

# Kaweah Delta Health Care District Board of Directors Meeting

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



June 20, 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, June 25, 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@kaweahhealth.org](mailto:kedavis@kaweahhealth.org), or on the Kaweah Delta Health Care District web page <http://www.kaweahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT  
David Francis, Secretary/Treasurer

Kelsie Davis  
Board Clerk / Executive Assistant to CEO

### DISTRIBUTION:

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

**Mike Olmos • Zone 1**  
President

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

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

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

**Armando Murrieta • Zone 5**  
Board Member

# Kaweah Delta Health Care District

## Board of Directors Meeting

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## KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

**Wednesday June 25, 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** – Pursuant to Government Code 54956.9(d)(1)
  - A. Franks v KDHCD Case #VCU290542
  - B. Burns-Nunez v KDHCD Case # VCU293107
  - C. Oney v KDHCD Case # VCU293813
  - D. Parnell v Kaweah Health Case # VCU292139
  - E. Newport v KDHCD Case # 1:23-CV-01752-NODJ-SAB
  - F. M. Vasquez v KDHCD Case # VCU297964
  - G. Pendleton v KDHCD Case #VCU305571
  - H. Rhodes v KDHCD Case # VCU306460
  - I. Negrete v KDHCD Case #VCU309437
  - J. LaRumbe-Torres v KDHCD Case #VCU313564
  - K. Smithson v KDHCD Case #VCU313258
  - L. Maxey v KDHCD Case #VCU314996

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M. Medina v KDHCDC Case #VCU316413

N. Richardson v KDHCDC Case #VCU311369

O. Ramirez v KDHCDC Case VCU311675

P. Burger v KDHCDC Case VCU312863

Q. Andrade v KDHCDC Case VCU317338

R. Martinez-Luna v KDHCDC Case VCU317930

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

3. **CONFERENCE WITH LEGAL COUNSEL – [ANTICIPATED LITIGATION](#)** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2). 1 Case

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

4. **[CREDENTIALING](#)** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155.

*Daniel Hightower, MD, Chief of Staff*

5. **[QUALITY ASSURANCE](#)** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.

*Daniel Hightower, MD Chief of Staff*

6. **APPROVAL OF THE CLOSED MEETING MINUTES** – [May 20, 2025](#), and [May 28, 2025](#), closed meeting minutes.

7. **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.

# Kaweah Delta Health Care District

## Board of Directors Meeting

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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 2258](#) to Albert Pena in recognition as the Kaweah Health World Class Employee of the month – June 2025.
- 6.2. Presentation of [Resolution 2259](#) to Emma Camerena in recognition for years and service and retirement after 34 years.
- 6.3. Presentation of [Resolution 2260](#) to Daniel Hightower Chief of Staff from 2023-2025.
- 6.4. Team of the Month – Pediatrics

**7. INTRODUCTION – New Directors**

- 7.1. Rick Belk, Director of Health Information management
- 7.2. Angel Smith, JD, GME Designated Institutional Officer

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

*Daniel Hightower, MD, Chief of Staff*

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

*Action Requested – Approval of the June 25, 2025, medical staff credentials report.*

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

*Daniel Hightower, MD, Chief of Staff*

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

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

*Action Requested – Approval of the June 25, 2025, Consent Calendar.*

**10.1. REPORTS**

# Kaweah Delta Health Care District

## Board of Directors Meeting

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- A. [Physician Recruitment](#)
- B. [FY25 Strategic Plan](#)
- C. [Monthly Throughput](#)
- D. [Rehab Services](#)
- E. [Wound Care](#)

### 10.2. BOARD AND BOARD COMMITTEE MINTUES

- A. Marketing and Community Relations Committee [June 4, 2025](#)
- B. Information Systems Committee [June 10, 2025](#)
- C. Human Resource Committee [June 11, 2025](#)
- D. Finance Property Services and Acquisition Committee [June 18, 2025](#)
- E. Quality Council Committee [June 19, 2025](#)
- F. Special Open Board Meeting Minutes from [May 20, 2025](#)
- G. Regular Open Board Meeting Minutes from [May 28, 2025](#)

### 10.3. POLICIES

#### A. Administrative Policies

- A.1. [AP19](#) Travel, Per Diem and Other Reimbursement- *Revised*
- A.2. [AP46](#) Procurement Card (FKA Commercial Card Expense Reporting) - *Revised*
- A.3. [AP84](#) Mileage Reimbursement- *Revised*
- A.4. [AP116](#) California Public Information Request Policy- *Revised*

#### B. Board Policies

- B.1. BOD1 Orientation of a New Board Member- *Reviewed*
- B.2. [BOD2](#) Chief Executive Officer (CEO) Transition- *Revised*
- B.3. [BOD3](#) Chief Executive Officer (CEO) Criteria- *Revised*
- B.4. [BOD4](#) Executive Compensation- *Revised*
- B.5. [BOD5](#) Conflict of Interest - *Revised*
- B.6. BOD6 Board Reimbursement for Travel and Service Clubs- *Reviewed*
- B.7. [BOD7](#) Presentation of Claims and Service Process- *Revised*
- B.8. [BOD8](#) Promulgation of Kaweah Delta Health Care District Procedures- *Revised*
- B.9. [BOD9](#) Board Compensation- *New*

#### C. Human Resource Policies

- C.1. [EHS06](#) Work Related Injury and Illness and Workers' Compensation- *Revised*
- C.2. [HR47](#) Professional Licensure and Certification- *Revised*

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- C.3. [HR72](#) Standby and Callback Pay- *Revised*
- C.4. [HR80](#) Docking Staff- *Revised*
- C.5. [HR145](#) Family Medical Leave Act (FMLA)/California Family Rights Act (CFRA)  
Leave of Absence- *Revised*
- C.6. [HR173](#) Employee Emergency Relief- *Revised*
- C.7. [HR197](#) Dress Code- Professional Appearance Guidelines- *Revised*
- C.8. [HR234](#) PTO, EIB, and Healthyworkplace, Healthy Families Act of 2014- *Revised*
- C.9. HR.243 Leave of Absences- *Reviewed*
- C.10. HR245 Event Participation Pay- *Reviewed*

### 10.4. MEDICAL EXECUTIVE COMMITTEE

- A. [Emergency Medicine Privileges](#)- *Revised*

### 10.5. LEGAL

- A. Rejection of Claim Letter to [Juan Carlos Velasquez](#)
- B. Rejection of Claim Letter to [Sophia Genesis Velasquez](#)
- C. Rejection of Claim Letter to [Andrea Tafolla](#)

### 10.6. DISTRICT

- A. Approval/Adoption of Amended Board Bylaws [Resolution 2262](#)
- B. Approval/Adoption of Board compensation [Resolution 2261](#)
- C. Approval/Adoption of Board [Resolution 2263](#) for Government Claim Recipient
- D. Approval/Adoption of Board [Resolution 2264](#) for Government Claim Backup Alternate Designation

## 11. STRATEGIC PLANNING INITIATIVE – [OUTSTANDING HEALTH OUTCOMES](#) – Detailed review of Strategic Plan Initiative.

*Sandy Volchko, Director of Quality and Patient Safety and Paul Stefanacci, MD, Chief Medical and Quality Officer*

## 12. [FINANCIALS](#) – Review of the most current fiscal year financial results.

*Malinda Tupper – Chief Financial Officer*

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13. **ANNUAL OPERATING & CAPITAL BUDGET** – A review of the final annual operating and capital budget for fiscal year 2026. - *Malinda Tupper – Chief Financial Officer*  
**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.  
*Action Requested – Approval of the fiscal year 2026 budget as presented.*
14. **REPORTS**
  - 14.1. **Chief Executive Officer Report** - Report on current events and issues.  
*Gary Herbst, Chief Executive Officer*
  - 14.2. **Board President** - Report on current events and issues.  
*Mike Olmos, Board President*

### 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).  
*Gary Herbst, Chief Executive Officer and Rachele Berglund, Legal Counsel*
3. **ADJOURN**

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## **Agenda item intentionally omitted**

# Resolution 2258



## **RESOLUTION 2258**

**WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Albert Pena with the World Class Service Excellence Award for the Month of June 2025, for consistent outstanding performance, and,**

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

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

**PASSED AND APPROVED this 25th day of June 2025 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

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

# Resolution 2259



## **RESOLUTION 2259**

**WHEREAS, Emma Camerena, is retiring from duty at Kaweah Delta Health Care District dba Kaweah Health after 34 years of service; and,**

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

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

**NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Emma Camerena for 34 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.**

**PASSED AND APPROVED this 25<sup>th</sup> day of June 2025 by a unanimous vote of those present.**

**President, Kaweah Delta Health Care District**

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

## Resolution 2260



# Kaweah Health™

## RESOLUTION 2260

WHEREAS, Daniel Hightower, M.D., has served as the Chief of the Medical Staff of Kaweah Delta Health Care District dba Kaweah Health from 2023-2025 and;

WHEREAS, in that capacity Dr. Hightower has provided excellent leadership for the Medical Staff and supported the mission of the hospital through two years of great achievements and growth, and;

WHEREAS, Dr. Hightower has always been available, attentive and responsive to the Board, Medical Staff, and Executive Team of the Kaweah Health in carrying out the duties of her position, and;

WHEREAS, Dr. Hightower has been an effective leader of the Medical Staff in areas of accreditation, self-governance, peer review, and improvement of patient care.

NOW THEREFORE, BE IT RESOLVED, that the Board of Directors of the Kaweah Delta Health Care District on behalf of themselves, the Hospital Staff, and the Community they represent, hereby extend their appreciation to Daniel Hightower, M.D., and in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND ADOPTED by unanimous vote of those present at a regular meeting of the Board of Directors of the Kaweah Delta Health Care District on the 25<sup>th</sup> day of June 2025.

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President, Kaweah Delta Health Care District

ATTEST:

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Secretary/Treasurer, Kaweah Delta Health Care District and of the Board of Directors thereof

# Physician Recruitment

# Physician Recruitment Board Report - Physician Group Targets June 2025



Key Medical Associates	Orthopaedics Associates	Sequoia Cardiology	Other Recruitment/Group TBD
Gastroenterology x1 Pediatrics x1 Pulmonology x1 Rheumatology x1	Orthopedic Surgery (General) x1 Orthopedic Surgery (Hand) x1	EP Cardiology x1	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	Valley ENT	Valley Children's	
Anesthesia - Cardiac x1 Anesthesia - General x1 Anesthesia - Regional x1 Anesthesia - GME Program Dir	Audiology x1 Otolaryngology x1	Maternal Fetal Medicine x2 Neonatology x1 Pediatric Cardiology x1 Pediatric Hospitalist x1	

## June Board Report Narrative:

We would like to wish our graduating Kaweah Health residents nothing but the best in their endeavors and are excited to welcome five graduating residents as they start their careers serving our community.

Dr. Jared Caballes - Family Medicine - Valley Hospitalist Group  
Dr. Yesenia Calderon - Family Medicine - Faculty Medical Group  
Dr. Andrew Hanalla - Family Medicine - Key Medical Group  
Dr. Saina Gill - Psychiatry - Precision Psychiatry  
Dr. Daniel Khahil - Psychiatry - Precision Psychiatry

We are currently working with one OB/GYN candidate:  
1) Screening candidate currently living and working in Hawaii

We are working with four Gastroenterology candidates:  
1) Fellow in Illinois - Site visit schedule for 8/8  
2-4) Currently scheduling leadership calls for 3 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 - June 2025

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

	Specialty	Group	Phase	Expected Start Date
49	Cardiology (EP)	KH Sequoia Cardiology	Applied	
50	Cardiology (EP)	KH Sequoia Cardiology	Applied	
51	Cardiology (EP)	KH Sequoia Cardiology	Applied	
52	Family Medicine	TBD	Applied	
53	OBGYN	TBD	Applied	

## **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.

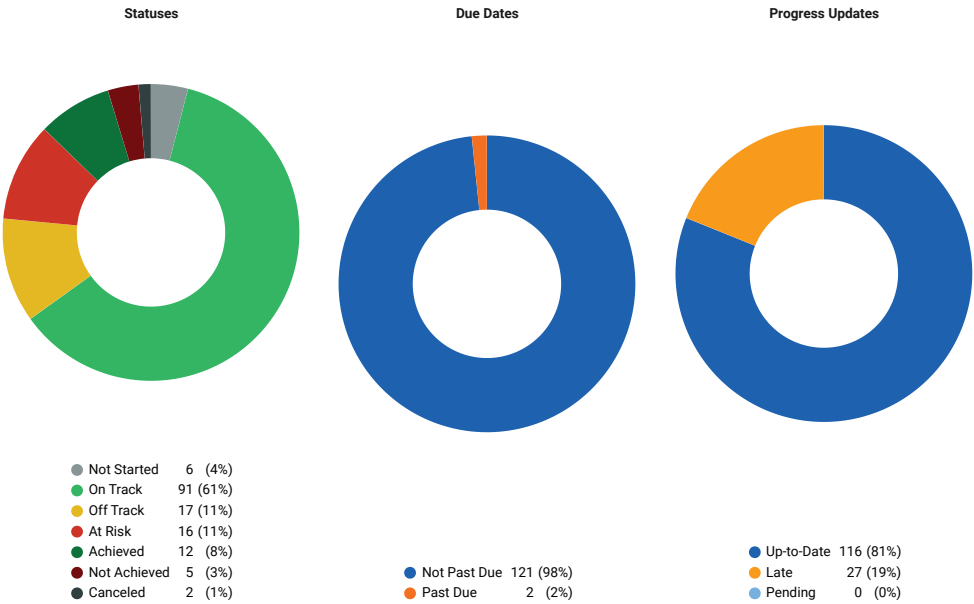
Our Pillars

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



Ideal Environment

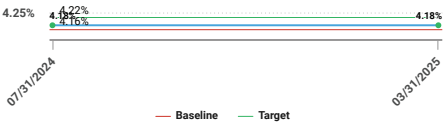
Champions: Dianne Cox and Hannah Mitchell

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

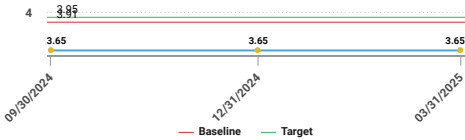
FY2025 Strategic Plan - Ideal Environment Strategies

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

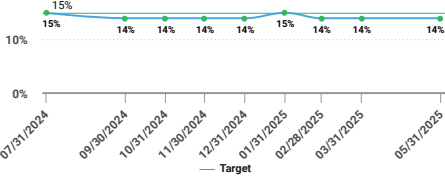
Employee Engagement Survey Score Greater Than 4.2%



Physician and APP Engagement Survey Score Greater Than 3.95%



Decrease Overall Turnover Rate (< 15%)



Strategic Growth and Innovation

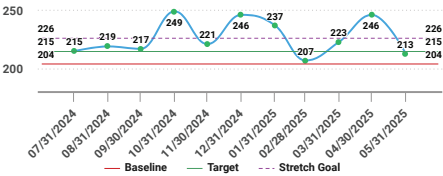
Champions: Marc Mertz and Kevin Bartel

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

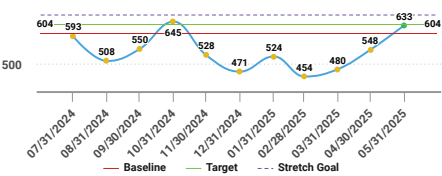
FY2025 Strategic Plan - Strategic Growth and Innovation Strategies

#	Name	Description	Status	Assigned To	Last Comment
2.1	Grow Targeted Surgery/Procedure Volumes	Grow volumes in key service lines, including Orthopedics, Endoscopy, Urology and Cardio Thoracic services.	Off Track	Kevin Bartel	FYTD, only one of the established service line volume goals is being met (orthopedics) for monthly average surgery volume. Improvement being seen with CT surgery volumes relative to elective procedures with Dr. Bansal establishing her practice. Endo volumes were above budget for May and have increased the past two months, but still below FY25 goal overall.
2.2	Expand Clinic Network	Strategically expand and enhance the existing clinic network to increase access at convenient locations for the community.	On Track	Ivan Jara	We continue to evaluate and pursue growth opportunities through recruitment, acquisitions, new locations, quality initiatives, state/federal programs, and a team-based care model. All areas currently have active projects supporting the expansion of the clinic network.
2.3	Innovation	Implement and optimize new tools and applications to improve the patient experience, communication, and outcomes.	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.	On Track	Sonia Duran-Aguilar	Monthly meetings with MCPs to discuss CalAIM and quality continue. PATH CITED Round 4 application submitted 5/2/25, requesting \$1,593,120 for staff salaries and goods and services to expand services and fill gaps in care. Work remains underway to fully expand to Children and Youth Population of Focus (0-22) in FY 26. We have successfully added a subset of Children and Youth, ages 18-22 with both MCPs. Work related to the Equity Practice Transformation (EPT) program, funded through DHCS is well underway, with milestone submission completed April 30th, 2025. Seven milestones completed to date out of possible 10 with 25 eligible milestones over the three year project. Each milestone is valued at \$32,451. Work related to the MOVES Grant resulted in a four year program with \$1.8M funding for a Mobile Behavioral Health Van (to be deployed in Lindsay and in partnership with Lindsay Unified School District, Lindsay FRC). Combined with strong Community Outreach engagement, community members will be screened for SDOH, eligible members for CalAIM ECM and CS will be identified and referred to KH Population Health team for enrollment. These efforts and programs would not be possible without the strong relationships and trust built with the health plans over the last 5 years.
2.5	Explore Organizational Affiliations and Partnerships	Pursue organizational affiliations and partnerships.	On Track	Marc Mertz	We continue to evaluate current and potentially new affiliations to help support the delivery of high quality care in our community. The USC partnership for urology services will be ending July 31 and Kaweah continues to recruit urologists to live and work in Visalia.

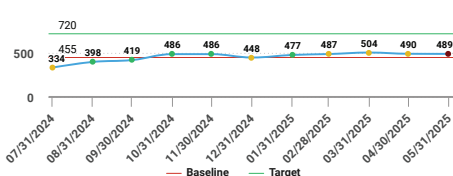
Perform 215 Orthopedic Surgery Cases Per Month



Perform 636 Endoscopy Cases Per Month



Increase Enrollment to 720 Lives in Enhanced Care Management



Outstanding Health Outcomes

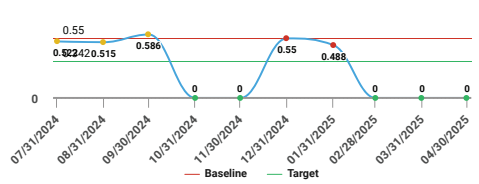
Champions: Dr. Paul Stefanacci and Sandy Volchko

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

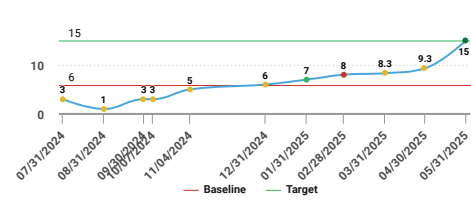
FY2025 Strategic Plan - Outstanding Health Outcomes Strategies

#	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.	On Track	Sonia Duran-Aguilar	QIP reporting for Performance Year 7 (CY 2024) currently underway with Population Health Data Team and BI Development team collaborating on updating all QIP reports to reflect the Measure Specifications as outlined in the QIP Reporting Manual. Kaweah will report on 15 QIP measures for CY 2024. As of the end of May 2025, all reports have been finalized HOWEVER, we are awaiting final Managed Care Plan (MCP) eligibility along with claims files to complete reporting. Reporting will be completed by 6/16/25.
3.5	Health Equity	Identify health disparities that improve affordable access to care by enhancing care coordination and more effective treatment through healthy living.	On Track	Sonia Duran-Aguilar	Monthly Health Equity Committee Meeting in place. Identification of disparities for Population of Focus (Pregnant Persons), farmworkers remains underway. Discussion of focus on Maternal/Child Outcomes disparities. 36 patients have been enrolled into the HRSA Care Coordination Project with half of them being farmworkers.
3.6	Inpatient Diabetes Management	Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.	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.

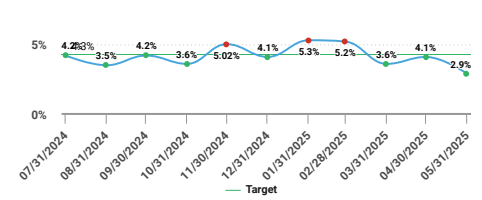
Decrease Standardized Infection Ratio (SIR) CAUTI to < 0.401



Meet or exceed 15 QIP measures in 2024



Hypoglycemia in Critical Care Patients (< 4.3%)



Patient Experience and Community Engagement

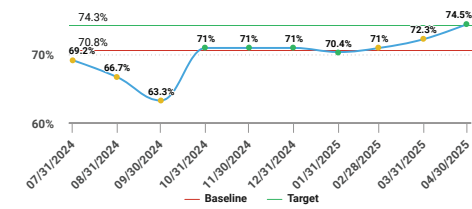
Champions: Marc Mertz and Deborah Volosin

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

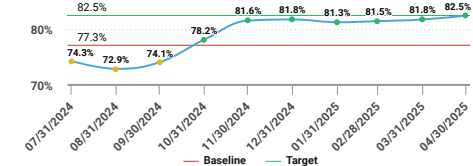
FY2025 Strategic Plan - Patient Experience and Community Engagement Strategies

#	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.	On Track	Deborah Volosin	The parking lot signs and paper maps are completed. We are needing to test a new internal wayfinding app and then we will bring the community group back in. We are continuing to surpass our goal for Best Image/Reputation.
4.2	Increase Compassionate Communication	To reach the 50th percentile in physician and nursing communication and responsiveness of staff on the HCAHPS survey.	On Track	Deborah Volosin	We have started presenting at New Employee Orientation, with a focus on the 'Compassion' element of our mission statement. This allows us to engage with new hires early on and emphasize the importance of patient experience and compassionate communication from the very start. Some units have also rolled our compassionate communication simulations for their departments.
4.3	Enhancement of Systems and Environment	To create a secure, warm and welcoming environment for patients and the community.	On Track	Deborah Volosin	EVS, Facilities, and Patient Experience round together monthly with Marc Mertz to make sure our public spaces are warm and inviting for patient's families and visitors. This gives us the opportunity to fix broken items, identify areas that need to be updated, and to find opportunities to remove clutter.
4.4	Community Engagement	To provide an environment where community members and patients are able to assist staff in co-designing safe, high quality, and world-class care and services.	On Track	Deborah Volosin	The Community Advisory Councils continue to meet monthly.

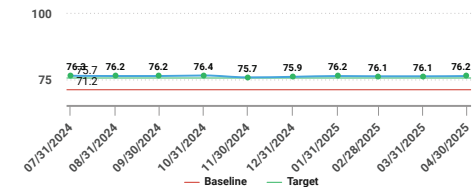
Achieve a score of 74.3 in HCAHPS Overall Rating



Achieve a score of 82.5 in Nursing Communication Inpatient Score



Achieve a score of 75.7 in the Cleanliness of Clinic Environment



Physician Alignment

Champions: Ryan Gates and JC Palermo

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

FY2025 Strategic Plan -Physician Alignment - Strategies

#	Name	Description	Status	Assigned To	Last Comment
5.1	Recruit Providers	Develop a recruitment strategy and employment options for physicians that will assist with recruitment of providers to support community needs and Kaweah Health's growth.	On Track	JC Palermo	The Physician Recruitment Strategy Committee continues to meet. We have established new processes, guidelines, and are having regular strategy discussions about practice locations, compensation, and retention 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



## Monthly Throughput

# Patient Throughput Committee

June 2025



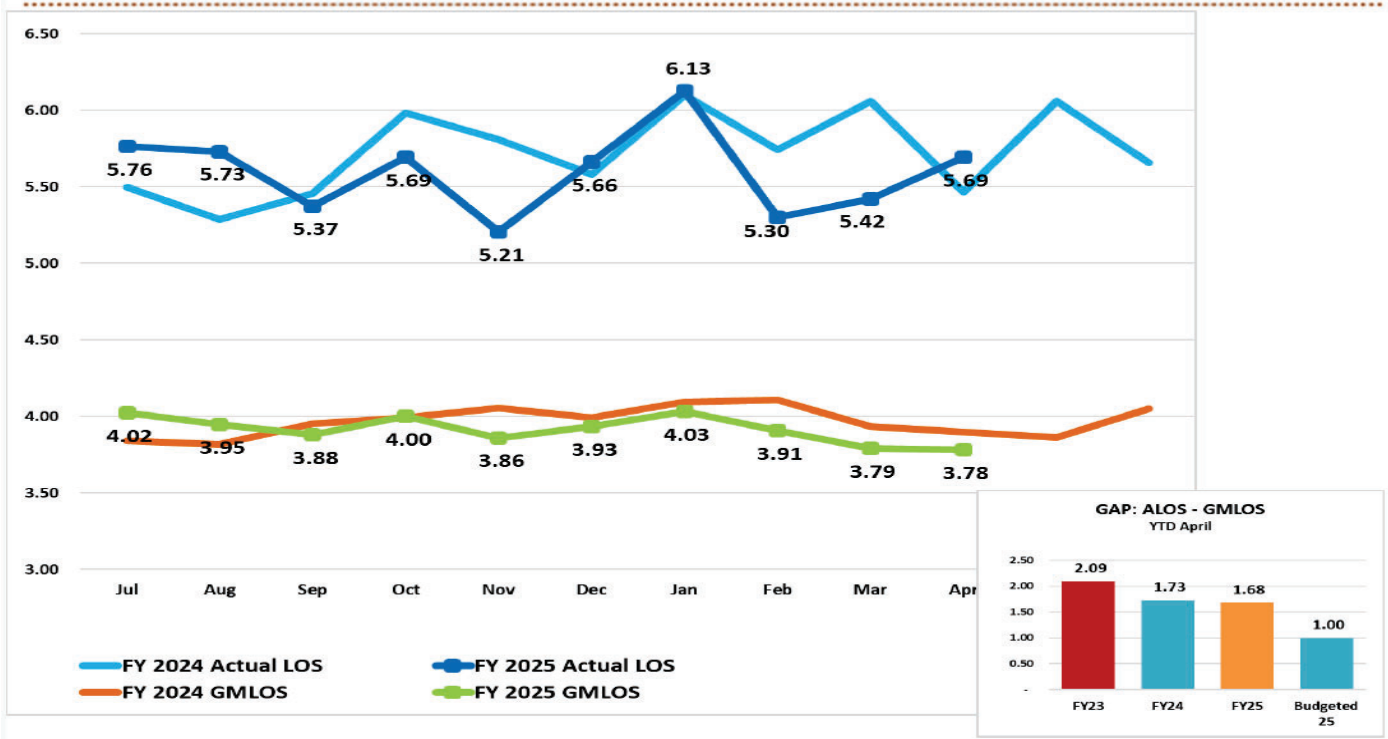
[kaweahhealth.org](https://kaweahhealth.org)



**Kaweah Health.**  
MORE THAN MEDICINE. LIFE.

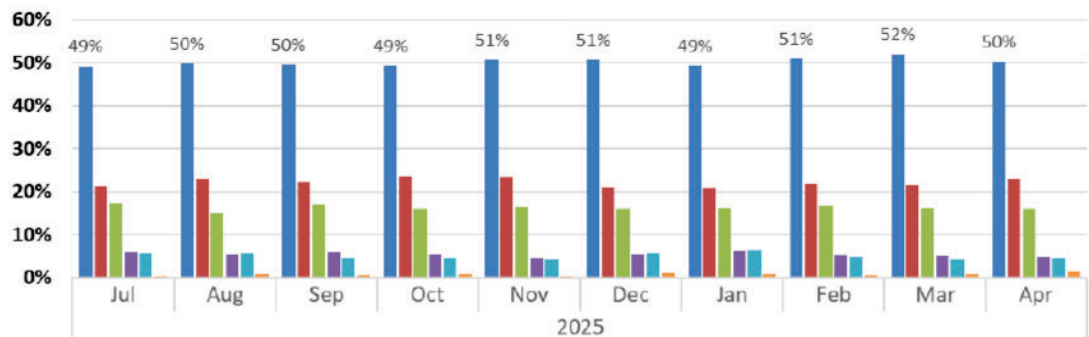
86/517

## Average Length of Stay versus National Average (GMLOS)

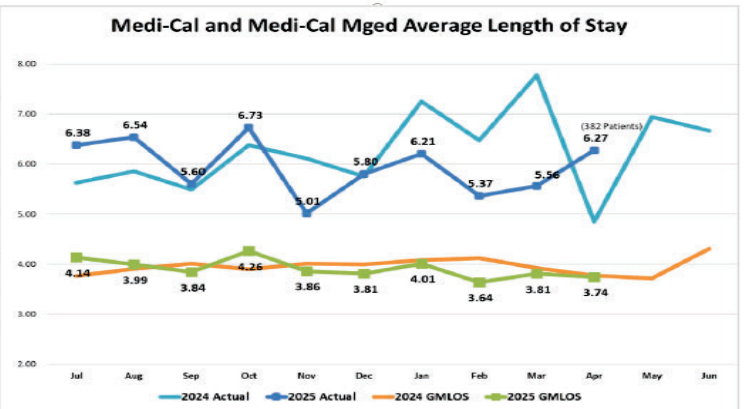
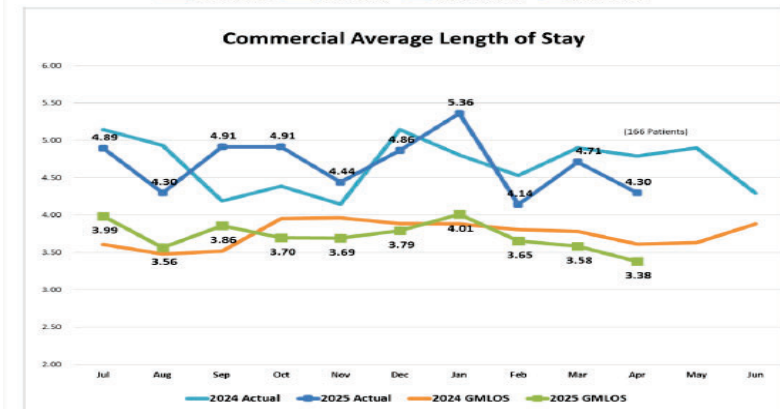
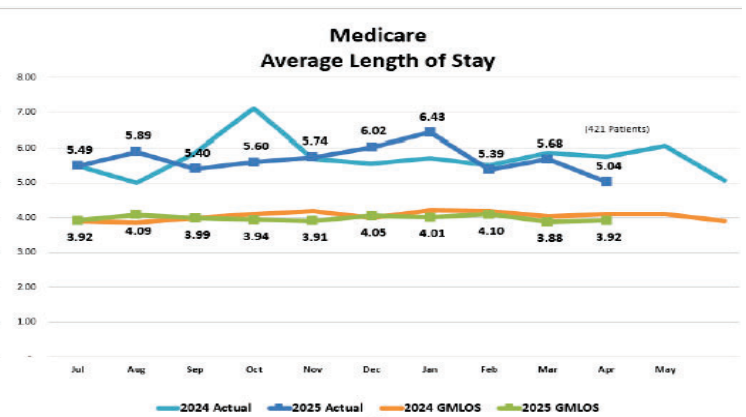
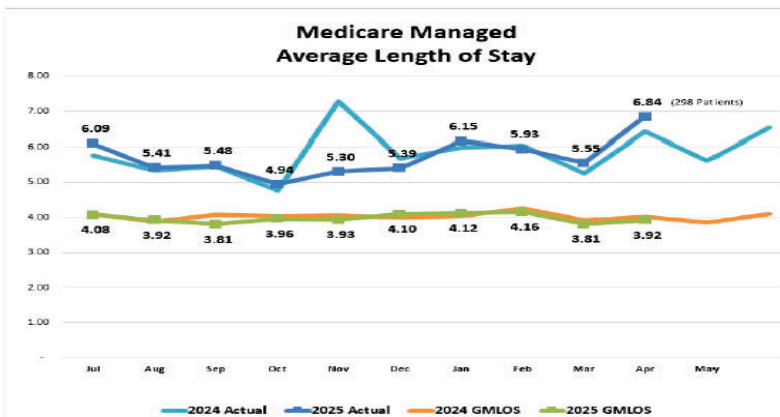


## Average Length of Stay Distribution

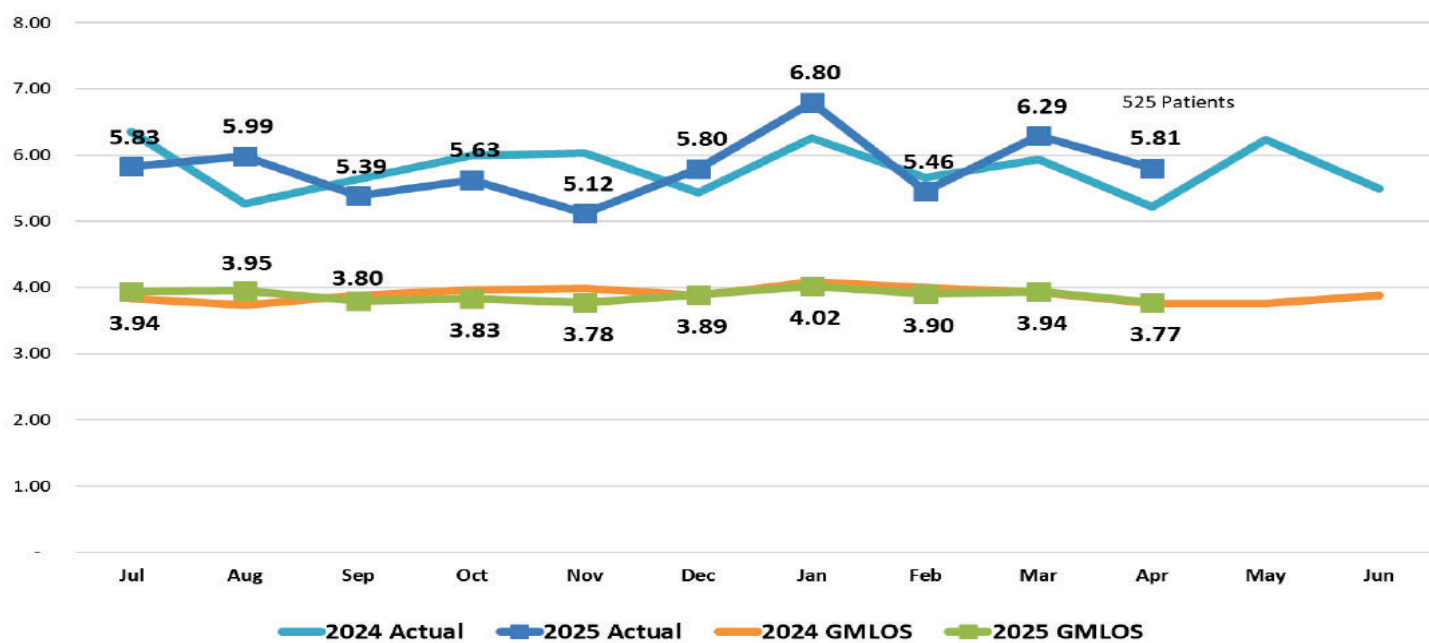
**FY25 Overall LOS Distribution**



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

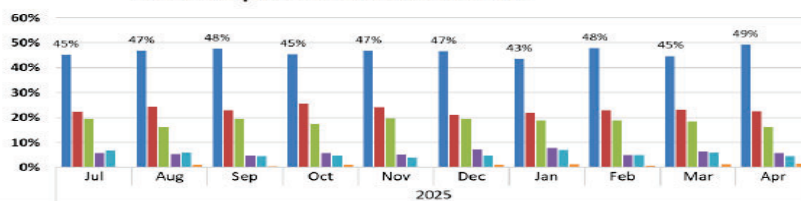


## Hospitalist Average Length of Stay

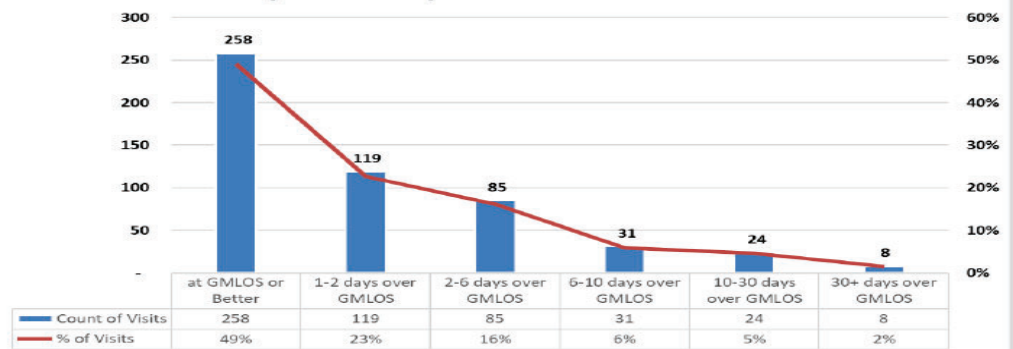


## LOS Distribution

**FY25 Hospitalist LOS Distribution**

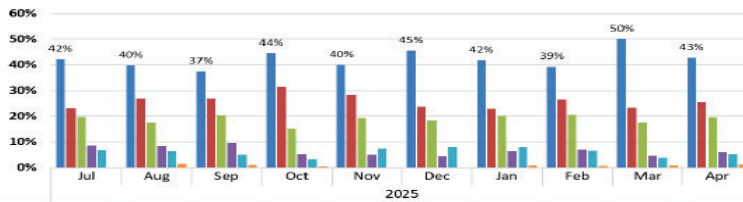


**Apr FY25 Hospitalist LOS Distribution**

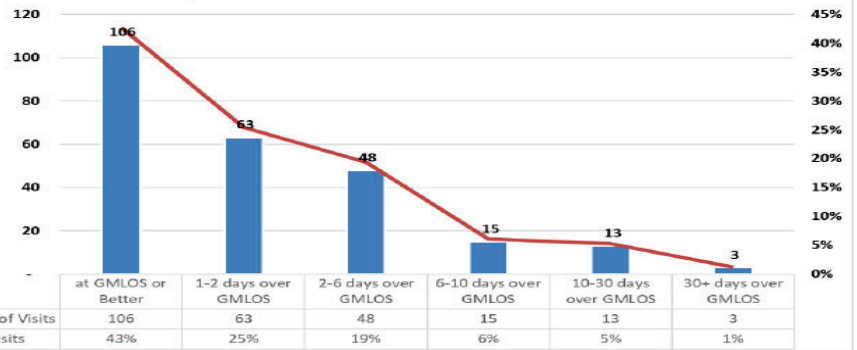


## LOS Distribution

**FY25 FHCN LOS Distribution**

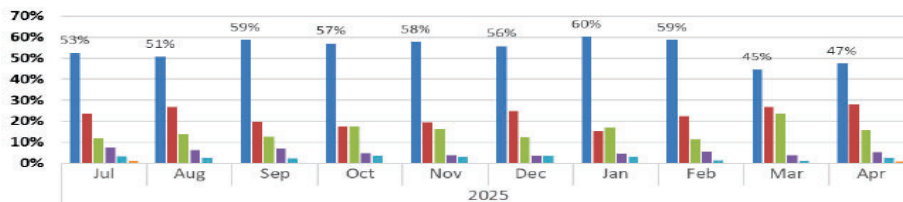


**Apr FY25 FHCN LOS Distribution**



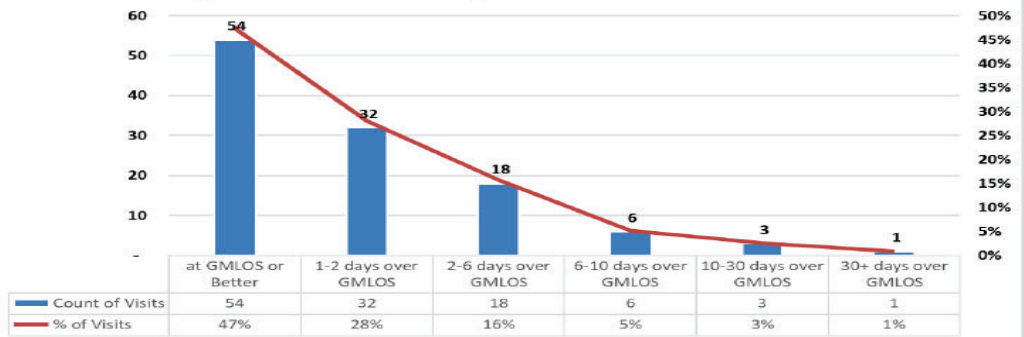
## LOS Distribution

**FY25 Humana-Key Medical LOS Distribution**



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
at GMLOS or Better	53%	51%	59%	57%	58%	56%	60%	59%	45%	47%
1-2 days over GMLOS	24%	27%	20%	17%	19%	25%	15%	22%	27%	28%
2-6 days over GMLOS	12%	14%	13%	17%	16%	12%	17%	12%	24%	16%
6-10 days over GMLOS	8%	6%	7%	5%	4%	4%	5%	6%	4%	5%
10-30 days over GMLOS	3%	3%	2%	3%	3%	4%	3%	1%	1%	3%
30+ days over GMLOS	1%	0%	0%	0%	0%	0%	0%	0%	0%	1%

**Apr FY25 Humana-Key Medical LOS Distribution**



## Leading Performance Metrics – Emergency Department

(All) (All)

Metric	Patient Type	Definition	Goal	Baseline**	Check In Date and Time				
					1/1/2025 12:00:00 AM	5/31/2025 11:59:59 PM			
<b>ED Boarding Time</b> (Lower is better)*	Inpatient	Median time (minutes) for admission order written to check out for admitted patients	150	241	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025
					409	371	254	190	159
	Observation	Median time (minutes) for admission order written to check out for observation patients	150	291	515	447	373	223	129
	<b>Overall</b>	Median time (minutes) for admission order written to check out for inpatient and observation patients	150	242	414	375	259	192	158
<b>ED Admit Hold Volume</b> (Lower is better)*	<b>Overall &gt;4 Hours</b>	Count of patients (volume) with ED boarding time $\geq$ 4 hours	N/A	472	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025
					695	606	509	343	273
<b>ED Length of Stay (ED LOS)</b> (Lower is better)*	Discharged	Median ED length of stay (minutes) for discharged patients	214	266	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025
					294	273	260	247	257
	Inpatient	Median ED length of stay (minutes) for admitted patients	500	685	962	868	665	605	565
	Observation	Median ED length of stay (minutes) for observation patients	500	713	1,210	961	729	613	537
	<b>Overall</b>	Median ED length of stay (minutes) for admitted and discharged patients	N/A	312	341	321	306	295	300
<b>ED Visits*</b>	Discharged	Count of ED visits for discharged patients	N/A	6,555	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025
					6,718	5,885	6,550	6,460	7,059
	Inpatient	Count of ED Visits for admitted patients	N/A	1,165	1,253	1,100	1,187	1,104	1,213
	Observation	Count of ED Visits for observation patients	N/A	467	444	446	468	565	447
	<b>Overall</b>	Count of ED visits	N/A	8,187	8,415	7,431	8,205	8,129	8,719

More than medicine. Life.



Update	Next Steps
<p>ED Flow</p> <p>First, it has been a great month in terms of admit holds, averaging only 10 per day! This significant improvement wouldn't be possible without the incredible hard work of our Case Managers, Bed Coordinators, and Inpatient Clinician partners. A huge thank you to them! The impact is clear: our median door-to-inpatient status time for admitted patients dropped dramatically to 323 minutes for April, compared to 672 minutes back in January.</p> <p>Here's the breakdown of our key metrics for April 2025:</p> <p>🏠 Patient Volume: Total volume for the 30-day month was 8,211 visits, averaging nearly 274 patients per day.</p> <p>⊕ Admission Rate: Holding steady at 21%, indicating consistent acuity levels overall, although our monthly trauma volume was slightly lower compared to last April (197 vs. 216).</p> <p>🚑 LWBS Rate: We hit a record low of 0.6% for the month! There were many days we achieved 0% LWBS, averaging out to less than 1.6 patients leaving per day. This shows we're getting patients seen and evaluated by providers exceptionally quickly.</p> <p>🕒 Median Door-to-Discharge Time: Improved again, down to 245 minutes for the month! We are incredibly close to hitting our benchmark of 240 minutes, and looking at the last week of April, we even had days where this time dipped below 200 minutes. For the first time ever, the team was able to clear out the waiting room on a swing shift (the busiest of all the shifts by far)</p>	<p>ED Flow:</p> <p>Beyond our core metrics, other indicators also showed fantastic progress:</p> <p>Left During Treatment (LDT) / AMA Rates: These also decreased to an all-time low of only 3% and 1%, respectively. While these aren't nationally benchmarked, reducing them is significant because these situations often require considerable nursing and provider time for discussion and documentation. Great work engaging with our patients!</p> <p>Mental Health LOS: One area that continued to challenge us was the time required to place mental health patients, with the average ED length of stay reaching 1509 minutes (up from 1177 in Jan and 1087 in Feb). These patients often require significant resources (private rooms, PFS support, sometimes 1:1 sitters), impacting flow. Encouragingly, the renovated Kaweah Mental Health Hospital should be coming online shortly, which we anticipate will significantly help with this challenge.</p> <p>Patient Experience (NPS): We ended the month on a high note, hitting a new record Net Promoter Score of 43.2! Crucially, this is the first time we have finished the month above our benchmark of 40. This is a direct result of the excellent, compassionate care you provide every day.</p>
<p>ED to Inpatient Admission Process:</p> <ul style="list-style-type: none"><li>• 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.</li><li>• UR work group continuing work for utilization of MRI in ED and Inpt, delaying pt progression.</li><li>• Social Admit new process, decision to pull upstairs &lt;24 hours</li></ul>	<p>ED to Inpatient Admission Process:</p> <ul style="list-style-type: none"><li>• 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.</li><li>• EVS to turn over clean rooms more timely</li><li>• Transport to move patients more timely.</li></ul>
<p>Discharge Disposition</p> <ul style="list-style-type: none"><li>• Working with Chartis on new Physician Rounding process to id DC date and plan earlier.</li><li>• Setting expectations for Ensocare response time and reasons for denial</li><li>• Auth Nurse working directly with PACPs on timely auths for DC.</li><li>• Assist living and B/C transitioned to Complex Care quicker</li></ul>	<p>Discharge Disposition</p> <ul style="list-style-type: none"><li>• Physicians Rounding and Identify DC Plan early. We can usually see "The writing on the Wall" <b>Continue to advocate for returning to Zone coverage and adding in multi-discipline participation.</b></li><li>• Post Acute Care Partners-PACPs meetings more meaningful. Expectations set for Ensocare response times and auth times. We are weeding through Payers and average auth times for them for baseline data to use for goals to improve.</li><li>• Action for Improvement of auth time is to have our own dedicated Auth Nurse.</li><li>• Work through processes with Kaweah Rehab for referrals and acceptance times. Rehab had 118 DC in one quarter and had an average LOS of 11 days. <b>LOS dropped to 8.7.</b> Starting work with Molly-Rehab and Tiffany-Home Health, for efficient processes for discharges.</li><li>• Assist Living/Board &amp; Care-These are primarily homeless or TBI patients. They are difficult placements. Complex Care will continue to work with PFS on these patients, we will transition them over to complex care sooner.</li><li>• Long Term Acute Care-LTAC and Sub-acute accounted for the smallest DC of 11 pts. However, those 11 patients had an average LOS of 74 days, <b>LOS dropped to 20.9.</b> We will be looking into Critical Care Plan of Care, Physician and Bedside Prognosis conversation</li></ul>

# Rehab Services

# REPORT TO THE BOARD OF DIRECTORS

## **Rehabilitation Services**

Molly Niederreiter, Director of Rehabilitation Services, 624-2541  
June 13, 2025

### **Summary Issue/Service Considered**

1. Achieving optimum balance of program priorities to address quality of care, compliance, profitability, and quality of work environment.
2. Ensuring that the Rehabilitation Division continues to provide the full continuum of services to the community as a District Center of Excellence.

### **Analysis of financial/statistic data annualized through March 31 FY 2025 for Acute Inpatient Rehabilitation Program:**

The inpatient Rehabilitation program is projected to end FY 2025 with a contribution margin of \$5.4 million, a 12% increase from the previous year demonstrating a strong upward trend and the highest of the past 4 years. Government Supplemental funds are increasing due to the Medi-Cal Managed Care Directed Payments Program. We are expecting \$1.2 million for FY 2025, equaling 22% of the contribution margin, most of the funds effective January 2025.

The average daily census FYTD is 21 patient/day, above budget of 18 patient/day and the highest of the last decade. The annual patient cases are up 17% from FY 2024 at 608, the highest in over 4 years. Patient days are up 10% over FY 2024 and up 20% from FY 2020. The average length of stay is down by 6% from 12.73 to 11.95 and the lowest in 4 years.

Net patient revenue per case is down 4% at \$25,322, a decrease from FY 2024 but still higher than FY 2022 and 2023. However, there is a 4% decrease in direct cost per case as there are 17% more cases over which to spread the cost. Fortunately, we have not utilized registry nurses to staff this program. Therapy and Pharmacy expenses per case decreased slightly.

Total direct allocations to 6440 Acute Rehabilitation cost center increased 5% to \$60,000 in FY 2025, for a total expense of \$1,133,300. The difference is primarily associated with FY 2025 being the first full year of absorbing Case Management and Patient and Family Services staff into 6441 Rehab Administration cost center and removing the associated allocations. There was a decrease in the amounts allocated from Float Pool, Medical Transport and Bed Allocation totaling \$21,000.

Inpatient Rehabilitation is predominantly a Medicare business with a combined 51% of the payer mix, down from 58% in FY 2024.

- Medicare remains the number one payer at 42% of the patient cases with reimbursement per case increasing slightly to \$25,058 and a contribution margin per case of \$8,755, \$1000 higher than FY 2024.
- Managed Care/Other is tied for second in payer mix with 80 patient cases, lower than 104 in FY 2024. Overall, the reimbursement per case decreased \$5,000 from \$33,867 to \$28,762 and the contribution margin per case decreased by almost \$4,000 from \$13,951 to \$9,949. These amounts are still above FY 2023. Blue Cross is the major payer with the 36% managed care patient cases and due to fewer days and decreased average length of stay with a stable per diem, the contribution margin per case decreased from \$21,221 to \$19,755. Kaweah employee days increased from 20 to 127 resulting in a \$181,000 contribution margin loss demonstrating the direct cost of caring for Kaweah employees.
- Medi-Cal Managed Care cases jumped by 5% in payer mix to match Managed Care at 20%. This is welcome news as the reimbursement per case increased \$4,400 from FY 2024, the contribution margin per case increased by \$4000 and is higher than Managed Care/Other.
- Medicare Managed Care is fourth in terms of payer mix, decreasing to 9% in FY 2025. Patient cases and patient days have significantly decreased, closer to FY 2023 values.

#### **Analysis of financial/statistic data annualized through March 31 FY 2025 for Outpatient Therapy Clinics:**

The Outpatient Therapy Rehabilitation Services is projected to end FY 2025 with a contribution margin of \$2.6 million, similar to prior year and approximately 18-20% higher than FY 2022 and FY 2023. Additional reimbursement increased by 78% in FY 2025 and consists of approximately \$650,000 in KH employee proxy reimbursement, \$81,000 in Medi-Cal Disproportional Share Hospital Funds, and \$929,000 in Medi-Cal Managed Care Directed Payments, making up 65% of the FY 2025 contribution margin. Units of service decreased by 2% compared to the prior year, but are higher than FY 2022 and FY 2023.

For FY 2025:

- Net revenue per unit of service increased 9% to \$41.31, the highest in 4 years.
- Direct cost per unit of service increased 11% to \$31.92
- The contribution margin per unit of service increased 3% at \$9.39, the highest in 4 years.

Payer mix is calculated by patient cases as in the Service Line Report, a volume of 1 represents 1 patients' monthly billing.

- Managed care/other remains the number one payer at 35% of the patient cases and is the highest of all payers with a reimbursement per case increasing in FY 2025 to \$790 and contribution margin per case is stable.
- Medi-Cal Managed Care is second in terms of payer mix at 27% and saw increases in reimbursement per case from \$268 to \$367 and improvements in the contribution margin per case from a loss of (\$74) to a positive \$6. Medi-Cal

now exceeds Medicare and Medicare Managed care in terms of reimbursement per case and contribution margin per case.

- Medicare is the third payer mix stable at 24% demonstrating a slight decrease in reimbursement per case of \$4 and decrease in contribution margin per case to a loss of (\$30).
- Medicare Managed Care in fourth at 10% of the patient cases, showed a slight improvement in reimbursement per case of \$6 and a loss in contribution margin per case of (\$25).

Therapy Specialists at Rehabilitation Hospital and Therapy Specialists at Akers saw an increase in volume/units of service. Therapy Specialists Exeter remained flat.

In FY 2025, 8 of 8 outpatient services had a positive contribution margin the top 4 departments are:

- Therapy Specialists - Akers at \$1.2 million
- Therapy Specialists - Lovers Lane at \$328,000
- Therapy Specialists - Rehabilitation Hospital at \$317,000.
- Therapy Specialists - Exeter at \$281,000

Cardiac Rehabilitation: Patient volume decreased 11% in FY 2025 compared to the previous year. There is a direct allocation of 11% of 6441-Rehab Administration to the Cardiac Rehab program. The increase from 4 to 16 employees in 6441 over the last 4 years associated with absorbing liaisons, case management and patient and family services staff has had a significant impact on financials. Going forward, the direct allocation will be appropriately distributed over the departments benefiting from these additional employees.

- Net revenue per unit of service is up 8% at \$131.
- Direct cost per unit of service increased by 16% to \$124 associated with decreased volume and the direct allocation of 6441. Overall expenses decreased 11% in FY 2025.
- Contribution margin per unit of service decreased by 47% at \$8.

## **Quality/Performance Improvement Data**

Acute Rehabilitation: The program continues to exceed the national benchmark for community discharges, with 83% of patients discharged home compared to 82% nationally. The average length of stay for the FY 2025 was 11.95 days, lower than the national average of 12.8 days and lower than FY 2024 at 12.7. Patient satisfaction, as measured via text/email/phone call survey from NRC, FYTD 2025 is 87.4 for the net promoter question of "would you recommend this facility", above the NRC benchmark of 72.5. This ranks Kaweah Health in the 94<sup>th</sup> percentile. Referrals for all the post-acute areas (acute rehabilitation and skilled nursing/Long Term Care) in FY 2025 has increased nearly 200 per quarter to approximately 1200 per quarter. The majority of referrals continue to be from Kaweah Health, with small numbers of consistent referrals from Adventist Hanford, CRMC, St Agnes and recent increases from Stanford. Trends for the 1<sup>st</sup> and 2<sup>nd</sup> quarters of FY 2025 regarding patient falls, urinary tract infection, central line infections and hospital acquired skin breakdown continue to demonstrate

facility performance exceeding national benchmarks on all indicators.

Outpatient Therapy Clinics: Starting in FY2025, we transition from an internal survey to measure patient satisfaction to utilizing our electronic medical record's software called WebPT Reach to send a text survey. The net promoter score is based on the question "how likely are you to recommend this facility" all clinics are above 86 out of 100 for NPS and for percent of responses that are considered promoters 5 out of the 6 clinics are above 90%.

Therapy outcomes are reported on a quarterly basis, using pre and post treatment plan outcome tools to measure significant functional improvement and therapy effectiveness. Each therapy clinic uses outcomes measures that are specific to the patient's diagnosis and useful to the clinician. The results and comments are shared with the clinicians in an effort to bring focus to specific areas that could benefit from additional review, education and update of evidence based treatment approaches.

Acute Therapy Services: In the Medical Center, we measure the response time from MD order/admission to nursing unit to the time the therapy evaluation is completed/attempted for Physical Therapy, Occupational Therapy and Speech Therapy. The goal is to complete therapy evaluations within 24 hours of the MD order. The Acute Therapy department prioritizes Neurologic, Orthopedic, Cardiac, Trauma and Emergency Department patients. Data for FYTD March 2025 is:

- Physical Therapy 54%
- Occupational Therapy 41%
- Speech Therapy 67%.

The ability to meet the goals is impacted by a significantly higher than normal therapy census in addition, staffing shortages during the fall/winter months for all disciplines associated with limited per diem staff coverage for PTO and sick calls..

Cardiac and Pulmonary Rehabilitation: Outcome measures for blood pressure, peak metabolic equivalents and psychosocial are tracked. For the calendar year of 2024 we are: below the goal of 90% for blood pressure with our average for the year at 74% and below our goal for peak metabolic equivalents of >5.5 with our average at 5.3. We met our goal for psychosocial outcome score <4.0 with an average of 2.1 at discharge.

## **Policy, Strategic or Tactical Issues**

1. Collaborate with nursing leadership on a patient mobility program which will impact length of stay, throughput, patient experience and prevent negative outcomes such as hospital acquired pressure injuries.
2. Work with ISS re: the Commission on Accreditation of Rehabilitation Facilities survey recommendation is to implement smart technology in our independent living apartment in the Acute Rehab unit.
3. Address the decrease in Medicare Managed Care cases and patient days through partnership with California Hospital Association.
4. Prepare for pending CMS 100% Review Choice Demonstration to ensure compliance and optimal reimbursement.

5. Collaboration with Cardiology and Cardiothoracic Surgery Service Lines within Kaweah Health and private physician offices to increase referrals.
6. Working alongside ISS and Business Services to streamline Cardiac Rehab referral workflow. Once complete, hospital physicians will be trained on how to order using electronic referral/standing orders option prior to discharge or at follow up visit post discharge.
7. Utilize marketing department developed print and digital marketing for MD offices, waiting rooms, and on-hold messaging Collaboration with the Cardiology Service Line to increase volume and improve referral workflow to ensure follow-through on consults as leads for the program.
8. Transition to Cerner scheduling in effort to decrease no show/cancel rates by sending reminders for class schedule.
9. Optimize Kaweah Health website including the Acute Rehabilitation program and Therapy Specialists pages in efforts to better market both inpatient and outpatient Rehabilitation programs.
10. Complete automation of a report for individual staff productivity, replacing a manual process, for inpatient therapists to improve efficient use of productive time. Report is already created for outpatient.
11. Utilize WebPT Reach program to increase market outpatient therapy services and program offerings.
12. Utilize Cerner EMR in medical center to track therapy referrals that are not indicated, provide feedback to Providers who show trend of inappropriate orders.

## **Recommendations/Next Steps**

1. Fully implement and monitor effectiveness of goals established via leadership performance system addressing the pillars identified by Kaweah Health (outstanding health outcomes, financial strength, ideal environment, empower through education and excellent service)
2. Maintain productive and efficient processes in support of improved or sustained positive financial performance for all programs. Ensure ongoing marketing of all inpatient and outpatient programs. Monitor all publicly reported quality measures with goal of continuing to achieve and sustain performance that exceeds national benchmarks.
3. Provide high quality, affordable care for patients in our existing market as well as expand our service to more patients. Continue to work closely with patient billing department to ensure we address all revenue issues promptly.

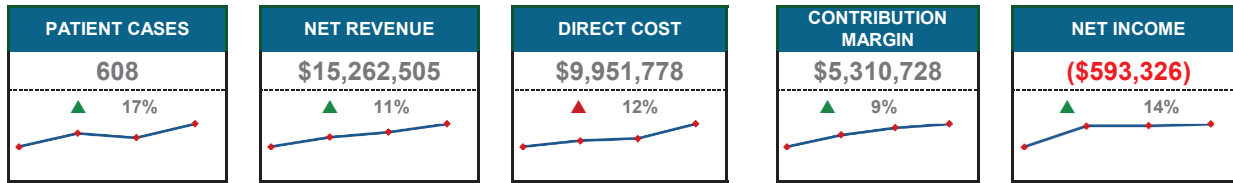
4. Optimize post-acute liaisons workflow to increase census in the acute rehab program and post-acute settings including analysis of current referral processes and workflows.
5. Participate in outreach programs and opportunities such as runs/walks, community forums, and health fairs to market to consumers, physicians, and the overall community. Focus on strategies using social media and consumer reviews.
6. Working with HR with retaining and recruiting clinical staff by re-evaluating clinical ladder, sign-on bonuses, pay ranges and partnerships with college and university therapy degree programs.
7. Establishing an efax process for external referrals, which will result in a more efficient workflow for patient access.
8. Continue to respond to Medicare initiatives related to acute rehabilitation services at the state and national level. Actively monitor processes that support appropriate admissions and documentation that demonstrates medical necessity.
9. Monitor and respond to legislative developments such as the IMPACT Act that impose new requirements for post-acute care related to data collection and quality measures.
10. Review results of employee engagement and safety culture surveys with each department, develop, and implement action plans.
11. Implement acute rehab, outpatient therapy and medical center therapy department specific strategic plans.
12. Collaborate with Kaweah Health leaders for improved management of patients, improve throughput and remove barriers for discharge to post-acute process.

## **Approvals/Conclusions**

Rehabilitation services will focus in the coming year on:

1. Census development/patient volumes, management of productivity, maintaining compliance with all regulatory and payer expectations, customer satisfaction, clinical excellence and financial performance.
2. Implementation of goals related to Kaweah Health cornerstones for all of rehabilitation services to enhance program development, satisfaction of all stakeholders, program marketing, and ideal work environment for staff, and clinical quality of services.
3. Continued support of shared governance via rehabilitation councils (both nursing unit based council and therapy/business services council).

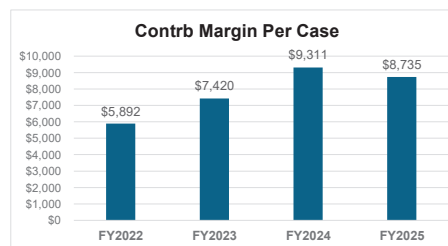
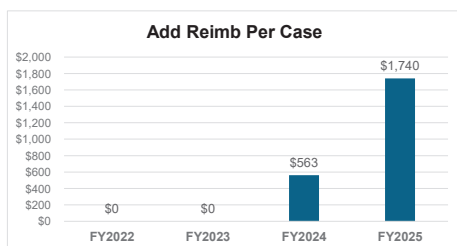
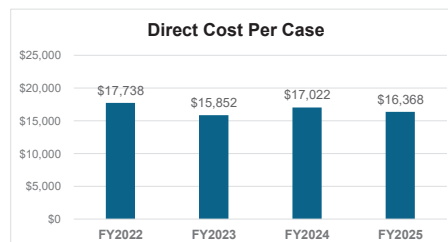
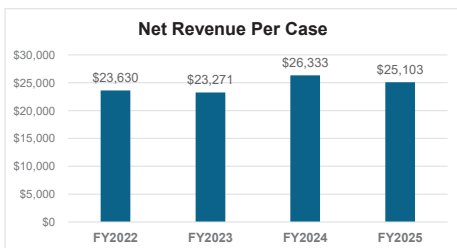
KEY METRICS - FY 2025 NINE MONTHS ENDED MARCH 31, 2025



METRICS SUMMARY - 4 YEAR TREND

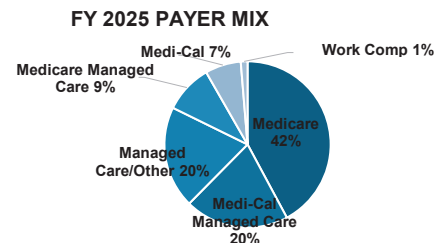
METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	466	549	521	608	17%	
Patient Days	6,037	6,632	6,630	7,264	10%	
ALOS	12.95	12.08	12.73	11.95	-6%	
Net Revenue	\$11,011,573	\$12,776,040	\$13,719,397	\$15,262,505	11%	
Direct Cost	\$8,265,985	\$8,702,549	\$8,868,433	\$9,951,778	12%	
Additional Reimb	\$0	\$0	\$293,365	\$1,058,149	261%	
Contribution Margin	\$2,745,589	\$4,073,492	\$4,850,965	\$5,310,728	9%	
Indirect Cost	\$4,818,574	\$4,782,561	\$5,544,557	\$5,904,053	6%	
Net Income	(\$2,072,986)	(\$709,069)	(\$693,592)	(\$593,326)	14%	
Net Revenue Per Case	\$23,630	\$23,271	\$26,333	\$25,103	-5%	
Direct Cost Per Case	\$17,738	\$15,852	\$17,022	\$16,368	-4%	
Add Reimb Per Case	\$0	\$0	\$563	\$1,740	209%	
Contrb Margin Per Case	\$5,892	\$7,420	\$9,311	\$8,735	-6%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	39%	47%	41%	42%
Medi-Cal Managed Care	18%	20%	16%	20%
Managed Care/Other	20%	16%	22%	20%
Medicare Managed Care	12%	9%	15%	9%
Medi-Cal	7%	6%	5%	7%
Work Comp	3%	2%	2%	1%



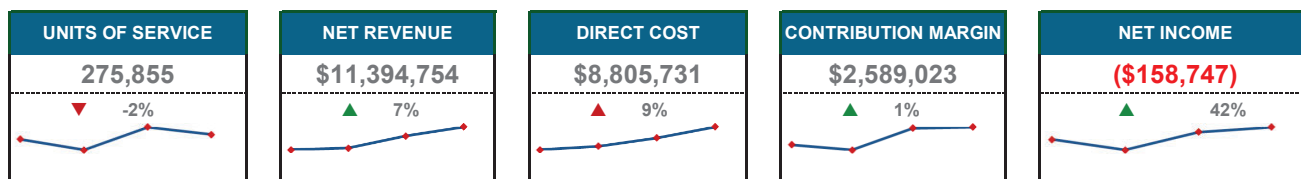
Notes:  
Source: Inpatient Service Line Report  
Selection Criteria: Service Name is Kaweah Health Rehabilitation Hospital

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Rehabilitation Services - *Outpatient Summary*

FY2025

### KEY METRICS - FY 2025 NINE MONTHS ENDED MARCH 31, 2025



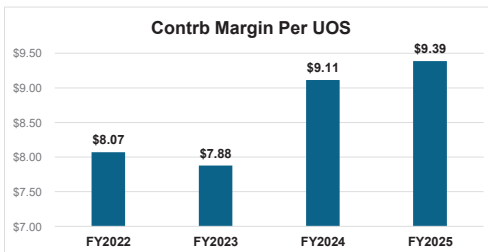
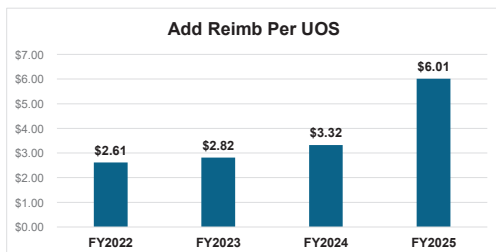
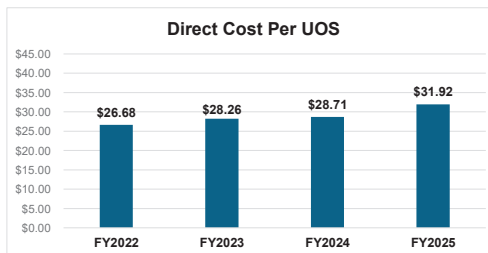
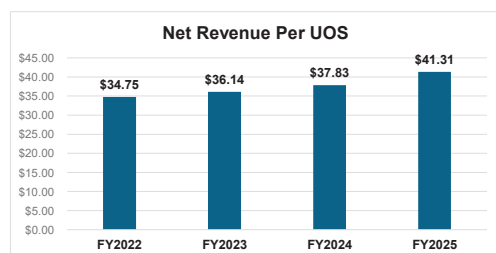
### METRICS BY SERVICE LINE - FY 2025

SERVICE LINE	UNITS OF SERVICE	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Therapies - Akers	110,265	\$4,573,764	\$3,336,018	\$1,237,746	\$365,575
Therapy Lover's Lane	23,984	\$954,555	\$626,478	\$328,077	\$159,920
Therapies - KDRH	58,751	\$2,314,038	\$1,996,915	\$317,123	(\$569,209)
Therapies - Exeter	28,483	\$1,028,655	\$747,658	\$280,997	\$104,291
Therapies - Dinuba	24,543	\$842,978	\$598,021	\$244,957	\$100,127
Hand Therapy	25,447	\$1,104,936	\$958,696	\$146,240	(\$101,064)
Cardiac Rehabilitation	4,383	\$575,828	\$541,945	\$33,883	(\$218,387)
OP Rehabilitation Services Totals	275,855	\$11,394,754	\$8,805,731	\$2,589,023	(\$158,747)

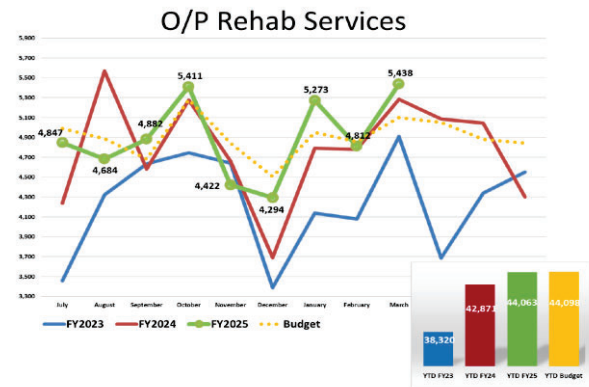
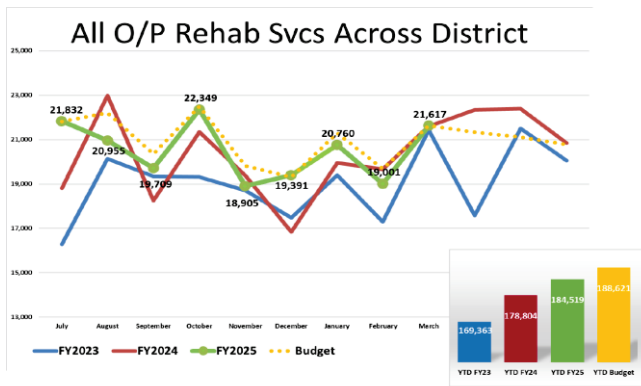
### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	272,631	265,498	280,990	275,855	-2%	
Net Revenue	\$9,474,098	\$9,593,855	\$10,628,570	\$11,394,754	7%	
Direct Cost	\$7,273,556	\$7,502,180	\$8,068,076	\$8,805,731	9%	
Additional Reimb	\$712,603	\$747,678	\$933,100	\$1,657,536	78%	
Contribution Margin	\$2,200,542	\$2,091,675	\$2,560,494	\$2,589,023	1%	
Indirect Cost	\$2,659,541	\$2,808,246	\$2,835,033	\$2,747,770	-3%	
Net Income	(\$458,999)	(\$716,570)	(\$274,538)	(\$158,747)	42%	
Net Revenue Per UOS	\$34.75	\$36.14	\$37.83	\$41.31	9%	
Direct Cost Per UOS	\$26.68	\$28.26	\$28.71	\$31.92	11%	
Add Reimb Per UOS	\$2.61	\$2.82	\$3.32	\$6.01	81%	
Contrb Margin Per UOS	\$8.07	\$7.88	\$9.11	\$9.39	3%	

### GRAPHS



KEY METRICS - FY 2025 NINE MONTHS ENDED MARCH 31, 2025



Notes:

Source: Outpatient Service Line Reports

Criteria: Outpatient Service Lines and Secondary Service Line selections

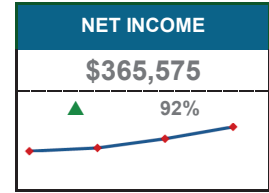
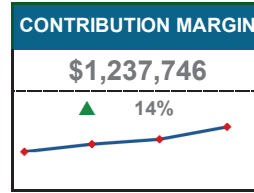
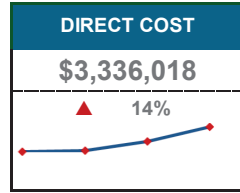
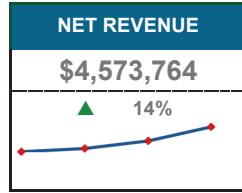
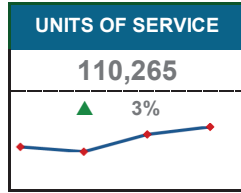
Criteria: specific selection for each Service Line (noted on the individual Service Line Tabs)

# KAWEAH HEALTH ANNUAL BOARD REPORT

FY2025

## Outpatient Services - Therapies - Akers

KEY METRICS - FY 2025 NINE MONTHS ENDED MARCH 31, 2025

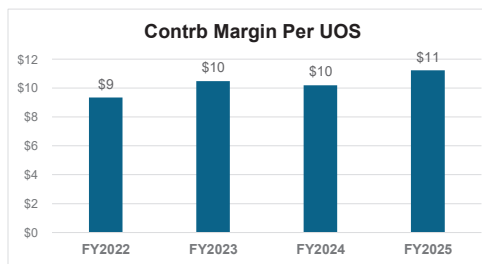
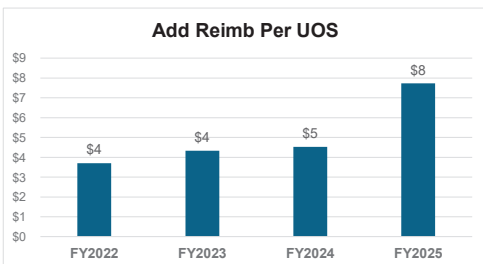
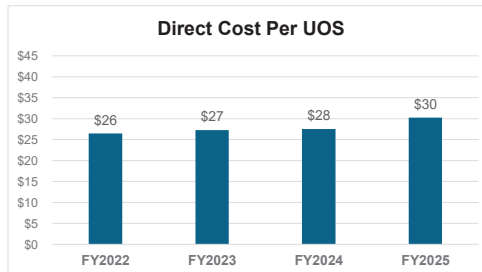
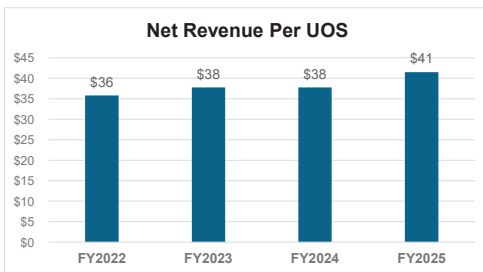


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

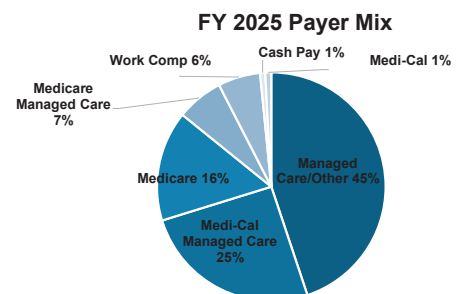
METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	100,563	98,222	106,573	110,265	▲ 3%	
Net Revenue	\$3,600,160	\$3,709,172	\$4,022,024	\$4,573,764	▲ 14%	
Direct Cost	\$2,659,977	\$2,680,773	\$2,935,149	\$3,336,018	▲ 14%	
Additional Reimb	\$371,977	\$425,646	\$481,891	\$852,149	▲ 77%	
Contribution Margin	\$940,182	\$1,028,399	\$1,086,876	\$1,237,746	▲ 14%	
Net Income	(\$634)	\$47,565	\$190,074	\$365,575	▲ 92%	
Net Revenue Per UOS	\$36	\$38	\$38	\$41	▲ 10%	
Direct Cost Per UOS	\$26	\$27	\$28	\$30	▲ 10%	
Add Reimb Per UOS	\$4	\$4	\$5	\$8	▲ 71%	
Contrb Margin Per UOS	\$9	\$10	\$10	\$11	▲ 10%	

### PER CASE TRENDED GRAPHS



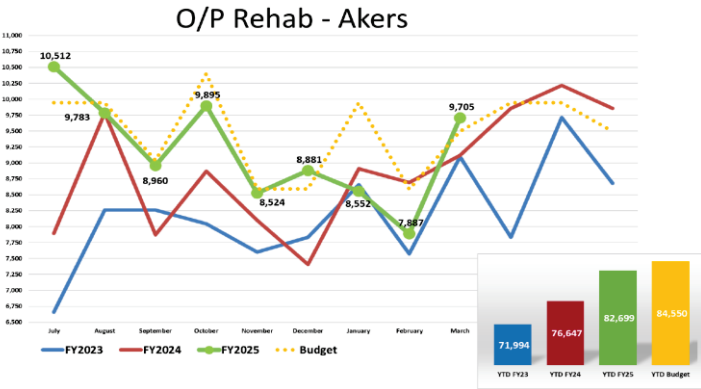
### PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2022	FY2023	FY2024	FY2025
Managed Care/Other	51%	54%	48%	45%
Medi-Cal Managed Care	18%	13%	20%	25%
Medicare	15%	17%	15%	16%
Medicare Managed Care	6%	7%	8%	7%
Work Comp	8%	7%	6%	6%
Cash Pay	2%	1%	1%	1%
Medi-Cal	1%	1%	1%	1%



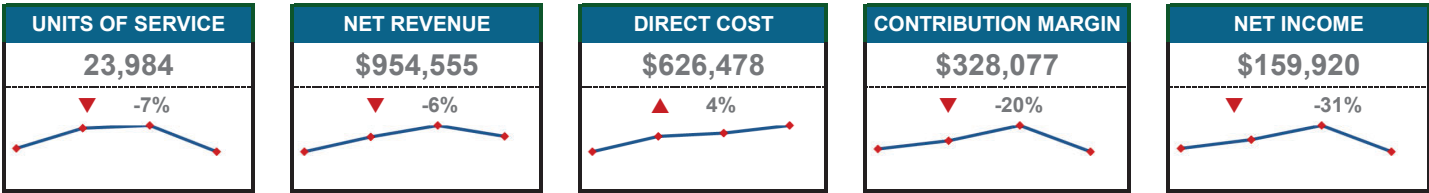
Outpatient Services - Therapies - Akers

KEY METRICS - FY 2025 NINE MONTHS ENDED MARCH 31, 2025



Notes:  
Source: Outpatient Service Line Reports  
Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is CCPTS

KEY METRICS - FY 2025 NINE MONTHS ENDED MARCH 31, 2025

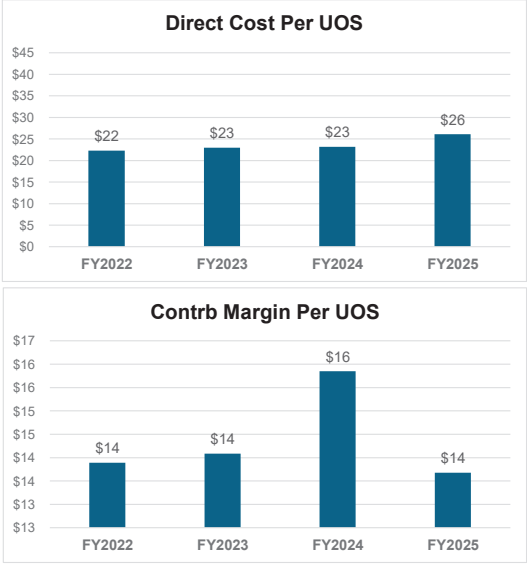
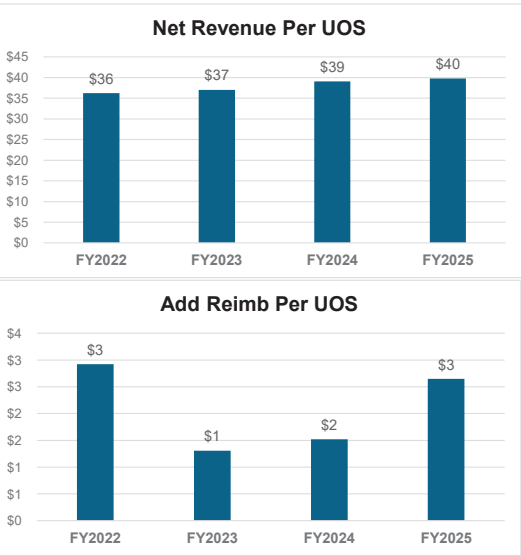


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

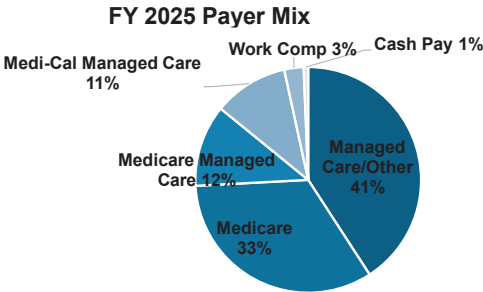
METRIC	FY2022	FY2023	FY2024	FY2025	*Annualized		4 YR TREND
					%CHANGE FROM PRIOR YR		
Units of Service	24,205	25,712	25,906	23,984	▼ -7%		
Net Revenue	\$876,216	\$952,411	\$1,011,557	\$954,555	▼ -6%		
Direct Cost	\$540,014	\$590,199	\$600,906	\$626,478	▲ 4%		
Additional Reimb	\$70,745	\$33,644	\$39,334	\$63,502	▲ 61%		
Contribution Margin	\$336,202	\$362,212	\$410,652	\$328,077	▼ -20%		
Net Income	\$168,147	\$191,418	\$230,390	\$159,920	▼ -31%		
Net Revenue Per UOS	\$36	\$37	\$39	\$40	▲ 2%		
Direct Cost Per UOS	\$22	\$23	\$23	\$26	▲ 13%		
Add Reimb Per UOS	\$3	\$1	\$2	\$3	▲ 74%		
Contrb Margin Per UOS	\$14	\$14	\$16	\$14	▼ -14%		

PER CASE TRENDED GRAPHS

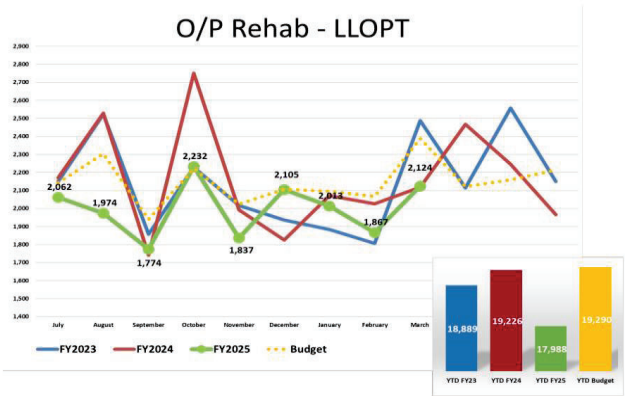


PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2022	FY2023	FY2024	FY2025	
					*Annualized
Managed Care/Other	45%	44%	46%	41%	
Medicare	31%	31%	32%	33%	
Medicare Managed Care	13%	12%	12%	12%	
Medi-Cal Managed Care	8%	9%	6%	11%	
Work Comp	2%	3%	4%	3%	
Cash Pay	1%	0%	1%	1%	



KEY METRICS - FY 2025 NINE MONTHS ENDED MARCH 31, 2025



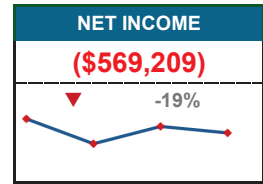
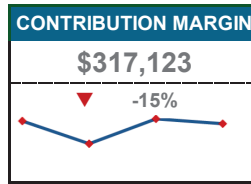
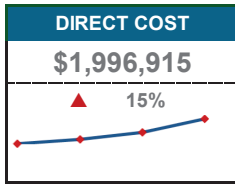
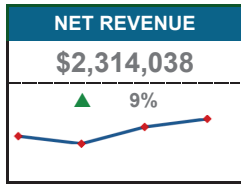
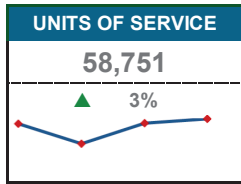
Notes:  
Source: Outpatient Service Line Reports  
Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Lover's Lane Therapy

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Outpatient Services - *Therapies - KHRH*

FY2025

### KEY METRICS - FY 2025 NINE MONTHS ENDED MARCH 31, 2025

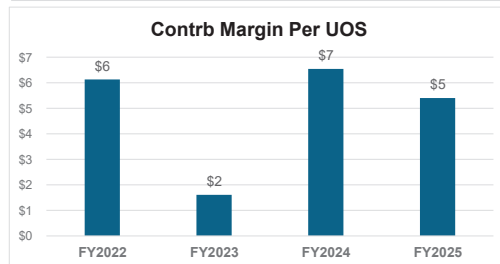
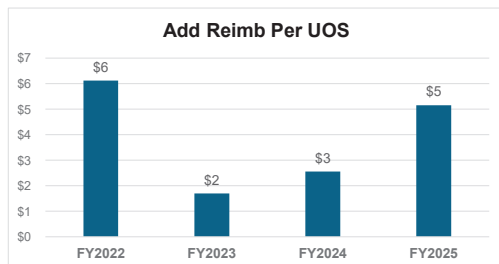
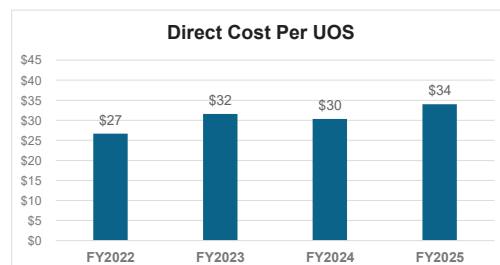
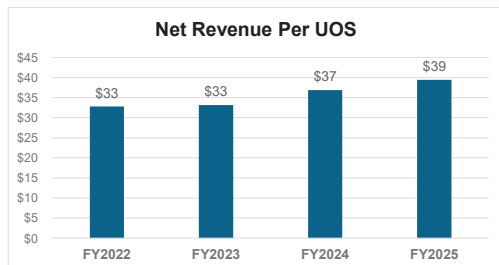


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

### METRICS SUMMARY - 4 YEAR TREND

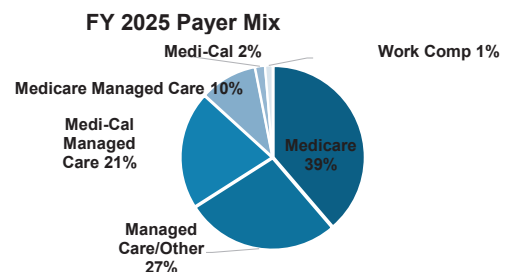
METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	57,196	50,900	57,304	58,751	▲ 3%	
Net Revenue	\$1,876,102	\$1,687,891	\$2,113,718	\$2,314,038	▲ 9%	
Direct Cost	\$1,525,866	\$1,606,078	\$1,739,237	\$1,996,915	▲ 15%	
Additional Reimb	\$115,579	\$86,477	\$146,367	\$302,702	▲ 107%	
Contribution Margin	\$350,235	\$81,813	\$374,480	\$317,123	▼ -15%	
Net Income	(\$375,130)	(\$714,891)	(\$477,952)	(\$569,209)	▼ -19%	
Net Revenue Per UOS	\$33	\$33	\$37	\$39	▲ 7%	
Direct Cost Per UOS	\$27	\$32	\$30	\$34	▲ 12%	
Add Reimb Per UOS	\$6	\$2	\$3	\$5	▲ 102%	
Contrb Margin Per UOS	\$6	\$2	\$7	\$5	▼ -17%	

### PER CASE TRENDED GRAPHS



### PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	25%	37%	38%	39%
Managed Care/Other	28%	27%	30%	27%
Medi-Cal Managed Care	29%	18%	16%	21%
Medicare Managed Care	12%	13%	11%	10%
Medi-Cal	5%	3%	3%	2%
Work Comp	1%	1%	1%	1%



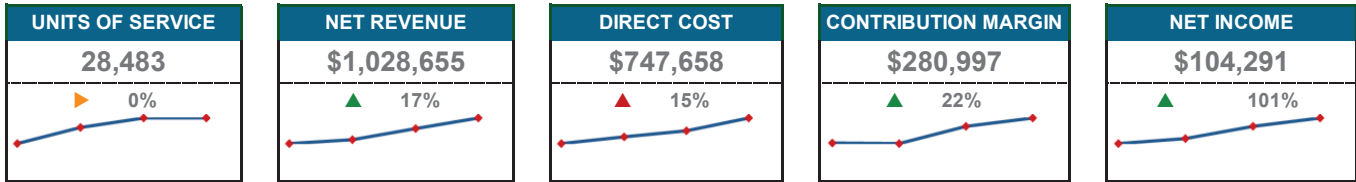
Notes:  
 Source: Outpatient Service Line Reports  
 Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Neuro Clinic

# KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Services - **Therapies - Exeter**

FY2025

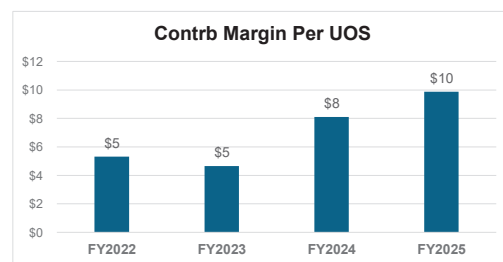
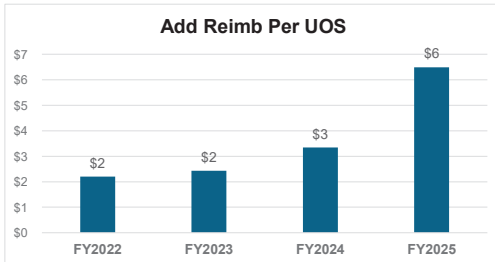
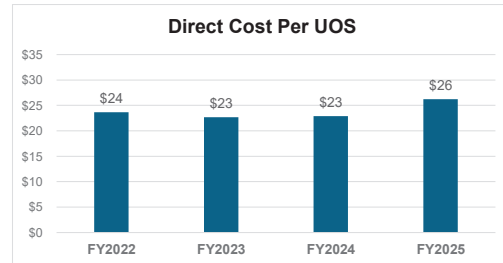
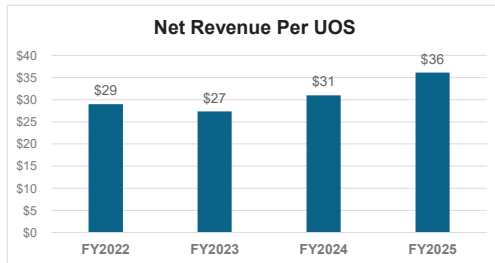
## KEY METRICS - FY 2025 NINE MONTHS ENDED MARCH 31, 2025



## METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	23,399	26,585	28,497	28,483	0%	
Net Revenue	\$678,552	\$726,925	\$882,715	\$1,028,655	17%	
Direct Cost	\$553,974	\$603,023	\$651,956	\$747,658	15%	
Additional Reimb	\$51,449	\$64,556	\$95,373	\$184,835	94%	
Contribution Margin	\$124,577	\$123,902	\$230,759	\$280,997	22%	
Net Income	(\$57,617)	(\$26,447)	\$51,982	\$104,291	101%	
Net Revenue Per UOS	\$29	\$27	\$31	\$36	17%	
Direct Cost Per UOS	\$24	\$23	\$23	\$26	15%	
Add Reimb Per UOS	\$2	\$2	\$3	\$6	94%	
Contrb Margin Per UOS	\$5	\$5	\$8	\$10	22%	

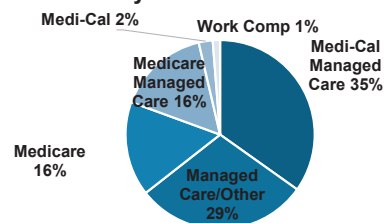
## PER CASE TRENDED GRAPHS



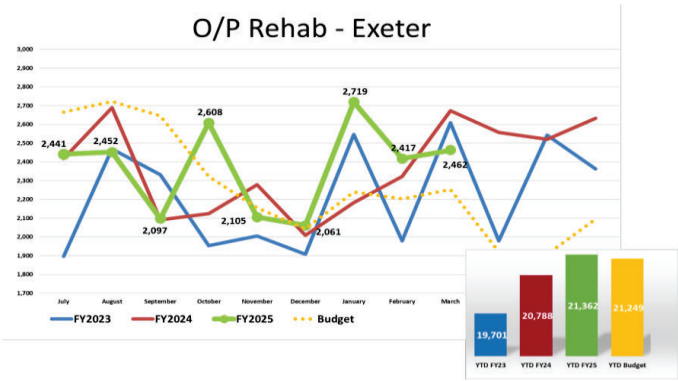
## PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2022	FY2023	FY2024	FY2025
Medi-Cal Managed Care	31%	34%	37%	35%
Managed Care/Other	31%	27%	30%	29%
Medicare	19%	22%	17%	16%
Medicare Managed Care	11%	14%	14%	16%
Medi-Cal	5%	1%	1%	2%
Work Comp	2%	2%	1%	1%

## FY 2025 Payer Mix



KEY METRICS - FY 2025 NINE MONTHS ENDED MARCH 31, 2025



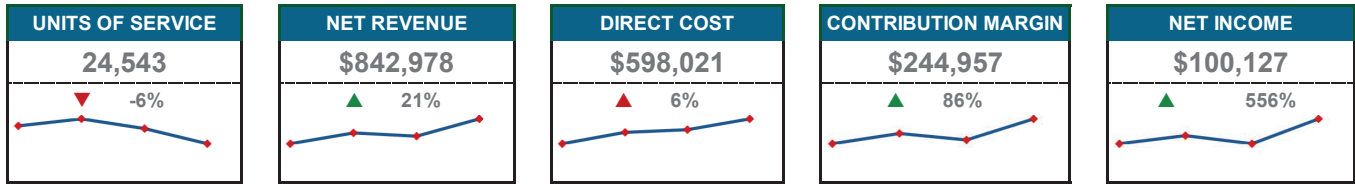
Notes:  
Source: Outpatient Service Line Reports  
Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Exeter Clinic

# KAWEAH HEALTH ANNUAL BOARD REPORT

## Outpatient Services - *Therapies - Dinuba*

FY2025

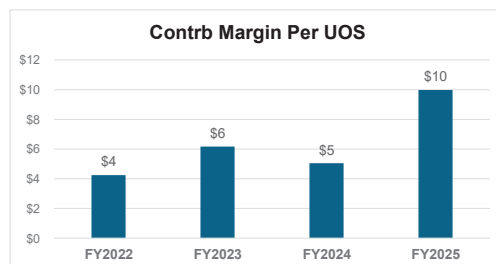
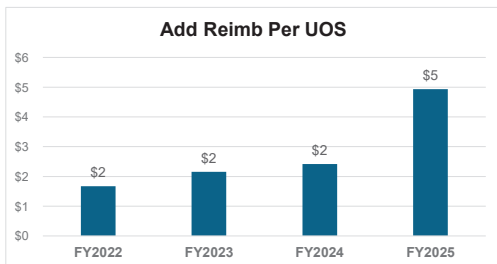
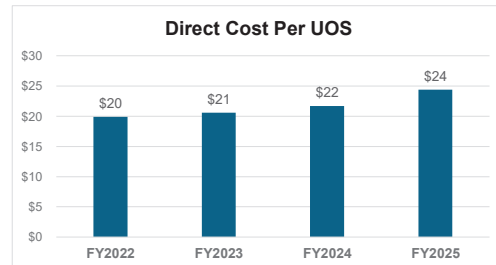
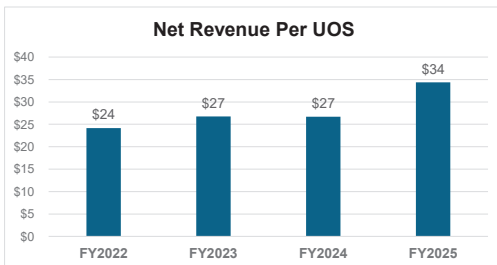
### KEY METRICS - FY 2025 NINE MONTHS ENDED MARCH 31, 2025



### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	26,331	27,079	26,095	24,543	-6%	
Net Revenue	\$635,425	\$723,642	\$696,926	\$842,978	21%	
Direct Cost	\$523,623	\$556,705	\$565,510	\$598,021	6%	
Additional Reimb	\$44,009	\$58,257	\$63,141	\$121,177	92%	
Contribution Margin	\$111,801	\$166,937	\$131,416	\$244,957	86%	
Net Income	(\$22,500)	\$18,658	(\$21,942)	\$100,127	556%	
Net Revenue Per UOS	\$24	\$27	\$27	\$34	29%	
Direct Cost Per UOS	\$20	\$21	\$22	\$24	12%	
Add Reimb Per UOS	\$2	\$2	\$2	\$5	104%	
Contrb Margin Per UOS	\$4	\$6	\$5	\$10	98%	

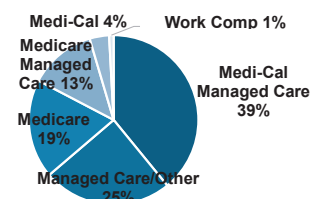
### PER CASE TRENDED GRAPHS



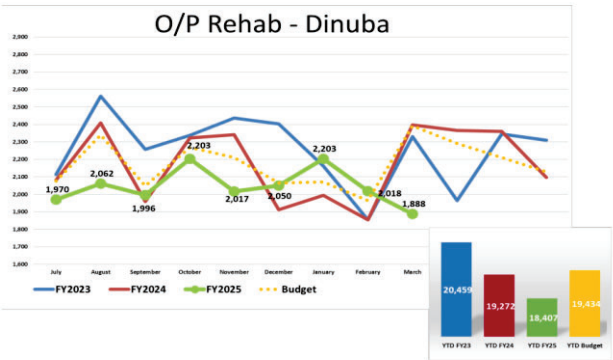
### PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2022	FY2023	FY2024	FY2025
Medi-Cal Managed Care	43%	40%	43%	39%
Managed Care/Other	19%	20%	22%	25%
Medicare	16%	18%	17%	19%
Medicare Managed Care	10%	13%	12%	13%
Medi-Cal	7%	7%	4%	4%
Work Comp	2%	1%	2%	1%

### FY 2025 Payer Mix



KEY METRICS - FY 2025 NINE MONTHS ENDED MARCH 31, 2025

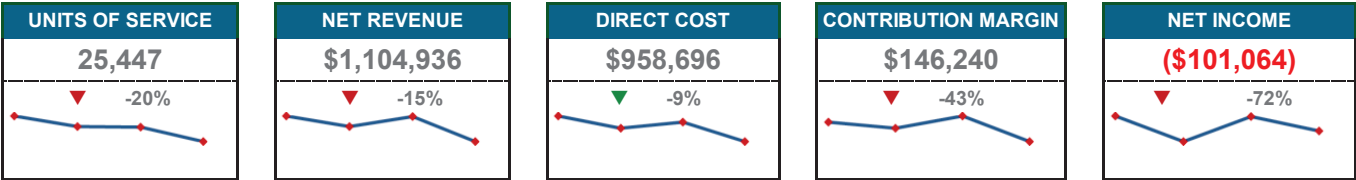


Notes:  
Source: Outpatient Service Line Reports  
Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Dinuba Clinic

KAWEAH HEALTH ANNUAL BOARD REPORT  
Outpatient Services - Hand Therapy

FY2025

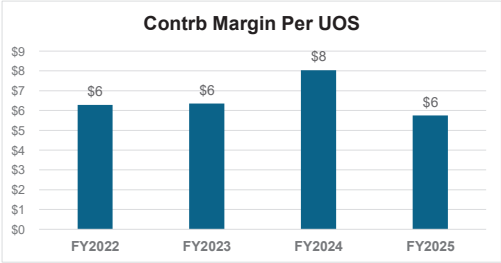
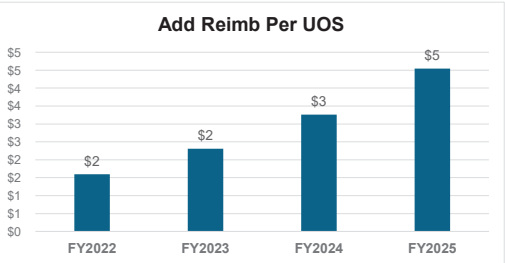
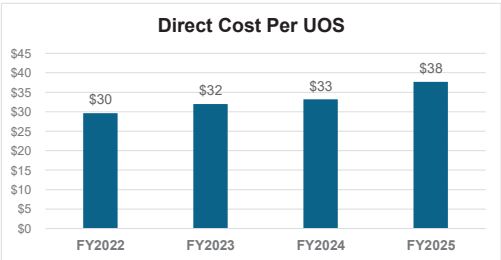
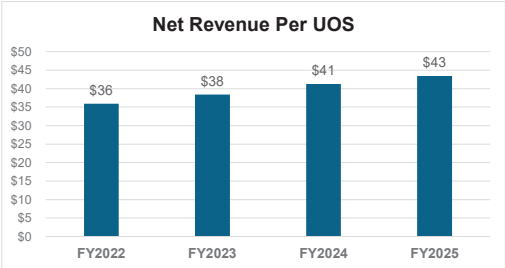
KEY METRICS - FY 2025 NINE MONTHS ENDED MARCH 31, 2025



METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	36,443	31,882	31,708	25,447	-20%	
Net Revenue	\$1,309,197	\$1,222,923	\$1,306,553	\$1,104,936	-15%	
Direct Cost	\$1,080,029	\$1,020,166	\$1,051,772	\$958,696	-9%	
Additional Reimb	\$58,158	\$73,521	\$103,457	\$115,720	12%	
Contribution Margin	\$229,168	\$202,757	\$254,781	\$146,240	-43%	
Net Income	(\$57,696)	(\$132,831)	(\$58,877)	(\$101,064)	-72%	
Net Revenue Per UOS	\$36	\$38	\$41	\$43	5%	
Direct Cost Per UOS	\$30	\$32	\$33	\$38	14%	
Add Reimb Per UOS	\$2	\$2	\$3	\$5	39%	
Contrb Margin Per UOS	\$6	\$6	\$8	\$6	-28%	

PER CASE TRENDING GRAPHS



KAWEAH HEALTH ANNUAL BOARD REPORT

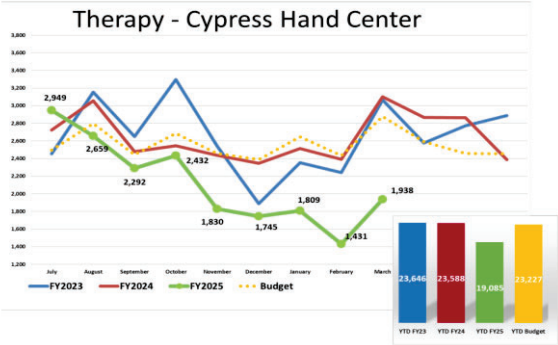
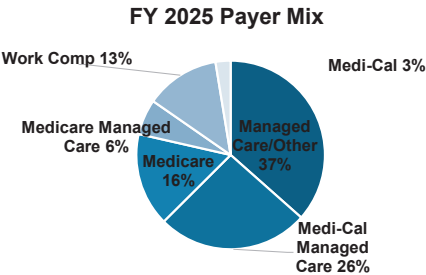
Outpatient Services - *Hand Therapy*

FY2025

KEY METRICS - FY 2025 NINE MONTHS ENDED MARCH 31, 2025

PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	*Annualized			
	FY2022	FY2023	FY2024	FY2025
Managed Care/Other	40%	42%	41%	37%
Medi-Cal Managed Care	29%	24%	29%	26%
Medicare	17%	15%	12%	16%
Medicare Managed Care	5%	8%	9%	6%
Work Comp	8%	8%	6%	13%
Medi-Cal	1%	3%	3%	3%



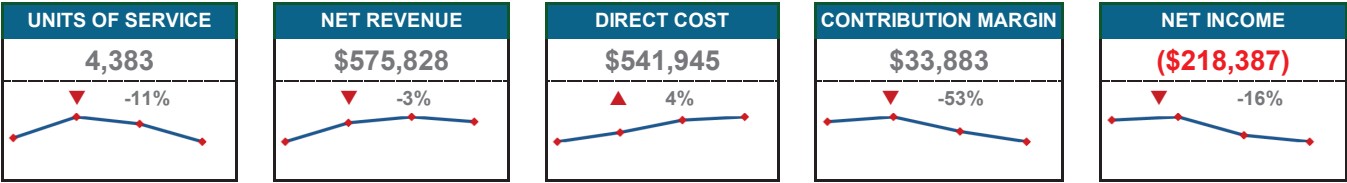
Notes:

Source: Outpatient Service Line Reports

Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Hand Center

\*Visit = monthly billing

KEY METRICS - FY 2025 NINE MONTHS ENDED MARCH 31, 2025

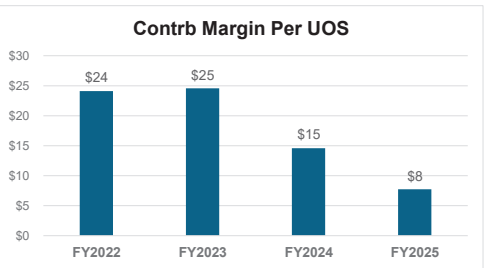
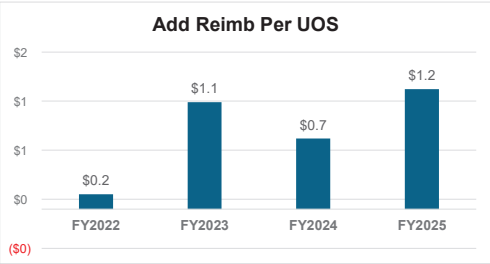
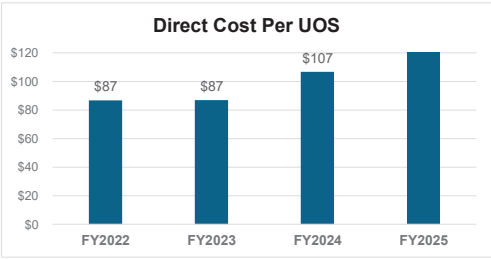
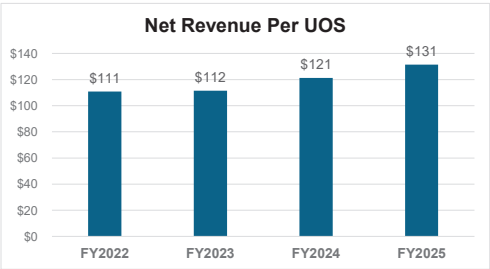


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	*Annualized		4 YR TREND
					%CHANGE FROM PRIOR YR		
Units of Service	4,494	5,118	4,907	4,383	▼	-11%	
Net Revenue	\$498,448	\$570,891	\$595,076	\$575,828	▼	-3%	
Direct Cost	\$390,071	\$445,236	\$523,546	\$541,945	▲	4%	
Additional Reimb	\$685	\$5,577	\$3,537	\$5,356	▲	51%	
Contribution Margin	\$108,377	\$125,655	\$71,531	\$33,883	▼	-53%	
Net Income	(\$113,570)	(\$100,041)	(\$188,213)	(\$218,387)	▼	-16%	
Net Revenue Per UOS	\$111	\$112	\$121	\$131	▲	8%	
Direct Cost Per UOS	\$87	\$87	\$107	\$124	▲	16%	
Add Reimb Per UOS	\$0	\$1	\$1	\$1	▲	70%	
Contrb Margin Per UOS	\$24	\$25	\$15	\$8	▼	-47%	

PER CASE TRENDED GRAPHS

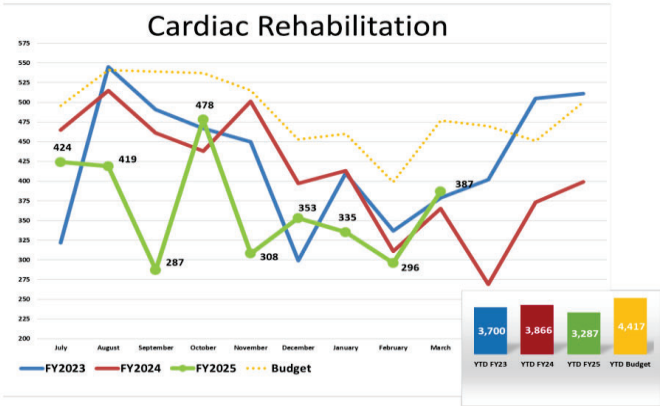
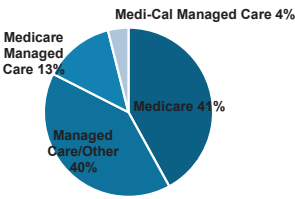


KEY METRICS - FY 2025 NINE MONTHS ENDED MARCH 31, 2025

PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	*Annualized			
	FY2022	FY2023	FY2024	FY2025
Medicare	48%	50%	46%	41%
Managed Care/Other	39%	34%	33%	40%
Medicare Managed Care	7%	9%	16%	13%
Medi-Cal Managed Care	4%	3%	4%	4%

FY 2025 PAYER MIX



Notes:  
Source: Outpatient Service Line Reports  
Criteria: Outpatient Service Line is O/P Therapies and Secondary Service Line is Cardiac Rehab

# Wound Care



# Report to the Board of Directors

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Prepared by: Brian Hitt, Program Director

Medical Director: Dr. Chadi Kahwaji

Executive Sponsor: Ryan Gates, Chief Ambulatory Officer

## Summary

Fiscal Year 2025 was both a transitional and transformative year for the Kaweah Health Wound Care Center. On July 10, 2024, operational management of the center was transitioned to Healogics, a nationally recognized leader in wound care services. This change brought new clinical protocols, operational efficiencies, and industry leading best practices that has yielded measurable benefits, both in improved patient outcomes, and financial stability to the hospital for this service line.

Despite early growing pains in FY-25 due to the initial ramp up period and staffing shortages, the center is projected to close FY25 with a positive contribution margin of \$73,872, bolstered by an influx of \$122,868 from the Medi-Cal Managed Care Directed Payments Program and a surge in patient volume during the second half of the year. This financial turnaround is hand-in-hand with outstanding clinical performance; year-to-date the clinic has a Wound-Mix Adjusted Comprehensive Heal Rate (WMACHR) of 89.1%, indicating exceptional patient care and wound healing outcomes. This is over 30% above industry averages, and 9.1% over Healogics goal of  $\geq 80\%$ .

This report will underscore how the center's late-year stabilization offers a more accurate forecast for FY26, positioning it for continued growth in volume, improved margins, and sustained clinical excellence.

## Quality / Financial Data

### Key Financial Metrics: FY25 Performance Overview

Metric	FY24	FY25	% Change
Net Revenue	\$534,183	\$1,118,381	↑ 109%
Direct Costs	\$447,240	\$1,044,509	↑ 134%
Indirect Costs	\$446,728	\$743,292	↑ 66%
Contribution Margin	\$86,944	\$73,872	↓ 15%
Medi-Cal Directed Payments	\$9,799	\$122,868	↑ 1154%
Net Revenue per Unit of Service	\$52	\$97	↑ 85%

### **Monthly Contribution Margin Trend:**

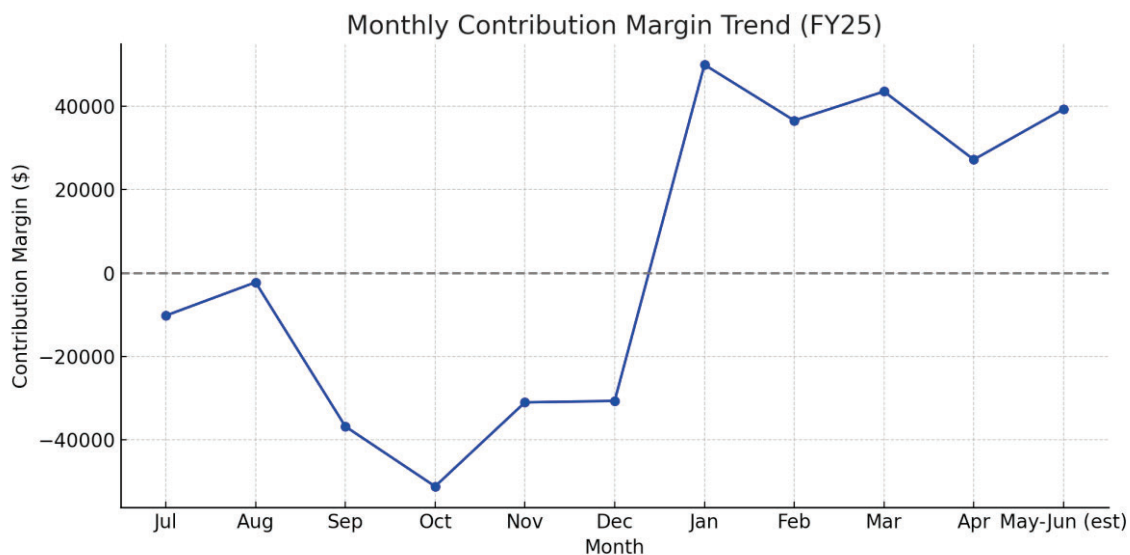
Jul–Dec 2024: Combined negative margin of over -\$160,000 due to ramp-up

Jan–Apr 2025: Strong rebound with a total positive margin exceeding +\$157,000.

May–Jun 2025 (projected): Additional +\$78,598 contribution margin expected.

FY2026 (projected): Total positive contribution margin of \$471,590 if latter half of FY25 is used as baseline; adding an additional growth increase of 5%, \$495,169 could be expected.

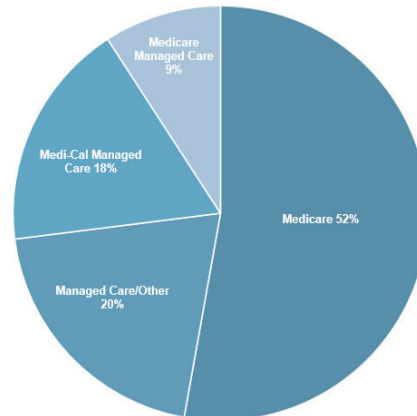
These figures support a sustainable upward trajectory, where second-half performance is not only profitable but scalable, assuming operational consistency and modest volume growth.



**Payer Mix (FY25):**

- Medicare: 52%
- Medi-Cal Managed Care: 18%
- Medicare Managed Care: 9%
- Commercial/Other: 20%

Understanding and optimizing payer mix will continue to be a priority in FY26, especially in maintaining access for Medi-Cal patients while enhancing reimbursement from Medicare and commercial payers.

**Clinical Quality Performance:**

- WMACHR: 89.1% year-to-date—above national benchmarks.
- HBO Therapy: 18 patients treated this year.

**Policy, Strategic or Tactical Issues**

- Stabilization After Ramp-Up
- Reliance on Directed Payments
- Referral Network Development
- HBO Therapy and other advanced modalities optimization

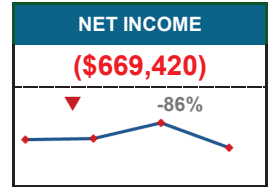
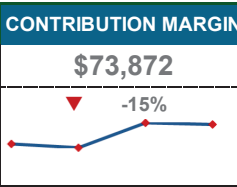
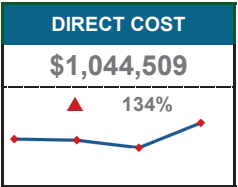
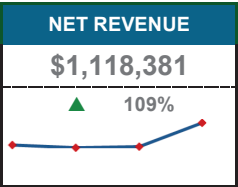
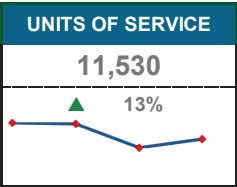
**Recommendations / Next Steps**

1. Leverage FY25 Second-Half Momentum
2. Grow Visit Volumes by 5% or More  
Focus on increasing patient referrals through provider education, strategic marketing, and community partnerships. Modest volume growth will have an outsized impact now that fixed costs are stabilized.
3. Double HBO Therapy Utilization
4. Continue Clinical Excellence
5. Monitor payer impact and ensure services are being reimbursed at the maximum rate allowed.

**Conclusions**

In conclusion, the Kaweah Health Outpatient Wound Care Center has successfully navigated a foundational year. The financial turnaround in the latter half of FY25, coupled with high clinical performance and operational maturity, points to a highly promising FY26.

KEY METRICS - ANNUALIZED FY 2025 TEN MONTHS ENDED APRIL 30, 2025 (Customized to account for volume increase in last half of FY 2025)

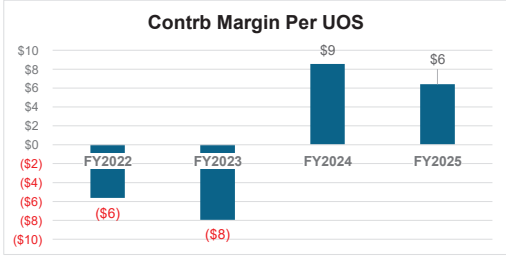
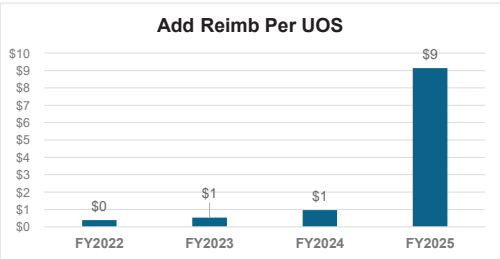
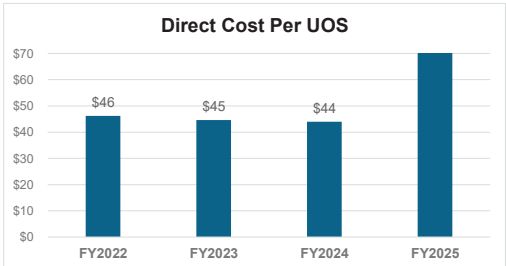
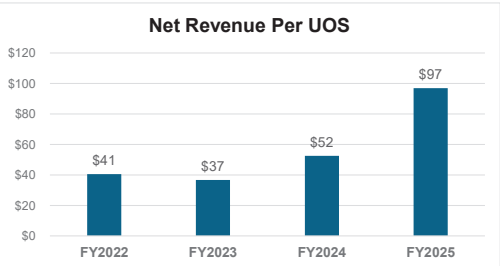


\*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	*Annualized		4 YR TREND
					%CHANGE FROM PRIOR YR		
Units of Service	14,154	13,953	10,181	11,530	▲ 13%		
Net Revenue	\$574,014	\$511,464	\$534,183	\$1,118,381	▲ 109%		
Direct Cost	\$653,544	\$622,223	\$447,240	\$1,044,509	▲ 134%		
Additional Reimb	\$5,457	\$7,304	\$9,799	\$122,868	▲ 1154%		
Contribution Margin	(\$79,530)	(\$110,759)	\$86,944	\$73,872	▼ -15%		
Indirect Cost	\$484,573	\$445,062	\$446,728	\$743,292	▲ 66%		
Net Income	(\$564,103)	(\$555,821)	(\$359,785)	(\$669,420)	▼ -86%		
Net Revenue Per UOS	\$41	\$37	\$52	\$97	▲ 85%		
Direct Cost Per UOS	\$46	\$45	\$44	\$91	▲ 106%		
Add Reimb Per UOS	\$0	\$1	\$1	\$9	▲ 850%		
Contrb Margin Per UOS	(\$6)	(\$8)	\$9	\$6	▼ -25%		

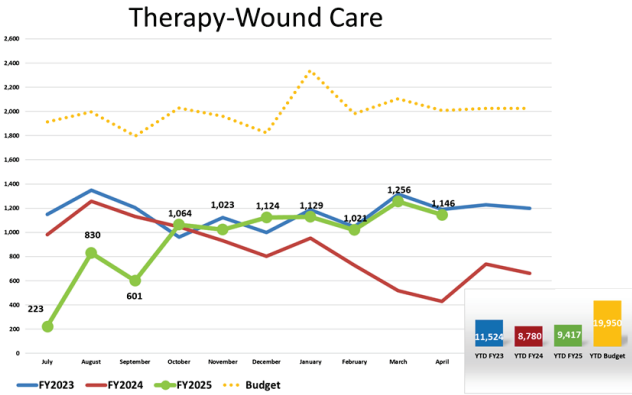
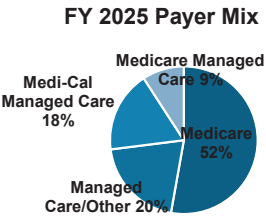
PER CASE TRENDED GRAPHS



KEY METRICS - ANNUALIZED FY 2025 TEN MONTHS ENDED APRIL 30, 2025 (Customized to account for volume increase in last half of FY 2025)

PAYER MIX - 4 YEAR TREND (TOTAL CHARGES)

PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	37%	40%	46%	52%
Managed Care/Other	16%	25%	26%	20%
Medi-Cal Managed Care	29%	18%	9%	18%
Medicare Managed Care	17%	16%	16%	9%



Notes:  
Source: Outpatient Service Line Reports  
Criteria: Outpatient Service Line is Wound Care

**June 4, 2025**

# Kaweah Delta Health Care District

## Board of Directors Committee

### Meeting Minutes

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

---

#### **Marketing & Community Relations Committee – OPEN MEETING**

**Wednesday June 4, 2025**

**Kaweah Health Medical Center – Executive Office Conference Room**

Present: Director: Armando Murrieta; Marc Mertz, Chief Strategy Officer; Deborah Volosin, Director of Patient & Community Experience; Gary Rogers, Communications Manager; Samantha Torres, Social Media Specialist; Amee Longbottom, Sr. Communications Specialist; Jaclyn Bunting, Sr. Digital Strategist; and Lisette Mariscal, Recording

**CALL TO ORDER** – This meeting was called to order at 4:01 PM by Armando Murrieta.

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

**MINUTES**- The open meeting minutes from April 2, 2025 were reviewed.

**COMMUNITY EXPERIENCE** – A verbal update was provided regarding recent community engagement meetings and events.

#### **MARKETING & MEDIA RELATIONS –**

3.1.1 – Announcement of the new Kaweah Health exhibit at ImagineU Children’s Museum. (see Attachment 3.1.1 of the agenda)

3.1.2 – Presentation of new internal graphics. (see Attachment 3.1.2 of the agenda)

3.1.3 – Overview of the recent advertisements, including bus ads, digital ads, and QR code promotions focusing on lab services and Stroke Month. (see Attachment 3.1.3 of the agenda)

3.1.4 – Discussed the content and distribution of the Summer Edition of Vital Signs. (see Attachment 3.1.4 of the agenda)

3.1.5 – Recap of the Kaweah Night at the Rawhide event. (see Attachment 3.1.5 of the agenda)

3.1.6 – A verbal update was provided on the following items:

- May Stroke Month
- Website Enhancements
- Branding Commercial
- Media Planning & Budgeting

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**Mike Olmos • Zone 1**  
President

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

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

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

**Armando Murrieta • Zone 5**  
Board Member

# Kaweah Delta Health Care District

## Board of Directors Committee

### Meeting Minutes

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

- Medical Minute Segment
- Lab Online Appointments Rollout
- Nurses Week/Hospital Week
- Jennah 2-Year Extension

3.2 – An update on recent marketing performance and engagement metrics was presented. (see Attachment 3.2 of the agenda)

Adjourned at 4:46 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

**June 10, 2025**

# Kaweah Delta Health Care District

## Board of Directors Committee

### Meeting Minutes

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

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#### Information Systems Committee – OPEN MEETING

**Tuesday June 10, 2025**

**Kaweah Health Medical Center – Copper Conference Room**

Present: Directors: Dave Francis (Chair) & Lynn Havard Mirviss; Gary Herbst, CEO; Doug Leeper, Chief Information & Cybersecurity Officer; Leah Daugherty, RN, Director of ISS Clinical Informatics; Luke Schneider, Director of ISS Applications Services; Roger Haley, MD, Medical Director of Informatics; Belen Contreras, Recording

Called to order at 2:30PM

Public Participation- None.

**APPROVAL OF AGENDA-** Approval of the ISC Agenda.

**MINUTES-** Minutes were reviewed from June 04, 2024.

**FY26 ISS CAPITAL BUDGET** – Doug Leeper gave an overview of the Information Systems Services capital budget for fiscal year 2026 (copy attached to the original of these minutes and considered a part thereof)  
*Doug Leeper – Chief Information & Cybersecurity Officer*

**AMBIENT LISTENING PILOT** – Doug presented an overview of the ambient listening pilot (copy attached to the original of these minutes and considered a part thereof) – *Doug Leeper – Chief Information & Cybersecurity Officer*

Adjourned at 3:30PM

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.

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**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

**June 11, 2025**



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

Wednesday, June 16, 2025  
Kaweah Health Medical Center  
305 Acequia Avenue, Executive Office Conference Room

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

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

**PUBLIC PARTICIPATION** –None.

**MINUTES**- Reviewed.

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

**HUMAN RESOURCES/ORG DEVELOPMENT INITIATIVES 2025** – Dianne, Hannah, Raleen and Jaime presented Kaweah Care Ideal Environment and Ideal Practice Environment updates relative to current and proposed Initiatives which is attached hereto the minutes.

**KAWEAH CARE STEERING COMMITTEE** – Dianne reviewed the presentation which are attached hereto the minutes.

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

**ADJOURN** – at 4:57pm by Director Havard Mirviss

*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.*

**June 18, 2025**

# Kaweah Delta Health Care District

## Board of Directors Committee

### Meeting Minutes

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

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#### **Finance, Property, Services, and Acquisition Committee – OPEN MEETING**

**Wednesday June 18, 2025**

**Kaweah Health Medical Center – Executive Office Conference Room**

Present: Directors: David Francis & Dean Levitan, M.D.; Gary Herbst, CEO; Malinda Tupper, Chief Financial Officer; Marc Mertz, Chief Strategy Officer; Jennifer Stockton, Director of Finance; Jag Batth, Chief Operating Officer; R. Gates, Chief Ambulatory Officer; K. Davis, Board Clerk  
Recording

Called to order at 10:00AM

Public Participation- None.

**MINUTES-** Minutes were reviewed from May 21, 2025.

**FINANCIALS** – Review of the most current fiscal year financial results and a progress review of projections relative to the Kaweah Health initiatives to decrease costs and improve cost efficiencies (copy attached to the original of these minutes and considered a part thereof) - *Malinda Tupper – Chief Financial Officer*

Adjourned at 11:04 AM

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.

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**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

**June 19, 2025**

**OPEN Quality Council Committee****Thursday, June 19, 2025****The Lifestyle Center Conference Room**

Attending: Board Members: Mike Olmos (Chair) & Dean Levitan, Board Member; Gary Herbst, CEO; Sandy Volchko, Director of Quality & Patient Safety; Jag Batth, Chief Operating Officer, Schlene Peet, Interim Chief Nursing Officer; Mark Mertz, Chief Strategy Officer; Cindy Vander Schuur, Manager of Patient Safety; Dr. Mack, Medical Director of Quality & Patient Safety; Molly Niederreiter, Director of Rehabilitation Services; Marissa Gutierrez, Nurse Manager; Erika Pineda, Quality Improvement Manager; Kyndra Licon – Recording.

Mike Olmos called to order at 7:30 AM.

Approval of Closed Session Agenda: 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. **Approval of May Quality Council Open Session Minutes** – Mike Olmos, Committee Chair; Dean Levitan, Board Member.
  - Approval of May Quality Council Open Session Minutes by Dean Levitan and Mike Olmos.
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 **Hand Hygiene Quality Report**
  - 4.2 **Subacute Quality Report**
5. **Safety Culture Survey** – Results and actions associated with the 2025 Safety Culture Survey. Sandy Volchko, RN, DNP, Director of Quality Patient Safety. – Suggestion to ensure that staff who take the Safety Culture Survey are also included in Day 2 of Orientation where high reliability concepts are discussed.
6. **Clinical Quality Goals Update**– A review of current performance and actions focused on the clinical quality goals for Sepsis, and Healthcare Acquired Infections. – Reports reviewed and attached to minutes. No action taken.

**Adjourn Open Meeting** – *Mike Olmos, Committee Chair*

Mike Olmos adjourned the meeting at 8:55 AM.

**May 20, 2025**

SPECIAL MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD TUESDAY MAY 20, 2025, AT 2:00PM IN THE GME WEST CLASSROOM 5<sup>TH</sup> 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 2:03 PM by Director Olmos.

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

**FLAG SALUTE**- Director Olmos lead the flag salute.

Director Olmos asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – None.

**ELEVATING PATIENT SAFETY** – A Review of Board Education and progress report from Chartis. Copy attached to the original of the minutes and to be considered a part thereof.

**ADJOURN to closed session**- Meeting was adjourned at 3:04PM

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

**May 28, 2025**

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY MAY 28, 2025, AT 4:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Havard Mirviss & Murrieta; G. Herbst, CEO; D. Hightower, Chief of Staff; M. Tupper, CFO; B. Cripps, Chief Compliance Officer; D. Cox, Chief Human Resource Officer; R. Gates; Chief 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.

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, Murrieta, Olmos and Francis Absent: Levitan*

**PUBLIC PARTICIPATION** –None.

Director Olmos asked for approval of the closed agenda.

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

**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 MAY 28, 2025, AT 5:00PM 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 5:13 PM by Director Olmos.

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

**FLAG SALUTE-** Director Murrieta lead the flag salute.

Director Olmos asked for approval of the agenda.

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

**PUBLIC PARTICIPATION** – None.

**CLOSED SESSION ACTION TAKEN:** approval of the closed meeting minutes from April 23, 2025.

**OPEN MINUTES** – Requested approval of the open meeting minutes from April 23, 2025.

**PUBLIC PARTICIPATION** – Sam Sciacca spoke for 5 minutes and gave kudos to the Board of Directors for their great work.

*MMSC (Havard Mirviss/Murrieta) to approve the open minutes from April 23, 2025.*

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

**RECOGNITIONS-** Resolution 2256, 2257.

**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 except the appointment will be for applicant number Q-992295 will be for a one-year appointment.

*MMSC (Havard Mirviss/Francis) 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 and Francis Absent: Levitan*

**CONSENT CALENDAR** – Director Olmos entertained a motion to approve the May 28, 2025, consent calendar.

**PUBLIC PARTICIPATION** – None.

*MMSC (Havard Mirviss/Murrieta) to approve the May 28, 2025, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Murrieta and Francis. Absent: Levitan*

**STRATEGIC INITIATIVE- IDEAL WORK ENVIRONMENT** – A detailed review of strategic plan initiative. Copy attached to the original of the minutes and to be considered a part thereof.

**FY26 STRATEGIC PLAN** – 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 Strategic Plan as presented.

*MMSC (Francis/Havard Mirviss) to approve the FY26 Strategic Plan.*

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

**LEAPFROG SAFETY SCORE REPORT** – Review of Kaweah Health performance and action focused on the safety metrics that are included in the Leapfrog Patient Safety Grade released in Spring 2025. Copy attached to the original of these minutes and considered a part thereof.

**FISCAL YEAR 2026 BUDGET** – Review of the preliminary budget results, concepts, and guidelines. Copy attached to the original of these minutes and considered a part thereof.

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

## **REPORTS**

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

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

**ADJOURN** - Meeting was adjourned at 7:39PM

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

AP19



Subcategories of Department Manuals  
not selected.

Policy Number: AP19	Date Created: No Date Set
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Travel, Per Diem and Other Employee Reimbursements	

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

**POLICY:** Kaweah ~~Delta Health~~ ~~Health Care District~~ will reimburse employees for travel-related expenses and approved business costs, that are reasonably incurred during official Kaweah Health business activities.~~certain travel, travel time, and acceptable business expenses which are reasonably incurred in the course of District Kaweah Delta business.~~ For travel costs relating to the cost of meals and incidentals while on travel to conduct Kaweah Delta business, the employee will receive a per diem rate to cover such costs.

~~All expenses submitted for reimbursement will require original receipts when not covered by the per diem rate. All receipts must include a detail of all items purchased. A summary credit card receipt will not be sufficient for reimbursement. Unless otherwise approved by an Executive Team Member "ET", expenses submitted without original detailed receipts will not be reimbursed by the District.~~Kaweah Delta.

~~Travel or attendance at conferences outside the Contiguous US are generally prohibited. (Contiguous United States consists of the lower 48 states. This excludes Alaska and Hawaii.) Any exception requires the prior approval of the appropriate Director and Executive Team member.~~

#### GENERAL GUIDELINES:

- Per Diem: Employees traveling on Kaweah Health business will receive standard per diem to cover meals and incidental expenses.
- Receipts: All reimburseable expenses not covered by the per diem must be supported by original receipts. Expenses without a receipt will not be reimbursed unless approved by an Executive Team member.
- Travel Outside of the Contiguous U.S.: Travel beyond the ~~the~~ lower 48 states is generally not permitted unless approved by Director andan Executitive Team member. (Contiguous US consists of the lower 48 states which excludes Alaska and Hawaii)

#### **REFERENCES:**

AP46 Commercial Card Expense Reporting Program (CCER)Procurement Card  
AP84 Mileage Reimbursements  
AP105 Professional and Service Club District Reimbursed Memberships  
AP156 Standard Procurement Practices

**AUTHORIZATION:** Authorization for expenses will be obtained as follows:

#### Travel, Per Diem and Other Employee Reimbursements

- Pre-Approval: For conference related travel, the employee must submit a spend authorization in Workday to obtain written approval from their immediate supervisor and Cost Center Manager (Director) (immediate supervisor refers to department Department Director or a member of the Executive Team) prior to the travel taking place (email approval is acceptable). Travel expenses not receiving prior approval will not be reimbursed by the District Kaweah Delta unless later approved by an ETE Executive Team member. A Spend Authorization includes all are out of pocket expenses that the employee anticipates incurring as a result of the travel.
- After travel: Employee expenses must submit an expense report and linked to the approved spend authorization, be approved by the employee's authorized signer (generally a director or ETE Executive Team member). The approver must be an authorized signer with a completed Purchase Authorization Sheet on file with Materials Management (See District Policy AP156) having purchase limits and authority to approve travel expenses.
- Department Manager/Supervisor expenses must be approved by their Director or, Vice President or Sr. Vice President.
- Vice Presidents may sign for expenses to the limit of the authority provided them through the budgeting process. Vice President / Sr. Vice President's travel expenses must be approved by the Chief Executive Officer.
- Goods and services purchased for the benefit of employees and staff appreciation accounted for under any HR program (such as Job Well Done) must have ExecutiveVP and HR approval before the purchase is made to confirm that the department has sufficient budgeted funds available to secure the purchase.

Commented [VJ1]: Would this fall under the procedure section?

**METHODS OF PAYMENT:** Method of payments of approved travel expense is as follows:

- Payment by a District Kaweah Health Delta issued credit card – Approved business expenses paid for by using a District Kaweah Health Delta issued credit card must follow policies as set forth in AP46 (Commercial Card Expense Reporting (CCER))
- Prepayment by Accounts Payable – Travel expenses which are being paid for directly by the District Kaweah Health Delta to a third party vendor must be submitted to Accounts Payable on a on the attached Travel Reimbursement Form or nonstock Accounts Payable Payment Request form before payment will be processed.
- Payment by the Employee (out of pocket expenses) – Approved business expenses may be paid by the employee and reimbursed based on employee reimbursement procedures as outlined herein.

#### PROCEDURE:

Travel, Per Diem, and other Employee Reimbursements not related to travel:

Travel, Per Diem and Other Employee Reimbursements

- I. No matter what mode of travel is being used, travel costs paid for by ~~the DistrictKaweah HealthDelta~~ for travel subsequently cancelled must immediately be refunded to the ~~DistrictKaweah HealthDelta~~ unless such cancellation is for the business benefit or convenience of ~~the DistrictKaweah HealthDelta~~ and has been approved by a member of the ~~ETExecutive Team~~. The approver authorizing the travel is responsible to ensure that the refund is received by the ~~DistrictKaweah HelathDelta~~ timely and the appropriate cost center properly credited for the refund. Non-reimbursable travel and non-travel expenses include, but may not be limited to:

- A. charge card fees
- B. meals in excess of the per diem rate, unless approved by the Executive Team
- C. airline hospitality fees
- D. frequent user program fees
- E. personal services and sundries
- F. personal gas or oil if a mileage allowance is received
- G. baby-sitting/child care fees
- H. traffic or parking violation citations
- I. laundry and valet services
- J. pet care
- J.K. Extra luggage fees
- K.L. replacement of lost luggage
- M. personal gifts
- N. alcoholic beverages except as permitted under section IV and approved by a member of the Executive Team or Board of Directors.
- ~~L. alcoholic beverages except as permitted under section IV and approved by a member of the ET Executive Team or Board of Directors.~~

- II. After travel: Employees must submit an expense report and linked to the approved spend authorization.

~~II.III.~~ Air Travel and Lodging

- A. The lowest appropriate airfare will be obtained at all times unless alternative is specifically approved by the ~~Employee's employee's supervisor (supervisor refers to department Department Director or a member of the Executive Team)~~ as applicable. Employees will only be reimbursed for the cost of coach fares and standard luggage fees.
- B. Hotels offering special or corporate rates should be used whenever possible. When attending a conference, employees may stay at the hotel where the event is held to take advantage of the conference "host" discount.
- C. Employees may participate, to their own personal benefit, in frequent user bonus programs. ~~KDHCD-Kaweah HealthDelta~~ will not reimburse any employee for costs associated with participation in frequent user bonus programs. Employees may not seek reimbursement when using rewards points for payment onfor airfare or lodging.

Commented [VJ2]: Would this fall under the procedure section?

Commented [VJ3]: May need to be reworded

Commented [VJ4]: Does this belong here?

Travel, Per Diem and Other Employee Reimbursements

III.IV. Ground Transportation - Employees requiring ground transportation shall determine and utilize the most cost-effective means available.

A. Personal Vehicle - When it is necessary for an employee to utilize their personal vehicle to conduct DistrictKaweah HealthDelta business, expenses will be reimbursed in accordance with AP84 (Mileage Reimbursement).

~~B.~~ Taxi, Hotel or Airport Shuttle, Convenience Vans, etc. - Employees requiring transportation to or from a commercial carrier port such as an airport shall employ the most cost-effective alternative in arriving at their destination. Reimbursement will be made available to employees based upon actual costs incurred, supported by a detailed receipt. The use of alternate transportation shall only be used if more cost effective than the use of the employee's personal vehicle. Any exceptions must be approved by the employee's supervisor.

Commented [VJ5]: Should this be the supervisor?

~~C.B.~~ Rental Cars - When adequate transportation at lower cost is not available (i.e., personal car, hotel or airport shuttle, taxi, etc.), cars (up to mid-sized) may be rented from a local vendor. Employees will not be reimbursed for charges associated with the rental company fee for waiver for collision/loss damage or liability.

~~D.~~ Private Limousine - Limousine costs will be reimbursed only when other reasonable transportation (i.e., shuttle, rental car, taxi cab, etc.) is not available.

IV.V. Meals and ~~incidentals~~ Incidentals - Other than specific identified exceptions, meals and incidentals will not be reimbursed based on the cost of the meal or item of purchase. Instead, employees shall receive a standard travel per diem rate to cover all meals and incidentals while traveling (See Per Diem Section below). Exception to the per diem rate for which meals can be reimbursed based on original receipt include:

A. Reimbursing an ET-Executive Team member, Director, or Board member for the cost of a group meal incurred while meeting with a business group consisting of employee(s), physician(s), supplier~~vendor~~(s), employee or physician recruitment or any group meeting on DistrictKaweah HealthDelta business.

B. Reimbursing an employee for the cost of a meal incurred while entertaining a visitor or other non-DistrictKaweah HealthDelta employee on DistrictKaweah HealthDelta business with the approval of the ET-Executive Team or Board member.

C. Reimbursing an employee for the cost of a meal incurred while entertaining a prospective physician candidate with the approval of the Executive Team member~~the Vice President~~.

~~D.~~ In the circumstances described above in items A, B, and C, alcoholic beverages may be consumed in connection with the meal and shall be considered a reimbursable business expense. Such purchases shall be reasonable and reflective of appropriate judgement/prudence.

Commented [VJ6]: Should this be "D" or a standard paragraph?

V.VI. Per Diem - Employees will receive a standard travel per diem rate to cover all expenses incurred by the employee on behalf of DistrictKaweah HealthDelta during travel (aside from air fares, standard luggage fees, hotel registrations, mileage, transportation, and registration fees which are paid for by the DistrictKaweah HealthDelta or directly reimbursed to the employee). A travel day includes the day immediately before and after the business event or if traveling on the same day as the business event, the travel day includes the official work day that is more

#### Travel, Per Diem and Other Employee Reimbursements

than 12 hours but less than 24 hours as allowable by the U.S. General Service Administration located at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem).

- A. To receive a per diem payment prior to travel, the employee must submit a ~~Spend Authorization and an Expense report in Workday to Finance~~ at least one week prior to travel an approved Travel Reimbursement Form (see attached form) requesting a per diem payment along with the required documentation described below in Section VII. If travel is canceled for any reason, and not approved by an Executive Team member, the employee must immediately refund District Kaweah Health Delta the per diem payment received for days not traveled unless otherwise approved by the Executive Team.
- B. To receive the per diem payment after travel has been completed the employee must submit an Expense report to Finance within 60-30 days after travel has been completed an approved Travel Reimbursement Form (see attached form) requesting per diem pay along with the required documentation described below in Section VII.

VII. Entertainment – All requests for reimbursement of entertainment expenses must be approved by an Executive Team member.

#### VIII. –Other Reimbursable Expenses:

##### A. Allowable Expenses

1. When obtaining goods, supplies or services through the normal purchasing procedure outlined in AP156 (Standard Procurement Practices) is not appropriate or practical for the given situation, or travel.
2. Purchases made must be for expenses associated with official Kaweah Health business.
3. Dues and memberships expenses must be in compliance with AP105 (Professional and Service Club District Reimbursed Memberships)

##### B. Prohibited Expenses

1. Capital expenditures, unless prior approval is obtained by the CEO and obtaining the capital item through the normal purchasing procedure via Materials Management is not appropriate or practical.
2. Goods, supplies or services normally purchased through materials management in accordance with Kaweah Health's Standard Procurement Practices (District Administrative Policy AP156)
3. Leases/rental agreements
4. Maintenance/Service Agreements
5. Software Licensing Agreements
6. Supplier Invoices of any kind
7. Office supplies in order to circumvent the normal ordering process (must be procured through the Office Depot punch-out systems within Workday website or through Materials Management)
8. Amazon purchases from a personal account (must be procured through Materials Management)
9. Services of sole proprietorships, individuals, non incorporated businesses, or physician payments (these are 1099 reportable and generally covered by a District Kaweah Health contractual agreement)
10. Payment of any type of penalty or fines, unless approved by the CEO or Compliance Department

VI.

## Travel, Per Diem and Other Employee Reimbursements

### ~~VII~~IX. Required Documentation for ~~all All~~T Travel:

- A. ~~A Spend Authorization must be completed in Workday and~~Instead of completing a nonstock form, the employee must complete the Travel Reimbursement Form (see attached form) and must include (i) ~~appropriate approval for travel as discussed above under "Authorization",~~ (ii) ~~the allowable per diem rate~~Per Diem Calculation form along with the allowable per diem rate for location of travel as provided by the U.S. General Service Administration located at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem) and included on ~~KD~~CentralKaweah Compass and (iii) evidence of the number of days traveling and location. ~~The Travel Reimbursement Form is to be completed for each request for payment.~~
- B. No receipts need to be submitted for expenses incurred that will be covered by the per diem rate. For expenses not covered by the per diem rate, ~~original itemized receipts~~ **MUST** be submitted uploaded when creating an expense report for reimbursement to the approver and attached to the Travel Reimbursement Form in order to be submitted to Finance for reimbursement.
  1. ~~For vendor supplier purchases, a receipt including the vendor name, transaction amount, date, and detail of the item(s) purchased.~~
  2. ~~For Internet purchases, a screen print or order confirmation email~~
  3. ~~All receipts and/or invoices less than 8 ½ by 5 ½ inches must be taped to a plain white sheet of paper. Multiple receipts may be included on the same sheet of paper, but they may not overlap.~~
- C. In the rare and unique occurrence that a receipt cannot be located, an Executive Team member must sign a Statement of No Receiptthe Travel Reimbursement Form approving the missing receipt in order to be reimbursed. The ~~e~~Executive Team member can deny the reimbursement request.
- D. If the business purpose of the transaction is not evident upon review of the receipt, further documentation of the business purpose is required.

### Guidelines for Travel Time to determine hours to be paid.

1. Seminars, conferences, institutes or workshops inside or outside ~~the District~~Kaweah Health's setting that directly impact or contribute to the employee's current job responsibilities may be compensated. If these meetings or courses are deemed "mandatory," there are specific wage and hour laws pertaining to compensation and for compensation for travel time for non-exempt personnel.
2. Time spent by employees attending training programs, lectures and meetings are not counted as hours worked if the attendance is voluntary on the part of the employee and all of the following criteria are met:
  - a. Attendance is outside of regular working hours;
  - b. Attendance is voluntary and employment will not be affected by nonattendance;
  - c. The course, lecture, or meeting is not prescribed by Kaweah ~~Health~~Delta;
  - d. The employee does not perform any productive work during such attendance.

### Overnight Travel Out of Town:

1. If an non-exempt employee is required to travel on an overnight, mandatory out-of-town assignment, the employee will be paid for all hours from the time the employee leaves his/her

#### Travel, Per Diem and Other Employee Reimbursements

home until the time that he/she reaches his/her destination. However, if the employee leaves directly from home to begin his or her travel, the employee's normal commute time shall be subtracted from the compensable travel time at the beginning and end of travel day.

2. If an employee is required to report to his or her worksite first and then leaves for the out-of-town travel assignment, all travel time is compensable, but the employee's normal commute will be subtracted at the end of the day.
3. Time that the employee spends sleeping and time when the employee is free to engage in purely personal pursuits in not compensable.

#### Meal and Rest Period Policy:

- Regardless of the type of travel, if being paid productive hours, employees are required to comply with the meal and rest period policies on any travel date. Time that employees spend taking uninterrupted meal breaks of at least 30 minutes is not considered compensable "hours worked."

#### Procedures:

~~If the employee is eligible for compensation for attendance at any such meetings, classes or seminars, the time must be noted on the timekeeping record as such. Each employee is to complete a timesheet for each day of travel, recording hours worked. The timesheet should indicate the start and stop time of each travel and work period, as well as the start and stop time of each meal period. Pay will be generated from the employee's own accurate account of their time spent working and traveling. Each employee's time sheet must be signed by the employee and is subject to audit. The employee will receive his/her current hourly rate for all hours, exclusive of any differentials, but within wage and hour laws pertaining to overtime.~~

#### Refer to AP84: Mileage Reimbursement

Applies to mandatory seminars, conferences, institutes or workshops inside or outside the District setting that directly impact or contribute to the employee's current job responsibilities.

*"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."*

Travel, Per Diem and Other Employee Reimbursements

Kaweah Delta Health Care District

400 W. Mineral King — Visalia, CA 93291-6263 (559) 624-2000

Travel Approval and Reimbursement Form

\*This form must be completed to submit request for conference and travel approval and for payment of per diem or reimbursement of travel expenses\*. Submit completed form with supporting documentation and/or receipts to your Department Manager / Supervisor or Vice President / Sr. Vice President / CEO as applicable.

Name: \_\_\_\_\_ Department # \_\_\_\_\_ Date: \_\_\_\_\_

Title of Seminar / Conference: \_\_\_\_\_

Location (City, State) of Seminar / Conference: \_\_\_\_\_

Dates of Conference \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

TRIP DETAIL	Estimated Expense	Actual Expense	Method of Payment	Supporting Documentation for payment request? If "no" explain why.
Registration Fees (608700)			<div><input type="checkbox"/> D Wells Fargo</div> <div><input type="checkbox"/> Personal Card</div> <div><input type="checkbox"/> Cash</div>	
Mileage rate when using own car: Total miles _____ x \$ _____ per mile Rate is determined by IRS.gov rate				
Public Transportation: Air, Bus, Train, Cab, etc. _____			<div><input type="checkbox"/> D Wells Fargo</div> <div><input type="checkbox"/> Personal Card</div> <div><input type="checkbox"/> Cash</div>	
Lodging(See AP19- "Air Travel and Lodging" Paragraph: Total days _____ x \$ _____ per day*			<div><input type="checkbox"/> D Wells Fargo</div> <div><input type="checkbox"/> Personal Card</div> <div><input type="checkbox"/> Cash</div>	
Per Diem(See AP19 -"Per Diem" Section III)Working days _____ x \$ _____ per day* Travel days _____ x \$ _____ per day x 75%*				

Travel, Per Diem and Other Employee Reimbursements

Meals(See AP19- "Meals" Section III)			<input type="checkbox"/> D-Wells Fargo	
Misc. Expenses (please specify) -Parking / Car Rental, etc.			<input type="checkbox"/> D-Wells Fargo <input type="checkbox"/> ersonal Card <input type="checkbox"/> ash	
TRAVEL COSTS TO BE CHARGED TO (608800)				

\* Amounts exceeding the per-day allowances must be approved by an Executive Team member prior to travel.

Approval (Must include an Authorized Signor for the department being charged)

Conference Approval \_\_\_\_\_ Expense/Reimbursement Approval \_\_\_\_\_

\_\_\_\_\_  
Employee Signature \_\_\_\_\_ Employee Signature \_\_\_\_\_

\_\_\_\_\_  
Authorizing Supervisor \_\_\_\_\_ Authorizing Supervisor \_\_\_\_\_  
(Director level or above) \_\_\_\_\_ (Director level or above) \_\_\_\_\_

AP46

<b>Policy Number:</b> AP46	<b>Date Created:</b> No Date Set
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration)	
<b><u>Commercial card expense reporting (CCER) program</u>Procurement Card</b>	

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

**POLICY:** To improve internal controls and cost-effectiveness, Kaweah ~~Delta Health-Care-District~~Health participates in the WellsOne Expense Manager Program. When obtaining goods or supplies through the normal purchasing procedure is not appropriate or practical for the given situation, authorized staff members who possess a ~~District~~Kaweah Health issued credit card (Cardholder) can make certain local purchases on a limited basis. Advantages of using this method for making smaller, local purchases include:

- Reduction of paperwork & streamlines the purchasing cycle for vendors that don't normally accept a purchase order
- Improves internal controls at the department level for point of sale transactions
- Allows for transactions to be integrated into the financial accounting system
- Reduces the number of accounts payable checks written by providing centralized billing and settlement (one monthly payment to Wells Fargo bank versus multiple vendor payments)

#### **REFERENCES:**

AP19 Travel, Per Diem and Other Employee Reimbursements  
AP105 Professional and Service Club District Reimbursed Memberships  
AP135 Capital Budget Purchases  
AP156 Standard Procurement Practices

#### **PROCEDURE:**

##### I. Executive Team Responsibilities

- A. Authorize cardholders-, approve cardholder's transactions and/or reconciler, and establish original monthly and transactional spending limits for the cardholder set forth in the Procurement Card Application
- B. Authorize any modifications to Item (A) above.
- C. Sign and approve the Procurement Card Application/Modification and Agreement form related to Items (A) and (B) above.
- D. Ensure that all employees abide by the Procurement Card policies and procedures

##### II. Approver's Responsibilities

- A. Must sign the cardholder agreement to acknowledge the responsibilities of the use of the procurement card and approver's responsibilities  
~~Must participate in procurement card training~~
- B. Responsibility for the control and stewardship of the procurement card lies with each department. The department is responsible for ensuring that cardholders are purchasing with competence and honesty and providing complete and reliable backup for the purchase. Any abuse or misuse of the procurement cards must be reported to the appropriate Executive Team member and the Financial Accounting Manager, or designee.
- C. Review ~~all charges billed to a~~ cardholder's transactions card to ensure that the charges are appropriate and reconciled to receipts. Charges must meet the requirements as set forth in District Policies, including but not limited to, AP19 (Travel, Per Diem and Other Employee Reimbursements), AP84 (Mileage Reimbursements), AP105 (Professional and Service Club District Reimbursed Memberships), AP156 (Standard Procurement Practices). Review and approval must be made on a regular basis.
- D. Ensure the transaction's description, spend category and cost center coding are appropriate.
- E. Ensure that original receipts are uploaded and reconciled to the corresponding transaction prior to ~~online~~ approval.
- F. Ensure that all transactions have the required supporting documents.
- G. Report any suspected fraud or negligence of this policy to an Executive Team member and Finance Manager, or designee.
- H. Failure to follow this policy may result in the relinquishment of Approver responsibilities.

### III. Cardholder Responsibilities

- A. Participate in a procurement card training and sign the cardholder agreement to acknowledge the responsibilities of the use of the procurement card.
- B. Abide by all procurement card policies and procedures when making purchases as outlined in this policy and the Purchasing Card Agreement. Failure to adhere to the procedures as outlined in this policy will result in revocation of individual Cardholder privileges and may result in disciplinary action
- C. Ensure the physical security of the purchasing card and protect the account number and all other security aspects of the card. ~~The card should be kept in a secure location.~~ Cardholders are responsible for all transactions posted to their account. Immediately report lost or stolen cards to Wells Fargo Bank, cardholder's Approver and the Financial Accounting Manager, or designee. The cardholder may be liable for charges incurred until the card is reported lost, stolen, or misplaced.
- D. The use of the card by any person other than the cardholder may result in revocation of the individual Cardholder privileges and may result in disciplinary action of the person using the card.

- E. Ensure the transaction's description, spend category and cost center coding are appropriate. Adjust spend category and cost center codes as appropriate within the financial accounting system.
- F. Provide required documentation for each purchase in accordance with the "Required Documentation Section" of this policy
- G. Any disputed transactions must be reported to Wells Fargo's customer service.
- H. Transactions **MUST** be reconciled by the end of the month. If the end of the month falls on a weekend, transactions should be reconciled the next business day in order for the expense to post to the cost center for that billing period

#### IV. Issuance of the Procurement Card

- A. ~~The District Kaweah Health~~ in coordination with Wells Fargo Bank issues the procurement card.
- B. The Procurement Card Application/Modification Form and the Procurement Card agreement **MUST** be completed, approved and returned to the Financial Accounting Manager prior to ordering the card.
- C. Cardholders must complete training before the procurement card is issued.
- D. Cardholders must pick up the card in Finance.

#### V. Allowable ~~Purchases~~ Transactions

- A. ~~The District Kaweah Health's~~ procurement card may be used for the following:
  - 1. Certain local purchases on a limited basis.
  - 2. When obtaining goods, supplies or services through the normal purchasing procedure outlined in AP156 (Standard Procurement Practices) is not appropriate or practical for the given situation, or travel.
- B. All purchases made with the procurement card must be for expenses associated with official ~~District Kaweah Health~~ business.
- C. Travel expenses must be in compliance with AP19 (Travel, Per Diem and Other Employee Reimbursements).
- D. Procurement card purchases by Accounts Payable staff in lieu of check or EFT payment
- E. ~~Credit~~Procurement card purchases by Materials Management staff in lieu of vendor credit terms
- F. Dues and memberships expenses must be in compliance with AP105 (Professional and Service Club District Reimbursed Memberships)
- G. Goods and services purchased for the benefit of employees and staff appreciation accounted for under any HR program (such as Job Well Done) must have Executive Officer and HR approval before the purchase is made to confirm that the department has budgeted funds available.

#### VI. Prohibited ~~Purchases~~ Transactions, include but not limited to

- A. Cash advances

- B. Capital expenditures, unless prior approval is obtained by the CEO and obtaining the capital item through the normal purchasing procedure via Materials Management is not appropriate or practical.
  - C. Goods, supplies or services normally purchased through materials management in accordance with ~~the DistrictKaweah Health's~~ Standard Procurement Practices (District Administrative Policy AP156)
  - D. Leases/rental agreements
  - E. Maintenance/Service Agreements
  - F. Software Licensing Agreements
  - G. Supplier (Vendor) Invoices of any kind
  - H. Personal items as noted in AP19 (Travel, Per Diem and Other Employee Reimbursements) or HR188 (Personal Property and Valuables)
  - I. Office supplies (must be procured through the Office Depot punch out systems within Workday website or through Materials Management)
  - J. Amazon purchases from a personal account (must be procured through Materials Management)
  - K. Services of sole proprietorships, individuals, non incorporated businesses, or physician payments (these are 1099 reportable and generally covered by a ~~DistrictKaweah Health~~ contractual agreement)
  - L. Any purchase categories blocked through the purchasing card Merchant Category Codes (MCC)
  - M. Payment of any type of penalty, unless approved by the CEO or Compliance Department
  - N. Multiple purchases to circumvent a cardholder's single purchase limit.
- VII. Automatic cancelation of a cardholder's procurement card, include but not limited to
- A. More than two instances of using the credit card for personal purchases
  - B. More than two instances of a lost card
  - C. More than two instances of securing purchases not allowable under this policy
  - ~~More than two instances of being on the decline report without correction~~
  - D. More than two monthly instances of failure to reconcile transactions
  - E. ~~ThreeSix~~ (36) consecutive months with without usage
- VIII. Required Documentation
- A. Original receipts **MUST** be uploaded to each transaction:
    - 1. For ~~vendor~~standard purchases, a receipt including the ~~vendor~~merchant's name, transaction amount, date, and detail of the item(s) purchased.transaction
    - 2. For Internet purchases, a screen print or order confirmation email.
  - B. In the rare and unique occurrence that a receipt cannot be located, an Executive Team member must approve the transaction via emailby completing the Statement of ~~LostNo~~ Receipts. Upload the email approval as support for the transaction. The executive team member

can require the cardholder to reimburse the ~~District~~Kaweah Health for transactions not supported by a receipt.

- C. If the business purpose of the transaction is not evident upon review of the receipt, further documentation ~~of the business purpose~~ will be required.
- D. Documentation relating to purchases and AP105 (Professional and Service Club District Reimbursed Memberships) and AP156 (Standard Procurement Practices) must be in compliance with the governing District policy.
- E. If purchases relate to Job Well Done, Executive Team Member and HR approval documentation must be attached.

"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

**Procurement Card Application/Modification Agreement**  
**Kaweah Delta Healthcare District**

**Cardholder Information – To be completed by Cardholder**

<u>Last Name</u>	<u>First Name</u>
<u>Job Title</u>	<u>Employee ID</u>
<u>Dept. Name</u>	<u>Dept #</u>
<u>Cardholder's email</u>	<u>Business Phone</u>
<u>Card Business Purpose</u>	

**Procurement Card Controls – must be completed by Authorizing Executive Team Member**

**Procurement Card Controls**

<u>Card Type</u>	<u>Spend Limits</u>
<u>Level 1</u>	<u>Monthly: \$500.00</u> <u>Single: \$100.00</u>
<u>Level 2</u>	<u>Monthly: \$1,000.00</u> <u>Single: \$500.00</u>
<u>Level 3</u>	<u>Monthly: \$5,000.00</u> <u>Single: \$2,500.00</u>
<u>Level 4 (Must be director or Executive Memb</u>	<u>Monthly: \$10,000.00</u> <u>Single: \$5,000.00</u>
<u>Accounts Payable / Facilities / Materials Management / Maintenance</u>	<u>Limits TBD based on job requirements</u>

## Procurement Card Agreement

If a card is lost or stolen, it is the Cardholder's responsibility to notify Wells Fargo Bank and the Financial Accounting Manager **immediately**. If notification does not take place within 24 hours, the Cardholder is responsible and will be held accountable for all charges made to the procurement card. Should a Cardholder terminate employment with Kaweah Delta Health Care District, the Cardholder must return the procurement card to their approving director and/or Executive Team Member or the Procurement Card Program Administrator, who will then notify the bank. A Change/Cancellation Form must be submitted to the Procurement Card Program Administrator within 48 hours of employment termination.

Failure to adhere to the procedures as outlined in AP46 Procurement **CARD PROGRAM**) will result in revocation of individual Cardholder privileges and may result in disciplinary action. Use of the Procurement Card for non-District business purposes (personal purchases), prohibited purchases as outlined in AP46, or allowing the use of the card by any person other than the cardholder may result in revocation of the individual Cardholder privileges and may result in disciplinary action, up to and including dismissal from employment and may in some circumstances constitute a criminal act punishable by law.

### Cardholder

As a Cardholder, I agree to accept responsibility and accountability for the protection and proper use of this Procurement Card. If non-District charges are placed on the Procurement Card and repayment is not forthcoming by reimbursement payable to the District, this will result in suspension of procurement card privileges. I understand that I must allow 4 – 6 weeks for delivery of my card.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

### Approver

As the Approver, I take responsibility to review and reconcile purchases made by the cardholder to original receipts and ensure that all purchases are in accordance with District policies and procedures. Failure to comply with policy may result in disciplinary action.

\_\_\_\_\_  
Approver Signature

\_\_\_\_\_  
Date

### Cost Center Manager

As the cost center manager, I take full administrative responsibility for the issuance of the procurement card and the cardholder's transactions posted to the department's cost center.

\_\_\_\_\_  
Cost Center Manager Signature

\_\_\_\_\_  
Date

### Executive Team Member

As the Approving Official, I take full administrative responsibility for the action of the Cardholder and I approve the limits as set forth for this card on the Procurement Card Application.

\_\_\_\_\_  
Executive Team Member Signature

\_\_\_\_\_  
Date

**POLICY:** ~~To improve internal controls and cost-effectiveness, Kaweah Delta Health Care District participates in the Wells Fargo Bank Commercial Card Expense (CCER) Program. Authorized staff members who possess a District issued credit card (Cardholder) can make certain~~

~~local purchases on a limited basis, when obtaining goods or supplies through the normal purchasing procedure is not appropriate or practical for the given situation. Advantages of using this method for making smaller, local purchases include:~~

- ~~• Reduction of paperwork & streamlines the purchasing cycle for vendors that don't normally accept a purchase order~~
- ~~• Improves internal controls at the department level for point of sale transactions~~
- ~~• Allows for transactions to be automatically uploaded into the financial accounting system~~
- ~~• Reduces the number of accounts payable checks written by providing centralized billing and settlement (one monthly payment to Wells Fargo bank versus multiple vendor payments)~~

#### **REFERENCES:**

~~AP19 Travel, Per Diem and Other Employee Reimbursements~~

~~AP84 Mileage Reimbursements~~

~~AP105 Professional and Service Club District Reimbursed Memberships~~

~~AP135 Capital Budget Purchases~~

~~AP156 Standard Procurement Practices~~

#### **PROCEDURE:**

##### ~~I. Executive Team Responsibilities~~

- ~~A. Authorize cardholders, cardholder's approver and/or reconciler, and establish original monthly and transactional spending limits for the cardholder~~
- ~~B. Authorize any modifications to Item (A) above.~~
- ~~C. Sign and approve the Purchasing Card Application/Modification and Agreement form related to Items (A) and (B) above.~~
- ~~D. Ensure that all employees abide by the CCER program policies and procedures~~

##### ~~II. CCER On-line Approver's Responsibilities~~

- ~~A. Must be an authorized signer with a completed Purchase Authorization Sheet on file with Material Management having purchase limits that meet or exceed the purchase limits of the cardholder or OOP they are approving.~~
- ~~B. Must sign the cardholder agreement to acknowledge the responsibilities of the use of the purchasing card and approver's responsibilities~~

- ~~C. Must request a CCER account for the cardholder through HR On-line System Authorization Request~~
- ~~D. Must participate in purchasing card training~~
- ~~E. Responsibility for the control and stewardship of the purchasing card program lies with each department. The department is responsible for ensuring that cardholders are purchasing with competence and honesty and providing complete and reliable backup for the purchase. Any abuse or misuse of the purchasing cards must be reported to the appropriate Executive Team member and the Financial Accounting Manager.~~
- ~~F. Review all charges billed to a cardholder's card to ensure that the charges are appropriate and reconciled to receipts. Charges must meet the requirements as set forth in District Policies, including but not limited to, AP19 (Travel, Per Diem and Other Employee Reimbursements), AP84 (Mileage Reimbursements), AP105 (Professional and Service Club District Reimbursed Memberships), AP156 (Standard Procurement Practices). Review and approval must be made on a regular basis.~~
- ~~G. Ensure the transaction's description, account and cost center coding are appropriate and within the guidelines of approver's signing authority. Adjust account and cost center codes as appropriate within the CCER On-line program.~~
- ~~H. Ensure that all original receipts are provided and reconciled to the monthly transactions prior to final on-line approval being completed.~~
- ~~I. Ensure that all documentation required to be submitted to Finance is complete and timely. Documentation includes the approved Purchasing Card Reconciliation form with all receipts. Documents **MUST** be submitted to Finance by the 8<sup>th</sup> of the month. If the 8<sup>th</sup> falls on a weekend, it is to be submitted by the following Monday. The required documentation may be submitted to Finance via electronic PDF format as long as the department maintains the original for the required retention period.~~
- ~~J. Track disputed items to ensure proper credit is received. Any discrepancies in billing must be marked as disputed charges using the on-line system.~~
- ~~K. Report any suspected fraud or negligence of this policy to an Executive Team member.~~
- ~~L. Failure to follow this policy may result in the relinquishment of Approver responsibilities.~~
- ~~III. Cardholder Responsibilities~~
  - ~~A. Participate in a purchasing card training and sign the cardholder agreement to acknowledge the responsibilities of the use of the purchasing card~~

- ~~B. Abide by all purchasing card policies and procedures when making purchases as outlined in this policy and the Purchasing Card Agreement. Failure to adhere to the procedures as outlined in this policy will result in revocation of individual Cardholder privileges and may result in disciplinary action~~
- ~~C. Ensure the physical security of the purchasing card and protect the account number and all other security aspects of the card. The card should be kept in a secure location. Cardholders are responsible for all transactions posted to their account. Immediately report lost or stolen cards to Wells Fargo Bank, cardholder's CCER On-line Approver and the Financial Accounting Manager, or designee. The cardholder may be liable for charges incurred until the card is reported lost, stolen, or misplaced.~~
- ~~D. The use of the card by any person other than the cardholder may result in revocation of the individual Cardholder privileges and may result in disciplinary action of the person using the card~~
- ~~E. Ensure the transaction's description, account and cost center coding are appropriate and within the guidelines of approver's signing authority. Adjust account and cost center codes as appropriate within the CCER On-line program~~
- ~~F. Provide required documentation for each purchase in accordance with the "Required Documentation Section" of this policy~~

#### ~~IV. Issuance of the Purchasing Card~~

- ~~A. The District in coordination with Wells Fargo Bank issues the purchasing card.~~
- ~~B. The Purchasing Card Application/Modification Form and the Purchasing Card agreement **MUST** be completed, approved and returned to the Financial Accounting Manager prior to the card being ordered.~~
- ~~C. Upon the completion and approval of the Application, the cardholder's supervisor must request that the employee be setup in the CCER program by requesting the system authorization "Commercial Card Program" through HR OnLine.~~
- ~~D. Cardholders must complete training before a card is issued.~~
- ~~E. Cardholder must pick up the card in Finance and sign the back of the card in the presence of a Finance staff member.~~

#### ~~V. Allowable Purchases~~

- ~~A. The District purchasing card may be used for~~
  - ~~1. certain local purchases on a limited basis,~~

- ~~2. — when obtaining goods, supplies or services through the normal purchasing procedure outlined in AP156 (Standard Procurement Practices) is not appropriate or practical for the given situation, or travel.~~
- ~~B. — All purchases made with the purchasing card must be for expenses associated with official District business.~~
- ~~C. — Travel expenses must be in compliance with AP19 (Travel, Per Diem and Other Employee Reimbursements).~~
- ~~D. — Credit card purchases by Accounts Payable staff in lieu of check or ACH payment~~
- ~~E. — Credit card purchases by Materials Management staff in lieu of vendor credit terms~~
- ~~F. — Dues and memberships expenses must be in compliance with AP105 (Professional and Service Club District Reimbursed Memberships)~~
- ~~G. — Goods and services purchased for the benefit of employees and staff appreciation accounted for under any HR program (such as Job Well Done) must have VP and HR approval before the purchase is made to confirm that the department has budgeted funds available.~~
  
- ~~VI. — Prohibited Purchases, include but not limited to~~
  - ~~A. — Cash advances~~
  - ~~B. — Capital expenditures, unless prior approval is obtained by the CEO and obtaining the capital item through the normal purchasing procedure via Materials Management is not appropriate or practical.~~
  - ~~C. — Goods, supplies or services normally purchased through materials management in accordance with the District's Standard Procurement Practices (District Administrative Policy AP156)~~
  - ~~D. — Leases/rental agreements~~
  - ~~E. — Maintenance/Service Agreements~~
  - ~~F. — Software Licensing Agreements~~
  - ~~G. — Personal items as noted in AP19 (Travel, Per Diem and Other Employee Reimbursements) or HR188 (Personal Property and Valuables)~~
  - ~~H. — Office supplies (must be procured through the Office Depot website or through Materials Management)~~
  - ~~I. — Services of sole proprietorships, individuals, non incorporated businesses, or physician payments (these are 1099 reportable and generally covered by a District contractual agreement)~~
  - ~~J. — Any purchase categories blocked through the purchasing card Merchant Category Codes (MCC)~~
  - ~~K. — Payment of any type of penalty, unless approved by the CEO or Compliance Department~~

~~L. Multiple purchases to circumvent a cardholder's single purchase limit.~~

~~VII. Automatic cancelation of a cardholder's credit card, include but not limited to~~

~~A. More than two instances of using the credit card for personal purchases~~

~~B. More than two instances of a lost card~~

~~C. More than two instances of securing purchases not allowable under this policy~~

~~D. More than two instances of being on the decline report without correction~~

~~VIII. Cardholders with Out of Pocket Expenses will be processed in accordance with AP19 and AP84. Automatic cancelation of Approver privileges, include but not limited to:~~

~~A. More than two instances of approving a cardholder's purchases having personal purchases~~

~~B. More than three instances of failure to submit monthly required documentation to Finance timely~~

~~C. More than three monthly instances of approving purchases without the required descriptions or proper account coding~~

~~IX. Required Documentation~~

~~A. Original receipts **MUST** be submitted to the approver:~~

~~1. For vendor purchases, a receipt including the vendor name, transaction amount, date, and detail of the item(s) purchased.~~

~~2. For Internet purchases, a screen print or order confirmation email~~

~~B. In the rare and unique occurrence that a receipt can not be located, an Executive Team member must sign the Purchasing Card Reconciliation form approving the missing receipt. The executive team member can require the cardholder to reimburse the District for transactions not supported by a receipt or deny the reimbursement request for the OOP user.~~

~~C. If the business purpose of the transaction is not evident upon review of the receipt, further documentation of the business purpose is required.~~

~~D. Documentation relating to purchases and expense reimbursements governed by a specific District policy, such as AP19 (Travel and Other Employee Reimbursements), AP84 (Mileage Reimbursements), AP105 (Professional and Service Club District Reimbursed Memberships) and~~

~~AP156 (Standard Procurement Practices) must be in compliance with the governing District policy.~~

~~E. All receipts and/or invoices less than 8 ½ by 5 ½ inches must be taped to a plain white sheet of paper. Multiple receipts may be included on the same sheet of paper, but they may not overlap.~~

~~F. All backup documentation (in accordance with the required documentation section of this policy) **MUST** accompany a Purchasing Card Reconciliation form. Forms must be signed and dated, and forwarded to the employee's CCER On-line approver who will be reviewing and approving the transactions. These documents **MUST** be submitted to Finance by the 8<sup>th</sup> of the month. If the 8<sup>th</sup> falls on a weekend, it is to be submitted by the following Monday. The required documentation may be submitted to Finance via electronic PDF format as long as the department maintains the original for the required retention period.~~

~~"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."~~

**Statement of No Receipt**

Wells Fargo Commercial Card Program Administrator:

Finance Department,

While the following transaction does not have the correlating receipt, the transaction has been reviewed, appears to be legitimate, and has been coded appropriately to the best of my knowledge.

<u>Transaction Date</u>	<u>Supplier/Merchant</u>	<u>Amount</u>

Executive Signature

Date

## **Purchasing Card Application/Modification Agreement**

### **Kaweah Delta Healthcare District**

#### **Cardholder Information – To be completed by Cardholder**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
\_\_\_\_\_

Job Title \_\_\_\_\_ Employee ID \_\_\_\_\_  
\_\_\_\_\_

Dept Name \_\_\_\_\_ Dept # \_\_\_\_\_  
\_\_\_\_\_

Card Business Purpose \_\_\_\_\_ Cardholder's email \_\_\_\_\_  
\_\_\_\_\_

Business Phone \_\_\_\_\_

#### **Cardholder Controls – To be completed by Authorizing Executive Team Member**

CCER On-line Approver's Name \_\_\_\_\_

CCER On-line Approver's Title \_\_\_\_\_

CCER On-line Reconciler's Name, if applicable \_\_\_\_\_

CCER On-line Reconciler's Title \_\_\_\_\_

#### **Purchasing Card Controls**

Card Type		Executive, Travel, Maintenance, All Other
Monthly Spend Limit	\$	To be determined by Authorizing Executive Team Member
Single Purchase Limit	\$	Must not exceed Employee's Purchase Authorization Sheet limit on file with Material Management

## Purchasing Card Agreement

If a card is lost or stolen, it is the Cardholder's responsibility to notify Wells Fargo Bank and the Financial Accounting Manager **immediately**. If notification does not take place within 24 hours, the Cardholder is responsible and will be held accountable for all charges made to the Purchasing Card. Should a Cardholder terminate employment with Kaweah Delta Healthcare District, the Cardholder must return the Purchasing Card to their Approving Director and/or Vice President or the Purchasing Card Program Administrator, who will then notify the bank. A Change/Cancellation Form must be submitted to the Purchasing Card Program Administrator within 48 hours of employment termination.

Failure to adhere to the procedures as outlined in AP46 (**COMMERCIAL CARD EXPENSE REPORTING (CCER) PROGRAM**) will result in revocation of individual Cardholder privileges and may result in disciplinary action. Use of the Purchasing Card for non-District business purposes (personal purchases), prohibited purchases as outlined in AP46, or allowing the use of the card by any person other than the cardholder may result in revocation of the individual Cardholder privileges and may result in disciplinary action, up to and including dismissal from employment and may in some circumstances constitute a criminal act punishable by law.

~~As a Cardholder, I agree to accept responsibility and accountability for the protection and proper use of this Purchasing Card. If non-District charges are placed on the Purchasing Card and repayment is not forthcoming by direct deduction through the CCER banking system, I authorize the District to deduct any non-District business, personal, or excluded charges from my paycheck subject to the limits of garnishments. I have read the related FAQ for the CCER banking system and understand the approval cycle times. I also understand that I must allow 4 – 6 weeks for delivery of my card.~~

~~Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_~~

### **CCER On-line Approver**

~~As the CCER On-line Approver, I take responsibility to review and reconcile purchases made by the cardholder to original receipts and ensure that all purchases are in accordance with District policies and procedures. Original receipts and my approved Purchasing Card Reconciliation form will be forwarded to Finance within the required timeframes outlined in AP46. Failure to comply with policy will result in revocation of the CCER On-line Approving privileges and may result in disciplinary action.~~

~~CCER On-line Approver's Signature \_\_\_\_\_ Date \_\_\_\_\_~~

### **Executive Team Member**

~~As the Approving Official, I take full administrative responsibility for the action of the Cardholder and I approve the limits as set forth for this card on the Purchasing Card Application.~~

~~Authorizing Executive Team Signature \_\_\_\_\_  
Date \_\_\_\_\_~~



## Kaweah Delta Health Care District

### PURCHASING CARD RECONCILIATION

Year \_\_\_\_\_ Month \_\_\_\_\_  
\_\_\_\_\_

Purchasing Card # (last 4 digits) \_\_\_\_\_

**I attest that original receipts are included and that all purchases made are in accordance with District policies and procedures.**

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**I attest that the purchases have been reconciled by me or my designee and I have reviewed the purchases accordingly. Original receipts are included and all purchases are in accordance with District policies and procedures.**

CCER On-line Approver's Name \_\_\_\_\_

CCER On-line Approver's Signature \_\_\_\_\_ Date \_\_\_\_\_

~~\*\*FORWARD COVER SHEET ALONG WITH ATTACHED RECEIPTS TO ACCOUNTS PAYABLE NO LATER THAN THE 5<sup>TH</sup> OF THE MONTH. ALL RECEIPTS LESS THAN 8 1/2 BY 5 1/2 MUST BE TAPED TO A BLANK SHEET OF PAPER. MULTIPLE RECEIPTS MAY BE COMBINED ON ONE SHEET, BUT MAY NOT OVERLAP\*\*~~

AP84

Policy Number: AP84	Date Created: Not Set
Document Owner: <del>Cindy Moccio</del> <u>Kelsie Davis</u> (Board Clerk/Exec Assist-CEO)	Date Approved: 05/03/2023
Approvers: Board of Directors (Administration)	
<b>Mileage Reimbursement</b>	

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

**POLICY:** ~~When it is necessary for an employee~~Employees that to utilize their personal vehicle to conduct Kaweah ~~Delta Health Care District~~ business, ~~expenses mileage~~ will be reimbursed using the mileage reimbursement rate ~~allowed determined~~ by the Internal Revenue Service (IRS) multiplied by the miles traveled on ~~District Kaweah Health~~ business. ~~The M~~mileage reimbursement ~~rate allowed by the IRS~~ is paid in lieu of actual costs for fuel, repairs and general wear and tear to personal vehicles. As such, no separate reimbursement should be claimed for these expenses from ~~the District Kaweah Health~~. ~~Mileage reimbursement is based upon excess mileage travel incurred "within the District's Service Area" or "outside the District's Service Area". District Service Area is defined as travel within Tulare or Kings County, State of California.~~

## REFERENCES:

AP19 Travel and Other Business Expenses

## PROCEDURE:

### I. Mileage Calculation

~~A. Between District's Kaweah Health's Campuses:~~ Mileage incurred traveling between ~~the District's Kaweah Health's~~ campuses will be reimbursed using the standard, pre-determined miles shown on the Intra-District Mileage Reimbursement Request form. ~~Reimbursement Request Form located in HRONLINE>HR Online Employee Self Service> A/P Employee Reimbursement section. Please support miles~~Request for mileage reimbursement for travel between locations not included on the Intra-District form must be supported with an Employee Mileage Log form or Google Map. ~~an outside district mileage form or Google Map or equivalent.~~ Mileage reimbursements will be provided when a staff member is required to travel from their designated campus to another campus for a specific business purpose. Reimbursements will not be granted for travel between an employee's residence and their assigned campus. Mileage reimbursements will only be made in cases where a staff member is required to travel from the District campus to which they are normally assigned to another District campus for a specific business purpose. Mileage reimbursements will not be paid for travel between a staff member's home and any of the District's campuses. Travel between District Kaweah Health's campuses for personal business will not be

~~reimbursed.~~

A. Within District's Service Area

~~B. Coverage at other Campuses: The If an employee is assigned to a different campus for coverage, only the additional mileage incurred due to the reassignment will be eligible for reimbursement. Mileage incurred traveling within the District's Service Area other than between District's campuses, as part of an employee's job duties such as physician recruitment, physician liaison, attending meetings held at non-District locations related to District business, seminars, Home Health travel and Hospice travel, will be reimbursed using the same form (Please note the mileage in the bottom section of the form. An approved substitute mileage log form may be used.~~

B.

C. Outside ~~the District's~~Kaweah Health's Service Area: Mileage incurred traveling outside the ~~District's~~Kaweah Health's Service Area as part of an employee's job duties such as, conference travel, will be reimbursed.

~~C. Outside the District's Service Area: Mileage incurred traveling outside the District's Service Area as part of an employee's job duties such as conference travel will be reimbursed, using a map document (such as a Google map) to support the traveled distance. The Outside District Mileage Reimbursement Form is also located in HR Online Employee Self Service~~

~~→ A/P Employee Reimbursement section. The starting point for mileage must be the staff member's employment campus.~~

## II. Procedures and Required Documentation for Mileage Reimbursement

A. Standard Mileage Reimbursement: Employees are required to submit an expense report through Workday. Expense reports should be submitted at the start of each month for the previous month. Each month necessitates a separate expense report, with the expense date reflecting the last day of the month in which the mileage was ~~aoceurrue~~d.

B. Required Documentation: Employees must fill out and upload the intra-district mileage form for travel between Kaweah Health's's campuses. If the destination is not included on the intra-district form, employees may provide a Google Mapevidence for the miles they wish to claim reimbursement for. For reimbursement related to conference travel: Any mileage incurred during conference travel must receive prior approval through the completion of a spend authorization. After the authorization is approved, employees must generate an expense report based on it. Employees are not required to wait until the end of the month to submit their mileage reimbursement for conference travel.

~~II. For reimbursement related to conference travel: Any mileage incurred during conference travel must receive prior approval through the completion of a spend authorization. After the authorization is approved, employees must generate an expense report based on it. Employees are not required to wait until the end of the month to submit their mileage reimbursement for conference travel.~~

C. Required Documentation: Employees must complete and upload of the outside district form to substantiate the mileage claim. Alternatively, a Google Map may be submitted instead of the outside district form. Departments with Daily Travel Requirements throughout the District's Service Area: Employees that travel on a daily basis as part of their job duties are responsible to maintain mileage records and submit expense report monthly.

D. Required Documentation:

1. Employees must complete the required forms or submit support to substantiate the expense reimbursement request.

2.

~~A. Departments with Daily Travel Requirements throughout the District's Service Area:~~

All ~~travel log~~sexpense reports should be submitted ~~timely~~ within 60 days of the

last date of travel. ~~to be reimbursed. Any s~~Submissions for mileage reimbursement past 60 days will require Executive approval.

### III. Non-Reimbursable Mileage:

A. Daily commuting between the employee's home and regular work location.

B. Travel between Kaweah Health's campuses for personal business.

- ~~1. Certain staff members such as those in Home Health and Hospice travel on a daily basis as part of their job duties between campuses and throughout the District's Service Area. These staff members are responsible to maintain their mileage on either the KH Mileage Log Form or a similar approved mileage log and adhered to Departmental policies relating to the submission of their mileage records and attestation.~~
- ~~2. At the end of each month the department's authorized signer is responsible to ensure mileage has been properly calculated in accordance with Section I "Mileage Calculation" in this policy. The authorized signer acknowledges review and approval of the mileage payment by signing the Mileage Reimbursement Reconciliation Form.~~
- ~~3. The authorized signer is responsible to ensure that the approved Mileage Reimbursement Reconciliation Form and mileage log are forwarded to Finance by the 7<sup>th</sup> of the following month in order to ensure payment to the staff member by the 10<sup>th</sup> of the following month.~~

~~B. All Other Mileage Reimbursement Requests:~~

- ~~1. Traveling. No matter which travel log (Intra-District Mileage Log, KDH Mileage Log or similar log, or map), all forms along with the completed and signed Mileage Reimbursement Reconciliation Form must be forwarded to the staff member's authorized signer within 60 days after the first date of travel.~~
- ~~2. The authorized signer is responsible to ensure mileage has been correctly calculated in accordance to Section I "Mileage Calculation" in this policy and must acknowledge review and approval of the mileage payment. When appropriate, the authorized signer must sign the Mileage Reimbursement Reconciliation Form.~~
- ~~3. The authorized signer is responsible to ensure that the approved Mileage Reimbursement Reconciliation Form along with the supporting mileage log or map is forwarded to Finance for processing.~~

*"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."*

## EMPLOYEE MILEAGE LOG



## **MILEAGE REIMBURSEMENT RECONCILIATION**

Date of Submission \_\_\_\_\_ Month \_\_\_\_\_

Employee # \_\_\_\_\_

~~I attest that an approved mileage log or mileage table is included and that all travel is in accordance with District policies and procedures.~~

Employee Name \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

~~I attest that the travel has been reconciled by me or my designee and I have reviewed the travel accordingly. An approved mileage log, mileage table or map is included and all travel is in accordance with District policies and procedures.~~

Approver's Name \_\_\_\_\_

Approver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Cost Center \_\_\_\_\_ Account charge \_\_\_\_\_ Total \$ \_\_\_\_\_

~~**\*\*FORWARD THIS COVER SHEET ALONG WITH APPROPRIATE MILEAGE LOG OR MAP TO FINANCE - ACCOUNTS PAYABLE. ONCE RECEIVED, THE REIMBURSEMENT WILL BE PROCESSED FOR PAYMENT ACCORDING TO DISTRICT POLICY.\*\***~~

# AP116

<b>Policy Number:</b> AP116	<b>Date Created:</b> No Date Set
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration)	
<b><u>California</u> Public Information Request Policy</b>	

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

## **I. DEFINITIONS**

The California Public Records Act (Government Code 7920.000 et seq.) is a state law that gives the public the right to access information concerning the conduct of people's business. It reflects the principle that public records are presumed to be open to inspection, unless there is a specific exemption.

+

- A) "District" means the Kaweah Delta Health Care District or any employee authorized to act on its behalf.
- B) "Public Record" includes any writing which contains information relating to the conduct of the public's business and/or which is prepared, owned, used, or retained by the District.
- C) "Writing" means handwriting, typewriting, printing, ~~photostatting~~ Photostatting, photographing, and every other means of recording upon any form of communication or representation.

## **II. PURPOSE**

The purpose of this policy is to set the guidelines for compliance with the California Public Records Act, commencing at Section 6250 of the Government Code, and other applicable statutes and case law, by setting forth the procedures to be followed when making records available to the public. It is the policy of the District that public records be open for inspection and made available with minimal delay to the requesting party. Pursuant to section 6257 of the California Public Records Act, a fee equal to the direct cost of duplication may be charged to any person requesting a copy of a public record.

## **III. RECORDS AVAILABLE TO THE PUBLIC**

Agendas or any other writings, except for records exempt from disclosure (including but not limited to the items listed below) under section 6254 of the California Public Records Act, distributed to all or a majority of the members of a legislative body for discussion or consideration at a public meeting are disclosable to the public upon request, and shall be made available to members of the public in accordance with the provisions of section 54957.5 of the Ralph M. Brown Act.

All questions as to whether or not a record is exempt from disclosure according to this policy should be referred to counsel for the District. Records exempt from disclosure include the following:

**RECORDS NOT AVAILABLE OR REQUIRES REFERRAL TO CONSEL FOR THE DISTRICT:**

- A) Preliminary drafts, notes, or interagency or intra-agency memoranda that are not retained by the District in the ordinary course of business, providing that the public

interest in withholding those records clearly outweighs the public interest in disclosure.

- B) Records pertaining to pending litigation to which the District is a party, or to claims made pursuant to Division 3.6 (commencing with Section 810) of Title 1 of the Government Code, until such litigation or claims have been finally adjudicated or otherwise settled. Gov. Code Sec. 6254(b).
- C) Personnel, medical, or similar files, the disclosure of which would constitute an unwarranted invasion of personal privacy. Gov. Code Sec. 6254(c).
- D) Requests for JCAHO final accreditation reports (that are forwarded to the State Department of Health Services) should be referred to counsel for the District.
- E) Confidential communications between the District and its attorneys. Evidence Code Section 954.
- F) Records of documents covered by the attorney work product privilege, or any other judicially recognized privilege, including but not limited to, the deliberative process privilege covered by the Evidence Code.
- G) A memorandum submitted to a state body or the District's Governing Board by its legal counsel pursuant to subdivision (q) of Government Code Section 11126 or 54956.9 until the pending litigation has been fully adjudicated or otherwise settled. The memorandum shall be protected by the attorney work-product privilege until the pending litigation has been finally adjudicated or otherwise settled. Gov. Code Sec. 6254.25.
- H) Trade Secrets – Information claimed to be a trade secret at the time of submittal to the District may be treated as a trade secret according to Government Code Sec. 6254 et. Seq. See below **IV. Procedure**, paragraph C.
- I) Requests for contracts and rates for inpatient and outpatient services should be referred to counsel for the District.
- J) Request for contracts and rates for “major risk” and “managed risk” medical insurance program information should be referred to counsel for the District.
- K) Real estate appraisals, engineering or feasibility estimates and evaluations should be referred to counsel for the District.

#### IV. **PROCEDURE**

##### *Requesting Copies of Public Records*

All requests for copies of public records must be made in writing or by filling out the request form online at <https://www.kaweahhealth.org/~about-us/public-records-request/>. The requests must be addressed to the Board of Directors of Kaweah Delta Health Care District. ~~All requests may be sent by facsimile or e-mail.~~ All requests must be made with sufficient clarity so as to reasonably describe an identifiable record. (Gov. Code Sec. 6257). Requests not meeting these criteria may be returned. Reasonable restrictions may be imposed upon general requests for voluminous classes of documents. Copies will not be provided if disclosure would infringe a copyright or would constitute an unreasonable burden on the operation of the District.

##### *Response Time*

The District shall determine within 10 days after the receipt of a public records request whether to comply with the request and shall immediately notify the requestor of its determination and the reasons therefor. Gov. Code Sec. 6256. Such notification will include a public records reference number, which should be used in any further correspondence relating to the request. The District should be able to make readily compiled records available within 10 days of receipt of the request. Additional time may be required if there is a large amount of material to compile, or if there is a question regarding the status of the requested records as public records. In either case, the requestor will be notified within the above 10-day

period and will be given the approximate date by which public information will be made available.

#### *Exempt Records and Trade Secrets*

Records that are exempt from the Public Records Act will normally not be released. Exceptions to this policy may be granted at the discretion of the Chief Executive Officer. Records claimed by third parties to be trade secrets or otherwise exempt from disclosure will not be immediately released unless the District determines they are clearly public records. Only information claimed to be a trade secret at the time of submittal to the District may be treated as a trade secret. Notice will be sent by certified mail to the third party claiming exempt or trade secret status. Such third party is responsible for providing its current mailing address to the District. The notice shall include a copy of the request, and a request for a detailed and complete justification of the basis for exempt or trade secret status, as defined in Section IV, to be provided within 15 calendar days of the date of the letter. If no justification is timely received, the subject records shall be released as specified herein. Any justification claiming trade secret status must include a sworn declaration that should address the following six factors (Restatement of Torts Sec. 757.):

1. the extent to which the information is known outside of the person's business;
2. the extent to which it is known by employees and others involved in the person's business;
3. the extent of measures taken by the person to guard the secrecy of the information;
4. the value of the information to the person's business and to the person's competitors;
5. the amount of effort or money expended by the person in developing the information;
6. the ease or difficulty with which the information could be properly acquired or duplicated by others.

In addition, any justification must be specific enough so as to identify which specific information in a document constitutes a trade secret or is exempt so that it may be blocked out in a document, with the remaining information to be released. Gov. Code Sec. 6257. As a result, all documents subject to the request should be reviewed by the third party claiming exempt or trade secret status before submitting its justification to enable it to specifically segregate information contained in those documents that may or may not be released. Failure to so segregate may result in the release of all information.

The District shall evaluate the justification, and any other information at its disposal and shall determine if the justification supports the claim that the material is in fact exempt or is a trade secret under Government Code Section 6254 and Section 6254.7, respectively. If the District determines that the claim is bona fide and that the material is exempt or a trade secret, the District Administrative Office shall notify the requestor that the data sought is exempt or a trade secret and therefore cannot be released. The requestor shall be advised of its right to bring appropriate legal action to compel disclosure. Any such action should name the third party claiming an exemption from disclosure as a real party in interest.

If the District determines that the claim of exemption or trade secret is not meritorious or is inadequately supported by the evidence, the District shall promptly notify, by certified mail, the third party who claimed exempt or trade secret status that the justification is inadequate, and that the information shall be released after 10 calendar days from the date of receipt of such notice. Such third party shall also be advised of its right to bring appropriate legal action to prevent disclosure, and of its right to further respond. However, such further response, if inadequate, will not toll the 10-day period for release. In the event the third party cannot be reached at its last listed address with the District, the information shall be released after 15

calendar days of the date of such notice. Any legal action brought by the third party should name the requestor as a real party in interest.

The above procedures regarding exempt records and trade secrets do not apply to requests made by other governmental agencies for purposes of carrying out their official responsibilities, if such agencies agree to treat the disclosed material as confidential pursuant to a written confidentiality agreement with the District. The confidentiality agreement shall designate those persons authorized by the requesting governmental agency to obtain the information. Gov. Code Sec. 6254.5.

The above procedures are also inapplicable if the requestor and the third party enter into an agreement waiving any objections to the District's release of the requested information. A signed copy of the agreement must be provided to the District.

### *Subpoenas*

The Public Records Act is not applicable in situations where subpoenas have been issued against the District for document production. Any such subpoenas shall be referred to District Counsel's Office unless otherwise directed by that office.

### *Request for Access to Inspect Specific Files*

It is the policy of the District that all records open for public inspection shall be available with the least possible delay and expense to the requesting party. Public records are open to inspection at all times during the office hours of the District, and every citizen has a right to inspect any public record as defined herein. To permit sufficient time for the District to compile the records for review, an appointment to view the records should be made by the requestor. A request to inspect public records in the custody of the District must be in writing and must describe the records with sufficient specificity to enable the District to identify the information sought.

Records that are exempt from the Public Records Act and records claimed to contain trade secrets will be handled in the manner described in Subsection C. If a delay occurs, the requestor will be notified of the reasons and offered the option of either viewing that portion of the record that is available, or waiting until the complete record is available.

The ~~District Administrative Secretary~~Board Clerk, ~~or a designated representative,~~ will be available to assist the requestor during the inspection. The requestor will be provided with the records and a work space. The ~~District Administrative Secretary~~Board Clerk ~~or the designated representative~~ will ensure that no records are removed or altered. If the requestor asks for photocopies or the electronic record of certain records, the ~~District Administrative Secretary~~Board Clerk will arrange for the copies and/or the electronic records to be ~~made and mailed~~ within provided to the requestor within 10 business days. The following requirements regarding fees will be applicable.

### *Request for Public Records in an Electronic Format*

Per Government Code Section 6253.9. (a) Unless otherwise prohibited by law, any agency that has information that constitutes an identifiable public record not exempt from disclosure pursuant to this chapter that is in an electronic format shall make that information available in an electronic format when requested by any person and, when applicable, shall comply with the following:

(1) The agency shall make the information available in any electronic format in which it holds the information.

(2) Each agency shall provide a copy of an electronic record in the format requested if the requested format is one that has been used by the agency to create copies for its own use or for provision to other agencies. The cost of duplication shall be limited to the direct cost of producing a copy of a record in an electronic format.

(b) Notwithstanding paragraph (2) of subdivision (a), the requester shall bear the cost of producing a copy of the record, including the cost to construct a record, and the cost

of programming and computer services necessary to produce a copy of the record when either of the following applies:

(1) In order to comply with the provisions of subdivision (a), the public agency would be required to produce a copy of an electronic record and the record is one that is produced only at otherwise regularly scheduled intervals.

(2) The request would require data compilation, extraction, or programming to produce the record.

(c) Nothing in this section shall be construed to require the public agency to reconstruct a record in an electronic format if the agency no longer has the record available in an electronic format.

(d) If the request is for information in other than electronic format, and the information also is in electronic format, the agency may inform the requester that the information is available in electronic format.

(e) Nothing in this section shall be construed to permit an agency to make information available only in an electronic format.

(f) Nothing in this section shall be construed to require the public agency to release an electronic record in the electronic form in which it is held by the agency if its release would jeopardize or compromise the security or integrity of the original record or of any proprietary software in which it is maintained.

(g) Nothing in this section shall be construed to permit public access to records held by any agency to which access is otherwise restricted by statute.

#### *Fees for Copies or Electronic Format of Public Records*

There is no fee for less than 10 pages ~~of copying of~~ public records. For 10 or more pages, the ~~photocopying~~ fee is ~~15-25~~ cents per page for all pages, including the first 9. Staff time will not be charged for ~~duplicating-providing copies or electronic format of~~ existing identifiable documents.

The Public Records Act requires "payment of fees covering direct costs of duplication, or a statutory fee, if applicable." Gov. Code Sec. 6257. If the charges are estimated to exceed \$50, the requestor will be notified before the Board of Directors office begins processing the request. If the costs will exceed \$200, the District will require advance payment before the copies are made. In all other cases, the District ~~Administrative-Executive~~ Office will submit an invoice for any remaining charges.

## V. RESPONSIBILITIES

*District ~~Administrative-Executive~~ Office*

The District ~~Administrative-Executive~~ Office will have primary responsibility for coordinating the District's compliance with the California Public Records Act. That responsibility includes:

1. Receiving, logging, and tracking all requests for public records;
2. Sending copies of requests to all applicable divisions within one business day;
3. Assisting the public in understanding what information is available, and what must be done to obtain access to, or copies of, public records;
4. Ensuring that the District Counsel's Office and have reviewed the request if necessary and provided their comments as to whether the requested records may be released;
5. Requesting and obtaining the required information from the appropriate division(s);
6. If a record has been identified as a trade secret or appears to be confidential, follow the procedures outlined above dealing with trade secrets;
7. Providing the necessary notices and public records within the appropriate periods as outlined in these guidelines;
8. Ensuring that all records are safeguarded.
9. Making sure that all originals of records are returned to the appropriate divisions as soon as possible; and
10. Ensuring that requests from the media are coordinated with the Marketing Department.

The approved records will be provided within ~~five~~-10 business days of the receipt of the request, unless the volume of the material warrants additional time.

If additional time is necessary, the District's ~~Administrative-Executive~~ Office will inform the requestor of the revised scheduled and will be responsible for transmitting the copies to the requestor.

*District Counsel*

The District Counsel's Office will be responsible for providing legal guidance in determining which records may be released under the Public Records Act. The District's ~~Administrative-Executive~~ Office shall provide District Counsel with those documents that are alleged to be trade secrets or exempt from the Public Records Act. In addition, the District's ~~Administrative-Executive~~ Office will immediately provide District Counsel with all correspondence relating to the justification of exempt or trade secret status. The District's ~~ExecutiveAdministrative~~ Office will then be responsible for maintaining in a separate file those records which may not be released, and for releasing the remaining records pursuant to these guidelines.

*"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."*

BOD2

<b>Policy Number:</b> BOD2	<b>Date Created:</b> 09/01/2004
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration)	
<b>Chief Executive Officer (CEO) Transition</b>	

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

**PURPOSE:** It is the belief of the Board of Directors of Kaweah Delta Health Care District dba Kaweah Health that the continued proper functioning of the District, the maintenance of the highest quality of patient care and the preservation of the District's financial integrity require that the District have a pre-established and orderly process for replacement of the CEO, in the event of the CEO's death, disability or termination of his/her employment relationship with the District.

Accordingly the Board adopts the following policy.

**POLICY:**

**I. Temporary Succession of CEO when unable to perform duties.** In the event the CEO becomes unable to perform his/her duties as the result of death or the sudden onset of disability, or in the event the Board decides to immediately terminate the District's employment relationship with the CEO, the Chief ~~Nursing-Operating~~ Officer shall immediately assume those responsibilities pending further action of the Board Of Directors. In the event the Chief ~~Nursing-Operating~~ Officer is unable to immediately assume those responsibilities because of death, disability or vacancy in the position of Chief ~~Nursing-Operating~~ Officer, then the Chief ~~Financial~~~~Nursing~~ Officer shall immediately assume those responsibilities pending further action of the Board of Directors.

In the event the CEO is temporarily unable to perform his/her duties due to vacation; out-of-town meetings, out-of-town conferences, short-term illness, etc., the Administrator on call (an Executive Team Member) shall serve as the acting CEO while the CEO is away. The Board President shall be informed of CEO absences and the assignment of an acting CEO by the Board Clerk.

- II. Death of the CEO** - In the event of the CEO's death, the Board shall immediately commence the process for hiring a new CEO.
- III. Temporary Disability of the CEO** - If the disability of the CEO is temporary, as determined by Board in the reasonable exercise of its discretion, after reviewing appropriate medical information, the CEO shall again assume the duties of CEO as soon as he/she is able.
- IV. Permanent Disability of the CEO** - If the disability of the CEO is permanent (i.e. will extend for 6 months or more) and prevents the CEO from performing his/her duties, as determined

by the Board in the reasonable exercise of its discretion, after reviewing appropriate medical information, the Board may terminate the CEO's contract, in accordance with the contract provisions, and commence the process for hiring a new CEO.

- V. **Voluntary termination of the CEO's employment contract** - If the CEO advises the Board of his/her intention to voluntarily end his/her employment relationship with the District, or if the Board makes a decision to terminate the CEO's contract or a decision not to renew the CEO's contract at the expiration of its term, the Board shall commence the process for hiring a new CEO expeditiously so as to minimize, or avoid if possible, the time during which there would be no CEO under contract with the District.

VI. **Involuntary Termination of the CEO**

~~A. **Basis.** During the term of his/her contract, the CEO's employment may be terminated by the Board if the CEO fails to properly carry out the responsibilities of the CEO, if the CEO engages in conduct which reflects poorly on the District, if the CEO engages in conduct which is criminal or which involves moral turpitude, or if, for any other reason, the Board loses confidence in the CEO's ability to properly discharge the duties of CEO.~~

~~A.B. The Board shall meet in closed session (Gov. Code 54957) to discuss the CEO's departure and consider options, including appointing an interim CEO and initiating recruitment for a permanent successor.~~

~~B. **Interim Suspension.** In the event the Board makes a preliminary determination to terminate the employment of the CEO, the Board shall have the right, in the exercise of its discretion, to immediately suspend all or any part of the responsibilities of the CEO, pending the outcome of the hearing described in Subparagraph 3 below.~~

~~C. **Confirmatory Hearing.** If the Board makes a decision to terminate the employment of the CEO, the CEO shall have the right, within five (5) days of being advised of the Board's decision, to request, in writing, a hearing on the Board's decision. The written request shall be delivered to the Board President. Failure to request a hearing within that time, and in the manner described, shall be deemed a waiver of the hearing.~~

~~If properly requested, the hearing shall be held within ten (10) days of the CEO's request and shall be conducted before one of the personnel hearing officers appointed by the Board to conduct personnel hearings of District employees. The purpose of the hearing will be to allow the hearing officer to review the evidence relevant to the Board's decision to terminate the employment of the CEO, and to have the hearing officer render an opinion indicating his/her agreement or disagreement with the Board's decision. Each side may be represented by counsel and may offer oral and/or documentary evidence and may cross-examine the witnesses who testify. The strict rules of evidence will not apply. The hearing officer will have the discretion to admit or deny whatever evidence he/she deems appropriate and to give whatever weight he/she deems warranted to the evidence admitted. The hearing officer will render a written opinion within two (2) days of the hearing.~~

~~The decision of the hearing officer is advisory only. Nothing in this policy or in the conduct of the hearing shall be interpreted or deemed to reflect a right in the CEO to continued employment beyond the specific terms of this policy and the CEO's contract.~~

## VII. Hiring of a new CEO

- A. Recruitment and Search. When it becomes necessary for the Board to replace the CEO, the District will look internally as well as advertising the position widely and/or engage a consultant to assist in the search, in a manner which the Board determines at that time will be effective for attracting qualified candidates. If, however, in the Board's opinion, a qualified candidate (or candidates) are already employed by the District, the Board, at its discretion, may waive the foregoing requirements. The Board may consult with the District's ~~Vice President for~~Chief Human Resources Officer to acquire information on processes available for advertising the position or for engaging a consultant to assist in the search for a new CEO. All actions regarding recruitment authorization shall occur in open session.
- B. Interviews of Prospective CEO Candidates. Interviews of prospective CEO candidates will be done by the entire Board. The Board will determine in the exercise of its discretion if individuals other than elected Board members will participate in the actual CEO candidate interviews. In the course of evaluating potential candidates, the Board will consult with the Chief of the District's Medical Staff on the candidate under consideration." Candidate review and interviews shall occur in closed session pursuant to Government Code 54957. Final appointment and contract approval shall occur in open session. ~~In the course of evaluating potential candidates, the Board will consult with the President of the District's Medical Staff and ask him/her to make recommendations to the Board on the candidates under consideration.~~
- C. CEO Contract. The CEO shall be employed for a definite period of time pursuant to a written contract which sets forth the specific terms of the CEO's employment, including the compensation and other consideration to be paid, the term of the agreement, a detailed description of the duties of the CEO, the specific criteria to be used by the Board to evaluate the CEO's performance, and the bases upon which the contract can be terminated by either the Board or the CEO. The contract shall require the CEO to provide at least six (6) months' notice of the CEO's voluntary termination of the contract.

It is the policy of the District to compensate the CEO in a manner that is appropriately competitive in the marketplace, taking into consideration, among other things, the compensation paid to CEOs of similar sized California and U.S. hospitals. Accordingly, the Board will review surveys of salaries paid to CEOs of California and U.S. hospitals as part of the process of setting the CEO's compensation. The Board may consult with the District's ~~Vice President for~~Chief Human Resources Officer to acquire information on available survey information.

## VIII. Public Communication

- A. All public announcements regarding CEO transitions shall be coordinated through the Board President and the Districts Director of Marketing.
- B. Media statements must be consistent, factual, and protect confidentiality where appropriate.

**IX. CEO Departure**

- A. The outgoing CEO shall ensure all district records, passwords, contracts, and pending matters are transitioned to the Interim or new CEO.
- B. A formal written handoff memo is encouraged to promote continuity.

This policy shall be administered in compliance with the California Brown Act, Government Code 54950 et seq., the Public Records Act, and relevant employment laws.

This policy shall be reviewed as part of the Board's governance policies every three years or upon significant changes in leadership structure.

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BOD3

<b>Policy Number:</b> BOD3	<b>Date Created:</b> 11/02/1999
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration)	
<b>Chief Executive Officer (CEO) Criteria</b>	

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

The Board has determined to establish clear and consistent criteria for the selection, appointment, and evaluation of the Chief Executive Officer (CEO) of Kaweah Health in accordance with the District's mission, strategic goals, and fiduciary responsibilities.

The Board of Directors shall appoint a CEO who meets the qualifications and performance expectations set forth in this policy. The Board shall conduct periodic evaluations and provide oversight to ensure effective executive leadership. ~~that the criteria to be used in the selection of the Chief Executive Officer will be as follows:~~

The CEO shall possess, at a minimum, the following:

#### I. Education

- A. A graduate degree in healthcare management is required. Such degree could be from a variety of graduate schools such as a business school, a school of public health, school of public administration or a school with an interdisciplinary program. An equivalency to a graduate degree in health administration will be considered if the candidate has bachelor's and a minimum of ten years' experience in an executive leadership position in a hospital or healthcare system.
- B. The prospective candidate should be a Fellow in the American College of Healthcare Executives (ACHE) or a member committed to advancement in this professional organization. If the prospective candidate is ineligible to be a Fellow due to the lack of graduate degree, the prospective candidate should be an active member in the ACHE.
- C. The candidate should possess business ability and financial acumen that has been demonstrated in past executive management or leadership positions. The candidate in this regard should be familiar with business proformas, budgets, financial statements, and decision-making tools.
- D. The candidate should demonstrate a social conscience in terms of specific activities, which relates to development or implementation of services related to the improvement of health or the quality of life in the population being served.

~~D-E.~~ The candidate should have knowledge of applicable California laws, regulations, and public agency governance standards.

#### II. Spirit of Service

- A. The candidate should have values that are patient centered and compatible with the values of the District.
- B. The candidate should demonstrate skills and competency in the requirements of leadership and organizational development.
- C. The candidate should possess imagination and creativity and should show results which demonstrate this characteristic.
- D. The candidate should have initiative and be able to work independently and without supervision to carry out the policies of the Board and the strategic plan of the District.
- E. The candidate must possess executive ability, which involves maintaining a sound organization that has both human and fiscal resources necessary to carry out the Mission of the District.
- ~~F.~~ The candidate should have a track record of diplomacy and effectiveness in dealing with a wide variety of constituents and a record of being successful in handling difficult and complex situations.

### III. Selection Process

- A. The Board may appoint a recruitment committee or engage a third-party search firm.
- B. The selection process shall be transparent and based on objective criteria.
- C. All candidates shall undergo background and reference checks.
- D. Final selection must be approved by a majority vote of the Board of Directors.

### IV. Terms of Employment

- A. The Board shall approve the CEO's employment agreement, which includes compensation, benefits, term length, and termination provisions, consistent with public agency guidelines.
- B. The agreement shall be reviewed by legal counsel before execution.

### V. CEO Evaluation

- A. The Board shall conduct a formal CEO evaluation at least annually.
- B. Evaluation criteria shall be based on:
  - a. Achievement of strategic and operational goals.
  - b. Financial performance and budget adherence.
  - c. Quality of Care and Regulatory compliance.
  - d. Staff engagement and leadership effectiveness.
  - e. Community relations and public trust.
  - f. Patient Satisfaction

Evaluation results shall be documented in closed session minutes and may inform contract renewal, compensation adjustments, or corrective actions.

### VI. Succession Planning

- A. The Board shall ensure that an emergency and long-term CEO succession plan is in place, reviewed annually, and updated as necessary.

This policy shall be reviewed every three years or as needed due to regulatory changes.

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**BOD4**

<b>Policy Number:</b> BOD4	<b>Date Created:</b> 06/01/2008
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration)	
<b>Executive Compensation</b>	

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

**PURPOSE:** This Executive Compensation Policy of Kaweah Delta Health Care District (~~“Kaweah-Delta”~~) dba Kaweah Health is intended to set forth the rationale and the processes to be utilized by the Board of Directors (“Board”) with respect to the compensation of the Chief Executive Officer (“CEO”), and to set forth the rationale and the processes to be utilized by the CEO with respect to the compensation of the other members of the Executive Team.

Currently, competition for quality executives in the healthcare industry is very high while the years of continuous employment of healthcare executives at a specific institution is surprisingly low. Unnecessary turnover in executives, especially the CEO, can cause major disruptions at healthcare institutions, potentially adversely impacting employee relations, Medical Staff relations, strategic planning, organizational development, implementation of programs and services, physician and patient satisfaction and ultimately the quality of care.

It is the position of the Board, in order to maintain appropriate continuity in the Executive Team, while at the same time continuing as good stewards of Kaweah ~~Delta’s-Health’s~~ funds, that the CEO and the members of the Executive Team should receive total compensation that is at or near the median for executives in functionally comparable positions at comparable institutions. Comparable institutions will be included, consistent with industry standards, on the basis of number of licensed beds, patient volumes, total operating revenues, nonprofit status, number of full-time employees, and geographic location, among other factors.

It is also the position of the Board, after years of working with an independent consulting firm with expertise in healthcare executive compensation, that incentive compensation for healthcare executives is a common, expected and valuable part of a total compensation package. Accordingly, it will continue to be the policy of Kaweah ~~Delta-Health~~ to provide for appropriate incentive compensation for members of the Executive Team as part of their total compensation.

**POLICY:****I. Chief Executive Officer**

- A. **CEO Contract.** Employment of the CEO at Kaweah ~~Delta-Health~~ is pursuant to written contract between Kaweah ~~Delta-Health~~ and the CEO. California law permits each contract with the CEO to be up to four (4) years in duration. The Board shall evaluate the CEO's performance annually. Any Discussion or negotiation of salary, benefits, or contract terms must be noticed under Gov. Code 54957.6. When negotiating a new or renewed contract with the CEO, the Board President shall be the chief negotiator for the Board and shall work closely with legal counsel for Kaweah ~~Delta-Health~~ with respect to the negotiation and completion of the written agreement. The Board President may utilize the assistance of the Board Secretary/~~Treasurer~~ in conducting and evaluating CEO negotiations. ~~The Board President will regularly report to the full Board on the status of CEO contract negotiations. All terms of an agreement with the CEO are subject to final approval by the entire Board. Final decisions on executive compensation, contracts, bonuses, or amendments must be approved in open session by the Board of Directors. The full agreement or summary of terms must be available to the public at the time of approval.~~
- B. **CEO Base Salary.** The appropriateness of the CEO's Base Salary will be confirmed on an annual basis through the use of an outside and independent consulting firm with nationwide expertise in healthcare executive compensation. Automatic annual adjustment of the CEO's base salary, consistent with adjustments in the base salaries of CEO's in comparable institutions, may be provided for in the written agreement with the CEO. Confirmation of any compensation adjustment pursuant to a written contract provision will be made by the full Board.
- C. **Potential CEO Incentive Compensation.** Part of the CEO's annual compensation will be on an incentive basis, i.e., based on the successful completion of specific, objectively definable and measurable goals for that contract year. The goals, the potential incentive compensation amount, and the percentage of the total incentive compensation amount attributable to the successful completion of each of the goals must be set in advance, must be in writing, and must be agreed to by the CEO and the Board. The successful completion of each of the goals must be capable of determination on an objective basis. Potential incentive compensation amounts for the CEO for each contract year shall be within the range set forth in the last data received from the healthcare executive compensation consultant, and shall be consistent with the Board's general approach to maintaining the combination of base CEO salary and potential incentive compensation amounts at or near the median for comparable institutions. The Board President and the CEO will confer at the end of the contract year with respect to the CEO's successful completion of the incentive goals, and

together they will report their determinations to the full Board. Any incentive compensation amount to be paid to the CEO as the result of successful completion of goals must be approved in advance by the full Board.

- D. **Overall Consideration.** As an employee of Kaweah ~~DeltaHealth~~, the CEO will be entitled to health and retirement benefits as offered to other employees of Kaweah ~~DeltaHealth~~. In evaluating and setting base salaries, incentive compensation, and overall consideration, the Board shall take into consideration and may make adjustments for the overall consideration (which may include health, life and disability benefits, deferred compensation or other retirement benefits, and other perquisites common in the industry) provided to CEO's in comparable institutions, with a view toward having the total overall consideration provided to Kaweah ~~Delta's Health's~~ CEO be at or near the median of the total overall consideration provided to CEO's at comparable institutions.

## ~~II.~~ **Executive Team Compensation Other Than the CEO.**

- ~~A.~~ A. **Base Salaries.** The appropriateness of the base salaries of Executive Team members other than the CEO will be confirmed on at least a biennial basis through use of an outside and independent consulting firm with expertise in healthcare executive compensation. The CEO and the Board President will confer on an annual basis with respect to the most recent information received from the consultant and the consistency of existing executive compensation ranges with that information. The CEO retains authority to set base salary amounts consistent with the information received from the consultant and consistent with the Board's general approach to maintaining executive base salaries at or near the median for comparable institutions.

~~B.~~ B. **Potential Incentive Compensation.** On an annual basis, Kaweah ~~Delta-Health~~ will include in its budget a specific amount for potential incentive compensation for members of the Executive Team. The CEO and the Board President will work together, with counsel for Kaweah ~~Delta-Health~~ if necessary, to establish specific, objectively definable goals for each of the members of the Executive Team for that fiscal year. The goals, the potential incentive compensation amounts, and the percentage of the total incentive compensation amount for that executive attributable to the successful completion of each goal must be set in advance, must be in writing, and must be agreed to by the Executive Team member in question in advance as indicated by his/her signature on the written goals. The successful completion of each of the goals must be capable of determination on an objective basis. Potential incentive compensation amounts for each of the members of the Executive Team shall be within the ranges set forth in the last data received from the healthcare executive compensation consultant for that position, ~~and~~ shall be consistent with the Board's general approach to maintaining the combination of base executive salaries and potential incentive compensation amounts at or near the median for comparable institutions.

- E. **Overall Consideration.** As employees of Kaweah ~~DeltaHealth~~, the other members of the Executive Team will be entitled to health and retirement

benefits as offered to other employees of Kaweah Health. In evaluating base salaries and incentive compensation, the CEO may take into consideration the overall consideration (which may include health, life and disability benefits, deferred compensation or other retirement benefits, and other perquisites common in the industry) provided to executives in functionally comparable positions at comparable institutions, with a view toward having the total consideration provided to members of Kaweah ~~Delta's Health's~~ Executive Team be at or near the median of the total consideration provided to executives in functionally comparable positions at comparable institutions. If the CEO believes that any member of the Executive Team should, on the basis of such information, have his/her salary or incentive compensation re-set above the median for executives in functionally comparable positions at comparable institutions, the CEO shall obtain the prior approval of the Board.

G.F. This policy shall be reviewed by the Board every three years or upon change in applicable law.

*"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."*

BOD5

<b>Policy Number:</b> BOD5	<b>Date Created:</b> 11/01/2011
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration)	
<b>Conflict of Interest</b>	

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

**POLICY:** Government Code Section 87300 requires each state and local government agency to adopt and promulgate a Conflict of Interest Code. The Fair Political Practices Commission has adopted Section 18730 of Title 2 of the California Code of Regulations, which contains the terms of a model conflict of interest code (hereinafter "Standard Code") which may be adopted by reference by any state or local agency which desires to do so.

For the purpose of providing a conflict of interest code for Kaweah Delta Health Care District dba Kaweah Health {Kaweah Health}, its Board of Directors, and its employees, the terms of the Standard Code and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference and made a part hereof as if set forth herein at length, and, along with Exhibits A and B attached hereto, in which officials and employees are designated and disclosure categories are set forth, such Standard Code shall constitute the Conflict of Interest Code for Kaweah Delta Health Care District Kaweah Health, its Board of Directors, and its employees.

The Chief Executive Officer shall ensure that a current copy of the Standard Code is kept on file in the District's Kaweah Health administrative office with this Conflict of Interest Code. A copy of the current version of the Standard Code is attached hereto as "Exhibit C" for information purposes only.

Pursuant to Section 4 of the Standard Code, designated employees shall file statements of economic interests with the Chief Executive Officer of Kaweah ~~Delta Health Care District~~ Health. Upon receipt of the statements filed by the designated employees of the department, the Chief Executive Officer shall make and retain ~~a copy~~ the original and forward ~~the original~~ a copy of these statements to the code reviewing body, which in this case is the Tulare County Board of Supervisors.

Adopted by the Board of Directors of Kaweah Delta Health Care District effective ~~April 27, 2020~~ June 29, 2022-June 28, 2025.

**PROCEDURE:****I. Members, Board of Directors and Chief Executive Officer**

All members of the Kaweah ~~Delta Health Care District Health~~ Board of Directors and the individual occupying the position of Chief Executive Officer must complete and file Statements of Economic Interest with the Office of the Chief Executive Officer. Disclosure must include items listed in Exhibit "B".

**II. Other Affected Positions**

Individuals occupying positions as noted in Exhibit "A" are also required to complete and file, with the office of the Chief Executive Officer of Kaweah ~~Delta Health Care District Health~~, Statements of Economic Interest. The types of interest to be disclosed are identified on "Exhibit B" per position held with ~~the District~~ Kaweah Health.

**III. Filing Deadlines**

Individuals required to complete and file Statements of Economic Interest must do so with the appropriate office:

- A. within thirty (30) days after the effective date of the adoption of the Conflict of Interest Code;
- B. within thirty (30) days after assuming a position requiring filing such Statement;
- C. within thirty (30) days after leaving a position requiring filing of such Statement; and,
- D. annually, during the month of January, no later than April 1, for each year in which the individual occupies a position requiring a Statement.

**IV. Training**

- A. All Board members and designated employees must complete ethics training (AB1234) every two years and retain proof of completion.

~~D.~~ This policy shall be reviewed every two years or when required by law. Kaweah Health Care District shall amend its Conflict-of-Interest Code in coordination with the Tulare County Board of Supervisors, consistent with Government Code 87306.5 -Care Di

## EXHIBIT "A"

**KAWEAH DELTA HEALTH CARE DISTRICT  
DBA KAWEAH HEALTH**

CONFLICT OF INTEREST CODE

**Disclosure Categories**

<u>Designated Positions</u>	<u>Category of Interests Required to be Disclosed</u>
<b>Members of the Board of Directors</b>	1
<b>Employees</b>	
Chief Executive Officer	1
Chief Financial Officer	1
Chief Operating Officer	1
<del>Chief Quality Officer</del>	<del>1</del>
Chief Medical & Quality Officer	1
Chief Nursing Officer	1
Chief Information & Cybersecurity Officer	1
Chief Human Resources Officer	1
Chief Strategy Officer	1
Chief <del>of Population Health</del> Ambulatory Officer	1
Chief <del>of</del> Medical Education Officer	1
Chief Compliance & <del>and</del> Risk Officer	1
Director of <del>Audit and</del> Consulting & Project Management	1
Director of Procurement and Logistics Material Management	1
<del>Kaweah Health Medical Group Chief Executive Officer</del>	<del>1</del>
<del>Kaweah Health Medical Group Chief Financial Officer</del>	<del>1</del>
Director of Risk Management	1
<del>Director of Facilities</del>	<del>1</del>
Director of Facilities <del>Planning Services</del>	<del>1</del>
All Directors of Kaweah Delta Health Care District dba Kaweah Health	4B
<b>Consultants</b>	
Legal Counsel to the Board of Directors	1

*["Consultants may be designated employees who must disclose financial interests as determined on a case-by-case basis. The District must make a written determination whether a consultant must disclose financial interests. The determination shall include a description of the consultant's duties and a statement of the extent of the disclosure requirements, if any, based upon that description. All such determinations are public records and shall be retained for public inspection with this conflict of interest code.*

*["Consultants can be deemed to participate in making a governmental decision when the consultant, acting within the authority of his or her position:*

- (1) Negotiates, without significant substantive review, with a governmental entity or private person regarding certain governmental decisions; or*
- (2) Advises or makes recommendations to the decision-maker either directly or without significant intervening substantive review, by:*
  - a. Conducting research or making an investigation, which requires the exercise of judgment on the part of the person and the purpose of which is to influence a governmental decision; or*
  - b. Preparing or presenting a report, analysis, or opinion, orally or in writing, which requires the exercise of judgment on the part of the person and the purpose of which is to influence the decision."*

*(From the Tulare County Counsel)*

*{A consultant is also subject to the disclosure requirements if he/she acts in a staff capacity (i.e., performs the same or substantially all the same duties that would otherwise be performed by an individual holding a position specified in the Code).}*

**EXHIBIT "B"****KAWEAH DELTA HEALTH CARE DISTRICT  
DBA KAWEAH HEALTH****CONFLICT OF INTEREST CODE****Disclosure Categories****1. Full Disclosure:**

Designated persons in this category must report:

All interests in real property located entirely or partly within this District's jurisdiction or boundaries, or within two miles of this District's jurisdiction or boundaries or of any land owned or used by this District. Such interests include any leasehold, ownership interest or option to acquire such interest in real property.

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments.

**2. Full Disclosure (excluding interests in real property):**

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments.

**3. Interests in Real Property (only):**

All interests in real property located entirely or partly within this District's jurisdiction or boundaries, or within two miles of this District's jurisdiction or boundaries or of any land owned or used by this District. Such interests include any leasehold, ownership interest or option to acquire such interest in real property.

**4. General Contracting (two options):**

A. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that provide, or have provided in the last two years, leased facilities, goods, supplies, materials, equipment, vehicles, machinery, services, or the like, including training or consulting services, of the type utilized by the District.

***[Intended for employees whose duties and decisions involve contracting and purchasing for the entire District.]***

B. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that provide, or have provided in the last two years, leased facilities, goods, supplies, materials, equipment, vehicles, machinery, services, or the like, including training or consulting services, of the type utilized by the employee's department or division.

***[Intended for employees whose duties and decisions involve contracting and purchasing for a specific department or division of the District.]***

**5. Regulatory, Permit or Licensing Duties:**

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that are subject to the regulatory, permit or licensing authority of, or have an application for a license or permit pending before, the employee's department or division, or the District.

6. **Grant/Service Providers/Departments that Oversee Programs:**

A. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, or income from a nonprofit organization, if the source is of the type to receive grants or other monies from or through a specific department or division of the District.

***[Intended for employees whose duties and decision involve awards of monies or grants to organizations or individuals.]***

**EXHIBIT "C"**  
**KAWEAH DELTA HEALTH CARE DISTRICT**  
**DBA KAWEAH HEALTH**

**CONFLICT OF INTEREST CODE**

**Standard Code**

**§ 18730. Provisions of Conflict of Interest Codes.**

(a) Incorporation by reference of the terms of this regulation along with the designation of employees and the formulation of disclosure categories in the Appendix referred to below constitute the adoption and promulgation of a conflict of interest code within the meaning of Government Code section 87300 or the amendment of a conflict of interest code within the meaning of Government Code section 87306 if the terms of this regulation are substituted for terms of a conflict of interest code already in effect. A code so amended or adopted and promulgated requires the reporting of reportable items in a manner substantially equivalent to the requirements of article 2 of chapter 7 of the Political Reform Act, Government Code sections 81000, *et seq.* The requirements of a conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Government Code section 87100, and to other state or local laws pertaining to conflicts of interest.

(b) The terms of a conflict of interest code amended or adopted and promulgated pursuant to this regulation are as follows:

**(1) Section 1. Definitions.**

The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission (2 Cal. Code of Regs. sections 18100, *et seq.*), and any amendments to the Act or regulations, are incorporated by reference into this conflict of interest code.

**(2) Section 2. Designated Employees.**

The persons holding positions listed in the Appendix are designated employees. It has been determined that these persons make or participate in the making of decisions which may foreseeably have a material effect on economic interests.

**(3) Section 3. Disclosure Categories.**

This code does not establish any disclosure obligation for those designated employees who are also specified in Government Code section 87200 if they are designated in this code in that same capacity or if the geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction in which those persons must report their economic interests pursuant to article 2 of chapter 7 of the Political Reform Act, Government Code sections 87200, *et seq.*

In addition, this code does not establish any disclosure obligation for any designated employees who are designated in a conflict of interest code for another agency, if all of the following apply:

(A) The geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction of the other agency;

(B) The disclosure assigned in the code of the other agency is the same as that required under article 2 of chapter 7 of the Political Reform Act, Government Code section 87200; and

(C) The filing officer is the same for both agencies. <sup>1</sup>

Such persons are covered by this code for disqualification purposes only. With respect to all other designated employees, the disclosure categories set forth in the Appendix specify which kinds of economic interests are reportable. Such a designated employee shall disclose in his or her statement of economic interests those economic interests he or she has which are of the kind described in the disclosure categories to which he or she is assigned in the Appendix. It has been determined that the economic interests set forth in a designated employee's disclosure categories are the kinds of economic interests which he or she foreseeably can affect materially through the conduct of his or her office.

(4) Section 4. Statements of Economic Interests: Place of Filing.

The code reviewing body shall instruct all designated employees within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest code. (5) Section 5. Statements of Economic Interests: Time of Filing.

(A) Initial Statements. All designated employees employed by the agency on the effective date of this code, as originally adopted, promulgated and approved by the code reviewing body, shall file statements within 30 days after the effective date of this code. Thereafter, each person already in a position when it is designated by an amendment to this code shall file an initial statement within 30 days after the effective date of the amendment.

(B) Assuming Office Statements. All persons assuming designated positions after the effective date of this code shall file statements within 30 days after assuming the designated positions, or if subject to State Senate confirmation, 30 days after being nominated or appointed.

(C) Annual Statements. All designated employees shall file statements no later than April 1.

(D) Leaving Office Statements. All persons who leave designated positions shall file statements within 30 days after leaving office.

(5.5) Section 5.5. Statements for Persons Who Resign Prior to Assuming Office.

Any person who resigns within 12 months of initial appointment, or within 30 days of the date of notice provided by the filing officer to file an assuming office statement, is not deemed to have assumed office or left office, provided he or she did not make or participate in the making of, or use his or her position to influence any decision and did not receive or become entitled to receive any form of payment as a result of his or her appointment. Such persons shall not file either an assuming or leaving office statement.

(A) Any person who resigns a position within 30 days of the date of a notice from the filing officer shall do both of the following:

(1) File a written resignation with the appointing power; and

(2) File a written statement with the filing officer declaring under penalty of perjury that during the period between appointment and resignation he or she did not make, participate in the making, or use the position to influence any decision of the agency or receive, or become entitled to receive, any form of payment by virtue of being appointed to the position.

(6) Section 6. Contents of and Period Covered by Statements of Economic Interests.

(A) Contents of Initial Statements.

Initial statements shall disclose any reportable investments, interests in real property and business positions held on the effective date of the code and income received during the 12 months prior to the effective date of the code.

(B) Contents of Assuming Office Statements.

Assuming office statements shall disclose any reportable investments, interests in real property and business

positions held on the date of assuming office or, if subject to State Senate confirmation or appointment, on the date of nomination, and income received during the 12 months prior to the date of assuming office or the date of being appointed or nominated, respectively.

(C) Contents of Annual Statements. Annual statements shall disclose any reportable investments, interests in real property, income and business positions held or received during the previous calendar year provided, however, that the period covered by an employee's first annual statement shall begin on the effective date of the code or the date of assuming office whichever is later, or for a board or commission member subject to Government Code section 87302.6, the day after the closing date of the most recent statement filed by the member pursuant to 2 Cal. Code Regs. section 18754.

(D) Contents of Leaving Office Statements.

Leaving office statements shall disclose reportable investments, interests in real property, income and business positions held or received during the period between the closing date of the last statement filed and the date of leaving office.

(7) Section 7. Manner of Reporting.

Statements of economic interests shall be made on forms prescribed by the Fair Political Practices Commission and supplied by the agency, and shall contain the following information:

(A) Investments and Real Property Disclosure.

When an investment or an interest in real property<sup>3</sup> is required to be reported,<sup>4</sup> the statement shall contain the following:

1. A statement of the nature of the investment or interest;
2. The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;
3. The address or other precise location of the real property;
4. A statement whether the fair market value of the investment or interest in real property equals or exceeds two thousand dollars (\$2,000), exceeds ten thousand dollars (\$10,000), exceeds one hundred thousand dollars (\$100,000), or exceeds one million dollars (\$1,000,000).

(B) Personal Income Disclosure. When personal income is required to be reported,<sup>5</sup> the statement shall contain:

1. The name and address of each source of income aggregating five hundred dollars (\$500) or more in value, or fifty dollars (\$50) or more in value if the income was a gift, and a general description of the business activity, if any, of each source;
2. A statement whether the aggregate value of income from each source, or in the case of a loan, the highest amount owed to each source, was one thousand dollars (\$1,000) or less, greater than one thousand dollars (\$1,000), greater than ten thousand dollars (\$10,000), or greater than one hundred thousand dollars (\$100,000);
3. A description of the consideration, if any, for which the income was received;
4. In the case of a gift, the name, address and business activity of the donor and any intermediary through which the gift was made; a description of the gift; the amount or value of the gift; and the date on which the gift was received;
5. In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the

loan.

(C) Business Entity Income Disclosure. When income of a business entity, including income of a sole proprietorship, is required to be reported,<sup>6</sup> the statement shall contain:

1. The name, address, and a general description of the business activity of the business entity;
2. The name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from such person was equal to or greater than ten thousand dollars (\$10,000).

(D) Business Position Disclosure. When business positions are required to be reported, a designated employee shall list the name and address of each business entity in which he or she is a director, officer, partner, trustee, employee, or in which he or she holds any position of management, a description of the business activity in which the business entity is engaged, and the designated employee's position with the business entity.

(E) Acquisition or Disposal During Reporting Period. In the case of an annual or leaving office statement, if an investment or an interest in real property was partially or wholly acquired or disposed of during the period covered by the statement, the statement shall contain the date of acquisition or disposal.

(8) Section 8. Prohibition on Receipt of Honoraria.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept any honorarium from any source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests. This section shall not apply to any part time member of the governing board of any public institution of higher education, unless the member is also an elected official.

Subdivisions (a), (b), and (c) of Government Code section 89501 shall apply to the prohibitions in this section.

This section shall not limit or prohibit payments, advances, or reimbursements for travel and related lodging and subsistence authorized by Government Code section 89506.

(8.1) Section 8.1 Prohibition on Receipt of Gifts in Excess of \$390.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept gifts with a total value of more than \$390 in a calendar year from any single source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests. This section shall not apply to any part time member of the governing board of any public institution of higher education, unless the member is also an elected official.

Subdivisions (e), (f), and (g) of Government Code section 89503 shall apply to the prohibitions in this section.

(8.2) Section 8.2. Loans to Public Officials.

(A) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the elected officer holds office or over which the elected officer's agency has direction and control.

(B) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the public official holds office or over which the public official's agency has direction and control. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(C) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that

elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status.

(D) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(E) This section shall not apply to the following:

1. Loans made to the campaign committee of an elected officer or candidate for elective office.
2. Loans made by a public official's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such persons, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.
3. Loans from a person which, in the aggregate, do not exceed five hundred dollars (\$500) at any given time.
4. Loans made, or offered in writing, before January 1, 1998.

#### (8.3) Section 8.3. Loan Terms.

(A) Except as set forth in subdivision (B), no elected officer of a state or local government agency shall, from the date of his or her election to office through the date he or she vacates office, receive a personal loan of five hundred dollars (\$500) or more, except when the loan is in writing and clearly states the terms of the loan, including the parties to the loan agreement, date of the loan, amount of the loan, term of the loan, date or dates when payments shall be due on the loan and the amount of the payments, and the rate of interest paid on the loan.

(B) This section shall not apply to the following types of loans:

1. Loans made to the campaign committee of the elected officer.
2. Loans made to the elected officer by his or her spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.
3. Loans made, or offered in writing, before January 1, 1998.

(C) Nothing in this section shall exempt any person from any other provision of Title 9 of the Government Code.

#### (8.4) Section 8.4. Personal Loans.

(A) Except as set forth in subdivision (B), a personal loan received by any designated employee shall become a gift to the designated employee for the purposes of this section in the following circumstances:

1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.

2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:

- a. The date the loan was made.
- b. The date the last payment of one hundred dollars (\$100) or more was made on the loan.
- c. The date upon which the debtor has made payments on the loan aggregating to less than two hundred fifty dollars (\$250) during the previous 12 months.

(B) This section shall not apply to the following types of loans:

- 1. A loan made to the campaign committee of an elected officer or a candidate for elective office.
- 2. A loan that would otherwise not be a gift as defined in this title.
- 3. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor has taken reasonable action to collect the balance due.
- 4. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor, based on reasonable business considerations, has not undertaken collection action. Except in a criminal action, a creditor who claims that a loan is not a gift on the basis of this paragraph has the burden of proving that the decision for not taking collection action was based on reasonable business considerations.
- 5. A loan made to a debtor who has filed for bankruptcy and the loan is ultimately discharged in bankruptcy.

(C) Nothing in this section shall exempt any person from any other provisions of Title 9 of the Government Code.

(9) Section 9. Disqualification.

No designated employee shall make, participate in making, or in any way attempt to use his or her official position to influence the making of any governmental decision which he or she knows or has reason to know will have a reasonably foreseeable material financial effect, distinguishable from its effect on the public generally, on the official or a member of his or her immediate family or on:

(A) Any business entity in which the designated employee has a direct or indirect investment worth two thousand dollars (\$2,000) or more;

(B) Any real property in which the designated employee has a direct or indirect interest worth two thousand dollars (\$2,000) or more;

(C) Any source of income, other than gifts and other than loans by a commercial lending institution in the regular course of business on terms available to the public without regard to official status, aggregating five hundred dollars (\$500) or more in value provided to, received by or promised to the designated employee within 12 months prior to the time when the decision is made;

(D) Any business entity in which the designated employee is a director, officer, partner, trustee, employee, or holds any position of management; or

(E) Any donor of, or any intermediary or agent for a donor of, a gift or gifts aggregating \$390 or more provided to, received by, or promised to the designated employee within 12 months prior to the time when the decision is made.

(9.3) Section 9.3. Legally Required Participation.

No designated employee shall be prevented from making or participating in the making of any decision to the extent his or her participation is legally required for the decision to be made. The fact that the vote of a designated employee who is on a voting body is needed to break a tie does not make his or her participation

legally required for purposes of this section.

(9.5) Section 9.5. Disqualification of State Officers and Employees.

In addition to the general disqualification provisions of section 9, no state administrative official shall make, participate in making, or use his or her official position to influence any governmental decision directly relating to any contract where the state administrative official knows or has reason to know that any party to the contract is a person with whom the state administrative official, or any member of his or her immediate family has, within 12 months prior to the time when the official action is to be taken:

(A) Engaged in a business transaction or transactions on terms not available to members of the public, regarding any investment or interest in real property; or

(B) Engaged in a business transaction or transactions on terms not available to members of the public regarding the rendering of goods or services totaling in value one thousand dollars (\$1,000) or more.

(10) Section 10. Disclosure of Disqualifying Interest.

When a designated employee determines that he or she should not make a governmental decision because he or she has a disqualifying interest in it, the determination not to act may be accompanied by disclosure of the disqualifying interest.

(11) Section 11. Assistance of the Commission and Counsel.

Any designated employee who is unsure of his or her duties under this code may request assistance from the Fair Political Practices Commission pursuant to Government Code section 83114 and 2 Cal. Code Regs. sections 18329 and 18329.5 or from the attorney for his or her agency, provided that nothing in this section requires the attorney for the agency to issue any formal or informal opinion.

(12) Section 12. Violations.

This code has the force and effect of law. Designated employees violating any provision of this code are subject to the administrative, criminal and civil sanctions provided in the Political Reform Act, Government Code sections 81000 – 91014. In addition, a decision in relation to which a violation of the disqualification provisions of this code or of Government Code section 87100 or 87450 has occurred may be set aside as void pursuant to Government Code section 91003.

NOTE: Authority cited: Section 83112, Government Code.

Reference: Sections 87103(e), 87300-87302, 89501, 89502 and 89503, Government Code.

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<sup>1</sup> Designated employees who are required to file statements of economic interests under any other agency's conflict of interest code, or under article 2 for a different jurisdiction, may expand their statement of economic interests to cover reportable interests in both jurisdictions, and file copies of this expanded statement with both entities in lieu of filing separate and distinct statements, provided that each copy of such expanded statement filed in place of an original is signed and verified by the designated employee as if it were an original. See Government Code section 81004.

<sup>2</sup>See Government Code section 81010 and 2 Cal. Code of Regs. section 18115 for the duties of filing officers and persons in agencies who make and retain copies of statements and forward the originals to the filing officer.

<sup>3</sup>For the purpose of disclosure only (not disqualification), an interest in real property does not include the principal residence of the filer.

<sup>4</sup>Investments and interests in real property which have a fair market value of less than \$2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real property of an individual include those held by the individual's spouse and

dependent children as well as a pro rata share of any investment or interest in real property of any business entity or trust in which the individual, spouse and dependent children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.

<sup>5</sup>A designated employee's income includes his or her community property interest in the income of his or her spouse but does not include salary or reimbursement for expenses received from a state, local or federal government agency.

<sup>6</sup>Income of a business entity is reportable if the direct, indirect or beneficial interest of the filer and the filer's spouse in the business entity aggregates a 10 percent or greater interest. In addition, the disclosure of persons who are clients or customers of a business entity is required only if the clients or customers are within one of the disclosure categories of the filer.

# BOD7

<b>Policy Number:</b> BOD7	<b>Date Created:</b> 10/30/2013
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration)	
<b>Presentation of <u>California Government Claims</u> and <u>Service Process Act</u></b>	

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

**POLICY:** This policy sets forth the procedures for presenting, receiving, and processing claims against the District, in compliance with: the California Government Claims Act (Gov. Code 900 et seq.), and the Brown Act (Gov. Code 54950 et seq.), suits for money or damages filed against a public entity such as Kaweah Delta Health Care District dba Kaweah Health are regulated by statutes contained in division 3.6 of the California Government Code, commonly referred to as the Government Claims Act. Government Code § 905 requires the presentation of all claims for money or damages against local public entities such as Kaweah Health, subject to certain exceptions. Claims for personal injury and property damages must be presented within six (6) months after accrual; all other claims must be presented within one (1) year.

Presentation of a claim is generally governed by Government Code § 915 which provides that a claim, any amendment thereto, or an application for leave to present a late claim shall be presented to Kaweah Health by either delivering it to the clerk, secretary or auditor thereof, or by mailing it to the clerk, secretary, auditor, or to the governing body at its principal office.

Service of process on a public entity such as Kaweah Health is generally governed by Code of Civil Procedure § 416.50 which provides that a summons may be served by delivering a copy of the summons and complaint to the clerk, secretary, president, presiding officer or other head of its governing body.

This policy is intended to precisely identify those individuals who may receive claims on behalf of Kaweah Health and those individuals who may receive a summons and complaint on behalf of Kaweah Health.

#### **PROCEDURE:**

I. **Presentation of a Government Claim:** the formal filing of a claim with the District Clerk or Secretary under Government Code 910:

A. Claims must be submitted in writing to the District Clerk at the District's main office: 400 W. Mineral Avenue, Visalia, California 93291. Electronic submission is not accepted unless authorized by District resolution.

B. Claim Form Requirements must include:  
a. Name and address of the claimant

- b. Date, location, and facts of the incident
- c. Description of injury or damages
- d. Amount claimed (if known)
- e. Signature of claimant or representative
- f.

C. Authorized Recipient of Claims for a Special District. Per Government code 9145(a) if the District has not adopted a specific resolution, claims must be delivered or mailed to the Board Clerk, Secretary or Auditor of the District, or if no such officer exists, the governing body (Board) of the District. The Board of Directors reserves the right to adopt a resolution designating another official or designee as the authorized agent to receive claims.

A-D. Personal Delivery. Only the Board Clerk, ~~the Board Secretary, or the Auditor~~Secretary, or Auditor of the District are authorized to receive a personal delivery of a Government Claim on behalf of Kaweah Health. ~~In the absence of the Board Clerk, the Board Secretary, and the Auditor, the Vice President, Chief Compliance and Risk Officer. In the absence of the Board Clerk the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer is authorized to receive personal delivery of a government claim on behalf of Kaweah Health.~~ No other individual is authorized to receive delivery of a Government Claim on behalf of Kaweah Health.

B-E. Mailing. Only the Board Clerk, the Board Secretary, or the Auditor are authorized to receive mailing of a Government Claim on behalf of Kaweah Health. No other individual is authorized to receive mailing of a Government Claim on behalf of Kaweah Health, unless the claim is addressed to the Board of Directors and mailed to the Board of Directors of Kaweah Health at 400 West Mineral King Avenue, Visalia, CA, 93291, the principal office of the Board of Directors.

C-F. Processing a Presented Claim. If a claim is (1) delivered to the Board Clerk, the Board Secretary, or the Auditor. ~~In the absence of the Board Clerk, the Board Secretary, and the District's Auditor, the Vice President, Chief Compliance and Risk Officer, the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer~~ is authorized to receive personal delivery of a government claim on behalf of the District; or (2) received in the mail addressed to the Board Clerk, the Board Secretary, or the Auditor; or (3) received in the mail addressed to the Board of Directors of Kaweah Health at 400 West Mineral King Avenue, Visalia, CA, 93291, the claim shall be immediately provided to the Board Clerk, ~~in the Board Clerks absence the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer~~ shall so the date, time and manner of delivery/ mailing can be recorded ~~by the Board Clerk~~ in a log to be maintained in the Board Clerk's office. The Board Clerk shall then make prompt arrangements to have a copy of the claim, as well as the log information for the claim, provided to the Kaweah Health Risk Management Department and to the legal counsel for Kaweah Health who will be representing Kaweah Health with respect to the claim. In the event that a claim is accepted by the Auditor ~~or the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer~~, in the absence of the Board Clerk, the claim

shall be marked with the date/time and manner of delivery/ mailing recorded. The claim shall be immediately forwarded to the Risk Management Department copying the Board Clerk -to be processed as noted above and logged in the official log.

If delivery of a claim is attempted on any individual other than the Board ~~Clerk (in the absence of the Board Clerk – the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer)~~ Clerk, the Board Secretary, or the Auditor, then the person attempting delivery shall be advised by the individual on whom delivery of a claim is being attempted that he/she is not authorized to receive delivery of a claim on behalf of Kaweah Health and he/she shall decline to accept delivery. If a claim is delivered to any individual other than the Board Clerk (in the absence of the Board Clerk – the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer) Board Clerk, the Board Secretary, or the Auditor, then the claim shall be promptly forwarded directly to Kaweah Health’s general counsel for possible return to the sender. The general counsel shall advise the District’s Risk Management Department of the handling of the improperly presented claim.

If a claim is received in the mail that is not addressed to the Board Clerk, the Board Secretary, or the Auditor and is not addressed to the Board of Directors of the District at 400 West Mineral King Avenue, Visalia, CA, 93291, then the claim shall be promptly forwarded directly to Kaweah Delta’s general counsel for possible return to the sender. Kaweah Delta’s general counsel shall advise ~~the Risk~~ the Risk Management Department of the handling of the improperly presented claim.

## **II.G. Service of Summons and Complaint.**

**A.a. Personal Delivery.** Only the Board Clerk (in the absence of the Board Clerk – the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer) Board Clerk, the Board Secretary or the Board President is authorized to accept delivery of a summons and complaint on behalf of Kaweah Delta. In the absence of the Board Clerk, the Board Secretary, or the Board President, ~~the Chief Compliance and Risk Management Officer and the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer~~ is authorized to receive personal delivery of a Summons and Complaint on behalf of Kaweah Delta. In the absence of the Board Clerk, Board Secretary, ~~Board President~~ Board President ~~and the Chief Compliance and Risk Management Officer, the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer~~ the ~~Administration Executive Office Department~~ staff will contact Kaweah Delta’s general counsel who will advise how to proceed with the service of the summons and complaint. No other individual, and no other manner of service, is authorized in the absence of a court order or a specific authorization from the Board President, who is granted limited authority as described in this policy.

**B.b. Processing a Delivered Summons and Complaint.** If a summons and complaint are delivered to the Board Clerk, the Board Secretary or the Board President, they shall be immediately provided to the Board Clerk so the date, time and manner of delivery can be recorded by the Board Clerk in a log to be maintained in the Board Clerk’s office. In the absence of the Board Clerk, the Board Secretary, or the

Board President, ~~the Vice President, Chief Compliance & Risk Management Officer or the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer~~ the Executive Office staff will contact Kaweah Delta's general counsel who will advise how to proceed with the service of the summons or complaint. ~~No other individual~~ is authorized to receive personal delivery of a Summons and Complaint on behalf of the District. The Board Clerk shall then make prompt arrangements to have a copy of the summons and complaint, as well as the log information for the summons and complaint, provided to the ~~Risk Management Department~~ and to the legal counsel for Kaweah Health who will be representing Kaweah Health with respect to the litigation.

If service of a summons and complaint is attempted on any individual other than the ~~Board Clerk (in the absence of the Board Clerk – the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer)~~ Board Clerk, the Board Secretary or the Board President, then the person attempting delivery shall be advised by the individual on whom delivery is being attempted that he/she is not authorized to accept service of a summons and complaint on behalf of Kaweah Health and he/she shall decline to accept service.

An exception to the forgoing may be made only in circumstances where legal counsel for Kaweah Health receives prior authorization from the Board President to accept service of a summons and complaint on behalf of Kaweah Health.

If a summons and complaint is received under circumstances other than by delivery to the Board Clerk, the Board Secretary or the Board President, or through receipt by legal counsel with prior authorization from the Board President to accept service on behalf of Kaweah Health, then the summons and complaint shall be promptly forwarded directly to Kaweah Health's general counsel for possible return to the party who attempted service. Kaweah Health's general counsel shall advise the Risk Management Department of the handling of the improperly served summons and complaint.

This policy shall be reviewed very three years or upon changes in applicable law.

*"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."*

# BOD8

Policy Number: BOD8	Date Created: 06/13/2025
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Kelsie Davis (Board Clerk/Executive Assistant to CEO)	
<b>Promulgation of Kaweah Delta Health Care District Procedures</b>	

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

**Purpose:** This policy serves to document the official approval, issuance, and dissemination of the above-named policy by the authority of the Board of Directors or Chief Executive Officer of Kaweah Health, a Special Health Care District governed under California Law. The purpose is to provide guidelines to clarify and standardize the process for the Chief Executive Officer and each member of the Executive Management team (collectively, "Executive Team") to develop and independently promulgate departmental policies and procedures for the proper operation and administration of the Kaweah Delta Health Care District's ("Kaweah Health") affairs.

This policy is issued pursuant to: California Health & Safety Code 32000 et seq., Government Code 61000 et seq., Brown Act Compliance (Gov. Code 54950-54936), and all applicable accreditation or regulatory standards (e.g. CDPH, CMS, Joint Commission).

### Definitions:

- I. "Organizational **Policy**" means a Board-approved document that provides broad strategic direction, delegates authority, fulfills a non-delegable duty of the Board or sets out rules for the Board's operations. {See AP.38}
- II. "Departmental Policy and **Procedure**" means a document describing a standard of care, practice and/or steps for performing an agreed course of action.
- III. "**Publication**" means the reduction of an Organizational Policy or Departmental Policy and Procedure to writing and its subsequent distribution, by the promulgating Authorized Signer, via the Policy Tech document management system.

### Standard of Practice:

- I. Executive Team members shall have the authority to develop and approve Departmental Policies and Procedures, as appropriate to their respective areas of administrative responsibility. In no event shall any Executive Team member attempt to promulgate a Departmental Policy and Procedure that is inconsistent with an Organizational Policy. Executive Team members may

- delegate the above-described development and approval authority to an appropriate departmental director, service line director, or manager (as appropriate).
- II. The Chief Executive Officer shall have authority and responsibility to establish a structure for development and maintenance of Departmental Policies and Procedures.
  - III. Departmental Policies and Procedures that directly affect the professional services of a Kaweah Health Medical Staff physician or advanced practice professional must be reviewed and approved by the appropriate department of the Medical Staff and other reviewing/approving Kaweah Health or Medical Staff Committees, as appropriate and necessary.
  - IV. A Departmental Policy and Procedure developed pursuant to this Organizational Policy shall become effective and binding immediately upon its approval and publication in Policy Tech by the promulgating Executive Team signer.
  - V. The authorized Executive Team signer responsible for promulgating a Departmental Policy and Procedure pursuant to this Organizational Policy shall be primarily responsible for supervising implementation of such Departmental Policy and Procedure and compliance therewith by Kaweah Health.
  - VI. Each authorized Executive Team signer shall be responsible for reviewing all Departmental Policies and Procedures within his or her jurisdiction at least once every three (3) years or earlier when required by law, accreditation standards or warranted based on changes in the law, state of the art, current knowledge, technology or other factors.
  - VII. All Kaweah Health Organizational Policies and Departmental Policies and Procedures promulgated prior to the effective date of this Policy are hereby ratified to the extent they are not inconsistent with this Organizational Policy or each other and notwithstanding the manner in which they were promulgated.
  - VIII. This policy shall be posted to the District's official intranet and/or policy repository. Distributed to relevant department heads and staff, included in new employee orientation and ongoing compliance and education.
  - ~~VIII.~~IX. This Organizational Policy will be reviewed and updated as required by law or internal audit or at least every three (3) years.

*"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."*

**BOD9**

<b>Policy Number:</b> BOD9	<b>Date Created:</b> 06/09/2025
<b>Document Owner:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	<b>Date Approved:</b> TBD
<b>Approvers:</b> Board of Directors (Administration)	
<b>BOARD COMPENSATION</b>	

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

**PURPOSE:** To comply with California Health and Safety Code Section 32103, this Policy documents the Board’s justification for compensating members for more than five meetings per calendar month.

**POLICY:** The Board of Directors of Kaweah Health finds, based on substantial evidence, that the effective operation of the District requires Board members to participate in more than five compensated meetings in some months.

Factors supporting this finding include:

- Oversight of complex healthcare operations
- Legal and regulatory compliance demands
- Community engagement and advisory participation
- Strategic planning and financial oversight
- Coordination with local, regional, and state partners

This policy shall be reviewed and readopted annually by the Board of Directors.

*"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."*

# EHS06

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

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

#### PURPOSE:

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

#### POLICY:

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

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

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

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

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

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

#### BENEFITS:

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

2.

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

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

must contact their manager and Employee Health Services on the next business day Employee Health Services is open.

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

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

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

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

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

1. Reason for Leave:

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

2. Notice and Certification Requirements:

- a. Notice:  
If, as a result of the injury, the attending provider directs the employee to remain off work, the off-work order must be brought to Employee Health Services immediately. Employee Health Services will monitor status and follow-up with employee as appropriate. Provider "return to work orders" must be brought to Employee Health Services 24-48 hours prior to the employee's first day back to work following an injury. If, as a result of the injury, the provider directs the employee to return to work with restrictions the employee needs to immediately communicate this to Employee Health Services. This will begin the process for the employee to request a reasonable accommodation under the Americans with Disabilities Act (ADA).
- b. Certification:  
Kaweah Health requires a written statement from a provider, which must include the following:
  - i. That the employee is unable to perform the regular job duties;
  - ii. The date on which the impairment commenced; and
  - iii. The expected date of the employee's ability to return to work.

### 3. Compensation During Leave

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

- a. If injured on the job employees will be paid full scheduled shift for that day of injury. If subsequent days off are needed from scheduled shifts prior to the third calendar day waiting period, accrued Extended Illness Bank time may be utilized up to 24-hours. If additional hours of non-productive, hours are needed Paid Time Off hours may be used at the discretion of the employee. PTO must be utilized for pre-approved appointments and intermittent leave requests. In the circumstance of an immediate hospitalization or surgery, an employee may be paid from accrued EIB from their first full day off. EIB must be used for coordination with SDI or Workers' Compensation Temporary Disability Payments; PTO time may be used only after all EIB has been exhausted. Coordinated amounts will not exceed the regular amount of pay normally earned by the employee.
- b. It is the employee's responsibility to notify Payroll of the amount they receive from SDI or Workers' Compensation to ensure the correct amount of EIB.

### 4. Benefit Accrual:

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

5. Performance Review Date:

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

6. Benefits During Leave:

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

- g. If the employee fails to return to work at the expiration of the leave, he/she must repay any health insurance premiums paid by Kaweah Health while on leave, unless failure to return to work is due to a continuation of his/her own serious health condition or other reasons beyond his/her control.

7. Reinstatement:

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

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

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

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

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

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

#### PROCEDURE FOR EXPOSURES TO COMMUNICABLE DISEASES:

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

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

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

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

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

#### References:

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

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

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

HR47

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

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

#### POLICY:

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

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

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

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

~~Current job requirement documentation will be retained by Human Resources and Manager is responsible in ensuring staff are compliant. Failure on the part of the employee to provide such documentation or proof of current status, or failure to~~

~~meet any job requirement will result in Progressive Discipline, up to and including, termination of employment.~~

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

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

## PROCEDURE:

### I. Definitions

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

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

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

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

- a. Human Resources will process the hire/transfer/renewal of an employee to a job that requires valid licensure/certification only after obtaining PSV from the appropriate licensing board. Primary source verification applies only to licensure/certifications required to practice a profession. It is not required for organizational requirements such as advanced cardiac life support (ACLS) or pediatric advanced life support (PALS) or clinical certification such as peripherally inserted

catheter (PICC) line certification.

- b. Any employee that allows their required licensure/certification to lapse for any reason will be given a Disciplinary Action and removed from the schedule. Exceptions:
  - 1. MICN Certification: If regional EMS agency cancels MICN

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

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

### III. Cardiopulmonary Resuscitation (CPR) Courses

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

~~2.~~ 1. Course completion card (or eCard) from AHA or ARC training center/site

**OR**

~~3.2.~~ Temporary Certificate of Completion paperwork from the AHA or ARC training center stating the following:

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

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

### IV. Kaweah Health Offered Courses

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

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

### III. Manager's Responsibilities

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

### IV. Employee's Responsibilities

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

~~Employees who have failed to renew their required license or certification, by the expiration date will not be permitted to work and are subject to discipline up to and including termination.~~

### V. Interim Permit or Temporary License Processing

Employees must obtain licensure in accordance with the requirements of the licensing board applicable to their position. Employees whose temporary license is invalidated due to failed examination will be placed on a personal leave of absence for a maximum of 12- weeks. During the 12- weeks period, if licensure is obtained, current employees may apply for a transfer to an open position. If licensure and/or transfer to an

eligible position is not obtained, employment will be terminated at the end of the 12-week leave of absence.

VI. Employees on Leave of Absence

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

VII. Display of License/Certification

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

Related Documents:

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

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**HR72**

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

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

#### **PURPOSE:**

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

#### **POLICY:**

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

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

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

#### **PROCEDURE:**

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

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

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HR80

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

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

#### POLICY:

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

#### PROCEDURE:

At times the workload or census may require that employees who are scheduled to work ~~but indicated to be~~ docked. ~~be put on Standby. In these cases employees will stay on Standby until called back into work or subsequently docked until their shift ends. Employees will not have the right to refuse Standby for regularly scheduled shifts. Pay for Standby and Callback will be in accordance with policy entitled STANDBY AND CALLBACK PAY (HR. 72). Additionally, d~~Docked time will be documented in the timekeeping system to allow appropriate application of hours.

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

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

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

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

## Docking Staff

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

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

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

### Timekeeping

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

Dock hours are applied to:

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

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

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# HR145

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

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

### **POLICY:**

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

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

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

### **PROCEDURE:**

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

## 1. Reason for Leave

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

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

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

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

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

## 2. Employee Eligibility

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

### Leave Available

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

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

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

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

3. Intermittent or Reduced Leave Schedule:

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

4. Notice, Certification and Reporting Requirements

a. Timing:

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

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

b. Certification:

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

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

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

c. Employee Periodic Reports:

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

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

5. Compensation During Leave:

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

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

6. Benefit Accrual:

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

7. Merit Review Date:

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

8. Benefits During Leave:

- a. An employee taking leave will continue to receive coverage under Kaweah Health 's employee benefit plans for up to a maximum of four  
(4) months per 12-month period at the level and under the

conditions of coverage as if the employee had continued in employment continuously for the duration of such leave. Kaweah Health will continue to make the same premium

contribution as if the employee had continued working.

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

9. Reinstatement:

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

a return to work.

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

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

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# HR173



## Human Resources

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

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

### POLICY:

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

### PROCEDURE:

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

**Commented [MH1]:** Manager/Director acknowledgment is mentioned in C. Sometimes it's in the email instead of a signature. Signature field of the form says Director/Manger too.

#### I. Eligibility

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

## II. Criteria

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

Expenses associated with:

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

**Commented [MH2]:** Some have been rejected and one accepted. Could be helpful to note the exception.

## III. Definition of Immediate Family

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

## IV. Disbursement

- Awards will be disbursed as approved by the Chief Human Resources Officer or designee provided funds are available.
- Awards are applied only to bill(s) related to the emergency and do not cover the applicant's recurring expenses.
- Awards are not granted directly to the employee, but paid to the party to whom the funds are owed.
- Awards are not to exceed a maximum of \$1,000.
- Employees are eligible to reapply for assistance every five (5) years. Exceptions to the policy can be approved by the Chief Human Resources Officer after review and approval.

## V. Donations

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

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

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

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

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

**Emergency Criteria (Please check one)**

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

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

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

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

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

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/Manager Verification \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Human Resources use only

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

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

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

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

# HR197

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

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

#### **POLICY:**

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

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

#### **PROCEDURE:**

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

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

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

- a. Employees and contract staff are required to wear the official Kaweah Health ID badge at all times while on duty. The ID badge must be worn so that the picture and name can be seen and must be chest high or above. No marks, stickers (other than flu vaccine compliance), etc., or

membership pins may be on the badge; it must include a current picture and not be faded or worn). Kaweah Health recognition pins may be

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

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

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

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

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

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

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

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

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

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

# HR234

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

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

## **POLICY:**

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

This policy does not apply to Graduate Medical Education

## **PROCEDURE:**

### Eligibility and Accrual for PTO and EIB

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

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

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

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

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

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

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

### Eligibility and Accrual for PSL

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

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

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

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

### Maximum Accruals

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

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

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

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

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

### AB 1522 Healthy Workplace Healthy Families Act of 2014

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

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

Employee may use PTO or PSL for the following purposes:

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

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

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

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

#### Time Off Due To Extended Illness

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

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

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

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

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

#### Time Off Due to Kin Care

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

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

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

#### Holidays

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

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

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

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

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

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

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

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# Emergency Medicine Privileges-

### Privileges in Emergency Medicine

Name: \_\_\_\_\_  
Please Print

#### EMERGENCY MEDICINE PRIVILEGES - INITIAL CRITERIA

**Education: M.D. or D.O. and** successful completion of an ACGME or AOA accredited residency/fellowship in emergency medicine **AND** Current certification or active participation in the examination process leading to certification in Emergency Medicine by the ABEM or AOBEM, with certification obtained within 5 years of completion of residency.

**Current Initial Clinical Criteria:** ~~A minimum of 1 year of continuous, full-time Clinical~~ experience in an emergency department within the last 2 years, OR, to include completion of the final year of an ACGME or AOA approved residency training within the last 12 months. **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted **AND** Completion of an Implicit Bias Training prior to or within 30 days of privilege granted

**FPPE Requirement:** Concurrent and/or retrospective review of the first 5 cases.

**Renewal Criteria:** Minimum of 600 hours in an Emergency Department required in the past two years **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within the last 24 months **AND** Completion of an Implicit Bias Training within the last 24 months

#### CORE PRIVILEGES

Request	Procedure	Approve
<input type="checkbox"/>	<p><b><u>Core Privileges include:</u></b></p> <ul style="list-style-type: none"> <li>Medical Screening Examination (MSE): Assess, work up and perform differential diagnosis by means of using the H&amp;P, medical decision making, laboratory and/or other studies (may include telehealth), ECG's and diagnostic imaging;</li> <li>Provide services necessary to ameliorate minor illnesses or injuries; <b>AND</b> stabilizing treatment to patients who present with major illnesses or injuries and determine whether more definitive services are necessary.</li> <li>Administration of Moderate/Deep Procedural Sedation including but not limited to the following agents: Propofol, Ketamine &amp; Etomidate;</li> <li>Point of Care Ultrasound core applications</li> <li>May perform any necessary procedures to stabilize and diagnose patient including but not limited to: <ul style="list-style-type: none"> <li>Airway management, including intubation</li> <li>Arterial puncture and cannulation</li> <li>Cardiopulmonary resuscitation</li> <li>Cardioversion and defibrillation</li> <li>Central venous and pulmonary artery catheter insertion</li> <li>Lumbar puncture</li> <li>Needle and tube thoracostomy</li> <li>Paracentesis</li> <li>Thoracentesis</li> <li>Tracheostomy/cricothyroidotomy, emergency</li> <li>Delivery of Newborn</li> <li>Please reference EMS clinical privilege white paper for complete list of procedures that are approved for the Emergency Physician</li> </ul> </li> </ul> <p><i>Privileges do not include admitting privileges, long-term care of patients on an inpatient basis, or the performance of scheduled elective procedures.</i></p>	<input type="checkbox"/>

#### ADDITIONAL PRIVILEGES

Request	Procedure	Initial Criteria	Renewal	FPPE	Approve
<input type="checkbox"/>	<p>Emergency Ultrasound, <b>Advanced</b> applications: (Check request)</p> <p><input type="checkbox"/> Scrotal US for torsion/flow/mass</p> <p><input type="checkbox"/> Adnexal US for mass/flow/torsion</p> <p><del>Transcranial</del></p>	<p>1) Board Certified <del>or Board Eligible</del> in Emergency Medicine <del>OR</del> <b>AND</b></p> <p><del>2) Completion of an ACGME/AOA approved residency training program that included training specific to point of care ultrasound or an</del> <b>Completion of an</b> EM Ultrasound Fellowship;</p> <p><del>2) OR</del></p> <p><b>3) Completion of a practice based program that meets ACEP recommendations for ultrasound interpretation.</b></p> <p><b>AND</b></p> <p><del>4) Documentation of 25 successful procedures for each application requested.</del></p>	5 procedures per application in 2 years	2 Reviewed exams per each application	<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 <b>10</b> dives in the last 2 years.	Documentation of 20 dives in the last 2 years.	Direct observation of the first two cases with concurrent chart review	<input type="checkbox"/>
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<input type="checkbox"/>	Trans Esophageal Echocardiography (TEE): <del>Limited to use during CPR or in intubated patients when TTE does not provide adequate views</del>	1) Completion of an ACGME or AOA approved residency training program that included training specific to TEE; <b>OR</b> 2) Credentialed in TTE and; 3) Completion of 2 or more hours of TEE specific CME, didactics, or web based resources AND 10 TEE exams A maximum of 5 out of the 10 may be simulation	25 procedures in the past 2 years of which up to 15 may be done in SimLab.	2 direct and or over reads, at the discretion of the proctor.	<input type="checkbox"/>
<input type="checkbox"/>	<b>Wound Care:</b> 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.	Direct observation of the first 3 cases.	<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 Emergency Medicine Chair* \_\_\_\_\_  
*Date*

# Juan Carlos Velasquez



June 25, 2025

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

**Sent via Certified Mail No.  
9589071052700782147082  
Return Receipt Required**

**RE: Notice of Rejection of Claim of Juan Carlos Velasquez vs. Kaweah Health Medical Center**

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on June 12, 2025, was rejected on its merits by the Board of Directors on June 25, 2025.

**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

# Sophia Genesis Velasquez



June 25, 2025

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

**Sent via Certified Mail No.  
9589071052700782147075  
Return Receipt Required**

**RE: Notice of Rejection of Claim of Sophia Genesis Velasquez vs. Kaweah Health  
Medical Center**

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on June 12, 2025, was rejected on its merits by the Board of Directors on June 25, 2025.

**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

# Andrea Tafolla



June 25, 2025

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

**Sent via Certified Mail No.  
9589071052700782147099  
Return Receipt Required**

**RE: Notice of Rejection of Claim of Andrea Tafolla vs. Kaweah Health Medical Center**

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on June 12, 2025, was rejected on its merits by the Board of Directors on June 25, 2025.

**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

# Resolution 2262

# Kaweah Delta Health Care District dba Kaweah Health Bylaws

## Article I The District and Its Mission

- Section 1** Kaweah Delta Health Care District dba Kaweah Health is a community venture, operating under the authority granted through the California Health and Safety Code as a health care district. {California Health and Safety Code – Division 23 – Sections 32000-32499.4} The purpose of the District is to provide quality health care within defined areas of expertise. It is the intent of the District that no person shall be denied emergency admission or emergency treatment based upon ability to pay. It is further the intent of the District that no person shall be denied admission or treatment based upon race, color, national origin, ethnic, economic, religious or age status or on the basis of gender or sexual preference. The medical welfare of the community and its particular health needs will be fulfilled to the capacity of the District's financial limitations.
- Section 2** Kaweah Delta Health Care District operates under the authority of California Code for a health care district. As such, Kaweah Delta Health Care District is publicly owned and operates as a non-profit entity.
- Section 3** As permitted by law, the District may, by resolution of the Board, conduct any election by all-mailed ballots pursuant to Division 4 (commencing with Section 4,000) of the California Elections Code.
- Section 4** The Mission of Kaweah Delta Health Care District is: Health is our passion. Excellence is our focus. Compassion is our promise.
- Section 5** The Vision of Kaweah Delta Health Care District is: To be your world-class healthcare choice, for life.
- Section 6** The Pillars of Kaweah Delta Health Care District are:
1. Achieve outstanding community health
  2. Deliver excellent service
  3. Provide an ideal work environment
  4. Empower through education
  5. Maintain financial strength
- Section 7** The mission, vision, and pillars of the District support the safety and quality of care, treatment, and service. {Joint Commission Standard LD.02.01.01}
- Section 8** The Code of Conduct of Kaweah Delta Health Care District is a commitment to ethical and legal business practices, integrity, accountability, and excellence. The Code of Conduct is a founding document of the Compliance Program, developed to express Kaweah Health's understanding and obligation to comply with all applicable laws and regulations. {Joint Commission Standard LD.04.01.01}

## Article II The Governing Body

- Section 1** The Governing Body of the Kaweah Delta Health Care District is a Board of Directors constituted by the five (5) publicly elected directors, who are elected by zone, each for four (4) year terms, with two (2) being elected on staggered terms and three (3) being elected two (2) years later on staggered terms. {California Health and Safety Code 32100}-~~The~~ The election of the directors is to conform with the applicable California Code. Notwithstanding any other provision of law, a vacancy in any elective office on the governing board of a special district shall be filled as provided in Government Code 1780. This publicly elected Governing Body is responsible for the safety and quality of care, treatment, and services, establishes policy, promotes performance improvement, and provides for organizational management and planning {Joint Commission Standard LD.1.10}-
- Section 2** The Governing Body, every ten years, using new census data, shall redraw their district lines to reflect how local populations have changed. The Governing Body is required to engage the community in the redistricting process by holding public hearings and/or workshops and doing public outreach, including to non-English speaking communities {AB 849 - The Fair and Inclusive Redistricting for Municipalities and Political Subdivisions (FAIR MAPS) Act}.
- Section 3** The Governing Body adopts the Bylaws of the organization. {California Health and Safety Code 32125}
- Section 4** The principal office of Kaweah Delta Health Care District is located at Kaweah Health Medical Center - Acequia Wing, Executive Offices, 400 West Mineral King Avenue, Visalia, CA 93291. Correspondence to the Board should be addressed to the Board of Directors at this address. Kaweah Health also maintains a Web site at [www.kaweahhealth.org](http://www.kaweahhealth.org). All noticed meeting agendas and supporting materials for Board meetings and Board committee meetings can be obtained at [www.kaweahhealth.org/About-Us/Board-of-Directors](http://www.kaweahhealth.org/About-Us/Board-of-Directors).
- Section 5** Duties and the Responsibilities of the Governing Body. As boards of directors have basic collective responsibilities, Board members are also entrusted with individual responsibilities as a part of Board membership. The obligations of Board service are considerable; they extend well beyond any basic expectations of attending meetings. Board members as individuals have no special privileges, prerogatives, or authority; they must meet in formal session to negotiate and make ~~corporate-District~~ decisions. The specific responsibilities of the Board are clustered into four areas: setting the direction for the ~~d~~District; establishing and supporting the structure of the ~~d~~District; holding the ~~d~~District accountable on behalf of the community; and serving as community leaders.
- Considering the complexities of Board membership, a clear statement of individual Board member responsibilities adapted to the organization's needs and circumstances can serve many purposes including clarifying expectations before candidate's file for a seat that is up for election on the Kaweah Delta Health Care District Board of Directors.

PRIMARY RESPONSIBILITY - This Board's primary responsibility is to develop and follow the organization's mission statement, which leads to the development of specific policies in the four key areas of:

- A. Quality Performance
- B. Financial Performance
- C. Planning Performance
- D. Management Performance

The Board accomplishes the above by adopting specific outcome targets to measure the organization's performance. To accomplish this, the Board must:

- 1) Establish policy guidelines and criteria for implementation of the mission. The Board also reviews the mission statements of any subsidiary units to ensure that they are consistent with the overall mission.
- 2) Evaluate proposals brought to the Board to ensure that they are consistent with the mission statement. Monitor programs and activities of the hospital and subsidiaries to ensure mission consistency.
- 3) Periodically review, discuss, and if necessary, amend the mission statement to ensure its relevance.

A. QUALITY PERFORMANCE RESPONSIBILITIES - This Board has the final moral, legal, and regulatory responsibility for everything that goes on in the organization, including the quality of services provided by all individuals who perform their duties in the organization's facilities or under Board sponsorship. To exercise this quality oversight responsibility, the Board must:

- 1) Understand and accept responsibility for the actions of all physicians, nurses, and other individuals who perform their duties in the organization's facilities.
- 2) Review and carefully discuss quality reports that provide comparative statistical data about services and set measurable policy targets to ensure continual improvement in quality performance.
- 3) Carefully review recommendations of the Medical Staff regarding new physicians who wish to practice in the organization and be familiar with the termination and fair hearing policies.
- 4) Reappoint individuals to the Medical Staff using comparative outcome data to evaluate how they have performed since their last appointment.
- 5) Appoint physicians to governing body committees and seek physician participation in the governance process to assist the Board in its patient quality-assessment responsibilities.
- 6) Fully understand the Board's responsibilities and relationships with the Medical Staff and maintain effective mechanisms for communicating with them.

- 7) Regularly receive and discuss malpractice data reflecting the organization's experience and the experience of individual physicians who have been appointed to the Medical Staff.
  - 8) Adopt a Performance Improvement Plan and Risk Management Plan for the District and provide for resources and support systems to ensure that the plans can be carried out.
  - 9) Regularly receive and discuss data about the Medical Staff to ensure that future staffing will be adequate in terms of ages, numbers, specialties, and other demographic characteristics.
  - 10) Ensure that management reviews and assesses the attitudes and opinions of those who work in the organization to identify strengths, weaknesses, and opportunities for improvement.
  - 11) Monitor programs and services to ensure that they comply with policies and standards relating to quality.
  - 12) Take corrective action when appropriate and necessary to improve quality performance.
- B. FINANCIAL PERFORMANCE RESPONSIBILITIES - This Board has the ultimate responsibility for the financial soundness of the organization. To accomplish this the Board must:
- 1) Annually review and approve the overall financial plans, budgets {Joint Commission Standard LD.04.01.03}, and policies for implementation of those plans and budgets on a short and long-term basis. The plan must include and identify in detail the objective of, and the anticipated sources of financing for each anticipated capital expenditure:
  - 2) Approve an annual audited financial statement prepared by a major accounting firm and presented directly to the Board of Directors. {Government Code Section 6061 & Health and Safety Code 32133}
  - 3) Approve any specific capital expenditure in excess of \$75,000, which is not included in the annual budget.
  - 4) Authorize the Chief Executive Officer to settle a claim against Kaweah Delta Health Care District dba Kaweah Health not to exceed \$75,000. Authorize the Chief Compliance & Risk Officer to settle a claim against Kaweah Delta Health Care District dba Kaweah Health not to exceed \$25,000.
  - 5) Approve financial policies, plans, programs, and standards to ensure preservation and enhancement of the organization's assets and resources.
  - 6) Exercising prudence with the Board in the control and transfer of funds.
  - 7) Faithfully reading and understanding the organization's financial statements and otherwise helping the Board fulfill its fiduciary responsibility.
  - 8) Monitor actual performance against budget projections and review and adopt ethical financial policies and guidelines.
  - 9) Review major capital plans proposed for the organization and its subsidiaries.

- C. PLANNING PERFORMANCE RESPONSIBILITIES - The Board has the final responsibility for determining the future directions that the organization will take to meet the community's health needs. To fulfill this responsibility, the Board must:
- 1) Review and approve a comprehensive strategic plan and supportive policy statements.
  - 2) Develop long-term capital expenditure plans as a part of its ~~long range~~long-range strategic planning.
  - 3) Determine whether or not the strategic plan is consistent with the mission statement.
  - 4) Assess the extent to which plans meet the strategic goals and objectives that have been previously approved.
  - 5) Periodically review, discuss, and amend the strategic plan to ensure its relevance for the community.
  - 6) Regularly review progress towards meeting goals in the plan to assess the degree to which the organization is meeting its mission.
  - 7) Annually meet with the leaders of the Medical Staff to review and analyze the health care services provided by Kaweah Health and to discuss long range planning for Kaweah Health.
- D. MANAGEMENT PERFORMANCE RESPONSIBILITIES - The Board is the final authority regarding oversight of management performance by our Chief Executive Officer (CEO). To exercise this authority, the Board must:
- 1) Oversee the recruitment, employment, and regular evaluations of the performance of the CEO.
  - 2) Evaluate the performance of the CEO annually using goals and objectives agreed upon with the CEO at the beginning of the evaluation cycle.
  - 3) Communicate regularly with the CEO regarding goals, expectations, and concerns.
  - 4) Periodically survey CEO at comparable organizations to assure the reasonableness and competitiveness of our compensation package.
  - 5) Periodically review management succession plans to ensure leadership continuity.
  - 6) Ensure the establishment of specific performance policies, which provide the CEO with a clear understanding of what the Board ~~expects,~~ ~~and expects and~~ ensure the update of these policies based on changing conditions.
- E. The Board is also responsible for managing its own governance affairs in an efficient and successful way. To fulfill this responsibility, the Board should:
- 1) Maintain written conflict-of-interest policies that include guidelines for the resolution of existing or apparent conflicts of interest. {Board of Directors policy BOD.05 – Conflict of Interest}

- 2) Members of the governing body are required to complete ethics training every two years, with the requirement that they take their first training no later than a year after they start their first day of service with the district. {AB 1234}
- 3) Members of the governing body are elected by the public and, accordingly, are judged on their individual performance by the electorate.
- 4) Participate both as a Board and individually in orientation programs and continuing education programs both within the organization and externally. As such, the District shall reimburse reasonable expenses for both in-state and out-of-state travel for such educational purposes. {Board Of Directors policy BOD.06 – Board Reimbursement for Travel and Service Clubs} {California Health and Safety Code 32103}
- 5) Periodically review Board structure to assess appropriateness of size, diversity, committees, tenure, and turnover of officers and chairpersons.
- 6) Assure that each Board member understands and agrees to maintain confidentiality with regard to information discussed by the Board and its committees.
- 7) Assure that each Board member understands and agrees to adhere to the Brown Act ensuring that Board actions be taken openly, as required, and that deliberations be conducted openly, as required.
- 8) Adopt, amend, and, if necessary, repeal the articles and bylaws of the organization.
- 9) Maintain an up-to-date Board policy manual, which includes specific policies covering oversight responsibilities in the area of quality performance, financial performance, strategic planning performance, and management performance.

Review Kaweah Health's Mission, Vision & Pillar statements every two years.

**Section 6 General Expectations of the Kaweah Health Board.** Adhere to the duties and responsibilities of the Governing Body as outlined in Article II ~~The~~<sup>the</sup> Governing Body, Section 5 of the Kaweah Delta Health Care District Bylaws.

Knowing the organization's mission, purpose, goals, policies, programs, services, strengths, and needs.

Performing the duties of Board membership responsibly and conforming to the level of competence expected from Board members as outlined in the duties of care, loyalty, and obedience as they apply to nonprofit Board members.

Serving in leadership positions and undertaking special assignments willingly and enthusiastically.

Avoiding prejudiced judgments on the basis of information received from individuals and urging those with grievances to follow established policies and procedures through their supervisors. (All matters of potential significance

should be called to the attention of the executive and the Board’s elected leader as appropriate.)

**Section 7 Relationship with Staff.** Counseling the chief executive as appropriate and supporting them through often difficult relationships with groups or individuals.

Counseling the chief executive as appropriate and supporting them through often difficult relationships with groups or individuals.

Avoiding asking for special favors of the staff, including special requests for extensive information, without at least prior consultation with the chief executive, Board or appropriate committee chairperson.

**Section 8 Avoiding Conflicts.** Serving the organization as a whole rather than any special interest group or constituency. Regardless of whether or not the Board member was invited to fill a vacancy reserved for a certain constituency or organization, their first obligation is to avoid any preconception that they “represent” anything but the organization’s best interests.

Avoiding even the appearance of a conflict of interest that might embarrass the Board or the organization; disclosing any possible conflicts to the Board in a timely fashion. {Board of Directors policy - BOD5 – Conflict of Interest}

Maintaining independence and objectivity and doing what a sense of fairness, ethics, and personal integrity dictate, even though not necessarily being obliged to do so by law, regulation, or custom.

Never accepting (or offering) favors or gifts from (or to) anyone who does business with the organization.

The Board shall assess the adequacy of its conflict-of-interest/confidentiality policies and procedures at least every two years. {Political Reform Act (Government Code 8100 et seq.)}

**Section 9 Meetings.** Preparing for and participating in Board and committee meetings, including appropriate organizational activities.

Asking timely and substantive questions at Board and committee meetings consistent with the Board member’s conscience and convictions, while at the same time supporting the majority decision on issues decided by the Board.

Maintaining confidentiality of the Board’s executive sessions and speaking for the Board or organization only when authorized to do so.

The Board of Directors of the Kaweah Delta Health Care District shall hold regular meetings at a meeting place within the jurisdiction of the Kaweah Delta Health Care District on the fourth Wednesday of each month, as determined by the Board of Directors each month. {California Health and Safety Code 32104}

The Board of Directors of the Kaweah Delta Health Care District may hold a special meeting of the Board of Directors as called by the President of the Board

or in their absence the Vice President. In the absence of these officers of the Board a special meeting may be called by a majority of the members of the Board. A special meeting requires ~~a 24~~<sup>24</sup>-hour notice before the time of the meeting. {Government Code 54956}

Meetings of the Board of Directors shall be noticed and held in compliance with the applicable California Code for Health Care Districts. {The Ralph M. Brown Act - Government Code 54950}

Sections 32100.2 and 32106 of the California Health and Safety Code, as amended, indicate the attendance and quorum requirements for members of the Board of Directors of any health care district in the State of California. For general business the Board may operate under the rules of a small committee, however, upon the request of any member of the Governing Body immediate implementation of the Standard Code of Parliamentary Procedure (Roberts Rules of Order) shall be adopted for the procedure of that meeting.

The President of the Board of Directors shall appoint the committees of the Board and shall appoint the Chairperson and designate the term of office in a consistent and systematic approach. All committees of the Governing Body shall have no more than two (2) members of the Governing Body upon the committee and both Board members shall be present prior to the Board committee meeting being called to order. All committees of the Governing Body shall serve as extensions of the Governing Body and report back to the Governing Body for action.

The President of the Board of Directors may appoint, with concurrence of the Board of Directors, any special committees needed to perform special tasks and functions for the District.

Any special committee shall limit its activities to the task for which it was appointed, and shall have no power to act, except as specifically conferred by action of the Board of Directors.

The Chief of Staff shall be notified and shall facilitate Medical Staff participation in any Governing Board Committee that deliberates the discharge of Medical Staff responsibility.

The standing committees of the Governing Body are:

**A. Academic Development**

The members of this committee shall consist of two (2) Board members, Chief Executive Officer (CEO), Chief Medical ~~& Quality Education~~ Officer, Director of Graduate Medical Education, Director of Pharmacy, and any other members designated by the Board President.

This committee will provide Board direction and leadership for the Graduate Medical Education Program, the Pharmacy Residency Program, and achievement of Kaweah Health's foundational Pillar "Empower through Education."

**B. Audit and Compliance**

The members of this committee shall consist of two (2) Board members (Board President or Secretary/Treasurer shall be a standing member of this committee), CEO, Chief Financial Officer (CFO), Chief Compliance ~~and~~ & Risk Officer, ~~Internal Audit Manager~~, Compliance Manager, legal counsel, and any other members designated by the Board President. The Committee will engage an outside auditor, meet with them pre audit and post audit, and review the audit log of the ~~Internal Audit Manager~~ Chief Compliance & Risk Officer. The Committee will examine and report on the manner in which management ensures and monitors the adequacy of the nature, extent and effectiveness of compliance, accounting and internal control systems. The Committee shall oversee the work of those involved in the financial reporting process including ~~the Internal Audit Manager and~~ the outside auditors, to endorse the processes and safeguards employed by each. The Committee will encourage procedures and practices that promote accountability among management, ensuring that it properly develops and adheres to a compliant and sound system of internal controls, that the ~~Internal Audit Manager~~ Chief Compliance & Risk Officer objectively assesses management's accounting practices and internal controls, and that the outside auditors, through their own review, assess management and the ~~Internal Audit Manager~~ Chief Compliance & Risk Officer's practices. This committee shall supervise all of the compliance activities of the District, ensuring that ~~the~~ the Compliance ~~and Internal Audit~~ departments effectively facilitates the prevention, detection and correction of violations of law, regulations, and/or District policies. The Chief Compliance ~~and~~ & Risk Officer will review and forward to the full Board a written Quarterly Compliance Report.

This ~~C~~committee, on behalf of the Board of Directors, shall be responsible for overseeing the recruitment, employment, evaluation and dismissal of the Chief Compliance ~~and~~ & Risk Officer. These responsibilities shall be performed primarily by the CEO and/or the CEO's designees, but final decisions on such matters shall rest with this ~~e~~Committee, acting on behalf of the full Board.

**~~C. Community-Based Planning~~**

~~The members of this committee shall consist of two (2) Board members {Board President or Secretary/Treasurer shall be a standing member of this committee}, CEO, Chief Strategy Officer, Facilities Planning Director and any other members designated by the Board President as they deem appropriate to the topic(s) being considered: community leaders including but not limited to City leadership, Visalia Unified School District (VUSD) leadership, College Of the Sequoias leadership, County Board of Supervisors, etc.~~

~~The membership of this committee shall meet with other community representatives to develop appropriate mechanisms to provide for efficient implementation of current and future planning of the~~

~~organization's facilities and services and to achieve mutual goals and objectives.~~

**D.C. Finance / Property, Services & Acquisitions**

The members of this committee shall consist of two (2) Board members - (Board President or Secretary/Treasurer will be a standing member of this committee), CEO, CFO, Chief Strategy Officer, Facilities Planning Director, and any other members designated by the Board President.

This committee will oversee the financial health of the District through careful planning, allocation and management of the District's financial resources and performance. To oversee the construction, improvement, and maintenance of District property as well as the acquisition and sale of property which is essential for the Health Care District to carry out its mission of providing high-quality, customer-oriented, and ~~financially-strong~~financially strong healthcare services.

**E.D. Governance & Legislative Affairs**

The members of this committee shall consist of two (2) Board members {Board President or the Board Secretary/Treasurer}, CEO and any other members designated by the Board President. Committee activities will include: reviewing Board committee structure, calendar, bylaws and, planning the bi-annual Board self-evaluation, and monitor conflict of interest. Legislative activities will include: establishing the legislative program scope & direction for the District, annually review appropriation request to be submitted by the District, effectively communicating and maintaining collegial relationships with local, state, and nationally elected officials.

**F.E. Human Resources**

The members of this committee shall consist of two (2) Board members, CEO, Chief Human Resources Officer, Chief Nursing Officer (CNO) and any other members designated by the Board President. This committee shall review and approve all personnel policies. This committee shall annually review and recommend changes to the Salary and Benefits Program, the Safety Program and the Workers' Compensation Program. This committee will annually review the ~~workers~~workers' compensation report, competency report & organizational development report.

**G.F. Information Systems**

The members of this committee shall consist of two (2) Board members, CEO, CFO, CNO, Chief Information Officer (CIO), Medical Director of Informatics, and any other members designated by the Board President. This committee shall supervise the Information Systems projects of the District.

#### **H.G. Marketing and Community Relations**

The members of this committee shall consist of two (2) Board members and CEO, Chief Strategy Officer, Marketing Director, and any other members designated by the Board President.

This committee shall oversee marketing and community relations activities in the District in order to increase the community's awareness of available services and to improve engagement with the population we serve. Additionally, create a brand that builds preference for Kaweah Health in the minds of consumers and creates a public image that instills trust, confidence, and is emblematic of Kaweah Health's mission and our vision to become "world-class". Further develops and fosters a positive perception that will attract the highest caliber of employees and medical staff.

#### **H.H. Patient Experience**

The members of this committee shall consist of two (2) Board members and the CEO, CNO, [Director of Patient & Community Experience Coordinator, Director of Community Engagement](#), and any other members designated by the Board President.

This committee will work with the patient experience team and leadership to develop a patient experience strategy to ensure that patient experiences are meeting the Mission and Vision of Kaweah Health and its foundational Pillar "Deliver excellent service".

#### **H.I. Quality Council**

The members of this ~~e~~Committee shall consist of two (2) Board members, CEO or designate, CNO, Chief Medical and Quality Officer (CMQO), Chief of the Medical Staff, chair of the Professional Staff Quality Committee (Prostaff), Medical Directors of Quality and Patient Safety, Director of Quality and Patient Safety, Director of Risk Management, and members of the Medical Staff as designated by the Board.

This ~~e~~Committee shall review and recommend approval of the annual Quality Improvement (QI) plan and Patient Safety plans to the Board of Directors, determine priorities for improvement, monitor key outcomes related to Quality Focus Team activities, evaluate clinical quality, patient safety, and patient satisfaction, monitor and review risk management activities and outcomes, evaluate the effectiveness of the performance improvement program, foster commitment and collaboration between the District and Medical Staff for continuous improvement, and review all relevant matters related to Quality within the institution, including Performance Improvement, Peer Review, Credentialing/Privileging and Risk Management.

#### **H.J. Strategic Planning**

The members of this ~~e~~Committee shall consist of two (2) Board members, CEO, Chief Strategy Officer, all Executive Team members, Medical Staff Officers, Immediate past Chief of Staff along with other members of the Medical Staff as designated by the Board and the CEO.

This ~~e~~CCommittee shall review the budget plan, review the strategic plan and organize objectives, review changes or additions to service lines.

The Strategic Planning Committee will provide oversight and forward to the full Board the following reports:

1. Review of the Strategic Plan Annually
2. Strategic Plan initiatives progress and follow-up bi-monthly to full Board.

#### L.K. **Independent Committees**

The following independent committees may have Board member participation.

1. Cypress Company, LLC
2. Graduate Medical Education Committee (GMEC)
3. Joint Conference
4. Kaweah Health Hospital Foundation
5. Quail Park {All entities}
6. Retirement Plans' Investment Committee
7. Sequoia Integrated Health, LLC
8. Sequoia Surgery Center, LLC
9. Sequoia Regional Cancer Center – Medical & Radiation, LLC
10. Tulare Kings Cancer (TKC) Development, LLC
  - The Board President shall serve as General Manager for TKC Development, LLC.
11. Central Valley Health Care Alliance - JPA

#### M.L. **Medical Affairs**

- 1) A member of the Board, as appointed by the President, shall also serve on the following Medical Staff Committees:
  - a) Joint Conference Committee - This committee shall regularly meet to discuss current issues/concerns with Medical Staff, Board, and Administration.
  - b) Credentials Committee - The Board shall participate in this committee to observe the Medical Staff process.

## **Section 10 Compensation**

Section 32103 of the Health and Safety Code states the Board of Directors shall serve without compensation except that the Board of Directors, by resolution adopted by a majority vote of the members of the Board, may authorize the payment of not to exceed two hundred dollars (\$200) per regular Board meeting, one hundred dollars (\$100) per each Board Committee meeting, and fifty dollars (\$50) per Community Advisory Committee meeting, not to exceed seven meetings a calendar month as compensation to each member of the Board of Directors.

Commencing July 1, 2025, if the ~~e~~District compensates its members for more than five meetings in a calendar month, the ~~b~~Board of ~~e~~Directors shall annually adopt a written policy describing, based on a finding supported by substantial

evidence, why more than five meetings per month are necessary for the effective operation of the dDistrict. Each member of the Board of Directors shall be allowed his or her ~~or their~~ actual necessary travel and incidental expenses incurred in the performance of official business of the dDistrict as approved by the Board. For purposes of this section, the determination of whether a dDirector's activities on any specific day are compensable shall be made pursuant to Article 2.3 (commencing with Section 53232) of Chapter 2 of Part 1 of Division 2 of Title 5 of the Government Code. Reimbursement for these expenses is subject to Sections 53232.2 and 53232.3 of the Government Code.

#### **Section 11    The Governing Body Bylaws:**

The Governing Body Bylaws and any changes thereto may be adopted at any regular or special meetingmeetings by a legally constituted quorum of the Governing Body. All portions of Governing Body Bylaws must be in compliance with applicable California Code, which is the ruling authority.

Any member of the Governing Body may request a review for possible revision of the Bylaws of the organization.

The Chief Executive Officer and the Governing Body shall review the Bylaws and recommend appropriate changes annually.

**Section 142**    Members of the Governing Body shall annually sign the Board Bylaws, which outlineoutline the duties and responsibilities of the Governing Body members including but not limited to adherence to the Board policies and the Brown Act.

**Section 132**    Members of the Governing Body are publicly elected. The members of the Governing Body are expected to participate actively in the functions of the Governing Body and its committees and to serve the constituency who elected them. Notwithstanding any other provision of law, the term of any member of the board of directors shall expire if he or she is absent from three consecutive regular meetings, or from three of any five consecutive meetings of the board and the board by resolution declares that a vacancy exists on the board. {California Health and Safety Code 32100.2}

**Section 143**    The Chief Executive Officer shall provide an orientation program to all newly elected members of the Governing Body. {Board of Directors policy – BOD1 – Orientation of a New Board ~~Member~~– AllMember} All members of the Board of Directors shall be provided with current copies of the District Bylaws and the Medical Staff Bylaws and any revisions of these Bylaws.

### **Article III Officers of the Board**

**Section 1**    The offices of President, Vice President, and Secretary/Treasurer shall be selected at the first regular meeting in December of a non-election year of the District. To hold the office of President, Vice President, or Secretary/Treasurer, a Board member must have at least one year of service on the Board of Directors. These officers shall hold office for a period of two (2) years or until the successors have been duly selected (or in the case of an unfulfilled term,

appointed) and qualified. The officer positions shall be by election of the Board itself.

**Section 2** The duties and responsibilities of the Governing Body President are:

- A. Adhere to the duties and responsibilities of the Governing Body as outlined in Article II - The Governing Body of the Kaweah Delta Health Care District Bylaws.
- B. Keep the mission of the organization at the forefront and [articulatesarticulate](#) it as the basis for all Board action.
- C. Understand and communicate the roles and functions of the Board, committees, Medical Staff, and management.
- D. Understand and communicate individual Board member, Board leader, and committee chair responsibilities and accountability.
- E. Act as a liaison between the Board, management, and Medical Staff.
- F. Plan agendas.
- G. Preside over the meetings of the Board.
- H. Preside over or attend other Board, Medical Staff, and other organization meetings.
- I. Enforce Board and hospital bylaws, rules, and regulations (such as conflict of interest and confidentiality policies).
- J. Appoint Board committee chairs and members in a consistent and systematic approach.
- K. Act as a liaison between and among other Boards in the healthcare system.
- L. Direct the committees of the Board, ensuring that the committee work plans flow from and support the hospital and Board goals, objectives, and work plans.
- M. Provide orientation for new Board members and arrange continuing education for the Board.
- N. Ensure effective Board self-evaluation.
- O. Build cohesion among the leadership team of the Board President, CEO, and Medical Staff leaders.
- P. Lead the CEO performance objective and evaluation process.

**Section 3** The duties and responsibilities of the Governing Body Vice President are:

- A. Adhere to the duties and responsibilities of the Governing Body as outlined in Article II - The Governing Body of the Kaweah Delta Health Care District Bylaws.

- B. The Vice President shall act as President in the absence of the President or the Secretary/Treasurer in the absence of the Secretary/Treasurer, and so acting shall have all the responsibility and authority of that position.

**Section 4** The Secretary/Treasurer shall act as the Secretary for the Board of Directors of Kaweah Delta Health Care District and in so doing shall:

- A. Adhere to the duties and responsibilities of the Governing Body as outlined in Article II ~~Thethe~~ Governing Body of the Kaweah Delta Health Care District Bylaws.
- B. Maintain minutes of all meetings of the Board of Directors;
- C. Be responsible for the custody of all records and for maintaining records of the meetings;
- D. Be assured that an agenda is prepared for all meetings.
- E. Will be custodian of all funds of Kaweah Delta Health Care District as well as the health care facilities operated by the District.
- F. Will assure that administration is using proper accounting systems; that this is a true and accurate accounting of the transactions of the District; that these transactions are recorded and accurate reports are regularly reported to the Board of Directors.
- G. In conjunction with the Board Audit and Compliance Committee shall see that a major accounting firm provides ongoing overview and scrutiny of the fiscal assets of the ~~District, and~~ District and shall further assure that an annual audit is prepared by a major accounting firm and presented directly to the Board of Directors.

## Article IV The Medical Staff

**Section 1** The Governing Body shall appoint the Medical Staff composed of licensed physicians, surgeons, dentists, podiatrists, clinical psychologists, and all Allied Health Practitioners (including Physician Assistants, Nurse Practitioners and Nurse Midwives) duly licensed by the State of California. {California Health and Safety Code of the State of California, Section 32128} The Governing Body, upon consideration of the recommendations of the Medical Staff coming from the Medical Executive Committee, through the Credentials Committee, affirms or denies appointment and privileges to the Medical Staff of Kaweah Delta Health Care District in accordance with the procedure for appointment and reappointment of the medical staff as provided by the standards of the Joint Commission on Accreditation of Healthcare Organizations. {Joint Commission Standard MS.01.01.01} ~~The~~ The Board of Directors shall reappoint members to the Medical Staff every two (2) years, as set forth in the Medical Staff Bylaws. The Governing Body requires that an organized Medical Staff is established within the District and that the Medical Staff submits their Bylaws, Rules and Regulations and any changes thereto, to the Governing Body for approval.

- Section 2** Members of the Medical Staff are eligible to run in the public election for membership on the Governing Body in the same manner as other individuals.
- Section 3** The Chief of Staff of Kaweah Delta Health Care District shall be notified and invited to each regular monthly meeting of the Governing Body and the Chief of Staff's input shall be solicited with respect to matters affecting the Medical Staff.
- Section 4** The Chief of Staff of Kaweah Delta Health Care District shall be invited to all meetings of the Governing Body at which credentialing decisions are made concerning any member of the Medical Staff of Kaweah Health Medical Center or at which quality assurance reports are given concerning the provision of patient care at Kaweah Health Medical Center. Quality assurance reports shall be made to the Board periodically. Credentialing decisions shall be scheduled on an as-needed basis. The Chief of Staff shall be encouraged to advise the Board on the content and the quality of the presentations, and to make recommendations concerning policies and procedures, the improvement of patient care and/or the provision of new services by the District.
- Section 5** The District has an organized Medical Staff that is accountable to the Governing Body. {Joint Commission Standard LD.01.05.01}—~~The~~ The organized Medical Staff Executive Committee shall make recommendations directly to the Governing Body for its approval. Such recommendations shall pertain to the following:
- A. the structure of the Medical Staff;
  - B. the mechanism used to review credentials and delineate clinical privileges;
  - C. individual Medical Staff membership;
  - D. specific clinical privileges for each eligible individual;
  - E. the organization of the performance improvement activities of the Medical Staff as well as the mechanism used to conduct, evaluate, and revise such activities;
  - F. the mechanism by which membership on the Medical Staff may be terminated;
  - G. the mechanism for fair hearing procedures.
- Section 6** The Governing Body shall act upon recommendations concerning Medical Staff appointments, re-appointments, termination of appointments, and the granting or revision of clinical privileges within 120 days following the regular monthly meeting of the Governing Body at which the recommendations are presented through the Executive Committee of the organized Medical Staff. The ~~s~~Secretary of the ~~b~~Board of ~~d~~Directors or the ~~hospital administrator~~Chief Executive Officer shall mail notice of the action or decision to the affected applicant or medical staff member with the time specified in the applicable bylaw or rule (California Health & Safety Code 32151).
- Section 7** The Governing Body requires that only a member of the organized Medical Staff with admitting privileges at Kaweah Health Medical Center may admit a patient to Kaweah Health Medical Center and that such individuals may practice only within the scope of the privileges granted by the Governing Body and that each

patient's general medical condition is the responsibility of a qualified physician of the Medical Staff.

## Section 8

The Governing Body requires, as outlined in Resolution 2207, that members of the organized Medical Staff, as a condition of appointment or reappointment and to maintain admitting and clinical privileges, and all Advanced Practice Providers, as a condition of appointment or reappointment and to maintain clinical privileges, to obtain and maintain at all times, continuous coverage that meets or exceeds the standards set forth below:

Coverage Limits: ~~At: At~~ least \$1 million per claim and at least \$3 million annual aggregate, with a deductible or self-insured retention of not more than \$100,000; and

Rating and Financial Strength: Maintains an A.M. Best Rating of at least A, and a Financial Strength Category ("FSC") of at least VII (\$50 million to \$100 ~~million~~million); and;

Admitted Carriers: An insurance company on the List of Admitted Insurers published by the California Department of Insurance, which can be accessed here:

[https://interactive.web.insurance.ca.gov/apex\\_extprd/f?p=144:10:11467228532-262::NO::; or](https://interactive.web.insurance.ca.gov/apex_extprd/f?p=144:10:11467228532-262::NO::; or)

Non-Admitted/Surplus Line Insurers: An insurance company that meets the criteria identified in paragraphs 1 and 2, and is on the List of Approved Surplus Line Insurers ("LASLI") published by the California Department of Insurance, which can be accessed here: <https://www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm#MP>; or

Federal Tort Claims Act: An insurance fund that meets the criteria identified in paragraph 1 and ~~2, and 2~~ and 2 is administered under the Federal Tort Claims Act for federal employees, when the Kaweah Health Medical Staff member or Advanced Practice Provider Staff is so covered (for example, as a result of their employment with Family Health Care Network).

## Section 9

The Governing Body holds the Medical Staff responsible for the development, adoption, and annual review of its own Medical Staff Bylaws, Rules and Regulations that are consistent with Kaweah Health policy, applicable codes, and other regulatory requirements. Neither the Medical Staff nor The Governing Body may make unilateral amendments to the Medical Staff Bylaws or the Medical Staff Rules and Regulations.

The Medical Staff Bylaws and the Rules and Regulations adopted by the Medical Staff, and any amendments thereto, are subject to, and effective upon, approval of the Governing Body, such approval not to be unreasonably withheld.

## Section 10

The Medical Staff is responsible for establishing the mechanism for the selection of the Medical Staff Officers, Medical Staff Department Chairpersons, and Medical Staff Committee Chairpersons.

This mechanism will be included in the Medical Staff Bylaws.

**Section 11** The Governing Body requires the Medical Staff and the Management to review and revise all department policies and procedures as often as needed. Such policies and procedures must be reviewed at least every three (3) years.

In adherence with Title 22, {70203}, Policies relative to medical service {those preventative, diagnostic and therapeutic measures performed by or at the request of members of the organized medical staff} shall be approved by the governing body as recommended by the Medical Staff.

In adherence with Title 22, {70213}, Nursing Service Policies for patient care shall be developed, maintained and implemented by nursing services; policies which involve the Medical Staff shall be reviewed and approved by the Medical Staff prior to implementation.

**Section 12** Individuals who provide patient care services (other than District staff members), but who are not subject to the Medical Staff privilege delineation process, shall submit their credentials to the Interdisciplinary Practice Committee of the Medical Staff which shall, via the Executive Committee, transmit its recommendations to the Governing Body for approval or disapproval.

**Section 13** The quality of patient care services provided by individuals who are not subject to Medical Staff privilege delineation process, shall be included as a portion of the District's Performance Improvement program.

**Section 14** The Governing Body specifies that under the privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA), the Medical Staff and the District are in an Organized Health Care Arrangement (OHCA). The OHCA is a clinically integrated care setting in which individuals receive health care from more than one provider and the providers hold themselves out to the public as participating in a joint arrangement. The Medical Staff is in an OHCA with the District for care provided at District facilities. This joint arrangement is disclosed to the patients in the Notice of Privacy Practices given to patients when they access care at any of the District's facilities. Nothing in the OHCA or otherwise, is intended to, and does not alter the independent relationship between the District and health care providers who have privileges with District.

## Article V Joint Committees

**Section 1** The President of the Governing Body or a member of the Board appointed by the President shall participate, along with the CEO, in the Joint Conference Committee, which is a committee of the Medical Staff. This committee shall serve as a systematic mechanism for communication between members of the Governing Body, Administration, and members of the Medical Staff. Specifically, issues which relate to quality of patient care shall be regularly addressed. Additionally, other matters of communication which are of importance to maintaining a sound working relationship between the Governing Body and the Medical Staff shall be discussed. The minutes, if any, shall be kept by the organized Medical Staff under the direction of its President. The proceedings

and records of this committee are protected by Section 1157 of the evidence Code.

## **Article VI Chief Executive Officer**

- Section 1** The Governing Body shall be solely responsible for appointment or dismissal of the Chief Executive Officer. {Board of Directors policy – BOD2 – Chief Executive Officer (CEO) Transition}
- Section 2** The Governing Body shall assure that the Chief Executive Officer is qualified for their responsibilities through education and/or experience. {Board of Directors policy – BOD3 – Chief Executive Officer (CEO) Criteria}
- Section 3** The Chief Executive Officer shall act on behalf of the Governing Body in the overall management of the District.
- Section 4** In the absence of the Chief Executive Officer, an Executive Team member designated by the Chief Executive Officer or by the President of the Governing Body shall assume the responsibilities of this position. The Governing Body retains final authority to name the person to act during the absence or incapacity of the Chief Executive Officer.
- Section 5** Annually the Governing Body shall meet in Executive session to monitor the performance of the Chief Executive Officer. The conclusions and recommendations from this performance evaluation will be transmitted to the Chief Executive Officer by the Governing Body.
- Section 6** The Chief Executive Officer shall select, employ, control, and have authority to discharge any employee of the District other than any individual with the title or equivalent function of a member of the Executive Team ~~–or~~ Board Clerk. Employment of new personnel shall be subject to budget authorization granted by the Board of Directors.
- Section 7** The Chief Executive Officer shall organize, and have the authority to reorganize the administrative structure of the District, below the level of CEO, subject to the limitations set ~~forth~~ in ~~in~~ forth in Section 6 above. The District’s organizational chart shall reflect that the Chief Compliance ~~and~~ & Risk Officer has direct, solid-line reporting relationships to the Board (functional) and to the CEO (administrative).
- Section 8** The Chief Executive Officer shall report to the Board at regular and special meetings all significant items of business of Kaweah Delta Health Care District and make recommendations concerning the disposition thereof.
- Section 9** The Chief Executive Officer shall submit regularly, in cooperation with the appropriate ~~e~~Committee of the Board, periodic reports as required by the Board.
- Section 10** The Chief Executive Officer shall attend all meetings of the Board when possible and shall attend meetings of the various ~~e~~Committees of the Board when so requested by the ~~e~~Committee chairperson.
- Section 11** The Chief Executive Officer shall serve as a liaison between the Board and the Medical Staff. The Chief Executive Officer shall cooperate with the Medical Staff

and secure like cooperation on the part of all concerned with rendering professional service to the end that patients may receive the best possible care.

**Section 12** The Chief Executive Officer shall make recommendations concerning the purchase of equipment and supplies and the provision of services by the District, considering the existing and developing needs of the community and the availability of financial and medical resources.

**Section 13** The Chief Executive Officer shall keep abreast and be informed of new developments in the medical and administrative areas of hospital administration.

**Section 14** The Chief Executive Officer shall oversee the physical plants and ground and keep them in a good state of repair, conferring with the appropriate ~~e~~Committee of the Board in major matters, but carrying out routine repairs and maintenance without such consultation.

**Section 15** The Chief Executive Officer shall supervise all business affairs such as the records of financial transactions, collections of accounts and purchase and issuance of supplies, and be certain that all funds are collected and expended to the best possible advantage.

**Section 16** The Chief Executive Officer shall supervise the preservation of the permanent medical records of the District and act as overall custodian of these records.

**Section 17** The Chief Executive Officer shall keep abreast of changes in applicable laws and regulations and shall insure that a District compliance program, appropriate educational programs, and organizational memberships are in place to carry out this responsibility.

**Section 18** The Chief Executive Officer shall be responsible for assuring the organization's compliance with applicable licensure requirements, laws, rules, and regulations, and for promptly acting upon any reports and/or recommendations from authorized agencies, as applicable.

**Section 19** The Chief Executive Officer will ensure that the business of the ~~Health-Care~~ District is conducted openly and transparently, as required by law.

**Section 20** The Chief Executive Officer will oversee the activities of the ~~Health-Care~~ District's ~~e~~Community ~~r~~Relations ~~e~~Committees to ensure meaningful participation of community members and communication of the input and recommendation from the committee to the Board and to organization's management.

**Section 21** The Chief Executive Officer shall perform any special duties assigned or delegated to them by the Board.

## **Article VII The Health Care District Guild**

**Section 1** The Governing Body recognizes the Kaweah Delta Health Care District Guild, a separate non-profit organization, in support of the staff and patients of the District.

**Section 2** The Chief Executive Officer is charged with effecting proper integration of the Guild within the framework of the organization.

## Article VIII Performance Improvement (PI)

- Section 1** The Governing Body requires that the Medical Staff and the Health Care District staff implement and report on the activities and mechanisms for monitoring and evaluating the quality of patient care, for identifying and resolving problems, and for identifying opportunities to improve patient care within the District.
- Section 2** The Governing Body, through the Chief Executive Officer, shall support these activities and mechanisms.
- Section 3** The Governing Body shall adopt a Performance Improvement Plan and Risk Management Plan for the District and shall provide for resources and support systems to ensure that the plans can be carried out.
- Section 4** The Governing Body requires that a complete and accurate medical record shall be prepared and maintained for each patient; that the medical record of the patient shall be the basis for the review and analysis of quality of care. The Governing Body holds the organized Medical Staff responsible for self-governance with respect to the professional work performed in the hospital and for periodic meetings of the Medical Staff to review and analyze at regular intervals their clinical experience. Results of such [reviewa review](#) will be reported to the Governing body at specific intervals defined by the Board.
- Section 5** The quality assurance mechanisms within any of the District's facilities shall provide for monitoring of patient care processes to assure that patients with the same health problem are receiving the same level of care within the District.

## Article IX Conflict of Interest

- Section 1** The Administration Policy Manual of Kaweah Delta Health Care District and the Board of Directors Policy Manual has a written Conflict of Interest Policy {Administrative Policy AP23 and Board of Directors Policy BOD5}, which requires the completion and filing of a Conflict of Interest Statement disclosing financial interests that may be materially affected by official actions and provides that designated staff members must disqualify themselves from acting in their official capacity when necessary in order to avoid a conflict of interest. The requirements of this policy are additional to the provisions of Government Code [section§](#) 87100 and other laws pertaining to conflict of interest; and nothing herein is intended to modify or abridge the provisions of the policies of Kaweah Delta Health Care District which apply to:
- A. members of the Governing Body,
  - B. the executive staff,
  - C. employees who hold designated positions identified in Exhibit "A" of the District Conflict of Interest Code.
- Section 2** Each member of the Governing Body, specified executives, and designated employees must file an annual Conflict of Interest Statement as required by California Government Code – Section [§](#) 87300-87313.

**Section 3** The Board shall assess the adequacy of its conflict-of-interest/confidentiality policies and procedures {Board of Directors Policy - BOD5 - and Administrative Policy 23 – Conflict of Interest} every even numbered year. {Political Reform Act – State Fair Political Practice Commission}

## **Article X Indemnification of Directors, Officers, and Employees**

**Section 1** Actions other than by the District. The District shall have the power to indemnify any person who was or is a party, or is threatened to be made a party, to any proceeding (other than an action by or in the right of the District to procure a judgment in its favor) by reason of the fact that such person is or was a director, officer or employee of the District, against expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred in connection with such proceeding if that person acted in good faith and in a manner that the person reasonably believed to be in the best interest of the District and, in the case of a criminal proceeding, had no reasonable cause to believe the conduct of that person was unlawful. The termination by any proceeding by judgment, order, settlement, conviction or upon a plea of nolo contendere or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in the manner that the person reasonably believed to be in the best interests of the District person's conduct was unlawful.

**Section 2** Actions by the District. The District shall have the power to indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending, or completed action by or in the right of the District to procure a judgment in its favor by reason of the fact that such person is or was a director, officer, or employee of the District, against expenses actually and reasonably incurred by such person in connection with the defense or settlement of that action, if such person acted in good faith, in a manner such person believed to be in the best interest of the District and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under a similar circumstance.

No indemnification shall be made under this Section:

- A. with respect to any claim, issue or matter as to which such person has been adjudged to be liable to the District in their performance of such person's duty to the District, unless and only to the extent that the court in which that proceeding is or was pending shall determine upon application that, in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for the expenses which the court shall determine;
- B. of amounts paid in settling or otherwise disposing of a threatened or pending action, with or without court approval;
- C. of expenses incurred in defending a threatened or pending action that is settled or otherwise disposed of without court approval.

- Section 3** Successful defense by director, officer, or employee. To the extent that a director, officer or employee of the District has been successful on the merits in defense of any proceeding referred to in Section 1 or Section 2 of this Article X, or in defense of any claim, issue or matter therein, the director, officer or employee shall be indemnified as against expenses actually and reasonably incurred by that person in connection therewith.
- Section 4** Required approval. Except as provided in Section 3 of this Article, any indemnification under this Article shall be made by the District only if authorized in the specific case, upon a determination that indemnification of the officer, director or employee is proper in the circumstances because the person has met the applicable standard of conduct set forth in Sections 2 and 3 of this Article X, by one of the following:
- A. a majority vote of a quorum consisting of directors who are not parties to the proceeding; or
  - B. the court in which the proceeding is or was pending, on application made by the District or the officer, director or employee, or the attorney or other person rendering services in connection with the defense, whether or not such other person is opposed by the District.
- Section 5** Advance of expenses. Expenses incurred in defending any proceeding may be advanced by the District before the final disposition of the proceeding upon receipt of an undertaking by or on behalf of the officer, director or employee to repay the amount of the advance unless it shall be determined ultimately that the officer, director or employee is entitled to be indemnified as authorized in this Article.
- Section 6** Other contractual rights. Nothing contained in this Article shall affect any right to indemnification to which persons other than directors and officers of this District may be entitled by contract or otherwise.
- Section 7** Limitations. No indemnification or advance shall be made under this Article except as provided in Section 3 or Section 4, in any circumstance where it appears:
- A. that it would be inconsistent with the provision of the Articles, a resolution of the Board, or an agreement in effect at the time of accrual of the alleged cause of action asserted in the proceeding in which the expenses were ~~incurred~~incurred, or other amounts were paid, which prohibits or otherwise limits indemnification; or
  - B. that it would be inconsistent with any condition expressly imposed by a court in approving a settlement.
- Section 8** Insurance. If so desired by the Board of Directors, the District may purchase and maintain insurance on behalf of any officer, director, employee or agent of the corporation, insuring against any liability asserted against or incurred by the director, officer, employee or agent in that capacity or arising out of the person's status as such, whether or not the District would have the power to indemnify the person against that liability under the provisions of this Article.

If any article, section, sub-section, paragraph, sentence, clause or phrase of these Bylaws is for any reason held to be in conflict with the provisions of the Health and Safety Code of the State of California, such conflict shall not affect the validity of the remaining portion of these Bylaws.

These Bylaws for Kaweah Delta Health Care District are adopted, as amended, this 25<sup>th</sup> day of ~~December~~June, 202~~5~~43.

President  
Kaweah Delta Health Care District

Secretary/Treasurer  
Kaweah Delta Health Care District

Vice President  
Kaweah Delta Health Care District

Board Member  
Kaweah Delta Health Care District

Board Member  
Kaweah Delta Health Care District



## **RESOLUTION NO. 2262**

### **A RESOLUTION OF THE BOARD OF DIRECTORS OF KAWEAH DELTA HEALTH CARE DISTRICT DBA KAWEAH HEALTH APPROVING AND ADOPTING DISTRICT BYLAWS**

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**WHEREAS**, the Board of Directors of Kaweah Health, a Special Health Care District organized under Division 23 of the California Health and Safety Code (§ 32000 et seq.), is authorized to adopt and amend bylaws for the governance of the District; and

**WHEREAS**, the proposed bylaws set forth the rules for the structure, powers, duties, meetings, and operations of the Board of Directors and the administration of the District in compliance with applicable federal, state, and local laws, including the Ralph M. Brown Act; and

**WHEREAS**, a draft of the Bylaws has been presented for review and comment, and the Board has provided appropriate opportunity for discussion and amendment;

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Directors of Kaweah Health as follows:

#### **Adoption of Bylaws**

The Board hereby approves and adopts the Bylaws of Kaweah Health in the form attached hereto as Exhibit A and incorporated herein by reference.

#### **Supersession of Prior Bylaws**

All previously adopted bylaws and amendments thereto are hereby repealed and superseded by the Bylaws approved by this resolution.

#### **Effective Date**

The Bylaws shall take effect immediately upon adoption of this Resolution.

#### **Filing and Publication**

The District Board Clerk is directed to:



- Retain a signed copy of the adopted Bylaws in the official records of the District,
- Post the adopted Bylaws on the District's official website, and
- Distribute the Bylaws to all members of the Board and Executive Management.

**PASSED AND ADOPTED** by the Board of Directors of Kaweah Health on this 25<sup>th</sup> day of June 2025.

President,  
Kaweah Delta Health Care District

Secretary/Treasurer  
Kaweah Delta Health Care District

# Resolution 2261



## Resolution 2261 of the Board of Directors

**WHEREAS**, Section 32103 of the California Health and Safety Code permits the Board of Directors to receive compensation for attendance at certain meetings, provided a resolution is adopted by a majority vote of the Board;

**NOW, THEREFORE, BE IT RESOLVED** that each member of the Board of Directors of Kaweah Health shall be compensated as follows:

- \$200 per Regular and Special Board meeting
- \$100 per Board Committee meeting
- \$50 per Community Advisory Committee meeting

**BE IT FURTHER RESOLVED**, that no more than seven (7) compensated meetings shall be paid to each Board member in any one calendar month, in accordance with Section 32103 of the Health and Safety Code.

**PASSED AND ADOPTED** by the Board of Directors of Kaweah Health on this 25th day of June 2025.

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President,  
Kaweah Delta Health Care District

Secretary/Treasurer  
Kaweah Delta Health Care District

## Resolution 2263



## **Resolution 2263 of the Board of Directors**

A RESOLUTION OF THE BOARD OF DIRECTORS OF KAWEAH DELTA HEALTH CARE DISTRICT DBA KAWEAH HEALTH DESIGNATING THE DISTRICT CLERK AS THE AUTHORIZED RECIPIENT OF CLAIMS UNDER THE GOVERNMENT CLAIMS ACT

WHEREAS, the California Government Claims Act (Government Code § 900 et seq.) requires that claims for money or damages against a public entity be presented and delivered to a designated officer or agent of the entity; and

WHEREAS, Government Code § 915 allows a public entity to designate by resolution a specific officer or agent to receive such claims; and

WHEREAS, the Board of Directors of Kaweah Health desires to ensure timely and proper handling of claims submitted to the District;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Kaweah Health, as follows:

### **Section 1. Designation of Claims Recipient**

The District Clerk of Kaweah Health is hereby designated as the authorized officer to receive all claims filed against the District pursuant to the California Government Claims Act.

### **Section 2. Location for Service**

Claims shall be delivered or mailed to:

Kelsie K. Davis  
400 W. Mineral King Avenue  
Visalia, California 93291  
Business Hours: Monday – Friday 8:00am to 4:30pm

### **Section 3. Acknowledgment and Log**

The District Clerk shall:

- Provide written acknowledgment of receipt of all claims,
- Maintain a secure and confidential claims log, and
- Promptly notify the District's legal counsel and Risk Management Department upon receipt of any claim.



**Section 4. Effective Date**

This resolution shall become effective immediately upon adoption and shall remain in effect unless amended or rescinded by the Board of Directors.

PASSED AND ADOPTED by the Board of Directors of Kaweah Health this 25th day of June 2025.

President,  
Kaweah Delta Health Care District

Secretary/Treasurer  
Kaweah Delta Health Care District

# Resolution 2264



## **Resolution 2264 of the Board of Directors**

A RESOLUTION OF THE BOARD OF DIRECTORS OF KAWEAH DELTA HEALTH CARE DISTRICT DBA KAWEAH HEALTH DESIGNATING THE DISTRICT EXECUTIVE ASSISTANT TO THE CHIEF OPERATING OFFICER AS THE AUTHORIZED BACKUP ALTERNATE RECIPIENT OF CLAIMS UNDER THE GOVERNMENT CLAIMS ACT IN THE EVENT THE DISTRICT CLERK IS UNAVAILABLE DUE TO VACATION

WHEREAS, the California Government Claims Act (Government Code § 900 et seq.) requires that claims for money or damages against a public entity be presented and delivered to a designated officer or agent of the entity; and

WHEREAS, Government Code § 915 allows a public entity to designate by resolution a specific officer or agent to receive such claims; and

WHEREAS, the Board of Directors of Kaweah Health desires to ensure timely and proper handling of claims submitted to the District;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Kaweah Health, as follows:

### **Section 1. Designation of Claims Recipient**

In the event that the District Clerk is unavailable due to vacation, Executive Assistant to the Chief Operating Officer of Kaweah Health is hereby designated as the alternate authorized official to receive all claims filed against the District pursuant to the California Government Claims Act.

### **Section 2. Location for Service**

Claims shall be delivered or mailed to:

Kelsie K. Davis  
400 W. Mineral King Avenue  
Visalia, California 93291  
Business Hours: Monday – Friday 8:00am to 4:30pm

### **Section 3. Acknowledgment and Log**

The District Executive Assistant to the Chief Operating Officer shall:

- Provide written acknowledgment of receipt of all claims,



- Maintain a secure and confidential claims log, and
- Promptly notify the District's legal counsel and Risk Management Department upon receipt of any claim.

#### **Section 4. Effective Date**

This resolution shall become effective immediately upon adoption and shall remain in effect unless amended or rescinded by the Board of Directors.

PASSED AND ADOPTED by the Board of Directors of Kaweah Health this 25th day of June 2025.

President,  
Kaweah Delta Health Care District

Secretary/Treasurer  
Kaweah Delta Health Care District

## OUTSTANDING HEALTH OUTCOMES



# FY 2025 Update Outstanding Health Outcomes

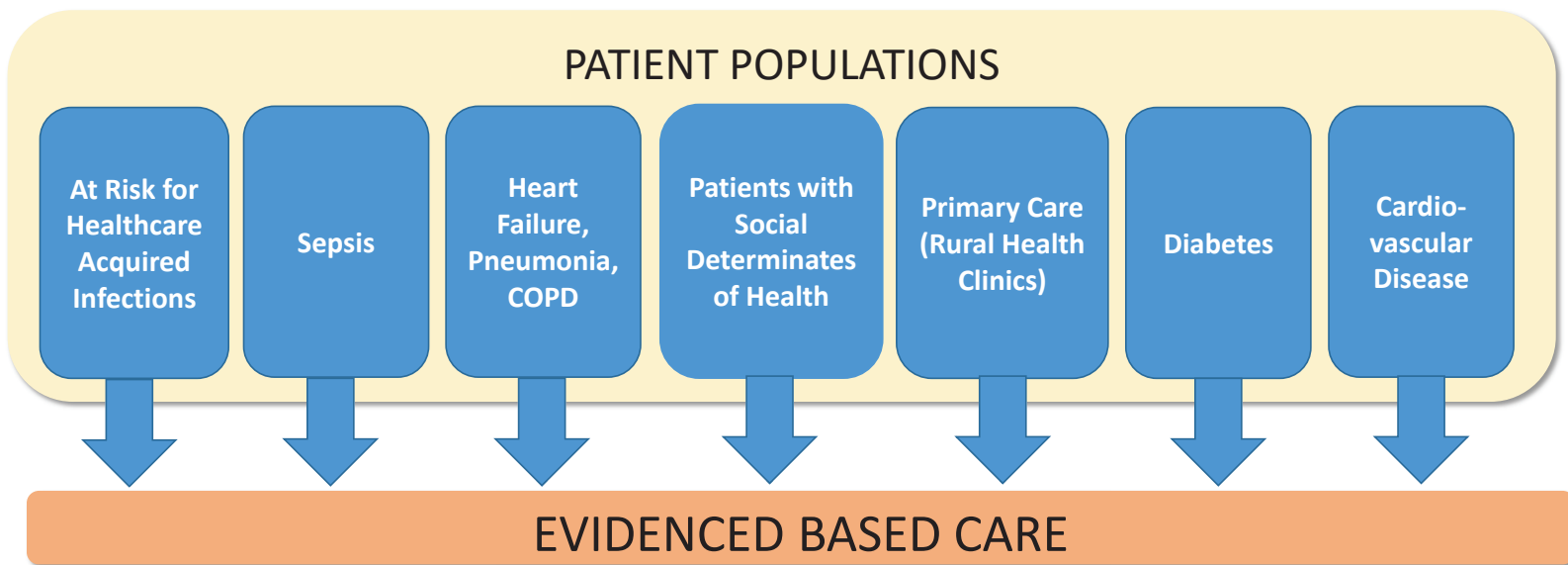
Paul Stefanacci, MD, CMO/CQO  
Sandy Volchko DNP, RN, CPHQ, CLSSBB  
Director Quality & Patient Safety

Board of Directors Report: June 2025

Kaweah Health

MORE THAN MEDICINE. LIFE.

## Outstanding Health Outcomes (OHO) FY25 Plan



## OHO Update: Reduction of Standardized Infection Ratio (SIR) & Standardized Utilization Ratio (SUR)

Healthcare Acquired Infections (HAI) Measure Name	FYTD July 2024 -Apr 2025	Goal	National 50 <sup>th</sup> percentile
Central Line Bloodstream Infection (CLABSI)	0.76 SIR	≤0.486 SIR	0.64
Central Line Utilization	0.64 SUR	≤0.6633 SUR	0.76
Catheter-Associated Urinary Tract Infection (CAUTI)	0.30 SIR	≤0.342 SIR	0.55
Indwelling Urinary Catheter Utilization	0.89 SUR	≤0.6363 SUR	0.81
Methicillin-Resistant Staphylococcus Aureus (MRSA)	1.31 SIR	≤0.435 SIR	0.66

### Targeted Opportunities & Key Actions

#### Appropriate Line Use

- Reduce Line Utilization
  - Device Rounds: May 1, 2025
  - Opportunity: Nurse Driven Urinary Catheter Removal: full implementation by July 31, 2025

#### Reduce Cross-Contamination

- Environmental cleanliness for high-risk areas
  - Improved environmental cleaning effectiveness: 90% of surfaces passed effectiveness testing FY25
- Hand Hygiene (HH)
  - Opportunity: Increase use of BioVigil hand hygiene system: Compliance rate overall 94% (goal 95%)
    - Disseminate HH Data and provide performance improvement resources to unit level leaders

#### Decolonization Strategies

- Skin Decolonization: Chlorohexidine bathing implemented November 2024 for patients with lines
  - Expanding CHG bathing to other At-Risk groups
- Screening of *At-Risk MRSA Populations*: Nasal Decolonization for positive patients

## OH0 Update: CMS SEP 1 and Mortality (observed/expected)

Measure Name	FYTD July 2024-Apr 2025	Goal	50 <sup>th</sup> Percentile
SEP-1 Bundle % Compliance (CMS Core Measure)	81%	≥81%	63%
Sepsis All Diagnosis Mortality Rate (o/e)	0.99	≤0.61	0.78

### Targeted Opportunities & Key Actions

#### Provide Early Goal Directed Therapy

- Sepsis Bundle Implementation: SEP-1 bundle Compliance **Meeting Goal**
  - Order Set Utilization: ED Usage compliance: 89%
  - Opportunity: Inpatient Order Sets
  - Opportunity: Fluid Resuscitation - Identified on sepsis mortality review

#### Focused Sepsis Education

- GME Engagement: Sepsis Coordinator and ED Chief Resident Collaboration
- 1:1 Staff coaching for ED Sepsis fall outs
- Documentation Optimization: Sepsis Team partnership with CDI/Coding (SEP 3 criteria requirements)

#### Future State

- Code Sepsis in ED
- ISS Optimization: Improve Sepsis Alert Specificity

## OHO Update: Mortality & Readmission Reduction

### Heart Failure (HF), Chronic Obstructive Pulmonary Disease (COPD) & Pneumonia (PN)

Measure Name	FYTD July 2024 -May 2025	Goal	50 <sup>th</sup> Percentile
Heart Failure (HF) Mortality	1.15 (10/8.72)	≤0.48 Observed/Expected	0.65
Chronic obstructive pulmonary disease (COPD) Mortality	0.00 (0/0.90)	≤0.70 Observed/Expected	0.84
Pneumonia (PN) Bacterial Mortality	2.49 (5/2.00)	≤0.57 Observed/Expected	0.77
Pneumonia (PN) Viral Mortality	0.97 (9/9.26)	≤0.44 Observed/Expected	0.51
HF Readmission	20.44% (31/153)	≤12.1%	15.98%
COPD Readmission	23.08% (12/52)	≤9.09%	16.18%
PN Readmission	12.77% (18/141)	≤8.24%	12.96%

#### Targeted Opportunities & Key Actions

##### Provide Early Goal Directed Therapy during Hospitalization

- COPD Steroid Treatment - Prednisone 40mg PO daily x 5 days **IMPROVED FY25**
- Community Acquired Pneumonia Treatment – Appropriate Antibiotic **IMPROVED FY25**
- Opportunity: Inpatient Order Sets

##### Provide Early Goal Directed Therapy at Discharge

- COPD Patient prescribed LAMA/LABA inhaler at discharge **IMPROVED FY25**
- HF Patients prescribed each of four medications at discharge, FY25 DATA PENDING
- Opportunity: ISS Optimization - EHR workflows to guide therapy

# OH0 Update: Health Equity

## FY25 GOAL

Achieve 4/4 strategic initiatives to build the foundation of an effective Health Equity Program that: has capability to accurately identify health care disparities, act to address disparities, monitor the effectiveness of those actions with a communication platform that achieves awareness of QI progress on Health Equity at Kaweah Health

Measure Name	FYTD July 2024-May 2025	Goal
Achievement of Four Elements in the Health Equity National Patient Safety Goal (NPSG)	3/4	4/4

## Targeted Opportunities & Key Actions

- Analyze Quality and Safety Data - Identify Health Disparities **ACHIEVED**
  - Established that a disparity existed in the pregnant farm worker population using the published data from Farmworker Study Group
- Develop Action Plan to Address Identified Disparities and Improve Health Equity **ACHIEVED**
  - Farm Workers OB Outcomes initiative action plan executed: September 2024
  - Action planning in collaboration with Lindsay Family Resource Center and Tulare County HHS – WIC Office.
- Communicate Progress on Health Equity to key Kaweah Health stakeholders **ACHIEVED**
  - Progress on Health Equity shared with key stakeholders: Community, BOD, Leadership & Staff
  - Presentation Platforms: started 3Q 2024 - Norm Sharrer Symposium, Charge RN Conference, BOD reports/presentations
- Monitor Impact of Actions taken and modify actions when health equity goals are not met **IN PROCESS**
  - Data Monitoring in progress: Data analysis as project progresses and sample size increases

# OHO Update: Quality Incentive Pool (QIP)

The Quality Incentive Pool (QIP) program in California is a value-based payment model designed to enhance quality and equity in Medi-Cal managed care, with a focus on primary care settings. It rewards health plans and providers with financial incentives for achieving quality measures such as preventive care, effective chronic disease management, and reducing health disparities. By linking payments to performance, the program motivates healthcare organizations to prioritize better outcomes and patient-centered care.

Measure Name	FYTD July 2024-Apr 2025	Goal
Meet or exceed target in all 15 QIP Measures	15/15	15/15

### Targeted Opportunities & Key Actions to continue to work on:

- Multidisciplinary Quality Improvement Committee
- Patient Care Workflow
  - Established “Quick Visits” workflow - Care elements are executed when needed
  - Opportunity: ISS Optimization - EHR Patient care Reminder Prompts
- Patient Education
  - Diabetes, adolescent vaccination
- Documentation/coding
  - Ensuring correct codes are applied to the target populations so accurate data is collected
  - Ensuring correct documentation is present in patients EHR so that the appropriate codes are attributed

# OHO Update: Inpatient Diabetes Care

## Hypoglycemia Reduction in Critical Care (CC) and Non-Critical Care (NCC) Locations

Measure Name	FYTD Jul 2024-Apr 2025	Goal (National Mean)
% Hypoglycemia in Critical Care (CC) Patients	4.2%	< 4.3%
% Hypoglycemia with at least one recurrent hypoglycemic day CC Patients	23.6%	<26.8%
% Hypoglycemia in Non-Critical Care (NCC) Patients	3.71%	< 3.4%
% Hypoglycemia with at least one recurrent hypoglycemic day NCC Patients	28.7%	<29.6%

### Targeted Opportunities & Key Actions

#### Utilize Evidence Based Protocols

- Critical Care: IV insulin utilized as first line therapy
- Opportunity: MICU Workflow - Appropriate Insulin transition from IV to subcue
- Opportunity: Renal Patients - Appropriate use of Long-Acting Insulin with close monitoring

#### Focused Education

- Advanced Practice Nurse: Provide at the elbow training and support

#### Future State

- Evaluating order set focused on the renal insufficient population to guide therapy

# OHO Update: AMI STEMI Mort & Processes

Measure Name	FYTD	Goal
PCI In-Hospital Risk-Adjusted Mortality Rate – STEMI	2.0% (3Q-4Q 2024)	≤1.9% (National Mean)
Risk-Standardized Acute Kidney Injury Post PCI	6.3% (3Q-4Q 2024)	≤ 5.6% (National top 10%)
Risk Standardized Bleeding Rate	0.94% (CY2024)	≤ 1.24% (National top 10%)

\*Data from the American College of Cardiology (ACC) is delayed by approx. 6 months; Q3 FY2025 data will not be available until 4Q2025

## Targeted Opportunities & Key Actions

### Appropriate Case Selection

- “Thoughtful Pause”- Ensure consistent use
- Opportunity: Enhance Morbidity & Mortality case reviews to identify opportunities and corrective actions

### Utilize Renal Protective Protocol

- Opportunity: Pre-hydration – Establish workflows to ensure full amount of fluid is administered
- Opportunity: Data review at physician level to address outliers for order set usage, contrast volume.

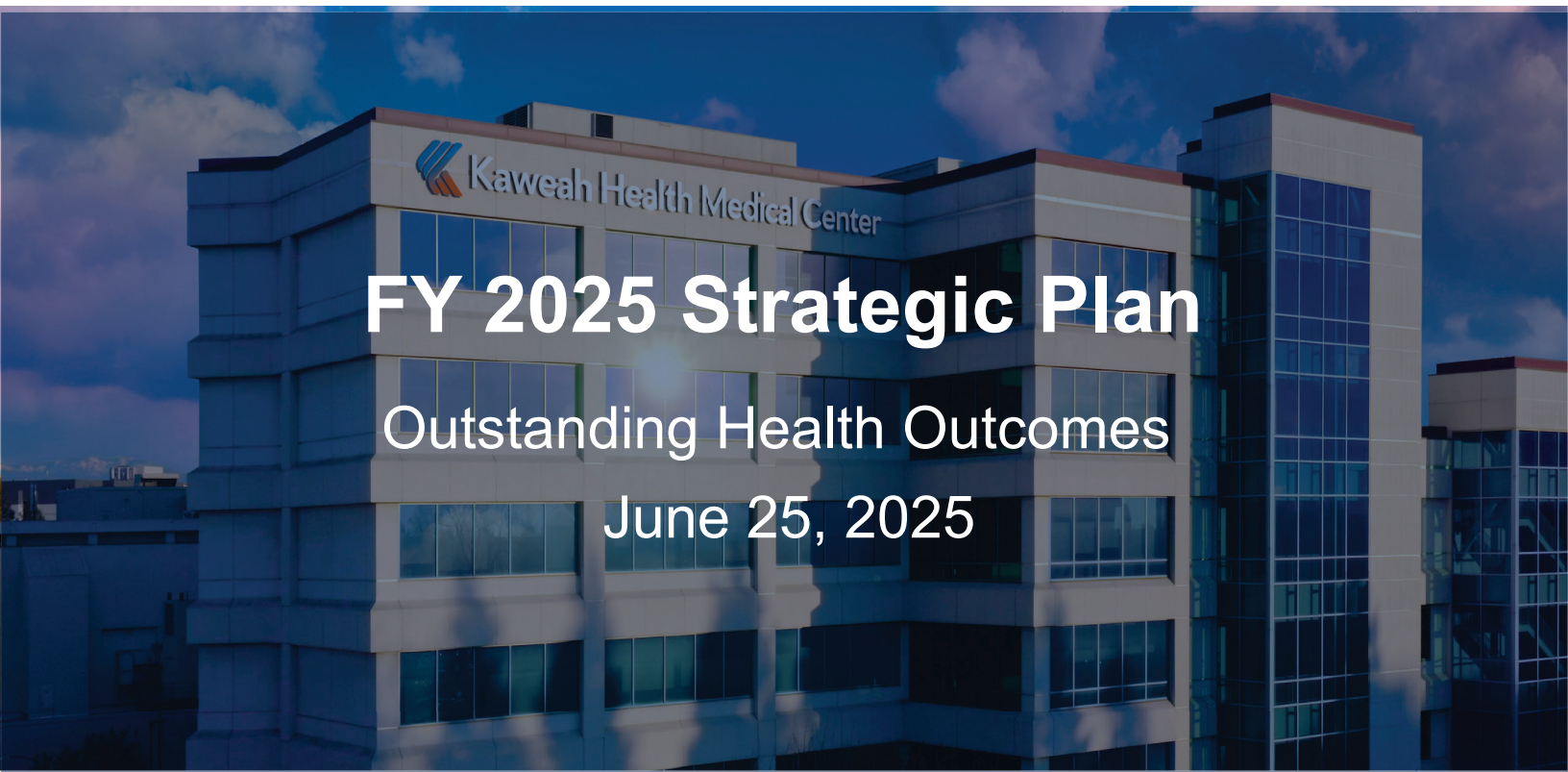
### Reduce the Risk: ACC PCI Bleed Toolkit

- Radial Access: Increased Utilization - Lower incidence of bleeding
- Opportunity: Nursing Education - Related to sheath removal

QUESTIONS?

**The pursuit of healthiness**





# FY 2025 Strategic Plan

## Outstanding Health Outcomes

### June 25, 2025



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

Standardized Infection Ratio (SIR)

Champion: Sandy Volchko

**Description:** Reduce the Hospital Acquired Infections (HAIs) to the selected national percentile in FYTD25 as reported by the Centers for Medicare and Medicaid Services

Work Plan (Tactics)

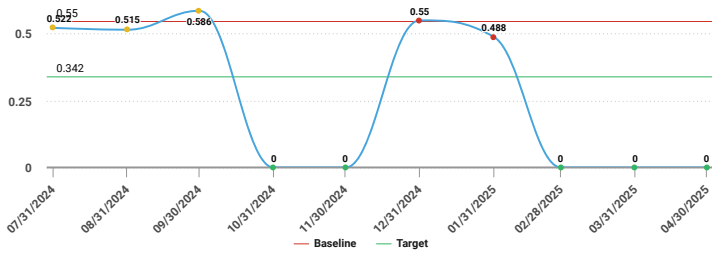
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.1.1	Utilize the subject matter expertise of the Healthcare Acquired Infection (HAI) Team.	07/01/2024	06/30/2025	Sandy Volchko	On Track	
3.1.2	Expand the use of Bio-Vigil.	07/01/2024	06/30/2025	Sandy Volchko	On Track	
3.1.3	Increase MRSA Decolonization.	07/01/2024	06/30/2025	Sandy Volchko	On Track	
3.1.4	Reduce line utilization through best practices.	07/01/2024	06/30/2025	Sandy Volchko	On Track	
3.1.5	Improve cleanliness of the environment through ATP Testing.	07/01/2024	06/30/2025	Sandy Volchko	On Track	

Performance Measure (Outcomes)

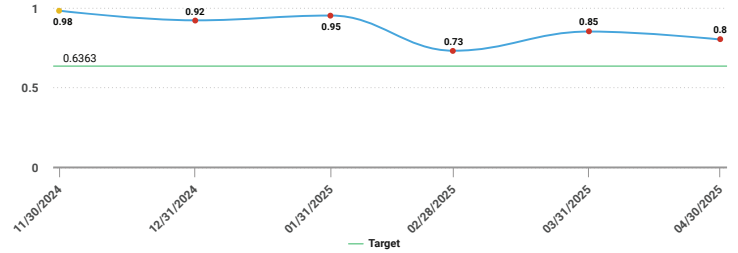
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.1.6	Decrease Standardized Infection Ratio (SIR) CAUTI to < 0.342 (CMS 75th percentile/Top 25%)	07/01/2024	06/30/2025	Sandy Volchko	On Track	FYTD through April 2025 SIR is .30
3.1.6.1	Decrease Utilization Rates for Foley Catheters to < 0.6363 (CAUTI FYTD) (CMS 75th percentile/Top 25%)	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FYTD through April 2025 Utilization Rate for the year is .89
3.1.7	Decrease Standardized Infection Ratio (SIR) CLABSI to < 0.486 (CMS 70th percentile/Top 30%)	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FYTD through April 2025 SIR is 0.76
3.1.7.1	Decrease Utilization Rates for Central Lines to < 0.6633 (CLABSI FYTD) (CMS 70th percentile/Top 30%)	07/01/2024	06/30/2025	Sandy Volchko	On Track	FYTD through April 2025 is .63
3.1.8	Decrease Standardized Infection Ratio (SIR) MRSA to < 0.435 (CMS 75th percentile/Top 25%)	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FYTD through April 2025 SIR is 1.31

## Standardized Infection Ratio (SIR) Champion: Sandy Volchko

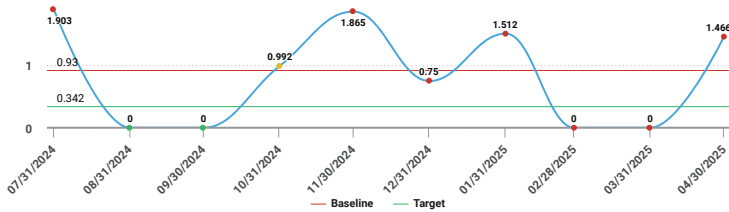
SIR CAUTI FYTD (< 0.342)



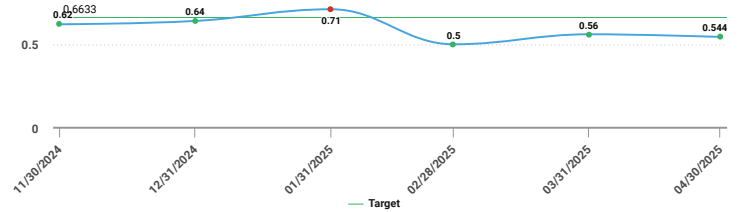
Decrease Utilization Rates for Foley Catheters - CAUTI FYTD (< 0.6363)



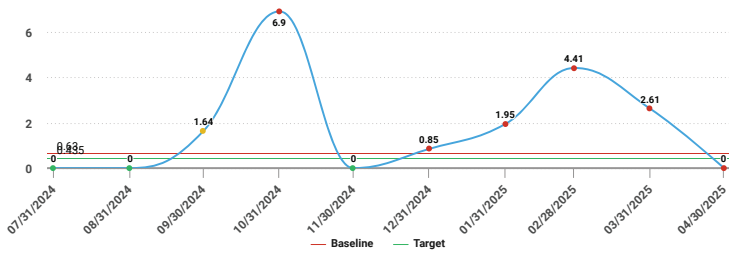
SIR CLABSI FYTD (< 0.486)



Decrease Utilization Rates for Central Lines - CLABSI FYTD (< 0.6633)



SIR MRSA FYTD (< 0.435)



SEPSIS Bundle Compliance (SEP-1)

Champion: Sandy Volchko

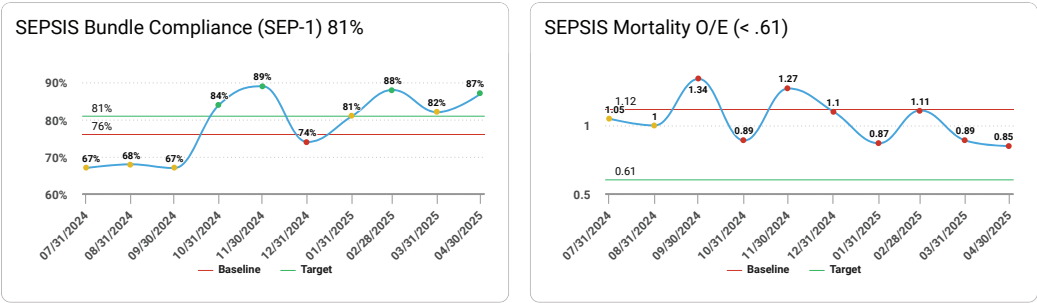
**Description:** Increase SEP-1 bundle compliance to an overall 81% compliance rate for FY25 through innovative improvement strategies based on root causes.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.2.1	Utilize SEPSIS Coordinators to identify and monitor patients.	07/01/2024	06/30/2025	Sandy Volchko	On Track	
3.2.2	Continue SEPSIS Alerts.	07/01/2024	06/30/2025	Sandy Volchko	On Track	
3.2.3	Optimize Quality Focus Team- Fall out review.	07/01/2024	06/30/2025	Sandy Volchko	On Track	
3.2.4	Optimize One Hour Sepsis Bundle.	07/01/2024	06/30/2025	Sandy Volchko	On Track	

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.2.5	Increase SEPSIS Bundle Compliance (SEP-1) FYTD to 81%	07/01/2024	06/30/2025	Sandy Volchko	On Track	FY2025 as of April 2025 compliance is at 81% and trending upward.
3.2.5.1	Decrease SEPSIS Mortality O/E to < 0.61	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FY2025 as of April 2025, year to date performance is .99



Mortality and Readmissions

Champion: Sandy Volchko

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

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.1	Utilize subject matter experts efficiently through reconfiguration of Best Practice Teams into one team focusing on care COPD, heart failure, pneumonia.	07/01/2024	06/30/2025	Sandy Volchko	On Track	
3.3.2	Implement standardized care based on evidence.	07/01/2024	06/30/2025	Sandy Volchko	On Track	

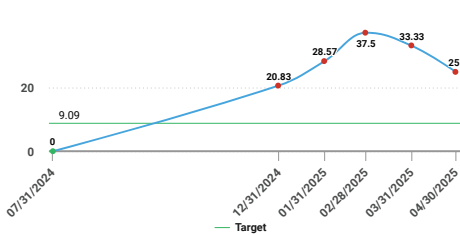
Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.3	Decrease COPD Hospital Readmissions to < 9.09 (CMS data)	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FY2025 end of April 2025 YTD performance is 26.09
3.3.4	Decrease HF Hospital Readmissions to < 12.10 (CMS data)	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FY2025 as of April 2025 is 20.44
3.3.5	Decrease PN Viral/Bacterial Hospital Readmissions to < 8.24 (CMS data)	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FY2025 as of April 2025 YTD performance is 11.81
3.3.6	Decrease COPD Mortality Rates to < 0.70	07/01/2024	06/30/2025	Sandy Volchko	On Track	FY2025 as of April 2025 YTD performance is 0.00
3.3.7	Decrease HF Mortality Rates to < 0.48	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FY2025 as of April 2025 YTD performance is 1.35
3.3.8	Decrease PN Bacterial Mortality Rates to < 0.57	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FY2025 as of April 2025 YTD performance is 2.79
3.3.9	Decrease PN Viral Mortality Rates to < 0.43	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FY2025 as of April 2025 YTD performance is .92
3.3.10	Decrease PCI In-Hospital Risk-Adjusted Mortality Rate – STEMI Patients to </= 1.9%	07/01/2024	06/30/2025	Sandy Volchko	Off Track	Performance of 2.0 is a rolling total for the four quarters of calendar year 2024. Current focus to move results at or below goal are the thoughtful pause initiative and improving door to balloon time from outside facilities.
3.3.11	Decrease Risk-Standardized Acute Kidney Injury Post PCI to </= 5.6%	07/01/2024	06/30/2025	Sandy Volchko	Off Track	Current performance is 5.7% for calendar year 2024. To move performance to goal, the focus is on ensuring effective pre hydration.
3.3.12	Decrease Risk Standardized Bleeding Rate to </= 1.22%	07/01/2024	06/30/2025	Sandy Volchko	On Track	Current performance of .94% for calendar year 2024 exceeds the goal of being below 1.22%

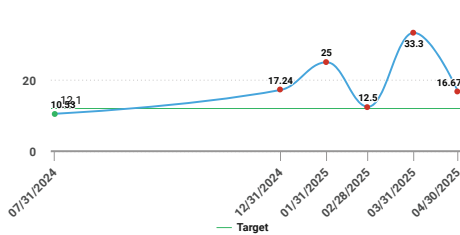
## Mortality and Readmissions

Champion: Sandy Volchko

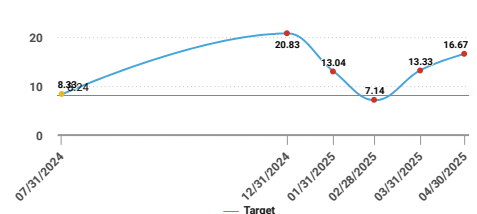
Hospital Readmissions COPD (< 9.09) - QTR



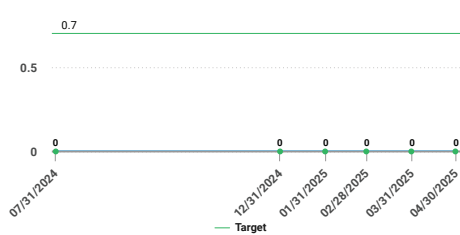
Hospital Readmissions HF (< 12.10) - QTR



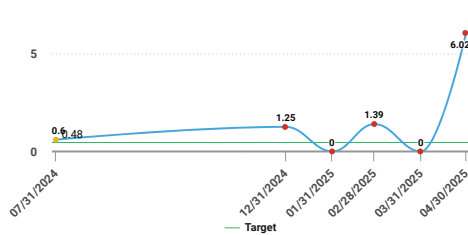
Hospital Readmissions PN Viral/Bacterial (< 8.24) - QTR



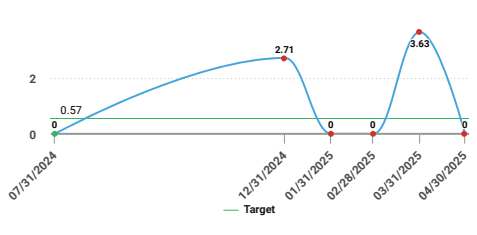
Decrease Mortality Rates COPD (< 0.70) - QTR



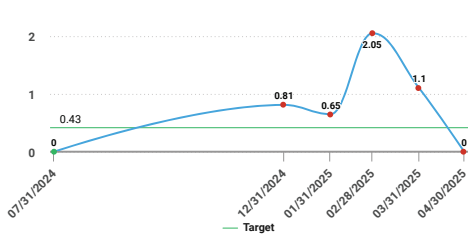
Decrease Mortality Rates HF (< 0.48) - QTR



Decrease Mortality Rates PN Bacterial (< 0.57) - QTR



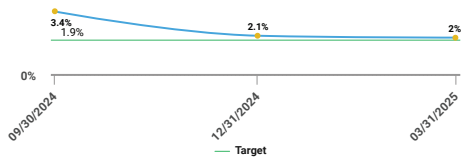
Decrease Mortality Rates PN Viral (<0.43) - QTR



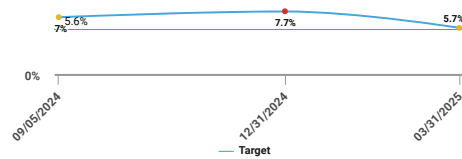
## Mortality and Readmissions

Champion: Sandy Volchko

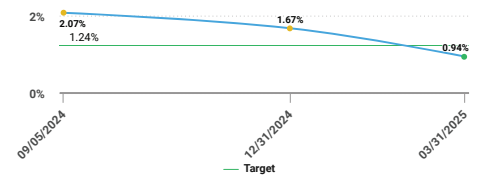
PCI In-Hospital Risk-Adjusted Mortality Rate – STEMI Patients ( $\leq 1.9\%$ )



Risk-Standardized Acute Kidney Injury Post PCI ( $\leq 5.6\%$ )



Risk Standardized Bleeding Rate ( $\leq 1.22\%$ )



Health Equity Champions: Ryan Gates and Sonia Duran-Aguilar

**Description:** Identify health disparities that improve affordable access to care by enhancing care coordination and more effective treatment through healthy living.

Work Plan (Tactics)						
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.5.1	Analyze quality and safety data to identify health disparities.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Achieved	Established that a disparity existed in the pregnant farm worker population using the published data set form the UC Berkley/UC Merced Farmworker Study Group  Discuss establishing a goal for the collection of SDOH through Health Equity committee
3.5.2	Develop an action plan to address identified disparities and improve health care equity.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Achieved	Documentation of the action plan is through collaborative work with Lindsay Family Resource Center and Tulare County HHS – WIC Office.
3.5.3	Monitor impact of actions taken and modify actions when health equity goals are not met.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	On Track	Monthly Health Equity Committee Meeting in place. Identification of disparities for Population of Focus (Pregnant Persons) remains underway.  Development of an action plan to address identified disparities and improve health equity will take place once disparities are identified concretely along with monitoring and impact of actions take to address disparities.  HealthE analytics SDOH Dashboard created with data shared at Health Equity Committee for CY24. Goal of 75-80% collection NOT MET with only 30% of patients screened. Work to improve capture and identify barriers to performance remain a focus.  Additional regulatory requirements evaluated to ensure timely reporting and performance- Assembly Bill 1204 Health Care Access and Information (HCAI)-develop a hospital equity report program to collect and post hospital equity reports includes Acute Hospitals, Acute Psychiatric Hospitals and Children's Hospitals-reporting deadline 9/30/25 (60 day extension available and will be requested). HQI has been contracted and will support in reporting on behalf of KH.  Assembly Bill 3161-Patient Safety and Antidiscrimination-adds to current requirements to include a process to identify and address racism and discrimination in our Patient Safety Plan. goes into effect 1/1/2026, plan submitted bi-annually \$5,000 Fine for failure to adopt.
3.5.4	Inform key stakeholders about progress to improve health care equity.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Achieved	Progress on health equity shared, and plan to be shared, with various key stakeholders (community, BOD, leadership & staff) through various presentation platforms starting 3Q 2024 (ie. Norm Sharrer Symposium, Charge RN Conference, BOD reports/presentations.

Quality Incentive Pool (QIP) Program Reporting

Champion: Sonia Duran-Aguilar

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

Work Plan (Tactics)

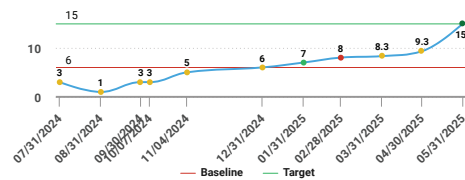
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.4.1	Improve Frontline staff (Clinic Primary Care/Internal Medicine/clinical staff) awareness of QIP performance and thereby ensure engagement and buy in QI efforts.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	On Track	Ongoing meetings with Population Health Clinic Site Managers and Clinical Leads, Population Health Data Team, ISS MD Support, BI reporting team to ensure staff is aware of recommended workflows and documentation is accurately reflected in reports. Quality measure performance shared as it becomes available on a monthly basis with all leaders to include Medical Directors.
3.4.2	Optimize workflows to drive and hardwire best practices for clinical care (registration, MA intake, provider documentation).	07/01/2024	06/30/2025	Sonia Duran-Aguilar	On Track	Work remains underway to ensure that workflows optimize documentation and result in improved coding on claims that reflects performance. QuickVisits for Pediatrics and Adult Well Visits have been created. Adoption remains in the 56-59% adoption for Pediatric QuickVisits.  Adult Quick Visits would support performance for Colorectal Cancer Screening, Controlling High Blood Pressure, Cervical Cancer Screening have been built out with lower adoption hovering in the 18% range.  Additional QuickVisits for Diabetic Care remain in progress KOR-2458 and on hold due to issues with Dot Phrases.  Collaboration with ISS, HIM, Population Health Leadership and providers remains in place and we expect these efforts to continue into FY26.
3.4.3	Continue with Monthly workgroups (MCPs, Revenue Integrity, Population Health/Clinic Teams) to track progress.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	On Track	Work remains underway with monthly meetings with health plans to discuss QI efforts. Efforts to optimize clinic workflows to improve documentation and performance underway. Monthly Quality meeting taking place with RHC Clinic Manager and LVN leads to review performance along with barriers to performance and documentation. Work remains underway to ensure that MCPs are receiving and giving credit for quality measure performance, especially given supplemental data files sent via sFTP to both MCPs to improve performance for CTP II codes (not included on claims).

Performance Measure (Outcomes)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.4.4	Meet or exceed 15 QIP measures in 2024 (PY7)	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Achieved	Achieved performance in 15 of 15 metrics.

Quality Incentive Pool (QIP) Program Reporting      Champion: Sonia Duran-Aguilar

Meet or exceed 15 QIP measures in 2024 (PY7)



Inpatient Diabetes Management

Champions: Emma Camarena and Cody Ericson

**Description:** Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.

Work Plan (Tactics)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.6.1	Development of an inpatient diabetes management team.	07/01/2024	06/30/2025	Sandy Volchko	Off Track	This is in progress, but still need to hire a full time NP to help with diabetes management.
3.6.2	Development and implementation of non-Glucomander power plans.	07/01/2024	06/30/2025	Sandy Volchko	Achieved	Completed in February 2025.

Performance Measure (Outcome)

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.6.3	Achieve < 4.3% benchmark performance for hypoglycemia in Critical Care (CC) patient population, defined as percent patient days with blood glucose (BG) <70	07/01/2024	06/30/2025	Sandy Volchko	On Track	FY2025 as of May 2025 meeting goal with year-to-date performance of 4.2%.
3.6.4	Achieve < 3.4% benchmark performance for hypoglycemia in Non-Critical Care (NCC) patient population, defined as percent patient days with blood glucose (BG) <70	07/01/2024	06/30/2025	Sandy Volchko	On Track	FY2025 as of May 2025, performance is moving toward goal. YTD performance is 3.6%.
3.6.5	Achieve < 26.8% benchmark performance for percent of patients with hypoglycemia with at least one recurrent hypoglycemic day for Critical Care (CC)	07/01/2024	06/30/2025	Sandy Volchko	On Track	FY2025 as of May 2025, performance is meeting goal with year-to-date performance of 22.26%.
3.6.6	Achieve < 29.6% benchmark performance for percent of patients with hypoglycemia with at least one recurrent hypoglycemic day for Non Critical Care (NCC)	07/01/2024	06/30/2025	Sandy Volchko	On Track	FY2025 as of May 2025 meeting goal, with year-to-date performance of 25.4%.

Inpatient Diabetes Management

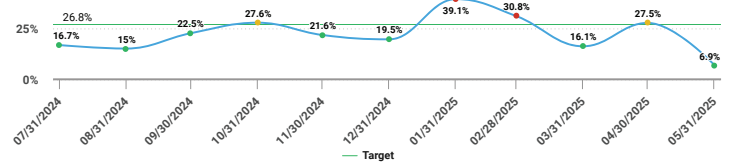
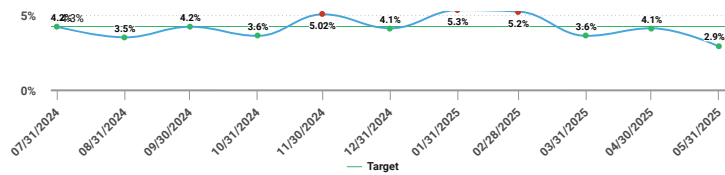
Champions: Emma Camarena and Cody Ericson

Hypoglycemia in Critical Care Patients (< 4.3%)

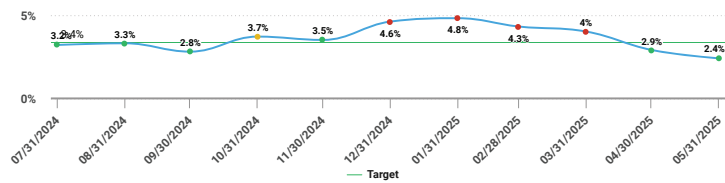


Recurrent Hypoglycemia in Critical Care Patients (< 26.8%)

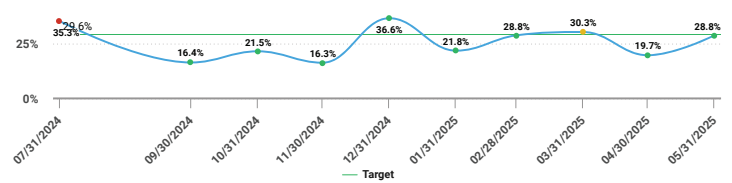




Hypoglycemia in Non-Critical Care Patients (< 3.4%)



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



# FINANCIALS

# CFO Financial Report

## Month Ending May 2025



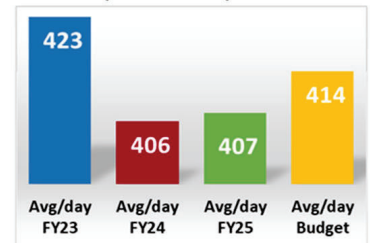
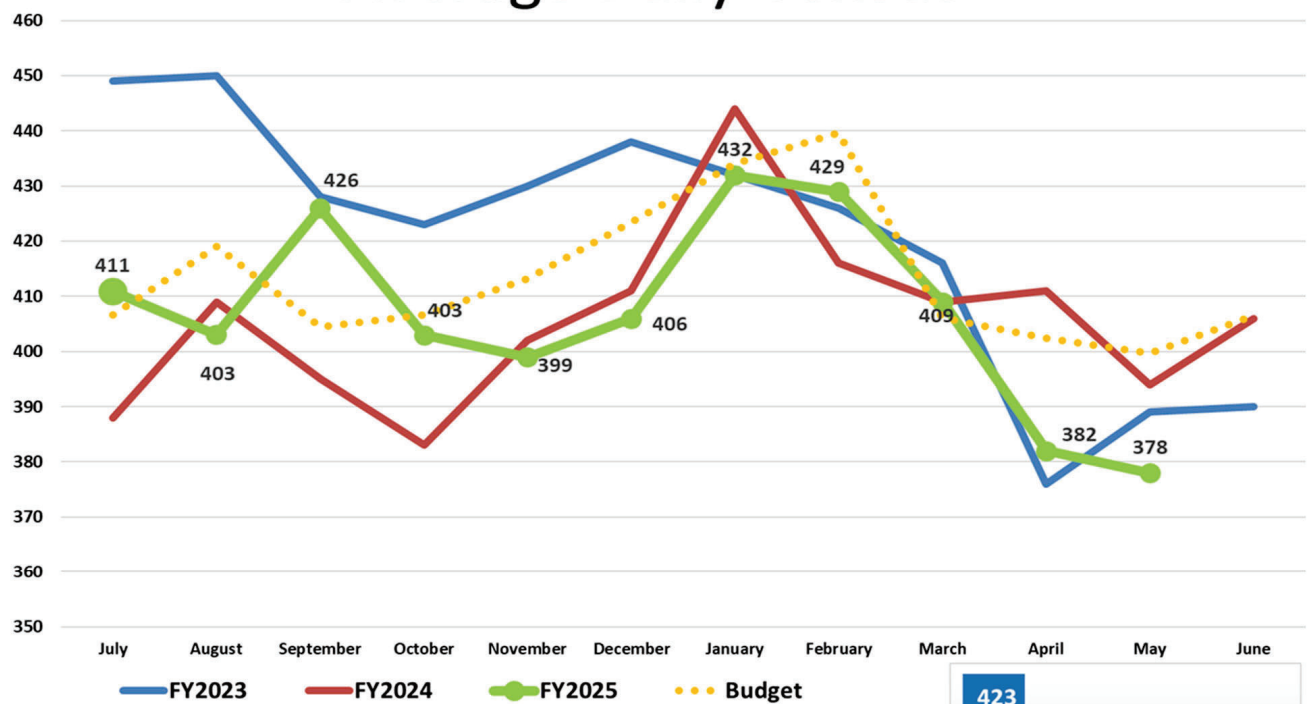
[kawahhealth.org](https://kawahhealth.org)



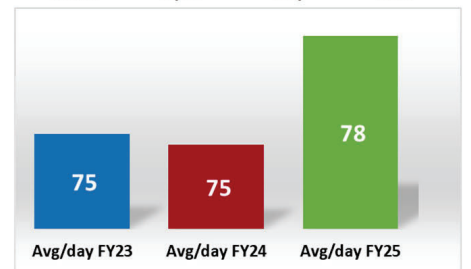
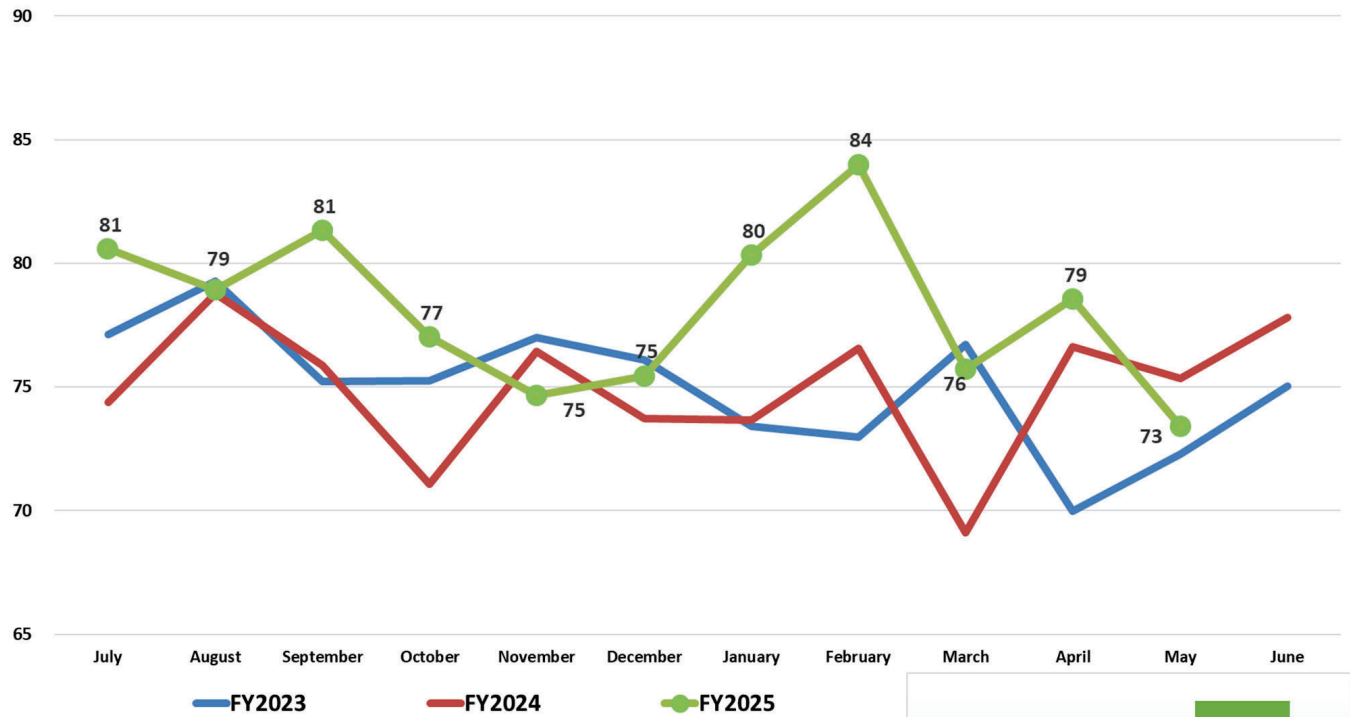
## Status of FEMA Projects

FEMA Project Title	Process Step	Obligation Date	Best Available Cost	Best Available Federal Share Cost (90%)	Payments Received To Date
P1- Door Screeners/Temperature Scan (12/1/21-6/30/22)	Received	2/6/2023	\$190,721	\$190,721	\$190,721
P3- Medical Facility Infection Control (1/1/21-6/30/22)	Received	4/3/2023	\$187,351	\$187,351	\$187,351
P4- PPE (1/1/22-6/30/22)	Received	4/3/2023	\$134,926	\$134,926	\$134,926
P7- Diagnostic Testing for Employees (7/2/22-5/11/23)	Received	2/8/2024	\$15,150	\$13,635	\$13,635
P2- Contract Labor & Overtime, part 1 (4/1/20-6/30/22)	Obligated	11/27/2024	\$33,202,760	\$33,202,760	
P5- Contract Labor & Overtime, part 2 (7/2/22-5/11/2023)	Obligated	11/27/2024	\$16,132,516	\$14,519,264	
P8- Diagnostic Testing for Patients (7/2/22-5/11/23)	Received 3/5/2025	11/21/2024	\$606,825	\$546,143	\$546,143
Management Costs (5% B projects)	Received 6/11/2025		\$2,523,512	\$119,634	119,634
Total			\$52,993,762	\$48,914,434	\$1,072,777

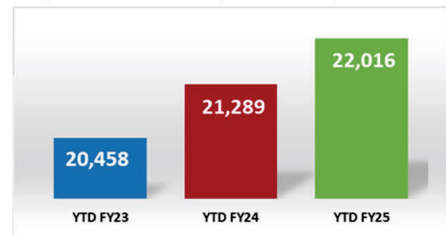
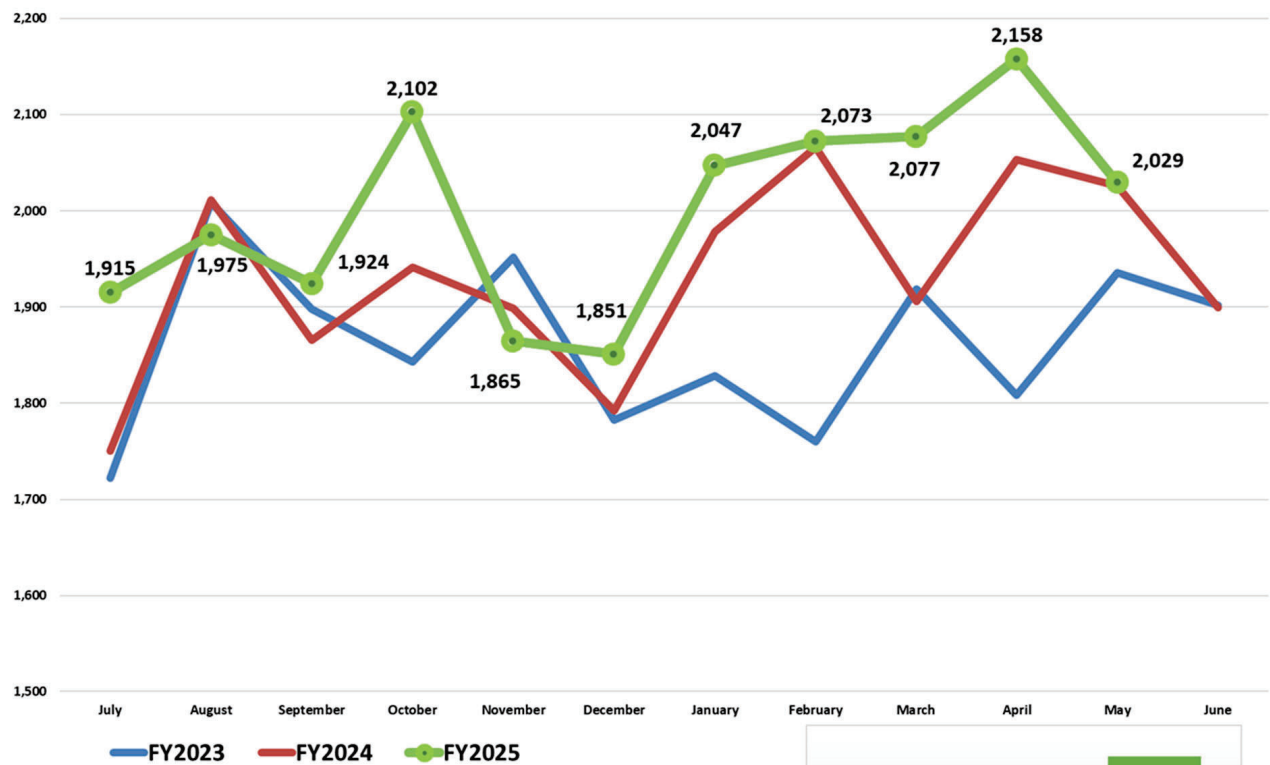
# Average Daily Census



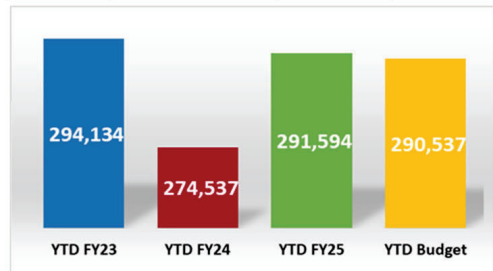
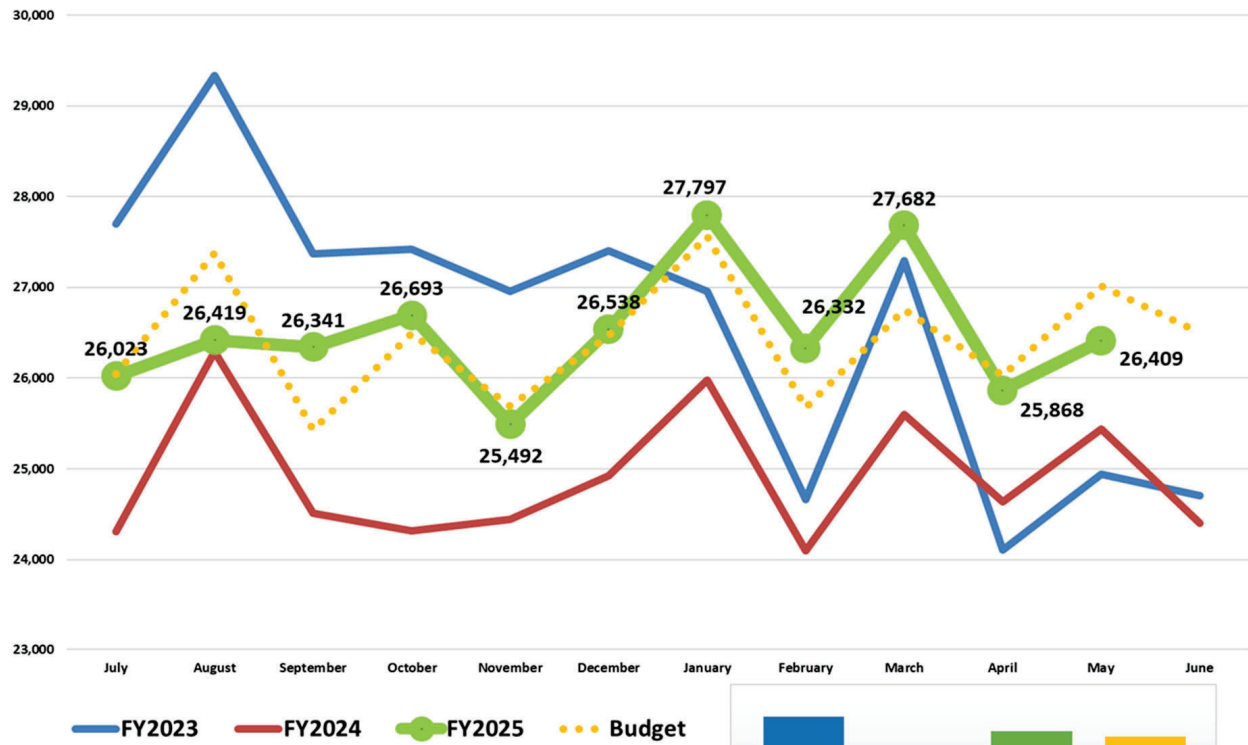
## Average Discharges per Day



## Outpatient Registrations Per Day



# Adjusted Patient Days



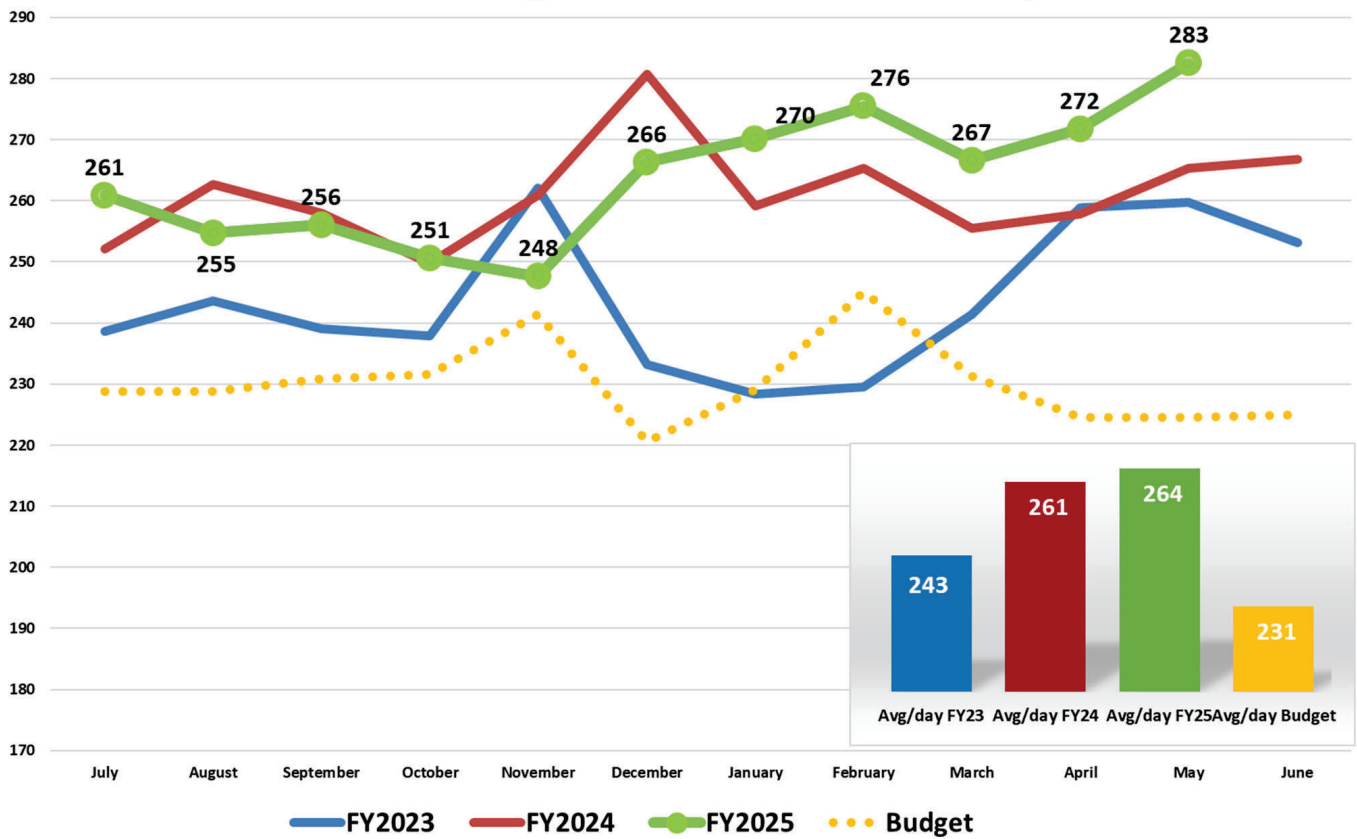
## Statistical Results – Fiscal Year Comparison (May)

	Actual Results			Budget	Budget Variance	
	May 2024	May 2025	% Change	May 2025	Change	% Change
Average Daily Census	394	378	(4.2%)	400	(22)	(5.6%)
<b>KDHCD Patient Days:</b>						
Medical Center	8,546	7,877	(7.8%)	8,300	(423)	(5.1%)
Acute I/P Psych	1,039	1,255	20.8%	1,403	(148)	(10.5%)
Sub-Acute	856	852	(0.5%)	920	(68)	(7.4%)
Rehab	550	653	18.7%	558	95	17.0%
TCS-Ortho	330	336	1.8%	355	(19)	(5.4%)
NICU	405	334	(17.5%)	365	(31)	(8.5%)
Nursery	497	404	(18.7%)	500	(96)	(19.2%)
<b>Total KDHCD Patient Days</b>	<b>12,223</b>	<b>11,711</b>	<b>(4.2%)</b>	<b>12,401</b>	<b>(690)</b>	<b>(5.6%)</b>
<b>Total Outpatient Volume</b>	<b>62,775</b>	<b>62,899</b>	<b>0.2%</b>	<b>61,660</b>	<b>1,239</b>	<b>2.0%</b>

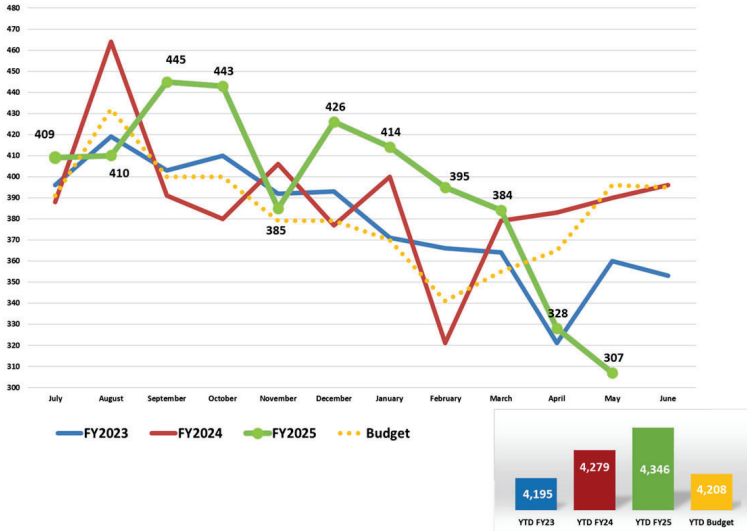
## Statistical Results – Fiscal Year Comparison (Jul-May)

	Actual Results			Budget	Budget Variance	
	FYTD 2024	FYTD 2025	% Change	FYTD 2025	Change	% Change
Average Daily Census	407	407	0.0%	414	(7)	(1.8%)
<b>KDHCD Patient Days:</b>						
Medical Center	92,372	93,364	1.1%	93,160	204	0.2%
Acute I/P Psych	14,144	12,455	(11.9%)	15,159	(2,704)	(17.8%)
Sub-Acute	10,142	9,883	(2.6%)	10,050	(167)	(1.7%)
Rehab	5,966	6,841	14.7%	6,082	759	12.5%
TCS-Ortho	3,758	3,940	4.8%	4,255	(315)	(7.4%)
NICU	4,476	4,320	(3.5%)	4,540	(220)	(4.8%)
Nursery	5,441	5,502	1.1%	5,500	2	0.0%
<b>Total KDHCD Patient Days</b>	<b>136,299</b>	<b>136,305</b>	<b>0.0%</b>	<b>138,746</b>	<b>(2,441)</b>	<b>(1.8%)</b>
<b>Total Outpatient Volume</b>	<b>647,910</b>	<b>670,330</b>	<b>3.5%</b>	<b>666,329</b>	<b>4,001</b>	<b>0.6%</b>

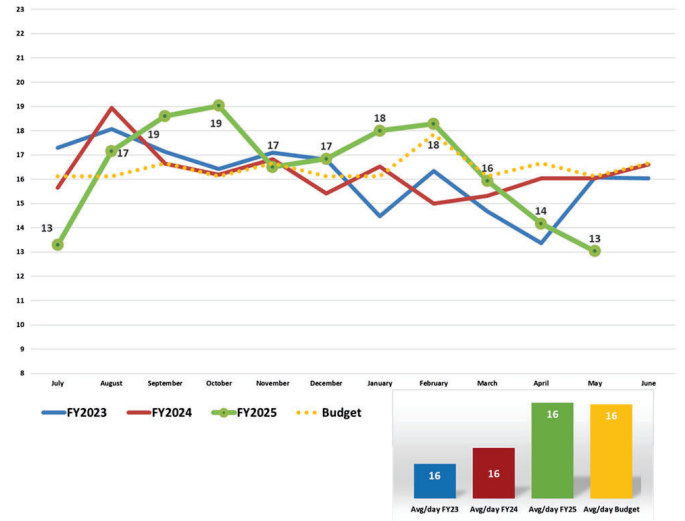
# ED - Avg Treated Per Day



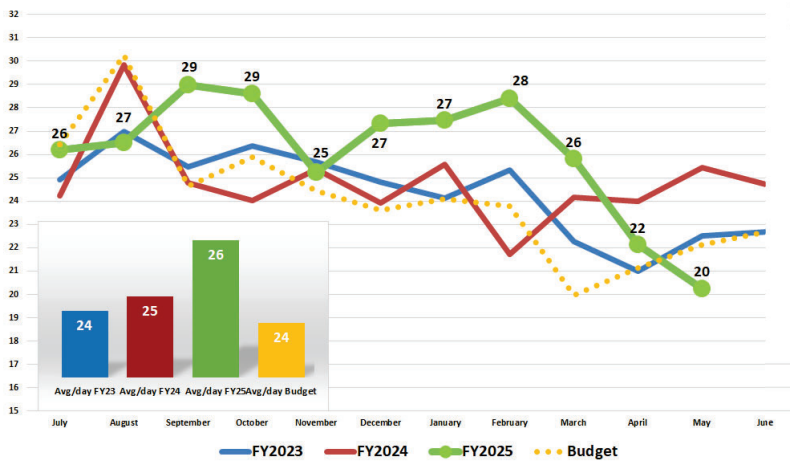
## Deliveries



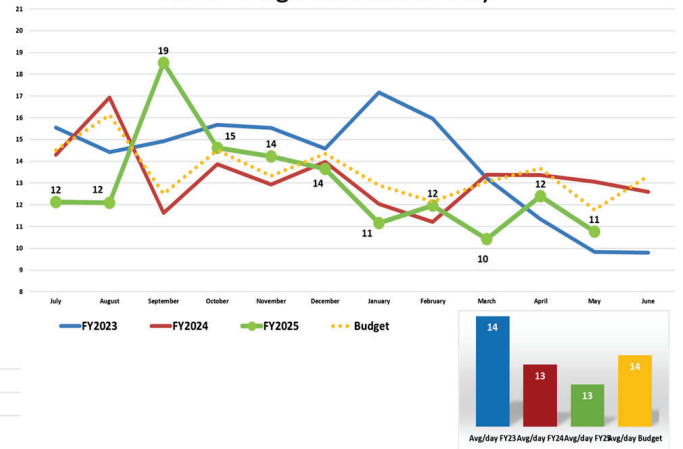
## Nursery - Avg Patients Per Day



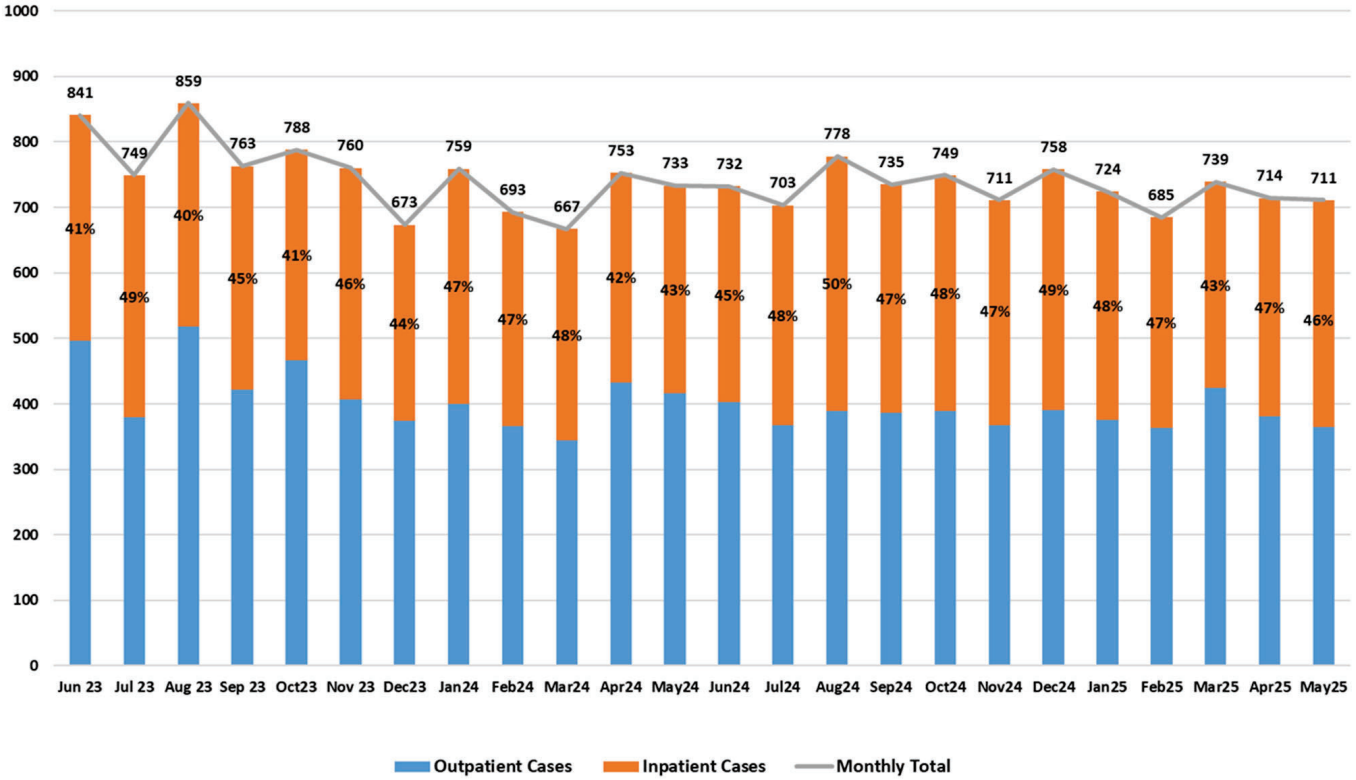
## Obstetrics - Avg Patients Per Day



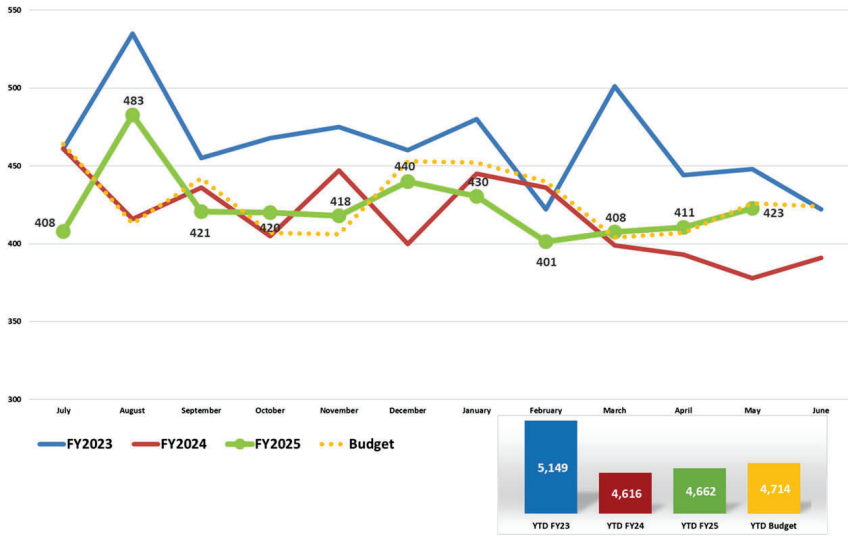
## NICU - Avg Patients Per Day



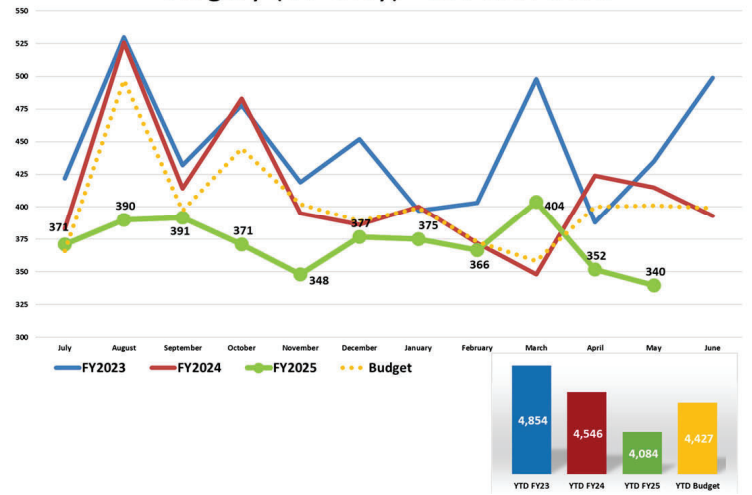
# Surgery Cases (IP & OP)



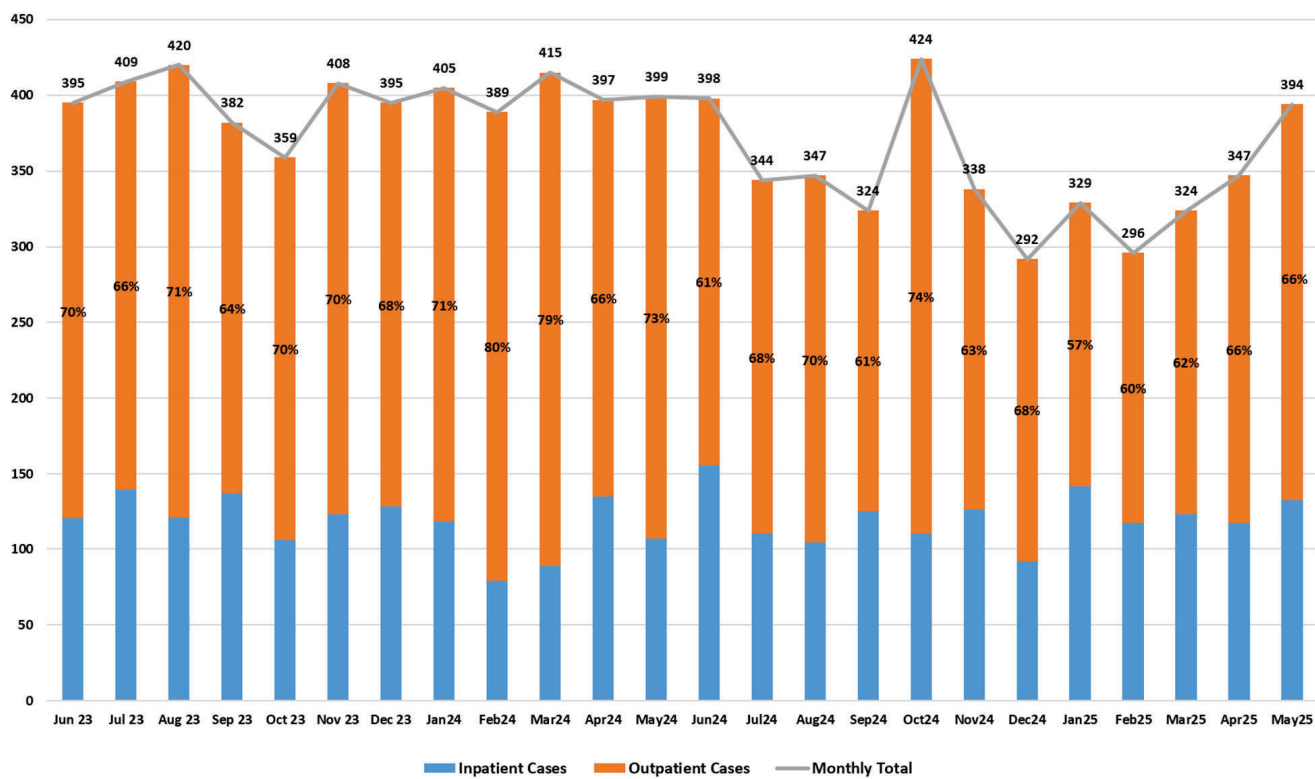
### Surgery (IP Only) - 100 Min Unit



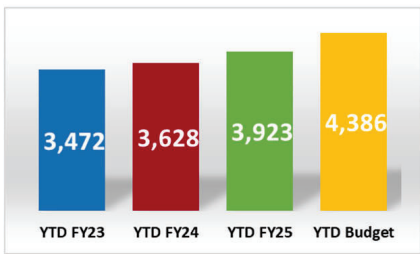
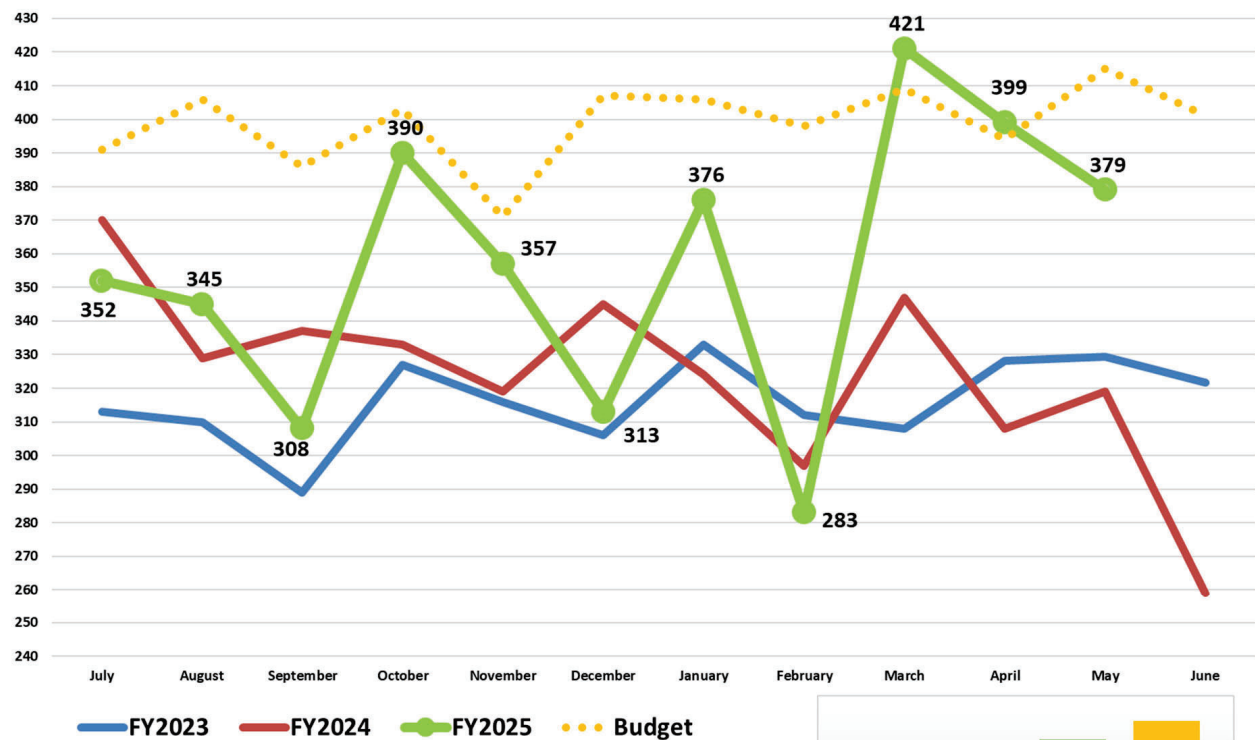
### Surgery (OP Only) - 100 Min Units



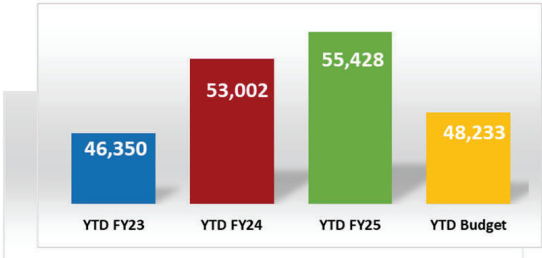
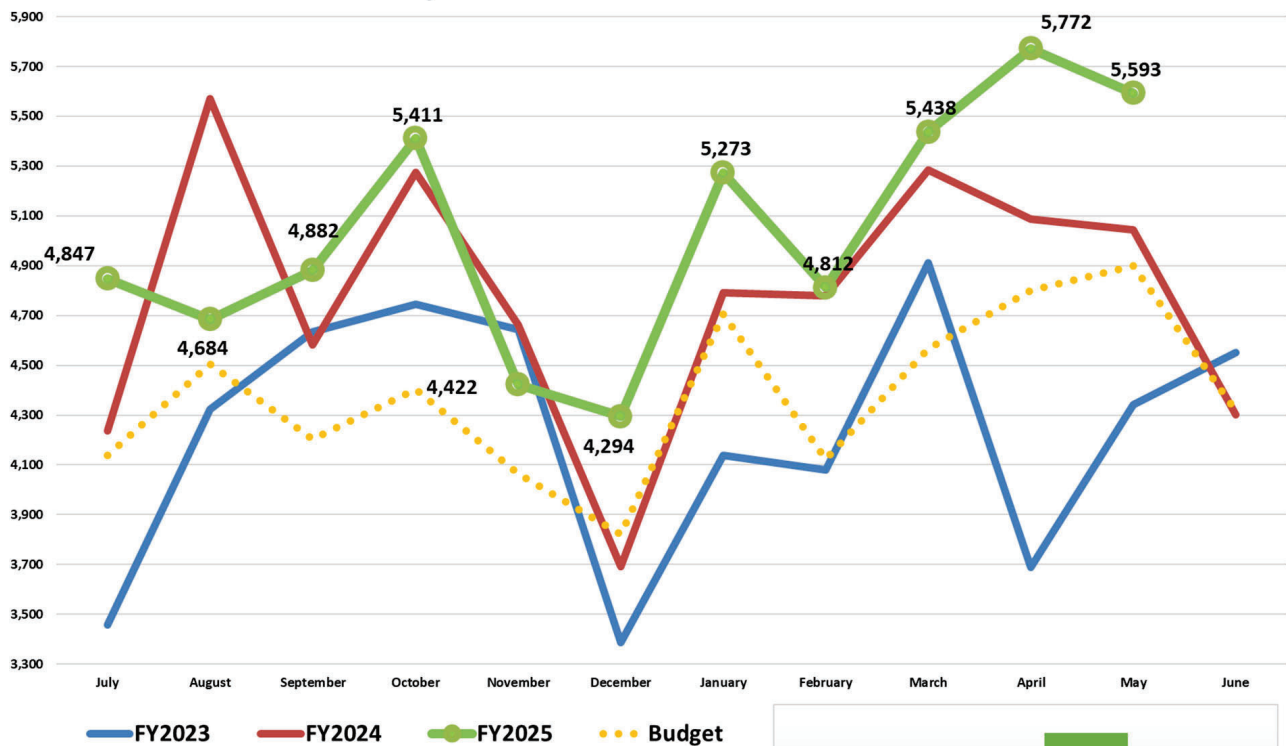
## Endo Cases (Suites A & B and OR )



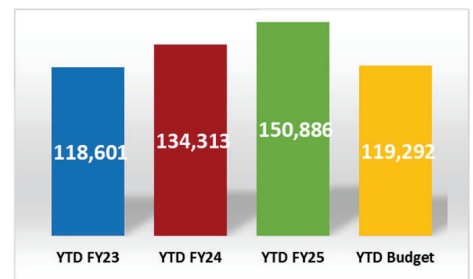
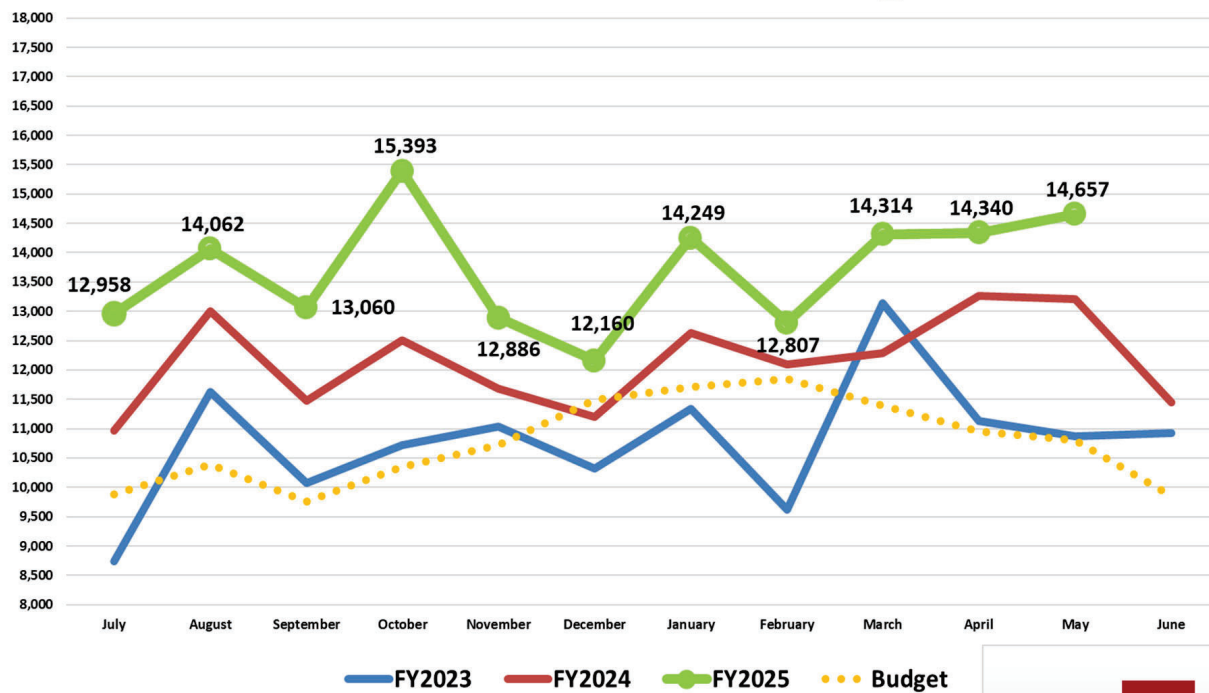
# Cath Lab (IP & OP) – 100 Min Units



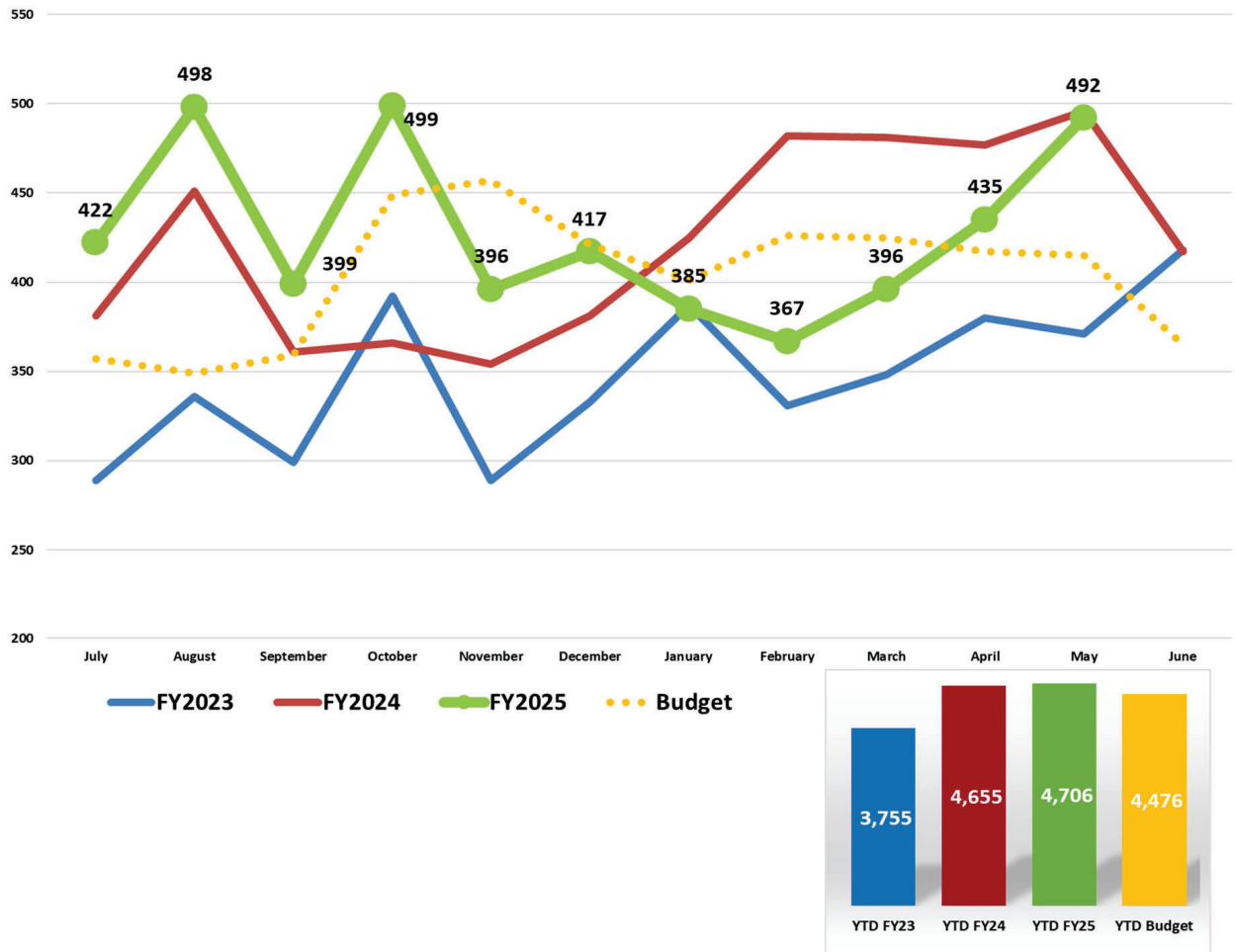
# O/P Rehab Services



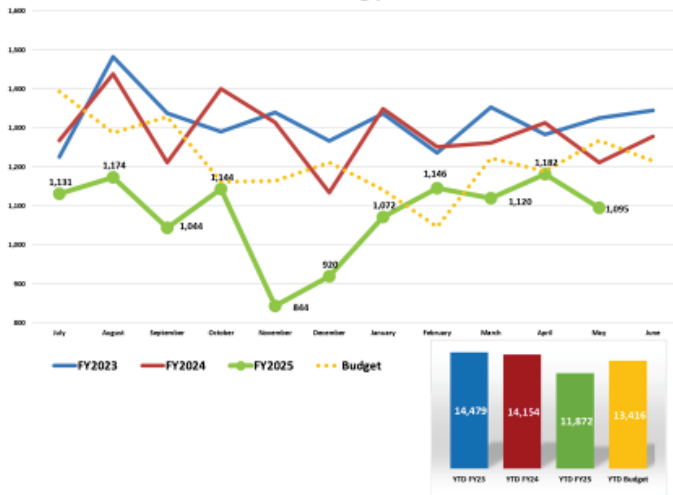
# Rural Health Clinics Registrations



## Infusion Center - Units of Service



## Medical Oncology Treatments



## Medical Oncology Visits



## Other Statistical Results – Fiscal Year Comparison (May)

	Actual Results				Budget	Budget Variance	
	May 24	May 25	Change	% Change	Apr 25	Change	% Change
Rural Health Clinics Registrations	13,215	14,657	1,442	10.9%	10,807	3,850	35.6%
RHC Exeter - Registrations	6,297	7,141	844	13.4%	6,662	479	7.2%
RHC Lindsay - Registrations	1,743	1,936	193	11.1%	1,096	840	76.6%
RHC Woodlake - Registrations	1,242	1,293	51	4.1%	631	662	104.9%
RHC Dinuba - Registrations	1,599	1,612	13	0.8%	1,068	544	50.9%
RHC Tulare - Registrations	2,334	2,675	341	14.6%	1,350	1,325	98.1%
Urgent Care – Court Total Visits	3,112	2,694	(418)	(13.4%)	3,819	(1,125)	(29.5%)
Urgent Care – Demaree Total Visits	2,013	1,666	(347)	(17.2%)	2,288	(622)	(27.2%)
KH Medical Clinic - Ben Maddox Visits	918	884	(34)	(3.7%)	1,200	(316)	(26.3%)
KH Medical Clinic - Plaza Visits	288	249	(39)	(13.5%)	561	(312)	(55.6%)
KH Medical Willow Clinic Visits	44	1,334	1,290	2931.8%	1,114	220	19.7%
KH Cardiology Center Visalia Registrations	1,519	1,447	(72)	(4.7%)	1,490	(43)	(2.9%)
KH Mental Wellness Clinic Visits	249	380	131	52.6%	400	(20)	(5.0%)
Urology Clinic Visits	341	256	(85)	(24.9%)	600	(344)	(57.3%)

## Other Statistical Results – Fiscal Year Comparison (Jul-May)

	YTD Actual Results				Budget	Budget Variance	
	YTD May 24	YTD May 25	Change	% Change	YTD May 25	Change	% Change
Rural Health Clinics Registrations	134,176	150,749	16,573	12.4%	119,292	31,457	26.4%
RHC Exeter - Registrations	65,759	71,812	6,053	9.2%	71,071	741	1.0%
RHC Lindsay - Registrations	19,509	20,602	1,093	5.6%	13,957	6,645	47.6%
RHC Woodlake - Registrations	12,032	14,678	2,646	22.0%	8,189	6,489	79.2%
RHC Dinuba - Registrations	14,841	16,985	2,144	14.4%	13,250	3,735	28.2%
RHC Tulare - Registrations	22,035	26,672	4,637	21.0%	12,825	13,847	108.0%
Urgent Care – Court Total Visits	34,847	28,014	(6,833)	(19.6%)	43,953	(15,939)	(36.3%)
Urgent Care – Demaree Total Visits	23,948	17,229	(6,719)	(28.1%)	26,598	(9,369)	(35.2%)
KH Medical Clinic - Ben Maddox Visits	9,148	10,044	896	9.8%	12,850	(2,806)	(21.8%)
KH Medical Clinic - Plaza Visits	1,576	2,897	1,321	83.8%	6,411	(3,514)	(54.8%)
KH Medical Willow Clinic Visits	44	8,090	8,046	18286.4%	13,162	(5,072)	(38.5%)
KH Cardiology Center Visalia Registrations	16,241	16,889	648	4.0%	16,721	168	1.0%
KH Mental Wellness Clinic Visits	2,944	3,328	384	13.0%	4,120	(792)	(19.2%)
Urology Clinic Visits	3,169	3,308	139	4.4%	6,154	(2,846)	(46.2%)

## Other Statistical Results – Fiscal Year Comparison (May)

	Actual Results				Budget	Budget Variance	
	May 24	May 25	Change	% Change	May 25	Change	% Change
All O/P Rehab Svcs Across District	22,388	20,868	(1,520)	(6.8%)	20,344	524	2.6%
Physical & Other Therapy Units (I/P & O/P)	18,595	18,543	(52)	(0.3%)	19,309	(766)	(4.0%)
Radiology - CT - All Areas	4,573	5,084	511	11.2%	4,581	503	11.0%
Radiology - MRI - All Areas	893	947	54	6.0%	863	84	9.7%
Radiology - Ultrasound - All Areas	2,993	3,250	257	8.6%	2,299	951	41.4%
Radiology - Diagnostic Radiology	10,105	9,712	(393)	(3.9%)	8,507	1,205	14.2%
Radiology – Main Campus	15,642	15,998	356	2.3%	13,558	2,440	18.0%
Radiology - Ultrasound - Main Campus	2,339	2,526	187	8.0%	1,453	1,073	73.8%
West Campus - Diagnostic Radiology	1,362	1,307	(55)	(4.0%)	1,059	248	23.4%
West Campus - CT Scan	510	518	8	1.6%	410	108	26.3%
West Campus - MRI	396	446	50	12.6%	377	69	18.3%
West Campus - Ultrasound	654	724	70	10.7%	846	(122)	(14.4%)
West Campus - Breast Center	1,805	1,298	(507)	(28.1%)	1,778	(480)	(27.0%)
Med Onc Visalia Treatments	1,211	1,095	(116)	(9.6%)	1,268	(173)	(13.6%)
Rad Onc Visalia Treatments	1,626	1,502	(124)	(7.6%)	1,982	(480)	(24.2%)
Rad Onc Hanford Treatments	182	238	56	30.8%	441	(203)	(46.0%)

## Other Statistical Results – Fiscal Year Comparison (Jul-May)

	YTD Actual Results				Budget	Budget Variance	
	YTD May 24	YTD May 25	Change	% Change	YTD May 25	Change	% Change
All O/P Rehab Svcs Across District	223,524	227,777	4,253	1.9%	215,167	12,610	5.9%
Physical & Other Therapy Units (I/P & O/P)	192,982	202,906	9,924	5.1%	207,645	(4,739)	(2.3%)
Radiology - CT - All Areas	49,293	51,977	2,684	5.4%	46,581	5,396	11.6%
Radiology - MRI - All Areas	9,232	9,638	406	4.4%	9,182	456	5.0%
Radiology - Ultrasound - All Areas	29,299	33,554	4,255	14.5%	24,189	9,365	38.7%
Radiology - Diagnostic Radiology	105,995	106,547	552	0.5%	90,109	16,438	18.2%
Radiology – Main Campus	165,366	170,823	5,457	3.3%	140,750	30,073	21.4%
Radiology - Ultrasound - Main Campus	22,726	26,219	3,493	15.4%	14,705	11,514	78.3%
West Campus - Diagnostic Radiology	12,559	13,406	847	6.7%	11,276	2,130	18.9%
West Campus - CT Scan	5,192	5,467	275	5.3%	4,476	991	22.1%
West Campus - MRI	4,129	4,614	485	11.7%	4,075	539	13.2%
West Campus - Ultrasound	6,573	7,335	762	11.6%	9,128	(1,793)	(19.6%)
West Campus - Breast Center	18,906	17,623	(1,283)	(6.8%)	19,183	(1,560)	(8.1%)
Med Onc Visalia Treatments	14,154	11,872	(2,282)	(16.1%)	13,416	(1,544)	(11.5%)
Rad Onc Visalia Treatments	16,697	15,268	(1,429)	(8.6%)	21,517	(6,249)	(29.0%)
Rad Onc Hanford Treatments	2,384	2,534	150	6.3%	4,547	(2,013)	(44.3%)

## Other Statistical Results – Fiscal Year Comparison (May)

	May 24	May 25	Change	% Change	May 25	Change	% Change
ED - Avg Treated Per Day	265	283	17	6.5%	225	58	25.8%
Surgery (IP & OP) – 100 Min Units	793	762	(31)	(3.9%)	827	(65)	(7.8%)
Endoscopy Procedures	636	654	18	2.8%	578	76	13.1%
Cath Lab (IP & OP) - 100 Min Units	319	379	60	18.8%	415	(36)	(8.7%)
Cardiac Surgery Cases	34	32	(2)	(5.9%)	28	4	14.3%
Deliveries	390	307	(83)	(21.3%)	396	(89)	(22.5%)
Clinical Lab	256,169	252,804	(3,365)	(1.3%)	264,518	(11,714)	(4.4%)
Reference Lab	5,748	6,888	1,140	19.8%	4,197	2,691	64.1%
Dialysis Center - Visalia Visits	1,577	1,470	(107)	(6.8%)	1,868	(398)	(21.3%)
Infusion Center - Units of Service	496	492	(4)	(0.8%)	415	77	18.6%
Hospice Days	3,454	3,942	488	14.1%	3,895	47	1.2%
Home Health Visits	3,336	2,881	(455)	(13.6%)	2,897	(16)	(0.6%)
Home Infusion Days	23,709	23,988	279	1.2%	25,335	(1,347)	(5.3%)

## Other Statistical Results – Fiscal Year Comparison (Jul-May)

	YTD Actual Results				Budget	Budget Variance	
	YTD May 24	YTD May 25	Change	% Change	YTD May 25	Change	% Change
ED - Avg Treated Per Day	261	264	3	1.2%	231	33	14.4%
Surgery (IP & OP) – 100 Min Units	9,162	8,746	(416)	(4.5%)	9,141	(395)	(4.3%)
Endoscopy Procedures	6,832	6,153	(679)	(9.9%)	5,821	332	5.7%
Cath Lab (IP & OP) - 100 Min Units	3,628	3,923	295	8.1%	4,386	(463)	(10.6%)
Cardiac Surgery Cases	322	314	(8)	(2.5%)	403	(89)	(22.1%)
Deliveries	4,279	4,346	67	1.6%	4,208	138	3.3%
Clinical Lab	2,642,300	2,763,840	121,540	4.6%	2,907,940	(144,100)	(5.0%)
Reference Lab	63,753	75,691	11,938	18.7%	46,944	28,747	61.2%
Dialysis Center - Visalia Visits	16,835	16,427	(408)	(2.4%)	20,358	(3,931)	(19.3%)
Infusion Center - Units of Service	4,655	4,706	51	1.1%	4,476	230	5.1%
Hospice Days	38,966	39,307	341	0.9%	41,641	(2,334)	(5.6%)
Home Health Visits	34,003	31,744	(2,259)	(6.6%)	31,815	(71)	(0.2%)
Home Infusion Days	250,775	244,436	(6,339)	(2.5%)	278,684	(34,248)	(12.3%)

## May Financial Summary (000's)

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Comparison to Budget - Month of May				
	Budget May-2025	Actual May-2025	\$ Change	% Change
<b>Operating Revenue</b>				
Net Patient Service Revenue	\$53,875	\$56,648	\$2,774	4.9%
Other Operating Revenue	\$20,320	\$20,167	(\$153)	-0.8%
<b>Total Operating Revenue</b>	<b>\$74,194</b>	<b>\$76,815</b>	<b>\$2,621</b>	<b>3.4%</b>
<b>Operating Expenses</b>				
Employment Expenses	\$37,583	\$46,037	\$8,454	18.4%
Other Expenses	\$35,850	\$38,656	\$2,805	7.3%
<b>Total Operating Expenses</b>	<b>\$73,434</b>	<b>\$84,693</b>	<b>\$11,259</b>	<b>13.3%</b>
<b>Operating Margin</b>	<b>\$761</b>	<b>(\$7,878)</b>	<b>(\$8,638)</b>	
<b>Stimulus/FEMA</b>	<b>\$2,200</b>	<b>\$0</b>	<b>(\$2,200)</b>	
<b>Operating Margin after Stimulus/FEMA</b>	<b>\$2,961</b>	<b>(\$7,878)</b>	<b>(\$10,838)</b>	
Nonoperating Revenue (Loss)	\$658	\$955	\$298	
<b>Excess Margin</b>	<b>\$3,618</b>	<b>(\$6,923)</b>	<b>(\$10,541)</b>	

## Year to Date Financial Summary (000's)

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Comparison to Budget - YTD May				
	Budget YTD May-2025	Actual YTD May-2025	\$ Change	% Change
<b>Operating Revenue</b>				
Net Patient Service Revenue	\$584,635	\$604,430	\$19,795	3.3%
Other Operating Revenue	\$222,428	\$217,193	(\$5,236)	-2.4%
<b>Total Operating Revenue</b>	<b>\$807,064</b>	<b>\$821,623</b>	<b>\$14,559</b>	<b>1.8%</b>
<b>Operating Expenses</b>				
Employment Expenses	\$418,337	\$451,308	\$32,972	7.3%
Other Expenses	\$403,140	\$397,325	(\$5,815)	-1.5%
<b>Total Operating Expenses</b>	<b>\$821,476</b>	<b>\$848,633</b>	<b>\$27,157</b>	<b>3.2%</b>
<b>Operating Margin</b>	<b>(\$14,412)</b>	<b>(\$27,010)</b>	<b>(\$12,598)</b>	
Stimulus/FEMA	\$4,400	\$48,412	\$44,012	
<b>Operating Margin after Stimulus/FEMA</b>	<b>(\$10,012)</b>	<b>\$21,402</b>	<b>\$31,414</b>	
Nonoperating Revenue (Loss)	\$7,255	\$14,374	\$7,119	
<b>Excess Margin</b>	<b>(\$2,758)</b>	<b>\$35,776</b>	<b>\$38,533</b>	

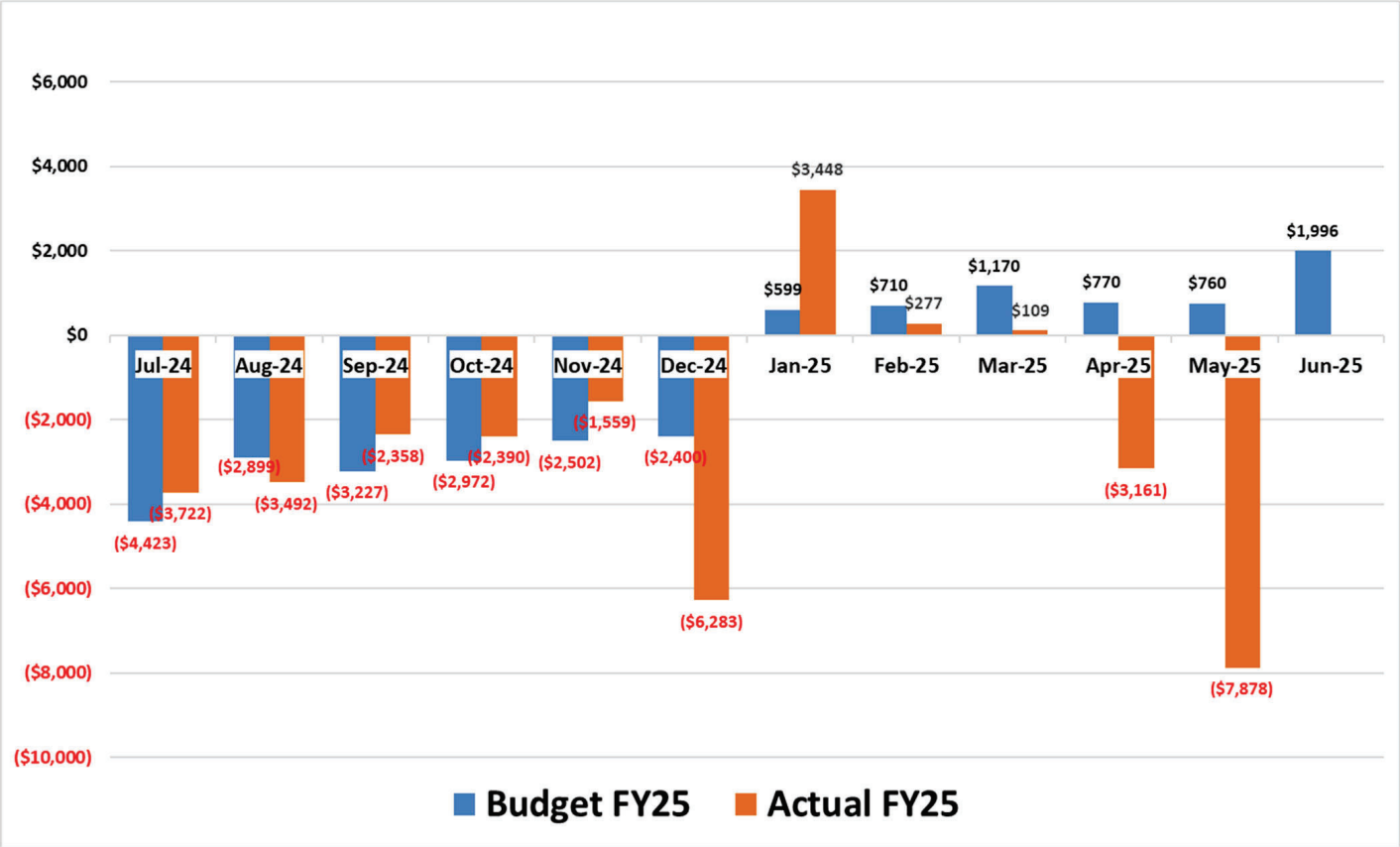
## May Financial Comparison (000's)

	Comparison to Budget - Month of May				Comparison to Prior Year - Month of May			
	Budget May-2025	Actual May-2025	\$ Change	% Change	Actual May-2024	Actual May-2025	\$ Change	% Change
<b>Operating Revenue</b>								
Net Patient Service Revenue	\$53,875	\$56,648	\$2,774	4.9%	\$52,509	\$56,648	\$4,139	7.3%
Supplemental Gov't Programs	\$7,578	\$7,003	(\$575)	-8.2%	\$13,113	\$7,003	(\$6,111)	-87.3%
Prime Program	\$792	\$792	(\$0)	0.0%	\$822	\$792	(\$30)	-3.8%
Premium Revenue	\$7,547	\$7,829	\$282	3.6%	\$7,018	\$7,829	\$811	10.4%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$2,873	\$0	(\$2,873)	0.0%
Other Revenue	\$4,403	\$4,543	\$141	3.1%	\$3,607	\$4,543	\$936	20.6%
Other Operating Revenue	\$20,320	\$20,167	(\$153)	-0.8%	\$27,433	\$20,167	(\$7,266)	-36.0%
<b>Total Operating Revenue</b>	<b>\$74,194</b>	<b>\$76,815</b>	<b>\$2,621</b>	<b>3.4%</b>	<b>\$79,942</b>	<b>\$76,815</b>	<b>(\$3,127)</b>	<b>-4.1%</b>
<b>Operating Expenses</b>								
Salaries & Wages	\$31,522	\$33,875	\$2,353	6.9%	\$31,579	\$33,875	\$2,296	6.8%
Contract Labor	\$1,020	\$3,039	\$2,019	66.4%	\$1,565	\$3,039	\$1,474	48.5%
Employee Benefits	\$5,041	\$9,123	\$4,082	44.7%	\$5,846	\$9,123	\$3,277	35.9%
<b>Total Employment Expenses</b>	<b>\$37,583</b>	<b>\$46,037</b>	<b>\$8,454</b>	<b>18.4%</b>	<b>\$38,990</b>	<b>\$46,037</b>	<b>\$7,047</b>	<b>15.3%</b>
Medical & Other Supplies	\$13,730	\$14,594	\$865	5.9%	\$14,709	\$14,594	(\$115)	-0.8%
Physician Fees	\$7,253	\$7,567	\$314	4.2%	\$7,472	\$7,567	\$95	1.3%
Purchased Services	\$1,826	\$2,051	\$225	11.0%	\$1,770	\$2,051	\$281	13.7%
Repairs & Maintenance	\$2,081	\$2,095	\$14	0.7%	\$1,997	\$2,095	\$99	4.7%
Utilities	\$846	\$944	\$98	10.4%	\$742	\$944	\$202	21.4%
Rents & Leases	\$154	\$205	\$51	25.1%	\$165	\$205	\$40	19.4%
Depreciation & Amortization	\$3,302	\$3,751	\$449	12.0%	\$3,208	\$3,751	\$543	14.5%
Interest Expense	\$608	\$593	(\$15)	-2.6%	\$563	\$593	\$30	5.0%
Other Expense	\$2,284	\$2,001	(\$283)	-14.2%	\$1,485	\$2,001	\$515	25.8%
Humana Cap Plan Expenses	\$3,766	\$4,854	\$1,088	22.4%	\$5,427	\$4,854	(\$573)	-11.8%
<b>Total Other Expenses</b>	<b>\$35,850</b>	<b>\$38,656</b>	<b>\$2,805</b>	<b>7.3%</b>	<b>\$37,539</b>	<b>\$38,656</b>	<b>\$1,116</b>	<b>2.9%</b>
<b>Total Operating Expenses</b>	<b>\$73,434</b>	<b>\$84,693</b>	<b>\$11,259</b>	<b>13.3%</b>	<b>\$76,530</b>	<b>\$84,693</b>	<b>\$8,163</b>	<b>9.6%</b>
<b>Operating Margin</b>	<b>\$761</b>	<b>(\$7,878)</b>	<b>(\$8,638)</b>		<b>\$3,413</b>	<b>(\$7,878)</b>	<b>(\$11,290)</b>	
<b>Stimulus/FEMA</b>	<b>\$2,200</b>	<b>\$0</b>	<b>(\$2,200)</b>		<b>(\$1,603)</b>	<b>\$0</b>	<b>\$1,603</b>	
<b>Operating Margin after Stimulus/FEMA</b>	<b>\$2,961</b>	<b>(\$7,878)</b>	<b>(\$10,838)</b>		<b>\$1,809</b>	<b>(\$7,878)</b>	<b>(\$9,687)</b>	
Nonoperating Revenue (Loss)	\$658	\$955	\$298		\$847	\$955	\$108	
<b>Excess Margin</b>	<b>\$3,618</b>	<b>(\$6,923)</b>	<b>(\$10,541)</b>		<b>\$2,657</b>	<b>(\$6,923)</b>	<b>(\$9,579)</b>	

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

	Comparison to Budget - YTD May				Comparison to Prior Year - YTD May			
	Budget YTD May-2025	Actual YTD May-2025	\$ Change	% Change	Actual YTD May-2024	Actual YTD May-2025	\$ Change	% Change
<b>Operating Revenue</b>								
Net Patient Service Revenue	\$584,635	\$604,430	\$19,795	3.3%	\$543,970	\$604,430	\$60,460	10.0%
Supplemental Gov't Programs	\$82,230	\$78,332	(\$3,898)	-5.0%	\$87,401	\$78,332	(\$9,069)	-11.6%
Prime Program	\$8,710	\$13,470	\$4,759	35.3%	\$10,675	\$13,470	\$2,794	20.7%
Premium Revenue	\$83,019	\$78,740	(\$4,279)	-5.4%	\$81,058	\$78,740	(\$2,317)	-2.9%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$35,613	\$0	(\$35,613)	0.0%
Other Revenue	\$48,468	\$46,650	(\$1,818)	-3.9%	\$33,275	\$46,650	\$13,375	28.7%
Other Operating Revenue	\$222,428	\$217,193	(\$5,236)	-2.4%	\$248,022	\$217,193	(\$30,829)	-14.2%
<b>Total Operating Revenue</b>	<b>\$807,064</b>	<b>\$821,623</b>	<b>\$14,559</b>	<b>1.8%</b>	<b>\$791,992</b>	<b>\$821,623</b>	<b>\$29,631</b>	<b>3.6%</b>
<b>Operating Expenses</b>								
Salaries & Wages	\$345,483	\$354,525	\$9,042	2.6%	\$322,258	\$354,525	\$32,267	9.1%
Contract Labor	\$13,712	\$21,851	\$8,139	37.2%	\$19,785	\$21,851	\$2,066	9.5%
Employee Benefits	\$59,142	\$74,933	\$15,790	21.1%	\$73,929	\$74,933	\$1,004	1.3%
<b>Total Employment Expenses</b>	<b>\$418,337</b>	<b>\$451,308</b>	<b>\$32,972</b>	<b>7.3%</b>	<b>\$415,971</b>	<b>\$451,308</b>	<b>\$35,337</b>	<b>7.8%</b>
Medical & Other Supplies	\$161,127	\$152,660	(\$8,467)	-5.5%	\$149,053	\$152,660	\$3,607	2.4%
Physician Fees	\$79,374	\$80,937	\$1,563	1.9%	\$75,103	\$80,937	\$5,834	7.2%
Purchased Services	\$19,717	\$18,867	(\$850)	-4.5%	\$16,738	\$18,867	\$2,129	11.3%
Repairs & Maintenance	\$22,829	\$23,725	\$896	3.8%	\$21,710	\$23,725	\$2,015	8.5%
Utilities	\$10,166	\$10,289	\$123	1.2%	\$9,165	\$10,289	\$1,123	10.9%
Rents & Leases	\$1,690	\$1,586	(\$104)	-6.6%	\$1,784	\$1,586	(\$198)	-12.5%
Depreciation & Amortization	\$36,320	\$36,075	(\$245)	-0.7%	\$35,028	\$36,075	\$1,047	2.9%
Interest Expense	\$6,574	\$6,535	(\$39)	-0.6%	\$6,783	\$6,535	(\$248)	-3.8%
Other Expense	\$24,642	\$23,751	(\$891)	-3.8%	\$20,615	\$23,751	\$3,136	13.2%
Humana Cap Plan Expenses	\$40,701	\$42,901	\$2,201	5.1%	\$43,324	\$42,901	(\$423)	-1.0%
<b>Total Other Expenses</b>	<b>\$403,140</b>	<b>\$397,325</b>	<b>(\$5,815)</b>	<b>-1.5%</b>	<b>\$379,303</b>	<b>\$397,325</b>	<b>\$18,022</b>	<b>4.5%</b>
<b>Total Operating Expenses</b>	<b>\$821,476</b>	<b>\$848,633</b>	<b>\$27,157</b>	<b>3.2%</b>	<b>\$795,274</b>	<b>\$848,633</b>	<b>\$53,359</b>	<b>6.3%</b>
<b>Operating Margin</b>	<b>(\$14,412)</b>	<b>(\$27,010)</b>	<b>(\$12,598)</b>		<b>(\$3,282)</b>	<b>(\$27,010)</b>	<b>(\$23,728)</b>	
<b>Stimulus/FEMA</b>	<b>\$4,400</b>	<b>\$48,412</b>	<b>\$44,012</b>		<b>\$1,617</b>	<b>\$48,412</b>	<b>\$46,795</b>	
<b>Operating Margin after Stimulus/FEMA</b>	<b>(\$10,012)</b>	<b>\$21,402</b>	<b>\$31,414</b>		<b>(\$1,666)</b>	<b>\$21,402</b>	<b>\$23,067</b>	
Nonoperating Revenue (Loss)	\$7,255	\$14,374	\$7,119		\$12,911	\$14,374	\$1,463	
<b>Excess Margin</b>	<b>(\$2,758)</b>	<b>\$35,776</b>	<b>\$38,533</b>		<b>\$11,245</b>	<b>\$35,776</b>	<b>\$24,530</b>	

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



## July 2024 – May 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	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	\$604,430
Other Revenue	\$19,487	\$20,024	\$19,142	\$20,242	\$19,868	\$19,778	\$18,042	\$18,979	\$21,231	\$20,234	\$20,167	\$217,193
<b>Total Operating Revenue</b>	<b>\$70,353</b>	<b>\$73,474</b>	<b>\$70,790</b>	<b>\$76,398</b>	<b>\$74,364</b>	<b>\$72,804</b>	<b>\$79,938</b>	<b>\$72,710</b>	<b>\$78,555</b>	<b>\$75,422</b>	<b>\$76,815</b>	<b>\$821,623</b>
Employee Expense	\$38,264	\$39,058	\$37,671	\$41,494	\$41,051	\$43,219	\$39,859	\$38,637	\$42,423	\$43,595	\$46,037	\$451,308
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	\$397,325
<b>Total Operating Expenses</b>	<b>\$74,075</b>	<b>\$76,965</b>	<b>\$73,148</b>	<b>\$78,788</b>	<b>\$75,923</b>	<b>\$79,087</b>	<b>\$76,489</b>	<b>\$72,433</b>	<b>\$78,446</b>	<b>\$78,583</b>	<b>\$84,693</b>	<b>\$848,633</b>
<b>Net Operating Margin</b>	<b>(\$3,722)</b>	<b>(\$3,492)</b>	<b>(\$2,358)</b>	<b>(\$2,390)</b>	<b>(\$1,559)</b>	<b>(\$6,283)</b>	<b>\$3,448</b>	<b>\$277</b>	<b>\$109</b>	<b>(\$3,161)</b>	<b>(\$7,878)</b>	<b>(\$27,010)</b>
Stimulus/FEMA	\$0	\$0	\$0	\$0	\$0	\$47,722	\$0	\$0	\$690	\$0	\$0	\$48,412
NonOperating Income	\$1,190	\$896	\$4,720	\$1,371	\$905	(\$101)	\$845	\$1,166	\$1,313	\$1,114	\$955	\$14,374
<b>Excess Margin</b>	<b>(\$2,533)</b>	<b>(\$2,596)</b>	<b>\$2,362</b>	<b>(\$1,019)</b>	<b>(\$654)</b>	<b>\$41,338</b>	<b>\$4,293</b>	<b>\$1,443</b>	<b>\$2,111</b>	<b>(\$2,047)</b>	<b>(\$6,923)</b>	<b>\$35,776</b>

<b>Profitability</b>												
Operating Margin %	(5.3%)	(4.8%)	(3.3%)	(3.1%)	(2.1%)	(8.6%)	4.3%	0.4%	0.1%	(4.2%)	(10.3%)	(3.3%)
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%)	(2.5%)
Operating EBIDA	\$46	\$239	\$1,457	\$1,348	\$2,293	(\$2,546)	\$7,207	\$4,052	\$4,115	\$920	(\$3,534)	\$15,599
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%)	1.9%

<b>Liquidity Indicators</b>												
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	90.5
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	71.3

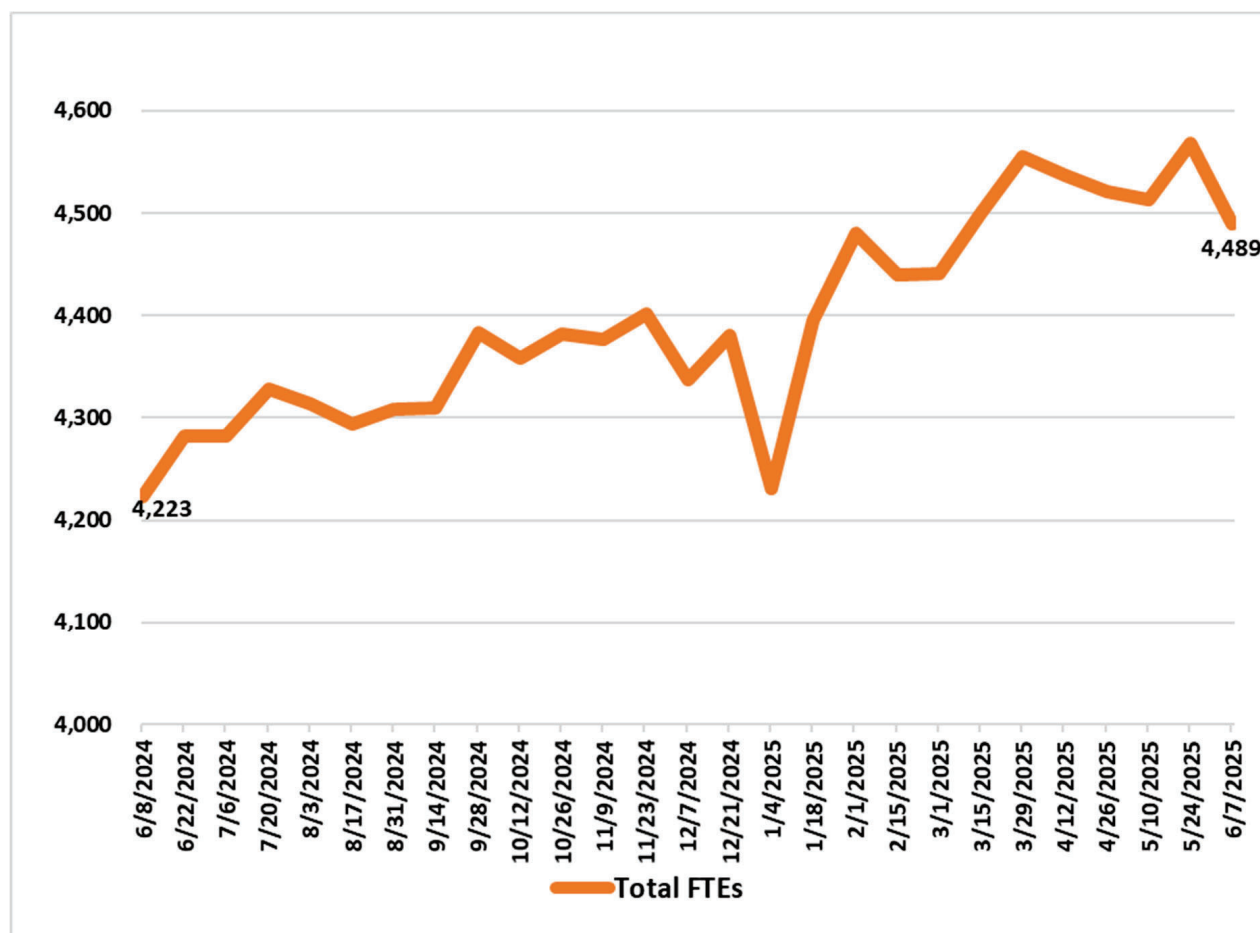
<b>Debt &amp; Other Indicators</b>												
Debt Service Coverage (MADS)	0.70	0.50	1.40	1.80	1.50	3.20	3.20	3.90	4.10	4.00	3.70	3.70
Discharges (Monthly)	2,498	2,447	2,440	2,388	2,240	2,339	2,339	2,352	2,347	2,357	2,276	2,366
Adj Discharges (Case mix adj)	8,455	8,215	7,779	8,441	7,760	7,724	8,294	8,320	8,053	8,500	8,534	90,076
Adjusted patient Days (Mo.)	26,023	26,419	26,419	26,693	25,492	26,538	26,538	26,332	27,682	25,868	26,409	26,401
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	\$9.4
Compensation Ratio	75%	73%	73%	74%	75%	82%	64%	72%	74%	79%	81%	75%

## Month of May - Budget Variances

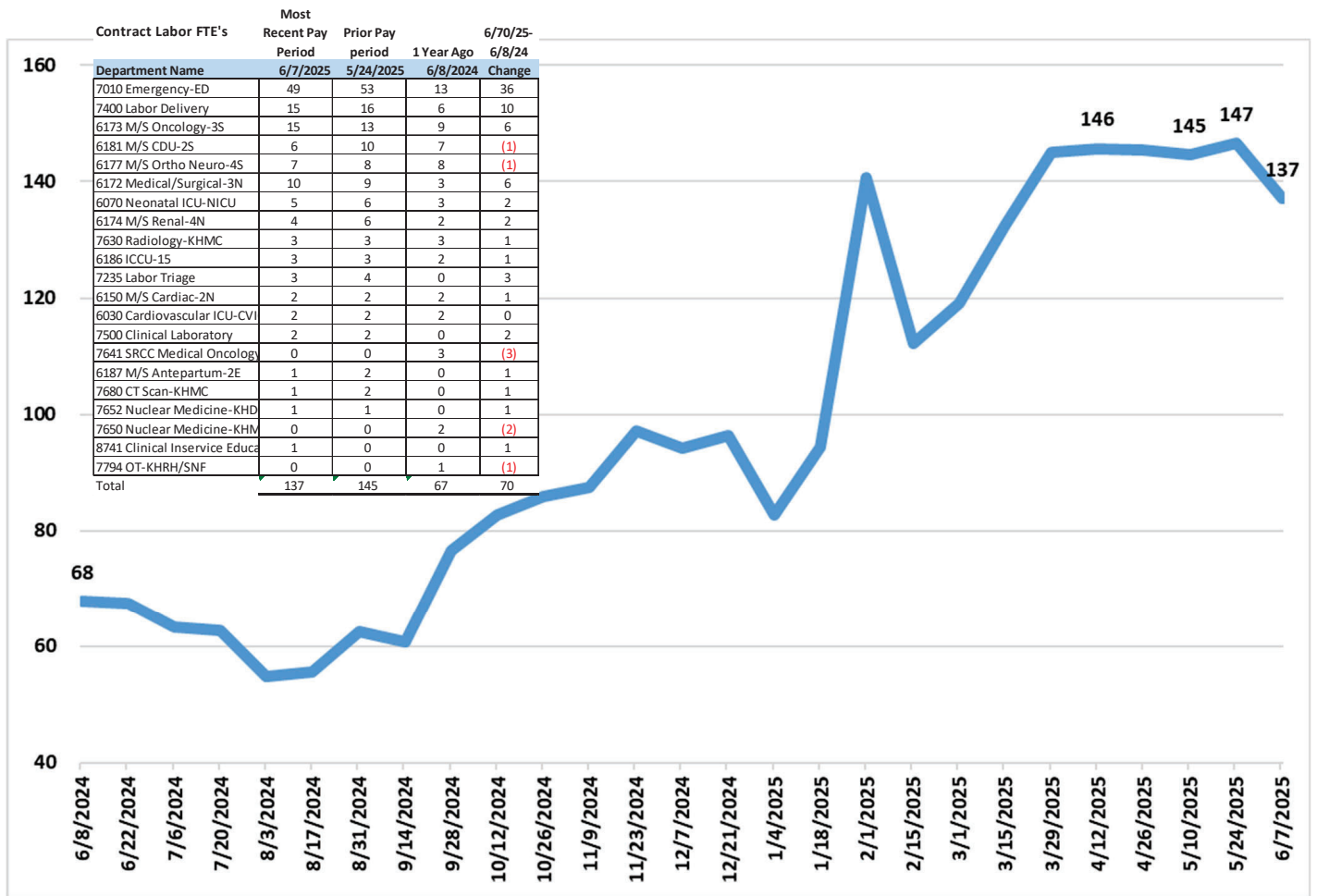
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- **Net Patient Service Revenue:** The \$2.8M favorable variance in May resulted from an increase in outpatient volumes and within the mix of our patients.
- **Salaries and wages:** The \$2.4M unfavorable variance is due to increases in staffing in the ED and other areas as well as increases in market rates.
- **Contract Labor:** The unfavorable variance of \$2.0M is due to an unexpected increase in the need of contract labor primarily in Labor and Delivery, the ED, and for interim management positions.
- **Employee Benefits:** The \$4.1M unfavorable variance is due to an increase in employee self-funded health insurance claims, an unbudgeted 100% 401k match for CY25 (50% budgeted), an increase in FICA due to increased payroll, and workers compensation expense. \$1.4M of the variance was the recognition of one-third of the total amount necessary to record our year end unpaid claims liability for workers' compensation as projected by our actuary.
- **Medical and Other Supplies:** The \$895K variance is mainly due to an increase in cardiac catheterization supplies.
- **Humana Cap Expenses:** The unfavorable variance of \$1.1M is due to higher than anticipated third party expenses.

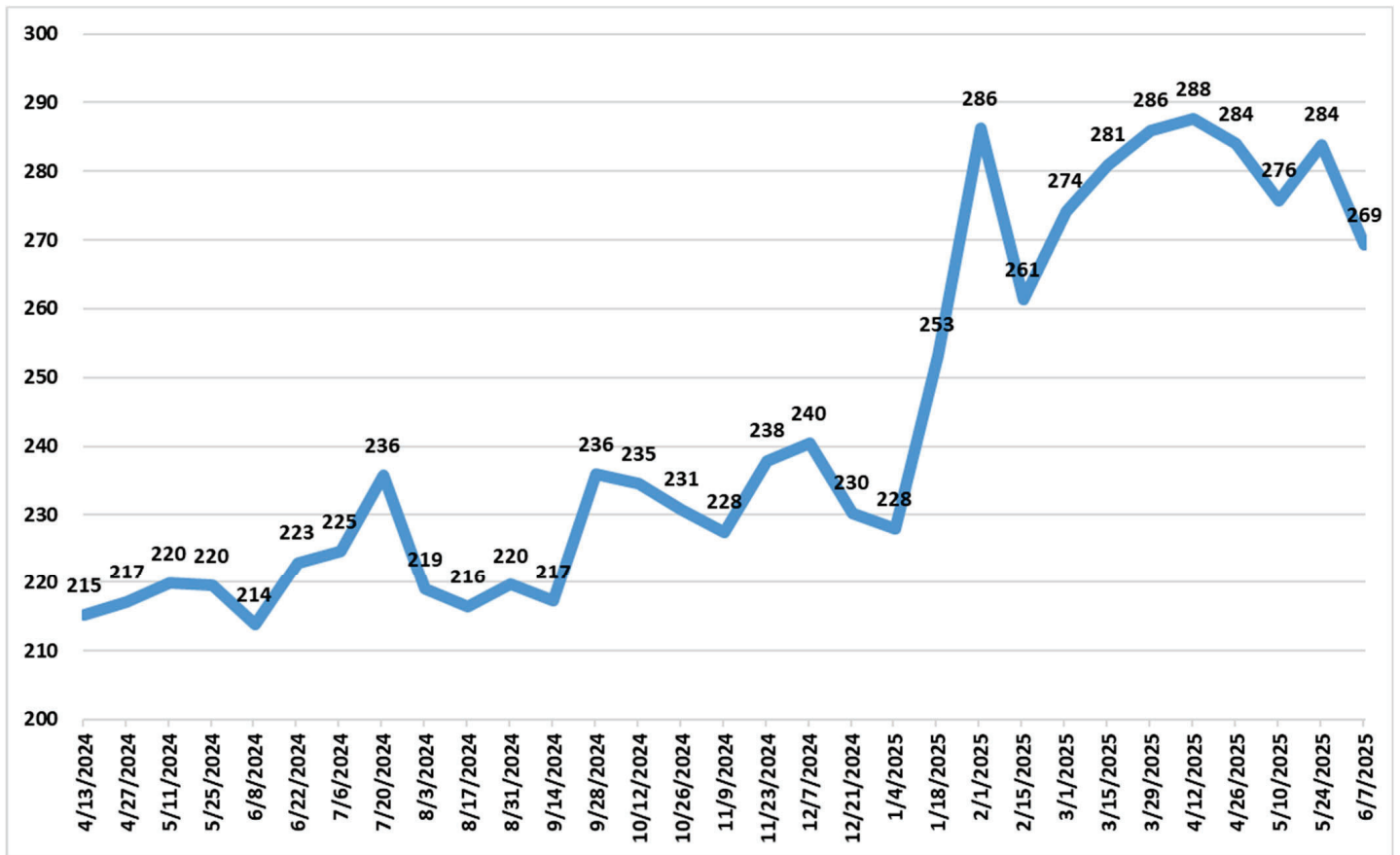
## Total FTEs (includes Contract Labor)



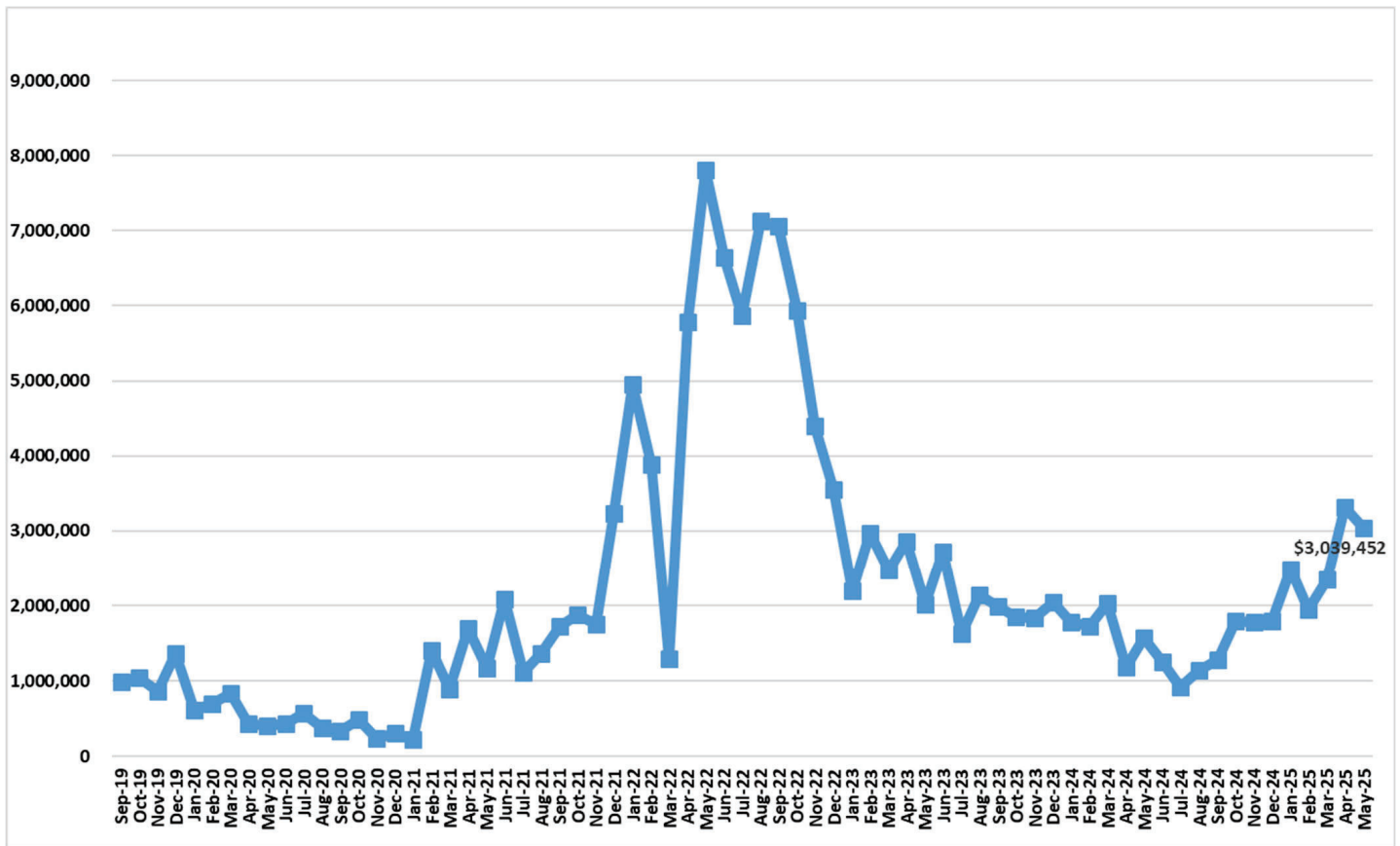
# Contract Labor Full Time Equivalents (FTEs)



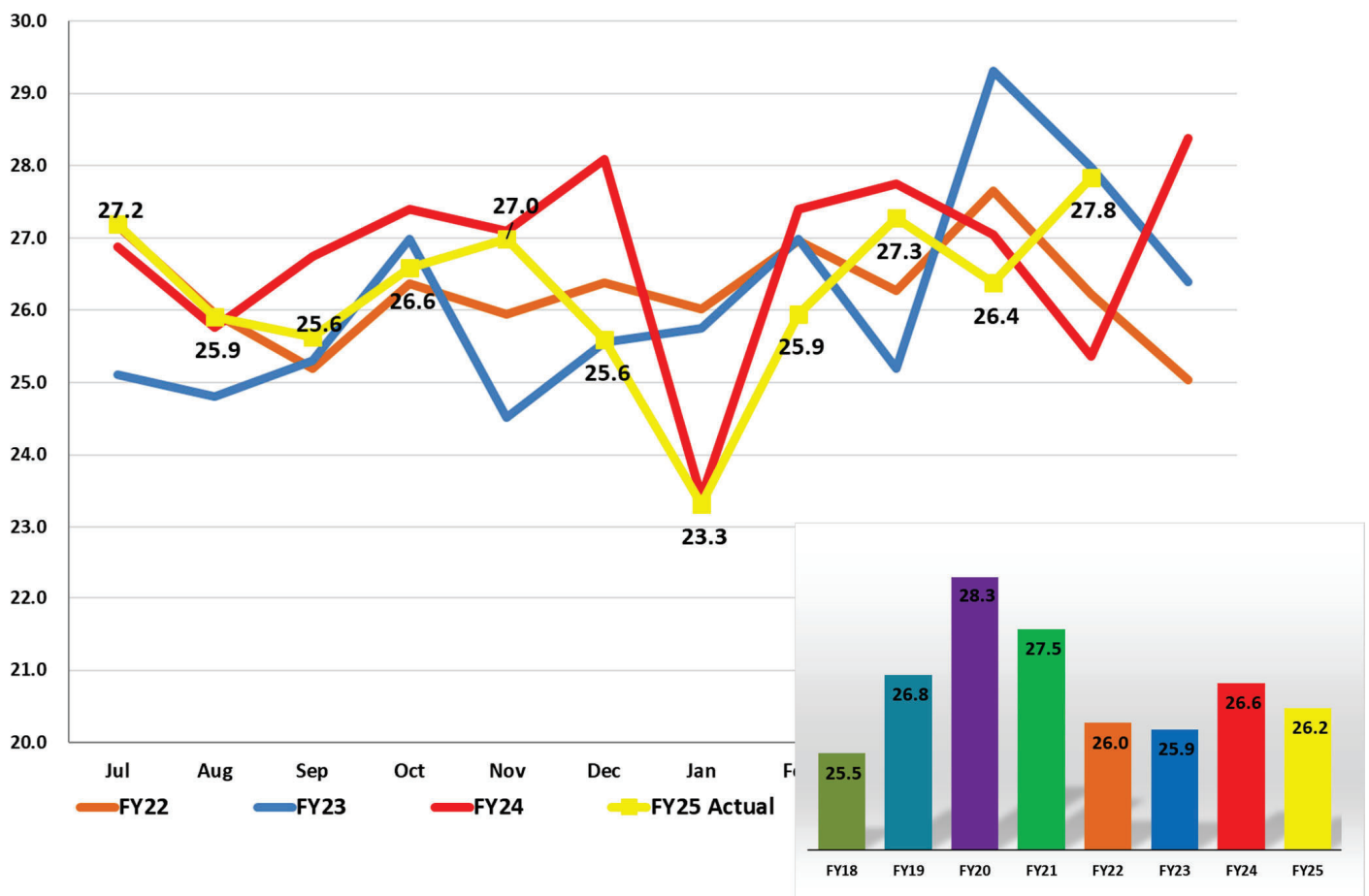
# Emergency Department FTEs: Includes Contract



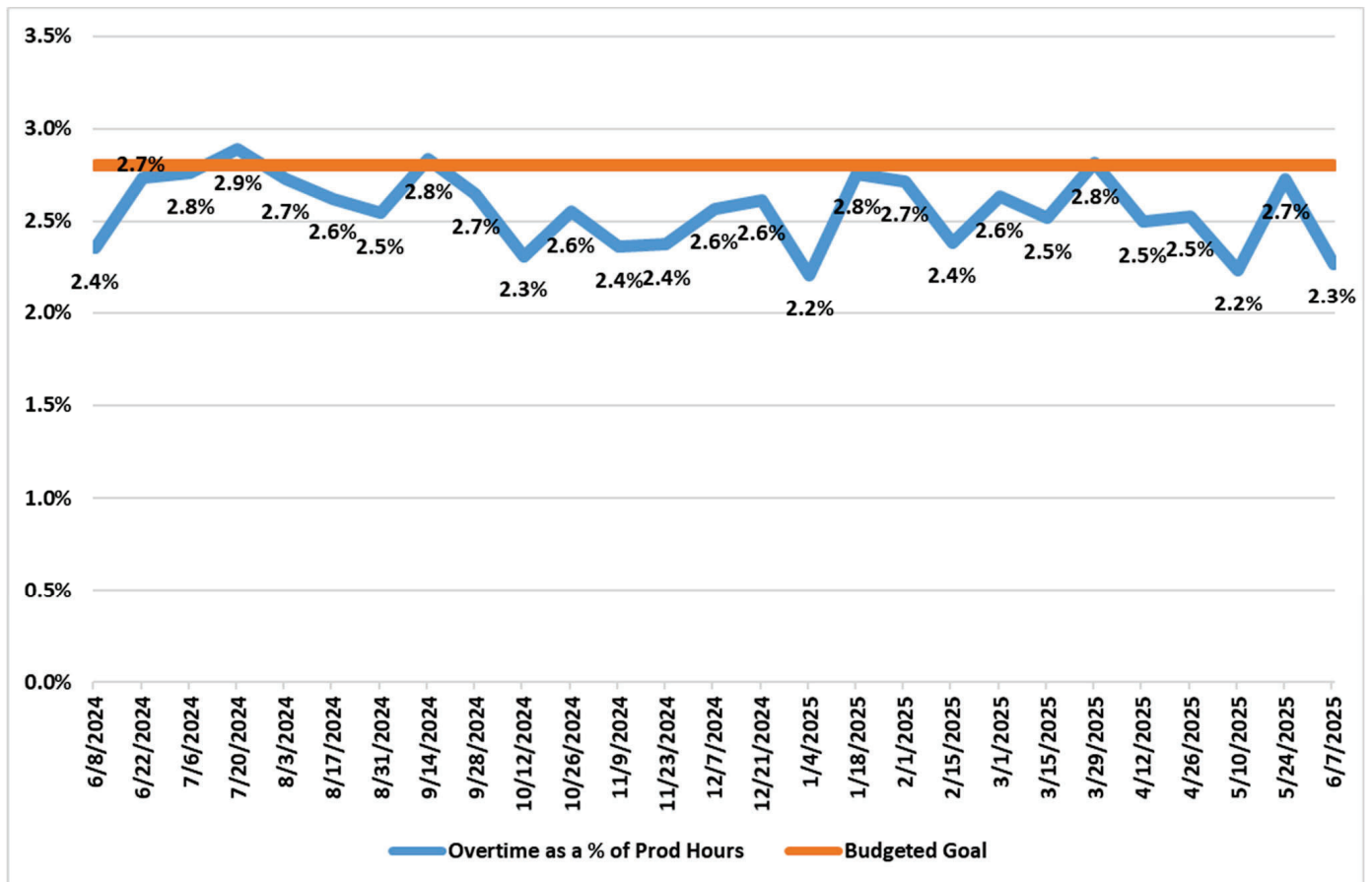
# Contract Labor Expense



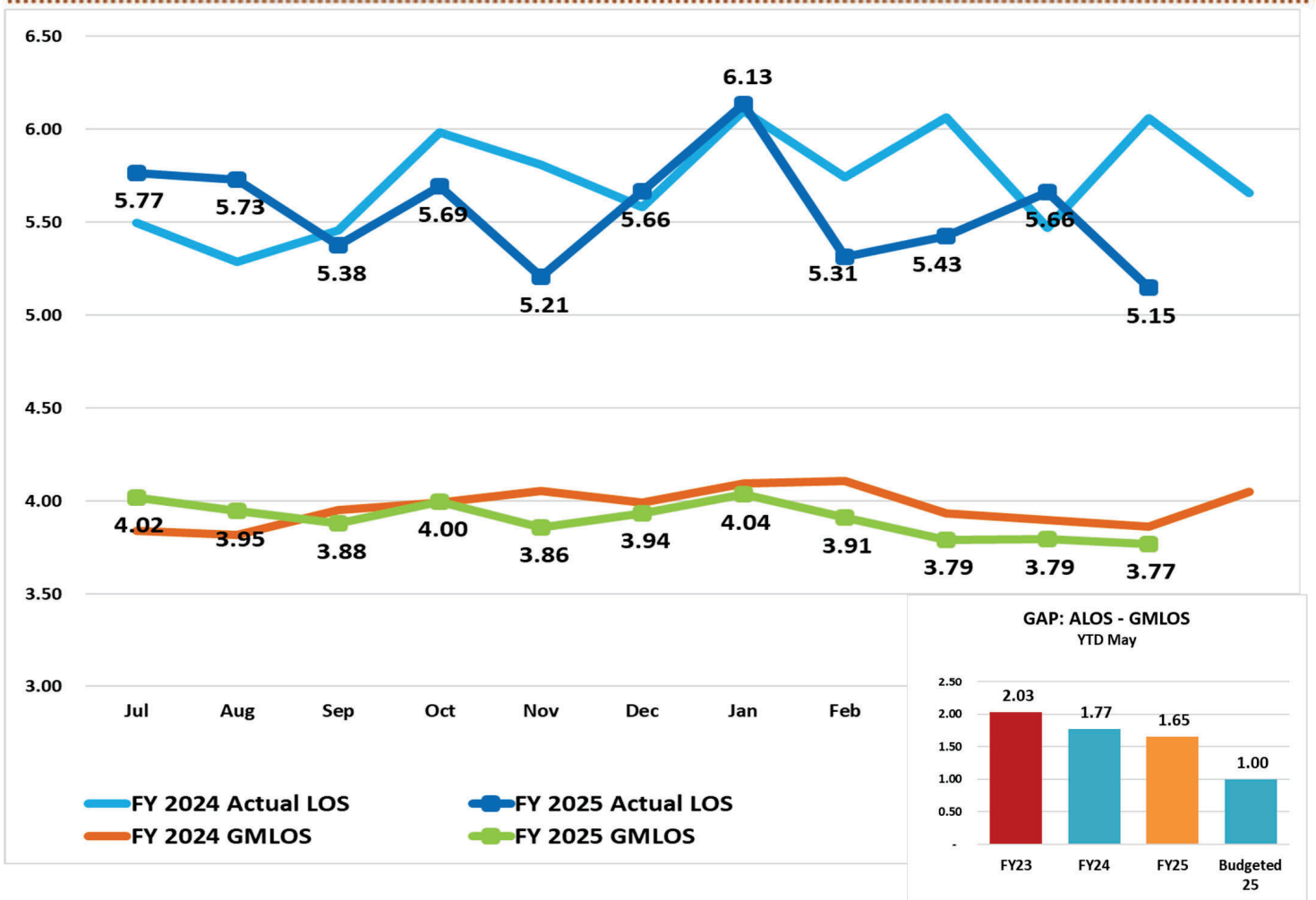
# Productivity Measure : Worked Hours/ Adj. Patient Days



## Overtime as a % of Productive Hours

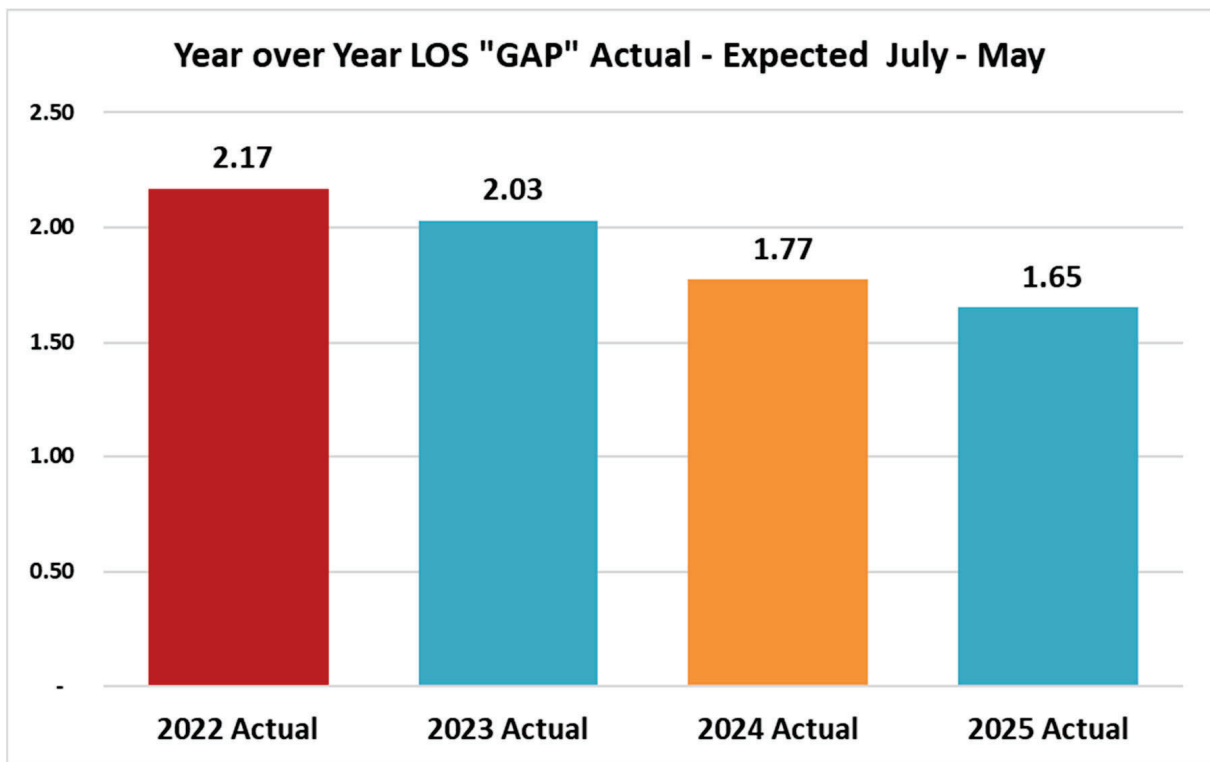


## Average Length of Stay versus National Average (GMLOS)



## Average Length of Stay versus National Average (GMLOS)

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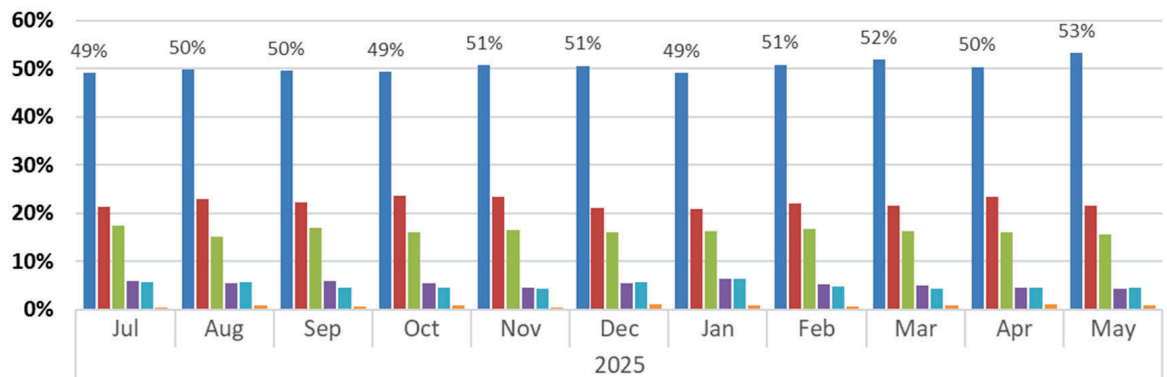


## Average Length of Stay versus National Average (GMLOS)

	ALOS	GMLOS	GAP
May-23	5.37	3.94	1.43
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	4.05	1.61
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	5.69	4.00	1.69
Nov-24	5.21	3.86	1.35
Dec-24	5.66	3.94	1.73
Jan-25	6.13	4.04	2.10
Feb-25	5.31	3.91	1.40
Mar-25	5.43	3.79	1.63
Apr-25	5.66	3.79	1.87
May-25	5.15	3.77	1.38
	5.62	3.94	1.69

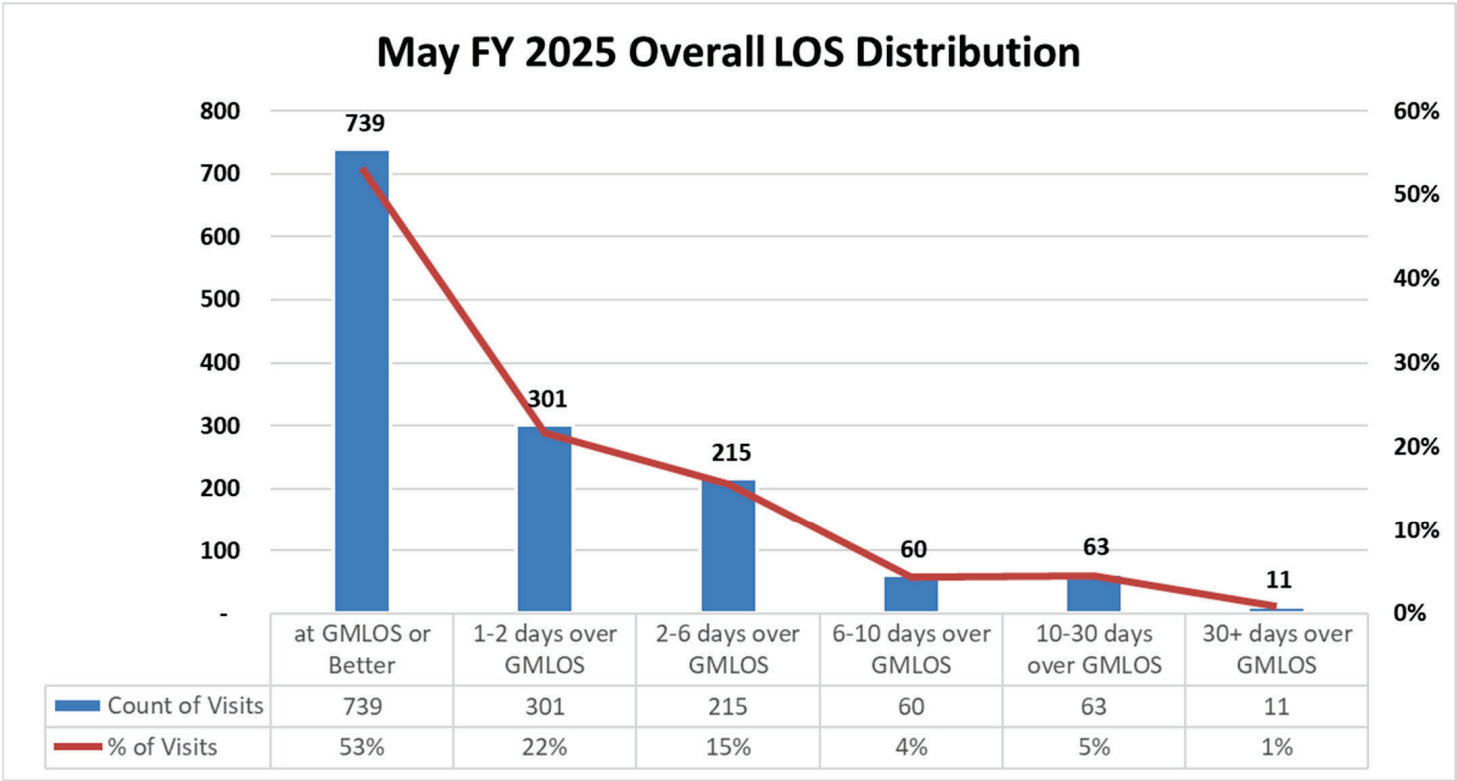
## Average Length of Stay Distribution

**FY25 Overall LOS Distribution**

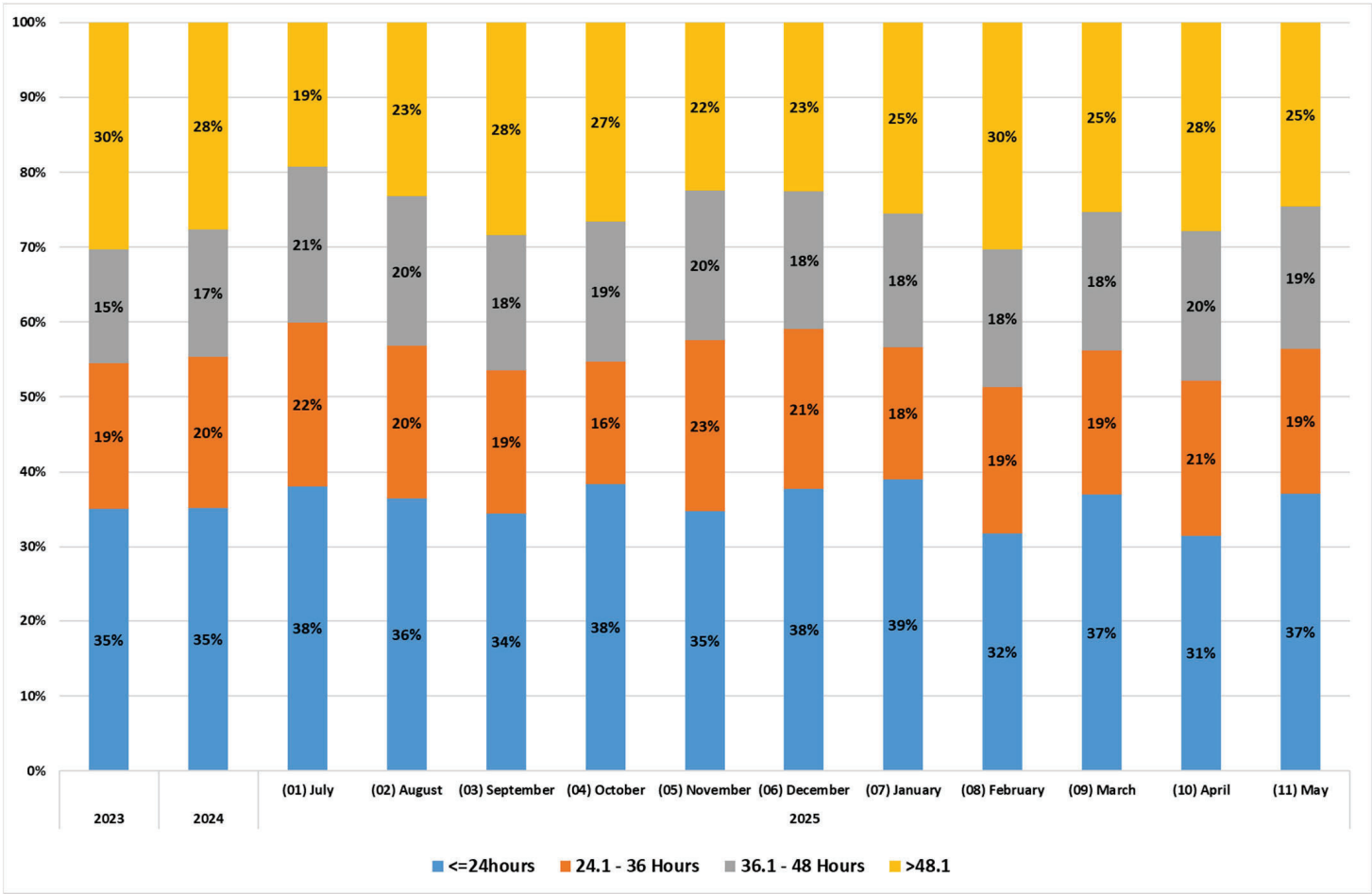


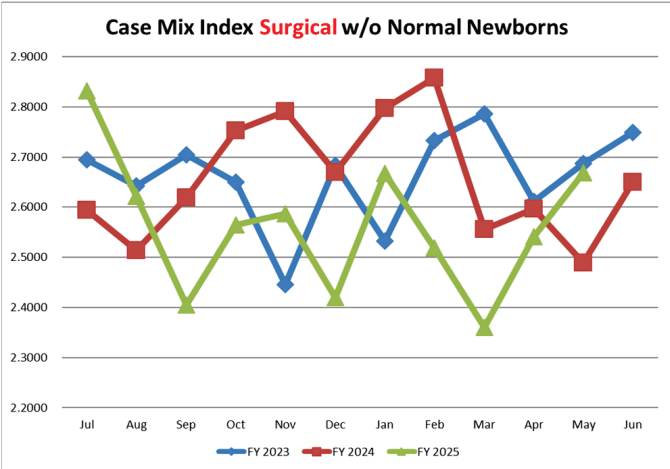
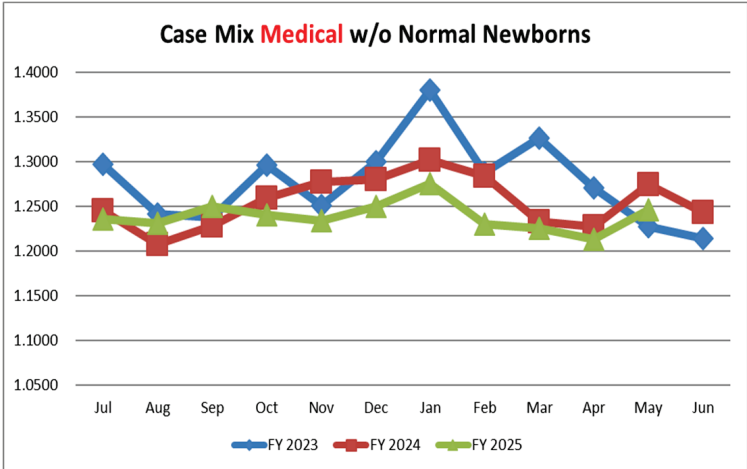
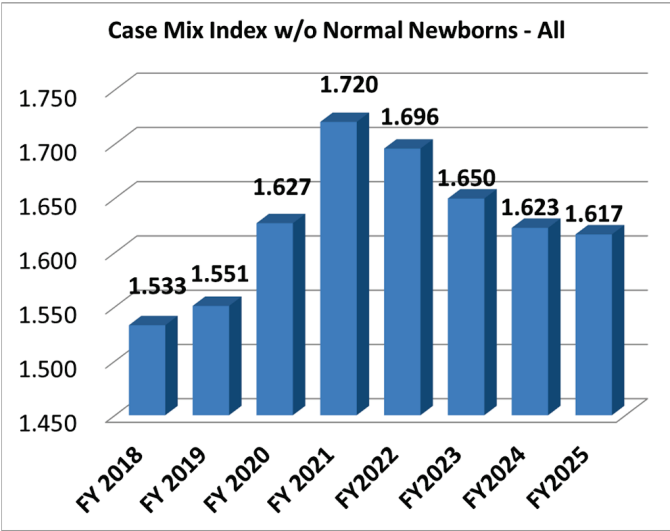
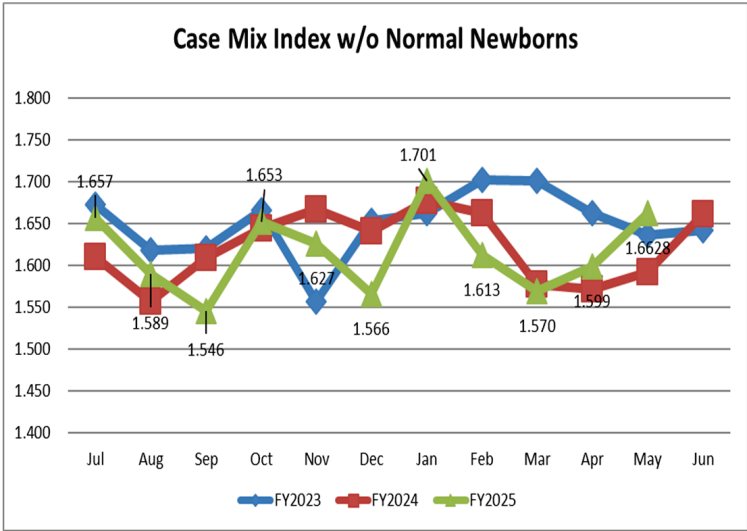
■ at GMLOS or Better	49%	50%	50%	49%	51%	51%	49%	51%	52%	50%	53%
■ 1-2 days over GMLOS	21%	23%	22%	24%	23%	21%	21%	22%	22%	23%	22%
■ 2-6 days over GMLOS	17%	15%	17%	16%	17%	16%	16%	17%	16%	16%	15%
■ 6-10 days over GMLOS	6%	6%	6%	5%	5%	6%	6%	5%	5%	5%	4%
■ 10-30 days over GMLOS	6%	6%	5%	5%	4%	6%	6%	5%	4%	5%	5%
■ 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%

## Length of Stay Distribution

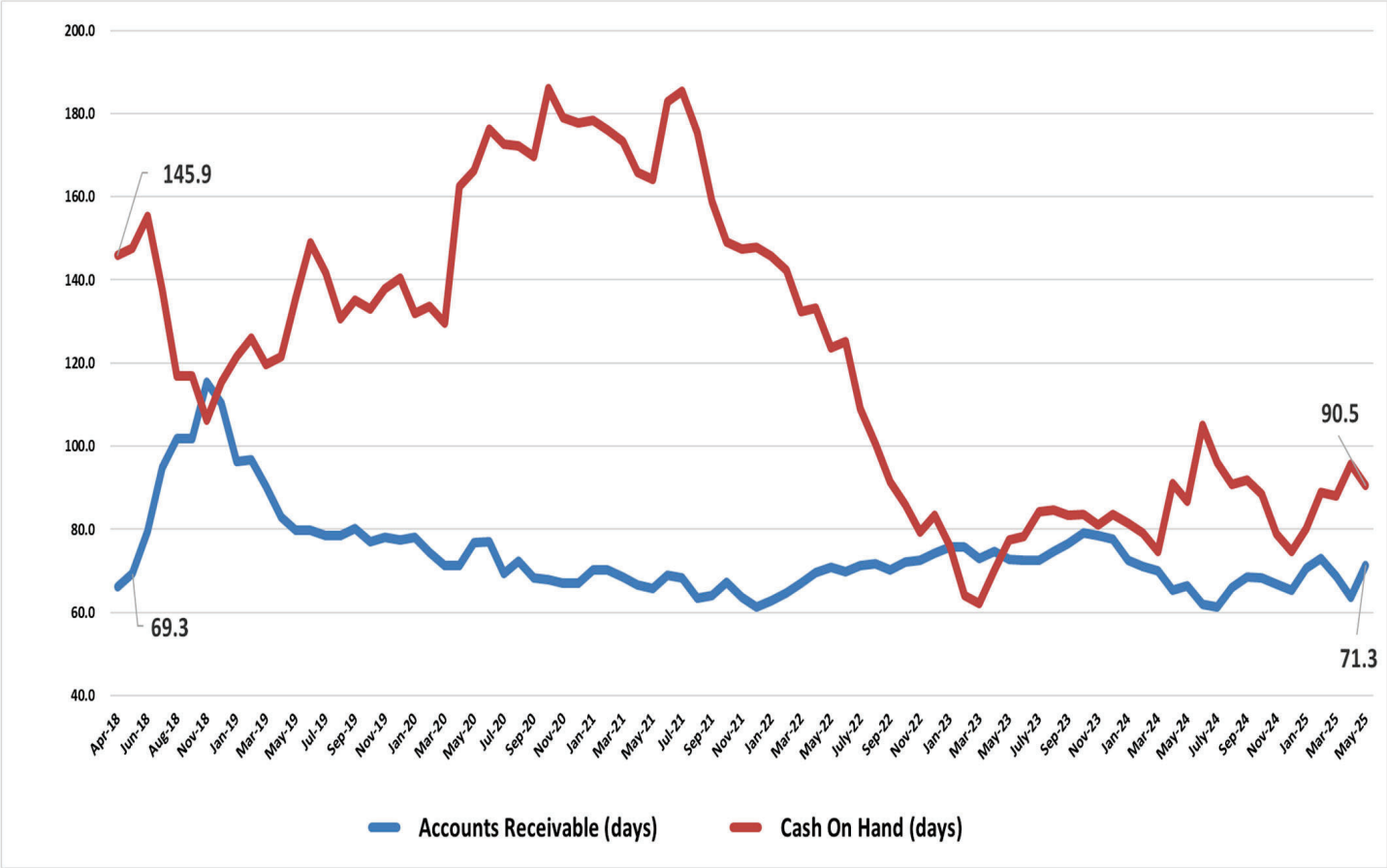


# Monthly Discharges of Observation Patients by their Length of Stay





# Trended Liquidity Ratios



# Malpractice Actuary Comparisons (000's)

## CHANGE IN RETAINED ULTIMATE LOSSES

Hospital Professional and General Liability

(Data as of March 31, 2025)

Fiscal Year	(1) Selected Ultimate As of 6/30/2025 [Exhibit A-1]	(2) Selected Ultimate As of 6/30/2024 (Note 1)	(3) Change (1) - (2)
2005-06	\$242	\$242	\$0
2006-07	452	452	0
2007-08	1,313	1,313	0
2008-09	1,212	1,212	0
2009-10	429	429	0
2010-11	418	418	0
2011-12	444	444	0
2012-13	2,438	2,438	0
2013-14	587	587	0
2014-15	3,070	3,061	9
2015-16	376	376	0
2016-17	513	456	57
2017-18	5,093	5,149	(56)
2018-19	620	620	0
2019-20	4,342	4,197	145
2020-21	2,055	2,255	(199)
2021-22	1,819	2,468	(649)
2022-23	2,897	3,593	(696)
2023-24	3,784	3,513	271
Subtotal	\$32,105	\$33,222	(\$1,117)
2024-25	3,880	3,800	80
Total	\$35,985	\$37,022	(\$1,037)

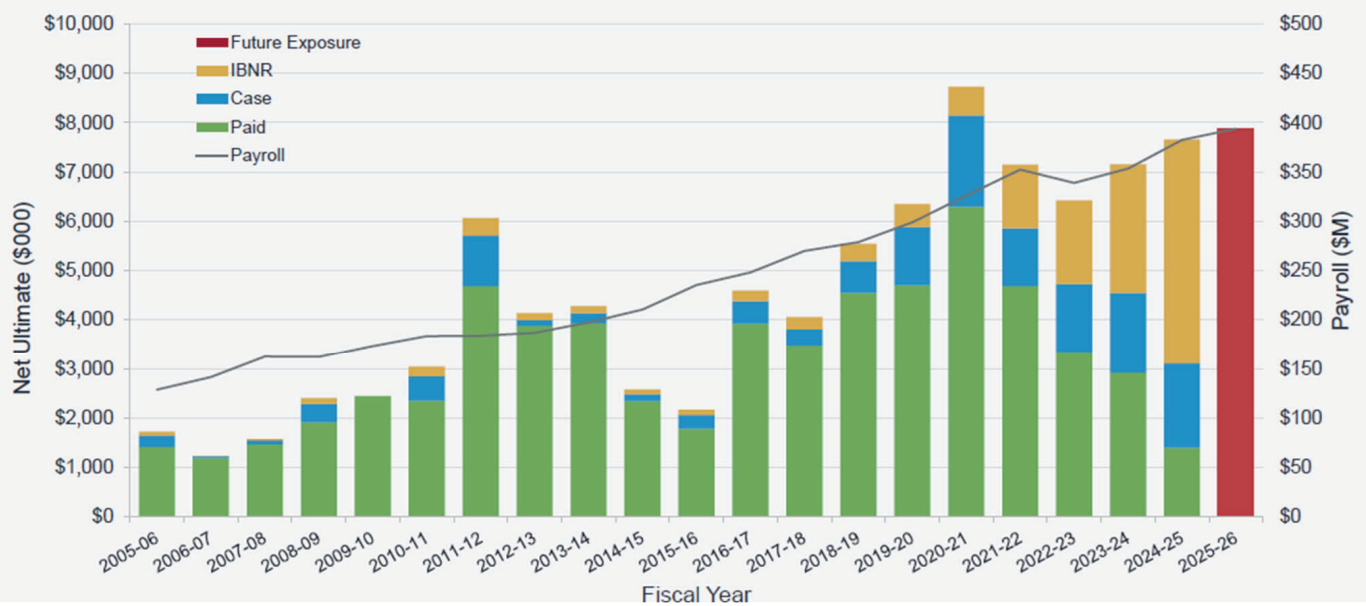
# Workers Comp Actuary Estimation

## Comparison of Net Ultimate Losses (\$000)

Fiscal Year	Data as of 3/31/2025	Data as of 3/31/2024	Change
Prior	\$70,032	\$69,709	\$324
2018-19	5,542	5,125	417
2019-20	6,352	5,719	633
2020-21	8,728	7,791	937
2021-22	7,152	6,596	556
2022-23	6,423	5,420	1,003
2023-24	7,161	6,032	1,129
2024-25	7,659	6,884	775
Total	\$119,048	\$113,275	\$5,774

# Workers Comp Actuary Estimation

Components of Net Ultimate as of June 30, 2025



# Ratio Analysis Report

MAY 31, 2025

	Current Month Value	Prior Month Value	June 30, 2024 Audited Value	2023 Moody's Median Benchmark		
				Aa	A	Baa
<b>LIQUIDITY RATIOS</b>						
Current Ratio (x)	2.7	2.7	2.3	1.7	1.8	1.7
Accounts Receivable (days)	71.3	63.6	61.9	47.8	47.7	47.8
Cash On Hand (days)	90.5	95.7	105.1	273.9	188.4	134.1
Cushion Ratio (x)	10.3	10.8	10.7	44.7	24.2	16.6
Average Payment Period (days)	52.6	54.8	58.6	70.9	62.7	64.0
<b>CAPITAL STRUCTURE RATIOS</b>						
Cash-to-Debt	103.0%	108.0%	106.3%	271.7%	164.5%	131.0%
Debt-To-Capitalization	32.5%	32.1%	34.5%	22.5%	31.1%	35.0%
Debt-to-Cash Flow (x)	2.7	2.5	3.4	2.4	3.6	6.9
Debt Service Coverage	4.7	5.1	3.7	6.7	4.5	2.1
Maximum Annual Debt Service Coverage (x)	3.7	4.0	2.9	6.8	3.8	1.9
Age Of Plant (years)	13.7	13.8	13.3	11.1	12.8	13.9
<b>PROFITABILITY RATIOS</b>						
Operating Margin	(3.3%)	(2.6%)	0.8%	2.1%	0.5%	(2.3%)
Excess Margin	4.0%	5.3%	2.4%	5.5%	2.7%	(.9%)
Operating Cash Flow Margin	1.9%	2.6%	6.1%	6.7%	5.5%	3.0%
Return on Assets	4.3%	5.6%	2.4%	3.9%	2.4%	(.7%)

# Consolidated Statements of Net Position (000's)

	May-25	Jun-24
	(Audited)	
<b>ASSETS AND DEFERRED OUTFLOWS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 4,774	\$ 19,412
Current Portion of Board designated and trusted assets	25,808	14,944
Accounts receivable:		
Net patient accounts	148,337	133,806
Other receivables	75,542	25,023
	223,880	158,829
Inventories	13,769	13,738
Medicare and Medi-Cal settlements	70,489	82,755
Prepaid expenses	9,232	8,403
Total current assets	347,950	298,082
<b>NON-CURRENT CASH AND INVESTMENTS -</b>		
less current portion		
Board designated cash and assets	207,539	210,518
Revenue bond assets held in trust	22,741	19,326
Assets in self-insurance trust fund	734	827
Total non-current cash and investments	231,013	230,671
<b>INTANGIBLE RIGHT TO USE LEASE,</b>	15,909	10,464
net of accumulated amortization		
<b>INTANGIBLE RIGHT TO USE SBITA,</b>	8,422	12,153
net of accumulated amortization		
<b>CAPITAL ASSETS</b>		
Land	17,542	17,542
Buildings and improvements	434,656	428,209
Equipment	340,166	334,316
Construction in progress	20,671	22,757
	813,036	802,825
Less accumulated depreciation	538,719	512,148
	274,316	290,676
<b>OTHER ASSETS</b>		
Property not used in operations	5,158	4,487
Health-related investments	2,073	2,676
Other	20,928	17,120
Total other assets	28,160	24,283
Total assets	905,770	866,329
<b>DEFERRED OUTFLOWS</b>	14,069	15,283
Total assets and deferred outflows	<b>\$ 919,839</b>	<b>\$ 881,611</b>

# Consolidated Statements of Net Position (000's)

	May-25	Jun-24
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued expenses	\$ 35,325	\$ 41,096
Accrued payroll and related liabilities	69,574	62,382
SBITA liability, current portion	3,336	4,146
Lease liability, current portion	3,085	2,248
Bonds payable, current portion	12,754	12,585
Notes payable, current portion	3,458	9,850
Total current liabilities	127,533	132,306
<b>LEASE LIABILITY, net of current portion</b>	13,244	8,477
<b>SBITA LIABILITY, net of current portion</b>	3,712	5,846
<b>LONG-TERM DEBT, less current portion</b>		
Bonds payable	212,260	214,713
Notes payable	17,292	20,750
Total long-term debt	229,551	235,463
<b>NET PENSION LIABILITY</b>	21,666	21,226
<b>OTHER LONG-TERM LIABILITIES</b>	44,382	36,256
Total liabilities	440,090	439,574
<b>NET ASSETS</b>		
Invested in capital assets, net of related debt	51,675	66,112
Restricted	68,256	52,733
Unrestricted	359,819	323,192
Total net position	479,749	442,037
Total liabilities and net position	<b>\$ 919,839</b>	<b>\$ 881,611</b>

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
May 31, 2025

Board designated funds	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
LAIF		4.48	Various		42,218,951	
CAMP		4.42	CAMP		29,195,939	
Allspring	31846V203	3.91	Money market		96,001	
PFM	31846V203	3.91	Money market		892,898	
Allspring	! 23-Jan-25	5.20	MTN-C	Wells Fargo co	500,000	
PFM	! 25-Jan-25	0.00	U.S. Govt Agency	FHLMC	205,000	
PFM	! 31-Mar-25	4.00	U.S. Govt Agency	US Treasury Bill	700,000	
PFM	! 24-Apr-25	4.76	MTN-C	State Street Corp	140,000	
Allspring	! 28-Apr-25	4.35	MTN-C	Walmart Inc	500,000	
PFM	! 28-Apr-25	4.30	MTN-C	Walmart Inc	160,000	
PFM	! 1-May-25	4.20	MTN-C	Colgate Palmolive	180,000	
Allspring	! 1-Jun-25	0.92	Municipal	Connecticut ST	400,000	
Allspring	! 17-Jun-25	0.50	U.S. Govt Agency	FNMA	2,000,000	
Allspring	! 30-Jun-25	0.25	U.S. Govt Agency	US Treasury Bill	350,000	
Allspring	! 21-Jul-25	0.38	U.S. Govt Agency	FHLMC	1,500,000	
Allspring	! 1-Aug-25	2.17	Municipal	Santa Cruz Ca	400,000	
PFM	! 1-Aug-25	0.85	Municipal	San Juan Ca	190,000	
Allspring	! 25-Aug-25	0.38	U.S. Govt Agency	FNMA	1,500,000	
PFM	! 25-Aug-25	3.75	U.S. Govt Agency	FHLMC	235,601	
Allspring	! 4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000	
Allspring	! 23-Sep-25	0.38	U.S. Govt Agency	FHLMC	750,000	
Allspring	! 29-Oct-25	0.55	MTN-C	Procter Gamble Co	1,300,000	
Allspring	! 31-Oct-25	0.25	U.S. Govt Agency	US Treasury Bill	770,000	
Allspring	! 30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	2,550,000	
PFM	! 28-Feb-26	0.50	U.S. Govt Agency	US Treasury Bill	250,000	
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	236,500	
Western Alliance - CDARS	! 2-Apr-26	4.01	CD	Farmers & Merchants Bank	13,500	
Western Alliance - CDARS	! 2-Apr-26	4.01	CD	Citizens Bank & Trust	22,454	
Western Alliance - CDARS	! 2-Apr-26	4.01	CD	American Plus Bank, N.A.	236,500	
Western Alliance - CDARS	! 2-Apr-26	4.01	CD	BOKF, National Association	236,500	
Western Alliance - CDARS	! 2-Apr-26	4.01	CD	CalPrivate Bank	236,500	
Western Alliance - CDARS	! 2-Apr-26	4.01	CD	Centreville Bak	236,500	
Western Alliance - CDARS	! 2-Apr-26	4.01	CD	Citizens Bank & Trust	214,047	
Western Alliance - CDARS	! 2-Apr-26	4.01	CD	City Natl Bank of Sulphur Springs	236,500	
Western Alliance - CDARS	! 2-Apr-26	4.01	CD	Farmer & Merchants Bank	175,677	
Western Alliance - CDARS	! 2-Apr-26	4.01	CD	First Oklahoma Bank	199,759	
Western Alliance - CDARS	! 2-Apr-26	4.01	CD	Homeland Federal Savings Bank	15,912	
Western Alliance - CDARS	! 2-Apr-26	4.01	CD	Locus Bank	236,500	
Western Alliance - CDARS	! 2-Apr-26	4.01	CD	Old National Bank	236,500	
Western Alliance - CDARS	! 2-Apr-26	4.01	CD	River City Bank	236,500	
Western Alliance - CDARS	! 2-Apr-26	4.01	CD	Solera National Bank	236,500	
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	
PFM	! 31-May-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	! 31-May-26	2.13	U.S. Govt Agency	US Treasury Bill	1,200,000	
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	31,691	
PFM	! 31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	880,000	
PFM	! 31-Aug-26	0.75	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	! 14-Sep-26	1.15	MTN-C	Caterpillar Finl Mtn	220,000	
PFM	! 18-Sep-26	5.61	MTN-C	Natixis Ny	405,000	
Allspring	! 30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	2,210,000	
PFM	! 30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	! 31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	! 1-Nov-26	4.76	Municipal	California St Univ	125,000	
PFM	! 4-Nov-26	1.65	MTN-C	American Express Co	445,000	
PFM	! 13-Nov-26	5.60	MTN-C	National Rural Mtn	160,000	
Allspring	! 30-Nov-26	1.25	U.S. Govt Agency	US Treasury Bill	2,000,000	
Allspring	! 4-Dec-26	5.49	MTN-C	Citibank N A	1,000,000	
PFM	! 11-Jan-27	1.70	MTN-C	Deere John Mtn	220,000	
Allspring	! 15-Jan-27	1.95	MTN-C	Target Corp	900,000	
PFM	! 26-Feb-27	4.80	MTN-C	Cisco Sys Inc	260,000	
PFM	! 15-Mar-27	5.90	ABS	Daimler Trucks	248,738	
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	223,719	
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	Unitedhealth 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	114,360	
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 Redev	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	109,866	
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	

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
**May 31, 2025**

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	770,774
PFM	!	18-Feb-28	5.41	ABS	Honda Auto	326,398
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	77,329
PFM	!	26-Feb-28	4.48	MTN-C	Chevron USA Inc	340,000
PFM	!	29-Feb-28	1.13	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	!	1-Mar-28	4.55	MTN-C	Johnson Johnson Sr	80,000
PFM	!	17-Apr-28	5.48	ABS	Hyundai Auto	107,069
Allspring	!	22-Apr-28	5.57	MTN-C	JP Morgan	1,100,000
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	4.87	ABS	American Express Co	150,000
PFM	!	15-May-28	5.23	ABS	Ford CR Auto Owner	157,708
PFM	!	15-May-28	4.79	ABS	Bank of America	180,000
PFM	!	15-May-28	5.46	ABS	Ally Auto Rec	177,213
PFM	!	26-May-28	5.50	MTN-C	Morgan Stanley	280,000
PFM	!	31-May-28	3.63	U.S. Govt Agency	US Treasury Bill	1,280,000
PFM	!	16-Jun-28	5.45	ABS	GM Finl con Auto Rec	105,021
PFM	!	25-Jun-28	4.82	U.S. Govt Agency	FHLMC	530,000
PFM	!	25-Jun-28	4.78	U.S. Govt Agency	FHLMC	433,504
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	515,805
Allspring	!	1-Aug-28	5.75	Municipal	San Diego County	1,000,000
PFM	!	15-Aug-28	5.53	ABS	Fifth Third Auto	377,774
PFM	!	15-Aug-28	5.69	ABS	Harley Davidson	500,000
PFM	!	25-Aug-28	4.74	U.S. Govt Agency	FHLMC	545,000
PFM	!	25-Aug-28	4.65	U.S. Govt Agency	FHLMC	545,000
PFM	!	15-Sep-28	5.16	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	600,000
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	!	18-Sep-29	3.80	MTN-C	Novartis Capital	365,000
PFM	!	21-Sep-29	4.57	ABS	Honda Auto	205,000
PFM	!	25-Sep-29	4.85	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

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
**May 31, 2025**

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
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	:	15-Apr-30	4.28	ABS	American Express	410,000
PFM	:	16-Apr-30	4.66	ABS	GM Finl Consumer	95,000
Allspring	:	30-Apr-30	3.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	:	15-May-30	4.80	MTN-C	Toyota Motor	200,000
PFM	:	29-May-30	4.91	MTN-C	Citibank N A	250,000
						\$ 193,506,707

	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
<b><u>Self-insurance trust</u></b>						
Wells Fargo Bank			Money market	110900	967,173	
Wells Fargo Bank			Fixed income - L/T	152300	757,009	1,724,181
<b><u>2015A revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142110	2,000,937	2,000,937
<b><u>2015B revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142110	2,091,560	2,091,560
<b><u>2017C revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142110	5,838,610	5,838,610
<b><u>2020 revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142110	1,079,971	1,079,971
<b><u>2022 revenue bonds</u></b>						
US Bank			Principal/Interest payment fund	142110	2,734,381	2,734,381
<b><u>2014 general obligation bonds</u></b>						
CAMP			Interest Payment fund	152440	3,779,512	3,779,512
<b><u>Master Reserve fund</u></b>						
US Bank				142102	(570,402)	
US Bank				142103	23,311,189	22,740,787
<b><u>Operations</u></b>						
Wells Fargo Bank	(Checking)	0.38	Checking	100100	(2,630,669)	
Wells Fargo Bank	(Savings)	0.38	Checking	100500	6,120,149	3,489,481
<b><u>Payroll</u></b>						
Wells Fargo Bank	(Checking)	0.38	Checking	100200	(247,914)	
Wells Fargo Bank	(Checking)	0.38	Checking	Flexible Spending	100300	1,067,884
Wells Fargo Bank	(Checking)	0.38	Checking	Benefits	100300	10,370
Wells Fargo Bank	(Checking)	0.00	Checking	HSA	100300	15,905
Bancorp	(Checking)		Checking	Bancorp	100300	-
						846,245
						4,335,725
<b>Total investments</b>						<b>\$ 239,832,371</b>

**KAWEAH DELTA HEALTH CARE DISTRICT  
SUMMARY OF FUNDS  
May 31, 2025**

**Kaweah Delta Medical Foundation**

Wells Fargo Bank	Checking	100100		<u>\$ (5,772)</u>
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**Sequoia Regional Cancer Center**

Wells Fargo Bank (Medical)	Checking	100500	(6,223)	<u>\$ (6,223)</u>
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**Kaweah Delta Hospital Foundation**

Central Valley Community Checking	Investments	100100	428,723	
Various	S/T Investments	142200	5,258,500	
Various	L/T Investments	142300	13,826,013	
Various	Unrealized G/L	142400	2,209,753	
				<u>\$ 21,722,989</u>

**Summary of board designated funds:**

Plant fund:

Uncommitted plant funds	\$ 133,925,074		142100	
Committed for capital	<u>21,617,789</u>		142100	
	155,542,862			
GO Bond reserve - L/T	1,992,658		142100	
401k Matching	14,792,892		142100	
Cost report settlement - cur 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 - cur 5,180,000			112900	
Workers compensation - L/T <u>12,446,000</u>			113900	
	17,626,000			
	<u>\$ 193,506,707</u>			

	Total Investments	%	Trust Accounts	Surplus Funds	%
<b><u>Investment summary by institution:</u></b>					
Bancorp	\$ -	0.0%		-	0.0%
Cal Trust	-	0.0%		-	0.0%
CAMP	29,195,939	12.2%		29,195,939	14.8%
Local Agency Investment Fund (LAIF)	42,218,951	17.6%		42,218,951	21.3%
CAMP - GOB Tax Rev	3,779,512	1.6%	3,779,512	-	0.0%
Allspring	59,735,775	24.9%	1,724,181	58,011,594	29.3%
PFM	59,349,693	24.7%		59,349,693	30.0%
Western Alliance - CDARS	3,006,348			3,006,348	1.5%
American Business Bank	-			-	0.0%
CalPrivate Bank	-			-	0.0%
Citizens National Bank of Texas	-			-	0.0%
Community Bank of the Day	-			-	0.0%
East West Bank	-			-	0.0%
Farmers Bank and Trust Company	-			-	0.0%
Frontier Bank of Texas	-			-	0.0%
Optus Bank	-			-	0.0%
Poppy Bank	-			-	0.0%
Republic Bank	-			-	0.0%
St. Louis Bank	-			-	0.0%
Willamette Valley Bank	-			-	0.0%
Wells Fargo Bank	6,059,907	2.5%		6,059,907	3.1%
Signature Bank	-	0.0%	-	-	0.0%
US Bank	36,486,246	15.2%	36,486,246	-	0.0%
<b>Total investments</b>	<u>\$ 239,832,371</u>	<u>100.0%</u>	<u>\$ 41,989,939</u>	<u>197,842,432</u>	<u>100.0%</u>

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
**May 31, 2025**

<u>Investment summary of surplus funds by type:</u>		<u>Investment Limitations</u>	
Negotiable and other certificates of deposit	\$ 3,006,348	59,353,000	(30%)
Checking accounts	4,335,725		
Local Agency Investment Fund (LAIF)	42,218,951	75,000,000	
Cal Trust	-		
CAMP	29,195,939		
Medium-term notes (corporate) (MTN-C)	30,160,000	59,353,000	(30%)
U.S. government agency	63,319,910		
Municipal securities	6,425,000		
Money market accounts	988,898	39,568,000	(20%)
Commercial paper	-	49,461,000	(25%)
Asset Backed Securities	18,191,660	39,568,000	(20%)
Supra-National Agency	-	59,353,000	(30%)
	<u>\$ 197,842,432</u>		

Return on investment:

Current month	<u>3.84%</u>
Year-to-date	<u>3.81%</u>
Prospective	<u>3.69%</u>
LAIF (year-to-date)	<u>4.42%</u>
Budget	<u>2.82%</u>

Fair market value disclosure for the quarter ended March 31, 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	(260,645)
Change in unrealized gain (loss) on investments (income statement effect)	\$ 1,116,156	3,634,731

Investment summary of CDs:

American Plus Bank, N.A.	\$ 236,500
BOKF, National Association	236,500
CalPrivate Bank	236,500
Centreville Bak	236,500
Citizens Bank & Trust	236,500
City Natl Bank of Sulphur Springs	236,500
Farmer & Merchants Bank	175,677
Farmers & Merchants Bank	13,500
First Heritage Bank	236,500
First Oklahoma Bank	199,759
Homeland Federal Savings Bank	15,912
Locus Bank	236,500
Old National Bank	236,500
River City Bank	236,500
Solera National Bank	236,500
	<u>\$ 3,006,348</u>

Investment summary of asset backed securities:

Ally Auto Rec	\$ 177,213
American Express	1,880,000
American Express Co	150,000
Bank of America	574,000
BMW Vehicle Owner	1,317,329
Capital One Prime	114,360
Carmax Auto Owner	223,719
Chase Issuance Trust	925,000
Daimler Trucks	248,738
Fifth Third Auto	377,774
Ford CR Auto Owner	1,932,708
Ford Credit Auto	445,000
GM Finl con Auto Rec	260,021
GM Finl Consumer	865,774
Harley Davidson	500,000
Honda Auto	656,398
Honda Auto Rec Own	31,691
Hyundai Auto	107,069
Hyundai Auto Rec	1,195,000
John Deere Owner	1,000,000
Mercedes Benz Auto	1,364,866
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
Volkswagen Auto Ln	365,000
	<u>\$ 18,191,660</u>

**KAWEAH DELTA HEALTH CARE DISTRICT**  
**SUMMARY OF FUNDS**  
**May 31, 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
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
Deere John Mtn		220,000
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		820,000
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		900,000
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
	\$	30,160,000

**Investment summary of U.S. government agency:**

Federal National Mortgage Association (FNMA)	\$	4,015,805
Federal Home Loan Bank (FHLB)		525,000
Federal Home Loan Mortgage Corp (FHLMC)		9,929,105
US Treasury Bill		48,850,000
	\$	63,319,910

**Investment summary of municipal securities:**

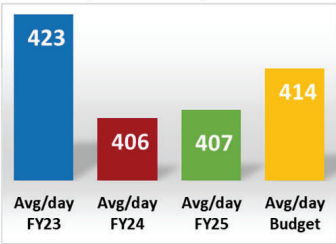
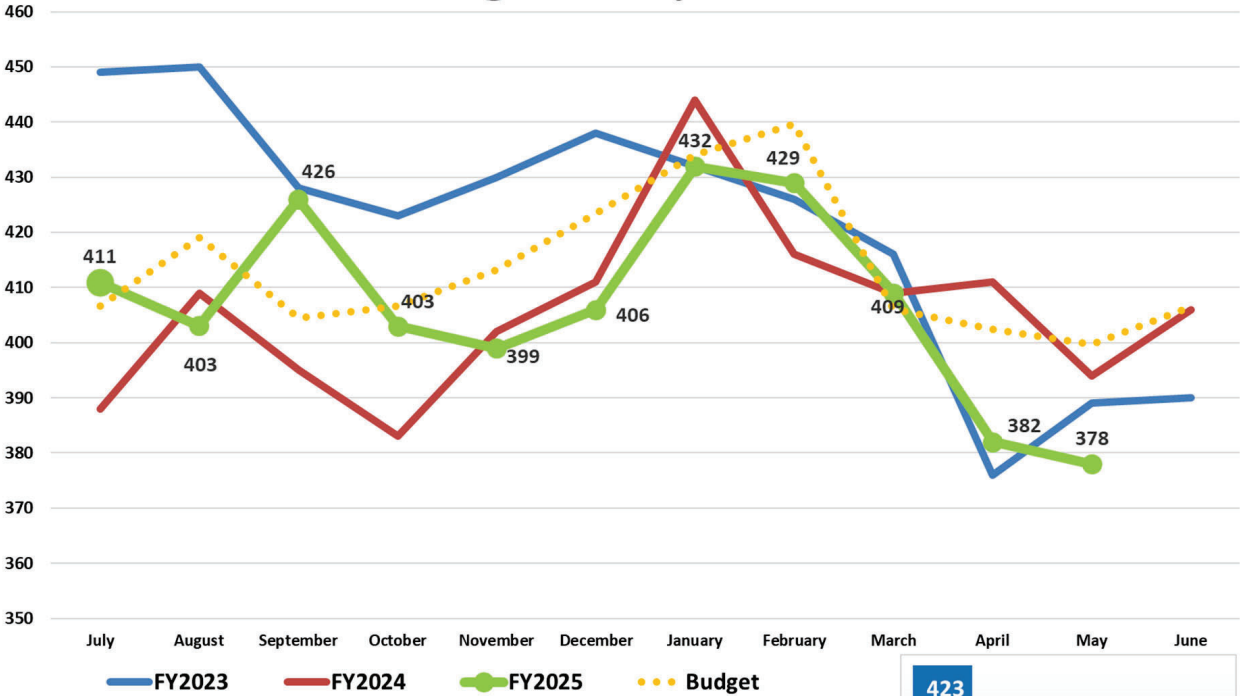
Alameda Cnty Ca	\$	500,000
Anaheim Ca Pub		1,000,000
California St Univ		125,000
Connecticut ST		400,000
Los Angeles Ca		410,000
Massachusetts St		1,000,000
San Diego County		1,000,000
San Francisco Ca		1,000,000
San Jose Ca Redev		400,000
San Juan Ca		190,000
Santa Cruz Ca		400,000
	\$	6,425,000

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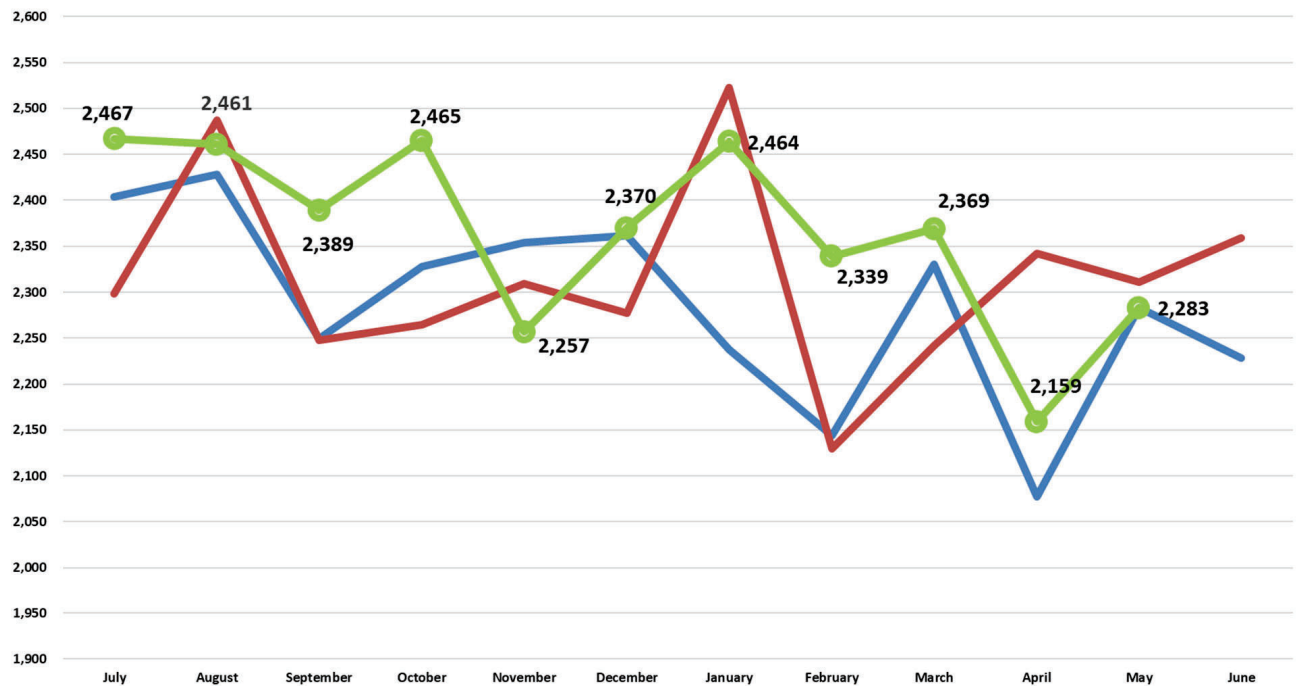
# Statistical Report

## May 2025

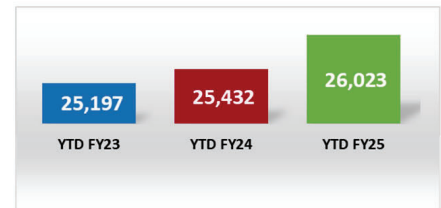
# Average Daily Census



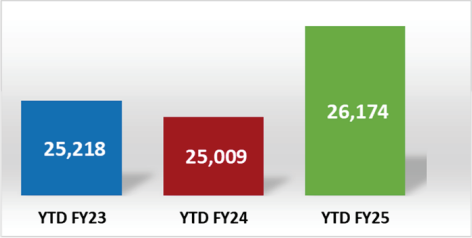
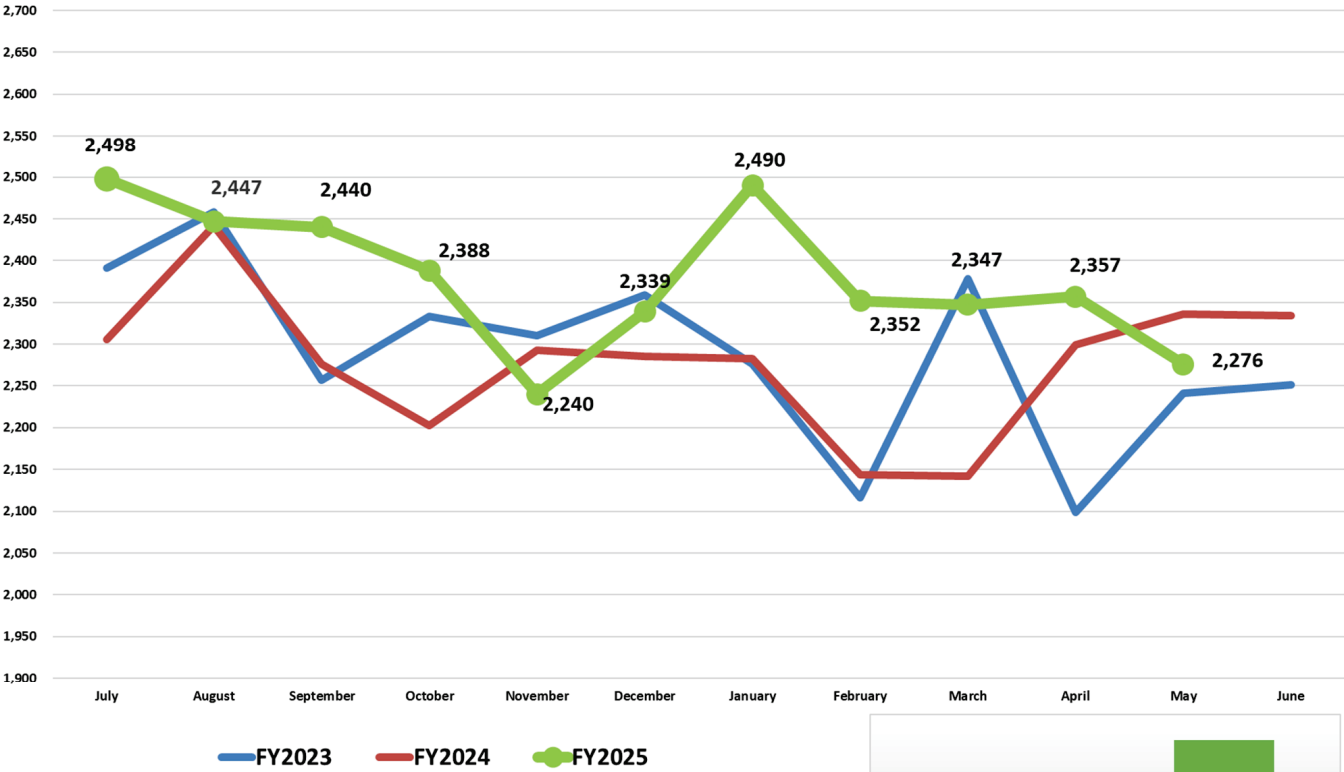
# Admissions



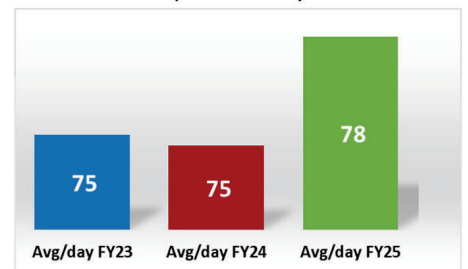
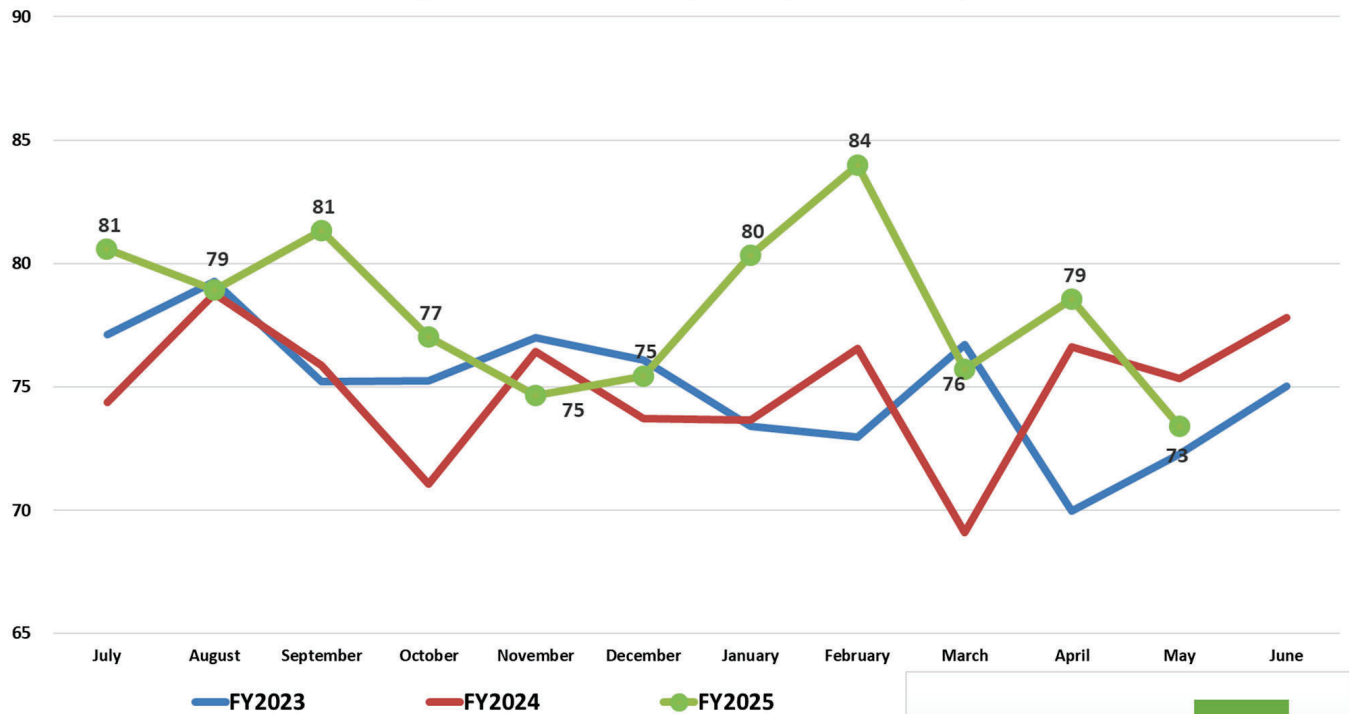
— FY2023 — FY2024 — FY2025



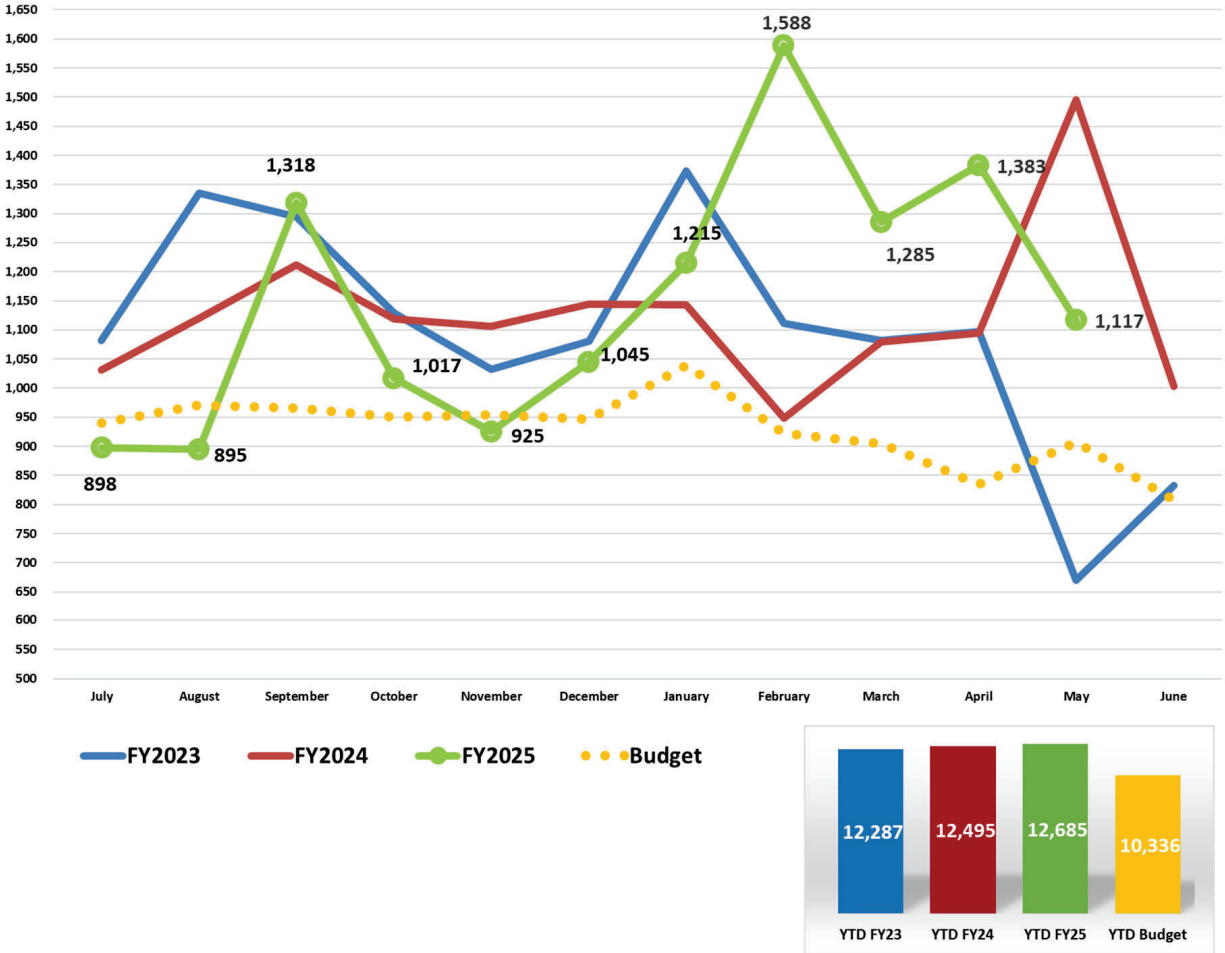
# Discharges



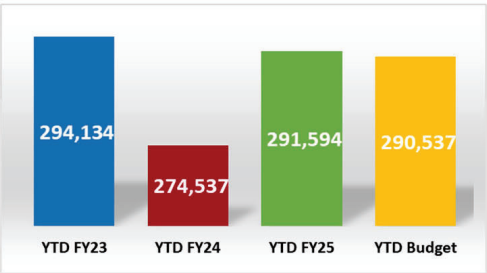
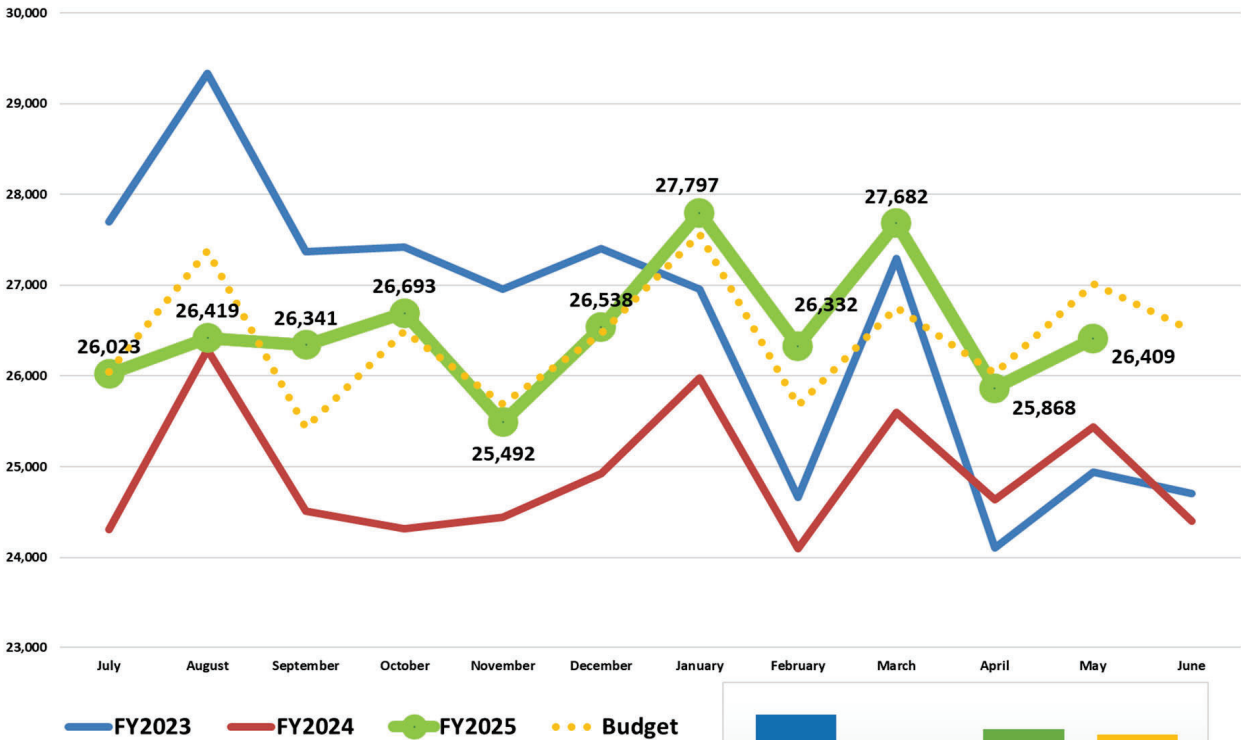
## Average Discharges per Day



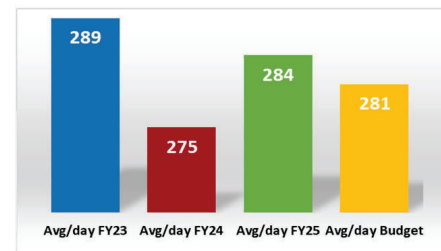
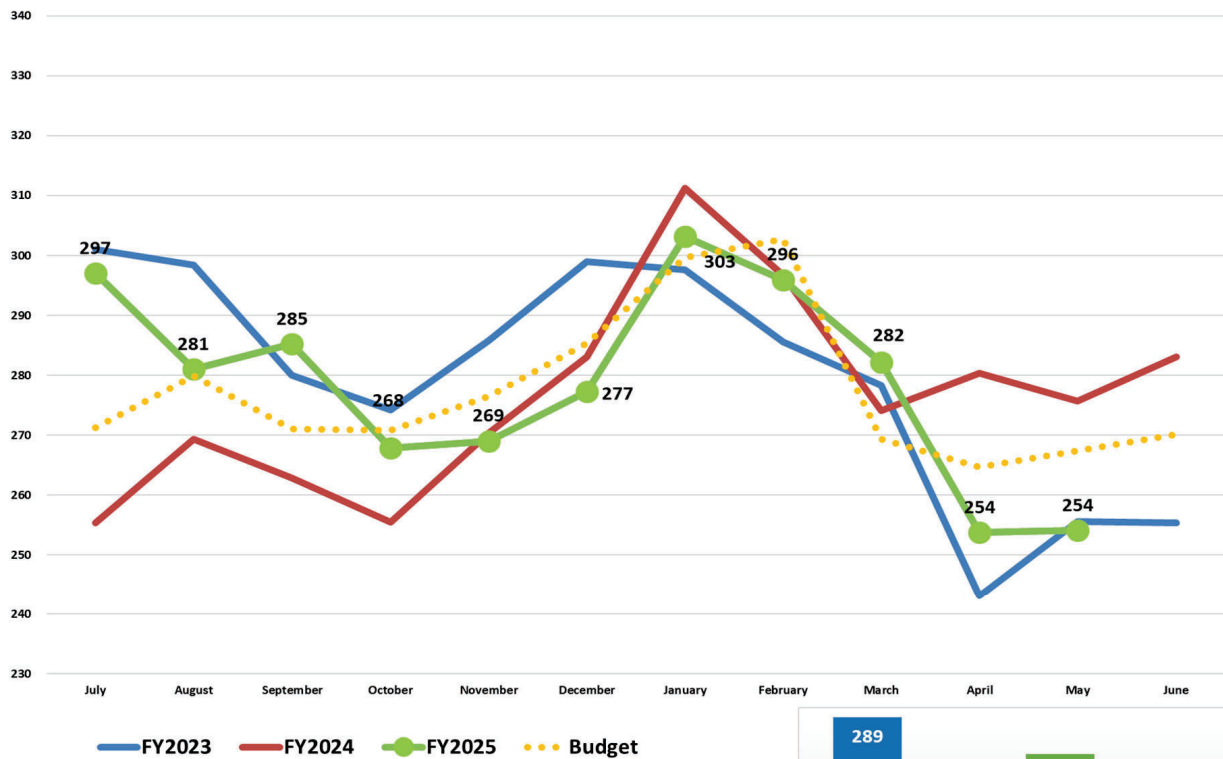
# Observation Days



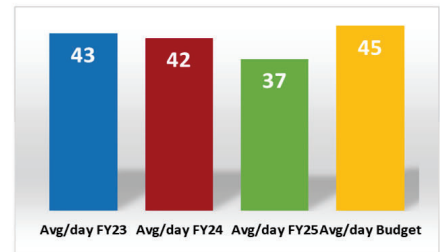
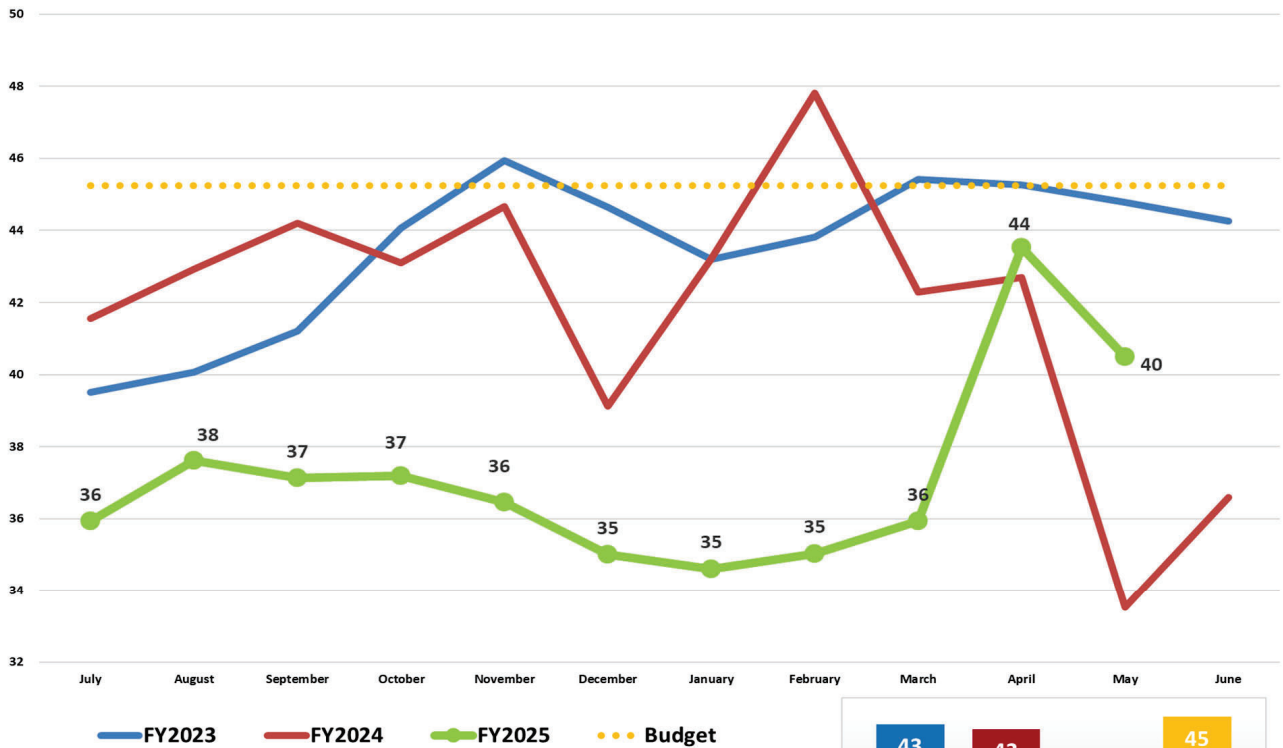
# Adjusted Patient Days



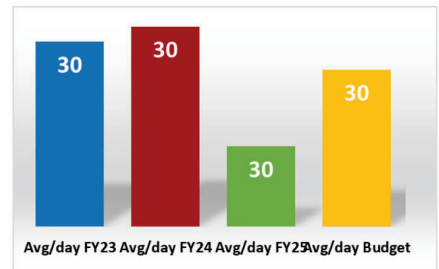
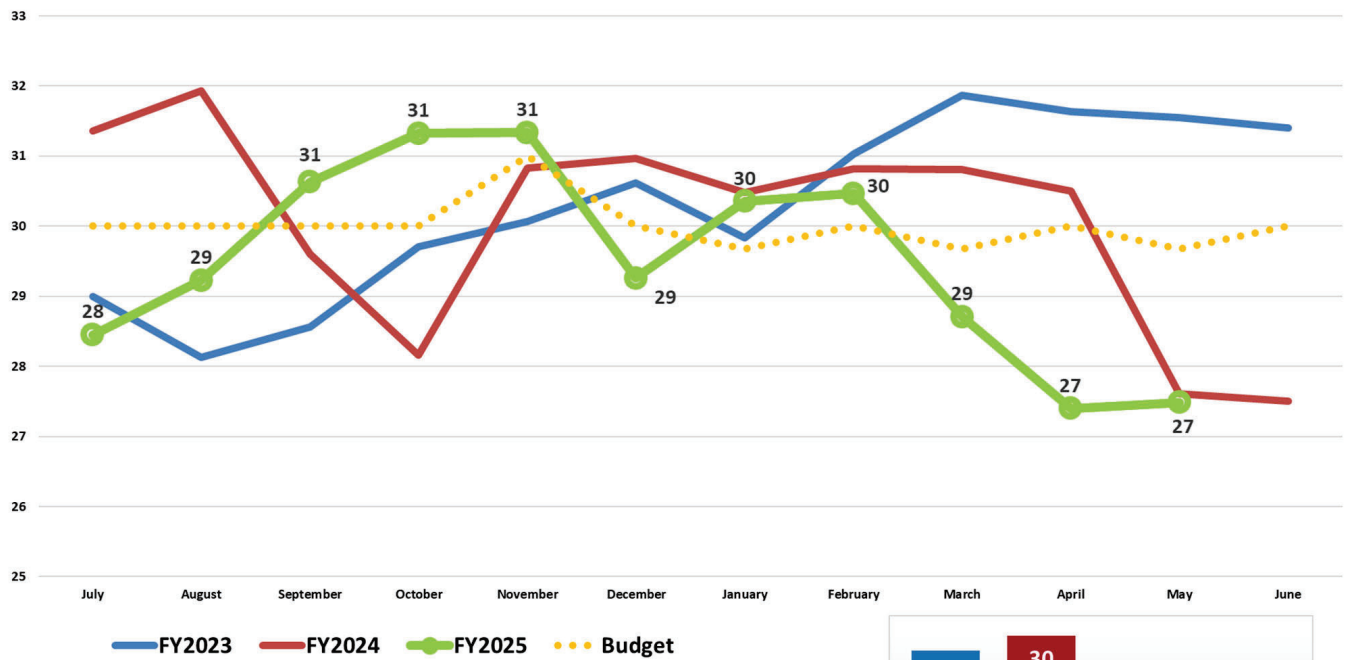
## Medical Center (Avg Patients Per Day)



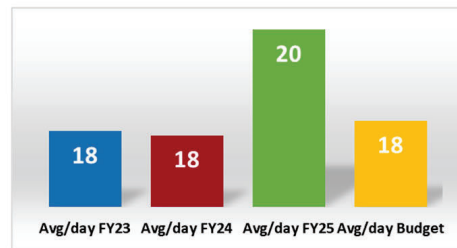
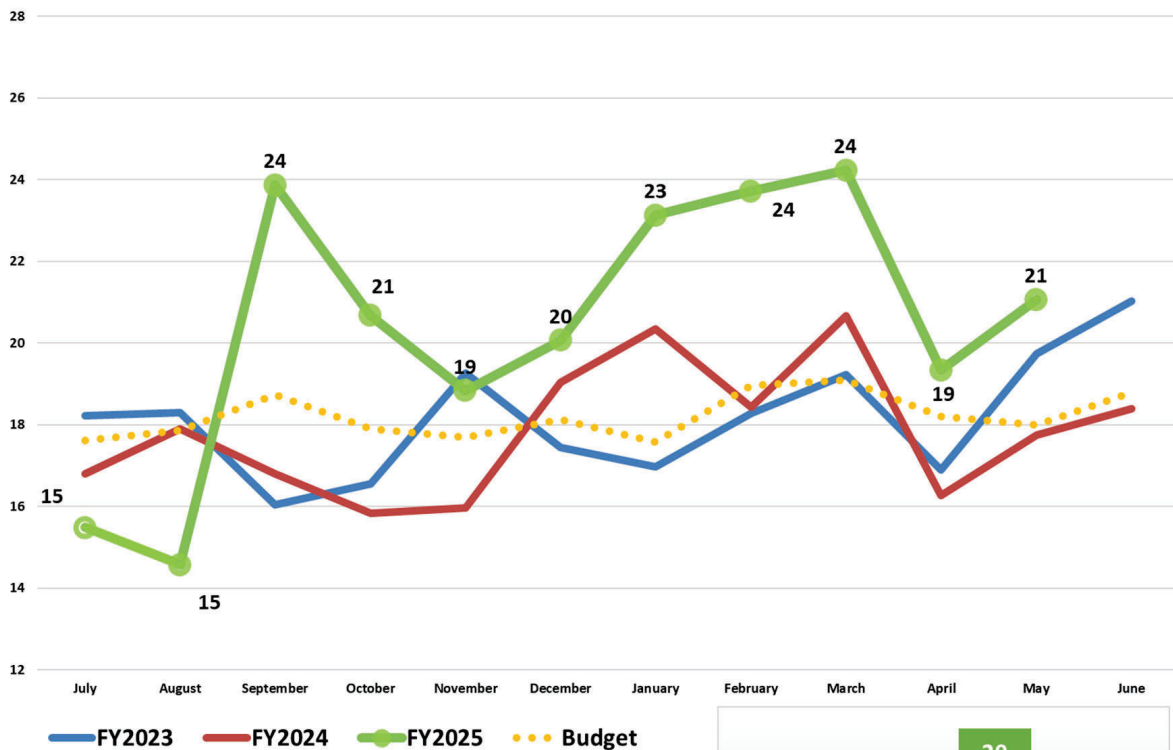
## Acute I/P Psych (Avg Patients Per Day)



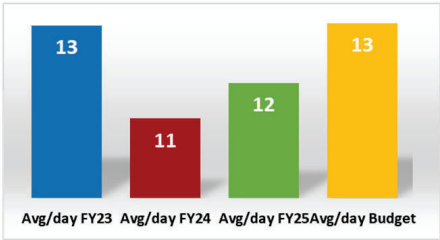
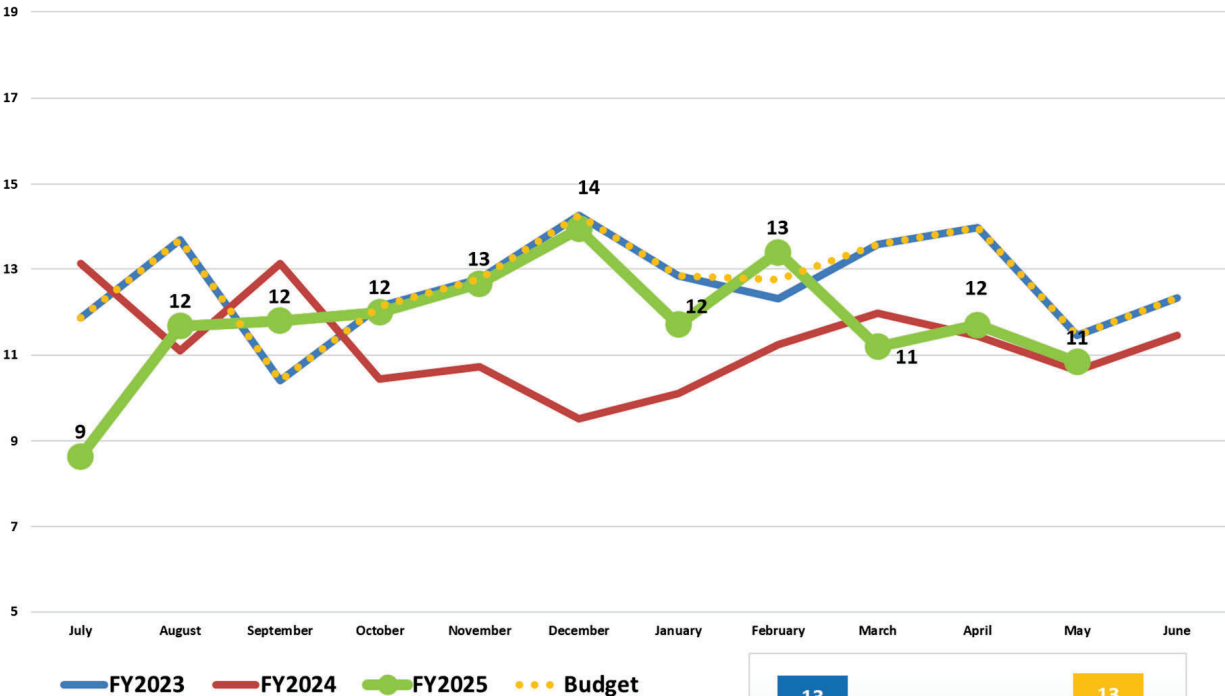
## Sub-Acute - Avg Patients Per Day



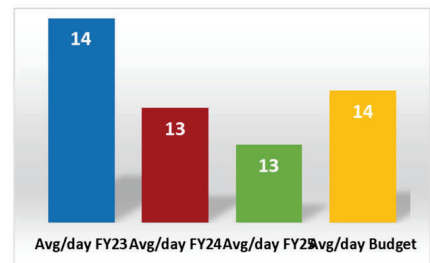
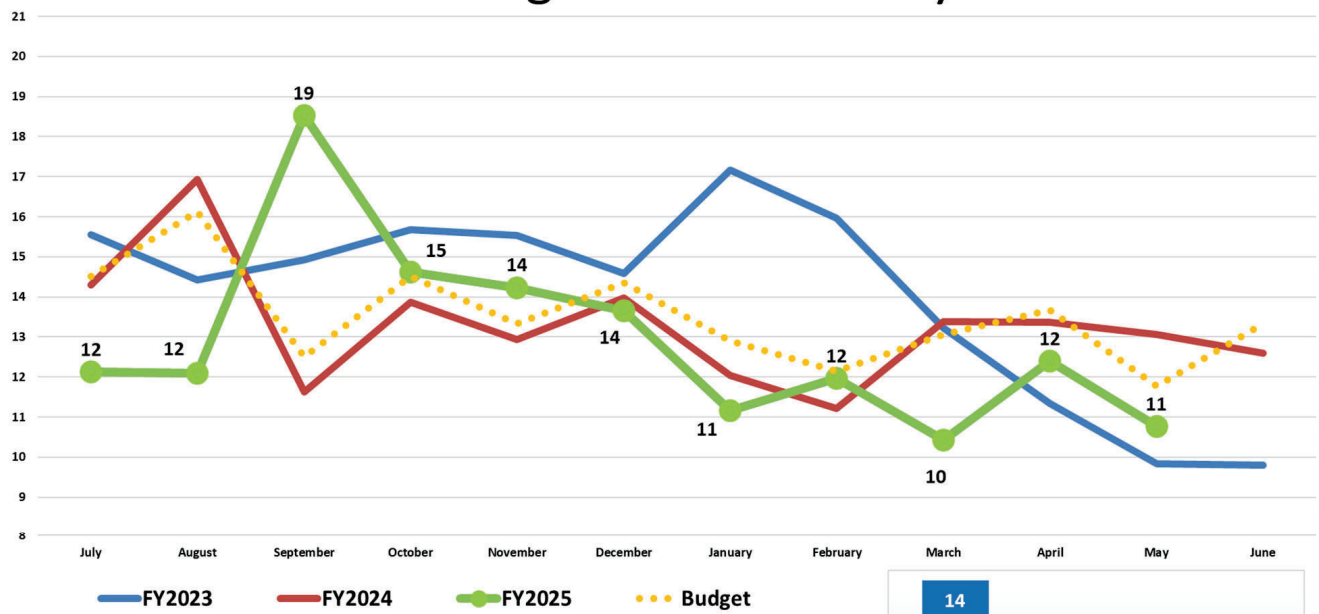
## Rehabilitation Hospital - Avg Patients Per Day



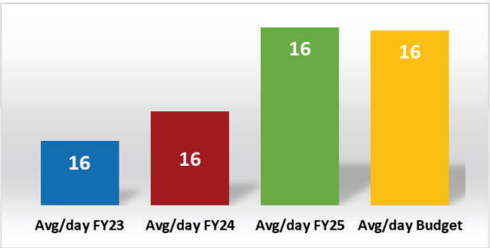
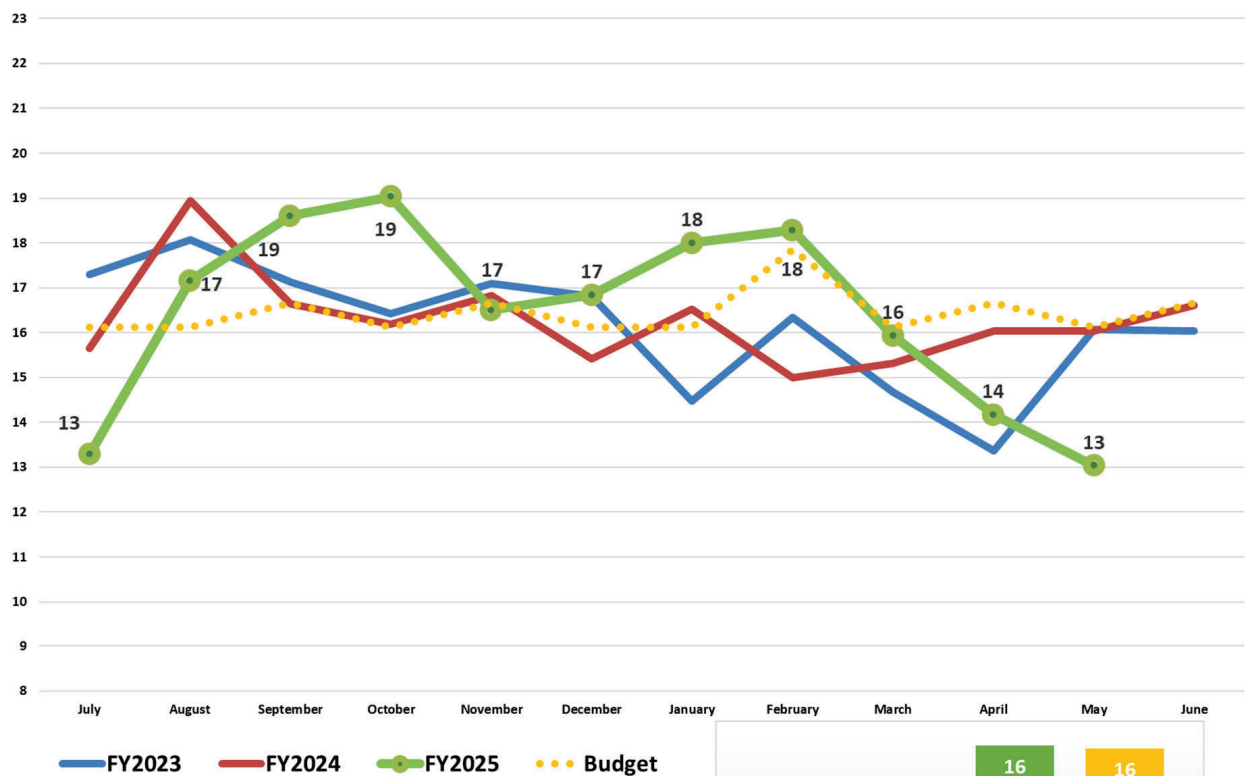
# TCS Ortho - Avg Patients Per Day



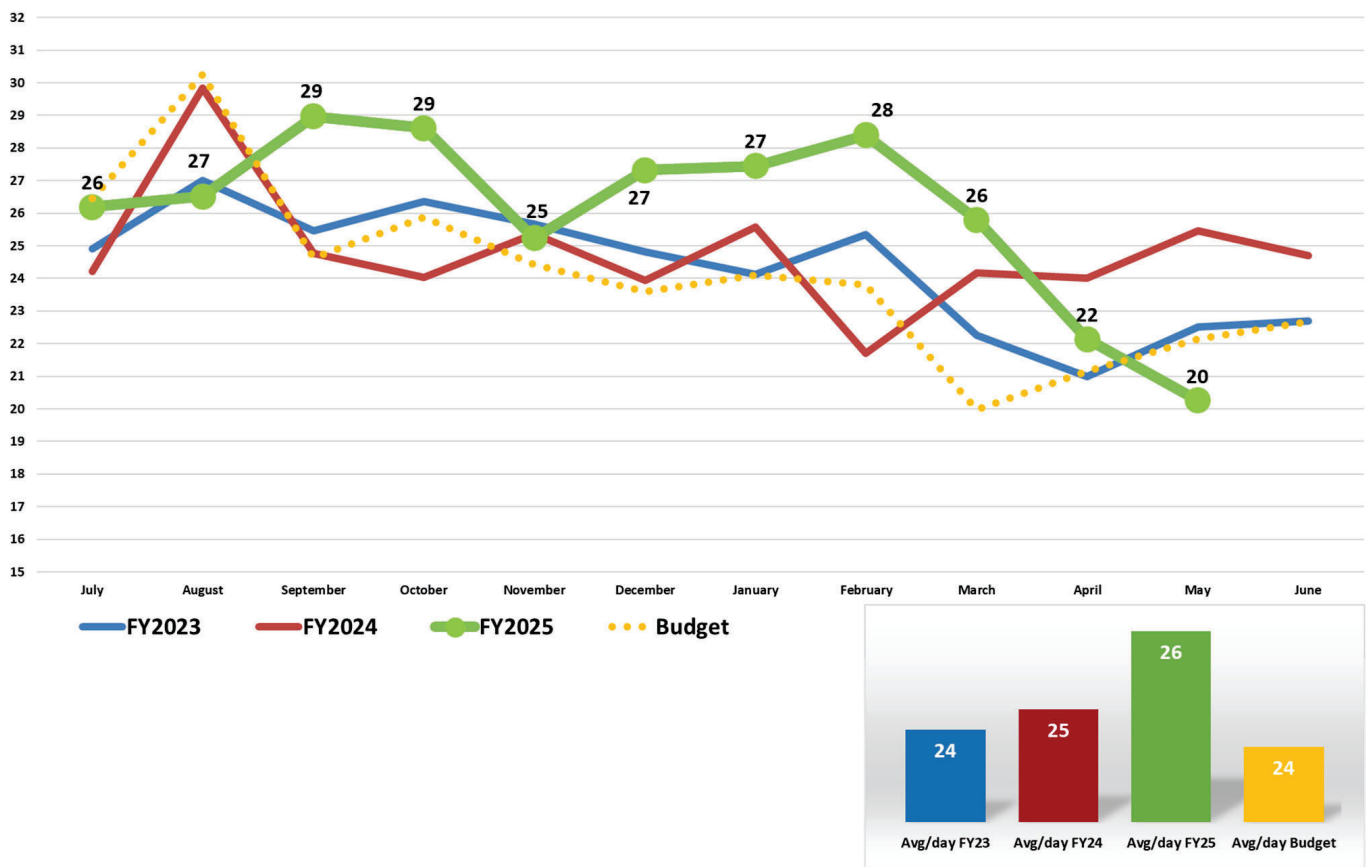
## NICU - Avg Patients Per Day



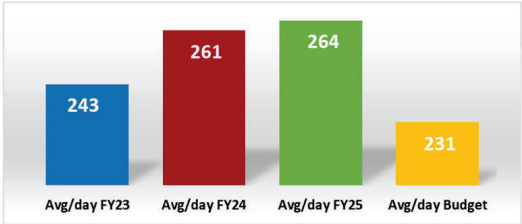
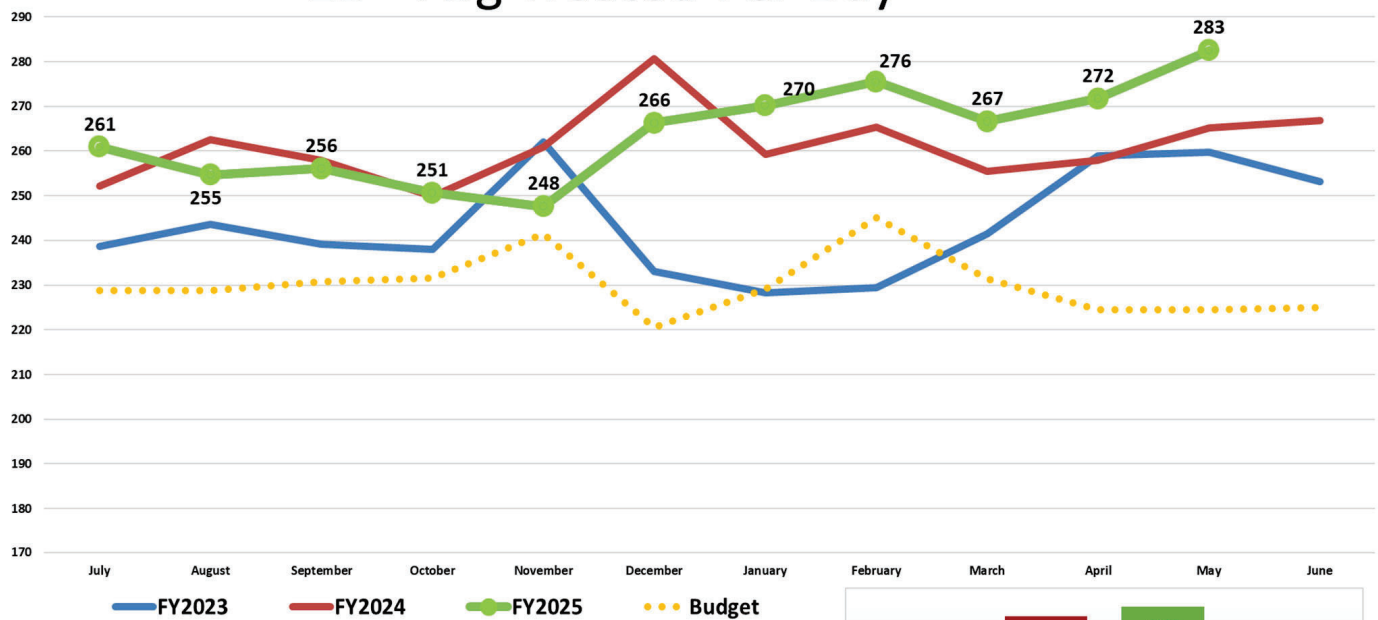
# Nursery - Avg Patients Per Day



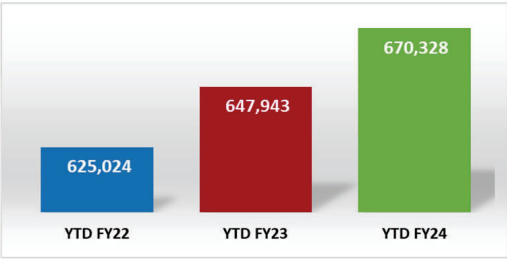
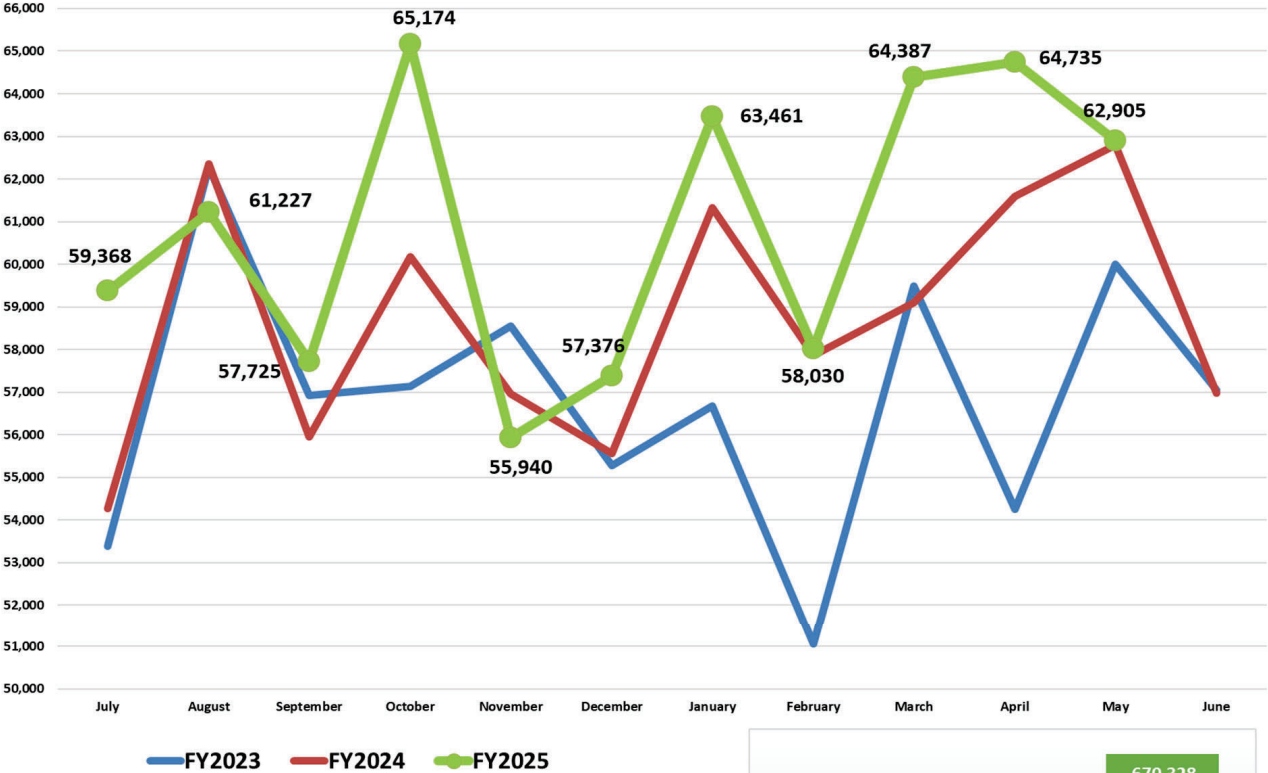
## Obstetrics - Avg Patients Per Day



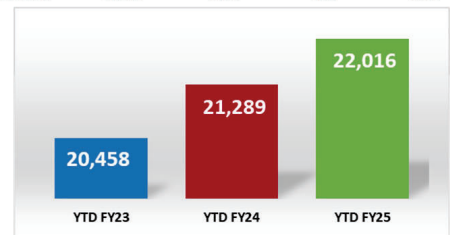
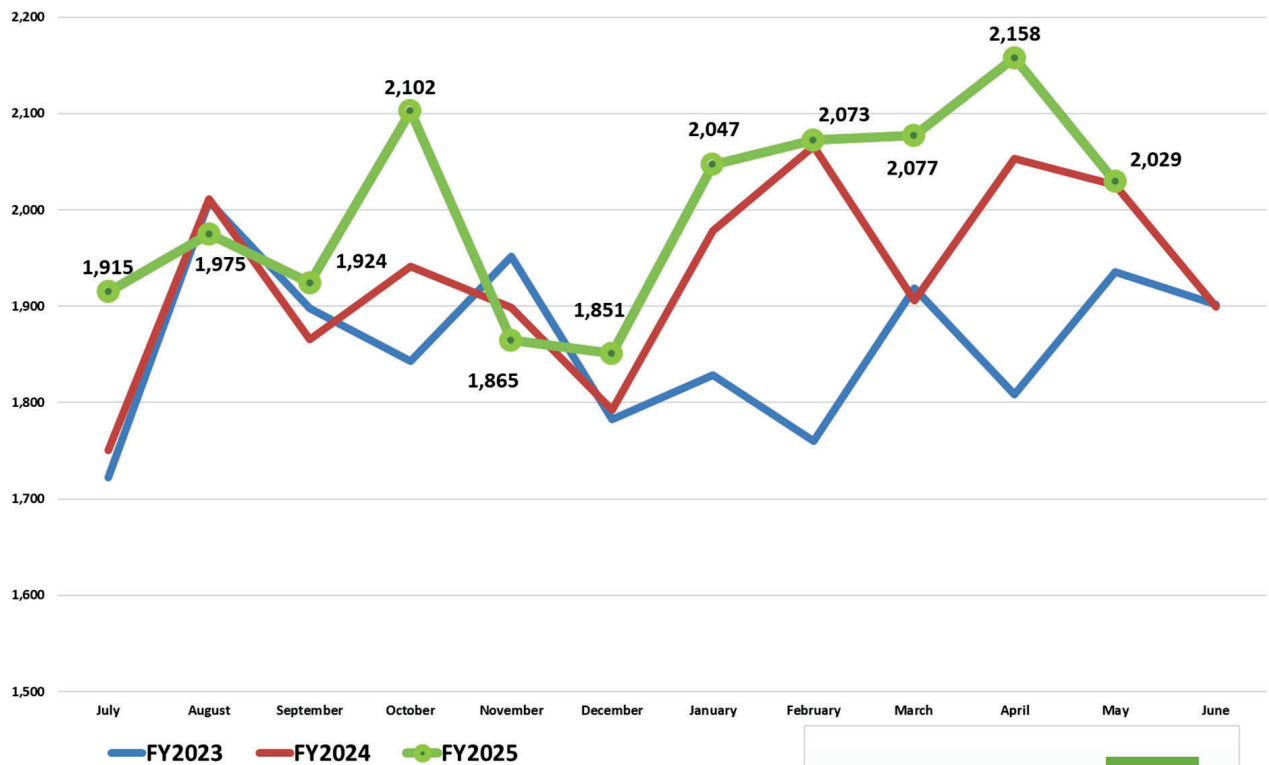
# ED - Avg Treated Per Day



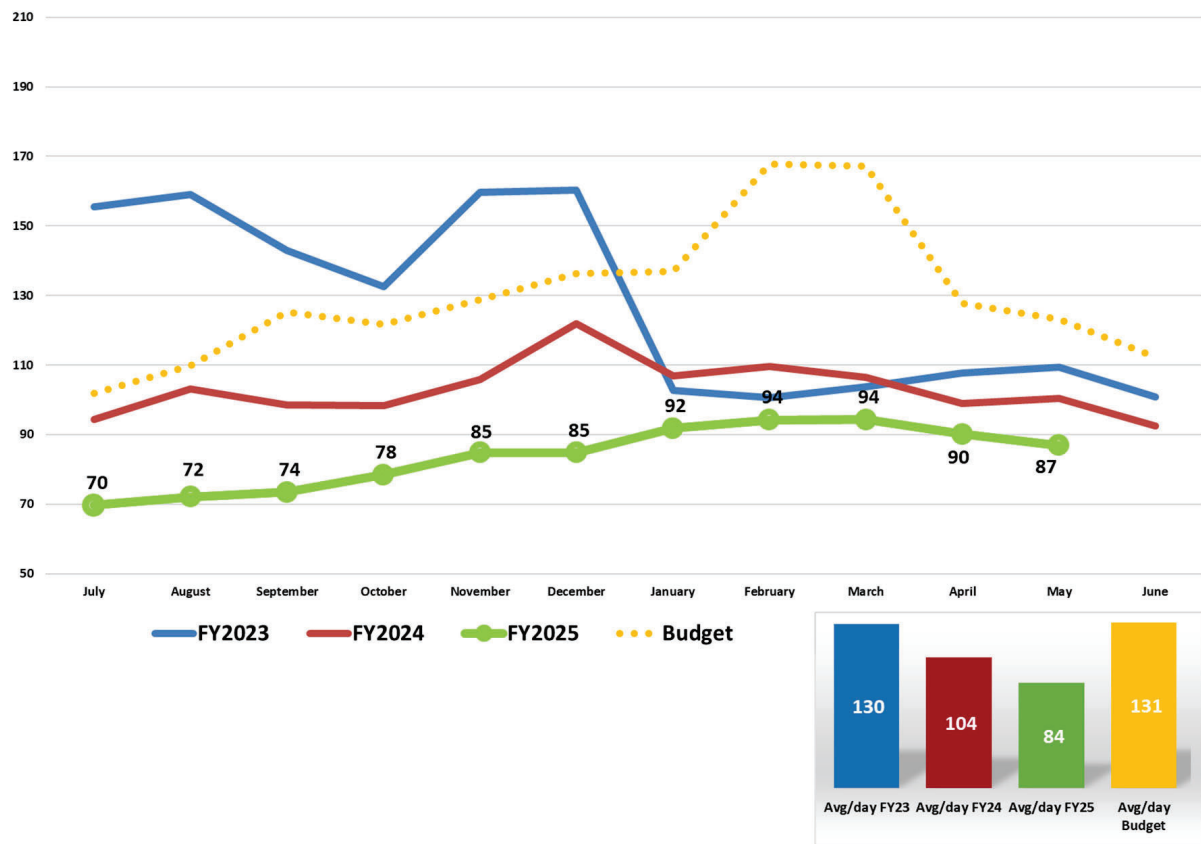
# Outpatient Registrations



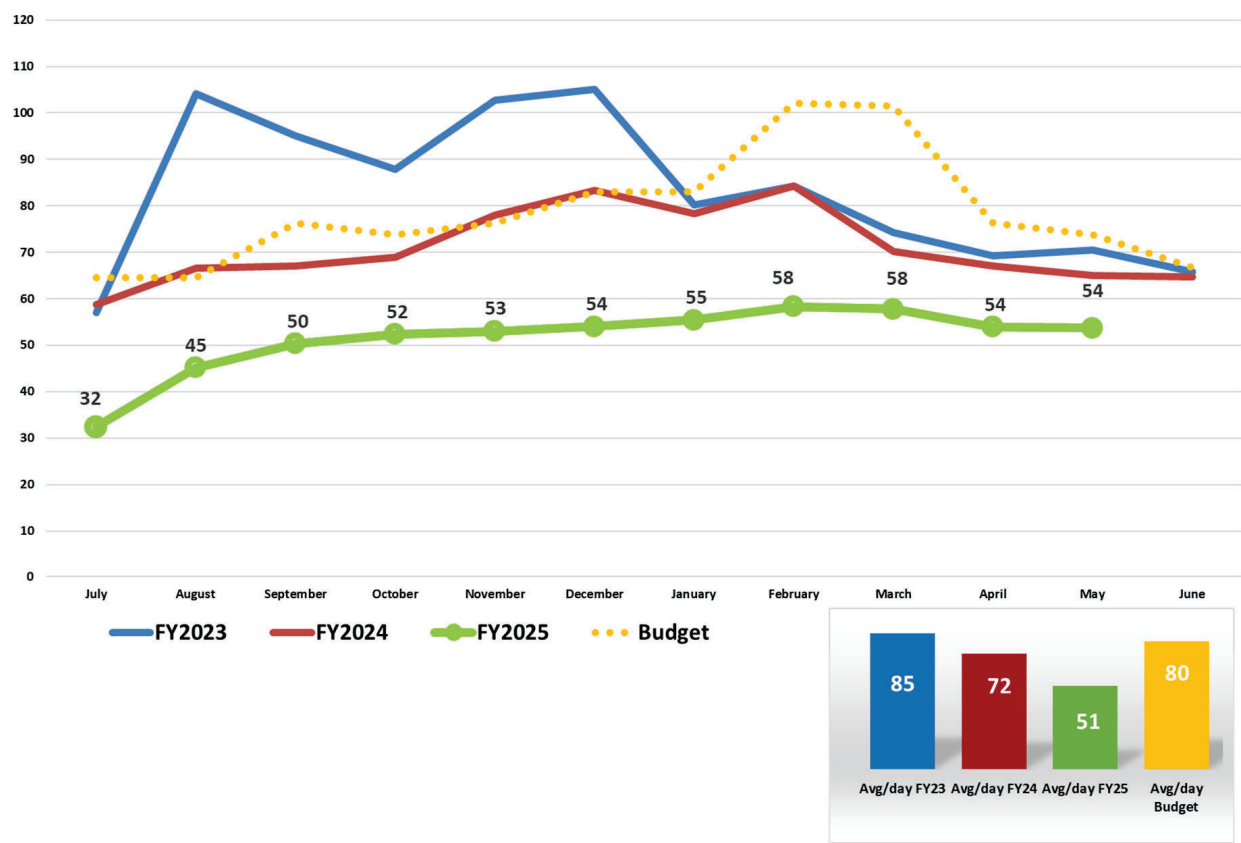
## Outpatient Registrations Per Day



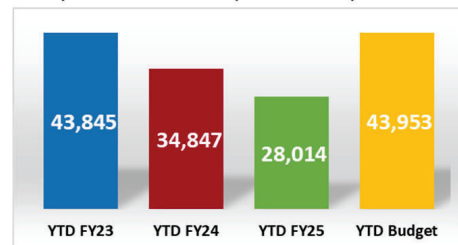
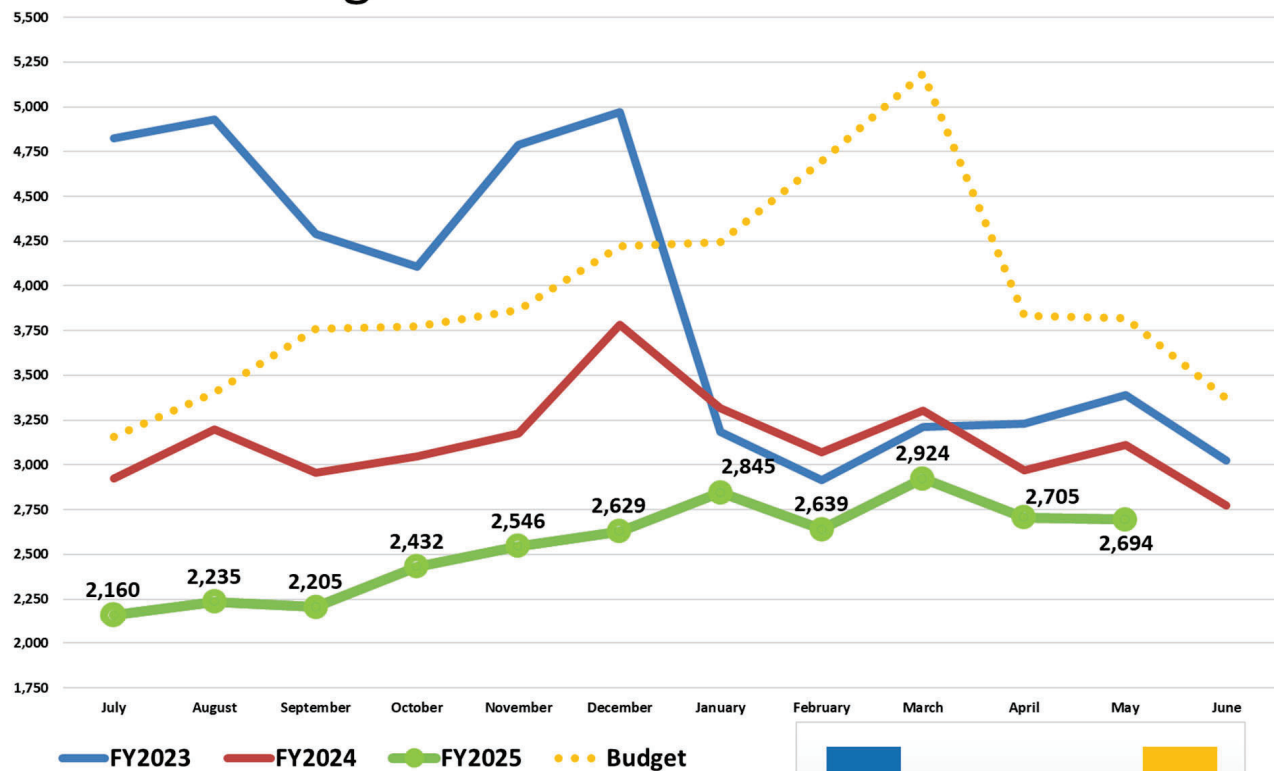
## Urgent Care – Court Avg Visits Per Day



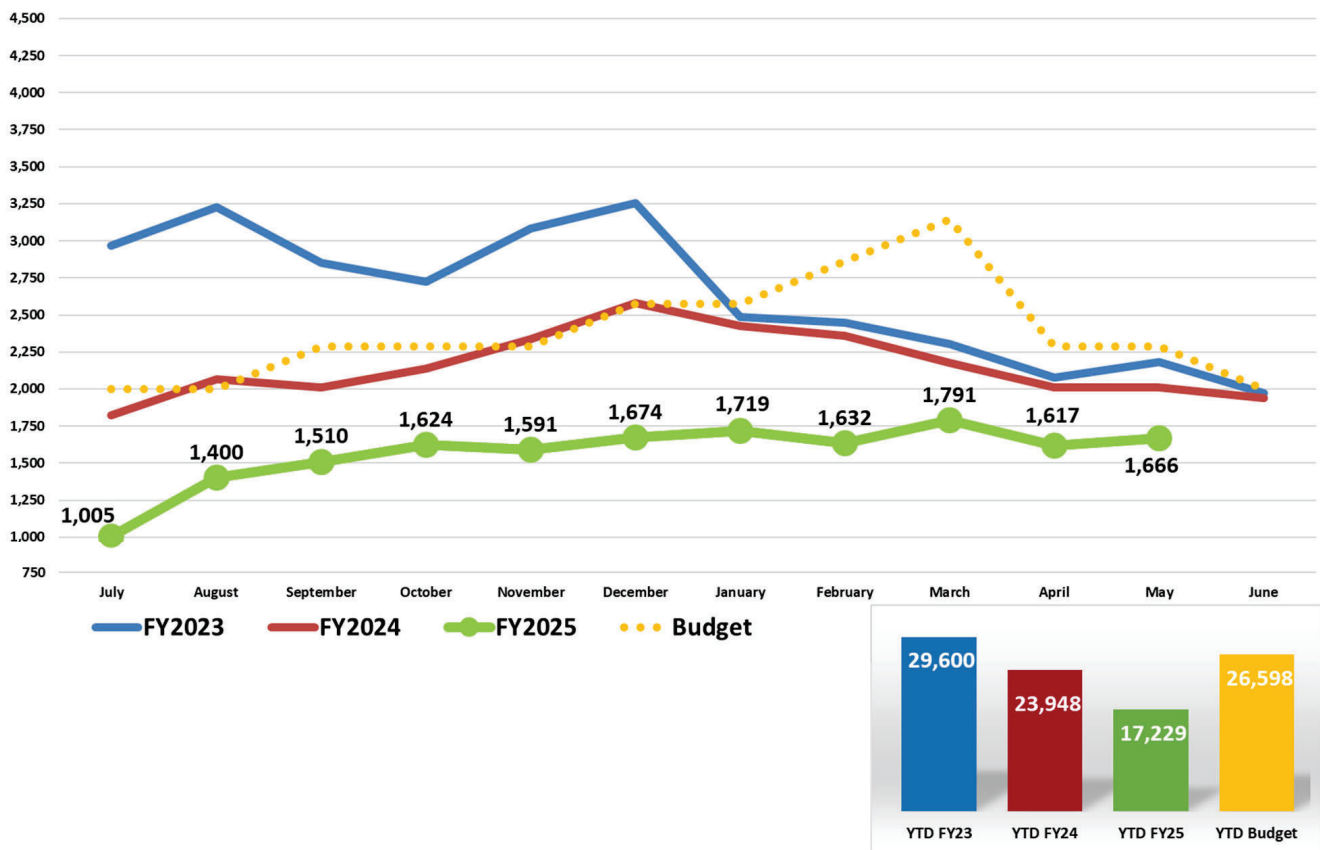
# Urgent Care – Demaree Avg Visits Per Day



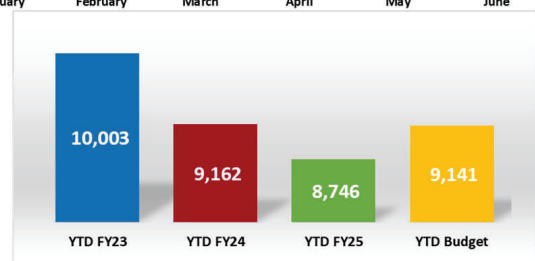
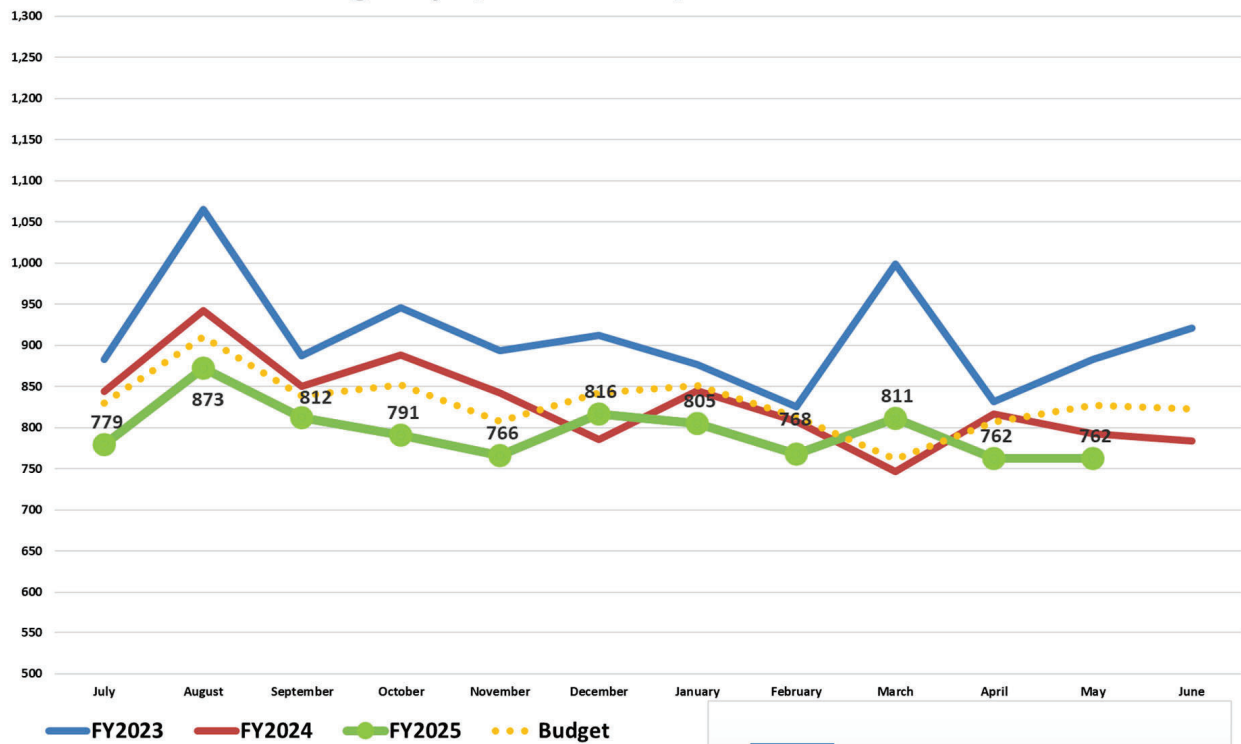
## Urgent Care – Court Total Visits



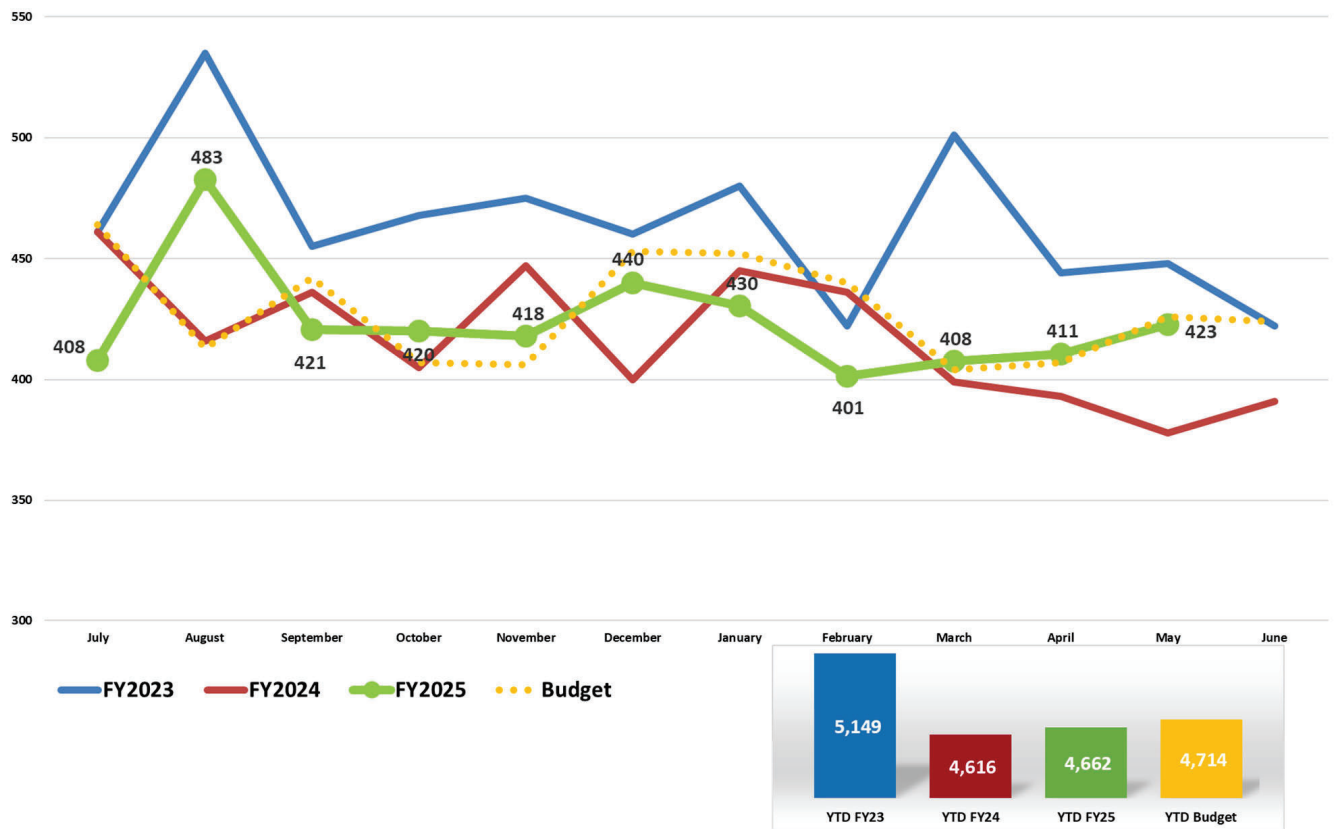
## Urgent Care – Demaree Total Visits



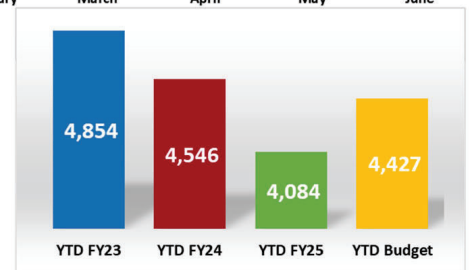
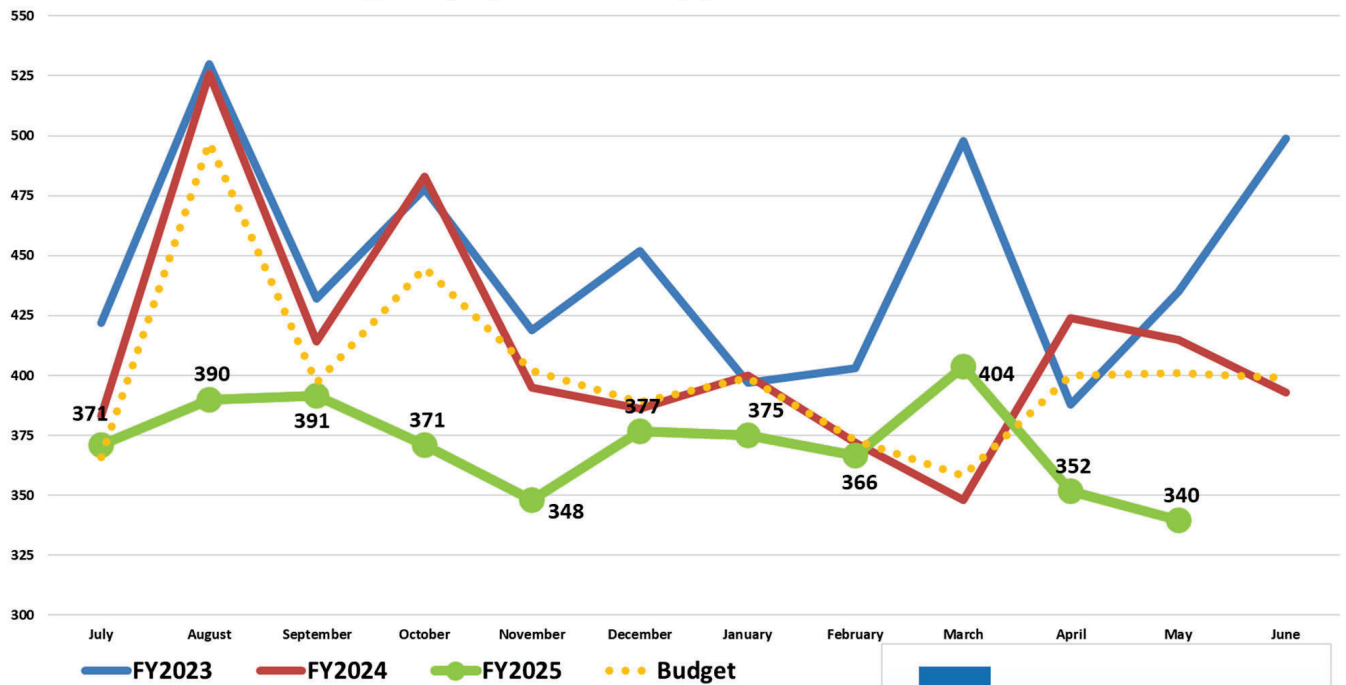
## Surgery (IP & OP) – 100 Min Units



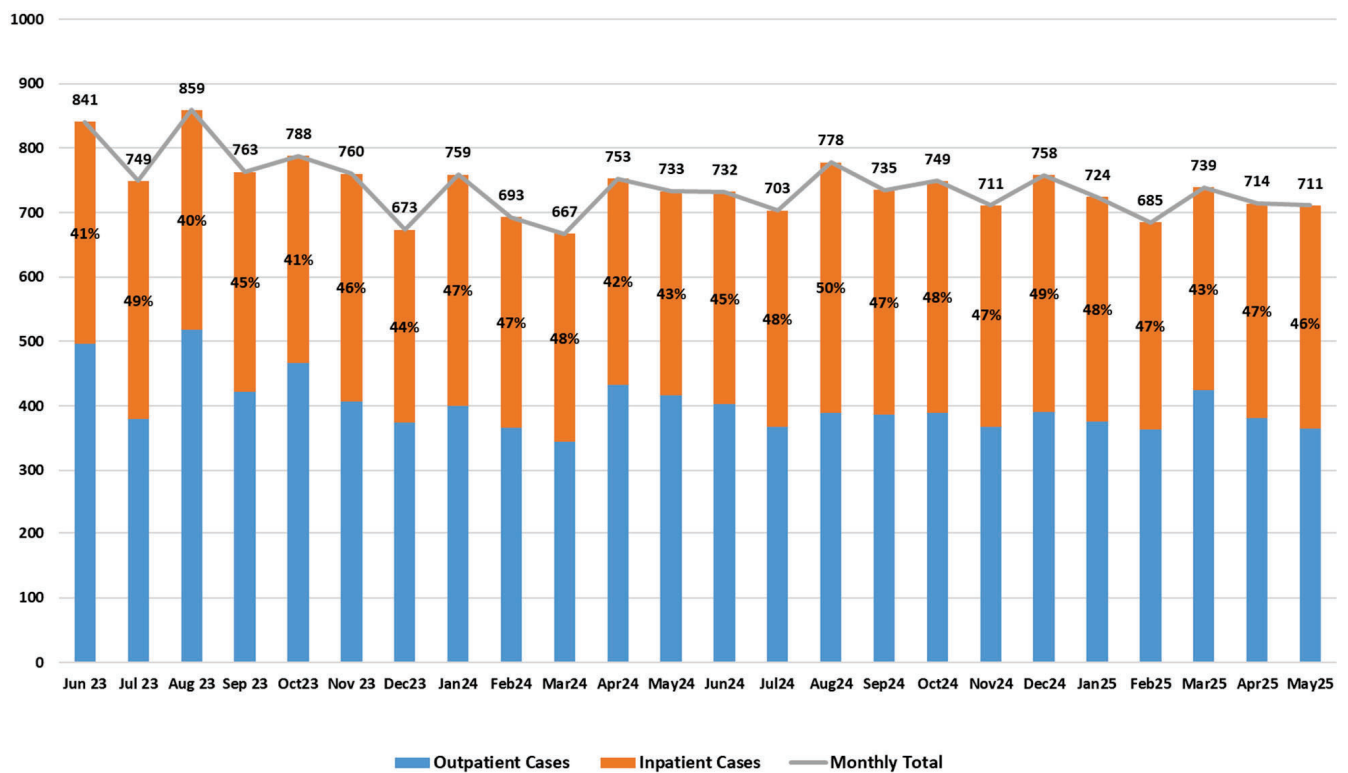
## Surgery (IP Only) - 100 Min Unit



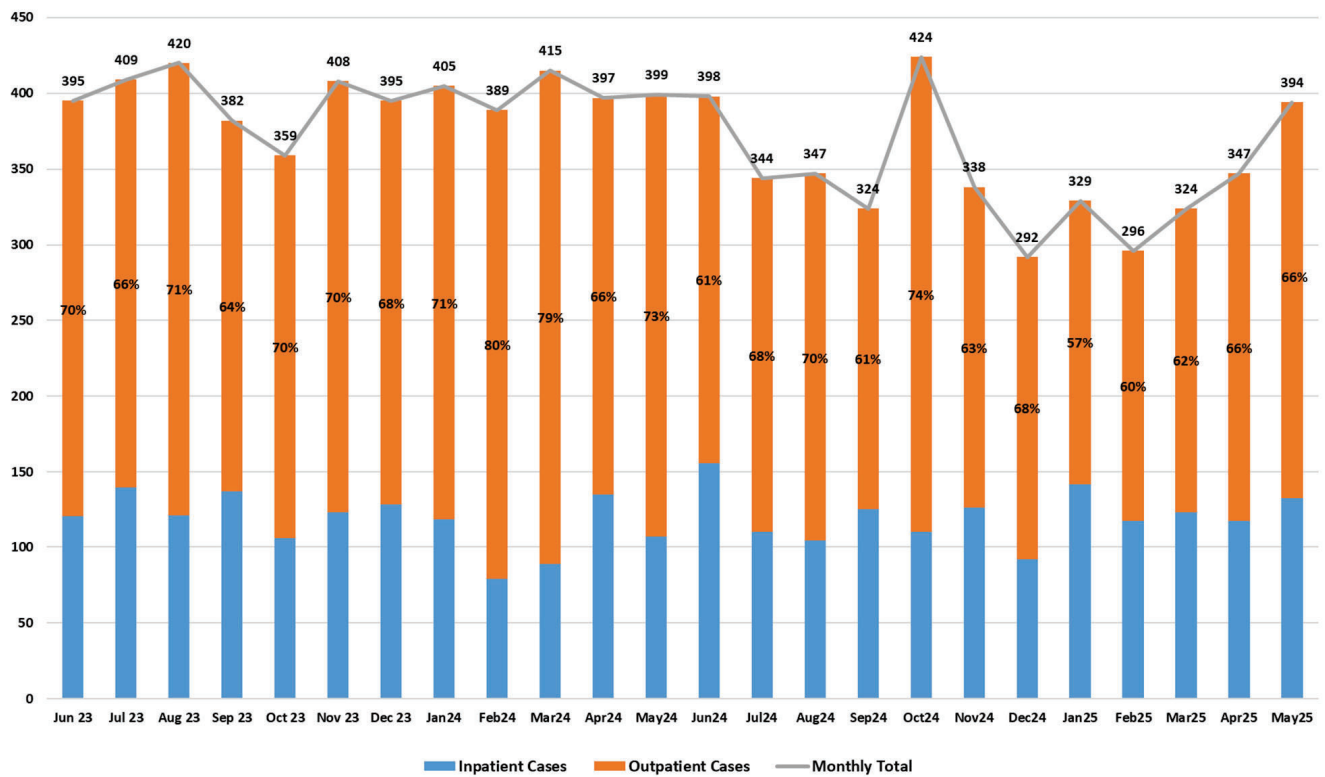
## Surgery (OP Only) - 100 Min Units



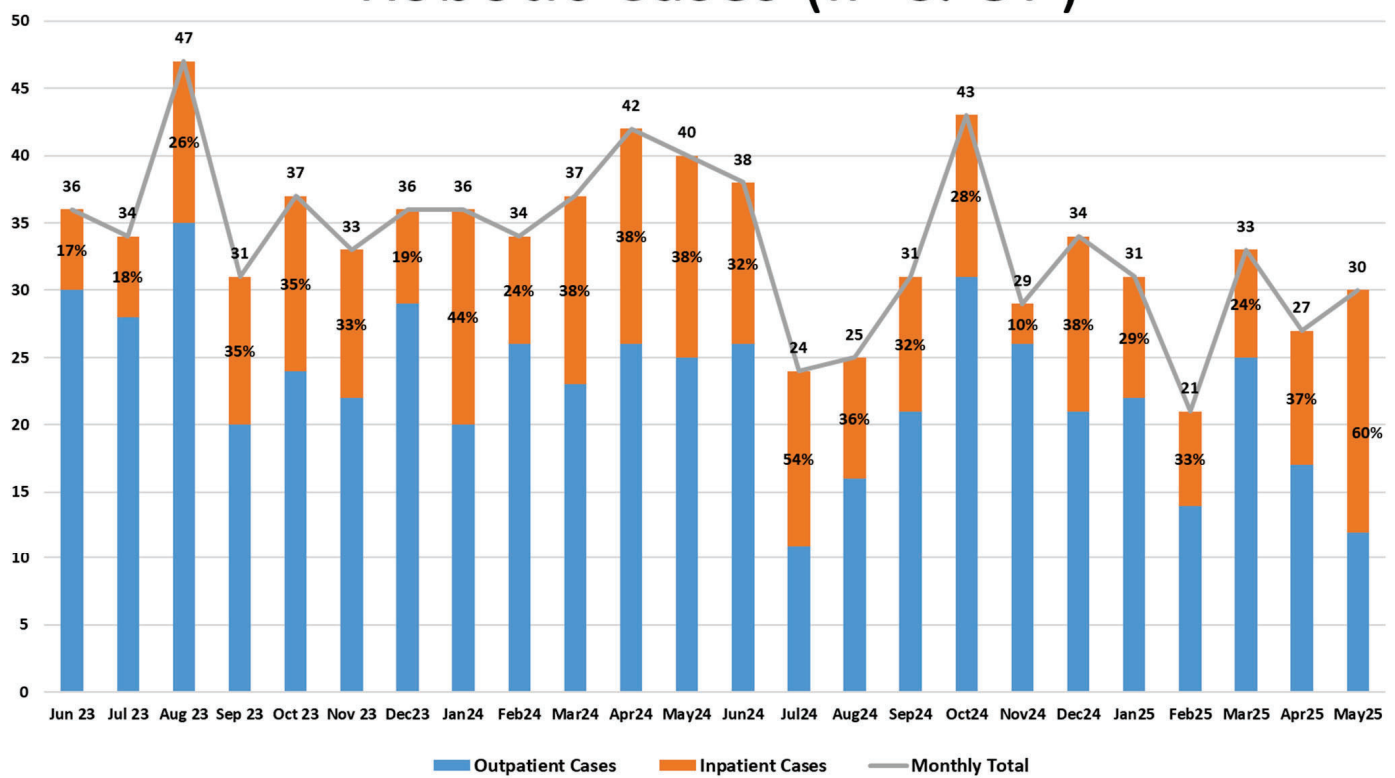
# Surgery Cases (IP & OP)



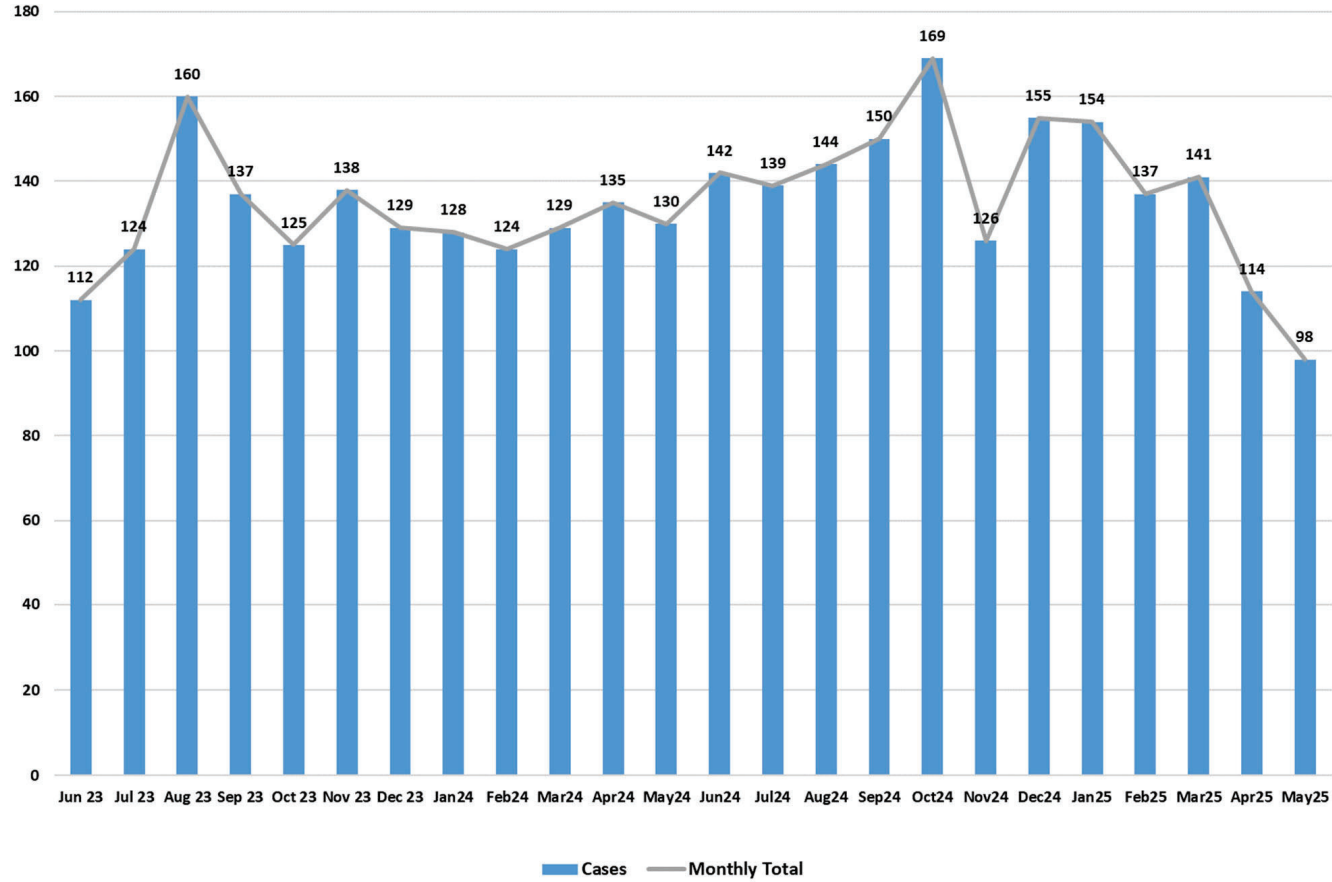
## Endo Cases (Suites A & B and OR )



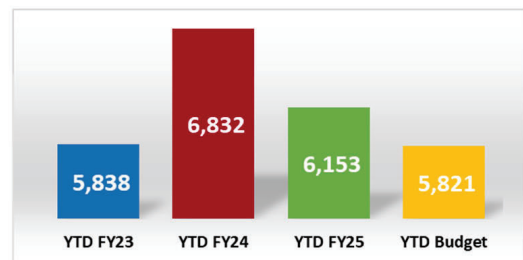
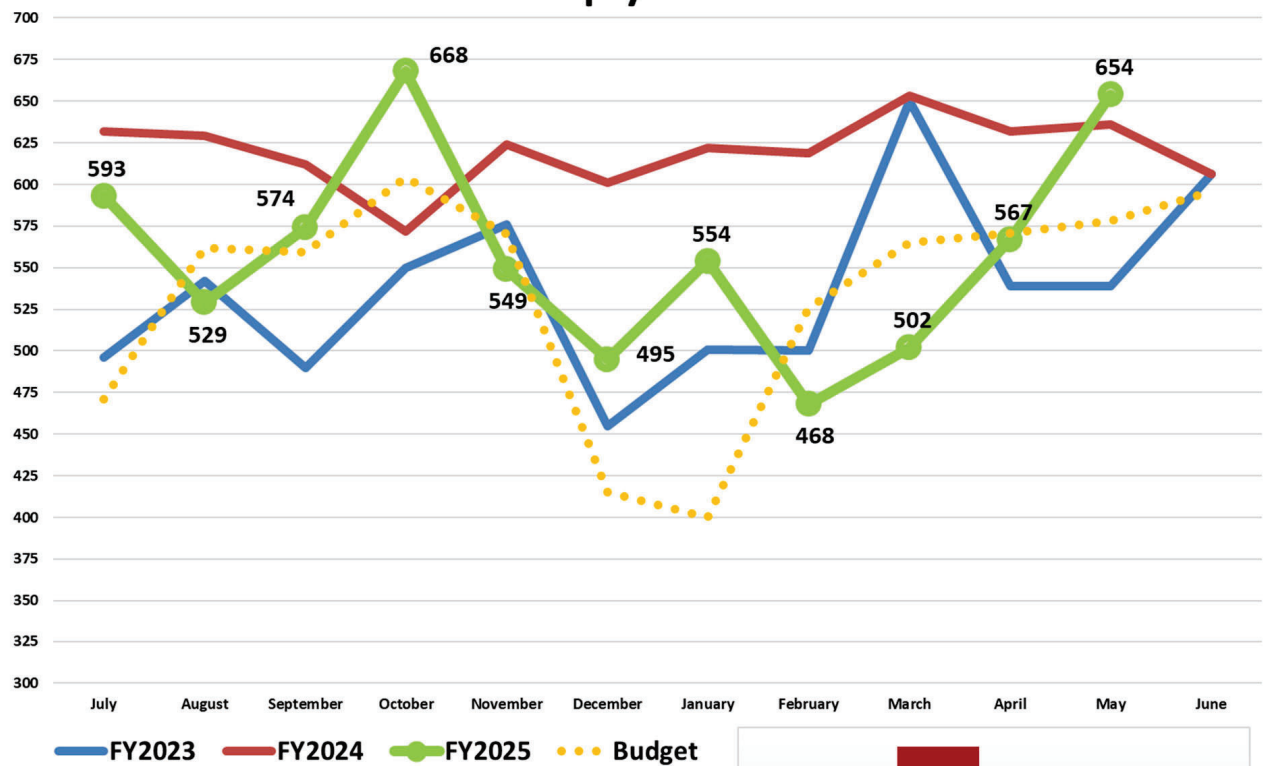
# Robotic Cases (IP & OP)



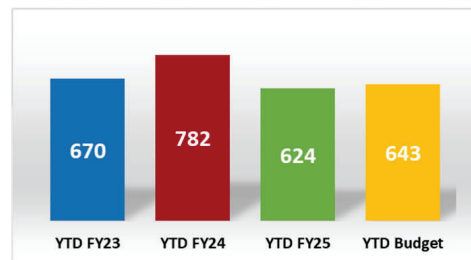
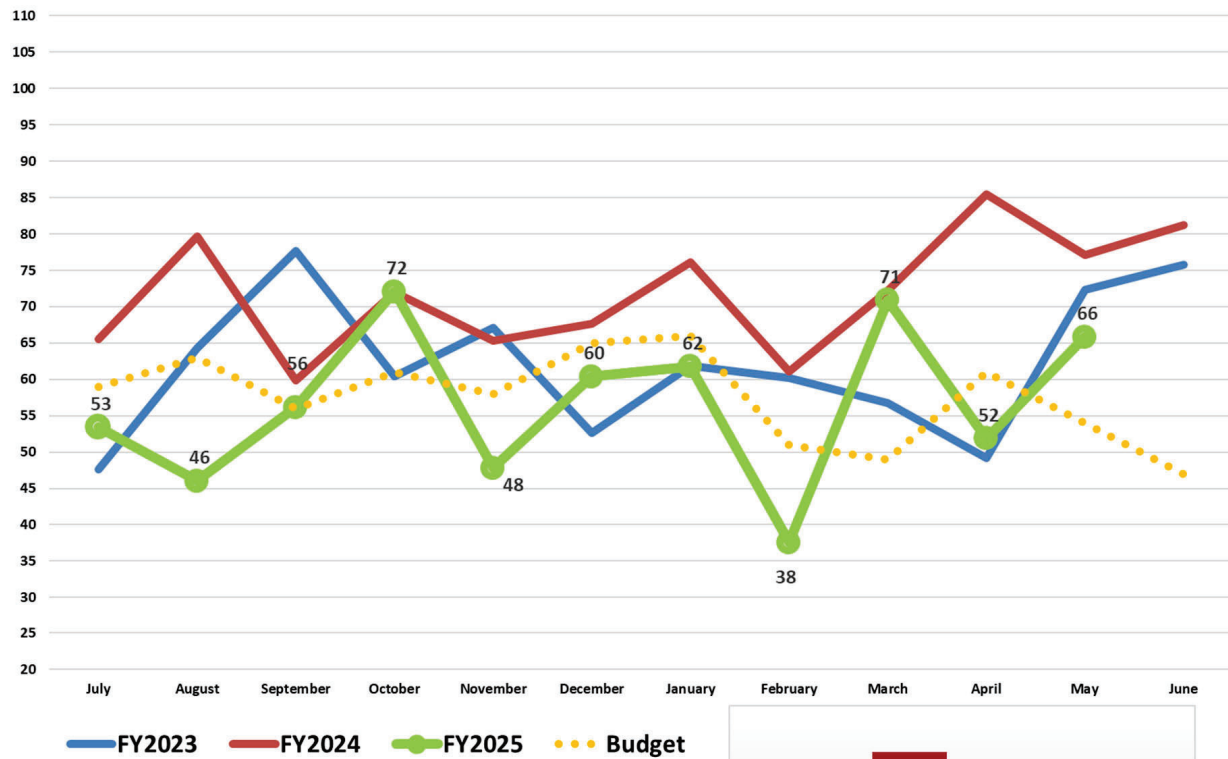
# OB Cases



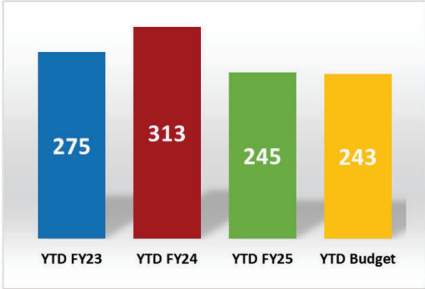
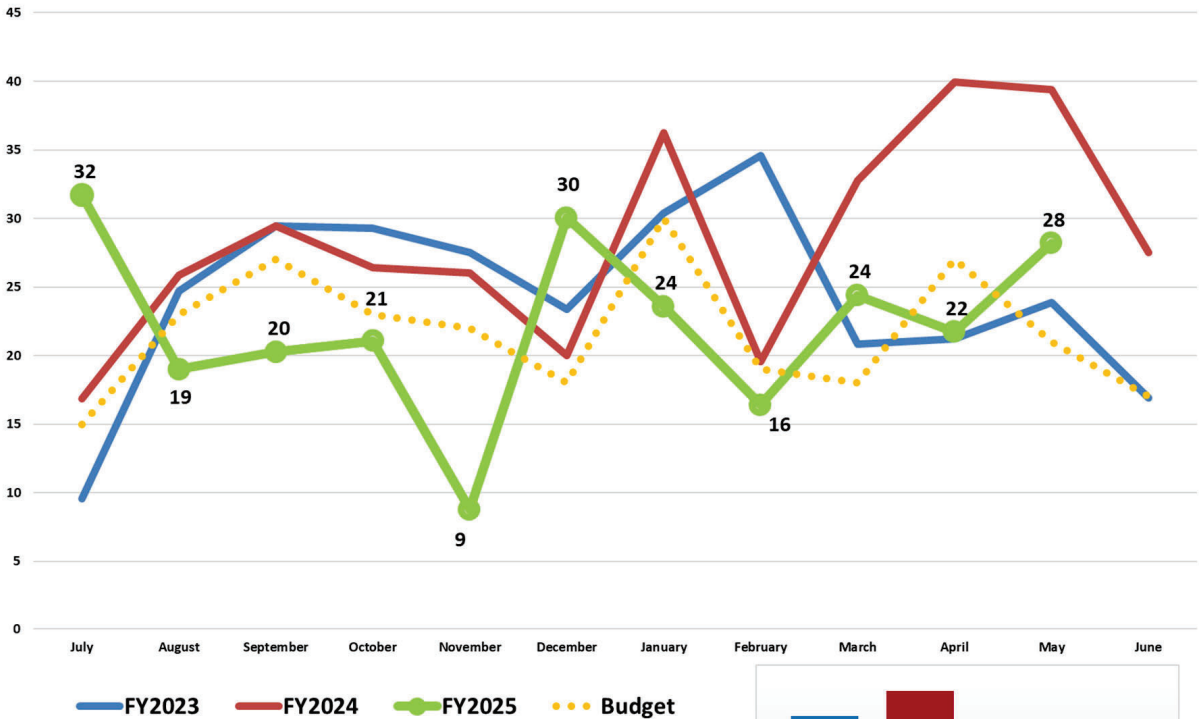
# Endoscopy Procedures



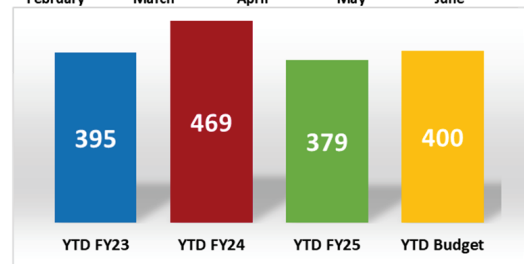
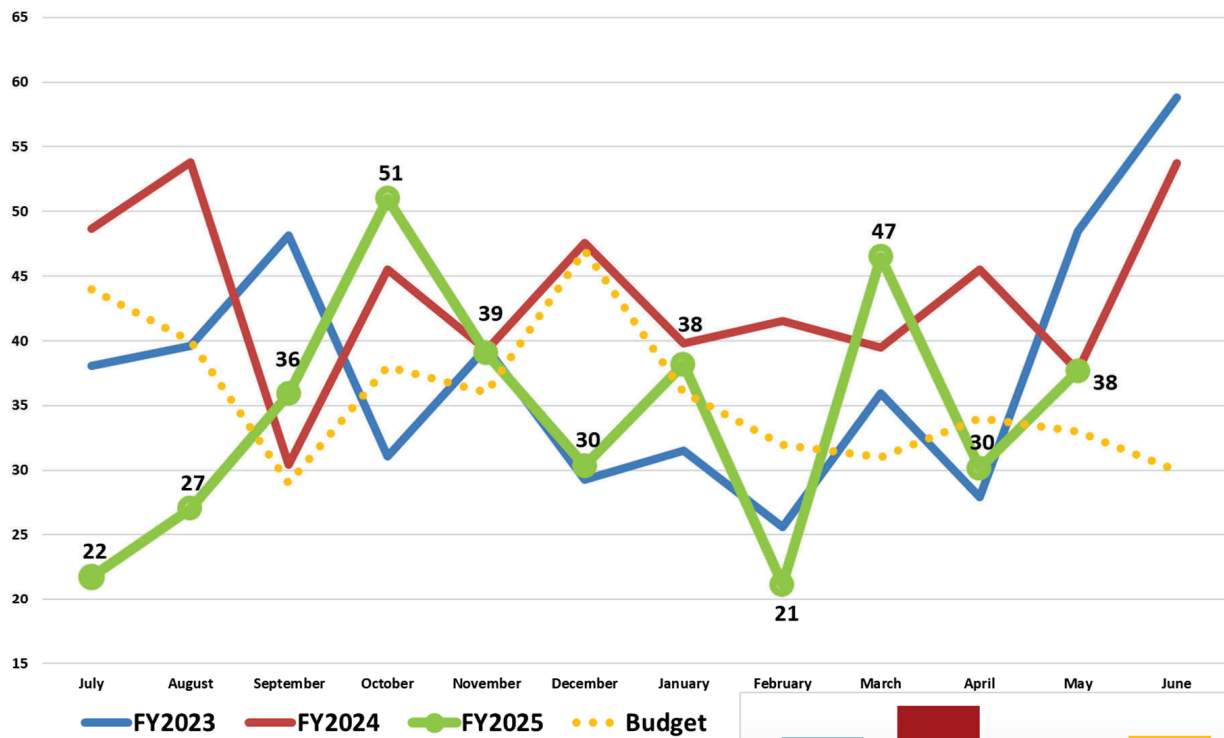
## Robotic Surgery (IP & OP) - 100 Min Units



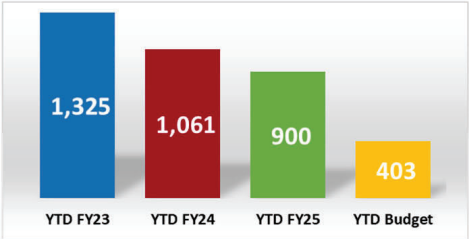
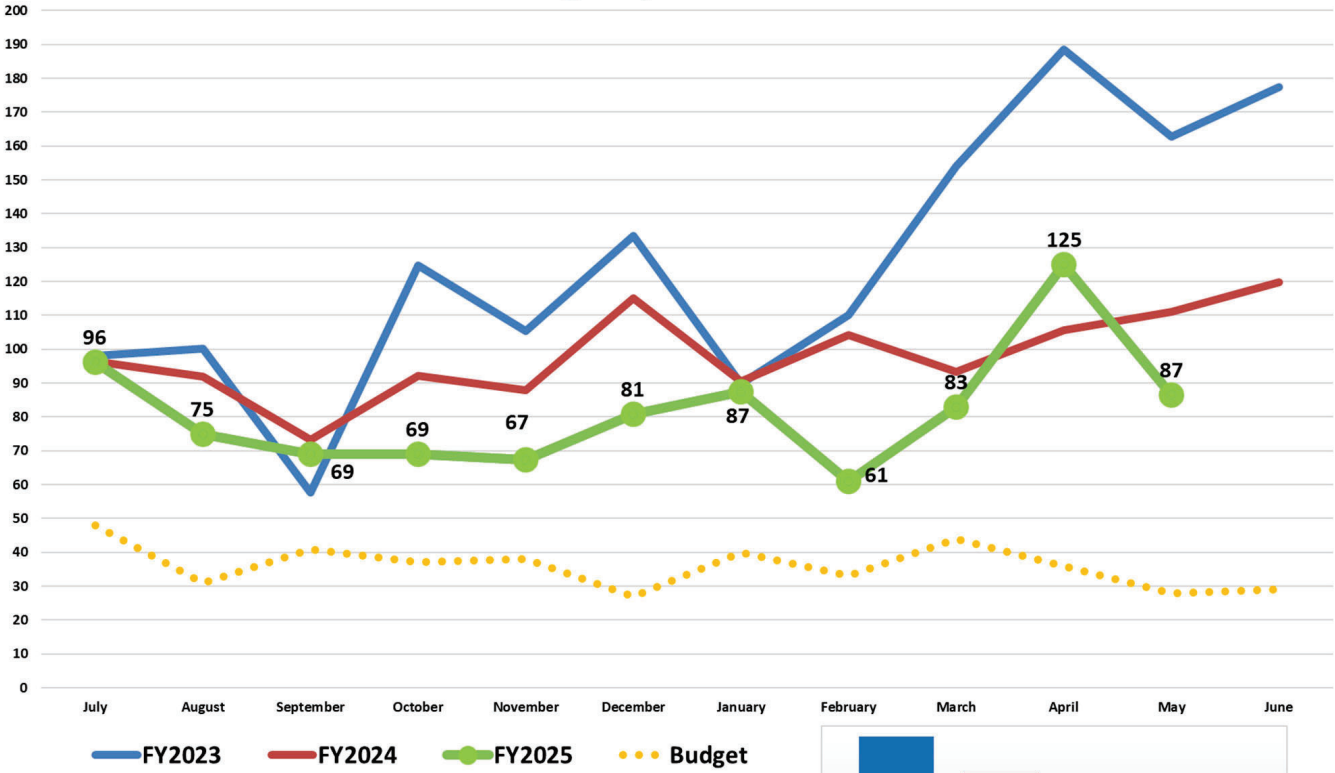
# Robotic Surgery Minutes (IP Only)



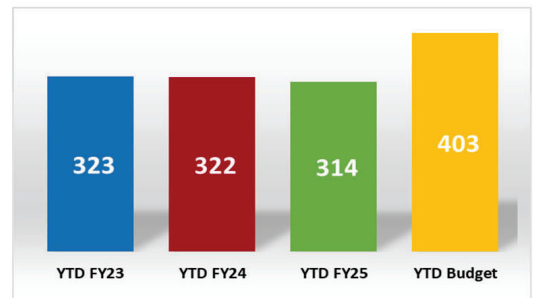
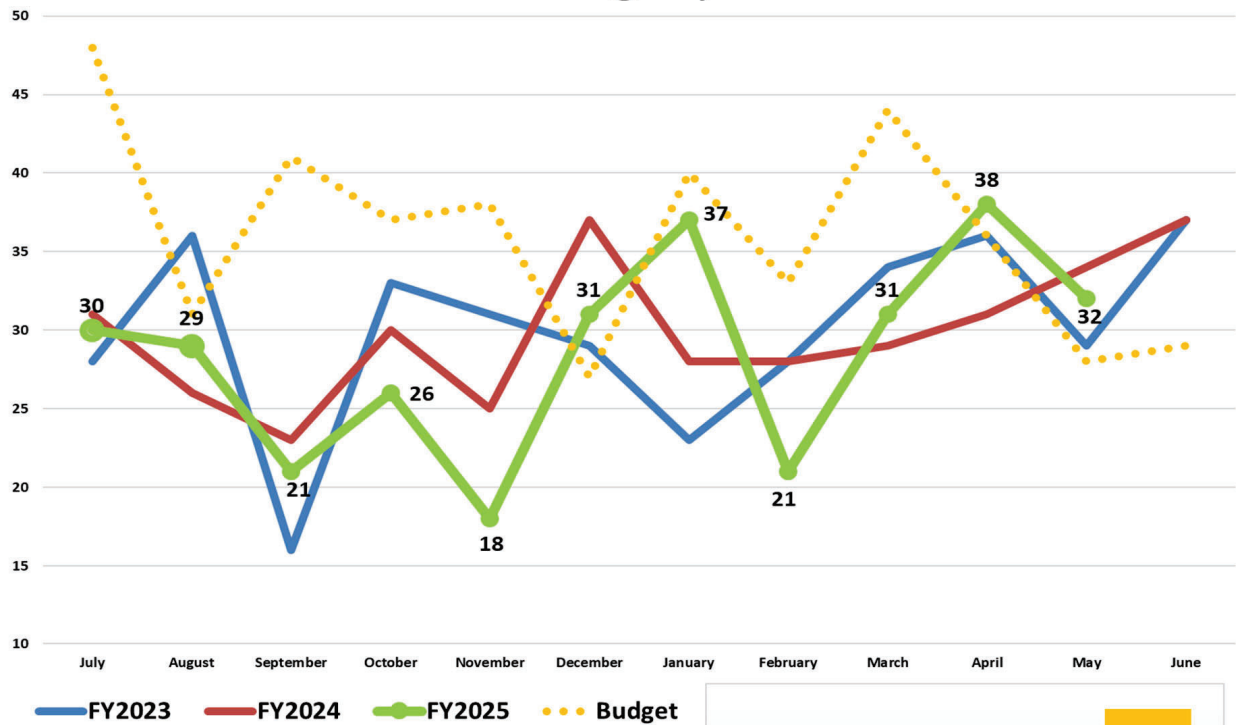
## Robotic Surgery Minutes (OP Only)



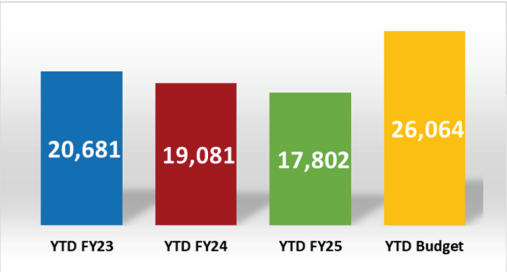
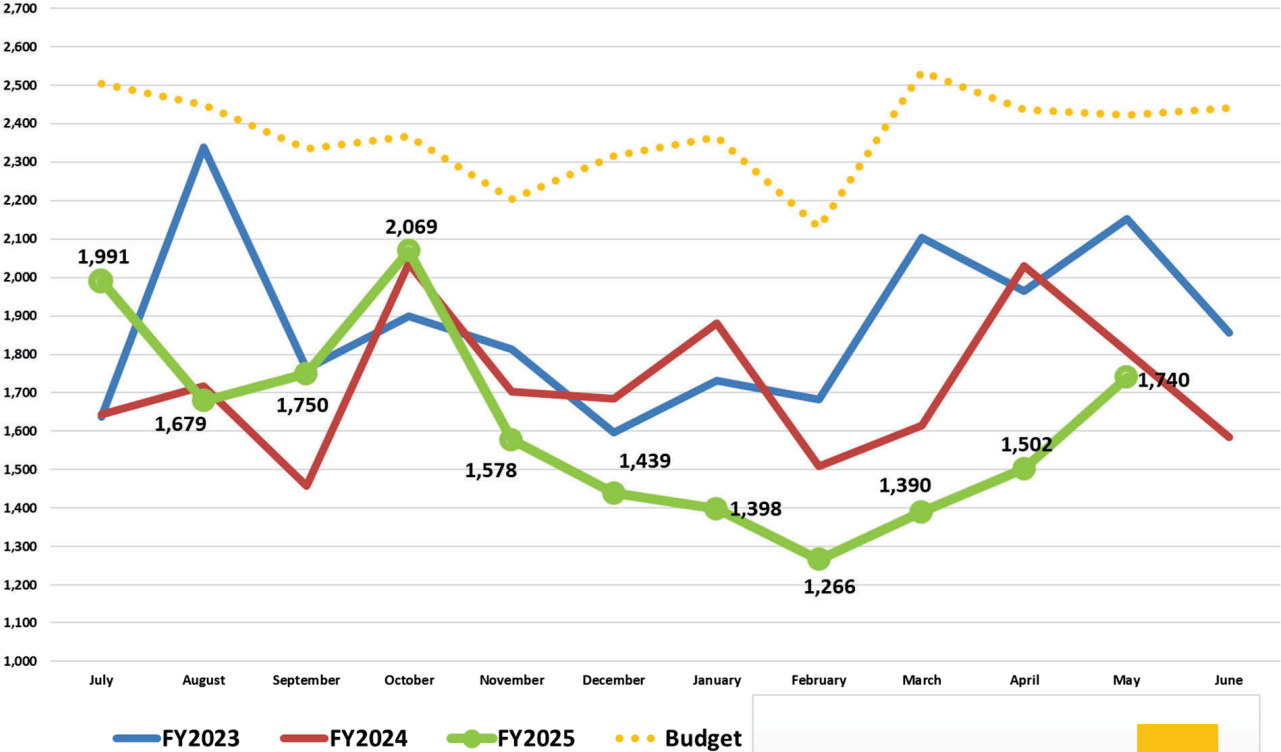
# Cardiac Surgery - 100 Min Units



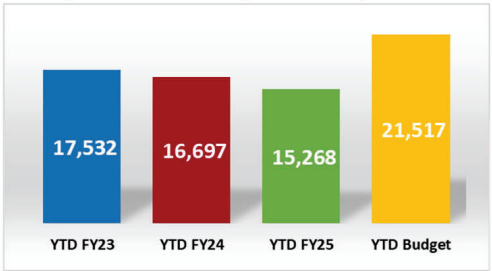
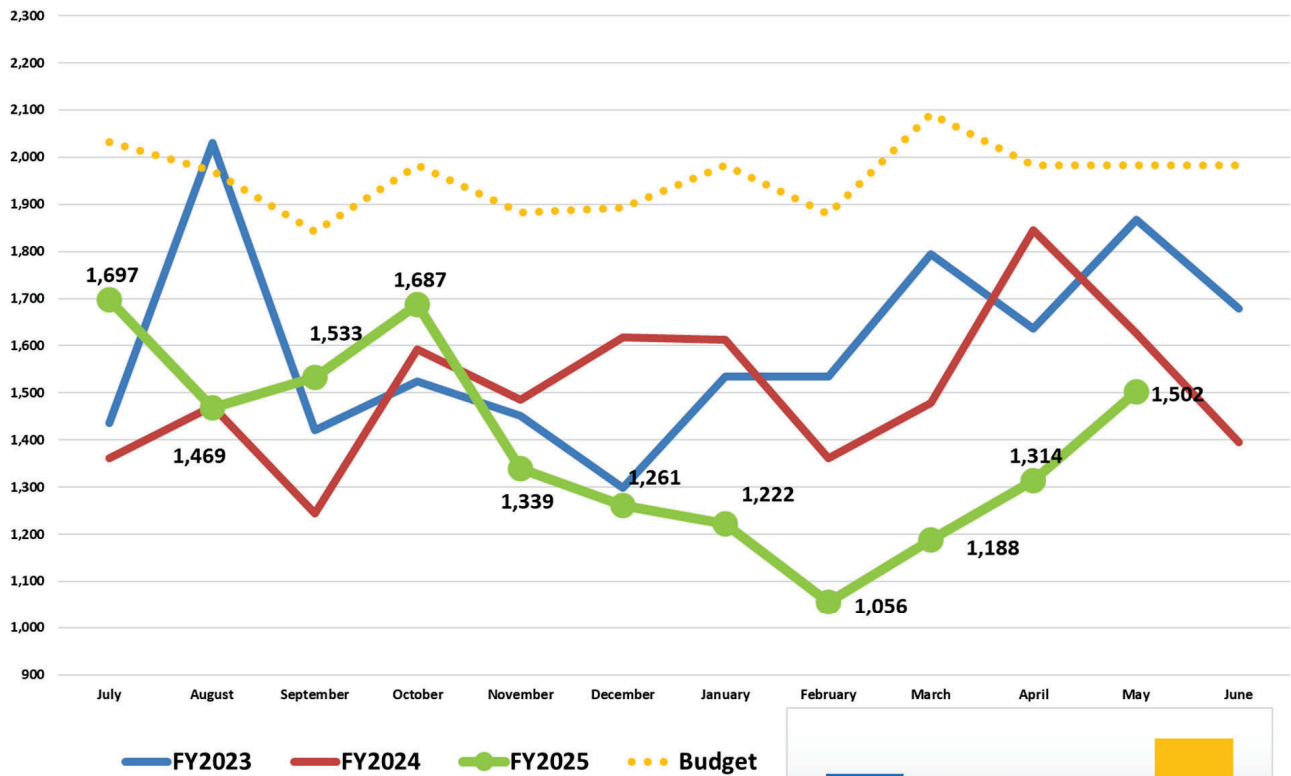
# Cardiac Surgery Cases



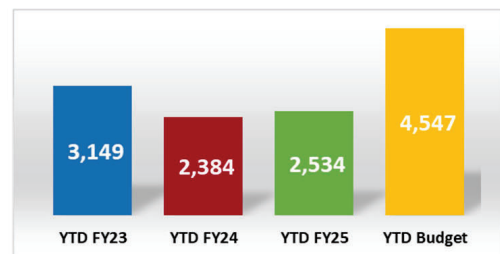
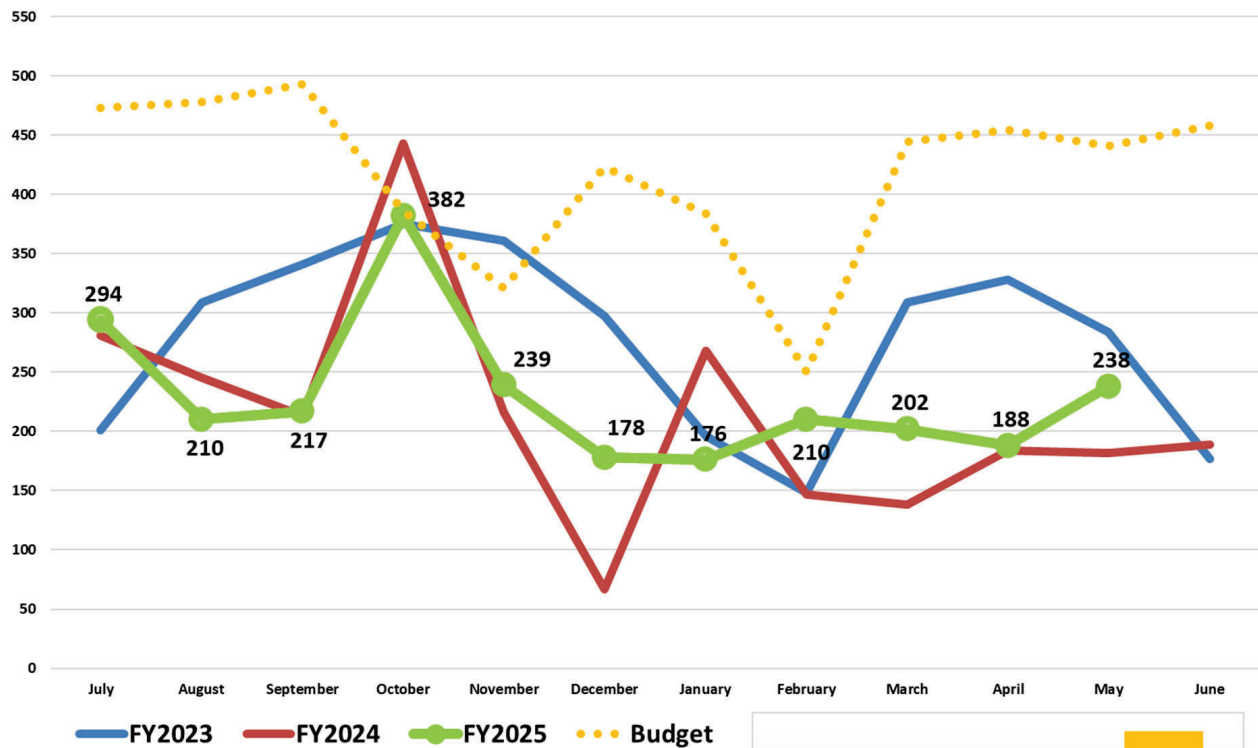
# Rad Onc Treatments (Vis. & Hanf.)



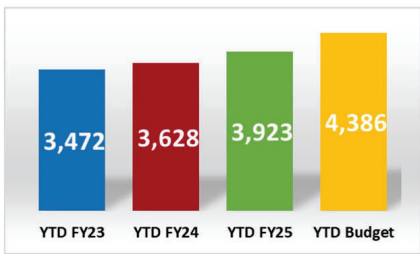
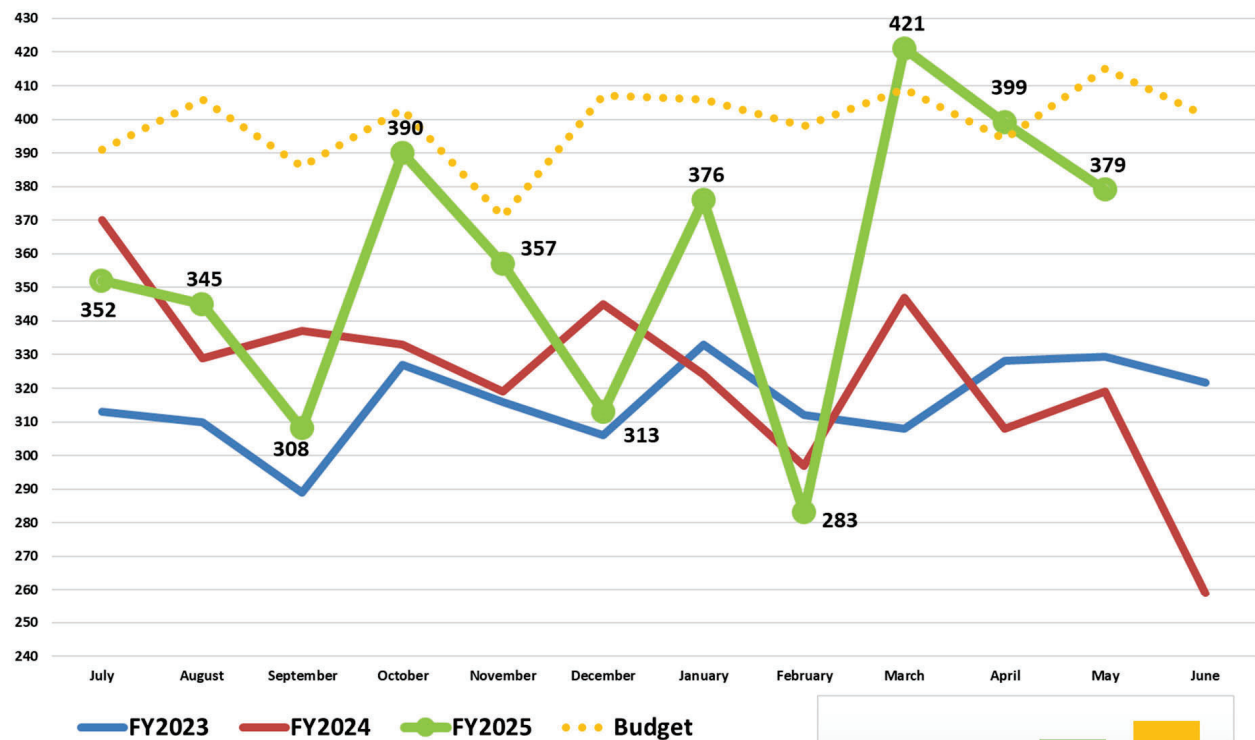
# Rad Onc Visalia



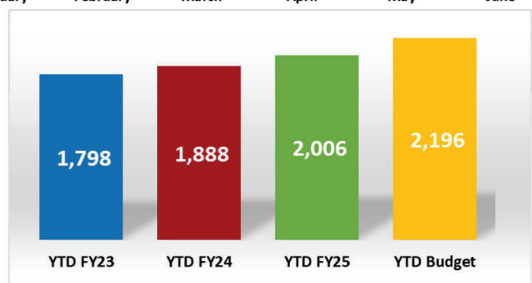
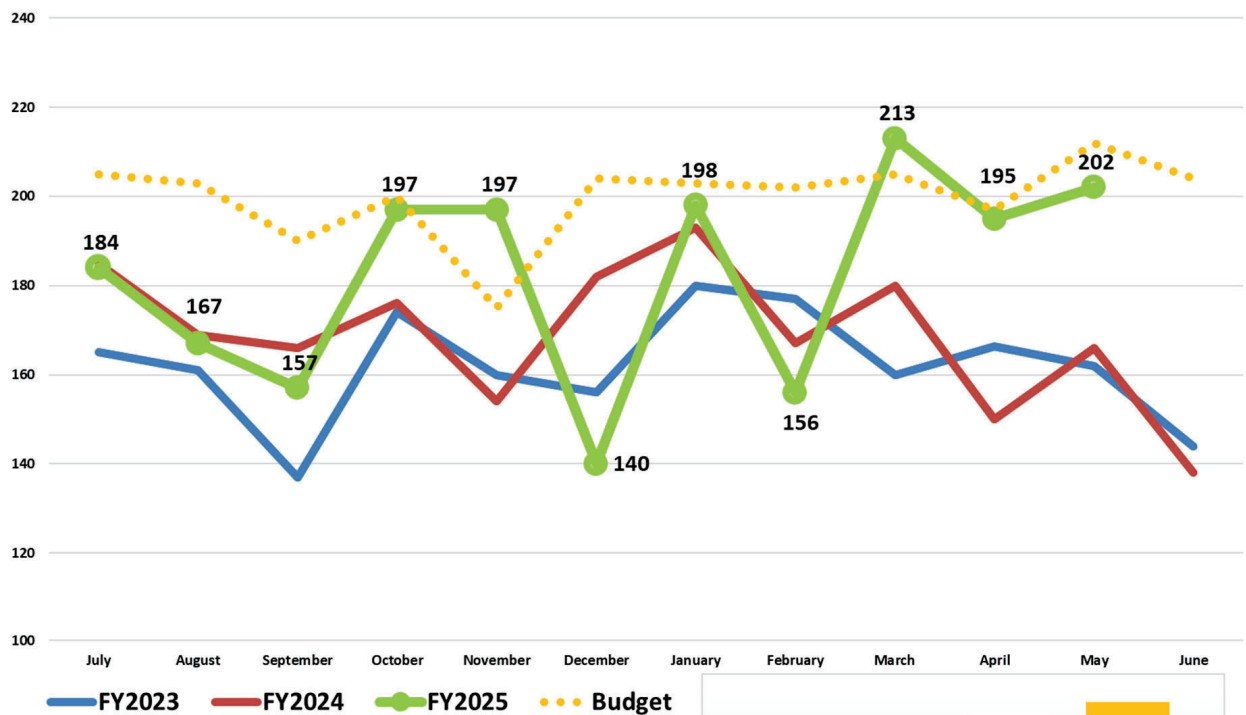
# Rad Onc Hanford



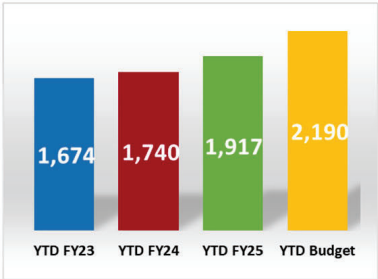
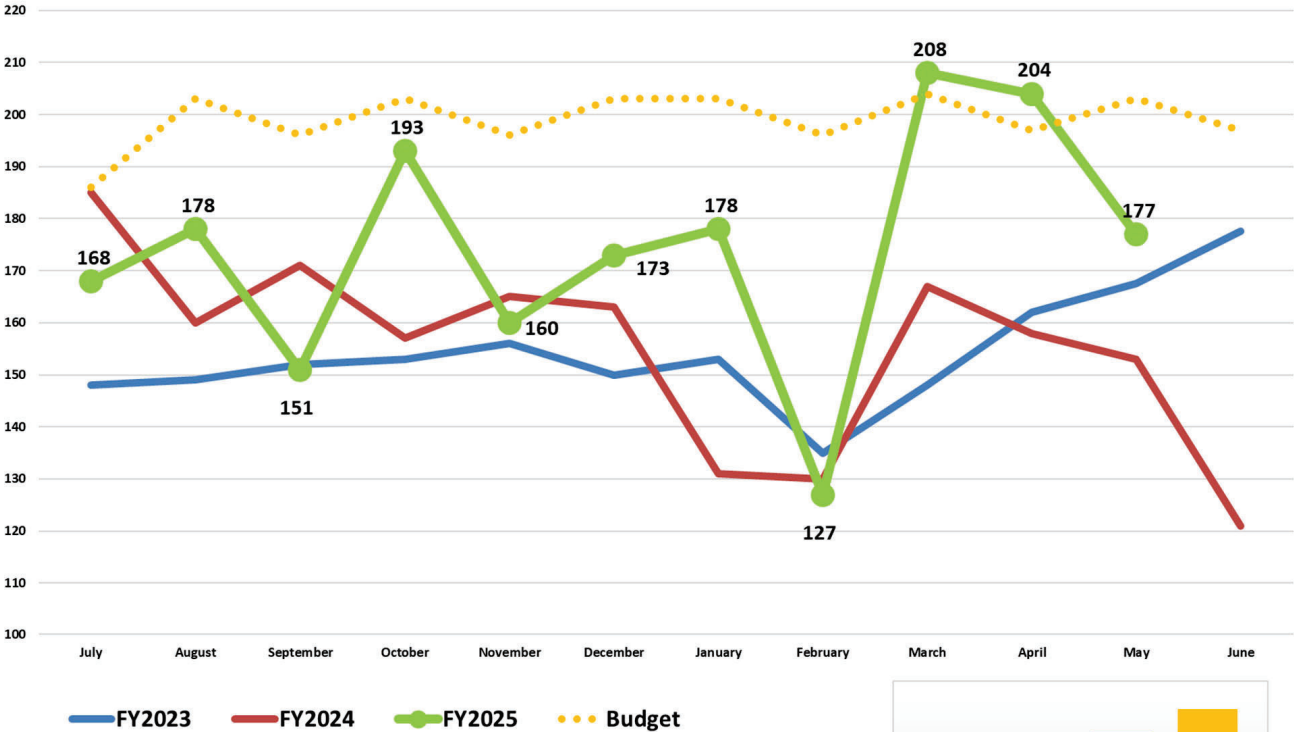
# Cath Lab (IP & OP) – 100 Min Units



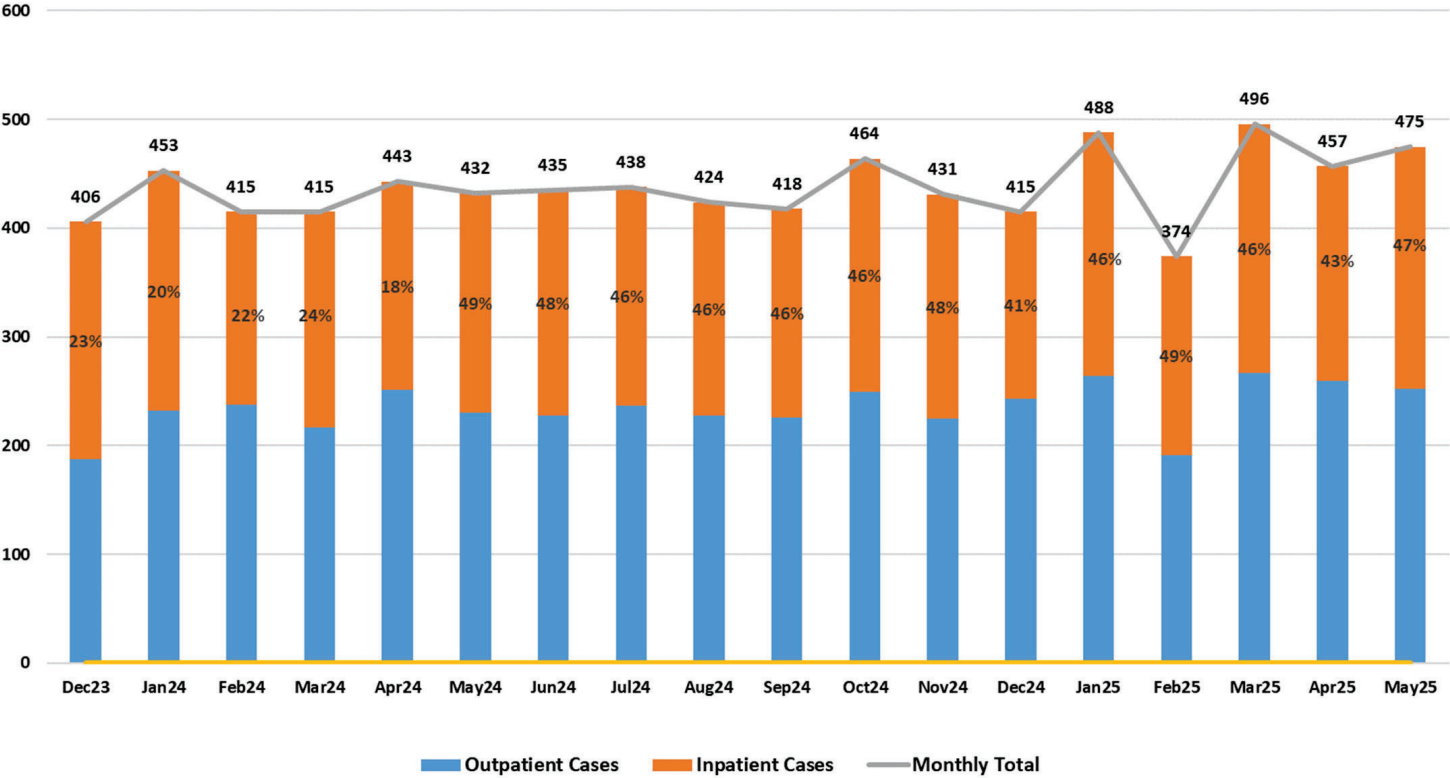
## Cath Lab (IP Only) – 100 Min Units



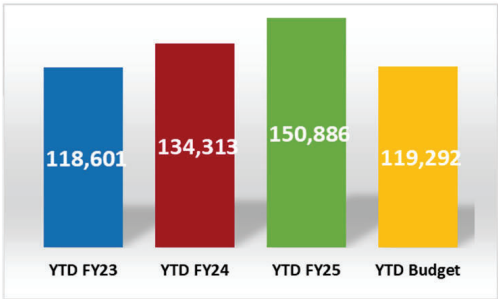
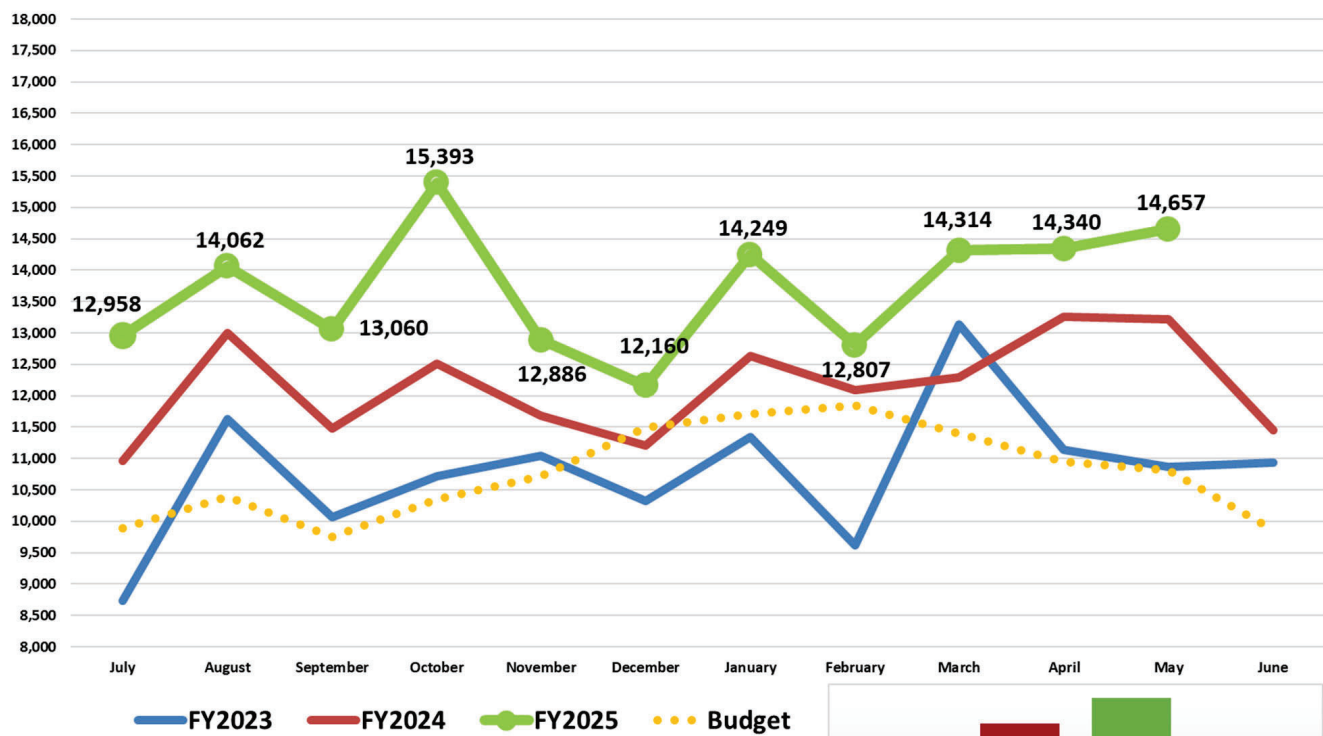
# Cath Lab (OP Only) – 100 Min Units



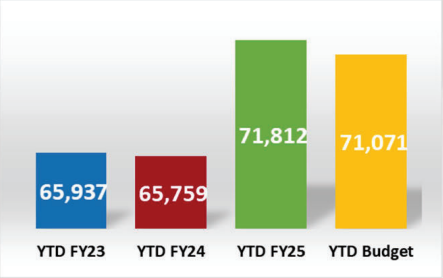
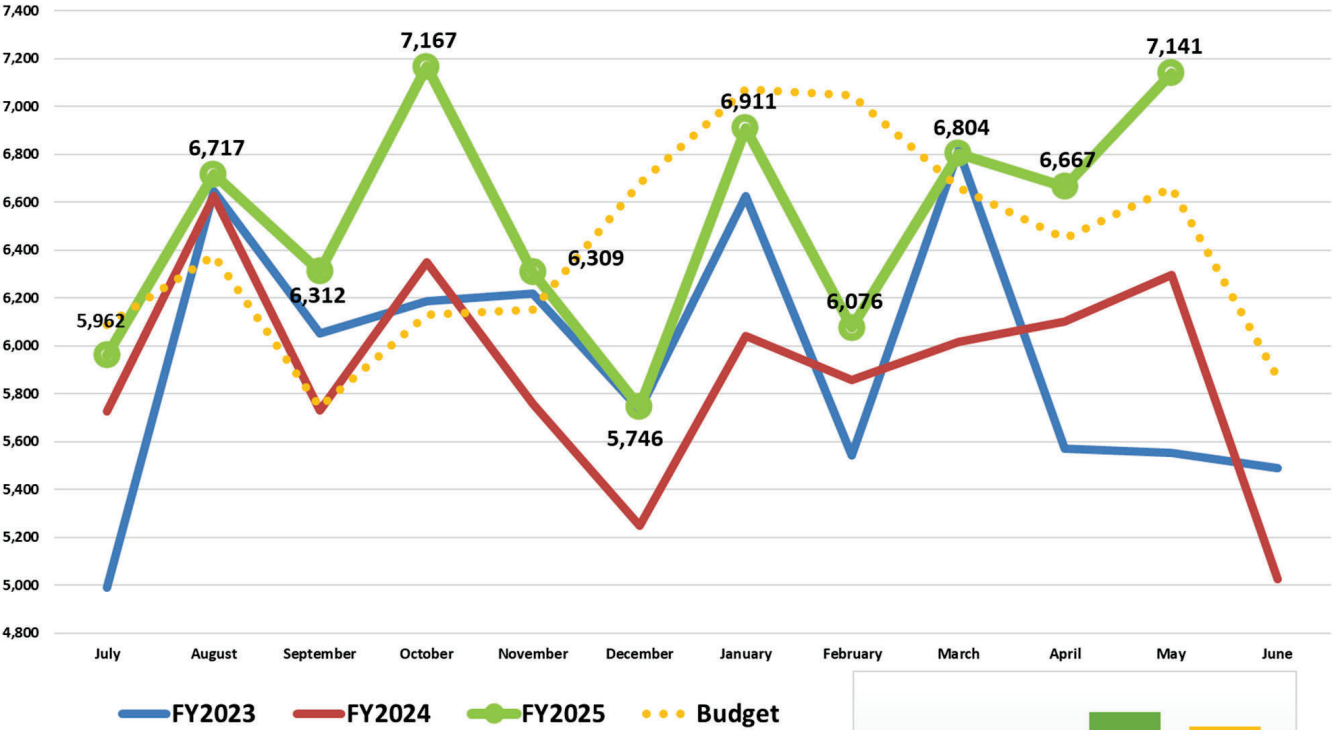
# Cath Lab Patients (IP & OP)



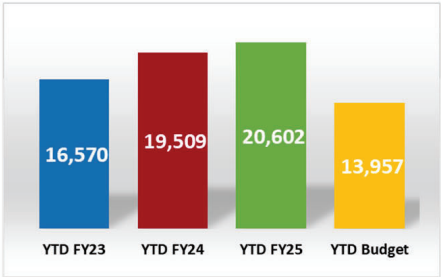
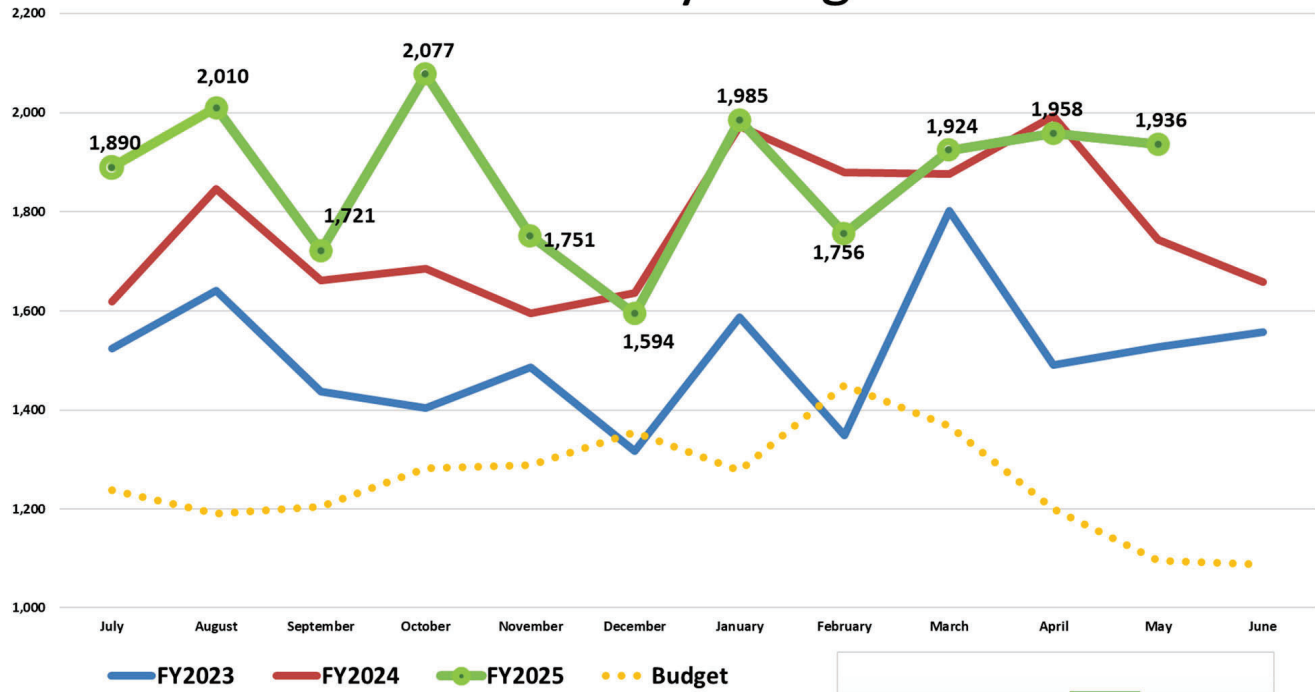
# Rural Health Clinics Registrations



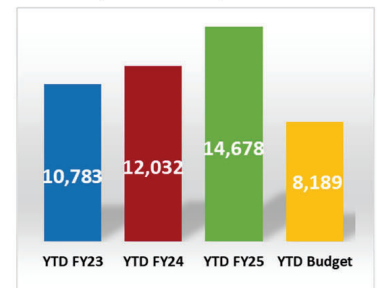
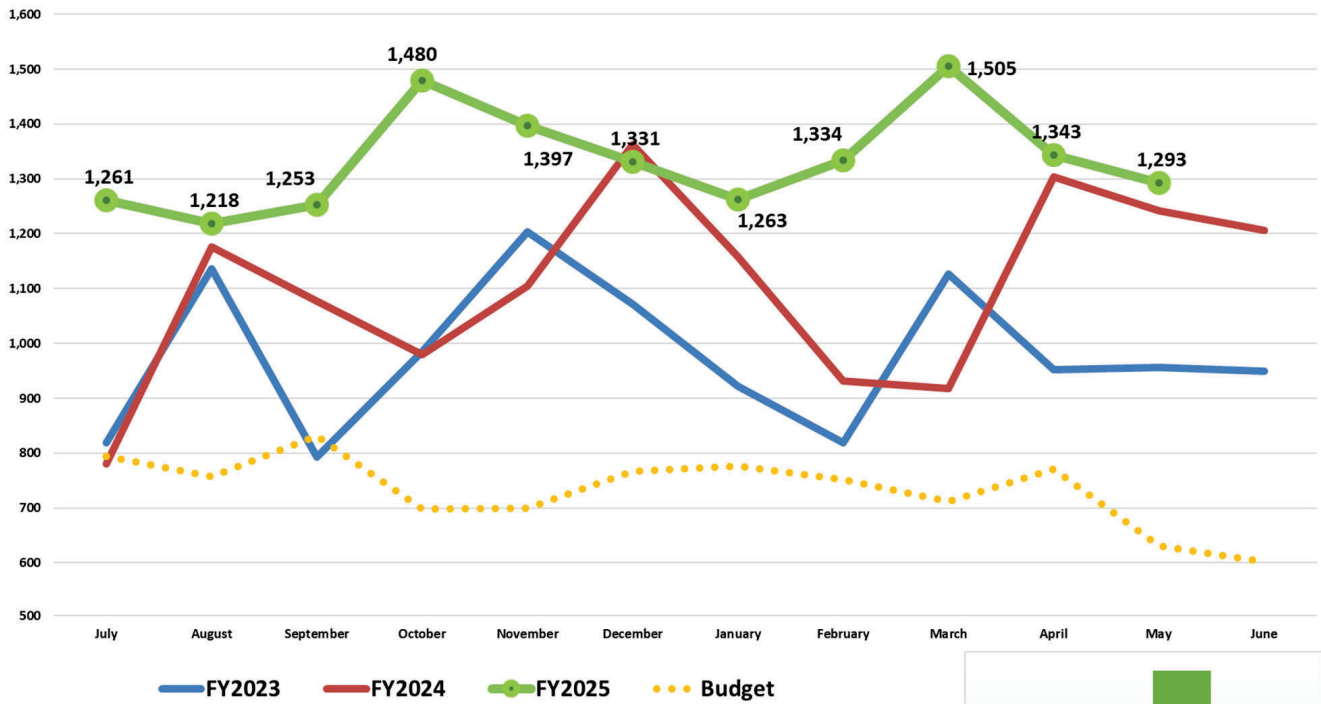
# RHC Exeter - Registrations



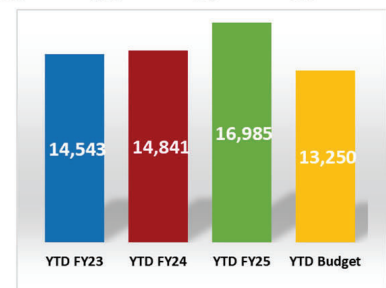
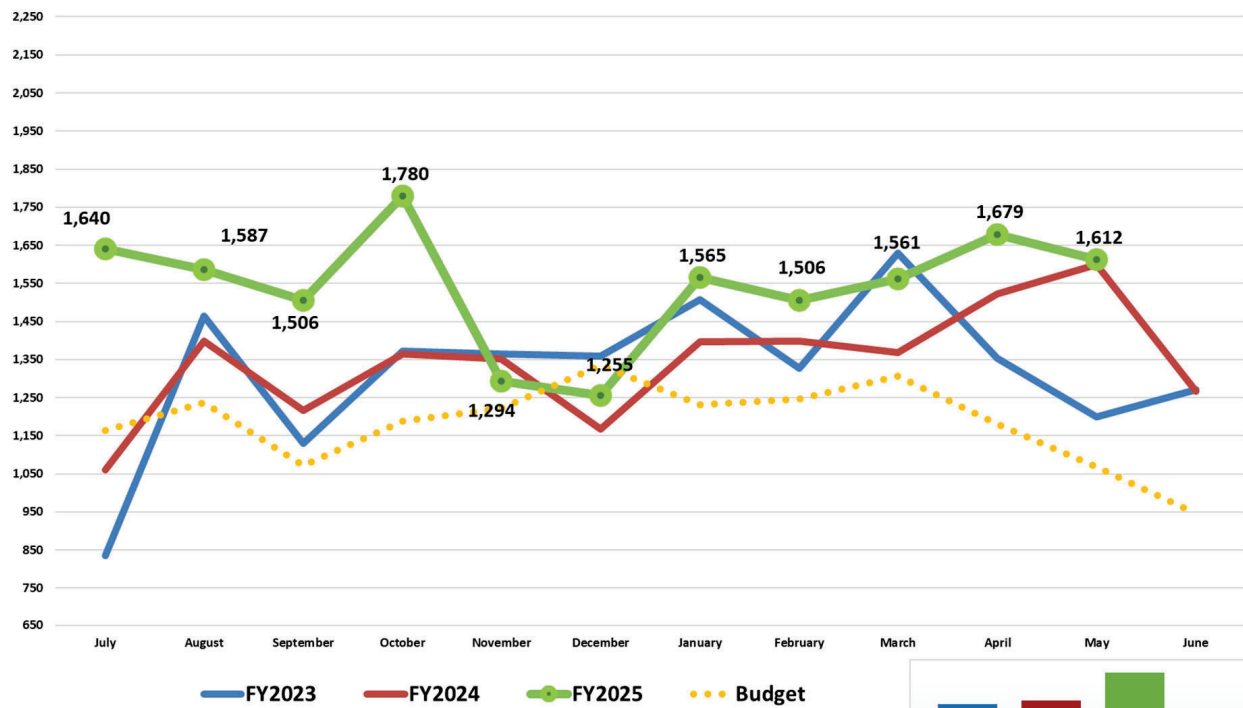
# RHC Lindsay - Registrations



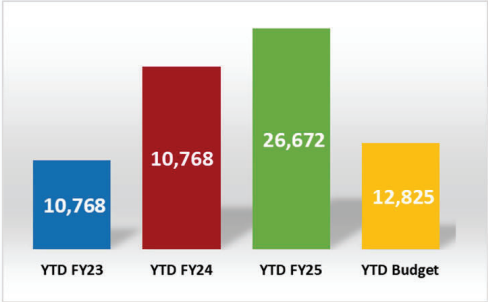
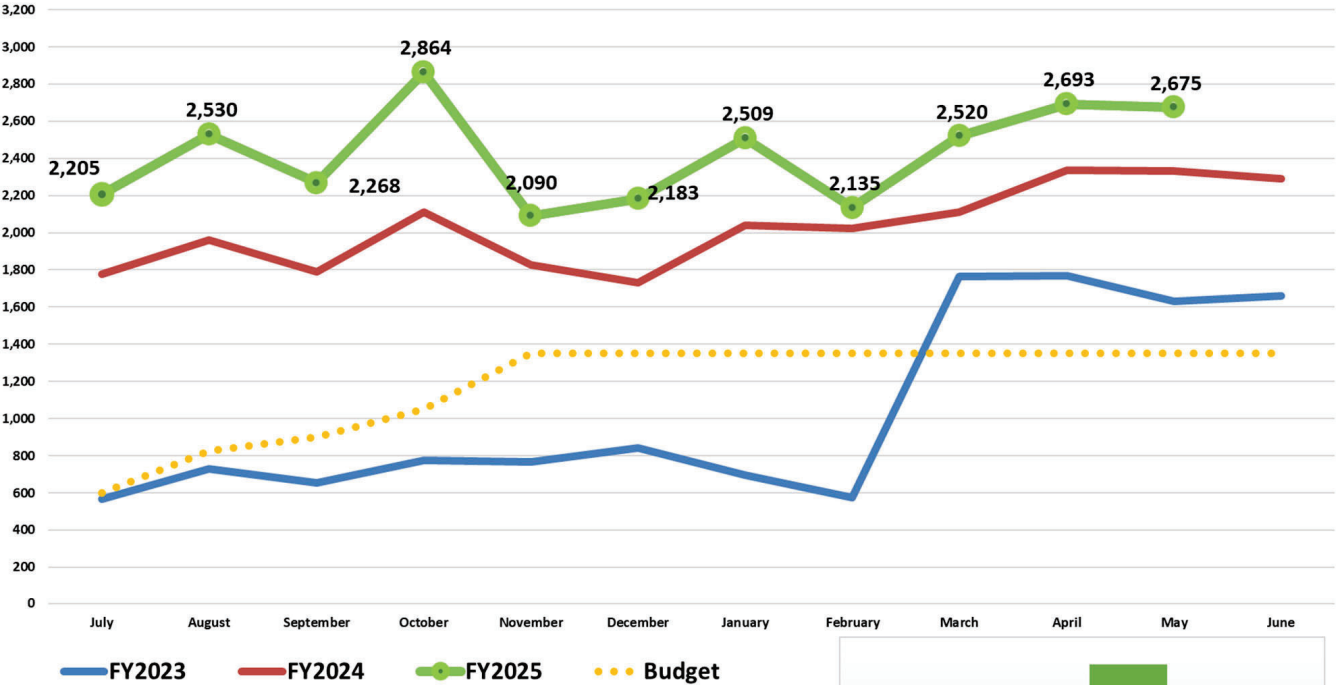
## RHC Woodlake - Registrations



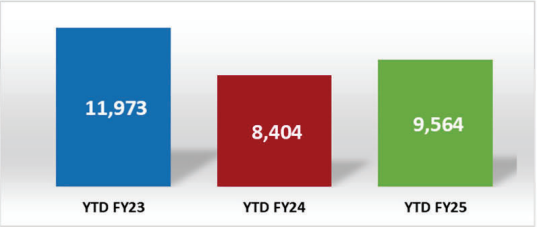
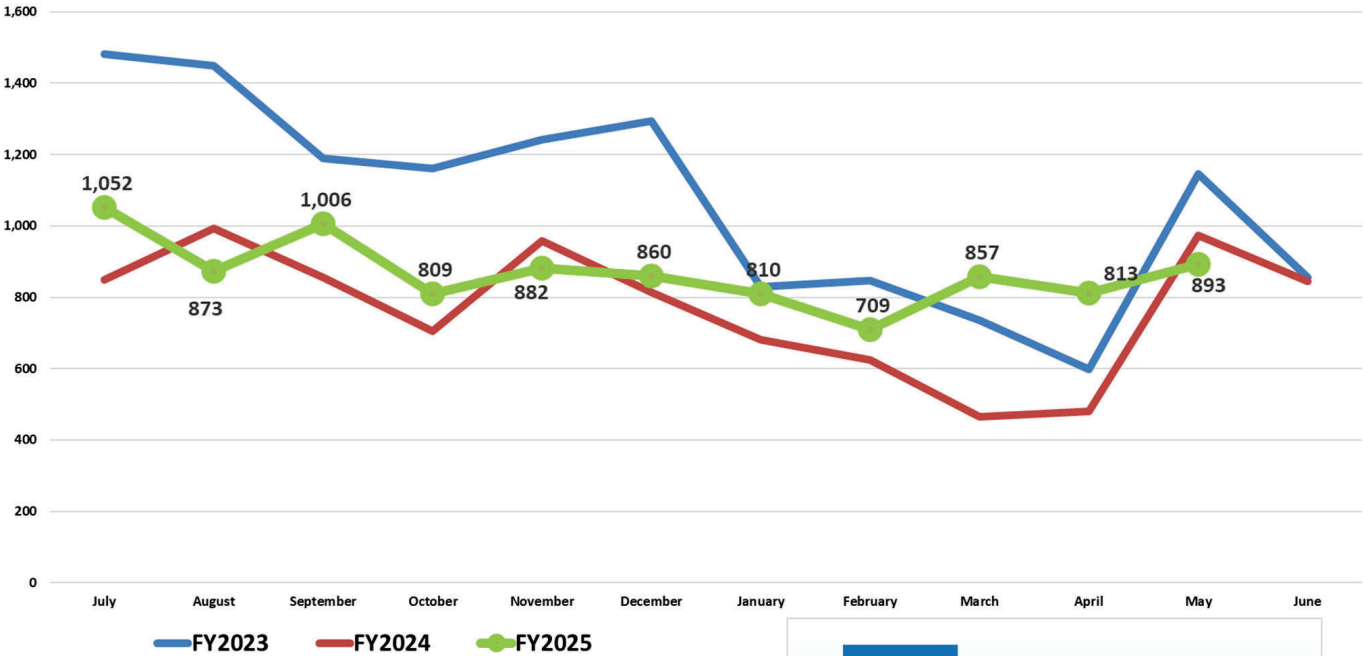
## RHC Dinuba - Registrations



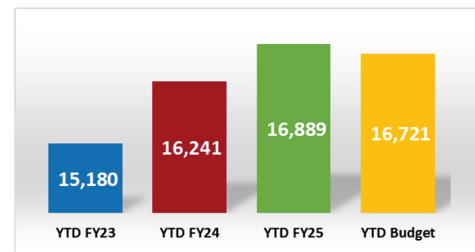
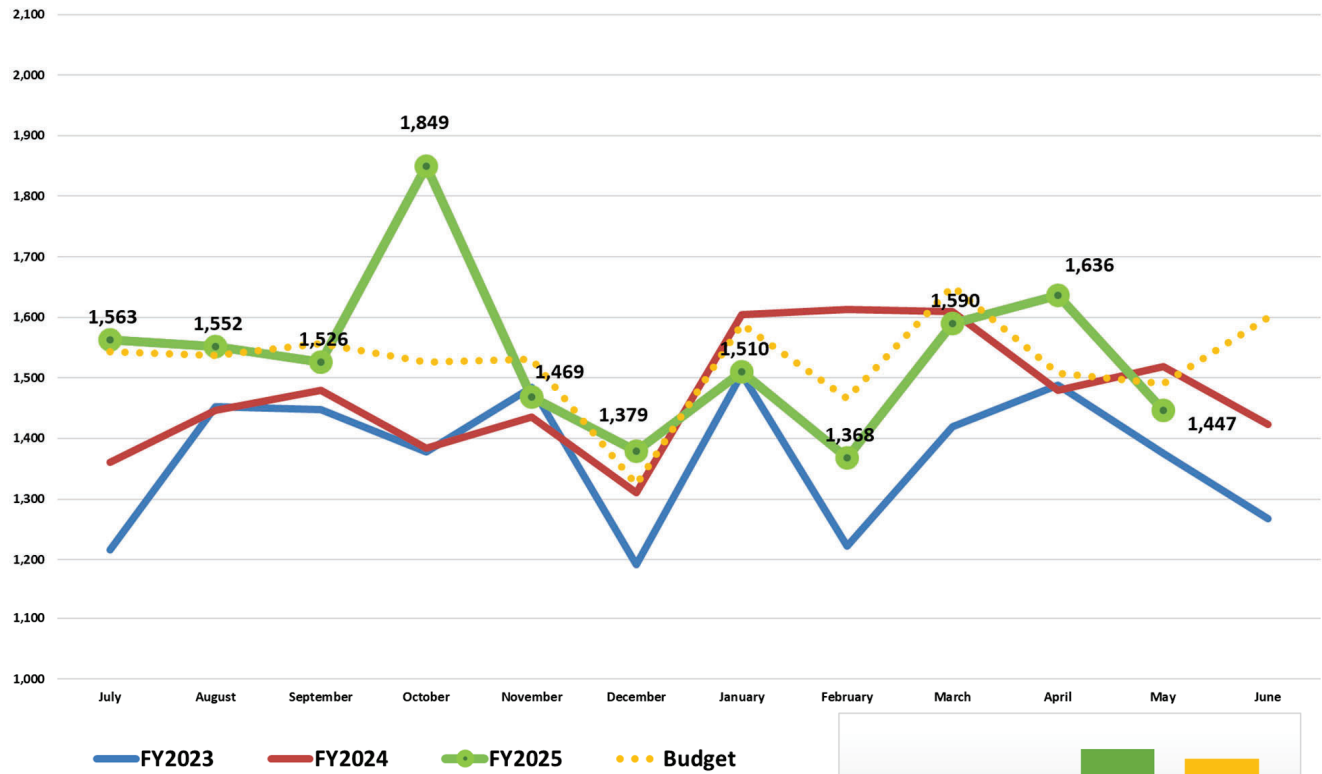
# RHC Tulare - Registrations



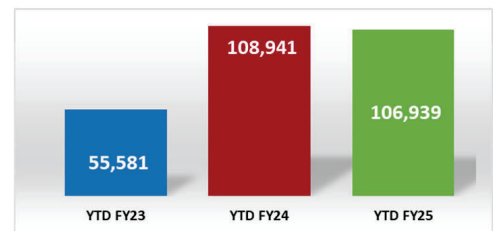
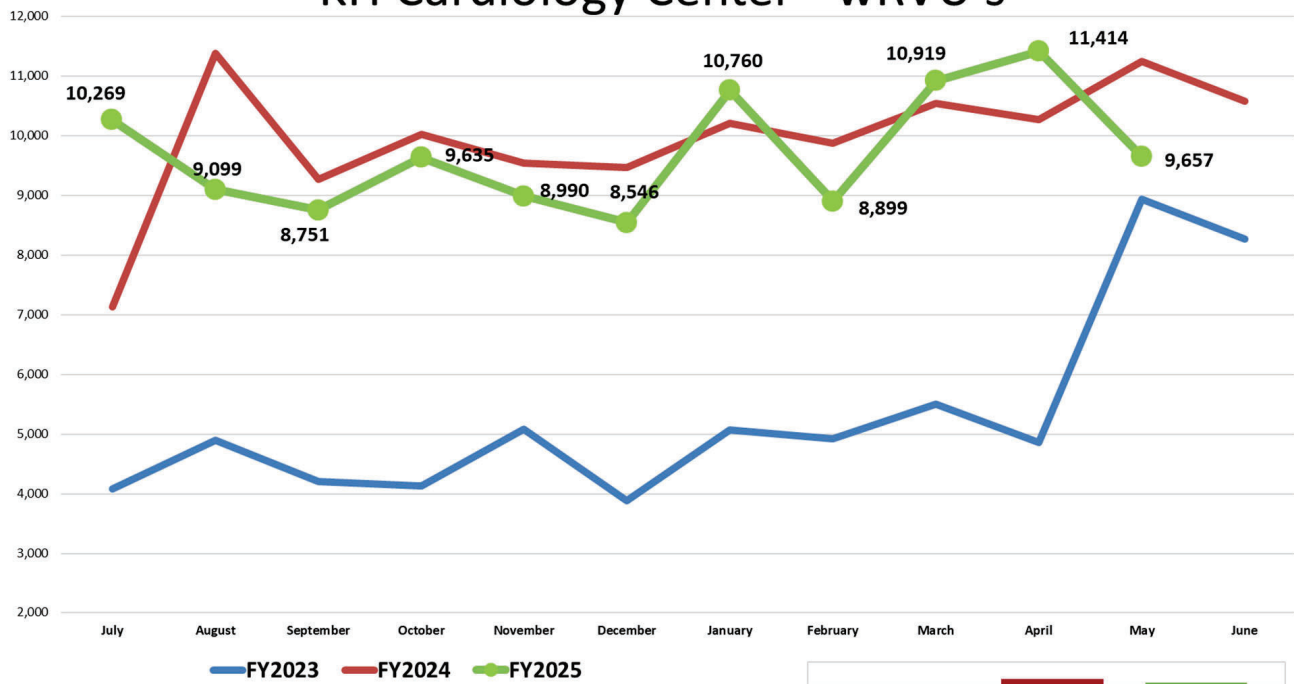
# Neurosurgery Clinic - wRVU's



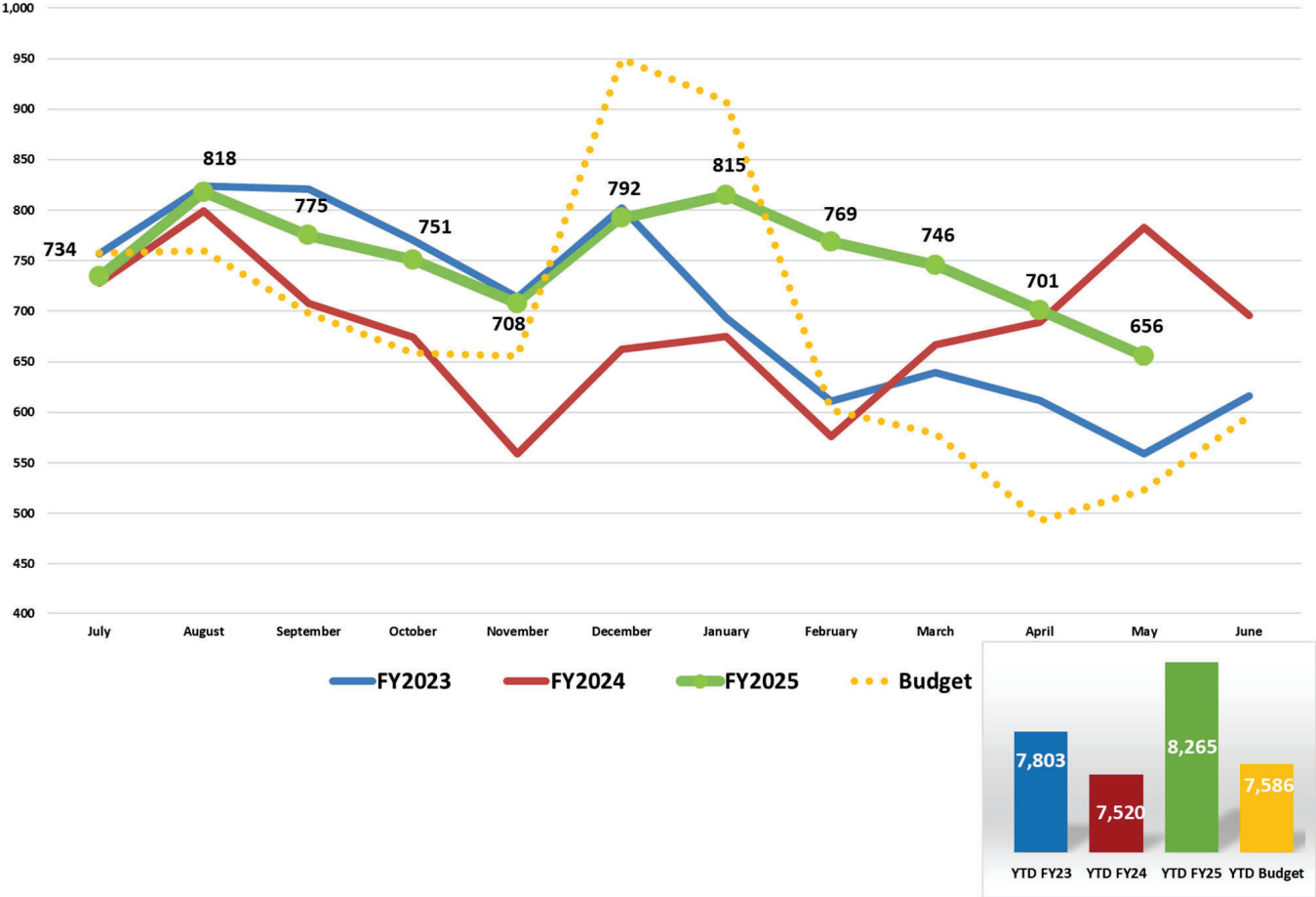
## KH Cardiology Center Registrations



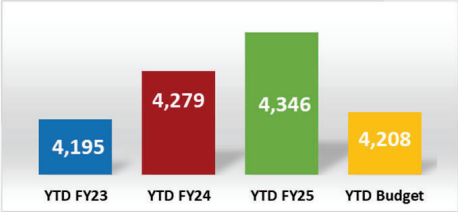
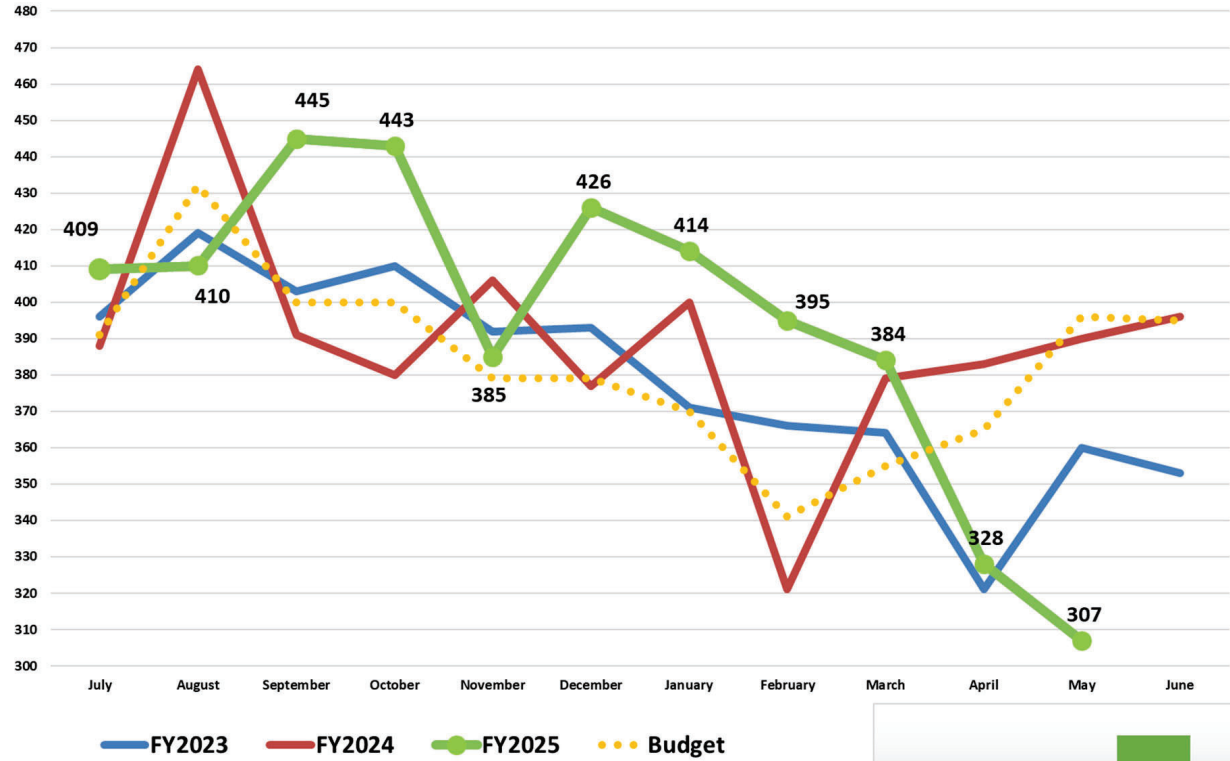
## KH Cardiology Center - wRVU's



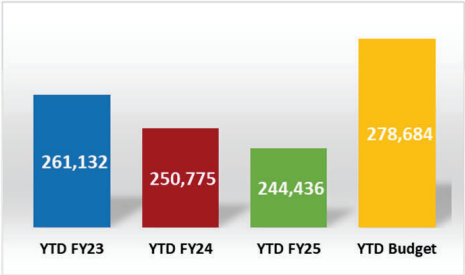
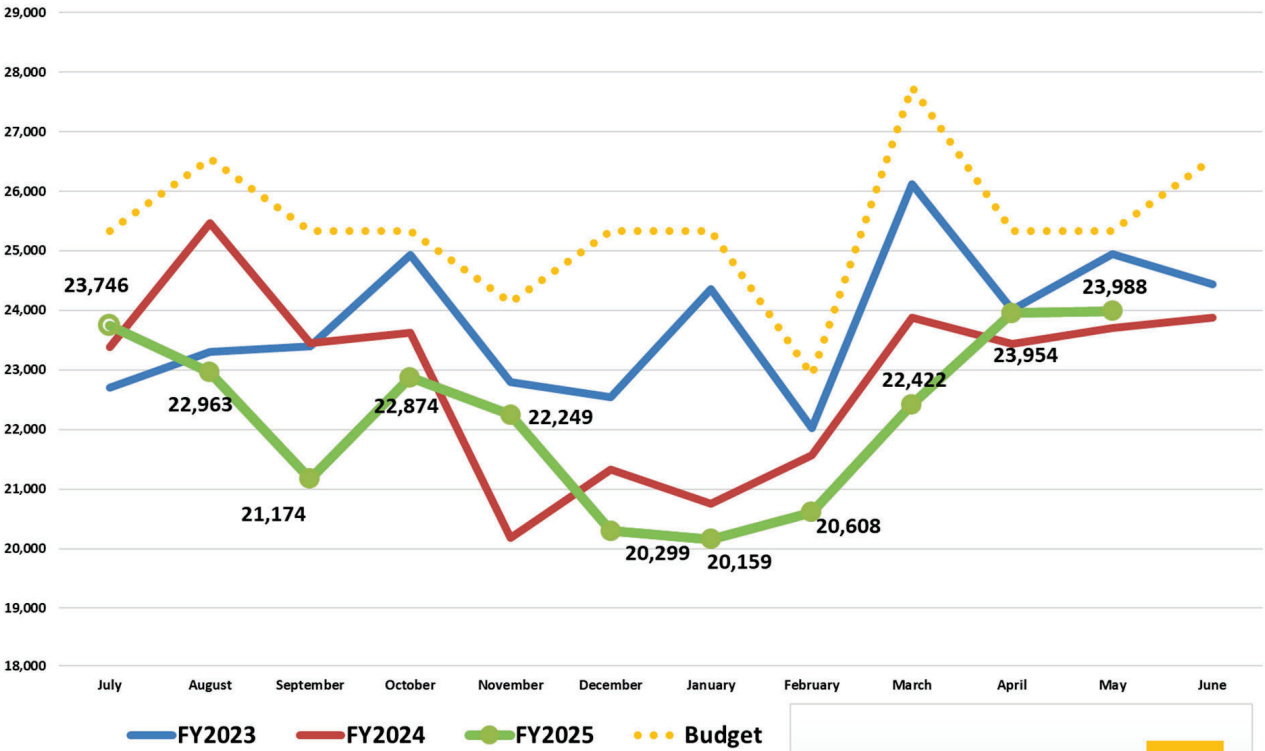
# Labor Triage Registrations



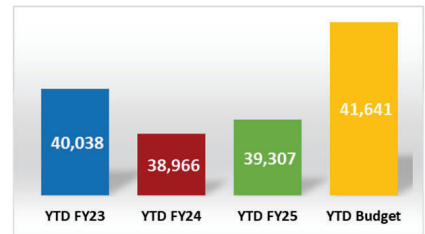
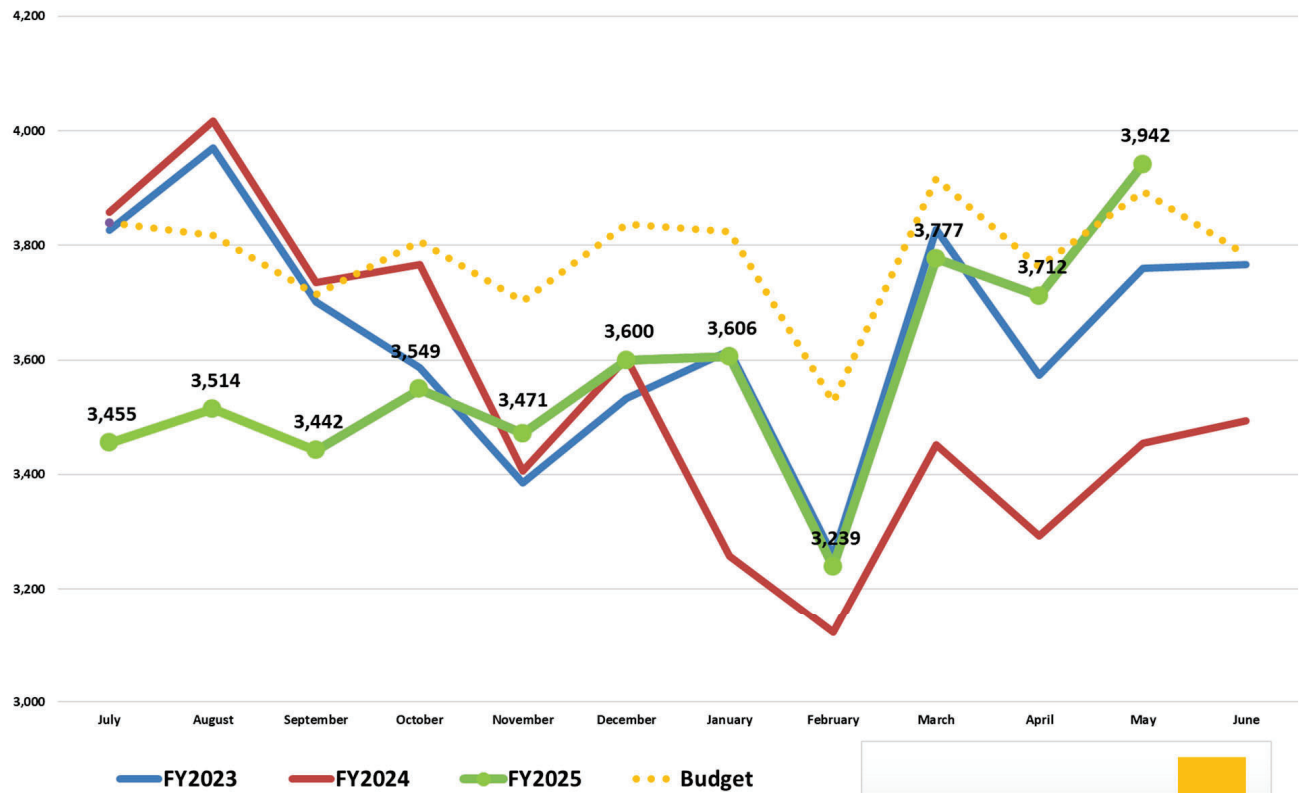
# Deliveries



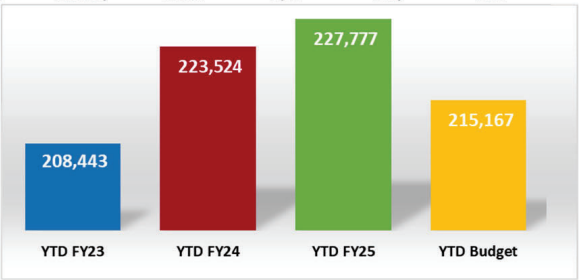
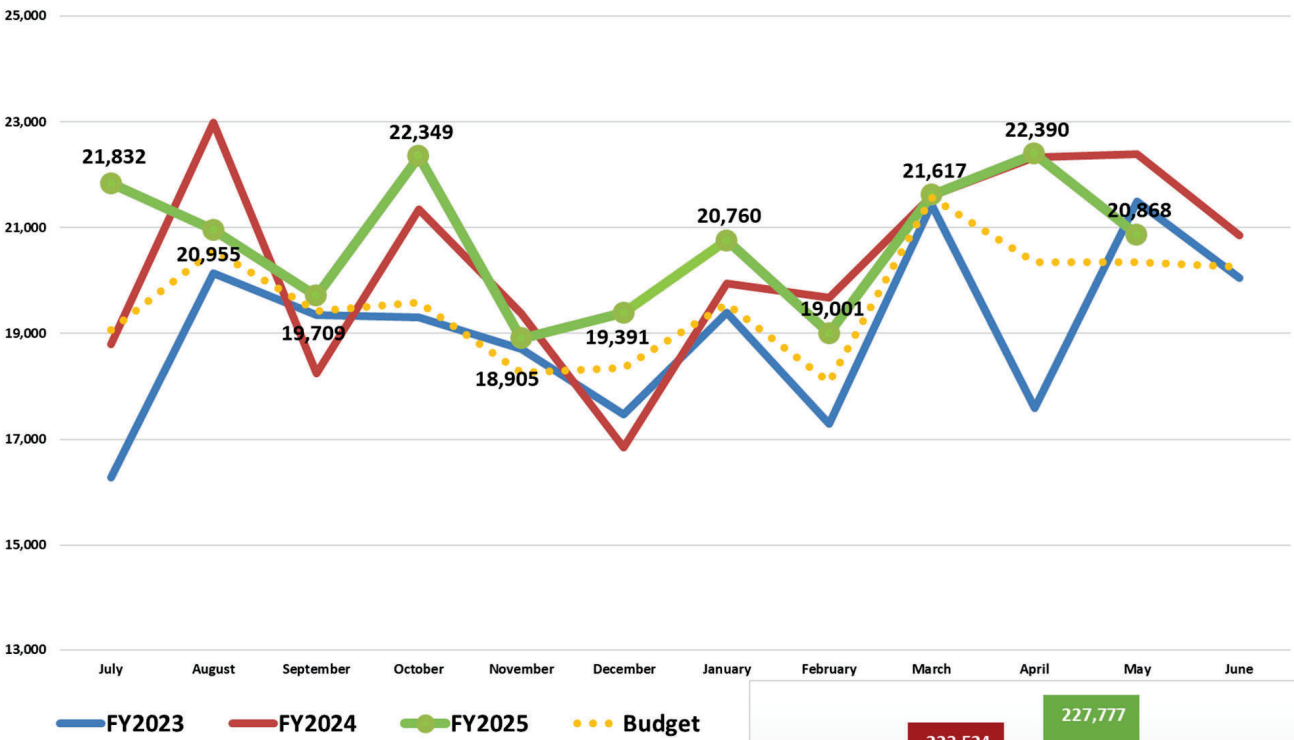
# Home Infusion Days



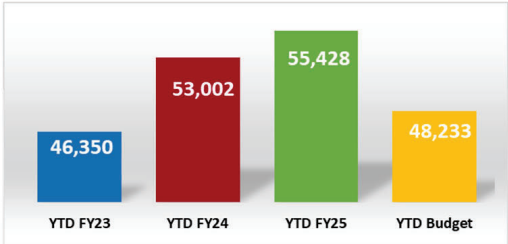
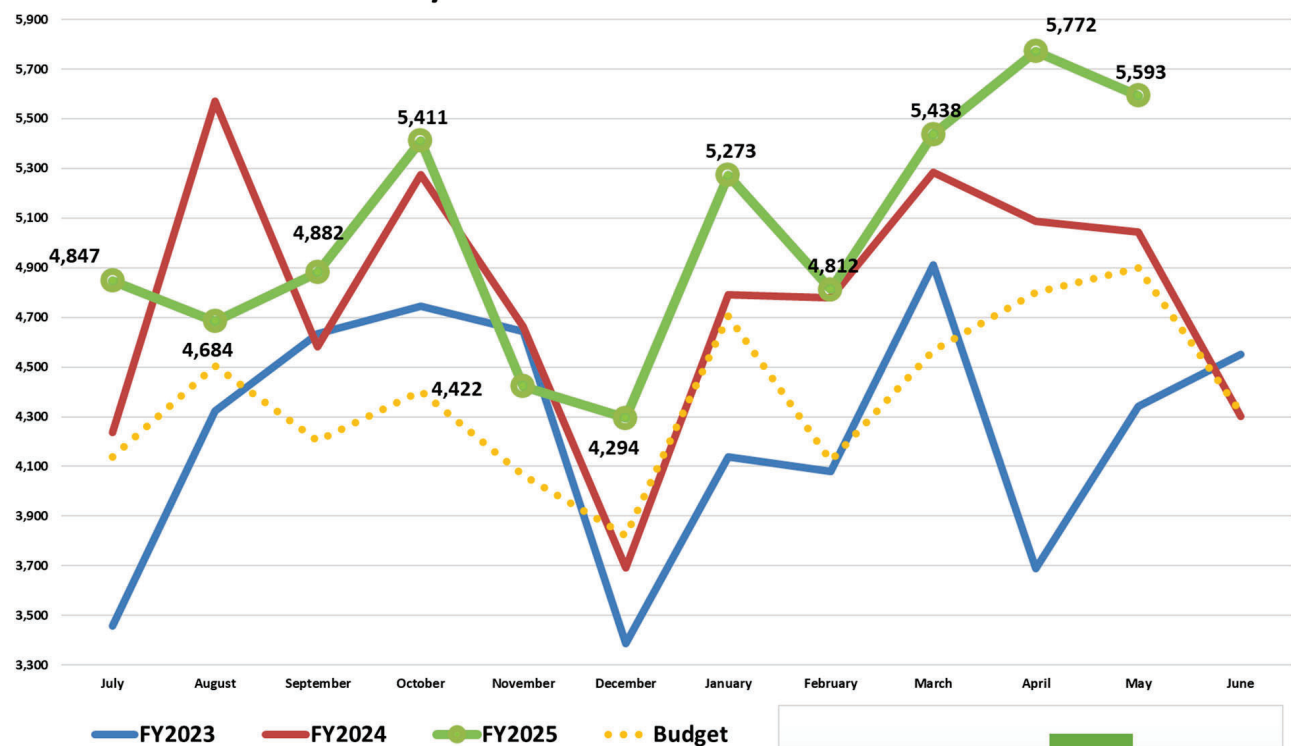
# Hospice Days



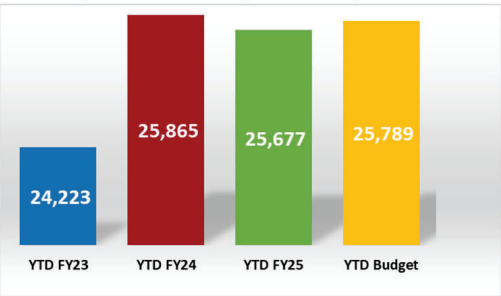
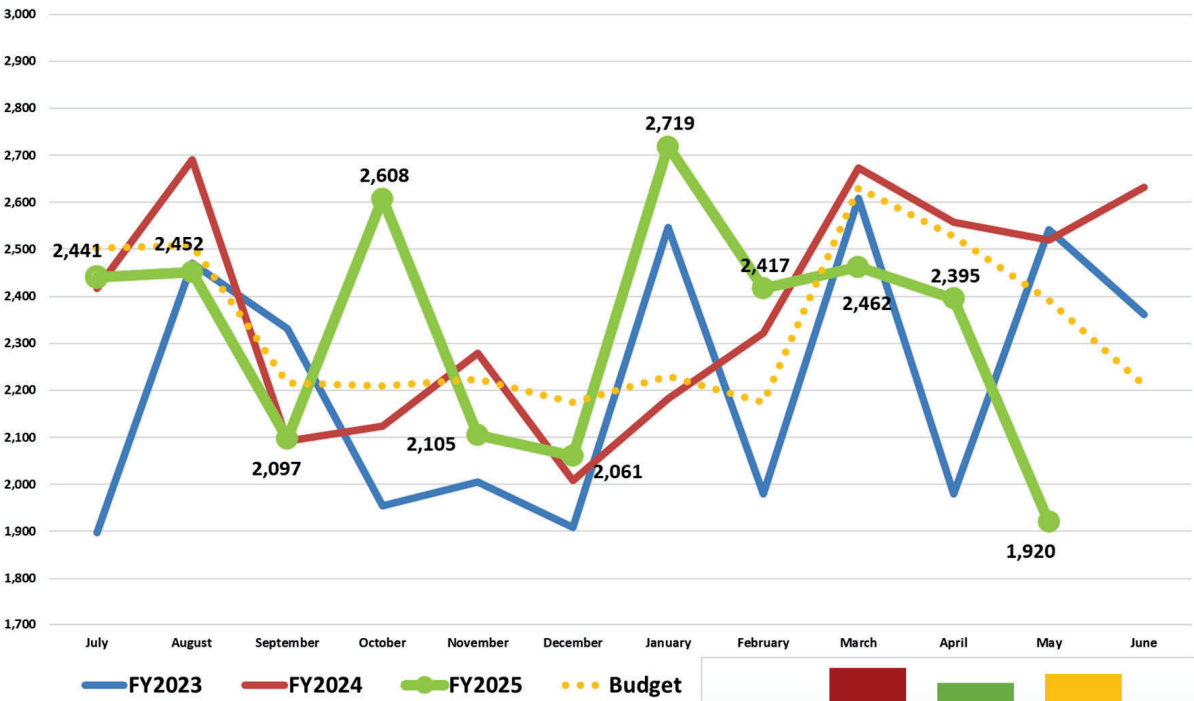
# All O/P Rehab Svcs Across District



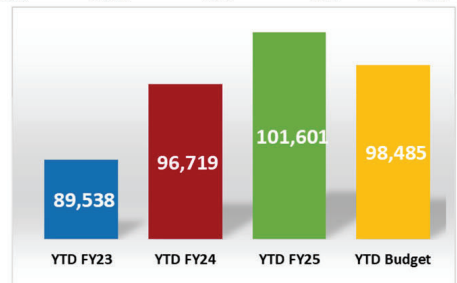
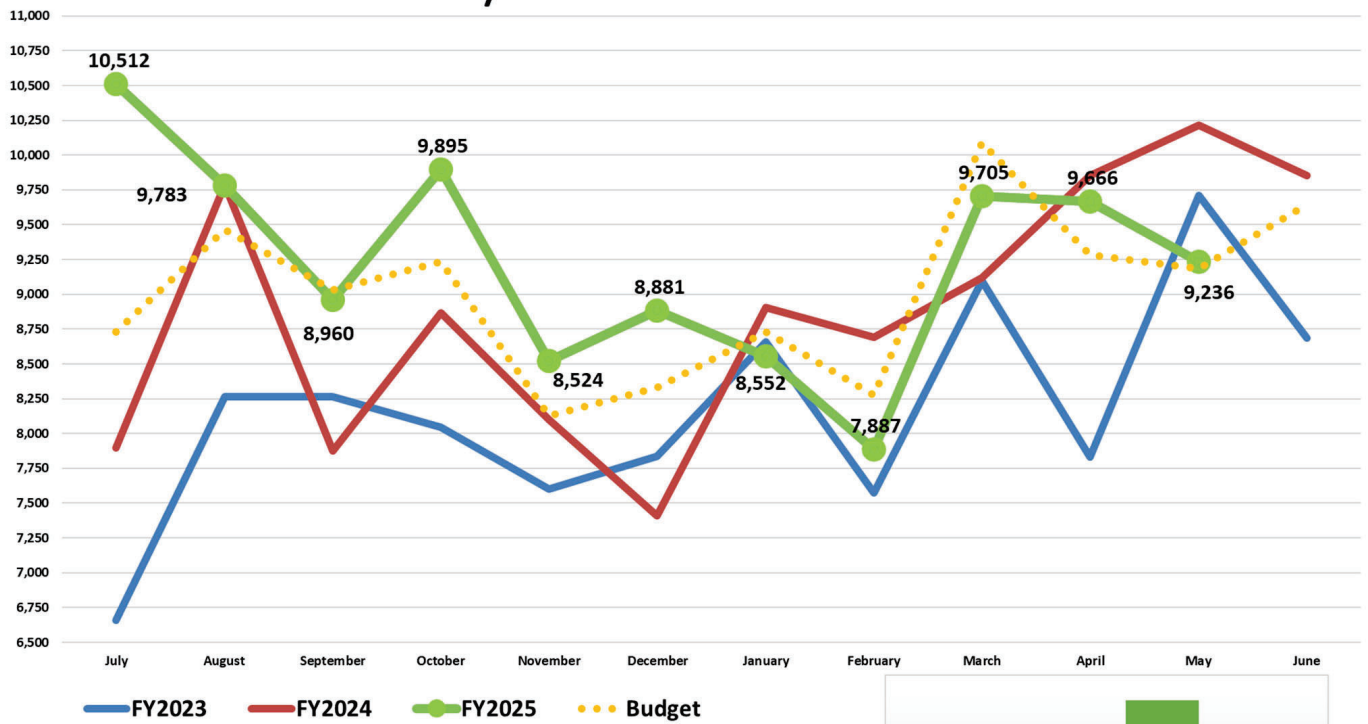
# O/P Rehab Services



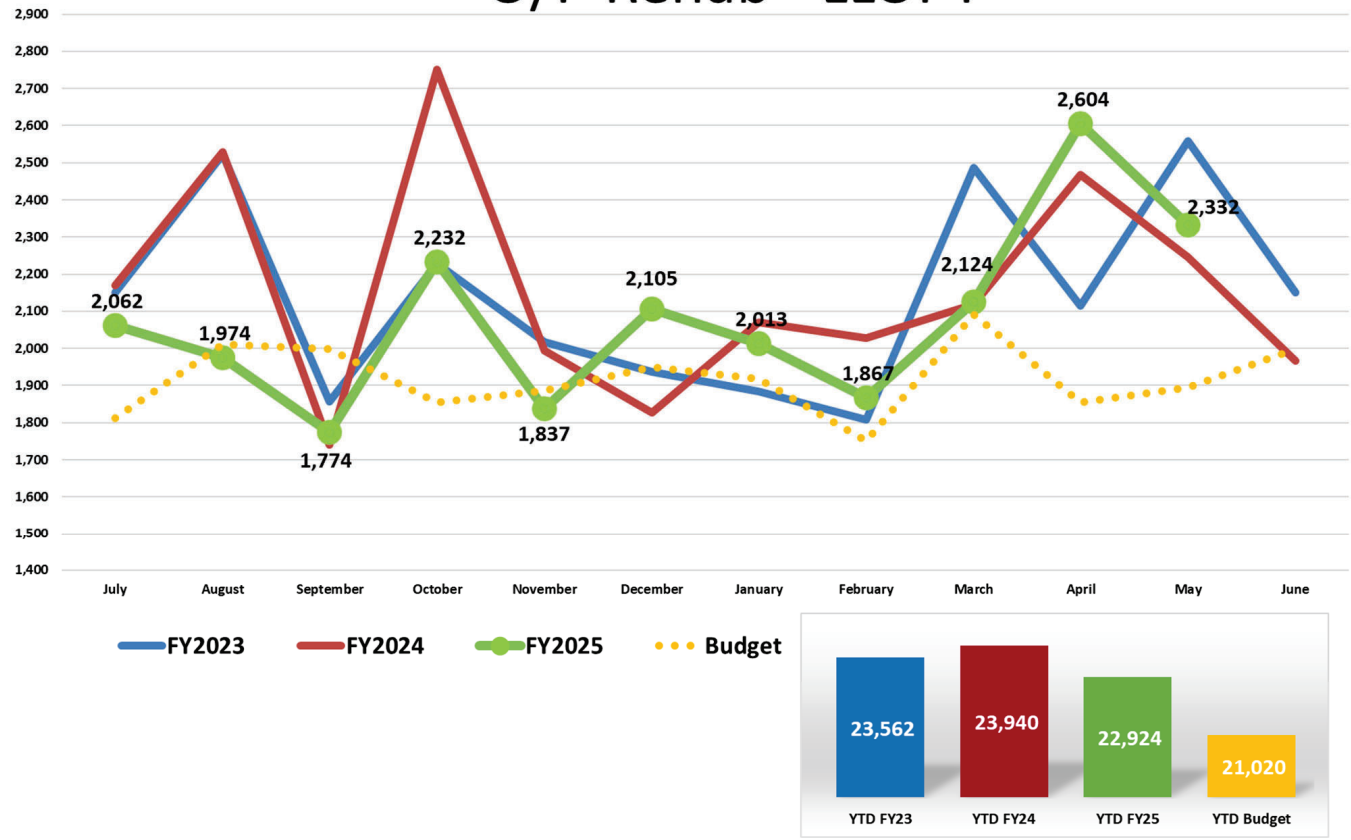
# O/P Rehab - Exeter



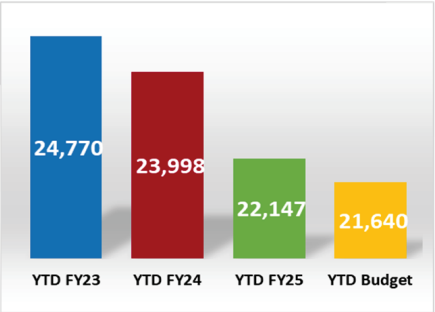
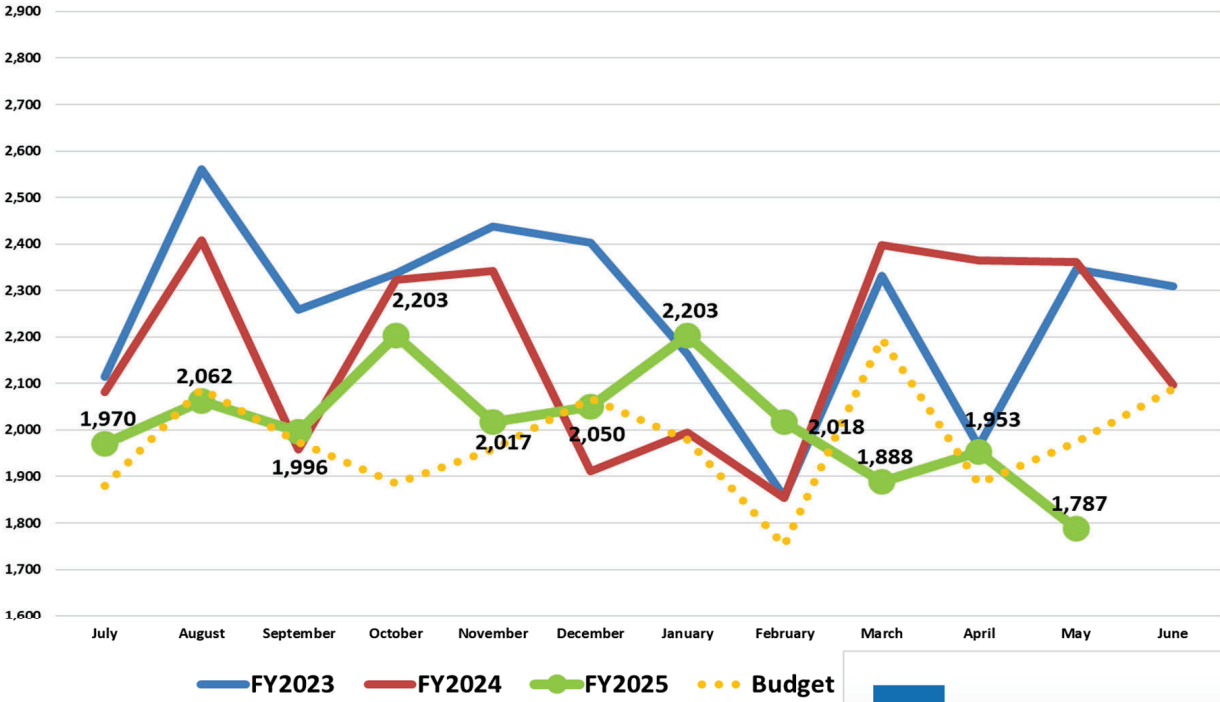
## O/P Rehab - Akers



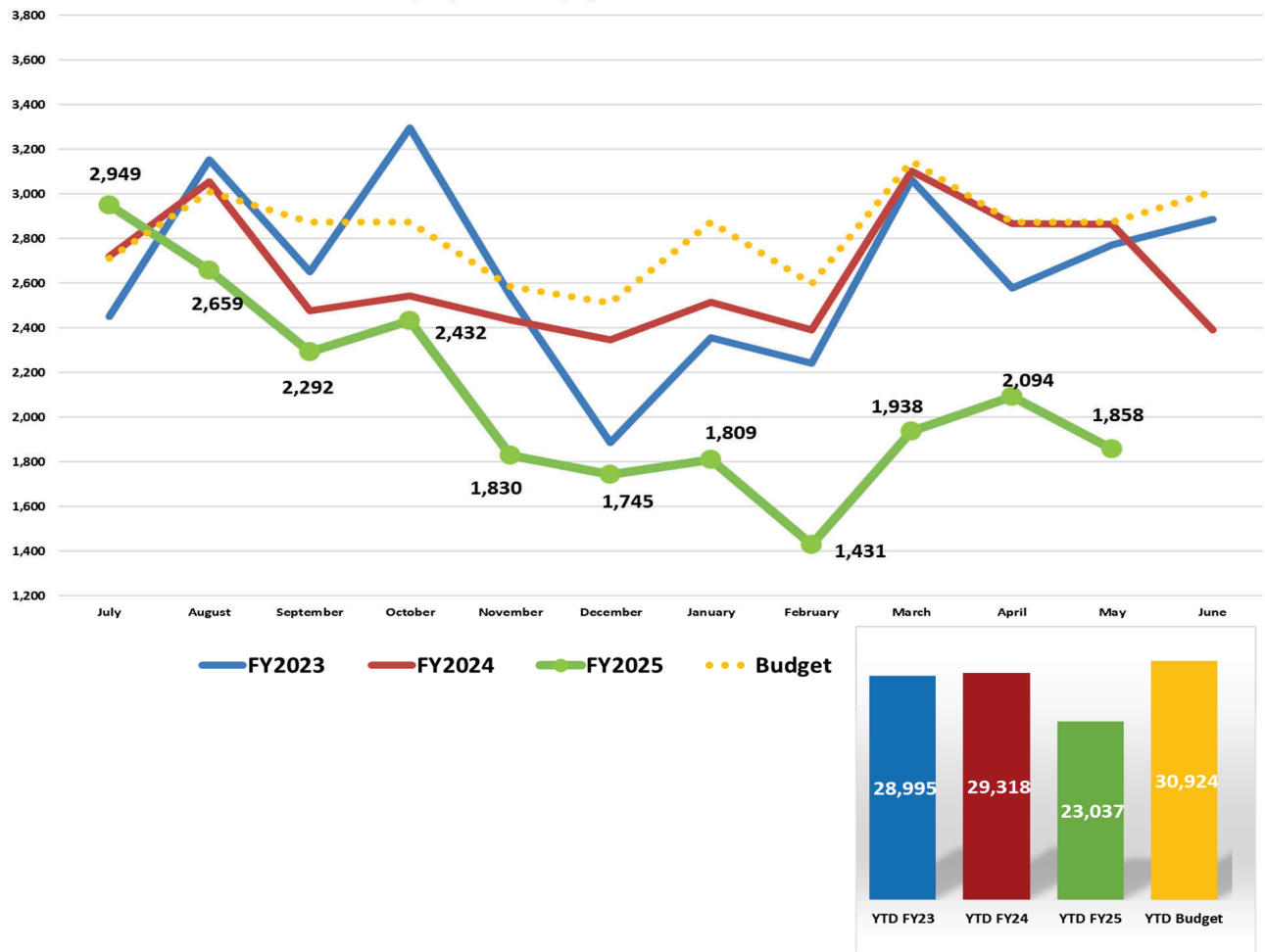
# O/P Rehab - LLOPT



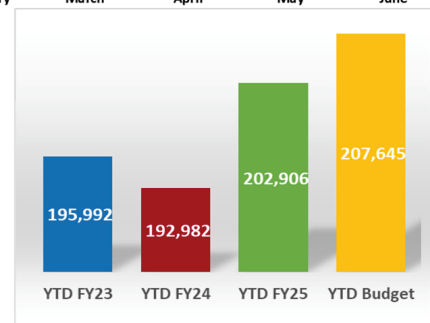
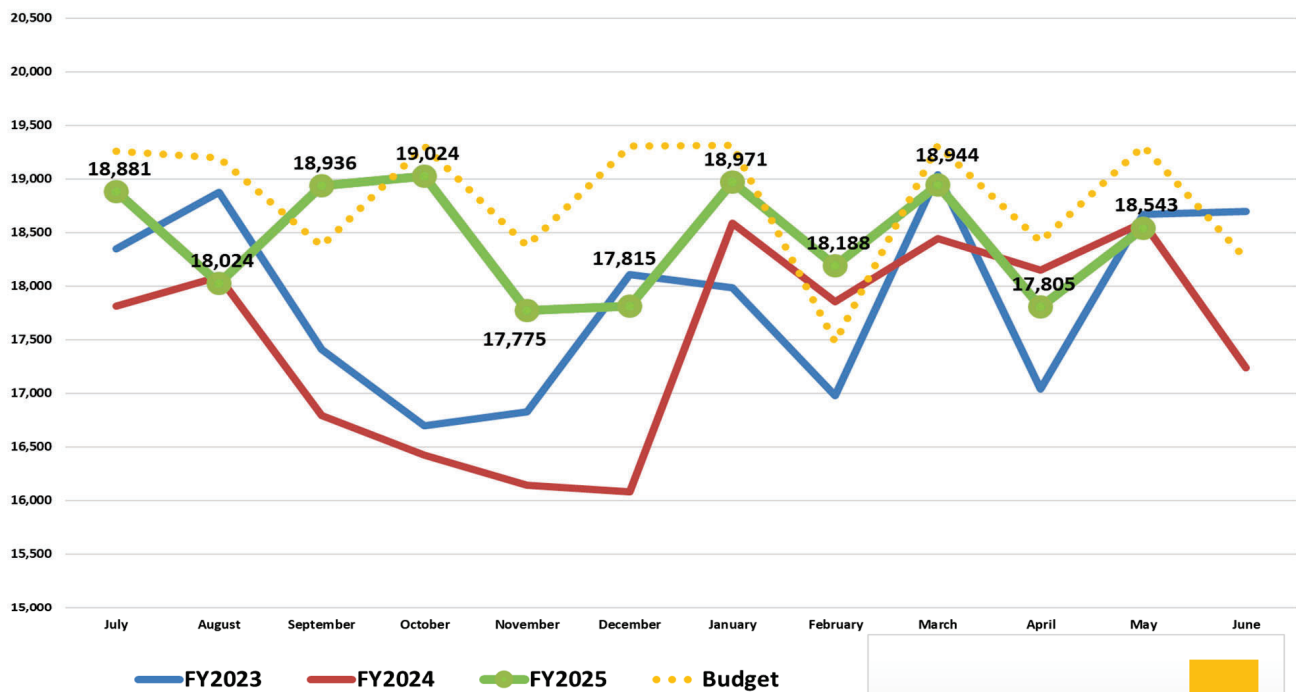
# O/P Rehab - Dinuba



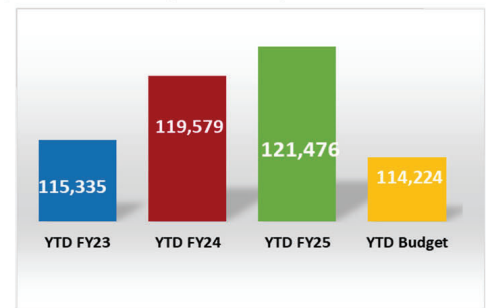
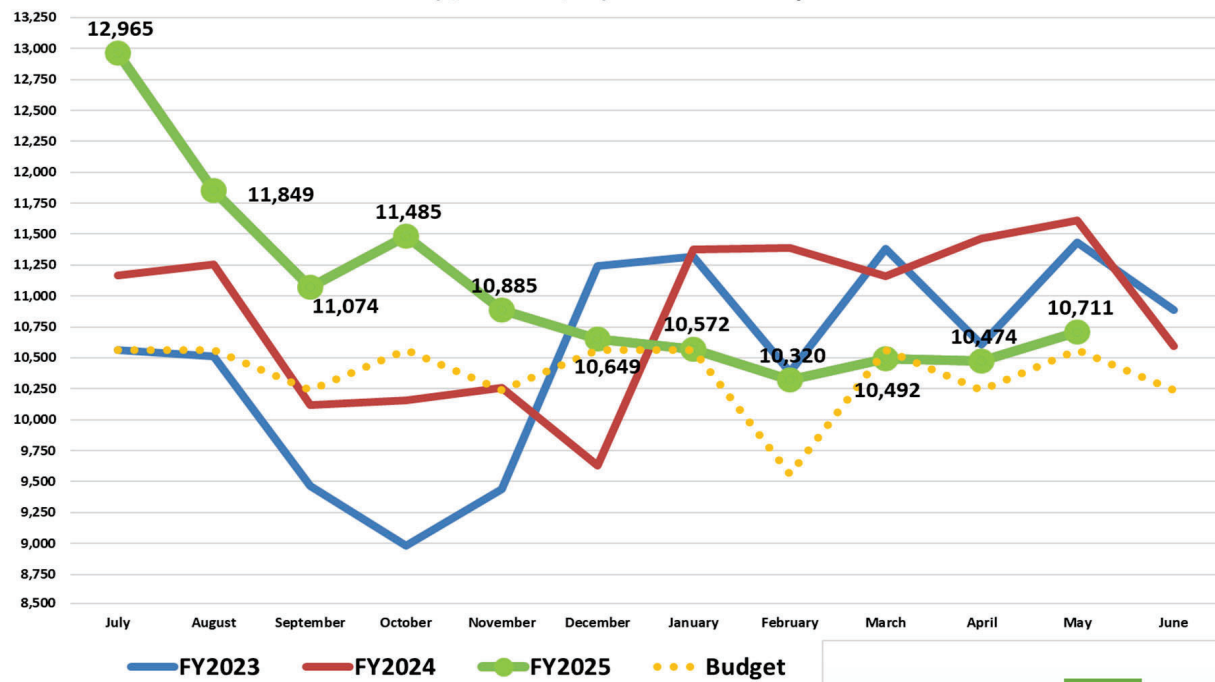
## Therapy - Cypress Hand Center



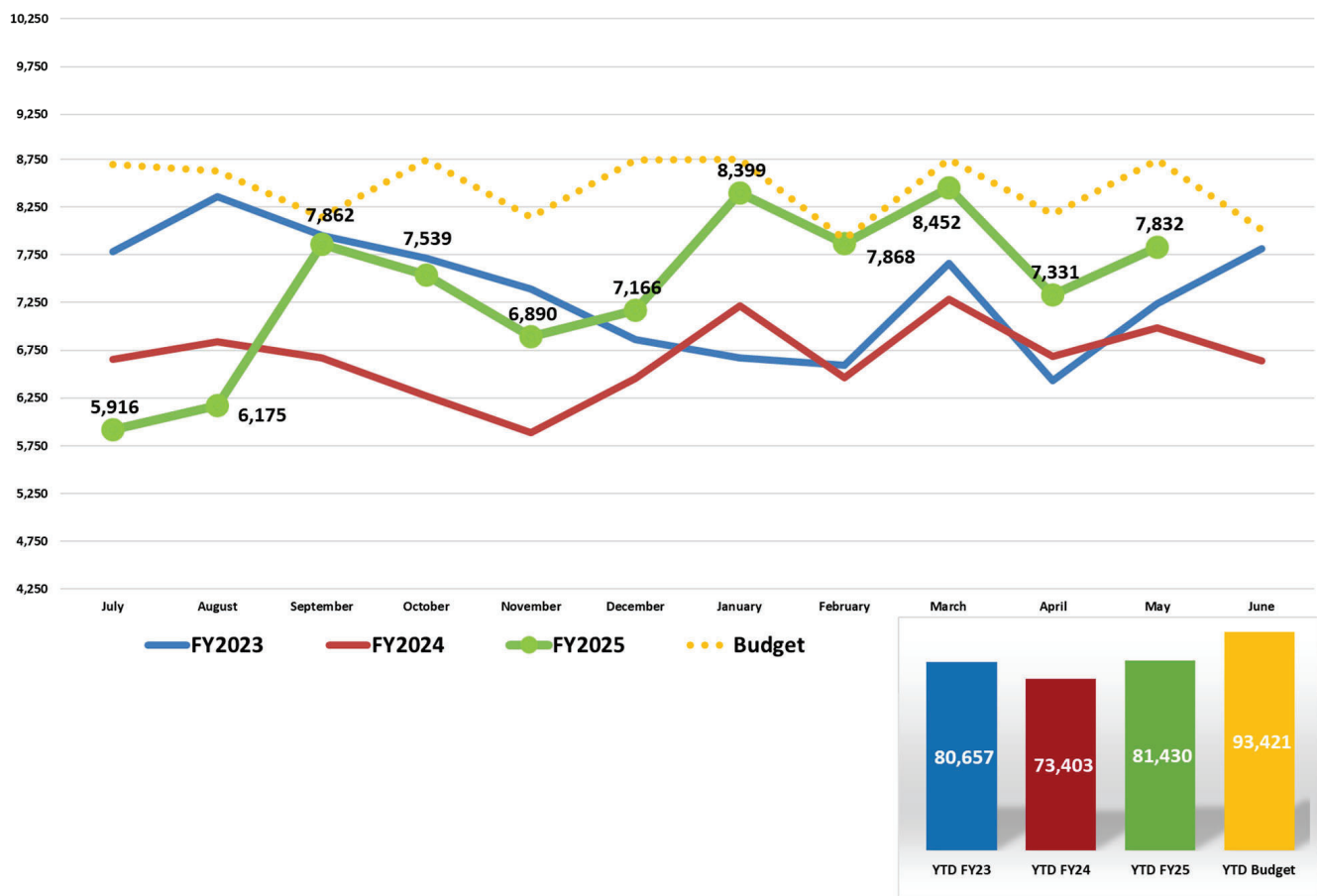
## Physical & Other Therapy Units (I/P & O/P)



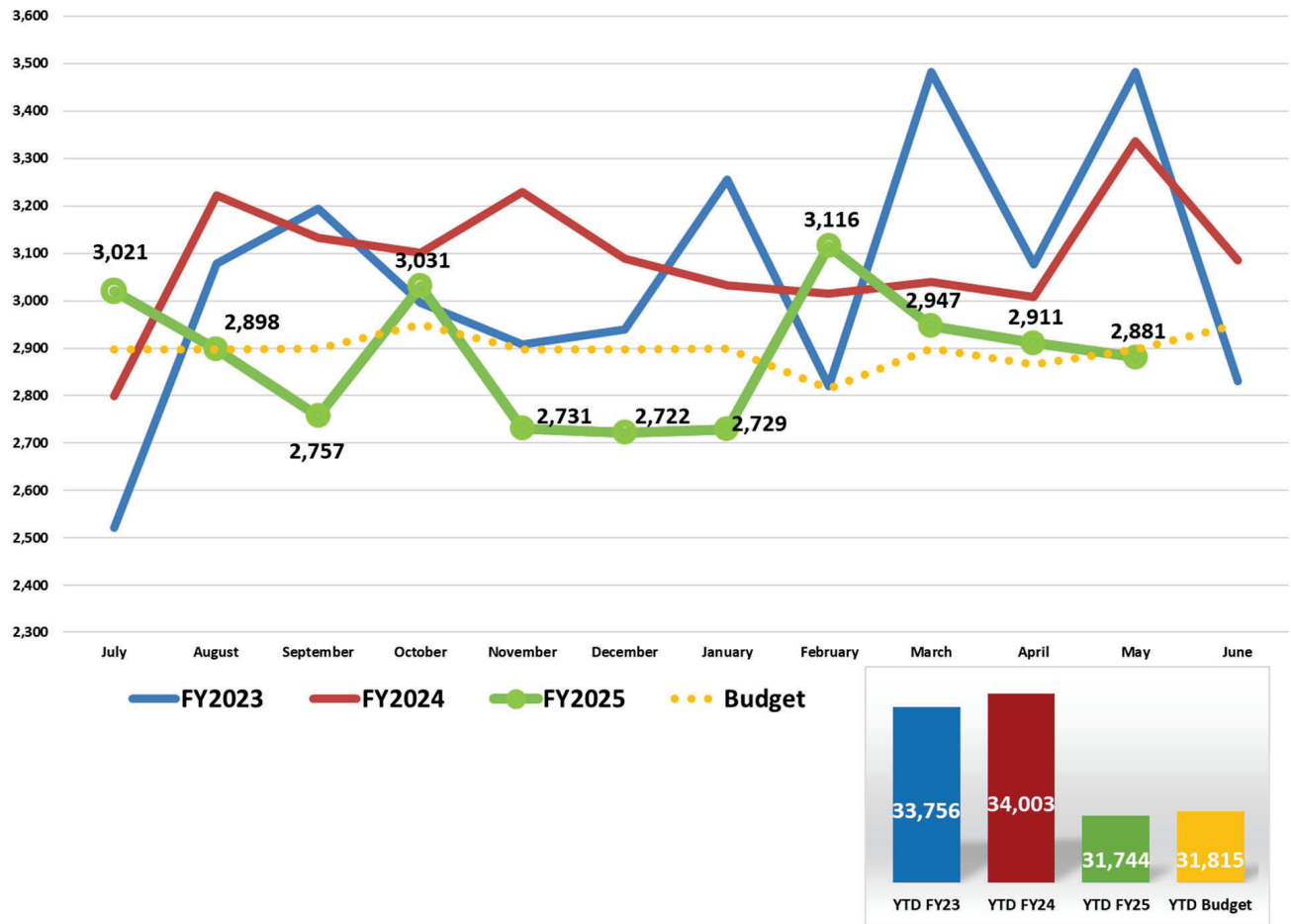
## Physical & Other Therapy Units (I/P & O/P)-Main Campus



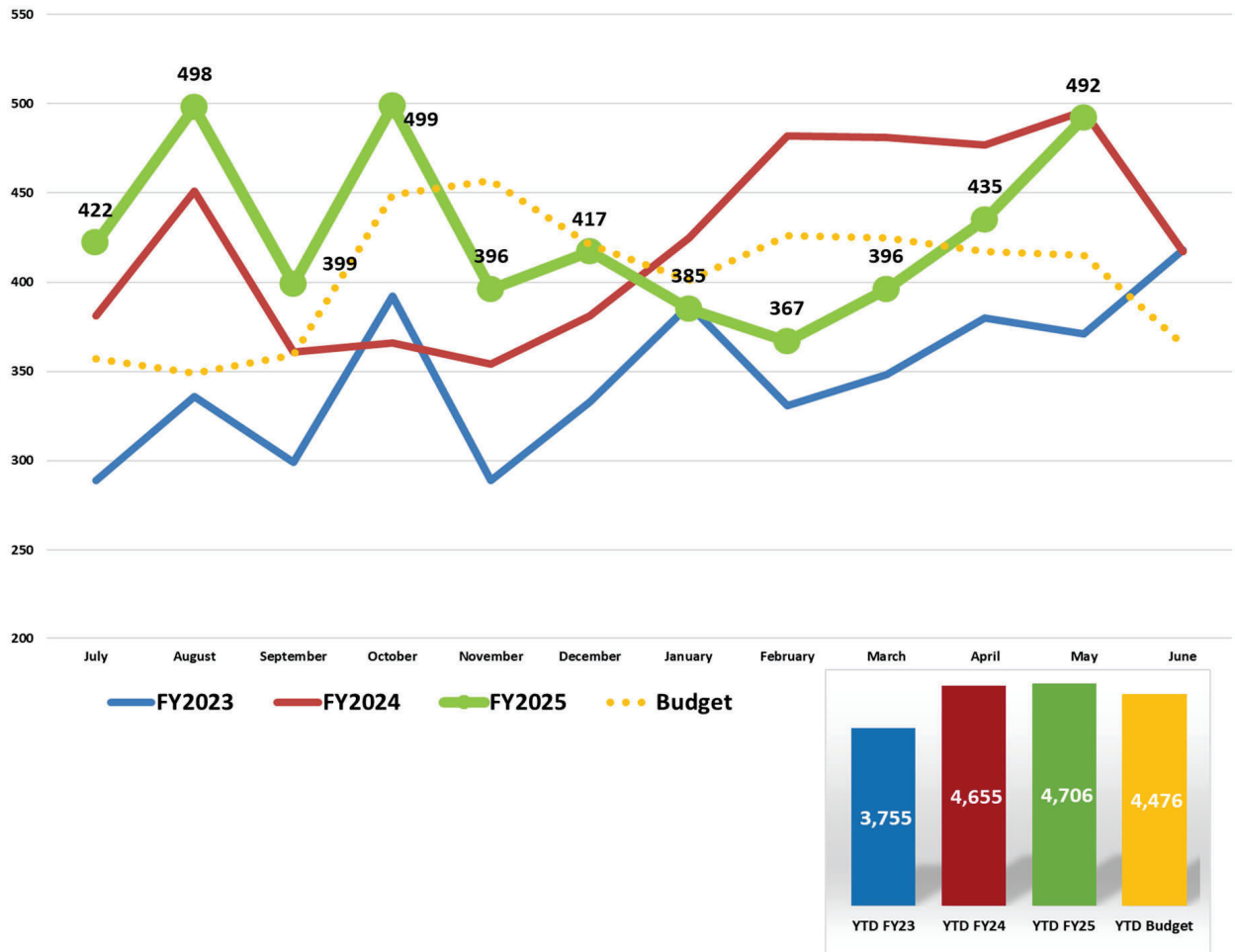
## Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



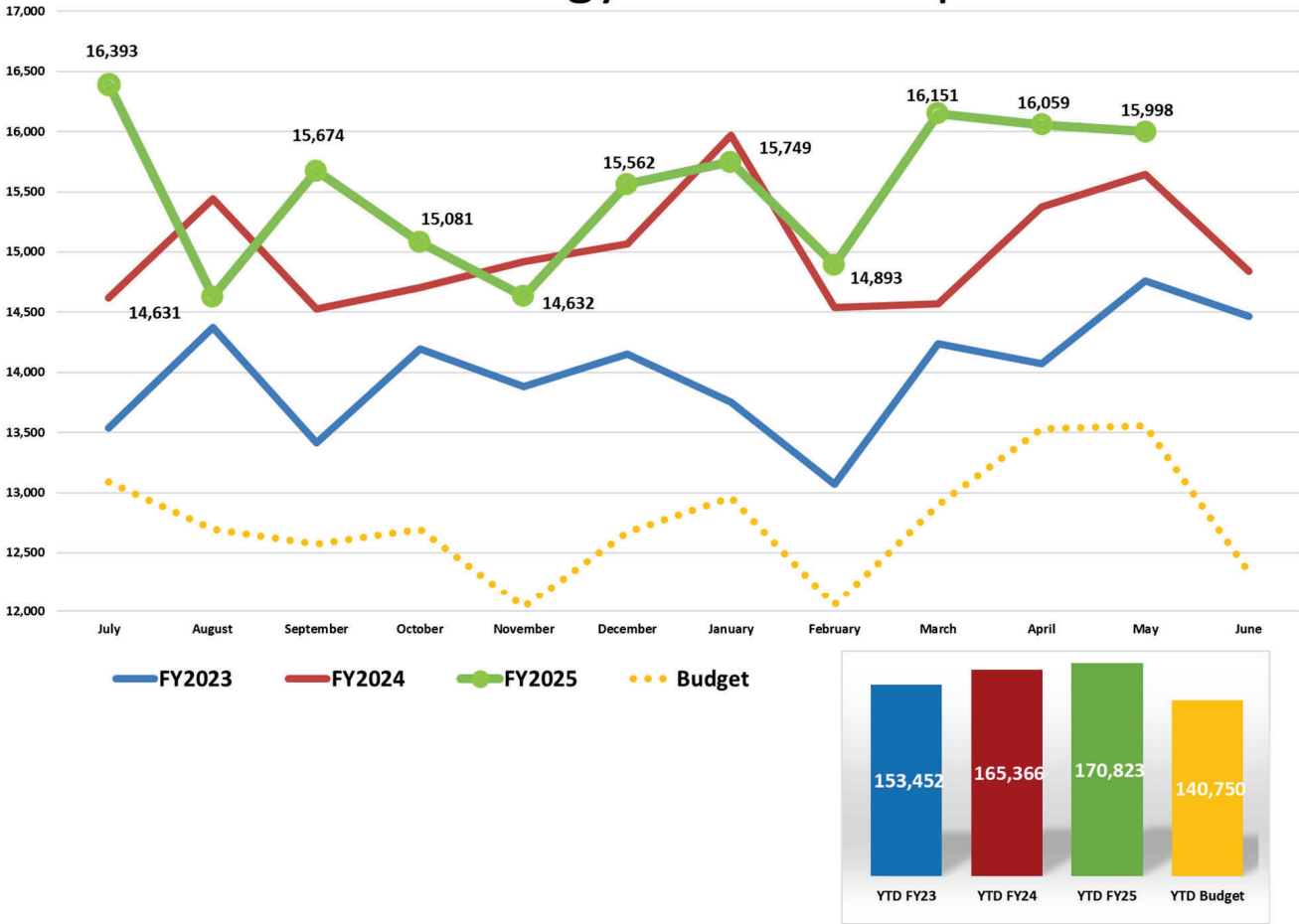
# Home Health Visits



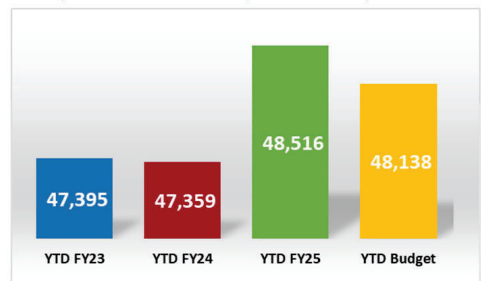
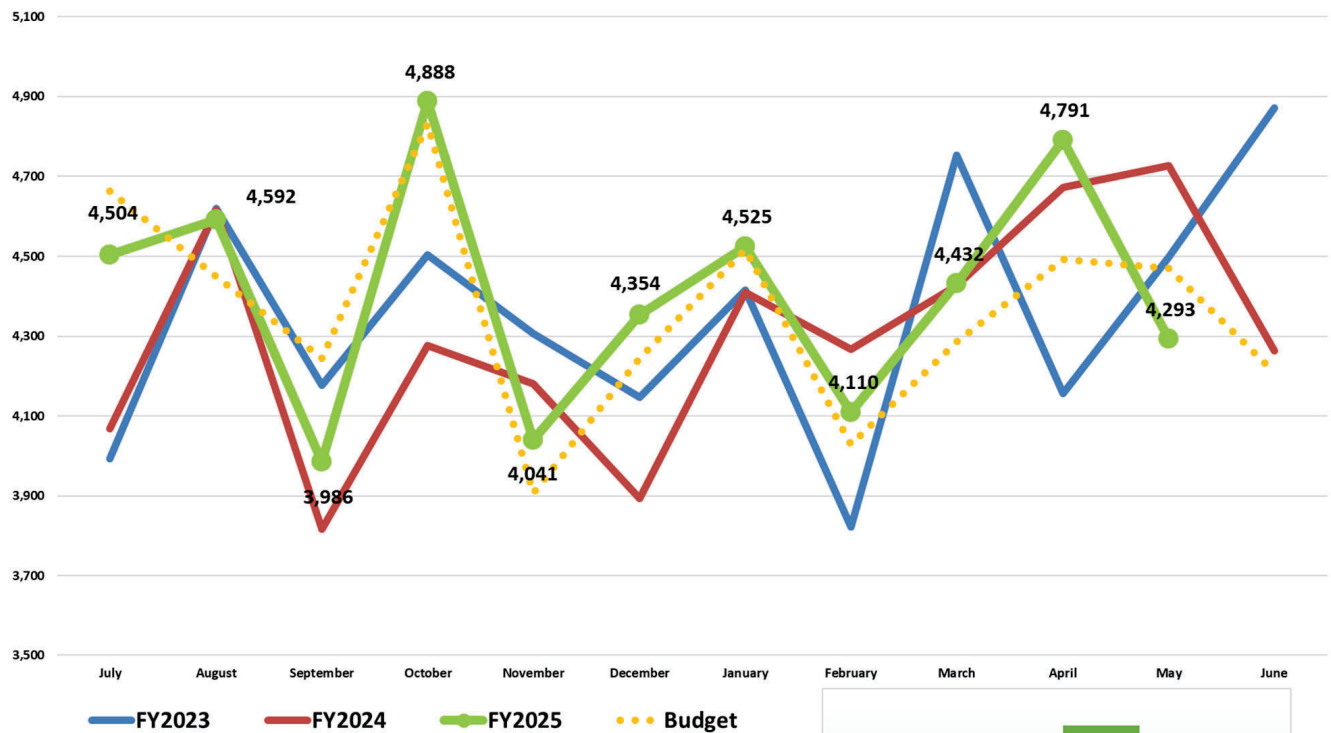
## Infusion Center - Units of Service



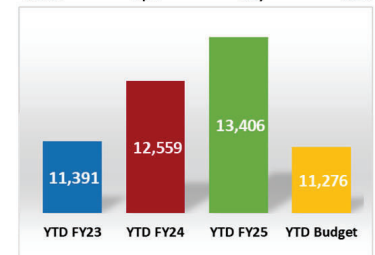
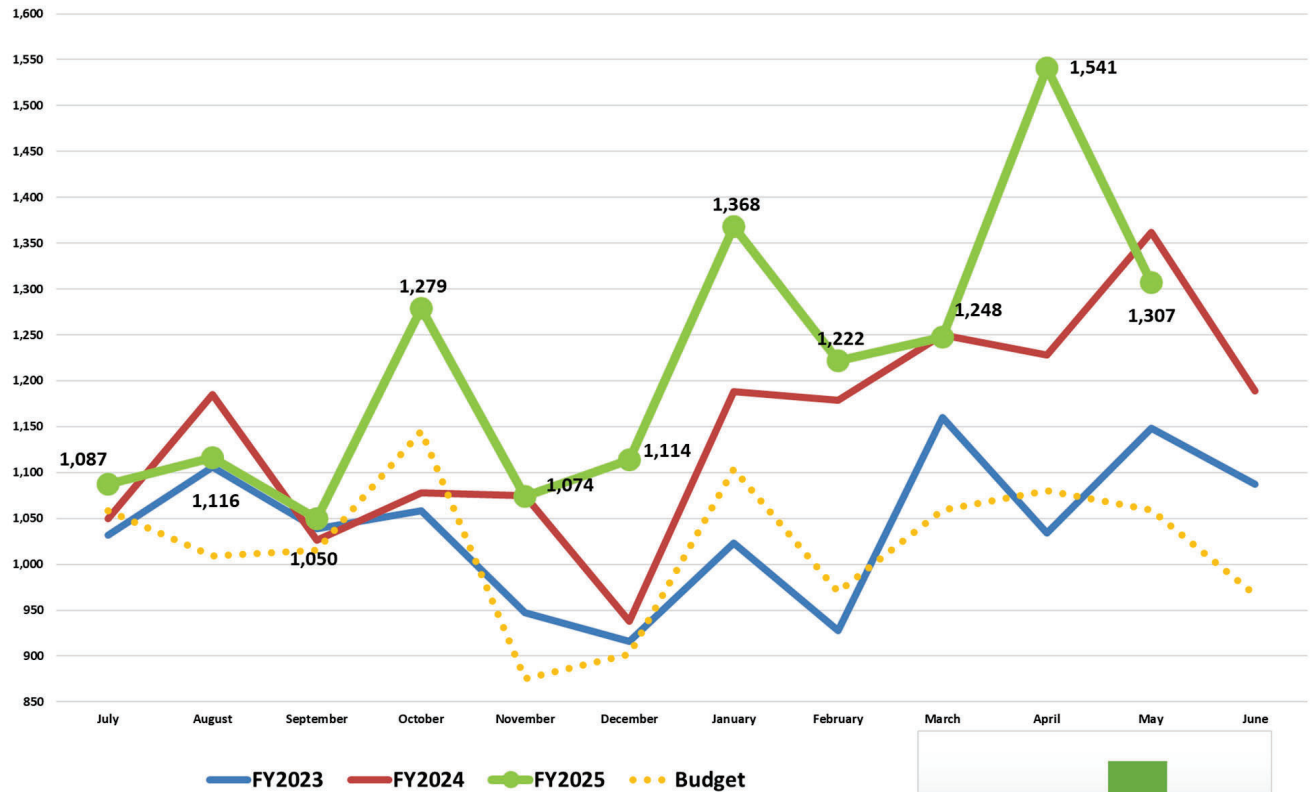
# Radiology – Main Campus



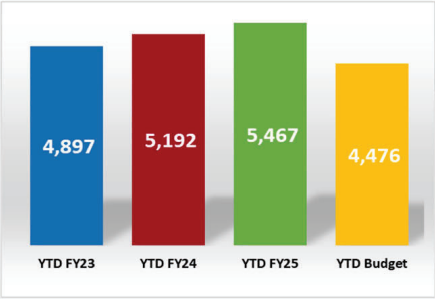
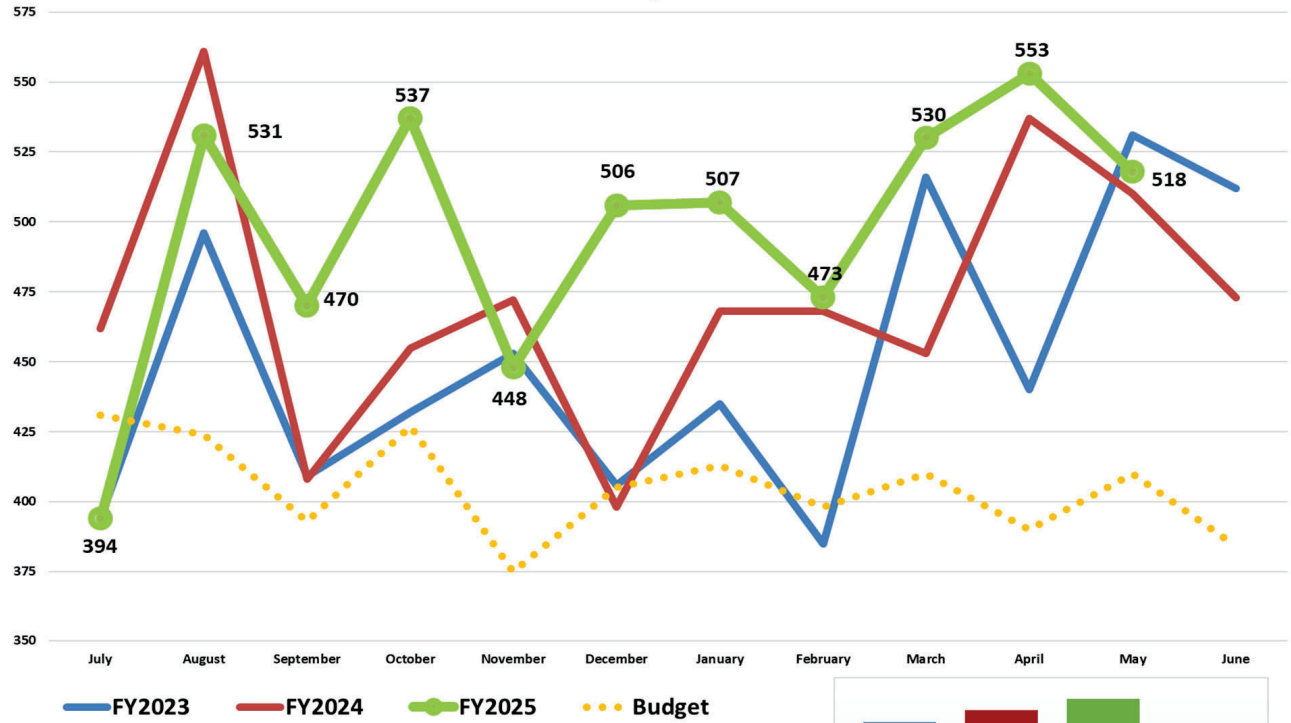
## Radiology - West Campus Imaging



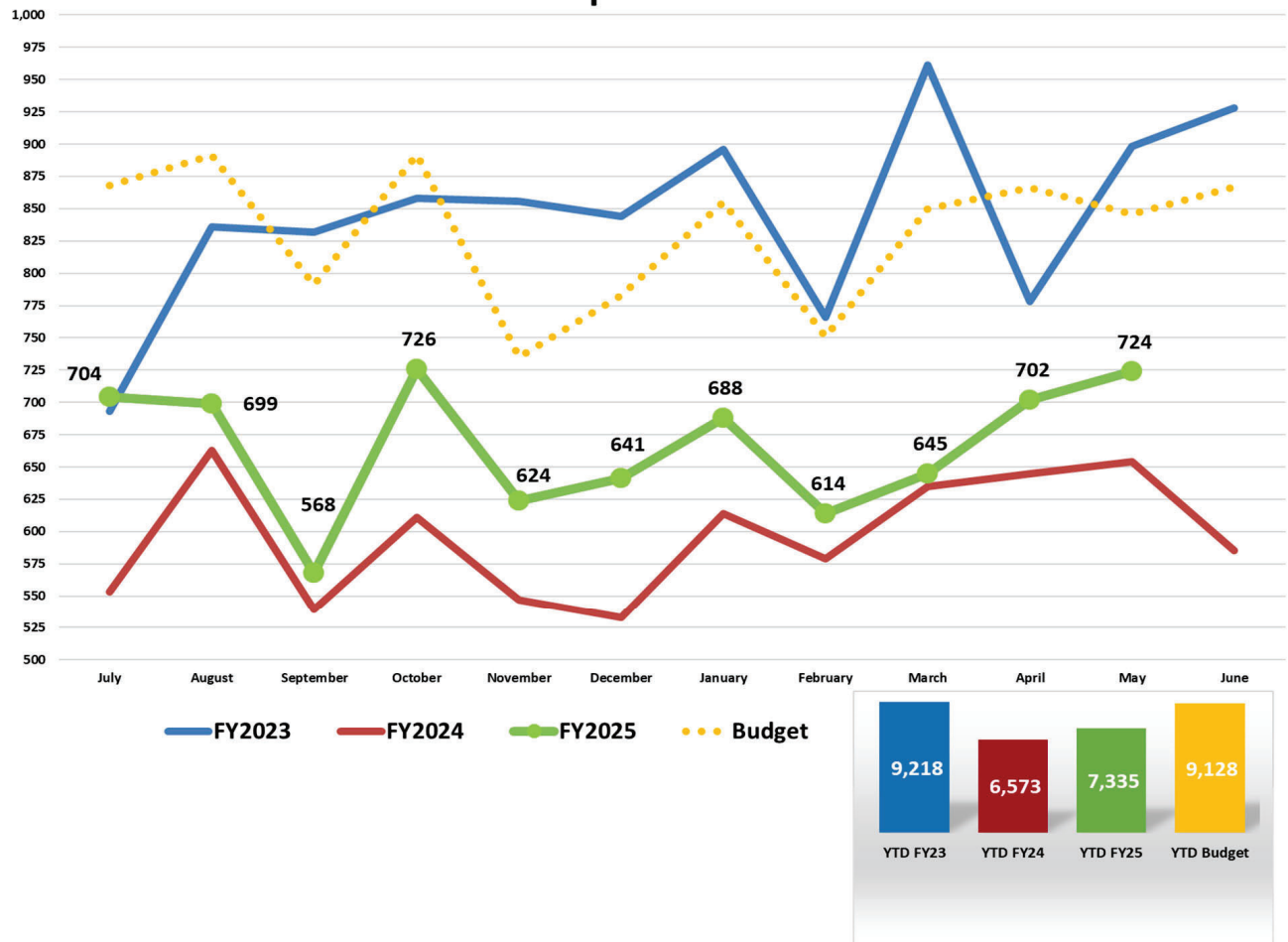
## West Campus - Diagnostic Radiology



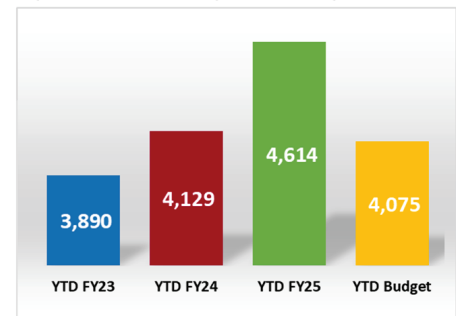
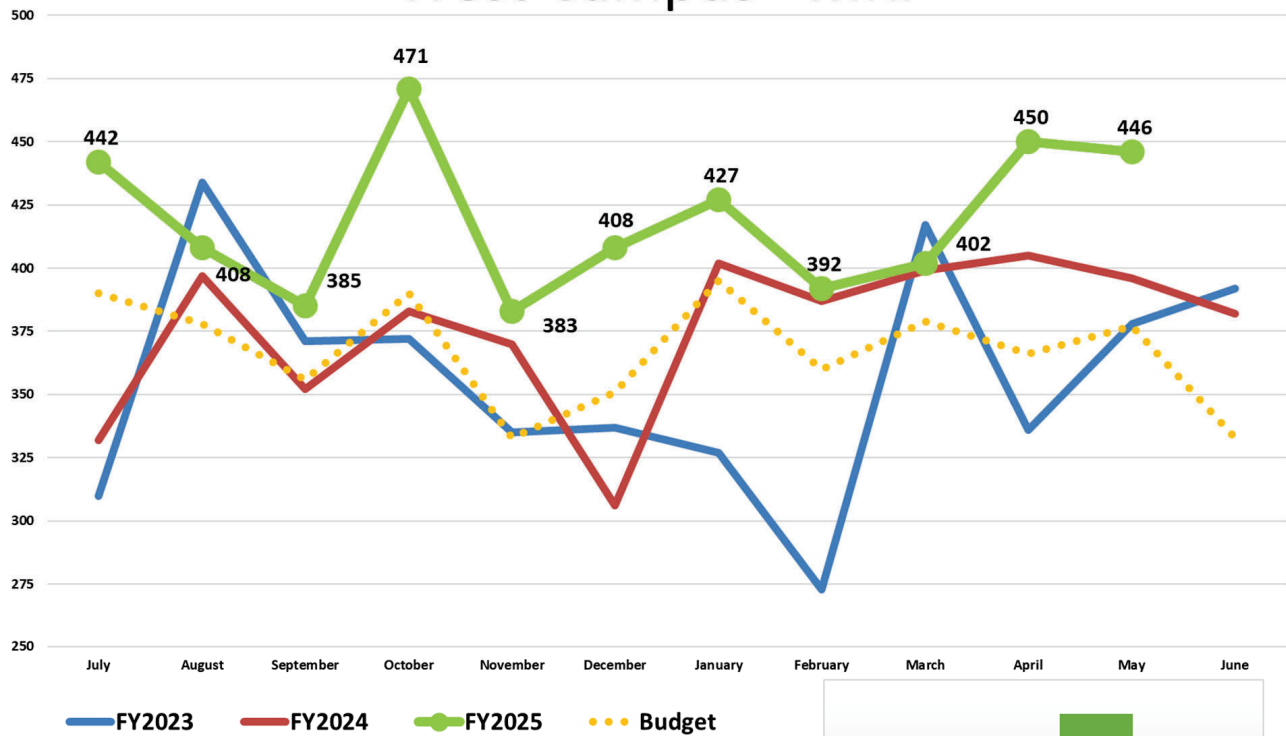
# West Campus - CT Scan



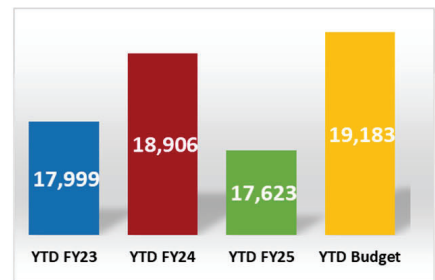
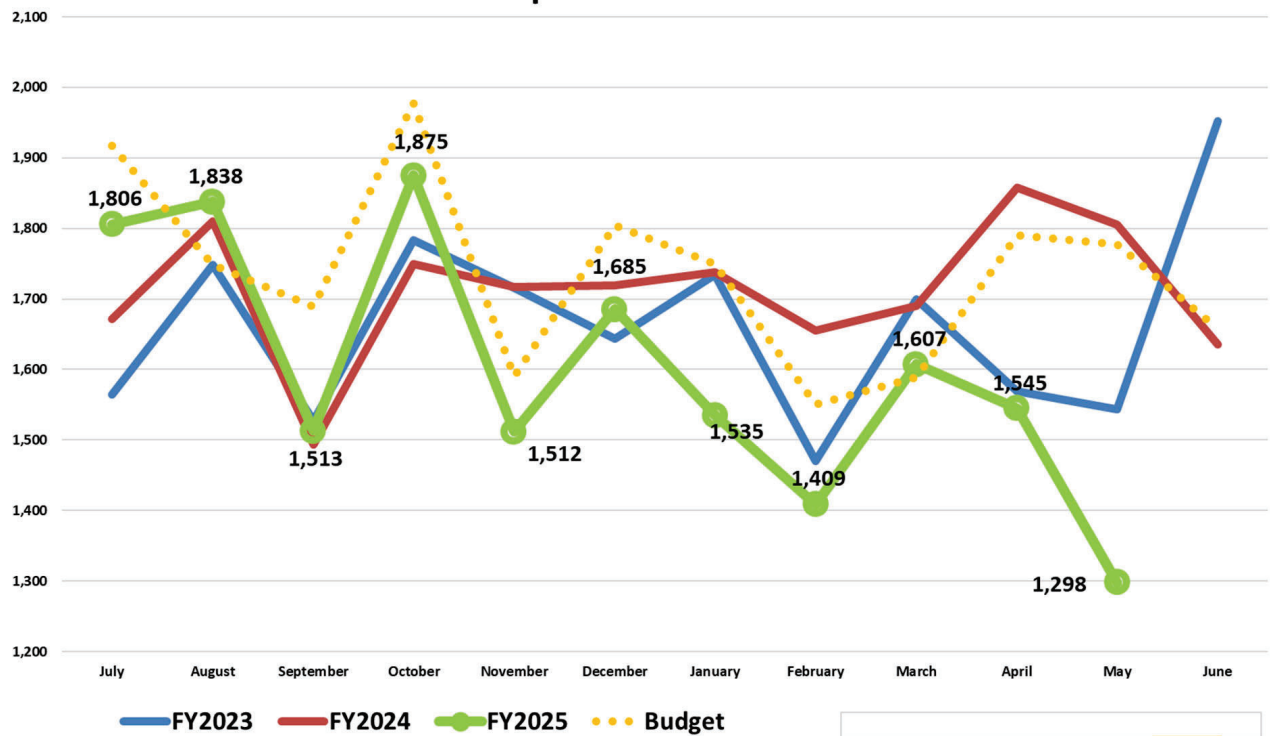
# West Campus - Ultrasound



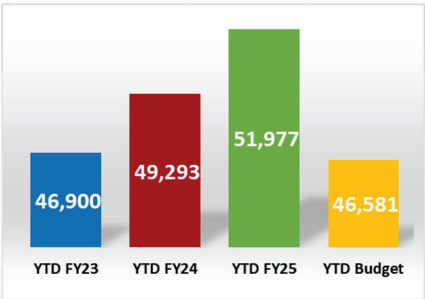
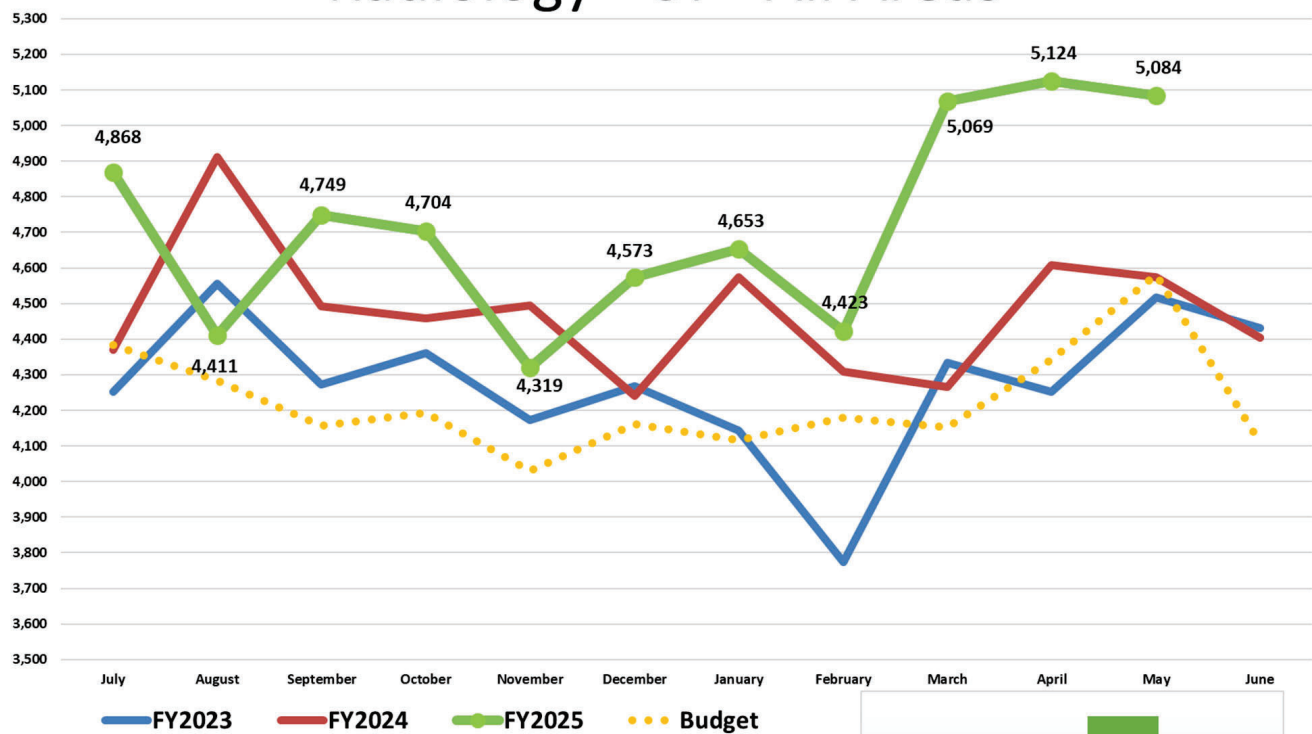
## West Campus - MRI



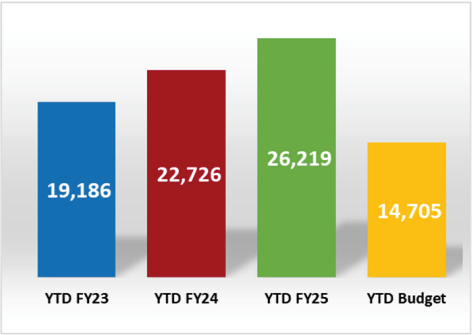
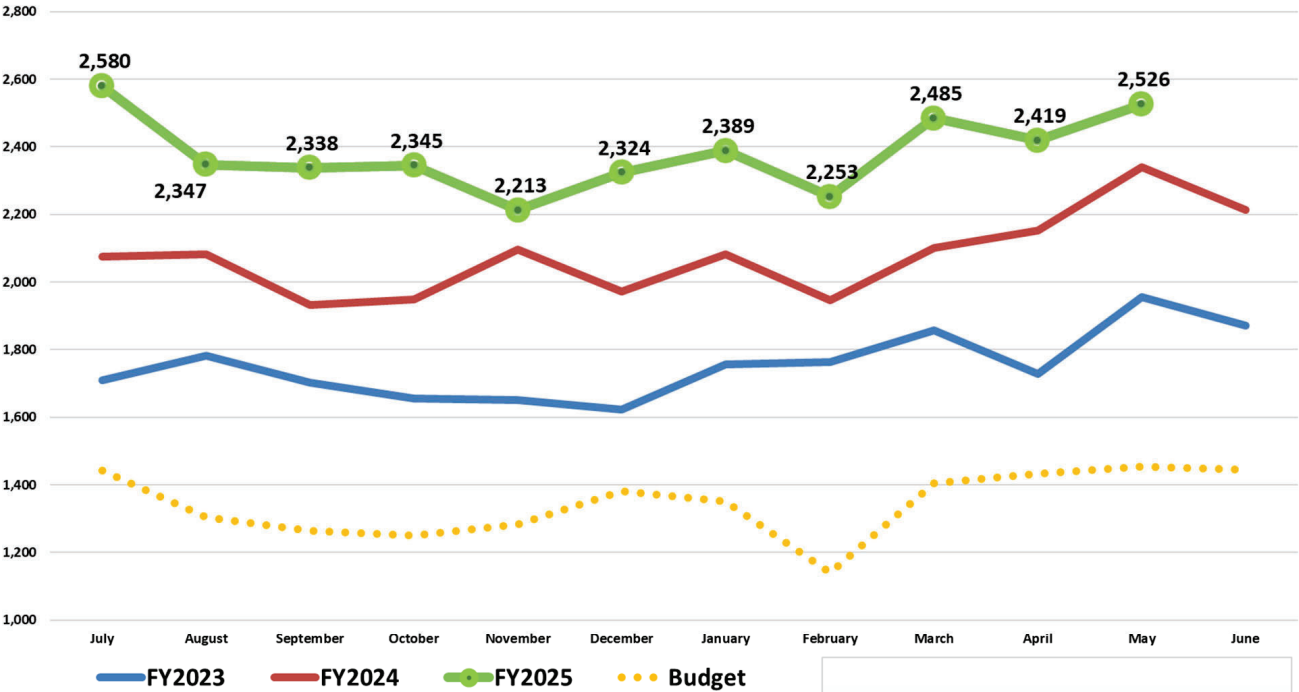
## West Campus - Breast Center



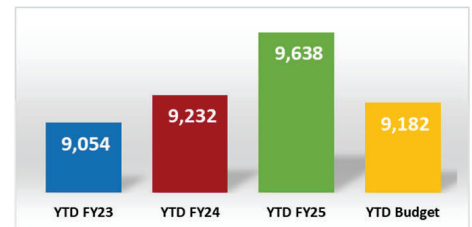
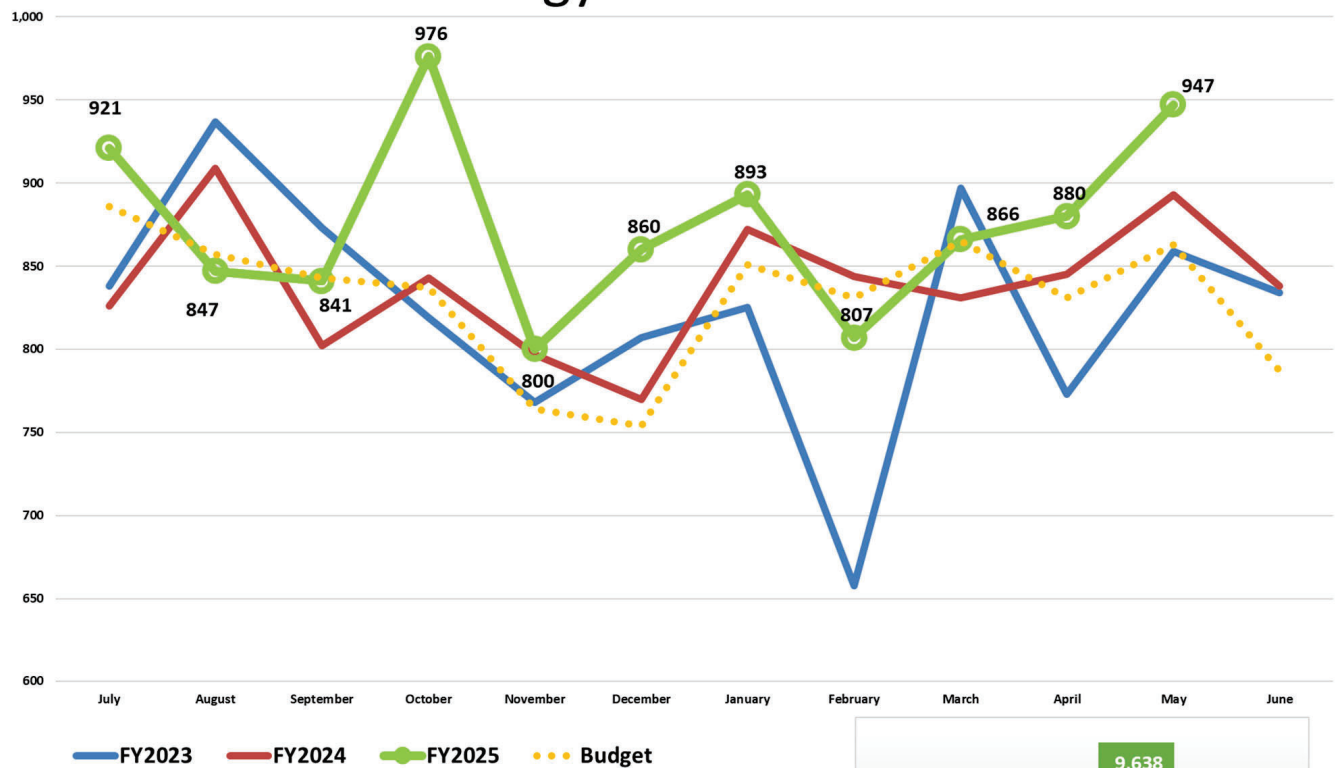
# Radiology - CT - All Areas



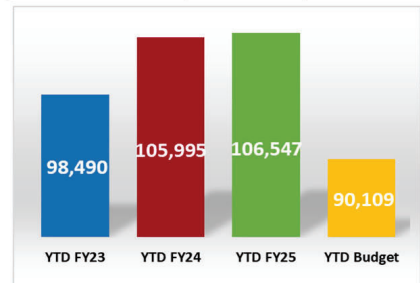
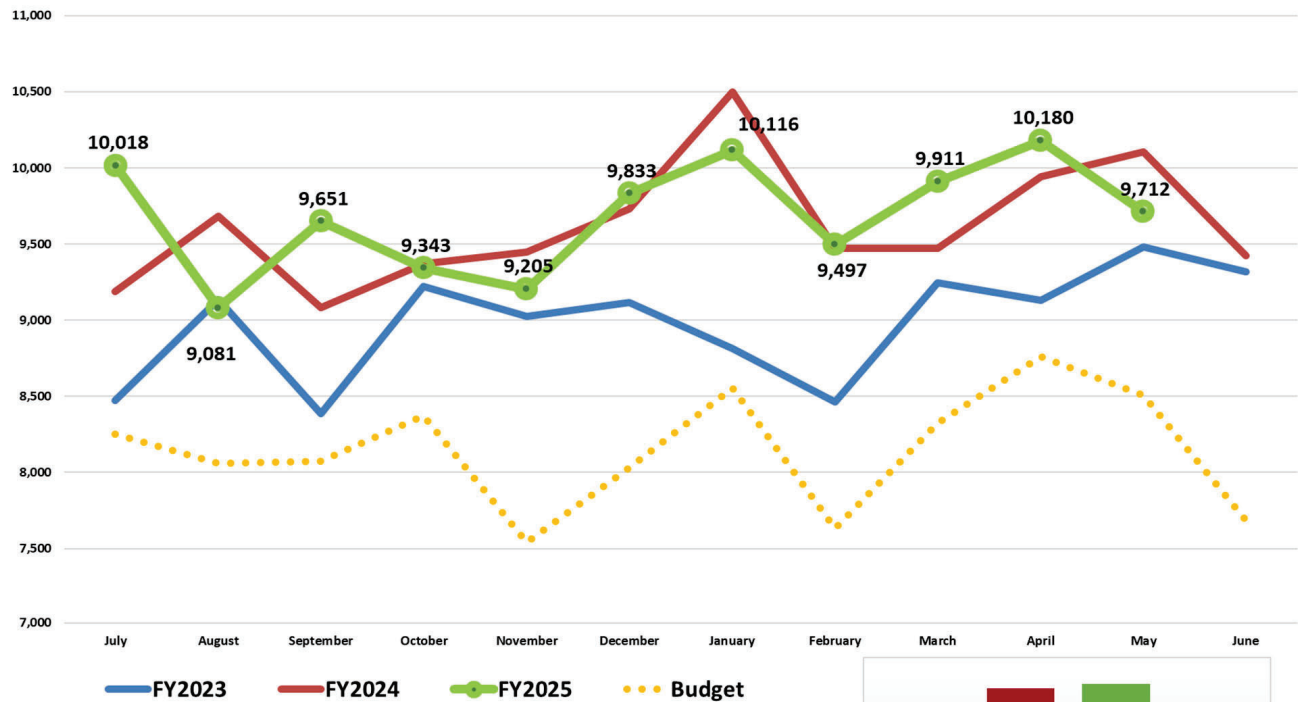
# Radiology - Ultrasound - Main Campus



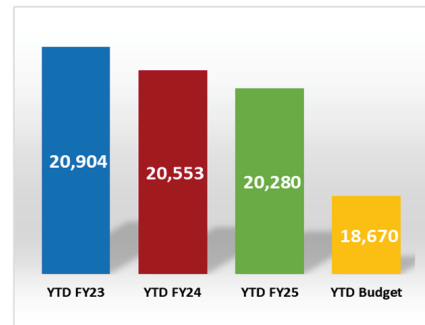
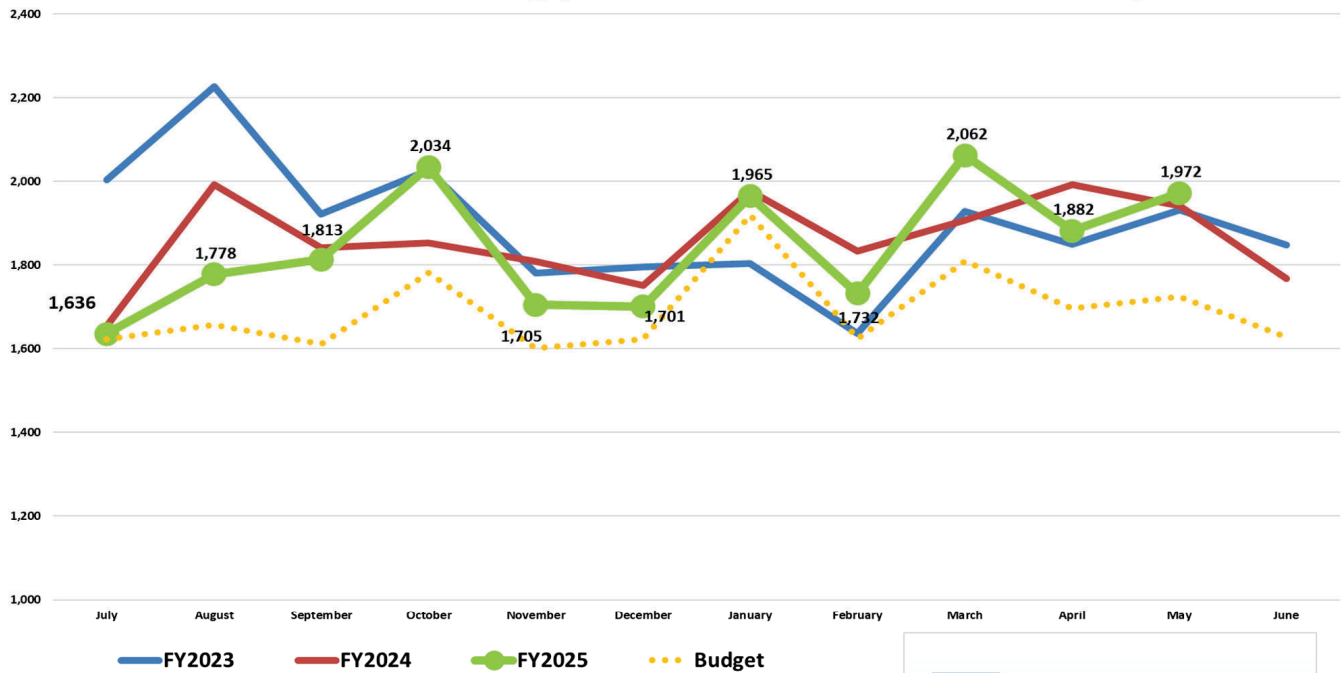
## Radiology - MRI - All Areas



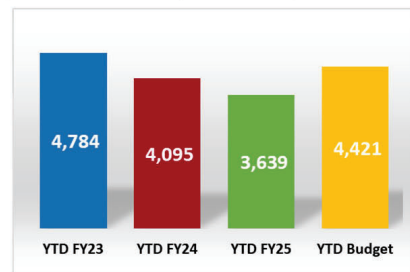
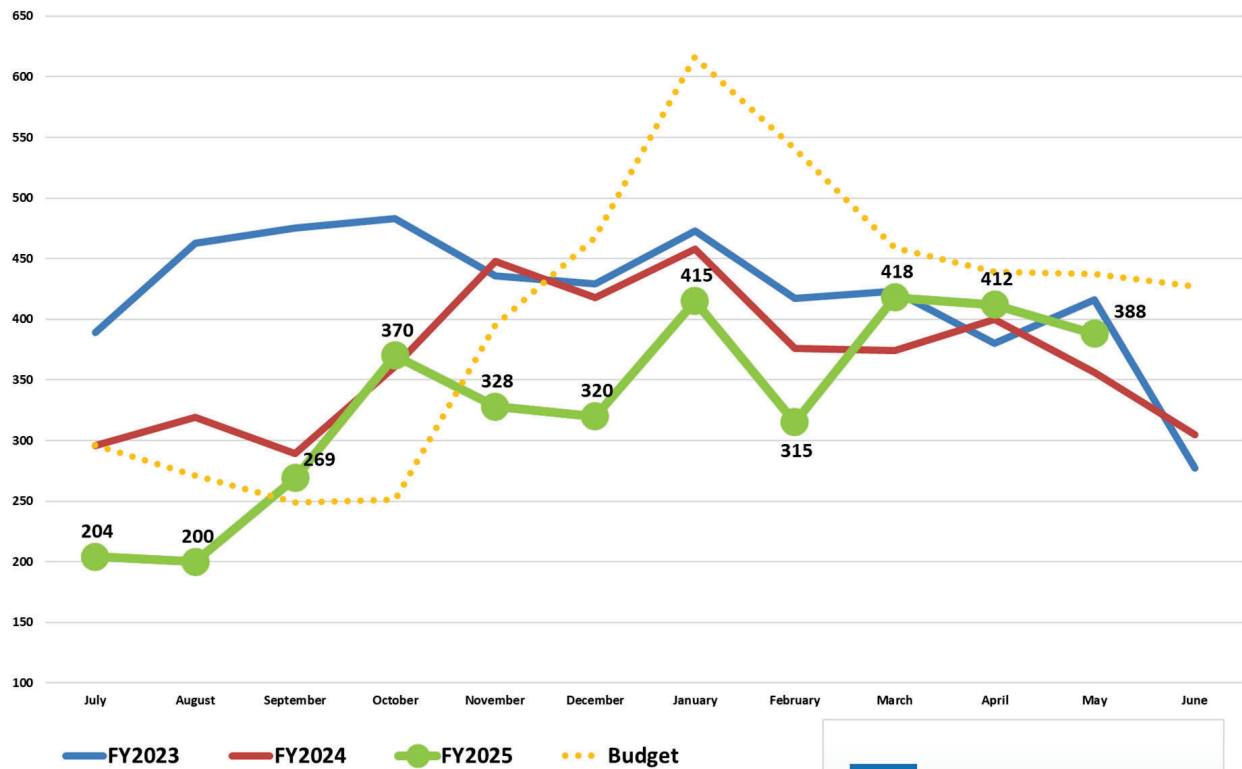
## Radiology Modality - Diagnostic Radiology



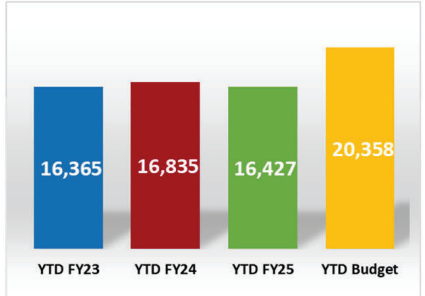
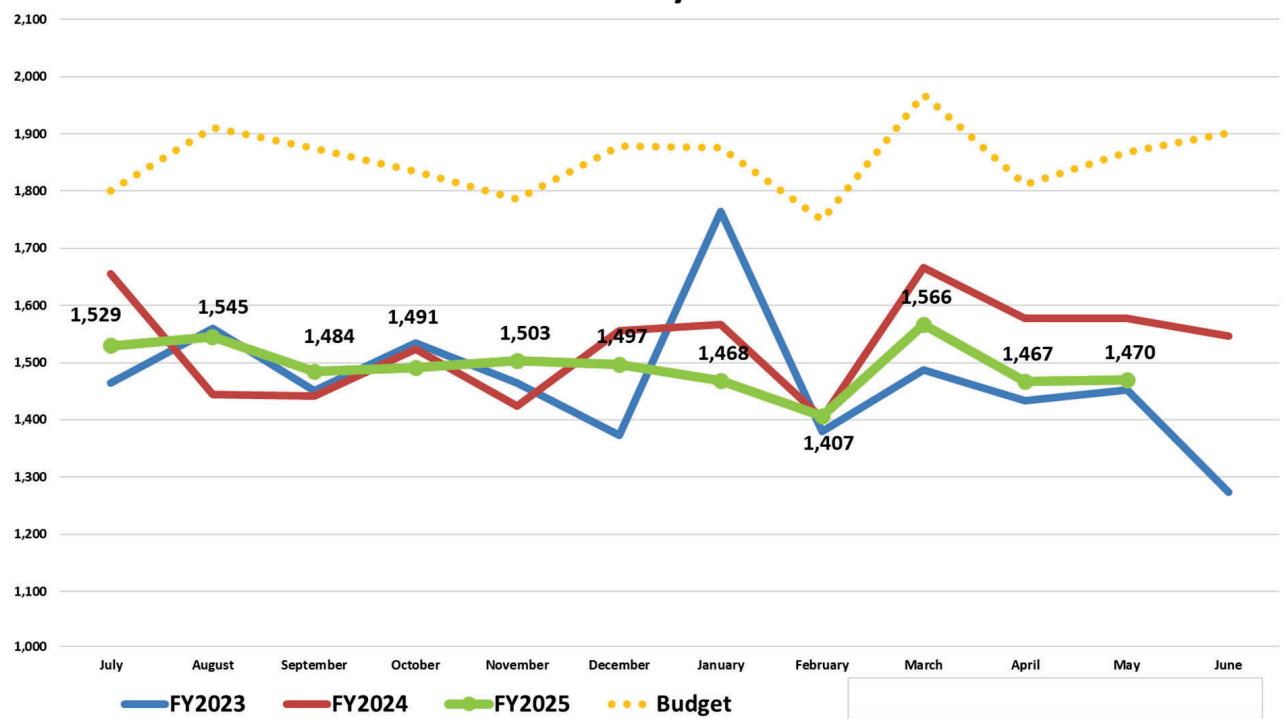
## Radiology - UC Court/South Campus



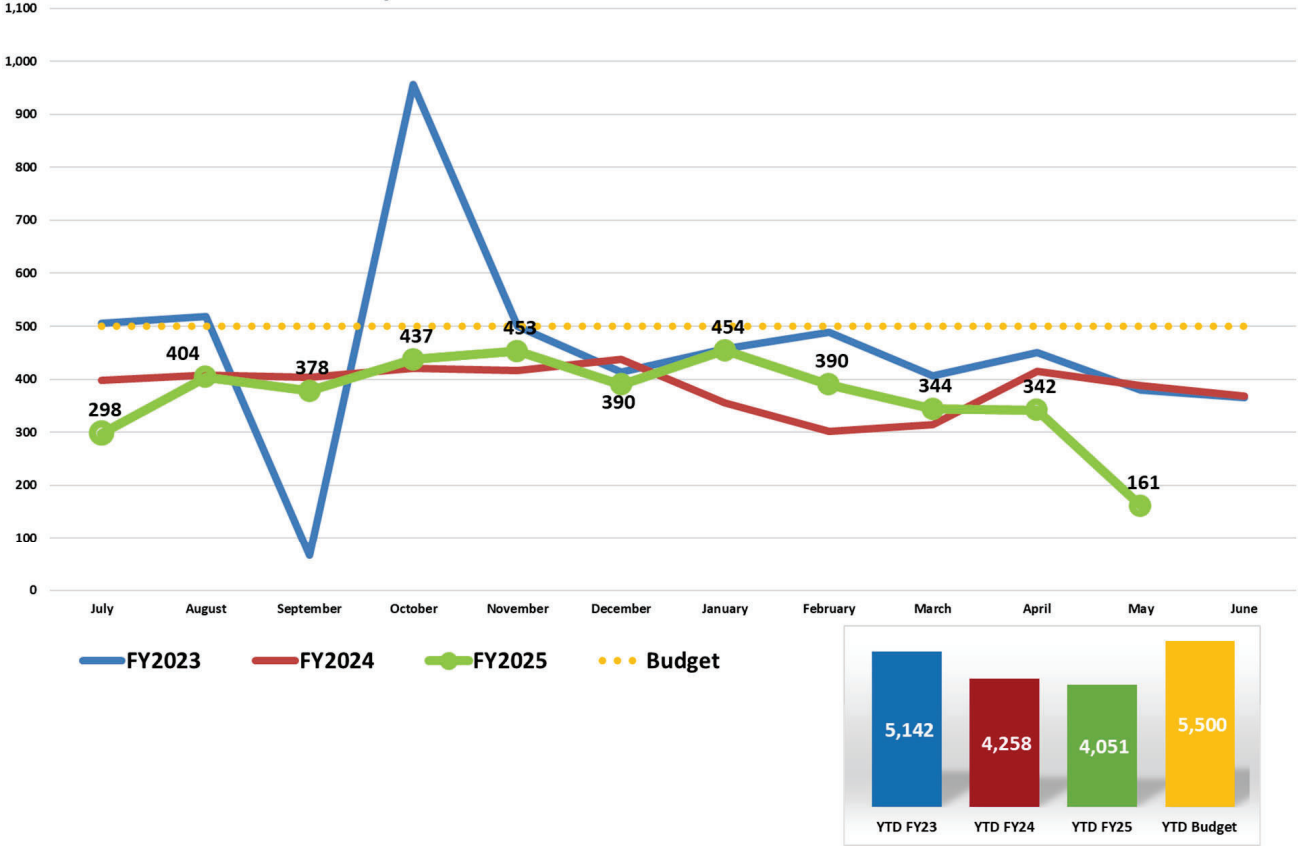
## Radiology - UC Demaree/North Campus



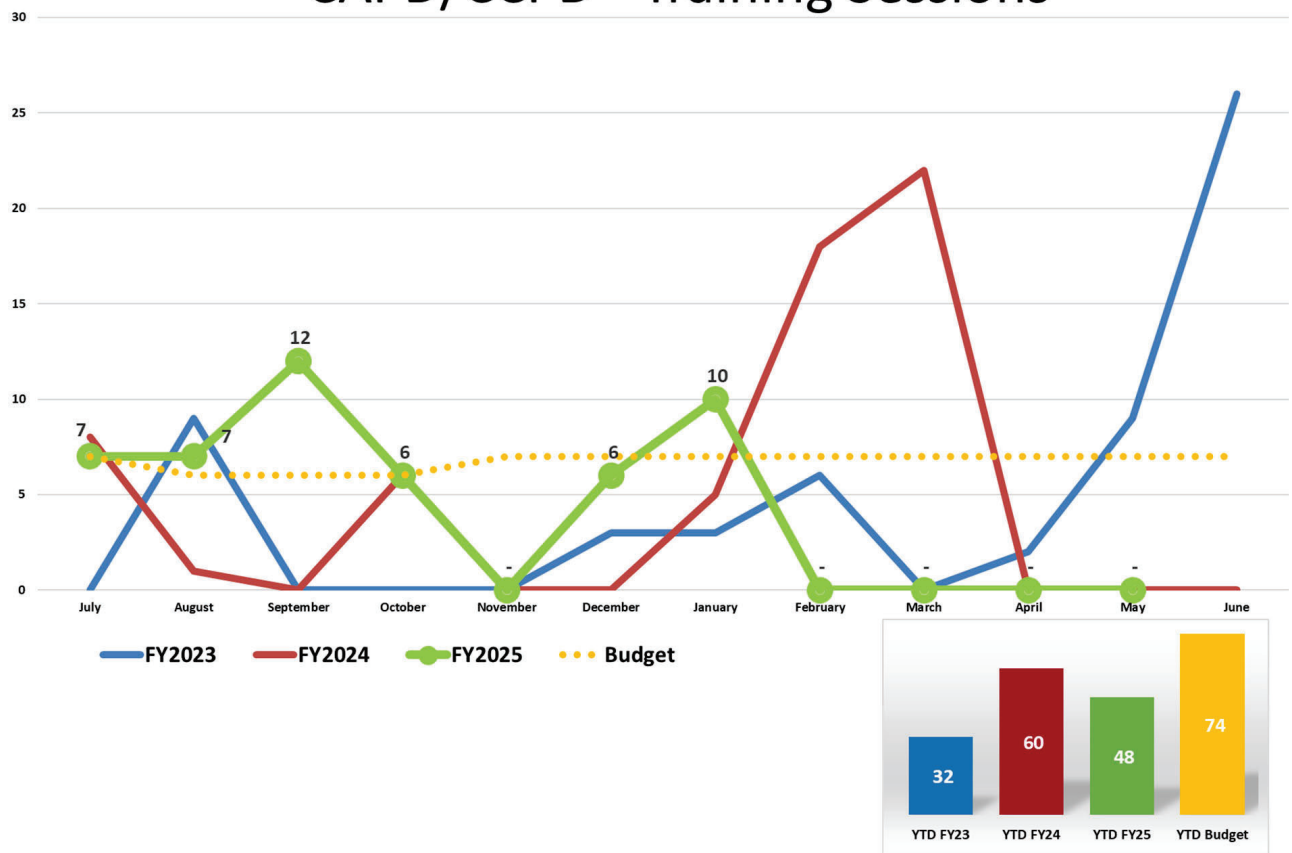
# Chronic Dialysis - Visalia



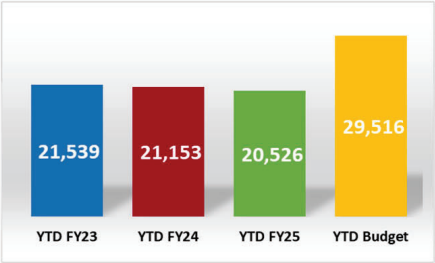
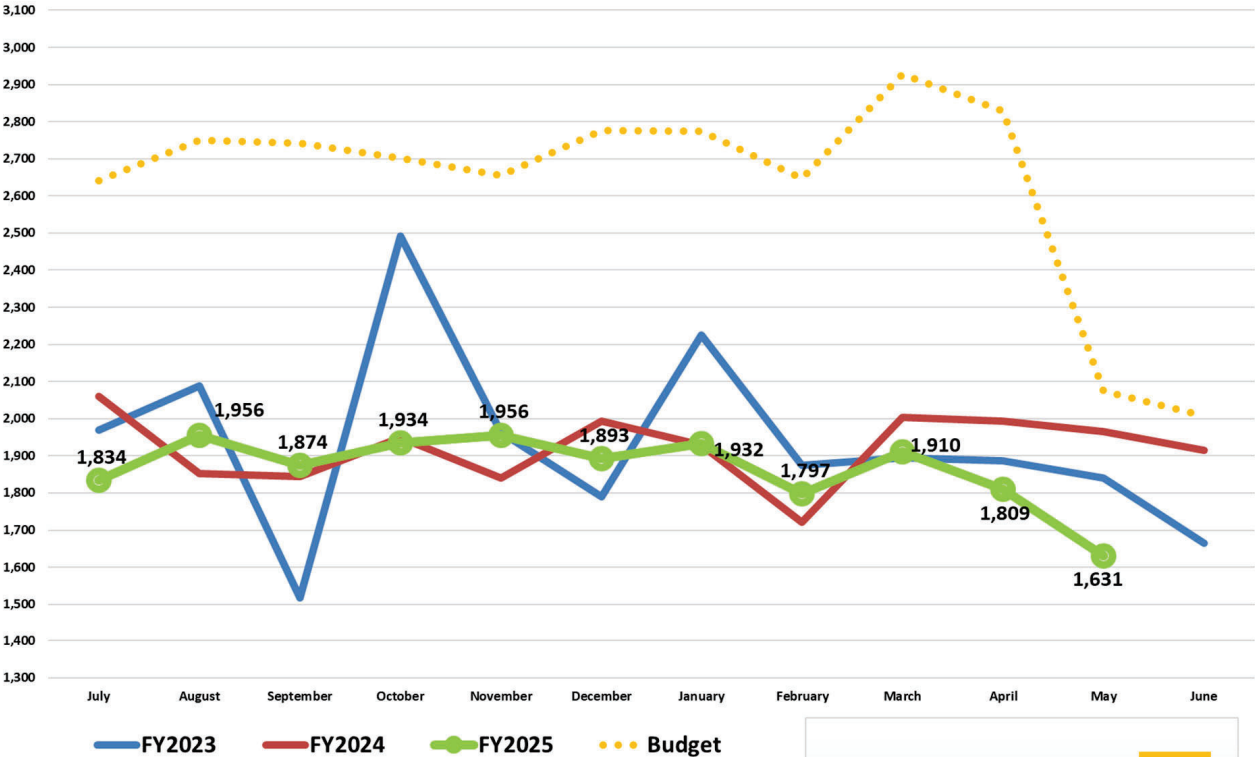
# CAPD/CCPD - Maintenance Sessions



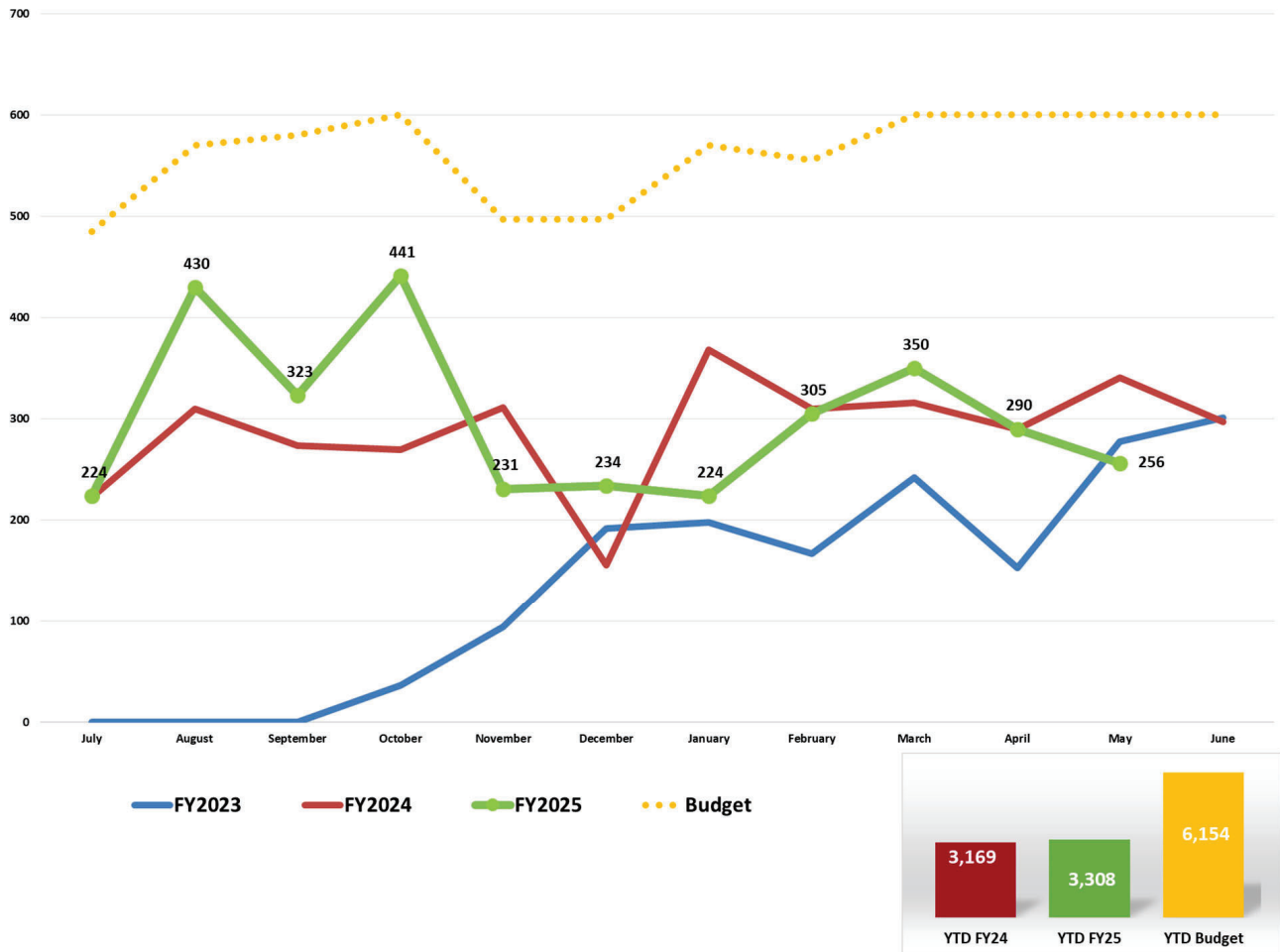
## CAPD/CCPD - Training Sessions



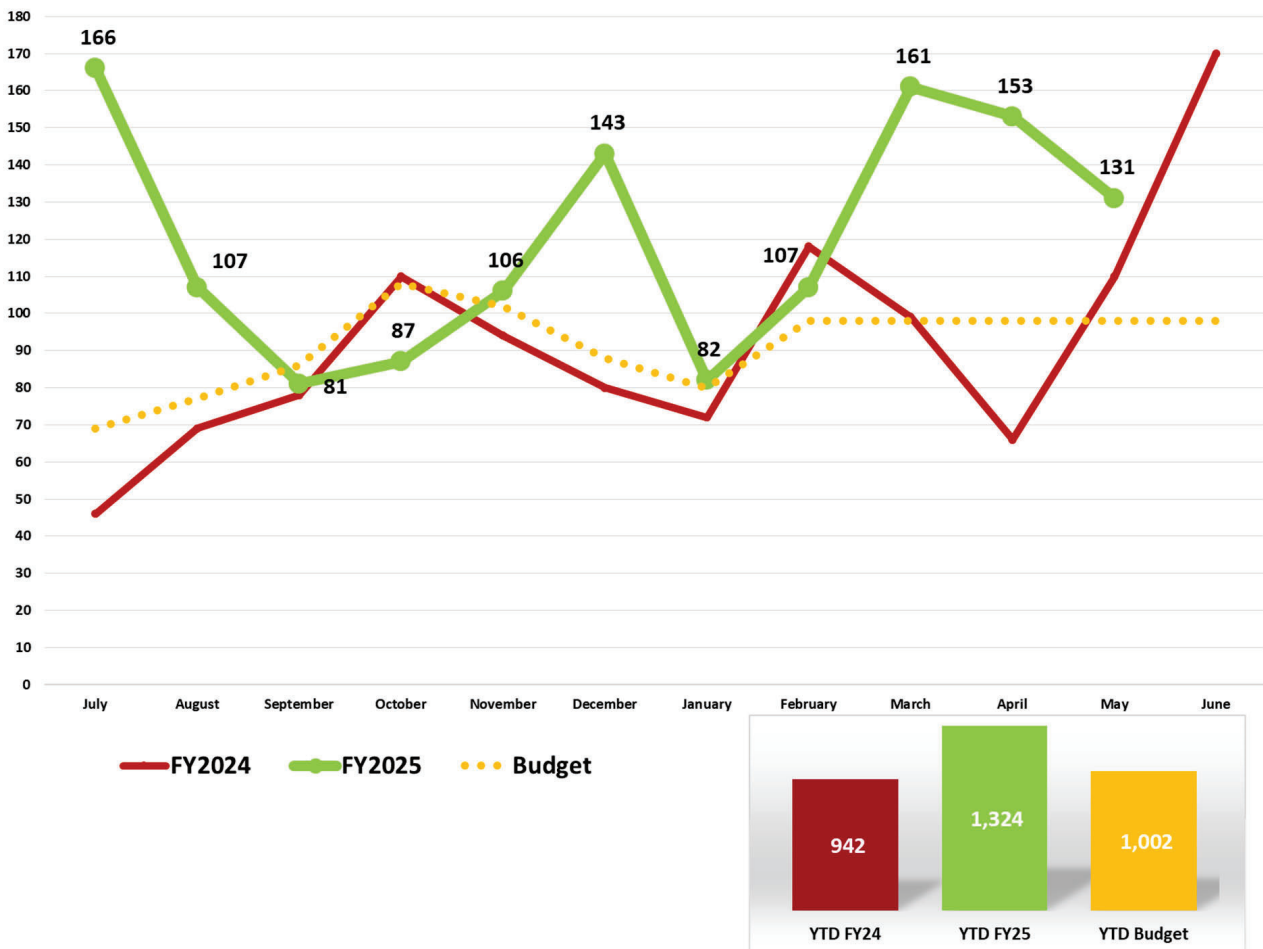
# All CAPD & CCPD



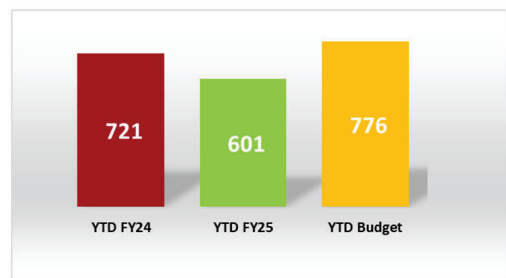
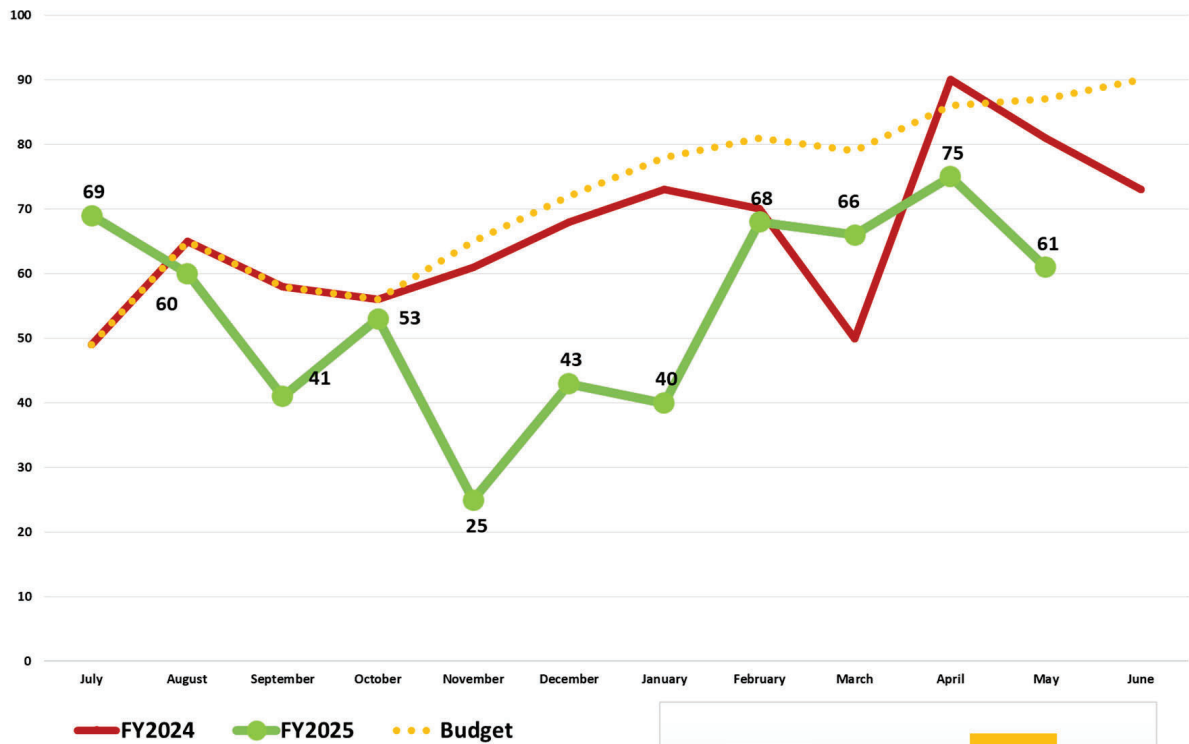
# Urology Clinic Visits



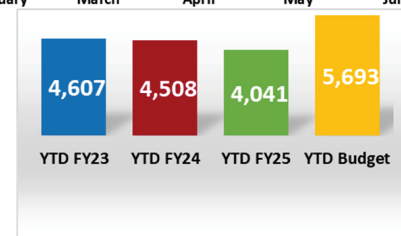
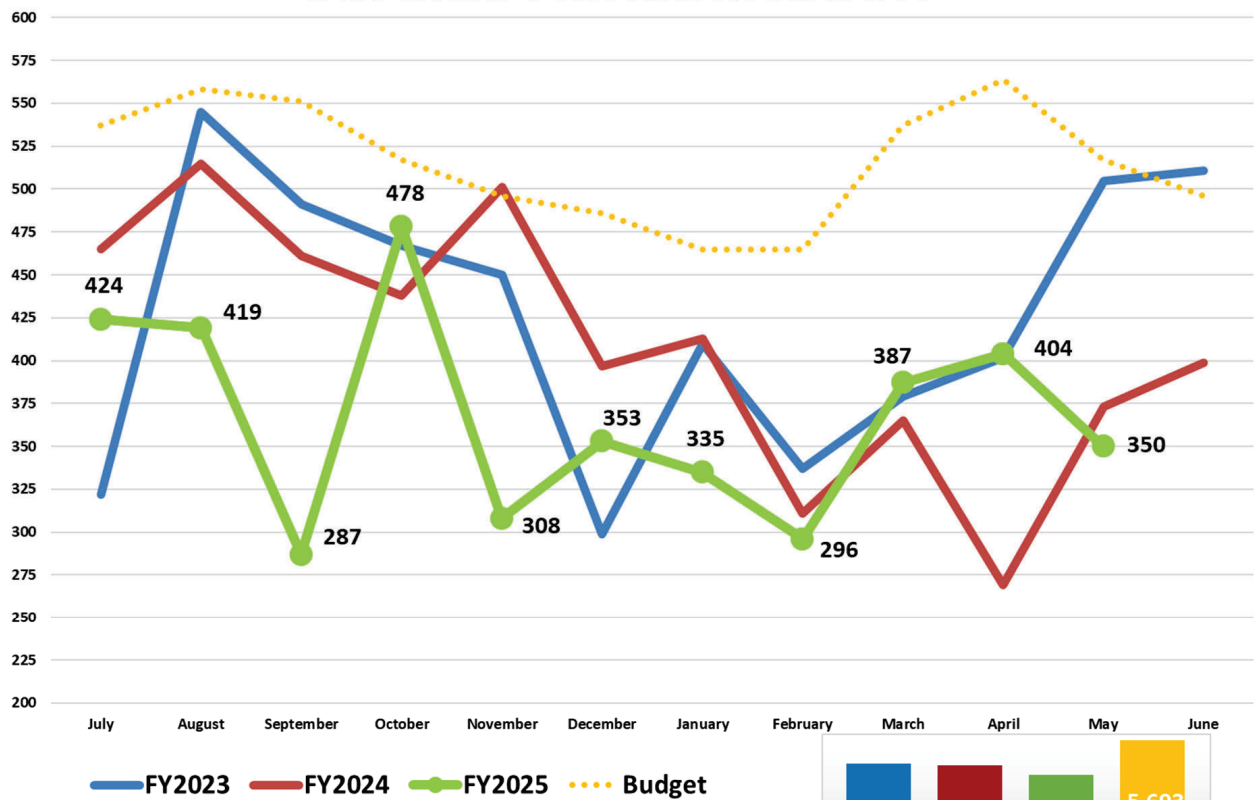
# Open Arms House - Patient Days



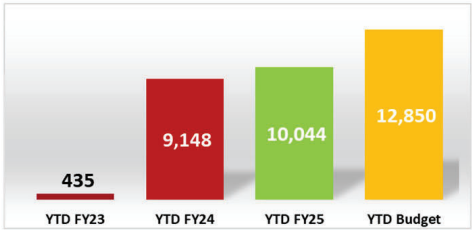
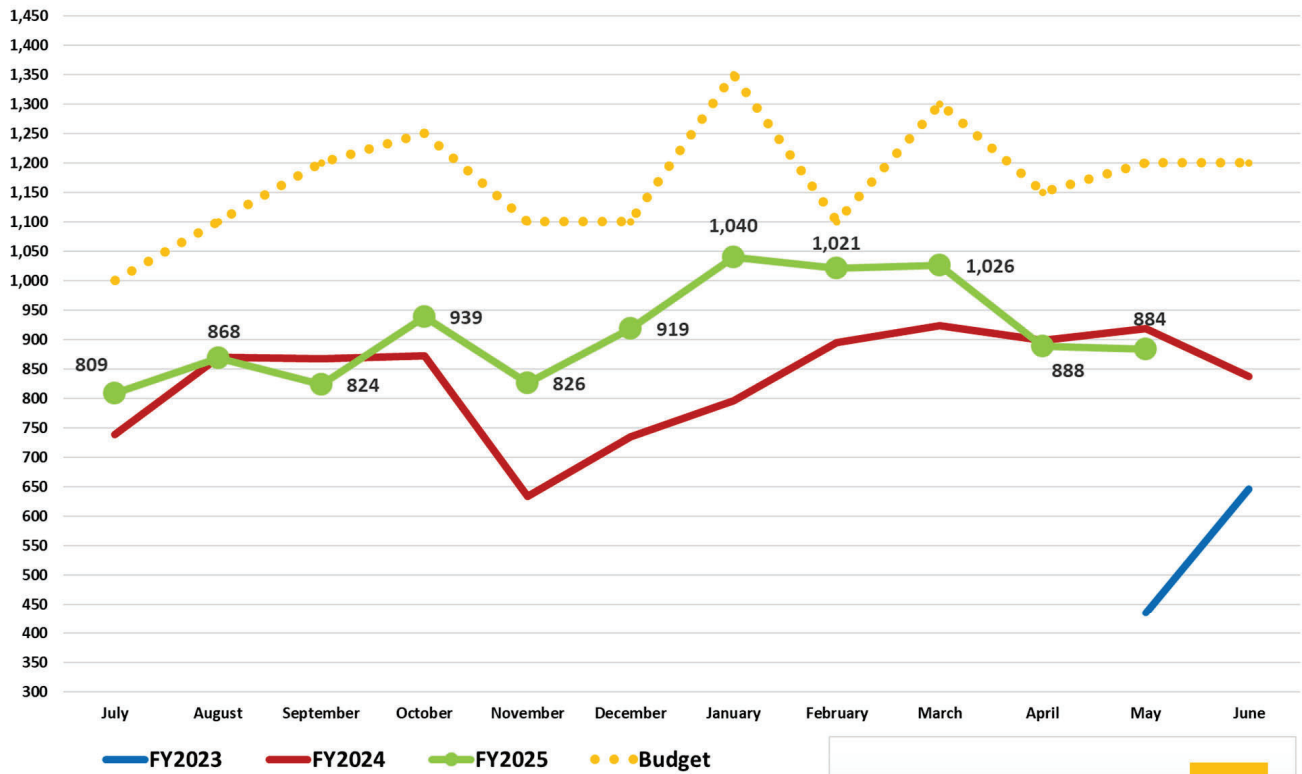
## Cardiothoracic Surgery Clinic - Visits



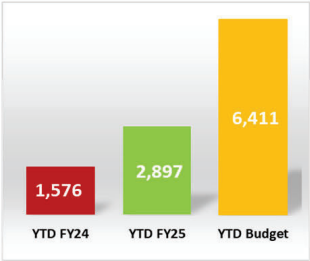
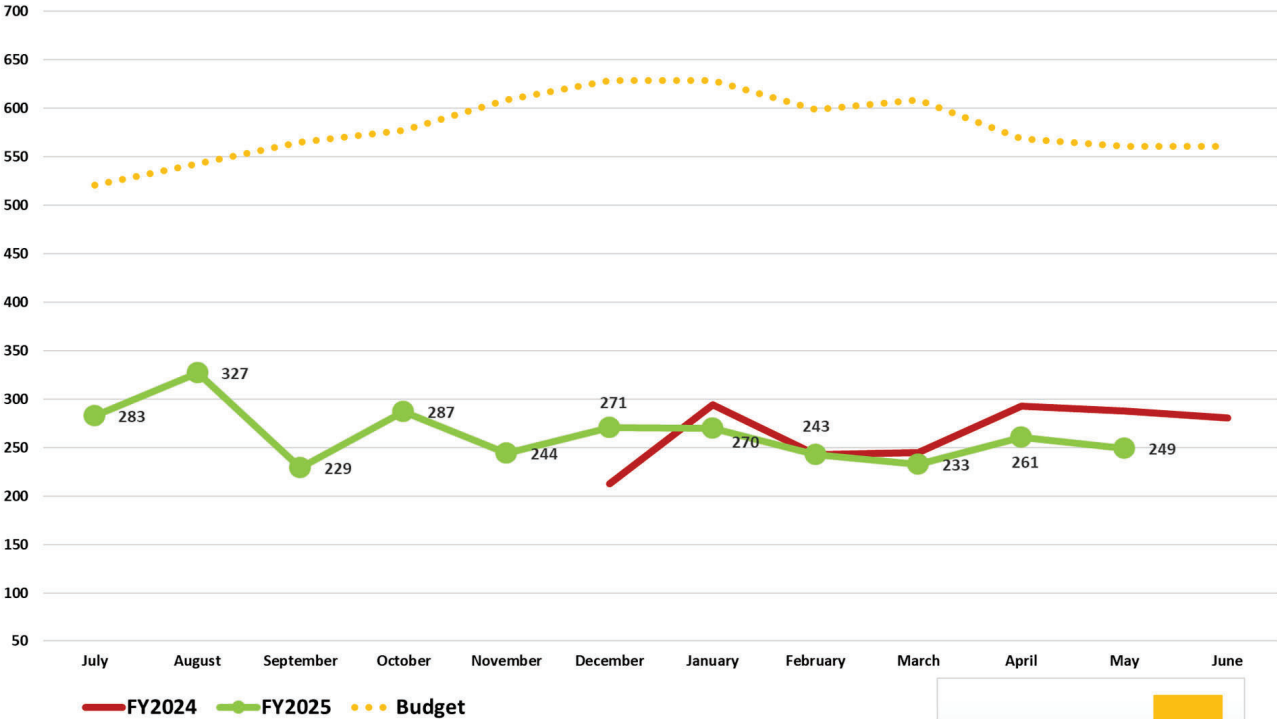
# Cardiac Rehabilitation



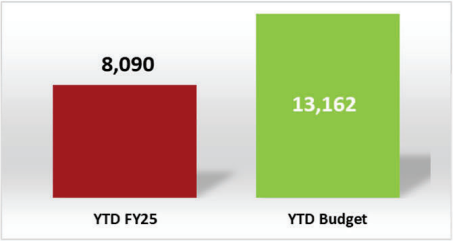
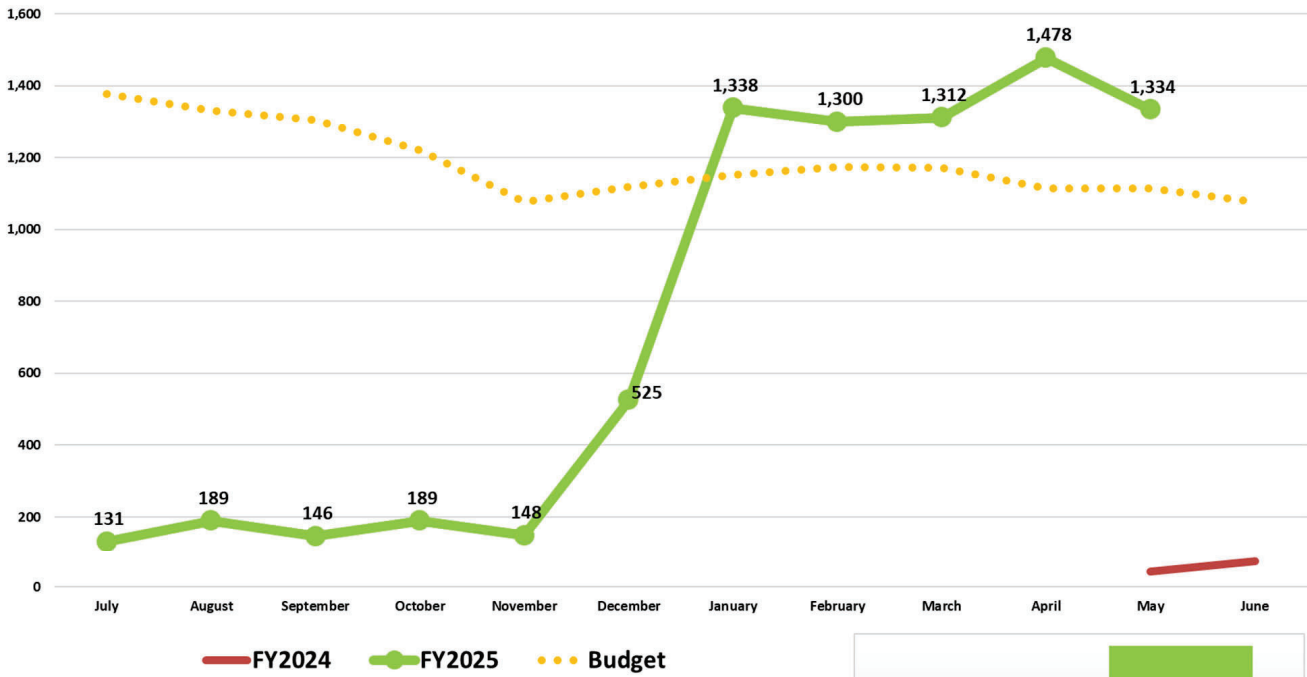
# KH Medical Clinic - Ben Maddox



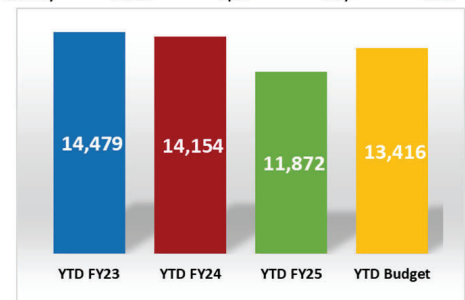
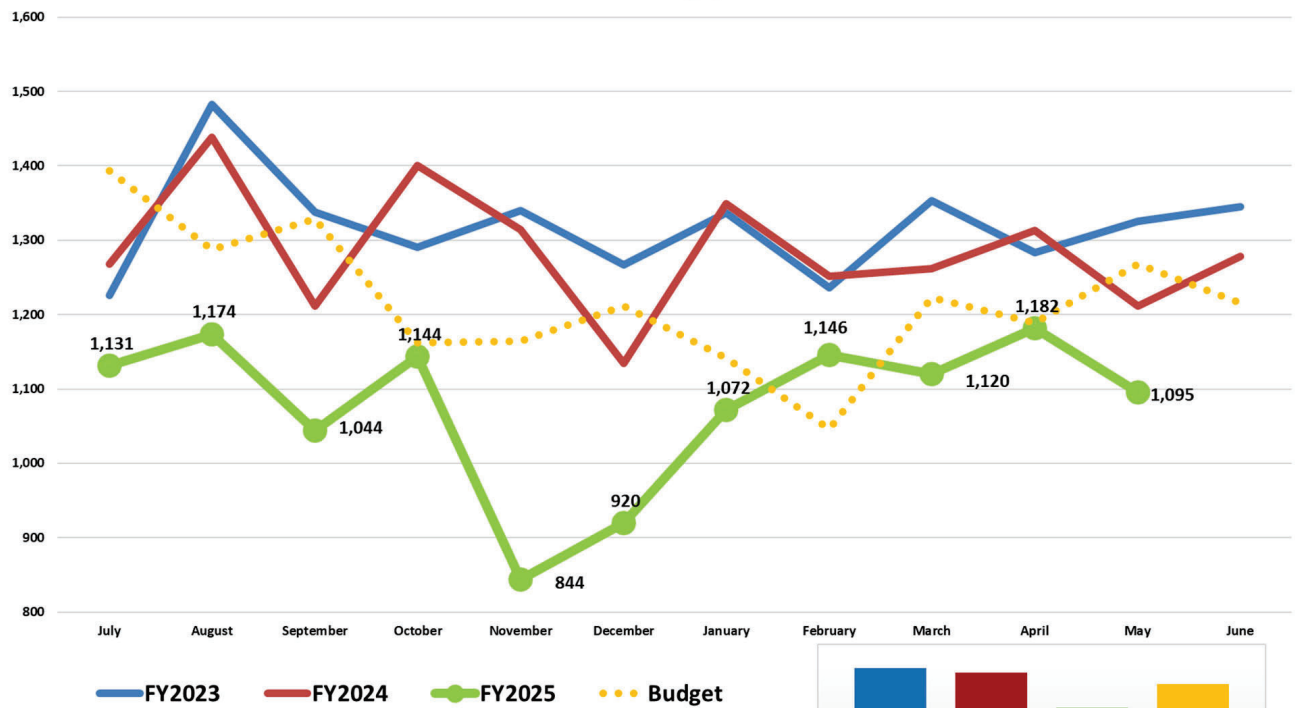
# KH Medical Clinic - Plaza



# KH Willow Clinic



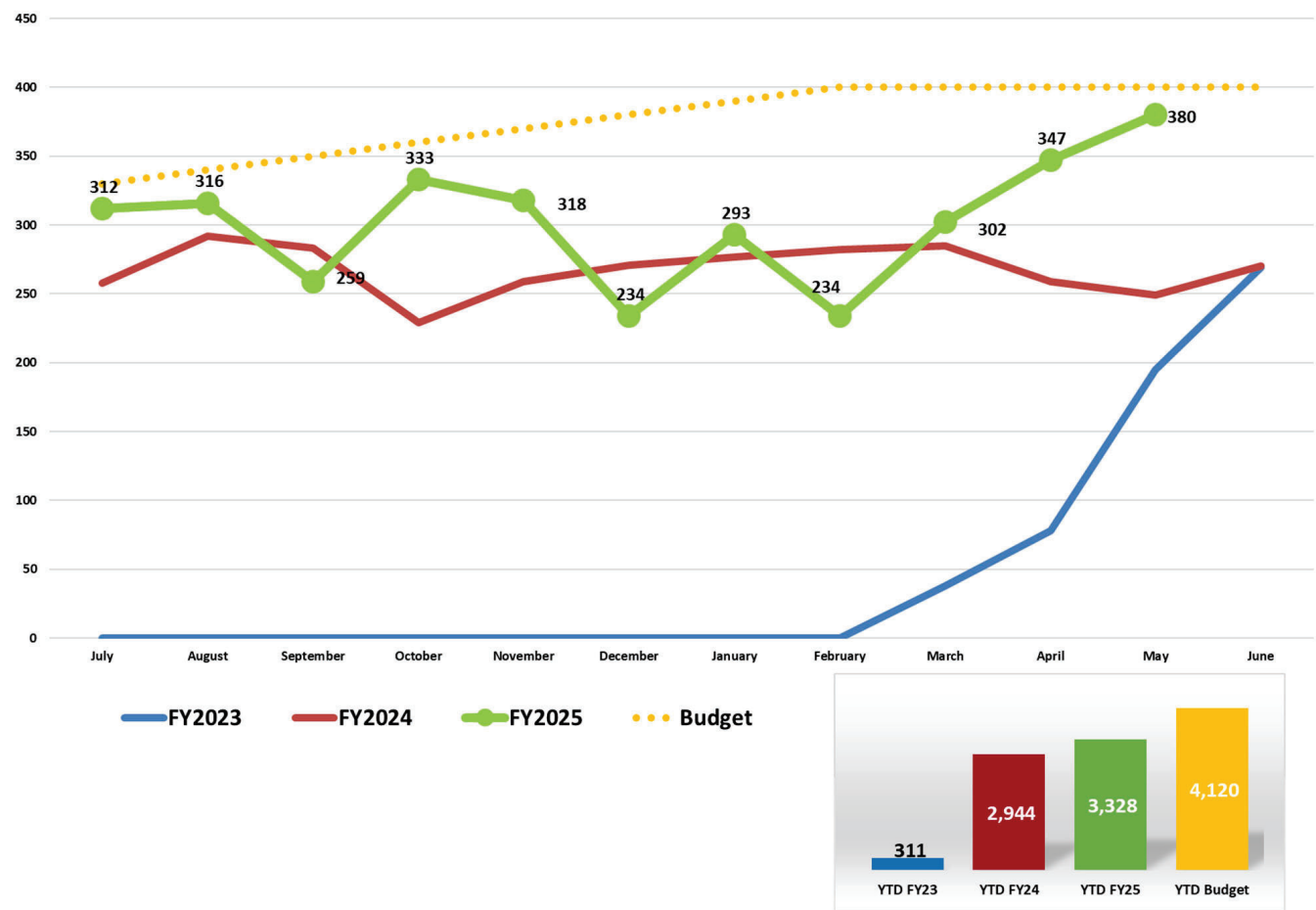
# Medical Oncology Treatments



# Medical Oncology Visits



# Mental Wellness Clinic



# **FY26 Preliminary Budget Presentation June 25, 2025**

## FY2026 Budget Review

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- **Overall Vision**
- **FY26 Budget Financial Reports**
- **FY26 Budget Variance Analysis**
- **Financial Ratios and Cash Flow**
- **FY26 Capital Budget**

**Note:** The FY25 Projected amounts are based on 11 months of actual (July 2024-May 2025) plus a projected month for June 2025 using the average daily amount of May 2025

## FY26 Budget

# Overall Vision and Key Items| FY 2026

- FY26 will start out as a challenging financial year with gradual improvements seen throughout the year. In efforts to improve the quality, safety and satisfaction of our patients there were several initiatives that were launched in the later part of Fiscal Year 2025. These efforts were primarily focused on our emergency department and nursing areas. While these initiatives have been very effective they were labor intensive which impacted our employee costs. Over the next year, we anticipate these changes will continue to improve our efficiency, reduce our current labor cost and continue to improve the quality of our care and patient satisfaction.
- Net patient revenue is anticipating an increase of \$33M due to growth in existing services, new services and rate increases. Other revenue is budgeting an additional \$28M in supplemental funds primarily related to the District Hospital Directed Payment Program.
- We expect to recognize an additional \$9.3M in our bottom line from new services that are scheduled to launch throughout the fiscal year.
- Our plan includes a multiyear phase-in process and FY26 growth will continue along with the continued focus on improvements in our Patient Experience, Quality, Payer Contracts, Revenue Cycle, Supply Chain, and Physician Relations over the next few years.
- As required we have budgeted to meet all of our Bond Covenants which includes a minimum of a 1.75 in our Debt Service Coverage Ratio (MADS), positive cash flow and days cash on hand ratio exceeding 90 days.

# FY26 Budget

	FY26 Budget vs. FY25 Actual			
	Projected FY 25	Budget FY26	\$ Change	% Change
<b>Operating Revenue</b>				
Net Patient Service Revenue	\$659,251	\$692,141	\$32,890	5.0%
Other Operating Revenue	\$236,709	\$265,173	\$28,464	12.0%
<b>Total Operating Revenue</b>	<b>\$895,960</b>	<b>\$957,314</b>	<b>\$61,354</b>	<b>6.8%</b>
<b>Operating Expenses</b>				
Employment Expenses	\$495,861	\$515,502	\$19,641	4.0%
Other Expenses	\$434,733	\$451,643	\$16,909	3.9%
<b>Total Operating Expenses</b>	<b>\$930,594</b>	<b>\$967,144</b>	<b>\$36,550</b>	<b>3.9%</b>
<b>Operating Margin</b>	<b>(\$34,634)</b>	<b>(\$9,830)</b>	<b>\$24,804</b>	
Stimulus/FEMA	\$48,412	\$0	(\$48,412)	
<b>Operating Margin after Stimulus/FEMA</b>	<b>\$13,778</b>	<b>(\$9,830)</b>	<b>(\$23,608)</b>	
Nonoperating Revenue (Loss)	\$15,299	\$10,175	(\$5,123)	
<b>Excess Margin</b>	<b>\$29,076</b>	<b>\$345</b>	<b>(\$28,732)</b>	

# FY26 Budget

	FY26 Budget vs. FY25 Actual				FY26 Budget vs. FY25 Budget			
	Projected FY 25	Budget FY26	\$ Change	% Change	Budget FY25	Budget FY26	\$ Change	% Change
<b>Operating Revenue</b>								
Net Patient Service Revenue	\$659,251	\$692,141	\$32,890	5.0%	\$637,868	\$692,141	\$54,273	8.5%
Supplemental Gov't Programs	\$85,109	\$123,100	\$37,991	44.6%	\$89,717	\$123,100	\$33,383	37.2%
Prime Program	\$14,236	\$8,268	(\$5,968)	-41.9%	\$9,502	\$8,268	(\$1,234)	-13.0%
Premium Revenue	\$86,317	\$83,170	(\$3,147)	-3.6%	\$90,567	\$83,170	(\$7,397)	-8.2%
Other Revenue	\$51,047	\$50,635	(\$412)	-0.8%	\$52,872	\$50,635	(\$2,236)	-4.2%
Other Operating Revenue	\$236,709	\$265,173	\$28,464	12.0%	\$242,658	\$265,173	\$22,515	9.3%
<b>Total Operating Revenue</b>	<b>\$895,960</b>	<b>\$957,314</b>	<b>\$61,354</b>	<b>6.8%</b>	<b>\$880,525</b>	<b>\$957,314</b>	<b>\$76,789</b>	<b>8.7%</b>
<b>Operating Expenses</b>								
Salaries & Wages	\$385,635	\$404,253	\$18,618	4.8%	\$375,604	\$404,253	\$28,650	7.6%
Contract Labor	\$24,792	\$19,832	(\$4,960)	-20.0%	\$14,685	\$19,832	\$5,148	35.1%
Employee Benefits	\$85,433	\$91,416	\$5,982	7.0%	\$64,017	\$91,416	\$27,398	42.8%
<b>Total Employment Expenses</b>	<b>\$495,861</b>	<b>\$515,502</b>	<b>\$19,641</b>	<b>4.0%</b>	<b>\$454,306</b>	<b>\$515,502</b>	<b>\$61,196</b>	<b>13.5%</b>
Medical & Other Supplies	\$166,784	\$172,828	\$6,044	3.6%	\$174,807	\$172,828	(\$1,980)	-1.1%
Physician Fees	\$88,261	\$90,890	\$2,630	3.0%	\$86,628	\$90,890	\$4,263	4.9%
Purchased Services	\$20,851	\$22,454	\$1,602	7.7%	\$21,484	\$22,454	\$970	4.5%
Repairs & Maintenance	\$25,753	\$31,356	\$5,603	21.8%	\$24,899	\$31,356	\$6,456	25.9%
Utilities	\$11,202	\$11,642	\$440	3.9%	\$10,987	\$11,642	\$656	6.0%
Rents & Leases	\$1,784	\$1,695	(\$89)	-5.0%	\$1,843	\$1,695	(\$148)	-8.0%
Depreciation & Amortization	\$39,705	\$42,042	\$2,337	5.9%	\$39,621	\$42,042	\$2,420	6.1%
Interest Expense	\$7,109	\$6,739	(\$370)	-5.2%	\$7,163	\$6,739	(\$424)	-5.9%
Other Expense	\$25,687	\$28,194	\$2,507	9.8%	\$26,858	\$28,194	\$1,336	5.0%
Humana Cap Plan Expenses	\$47,598	\$43,803	(\$3,795)	-8.0%	\$44,345	\$43,803	(\$542)	-1.2%
<b>Total Other Expenses</b>	<b>\$434,733</b>	<b>\$451,643</b>	<b>\$16,909</b>	<b>3.9%</b>	<b>\$438,636</b>	<b>\$451,643</b>	<b>\$13,007</b>	<b>3.0%</b>
<b>Total Operating Expenses</b>	<b>\$930,594</b>	<b>\$967,144</b>	<b>\$36,550</b>	<b>3.9%</b>	<b>\$892,942</b>	<b>\$967,144</b>	<b>\$74,202</b>	<b>8.3%</b>
<b>Operating Margin</b>	<b>(\$34,634)</b>	<b>(\$9,830)</b>	<b>\$24,804</b>		<b>(\$12,416)</b>	<b>(\$9,830)</b>	<b>\$2,586</b>	
<b>Stimulus/FEMA</b>	<b>\$48,412</b>	<b>\$0</b>	<b>(\$48,412)</b>		<b>\$6,600</b>	<b>\$0</b>	<b>(\$6,600)</b>	
<b>Operating Margin after Stimulus/FEMA</b>	<b>\$13,778</b>	<b>(\$9,830)</b>	<b>(\$23,608)</b>		<b>(\$5,816)</b>	<b>(\$9,830)</b>	<b>(\$4,014)</b>	
Investment Income	\$12,841	\$7,750	(\$5,092)		\$5,568	\$7,750	\$2,182	
Net GOB Revenue	\$2,573	\$2,425	(\$148)		\$2,348	\$2,425	\$77	
Gain (Loss) on Asset Disposal	(\$116)	\$0	\$116		\$0	\$0	\$0	
Nonoperating Revenue (Loss)	\$15,299	\$10,175	(\$5,123)		\$7,916	\$10,175	\$2,259	
<b>Excess Margin</b>	<b>\$29,076</b>	<b>\$345</b>	<b>(\$28,732)</b>		<b>\$2,100</b>	<b>\$345</b>	<b>(\$1,755)</b>	

## FY26 Budget

# Capital Detail | FY 2026

Breakdown of Items in Review	Budget FY26
<b>Funding Sources</b>	
Capital	\$18,000
Lease Proceeds	\$2,082
<b>Total Capital Budget</b>	<b>\$20,082</b>
<b>Infrastructure Maintenance</b>	<b>\$8,875</b>
Medical Center: Nurse Call System, Fire Alarm Upgrades	\$1,000
Medical Center: Elevator Modernizations**	\$1,084
District: Seismic Compliance - NPC and SPC-4D Design	\$1,240
District Wide: HVAC, Plumbing, Electrical, Interiors, Roofing Repairs & Replacement	\$1,715
Medical Center: AW PACU Expansion, Lab Expansion, CT Equipment replacement. 202 Retail Pharmacy	\$1,080
Medical Center: CVOR 7,8 & 9 Lights/Booms and Monitors, Hybrid-OR 6 Lights/Booms. Cath Lab Lights	\$1,665
Other locations: 3T MRI Replacement, Electical Upgrade, Flooring Replacement, New Draw Station, TLC upgrades	\$1,091
<b>Information Services (ISS)</b>	<b>\$4,174</b>
Storage, Network Equipt.,Voice Gateway, Datacenter UPS, Radiologist Monitors Upgrade & Careview Dashboard	\$1,300
Medication Cabinets, Prescripion labels, Joint replacement registry	\$596
Fuji PACS, Powerscribe, Neuroworks Upgrades, Lung Cancer Screening	\$290
Oracle Health Patient Portal, Health EKG, OCI Migrations, Midas Servers and Competency Management System	\$334
Final Payment on infusion pumps	\$1,654
<b>Director Requests</b>	<b>\$7,033</b>
Surgery - Cameras, Trays, Anesthesia machine...	\$2,798
Radiology, CT, Ultrasound, MRI - Ultrasound Systems, O-arm, C-arm,	\$2,837
All Other Department Requests	\$1,398
<b>Total</b>	<b>\$20,082</b>

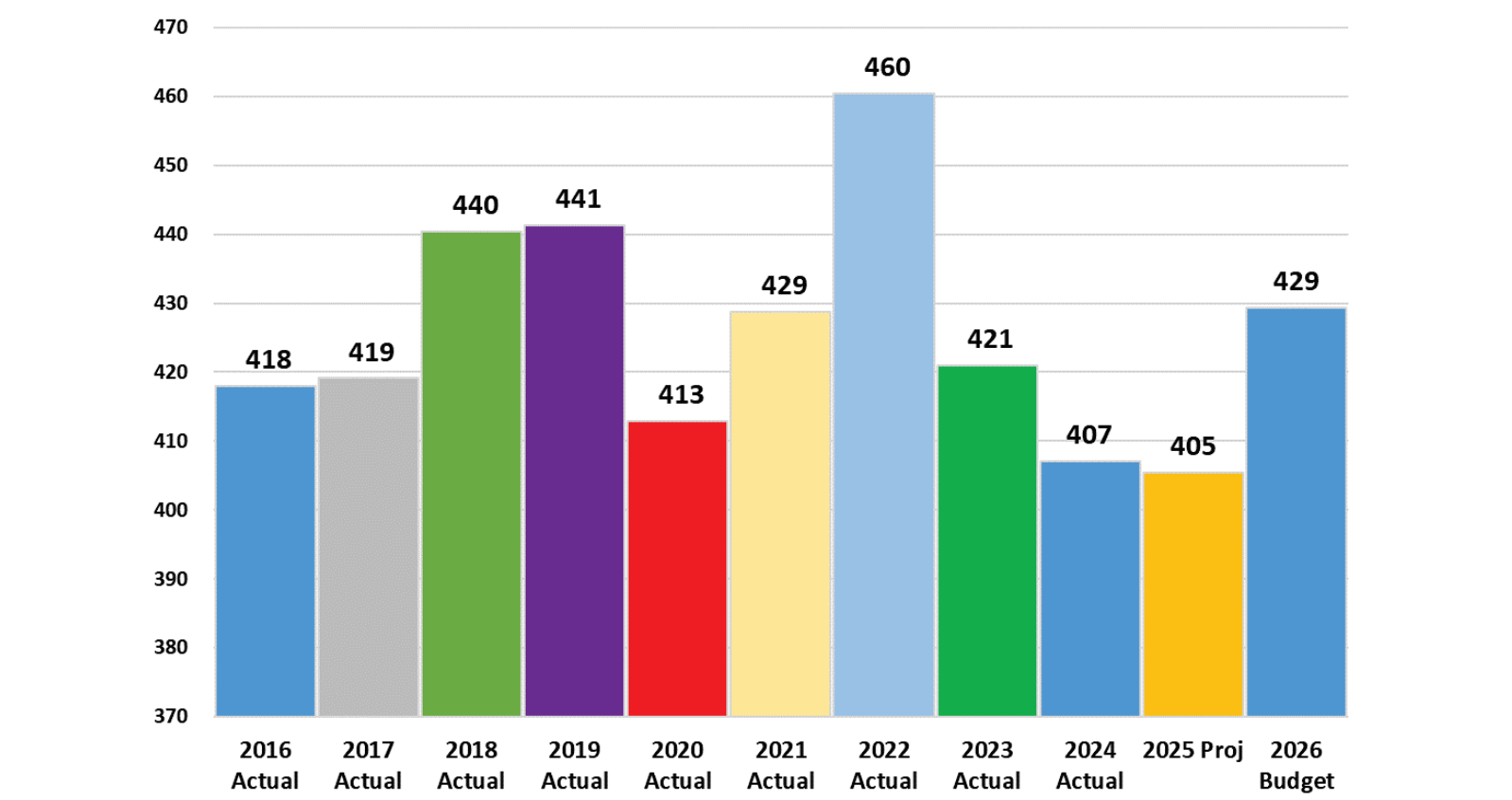
# Key Statistical Indicators | Average Daily Census

Actual Results			Budget	Budget Variance	
FY2024	FY2025 Proj	% Change	FY 2026 Bdgt	Change	% Change

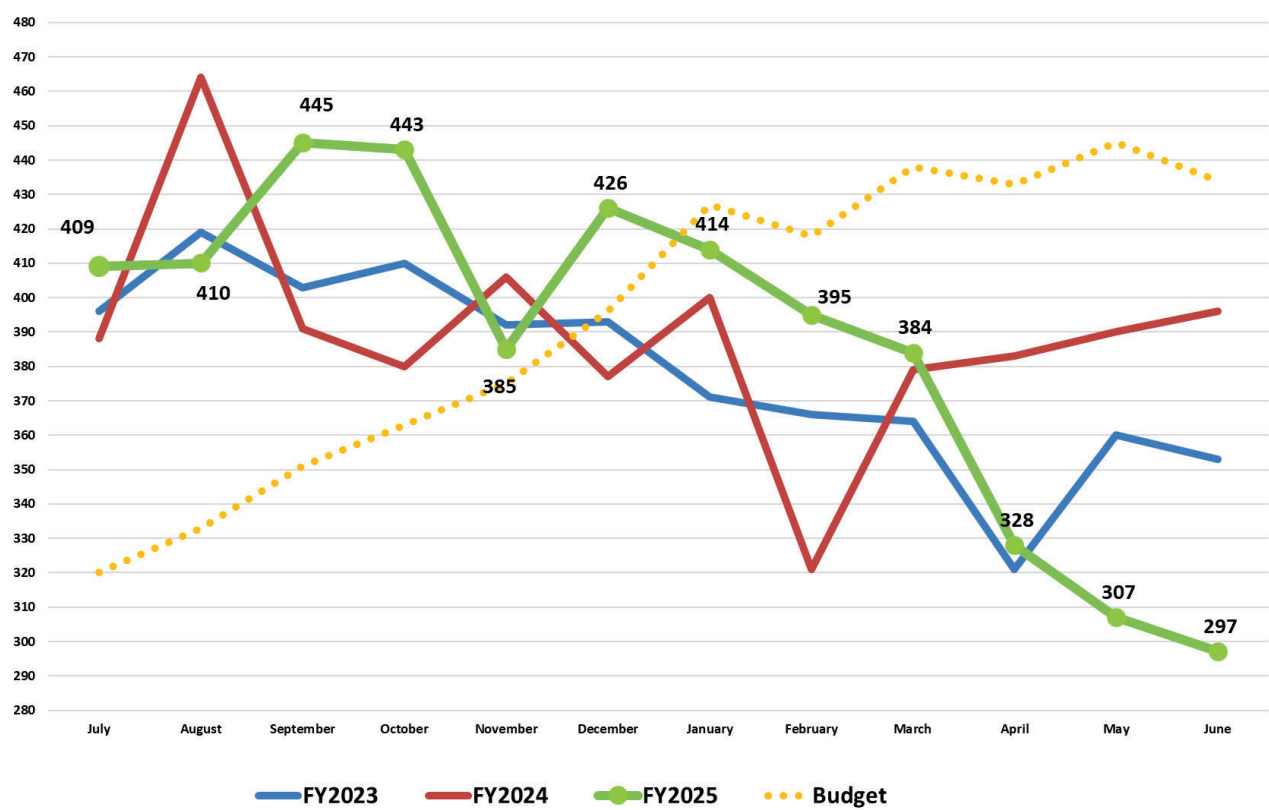
Average Daily Census

Medical Center	276.5	276.7	0.1%	283.0	6.3	2.3%
Acute I/P Psych	41.8	37.5	-10.3%	52.5	15.0	39.9%
Sub-Acute	30.0	29.3	-2.3%	30.0	0.7	2.4%
Rehab	17.9	20.5	14.5%	21.5	1.0	4.8%
TCS-Ortho (Short Stay Rehab)	11.2	11.7	4.5%	12.6	0.9	7.8%
NICU	13.3	12.7	-4.5%	13.1	0.4	3.2%
Nursery	16.3	16.2	-0.61%	16.5	0.3	1.6%
Average Daily Census	407	405	-0.6%	429	25	6.1%

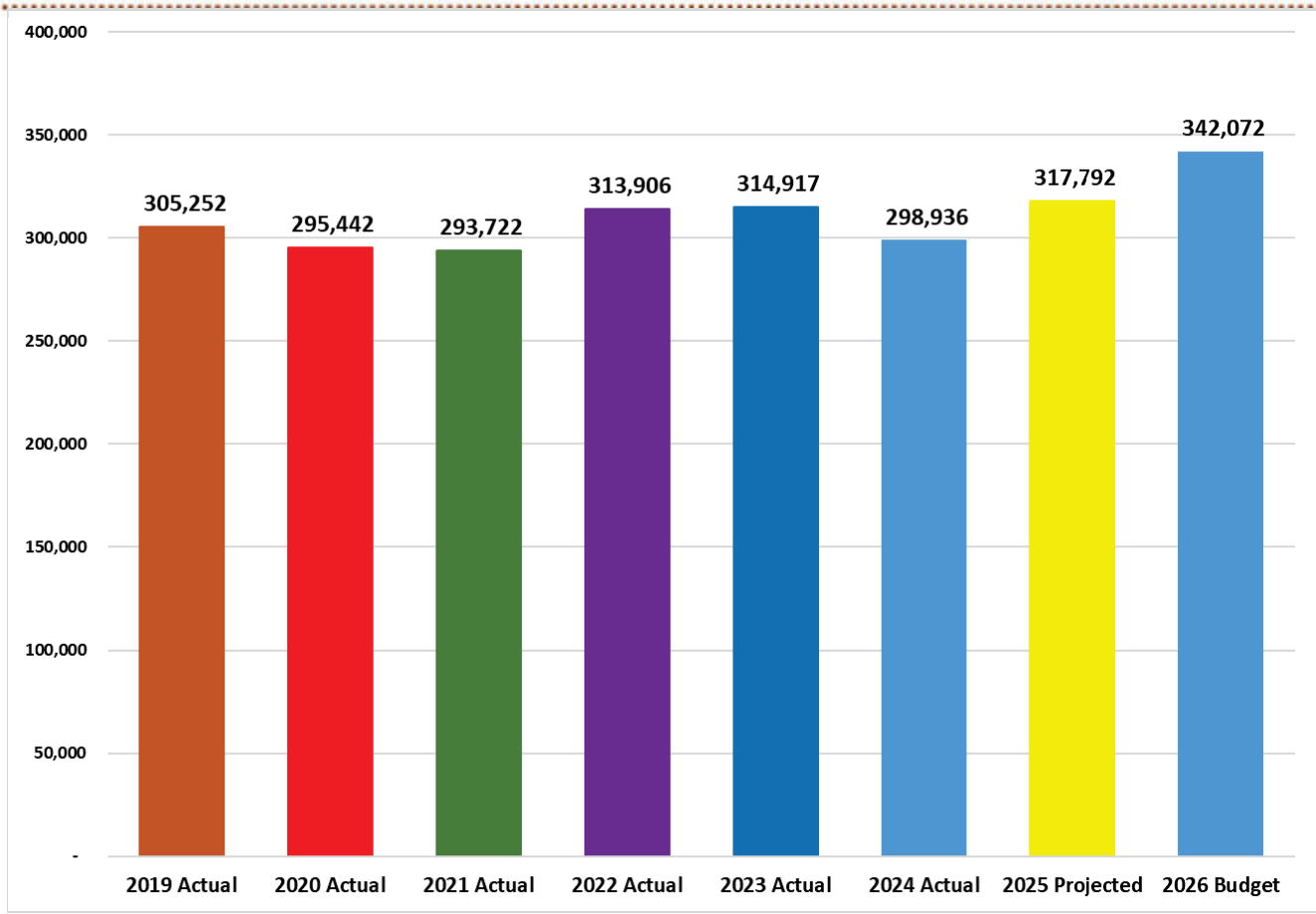
# Key Statistical Indicators | Average Daily Census



# Key Statistical Indicators | Deliveries



# Key Statistical Indicators | Adjusted Patient Days



## FY 26 Budget

# Key Statistical Indicators | Variance Analysis

### Net Patient Service Revenue (000's)

	FY25 Annualized	FY25 Budget	FY26 Budget	Variance Budget 26 - Projected 25	% Change FY25 Actual	% Change FY25 Bdgt
	\$659,251	\$637,868	\$692,141	<b>\$32,890</b>	5.0%	<b>8.5%</b>
Volume increase				\$51,300		
Payer and service mix changes				(\$26,691)		
Commercial Insurance Rate Increase				\$2,574		
Medi-Cal Managed Care				\$1,561		
Medicare Acute Inpatient Increase				\$2,430		
Medicare Acute Outpatient				\$1,424		
Increase in GME due to PRA increase and IME				\$292		
				<b>\$32,890</b>		

### Other Operating Revenue (000's)

	FY25 Annualized	FY25 Budget	FY26 Budget	Variance Budget 26 - Projected 25	% Change FY25 Actual	% Change FY25 Bdgt
	\$236,709	\$242,658	\$265,173	<b>\$28,464</b>	12.0%	<b>9.3%</b>
Change in Supplemental Revenue - Primarily Directed Payment Program				\$37,991		
Decrease in Humana Premium Revenue				(\$3,147)		
Decrease in Prime/QIP program				(\$5,968)		
Other Revenue				(412)		
				<b>28,464</b>		

## FY 26 Budget

# Key Statistical Indicators | Variance Analysis

### Wages & Contract Labor Expense (000's)

FY25 Annualized	FY25 Budget	FY26 Budget	Variance Budget 26 -Projected 25	% Change FY25 Actual	% Change FY25 Bdgt
\$410,427	\$390,289	\$422,056	\$11,629	2.8%	8.1%
Change in FTEs : Increase in 235FTEs			\$27,346	Hr Impact	
Vacancy Factor 175 FTE			(\$17,825)	Hr Impact	
Change in Employee Rate - increase 2% rate October 2025			\$8,068	Rate impact	
Change in Contract Labor - reduction 26 FTEs			(\$5,960)	\$ impact	
			\$11,629		

### Employee Benefit Expense (000's)

FY25 Annualized	FY25 Budget	FY26 Budget	Variance Budget 26 -Projected 25	% Change FY25 Actual	% Change FY25 Bdgt
\$85,433	\$64,017	\$91,416	\$5,982	7.0%	42.8%
Retirement - Pension: Amortization of prior years' market differences (less than 7.5%)	306	528	14,226	13,920	
Retirement - 401K: growth in match due to salaries (assume 100% both years)	10,250	4,820	10,763	513	
Employee Health Plan	29,118	21,702	24,076	(5,042)	
FICA	28,100	27,266	29,603	1,503	
SUI	848	970	815	(33)	
Life/ADD/LTDI	498	373	300	(198)	
Workers Comp: FY25 Actual increased due to prior years' recalculation	11,722	6,415	7,659	(4,063)	
Misc	4,591	1,943	3,974	(618)	
			\$5,982		

## FY 26 Budget

# Key Statistical Indicators | Variance Analysis

	FY25 Annualized	FY25 Budget	FY26 Budget	Variance Budget 26 - Projected 25	% Change FY25 Actual	% Change FY25 Bdgt
<b>Other Operating Expense (000's)</b>	\$434,733	\$438,636	\$451,643	<b>\$16,909</b>	3.9%	<b>3.0%</b>
Supplies inceases due to new services, expanded services and inflation				\$6,044		
Repairs/Maintentance: Service Contracts				\$5,603		
Physician fee increases				\$2,630		
Other expense increases				\$2,507		
Purchased services				\$1,602		
Depreciation and Amortization increase - new amortization on medical oncology purchase (\$930k)				\$2,337		
Reduction in Humana				(\$3,795)		
				<b>\$16,928</b>		
<b>Humana Medicare Advantage</b>						
<b>Humana Premium Revenue</b>	\$86,317	\$90,567	\$83,170	<b>(3,147)</b>	<b>(3.6%)</b>	<b>(8.2%)</b>
<b>3rd Party Expense (Claims)</b>	\$47,598	\$44,345	\$43,803	<b>(3,795)</b>	<b>(8.0%)</b>	<b>(1.2%)</b>

## Financial Highlights (000's)

	For Comparison to Budget FY26			
	FY 24	FY 25 Projected	FY 25 Budget	FY 26 Budget
Operating Margin %	.8%	(3.9%)	(1.4%)	(1.0%)
OM after Stimulus%	.8%	1.5%	(0.7%)	(1.0%)
Excess Margin %	2.4%	3.0%	0.2%	0.0%
Operating Cash Flow Margin %	6.1%	5.6%	4.6%	3.2%
Max Annual Debt Service %	2.59	3.07	1.75	1.81
Day's Cash on Hand	105.1	108.9	89.7	107.6
Total Surplus Cash (000's)	\$237,245	\$265,919	\$210,936	\$275,114

## 2025-2026 Surplus Cash Flows (000's)

<b>Excess Margin – before GO Bond income</b>	<b>(\$2,080)</b>
<u>Additional Sources (Uses) of Cash:</u>	
Capital Expenditures (Annual recurring)	(\$18,000)
Depreciation/Amortization (Non-Cash)	\$34,026
Defined Benefit Plan Funding less than expense	\$9,726
Debt Service Payments (Principal)	(\$14,477)
<b>Total Additional Net Sources (Uses) of Cash</b>	<b>\$11,275</b>
<b>Projected Surplus Cash Flow (Deficit)</b>	<b>\$9,195</b>

## General Fund Cash Reserves (000's)

Kaweah Health without Kaweah Delta Hospital Foundation

Projected Surplus Balance at July 1, 2025	\$244,076
Cash Flow from 2025-2026 Operations	\$9,195
Surplus Balance at June 30, 2026	\$253,271
Foundation	\$21,843
Total including Foundation June 30, 2026	\$275,114