

# Kaweah Delta Health Care District Board of Directors Meeting

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



**DATE POSTED:** April 8, 2026

## NOTICE

**Date:** Tuesday, April 14, 2026

**Location:** Support Services Building – GME W. Classroom

**Address:** 520 W. Mineral King Ave., Visalia, California

Please join my meeting from your computer, tablet or smartphone.

<https://meet.goto.com/KelsieD/kaweahdeltahealthcaredistrictboardofdirectorsmeet>

**You can also dial in using your phone.**

Access Code: 460-561-181

United States: [+1 \(646\) 749-3122](tel:+16467493122)

### SCHEDULE:

- **11:00 AM** – Open Session (Information Systems Committee)
- **12:00 PM** – Closed Session

### AMERICANS WITH DISABILITIES ACT (ADA) NOTICE:

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

### POSTING NOTICE:

All Kaweah Delta Health Care District regular Board and committee meeting notices and agendas are posted at least **72 hours** prior to the meeting (and **24 hours** prior to special meetings) in the Kaweah Health Medical Center, Mineral King Wing, near the Mineral King entrance, in accordance with Government Code §54954.2(a)(1).

### PUBLIC RECORDS:

Disclosable public records related to this agenda are available for public inspection at:

**Kaweah Health Medical Center – Acequia Wing, Executive Offices (1st Floor)**

400 West Mineral King Avenue, Visalia, CA 93291

**Mike Olmos • Zone 1**  
Board Member

**Jonna Schengel • Zone 2**  
Board Member

**Dean Levitan, MD • Zone 3**  
Secretary/Treasurer

**David Francis • Zone 4**  
President

**Armando Murrieta • Zone 5**  
Vice President

# Kaweah Delta Health Care District

## Board of Directors Meeting

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



You may also request records by contacting the Board Clerk at (559) 624-2330 or [kedavis@kaweahhealth.org](mailto:kedavis@kaweahhealth.org), or by visiting the District's website at [www.kaweahhealth.org](http://www.kaweahhealth.org).

### **KAWEAH DELTA HEALTH CARE DISTRICT**

Dean Levitan, MD, Secretary/Treasurer

#### **Prepared by:**

A handwritten signature in blue ink, appearing to read "Kelsie K. Davis".

Kelsie K. Davis  
Board Clerk / Executive Assistant to the CEO

#### **DISTRIBUTION:**

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

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# Kaweah Delta Health Care District Board of Directors Meeting

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This agenda is posted in compliance with the Ralph M. Brown Act, including amendments enacted under Senate Bill 707.

## **KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS COMMITTEE MEETING**

Support Services Building – GME West Classroom  
520 W. Mineral King Ave, Visalia, CA

### **Tuesday April 14, 2026 Information Systems Committee**

Please join my meeting from your computer, tablet or smartphone.

<https://meet.goto.com/KelsieD/kaweahdeltahealthcaredistrictboardofdirectorsmeeti>

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### **OPEN SESSION (LIMITED PURPOSE – CONVENING ONLY) – 11:00 AM**

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- 1. CALL TO ORDER**
- 2. PUBLIC COMMENT ON OPEN SESSION ITEMS ONLY** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.
- 3. DISCUSS ARTIFICIAL INTELLIGENCE & THE RESPONSIBLE USE OF ARTIFICIAL INTELLIGENCE POLICY** – An overview of Artificial Intelligence & The Responsible Use of Artificial Intelligence Policy.

Douglas D. Leeper, Chief Information & Cybersecurity Officer

- 4. APPROVAL OF THE CLOSED INFORMATION SYSTEMS COMMITTEE AGENDA:**  
**CLOSED AGENDA** – GME West Classroom – immediately following the 11:00am meeting.

Tuesday April 14, 2026

**Mike Olmos • Zone 1**  
Board Member

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Board Member

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# Kaweah Delta Health Care District

## Board of Directors Meeting

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- **Public Security** – Potential threat to the security of essential public services pursuant to Government Code 54957 (a).

**ADJOURN – David Francis, Board President**

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**CLOSED SESSION – 12:00 PM**

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1. **CALL TO ORDER**
2. **PUBLIC SECURITY** – Potential threat to the security of essential public services pursuant to Government Code 54957 (a).

Douglas D. Leeper, Chief Information & Cybersecurity Officer

**ADJOURN – David Francis, Board President**

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Tuesday April 14, 2026

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Secretary/Treasurer

**David Francis • Zone 4**  
President

**Armando Murrieta • Zone 5**  
Vice President

## **DISCUSS ARTIFICIAL INTELLIGENCE**

# Information Systems Committee (ISC) Meeting

April 14, 2026



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



# Artificial Intelligence (AI)



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



## Artificial Intelligence – Based on Capabilities

- Artificial Narrow Intelligence (ANI) – what exists today
  - Excels at specific, predefined tasks but cannot generalize beyond its training
- Artificial General Intelligence (AGI) – not yet achieved
  - Hypothetical AI that can understand, learn, and perform any intellectual task that a human can, with the same flexibility and reasoning as a person
- Artificial Superintelligence (ASI) – not yet achieved
  - Hypothetical AI that surpasses human intelligence in virtually every field, and potentially by a wide margin -- raises major safety, ethics, and existential risk discussions
- Common talk of AI now is usually referring to generative AI, since ChatGPT exploded on the scene 3+ years ago

# Artificial Intelligence – General Thoughts

- Human in the Loop
  - For any critical tasks or activities, such as direct patient care, diagnosing, etc.
  - AI isn't ready to be "cut loose" on its own for many things
- AI can appropriately be used to lessen time to do certain tasks, offer suggestions, automate the mundane, etc.
- Be thoughtful and careful with investments in AI
  - Virtually all companies are working on AI, and many won't exist in a few years
- Focus on major players and our current partners, such as Oracle Health (OH) and Workday
  - More reputable; Some AI will be free; Better integrated into existing workflows; Easier to vet and leverage over many AI capabilities
- Shadow AI
  - How to know what our people are doing? Lack of audit trails and controls

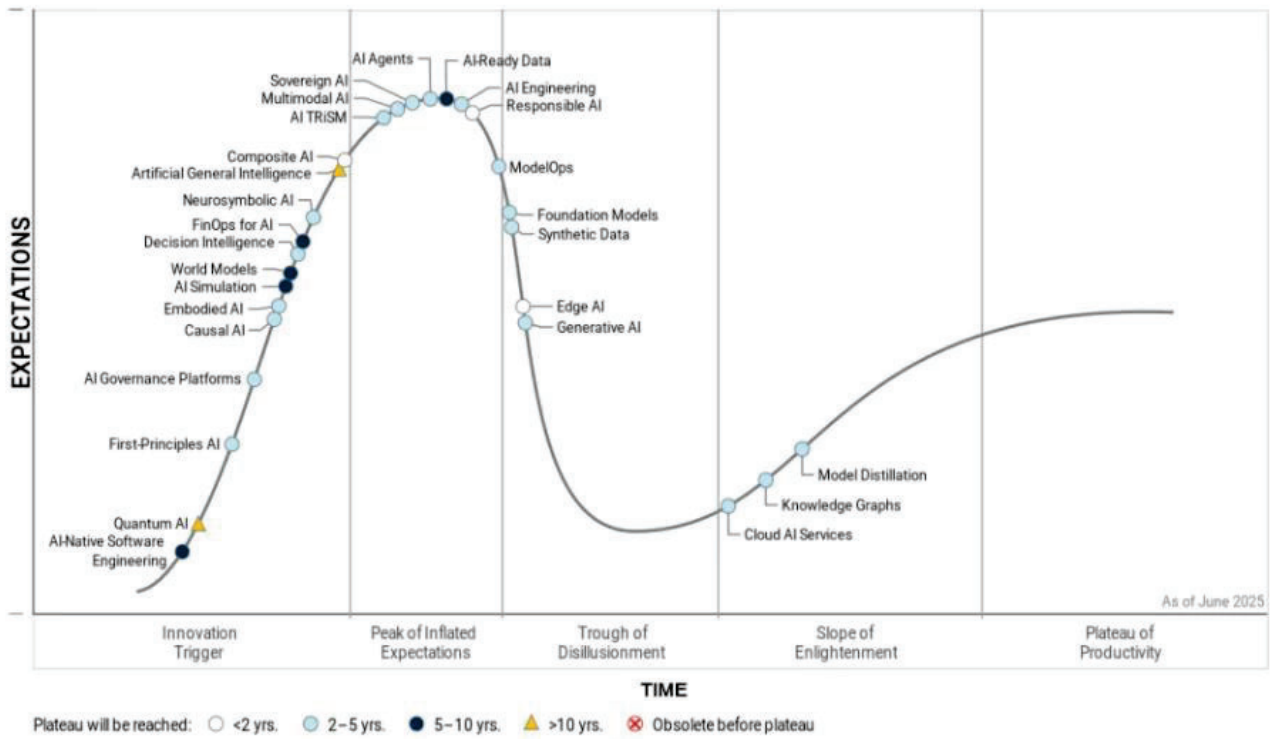
# Artificial Intelligence – Accomplishments so far

- Established AI Governance Committee (AIGC) ~1.5 years ago
- Appropriate Use of AI policy – ready for final review/approval
  - With ISC consent, present to full Board for approval; present to Kaweah Health (KH) Leadership; organizational education and communication
- Analyzed known use of AI at KH multiple times
  - Blocked several concerning and high risk things
- Surveyed KH Leadership and GME regarding their AI use
- AIGC approved and denied several requests

# Artificial Intelligence – Accomplishments so far

- Approved use of the Oracle Health Clinical AI Agent (CAA)
  - Piloted in ambulatory clinics
  - Presented to ET, approved, full ambulatory deployment completed
- Approved CAA ED Pilot – underway now
- Approved CAA Inpatient Pilot – to follow the ED Pilot
- Approved Workday Payroll Agent development participation
- Following industry developments closely

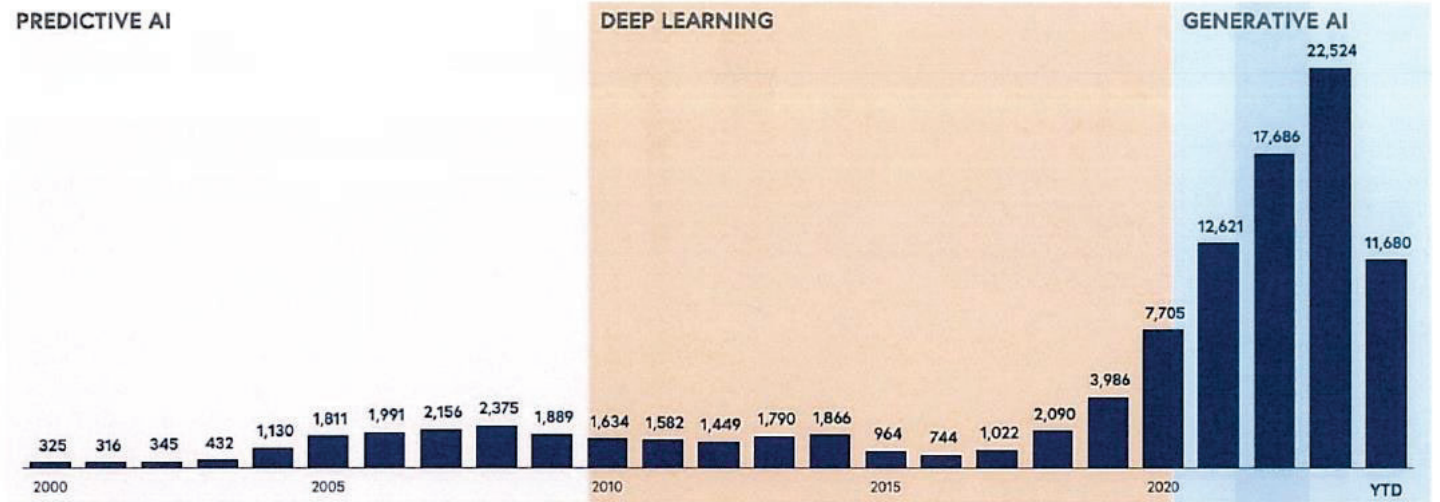
## Hype Cycle for Artificial Intelligence, 2025



# Artificial Intelligence – Hmmm...

## Healthcare AI is an overnight success, decades in the making

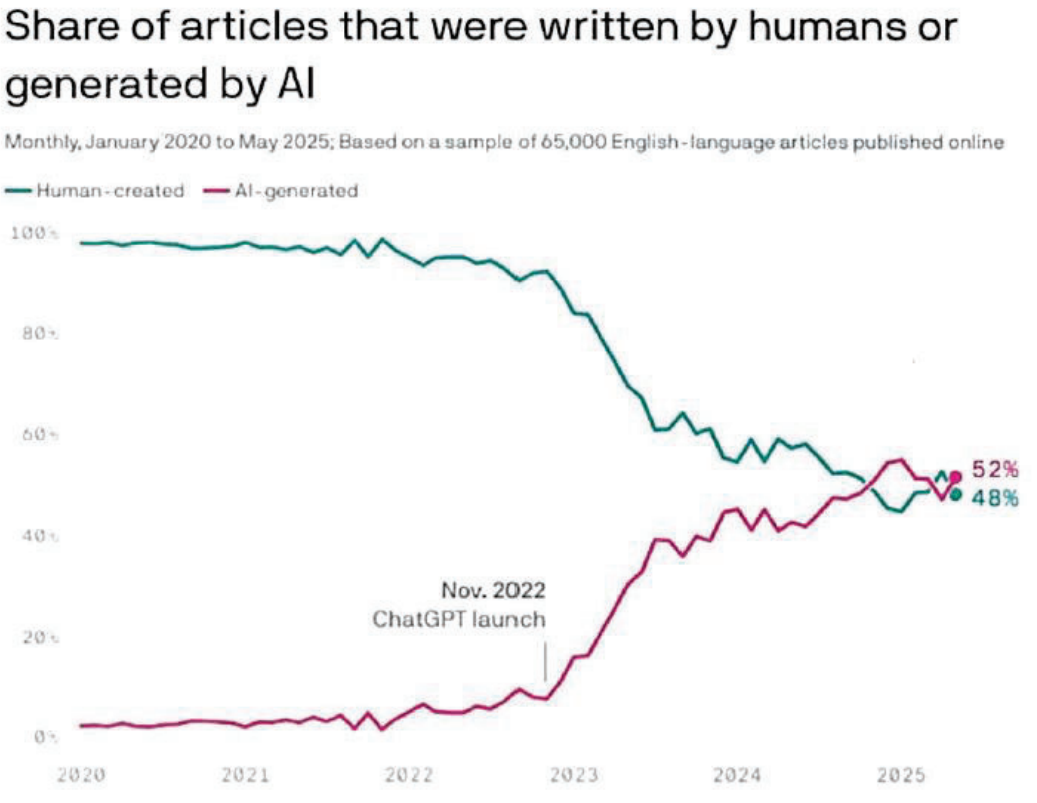
ARTIFICIAL INTELLIGENCE PAPERS PUBLISHED ON PUBMED



Source: Pubmed 9/20/2024

Nov 2022:  
ChatGPT launch

# Artificial Intelligence – Hmmm...



# Artificial Intelligence – Hmmm...

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NEWSLETTERS • CFO DAILY

## MIT report: 95% of generative AI pilots at companies are failing



By **Sheryl Estrada**  
Senior Writer And Author Of CFO Daily

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August 18, 2025, 6:54 AM ET



# Artificial Intelligence – Hmmm...

## Your Brain on ChatGPT: Accumulation of Cognitive Debt when Using an AI Assistant for Essay Writing Task<sup>Δ</sup>

Nataliya Kosmyna<sup>1</sup> MIT Media Lab Cambridge, MA  
 Eugene Hauptmann MIT Cambridge, MA  
 Ye Tong Yuan Wellesley College Wellesley, MA  
 Jessica Situ MIT Cambridge, MA

Xian-Hao Liao Mass. College of Art and Design (MassArt) Boston, MA  
 Ashly Vivian Beresnitzky MIT Cambridge, MA  
 Iris Braunstein MIT Cambridge, MA  
 Pattie Maes MIT Media Lab Cambridge, MA

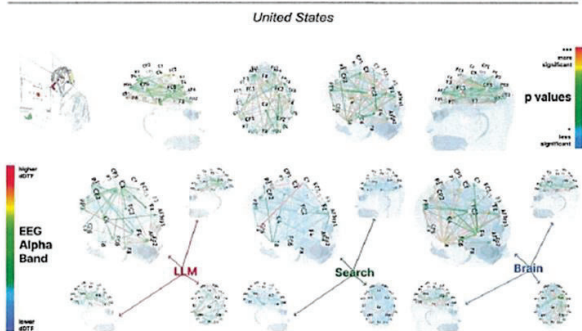


Figure 1. The dynamic Direct Transfer Function (dDTF) EEG analysis of Alpha Band for groups: LLM, Search Engine, Brain-only, including p-values to show significance from moderately significant (\*) to highly significant (\*\*).

<sup>1</sup> Nataliya Kosmyna is the corresponding author, please contact her at [nkosmyna@mit.edu](mailto:nkosmyna@mit.edu)  
<sup>Δ</sup> Distributed under [CC BY-NC-SA](https://creativecommons.org/licenses/by-nc-sa/4.0/)



# Artificial Intelligence – Hmmm...

## Patients like AI messages — until they learn they were AI written: Study

A recent Duke Health study [found](#) patients slightly prefer messages written by artificial intelligence but are less satisfied with the message once they are told it was AI written.

The study, published March 11 in *JAMA Network Open*, surveyed 1,455 patients between Oct. 31 and Dec. 11, 2023, at Duke University Health System in Durham, N.C. Participants were given multiple surveys to test the impact of response author; disclosure of AI, human or none; and the seriousness of the topic. Patients rated their overall satisfaction, usefulness of information and perceived level of care on a 5-point Likert scale.

Researchers found that patients preferred AI-drafted responses compared with human-drafted responses, with a mean difference of -0.30 points for satisfaction. They also rated the AI-drafted messages higher for usefulness (-0.28) and perceived level of care (-0.43).

After patients were told who wrote the messages, they had a higher satisfaction with the human ones over AI with a mean difference of 0.13 points.

Regardless of author or disclosure type, more than 75% of patients said they were satisfied with the response.

"Patient experience must be considered along with ethical implementation of AI," the study authors wrote. "Although AI disclosure may slightly reduce satisfaction, disclosure should be maintained to uphold patient autonomy and empowerment."

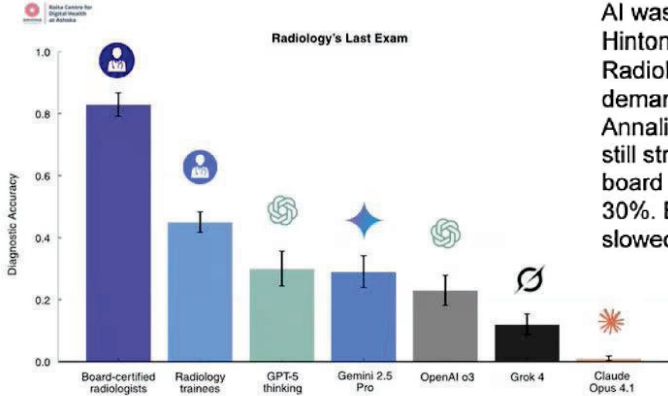
# Artificial Intelligence – Hmmm...

## The AI doctor stigma

Doctors may be under pressure to adopt AI, but new research shows doing so can hurt how they're perceived. A Johns Hopkins [study](#) in npj Digital Medicine asked 276 clinicians to rate peers using generative AI. Physicians who leaned on AI as a primary decision-maker were judged far less skilled (3.79 vs. 5.93 on a 7-point scale).

Positioning AI as a "second opinion" helped, but didn't erase the stigma. Patients seem to feel the same. A JAMA Network Open [study](#) found that doctors who referenced AI use were seen as less competent, trustworthy, and empathetic. Ironically, both groups still acknowledged AI's benefits. The takeaway: medical AI moves at the speed of trust. That said, we think this bias is silly and bound to shift, as evidence mounts that AI-enabled doctors will consistently outperform those who go it alone (ex., a Stanford-led [study](#) showed doctors went from 75% accuracy without AI to 85% when using AI for diagnosis). ([link](#))

# Artificial Intelligence – Hmmm...

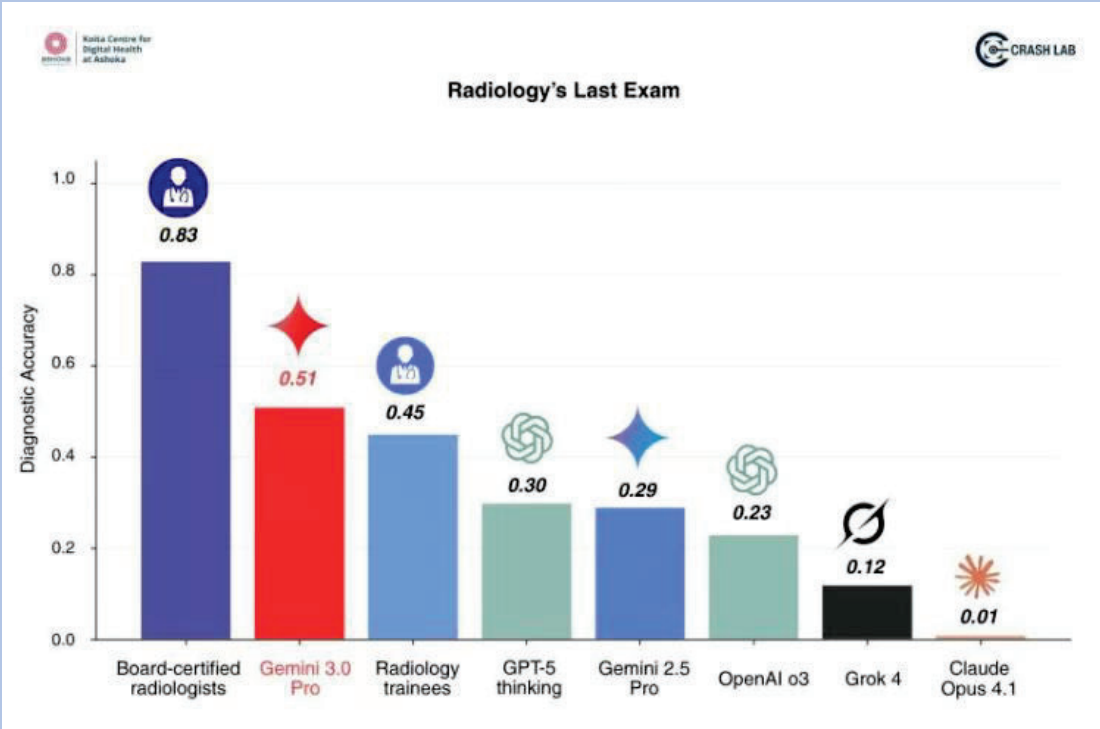


## Radiology's last exam

AI was supposed to make radiologists obsolete. Nearly a decade after Geoffrey Hinton's famous prediction to "stop training radiologists," the opposite has happened. Radiology residencies are at record highs, salaries have climbed above \$500,000, and demand for specialists keeps growing. AI models like CheXNet and those from Annalise.ai or Aidoc can outperform humans on narrow imaging benchmarks, yet they still struggle in real-world hospital settings. That was reinforced by the latest radiology board exam [results](#): expert radiologists scored 83%, trainees 45%, and GPT-5 just 30%. Even top-tier models misread CTs and X-rays, fell into reasoning traps, and slowed down under pressure.

**Fig. 1** Diagnostic accuracy across humans and multimodal AI systems on the Radiology's Last Exam (RadLE) v1 benchmark. Board-certified radiologists achieved the highest accuracy (0.83), followed by trainees (0.45). All tested frontier models underperformed, with GPT-5 (0.30) and Gemini 2.5 Pro (0.29) showing the best AI results but falling well below human benchmarks.

# Artificial Intelligence – Hmmm...



# Artificial Intelligence – Hmmm...

## Artificial intelligence begins prescribing medications in Utah

Pilot program will test how far patients and regulators are willing to trust AI in medicine.



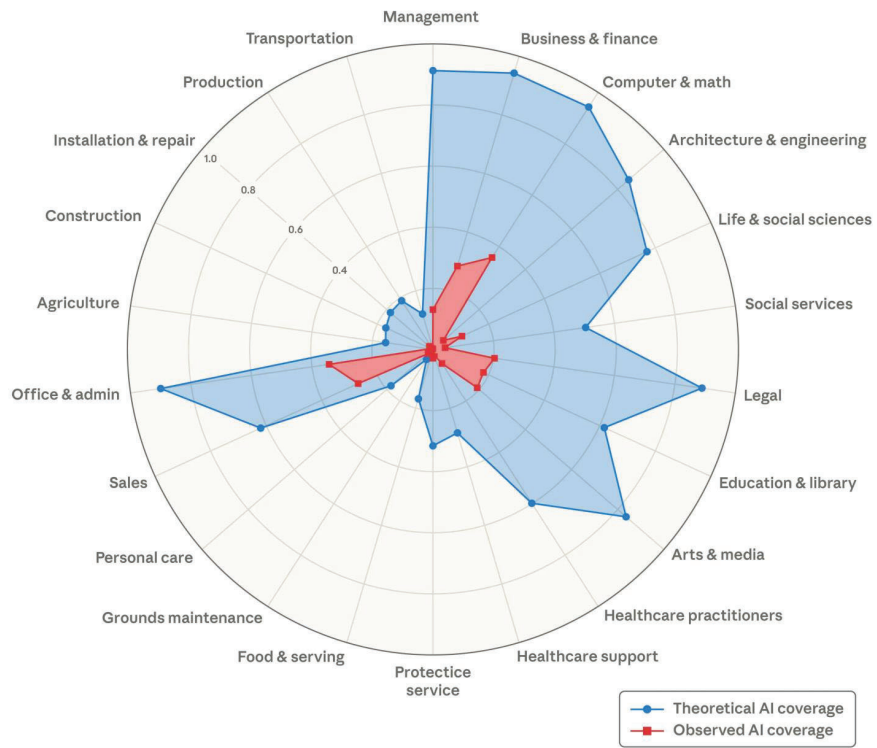
### AI just became legally authorized to practice medicine in the US

Utah just became the first state to let an AI system autonomously renew certain prescriptions, launching a pilot with health tech startup Doctronic. We're finally starting to see some real autonomy without a clinician in the loop! The program covers 191 non-controlled medications, including blood pressure drugs, birth control, and SSRIs, and excludes higher-risk categories like pain management and ADHD treatments.

In testing across 500 urgent care cases, Doctronic's AI matched physician decisions about 99% of the time, with edge cases automatically escalated to humans. Patients pay \$4 per refill, and states like Texas and Arizona are already exploring similar programs.

Doctronic's FDA bypass strategy positions its system as practicing medicine rather than operating as a medical device, allowing oversight to stay at the state level instead of requiring FDA review. Utah's pro-innovation AI sandbox made the state a first mover, and the AI system also carries a medical malpractice insurance policy for this work. All to say, this is a super exciting development. The era of the AI doctor may be closer than we think. ([link](#))([tweet](#))

### Theoretical capability and observed usage by occupational category



# Responsible Use of AI Policy

- Guiding principles
  - Want Kaweah Health to use AI that is beneficial
  - Want Kaweah Health to avoid AI which may be harmful
- Overall intent of the policy – provide a framework which:
  - Guides uses of AI which are acceptable and do not need AIGC approval
  - Guides uses of AI which require AIGC review and approval
  - Guides uses of AI which are not allowed

# Responsible Use of AI Policy

- Requests to use an AI solution are submitted to the AIGC
- AIGC will evaluate and may use subject matters experts to assist
  - Patient care-related AI will have input from appropriate KH leaders or governing bodies
  - Billing, coding, Compliance, or Legal-related AI requires CCRO review and approval
  - Employment-related AI requires CHRO review and approval
  - Recordings/surveillance-related AI requires CCRO review and approval

# Responsible Use of AI Policy

- AIGC will score submitted AI Solutions as follows:
  1. Approval with no or only recommended mitigation
  2. Approval with required mitigation
  3. Approval with required mitigation and KH Executive Team approval
  4. Denied
- Examples of mitigation include, but are not limited to:
  - Training
  - Policy modification
  - Auditing

# Responsible Use of AI Policy

- Examples of Responsible Uses of AI not needing AIGC review and approval include:
  - No PHI, sensitive information, employee information, billing data, etc.
  - Use for personal productivity
  - Department-level workflow support
  - Education and training
  - Public-facing, non-clinical content
  - Analytics on fully de-identified or test data
  - IT and cybersecurity support



The pursuit of healthiness

&

**VIGILANCE**



# **RESPONSIBLE USE OF ARTIFICIAL INTELLIGENCE POLICY**

Policy Number: AP _____	Date Created: No Date Set
Document Owner: Jill Berry (Director of Corporate Compliance)	Date Approved: Not Approved Yet
<b>Approvers: Board of Directors (Administration), Compliance Committee</b>	
<b>Responsible Use of Artificial Intelligence (AI)</b>	

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

### **Purpose:**

The purpose of this policy is to provide guidelines, requirements, and processes for the responsible development, deployment, and use of Artificial Intelligence (“AI”) across Kaweah Health (“Kaweah”). Responsible Use of AI means respecting individuals’ privacy; promoting transparency, fairness, and accountability; and operating in a safe and secure manner that strives to protect individuals from physical, emotional, environmental, financial and/or digital harm.

### **Policy:**

1. All AI Solutions to be used at Kaweah must be evaluated by Kaweah’s AI Governance Committee prior to their use, development, or deployment or be consistent with the acceptable uses of AI that do not require specific approval in Procedure Section I.g. below. Any AI Solutions denied by Kaweah’s AI Governance Committee shall not be used at Kaweah.
2. **Acceptable Use:** The use of AI at Kaweah must only be for tasks that contribute directly to Kaweah business objectives and duties and must be in alignment with Kaweah’s Mission and Vision, the Code of Conduct (the “Code”), and Kaweah policies and procedures, and all applicable laws and regulations.
3. **Notification and Reporting:** When using AI, users must:
  - a. Promptly notify the AI Governance Committee if any of the following are observed: anomalies, a decline or material deviation in accuracy of Outputs, biased, discriminatory, or illegal Outputs, or Outputs that divert from expectations as outlined in the Code or applicable Kaweah policies and procedures or the respective AI Solution’s documentation.
  - b. Immediately report any suspected or actual inadvertent disclosure of Kaweah data to the Chief Compliance and Risk Officer.
  - c. Ensure thorough periodic review that the AI continues to be aligned with the Code of Conduct and applicable Kaweah policies and procedures.

4. Vendor Management: Kaweah expects and requires third-party vendors to commit to responsible development, deployment, and use of AI.
5. Training: The AI Governance Committee may require training on AI Solutions prior to Go Live, as necessary.
6. Bias and Discrimination:
  - a. AI Solutions may produce biased or discriminatory Outputs. All Users must assess Outputs for any such biases, and Outputs may not be used if found or suspected to be biased, misleading, harmful, offensive, or discriminatory.
  - b. Bias and discrimination should be assessed across the lifecycle of the AI Solution and monitored throughout development, deployment, and depreciation.
  - c. All Users are responsible for ensuring AI Solutions align with applicable legal requirements and Kaweah policies and procedures. If any User observes or becomes aware of suspected biased or discriminatory outcomes from Output, User must promptly notify the AI Governance Committee.

**Definitions:**

1. AI Governance Committee: Kaweah multi-disciplinary committee developed to implement Kaweah's Responsible AI Program and tasked with (a) ensuring AI is used appropriately and effectively in support of the Mission and Vision of Kaweah; (b) developing policies and procedures related to AI approval, use, tracking and deployment; and (c) maintaining an AI inventory of approved solutions for Kaweah.
2. AI Solutions or AI Technology: AI and Machine Learning technologies both individually and collectively, unless otherwise specified within the context of its use.
3. Artificial Intelligence: A machine-based system that can, for a given set of human-defined objectives, make predictions, recommendations, or decisions influencing real or virtual environments. AI systems use machine and human-based inputs such as patterns and structures learned from existing data, deep learning, neural networks, and machine learning techniques to, among other actions, (1) perceive real and virtual environments; (2) abstract such perceptions into models through analysis in an automated manner; (3) create new, original content, such as images, text, or music; (4) produce content autonomously that closely resembles human-created content/communication; (5) produce natural language texts based on a given command, such as a prompt, a keyword, or a

query and/or (6) use model inference to formulate options for information or action.

4. **Kaweah Data:** All information generated, obtained, or held by Kaweah in the course of its operations, including but not limited to patient information, whether in text, images, code, graphics, video or other information that is in any form, and however stored, transmitted, generated, including without limitation all archives, derivatives, modifications, or manipulations of the foregoing information.
5. **Machine Learning:** An application of AI that is characterized by providing systems with the ability to automatically learn and improve based on Training Materials or experience, without being explicitly programmed.
6. **Malicious Software:** Any type of code, software, application, or program that is designed to: (1) cause unauthorized access to, theft of, or intrusion upon; or (2) otherwise disrupt, lock, or damage computer equipment, software, networks, infrastructure, or data (e.g. malware, viruses, ransomware, etc.); or (3) software that allows an individual, network, system, or User to bypass normal authentication or authorization functions or other security controls to a product, service, system, network, or other infrastructure or system that would allow the individual, network, system, or User to remain undetected or unaudited.
7. **Output(s):** Any outcome or other result, action, or decision otherwise performed by or with the assistance of an AI Solution.
8. **Responsible AI:** The area of AI governance that applies across all AI Technology activities and establishes guidelines to address safety, security, trustworthiness, transparency, fairness, and ethics.
9. **Responsible AI Program:** Kaweah's program that oversees and administers Responsible AI and is designed to evaluate ethical considerations, technical advancements, regulatory adherence, and innovation of AI Solutions at Kaweah.
10. **Training Materials:** The information (e.g. personal information, personally identifiable information, facts, or other non-copyrightable information), raw data (e.g. metadata, sensor data), content (e.g. licensed or unlicensed, public domain) or other input that is used to train or otherwise develop AI Technology.
11. **Users:** Workforce members, developers, subcontractors, and other professionals using, developing, or deploying AI Solutions.

**Procedure:****I. Request For Use of an AI Solution:**

- a. Those who wish to use an AI Solution must follow Kaweah's AI Solution submission and approval processes as defined herein, except where specifically excluded herein.
- b. An AI Responsible Use Request Form must be submitted to the AI Governance Committee by an employee or Medical Staff member for evaluation prior to use unless the AI Solution is already approved by the AI Governance Committee. Requests from third-party vendors directly to the AI Governance Committee will not be accepted.
- c. The AI Governance Committee will evaluate requests received for AI Solutions by reviewing the following factors:
  - i. The purpose and use of the AI Solution. Depending on the purpose and use, subject matter experts will be engaged to provide input.
  - ii. Patient Care-Related AI Solution – If the AI Solution will be used in patient care, including but not limited to the delivery of patient care or the development of treatment decisions or plans of care, the AI Governance Committee, at its discretion, will seek input from relevant Kaweah leaders or governing bodies, such as the Chief Nursing Officer, Chief Medical Officer, the Medical Staff Executive Committee, etc.
  - iii. Billing or Coding-Related AI Solution – If the AI Solution will be used in the billing or coding of services by Kaweah, the Chief Compliance and Risk Officer must review and approve the AI Solution.
  - iv. Compliance or Legal-Related AI Solution – If the AI Solution will be used to provide compliance or legal related information or advice, the Chief Compliance and Risk Officer must review and approve the AI Solution.
  - v. Employment-Related AI Solution – If the AI Solution will be used for an employment-related purpose, the Chief Human Resource Officer must review and approve the AI solution.
  - vi. If the AI Solution relies on recordings or surveillance of individuals (whether photo, video, or audio), including patients, employees, contractors, providers, or visitors, the Chief Compliance and Risk Management Officer must review and approve the AI Solution.

- vii. The input and recommendations of other relevant Kaweah governing bodies with expertise and/or oversight of the subject matter of the AI Solution.
  - viii. The use and/or disclosure of Kaweah Data.
  - ix. The expected benefits of the AI Solution.
  - x. The risks associated with the AI Solution.
  - xi. The vendor's implementation of a Responsible AI Program.
  - xii. Whether there is another Kaweah-approved AI Solution for the same purpose and use.
- d. AI solution approval is based on the factors noted above as well as a risk/benefit analysis. AI solutions reviewed by the AI Governance Committee will receive one of the following scores:
- 1: Approval with no or only recommended mitigation.
  - 2: Approval with required mitigation.
  - 3: Approval with required mitigation and Executive Team approval.
  - 4: Denied.
- e. The AI Governance Committee will respond back to AI requestors as soon as is reasonably possible after all information is received and reviewed.
- f. If multiple AI Solutions are submitted simultaneously, the AI Governance Committee will prioritize its reviews, based on anticipated value.
- g. Responsible Use of AI Without Specific Approval

Kaweah considers it acceptable to use AI in some limited circumstances without seeking approval as required in this policy when those circumstances do not involve the activities listed in section I.c.ii. through section I.c.vii. above and do not involve the access, use or disclosure of Protected Health Information, specific employee information, sensitive HR data, or billing data. Examples of acceptable uses of AI include the following:

- i. **Personal Productivity:** AI may be used to support individual productivity. Examples include drafting emails, summarizing meetings, creating presentations, agendas, or educational materials, conducting general research or brainstorming, and writing code or scripts for internal tools.

- ii. Department-Level Workflow Support: AI may be used within departments to streamline internal processes. This includes things such as automating IT ticket routing, generating knowledge-based articles with human review before publication, performing data clean-up on non-HR datasets, assisting with the document formatting, policy drafting, template creation, etc.
- iii. Education and Training: AI may be used to assist with creating training materials, generating practice scenarios, and developing general staff learning content.
- iv. Public-Facing, Non-Clinical Content: AI may be used to help draft public-facing materials such as marketing content, website text, and job descriptions.
- v. Analytics on Fully De-Identified or Test Data: AI may be used for analysis or experimentation when working solely with synthetic datasets, test data, or fully de-identified information. This includes testing models or evaluating proof-of-concepts where no real patient or employee data is involved.
- vi. IT and Cybersecurity Support (non-sensitive):  
AI may be used to assist with non-sensitive IT and cybersecurity tasks such as summarizing system logs that do not contain PHI and generating scripts to support internal operations.
- h. Solutions leveraging AI will be subject to periodic audit and evaluation by the AI Governance Committee during the lifespan of the AI to evaluate compliance with Kaweah's responsible AI use guidelines. Any AI that requires an internally or externally initiated update, upgrade, or new version will be subject to review and audit by the AI Governance Committee to evaluate compliance with Kaweah's responsible AI use guidelines. The AI Solution owner is responsible for submitting a request for review to and receiving approval from the AI Governance Committee prior to a major update, upgrade, or new version implementation.
- i. An initial approval of an AI Solution does not necessarily mean continued and indefinite approval. The AI Governance Committee reserves the right to review and/or rescind approval of an AI Solution at any time.
- j. Information Systems Services will maintain an AI Solution inventory that includes approved and denied AI Solutions. The list will include, but is not limited to the approved date, owner, usage and storage of PHI, and retirement date (if applicable). To obtain a copy of the AI Solution inventory please contact the AI Governance Committee.

## II. Quality Control of Outputs

- a. Potential errors in Outputs may occur for a variety of reasons. All Outputs must be verified by reasonable means as identified in the applicable training, documentation, guidelines, and user manuals for the AI solution.
- b. Prior to using Outputs, users must engage in an independent review by taking the following into account:
  - i. Proofreading: Output must be proofread for errors in grammar, spelling, and punctuation.
  - ii. Editing as Necessary: Necessary edits must be made to improve clarity, coherence, and quality of the Output.
  - iii. Human Oversight: Engage human oversight in the final review process to identify solution-specific and Output dependent nuances, vulnerabilities, and potential opportunities for improvement.

## III. Cybersecurity and Malicious Use: The use and development of AI Solutions can pose cybersecurity risks to Kaweah systems, devices, and infrastructure. To protect Kaweah resources and data and the privacy of other Users, individuals, and patients of Kaweah, when using or developing AI Solutions, Users must not:

- a. Develop or deploy Malicious Software.
- b. Create, distribute, or support the creation or distribution of offensive, discriminatory, or illegal content.
- c. Manipulate and deceive others.
- d. Violate, infringe, or attempt to violate or infringe on the legal or civil rights of others.
- e. Violate, infringe, or attempt to violate or infringe on the intellectual property of Kaweah or others.
- f. Engage in activity that would violate the privacy rights of others.
- g. Use or attempt to use AI to circumvent or attempt to circumvent any Kaweah policies and procedures.
- h. Tamper with Outputs or related processes in AI Solution development and deployment.

- i. Maliciously prompt or alter the AI Solution, including through prompt injection, prompt obstruction, data dumping, or otherwise engage in any unauthorized modifications that could compromise the integrity of the AI Solution or Outputs.
- j. Use unauthorized or disallowed AI Solutions with Kaweah-managed devices, or on or through Kaweah systems, servers, or infrastructure.
- k. Upload to or use any Kaweah Data with an unauthorized or disallowed AI Solution.
- l. Use unauthorized or disallowed AI Solutions to generate, revise, or manipulate Outputs for any Kaweah purpose (e.g. patient care, software development, communications, decision-making).
- m. Use or further disseminate for use, any Output that has not undergone validation.

**References:**

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

# **Agenda item intentionally omitted**