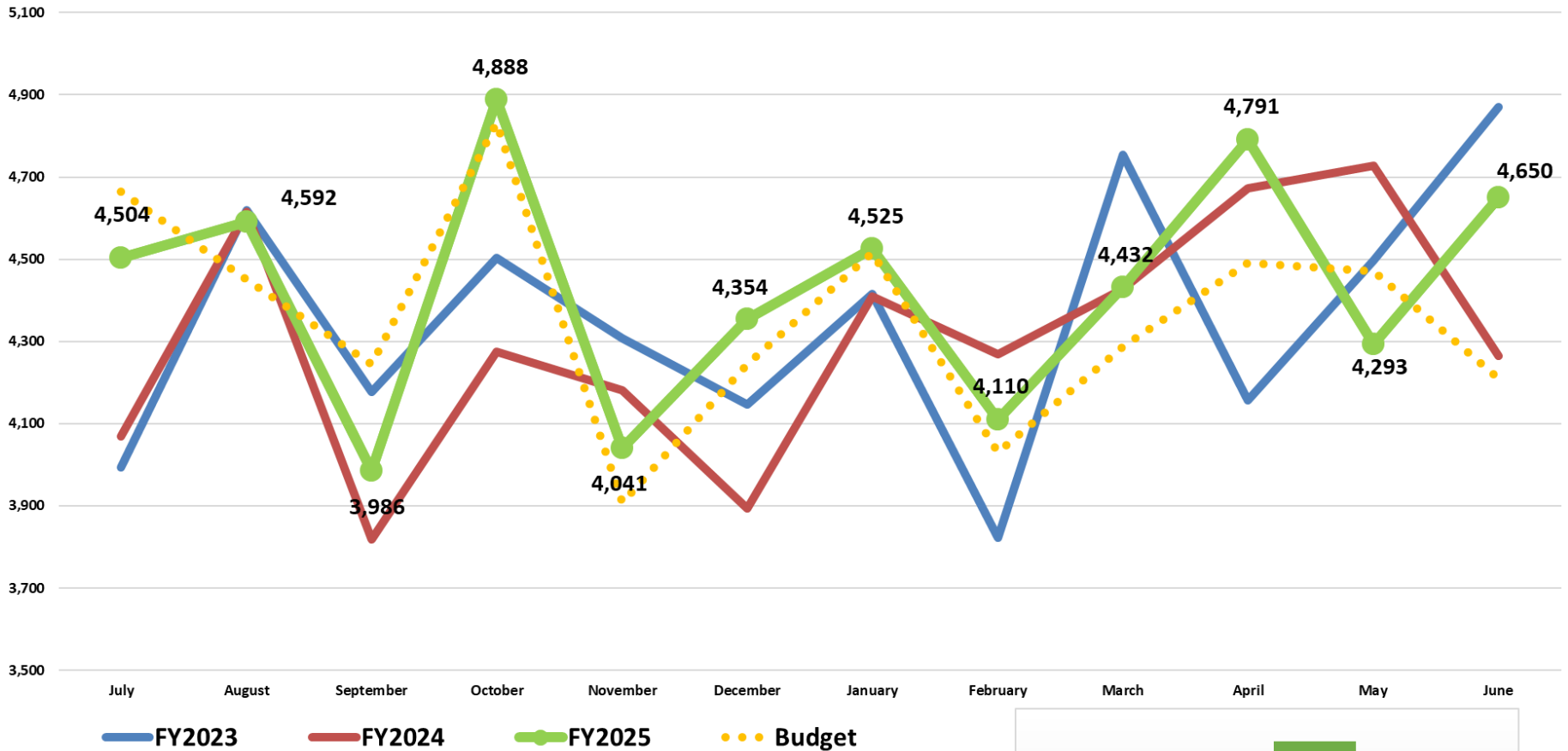
Infusion Center - Units of Service



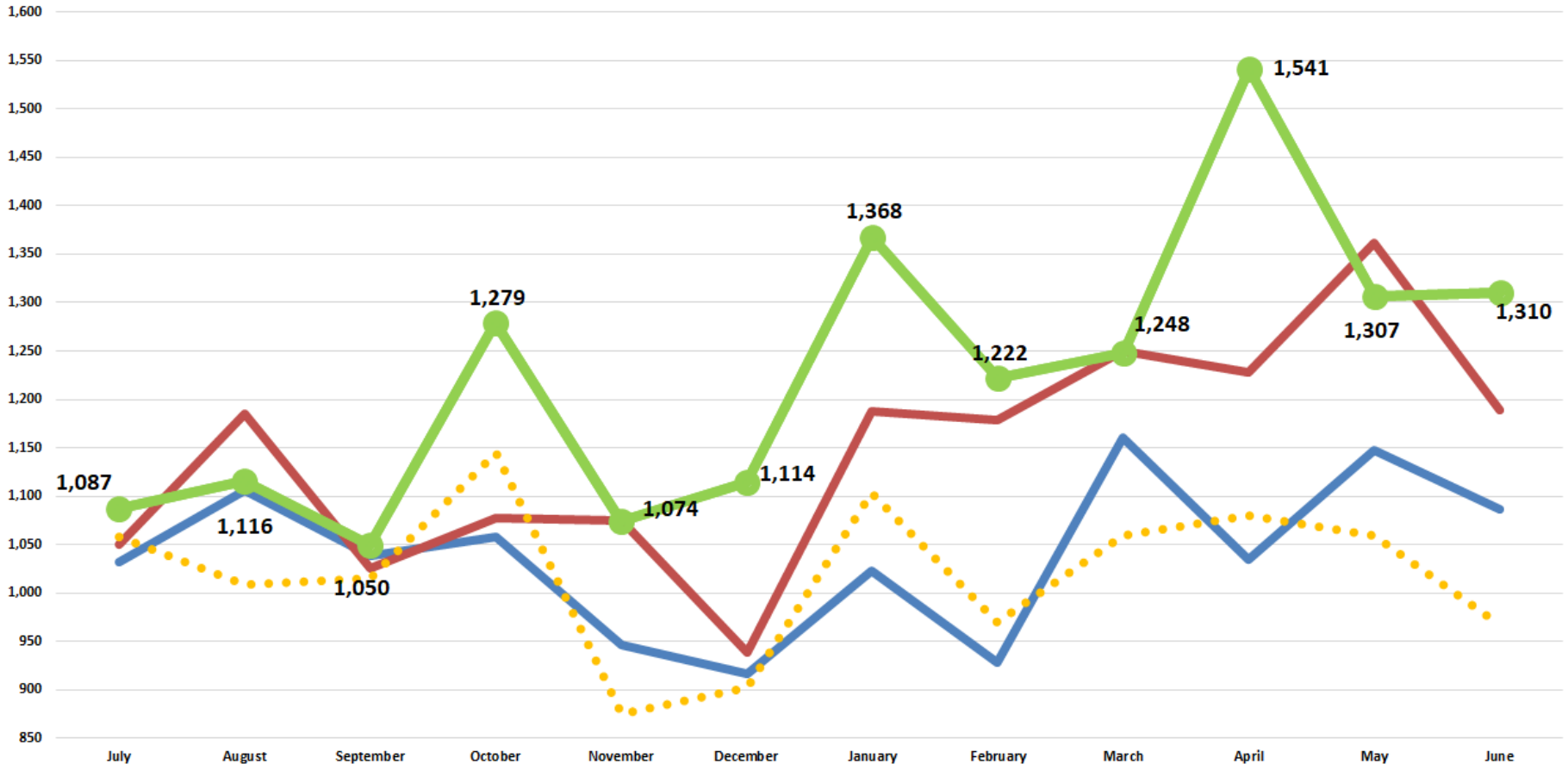
Radiology – Main Campus



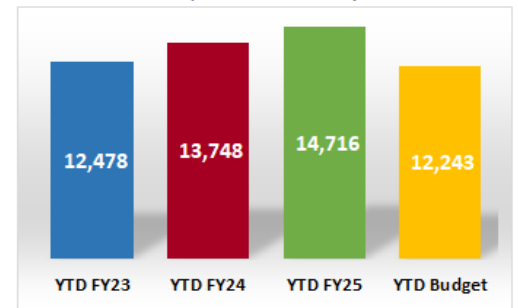
Radiology - West Campus Imaging



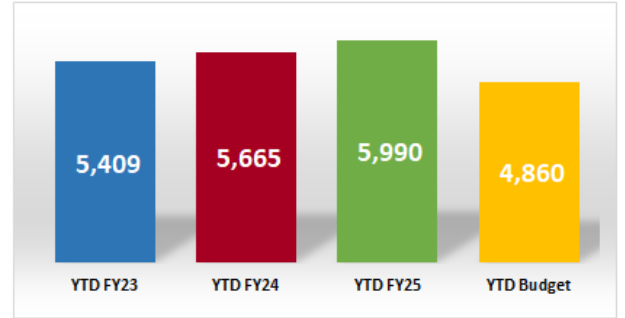
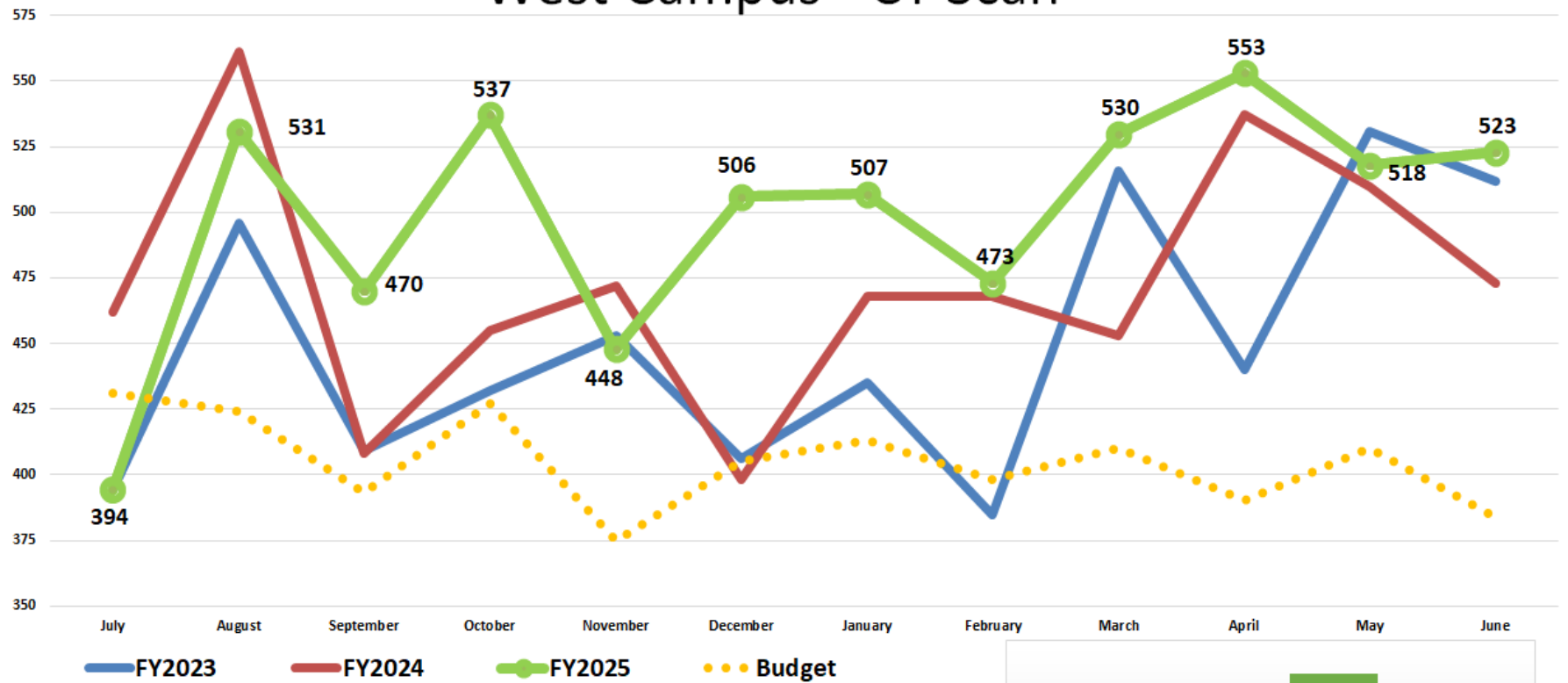
West Campus - Diagnostic Radiology



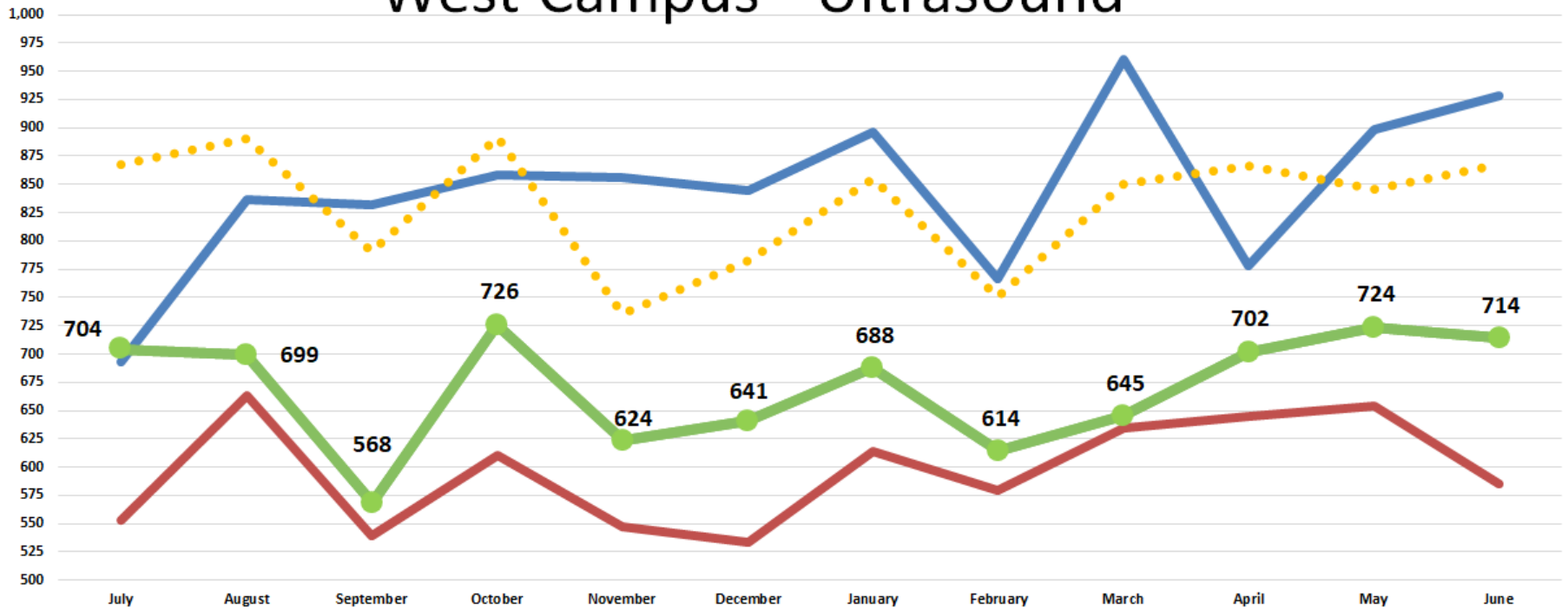
—●— FY2023
 —●— FY2024
 —●— FY2025
 -.-.-●-.-.- Budget



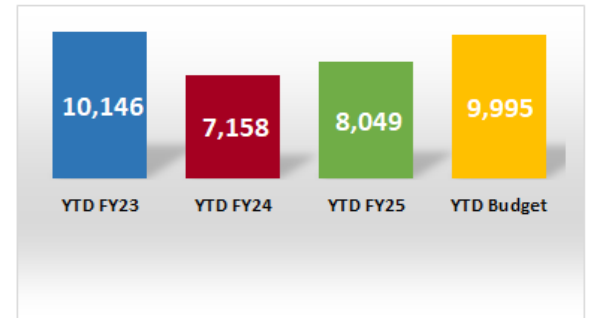
West Campus - CT Scan



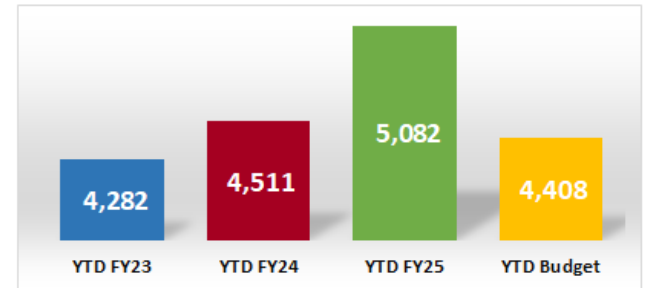
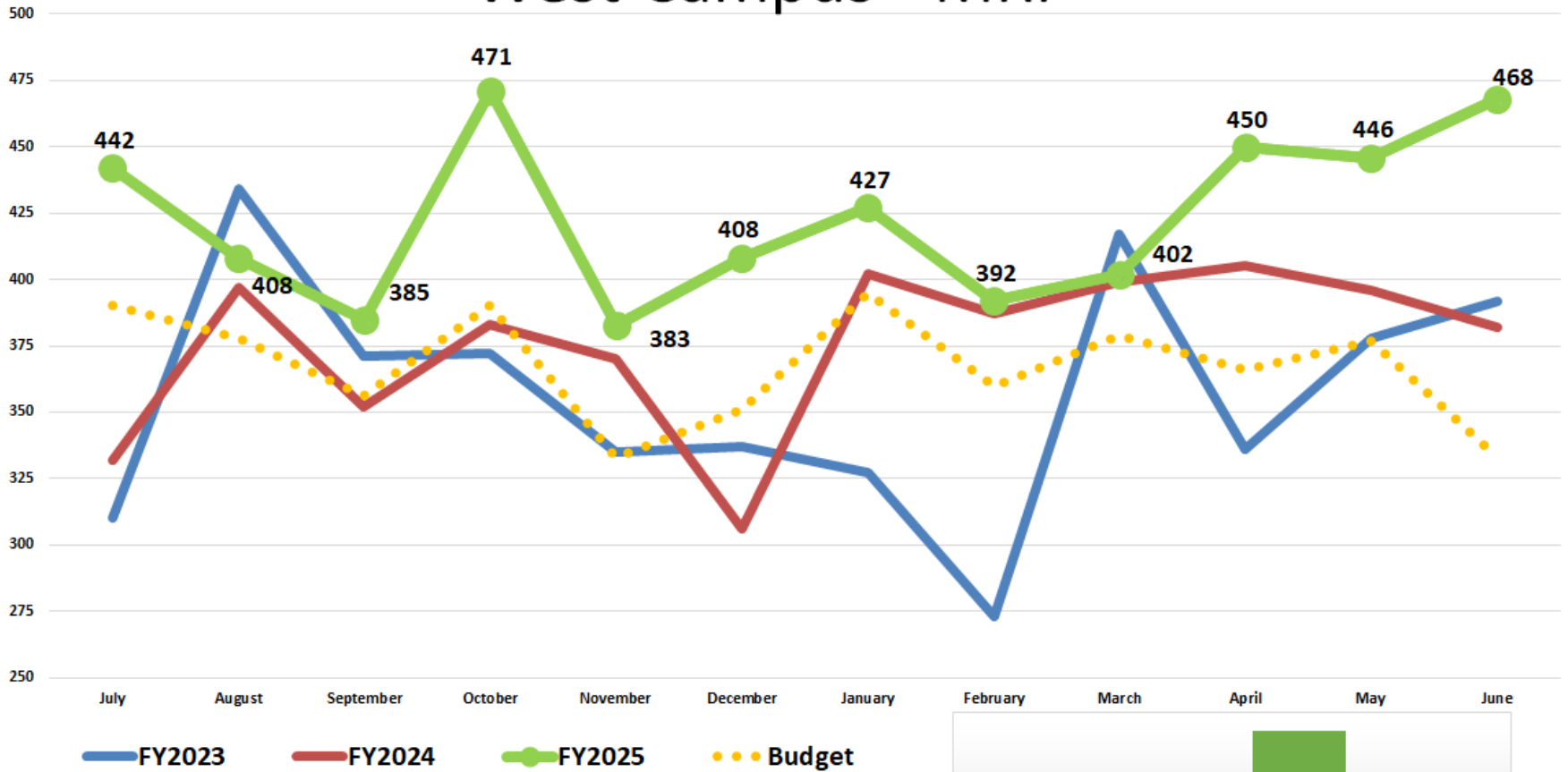
West Campus - Ultrasound



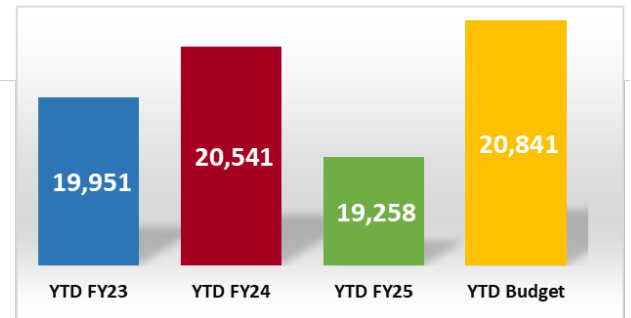
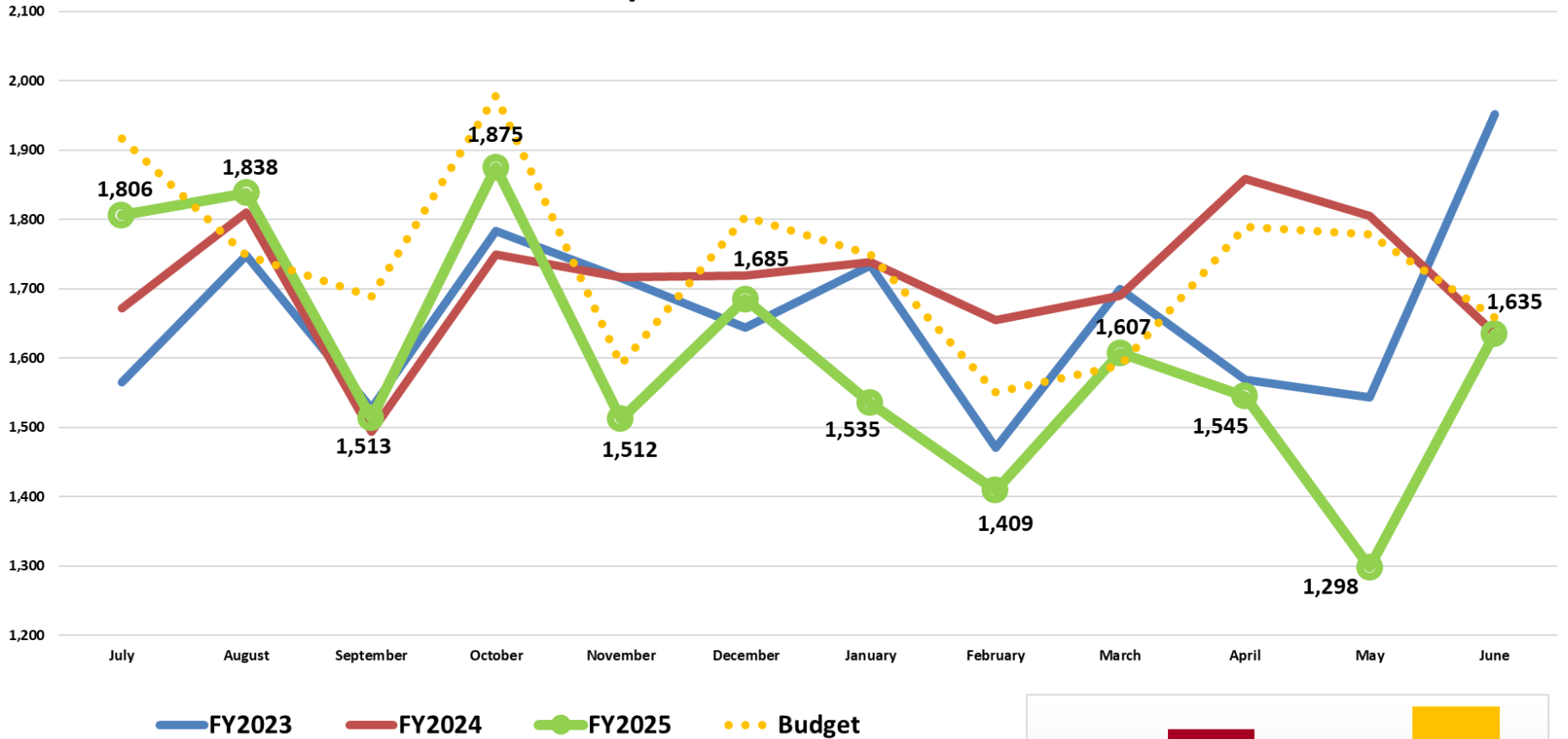
—●— FY2023
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 ●●● Budget



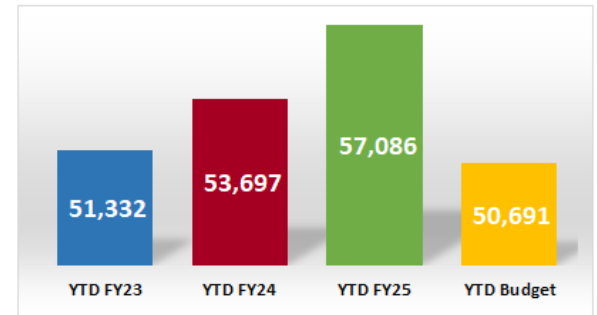
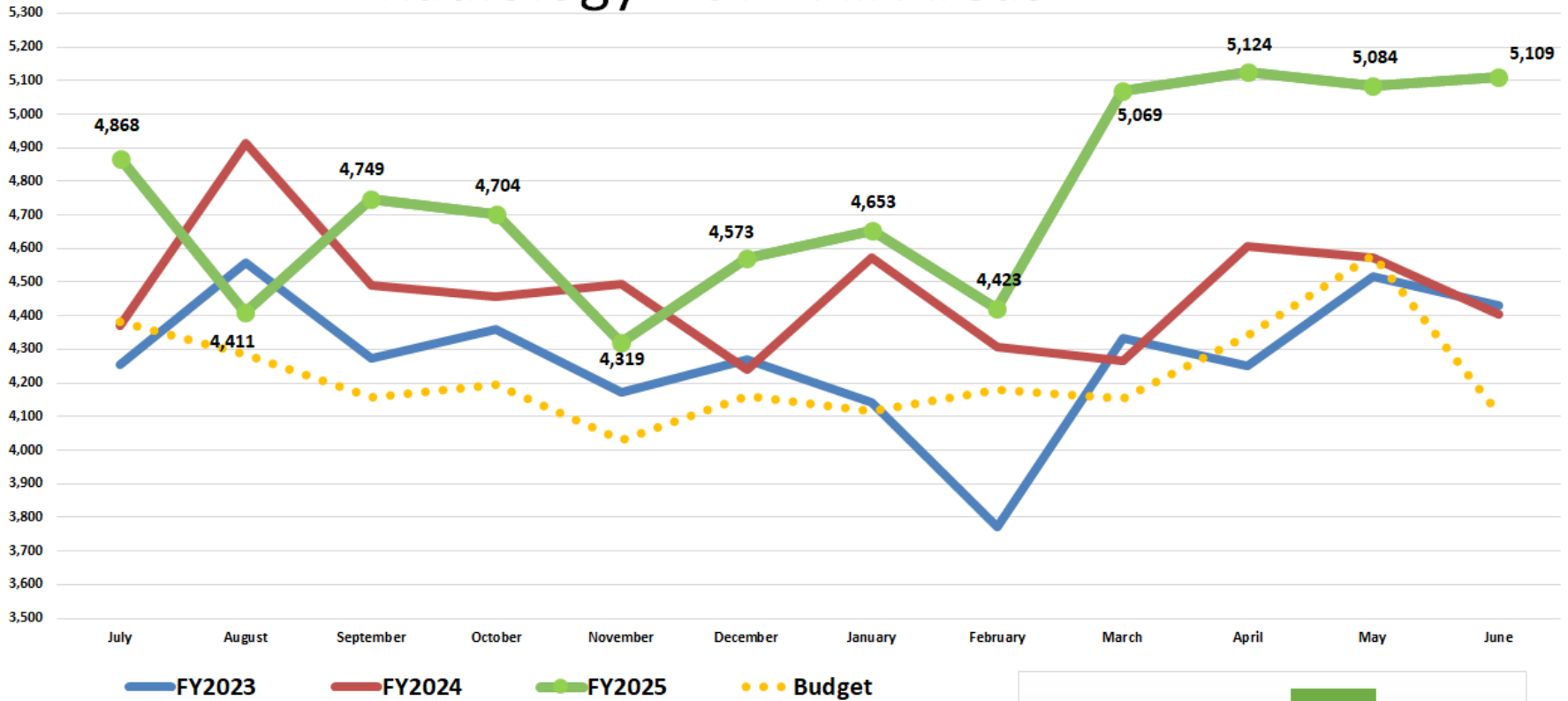
West Campus - MRI



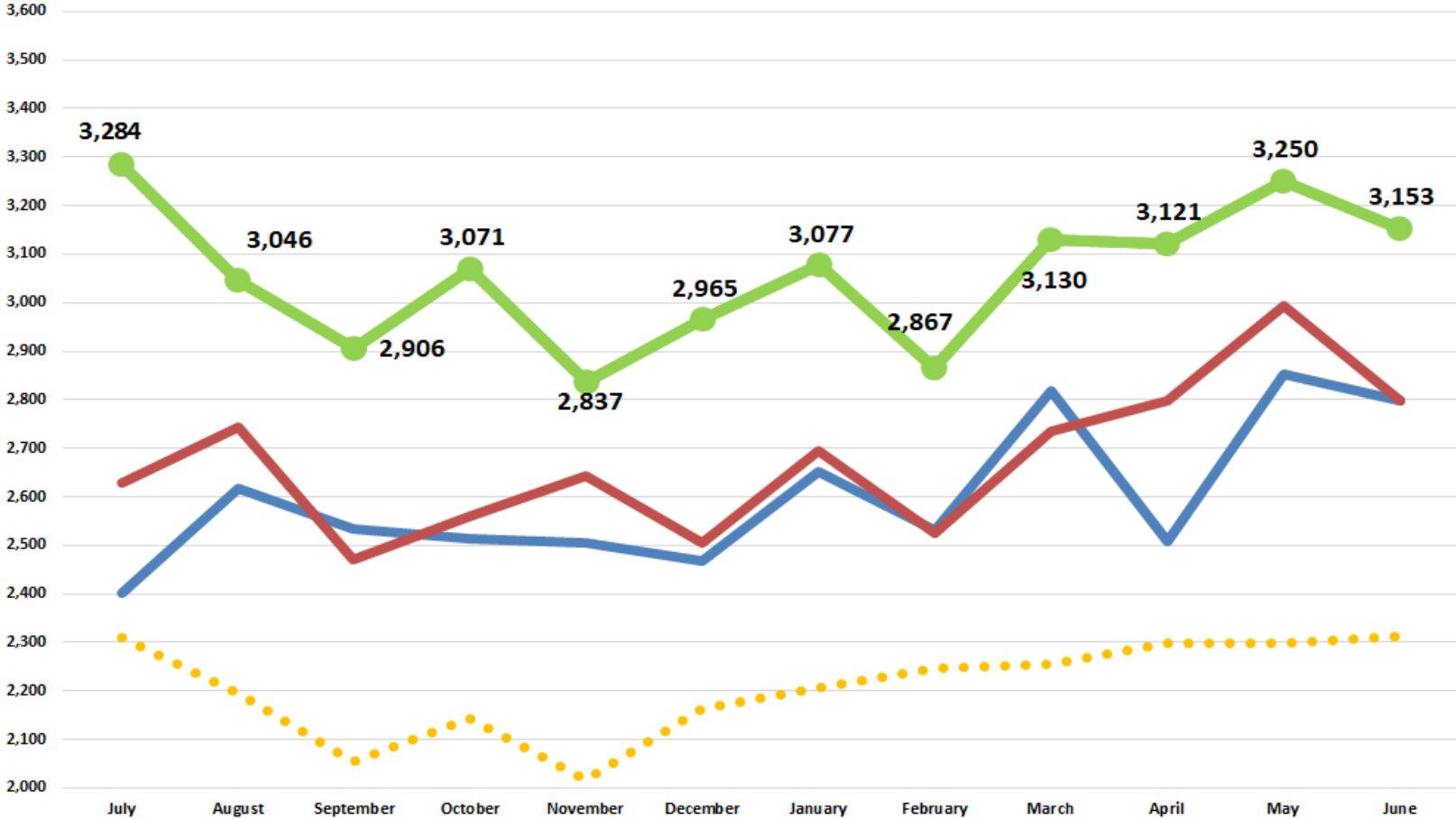
West Campus - Breast Center



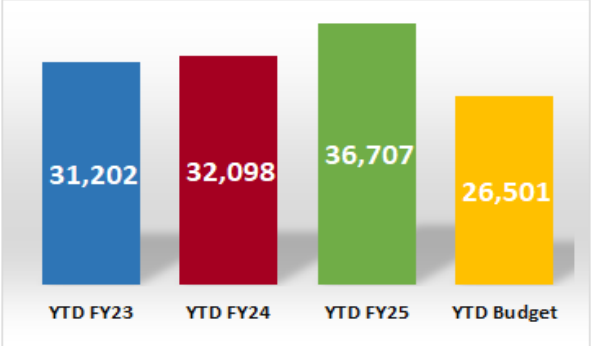
Radiology - CT - All Areas



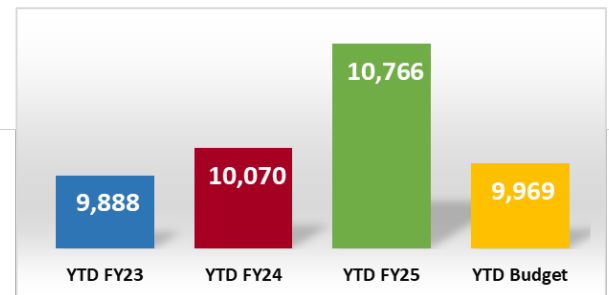
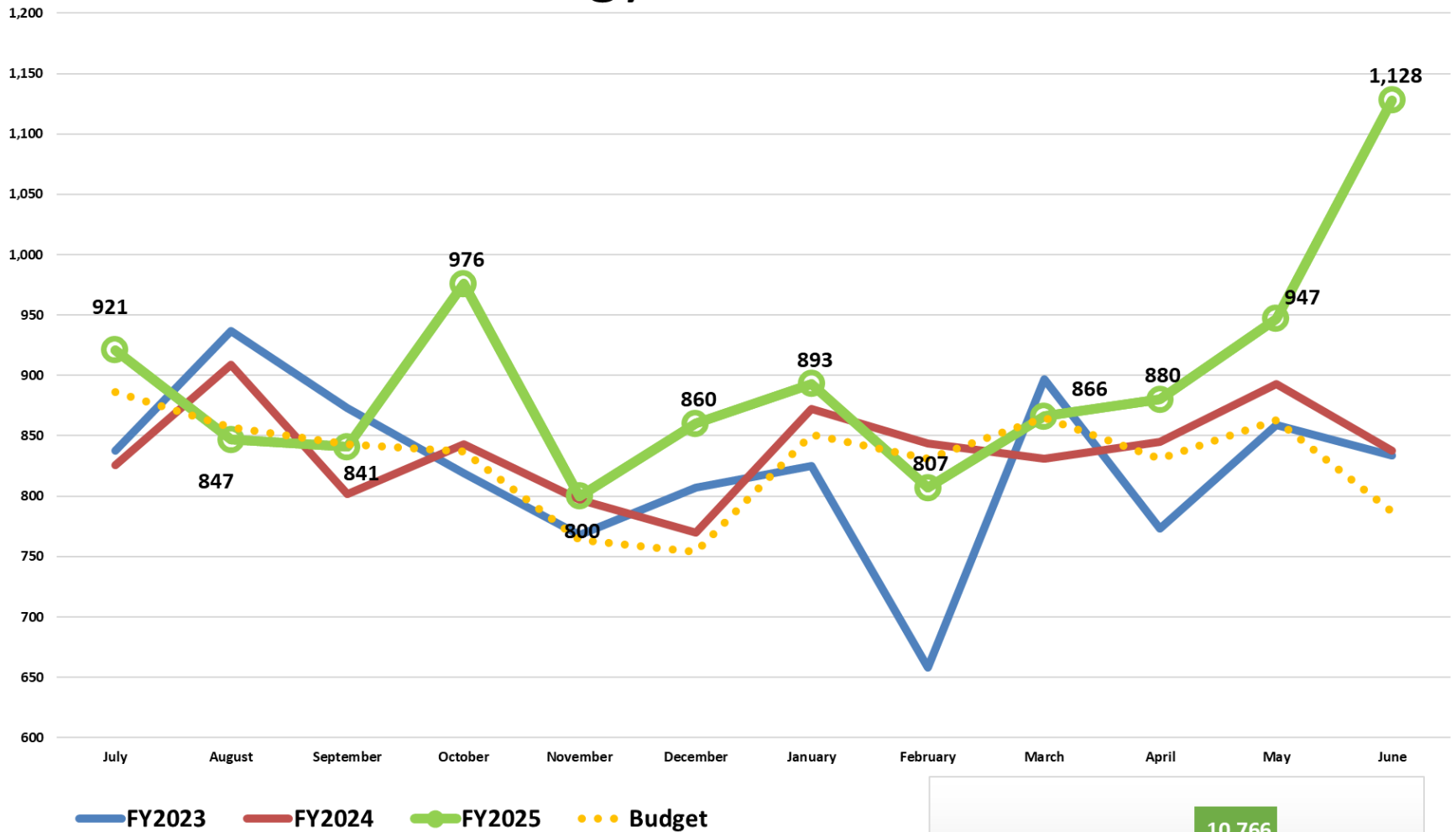
Radiology - Ultrasound - All Areas



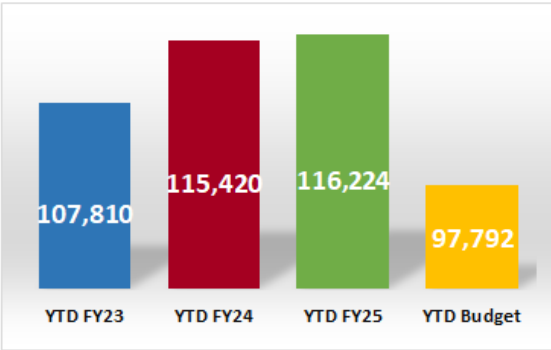
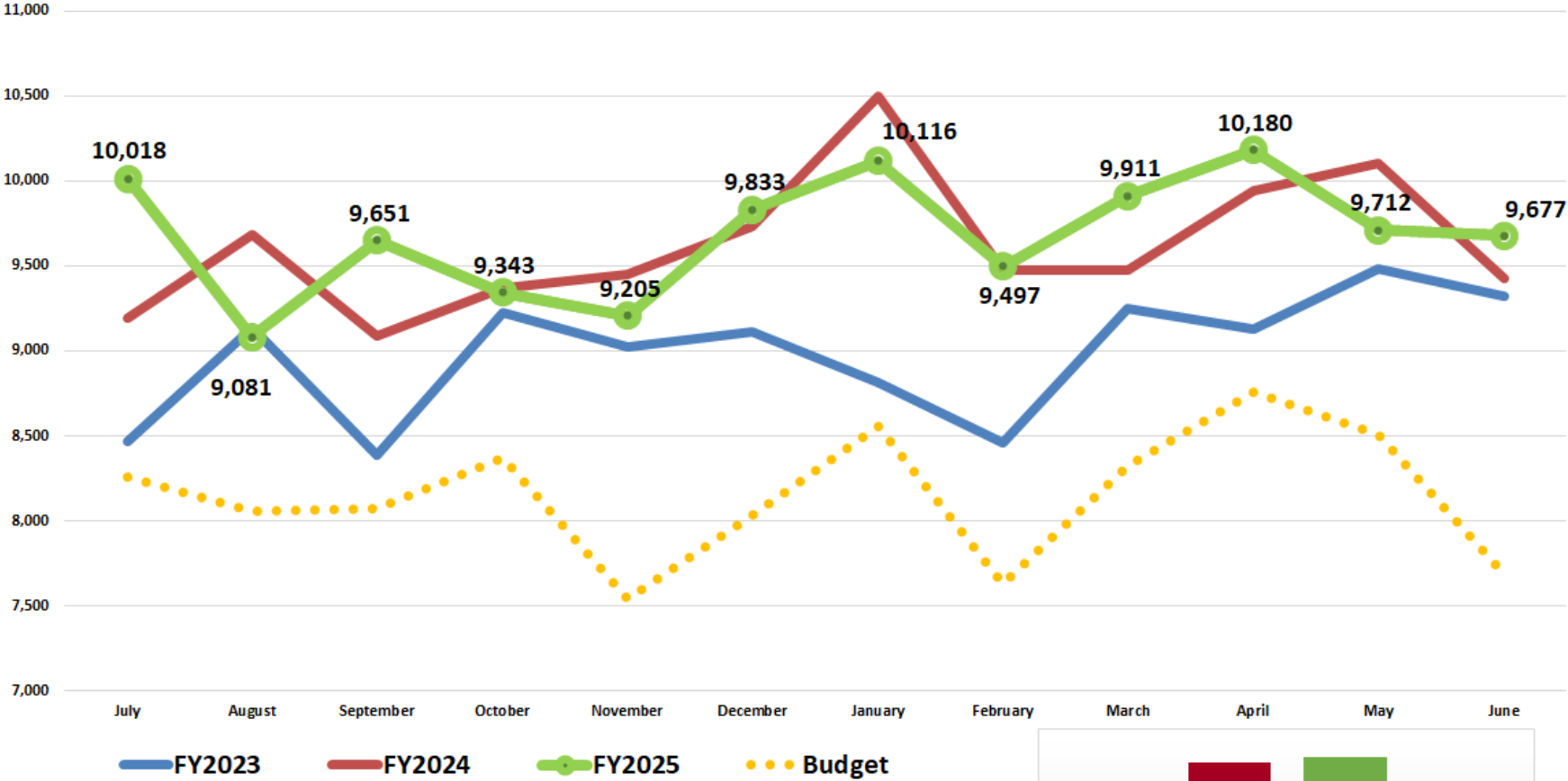
—●— FY2023
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 ●●● Budget



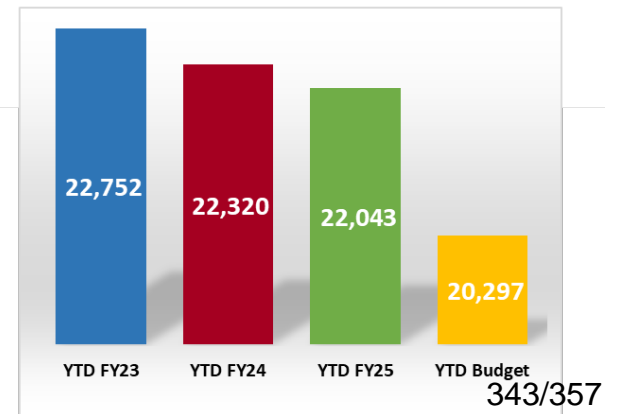
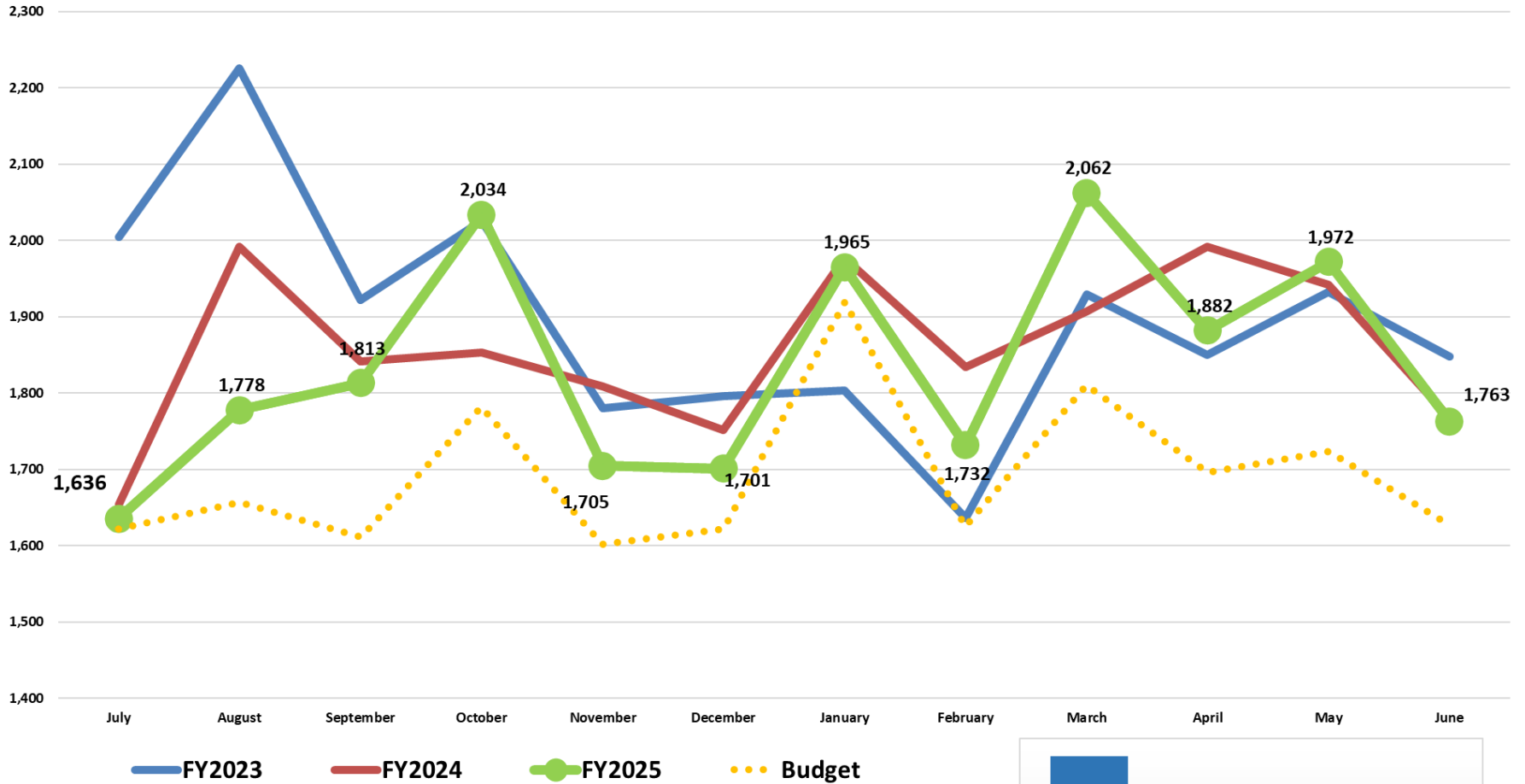
Radiology - MRI - All Areas



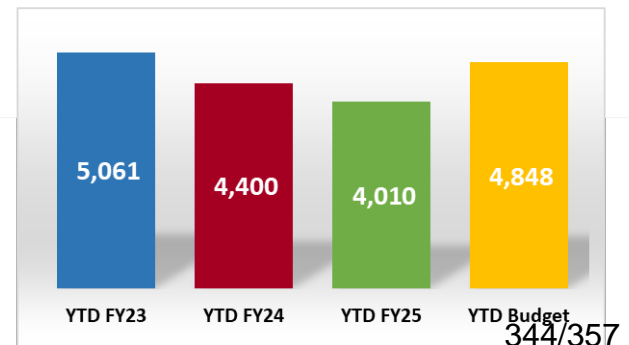
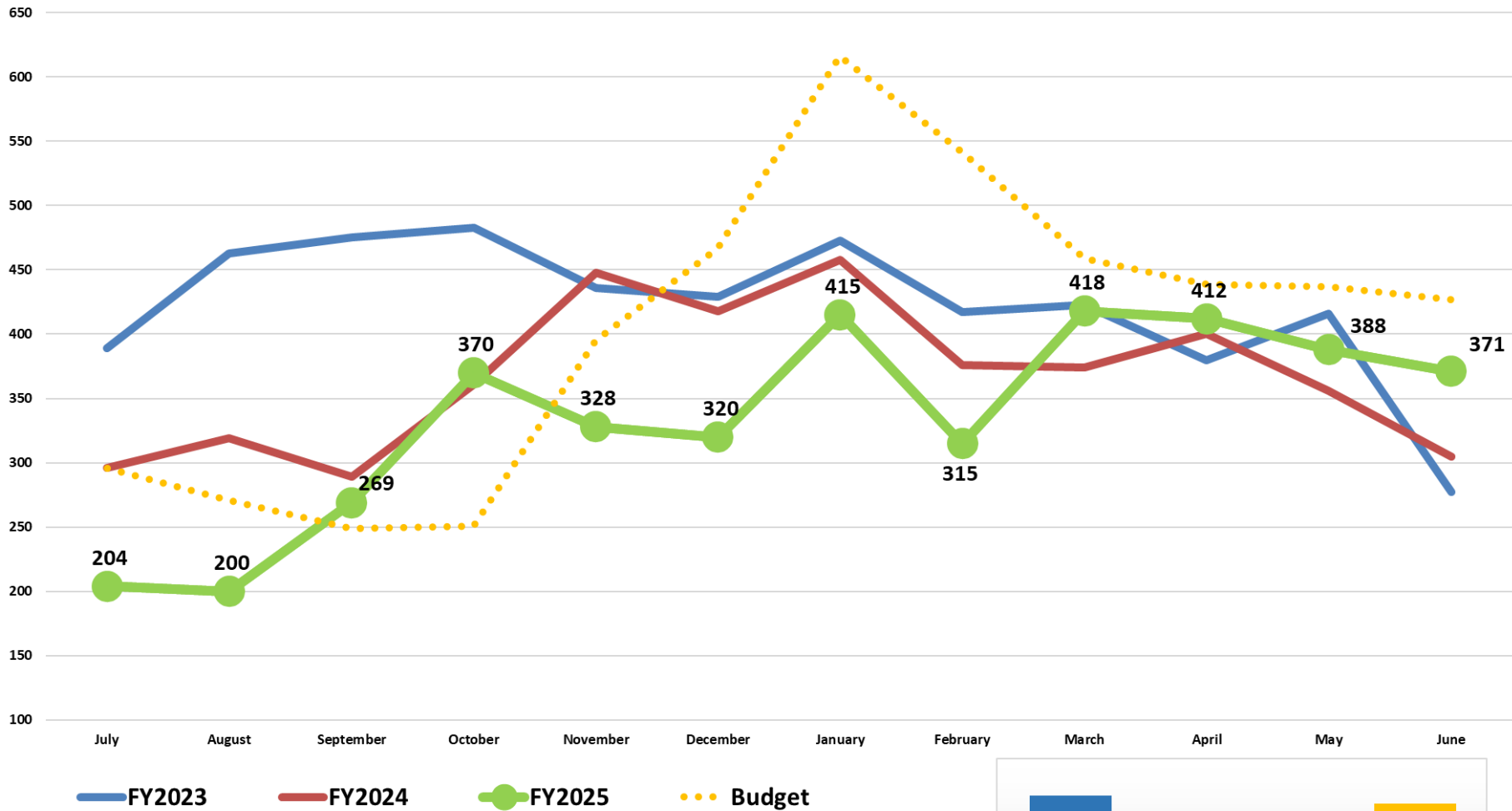
Radiology Modality - Diagnostic Radiology



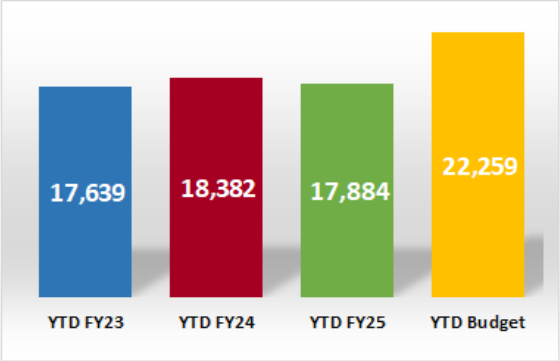
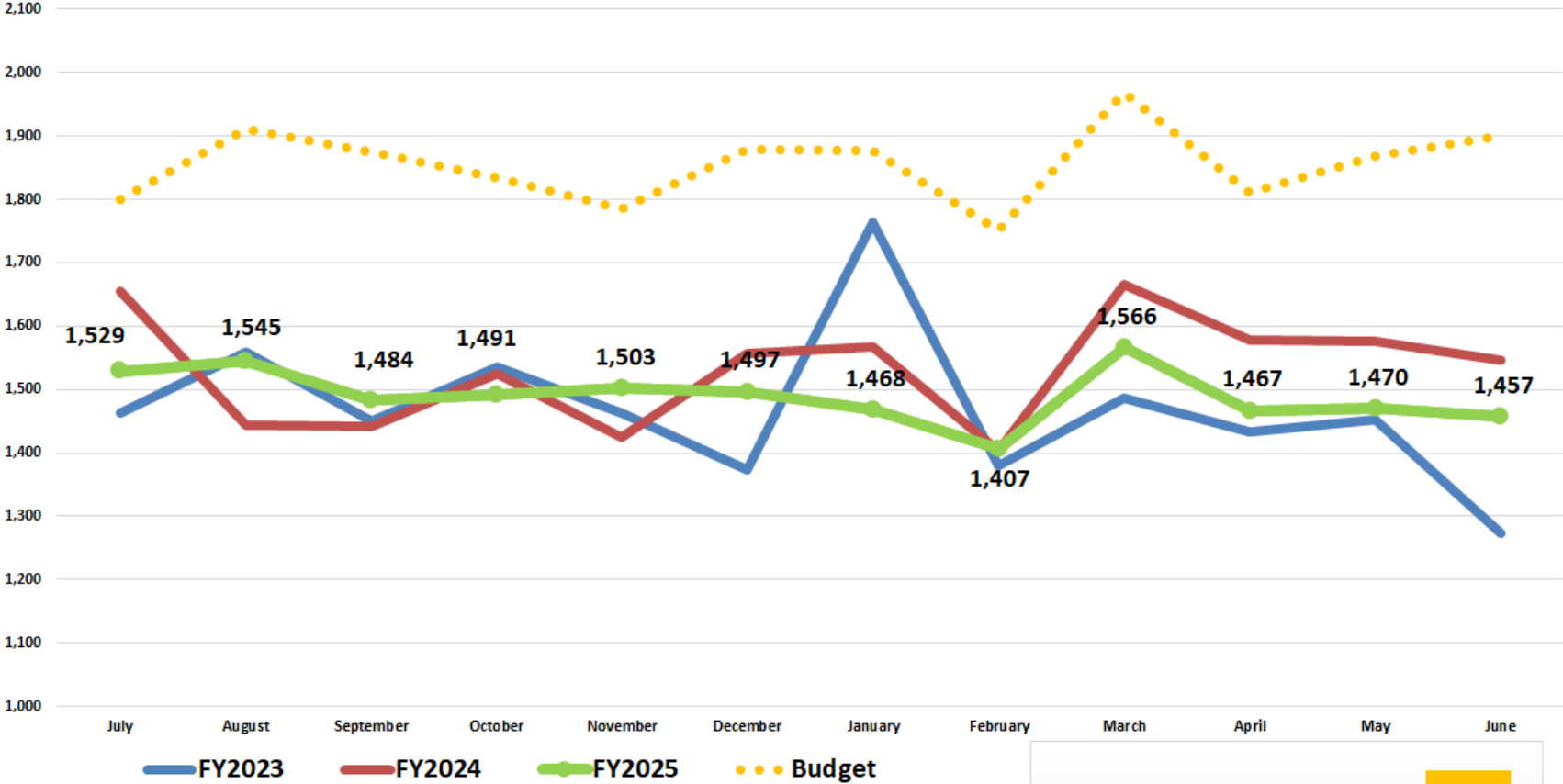
Radiology - UC Court/South Campus



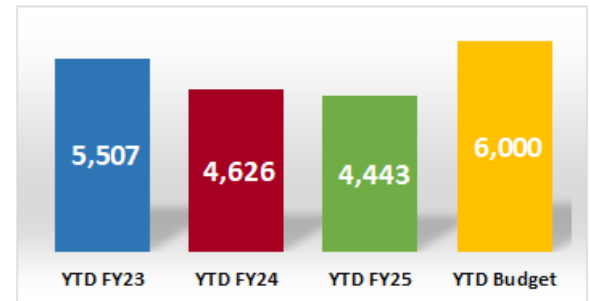
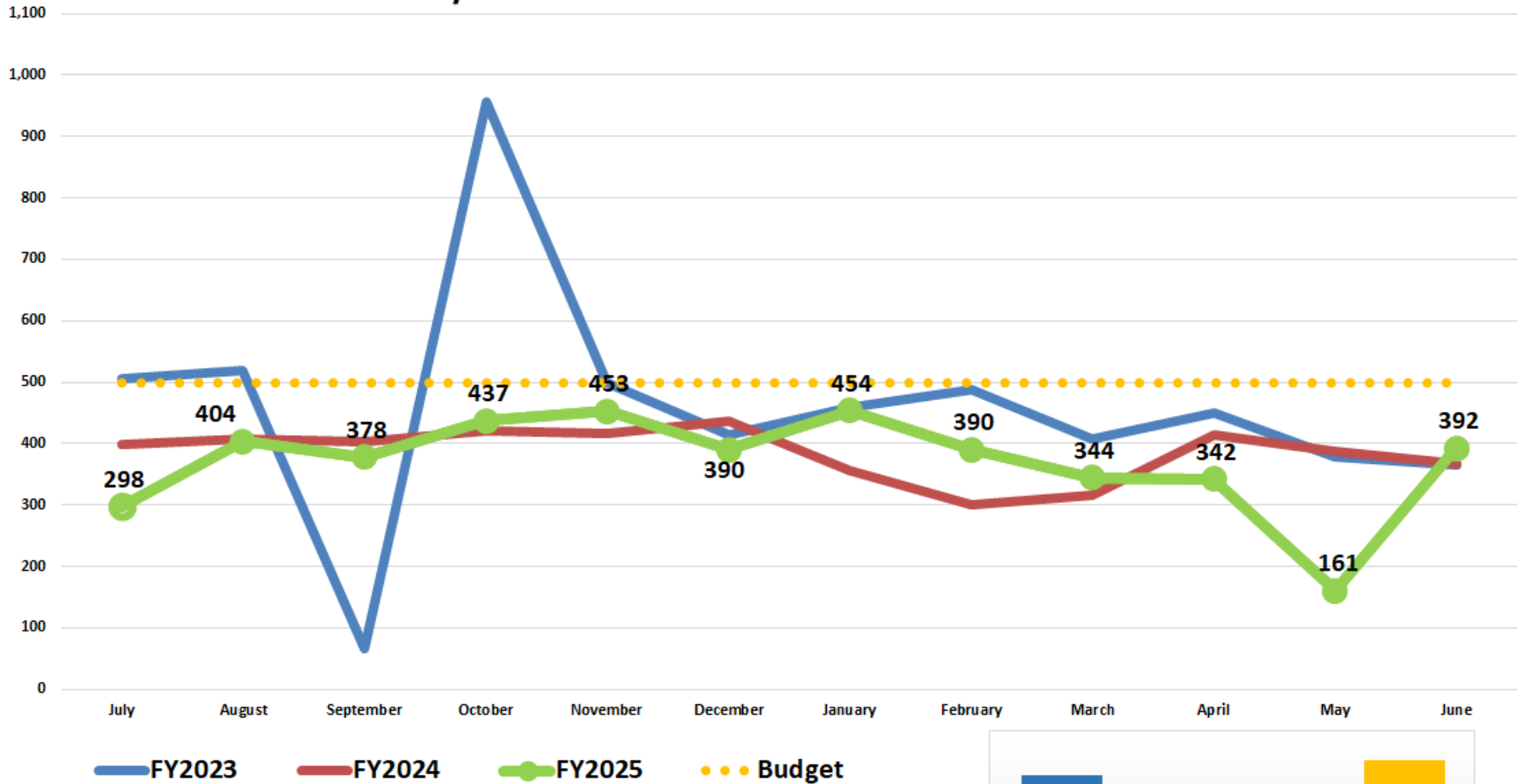
Radiology - UC Demaree/North Campus



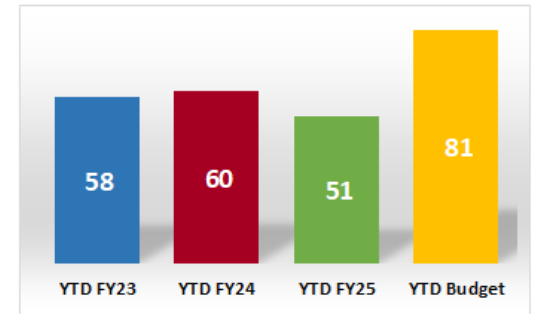
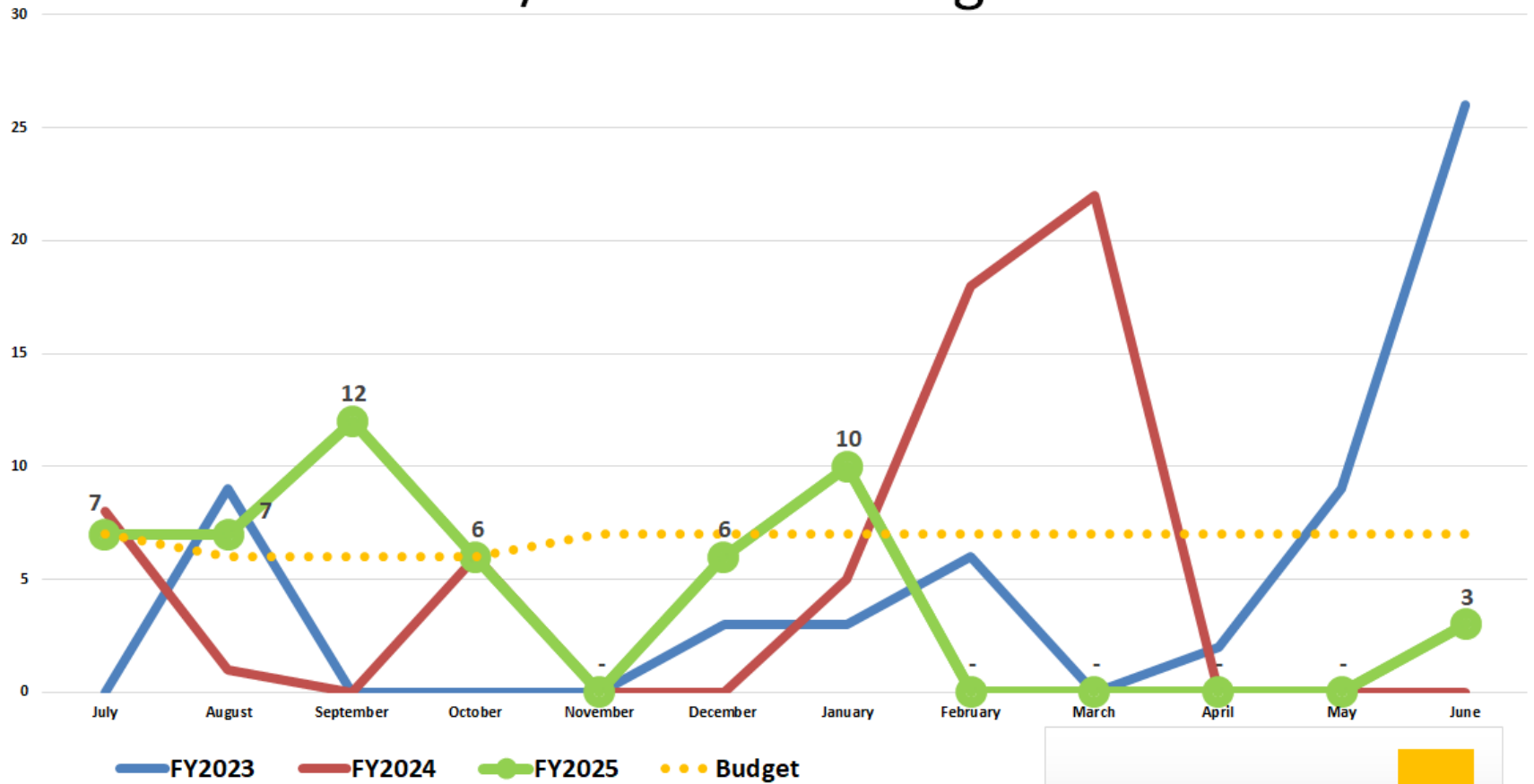
Chronic Dialysis - Visalia



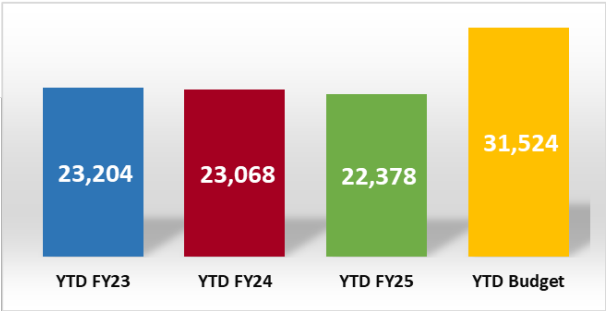
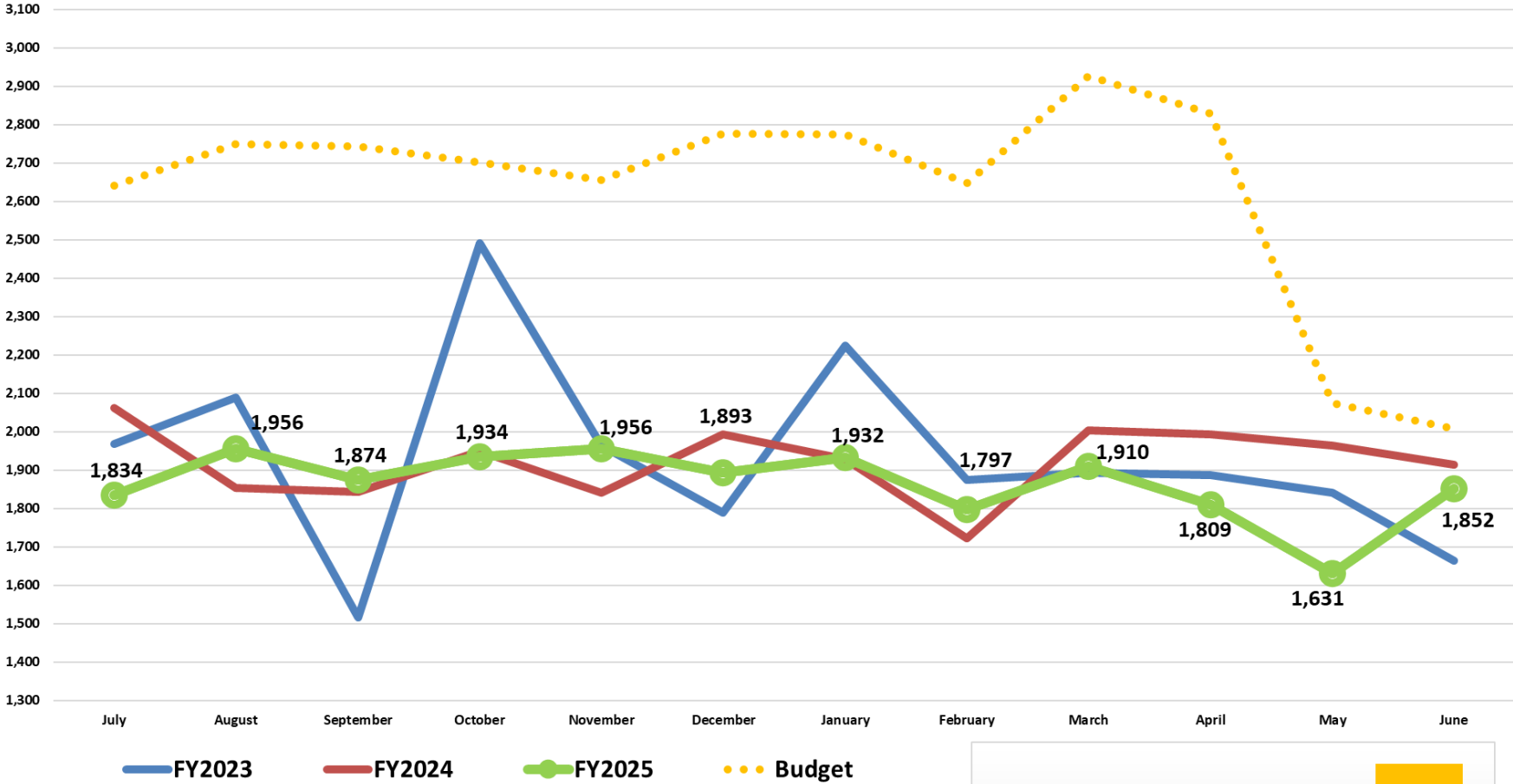
CAPD/CCPD - Maintenance Sessions



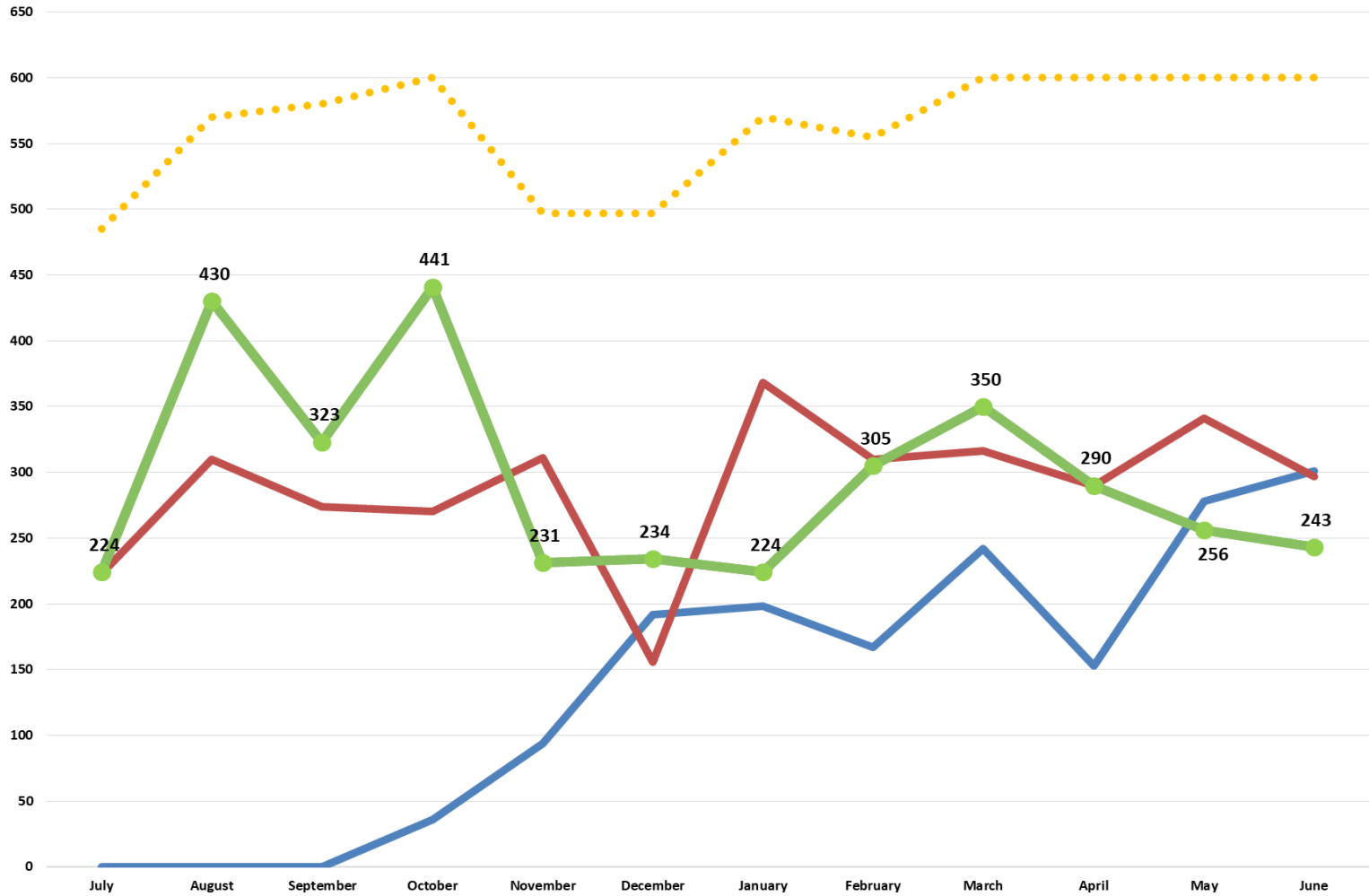
CAPD/CCPD - Training Sessions



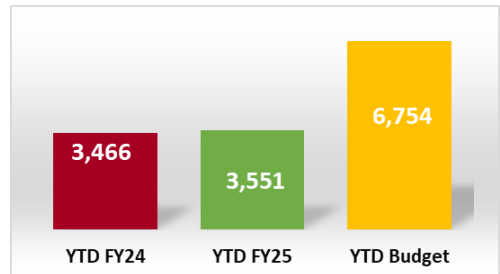
All CAPD & CCPD



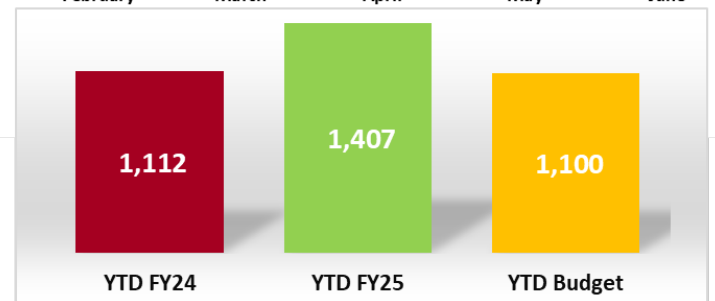
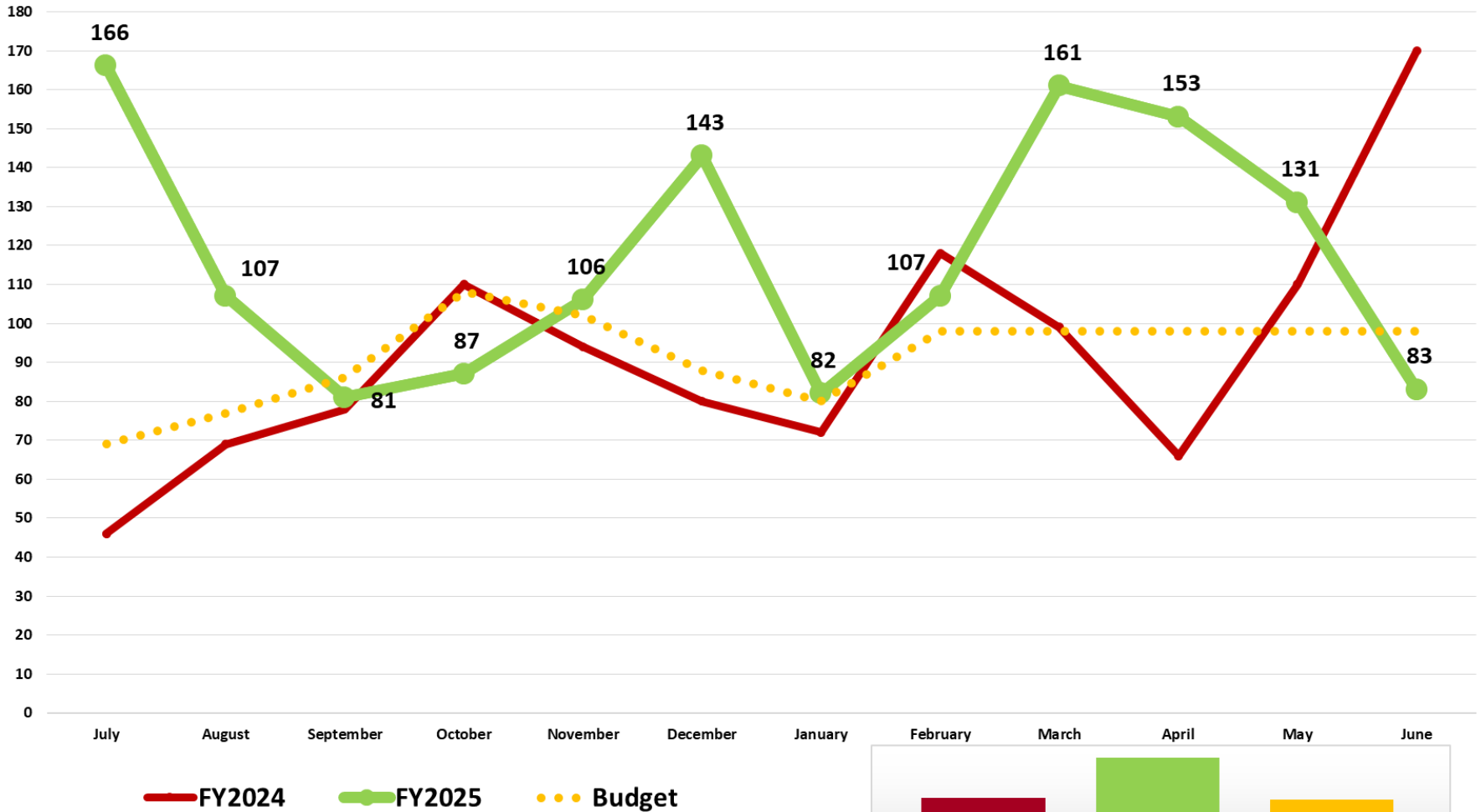
Urology Clinic Visits



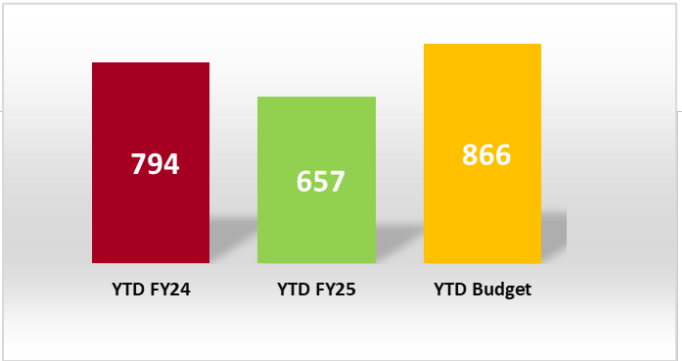
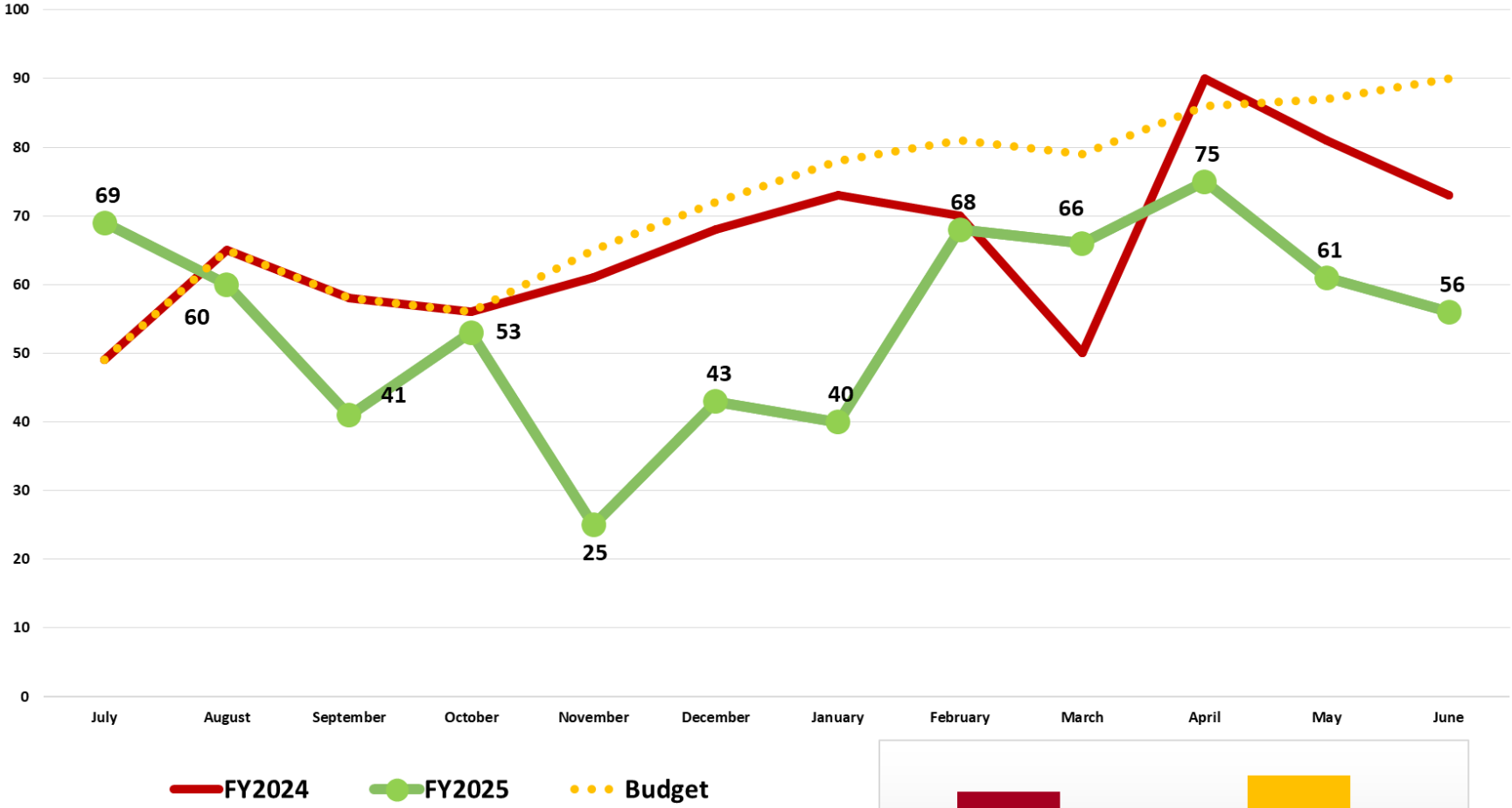
—●— FY2023
 —●— FY2024
 —●— FY2025
 ●●● Budget



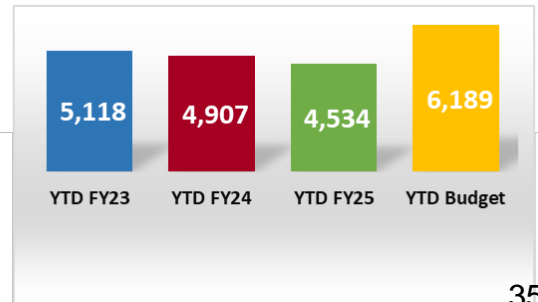
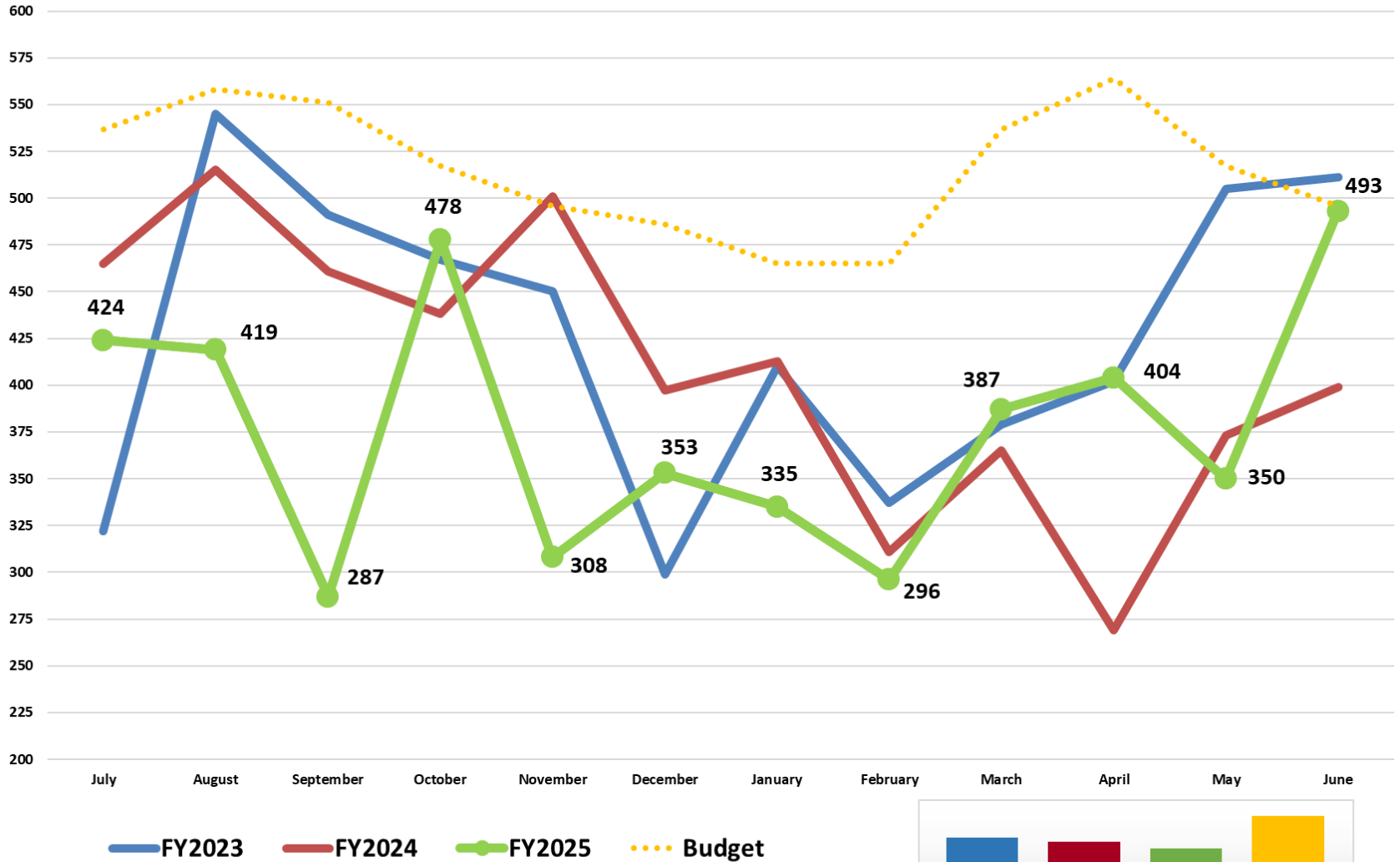
Open Arms House - Patient Days



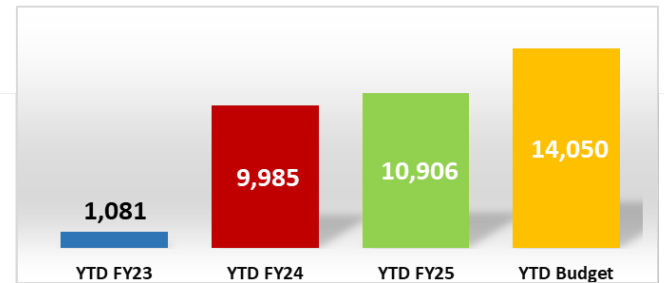
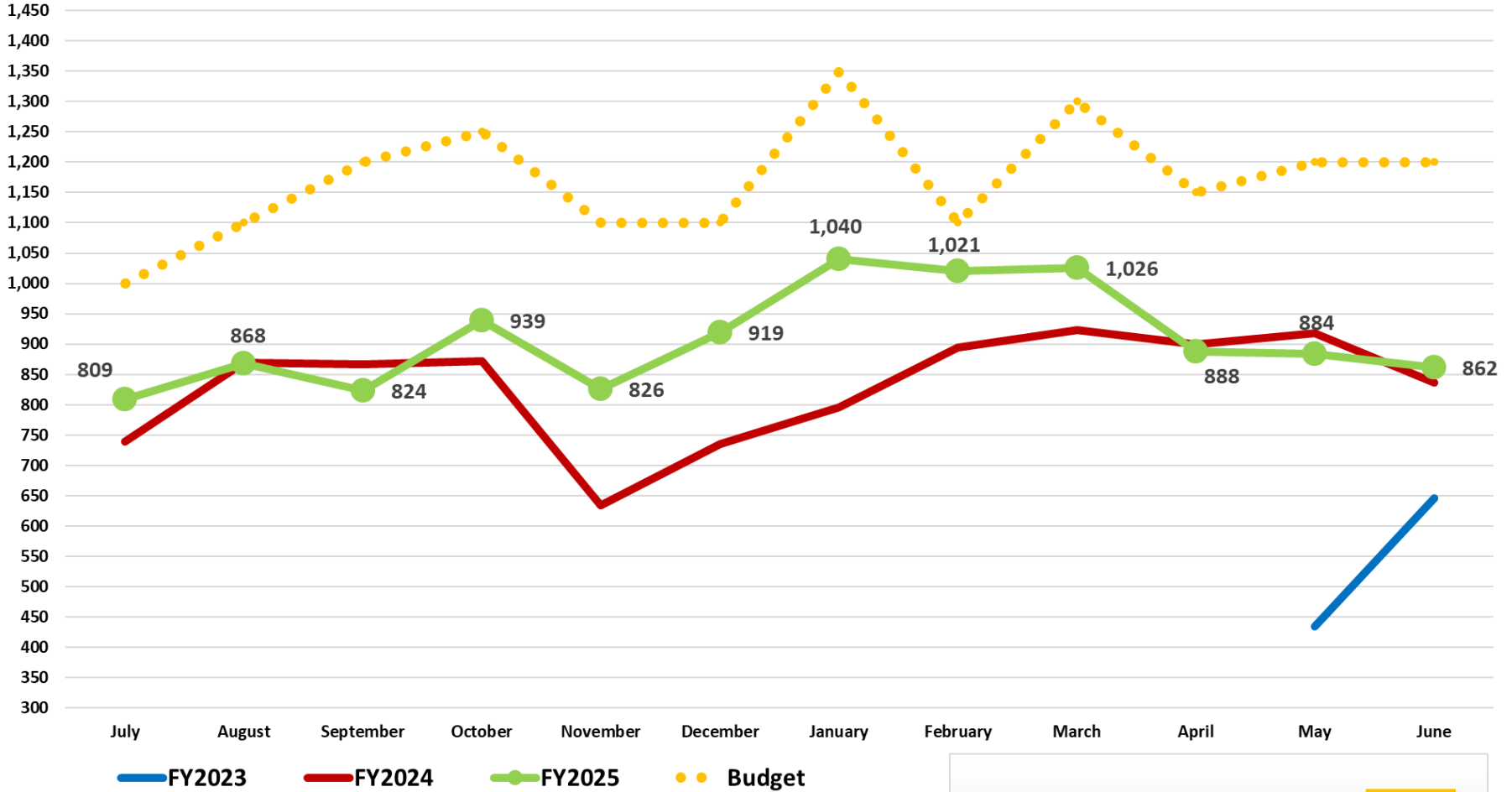
Cardiothoracic Surgery Clinic - Visits



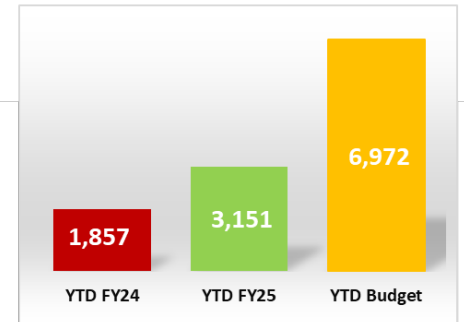
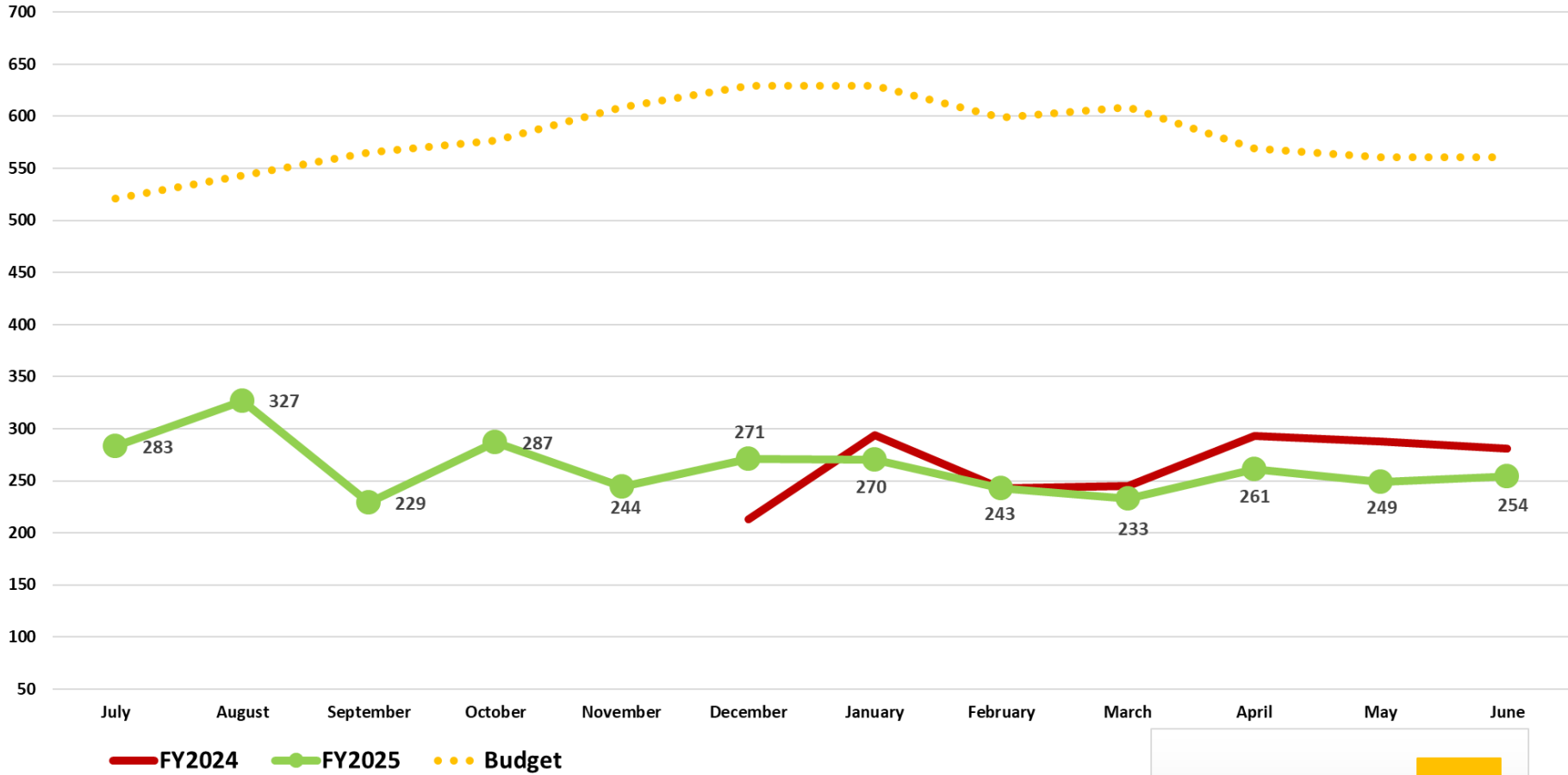
Cardiac Rehabilitation



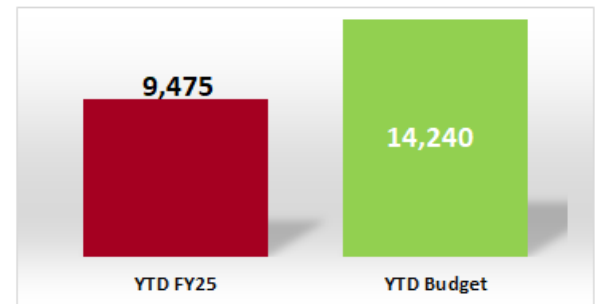
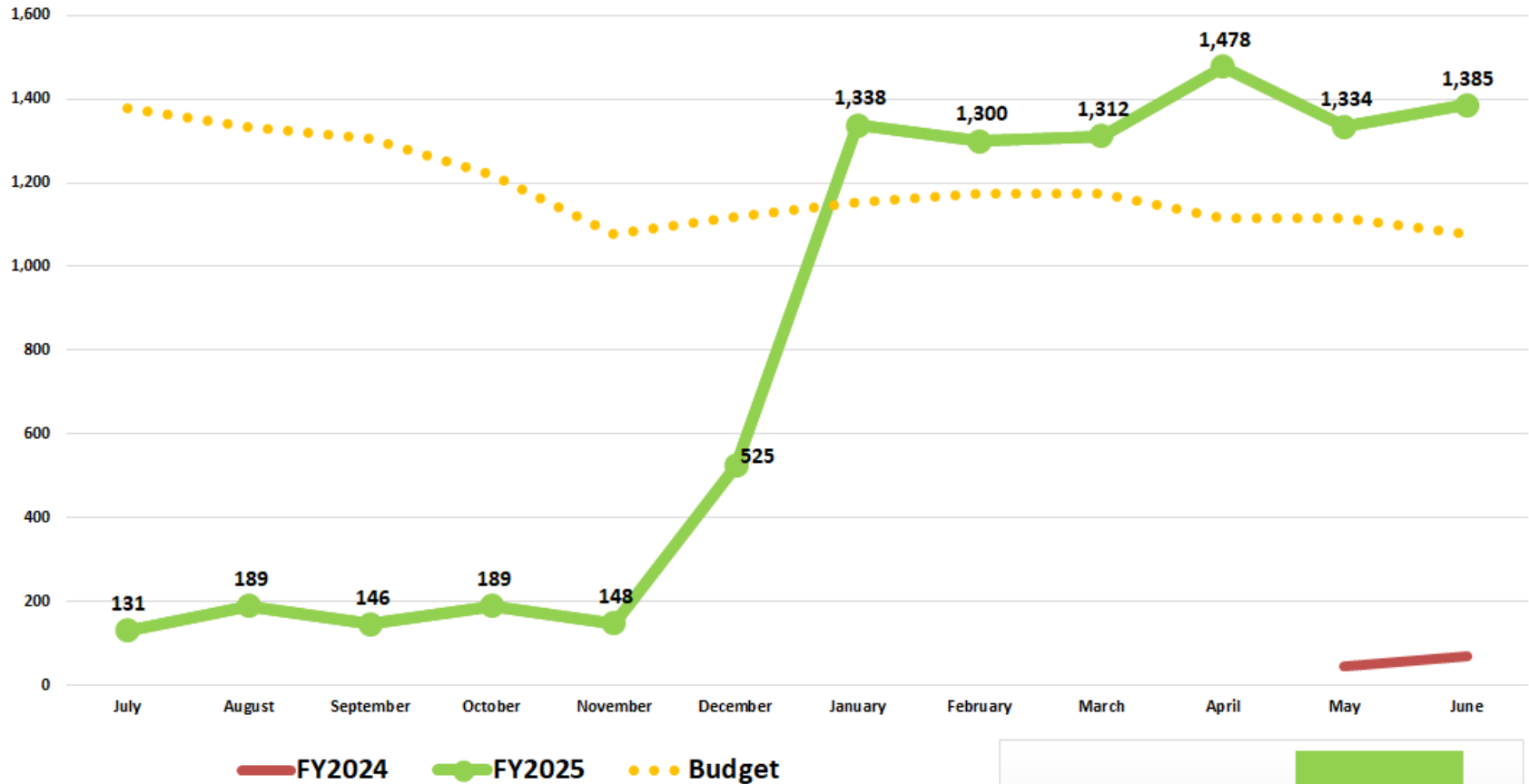
KH Medical Clinic - Ben Maddox



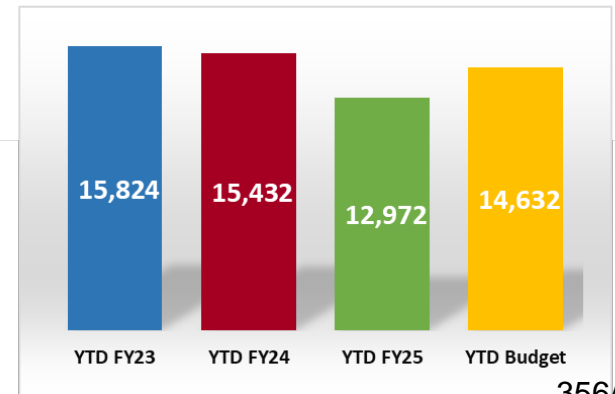
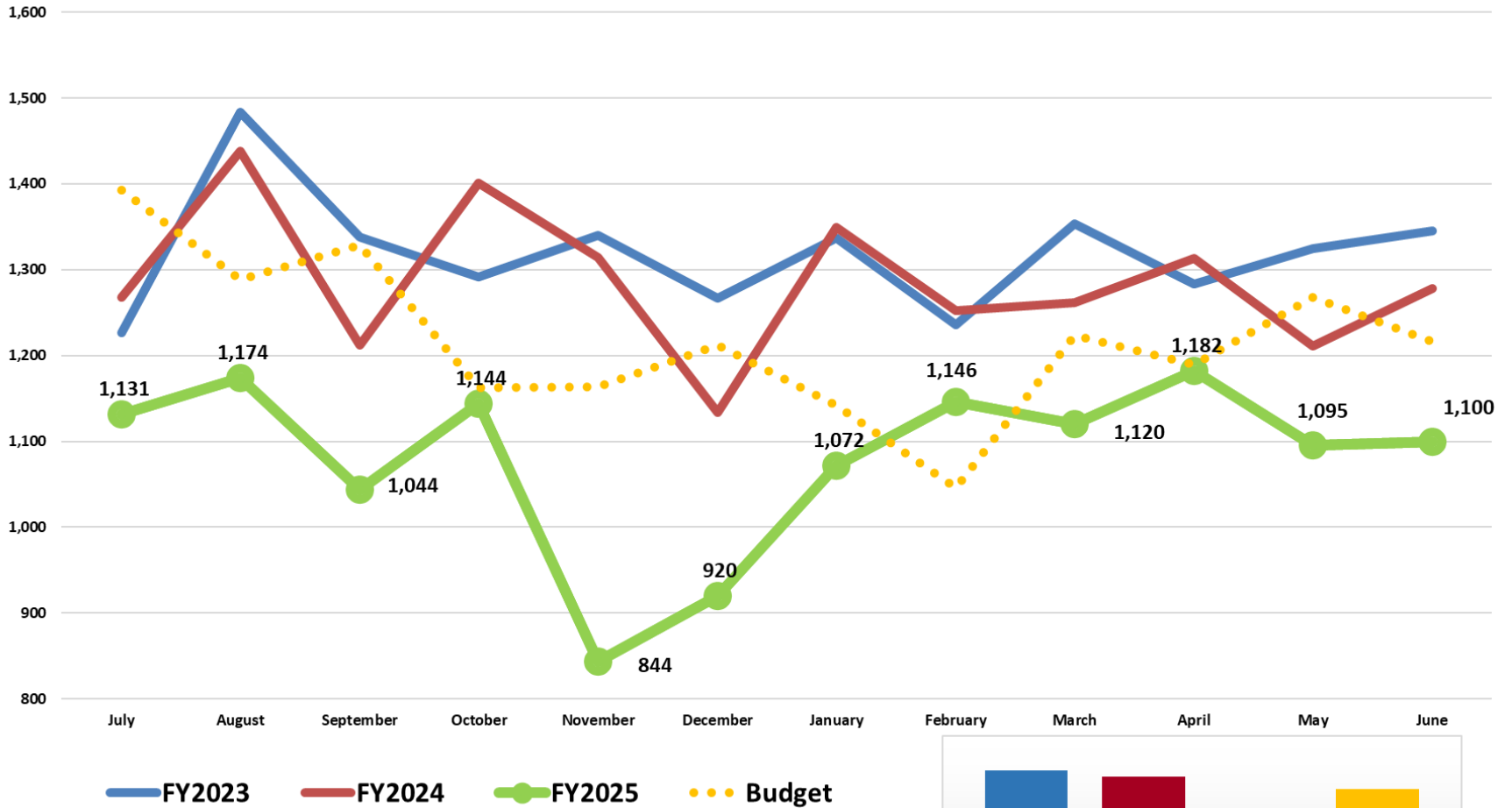
KH Medical Clinic - Plaza



KH Willow Clinic



Medical Oncology Treatments



Mental Wellness Clinic

