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**DATE POSTED:** December 12, 2025

# **NOTICE**

Date: Wednesday, December 17, 2025

**Location:** City of Visalia – City Council Chambers Address: 707 W. Acequia Avenue, Visalia, California

### **SCHEDULE:**

- **4:00 PM** Open Session (to approve the Closed Session agenda)
- 4:01 PM Closed Session

Pursuant to:

- o Government Code §54956.9(d)(1) (Existing Litigation)
- o Government Code §54956.9(d)(2) (Anticipated Litigation Significant Exposure)
- Health & Safety Code §§1461 and 32155 (Confidential Quality Assurance/Medical Staff Matters)
- **4:30 PM** Open 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

President

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

### KAWEAH DELTA HEALTH CARE DISTRICT

David Francis, Secretary/Treasurer

Prepared by:

Kelsie K. Davis

Board Clerk / Executive Assistant to the CEO

### **DISTRIBUTION:**

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



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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 December 17, 2025 (Regular Meeting)

### **OPEN MEETING AGENDA {4:00PM}**

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

### **CLOSED MEETING AGENDA {4:01PM}**

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

A. BURNS-NUNEZ V KDHCD	J. M. ANDRADE V KDHCD
B. M. VASQUEZ V. KDHCD	K. MARTINEZ-LUNA V. KDHCD
C. RHODES V. KDHCD	L. VIZCAINO V KDHCD
D. LARUMBLE-TORRES V KDHCD	M. MORENO V KDHCD
E. SMITHSON V KDHCD	N. RICHARDSON V KDHCD
F. RAMIREZ V. KDHCD	O. DOMINGOS V KDHCD
G. MEDINA V KDHCD	P. TINOCO V KDHCD
H. BURGER V KDHCD	Q. ISQUIERDO V KDHCD



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I. MACKEY V. KDHCD	

4. CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION / QUALITY OF CARE RISK **EXPOSURE** - Conference with legal counsel regarding potential exposure to litigation involving adverse patient outcomes, risk management review, and related quality assurance matters. Pursuant to Government Code 54956.9(d)(2); (Two cases.)

Action Requested

5. MEDICAL STAFF CREDENTIALING AND PRIVILEGING - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Government Code 54957.

**Action Requested** 

- 6. MEDICAL STAFF QUALITY ASSURANCEIMAGING SERVICES.PDF discussion and evaluation of medical staff quality assurance matters, including peer review findings, performance assessments, and related compliance activities. This session is closed pursuant to Government Code 54957.
- 7. APPROVAL OF THE CLOSED MEETING MINUTES – November 4, 7, 11, 13, 19, 2025. **Action Requested**
- 8. **ADJOURN**

### **OPEN MEETING AGENDA {4:30PM}**

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



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

- **CLOSED SESSION ACTION TAKEN** Report on action(s) taken in closed session. 5.
- 6. RECOGNITIONS
  - **6.1.** New CEO Oath of Office
  - **6.2.** Presentation of Resolution 2274 to Cynthia Brito in recognition as the Kaweah Health World Class Employee of the month – December 2025.
  - **6.3.** Team of the Month Sequioa Regional Cancer Center Medical Oncology Team
  - **6.4.** Presentation of Resolution 2275 to Gary Herbst in recognition of his years of service and retirement after 34 years.
- 7. **CHIEF OF STAFF REPORT** – Report relative to current Medical Staff events and issues.
- CONSENT CALENDAR All items listed under the Consent Calendar are considered routine and 8. non-controversial by District staff and will be approved by one motion, unless a Board member, staff, or member of the public requests that an items be removed for separate discussion and action.

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

Action Requested – Approval of all items on the December 17, 2025, Consent Calendar.

Section	Item	Description	Type
9.1. REPORTS	A	Physician Recruitment	Receive and File
	В	Overall Strategic Plan	Receive and File
	C	Environment of Care	Receive and File
	D	Other Outpatient Services	Receive and File
	E	Imaging Services	Receive and File
9.2. MINUTES	A	Finance Property Services & Acquisition Committee – <u>November 19</u> , <u>2025</u>	Approve Minutes
	В	Patient Experience Board Committee – November 19, 2025	Approve Minutes
	C	Quality Council Committee – November 13, 2025	Approve Minutes
	D	Regular & Special Open Board Meeting – November 4, 7, 11, 13, 19, 2025	Approve Minutes



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Section	Item	Description	Type
9.3. POLICIES	A	Administrative Policies	
	1	AP97 Bioethics Committee	Reviewed
	2	AP07 Communication with Law Enforcement Regarding Requests for Information and Requests to Interview Interrogate and Patient	Approve Revisions
	3	AP111 Utilization Review Plan Acute Services	Approve Revisions
	4	AP21 Subpoenas/Search Warrants Served on District Records, Contract Physicians, or Patients	Approve Revisions
5		AP123 Financial Assistance Program	Approve Revisions
	В	<b>Human Resource Policies</b>	
	1	HR04 Special Pay Practices	Approve Revisions
	2	HR28 Recruitment and Selection of Staff Members	Approve Revisions
	3	HR36 New Hire Processing	Approve Revisions
	4	HR49 Education Assistance	Approve Revisions
	5	HR62 Exempt Employees Pay/Salary Basis Safe Harbor Provision	Approve Revisions
	6	HR66 Payroll Deductions	Approve Revisions
	7	HR70 Meal Periods, Rest Breaks and Breastfeeding, and/or Lactation Accommodation	Approve Revisions
	8	HR72 Standby and Callback Pay	Approve Revisions
	9	HR74 Telecommuting	Approve Revisions
	10	HR80 Docking Staff	Reviewed
	11	HR148 Personal Leave of Absence & Personal Protected Leave for Victims of Violence	Approve Revisions
	12	HR241 Paid Time Off (PTO) Cash Out	Approve Revisions
	13	HR234 Paid Time Off (PTO), Extended Illness Bank (EIB), and Health Workplace, Health Families Act of 2014	Approve Revisions
9.4. MEC		None	
9.5. DISTRICT	1	Employee 401K Plan Resolution 2276	Approve and File
	2	SIH/SHP – DFA & DCP Resolution 2277	Approve and File

**ELECTION OF BOARD OFFICERS-** The Board will consider and take action to elect Board Officers 9. for the upcoming term, including President, Vice President, and Secretary.



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- 10. PATIENT EXPERIENCE AND SATISFACTION UPDATE Staff presentation and discussion regarding aggregated and de-identified patient experience data, including trends, themes, and opportunities for improvement. No individual patient information will be disclosed.
- 11. FINANCIALS Presentation and discussion of current financial statements, budget performance, revenue, and expense trends, and year-to-date comparisons for the District.
- 12. REPORTS
  - **12.1.** Chief Executive Officer Report Report on current events and issues.
  - **12.2.** Board President Report on current events and issues.

### CLOSED MEETING AGENDA **IMMEDIATELY FOLLOWING THE OPEN SESSION**

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

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.

# Agenda item intentionally omitted

# **Resolution 2274**



### **RESOLUTION 2274**

### Board Resolution Honoring Cynthia Brito as Employee of the Month of December

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

**WHEREAS**, Cynthia Brito, of the Patient Access Specialist Department, has consistently demonstrated exceptional commitment to their responsibilities, a strong work ethic, and a positive attitude that uplifts their team;

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

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

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

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

**PASSED AND ADOPTED** this 17th of December, 2025, by the Board of Directors of Kaweah Health.

Mike Olmos
President
Kaweah Health Board of Directors

**David Francis** 

Secretary/Treasurer Kaweah Health Board of Directors

# **Resolution 2275**



### **RESOLUTION 2275**

# RESOLUTION HONORING GARY HERBST ON THE OCCASION OF THEIR YEARS OF SERVICE AND RETIREMENT

**WHEREAS**, Gary K. Herbst has faithfully and diligently served Kaweah Health for 34 years; and

**WHEREAS**, throughout their tenure, Gary has demonstrated exceptional dedication, professionalism, and leadership in this capacity as Chief Executive Officer; and

WHEREAS, he has made significant contributions to Kaweah Health Care District; and

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

**WHEREAS**, the Board of Directors of Kaweah Health recognizes the lasting legacy and enduring impact Gary K. Herbst leaves behind;

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

**PASSED AND ADOPTED** this 17th of December 2025.

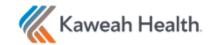
**PASSED AND ADOPTED** this 17th of December 2025, by the Board of Directors of Kaweah Health.

Mike Olmos
President
Kaweah Health Board of Directors

David Francis
Secretary/Treasurer
Kaweah Health Board of Directors

# **Physician Recruitment**

# Board Report - Physician Recruitment - Nov 2025



IN	OV 2025			
	Specialty	Group	Phase	Expected Start Date
1	Vascular Surgery	South Valley Vasc	Site Visit	
2	General Surgery	SAMGI	Site Visit	
3	Pulmonology	TBD	Site Visit	
4	Cardiology (EP)	TBD	Site Visit	
5	Family Medicine	TBD	Site Visit	
6	General Surgery	SAMGI	Site Visit	
7	General Surgery	SAMGI	Site Visit	
8	General Surgery	SAMGI	Site Visit	
9	General Surgery	SAMGI	Site Visit	
10	General Surgery	SAMGI	Site Visit	
11	General Surgery	SAMGI	Site Visit	
12	General Surgery	SAMGI	Site Visit	
13	General Surgery	SAMGI	Site Visit	
14	General Surgery	SAMGI	Site Visit	
15	General Surgery	SAMGI	Site Visit	
16	Orth Surgeon (Hand)	Orthopedic Assoc	Site Visit	
17	Interventional Radiology	Mineral King Radiology	Site Visit	
18	OBGYN	TBD	Site Visit	
19	Radiology	TBD	Screening	
20	Family Medicine	TBD	Screening	
21	Family Medicine	TBD	Screening	
22	Family Medicine	TBD	Screening	
23	Cardiac Anesthesia	Oak Creek	Screening	
24	Anesthesia (Cardiac)	Oak Creek	Screening	
25	Orth Surgeon (Hand)	Orthopedic Assoc	Screening	
26	Gastroenterology	TBD		
27	Urology	1099 - KH Direct	Offer Extended	
28	Pediatrics	TBD	Offer Extended	
29	ENT	Valley ENT	Offer Extended	
30	OBGYN	TBD	Offer Extended	
31	Family Medicine	TBD	Offer Accepted	
32	Adult Hospitalist	Valley Hospitalist Group	Offer Accepted	
33	Cardiothoracic Surgery	TBD	Offer Accepted	
34	Family Medicine	1099 - KH Direct	Offer Accepted	
35	Endocrinology	1099 - KH Direct	Offer Accepted	TBD
36	Neurology	1099 - KH Direct	Offer Accepted	TBD
37	Neonatology	Valley Childrens	Offer Accepted	11/03/25
38	Neonatology	Valley Childrens	Offer Accepted	07/28/25
39	Cardiology (EP)	TBD	Leadership Call	
40	Cardiology (EP)	TBD	Leadership Call	
41	General Surgery	TBD	Leadership Call	
42	PM&R	TBD	Leadership Call	
43	Family Medicine	TBD	Leadership Call	
44	General Surgery	TBD	Leadership Call	
45	Psychiatry	Oak Stone Medical Group	Leadership Call	
46	General Surgery Program Director	TBD	Leadership Call	
47	Hospitalist	TBD	Applied	
48	Sleep and Obesity	TBD	Applied	

	Specialty	Group	Phase	Expected Start Date
49	Family Medicine	TBD	Applied	
50	Pediatrics	TBD	Applied	
51	Urogynecology	TBD	Applied	
52	Urogynecology	TBD	Applied	
53	Family Medicine	TBD	Applied	

# **Overall Strategic Plan**

















### Kaweah Health Strategic Plan: Fiscal Year 2026

### **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 Strategic Plan Initiatives

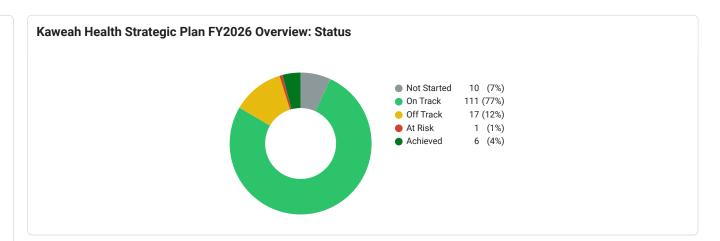
Ideal Environment

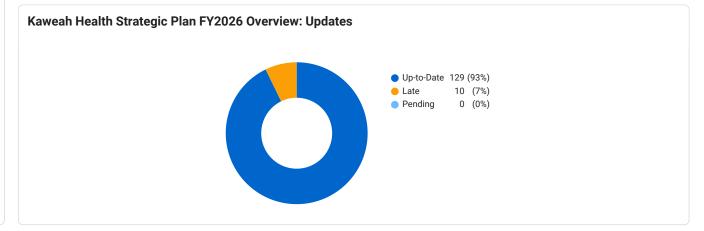
Strategic Growth and Innovation

Outstanding Health Outcomes

Patient Experience and Community Engagement

Physician Alignment







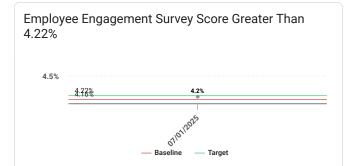
### **Ideal Environment**

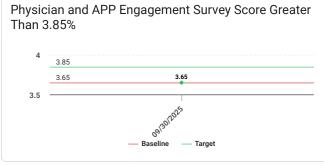
### **Champions: Dianne Cox and Hannah Mitchell**

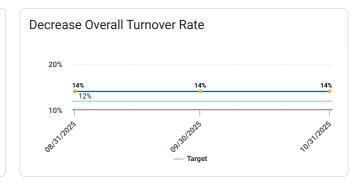
**Objective:** Foster and support **healthy and desirable working environments** for our Kaweah Health Teams

### FY2026 Strategic Plan - Ideal Environment Strategies

	Name	Description	Status	Assigned To	Last Comment
1	Integrate Kaweah Care Culture	Integrate Kaweah Care culture into the various aspects of the organization.	On Track	Hannah Mitchell	The Executive Team and Directors of Organizational Development, Patient and Community Experience, Marketing, Medical Staff and GME meet on a monthly basis to further projects and initiatives surrounding the culture. Details are presented at the Board subcommittees for Patient Experience and Human Resources. The outcomes will be measured by the performance of our Employee and Physician engagement surveys in June 2026.
.2	Ideal Practice Environment	Ensure a practice environment that is friendly and engaging for providers, free of practice barriers.	On Track	Shannon Vinson	Various efforts are underway to foster an ideal practice environment at Kaweah Health. The Medical Staff Well-Being Committee has revised its cadence to meet monthly beginning November 19, 2025, with a focus on developing initiatives that promote clinician health and well-being. The committee is also exploring opportunities to include Advanced Practice Provider (APP) representation to broaden engagement and perspectives.  In alignment with these efforts, the Medical Staff is developing mentorship programs to support new clinicians, those expressing interest in leadership, and individuals identified as potential future leaders within Kaweah Health.  The Medical Staff Office is collaborating with medical staff officers to establish Key Performance Indicators (KPIs) to evaluate the effectiveness and impact of these well-being and retention initiatives. Progress and outcomes will continue to be reviewed and reported through existing hospital and medical staff leadership and committee structures to ensure alignment with Kaweah Health's organizational goals for an ideal practice environment.
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	Kelly Pierce	25 Employees are starting in the January 2026 Unitek Cohort and a January CSO LVN-RN cohort will also begin in January. Another cohort with Carrington (SJVC) will start in the Spring.









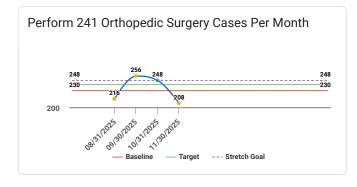
### **Strategic Growth and Innovation**

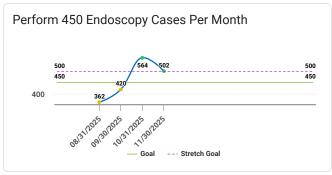
### **Champions: Marc Mertz and Kevin Bartel**

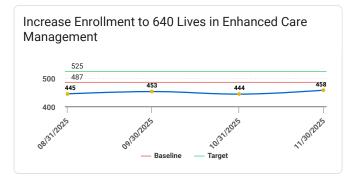
Objective: Grow intelligently by expanding existing services, adding new services, and serving new communities. Find new ways to do things to improve efficiency and effectiveness.

### FY2026 Strategic Plan - Strategic Growth and Innovation Strategies

#	Name	Description	Status	Assigned To	Last Comment
2.1	Grow Targeted Service Line Volumes	Grow volumes in key service lines, including Orthopedics, Endoscopy, Urology and Cardio Thoracic services.	Off Track	Kevin Bartel	Through November, we have outperformed our stretch goals related to number of Impella cases completed for CTS and Endoscopy volume. November saw reduced orthopedic surgery volume however, dropping the average case volume below the projected baseline.
2.2	Enhance Medical Center Capacity and Efficiency	Enhance existing spaces to grow capacity for additional and expanded services and focus on operational efficiency within the surgery areas.	On Track	Kevin Morrison	New surgery director is still analyzing and assessing opportunities for improving operational efficiency within the surgery areas. No further projects planned yet for this FY26.
2.3	Expand access for patients though Clinic Network Development	Strategically expand and enhance the existing ambulatory network to increase access at convenient locations for the community.	On Track	Ivan Jara	Outpatient clinic access continues to grow through the development of new locations, new specialties, and the expansion of current services. Current efforts include physician recruitment (Primary and Specialty Care), advanced practice provider recruitment, new clinic locations (Specialty, Rural, and Commercial), and federal/state programs and grants.
2.4	Innovation	Implement and optimize new tools and applications to improve the patient experience, communication, and outcomes.	On Track	Kevin Bartel	While updates on these metrics will occur next in January, there continues to be progress towards AI ambient listening pilot project, with the pilot project being completed and full rollout into OP clinics planned for early 2026. Integrated access for patients within the call system are ongoing and moving in positive directions. WellApp (platform supporting enhancement for patient scheduling, registration and billing) is fully implemented throughout the clinics. Ongoing meetings with consultants scheduled for early December to engage key stakeholders in the enhanced care at home project, updates on progress to come.
2.5	Enhance Health Plan Programs	Improve relationships with health plans and community partners and participate in local/state/federal programs and funding opportunities to improve overall outcomes for the community.	On Track	Sonia Duran- Aguilar	Monthly meetings take place with Medi-Cal Managed Care Health Plans (Anthem BC and HealthNet) to foster strong working relationships that result in revenue generating programs and grant funding. Collaboration with these plans span across several projects to include CalAIM Enhanced Care Management (ECM), CalAIM Community Supports (CS), Equity Practice Transformation (EPT) and MOVES grant (funded by Centene Foundation). Currently updating contracts for CalAIM to add Population of Focus for Children and Youth ages 18-22. Exploring Community Health Worker (CHW) benefit and reimbursement for providing services with both Anthem BC and HealthNet









### **Outstanding Health Outcomes**

### Champions: Dr. Paul Stefanacci

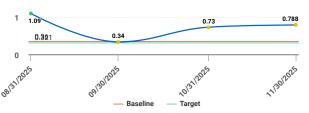
**Objective**: To consistently **deliver high quality care** across the health care continuum.

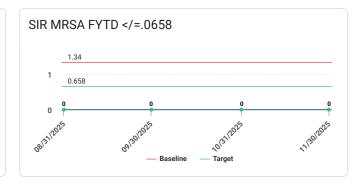
### FY2026 Strategic Plan - Outstanding Health Outcomes Strategies

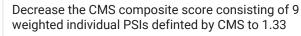
#	Name	Description	Status	Assigned To	Last Comment
3.1	Safety Program Enhancement	Improve the Patient Safety Program through enhanced proactive evidence based strategies.	On Track	Cindy Vander Schuur	Data is being collected in order to establish a baseline SSER but will require several months of data. This data is being reported monthly. There are no barriers at this time.
3.2	Reduce Hospital Acquired Infections (HAI)	Reduce the Hospital Acquired Infections (HAIs) to the selected national percentile in FY26 as reported by the Centers for Medicare and Medicaid Services.	Off Track	Shawn Elkin	Although all reported HAI (CLABSI, CAUTI, MRSA BSI) are within predicted limits, CLABSI and CAUTI exceed the organizational goal of less than the 30th percentile nationally. There are 2 too many CAUTI and 1 too many CLABSI reported for FY2026 to achieve goal. Measures such as line dressing management and diagnostic stewardship are being addressed to move these key indicators in the right direction.
3.3	Reduce Surgical Complications	Reduce the Patient Safety Indicator (PSI) 90 composite rate to the selected national percentile in FY26 as reported by the Centers for Medicare and Medicaid Services.	On Track	Chris Patty	Continuing to make progress toward reducing the important PSI-11 (postoperative respiratory failure) coding issue rate in the composite measure.



Decrease Standardized Infection Ratio (SIR) CAUTI to











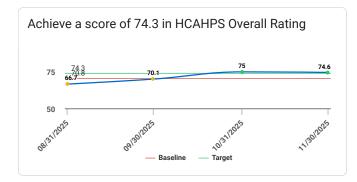
### **Patient Experience and Community Engagement**

### **Champions: Marc Mertz and Deborah Volosin**

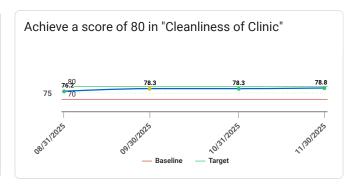
Objective: Develop and implement strategies that provide our health care team the tools they need to deliver a world-class health care experience.

### FY2026 Strategic Plan - Patient Experience and Community Engagement Strategies

#	Name	Description	Status	Assigned To	Last Comment
4.1	Empowering Leaders to Enhance Patient Experience	To improve patient experience, it is essential to cultivate a leadership culture that prioritizes patient-centered care. This strategy focuses on equipping leaders at all levels with the necessary skills, tools, and authority to drive meaningful improvements in patient interactions, service delivery, and overall satisfaction.	On Track	Deborah Volosin	All leaders receive their unit's score card each month. This is accompanied by metrics and priorities.
4.2	Fostering a Culture of Empathy and Human Understanding	Creating a culture of empathy and human-centered care is essential for enhancing patient experience and community trust.	On Track	Deborah Volosin	What Matters To You Pilot on 2 North & 2 South in September and October 2025.
4.3	Transforming the Patient Environment for a Better Experience	A well-designed and patient-friendly physical environment plays a critical role in patient experience and overall well-being. This strategy focuses on improving the hospital's physical spaces to promote comfort, accessibility, and a sense of healing	On Track	Deborah Volosin	Chief Strategy Officer continues to do monthly facility rounds with Facilities, Maintenance, EVS, and Patient Experience.
4.4	Strengthening Community Engagement	Building strong relationships with the community is essential for fostering trust, improving health outcomes, and increasing access to care. This strategy focuses on actively engaging with community members through outreach programs, partnerships, and educational initiatives.	On Track	Deborah Volosin	In the months of October/November we held all of the active Community Advisory Committee group meetings. We also had a grand opening at the CSU and did a tour of the new Akers clinic for H4TT.
4.5	Adopting a Patient-Centered Approach to the Entire Healthcare Experience		On Track	Deborah Volosin	Continue to present at Employee Orientation and to talk about the many touchpoints involved in the patient's experience at leadership meetings.









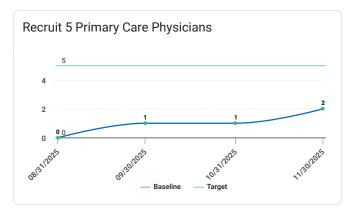
### **Physician Alignment**

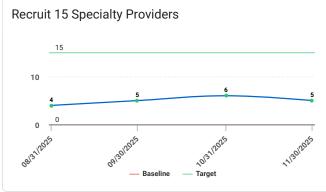
### **Champions: Marc Mertz and JC Palermo**

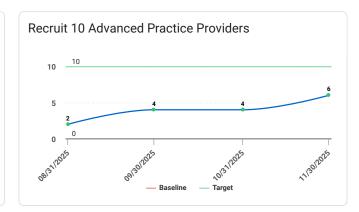
**Objective: Develop services and opportunities** that improve alignment with and support for contracted and affiliated **physician practices**.

### FY2026 Strategic Plan -Physician Alignment - Strategies

#	Name	Description	Status	Assigned To	Last Comment
5.1	Recruit Physicians and Advanced Practice Providers	Refine and execute recruitment strategy and employment options for physicians and advanced practice providers that will assist with recruitment of providers to support community needs and Kaweah Health's growth.	On Track	JC Palermo	The Physician Recruitment Strategy Committee continues to meet to discuss the most pressing community needs and how Kaweah Health can best deploy resources.
5.2	Develop and Provide Practice Support for Physicians	Continue to develop services and opportunities that improve alignment with and support for contracted and affiliated physician practices.	On Track	Jag Batth	Officially launched the Lung Nodule Program, with a nurse navigator coordinating care across providers. We've completed eight ION cases and multiple EBUS cases. Our first comprehensive colorectal cancer program meeting is scheduled for later this month. We continue to invest in technology to support our providers, including ambient listening for Cerner-based practice providers. We are also assessing surgical technology needs, specifically a MAKO robot for Orthopedics and a da Vinci robot for our new Cardiothoracic surgeon.
5.3	Physician Alignment through Integrated Delivery Network (i.e. Sequoia Integrated	With our physician community partners, continue to develop and strengthen relationships with health plans through Sequoia Integrated Health.	On Track	Marc Mertz	Kaweah continues to work with our partners at SIH to improve care and reduce utilization and costs for the Medicare Advantage populations. We also continue to explore the Healing at Home program.







# **Environment of Care**



# Environment of Care 3rd Quarter Report July 1, 2025 through September 30, 2025 Presented by Maribel Aguilar, Safety Officer maaguila@kaweahhealth.org 559-624-2381

# Kaweah Health Performance Monitoring 2025 EOC

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



Εv	aluation Q3:
•	41 OSHA
	Recordable
•	104 COVID-
	19
	employees
•	Provided 10
	Ergonomic
	Evaluations
•	18 Sharps
	Exposure

	<b>1</b> st	<b>9</b> nd	3rd	Ath	Tatal	A	Tatala
Type of Injury	Quarter	Quarter	•	4 <sup>th</sup> Quarter	Total '25	Annualized '25	Totals '24
Total Incidents	144	128	141		413	551	623
COVID 19 +	32	20	104		154	205	622
COVID 19 +	32	20	104		134	203	022
OSHA Recordable	45	38	41		124	165	216
Lost time cases	18	23	19		60	80	139
Strain/Sprain	39	38	24		101	135	166
Sharps Exp.	20	12	18		50	67	68
# of Employees (EE) end of QTR	5215	5210	5254				

#### Plan for Improvement:

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

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

### OSHA recordable injuries and Illnesses are as follows:

- Fatalities (reportable)
- Hospitalizations (reportable)
- Claim with lost workday, or modified work with restrictions (recordable)
- Medical treatment other than First Aid (recordable)

Total Incidents include First Aid and Report Only

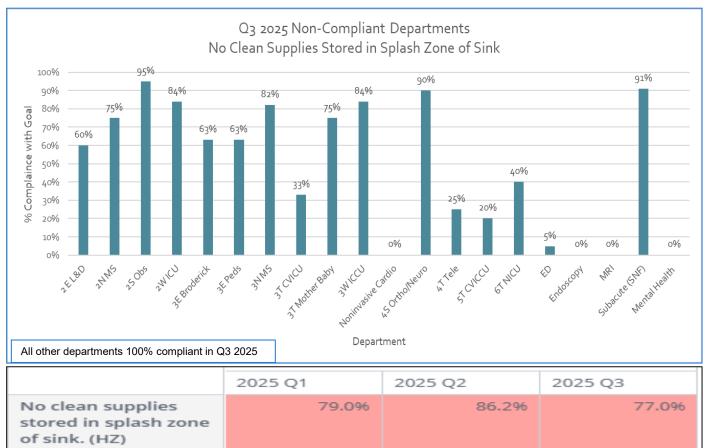
# Infection Prevention – Environment of Care Rounds

### Third Quarter 2025

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

Goal: 95% -100% Compliance

Status: Not Met



### **Evaluation:**

No medical supplies, devices and/or medication stored within 3 feet on either side of sinks: 77% (Not Met)

### **Detailed Plan for Improvement:**

- Methods to mitigate events from occurring: Unit eliminates storage of supplies, devices, medication within 3 feet on either side of a patient care sink. Unit installs an approved hard plastic barrier that prevents water exposure to medical supplies, devices and/or medication that are present within 3 feet on either side of patient care sinks.
- · Unit leaders are notified in RLDatix and during rounds of fallouts in department.
- Education has been distributed by IP to all unit leaders for use in staff education and coaching.
- Infection Prevention and Facilities rounded all inpatient units in Q3 2024. Recommendations for area splashguards were developed, and Facilities collaborated with unit leaders to install splash guards in recommended areas.
- Signage implemented Q2 2025 in 2West in all patient rooms at sinks. Organization-wide signage discussed by EOC Committee Q3 2025, committee decided not to pursue signage at this time.
- IP has increased rounding in Q3 2025 on all inpatient units and continues to notify leaders of fallouts and recommendations.

# Infection Prevention – Comprehensive Rounds Third Quarter 2025

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

Goal: 95% -100% Compliance

Status: All 3 Met

Question	Response Compliance Rate					
	2025 Q1	2025 Q2	2025 Q3			
The rigid biohazard instrument transport container is secured "locked" when in use. (HZ)	100.0%	100.0%	100.0%			
Used instrumentation/scopes are placed in a rigid biohazard instrument transport container. (HZ)	100.0%	100.0%	100.0%			
Used instruments/scopes have enzymatic/wetting solution present on all surfaces and has not dried. (HZ)	77.8%	100.0%	100.0%			

### Evaluation:

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

### **Detailed Plan for Improvement:**

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

# Risk Management – Environment of Care (EOC) Report Third Quarter 2025

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

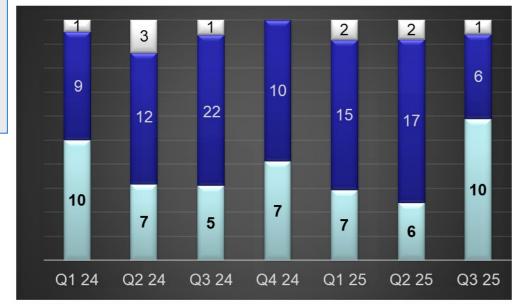
Goal: Met

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

**Goal: Not Met** 

Goal #2 Evaluation: There was (1) preventable safety event reported at the Medical Center in Q3 2025. Visitor slipped & fell in the hallway near the surgical waiting room due to a liquid spill. The visitor declined medical treatment.

# Non-Patient Safety Events 2024-2025





Q3 25 Lifestyle Center – Ten (10) Non-Preventable Events

Q3 25 Kaweah Health – Six (6) Non-Preventable Events

Q3 25 Kaweah Health - One (1) Preventable Event

### **Detailed Plan for Improvement:**

EOC Sub-committee was formed to evaluate spillage from the dietary carts at the medical center.

#### Follow up actions:

- 1.All food carts have been inspected, repaired and re-caulked as needed.
- 2.Drain plugs replaced or secured to prevent fluid leakage.
- 3. The cleaning process has been standardized and is being followed consistently.
- 4. Preventive maintenance and inspection schedules are now in place.
- 5.Staff training on spill prevention and reporting was completed.

### Results:

- •No new leaks or falls have been reported as a result from food cart leaks.
- •F&NS staff feedback indicates the new process is effective and sustainable.
- RM to convene a workgroup to evaluate slips and falls trends and develop action items to decrease preventable events. Work product will be presented to the EOC in November 2025.

# **Employee Health Services (EHS) – Environment of Care Rounds (EOC)**

### **Third Quarter 2025**

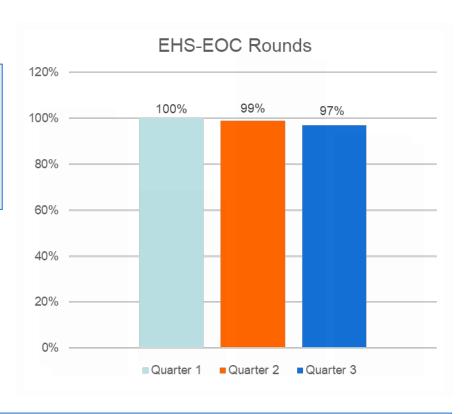
**Performance Standard:** During EOC rounds, as applicable, the following is evaluated: staff are knowledgeable and can clearly explain the appropriate steps to take in the event of exposure to bloodborne pathogens.

Goal: 100% Compliance

**Status: Not Met** 

### **Evaluation:**

1.Staff members can verbalize what to do in the event of a bloodborne pathogen exposure. 71/73=97% (Not Met)



### **Detailed Plan for Improvement:**

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

# **Safety**

### **Third Quarter 2025**

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

Goal: 100% compliance

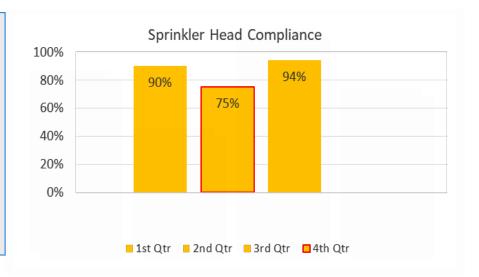
Status: Goal Not Met for 3rd Quarter 2025

#### **Evaluation:**

Fifty-One observations were conducted in 3<sup>rd</sup> quarter 2025. Of those observations, 3 were found to have foreign material, which resulted in an 94% compliance rate.

The areas with observed noncompliance include:

2 East Lifestyle Center 4Tower



### **Detailed Plan for Improvement:**

Findings were sent to EVS leaders at the time of survey. Will continue to work with EVS as issue are identified.

# **Utilities Management**

### **Third Quarter 2025**

Performance Standard:

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

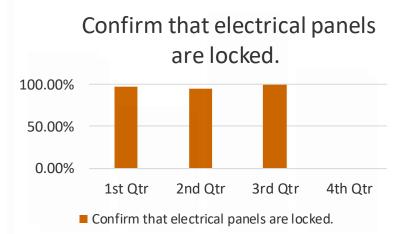
Goal: 100% Compliance

Status: Met

### **Evaluation:**

45 Departments or buildings were surveyed in the 3<sup>rd</sup> quarter. 0 electrical panels were found unlocked, this resulted in 100% compliance rate.

**Minimum Performance** Level was met during this quarter.



We are searching for a universal surface mount panel lock that is keyless and self latching. 100% Compliance for Q3

# **Utilities Management Third Quarter 2025**

### Performance Standard:

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

Goal: 100% Compliance

Status: Met

### **Evaluation:**

45 Departments or buildings were surveyed in the 3<sup>rd</sup> quarter. 41 Damaged, 29 Stained ceiling tiles were documented. The correction of causation of 70 were repaired within 30 days of work order being placed. This resulted in 100% compliance rate.

**Minimum Performance Level** was met during this quarter.



### **Detailed Plan for Improvement:**

100% Compliance for Q3

# **Security Services Third Quarter 2025**

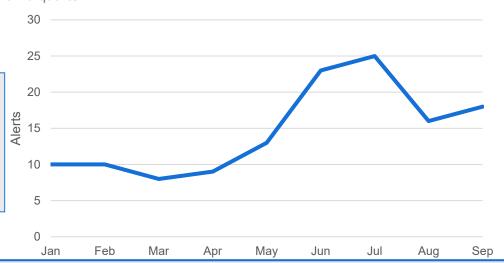
### **False Code Pink Activations**

**Performance Standard:** Reduce *false* Code Pink activations— 132 events for this calendar year; 59 events in third quarter.

**Goal:** 100% Compliance **Status: Not Met** 

### **Evaluation:**

In 3<sup>rd</sup> Qtr. 2025 there were 59 false code pink activations. Minimum Performance Level was not met during this quarter.



**Plan for Improvement:** Most false Code Pink activations occur when staff either forget to deactivate the system or fail to set the transmitter to transport mode during the movement of a child or newborn. In response, Maternal-Child Health unit leaders are working closely with clinical and clerical staff, as well as hospital security, to strengthen system management practices. Efforts include enhancing training, reinforcing accountability, and updating signage, all aimed at reducing false activations and improving the accuracy of emergency responses.

### **Restricted Access Door Security**

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

Goal: 100% Compliance

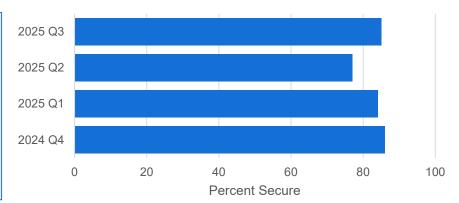
**Status: Not Met** 

### **Evaluation:**

Forty-three (43) departments were surveyed in the 3<sup>rd</sup> quarter. In all the departments surveyed 6 had authorized personnel only doors found accessible to the public, which resulted in an 85% compliance rate.

Minimum Performance Level was not met during this quarter.

### Restricted Access Door Security



**Plan for Improvement:** Security staff will maintain ongoing communication with Department Leadership in areas with restricted access identify as insecure. The goal is to determine underlying causes and collaborate on effective solutions. Additionally, they will assess the need for adding or removing signage on restricted access doors to enhance security where appropriate.

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

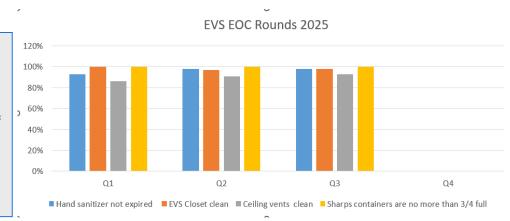
### **Third Quarter 2025**

**Performance Standard:** During EOC rounds, as applicable, the following is evaluated: hand sanitizer not expired; EVS closets are clean; ceiling vents are clean, and Sharps containers are no more than 3/4 full.

**Goal:** 95% -100% Compliance **Status: 1 Met, 3 Not Met** 



- 1. Hand Sanitizer not expired: 55/56 = 98% (Not Met)
- 2. EVS Closets clean: 42/43 = 98% (Not Met)
- 3. Ceiling vents clean: 54/58 = 93% (Not Met)
- Sharps containers are no more than <sup>3</sup>/<sub>4</sub> full 166/166 100% (Met)



### **Detailed Plan for Improvement:**

Sharps containers no more than  $\frac{3}{4}$  full are compliant for the quarter. Hand sanitizer not expired is at 98%. Ceiling vents are at 93%. EVS Closets Clean are 98%. Three out of our four goals are not met but our numbers are improving. We will continue to closely monitor through:

- EVS Leadership continue to proactively monitor areas routinely while completing departmental rounds (ongoing) including off site buildings which is where some of our findings were.
- Outside Vendor helping with larger floor projects so our team can focus on patient care areas and closets.
- EVS are also helping to do quality checks in areas and patient rooms.

# **EOC Component: Compliance**

### **Medical Equipment Preventive Maintenance (PM)**

Performance Standard:

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

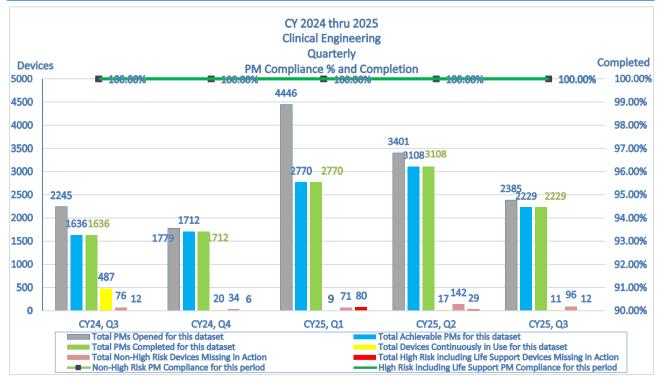
### **Evaluation:**

For the reporting quarter, CY 2025, Q3 (Jul-Sep), Medical Device count available to receive Preventive Maintenance is 2229 and all of those devices received Preventive Maintenance. All Medical Devices this Quarter received PM or were marked as In Use or Missing in Action (MIA) as defined by policy.

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

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

Goal MET
Goal MET



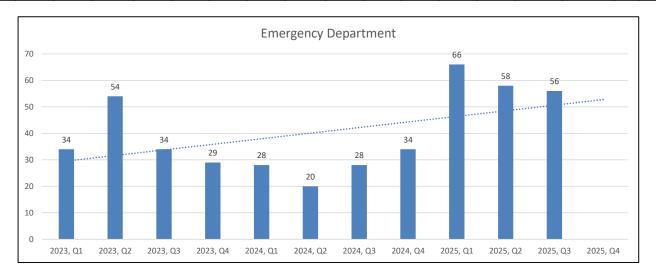
Calendar Year 2025	Quarter 3			Q3 Total
Category	Jul-25	Aug-25	Sep-25	CY25, Q3
Total PMs Opened for this dataset	1001	224	1160	2385
Total Administrative Closures for this dataset	20	2	15	37
Total Devices Continuously in Use for this dataset	2	3	6	11
Total Non-High Risk Devices Missing in Action	47	8	41	96
Total High Risk including Life Support Devices Missing in Action	2	4	6	12
Total Achievable PMs for this dataset	930	207	1092	2229
Total PMs Completed for this dataset	930	207	1092	2229
Total PMs Not Completed	0	0	0	0
Total PM Compliance	100.00%	100.00%	100.00%	100.00%
Non-High Risk PM Compliance for this period	100.00%	100.00%	100.00%	100.00%
High Risk including Life Support PM Compliance for this period	100.00%	100.00%	100.00%	100.00%

Plan for Improvement: We are actively notifying department management about medical devices that remain in patient use or cannot be located. Implementation of the new PyCube Passive RFID system is progressing as scheduled. To date, we have successfully located and tagged 1,621 of the 2,997 high-risk medical devices included in our tracking system. Furthermore, all Clinical Engineering staff have completed comprehensive training on the PyCube tracking system, enabling us to effectively identify and locate high-risk devices that previously posed challenges during the last quarter. We are confident that these initiatives will significantly enhance our device management and improve patient safety.

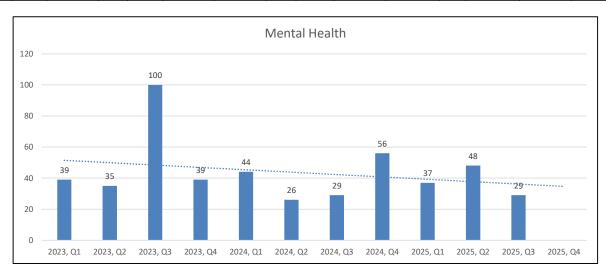


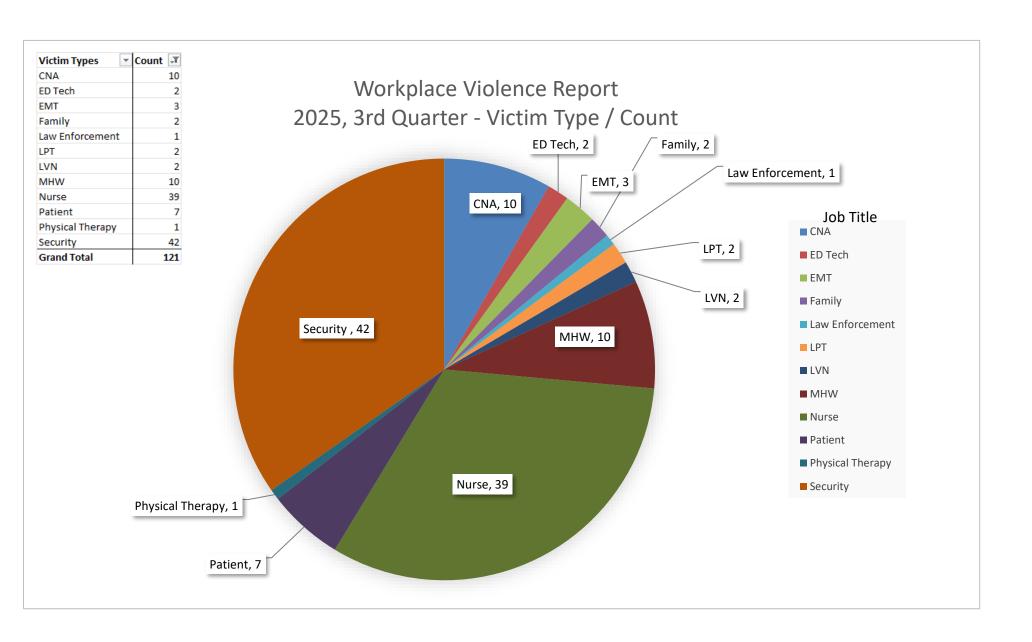
# Workplace Violence Report Safety Department 2025, 3<sup>rd</sup> Quarter

						3																	
	2	2	2 West-	3	3	Tower-		4	4	4	4	5		Acequia				Exeter	Finance			Labor &	Lindsay
Year/Qtr	North	South	ICU	North	South	cv icu	3 West	Center	North	South	Tower	Tower	ASC	Lobby	Cafeteria	СТ	ED	Clinic	Bldg	Hospice	ккс	Delivery	Clinic
2023, Q1	1	1	0	1	4	2	2	0	1	1	1	0	0	3	1	1	34	0	0	0	0	0	0
2023, Q2	6	0	0	3	2	2	0	0	1	2	2	1	0	1	0	0	54	0	0	0	0	0	0
2023, Q3	2	0	1	2	3	0	0	0	0	4	1	2	0	0	0	0	34	0	0	0	0	0	0
2023, Q4	3	1	1	4	0	1	1	0	8	7	7	5	0	0	0	0	29	0	0	0	0	1	0
Total 2023	12	2	2	10	9	5	3	0	10	14	11	8	0	4	1	1	151	0	0	0	0	1	0
2024, Q1	1	5	1	0	6	0	1	0	9	3	3	0	0	0	0	0	28	0	0	0	0	1	0
2024, Q2	1	1	0	4	5	0	0	0	2	10	4	1	0	0	0	0	20	0	0	0	0	0	0
2024, Q3	6	3	3	2	5	0	5	0	1	6	4	0	0	0	1	0	28	0	0	0	0	0	0
2024, Q4	4	3	0	5	6	1	0	0	9	7	0	1	0	0	0	0	34	0	0	0	0	0	0
Total 2024	12	12	4	11	22	1	6	0	21	26	11	2	0	0	1	0	110	0	0	0	0	1	0
2025, Q1	0	3	1	3	3	0	0	0	7	15	1	0	0	0	0	0	66	0	0	0	0	0	0
2025, Q2	5	1	0	7	2	0	2	0	5	5	2	2	0	0	0	0	58	0	0	0	0	0	0
2025, Q3	2	6	2	10	4	0	4	1	3	9	1	1	0	0	0	0	56	0	0	0	0	0	0
2025, Q4																							
Total 2025	7	10	3	20	9	0	6	1	15	29	4	3	0	0	0	0	180	0	0	0	0	0	0



														Ch							
						<b>DDV</b>								Sub-							i
		МК	Mother-			PBX-	Parking		Public				Specialty	Acute, S.			Visalia	Visalia	West		i l
Year/Qtr	Health	Lobby	baby	MRI	PACU	Operator	Lot	Peds	Area	Hospital	Respitory	SSB	Clinic	Campus	TLC	Court	Dialysis	SRCC	Campus	X-Ray	Total
2023, Q1	39	0	0	0	0	1	1	0	0	0	0	0	C	0	1	1	0	0	0	0	96
2023, Q2	35	0	1	2	0	1	0	0	0	2	0	0		0	0	0	0	0	0	0	115
2023, Q3	100	0	0	0	0	0	3	0	0	0	0	0	C	0	0	0	0	0	0	0	152
2023, Q4	39	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	109
Total 2023	213	1	1	2	0	2	5	0	0	2	0	0	0	0	1	1	0	0	0	0	472
2024, Q1	44	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	103
2024, Q2	26	0	0	0	0	0	2	0	0	0	0	0	C	0	0	0	0	0	0	0	76
2024, Q3	29	0	0	0	0	0	0	0	0	0	0	1	. 1	. 0	0	0	0	0	0	0	95
2024, Q4	56	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	127
Total 2024	155	0	1	0	0	0	3	0	0	0	0	1	. 1	. 0	0	0	0	0	0	0	401
2025, Q1	37	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136
2025, Q2	48	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	137
2025, Q3	29	0	0	0	0	0	0	0	0	0	0	0	C	0	0	0	0	0	0	0	128
2025, Q4																					0
Total 2025	114	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	401

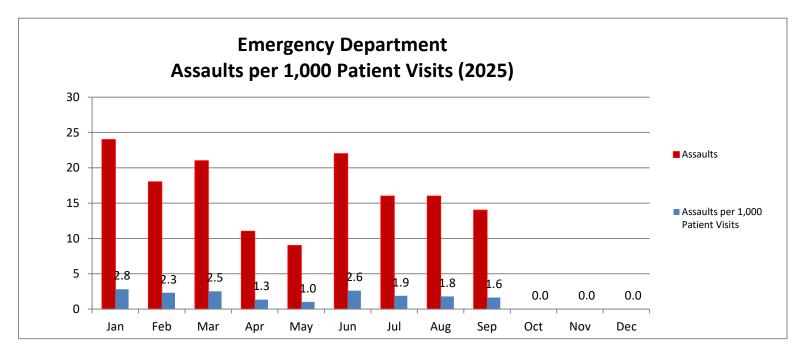




Kaweah Health Emergency Department, Assaults per 1,000 Patient Visits Year 2025, Qtr 03

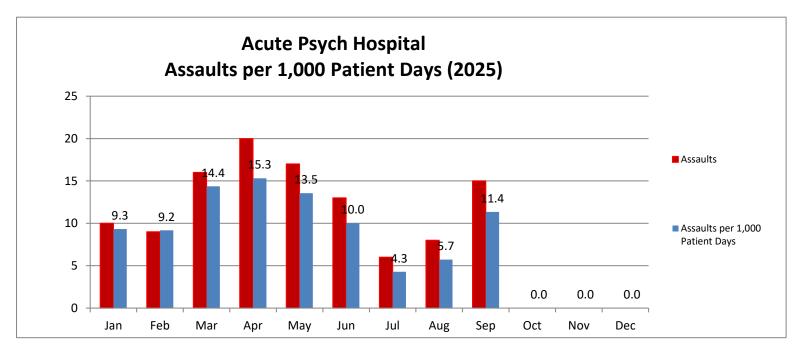
#### **EMERGENCY DEPARTMENT**

YR 2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Patient Visits</b>	8,504	7,817	8,328	8,210	8,807	8,463	8,507	8,923	8,562			
Assaults	24	18	21	11	9	22	16	16	14			
Assaults per												
1,000 Patient												
Visits	2.8	2.3	2.5	1.3	1.0	2.6	1.9	1.8	1.6	#DIV/0!	#DIV/0!	#DIV/0!



#### **MENTAL HEALTH**

	YR 2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Pa	atient Days	1,073	981	1,114	1,306	1,255	1,299	1,402	1,399	1,321			
	Assaults	10	9	16	20	17	13	6	8	15			
Α	ssaults per												
1,0	000 Patient												
	Days	9.3	9.2	14.4	15.3	13.5	10.0	4.3	5.7	11.4	#DIV/0!	#DIV/0!	#DIV/0!

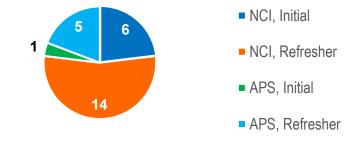


## **Crisis Prevention Institute (CPI)**

## **Third Quarter 2025**

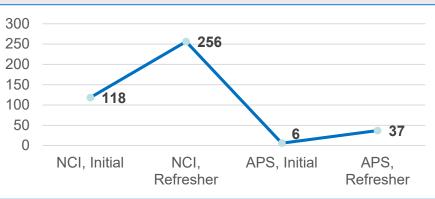
#### SECTION ONE - Class Breakdown (Initial NCI, Refresher CPI, Initial CPI w/ APS, Refresher CPI w/ APS)

Type of Class	No. Classes
NCI, Initial	6
NCI, Refresher	14
APS, Initial	1
APS, Refresher	5
	26



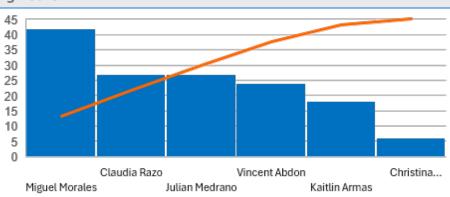
#### **SECTION TWO - Number of employees certified per class**

Med/Psych EE	No. EE Certified
NCI, Initial	118
NCI, Refresher	256
APS, Initial	6
APS, Refresher	37
	417



#### **SECTION THREE - Instructor teaching hours**

Instructors	<b>Teaching Hours</b>
Christina Madera	6
Claudia Razo	27
Julian Medrano	27
Kaitlin Armas	18
Miguel Morales	42
Vincent Abdon	24
	144



#### **SECTION FOUR - Departments required to have CPI certification**

- 4 South (Dementia population
- Acute Psych Hospital + CSU staff, support staff &
   Residents
- Certified Nurse Assistant Group
- Chaplain Services
- Clinical Engineering
- Emergency Department staff, support staff & Residents
- Home Care & Hospice
- Leadership (managers and supervisors)
- Maintenance Department
- Nursing Supervision
- Patient Family Services
- Patient Transport
- Security Department

# **Other Outpatient Services**

## REPORT TO THE BOARD OF DIRECTORS

## **Kaweah Health Medical Clinics**

- Ben Maddox
- Plaza
- Willow Women's Health

Marc Mertz, Chief Strategy Officer, 559-624-2511 Diana Saechao, Director of Medical Clinics and Urgent Cares, 559-624-5990

Date: December 17, 2025

## **Summary Issue/Service Considered**

The Kaweah Health Medical Clinics represent a newly unified service line encompassing both new and established clinics across Visalia, CA. The following provides a high-level introduction to each clinic, including background, recent developments, and future direction.

#### **Ben Maddox Clinic**

Ben Maddox is a longstanding clinic that has delivered primary care and basic episodic care for more than 15 years. Recent key developments include:

- July 2025: Acquisition of Dr. Soloniuk-Tays's private practice, bringing her and her staff into the clinic and adding approximately 2,000 patient lives.
- September 2025: Discontinuation of episodic (prompt) care services, with staff transitioning to the Urgent Care clinic.

Today, Ben Maddox operates Monday–Friday, 8:00 a.m.–5:00 p.m., offering primary care through family medicine and pediatric services. The clinic primarily serves commercially insured and Medicare patients residing in urban areas. Notably, it is Kaweah's first location to provide commercial-only primary care, supporting a broader strategy to improve access for this population.

#### Plaza Clinic

Opened in October 2023, Plaza Clinic was designed to meet the needs of the expanding Northwest Visalia Industrial Park by offering occupational health and episodic care services. Worker's compensation services were centralized at this site to create a "one-stop shop" for local employers. Currently, the clinic focuses exclusively on workers' compensation, with Kaweah's employees comprising approximately 50% of visits.

Beginning January 2026, with the addition of a second advanced practice provider, the clinic will expand its offerings to include occupational health services (pre-employment physicals, sports

physicals, drug testing, screening, etc.), as well as episodic (prompt) care services to better serve the surrounding workforce and community.

#### Willow Women's Health

Willow Women's Health is one of the newest additions to the Kaweah Health Medical Clinics, established to address the growing demand for obstetrics (OB) and gynecology (GYN) services in the area. The clinic opened in October 2024 in direct response to a community-wide shortage of OB providers.

At launch, the clinic also offered orthopedic services; however, that specialty has since transitioned to the 2nd floor of the Willow Specialty Clinic to better align services and improve patient access.

The clinic now focuses exclusively on OB/GYN and health education services. It is staffed with three physicians and two certified nurse-midwives. Throughout the current fiscal year, Willow Women's Health has experienced steady volume growth and is proud to be meeting a critical need within the community.

## **Quality/Performance Improvement Data**

#### **Ben Maddox Clinic**

During FY25, Ben Maddox provided care to over 10,000 patients, reaffirming the strong community need for accessible primary care services. With the recruitment of a full-time family medicine physician, two part-time physicians, and one full-time advanced practice providers, the clinic is positioned to offer consistent, Monday–Friday primary care for its established patient base.

Ben Maddox reported a contribution loss of -\$599,129 in FY25. This performance aligns with expectations due to several contributing factors:

- Newly recruited physicians operating under income guarantees
- A large Kaweah Health employee patient population
- A natural ramp-up period for new providers
- Lower commercial reimbursement rates

Despite the loss, the clinic is trending positively. Net revenue increased by \$34 per case in FY24 and an additional \$2 in FY25, while contribution margin improved from -\$57 per case to -\$55 per case. The continued improvement is noted year after year, particularly considering the long-term value of serving Kaweah Health's employees and dependents within our system.

#### Plaza Clinic

In FY25, the Plaza Clinic cared for 3,109 patients for workers' compensation services. In its second operational year, direct costs decreased by \$10,294, reflecting growing efficiency as the service line matures.

The clinic recorded \$306,449 in net revenue and a contribution loss of –\$481,458. Net patient revenue per visit increased 6% from FY24 to \$99, while direct cost per visit decreased 30% to \$253. This resulted in a contribution loss of –\$155 per visit, a 43% improvement from FY24. These trends indicate strengthening financial performance as operations stabilize.

#### Willow Women's Health

In its initial fiscal year, Willow Women's Health cared for 5,979 OB/GYN patients. As expected for a newly launched clinic, direct costs were higher at \$1,528,679 while services and staffing structures were being established. Net revenue was \$882,852, resulting in a contribution loss of – \$645,827.

Net patient revenue per visit was \$148, with direct costs of \$256 per visit, leading to a contribution loss of -\$108. With the onboarding of additional physicians and certified nurse midwives, the clinic is stabilizing operationally and experiencing consistent volume growth, positioning it for improved financial performance in the years ahead.

Deliveries performed at Kaweah Health provide a significant positive impact on both patient outcomes and system-wide performance. Our high-volume, high-quality maternity services strengthen community trust, drive downstream service utilization, and attract families to remain within the Kaweah Health network for ongoing care.

Financially, the OB service line remains one of the most profitable areas within the organization, supported by stable volumes, strong reimbursement, efficient operations, and a comprehensive continuum of women's services.

Overall, the Women's Health and OB service line delivers exceptional clinical value to patients while providing reliable financial performance that supports the broader health system.

## **Employee Engagement Data**

#### **Ben Maddox and Plaza Clinics**

In the 2025 Employee Engagement Survey, 17 employees from the Ben Maddox and Plaza clinics participated. Overall scores were lower compared to both the organizational average and other clinic sites. While staff provided strong positive feedback regarding the quality of care delivered to patients, the survey highlighted two key opportunities for improvement:

- Having sufficient time to care for patients
- Involvement in decision-making related to daily work

In response, teams from both clinics have met to develop targeted action plans designed to strengthen these areas while continuing to build on their existing strengths. These efforts are aimed at fostering a more supportive and collaborative work environment.

#### Willow Women's Health

Seven employees from Willow Women's Health participated in the 2025 Employee Engagement Survey—the clinic's first year of participation. The clinic achieved an overall score of 4.49, exceeding the 2025 organizational goal by 0.27 and the organization-wide average of 4.20 by 0.29.

Survey results identified staff involvement in decision-making as a key area for continued improvement. Strengths noted by employees included strong respect for the manager/director and high levels of manager engagement and teamwork, underscoring a positive and collaborative culture in this newly established clinic.

Workgroup	2025 Survey Averages	2024 Survey Averages	Increase/ Decrease from 2024	Respondents	Response Rate
Ben Maddox/Plaza	3.77	3.83	-0.06	17	94%
Willow Women's Health	4.49	N/A	N/A	7	88%

#### **Patient Experience**

Patient feedback remains an essential component of Kaweah Health's quality improvement efforts, guiding our commitment to patient-centered care, service excellence, and responsiveness to community needs. The medical clinics utilize the NRC Health survey platform to measure the Net Promoter Score (NPS), based on the question, "Would you recommend this facility?"

In FY25, clinic performance trended close to established patient experience goals:

Ben Maddox: NPS of 81.8 (FY25 goal: 84)
Plaza Clinic: NPS of 87.5 (FY25 goal: 88.5)

Willow Women's Health does not yet capture patient experience data. The clinic is currently being integrated into the organization's NRC survey platform, with go-live planned for February 2026.

## Policy, Strategic or Tactical Issues

#### **Ben Maddox Clinic**

Access to primary care for the commercial population in Visalia continues to decline, resulting in more commercially insured patients seeking care at the rural health clinics. To better meet the growing demand for both primary and specialty care within this population, Kaweah Health is moving forward with a key strategic initiative to consolidate and transition the Ben Maddox clinic into the new multi-specialty services clinic at the Akers site, with a planned launch in early 2026.

This transition allows Kaweah Health to scale services in a financially sustainable way by centralizing providers, improving operational efficiency, increasing access for commercially insured patients, and leveraging a modern facility designed for integrated team-based care. Concentrating on services at the Akers clinic strengthens recruitment efforts, enhances patient flow, and reduces redundant overhead costs, creating a more resilient and adaptable service model.

As provider recruitment progresses across the outpatient clinic network system, there will be an option to reopen the Ben Maddox location in the future as a hospital-licensed 1206d clinic, which would expand capacity and bring additional flexibility to meet community demand. This phased approach ensures Kaweah Health can continue to grow strategically while maintaining strong financial stewardship.

#### Plaza Clinic

Plaza Clinic delivers significant value to the organization by allowing the provision of comprehensive workers' compensation services for its own employees without relying on external vendors. This approach reduces the overall cost of care and improves case management efficiency.

To further leverage this capability, the clinic will continue to expand the service to other employers, increasing community exposure to a broader range of services. Positioned in Visalia's Industrial Park, the clinic is well-suited to serve the region's workforce. Beginning January 2026, Plaza will launch a fully comprehensive occupational health program—including pre-employment evaluations, radiology services, drug testing, and workplace screenings—along with episodic (prompt) care.

#### Willow Women's Health

Strategically located on the hospital campus, Willow Women's Health benefits from close proximity to surgical and delivery services, enhancing clinical efficiency and provider satisfaction. The on-site convenience of the pharmacy and laboratory draw station further strengthens the patient experience by offering centralized, streamlined access to essential services.

## **Recommendations/Next Steps**

#### **Ben Maddox Clinic**

The Ben Maddox clinic will consolidate and transition to the Akers location in early 2026. During the interim downtime, infrastructure upgrades will be completed to prepare the site for 1206d hospital-based clinic licensure, expanding future service capabilities and improved financial performance.

#### Plaza Clinic

In early 2026, Plaza will expand its service offerings with the addition of basic radiology, comprehensive occupational health, and episodic care. These enhancements are designed to strengthen the clinic's appeal to employers and further position it as a key resource within Visalia's Industrial Park.

#### Willow Women's Health

Willow will continue to aggressively recruit and retain OB/GYN physicians to meet the growing community demand and support ongoing volume growth.

### **Approvals/Conclusions**

No additional approvals needed at this time.

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

## **Kaweah Health Infusion Center**

Amy Baker, Director of Specialty Clinics Contact number: 559-624-3033

December 17, 2025

### Summary Issue/Service Considered

- Demonstrate the ability to balance and align program priorities- including quality of care, compliance requirements, profitability targets, and workforce wellbeing, to support overall organizational effectiveness.
- 2. Demonstrate the ability to maintain a comprehensive infusion center that delivers services across the full continuum of care for the community.

#### Analysis of financial/statistical data:

Kaweah Health Infusion Center experienced a 14% increase in contribution margin for fiscal year 2025. The service line's contribution margin was \$3,735,679 this fiscal year compared to \$3,282,090 last fiscal year.

Visit volume increased by 10% over the prior year. Volume is the highest level in four years. The average direct cost per visit increased by \$843 (22%) averaging \$4,606 per visit. This is primarily due to pharmaceuticals or drug costs and staffing. Net revenue per visit increase by \$899 (17%), averaging \$6,073. This was due to an increase in reimbursement per visit. The contribution margin per visit is \$1,467.

Payer mix remained stable. The largest payer is Medicare at 47% and Medicare Managed Care at 10%. Medicare reimbursement decreased with an increase in direct costs per visit. Medicare's contribution margin per visit went from \$2,571 in fiscal year 2024 to \$2,189 in fiscal year 2025. Managed Care Other made up 33% of the payer mix. Blue Cross appears to hold the largest percentage of this payer type. Several other payers in this category demonstrate increasing contribution margin per visit.

## Quality/Performance Improvement Data

<u>Biovigil</u>: Monitoring and coaching hand hygiene promotes safety for our patients and staff. Kaweah Health Infusion Center began using Biovigil in March of 2022 to monitor hand hygiene. Since then, we have recorded 184,106 hand hygiene opportunities with a cumulative

compliance rate of 96.5%. Our team remains committed to consistently wearing the Biovigil badges and working hard to achieve our goal of 100% compliance.

<u>Smart Pump Integration and Utilization</u>: In March of 2025, we implemented new infusion pumps from Baxter. These pumps include an integrated drug library that helps ensure every medication is infused at the correct rate and dosage. An organization set a goal for staff to use the drug library at least 95% of the time. The Registered Nurses in the Infusion Center have consistently achieved 100% utilization. This outstanding performance significantly reduces dosing errors and enhances patient safety.

Patient Experience: All patients are offered surveys about their experience at the Infusion Center, and approximately 50 patients complete real-time surveys each month. Clinic leadership follows up on any negative feedback to ensure concerns are addressed promptly. One of our strongest performance metrics is the Net Promoter Score (NPS), which reflects how likely patients are to recommend our facility. Over the past four months, the Infusion Center achieved an NPS of 93.3, placing us in the 85th percentile. Our lowest performing metric is Easy to Schedule. Over the past four months, we received a score of 65.4, placing us in the 47<sup>th</sup> percentile. We are actively working to increase our patient capacity to ensure more timely appointment availability and improve the scheduling experience.

<u>Employee Satisfaction</u>: This year, employees participated in a safety-culture survey administered from February through March 2025. All seven staff members completed the assessment. High-performing domains included discussions on error prevention, effective teamwork within the unit/department, and active efforts to enhance patient safety. The lowest-performing item indicated concerns regarding the effectiveness of teamwork between physicians and nurses within the hospital.

## Policy, Strategic or Tactical Issues

- 1. Maintain focus on increasing referrals from community physicians while ensuring care delivery emphasizes quality.
  - a. Physician Liaison rounding at physician offices providing information about Infusion Center.
- 2. Ensure adequate staffing to accept all referrals; continue recruiting employees based on volume to expand service line.
  - a. Partner with Sequoia Regional Cancer Center to have per diem nurses trained at both locations to assist with coverage.
  - b. Increase staffing levels in alignment with patient volume growth.
- 3. Continuously monitor and maintain a fiscally responsible payer mix for financial sustainability.
- 4. Continue robust marketing efforts to maintain competitive position in the regional market.
  - a. Update website to include patient testimonials, new photos, and relevant information to support both patients and community physicians.
  - b. Increase social media posts to increase awareness and engagement

- c. Present at Case Management Department staff meeting to inform staff and streamline referral process from inpatient care.
- d. Revise and enhance printed material, including flyers and physician informational packets, for effective distribution to patients and community providers.
- 5. Optimize order sets to ensure medication regimens align with evidence-based best practices.
- 6. Engage in monthly collaboration with Pharmacy department to evaluate medication costs and track ordering trends for financial oversight.

## Recommendations/Next Steps

- 1. Sustain strong productivity to support ongoing financial performance and growth.
- 2. Continuously monitor all quality measures to maintain high performance.
- 3. Maintain and strengthen interdisciplinary collaboration with pharmacy and marketing departments to enhance operations and reach strategic initiatives.

## Approvals/Conclusions

In the coming year, Kaweah Health Infusion Center will focus on:

- 1. Prioritize evaluation of profitability and contribution margins to identify strategic opportunities for volume growth.
- 2. Implement measures for cost containment and operational efficiency.
- 3. Enhance patient satisfaction and promote the advancement of clinical excellence.

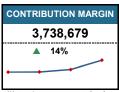
#### **Infusion Center**

#### **KEY METRICS - FY 2025**











#### **METRICS SUMMARY - 4 YEAR TREND**

METRIC	FY2022	FY2023	FY2024	FY2025		NGE FROM RIOR YR	4 YR TREND
Visits	2,280	2,238	2,326	2,548	<b>A</b>	10%	_/
Net Revenue	\$10,627,487	\$11,294,922	\$11,971,011	\$15,415,760	<b>A</b>	29%	
Direct Cost	\$7,529,072	\$8,243,301	\$8,753,399	\$11,736,346	<b>A</b>	34%	
Additional Reimbursement	\$54,523	\$109,020	\$64,478	\$59,265	▼	-8%	
Contribution Margin	\$3,152,938	\$3,160,641	\$3,282,090	\$3,738,679	<b>A</b>	14%	
Indirect Cost	\$1,483,475	\$1,257,992	\$1,826,325	\$1,698,386	▼	-7%	
Net Income	\$1,669,463	\$1,902,649	\$1,455,765	\$2,040,293	<b>A</b>	40%	<b>/</b> /
Net Revenue Per Visit	\$4,685	\$5,096	\$5,174	\$6,073	<b>A</b>	17%	
Direct Cost Per Visit	\$3,302	\$3,683	\$3,763	\$4,606	<b>A</b>	22%	
Contrb Margin Per Visit	\$1,383	\$1,412	\$1,411	\$1,467	<b>A</b>	4%	

#### Per Visit TRENDED GRAPHS



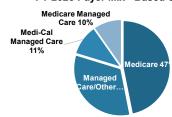




PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2022	FY2023	FY2024	FY2025
Medicare	44%	41%	41%	47%
Managed Care/Other	31%	35%	35%	33%
Medi-Cal Managed Care	14%	10%	11%	11%
Medicare Managed Care	10%	12%	13%	10%
O	<b>500</b> /	F00/	F 40/	F.C.0/
Combined Medicare	53%	53%	54%	56%

FY 2025 Payer Mix - Based on Visits



# **MAGING SERVICES.PDF**

# Kaweah Delta Health Care District Annual Report to the Board of Directors FY 2025 FY 2025 Update

## **Imaging Services**

Renee Lauck, Director (559) 624-2345 November 10, 2025

## **Summary Issue/Service Considered**

#### Financial Summary

Imaging Services encompasses 13 outpatient-imaging services located throughout Kaweah Health. Outpatient imaging had a contribution margin of \$11.1 million in FY25, which is an increase from 10 million in FY24. Patient visits were up 4%, ending at nearly 52,000 patient cases.

The four services accountable for the majority of the contribution margin include services at Kaweah Health Imaging & Breast Center (KHIBC) and Kaweah Health Diagnostic Center (KHDC);

- (Computed Tomography also known as Cat Scan (CT)
- Magnetic Resonance Imaging (MRI)
- Breast Center exams including biopsies and specialized breast procedures
- Positron Emission Tomography CT (**PET/CT**)

These departments collectively provided \$7.8 or 70% of the total contribution margin. Financial performance has remained strong over the past four fiscal years, with a similar positive trend continued into FY 2025.

### The top four contributors to net revenue for FY25:

- MRI is our top performer with a total of 4,511 patient visits, up 12% from FY24. Total contribution margin was \$2.7 million up 13% and the highest of the last 4 years. Net revenue increased p by 6%. Expenses increased in FY 25, associated with staffing to meet community need, as well as an increase in equipment service, which is being seen across all service lines, due to the labor market with engineers and companies struggling to fill positions. We realized an increase in net revenue per case, due to higher reimbursement rates from all payers.
- Breast Center patient visits decreased by 7% due to having 3 licensed mammographers
  retiring in FY24 and early FY25. Although volumes decreased, the total contribution margin
  was nearly 2.2 million, very similar to FY24. Expenses were up slightly due to less volume,
  increases in service cost and training of new staff in mammography. Staff must perform a
  certain number of mammograms under direct supervision by a licensed mammographer, prior
  to sitting for state and national boards.
- **CT** appreciated a 5% increase in patient visits in FY25, ending in 4,715 total visits. Total contribution margin per case was \$1.5 million, down 2% from FY24. Expenses were up 19% in FY 25 from FY24. Increases were an RN who covers all services at the imaging center, as well as repair and maintenance costs, as mentioned above.
- **PET/CT** patient visits decreased slightly by 2%, while contribution margin increased by 6% in FY25. Although patient visits were down, our contribution margin increased by nearly 1.5 million from prior year. Net revenue increased by 11%, currently at \$2,205 per study, this is mainly due to reimbursement increases with most payers. Volume completed in this area is

attributed mostly to oncology. We saw a decrease in cardiac PET/CT completed and will be evaluating this portion of our service in the coming year, as the nuclear generator lease is high.

#### Regulatory and Accreditation

- American College of Radiology (ACR) accreditation exists in the following modalities.
  - o CT KHIBC/KHMC ACR in place
  - o Breast Ultrasound KHIBC ACR in place
  - o Mammography KHIBC ACR in place
  - Affirm Stereotactic Breast Biopsy ACR in place
  - Breast MRI KHIBC ACR in place
  - MRI KHIBC/KHMC ACR in place
  - Ultrasound KHMC ACR in place
  - Ultrasound KHIBC ACR in place
- As we continue to get Nuclear Medicine & Noninvasive Cardiology Ultrasound services fully staffed, we will begin moving towards accreditation in these areas.

#### Project Plans for 2025-2026

- KHMC CT Replacement of existing CT scanners with a high speed system that also has the
  ability to perform cardiac CT. Many facilities are using this technology to perform studies in the
  ED prior to going for a heart cath.
- KHMC Diagnostic Radiology –Diagnostic will be replacing one of our oldest units that is at end of life with a new Fuji unit radiology and fluoroscopy unit. Because of the size of our room, options were extremely limited.
- **KHIBC MRI** Replacing current 1.5 T MRI magnet with new 3.0 T MRI unit. This new unit will give us the ability to perform prostate MRI cases, which is vital for our cancer program.

#### Staffing/Operations FY 2025- Projected FY 2026

Staffing is down slightly in CT at (KHMC) while we work to recruit and train new staff to sit for their boards. Mammography is fully staffed with the last of our team having taken and passed their state and national exams in order to perform mammography. MRI and ultrasound (KHIBC) remain fully staffed at this time. As of FY 2025, our outpatient staffing tends to remain relatively stable.

#### KHMC Nuclear Medicine:

- Nuclear Medicine volumes for outpatients are down slightly due to ability to cover all areas with LOA and one open position.
- Kaweah Health Diagnostic Center (KHDC) Positron Emission Tomography (PET/CT) and KHDC Cardiac Nuclear medicine services
  - Our PET/CT for oncology continues to be busy and performing well financially. We have one position posted for a nuclear medicine technologist.
  - Our technologists at this site rotate between cardiac nuclear medicine stress tests and oncology/cardiac PET/CT. Last year we fully cross trained our licensed nuclear medicine technologists to work at all sites, which has helped our ability to open schedules in our outpatient areas.

## **Quality/Performance Improvement Data**

#### **Employee Engagement**

- We saw increases in employee engagement in nearly every area this year, with the exception of CT and Ultrasound Our leadership team has done a lot to improve employee engagement scores over the last year with some adjustments to our management team that focuses on leaders oversee departments where they have a high level of expertise or licensure in. Our team will continue to work with our human resources team to create clinical ladders in those areas where missing, which we believe will improve engagement scores and give our teams an ability to grow in their careers as licensed technologists.
- Imaging aides moved over to the transport team in FY 2025, which has been somewhat challenging the teams.

#### **Monthly Performance Improvement and Quality Assurance**

- Procedure complication rates
- Misadministration involving radionuclides or radiation.(required)
- Cat Scan (CT) and Ultrasound (US) turn-around times (TAT), tracking exams from order to completion for emergency department, with a focus on CT and US cases. CT has met ED TAT goals for 11 out of 12 months in FY2025. We attribute this to being fully staffed as well as having the 3<sup>rd</sup> scanner up and running. US met ED TAT goals for over a year.
- Mammography recall rates by radiologist (required)
- Quarterly repeated/rejected images in mammography (required)
- Diagnostic Repeat Analysis (required)
- Image Quality and education
- Duplicate/conflicting Impressions
- MRI safety incidents
- MRI burns
- Critical Findings
- Fluoroscopy and lead apron QA
- Preventative Maintenance on every unit in imaging services is completed according to manufacturer guidelines.
- Medical Physics testing completed yearly

#### Organization, Safety and Quality (SAQ) Patient and Employee Safety Initiatives

- Accurate Tests and Treatments All staff assigned two identifier learning module.
- Patient fall prevention & education remains a strong priority.
- Unit Based Council (UBC) Our UBC remains strong and is an active foundation for our staff to share items of concerns and thoughts for improvements.
- All staff go through radiation safety training.
- CT staff complete a yearly dose reduction/radiation safety course, as required by CDPH and Joint Commission.
- MRI staff and anyone working in the MRI space, complete a yearly MRI safety course, as required by CDPH and Joint commission. This includes transport staff.
- Anyone entering MRI is screened prior to entering the tech area in Zone III initially and then annually as necessary.(required)

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

- All imaging policy manuals were updated and approved as required. Several updates put in place to help our physicians expedite care.
- Our department continues to review equipment-nearing end of life with the teams who use it.
   Our radiologists are always invited to join us in reviewing equipment. Our goal is to replace

- equipment before we get to a point we are no longer able to source parts. We must guarantee our units are providing quality exams for our patients, keeping (ALARA) As Low As Reasonably Achievable radiation practices in place. Newer equipment is developed with radiation safety in mind.
- Implementation of daily huddles and for Ultrasound and CT procedures at KHMC has helped
  with procedure turnaround times as well as assuring the entire team of nursing, leaders and
  radiologists review procedures daily to help coordinate care for each case. Our goal is to assist
  with length of stay issues while we work to decrease time from order to complete. Some cases
  may have unavoidable delays due to patients needing to be off certain medications or having
  certain lab values that ensure a safe procedure.
- We continue to work closely with the radiologists at Mineral King Radiology Group. Dr. Julia Talley has begun working with our leadership team on quality, safety and informatics within imaging services and is in the process of reviewing protocols in each modality as well as all of our safety initiatives and reports. Dr. Talley is very engaged in making improvements.

## **Recommendations/Next Steps**

- As of FY 2026, we continue to review possible staffing and equipment needs for all imaging
  and noninvasive cardiology teams at Kaweah Health. Our goal is to remain relevant with the
  latest equipment, assuring efficiency and patient care as our primary focus. Our leadership
  teams are focused on providing a positive working environment for our staff and being
  accountable for providing a safe environment for our patients, while complying with all
  regulations.
- One of our goals in imaging services is to remain competitive and relevant for our referring
  providers and our patients while we strive to schedule patients as quickly as possible to assure
  patients get timely and accurate results This is at the core of all of our service lines.

## **Approvals/Conclusions**

#### **Future in Imaging Services**

- With noninvasive cardiology now reporting under Imaging Services, we have begun working
  closely with the teams to identify improvements that enhance service line availability. Staffing
  engagement with noninvasive ultrasound team is high. The team is enthusiastic about
  collaborating with Imaging Services, and we have already implemented several measures to
  improve nighttime efficiency for ED patients.
- We continue to receive feedback regarding the call in line for patients and physician offices and are working to see what we can do to help the scheduling team with the customer experience perceptions. We actively support the scheduling teams work with imaging leaders if they are not able to schedule a patient within a maximum of two weeks. This has been challenging and we continue to struggle in this area. This department is extremely busy and scheduling is a challenging process to learn as each of the 12 service lines are specialized with knowledge necessary for each area regarding protocols, orders, accepting diagnosis needed for certain studies along with reimbursement and insurance needs.
- We must continue to market services as we work to expand and plan for growth and new technology. It's imperative we remain competitive with technology and specialized services that are profitable and necessary in the community.
- As mentioned in the FY 24 board report, we have begun to review the possibility for creating a
  women's center. We hope to include the breast center, obstetrical ultrasound and additional
  services specifically designed for women.
- As we look to expand services at the hospital, the need for a 2<sup>nd</sup> MRI will be necessary to continue to meet demands of emergency and inpatient departments.

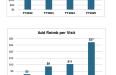
Patient Visits 51,935	NET REVENUE \$18,797,719	\$7,701,903	\$11,095,816	NET INCOME \$7,853,918
	12%	20%		5%

METRICS B'	SERVICE	LINE - F	Y 2025

SERVICE LINE		NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME	CONTRB MARGIN per VISIT
MRI Kaweah Health Img Ctr	4,511	\$3,370,111	\$671,840	\$2,698,272	\$2,204,256	\$598
Breast Center Kaweah Health Img Ctr	9,681	\$3,339,057	\$1,179,945	\$2,159,113	\$1,628,079	\$223
CT Scan Kaweah Health Img Ctr	4,715	\$2,206,145	\$722,412	\$1,483,733	\$987,781	\$315
PET Scan Kaweah Health Img Ctr	1,477	\$3,256,944	\$1,807,997	\$1,448,947	\$1,141,363	\$981
Ultrasound Kaweah Health Img Ctr	5,154	\$1,272,279	\$368,670	\$903,609	\$746,745	\$175
Ultrasound Downtown Campus	3,712	\$1,222,057	\$406,486	\$815,571	\$674,227	\$220
Diag Imaging Kaweah Health Img Ctr	11,569	\$1,707,724	\$921,644	\$786,079	\$212,010	\$68
Diag Imaging South Campus	9,378	\$994,320	\$479,052	\$515,268	\$308,325	\$55
Nuclear Medicine Downtown Campus	739	\$630,790	\$534,318	\$96,473	(\$111,273)	\$131
Diagnostic Imaging Downtown Campu	285	\$227,580	\$159,256	\$68,325	\$18,485	\$240
CT Scan Downtown Campus	265	\$475,043	\$412,747	\$62,296	\$10,265	\$235
MRI Downtown Campus	79	\$56,989	\$17,019	\$39,970	\$27,052	\$506
Diag Img UCC Demaree Walk-in	370	\$38,680	\$20,519	\$18,162	\$6,604	\$49
Outpatient Imaging Services Total	******* ***********	\$18,797,719	\$7,701,903	***********	* ********* ***	**** **********

#### METRICS SUMMARY - 4 YEAR TREND

ETRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YR TRENE
Patient Visits	******* **************	****** ************	****** ***********	****** ******	▲ 5%	
Net Revenue	***********	********** *********	********** *********	************	<b>▲</b> 12%	
Direct Cost	***********	********* *********	**********	********** ***	▲ 20%	
Additional Reimb	*********	******** ***********	*********	********** ***	<b>▲</b> 170%	/
Contribution Margin	***********	********* *********	********** *********	************	▲ 7%	
Indirect Cost	***********	********* *********	**********	********** ***	<b>▲</b> 12%	100
Net Income	***********	********* *********	**********	***********	▲ 5%	
Net Revenue per Visit	**** ***************	**** *************	**** ************	**** *******	▲ 7%	
Direct Cost per Visit	**** ***************	**** *************	**** ************	**** ********	<b>▲</b> 15%	
Add Reimb per Visit	** *****************	** **************	*** *************	*** ********	▲ 158%	
Contrb Margin per Visit	**** ****************	**** *************	**** ************	**** *******	▲ 2%	
CM w/o Add Reimb per V	i: <i>0000 0000000000000000000</i>	**** ************	**** ************	**** ********	▼ -6%	

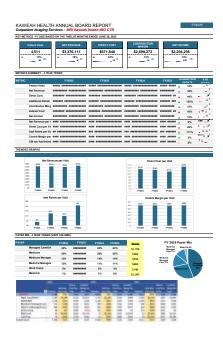








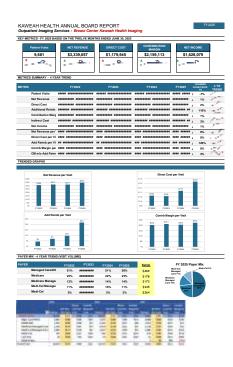
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SE ACTUAL D	- 4	300	100	440						100	100	200
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Set-Peri		3.00	4,68	-								
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and the						94	(848	103.0				
anni mini		100	0.01	1881	-	100	\$10.0	0.00		7,000	100	
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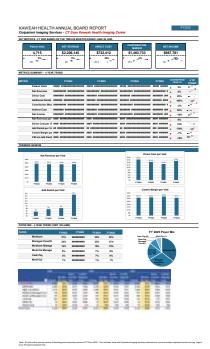


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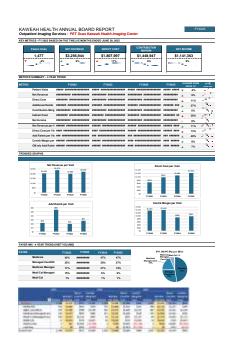




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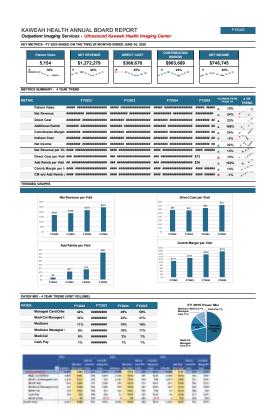








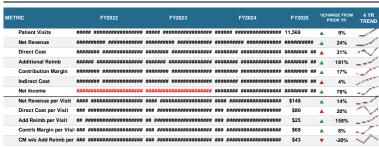


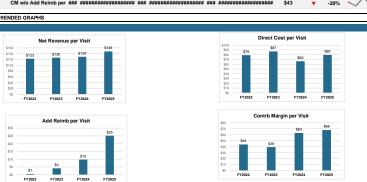






Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
11,569	\$1,707,724	\$921,644	\$786,079	\$212,010
<b>▲</b> 9%	▲ 24%	<b>▲</b> 31%	▲ 17% ————	▲ 78%





YER		FY202		FY2023	FY2	2024	FY2025				FY 202	25 Payer I	Иiх
Managed Care/Othe	r	43%	. ###	######	3	9%	41%		Med	Ca:	sh Pay 1%	Worl	Comp 1
Medicare		25%	. ###	#####	24	4%	24%				Medi-C		
Medicare Managed	Car	14%	. ###	######	18	8%	19%				Manage Care 14		
Medi-Cal Managed	Carı	15%	. ###	"""""	10	6%	14%				Medicare Managed		her
Work Comp		2%		######		1%	1%				Care 19%	-11	
Medi-Cal		1%		######		1%	1%				Medicard	24%	7
Cash Pay		1%		######		1%	1%						
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Name and Address of the Owner, where the Owner, which is	2.104		107		#100EE			800	11,500	Street		-	
MgR Carry Other	A 199	5350	586	865	4,100			- 679	4,747	3041	576	564	
MEDICAN	LAN	5009	Ser	307	2,985			592	3.707	dain	580	549	
Motica's Managed Care	2,791	2039	100	309	1,314	3100	500	219	2,004	2037	bes	10	
Most-Cal Managed Line	1,400	100	int	1541	1,079	Heart .	507	910	1.80	9034	594	3100	
Wekcesp	176	Ann	in	(m	111	6115	500	500	1/00	1000	Sec	im	
MIDI-CAL	100	5700	jcte.	540	80	8105	579	90	400	541	571	\$26	
Cash Fey	10	34.59	\$111	167		3102	967	990	M	1471	590	8381	
ed Total	9.794	1036	187	6.00	35,652	HEAV	500	340	23,446	2004		Sept.	

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SeculOS CR.	Column Labor, 1				Harris.	risp FF (A)	104,000	Sing-Hil			
Expenses	2600 (1.77)	368	200	2608	\$6/77 DK	INTERNA	to FF DE	00T/SA			
NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND PORTY AND	200 884	211.140	344.101	201400	37%	- 19	10.800	hi			
NAMED DRAWNS and College Authors.	46.356	27.100	HE 100	W.40	179	44	4.00	10.0			
SETTE Senior Associate	11.300	96.002	26.671	107.049	Ph	27%	0.275	181			
Select Support Mar Suppl Comme	11366	11,000	11,004	90.000 9,700	-7%	49	(9.78%)	- 63			
NAMED OF BRIDGE PARKET	144	11.801	8.425		129	349	0.735	-8.5			
SOURCE DRIVE Disposer.		4.111	4.40	10,950	- 0	500%	- 564	- 5.5			
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school Lawrence And Taxasi	100	6 Feb.		4.7%	-00		(0.799)	1.0			
100000 Sepa and Subscriptors	164			3,784		1 Herbin		- 63			
Authority Trians		. 10	246	1.18	7070	779	490	7.64			
Enand Times	THEMS	252.544	944-001	386.186	Addis	36.	V918-3680	2007			











METRICS SUMMARY - 4 YEAR TREND

TRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR YR	4 YF
Patient Visits	*** **************	*** **************	***** ************	3,712	<b>⊿</b> 74%	
Net Revenue	*********	********	******** ************	******	<b>▲</b> 47%	
Direct Cost	*********	******** ***********	******** ************	####### ##	<b>▲</b> 79%	
Additional Reimb	****** ************	****** ************	******** *************	####### ##	<b>▲</b> 323%	
Contribution Margin	********	********	*********	*********	<b>▲</b> 35%	_
Indirect Cost	******	******* ***********	******** *************	####### ##	<b>▲</b> 67%	_ ~
Net Income	*********	******** ***********	******** ************	####### ##	<b>▲</b> 30%	_
Net Revenue per Visit	**** **************	**** *************	**** **************	\$329	<b>▼</b> -15%	_
Direct Cost per Visit	**** **************	**** **************	**** ***************	\$110	<b>▲</b> 3%	***
Add Reimb per Visit	** ****************	** ****************	*** ***************	\$72	<b>▲</b> 143%	
Contrb Margin per Visi	t #### ###############################	**** *************	**** *************	\$220	<b>▼</b> -22%	_
CM w/o Add Reimb per	**** **************	**** ******************	**** ***************	\$147	<b>-42%</b>	-

#### RENDED GRAPHS





PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2022	FY2023	FY2024	FY2025	
Medi-Cal Managed Care	30%	*******	48%	42%	
Managed Care/Other	30%	*********	29%	40%	
Medicare	24%	########	11%	10%	
Medicare Managed Care	8%	******	8%	5%	
Medi-Cal	4%	########	4%	2%	
Cash Pay	4%	########	1%	1%	



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		****		Desired Players Seed		Marian Marian	Contract Contract	Magne		method method	CHERN	Magra State
Manager Committee	1000	\$600	3630	THE RES	3.64	5,980	3000	1000	3.00	£310		DECEMBER OF
Mind. Cal Manageri Lara	300	2300	9479	1577	1,621	8100	576	. 56	1,916	6210	1000	5110
High Carel Difer	311	11.10	\$138	MALY	466	901	5000	8540	1,600	6142	386	540
MOKAM	840	9400	1160	6410	270	6700	306	\$860	142	6110	1113	340
Strolling's Managed Cale	211	6101	4100	Burn	. in	BARK	6294	1607	181	9442	1179	549
RRID-CAL	- 111	\$22.5	2130	timi	- 81	5000	581	565	100	100	508	nin
Cook Proy	41	576	3424		- 84		390	500	- 41		5140	(34)
SECOLO E entre									1	3110		346
rumit field	814	T BAAN	3440	9400	3.130	1 1 1 1 1 1 1	June	1961	5.714	1100	1110	\$100

Note: All visits with a primary service of Radiology and secondary service of Ultrasound Downtown Campus. This excludes visits with Outpatient Imaging services performed as a part of another outpatient service line (eg.

#### FLUCTUATES W/ volume and case mix.

Deers Cargery	266		n=itti		TOMPHOUSE STORE	ment there is no	Andrea pro-	
Securitoria	Colore Librio 77				DESTRE	DETER	50% (Y2)	\$00 F20
Elepaner	3423	PRET	2024	JR85	Service .	to PF 25 Anti	m1938	In PV 25 Ann
ACCORD Technological & Types	074400	1,007,004	4.094,011	1,249,425	199	STATE STATE	125,407	206.01
SOUTH Registered National	19.368	35.712	101 646	.119,106	166%	95	14.199	76.49
600killi Ades and Orderies	2-66			4.425				4.60
604 DBD Cosphoral PSCA			(2.400)			140%	12,400	1.40 N.81 40.14
864 TMI Danadas Alocation	296,962	200 BIT	285,401	363,006	11%	174,	67,415	Ni. 24
ACCRET Surgicar Med Sugar - Greenal	136,067	160,766	150,363	190,010	-0%	27%	ADMINDS.	40.14
COLUMN Segment and Marchestoner	.0.461	40,219	64,000	10.904	MPS.	-11%	13,110	PUZY
NESSEE Door and Suppose them.	2410			2,000				9.50
Name Total	1205404	LANGE BEE	120.36	2.29Y.000	129	200	116,342	801,211









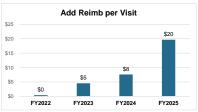


METRICS SUMMARY - 4 YEAR TREND

TRIC	FY2022	FY2023	FY2024	FY2025		CHANGE M PRIOR YR	4 YR TREN
Patient Visits	7,962	9,525	9,951	9,378	•	-6%	
Net Revenue	####### #############	####### ################	####### ##############	\$994,320	<b>A</b>	9%	
Direct Cost	####### #############	####### ################	####### ##############	\$479,052	•	-4%	
Additional Reimb	##### ###############	###### ################################	###### ################################	\$184,294	<b>A</b>	144%	
Contribution Margin	####### ##############	####### #################	####### ##############	\$515,268	<b>A</b>	24%	
Indirect Cost	####### #############	####### #################	####### ###############################	\$206,943	•	-7%	
Net Income	###### ###############	####### #################	####### ##############	\$308,325	<b>A</b>	58%	
Net Revenue per Visit	\$79	\$86	\$92	\$106	<b>A</b>	15%	
Direct Cost per Visit	\$46	\$49	\$50	\$51	<b>A</b>	2%	_
Add Reimb per Visit	\$0	\$5	\$8	\$20	<b>A</b>	159%	
Contrb Margin per Visit	\$33	\$37	\$42	\$55	<b>A</b>	31%	
CM w/o Add Reimb per Vi	\$32	\$33	\$34	\$35	<b>A</b>	3%	

#### TRENDED GRAPHS



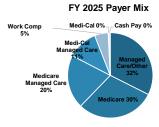






#### PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2022	FY2023	FY2024	FY2025
Managed Care/Other	30%	28%	31%	32%
Medicare	29%	31%	31%	30%
Medicare Managed Care	16%	19%	20%	20%
Medi-Cal Managed Care	18%	16%	13%	11%
Work Comp	5%	4%	4%	5%
Medi-Cal	1%	1%	0%	0%
Cash Pay	1%	1%	1%	0%

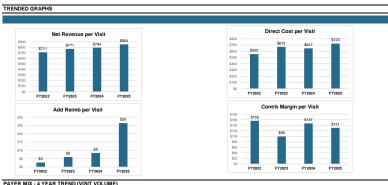


	2023				2024				2025			
l.T	Volume	Net Nev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Volume	Not Rev Per Case	Direct Cost Por Case	Contrib Marg Per Case	Volume	Net flev Per Case	Direct Cost Per Case	Contrib Marg Per Case
Diagramaging South Campa	9,525	\$86	549	\$17	9,951	592	\$50	542	9,378	\$106	551	555
Mgd. Care/Other	2,712	\$100	544	\$65	3,118	5105	\$45	\$60	3,040	\$104	546	558
MEDICARE	2,943	\$76	549	\$26	3,092	\$80	\$51	529	2,796	\$85	\$51	\$32
Medicare Managed Care	1,831	\$79	\$51	528	1,967	\$80	\$51	\$10	1,909	\$82	\$55	\$27
Medi-Cal Managed Care	1,490	577	\$57	\$20	1,249	5113	\$63	\$50	1,075	\$226	\$63	\$163
Work Comp	421	\$62	537	525	421	\$67	\$40	527	485	\$77	542	\$35
Cash Pay	00	5122	546	576	55	5111	\$48	563	40	\$139	\$50	590
MEDI-CAL	68		\$56	\$63	49	\$128	561	567	21	\$95	\$54	539
Grand Total	9,525	586	549	\$37	9,951	592	\$50	542	9,378	\$106	551	\$55

Note: All visits with a primary service of Radiology and secondary service of Outreach Img South Campus. This excludes visits with Outpatient Imaging services performed as a part of another outpatient service line (eg. Urgent Care, Emergency Department).



RIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR Y	4 YI R TREI
Patient Visits	*** ***************	*** **************	*** ***************	739	<b>▼</b> -16%	
Net Revenue	********	*******	*********	####### ##	<b>▼</b> -10%	1
Direct Cost	*********	********	******** ************	********* ***	▼ -6%	$\mathcal{L}$
Additional Reimb	****** ************	****** ************	****** ************	\$19,529	<b>▲</b> 163%	
Contribution Margin	*********	******* ************	******** ************	\$96,473	<b>▼</b> -25%	V
Indirect Cost	*********	********	******** ************	**********	<b>△</b> 2%	_^
Net Income	***************************************	***************************************	***************************************	**********	<b>▼</b> -49%	$\sim$
Net Revenue per Visit	**** **************	**** *************	**** *************	\$854	<b>▲</b> 8%	-
Direct Cost per Visit	**** **************	**** *************	**** **************	\$723	<b>▲</b> 12%	1
Add Reimb per Visit	** ****************	** **************	** ****************	\$26	<b>▲</b> 213%	
Contrb Margin per Visit	***** ****************	*** *************	**** **************	\$131	<b>▼</b> -11%	
CM w/o Add Reimb per	**** ******************	*** **************	**** **********************************	\$104	<b>▼</b> -25%	\ .



AYER		FY:	2022	FY20	23	FY20:	24 ∣	FY2025					Payer Mix
Managed Care	Other	3	9%	#######	##	46%	5	45%			Medi-Ca Manage Care, 14		Medi-Cal,
Medicare		2	5%	******	##	28%	,	26%			Gare, 14		
Medicare Mana	ged Care	1	6%	*******	##	15%		14%			Medi		Managed Care/Other.
Medi-Cal Mana	ged Care	1	8%	*******	##	8%		14%			Mana Care,	14%	45%
Cash Pay		1	1%	#######	##	1%		1%				Medicare, 26%	
Medi-Cal			1%	#######	##	1%		1%					
	30019		Deed	County	MH.	_	Const	Overe .	-	_	The state of	Destab	
		-	-	Marginal		-	turns.	Wag ran		-	<b>-</b>	Magnet	
Charles Maderia		4/16	100	Ann	Make the	100	fast mark	100	100	Cons	100	Care Live	
Mad. Care/Other	-	8180	10/79	1117	- 60	81,000	tek		333	SEASON.	108	6153	

			Property leading	Carte				Desire.			The S	Dorbelle
	-	-		Margine	-			***	-			727
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METRICS SUMMARY - 4 YEAR TREND
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METRIC	FY2022	FY2023	FY2024	FY2025		NGE FROM RIOR YR	4 YR TREND
Patient Visits	### ###################################	### ###################################	### ###################################	265	<b>A</b>	24%	/.
Net Revenue	####### ###############################	######## ##############################	**********	####### ##	<b>A</b>	50%	~/
Direct Cost	*********	*********	******* *******************************	##################	<b>A</b>	400%	~/.
Additional Reimb	#### ##################################	##### #################################	###### ################################	\$9,950	<b>A</b>	592%	/
Contribution Margin	*********	*********	*********	\$62,296	•	-73%	~^
Indirect Cost	******* **************	******** ******************************	******* *******************************	\$52,031	<b>A</b>	82%	$\wedge$
Net Income	*********	******** ******************************	*********	\$10,265	•	-95%	$\overline{}$
Net Revenue per Visit	******* *******************************	******* *******************************	****** ********************************	\$1,793	<b>A</b>	21%	/-/
Direct Cost per Visit	**** **********************************	##### #################################	**** **********************************	\$1,558	<b>A</b>	304%	~/
Add Reimb per Visit	** ************************************	*** *****************	** ******************	\$38	<b>A</b>	459%	/
Contrb Margin per Visit	**** **********************************	**** **********************************	****** ********************************	\$235	•	-79%	·-/\
CM w/o Add Reimb per V	***** *********************************	**** **********************************	****** ********************************	\$198	•	-82%	

#### TRENDED GRAPHS





PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2022	FY2023	FY2024	FY2025	
Medicare	36%	##############	34%	38%	
Managed Care/Other	31%	##############	31%	26%	
Medicare Managed Care	17%	###############	25%	18%	
Medi-Cal Managed Care	12%	#########	6%	16%	
Medi-Cal	1%	#########	3%	2%	
Cash Pay	3%	##############	1%	1%	



	2023			- 1	2024				2025			
	Votame	Not Rev Per Case		Contrib Marg Por Cour		Not Rev Per Case		Combits Marg Per Case	Netrania	Not hex Per Case	Direct Cent Per Case	Contrib Marg Per Case
CI bear	221	52,570	51,011	\$663	314	51,480	5385	SILING	345	\$1,793	\$3,558	\$236
MEDICARE	86	51,938	\$1,168	5543	23	\$1,651	5541	\$1,112	100	\$2,063	\$2,831	(\$260)
Mgd. Care/Other	59	51,902	5749	51,152	66	\$1,656	5239	\$1,418	- 68	52,211	5990	\$1,281
Medicare Managed Care	40	51,415	51,036	5378	54	51,504	5440	\$1,065	47	\$2,005	51,815	5190
Medi-Cai Managed Care	24	5285	5604	(5330)	12	\$332	\$201	\$130	43	5489	5610	(5127)
MEDI-CAL	.9	5322	5277	545	- 6	\$237	599	5144	. 4	\$505	\$157	\$147
Cash Pay	3	\$5,300	5224	\$1,175		561	505	(54)	2	\$176	5256	[581]
Work Comp						501	\$101	[9420]	1	\$258	500	\$600
Grand Total	224	\$5,570	\$1,011	\$563	214	\$1,480	5385	\$1,095	765	\$1,793	\$1,558	\$235

Note: All visits with a primary service of Radidogy and secondary service of CT Scan Downtown Campus. This excludes visits with Outpatient Imaging services performed as a part of another outpatient service line (eg. Urgent Care, Emergency Department)



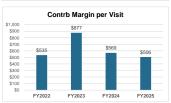
#### METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2022	FY2023	FY2024	FY2025	%CHANGE FROM PRIOR Y	4 YR R TREND
Patient Visits	88	### ###################################	### ###################################	79	▼ -25%	
Net Revenue	******* *******************************	*******	****** *************	\$56,989	▼ -33%	
Direct Cost	******* *************	******* ************	******* *************	\$17,019	▼ -32%	$\overline{}$
Additional Reimb	\$0	******* ************	****** **************	\$1,703	▲ 9%	$\wedge$
Contribution Margin	******* *************	******* ************	******* *************	\$39,970	▼ -33%	
Indirect Cost	******* *******************************	******	****** *************	\$12,918	▼ -19%	
Net Income	******* *************	******* ************	******* *************	\$27,052	▼ -38%	$\wedge$
Net Revenue per Visit	#### ##################################	###### ################################	#### ##################################	\$721	▼ -11%	$\overline{}$
Direct Cost per Visit	**** **************	**** **************	**** ***************	\$215	▼ -10%	$\sim$
Add Reimb per Visit	\$0	**** *************	*** ****************	\$22	<b>▲</b> 45%	$\wedge$
Contrb Margin per Visit	**** **************	**** *************	**** **************	\$506	▼ -11%	$\wedge$
CM w/o Add Reimb per V	/ #### ###############################	**** *************	**** *****************	\$484	▼ -13%	-

#### TRENDED GRAPHS







#### PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2022	FY2023	FY2024	FY2025
Managed Care/Other	43%	#########	45%	56%
Medicare	18%	#########	20%	19%
Medi-Cal Managed Care	19%	9%	15%	13%
Medicare Managed Care	11%	#########	10%	6%
Work Comp	7%	2%	8%	4%
Cash Pay	1%	1%	1%	3%



33	2021				3024				2025				
S	Valania	Net Nev Per Case		Contrib Marg Per Case		Not flow Pur Cose		Contrib Marg Per Case		Next New Peri Case	Offeet Cost Per	Contrib Marg Per Case	
1016	136	\$1,254	SSTT	SHITT	309	5800	\$240	\$566	. 71	5721	5233	\$148	
Mgd. Care/Other	41	\$3,149	5183	5900	47	51,270	5240	\$1,026	- 41	5975	\$210	\$700	
MEDICARE	36	\$323	\$190	5152	25	5114	5217	5117	15	5941	5198	5148	
Medi-Cal Manageri Care	38	1108	\$300	. 56	16	5545	5239	531.7	10	5537	\$273	5200	
Medicare Managed Care	37	5000	\$189	9462	11	5404	5258	51.45		5971	\$220	\$151	
Work Comp	. 2	5295	\$149	5142		5200	\$253	28943		5431	\$226	5208	
Cash Pay		58	\$130	CSA		\$2,763	5471	\$1,800	9	5253	5396	517	
MEDI-CAL	- 1	\$21,401	\$6,852	\$14,549	- 1	\$1,300	\$189	\$1,010					
Grand Total	8.00	\$1,254	\$137	\$477	105	5804	\$240	\$560	. 24	5721	\$315	\$500	

Note: All visits with a primary service of Radiology and secondary service line of MRI Downtown Campus. This excludes visits with Outpatient Imaging services performed as a part of another outpatient service line (eg. Urgent Care, Emergency Department).











METRICS SUMMARY - 4 YEAR TREND

TRIC		FY2022		FY2023		FY2024	FY2025		ANGE FROM RIOR YR	ı 4 YR TREN
Patient Visits	244		286		316		285	•	-10%	
Net Revenue	#######	***************************************	#######	######################################	#######	#######################################	\$227,580	•	-22%	
Direct Cost	#######	******	#######	* ************************************	#######	#######################################	\$159,256	<b>A</b>	10%	
Additional Reimb	\$438		\$965		\$1,238		\$7,817	<b>A</b>	532%	
Contribution Margin	#######	******	#######	#######################################	#######	#######################################	\$68,325	•	-53%	
Indirect Cost	#######	******	#######	#######################################	######	******	\$49,840	<b>A</b>	12%	
Net Income	#######	******	#######	#######################################	#######	#######################################	\$18,485	•	-82%	
Net Revenue per Visit	\$615		\$753		\$920		\$799	•	-13%	
Direct Cost per Visit	\$398		\$471		\$457		\$559	<b>A</b>	22%	
Add Reimb per Visit	\$2		\$3		\$4		\$27	<b>A</b>	600%	
Contrb Margin per Visit	\$217		\$282		\$463		\$240	•	-48%	
CM w/o Add Reimb per Vis	\$215		\$279		\$459		\$212	•	-54%	

#### TRENDED GRAPHS









PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2022	FY2023	FY2024	FY2025
Managed Care/Other	37%	34%	40%	33%
Medicare	32%	34%	29%	30%
Medicare Managed Care	13%	20%	23%	23%
Medi-Cal Managed Care	14%	7%	5%	12%
Work Comp	0%	2%	2%	1%
Medi-Cal	1%	1%	1%	1%

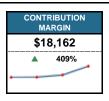


	2025				2024				2025			
A.v.	Volume	Net Rev Per Casa	Direct Cost Per Cose	Contrib Marg Per Care	Valume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Volume	Net Rev Per Case	Direct Cost Per	Contrib Marg Per Case
Diagnostifetninging	236	\$753	5471	5282	316	\$920	\$457	5463	295	\$799	\$559	5240
Mgd. Care/Other	96	\$861	\$246	5635	125	\$1,065	5544	\$521	93	5523	5354	5169
MEDICARE	98	\$737	\$594	5143	92	\$971	\$410	\$532	85	\$3,109	\$734	\$376
Medicare Managed Care	58	\$868	\$510	\$357	72	\$857	\$399	\$458	65	\$1,082	\$723	\$360
Medi-Cal Managed Care	20	\$249	\$827	(5578)	10	\$179	\$218	(\$38)	34	\$370	\$401	(\$31)
Work Comp		\$421	\$490	(509)		\$509	5479	\$30	-4	5249	5475	(5226)
Cash Pay	5	\$332	5634	(\$302)	1	527	\$110	(\$83)	2	\$20	\$112	(592)
MEDI-CAL	3	\$294	\$187	\$107	- 4	\$147	\$184	(\$37)	2	\$334	\$620	(\$286)
Grand Total	286	5751	\$471	5282	336	5920	\$457	5463	285	5799	\$559	\$240







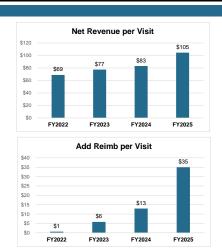




METRICS SUMMARY - 4 YEAR TREND

TRIC	FY202 2	FY202 3	FY202 4	FY 20 25		HANGE PRIOR YR	4 YR TREN
Patient Visits	317	343	348	370	<b>A</b>	6%	
Net Revenue	******* ************	###### ################################	###### ################################	\$38,680	<b>A</b>	34%	مستنا
Direct Cost	###### ##############	###### ################################	###### ################################	\$20,519	•	-19%	
Additional Reimb	\$198	##### #################################	###### ################################	\$12,945	<b>A</b>	187%	
Contribution Margin	(\$453)	(\$233)	###### ################################	\$18,162	<b>A</b>	409%	
Indirect Cost	###### ################################	******	###### ################################	\$11,558	<b>A</b>	2%	_
Net Income	********	*******	********	\$6,604	<b>A</b>	185%	
Net Revenue per Visit	\$69	\$77	\$83	\$105	<b>A</b>	26%	
Direct Cost per Visit	\$70	\$78	\$73	\$55	•	-24%	
Add Reimb per Visit	\$1	\$6	\$13	\$35	<b>A</b>	170%	
Contrb Margin per Visit	(\$1)	(\$1)	\$10	\$49	<b>A</b>	378%	
CM w/o Add Reimb per Vi	(\$2)	(\$6)	(\$3)	\$14	<b>A</b>	623%	

#### TRENDED GRAPHS







PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2022	FY2023	FY2024	FY2025
Managed Care/Other	50%	46%	42%	39%
Medicare Managed Care	11%	21%	15%	18%
Medi-Cal Managed Care	25%	19%	20%	17%
Work Comp	1%	1%	13%	16%
Medicare	11%	11%	7%	8%
Cash Pay	1%	1%	1%	1%
Medi-Cal	1%	1%	2%	1%



	2023				2024				2025			
	Volume	Not flev Per Case	Direct Cost Por Case	Contrib Marg Por Cose	Volume	Not Hev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Volume	Not hey Per Case	Direct. Cost Per Case	Contrib Marg Per Case
Diag Imaging UCC Demand	141	577	578	(54)	340	583	571	510	371	\$105	\$55	\$40
Mgd. Care/Other	158	599	569	\$30	3.67	598	\$66	\$32	145	5001	\$52	549
Medicare Managed Care	71	\$53	597	(543)	53	560	\$85	(525)	67	\$64	\$55	59
Medi-Cal Managed Care	66	577	\$80	(52)			573	529	64	\$240	556	5184
Work Comp	2	\$500	577	523	45	548	578	(530)	66	548	562	(534)
MEDICARE	34	\$42	\$82	(\$40)	24	\$44	\$77	(\$14)	29	\$41	\$55	(514)
Cash Pay	- 4	518	578	(560)	- 5	\$34	\$53	[539]	1	50	546	(\$46)
MEDI-CAL	3	544	\$46	(52)	- 6	5178	597	581	- 2	5128	5102	526
Grand Yotal	343	577	57B	(51)	348	\$83	573	510	370	\$105	555	549

Note: All visits with a primary service of Radiology and secondary service of Dig Img UCC Demaree. This excludes visits with Outpatient Imaging services performed as a part of another outpatient service line (eg. Urgent Care, Emergency Department).

## **November 19, 2025**

## Kaweah Delta Health Care District **Board of Directors Committee Meeting**



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

### KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS FINANCE, PROPERTY, SERVICES & ACQUISITION COMMITTEE **MINUTES**

Kaweah Health Medical Center 305 W. Acequia Avenue, Executive Office Conference Room (1st Floor)

#### Wednesday November 19, 2025

Present: Directors: David Francis (Chair) & Dean Levitan; Gary Herbst, Chief Executive Officer. Malinda Tupper, Chief Financial Officer; Marc Mertz, Chief Strategy Officer; Jennifer Stockton, Director of Finance, Jag Batth, Chief Operating Officer; Kelsie Davis, Board Clerk Recording

OPEN MEETING – Called to order at 10:01AM

**PUBLIC PARTICIPATION** -None

**MINUTES**- reviewed and forward to the Board for approval.

**SRCC RADIATION ONCOLOGY** – Renee presented a report on the financial statements and current financial status of Sequoia Regional Cancer Center's radiation oncology.

SRCC MEDICAL ONCOLOGY - Staff will present a report on the financial statements and current financial status of Seguoia Regional Medical Center's medical oncology.

#### TKC- REPORT WAS PULLED DUE TO NOT BEING DONE AND MOVED TO DECEMBER.

NW SENIOR HOUSING, LLC- Staff will present a report on the financial statements and current financial status of NW Senior Housing, LLC.

QUAIL PARK RETIREMENT VILLAGE, LLC - Staff will present a report on the financial statements and current financial status of Quail Park Retirement Village, LLC.

LAUREL COURT AT QUAIL PARK- Staff will present a report on the financial statements and current financial status of Laurel Court at Quail Park.

## **Kaweah Delta Health Care District Board of Directors Committee Meeting**



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

FINANCIALS- Review of the most current fiscal year financial results and budget.

ADJOURN – 11:33am David Francis, Board Secretary/Treasurer

## **November 19, 2025**



## Kaweah Delta Health Care District **Board of Directors Committee Meeting Minutes**

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

Patient Experience Committee – OPEN MEETING Wednesday, November 19, 2025 Kaweah Health Medical Center - Executive Office Conference Room

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

**CALL TO ORDER** – This meeting was called to order at 2:00 PM by Mike Olmos.

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

**MINUTES** – The minutes from the September 2025 meeting were reviewed.

#### PATIENT EXPERIENCE -

- 1.1. Deborah Volosin provided a report on the current phases of the Patient Experience initiative. (see Attachment 1.1. of the agenda)
- 1.2. Teresa Bobadilla presented the latest data from HCAHPS survey and reviewed the Patient Experience dashboard. (see Attachment 1.2. of the agenda)
- 1.3. Teresa Bobadilla shared July 2025 September 2025 HCAHPS trends. (see Attachment 1.3. of the agenda)
- 1.4. 1.6. Sintayehu Yirgu reported on patient experience MIDAS, lost belongings, and patient rounding metrics for the month of October. (see Attachment 1.4. – 1.6 of the agenda)
- 1.7. − 1.8. Discussion on remaining agenda items was deferred.

#### Adjourned at 3:10 PM

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

## Regular & Special Open Board Meeting

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY NOVEMBER 4, 2025, AT 10:00AM IN THE EXECUTIVE OFFICE CONFERNECE ROOM – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Levitan, Havard Mirviss & Murrieta; G. Herbst, CEO; R. Berglund, Legal Counsel.

The meeting was called to order at 10:00 AM by Director Olmos.

#### **PUBLIC PARTICIPATION** –None.

ADJOURN - Meeting was adjourned at 10:01AM

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

ATTEST:

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY NOVEMBER 7, 2025, AT 10:00AM IN THE EXECUTIVE OFFICE CONFERNECE ROOM – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Levitan, Havard Mirviss & Murrieta; G. Herbst, CEO; R. Berglund, Legal Counsel.

The meeting was called to order at 10:00 AM by Director Olmos.

#### **PUBLIC PARTICIPATION** –None.

ADJOURN - Meeting was adjourned at 10:01AM

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

ATTEST:

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY NOVEMBER 11, 2025, AT 10:00AM IN THE EXECUTIVE OFFICE CONFERNECE ROOM – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Levitan, Havard Mirviss & Murrieta; G. Herbst, CEO; R. Berglund, Legal Counsel.

The meeting was called to order at 10:00 AM by Director Olmos.

#### **PUBLIC PARTICIPATION** –None.

ADJOURN - Meeting was adjourned at 10:01AM

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

ATTEST:

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY NOVEMBER 13, 2025, AT 9:30AM IN THE EXECUTIVE OFFICE CONFERNECE ROOM – 305 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Levitan, Havard Mirviss & Murrieta; R. Berglund, Legal Counsel.

The meeting was called to order at 9:30 PM by Director Olmos.

**PUBLIC COMMENT- None.** 

ADJOURN - Meeting was adjourned at 9:31AM

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

ATTEST:

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY NOVEMBER 19, 2025, AT 4:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

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

#### **PUBLIC PARTICIPATION** –None.

ADJOURN - Meeting was adjourned at 4:00PM

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

ATTEST:

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY NOVEMBER 19, 2025, AT 5:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

The meeting was called to order at 5:17 PM by Director Olmos.

**ROLL CALL-** All Directors were present and a roll call is not necessary.

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

**PUBLIC PARTICIPATION** – None.

<u>CLOSED SESSION ACTION TAKEN</u>: In closed session the board approved the Medical Executive Committee's credentialing recommendations for November 2025. The board also approved the closed meeting minutes of October 22, 2025. There was also action taken by the Board to reject the claim on its merits pursuant to Government Code Section 54956.9.

The board met in closed session regarding the Chief Executive Officer position. The Board voted to appoint Marc Mertz, Chief Executive Officer, effective December 22, 2025, and also gave directions to its labor negotiators and reached a tentative agreement on the CEO employment contract. The finalized contract was placed on the consent calendar for approval in open session.

**RECOGNITIONS-** Resolution 2273.

<u>CHIEF OF STAFF REPORT</u> – Report relative to current Medical Staff events and issues – Julianne Randolph, DO, *Chief of Staff* 

No report.

<u>CONSENT CALENDAR</u> – Director Olmos pulled 9.1.L and for that report to come next month since it didn't make the consent packet. Director Olmos entertained a motion to approve the rest of the November 19, 2025, consent calendar.

#### **PUBLIC PARTICIPATION** – None.

MMSC (Francis/Armando) to approve the November 19, 2025, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Levitan, Murrieta and Francis.

<u>STRATEGIC PLAN INITIATIVE OUTSTANDING HEALTH OUTCOMES</u> — Staff provided an update on progress toward achieving the District's strategic plan objective. Sandy Volchko included key performance metrics, program outcomes, and next steps.

Copy attached to the original of the minutes and to be considered a part thereof.

<u>PATIENT EXPERIENCE AND SATISFACTION UDPATE</u> – A staff presentation and discussion of regarding aggregated and de-identified patient experience data, including trends, themes, and opportunities for improvement. Presented by Deborah Volosin. Copy attached to the original of the minutes and to be considered a part thereof.

<u>STRAGEIC PLAN INITIATIVE IDEAL WORK ENVIRONMENT</u>- Presentation and discussion regarding progress, activities, and performance measures related to the District's Strategic Plan Initiative on ideal environment, including updates on physician engagement, employee engagement, recruitment, partnerships, and related action items. Presented by Dianne Cox, Hannah Mitchell, and Jaime Morales.

Copy attached to the original of the minutes and to be considered a part thereof.

**FINANCIALS** – A presentation and discussion of current financial statements, budget performance, revenue, and expense trends, and year-to-date comparisons for the District. Presented by Malinda Tupper.

Copy attached to the original of the minutes and to be considered a part thereof.

#### **REPORTS**

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

<u>Board President</u>- Mike made a verbal gratitude appreciation to Dianne and Kelsie for efforts in CEO recruitment. – *Mike Olmos, Board President* 

**ADJOURN** - Meeting was adjourned at 6:34PM

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

ATTEST:

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY NOVEMBER 26, 2025, AT 1:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

The meeting was called to order at 1:00 PM by Director Olmos.

#### **PUBLIC PARTICIPATION** –None.

ADJOURN - Meeting was adjourned at 1:01PM

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

ATTEST:

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY NOVEMBER 26, 2025, AT 1:00PM IN THE 4TOWER MULTIPURPOSE ROOM – 305 W. ACEQUIA, VISALIA, CA.

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

The meeting was called to order at 1:43 PM by Director Olmos.

#### AUTHORIZATION FOR MANAGEMENT TO ENTER INTO A LEASE AGREEMENT WITH THE

**COUNTY**- Discussion and possible action to authorize the District CEO or Designee to negotiate, finalize, and executive a lease agreement with the County for the use of District Property and/or facilities.

No action.

**APPROVAL OF PHYSICIAN OWNED DISTRIBUTORSHIP (POD) POLICY**- Reviewed the POD policy and there was action taken.

MMSC (Havard Mirviss/Armando) to approve the POD Policy. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Levitan, Murrieta and Francis.

ADJOURN - Meeting was adjourned at 1:44PM

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

ATTEST:

## **AP97 Bioethics Committee**



Policy Number: AP97	Date Created: No Date Set	
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet	
Approvers: Board of Directors (Administration)		
Bioethics Committee		

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

#### Purpose:

In recognition of the complexity of modern medical practice and the multiple ethical issues which may arise in the provision of patient care, Kaweah Health Medical Center will establish and maintain a Bioethics Committee to assist patients, families, hospital and medical staff in effectively addressing bioethical issues.

#### **Policy:**

The Bioethics Committee (hereinafter referred to as "the committee") shall fulfill the following functions:

- 1. Provide education for patients, families, hospital and medical staff regarding relevant bioethics issues.
- 2. Provide the institution assistance with the analysis and development of policies and procedures regarding bioethics issues.
- 3. Provide Bioethics Consultation Services to assist patients, families, hospital and medical staff in addressing bioethics issues arising in the provision of patient care. This is an advisory function, only.
- 4. Identifies trends in potential knowledge gaps in ethical care/decision making in which training could be developed and executed.

#### **Procedure:**

- I. <u>Education</u>: In cooperation with the hospital/medical staff, the committee will assist in identifying educational needs and develop (or assist others in the development of) appropriate educational resources to meet these needs. These resources can include presentations, CME courses, etc. The goal will be to provide participants with language, concepts and a body of knowledge to assist in addressing complex ethical issues arising in hospital practice.
  - 1. Identified educational needs will be reviewed at the next available committee meeting or by the Chair between meetings if the need is urgent.
  - Committee members will establish contact with a point person for the educational need and will work with this individual to develop a plan for addressing the need.

Bioethics Committee 2

3. A summary of educational service provided will be reviewed at next available meeting of the committee.

- Materials used in the educational service will be archived in the Bioethics Committee Chair and/or Vice Chair Office for possible use in future educational services.
- 5. Committee member providing educational service will obtain feedback from the "customer" regarding effectiveness of service provided and include this is summary presentation to the committee
- II. <u>Policy Review & Development:</u> The committee will assist the institution and its professional staff in the analysis of current policies and the development of new policies and procedures regarding bioethical issues.
  - Kaweah Health and Medical staff members who identify possible need for policy review/development will contact the Bioethics Committee Chair or Vice Chair to request placement of policy on committee meeting agenda. Chair or Vice Chair will provide immediate review and consult with appropriate hospital/medical staff a, if the need is urgent.
  - 2. Policy/procedure will be reviewed at committee meeting and committee member will be assigned to assist staff in further analysis and review as needed.
  - 3. Results of analysis and review and committee recommendations will be discussed and documented in the minutes of the next committee meeting.
- III. <u>Bioethics Consultation Service</u>: The committee will provide both informal and formal consultation services at the request of medical staff, hospital staff, patients, family members and/or surrogate decision makers regarding bioethical issues which arise in the course of patient care provision.
  - 1. Requests for bioethics consultation will be submitted by contacting the Bioethics Committee Chair or by contacting the Medical Staff Office and will be responded to within 24 hours or by the next business day.
  - 2. Urgent bioethical issues which arise after business hours or on weekends/holidays, will be reviewed by House Supervisor and/or the Director on Call for the hospital who will contact the Bioethics Chair as appropriate.
  - 3. Depending on the issue, a committee member will be identified as "Team Lead" who will provide initial review and will consult with committee chair to determine appropriate level of consultation.
  - 4. If **Informal Consultation** services are indicated:
    - a. Team Lead facilitates contact between requestor and appropriate committee member.
    - b. Committee member provides consultation services and provides a summary of same at next scheduled committee meeting.

Bioethics Committee 3

#### 5. If Formal Consultation Services are indicated:

a. Team Lead will obtain the following information: Review of Medical Record noting patient's diagnosis/prognosis/treatment plan; formulate bioethical issues/questions; establish decision makers (i.e., patient, family, surrogate).

- b. Team Lead will consult with Chair to establish plan for physician contact and consultation process/structure.
- c. Team Lead will contact all appropriate parties and schedule Bioethics Consultation meeting (s) as appropriate.
- d. Team Lead will ensure that all parties are advised of recommendations provided through the consultation process and that these recommendations are documented.
- e. If, following Formal Consultation, the bioethics issues remain unresolved, Bioethics Chair will consult with appropriate hospital/medical staff to determine appropriate plan of action.
- f. Summary of Formal Consultation will be provided by Team Lead at next committee meeting.
- IV. <u>Appointment and Membership</u>: The committee shall be a multidisciplinary body including representatives from the following disciplines: medical staff, nursing, social work, pastoral care, risk management, board members and community members.
  - 1. New members will be recommended by the committee and appointed by the Bioethics Committee Chair or Vice Chair.
  - 2. The Chair of the committee will be appointed by the Chief of Staff.
  - 3. The Vice Chair of the committee will be chosen by the membership of the committee.
  - 4. Co-chairs may be appointed per Bioethics Committee members majority vote and agreement of the Chief of Staff.
  - 5. Membership shall be for a period of two (2) years with staggered terms to assure continuity. Committee Members can serve beyond the 2 year period by mutual agreement of the Chair/Vice Chair and the committee member.
  - 6. Each hospital (employee) member will whenever possible designate a temporary replacement who will attend meetings in the event that a committee member is unable to fulfill committee responsibility.
  - 7. Changes in Bioethics Committee leadership positions will be reviewed and approved by the Chief of Staff.
- V. <u>Meetings</u>: The Bioethics Committee shall meet quarterly, with additional meets scheduled as appropriate to address urgent matters.

Bioethics Committee 4

1. Meeting agenda will be developed by the Chair and distributed one week prior to the meeting.

- 2. For business purposes, two members shall constitute a quorum.
- 3. Actions of the committee will be taken by the vote of a majority of the members attending the meeting.
- 4. Each member will be required to attend at least three (3) of the committee's regularly scheduled meetings each year. Failure to do so may be considered voluntary resignation and the vacancy will be filled by appointment of a new member.
- VI. <u>Record Keeping</u>: The committee will maintain minutes of all meetings which will include summaries of all case reviews and recommendations.
  - 1. Minutes will be submitted to the Chair for approval by the committee.
  - 2. Minutes will not include identifying information about specific patient, family members, individual requesting consultation or professional staff participating in the case review process.
  - 3. Records of the committee meetings and functions will be maintained in accordance with applicable laws governing the confidentiality of records and medical review committees.

When appropriate, actions and recommendations of the committee will be documented in the patient record.

- VII. Reporting: The Bioethics Committee reports regularly into the medical staff and organization's QAPI program.
- IX. <u>Liability</u>: Kaweah Health Medical Center will provide liability protection for the committee members who do not have such protection by virtue of their status as members of the professional staff.
  - 1. X. Adoption and Approval of Policies and Procedures: Policies and procedures of the committee will be reviewed as appropriate by the membership of the committee. Proposed modifications of approved policies and procedures will be submitted to the committee in writing as soon as possible in advance of a regularly scheduled meeting.
  - 2. Following recommendation by the committee, policies/procedures will be forwarded to the appropriate committee for subsequent action.

<sup>&</sup>quot;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 bioethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."

# AP07 Communication with Law Enforcement Regarding Requests for Information and Requests to Interview Interrogate and Patient



Administrative Manual Subcategories of Department Manuals not selected.



Policy Number: AP07	Date Created: No Date Set	
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet	
Approvers: Board of Directors (Administration)		
Communication with law enforcement regarding requests for information and requests to interview interrogate a patient		

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

#### I. PURPOSE:

To provide guidelines to Kaweah Delta Health Care District (herein after referred to as Kaweah Health) staff when handling requests from law enforcement officials.

To ensure appropriate communication between Kaweah Health DHCD staff and law enforcement officials.

#### II. POLICY:

- A. Law enforcement officers entering <u>Kaweah HealthDistrict</u> facilities for the purpose of obtaining patient information or to interview and/or interrogate a patient shall be referred to the Director of Risk Management, the <u>Chief District</u> Compliance <u>and Risk Officer and Risk Management and Privacy</u> Officer or the Kaweah <u>HealthDelta</u> Hospital House Supervisor for assistance.
- B. Law enforcement officials must provide Kaweah Health DHCD staff with proper identification.
- C. Staff members shall cooperate with law enforcement personnel to the fullest extent possible.
- D. The release of information to law enforcement officials must meet the standards of the HIPAA privacy regulations (45 C.F.R. § 164.512(f), (i)), the Confidentiality of Medical Information Act, the Lanterman-Petris-Short Act, and all otherapplicable laws and regulations, as applicable.
- E. Patients or their legal representatives will be notified of a law enforcement official's request to interview or interrogate. Consideration should be given to the patient's medical condition; and the patient's physician should advise patient of any adverse medical consequences (see Guidelines for Releasing Patient Information to Law Enforcement).
- F. No Kaweah Health DHCD staff member will ever attempt to physically prevent an officer from interrogating a patient.

#### III. PROCEDURE:

Communication with law enforcement regarding requests for information and requests to interview interrogate a patient 2

- A. When a law enforcement official requests permission to interview/interrogate a patient or requests information regarding a patient, staff will contact the Director of Risk Management (ext. 2340), the <u>Chief</u> <u>Compliance and Risk Management OfficerCompliance and Privacy Officer</u> (ext 5006) or the Kaweah <u>HealthDelta</u> Medical Center House Supervisor (ext 2154).
- B. Staff will provide the Director of Risk Management, the <a href="Chief">Chief</a> Compliance and <a href="PrivacyRisk">PrivacyRisk</a> <a href="Management">Management</a> Officer and/or the Kaweah <a href="HealthDelta">HealthDelta</a> <a href="Medical Center's House Supervisor with information regarding the patient and will identify what information has been requested by law enforcement."

#### References:

- California Hospital Association Consent Manual: Chapters 6, 13, 16 and 17
- HIPAA privacy regulations (45 C.F.R. § 164.512(f), (i))
- Guidelines for Releasing Patient Information to Law Enforcement

"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 bioethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."

## **AP111 Utilization Review Plan Acute Services**



Policy Number: AP111	Date Created: No Date Set	
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet	
Approvers: Board of Directors (Administration)		
Utilization Review Plan Acute Services		

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

#### POLICY:

The Board of Directors of Kaweah Delta Health Care District dba Kaweah Health empowers the Chief Executive Officer to ensure that Kaweah Health has in effect a utilization review (UR) plan that provides for the review of services furnished by Kaweah Health and by members of the Medical Staff to patients entitled to benefits under the Medicare and Medicaid (Medi-Cal) programs.

#### **DEFINITION:**

Utilization Review is the process by which the care and services provided to Medicare / Medicaid (Medi-Cal) beneficiaries are reviewed for appropriateness, medical necessity, and whether the services meet professionally recognized standards of health care.

Medicare Provision: Medicare is a federal insurance program providing a wide range of benefits for specific period of time through providers participating in the program. Benefits are payable for most people over age 65, Social Security beneficiaries under 65 entitled to disability benefits, and individuals needing renal dialysis or renal transplantation. Payment for services is made by the federal government through a designated fiscal intermediary.

Section 1802 of the Social Security Act provides that any individual entitled to Medicare may obtain health services from any institution qualified to participate in Medicare.

Medicaid Provision: Medicaid is a state program that provides medical services to clients of the state public assistance program and, at the state's option, other needy individuals. Services must be furnished in certified Medicare institutions.

Method of payment includes: TAR (Treatment Authorization Request).

#### **REGULATIONS:**

42 CFR Ch IV Part 456 Utilization Control (Medicaid)
Social Security Act Title XVIII § 1861 Utilization Review
42 CFR Ch IV Part 482 Condition of Participation: Utilization Review 482.30
§ 2496 Utilization Review State Operations Manual (CMS-Pub. 7)
§ 3420 Utilization Review Plan, Medicare Intermediary Manual, Part 3 (CMS – Pub. 13-3)

#### STANDARD 1

Utilization Review Committee (aka Case Management Committee (CMC))

A. Case Management Committee (CMC)

A medical staff committee under Article X of the KDHCD Medical Staff Bylaws.

Purpose: Review Beneficiaries of Medicare and Medi-Cal for:

- 1. Medical Necessity of Admissions
- 2. Appropriateness of the Setting
- 3. Medical Necessity of Extended Stays
- 4. Medical Necessity of Professional Services
- B. Composition of the CMC

The CMC consist of two or more practitioners to carry out the UR function. At least two of the members must be doctors of medicine or osteopathy. The other members may be any of the other types of practitioners specified in Medicare COP 482.12(c)(1). The UR committee must be a staff committee of the District.

- C. The CMC reviews or Sub-committee review may not be conducted by any individual who:
  - 1. Has a direct financial interest (for example, an ownership interest) in Kaweah Health or;
  - 2. Was professionally involved in the care of the patient whose case is being reviewed.
- D. The Case Management Committee will meet at a minimum quarterly.

**STANDARD 2:** Scope and frequency of review.

- A. Admissions to Kaweah Health may be reviewed:
  - 1. Before admission during the Pre-Admission process with Patient Access or Benefits Staff or the Surgery Scheduler.

- 2. At time of admission by the Admissions Coordinator, ED Case Manager, or Transfer Center RN.
- 3. After hospital admission by the Case/Utilization Management Department.
- B. Reviews may be conducted on a sample basis.
- C. Kaweah Health is reimbursed under the prospective payment system (42 CFR Part 413); therefore, review of duration of stays and review of professional services occur.
- D. Duration reviews are outliers. Outliers are defined as those cases that have either an extremely long length of stay (day outlier) or extremely high costs (cost outlier) when compared to most discharges classified in the same DRG (42 CFR 476.1).

The CMC identifies acute stay outliers by DRG. The CMC designates Case Management staff to review the patient stays concurrently to justify receipt of additional per diem payments that may be made by the fiscal intermediary.

The Case/Utilization Management staff verifies:

- 1) The medical necessity and appropriateness of the admission and outlier services in the context of the entire stay;
- 2) Referring to the CMC those cases that do not meet
  - (i) InterQual Level of Care Acute Criteria for Medicare or
  - (ii) Medi-Cal Criteria Manual

At Kaweah Health, a length of stay (LOS) outlier will be those with a LOS beyond the GMLOS plus seven (7) days. These cases will be reviewed by the LOS Committee as needed. This committee is comprised of, but not limited to the COO, CNO, , Case Management Physician Advisor, Director of Case Management (or Manager), Compliance Officer, , Patient Access, Nursing, Risk Management, Manager of Patient and Family Services and the Community Outreach representative.

#### E. Cost Outliers

Cases identified as cost outlier cases may lose or change their cost outlier status if, as a result of review, the DRG assignment is changed.

Concurrent review for medical necessity of stay will be not less than every third day.

CMC department staff and LOS Committee will review patients with <u>charges</u> greater than \$100,000.00 and which no longer meets medical necessity for continued stay. This constitutes review of professional services.

F. Significant Outliers will be reviewed by the LOS Committee and reported to the CMC for peer review.

#### **STANDARD 2a:** Scope and frequency of review

The acute rehabilitation program at Kaweah Delta Rehabilitation Hospital (KDRH) follows District utilization review processes utilizing acute rehabilitation criteria. Additional utilization review processes specific to the acute rehabilitation program include:

- A. Multidisciplinary review of a sample of acute rehabilitation outlier cases. Criteria for selection:
  - 1. Cases that have exceeded the target length of stay for the assigned case mix group by 20% or more.
  - 2. Cases chosen for presentation may have other distinguishing characteristics related to diagnosis, discharge plan, treatment plan, or outcome that merit further review.
- B. Concurrent and closed record review to include application of admission and continued stay criteria for medical necessity within the acute rehabilitation program.

#### **STANDARD 3:** Determination regarding admissions or continued stays.

A. Determining that an admission or continued stay is not medically necessary may be made by one member of the CMC if he/she is a doctor of medicine or osteopathy.

Primary Review is delegated by the CMC to staff trained in InterQual Acute Criteria.

A Secondary Review is the result of the admission or continued stay criteria not being met. Secondary review is conducted as outlined in the Case Management Department Policy Manual.

If the attending physician disagrees with the outcome of the secondary review, an opportunity for the physician to present his/her reviews and any additional information relation to the patient's needs for admission or extended stay to the Case Management physician advisor for further consideration.

- B. Determination that admission or continued stay is not medically necessary:
  - 1. The CMC consults with the practitioner or practitioners responsible for the care of the patient.
  - 2. If the attending physician contests the CMC or subgroup findings, or if he presents additional information relating to the patient's need to extended stay, at least one additional physician member of the committee must review the case.
  - 3. If two CMC physician members determine that the patient's stay is not medically necessary or appropriate after considering all the evidence, their determination becomes final.
  - 4. Written notification of this decision is sent to the attending physician, patient (or next of kin), facility administrator and the single state agency no later than 2 days after such final decision and in no event later than 3 working days after the end of the assigned extended day period. When possible, written notification should be received by all involved parties within the stated time period. Verbal notification may precede written notification.
  - 5. In no case may a non-physician make a final determination that a patient's stay is not medically necessary or appropriate.
  - If, after referral of a questioned case to the CMC or subcommittee, the
    physician reviewer determines that an admission or extended stay is
    justified, the attending physician shall be so notified and an appropriate
    date for subsequent extended stay review will be selected and noted
    on the patient's record.

#### **STANDARD 4:** Extended Stay Review

A. KDHCD is paid under the prospective payment system. The CMC must review all cases reasonably assumed to be outlier cases.

The hospital is not required to review an extended stay that does not exceed the outlier threshold for the diagnosis.

B. The CMC or subcommittee must make the periodic review no later than 7 days after the day required in the UR plans.

#### **STANDARD 5:** Review of Professional Services

A. The CMC must review professional services provided, to determine medical necessity and to promote the most efficient use of available health facilities and services.

Professional services include more than physicians' services. The aspects of care rendered by laboratory personnel, physical therapists, nurses, etc are also considered.

The review includes:

- 1. Medical necessity
- 2. Efficient use of available health facilities and services

#### **STANDARD 6:** Readmissions

- A. Readmission review involves admissions to an acute, general, short-term hospital occurring less than 30 days from the date of discharge from the same or another acute, general, short-term hospital. Neither the day of discharge nor the day of admission is counted when determining whether a readmission has occurred.
- B. Readmissions will be reported to CMC with report of analysis of the situation ie. Cause, extent of problem. Reviews that question quality of care will be referred to Peer Review, Performance Improvement, Risk management, or Compliance as appropriate.

**STANDARD 7:** Methodology of reviews, reports.

A. The CMC will oversee the operation of the Case Management Department by approving the Policy and Procedure Manual.

**STANDARD 8:** Criteria for determination of medical necessity will be InterQual.

**STANDARD 9:** The UR Plan will be reviewed annually and will be updated at least every 3 years. The CMC, MEC, and the Executive Team shall approve policy changes.

"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 bioethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."

## **AP21 Subpoenas/Search Warrants Served on District Records, Contract Physicians, or Patients**



Subcategories of Kaweah Delta Medical Foundation not selected. Administrative

Policy Number: AP21	Date Created: No Date Set	
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet	
Approvers: Board of Directors (Administration)		
Subpoenas/Search Warrants served on district records, contract physicians, or patients		

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

To establish consistent procedures for the lawful and efficient handling of subpoenas and search warrants served upon Kaweah Delta Health Care District ("Kaweah Health" or the "District"), its employees, contract physicians, or patients, while ensuring compliance with applicable federal and state privacy and confidentiality laws.

#### POLICY:

The government, law enforcement agencies, court personnel, or their representatives wishing to serve subpoenas and/or search warrants upon Kaweah Delta Health Care District (hereinafter "District") records (including but not limited to patient records), property, contract physicians, or patients will be directed to the appropriate department as indicated below. Only those departments indicated below are authorized to accept subpoenas.

The department receiving the subpoena will cooperate with the process server to the extent that serving the subpoena does not interfere with or disrupt the business of the District.

However, at no time will process servers be allowed in patient care areas.

- 1. Only designated departments and authorized personnel may accept service of subpoenas or search warrants on behalf of the District.
- 2. All subpoenas and warrants shall be reviewed promptly by the appropriate department (as outlined below) and coordinated with the Director of Risk Management, the Chief Compliance and Risk Officer, or District legal counsel.
- 3. Process servers and law enforcement personnel shall not be permitted in patient care or non-public areas except as required by law and with administrative approval. Acceptable public areas include unrestricted lobbies, reception areas, waiting rooms, and public hallways
- 4. Staff shall cooperate fully with lawful investigations while protecting patient privacy and District operations.

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<sup>&</sup>lt;sup>1</sup> Any subpoens which includes a request for District medical records, regardless of the involvement of any other department, will be directed to the Health Information Management Department.

5. No staff member, physician, or contractor shall destroy, conceal, or alter any record subject to subpoena or warrant.

#### PROCEDURE:

#### Subpoenas on District Records

All subpoenas, except those specifically set forth below, shall be served on and accepted by District Administration for delivery to the appropriate department(s) as outlined below. No other department is authorized to accept subpoenas for District records.

Departments other than Administration authorized to receive subpoenas include:

- A. Subpoenas served on District staff members will be directed to the Risk Management Department;
- Subpoenas served for District medical and/or patient records will be directed to the Health Information Management (HIM) Department;
- C. Subpoenas served for District billing records will be directed to the Health Information Management (HIM) Department;
- Subpoenas served for radiological films and/or CT scans will be directed to the Radiology Department.
- Subpoenas served for patient laboratory specimens or Coroner release requests for patient laboratory specimens made to the Laboratory Department. See policy PTS 036 Release of Specimen Coroner/Subpoenas.
- E. Subpoenas served for District business records or video surveillance will be directed to the Risk Management Department.

#### A. Subpoenas on District Records

- All subpoenas shall be directed to and accepted by District Administration, unless otherwise specified below.
- 2. The following departments are authorized to accept subpoenas for the corresponding records:

Type of Record / Recipient Authorized Department

Subpoenas served on District staff

Risk Management

 Medical or patient records
 Health Information Management (HIM)

 Billing records
 Health Information Management (HIM)

<u>Radiology films or imaging studies</u> <u>Radiology Department</u>

<u>Laboratory specimens / coroner releases</u> <u>Laboratory Department (See Policy PTS-036)</u>

Business records or surveillance videos Risk Management

3. Departments not listed above are **not authorized** to accept service of subpoenas.

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#### I. Subpoenas on Contract Physicians

#### A. <u>Business Related Subpoenas</u>

Service on Individual - Contract Physician on Duty or not on Duty

When the subpoena is served for reasons related to the contract physician's work at the District and the contract physician is actively credentialed when the process server arrives, the process server will be asked to report to Human Resources where Risk Management staff will be notified and receive the subpoena on behalf of the contract physician so that service may occur. Risk Management staff will route the subpoena to the physician.

1. \_\_\_

a) Risk Management will maintain a log of contract physicians that do not wish to have Kaweah accept service on their behalf. These process servers will be directed to the private offices of the requesting physicians.

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 a) It will be at the discretion of the Risk Management staff in the event a subpoena is not accepted on behalf of a contract physician.

**B. Subpoenas on Contract Physicians** 

#### 1. Business-Related Subpoenas

If the subpoena relates to a physician's work performed under contract with the District, the process server shall be directed to **Human Resources**, who will notify **Risk Management**.

<u>Risk Management may accept service on behalf of the contract physician</u> or direct the process server to the physician's private practice, so service can occur.

A log shall be maintained identifying physicians who do **not** authorize the District to accept service on their behalf.

#### 2. Non-Business / Personal Subpoenas

Risk Management will not accept personal subpoenas unrelated to District duties.

If the physician is on duty, they may be notified and choose to accept service personally in the Medical Staff department.

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#### Non-Business Related Subpoenas

When a subpoena is related to a personal matter and is not related to the contract physician's work with the District, the Risk Management staff will <u>not accept</u> the subpoena. If the contract physician is on duty at the time that the process server arrives in Human Resources, the contract physician will be contacted and asked to report to the Human Resources to accept service.

#### C. Subpoenas on District Employees

Business-related subpoenas directed at District employees shall be accepted by **Risk**Management and delivered to the employee with notice of any applicable obligations or protections.

Personal subpoenas unrelated to District duties shall not be accepted by the District.

#### II. Subpoenas on Staff Members

A. Business related subpoenas served on staff members will be accepted by the Risk Management department and routed to the employee.

#### III. Subpoenas on Patients

#### A. Kaweah HealthDelta Medical Center

The process server shall be directed to the Risk Management department. The Risk Management staff shall contact the patient's attending physician to determine if it is appropriate for the patient to be served in the hospital.

#### B. Kaweah Health Delta South Campus

The process server shall be directed to the Nurse Designee on duty. The Nurse Designee shall contact the patient's attending physician and/or Risk Management staff to determine if it is appropriate for the patient to be served in the facility.

#### C. Kaweah Health West Campus

The process server shall be directed to the West Campus
Administrator. The West Campus Administrator shall contact the
patient's attending physician and/or Risk Management staff to
determine if it is appropriate for the patient to be served in the hospital.

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#### D. Kaweah Health Delta Mental Health Campus

The process server shall be directed to the Administrator for Kaweah Delta Mental Health. The Administrator shall contact the Risk Management staff to determine if it is appropriate for the patient to be served in the hospital.

#### IV. Depositions of Contract Physicians

Risk Management staff

will <u>not</u> assist in arranging the time and location of the deposition. Depositions are not to be obtained on District premises.

#### **D. Subpoenas on Patients**

#### 1. Main Campus (Kaweah Health Medical Center)

Process servers shall be directed to Risk Management.

Risk Management will consult the attending physician to determine if service is appropriate and non-disruptive to patient care.

#### 2. Other Campuses (South, West, and Mental Health)

The on-duty Nurse Designee or Campus Administrator shall be notified.

The Administrator or designee will coordinate with Risk Management and the attending physician before service occurs.

#### E. Depositions of Contract Physicians or Staff

Risk Management staff shall be responsible for arranging and coordinating depositions for staff when required for legal purposes.

<u>Physicians</u> are responsible for arranging their own depositions and notifying counsel as appropriate.

#### F. Search Warrants

 The presentation of a search warrant indicates an active and serious government investigation.

Upon receipt of a search warrant:

- Immediately notify the Chief Compliance and Risk Officer, Director of Risk Management, or District Legal Counsel.
- The department manager or designee being searched shall accompany the agents at all times and maintain contemporaneous notes of the search.
- Notes should be addressed to legal counsel and kept confidential as privileged communications.

#### 2. Search of Persons or Patients

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Subpoenas/Search Warrants served on district records, contract physicians, or patients

 Staff shall not assist in any search or medical procedure that is not medically necessary unless a valid warrant specifically authorizing the search has been reviewed and approved by Risk Management.

 Kaweah Health staff WILL NOT assist in any examination or testing that is not medically necessary unless the following:

A warrant to conduct a body cavity search to obtain the evidence is received by the involved law enforcement agency AND the warrant is reviewed by the Risk Management Department prior to execution of the warrant, AND after the above are obtained and reviewed, any examination done exclusively for the collection of evidence will be done by a practitioner.

 Any examination performed solely for evidence collection must be performed by a licensed practitioner.

#### 3. Privileged Documents

 If privileged records are seized, staff shall immediately request that they be sealed and segregated until legal counsel can intervene.

#### 4. Staff Rights

- <u>Employees</u> shall cooperate with law enforcement or governmental agencies to the fullest extent permitted by law. They have the right to consult with or have counsel present before and during any interviews.
- o Deleted.

#### 5. Documentation

 The Compliance Officer shall obtain a detailed inventory or receipt for all items seized and request an opportunity to copy or retain duplicates of seized materials.

#### V. Search Warrants

In general, the use of a search warrant indicates that the government views the investigation as extremely serious. The District Compliance Officer, Director of Risk Management, and the District Compliance Advocate shall be consulted at the earliest opportunity to ensure that informed decisions are made.

In the event you are served with a search warrant:

Immediately contact the Compliance Officer at 624-5006. Under the direction of the District Compliance Officer, Risk Managementr Director, and/or the District Compliance Advocate, tThe Manager or designee of the department being searched will work deal with the agents executing the search warrant and must take notes during the search. The notes are to be

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Subpoenas/Search Warrants served on district records, contract physicians, or patients

taken in anticipation of litigation, addressed to the counsel, and kept confidential.

- Kaweah Health staff WILL NOT assist in any examination or testing that is not medically necessary unless the following:
  - A warrant to conduct a body cavity search to obtain the evidence is received by the involved law enforcement agency AND the warrant is reviewed by the Risk Management Department prior to execution of the warrant, AND
  - A. After the above are obtained and reviewed, any examination done exclusively for the collection of evidence will be done by a practitioner.
- B. If the person executing the search warrant seizes privileged documents, advise them that the documents are privileged and request that such documents be sealed in an envelope and segregated from the other items seized until counsel can take steps to seek their return.
- C. Staff members shall not be instructed not to speak with government investigators. They can, however, be told what their rights are: They have the right to talk or not to talk, they can consult with counsel before deciding whether to talk, and they can have counsel present at any interview they choose. Again, if staff members choose to talk, they should be reminded of the importance of being truthful.
- D. The Compliance Officer will obtain a detailed receipt for all evidence seized. In addition, the District will ask for the opportunity to copy all documents or other records seized.

#### **REFERENCES**

- HIPAA Privacy Rule (45 C.F.R. §164.512(f), (i))
- California Confidentiality of Medical Information Act (Civil Code §56 et seq.)
- California Evidence Code §1158
- California Penal Code §§1523–1542 (Search Warrants)
- California Hospital Association Consent Manual
- Health & Safety Code §32121(b) (Powers of Healthcare District Board)
- Ralph M. Brown Act (Gov. Code §54950 et seq.)
- AP07 Communication with Law Enforcement regarding requests for information

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Subpoenas/Search Warrants served on district records, contract physicians, or patients

"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 bioethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."

# **AP123 Financial Assistance Program**





Policy Number: AP123	Date Created: No Date Set	
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet	
Approvers: Board of Directors (Administration), Malinda Tupper (Chief Financial Officer)		
Financial Assistance Program Full Charity and Partial Discount Programs		

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

I. Purpose: Kaweah Delta Health Care District (Kaweah Health) serves all persons within its boundaries and the surrounding region. As a regional hospital provider, Kaweah Health is dedicated to providing high-quality, customer-oriented, and financially strong healthcare services that meet the needs of those we serve. Providing patients with opportunities for Financial Assistance for healthcare services is therefore an essential element of fulfilling the Kaweah Health mission. Kaweah Health is committed to providing access to Financial Assistance programs when patients are uninsured, underinsured, or may need help paying their hospital bill. These programs include government sponsored coverage programs, charity care, and discounted care as defined herein. This policy defines the Kaweah Health Financial Assistance Program, its criteria, systems, and methods.

> Kaweah Health, like all California acute care hospitals, must comply with Health & Safety Code Sections 127400 et seq., including requirements for written policies providing charity care to financially-qualified patients. Kaweah Health operates a non-profit hospital and, therefore, Kaweah Health must also comply with 26 U.S.C. § 501(r) and its implementation regulations, 26 C.F.R. § 1.501(r), et seg., including requirements related to billing and collections practices for financially-qualified patients. Thi s policy is intended to meet such legal obligations and provides for charity care to patients who financially qualify under the terms and conditions of the Kaweah Health Financial Assistance Program.

> Kaweah Health affirms and maintains its commitment to serve the community in a manner consistent with the philosophy of the Board of Directors. This philosophy emphasizes the provision of optimal health care services to aid all persons regardless of age, sex, race, creed, disability, national origin, sexual orientation, gender identity, or financial status. These beliefs have led Kaweah Health to develop a policy for providing charity care for the less fortunate.

#### II. Definitions:

A. <u>Charity care</u> is defined as health care services provided at no charge to patients who do not have or cannot obtain adequate financial resources or other means to pay for this care and who qualify for free care under the eligibility guidelines specified in this policy. Charity care is in contrast to bad debt, which is defined as uncollectible charges that Kaweah Health recorded as revenue but wrote off due to a patient's or guarantor's actions, despite having the requisite financial resources to pay for health care services, that demonstrate an unwillingness to comply with the obligation to resolve an account.

- B. <u>Discounted Care</u> is defined as health care services provided at a reduced charge to patients who do not have adequate financial resources or other means to pay for this care and who qualify for a discounted payment under the eligibility guidelines specified in this policy.
- **C.** Essential living expenses <sup>1</sup> means, for purposes of this policy, expenses for all of the following, as applicable to the patient's individual circumstances: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.
- D. <u>Financially Qualified Patients</u> are eligible for assistance under this policy for care covered by the policy without regard to whether the patient has applied for assistance under the policy.<sup>2</sup> and includes any of the following:

# i) Self-Pay Patients 3 are:

 Patients who do not have third party insurance, Medi-Cal, or Medicare, and who do not have a compensable injury for purposes of worker's compensation, automobile insurance, or other insurance as determined and documented by Kaweah Health.

#### ii) Under-insured Patients include:

 Patients with high medical costs who have insurance or health coverage but have a remaining patient responsibility balance that

<sup>&</sup>lt;sup>1</sup> Cal. Health & Safety Code § 127400(i)

<sup>&</sup>lt;sup>2</sup> 26 C.F.R. §§ 1-501(r)-1(b)(15)

<sup>&</sup>lt;sup>3</sup> Cal. Health & Safety Code § 127400(f)

they are unable to pay. Remaining patient responsibility balances include out-of-pocket costs, deductibles, and coinsurance that constitute high medical costs as defined below.

- Patients who are eligible for Medi-Cal, Medicare, California Children's Services and any other applicable state or local lowincome programs who do not receive coverage or payment for all services or for the entire stay.
- Patients with third-party insurance whose benefits under insurance have been exhausted prior to admission or whose insurance has denied stays, denied days of care, or refused payment for medically necessary services.

# iii) High Medical Cost Patients. 4 are patients:

- Whose family income is at or below 400% of the Federal Poverty Guidelines;
- Who do not otherwise qualify for charity care under this policy;
- Who have high medical costs as defined below.

E. <u>High medical costs</u>. <sup>5</sup> are defined as annual out-of-pocket medical costs incurred at Kaweah Health that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing. The high medical costs incurred by the patient that exceed 10 percent of the Patient's Family Income in the prior 12 months, or annual out-of-pocket medical expenses incurred in the prior twelve (12) months that exceed 10% of the Patient's Family income.

# F. <u>Patient's Family</u> <sup>6</sup> is defined as follows:

- 1. For persons 18 years of age and older, the patient's family includes the patient's spouse, domestic partner, dependent children under 21 years of age, whether living at home or not, and dependent children of any age, if the child(ren) is disabled.
- 2. For patients under 18 years of age, or patients who are 18-20 years of age and are a dependent child, the family includes the patient's parent, caretaker relatives, other children under 21 years of age of the parent or caretaker relative, dependent children of the patient's parents or caretaker relatives if those children are disabled.

# III. Policy and Procedures:

Kaweah Health recognizes that the need for charity is a sensitive and deeply personal issue for recipients. Confidentiality of information and

<sup>&</sup>lt;sup>4</sup> Cal. Health & Safety Code § 127400(g)

<sup>&</sup>lt;sup>5</sup> Cal. Health & Safety Code § 127400(g)(1) & (2)

<sup>&</sup>lt;sup>6</sup> Cal. Health & Safety Code § 127400(h)

individual dignity will be maintained for all who seek charitable services. Training of staff and the selection of personnel who will implement these policies and procedures are guided by these values. Providing charity care (financial assistance) to low-income families along with other community benefit services is important evidence of Kaweah Health's mission fulfillment. It is imperative that the determination, reporting, and tracking of charity care are in concert with our not-for-profit mission and community obligation and in compliance with Assembly Bill No. 774, Assembly Bill 1020, Hospital Fair Pricing Policies and Senate Bill 1276 (Chapter 758, statutes or 2014) and applicable IRS laws and regulations.

Charity care will not be abridged on the basis of age, sex, race, creed, disability, national origin, sexual orientation, gender identity, or financial status. 7 Medically necessary available health care services, inpatient or outpatient, shall be available to all individuals under this policy. Confidentiality of information and individual dignity will be maintained for all that seek charitable services. The handling of personal health information will meet all HIPAA requirements.

Charity care will be based on income and family size as defined by Federal Poverty Income Guidelines http://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines.<sup>8</sup> Kaweah Health will also actively assist an individual in pursuing alternate sources of payment from third parties. Those individuals or families who qualify for alternative programs and services within the community but refuse to take advantage of them will not be covered by this policy. These actions are intended to allow Kaweah Health to provide the maximum level of necessary charity services within the limits of respective resources.

Charity care provided by this policy are available for medically necessary care. <sup>8</sup> Charity is generally not available for non-medically necessary procedures. However, in certain cases an exception may be made. Exceptions require approval by administration. Specialized, high-cost services (i.e., experimental procedures, etc.) requiring charity care are also subject to the review of administration prior to the provision of service.

# A. Identification of Applicant

Kaweah Health makes reasonable efforts to presumptively determine whether a patient is eligible for Financial Assistance based on prior eligibility for Financial Assistance or the use of third-party data to identify Financially Qualified Patients. <sup>9</sup>

<sup>&</sup>lt;sup>7</sup> 42 U.S.C. § 18116; 45 C.F.R. §§ 92.1 et seq.

<sup>8 26</sup> C.F.R. § 1-501(r)-4(b)(1)(i).

<sup>&</sup>lt;sup>9</sup> 26 C.F.R. §§ 1-501(r)-1(b)(25); 1-501(r)-6(c)(2).

Any member of the medical staff, any employee, the patient or his/her family and any other responsible party may request charity care from Kaweah Health. Any member of the Patient Financial Services team, other hospital staff, or community advocates may identify possible charity recipients during any portion of the business cycle.

# B. How to Apply

Patients may request an application for assistance in person from the Acequia Lobby at the corner of Floral and Acequia, 305 West Acequia Avenue in Visalia, California 93291, over the phone by calling Patient Financial Services at (559) 470-0016 or (559) 624-4200 option 5, or may obtain an application from Kaweah Health's website at kaweahdelta.org/documents/PDFs/FinancialAssistanceApp-[english].pdf. Documentation required to determine eligibility is included on the application. Kaweah Health does not require any documentation not listed on the application form.

The Kaweah Health standardized application form will be available in both English and Spanish, and any other language deemed necessary by the methods discussed in Section VIII, below, and shall be available in any Registration or Patient Accounting area, as well as on the Kaweah Health website. <sup>10</sup> For patients who speak a language other than English or Spanish, or who need other accessibility accommodations, Kaweah Health will provide appropriate accommodations, language assistance services, and application assistance free of charge.

#### C. Charity Care

A full write-off of all balances due from a patient, whether the patient is insured, underinsured or self-pay, shall be granted to those financially qualified patients whose family income is up to 200% of the most recent Federal Poverty Guidelines.

Kaweah Health presumes qualified for charity care any patient who can provide proof that they are eligible for or in a public benefits program such as CalWORKS, CalFresh, SSI/SSP, Medicare Savings Program, WIC, or general assistance/general relief.

Patients who are covered by Medi-Cal are eligible for charity write-offs. This includes patients who have Medi-Cal with a Share of Cost. It also includes charges related to Medi-Cal denied stays or denied days of care, non-covered medically necessary Medi-Cal services received on a Medi-Cal remittance advice, or when otherwise required by law. Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal patients are to be classified as charity.

<sup>&</sup>lt;sup>10</sup> 26 C.F.R. § 1-501(r)-4(b)(5)(i)(A).

### D. Discounted Care:

Discounted Care will be granted to Financially Qualified Patients earning between 201% and 600% of the Federal Poverty Level based on the most recent Federal Poverty Guidelines. <sup>11</sup> For these patients, expected payment for services will be limited to the amount Kaweah Health would have received from Medicare or Medi-Cal, whichever is greater. <sup>12</sup>

In determining what if any payment is due from a patient with insurance, the expected payment amount will be compared to the amount paid by their third-party insurance. If the amount paid by the third-party insurance is greater than the expected payment, no payment will be sought from the patient. If the expected payment is greater than the payment received from the third-party insurance, and the patient has a remaining patient responsibility amount, the difference in payment will be sought from the patient subject to a determination of eligibility for financial assistance.

#### E. Governmental Assistance

Kaweah Health makes all reasonable efforts to determine whether medical care would be either fully or partially paid for under other private or public health insurance. Consideration will be given to coverage offered through private health insurance, Medi-Cal, Medicare, California Children's Services, the California Health Benefit Exchange (Covered California), or other state- or county-funded programs designed to provide health coverage. 13

Kaweah Health provides an application for the Medi-Cal program or other state- or county-funded health coverage programs to patients identified as being potentially eligible for Medi-Cal or any other third-party coverage. This application is provided prior to discharge if the patient has been admitted or to patients receiving emergency or outpatient care.. <sup>14</sup>

If a patient applies or has a pending application or related appeal for another health coverage program, or for coverage under their health plan at the time an application for charity or discounted care is submitted, neither application shall preclude eligibility for the other program. Kaweah Health will hold any charity care eligibility determinations until the final disposition of the application or appeal of the health coverage program, if the patient makes a reasonable effort to communicate with Kaweah Health about the progress of any pending appeals.

<sup>&</sup>lt;sup>11</sup> Cal. Health & Safety Code § 127405(a)(1)(A).

<sup>&</sup>lt;sup>12</sup> Cal. Health & Safety Code § 127405(d).

<sup>&</sup>lt;sup>13</sup> Cal. Health & Safety Code § 127420(a).

<sup>&</sup>lt;sup>14</sup> Cal. Health & Safety Code § 127420(b)(4).

# IV. Eligibility Criteria:

# A. General Guidelines:

- 1. Kaweah Health determines eligibility for financially qualified patients in accordance with this policy and applicable state and federal laws.
- 2. Kaweah Health will not defer, deny, or require payment before providing medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under Kaweah Health's Financial Assistance Policy. <sup>15</sup>
- 3. Financially Qualified Patients, as defined above, or any patient who indicates the financial inability to pay a bill for a medically necessary service is screened for charity care.
- 4. Information obtained during the application process for financial assistance may not be used in the collection process, either by Kaweah Health, or by any collection agency engaged by Kaweah Health, except that such information, if independently obtained, may be used by Kaweah Health or any collection agency engaged by Kaweah Health independently of the eligibility process for charity care. <sup>16</sup>
- 5. A patient's status or claims with respect to worker's compensation, automobile insurance, or other insurance, including potential payments from pending litigation or third-party liens related to the incident of care, may be taken into consideration when evaluating the patient's eligibility for charity care or discount payments.
- 6. Emergency physicians providing emergency services in Kaweah Health are required to provide discounts to financially qualified patients whose family incomes are at or below 400 percent of the Federal Poverty Guidelines. <sup>17</sup> At the patient's request, Kaweah Health will advise patients to apply for charity care to the physician's billing company upon the patient's receipt of a bill for services from that billing company. This statement shall not be construed to impose any additional responsibilities upon Kaweah Health.

#### B. Eligibility Guidelines

The following factors are used in the determination of financially qualified recipients and the amount of charity extended.

#### 1. Patient Income

The Federal Poverty Guidelines as established by Health and Human Services will be used to determine annual income guidelines and limits.. 18

<sup>&</sup>lt;sup>15</sup> 26 C.F.R. § 1.501(r)-6(b)(1)(iii).

<sup>&</sup>lt;sup>16</sup> Cal. Health & Safety Code § 127405(e)(3).

<sup>&</sup>lt;sup>17</sup> Cal. Health & Safety Code § 127452(a)

<sup>&</sup>lt;sup>18</sup> Cal. Health & Safety Code § 127405(b).

To determine the patient's eligibility for financial assistance, Kaweah Health considers the patient's family size and family income. Kaweah Health considers annual family earnings and cash benefits from all sources before taxes, less payments made for alimony and child support.

Earnings for the purposes of determining eligibility will be based on the patient's income at the time the patient was first billed. <sup>19</sup>

The applicant may be asked to provide acceptable income verification, such as recent payroll stubs, tax returns, or other items or verification. <sup>20</sup> If the patient is unemployed or does not receive payroll stubs, a written statement of need must be provided by the patient or the patient's representative attesting to their income and employment status as part of their financial assistance application.

# 2. Other Sources of Payment for Services Rendered

The appropriate amount of charity care is determined in relation to the amounts due after applying all other sources of payment. Kaweah Health provides applications for other sources of payment, such as Medi-Cal, if requested by the patient, or if the patient does not indicate coverage by a third-party payor or requests a discounted price or charity care. 21

# C. Patients without Housing

Patients without a residence, source of family income, and mailing address will be classified as charity care eligible. Consideration for charity care must also given to emergency department patients who do not provide adequate information as to their financial status. In many instances, these patients are homeless and have few resources to cover the cost of care.

#### D. Special Circumstances

Charity care may be granted in special circumstances to those who would not otherwise qualify for assistance under this policy. Kaweah Health will document why the decision was made and why the patient did not meet the regular criteria. Special circumstances may include:

- (1) Deceased patients without an estate or third-party coverage.
- (2) Patients who are in bankruptcy or recently completed bankruptcy.
- (3) On rare occasions, a patient's individual circumstances may be such that while they do not meet the regular charity care criteria in this policy, they do not have the ability to pay their Kaweah Health bill. In these situations, with the approval of management (see subsection VII,

<sup>&</sup>lt;sup>19</sup> Cal. Health & Safety Code § 124345(c).

<sup>&</sup>lt;sup>20</sup> Cal. Health & Safety Code § 127405(e)(1).

<sup>&</sup>lt;sup>21</sup> Cal. Health & Safety Code § 127420(b)(4).

below), part or all of their cost of care may be written off as charity care.

#### V. Timelines

# A. Eligibility Period

Eligibility for charity care may be determined at any time Kaweah Health is in receipt of information regarding a patient's family income and financial situation. <sup>22</sup> While it is preferred that such patients be screened upon admission, they may be screened at any time, including throughout any third-party collections process.

Once granted charity care, services the patient receives in the 6-month period following that approval will also remain eligible for such charity care. However, if over the course of that 6-month period the patient's family income or insurance status changes to such an extent that the patient may be ineligible for free or discounted care, the patient has an obligation to report those changes to Kaweah Health. Such subsequent services would require a new charity care application. Any patient may be required to re-apply for charity care after their 6-month eligibility period has expired. Nothing shall limit the number of times a person may request charity care or discounted payments.

# B. Time Requirements for Charity Care Eligibility Determination

Every effort is made to determine a patient's eligibility for charity care as soon as possible. While it is desirable to determine the amount of charity care for which the patient is eligible as close to the time of service as possible, there is no limit on the time when an application or the eligibility determination is made. A determination will be postponed while insurance or other sources of payment are still pending.

The timeframe to make a decision on an application will be extended if the patient has a pending appeal for coverage of the services, until a final determination of that appeal is made. <sup>23</sup> The patient shall make a reasonable effort to communicate with Kaweah Health about the progress of any pending appeals.

For purposes of this section, "pending appeal" includes any of the following: 24

- (1) A grievance or appeal against a health plan;
- (2) An independent medical review;
- (3) A fair hearing for a review of Medi-Cal eligibility or claims; or
- (4) An appeal regarding Medicare coverage consistent with federal law and regulations.

<sup>&</sup>lt;sup>22</sup> Cal. Health & Safety Code § 127405(e)(4).

<sup>&</sup>lt;sup>23</sup> Cal. Health & Safety Code § 127426(a).

<sup>&</sup>lt;sup>24</sup> Cal. Health & Safety Code § 127426(c).

The timeframe to make a decision on an application may also be extended if a patient is attempting to qualify for coverage under any third-party insurance, Medi-Cal, or Medicare, or if the patient has a pending claim with respect to workers' compensation, automobile insurance, or other insurance, including potential payments from pending litigation or third-party liens related to the incident of care.

In some cases, a patient eligible for charity care may not have been identified prior to initiating external collection action. Accordingly, Kaweah Health requires its collection agencies to comply fully with all pertinent state and federal laws and regulations, with this policy on charity care, and with Kaweah Health's Credit and Collection Policy. <sup>25</sup> This will allow the agency to report amounts that they have determined to be uncollectible due to the inability to pay in accordance with Kaweah Health's charity care eligibility guidelines.

# VI. Discounted Care Payment Plans

Kaweah Health will make available reasonable, no-interest payment plans for patients qualifying for Discounted Care under this policy.<sup>27</sup>The plan will be individually negotiated between the patient and Kaweah Health based on the rates outlined in Section III.D. ("Discounted Care"), above. <sup>26</sup> A reasonable payment plan means monthly payments cannot exceed more than ten percent of a patient's family income for a month after deductions for essential living expenses, as defined in Section II above. <sup>27</sup>.

In the event a Financially Qualified Patient still has a remaining balance after payment has been received from third-party payers and an application for financial assistance has been processed, expected payment for services will be limited to the amount Kaweah Health would have received from Medicare or Medi-Cal, whichever is greater.

Any patient who inquires about a payment plan for an outstanding balance who has not already applied for assistance will be informed of the availability of financial assistance and screened for eligibility under this policy.

If a patient defaults in making regular payments, Kaweah Health makes reasonable efforts to contact the patient by phone and in writing, giving notice that the extended payment plan may become inoperative. <sup>28</sup> An attempt at renegotiating the payment plan will be done at the request of

<sup>&</sup>lt;sup>25</sup> Cal. Health & Safety Code § 127425(b).

<sup>&</sup>lt;sup>26</sup> Cal. Health & Safety Code § 127405(b).

<sup>&</sup>lt;sup>27</sup> Cal. Health & Safety Code § 127400(i).

<sup>&</sup>lt;sup>28</sup> Cal. Health & Safety Code § 127425(i).

the patient or their guarantor. Kaweah Health initiates collection efforts only after reasonable efforts to contact the patient have failed and after 90 days of non-payment. Kaweah Health does not report adverse information to a credit-reporting bureau.

#### VII. Patient Finance Processes

# A. Who can grant Charity Care Eligibility

Kaweah Health provides personnel who have been trained to review Financial Assistance applications for completeness and accuracy. Application reviews are completed as quickly as possible considering the patient's need for a timely response.

A Financial Assistance determination will be made only by approved Kaweah Health personnel according to the following levels of authority:

- Account Specialist, Patient Financial Services: Accounts less than \$5,000
- Supervisor, Patient Financial Services: Accounts less than \$25,000
- Manager, Patient Financial Services: Accounts less than \$50,000
- Director of Patent Financial Services: Accounts less than \$100,000
- Chief Financial Officer: Accounts greater than \$100,000

### **B.** Review of Decision

Once a determination has been made, a notification letter will be sent to each applicant advising them of Kaweah Health's decision.

In the event of a dispute prior to an eligibility determination, a patient may seek review from the Patient Accounting Supervisor, Revenue Cycle Manager or Director of Revenue Cycle. <sup>29</sup>

If a patient's application for assistance is denied, the patient has the right to an appeal and review of that decision. A patient may request further review by contacting the Patient Accounting Department. The patient shall include with the appeal an explanation of the dispute and rationale for reconsideration. The patient shall also include any additional relevant documentation to support the patient's appeal.

The review process shall consist of these level of management:

- 1. First Level: Revenue Cycle Manager
- 2. Second Level: Director of Revenue Cycle

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<sup>&</sup>lt;sup>29</sup> Cal. Health & Safety Code § 127405(a)(1)(A).

# C. External Collections

Accounts will not be sent to a collection agency if the patient is in the process of applying for charity care or discounted payment. If the patient does not comply with requests for information or refuses to provide Kaweah Health with information, the account can be sent for collections no sooner than 180 days after initial billing. Prior to sending the account to collections, a notice must be provided to the patient as specified in the Kaweah Health Credit and Collection Policy.

Kaweah Health will only send patient accounts to a collection agency when the collection agency agrees to adhere to all state and federal laws pertaining to fair collection of debt, as well as to those pertaining to charity and discount care. <sup>30</sup> That includes the Kaweah Health Financial Assistance Policy, the Kaweah Health Credit and Collection Policy, the California Hospital Fair Pricing Act, the Rosenthal Fair Debt Collection Practices Act, the federal Fair Debt Collection Practices Act, and the tax regulations at 26 C.F.R. §§ 1.501®-1, et seq.

An account that has been placed with an outside collection agency can be considered for charity care at any time in accordance with Kaweah Health's charity care policy. When, during the collection process, a patient asserts they cannot afford to pay the debt, has failed to make previously agreed upon extended payments, or is otherwise identified by the collection agency as meeting Kaweah Health's charity care eligibility criteria, the collection agency will refer the account to Kaweah Health to screen for charity care eligibility. Kaweah Health will undertake reasonable efforts to gather eligibility information from the patient. If, after such reasonable efforts, the patient fails or refuses to provide required information, the account will be referred back to the collection agency.

If a patient is approved for Financial Assistance under this policy, Kaweah Health and any collection agencies acting on its behalf shall assess the patient's financial status over the previous 8 months to determine eligibility for charity care. Kaweah Health will reimburse financially qualified patients for the amount actually paid over \$5.00, if any, in excess of the amount due for debt related to care received from Kaweah Health. Interest will apply for refunds that are beyond 30 days. Any payments made during the previous 8 months when the patient would have been financially eligible for charity care shall be considered payments "in excess of the amount due," and shall be reimbursed. If the patient is eligible for discounted care, any outstanding balance the patient owes will be reduced according to the discounted care. Any payments the patient made while eligible for discounted care will

<sup>&</sup>lt;sup>30</sup> 26 C.F.R. § 1-501(r)-6(c)(10).

be applied to any amount due from the patient; any amount the patient paid in excess of the discounted care amount due in that month shall be reimbursed. Payments made for debt related to care received from Kaweah Health at a time when the patient was not eligible for Financial Assistance shall not be reimbursed.

Kaweah Health and any collection agencies acting on its behalf shall take all reasonably available measures to reverse any extraordinary collection actions taken against the individual for debt that was 1) incurred for care received from Kaweah Health during the previous 8 months; and 2) incurred at any time at which the patient was eligible for Financial Assistance under this policy. These reasonably available measures include but are not limited to vacating any judgment, lifting any levy or lien on the patient's property, and removing any adverse information reported to any consumer reporting agency from the individual's credit report.

For further information regarding Kaweah Health's internal and external collections policies and practices, including information about actions that may be taken to obtain payment before and after referral to external collections, when and under whose authority patient debt is advanced for collection, policies and practices for the collection of debt, timelines for reporting debt to consumer credit reporting agencies, and the rights and responsibilities of patients, Kaweah Health and external collection agencies retained by Kaweah Health, see the Kaweah Health Credit and Collection Policy.

#### D. Recordkeeping

Kaweah Health keeps records for 10 years relating to potential charity care patients that are readily obtainable.

# E. Application of Policy

This policy only applies to charges or services provided by Kaweah Health and included in a bill from Kaweah Health for such services. Charity care and discounted payment options may or may not be available through non-employed physician groups. At the patient's request, Kaweah Health will advise patients to apply for charity care to the physician's billing company upon the patient's receipt of a bill for services from that billing company.

### VIII. Public Notice and Posting

Kaweah Health widely publicizes this policy in a manner that is reasonably calculated to reach, notify and inform those patients in our communities who are most likely to require financial assistance. <sup>31</sup>

<sup>&</sup>lt;sup>31</sup> 26 C.F.R. §§ 1-501(r)-4(b)(5) - (b)(6).

Kaweah Health accommodates all significant populations that have limited English proficiency (LEP) 32 by translating this policy, the application form, and the plain language summary 33 of this policy into the primary language(s) spoken by each LEP language group that constitutes the lesser of 1,000 individuals or five percent of the community served by Kaweah Health, or the population likely to be affected or encountered by Kaweah Health. Kaweah Health will make further efforts to publicize this policy in languages other than English as appropriate and consistent with requirements under the law. <sup>34</sup>

Public notice of the availability of assistance through this policy shall be made through the following means:

# Availability of Policy and Application

- 1. Kaweah Health makes this policy, applications for assistance, and the plain language summary of this policy, as well as other important information about the availability of financial assistance, widely available on the Kaweah Health website.
- 2. Kaweah Health makes paper copies of this policy, the application for assistance under this policy, and the plain language summary of the policy available upon request and without charge, both by mail and in public locations in the hospital facility, including, at a minimum, in the emergency department, admissions areas, and billing department.

### Posted Notices 35

- Kaweah Health posts notices in a visible manner in locations where there is a high volume of inpatient or outpatient admitting/registration, such as the emergency department, billing office, admitting office, and hospital outpatient service settings.
- 2. Posted notices are in English and Spanish and in a manner consistent with all applicable federal and state laws and regulations.
- 3. Posted notices contain the following information:
  - a. A plain language statement indicating that Kaweah Health has a financial assistance policy for low-income uninsured or underinsured patients who may not be able to pay their bill and that this policy provides for charity or discounted care write-off or a payment plan.

<sup>&</sup>lt;sup>32</sup> 26 C.F.R. § 1-501(r)-4(b)(5)(i)(D)(3)(ii).

<sup>&</sup>lt;sup>33</sup> 26 C.F.R. § 1-501(r)-1(b)(24).

<sup>&</sup>lt;sup>34</sup> Cal. Health & Safety Code § 127410(a).

<sup>&</sup>lt;sup>35</sup> Cal. Health & Safety Code § 127410(b).

- b. A Kaweah Health contact phone number that the patient can call to obtain more information about the policy and about how to apply for assistance.
- c. The internet address for the Health Consumer Alliance (<a href="https://healthconsumer.org">https://healthconsumer.org</a>) and a statement there are organizations that will help the patient understand the billing and billing process.
- d. A statement explaining that for patients who speak a language other than English or Spanish or who have other accessibility needs, Kaweah Health will provide language assistance services and accessibility accommodations free of charge.
- 4. Kaweah Health sets up conspicuous public displays. <sup>36</sup> (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about the policy in public locations in Kaweah Health facilities, including, at a minimum, the emergency department, admissions areas, billing office, and other outpatient settings.

### Written Notices, 37

- 1. Kaweah Health provides all written notices in the language spoken by the patient, as required by applicable state and federal law.
- 2. Upon admission or discharge, Kaweah Health provides to every patient a written, plain language summary of the Kaweah Health Financial Assistance Policy that contains information about the availability of Kaweah Health's charity care policy, eligibility criteria, and the contact information for a Kaweah Health employee or office where the patient may apply or obtain further information about the policy. If any patient is not admitted, the written notice will be provided when patient leaves the facility. If the patient leaves the facility without receiving the written notice, Kaweah Health will mail the notice to the patient within 72 hours of providing services.. <sup>38</sup>
- 3. Kaweah Health includes a conspicuous written notice on all billing statements that notifies and informs patients about the availability of financial assistance under this policy and includes the telephone number of the office or department which can provide information about the policy and application process, and the direct Web site address (or URL). <sup>39</sup> where copies of this policy, the application form, and the plain language summary of this policy may be obtained. <sup>40</sup>

<sup>&</sup>lt;sup>36</sup> 26 C.F.R. § 1-501(r)-4(b)(5)(i)(D)(3).

<sup>&</sup>lt;sup>37</sup> Cal. Health & Safety Code § 127410(a).

<sup>&</sup>lt;sup>38</sup> 26 C.F.R. § 1-501(r)-4(b)(5)(i)(D)(1), Cal. Health & Safety Code § 127410(b)

<sup>&</sup>lt;sup>39</sup> 26 C.F.R. § 1-501(r)-4(b)(5).

<sup>&</sup>lt;sup>40</sup> 26 C.F.R. § 1-501(r)-4(b)(5)(i)(D)(2).

- 4. With each billing statement sent to uninsured patients, Kaweah Health provides a clear and conspicuous notice that contains all of the following: 41
  - a. A statement of charges for services rendered by Kaweah Health.
  - b. A request that the patient inform Kaweah Health if the patient has health insurance coverage, Medicare, Medi-Cal, or other coverage.
  - c. A statement that, if the patient does not have health insurance coverage, the patient may be eligible for Medicare, Healthy Families Program, Medi-Cal, coverage offered through the California Health Benefit Exchange, California Children's Services program, other state-or county-funded health coverage, or charity care.
  - d. A statement indicating how patients may obtain applications for the programs identified in paragraph (c) above.
  - e. A referral to a local consumer assistance center housed at legal services offices. <sup>42</sup>
  - f. Information regarding applications for assistance under this policy, including the following:
  - A statement that indicates that if the patient lacks, or has inadequate, insurance, and meets certain low- and moderateincome requirements, the patient may qualify for discounted payment or charity care.
  - ii. The name and telephone number of a hospital employee or office from whom or which the patient may obtain information about the hospital's discount payment and charity care policies, and how to apply for that assistance.—<sup>43</sup>

<sup>&</sup>lt;sup>41</sup> 26 C.F.R. § 1-501(r)-4(b)(5)(i)(D)(2).

<sup>&</sup>lt;sup>42</sup> Cal Health & Safety Code § 127420(b)(4).

<sup>&</sup>lt;sup>43</sup> Cal Health & Safety Code § 127420(b)(5)

# **HR04 Special Pay Practices**



Policy Number: HR.04	Date Created:12/19/2019	
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 08/27/25	
Approvers: Kelsie Davis (Board Clerk/Executive Assistant to CEO)		
Special Pay Practices		

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

Designated departments may have special pay practices that provide for competitive compensation and/or incentives for employees to work varying shifts or additional shifts. All special pay practices are approved by the Hospital and are subject to change at any time. In all cases, Wage and Hour Law will apply.

#### **Pay Practices:**

Other Hours-

Base rate of pay for additional hours or shifts worked for certain exempt positions approved by HR.

MICN: and TNCC\$1.50 for each active certification(s). when primary cost center is 7010 – Emergency Department. Effective upon pay period following submission/validation of certification to Human Resources.

- RN-Emergency-ED: 2217/2247
- Charge Nurse-Emergency-ED: 2277
- Assistant Nurse Manager-Emergency-ED: 2187

#### **Donning and Doffing Sterile Scrubs**

Employees who work in surgical services or sterile procedural areas are entitled to up to 10 minutes to change into provided sterile scrubs before and after their shift.

#### Sleep Pay

Hourly rate paid to Surgery and Cath Lab employees for those who require an 8-hour gap between the current shift worked and the next scheduled shift. The employee will be paid at the start of the next scheduled shift but is not expected to work until the 9th hour after finishing prior shift

#### **Advanced Practice Provider Incentives**

Refer to policy OCP.01 for volume, extra shift, and patient experience incentives.

#### **Private Home Care Holiday**

Rate is based on where the employee travels. Holiday differential is received for Kaweah Health observed holidays, in addition to Mother's Day and Easter.

#### **Private Home Care On-Call**

Eligible Job Codes:

PHC Staffing Coordinator: 0123 (Base rate of pay for a minimum of 1- hour for on-call) Special Pay Practices 2

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# **HR28 Recruitment and Selection of Staff Members**



Policy Number: HR.28	Date Created: 06/01/2007	
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 10/25/2023	
Approvers: Board of Directors (Administration)		
Recruitment and Selection of Staff Members		

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

#### **POLICY:**

Kaweah Health personnel will be employed on the basis of their training, experience, skill, aptitude, reliability, past performance and other indications of their ability to perform the essential functions and requirements of the job, and their willingness to partner with Kaweah Health in the provision of high quality patient care in accordance with established employment policies.

It is the policy of Kaweah Health to select the strongest candidates for employment by ensuring that the following steps are taken prior to extending an offer of employment:

- A. Ensure a complete and accurate Job Description, including Physical Requirements, is on file with Human Resources;
- B. Ensure the essential functions of the job have been identified;
- C. Ensure the prospective employee meets the minimum requirements of the position.

Further, it is the policy of Kaweah Health to adhere to the philosophy and principles of Equal Employment Opportunity and comply with all local, state, and federal laws applicable to recruiting, interviewing, and selecting employees. All candidates for employment, internal and external, must apply through the Human Resources Department in order to ensure proper screening and consideration, as well as to maintain the appropriate applicant documentation. Further, management will refer all contacts with applicants and employment agencies to Human Resources. (See HR.12- Equal Employment Opportunity.)

All offers of employment will be contingent upon successful completion of a background screening, employer sponsored post offer/pre-employment medical examination, including drug screen, and proof of candidate's legal ability to work in the United States. (See HR.36- New Hire Processing.)

#### PROCEDURE:

- Responsibility of Management/Human Resources
  - A. Hiring Manager must submit a request for a job requisition with approvals from appropriate Manager, Director and Chief Officer, for recruitment of new and replacement positions.

- B. Upon receipt of an approved requisition, Human Resources will post position and source qualified applicants, including internal candidates. External candidates apply through the career site and internals apply through Workday on the Jobs Hub.
- C. New and replacement positions will be posted online for a minimum of five three days to allow equal opportunity for applicant consideration. Internal departmental postings are acceptable when position is limited to current employees within the department or include changes in Shift or Status. The internal posting will allow departments to adjust to changing staffing needs within the department.
- D. Human Resources will maintain a recruitment program that meets the needs of the organization and will continually search for new means and sources to expand our workforce and support patient care.
- E. Human Resources will ensure that all job applicants complete an application for employment. (Will provide accommodation to any applicant who experiences difficulty with the application process and requests reasonable accommodation.)
- F. Human Resources will review qualified applicants and forward selected candidates to the appropriate hiring manager.
- G. Hiring Manager will interview, assess and select candidates to determine the preferred candidate utilizing effective and legal practices. During the interview process, hiring leader will ensure application for employment is complete and accurate, as well as confirm prospective candidate meets minimum position requirements. (An interview panel must be coordinated for all management and director vacancies.)
- H. Following interviews, the hiring manager will notify Human Resources of selection decision.
- I. Human Resources will be responsible for extending the contingent offer to the selected candidate, including hourly rate, benefit eligibility, start date and other relevant information. Human Resources will provide an appropriate starting pay rate based on Kaweah Health's current Compensation Program.
- J. Human Resources will notify the hiring manager on job offer acceptance and pre-employment clearances and start date.
- K. Human Resources will validate job requirements (licensure/certification, degree, driving record, etc.) and will ensure

that post-offer background screening (including regulatory components, criminal convictions, employment verifications), preemployment medical examination and drug screen are satisfactorily completed prior to the employee's start date.

- L. The Hiring Manager will notify candidates who have been interviewed and not chosen for the position.
- M. Human Resources will maintain internal/external applications received and appropriate records of the selection process for two years from application date.

# II. Eligibility for Rehire

If a qualified applicant has been employed previously by Kaweah Health, a review of the former Human Resources file must be completed to determine eligibility for re- employment. Review will include assessment of employment record and circumstances of the termination

Applications from former employees will be considered case-by-case with consideration of the job opening and other relevant factors.

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# **HR36 New Hire Processing**





Policy Number: HR.36	Date Created: 06/01/2007	
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 2/28/2024	
Approvers: Board of Directors (Administration)		
New Hire Processing		

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

#### POLICY:

All applicants who have accepted an offer of employment with Kaweah Health will be required to successfully complete all steps of the new hire process prior to their first day of work, including background check, post offer/pre-employment medical exam, drug screen, and new hire paperwork. This process maintains compliance with The Joint Commission, Title XXII, OSHA requirements, The Americans with Disabilities Act, and all Federal, State, and Local regulations. Applicants who refuse any part of the medical exam, drug screen or new hire processing will not be hired.

Kaweah Health compensates new hires for time spent completing mandatory pre-employment processing, including new hire appointment, medical exam/drug screen, and completion of onboarding paperwork. All non-exempt new employees will be paid a flat two hours at their regular rate of pay for completing these required onboarding activities.

#### PROCEDURE:

#### I. Background Check Results

After the contingent job offer is extended and accepted, applicants are asked to disclose information to Human Resources concerning criminal conviction history. Analysis of criminal convictions will be individually assessed by Human Resources based on the nature and gravity of the offense or conduct, the time that has passed since the offense, conduct and/or completion of the sentence, and the nature of the job held or sought.

Following acceptance of the contingent job offer, a third-party background check is initiated for completion. Applicants are then provided with an electronic email link from the background vendor providing their legal rights concerning consumer reports (background check), and submit authorization allowing Kaweah Health to run background check.

When background results are returned to Human Resources, they are reviewed for consistency with the information disclosed by applicant within the disclosure form and employment application. If results are consistent with what was disclosed and if the criminal history results are not relevant to employment at Kaweah Health, Human Resources will clear the background check and continue with the new hire process.

When background results are not consistent with what was disclosed by applicant, or if the report contains information that raises concern regarding work performance, an assessment will be undertaken by Human Resources. If

New Hire Processing 2

the results of the assessment determine that the offer may be withdrawn, the adverse action process may be initiated.

# II. Adverse Action Process

The third-party vendor completing the background check is considered a consumer reporting agency. As such, per the federal Fair Credit Reporting Act, before taking an adverse action based on information contained in a consumer report (background check), Human Resources will:

- Provide the subject of the report a "Pre-Adverse Action" notice, a copy of the report, and a copy of the document "A Summary of Your Rights Under the Fair Credit Reporting Act" and any applicable state law notices.
- 2. Allow ten (10) days for the applicant to review the report and contact the third-party background company to dispute any information the consumer believes to be inaccurate or incomplete.
- 3. If the applicant does not file a dispute (or based on the results of a dispute investigation), Human Resources may take adverse action. The applicant will be provided with a "Final Adverse Action" Notice, a copy of the report, and a copy of the document "A Summary of Your Rights Under the Fair Credit Reporting Act". Adverse action will result in the withdrawal or rescission of the job offer.

# III. Medical Exam and Drug Screen

Upon clearance of the background check, prospective new hires will be scheduled for a post-offer/pre-employment medical examination at Employee Health Services within 60 days of start date.

The exam is performed utilizing the physical requirements outlined in the job description. The exam will include but not be limited to: drug screen, TB skin test (PPD), diagnostic lab work and immunizations if determined to be necessary by the position to be hired for and the examining practitioner. (See Policy EHS 11- Immunization Requirements for Health Care Workers.) In the event that Employee Health receives a report indicating temporary or permanent work restrictions or presence of a communicable disease, the Employee Health Services Manager, with Medical Director guidance, will make the decision as to whether or not the individual is cleared to be hired for the position offered. If the applicant is deemed to be unable to perform his/her job duties, the applicant will be given the opportunity to request a reasonable accommodation that would allow the new hire with a qualified disability to perform the essential functions of the job, unless the accommodation would create an undue hardship for the organization. (Please refer to HR.16 Reasonable Accommodation & Medical Fitness for Work.)

Employee Health Services notifies Human Resources of clearance or nonclearance results after completion of the post-offer/pre-employment medical New Hire Processing 3

examination and drug screen. Prospective new hires will receive notification from Human Resources if it is determined that they are not fit for employment as a result of the medical exam and/or drug screen.

# IV. New Hire Processing

Upon clearance of the background check, prospective new hires will be scheduled for a processing meeting in Human Resources. New hires will be required to show proof of their right to work in the United States, provide social security card (for payroll and tax purposes only), as well as original licenses, certifications or registrations required for their job.

Electronic new hire paperwork will become available for the new hire to complete in Workday in advance of their start date and is expected to be completed no later than day one of employment.

#### V. Rescinded Job Offers

Job offers may be withdrawn or rescinded due to reasons including results of the background report or drug screen, failure to verify ability to work in the United States, failure to fulfill all components of the employment process in a timely professional manner, and in some cases, the results of the post-offer/pre-employment medical examination (per HR.16- Reasonable Accommodation & Medical Fitness for Work).

# VI. Proof of right to work in the United States

Kaweah Health will comply with the Immigration Reform and Control Act of 1986 which prohibits the employment of unauthorized aliens and requires all employers to implement an employment verification system.

### VII. E-Verify

Kaweah Health participates in E-Verify (effective 7/10/2023) and will provide the federal government with Form I-9 information from each new hire to confirm work authorization.

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# **HR49 Education Assistance**



Policy Number: HR.49	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 3/26/2025

**Approvers: Board of Directors (Administration)** 

#### **Education Assistance**

- Tuition, Books and Fees Reimbursement or Loan Repayment
- Educational Programs and Compensation
- Continuing Education and Conferences
- Professional Certification Fee Reimbursement and Awards

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

#### POLICY:

Kaweah Health recognizes the importance of growth and development of all employees to improve work performance and increase job knowledge and skill. As an employee benefit and in support of the recruitment and retention of qualified employees, Kaweah Health offers a number of programs and opportunities as described in this policy.

The Kaweah Health Education Assistance Program is intended to qualify as an educational assistance program under Internal Revenue Code Section 127, which permits employers to exclude up to \$5,250 annually per employee from taxable income for qualifying educational assistance benefits. This annual limit is subject to future IRS cost-of-living adjustments.

Certain amounts reimbursed up to \$5,250 in a calendar year received under this Educational Assistance program are excluded from wages and other compensation. Monies are reimbursed without being subject to taxes. These programs include <a href="Loan repayment">Loan repayment</a>, reimbursement for reimbursement for tuitiotuition/books/fees and n, books and fees and for fees related to obtaining certifications. <a href="Loan Repayment is currently excluded from wages-through 12/31/2025">Loan Repayment is currently excluded from wages-through 12/31/2025</a> due to the CARES Act. <a href="Employees">Employees</a> are responsible to ensure their annual tax withholdings and disclosures are appropriate. <a href="If an employee receives more than \$5,250">If an employee receives more than \$5,250</a> in a calendar year (January 1-December 31), any excess amount is taxable.

Education Assistance - Tuition, Books and Fees Reimbursement or Loan Repayment

This plan provides the following types of Education Assistance:

A. Tuition and Book Reimbursement- reimbursement of tuition, fees, and books. This does not include tools or supplies (other than textbooks) that you can keep after

completing the course (for example, computers or laptops). Expenses must be paid by the employee in the same calendar year in which reimbursement is requested to qualify as non-taxable reimbursement. -If the expense was paid in a previous calendar year, the reimbursement will be taxable. -

B.

Loan Repayment- payment toward the principal or interest on a qualified education loan. A current loan statement showing the outstanding balance is required. If loan payments have previously been issued by Kaweah Health, the statement must show those funds applied as a credit for the prior period.

# **Eligibility**

Employees may apply for tuition and book reimbursement or loan repayment for educational programs relevant to positions at Kaweah Health. Eligibility requirements include:

Status: Active full-time or part-time benefit-eligible employee.

**Service**: One year of continuous employment. For tuition reimbursement, classes must start after the employee's hire date. Loan repayment expenses are eligible if incurred prior to employment.

<u>Performance</u>: Most recent completed performance evaluation rated "Successful" or higher.

<u>Disciplinary History</u>: No active Level II or III Performance Correction Notices in the past 12 months.

Full-time and part-time employees may apply for reimbursement of tuition, books and fees or loan repayment for educational programs applicable to positions at Kaweah Health. An employee must have completed 2080 hours (1872 hours for 12-hour shift employees) of active employment and have received at least one-performance evaluation before submitting a request for Tuition, Books, and Fees or Loan Repayment. Employees who have received a performance evaluation below an overall "Successful" rating or a Level II or III Performance Correction Notice-within the prior 12 months are not eligible for that year, even if they had been previously eligible. If performance in a subsequent year meets expectations and there are no Performance Correction Notices, the employee is eligible again for reimbursement or loan repayment. No retroactive payments will be made; the lifetime amounts remain the same as long as eligibility and all requirements are met.

### **Benefit Limits**

Lifetime maximum amounts for reimbursement or outstanding student loan repayments combined for each degree level.

Note: Tuition and book reimbursement is taxable if requested in a different year than when the expenses were incurred, while employer paid loan payments, even for loans taken before employment, are not taxable.

Up to \$2,500 for Associates Degree or educational programs leading to a

certification required for a position at Kaweah Health.

- Up to \$10,000 for a Baccalaureate Degrees, limited to \$2,500 per calendar year. Payments are made over four or more years if employee remains employed in an active full-time or part-time-benefitted status.
- Up to \$15,000 for a Masters' Degree, limited to \$5,000 per calendar year. Payments are made over three or more years if employee remains employed in an active full-time or part-time-benefited status. If receiving reimbursement for a Baccalaureate Degree, reimbursable monies for a Master's Degree will begin once the Baccalaureate Degree reimbursement is completed.
- Up to \$20,000 for Doctoral Degree (Pharmacy, Physical Therapy and Nursing Director or Manager, DNP or PhD in Nursing, or RN with BSN in a program for Nurse Practitioner that requires DNP), limited to \$5,000 per calendar year.
   Payments are made over four years if employee remains employed in an active full-time or part-time-benefited status. If receiving reimbursement for a Bachelors' or Masters' Degree, reimbursable monies for a Doctoral Degree will begin once the Masters' Degree reimbursement is completed.

Up to \$20,000 for Doctoral Degree (Pharmacy, Physical Therapy and Nursing Director or Manager, DNP or PhD in Nursing, or RN with BSN in a program for Nurse-Practitioner that requires DNP), limited to \$5,000 per calendar year. Payments are made over four years if employee remains employed in an active full-time or part-time-benefited status. If receiving reimbursement for a Bachelors' or Masters' Degree, reimbursable monies for a Doctoral Degree will begin once the Masters' Degree reimbursement is completed.

If receiving reimbursement for a Bachelors' or Masters' Degree, reimbursable monies for a Doctoral Degree will begin once the Masters' Degree reimbursement is completed.

For all reimbursements or loan repayments, employees are required to exhaust all school, program, federal or state grant, scholarship and loan repayment opportunities offered prior to submitting a Reimbursement Form or Loan Repayment Form to Kaweah Health. These include, but are not limited to:

- Nurse Corps
- Health Professions Education Foundation
- CSLRP Loan Repayment Program only applicable to certain approved specialties and must be Primary Care
- Public Service Loan Forgiveness

In no case will an employee receive more than \$5,000 in a calendar year.

### **Application Process**

Employees meeting the eligibility requirements may submit a Book and Tuition Reimbursement Form or Loan Repayment Form to Human Resources. Applications must include all required signatures, including the employee's Manager and Director (or Chief Officer for Director-level employees). Incomplete applications will not be processed.

The Reimbursement Form and original receipts as well as grades verifying course completion must be submitted to Human Resources. A grade of C or better in graded courses and/or a grade of "Credit" in a Credit/No Credit course indicates successful completion. For loan repayment, a current outstanding educational loan statement must be attached to the application. If prior loan repayments have been issued, at least 2/3 of the monies received from Kaweah Health must show as a credit on the statement for the prior period. If not, there is no payment for the current year. The employee may reapply in future years providing evidence of loan payments.

For tuition reimbursement requests, forms may be submitted as expenses are incurred, up to the annual maximum limits. Employees must submit itemized receipts for tuition and books. Expenses paid in a previous calendar year will result in taxable reimbursement. For ongoing reimbursement, employees must also submit official grades or transcripts for previously completed coursework. These documents verify successful completion and determine eligibility for continued reimbursement. A minimum grade of C in graded courses, or a grade of "Credit" in Credit/No Credit courses, is required to remain eligible for future reimbursement.

For loan repayment requests, forms may be submitted annually. Each submission must include a current educational loan statement showing the outstanding balance. If the employee has previously received loan repayments from Kaweah Health, the statement must also show that those funds were applied to the loan balance. If this condition is not met, no payment will be issued for the current year. Employees may reapply in a future year by providing documentation of qualifying loan payments.

# Applications that are incomplete or missing any of the required signatures will not be processed.

An employee may request pre-approval for the Tuition Reimbursement portion of this policy. If so, the employee must submit the form two weeks prior to the beginning of class or the program. A letter of approval/disapproval will be sent to the employee. If pre-approval is granted, all conditions of successful completion of the class or program must still be achieved to remain eligible for reimbursement.

Reimbursement or Loan Repayment Forms are due upon course completion or annually each year following the successful completion of the performance evaluation.

The Reimbursement Form and original receipts as well as grades verifying course completion must be submitted to Human Resources. A grade of C or better in graded courses and/or a grade of "Credit" in a Credit/No Credit course indicates successful completion. For loan-repayment, a current outstanding educational loan statement must be attached to the application. If prior loan repayments have been issued, at least 2/3 of the monies received from Kaweah Health must show as a credit on the statement for the prior period. If not, there is no payment for the current year. The employee may reapply in future years providing evidence of loan payments.

All signatures on applications are required to be obtained prior to submitting the application to Human Resources, including the employee's Director or Chief Officer for Directors submitting for reimbursement, and the designated Human Resources Director.

# Kaweah Health Sponsored Programs

Kaweah Health has partnership agreements in place with several school programs for difficult to fill positions. Kaweah Health employees selected for sponsorship are subject to the details of the applicable program agreement.

# Terms and Conditions

Nothing in this policy shall be construed to bind either Kaweah Health or the employee to any period of employment with the other. Each party recognizes that employment is terminable at the will of either party.

Class attendance and completion of study assignments will be accomplished outside of the employee's regularly scheduled working hours. It is expected that educational activities will not interfere with the employee's work.

## EDUCATIONAL PROGRAMS AND COMPENSATION

Kaweah Health provides various educational programs and opportunities for employees including but not limited to formal hospital/departmental/unit specific orientation, annual requirements, inservices related to new equipment or procedures, maintenance of certifications as required for identified positions, and staff meetings. Appropriate compensation will be provided in accordance with regulatory and Kaweah Health established guidelines.

# Mandatory Education

- Programs may be designed as mandatory by Kaweah Health, a Chief Officer, a Director or a Manager. These programs may be offered during scheduled working hours or outside of scheduled working hours.
- Mandatory programs such as meetings, courses, and orientations will be compensated by Kaweah Health. Education hours will be considered productive time and as such will be paid in compliance with applicable wage and labor regulations and policy and are subject to adherence to the policies and procedures that govern productive time, i.e. – dress code, attendance, etc. (Refer to Policies HR.184—Attendance and Punctuality, HR.197 Dress Code -Professional Appearance Guidelines.)
- Courses may consist of instructor led training, computer based learning/testing, or blended learning defined as computer based learning followed by instructor led discussion or skills testing.

- With the exception of illness, approved absence or scheduled vacation, all employees must attend mandatory meetings. Reasonable notice is to be provided to employees of upcoming mandatory meetings. If the employee is unable to attend, he/she should request an absence. An employee who is unable to attend may be required to read and initial the meeting minutes or attend an additional meeting or program.
- Employees are to give advanced notice for cancellation of any class or program in which they are enrolled, whether voluntary or mandatory. Advanced notice for cancellation is defined as the following:
  - 1. If class is on Tuesday through Friday, cancel the day before by 8:00am. EXAMPLE: Class is Wednesday at noon- must cancel before Tuesday 8:00 am.
  - 2. If class is on Monday, cancel prior to 23:59 on Saturday Attendance & Punctuality
  - 3. Classes need to be cancelled through our Learning Management System (LMS)
  - 4. If the employee cannot cancel in our LMS or they are past the defined time for advanced notice, the employee must contact their manager via phone or email letting them know they cannot attend.
  - 5. Employees must be on time.
  - Failure to give advance notice may count as an occurrence under the Attendance Policy HR.184. Refer to Progressive Discipline policy HR 216.
- Assignment to attend during regular work hours will be made at the discretion of the department leader. Any deviations from mandatory attendance will be made at the discretion of the department leader.

# COMPENSATION FOR KAWEAH HEALTH ASSIGNED JOB REQUIREMENTS

Employees who participate in courses will be paid for such time if the course is required for their position or they have obtained manager approval prior to participating in the course.

- Courses should be scheduled on non-work days and overtime should be avoided to the extent possible.
- If the course is offered at Kaweah Health, no reimbursement will be provided for programs taken elsewhere unless manager approval is obtained prior to attending an outside course.
- Instructor led training will be paid for actual time spent in the classroom. Staff who arrive late or unprepared will not be allowed to participate in the course and will not be paid for the attempt to participate.

Education Assistance 5

• Computer based courses/testing will be paid for actual time spent completing the course/test. Whenever possible, it should be completed onsite and during scheduled hours. Any training completed offsite must be approved in advance by their manager, and staff must submit a time card correction. Staff are expected to remain focused on the training and complete it within the expected time frame to the extent possible. If it takes longer, staff are expected to report this to their manager along with any extenuating circumstances. Fees charged to access online courses will not be reimbursed unless management approval is obtained prior to purchasing the course.

• Time spent by employees attending training programs, lectures and meetings are not counted as hours worked if attendance is voluntary on the part of the employee or the course is not related to the employee's job.

Employees must use the current time keeping system to record actual time for training in order to receive compensation for education hours.

Established hours expected for successful completion of online training includes but is not limited to the following:

Online Training	Hours Expected (Record Actual Time)
HeartCode BLS	3
ACLS/PALS required pre-course self-	2
assessment	
NRP	4
STABLE	2
NDNQI Pressure Ulcer Training	1 (per module/max 4 modules)
NIHSS Stroke Certification	4
Other Online Modules/Testing	Variable based on module length, TBD prior to module release

#### CONTINUING EDUCATION AND CONFERENCES

With the assistance of Human Resources and Clinical Education, department leaders plan, develop, and present educational offerings to Kaweah Health employees on a continuous and ongoing basis. Continuing education includes all forms of job-related training, whether offered by Kaweah Health or by an outside organization.

Many different methods are utilized for staff education such as formal continuing education classes, in-services, web-based education, one-on-one instruction, teleconferences, self- learning modules, and conferences.

Education Assistance 6

Reference materials for staff education are available within their respective departments, Kaweah Health Library, Kaweah Health intranet and/or resources online.

Types of educational offerings are determined as a result of Performance Improvement and Risk Management activities, new and changing technology, therapeutic and pharmacological intervention, regulatory and accreditation bodies, and identified or stated learning needs of employees.

Continuing education events may be required by Kaweah Health and if mandatory, the costs and time for attendance will be paid. If a program is voluntary, any payment or reimbursement of expenses and time for attendance will be determined by the department leader.

#### Conferences

A department may budget for short-term conference or seminar-type trainings for employees. It is the responsibility of the employee to complete the Travel Reimbursement Form and secure approval in advance of the training for all anticipated expenses, including approval for the hours to attend and whether hours in attendance will be paid. Conferences may be required by Kaweah Health and if mandatory, the costs and time for attendance will be paid.

Refer to AP19 Travel, Per Diem and Other Employee Reimbursements

# PROFESSIONAL CERTIFICATION FEE REIMBURSEMENT AND AWARDS

As determined by the area Chief Officer, pre-approved professional certification fees are available to full-time and part-time employees attaining and/or maintaining professional certification(s) in their vocational area.

Employees must have successfully completed six months of employment to be eligible for this reimbursement or awards.

Professional Certification Criteria: To be reimbursed for examination fees and to qualify for the monetary award, the professional certification attained by the employee must:

- Not be a requirement for the staff members job code;
- Be sponsored by a national professional organization
- Involve an initial written examination that is available nationally and tests a professional body of knowledge (i.e., not technical such as ACLS, BCLS, etc.);
- Specify a defined recertification interval

Education Assistance 7

Professional Certification Exclusions: Certification necessary as a condition of employment or as a minimum requirement for the position in which the employee is employed with Kaweah Health is not eligible under this program.

Employees may request reimbursement for exam and renewal fees associated with the examination up to a maximum of \$250; the maximum an employee may receive for all exam and renewal fees under this program is \$250 per calendar year. These fees are not taxable as long as the annual maximum received in reimbursement for tuition, books, and fees and Loan Repayment is under \$5,250. Expenses that are not eligible for reimbursement, include but are not limited to travel, food, and lodging. The continuing education costs themselves and renewal fees without an exam or continuing education requirement are not eligible. Reimbursements must be submitted to Human Resources within 30 days of obtaining certification. Reimbursement monies will be included in the employee's next paycheck.

Employees receiving an initial certification or renewal are eligible for a monetary award in recognition of their accomplishment. Full-time and part-time employees will receive an award of \$500. The maximum amount of award per calendar year is \$500. Award monies are taxable in accordance with employee exemptions on file.

Employees requesting reimbursement for examination or renewal fees and/or a monetary award may request the appropriate form through Human Resources.

All signatures on applications are required to be obtained prior to submitting the application to Human Resources, including the employee's Director or Chief Officer for Directors submitting for reimbursement and the Director of Human Resources.

Any exceptions to this policy must be approved by the Chief Human Resources Officer.

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

# HR62 Exempt Employees Pay/Salary Basis Safe Harbor Provision





Policy Number: HR.62	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 08/23/2023
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (Chief Human Resources Officer)	
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

#### POLICY:

In accordance with the Fair Labor Standards Act exempt employees of Kaweah Health are required to be paid on a salary basis. That means that an exempt employee must regularly receive a predetermined amount of compensation each week without regard to the number of days or hours worked in a day (subject to the exceptions below). The District has a general expectation that regular business hours are 8:00am-5:00pm Monday through Friday. Arrival and departure time for exempt staff are determined by business needs and schedules of each department. Exempt employees need not be paid for any workweek in which they perform no work.

Exempt employees may hold concurrent jobs within Kaweah Health but may not work more than twenty (20) hours of non-exempt work in a week.

#### PROCEDURE:

# I. Exceptions to the Salary Basis Rule

The requirement to provide a predetermined amount of compensation each week, is subject to the following exceptions:

- A. Accrued and unused Paid Time Off (PTO) must be utilized for absences of a full day. If the employee does not have PTO accrued to cover the absence the employee will be allowed to go into the negative for a short time, until accrual is earned back in successive pay periods.
- B. The District can offset any amounts received by the employee as jury or witness fees or military pay for a particular week against the salary paid that week by the District for the leave in question.
- C. Deductions from pay may be made for unpaid disciplinary suspensions of one or more full days imposed in good faith for workplace conduct rule infractions. Employees with accrued and unused PTO may utilize this benefit during a disciplinary suspension.

- D. The District is permitted to pay a proportionate part of an exempt employee's full weekly salary for the time actually worked in the first and last week of employment.
- E. Partial day deductions are only allowed for unpaid leave taken in accordance with the Family and Medical Leave Act. Managers/timekeepers have the ability to enter this time for payroll purposes.
- II. Deductions from an exempt employee's pay during a work week cannot be made as a result of absences due to the circumstances listed below.
  - A. Jury duty.
  - B. Attendance as a witness in a court proceeding.
  - C. Temporary military leave.
- III. All exempt employees accrue Paid Time Off (PTO) and Extended Illness Bank (EIB) time beginning on the first pay period of employment.
- IV. Managers, Directors, Executives, and Executive Assistants will accrue two days of flex time per year. The hours accrued are based on employee's shift length (8 vs. 10 hours). The first day is accrued and available on January 1st and he second day is accrued and available on July 1st annually and may be requested like PTO in Workday. New hires in qualifying positions will receive the accrual upon hire for the six-month window that they are hired in. may take one day of "flextime" between January 1 and June 30, and July 1 and December 31 of each calendar year.
- V. An exempt employee will be required to use accrued Extended Illness Bank (EIB) for time off from work when applicable(i.e. EIB-Kin and coordination with temporary disability or state disability insurance).

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# **HR66 Payroll Deductions**





Policy Number: HR.66	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 2/28/2024
Approvers: Board of Directors (Administration)	
Payroll Deductions	

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

#### POLICY:

To inform employees of the requirements regarding the different categories of payroll deductions and our responsibilities as an employer.

As required by law, there are deductions that employers are required to withhold from employees' wages.

- I. Statutory Payroll Deductions
  - 1. Federal Income Tax (Determined by employee's W-4 Form and current Federal Tax Tables)
  - 2. F.I.C.A. Social Security and Medicare Determined by Current Year federal rates.
  - 3. S.D.I.- California State Disability Insurance Determined by Current Year CA rate.
  - 4. S.I.T. State Income Tax (Determined by employee's W-4 Form or DE 4 Form and current CA Tax Tables)

Wage Garnishments / Earnings Withholding / Tax Levies / Child & Spousal Support Orders:

As an employer, Kaweah Health must comply with all written notices received according to instructions issued by the respective agency. The employee will be mailed a copy of the notice received and it is their responsibility to act quickly if they wish to obtain a release, modification, or termination of the withholding order. Kaweah Health cannot stop an order to withhold prematurely unless the issuing agency instructs us to do so in writing. Voluntary wage assignments will not be honored by Kaweah Health.

II. Voluntary Payroll Deductions Voluntary payroll deductions include:

Retirement benefits such as 401k and 457b, medical, dental, vision, FSA, life, short term and long term disability and other benefits offered by employer usually during open enrollment, when there is a change in family status, or for new hired staff. Some of these deductions may change when there is a change in family status, or for newly hired staff. Some of these deductions may be taken pre-tax and some after-tax.

Payroll Deductions 2

Other voluntary payroll deductions include: cafeteria, pharmacy, Kaweah Korner, Gift Shop, LFC membership and purchases, as well as Kaweah Health Foundation donations.

Any balance owed to Kaweah Health will be deducted from the final paycheck. Deductions taken from an employee's final paycheck must be pre-authorized in writing by the employee.

III. Payroll deductions may reduce an employee's overall gross pay causing retirement deductions to fall below their elected deferral rate. Ex. If an employee has a deferral rate of 80% for their 401k, but has Lifestyle Center, dietary charges, etc., the actual deduction for 401k may not equal 80% of the employee's gross pay.

IV. If an employee believes an improper deduction was withheld from their pay, or has questions regarding payroll deductions, he or she should contact the payroll department.

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# HR70 Meal Periods, Rest Breaks and Breastfeeding, and/or Lactation Accommodation



#### **Human Resources**

Policy Number: HR.70	Date Created: 06/01/2007	
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 12/18/2024	
Approvers: Board of Directors (Administration), Kelsie Davis (Board Clerk/Executive Assistant to CEO)		
Meal Periods, Rest Breaks and Breastfeeding, and/or Lactation Accommodation		

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

#### PURPOSE:

It is important that Kaweah Health employees receive their meal periods and rest breaks. These assist staff in attending to personal matters as well as downtime. Kaweah Health will facilitate meal periods and rest breaks by relieving employees of duties for specified amounts of time. In addition, Kaweah Health will provide rest and recovery periods related to heat illness for occupations that may be affected by same (i.e. Maintenance employees who work outdoors). Kaweah Health supports new mothers who desire to express milk for their infants while at work. Kaweah Health will provide the use of a room, or other location to the nursing mothers work area for expressing milk.

#### MEAL PERIOD POLICY AND PROCEDURE:

For non-exempt employees working more than five hours per day, including 8-, 9-, or 10-hour shift employees, Kaweah Health will provide, and employees are expected to take a 30-minute duty-free meal period. The meal period will be scheduled to start within the first five hours of each shift, i.e. the meal period must start before the end of the fifth hour in the shift. An employee who works routinely six hours or less per day may voluntarily choose to waive the meal period in writing.

For non-exempt employees working more than ten hours per day, including 12-hour shift employees, Kaweah Health will provide, and employees are expected to take a second 30-minute duty-free meal period; this meal period must start before the end of the tenth hour of the shift. Employees working more than ten hours, but less than twelve hours may choose to waive, in writing, one of the two meal periods provided. If one of the two meal periods is waived, the single meal period will be scheduled approximately in the middle of the workday as practicable. An employee working more than 12 hours is authorized and expected to take a third 30-minute meal period.

Meal periods will be made available and provided by Kaweah Health Leaders; it is each employee's responsibility to ensure that they are taking appropriate meal periods as set forth in the policy. 30 minute uninterrupted meal periods are to be scheduled. On rare occasions, an employee may request to delay their meal period. If an employee voluntarily delays a meal period that is permitted. Kaweah Health retains the right to set work schedules, including meal periods and rest break schedules.

Meal periods will be unpaid only if the employee is relieved of all duty for at least 30

minutes and the employee is not interrupted during the meal period with work-related requests. Non- exempt employees may leave the organization premises during meal periods, but are to notify their supervisor if they do leave, and inform them when they return.

Employees who are not provided a 30- minute meal period of uninterrupted time in a timely manner as described are entitled to one hour of pay at their regular rate of pay (pay code MPRB1hour). An employee who is not provided with a meal period according to policy must, complete a time adjustment sheet by the end of the current pay period and notify their leader. The leader will authorize payment of premium pay in the timekeeping system. Note that if the employee voluntarily delays their meal period, no additional pay of one hour will be paid.

In particular circumstances and based solely on the nature of the work, and with the approval of Human Resources, a revocable On-Duty Meal Period Agreement can be completed by the employee and Kaweah Health. This typically applies when there are few employees in a department or night shift is limited.

The beginning and end of each meal period must be accurately recorded on the time card or timekeeping system.

#### MEAL PERIOD WAIVER

Employee or Kaweah Health may revoke a signed "Meal Period Waiver" at any time providing at least one day's advance notice in writing to Human Resources and their manager. Otherwise the waiver will remain in effect until revoked.

#### **REST BREAK POLICY AND PROCEDURE:**

By way of this policy, non-exempt employees are also authorized, permitted, and expected to take a 10-minute rest break for every four hours of work or major fraction thereof. Employees must work at least 3.5 hours to be entitled to a rest break. Rest breaks should be taken in the middle of each 4- hour period in so far as it is practicable. These rest breaks are authorized by Kaweah Health; but it is each employee's responsibility to ensure that they are taking appropriate rest breaks.

Rest breaks are considered paid time, and employees do not clock out and clock in for taking such breaks. Leaving the organization premises is not permitted during a rest break.

If for some reason, an employee's rest break is not authorized or permitted, the employee will be entitled to one hour of pay at their regular rate of pay. An employee who is not authorized or permitted to take a rest break according to policy must complete a time adjustment sheet by the end of the current pay period and notify their leader. Only one premium payment per day will be paid for missing one or more rest breaks.

# **ADDITIONAL INFORMATION:**

An employee may be entitled to no more than two hours of premium pay per day (one for a meal period that was not provided and one for one or more rest breaks that were not authorized or permitted). Employees are required to submit time adjustment sheets by the end of the current pay period for the missed or interrupted meal break or unauthorized rest break listing the reason or reasons for a missed or shortened meal period or a missed rest break.

Employees may not shorten the normal workday by not taking or combining breaks, nor may employees combine rest breaks and meal periods for an extended break or meal

#### period

Non-Exempt employees are entitled to rest breaks as follows:

- Less Than 3.5 Hours: An employee who works less than three-and-a-half is not entitled to a rest break.
- 3.5 Hours or More: An employee who works three-and-a-half hours or more is entitled to one ten-minute rest period.
- More than 6 Hours: An employee who works more than six hours is entitled to two ten-minute rest periods, for a total of 20 minutes of resting time during their shift.
- More than 10 Hours: An employee who works more than ten hours is entitled to three ten-minute rest periods, for a total of 30 minutes of resting time during their shift.
- An employee is entitled to another ten-minute rest period every time they pass another four-hour, or major fraction thereof, milestone.

How Many Meal Breaks Must be Taken:

- 5 Hours or Less: An employee who works five hours or less is not entitled to a meal break.
- More than 5 Hours: An employee who works more than five hours is entitled to one 30- minute meal break.
- More than 10 Hours: An employee who works more than ten hours is entitled to a second 30-minute meal break.

#### BREASTFEEDING AND/OR LACTATION ACCOMMODATION

Kaweah Health is compliant with the Pregnant Workers Fairness Act (PWFA) requirements and the Providing Urgent Maternal Protections for Nursing Mothers Act (PUMP Act). Kaweah Health will provide a reasonable amount of break time to allow an employee to express breast milk for that employee's infant child. The break time will run concurrently, if possible, with any rest break or meal period time already provided to the nursing mother. If it is not possible for the break time that is already provided to the employee, the break time shall be unpaid.

Kaweah Health will make reasonable efforts to provide the nursing mother with the use of a room or other location in close proximity to their work area for the nursing mother to express milk in private. If a refrigerator cannot be provided, Kaweah Health may provide another cooling device suitable for storing milk, such as a lunch cooler.

There are several designated lactation rooms that may be found throughout Kaweah Health. Their locations are the following:

- a) Mineral King Wing, 1st Floor MK lobby by Lab Station
- b) Mineral King Wing, 2<sup>nd</sup> Floor on the left heading to ICU
- c) Mineral King Wing, 3<sup>rd</sup> Floor on the left just past the stairwell
- d) Acequia Wing, Mother/Baby Department
- e) Support Services Building, 3<sup>rd</sup> Floor, (Computer available)
- f) South Campus, next to Urgent Care Lobby
- g) Imaging Center/Breast Center Office (Computer available)
- g) Imaging Center, in the X-Ray Dressing room (135)

- h) Mental Health Hospital, Breakroom Suite
- i) Visalia Dialysis, Conference Room, (Computer available)
- j) Exeter Health Clinic, Family Practice Department, (Computer available)
- k) Woodlake Health Clinic, (Computer available)
- I) Dinuba Health Clinic, (Computer available)
- m) Lindsay Health Clinic, (Computer available)
- n) Rehabilitation Hospital, next to Outpatient Speech Therapy Office

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# **HR72 Standby and Callback Pay**





Policy Number: HR.72	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 6/25/2025
Approvers: Board of Directors (Administration), Kelsie Davis (Board Clerk/Executive Assistant to CEO)	
Standby and Callback Pay	

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

#### PURPOSE:

To establish standards for Standby and Call Back requirements and to compensate employees who, at Kaweah Health's request, are required to make themselves available for work if called.

#### POLICY:

Employees assigned to take Standby will be available to work as needed. Standby is paid at the California Healthcare Minimum Wage for non-exempt employees.

For exempt employees, pay practices may vary depending on the nature of the work to be performed.

- Pharmacists in Pharmacy-Home Infusion KHHIP (7299) will receive one hour of "other hours" on weekdays, and two hours on weekend when on Standby. If called in, they will record "other hours" for actual hours worked.
- In ISS departments, exempt employees will receive \$100 stipend for weekdays and

\$200 stipend on the weekends. No call back will be paid for ISS with the exception of holidays. On District approved holidays, ISS will receive the appropriate stipend as well as "other hours" for actual hours worked.

 Employees in the Physician Assistant – Surgery-Cardiac and RN-Nurse Practitioner-Surgery-Cardiac job profiles are eligible for Standby paid at the California Healthcare Minimum Wage and callback pay on hours worked if called in.

In addition, certain departments are eligible for Call Back when on Standby. Call Back pay will not apply if Call Back occurs on a previously scheduled regular shift. Home Health staff record "base pay" when on Standby but called to work. Kaweah Health reserves the right to adjust the Standby rate and Call Back paid to specific positions as conditions warrant.

- 1. While on Standby, an employee will not be required to remain on Kaweah Health premises but is required to leave word at his/her residence or where he/she can be reached or may voluntarily utilize their own cell phone.
- 2. Standby and Call Back time will be recorded via regular timekeeping. Standby and Call Back will not be paid for the same hours. In addition,

Standby should not be scheduled within 8 hours after the end of a shift for which the employee has claimed sick time.

- 3. If the employee has been called off from his/her regular schedule and placed on Standby:
  - a. The hours for which the employee will receive Standby payment will be determined by the department leader. In addition to recording Standby on the timekeeping system, PTO Mandatory Dock or Mandatory Dock-No Pay is to be recorded for the employee to receive Paid Time Off and EIB accruals.
  - b. If the employee is called back to work, the hours worked will be paid at the employee's base rate, unless the employee has met overtime requirements. It is expected that the staff member on standby will respond and drive promptly to work upon notification of the need to come back in.
- 4. When on pre-scheduled Standby (primarily Cath Lab, Surgical Services, Clinical Engineering, and certain ISS departments), non-exempt employees do not record Mandatory Dock pay codes, but are paid Call Back pay for work. Call Back begins when the employee arrives at and/or begins work.
  - a. An employee answering questions by telephone for Call Back is paid for the actual hours worked only.
  - b. Call Back will not be paid for hours during which the employee is working his/her regular schedule.
  - c. Surgical Services receive a minimum of two hours Call Back when called in and the need does not require them to be on site two hours. The two-hour period will extend from the second time of arrival.
  - d. Travel time is not paid except in areas of Home Health and Hospice and in accordance with Federal law.

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# **HR74 Telecommuting**





Policy Number: HR.74	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 10/25/2023
Approvers: Board of Directors (Administration)	
Telecommuting	

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

## **POLICY**

This policy on telecommuting applies to affected employees and provides for security for all records by limiting and monitoring access to the communication and computer systems.

Kaweah Health considers telecommuting to be a viable work option for certain employees which, benefits both Kaweah Health and the telecommuter. A telecommuter is an employee who works for Kaweah Health from a home, or other remote office for some part of the regularly scheduled workweek. Telecommuting does not change the basic terms and conditions of employment with Kaweah Health. All Kaweah Health employees, including telecommuters, are subject to Kaweah Health's employment policies and procedures. A telecommuter will be required to sign a copy of this Policy as a condition of being a telecommuter. These documents will be kept in the employee's Personnel file.

Kaweah Health may change the conditions under which the telecommuter is authorized to telecommute or it may cancel the privileges of telecommuting with or without cause and with or without notice.

#### PROCEDURE:

The employee may request to be considered for telecommuting privileges and/or department leadership may request the employee to work remotely according to the needs of the department.

#### General

- Employees entering into a telecommuting agreement may be required to forfeit use of a designated onsite workstation in favor of a shared arrangement to maximize office space needs.
- 2. Telecommuters who request a change in telecommuting status to return to work onsite must provide a written notice to their manager before returning to work onsite in order to provide management time to arrange for a work station. Kaweah Health will consider the request and if agreed, will ensure a transition within a reasonable timeframe. Kaweah Health reserves the right to deny the request.
- 3. <u>Telecommuter agrees to make or maintain dependent care arrangements to permit concentration on work assignments.</u> The telecommuter understands

that working remotely is not a substitute for dependent care. The telecommuter may not provide primary care for a child, children, and/or elders during working hours. If children or elders are in the remote office during working hours, another responsible individual should be present to provide primary care. The focus of the arrangement must remain on the job performance and meeting business demands.

# Eligibility

The management team will determine which position/roles qualify for telecommuting. Telecommuters must be able to perform functions of their job in a remote setting.

- The telecommuter must be proficient in all aspects of their assigned job functions. Department quality and productivity standards may be a condition of approval for telecommuting.
- 2. The telecommuter must have the ability to work independently with minimal assistance and/or supervision.
- The telecommuter must demonstrate familiarity with computer operations and software and must be able to troubleshoot computer and technical issues and communicate effectively with the management team, ISS Helpdesk and other technical support personnel.
- Remote opportunities may not be extended/offered to employees who are currently in disciplinary action or have low scores on a performance evaluation.
- Department management will establish the manner and frequency of communication.

## Telecommuter Scheduled Workweek:

- 1. The telecommuter agrees that he or she will be accessible during their regularly scheduled hours while working from his or her home office or any other remote office. A non-exempt telecommuter must also take his or her required meal periods and rest breaks and must obtain pre-approval to work any overtime in accordance with Kaweah Health policy. Changes to the telecommuter's work schedule must be approved by department management.
- 2. Telecommuters may be scheduled a portion of their time to routinely work onsite at the discretion of management.
- 3. Telecommuters will continue to utilize Workday to clock in and out or other timekeeping protocol as per existing policies. Worked hours may be verified by examining the production reports as well as computer log-in and log-out times. Falsification of any records will be grounds for progressive discipline up to and including termination of employment.
- 4. Telecommuters will request management approval for time off by submitting an absence request in Workday and completing any other department specific time off request processes.

# <u>Telecommuter Workplace:</u>

1. The telecommuter is responsible for designating and maintaining a workplace

- that is free from recognized hazards and that complies with all occupational safety and health standards, rules and regulations.
- 2. To ensure that safe work conditions exist, the telecommuter will allow representatives of Kaweah Health to have prompt access to and to inspect the telecommuter's designated workplace at any reasonable time on any regularly scheduled workday. The telecommuter is responsible for setting up and maintaining an ergonomically correct workstation. Employees requiring assistance in this regard should contact Human Resources.
- 3. The telecommuter agrees that he or she is responsible for any tax implications related to his or her home workspace.

## Telecommuter Equipment:

- Kaweah Health may provide the telecommuter with equipment to be used in his or her home office. The telecommuter agrees to use all equipment for its intended purpose, in accordance with the manufacturer's instructions and in a safe manner, and in accordance with the Kaweah Health Equipment Use Security Agreement, and Acceptable Use Policy (ISS.001).
- 2. Kaweah Health may install one or more telephone lines in the telecommuter's designated work space to be used by telecommuter for making and receiving business phone calls and for use with the computer and facsimile machine that may be provided by Kaweah Health. All phone lines installed in the telecommuter's home office by Kaweah Health shall be in the name of Kaweah Health, unless another arrangement has been made. The telecommuter shall have no right in, or title to, Kaweah Health phone lines.
- 3. Kaweah Health shall be responsible for the installation, repair and maintenance of all organization-owned telecommuting equipment, office equipment, and furniture. The telecommuter agrees to promptly notify Kaweah Health if any of the office equipment described above malfunctions or performs improperly or unsafely.
- 4. All office equipment, telecommuting equipment, furniture and any other items used in the performance of Kaweah Health business shall be located within the work space designated by the telecommuter and may be used only by authorized employees. Kaweah Health shall not be liable for any loss, damages, or wear of any equipment, furniture, or supplies owned by the telecommuter. The telecommuter is responsible for insuring their equipment under his or her homeowner's or renter's insurance policy.

## Telecommuter Internet/Intranet Access:

 Internet or Kaweah Health intranet access may be provided by Kaweah Health to the telecommuter for the benefit of Kaweah Health and its customers, vendors and suppliers. This access enables the telecommuter to connect to information and other resources within and outside Kaweah Health.

- 2. When accessing Kaweah Health's own intranet, the telecommuter agrees to do so only for business purposes. Accordingly, all such communications should be for professional, business reasons and should not be for personal use. Electronic mail may be used for non-confidential business contracts. Kaweah Health's intranet should not be used for personal gain or advancement of individual views. Solicitation of non-Kaweah Health business is strictly prohibited.
- 3. The Telecommuter will be given an Active Directory user name and password when granted access to Kaweah Health's intranet. The Human Resources and the Information Systems department will further be able to access all Kaweah Health computer equipment and electronic mail. All passwords issued will be kept confidential and are not to be used by any other person. Any employee found to knowingly allow their password to be used by anyone else, or who is found to be using another's password will be subject to disciplinary action up to and including termination of employment.

# **Equipment Ownership and Usage:**

- 1. All telecommuting systems provided by Kaweah Health, including the equipment and the data stored in the system, are and remain at all times, whether located on Kaweah Health premises or even though located in the telecommuter's home or at another remote location, the property of Kaweah Health. As a result, all messages created, sent or retrieved over Kaweah Health's electronic mail system or via voicemail are the property of Kaweah Health, and should be considered public information. Kaweah Health reserves the right to retrieve and read any message composed, sent or received on Kaweah Health's computer equipment electronic mail system or voicemail system. The telecommuter should be aware that, even when a message is erased, it is still possible to recreate the message; therefore, ultimate privacy of messages cannot be ensured. Accordingly, the telecommuter expressly consents to electronic monitoring of these systems. Furthermore, all communication including text and images can be disclosed to law enforcement or other third parties without the prior consent of the sender or receiver.
- 2. Kaweah Health will provide access to all necessary programs, systems, and software necessary to perform job functions.

## <u>Telecommuter Confidentiality:</u>

1. The telecommuter agrees that all trade secrets, confidential information, and business records that come into his or her possession, or that he or she prepares, are the property of Kaweah Health. During his/her employment with Kaweah Health the telecommuter agrees not to disclose, directly or indirectly, any of the trade secrets, confidential data, or business records of Kaweah Health to any other individual or entity, including the telecommuter's family, except as required in the course of his/her employment. In addition, the telecommuter agrees not to use, directly or indirectly, any of the trade secrets, confidential data, or business records of Kaweah Health for the

benefit of any other individual or entity, including the telecommuter's family, except as required in the course of his or her employment. In furtherance of these principles, telecommuter agrees to file all business records in a locked filing cabinet or otherwise take all other steps necessary to protect the confidentiality of information.

- 2. The telecommuter is responsible to protect any and all Patient Health Information from disclosure to anyone that does not have a business or clinical reason to have such information.
- 3. Only email via Kaweah Health email system shall be utilized for purposes of communicating patient information to and from the facility.

#### Telecommuter Liability for Injuries:

- 1. Kaweah Health and the telecommuter agree that any injury that occurs while the telecommuter is performing work on behalf of Kaweah Health from his/her home office shall be covered by Kaweah Health's Workers' Compensation insurance. The telecommuter agrees to promptly report any work-related injuries to his or her manager or Employee Health.
- 2. The telecommuter agrees that he or she will conduct all in-person business meeting at Kaweah Health's offices. The telecommuter further agrees not to invite third parties to visit his or her home office for the purpose of conducting Kaweah Health business.
- The telecommuter shall hold harmless and otherwise indemnify Kaweah Health for any injuries that occur to third parties, including members of telecommuter's family, on the telecommuter's premises.

#### Telecommuter Harassment and Discrimination:

1. The telecommuter understands that any form of discrimination or harassment is strictly prohibited. The telecommuter further agrees to take all reasonable steps to prevent discrimination and harassment from occurring while conducting Kaweah Health business or while acting on behalf of Kaweah Health. The telecommuter also agrees that he or she will immediately report all instances of discrimination or harassment occurring at the telecommuter's workplace to Kaweah Health.

# Workplace Violence:

The telecommuter agrees that he or she will immediately report all instances of violence, harassment, sexual or otherwise, occurring at the telecommuter's workplace to Kaweah Health.

## <u>Scheduled/Unscheduled System Downtime:</u>

1. Equipment malfunction must be reported immediately to management, and if

- applicable, the ISS Help Desk. The technician on duty will inform the telecommuter when systems are back and running.
- Telecommuters may not be paid for equipment/system downtime. The
  telecommuter must be available to work onsite during an equipment
  failure expected to exceed two hours, unless other arrangements are
  approved by management. Other options may include a flex schedule
  to make up this time, or used Paid Time Off at the discretion of
  management.

## Leave of Absence or Termination of Employment:

- 1. Upon extended leave of absence or termination of employment, the telecommuter agrees to return or have returned Kaweah Health-owned office equipment, furniture, business records, files and supplies.
- The Information Systems Department will be notified immediately of the leave of absence or termination by Human Resources. The employee's access will be deactivated upon an extended leave of absence or date of termination.

# Terms and Conditions of Participation Agreement

1. The department Chief and the Chief Human Resources Officer (CHRO) must review/approve before telecommuting begins.

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

# **HR80 Docking Staff**





Policy Number: HR.80	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 6/25/2025
Approvers: Board of Directors (Administration), Kelsie Davis (Board Clerk/Executive Assistant to CEO)	
Docking Staff	

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

### POLICY:

The fluctuating workload and census inherent in hospitals and health care may occasionally cause the need for a reduced workforce. When this situation occurs, non-exempt personnel may have their hours reduced in accordance with this policy. Exempt staff are not normally included in the docking rotation. Each department's management will be responsible for recommending and implementing sound staffing decisions in accordance with Kaweah Health's goals for effective resource management. Employees who report to work, are not provided any work, and are subsequently docked are guaranteed one (1) hour of pay.

#### PROCEDURE:

At times the workload or census may require that employees who are scheduled to work be docked. Docked time will be documented in the timekeeping system to allow appropriate application of hours.

Each department establishes a plan for docking that sets out the criteria by which decisions for docking are made, utilizing the prioritization noted below. When docking is indicated, the determination of which employees will be scheduled for docking will be made by the department leader or designee.

In certain units/departments when volumes are low, employees scheduled to work will-may be called with a new start time for their shift. Refusal to accept the change in the start time may count as an attendance occurrence. Employees may use the PTO Mandatory Dock or Mandatory Dock-No Pay, pay code for the hours missed in order to accrue PTO and EIB within policy limits.

- II. Mandatory dock time will be applied in the following order
  - A. Overtime shifts
  - B. Employees who volunteer to be docked
  - C. Per Diem

Docking Staff 2

- D. Part-Time Staff
- E. Full-Time Staff

# **Docking Staff**

Prior to mandatory docking employees, leaders may ask if any employee wishes to take time off rather than work the shift or remainder of the shift.

If no employee desires time off, then leaders will apply the mandatory dock time as it meets the functional needs of the department.

To ensure fairness, each department will rotate their employees through docking procedures as appropriate to their staffing needs.

# **Timekeeping**

Timekeeping is noted as PTO Mandatory Dock or Mandatory Dock/No Pay.

Dock hours are applied to:

- A. Hours required to maintain employee benefits eligibility.
- B. Accruals earned each pay period,
- C. Qualified service hours used to compute what level Paid Time Off accrual is earned.

Department management who routinely dock employees will review staffing needs. Those who are actively recruiting to fill vacancies within their department will analyze the need for extra staff and, when not justified, will notify Human Resources if it is determined that a current vacancy should not be posted or if a full-time opening should be changed to part-time or perdiem.

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

# HR148 Personal Leave of Absence & Personal Protected Leave for Victims of Violence





Policy Number: HR.148	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 10/25/2023 12/04/2025
Approvers: Board of Directors (Administration)	
Personal Leave of Absence & Personal Protected Leave for Victims of Violence	

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

#### **POLICY:**

To allow employees time off for personal reasons and time off not covered by legislative requirements.

Leaves not covered under legislative requirements may be considered to be personal leaves of absence and are subject to approval by the department head. Leaves may be approved for a period of up to one month, in the case of pending licensure, leave may be extended up to 12-weeks, based on the employee's length of service, performance, level of responsibility, reason for the request, and Kaweah Health's ability to obtain a satisfactory replacement during the time the employee will be away from work.

#### PROCEDURE:

- 1. Employees requesting a personal leave of absence are required to complete a request for Leave of Absence form. Requests and approvals for a personal leave of absence must indicate the specific beginning and ending dates. This request will be given to the employee's department head for approval. The employee will be sent a pamphlet from the state Employment Development Department ("EDD") entitled "For your Benefit: California's Program for the Unemployed."
- Employees have the option to use accrued Paid Time Off (PTO) during a personal Leave of Absence. This can be indicated on the personal leave form and will be coordinated with payroll.
- 3. Efforts will be made to hold the employee's position open for the period of the approved leave. However, due to business needs, there will be times when positions cannot be held open and it is not possible to guarantee reinstatement. If an employee's former position is unavailable when he/she is to return to work, the employee may apply for an open position for which he/she is qualified. If Kaweah Health does not have any positions available for which the employee is qualified, the employee will be terminated.

# 4. Employee Benefits:

- a. An employee taking leave will continue to receive coverage under Kaweah Health's employee benefit plan for up to a maximum of four (4) months per 12-month rolling calendar year at the level and under the conditions of coverage as if the employee had continued in employment continuously for the duration of such leave. Kaweah Health will continue to make the same premium contribution as if the employee had continued working.
- b. Group medical, dental and vision insurance coverage will cease on the last day of the month in which an employee reaches four months of leave, unpaid premiums, cancellation, or employment ends.

  Continuation is allowed under COBRA regulations if applicable to the plan.
- b.c. Insurance premiums (health, vision, dental, life, etc.) are to be paid by the employee and Kaweah Health, under the same conditions as existed prior to the leave, for a maximum of four (4) months in a 12- month rolling calendar year.
- e.d. If on paid status (utilizing PTO), an employee may continue his/her normal premiums through payroll deduction. If on unpaid status, he/she is required to pay Kaweah Health his/her portion of the premiums monthly while on a leave of absence for a total of four months. After four months, employees will be offered COBRA Continuation Coverage for applicable benefits.
- d.e. An employee whose insurance is canceled due to nonpayment of premiums will have to satisfy a new waiting period after returning to work and will be considered a "new employee" for insurance purposesneed to re-enroll in new benefit elections which are effective the first of the month following return from leave. The employee may have to provide proof of insurability to complete evidence of insurability for life insurance and disability plans.
- e.f. An employee may opt to cancel his/her insurance coverage(s) while on leave due to financial hardship within thirty (30) days of the end of his/her paid leave and will be re-enrolled upon return without a waiting period. Cancellation must be done in writing to the Human Resources Department. The employee must may opt to reinstate coverage within thirty (30) days of upon his/her return to work.
  - f. Group medical, dental and vision insurance coverage will cease on the last day of the month in which an employee reaches four months of leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan.
- g. If the employee fails to return to work at the expiration of the leave, he/she must repay any health insurance premiums paid by Kaweah

Health while on leave, unless failure to return to work is due to a continuation of his/her own serious health condition or other reasons beyond his/her control.



# 5. Mandatory Requirements and Documentation:

The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB testing, as applicable) prior to a return to work. Competency-related documentation must be completed within two weeks of the employee's return.

# 5.6. Benefit Accrual:

The employee will continue to accrue Paid Time Off (PTO) and EIB as long as he/she is being paid by Kaweah Health (receiving a paycheck).

## 6.7. Merit Review Date:

Human Resources will run the merit cycle for all employees at the same time yearly in October.

# Personal Protected Leave for Victims of Violence

Personal Protected Leave under this policy applies only when an employee is not eligible for leave under CFRA, FMLA, Paid Family leave or any other applicable paid or job-protected leave program. If the employee qualifies for these other leaves that applicable leave will take precedence.

Kaweah Health provided protected leave for employees if they are impacted by a "qualifying act of violence," A qualifying act of violence includes acts of domestic violence, sexual assault, and stalking, plus, any act, conduct, or pattern of conduct where an individual (1) causes bodily injury to another; (2) exhibits, draws, brandishes, or uses a firearm or dangerous weapon towards another; or (3) makes a reasonably perceived or actual threat to use force against another to cause injury.

This section reflects the requirements under AB 2337, AB 2992 and AB 2449 effective in 2025.

## 1. Eligibility

Employees will first be evaluated for eligibility under CFRA, FMLA, PSL, KIN Care or any other protected leave as this leave is intended to supplement not replace other legally mandated leave programs.

- a. Any employee may request this protected leave.
- b. Leave may be taken for the employee, their family member or designated person who is a victim of the qualifying violent incident. Leave will be granted for up to 10 days depending on the circumstances and the relationship unless protected under another applicable law.
- c. Employees can use accrued paid sick time or other accrued leave to take

time off. Employees may use vacation, paid leave, or other compensatory time available to them while taking crime victim leave for themselves or a family member

- i. If an employee has exhausted their accrued sick time, they may still be entitled to unpaid leave.
- ii. When an employee takes leave because a family member is a victim, employers may limit leave to five or 10 days, depending on the circumstances.
- iii. If the employee is a victim, they may be entitled to up to 12 weeks of unpaid leave. If the leave is unpaid, it will follow the same process as reviewed in procedures and benefits.

## 2. Permitted Reasons for Leave

Employees may take protective leave for any of the following:

- a. Obtaining medical care for physical or mental injuries, receiving counseling crisis support or victim advocate services.
- b. Meeting with law enforcement or participating in investigations
- c. Attending court proceedings hearings or seeking protective orders relocating or participating in safety planning
- d. Any other action necessary to ensure the employees or their family members are safe.

## 3. Notice and Documentation

Employees should provide advance notice when feasible. We understand this may not always be possible during emergencies or violent event.

If advance notice is not possible employees may provide any one of the following to verify the need for leave:

- a. A police report
- b. A court document or hearing notice.
- c. A letter or documentation from a medical provider, therapist, counselor, advocate, or victim service organization.
- d. A written statement signed by the employee affirming the need for leave.

## 4. Confidentiality

All information provided for this leave will be strictly confidential. Information may only be disclosed when: required by law; necessary to protect workplace safety; OR if the employee provides written consent.

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# HR241 Paid Time Off (PTO) Cash Out





Policy Number: HR.241	Date Created: 10/26/2015				
Document Owner: Kelsie Davis (Board Date Approved: 08/23/2023 Clerk/Executive Assistant to CEO)					
Approvers: Board of Directors (Administration), Kelsie Davis (Board Clerk/Executive Assistant to CEO)					
Paid Time Off (PTO) Cash Out					

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

Kaweah Health encourages employees to take vacation time; however, Kaweah Health recognizes that, in a 24-hour setting, employees may not take the amount of Paid Time Off (PTO) they are generally granted yearly, thus accruing maximum amounts in their PTO bank.

### Procedure:

Employees who meet eligibility requirements have the option of cashing out a portion of their PTO. However, to meet Internal Revenue Service regulations, calendar year PTO cash-out elections are made during a special Open Enrollment in the December preceding each calendar year.

- I. All hours are cashed- out at the employee's base rate of pay.
- II. During the Open Enrollment, the employee must complete an irrevocable PTO Cash-Out Election in Workday.
- III. The maximum cash-out for the calendar year is determined yearly annually in December. The election for payout will occur in the next calendar year. There are three is one dates available for cash-outs the PTO Cash Out and any amount of hours may be requested so long as the minimum and maximum rules are met. PTO cash-outs are paid to the employee with their regular paycheck on the dates indicated in Workday. Kaweah Health requires that an employee keep available a "minimum-utilization" of 40 hours of PTO in their accrual bank at the time of the cash-out, and cash-outs will be modified if 40 hours are not available.
- III.IV. PTO cash outs are paid to the employee with their regular paycheck on the date indicated in Workday.

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

# HR234 Paid Time Off (PTO), Extended Illness Bank (EIB), and Health Workplace, Health Families Act of 2014



### **Human Resources**

Policy Number: HR.234	Date Created: 06/01/2007				
Document Owner: Dianne Cox (Chief Human	Date Approved: 6/25/2025 10/2025 12/15/25				
Resources Officer)					
Approvers: Board of Directors (Administration)					
Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014					

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

## POLICY:

Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Workplace Act of 2014 – Paid Sick Leave (PSL) benefits are offered to all employees as defined in this policy. PTO is offered to full-time and part-time benefit eligible employees for leisure, celebration of holidays, short-term illness and other personal needs. EIB is offered to full-time and part-time benefit eligible employees for extended illness and Kin Care. Private Home Care staff, temporary staff/interims and Per Diem staff are not eligible for PTO or EIB but are eligible for Paid Sick Leave (PSL) as defined in this policy. Excessive occurrences of unapproved time off may result in disciplinary action. See Policy HR.184 Attendance and Punctuality.

This policy does not apply to Graduate Medical Education

### PROCEDURE:

## Eligibility and Accrual for PTO and EIB

Full-time and part-time benefited employees are eligible to receive PTO and EIB as of the first pay period of eligibility (date of hire or transfer). If an eligible employee is changed to a non-eligible status, the PTO and EIB time accrual will cease. The employee will receive a lump-sum payment for all accrued PTO paid at 100% of their hourly rate of pay prior to the status change. During the non-eligible status, the employee will accrue PSL.

If a non-eligible employee is changed to an eligible status, the employee begins accruing PTO and EIB as of the first pay period in which the status change became effective; PSL accrual will cease. At no time will an employee accrue PTO and EIB as well as PSL. An employee accrues either PTO and EIB or PSL.

EIB accrual will be reinstated for employees who leave Kaweah Health and are rehired as follows:

 a. If left as non-benefited and rehired as a non-benefited, we will reinstate the ending available EIB balance into a reserve bucket. These hours are available for use.

- b. If terminated as a benefited and rehired as benefited, we will reinstate the ending EIB balance.
- c. If terminated as non-benefited and rehired as benefited, we will reinstate the ending available EIB balance from the reserved EIB balance (if any).
- d. If terminated as a benefited and rehired as non-benefited, we will reinstate the ending available EIB balance up to the 80-hour maximum, placing the excess EIB balance into a reserve bucket. These hours are not available for use.

The rate of PTO and EIB accrual received is based on years of service. Employees receive accruals on up to 80 eligible hours, per pay period. The bi-weekly pay period starts at 12 AM on a Sunday, and ends at 11:59 PM on the last Saturday of the pay period. Qualified service hours which count towards a year of service for the accrual rate include the following: regular hours worked (non-overtime), Flex Time Off, PTO FMLA, PTO unscheduled, PTO/PSL, PTO Sick/Pregnancy, PTO/Workers Compensation, Sitter Pay, Sleep Pay, PTO hours, bereavement hours, jury duty hours, training/workshop hours, orientation hours, and mandatory dock hours. Neither EIB nor PTO accruals will be earned while employees are being paid EIB hours.

	А	II Other Emplo	yees		Directors				Chiefs					
Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours accrued per pay period	PTO Days per year	Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	The second property of the second	PTO Days per year	Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours Accrued per pay period	PTO Days per year
0.0	4.9	0.084625	6.77	22	0.0	4.9	0.103875	8.3	27	0.0	1.0	0.103875	8.3	27
5.0	9.9	0.103875	8.31	27	5.0	9.9	0.123000	9.8	32	1.1	4.0	0.123000	9.8	32
10.0	14.9	0.123000	9.84	32	10.0	14.9	0.142250	11.4	37	4.1	9.0	0.142250	11.4	37
15	19.9	0.126875	10.15	33	15	19.9	0.146125	11.7	38	9.1	13.5	0.146125	11.7	38
20	24.9	0.130750	10.46	34	20	24.9	0.150000	12.0	39	13.6	18.0	0.150000	12.0	39
25	26.9	0.134625	10.77	35	25	26.9	0.153875	12.3	40	18.1	22.5	0.153875	12.3	40
27	28.9	0.138500	11.08	36	27	28.9	0.157750	12.6	41	22.6	27.0	0.157750	12.6	41
29+		0.142375	11.39	37	29+		0.161625	12.9	42	27.1		0.161625	12.9	42

# Eligibility and Accrual for PSL

PRN-PSL eligible employees include Per-Diem (PRN), Private Home Care, and Part-Time non-benefit eligible employees. PRN-PSL eligible employees will accrue at the rate of one hour per every 30 hours worked (.033333 per hour); accrual begins as of the first pay period.

To qualify for use of sick leave (PSL [PRN or PTO)]), an employee must:

- · Must be employed for 30-days;
- May use beginning at 90-days of employment;
- Will be paid to the extent of an employee's accrued hours only.

All Eemployees are limited to use up to 40 hours or five (5) days whichever is greater of accrued time in each calendar year. PRN-PSL will carry over to the following calendar year not to exceed 60 hours of accrual in any calendar year.

### Maximum Accruals

The maximum PTO accrual allowed for exempt and non-exempt staff is 445 hours. The maximum PTO accrual allowed for Directors and Chiefs is 505 hours. The accrual will cease once the maximum accrual is reached until PTO hours are used or cashed out. The maximum EIB accrual is 2000 hours; the maximum PRN-PSL accrual is 120 hours in a calendar year. No payment is made for accrued EIB or PRN-PSL time when employment with Kaweah Health ends for any reason.

### Requesting, Scheduling, and Access to PTO, EIB and PSL

Employees are required to use accrued PTO for time off for illness or unexpected absence occurrences.

Routine unpaid time off is not allowed. Any requests for unpaid time should be considered only on a case-by-case basis taking into consideration the need for additional staffing to replace the employee and other departmental impacts. It is the responsibility of management to monitor compliance. Employees should be aware that unpaid time off could potentially affect their eligibility for benefits.

Any planned request for PTO time, whether for traditional holiday, for vacation time or otherwise must be approved in advance by management. Management will consider the employee's request as well as the needs of the department. In unusual circumstances, management may need to change the PTO requests of employees based upon the business and operational needs of Kaweah Health. In such situations, Kaweah Health is not responsible for costs employees may incur as a result of a change in their scheduled PTO time.

## AB 1522 Healthy Workplace Healthy Families Act of 2014

An employee may utilize up to five (5) days or 40 hours 40 hours, whichever is greater, of PTO or PSL in a calendar year (January-December). For example:

- For employees who work 12-hour shifts, the employee will be entitled to use up to 60 hours of paid sick leave (5 days x 12 hours).
- An employee who works 10-hour shifts will be entitled to use up to 50 hours (5 days x 10 hours).
- An employee who works 8-hour shifts will be entitled to use up to 40 hours (5 days x 8 hours).
- Alternatively, if an employee works only 6 hours a day and takes five days of paid sick leave, for a total of 30 hours, the employee will still have 10 hours remaining.

Employee may use PTO, or PSL or PRN PSL for the following purposes:

- a) Diagnosis, care, or treatment of an existing health condition, or preventative care for an employee or an employee's designated person, family member, as defined as employee's parent, child, spouse, registered domestic partner, grandparent, grandchild, and siblings.
- b) "Family Member" means any of the following:
  - A child, which for purposes of this policy means a biological, adopted or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis; this definition of child is applicable regardless of age or dependency status
  - ii. A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child.
  - iii. Spouse
  - iv. Registered domestic partner
  - v. Grandparent
  - vi. Grandchild
  - vii. Sibling

<u>vii.viii."Designated Person": AB 1041 expanded the definition of family member to include a "designated person" who does not have to be a family member.</u>

- c) Designated Person means the following:
  - i. Under the California Family Rights Act (CFRA) and California Healthy Workplaces Health Families Act (HWHFA) an employee will be able to identify a designated person for whom they want to use leave when they request unpaid CFRA or paid HWHFA.
- d) For an employee who is a victim of domestic violence, sexual assault or stalking, as specified.
- d) AS 2499 (2025) and AB 406 (October 1, 2025)
  - i. For employees who are victims of a qualifying act of violence or whose family member is a victim of such violence, including domestic, sexual assault, battery or any other violent offenses.
  - ii. Employees may use PSL or PTO for medical care, counseling, victim-advocacy services, relocation or safety planning related to a qualifying act of violence. This includes time needed to attend or prepare for court or law-enforcement proceedings, obtain protective orders or participate in the criminal justice process.

There is no cash out provision for the PSL accrual, including upon termination of employment or with a status change to a benefit eligible position. However, if an

employee separates from Kaweah Health and is rehired within one year, previously accrued and unused PSL will be reinstated.

PSL and PTO time shall be utilized at a minimum of 1-hour increments and no more than the length of the employee's shift PTO and PSL time taken under this section is not subject to the Progressive Discipline Policy HR.216.

## Time Off Due To Extended Illness

Employees who are absent due to illness for more than three (3) consecutive work days

Commented [LP1]: We do not enforce this requirement and we can not require they use more time than needed.

should notify their manager and contact the Human Resources Department to determine if they are eligible for a leave of absence. Accrued EIB can be utilized for an approved continuous leave of absence beyond three (3) days and if admitted to a hospital or have a medical procedure under anesthesia. However, in instances when an employee has been issued Disciplinary Action and directed to provide a doctor's note for all sick days, then an employee may need to submit a doctor's note. If applying for a continuous leave of absence, accrued PTO may be applied for the first twenty-four (24) hours at the employee's regular shift length, if leave is for your own medical condition.

Employees who are absent due to illness for more than seven (7) consecutive days should file a claim for California State Disability Insurance. Claim forms are available in Human Resources. State Disability payments will be supplemented with any accrued EIB time by the Payroll Department and PTO at the employee's request.

Employees who are absent due to a Worker's Compensation injury for less than 14 days, there is a three (3) day waiting period before TTD (Total Temporary Disability) will begin. The first three (3) days is paid using accrued EIB hours. If the employee is off work more than 14 days, TTD begins on day one (1).

Employees who are absent with an Intermittent Leave under FMLA/CFRA are required to use accrued PTO for their absences, at no less than one hour and no more than the regular length of the shift.

### Time Off Due to EIB Kin EIB Care

Kin Care allows eligible employees to use up to one-half (1/2) of the Extended Illness Bank (EIB)\_that they accrue annually in a calendar year to take time off to care for a sick family member. Only employees who accrue EIB are eligible for <a href="EIB">EIB</a> Kin Care. No more than one-half of an employee's EIB accrual in a calendar year period can be counted as Kin Care. An employee who has exhausted their EIB and then is absent to care for a sick family member cannot claim that absence under <a href="EIB">EIB</a> Kin Care.

Kin Care can be used to care for a sick family member, to include a spouse or registered domestic partner, child of an employee, "child" means a biological, foster, or adopted child, a stepchild, a legal ward, a child of a domestic partner, or a child or a person standing in loco parentis, parents- in-law, siblings, grandchildren and grandparents EIB time taken under this section to care for an immediate family member is not subject to the Progressive Discipline Policy HR.216.

### **Holidays**

Kaweah Health observes 72 holiday hours each year. Eligible employees may be scheduled a day off and will be paid provided adequate accrual exists within their PTO bank account for each observed holiday. Time off for the observance of holidays will always be in accordance Kaweah Health needs

- 1. New Year's Day (January 1st)
- 2. President's Day (Third Monday in February)
- 3. Memorial Day (Last Monday in May)
- 4. Independence Day (July 4th)
- 5. Labor Day (First Monday in September)
- 6. Thanksgiving Day (Fourth Thursday in November)
- 7. Day after Thanksgiving Day (Friday following Thanksgiving)
- 8. Christmas Day (December 25th)
- 7.9. Personal Day

Business departments and/or non-patient care areas will typically be closed in observance of the noted holidays. Where this is the case, employees assigned to and working in these departments will be scheduled for a day off on the day the department is closed. Employees affected by department closures for holidays should maintain an adequate number of hours within their PTO banks to ensure that time off is with pay.

In business departments and/or non-patient care areas, holidays, which fall on Saturday, will typically be observed on the Friday preceding the actual holiday and holidays, which fall on Sunday, will be observed on the Monday following the actual holiday.

Employees who work hours on some of these holidays may be eligible for holiday differential. For more information of eligibility, see policy HR.75 Differential Pay- Shift, Holiday, and Weekend.

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

# **Resolution 2276**



### **MEMORANDUM**

TO: Kaweah Delta Health Care District

**Board of Directors** 

FROM: Human Resources RE: Plan Amendment

Kaweah Delta Heath Care District Employees' Salary Deferral Plan

DATE: November 2025

The purpose of this Memorandum is to familiarize the Board of Directors with the plan amendment for 2025.

### **Amendment Overview**

**SECTION 4-5: SERVICE WITH PREDECESSOR EMPLOYER**. Service with the following Predecessor Employer will be counted for purposes of determining eligibility, vesting and allocation conditions under the Plan:

• Compassionate Family Care, if employed with Compassionate Family Care immediately prior to the acquisition and subsequently hired by the Employer on 7-21-25 or as part of the acquisition process.

This provision will be added to the plan as of the effective date stated in the Board Resolution. The amendment needs to be signed by 12/31/2025.

• Employer Match – The Plan Document defines Employer Matching Contributions as discretionary from year to year. This permits KDHCD the ability to define the Matching Contribution Formula each year to align with business strategies. Each year, the Board must approve the Matching Contribution for the Plan. The Matching Contribution for the January 1, 2025 – December 31, 2025, Plan Year will be determined by the Board at the December 2025 meeting.

Years of Service	Matching Contribution	Maximum Matching Salary
		Deferral and ROTH Deferral
		Contribution
1-2	100%	3% of Compensation
3-5	100%	4% of Compensation
6-10	100%	5% of Compensation
11 or more	100%	6% of Compensation

## **Suggested Action and Next Steps**

Approve amending the plan to include the Service with Compassionate Family Care, the Predecessor Employer. This will be counted for purposes of determining eligibility, vesting and allocation conditions under the Plan.



# RESOLUTION 2276 OF THE BOARD OF DIRECTORS OF KAWEAH DELTA HEALTH CARE DISTRICT AMENDING THE EMPLOYEES' SALARY DEFERRAL PLAN

**WHEREAS** the Board of Directors (the "Board") of the Kaweah Delta Health Care District (the "District") adopted the Kaweah Delta Heath Care District Employees' Salary Deferral Plan, as amended and restated effective June 1, 2022 (the "Plan"); and

WHEREAS the District desires to amend the Plan document to reflect the following:

**SECTION 4-5: SERVICE WITH PREDECESSOR EMPLOYER**. Service with the following Predecessor Employer will be counted for purposes of determining eligibility, vesting and allocation conditions under the Plan:

• Compassionate Family Care, if employed with Compassionate Family Care immediately prior to the acquisition and subsequently hired by the Employer on 7-21-25 or as part of the acquisition process.

WHEREAS the District desires to define the Rules for determining the Matching Contribution Formula for the January 1, 2025 – December 31, 2025, Plan Year to reflect the following:

• The Matching Contribution will be based on the number of Years of Service a Participant has per the definition of Years of Service for the purpose of the Matching Contribution and the formula for each Year of Service tier has a separate limit above which Salary Deferrals and Roth Deferrals will not be matched. Matching Contributions are subject to a specific definition of Plan Compensation. Kaweah Delta Health Care District staff will need to check the definitions of the specific Plan Compensation applicable to Matching Contributions. The Match Contribution Formula is outlined in the following table:

Years of Service	Matching Contribution	Maximum Matching Salary Deferral and
		Roth Deferral Contribution
1-2	100%	3% of Compensation
3-5	100%	4% of Compensation
6-10	100%	5% of Compensation
11 or more	100%	6% of Compensation

**NOW, THEREFORE, BE IT RESOLVED,** that an authorized officer be and herby is directed and authorized to Amend the plan which is attached hereto.



This Resolution is adopted by the Board of Directors of Kaweah Delta Health Care District at a duly constituted meeting held on the 17 day of December, 2025.

	KAWEAH DELTA HEALTH CARE DISTRICT
	Secretary/Treasurer, Kaweah Delta Health Care District
ATTEST:	
Board Member Kaweah Delta Health Care District and of the Board of Directors, thereof	

# **Resolution 2277**

# RESOLUTION 2277 OF THE BOARD OF DIRECTORS OF KAWEAH DELTA HEALTH CARE DISTRICT

WHEREAS, effective as of January 1, 2013, the Hospital adopted the Three-Party Physician Advantage Plan (the "Program") in order to provide a deferred compensation opportunity to physicians who are employed by certain physician practices (each, a "Practice"
that provide emergency on-call coverage and certain other services to the Hospital; and
WHEREAS, the Program contains a Deferred Fee Agreement (the "Agreement") between the Hospital and each Practice and a Deferred Compensation Plan (the "Plan") maintained by each Practice; and
WHEREAS, pursuant to Section 8.1 of the Agreement and Section 9.1 of the Plan, the Hospital has the sole power to amend the Agreement and the Plan at any time and with respect to any provisions thereof; and
WHEREAS, the Hospital wishes to amend the Agreement and the Plan to prohibit the addition of new practices and new participants after December 31, 2025, and to prohibit fee deferrals, compensation deferrals, and subsequent deferral elections after December 31, 2026.
THEREFORE, be it:
RESOLVED, that the Agreement and the Plan be and are amended as provided in the Amendments presented to this Board; and be it further
RESOLVED, that the proper officers of the Hospital are authorized and directed to execute the Amendments and to take such further actions and to execute such further documents as they may deem advisable or desirable for purposes of adopting and implementing the Amendments and announcing the same to affected parties; and be it further
RESOLVED, that actions taken by the proper officers and employees of the Hospital in conformance with and furtherance of the foregoing Resolutions shall be and are ratified confirmed, approved and adopted in all respects.
Date:

Print Name:\_\_\_\_\_

# AMENDMENT NO. 4 TO THE DEFERRED COMPENSATION PLAN

Kaweah Delta Health Care District (the "Hospital") wishes to amend the Deferred Compensation Plan (the "Plan") to prohibit the addition of new Participants after December 31, 2025, and to prohibit Compensation deferrals and subsequent deferral elections after December 31, 2026.

Accordingly, pursuant to Section 9.1 of the Plan, the Plan is amended as follows:

- 1. The following new sentence is added to the end of Section 1.14 (the definition of "Eligible Individual"): "Notwithstanding anything in the Plan to the contrary, no employee or independent contractor will become an Eligible Individual after December 31, 2025."
- 2. A new Section 2.3 is added to Article 2, to read as follows:
  - "2.3 <u>FREEZE OF PARTICIPATION</u>. Notwithstanding anything in the Plan to the contrary, no individual shall be eligible to become a Participant after December 31, 2025."
- 3. A new paragraph (f) is added to the end of Section 3.1, to read as follows:
  - "(f) <u>Freeze of Compensation Deferrals</u>. Notwithstanding anything in the Plan to the contrary, no Participant may elect to defer Compensation which is due to be earned after December 31, 2026. In other words, the final date by which a Participant may submit a Compensation Deferral election is December 31, 2025 and that election shall apply only to Compensation that is due to be earned and which would otherwise be paid to the Participant in 2026."
- 4. The following sentence is added to the end of Section 5.1: "After December 31, 2026, no elections to delay a Fixed Payment Date will be accepted or implemented."
- 5. The following sentence is added to the end of the third paragraph of Section 6.2(b): "After December 31, 2026, no elections to change the form payment of an amount deferred under the Plan will be accepted or implemented."

**IN WITNESS WHEREOF,** the Hospital has caused this Amendment to be executed effective as of December 31, 2025.

WITNESS/ATTEST:	KAWEAH DELTA HEALTH CARE DISTRICT
By:	By:
Print Name:	Print Name:
	Title:
	Date:

# AMENDMENT NO. 4 TO THE DEFERRED FEE AGREEMENT

Kaweah Delta Health Care District (the "Hospital") wishes to amend the Deferred Fee Agreement (the "Agreement") between the Hospital and each physician practice pursuant to the Three-Party Physician Advantage Plan<sup>TM</sup>, to prohibit the addition of new practices after December 31, 2025, and to prohibit Compensation deferrals and subsequent deferral elections after December 31, 2026.

Accordingly, pursuant to Section 8.1 of the Agreement, the Agreement is amended as follows:

- 1. The following new sentence is added to the end of Section 2.1: "Notwithstanding anything in the Plan to the contrary, no practice entity will be permitted to enter into an Adoption Agreement or become a participating Practice after December 31, 2025."
- 2. A new paragraph (f) is added to the end of Section 3.1, to read as follows:
- "(f) Freeze of Fee Deferrals. Notwithstanding anything in the Plan to the contrary, no Practice may elect to defer Fees which are due to be earned after December 31, 2026. In other words, the final date by which a Practice may submit an Election Form to defer Fees is December 31, 2025 and that election shall apply only to Fees that are due to be earned and which would otherwise be paid to the Practice in 2026."
- 3. The following sentence is added to the end of Section 5.1: "After December 31, 2026, no elections to delay a Fixed Payment Date will be accepted or implemented."
- 4. The following sentence is added to the end of the second paragraph of Section 6.2(b): "After December 31, 2026, no elections to change the form payment of an amount deferred under the Agreement will be accepted or implemented."

**IN WITNESS WHEREOF**, the Hospital has caused this Amendment to be executed effective as of December 31, 2025.

WITNESS/ATTEST:	KAWEAH DELTA HEALTH CARE DISTRICT
By:	By:
Print Name:	Print Name:
	Title:
	Date:

# PATIENT EXPERIENCE AND SATISFACTION UPDATE

# Patient & Community Experience Board Report

December 2025

















11th Percentile

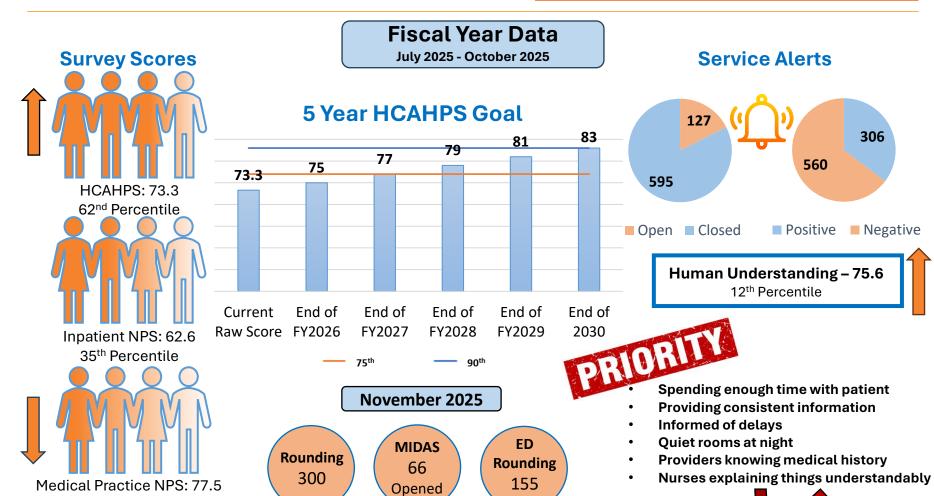
**Kaweah Health** 

# Patient Experience Matters



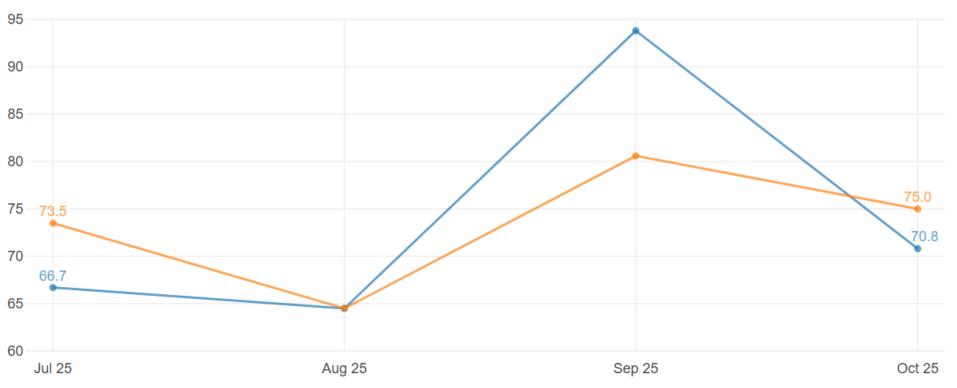
Opportunities and insights to increase patient satisfaction.

# Kaweah Health November 2025



# **HCAHPS Trend July 2025 – October 2025**

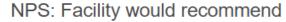


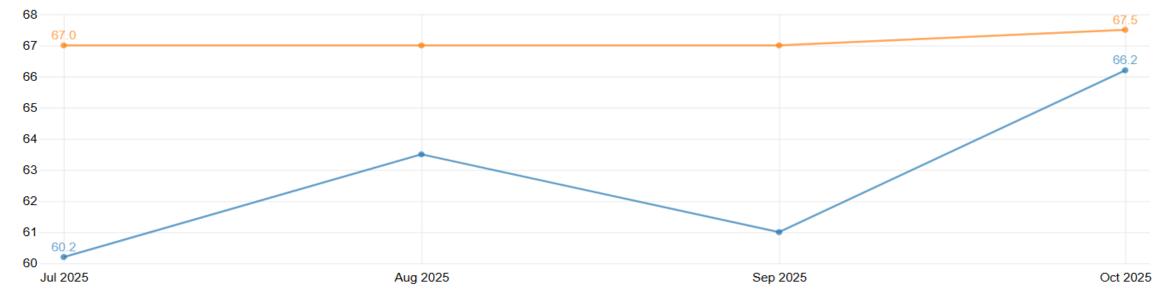


Question	Benchmark	Jul 25	Aug 25	Sep 25	Oct 25
Rate hospital	71.4	66.7 n = 33	64.5 n = 31	93.8 n = 32	70.8 n = 24
Would recommend hospital to family	72.6	73.5 n = 34	64.5 n = 31	80.6 n = 31	75.0 n = 24

# Inpatient (FY-10/31/25)

■ NPS: Facility would recommend ■ Benchmark

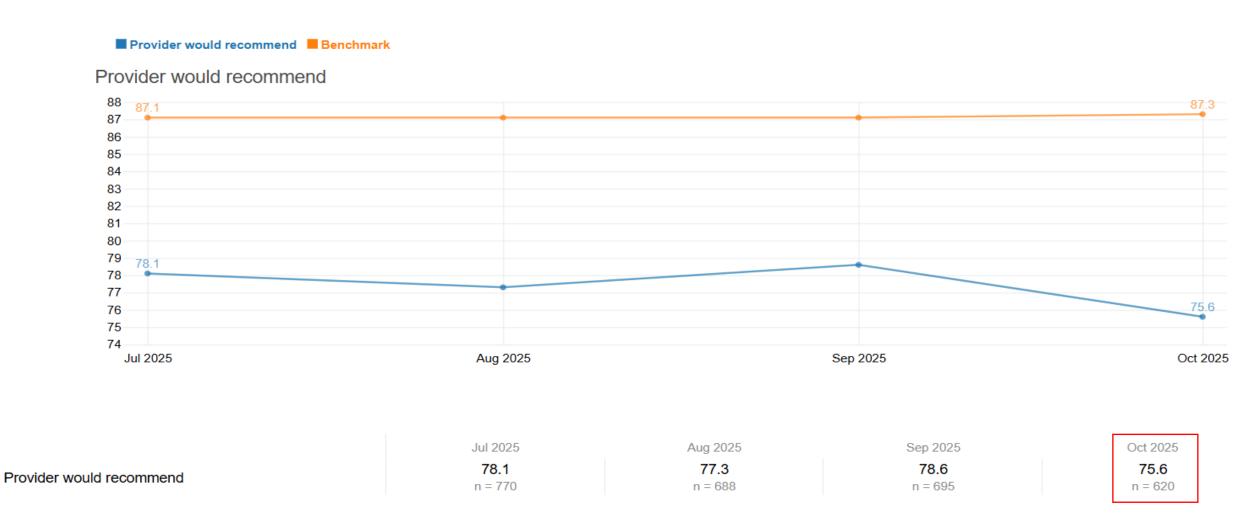




 Jul 2025
 Aug 2025
 Sep 2025
 Oct 2025

 NPS: Facility would recommend
 60.2 n = 259
 63.5 n = 211
 61.0 n = 187
 66.2 n = 198

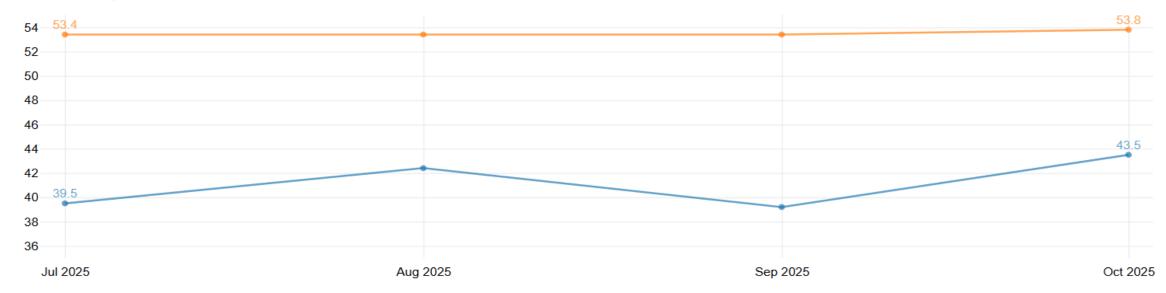
# **Med Practice (FY-10/31/2025)**



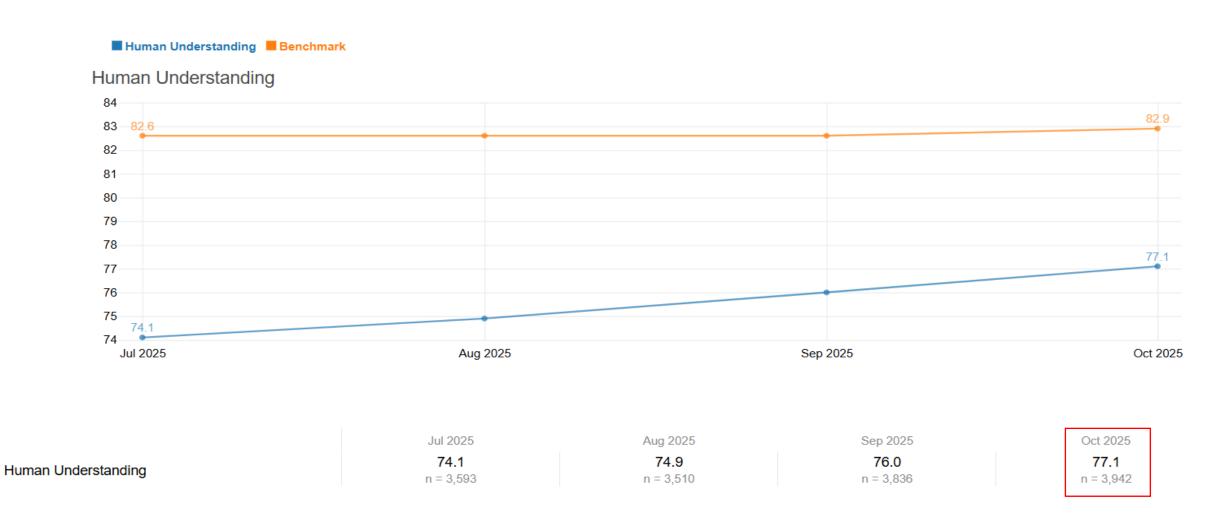
# **Emergency Department (FY-10/31/25)**



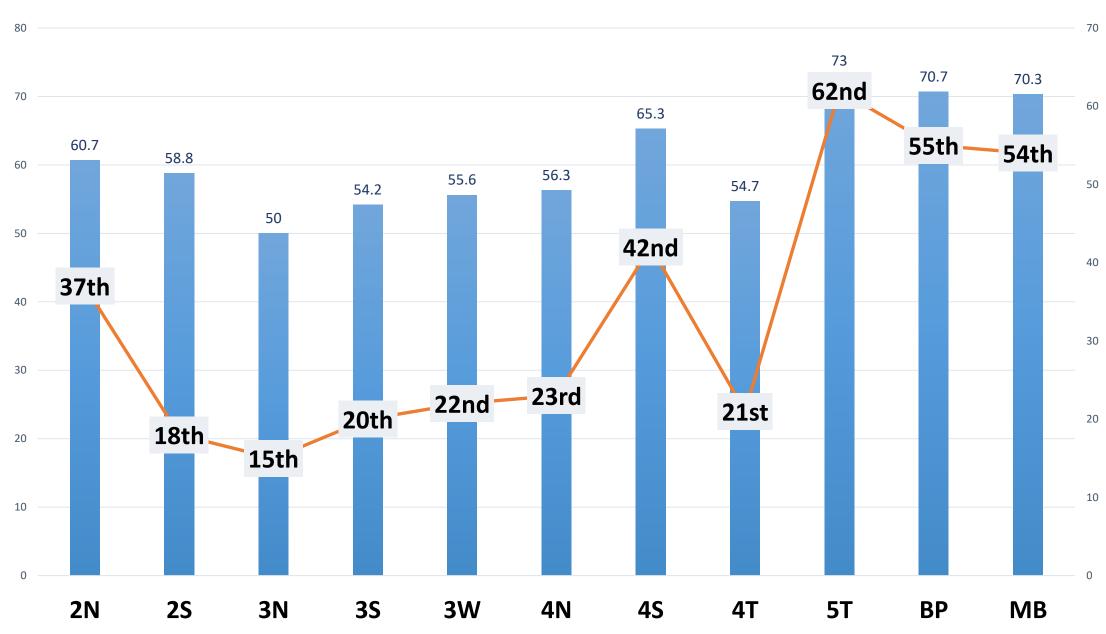
NPS: Facility would recommend



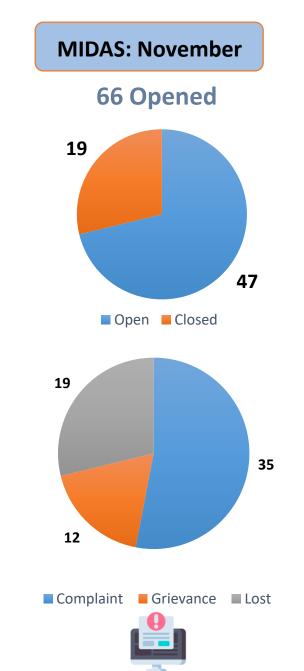
# **Human Understanding (FY-10/31/2025)**



# Inpatient Unit's NPS Score: July 2025 – October 2025

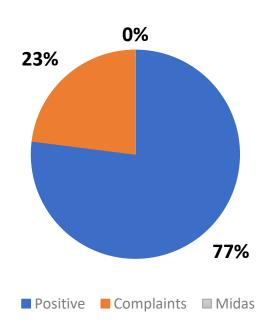


# **Rounding: November 300 Rounds** 3% 16% 82% ■ Positive ■ Complaints ■ Midas





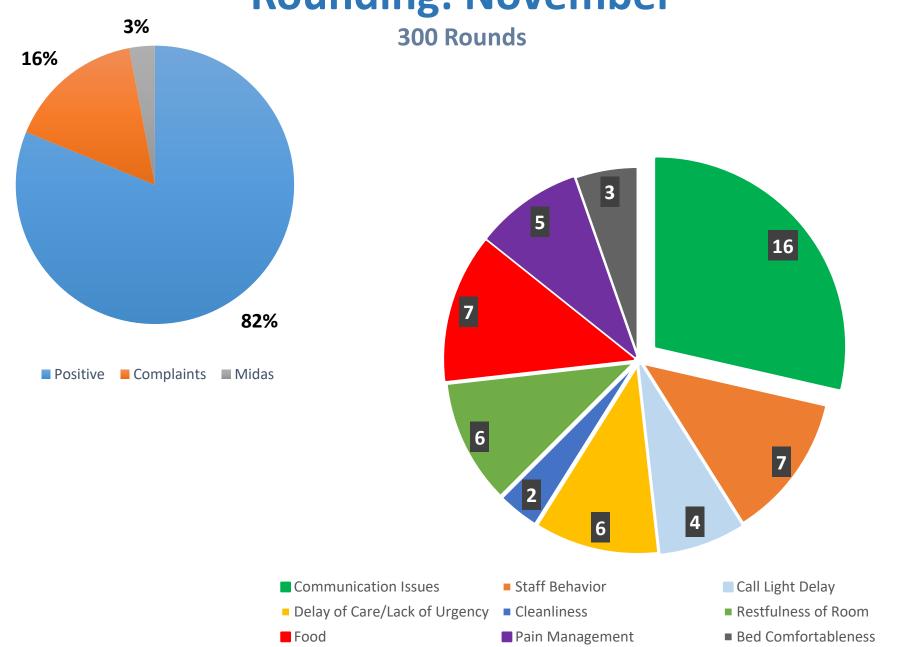
# 155 Rounds





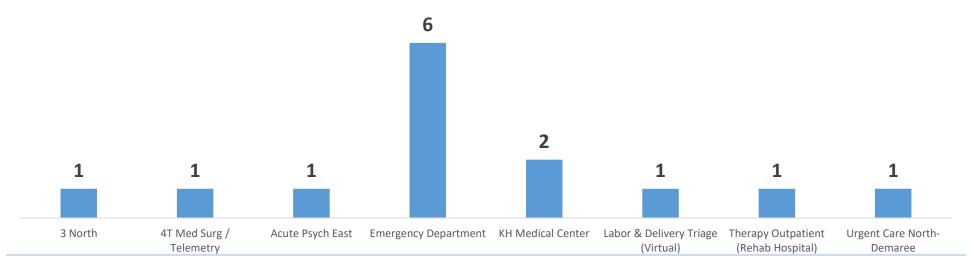


# **Rounding: November**

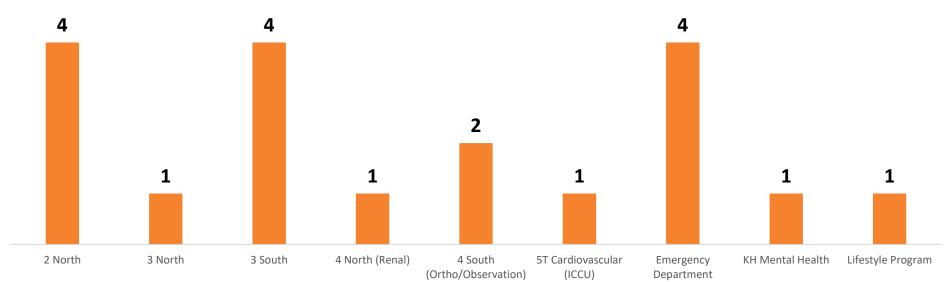


# MIDAS: November 66 Opened

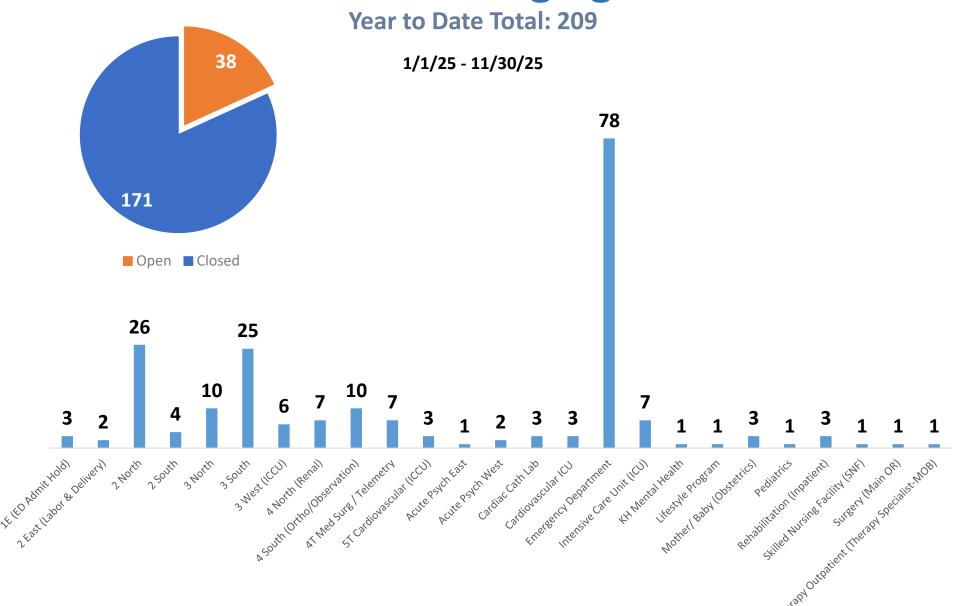
# **Complaints & Grievances**



# **Lost Belongings**



# **Lost Belongings**





# Patient Experience Matters



Opportunities and insights to increase patient satisfaction.

# This month's topic:

# **Spread Joy This Season**

The holiday season can be emotional for many patients and families, and even the smallest moments of warmth can make their stay feel more comforting. When we lead with kindness and presence, we help create an environment that supports healing and trust.

### WHY IT MATTERS

 Patients remember how we make them feel, especially during times of stress or uncertainty. A soft tone, a sincere greeting, or simply taking a moment to acknowledge their concerns can shift their entire experience.

### SMALL GESTURES MAKE A BIG DIFFERENCE

 A quick check-in, offering an extra blanket, adjusting a pillow, or asking "Is there anything else you need before I step out?" can turn a stressful stay into a moment of comfort.

### BE PRESENT AND ATTENTIVE

 Even in a busy shift, slow your tone and show patients they have your full attention. Presence feels like compassion.

### MIND YOUR CONVERSATIONS AND ENERGY

 Holiday stress hits staff too, but try to keep personal conversations low and maintain a calm, welcoming environment. Patients notice the energy in the room.

### CLOSE THE LOOP WITH KINDNESS

When you follow up, update, or reassure a patient, do it with warmth. "I didn't forget about you,"
 "I'm here for you," or "I just wanted to check back in" builds trust.

### JOY SPREADS — AND SO DOES COMPASSION

 When we bring positivity and kindness to our patients, our teams feel it too. A joyful environment starts with small moments of connection.

Spreading joy isn't about doing more; it's about being intentional with what we already do. When we show kindness through our words, our pace, and our presence, we help create positive moments that stay with our patients long after they leave. This month, let's focus on bringing warmth into every interaction and building a healing environment rooted in compassion.



# **ROUNDING**

# November Executive Team/Board of Directors

Executive	Date
Executive	
Gary H.	11/4
Marc M.	11/20
Malinda T.	11/17
Dianne C.	11/11
Schlene P.	11/24
Ben C.	11/24
Jag B.	11/12
Mike O.	11/21
Dr. Levitan	11/18
DI. Levitali	11/10
Dave F.	11/18
Armando M.	11/10

#### **FINANCIALS**

# **CFO Financial Report**

**Month Ending November 2025** 



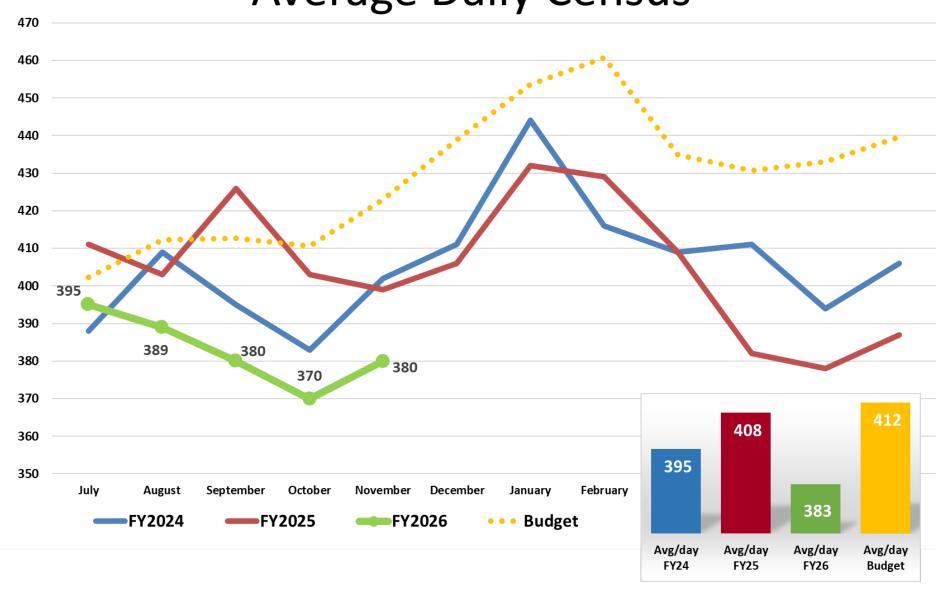








# **Average Daily Census**



#### Impact of Fewer "Work Days" (Mon.-Fri.)

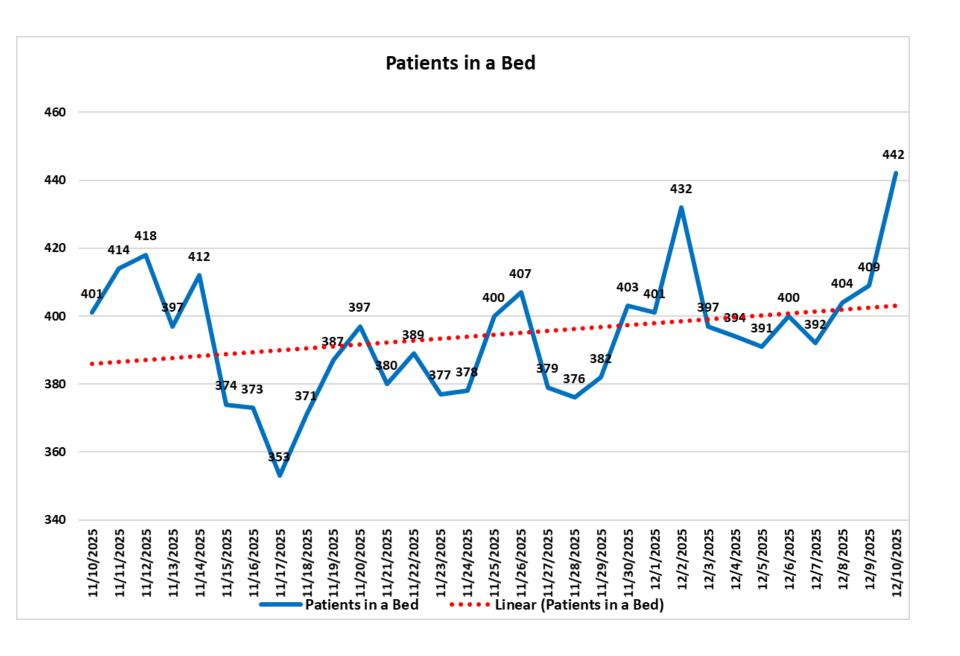
% Decrease between Months (5.3%) Nov 26 compared to Nov 25 (22%) Nov 26 compared to Oct 26

No	November 2025 - 19 Week Days									
Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.				
					1	2				
3	4	5	6	7	8	9				
10	11	12	13	14	15	16				
17	18	19	20	21	22	23				
24	25	26	27	28	29	30				

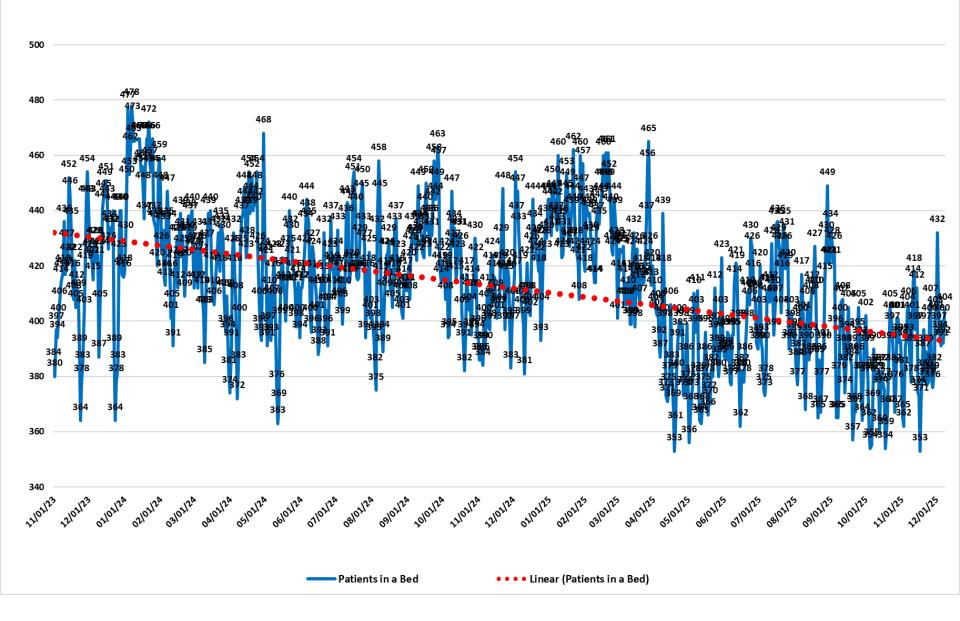
#### November 2026 - 18 Week Days Thurs. Wed. Fri. Sun. Mon. Tues. Sat.

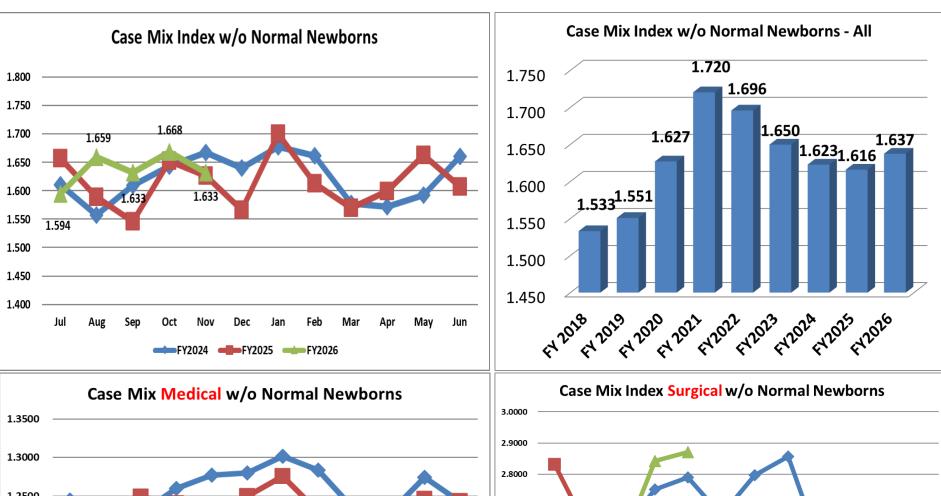
October 2026 - 25 Week Days									
Sun.	Mon.	Tues.	Wed.	d. Thurs. I		Sat.			
			1	2	3	4			
5	6	7	8	9	10	11			
12	13	14	15	16	17	18			
19	20	21	22	23	24	25			
26	27	28	29	30	31	0==/4			
						<del>' 275/4</del>			

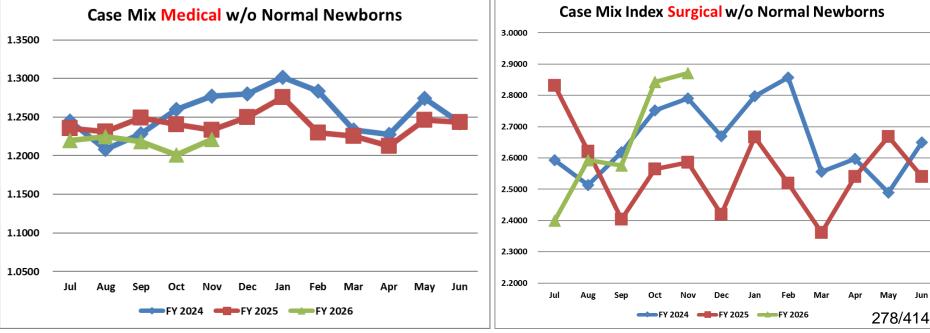
October 2026 - 23 Week Dave



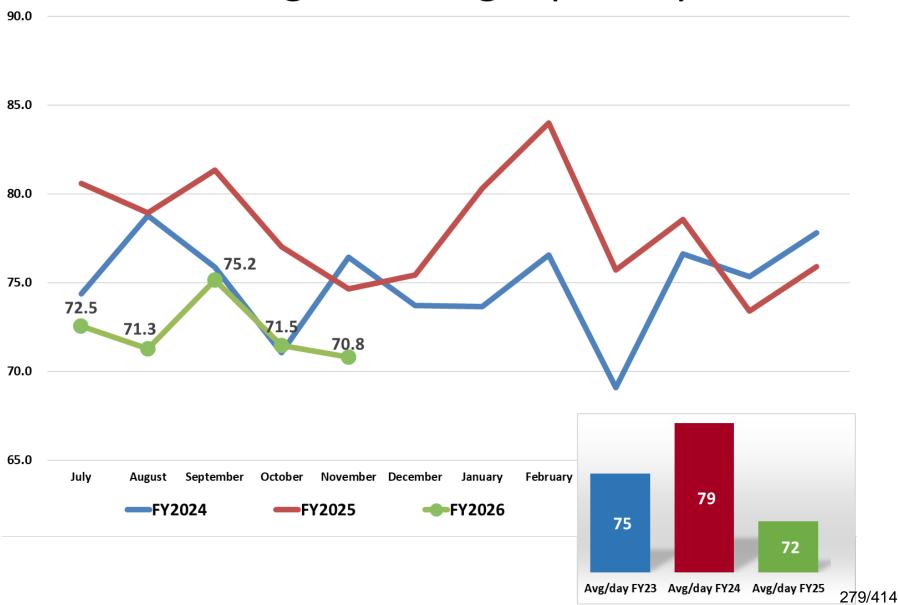
#### Patients in a Bed



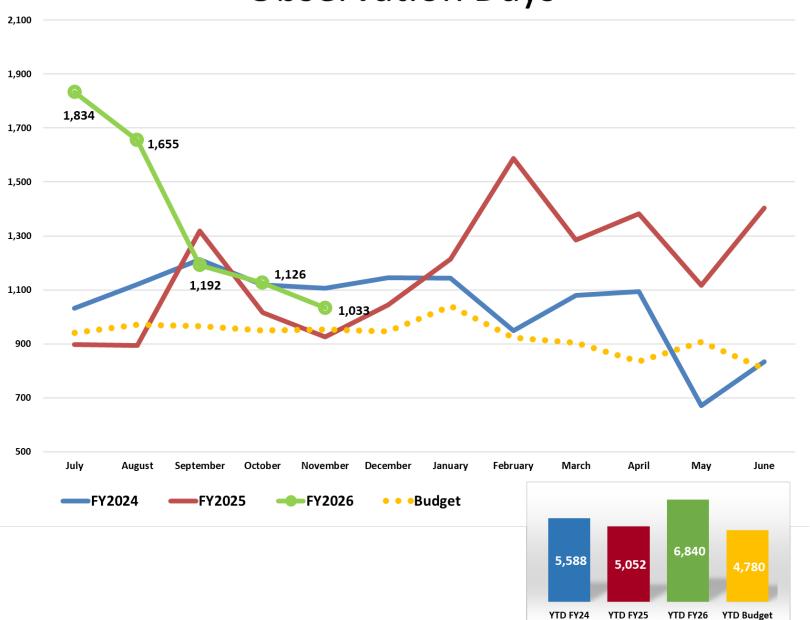




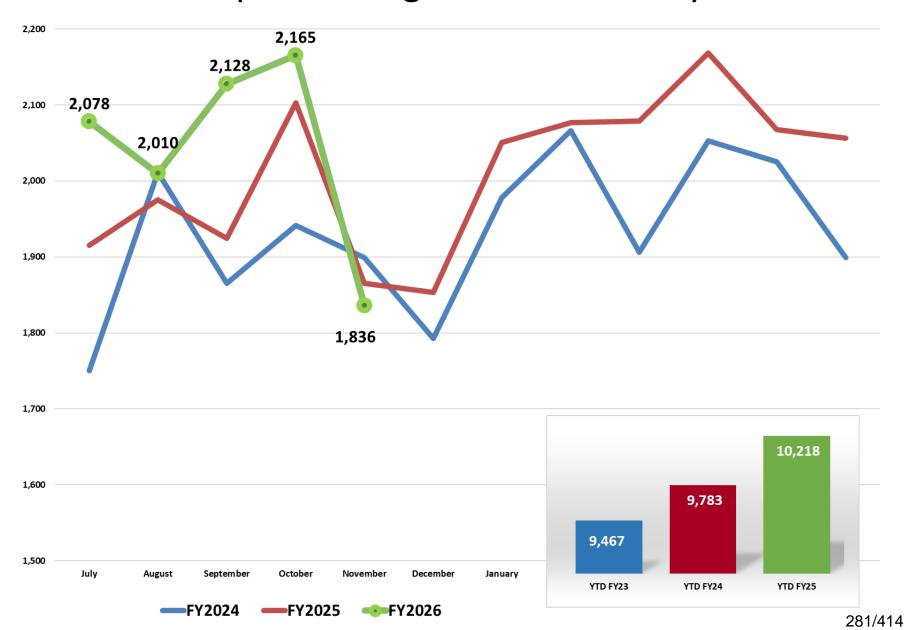
### Average Discharges per Day



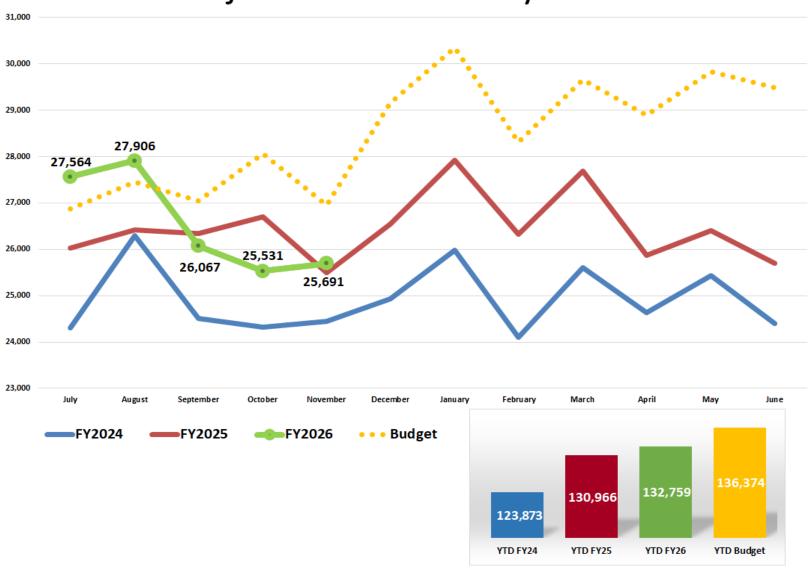
### **Observation Days**



### **Outpatient Registrations Per Day**



### Adjusted Patient Days



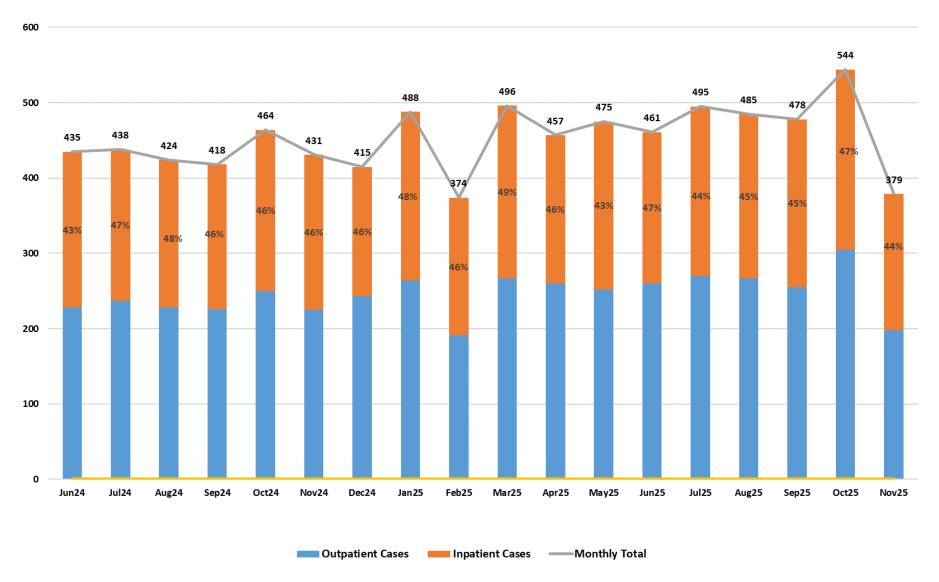
#### **Statistical Results – Fiscal Year Comparison (Nov)**

	Actual Results		Budget	Budget	Variance	
	Nov 2024	Nov 2025	% Change	Nov 2025	Change	% Change
Average Daily Census	399	380	(4.7%)	423	(42)	(10.0%)
KDHCD Patient Days:						
Medical Center	8,071	7,519	(6.8%)	8,384	(865)	(10.3%)
Acute I/P Psych	1,094	1,375	25.7%	1,500	(125)	(8.3%)
Sub-Acute	940	842	(10.4%)	916	(74)	(8.1%)
Rehab	565	569	0.7%	642	(73)	(11.4%)
TCS-Ortho	380	405	6.6%	372	33	8.9%
NICU	427	319	(25.3%)	392	(73)	(18.6%)
Nursery	495	384	(22.4%)	481	(97)	(20.2%)
Total KDHCD Patient Days	11,972	11,413	(4.7%)	12,687	(1,274)	(10.0%)
Total Outpatient Volume	55,950	55,080	(1.6%)	68,462	(13,382)	(19.5%)

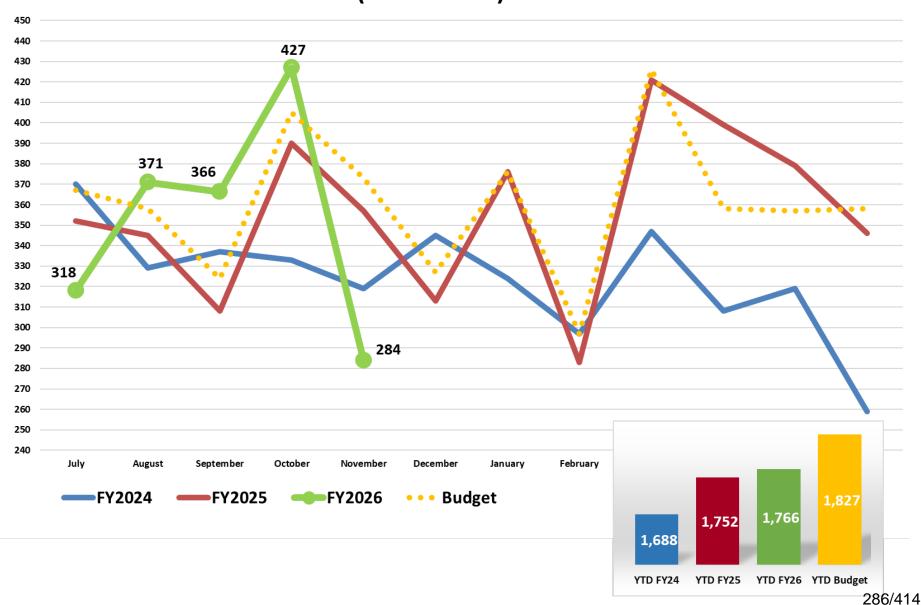
#### **Statistical Results – Fiscal Year Comparison (Jul-Nov)**

	Actual Results		Budget	Budget	Variance	
	FYTD 2025	FYTD 2026	% Change	FYTD 2025	Change	% Change
Average Daily Census	408	383	(6.2%)	412	(29)	(7.1%)
KDHCD Patient Days:						
Medical Center	42,849	38,200	(10.8%)	42,040	(3,840)	(9.1%)
Acute I/P Psych	5,641	6,794	20.4%	7,311	(517)	(7.1%)
Sub-Acute	4,618	4,321	(6.4%)	4,567	(246)	(5.4%)
Rehab	2,854	3,044	6.7%	3,116	(72)	(2.3%)
TCS-Ortho	1,736	2,140	23.3%	1,930	210	10.9%
NICU	2,187	1,826	(16.5%)	1,844	(18)	(1.0%)
Nursery	2,587	2,232	(13.7%)	2,236	(4)	(0.2%)
Total KDHCD Patient Days	62,472	58,557	(6.3%)	63,044	(4,487)	(7.1%)
Total Outpatient Volume	299,483	312,763	4.4%	349,156	(36,393)	(10.4%)

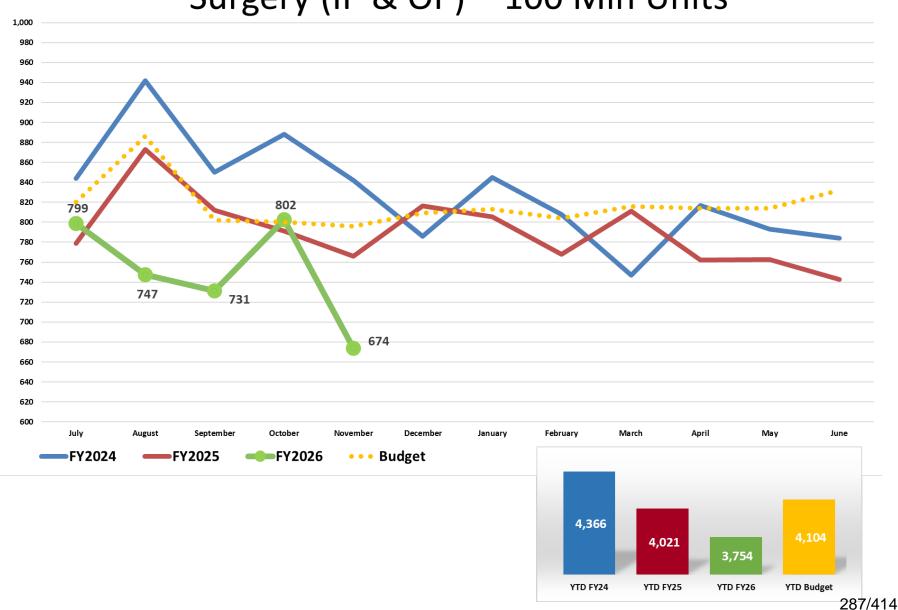
#### Cath Lab Patients (IP & OP)



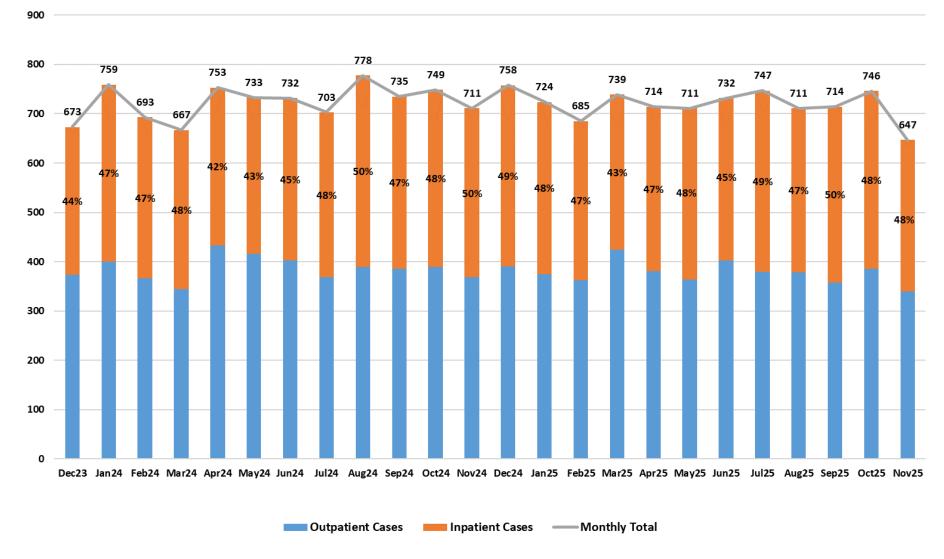
### Cath Lab (IP & OP) – 100 Min Units

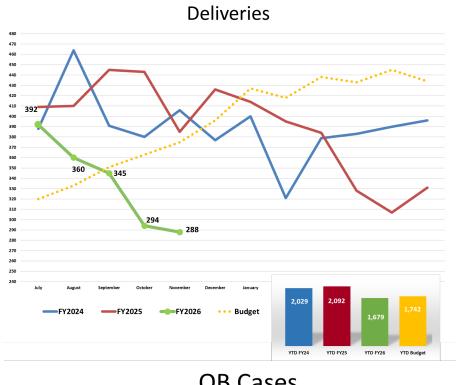


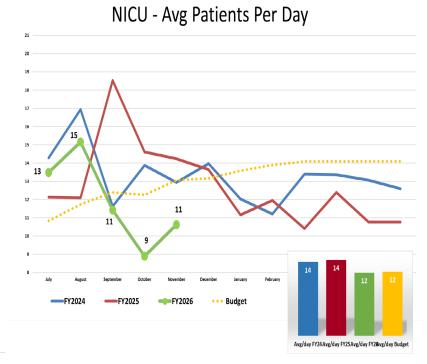
### Surgery (IP & OP) – 100 Min Units

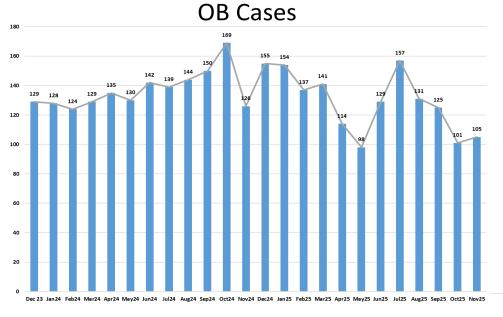


# Surgery Cases (IP & OP)

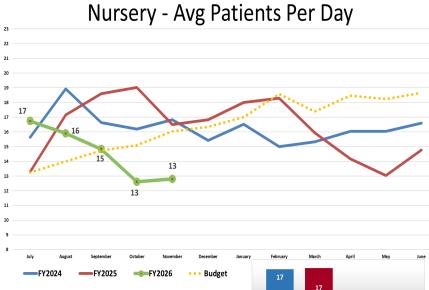








Cases — Monthly Total



Avg/day FY24 Avg/day FY25 Avg/day FY26

#### Other Statistical Results - Prior Year/Budget Comparison (Nov)

		Actual	Results		Budget	Budget \	/ariance
	Nov 24	Nov 25	Change	% Change	Nov 25	Change	% Change
ED - Avg Treated Per Day	248	265	17	7.0%	263	2	0.8%
Surgery (IP & OP) – 100 Min Units	766	674	(92)	(12.1%)	796	(122)	(15.3%)
Endoscopy Procedures	624	519	(105)	(16.8%)	524	(5)	(0.9%)
Cath Lab (IP & OP) - 100 Min Units	357	284	(73)	(20.4%)	373	(89)	(23.9%)
Cardiac Surgery Cases	18	21	3	16.7%	31	(10)	(32.6%)
Deliveries	385	288	(97)	(25.2%)	375	(87)	(23.2%)
Clinical Lab	232,573	236,392	3,818	1.6%	255,830	(19,439)	(7.6%)
Reference Lab	4,028	6,620	2,592	64.3%	5,805	815	14.0%
Dialysis Center - Visalia Visits	1,503	1,303	(200)	(13.3%)	1,503	(200)	(13.3%)
Infusion Center - Units of Service	396	481	85	21.5%	522	(41)	(7.9%)
Hospice Days	3,471	4,517	1,046	30.1%	4,014	503	12.5%
Home Health Visits	2,731	2,507	(224)	(8.2%)	2,969	(462)	(15.6%)
Home Infusion Days	22,249	23,820	1,571	7.1%	19,570	4,250	21.7%

### Other Statistical Results – Fiscal Year Comparison (Jul-Nov)

		YTD Actu	al Results		Budget	Budget Variance		
	YTD Nov 24	YTD Nov 25	Change	% Change	YTD Nov 25	Change	% Change	
ED - Avg Treated Per Day	254	274	20	7.8%	272	1	0.5%	
Surgery (IP & OP) – 100 Min Units	4,021	3,754	(267)	(6.6%)	4,104	(350)	(8.5%)	
Endoscopy Procedures	3,069	2,472	(597)	(19.5%)	2,761	(289)	(10.5%)	
Cath Lab (IP & OP) - 100 Min Units	1,752	1,766	14	0.8%	1,827	(61)	(3.3%)	
Cardiac Surgery Cases	124	132	8	6.5%	171	(39)	(22.7%)	
Deliveries	2,092	1,679	(413)	(19.7%)	1,742	(63)	(3.6%)	
Clinical Lab	1,214,047	1,268,343	54,297	4.5%	1,335,450	(67,107)	(5.0%)	
Reference Lab	34,073	38,722	4,649	13.6%	35,232	3,490	9.9%	
Dialysis Center - Visalia Visits	7,552	7,237	(315)	(4.2%)	7,612	(375)	(4.9%)	
Infusion Center - Units of Service	2,214	3,039	825	37.3%	3,142	(103)	(3.3%)	
Hospice Days	17,431	20,993	3,562	20.4%	20,315	678	3.3%	
Home Health Visits	14,438	14,838	400	2.8%	15,291	(453)	(3.0%)	
Home Infusion Days	113,006	121,954	8,948	7.9%	110,211	11,743	10.7%	

#### Other Statistical Results - Prior Year/Budget Comparison (Nov)

		Actual	Results		Budget	Budget Variance	
	Nov 24	Nov 25	Change	% Change	Nov 25	Change	% Change
All O/P Rehab Svcs Across District	18,905	17,514	(1,391)	(7.4%)	18,674	(1,160)	(6.2%)
Physical & Other Therapy Units (I/P & O/P)	17,775	16,985	(790)	(4.4%)	19,226	(2,241)	(11.7%)
Radiology - CT - All Areas	4,319	4,711	392	9.1%	4,488	223	5.0%
Radiology - MRI - All Areas	800	811	11	1.4%	817	(6)	(0.8%)
Radiology - Ultrasound - All Areas	2,837	2,680	(157)	(5.5%)	2,921	(241)	(8.3%)
Radiology - Diagnostic Radiology	9,205	8,508	(697)	(7.6%)	9,392	(884)	(9.4%)
Radiology – Main Campus	14,632	14,042	(590)	(4.0%)	14,877	(835)	(5.6%)
Radiology - Ultrasound - Main Campus	2,213	1,996	(217)	(9.8%)	2,085	(89)	(4.3%)
West Campus - Diagnostic Radiology	1,074	1,123	49	4.6%	1,050	73	7.0%
West Campus - CT Scan	448	502	54	12.1%	469	33	6.9%
West Campus - MRI	383	359	(24)	(6.3%)	387	(28)	(7.2%)
West Campus - Ultrasound	624	684	60	9.6%	836	(152)	(18.2%)
West Campus - Breast Center	1,512	1,636	124	8.2%	1,512	124	8.2%
Med Onc Visalia Treatments	844	1,146	302	35.8%	1,023	123	12.0%
Rad Onc Visalia Treatments	1,339	1,202	(137)	(10.2%)	1,388	(186)	(13.4%)
Rad Onc Hanford Treatments	239	272	33	13.8%	254	18	292444

### Other Statistical Results – Fiscal Year Comparison (Jul-Nov)

		YTD Actu	al Results		Budget	Budget \	<b>Variance</b>
	YTD Nov 24	YTD Nov 25	Change	% Change	YTD Nov 25	Change	% Change
All O/P Rehab Svcs Across District	103,750	102,972	(778)	(0.7%)	104,745	(1,773)	(1.7%)
Physical & Other Therapy Units (I/P & O/P)	92,640	91,996	(644)	(0.7%)	98,442	(6,446)	(6.5%)
Radiology - CT - All Areas	23,051	25,476	2,425	10.5%	23,051	2,425	10.5%
Radiology - MRI - All Areas	4,385	4,615	230	5.2%	4,400	215	4.9%
Radiology - Ultrasound - All Areas	15,144	14,954	(190)	(1.3%)	15,124	(170)	(1.1%)
Radiology - Diagnostic Radiology	47,298	46,776	(522)	(1.1%)	48,158	(1,382)	(2.9%)
Radiology – Main Campus	76,411	76,865	454	0.6%	76,174	691	0.9%
Radiology - Ultrasound - Main Campus	11,823	11,318	(505)	(4.3%)	10,852	466	4.3%
West Campus - Diagnostic Radiology	5,606	6,479	873	15.6%	5,734	745	13.0%
West Campus - CT Scan	2,451	2,738	287	11.7%	2,424	314	12.9%
West Campus - MRI	2,089	2,103	14	0.7%	2,129	(26)	(1.2%)
West Campus - Ultrasound	3,321	3,636	315	9.5%	4,272	(636)	(14.9%)
West Campus - Breast Center	8,544	7,825	(719)	(8.4%)	8,545	(720)	(8.4%)
Med Onc Visalia Treatments	5,337	5,778	441	8.3%	5,761	17	0.3%
Rad Onc Visalia Treatments	7,725	8,044	319	4.1%	7,963	81	1.0%
Rad Onc Hanford Treatments	1,342	1,487	145	10.8%	1,260	227	18.1%

### Other Statistical Results – Prior Year/Budget Comparison (Nov)

		Actual	Results		Budget	Budget \	/ariance
	Nov 24	Nov 25	Change	% Change	Nov 25	Change	% Change
Rural Health Clinics Registrations	12,841	12,205	(636)	(5.0%)	13,386	(1,181)	(8.8%)
RHC Exeter - Registrations	6,309	5,671	(638)	(10.1%)	6,726	(1,055)	(15.7%)
RHC Lindsay - Registrations	1,751	1,674	(77)	(4.4%)	1,900	(226)	(11.9%)
RHC Woodlake - Registrations	1,397	890	(507)	(36.3%)	637	253	39.7%
RHC Woodlake Valencia - Registrations	0	508	508	0.0%	791	(283)	(35.8%)
RHC Dinuba - Registrations	1,294	1,379	85	6.6%	1,675	(296)	(17.7%)
RHC Tulare - Registrations	2,090	2,083	(7)	(0.3%)	2,448	(365)	(14.9%)
Urgent Care – Court Total Visits	2,546	2,481	(65)	(2.6%)	2,900	(419)	(14.4%)
Urgent Care – Demaree Total Visits	1,591	1,767	176	11.1%	1,950	(183)	(9.4%)
KH Medical Clinic - Ben Maddox Visits	634	738	104	16.4%	950	(212)	(22.3%)
KH Medical Clinic - Plaza Visits	244	231	(13)	(5.3%)	244	(13)	(5.3%)
KH Medical Willow Clinic Visits	0	834	834	0.0%	1,400	(566)	(40.4%)
KH Cardiology Center Visalia Registrations	1,469	1,201	(268)	(18.2%)	1,554	(353)	(22.7%)
KH Mental Wellness Clinic Visits	318	244	(74)	(23.3%)	370	(126)	(34.1%)
Urology Clinic Visits	231	78	(153)	(66.2%)	210	(132)	(62.9%)
Therapy-Wound Care Svcs Encounters	205	251	46	22.4%	347	(96)	<del>(27</del> 294/414

### Other Statistical Results – Fiscal Year Comparison (Jul-Nov)

		YTD Actu	al Results		Budget	Budget \	/ariance
	YTD Nov 24	YTD Nov 25	Change	% Change	YTD Nov 25	Change	% Change
Rural Health Clinics Registrations	68,289	69,306	1,017	1.5%	69,433	(127)	(0.2%)
RHC Exeter - Registrations	32,467	32,538	71	0.2%	34,037	(1,499)	(4.4%)
RHC Lindsay - Registrations	9,449	9,478	29	0.3%	10,200	(722)	(7.1%)
RHC Woodlake - Registrations	6,609	4,270	(2,339)	(35.4%)	3,557	713	20.0%
RHC Woodlake Valencia - Registrations	0	3,120	3,120	0.0%	3,607	(487)	(13.5%)
RHC Dinuba - Registrations	7,807	7,607	(200)	(2.6%)	8,975	(1,368)	(15.2%)
RHC Tulare - Registrations	11,957	12,293	336	2.8%	12,664	(371)	(2.9%)
Urgent Care – Court Total Visits	11,578	12,305	727	6.3%	13,900	(1,595)	(11.5%)
Urgent Care – Demaree Total Visits	7,130	8,825	1,695	23.8%	9,700	(875)	(9.0%)
	3,982	5,095	1,113	28.0%	5,500	(405)	(7.4%)
KH Medical Clinic - Ben Maddox Visits	·					, ,	, ,
KH Medical Clinic - Plaza Visits	1,370	1,138	(232)	(16.9%)	1,370	(232)	(16.9%)
KH Medical Willow Clinic Visits	0	4,241	4,241	0.0%	5,250	(1,009)	(19.2%)
KH Cardiology Center Visalia Registrations	7,959	7,216	(743)	(9.3%)	8,317	(1,101)	(13.2%)
KH Mental Wellness Clinic Visits	1,538	1,577	39	2.5%	1,940	(363)	(18.7%)
Urology Clinic Visits	1,649	834	(815)	(49.4%)	1,442	(608)	(42.2%)
Therapy-Wound Care Svcs Encounters	787	1,709	922	117.2%	1,771	(62)	(3.5%) 295/414

#### November Financial Summary (000's) Budget Comparison

	Compariso	on to Budget	- Month of	November
	Budget Nov-2025	Actual Nov-2025	\$ Change	% Change
Operating Revenue			-	
Net Patient Service Revenue	\$55,330	\$56,876	\$1,546	2.7%
Other Operating Revenue	\$21,865	\$21,974	\$109	0.5%
<b>Total Operating Revenue</b>	\$77,195	\$78,850	\$1,655	2.1%
Operating Expenses				
Employment Expenses	\$42,133	\$43,893	\$1,760	4.0%
Other Expenses	\$36,127	\$34,509	(\$1,618)	-4.7%
<b>Total Operating Expenses</b>	\$78,260	\$78,402	\$142	0.2%
Operating Margin	(\$1,065)	\$448	\$1,513	
Stimulus/FEMA	\$0	\$0	\$0	
Operating Margin after Stimulus/FEMA	(\$1,065)	\$448	\$1,513	
Nonoperating Revenue (Loss)	\$863	\$1,368	\$505	
Excess Margin	(\$201)	\$1,816	\$2,018	

#### November Financial Summary (000's) Prior Year Comparison

	Comparison to Prior Year - Month of November						
	Actual Nov-2024	Actual Nov-2025	\$ Change	% Change			
Operating Revenue	•	-	-				
Net Patient Service Revenue	\$54,496	\$56,876	\$2,380	4.2%			
Other Operating Revenue	\$19,868	\$21,974	\$2,106	9.6%			
<b>Total Operating Revenue</b>	\$74,364	\$78,850	\$4,486	5.7%			
Operating Expenses							
Employment Expenses	\$41,051	\$43,893	\$2,842	6.5%			
Other Expenses	\$34,872	\$34,509	(\$363)	-1.1%			
<b>Total Operating Expenses</b>	\$75,923	\$78,402	\$2,479	3.2%			
Operating Margin	(\$1,559)	\$448	\$2,007				
Stimulus/FEMA	\$0	\$0	\$0				
Operating Margin after Stimulus/FEMA	(\$1,559)	\$448	\$2,007				
Nonoperating Revenue (Loss)	\$905	\$1,368	\$463				
Excess Margin	(\$654)	\$1,816	\$2,470				

#### **Year to Date Financial Summary (000's)**

	Comparison to Budget - YTD November						
	Budget YTD Nov-2025	Actual YTD Nov-2025	\$ Change	% Change			
Operating Revenue				•			
Net Patient Service Revenue	\$284,082	\$284,551	\$469	0.2%			
Other Operating Revenue	\$108,582	\$115,244	\$6,662	5.8%			
<b>Total Operating Revenue</b>	\$392,664	\$399,795	\$7,131	1.8%			
Operating Expenses							
Employment Expenses	\$211,362	\$217,111	\$5,749	2.6%			
Other Expenses	\$185,732	\$186,811	\$1,079	0.6%			
Total Operating Expenses	\$397,094	\$403,922	\$6,828	1.7%			
Operating Margin	(\$4,430)	(\$4,127)	\$303				
Stimulus/FEMA	\$0	(\$0)	(\$0)	_			
Operating Margin after Stimulus/FEMA	(\$4,430)	(\$4,127)	\$303				
Nonoperating Revenue (Loss)	\$4,436	\$6,488	\$2,052	_			
Excess Margin	\$6	\$2,361	\$2,355	:			

#### **November Financial Comparison (000's)**

	Comparison to Budget - Month of November					Comparison to Prior Year - Month of Novem			
	Budget Nov-2025	Actual Nov-2025	\$ Change	% Change		Actual Nov-2024	Actual Nov-2025	\$ Change	% Ch
Operating Revenue					_			·	
Net Patient Service Revenue	\$55,330	\$56,876	\$1,546	2.7%		\$54,496	\$56,876	\$2,380	4.
Supplemental Gov't Programs	\$9,727	\$9,718	(\$9)	-0.1%		\$8,236	\$9,718	\$1,482	15
Prime Program	\$631	\$631	(\$0)	0.0%		\$792	\$631	(\$161)	-25
Premium Revenue	\$7,062	\$6,949	(\$113)	-1.6%		\$7,120	\$6,949	(\$170)	-2
Other Revenue	\$4,446	\$4,676	\$230	4.9%	_	\$3,721	\$4,676	\$955	20.
Other Operating Revenue	\$21,865	\$21,974	\$109	0.5%	_	\$19,868	\$21,974	\$2,106	9.
otal Operating Revenue	\$77,195	\$78,850	\$1,655	2.1%		\$74,364	\$78,850	\$4,486	5.
perating Expenses									
alaries & Wages	\$33,064	\$34,379	\$1,315	3.8%		\$32,093	\$34,379	\$2,286	6.
Contract Labor	\$1,911	\$2,036	\$125	6.1%		\$1,778	\$2,036	\$258	12.
Employee Benefits	\$7,158	\$7,477	\$319	4.3%		\$7,180	\$7,477	\$297	4.
otal Employment Expenses	\$42,133	\$43,893	\$1,760	4.0%		\$41,051	\$43,893	\$2,842	6.
Medical & Other Supplies	\$13,121	\$12,693	(\$429)	-3.4%		\$13,429	\$12,693	(\$736)	-5.
hysician Fees	\$7,568	\$7,908	\$340	4.3%		\$7,159	\$7,908	\$749	9.
Purchased Services	\$1,909	\$1,955	\$46	2.3%		\$1,945	\$1,955	\$11	0.
Repairs & Maintenance	\$2,461	\$1,967	(\$495)	-25.1%		\$1,975	\$1,967	(\$8)	-0.
Itilities	\$941	\$ <b>794</b>	(\$146)	-18.4%		\$1,024	\$794	(\$230)	-28.
lents & Leases	\$156	\$95	(\$61)	-64.2%		\$90	\$95	\$5	4.
Depreciation & Amortization	\$3,502	\$3,375	(\$127)	-3.8%		\$3,258	\$3,375	\$117	3.
nterest Expense	\$554	\$598	\$44	7.4%		\$593	\$598	\$5	0.
ther Expense	\$2,265	\$2,257	(\$8)	-0.3%		\$1,759	\$2,257	\$499	22.
lumana Cap Plan Expenses	\$3,650	\$2,867	(\$782)	-27.3%		\$3,641	\$2,867	(\$774)	-27.
otal Other Expenses	\$36,127	\$34,509	(\$1,618)	-4.7%	_	\$34,872	\$34,509	(\$363)	-1.
otal Operating Expenses	\$78,260	\$78,402	\$142	0.2%	_	\$75,923	\$78,402	\$2,479	3.
perating Margin	(\$1,065)	\$448	\$1,513			(\$1,559)	\$448	\$2,007	
timulus/FEMA	\$0	\$0	\$0			\$0	\$0	\$0	
Operating Margin after Stimulus/FEMA	(\$1,065)	\$448	\$1,513			(\$1,559)	\$448	\$2,007	
lonoperating Revenue (Loss)	\$863	\$1,368	\$505			\$905	\$1,368	\$463	
xcess Margin	(\$201)	\$1,816	\$2,018			(\$654)	\$1,816	\$2,470	

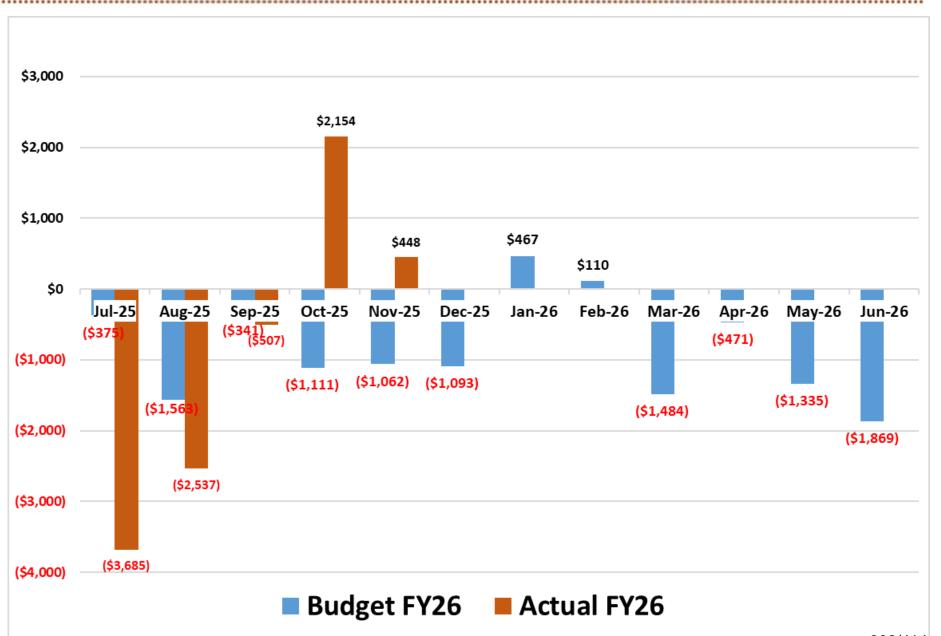
#### Year to Date: July through November Financial Comparison (000's)

	Compari	son to Budge	t - YTD Nov	ember	Comparison to Prior Year - YTD Nove				
	Budget YTD Nov-2025	Actual YTD Nov-2025	\$ Change	% Change	Actual YTD Nov-2024	Actual YTD Nov-2025	\$ Change	% Chan	
Operating Revenue				•					
Net Patient Service Revenue	\$284,082	\$284,551	\$469	0.2%	\$266,617	\$284,551	\$17,934	6.3%	
Supplemental Gov't Programs	\$48,633	\$50,375	\$1,743	3.5%	\$38,378	\$50,375	\$11,997	23.8%	
Prime Program	\$3,153	\$3,153	(\$0)	0.0%	\$3,959	\$3,153	(\$806)	-25.6%	
Premium Revenue	\$35,310	\$36,391	\$1,082	3.0%	\$36,814	\$36,391	(\$423)	-1.2%	
Other Revenue	\$21,487	\$25,324	\$3,837	15.2%	\$19,610	\$25,324	\$5,714	22.6%	
Other Operating Revenue	\$108,582	\$115,244	\$6,662	5.8%	\$98,762	\$115,244	\$16,482	14.3%	
Total Operating Revenue	\$392,664	\$399,795	\$7,131	1.8%	\$365,379	\$399,795	\$34,416	8.6%	
Operating Expenses									
Salaries & Wages	\$164,262	\$169,023	\$4,761	2.8%	\$160,522	\$169,023	\$8,502	5.0%	
Contract Labor	\$11,076	\$10,294	(\$782)	-7.6%	\$6,913	\$10,294	\$3,381	32.8%	
Employee Benefits	\$36,024	\$37,794	\$1,770	4.7%	\$30,103	\$37,794	\$7,691	20.3%	
Total Employment Expenses	\$211,362	\$217,111	\$5,749	2.6%	\$197,538	\$217,111	\$19,573	9.0%	
Medical & Other Supplies	\$70,191	\$71,972	\$1,780	2.5%	\$70,431	\$71,972	\$1,541	2.1%	
Physician Fees	\$37,529	\$39,594	\$2,065	5.2%	\$36,424	\$39,594	\$3,170	8.0%	
Purchased Services	\$9,460	\$9,880	\$420	4.3%	\$7,963	\$9,880	\$1,917	19.4%	
Repairs & Maintenance	\$12,551	\$11,331	(\$1,220)	-10.8%	\$10,582	\$11,331	\$749	6.6%	
Utilities	\$4,814	\$4,639	(\$175)	-3.8%	\$4,719	\$4,639	(\$80)	-1.7%	
Rents & Leases	\$725	\$616	(\$109)	-17.7%	\$663	\$616	(\$47)	-7.7%	
Depreciation & Amortization	\$17,520	\$16,331	(\$1,189)	-7.3%	\$15,949	\$16,331	\$382	2.3%	
Interest Expense	\$2,825	\$2,873	\$48	1.7%	\$2,956	\$2,873	(\$83)	-2.9%	
Other Expense	\$11,505	\$10,580	(\$925)	-8.7%	\$10,293	\$10,580	\$287	2.7%	
Humana Cap Plan Expenses	\$18,613	\$18,996	\$384	2.0%	\$21,384	\$18,996	(\$2,388)	-12.6%	
Total Other Expenses	\$185,732	\$186,811	\$1,079	0.6%	\$181,362	\$186,811	\$5,449	2.9%	
<b>Total Operating Expenses</b>	\$397,094	\$403,922	\$6,828	1.7%	\$378,900	\$403,922	\$25,022	6.2%	
Operating Margin	(\$4,430)	(\$4,127)	\$303		(\$13,521)	(\$4,127)	\$9,394		
Stimulus/FEMA	\$0	(\$0)	(\$0)	. <u> </u>	\$0	(\$0)	(\$0)	_	
Operating Margin after Stimulus/FEM	(\$4,430)	(\$4,127)	\$303		(\$13,521)	(\$4,127)	\$9,394	_	
Nonoperating Revenue (Loss)	\$4,436	\$6,488	\$2,052		\$9,082	\$6,488	(\$2,594)	_	
Excess Margin	\$6	\$2,361	\$2,355		(\$4,440)	\$2,361	\$6,801	· • 3	

## Month of November - Budget Variances

- Net Patient Service Revenue: The favorable budget variance in revenue of \$1.5M is primarily due to the \$3.2M settlement from a prior year lawsuit regarding the way our rural floor rates were calculated which was offset by lower volume.
- Salaries and Wages: The \$1.3M unfavorable variance is due to higher-than-expected wages primarily in the Registered Nurse category in both hours and rates.
- **Humana Cap Plan Expenses:** Humana third party expenses were \$782K less than budgeted however, year to date remains slightly over budget.

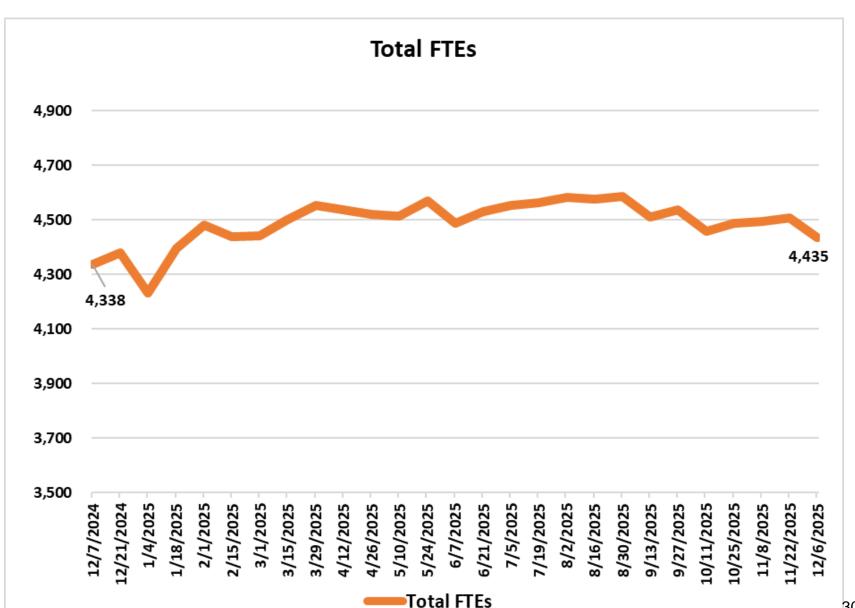
#### **Budget and Actual Fiscal Year 2026: Trended Operating Margin (000's)**



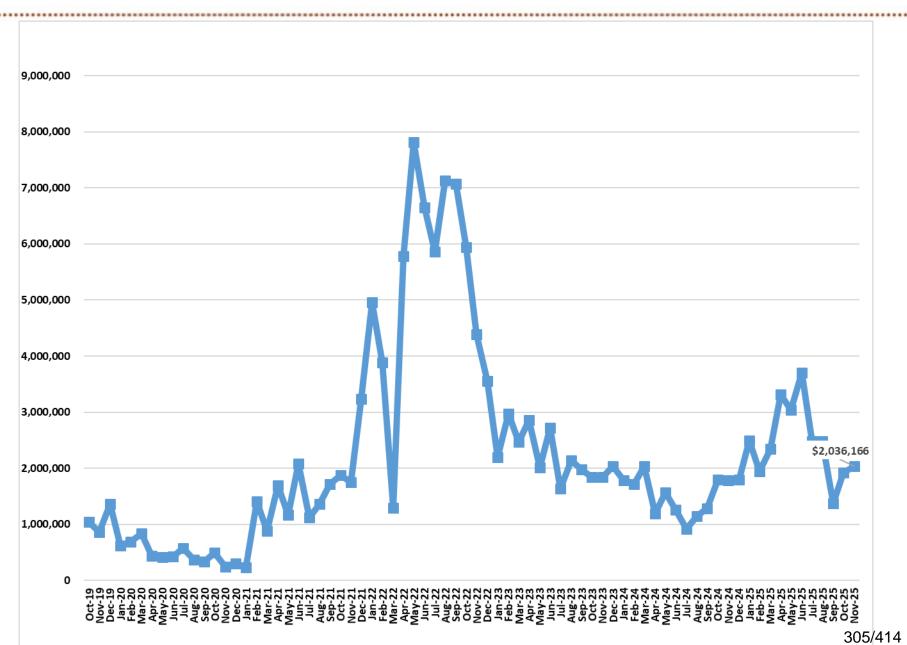
#### **Budget and Actual Fiscal Year 2026: Trended Operating Margin (000's)**

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	FY 2026
Patient Service Revenue	\$55,188	\$56,648	\$44,473	\$56,501	\$53,289	\$56,822	\$61,063	\$56,876	\$284,551
Other Revenue	\$20,234	\$20,167	\$29,489	\$21,848	\$23,904	\$22,899	\$24,620	\$21,974	\$115,244
Total Operating Revenue	\$75,422	\$76,815	\$73,962	\$78,349	\$77,193	\$79,720	\$85,682	\$78,850	\$399,795
Employee Expense	\$43,595	\$46,037	\$40,488	\$43,550	\$42,743	\$42,190	\$44,735	\$43,893	\$217,111
Other Operating Expense	\$34,988	\$38,656	\$44,194	\$38,484	\$36,987	\$38,038	\$38,793	\$34,509	\$186,811
<b>Total Operating Expenses</b>	\$78,583	\$84,693	\$84,682	\$82,034	\$79,730	\$80,228	\$83,528	\$78,402	\$403,922
Net Operating Margin	(\$3,161)	(\$7,878)	(\$10,720)	(\$3,685)	(\$2,537)	(\$507)	\$2,154	\$448	(\$4,127)
Stimulus/FEMA	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
NonOperating Income	\$1,114	\$955	\$2,603	\$1,059	\$1,243	\$1,968	\$850	\$1,368	\$6,488
Excess Margin	(\$2,047)	(\$6,923)	(\$8,117)	(\$2,625)	(\$1,295)	\$1,461	\$3,004	\$1,816	\$2,361
Profitability									
Operating Margin %	(4.2%)	(10.3%)	(14.5%)	(4.7%)	(3.3%)	(0.6%)	2.5%	0.6%	(1.0%)
Operating Margin %excl. Int	(3.4%)	(9.5%)	(13.6%)	(4.0%)	(2.6%)	0.1%	3.2%	1.3%	(0.3%)
Operating EBIDA	\$920	(\$3,534)	(\$6,230)	\$104	\$1,200	\$3,534	\$5,818	\$4,421	\$15,076
Operating EBIDA Margin	1.2%	(4.6%)	(8.4%)	0.1%	1.6%	4.4%	6.8%	5.6%	3.8%
Liquidity Indicators									
Day's Cash on Hand	95.7	90.5	95.7	102.7	96.4	93.2	98.0	93.7	93.7
Day's in Accounts Rec.	63.6	71.3	68.8	72.0	71.2	67.9	67.8	68.2	68.2
Debt & Other Indicators									
Debt Service Coverage (MADS)	4.00	3.70	4.00	0.50	0.90	1.60	2.60	2.20	2.20
Discharges (Monthly)	2,357	2,276	2,277	2,249	2,210	2,255	2,216	2,124	2,211
Adj Discharges (Case mix adj)	8,500	8,534	8,255	8,071	8,493	8,611	8,462	7,568	8,241
Adjusted patient Days (Mo.)	25,868	26,409	25,593	27,564	27,906	26,067	25,531	25,691	26,552
Cost/Adj Discharge	\$9.2	\$9.9	\$10.3	\$10.2	\$9.4	\$9.3	\$9.9	\$10.4	\$9.8
Compensation Ratio	79%	81%	91%	77%	80%	74%	73%	77%	76%

# **Total FTEs (includes Contract Labor)**



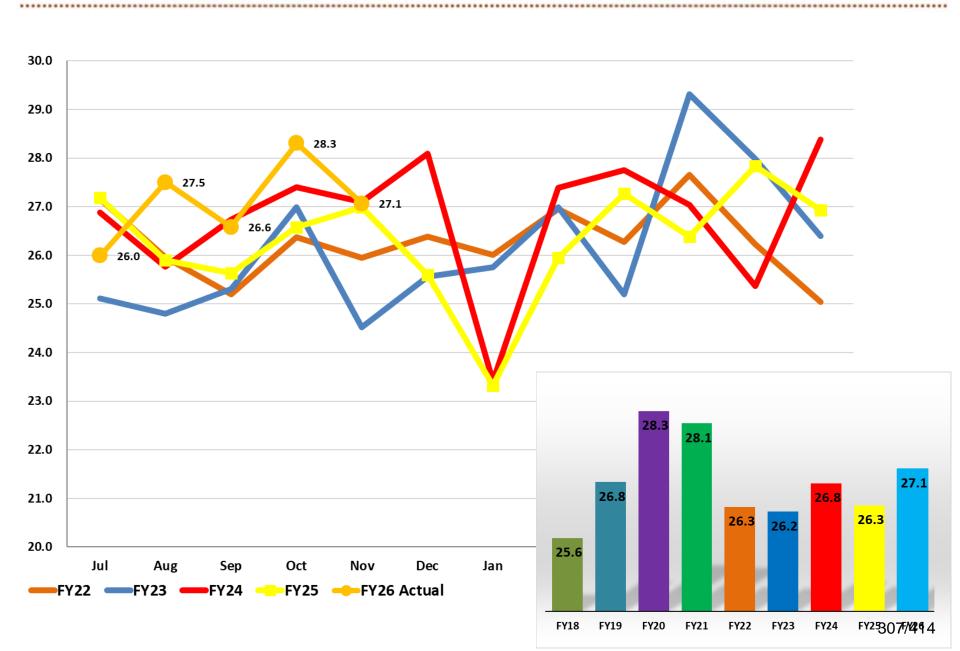
## Monthly Contract Labor Costs



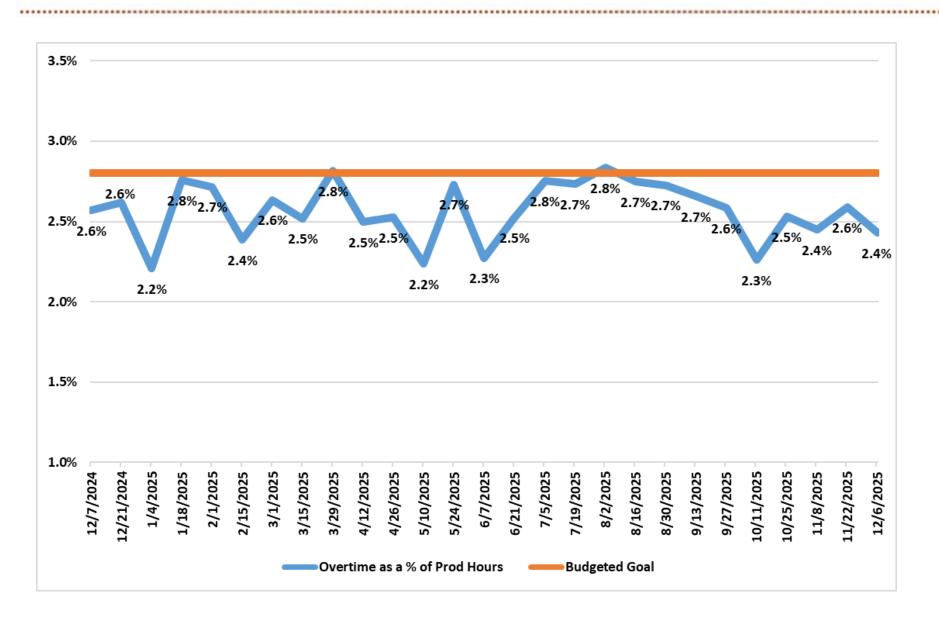
## Contract Labor Full Time Equivalents (FTEs)



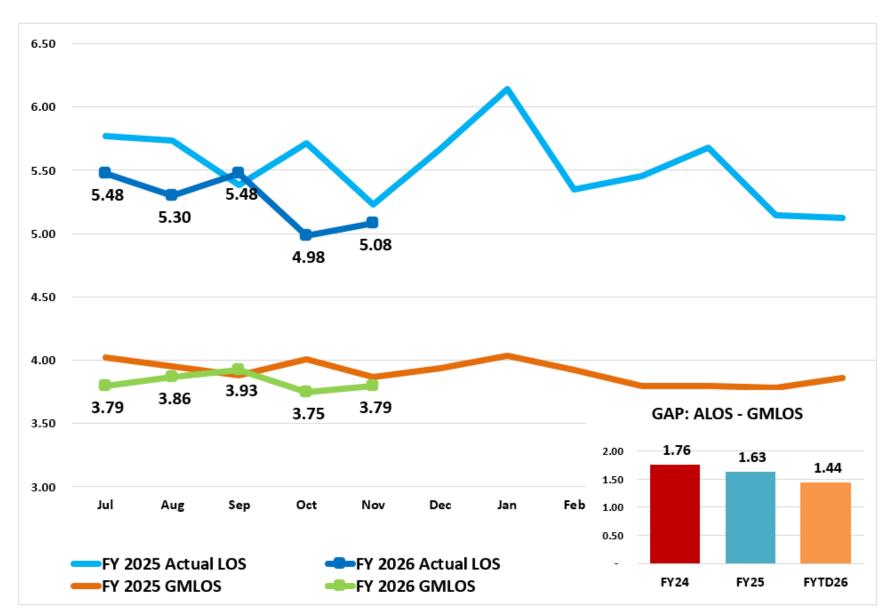
# Productivity Measure: Worked Hours/ Adj. Patient Days



#### Overtime as a % of Productive Hours



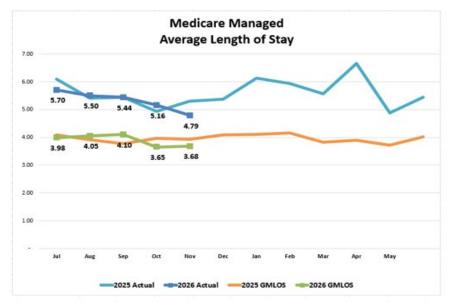
#### Average Length of Stay versus National Average (GMLOS)

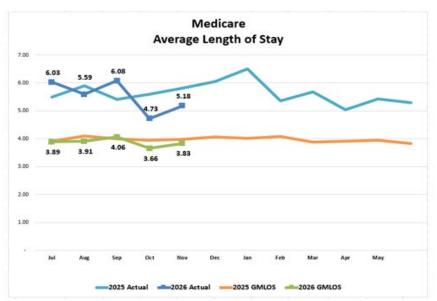


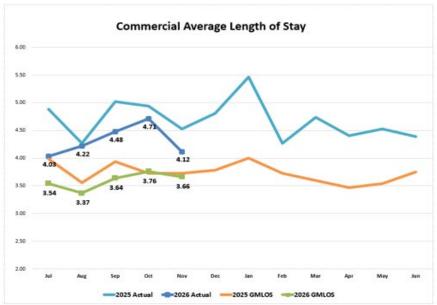
#### Average Length of Stay versus National Average (GMLOS)

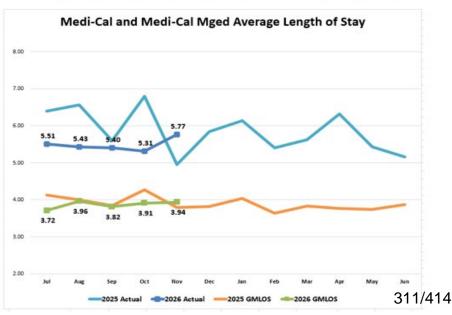
	ALOS	GMLOS	GAP
Jul-24	5.77	4.02	1.75
Aug-24	5.74	3.95	1.79
Sep-24	5.38	3.88	1.50
Oct-24	5.71	4.01	1.70
Nov-24	5.23	3.87	1.36
Dec-24	5.67	3.94	1.74
Jan-25	6.14	4.04	2.10
Feb-25	5.34	3.92	1.42
Mar-25	5.45	3.80	1.65
Apr-25	5.68	3.80	1.88
May-25	5.14	3.78	1.36
Jun-25	5.13	3.86	1.27
Jul-25	5.48	3.79	1.68
Aug-25	5.30	3.86	1.43
Sep-25	5.48	3.93	1.55
Oct-25	4.98	3.75	1.23
Nov-25	5.08	3.79	1.29

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



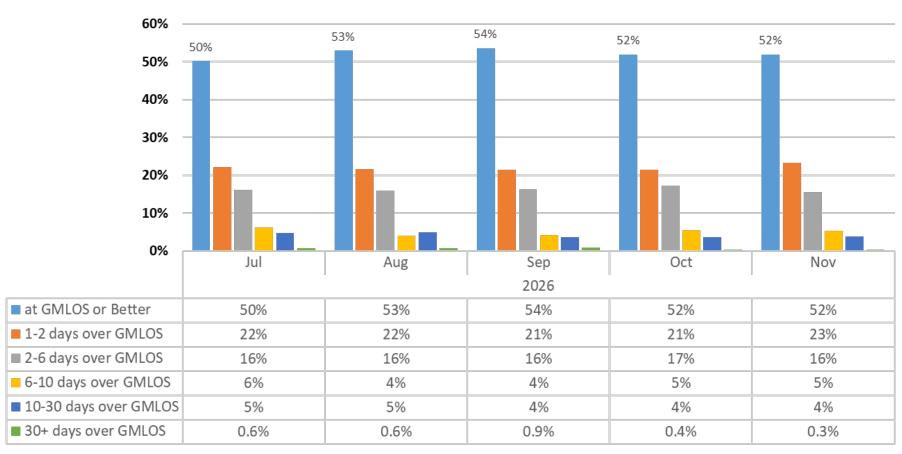




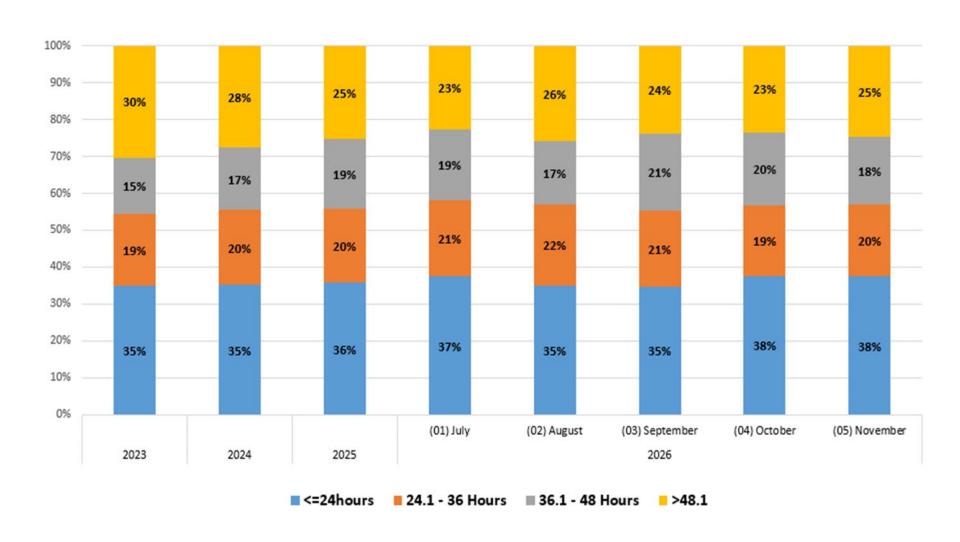


#### Average Length of Stay Distribution

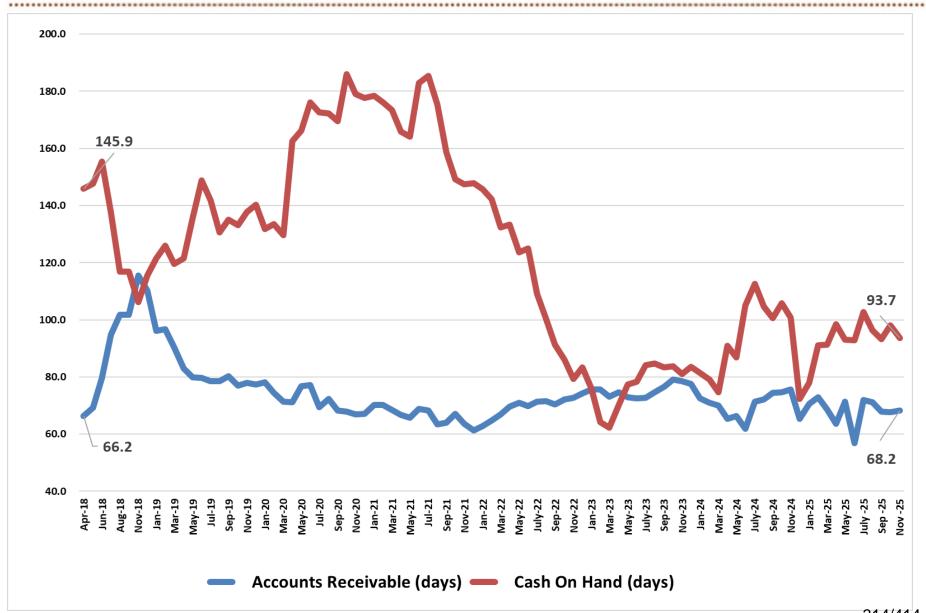




#### Trended % of Observation by Length of Stay



# **Trended Liquidity Ratios**



#### Ratio Analysis Report

#### **NOVEMBER 30, 2025**

			June 30,			
	Current	Prior	2025	202	2024 Moody's	
	Month	Month	Audited	Media	Median Benchmar	
	Value	Value	Value	Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.8	2.5	2.5	1.6	1.9	1.7
Accounts Receivable (days)	68.2	67.8	72.1	48.7	46.7	48.6
Cash On Hand (days)	93.7	98.0	94.6	282	194.6	122.9
Cushion Ratio (x)	10.8	11.4	10.8	46.1	26.8	15.5
Average Payment Period (days)	47.7	46.5	55.1	75.8	61.9	62.3
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	114.9%	120.5%	114.2%	297.1%	188.1%	111.0%
Debt-To-Capitalization	31.0%	32.1%	31.0%	20.8%	28.7%	35.5%
Debt-to-Cash Flow (x)	4.2	4.7	2.8	2.2	3.1	5.0
Debt Service Coverage	2.9	2.0	4.3	7.9	5.3	3.3
Maximum Annual Debt Service Coverage (x)	2.2	2.6	3.4	7.2	4.8	2.7
Age Of Plant (years)	14.1	14.2	13.6	11.1	13.3	14.8
PROFITABILITY RATIOS						
Operating Margin	(1.0%)	(1.4%)	(4.2%)	2.9%	1.6%	(.5%)
Excess Margin	0.6%	0.2%	2.9%	6.7%	4.3%	1.3%
Operating Cash Flow Margin	3.8%	3.3%	1.0%	7.9%	6.6%	4.2%
Return on Assets	0.6%	0.2%	3.1%	4.5%	3.8%	1.7%

#### Consolidated Statements of Net Position (000's)

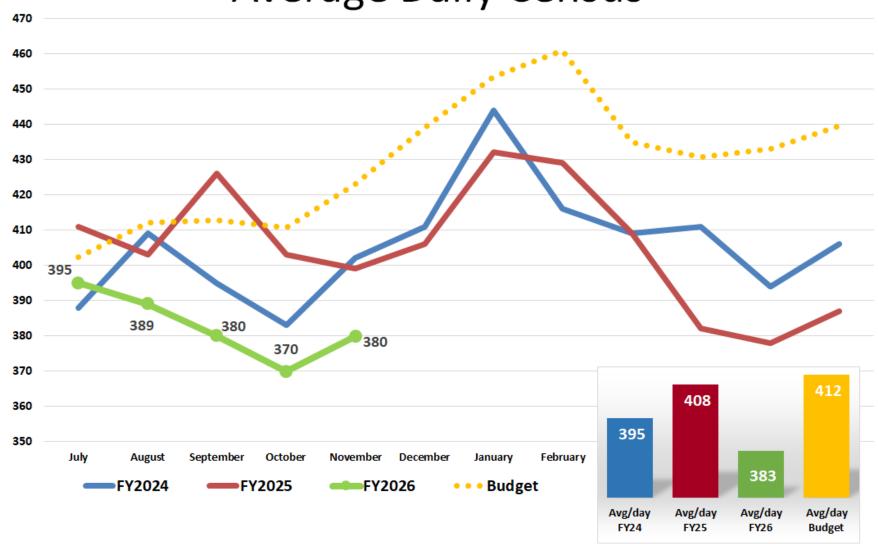
	Nov-25		J	Jun-25	
			(A	udited)	
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	\$	5,125	\$	6,595	
Current Portion of Board designated and trusted					
assets		25,956		17,533	
Accounts receivable:				-	
Net patient accounts		154,228	1	.54,634	
Other receivables		44,612		70,335	
		198,840	2	224,969	
Inventories		14,097		13,871	
Medicare and Medi-Cal settlements		88,220		62,463	
Prepaid expenses		11,035		8,234	
Total current assets		343,273	3	33,666	
NON-CURRENT CASH AND INVESTMENTS -					
less current portion					
Board designated cash and assets		223,667	2	218,025	
Revenue bond assets held in trust		0		22,950	
Assets in self-insurance trust fund		620		626	
Total non-current cash and investments		224,287	2	241,602	
INTANGIBLE RIGHT TO USE LEASE,		17,162		15,613	
net of accumulated amortization					
INTANGIBLE RIGHT TO USE SBITA,		6,518		8,062	
net of accumulated amortization					
CAPITAL ASSETS					
Land		17,542		17,542	
Buildings and improvements		440,685	4	37,184	
Equipment		344,644	3	40,593	
Construction in progress		19,883		18,729	
		822,755	8	314,048	
Less accumulated depreciation		548,149	5	41,607	
		274,606	2	72,441	
OTHER ASSETS					
Property not used in operations		5,138		5,155	
Health-related investments		1,817		2,147	
Other		22,409		20,922	
Total other assets		29,363		28,224	
Total assets		895,209	8	399,608	
DEFERRED OUTFLOWS		12,581		13,133	
Total assets and deferred outflows	\$	907,790	\$ 9	12,741	

#### Consolidated Statements of Net Position (000's)

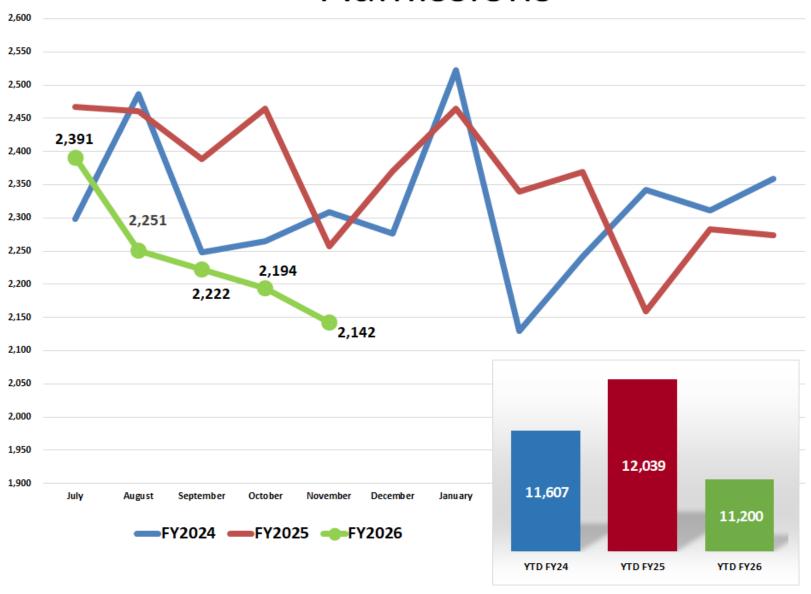
	Nov-25	Jun-25	
LIABILITIES AND NET ASSETS			
CURRENT LIABILITIES			
Accounts payable and accrued expenses	\$ 29,993	\$ 43,963	
Accrued payroll and related liabilities	69,826	71,620	
SBITA liability, current portion	2,912	3,031	
Lease liabiilty, current portion	3,291	3,204	
Bonds payable, current portion	13,184	13,014	
Notes payable, current portion	1,153	-	
Financing Lease Liability, current portion	554	-	
Total current liabilities	120,912	134,831	
LEACE HABILITY and of consent acution	14 204	12.050	
LEASE LIABILITY, net of current portion	14,394	12,850	
SBITA LIABILITY, net of current portion	2,606	3,941	
LONG-TERM DEBT, less current portion			
Bonds payable	199,036	201,619	
Financing Lease payable	3,234	-	
Notes payable	19,597	20,750	
Total long-term debt	221,866	222,369	
NET PENSION LIABILITY	19,498	16,169	
OTHER LONG-TERM LIABILITIES	53,695	50,472	
Total liabilities	432,971	440,632	
NET ASSETS			
Invested in capital assets, net of related debt	60,774	60,147	
Restricted	45,677	58,980	
Unrestricted	368,369	352,983	
Total net position	474,819	472,110	
· Samuel parison	,023	2,220	
Total liabilities and net position	\$ 907,791	\$ 912,741	

# Statistical Report November 2025

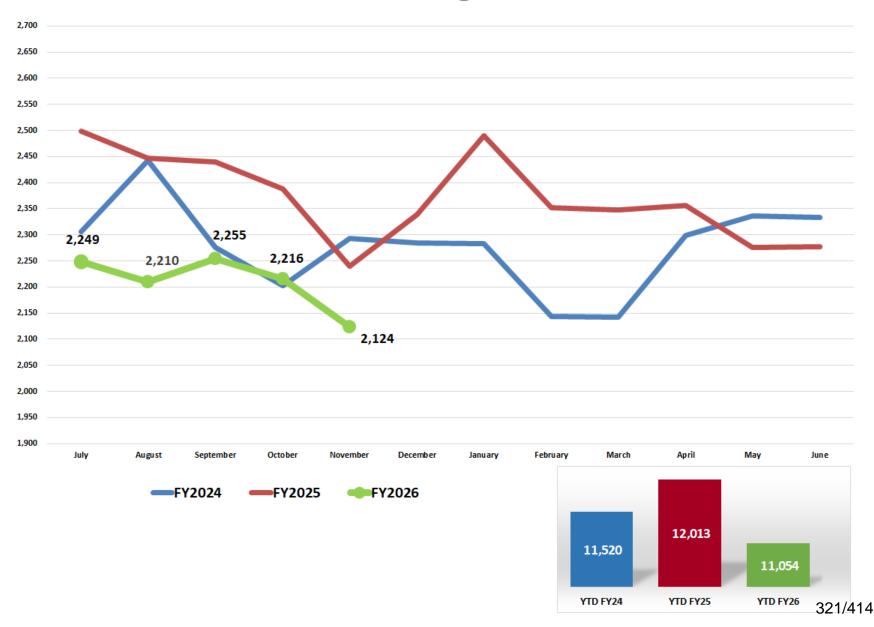
# **Average Daily Census**



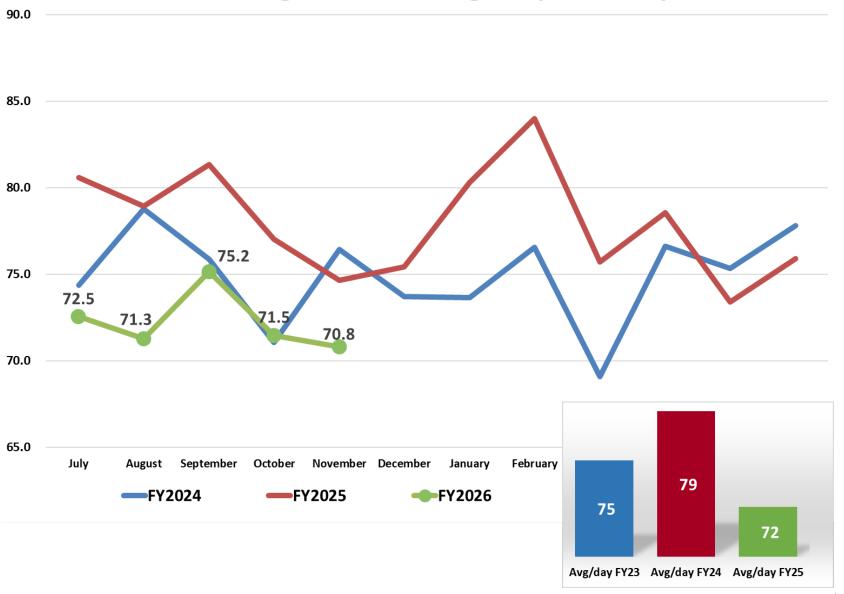
#### **Admissions**



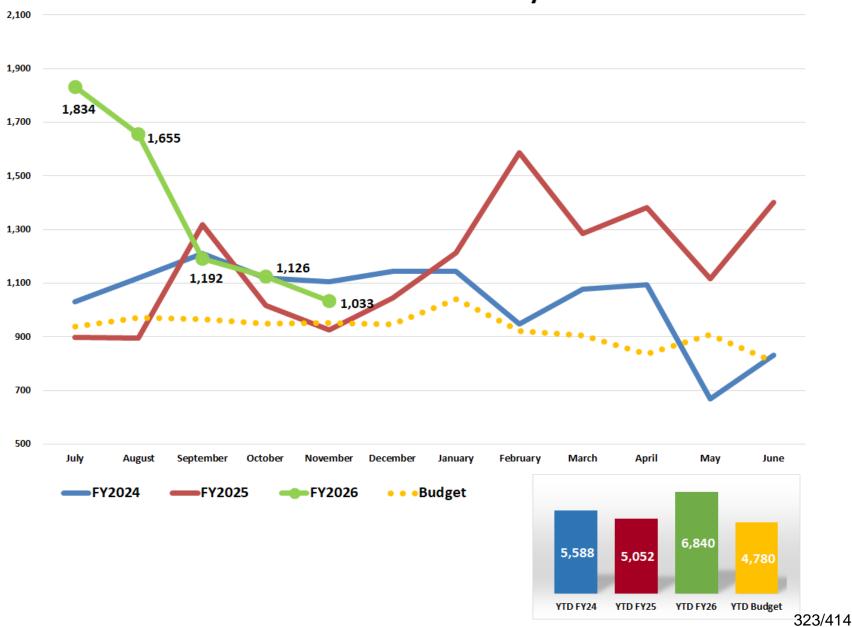
# Discharges



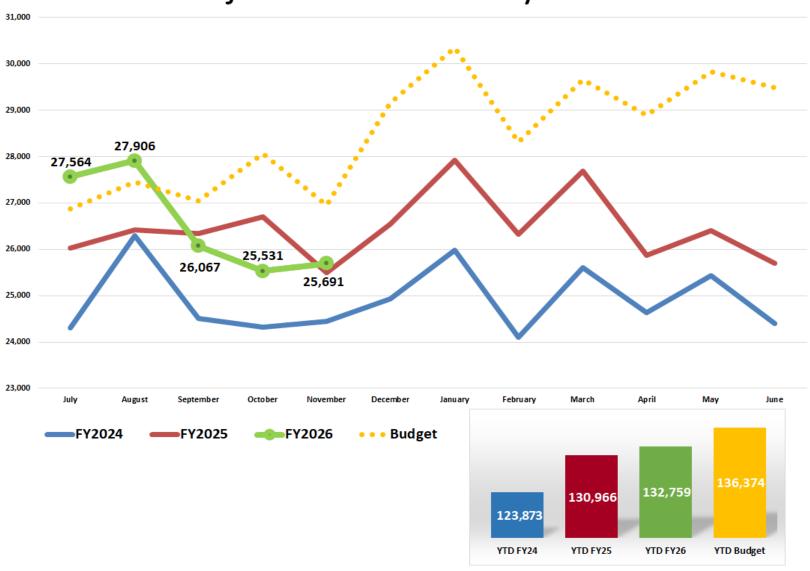
# Average Discharges per Day



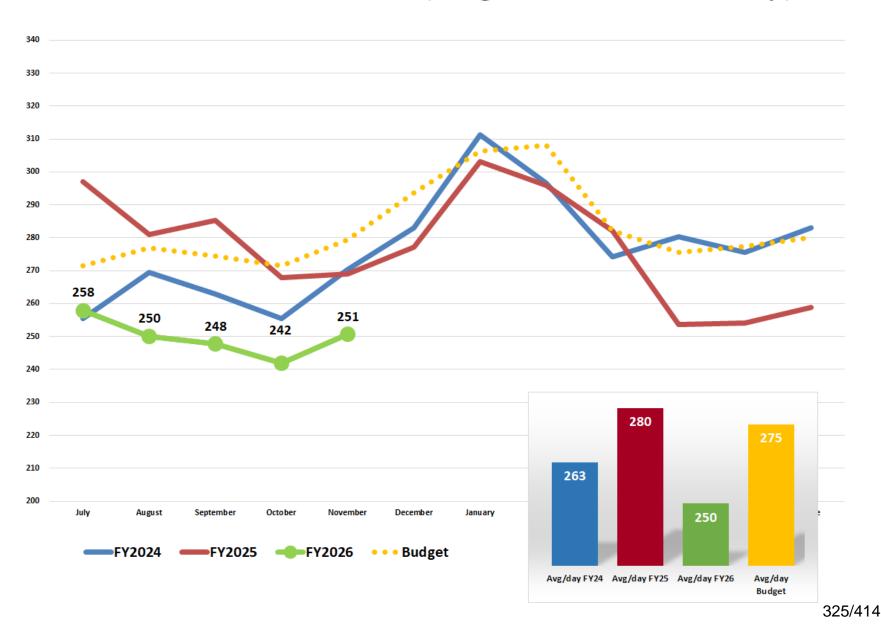
#### **Observation Days**



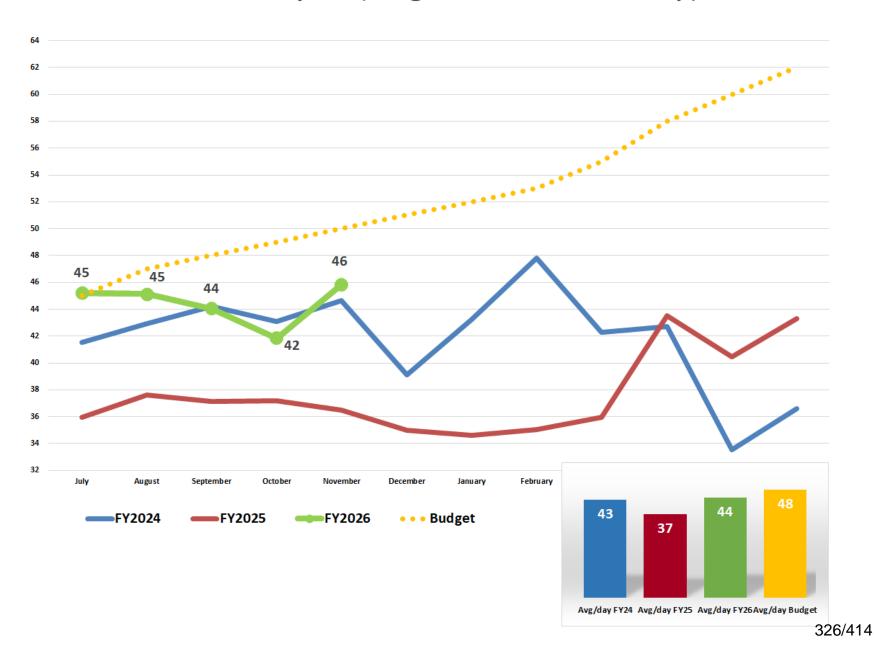
#### Adjusted Patient Days



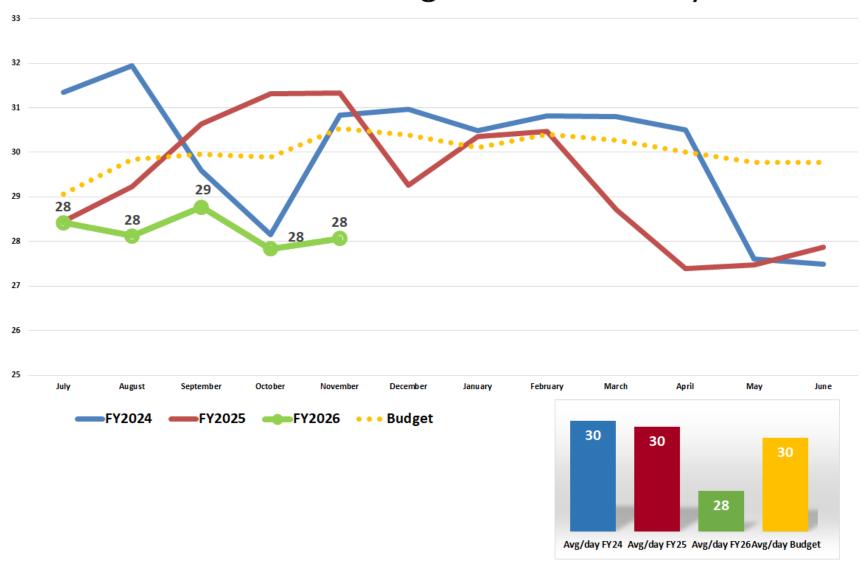
#### Medical Center (Avg Patients Per Day)



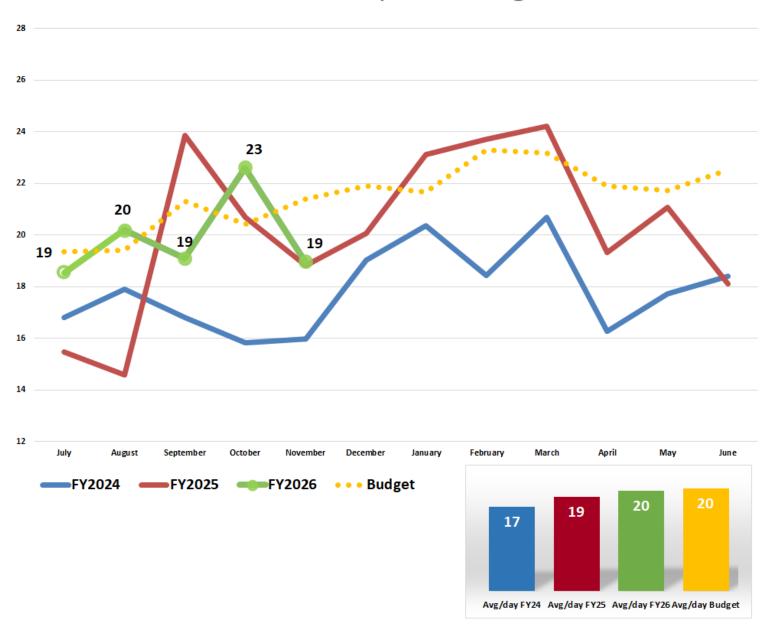
#### Acute I/P Psych (Avg Patients Per Day)



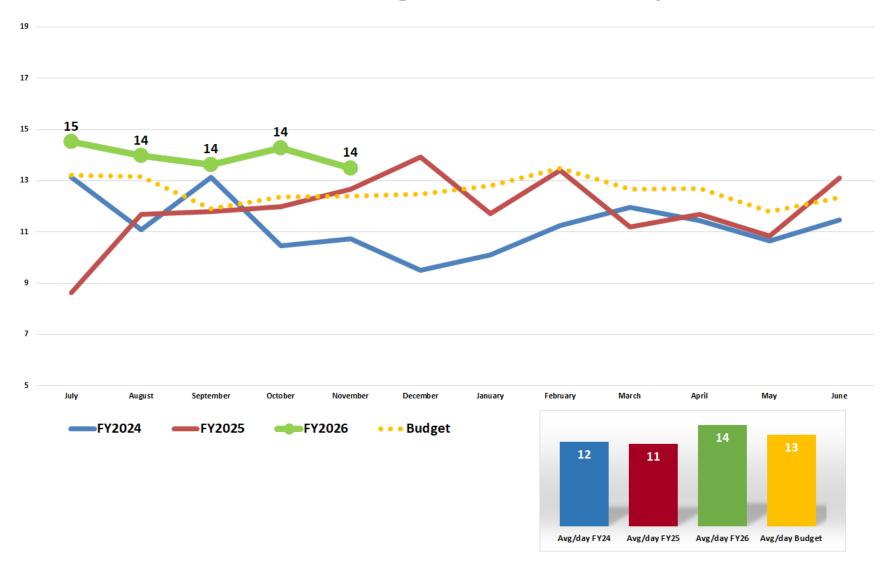
#### Sub-Acute - Avg Patients Per Day



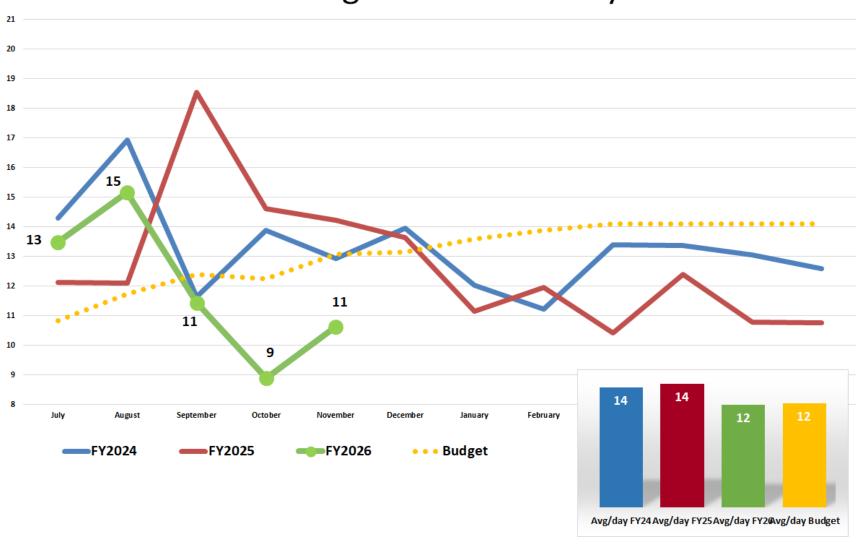
#### Rehabilitation Hospital - Avg Patients Per Day



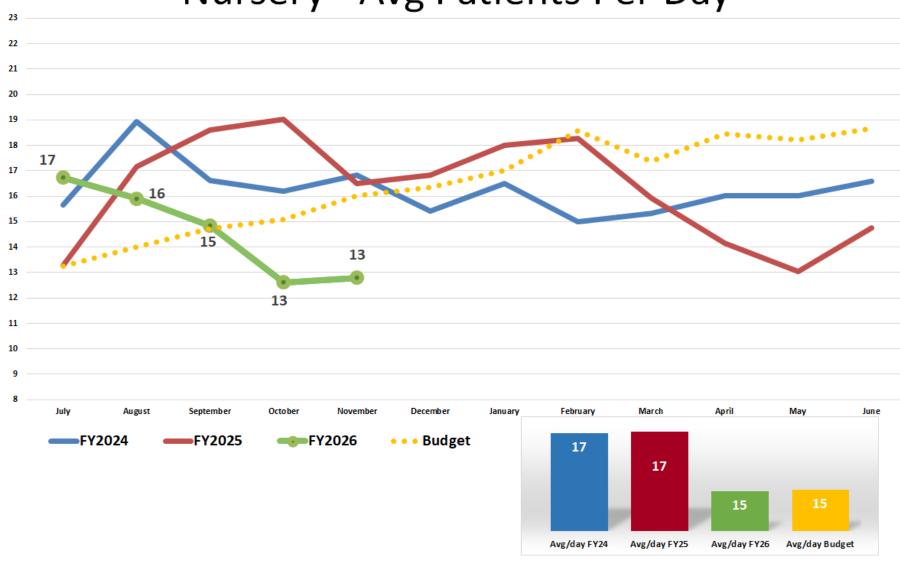
#### TCS Ortho - Avg Patients Per Day



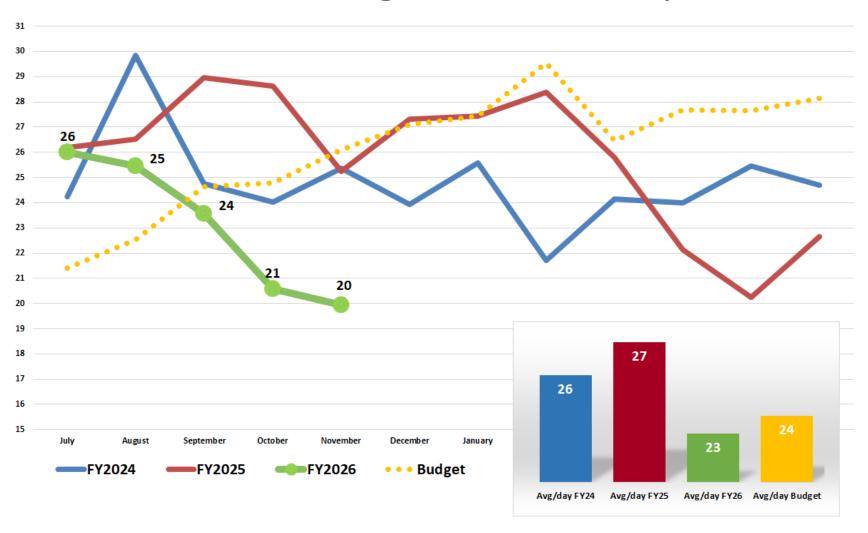
#### NICU - Avg Patients Per Day



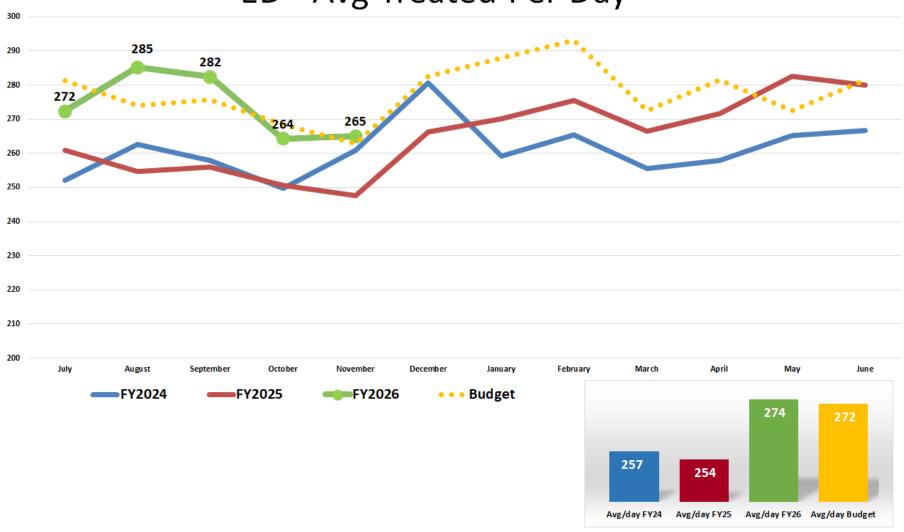
### Nursery - Avg Patients Per Day



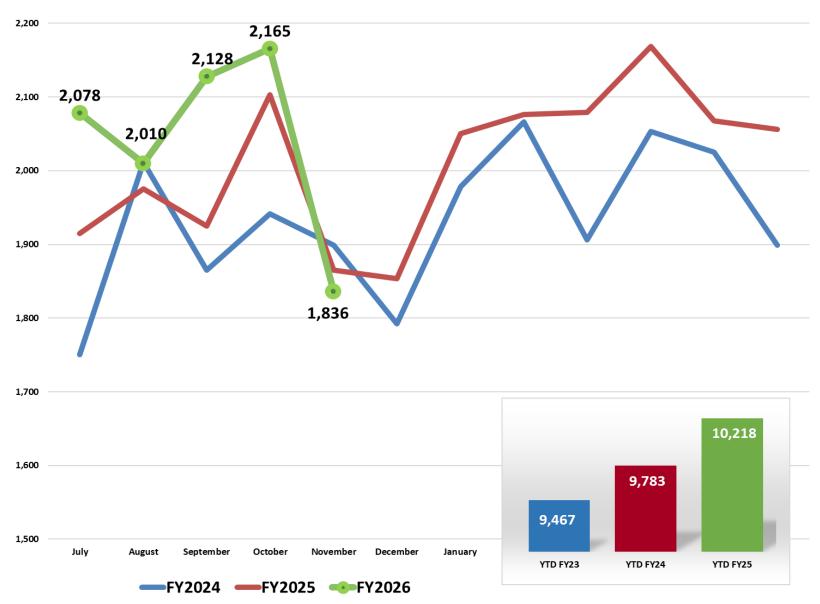
#### Obstetrics - Avg Patients Per Day



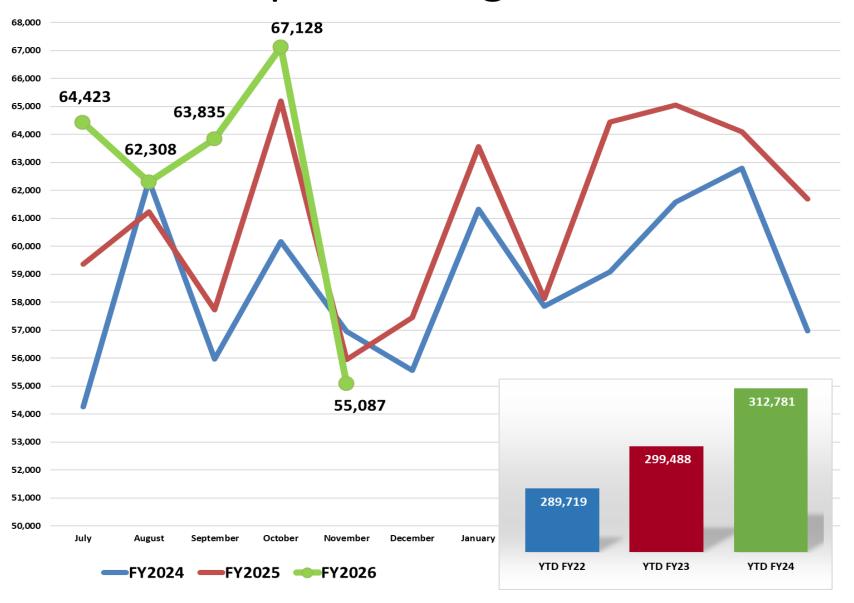
#### ED - Avg Treated Per Day



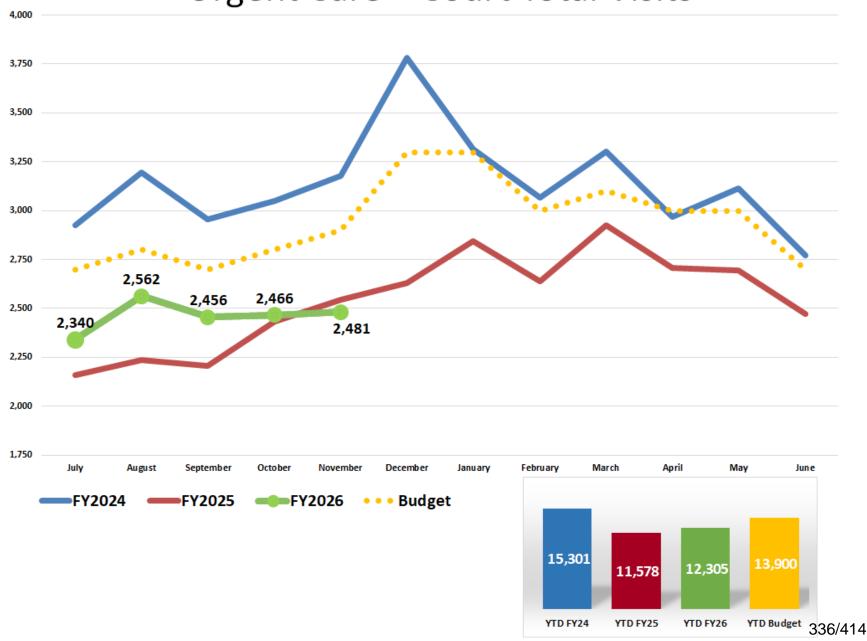
#### **Outpatient Registrations Per Day**



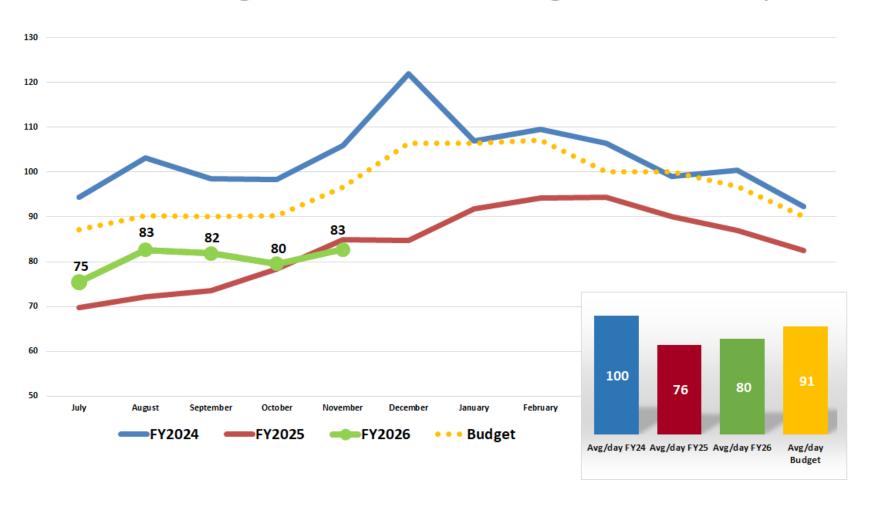
# **Outpatient Registrations**



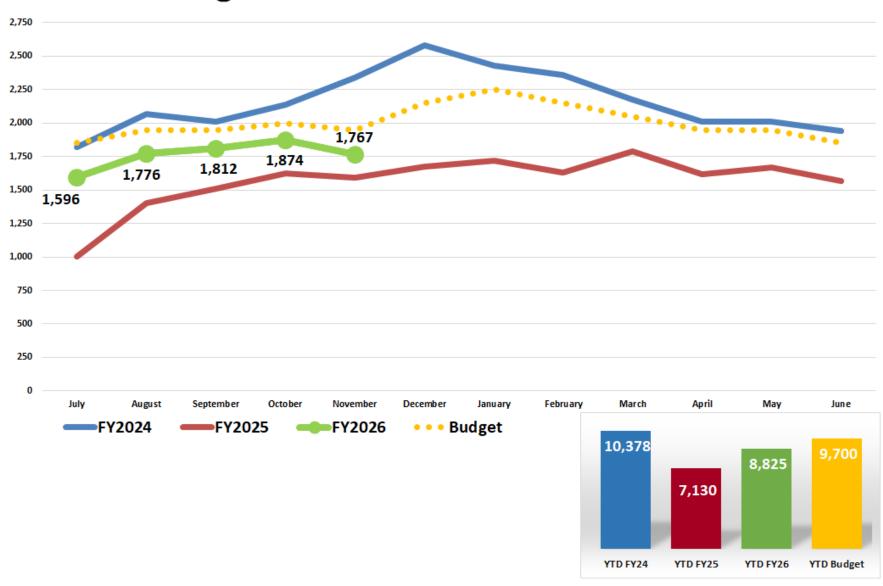
#### Urgent Care – Court Total Visits



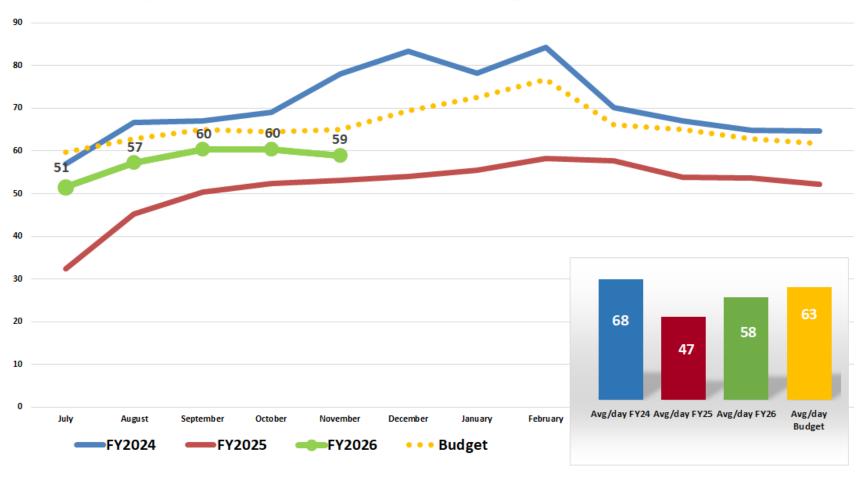
#### Urgent Care – Court Avg Visits Per Day



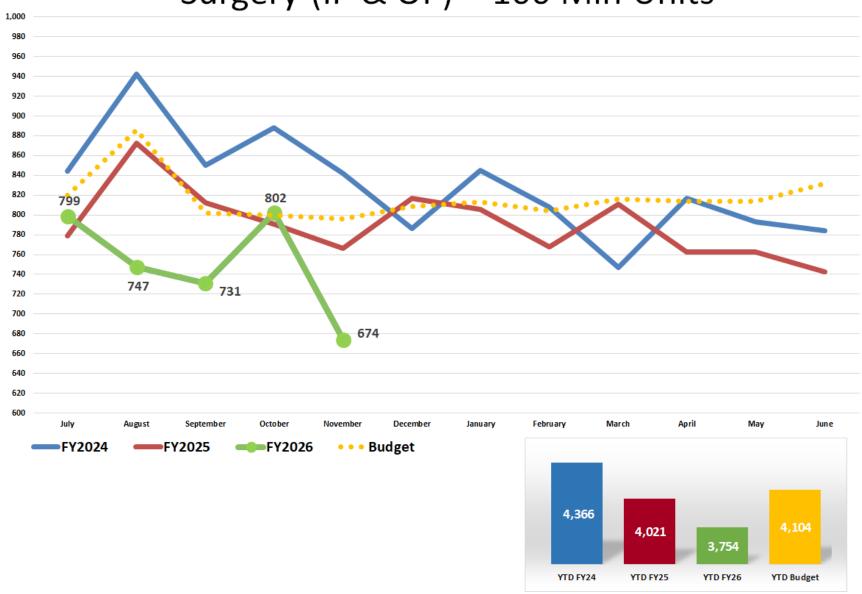
#### Urgent Care – Demaree Total Visits



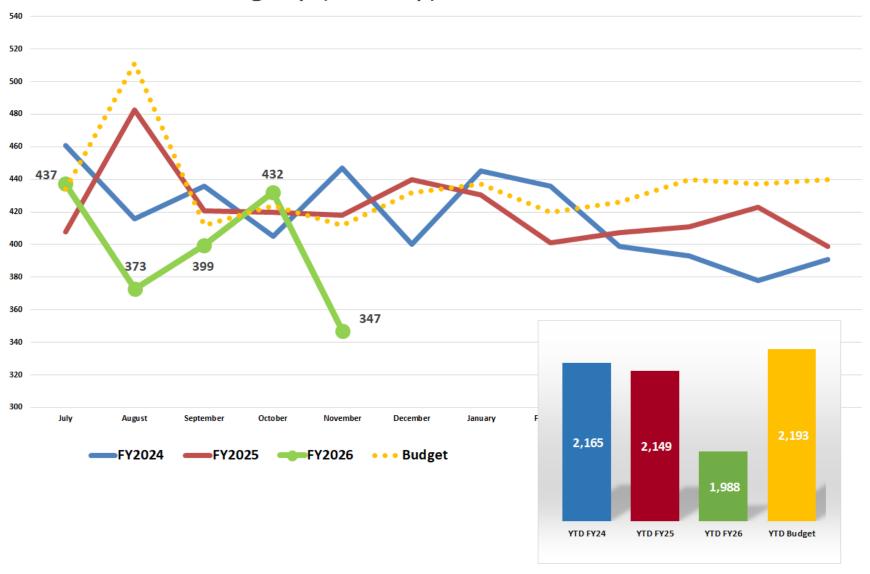
#### Urgent Care – Demaree Avg Visits Per Day



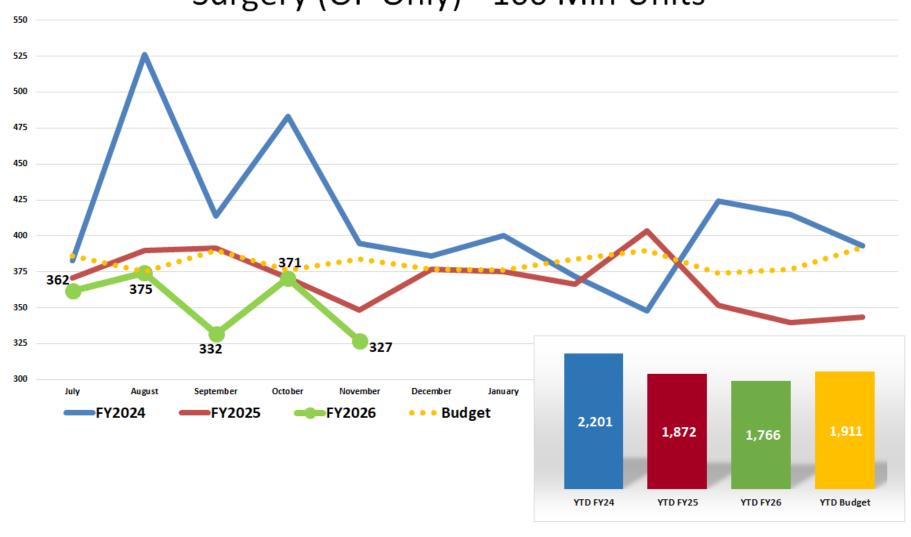
# Surgery (IP & OP) – 100 Min Units



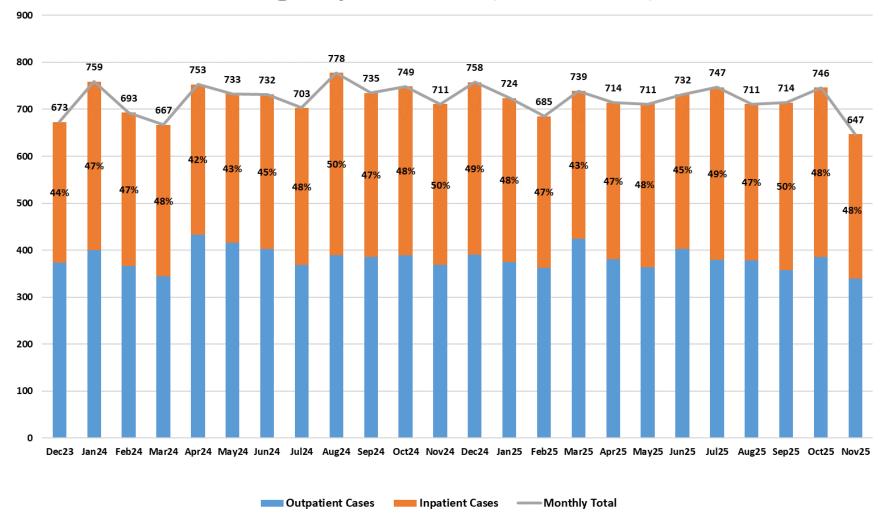
#### Surgery (IP Only) - 100 Min Unit



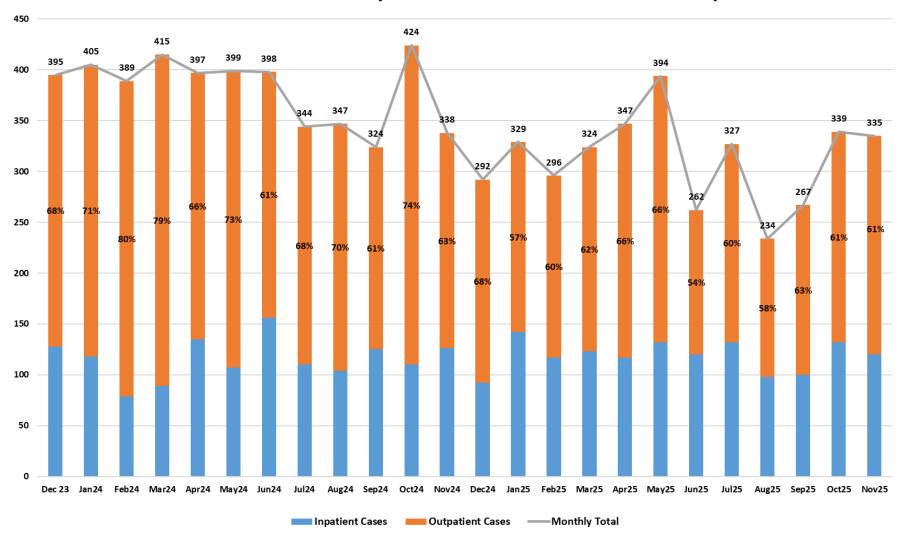
#### Surgery (OP Only) - 100 Min Units



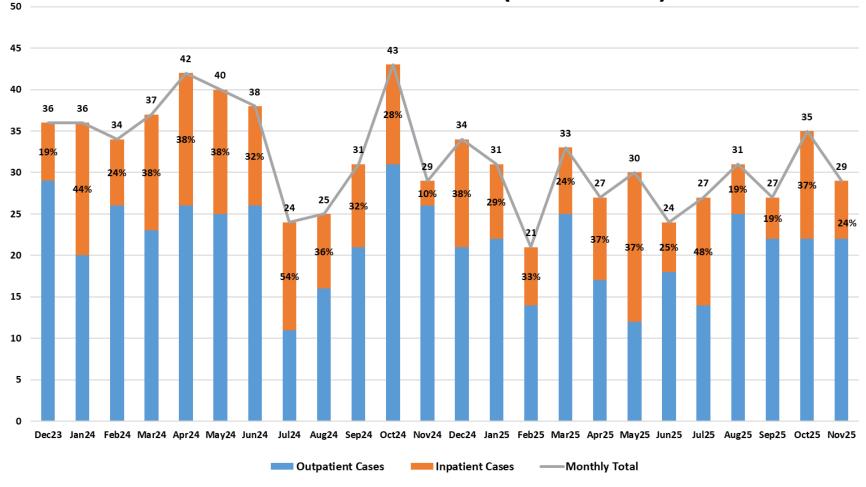
# Surgery Cases (IP & OP)



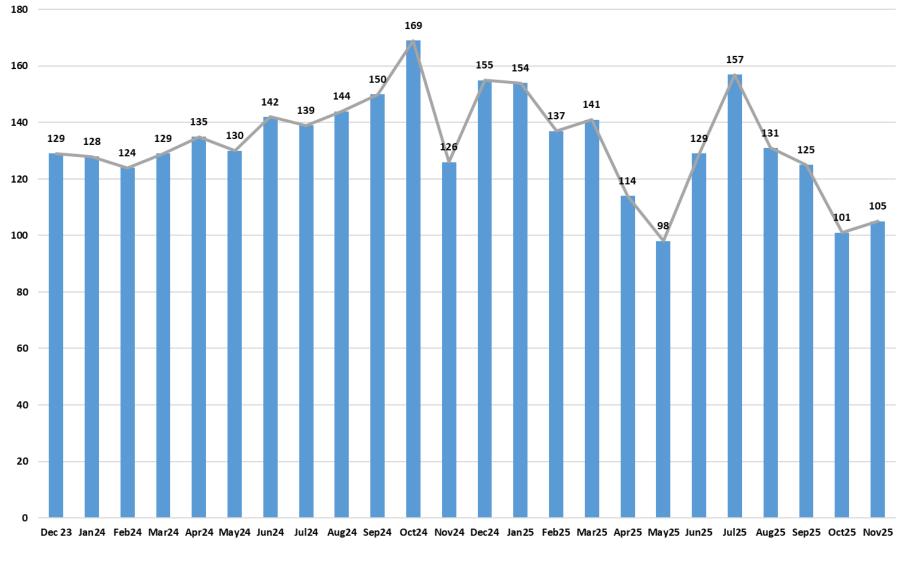
#### Endo Cases (Suites A & B and OR )

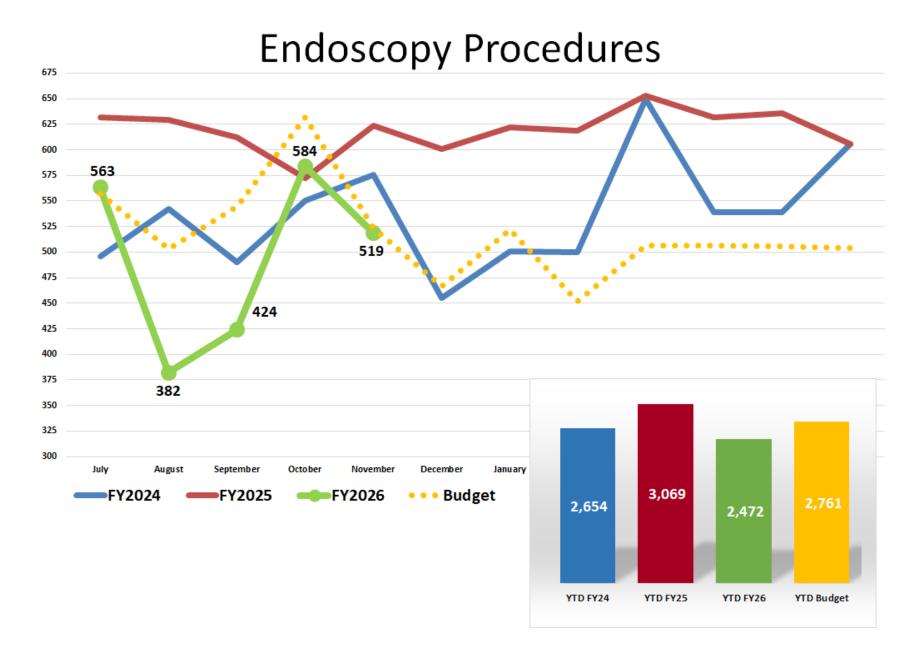


# Robotic Cases (IP & OP)

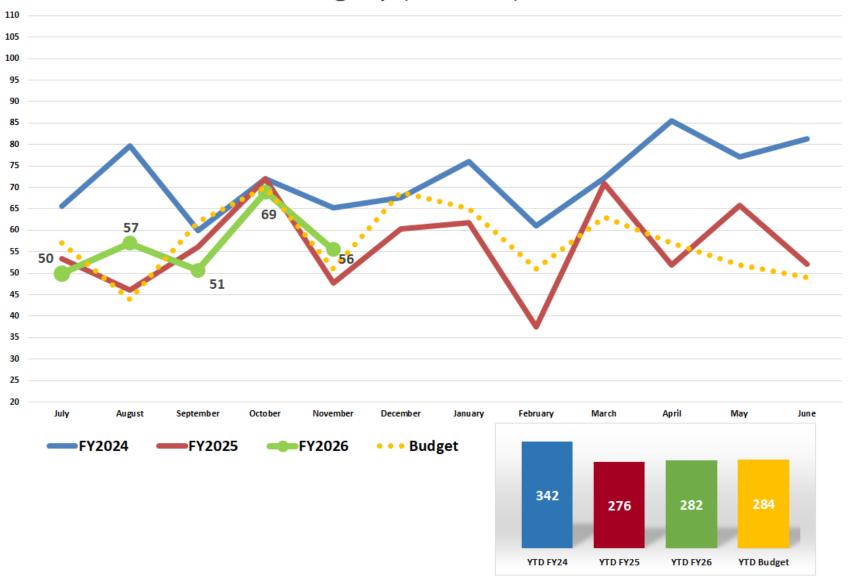


#### **OB** Cases





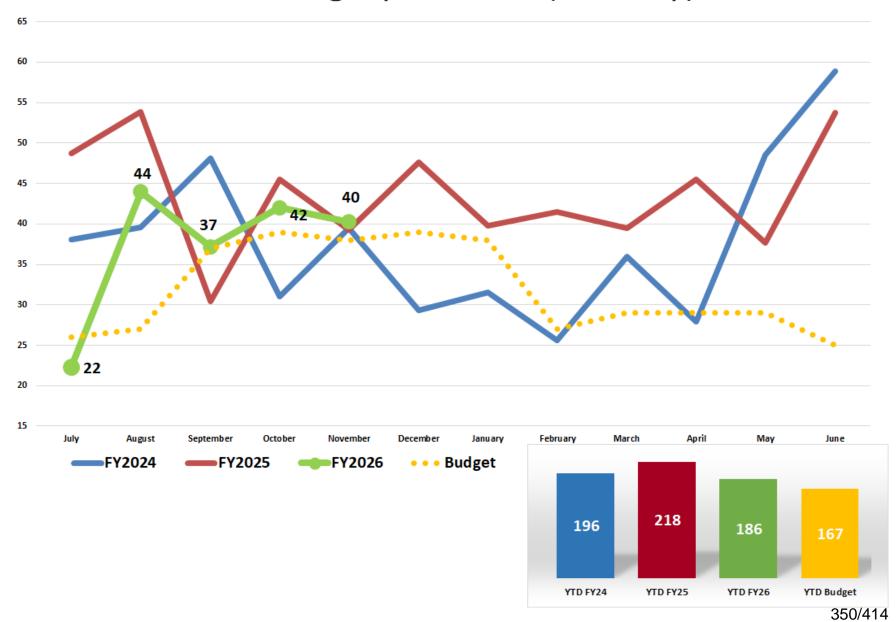
#### Robotic Surgery (IP & OP) - 100 Min Units



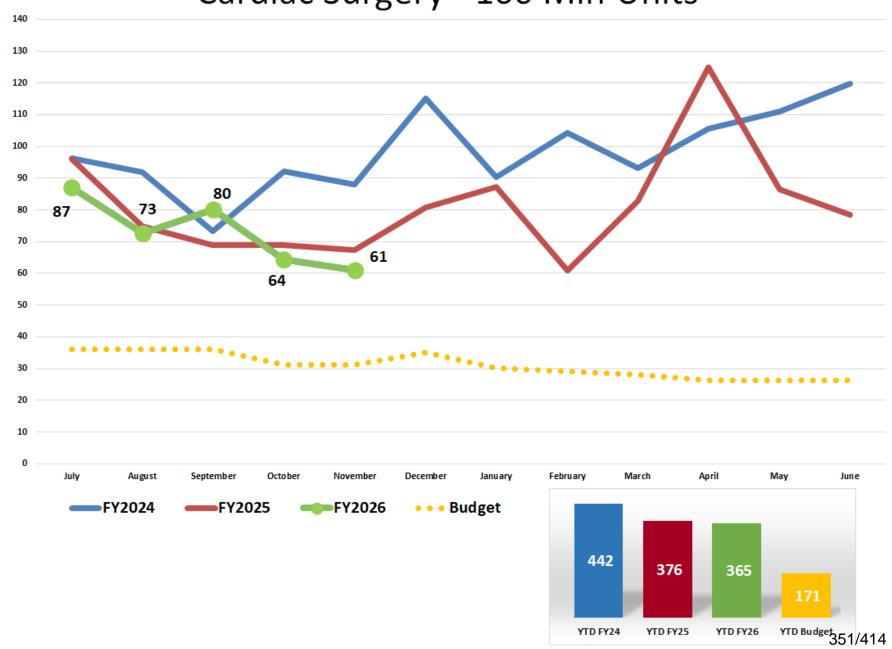
#### Robotic Surgery Minutes (IP Only)



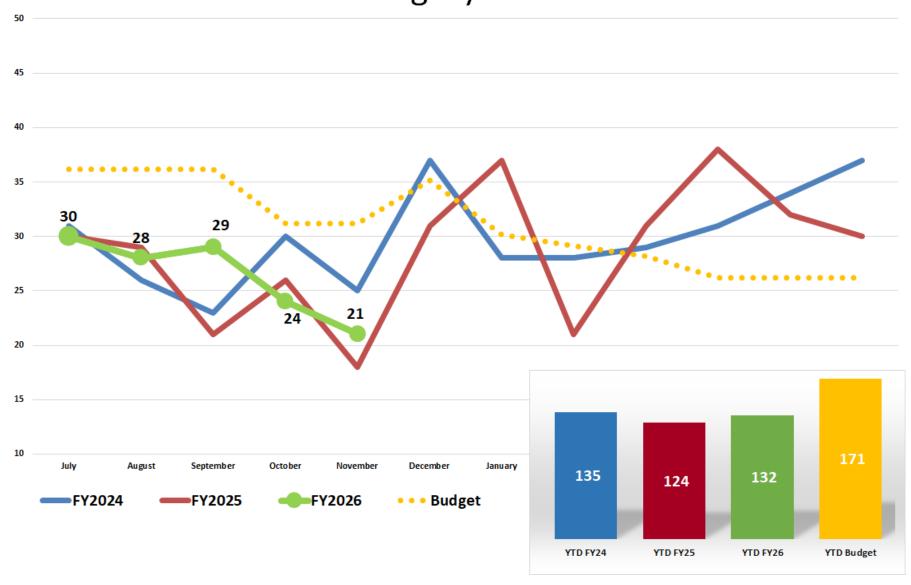
# Robotic Surgery Minutes (OP Only)



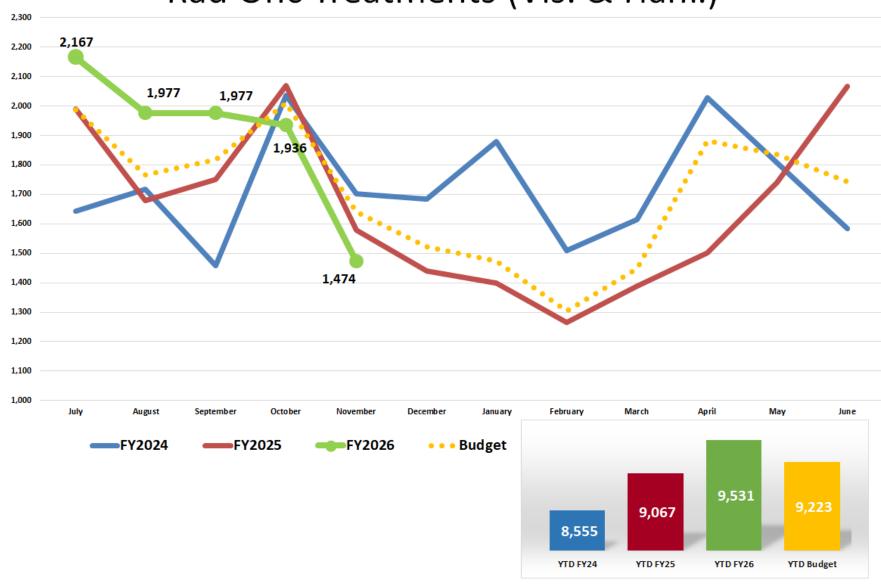
#### Cardiac Surgery - 100 Min Units



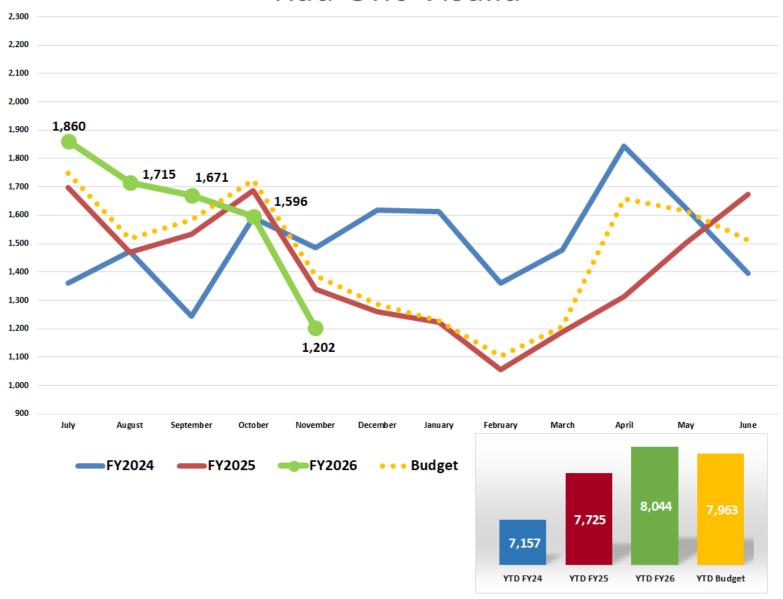
# **Cardiac Surgery Cases**



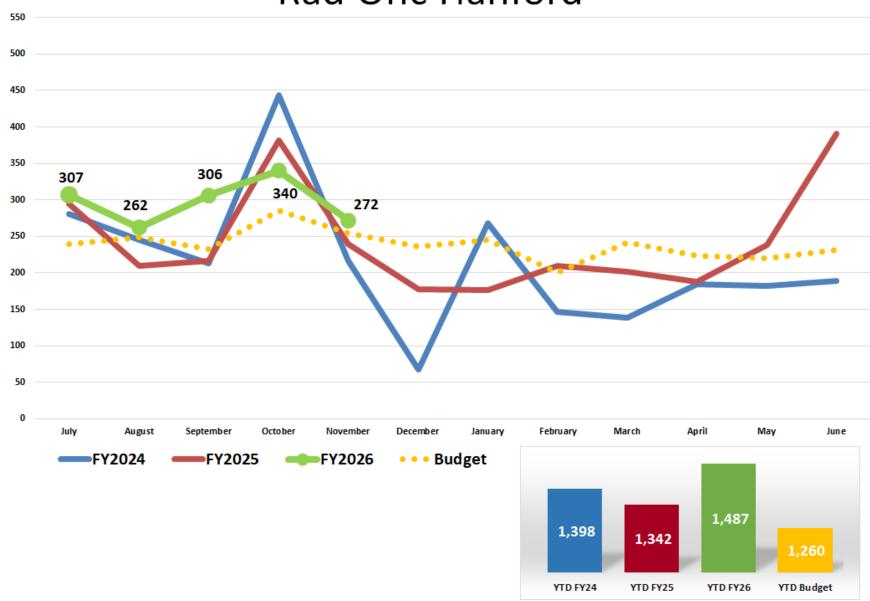
#### Rad Onc Treatments (Vis. & Hanf.)



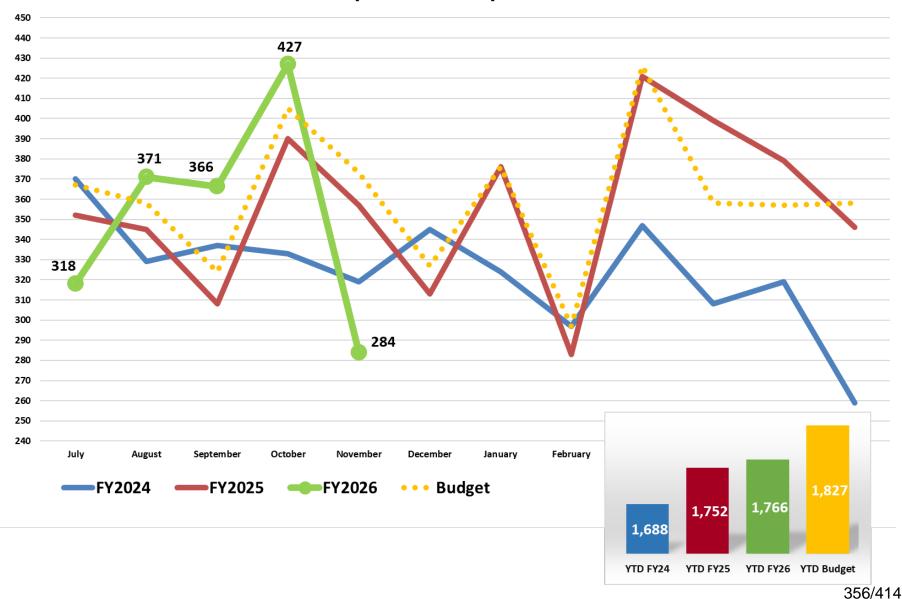
#### Rad Onc Visalia



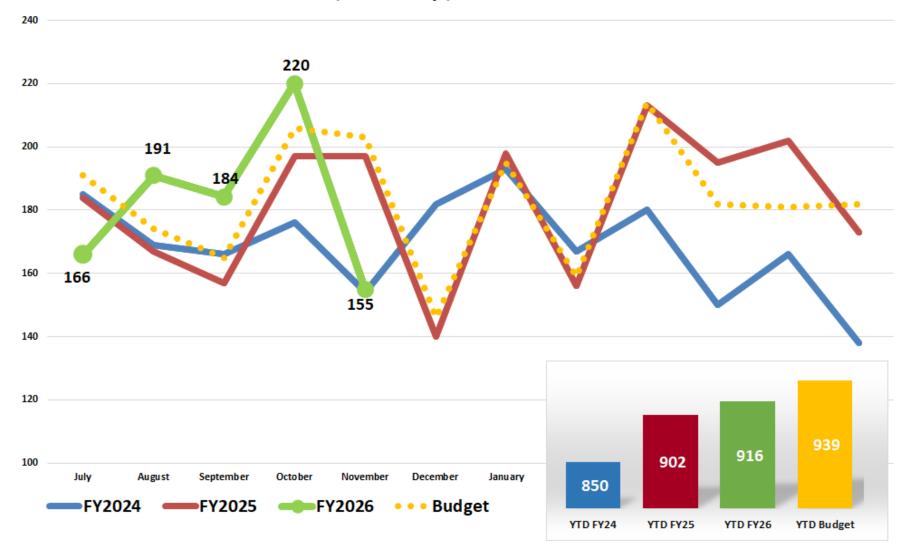
#### Rad Onc Hanford



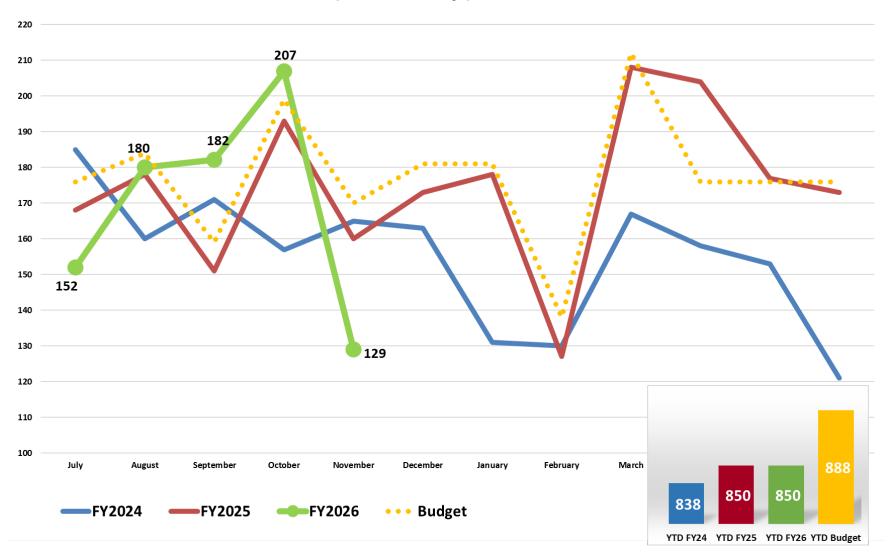
# Cath Lab (IP & OP) – 100 Min Units



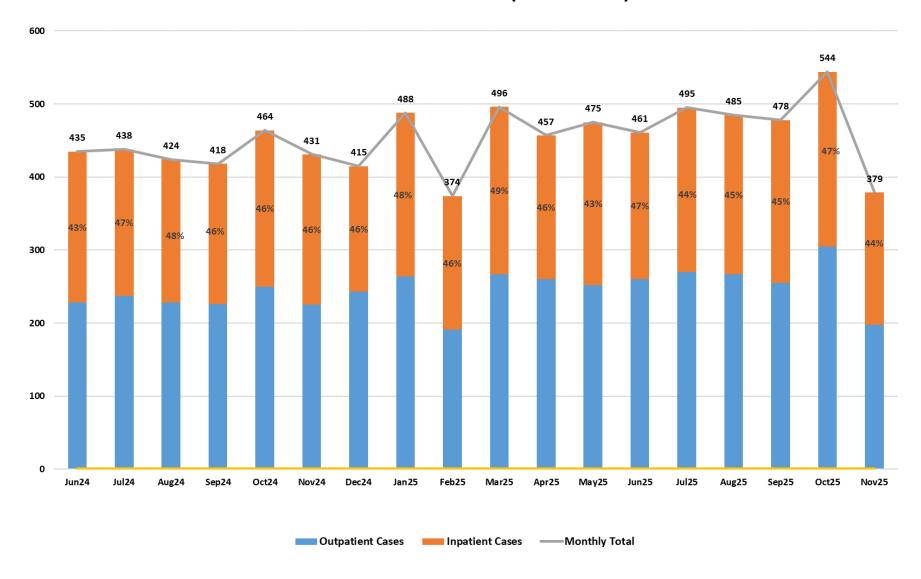
# Cath Lab (IP Only) – 100 Min Units



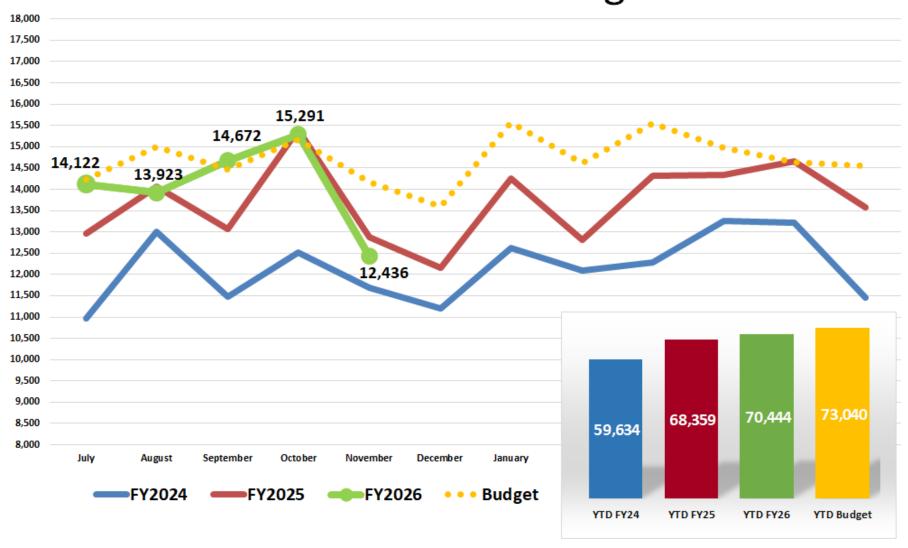
#### Cath Lab (OP Only) – 100 Min Units



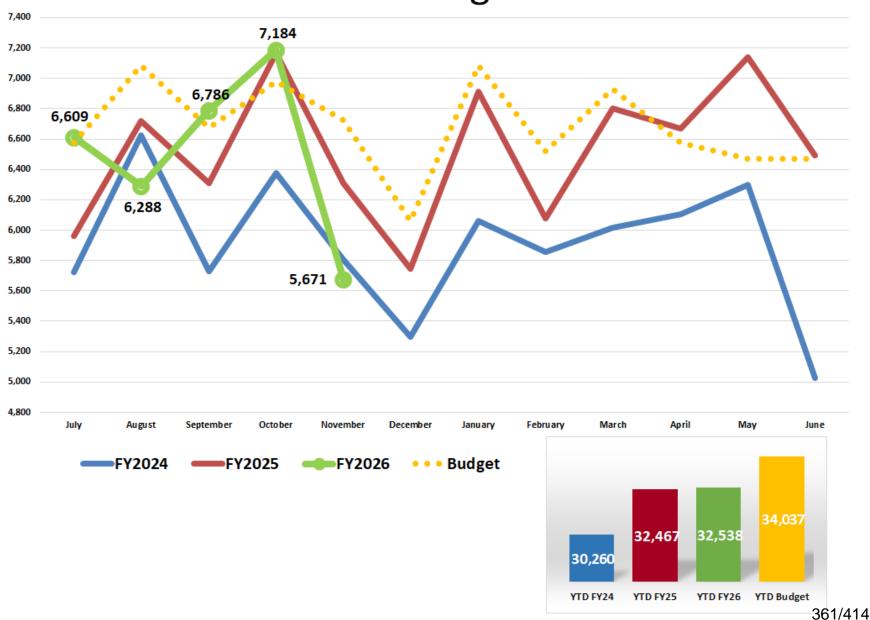
#### Cath Lab Patients (IP & OP)



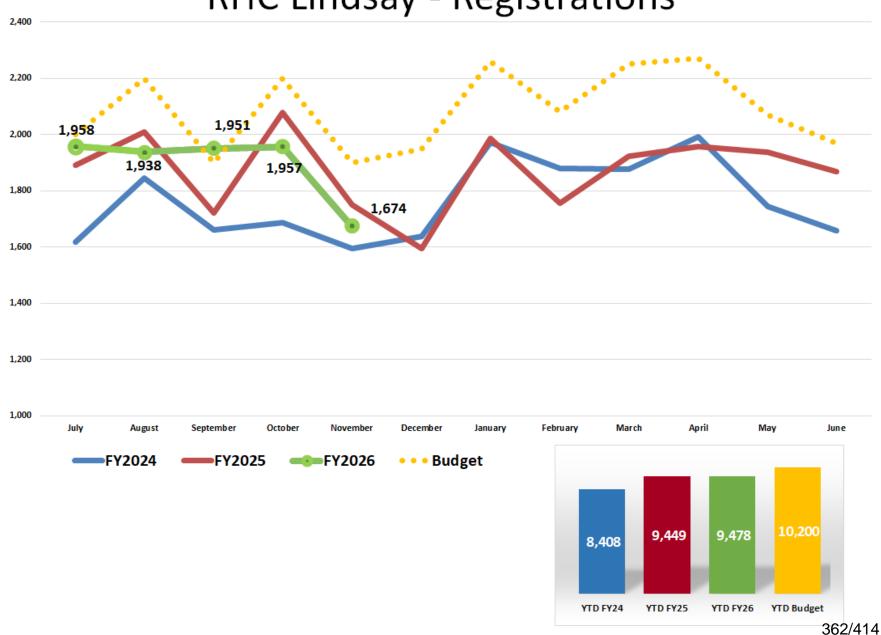
# Rural Health Clinics Registrations



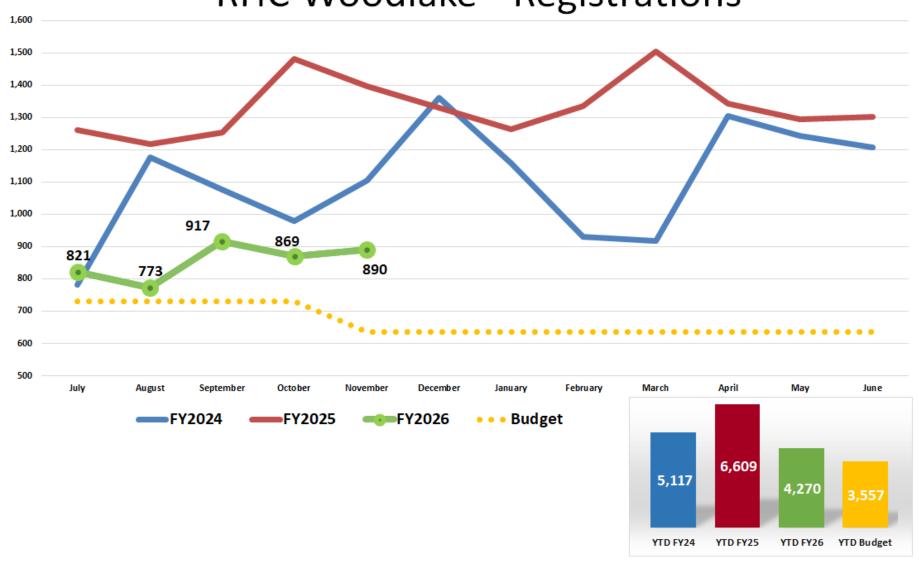
# RHC Exeter - Registrations



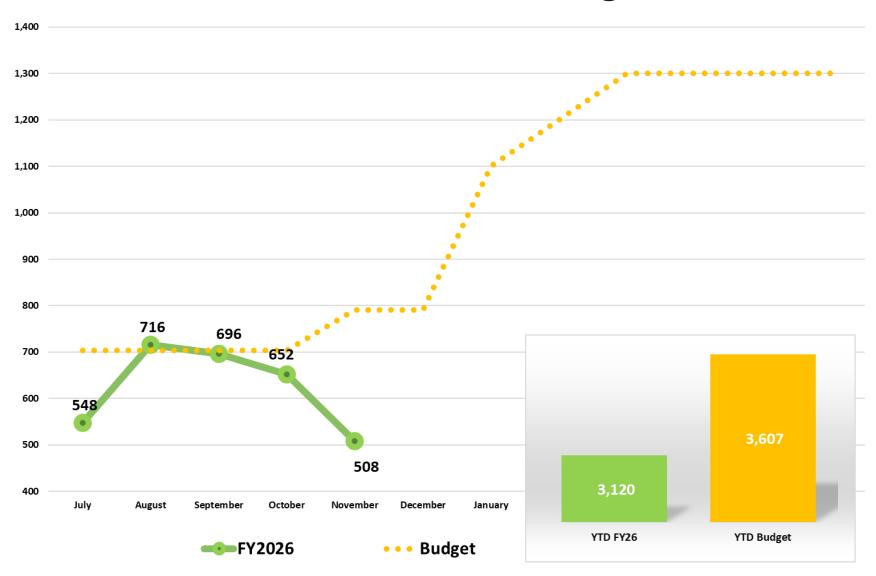
# RHC Lindsay - Registrations



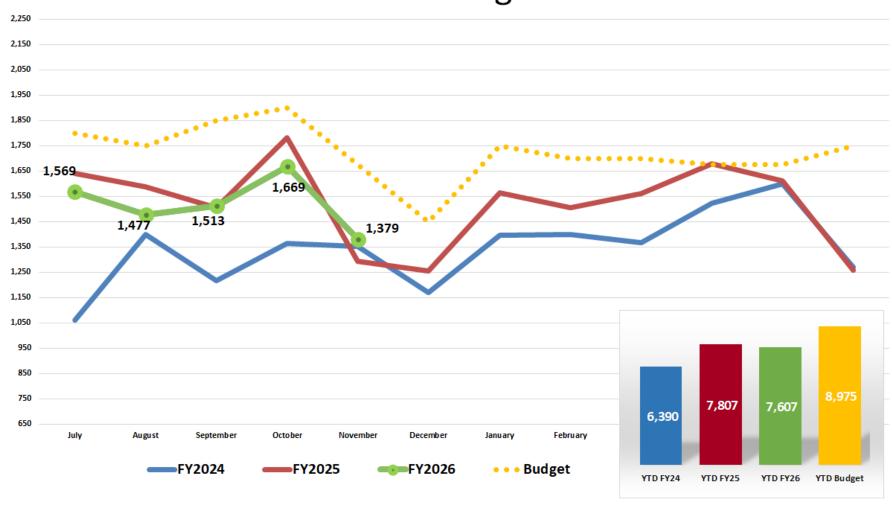
# **RHC Woodlake - Registrations**



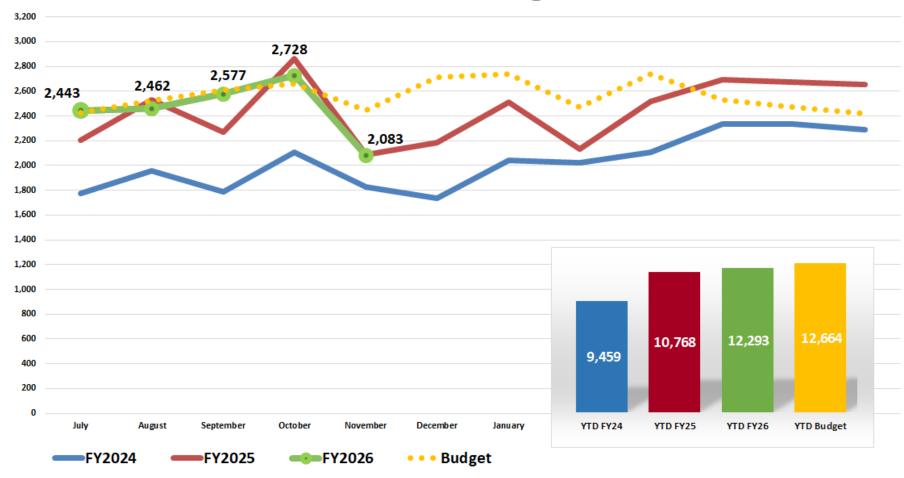
# RHC Woodlake Valencia - Registrations



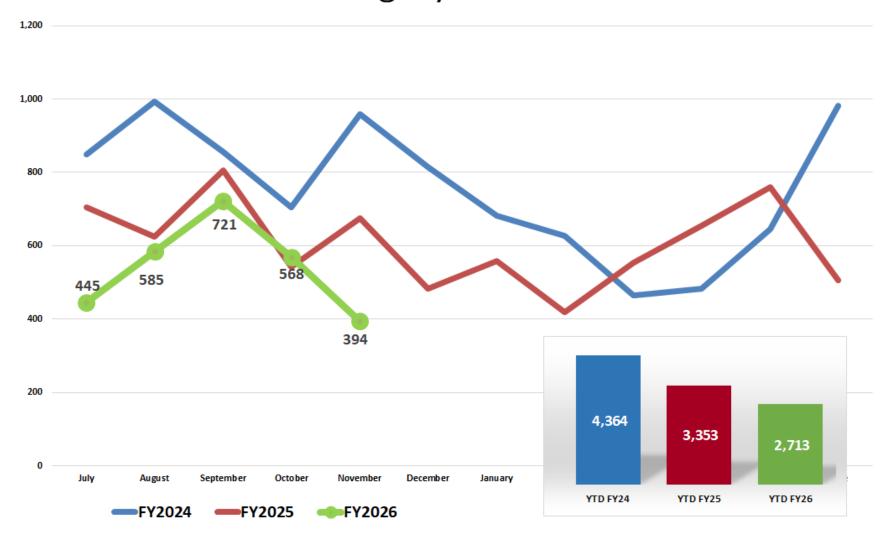
#### RHC Dinuba - Registrations



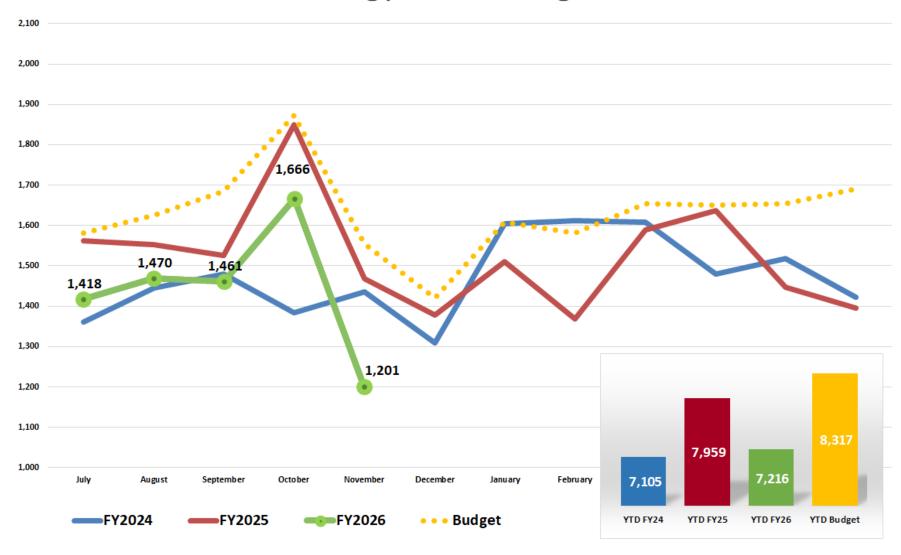
# **RHC Tulare - Registrations**



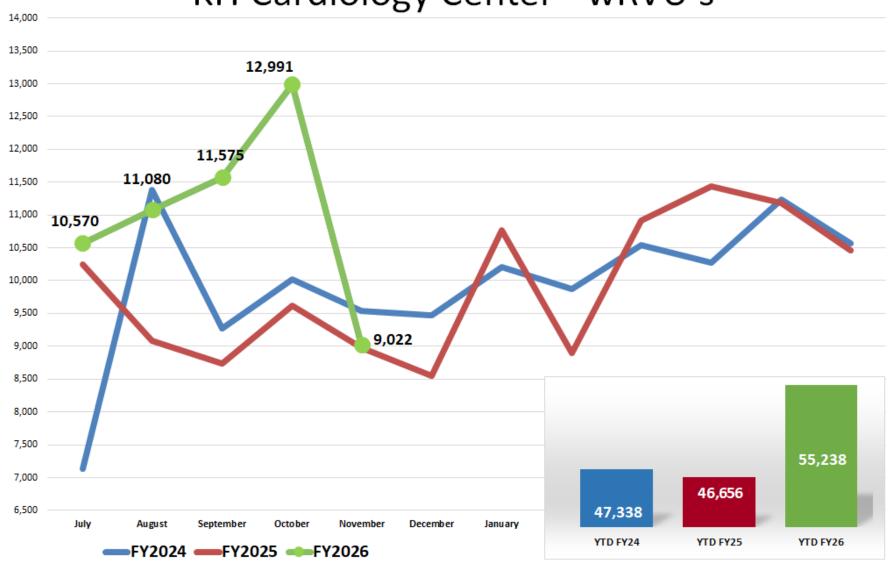
# Neurosurgery Clinic - wRVU's



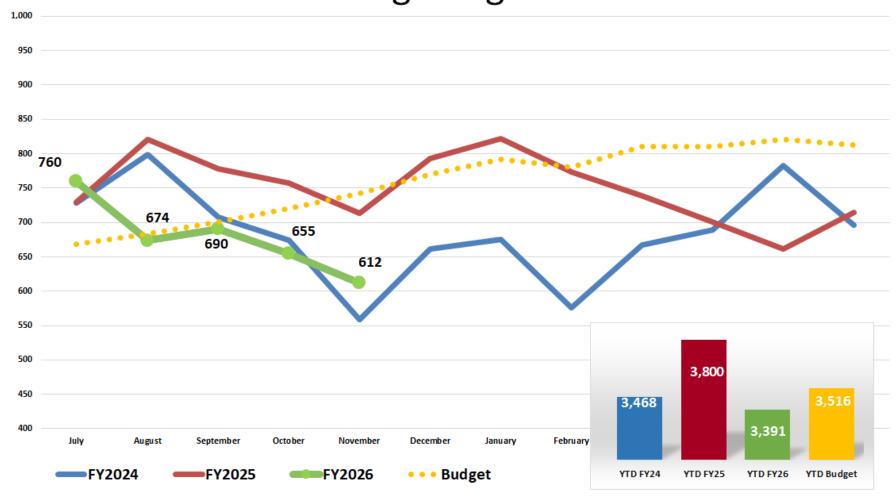
#### **KH Cardiology Center Registrations**



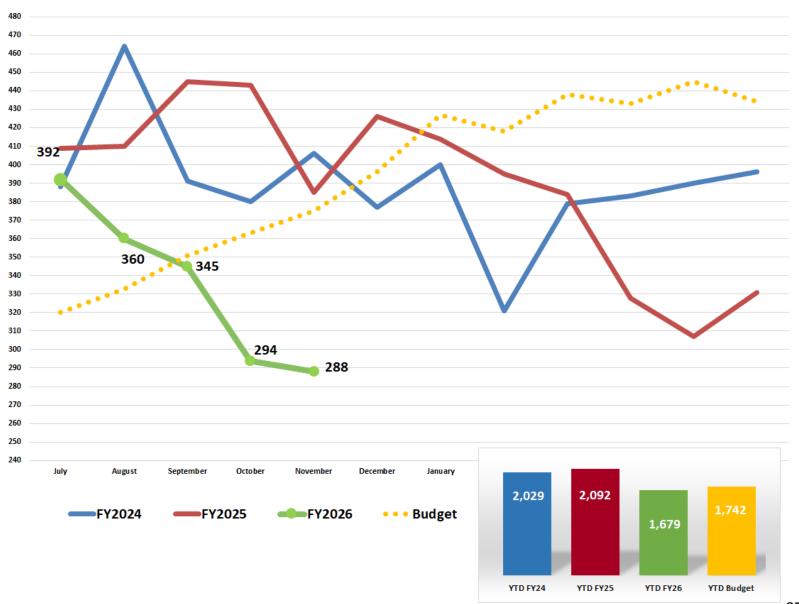
# KH Cardiology Center - wRVU's



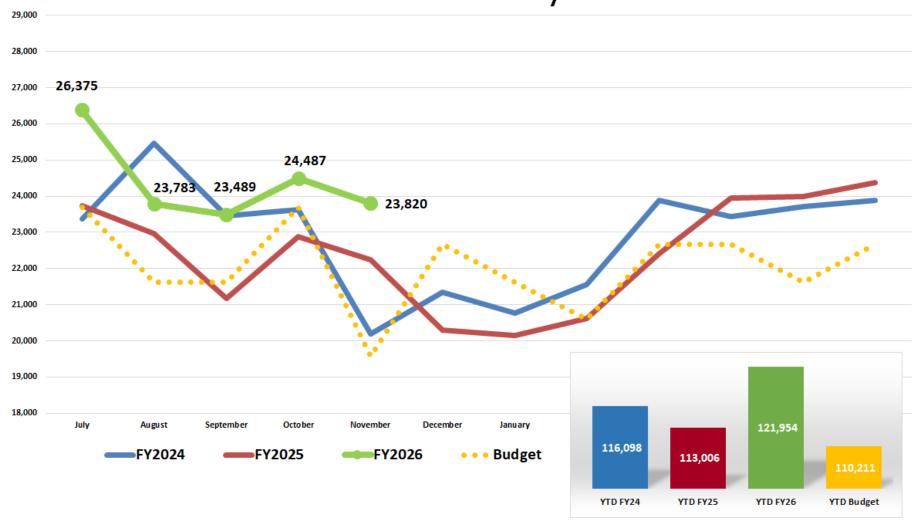
# **Labor Triage Registrations**



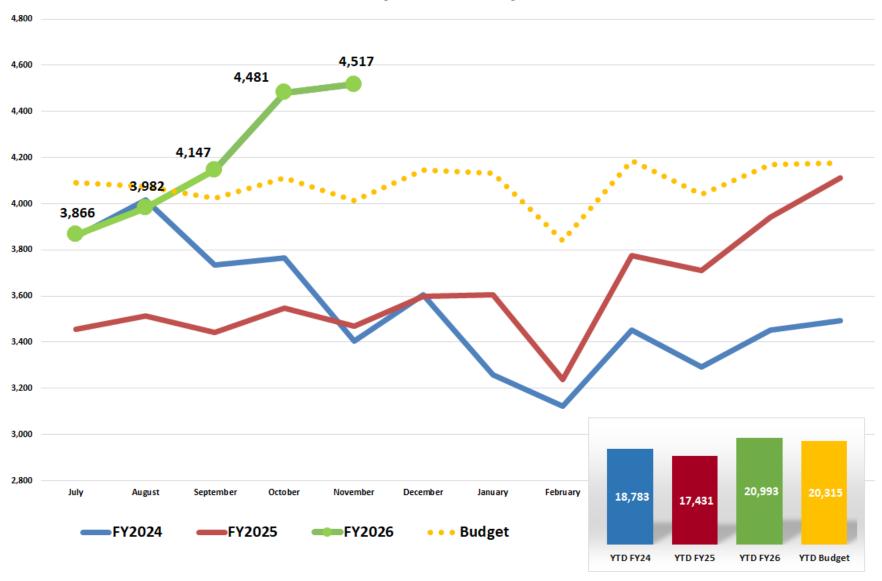
#### **Deliveries**



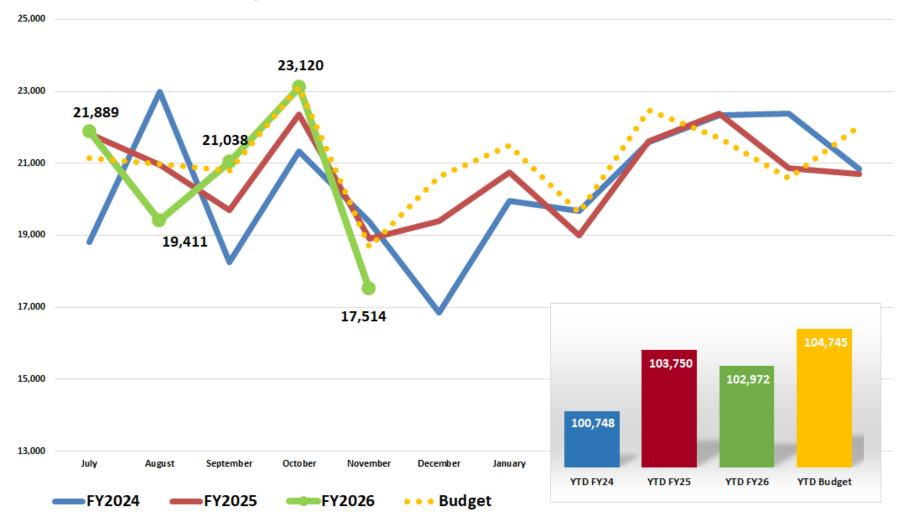
#### **Home Infusion Days**



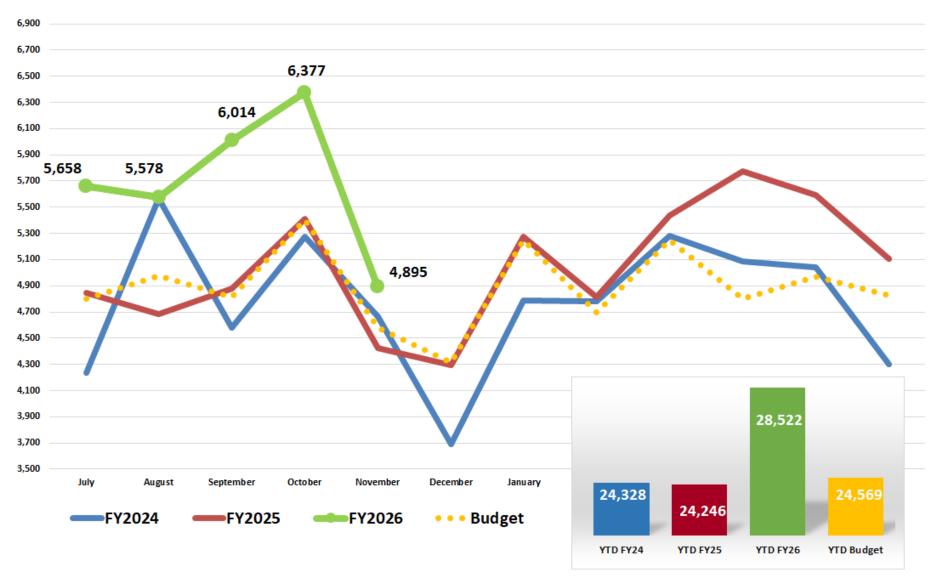
# **Hospice Days**



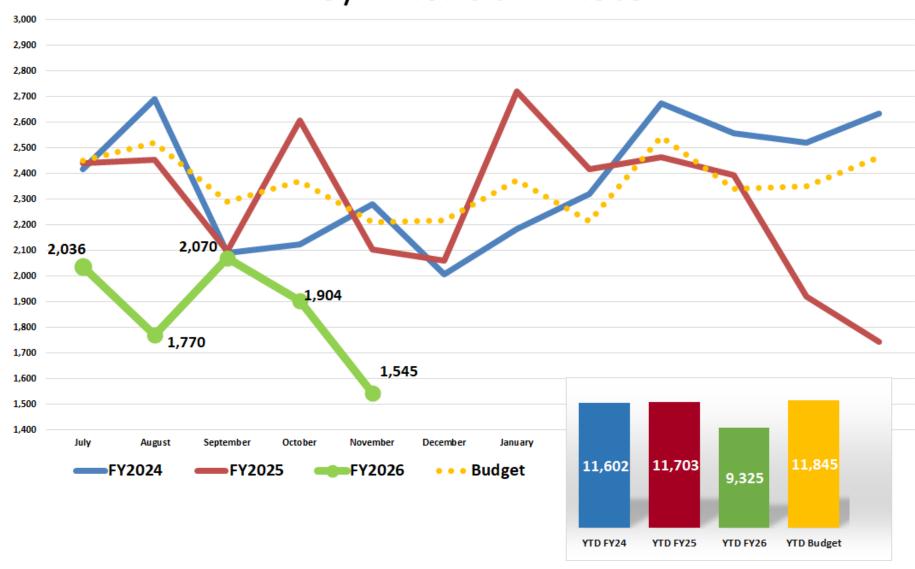
#### All O/P Rehab Svcs Across District



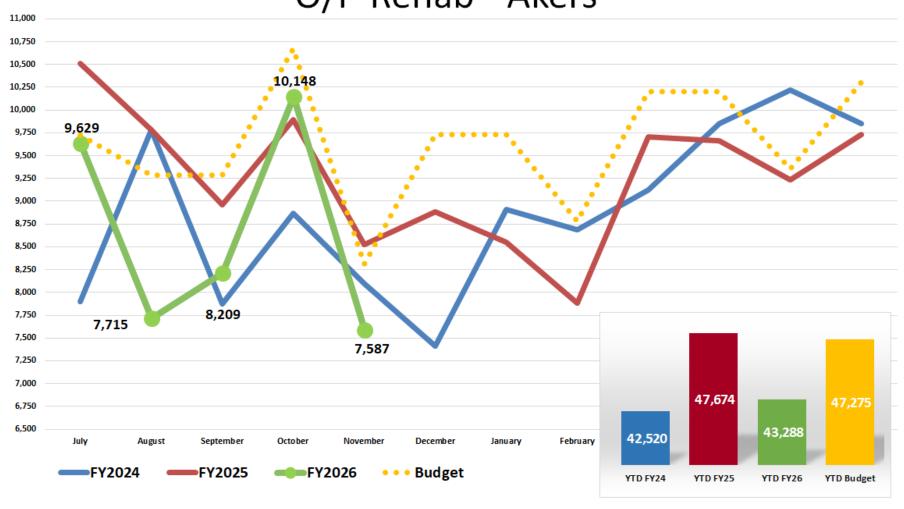
# O/P Rehab Services



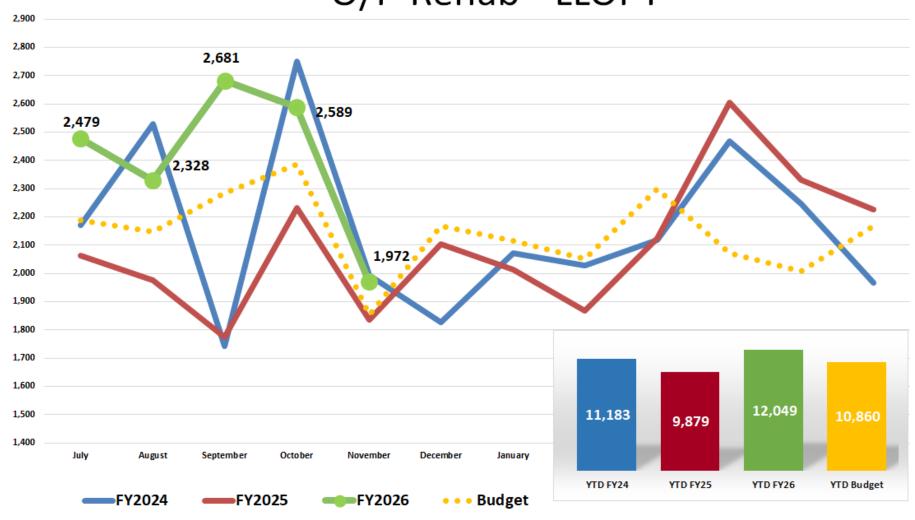
# O/P Rehab - Exeter



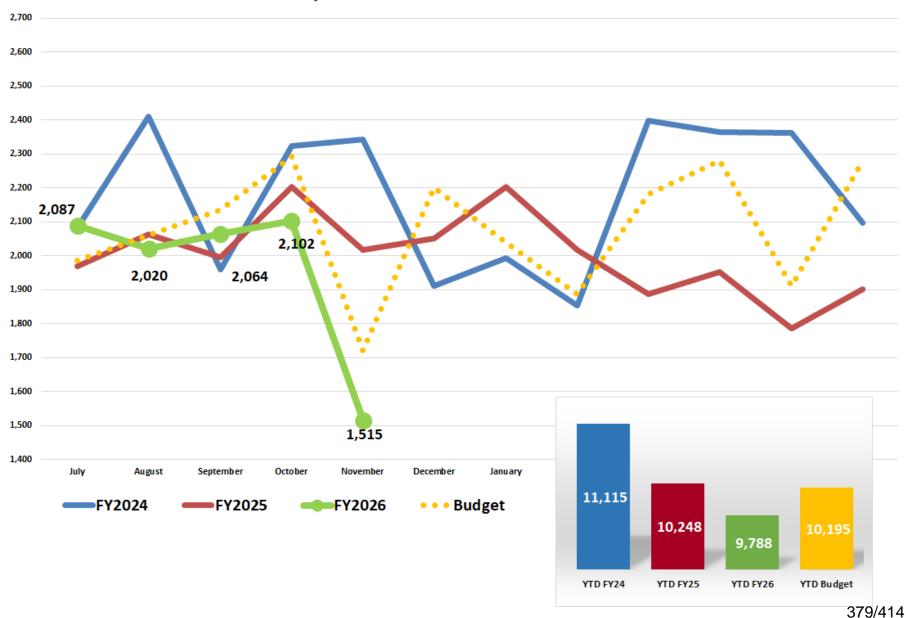
# O/P Rehab - Akers



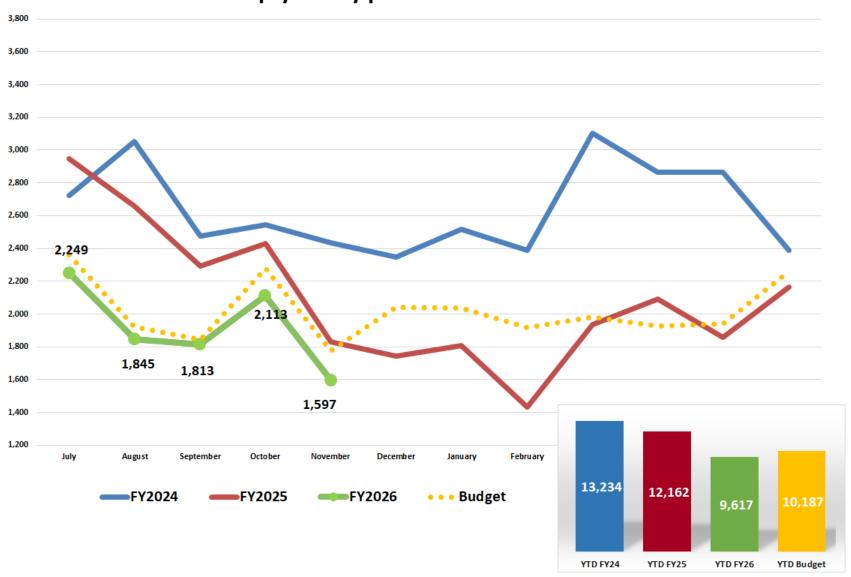
# O/P Rehab - LLOPT



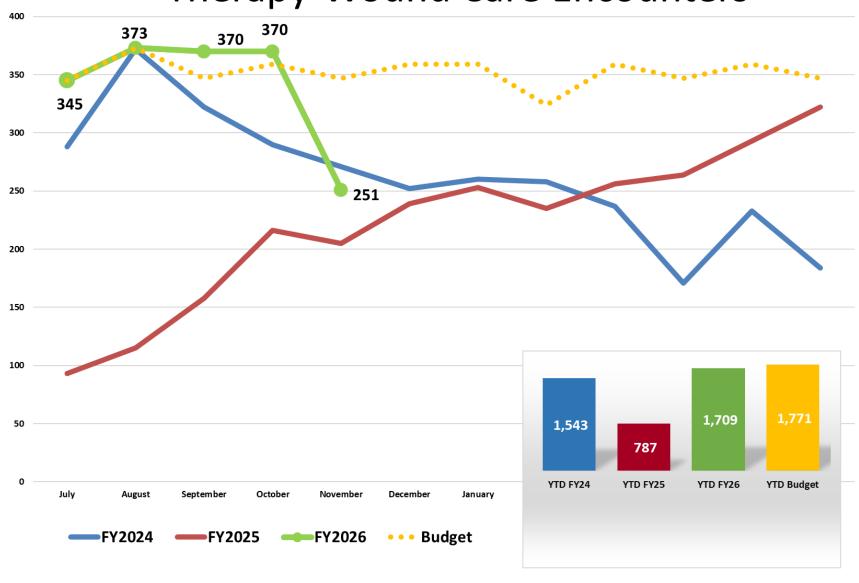
#### O/P Rehab - Dinuba



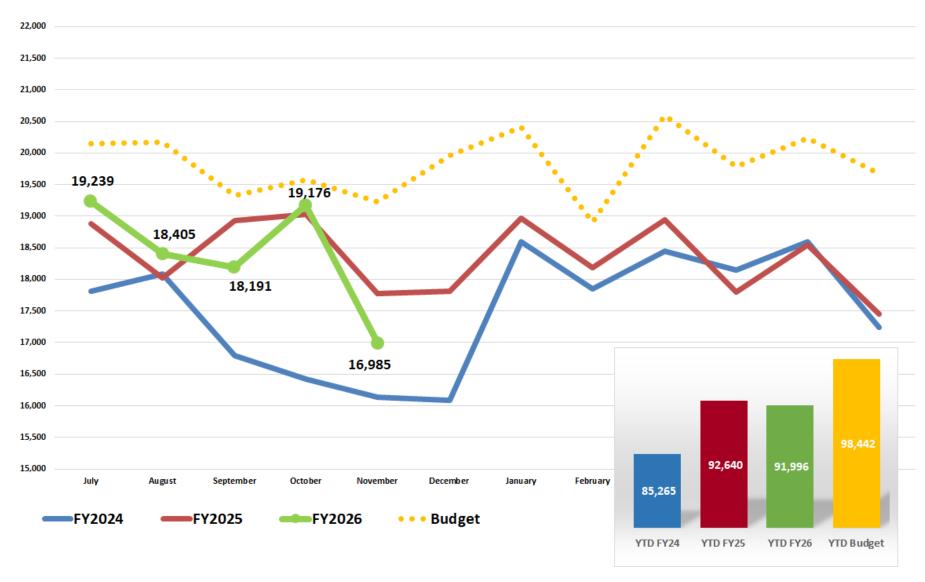
## Therapy - Cypress Hand Center



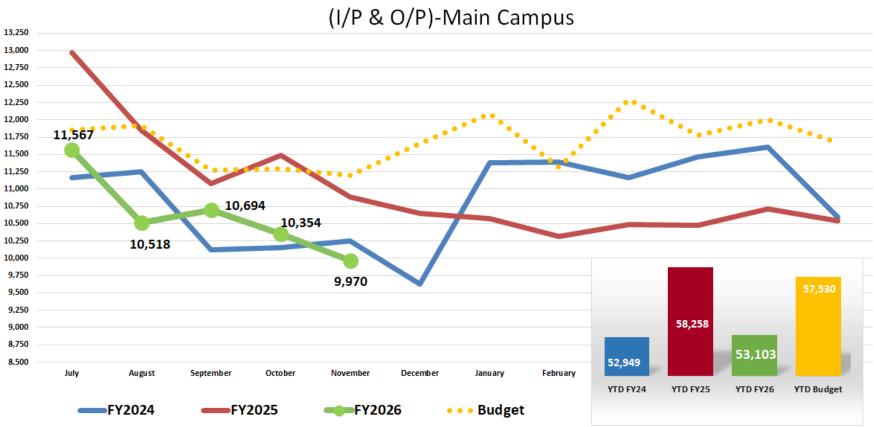
## Therapy-Wound Care Encounters



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



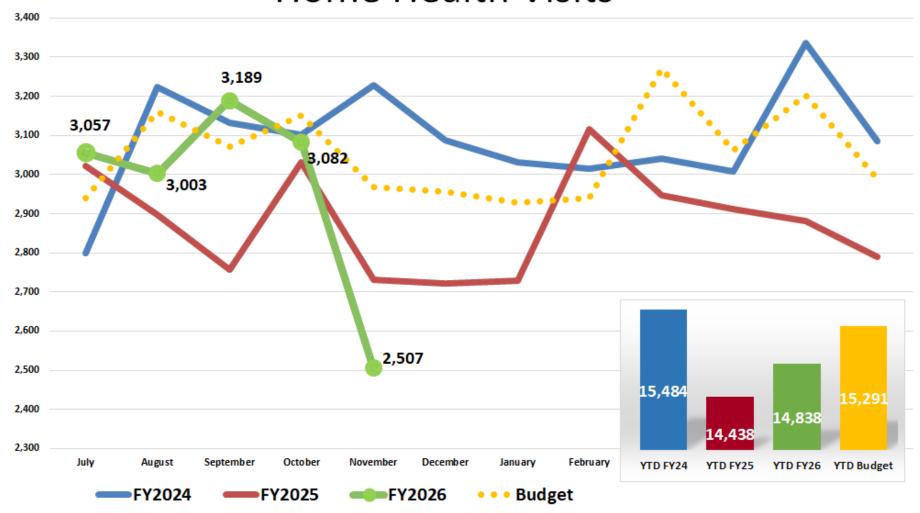
#### Physical & Other Therapy Units



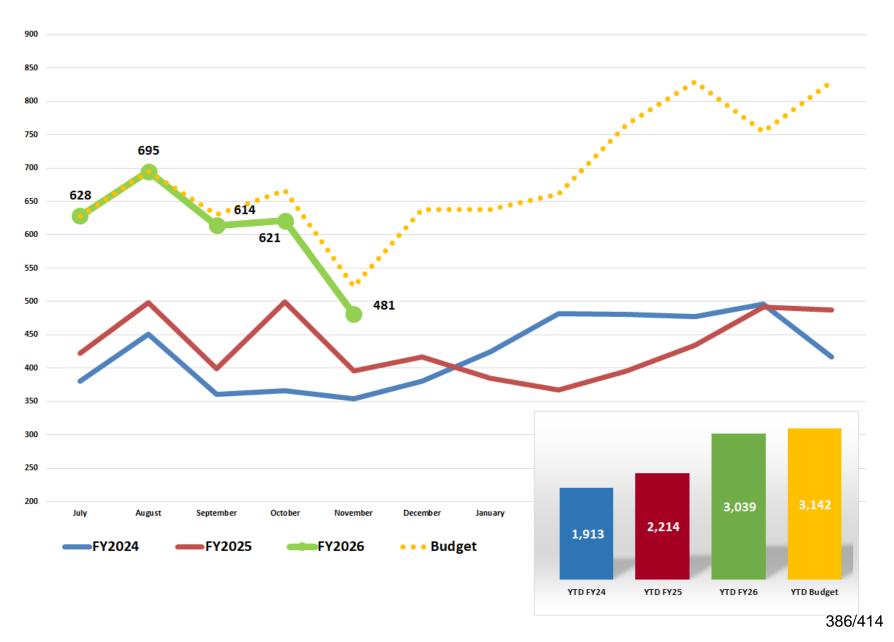
#### Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



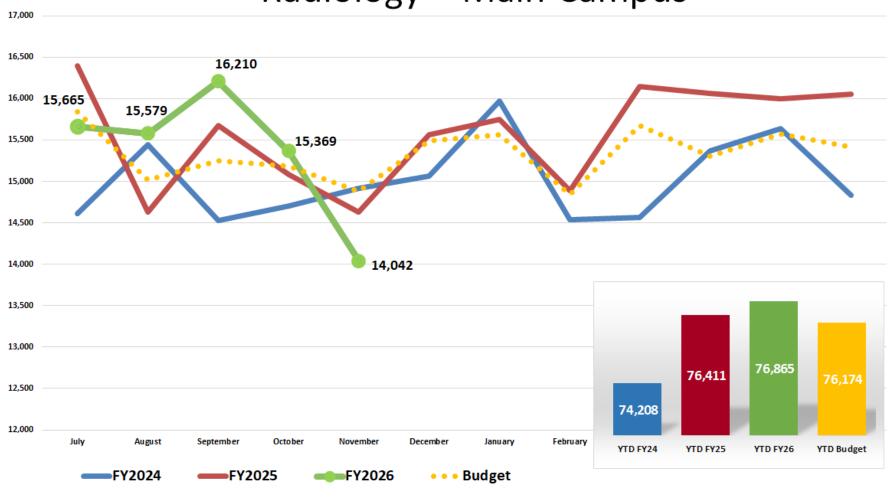
#### Home Health Visits



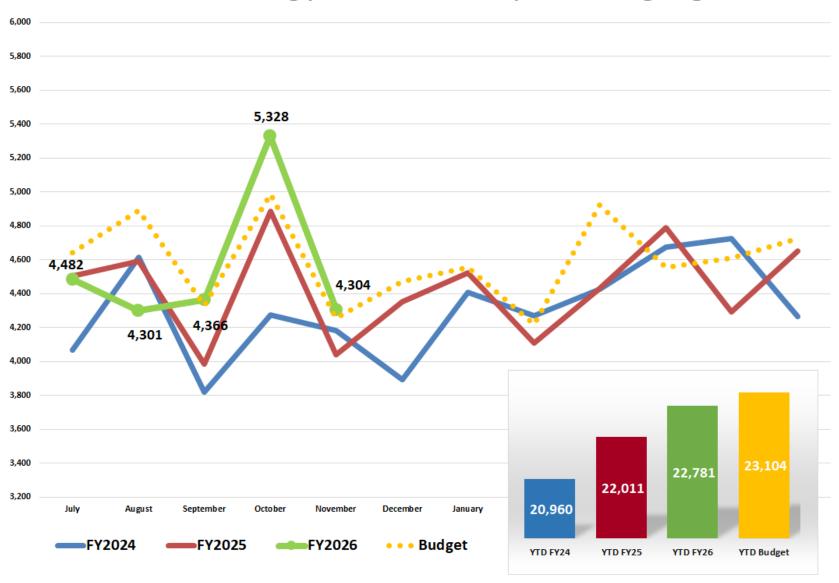
#### Infusion Center - Units of Service



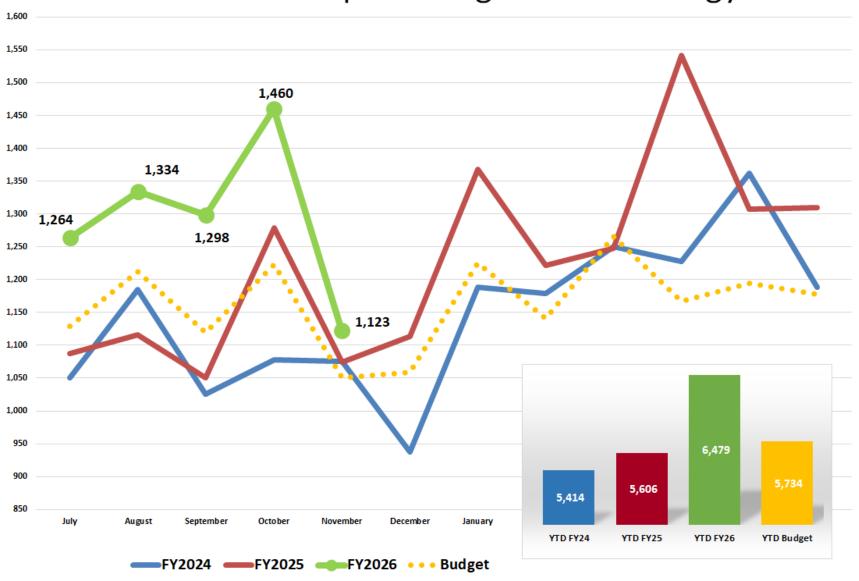
## Radiology – Main Campus



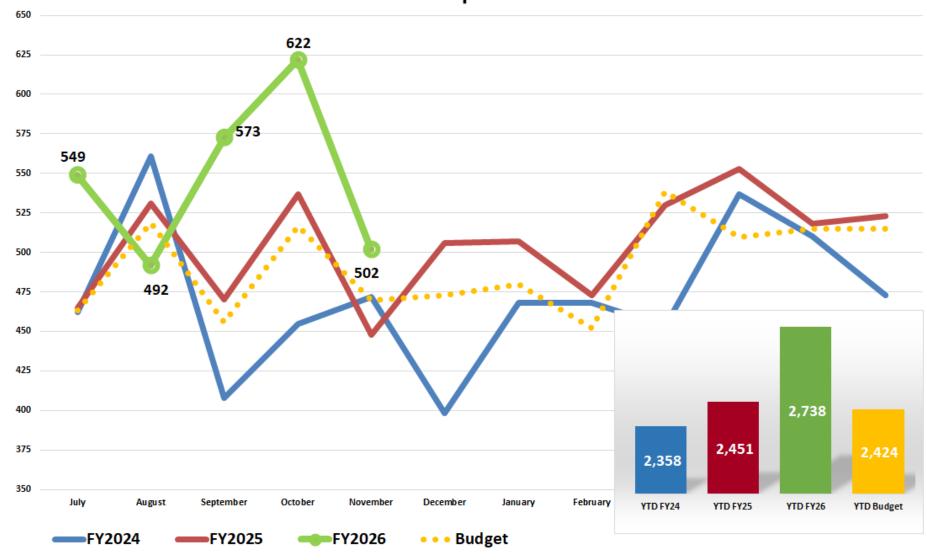
## Radiology - West Campus Imaging



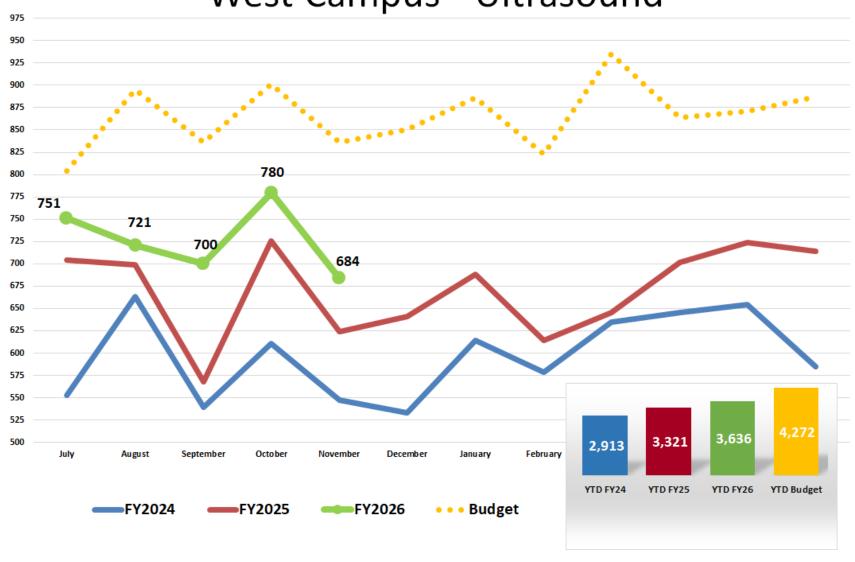
#### West Campus - Diagnostic Radiology



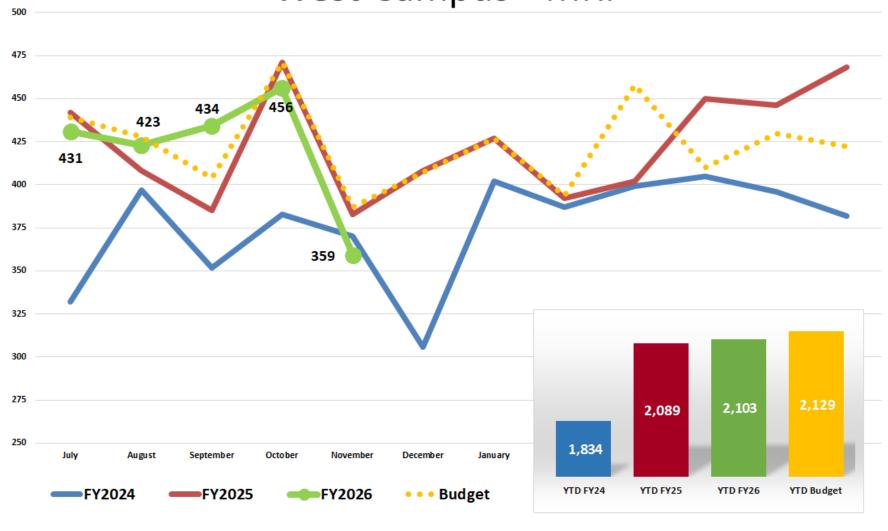
## West Campus - CT Scan



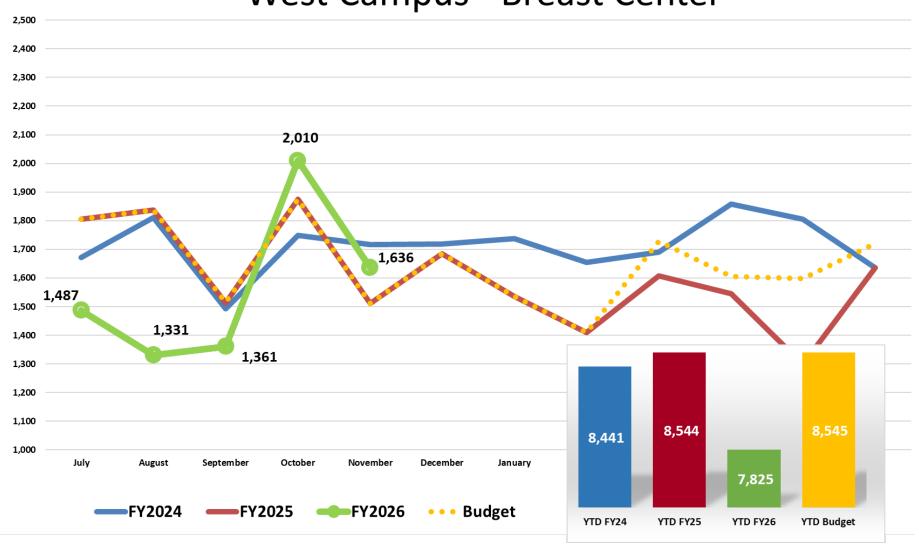
# West Campus - Ultrasound



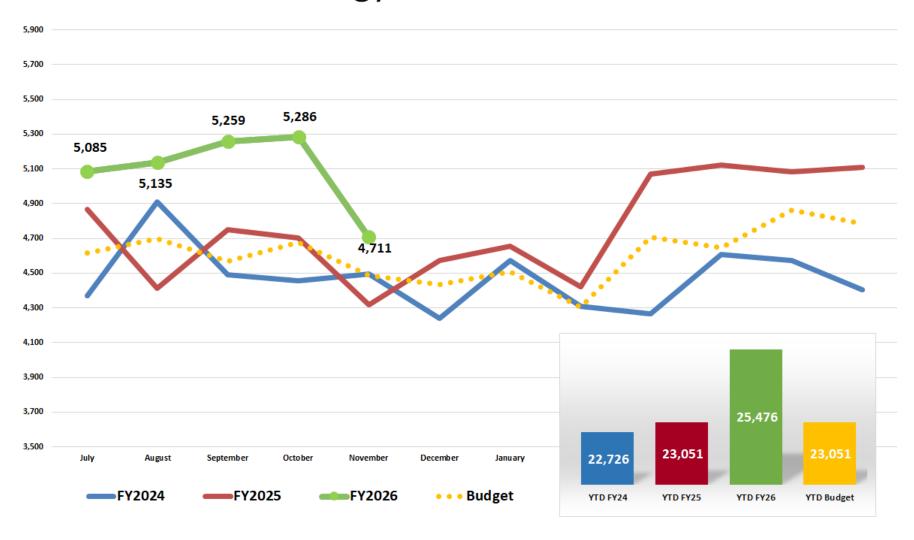
# West Campus - MRI



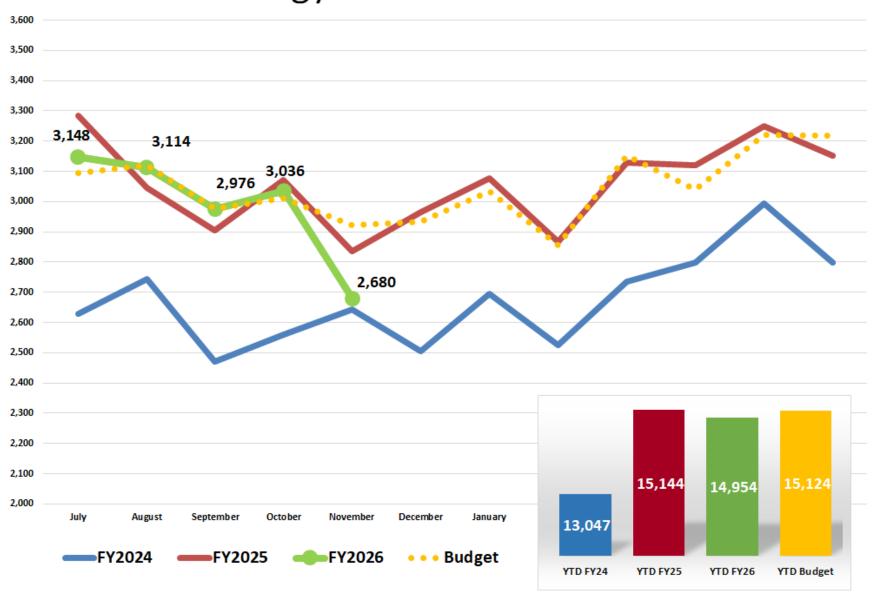
## West Campus - Breast Center



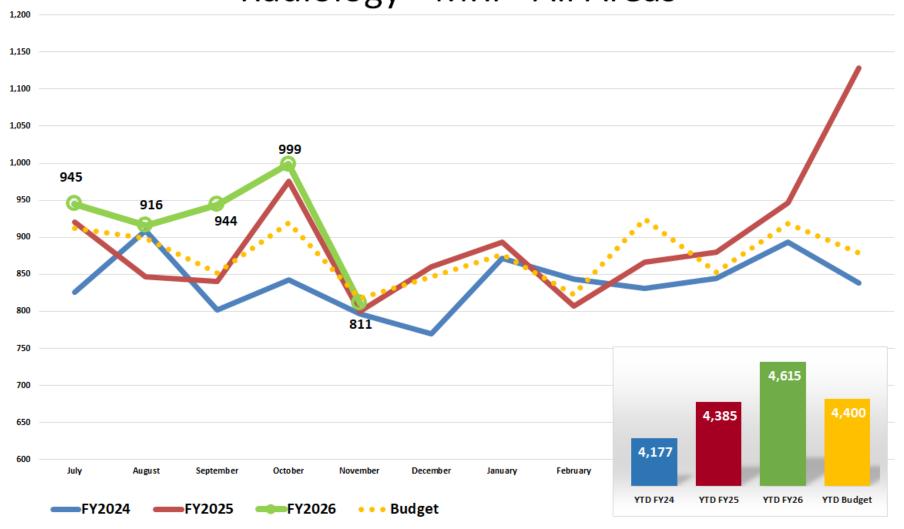
## Radiology - CT - All Areas



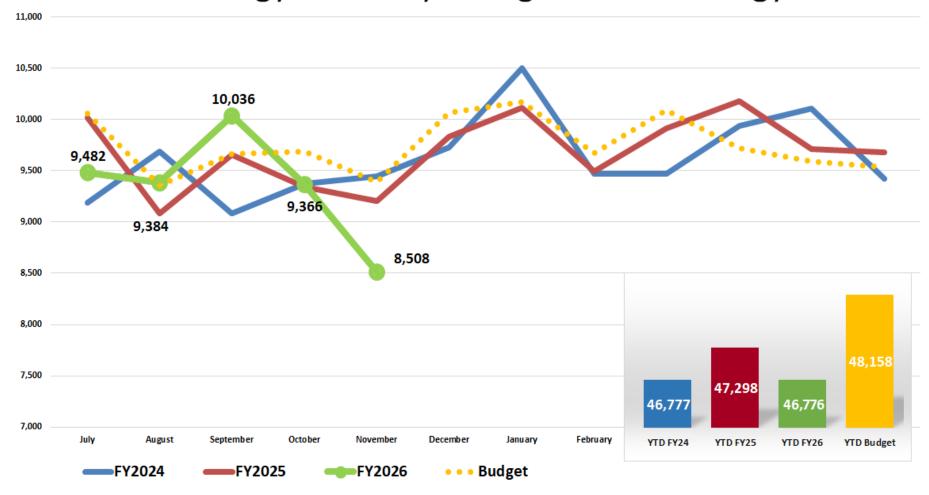
# Radiology - Ultrasound - All Areas



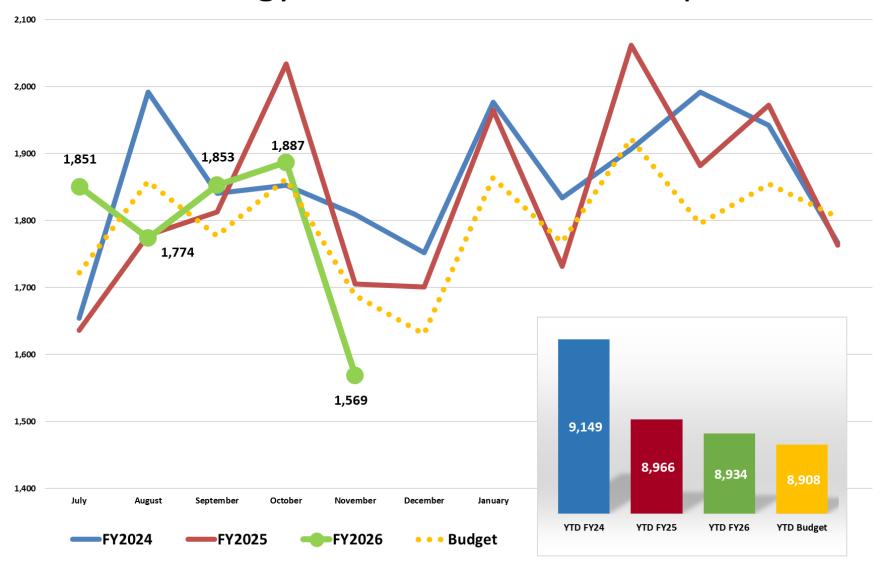
## Radiology - MRI - All Areas



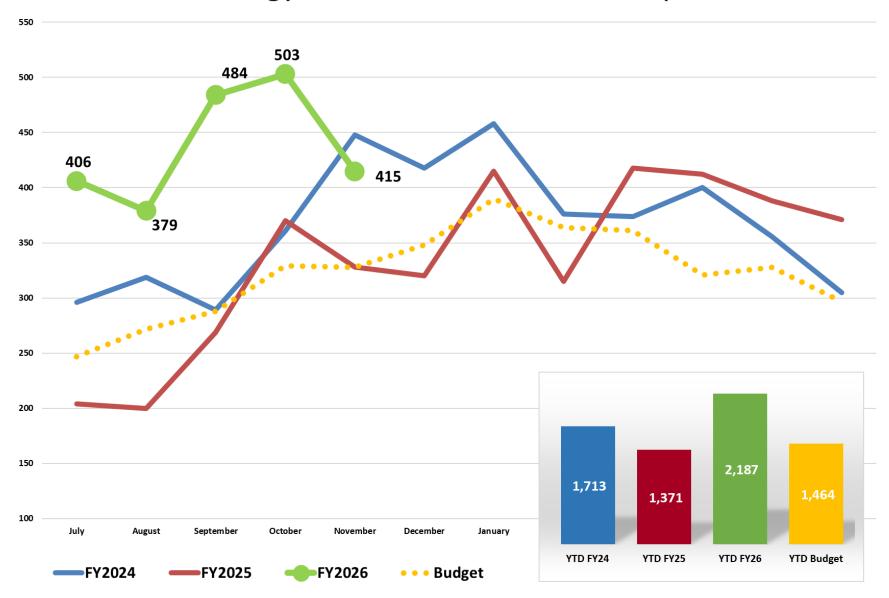
## Radiology Modality - Diagnostic Radiology



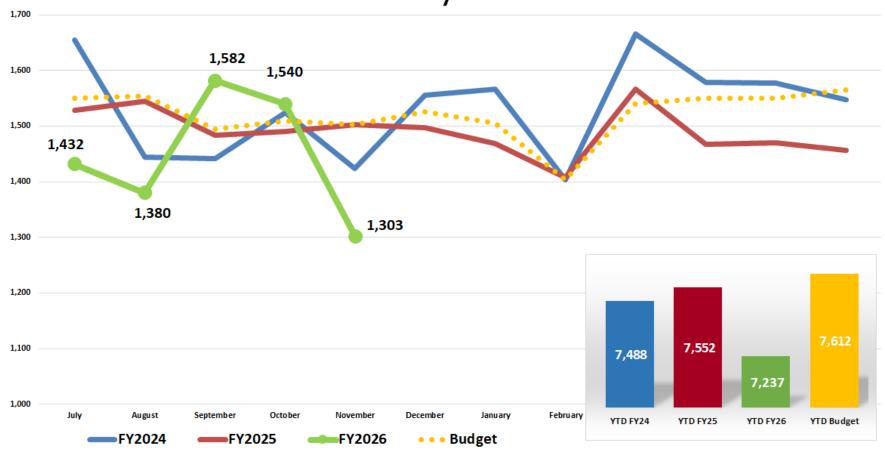
## Radiology - UC Court/South Campus



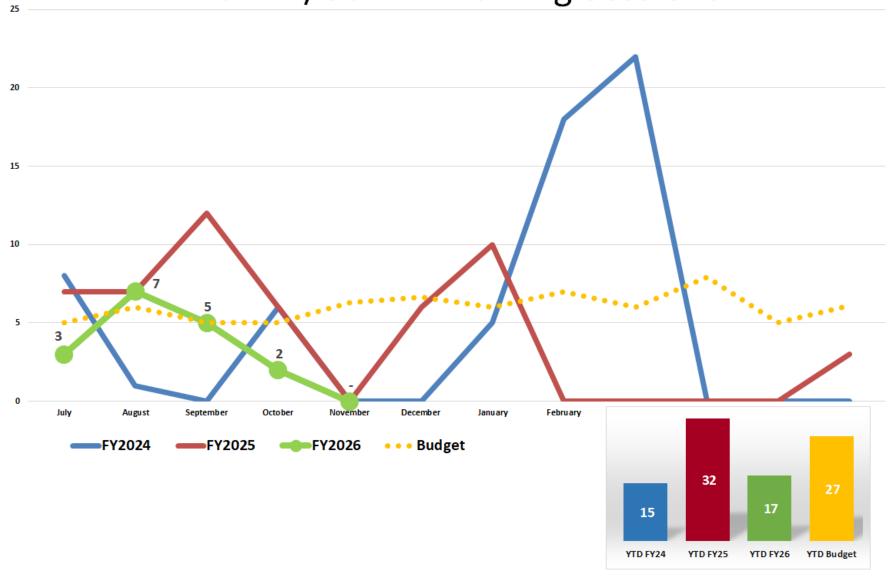
#### Radiology - UC Demaree/North Campus



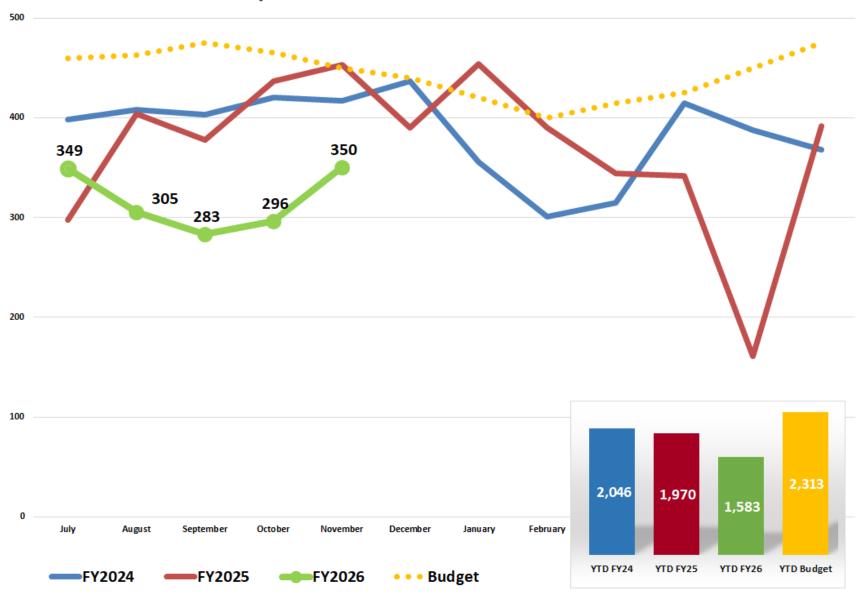
## Chronic Dialysis - Visalia



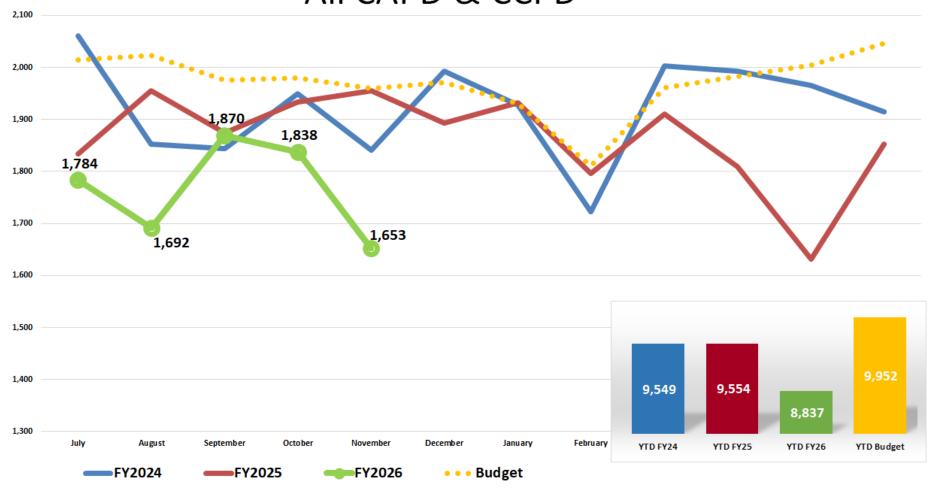
# **CAPD/CCPD** - Training Sessions



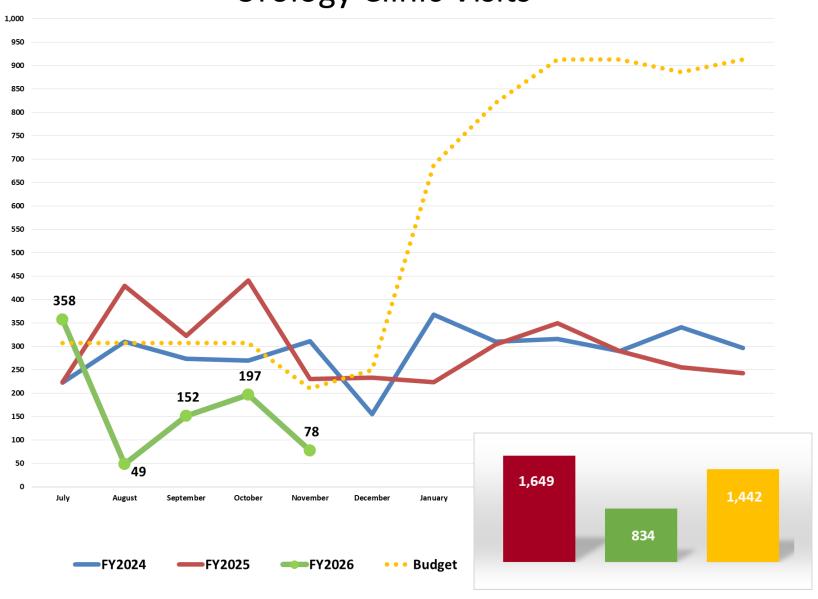
## **CAPD/CCPD - Maintenance Sessions**



#### All CAPD & CCPD



## **Urology Clinic Visits**



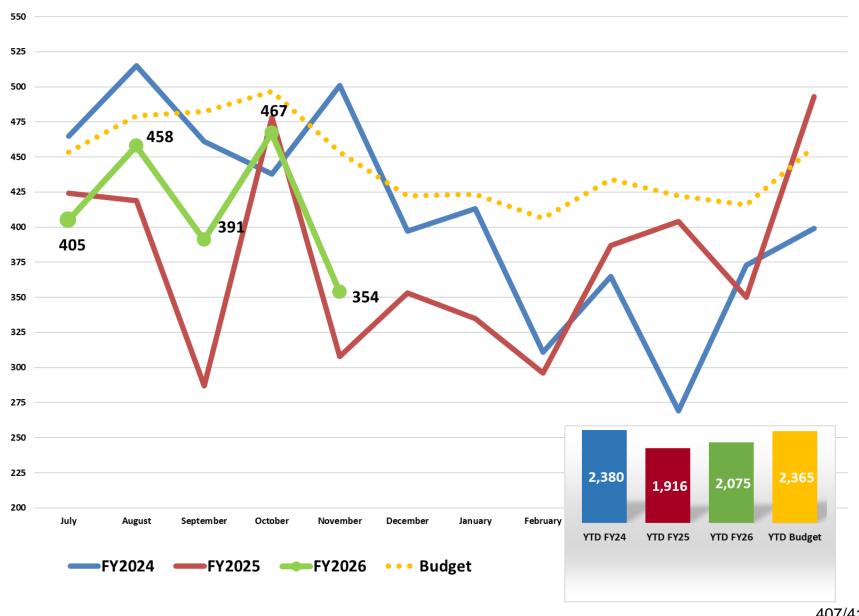
## Open Arms House - Patient Days



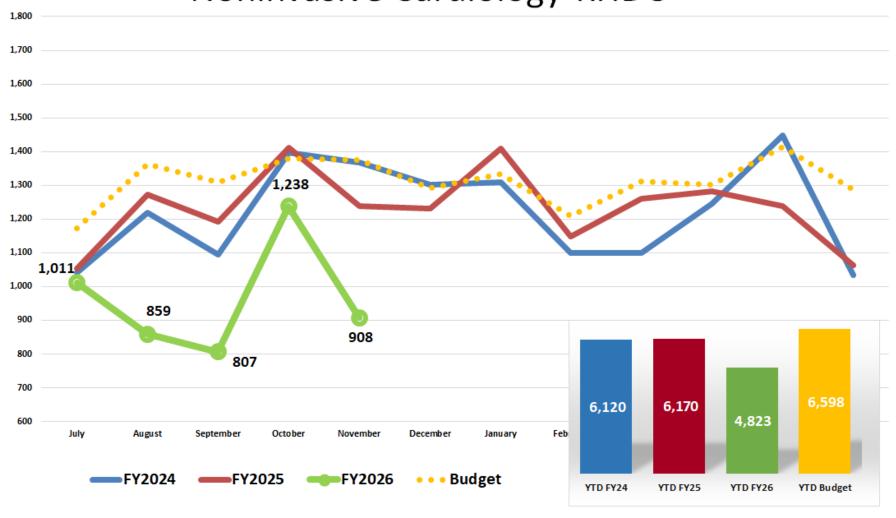
#### Cardiothoracic Surgery Clinic - Visits



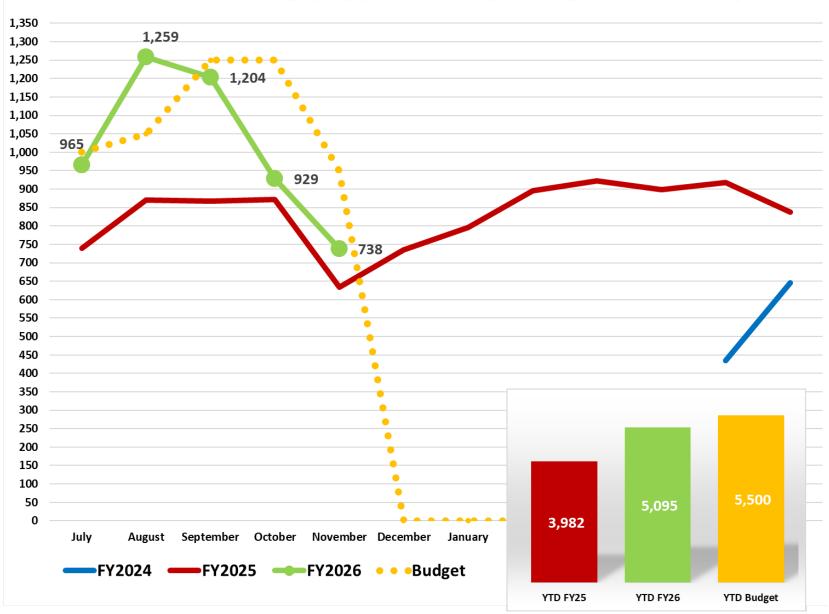
#### Cardiac Rehabilitation



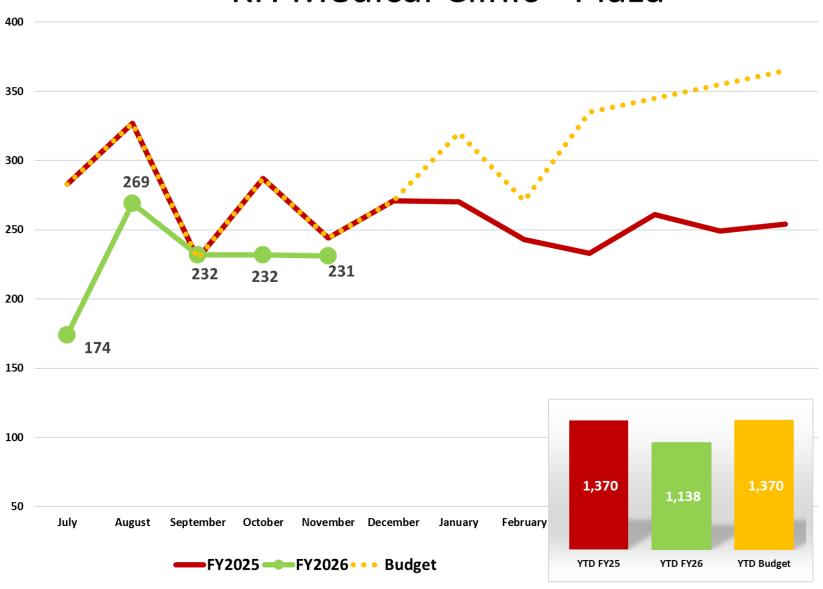
# Noninvasive Cardiology-KHDC



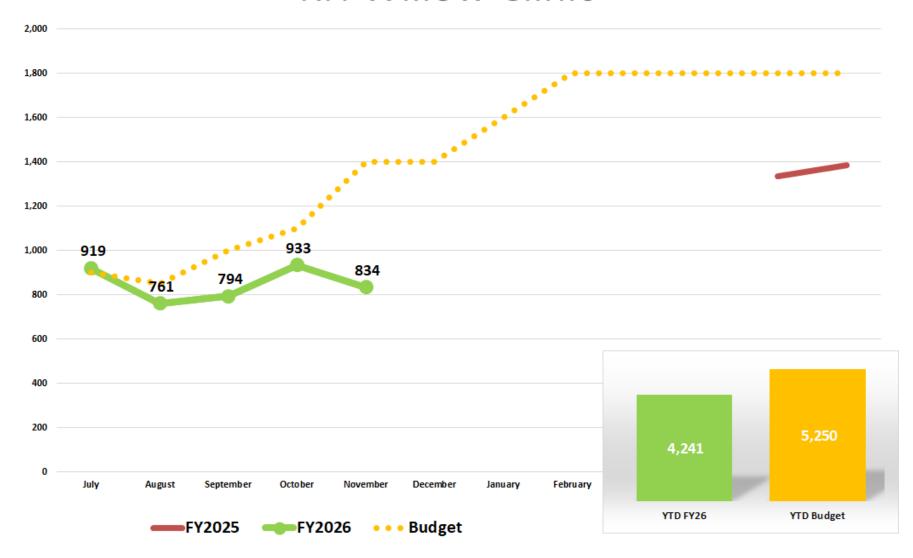
#### KH Medical Clinic - Ben Maddox



#### KH Medical Clinic - Plaza



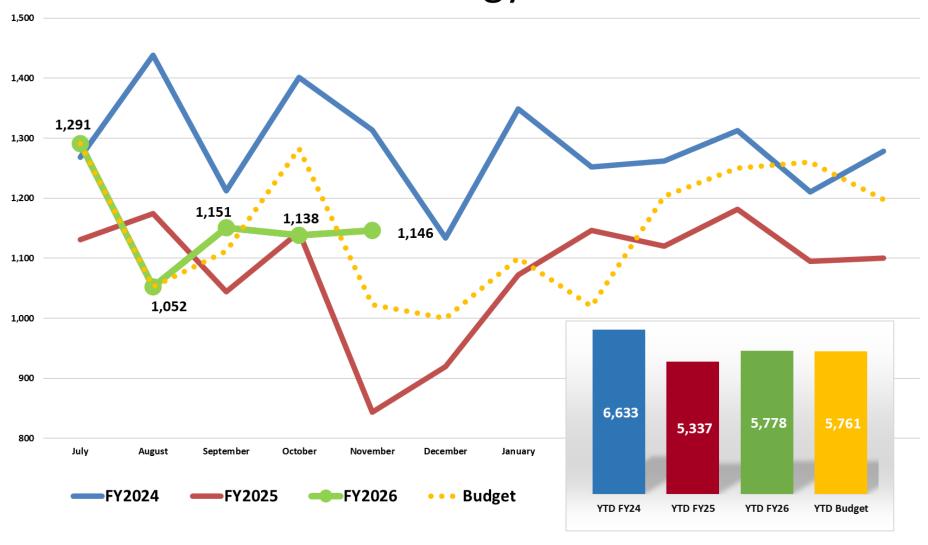
#### **KH Willow Clinic**



## **Medical Oncology Visits**



# **Medical Oncology Treatments**



#### Mental Wellness Clinic

