

Kaweah Delta Health Care District Board of Directors Meeting

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

January 17, 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, January 22, 2025:

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

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

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

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

KAWEAH DELTA HEALTH CARE DISTRICT
David Francis, Secretary/Treasurer



Kelsie Davis
Board Clerk / Executive Assistant to CEO

DISTRIBUTION:

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

Mike Olmos • Zone 1
President

Lynn Havard Mirviss • Zone 2
Vice President

Dean Levitan, MD • Zone 3
Board Member

David Francis • Zone 4
Secretary/Treasurer

Amando 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 January 22, 2025 {Regular Meeting}

OPEN MEETING AGENDA {4:00PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.
4. **APPROVAL OF THE CLOSED AGENDA – 4:01PM**
Public Participation – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.
Action Requested – Approval of the January 22, 2025, closed meeting agenda.
5. **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. Martinez (Santillian) v KDHCD Case # VCU279163
 - B. Franks v KDHCD Case #VCU290542

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- C. Burns-Nunez v KDHCDC Case # VCU293107
- D. Oney v KDHCDC Case # VCU293813
- E. Parnell v Kaweah Health Case # VCU292139
- F. Newport v KDHCDC Case # 1:23-CV-01752-NODJ-SAB
- G. M. Vasquez v KDHCDC Case # VCU297964
- H. Apkarian-Souza v KDHCDC Case # VCU303650
- I. Pendleton v KDHCDC Case #VCU305571
- J. Rhodes v KDHCDC Case # VCU306460
- K. Negrete v KDHCDC Case #VCU309437
- L. LaRumbe-Torres v KDHCDC Case #VCU313564
- M. Smithson v KDHCDC Case #VCU313258
- N. Maxey v KDHCDC Case #VCU314996
- O. Medina v KDHCDC Case #VCU316413
- P. Richardson v KDHCDC Case #VCU311369

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(d)(2) – 3 Cases

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

4. **QUALITY ASSURANCE** - pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.

Evelyn McEntire, Director of Risk Management

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

Daniel Hightower, MD, Chief of Staff

6. **QUALITY ASSURANCE** - pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.

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Daniel Hightower, MD Chief of Staff

7. **APPROVAL OF THE CLOSED MEETING MINUTES** – [December 18, 2024](#), closed meeting minutes.
8. **ADJOURN**

OPEN MEETING AGENDA {4:45PM}

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **FLAG SALUTE- DIRECTOR HAVARD MIRVISS**
4. **APPROVAL OF AGENDA**
5. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.
6. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
7. **OPEN MINUTES** – Request approval of the [December 18, 2024](#), open minutes.

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

Action Requested – Approval of the December 18, 2024, open minutes.

8. **RECOGNITIONS**

8.1. Presentation of [Resolution 2246](#) to Daniel Watson in recognition as the Kaweah Health World Class Employee of the month – December 2024 – *Director Havard Mirviss*

8.2. Presentation of [Resolution 2248](#) to Brittany McGarrah in recognition as the Kaweah Health World Class Employee of the month –January 2025 – *Director Havard Mirviss*

Kaweah Delta Health Care District

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8.3. Presentation of [Resolution 2249](#) to Linda Ellison in recognition of her service and retirement at Kaweah Health. – *Director Havard Mirviss*

8.4. Team of the Month – Outpatient Behavioral Therapist Team

9. INTRODUCTIONS

9.1. New Director (s) – Melany Gambini, Brooke Carman, Scott Baker, and Jeffrey Wilson

10. 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 January 22, 2025, medical staff credentials report.

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

Daniel Hightower, MD, Chief of Staff

12. 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 January 22, 2025, Consent Calendar.

12.1. REPORTS

- A. [Physician Recruitment](#)
- B. [Strategic Plan](#)
- C. [Urology Services](#)
- D. [Mental Health Hospital](#)
- E. [Center for Mental Wellness](#)
- F. [Medical Clinics](#)

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13. **STRATEGIC PLANNING –OUTSTANDING HEALTH OUTCOMES**- Detailed review of Strategic Plan Initiative. *Sandy Volchko, Director of Quality & Patient Safety; & Paul Stefanacci, MD, Chief Medical & Quality Officer*
14. **FINANCIALS** – Review of the most current fiscal year financial results.
Malinda Tupper – Chief Financial Officer
15. **REPORTS**
 - 15.1. **Chief Executive Officer Report** - Report on current events and issues.
Gary Herbst, Chief Executive Officer
 - 15.2. **Board President** - Report on current events and issues.
Mike Olmos, Board President

CLOSED MEETING AGENDA

IMMEDIATELY FOLLOWING THE OPEN SESSION

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

12.18.2024 Open Minutes

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY DECEMBER 18, 2024, AT 4:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

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

Director Olmos asked for approval of the agenda.

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

PUBLIC PARTICIPATION – Liz Wynn noted a great thanks for supporting her during her career over the past 6 years as she will be stepping into retirement at the end of the year.

Director Olmos asked for approval of the closed agenda.

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

ADJOURN - Meeting was adjourned at 4:07PM

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 DECEMBER 18, 2024, AT 4:45PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

The meeting was called to order at 4:45 PM by Director Olmos.

Director Olmos asked for approval of the agenda.

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

PUBLIC PARTICIPATION – None.

CLOSED SESSION ACTION TAKEN: approval of the closed meeting minutes from November 21, and November 22, 2024.

OPEN MINUTES – Requested approval of the open meeting minutes from November 21, and November 22, 2024.

PUBLIC PARTICIPATION – None.

MMSC (Francis/Havard Mirviss) to approve the open minutes from November 21, and November 22, 2024.

This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, and Francis. Vote: No – Levitan and Murrieta.

RECOGNITIONS- Resolution 22446 to Connie Garza. New Director, Scott Baker and Nancy Hungarland. Team of the Month: Patient Access- Precert/Benefits.

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

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

- No report.

Public Participation – None.

Director Olmos requested a motion for the approval of the December 18, 2024, Medical executive committee report as presented.

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, Levitan, Murrieta and Francis

CONSENT CALENDAR – Director Olmos entertained a motion to approve the December 18, 2024, consent calendar.

PUBLIC PARTICIPATION – None.

MMSC (Francis/Havard Mirviss) to approve the December 18, 2024, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Levitan, Murrieta and Francis.

RENAL SERVICES – A review of key performance indicators and actions associated with care of Dialysis services. Copy attached to the original of the minutes and to be considered a part thereof.

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

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

EMPLOYEE 401(K) PLAN AND FISCAL YEAR 2025 BUDGET – to approve an amendment/adjustment to the Board- approved budget for fiscal year 2024-25 to increase the employer match to the employee 401(k) and 457b amendments and resolutions. Copy attached to the original of the minutes and to be considered a part thereof.

PUBLIC PARTICIPATION – None.

MMSC (Levitan/Havard Mirviss) to approve the Resolution 2248 which reflects amending the employee's salary deferral plan 401(k) match to 100% along with amending the budget for FY24 to reflect the 100% match. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Levitan, Murrieta and Francis

PUBLIC PARTICIPATION – None.

MMSC (Francis/Havard Mirviss) to approve the Resolution 2249 which reflects amendments to the deferred compensation plan 457(b). This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Levitan, Murrieta and Francis

REPORTS

Chief Executive Officer Report – None – Gary Herbst, CEO

Board President- None – Mike Olmos, Board President

ADJOURN - Meeting was adjourned at 7:00PM

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

R2246 EOM December Daniel Watson



RESOLUTION 2246

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Daniel Watson with the World Class Service Excellence Award for the Month of December 2024, 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 Daniel Watson for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.

PASSED AND APPROVED this 18th day of December 2024 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

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

R2248 EOM Brittany McGarrah



RESOLUTION 2248

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

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

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

PASSED AND APPROVED this 22nd day of January 2025 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

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

R2249 Retirement Linda Ellison



RESOLUTION 2249

WHEREAS, Linda Ellison, is retiring from duty at Kaweah Delta Health Care District dba Kaweah Health after 44 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 Linda Ellison for 44 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 22th day of January 2025 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

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

FY24 Board Report - Medical Clinics

REPORT TO THE BOARD OF DIRECTORS

Kaweah Health Medical Clinics

- Ben Maddox
- Plaza
- Willow (no data)

Ryan Gates, Chief Population Health Office – 559-624-5647
Ivan Jara, Director of Outpatient Clinics, 559-624-6971

Date: January 22, 2025

Summary Issue/Service Considered

The Kaweah Health Medical Clinics are a newly branded service line that includes new and established services and clinics within the city of Visalia, CA. As an initial introduction to these services, a brief background and vision will be provided for each clinic.

Ben Maddox: This is an established clinic that has been providing primarily basic episodic care services over the past 14 years. During this time, both management and the services provided have changed. In its current state, this clinic provides episodic care services (AKA Prompt Care) Monday through Friday from 8:00 am to 7:00 pm and Saturdays from 9:00 am to 5:00 pm. In addition, primary care services including family medicine and pediatrics are provided Monday through Friday from 8:00 am to 5:00 pm. The populations served are patients primarily living in urban areas with commercial and Medicare insurances. Ben Maddox is Kaweah's first location to offer commercial only primary care services as part of a larger strategy to meet the access challenges for this population.

Plaza: One of our newest locations located in the ever-growing Industrial Park in northwest Visalia. Plaza opened its doors for business in October 2023 with the intent to provide occupational health, primary care, and episodic care services. Workers Compensation services were relocated to this clinic to support the vision of a "one stop shop" for employers in the area. In its current state, Plaza solely offers worker's compensation services and primarily services Kaweah employees which make up about 50% of all visits. Recruitment of providers and management with occupational medicine experience continues to be a challenge.

Willow: Although financial data is not available for this year's report, this clinic offers highly needed services and holds great strategic value. Once a location operating as a continuity clinic for a family medicine residency program, Willow has shifted to offering orthopedics to patients with commercial and Medicare insurances. With its proximity to the hospital and space to grow, this clinic will be seeing an expansion of services over the next couple of years.

Quality/Performance Improvement Data

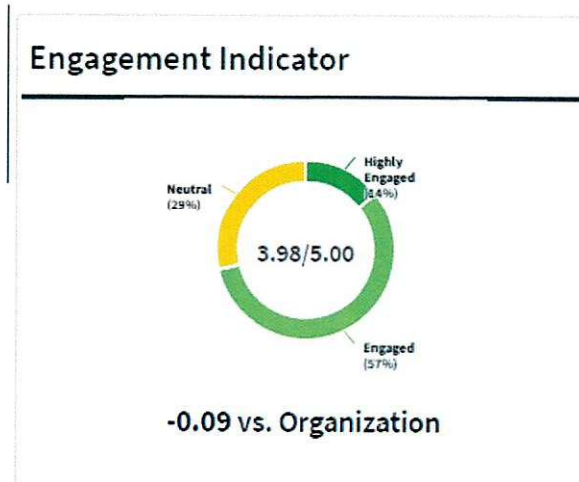
Ben Maddox: Caring for nearly ten thousand patients during FY24, Ben Maddox reinforces the need in our community for primary care services. With the recruitment of a full-time family

medicine physician and full-time advanced practice providers, we aim to use this clinic as a location where established patients can receive primary and episodic care 6 days a week, with extended hours. Ben Maddox incurred a financial loss of \$559,000 during FY24. These financial results are expected for a few key reasons: 1. New physicians on income guarantees, 2. Large employee patient base, 3. Ramp-up period for new physicians, 4. Low commercial reimbursement. We are confident that these financial results will only improve over the next fiscal year while keeping in mind the total impact of Kaweah providing care to their employees and dependents versus them seeking care elsewhere. Year over Year, Ben Maddox is seeing positive trends in Net Revenue, increasing by \$32 per case, and in the Contribution Margin, increasing from -\$87 per case to -\$56 per case.

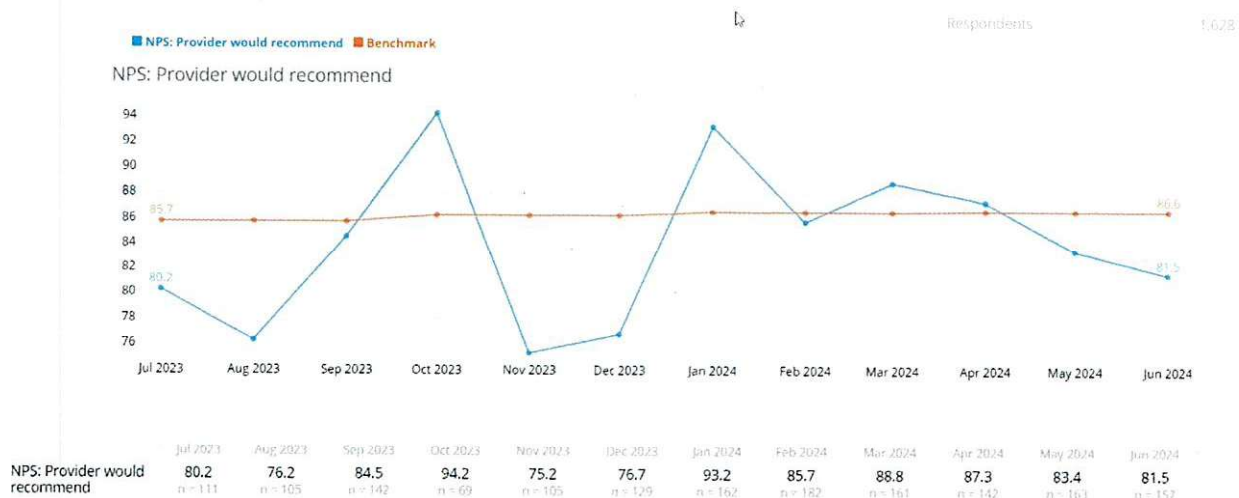
Plaza: During FY24, the newly opened Plaza clinic cared for 2190 patients for Worker's Compensation related services. As part of its first operating year, higher expenses were incurred along with lower volumes. As a result, net revenue was recorded at \$202,847 with a contribution loss of -\$595,000. The net patient revenue per visit is \$93, direct cost per visit is \$364, resulting in a contribution loss of -\$272 per visit. We are seeing positive trends with lower expenses as the service line is established.

Willow: (no data)

Employee Engagement Data (Ben Maddox and Plaza): During the 2024 employee engagement survey, 14 employees from Ben Maddox and Plaza participated in the anonymous survey. The scores were lower compared to the organization and other clinics. The survey highlighted positive feedback regarding the quality of care being provided to patients. As an opportunity for improvement, better communication and involvement in decision-making rose to the top. The teams have met to develop action plans to maintain their strengths while working to improve their areas of opportunity in efforts to create an ideal work environment.



Patient Experience: The newly established Medical Clinics are gaining traction by receiving an increased amount of survey data from their patients. Although having lower visit volumes compared to other clinic service lines, the Medical Clinics received over 1600 surveys during the fiscal year. The Kaweah Health Clinic Network has set a goal to achieve the 50th percentile in 'Provider would recommend'. During FY24, survey data showed the Medical Clinics nearing or exceeding the 50th percentile goal in 6 out of the 12 months. As patients receiving care in these clinics voice their feedback, we'll make tangible changes in partnership with our providers to improve the overall patient experience.



Policy, Strategic or Tactical Issues

Ben Maddox: Access to primary care continues to decrease for the commercial population in Visalia. We are experiencing patients with commercial insurance seeking care at our rural health clinics more than ever before due to this shortage. We'll continue to operate and expand locations such as Ben Maddox to recruit primary care physicians and care for this population. Episodic care at this location has been a feeder to the primary care providers, capturing both patients needing a primary care provider and patients looking for a clinic with expanded services.

Plaza: This clinic provides value to the organization through the ability to provide worker's compensation services to its employees without the need to contract with external companies, thus lowering the overall cost of care and allowing for better case management. In efforts to capitalize on this established service, Kaweah is also providing work's compensation services to other employers, exposing more people to Kaweah and its wide range of services. This clinic has been built in Visalia's Industrial Park area to serve this purpose. It also comes with the potential to provide other services to commercially insured patients such as episodic care.

Willow: As we look towards the future, this building is strategically located on the hospital campus and also hosts our retail pharmacy and future lab draw station making it an ideal location for surgical specialties like OB-GYN and orthopedics. The close proximity of clinic to the OR and hospital afford for efficient surgical practices and great provider satisfaction and the pharmacy and lab draw station will also boost patient experience and satisfaction.

Recommendations/Next Steps

Ben Maddox: Maintain the current care model of providing episodic and primary care services from both physicians and advanced practice providers. Maintain expanded access of 8 am – 7 pm Monday – Friday and 9 am – 5 pm on Saturdays.

Plaza: Offer basic radiology and occupational health services to make this location more attractive to employers. Recruitment continues for providers and management with occupational health experience.

Willow: Relocate orthopedic services to another suite in the 202 Willow building and establish a women's health clinic occupying the entire 5th floor suite at 202 Willow. Aggressively recruit OB-GYN physicians to meet community demand.

Approvals/Conclusions

No additional approvals needed at this time.

KAWEAH HEALTH ANNUAL BOARD REPORT

Kaweah Health Ben Maddox Clinic

FY2024

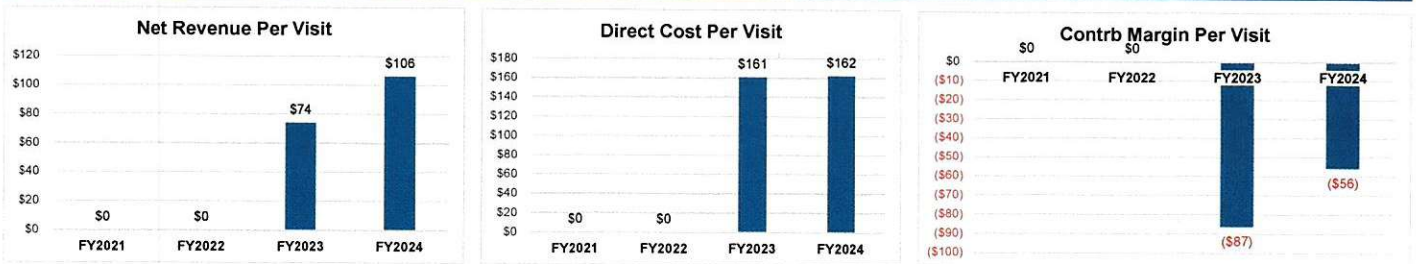
KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024



METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Visits			2,441	9,971	▲ 308%	↗
Net Revenue			\$180,647	\$1,057,500	▲ 485%	↗
Direct Cost			\$391,868	\$1,616,911	▲ 313%	↗
Contribution Margin			(\$211,221)	(\$559,411)	▼ -165%	↘
Indirect Cost			\$119,609	\$490,752	▲ 310%	↗
Net Income			(\$330,830)	(\$1,050,163)	▼ -217%	↘
Net Revenue Per Visit			\$74	\$106	▲ 43%	↗
Direct Cost Per Visit			\$161	\$162	▲ 1%	↗
Contrb Margin Per Visit			(\$87)	(\$56)	▲ 35%	↗

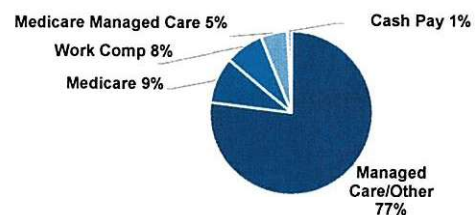
Per Visit TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VISITS)

PAYER	FY2021	FY2022	FY2023	FY2024
Managed Care/Other			57%	77%
Medicare			7%	9%
Work Comp			25%	8%
Medicare Managed Care			10%	5%
Cash Pay			1%	1%

FY 2024 Payer Mix - Based on Visits



Notes:

Source: Outpatient Service Line Reports

Criteria: Outpatient Service Line is KH Ben Maddox

KAWEAH HEALTH ANNUAL BOARD REPORT

Occupational Health Clinic

FY2024

KEY METRICS - FY 2024 Twelve Months Ended June 30, 2024

Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
2,190	\$202,847	\$798,201	(\$595,354)	(\$753,319)

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

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Visits				2,190		
Net Revenue				\$202,847		
Direct Cost				\$798,201		
Contribution Margin				(\$595,354)		
Indirect Cost				\$157,965		
Net Income				(\$753,319)		
Net Revenue Per Visit				\$93		
Direct Cost Per Visit				\$364		
Contrb Margin Per Visit				(\$272)		

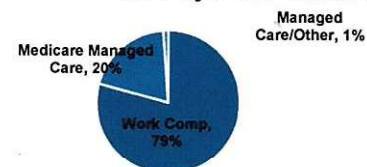
Per Visit TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (VISITS)

PAYER	FY2021	FY2022	FY2023	FY2024
Work Comp				79%
Medicare Managed Care				20%
Managed Care/Other				1%

FY 2024 Payer Mix - Based on Visits



Notes:

Source: Outpatient Service Line Reports

Criteria: Outpatient Service Line is Occupational Health Clinic

FY2025 Strategic Plan Overview _FINAL BOARD



FY 2025 Strategic Plan

Monthly Performance Report

January 22, 2025



kaweahhealth.org



Kaweah Health

MORE THAN MEDICINE. LIFE 68/271

Kaweah Health Strategic Plan: Fiscal Year 2025

Our Mission

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

Our Vision

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

Our Pillars

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

Our Five Initiatives

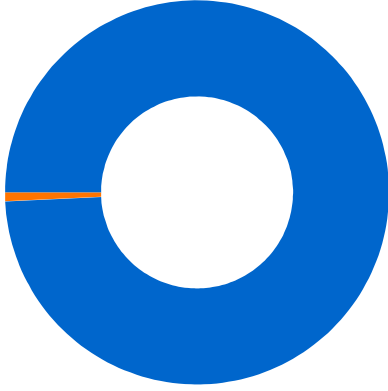
Ideal Environment
Strategic Growth and Innovation
Outstanding Health Outcomes
Patient Experience and Community Engagement
Physician Alignment

Kaweah Health Strategic Plan FY2025 Overview

Statuses



Due Dates



Progress Updates



Ideal Environment

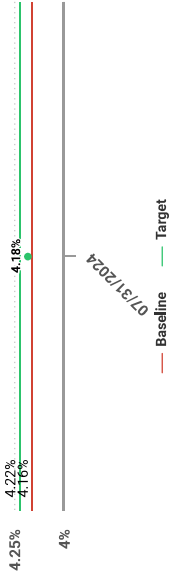
Champions: Dianne Cox and Hannah Mitchell

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

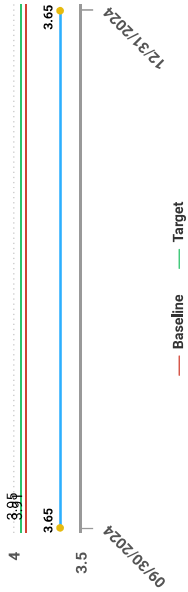
FY2025 Strategic Plan - Ideal Environment Strategies

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

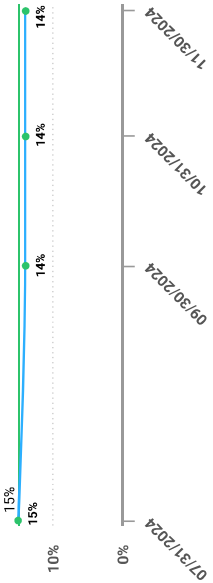
Employee Engagement Survey Score Greater Than 4.2%



Physician and APP Engagement Survey Score Greater Than 3.95%



Decrease Overall Turnover Rate (< 15%)



Strategic Growth and Innovation

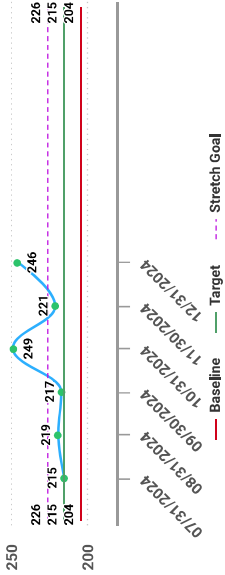
Champions: Jag Batth and Kevin Bartel

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.*

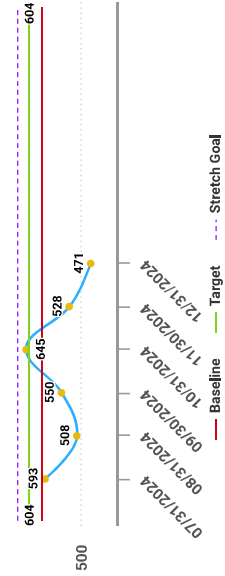
FY2025 Strategic Plan - Strategic Growth and Innovation Strategies

#	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	Only 1 of the 4 surgical volume goals (orthopedic) was met for December 2024. All others were off track due for varying reasons. Urology is still limited primarily by lack of consistent USC subspecialist presence (no subspecialist cases performed in September), provider vacation in December and limited on-call coverage. Cardiothoracic surgeries continue to see a dramatic decrease in elective volume primarily driven by service line decisions to change affiliated partnerships, with recruitment ongoing to backfill for CTS surgeons.
2.2	Expand Clinic Network	Strategically expand and enhance the existing clinic network to increase access at convenient locations for the community.	On Track	Ivan Jara	We continue to evaluate and pursue growth opportunities through recruitment, acquisitions, new locations, quality initiatives, state/federal programs, and a team-based care model. All areas currently have active projects supporting the expansion of the clinic network.
2.3	Innovation	Implement and optimize new tools and applications to improve the patient experience, communication, and outcomes.	On Track	Jag Batth	Key initiatives include optimizing telehealth services (inpatient-Neurology focus), integrating referral and authorization software, and developing online scheduling tools (clinical lab), all on track. We continue to explore an advanced care at-home program with Key Medical Group. The centralized navigation service strategy will involve key stakeholders to help determine next steps.
2.4	Enhance Health Plan Programs	Improve relationships with health plans and community partners and participate in local/state/federal programs and funding opportunities to improve overall outcomes for the community.	On Track	Sonia Duran-Agular	Monthly meetings with MCPs to discuss CaAIM and quality remain underway. Work underway to complete PATH CITED Round 4 application due March 7th 2025.
2.5	Explore Organizational Affiliations and Partnerships	Pursue organizational affiliations and partnerships.	On Track	Marc Mertz	Kaweah Health continues to evaluate opportunities to initiate new partnerships and to expand current ones that could benefit our community.

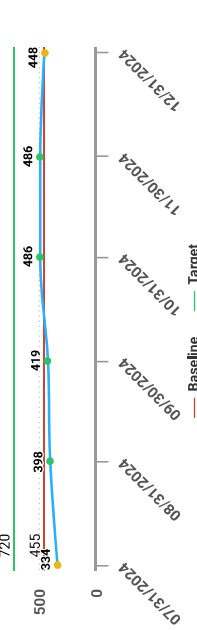
Perform 215 Orthopedic Surgery Cases Per Month



Perform 636 Endoscopy Cases Per Month



Increase Enrollment to 720 Lives in Enhanced Care Management



Outstanding Health Outcomes

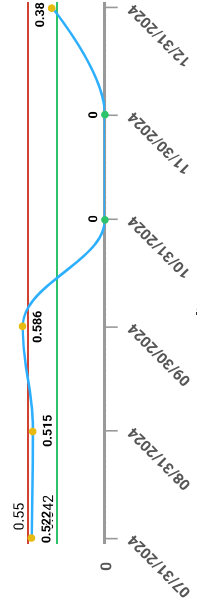
Champions: Dr. Paul Stefanacci and Sandy Volchko

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

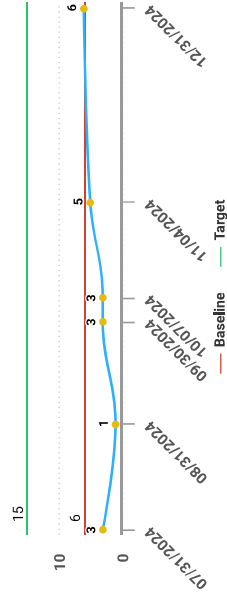
FY2025 Strategic Plan - Outstanding Health Outcomes Strategies

#	Name	Description	Status	Assigned To	Last Comment
3.1	Standardized Infection Ratio (SIR)	Reduce the Hospital Acquired Infections (HAIs) to the national 70th percentile in FYTD24 as reported by the Centers for Medicare and Medicaid Services	At Risk	Sandy Volchko	Key Actions: - Reduce line utilization; less lines less opportunity for infections to occur - Improve environmental cleaning effectiveness for high risk areas - MRSA nasal and skin decolonization for patient with lines - Improve hand hygiene
3.2	Sepsis Bundle Compliance (SEP-1)	Increase SEP-1 bundle compliance to overall 85% compliance rate for FY24 through innovative improvement strategies based on root causes.	At Risk	Sandy Volchko	Next Steps – enhanced engagement with GME through Sepsis Coordinator (ongoing education, order set utilization). Future State: Code Sepsis in ED
3.3	Mortality and Readmissions	Reduce observed/expected mortality through the application of standardized best practices.	At Risk	Sandy Volchko	Key Actions: - Provide guideline directed medical therapy at discharge - Provide guideline directed medical therapy during hospitalization
3.4	Quality Improvement Program (QIP) Reporting	Achieve performance on the Quality Incentive Pool measures to demonstrate high quality care delivery in the primary care space.	On Track	Sonia Duran-Aguilar	QIP reporting for Performance Year 7 (CY 2024) currently underway with Population Health Data Team and BI Development team collaborating on updating all QIP reports to reflect the Measure Specifications as outlined in the QIP Reporting Manual. Kaweah will report on 15 QIP measures for CY 2024.
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	3 of 4 Program Elements Achieved 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.
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 Glucomannder (GM), aiming to reduce hypoglycemia rates to or below SHM benchmarks for both critical and non-critical patients, and to minimize recurrent hypoglycemia in these settings to meet or fall below SHM benchmarks.

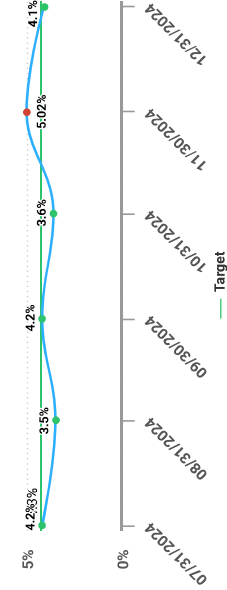
Decrease Standardized Infection Ratio (SIR) CAUTI to < 0.401



Meet or exceed 15 QIP measures in 2024



Hypoglycemia in Critical Care Patients (< 4.3%)



Patient Experience and Community Engagement

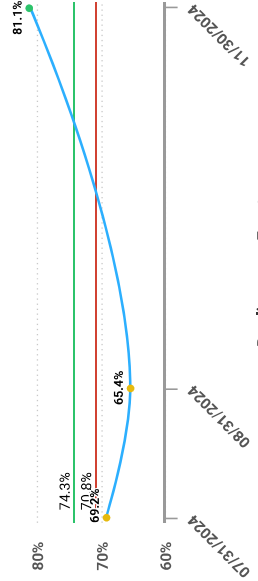
Champions: Keri Noeske and Deborah Volosin

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

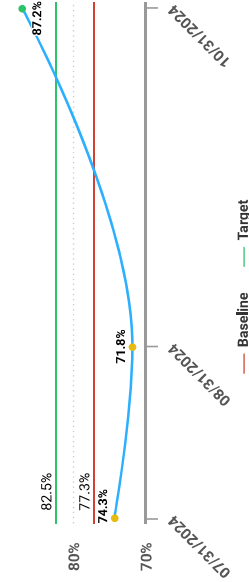
FY2025 Strategic Plan - Patient Experience and Community Engagement Strategies

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

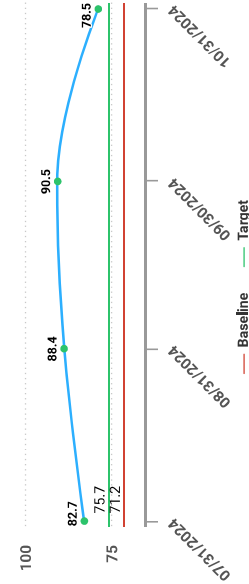
Achieve a score of 74.3 in HCAHPS Overall Rating



Achieve a 82.5 in Nursing Communication Inpatient Score



Achieve a score of 75.7 in the Cleanliness of Clinic Environment



Physician Alignment

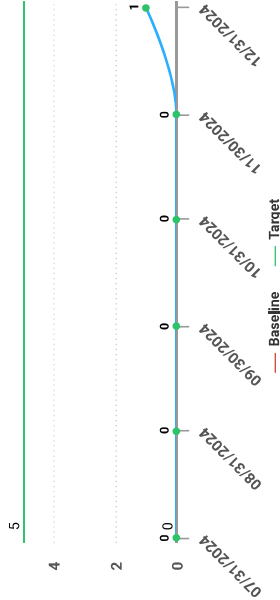
Champions: Ryan Gates and JC Palermo

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

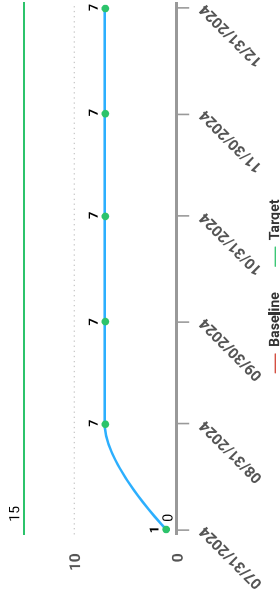
FY2025 Strategic Plan -Physician Alignment - Strategies

#	Name	Description	Status	Assigned To	Last Comment
5.1	Recruit Providers	Develop a recruitment strategy and employment options for physicians that will assist with recruitment of providers to support community needs and Kaweah Health's growth.	On Track	JC Palermo	The Physician Recruitment Strategy Committee has been meeting twice a month. We have established new processes, guidelines, and are having regular strategy discussions about practice locations. The team will continue to meet to ensure we are utilizing our resources as strategically as possible.
5.2	Physician Alignment and Practice Support	Develop services and opportunities that improve alignment with and support for contracted and affiliated physician practices.	On Track	Ryan Gates	The MSO agreement has been reviewed and approved. A meeting with the MSO vendor and interested medical groups was held on 12/11/24. The Friendly PC has been incorporated and we have obtained a federal employer ID number. A request has been submitted to the state of California Medical Board to authorize the Friendly PC to employ physicians.

Recruit 5 Primary Care Physicians



Recruit 15 Specialty Providers



Urology Board Report 1.2025

REPORT TO THE BOARD OF DIRECTORS

Urology Service Line

Kevin Bartel, DPT, Director of Surgical Service Lines
Contact number: 559-624-3441

Board Meeting: January 22, 2025

Summary Issue/Service Considered

1. Urology services at Kaweah Health continued to see volume growth between surgery cases and clinic visits in FY2024. The Urology clinic, opened in October 2022 in alliance with USC Keck School of Medicine, continues to see patients in a referral-based outpatient clinic where consults and procedures are performed and elective surgical procedures are generated. Urology call coverage with inpatient consultative and surgery services continue to be provided at the medical center.
2. Focus remains on implementing cost-effective Urology care for our patients with efforts to expand Urology clinic and call coverage to meet the Urology demands of our community. Current Urology call coverage is only about 40%, leading to case transfers outbound to other hospitals for timely patient care. Targeted focus to keep the delivery of Urology care local at Kaweah, minimizing the need to transfer patient care outside of the area.
3. To compliment a newer and growing practice, increased oversight taken to track and measure quality data related to patient accessibility for clinic consults, referral processing time, and patient satisfaction reporting.
4. Targeted focus to recruit additional Urology providers and/or Advanced Practice Providers (APP) in order to provide more timely care for our referred patients and improve the urology call coverage at the medical center.

Analysis of financial/statistical data:

Overall, the Urology service line ended FY2024 with an overall contribution margin of **\$954,536**, a very positive increase compared with FY2023, which was \$45,549.

The Urology Inpatient contribution margin (which includes non-robot and robot IP surgeries, as well as non-surgical urology medical inpatient care) was **\$1.57 million**, a 172% increase from prior year which was \$577,124.

The Urology Outpatient contribution margin (including non-robot and robot OP surgery cases, as well as the OP Urology clinic) was **-\$618,309**.

Inpatient Urology Services

1. Non-robot inpatient surgical case volumes increased 29% from prior year, and saw a marked increase in contribution margin per case as well, leading to significant improvements in contribution margin year over year.
 - FY24 Contribution Margin: **\$863,839**
2. Robotic inpatient surgical case volumes decreased slightly in FY2024 to 58 cases. While this volume is a five-year low, we also saw a five-year high in contribution margin per case due to increasing revenue per case that outpaced the increases seen in direct costs per case.
 - FY24 Contribution Margin: **\$414,398**
3. Urology medical inpatient care (non-surgical) has showing increasing volume the past 3 years, with 50 cases in FY24. Direct expense per case dropped considerably in the past two years due primarily to the reduced prevalence and cost of registry nursing on the floor providing care to the patients.
 - FY24 Contribution Margin: **\$294,608**

Overall, IP non-robotic surgical cases (166) have a contribution margin per case of \$5,204, while IP robotic cases (58) have a contribution margin per case of \$7,145.

- IP robotic surgery cases have a much lower Average Length of Stay (ALOS) (3.6 days) versus IP non-robotic cases (5.3 days), resulting in a decreased direct cost per case and resultant higher contribution margin per case.

For both IP non-robotic and robotic surgery cases, all payers ended FY24 with a positive contribution margin per case. A small volume of cash-pay surgery patients were the only subset of cases that had a negative contribution margin per case.

Outpatient Urology Services

1. Non-robot outpatient surgical case volumes increased 29% from prior year, and lost \$1,154 per case due to increased direct expenses associated with these cases. This service maintains the largest contribution margin loss over all areas of the Urology service line.
 - FY24 Contribution Margin: **-\$780,323**
2. Robotic outpatient surgical case volumes increased 32% from prior year, and also saw an improvement in contribution margin per case at \$1,970.
 - FY24 Contribution Margin: **\$210,774**
3. Outpatient Urology clinic volumes saw a 108% increase from prior year, with an improvement in contribution margin per case. Increased volume of procedures performed in clinic contributes to a higher net revenue per case from prior year.
 - FY24 Contribution Margin: **-\$48,760**

Quality/Performance Improvement Data

1. Outpatient clinic referral processing and timely patient visit scheduling for access to care remain priorities for this service. Our goal to process referrals (number of days between receiving a referral and scheduling a patient) is 5 days, and we ended FY2024 with a referral processing time of 2.3 days. However, patients are being scheduled out 3-4 months for their clinic visit, due to limited provider coverage in the clinic relative to the incoming referral volume.
2. Expanding Urology call coverage for the hospital in efforts to reduce the number of outbound Urology transfer cases remains a strategic goal for our organization. However, for FY2024, only 40% of all days were covered by a Urologist for on-call service, which is the same extent of coverage seen in FY23 as well. For FY2024, a total of 104 outbound patient transfers were made for primary Urology patients, a 65% increase in volume from prior year. Of these outbound urology transfers, 55 of them (53%) were due to "specialist not available", indicative of a lack of Urologist on-call coverage.
3. The average length of stay for Urology inpatient cases overall in FY2023 was 6.27 days, compared with a geometric mean length of stay of 4.48 days. This length of stay gap (1.79 days) is decreased from FY2023, which had a gap of 2.09 days.
4. Patient satisfaction for the Urology clinic is collected and reported by NRC, and the clinic finished FY2024 with a Net Promoter Score (NPS) rating of 78.9 (40th percentile), which is an improvement from the FY2023 score of 71.7 (25th percentile). The bulk of dissatisfied patient comments and scores have been related to the length of time required to obtain a scheduled visit and see the provider.

Policy, Strategic or Tactical Issues

1. Timely access to clinic care continued to be one of the biggest challenges for FY2024. Considering the physician needs analysis that determined Urology as one of the most underserved specialties in our community, operating a clinic with one full-time Urologist has not been enough to meet the volume and referral demands. Recruitment efforts finally proved fruitful in May 2024, as a full-time APP was hired to support Dr. Rosenberg in our clinic. Even with this addition, access to care remains an issue due to the volume of referrals. Ongoing recruitment efforts continue for additional Urologists and Advanced Practice Providers (APPs), which would help with clinic visits to decompress the backlog of patients waiting to be seen.
2. Operational strategy has been to increase our clinic's scope, training and capacity to perform procedures in our OP clinic, that otherwise would have been performed in the hospital OR. These procedures, such as vasectomy, cystoscopy and prostate biopsy, bring in additional revenue for the clinic, as well as decompress our main OR.
3. Inpatient Urology surgeries have shown to be the primary financial driver for the success of this service line. Service line leadership continues to work closely with surgery leadership to analyze and optimize the amount of surgery OR block time allocated for Urology services. Barriers to this effort consist of limited additional OR block time available for elective cases, irregular USC subspecialist presence for surgical cases, and limited ability to more fully cover the call schedule for Urology (in which case surgical procedures could be performed at Kaweah versus patient transfer).

4. The issue of limited Urology call coverage at Kaweah has a multi-reaching effect on the organization and our patients. Due to only having an average of 40% call coverage for Urology (shared by two local Urologists), it is a regular occurrence for patients requiring Urologic care to be transferred outside of Kaweah. This takes local patients out of the area for their emergent care, reducing the opportunities for Kaweah to treat these patients. Locums coverage has been reviewed as an option, but is cost-prohibitive at this time. Additional urology call coverage will be increased with successful recruitment of additional urology providers.
5. Kaweah's established alliance with USC Keck School of Medicine to deliver Urology care at Kaweah has come with procedural and operational challenges that have limited our ability to optimize our outcomes. These challenges include professional billing & collections, urologist recruitment for our clinic, limited subspecialist presence for surgeries and clinic at Kaweah and limited on-call urologist coverage for the hospital.. Kaweah service line leadership plans to engage with USC to refine the scope of the partnership in FY25 in order to address some of these challenges and improve the contribution margin of the service line.
6. Due to the continued incoming referral volume into the Urology clinic, we have not been able to actively promote the Urology services that we offer, as we had originally intended to do. The ability to recruit additional providers would better allow us to market our services positively in the community, and proactively pursue ways to grow the Urology services that we offer.

Recommendations/Next Steps

In FY2024, Urology service line leadership will seek to address many of these listed issues in the following ways:

1. Primary efforts will continue in the area of Urologist and/or APP recruitment in order to address many of the issues that are outlined in this report.
2. Surgery scheduling emphasis will be placed on robotic cases, as both IP and OP robotic cases show a positive contribution margin across all payers. We will work directly with Kaweah surgery leadership to assess opportunities to increase OR block time that is allocated to Urology surgical cases that produce positive outcomes.
3. Urology on-call coverage gaps will need to be addressed through recruitment efforts. The ill-effects of partial Urology call coverage impact many areas of the service and patient care at Kaweah.
4. Approved plans and finances in FY25 to increase procedure room and exam room capacity for Urology services at the Specialty Clinic. This work should be completed by Q2 2025, allowing a larger footprint for newly recruited urologists and staff to provide quality patient care and better help meet the referral volume demand.

Approvals/Conclusions

Kaweah Health's capacity to help grow the urology services offered for our community saw meaningful volume growth in both the surgery and clinic side in FY24, producing a positive improvement in total contribution margin for the service.

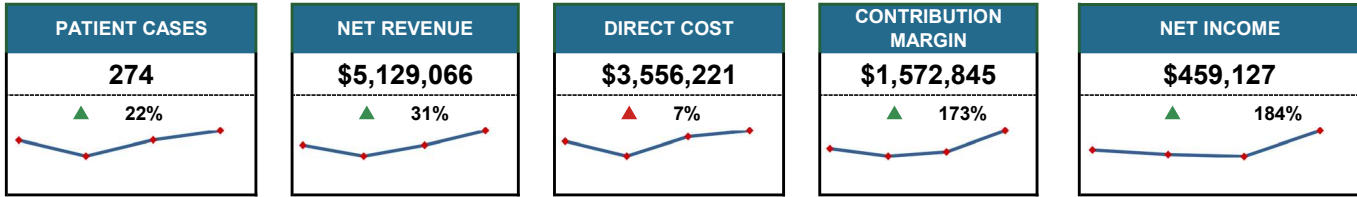
Opportunities for FY25 exist to finalize additional urologist recruitment that will expand our clinic and surgery scope of practice, as well as on-call coverage at the medical center. Significant investment will be made to modify the Specialty clinic and expand procedure room capacity in anticipation of this additional provider support.

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2024

Urology Services - IP Summary

KEY METRICS - FY 2024 - Twelve Months Ended June 30, 2024



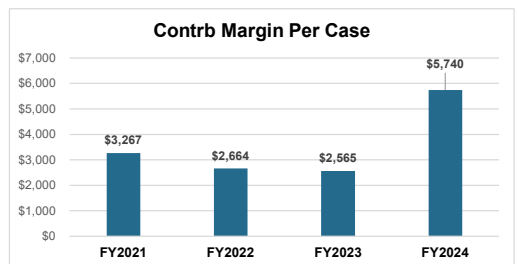
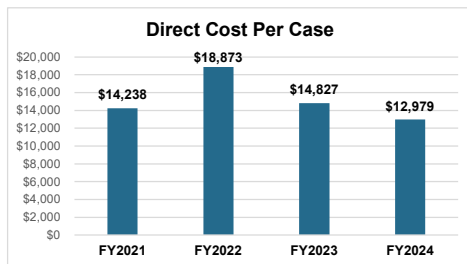
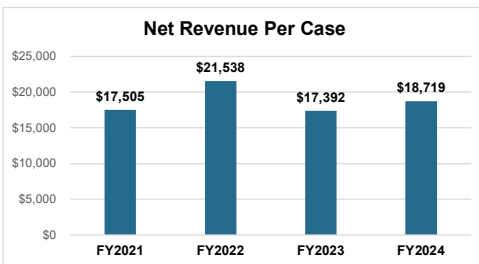
METRICS BY SERVICE LINE - FY 2024

SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Urology Inpatient Surgery	166	\$3,290,372	\$2,426,533	\$863,839	\$108,647
Urology Inpatient da Vinci Surgery	58	\$1,176,372	\$761,974	\$414,398	\$171,999
Urology Medical Inpatient	50	\$662,322	\$367,714	\$294,608	\$178,481
Inpatient Urology Total	274	\$5,129,066	\$3,556,221	\$1,572,845	\$459,127

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	223	139	225	274	▲ 22%	
Net Revenue	\$3,903,556	\$2,993,737	\$3,913,301	\$5,129,066	▲ 31%	
Direct Cost	\$3,175,115	\$2,623,384	\$3,336,177	\$3,556,221	▲ 7%	
Contribution Margin	\$728,441	\$370,353	\$577,124	\$1,572,845	▲ 173%	
Indirect Cost	\$1,017,546	\$844,599	\$1,125,220	\$1,113,718	▼ -1%	
Net Income	(\$289,104)	(\$474,246)	(\$548,096)	\$459,127	▲ 184%	
Net Revenue Per Case	\$17,505	\$21,538	\$17,392	\$18,719	▲ 8%	
Direct Cost Per Case	\$14,238	\$18,873	\$14,827	\$12,979	▼ -12%	
Contrb Margin Per Case	\$3,267	\$2,664	\$2,565	\$5,740	▲ 124%	

GRAPHS



Source: Inpatient Service Line Reports

Criteria: Surgeon Specialty = Urology, Surgery Flag/DaVinci Flag valued at "1", meaning patient had a charge out of department 7420/7421.

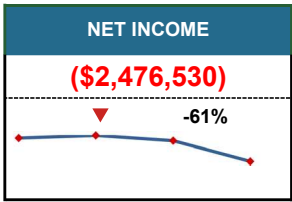
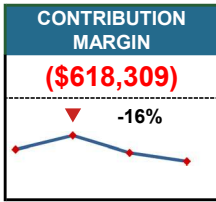
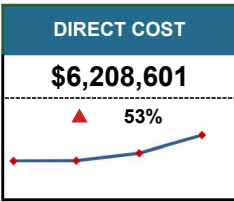
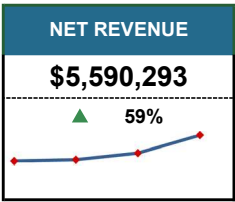
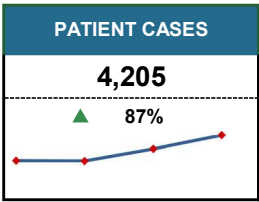
IP SLR = "Urology" and Med Vs Surg = "M" for Medical

KAWEAH HEALTH ANNUAL BOARD REPORT

Urology Services - *OP Summary*

FY2024

KEY METRICS - FY 2024 - Twelve Months Ended June 30, 2024



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

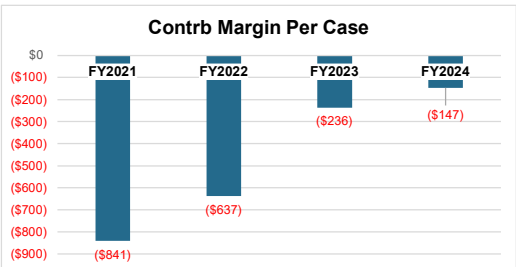
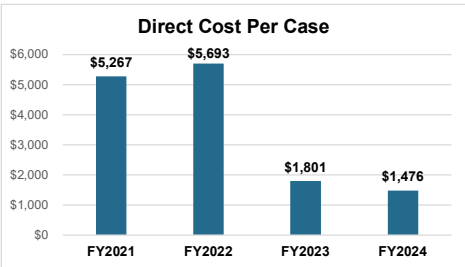
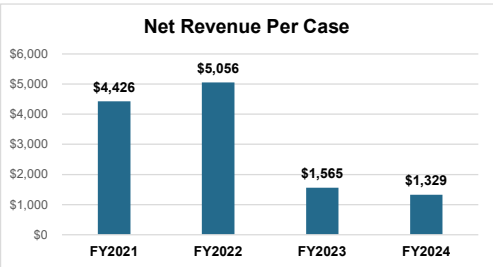
METRICS BY SERVICE LINE - FY 2024

SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Urology Outpatient da Vinci Surgery	107	\$991,265	\$780,490	\$210,774	(\$25,988)
Urology Outpatient Clinic	3,422	\$1,185,817	\$1,234,577	(\$48,760)	(\$675,770)
Urology Outpatient Surgery	676	\$3,413,211	\$4,193,534	(\$780,323)	(\$1,774,772)
Outpatient Urology Total	4,205	\$5,590,293	\$6,208,601	(\$618,309)	(\$2,476,530)

METRICS SUMMARY - 4 YEAR TREND

CLINIC OPENED						
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	589	550	2,252	4,205	▲ 87%	
Net Revenue	\$2,607,053	\$2,780,592	\$3,523,610	\$5,590,293	▲ 59%	
Direct Cost	\$3,102,318	\$3,131,146	\$4,055,186	\$6,208,601	▲ 53%	
Contribution Margin	(\$495,265)	(\$350,553)	(\$531,575)	(\$618,309)	▼ -16%	
Indirect Cost	\$933,218	\$953,338	\$1,006,793	\$1,858,221	▲ 85%	
Net Income	(\$1,428,483)	(\$1,303,891)	(\$1,538,369)	(\$2,476,530)	▼ -61%	
Net Revenue Per Case	\$4,426	\$5,056	\$1,565	\$1,329	▼ -15%	
Direct Cost Per Case	\$5,267	\$5,693	\$1,801	\$1,476	▼ -18%	
Contrb Margin Per Case	(\$841)	(\$637)	(\$236)	(\$147)	▲ 38%	

GRAPHS



Source: Outpatient Service Line Reports
Criteria: Surgeon Specialty = Urology, Surgery Flag/DaVinci Flag valued at "1", meaning patient had a charge out of department 7420/7421.
& Service Line = Urology Clinic

KAWEAH HEALTH ANNUAL BOARD REPORT

Urology Services - *Inpatient Urologist Surgeries*

FY2024

Surgery Flag = ALL, Da Vinci Flag =0

KEY METRICS - FY 2024 - Twelve Months Ended June 30, 2024

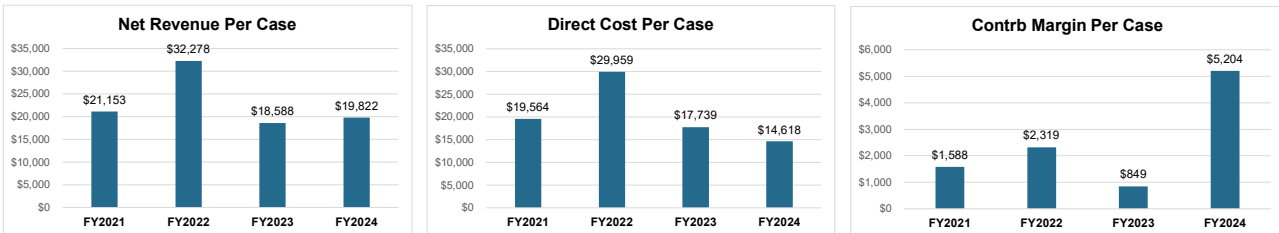


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

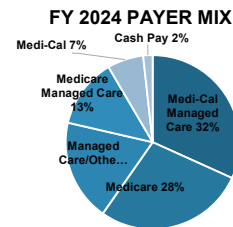
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	111	47	129	166	▲ 29%	
Patient Days	745	435	917	874	▼ -5%	
ALOS	6.7	9.3	7.1	5.3	▼ -26%	
GM LOS	4.7	5.6	3.9	3.7	▼ -6%	
Net Revenue	\$2,347,946	\$1,517,049	\$2,397,888	\$3,290,372	▲ 37%	
Direct Cost	\$2,171,625	\$1,408,054	\$2,288,311	\$2,426,533	▲ 6%	
Contribution Margin	\$176,321	\$108,995	\$109,578	\$863,839	▲ 688%	
Indirect Cost	\$677,156	\$399,618	\$744,230	\$755,191	▲ 1%	
Net Income	(\$500,835)	(\$290,623)	(\$634,652)	\$108,647	▲ 117%	
Net Revenue Per Case	\$21,153	\$32,278	\$18,588	\$19,822	▲ 7%	
Direct Cost Per Case	\$19,564	\$29,959	\$17,739	\$14,618	▼ -18%	
Contrb Margin Per Case	\$1,588	\$2,319	\$849	\$5,204	▲ 513%	
ALOS Opportunity	2.0	3.7	3.2	1.6	▼ -50%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND - (based on charges)

PAYER	FY2021	FY2022	FY2023	FY2024
Medi-Cal Managed Care	27%	6%	25%	32%
Medicare	32%	28%	30%	28%
Managed Care/Other	8%	11%	20%	19%
Medicare Managed Care	31%	50%	15%	13%
Medi-Cal	1%	0%	9%	7%
Cash Pay	1%	4%	2%	2%



Notes:

Source: Inpatient Service Line Reports

Criteria: Surgeon Specialty = Urology, Surgery Flag = All and DaVinci Flag valued at "0".

KAWEAH HEALTH ANNUAL BOARD REPORT
Urology Services - *Inpatient Urology Specialty daVinci Cases*

FY2024

Surgery Flag = 0, Da Vinci Flag =1

KEY METRICS - FY 2024 - Twelve Months Ended June 30, 2024

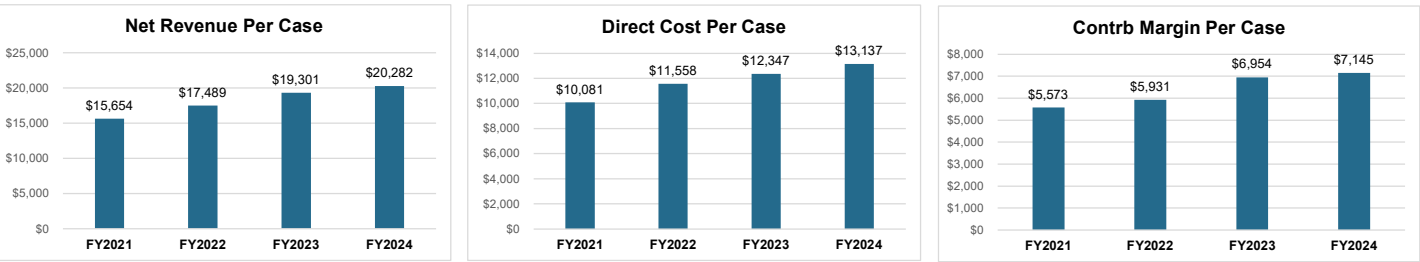


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

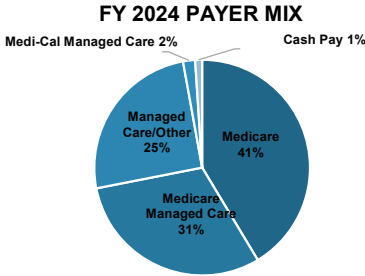
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	82	71	62	58	-6%	
Patient Days	218	194	185	206	11%	
ALOS	2.7	2.7	3.0	3.6	19%	
GM LOS	2.7	3.1	3.1	2.7	-13%	
Net Revenue	\$1,283,663	\$1,241,713	\$1,196,649	\$1,176,372	-2%	
Direct Cost	\$826,665	\$820,588	\$765,522	\$761,974	0%	
Contribution Margin	\$456,998	\$421,125	\$431,127	\$414,398	-4%	
Indirect Cost	\$282,894	\$340,388	\$289,421	\$242,399	-16%	
Net Income	\$174,104	\$80,737	\$141,706	\$171,999	21%	
Net Revenue Per Case	\$15,654	\$17,489	\$19,301	\$20,282	5%	
Direct Cost Per Case	\$10,081	\$11,558	\$12,347	\$13,137	6%	
Contrb Margin Per Case	\$5,573	\$5,931	\$6,954	\$7,145	3%	
ALOS Opportunity	(0.0)	(0.4)	(0.1)	0.9	967%	

PER CASE TRENDING GRAPHS



PAYER MIX - 4 YEAR TREND - (based on charges)

PAYER	FY2021	FY2022	FY2023	FY2024
Medicare	35%	51%	56%	41%
Medicare Managed Care	24%	29%	14%	31%
Managed Care/Other	37%	20%	24%	25%
Medi-Cal Managed Care	4%	0%	3%	2%
Cash Pay	0%	0%	0%	1%



Notes:
Source: Inpatient Service Line Reports
Criteria: Surgeon Specialty = Urology, Surgery Flag = 0 and DaVinci Flag valued at "1".

KAWEAH HEALTH ANNUAL BOARD REPORT

Urology Services - *Inpatient Urology Medical*

FY2024

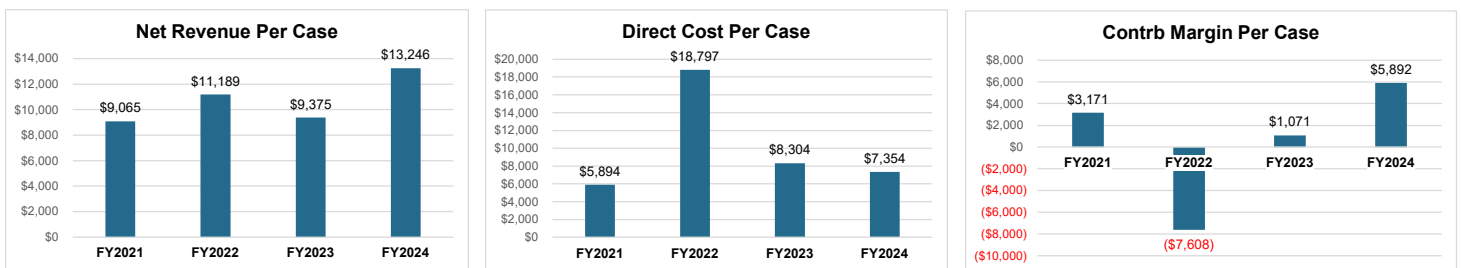
KEY METRICS - FY 2024 - Twelve Months Ended June 30, 2024



METRICS SUMMARY - 4 YEAR TREND

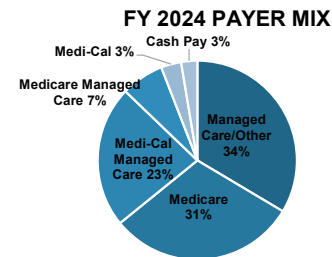
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	30	21	34	50	▲ 47%	
Patient Days	104	212	147	181	▲ 23%	
ALOS	3.5	10.1	4.3	3.6	▼ -16%	
GM LOS	3.0	3.1	2.6	2.7	▲ 3%	
Net Revenue	\$271,947	\$234,976	\$318,763	\$662,322	▲ 108%	
Direct Cost	\$176,825	\$394,742	\$282,344	\$367,714	▲ 30%	
Contribution Margin	\$95,122	(\$159,767)	\$36,419	\$294,608	▲ 709%	
Indirect Cost	\$57,495	\$104,593	\$91,569	\$116,127	▲ 27%	
Net Income	\$37,627	(\$264,360)	(\$55,149)	\$178,481	▲ 424%	
Net Revenue Per Case	\$9,065	\$11,189	\$9,375	\$13,246	▲ 41%	
Direct Cost Per Case	\$5,894	\$18,797	\$8,304	\$7,354	▼ -11%	
Contrb Margin Per Case	\$3,171	(\$7,608)	\$1,071	\$5,892	▲ 450%	
ALOS Opportunity	0.5	7.0	1.7	0.9	▼ -46%	

PER CASE TRENDING GRAPHS



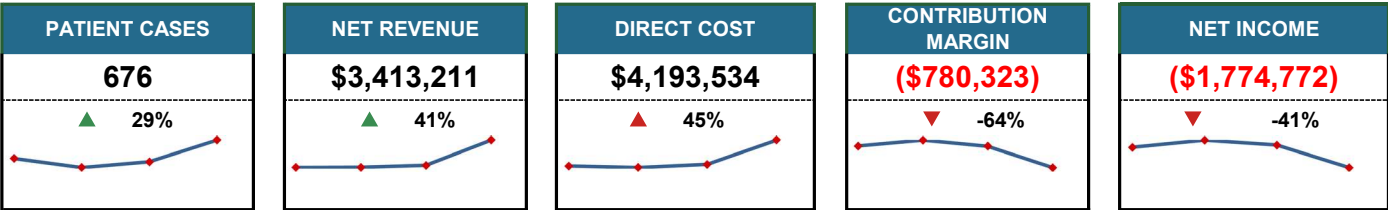
PAYER MIX - 4 YEAR TREND - (based on charges)

PAYER	FY2021	FY2022	FY2023	FY2024
Managed Care/Other	23%	4%	14%	34%
Medicare	33%	81%	28%	31%
Medi-Cal Managed Care	33%	5%	31%	23%
Medicare Managed Care	9%	0%	27%	7%
Medi-Cal	0%	10%	1%	3%
Cash Pay	2%	0%	0%	3%












Notes:
Source: Inpatient Service Line Reports
Criteria: ServiceLine1Mne = Urology and EncTypeMne = IP and Surg Vs Medical = M for Medical with encounters in the Main Hospital (Kaweah Health Medical Center)

KEY METRICS - FY 2024 - Twelve Months Ended June 30, 2024

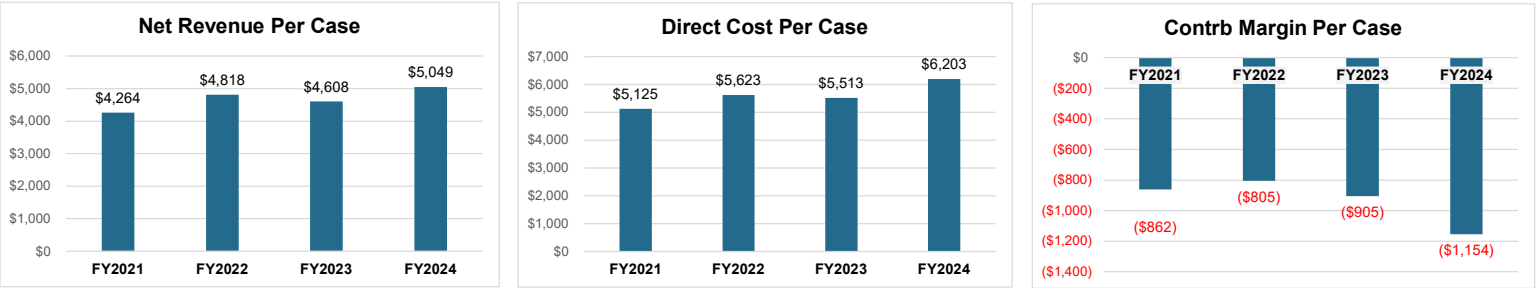


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	549	487	526	676	▲ 29%	
Net Revenue	\$2,340,874	\$2,346,144	\$2,423,805	\$3,413,211	▲ 41%	
Direct Cost	\$2,813,890	\$2,738,311	\$2,899,837	\$4,193,534	▲ 45%	
Contribution Margin	(\$473,016)	(\$392,167)	(\$476,031)	(\$780,323)	▼ -64%	
Indirect Cost	\$842,336	\$762,203	\$785,057	\$994,449	▲ 27%	
Net Income	(\$1,315,352)	(\$1,154,370)	(\$1,261,088)	(\$1,774,772)	▼ -41%	
Net Revenue Per Case	\$4,264	\$4,818	\$4,608	\$5,049	▲ 10%	
Direct Cost Per Case	\$5,125	\$5,623	\$5,513	\$6,203	▲ 13%	
Contrb Margin Per Case	(\$862)	(\$805)	(\$905)	(\$1,154)	▼ -28%	

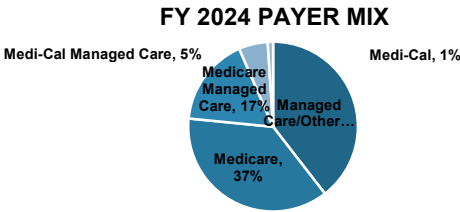
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND - (Based on Volume)

PAYER	FY2021	FY2022	FY2023	FY2024
Managed Care/Other	38%	39%	38%	39%
Medicare	40%	42%	40%	37%
Medicare Managed Care	16%	19%	17%	17%
Medi-Cal Managed Care	6%	0%	3%	5%
Medi-Cal	1%	0%	0%	1%

Notes:
Source: Outpatient Service Line Reports
Criteria: Surgeon Specialty = Urology, Surgery Flag = All and DaVinci Flag valued at "0".



KAWEAH HEALTH ANNUAL BOARD REPORT

Urology Services - *Outpatient Urology daVinci Cases*

FY2024






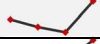



Surgery Flag = 0, Da Vinci Flag =1

KEY METRICS - FY 2024 - Twelve Months Ended June 30, 2024

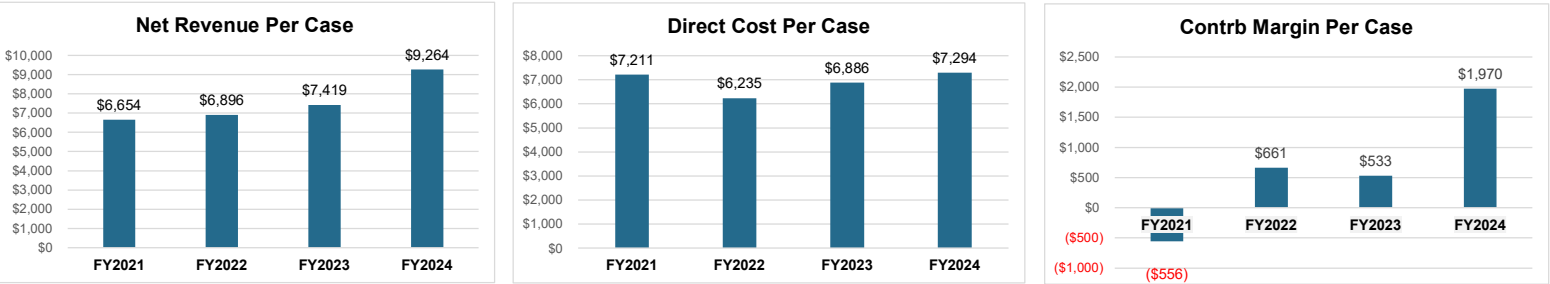


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

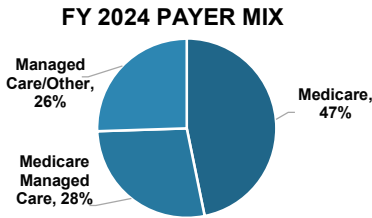
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	40	63	81	107	▲ 32%	
Net Revenue	\$266,179	\$434,448	\$600,952	\$991,265	▲ 65%	
Direct Cost	\$288,428	\$392,835	\$557,763	\$780,490	▲ 40%	
Contribution Margin	(\$22,249)	\$41,613	\$43,189	\$210,774	▲ 388%	
Indirect Cost	\$90,882	\$191,135	\$217,255	\$236,762	▲ 9%	
Net Income	(\$113,130)	(\$149,521)	(\$174,067)	(\$25,988)	▲ 85%	
Net Revenue Per Case	\$6,654	\$6,896	\$7,419	\$9,264	▲ 25%	
Direct Cost Per Case	\$7,211	\$6,235	\$6,886	\$7,294	▲ 6%	
Contrb Margin Per Case	(\$556)	\$661	\$533	\$1,970	▲ 269%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND - (based on charges)

PAYER	FY2021	FY2022	FY2023	FY2024
Medicare	29%	48%	34%	47%
Medicare Managed Care	32%	21%	28%	28%
Managed Care/Other	40%	31%	37%	26%



Notes:
Source: Outpatient Service Line Reports
Criteria: Surgeon Specialty = Urology, Surgery Flag = 0 and DaVinci Flag valued at "1".

KAWEAH HEALTH ANNUAL BOARD REPORT

Urology Services - *Outpatient Urology Clinic*

FY2024

KEY METRICS - FY 2024 - Twelve Months Ended June 30, 2024

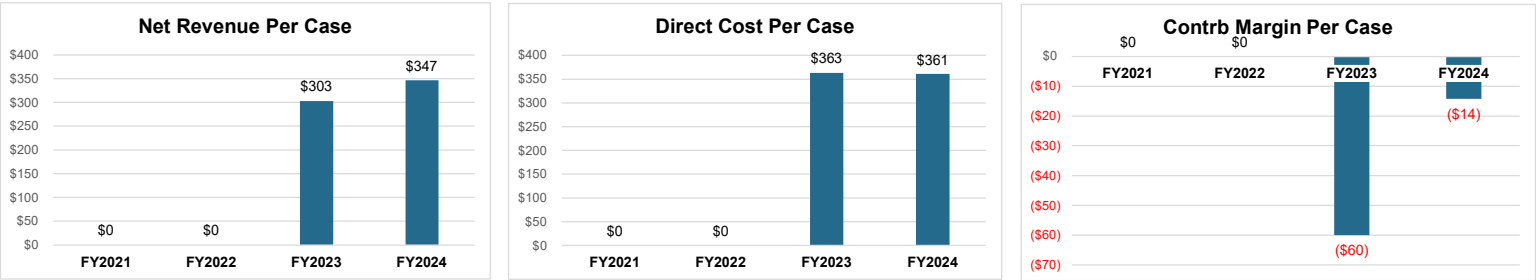
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
3,422	\$1,185,817	\$1,234,577	(\$48,760)	(\$675,770)

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

METRICS SUMMARY - 4 YEAR TREND

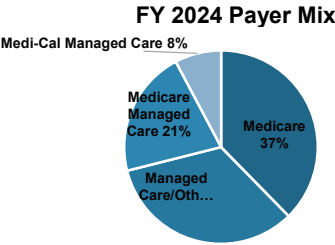
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	0	0	1,645	3,422	▲ 108%	
Net Revenue	\$0	\$0	\$498,853	\$1,185,817	▲ 138%	
Direct Cost	\$0	\$0	\$597,585	\$1,234,577	▲ 107%	
Contribution Margin	\$0	\$0	(\$98,732)	(\$48,760)	▲ 51%	
Indirect Cost	\$0	\$0	\$4,482	\$627,010	▲ 13891%	
Net Income	\$0	\$0	(\$103,214)	(\$675,770)	▼ -555%	
Net Revenue Per Case	\$0	\$0	\$303	\$347	▲ 14%	
Direct Cost Per Case	\$0	\$0	\$363	\$361	▼ -1%	
Contrb Margin Per Case	\$0	\$0	(\$60)	(\$14)	▲ 76%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND - (based on volume)

PAYER	FY2021	FY2022	FY2023	FY2024
Medicare	0%	0%	31%	37%
Managed Care/Other	0%	0%	38%	33%
Medicare Managed Care	0%	0%	15%	21%
Medi-Cal Managed Care	0%	0%	14%	8%



Notes:
Source: Outpatient Service Line Reports
Selection Criteria: Service Line1 = Urology Clinic

Report to the Board of Directors 1-9-25

REPORT TO THE BOARD OF DIRECTORS

Kaweah Health Mental Health Hospital (KHMHH)

Kaweah Health Inpatient Acute Psych / Drug Abuse

Melissa Quinonez, MSN, RN-BC, PHN

Director of Mental Health Services

(559) 624-3361

January 9, 2025

Summary Issue/Service Considered

SERVICE PROVIDED

The Kaweah Mental Health Hospital operates a 63 licensed bed inpatient mental health facility for severely mentally ill patients. Most of the patients (75%) in the Mental Health Hospital are admitted through Kaweah's Emergency Department. Another 11.7% were transferred from the main hospital after medical stabilization. The population is 49% male and 51% female. The average age is 48 years. 92% English speaking and about evenly distributed between Hispanic or Latino and non-Hispanic or Latino. 25% of the admitted patients are homeless. Common diagnoses treated are schizophrenia, bipolar disorder, major depression, anxiety disorder, and psychosis with many patients presenting with a co-occurring substance use disorder.

The Consult and Liaison service has grown to 12 hours/day and is available from 0700-1900, 7 days per week. This service provides coverage to the acute care areas of Kaweah Health and the Emergency Department. Consults are provided by psychiatrists, residents, advanced practice providers or physician assistants.

LEADERSHIP


Precision Psychiatric Services, Inc. (Precision) continues to provide psychiatry services for KHMHH, outpatient clinics, and consult services in the ED and main acute care hospital. The adult inpatient unit is staffed with 3-4 Providers (Psychiatrists, Physician Assistants and/or Nurse Practitioners) each day with an on-call provider available from 1700-0800.

The residency/fellowship program continues to grow and currently has 26 total residents and 5 Fellows. The residency program has added energy, creativity, increased quality and access to care. The number of psychiatric residents and fellows has added to the collaboration with the rest of the medical staff. Two residents joined the medical staff after graduation, and two additional part-time psychiatrist have been hired to meet the growing needs.

The Leadership Team consists of the Director of Mental Health Services, PFS/PAT Team Manager, Nurse Manager and Business Services Manager. The goal of leadership is to focus on implementing an action plan to meet both external and internal goals for the hospital and expand mental health services in the community.

Quality/Performance Improvement Data

CORE MEASURES

 Kaweah Health															
Hospital-Bases Inpatient Psychiatric Services Measures: (Care Compare)															
M.Quinonez Director of Mental Health Services															
Metrics		CMS Benchmark	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24*	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Total
HBIPS-2a	Physical Restraint-Overall Rate - (hours/days)	0.38 / 0.32*	0.37	0.77	0.99	1.48	1.27	1.86	0.95	2.10	2.89	1.84	2.05	1.63	1.50
HBIPS-3a	Seclusion-Overall Rate -(hours/days)	0.36 / 0.35*	0.85	1.21	1.96	1.21	2.13	1.02	0.67	2.73	2.42	2.23	2.46	1.93	1.74
SUB-2	Alcohol Use Intervention Provided/Offered	65.00% / 60.00%*	100% 4/4	80% 4/5	80% 8/10	100% 9/9	83.33% 5/6	100% 7/7	100% 6/6	72.73% 8/11	84.62% 11/13	100.0% 10/10	90% 9/10	100.0% 11/11	90.20% 92/102
SUB-2A	Alcohol Use Brief Intervention	76.00% / 77.00%*	100% 4/4	60% 3/5	50% 5/10	88.89% 8/9	50% 3/6	100% 7/7	83.33% 5/6	36.36% 4/11	69.23% 9/13	70.0% 7/10	50% 5/10	90.91% 10/11	68.63% 70/102
SUB-3	Alcohol/Other Drug Use Tx provided/offered at D/C	75.00% / 72.00%*	94.44% 17/18	95.65% 22/23	100% 25/25	93.33% 28/30	100% 21/21	100% 21/21	100% 26/26	95% 19/20	100% 32/32	100% 25/25	95.83% 23/24	100% 21/21	97.90% 280/286
SUB-3A	Alcohol/Other Drug Use Disorder Tx at D/C	62.00% / 61.00%*	94.44% 17/18	95.65% 22/23	100% 25/25	93.33% 28/30	100% 21/21	100% 21/21	100% 26/26	95% 19/20	100% 32/32	100% 25/25	95.83% 23/24	100% 21/21	97.90% 280/286
IMM-2	Influenza Immunization-screening for immunization status	77.00% / 81.00%*	100% 51/51	100% 52/52	100% 50/50	100% 51/51	N/C	N/C	N/C	N/C	N/C	N/C	98.11% 52/53	100% 51/51	99.68% 307/308
TOB-3	Tobacco Treatment Provided/Offered at Discharge. Received or refused a prescription for FDA-approved cessation medication upon discharge.	58.00% / 58.00%*	62.96% 17/27	72.22% 13/18	63.64% 14/22	61.11% 11/18	63.64% 14/22	90.91% 10/11	65.38% 17/26	64.71% 11/17	63.64% 14/22	46.67% 7/15	33.33% 7/21	45% 9/20	60.25% 144/239
TOB-3A	Tobacco Treatment on discharge "Referred to outpatient counseling" AND received a prescription for approved cessation medication upon discharge	18.00% / 16.00%*	0% 0/27	0% 0/18	0% 0/22	5.56% 1/18	0% 0/22	0% 0/11	7.69% 2/26	0% 0/17	0% 0/22	0% 0/15	0% 0/21	0% 0/20	1.26% 3/239
CT-2	Care Transitions w/specified elements received by discharged patients	67.00% / 62.00%*	66.04% 35/53	69.81% 37/53	67.93% 36/53	86.54% 45/52	80.77% 42/52	92.45% 49/53	75.47% 40/53	81.13% 43/53	77.36% 41/53	77.36% 41/53	73.59% 39/53	69.81% 37/53	76.50% 485/634
SMD-1	Screening for Metabolic Disorders	77.00% / 79.00%*	97.5% 39/40	94.60% 35/37	100% 37/37	94.44% 34/36	88.89% 32/36	96.77% 30/31	91.67% 33/36	97.30% 36/37	100% 37/37	93.94% 31/33	94.74% 36/38	97.14% 34/35	95.61% 414/433
*Updated benchmark effective Jan 24															

*updated benchmark effective Jun-24

Kaweah Mental Health continues to participate in Hospital-Based Inpatient Psychiatric Services (HBIPS) core measures. A total of 11 indicators are included. Areas of improvement are being addressed by collaborating with ISS to ensure Cerner documentation applications are enhanced to add hard stops and forms built to prompt data collection. The measures for alcohol use and tobacco cessation require that the patient be offered and accepting of counseling services prior to discharge. When a patient refuses counseling, it is considered an outlier. We have implemented monthly HBIPS meetings to collaborate with the stake holders on implementing quality improvement strategies. We currently have a resident project working on educating patients on the benefits to accepting the counseling services. It is expected these measures will be fully met in the near future.

Quality initiatives also include trending seclusion and restraint and workplace violence events. Mental Health leadership worked with the Quality Department to develop a focus study to allow us to analyze data and provide a better understanding of the types of events we are facing in our facility. The environmental variables (roommates, lack of outdoor space, state-imposed plain décor to address safety), staff turnover, acuity of patients placed (partially resulting from the lack of adequate safe housing in the community), and the increase in drug and alcohol use in the community all contribute to the variability in restraint/seclusion use at any given time. At this point, we focus on each patient encounter to attempt to minimize this restrictive intervention, while assessing the safety of other patients and staff.

We are focusing on initiatives to improve programming, manage aggression through annual crisis intervention training and streamlining workflows to allow for more time to provide attentive care by eliminating redundant and unnecessary tasks and documentation.


Policy, Strategic or Tactical Issues

DELIVER EXCELLENT SERVICE

Key advancements at Kaweah Mental Health include addressing the care culture by basing the patient care model on the Recovery Model and the Trauma Informed Care Model (both supported by the Substance Abuse and Mental Health Services Administration (SAMHSA.gov)) and through staff education and coaching. The Sensory Room is utilized as an alternative to seclusion or restraint and to teach acceptable coping skills to agitated/anxious patients. Two staff members have recently been trained in Cognitive Behavioral Therapy and Dialectical Behavioral Therapy which focuses on modifying thought patterns to influence emotions and behaviors.

In November 2024 our programming schedule was revised to provide patients with a more structured group schedule focused on wellness and recovery. Throughout the day, patients participate in Nursing Groups, Recreation Therapy and Social Work groups. We have also added a Chaplain group several times a month and have engaged our RN students in facilitating groups.

The Mental Health Unit Based Counsel developed and implemented a Patient Experience Survey which is given to patients upon discharge. Results are being shared throughout the disciplines to work on improvement plans in low-scoring areas. We have recently added questions pertaining to nutrition services to allow patients to provide feedback on all aspects of care during their stay. Our scores in most areas have been meeting the benchmark of 85%. We have opportunities to improve in keeping the environment quiet at night and are working on strategies to improve.

		PATIENT EXPERIENCE DASHBOARD: MENTAL HEALTH													
		FY 2025 Q2													
Patient Experience Survey	Target	12 month avg	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	24-Nov
Total number of surveys completed	n/a	52	50	50	61	35	63	55	46	41	42	48	39	45	36
Did a doctor explain the reason for your admission?	85%	93.9%	91.8%	90.0%	93.1%	91.4%	93.6%	100.0%	90.7%	95.1%	95.2%	95.2%	97.4%	95.5%	91.7%
How satisfied were you with the way nurses treated, respected and listened to you?	85%	91.4%	96.0%	86.0%	93.2%	89.1%	92.7%	91.3%	88.0%	93.7%	92.9%	96.4%	91.3%	91.8%	85.6%
How satisfied were you with the way doctors treated, respected and listened to you?	85%	89.4%	96.0%	82.0%	91.7%	83.4%	87.9%	92.0%	92.4%	87.8%	93.3%	90.5%	91.3%	88.6%	85.0%
How satisfied were you with the way social workers treated, respected and listened to you?	85%	90.8%	n/a	n/a	n/a	n/a	n/a	91.6%	89.8%	90.7%	90.5%	95.0%	94.4%	89.1%	85.0%
How satisfied were you with how the nurses explained things to you?	85%	92.0%	94.0%	87.8%	93.2%	88.0%	93.0%	92.0%	92.4%	92.2%	92.9%	95.9%	93.3%	91.8%	90.0%
How satisfied were you with how the doctors explained things to you?	85%	89.2%	90.0%	83.7%	90.6%	84.0%	88.9%	90.5%	89.8%	90.7%	92.9%	92.7%	88.7%	89.5%	87.2%
How satisfied were you with how the social workers explained things to you?	85%	89.7%	n/a	n/a	n/a	n/a	n/a	89.5%	90.2%	89.3%	92.9%	93.6%	88.7%	87.7%	85.6%
How satisfied were you with how clean your room and bathroom were?	85%	86.7%	94.0%	72.0%	86.9%	85.1%	87.3%	89.3%	91.1%	87.3%	88.6%	89.5%	84.1%	85.9%	86.1%
How satisfied were you with how quiet your room was at night?	85%	82.9%	86.0%	72.0%	77.0%	79.4%	85.7%	85.8%	81.8%	83.4%	91.4%	88.2%	84.1%	80.0%	82.8%
How satisfied were you with your involvement in discharge planning?	85%	89.0%	90.0%	82.0%	86.8%	85.7%	85.7%	89.5%	90.2%	87.8%	94.8%	94.1%	91.3%	90.5%	88.3%
Did you receive any education on new medication?	85%	91.4%	87.5%	87.5%	93.0%	88.0%	88.8%	98.1%	97.5%	90.0%	95.0%	95.0%	89.7%	90.0%	87.8%

PROVIDE A SAFE THERAPEUTIC ENVIRONMENT FOR PATIENT CARE

The physical environment at the Mental Health Hospital has also been reviewed and we have completed several projects to reduce ligature and other safety risks and to increase the aesthetics/therapeutic milieu of the hospital. Ligature resistant door handles have been installed throughout the facility. We are currently re-constructing the nurse's stations on both units to increase staff safety. This project is expected to be completed by April 2025. In 2024 we have replaced all of our furniture with psych-safe furniture. Artwork has been added to the patient care areas to reinforce the care model. We have also installed sunshades and frost on all windows in patient rooms to provide privacy and allow us to remove curtains which posed a ligature risk.

PROVIDE AN IDEAL WORK ENVIRONMENT

Employee Engagement Survey

Our Employee Engagement Survey was completed in 2024. The top opportunities for improvement were related to collaboration between teams, safety and staff recognition. An action plan was implemented and it included:

- Improving effectiveness of the daily Treatment Team Meeting
- Coordination with County Partners regarding conserved patients
- Revising Programming Schedule
- Safety improvements including removing safety risks from the unit and remodeling the nurses station
- Improving Staff recognition and team building
- Implemented a process for consistent leader rounding

A follow up pulse survey will be administered in the spring of 2025.

EMPOWER THROUGH EDUCATION

In 2024, we restructured our Annual Competency process and implemented the Donna Wright Model which is an evidence based approach for ongoing competency management. The purpose of the Donna Wright Model is to encourage staff to be actively engaged in their own competencies and take responsibility for their practice.

The process starts with staff identifying what competencies we need by using 4 questions:

- What's new?
- What's changing?
- What's high risk?
- What's problematic?

Our staff completed their first Annual Competency using this new process with positive feedback from the team.

We have several of our staff enrolled in the RN program through Unitek and are excited for them to continue their careers serving patients at Kaweah Health.

Our Leadership Team is receiving additional training opportunities through Leadership Academy. We have also taken several day trips to visit several local facilities within the surrounding counties to collaborate, share ideas to assist us in implementing best practices within our facility. We recently also nominated 5 Registered Nurses to participate in the Emerging Leaders Program in 2025.

MAINTAIN FINANCIAL STRENGTH

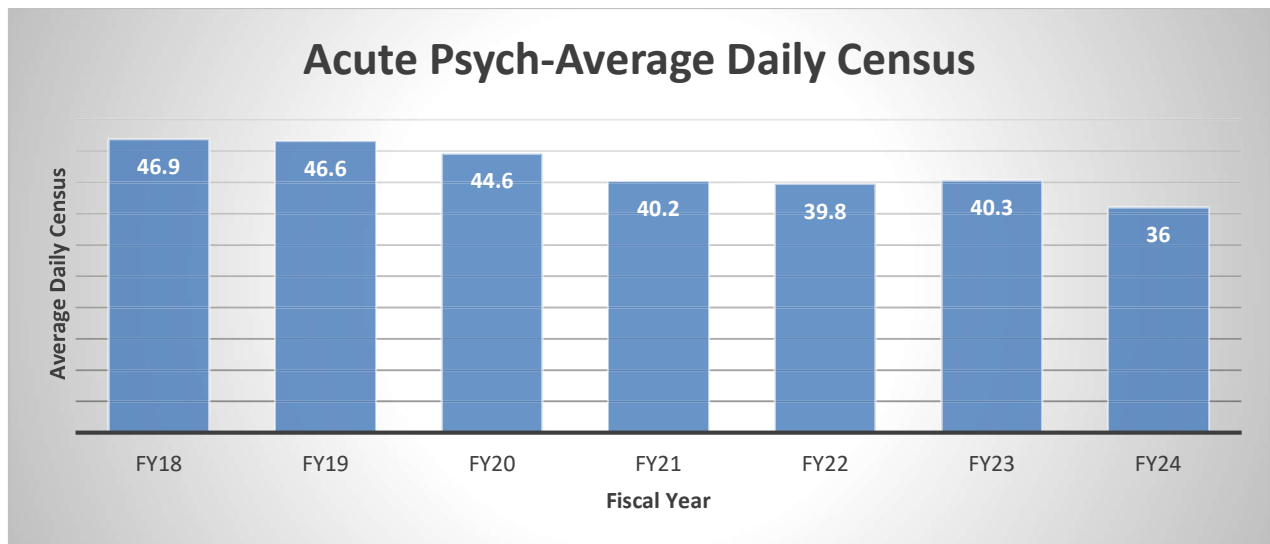
For Fiscal Year 24, the Inpatient Mental Health Hospital is budgeted for an average daily census (ADC) of 45 with a total of 38-42 functional beds (of 63 licensed beds) at the Mental Health Hospital. As of November 2024, our average daily census is 36.

- Due to re-construction of the nurse's station, we have had to close a unit down, limiting our bed availability.
- There continues to be a lack of adequate long term placement opportunities in Tulare County for discharged patients, as evidenced by an average 13.6% readmission rate within 30 days in FY24 with the current rate being 7.8%.

- An increasing number of conserved patients without housing in the community results in patients being hospitalized awaiting placement for 30+ days, up to an entire year stay.

In order to address these trends we have implemented several strategies:

- Daily treatment team meetings to address placement barriers
- Participation in the 5150 Workgroup for the Central California Region which works to improve services and collaboration between Fresno, Madera, Tulare, Kings County and other local counties.
- Collaboration with Tulare County Public Guardians Office to assist with placement of our conserved patients
- Working with community partners to expand available outpatient services in the community to prevent readmission
- Plan to increase census to 52-54 when all units are open.



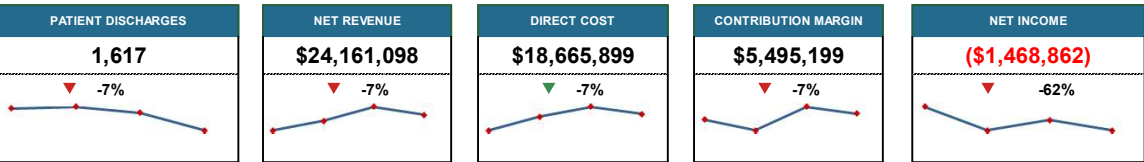
KAWEAH HEALTH ANNUAL BOARD REPORT
Mental Health Services - Summary

FY2024

Key Takeaways:

- Mental Health Services had a strong contribution margin of \$5.5 million in FY 2024.
- Contribution margin is higher in FY 2023 and 2024 over prior years; however, FY 24 was down 7% over FY 2023. This due to the Mental Health Hospital seeing lower patient days, a 1% decline in net revenue per patient day, and a 6% increase in direct cost per day.
- Overall, patient days decreased by 8% over the last year, whereas patient discharges declined by 7%.
- The Psych/Drug Abuse service line at the acute downtown campus contributed \$1.4 million in contribution margin, most of which came from governmental supplemental funds allocated to the service line.

KEY METRICS - FY 2024 ON THE TWELVE MONTHS ENDED JUNE 30, 2024



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

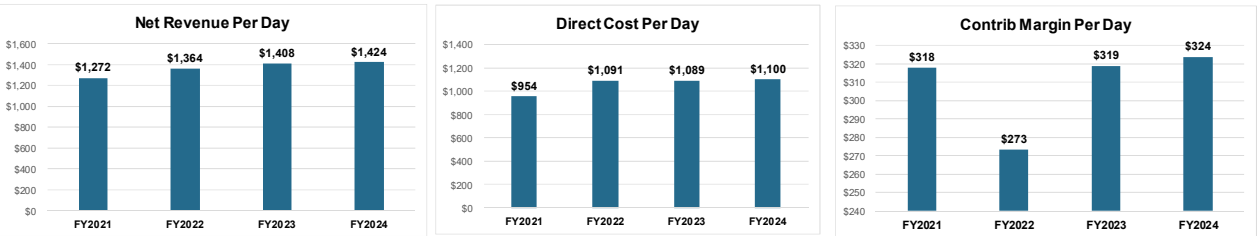
METRICS BY SERVICE LINE - FY 2024

SERVICE LINE	PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Mental Health Hospital	1,209	\$19,588,562	\$15,525,788	\$4,062,774	(\$1,815,510)
Inpatient Acute Psych/Drug Abuse	408	\$4,572,536	\$3,140,111	\$1,432,425	\$346,648
Mental Health Totals	1,617	\$24,161,098	\$18,665,899	\$5,495,199	(\$1,468,862)

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	1,775	1,790	1,746	1,617	-7%	
Patient Days	16,213	16,661	18,490	16,971	-8%	
ALOS	9.1	9.3	10.6	10.6	0%	
Net Revenue	\$20,622,445	\$22,732,119	\$26,033,929	\$24,161,098	-7%	
Direct Cost	\$15,470,658	\$18,178,051	\$20,137,312	\$18,665,899	-7%	
Contribution Margin	\$5,151,787	\$4,554,068	\$5,896,617	\$5,495,199	-7%	
Indirect Cost	\$5,365,609	\$6,015,623	\$6,802,259	\$6,964,061	2%	
Net Income	(\$213,822)	(\$1,461,555)	(\$905,642)	(\$1,468,862)	-62%	
Net Revenue Per Day	\$1,272	\$1,364	\$1,408	\$1,424	1%	
Direct Cost Per Day	\$954	\$1,091	\$1,089	\$1,100	1%	
Contrib Margin Per Day	\$318	\$273	\$319	\$324	2%	

GRAPHS



Note: Includes discharges at the Downtown and West Campus locations
Source: Inpatient Service Line Report - Psych & Drug Abuse & Mental Health Hospital

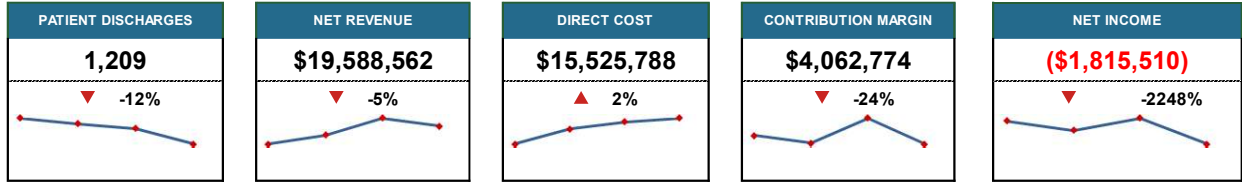
KAWEAH HEALTH ANNUAL BOARD REPORT

FY2024

Mental Health Services - Mental Health Hospital

Note: All discharges at the Mental Health Hospital West Campus Location. This excludes visits with Mental Health services performed at a different location.

KEY METRICS - FY 2024 ON THE TWELVE MONTHS ENDED JUNE 30, 2024

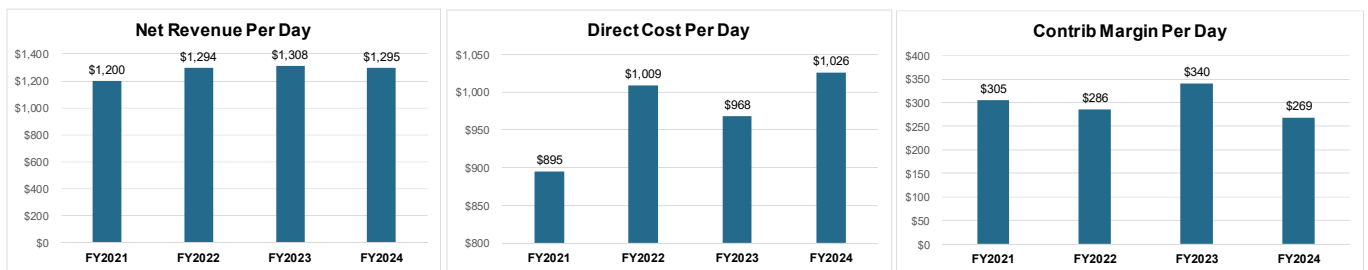


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS BY SERVICE LINE - FY 2024

Metric	FY2021	FY2022	FY2023	FY2024	%Change from Prior Yr	4 Yr Trend
Patient Discharges	1,479	1,416	1,369	1,209	▼ -12%	
Patient Days	14,657	14,364	15,683	15,131	▼ -4%	
ALOS	9.9	10.1	11.5	12.5	▲ 9%	
Net Revenue	\$17,583,956	\$18,594,029	\$20,515,312	\$19,588,562	▼ -5%	
Direct Cost	\$13,116,328	\$14,488,470	\$15,177,316	\$15,525,788	▲ 2%	
Contribution Margin	\$4,467,628	\$4,105,559	\$5,337,996	\$4,062,774	▼ -24%	
Indirect Cost	\$4,592,158	\$4,916,213	\$5,253,492	\$5,878,284	▲ 12%	
Net Income	(\$124,530)	(\$810,654)	\$84,504	(\$1,815,510)	▼ -2248%	
Net Revenue Per Day	\$1,200	\$1,294	\$1,308	\$1,295	▼ -1%	
Direct Cost Per Day	\$895	\$1,009	\$968	\$1,026	▲ 6%	
Contrib Margin Per Day	\$305	\$286	\$340	\$269	▼ -21%	

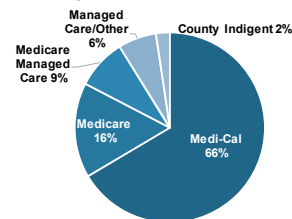
PER DAY TRENDING GRAPHS



PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

Payer	FY2021	FY2022	FY2023	FY2024
Medi-Cal	68%	67%	69%	66%
Medicare	18%	16%	18%	16%
Medicare Managed Care	3%	5%	4%	9%
Managed Care/Other	7%	10%	6%	6%
County Indigent	3%	2%	3%	2%

FY2024 PAYER MIX

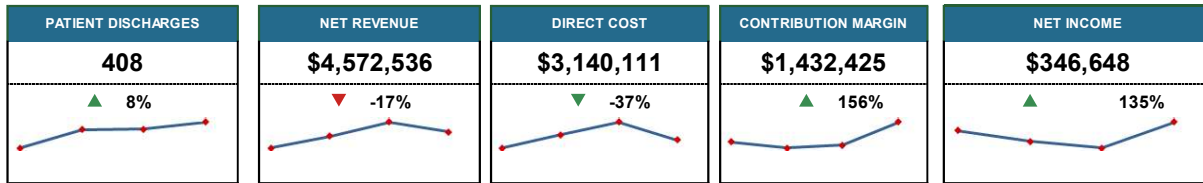


KAWEAH HEALTH ANNUAL BOARD REPORT

Mental Health Services - *Inpatient Acute Psych/Drug Abuse*

FY2024

KEY METRICS - FY 2024 ON THE TWELVE MONTHS ENDED JUNE 30, 2024

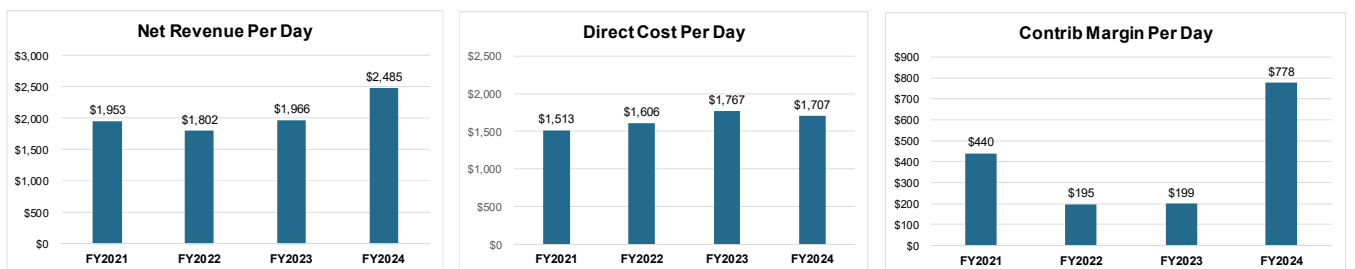


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS BY SERVICE LINE - FY 2024

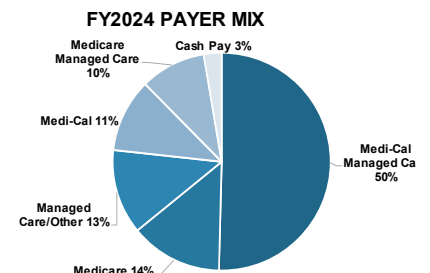
METRIC	FY2021	FY2022	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	296	374	377	408	▲ 8%	
Patient Days	1,556	2,297	2,807	1,840	▼ -34%	
ALOS	5.3	6.1	7.5	4.5	▼ -39%	
GM LOS	4.0	4.1	3.8	3.8	▼ -2%	
Net Revenue	\$3,038,489	\$4,138,090	\$5,518,617	\$4,572,536	▼ -17%	
Direct Cost	\$2,354,330	\$3,689,581	\$4,959,996	\$3,140,111	▼ -37%	
Contribution Margin	\$684,159	\$448,509	\$558,621	\$1,432,425	▲ 156%	
Indirect Cost	\$773,451	\$1,099,410	\$1,548,767	\$1,085,777	▼ -30%	
Net Income	(\$89,292)	(\$650,901)	(\$990,146)	\$346,648	▲ 135%	
Net Revenue Per Day	\$1,953	\$1,802	\$1,966	\$2,485	▲ 26%	
Direct Cost Per Day	\$1,513	\$1,606	\$1,767	\$1,707	▼ -3%	
Contrib Margin Per Day	\$440	\$195	\$199	\$778	▲ 291%	
Opportunity Days	1.3	2.1	3.6	0.8	▼ -79%	

PER DAY TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2021	FY2022	FY2023	FY2024
Medi-Cal Managed Care	45%	45%	42%	50%
Medicare	15%	18%	21%	14%
Managed Care/Other	12%	15%	17%	13%
Medi-Cal	15%	10%	10%	11%
Medicare Managed Care	10%	10%	7%	10%
Cash Pay	3%	2%	2%	3%



Recommendations/Next Steps

Mental Health Inpatient Services

- Collaborate with the Multi-disciplinary team on Quality Improvement projects that focus on reducing seclusion and restraint and work place violence
- Collaborate with medical floor and ED to ensure timely placement of Mental Health patients prior to expiration of the first 5150.
- Continue to partner with GME to support ongoing development of psychiatric residency program.
- Collaborate with the Multi-disciplinary team to improve patient experience and Core Measures.
- Continue to partner with Tulare County to evaluate and develop new opportunities for mental health community services and post-acute care for conserved clients.
- Increase the therapeutic/aesthetic environment for patient care by adding patient accessible phones, increase use of outdoor areas by raising fence height, adding shaded areas and seating and repainting patient care areas.
- Revise documentation guidelines to align with regulatory requirements and nursing standards of care for inpatient psych.
- Reconstruct the nurse's stations to include barriers/locks to prevent patient access and promote staff safety.
- Maintain appropriate staffing levels and an average census of 52-54 once construction project is completed and all units are functioning at capacity.
- Expand services available for Child and Adolescent population
 - Inpatient Child/Adolescent Psychiatric Hospital
 - Youth Crisis Stabilization Unit

Approvals/Conclusions

Mental Health services are vitally needed in Tulare County to increase the standard of living of all residents. Ongoing expansion and improvement of services offered will continue to be the goal of the Mental Health Service Line at Kaweah Health.

Center for Mental Wellness Board Report FY2024 Final

KDHCD ANNUAL BOARD REPORT

Center for Mental Wellness Clinic - *Outpatient Service Line*

FY2024

KEY METRICS - FY 2024 TWELVE MONTHS ENDED JUNE 30, 2024

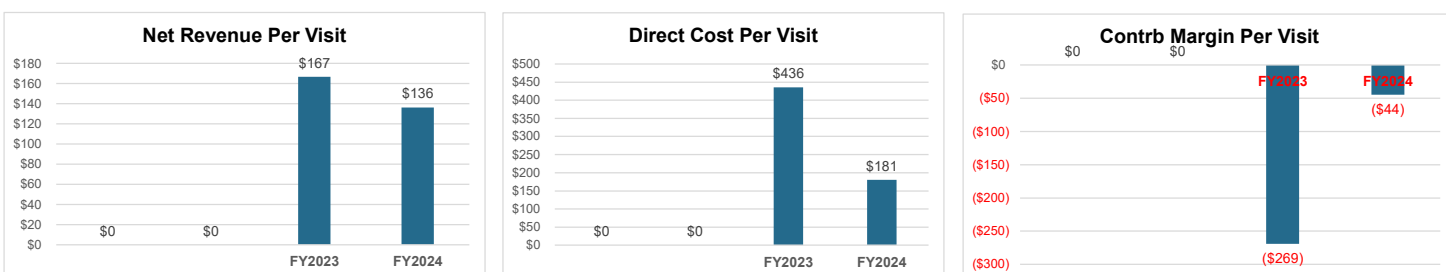


*Note: Arrows represent the change from prior year and the lines represent the 4-yr

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2023	FY2024	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	478	3,117 ▲	552%	
Net Revenue	\$79,720	\$424,700 ▲	433%	
Direct Cost	\$208,308	\$563,223 ▲	170%	
Contribution Margin	(\$128,588)	(\$138,523) ▼	-8%	
Indirect Cost	\$0	\$319,633 ►	0%	
Net Income	(\$128,588)	(\$458,156) ▼	-256%	
Net Revenue Per Visit	\$167	\$136 ▼	-18%	
Direct Cost Per Visit	\$436	\$181 ▼	-59%	
Contrb Margin Per Visit	(\$269)	(\$44) ▲	83%	

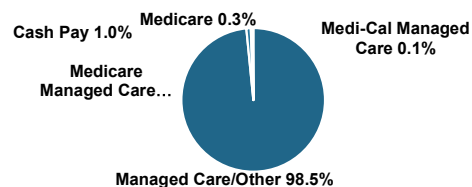
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (PATIENT VISITS)

PAYER	FY2023	FY2024
Managed Care/Other	99.2%	98.5%
Cash Pay	0.8%	1.0%
Medicare	0.0%	0.3%
Medicare Managed Care	0.0%	0.2%
Medi-Cal Managed Care	0.0%	0.1%

FY 2024 Payer Mix



Notes:
Source: Outpatient Service Line Reports
Criteria: Service Line 1 = Psychotherapy Clinic

FY2025 Outstanding Health Outcomes _FINAL BOARD

Strategic Plan FY 2025 Outstanding Health Outcomes (OHO)

Board of Directors Report

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

January 2025



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

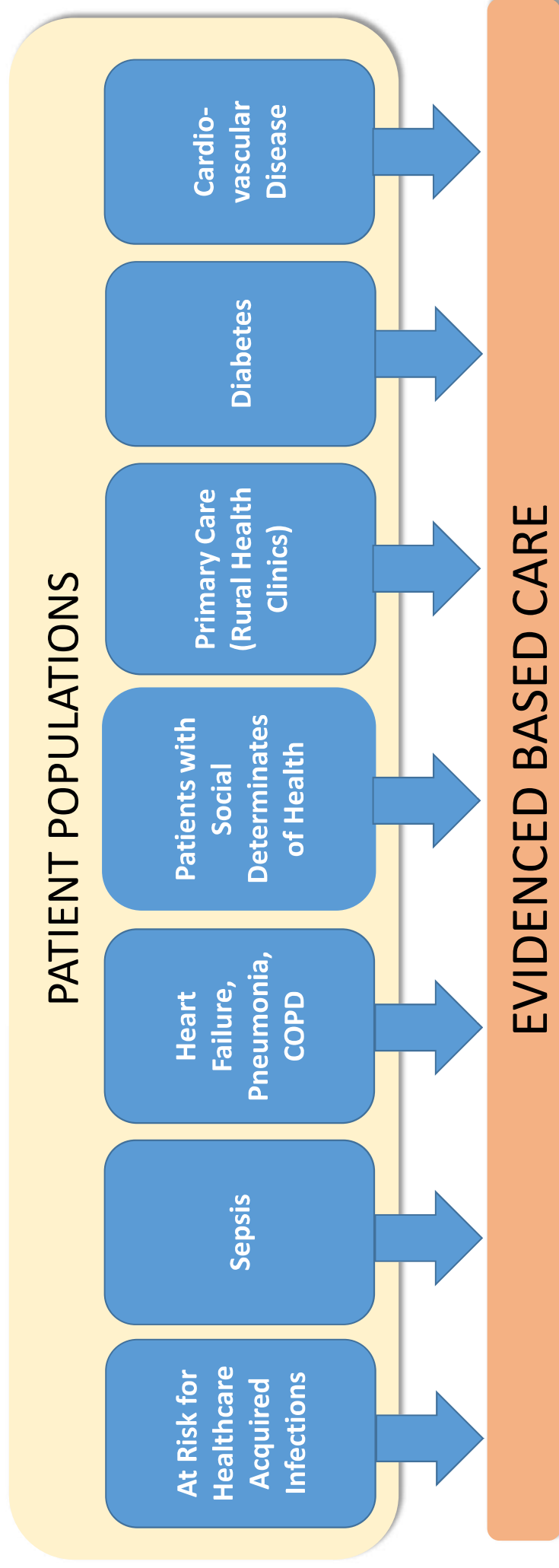


Kaweah Health
MORE THAN MEDICINE. LIFE.

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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-Dec 2024	Goal
Central Line Bloodstream Infection (CLABSI)	0.75 SIR	≤0.486 SIR
Central Line Utilization	0.64 SUR	≤0.6633 SUR
Catheter-Associated Urinary Tract Infection (CAUTI)	0.38 SIR	≤0.342 SIR
Indwelling Urinary Catheter Utilization	0.92 SUR	≤0.6363 SUR
Methicillin-Resistant Staphylococcus Aureus (MRSA)	0.85 SIR	≤0.435 SIR

Targeted Opportunities & Key Actions

- Reduce line utilization; less lines, less opportunity for infections to occur
 - Multidisciplinary rounds in ICU, 5T
 - Next Steps - Expand to other locations
- Improve environmental cleaning effectiveness for high risk areas
 - Cleanliness effectiveness testing achieved goal
 - Next steps – determine specific surfaces to target for continued improvement through testing results
- MRSA nasal and skin decolonization for patients with lines
 - Chlorohexidine bathing implemented November 2024; nasally screened patients with positive results decolonized 100% of the time
 - Next steps – improve screening rates of at risk populations to ensure automatic treatment workflow is executed; evaluate the movement of patients
- Improve hand hygiene (HH)
 - Increase use of BioVigil hand hygiene system
 - July-Dec 2024 HH Compliance rate overall 94% (goal 95%) – decreasing trend noted over 3 quarters
 - Next Steps – dissemination of HH dashboard to leadership monthly with resources for unit level leaders to execute in their locations; report enhancements to assist in accountability

OHO Update: CMS SEP 1 and Mortality (observed/expected)

Measure Name	FYTD July-Dec 2024	Goal
SEP-1 Bundle % Compliance (CMS Core Measure)	74%	≥81%
Sepsis All Diagnosis Mortality Rate (o/e)	1.10	≤0.61

Targeted Opportunities & Key Actions

- Provide Early Goal Directed Therapy - Sepsis work up and Treatment
 - Focused work on the top 3 most frequently missed Sepsis bundle elements, Goal 95%
- Provide Early Goal Directed Therapy - Sepsis Treatment
 - Pts with Sepsis that Received Antibiotics within 60 Minutes of Pt 1st Seen by ED Provider
 - 1- Hr Bundle implementation
- Next Steps – enhanced engagement with GME through Sepsis Coordinator (ongoing education, order set utilization). Future State: Code Sepsis in ED

OHO Update: Mortality & Readmission Reduction

Heart Failure (HF), Chronic Obstructive Pulmonary Disease (COPD) & Pneumonia (PN)

Measure Name	FYTD July-Dec 2024	Goal
Heart Failure (HF) Mortality	1.25 (5/3.99)	≤0.48 Observed/Expected
Chronic obstructive pulmonary disease (COPD) Mortality	0.00 (0/0.20)	≤0.70 Observed/Expected
Pneumonia (PN) Bacterial Mortality	2.71 (2/0.74)	≤0.57 Observed/Expected
Pneumonia (PN) Viral Mortality	0.81 (3/3.68)	≤0.44 Observed/Expected
HF Readmission	17.24% (15/87)	≤12.1%
COPD Readmission	20.83% (5/24)	≤9.09%
PN Readmission	10.84% (7/64)	≤8.24%

Targeted Opportunities & Key Actions

- Provide guideline directed medical therapy at discharge
 - HF Patients prescribed each of four medications at discharge
 - COPD patient prescribed LAMA/LABA inhaler at discharge
 - Next Steps: EHR workflows to guide therapy
- Provide guideline directed medical therapy during hospitalization
 - COPD Evidence Based steroid treatment while hospitalized – Prednisone 40mg PO daily x 5 days
 - PN patients receive timely guideline directed medical therapy through the utilization order set for patients admitted with Community Acquired Pneumonia (ie. right Antibiotic at the right time)
 - Next Steps: Increased use of evidenced based order sets

OHO 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-Dec 2024	Goal
Achievement of Four Elements in the Health Equity National Patient Safety Goal (NPSG)	3/4	4/4

Targeted Opportunities & Key Actions

1. Analyze quality and safety data to identify health disparities **ACHIEVED**
 - a) Established that a disparity existed in the pregnant farm worker population using the published data set from the UC Berkley/UC Merced Farmworker Study Group
 - b) Discuss establishing a goal for the collection of SDOH through Health Equity committee
2. Develop an action plan to address identified disparities and improve health care equity **ACHIEVED**
 - a) Documentation of the action plan is through collaborative work with Lindsay Family Resource Center and Tulare County HHS – WIC Office.
3. Monitor impact of actions taken and modify actions when health equity goals are not met **IN PROCESS**
 - a) Farm Workers OB Outcomes initiative fully developed and action plan executed in September 2024; monitoring will occur as the project progresses and sample size increases
4. Develop a communication platform to communicate progress on HE to key Kaweah Health stakeholders **ACHIEVED**
 - a) 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

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-Dec 2024	Goal
Meet or exceed target in all 15 QIP Measures	6/12 (3 data pending)	15/15

Targeted Opportunities & Key Actions

- Multidisciplinary Quality Improvement Committee
- Workflow
 - Consistent use of established workflow (ie. “Quick Visits”) so care elements are executed when needed
 - Establishing new workflows, such as EHR reminder prompts, and patient calls so care elements can be executed
- 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 July-Dec 2024	Goal
% Hypoglycemia in Critical Care (CC) Patients	4.1%	< 4.3%
% Hypoglycemia with at least one recurrent hypoglycemic day CC Patients	20.6%	<26.8%
% Hypoglycemia in Non-Critical Care (NCC) Patients	3.5%	< 3.4%
% Hypoglycemia with at least one recurrent hypoglycemic day NCC Patients	24.9%	<29.6%

Targeted Opportunities & Key Actions

Critical Care Location

- Using IV insulin as first line therapy as recommended by American Diabetes Association
- MICU Workflow ordering, transitioning from IV to subcutaneous insulin too early
- Next Steps: Continued rounding by Advanced Practice Nurse (at the elbow training and support)

Non - Critical Care

- Renal patient insulin management - ADA guidelines indicate best practice to manage this population you need to ensure Lantus (longer acting) is not 50% of insulin, and need close monitoring/management to successfully avoid hypoglycemia
- Next Steps: Continued rounding by Advanced Practice Nurse (at the elbow training and support); evaluating order set focused on the renal insufficient population to guide therapy

OHO Update: AMI STEMI Mort & Processes

Measure Name	FYTD July-Dec 2024	Goal
PCI In-Hospital Risk-Adjusted Mortality Rate – STEMI	*2.1% (3Q23-2Q24)	≤1.9%
Door to balloon time: patients transferred from outside facilities	148 min	109 min (reduce by 40 min) Baseline 149 min (Jan-Aug 2024)
Risk-Standardized Acute Kidney Injury Post PCI	*7.7% (3Q23-2Q24)	≤ 5.6%
Average contrast use ml	165ml	154ml (25% reduction) Baseline 173ml (Jan-Aug 2024)
Risk Standardized Bleeding Rate	*1.67% (3Q23-2Q24)	≤ 1.24%
Radial usage rate	51%	65% Baseline 51% (Jan-Aug 2024)

*Data from the American College of Cardiology (ACC) is delayed by approx. 6 months; FY2025 data will not be available until 2Q2025

Targeted Opportunities & Key Actions

- Consistent use of “Thoughtful Pause” (case selection)
- Next Steps: Enhanced monthly M&M (Morbidity & Mortality case reviews to identify opportunities and corrective actions)
- Patients are not fully hydrated prior to cath procedure
- Patients not receiving full amount of ordered pre-hydration; patients co-morbidities are a factor (ie. hesitancy to fluid overload a heart failure patient, as well as workflows to ensure full amount of fluid is administered)
- Next Steps: Data review at physician level; address outliers for order set usage, contrast volume. Patient education instructions developed to increase oral fluids prior to procedure
- Some cardiologists not using radial access which has less incidence of bleeding
- Next Steps: Manual audit of fall outs continues; Cath Lab medical director meeting with individual cardiologists with fall outs
- Nursing education related to sheath removal (can lead to bleeding at insertion site) identified as an opportunity for improvement
- Actions: re-education conducted; also added to mandatory RN annual competency

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	

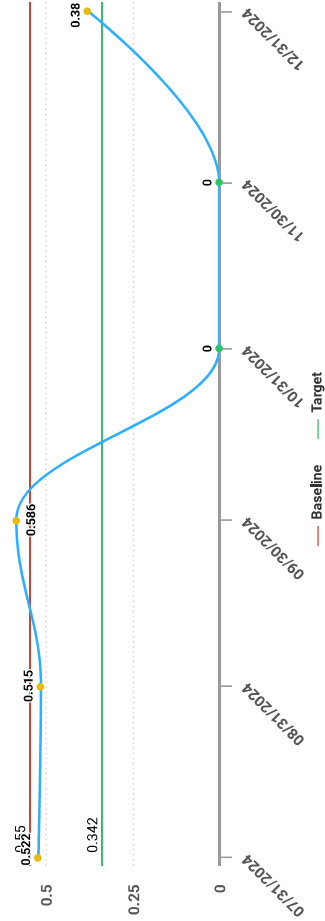
Performance Measure (Outcomes)

#	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	Off Track	FYTD through December 2024 - 0.38
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 December 2024 - 0.92
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 December 2024 - 0.75
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 December 2024 - 0.64
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 December 2024 - 0.85

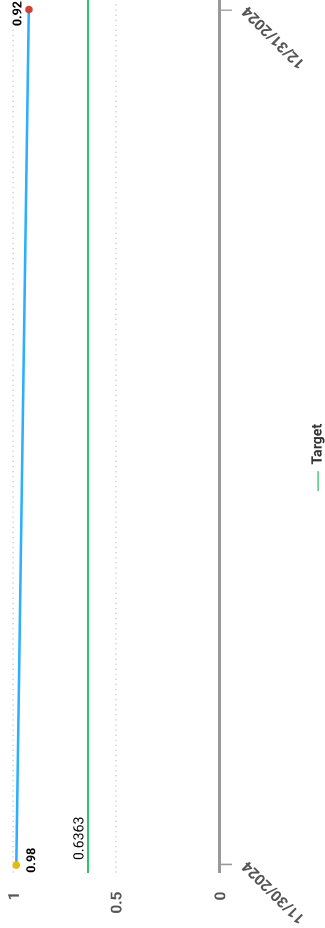
Standardized Infection Ratio (SIR)

Champion: Sandy Volchko

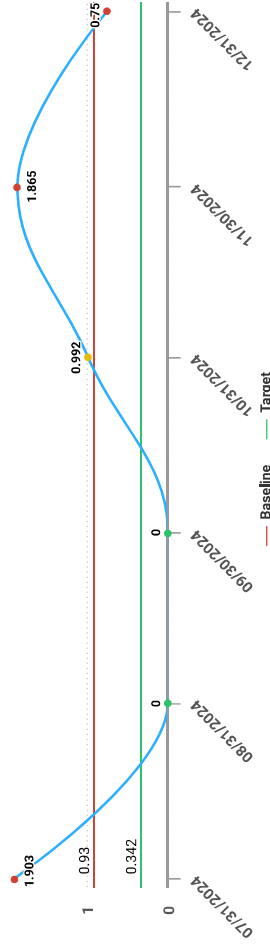
SIR CAUTI FYTD (< 0.342)



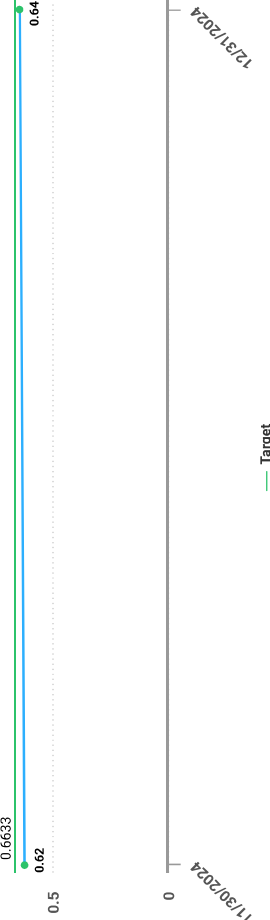
Decrease Utilization Rates for Foley Catheters - CAUTI FYTD (< 0.6363)



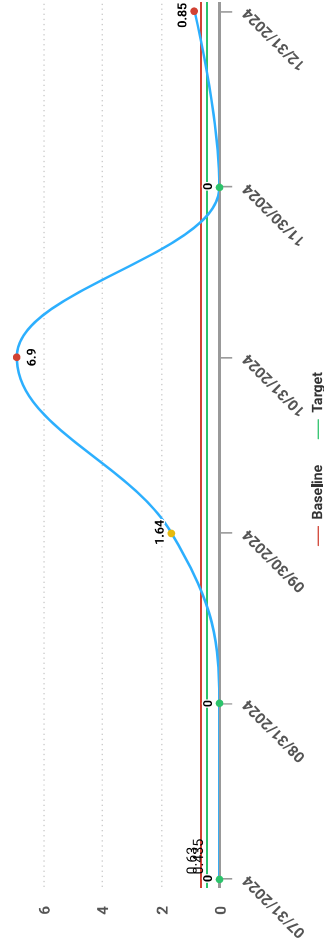
SIR CLABSI FYTD (< 0.486)



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.

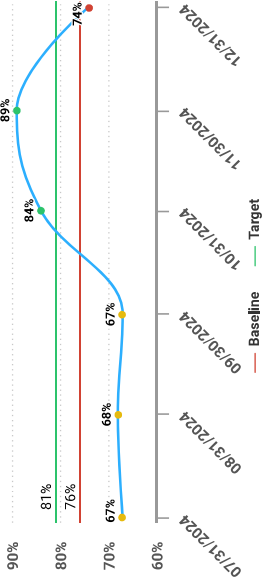
Work Plan (Tactics)

#	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	

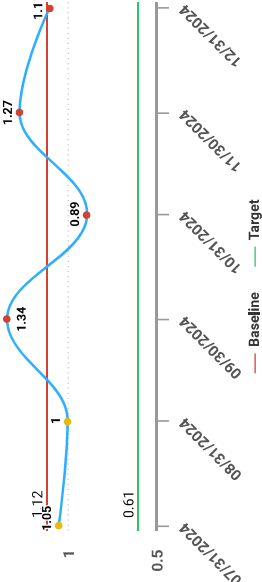
Performance Measure (Outcomes)

#	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	At Risk	FYTD through December 2024 - 74%
3.2.5.1	Decrease SEPSIS Mortality O/E to < 0.61	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FYTD through December - 1.10

SEPSIS Bundle Compliance (SEP-1) 81%



SEPSIS Mortality O/E (< .61)



Mortality and Readmissions Champion: Sandy Volchko

Description: Reduce observed/expected mortality through the application of standardized best practices.

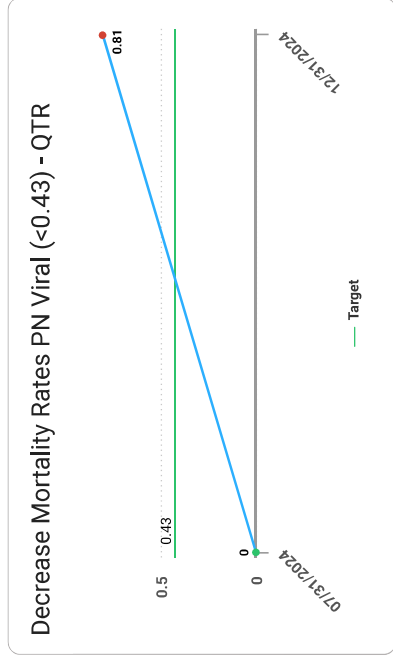
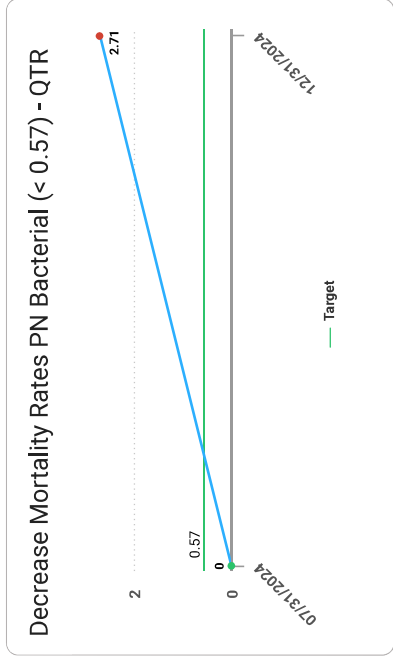
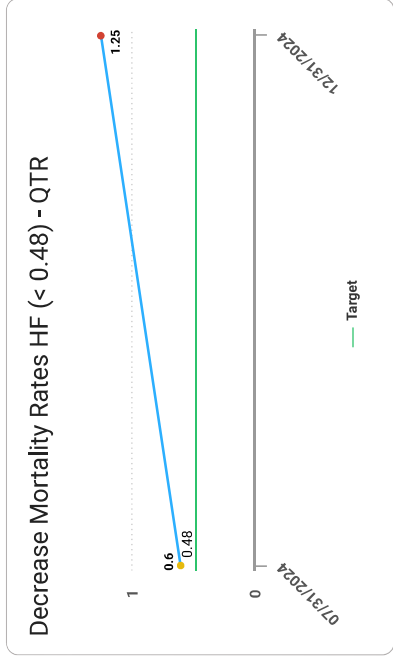
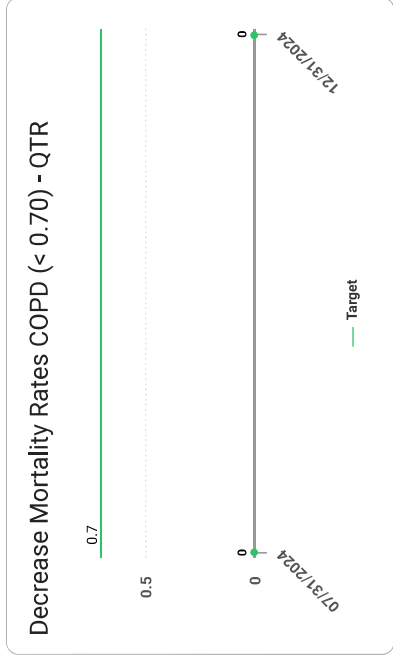
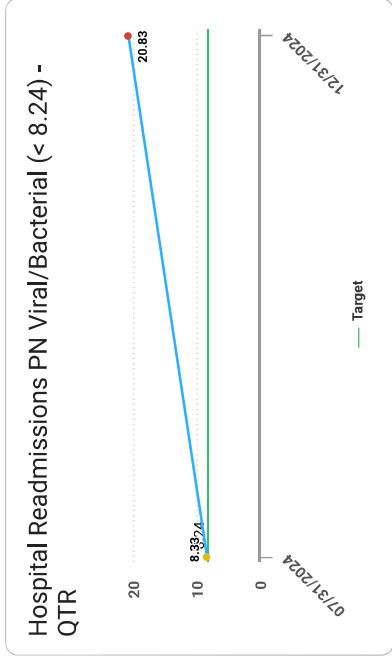
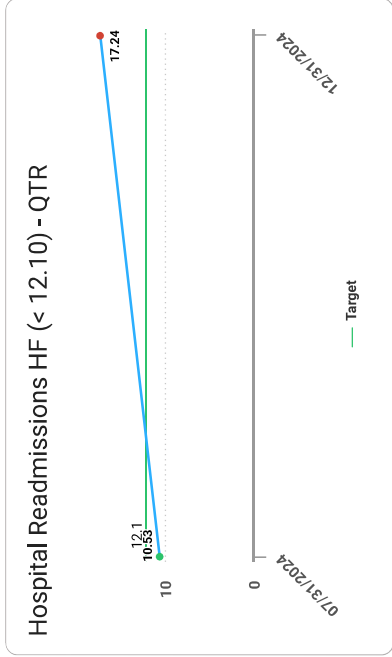
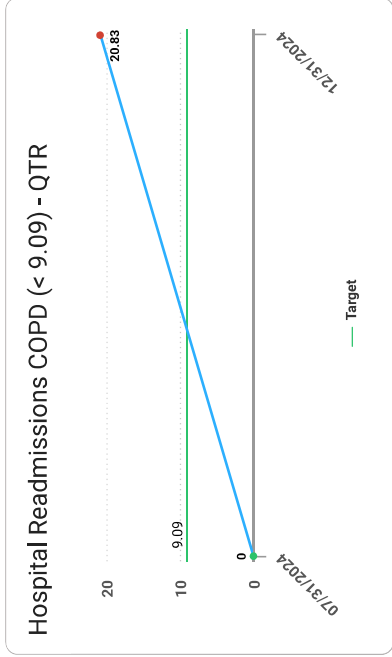
Work Plan (Tactics)

#	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)

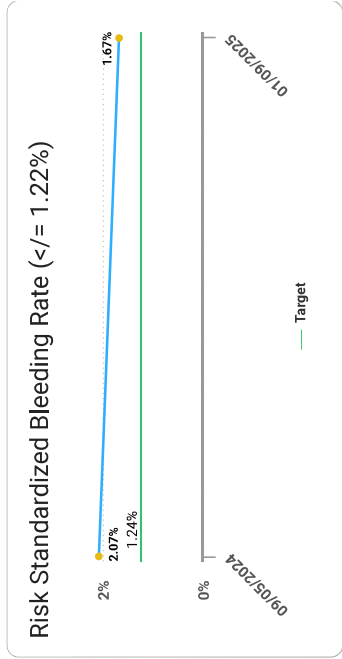
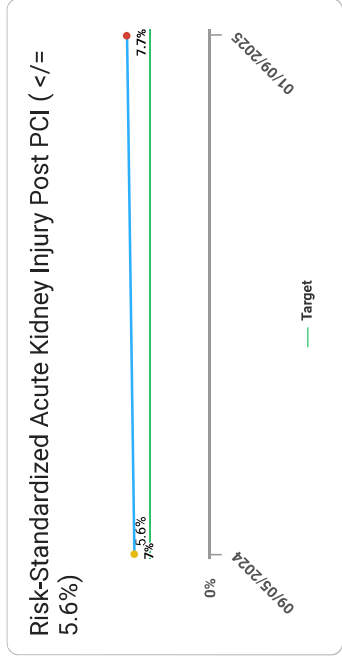
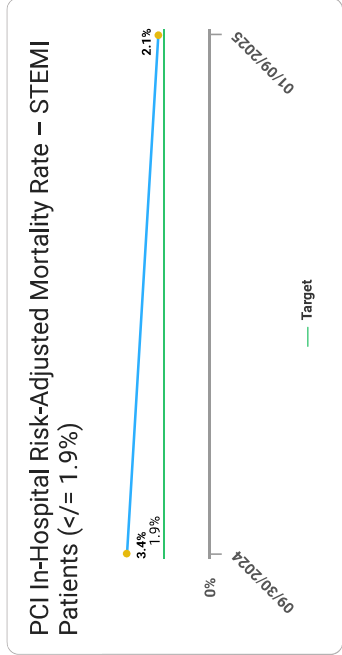
#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
3.3.3	Decrease COPD Hospital Readmissions to < 9.09 (CMS data)	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FYTD through December 2024 - 20.83% (5/24)
3.3.4	Decrease HF Hospital Readmissions to < 12.10 (CMS data)	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FYTD through December 2024 - 17.24% (15/87)
3.3.5	Decrease PN Viral/Bacterial Hospital Readmissions to < 8.24 (CMS data)	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FYTD through December 2024 - 2.0.83% (7/64)
3.3.6	Decrease COPD Mortality Rates to < 0.70	07/01/2024	06/30/2025	Sandy Volchko	On Track	FYTD through December 2024 - 0 (0/0.20)
3.3.7	Decrease HF Mortality Rates to < 0.48	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FYTD through December 2024 - 1.25 (5/3.99)
3.3.8	Decrease PN Bacterial Mortality Rates to < 0.57	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FYTD through December 2024 - 2.71 (2/0.74)
3.3.9	Decrease PN Viral Mortality Rates to < 0.43	07/01/2024	06/30/2025	Sandy Volchko	At Risk	FYTD through December 2024 - 0.81 (3/3.68)
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	ACC goal is national mean from Q42022-3Q2023 Current Data from Q3 2023 - Q2 2024
3.3.11	Decrease Risk-Standardized Acute Kidney Injury Post PCI to < /= 5.6%	07/01/2024	06/30/2025	Sandy Volchko	At Risk	ACC goal is 90th percentile from Q42022-3Q2023 Current performance from Q3 2023 - Q2 2024
3.3.12	Decrease Risk Standardized Bleeding Rate to < /= 1.22%	07/01/2024	06/30/2025	Sandy Volchko	Off Track	ACC goal is 90th percentile from Q42022-3Q2023 Current performance from Q3 2023 - Q2 2024

Mortality and Readmissions **Champion: Sandy Volchko**



Mortality and Readmissions

Champion: Sandy Volchko



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 from the UC Berkley/UC Merced Farmworker Study Group
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	Discuss establishing a goal for the collection of SDOH through Health Equity committee
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	Documentation of the action plan is through collaborative work with Lindsay Family Resource Center and Tulare County HHS – WIC Office.
3.5.4	Inform key stakeholders about progress to improve health care equity.	07/01/2024	06/30/2025	Sonia Duran-Aguilar	Achieved	Farm Workers OB Outcomes initiative fully developed and action plan executed in September 2024; monitoring will occur as the project progresses and sample size increases
						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.

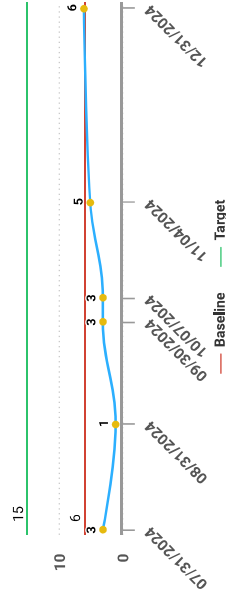
Work Plan (Tactics)

#	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.
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.
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.

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	Off Track	Currently meeting Performance for 6 metrics. Claims data is lagging, data pulled 12/30/24. We expect to see more measure hit target by end of year. We continue to work on QI across 15 Quality measures and will have final performance for Calendar Year 2024 by June 15th, 2025.

Meet or exceed 15 QIP measures in 2024 (PY7)



Inpatient Diabetes ManagementChampions: 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	On Track	
3.6.2	Development and implementation of non-Glucommander power plans.	07/01/2024	06/30/2025	Sandy Volchko	On Track	To use for clinical situations where the use of GM is not appropriate for the management of glycemic excursions. There are certain indications when providers need the flexibility to order insulin outside of GM such as insulin sensitivity, continuous enteral feeding, eating more than 3 meals a day and steroid-induced hyperglycemia. The anticipated change in patient health outcomes would be a decrease in hypoglycemia, promote patient safety and optimize therapy for the patient with diabetes and in need of insulin therapy not on GM.

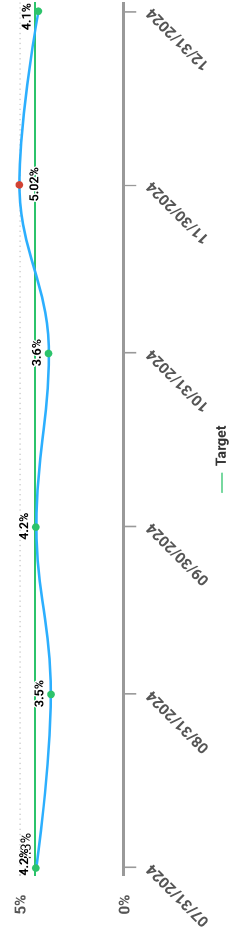
Performance Measure (Outcome)

#	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	December - 4.1%; FYTD 4.1%
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	At Risk	December - 4.6%; FYTD 3.5%
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	December - 19.5%; FYTD 20.6%
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	December - 36.6%; FYTD 24.9%

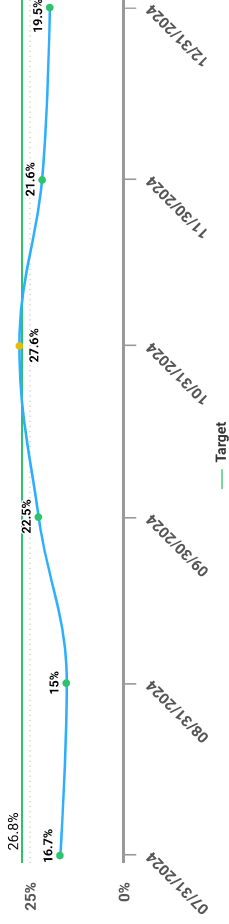
Inpatient Diabetes Management

Champions: Emma Camarena and Cody Ericson

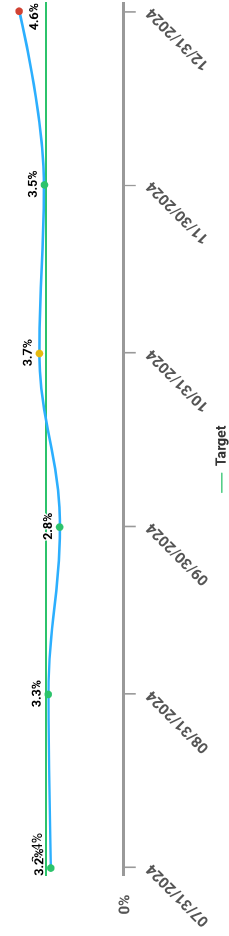
Hypoglycemia in Critical Care Patients (< 4.3%)



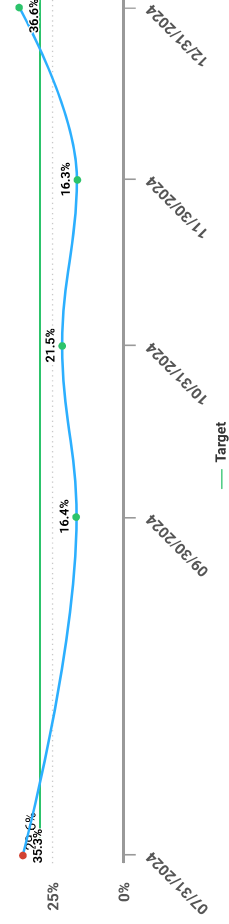
Recurrent Hypoglycemia in Critical Care Patients (< 26.8%)



Hypoglycemia in Non-Critical Care Patients (< 3.4%)



Recurrent Hypoglycemia in Non-Critical Care Patients (< 29.6%)



Thank you

Live with passion.

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



CFO Report Dec FY25 for FPSA and BODUpdated011525

CFO Financial Report

Month Ending December 2024



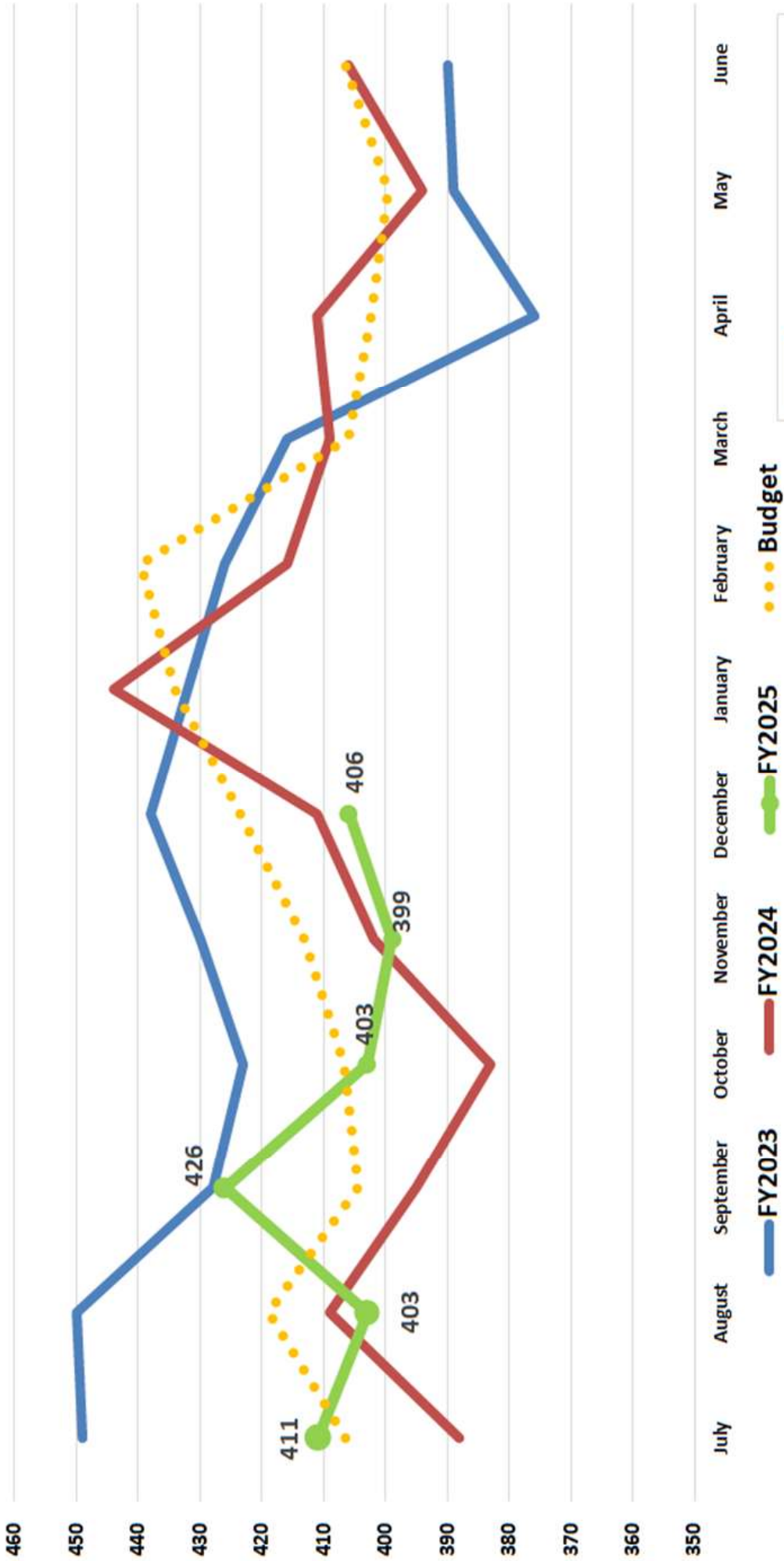
kweahhealth.org



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MORE THAN MEDICINE. LIFE.

124/271

Average Daily Census



436	Avg/day FY23	398	Avg/day FY24	408	Avg/day FY25	412	Avg/day Budget
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Discharges



Average Discharges per day



Statistical Results – Fiscal Year Comparison (Dec)

Actual Results			Budget		Budget Variance	
Dec 2023	Dec 2024	% Change	Dec 2024	Change	% Change	

Average Daily Census

411	406	423	(4.1%)
			(1.2%)
			(17)

KDHCD Patient Days:

Medical Center	8,776	8,594	(2.1%)	8,845	(251)	(2.8%)
Acute I/P Psych	1,213	1,085	(10.6%)	1,403	(318)	(22.7%)
Sub-Acute	960	907	(5.5%)	930	(23)	(2.5%)
Rehab	590	622	5.4%	562	60	10.7%
TCS-Ortho	295	432	46.4%	442	(10)	(2.3%)
NICU	433	423	(2.3%)	445	(22)	(4.9%)
Nursery	478	522	9.2%	500	22	4.4%

Total KDHC Patient Days

12,745	12,585	13,127	(542)	(4.1%)
			(1.3%)	

Total Outpatient Volume

55,552	56,296	1.3%	61,660	(5,364)	(8.7%)
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Statistical Results – Fiscal Year Comparison (Jul-Dec)

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

Average Daily Census

398

408

2.5%

412

4

(1.1%)

KDHCD Patient Days:

Medical Center	48,960	51,443	5.1%	50,751	692	1.4%
Acute I/P Psych	7,834	6,726	(14.1%)	8,326	(1,600)	(19.2%)
Sub-Acute	5,608	5,525	(1.5%)	5,550	(25)	(0.5%)
Rehab	3,140	3,476	10.7%	3,310	166	5.0%
TCS-Ortho	2,086	2,168	3.9%	2,305	(137)	(5.9%)
NICU	2,568	2,610	1.6%	2,620	(10)	(0.4%)
Nursery	3,056	3,109	1.7%	3,000	109	3.6%

Total KDHC Patient Days

73,252

75,057

2.5%

75,862

(805)

(1.1%)

Total Outpatient Volume

345,265

355,202

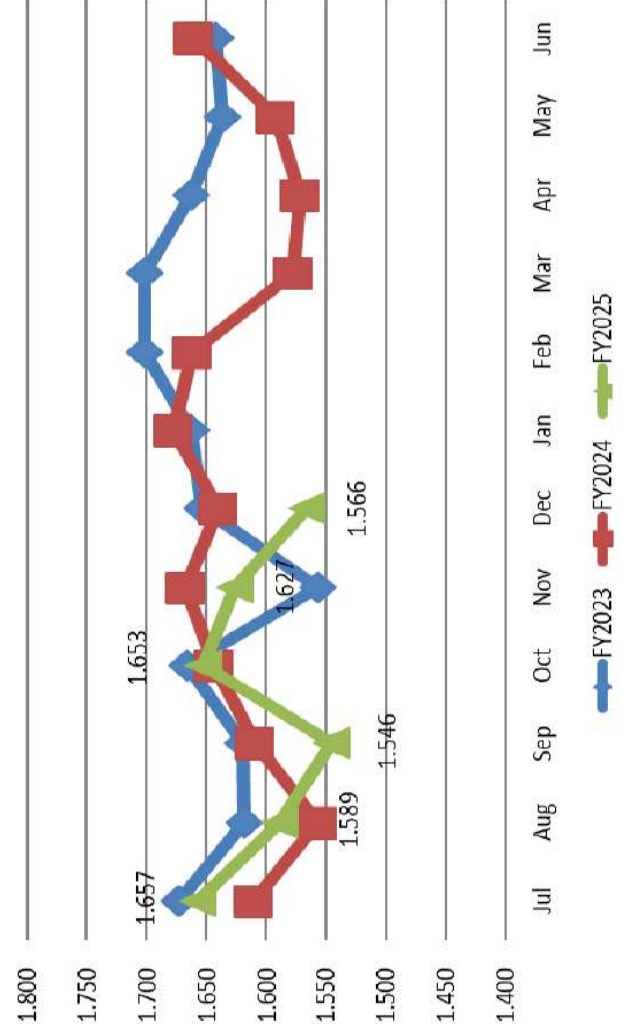
2.9%

365,984

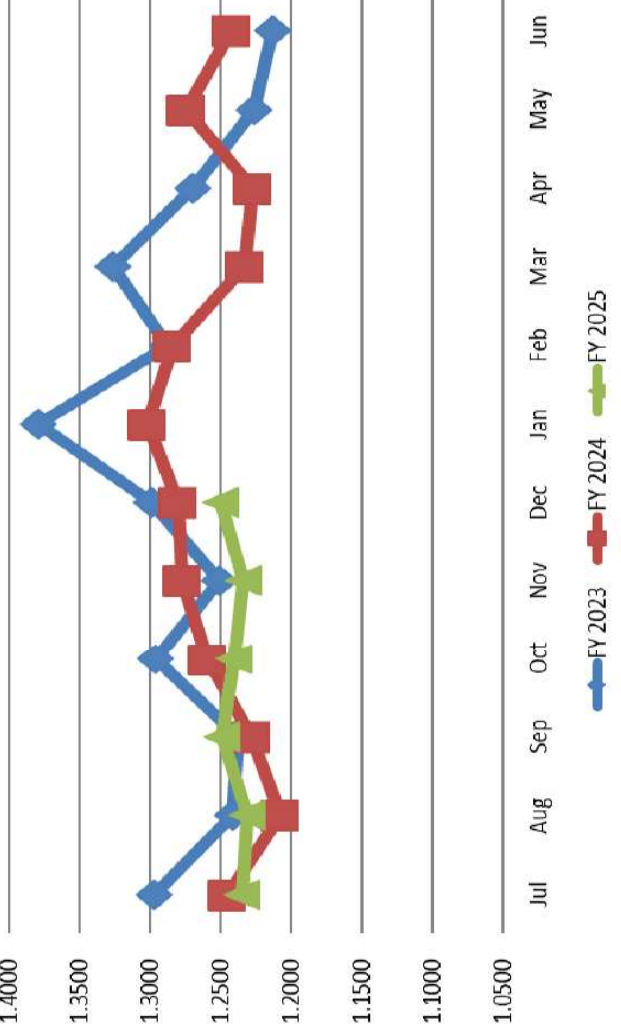
(10,782)

(2.9%)

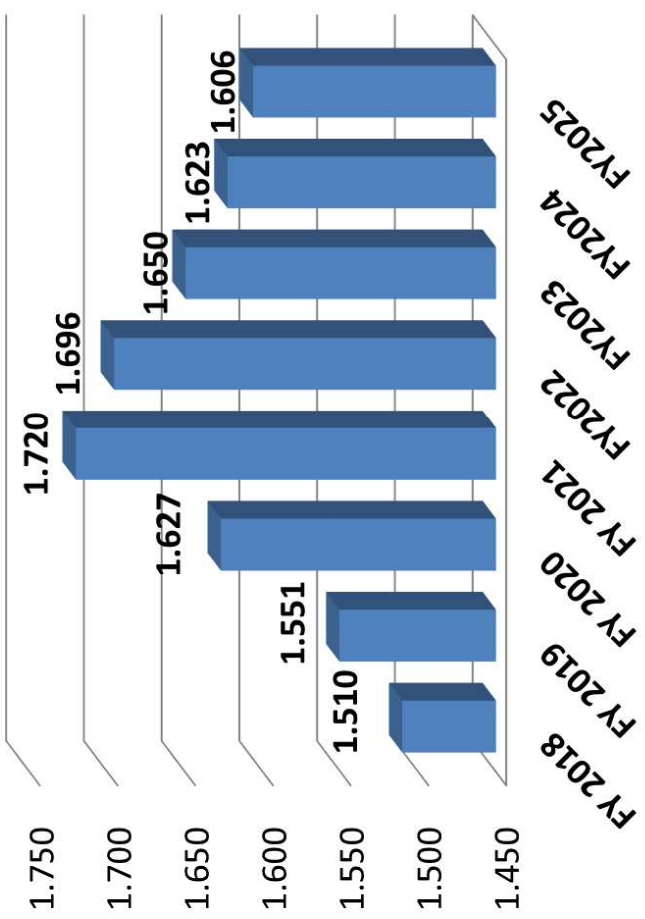
Case Mix Index w/o Normal Newborns



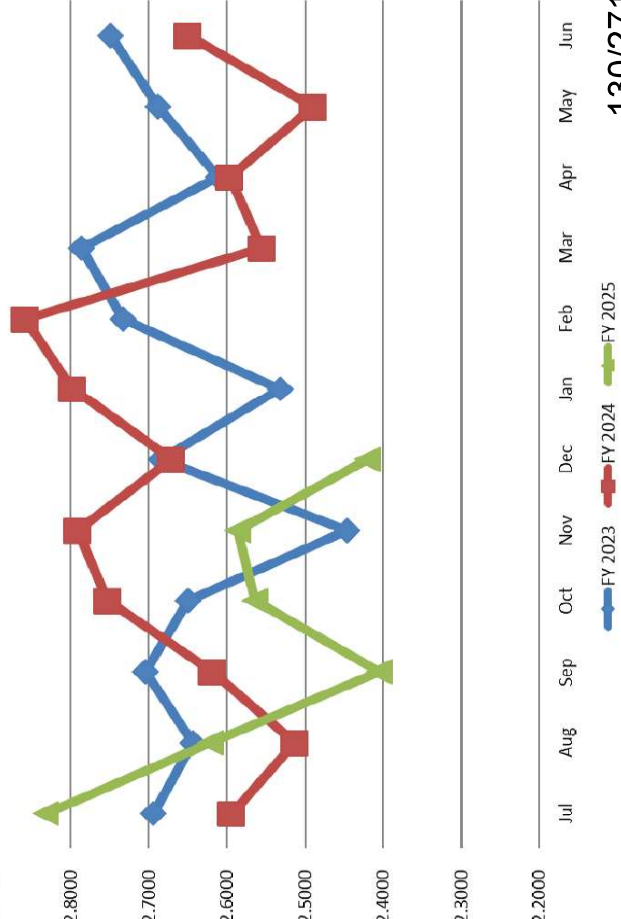
Case Mix Medical w/o Normal Newborns



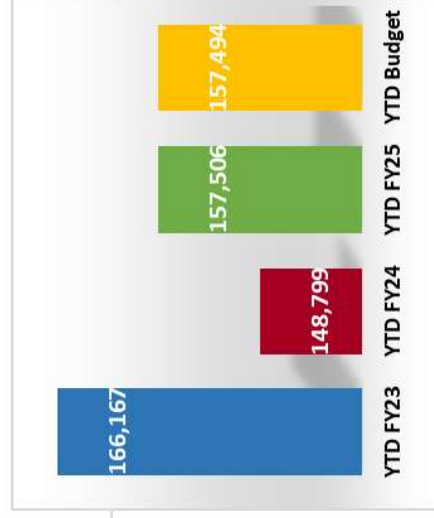
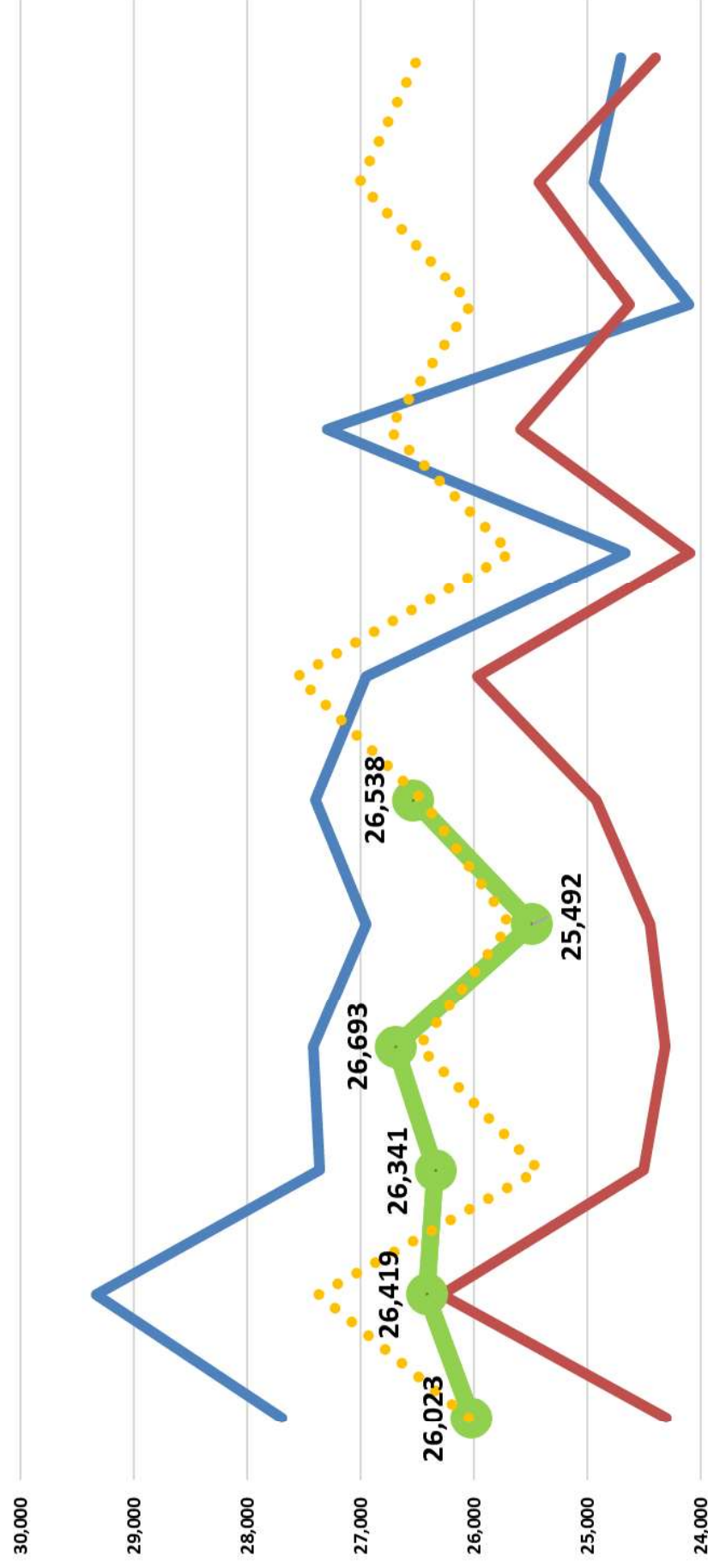
Case Mix Index w/o Normal Newborns - All



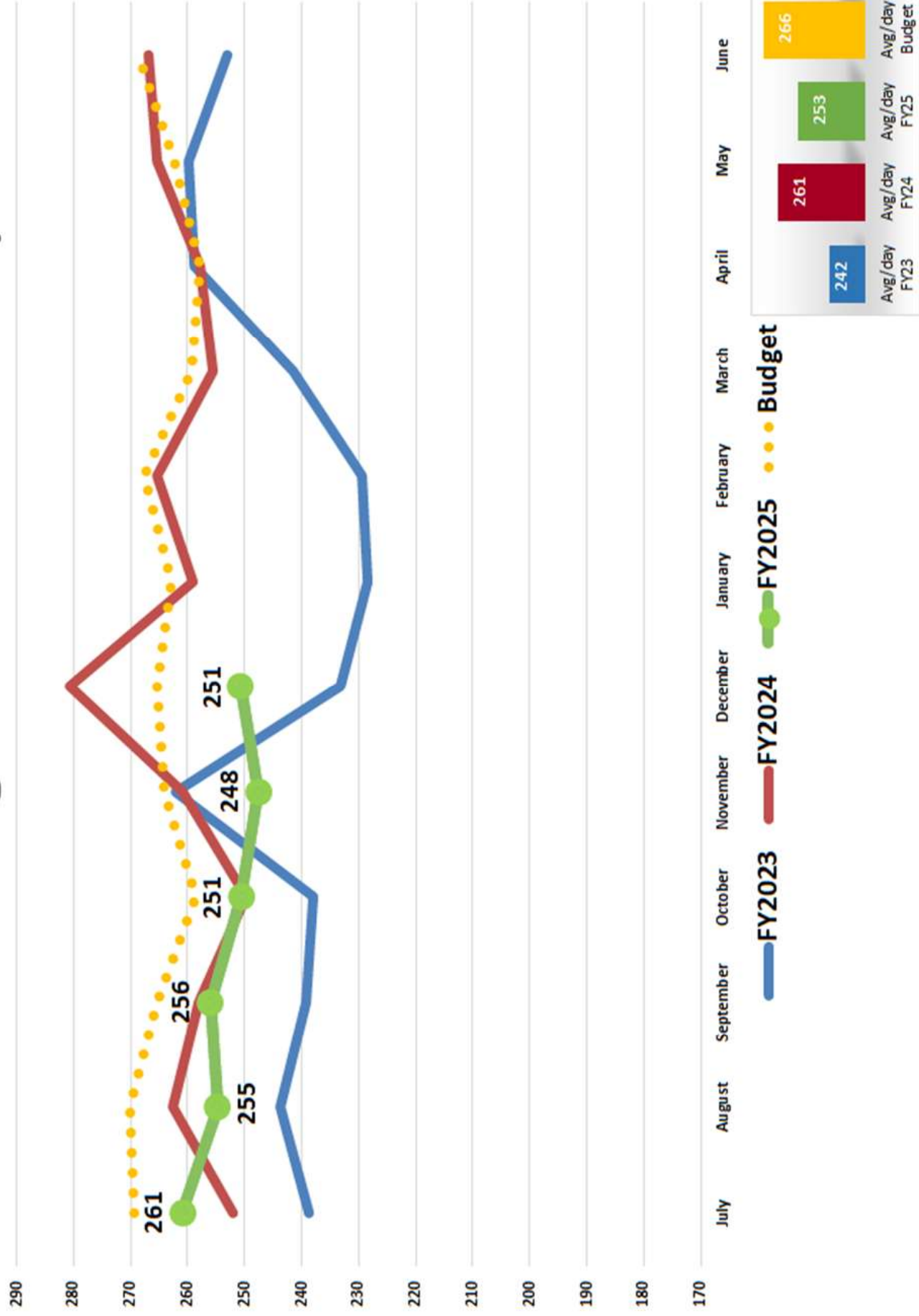
Case Mix Index Surgical w/o Normal Newborns



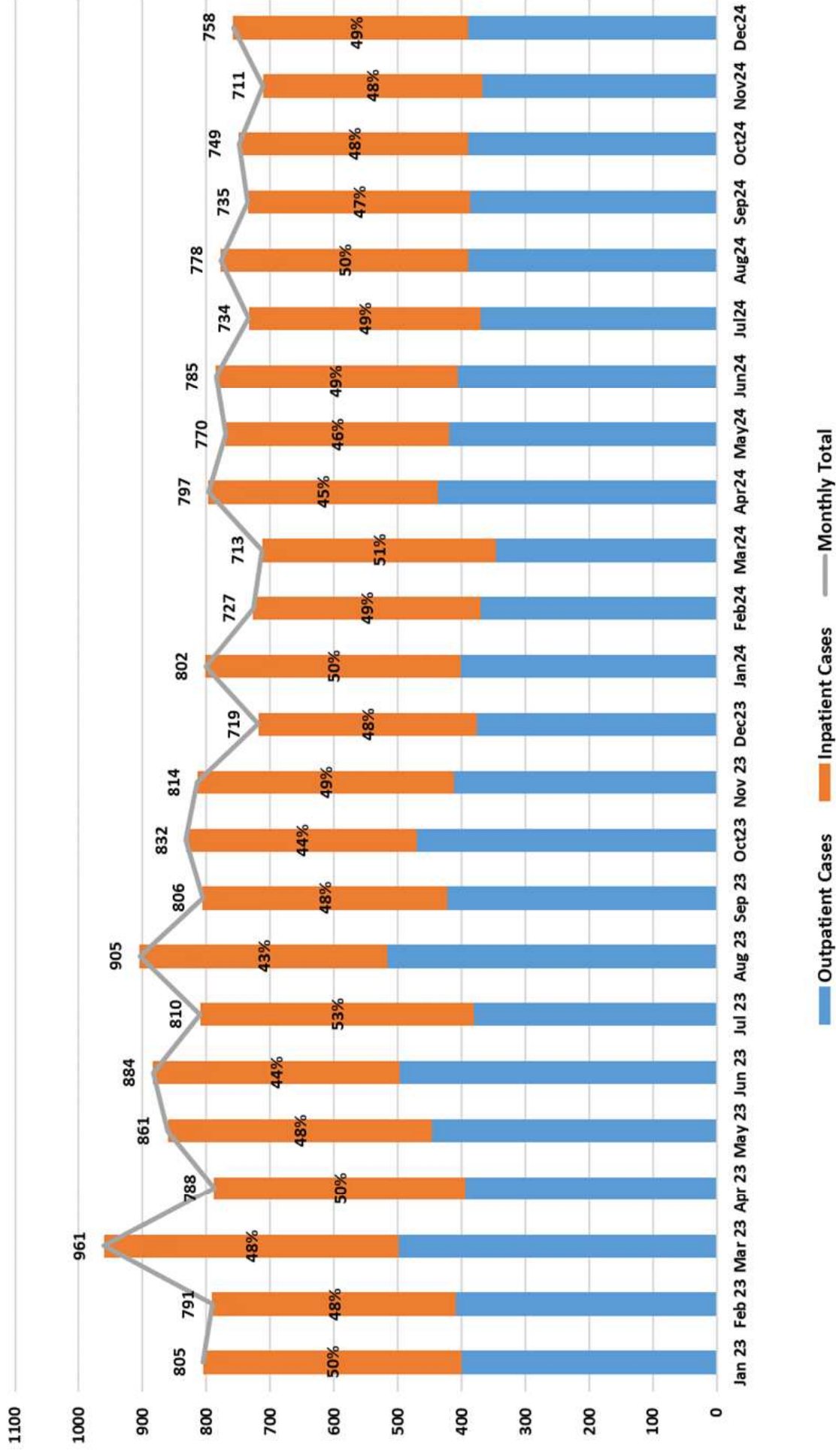
Adjusted Patient Days



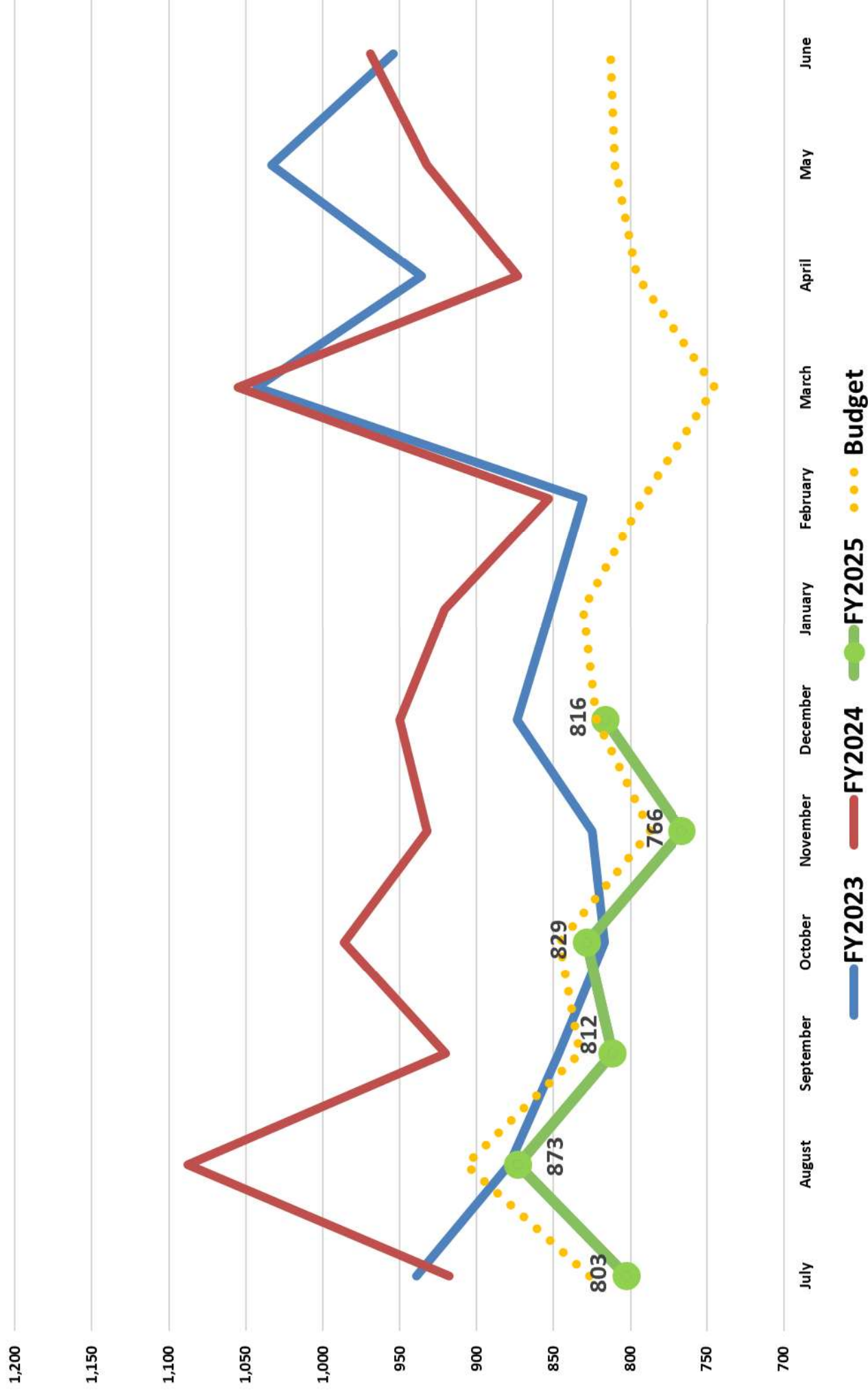
ED - Avg Treated Per Day



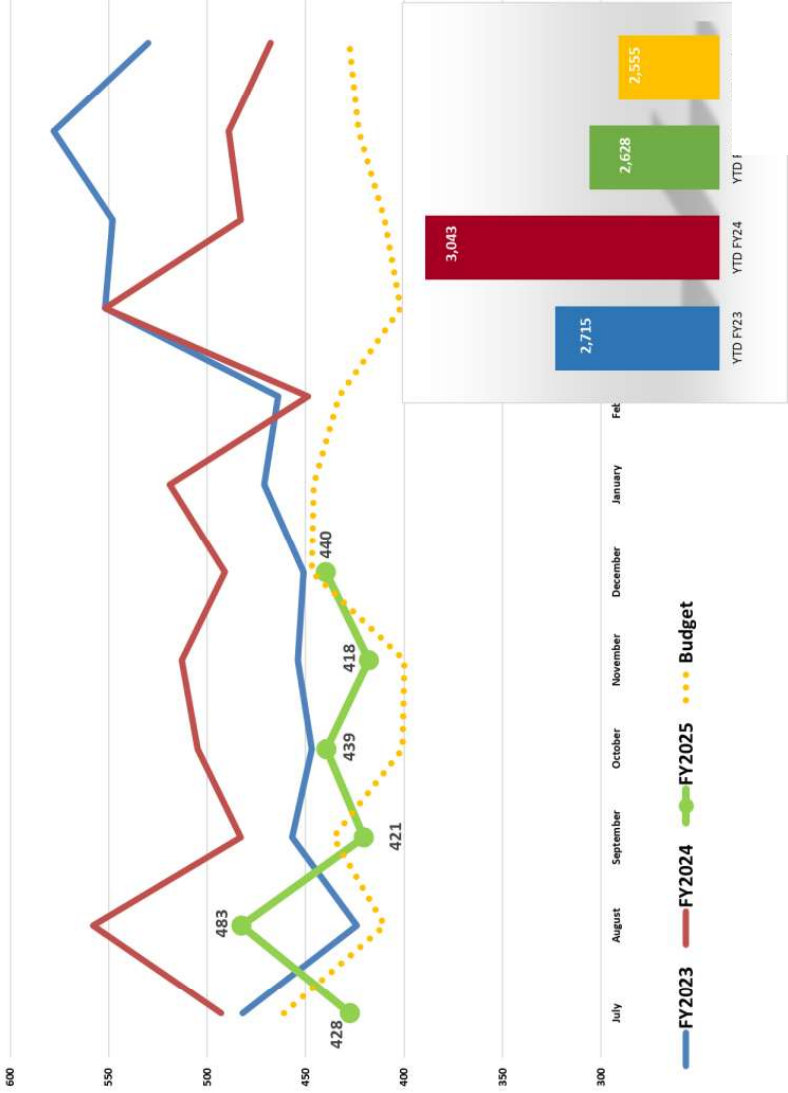
Surgery Cases (IP & OP)



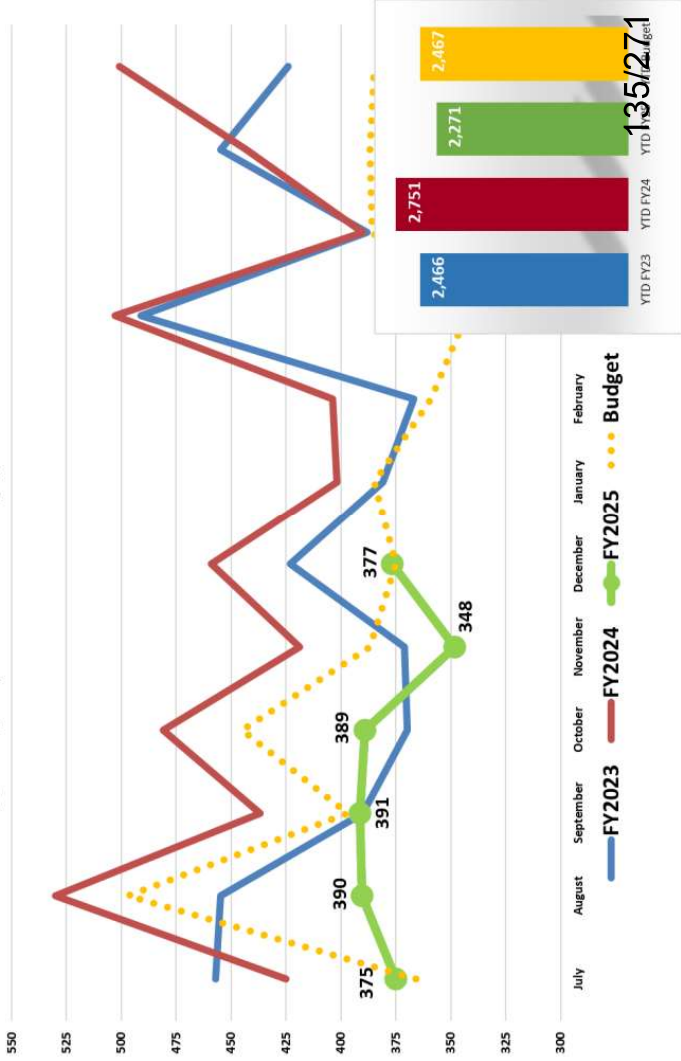
Surgery (IP & OP) – 100 Min Units



Surgery (IP Only) - 100 Min Unit



Surgery (OP Only) - 100 Min Units



July- December 2024-Surgery* -100 Min. Units Compared to Budget

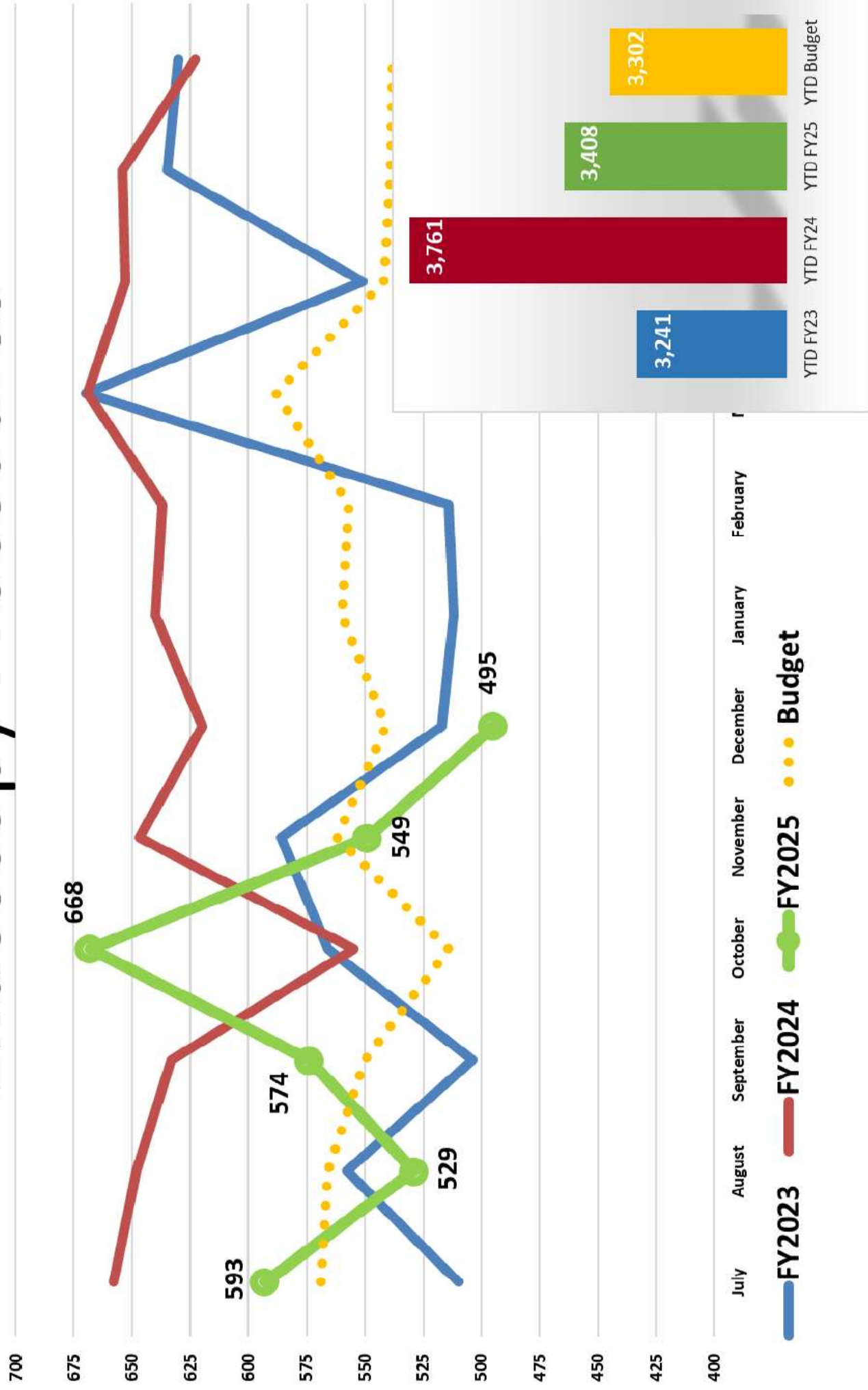
Patient Type	Budget	Actual	Variance	%
IP	2,683	2,726	43	2%
OP	2,701	2,453	(248)	-9%
Grand Total	5,384	5,180	(204)	-4%

Specialty	Budget	Actual	Variance
☐ IP	2,683.0	2,726.4	43.4
General	1,144.0	1,047.1	(96.9)
Orthopedic	651.0	836.7	185.7
Vascular	276.0	282.6	6.5
Neurosurgery	172.0	97.7	(74.3)
Podiatry	122.0	146.7	24.7
Urology	79.0	83.9	4.9
Gynecology and Of	81.0	81.0	0.0
General Robotic	75.3	84.8	9.6
Urology Robotic	52.7	50.1	(2.6)
Hand	19.0	1.8	(17.2)
Donor	7.0	4.1	(2.9)
Plastics	1.0	3.6	2.6
Gynecology and Of	0.0	3.3	3.3
Ophthalmology	1.0	1.6	0.6
Interventional Radio	2.0		(2.0)
ENT		1.2	1.2

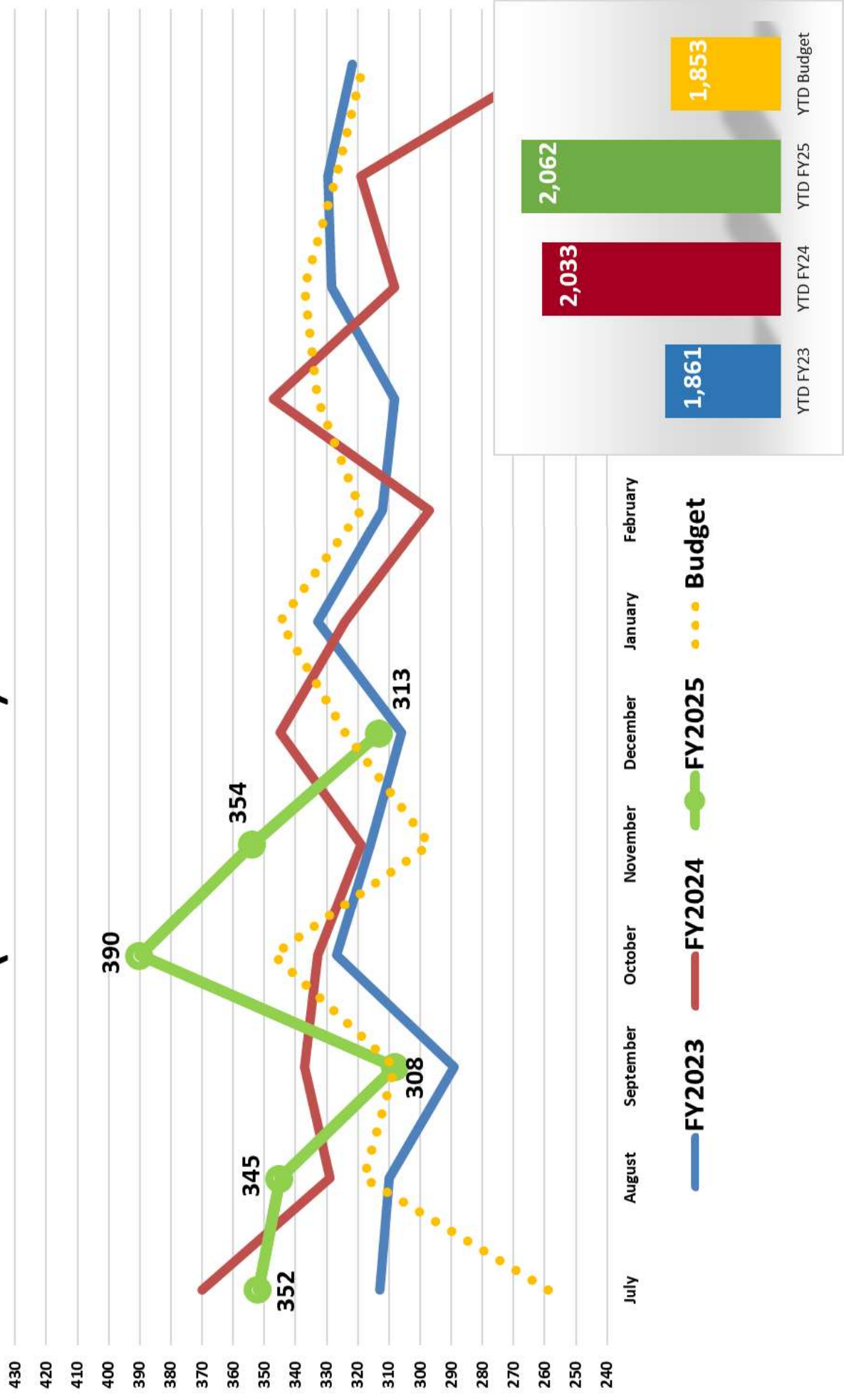
Specialty	Budget	Actual	Variance
☐ OP	2,700.7	2,453.2	(247.5)
Orthopedic	864.0	841.5	(22.5)
General	596.0	569.7	(26.3)
Gynecology and Of	285.0	243.5	(41.5)
Urology	283.0	199.0	(84.0)
Podiatry	156.0	129.7	(26.3)
Vascular	145.0	115.8	(29.2)
Urology Robotic	95.5	100.5	4.9
Ophthalmology	88.0	88.4	0.4
General Robotic	85.9	65.0	(20.9)
Gynecology and Of	52.3	36.9	(15.3)
ENT	29.0	34.6	5.6
Neurosurgery	8.0	19.3	11.3
Plastics	2.0	7.7	5.7
Pain Management	5.0	1.6	(3.4)
Hand	6.0		(6.0)

* Main OR and Robotics

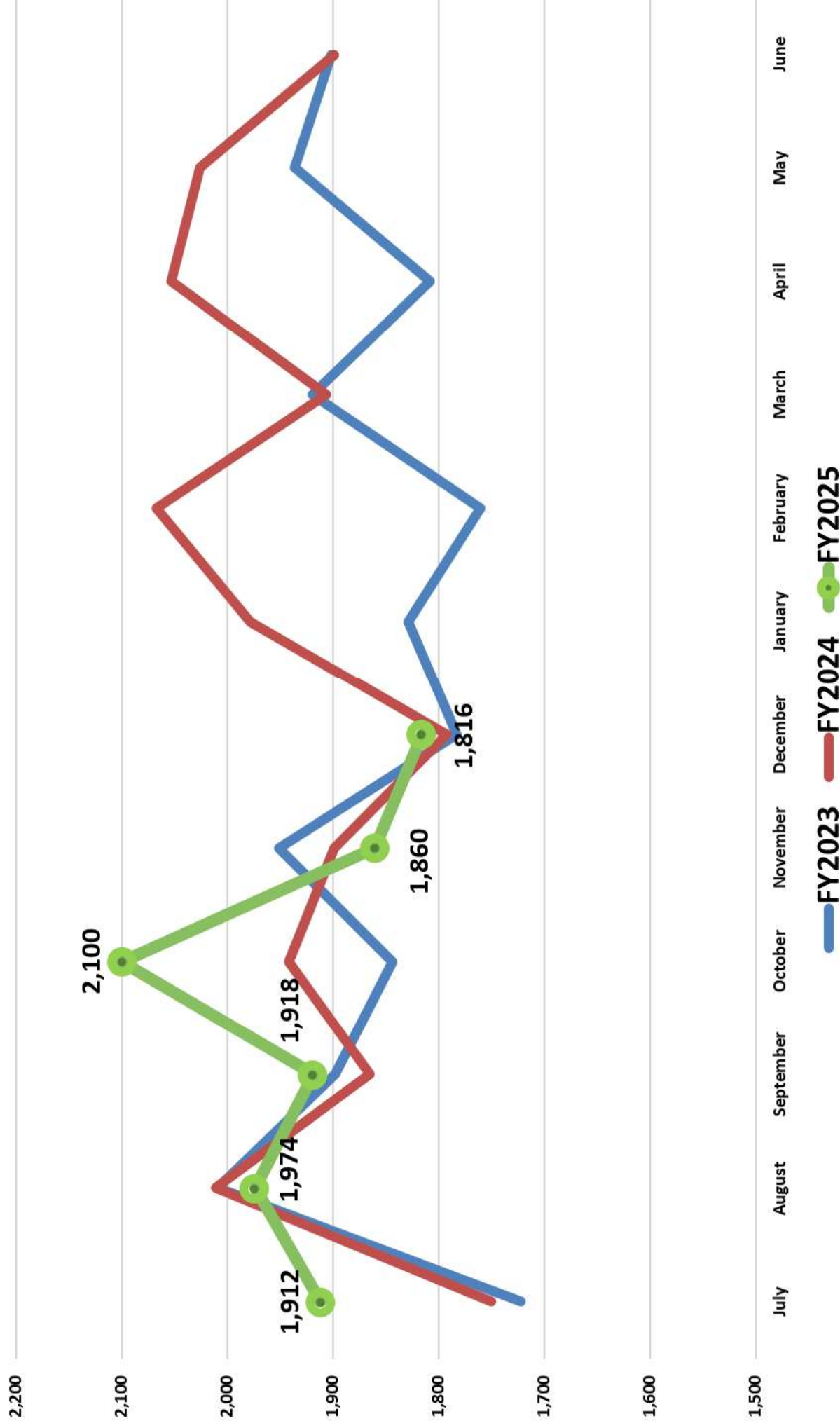
Endoscopy Procedures



Cath Lab (IP & OP) – 100 Min Units



Outpatient Registrations Per Day



Other Statistical Results – Fiscal Year Comparison (Dec)

	Actual Results			Budget	Budget Variance	
	Dec 23	Dec 24	Change	% Change	Change	% Change
Rural Health Clinics Registrations	11,149	12,109	960	8.6%	(156)	(1.3%)
RHC Exeter - Registrations	5,249	5,746	497	9.5%	46	0.8%
RHC Lindsay - Registrations	1,637	1,594	(43)	(2.6%)	(387)	(19.6%)
RHC Woodlake - Registrations	1,362	1,331	(31)	(2.3%)	31	2.4%
RHC Dinuba - Registrations	1,168	1,255	87	7.4%	(229)	(15.4%)
RHC Tulare - Registrations	1,733	2,183	450	26.0%	383	21.3%
Urgent Care – Court Total Visits	3,781	2,629	(1,152)	(30.5%)	(1,171)	(30.8%)
Urgent Care – Demaree Total Visits	2,583	1,674	(909)	(35.2%)	(1,092)	(39.5%)
KH Medical Clinic - Ben Maddox Visits	735	919	184	25.0%	(181)	(16.5%)
KH Medical Clinic - Plaza Visits	213	271	58	27.2%	(358)	(56.9%)
KH Medical Willow Clinic Visits	0	525	525	0.0%	(42)	(7.4%)
KH Cardiology Center Visalia Registrations	1,310	1,379	69	5.3%	55	4.1%
KH Mental Wellness Clinic Visits	271	234	(37)	(13.7%)	(146)	(38.4%)
Urology Clinic Visits	156	234	78	50.0%	(263)	(52.9%)
Wound Care Visits	804	1,124	320	39.9%	(676)	(37.6%)

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

	YTD Actual Results			Budget		Budget Variance	
	YTD Dec 23	YTD Dec 24	Change	% Change	YTD Dec 24	Change	% Change
Rural Health Clinics Registrations	70,713	80,398	9,685	13.7%	74,440	5,958	8.0%
RHC Exeter - Registrations	35,439	38,213	2,774	7.8%	37,237	976	2.6%
RHC Lindsay - Registrations	10,045	11,043	998	9.9%	10,442	601	5.8%
RHC Woodlake - Registrations	6,479	7,940	1,461	22.5%	6,977	963	13.8%
RHC Dinuba - Registrations	7,558	9,062	1,504	19.9%	8,285	777	9.4%
RHC Tulare - Registrations	11,192	14,140	2,948	26.3%	11,500	2,640	23.0%
Urgent Care – Court Total Visits	19,082	14,207	(4,875)	(25.5%)	19,519	(5,312)	(27.2%)
Urgent Care – Demaree Total Visits	12,961	8,804	(4,157)	(32.1%)	13,407	(4,603)	(34.3%)
KH Medical Clinic - Ben Maddox Visits	4,717	5,185	468	9.9%	6,750	(1,565)	(23.2%)
KH Medical Clinic - Plaza Visits	213	1,641	1,428	670.4%	3,444	(1,803)	(52.4%)
KH Medical Willow Clinic Visits	0	1,328	1,328	0.0%	2,922	(1,594)	(54.6%)
KH Cardiology Center Visalia Registrations	8,415	9,338	923	11.0%	9,018	320	3.5%
KH Mental Wellness Clinic Visits	1,592	1,772	180	11.3%	2,130	(358)	(16.8%)
Urology Clinic Visits	1,544	1,883	339	22.0%	3,229	(1,346)	(41.7%)
Wound Care Visits	6,151	4,686	(1,464)	(23.8%)	9,850	(5,164)	(52.4%)

Other Statistical Results – Fiscal Year Comparison (Dec)

	Actual Results			Budget		Budget Variance	
	Dec 23	Dec 24	Change	% Change	Dec 24	Change	% Change
All O/P Rehab Svcs Across District	16,845	19,391	2,546	15.1%	19,313	78	0.4%
Physical & Other Therapy Units (I/P & O/P)	16,083	17,815	1,732	10.8%	17,592	223	1.3%
Radiology - CT - All Areas	4,240	4,573	333	7.9%	4,288	285	6.6%
Radiology - MRI - All Areas	770	860	90	11.7%	836	24	2.8%
Radiology - Ultrasound - All Areas	2,504	2,965	461	18.4%	2,535	430	17.0%
Radiology - Diagnostic Radiology	9,729	9,833	104	1.1%	9,649	184	1.9%
Radiology – Main Campus	15,068	15,562	494	3.3%	14,927	635	4.3%
Radiology - Ultrasound - Main Campus	1,971	2,324	353	17.9%	1,970	354	17.9%
West Campus - Diagnostic Radiology	938	1,114	176	18.8%	990	124	12.6%
West Campus - CT Scan	398	506	108	27.1%	441	65	14.8%
West Campus - MRI	306	408	102	33.3%	387	21	5.4%
West Campus - Ultrasound	533	641	108	20.3%	564	77	13.6%
West Campus - Breast Center	1,719	1,685	(34)	(2.0%)	1,697	(12)	(0.7%)
Med Onc Visalia Treatments	1,134	920	(214)	(18.9%)	1,168	(248)	(21.2%)
Rad Onc Visalia Treatments	1,617	1,261	(356)	(22.0%)	1,472	(211)	(14.3%)
Rad Onc Hanford Treatments	67	178	111	165.7%	235	(57)	(24.1%)

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

	YTD Actual Results				Budget		Budget Variance	
	YTD Dec 23	YTD Dec 24	Change	% Change	YTD Dec 24	Change	% Change	
All O/P Rehab Svcs Across District	117,593	123,141	5,548	4.7%	126,006	(2,865)	(2.3%)	
Physical & Other Therapy Units (I/P & O/P)	101,348	110,455	9,107	9.0%	104,448	6,007	5.8%	
Radiology - CT - All Areas	26,966	27,624	658	2.4%	27,187	437	1.6%	
Radiology - MRI - All Areas	4,947	5,245	298	6.0%	5,182	63	1.2%	
Radiology - Ultrasound - All Areas	15,551	18,109	2,558	16.4%	15,729	2,380	15.1%	
Radiology - Diagnostic Radiology	56,506	57,131	625	1.1%	57,110	21	0.0%	
Radiology – Main Campus	89,276	91,973	2,697	3.0%	90,015	1,958	2.2%	
Radiology - Ultrasound - Main Campus	12,105	14,147	2,042	16.9%	12,224	1,923	15.7%	
West Campus - Diagnostic Radiology	6,352	6,720	368	5.8%	6,441	279	4.3%	
West Campus - CT Scan	2,756	2,886	130	4.7%	2,847	39	1.4%	
West Campus - MRI	2,140	2,497	357	16.7%	2,400	97	4.0%	
West Campus - Ultrasound	3,446	3,962	516	15.0%	3,505	457	13.0%	
West Campus - Breast Center	10,160	10,229	69	0.7%	10,244	(15)	(0.1%)	
Med Onc Visalia Treatments	7,767	6,257	(1,510)	(19.4%)	7,999	(1,742)	(21.8%)	
Rad Onc Visalia Treatments	8,774	8,986	212	2.4%	8,747	239	2.7%	
Rad Onc Hanford Treatments	1,465	1,520	55	3.8%	1,466	54	143/274	

Other Statistical Results – Fiscal Year Comparison (Dec)

	Actual Results			Budget		Budget Variance	
	Dec 23	Dec 24	Change	% Change	Dec 24	Change	% Change
ED - Avg Treated Per Day	281	251	(30)	(10.7%)	265	(15)	(5.5%)
Surgery (IP & OP) – 100 Min Units	950	816	(134)	(14.1%)	822	(6)	(0.7%)
Endoscopy Procedures	620	495	(125)	(20.2%)	541	(46)	(8.5%)
Cath Lab (IP & OP) - 100 Min Units	345	313	(32)	(9.3%)	324	(11)	(3.4%)
Cardiac Surgery Cases	37	31	(6)	(16.2%)	32	(1)	(3.1%)
Deliveries	377	426	49	13.0%	380	46	12.0%
Clinical Lab	239,739	250,067	10,328	4.3%	242,854	7,213	3.0%
Reference Lab	5,359	5,725	366	6.8%	4,829	896	18.5%
Dialysis Center - Visalia Visits	1,556	1,497	(59)	(3.8%)	1,757	(260)	(14.8%)
Infusion Center - Outpatient Visits	381	417	36	9.4%	494	(77)	(15.6%)
Hospice Days	3,604	3,600	(4)	(0.1%)	3,837	(237)	(6.2%)
Home Health Visits	3,088	2,722	(366)	(11.9%)	3,164	(442)	(14.0%)
Home Infusion Days	21,334	20,299	(1,035)	(4.9%)	20,130	169	0.8%

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

	YTD Actual Results			Budget		Budget Variance		
	YTD Dec 23	YTD Dec 24	Change	% Change	YTD Dec 24	Change	% Change	
ED - Avg Treated Per Day	261	253	(7)	(2.8%)	266	(12)	(4.5%)	
Surgery (IP & OP) – 100 Min Units	5,794	4,899	(895)	(15.4%)	5,022	(123)	(2.4%)	
Endoscopy Procedures	3,761	3,408	(353)	(9.4%)	3,302	106	3.2%	
Cath Lab (IP & OP) - 100 Min Units	2,033	2,062	29	1.4%	1,853	209	11.3%	
Cardiac Surgery Cases	172	155	(17)	(9.9%)	207	(52)	(25.1%)	
Deliveries	2,406	2,518	112	4.7%	2,433	85	3.5%	
Clinical Lab	1,399,977	1,464,114	64,137	4.6%	1,461,273	2,841	0.2%	
Reference Lab	33,774	39,798	6,024	17.8%	34,369	5,429	15.8%	
Dialysis Center - Visalia Visits	9,044	9,049	5	0.1%	10,542	(1,493)	(14.2%)	
Infusion Center - Units of Service	2,294	2,631	337	14.7%	2,908	(277)	(9.5%)	
Hospice Days	22,387	21,031	(1,356)	(6.1%)	22,716	(1,685)	(7.4%)	
Home Health Visits	18,572	17,160	(1,412)	(7.6%)	19,259	(2,099)	(10.9%)	
Home Infusion Days	137,432	133,305	(4,127)	(3.0%)	134,554	(1,249)	(0.9%)	

December Financial Summary (000's)

Comparison to Budget - Month of December			
	Budget Dec-2024	Actual Dec-2024	\$ Change % Change
Operating Revenue			
Net Patient Service Revenue	\$53,358	\$53,026	(\$332) -0.6%
Other Operating Revenue	\$20,253	\$19,778	(\$475) -2.4%
Total Operating Revenue	\$73,611	\$72,804	(\$807) -1.1%
Operating Expenses			
Employment Expenses	\$38,711	\$43,219	\$4,507 10.4%
Other Expenses	\$37,299	\$35,868	(\$1,431) -4.0%
Total Operating Expenses	\$76,011	\$79,087	\$3,076 3.9%
Operating Margin	(\$2,400)	(\$6,283)	(\$3,884)
Stimulus/FEMA	\$0	\$47,722	\$47,722
Operating Margin after Stimulus/FEMA	(\$2,400)	\$41,439	\$43,838
Nonoperating Revenue (Loss)	\$658	(\$101)	(\$758)
Excess Margin	(\$1,742)	\$41,338	\$43,080

Year to Date Financial Summary (000's)

Comparison to Budget - YTD December			
Budget YTD Dec-2024		Actual YTD Dec-2024	% Change

Operating Revenue			
Net Patient Service Revenue	\$317,394	\$319,643	\$2,249 0.7%
Other Operating Revenue	\$121,130	\$118,539	(\$2,590) -2.2%
Total Operating Revenue	\$438,524	\$438,183	(\$341) -0.1%
Operating Expenses			
Employment Expenses	\$231,306	\$240,757	\$9,450 3.9%
Other Expenses	\$225,640	\$217,231	(\$8,410) -3.9%
Total Operating Expenses	\$456,947	\$457,987	\$1,040 0.2%
Operating Margin	(\$18,423)	(\$19,805)	(\$1,381)
Stimulus/FEMA	\$0	\$47,722	\$47,722
Operating Margin after Stimulus/FEMA	(\$18,423)	\$27,917	\$46,341
Nonoperating Revenue (Loss)	\$3,953	\$8,981	\$5,028
Excess Margin	(\$14,471)	\$36,898	\$51,369

December Financial Comparison (000's)

	Comparison to Budget - Month of December			Comparison to Prior Year - Month of December			
	Budget Dec-2024	Actual Dec-2024	\$ Change	% Change	Actual Dec-2023	\$ Change	% Change
Operating Revenue							
Net Patient Service Revenue	\$53,358	\$53,026	(\$332)	-0.6%	\$48,629	\$4,397	8.3%
Supplemental Gov't Programs	\$7,505	\$7,476	(\$28)	-0.4%	\$6,388	\$1,088	14.6%
Prime Program	\$792	\$792	\$0	0.0%	\$822	(\$30)	-3.8%
Premium Revenue	\$7,547	\$6,707	(\$840)	-12.5%	\$7,032	(\$325)	-4.8%
Management Services Revenue	\$0	\$0	\$0	0.0%	\$2,907	(\$2,907)	0.0%
Other Revenue	\$4,409	\$4,803	\$394	8.2%	\$3,831	\$971	20.2%
Other Operating Revenue	\$20,253	\$19,778	(\$475)	-2.4%	\$20,979	(\$1,201)	-6.1%
Total Operating Revenue	\$73,611	\$72,804	(\$807)	-1.1%	\$69,608	\$3,196	4.4%
Operating Expenses							
Salaries & Wages	\$31,914	\$32,547	\$633	1.9%	\$28,952	\$3,595	11.0%
Contract Labor	\$1,242	\$1,797	\$556	30.9%	\$2,038	(\$241)	-13.4%
Employee Benefits	\$5,556	\$8,875	\$3,318	37.4%	\$6,278	\$2,597	29.3%
Total Employment Expenses	\$38,711	\$43,219	\$4,507	10.4%	\$37,268	\$5,951	13.8%
Medical & Other Supplies	\$15,262	\$12,992	(\$2,270)	-17.5%	\$12,655	\$337	2.6%
Physician Fees	\$7,185	\$7,453	\$268	3.6%	\$6,987	\$466	6.3%
Purchased Services	\$1,817	\$1,991	\$175	8.8%	\$1,499	\$492	24.7%
Repairs & Maintenance	\$2,082	\$2,129	\$47	2.2%	\$2,627	(\$498)	-23.4%
Utilities	\$840	\$943	\$103	10.9%	\$837	\$106	11.2%
Rents & Leases	\$154	\$145	(\$8)	-5.8%	\$161	(\$16)	-10.7%
Depreciation & Amortization	\$3,302	\$3,152	(\$150)	-4.7%	\$2,769	\$383	12.2%
Interest Expense	\$608	\$586	(\$23)	-3.9%	\$603	(\$18)	-3.1%
Other Expense	\$2,284	\$2,067	(\$217)	-10.5%	\$1,919	\$148	7.2%
Humana Cap Plan Expenses	\$3,766	\$4,411	\$644	14.6%	\$2,924	\$1,487	33.7%
Total Other Expenses	\$37,299	\$35,868	(\$1,431)	-4.0%	\$32,981	\$2,888	8.1%
Total Operating Expenses	\$76,011	\$79,087	\$3,076	3.9%	\$70,249	\$8,838	11.2%
Operating Margin	(\$2,400)	(\$6,283)	(\$3,884)		(\$641)	(\$5,642)	
Stimulus/FEMA	\$0	\$47,722	\$47,722		\$0	\$47,722	
Operating Margin after Stimulus/FEMA	(\$2,400)	\$41,439	\$43,838		(\$641)	\$42,080	
Nonoperating Revenue (Loss)	\$658	(\$101)	(\$758)		\$5,057	(\$5,158)	
Excess Margin	(\$1,742)	\$41,338	\$43,080		\$4,416	\$36,921	

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

	Comparison to Budget - YTD December		
	Budget YTD Dec-2024	Actual YTD Dec-2024	% Change

Operating Revenue

Net Patient Service Revenue	\$317,394	\$319,643	\$2,249	0.7%
Supplemental Gov't Programs	\$44,642	\$45,855	\$1,213	2.6%
Prime Program	\$4,751	\$4,751	\$0	0.0%
Premium Revenue	\$45,283	\$43,521	(\$1,762)	-4.0%
Management Services Revenue	\$0	\$0	\$0	0.0%
Other Revenue	\$26,453	\$24,412	(\$2,041)	-8.4%
Other Operating Revenue	\$121,130	\$118,539	(\$2,590)	-2.2%
Total Operating Revenue	\$438,524	\$438,183	(\$341)	-0.1%

Operating Expenses

Salaries & Wages	\$189,076	\$191,573	\$2,496	1.3%
Contract Labor	\$8,163	\$8,711	\$547	6.3%
Employee Benefits	\$34,067	\$40,474	\$6,406	15.8%
Total Employment Expenses	\$231,306	\$240,757	\$9,450	3.9%

Medical & Other Supplies	\$93,129	\$83,423	(\$9,706)	-11.6%
Physician Fees	\$43,109	\$43,877	\$768	1.8%
Purchased Services	\$10,783	\$9,954	(\$828)	-8.3%
Repairs & Maintenance	\$12,467	\$12,710	\$243	1.9%
Utilities	\$5,919	\$5,662	(\$257)	-4.5%
Rents & Leases	\$922	\$808	(\$114)	-14.2%
Depreciation & Amortization	\$19,811	\$19,101	(\$710)	-3.7%
Interest Expense	\$3,611	\$3,541	(\$70)	-2.0%
Other Expense	\$13,535	\$12,360	(\$1,175)	-9.5%
Humana Cap Plan Expenses	\$22,355	\$25,795	\$3,440	13.3%
Total Other Expenses	\$225,640	\$217,231	(\$8,410)	-3.9%
Total Operating Expenses	\$456,947	\$457,987	\$1,040	0.2%

Operating Margin	(\$18,423)	(\$19,805)	(\$1,381)	
Stimulus/FEMA	\$0	\$47,722	\$47,722	
Operating Margin after Stimulus/FEMA	(\$18,423)	\$27,917	\$46,341	
Nonoperating Revenue (Loss)	\$3,953	\$8,981	\$5,028	
Excess Margin	(\$14,471)	\$36,898	\$51,369	

	Comparison to Prior Year - YTD December		
	Actual YTD Dec-2023	Actual YTD Dec-2024	% Change

Net Patient Service Revenue	\$286,561	\$319,643	\$33,082	10.3%
Supplemental Gov't Programs	\$39,118	\$45,855	\$6,737	14.7%
Prime Program	\$4,930	\$4,751	(\$178)	-3.8%
Premium Revenue	\$45,214	\$43,521	(\$1,693)	-3.9%
Management Services Revenue	\$19,357	\$0	(\$19,357)	0.0%
Other Revenue	\$20,208	\$24,412	\$4,205	17.2%
Other Operating Revenue	\$128,826	\$118,539	(\$10,287)	-8.7%
Total Operating Revenue	\$415,387	\$438,183	\$22,796	5.2%

Salaries & Wages	\$169,926	\$191,573	\$21,646	11.3%
Contract Labor	\$11,499	\$8,711	(\$2,789)	-32.0%
Employee Benefits	\$40,775	\$40,474	(\$301)	-0.7%
Total Employment Expenses	\$222,200	\$240,757	\$18,557	7.7%

Medical & Other Supplies	\$77,427	\$83,423	\$5,995	7.2%
Physician Fees	\$38,880	\$43,877	\$4,997	11.4%
Purchased Services	\$9,504	\$9,954	\$451	4.5%
Repairs & Maintenance	\$13,313	\$12,710	(\$603)	-4.7%
Utilities	\$5,463	\$5,662	\$199	3.5%
Rents & Leases	\$921	\$808	(\$113)	-14.0%
Depreciation & Amortization	\$16,869	\$19,101	\$2,231	11.7%
Interest Expense	\$3,605	\$3,541	(\$64)	-1.8%
Other Expense	\$11,986	\$12,360	\$374	3.0%
Humana Cap Plan Expenses	\$21,356	\$25,795	\$4,438	17.2%
Total Other Expenses	\$199,326	\$217,231	\$17,905	8.2%

Total Operating Expenses	\$421,526	\$457,987	\$36,461	8.0%
Operating Margin	(\$6,139)	(\$19,805)	(\$13,666)	
Stimulus/FEMA	\$3,220	\$47,722	\$44,502	
Operating Margin after Stimulus/FEMA	(\$2,919)	\$27,917	\$30,836	
Nonoperating Revenue (Loss)	\$8,146	\$8,981	\$835	
Excess Margin	\$5,227	\$36,898	\$31,671	

YTD Wages/Contract Labor Comparison to Prior Year: Rate vs Volume

July-December 2023	July-December 2024	Change over Prior Year	%
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Employee Wages	\$ 169,926,264	\$ 191,572,595	\$ 21,646,331	12.7%
Increase in Hours			148,501	3.4%
Average Wage Rate Change			\$3.50	9.1%

Impact due to Rate	\$ 15,901,542	73%
Impact due to Volume	\$ 5,744,789	27%
Change in Wages	21,646,331	

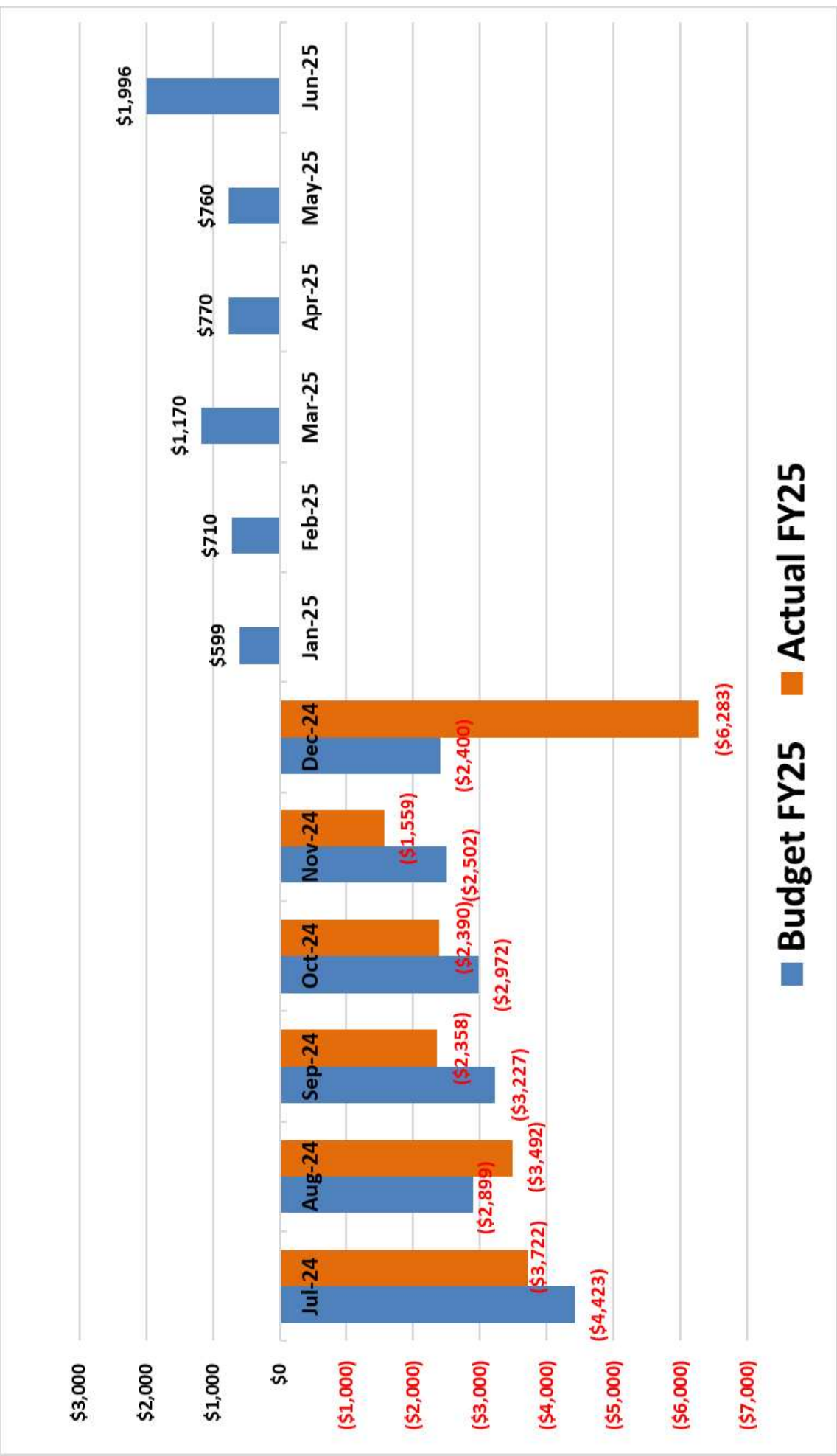
Contract Labor Expense	\$11,499,344	\$8,710,531	(\$2,788,813)	-24%
Decrease in Hours			(13,652)	-16%
Average Contracted Rate Change			(\$13.02)	-9%

COMBINED

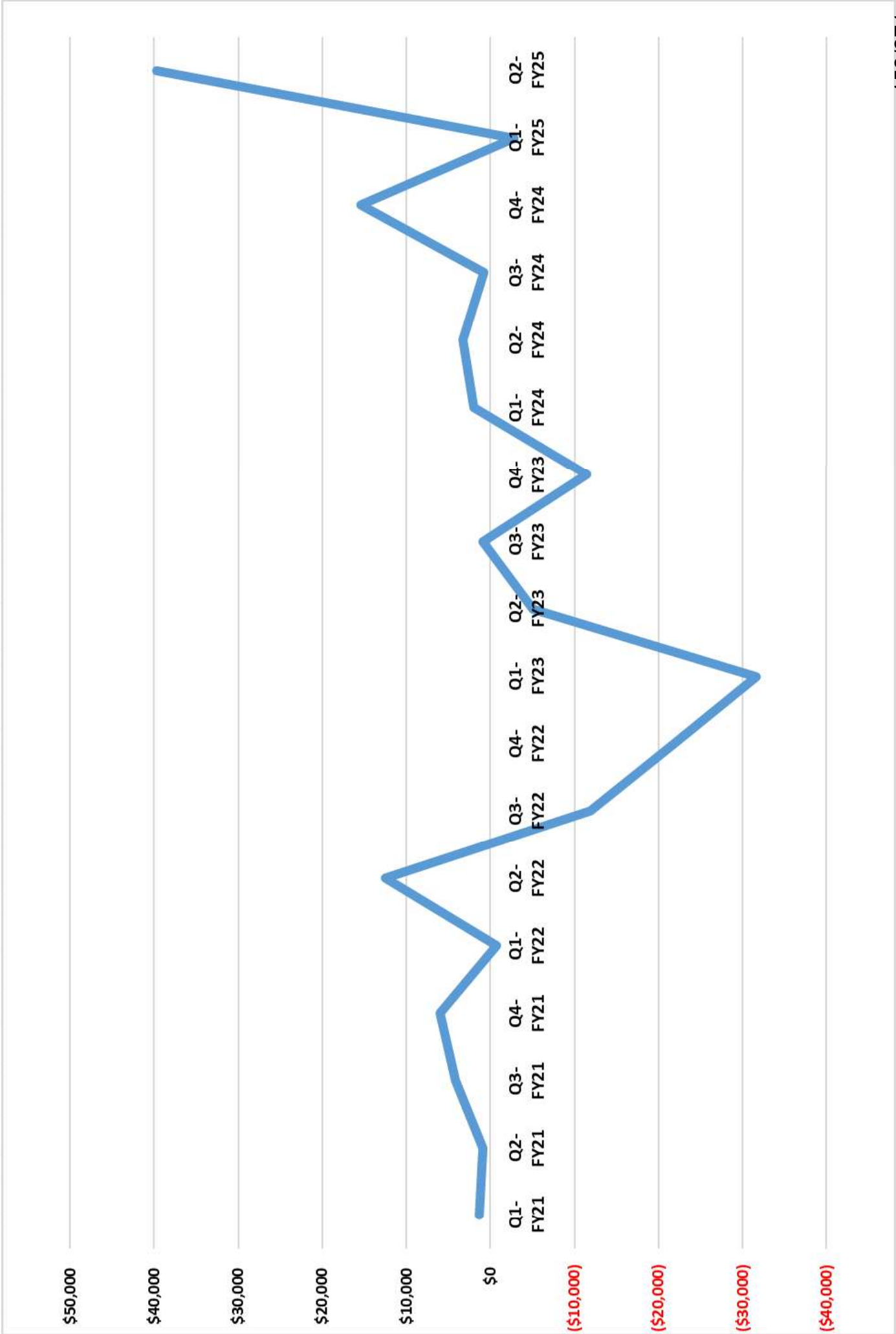
Wages & Contract Expense	\$181,425,609	\$200,283,126	\$18,857,518	10.4%
Change in Hours			134,849	3.0%
Combined Rate Change			\$3.51	7.2%

Impact due to Rate	\$ 13,391,838	71%
Impact due to Volume	\$ 5,465,679	29%
Combined Change	18,857,518	

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



Trended Quarterly Results: Bottom Line / Excess Margin (000's)



December 2023-2024 : Trended Financial Information (000's)

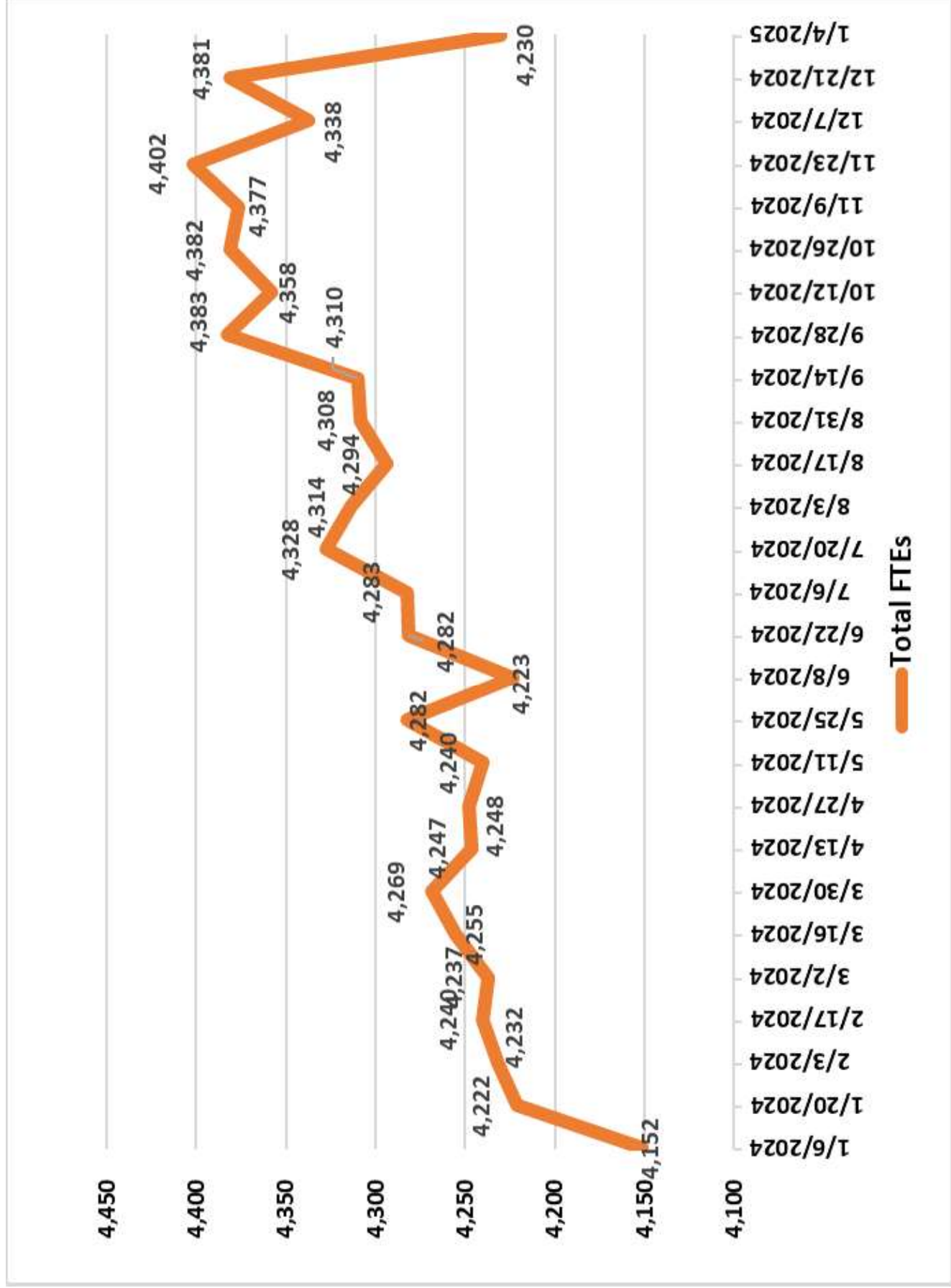
	Dec-23	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	FY 2025
Patient Service Revenue	\$48,629	\$50,866	\$53,450	\$51,648	\$56,157	\$54,496	\$53,026	\$319,643
Other Revenue	\$20,979	\$19,487	\$20,024	\$19,142	\$20,242	\$19,868	\$19,778	\$118,539
Total Operating Revenue	\$69,608	\$70,353	\$73,474	\$70,790	\$76,398	\$74,364	\$72,804	\$438,183
Employee Expense	\$37,268	\$38,264	\$39,058	\$37,671	\$41,494	\$41,051	\$43,219	\$240,757
Other Operating Expense	\$32,981	\$35,811	\$37,908	\$35,477	\$37,294	\$34,872	\$35,868	\$217,231
Total Operating Expenses	\$70,249	\$74,075	\$76,965	\$73,148	\$78,788	\$75,923	\$79,087	\$457,987
Net Operating Margin	(\$641)	(\$3,722)	(\$3,492)	(\$2,358)	(\$2,390)	(\$1,559)	(\$6,283)	(\$19,805)
Stimulus/FEMA	\$0	\$0	\$0	\$0	\$0	\$0	\$47,722	\$47,722
NonOperating Income	\$5,057	\$1,190	\$896	\$4,720	\$1,371	\$905	(\$101)	\$8,981
Excess Margin	\$4,416	(\$2,533)	(\$2,596)	\$2,362	(\$1,019)	(\$654)	\$41,338	\$36,898

Profitability								
Operating Margin %	(0.9%)	(5.3%)	(4.8%)	(3.3%)	(3.1%)	(2.1%)	(8.6%)	(4.5%)
Operating Margin %excl. Int	(0.1%)	(4.4%)	(4.0%)	(2.5%)	(2.4%)	(1.3%)	(7.8%)	(3.8%)
Operating EBIDA	\$2,732	\$46	\$239	\$1,457	\$1,348	\$2,293	(\$2,546)	(\$900)
Operating EBIDA Margin	3.9%	0.1%	0.3%	2.1%	1.8%	3.1%	(3.5%)	(0.2%)
Liquidity Indicators								
Day's Cash on Hand	83.5	97.4	89.8	91.9	88.4	78.9	74.6	74.6
Day's in Accounts Receivable	77.6	64.0	68.5	71.0	68.3	66.9	65.8	65.8
Unrestricted Funds (000's)	\$183,624	\$220,767	\$209,641	\$214,303	\$207,507	\$187,057	\$177,933	\$177,933
Debt & Other Indicators								
Debt Service Coverage (MAD\$)	2.67	0.70	0.50	1.40	1.80	1.50	3.20	3.20
Discharges (Monthly)	2,285	2,498	2,447	2,440	2,388	2,240	2,339	2,392
Adj Discharges (Case mix adj)	7,344	8,455	8,215	7,779	8,441	7,760	7,724	48,374
Adjusted patient Days (Mo.)	24,965	26,023	26,419	26,419	26,693	25,492	26,538	26,264
Cost/Adj Discharge	\$9.6	\$8.8	\$9.4	\$9.4	\$9.3	\$9.8	\$10.2	\$9.5
Compensation Ratio	77%	75%	73%	73%	74%	75%	82%	75%

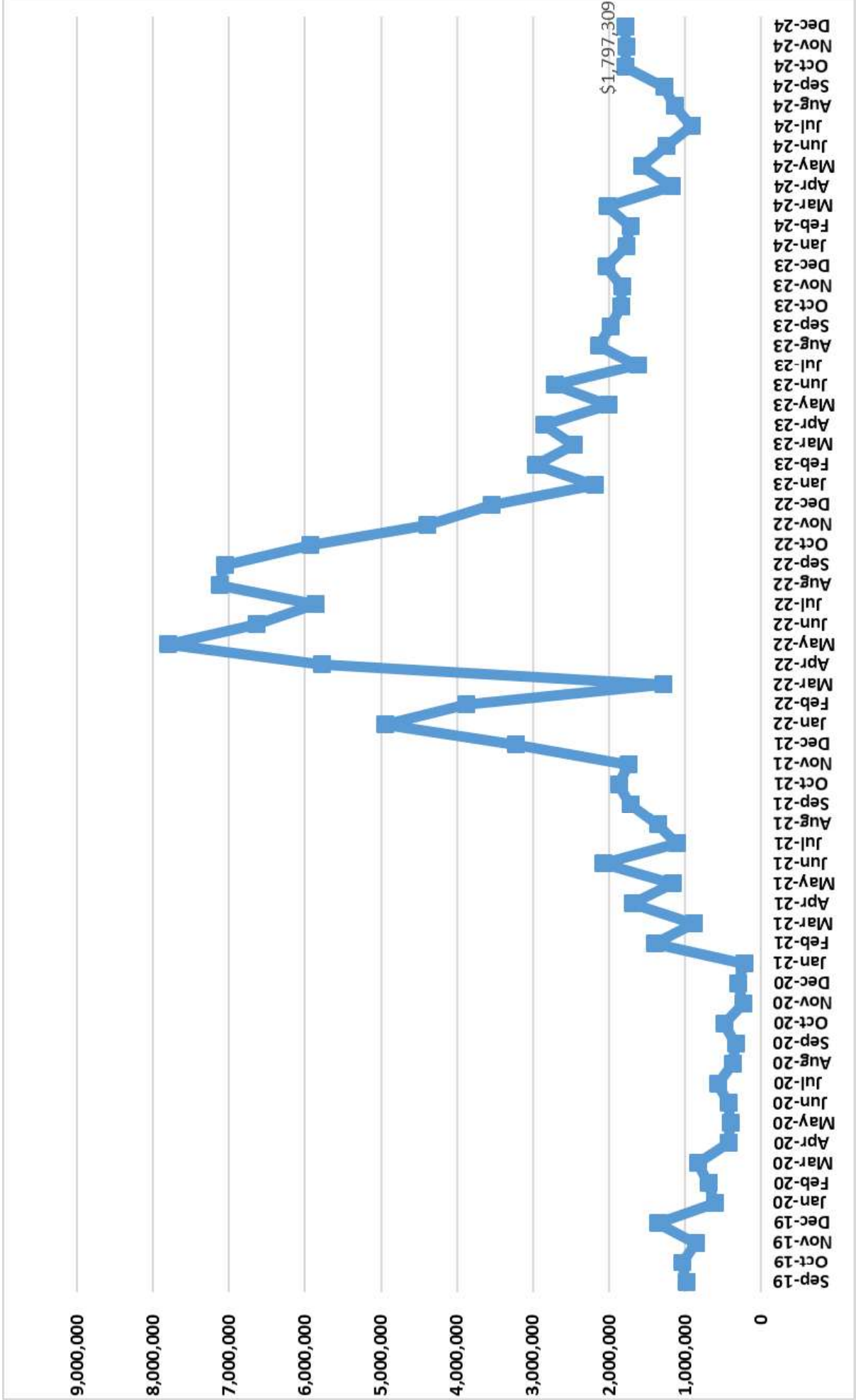
Month of December - Budget Variances

- **Contract Labor:** The unfavorable variance of \$556K is due to an unexpected increase in the need of contract labor primarily in ICCU and the ED.
- **Employee Benefits:** The higher than expected costs of \$3.3M is primarily due to the impact of recording 6 months of full match of our 401K plan of \$2.3M, as well as a timing issue in our Health Insurance expenses.
- **Medical & Other Supply Expense:** The favorable \$2.3M variance is due to pharmacy cost being lower than budget due to Medical Oncology infusion and retail pharmacy volume being lower than anticipated.
- **Humana Cap Expenses:** The unfavorable variance of \$644K is due to higher than anticipated third party expenses.

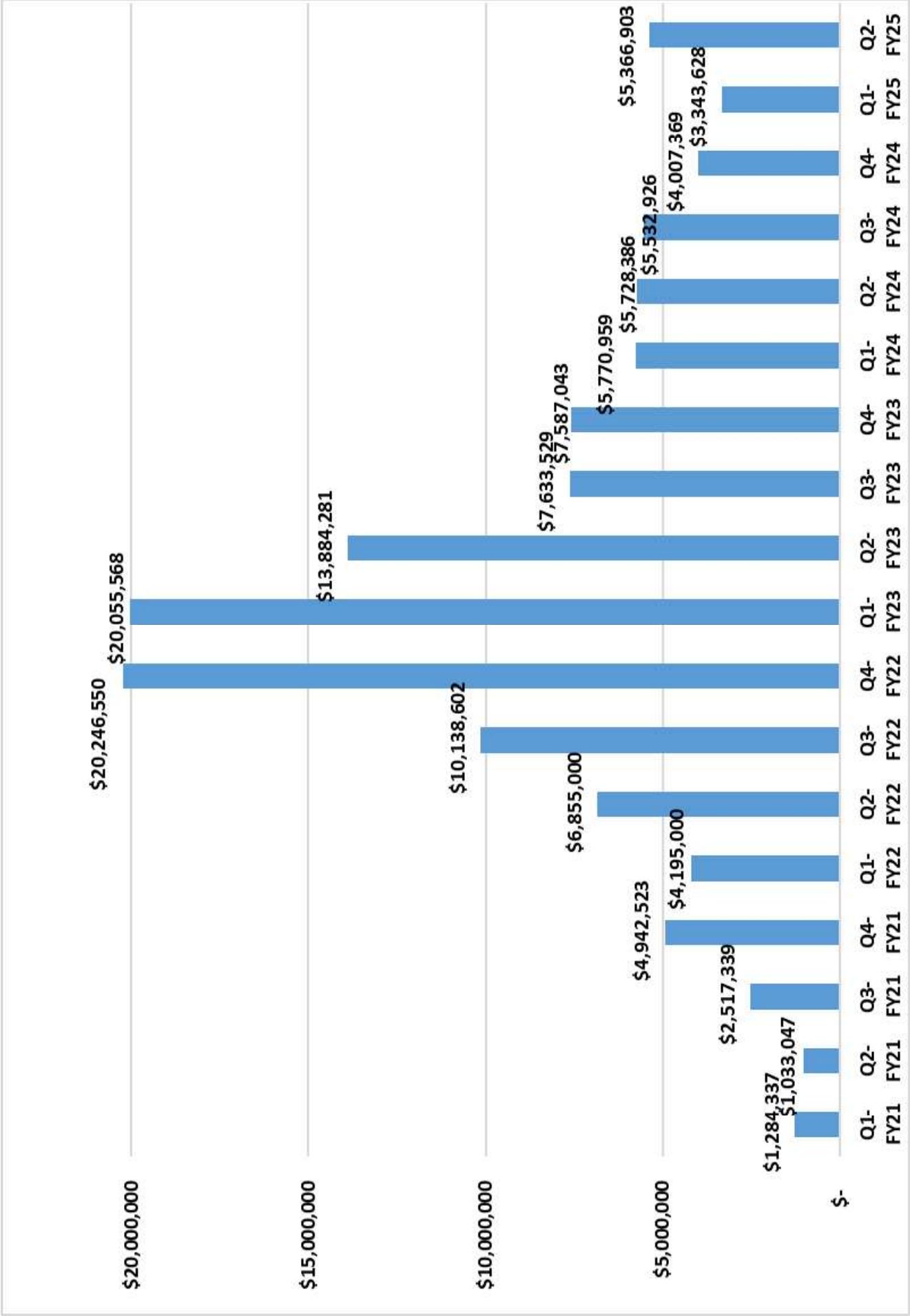
Total FTEs (includes Contract Labor)



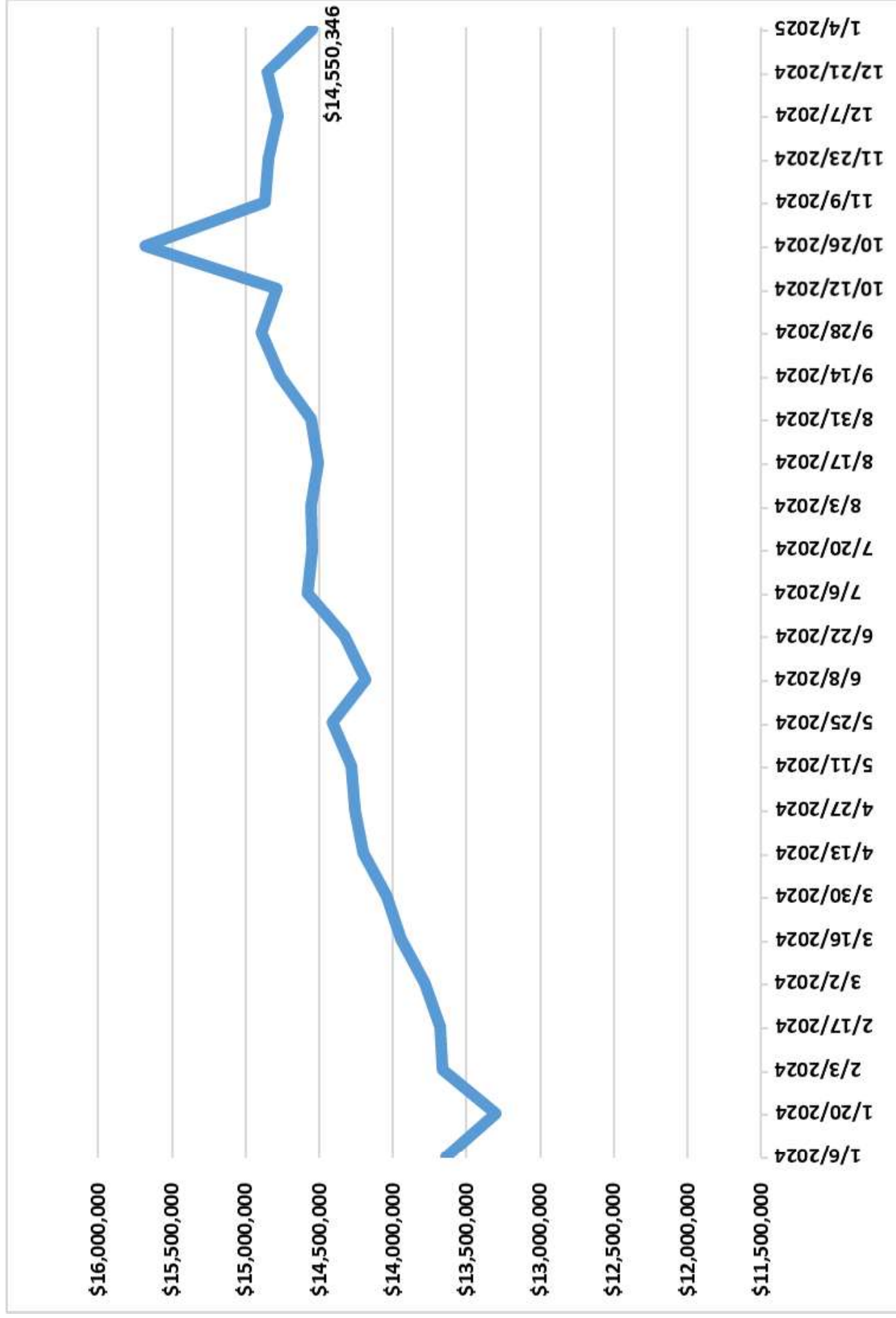
Contract Labor Expense



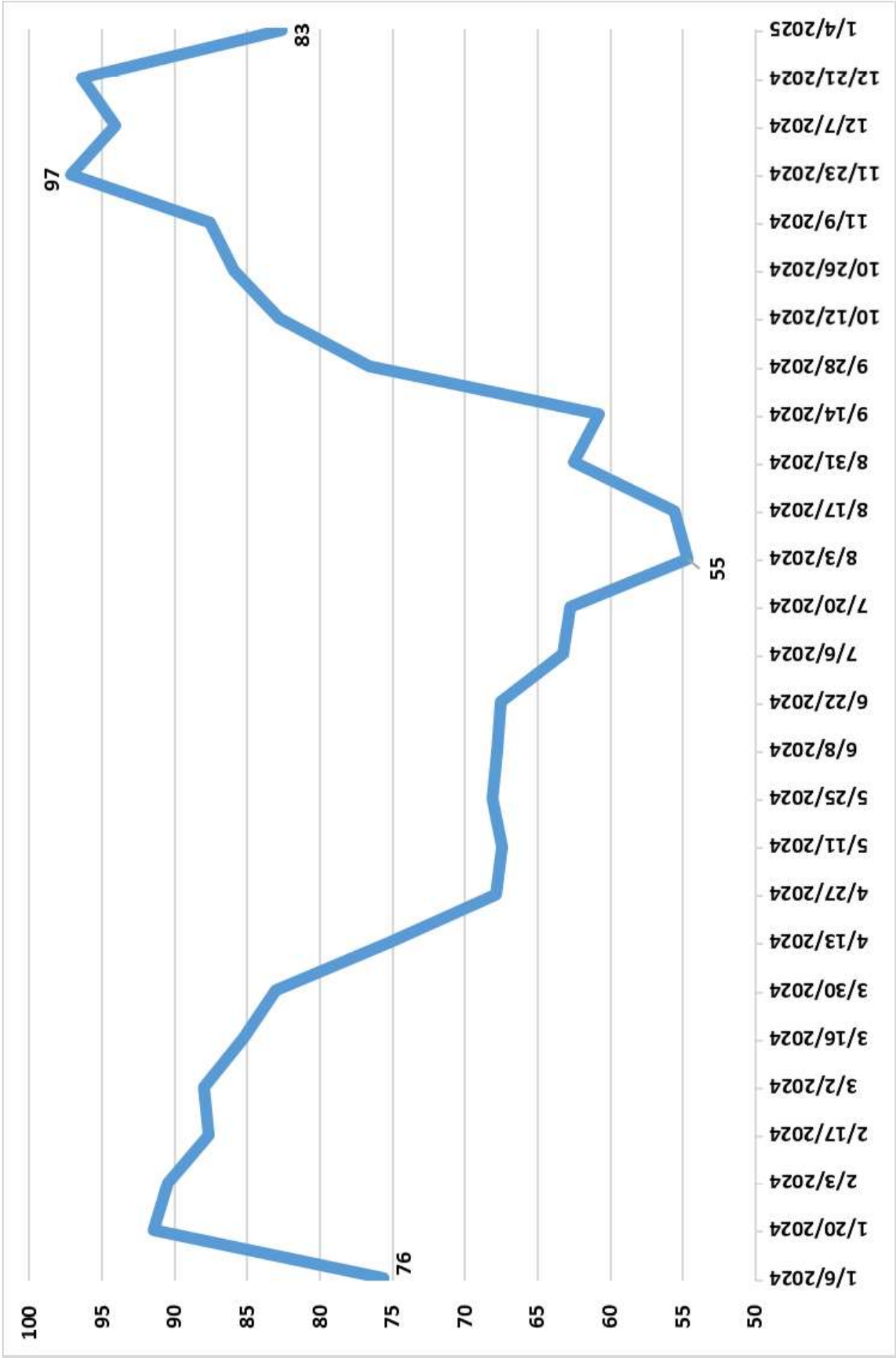
Contract Labor Expense by Quarter



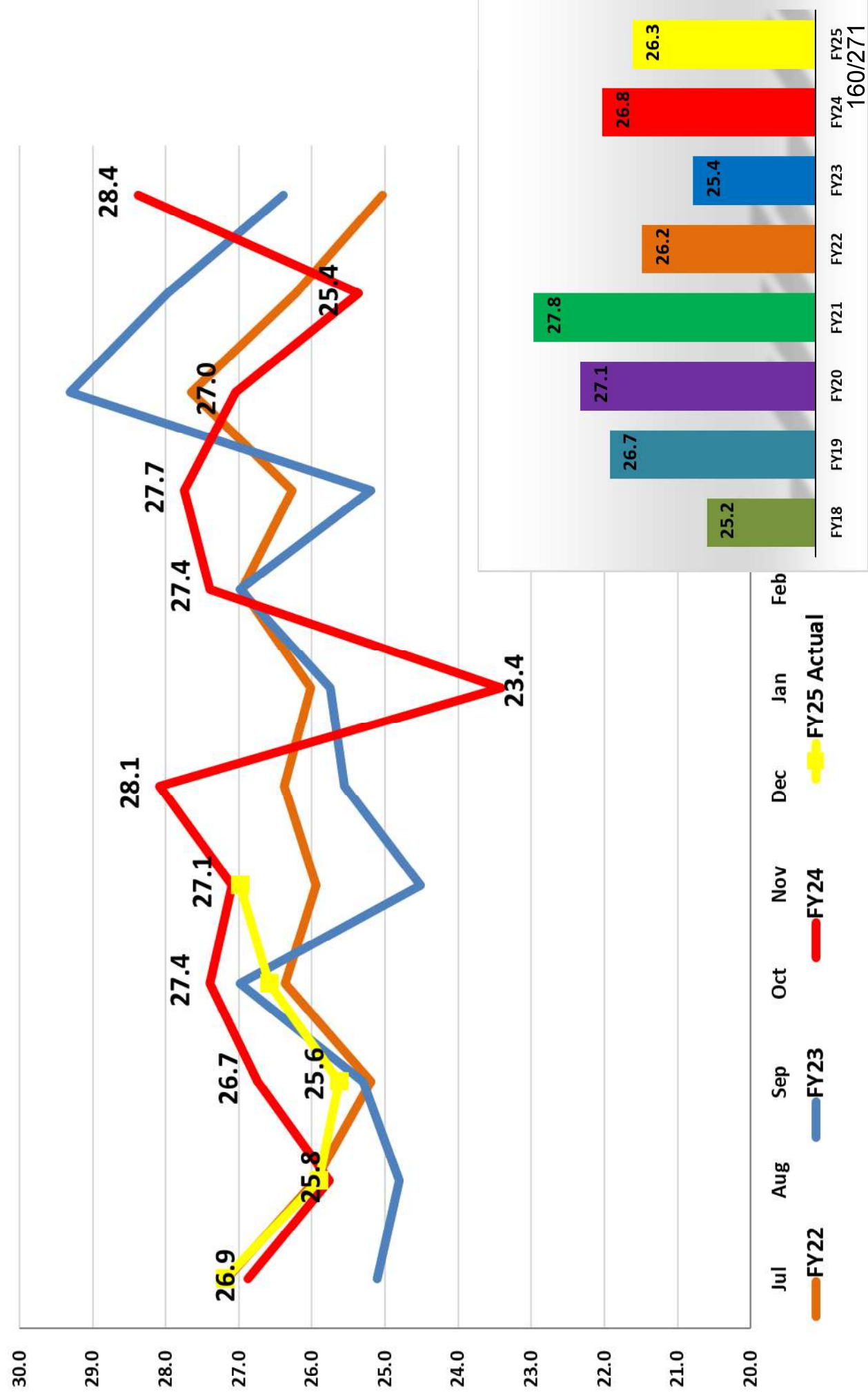
Total Payroll: excludes contract labor and PTO cash out



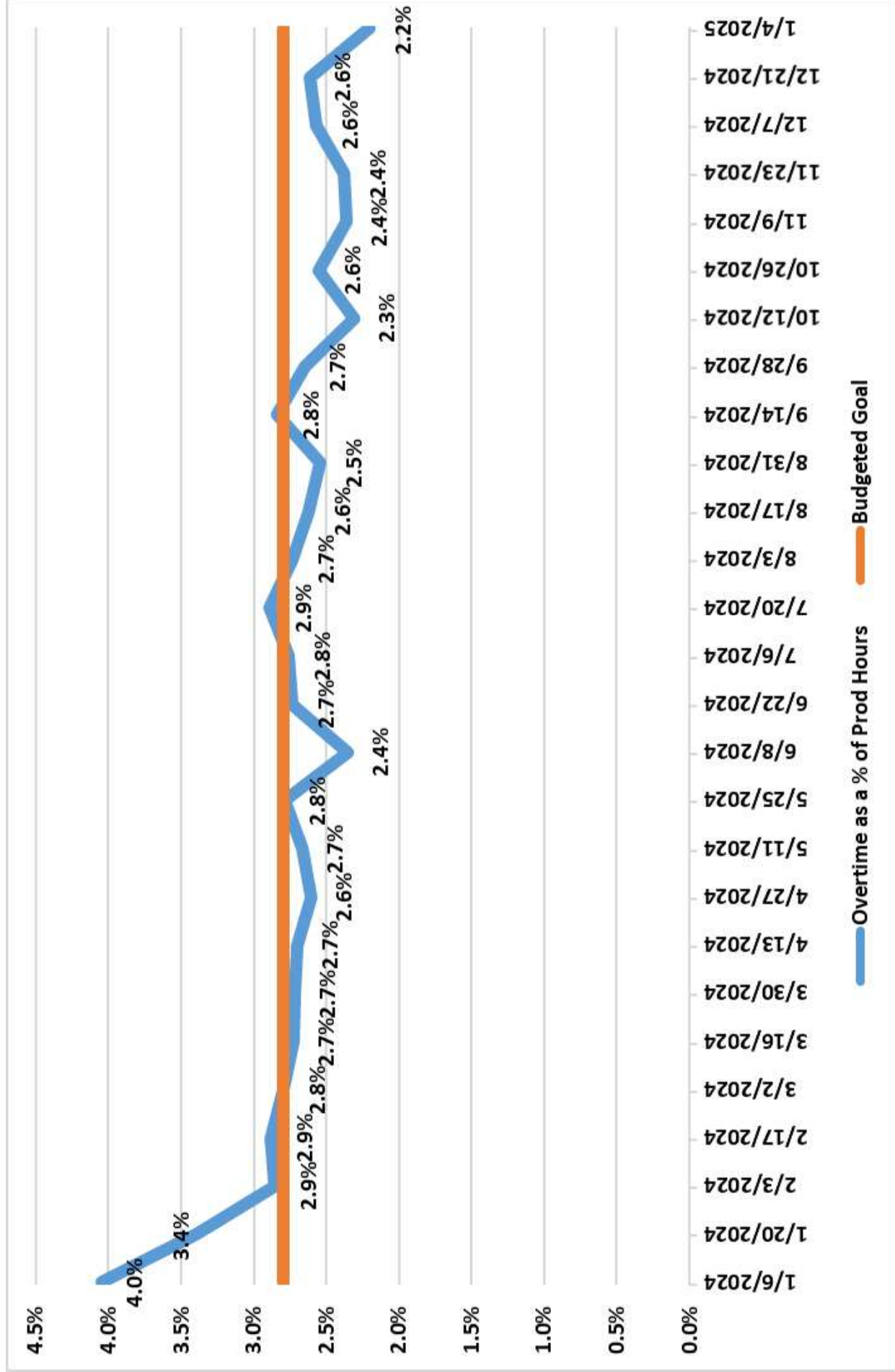
Contract Labor Full Time Equivalents (FTEs)



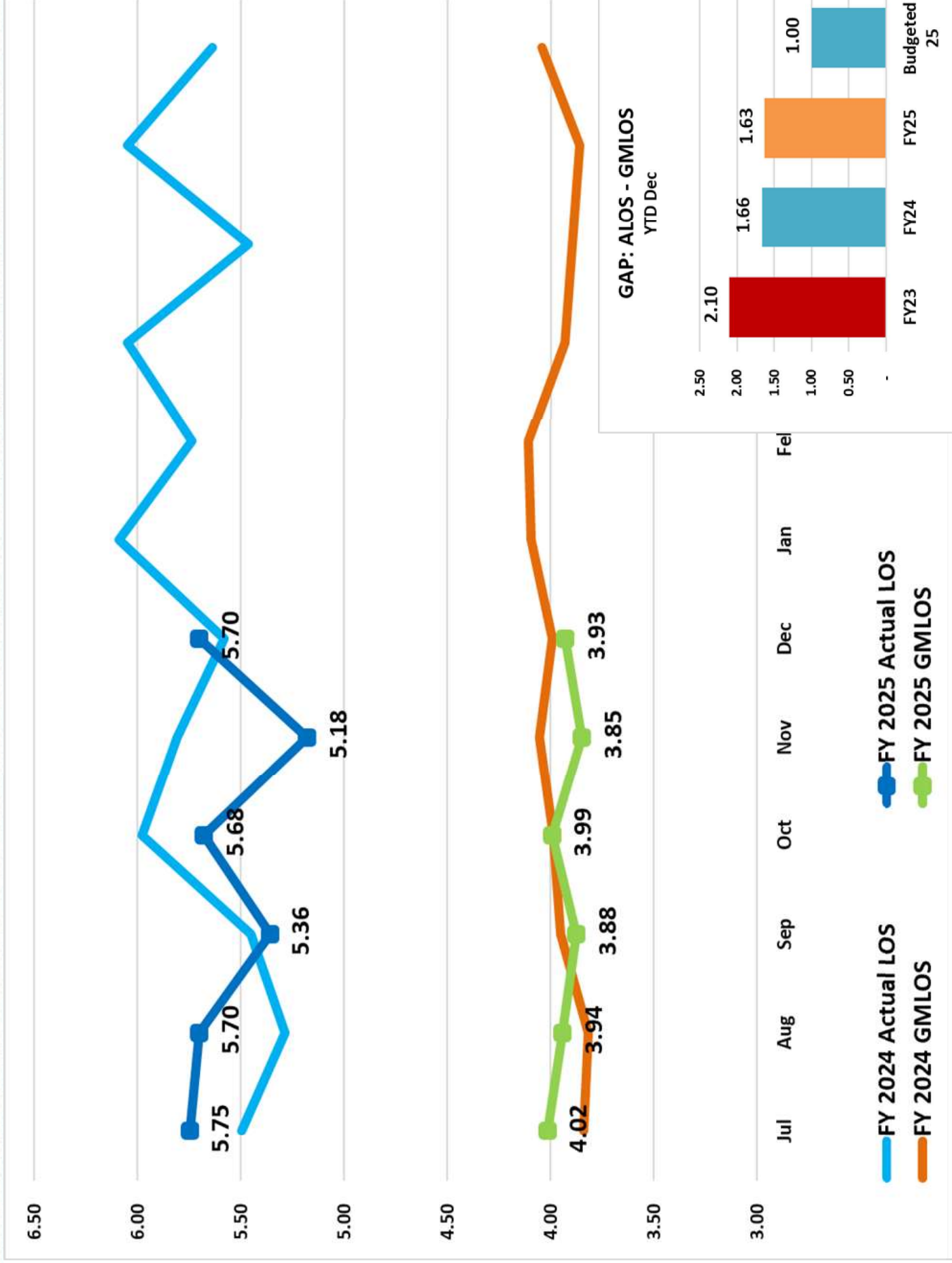
Productivity Measure : Worked Hours/ Adj. Patient Days



Overtime as a % of Productive Hours



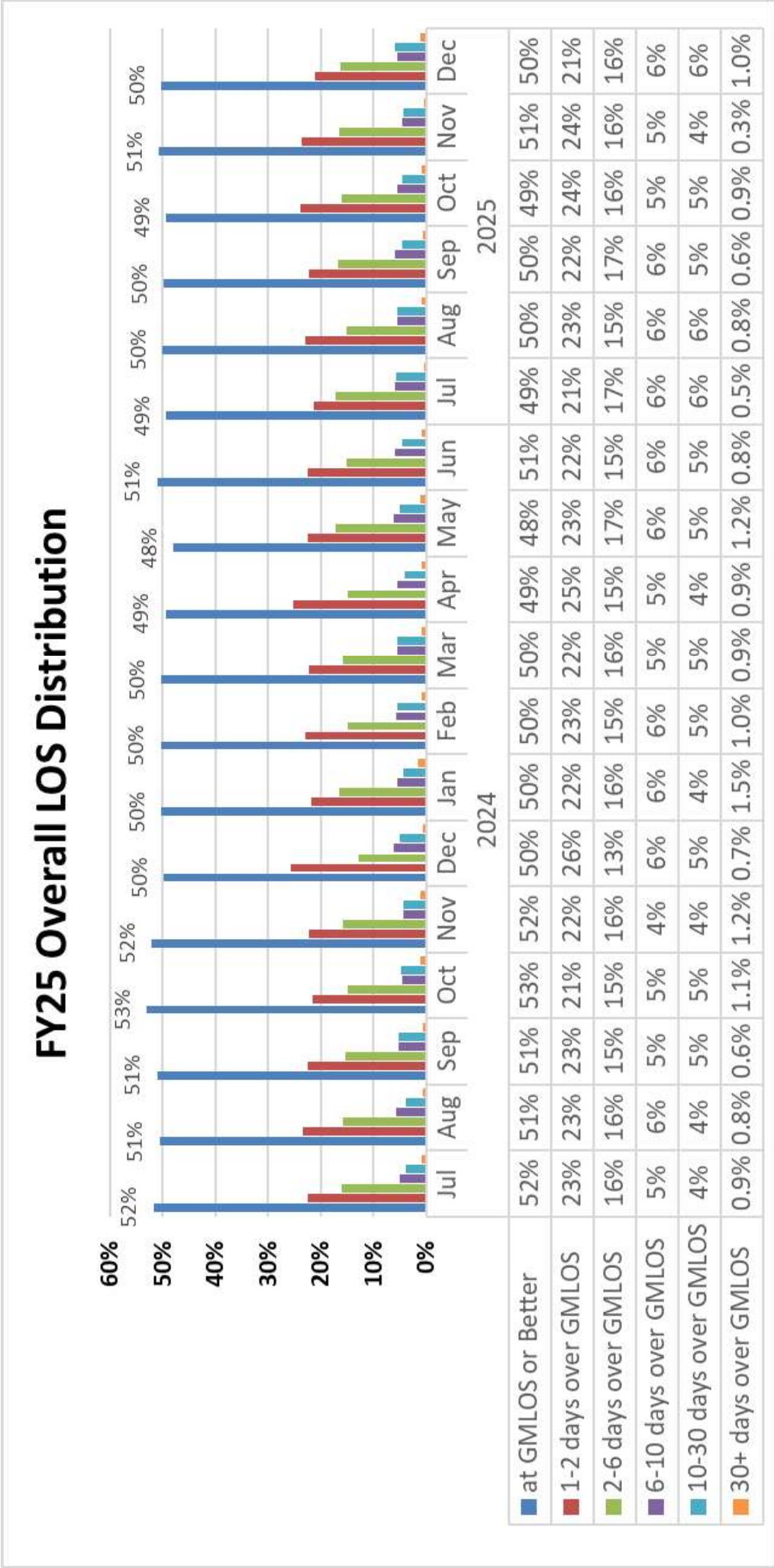
Average Length of Stay versus National Average (GMLOS)



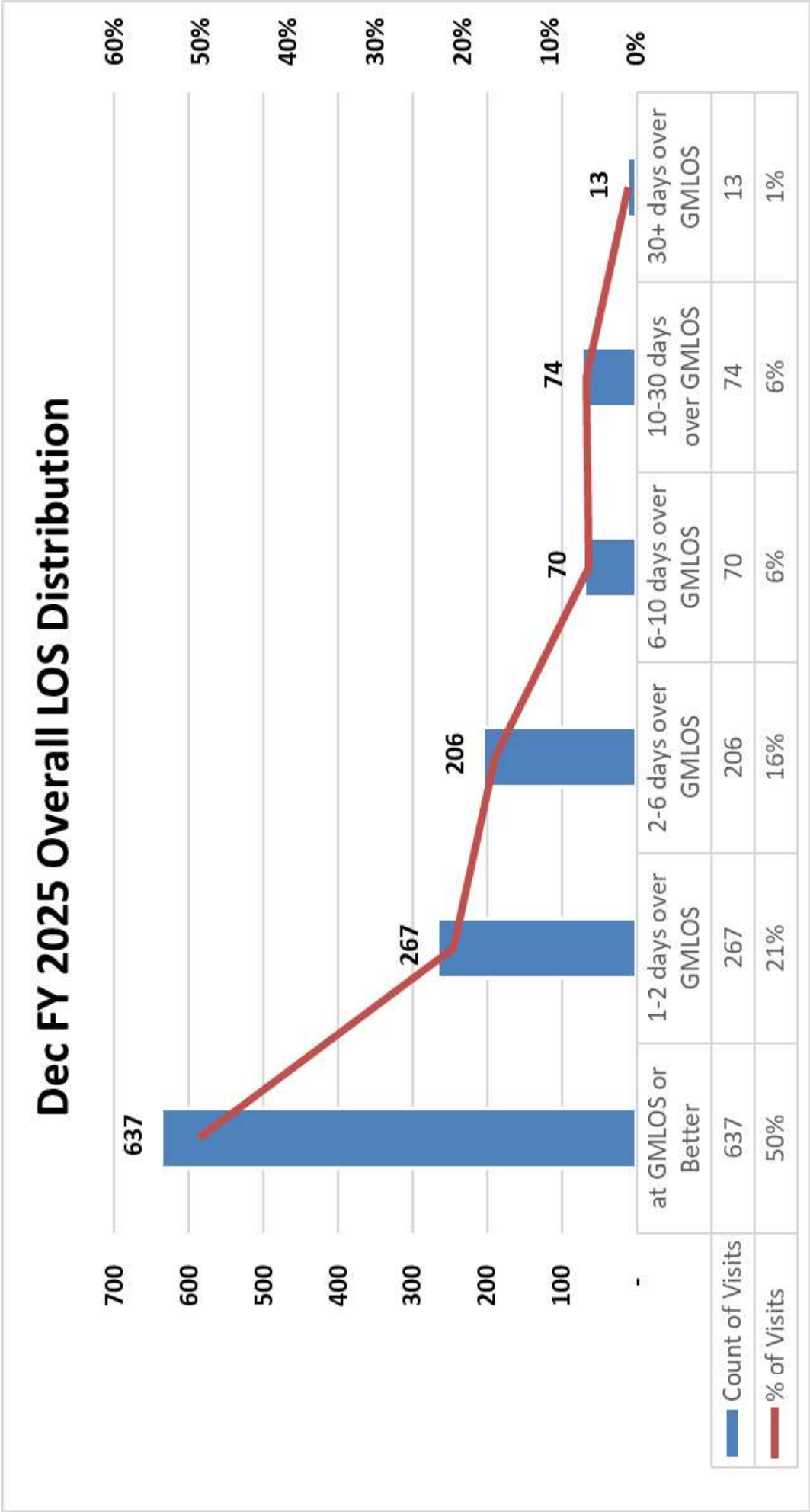
Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients			
	ALOS	GMLOS	GAP	
Dec-22	6.14	3.78	2.36	
Jan-23	6.82	4.02	2.80	
Feb-23	6.56	4.06	2.50	
Mar-23	5.69	4.09	1.60	
Apr-23	5.35	3.99	1.36	
May-23	5.37	3.99	1.38	
Jun-23	5.39	3.94	1.45	
Jul-23	5.50	3.90	1.60	
Aug-23	5.29	3.84	1.45	
Sep-23	5.45	3.82	1.64	
Oct-23	5.98	3.95	2.03	
Nov-23	5.81	3.99	1.82	
Dec-23	5.58	4.05	1.53	
Jan-24	6.09	3.99	2.10	
Feb-24	5.74	4.10	1.64	
Mar-24	6.05	4.11	1.94	
Apr-24	5.47	3.94	1.53	
May-24	6.05	3.90	2.15	
Jun-24	5.63	3.86	1.76	
Jul-24	5.75	4.02	1.73	
Aug-24	5.70	3.94	1.76	
Sep-24	5.36	3.88	1.48	
Oct-24	5.68	3.99	1.68	
Nov-24	5.18	3.85	1.33	
Dec-24	5.70	3.93	1.77	
	5.52	3.92	1.61	

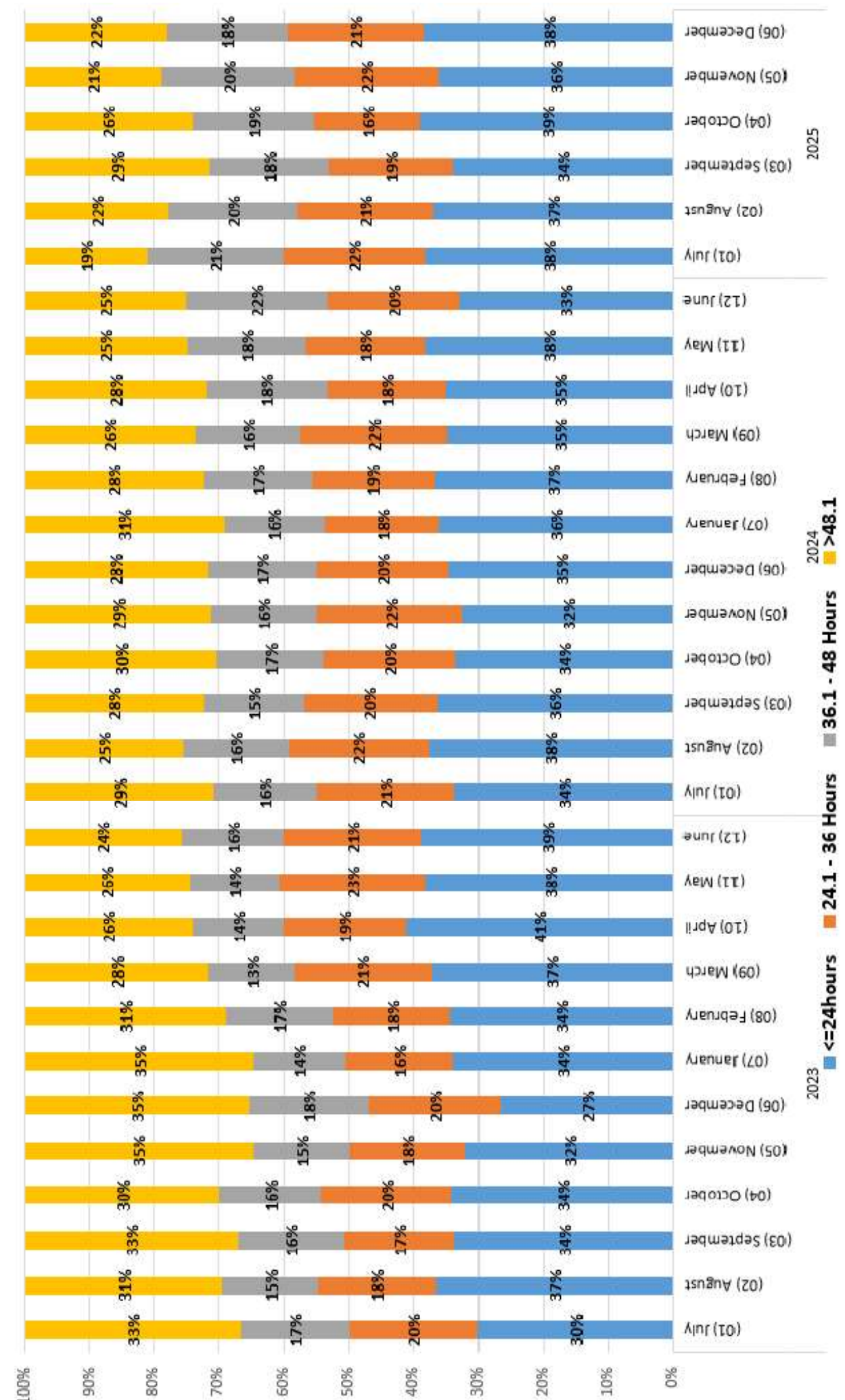
Average Length of Stay Distribution



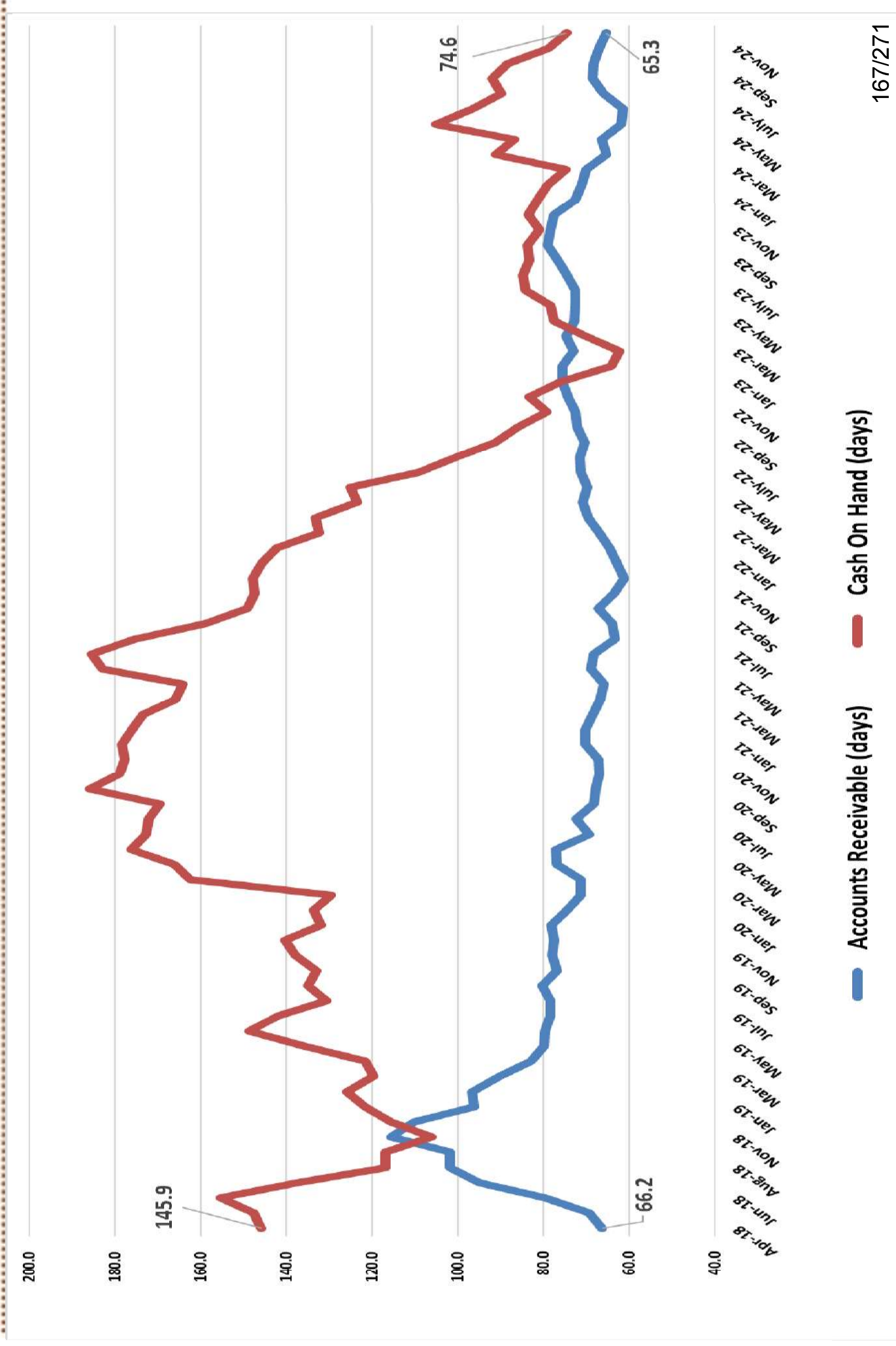
Length of Stay Distribution



Monthly Discharges of Observation Patients by their Length of Stay



Trended Liquidity Ratios



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Consolidated Statements of Net Position (000's)

	Dec-24	Jun-24
	(Audited)	
ASSETS AND DEFERRED OUTFLOWS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 14,302	\$ 19,412
Current Portion of Board designated and trusted assets	19,172	14,944
Accounts receivable:		
Net patient accounts	132,639	133,806
Other receivables	92,778	25,023
Inventories	225,416	158,829
Medicare and Medi-Cal settlements	14,374	13,738
Prepaid expenses	98,530	82,755
Total current assets	8,658	8,403
NON-CURRENT CASH AND INVESTMENTS - less current portion	380,453	298,082
Board designated cash and assets	156,315	210,518
Revenue bond assets held in trust	22,812	19,326
Assets in self-insurance trust fund	704	827
Total non-current cash and investments	179,830	230,671
INTANGIBLE RIGHT TO USE LEASE, net of accumulated amortization	13,304	10,464
INTANGIBLE RIGHT TO USE SBITA, net of accumulated amortization	10,246	12,153
CAPITAL ASSETS		
Land	17,542	17,542
Buildings and improvements	428,721	428,209
Equipment	335,777	334,316
Construction in progress	25,256	22,757
Less accumulated depreciation	807,297	802,825
	525,630	512,148
	281,667	290,676
OTHER ASSETS		
Property not used in operations	4,467	4,487
Health-related investments	2,463	2,676
Other	17,199	17,120
Total other assets	24,129	24,283
Total assets	889,628	866,329
DEFERRED OUTFLOWS	14,621	15,283
Total assets and deferred outflows	\$ 904,249	\$ 881,611

Consolidated Statements of Net Position (000's)

	Dec-24	Jun-24
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	\$ 31,754	\$ 41,096
Accrued payroll and related liabilities	63,693	62,382
SBITA liability, current portion	4,146	4,146
Lease liability, current portion	2,248	2,248
Bonds payable, current portion	12,754	12,585
Notes payable, current portion	(0)	9,850
Total current liabilities	114,596	132,306
LEASE LIABILITY, net of current portion	11,346	8,477
SBITA LIABILITY, net of current portion	4,954	5,846
LONG-TERM DEBT, less current portion		
Bonds payable	212,293	214,713
Notes payable	20,750	20,750
Total long-term debt	233,043	235,463
NET PENSION LIABILITY	21,490	21,226
OTHER LONG-TERM LIABILITIES	38,336	36,256
Total liabilities	423,766	439,574
NET ASSETS		
Invested in capital assets, net of related debt	59,156	66,112
Restricted	61,791	52,733
Unrestricted	359,536	323,192
Total net position	480,483	442,037
Total liabilities and net position	\$ 904,249	\$ 881,611

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
December 31, 2024

Board designated funds	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
LAIF		4.43	Various		9,773,060	
CAMP		4.73	CAMP		13,135,910	
Allspring		4.03	Money market		1,775,035	
PFM		4.03	Money market		317,592	
Allspring	9-Jan-25	2.05	MTN-C	John Deere Mtn	500,000	
Allspring	15-Jan-25	1.13	U.S. Govt Agency	US Treasury Bill	3,300,000	
Allspring	21-Jan-25	2.05	MTN-C	US Bank NA	1,400,000	
Allspring	7-Mar-25	2.13	MTN-C	Deere John Mtn	550,000	
American Business Bank	20-Mar-25	4.50	CD	American Business Bank	235,500	
CalPrivate Bank	20-Mar-25	4.50	CD	CalPrivate Bank	235,500	
Citizens National Bank of Texas	20-Mar-25	4.50	CD	Citizens National Bank of Texas	235,500	
Community Bank of the Day	20-Mar-25	4.50	CD	Community Bank of the Day	203,034	
East West Bank	20-Mar-25	4.50	CD	East West Bank	235,500	
Farmers Bank and Trust Company	20-Mar-25	4.50	CD	Farmers Bank and Trust Company	235,500	
Frontier Bank of Texas	20-Mar-25	4.50	CD	Frontier Bank of Texas	235,500	
Optus Bank	20-Mar-25	4.50	CD	Optus Bank	198,863	
Poppy Bank	20-Mar-25	4.50	CD	Poppy Bank	235,500	
Republic Bank	20-Mar-25	4.50	CD	Republic Bank	206,240	
St. Louis Bank	20-Mar-25	4.50	CD	St. Louis Bank	235,500	
Willamette Valley Bank	20-Mar-25	4.50	CD	Willamette Valley Bank	235,500	
Optus Bank	27-Mar-25	4.50	CD	Optus Bank	22,383	
Western Alliance - CDARS	31-Mar-25	4.50	CD	Western Alliance	250,000	
Allspring	1-Apr-25	0.88	Municipal	Bay Area Toll	250,000	
Allspring	1-May-25	0.74	Municipal	San Diego County	300,000	
Allspring	15-May-25	2.75	U.S. Govt Agency	US Treasury Bill	980,000	
PFM	15-May-25	0.93	Municipal	University Calif Ca	185,000	
Allspring	1-Jun-25	0.92	Municipal	Connecticut ST	400,000	
Allspring	17-Jun-25	0.50	U.S. Govt Agency	FNMA	2,000,000	
Allspring	30-Jun-25	0.25	U.S. Govt Agency	US Treasury Bill	350,000	
Allspring	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	1,500,000	
Allspring	1-Aug-25	2.17	Municipal	Santa Cruz Ca	400,000	
PFM	1-Aug-25	0.85	Municipal	San Juan Ca	190,000	
Allspring	25-Aug-25	0.38	U.S. Govt Agency	FNMA	1,500,000	
PFM	25-Aug-25	3.75	U.S. Govt Agency	FHLMC	259,799	
Allspring	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000	
Allspring	23-Sep-25	0.00	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	
PFM	17-Nov-25	0.56	ABS	Kubota Credit	6,585	
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	2,550,000	
PFM	31-Jan-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	6-Feb-26	1.75	MTN-C	State Street Corp	1,000,000	
PFM	15-Feb-26	1.63	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	28-Feb-26	2.50	U.S. Govt Agency	US Treasury Bill	500,000	
PFM	28-Feb-26	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000	
Allspring	31-Mar-26	0.75	U.S. Govt Agency	US Treasury Bill	675,000	
PFM	31-Mar-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	2-Apr-26	3.38	MTN-C	Bank of America	250,000	
PFM	19-Apr-26	3.50	MTN-C	Bank of America	295,000	
Allspring	21-Apr-26	4.75	MTN-C	Morgan Stanley	1,000,000	
Allspring	25-Apr-26	3.91	MTN-C	Wells Fargo co	800,000	
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	15-May-26	3.30	MTN-C	IBM Corp	410,000	
PFM	28-May-26	1.20	MTN-C	Astrazeneca LP	265,000	
PFM	31-May-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	31-May-26	2.13	U.S. Govt Agency	US Treasury Bill	1,200,000	
PFM	15-Jun-26	0.00	ABS	Carmax Auto Owner	79,487	
Allspring	18-Jun-26	1.13	MTN-C	Toyota Motor	1,400,000	
Allspring	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	1,850,000	
PFM	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	990,000	
Allspring	1-Jul-26	1.89	Municipal	Anaheim Ca Pub	1,000,000	
PFM	1-Jul-26	1.46	Municipal	Los Angeles Ca	270,000	
PFM	7-Jul-26	5.25	ABS	American Honda Mtn	145,000	
PFM	8-Jul-26	3.05	MTN-C	Walmart INC	205,000	
PFM	17-Jul-26	5.08	MTN-C	Cooperative CD	400,000	
PFM	20-Jul-26	0.00	ABS	Honda Auto Rec Own	67,485	
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	880,000	
PFM	7-Aug-26	5.45	MTN-C	Wells Fargo Bank Na	545,000	
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	
PFM	1-Oct-26	2.95	MTN-C	JP Morgan	415,000	
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	0.02	MTN-C	American Express Co	445,000	
PFM	13-Nov-26	5.60	MTN-C	National Rural Mtn	160,000	
Allspring	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	2,000,000	
Allspring	4-Dec-26	5.49	MTN-C	Citibank N A	1,000,000	
PFM	11-Jan-27	1.70	MTN-C	Deere John Mtn	220,000	
Allspring	15-Jan-27	1.95	MTN-C	Target Corp	900,000	
PFM	26-Feb-27	4.80	MTN-C	Cisco Sys	260,000	
PFM	15-Mar-27	6.03	MTN-C	Daimler Trucks	325,000	
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	4.80	MTN-C	Hormel Food Corp	115,000	
PFM	15-Apr-27	0.00	ABS	Carmax Auto Owner	365,643	
PFM	15-Apr-27	2.50	MTN-C	Home Depot Inc	220,000	
Allspring	30-Apr-27	2.88	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	2.88	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	13-May-27	5.00	MTN-C	Paccar Financial Mtn	95,000	
PFM	15-May-27	2.38	U.S. Govt Agency	US Treasury Bill	925,000	
PFM	15-May-27	1.70	MTN-C	IBM Corp	230,000	
PFM	15-May-27	3.70	MTN-C	Unitedhealth Group	85,000	
PFM	17-May-27	4.14	ABS	Capital One Prime	181,656	
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	30-Jul-27	4.65	MTN-C	Honeywell	185,000	
Allspring	1-Aug-27	3.46	Municipal	Alameda Cnty Ca	500,000	
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	

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
December 31, 2024

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
PFM	31-Oct-27	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
Allspring	15-Nov-27	4.60	MTN-C	Caterpillar Finl Mtn	1,000,000
Allspring	15-Nov-27	5.49	ABS	Nissan Auto Lease	500,000
PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto	162,980
PFM	17-Nov-27	5.02	MTN-C	Bp Cap Mkts Amer	310,000
PFM	15-Jan-28	4.10	MTN-C	Mastercard	130,000
Allspring	18-Jan-28	5.66	ABS	Mercedes Benz Auto	1,000,000
PFM	7-Feb-28	3.44	MTN-C	Bank New York Mellon Mtn	300,000
Allspring	16-Feb-28	4.47	MTN-C	GM Finl Consumer	1,000,000
PFM	18-Feb-28	5.41	ABS	Honda Auto	350,000
PFM	25-Feb-28	0.00	ABS	BMW Vehicle Owner	95,000
PFM	29-Feb-28	1.13	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	17-Apr-28	0.00	ABS	Hyundai Auto	115,000
Allspring	22-Apr-28	5.57	MTN-C	JP Morgan	1,100,000
PFM	30-Apr-28	3.50	U.S. Govt Agency	US Treasury Bill	750,000
PFM	30-Apr-28	1.25	U.S. Govt Agency	US Treasury Bill	600,000
PFM	15-May-28	0.00	ABS	Ally Auto Rec	195,000
PFM	15-May-28	4.87	MTN-C	American Express Co	150,000
PFM	15-May-28	4.79	MTN-C	Bank of America	180,000
PFM	15-May-28	5.23	MTN-C	Ford CR Auto Owner	160,000
PFM	26-May-28	5.50	MTN-C	Morgan Stanley	280,000
PFM	31-May-28	3.63	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	16-Jun-28	5.59	ABS	GM Finl con Auto Rec	110,000
PFM	25-Jun-28	0.00	U.S. Govt Agency	FHLMC	530,000
PFM	25-Jun-28	0.00	U.S. Govt Agency	FHLMC	435,464
PFM	30-Jun-28	4.00	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	14-Jul-28	4.95	MTN-C	John Deere Mtn	120,000
PFM	25-Jul-28	4.19	U.S. Govt Agency	FNMA	515,992
PFM	15-Aug-28	5.69	MTN-C	Harley Davidson	500,000
PFM	15-Aug-28	5.90	ABS	Fifth Third Auto	385,000
PFM	25-Aug-28	0.00	U.S. Govt Agency	FHLMC	545,000
PFM	25-Aug-28	4.65	U.S. Govt Agency	FHLMC	545,000
PFM	15-Sep-28	5.23	MTN-C	American Express	445,000
PFM	15-Sep-28	5.16	MTN-C	Chase Issuance Trust	435,000
PFM	25-Sep-28	4.85	U.S. Govt Agency	FHLMC	410,000
PFM	25-Sep-28	0.00	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	0.00	U.S. Govt Agency	FHLMC	200,000
PFM	25-Oct-28	4.86	U.S. Govt Agency	FHLMC	300,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	775,000
Allspring	15-Nov-28	4.98	MTN-C	Bank of America	394,000
PFM	25-Nov-28	0.00	U.S. Govt Agency	FHLMC	280,000
PFM	25-Dec-28	4.57	U.S. Govt Agency	FHLMC	325,000
PFM	25-Dec-28	0.00	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	16-Jan-29	4.60	MTN-C	Chase Issuance Trust	490,000
PFM	31-Jan-29	4.60	MTN-C	Paccar Financial Mtn	160,000
PFM	8-Feb-29	4.60	MTN-C	Air products	295,000
PFM	8-Feb-29	4.60	MTN-C	Texas Instrs	370,000
PFM	15-Feb-29	4.94	MTN-C	Wells Fargo Card	560,000
PFM	20-Feb-29	4.90	MTN-C	Cummins INC	195,000
PFM	22-Feb-29	4.90	MTN-C	Bristol Myers Squibb	200,000
Allspring	26-Feb-29	5.18	ABS	BMW Vehicle Owner	1,100,000
PFM	26-Feb-29	4.85	MTN-C	Cisco Sys	225,000
PFM	26-Feb-29	4.85	MTN-C	Astrazeneca	165,000
PFM	28-Feb-29	4.25	U.S. Govt Agency	US Treasury Bill	750,000
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	50,000
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	220,000
Allspring	15-Mar-29	0.00	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	5.59	MTN-C	Ford CR Auto Owner	1,000,000
PFM	15-Apr-29	5.59	MTN-C	Ford CR Auto Owner	415,000
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	20-Jun-29	5.98	MTN-C	Verizon Master Trust	1,000,000
Allspring	25-Jun-29	4.75	MTN-C	Home Depot Inc	500,000
PFM	25-Jun-29	0.00	U.S. Govt Agency	FHLMC	200,000
PFM	25-Jun-29	4.75	MTN-C	Home Depot Inc	95,000
PFM	30-Jun-29	3.25	U.S. Govt Agency	US Treasury Bill	2,030,000
PFM	15-Jul-29	4.76	MTN-C	Ford CR Auto Owner	360,000
Allspring	16-Jul-29	4.65	MTN-C	American Express	1,025,000
PFM	17-Jul-29	4.50	MTN-C	Pepsico Inc	280,000
PFM	25-Jul-29	4.54	U.S. Govt Agency	FHLMC	515,000
PFM	25-Jul-29	4.62	U.S. Govt Agency	FHLMC	410,000
Allspring	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	500,000
PFM	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	750,000
PFM	6-Aug-29	4.84	MTN-C	Citibank N A	295,000
PFM	9-Aug-29	4.55	MTN-C	Toyota Motor	195,000
PFM	14-Aug-29	4.20	MTN-C	Eli Lilly Co	65,000
PFM	16-Aug-29	4.27	ABS	GM Finl con Auto Rec	155,000
PFM	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	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
Allspring	30-Nov-29	4.25	U.S. Govt Agency	US Treasury Bill	1,700,000
PFM	1-May-27	5.41	MTN-C	Goldman Sachs	220,000
PFM			ABS	Hyundai Auto Rec	195,000

\$ 143,885,709

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
December 31, 2024**

	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
<u>Self-insurance trust</u>							
Wells Fargo Bank			Money market		110900	967,173	
Wells Fargo Bank			Fixed income - L/T		152300	747,756	
							1,714,928
<u>2015A revenue bonds</u>							
US Bank			Principal/Interest payment fund		142110	1,089,733	
							1,089,733
<u>2015B revenue bonds</u>							
US Bank			Principal/Interest payment fund		142110	373,400	
							373,400
<u>2017C revenue bonds</u>							
US Bank			Principal/Interest payment fund		142110	3,213,825	
							3,213,825
<u>2020 revenue bonds</u>							
US Bank			Principal/Interest payment fund		142110	576,753	
							576,753
<u>2022 revenue bonds</u>							
US Bank			Principal/Interest payment fund		142110	1,467,809	
							1,467,809
<u>2014 general obligation bonds</u>							
CAMP			Interest Payment fund		152440	4,167,573	
							4,167,573
<u>Master Reserve fund</u>							
US Bank					142102	(368,772)	
US Bank					142103	23,180,322	
							22,811,550
<u>Operations</u>							
Wells Fargo Bank	0.16	Checking	100100	100100		(3,037,048)	
Wells Fargo Bank	0.16	Checking	100500	100500		16,194,633	
						13,157,585	
<u>Payroll</u>							
Wells Fargo Bank	0.16	Checking		100200		(218,022)	
Wells Fargo Bank	0.16	Checking	Flexible Spending	100300		1,060,482	
Wells Fargo Bank	0.16	Checking	HSA	100300		15,905	
						858,365	
							14,015,950
Total investments						\$ 193,317,231	

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
December 31, 2024

Kaweah Delta Medical Foundation

Wells Fargo Bank	Checking	100100	\$ (931)
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Prime Infusion Network

Wells Fargo Bank	Checking	100500	\$ -
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Sequoia Regional Cancer Center

Wells Fargo Bank	Checking	100500	(97,402)
			\$ (97,402)

Kaweah Delta Hospital Foundation

Central Valley Community Checking	Investments	100100	360,715
Various	S/T Investments	142200	5,175,418
Various	L/T Investments	142300	13,330,559
Various	Unrealized G/L	142400	3,053,913
			\$ 21,920,604

Summary of board designated funds:

Plant fund:

Uncommitted plant funds	\$ 93,734,236	142100	
Committed for capital	16,812,250	142100	
	110,546,486		
GO Bond reserve - L/T	1,992,658	142100	
401k Matching	10,168,270	142100	
Cost report settlement - current	2,135,384	142104	
Cost report settlement - L/T	1,312,727	142100	
	3,448,111		
Development fund/Memorial fund	104,184	112300	
Workers compensation - current	5,180,000	112900	
Workers compensation - L/T	12,446,000	113900	
	17,626,000		
	\$ 143,885,709		

Investment summary by institution:

	Total Investments	%	Trust Accounts	Surplus Funds	%
CAMP	13,135,910	6.8%		13,135,910	8.3%
Local Agency Investment Fund (LAIF)	9,773,060	5.1%		9,773,060	6.2%
CAMP - GOB Tax Rev	4,167,573	2.2%	4,167,573	-	0.0%
Allspring	59,174,035	30.6%	1,714,928	57,459,107	36.4%
PFM	58,802,682	30.4%		58,802,682	37.2%
Western Alliance	250,000			250,000	0.2%
American Business Bank	235,500			235,500	0.1%
CalPrivate Bank	235,500			235,500	0.1%
Citizens National Bank of Texas	235,500			235,500	0.1%
Community Bank of the Day	203,034			203,034	0.1%
East West Bank	235,500			235,500	0.1%
Farmers Bank and Trust Company	235,500			235,500	0.1%
Frontier Bank of Texas	235,500			235,500	0.1%
Optus Bank	221,247			221,247	0.1%
Poppy Bank	235,500			235,500	0.1%
Republic Bank	206,240			206,240	0.1%
St. Louis Bank	235,500			235,500	0.1%
Willamette Valley Bank	235,500			235,500	0.1%
Wells Fargo Bank	15,730,878	8.1%		15,730,878	10.0%
US Bank	29,533,071	15.3%	29,533,071	-	0.0%
Total investments	\$ 193,317,231	100.0%	\$ 35,415,573	157,901,658	100.0%

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
December 31, 2024

Investment summary of surplus funds by type:

		Investment Limitations	
Negotiable and other certificates of deposit	\$ 3,000,021	47,370,000	(30%)
Checking accounts	14,015,950		
Local Agency Investment Fund (LAIF)	9,773,060	75,000,000	
CAMP	13,135,910		
Medium-term notes (corporate) (MTN-C)	35,654,000	47,370,000	(30%)
U.S. government agency	67,401,254		
Municipal securities	5,620,000		
Money market accounts	2,092,627	31,580,000	(20%)
Commercial paper	-	39,475,000	(25%)
Asset Backed Securities	7,208,836	31,580,000	(20%)
Supra-National Agency	-	47,370,000	(30%)
	<u>\$ 157,901,658</u>		

Return on investment:

Current month	<u>4.31%</u>
Year-to-date	<u>3.67%</u>
Prospective	<u>2.79%</u>
 LAIF (year-to-date)	 <u>4.52%</u>
Budget	<u>2.82%</u>

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

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

Investment summary of CDs:

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

Investment summary of asset backed securities:

Ally Auto Rec	\$ 195,000
American Honda Mtn	145,000
BMW Vehicle Owner	1,195,000
Fifth Third Auto	385,000
Capital One Prime	181,656
Carmax Auto Owner	445,130
GM Finl con Auto Rec	265,000
Honda Auto	350,000
Honda Auto Rec Own	67,485
Hyundai Auto	115,000
Hyundai Auto Rec	1,195,000
John Deere Owner	1,000,000
Kubota Credit	6,585
Mercedes Benz Auto	1,162,980
Nissan Auto Lease	500,000
	<u>\$ 7,208,836</u>

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
December 31, 2024

Investment summary of medium-term notes (corporate):

Accenture Capital	\$	195,000
Adobe Inc		225,000
American Express		1,470,000
American Express Co		595,000
Air products		295,000
Astrazeneca		165,000
Astrazeneca LP		265,000
Bank of America		2,219,000
Bank New York Mellon Mtn		300,000
Bank New York Mtn		1,000,000
Blackrock Funding		455,000
Bp Cap Mkts Amer		310,000
Bristol Myers Squibb		200,000
Chase Issuance Trust		925,000
Caterpillar Finl Mtn		1,220,000
Cisco Sys		485,000
Citibank N A		1,830,000
Cooperative CD		400,000
Cummins INC		195,000
Daimler Trucks		325,000
Deere John Mtn		770,000
Eli Lilly Co		65,000
Ford CR Auto Owner		1,935,000
GM Finl Consumer		1,000,000
Goldman Sachs		1,320,000
Harley Davidson		500,000
Home Depot Inc		815,000
Honeywell		185,000
Hormel Food Corp		115,000
IBM Corp		640,000
John Deere Mtn		620,000
JP Morgan		1,515,000
Mastercard		130,000
Morgan Stanley		1,280,000
National Rural Mtn		160,000
Natixis Ny		405,000
Novartis Capital		365,000
Paccar Financial Mtn		255,000
Pepsico inc		280,000
Procter Gamble Co		1,300,000
State Street Corp		1,335,000
Target Corp		900,000
Texas Instrs		370,000
Toyota Motor		1,725,000
Unitedhealth Group		85,000
US Bank NA		1,400,000
Verizon Master Trust		1,000,000
Walmart INC		205,000
Wells Fargo Bank Na		545,000
Wells Fargo Card		560,000
Wells Fargo co		800,000
	\$	35,654,000

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	\$	4,015,992
Federal Home Loan Bank (FHLB)		525,000
Federal Home Loan Mortgage Corp (FHLMC)		9,750,263
US Treasury Bill		53,110,000
	\$	67,401,254

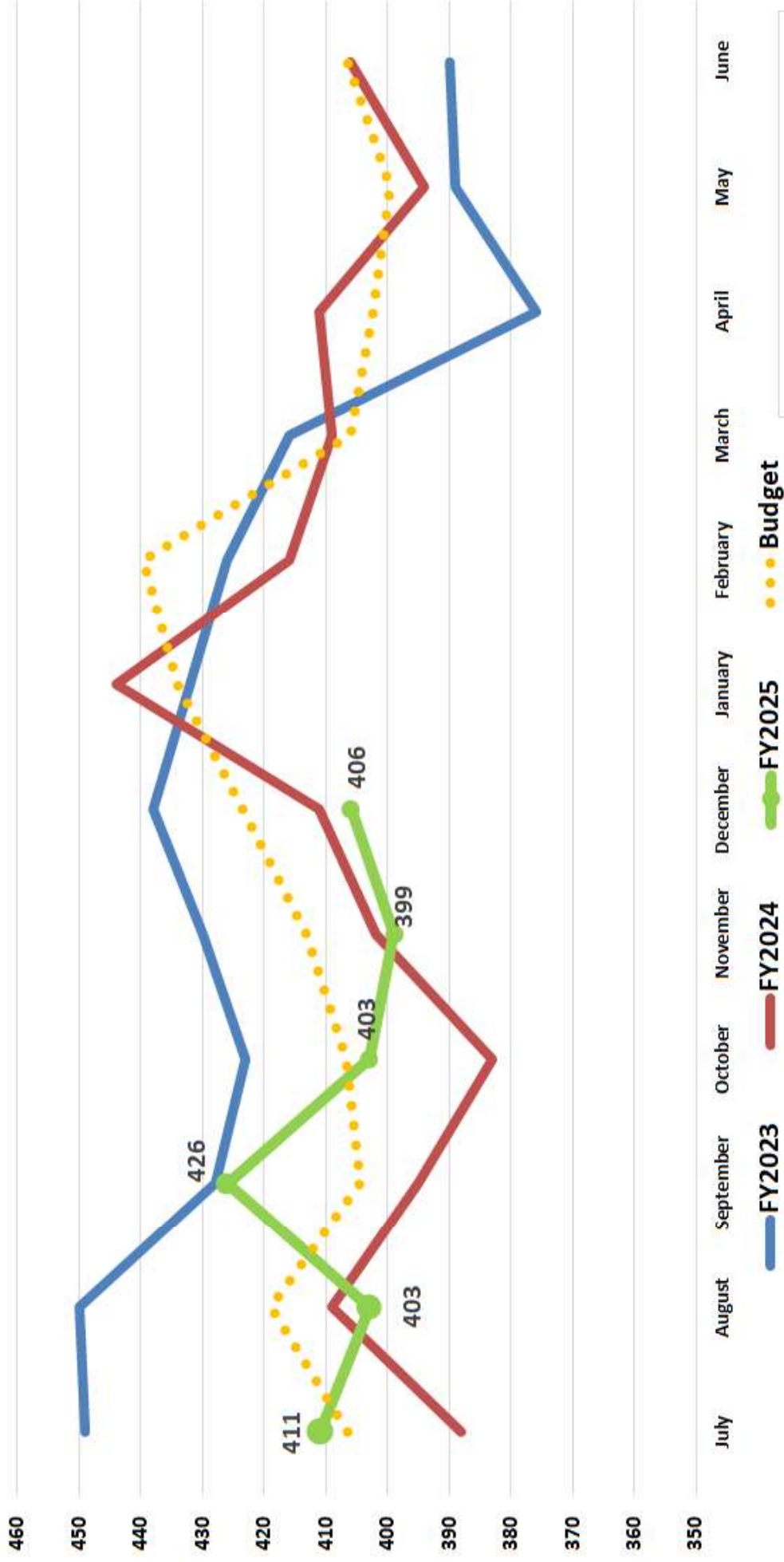
Investment summary of municipal securities:

Alameda Cnty Ca	\$	500,000
Anaheim Ca Pub		1,000,000
Bay Area Toll		250,000
California St Univ		125,000
Connecticut ST		400,000
Los Angeles Ca		270,000
Massachusetts St		1,000,000
San Diego County		300,000
San Francisco Ca		1,000,000
San Juan Ca		190,000
Santa Cruz Ca		400,000
University Calf Ca		185,000
	\$	5,620,000

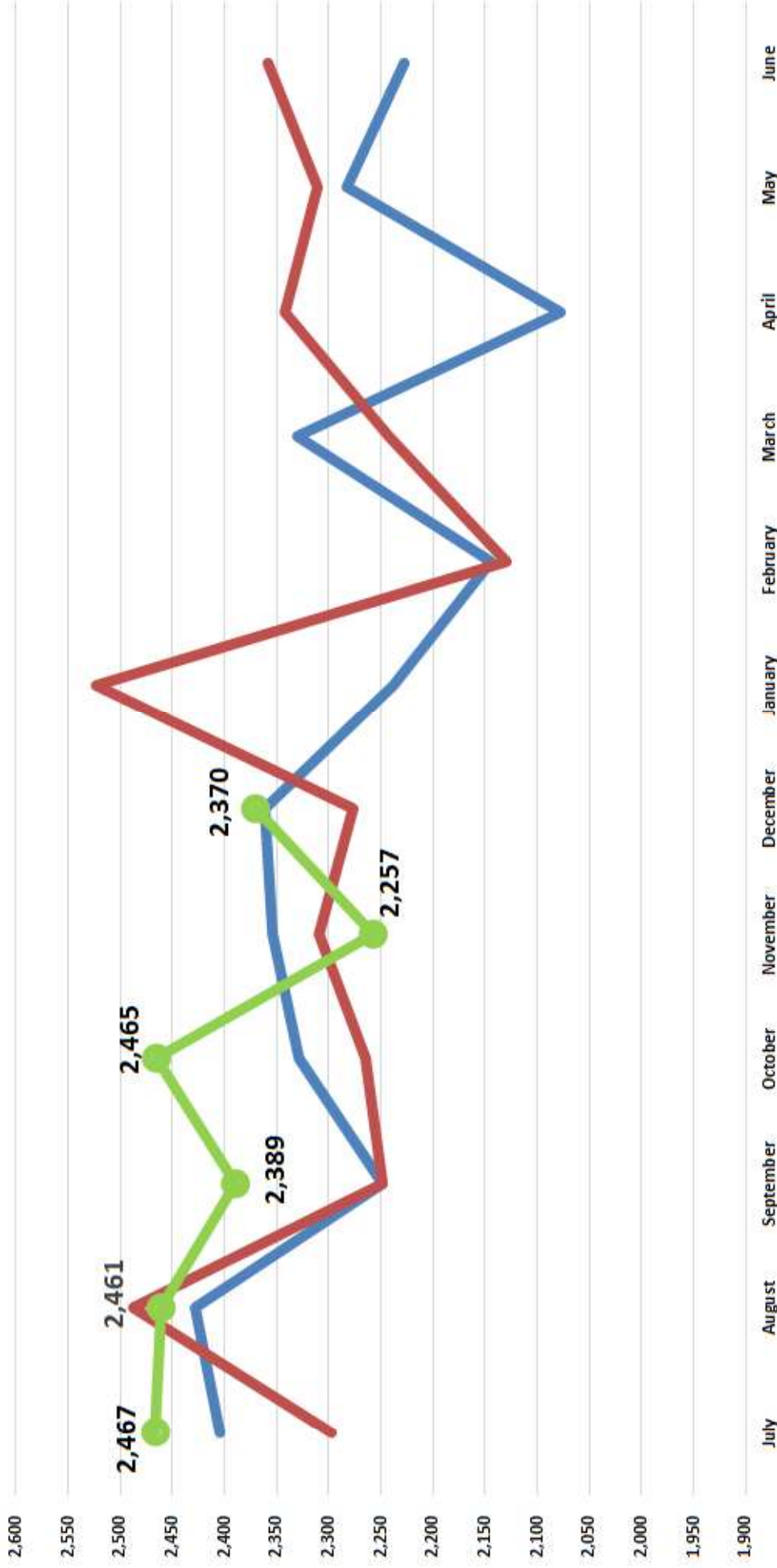
Statistical Report

December 2024

Average Daily Census



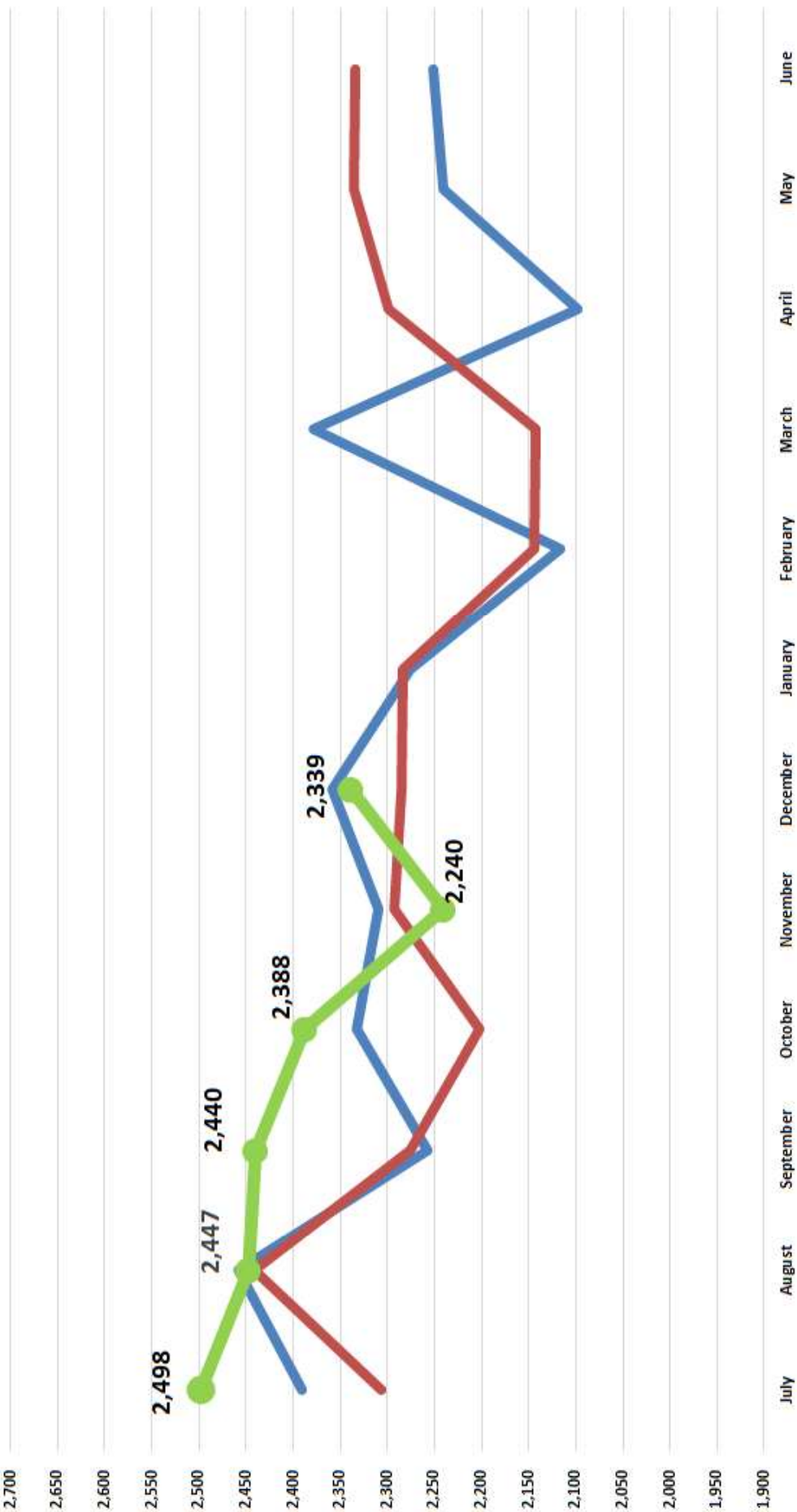
Admissions



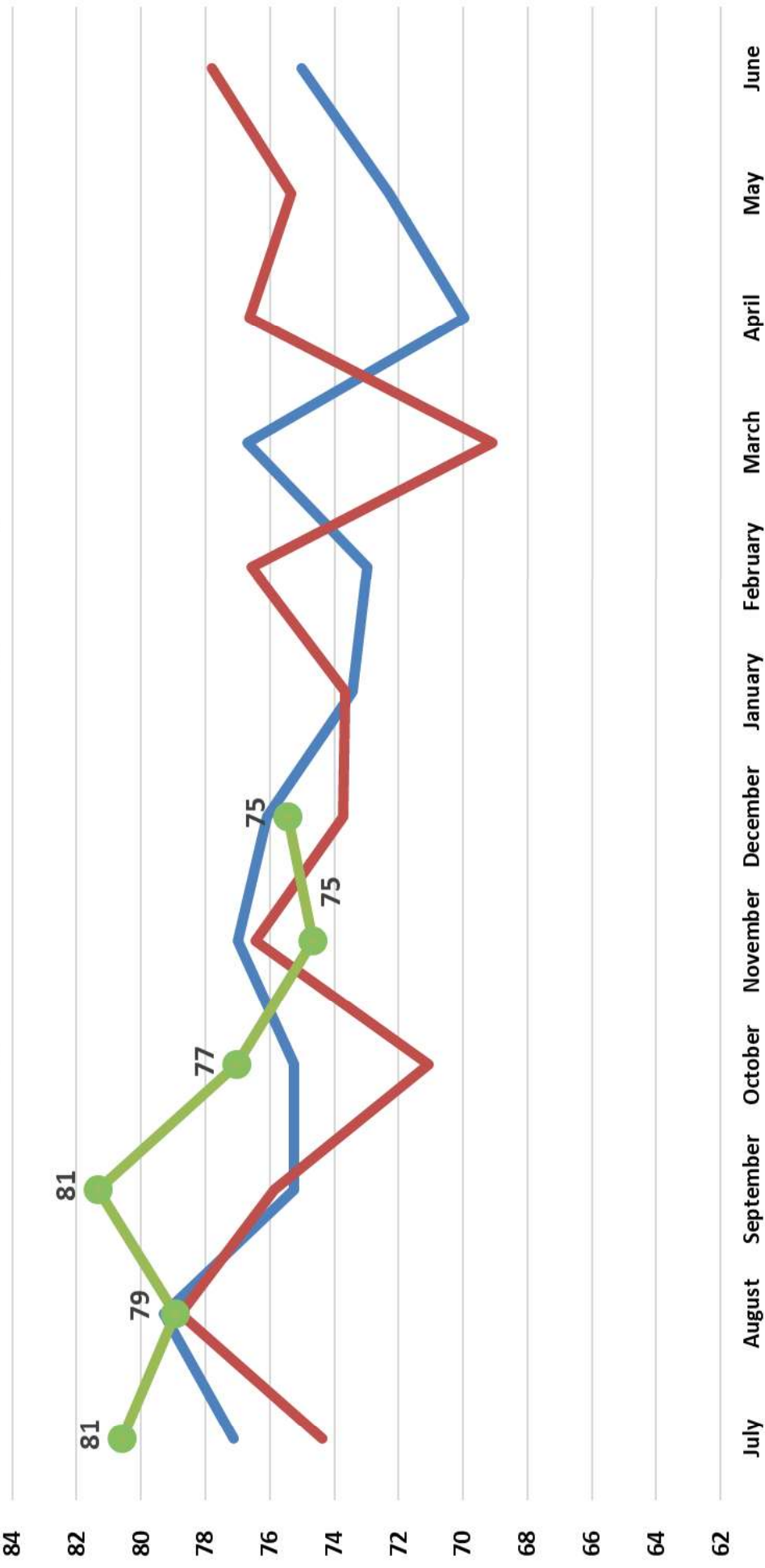
—●— FY2023
 —●— FY2024
 —●— FY2025



Discharges

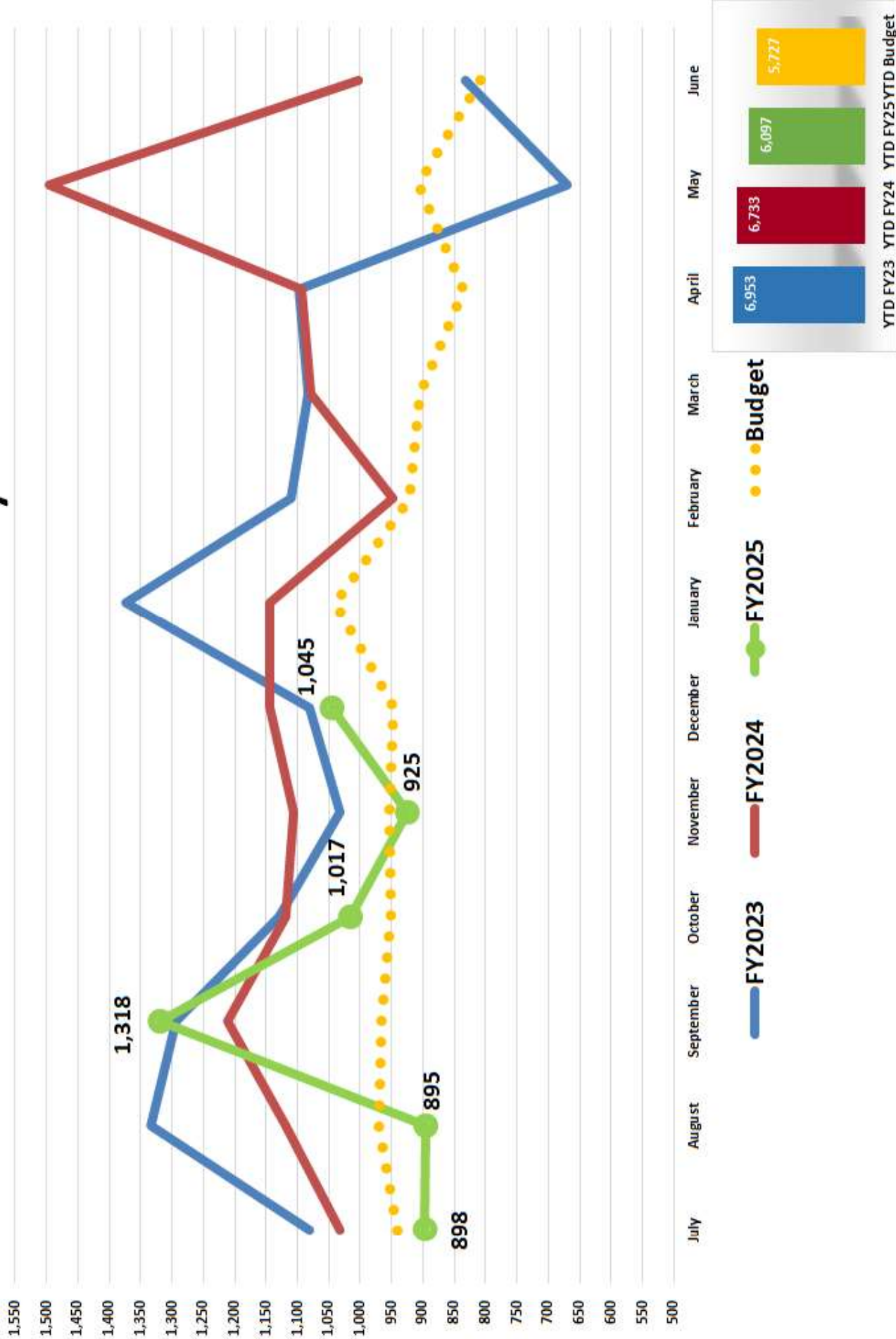


Average Discharges per day

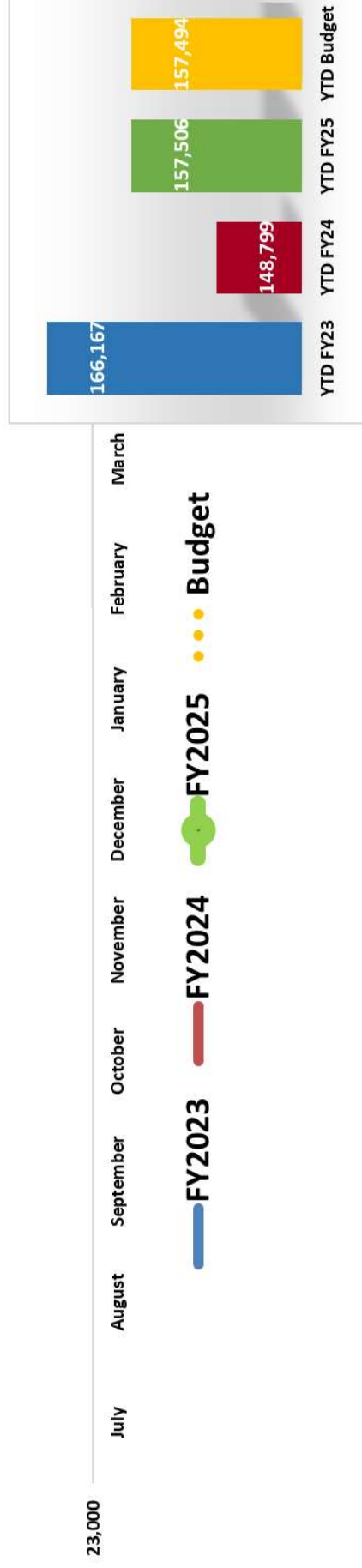
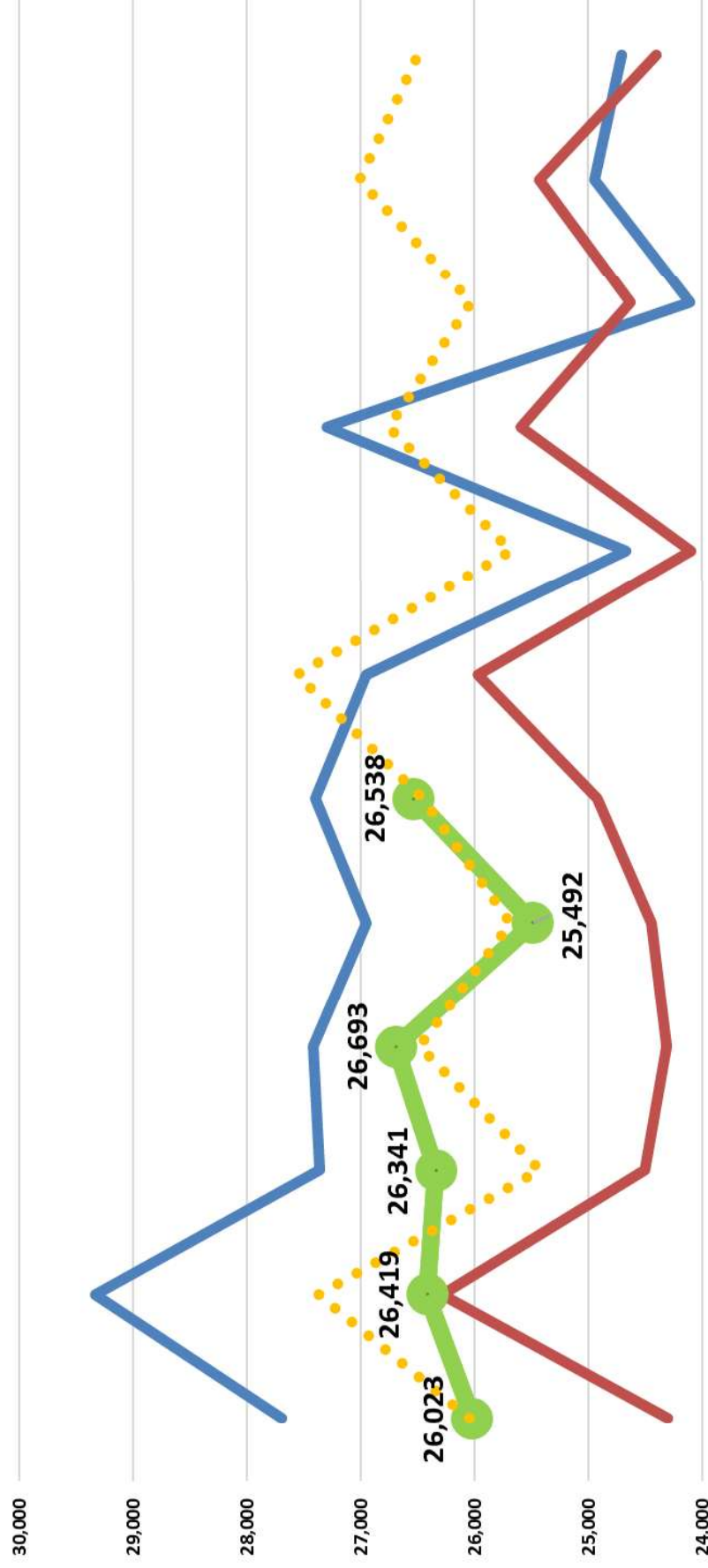


77	Avg/day FY22
75	Avg/day FY23
78	Avg/day FY24

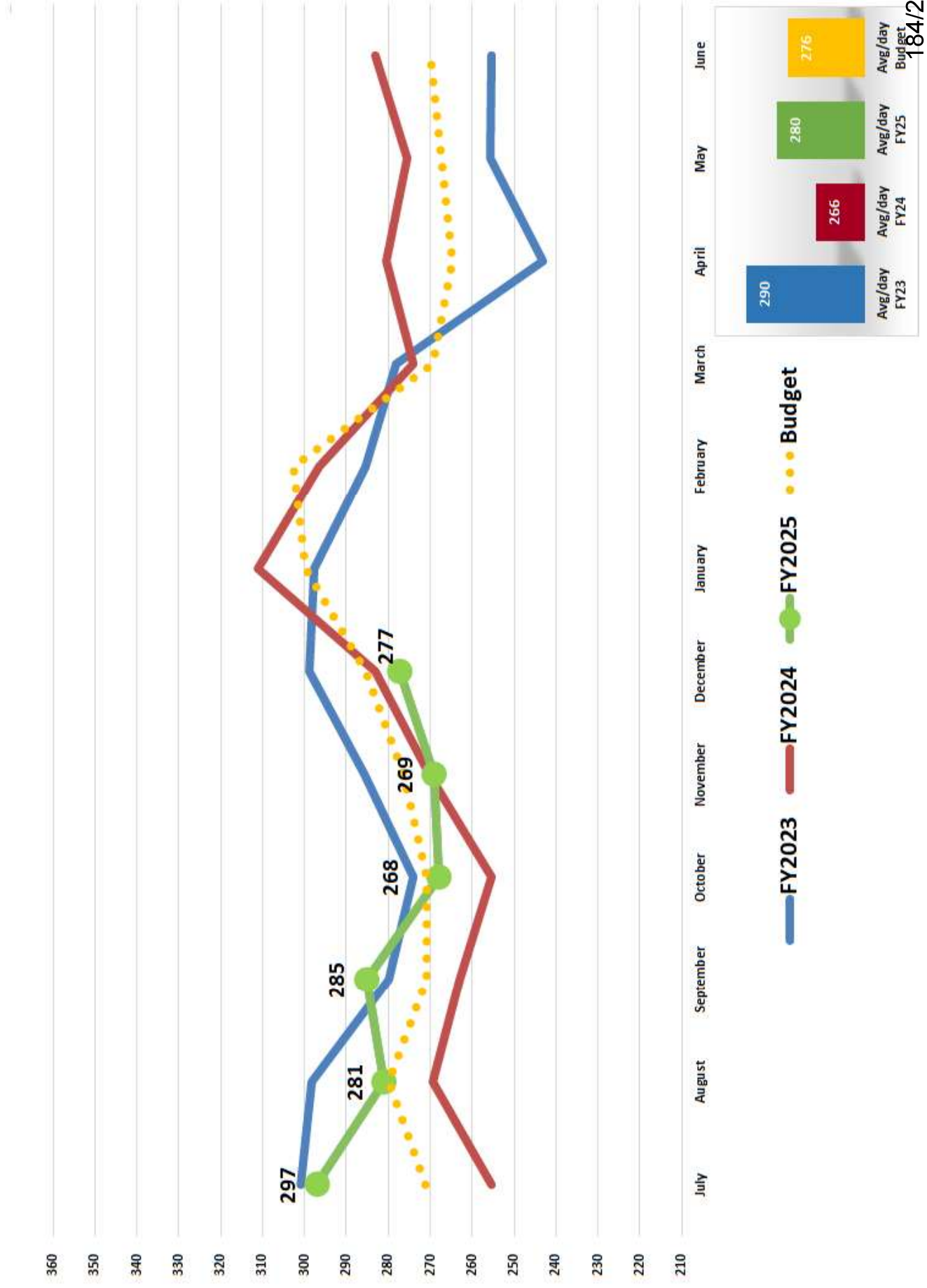
Observation Days



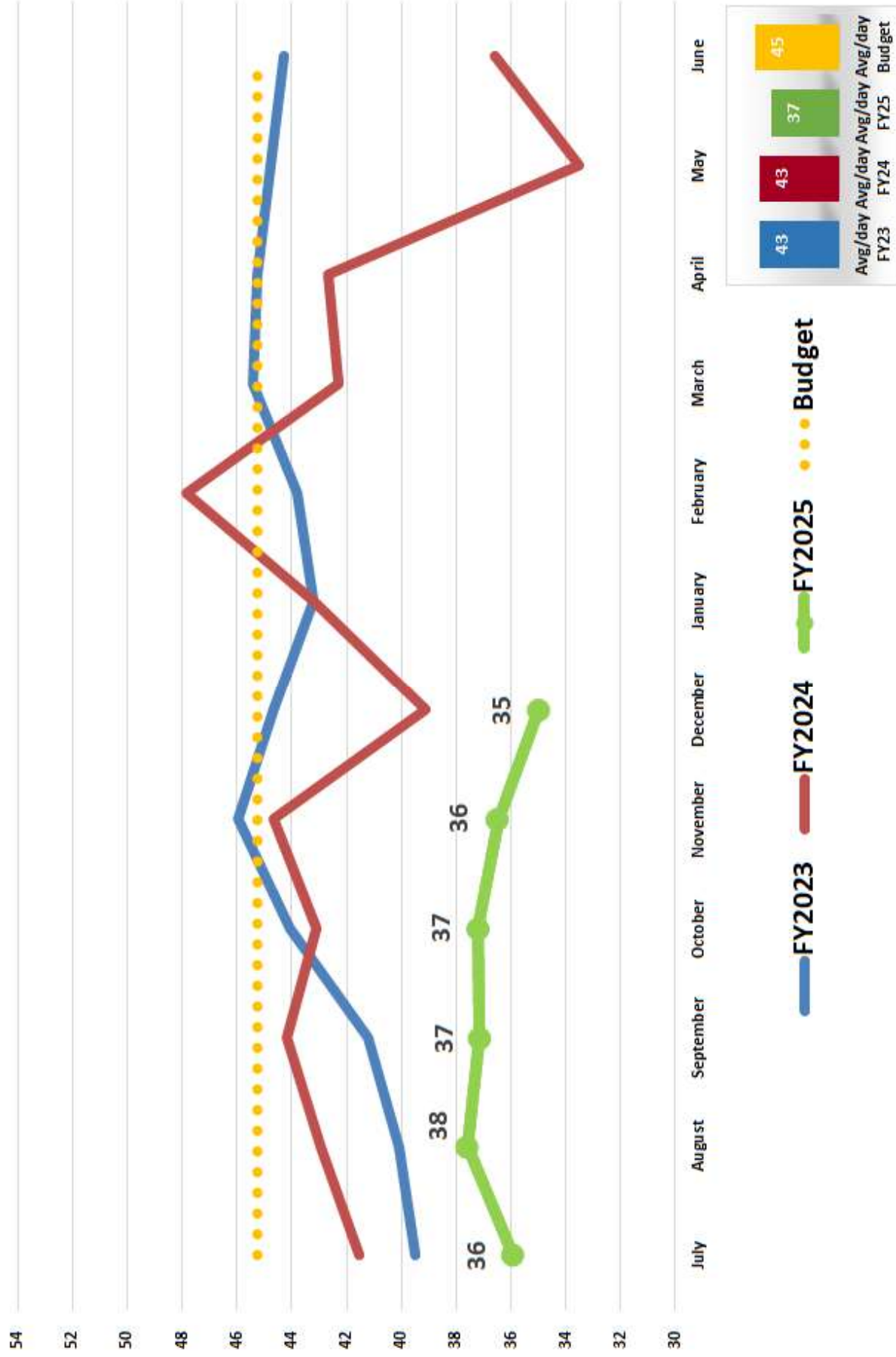
Adjusted Patient Days



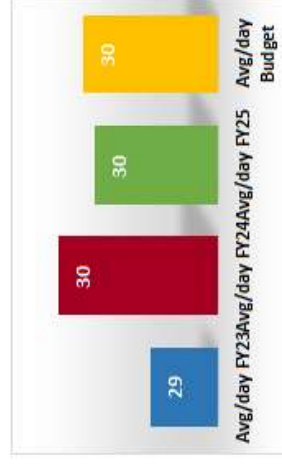
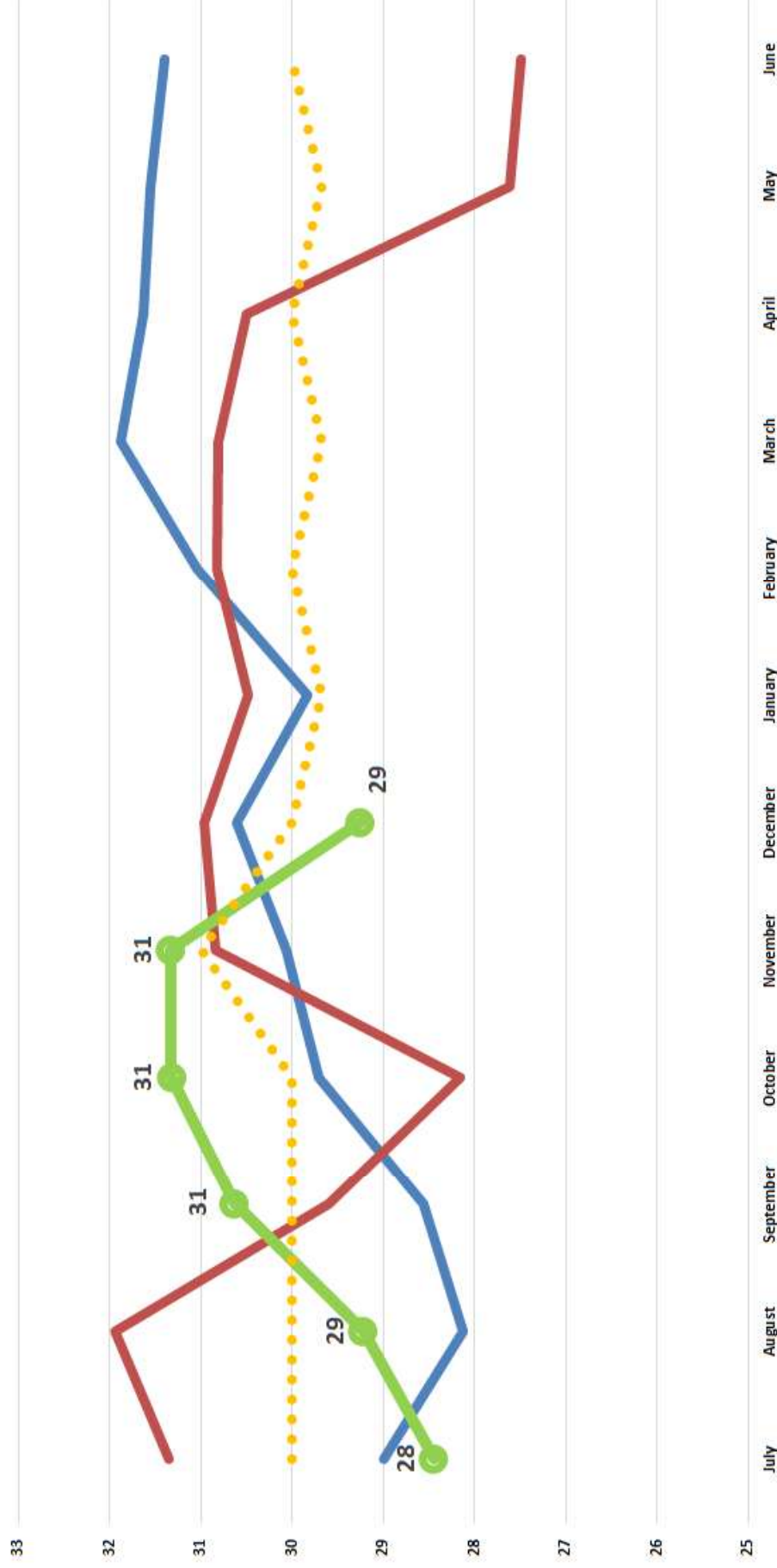
Medical Center (Avg Patients Per Day)



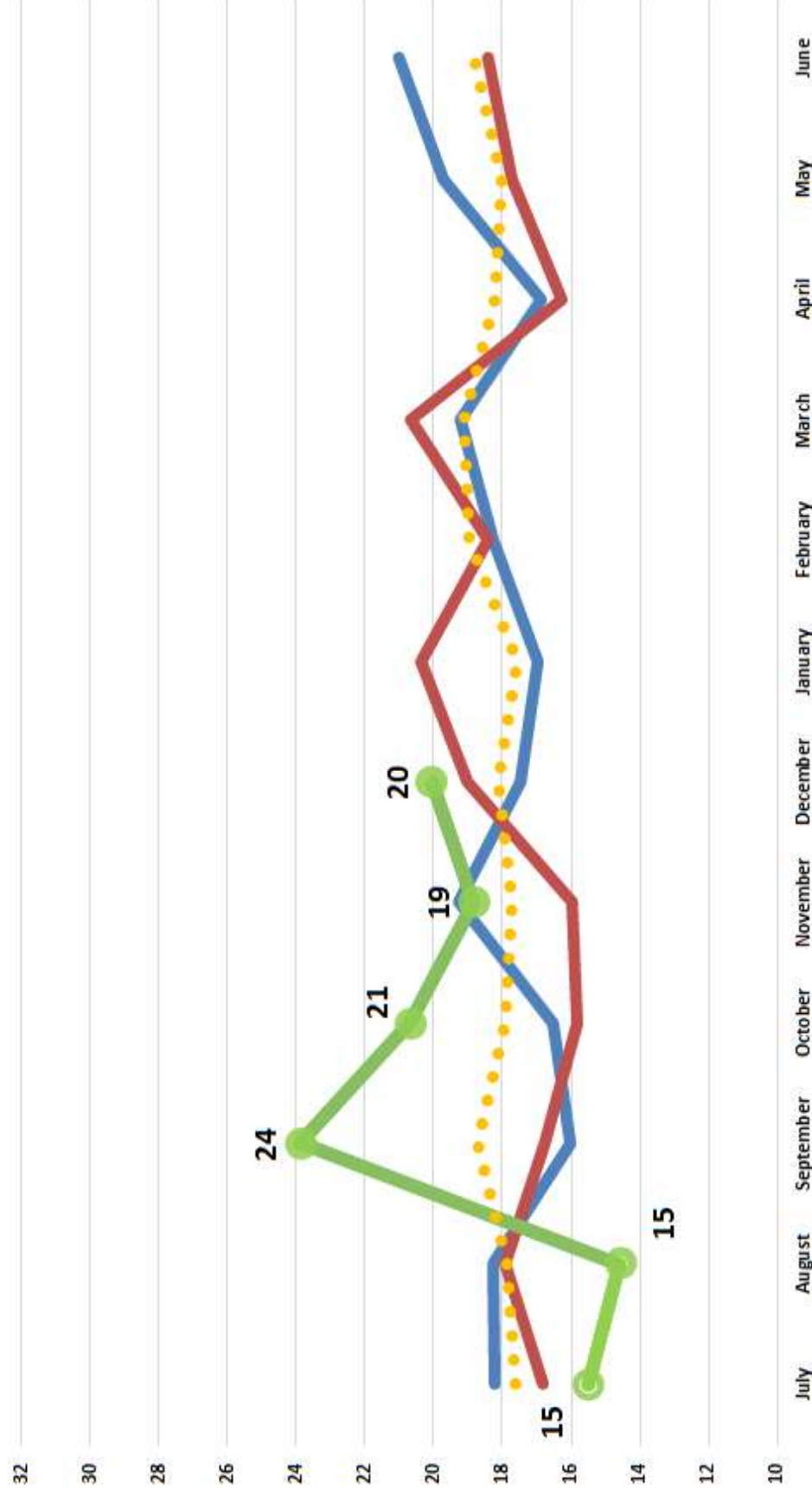
Acute I/P Psych (Avg Patients Per Day)



Sub-Acute - Avg Patients Per Day



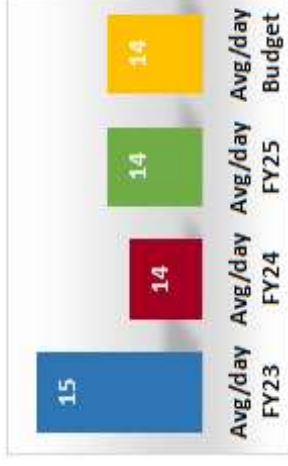
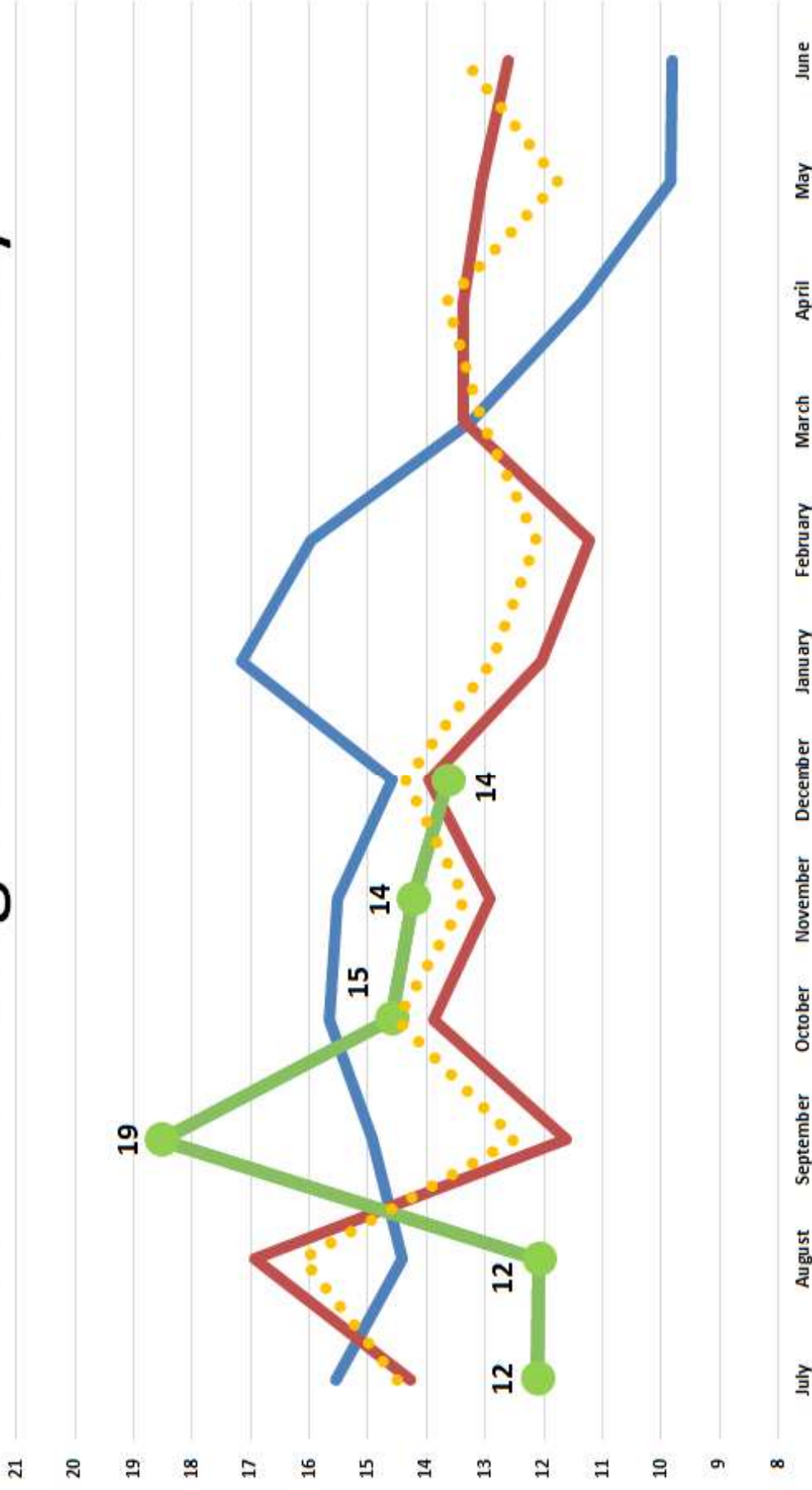
Rehabilitation Hospital - Avg Patients Per Day



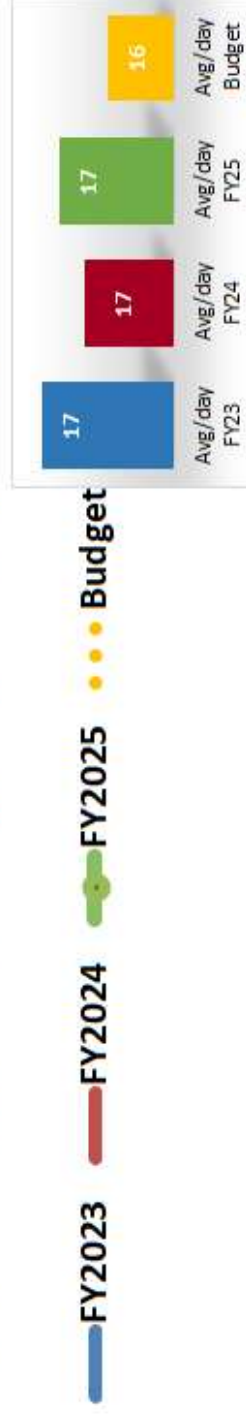
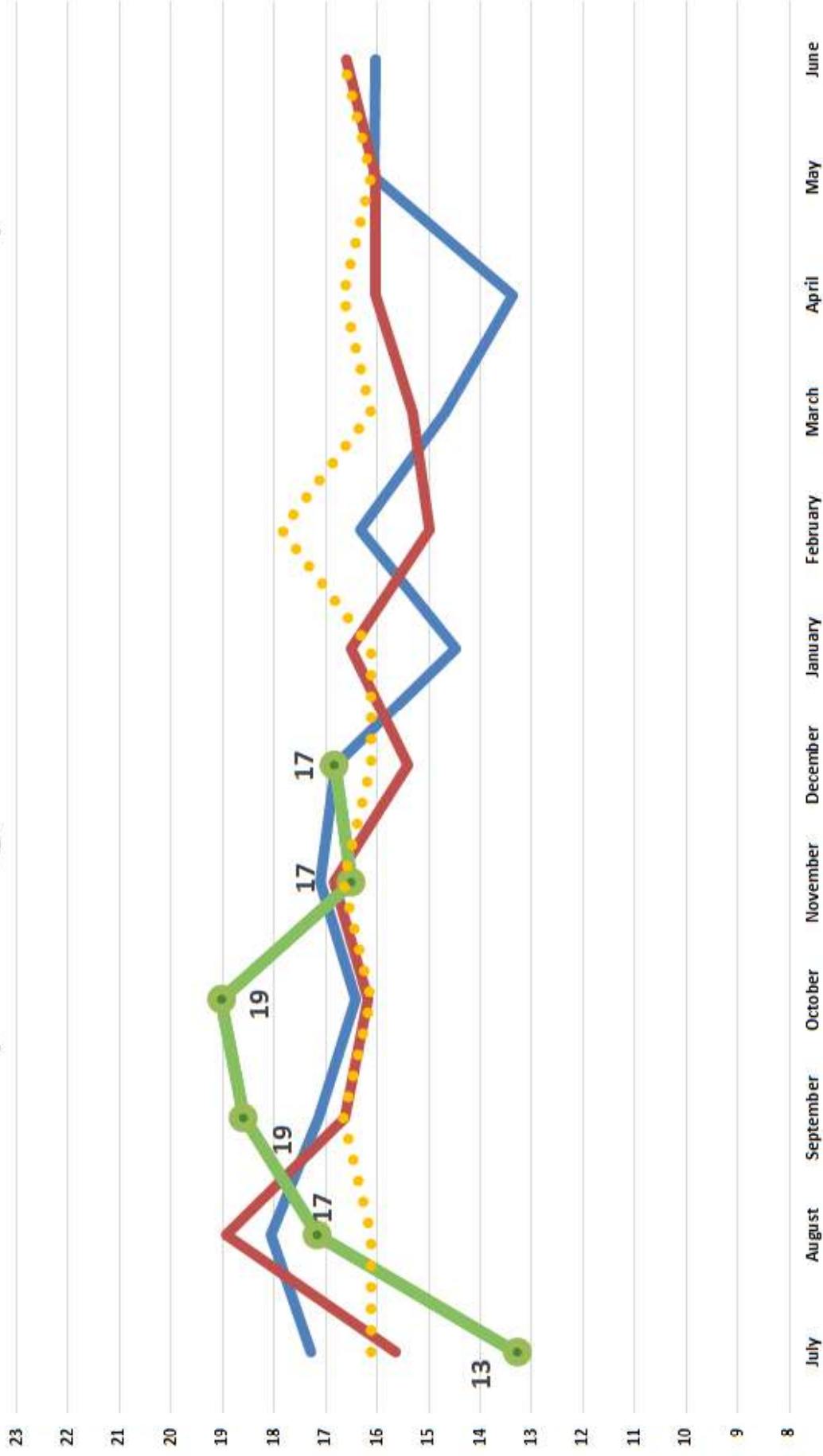
TCS Ortho - Avg Patients Per Day



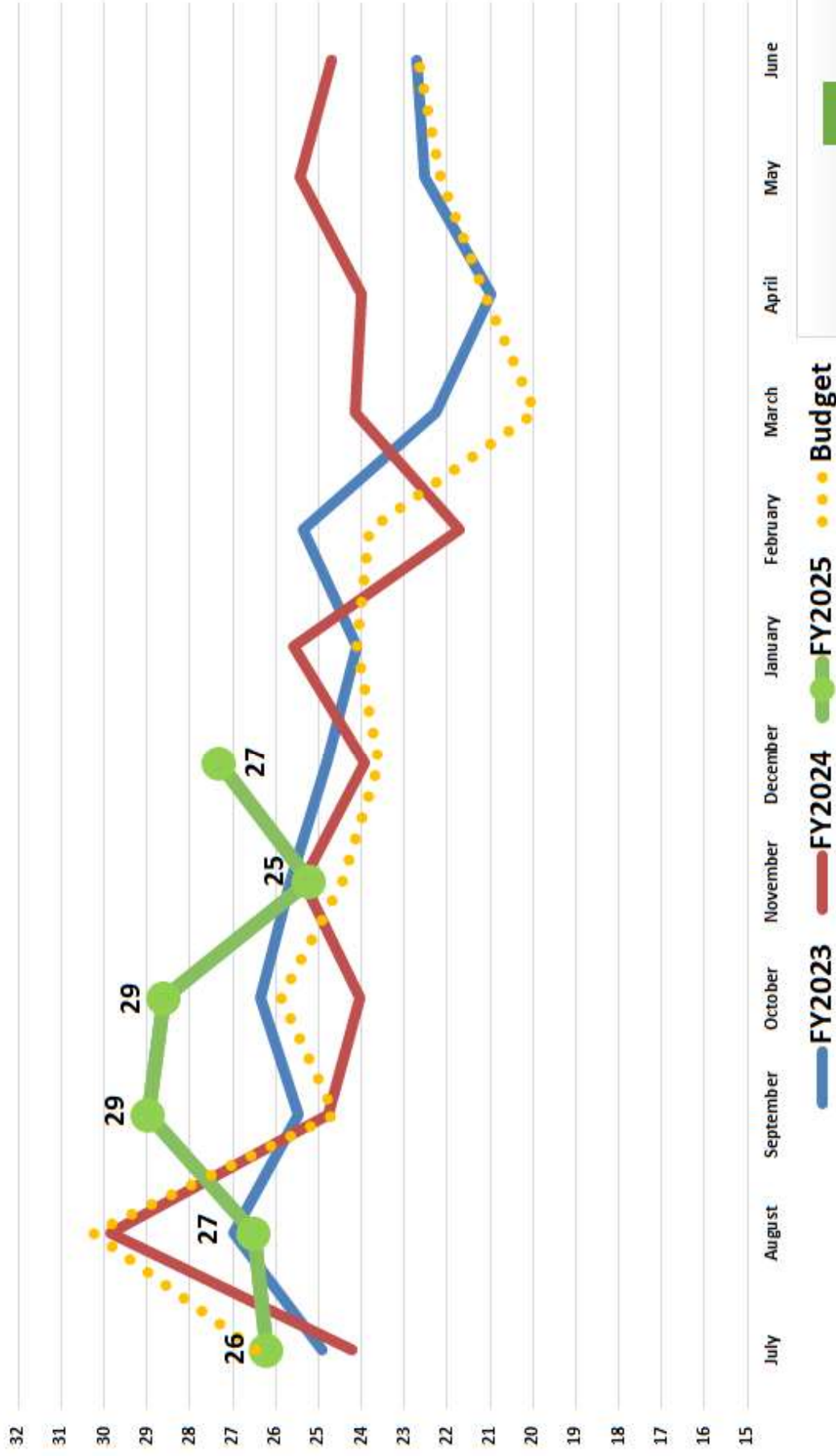
NICU - Avg Patients Per Day



Nursery - Avg Patients Per Day



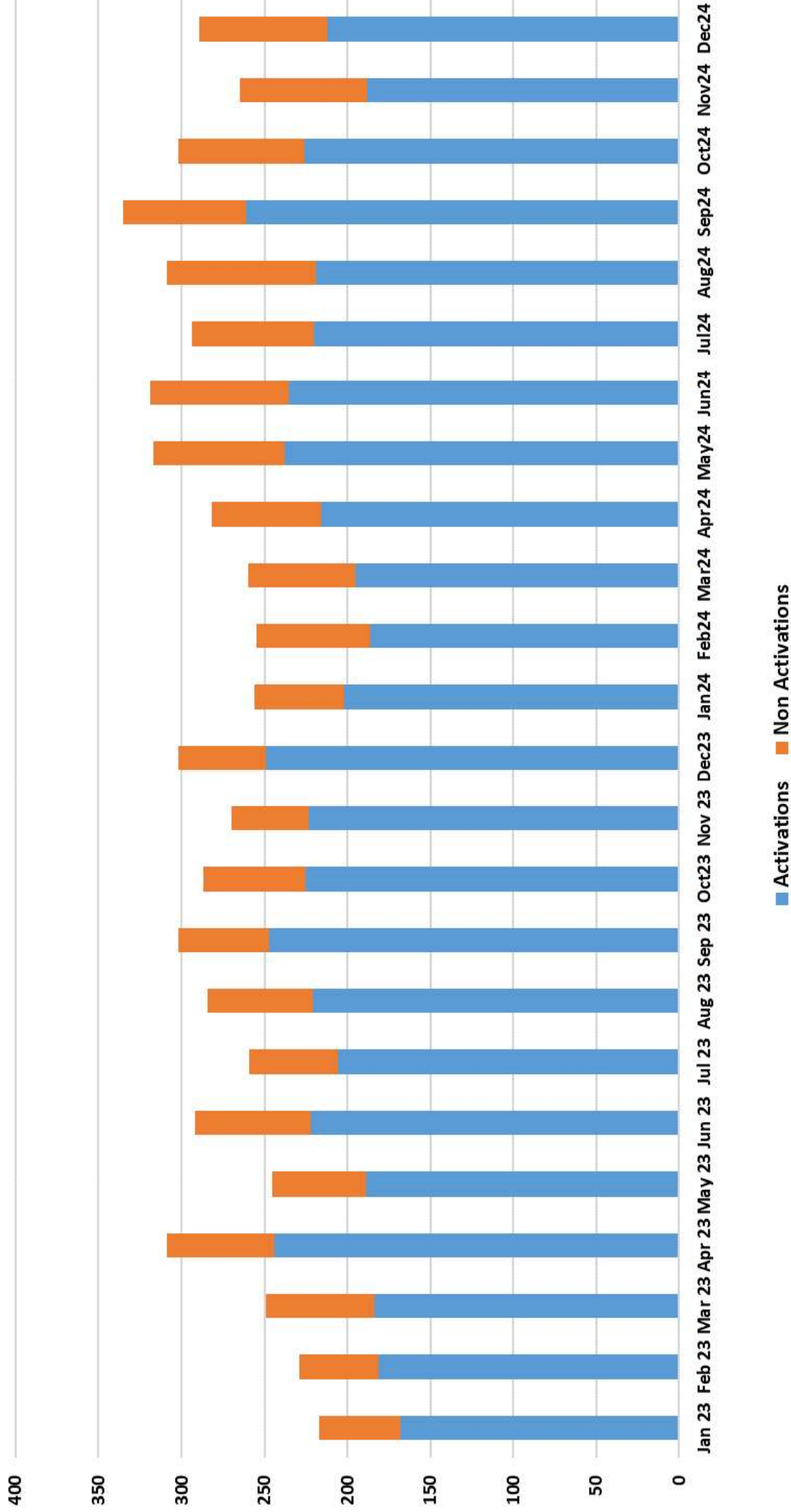
Obstetrics - Avg Patients Per Day



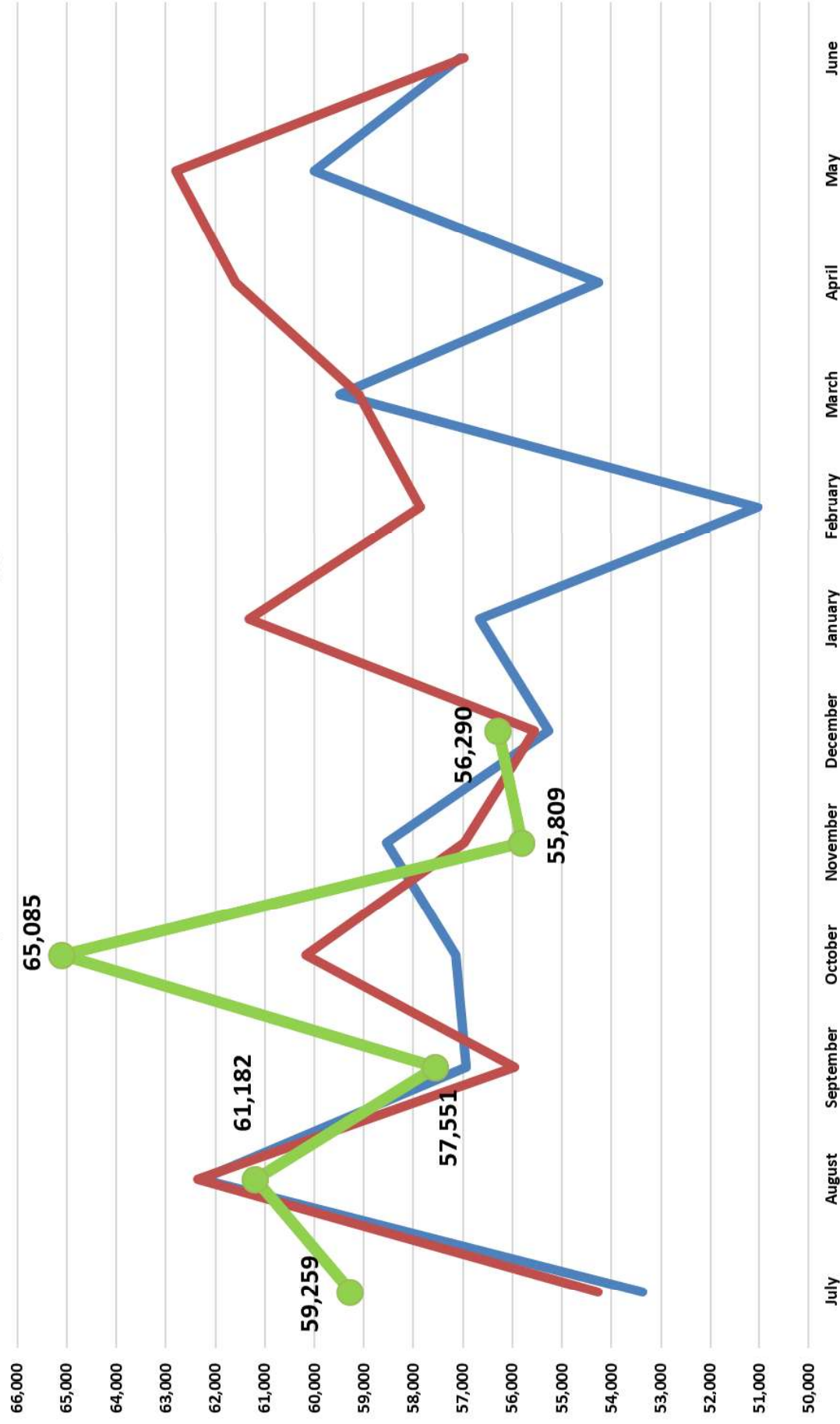
ED - Avg Treated Per Day



Trauma Activations & Non Activations



Outpatient Registrations



FY2023 FY2024 FY2025

343,561

YTD FY22

345,281

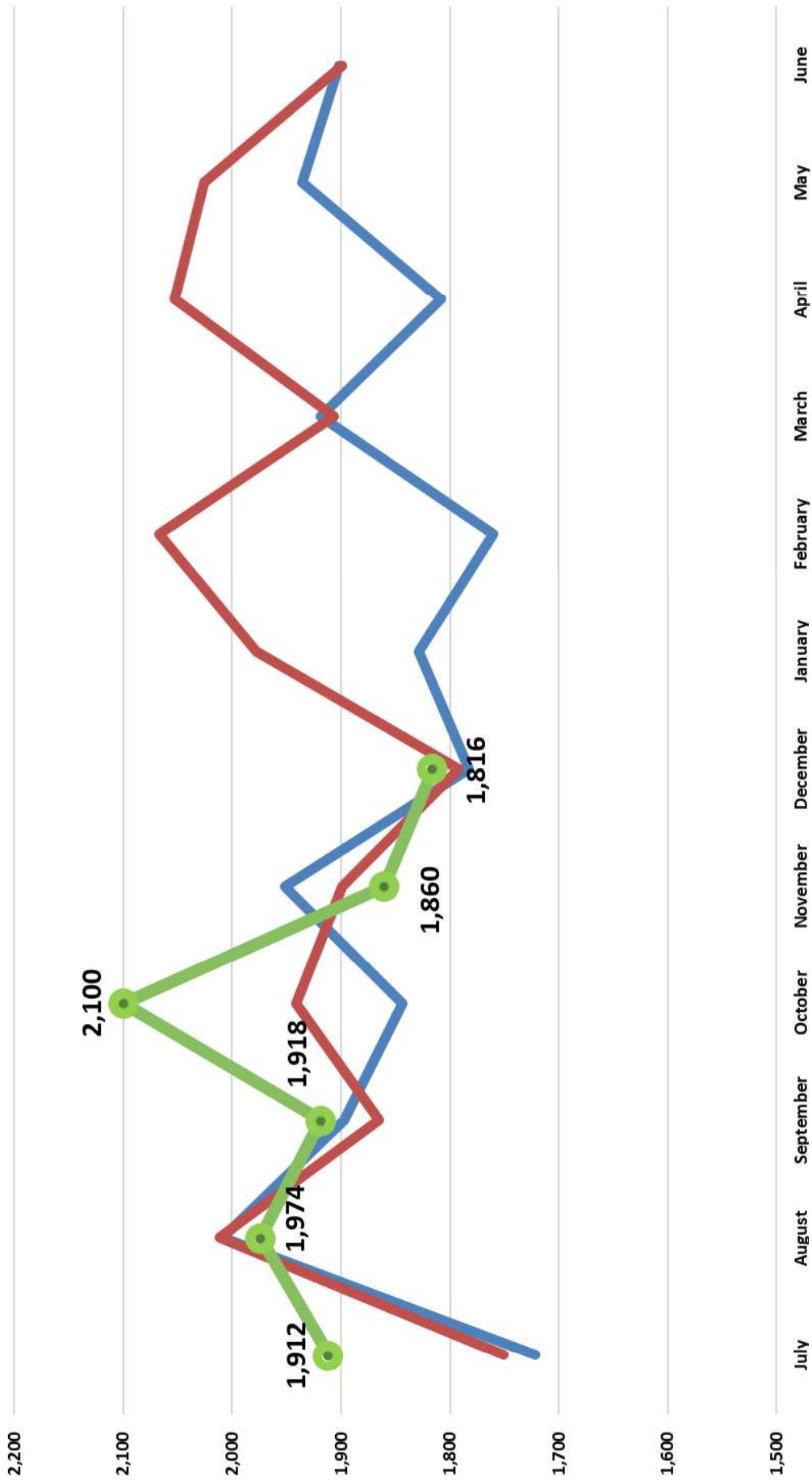
YTD FY23

355,176

YTD FY24

194/271

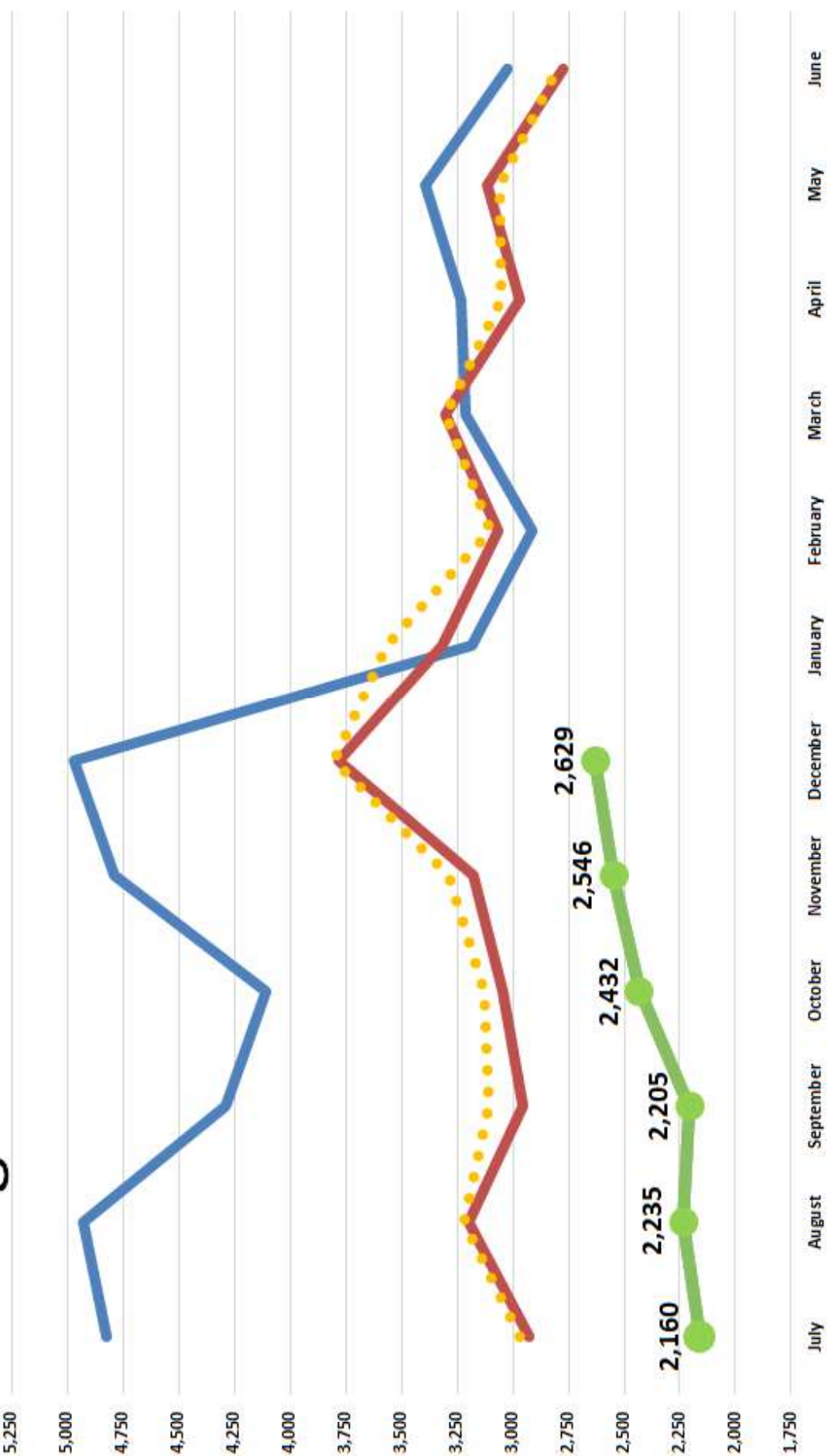
Outpatient Registrations Per Day



FY2023 FY2024 FY2025

11,207	11,260	11,579
YTD FY23	YTD FY24	YTD FY25

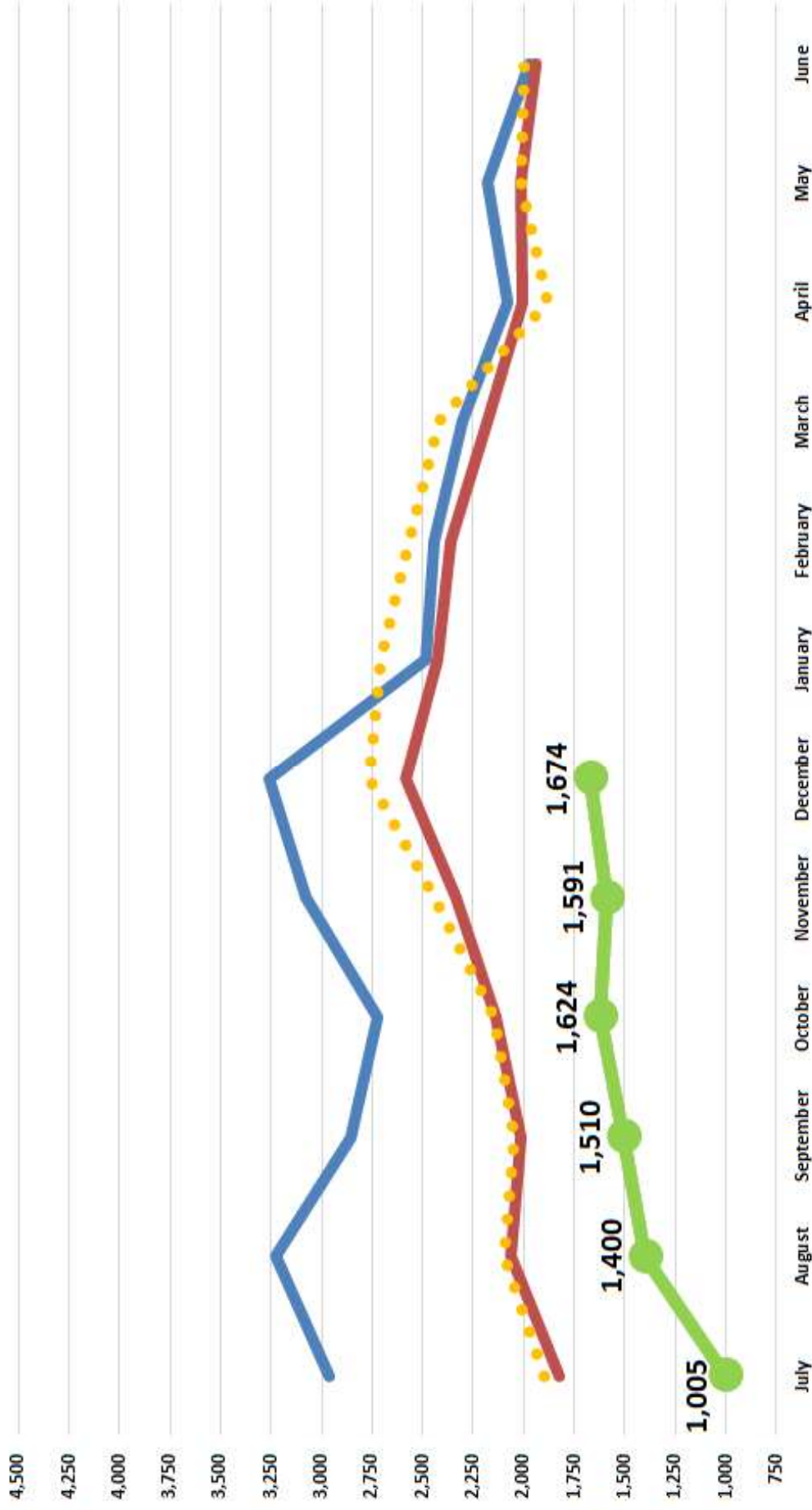
Urgent Care – Court Total Visits



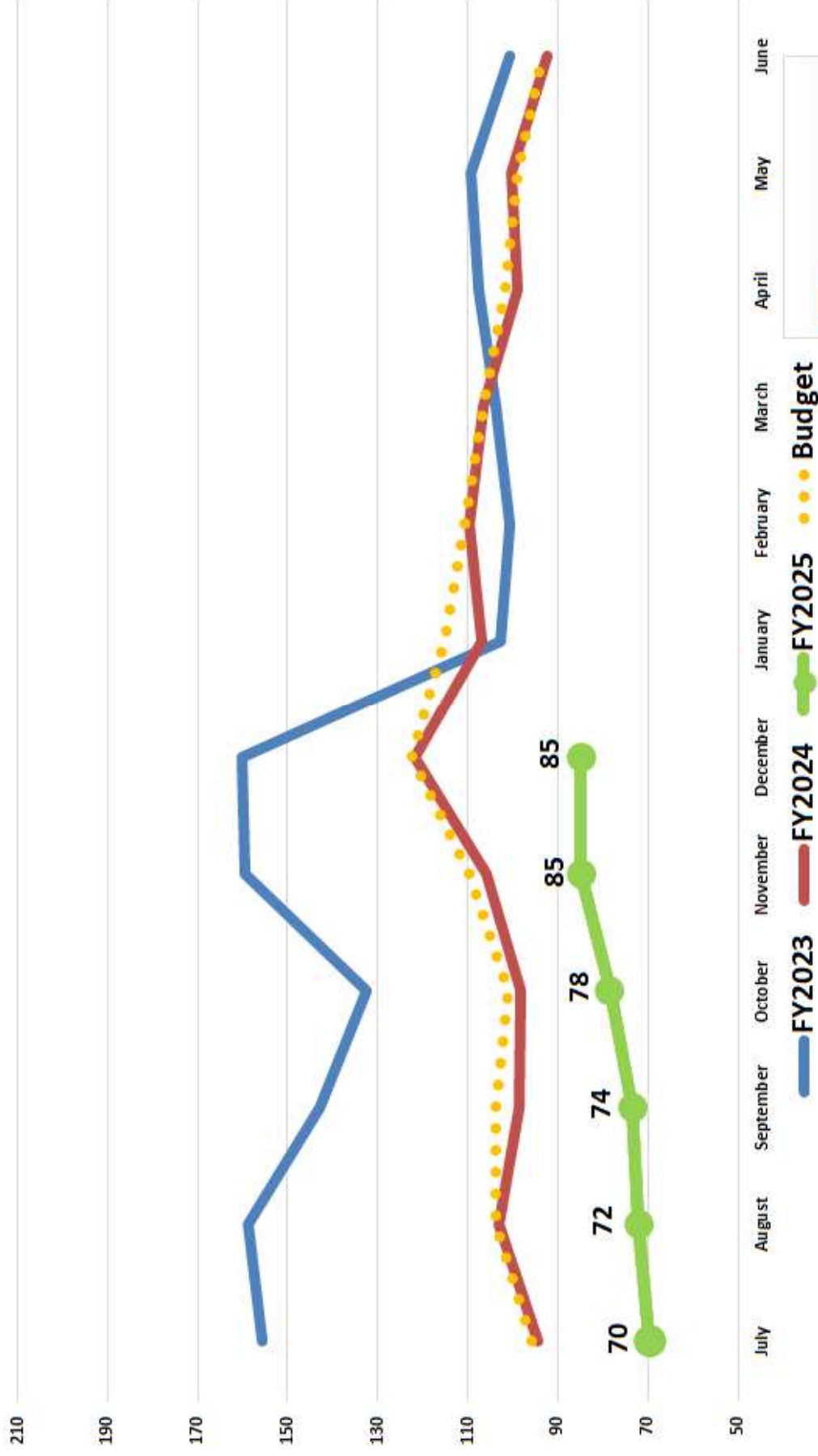
FY2023 FY2024 FY2025 Budget



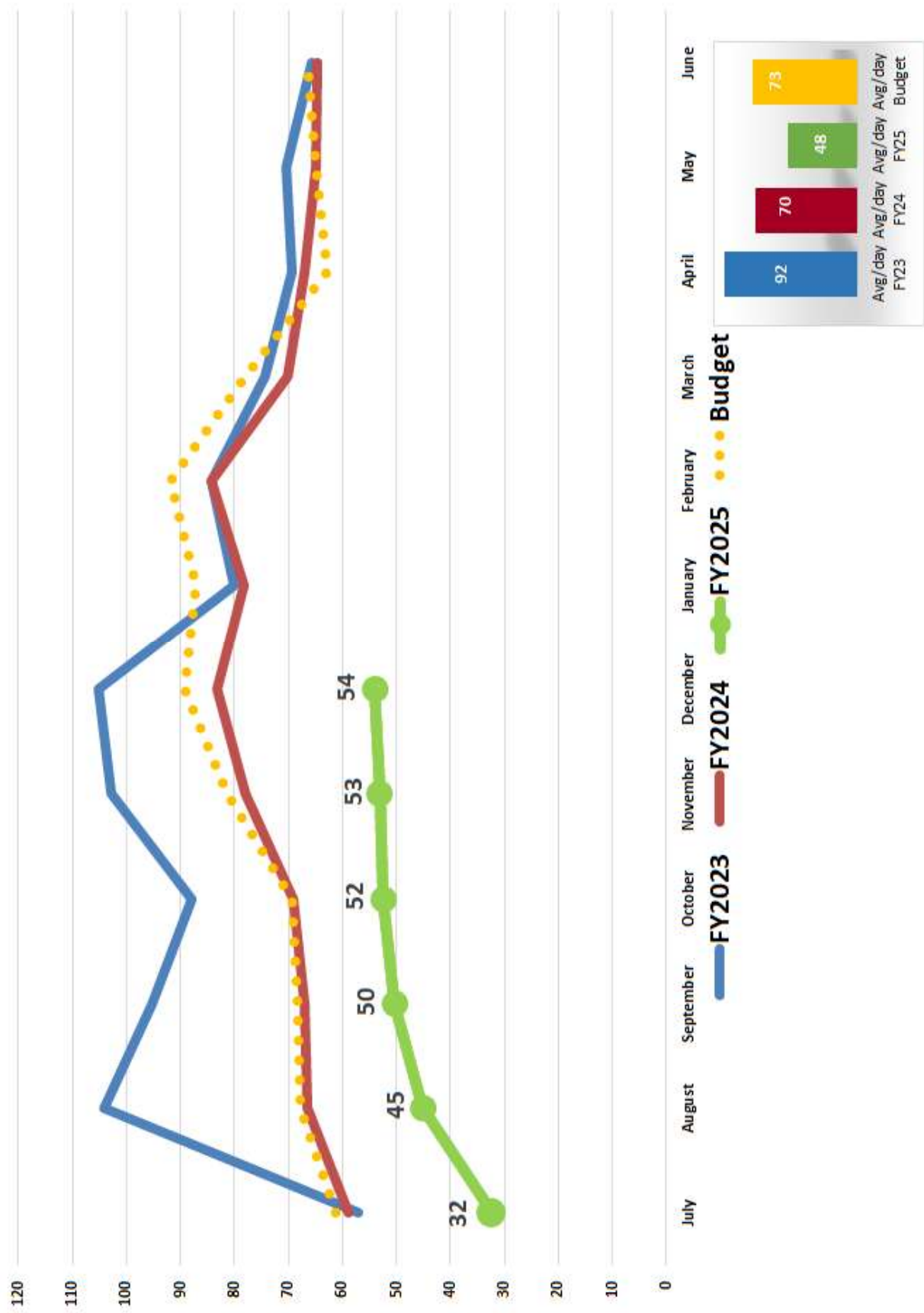
Urgent Care – Demaree Total Visits



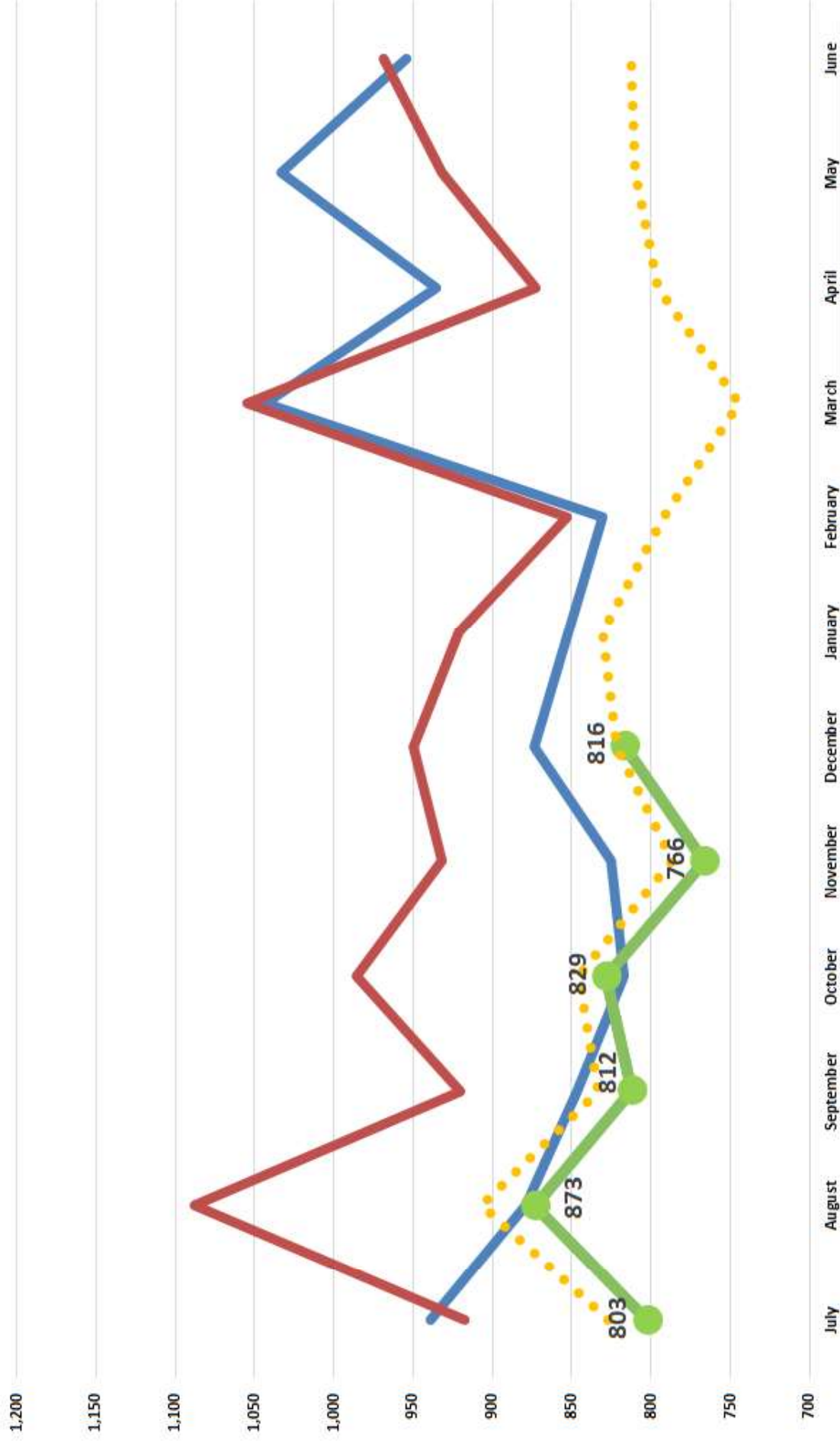
Urgent Care – Court Avg Visits Per Day



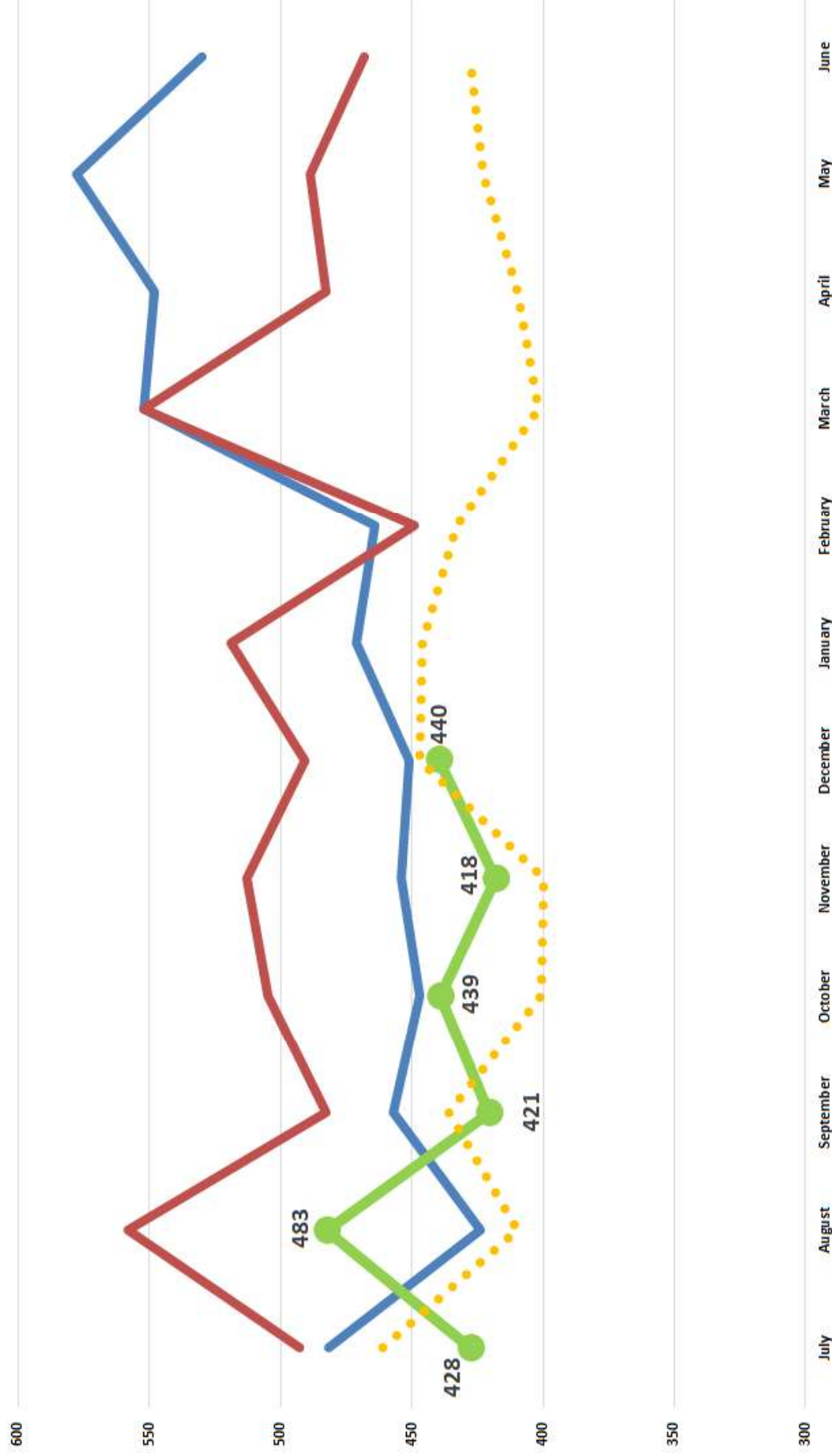
Urgent Care – Demaree Avg Visits Per Day



Surgery (IP & OP) – 100 Min Units



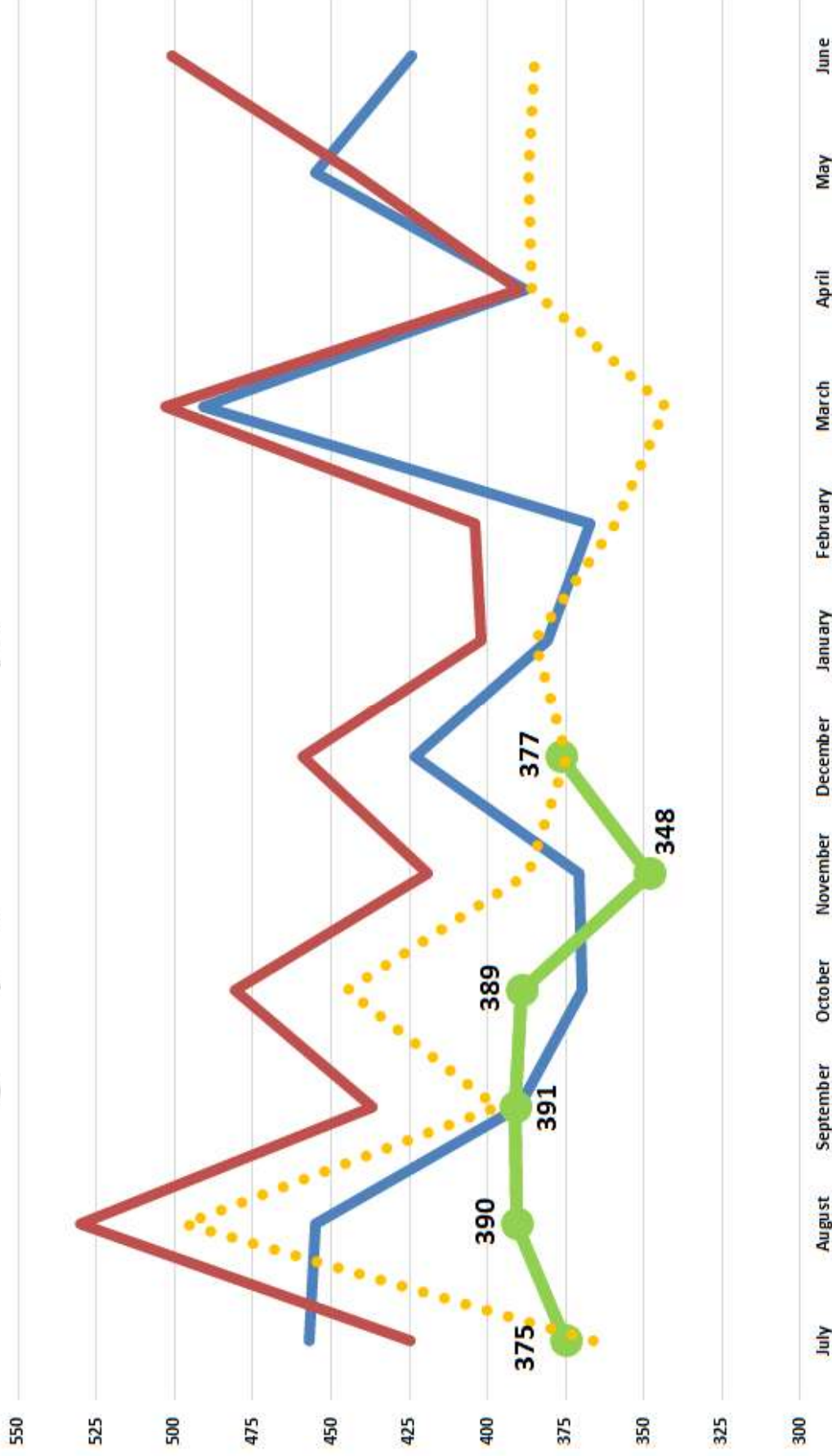
Surgery (IP Only) - 100 Min Unit



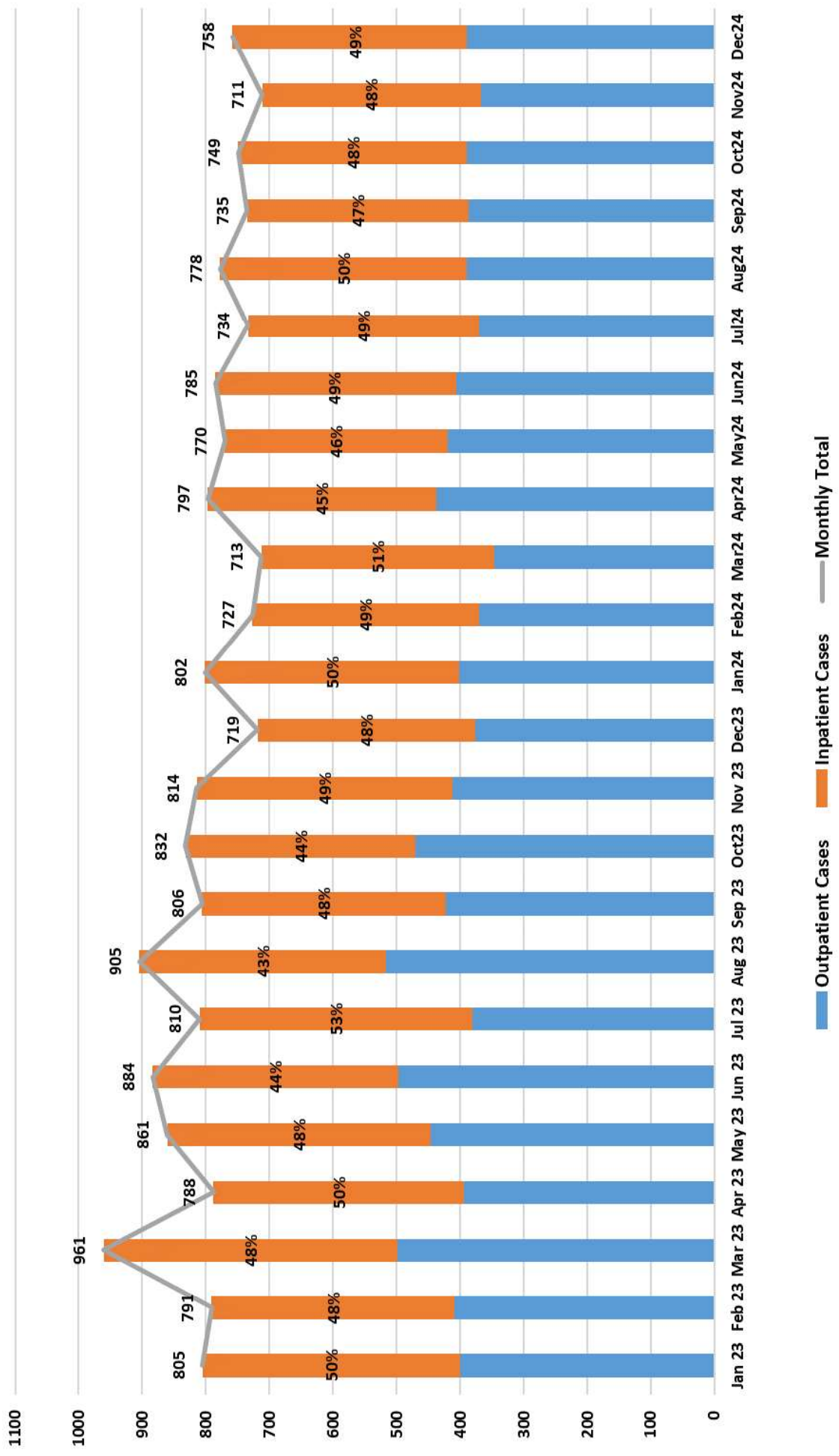
— FY2023 — FY2024 — FY2025 — Budget



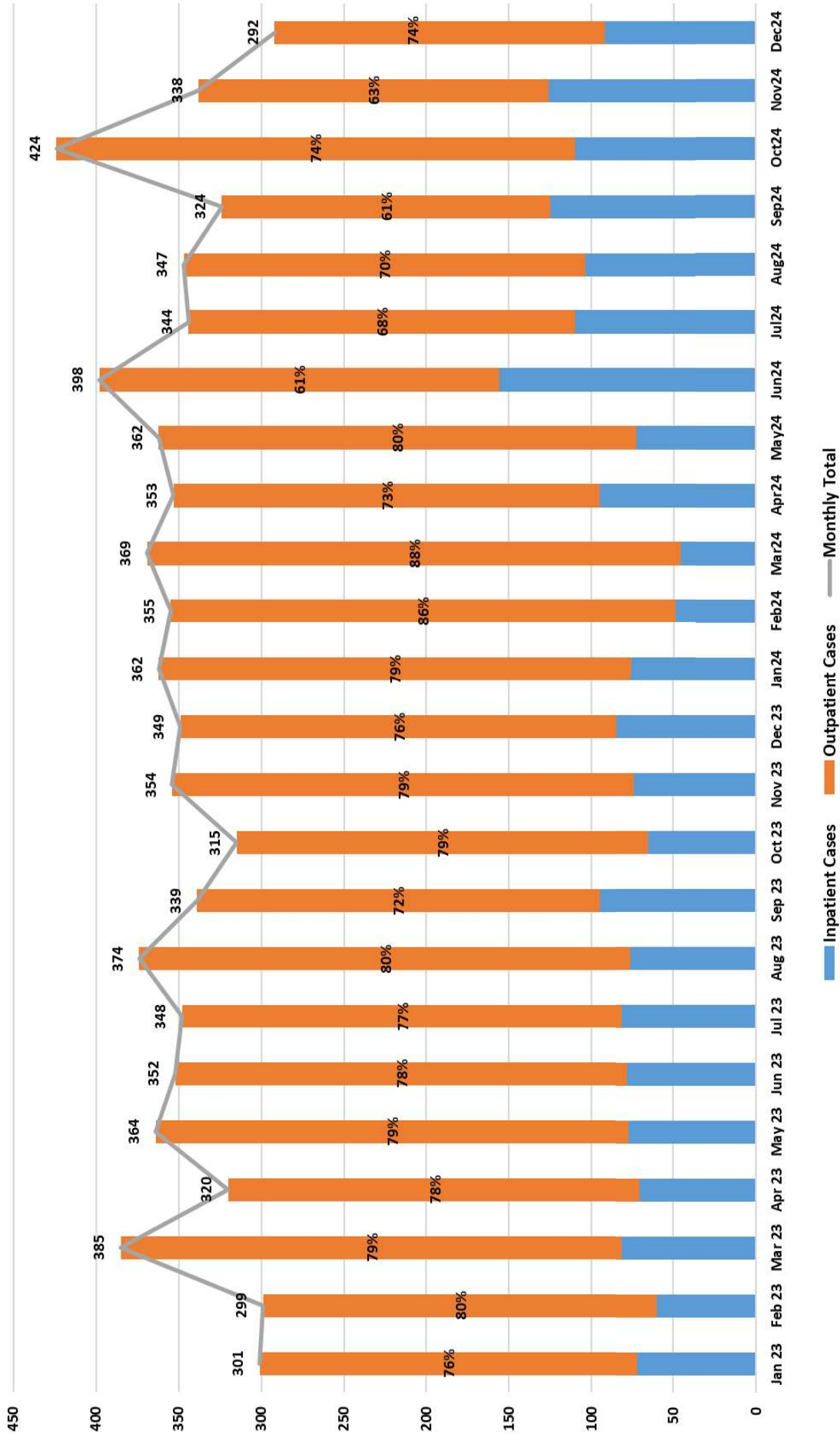
Surgery (OP Only) - 100 Min Units



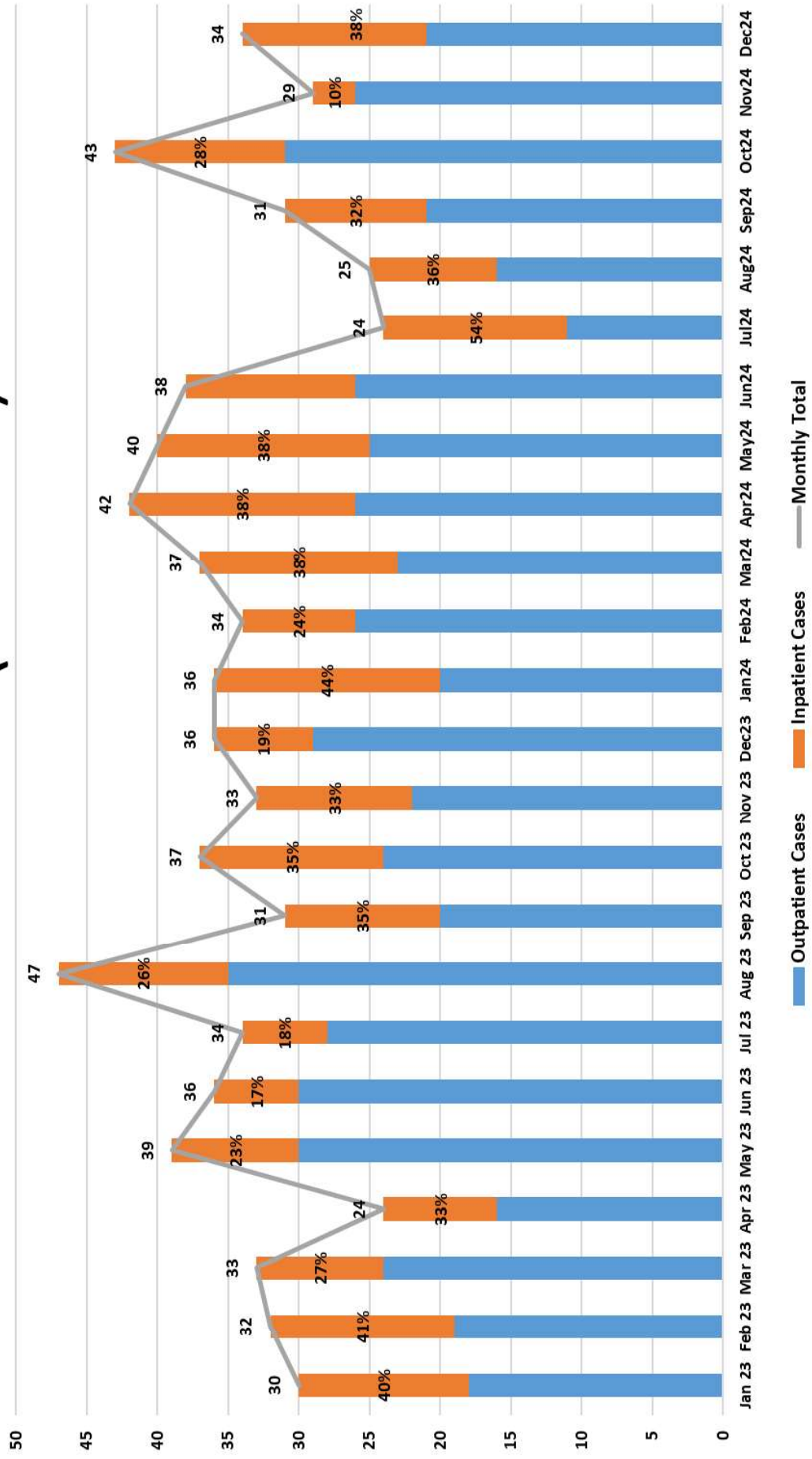
Surgery Cases (IP & OP)



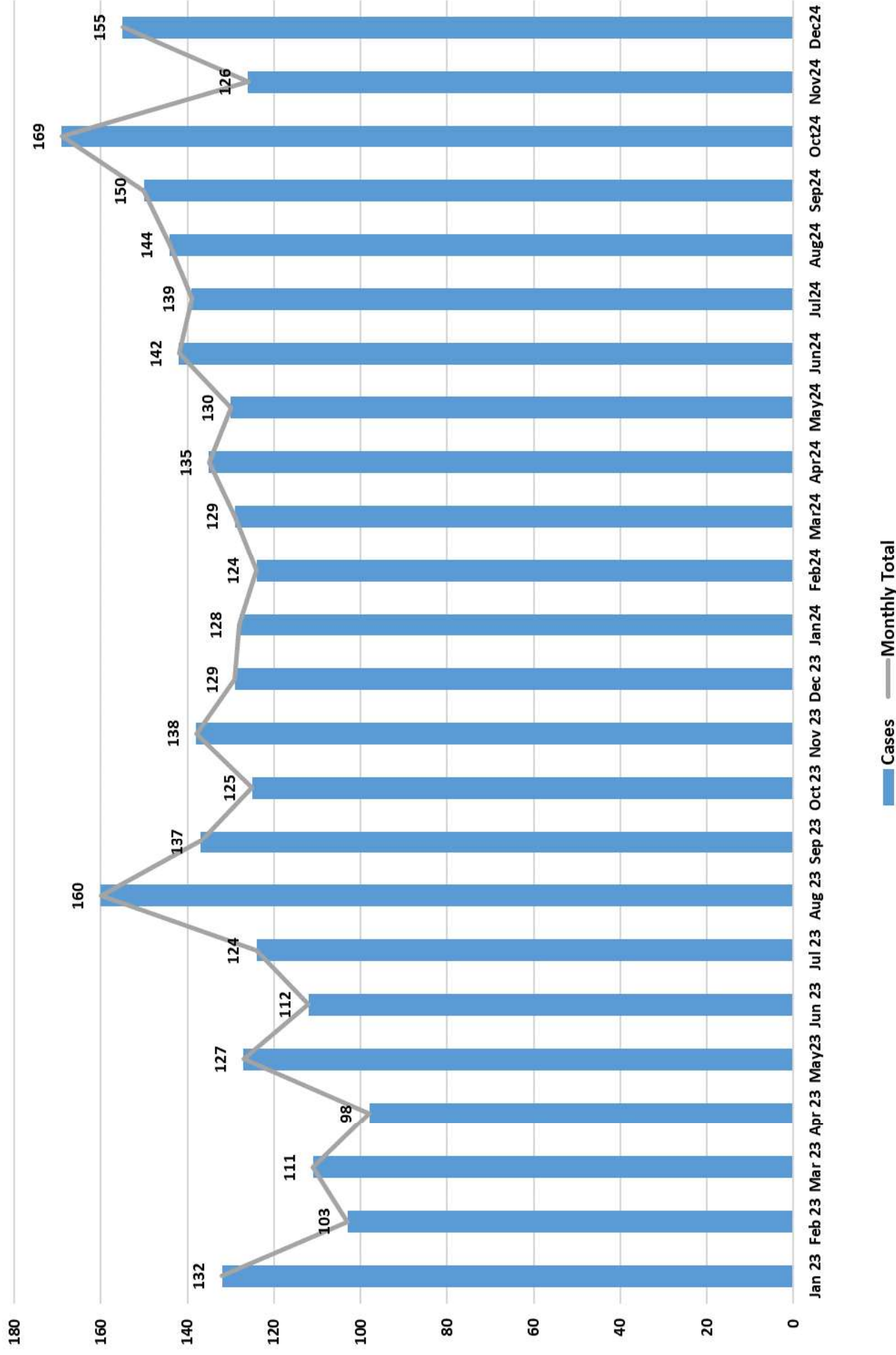
Endo Cases (Suites A & B and OR)



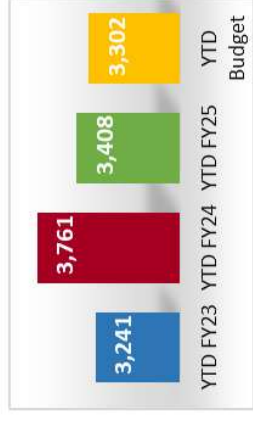
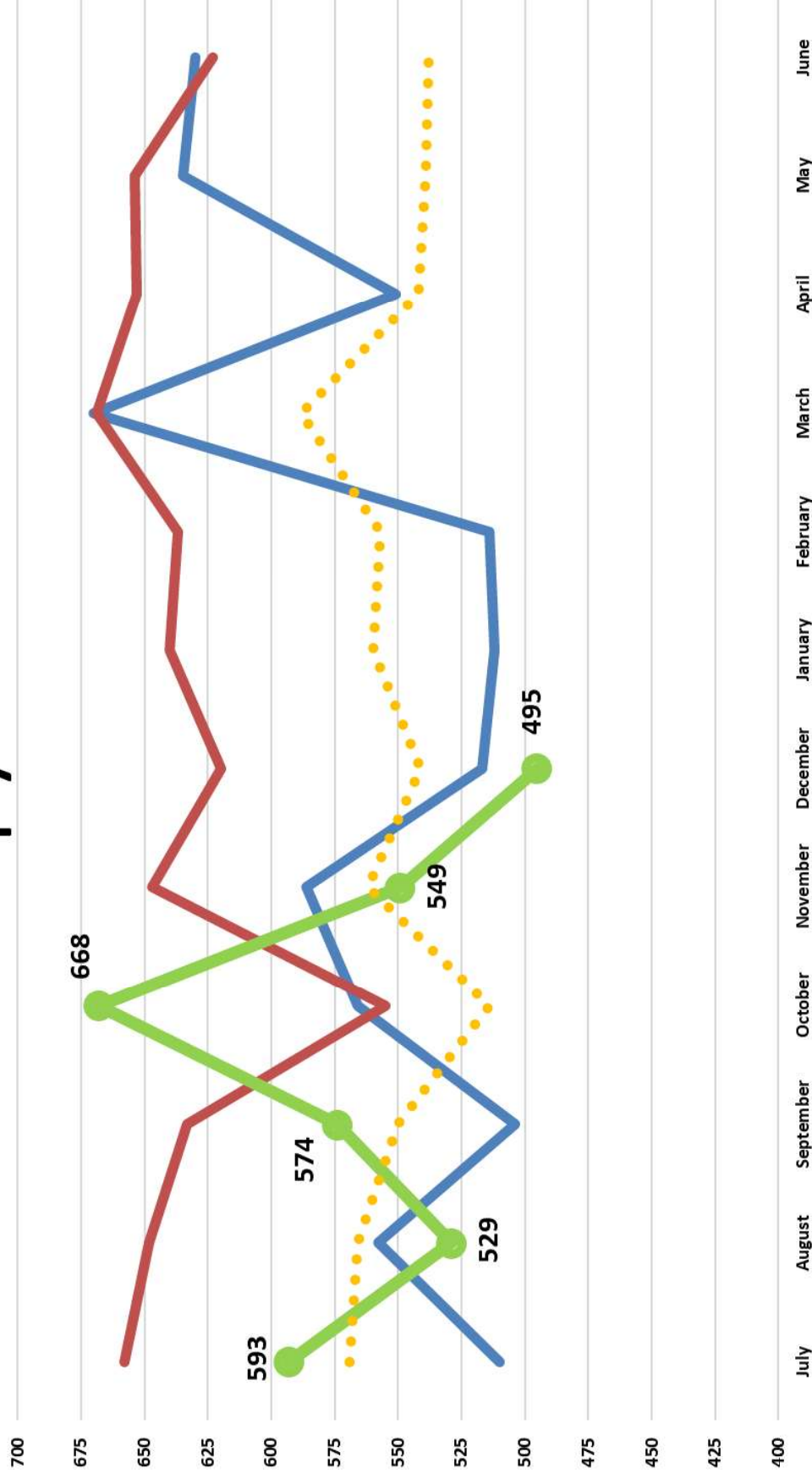
Robotic Cases (IP & OP)



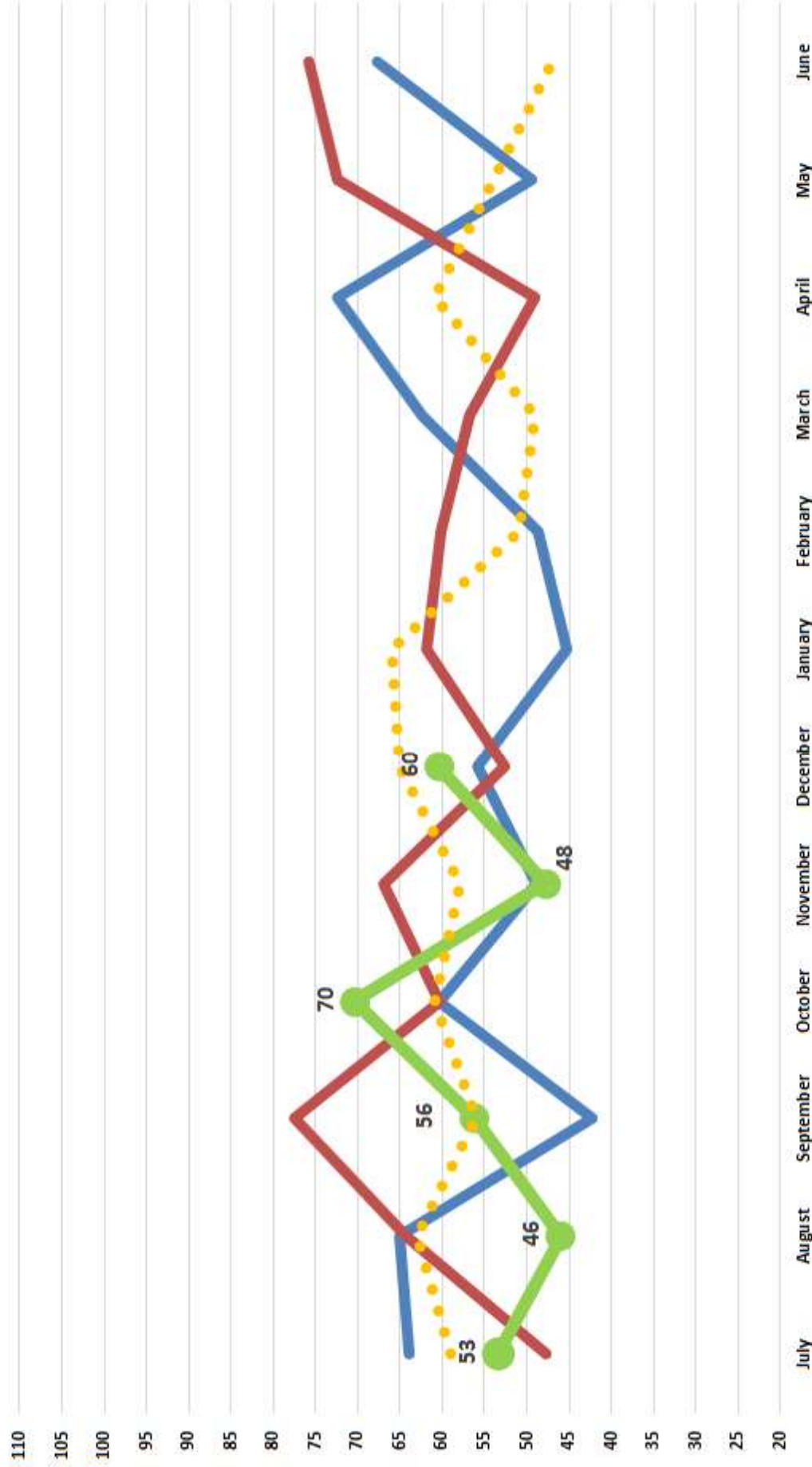
OB Cases



Endoscopy Procedures



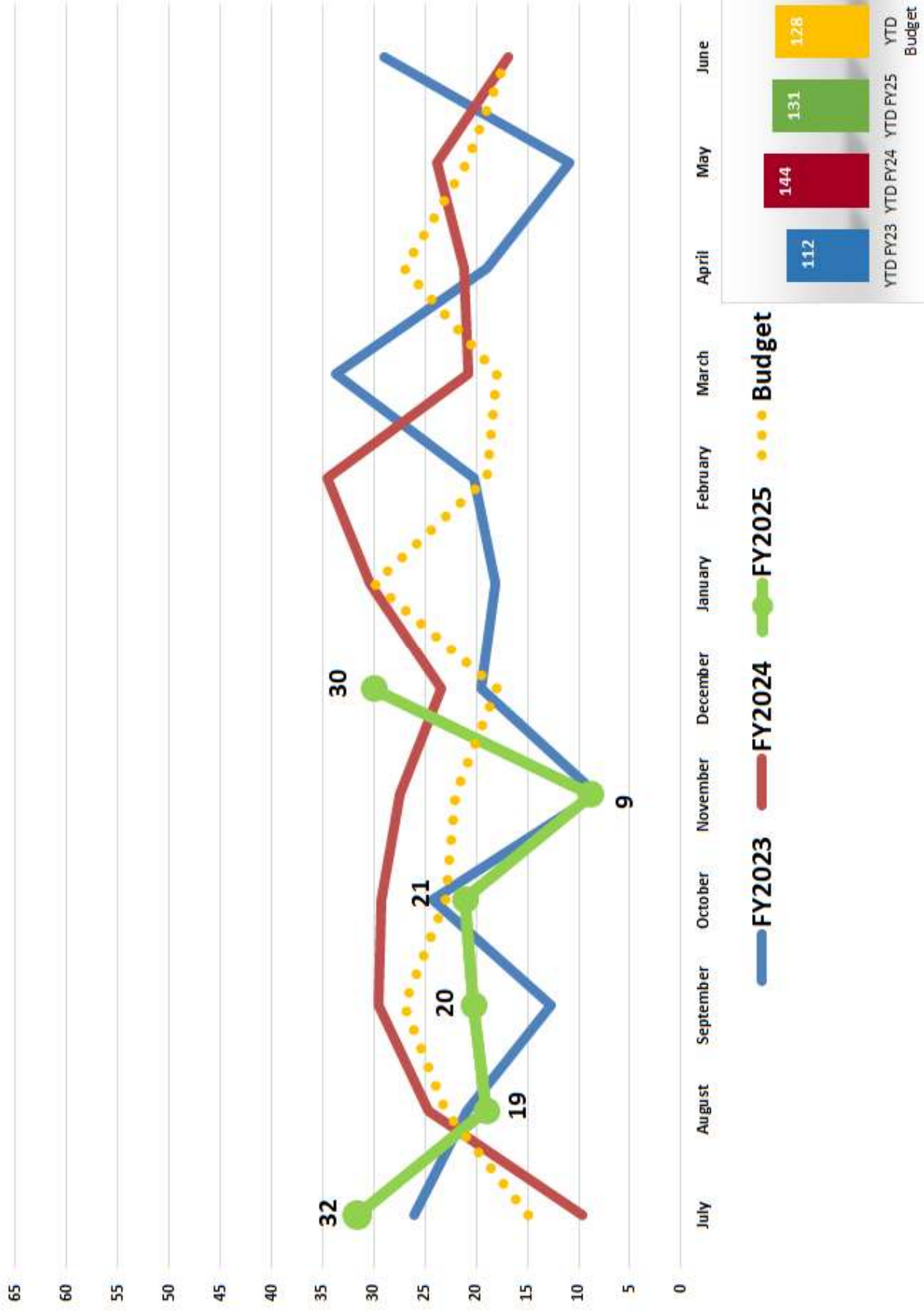
Robotic Surgery (IP & OP) - 100 Min Units



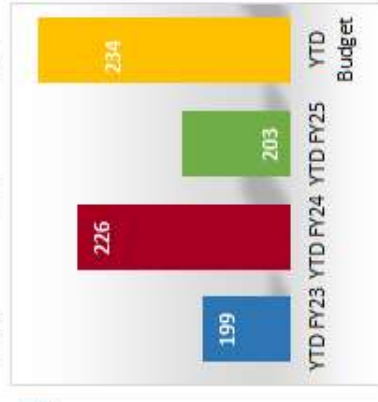
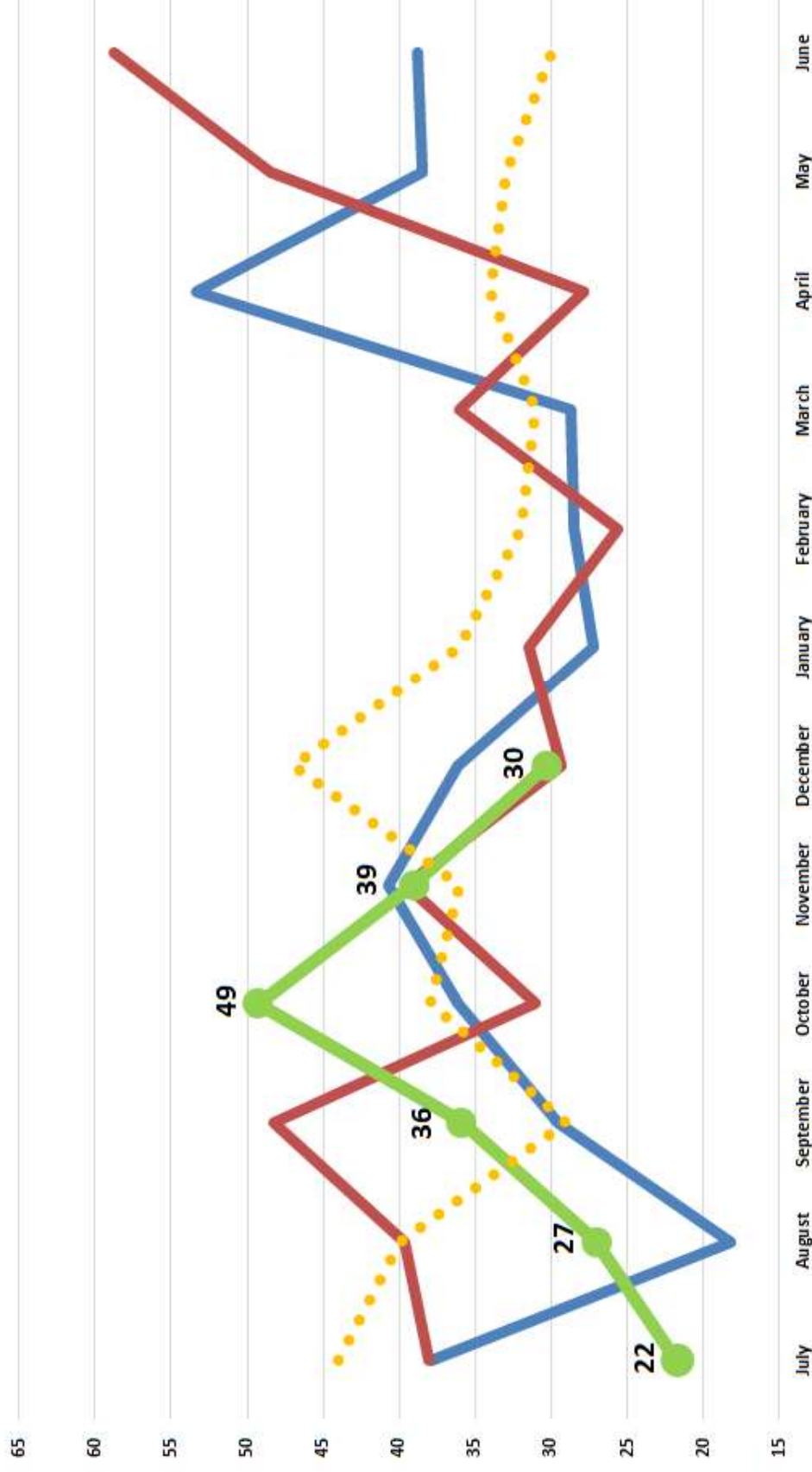
— FY2023
 — FY2024
 —●— FY2025
 ●●● Budget



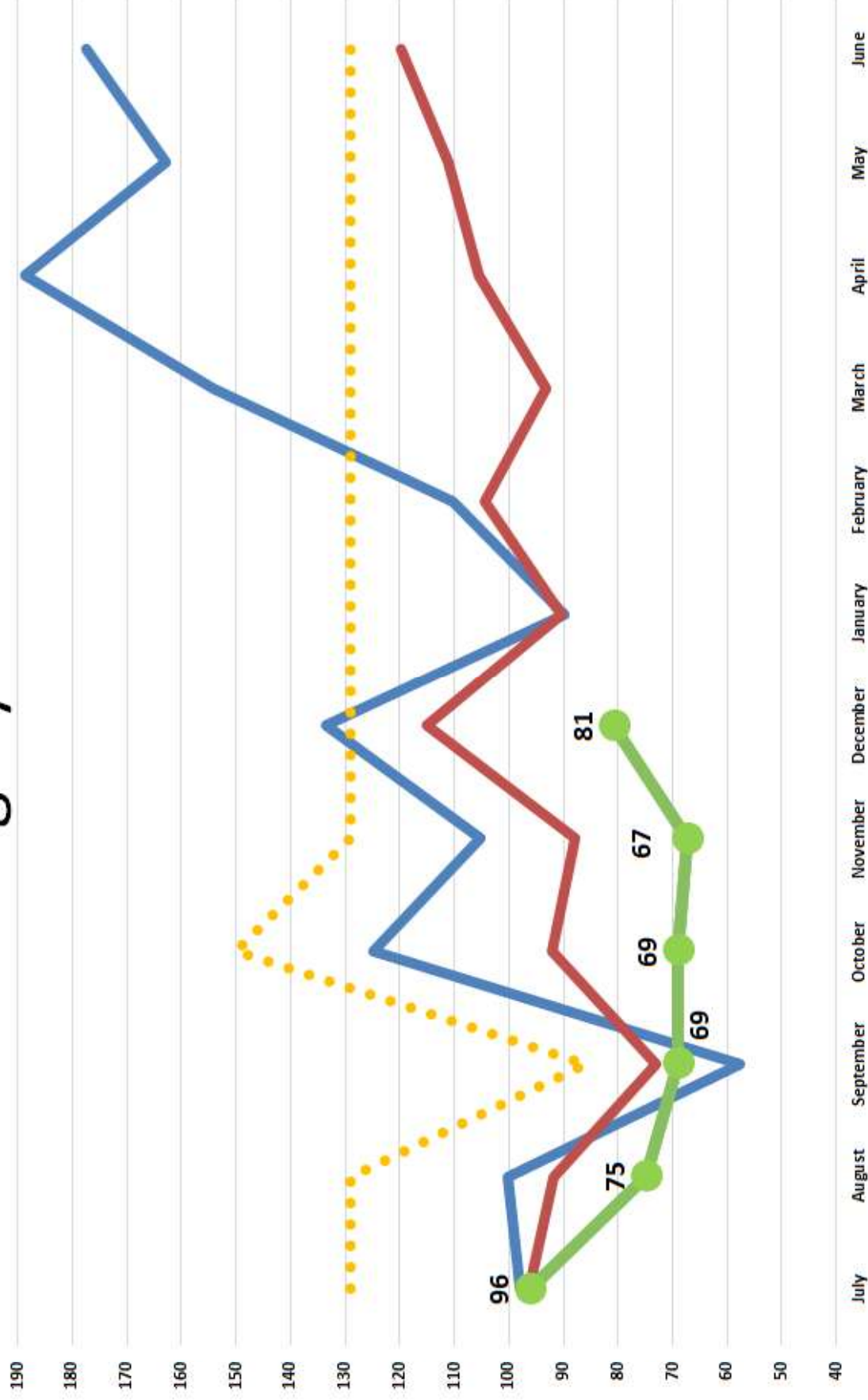
Robotic Surgery Minutes (IP Only)



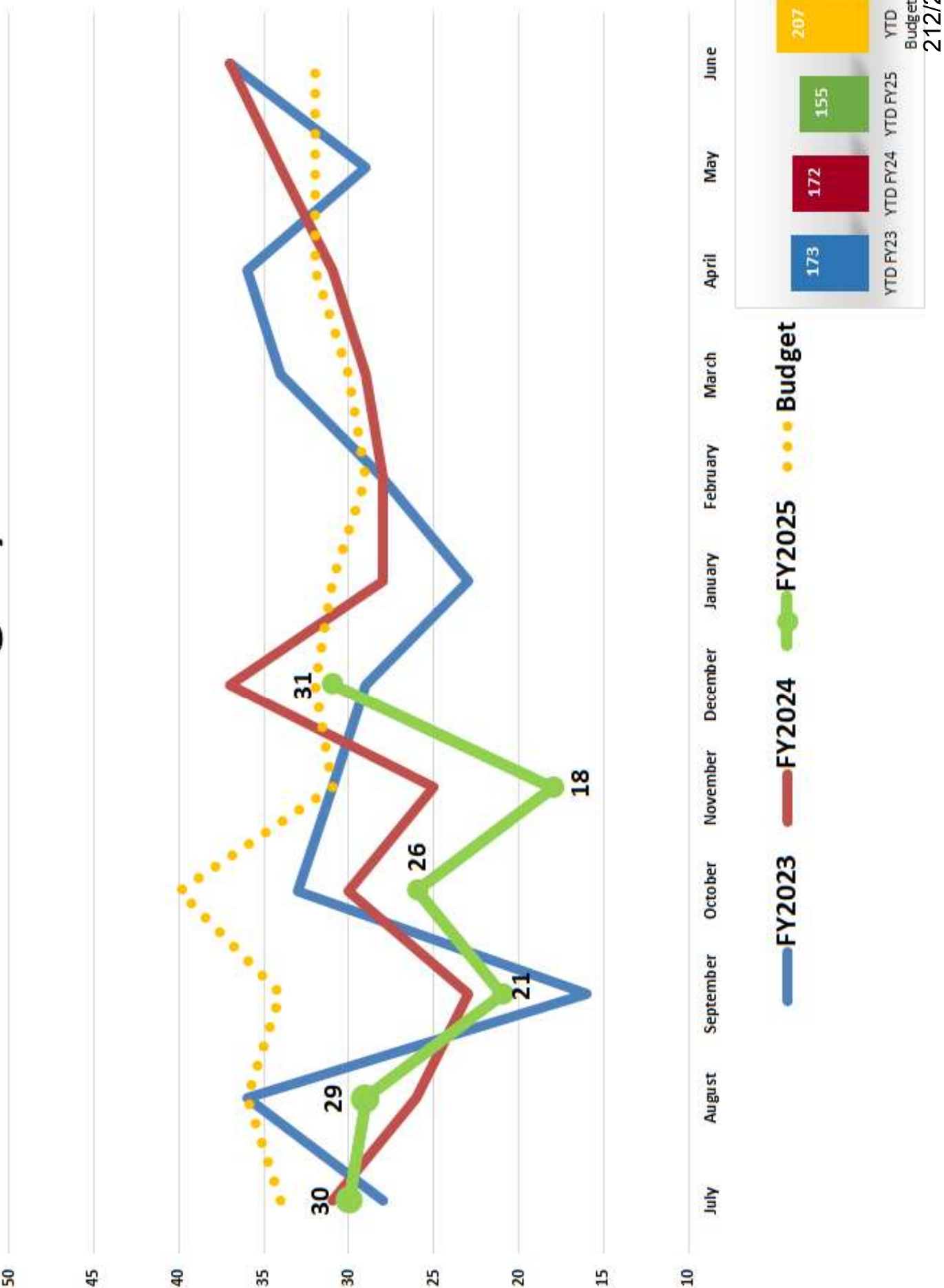
Robotic Surgery Minutes (OP Only)



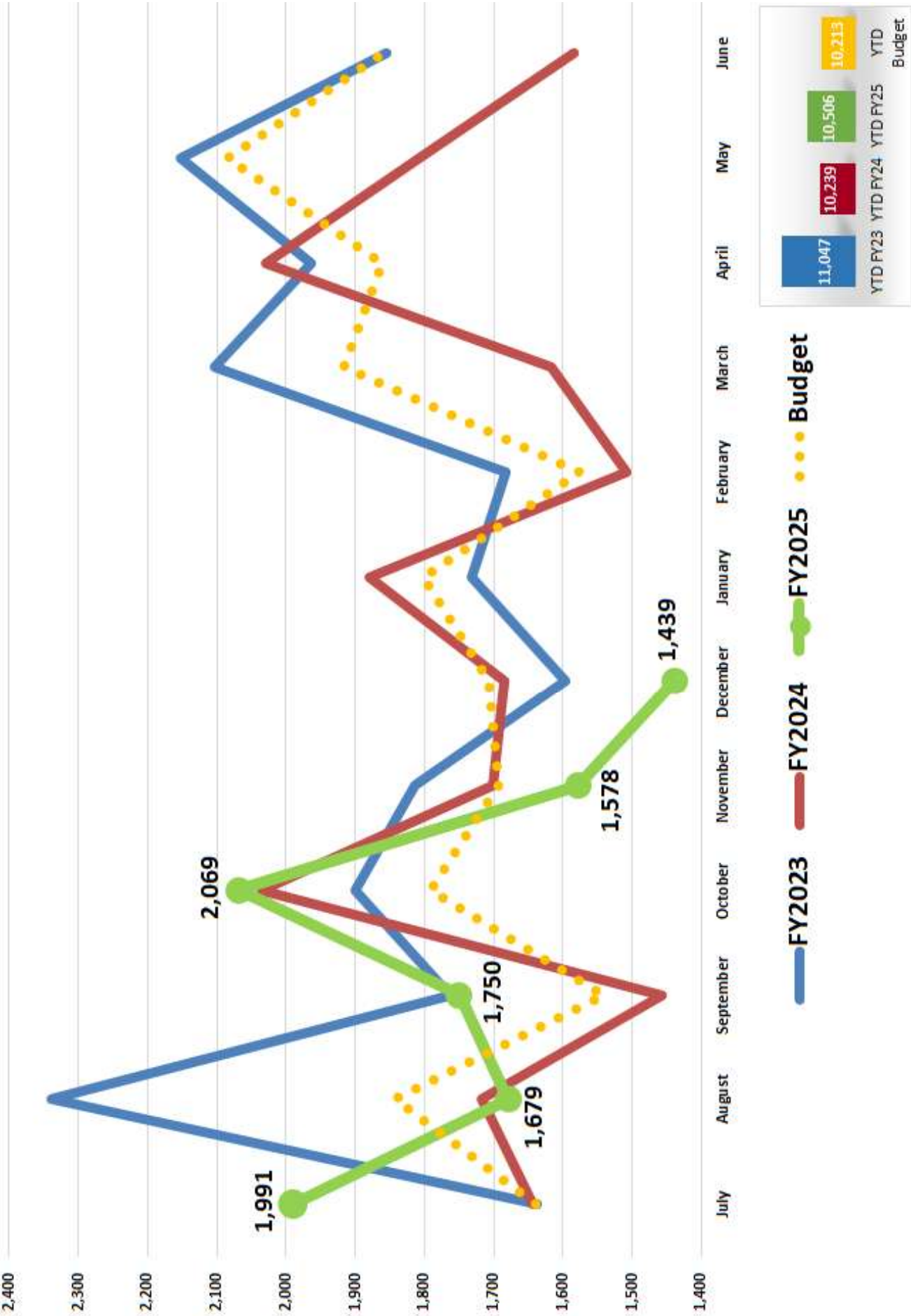
Cardiac Surgery - 100 Min Units



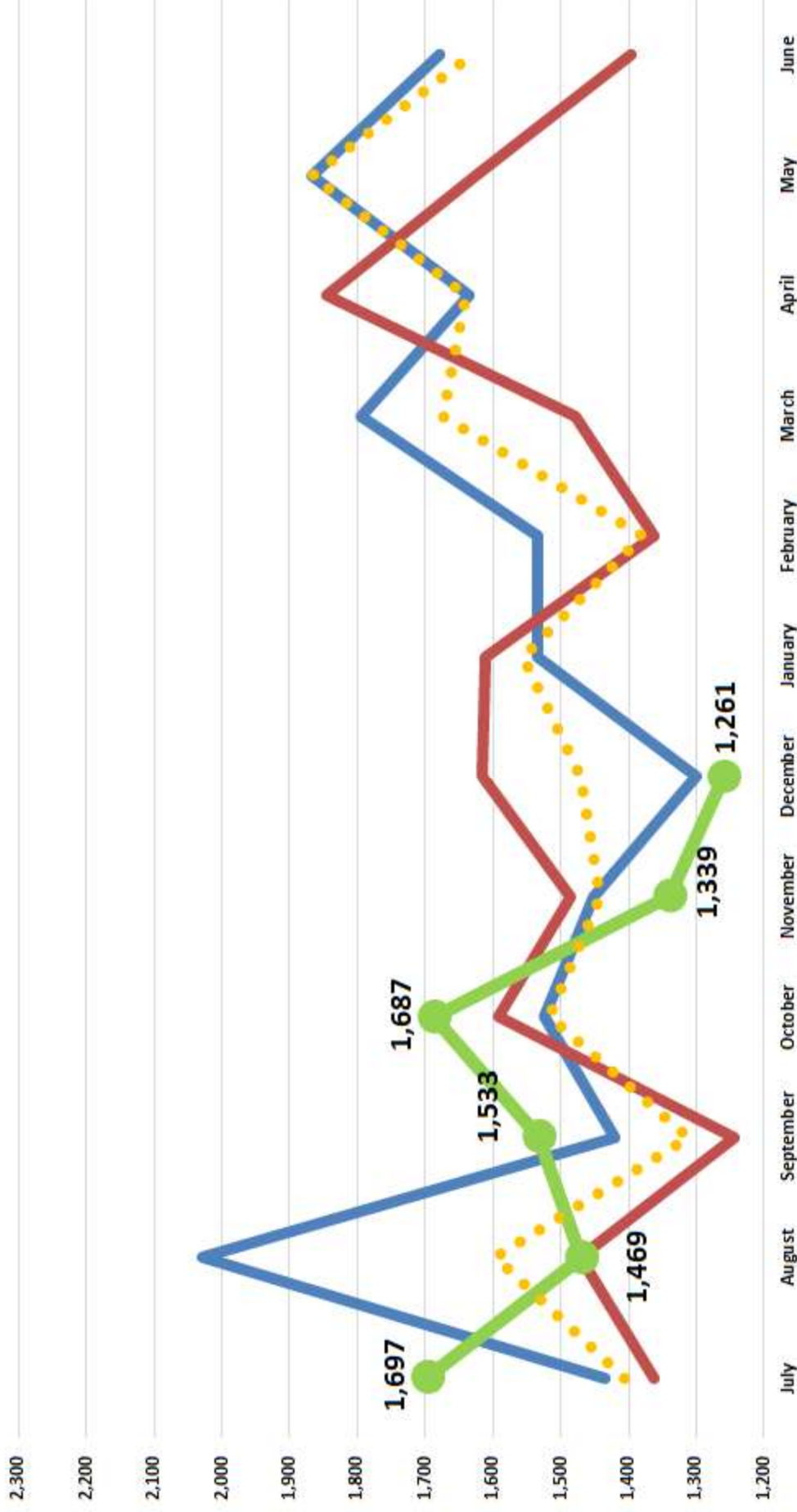
Cardiac Surgery Cases



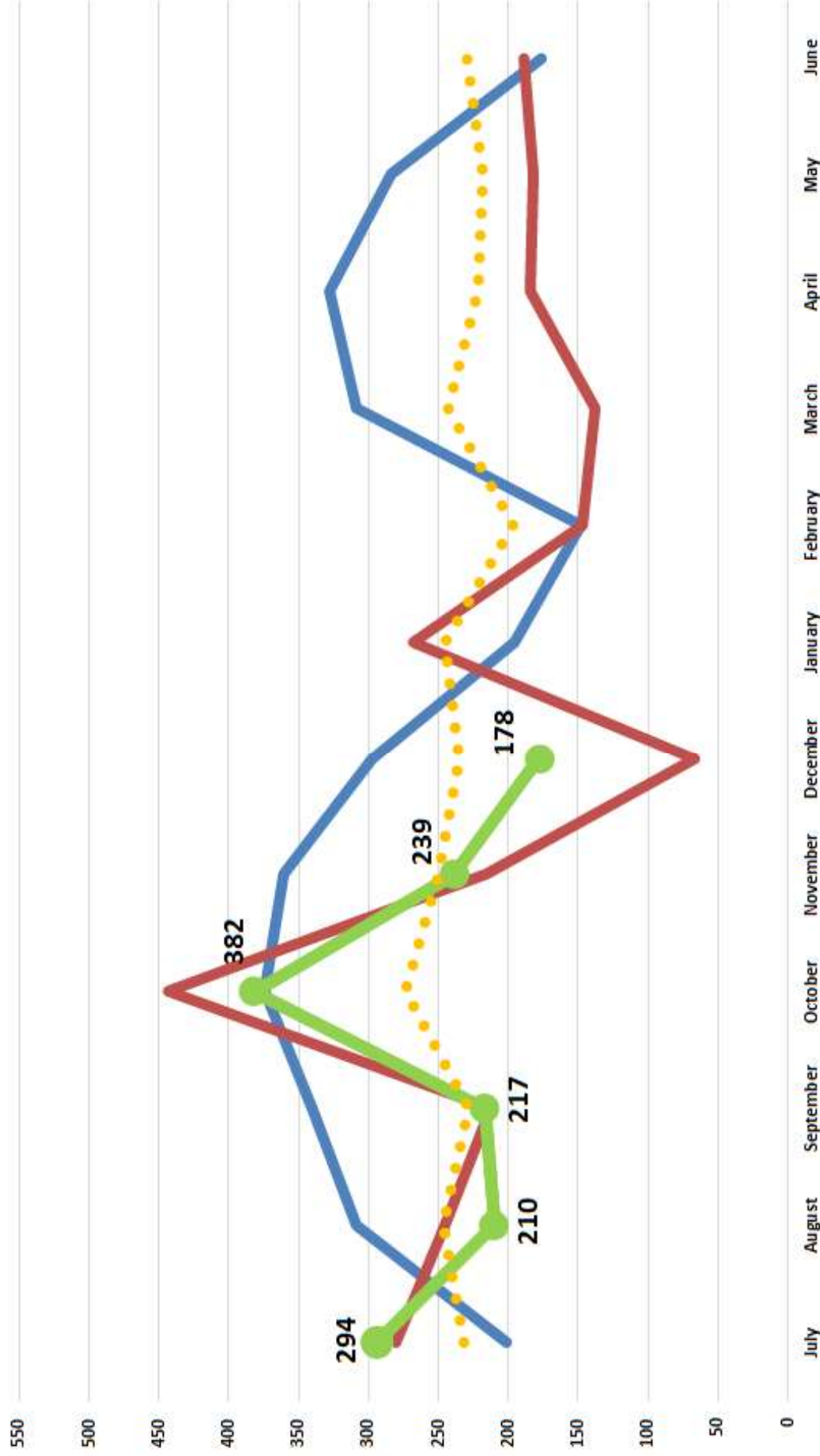
Rad Onc Treatments (Vis. & Hanf.)



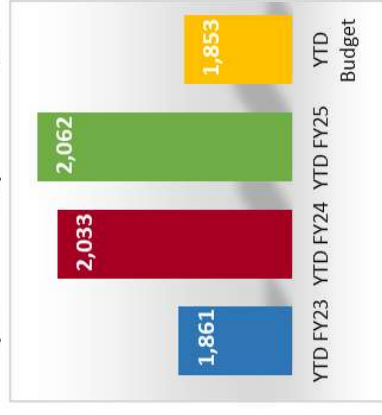
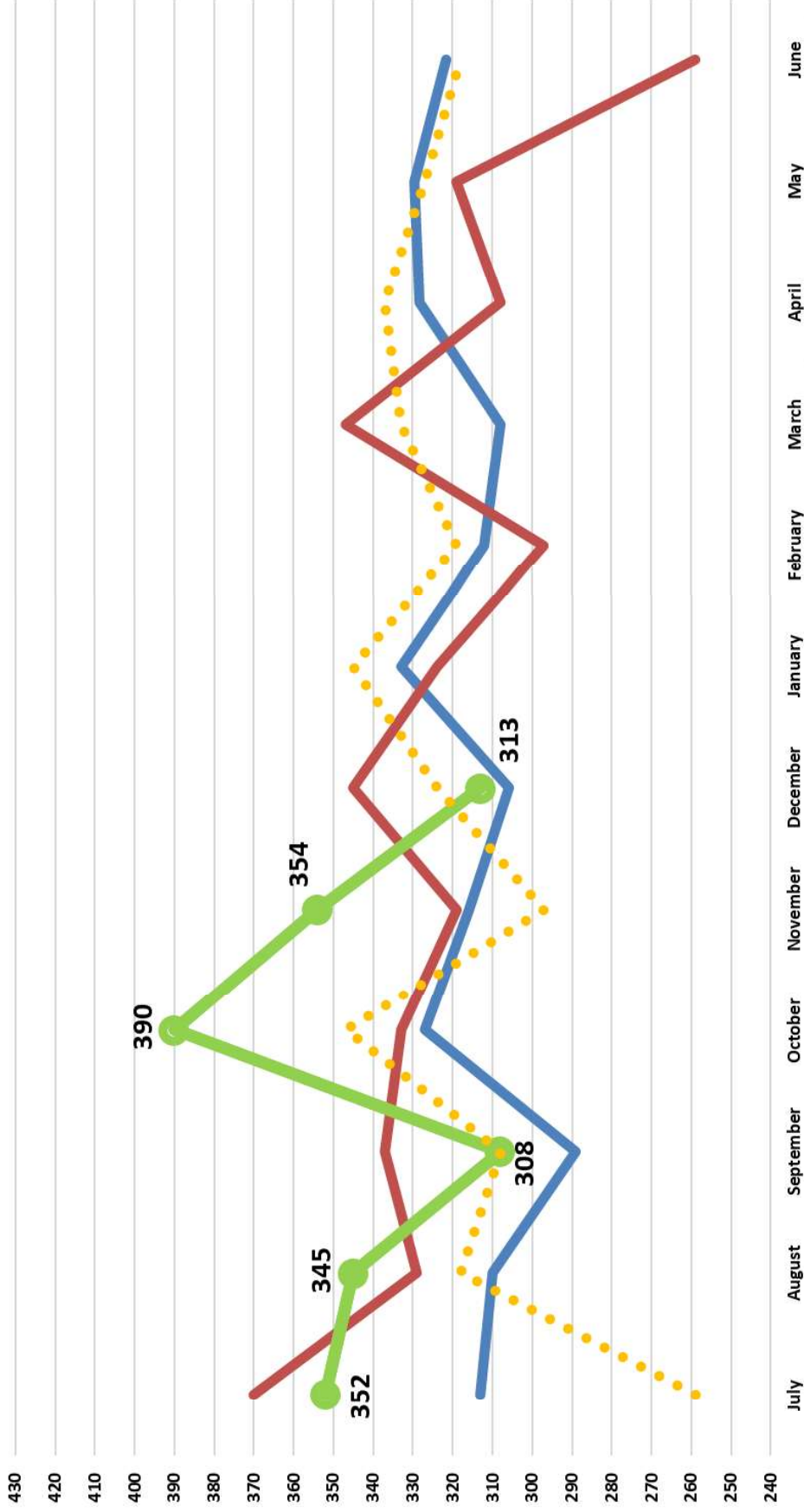
Rad Onc Visalia



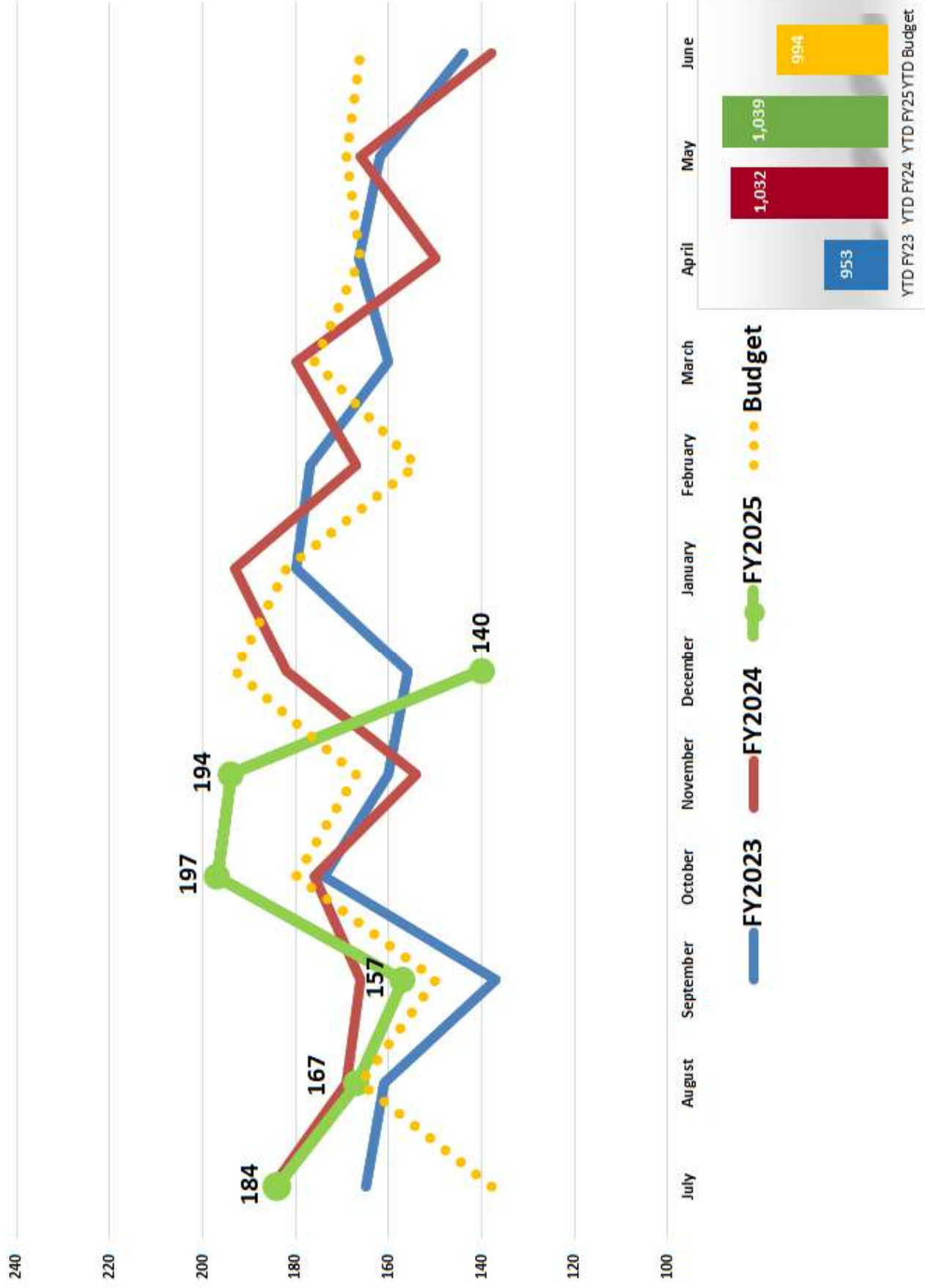
Rad Onc Hanford



Cath Lab (IP & OP) – 100 Min Units



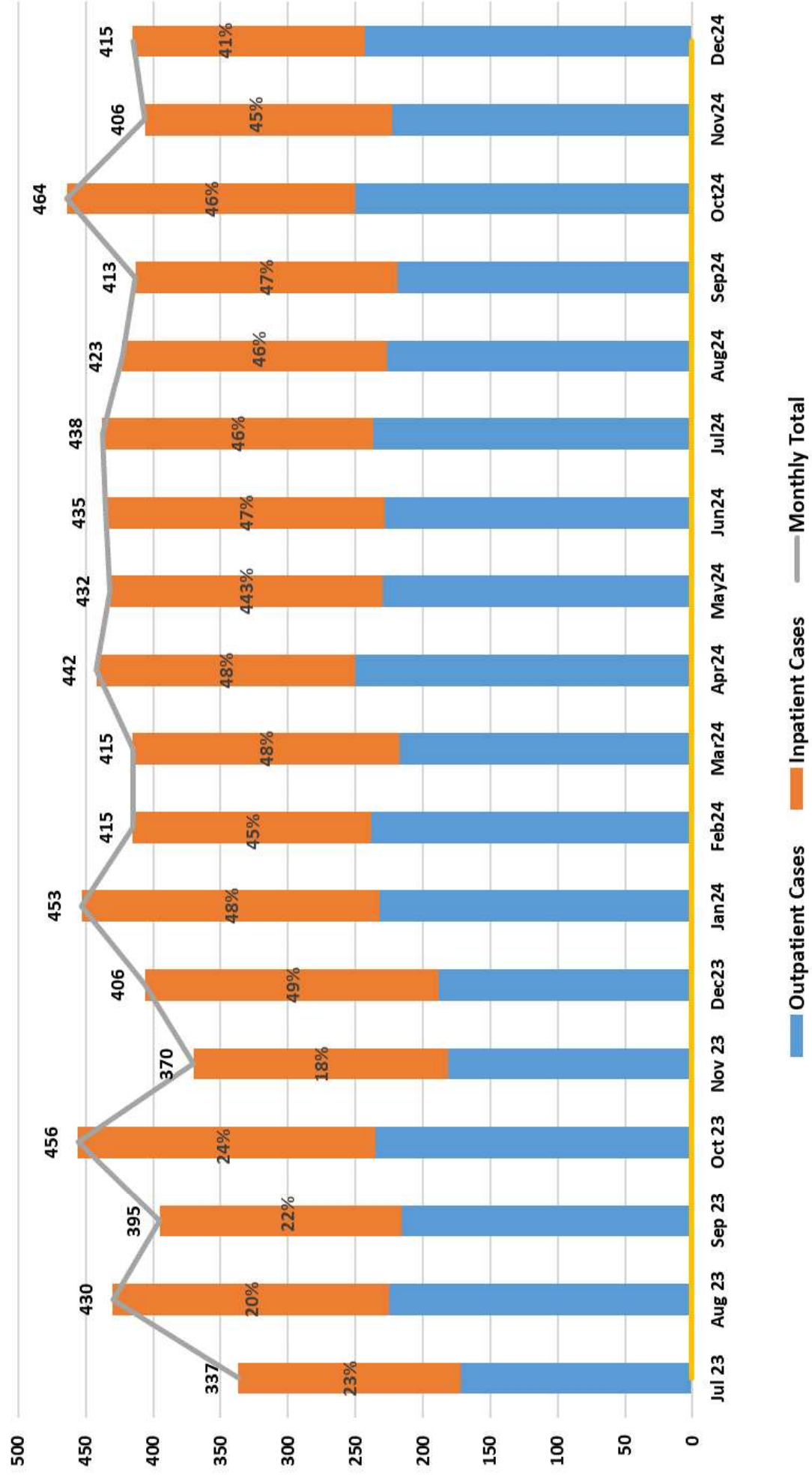
Cath Lab (IP Only) – 100 Min Units



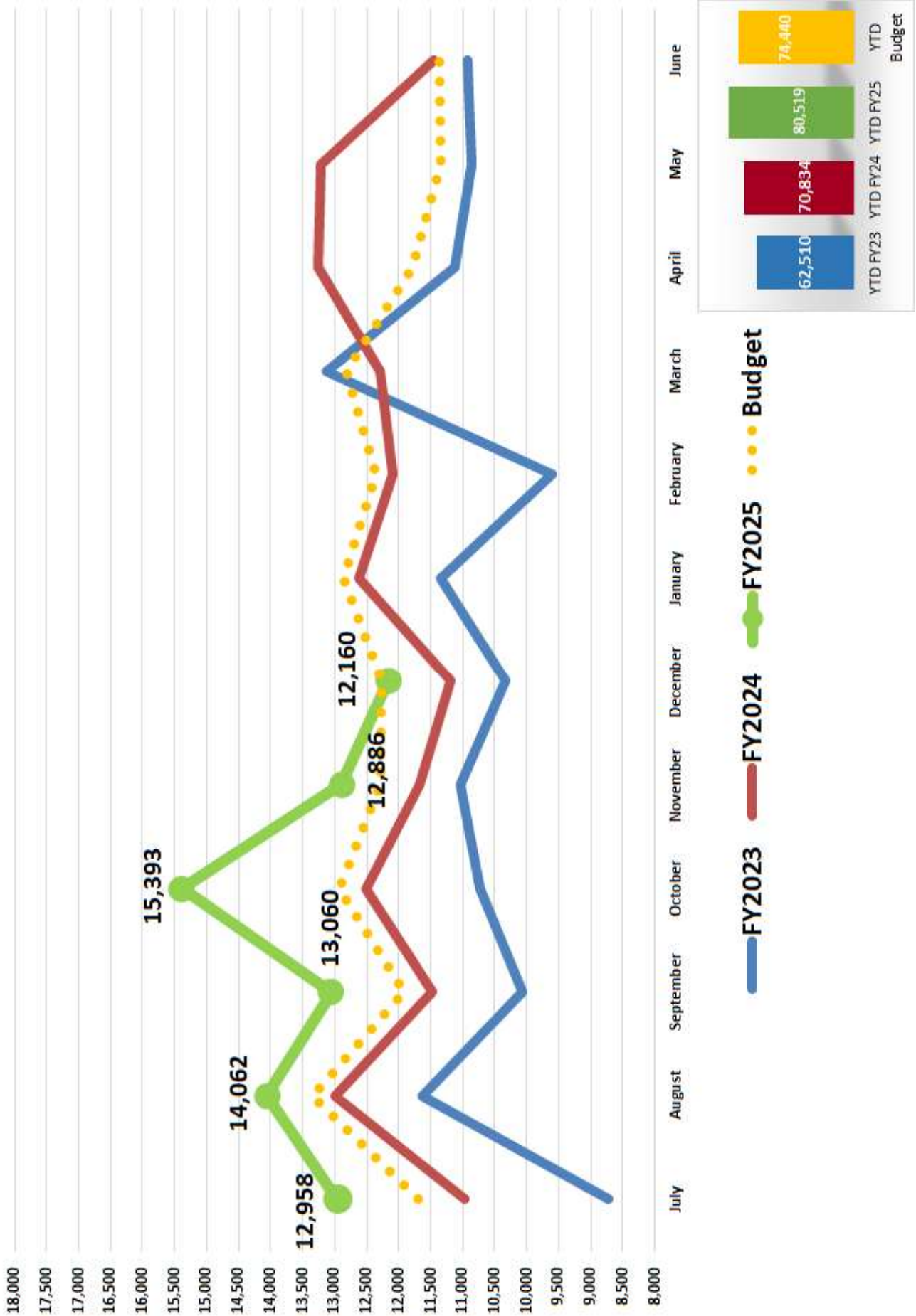
Cath Lab (OP Only) – 100 Min Units



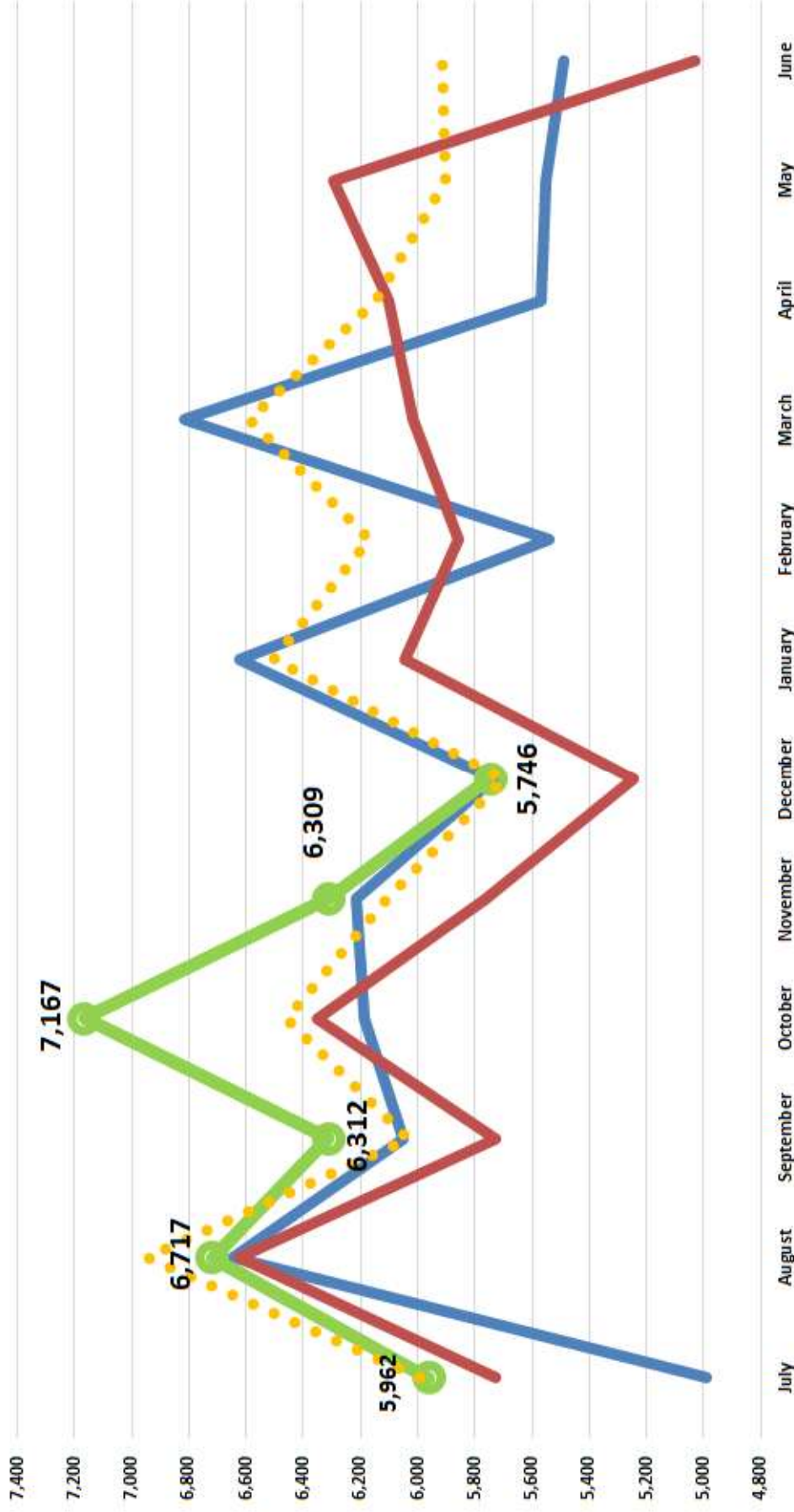
Cath Lab Patients (IP & OP)



Rural Health Clinics Registrations



RHC Exeter - Registrations

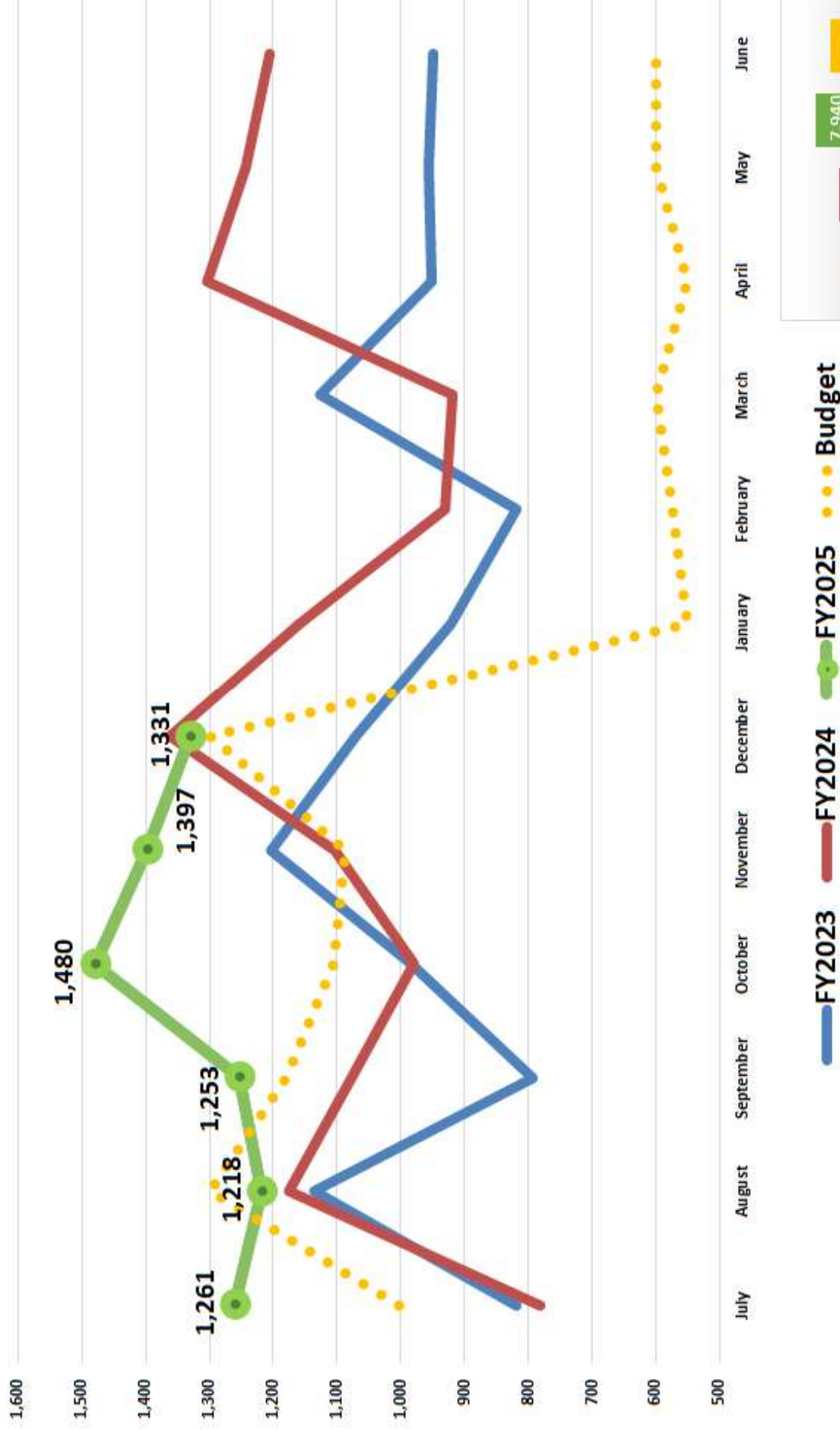


35,829	35,439	38,213	37,237
YTD FY23	YTD FY24	YTD FY25	YTD Budget

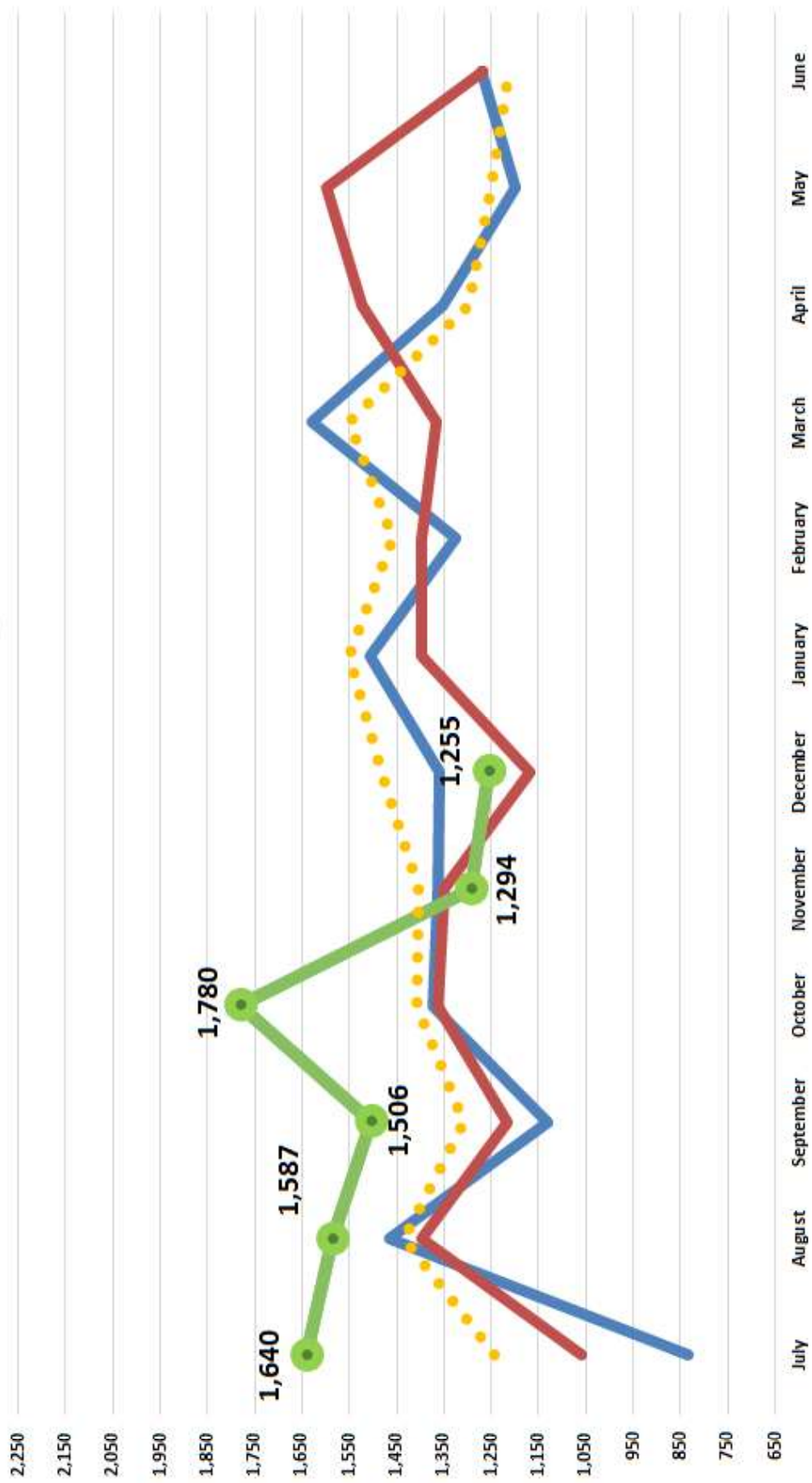
RHC Lindsay - Registrations



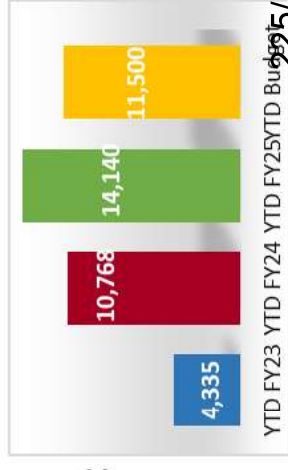
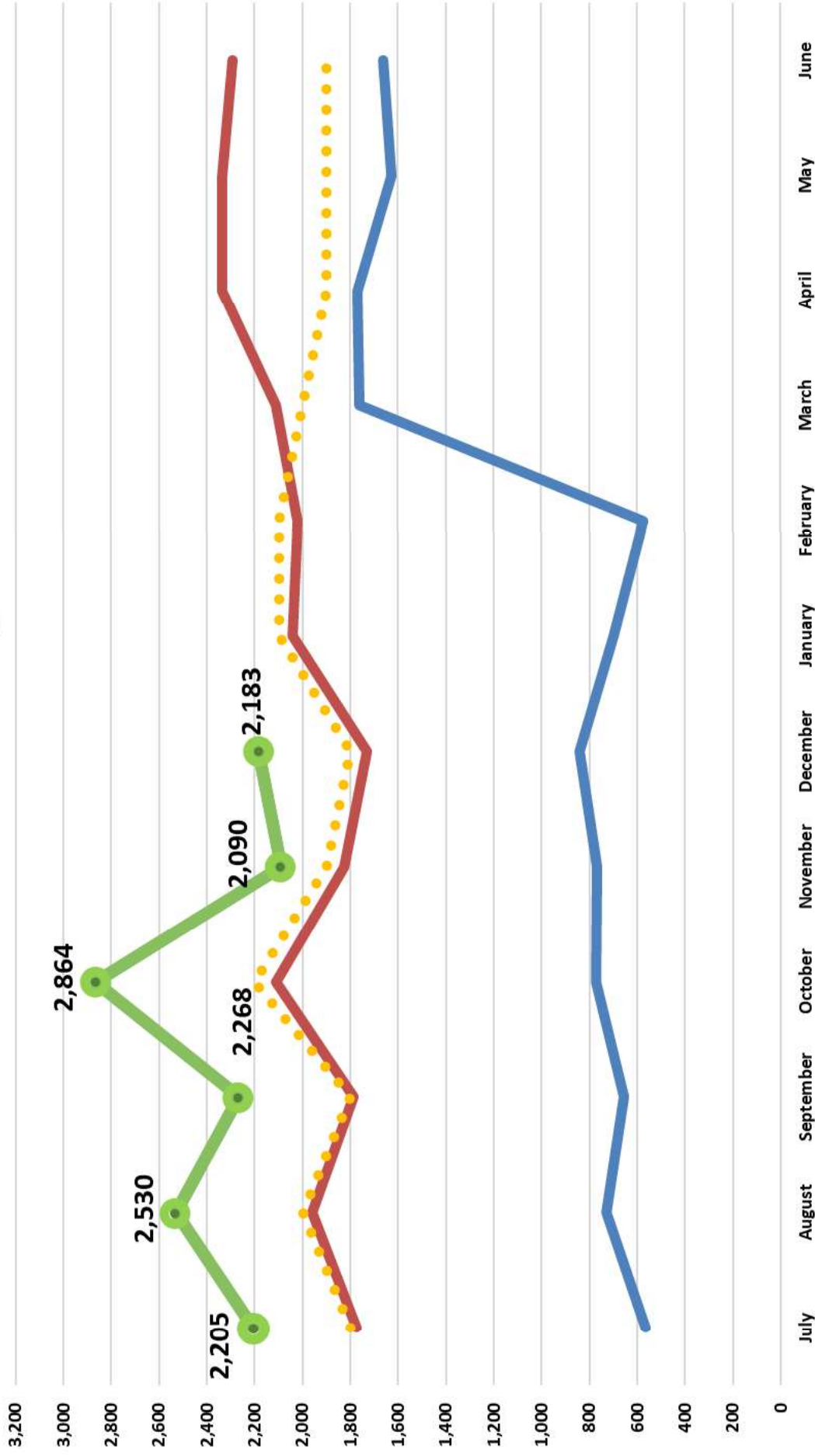
RHC Woodlake - Registrations



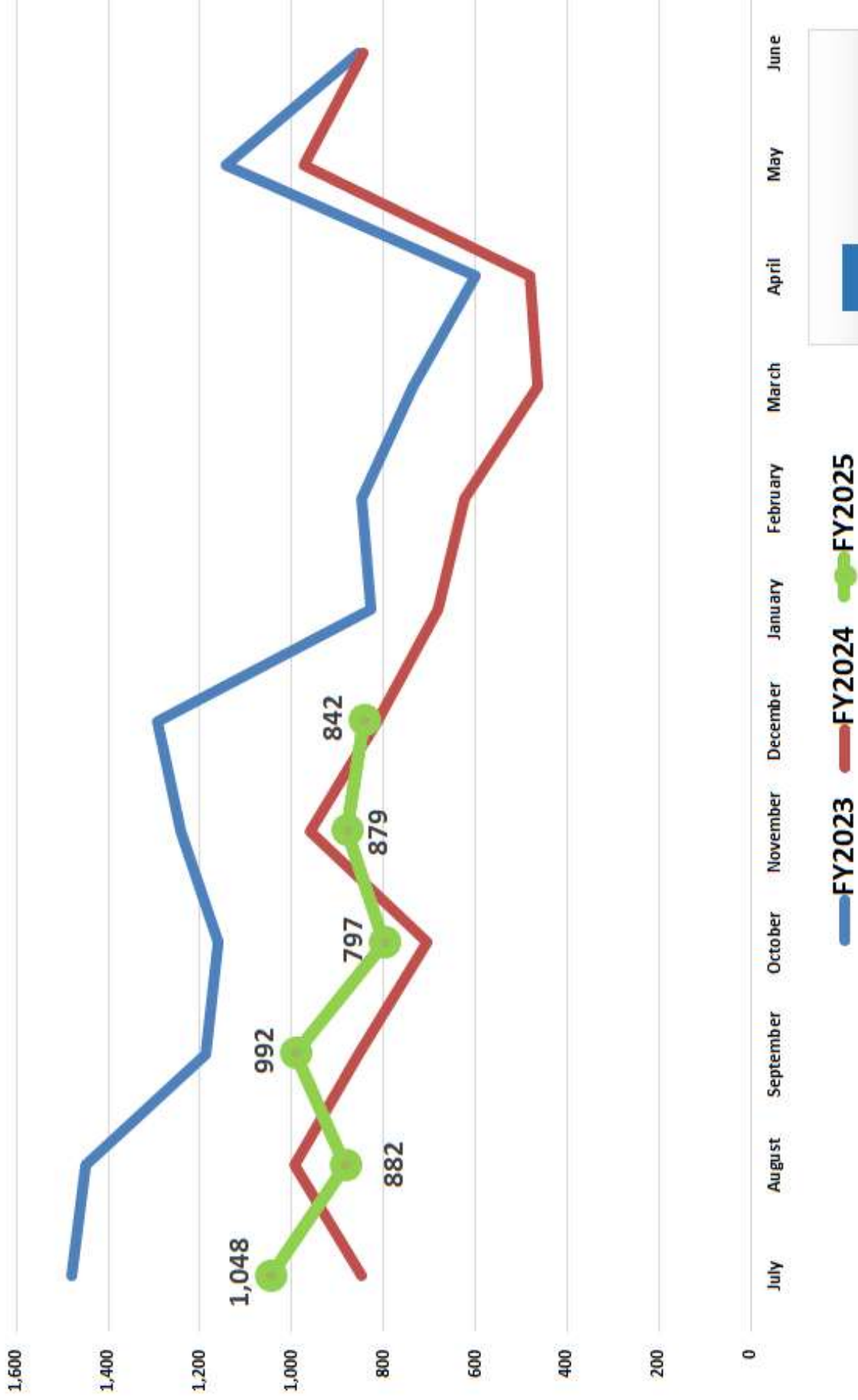
RHC Dinuba - Registrations



RHC Tulare - Registrations



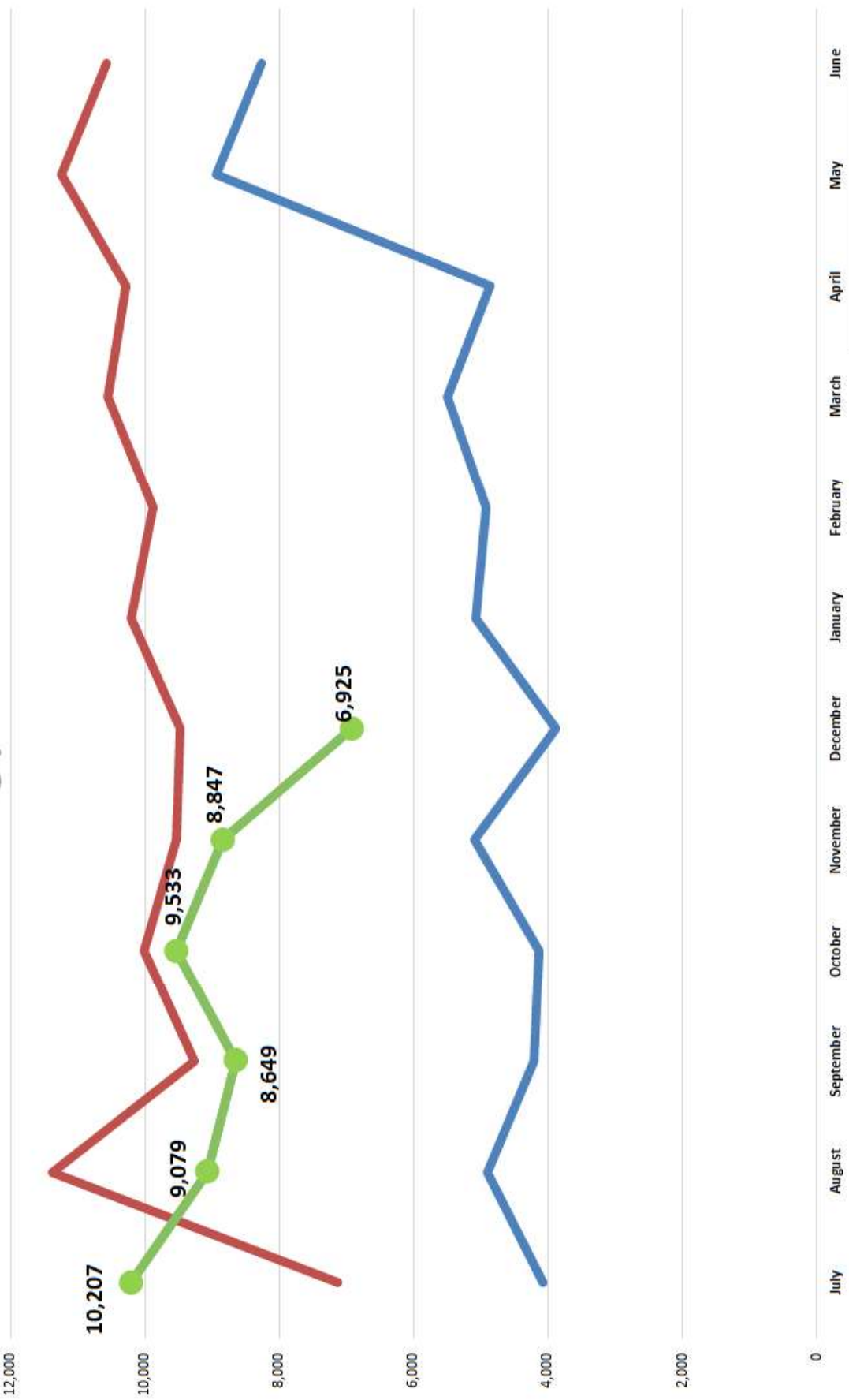
Neurosurgery Clinic - wRVU's



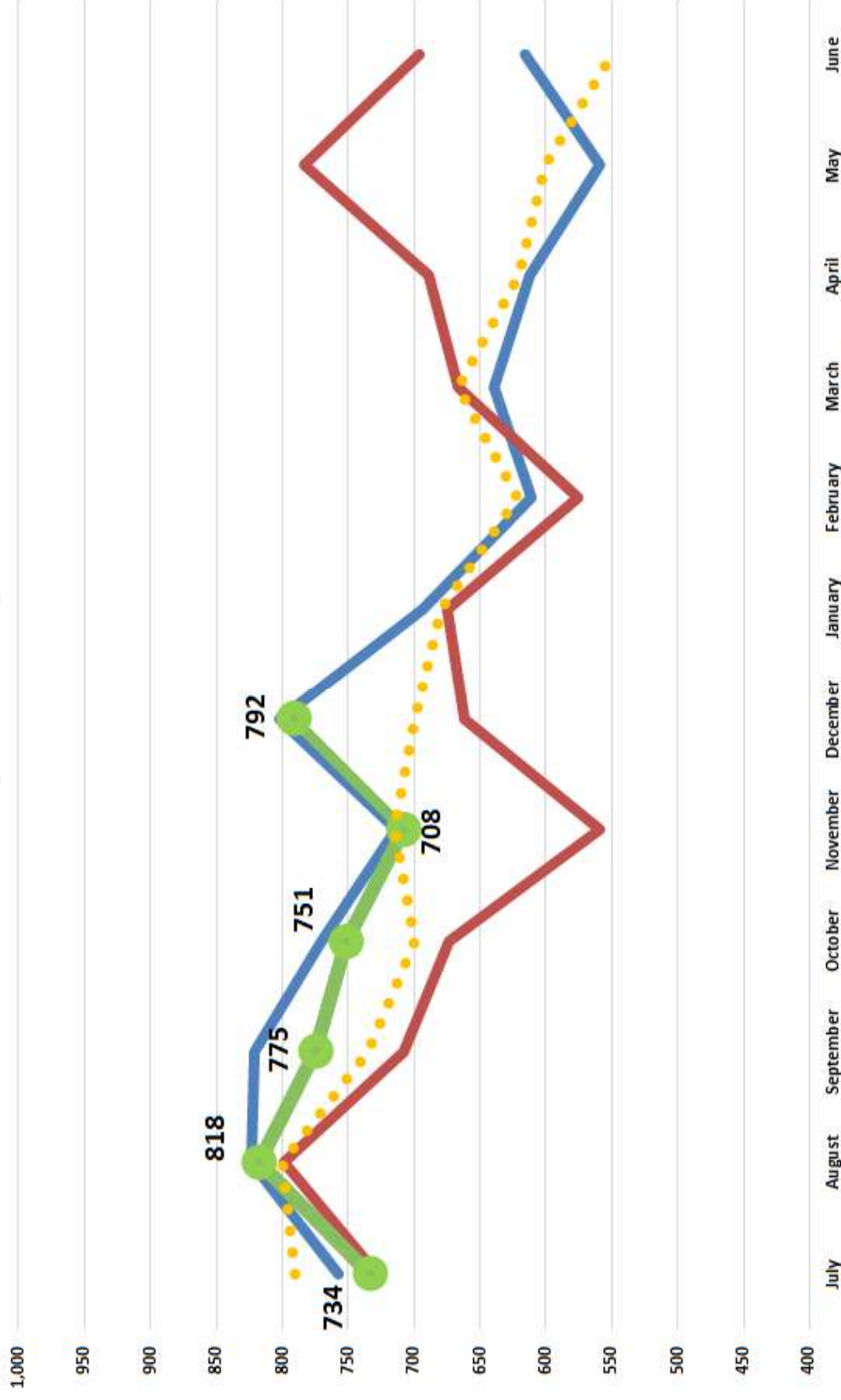
KH Cardiology Center Registrations



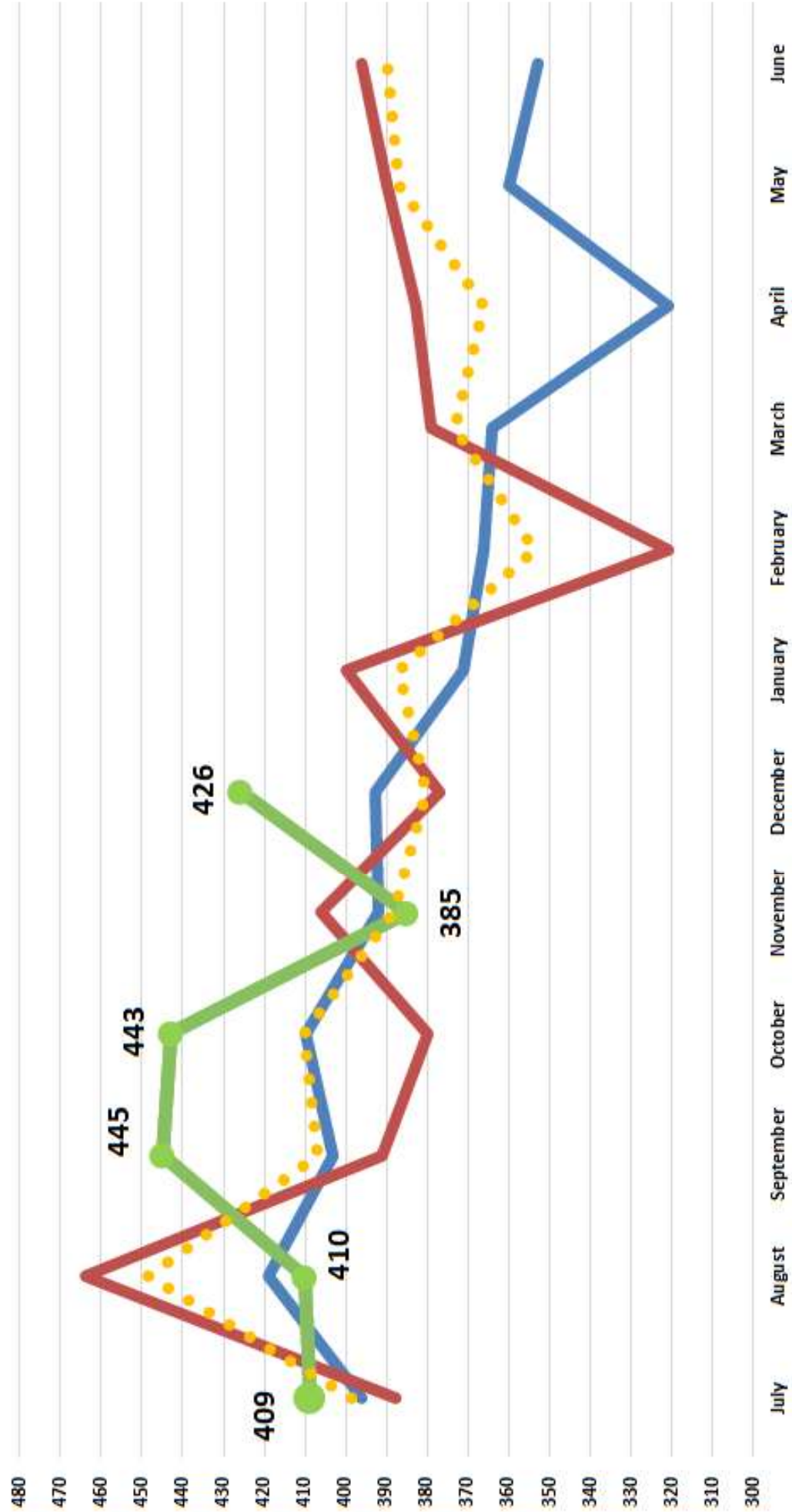
KH Cardiology Center - wRVU's



Labor Triage Registrations

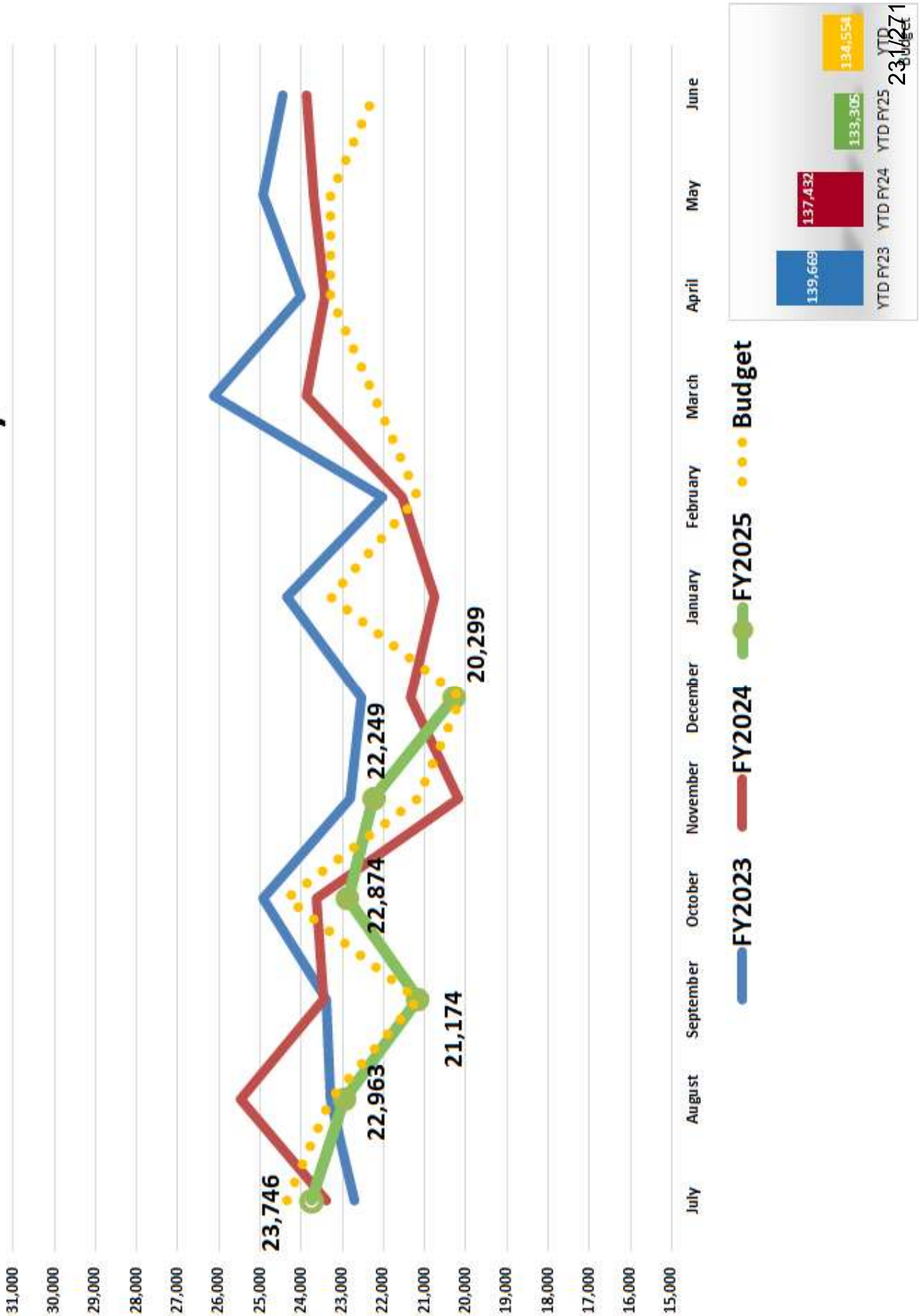


Deliveries

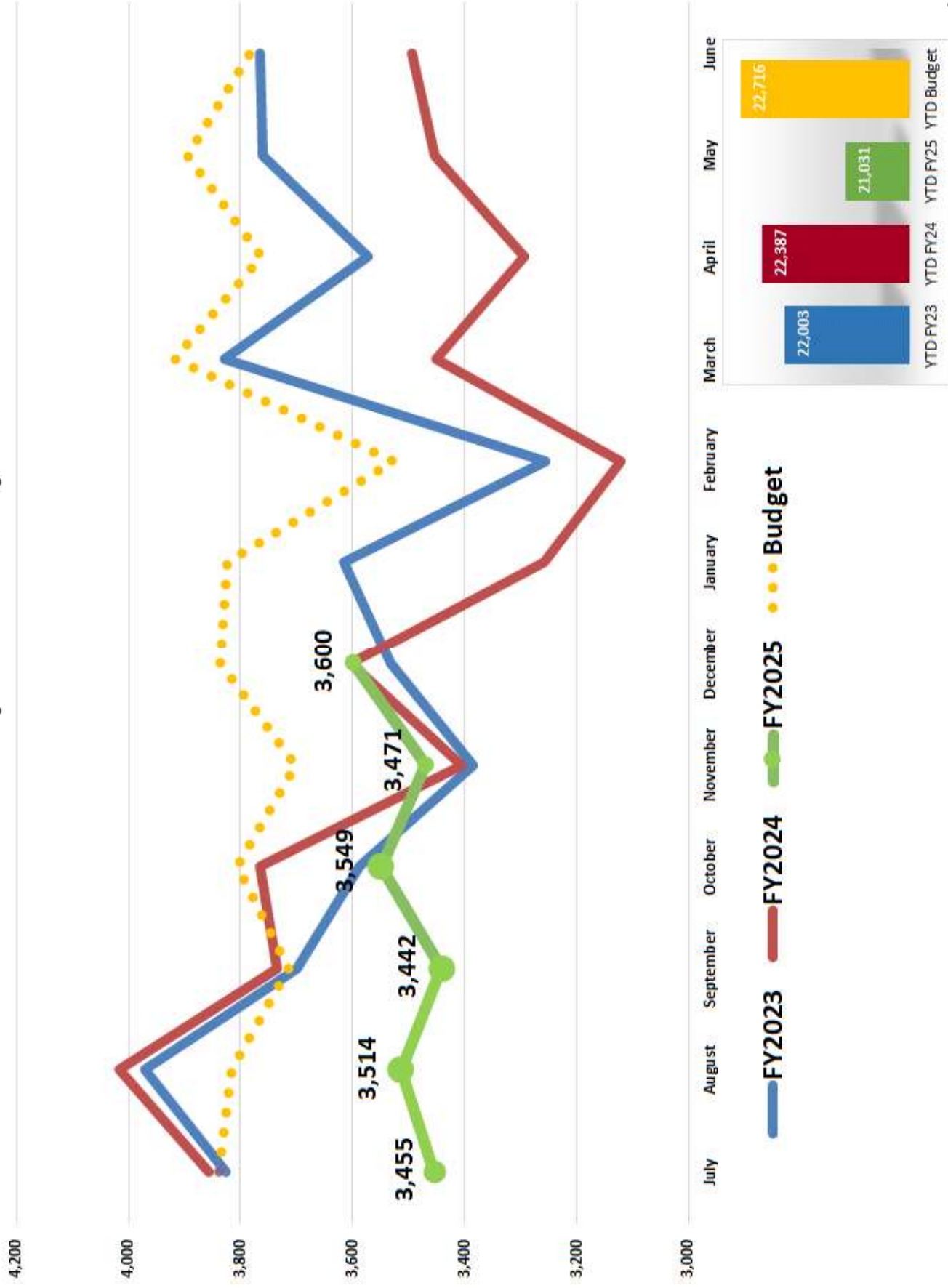


<div>FY2023</div>	<div>FY2024</div>	<div>FY2025</div>	<div>Budget</div>
2,413	2,406	2,518	2,433
YTD FY23	YTD FY24	YTD FY25	YTD Budget

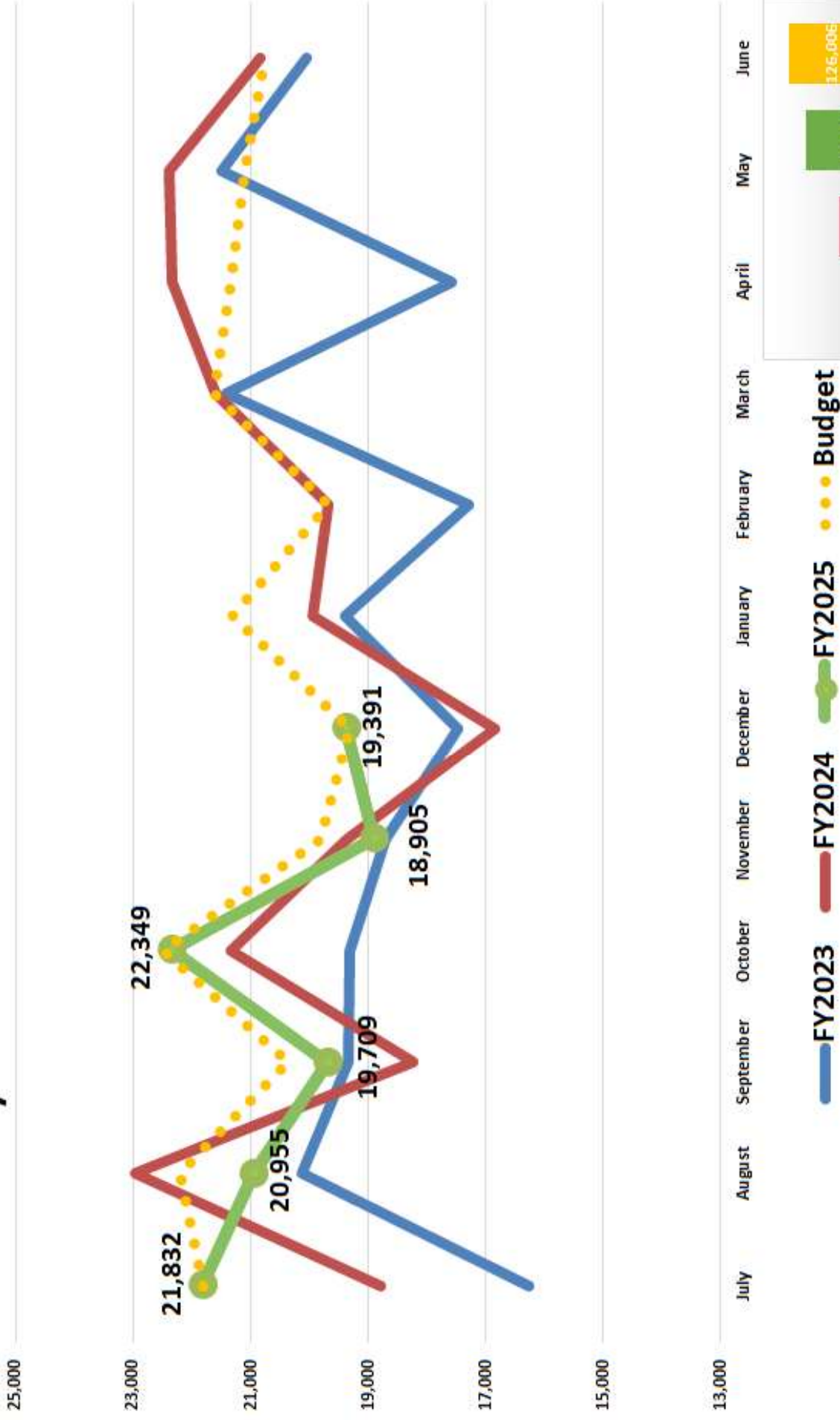
Home Infusion Days



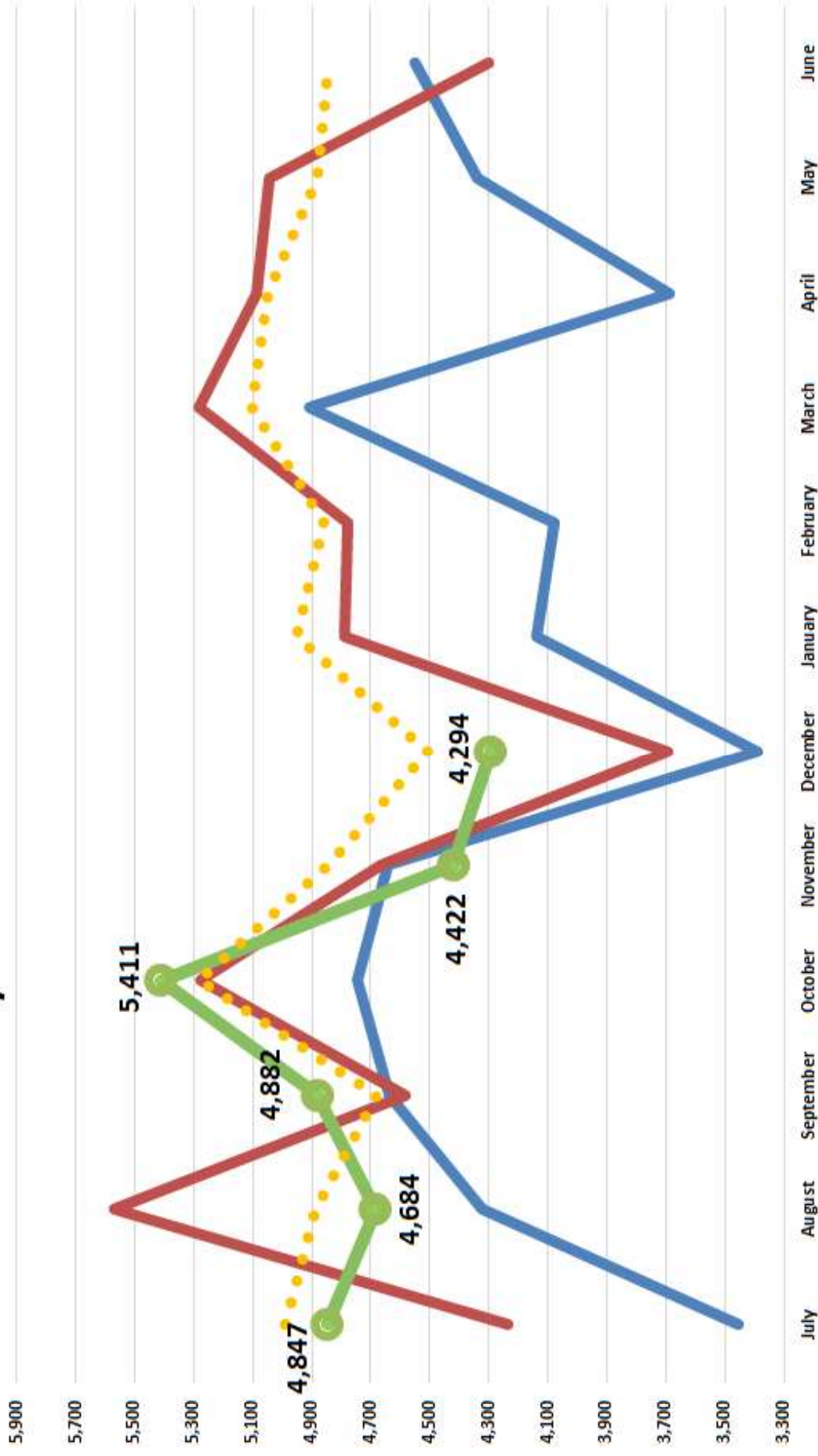
Hospice Days



All O/P Rehab Svcs Across District

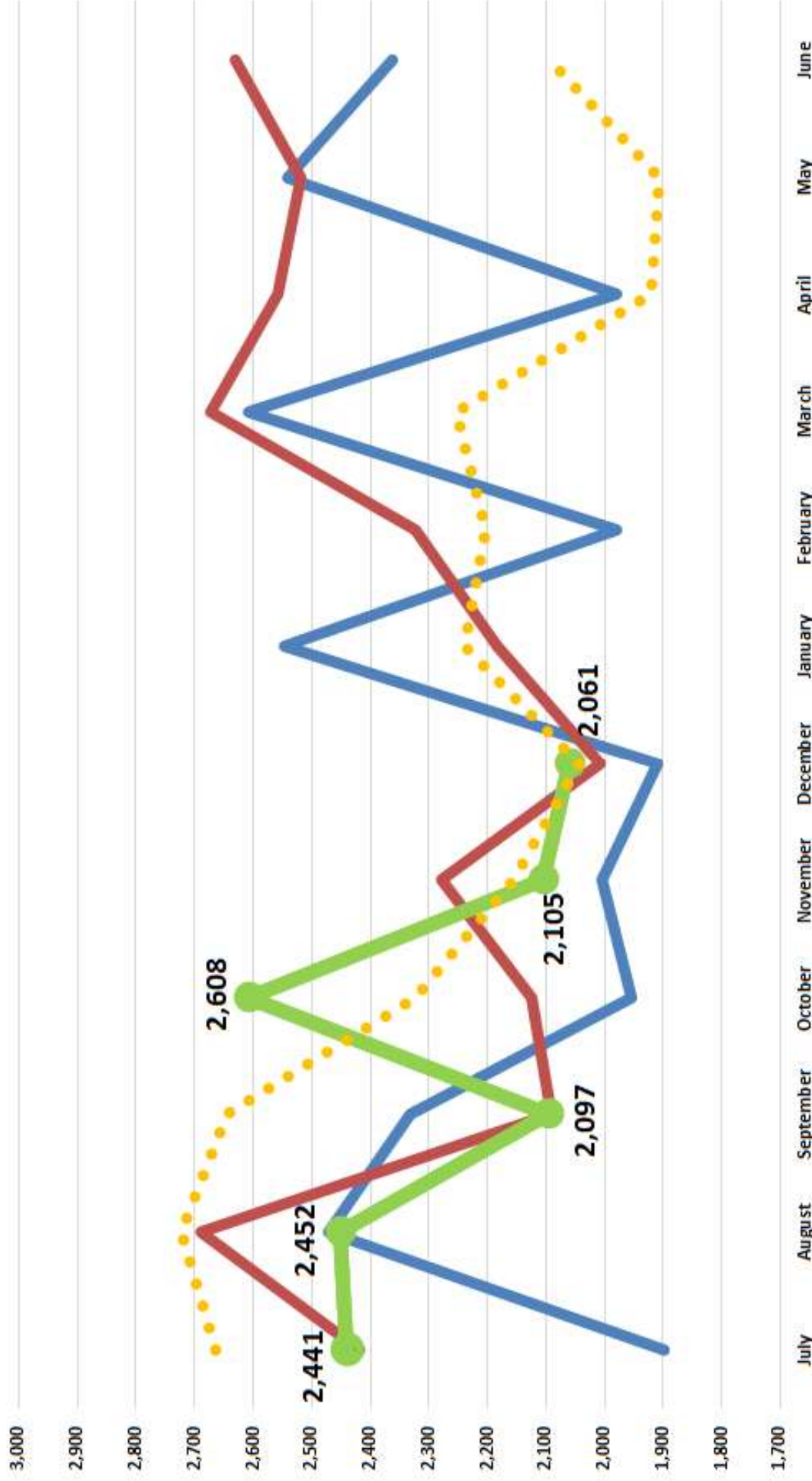


O/P Rehab Services



25,191	28,019	28,540	29,189
YTD FY23	YTD FY24	YTD FY25	YTD Budget

O/P Rehab - Exeter

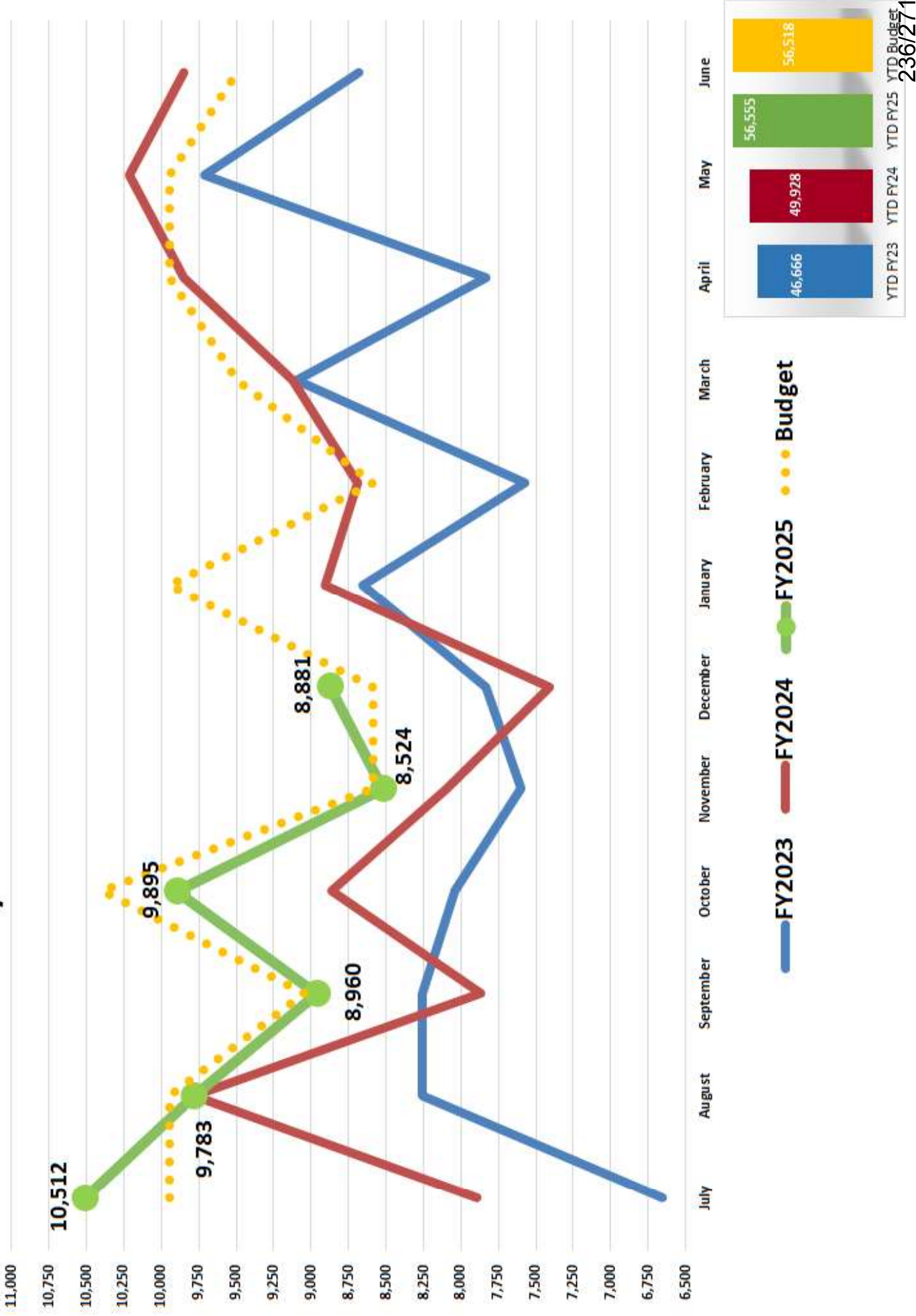


— FY2023
 — FY2024
 — FY2025
 ... Budget

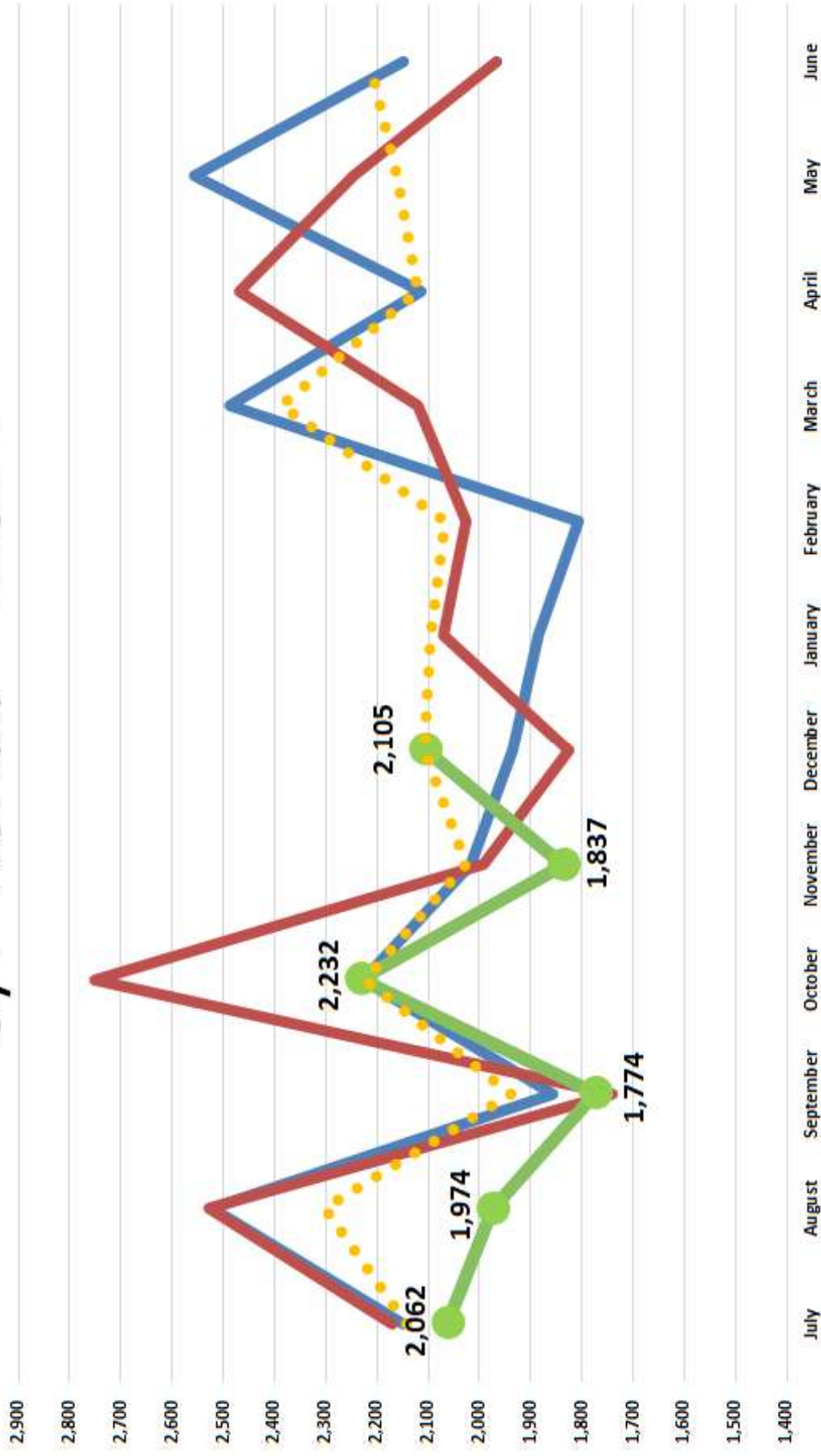


235,271

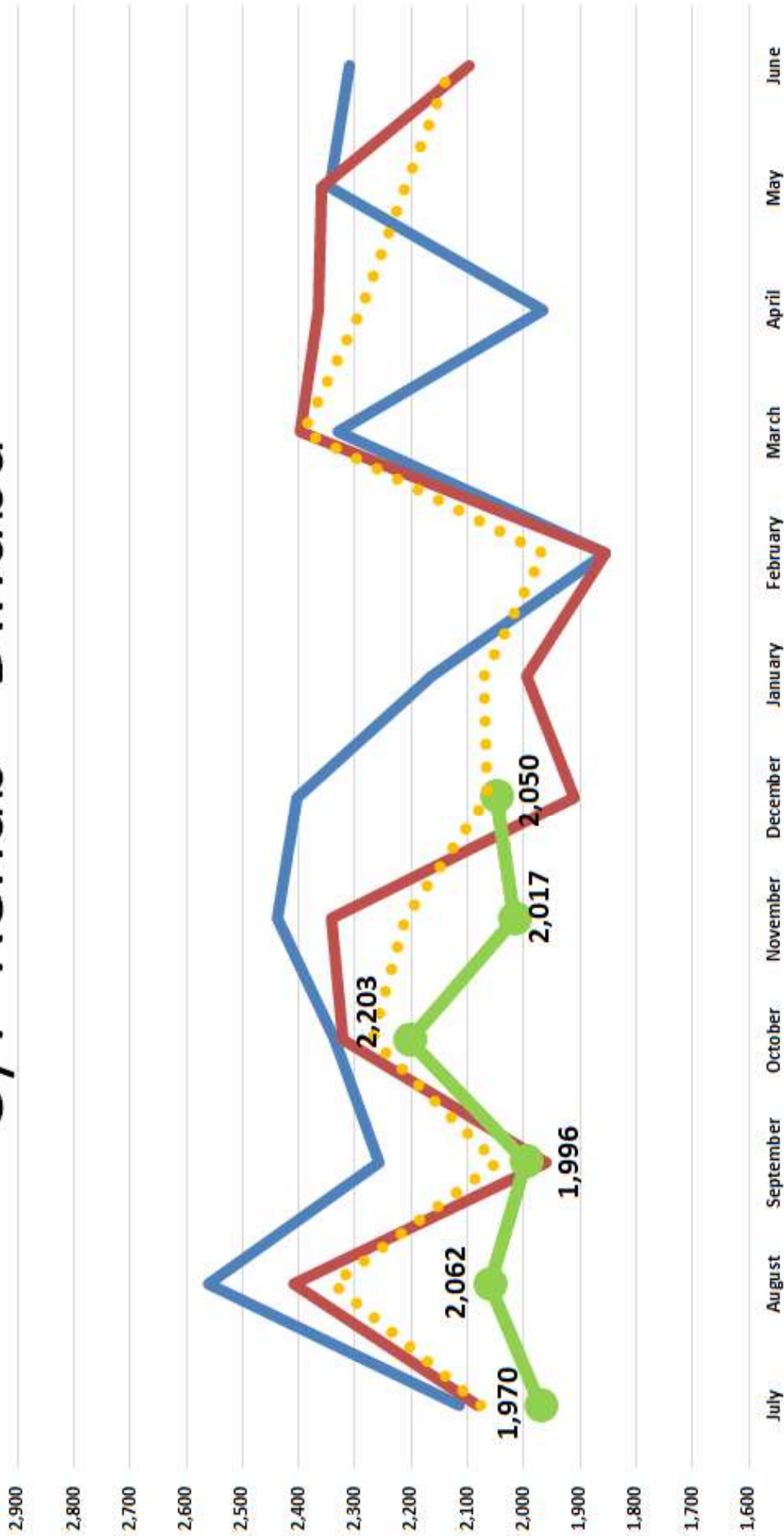
O/P Rehab - Akers



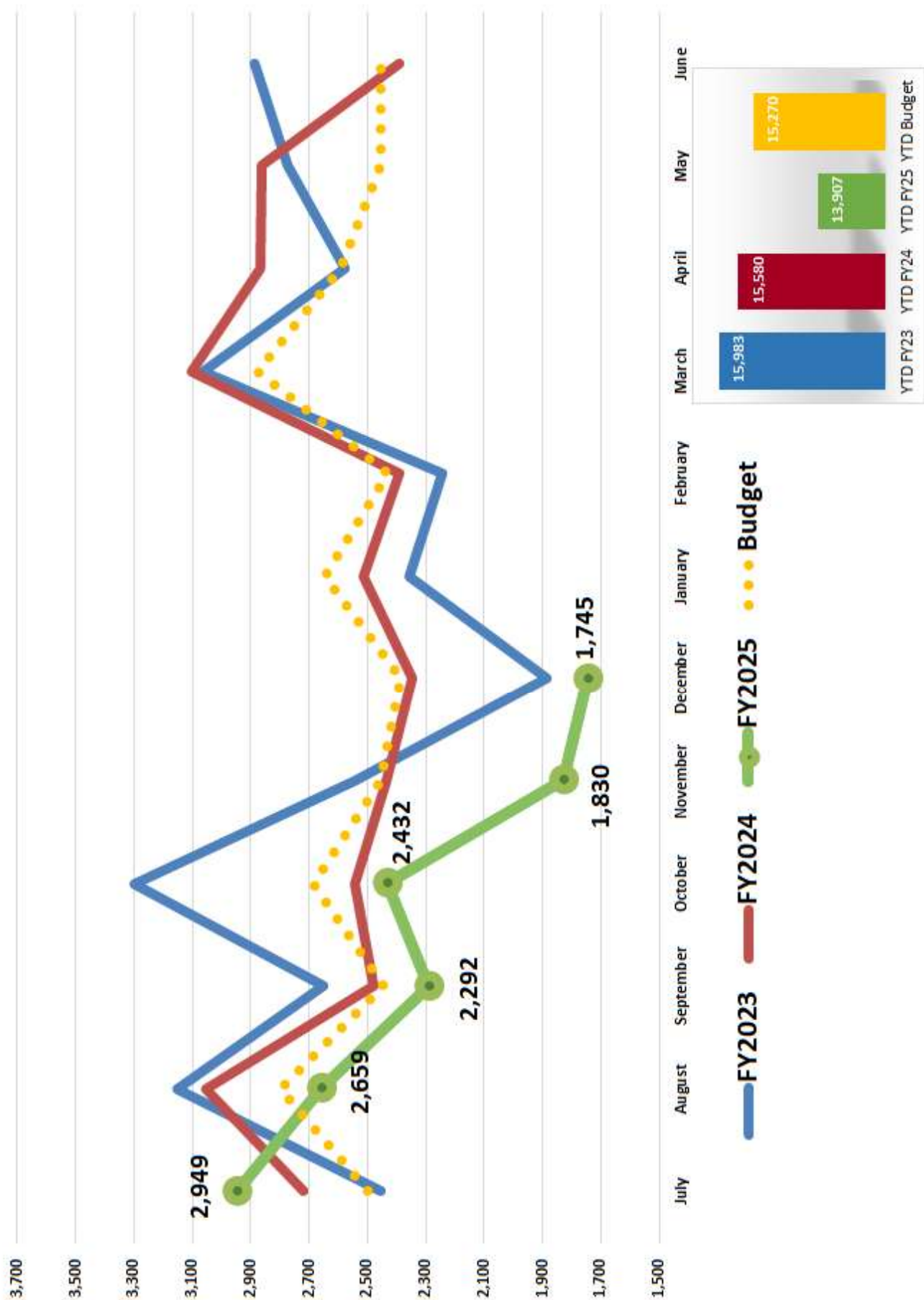
O/P Rehab - LLOPT



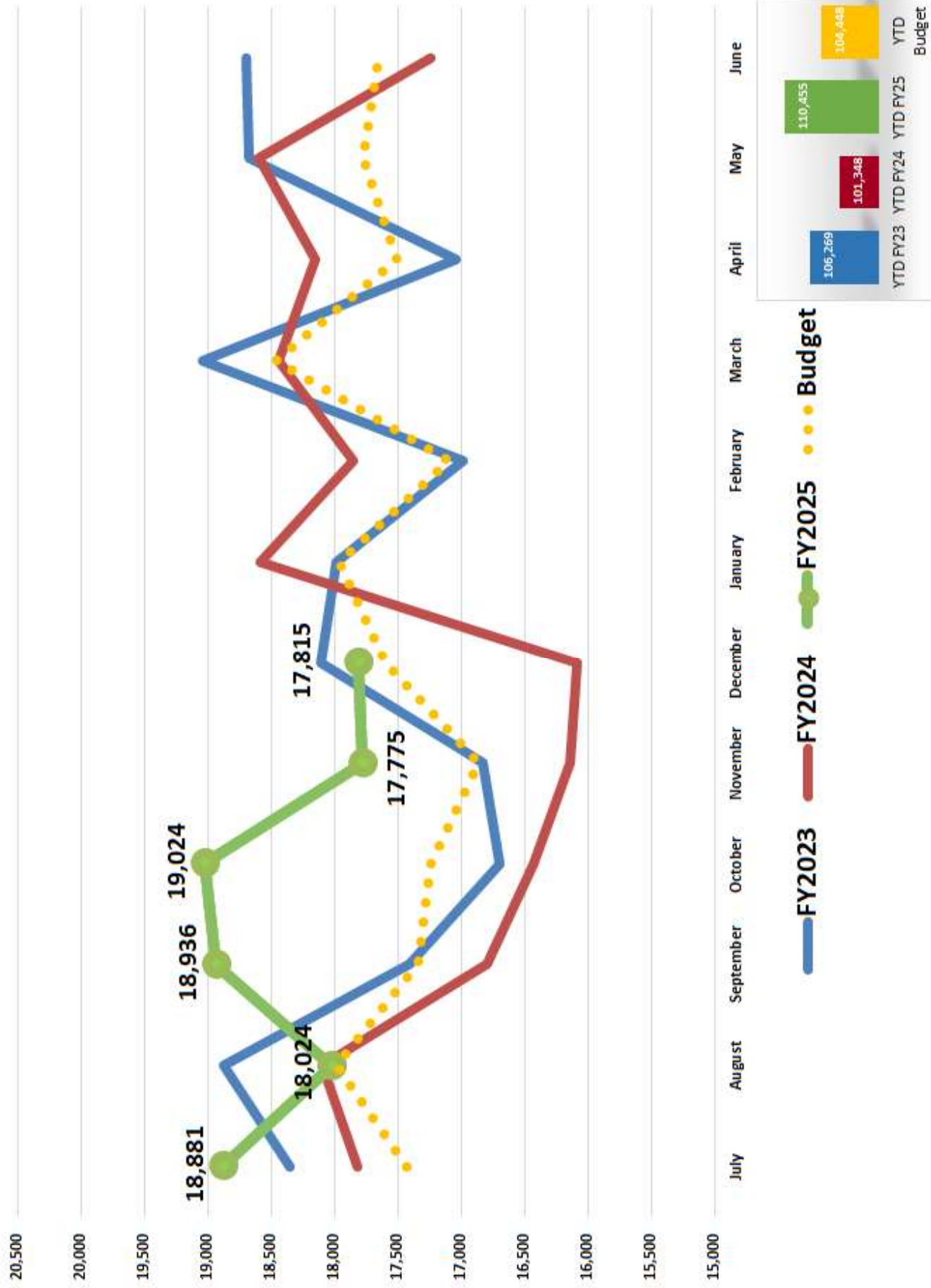
O/P Rehab - Dinuba



Therapy - Cypress Hand Center

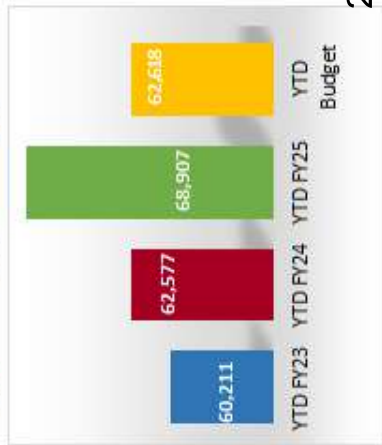
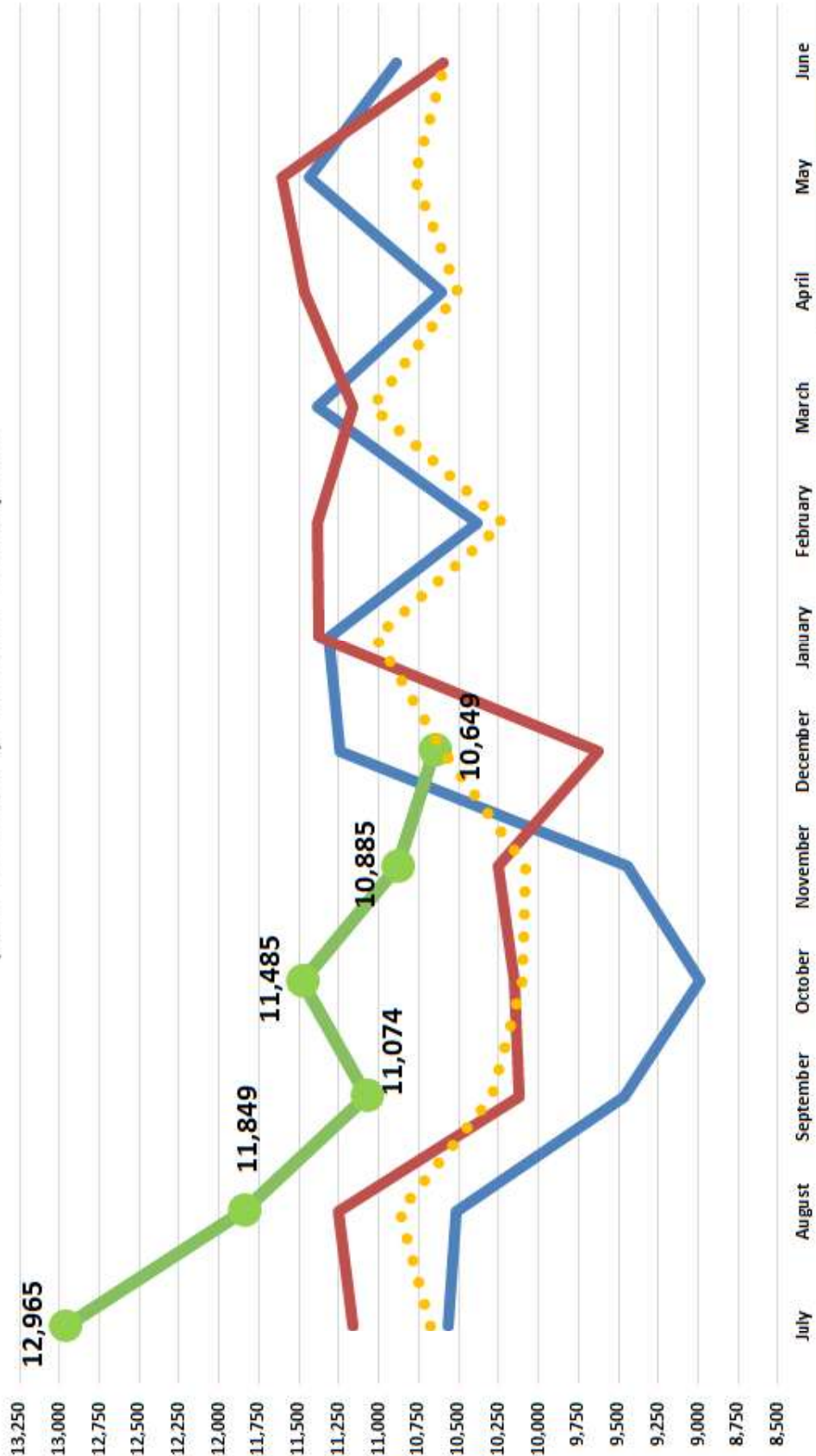


Physical & Other Therapy Units (I/P & O/P)

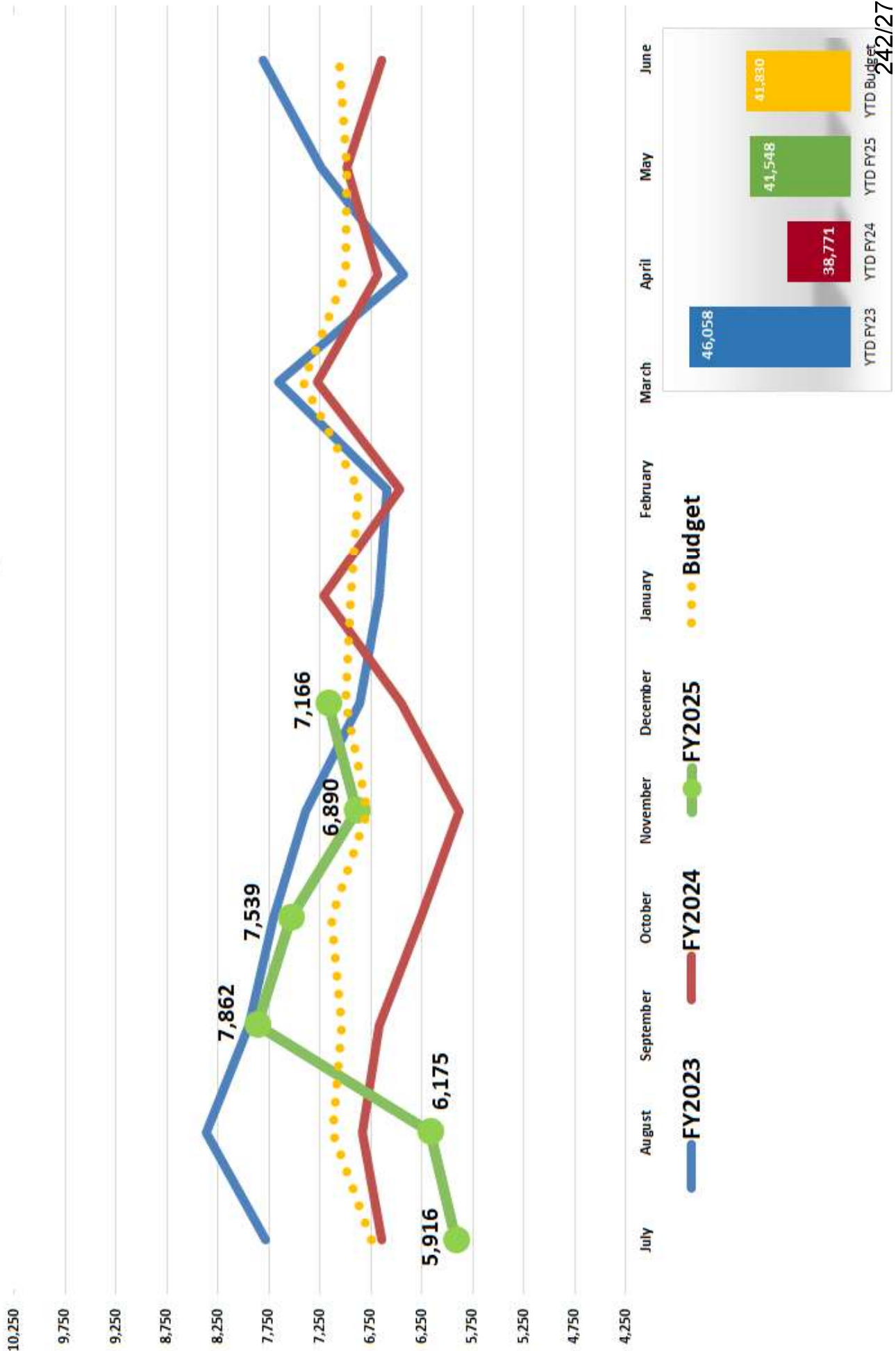


Physical & Other Therapy Units

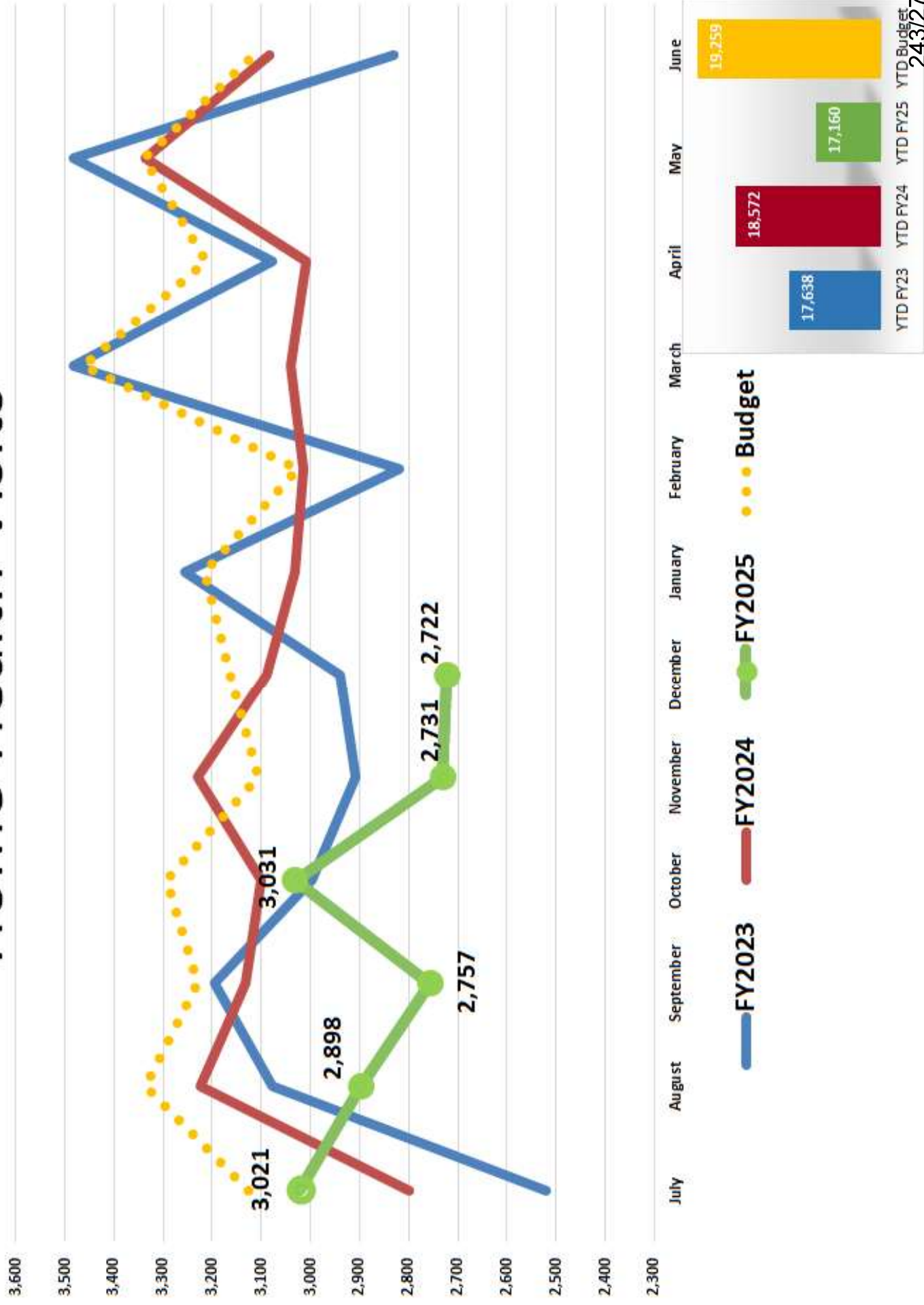
(I/P & O/P)-Main Campus



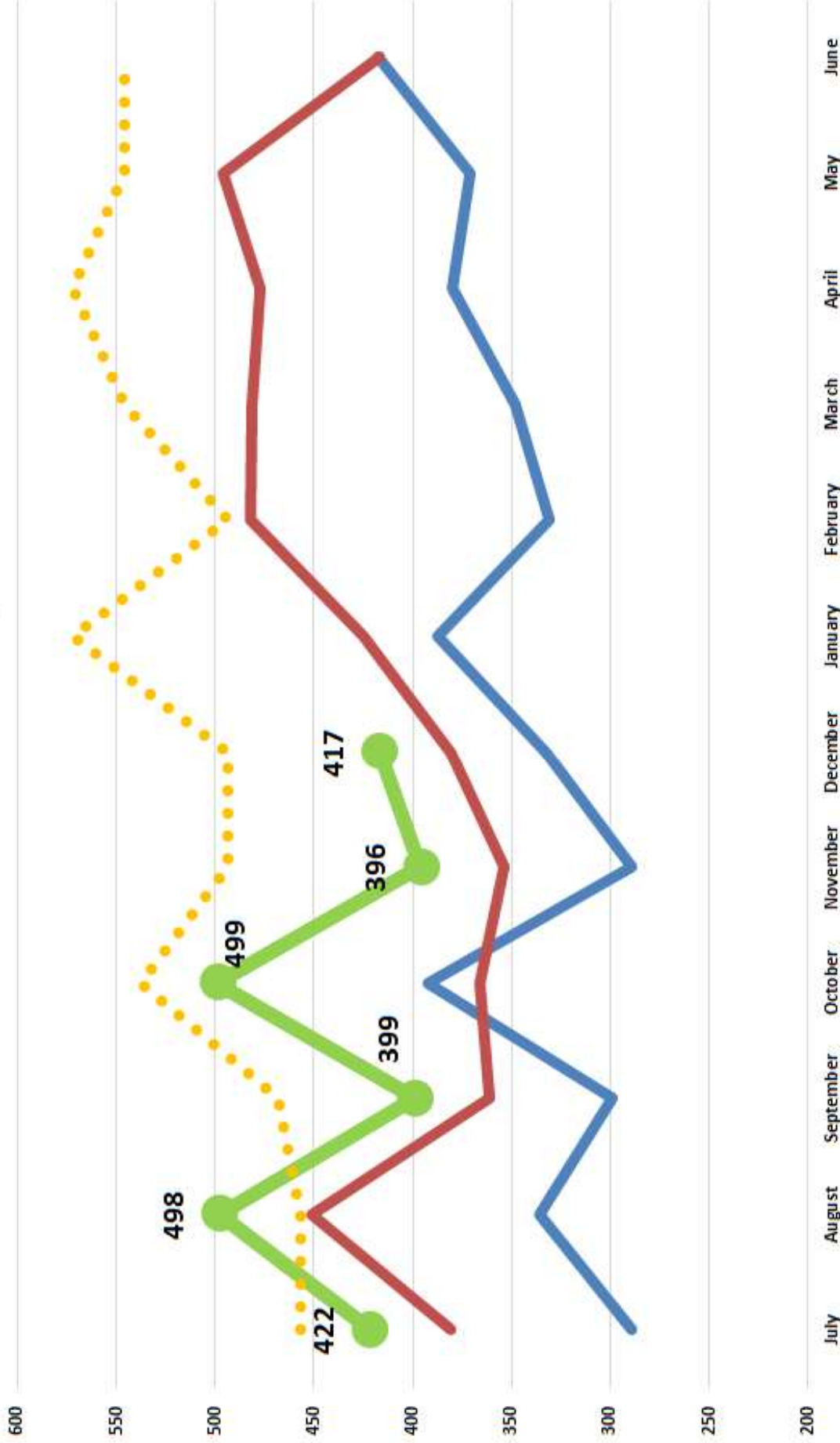
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



Home Health Visits

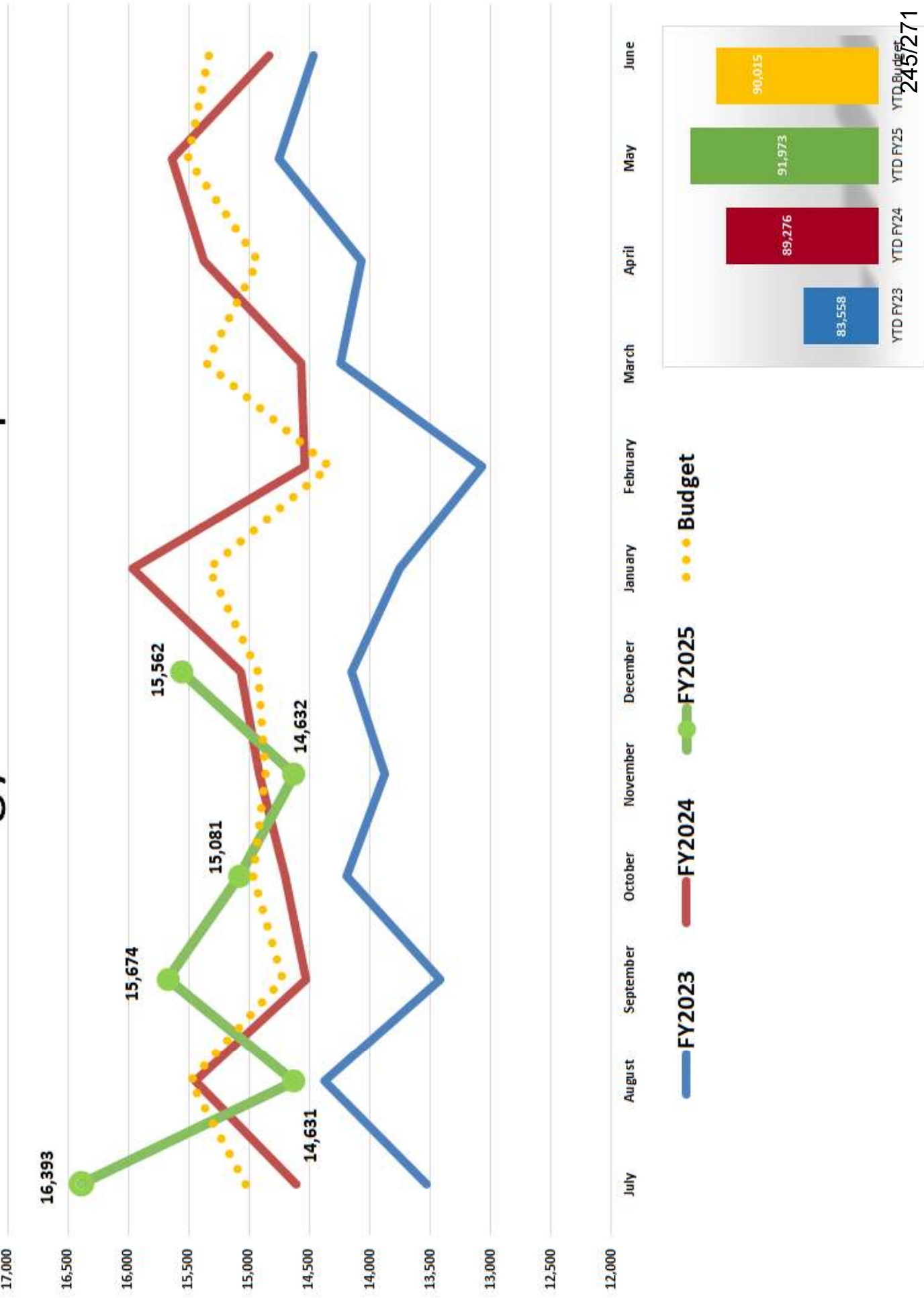


Infusion Center - Outpatient Visits

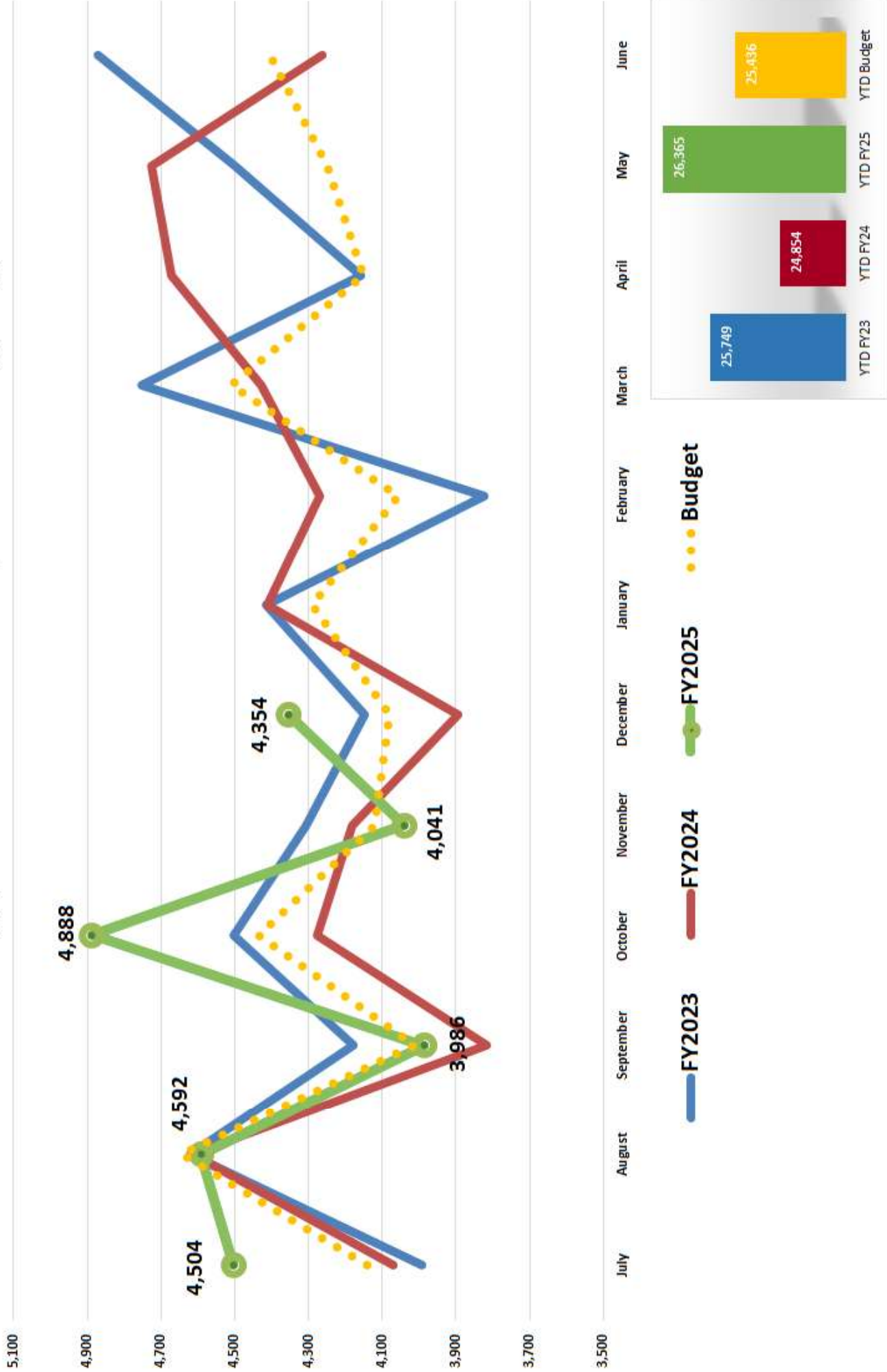


	April	May	June
YTD FY23	1,938		
YTD FY24	2,294		
YTD FY25	2,631		
YTD Budget	2,908		
	244/271		

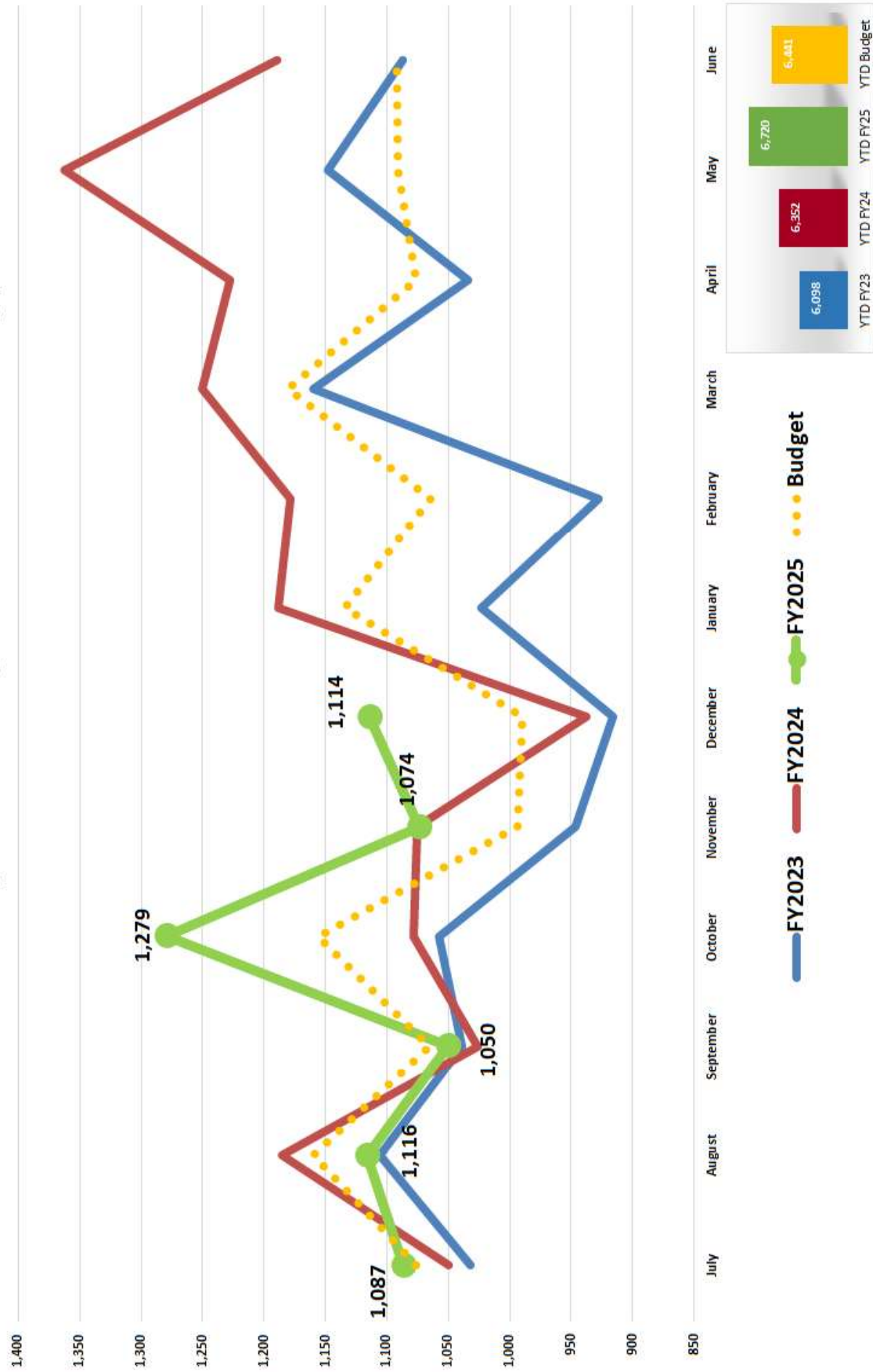
Radiology – Main Campus



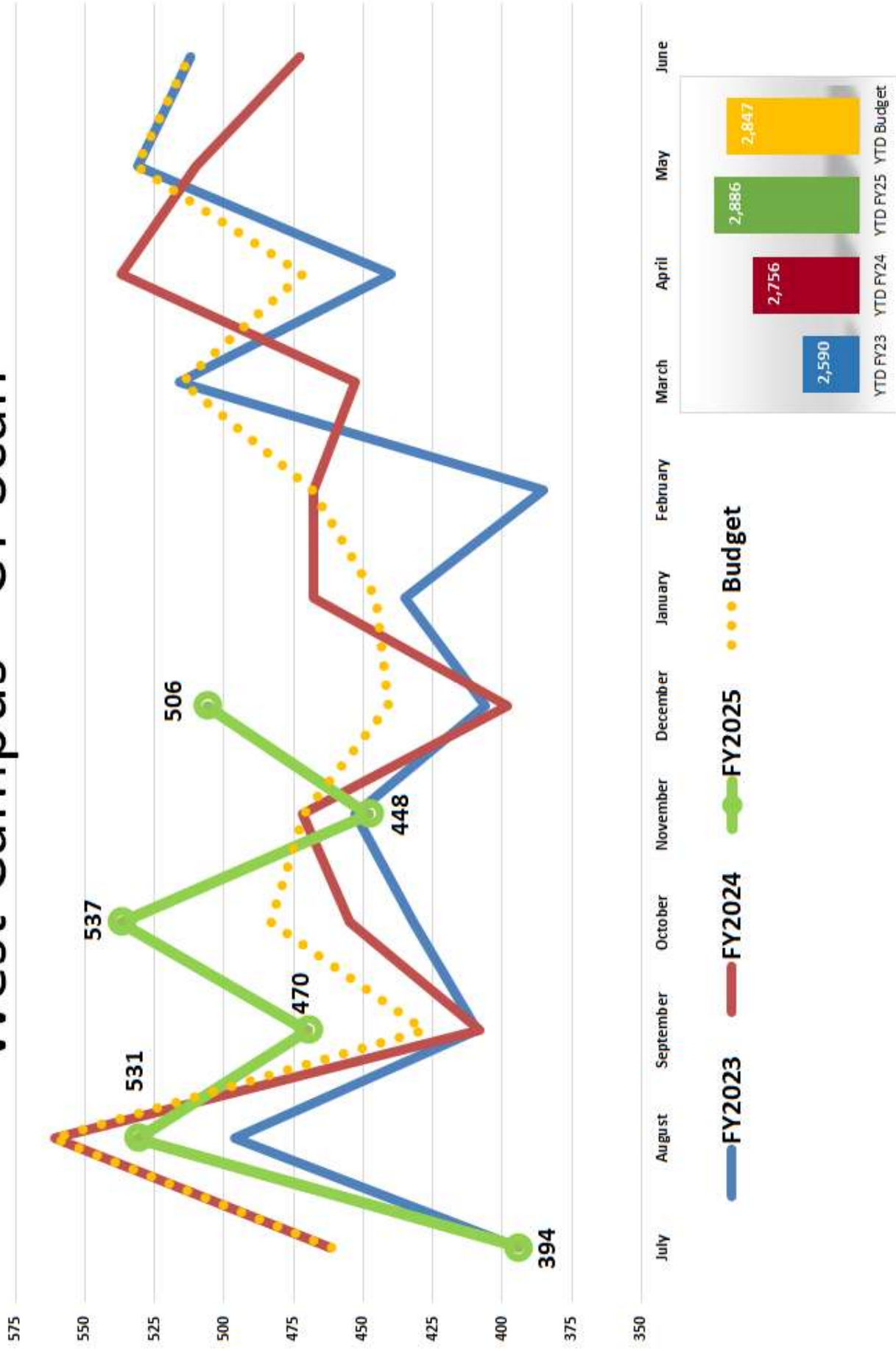
Radiology - West Campus Imaging



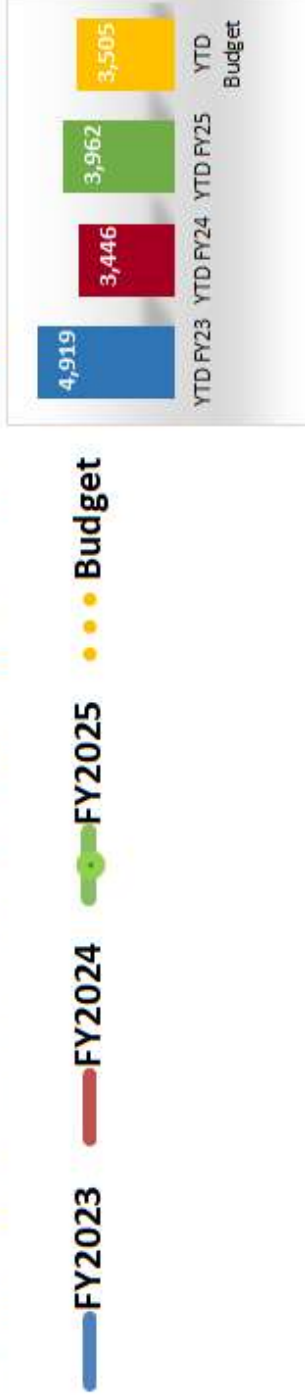
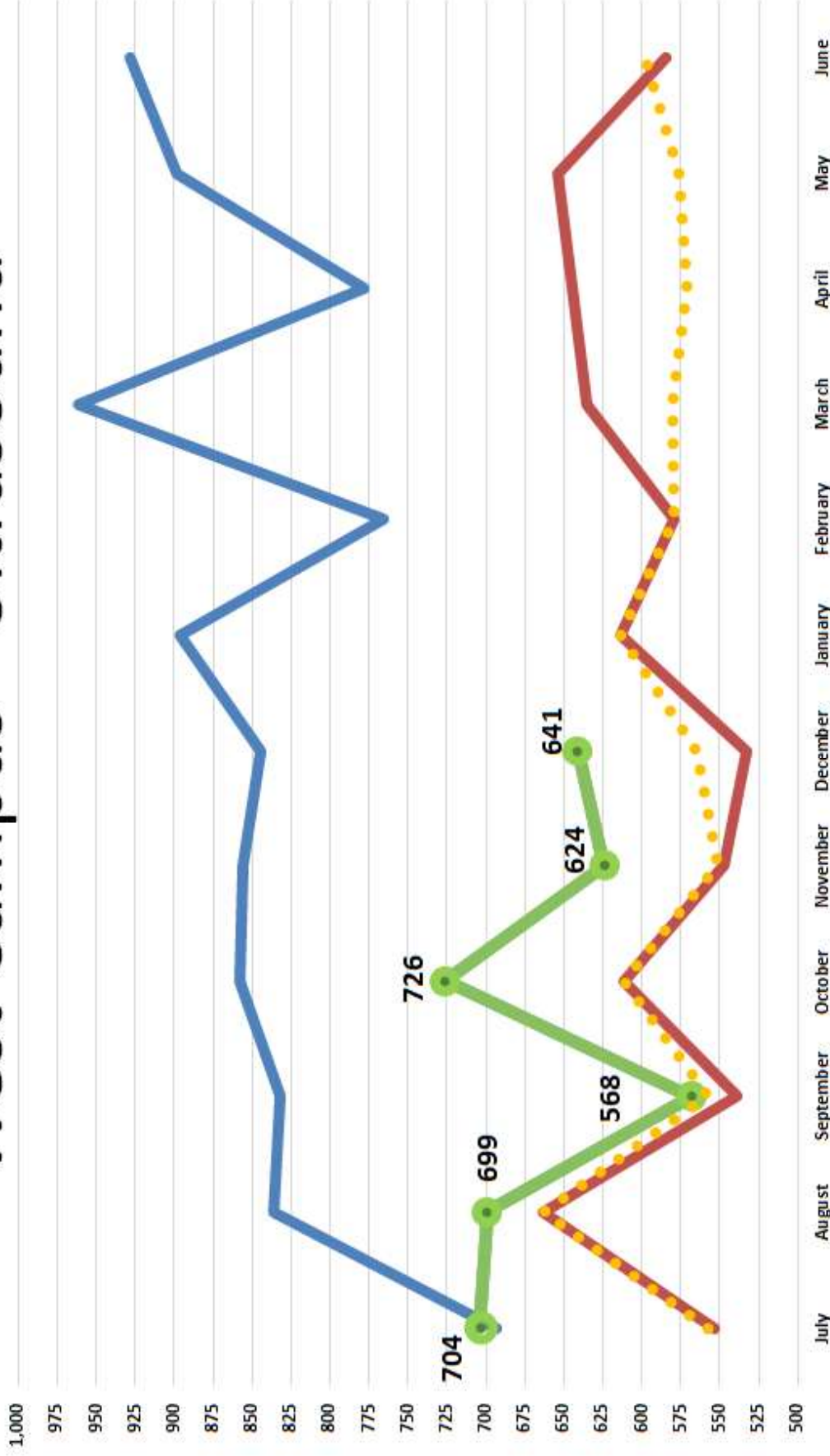
West Campus - Diagnostic Radiology



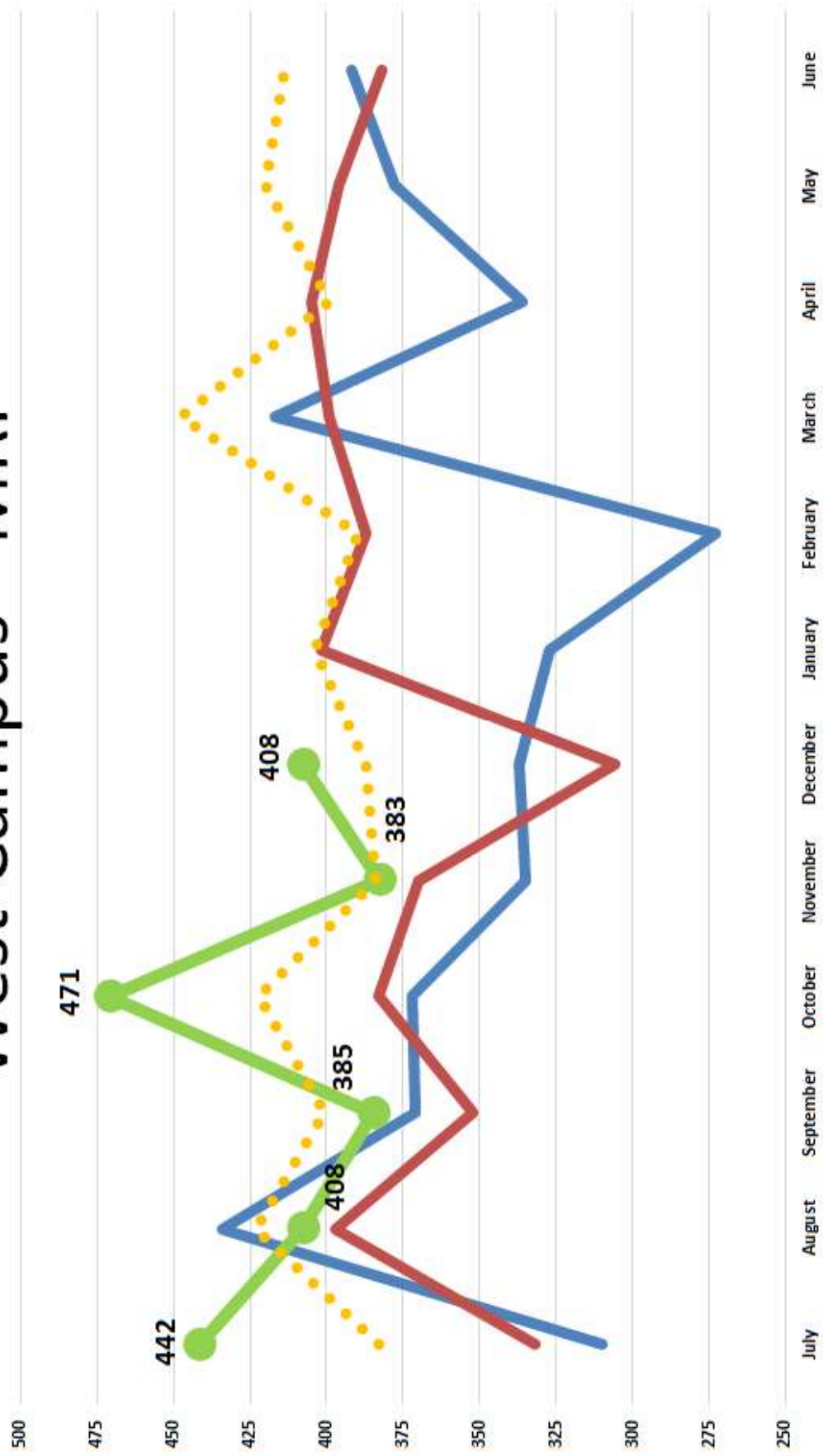
West Campus - CT Scan



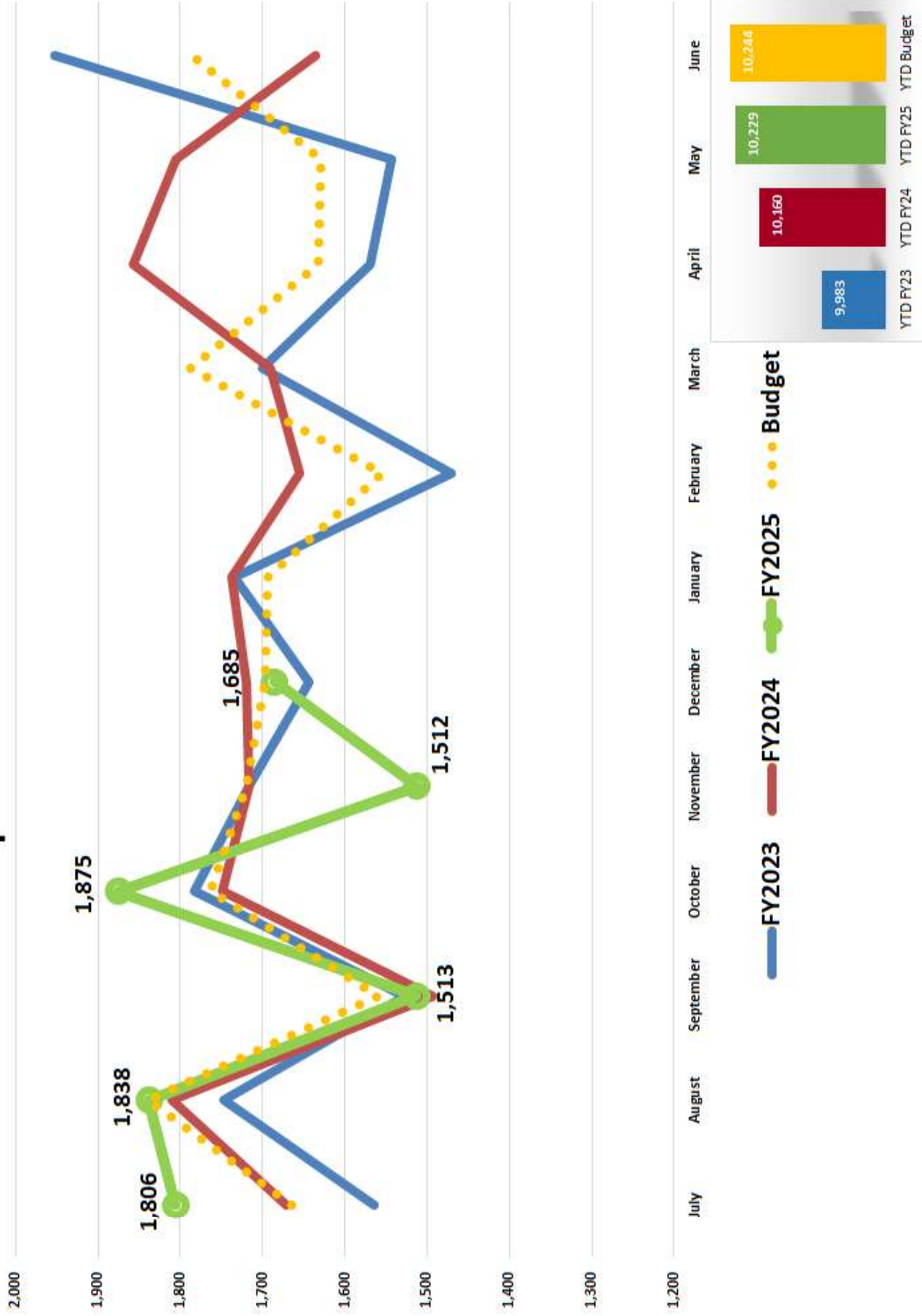
West Campus - Ultrasound



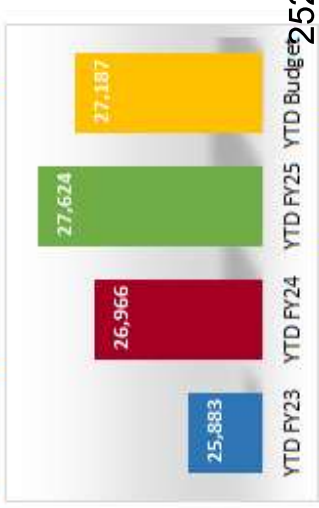
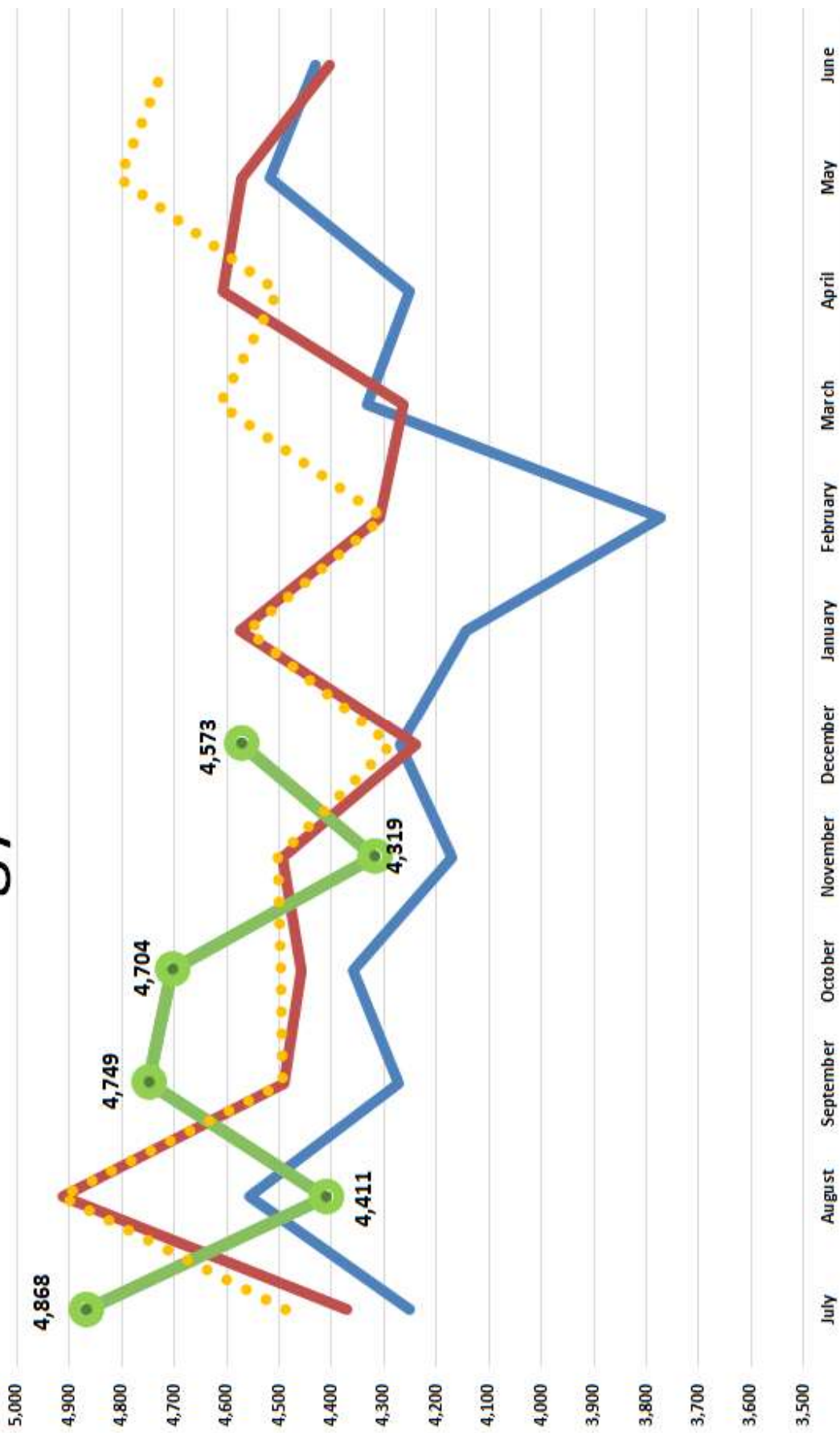
West Campus - MRI



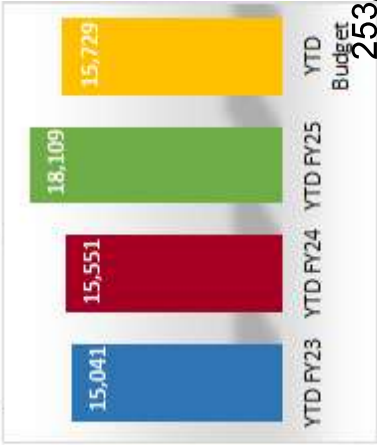
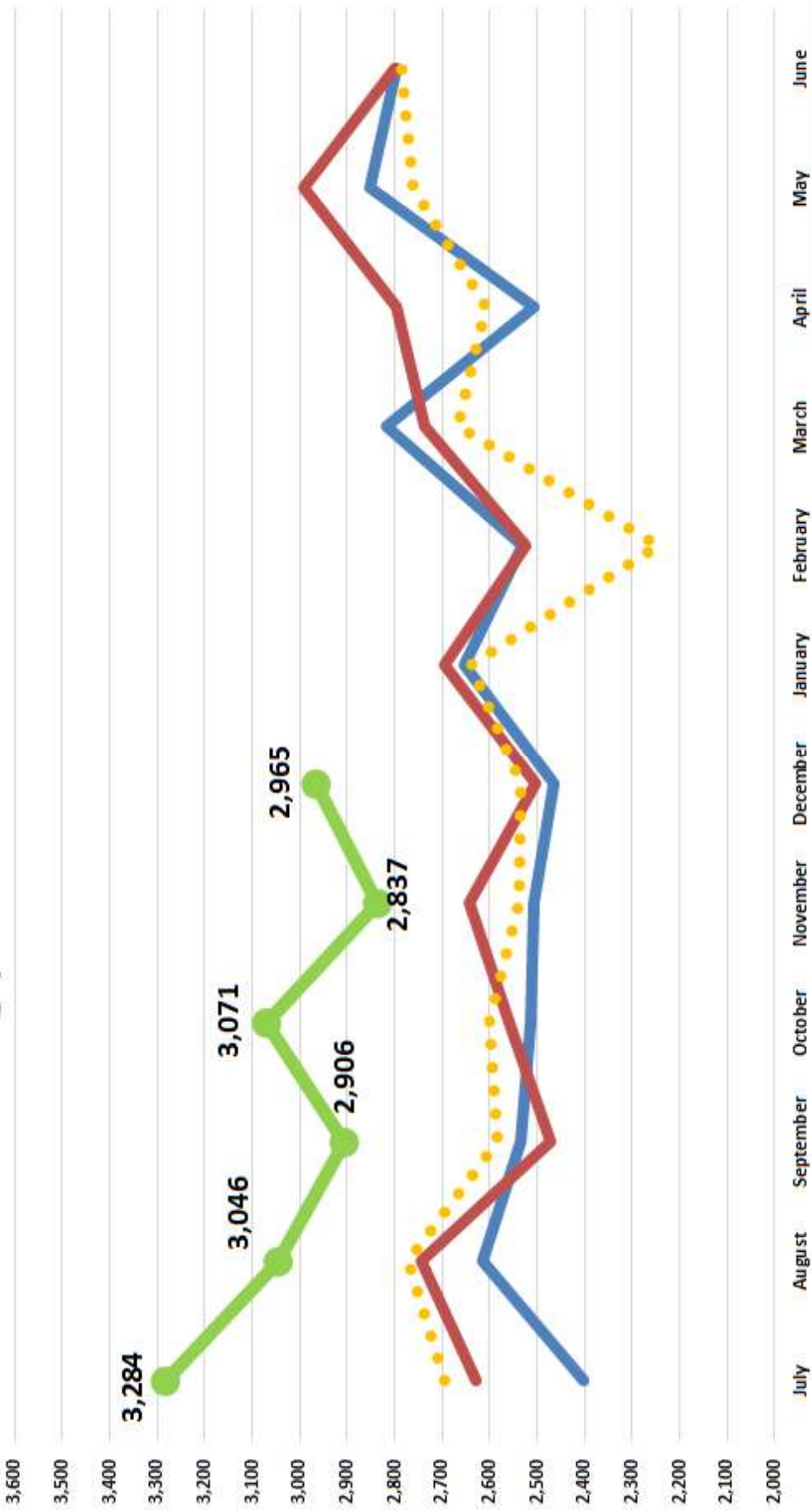
West Campus - Breast Center



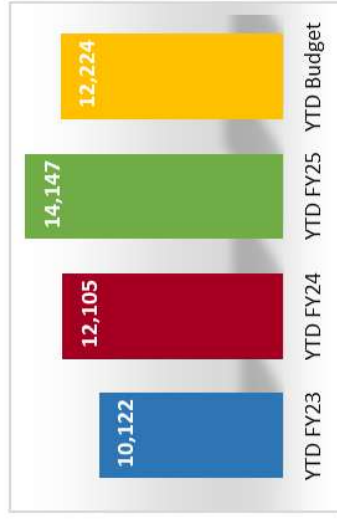
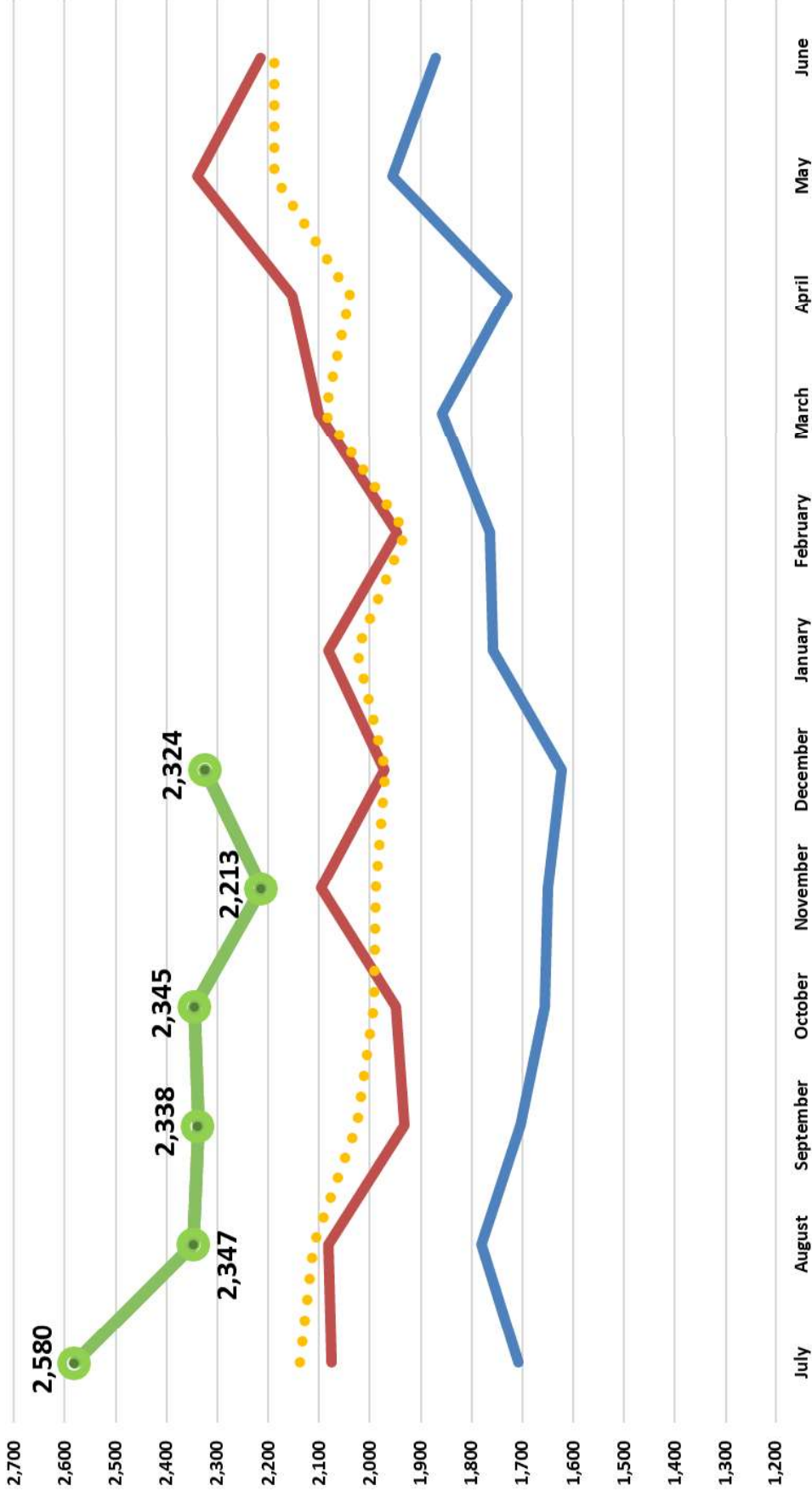
Radiology - CT - All Areas



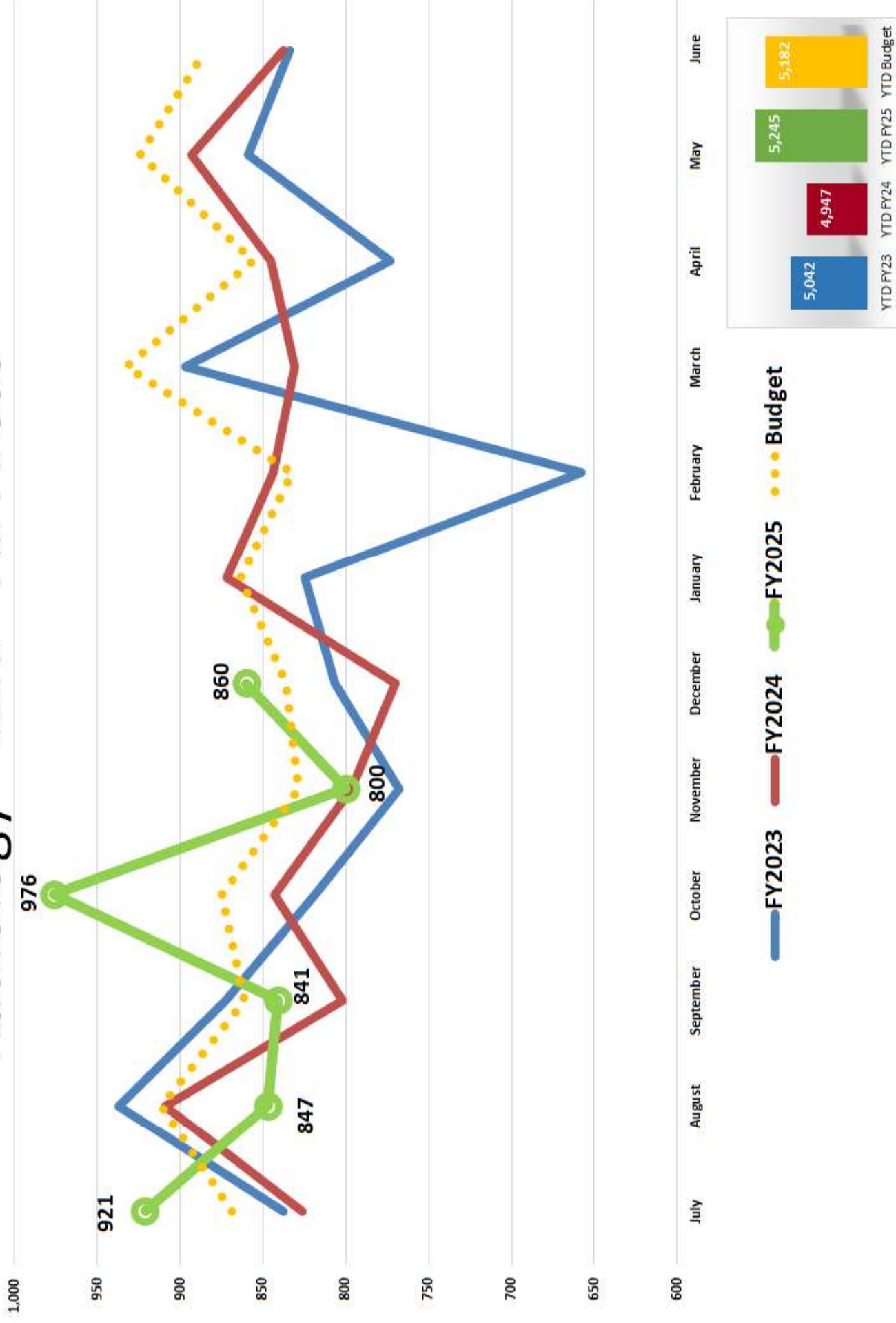
Radiology - Ultrasound - All Areas



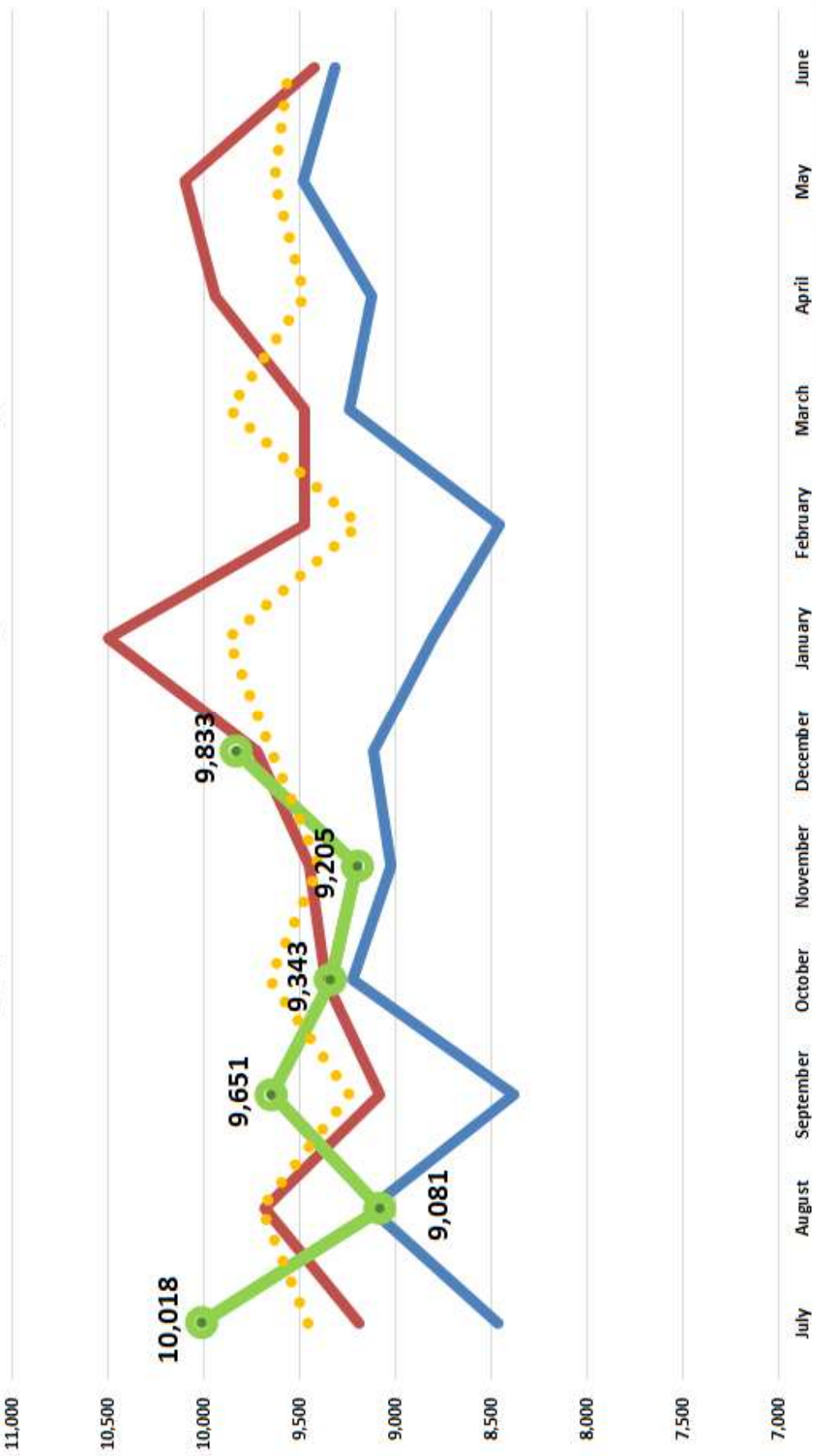
Radiology - Ultrasound - Main Campus



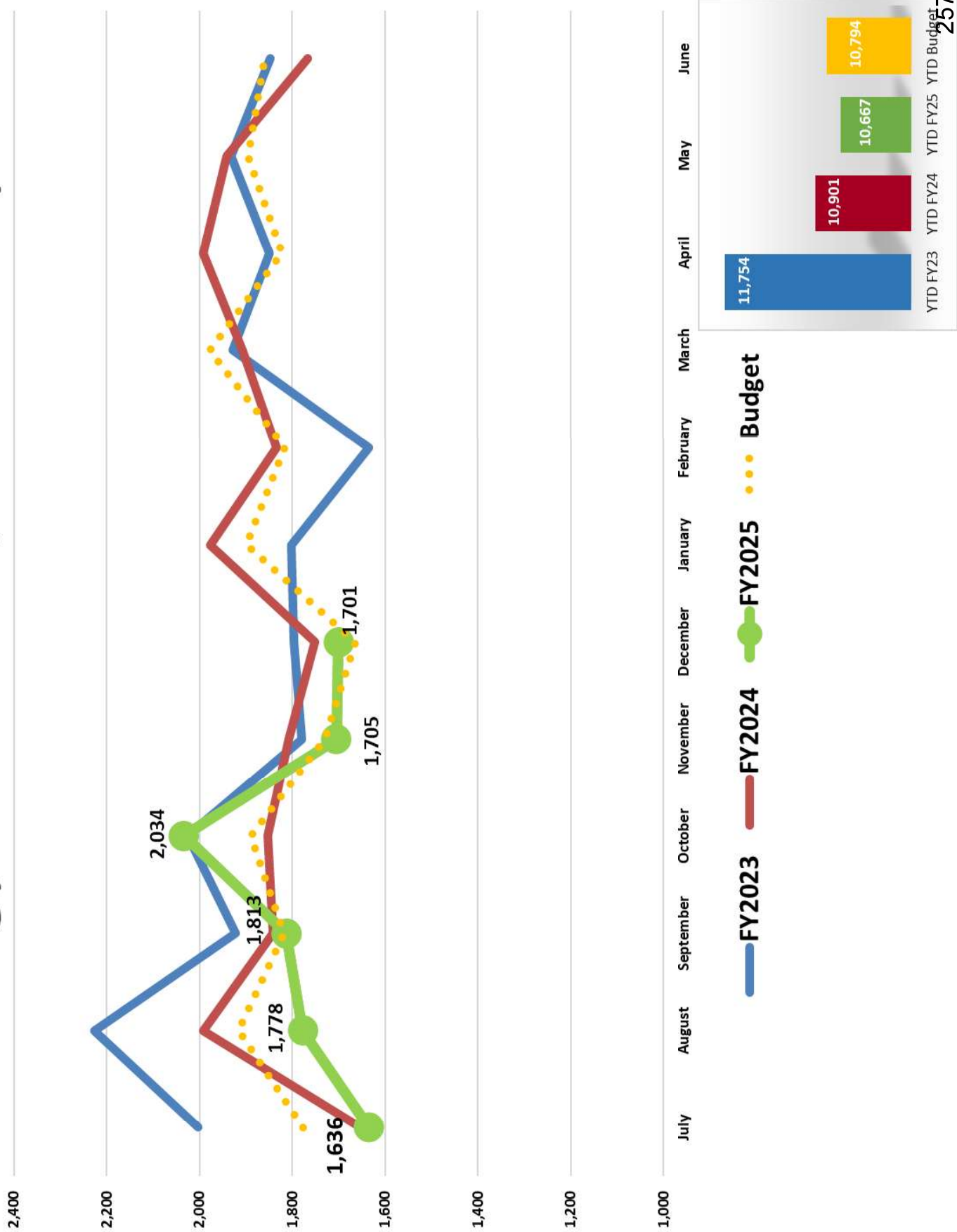
Radiology - MRI - All Areas



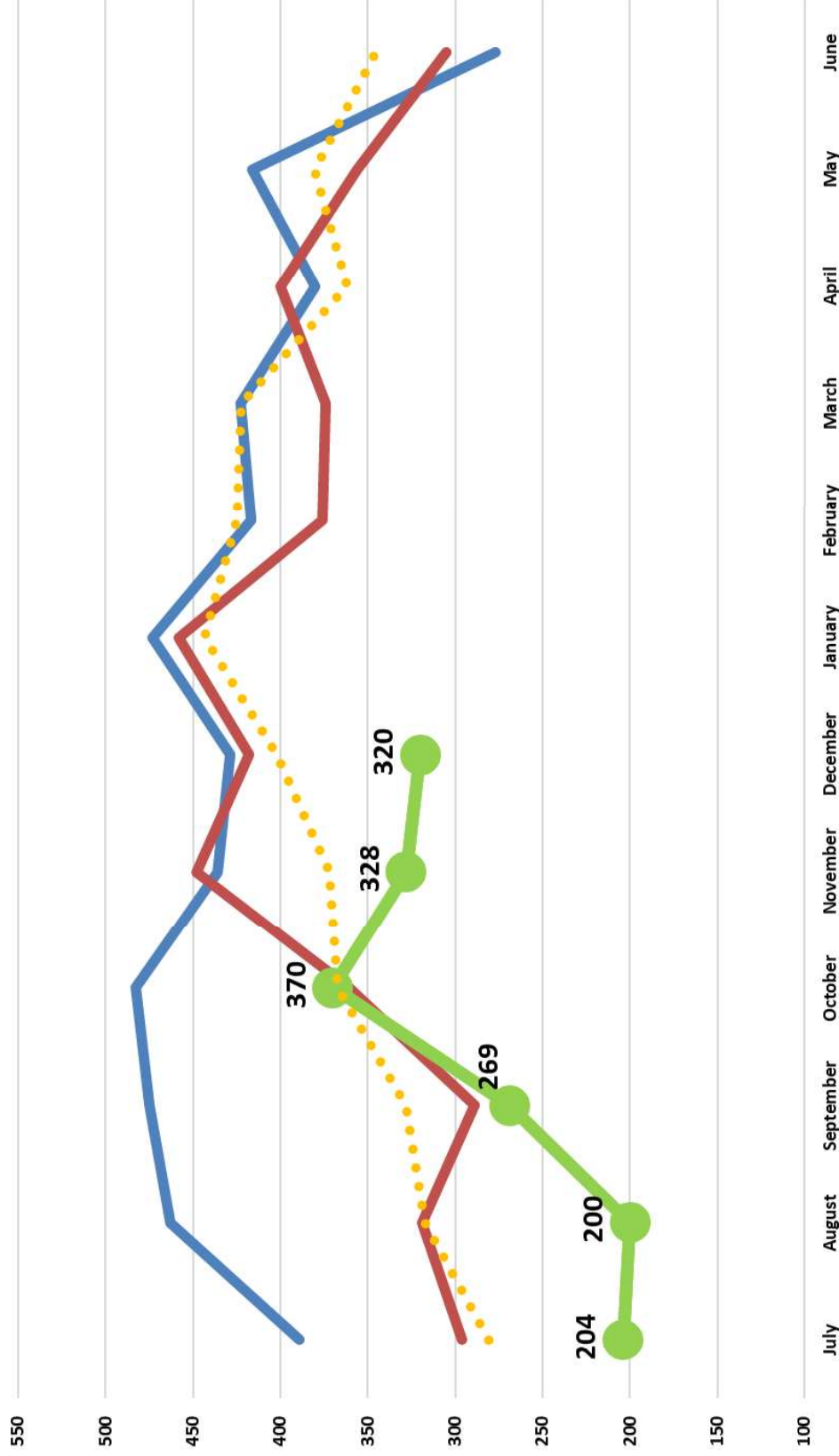
Radiology Modality - Diagnostic



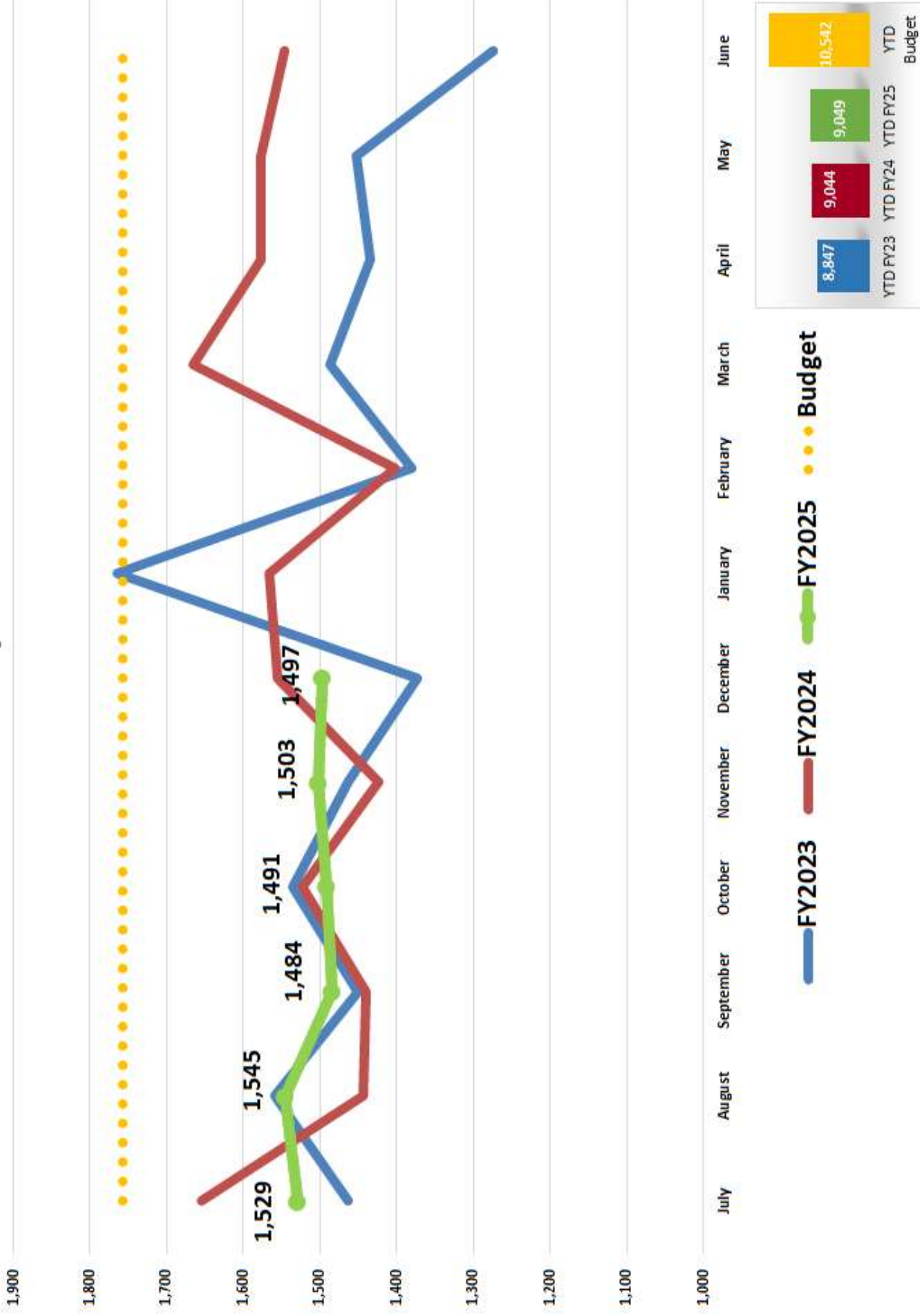
Radiology - UC Court/South Campus



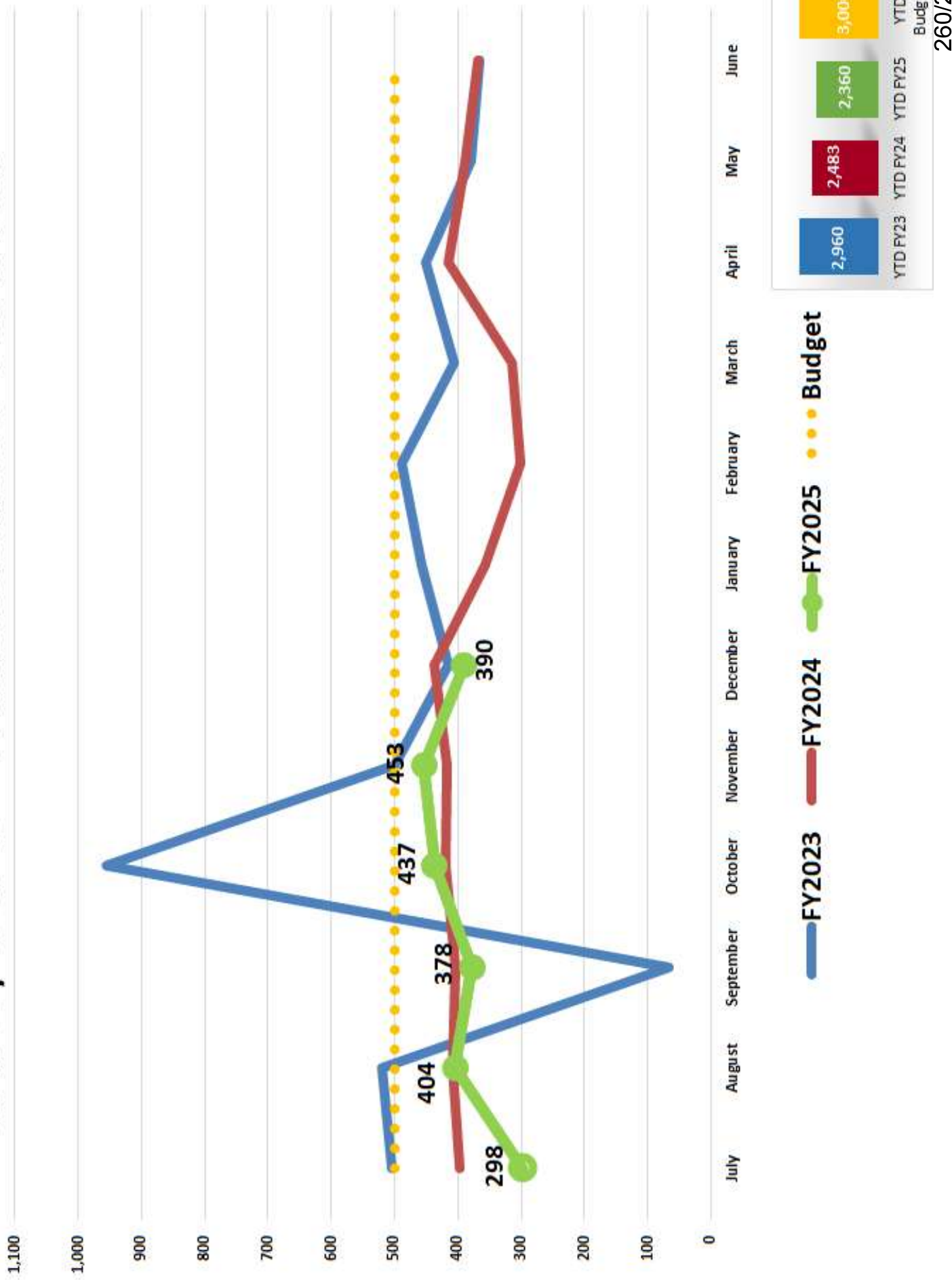
Radiology - UC Demaree/North Campus



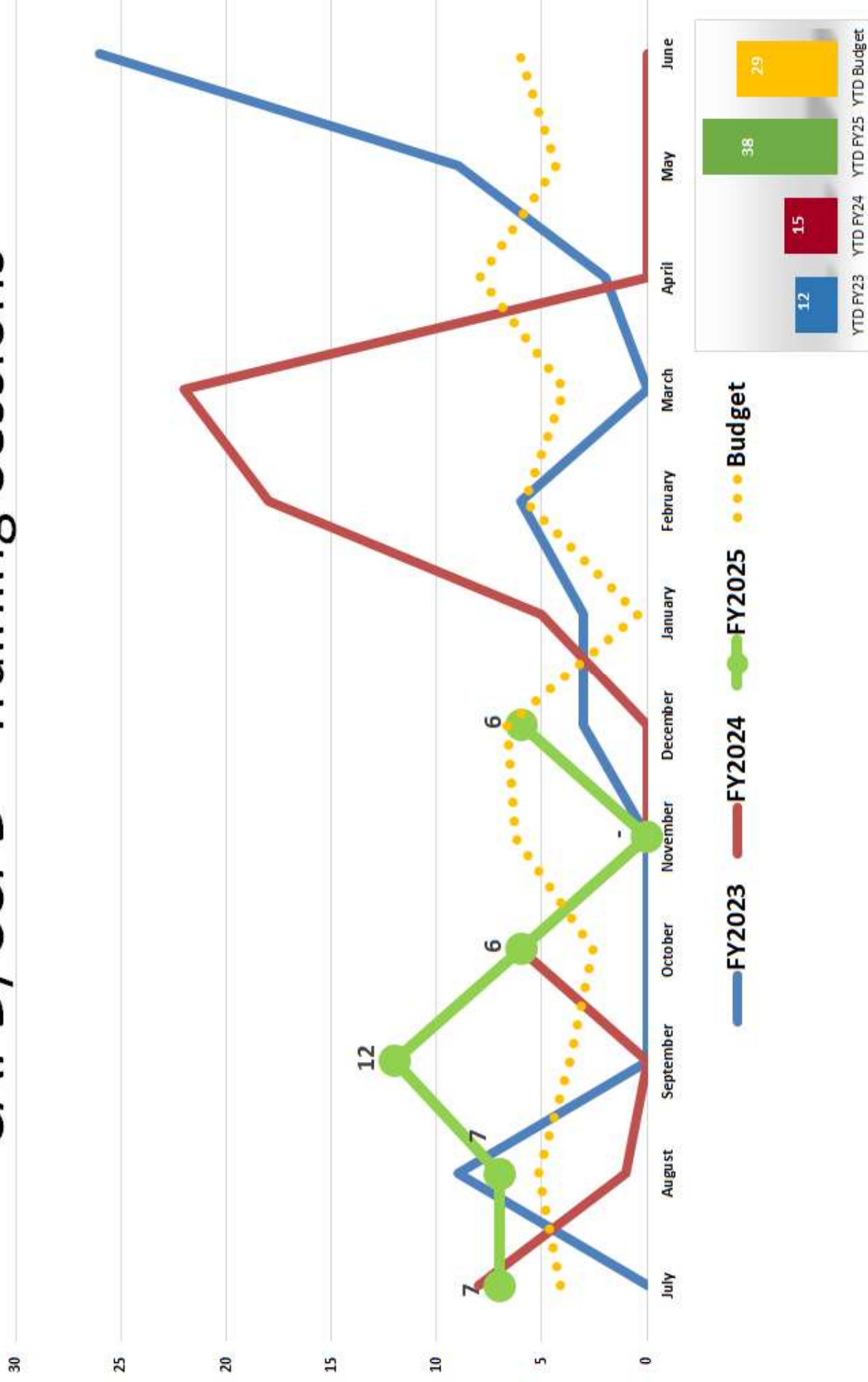
Chronic Dialysis - Visalia



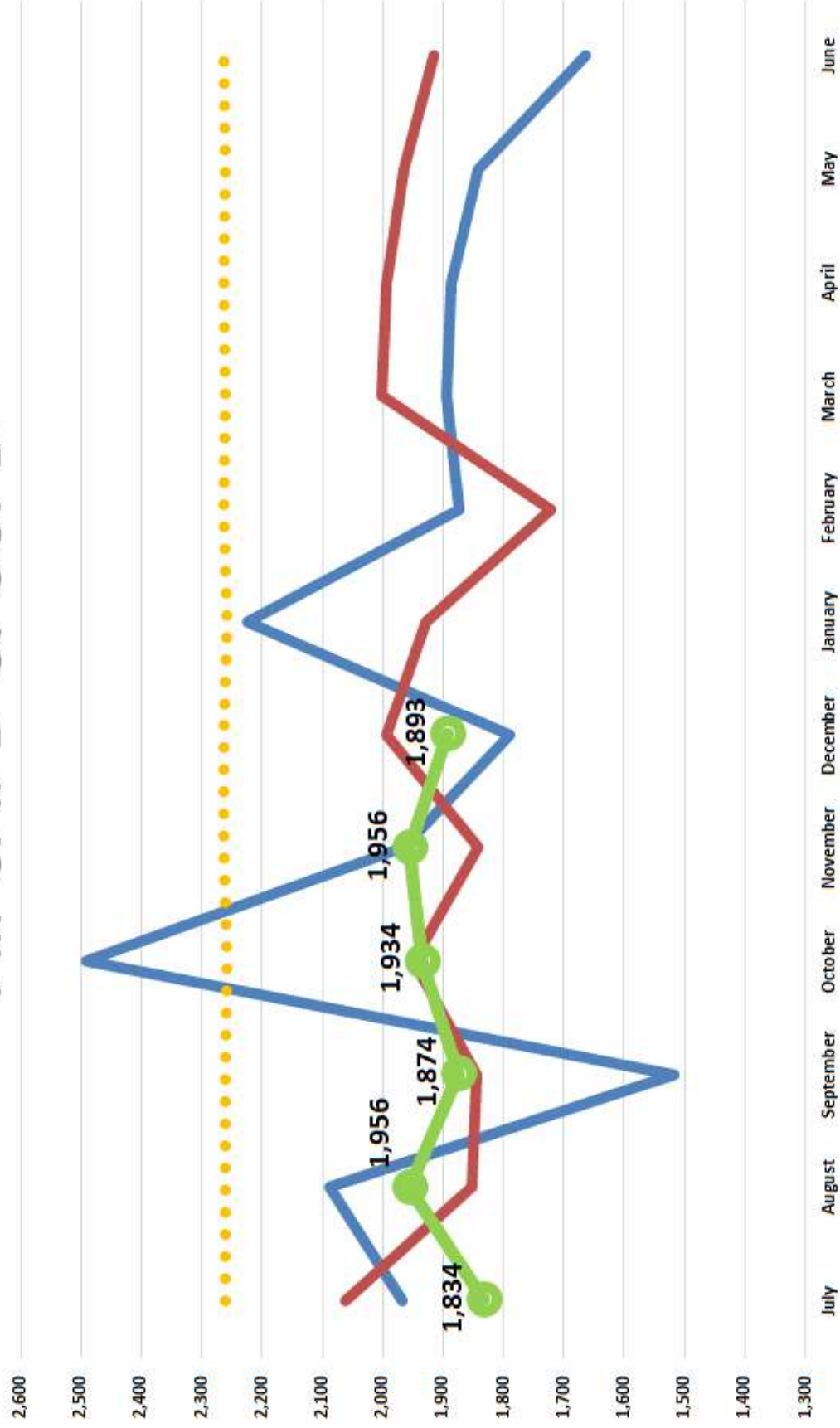
CAPD/CCPD - Maintenance Sessions



CAPD/CCPD - Training Sessions

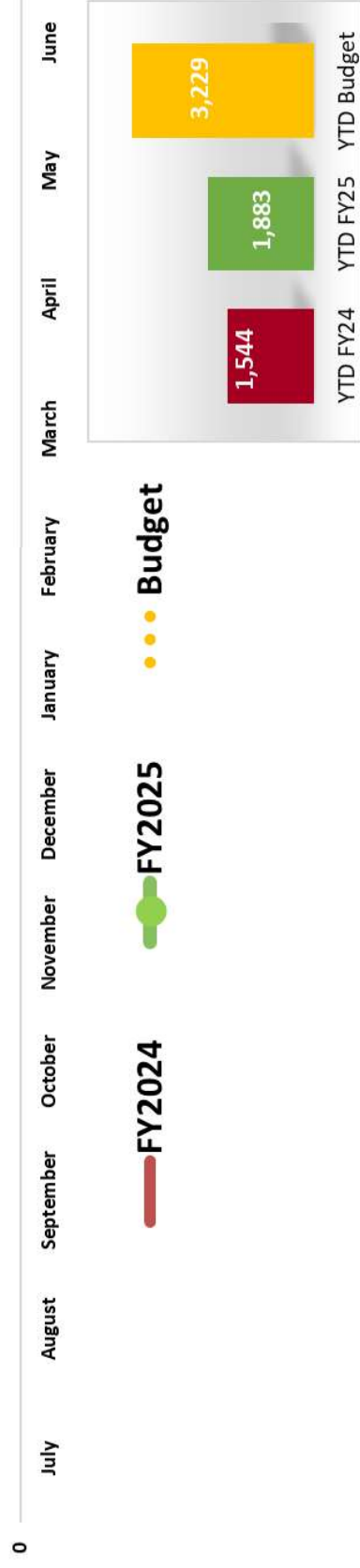
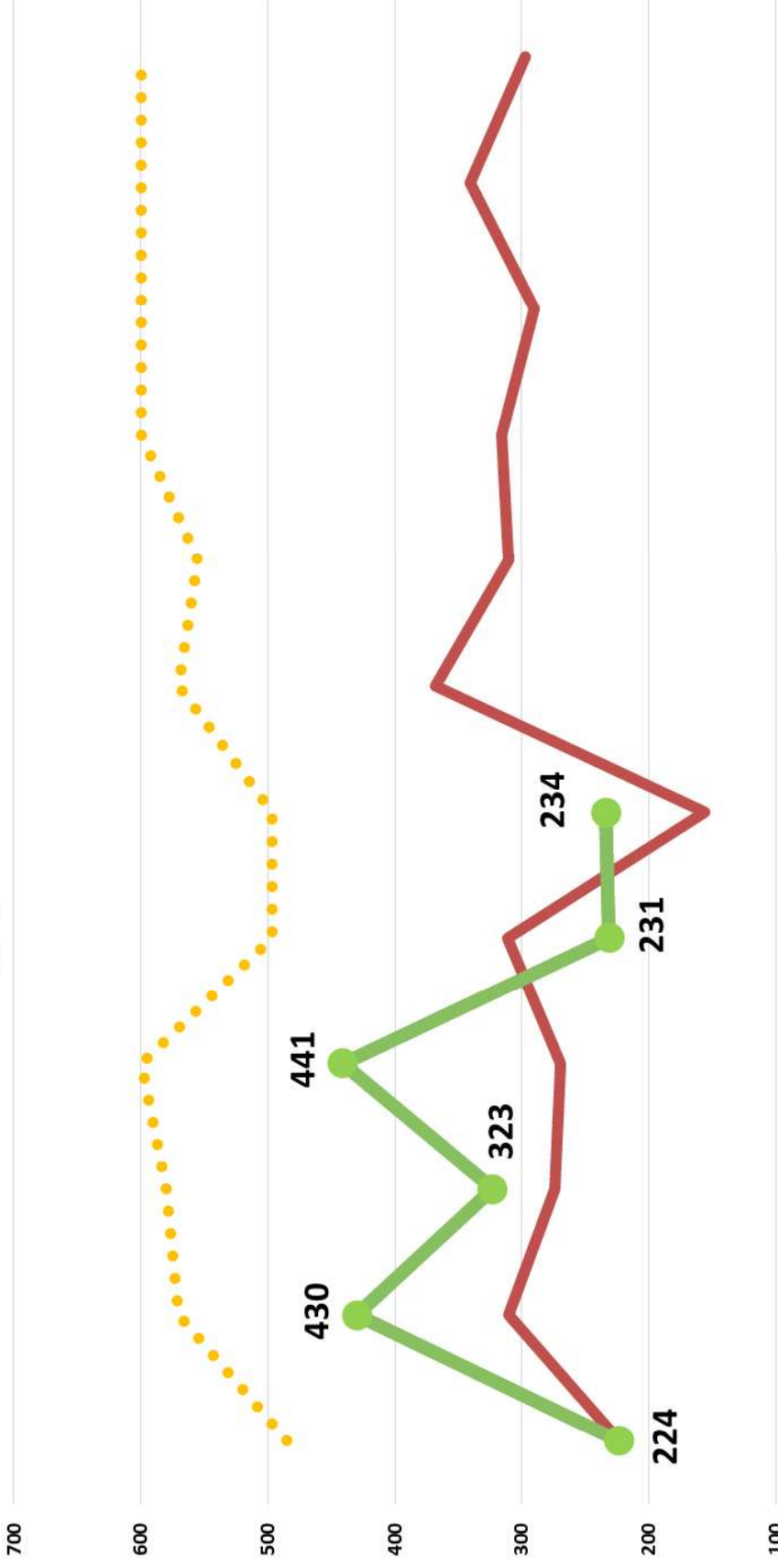


All CAPD & CCPD

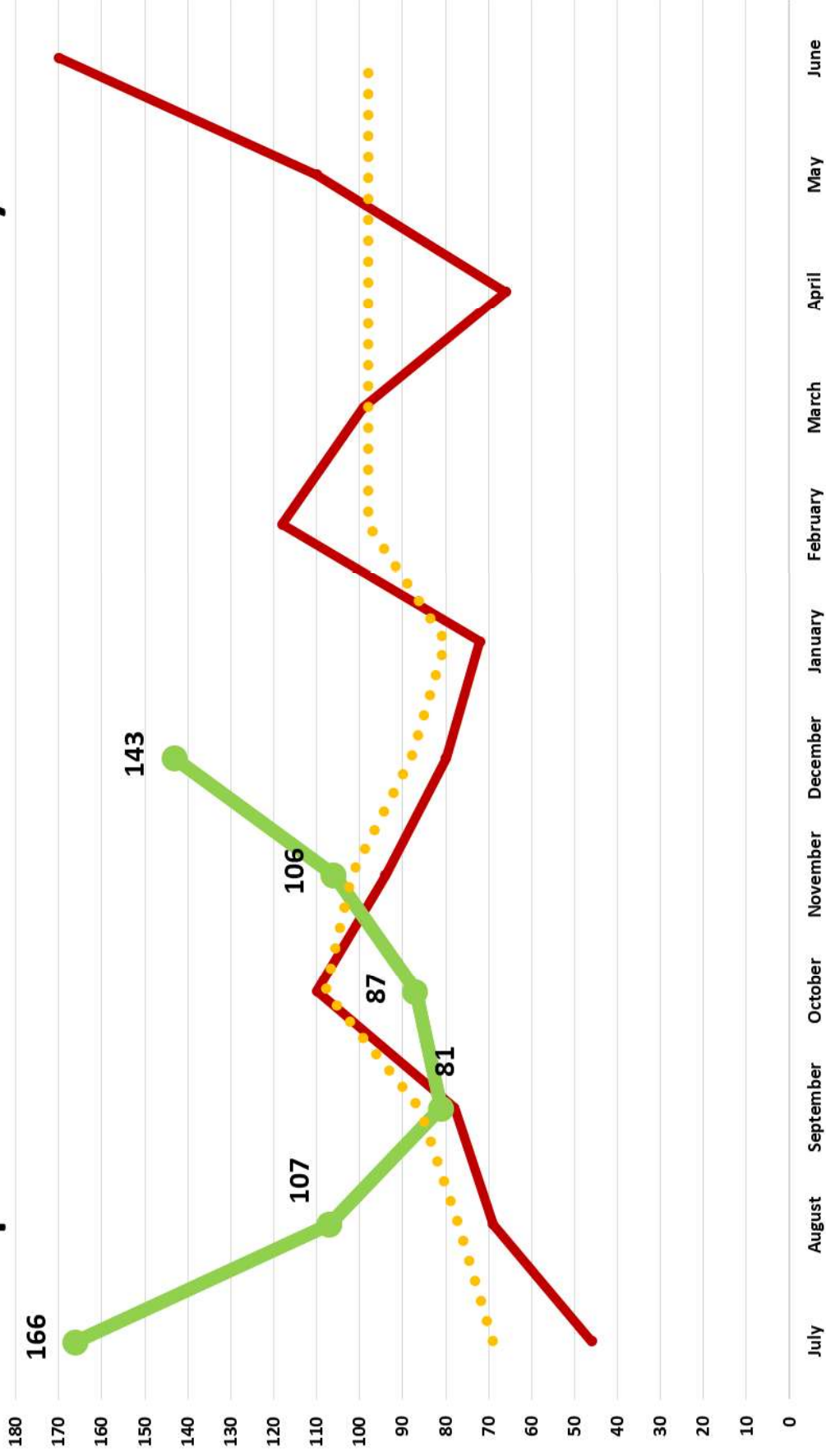


11,819	11,542	11,447	13,571
YTD FY23	YTD FY24	YTD FY25	YTD Budget

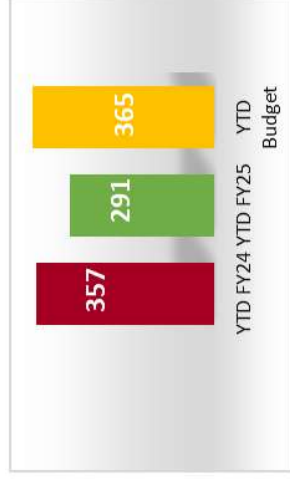
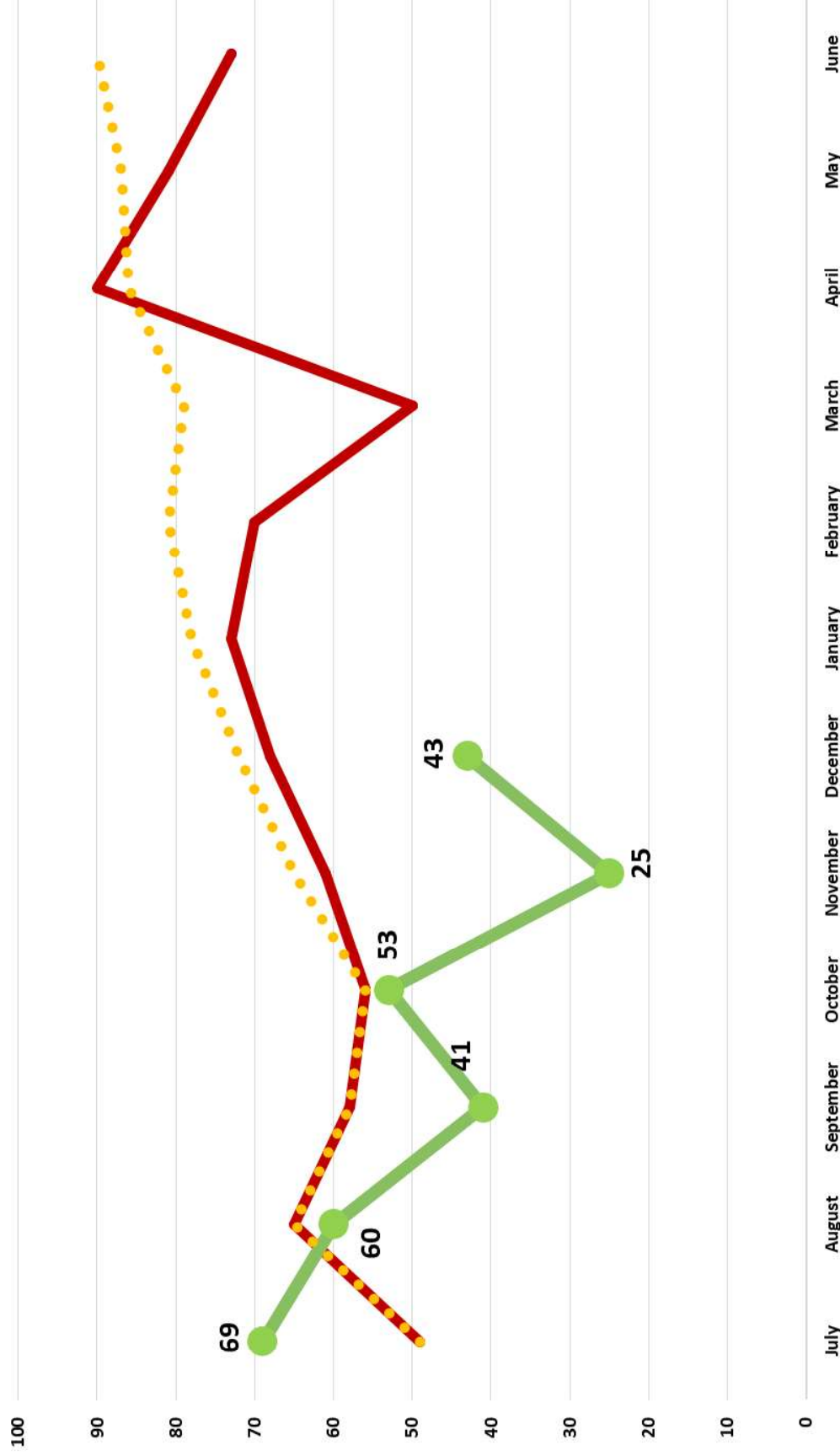
Urology Clinic Visits



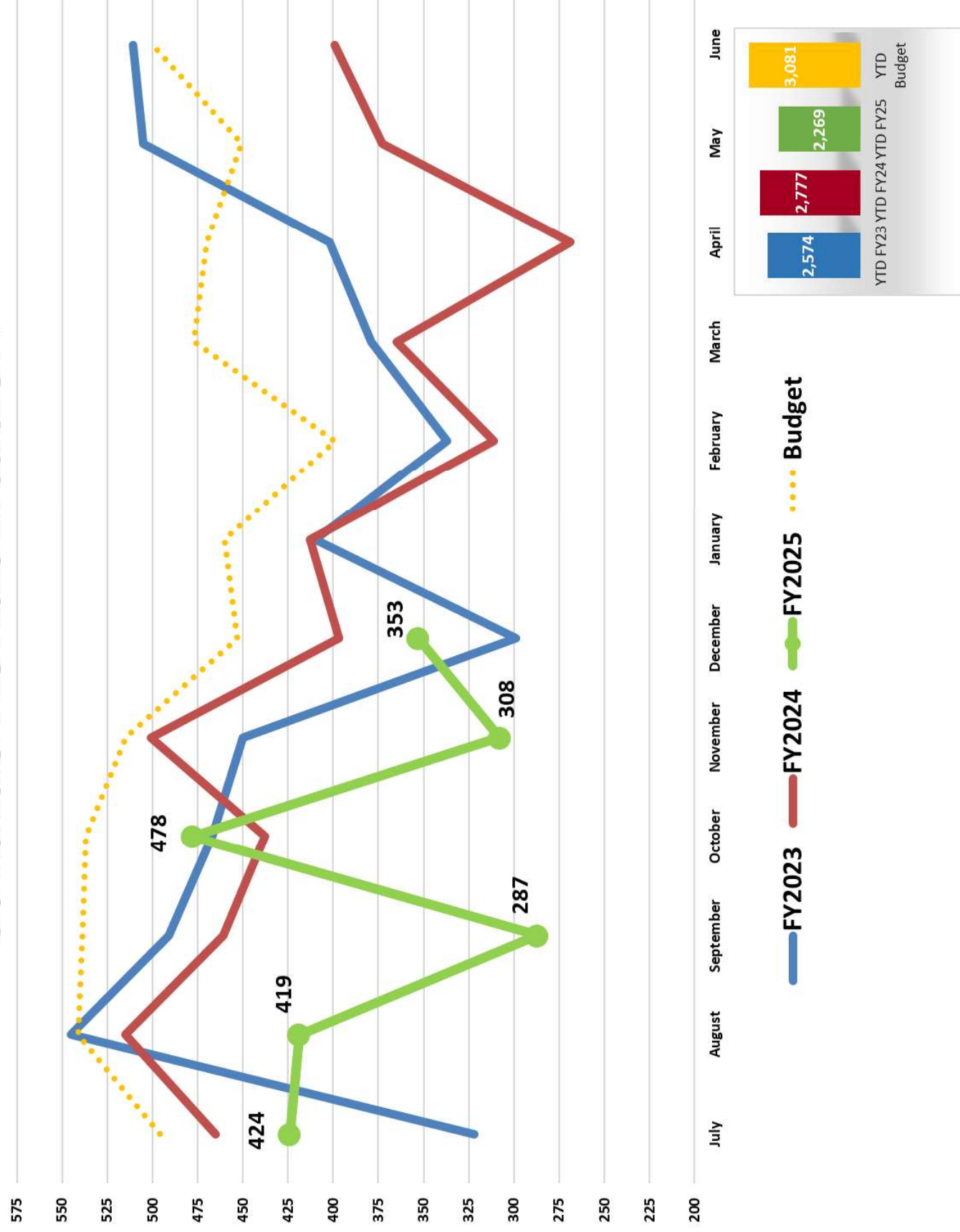
Open Arms House - Patient Days



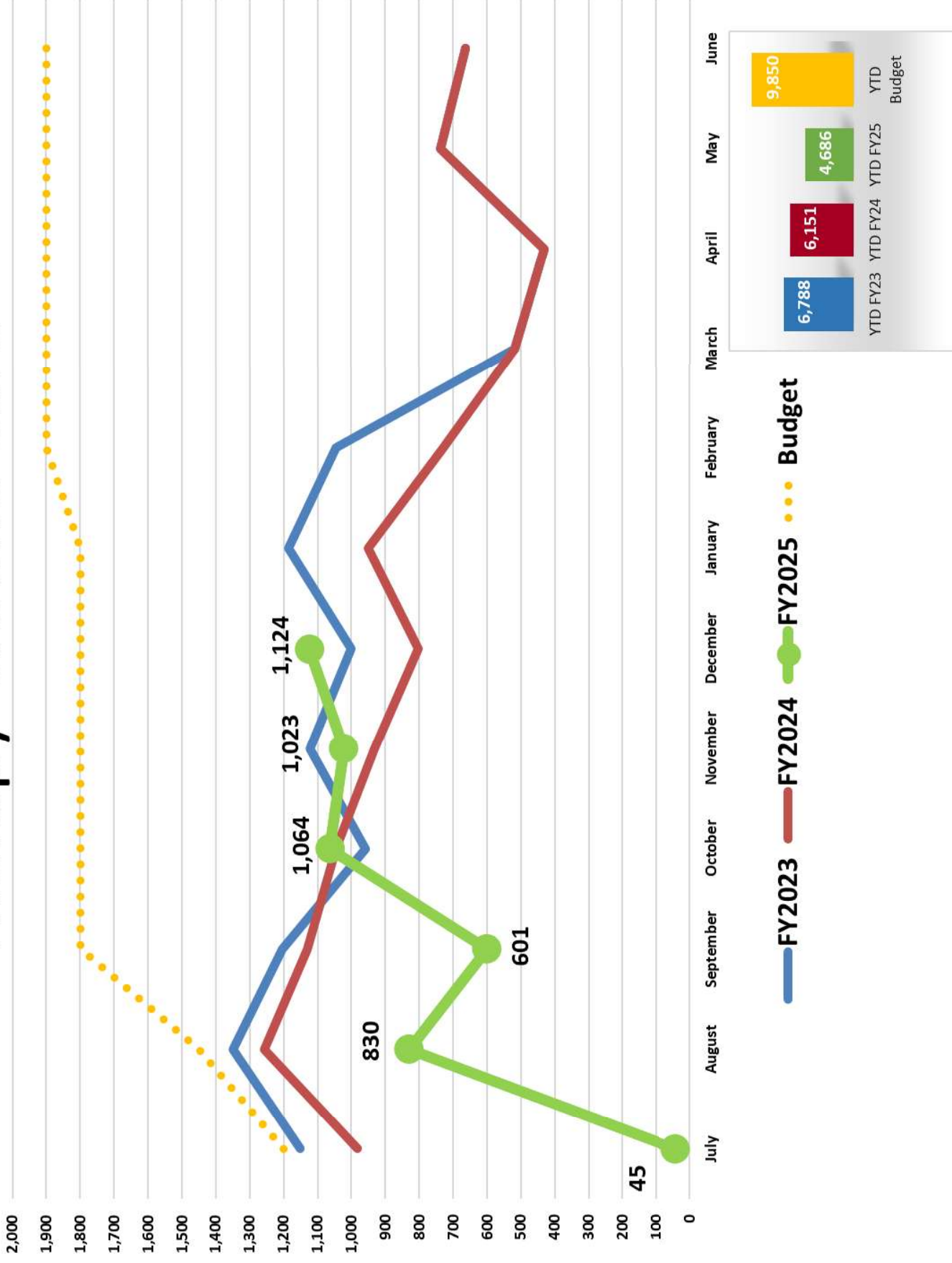
Cardiothoracic Surgery Clinic - Visits



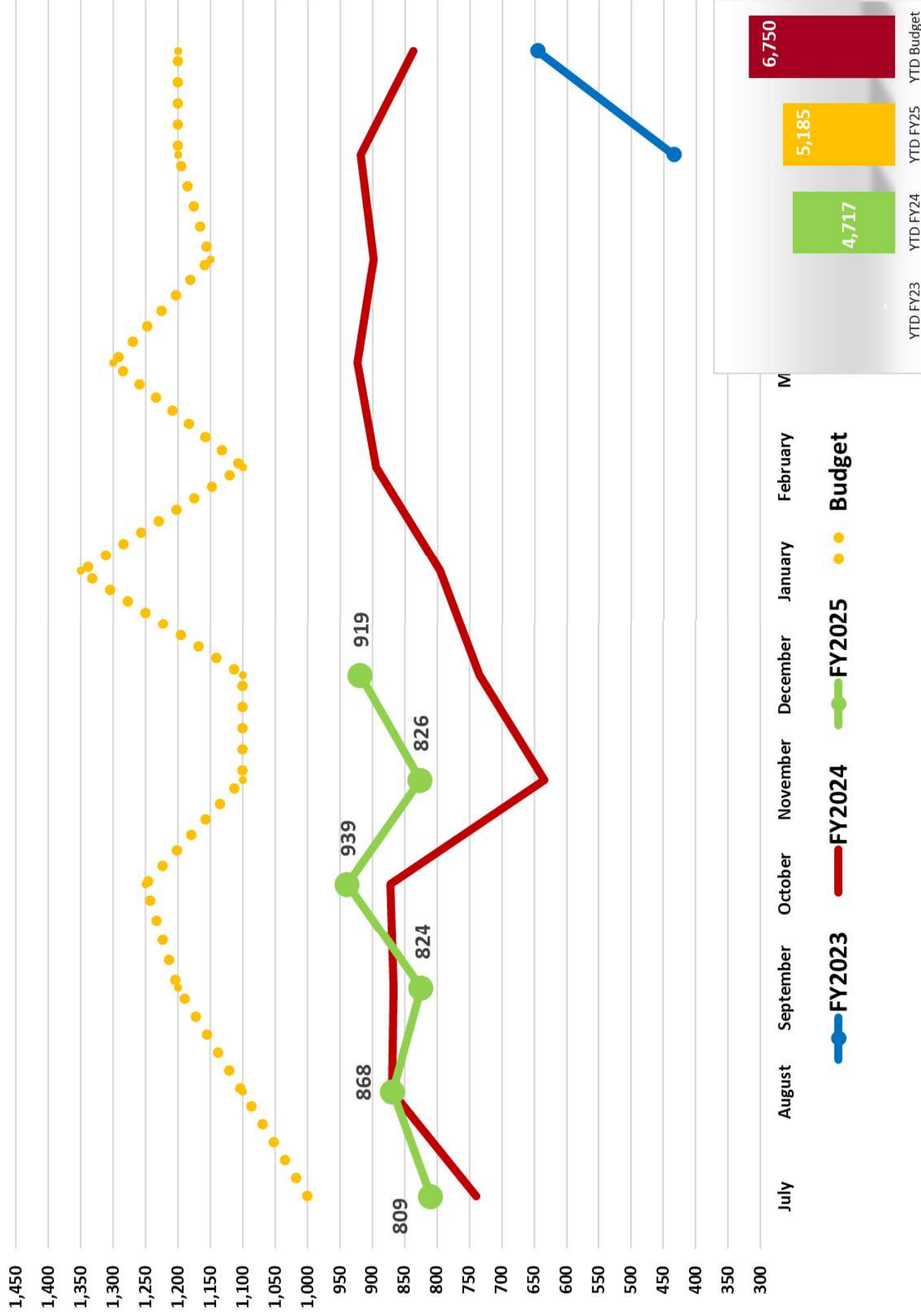
Cardiac Rehabilitation



Therapy-Wound Care



KH Medical Clinic - Ben Maddox



KH Medical Clinic - Plaza



KH Willow Clinic



Medical Oncology

