Kaweah Delta Health Care District
Board of Directors Meeting

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

Kaweah Health
MORE THAN MEDICINE. LIFE.

DATE POSTED: August 21, 2026

NOTICE

Date: Wednesday, August 26, 2026
Location: City of Visalia – City Council Chambers
Address: 707 W. Acequia Avenue, Visalia, California

Please join my meeting from your computer, tablet or smartphone.
https://meet.goto.com/KelsieD/kaweahdeltahealthcaredistrictboardofdirectorsmeeti
You can also dial in using your phone.
Access Code: 460-561-181
United States: +1 (646) 749-3122

SCHEDULE:

- **3:30 PM** – Open Session
- **4:01 PM** – Closed Session
  Pursuant to:
  - Government Code §54956.9(d)(1) (Existing Litigation)
  - Government Code §54956.9(d)(2) (Anticipated Litigation – Significant Exposure)
  - Health & Safety Code §§1461 and 32155 (Confidential Quality Assurance/Medical Staff Matters)
- **4:45 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
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
Dean Levitan, M.D, 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**

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

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

Wednesday August 26, 2026 {Regular Meeting}

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OPEN SESSION – 3:30 PM

1. **CALL TO ORDER**
2. **PUBLIC COMMENT –** 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. **BOARD EDUCATIONAL STUDY SESSION -** Receive an educational presentation regarding Board fiduciary responsibilities, governance principles, and the distinction between Board governance and management responsibilities.
4. **ADJOURN TO CLOSED SESSION**

CLOSED SESSION – 4:01 PM

1. **CALL TO ORDER**
2. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION / QUARTERLY COMPLIANCE REPORT –** Conference with legal counsel regarding potential exposure to

litigation pursuant to Government Code 54956.9(d)(2); Matters involve compliance, risk management review, and related quality assurance issues.

3. **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 549 56.9(d)(1))

A. BURNS-NUNEZ V KDHCD	I. GOODES V. KDHCD
B. M. VASQUEZ V. KDHCD	J. MARTINEZ-LUNA V. KDHCD
C. ISQUIERDO V KDHCD	K. ALVARADO V KDHCD
D. LARUMBLE-TORRES V KDHCD	L. MORENO V KDHCD
E. SMITHSON V KDHCD	M. RICHARDSON V KDHCD
F. VELASEQUEZ V KDHCD	N. TINOCO V KDHCD
G. MEDINA V KDHCD	O. MACKEY V KDHCD
H. JOHNSON 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); One potential case.
   Possible reportable action

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 – Approval of Medical Staff Credentialing and Privileging

6. **MEDICAL STAFF QUALITY ASSURANCE/PEER REVIEW** 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 & Evid. Code 1157.

7. **APPROVAL OF THE CLOSED MEETING MINUTES** – July 6, 2026, and July 22, 2026.

   Action Requested – Approval of all Closed Meeting Minutes from July.

8. **ADJOURN CLOSED SESSION**

OPEN SESSION – 4:45 PM (OR IMMEDIATELY FOLLOWING CLOSED SESSION)

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1. **CALL TO ORDER**
2. **ROLL CALL**
3. **FLAG SALUTE**
4. **PUBLIC PARTICIPATION**
   Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five (5) 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.
5. **CLOSED SESSION ACTION TAKEN**
   Report on action(s) taken in closed session.
6. **BOARD MEMBER REPORT OUTS**
   Board members may provide brief reports on attendance at conferences, educational programs, meetings with external organizations, community events, or other activities related to District business. No action will be taken on matters not otherwise listed on the agenda. Matters requiring further discussion or Board action may be referred to staff for follow-up or placed on a future agenda in accordance with applicable open meeting laws.
7. **RECOGNITIONS**
   - **7.1.** Presentation of Resolution 2298 to Victoria Hernandez in recognition as the Kaweah Health World Class Employee of the month – August 2026.
   - **7.2.** Team of the Month – August Patient Navigation Team
8. **INTRODUCTIONS**
   - **8.1.** Director of Facilities – Steven Thompson
   - **8.2.** Director of Application Services- Regina McCollum

8.3. Director of Quality and Patient Safety – Farid Sheikh
8.4. Director of Nursing Staffing/Operations- Rebekah Foster

9. CONSENT CALENDAR

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

Public Participation

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

Action Requested – Approval of all items on the August 26, 2026, Consent Calendar.

[Consent Calendar Items 9.1 – 9.5 as presented]

Section	Item	Description	Type
9.1. REPORTS	A	Physician Recruitment	Receive and File
	B	Overall Strategic Plan	Receive and File
	C	Renal Services	Receive and File
	D	ARA Dialysis	Receive and File
	E	Rural Health Clinics	Receive and File
	F	Quarterly Compliance Report	Receive and File
	G	Semi-Annual Investments Report – June 30, 2026	Receive and File
	H	Patient Experience	Receive and File
9.2. MINUTES	A	Finance Property Services Acquisition Committee- July 15, 2026	Approve Minutes
	B	Quality Council Committee – July 16, 2026	Approve Minutes
	C	Audit and Compliance Charter	Approve Revisions
	D	Special Open Board Meeting- July 6, 2026	Approve Minutes
	E	Regular Open Board Meeting – July 22, 2026	Approve Minutes
9.3. POLICIES		**Administrative Policies**	
	A	AP133 Patient Elopement Critical Incident Response – Code Green	Approve Revisions
	B	AP49 No Information, No Presence in Facility Patient Status	Approve Revisions
		Environment of Care Policies	Approve Revisions
	B	EOC1001 Safety Management Plan	Approve Revisions

Section	Item	Description	Type
	C	EOC1034 Disruption of Services, Electrical	Reviewed
	D	EOC1036 Disruption of Service, Natural Gas	Approve Revisions
	E	EOC1040 Failure of High-Pressure Boilers	Reviewed
	F	EOC3007 Emergency Department Security	Reviewed
	G	EOC3014 Security Measures Involving VIP(s)	Reviewed
	H	EOC5001 Facility Fire Response Plan	Approve Revisions
	I	EOC6015 Hospital Electrical Safety Policy for Personal Items	Approve Revisions
9.4. MEC	A	Medical Staff Bylaws	Approve Revisions
	B	MS52 Use of External Proctors	Approve Revisions
	C	Cardiovascular Medicine Privilege Form	Approve Revisions
	D	APP Certified Nurse Midwife	Approve Revisions
9.5. DISTRICT			

10. **CARDIOLOGY SERVICE ACC REPORT** - The Board of Directors will receive an informational report regarding the Cardiology Service and the activities and findings of the ACC. The report will include an overview of relevant service-line activities, performance, quality, operational matters, and other information pertinent to the Cardiology Service.

11. **STRATEGIC OVERSIGHT (MONTHLY REPORT) – PATIENT AND COMMUNITY EXPERIENCE**
Strategic Oversight discussion regarding organizational priorities, long-term planning initiatives, strategic objectives, operational alignment, community health needs, workforce considerations, and progress toward Board-approved strategic goals. The Board may provide direction to staff regarding strategic priorities and future planning efforts.

12. **401(k) PLAN CHANGES** - Staff will provide an overview of the proposed 401(k) plan changes, including the reasons for the changes, anticipated benefits, implementation timeline, and any impact to participating employees and the District. The Board will have an opportunity to discuss the proposed changes and consider approval of the plan amendments and related implementation documents.

Action Requested – Approval 401k 2026 Proposal.

13. **FINANCIAL STEWARDSHIP**

Financial Stewardship report and discussion regarding the financial status of the District, including budget performance, revenue and expense trends, financial sustainability initiatives, capital planning,

operational efficiencies, compliance considerations, and fiscal oversight responsibilities of the Board. The Board may provide direction to staff regarding financial priorities and oversight activities.

Action Requested – Approval July's Financials.

14. FUTURE GOVERNANCE TOPICS

Discussion regarding future governance topics, Board education opportunities, governance priorities, committee work planning, policy development, regulatory updates, and potential future agenda items to support effective governance and Board oversight responsibilities. The Board may provide direction to staff regarding future governance planning and educational priorities.

15. REPORTS

15.1. Chief of Staff Report- Report relating to current medical staff events and issues.

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

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

16. ADJOURNMENT

CLOSED SESSION – IMMEDIATELY FOLLOWING OPEN SESSION

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1. CALL TO ORDER

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

3. ADJOURN

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Agenda Posting and Public Records
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Agenda item intentionally omitted

Resolution 2298

RESOLUTION 2298

Board Resolution Honoring
Victoria Hernandez as World Class Employee of the Month of August

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

WHEREAS, Victoria Hernandez, of the Labor Delivery 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 August 2026, including but not limited to providing seamless support and maintaining unshakable professionalism while juggling the chaos that only an exemplary employee can make;

WHEREAS, Victoria'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 Victorias as **World Class Employee of the Month** for August 2026, 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 Victoria Hernandez a as a token of recognition and gratitude.

PASSED AND ADOPTED this 26th of August 2026, by the Board of Directors of Kaweah Health.

David Francis
President
Kaweah Health Board of Directors

Dean Levitan, MD
Secretary/Treasurer
Kaweah Health Board of Directors

Physician Recruitment

Physician Recruitment Board Report

August 2026

47	3	4	6	11
ACTIVE CANDIDATES	FY27 COMMITMENTS	CURRENT OFFERS EXTENDED	PENDING SITE VISITS	CURRENTLY IN SCREENING

PHYSICIAN GROUP TARGETS

Key Medical Associates

- Pulmonology x1
- Psychiatry x1

Oak Creek Anesthesia

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

Valley Children's

- Maternal Fetal Medicine x2
- Neonatology x1
- Pediatric Cardiology x1
- Pediatric Hospitalist x1

Orthopaedics Associates

- Ortho Joint x1
- Ortho Trauma / General x1
- Ortho Surgery (General) x1

Other Recruitment / Group TBD

- Adult / Child Psychiatry x1
- Cardiology General / HF x1
- Cardiology Interventional x1
- CT Surgery x1
- Family Medicine x5
- Gastroenterology x2
- Infectious Disease x1
- Neurology IP/OP x1
- OB/GYN x4
- Pulmonology OP x1
- Radiation Oncology x1
- Rheumatology x1
- Urology x2
- Vascular Surgery x1

FY27 YEAR-TO-DATE SUMMARY

47
FY27 ACTIVE CANDIDATES

3
FY27 COMMITMENTS
July 2026

BOARD NARRATIVE | JULY 2026

During the month of July, the Physician Recruitment Team continued to advance recruitment efforts across multiple priority specialties while building early momentum in the new fiscal year.

Signed contracts have been executed for a Family Medicine physician and a Pediatrician, both of whom will practice full-time in Exeter, as well as a Pediatrician who will float between the Tulare, Woodlake, and Akers clinic locations. All three physicians are currently progressing through the hospital privileging process.

The team traveled to Kansas City to participate in a national physician career fair, supporting pipeline development across multiple specialties. Active discussions are also underway with Key Medical Associates to explore visa sponsorship options for an OB/GYN candidate, reflecting continued efforts to address one of the community's most critical access needs.

Two process improvements took effect this month. The Recruitment team has begun conducting interviews with candidate family members to better tailor site visits to individual needs. Additionally, all physician site visits now include a stop with the Medical Staff Office, strengthening the connection between recruitment and onboarding from the earliest stages of candidate engagement.

The recruitment of additional OB/GYN, Family Medicine, Urology, and Neurology physicians remains a top priority for the Kaweah Health Physician Recruitment team.

Active Physician Pipeline

August 2026

Kaweah Health

Phase Key:	Site Visit	Screening	Offer Extended	Offer Accepted	Leadership Call	Applied

#	Specialty	Group	Phase	Start Date
1	Cardiology (Interventional)	KH Sequoia Cardiology	Site Visit	
2	OB/GYN	Key Medical Associates	Site Visit	
3	OB/GYN	TBD	Site Visit	
4	Ped Hospitalist	Valley Children's	Site Visit	
5	Pulmonology	TBD	Site Visit	
6	Vascular Surgery	TBD	Site Visit	
7	Cardiology (EP)	TBD	Screening	
8	Cardiothoracic Surgery	TBD	Screening	
9	Family Medicine	TBD	Screening	
10	Family Medicine	TBD	Screening	
11	Family Medicine	TBD	Screening	
12	Internal Medicine (Outpatient)	TBD	Screening	
13	OB/GYN	TBD	Screening	
14	Radiation Oncology	Sequoia Regional Cancer Center	Screening	
15	Radiation Oncology	SRCC	Screening	
16	Vascular Surgery	TBD	Screening	
17	Vascular Surgery	TBD	Screening	
18	Family Medicine	TBD	Offer Extended	
19	Heart Failure	TBD	Offer Extended	
20	OB/GYN	TBD	Offer Extended	
21	Rad Oncology	Sequoia Regional Cancer Center	Offer Extended	
22	Adult Hospitalist	VHMG	Offer Accepted	09/01/26
23	Cardiology (EP)	1099 - KH Direct	Offer Accepted	
24	Cardiology (EP)	KH Sequoia Cardiology	Offer Accepted	
25	ENT	Valley ENT	Offer Accepted	09/01/27
26	Endocrinology	1099 - KH Direct	Offer Accepted	TBD
27	Family Medicine	TBD	Offer Accepted	08/01/26
28	Family Medicine	TBD	Offer Accepted	09/01/26
29	Family Medicine	TBD	Offer Accepted	11/16/26
30	Internal Medicine	TBD	Offer Accepted	09/01/26
31	Neurology	1099 - KH Direct	Offer Accepted	TBD
32	Orth Surgeon (Hand)	Orthopedic Assoc	Offer Accepted	12/01/26
33	Ortho - Spine	1099 - KH Direct	Offer Accepted	08/01/26
34	PM&R;	TBD	Offer Accepted	05/01/27
35	Pediatrics	1099 - KH Direct	Offer Accepted	
36	Pediatrics	TBD	Offer Accepted	11/16/26
37	Psychiatry	Oak Stone Psychiatry	Offer Accepted	07/01/27

#	Specialty	Group	Phase	Start Date
38	Infectious Disease	TBD	Leadership Call	
39	Nephrology	Dr. Javed's Group	Leadership Call	
40	Neurology	TBD	Leadership Call	
41	Orth Surgeon (General)	Orthopedic Assoc	Leadership Call	
42	Pulmonology	TBD	Leadership Call	
43	Anesthesia	Oak Creek	Applied	
44	Gastroenterology	TBD	Applied	
45	Internal Medicine/Outpatient	TBD	Applied	
46	Ped Hospitalist	TBD	Applied	
47	Urology	TBD	Applied	

Overall Strategic Plan

FY2026 Strategic Plan

Year End Summary

August 2026

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.

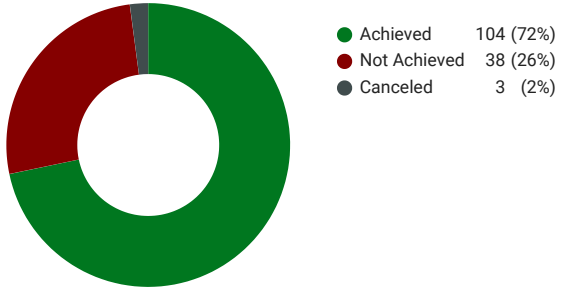
Our Pillars

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

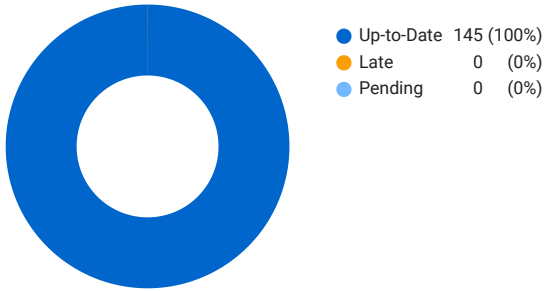
Our Five Strategic Plan Initiatives

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

Kaweah Health Strategic Plan FY2026 Overview: Status



Kaweah Health Strategic Plan FY2026 Overview: Updates



Ideal Environment

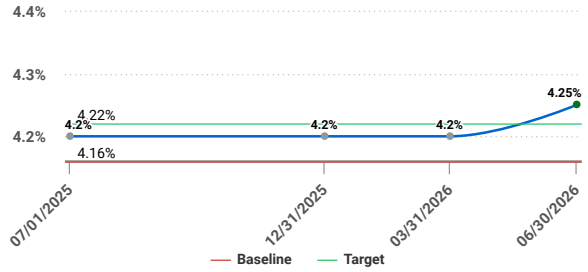
Champions: Dianne Cox and Hannah Mitchell

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

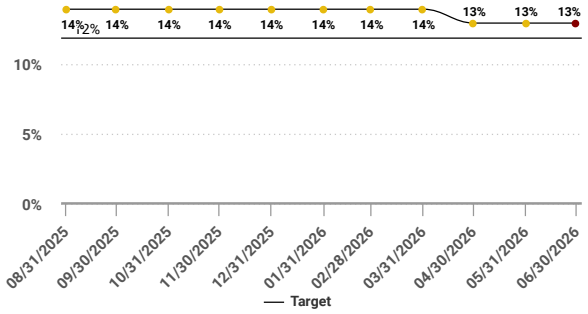
FY2026 Strategic Plan - Ideal Environment Strategies

#	Name	Description	Status	Assigned To	Last Comment
1.1	Integrate Kaweah Care Culture	Integrate Kaweah Care culture into the various aspects of the organization.	Achieved	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 sub-committees for Patient Experience and Human Resources. The outcome was measured by the performance of our employee engagement survey in June 2026, where our survey average of 4.25 surpassed our 4.22 goal established in this strategic plan.
1.2	Ideal Practice Environment	Ensure a practice environment that is friendly and engaging for providers, free of practice barriers.	Achieved	Teresa Boyce	Medical Staff Policies and processes are being reviewed, focusing on identifying and limiting and/or eliminating barriers. Recruitment will include Medical Staff Office in Site Visits for introduction and review of credentialing requirements.
1.3	Growth in Nursing School Partnerships	Increase the pool of local RN candidates with the local schools to increase RN cohort seats and increase growth and development opportunities for Kaweah Health Employees	Achieved	Kelly Pierce	Carrington expanded their program to have no pre-req's included which allowed much more of our staff to obtain a seat during ranking. Active discussions on expanding the apprenticeship model at COS for the Summer (year-round) program.

Employee Engagement Survey Score Greater Than 4.22%



Decrease Overall Turnover Rate



Strategic Growth and Innovation

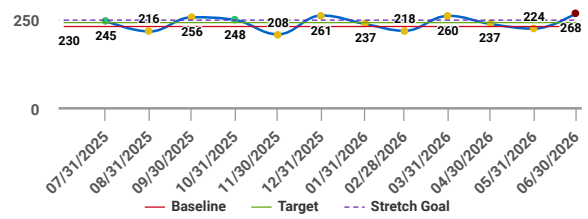
Champions: Max Heckhausen and Kevin Bartel

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****.*

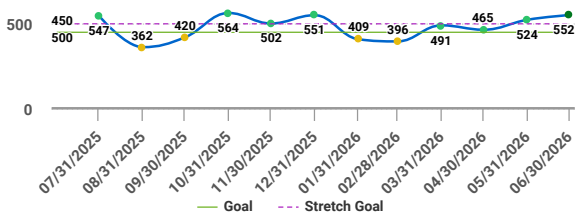
FY2026 Strategic Plan - Strategic Growth and Innovation Strategies

#	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.	Achieved	Kevin Bartel	The goal of growing service line volume in orthopedics, endoscopy, urology and cardiothoracic service areas has been achieved, as volumes in all areas saw an increase in FY26 compared with prior year FY25.
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.	Achieved	Kevin Morrison	Still progressing toward adding additional outpatient procedure spaces. Pending FY27 capital funding and planned completion by end of FY27.
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.	Achieved	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.	Achieved	Kevin Bartel	Clinical AI application tools and updates with a new contact center platform through Cisco Webex have been successfully updated and rolled out in various service line areas. Beyond the core ambient documentation that clinical AI supports, ISS is also currently exploring and testing new capabilities that would support internal functions for the organization.
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.	Not Achieved	Sonia Duran-Aguilar	Monthly meetings remain underway 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. Currently working on Community Health Worker (CHW) benefit and reimbursement analysis for providing services with both Anthem BC and HealthNet. Upcoming collaborations for TMaH and potentially Cal RHTP.

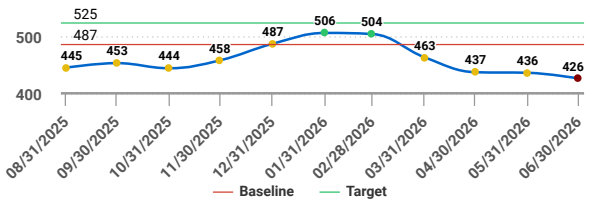
Perform 241 Orthopedic Surgery Cases Per Month



Perform 450 Endoscopy Cases Per Month



Increase Enrollment to 640 Lives in Enhanced Care Management



Outstanding Health Outcomes

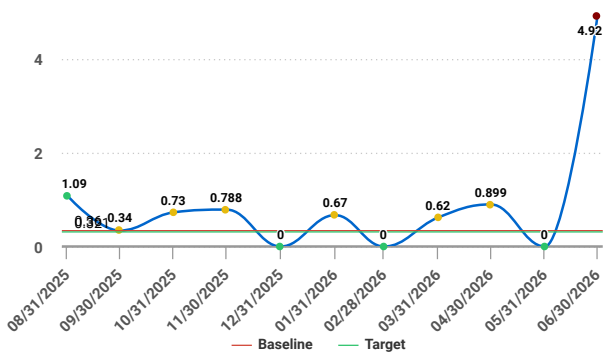
Champions: Dr. Paul Stefanacci

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

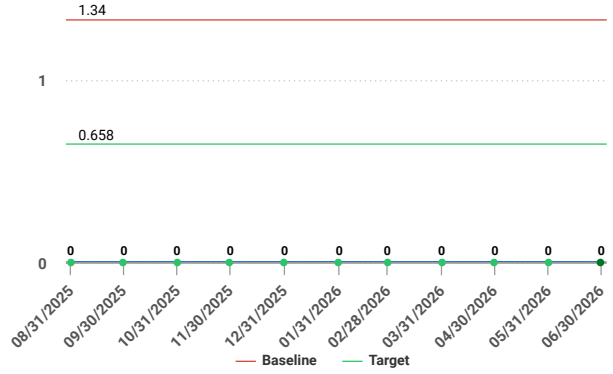
FY2026 Strategic Plan - Outstanding Health Outcomes Strategies

#	Name	Description	Status	Assigned To	Last Comment
3.1	Safety Program Enhancement	Improve the Patient Safety Program through enhanced proactive evidence based strategies.	Achieved	Cindy Vander Schuur	Discussed with Chief. All tactics achieved.
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.	Not Achieved	Shawn Elkin	Both CAUTI and CLABSI exceeded predicted limits. Device utilization exceeded our goal, specifically for indwelling urinary catheters. MRSA BSI goal was achieved with zero events. MRSA decolonization was achieved. ATP testing was not achieved.
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.	Not Achieved	Chris Patty	Date range represented Jul 1, 2025 - June 30, 2026; score is 1.44. Goal is Midas national 50th percentile of 1.33; lower scores are better.

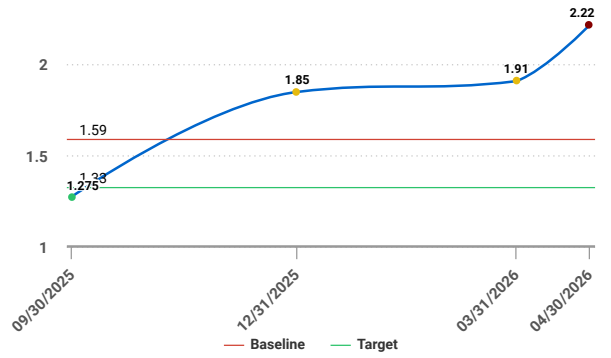
Decrease Standardized Infection Ratio (SIR) CAUTI to less than or equal to .321



SIR MRSA FYTD </=.0658



Decrease the CMS composite score consisting of 9 weighted individual PSIs defined by CMS to 1.33



Patient Experience and Community Engagement

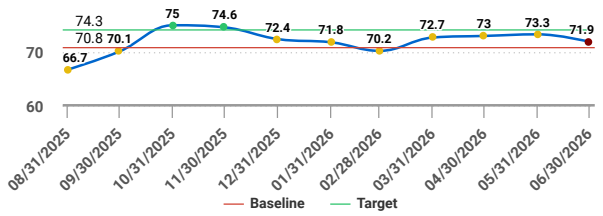
Champions: Max Heckhausen and Deborah Volosin

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

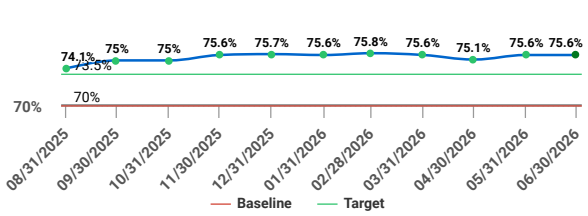
FY2026 Strategic Plan - Patient Experience and Community Engagement Strategies

#	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.	Achieved	Deborah Volosin	PCX Director continues to meet with clinical directors, managers, and assistant managers. Quarterly meetings will begin in July
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.	Achieved	Deborah Volosin	Director of PCX presents at every new employee orientation and introduces surveys, tips for communication accommodation, unit dashboards, and shares patient feedback. PX also has trainings on compassionate communication, service recovery, and AIDET+HEARD Communication practices
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	Achieved	Deborah Volosin	Facilities, EVS, Patient Experience, and Community Engagement round monthly. Last rounds were in June.
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.	Achieved	Deborah Volosin	CAC meetings continued in June. PCX made a presentation at Industrial Roundtable on KH.
4.5	Adopting a Patient-Centered Approach to the Entire Healthcare Experience		Achieved	Deborah Volosin	PCX Director presents at New Employee Orientations, GME Orientation, LNRP to set the standards and expectations for patient-centric care at KH. Outside of critical care, all units have received the WMTY presentation.

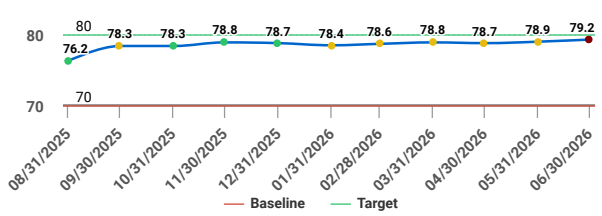
Achieve a score of 74.3 in HCAHPS Overall Rating



Achieve an Organizational-wide score of 73.5 in Human Understanding



Achieve a score of 80 in "Cleanliness of Clinic"



Physician Alignment

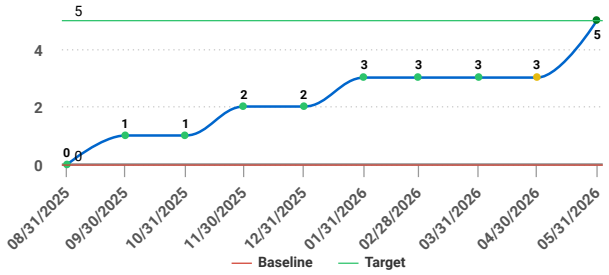
Champions: Tom Boggs and JC Palermo

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

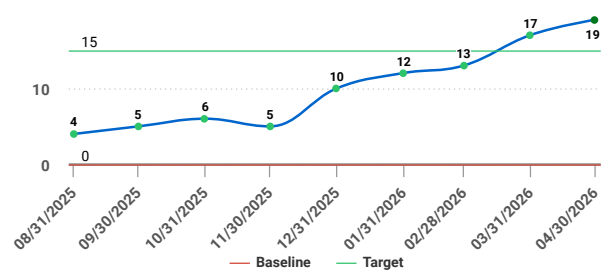
FY2026 Strategic Plan -Physician Alignment - Strategies

#	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.	Achieved	JC Palermo	The Recruitment Policy has been revised, new recruitment guardrails have been deployed, and Venice Hills Medical Associates is now operational offering W-2 employment for physicians. These changes will provide more flexibility in offer creativity when drafting offers for physician candidates.
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.	Achieved	Tom Boggs	Continuing to strategically partner with physician practices for recruitment opportunities. Launched Venice Hills, PC, to provide pluralistic options for physician recruitment. Engaging in targeted growth and marketing opportunities with practices (e.g., lung cancer screening, cardiovascular services). In addition, we're closely reviewing block utilization and overall OR efficiency and have launched a new monthly meeting with providers and the Surgery Director to strengthen alignment around incentives and improve overall OR practices.
5.3	Physician Alignment through Integrated Delivery Network (i.e. Sequoia Integrated Health)	With our physician community partners, continue to develop and strengthen relationships with health plans through Sequoia Integrated Health.	Achieved	Marc Mertz (Deactivated)	We have initiated a series of strategic planning meetings with SIH. These started on June 4th and will continue for a couple months.

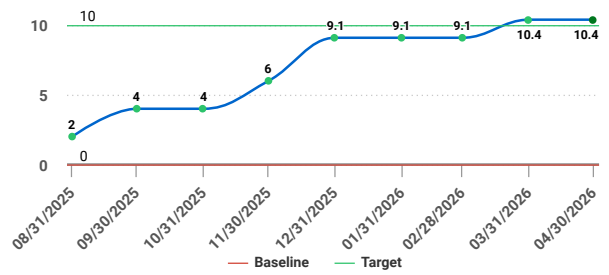
Recruit 5 Primary Care Physicians



Recruit 15 Specialty Providers



Recruit 10 Advanced Practice Providers



Renal Services

SERVICE LINE BAORD REPORT

Kaweah Health Dialysis Clinic
Amy Baker, MSN, RN
559-624-3033

Executive Summary

Executive narrative

- Top Three Wins
  - Elevated Patient Experience Scores- 90th percentile in 5 out of 6 ICH CAHPS questions
  - New Medical Director of Renal Services- Dr. Tariq Javed
  - Six patients received Kidney Transplants in 2025 and three patients in 2026
- Top Three Risks
  - Patient census has shown a consistent downward trend over the past four years
  - Employees are frustrated with schedule changes implemented to optimize productivity due to low patient census
  - Pharmaceutical costs increase as more medications are incorporated into bundled payment
- Goal for the next year
  - Increase patient census
  - Reduce pharmaceutical costs
  - Improve employee experience

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Financials

Outpatient Dialysis Services

- Operating Margin
  - Net Revenue is $6,212,143 (lower than Fiscal Year 25)
  - Direct Cost is $6,498,990 (same as Fiscal Year 25)
  - Contribution Margin -$286,848 (higher than Fiscal Year 25)
- Budget Variance
  - Increase in Staffing costs and Pharmaceuticals costs
- Productivity
  - Units of service are down 10% in Fiscal Year 26, with a weakening trend over the last 4 years
- Provided by Finance
  - See attached finance report

Dashboard

Service Line Metrics

- Quality
  - Patient Experience
    - For the Spring and Fall 2025 ICH CAHPS Patient Experience survey we scored in the 90th percentile for 5 out of 6 questions
  - Infections
    - For 2025, the NHSN Blood Stream Infection (BSI) Ratio was 1.684
  - Readmissions
    - For 2025, the Standardized Readmission Ration was 7.64
- Employee
  - Turnover rate for FY 26 was 3%
  - Recruitment for FY 26 included 4 open positions
  - Engagement Score from 2026 NRC Survey was 4.09

Growth & Access

Next Steps

- Admissions
  - For calendar year 2026, we are averaging approximately 5 admissions per month
- Clinic Volume
  - Current clinic volume includes 116 hemodialysis patient and 14 peritoneal dialysis patients
- Dispositions
  - Patients included are transient (Rehab) patients, kidney transplant patients, transfers out to other dialysis clinics, patient deaths, regained kidney function or modality changes
  - For calendar year 2026, we are averaging approximately 7 patient discharges per month
- Market Share
  - There are 2 DaVita Dialysis Clinics and 1 Innovative Renal Care Kaweah Dialysis Clinic in Visalia. Other cities include Exeter, Porterville, Tulare, Dinuba, Reedley, and Hanford

Growth & Access

Next Steps

Our Strategies for building:

- Working with marketing department to increase social media, vital signs publications, and flyers posted in Acute care
- Peritoneal Dialysis Review of patients to see if any modality changes can occur
- Hospital Rounding by Peritoneal Dialysis Nurse to discuss modalities with inpatient new initiates
- Lobby days with patients to discuss peritoneal dialysis modality
- Go to nephrologist offices to provide modality education for CKD stage 3 and 4, prior to dialysis initiation
- Focusing on patient experience to keep our current patients from transferring out
- Creating “Freedom of Choice” Flyer to educate patients that they have the choice to choose any dialysis clinic they want
- Continue to look at pharmaceutical costs and work closely with Kaweah Health Home Infusion Pharmacy on drug prices
- Improve employee engagement by focusing on the needs, priorities, and experiences that matter most to the employees

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KAWEAH HEALTH ANNUAL BOARD REPORT

FY2026

Outpatient Dialysis Services

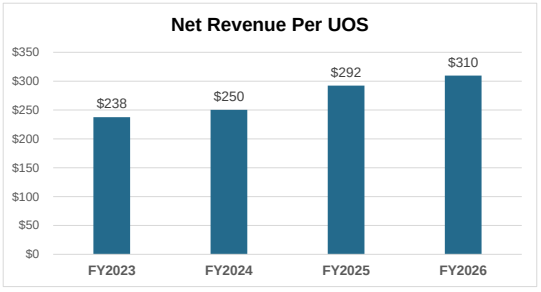
UNITS OF SERVICE	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
20,056	$6,212,143	$6,498,990	($286,848)	($3,298,028)
▼ -10%	▼ -5%	▶ 0%	▼ -19192%	▲ 8%

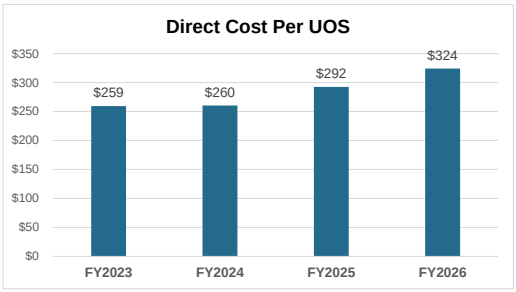
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

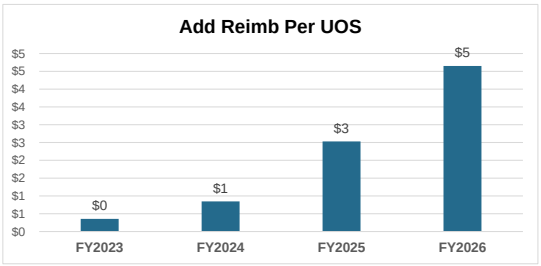
METRICS SUMMARY - 4 YEAR TREND

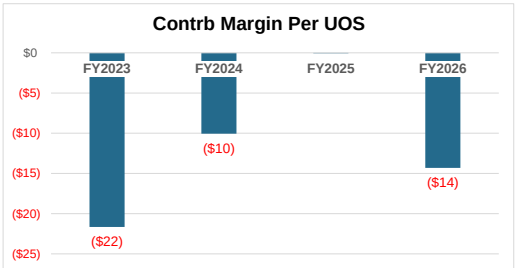
METRIC	FY2023	FY2024	FY2025	FY2026	%CHANGE FROM PRIOR YR	4 YR TREND
Units of Service	23,146	23,008	22,327	20,056 ▼	-10%	
Net Revenue	$5,500,143	$5,758,446	$6,525,628	$6,212,143 ▼	-5%	
Additional Reimb	$8,250	$19,450	$56,489	$93,261 ▲	65%	
Direct Cost	$6,001,261	$5,989,793	$6,527,115	$6,498,990 ▶	0%	
Contribution Margin	($501,119)	($231,347)	($1,487)	($286,848) ▼	-19192%	
Contrib Marg w/o Add Reimb	($509,369)	($250,797)	($57,976)	($380,108) ▼	-556%	
Indirect Cost	$3,426,142	$3,426,517	$3,580,435	$3,011,180 ▼	-16%	
Net Income	($3,927,260)	($3,657,864)	($3,581,922)	($3,298,028) ▲	8%	
Net Revenue Per UOS	$238	$250	$292	$310 ▲	6%	
Add Reimb Per UOS	$0	$1	$3	$5 ▲	84%	
Direct Cost Per UOS	$259	$260	$292	$324 ▲	11%	
Contrb Margin Per UOS	($22)	($10)	($0)	($14) ▼	-21376%	

PER CASE TRENDED GRAPHS









KAWEAH HEALTH ANNUAL BOARD REPORT

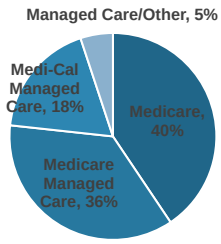
FY2026

Outpatient Dialysis Services

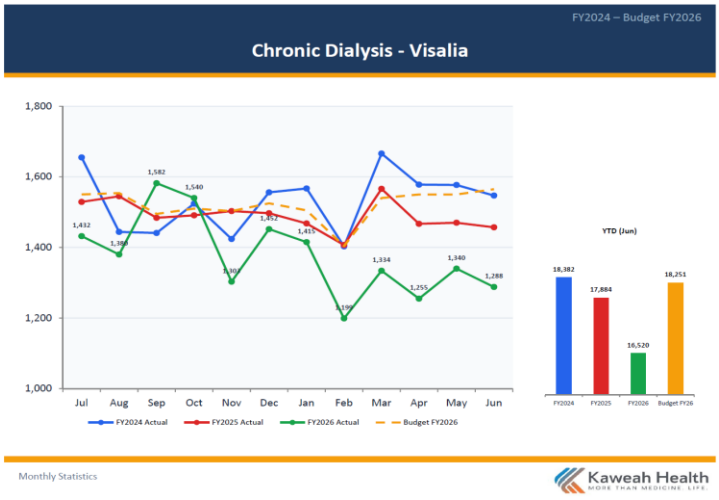
PAYER MIX - 4 YEAR TREND (Gross Revenue)

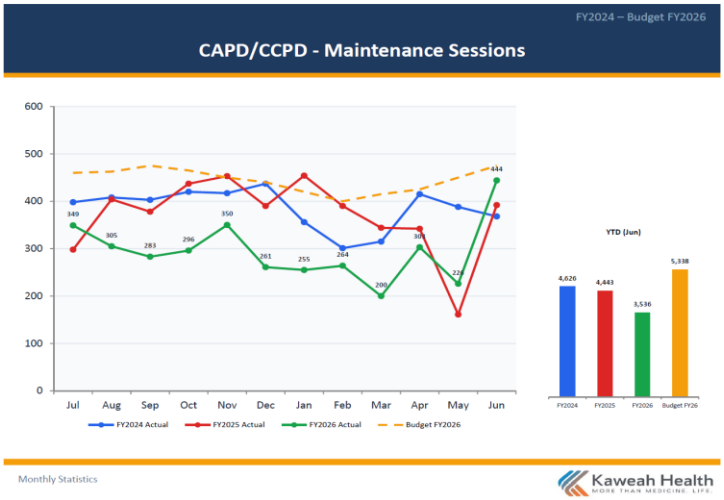
PAYER	FY2023	FY2024	FY2025	FY2026
Medicare	48%	39%	39%	40%
Medicare Managed Care	28%	36%	37%	36%
Medi-Cal Managed Care	17%	18%	18%	18%
Managed Care/Other	6%	5%	5%	5%
Medicare Combined	76%	76%	76%	76%

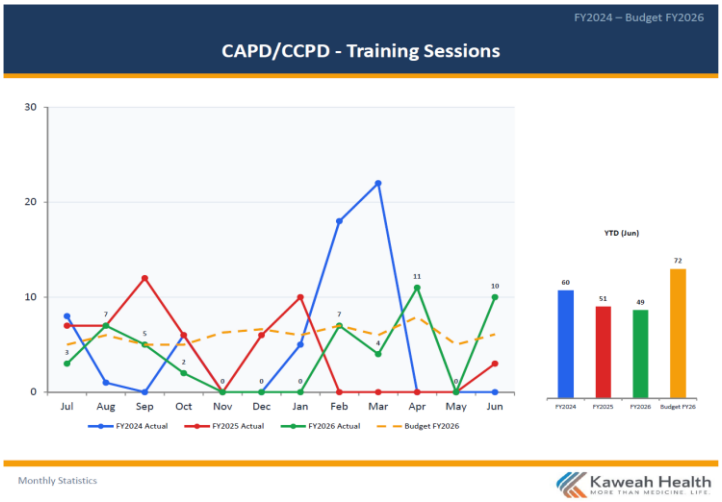
FY 2026 Payer Mix



STATISTIC GRAPHS







Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Lines Dialysis (includes CAPD and Hemodialysis)

ARA Dialysis

SERVICE LINE BAORD REPORT

Joint Venture with Innovative Renal Care Kaweah Dialysis Clinic

Amy Baker, MSN, RN

Executive Summary

- ***Innovative Renal Care Kaweah Dialysis Center*** is a dialysis clinic located in Visalia, California at 3446 South Mooney Boulevard.
- Services offered include both in center hemodialysis and at home peritoneal dialysis.
- June 2021 launched opening, with 17 stations.
- Expansion in August 2024 to 21 stations.
- Currently serve ≈110+ hemodialysis patients w/max capacity to serve 180 patients.
- Peritoneal dialysis patient volume is ≈20 patients.

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Joint Venture

- Kaweah Health signed an operating agreement of Visalia Kidney Center, limited liability company (LLC) in August of 2018.
- The first amendment to the operating agreement was completed in May 2020 establishing percentage of membership of each party.
- Kaweah Health entered into a joint venture with American Renal Associates, LLC and Tariq Javed, Nephrologist.
- Kaweah Health's percentage of membership interest is 10%.
- In 2021, Innovative Renal Care and American Renal Associates merged to become Innovative Renal Care family of companies.
- They are the third largest provider of dialysis services in the United States.

Dashboard

- The managing committee of Visalia Kidney Center, LLC meets quarterly to discuss clinical and operational updates, financial and managed care reviews, and progress on strategic items.

Quality:

- Innovative Renal Care Kaweah Dialysis Center tracks several quality metrics for in center hemodialysis and home peritoneal dialysis.
  - Some of the top performing measures are medication reconciliation at 100% complete for all patients and zero blood stream infections for the last ten months.

Growth & Access

- The presence of competing dialysis clinics in Visalia, such as DaVita and others, is inevitable due to market demand.
- Innovative Renal Care and Dr. Javed extended an opportunity for Kaweah Health to participate as a small partner allowing us to maintain a presence in this space and contribute to patient care rather than be completely excluded.

- Next Steps Include:
  - Working with Nephrology USA to recruit additional nephrologist to support clinic operations and meet growing patient demand.
  - Development of marketing strategy to support clinic specific materials and digital advertising efforts
    - Includes creation of tailored marketing for clinic and launch of digital ad campaigns targeting relevant patient populations.
    - New Facebook page has been created to share patient education content and information about Innovative Renal Care, helping increase visibility and community engagement.
  - JV is assessing opportunities to establish and open an additional clinic.

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Rural Health Clinics

Rural Health Clinics Annual Report

Submitted to Board of Directors

August 2026

kaweahhealth.org

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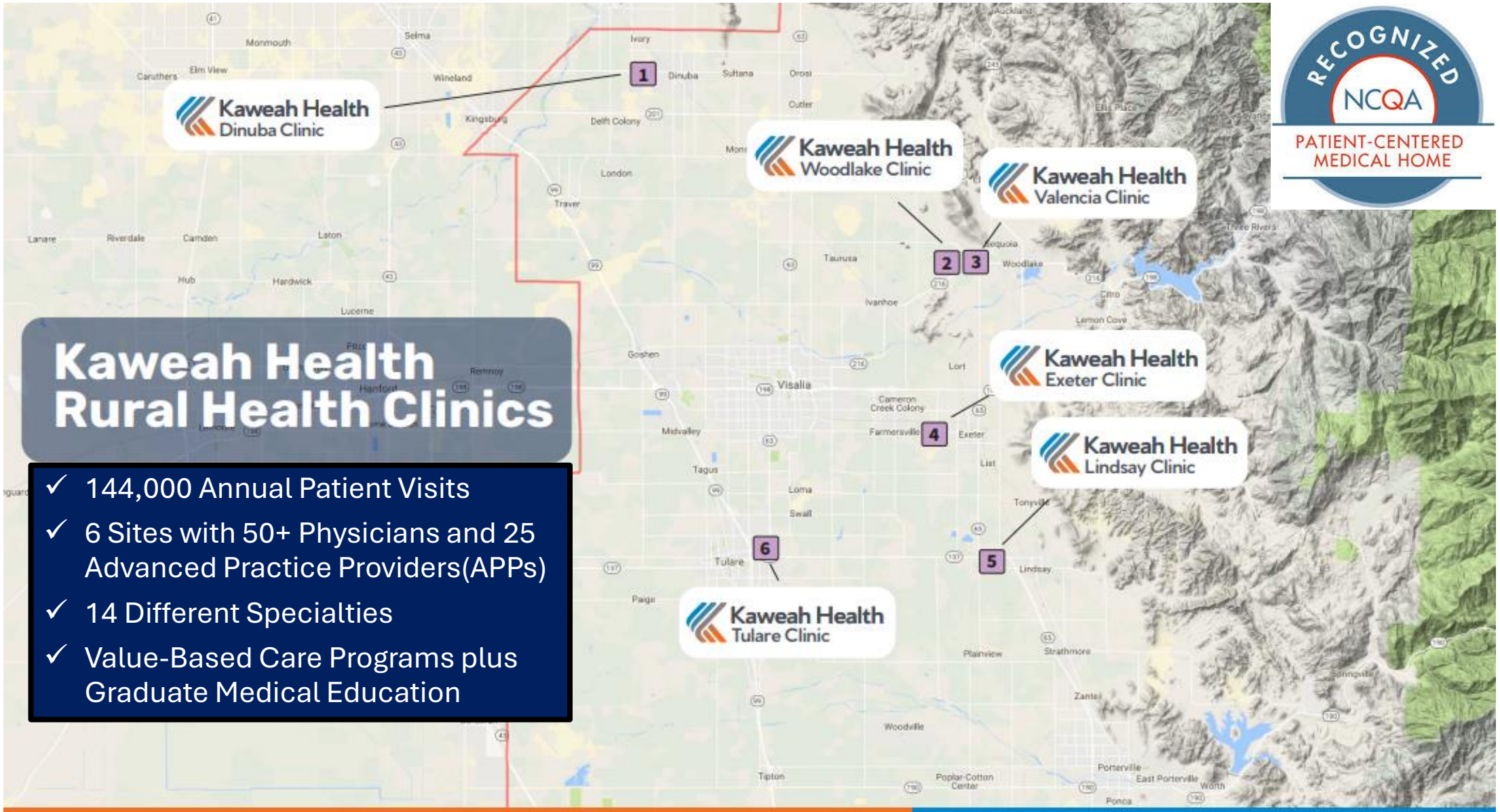
Kaweah Health Dinuba Clinic
Kaweah Health Woodlake Clinic
Kaweah Health Valencia Clinic
Kaweah Health Exeter Clinic
Kaweah Health Lindsay Clinic
Kaweah Health Tulare Clinic
1
2
3
4
5
6
Kaweah Health Rural Health Clinics
✓ 144,000 Annual Patient Visits
✓ 6 Sites with 50+ Physicians and 25 Advanced Practice Providers(APPs)
✓ 14 Different Specialties
✓ Value-Based Care Programs plus Graduate Medical Education
RECOGNIZED NCQA PATIENT-CENTERED MEDICAL HOME
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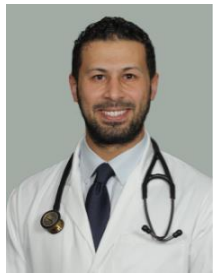
Executive Summary

Physician (Medical Directors) & Administrative Leadership

Dr. Swehli
Exeter

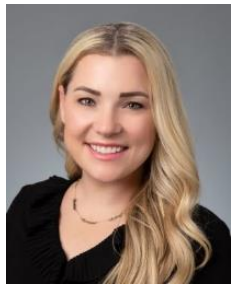


Dr. Amari
Dinuba

Dr. Medina
Woodlake

Dr. Martinez
Tulare

Dr. Roach
Lindsay



Meredith Alvarado, Director

Tom Boggs
Chief Ambulatory Officer

Top 3 Wins & Risks

Top Three Wins

1. **Recruitment:** Successful Physician & APP Recruitment *(6 new APPs onboarded & 3 net new FTEs signed)*
2. **Growth:** Opened Woodlake Valencia Clinic
3. **Financial:** Continued strong contribution margins ($10M+) and Value-Based Care yields (≈ $9M)

Top Three Risks

1. **Provider Workforce:** Physician & APP Recruitment/Retention
2. **Access to Care:** Redesign of Care Delivery
3. **Aging Physical Plant:** Clinic Facility Modernization

APPs: Advanced Practice Providers

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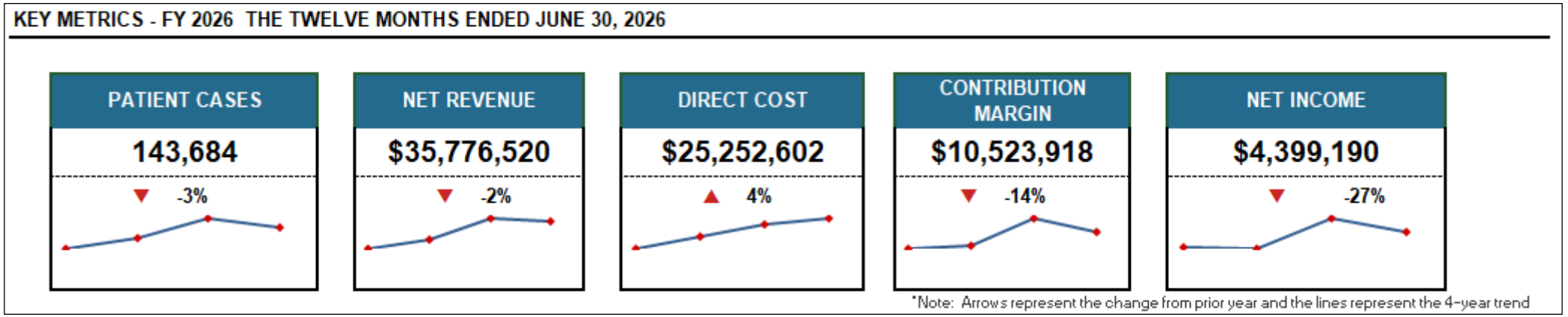
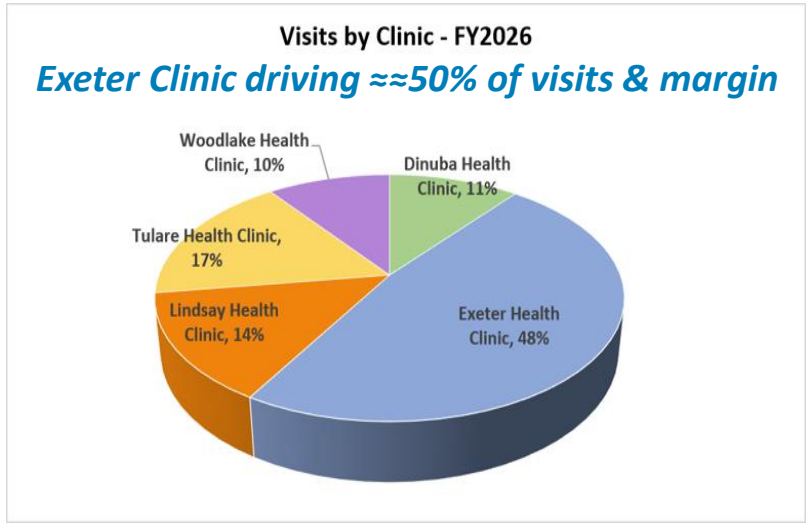
Financial & Growth

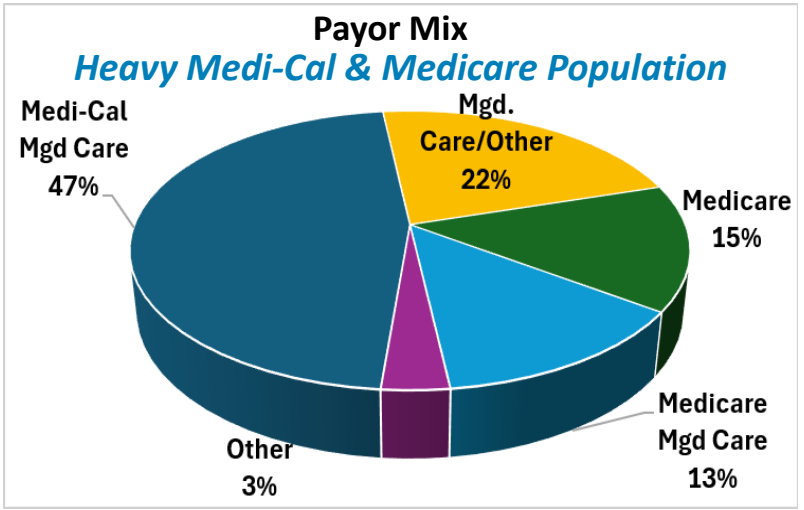
FY 2026 produced 2nd highest Contribution Margin in past 4 years, in spite of slight decline in visits





Key Takeaways:

- FY 26 Visits impacted by Provider Workforce vacancies (LOAs, ramp-downs, departures)
- Strong labor management drove volume-adjusted Staffing per Unit 18%↓ budget
- Strategic transition of Commercial patients to Akers, etc. to open up Medi-Cal capacity.
- Telehealth Visits ≈10% of Total Visits
- Provider Recruitment: 3.5 Family Med FTE, 2.0 Peds, 2.0 GME Faculty Fully Staffed (Tulare) + APPs and Certified Nurse Midwives (CNMs)



Quality & Patient Outcomes

RHCs helped drive $9M+ in Value-Based Care Payments to Kaweah in FY 2026 for Quality Performance

Quality Measures Tracked in the Rural Health Clinics

<u>Quality Incentive Pool Program (≈20,000 Medi-Cal Lives):</u>

- 8 quality measures report to DHCS for 2025 Calendar Year
- Overall Quality Score: 100% (7 met; 4 outperform)
- $7.9M Earned/$7.9M Potential (100% earned!)

<u>Additional RHC Assigned Value-Based Care (≈5,000 Lives)</u>

- **Sequoia Health Plan**
  - Humana MA, HealthNet MA & Blue Shield Commercial
- **Aledade**
  - CMS Medicare Shared Savings Program
  - Elevance (Anthem) Commercial

People & Patient Experience

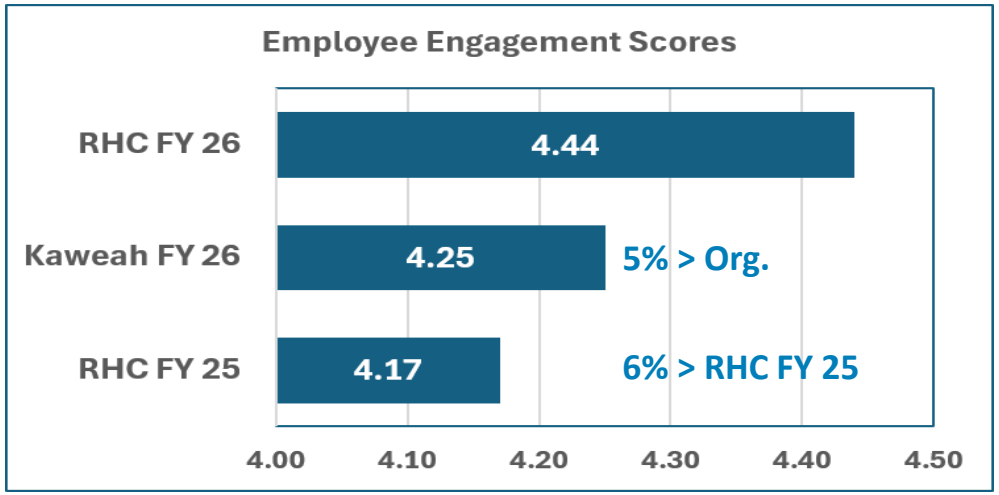
Extremely High Employee Engagement with Opportunities to Improve Patient Experience (FY 27 Focus)

People (Employee Engagement)

FY 2026 Results:

Extremely High Engagement: 4.44 Score out of 5!

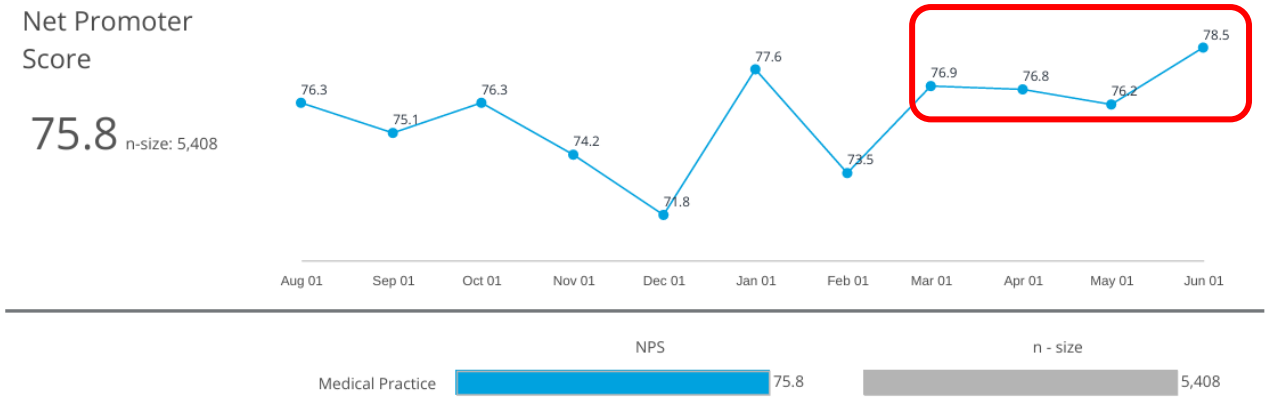
- 140 Non-Provider Employees
- **97% RHC Response Rate** vs. 84% Overall Org.



Patient Experience

FY 2026 NPS Likelihood to Recommend Provider: 75.8 (below goal)

- Unique Challenges: Limited Specialty rotations, challenged payor mix
- Performance trending up (highest score of year in June 26)
- Actions: Provider & Staff AIDET Training, Patient Rounding, Thank You cards, physician engagement & alignment



Questions?

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Quarterly Compliance Report

Compliance Program Activity Report – Open Session

April 2026 through June 2026

Ben Cripps, Chief Compliance & Risk Officer

Education

Live Presentations

- Compliance and Patient Privacy – New Hire Orientation
- Compliance and Patient Privacy – Management Orientation
- PolicyTech System – Various Policy Reviewers, Approvers, and Owners
- Preventive Compliance Process – Various Department Leaders
- Patient Privacy Training – Clinic Leaders and Staff

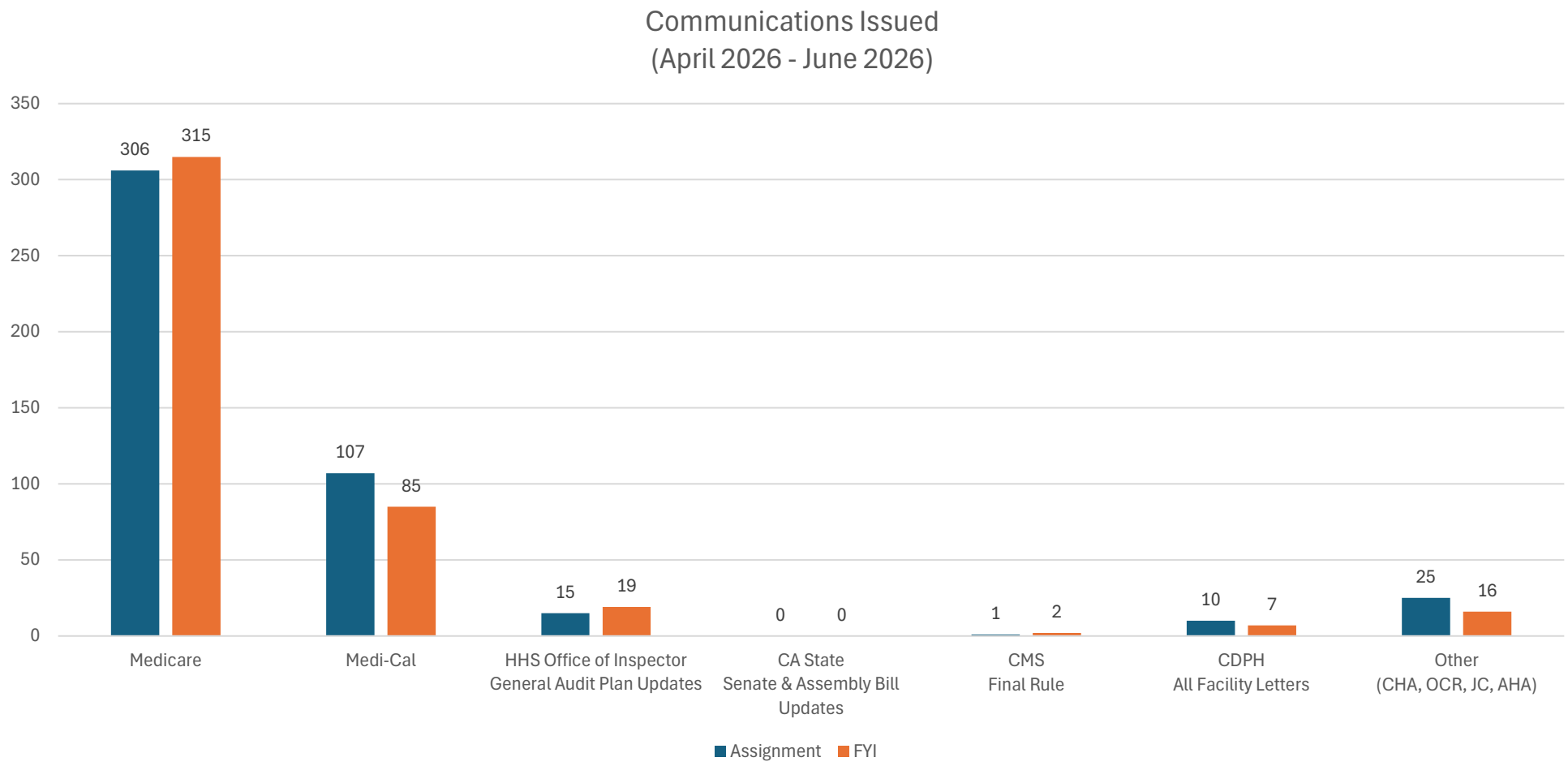
Written Communications – Bulletin Board / Area Compliance Experts (ACE) / All Staff

- Compliance Matters – Code of Conduct
- Compliance Matters – Privacy Policy Manual and Privacy Policies
- Compliance Policy Updates – Distributed via Email to Leaders

Prevention & Detection

- Review, Track, and Distribute Relevant Information on Regulatory Updates to Stakeholders Across the District
  - Medicare Monthly Bulletins and Communications
  - Medi-Cal Monthly Bulletins and Communications
  - US HHS Office of Inspector General (OIG) Audit Plan Updates and Communications
  - California State Senate and Assembly Bill Updates
  - California Department of Public Health (CDPH) All Facility Letters (AFL)
  - US HHS Office of Civil Rights Activities and Focus Areas
  - California Hospital Association Communications
  - American Hospital Association Communications
  - Joint Commission Communications

Prevention & Detection - Issuance



Total Issued: 908
Assignments: 464
FYIs: 444

Oversight

- Fair Market Value (FMV) Oversight – Ongoing oversight and administration of physician payment rate setting and contracting activities including Physician Recruitment, Medical Directors, Call Contracts, and Exclusive and Non-Exclusive Provider Contracts.

- Electronic Medical Record (EMR) User Access Privacy Audits – Monitoring of EMR user access through the use of FairWarning electronic monitoring technology which analyzes user and patient data to detect potential privacy violations.
  - An average of one hundred and forty-two (142) daily alerts were received between April 1, 2026 – June 30, 2026.
    - 91.4% were automatically closed by FairWarning analysis tools.
    - 8.60% required further review/investigation by Compliance Department staff.
  - Types of Alerts Received:
    - Same Last Name: 78.85%
    - Co-Worker: 19.98%
    - VIP: 1.09%
    - Self-Access: 0.05%
    - Same Household: 0.03%

Recovery Audit Contractor Activity

- Medicare Recovery Audit Contractor (RAC) Activity – Requests reviewed, records prepared and submitted, appeal timelines tracked, and results reported. The following RAC Audit Activity took place between April 2026 – June 2026:
  - New RAC Requests:
    - One hundred and seventy (170) new RAC record requests were received.
  - Open/Ongoing RAC Requests:
    - Six (6) were reviewed and closed by the RAC with no recovery after submission of documentation.
    - Four (4) were denied by the RAC and closed.
      - Two (2) will not be appealed after review by the Coding Department.
      - Two (2) will not be appealed after review and determination that therapy services were billed during home health services.
    - One hundred and fifty-nine (159) are still pending documentation review and decision by the RAC.
  - Dollar amount involved in quarterly activity:
    - Billed amount $7,654,249.
    - Payment Amount $1,729,424.
    - Recouped Amount $41,950.
    - DRG Denials Two (2) Medical Necessity Denials two (2).

Auditing and Monitoring

- Office of Inspector General (OIG) Exclusion Report Verification – Quarterly monitoring of OIG exclusion reports and attestations.
  - Medical Staff and Advanced Practice Providers – Review of reports and certification by Medical Staff Office of screening completion and no Excluded Individuals or Entities were identified between April 2026 – June 2026.
  - Suppliers – Review of reports and certification by Finance Department of screening completion and no Excluded Individuals or Entities were identified between April 2026 – June 2026.
  - Medicare Opt-Out List:
    - Eight (8) non-credentialed providers were identified on the Medicare Opt-Out list between April 2026 – June 2026. Findings were tracked and logged into the system. No additional action was required as providers were only referring and not treating.
  - Medicare Exclusion List between April 2026 – June 2026:
    - One (1) non-credentialed provider was identified as excluded from participation from Medicare for a ten (10) year period beginning in 2020. After review, it was found that the physician was listed as a supervising physician for the nurse practitioner in Kaweah's system but was not listed on the billing statement. Medicare was not the payor on the claim. The identified provider was removed from the master file.
    - One (1) non-credentialed provider was identified as having a prior Americans with Disability Act discrimination conviction but was reinstated without restrictions on his license.

Compliance Policies and Procedures:

- Review and Revisions to Current Policies:
  - AP49 No Information, No Presence in Facility Patient Status – The policy has been revised to add a new section to reflect the process that has been implemented to meet compliance with AB 894 (2025), which requires hospitals to inform patients that they have a right not to have their information in the hospital's information directory.

Compliance Program Processes:

- Operational Compliance Committee:
  - Committee meeting was held in June 2026 with participation from Compliance, Patient Accounting, Revenue Integrity, ISS, Finance, HIM, Human Resources, and Care Management.
  - New and updated Compliance and Privacy policies, the Privacy Manual, the Responsible Use of AI policy, Preventive Compliance, recent compliance and privacy trends, the upcoming Utilization Management Program relationship with Corro Health, and compliance risk areas were discussed.
  - Quarterly meetings will be ongoing.

- Policy and Procedure Committee:
  - Leadership survey has been performed and results will be evaluated by executive team.
  - Committee is meeting regularly with PolicyTech.
  - PolicyTech is evaluating Kaweah's policy management system and offering information on potential administrative management and workflow revisions that may improve policy management workflows.

Licensing and Facility Enrollment

- Licensing Applications -- Forms preparation and submission of licensing applications to the California Department of Public Health (CDPH):
  - Eleven (11) applications related to facility licensure were submitted.
  - One (1) application for Program Flex Waivers are pending with CDPH.

- Medicare/Medi-Cal Facility Enrollment – Forms preparation and submission of facility enrollment applications for Medicare and Medi-Cal. Ongoing communications and follow-up regarding status of pending applications. Research and guidance provided to:
  - Twelve (12) applications for government payor enrollment and/or information changes were submitted.

The pursuit of healthiness

Kaweah Health
MORE THAN MEDICINE. LIFE.

Semi-Annual Investments Report – June 30, 2026

KAWEAH DELTA HEALTH CARE DISTRICT
FINANCE DIVISION MEMORANDUM

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

FROM: Jennifer Stockton, Director of Finance (ext. #5536) and Stephen Forney, Interim Chief Financial Officer (ext. #4065)

DATE: August 17, 2026

SUBJECT: **Semi-annual Investment Report – June 30, 2026**

Each month the Board of Directors receives an investment report depicting the specific investments held by the District including the nature, amount, maturity, yield, and investing institution. On a semi-annual basis, the District's Chief Financial Officer is required to review the District's investment policy with the Board, to discuss our compliance with that policy, to review the purpose of our various investment funds and to report on the performance, quality and risk profile of our current portfolio. At the Board's request, fulfillment of this requirement is hereby made by means of this written report and accompanying schedules.

The purpose of this report is to assure the Board that the following primary objectives have been satisfied with respect to its fiduciary responsibility for the sound and prudent management of the District's monetary assets:

1) The Board of Directors understands and approves of the District's investment policy and is confident that management has effectively complied with this policy.

2) Management has effectively established appropriate funds and managed investments in a manner that safeguards the District's assets, meets the ongoing liquidity needs of the District and provides necessary funds for the various projects and budgets approved and adopted by the Board.

3) Within the constraints of the investment policy and the funding needs of the District, management effectively maximizes its return on investments to meet the income expectations adopted by the Board as part of the annual budget.

4) The acceptance/approval of this report includes the semi-annual review and approval of the investment policy (and any changes proposed) as well as the delegation of authority contained within the policy. A copy of the policy is included in this report as part of this approval.

For the purpose of assessing performance relative to each of these objectives, this written report describes and evaluates each of the following documents accompanying this report and demonstrates achievement of the stated objectives.

General Deposit and Investment Policy

The District's current investment policy reflects strict compliance with the California Government Code (Code) sections 53600 through 53686 which govern the investment of surplus funds by governmental entities of the State of California, including political subdivisions thereof**. At June 30, 2026, the District's investment portfolio complies with all provisions of this policy**.

Statement of Purpose Guidelines District Funds

This document describes the various funds established by the District for the purpose of setting aside cash and investments for specific uses. The establishment of these funds (other than revenue or general obligation bond proceeds) is entirely at the discretion of the Board and are not mandated or controlled by any third-party or regulatory agency.

Summary of Investment Funds

This document depicts the carrying value, equal to cost, of investments held at June 30, 2026 in each of the various funds established by the District. As indicated in this report, the District's total adjusted surplus funds at June 30, 2026 were $295.2 million. The following table depicts the District's adjusted surplus funds over the past four years; the number of days cash on hand, a measure of liquidity; and the District's average daily operating expenses (excluding depreciation expense), the denominator used in the calculation of the liquidity measure; and the percent increase in each year over the prior year:

	June 30, 2026	December 31, 2025	December 31, 2024	December 31, 2023
Adjusted Surplus Funds	$295,157,000	$245,544,000	$178,008,000	$183,602,000
Days Cash on Hand	114.0	97.1	74.6	83.5
Average Daily Operating Expenses (excluding depreciation expense)	$2,589,000	$2,529,000	$2,385,000	$2,199,000
Percent Increase in Daily Expenses	2.4%	6.0%	8.5%	-9.1%
Days Cash on Hand Benchmarks:				
Moody's "A" Rated Hospitals	194.6 Days			
Revenue Bond Covenants	90 Days			

As illustrated in the above table, as of June 30, 2026 the District's liquidity ratio (days cash on hand) exceeded the covenant amount required by the District's revenue bond indentures, which is reported and measured for covenant compliance as of fiscal year end (June 30). Total surplus funds experienced a 60.8% increase from December 31, 2023 to June 30, 2026, and the number of days cash on hand increased 36.5% from 2023. The primary reasons for the increase in total surplus funds is the receipt of the Distressed Hospital loan in the amount of $21 million in March 2024, the receipt of $47.7 million of FEMA funds in August 2025, and the transfer back of the bond reserve funds of $22 million in November 2025.

Given the District's current average daily operating expense total of $2.6 million, achievement of the Moody's "A"-rated hospitals' days cash on hand benchmark of 190.7 would require approximately $198.6 million of additional cash resources.

The District's surplus funds investment portfolio is separated into two different categories including short-term funds and long-term funds. The District's short-term funds included investment in the Local Agency Investment Fund (LAIF) and California Asset Management Program (CAMP). The annual yields for LAIF and CAMP were both 4.00% and 4.02%, respectively, for the year ended June 30, 2026. The District's long-term portfolio is managed by PFM Asset Management (PFM) and Allspring. The twelve-month total return of the portfolio managed by PFM was 3.23%, net of fees, while the twelve-month total return of the portfolio managed by Allspring was 3.11%, net of fees. The benchmark was 2.99% for the period. The benchmark for the managed portfolios is a custom index including 70% of the Merrill Lynch 1-5 year US Treasury Index and 30% of the Merrill Lynch 1-5 year A-AAA Corporate Index. The benchmark does include security types that the District is not allowed to purchase and that because of their nature tend to carry higher yields. These include foreign issuers and private placement securities. As of June 30, 2026, the District's investment portfolio had a weighted average prospective yield of 3.65%. The District's targeted rate of return of 4.22% was used to project interest income in the District's Annual Budget for the fiscal year. Both the budgeted yield and the prospective yield exclude market value fluctuations that are included in the total return figures noted above.

Investment Summary by Institution
This document depicts the amount of District investments held by various financial institutions as of June 30, 2026. In each case, the financial institution may be the issuer of an investment security, the custodian of securities, or the investment advisor managing the securities.

Investment Summary of Surplus Funds by Type
This document depicts the amount of District funds invested into the various categories of investments permitted by the District's investment policy and the Code, as well as the percentage of total surplus funds invested in each category and the corresponding limitation established by the Code for compliance measurement.

Investment Summary of Surplus Funds by Maturity
This document depicts the amount of District funds maturing each year over the five-year investment time horizon permitted by the District's investment policy. The measurement period for each year commences on July 1 and runs to June 30. The purpose of this schedule is to assess the overall liquidity of the District's portfolio, which has a weighted average maturity of 2.35 years at June 30, 2026.

Investment Summary of Surplus Fund's Unrealized Gains and Losses
All investment summaries referenced above include the cost of investments and do not reflect current market values. This document depicts the status of securities with respect to unrealized gains and losses at June 30, 2026. The District measures and records an adjustment to reflect the current fair market value of its total investment portfolio each quarter. The unrealized loss on the District's surplus fund portfolio at June 30, 2026 was $679,000.

Kaweah Delta Health Care District
General Deposit and Investment Policy

Scope

This policy sets forth the deposit and investment policy governing all District funds and related transactions and investment activity. This policy does not apply to the Employer Retirement Plan Trust. Bond proceeds shall be invested in securities permitted by the applicable bond documents. If the bond documents are silent as to the permitted investments, bond proceeds will be invested in the securities permitted by this Policy. Notwithstanding the other provisions of this Policy, the limitations (credit quality, percentage holdings, etc.) listed elsewhere in this Policy do not apply to bond proceeds. With the exception of permitted investment requirements, all other provisions of this policy will apply to the investment of bond proceeds to the degree they do not conflict with the requirements of the applicable bond documents.

Goals and Objectives

Legal Compliance: All District deposits and investments shall be in compliance with sections 53600 through 53686 of the California Government Code (Code) for local agencies. This policy sets forth certain additional restrictions which may exceed those imposed by the Code.

Prudence: The District Board of Directors (Board) and any persons authorized to make investment decisions on behalf of the District are trustees and therefore fiduciaries subject to the prudent investor standard. When managing District investment activities, a trustee shalt act with care, skill, prudence and diligence under the circumstances then prevailing, including, but not limited to, the general economic conditions and the anticipatedneeds of the District, that a prudent person acting in a like capacity and familiarity with those matters would use in the conduct of funds of like character and with like aims, to safeguard the principal and maintain the liquidity needs of the District.

Goals: In order of priority, trustee goals shall be:

1) Safety - The principal of the portfolio will be preserved by investing in high quality securities and by maintaining diversification of securities to include various types, issuers and maturities. Investments will be limited to those allowed by the Code as outlined in the permitted investments section below. Due to the complexity of various investment options and the volatility of market conditions, the trustee may seek professional advice in making decisions in order to optimize investment selections.

The trustee will also monitor the ongoing credit rating of selected investments by reference to monthly investment statements and council with investment advisors.

2) Liquidity - The portfolio will be managed to ensure sufficient liquidity to meet routine and non-routine budgeted cash flow requirements as well as provide for unanticipated cash needs. Based upon these needs, investments with appropriate maturity dates will be selected. Generally, these investments will be held to maturity once purchased unless called by the issuer. Securities may be sold prior to maturity under the following circumstances: 1) A security with declining credit may be sold early to minimize loss of principal. 2) A security trade would improve the quality, yield, or target duration in the portfolio. 3) Liquidity needs of the portfolio require that the security be sold.

3) Rate of Return - The investment portfolio shall be designed with the objective of attaining a market rate of return throughout budgetary and economic cycles, taking into account the investment risk constraints and liquidity needs. Performance will be measured by the ability to meet the targeted rate of return, which will equal or exceed the average return earned on the District's investment in the State of California Local Agency Investment Funds.

Safekeeping

District investments not purchased directly from the issuer shall be purchased either from an institution licensed by the State as a broker-dealer or from a member of a federally-regulated securities exchange, a national or state-chartered bank, a federal or state association or from a brokerage firm designated as a primary government dealer by the Federal Reserve Bank. Investments purchased in a negotiable, bearer, registered or nonregistered format shall be delivered to the District by book entry, physical delivery or third party custodial agreement. The transfer of securities to the counterparty bank's customer book entry account may be used for book entry delivery. A counterparty bank's trust or separate safekeeping department may be used for the physical delivery of the security if the security is held in the District's name.

Authorized Financial Dealers and Institutions: If the District utilizes an external investment adviser, the adviser may be authorized to transact with its own Approved Broker/Dealer List on behalf of the District. In the event that the investment advisor utilizes its own Broker/Dealer List, the advisor will perform due diligence for the brokers/dealers on its Approved List.

Internal Controls: The Chief Financial Officer is responsible for establishing and maintaining an internal control structure designed to ensure that the assets of the District

are protected from loss, theft or misuse. The internal control structure shall be designed to provide reasonable assurance that these objectives are met. The concept of reasonable assurance recognizes that (1) the cost of a control should not exceed the benefits likely to be derived and (2) the valuation of costs and benefits requires estimates and judgments by management.

Delivery vs. Payment: All trades where applicable will be executed by delivery vs. payment (DVP) to ensure that securities are deposited in an eligible financial institution prior to the release of funds. Securities will be held by a third-party custodian as evidenced by safekeeping receipts.

Ethics and Conflicts of Interest

Officers and employees involved in the investment process shall refrain from personal business activity that could conflict with the proper execution and management of the investment program, or that could impair their ability to make impartial decisions. Employees and investment officials shall disclose any material interests in financial institutions with which they conduct business. They shall further disclose any personal financial/investment positions that could be related to the performance of the investment portfolio. Employees and officers shall refrain from undertaking personal investment transactions with the same individual with whom business is conducted on behalf of the District.

Delegation of Authority

1) The Board hereby delegates its authority to invest District funds, or to sell or exchange purchased securities, to the Treasurer for a one-year period, who shall thereafter assume full responsibility for those transactions until the delegation of authority is revoked or expires. The Board may renew the delegation of authority each year. The responsibility for day-to-day management (including the investment of funds, and selling or exchanging of purchases securities) of District investments is hereby delegated by the Board, and the Treasurer, to the Chief Financial Officer (CFO) and/or their designee subject to compliance with all reporting requirements and the prudent investor standard. The District may engage the services of one or more external investment managers to assist in the management of the investment portfolio in a manner consistent with the Districts' objectives. Such external managers will be granted the discretion to purchase and sell investment securities in accordance with the Investment Policy.

Reporting

The Treasurer or CFO shall annually submit a statement of investment policy to the Board summarizing the District's investment activities and demonstrating compliance with this

policy and the Code. The Treasurer or CFO shall submit monthly reports to the Board detailing each investment by amount, type, issuer, maturity date, and rate of return, and reporting any other information requested by the Board. The monthly reports shall also summarize all material non-routine investment transactions and demonstrate compliance of the portfolio with this policy and the Code, or delineate the manner in which the portfolio is not in compliance. Any concerns regarding the District's ability to maintain sufficient liquidity to meet current obligations shall be disclosed in the monthly reports.

Performance Standards: The investment portfolio will be managed in accordance with the parameters specified within this policy. The portfolio should obtain a market average rate of return during a market/economic environment of stable interest rates. A series of appropriate benchmarks shall be established against which portfolio performance shall be compared on a regular basis.

Deposits

All District deposits shall be maintained in banks having full-service operations in the State of California. Deposits are defined as working funds needed for immediate necessities of the District. Deposits in any depository bank shall not exceed the shareholders' equity of that bank. The Treasurer shall be responsible for the safekeeping of District funds and shall enter into a contract with any qualified depository making the depository responsible for securing the funds deposited. All District deposits shall be secured by eligible securities as defined by section 53651 of the Code and shall have a market value of at least 10 percent in excess of the total amount deposited. The Treasurer may waive security for the portion of any deposits insured pursuant to federal law and any interest which subsequently accrues on federally-insured deposits.

Permitted Investments

Sinking funds or surplus funds not required for immediate needs of the District shall be invested in authorized investments as defined in Code section 53601 and may be further limited by this policy. No investment shall be made in any security having a term remaining to maturity exceeding five years at the time of investment, which shall be measured from the settlement date to final maturity, unless the Board has granted express authority to make the investment no less than three months prior to the investment. The purchase of a security shall not have a forward settlement date exceeding 45 days from the time of investment. Certain investments are limited by the Code and this policy as to the percent of surplus funds which may be invested. Investments not expressly limited by the Code or this policy may be made in a manner which maintains reasonable balance between investments in the portfolio.

Authorized investments are limited to the following:

(a) Investment in the State of California Local Agency Investment Fund up to the maximum investment allowed by the State.

(b) United States Treasury notes, bonds, bills or certificates of indebtedness, or those for which the faith and credit of the United States are pledged for the payment of principal and interest.

(c) Registered State warrants or treasury notes or bonds of this State, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled or operated by the State or a department, board, agency or authority of the State.

(d) Federal agency or United States government-sponsored enterprise obligations, participations, or other instruments, including those issued by or fully guaranteed as to principal and interest by federal agencies or United States government-sponsored enterprises.

(e) Bills of exchange or time drafts drawn on and accepted by a commercial bank, otherwise known as bankers' acceptances. Purchases of bankers' acceptances may not exceed 180 days maturity or 40 percent of surplus funds. However, no more than 30 percent of surplus funds may be invested in bankers' acceptances of any one commercial bank.

(f) Commercial paper of prime quality of the highest ranking or of the highest letter and numerical rating as provided for by a nationally recognized statistical rating organization (NRSRO). Eligible paper is further limited to issuing corporations organized and operating within the United States and having total assets exceeding five hundred million dollars ($500,000,000) and is rated in a rating category of ”A” or its equivalent or higher rating for the issuer's debt, other than commercial paper, if any, as provided for by an NRSRO. Purchases of eligible commercial paper may not exceed 397 days maturity nor represent more than 10 percent of the outstanding paper of an issuing corporation. Purchases of commercial paper may not exceed 25 percent of surplus funds. This applicable limit on commercial paper may be 40 percent if the District’s investment assets under management exceed $100 million as permitted by Code with provisions. No more than 10 percent of surplus funds may be invested in the commercial paper and the medium-term notes of any single issuer.

(g) Negotiable certificates of deposit issued by a nationally or state-chartered bank, a savings association or a federal association, a state or federal credit union, or by a federally licensed or state-licensed branch of a foreign bank. For purposes of this section, negotiable certificates of deposit do not come within Article 2 (commencing with Section 53630), except that the amount so invested shall be subject to the limitations of Section 53638. The legislative body of a local agency and the treasurer or other official of the local agency having legal custody of the moneys are prohibited from investing local agency funds, or funds in the custody of the local agency, in negotiable certificates of deposit issued by a state or federal credit union if a member of the legislative body of the local agency, or a person with investment decision making authority in the administrative office manager's office, budget office, auditor-controller's office, or treasurer's office of the local agency also serves on the board of directors, or any committee appointed by the board of directors, or the credit committee or the supervisory committee of the state or federal credit union issuing the negotiable certificates of deposit. Purchases of all types of certificates of deposit may not exceed 30 percent of surplus funds.

(h) Investments in repurchase agreements or reverse repurchase agreements of any securities authorized by this policy when the term of the agreement does not exceed one year. The market value of securities underlying a repurchase agreement shall be valued at 102 percent or greater of the funds borrowed against those securities and the value shall be adjusted no less than quarterly. Reverse repurchase agreements shall meet all conditions and requirements set forth in Code section 53601.

(i) Medium-term notes, defined as all corporate and depository institution debt securities with a maximum of five years maturity, issued by corporations organized and operating within the United States or by depository institutions licensed by the United States or any state and operating within the United States. Notes eligible for investment shall be rated in a rating category of "A" or its equivalent or better by an NRSRO. Purchases of medium-term notes may not exceed 30 percent of surplus funds and no more than 10 percent of surplus funds may be invested in the medium-term notes and commercial paper of any single issuer.

(j) Any mortgage passthrough security, collateralized mortgage obligation, mortgage-backed or other pay-through bond, equipment lease-backed certificate, consumer receivable passthrough certificate, or consumer receivable-backed bond.
For securities eligible for investment under this subdivision not issued or guaranteed by an agency or issuer identified in subdivision (b) or (d) of this Policy section, the following limitations apply:

1. The security shall be rated in a rating category of “AA” or its equivalent or better by an NRSRO and have a maximum remaining maturity of five years or less.
2. Purchase of securities authorized by this paragraph shall not exceed 20 percent of surplus funds.

(k) Shares of beneficial interest issued by diversified management companies that invest in securities and obligations as authorized by section 53601 or that are money market funds registered with the Securities and Exchange Commission under the Investment Act of 1940, and that have attained the highest ranking or the highest letter and numerical rating provided by not less than two NRSROs. Purchases of shares of beneficial interest may not exceed 20 percent of surplus funds, and no more than 10 percent of surplus funds may be invested in shares of beneficial interest of any one mutual fund.

(I) Bonds issued by Kaweah Delta Health Care District, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled, or operated by Kaweah Delta Health Care District.

(m) Bonds, notes. warrants, or other evidences of indebtedness of any local agency within this state, including bonds payable solely out of the revenues from a revenue- producing property owned, controlled, or operated by the local agency, or by a department, board, agency, or authority of the local agency.

(n) Registered treasury notes or bonds of any of the other forty-nine United States in addition to California, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled, or operated by a state or by a department, board, agency, or authority of any of the other forty-nine United States, in addition to California.

(p) Shares of beneficial interest issued by a joint powers authority (JPA) organized pursuant to Section 6509.7 that invests in the securities and obligations authorized under California Government Code Section 53601 subdivisions (a) to (r), inclusive. Each share shall represent an equal proportional interest in the underlying pool of securities owned by the JPA. The JPA issuing the shares shall have retained an investment adviser registered or exempt from registration with the Securities and Exchange Commission, with not less than five years of experience investing in the in the securities and obligations authorized in California Government Code Section 53601 subdivisions (a) to (q), inclusive, and having assets under management in excess of five hundred million dollars.

(q) United States dollar denominated senior unsecured unsubordinated obligations issued or unconditionally guaranteed by the International Bank for Reconstruction and Development, International Finance Corporation, or Inter-American Development Bank, with a maximum remaining maturity of five years or less, and eligible for purchase and sale within the United States. Investments under this subdivision shall be rated in a rating category of “AA” or its equivalent or better by an NRSRO and shall not exceed 30 percent of surplus funds.

Policy Considerations

This policy shall be reviewed on an annual basis. Any changes must be approved by the Chief Financial Officer and any other appropriate authority, as well as the individual(s) charged with maintaining internal controls.

Kaweah Delta Health Care District
STATEMENT OF PURPOSE GUIDELINES
DISTRICT FUNDS

Operating Accounts:
General operating funds to meet current and future operating obligations.

Self-Insurance Trust Fund:
Self-insurance fund established for potential settlement of general, professional and public liability claims. All earnings remain in the fund. Disbursements are allowed for payment of claims, legal fees, or by approval of the Board of Directors. Whenever possible, District operating funds or other funds will be used to meet such liabilities.

2015A Revenue Bond Fund:
The purpose of this fund is to hold and disburse the District's 2015A Revenue Bond principal and interest payments made by the District pending disbursement by the trustee bank.

2015B Revenue Bond Fund:
The purpose of this fund is to hold and disburse the District's 2015B Revenue Bond proceeds for various projects and to hold principal and interest payments made by the District pending disbursement by the trustee bank.

2017 C Revenue Bond Fund:
The purpose of this fund is to hold and disburse the District's 2017C Revenue Bond principal and interest payments made by the District pending disbursement by the trustee bank.

2020 Revenue Bond Fund:
The purpose of this fund is to hold and disburse the District's 2020 Revenue Bond proceeds for various projects and to hold principal and interest payments made by the District pending disbursement by the trustee bank.

2022 Revenue Bond Fund:
The purpose of this fund is to hold and disburse the District's 2022 Revenue Bond proceeds for various projects and to hold principal and interest payments made by the District pending disbursement by the trustee bank.

Master Debt Reserve Fund:
The purpose of this fund is to hold funds equal or greater than the amount of the District's maximum annual debt service. This fund was created due to the District's failure to meet the required MADS debt service requirement at December 31, 2022. The funds were transferred back to the Surplus Fund in 2025.

2014 General Obligation Bond Fund:
The purpose of this fund is to hold and disburse the District's 2014 General Obligation Bond principal and interest payments made by the District pending disbursement by the trustee bank.

Plant Fund:
The primary purpose of this fund is to retain investments for funded depreciation. In addition, funds for special capital projects and Board-designated projects which may include real property, unbudgeted capital equipment, etc. are retained in the fund. Disbursements are made for such special capital projects and for replacement capital items at the Board's discretion.

Cost Report Settlement Fund:
Account established to set aside sufficient funds to settle Federal and State cost reports due to the substantial nature of potential settlements.

Development Fund:
Accumulated reserves set aside from special projects, activities and memorials to be used as seed money for research, community service, or service development at the specific direction of the Board.

Workers' Compensation Liability Fund:
Funds available for possible settlement or payment of employee work-related medical claims, suits or judgments, or legal fees. Whenever possible, District operating funds or other funds will be used to meet such liabilities.

General Obligation Bond Reserve Fund:
The purpose of this fund is to hold funds set aside to establish a reserve account in the amount recommended by the County of Tulare.

Kaweah Delta Health Care District
SUMMARY OF INVESTMENT FUNDS
June 30, 2026

		Investment Amount (Cost)	
		June 30, 2026	December 31, 2025
Trust Accounts			
Self-Insurance Trust Fund		$ 1,367,000	$ 1,363,000
2014 General Obligation Bond Fund		5,367,000	2,457,000
2015A Revenue Bond Fund		734,000	2,808,000
2015B Revenue Bond Fund		359,000	362,000
2017C Revenue Bond Fund		950,000	4,920,000
2020 Revenue Bond Fund		194,000	979,000
2022 Revenue Bond Fund		231,000	2,186,000
Master Debt Reserve Fund		-	-
Operating Accounts		13,163,000	9,214,000
Board Designated Funds			
Plant Fund			
Committed for Capital Expenditure	$17,640,000		
Uncommitted	207,026,000	224,666,000	183,025,000
General Obligation Bond Reserve		1,993,000	1,993,000
Cost Report Settlement Fund		3,448,000	3,448,000
Development Fund		104,000	104,000
Workers' Compensation Liability Fund		23,779,000	22,285,000
Total Board Designated Funds		253,990,000	210,855,000
Total Investments		**$ 276,355,000**	**$235,144,000**
Kaweah Health Hospital Foundation		**$23,366,000**	**$20,910,000**

Kaweah Delta Health Care District
SUMMARY OF INVESTMENT FUNDS
June 30, 2026

	June 30, 2026	December 31, 2025	December 31, 2024	December 31, 2023
Total Surplus Funds	**$267,153,000**	$220,069,000	$157,902,000	$167,524,000
Add: Kaweah Health Medical Group	**0**	0	0	242,000
Sequoia Regional Cancer Ctr.	**0**	0	0	5,000
KH Foundation	**23,366,000**	20,910,000	18,867,000	17,425,000
Adjustment to record fair market value (FMV)	**2,991,000**	3,478,000	549,000	(2,247,000)
Accrued Investment Earnings	**1,647,000**	1,087,000	690,000	653,000
Adjusted Surplus Funds	$295,157,000	$245,544,000	$178,008,000	$183,602,000
Daily Operating Expenses (excluding depreciation expense)	**$2,589,000**	$2,529,000	$2,385,000	$2,199,000
Percent Increase	**2.4%**	6.0%	8.5%	-9.1%
Days Cash on Hand (Actual - consolidated financial statements)	**114.0**	97.1	74.6	83.5
Benchmark:				
Moody's "A" Rated Hospitals (2025)	**190.7**			
Cash spread to "A" rating	**$198,584,000**			
Surplus portfolio return (includes FMV adjustment) :				
12-Months Ended :				
LAIF	**4.00%**	4.24%	4.38%	3.93%
CAMP	**4.02%**	4.36%	5.31%	5.50%
Total Return:				
Long-Term (PFM - net of fees)	**3.23%**	6.03%	4.13%	5.16%
Long-Term (Allspring - net of fees)	**3.11%**	5.55%	4.78%	4.25%
Benchmark (70% ML 1-5 Treasury, 30% ML US Corp A-AAA)	**2.99%**	6.00%	3.83%	4.78%
Prospective Yield of Portfolio (No FMV)	**3.65%**	4.17%	3.45%	2.65%
Fiscal Year Budget (No FMV)	**4.22%**	4.22%	2.82%	1.65%

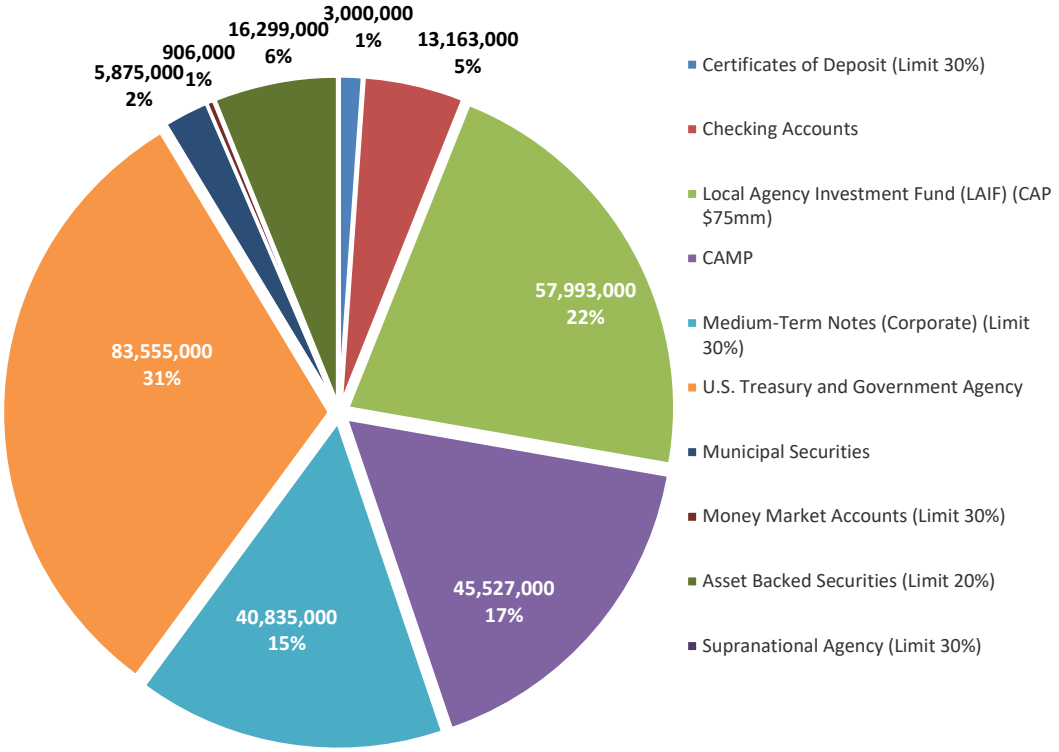
Note: All investment balances included in the attached investment summaries are stated at the cost value and do not reflect current fair market values. Please refer to the Investment Summary of Unrealized Gains and Losses for current market values.

Kaweah Delta Health Care District
INVESTMENT SUMMARY BY INSTITUTION
June 30, 2026

	Investment Amount (Cost)	
	June 30, 2026	**December 31, 2025**
US Bank (Bond Trustee)	$ 2,468,000	$ 11,255,000
Local Agency Investment Fund (LAIF)	57,993,000	35,089,000
PFM Asset Management (Manager) - US Bank Custodian	73,878,000	72,698,000
Allspring (Manager) - US Bank Custodian	72,225,000	70,993,000
Allspring (SITF)	1,367,000	1,363,000
CAMP (Managed by PFM)	50,895,000	29,951,000
Western Alliance (CD Placement GO Refinance)	3,000,000	3,217,000
Wells Fargo Bank (Operating accounts)	14,530,000	10,578,000
Total Investments	**276,356,000**	235,144,000
Less Trust Accounts	(9,203,000)	(15,075,000)
Total Surplus Funds	**$267,153,000**	$220,069,000
Kaweah Health Hospital Foundation		
Community West Bank	$309,000	$505,000
Various Short-Term and Long-Term Investments	23,057,000	20,405,000
	$23,366,000	**$20,910,000**

Kaweah Delta Health Care District
INVESTMENT SUMMARY OF SURPLUS FUNDS BY TYPE
June 30, 2026

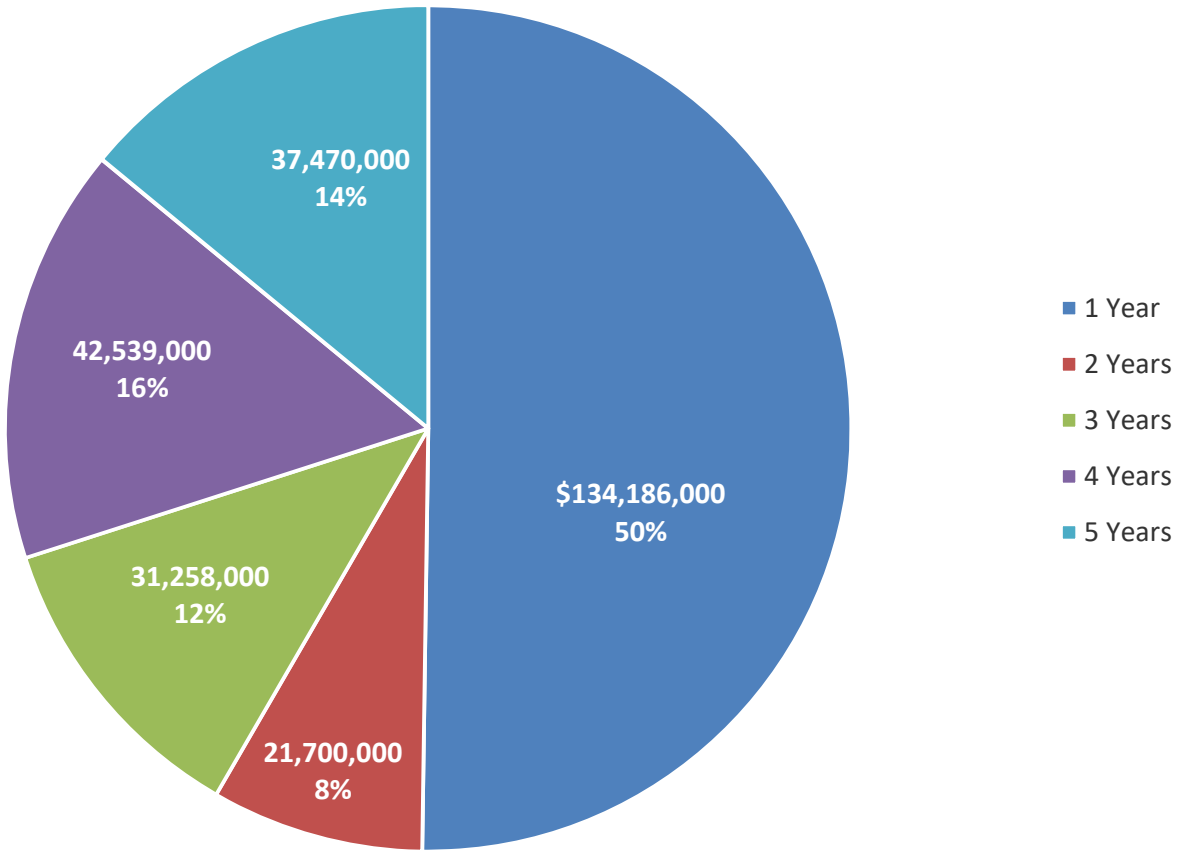
	Investment Amount (Cost)	%	$ or % Limit
Certificates of Deposit	$3,000,000	1.1%	30.0%
Checking Accounts	13,163,000	4.9%	
Local Agency Investment Fund (LAIF)	57,993,000	21.7%	$75 mm
CAMP	45,527,000	17.0%	
Medium-Term Notes (Corporate)	40,835,000	15.3%	30.0%
U.S. Treasury and Government Agency	83,555,000	31.3%	
Municipal Securities	5,875,000	2.2%	
Money Market Accounts	906,000	0.3%	20.0%
Commercial Paper	0	0.0%	25.0%
Asset Backed Securities (not issued or guaranteed by US government or agency)	16,299,000	6.1%	20.0%
Supranational Agency	0	0.0%	30.0%
Total Surplus Funds	**$267,153,000**	**100.0%**	



Kaweah Delta Health Care District
INVESTMENT SUMMARY OF SURPLUS FUNDS BY MATURITY
June 30, 2026

	Investment Amount (Cost)	%
1 Year	$134,186,000	50.2%
2 Years	21,700,000	8.1%
3 Years	31,258,000	11.7%
4 Years	42,539,000	15.9%
5 Years	37,470,000	14.0%
Total Surplus Fund Investments	**$ 267,153,000**	100.0%

Weighted Average Maturity	**2.35 Years**



Kaweah Delta Health Care District
INVESTMENT SUMMARY OF SURPLUS FUND'S UNREALIZED GAINS AND LOSSES
June 30, 2026

Description	Maturity	Par Value	Amort Cost	Market Value	Unrealized Gain (Loss)
Medium-Term Notes (Corporate):					
AMERICAN HONDA FIN CORP	07/07/2026	145,000	144,999	145,020	21
AMERICAN EXPRESS CO SR	11/04/2026	445,000	444,949	441,177	(3,771)
TARGET CORP	01/15/2027	900,000	899,833	889,488	(10,345)
PACCAR FINANCIAL CORP SR	08/06/2027	900,000	899,040	903,231	4,191
BANK AMERICA CORP	09/15/2027	1,100,000	1,103,804	1,103,234	(570)
TOYOTA MTR CR CORP FR	10/08/2027	130,000	129,978	130,087	109
STATE STR CORP SR NT	10/22/2027	1,400,000	1,400,361	1,400,350	(11)
CATERPILLAR FINL SVCS	11/15/2027	1,000,000	999,606	1,004,340	4,734
BP CAP MKTS AMER INC	11/17/2027	310,000	310,000	312,771	2,771
MASTERCARD INCORPORATED	01/15/2028	130,000	129,968	129,652	(316)
WELLS FARGO CO	01/24/2028	145,000	145,000	145,329	329
BANK OF NY MELLON CORP	02/07/2028	300,000	296,177	298,629	2,452
ELI LILLY CO SR GLBL NT	02/12/2028	300,000	299,899	301,260	1,361
HERSHEY CO	02/24/2028	80,000	79,970	80,253	282
CHEVRON USA INC SR GLBL	02/26/2028	340,000	340,000	340,813	813
JPMORGAN CHASE CO	04/22/2028	1,400,000	1,404,887	1,411,676	6,789
GOLDMAN SACHS GROUP INC	04/23/2028	155,000	155,000	155,442	442
SERVICENOW INC	05/15/2028	60,000	59,797	59,799	2
TARGET CORP	06/15/2028	365,000	366,141	365,146	(995)
MORGAN STANLEY PRIVATE BK NATL	07/06/2028	250,000	250,000	249,728	(273)
JOHN DEERE CAPITAL CORPORATION	07/14/2028	700,000	706,516	708,673	2,157
JOHN DEERE CAPITAL CORPORATION	07/14/2028	120,000	119,927	121,487	1,560
TRUIST BK SR NT	07/24/2028	275,000	275,000	274,681	(319)
LOCKHEED MARTIN CORP	08/15/2028	40,000	39,965	39,822	(143)
CITIBANK N A SR	09/29/2028	535,000	535,000	550,429	15,429
BANK NEW YORK MELLON CORP	10/25/2028	1,375,000	1,391,796	1,398,925	7,129
MORGAN STANLEY BK	01/12/2029	250,000	250,000	251,538	1,538
JPMORGAN CHASE CO	01/24/2029	140,000	140,000	140,679	679
PNC FINL SVCS GROUP INC	01/26/2029	290,000	290,000	287,619	(2,381)
PACCAR FINANCIAL CORP	01/31/2029	160,000	159,865	161,022	1,157
AIR PRODUCTS AND CHEMICALS INC	02/08/2029	295,000	294,798	296,024	1,226
TEXAS INSTRS INC	02/08/2029	370,000	369,798	372,564	2,766
AMERICAN EXPRESS CO	02/09/2029	400,000	400,000	396,464	(3,536)
ALPHABET INC	02/15/2029	140,000	139,556	137,728	(1,828)
CUMMINS INC	02/20/2029	195,000	195,264	197,200	1,935
CATERPILLAR FINL SVCS	02/23/2029	355,000	354,586	349,277	(5,308)
ASTRAZENECA FINANCE LLC	02/26/2029	165,000	164,909	166,683	1,774
CISCO SYS INC	02/26/2029	225,000	224,959	227,390	2,431
BLACKROCK FUNDING	03/14/2029	270,000	270,014	272,678	2,665
DISNEY WALT CO	03/14/2029	730,000	728,763	718,459	(10,305)
SALESFORCE INC	03/15/2029	725,000	724,857	724,623	(234)
ADOBE INC SR GLBL	04/04/2029	225,000	224,817	227,198	2,381
WELLS FARGO COMPANY	04/23/2029	205,000	205,000	206,000	1,000
AMERICAN EXPRESS CO	04/25/2029	245,000	245,000	245,632	632
BANK AMERICA CORP	05/09/2029	290,000	290,000	289,861	(139)
NATIONAL RURAL UTILS COOP FIN	06/15/2029	850,000	857,323	863,167	5,843
HOME DEPOT INC	06/25/2029	500,000	498,097	504,950	6,853
HOME DEPOT INC	06/25/2029	95,000	94,638	95,941	1,302
PEPSICO INC SR NT	07/17/2029	280,000	279,738	280,865	1,127
TOYOTA MTR CR CORP FR	08/09/2029	195,000	194,909	194,924	15
ELI LILLY CO	08/14/2029	65,000	64,912	64,660	(252)
NOVARTIS CAPITAL CORP	09/18/2029	365,000	364,429	358,266	(6,164)
ACCENTURE CAPITAL INC SR NT	10/04/2029	195,000	194,778	191,855	(2,923)
GOLDMAN SACHS GROUP INC	10/21/2029	580,000	580,000	571,822	(8,178)
MORGAN STANLEY	01/09/2030	1,450,000	1,454,832	1,431,063	(23,769)
ADOBE INC	01/17/2030	900,000	899,030	912,249	13,219
ADOBE INC	01/17/2030	285,000	284,693	288,879	4,186
WELLS FARGO CO SR NT	01/23/2030	500,000	507,264	505,620	(1,644)
WELLS FARGO CO	01/23/2030	240,000	240,000	236,854	(3,146)
MORGAN STANLEY PRIVATE BK	02/08/2030	385,000	385,000	379,972	(5,028)
ELI LILLY CO SR	02/12/2030	600,000	614,585	606,354	(8,231)

Kaweah Delta Health Care District
INVESTMENT SUMMARY OF SURPLUS FUND'S UNREALIZED GAINS AND LOSSES
June 30, 2026

Description	Maturity	Par Value	Amort Cost	Market Value	Unrealized Gain (Loss)
CISCO SYS INC	02/24/2030	290,000	291,311	292,523	1,212
TOYOTA MTR CR CORP	04/01/2030	1,100,000	1,051,225	1,052,997	1,772
GOLDMAN SACHS GROUP INC	04/20/2030	700,000	696,516	696,052	(464)
JPMORGAN CHASE CO	04/23/2030	570,000	570,000	565,155	(4,845)
STATE STR CORP SR GLBL NT 30	04/24/2030	140,000	140,000	141,401	1,401
WALMART INC	04/28/2030	500,000	499,342	500,960	1,618
TOYOTA MTR CR CORP	05/15/2030	200,000	199,823	201,180	1,357
SCHWAB CHARLES CORP	05/21/2030	175,000	175,000	175,331	331
CITIBANK N A	05/29/2030	1,400,000	1,440,810	1,417,276	(23,534)
CITIBANK N A	05/29/2030	250,000	250,000	253,085	3,085
JOHN DEERE CAPITAL CORPORATION	06/05/2030	285,000	284,881	285,359	478
ANALOG DEVICES INC	06/15/2030	435,000	434,698	433,939	(759)
GE AEROSPACE	07/29/2030	65,000	64,894	64,414	(481)
MERCK CO INC	09/15/2030	900,000	903,359	889,344	(14,015)
HOME DEPOT INC	09/15/2030	65,000	64,804	63,697	(1,107)
CHEVRON USA INC	10/15/2030	500,000	505,004	497,095	(7,909)
NOVARTIS CAPITAL CORP	11/05/2030	540,000	538,592	530,528	(8,064)
SHELL FIN US INC	11/06/2030	130,000	129,566	127,651	(1,915)
META PLATFORMS INC	11/15/2030	550,000	552,777	541,371	(11,407)
NORTHERN TR CORP	11/19/2030	120,000	119,948	118,266	(1,682)
CATERPILLAR FINL SVCS	01/08/2031	95,000	94,969	93,480	(1,489)
TOTALENERGIES CAP USA LLC	01/13/2031	290,000	290,000	285,114	(4,887)
BANK AMERICA CORP	01/24/2031	275,000	284,043	278,724	(5,319)
ASTRAZENECA FINANCE LLC	03/02/2031	345,000	344,423	336,710	(7,714)
AMAZON COM INC	03/13/2031	410,000	409,384	403,711	(5,673)
ABBOTT LABORATORIES	03/15/2031	500,000	494,536	487,275	(7,261)
HOME DEPOT INC	03/15/2031	835,000	731,837	723,369	(8,468)
WALMART INC	04/30/2031	170,000	169,649	168,048	(1,600)
US BANCORP FR	05/15/2031	1,100,000	1,110,497	1,112,254	1,757
GILEAD SCIENCES INC	05/20/2031	195,000	194,992	194,376	(616)
MERCK CO INC	05/22/2031	340,000	339,794	340,558	764
MASTERCARD INCORPORATED SR	06/08/2031	440,000	439,653	439,322	(330)
INTUIT	06/15/2031	365,000	365,883	364,993	(890)
NVIDIA CORPORATION	06/15/2031	500,000	499,057	498,230	(827)
		$ 40,835,000	$ 40,795,296	40,691,305	$ (103,991)
Municipal Securities:					
ANAHEIM CA PUB FING AUTH LEASE	07/01/2026	1,000,000	1,000,000	1,000,000	-
LOS ANGELES CA UNI SCH DIST GO	07/01/2026	270,000	270,000	270,000	-
CALIFORNIA ST UNIV REV TAXABLE	11/01/2026	125,000	125,000	125,231	231
MASSACHUSETTS ST SPL OBLIG REV	07/15/2027	1,000,000	1,000,000	995,100	(4,900)
ALAMEDA CNTY CA TAXABLE GO BDS 2022	08/01/2027	500,000	500,000	496,975	(3,025)
SAN JOSE CA REDEV AGY SUCCESSOR AGY	08/01/2027	400,000	396,320	395,976	(344)
SAN FRANCISCO CA CITY CNTY PUB	10/01/2027	1,000,000	1,000,000	1,004,820	4,820
LOS ANGELES CA UNI SCH DIST ELECTION	07/01/2028	140,000	140,000	140,056	56
SAN DIEGO CA CMNTY COLLEGE DIST	08/01/2028	1,000,000	1,023,085	1,030,060	6,975
LOS ANGELES CA UNI SCH DIST TAXABLE	10/01/2029	250,000	250,000	248,893	(1,108)
HAWAII ST TAXABLE GEN OBLIG BDS 2026	04/01/2031	190,000	190,000	188,013	(1,987)
		$ 5,875,000	$ 5,894,405	$ 5,895,123	$ 719

Kaweah Delta Health Care District
INVESTMENT SUMMARY OF SURPLUS FUND'S UNREALIZED GAINS AND LOSSES
June 30, 2026

Description	Maturity	Par Value	Amort Cost	Market Value	Unrealized Gain (Loss)
U.S. Treasury and Government Agency:					
U S TREASURY NOTE	09/30/2026	2,210,000	2,208,778	2,194,000	(14,778)
U S TREASURY NOTE	10/31/2026	800,000	799,683	792,664	(7,019)
U S TREASURY NOTE	11/30/2026	2,000,000	1,999,783	1,977,680	(22,103)
U S TREASURY NOTE	01/31/2027	1,400,000	1,392,274	1,379,882	(12,392)
U S TREASURY NOTE	03/31/2027	3,320,000	3,297,898	3,283,181	(14,717)
U S TREASURY NOTE	04/30/2027	970,000	970,102	959,631	(10,471)
U S TREASURY NOTE	10/31/2027	1,000,000	948,014	953,050	5,036
U S TREASURY NOTE	11/30/2027	2,000,000	1,993,695	1,978,520	(15,175)
U S TREASURY NOTE	12/31/2027	1,500,000	1,497,977	1,482,840	(15,137)
U S TREASURY NOTE	02/15/2028	80,000	80,986	80,090	(896)
U S TREASURY NOTE	02/29/2028	1,500,000	1,429,994	1,427,280	(2,714)
U S TREASURY NOTE	04/30/2028	600,000	570,310	569,436	(874)
U S TREASURY NOTE	04/30/2028	750,000	737,494	741,180	3,686
U S TREASURY NOTE	05/31/2028	230,000	225,614	227,737	2,122
F H L M C MULTICLASS MTG PARTN	06/25/2028	530,000	532,130	532,369	239
F H L M C MULTICLASS MTG PARTN	06/25/2028	417,120	417,115	418,008	893
U S TREASURY NOTE	06/30/2028	500,000	501,189	498,455	(2,734)
U S TREASURY NOTE	06/30/2028	1,300,000	1,288,725	1,295,983	7,258
F N M A GTD R E M I C PASS THRU	07/25/2028	494,796	491,319	491,556	237
F H L M C MULTICLASS MTG PARTN	08/25/2028	545,000	541,493	546,046	4,553
F H L M C MULTICLASS MTG PARTN	08/25/2028	545,000	539,697	547,126	7,428
F H L M C MULTICLASS MTG PARTN	09/25/2028	535,000	532,136	537,777	5,641
F H L M C MULTICLASS MTG PARTN	09/25/2028	410,000	404,037	412,288	8,251
U S TREASURY NOTE	09/30/2028	500,000	504,290	504,845	555
F H L M C MULTICLASS MTG PARTN	10/25/2028	200,000	199,728	202,136	2,408
F H L M C MULTICLASS MTG PARTN	10/25/2028	300,000	299,591	302,073	2,482
U S TREASURY NOTE	10/31/2028	2,275,000	2,139,348	2,134,678	(4,670)
F H L M C MULTICLASS MTG PARTN	11/25/2028	257,882	259,056	260,479	1,423
F H L M C MULTICLASS MTG PARTN	12/25/2028	315,000	316,585	316,150	(435)
F H L M C MULTICLASS MTG PARTN	12/25/2028	325,000	326,656	325,010	(1,646)
U S TREASURY NOTE	12/31/2028	500,000	470,773	467,170	(3,603)
U S TREASURY NOTE	12/31/2028	1,200,000	1,198,634	1,188,096	(10,538)
U S TREASURY NOTE	02/28/2029	750,000	745,365	751,553	6,187
F H L M C MULTICLASS MTG PARTN	03/25/2029	315,000	315,713	319,794	4,081
U S TREASURY NOTE	03/31/2029	1,000,000	991,705	998,830	7,125
U S TREASURY NOTE	03/31/2029	225,000	223,481	224,737	1,256
U S TREASURY NOTE	04/15/2029	2,000,000	1,995,950	1,984,840	(11,110)
U S TREASURY NOTE	04/30/2029	1,000,000	1,006,831	1,011,950	5,119
F H L M C MULTICLASS MTG PARTN	05/25/2029	460,000	461,695	462,282	587
U S TREASURY NOTE	05/31/2029	1,000,000	1,001,420	1,009,060	7,640
FHLMC REMIC SERIES K-528 6/25/2029	06/25/2029	200,000	202,493	199,962	(2,531)
U S TREASURY NOTE	06/30/2029	1,930,000	1,906,615	1,880,476	(26,139)
F H L M C MULTICLASS MTG PARTN	07/25/2029	515,000	517,989	515,829	(2,160)
F H L M C MULTICLASS MTG PARTN	07/25/2029	410,000	414,463	411,160	(3,302)
U S TREASURY NOTE	07/31/2029	500,000	504,758	497,615	(7,143)
U S TREASURY NOTE	07/31/2029	260,000	258,757	258,760	3
U S TREASURY NOTE	08/31/2029	750,000	739,126	737,985	(1,141)
F H L M C MULTICLASS MTG PARTN	09/25/2029	345,000	349,515	347,960	(1,555)
U S TREASURY NOTE	09/30/2029	950,000	934,673	930,706	(3,968)
U S TREASURY NOTE	10/31/2029	1,000,000	991,106	998,400	7,294
U S TREASURY NOTE	10/31/2029	1,000,000	992,152	998,400	6,248
U S TREASURY NOTE	11/30/2029	1,700,000	1,699,543	1,697,348	(2,195)
U S TREASURY NOTE	12/31/2029	2,000,000	1,994,486	2,012,900	18,414
FHLMC REMIC SERIES K-539 1/25/2030	01/25/2030	205,000	204,995	204,662	(333)
U S TREASURY NOTE	01/31/2030	800,000	796,521	782,032	(14,489)
U S TREASURY NOTE	01/31/2030	295,000	295,158	295,646	488
U S TREASURY NOTE	02/28/2030	1,160,000	1,171,488	1,152,982	(18,506)
U S TREASURY NOTE	03/31/2030	1,500,000	1,499,741	1,470,945	(28,796)
U S TREASURY NOTE	03/31/2030	700,000	702,301	695,541	(6,760)
U S TREASURY NOTE	04/30/2030	1,000,000	992,914	989,180	(3,734)
U S TREASURY NOTE	04/30/2030	160,000	159,878	158,269	(1,609)
F H L M C MULTICLASS MTG PARTN	05/25/2030	575,000	574,984	571,976	(3,008)

Kaweah Delta Health Care District
INVESTMENT SUMMARY OF SURPLUS FUND'S UNREALIZED GAINS AND LOSSES
June 30, 2026

Description	Maturity	Par Value	Amort Cost	Market Value	Unrealized Gain (Loss)
F H L M C MULTICLASS MTG PARTN	05/25/2030	375,000	379,680	373,129	(6,551)
U S TREASURY NOTE	05/31/2030	1,000,000	1,001,237	993,240	(7,997)
F H L M C MULTICLASS MTG PARTN	06/25/2030	575,000	574,991	571,406	(3,585)
F H L M C MULTICLASS MTG PARTN	06/25/2030	590,000	589,495	584,891	(4,604)
U S TREASURY NOTE	06/30/2030	2,000,000	1,998,821	1,976,880	(21,941)
U S TREASURY NOTE	06/30/2030	2,540,000	2,537,450	2,510,638	(26,813)
F H L M C MULTICLASS MTG PARTN	07/25/2030	460,000	459,461	456,320	(3,141)
U S TREASURY NOTE	07/31/2030	1,575,000	1,591,173	1,563,550	(27,623)
U S TREASURY NOTE	07/31/2030	500,000	501,649	494,100	(7,549)
U S TREASURY NOTE	07/31/2030	500,000	502,439	494,100	(8,339)
U S TREASURY NOTE	08/31/2030	800,000	797,994	782,656	(15,338)
U S TREASURY NOTE	08/31/2030	950,000	945,908	929,404	(16,504)
U S TREASURY NOTE	09/30/2030	1,000,000	996,285	977,970	(18,315)
U S TREASURY NOTE	10/31/2030	500,000	499,966	488,710	(11,256)
U S TREASURY NOTE	11/15/2030	465,000	411,764	403,787	(7,976)
F H L M C MULTICLASS MTG PARTN	11/25/2030	390,000	393,048	384,801	(8,246)
F H L M C MULTICLASS MTG PARTN	11/25/2030	335,000	334,989	329,600	(5,389)
U S TREASURY NOTE	11/30/2030	1,000,000	993,229	971,950	(21,279)
U S TREASURY NOTE	11/30/2030	900,000	893,931	874,755	(19,176)
U S TREASURY NOTE	12/31/2030	200,000	198,263	195,290	(2,973)
U S TREASURY NOTE	12/31/2030	2,000,000	1,991,889	1,952,900	(38,989)
U S TREASURY NOTE	01/31/2031	2,135,000	2,115,137	2,116,490	1,353
U S TREASURY NOTE	01/31/2031	590,000	590,404	578,867	(11,538)
U S TREASURY NOTE	02/28/2031	1,600,000	1,595,096	1,553,056	(42,040)
F H L M C MULTICLASS MTG PARTN	03/25/2031	360,000	360,886	354,542	(6,344)
U S TREASURY NOTE	03/31/2031	1,000,000	994,428	985,780	(8,648)
U S TREASURY NOTE	04/30/2031	3,500,000	3,471,868	3,449,705	(22,163)
U S TREASURY NOTE	05/31/2031	1,500,000	1,499,356	1,494,495	(4,861)
		$ 83,554,798	$ 82,981,755	$ 82,442,204	$ (539,551)

Kaweah Delta Health Care District
INVESTMENT SUMMARY OF SURPLUS FUND'S UNREALIZED GAINS AND LOSSES
June 30, 2026

Description	Maturity	Par Value	Amort Cost	Market Value	Unrealized Gain (Loss)
Asset-backed Securities:					
DAIMLER TRUCKS RETAIL	03/15/2027	13,198	13,198	13,209	11
MERCEDES BENZ AUTO	11/15/2027	12,458	12,457	12,465	8
HONDA AUTO RECEIVABLES OWNER	02/18/2028	87,673	87,666	88,043	377
BMW VEH OWNER TR 2023 A	02/25/2028	16,249	16,248	16,302	54
HYUNDAI AUTO RECEIVABLES TR	04/17/2028	28,199	28,199	28,295	97
ALLY AUTO RECV TR	05/15/2028	55,351	55,347	55,548	201
FORD CR AUTO OWNER TR	05/15/2028	45,859	45,859	46,010	152
GM FINL CON AUT RECV TR	06/16/2028	31,925	31,925	32,055	130
HYUNDAI AUTO REC TR	03/15/2029	824,836	824,764	827,327	2,564
MERCEDES BENZ AUTO LEAS	04/16/2029	1,400,000	1,403,048	1,391,292	(11,756)
HYUNDAI AUTO REC	05/15/2029	195,000	194,991	195,177	186
FORD CR AUTO OWNER TR	07/15/2029	360,000	359,998	359,456	(542)
AMERICAN EXPRESS CREDIT	07/16/2029	1,025,000	1,024,972	1,029,654	4,682
TOYOTA AUTO RECEIVABLES	08/15/2029	260,000	259,993	260,840	847
GM FINL CON AUTO REC TR 2024-4	08/16/2029	143,544	143,526	143,666	140
VOLKSWAGEN AUTO LN ENCH 2025-1	08/20/2029	365,000	364,991	365,741	750
HONDA AUTO	09/21/2029	205,000	204,996	205,568	572
BMW VEHICLE OWNER	09/25/2029	140,000	139,990	140,346	355
FORD CREDIT AUTO OWNER TRUST	10/15/2029	445,000	444,969	445,645	676
HONDA AUTO RECEIVABLES OWNER	10/15/2029	125,000	124,990	124,725	(265)
TOYOTA AUTO RECEIVABLES	11/15/2029	220,000	219,991	220,079	89
GM FINL CONS AT REC TR	12/17/2029	500,000	504,358	501,290	(3,068)
NISSAN AUTO REC OWN TR	12/17/2029	500,000	499,927	501,180	1,253
MERCEDES BENZ AUTO	12/17/2029	255,000	254,962	256,117	1,155
VERIZON MASTER TRUST	03/20/2030	440,000	439,986	440,744	758
VOLKSWAGEN AUTO LEAS TR	03/20/2030	215,000	214,969	213,151	(1,818)
AMERICAN EXPRESS CREDIT	04/15/2030	410,000	409,994	409,586	(408)
GM FINANCIAL CONSUMER 2025-2	04/16/2030	95,000	94,989	95,011	22
BANK OF AMERICA CREDIT CARD	05/15/2030	265,000	264,999	264,902	(97)
WF CARD ISSUANCE TR	05/15/2030	515,000	514,993	515,160	166
FORD CREDIT AT OWNER TR	06/15/2030	235,000	234,968	232,756	(2,212)
CITIBANK CREDIT CARD ISSUANCE	06/21/2030	580,000	579,875	579,020	(855)
CHASE ISSUANCE TRUST	07/15/2030	1,000,000	999,984	996,100	(3,884)
AMERICAN EXPRESS CR AC	07/15/2030	330,000	329,961	329,568	(394)
CAPITAL ONE PRIME AUTO	07/15/2030	135,000	134,975	133,781	(1,194)
HONDA AR OWNER TR	09/01/2030	185,000	184,973	182,837	(2,136)
CAPITAL ONE MLT AST EX TR	09/16/2030	360,000	359,943	355,817	(4,126)
TOYOTA AUTO RC OWN TR	09/16/2030	170,000	169,987	168,368	(1,619)
ALLY AUTO RECV TR	10/15/2030	1,400,000	1,399,793	1,388,730	(11,063)
FORD CR AUTO OWNER TR	10/15/2030	295,000	294,947	292,876	(2,071)
MERCEDES BENZ AR TR	10/15/2030	505,000	504,893	504,051	(842)
HONDA AUTO REC OWN TR	11/15/2030	480,000	479,987	478,771	(1,215)
NISSAN AUTO RECV OWN TR	12/15/2030	505,000	504,956	505,460	503
FORD CR AUTO OWNER TR	02/15/2031	365,000	364,987	364,748	(239)
HYUNDAI AUTO REC TR	02/18/2031	210,000	209,987	207,211	(2,776)
HYUNDAI AUTO RECV TR	02/18/2031	350,000	349,958	350,840	882
		$ 16,299,292	$ 16,305,467	16,269,518	$ (35,949)

Patient Experience

Patient & Community Experience

Board of Directors
August 2026

kaweahhealth.org

Kaweah Health
MORE THAN MEDICINE. LIFE.

Patient Experience Matters

Opportunities and insights to increase patient satisfaction.

Kaweah Health

July 2026

Fiscal Year 2026 Summary

Survey Scores

HCAHPS: 72.8

56th Percentile

Overall Org

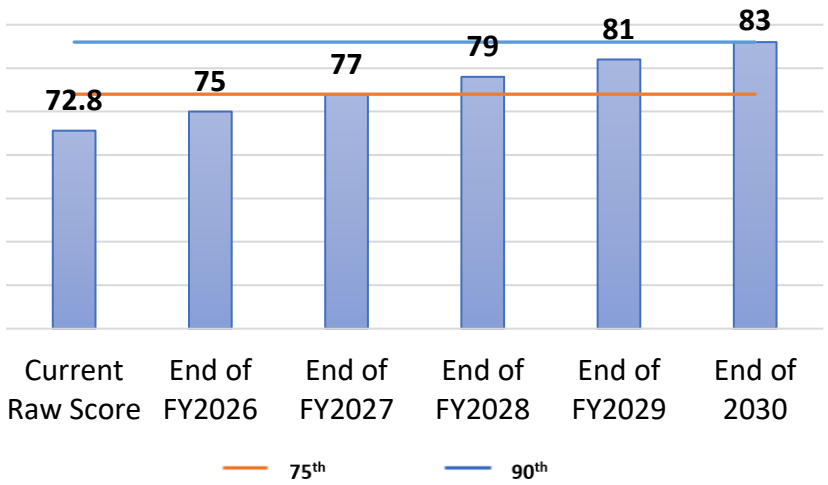
NPS: 71.9

16th Percentile

Fiscal Year Data

July 2025 – June 2026

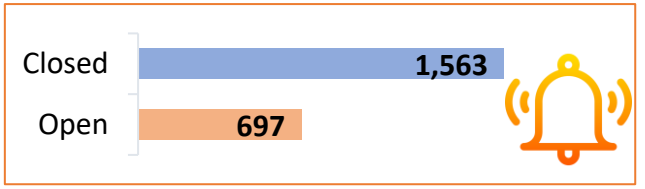
5 Year HCAHPS Goal



July 2026

- **MIDAS** 77 Opened
- **Inpatient Rounding** 275
- **ED Rounding** 259
- **Leader Rounding** 964

Service Alerts



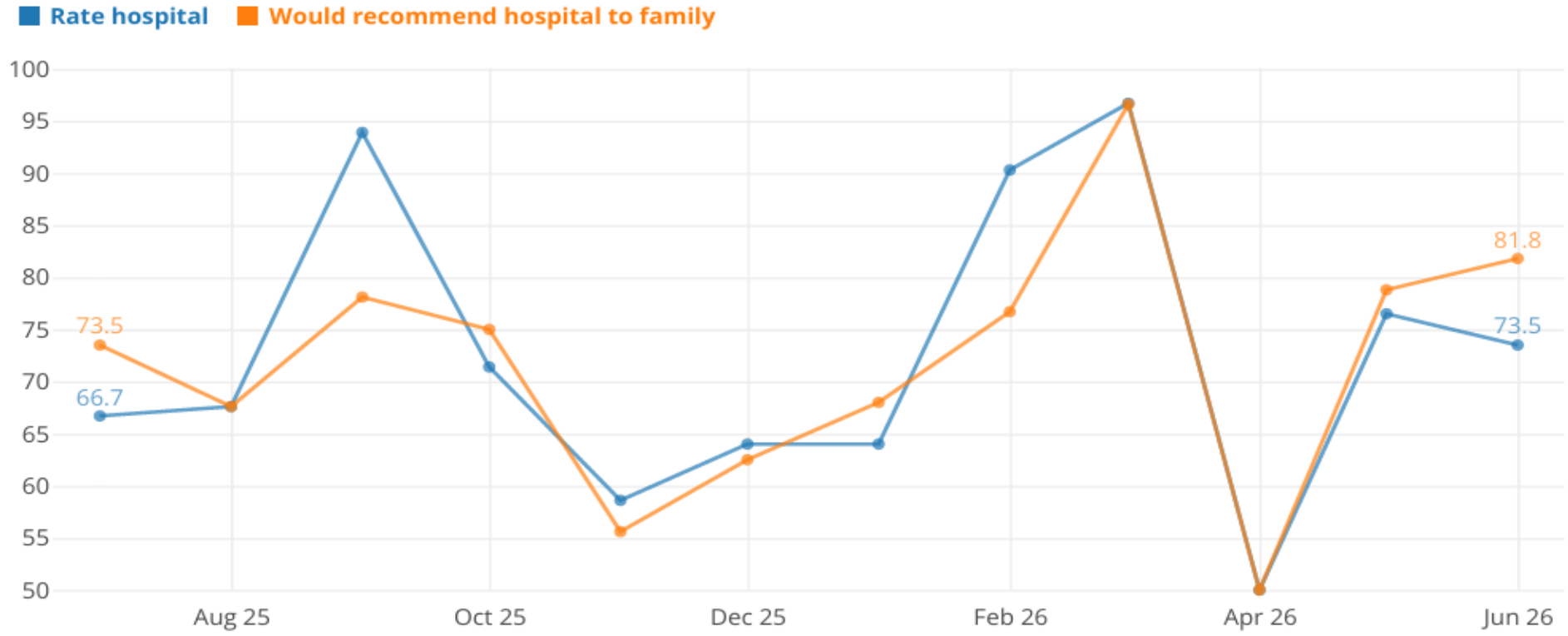
Human Understanding – 75.5

11th Percentile

PRIORITY

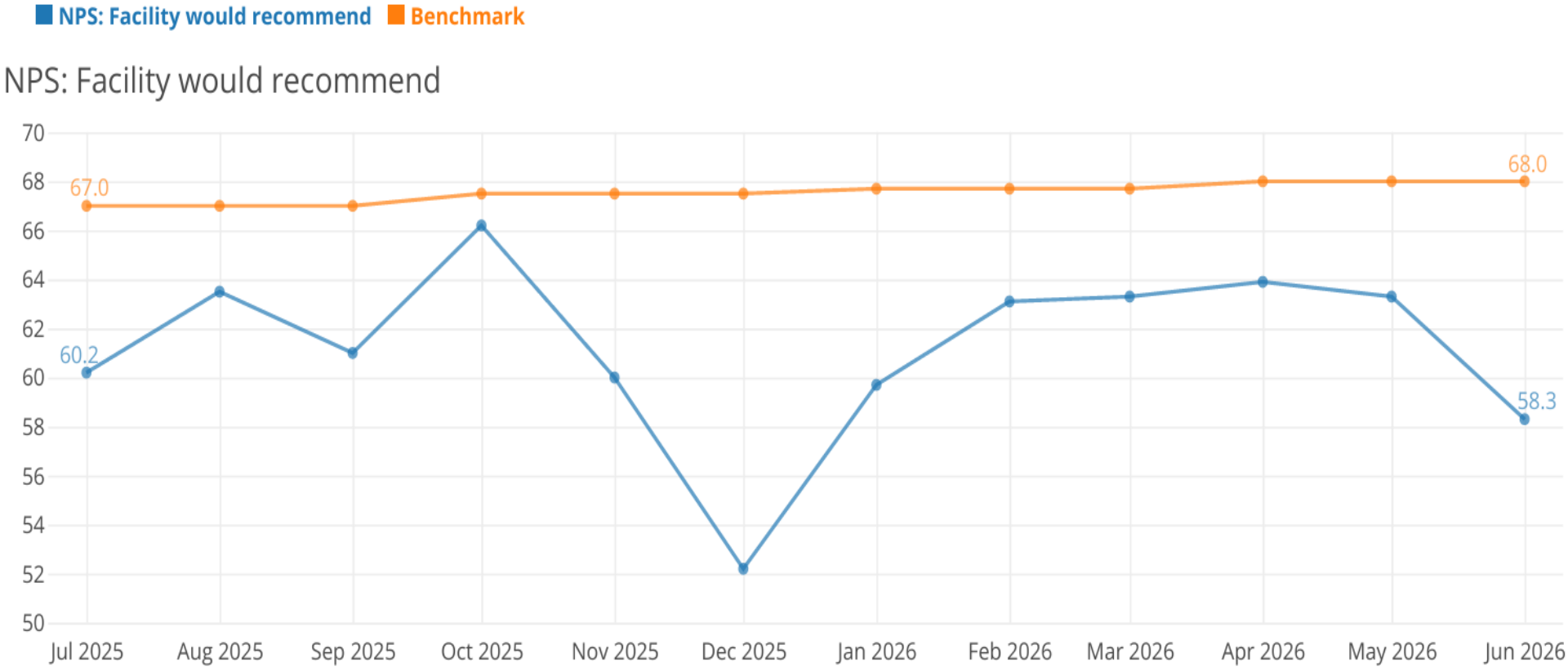
- **Trust Providers With Care:**
  - Build trust from the start by introducing yourself, explaining your role, and following through on what you tell the patient.
- **Care Providers Explained Things:**
  - Avoid medical jargon. Pause often to ask, *"What questions do you have?"* before moving on.
- **Human Understanding:**
  - Learn one thing that matters to the patient beyond their medical condition and acknowledge it during the visit. *"What matters most to you today?"* helps patients feel seen as a person, not just a diagnosis.

HCAHPS Trend July 2025 – June 2026



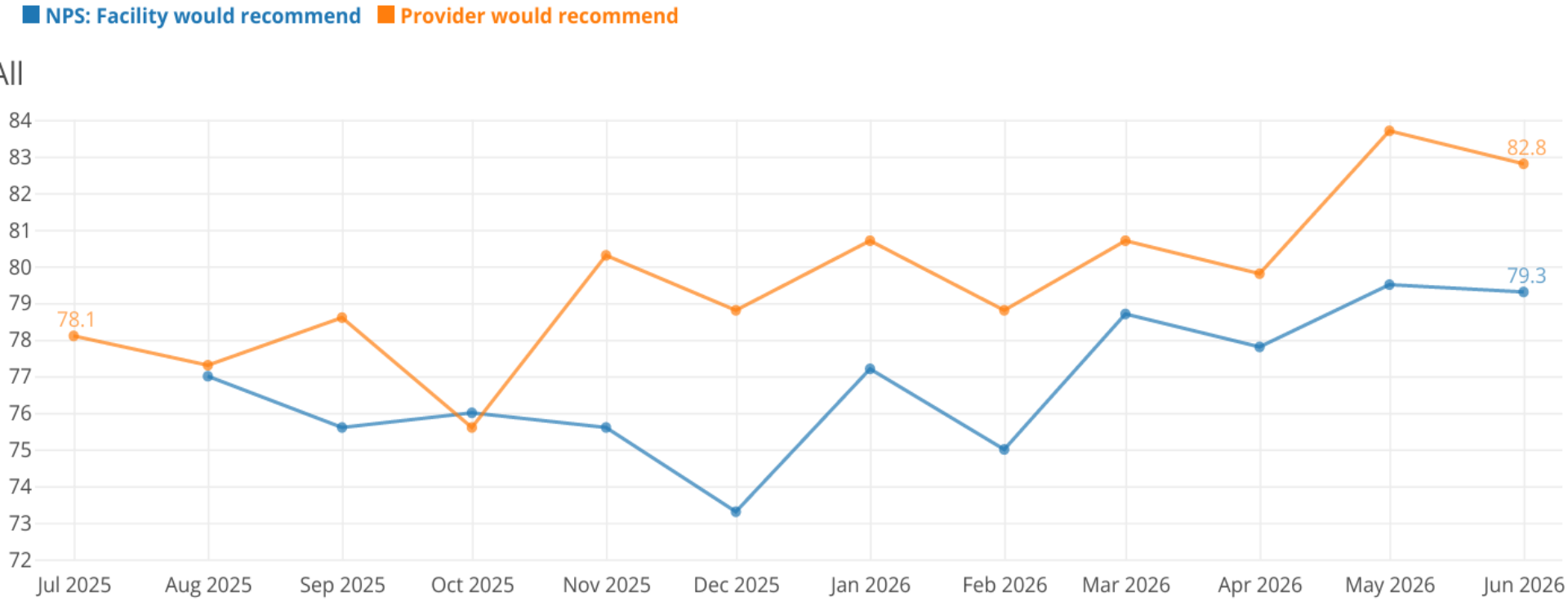
Question	Benchmark	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26
Rate hospital	71.6	66.7 n = 33	67.6 n = 34	93.9 n = 33	71.4 n = 28	58.6 n = 29	64.0 n = 25	64.0 n = 25	90.3 n = 31	96.7 n = 30	50.0 n = 24	76.5 n = 34	73.5 n = 34
Would recommend hospital to family	73.3	73.5 n = 34	67.6 n = 34	78.1 n = 32	75.0 n = 28	55.6 n = 27	62.5 n = 24	68.0 n = 25	76.7 n = 30	96.6 n = 29	50.0 n = 24	78.8 n = 33	81.8 n = 33

Inpatient



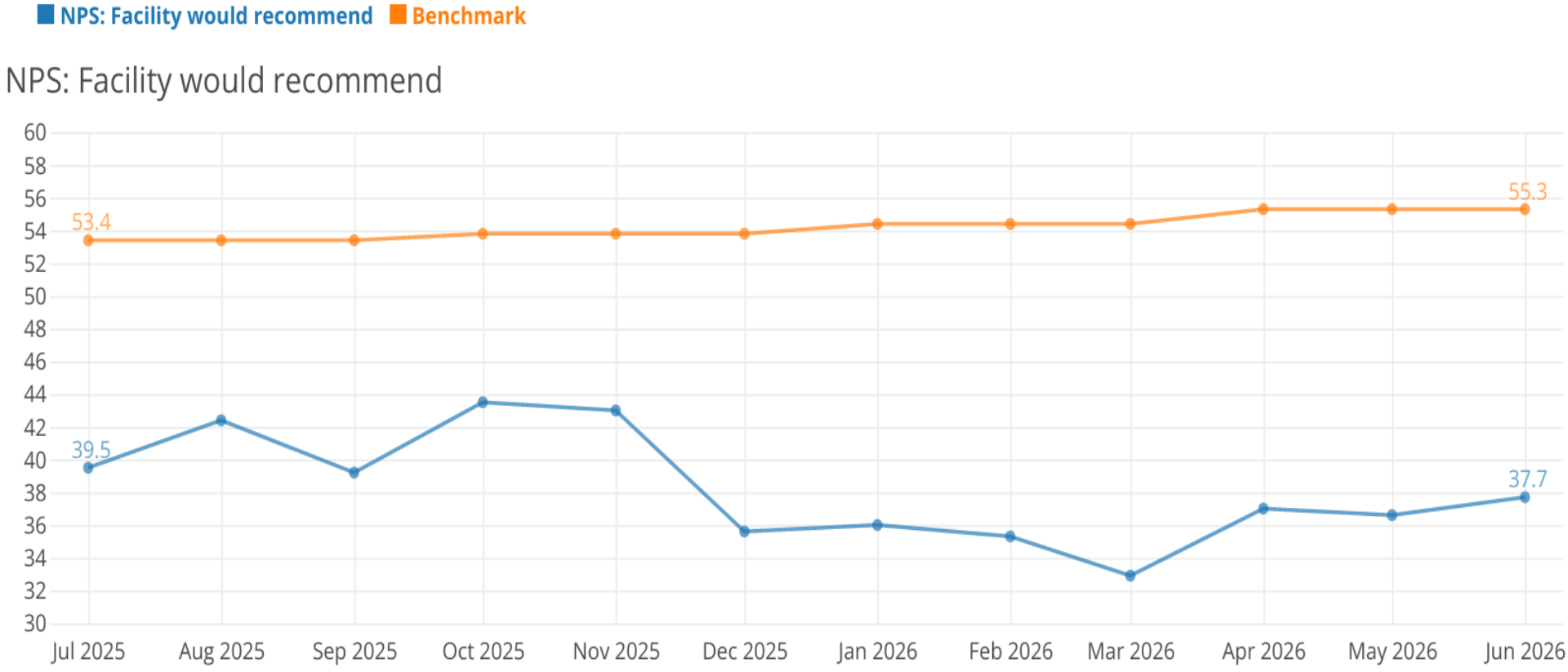
	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026
uld	60.2	63.5	61.0	66.2	60.0	52.2	59.7	63.1	63.3	63.9	63.3	58.3
	n = 259	n = 211	n = 187	n = 198	n = 220	n = 230	n = 233	n = 198	n = 221	n = 219	n = 245	n = 218

Medical Practice



	Benchmark	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026
d	86.3	n = 0	77.0 n = 487	75.6 n = 717	76.0 n = 637	75.6 n = 537	73.3 n = 565	77.2 n = 689	75.0 n = 627	78.7 n = 609	77.8 n = 686	79.5 n = 657	79.3 n = 656
	87.8	78.1 n = 770	77.3 n = 688	78.6 n = 695	75.6 n = 620	80.3 n = 529	78.8 n = 556	80.7 n = 673	78.8 n = 609	80.7 n = 596	79.8 n = 664	83.7 n = 645	82.8 n = 639

Emergency Department



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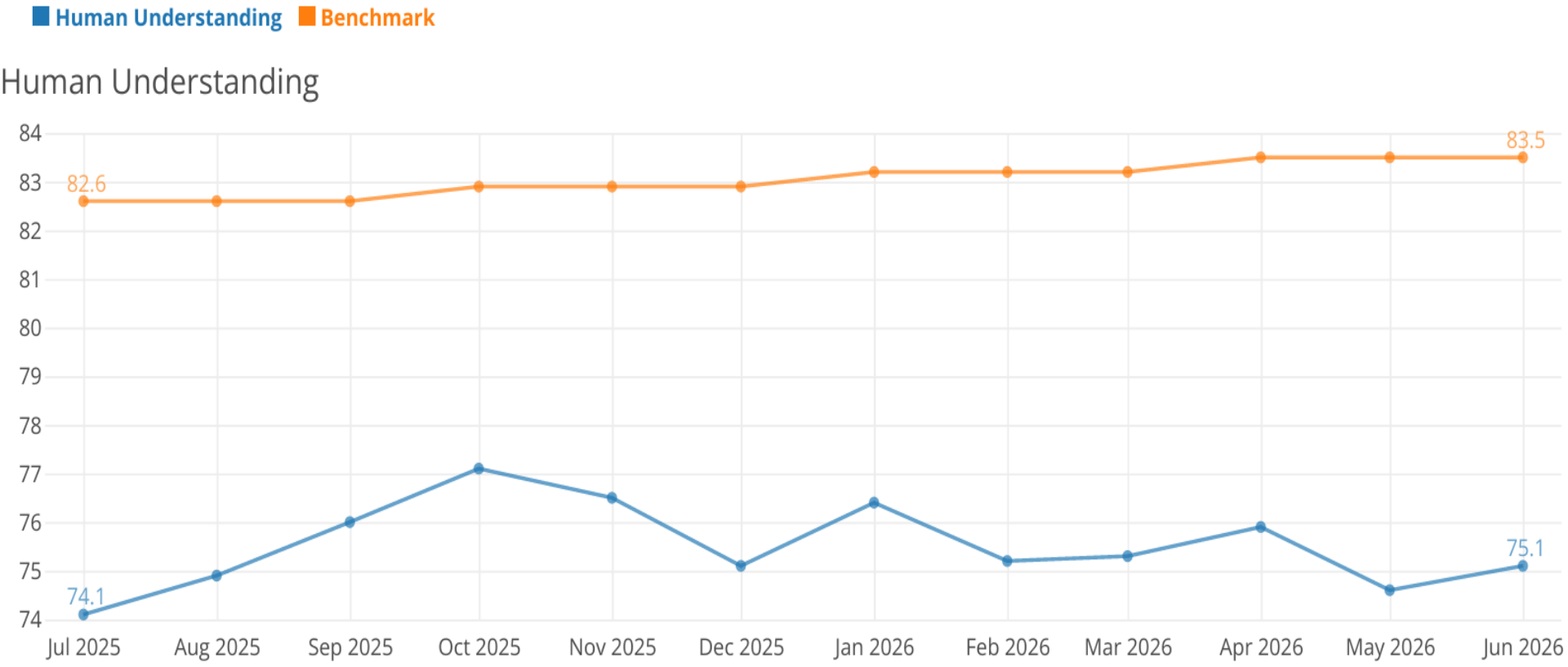
	39.5	42.4	39.2	43.5	43.0	35.6	36.0	35.3	32.9	37.0	36.6	37.7
	n = 845	n = 821	n = 793	n = 710	n = 698	n = 758	n = 801	n = 750	n = 832	n = 789	n = 837	n = 803

Human Understanding: Organization



anding	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026
	74.1	74.9	76.0	77.1	76.5	75.1	76.4	75.2	75.3	75.9	74.6	75.1
	n = 3,593	n = 3,510	n = 3,836	n = 3,949	n = 3,380	n = 3,813	n = 4,188	n = 3,854	n = 4,208	n = 4,081	n = 4,066	n = 4,008

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Opportunities and insights to increase patient satisfaction.

Kaweah Health

July 2026

Fiscal Year 2026 Summary

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56th Percentile

Overall Org

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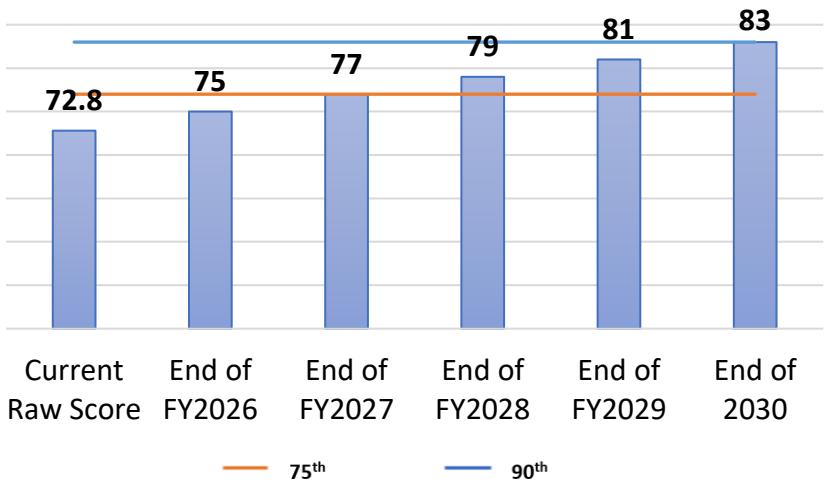
16th Percentile

Fiscal Year Data

July 2025 – June 2026

5 Year HCAHPS Goal



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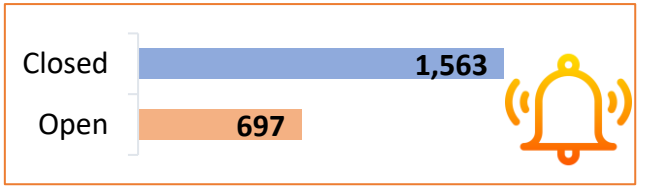

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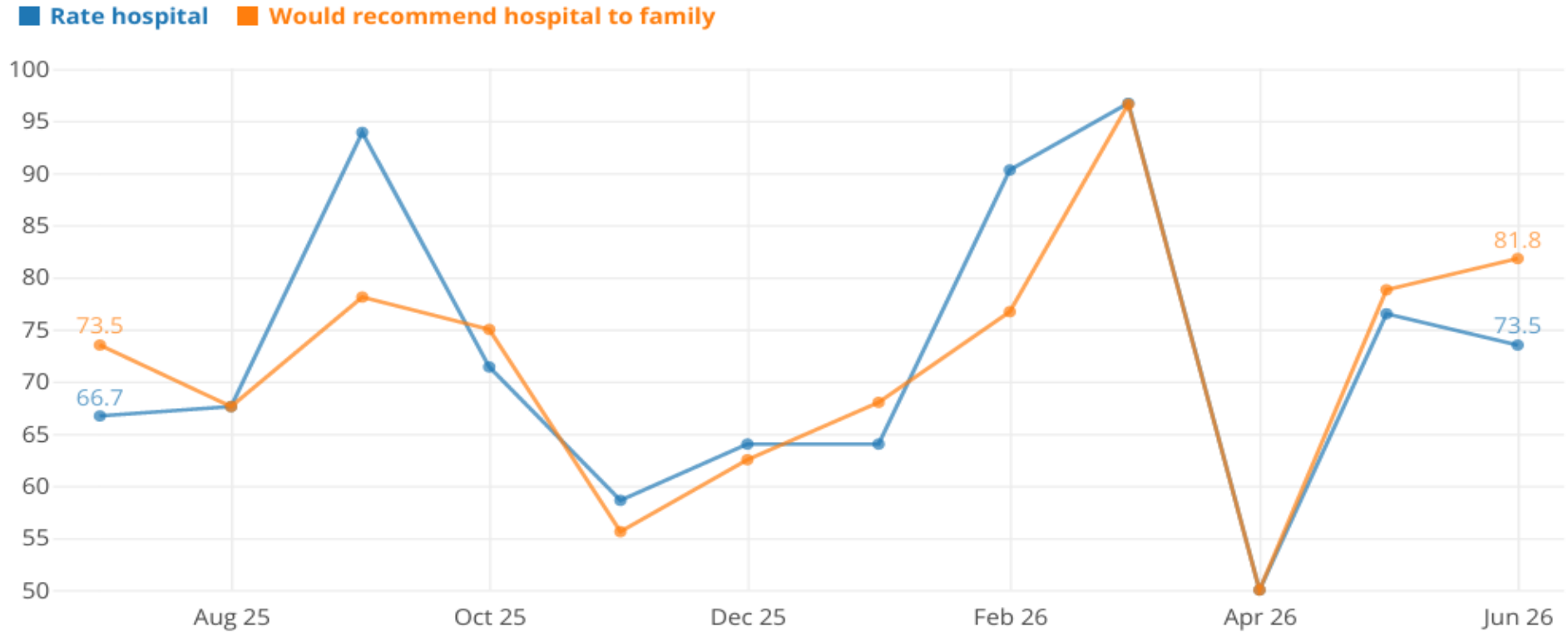
HCAHPS Trend July 2025 – June 2026



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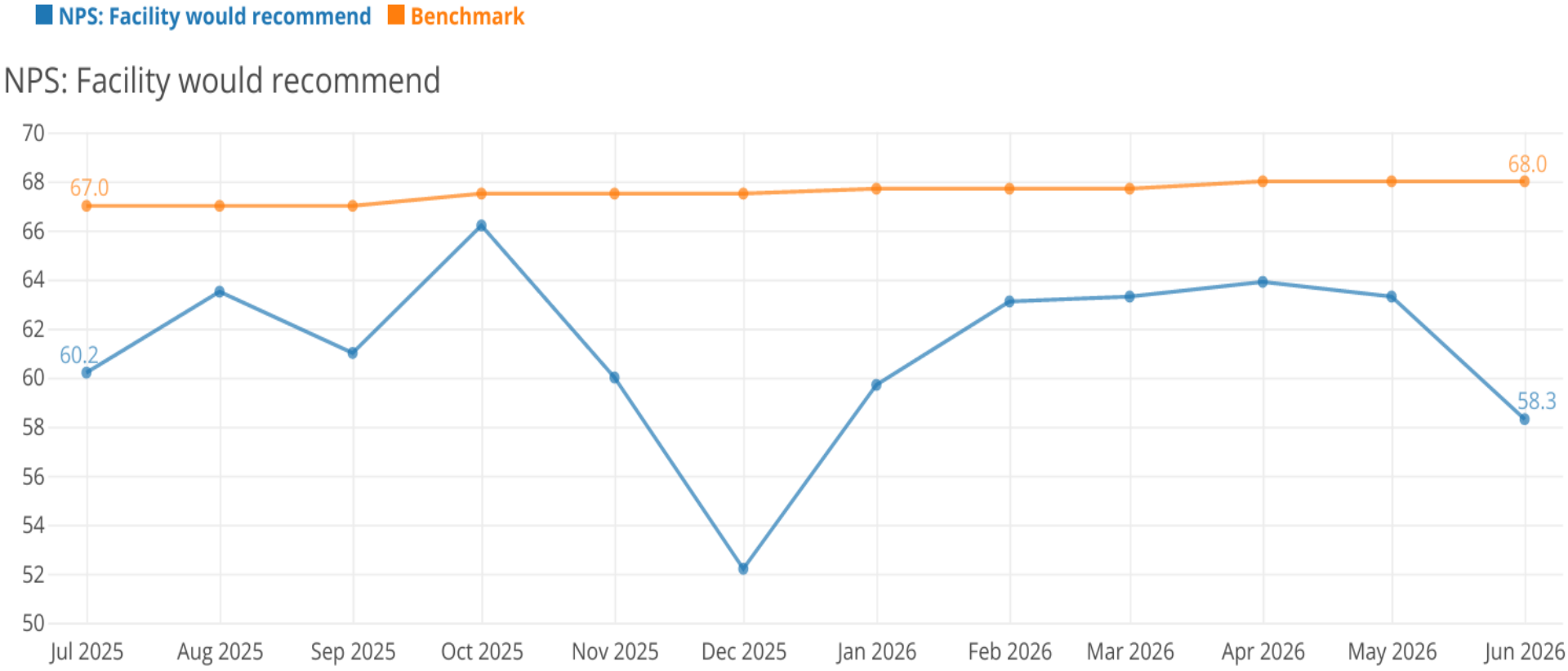

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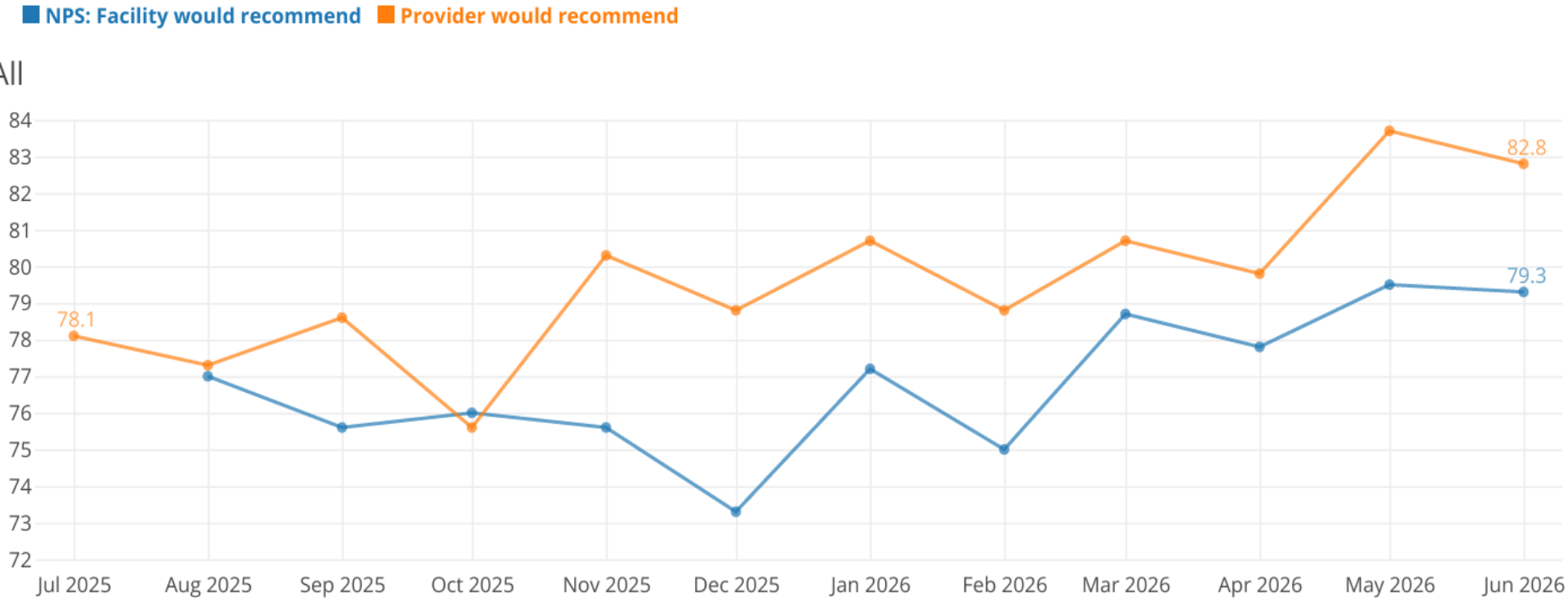

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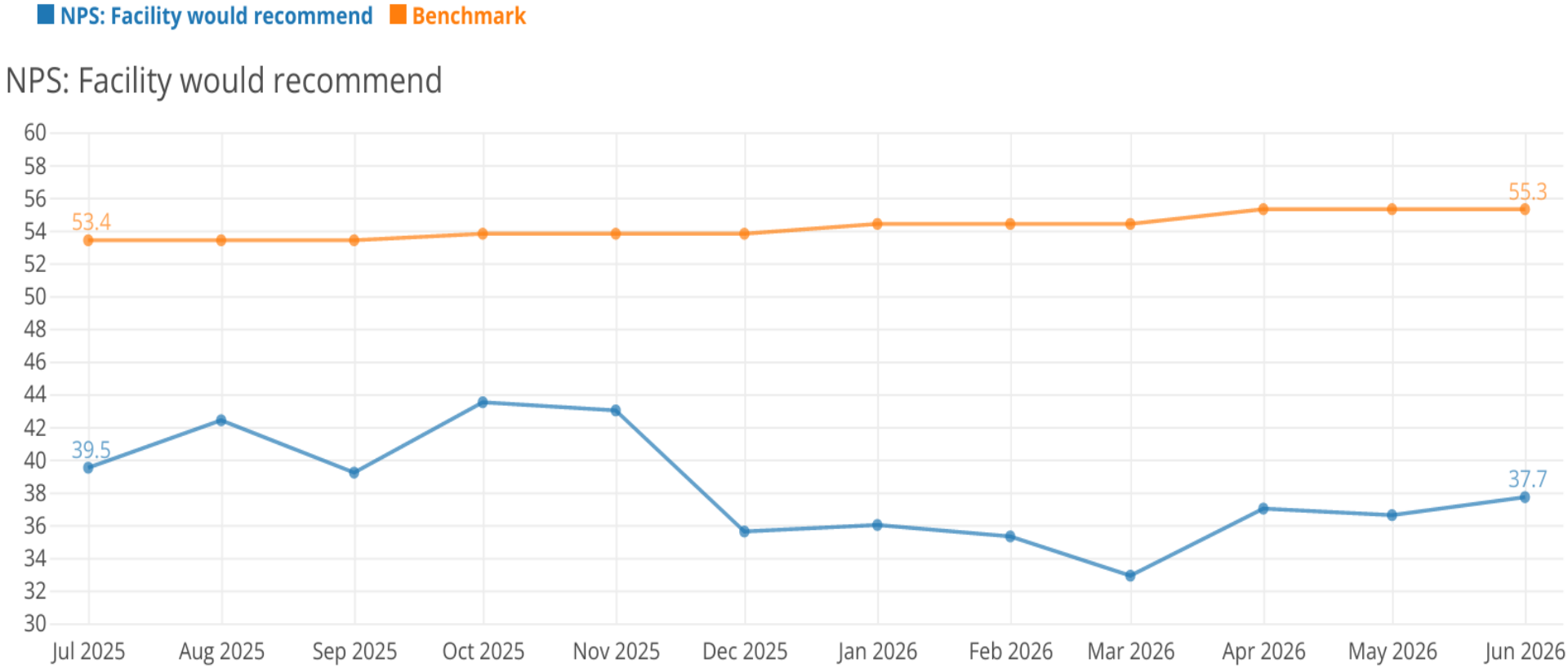

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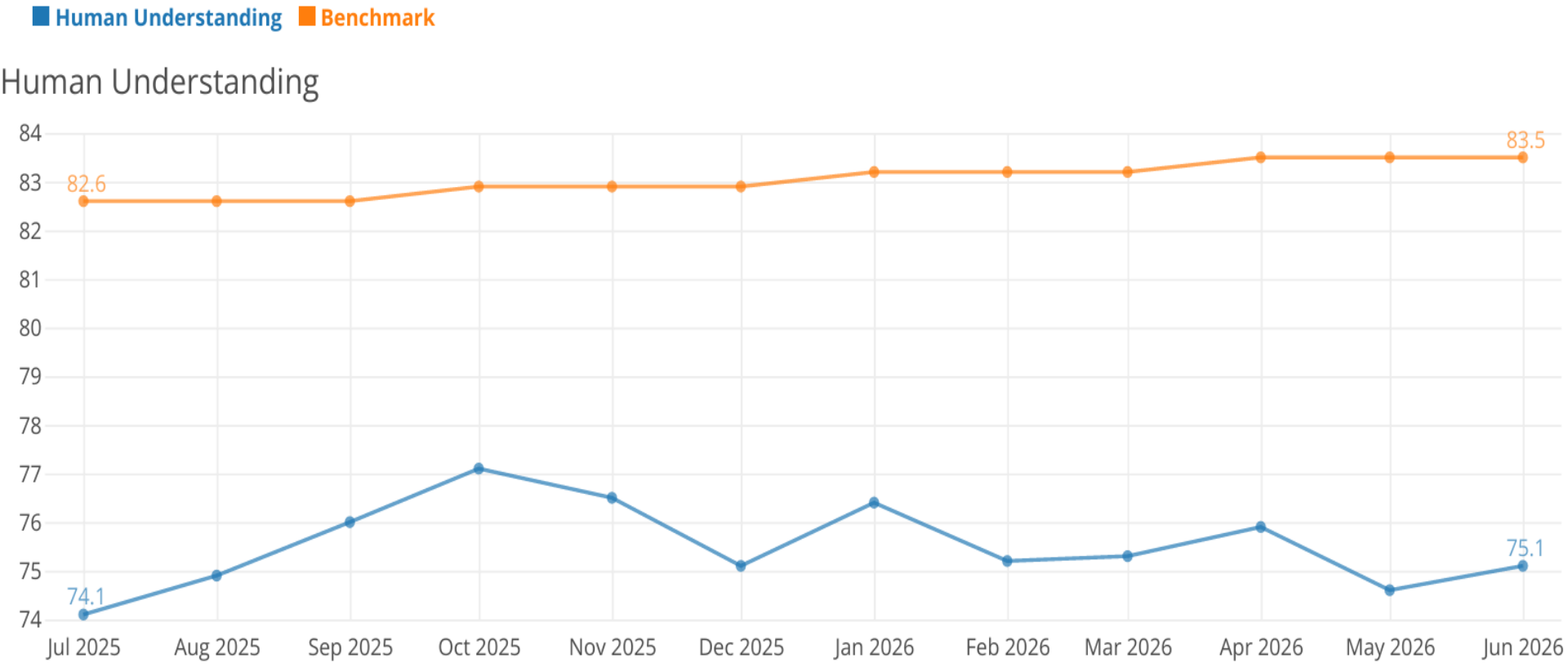

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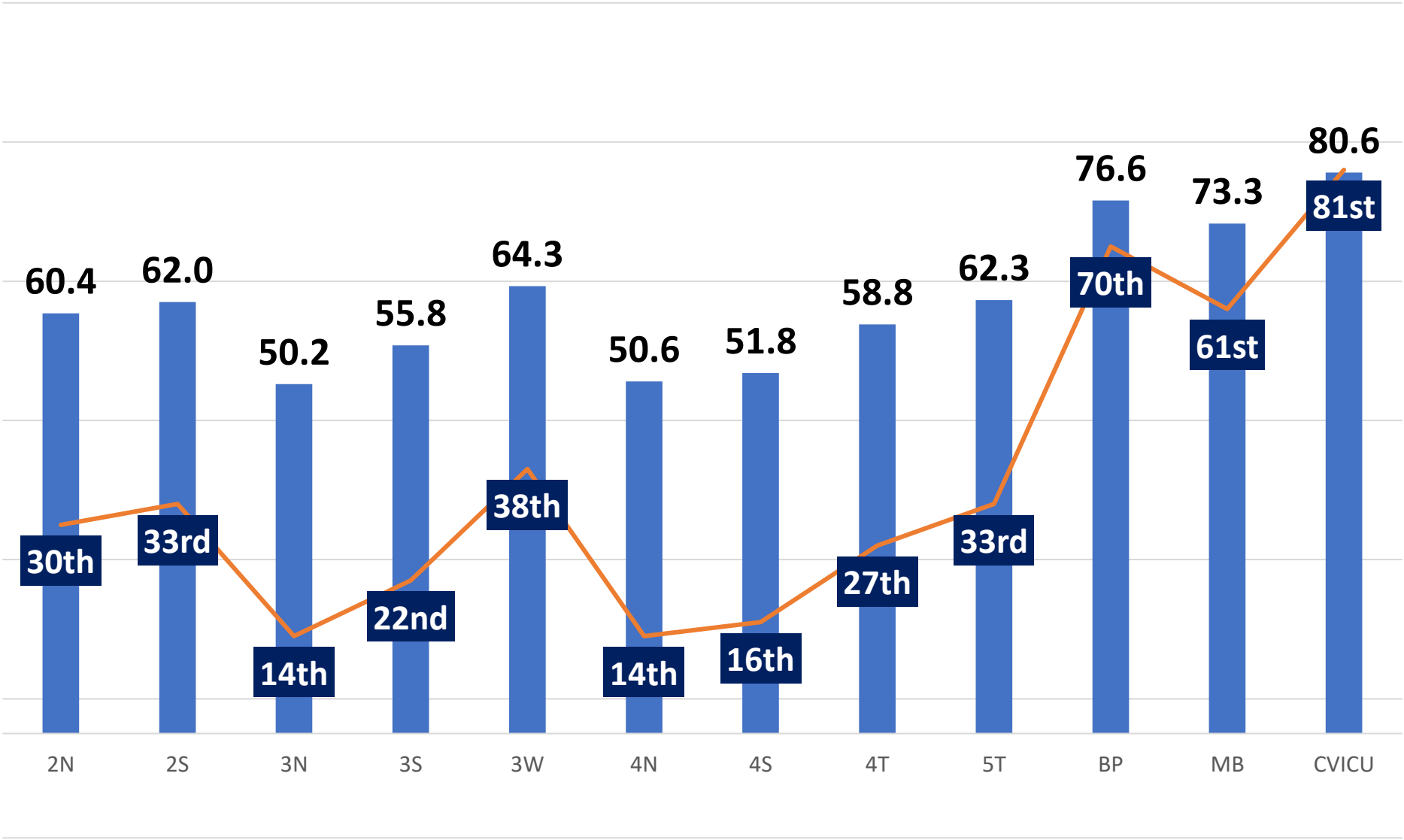
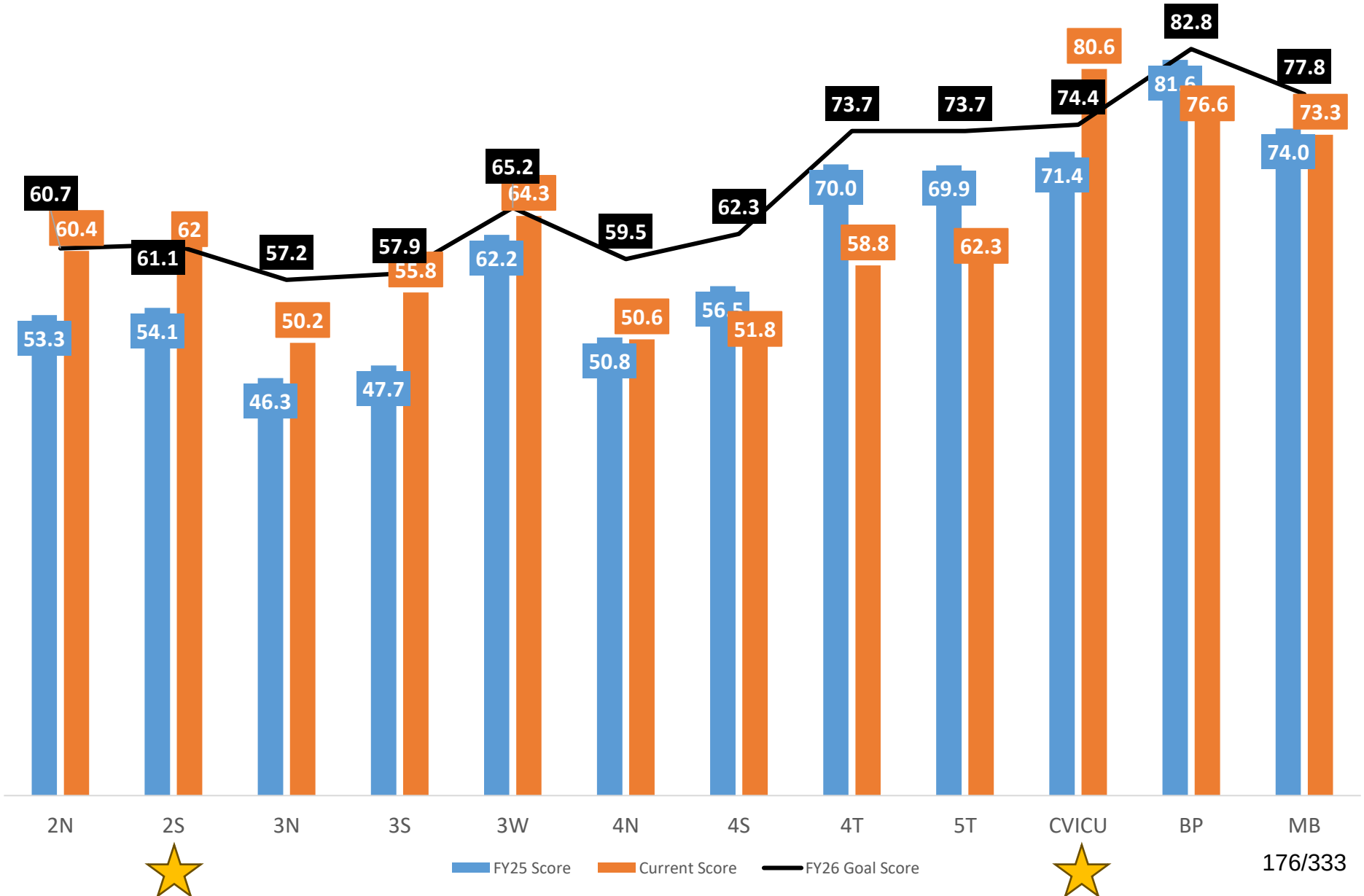
	n = 3,593	n = 3,510	n = 3,836	n = 3,949	n = 3,380	n = 3,813	n = 4,188	n = 3,854	n = 4,208	n = 4,081	n = 4,066	n = 4,008

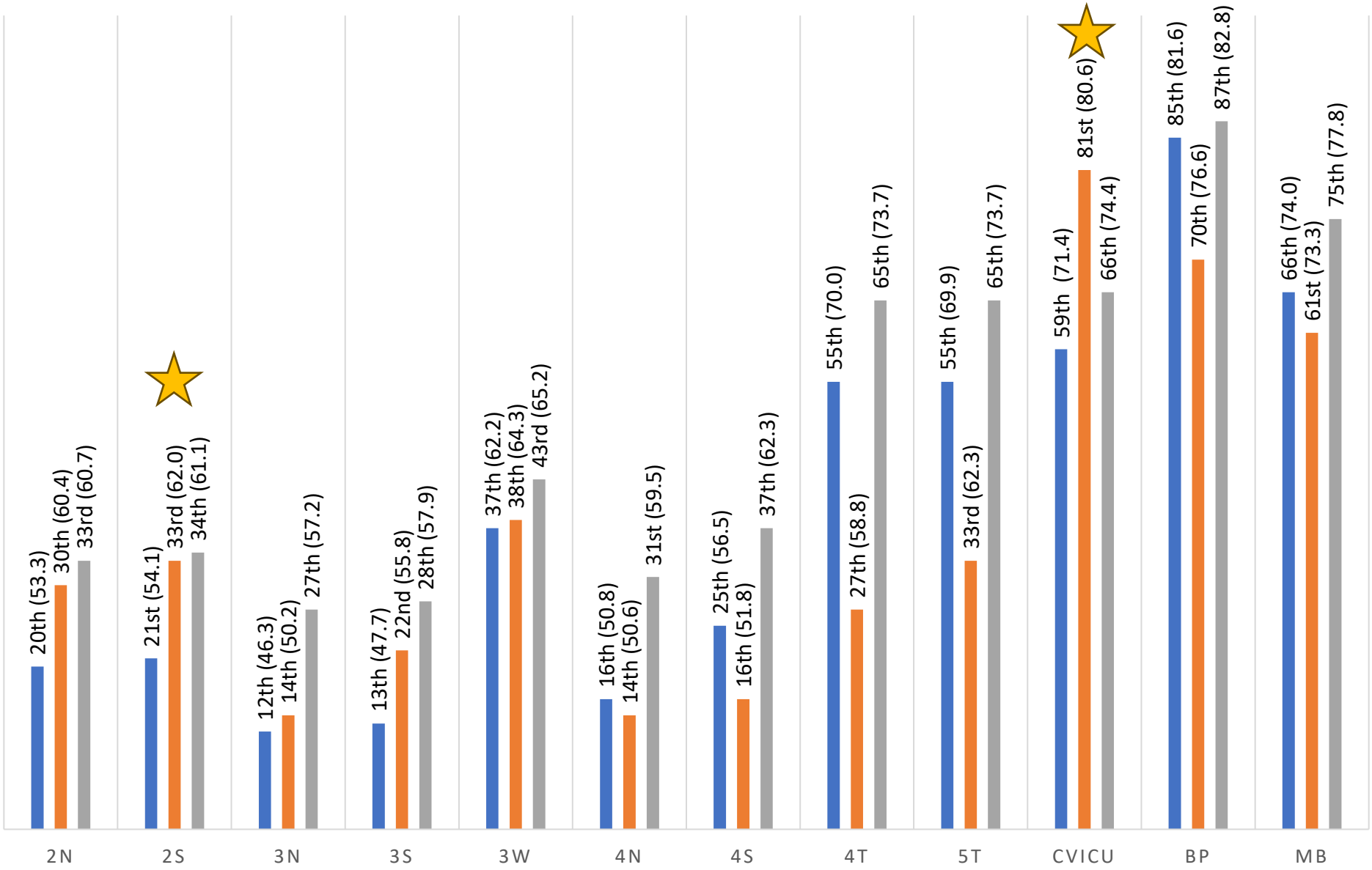
Inpatient Unit's NPS Score: July 2025 – June 2026



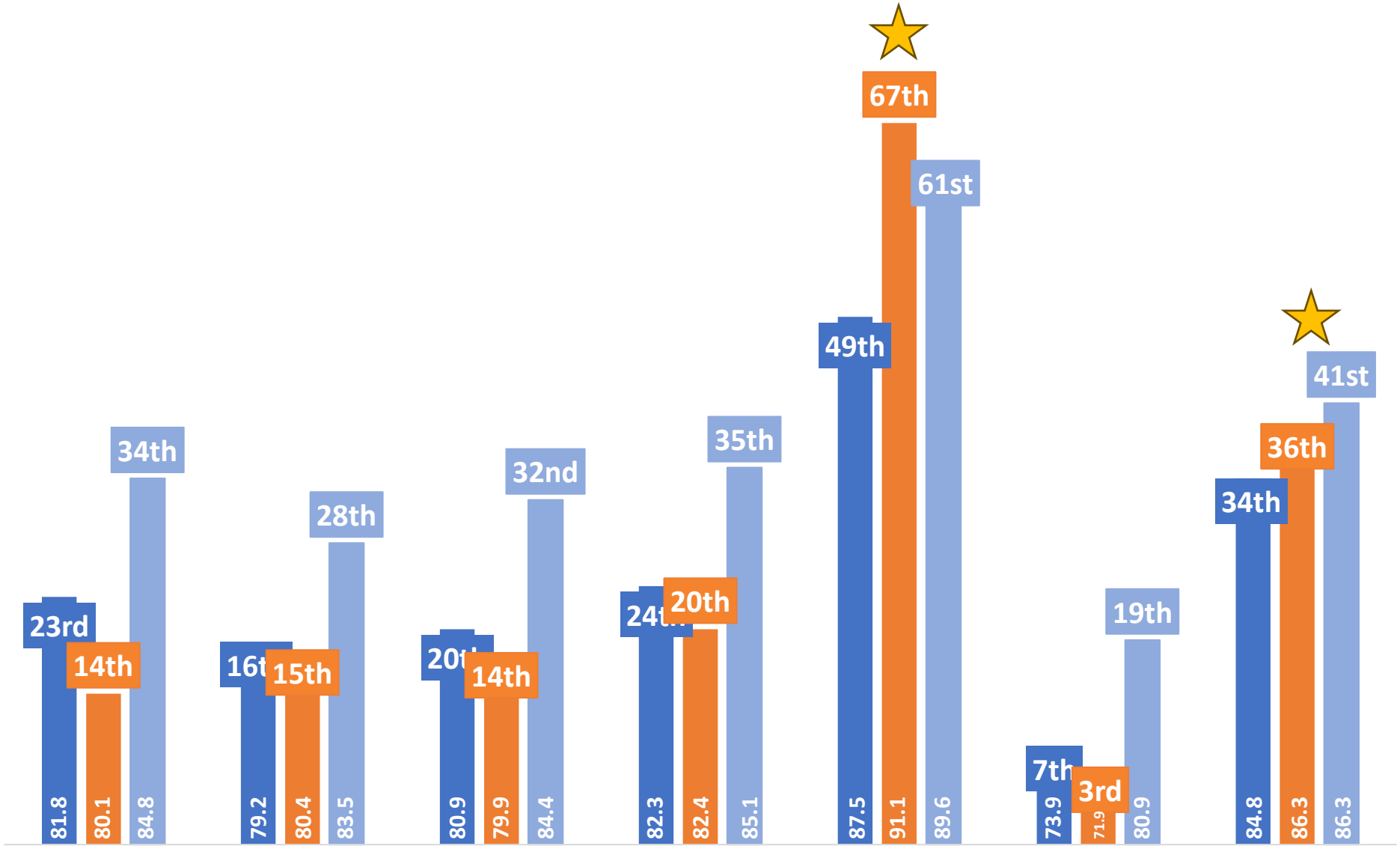
Inpatient Unit's Goal vs Current Score: July 2025 – June 2026

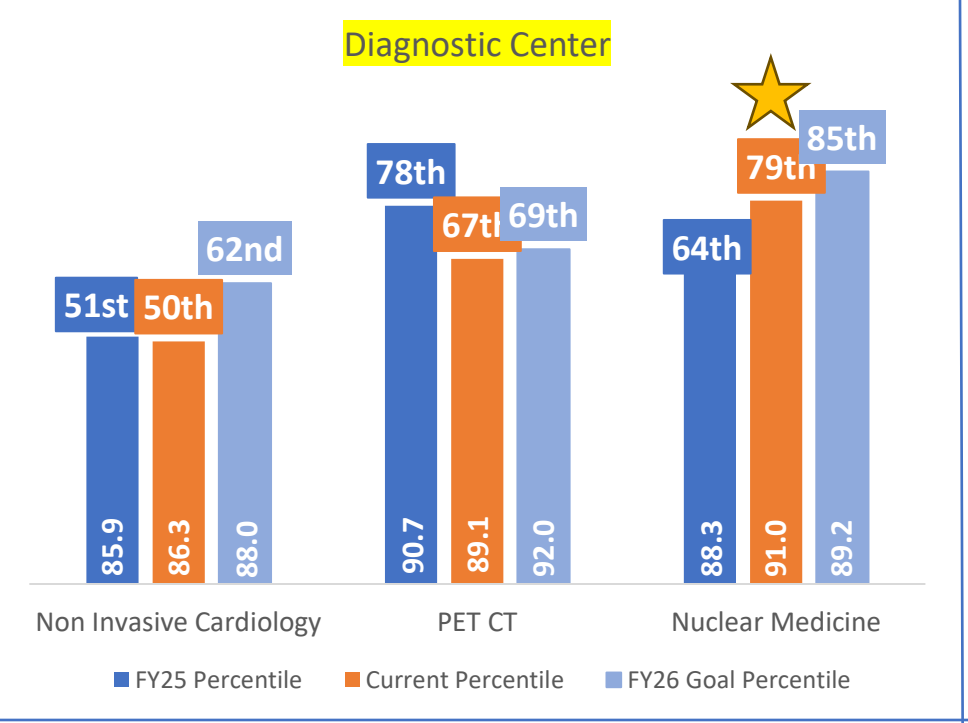


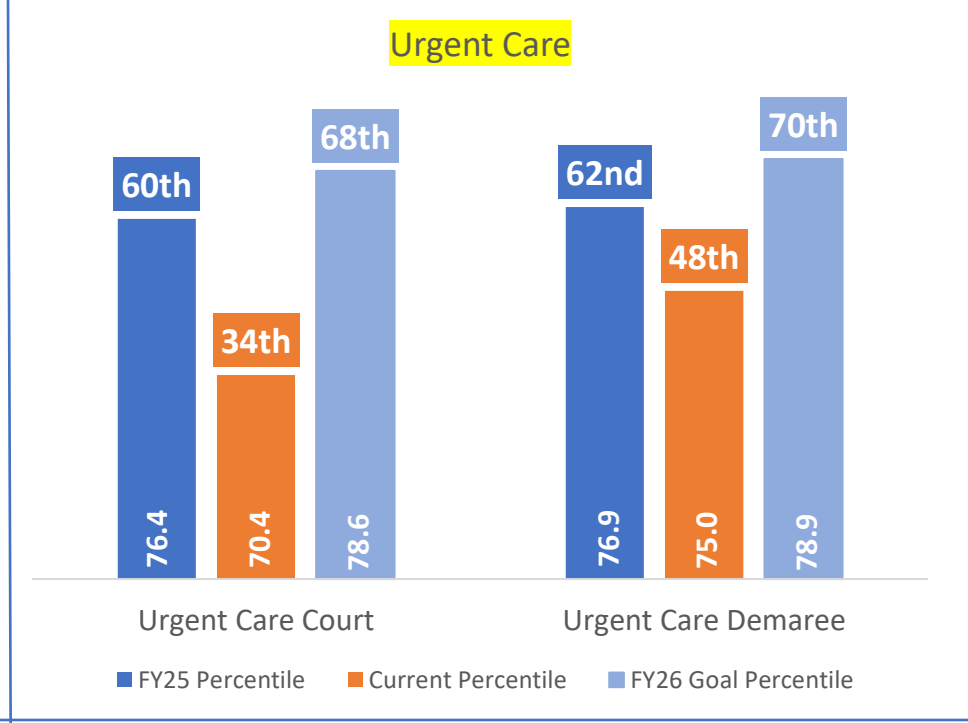
Inpatient Unit's Goal vs Current Score: July 2025 – June 2026

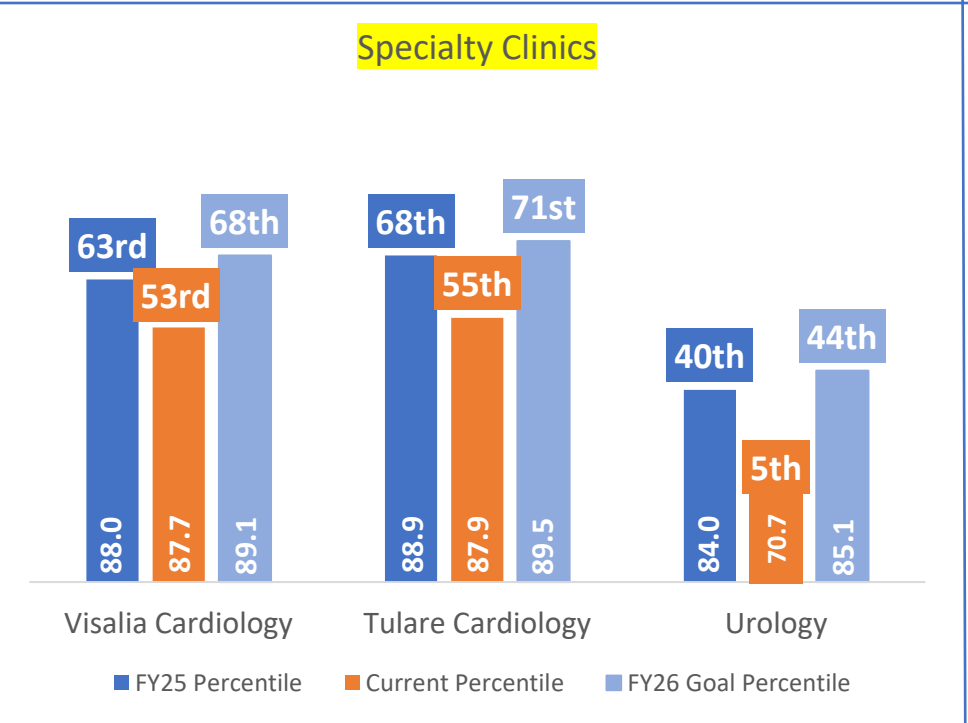


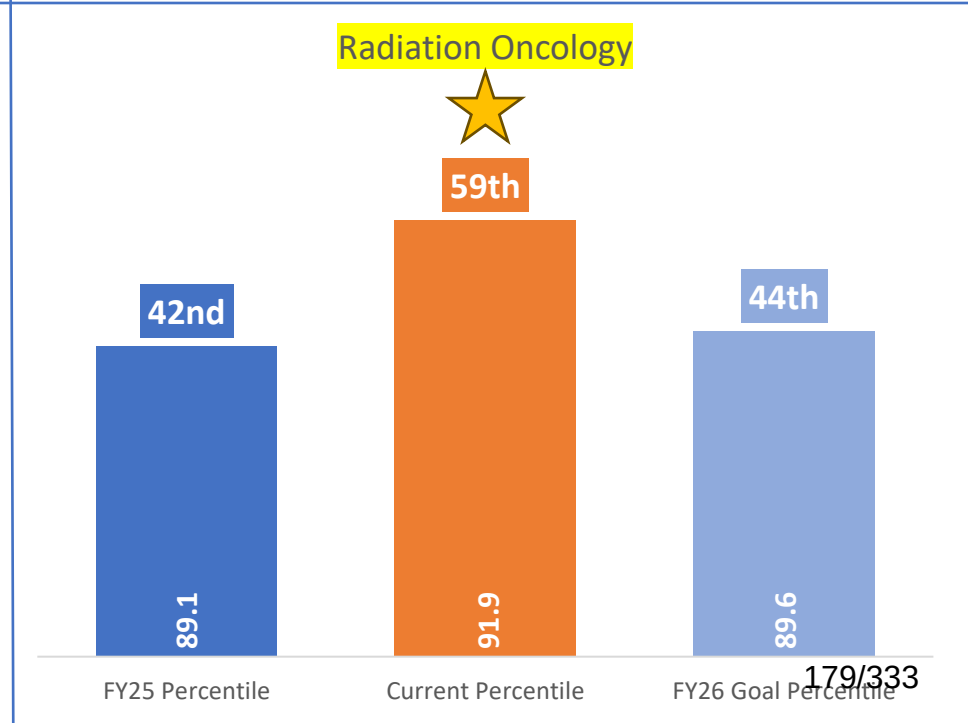
Medical Practice vs Current Score: July 2025 – June 2026

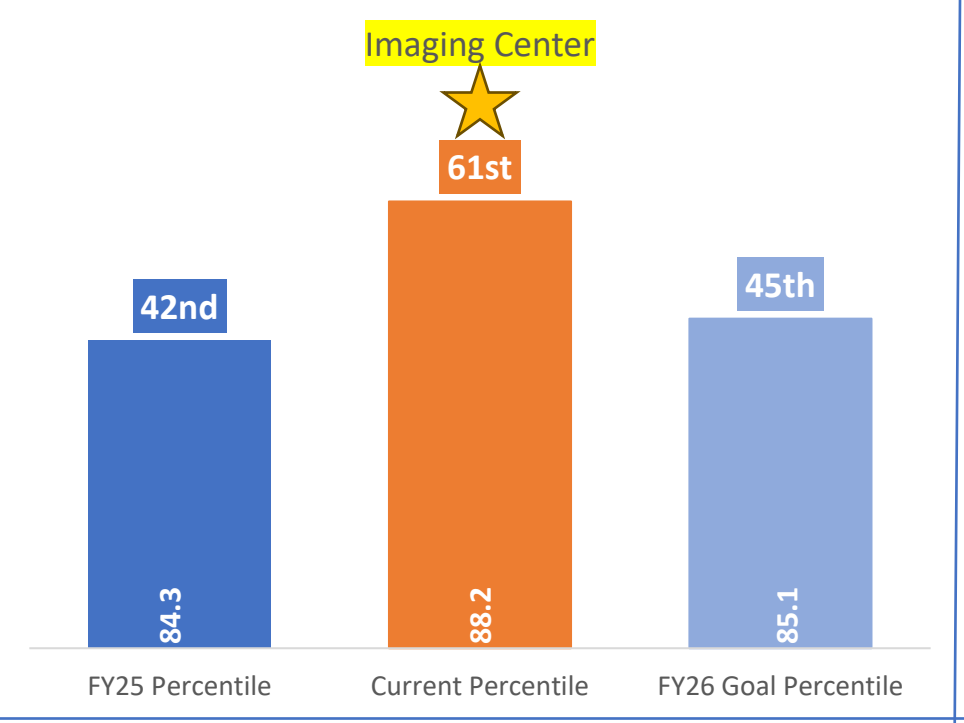


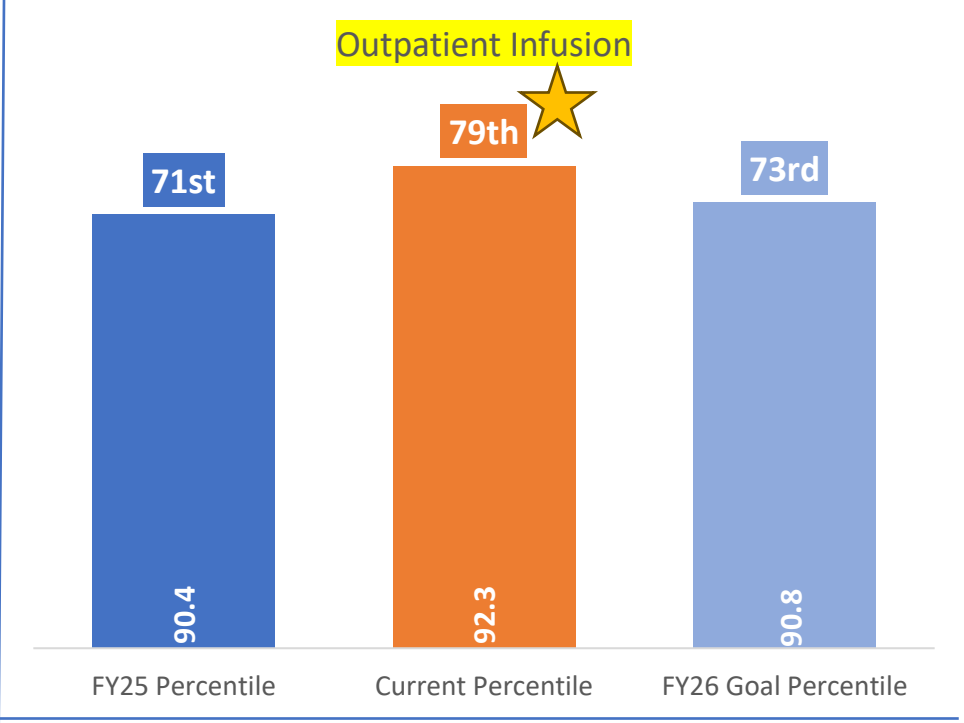

Diagnostic Center
51st
50th
62nd
78th
67th
69th
64th
79th
85th
85.9
86.3
88.0
90.7
89.1
92.0
88.3
91.0
89.2
Non Invasive Cardiology
PET CT
Nuclear Medicine
FY25 Percentile
Current Percentile
FY26 Goal Percentile

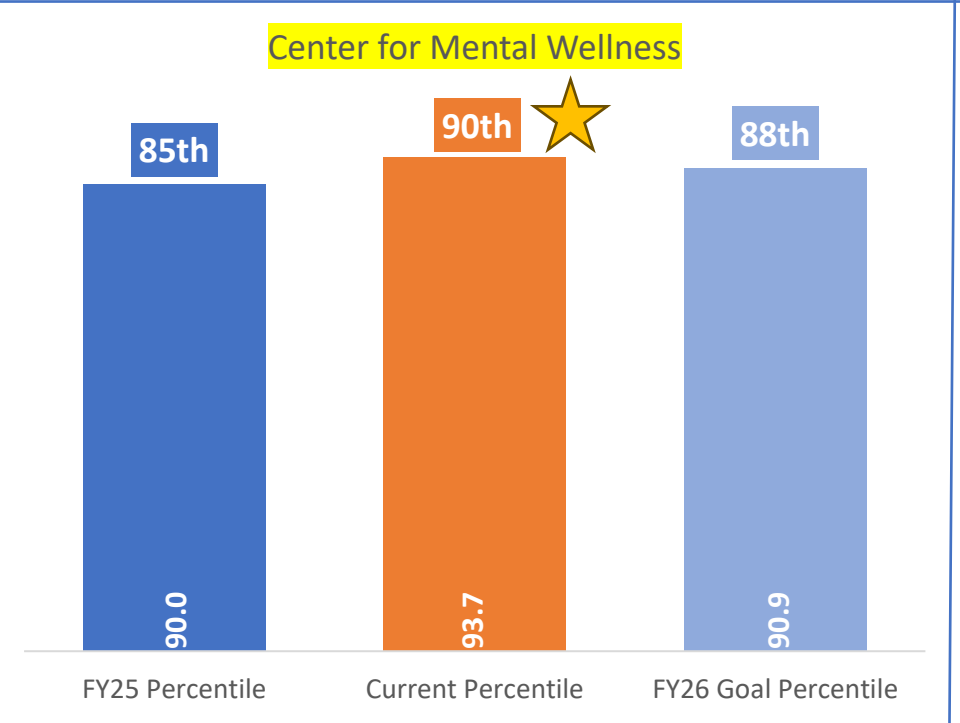

Urgent Care
60th
34th
68th
62nd
48th
70th
76.4
70.4
78.6
76.9
75.0
78.9
Urgent Care Court
Urgent Care Demaree
FY25 Percentile
Current Percentile
FY26 Goal Percentile

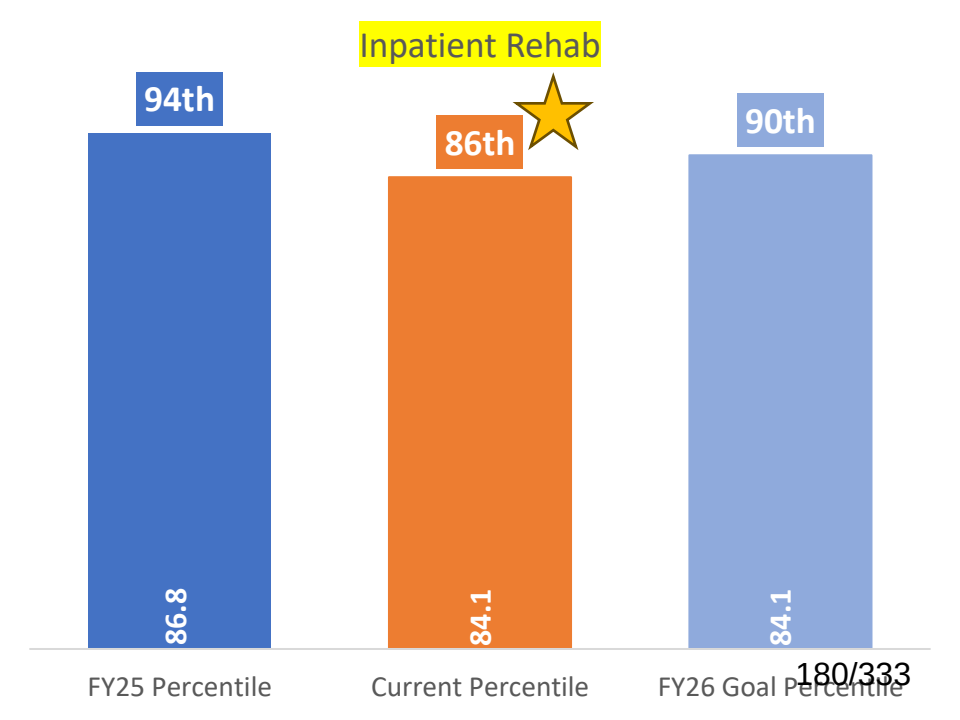

Specialty Clinics
63rd
53rd
68th
68th
55th
71st
40th
5th
44th
88.0
87.7
89.1
88.9
87.9
89.5
84.0
70.7
85.1
Visalia Cardiology
Tulare Cardiology
Urology
FY25 Percentile
Current Percentile
FY26 Goal Percentile


Radiation Oncology
42nd
59th
44th
89.1
91.9
89.6
FY25 Percentile
Current Percentile
FY26 Goal Percentile


Imaging Center
42nd
61st
45th
84.3
88.2
85.1
FY25 Percentile
Current Percentile
FY26 Goal Percentile

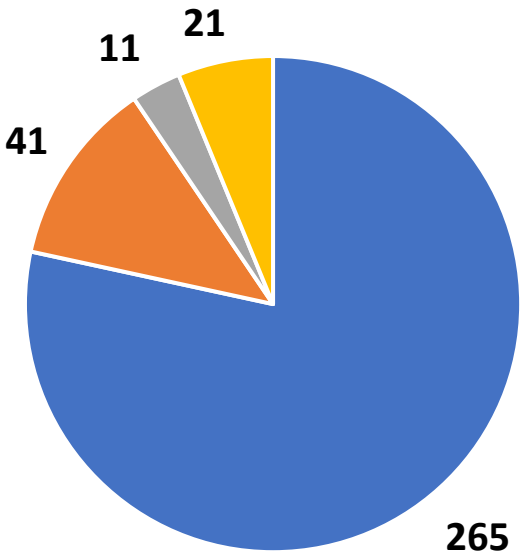

Outpatient Infusion
71st
79th
73rd
90.4
92.3
90.8
FY25 Percentile
Current Percentile
FY26 Goal Percentile


Center for Mental Wellness
85th
90th
88th
90.0
93.7
90.9
FY25 Percentile
Current Percentile
FY26 Goal Percentile


Inpatient Rehab
94th
86th
90th
86.8
84.1
84.1
FY25 Percentile
Current Percentile
FY26 Goal Percentile

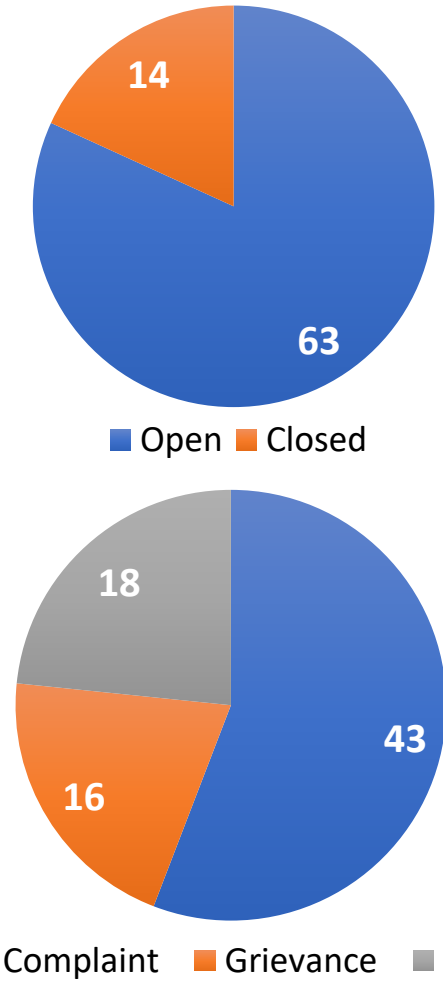
PX Rounding: July

275 Rounds



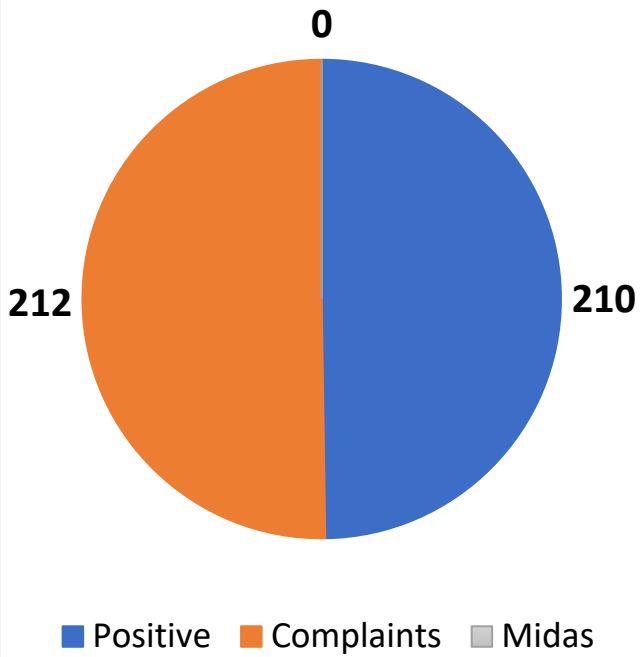
MIDAS: July

77 Opened

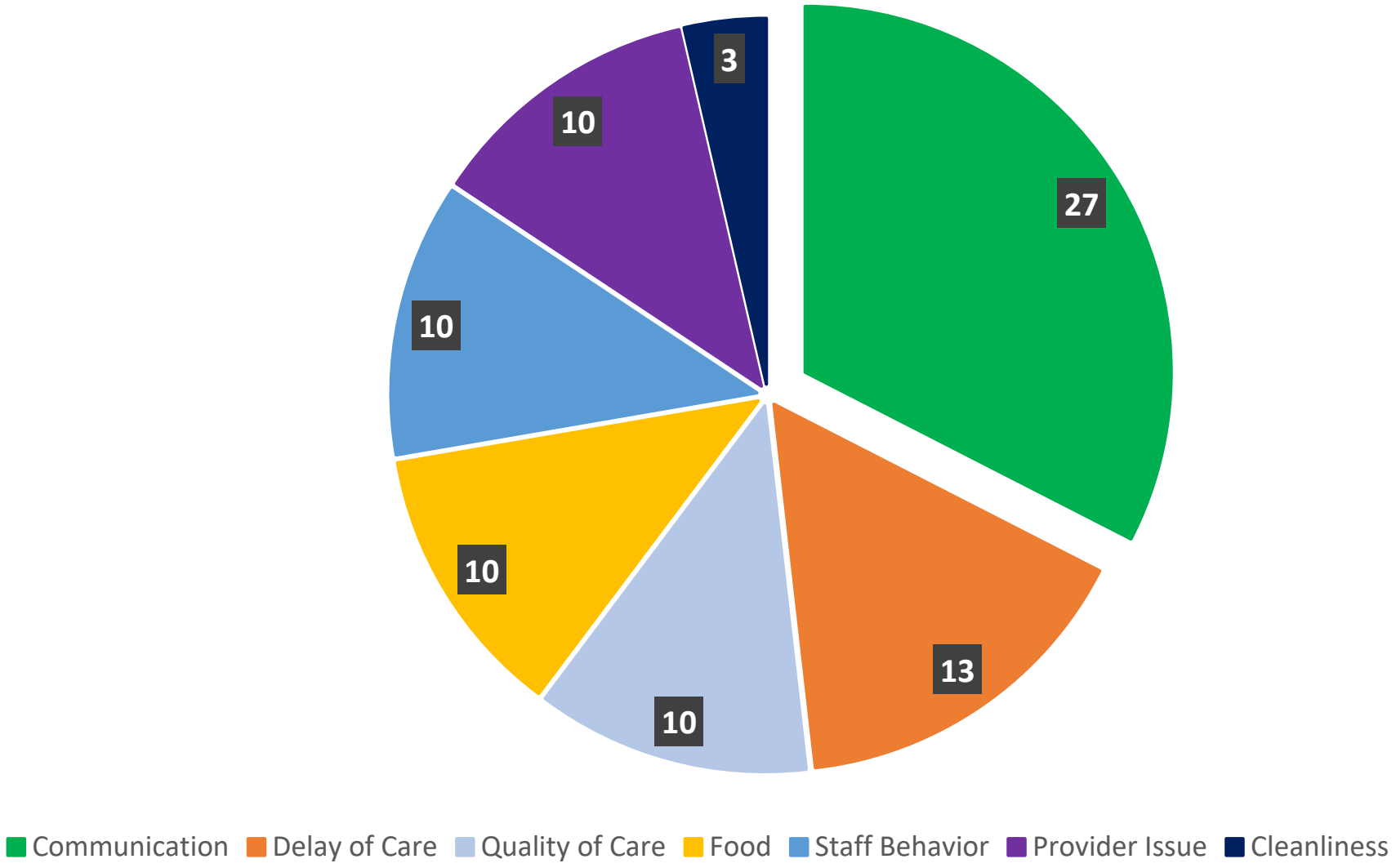


ED Rounding: July

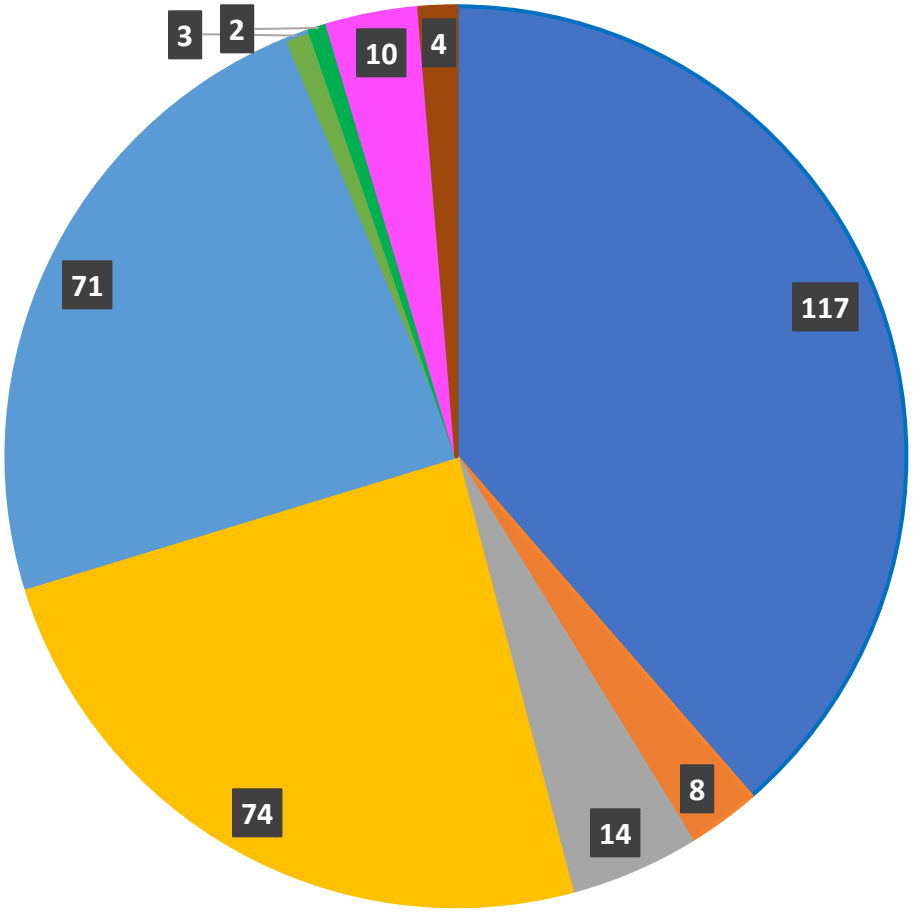
259 Rounds



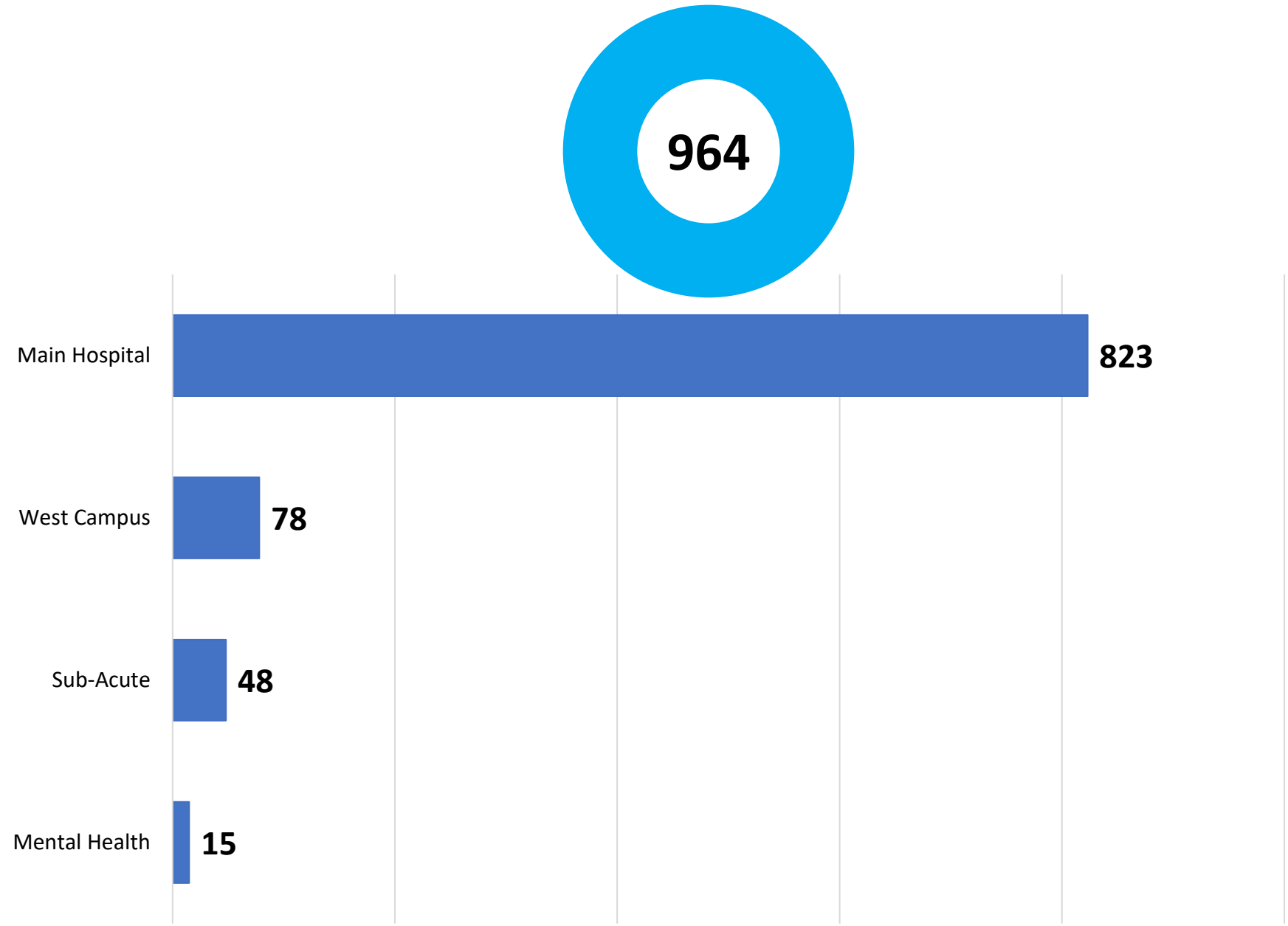
PX Patient Rounding Complaints Breakdown: July 2026



ED Patient Rounding Complaints Breakdown: July 2026



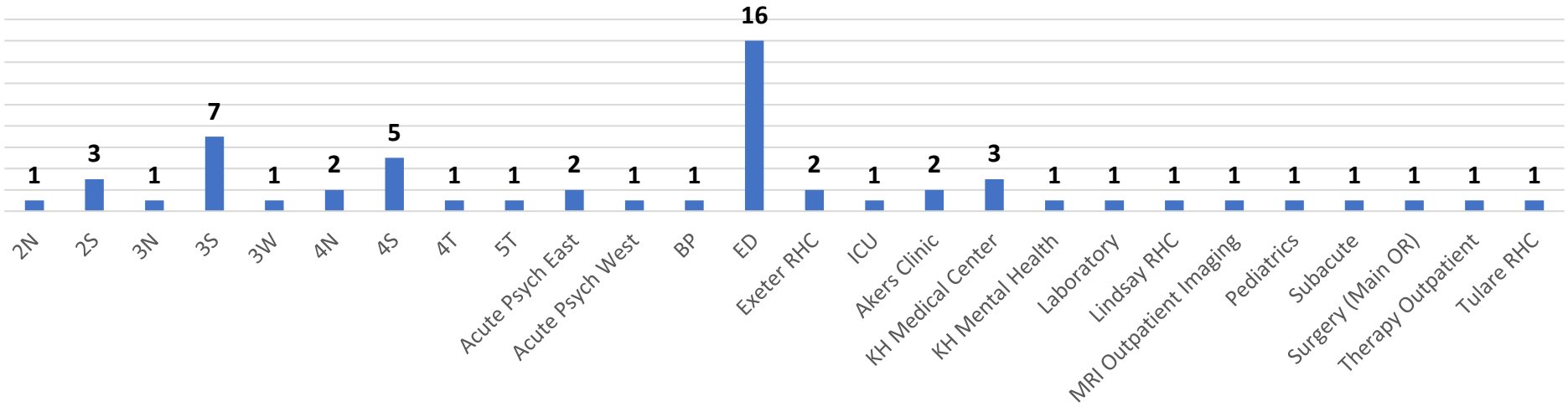
Leader Rounds: July 2026



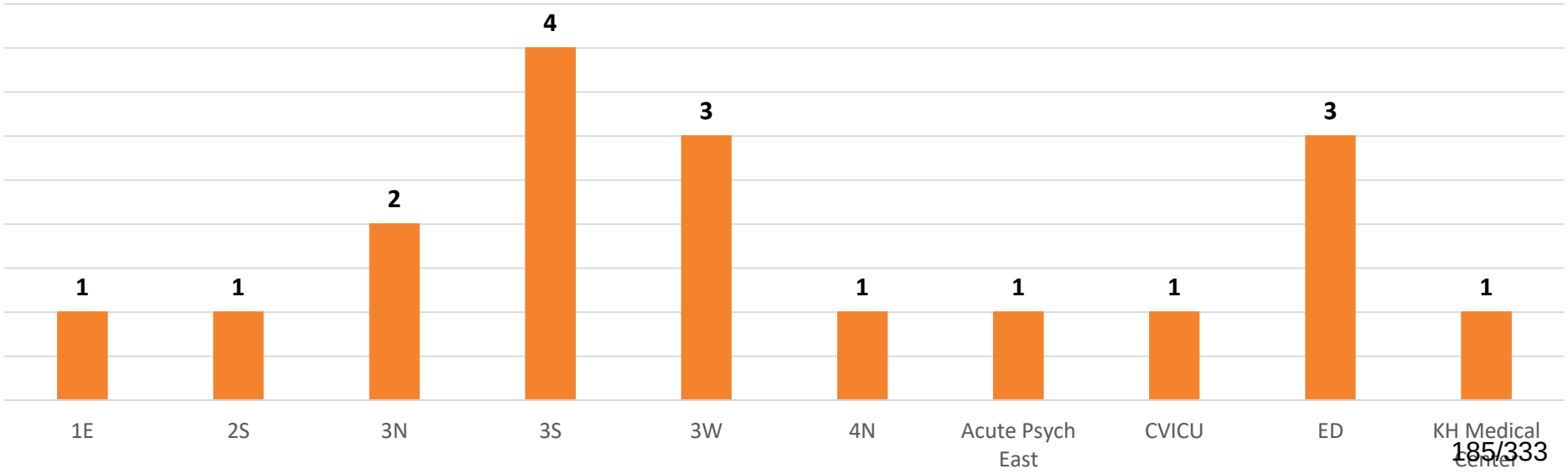
MIDAS: July 2026

77 Opened

Complaints & Grievances



Lost Belongings



Lost Belongings

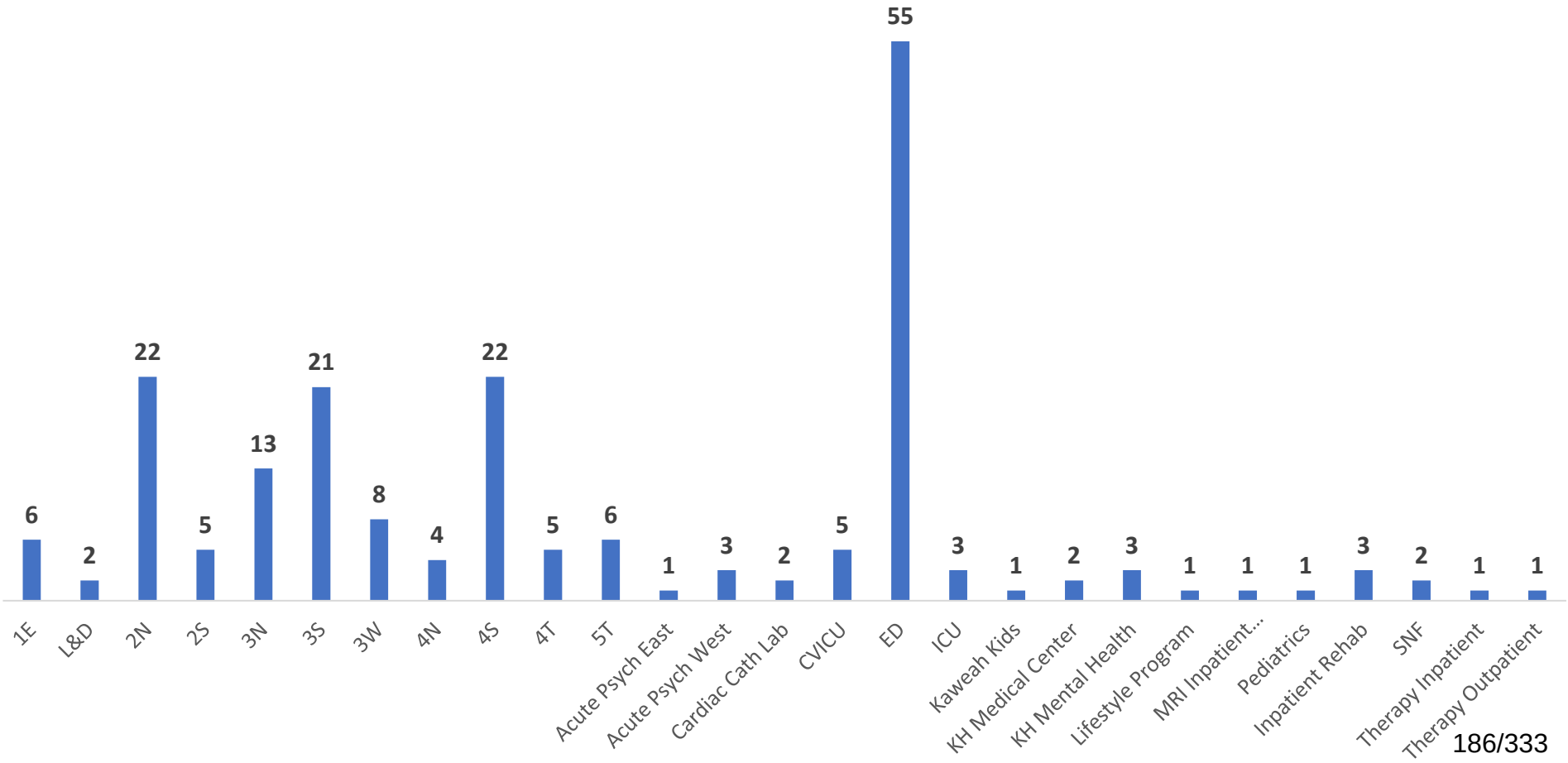
FY26: 7/1/2025 – 6/30/2026

Total Reported in Midas: 199

199
Total Cases

167
Closed (84%)

32
Open (16%)



Executive Rounding - July

Executive Team Rounds = 9 executive rounds, 0 BOD round

Executive	November	December	January	February	March	April	May	June	July
CEO/Marc Mertz.	11/4, 11/20	12/3, 12/23	1/12	Cancelled JC	3/25	4/23	5/11	6/23	7/28
Jag B.	11/12	12/10	1/13	Cancelled JC	3/19	4/8	5/7	Cancelled	7/14
Dianne C.	11/11	12/15	1/8	2/4	3/5	4/22	5/28	6/25	7/9
Scott B.	11/24		1/27	2/12	3/24	4/14	5/12	6/26	7/21
Ben C.	11/24	12/18	1/22	Cancelled JC	Cancelled by PX	4/22	5/21	6/16	7/23
Paul S.		12/2	1/28	18-Feb	3-Mar	4/15	5/19	6/11	7/22
Kevin Morrison						4/30	5/29	6/15	7/1
Board of Directors				2/9 (MO)	3/2 (AM)	4/16 (DF)	5/11 (MO)	6/4 (DL)	
Luke Schneider							5/4	6/24	7/15
Max Heckhausen							5/5	6/2	7/8
Tom Boggs							5/20	6/29	

Agenda item intentionally omitted

July 16, 2026

OPEN Quality Council Committee
Thursday, July 16, 2026
The Executive Office Conference Room

Attending: Board Members: Dr. Dean Levitan, Chair; Jonna Schengel, Board Member; Marc Mertz, CEO; Kevin Morrison, VP of Support Services; Jag Batth, Chief Operation Officer; Ben Cripps, Chief of Compliance; Max Heckhausen, VP of Strategy; Stephen Forney, Chief Financial Officer; Dr. Paul Stefanacci, CMO/CQO; Megan, Stuart, RN Quality Improvement Coordinator – Clinical Outcomes; Cindy Vander Schuur, Patient Safety Manager; Shawn Elkin, Infection Prevention Manager; Chris Patty, Clinical Practice Guidelines Program Manager; (Recording) Kyndra Licon, Quality Project Manager

Closed Session:

Dr. Dean Levitan called to order at 8:00 AM.

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

Dr. Dean Levitan adjourned the meeting at 8:32 AM.

Open Session:

Public Participation – None.

Dr. Dean Levitan called to order at 8:34 AM.

4. **Review of June Quality Council Open Session Minutes –** Dr. Dean Levitan, Chair Board Member
    - Reviewed and acknowledged the May Quality Council Open Session Minutes by Dr. Dean Levitan. No further actions.

5. **Orthopedic Service Line Quality Report –** A review of key quality measures and actions focused on the care of the orthopedic patient population. *Jag Batth, Chief Operating Officer.* No further actions.

6. **Clinical Quality Report –** A review of outstanding health outcomes initiatives for fiscal year 2027. *Dr. Paul Stefanacci, Chief Medical Officer and Chief Quality Officer.* Dr. Levitan requested information on the number of admission risk assessments required for Falls, Skin, and Suicide. The committee will bring this information back for review at next month's meeting.

Adjourn Open Meeting – *Dr. Dean Levitan*
Dean Levitan adjourned the meeting at 9:41 AM.

Audit and Compliance Charter

Kaweah Health Medical Center

AUDIT AND COMPLIANCE COMMITTEE

MISSION AND PURPOSE: To promote an organizational culture that encourages ethical conduct and a commitment to compliance with laws, rules, and regulations and provide oversight of the structure and operation of the Compliance and Internal Audit Programs.

To assist Kaweah Health's Board of Directors in fulfilling its responsibility for the oversight and governance of Compliance Program Administration, Kaweah Health's Audited Financial Statements, systems of internal controls over financial reporting, operations, and audit processes, both internal and external.

Kaweah Health's Board of Directors is committed to full implementation of effective Compliance and Internal Audit Programs. Creating and reinforcing compliance and a system of appropriate internal controls is a priority of the Board of Directors, Chief Executive Officer, Chief Compliance and Risk Officer, and Senior Management.

AUTHORITY: The Compliance and Audit Committee has the authority to conduct or authorize investigations into matters within the Committee's scope of responsibilities, retain independent counsel, consultants or other resources to assist in investigations and audits, seek information it requires from employees or external parties, and to meet with Kaweah Health Officers, consultants, or outside counsel as needed.

COMPOSITION: The Compliance and Audit Committee is comprised of the following Members:

- Board Members (2) – The Board President or Secretary/Treasurer and Board Member Appointee
- Senior Leadership – Chief Executive Officer and Chief Financial Officer
- Legal Counsel/Compliance Advocate – Rachele Berglund
- Chief Compliance and Risk Officer
- Director of Corporate Compliance
- Compliance Manager

MEETINGS: The Committee shall meet at regularly scheduled intervals, with the authority to convene additional meetings as necessary. The Committee is authorized to request attendance from members of management or others to provide information that would be relevant to the Committee.

The Committee may meet in an executive session when necessary and permissible by applicable laws.

SPECIFIC RESPONSIBILITIES:

1. Review developments of the Compliance and Internal Audit Programs to enable the Committee to make recommendations to the Board of Directors when appropriate.
2. Provide oversight as needed to ensure that the Compliance and Internal Audit Programs effectively facilitate the prevention and/or detection of violations of law, regulations, and Kaweah Health policies.
3. Ensure autonomy and review resources assigned to the Compliance and Internal Audit Programs to assess their adequacy relative to the program's effectiveness.
4. Ensure annual review of the Compliance Work Plan and other relevant resources to identify potential risk areas and assess their impact on Kaweah Health.
5. Monitor physician contracts and payments made to physicians to ensure appropriateness and compliance with laws and regulations.
6. Review the Compliance and Internal Audit Annual Plans, activities, staffing and structure; ensure that the Chief Compliance and Risk Officer's (or designee(s)) access to information, data and systems is not restricted or limited in any way.
7. Select or dismiss independent accountants responsible for completing Kaweah Health's Financial Statement and Retirement Plan Audits (subject to approval by the Kaweah Health Board of Directors); review and approve fees paid to independent accountants; approve or disapprove consulting services provided by independent accountants to ensure independence and objectivity.
8. Meet with the independent accountants prior to, during, and after the annual audit to evaluate, understand and report to the Board on the various aspects and findings of the audit as follows:
    a. Audit scope and procedural plans
    b. Significant areas of risk and exposure and management's actions to minimize them
    c. Adequacy of Kaweah Health's internal controls, including computerized information system controls and security
    d. Significant audit findings and recommendations made by the independent accountants
    e. The annual Audited Financial Statements, related Footnotes Disclosure, and the Independent Accountant's Report thereon
    f. The independent auditor's qualitative judgments about the appropriateness, not just the acceptability, of accounting principles and financial disclosures

and how aggressive (or conservative) the accounting principles and underlying estimates are or should be

g. Serious difficulties or disputes with management encountered during the course of the audit

9. Reviews and evaluates management's written response to the independent accountants' management letter. Instructs the Internal Audit Leadership to confirm complete implementation of any Management action required by external auditor's Management Letter.
10. Review legal and regulatory matters that may have a material effect on the organization's financial position, financial statements, and/or reputation.
11. Monitor effectiveness and timeliness of responses to identified issues.
12. Monitor education, training, and preventive activities.
13. Review and evaluate the effectiveness of the Kaweah Health Compliance and Internal Audit Programs.
14. Recommend, review, and approve revisions to the Compliance Program's Code of Conduct and Compliance Policies Manual.
15. Report Committee actions and recommendations to the Kaweah Health's Board of Directors.

Presented to the Compliance and Audit Committee on August 13, 2026 for approval.

July 6, 2026

MINUTES OF THE SPECIAL OEPN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY JULY 6, 2026, AT 1:30PM IN THE KAWAEAH HEALTH MEDICAL CENTER, EXECUTIVE OFFICE CONFERNCE ROOM – 305 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Levitan, Schengel & Murrieta; M. Mertz, CEO; and K. Davis, recording

The meeting was called to order at 1:30 PM by Director Francis.

PUBLIC PARTICIPATION– None.
ADJOURNED TO CLOSED MEETING - Meeting was adjourned at 1:30PM

David Francis, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

Dean Levitan, MD, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

MINUTES OF THE SPECIAL OEPN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY JULY 6, 2026, AT 2:01PM IN THE KAWAEAH HEALTH MEDICAL CENTER, EXECUTIVE OFFICE CONFERNCE ROOM – 305 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Levitan, Schengel & Murrieta; M. Mertz, CEO; the full executive team and K. Davis, recording

The meeting was called to order at 2:32 PM by Director Francis.

PUBLIC PARTICIPATION– None.
CLOSED SESSION REPORT OUT- The board met in closed session and approved appointment of Jewel Calub as the new Kaweah Health Chief Nursing Officer.

ADJOURNED TO CLOSED MEETING - Meeting was adjourned at 2:33PM

David Francis, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

Dean Levitan, MD, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

July 22, 2026

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JULY 22, 2026, AT 4:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Levitan, Schengel & Murrieta; M. Mertz, CEO; D. Hightower, Past Chief of Staff; S. Forney, CFO; D. Cox, Chief Human Resource Officer; L. Schneider, VP Digital & ISS; P. Stefanacci, CMO; B. Cripps, CCO; J. Batth, COO; K. Morrison, VP Support Services; S. Baker, CNO; M. Heckhausen, VP Strategy; Fernando, Legal Counsel; and K. Davis, recording

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

PUBLIC PARTICIPATION –None.

ADJOURN - Meeting was adjourned at 4:00PM

David Francis, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

Dean Levitan, MD, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JULY 22, 2026, AT 4:45PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Olmos, Francis, Levitan, Schengel & Murrieta; M. Mertz, CEO; D. Hightower, Past Chief of Staff; S. Forney, CFO; D. Cox, Chief Human Resource Officer; L. Schneider, VP Digital & ISS; P. Stefanacci, CMO; B. Cripps, CCO; J. Batth, COO; K. Morrison, VP Support Services; S. Baker, CNO; M. Heckhausen, VP Strategy; Fernando, Legal Counsel; and K. Davis, recording

The meeting was called to order at 4:52 PM by Director Francis.

ROLL CALL- Directors Olmos, Levitan, Francis, Schengel and Murrieta were present.

FLAG SALUTE- Director Levitan lead the flag salute.

PUBLIC PARTICIPATION – None.

CLOSED SESSION ACTION TAKEN: In closed session the board approved the Medical Executive Committee's credentialing recommendations for July 2026. The board approved the closed meeting minutes of June 2026. The Boards final action was to reject two claims on its merits.

BOARD MEMBER REPORT OUTS- Discussion ensued.

RECOGNITIONS- Resolution 2296.

CONSENT CALENDAR – Director Francis entertained a motion to approve the July 22, 2026, consent calendar without 8.5.A, C, and D for further discussion.

PUBLIC PARTICIPATION – None.

MMSC (Murrieta/Levitan) to approve the July 22, 2026, consent calendar without 8.5.A, C, and D. This was supported unanimously by those present. Vote: Yes – Olmos, Levitan, Murrieta, Schengel, and Francis.

Discussion ensued on the reports pulled.

CONSENT CALENDAR – Director Francis entertained a motion to approve the pulled consent calendar items 8.5.C and D. Consent Calendar item 8.5.A will be pulled and put back on at a later time.

PUBLIC PARTICIPATION – None.

MMSC (Levitan/Schengel) to approve the consent calendar items 9.1.C and D. This was supported unanimously by those present. Vote: Yes – Olmos, Levitan, Murrieta, Schengel, and Francis.

ANNUAL INSTITUTIONAL REVIEW BOARD (IRB) REVIEW REPORT – GRADUATE MEDICAL EDUCATION – Angel Smith presented a report on the GME department including an overview of research oversight activities, resident and fellow scholarly projects, compliance with application research requirements, and continued alignment with GME accreditation standards.

ORTHOPEDIC SERVICE LINE QUALITY REPORT - Kevin Bartel made his annual quality update from the Orthopedic service line highlighting key quality and patient safety outcomes.

PATIENT EXPERIENCE AND SATISFACTION UPDATE- Deborah Volosin presented and had a meaningful discussion regarding aggregated and de-identified patient experience data, including trends, themes, and opportunities for improvement.

FINANCIAL STEWARDSHIP – A presentation and discussion of current financial statements, budget performance, revenue, and expense trends, and year-to-date comparisons for the District. Presented by Steve Forney.
Copy attached to the original of the minutes and to be considered a part thereof.

MMSC (Schengel/Murrieta) to approve June's Financials. This was supported unanimously by those present. Vote: Yes – Olmos, Levitan, Murrieta, Schengel, and Francis.

FUTURE GOVERNANCE TOPICS – Discussion regarding future governance topics. None were discussed.

REPORTS

Chief Executive Officer Report –Report relative to current CEO activities. – *Marc Mertz, CEO*
Board President- None. – *David Francis, Board President*
Chief of Staff Report – None.

ADJOURN - Meeting was adjourned at 6:35PM

David Francis, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

Dean Levitan, MD, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

AP133 Patient Elopement Critical Incident Response – Code Green

Policy Number: AP133	Date Created: No Original Creation Date Set
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	

Patient Elopement Critical Incident Response - Code Green

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

I. PURPOSE:

Kaweah Health is committed to the safety and security of all patients. This policy will outline the process when a high-risk patient is discovered missing or is seen eloping.

II. DEFINITIONS

A. High-risk patients include:

1. A cognitively impaired patient without capacity to make medical decisions.
2. Any patient who is on an involuntary psychiatric hold, such as a 1799, 5150, or 5250.
3. An unemancipated minor.
4. ~~1.~~ A patient who is conserved pursuant to the Lanterman-Petris-Short Act (LPS Act).
5. Any p~~P~~atient at moderate or high-risk for suicide

III. POLICY

A. All hospital staff are responsible for responding in the event of the elopement or discovery of a missing patient.

B. This policy excludes competent patients leaving against medical advice (AMA).

C. If patient is combative ~~and leaving~~while eloping, the staff member ~~noting~~monitoring the elopement will stay with the patient and alert the next nearest staff member to initiate a "Code Gra~~a~~ey".

D. The staff member monitoring the patient will take all reasonable precautions to ensure the safety of the patient, without placing ~~him or herself~~ themself in harm's way.

IV. PROCEDURE

A. IMMEDIATE ELOPEMENT AREA

1. Person who identifies possible elopement

a. Call “44” to activate ~~the~~ overhead paging ~~and~~to announce a “Code Green” with description of patient to include height, attire, gender, ethnicity, age, and any other pertinent details;
b. Give exact location to alert all staff that a patient is missing or in the process of elopement; and~~.~~
c. Instruct available staff to ~~start~~initiate a room-to-room search of the immediate area.

2. Area Charge Nurse (or other lead staff):
   a. Gather additional information and verify
      a. Patient name, room number, gender, approximate height and weight, hair color, race, photograph if available, and any other identifying information (e.g. using a wheelchair) that was not previously identified;
      b. Time patient was last seen with description of what patient was wearing;
      c. If the patient had any visitors in the last 24 hours, including who visited the patient and when; and
      d. The area the patient left from and in what direction they were going.
   b. Initiate ~~an area~~ search, ~~which includes~~of the areas which includes, but is~~, but~~ not limited to: patient rooms, corridors, nourishment center, waiting room, classrooms, conference rooms, elevators, stairways, storage rooms, restrooms, housekeeping or utility closets, dietary or housekeeping carts, offices, and cabinets.
   c. If patient elopes from a non-inpatient unit, lead staff will notify the inpatient department for assistance.
3. If the patient is seen exiting the building, lead staff and House Supervisor will work with Security to determine if Visalia Police Department (VPD) should be notified with a “9-911” call to initiate an area search.

B. PBX Checklist

1. Upon notification, announce Code Green plus description (3 times) over the ~~public address~~overhead paging system, including handheld pagers.
2. Notify the following:
   a. Security
   b. House Supervisor
   c. Others as requested by House Supervisor or Security.

C. Security Checklist

1. Immediately respond to the location of the possible elopement.
2. Assign Security Officer as appropriate.

3. Search external areas of campus for eloped patient.
4. Attempt to get information on possible description of eloped patient.
5. Assist unit staff to complete VPD notification, when indicated.
6. Greet ~~police~~VPD with description and any known information, acting as our liaison with the ~~police department~~VPD personnel.

D. Hospital staff checklist

1. Staff respond immediately, as assigned, to the exits of the hospital and should not leave their position until "All Clear" page is heard.
2. All staff, even those not in an assigned area or exit, should stay alert and report any person matching the description to the PBX Operator at Ext. 44.
3. If a person runs, do not attempt to apprehend them. Without losing sight of the person, ask for someone to call Security.
    a. If an individual matches the Code Green description, take special note of their appearance. This includes what they are wearing (style, color, etc.)~~,~~and how they leave the hospital property~~ground~~ (including the make, model, color, and license plate number if leaving by vehicle).
    b. Immediately report information to Security.
4. Assignments include:

Name of Exit or Area	**Department to Respond**
Mineral King Main Lobby	Patient Access 0700-2100 Emergency Department 2100-0700
Ambrosia Exit	Food Services
~~House Supervisor/Bed Coordinator~~Bed Allocation Office	~~Staffing Coordinator~~Bed Allocation
Endoscopy Hallway	Respiratory
Surgery Center Exit	Surgery Waiting Patient Access 0700-1700 Pharmacy 1700-0700
Acequia West Staircase Exit	~~Help Desk~~Patient Access 0700-2100 CVICU 2100-0700
Acequia West Employee Entrance/Exit by Visitor Elevators	Patient Access 0700-2100 CVICU 2100-0700
Acequia Wing Lobby	Patient Access 0700-2100 4-Tower 2100-0700
Acequia East Employee Entrance/Exit	EVS
Emergency Department Ambulance Bay (Inside)	Emergency Department
Acequia Zone A – Exterior Post – by ambulance bay with clear view of east stairwell exit, EMS door, ambulance	Emergency Department

door, and Emergency Department stairwell exit	
Acequia Zone B – Exterior Post – East Stairwell Exit	Emergency Department
Acequia Zone C – Exterior Post – Northeast Employee Entrance/Exit	Patient Access 0700-2100 CVICU 1700-0700
Acequia Zone D – Exterior Post – Acequia Main Stairwell and exit door – Northeast Side	Patient Access 0700-1700 4-Tower 1700-0700
Acequia Zone E – Exterior Post – Acequia Main Entrance	Patient Access 0700-1700 Emergency Department 1700-0700
Acequia Zone F – Exterior Post – Northwest exit and stairwell	Environmental Services
Acequia Zone G – Exterior Post – Acequia Southwest Exit with clear view of west stairwell, recessed exit.	Environmental Services
Mineral King Zone H – Exterior Post – Surgery Center Pre-Op West Exit door with view of courtyard walkway, back surgery door	Laundry Department
Mineral King Zone I – Exterior Post – Surgery Center Main Entrance	Surgery Patient Access 0700-1700 Pharmacy 1700-0700
Mineral King Zone J – Exterior Post – Loading Dock	Shipping and Receiving 0700-1500 Maintenance 1500-0700
Mineral King Zone K – Exterior Post – Dietary Exit Door	Food Services
Mineral King Zone L – Exterior Post – Ambrosia Exit	Ambrosia Staff 0700-2000 Security 2000-0700
Mineral King Zone M – Exterior Post – Mineral King Main Entrance	Patient Access 0700-2100 Security 2100-0700
Mineral King Zone N – Exterior Post – Emergency Department Main Entrance	Security

E. Notifications

1. If the patient is not located, Security and unit leadership will coordinate notification to VPD.
2. House Supervisor will notify the administrator on-call and Risk Management.
3. If the patient is not located, Charge Nurse/Team Lead staff will call the family and notify them of the patient's absence. Assistance can be provided by PFS or House Supervisor as needed.
4. Charge Nurse/Team Lead will contact the attending physician to relay information regarding the incident.
5. Following the incident, the Department Manager or designee submits an event report to Risk Management.

F. Documentation of patient's return

1. Time of return;
2. Patient's reason for leaving (if known) and where they went;
3. Assessment of patient, including current vital signs;
4. Interventions implemented (e.g. sitter, telesitter, TAB monitor);
5. Individuals notified of patient's return (Physician and family).;

G. Documentation if patient not located

1. Time patient elopement was identified;
2. Notification of family, physician, VPD;
3. Steps taken to locate patient.

H. Only House Supervisor can authorize the PBX to page "Code Green All Clear."

WEST CAMPUS ONLY

Person who identifies possible elopement

☐ Call PBX at Ext. 44 and (when calling, let PBX operator know your calling from the **West Campus and location**) to announce a "Code Green" with description of the patient

☐ Provide height, attire, gender, ethnicity, age, and any other pertinent details

☐ Follow the activation response for policy Code Green- ***AP133***

☐ When "Code Green" is instructed to be "ALL CLEAR" by leader, call Ext. 44 and let them know they can clear the Code

☐ When "Code Green" is announced via Cisco phone, return to your normal work duties unless otherwise directed

PBX Checklist

Upon notification, follow the activation response for policy Code Green- ***AP133***

☐ Announce Code Green with patients' description (3x), and location over the Cisco phone system at *West Campus ONLY*

☐ Notify the following:

☐ Security via handheld radio at West Campus and Security Lead

☐ Others as requested by campus leader or Security

☐ When being notified by the West Campus to clear Code, follow the same process by announcing the ALL-CLEAR via Cisco phone and state the location over PA system at the West Campus *ONLY*

REFERENCES:

California Welfare & Institution Code Section 5150 and 5250 California Health & Safety Code Section 1799.111 and CHA Consent Manual Links 5150, 5250 & 1799

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POLICY: Kaweah Delta Health Care District (KDHCD) is committed to the safety and security of all patients. All physicians and staff are responsible for responding quickly and appropriately in the event of the elopement of a cognitively impaired patient who may be at risk for harm, including patients on a voluntary or involuntary psychiatric hold who leave the hospital without notification of KDHCD staff. Unit personnel will respond immediately when a patient is identified as missing. This policy excludes competent patients leaving against medical advice (AMA).

PROCEDURE:

When a cognitively impaired patient, or a patient who is on an - involuntary psychiatric hold such as a W&I 5150 or 5250, or a medical hold pending a psychiatric evaluation such as a H&S1799.111 is believed to be missing from our facilities, or is observed leaving a facility, the following process will be followed in response to the elopement:

☐ A. E**CALL "44" TO ACTIVATE THE OVERHEAD PAGING AND ANNOUNCE A "CODE GREEN", WITH DESCRIPTION OF PATIENT, HEIGHT, ATTIRE, GENDER, ETHNICITY, AGE GIVING EXACT LOCATION TO ALERT ALL STAFF A PATIENT IS MISSING OR IN THE PROCESS OF ELOPEMENT.** Call "44" to activate the overhead paging and announce a "Code Green", giving exact location to alert all staff a patient is missing or in the process of elopement. Hospital Security and all available staff will respond immediately to the location.

If patient is combative and leaving, the staff member noting the elopement will stay with the patient and alert the next nearest staff member to initiate a "Code Green". The staff member monitoring the patient will take all reasonable precautions to ensure the safety of the patient, without placing him or herself in harm's way.

The Visalia Police Department will be notified by a "9-911" call, if the patient leaves the facility.

I. The Nurse Manager, (or Charge Nurse/Team Lead) will respond to the code alert and gather the following information:

A. Patient name, room number, gender, approximate height and weight, hair color, race, photograph if available, and any other identifying information (e.g. using a wheelchair).
B. Time patient was last seen and description of what patient was wearing.
C. If the missing patient had any visitors in the last 24 hours, i.e. who visited the patient and when.
D. The area the patient left from and what direction they were going. Notification of the patient's family.

On weekends or when an administrator is not on campus, the nurse in charge of the patient will notify the House Supervisor. If the patient is not located, the House Supervisor will notify the administrator on-call and Risk Management.

If the elopement was not observed and a patient is found to be missing, all available personnel will search all rooms within the unit and initiate a "Code Green". If the patient is not found, the staff will follow the protocol listed in numbers I and II above.
If staff are unable to find the patient within the building, KDHCD staff will search the immediate grounds outside of KDHCD's buildings and campus.
If the patient is not found, nursi staff will call the family and notify them of the patient's absence. Patient and Family Services should be notified to assist with calling the family or guardian of the patient.

II. If the patient is not found, the Nurse Manager, Charge Nurse or Team Lead will notify the Visalia Police Department with a "9-911" call to initiate an area search.
III. Documentation of the patient's return to the facility will include:
A. Time of return.
B. Patient's reason for leaving (if known), and where they went while AWOL.
C. Assessment of patient, including current vital signs (BP, T, P, R).
D. Interventions implemented (i.e.: sitter, TAB monitor).
E. Individuals notified of patient's return (Administration, Physician , and Family).
F. Completion of _an occurrence report.

Respond o

REFERENCES:

California Welfare & Institution Code Section 5150 and 5250California Health & Safety Code Section 1799.111

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Kaweah Health
Kaweah Health
MedicalCenter
External Exits
PATIENT & VISITOR PARKING
VISITOR PARKING
FLORAL AVE.
Parking
Maintenance & Vendor Parking
ACEQUIA AVE.
ACEQUIA WING Entrance
ACEQUIA WING LOBBY
CAFETERIA
MINERAL KING WING GROUND FLOOR
MINERAL KING AVE.
PARKING
LOCUST ST.

AP49 No Information, No Presence in Facility Patient Status

Policy Number: AP49	Date Created: No Original Creation Date Set
Document Owner: Ben Cripps (Chief Compliance & Risk Management Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	

No Information, No Presence in Facility Patient Status

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

PURPOSE: To provide for the privacy and safety of Kaweah Health patients and staff when there is a determined risk or per the patient's request.

POLICY: The status of "No Information" may be initiated for personal reasons by the patient, at the specific request of a patient or a patient's legal representative, as a result of a directive from a law enforcement agency regarding a patient in custody, or at the discretion of a Kaweah Health supervisor if a patient and/or staff are at risk of endangerment. Some examples include patients in custody, victims of a crime, or victims of domestic violence (not an all-inclusive list).

DEFINITION: *No Information Status*: Information regarding the patient will not be divulged and their presence in the facility will not be acknowledged.

PROCEDURE:

I. Right of Patient to Be Excluded from Hospital Directory:

A. At the time of admission to the hospital or as soon as reasonably possible in cases of patient incapacity or emergency treatment circumstances, the Patient Access team member completing the patient's admission will inform the patient verbally that the patient has the right to have their information excluded from the hospital's directory.

B. The patient must also be provided with a copy of Kaweah's notice form (Right to Prohibit Information from Being Included in Hospital Directory) for the patient's review. A copy of the patient's completed form will be maintained in the patient's permanent medical record.

C. If a patient chooses to have their information excluded from the hospital's directory, the patient will be assigned "No Information" status and handled in accordance with this policy.

~~I.~~II. Any patient that comes into the Emergency Room as a result of a violent crime will be assigned a "No Information" status.

~~II.~~III. A "No Information" status may be requested through direct contact with the Physician, the staff assigned to the patient's care, the Nurse Manager, the Nurse Supervisor, or through the admission office. The individual receiving the request will inform the other individuals indicated above.

~~III.~~IV. The admission office will assure that the appropriate status code is entered into the patient care computer system. This code will "flag" the patient on the census to indicate the "No Information" status.

A. Nursing and Patient Care staff on the nursing units will see the "No Information" star next to the patients name on the Cerner electronic patient census. The nursing staff who access the patient record will see a flag next to the patient name. Patient Access will see a confidential indicator on the patient census indicating "No Information" status.

B. Other staff responding to inquiry regarding a patient on another unit will search for the patient by name.

C. Whenever a flag appears, Kaweah Health staff shall not acknowledge the patient's presence in the facility.

D. The census for PBX staff and Information Desk staff/volunteers will not show the patient on the census if they have been identified as "No Information."

IV. When a patient has been placed under the "*No Information"* status:

A. Any media requests for information on the patient will be directed to the Nursing Supervisor or Director of Media Relations. They will respond that no information is available and, where appropriate, the media will be referred to the law enforcement agency.

B. If a visitor calls or arrives at the hospital, no information regarding the patient will be given and the patient's presence will not be acknowledged.

C. The global statement that can be used for inquiries about a "No Information" patient is, "I cannot confirm or deny that this person is a patient at this facility. I have no information for you."

V. When a patient is assigned a "No Information" status, staff will provide to the patient and/or their 2 patient-identified visitors, a summary sheet describing the "No Information" status (see attached "No Information Status" patient/visitor handout).

A. The patient under the "No Information" status will be required to follow the rules and regulations stated in the patient/visitor handout.

VI. Cancellation of "*No Information"* status may be made by the patient or patient's legal representative if that is where it originated. If a patient or their legal representative requests a "No information" status and fails to follow any rules associated with "No information" status, including informing visitors of their presence in the facility, hospital staff may cancel the "No information" status. If originated by law enforcement or hospital staff and information is disseminated, further restrictions may be applied.

VII. Law Enforcement may request "No Information" status for a patient who is in custody. If *"*No Information*"* status was originated by law enforcement, there will be consistent communication between Kaweah health and the law enforcement agencies.

VIII. In cases where "No Information" status can be voluntarily changed prior to discharge from the facility, the staff member receiving the change request is responsible to ensure that the Nursing Supervisor and Admitting Physician are notified. Any victim of a violent crime will remain in "No Information" status until discharge. The Nursing Supervisor may evaluate each case individually and in collaboration with all necessary parties change status prior to discharge.

AP107 - Patient Privacy Use and Disclosure of Patient Information

SEC 132 - Security of Prisoners at Kaweah Health

Policy Number: AP49	Date Created: No Original Creation Date Set
Document Owner: Ben Cripps (Chief Compliance & Risk Management Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	
No Information, No Presence in Facility Patient Status	

Kaweah Health

No Information Status

You are being placed under Kaweah Health's "No Information" status

What that means to you and your family or friends:

- If anyone calls or comes to the hospital and asks about you, they will be told you are not here.
- You will not receive any incoming telephone calls because the operator does not know you are here.
- Your use of a telephone to call family or friends will be at the discretion of hospital staff.
- You may have two (2) visitors. You will provide these two (2) visitors with a passcode that only they can use to see you. The passcode is not to be shared with anyone else. Limited medical information will be provided to the identified visitors over the phone, even with the passcode. Staff will give more in depth information to these visitors in person as they are able. The identified visitors will be expected to share any appropriate information with other family members as needed. Calls from non-approved visitors will not be accepted, and no information about you or your condition will be released to non-approved individuals.
- Any flowers or gifts being delivered to you will be refused at the front desk. They do not know you are here.
- You may ask to stop the "No Information" status if you were the one who asked for it to start.
- If you asked for the "No Information" status and you or your visitors share where you can be found in the hospital with other people, the "No Information" status may be cancelled by hospital staff.
- If the "No Information" status was started by the hospital and you or your visitors talk to other people about your stay in the hospital, stricter rules may be used.
- You and your visitors must agree to follow these rules for the entire time you are in the hospital.

THIS IS NOT A PART OF THE PERMANENT RECORD

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EOC1001 Safety Management Plan

Kaweah Health

Subcategories of Department Manuals not selected.

Policy Number: EOC 1001	**Date Created: 06/01/2009**
Document Owner: Maribel Aguilar (Director of Physical Environment)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	

Safety Management Plan

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

I. OBJECTIVES

The objectives of the Management Plan for Safety at Kaweah Delta Health Care District herein referred to as Kaweah Health (KH) is to provide a built-environment wherein patient care can be optimized, and to create an environment that minimizes physical harm and hazards for the patient-care population, staff, volunteers, physicians, contracted workers and visitors. It is an accreditation/standards-based and regulatory driven program, which is assessed for effectiveness during the annual evaluation process.

II. SCOPE

The scope of this management plan applies to KH and any off site area as per KH license. Off-site areas are monitored for compliance with this plan during routine surveillance by Environment of Care (EOC) committee members. Each off site area is required to have a unit-specific safety plan that addresses the unique considerations of the building environment. It is the responsibility of the Safety Officer to assess and document compliance with the Safety Management Plan. Safety-related issues may be brought to the attention of the EOC Committee. The scope of the plan and program includes, but is not limited to the following safety-related activities: surveillance activities, applicable safety policies and procedures, educational and performance improvement activities.

III. AUTHORITY

The authority for overseeing and monitoring the safety management plan and program lies in the EOC Committee, for the purpose of ensuring that safety management activities are identified, monitored and evaluated, and for ensuring that regulatory activities are monitored and enforced as necessary. Whenever possible, regulatory requirements are integrated with accreditation standards to avoid duplication of efforts and to assist in meeting or exceeding the requirements or the accreditation standards. The Chief Executive Officer and Board of Trustees have given the Safety Officer the authority to intervene whenever a hazard exists that poses a threat to life or property at a KH facility.

IV. ORGANIZATION

The following represents the organization of safety management at KH:

Organization - Safety Management

V. RESPONSIBILITIES

Leadership within KH has varying levels of responsibility and work together in the management of risk and in the coordination of risk reduction activities in the physical environment as follows:

Board of Directors: The Board of Directors supports the Safety Management Plan by:

- Review and feedback if applicable of the quarterly and annual *Environment of Care* reports
- Endorsing budget support as applicable, which is needed to implement a safe and healthy environment, identified through the activities of the Safety Management Program.

Quality Committee: Reviews annual *Environment of Care* report from the EOC Committee, providing feedback if applicable.

Administrative Staff: Administrative staff provides active representation on the EOC Committee meetings and sets an expectation of accountability for compliance with the Safety Management Program

Environment of Care Committee: EOC Committee members review and approve the quarterly *Environment of Care* reports, which contain a Safety Management component. Members also monitor and evaluate the Safety Management program **(EC .04.01.01-1)** and afford a multidisciplinary process for resolving EOC issues. Committee members represent clinical, administrative and support services when applicable. The committee addresses *EOC* issues in a timely manner, and makes recommendations as appropriate for approval. *EOC* issues are communicated to the KH's leaders through quarterly and annual evaluation reports. At least annually, one Process Improvement activity may be selected by EOC Committee members, based upon risk to the organization. EOC issues are communicated to those responsible for managing the patient safety program as applicable.

Directors and Department Managers: These individuals support the Safety Management Program by:

- Reviewing and correcting deficiencies identified through the hazard surveillance process.
- Communicating recommendations from the EOC Committee to affected staff in a timely manner.
- Developing education programs within each department that insure compliance with the policies of the Safety Management Program including, but not limited to department-specific safety training for new hires, students, volunteers, contracted workers, annual safety reorientation and unit-specific hazard training applicable to their areas.

- Supporting all required employee safety education and training by monitoring employee participation and setting clear expectations for employee participation to include a disciplinary policy for employees who fail to meet the expectations.
- Serving as a resource for staff on matters of health and safety.
- Ensuring employees are knowledgeable on how to access EOC Policies on Policy Tech.
- Ensuring that the procedure for work-related injuries is followed, and that accident investigation is completed immediately post injury or exposure, and documented on the appropriate form.

Employees. Employees of KH are required to participate in the Safety Management program by:

- Completing required safety education.
- Using the appropriate personal protective equipment when applicable. Practicing safe work habits and reporting any observed or suspected unsafe conditions to his or her department manager as soon as possible after identification.

Medical Staff: Medical Staff will support the Safety Management Program by practicing safe work practices while performing procedures at KH, and assisting in the care of employees who receive a work-related injury.

SAFETY OFFICER AUTHORITY

Safety Officer. A qualified individual, is appointed by executive leadership to assume the safety officer role, and oversees the development, implementation and monitoring of safety management at KH. The Safety Officer is responsible for responding to system or process failures that may have an impact on employee, patient or building safety.

MANAGEMENT OF SAFETY RISKS

(KH) identifies safety risks associated with the environment of care. Risks are identified from internal sources such as ongoing monitoring of the environment, results of root-cause analysis, results of annual proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. If a risk is identified, a risk/benefit analysis process is used to determine if actions and monitoring activities are required. This information is documented and presented to the EOC committee.

Risk Assessment: The management of risks within KH **is multi-focal, and consists of the following processes:**

1. **Policy/Plan/Program Development**. Inherent in risk assessment are the development of safety policies (e.g., Safety Manual or unit-specific), management plans, and program development for safety through the structure of the EOC Committee. Regulations, accreditation or industry standards (e.g., TJC, Title 8 – Employee Illness and Injury Prevention Program, Title 22-licensing requirements for acute care facilities, Title 17-Radiation Safety, OSHA 29 CFR 1910-Chemical Hygiene Officer and Plan) provide the basis and authority for policy/plan and program development.
2. **Environmental Surveillance, Results of Root-Cause Analysis, Pro-active Risk Assessment of high-risk processes.** Included in risk assessment are findings during environmental surveillance that reflect risk identification, and findings from root-cause analysis that require follow-up and improvement actions. During the annual evaluation process, risk identification may occur from a retrospective analysis of performance monitoring of high-risk processes, which will require a plan for improvement to minimize unfavorable outcomes from the possibility of consequential risks. Accountability for assessment and improvement activities are with the EOC committee.
3. **External Sources:** *Sentinel Event Alerts*, Regulatory and Insurer inspections, Audits, and Consultants. Risk assessment may occur as a result of findings or recommendations generated from external sources, such as *Sentinel Event Alerts,* Regulatory and/or Insurer

surveys, or audits conducted by recruited consultants. Accountability for assessment and improvement activities is with the EOC committee.

4. **Education:** Education is implemented to provide information, and thereby mitigate risk and includes, but is not limited to:
   - New hire
   - Annual Reorientation
   - Department Specific Education
   - Education for patients, staff, physicians, volunteers, students
   - Education based upon a needs assessment for any specific population.
   - Education based upon risk assessment or the results of surveys, inspections or Audits
5. **Drills – Planned Exercises:** Conducting drills such as fire, disaster, and infant security constitute activities designed to inform, educate and thereby mitigate risk when areas of risk are identified during the debriefing and or evaluation process.
6. **Interim Life Safety Risk Assessment.** The *Interim Life Safety Risk Assessment* process is used to identify potential risks associated with construction, with the intent to develop interim life safety measures to mitigate the risks associated with construction projects. Concurrent building safety guidelines/processes are used to mitigate the risks associated with new construction (e.g., permits, Life Safety Code compliance, current *Statement of Conditions, Guidelines for Design and Construction of Hospitals and Health Care Facilities).*
7. **Reporting and Investigation of Incidents:** Complementary to risk assessment is proper reporting and investigation of incidents. There are multiple processes within KH wherein reporting and investigating elements contribute to risk assessment. Internal processes and activities that support risk assessment include reporting and investigation mechanisms which may identify the opportunity to mitigate risk, such as:
   - Security investigation of property damage, thefts, vandalism, burglary, assault, battery and any workplace violence incidents.
   - Risk Management investigations of patient and visitor incidents, including incidents on the grounds and premises.
   - Employee Health investigations that addresses employee incidents and injuries within Kaweah Health and on the grounds and premises.
   - Infection Control investigations and or surveillance that pro-actively identify practices that provide the opportunity to mitigate risks
   - Material Distribution recalls for products that may pose risk and the opportunity to proactively mitigate the potential for adverse outcomes
   - Pharmaceutical recalls, medication errors or near-misses that may provide the opportunity to proactively mitigate risk

ACTIONS TO MINIMIZE OR ELIMINATE IDENTIFIED SAFETY RISKS

KH **takes action to minimize or eliminate identified safety risks.**

When risks are identified from the above processes, the EOC Committee uses the risks identified to select and implement procedures and controls to achieve the lowest potential for adverse impact on the safety and health of patients, staff, and other people coming to KH. Moreover, the identified risks may serve as the basis for the selection of performance standards, with the criteria identified as follows:

- The performance standard represents a high-volume activity, thereby representing risk by virtue of ongoing occurrences.
- The performance standard could represent a sentinel event activity (e.g., infant abduction). These types of activities, though rare in occurrence, represent risk due to their seriousness.
- The performance standard represents an activity or finding that needs improvement due to the possibility of adverse outcomes

Risk Reduction Strategies-Proactive

The following strategies are in place at KH to proactively minimize or eliminate safety risks:

1. **Worker Safety Program with Safety Officer Role**. The *Environment of Care* Committee outlines the broad objectives of the safety program for (KH), and implements various activities to ensure the program is viable, as well as defines, through the Safety

Management Plan, how the overall plan and program will be evaluated for effectiveness. The Safety Officer has the authority to intervene whenever a hazard exists that poses a risk to the safety of the patients and or building. Alternate individuals are identified in the absence of the Safety Officer. A Safety Officer role is in place within the Laboratory that oversees policies and procedures relating to lab safety for employees. An Infection Control Nurse oversees surveillance and infection control programs to minimize exposure risks.

2. **Committees.** The EOC Committee is the structure through which safety-related problems and issues can be identified and resolved. It should be noted that the EOC Committee is closely integrated with patient safety functions. The purpose of the EOC Committee with respect to the Patient Safety standards is to remain aware of sentinel event alert information from the Joint Commission and to assess organizational practices against current information relating to patient safety. Additionally, when recommendations are made for hospitals, each recommendation is critically reviewed, with a plan of action established. If sentinel events occur within the District setting that reflect *environment of care* issues, the EOC Committee will participate in improving outcomes relating to patient safety.
   The Radiation Safety Committee impacts worker safety as it oversees the radiation safety program and issues relating to the safety of the worker and radiation exposures.
   The Emergency Management Subcommittee convenes for the purpose of minimizing risks associated with unforeseen emergent situations that have the potential for consequential or adverse events.
3 **Reporting and Investigation Mechanisms:** Multiple sources of reporting and investigating mechanisms are in place (as identified above) that have the potential to identify risk and thereby implement action as needed to mitigate or minimize the identified risks.
4 **Policies/Procedures.** Safety policies and procedures are in place to assist the employee in the performance of safe-related activities related to the nature of their job tasks or their work areas. Policies and procedures are reviewed at least every three years.
5. **Education** – for Newly-hired Staff and Ongoing
   New hire education. Education relating to general safety processes is given during new hire orientation, and covers such topics as introductory information, an employee 's role with respect to general safety processes, types of safety materials and resources available for the employee on his/her unit, preliminary introduction to the concepts of "RACE" and compartmentalization", emergency management, and introductory information relating to "Employee Right to Know". This education is documented. Licensed Independent practitioners (LIP's) receive *Environment of Care* education through the re-credentialing process, which identifies how LIP's can eliminate or minimize physical risks in the environment of care, actions to take in the event of an incident, and how to report risks.
   a) **Area Specific Safety**. Area specific safety is covered for new employees and contracted workers on each department within (KH) and is the responsibility of the department manager and is documented. Information may include, but not be limited to location of the department's fire alarms, fire extinguishers, exits, evacuation plans; and location of unit- specific policies and procedures.
   b) **Specific Job-Related Hazards**. Education relating to specific job-related hazards may be part of the new employee's competencies, and part of the competency reorientation process. Examples of this may include job-related hazards related to the use of chemotherapy for nurses, "lock-out-tag out" for engineering staff, or use of certain cutting materials in the kitchen. Education for specific job-related hazards is the responsibility of the department manager and is documented.

Educational sources

Various types of experience at (KH) provide sources from which educational material is developed. These include, but will not necessarily be limited~~,~~ to, the following:

a) **Environmental surveillance trends**. Through trending of surveillance results, it may be determined that staff need additional education. The survey process itself may be an educational tool for staff. For example,

when staff are asked specific questions relating to fire or disaster roles, or location of SDS, or relating to their responsibilities with respect to defective equipment.

b) **Fire and Disaster drills**. When staff performance is evaluated during fire and disaster drills, educational topics may be developed if a knowledge deficit exists or if staff performance was not at the expected level.
c) **Changes in Operational Practices**. Whenever changes occur within (KH) that requires additional safety education, the education will be determined by the EOC committee.
d) **Needs Assessment**. Another source of education is determined from periodic needs assessment tools. These can be gathered from educational evaluations wherein the staff may be asked, "What other types of educational topics would you like to see?" Or it may be done at the unit level, for example, with the use of medical equipment when user errors occur.
e) **Illness and Injury Trends**. When illness and injury trends demonstrate an increase, the increase may be the catalyst for further education. Increasing back or needle stick injuries, or falls are examples of using injury trends to substantiate the need for additional education.
f) **Consequential Events or Risk of Consequential Events**. An incident may occur that results in an adverse patient, visitor or employee injury. This will warrant investigation, and the possibility of additional education.
g) ***Environment of Care*** **Committee**. The EOC Committee may impose education upon staff due to various regulatory and/or accreditation agencies that require updating.
h) **Risk Assessment Activities**. When risks have been identified, the risks will serve as a source of education for staff, based upon the severity and type of risk assessed.

Risk Reduction Strategies – When Risks Have Been Identified
When proactive risks have been assessed, risk reduction strategies will be the responsibility of the EOC Committee, unless the risk poses the potential for serious consequential events (i.e., death, serious injury or building threat). In this instance, the individual who has assessed the risk will notify the Safety Officer and Risk Management leadership who will then assume responsibility for reduction of the risk threat. Risk reduction strategies for the possibility of non-serious or non-imminent consequential events may be addressed through the *Sentinel Event Review* or EOC Committee, based upon the severity and type of risk identified. Risk reduction strategies include, but are not limited to the following:

1. Policies and Procedures. Policies and procedures may require development or revision, with applicable training completed for affected staff.
2. Education. New or reinforced education may be implemented to minimize the potential for future risk.
3. Equipment. The purchase of new equipment or the use of current equipment may require evaluation.
4. Administrative Controls. Administrative controls such as changes in staffing, or changes in staffing patterns may require evaluation and implementation.
5. Equipment Training. Training on equipment may be implemented or re-enforced.
6. Repairs/ Upgrades on Equipment. Repairs and or upgrades on medical, utility, or building equipment may be required.
7. Elimination of the Risk. Elimination of the risk through removal of a hazard may occur.
8. Product or Equipment Change-out or Recall. Faulty or defective products or equipment may be recalled and replaced.

MAINTENANCE OF GROUNDS AND EQUIPMENT
(KH) manages risks associated with the grounds and equipment in order to minimize consequential events or adverse outcomes related to accidents.
Environmental surveys are done routinely by EOC Committee personnel. Additionally, routine and varied security patrols are conducted wherein any safety hazards are brought to the attention of the EOC Committee. Routine building/grounds surveys with a contractor's representative are conducted

when construction activities are occurring. Special investigations by the Safety Officer and other designated staff, when requested, are conducted. Additionally, Risk Management reviews data from reported incidents that may identify patterns, trends and opportunities for improvements. The data involves all patient and visitor incidents related to accidents or other unusual events which are not consistent with routine patient care and treatment. Incidents that involve patients or visitors, wherein some aspect of the building/grounds plays a consequential role, the Safety Officer will be notified so the hazard may be investigated and corrected as necessary. All of these activities contribute to an overall monitoring plan for the grounds and safety-related equipment.

Equipment - Imaging Risk Reduction:
The hospital provides MRI services, and manages safety risks associated with MRI for the following circumstances:

- Patients who may experience claustrophobia, anxiety or emotional distress: Medication may be provided by the physician to help the patient relax or to decrease his/her anxiety or emotional distress. The RN or MRI technologist may provide psycho-social support as necessary. .
- Patients who may require urgent or emergency medical care: for these patients, a crash cart is available if needed, with transfer to the Emergency Room or Critical Care an option when necessary.
- Patients with medical implants, devices or imbedded foreign objects (such as shrapnel): All patients receive a pre-screening questionnaire to determine if he/she has any imbedded implants, devices or foreign object that will require a clinical judgment to proceed or terminate the MRI. Implants are reviewed by MRI technologist to check for MRI conditional status and review parameters necessary, prior to MRI.
- Ferromagnetic objects entering the MRI environment: MRI staff have been trained to decrease/eliminate any ferromagnetic objects from entering the MRI environment.
- Acoustic noise: The noise made by the MRI can be bothersome to some patients. Patients are informed of this possibility, and that the MRI may be stopped if the noise becomes unbearable. Headphones, where available, and/or earplugs are provided to reduce MRI noise.
- Restricting access to everyone not trained in MRI safety or screened by MRI-trained staff from the scanner room and the area that immediately precedes the entrance to the MRI scanner room: Signage is in place that prohibits unauthorized personnel from entering the MRI area. Door is secure with key pad which effectively restricts entrance to only those who have been safety trained in MRI safety and individually screened using MRI screening questions.
- Making sure that these restricted areas are controlled by and under the direct supervisor of MRI-trained staff: Controlled areas to the MRI are under the direct supervision of MRI-trained staff.
- Posting signage at the entrance to the MRI scanner room that conveys the potentially dangerous magnetic fields that are present in the room. Signage should also indicate that the magnet is always on. Signage is posted at the entrance to the MRI stating that the MRI scanner room has potentially dangerous magnetic fields present, and no one is allowed except authorized personnel. All personnel review annual MRI safety during annual training via our online learning platform.

Performance evaluation of Imaging Equipment.
To reduce the potential of risks relating to the operation and function relating to imaging equipment, the following activities and processes are in place:
For Diagnostic Radiology Equipment:

- A least annually a diagnostic medical physicist conducts a performance evaluation of all Diagnostic Imaging equipment that produce ionizing radiation. The evaluation, along with any recommendations and corrections, are documented. The evaluation utilizes phantoms to measure accuracy of dosages; alignment of beam, light, and collimators; and any functional process involved in acquiring images. Image quality of Computerized Radiography Reading units, Digital Detector Plates, workstations and monitors throughout the Imaging are also evaluated annually for image quality and accuracy, to include high and low contrast resolution, and artifact evaluation

For MRI Equipment:

- A least annually a diagnostic medical physicist or MRI scientist conducts a performance evaluation of all MRI imaging equipment. The evaluation, along with any recommendations, are documented. The evaluation includes the use of phantoms to assess the following: image uniformity for all radiofrequency coils used clinically, slice position accuracy, alignment light accuracy, high and low contrast resolution, geometric or distance accuracy, magnetic field homogeneity, and artifact evaluation.

FOR CT Equipment:

- Quality control and maintenance is in effect to maintain the clarity/quality of diagnostic images produced. Biomedical leadership identifies the frequency of maintenance activities for Imaging from a risk-based standpoint, and or manufacturer's recommendations.
- Annually, a medical physicist completes the following: measures the radiation dose (in the form of volume computed tomography dose index [CTDIvol] for the adult brain, adult abdomen, pediatric brain and pediatric abdomen.
- Verifies that the radiation dose in the form of the CTDIvol that is displayed by the CT imaging system for each tested protocol is within 20% of the CTDIvol displayed on the CT console. The dates, results and verifications of these measurements are documented (Note: this is only applicable for systems capable of calculating and displaying radiation doses in the form of CTDIvol.
- Annually a medical physicist conducts a performance evaluation of all CT Imaging equipment, with the evaluation, along with recommendations for correcting any problems, documented. The evaluation includes the use of phantoms to assess the following: image uniformity, slice thickness accuracy, slice position accuracy (when prescribed from a scout image), alignment light accuracy, table travel accuracy, radiation beam width, high contrast resolution, low contrast resolution, geometric or distance accuracy, CT number accuracy and uniformity, artifact evaluation.
- All CT protocols on CT units are password protected and reviewed by CT technologist, radiologist and radiation safety officer (RSO).

FOR Nuclear Medicine Equipment:

- At least annually, a diagnostic medical physicist conducts a performance evaluation of all Nuclear Medicine imaging equipment. The evaluation, along with recommendations for correcting any problems identified, are documented.
- The evaluations are conducted for all the image types produced clinically by each type of Nuclear Medicine scanner (e.g., planar and or tomographic) and include the use of phantoms to assess the following imaging metrics: image uniformity/system uniformity, high contrast resolution/system spatial resolution, low contrast resolution or detectability (not applicable for planar), sensitivity, energy resolution, count rate performance and artifact evaluation.

FOR PET Imaging:

- At least annually, a diagnostic medical physicist conducts a performance evaluation of all PET Imaging equipment. The evaluation results, along with recommendations for corrections, are documented. The evaluations are conducted for all of the image types produced clinically by each PET scanner (for example, planar and or tomographic), and include the use of phantoms to assess the following imaging metrics: image uniformity/system uniformity, high contrast resolution/system spatial resolution, low-contrast resolution or detectability (not applicable for planar acquisitions), and artifact evaluation. Note: the following tests are recommended, though not required for PET: sensitivity, energy resolution and count-rate performance; this is at the discretion of the Imaging leadership.

FOR Diagnostic X-Ray, MRI, CT, NM, PET Equipment: the annual performance evaluation conducted by the medical physicist includes testing of image acquisition display monitors for maximum and minimum luminance, luminance uniformity, resolution and spatial accuracy.

Product Notices and Recalls
Product Notices and Recalls. Product safety recall reports are presented to the EOC Committee with follow-up and outcome(s) on a quarterly basis. Noted are whether or not there were any adverse actions for the patient, the type of the product and the disposition of the product. Affected managers are notified when the product is identified within our inventory.

Pharmacy Safety: In support of safe and sterile conditions within the Pharmacy during compounding or admixing, sterility of packaging is present with "event shelf life" or dated products. Infection Control performs periodic surveillance to observe for practices and/or environmental requirements critical to contamination control within the sterile compounding environment. Pharmacy implements quality control by visually inspecting prior to use all components to be used for the compounding of sterile preparations to ensure there is no container breakage, looseness of cap or closure, or deviation from expected appearance, aroma or texture of the contents that might have occurred during storage. Before opening, the packaging of sterile container closures (e.g., luer lock tip caps) is inspected and before use the container closure is inspected to ensure free from defects that could compromise sterility. (KH) licensed pharmacy compounding facilities are constructed to allow for clean, uncluttered and functionally separate areas for product preparation, and pharmacy staff is trained to use clean or sterile techniques. During preparation of pharmaceutical drugs and solutions, pharmacy staff is trained to visually inspect the medications for particulates, discoloration or other loss of integrity, and if found to be unsuitable for use are not used to prepare the compounded sterile preparation and any other lots from that vendor are examined to determine whether other lots have the same defect. Defective lots are removed from active inventory and the manufacturer is notified. To support pharmaceutical safety, (KH) licensed pharmacy compounding facilities have a laminar airflow hood for the preparation of intravenous admixtures or any other sterile drug preparations. The laminar airflow hood receives preventive maintenance in accordance with the manufacturer's recommendations.

Prohibition of Smoking
A nonsmoking policy is in place at (KH) and is enforced and monitored throughout all buildings by management, employees and Security staff. The purpose of the policy is to restrict smoking at KH and to reduce risks to patients who have a history of smoking, including possible adverse effects on treatment, and to reduce the risks to others of passive smoking and fire. The smoking policy prohibits smoking anywhere on District property. The smoking policy is addressed with all new employees upon hire and new patients upon admission. Security personnel are the primary monitoring personnel for enforcement. If breaches of policy are noted, the EOC Committee will develop strategies in conjunction with Security as enforcement, to eliminate the incidence of policy violations.

Information Collection System to monitor conditions in the Environment
1. (KH) establishes a process(es) for continually monitoring, internally reporting, and investigating the following:
    - Injuries to patients or others within the District's facilities
    - Occupational illnesses and injuries to staff
    - Incidents of damage to its property or the property of others
    - Security incidents involving patients, staff or others within its facilities, including those related to workplace violence
    - Hazardous materials and waste spills and exposures
    - Fire safety management problems, deficiencies and failures
    - Medical or laboratory equipment management problems, failures and use errors
    - Utility systems management problems, failures or use errors

Through the EOC Committee structure, each of the above elements are reported and investigated on a routine basis by managerial or administrative staff, with oversight by the committee. Minutes and agendas are kept for each *Environment of Care* meeting.

Environmental Tours
(KH) conducts environmental tours to identify deficiencies, hazards and unsafe practices**.**

Department environmental tours are conducted throughout the District, including offsite locations by EOC Committee members for both the patient care and non-patient care areas. Environmental tours are conducted in the patient care areas, and in the non-patient care areas, with deficiencies, hazards and unsafe practices identified and corrected, or with a plan implemented.

Annual Evaluation of the Safety Management
On an annual basis EOC Committee members evaluate the Management Plan for Safety, as part of a risk assessment process. Validation of the management plan occurs to ensure contents of each plan support ongoing activities within KH. Based upon findings, goals and objectives will be determined for the subsequent year. A report will be written and forwarded to the Governing Board. The annual evaluation will include a review of the following:

- The objectives: The objective of the Safety Management plan will be evaluated to determine continued relevance for Kaweah Health (i.e., the following questions will be asked; was the objective completed? Did activities support the objective of the plan? If not, why not? What is the continuing plan? Will this objective be included in the following year? Will new objective(s) be identified? Will specific goals be developed to support the identified objective?).
- The scope. The following indicator will be used to evaluate the effectiveness of the scope of the safety management plan: the targeted population for the management plan will be evaluated (e.g., did the scope of the plan reach employee populations in the off-site areas, and throughout KH?)
- Performance Standards. Specific performance standards for the Safety Management plan will be evaluated, with plans for improvement identified. Performance standards will be monitored for achievement. Thresholds will be set for the performance standard identified. If a threshold is not met an analysis will occur to determine the reasons, and actions will be identified to reach the identified threshold in the subsequent quarter.
- Effectiveness. The overall effectiveness of the objectives, scope and performance standards will be evaluated with recommendations made to continue monitoring, add new indicators if applicable or take specific actions for ongoing review.

(KH) analyzes identified Environment of Care Issues
Environment of care issues are identified and analyzed through the EOC Committee with recommendations made for resolution. It is the responsibility of the EOC Committee chairperson to establish an agenda, set the meetings, coordinate the meeting and ensure follow-up occurs where indicated. Quarterly *Environment of Care* reports are communicated to Performance Improvement, the Medical Executive Committee and the Governing Board.

Priority Improvement Project
At least annually, one or more priority Improvement activities may be selected by Environment of Care Committee members. The priority improvement activity is based upon ongoing performance monitoring and identified risk within the environment.

KH improves its Environment of Care
Performance standards are identified monitored and evaluated that measure effective outcomes in the area of safety management. Performance standards are also identified for Security, Hazardous Materials, Emergency Management, Fire Prevention, Medical Equipment management and Utilities management. The standards are approved and monitored by the EOC Committee with appropriate actions and recommendations made. Whenever possible, the *environment of care* is changed in a positive direction by the ongoing monitoring, and changes in actions that promote an improved performance.

Patient Safety
Periodically there may be an *Environment of Care* issue that has impact on the safety of our patients. This may be determined from *Sentinel Event* surveillance, environmental surveillance, patient safety standards or consequential actions identified through the risk management process. When a patient-safety issue emerges it is the responsibility of the Safety Officer or designee to bring forth the issue through the patient safety process.

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EOC1034 Disruption of Services, Electrical

Policy Number: EOC 1034	**Date Created: 04/01/2010**
Document Owner: Maribel Aguilar (Director of Physical Environment)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	

Disruption of Services, Electrical

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

PURPOSE:

To notify the proper service of failure, and steps to be taken in the event of electrical failure.

PROCEDURE:

Check to make sure the electrical generating plant is functioning at the Medical Center and that off site inpatient locations' generators are functioning. Confirm that adequate emergency power is provided to the following essential services:

Alarm Systems
Obstetrical Delivery Rooms
Elevators (at least one)
Emergency care areas
Emergency communication system
Illumination of exit signs
Medical air compressors
Medical/surgical vacuum systems
Newborn nurseries
Operating rooms
Postoperative recovery rooms
Special care units.

Maintenance will notify affected departments and the Nursing Supervisor of the failure and the expected downtime.

The Nursing Supervisor shall decide if Code Triage or Code Triage Alert needs to be called, if patients and/or building occupants need to be relocated, and if cases need to be cancelled/rescheduled.

After Normal Utility Power is restored, check for proper operation of:

Ventilating Systems

Pumps
Motors

Air Compressors

Air Conditioning
Vacuum Pumps, etc. Boilers

Notify PBX to contact all departments and relay that service has been restored.

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EOC1036 Disruption of Service, Natural Gas

Policy Number: EOC 1036	**Date Created: 04/01/2010**
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Disruption of Service, Natural Gas

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

PURPOSE:
To notify the proper services of failure and steps to be taken in the event of a natural gas failure.

PROCEDURE:
In the event that a gas leak or rupture of a regulator that is servicing the hospital, the following steps will be taken:

Notify the Maintenance Department to initiate problem resolution

Maintenance will notify affected departments and the Nursing Supervisor of the failure and the expected downtime

Notify Central Services and Surgical Department/Services that their steam sterilizers will not work because the boiler will not function and instruct them to use electric sterilizers only.

Food Services will need to be notified to arrange alternative meal preparations due to the fact that stoves will be non-functional.

After the natural gas service is restored light all pilot lights and check equipment for proper operation.

Notify PBX to notify all departments that service has been restored

The Natural Gas Main Shut Off Valve is located in the following areas on the following campuses:

Mineral King Wing/Laundry/Co-Gen – On Willow Street, in the generator yard

Co-Gen Turbine – West side of the Co-Gen building located on West Street.

Acequia Wing – North East Employee entrance, alley way

South Campus – South side of building behind the Dietary Department

Rehabilitation Hospital – North side of the building, outside of the big therapy gym

Mental Health – South side of the building, outside of the boiler room

Facility Staff is authorized to shut off natural gas valves. In an emergency situation, at the direction of charge nurse, staff is authorized to shut off natural gas valves.

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EOC1040 Failure of High-Pressure Boilers

Policy Number: EOC 1040	**Date Created: 04/01/2010**
Document Owner: Maribel Aguilar (Director of Physical Environment)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	

Failure of High Pressure Boilers

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

PURPOSE:

In the event that boilers are beyond repair for the on-call maintenance engineer the Director for Facility Operations or designee will be called to determine whether the Engineering Department staff can repair the problem or if an outside company shall be called.

In the event of a disruption or failure of the high pressure boiler system, Maintenance shall call the Nursing Supervisor, Sterile Processing and all Surgery areas to inform them of the situation and possible time it will take to complete.

The Nursing Supervisor shall decide if Code Triage or Code Triage Alert needs to be called, if patients and/or building occupants need to be relocated, and if cases need to be cancelled/rescheduled

All affected departments shall be notified upon restoration of service.

EOC3007 Emergency Department Security

Policy Number: EOC 3007	**Date Created: 04/01/2010**
Document Owner: Maribel Aguilar (Director of Physical Environment)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	

Emergency Department Security

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

PURPOSE:
To provide a safe environment for patients, staff and visitors in the Emergency Department.

POLICY:
All staff working in the Emergency Department will follow procedures, which address the safety and security of patients, staff and visitors.

PROCEDURE:
Only authorized personnel and visitors will be allowed access to the Emergency Department.

All Emergency Department and Security personnel shall receive crisis intervention training and special training on handling disruptive and violent patients during orientation and every 12 months thereafter.

Panic alarms located at the registrar's desk and at the Physician casework shall be activated in case of emergency. The alarm will ring in PBX. The PBX operator will notify Hospital Security and they will respond immediately.

NOTIFICATION OF EMERGENCY CALLS TO VISALIA POLICE DEPARTMENT (VPD):
PBX will call the VPD for an emergency response whenever called by any employee or by Security. Typically the PBX will not immediately notify the VPD of an emergency call that is generated by an electronic system within the District until it is verified by anyone involved. Any time the VPD is called for an emergency response, the Charge Nurse will immediately be notified and involved.

Visalia Police Department personnel will typically respond to all service calls from the PBX and will meet with Hospital Security. Here they will receive additional information regarding the situation. If there is a need to have the police respond directly to an alternate location, this request should be made to the PBX when making the request.

NOTE: All hidden silent emergency alarms shall be convenient, unobtrusive, and easy to reach, and can be actuated without notice of the aggressor. The receiving center for the alarm, PBX will be staffed 24 hours a day.

Specific Emergency Department policies addressing the following risk factors associated with assaultive behavior shall be in place and considered by all personnel when caring for the patient:

History of assaultive behavior.
Diagnosis of dementia.
Drug or alcohol intoxication or history of abuse.
Inflexible treatment or milieu routines.

EOC3014 Security Measures Involving VIP(s)

Policy Number: EOC 3014	**Date Created: 04/01/2010**
Document Owner: Maribel Aguilar (Director of Physical Environment)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	

Security Measures Involving VIP(s)

POLICY:

Whenever a VIP status person arrives to Kaweah Health (KH) as a patient, steps will be taken to address special internal security protocols, crowd control and media coverage

DEFINITION:

VIP (Very Important Person) – Examples include celebrities, heads of state/heads of government and other politicians, major employers, high-level corporate officers, other notable person who receives special treatment for any reason, or influential persons in the community

PROCEDURE:

Upon notification of the arrival or anticipated arrival of a VIP as a patient, the house supervisor will be notified. The house supervisor will determine any further notification that need to occur. :

I. ONGOING STAY:

VIP patients who are admitted shall be admitted to ICU or other patient care unit with access control security measures. Patient will be admitted by registration clerk as a "No Info". Patient name will not appear on computer screens or certain reports to prevent unauthorized viewing. The patient must be registered under the correct name for lab work and blood transfusions as risk prevention.

II. SECURITY:

The appropriate federal, state or local law enforcement, if a Government VIP, will provide internal security.

The front hospital entrance shall be used for all entrances and exits. Kaweah Health security officers shall stand by for availability as needed. External security will be coordinated between the Visalia Police Department, Hospital Security and any involved government agency law enforcement.

III. COMMUNICATION:

Any inquiry from the news media (newspapers, magazines, radio, and television) shall be directed to Administration for approval.

Inquiries from reporters to interview patients or personnel shall be referred to Administration prior to granting admittance to the hospital.

If a patient prefers not to interview, the hospital will provide the media with the routine information, which is releasable. All staff shall maintain confidentiality information by not discussing the case with anyone who does not have a need for this information.

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EOC5001 Facility Fire Response Plan

Subcategories of Department Manuals not selected.

Policy Number: EOC 5001	Date Created: 10/01/2011
Document Owner: Maribel Aguilar (Director of Physical Environment)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	

Facility Fire Response Plan

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

Policy: Kaweah Delta Health Care District herein after referred to as Kaweah Health (KH) will maintain a current Facility Fire Response Plan that addresses multiple features designed for the protection of life and property in the event of a fire.

Purpose: The purpose of the Kaweah Health's facility Fire Response Plan is to provide an environment conducive to the prevention of facility fires and the protection of life and property in the event of a fire.

Scope: The scope of the Kaweah Health Facility Fire Response Plan pertains to all property, buildings, and grounds owned and operated by Kaweah Delta Health Care District.

Authority and Responsibility: It shall be the responsibility of the Director of Facilities in conjunction with the Risk Manager, Safety Officer and administration to implement the content of the Kaweah Health Facility Fire Response Plan to ensure the protection of life and property in the event of a fire within the confines of Kaweah Health Care facilities.

Fire Safety Training: All employees, guild members, volunteers, Licensed Independent Practitioners and other staff members will receive training on department-specific plans as well as the facility fire response in an effort to keep both plans at maximum effectiveness.

I. FIRE PREVENTION:

An unsafe act or unsafe conditions or both cause most fires. If each and every employee performed their duties in a safe manner and were alert to remove, correct and/or report unsafe conditions to their supervisor, most fires would be prevented.

A. Fire Resistive Construction:

1. It is the responsibility of the Kaweah Health Maintenance Department to maintain the initial standard of Type I fire resistive construction of Kaweah Health.
2. The Maintenance Department and Facility Planning department will monitor future construction changes and additions in such a manner as to protect the lives and ensure the physical safety of the patients, the employees, and the visitors to the hospital.
3. Whenever, unless done during the course of a permitted construction project, a smoke barrier wall or a fire wall is penetrated in order to run conduit, pipe or telephone cable, a Fire/Smoke Wall Penetration Permit will be issued and the Maintenance Department will check to see that the opening has been properly repaired.
4. No grills or windows will be cut in doors without the approval of the Maintenance Manager. No doors will be removed, or the designation of swing changed, without the Maintenance Managers permission. No hardware will be changed that might keep an automatic smoke control door from closing, that might disable panic hardware, or that might allow a fire door to stand open due to removal of a door closer.

5. Any partitions added to the building will be constructed in accordance with permitted HCAI (OSHPD) documents.
6. All materials and fabrics will meet fire ratings requirements as defined in the California Building Code for all hospital settings.

B. **No Smoking Policy:**

1. Communication of the policy will be by signage at campus entrances, building entrances, parking areas and reminders from staff when necessary. Job applicants will be notified of the policy upon application and during orientation.

2. As the ten (10) minute employee break is a paid break, staff will not be permitted to use tobacco products during these times. Employees will be required to leave the campus if they choose to use tobacco products during their lunch break.

3. This policy applies to all persons while on KH property. Employees found to be in violation of this policy will be subject to corrective action up to and including termination.

4. All employees will be responsible for the enforcement of this policy. Should an employee be found using tobacco products on KH property, the incident should be reported to the department manager.

5. Patients will not be permitted to smoke while under KH's care, even with a physician order.

6. KH will assist with compliance by sponsoring smoking cessation programs and providing smoking cessation education materials.

7. Persistent non-compliance with this policy should be directed to the following personnel:

- Medical Staff – Vice President for Medical Affairs and Chief Medical Officer
- KH Staff – Appropriate Director and Executive Team Member

C. **Housekeeping Practices:**

1. EVS in conjunction with occupants of the respective areas must monitor all facilities to avoid the accumulation of empty boxes, trash, wet and/or oily rags or other flammables or combustibles.
2. Do not stack boxes within eighteen inches from the bottom of the sprinkler heads.
3. Fire doors may not be wedged open or blocked in any way with equipment, chairs, trash cans, etc. If a fire door does not have a mechanical hold open device installed, it is to remain in the closed position.
4. Wheeled equipment is permitted to be left unattended in the corridor for more than 30 minutes provided:
   - The equipment does not reduce the clear unobstructed corridor width to less than 5 feet.
   - The wheeled equipment is limited to equipment that is in use, medical emergency equipment not in use, and patient lift and transport equipment. Beds are not considered transport equipment or emergency medical equipment, so they are not allowed in corridors.

D. **Electrical Hazard Prevention**:

Electrical devices with frayed cords or wires and defective switches or plugs should be taken out of use, tagged with the defect, and reported to the appropriate department, Clinical Engineering or Maintenance Department.

E. **Flame Spread Ratings:**

The responsibility of acquiring flame spread ratings and the acquisition of approved equipment will be vested in the Hospital Architect of record, Facilities Planning Director, Director of Facilities Operations and the Director of Materials Management.

1. Kaweah Health shall prior to installation verify spread ratings on covering/finishing materials used within the facility.
2. These shall include, but not be limited to:
   a. Carpet - flame retardant
   b. Wall coverings - flame retardant
   c. Drapes – flame retardant
   d. Waste baskets - constructed of nonflammable material
   e. Upholstery - flame retardant
   f. Bedding - flame retardant
   g. Decorations - flame retardant
3. Material will not be purchased if material flame spread rating data is not available

II. FIRE IDENTFICATION:

Kaweah Health, Main Campus, is equipped with a Simplex 2120 Multiplex Fire and a Siemens Fire Finder XLS Alarm System. This system will identify, signal, and annunciate, upon activation of one of the initiation devices, any Code Red incidents. Employees will also be depended upon for quick, accurate detection and identification of fire.

A. Initiation Devices:

The Fire Alarm System provides the following means of initiating and identifying fire and smoke:

1. Smoke Detectors - There are smoke detectors located throughout the facility. Specific rooms and corridors are equipped with smoke detectors.
2. Duct Detectors - There are duct detectors installed on many of the KH air handlers. These are duct-mounted smoke detectors.
3. Heat Detectors - There are standard heat/thermo detectors located in the kitchen area, janitor closets and some mechanical areas. These detectors are combination rate of rise and set point operated.
4. Flow Switches -There are flow switches which annunciate fire sprinkler zones. Department-specific fire responses identify any sprinkler zone that serves that department.
5. Pull Stations - There are manual pull stations located throughout the facility. There will be a pull station located at all stair and ground floor exits and at various other locations. Department-specific fire responses note the pull station for that area.
6. Employees and licensed practitioners should report any odors of smoke or sighting of smoke to PBX Immediately by calling the code phone number 44 inside the main facility or 911 for all other locations.

B. Alarm Signaling:

Upon activation of any initiation device such as smoke detector or any device mentioned in "Fire Identification" section herein, an audible and visual alarm will activate.

1. Audible Alarms: There are chimes located throughout the facility. These will sound until an "All Clear" is called.
2. Visual: There are wall-mounted strobe lights located throughout the facility. These will remain lit until an "All Clear" is called.

C. Communication:

Upon identification of any Code Red incident, a series of communication events will take place. These events integrate mechanical and human responses.

1. Activation of any of our initial devices will be relayed to our outside monitoring company who will immediately contact Visalia fire dispatch for response of the initial firefighting units to the facility.
2. Simultaneously, this activation of the fire alarm system will display the zone and location at the main enunciator panels located in PBX.
3. The PBX operator will read the signal from the enunciator board and page "Code Red" two times. The location, device, and zone will be communicated via the public address system with the volume booster engaged. An "All Clear" will be announced by the PBX operator, two times, after notification of "All Clear" by the Maintenance Department Personnel, Safety Department Personnel or Fire Department. This same procedure will be followed on all shifts.
4. Our telephone system will be used for identification of a Code Red incident by dialing **44** at the hospital.
5. During a Code Red incident the telephone system should be limited to emergency calls only.

6. An alternate communication system will be used upon loss of the public address system, phones, or radio. Should the Code Red incident take place on the first floor and require evacuation of the PBX staff, the PBX manager will order transfer of communication operations to the ER.

D. **Fire Alarm Device Failure:**

To ensure staff knowledge and awareness in the event of pull station or any fire alarm system failure.

1. All employees, Guild members, or other staff, including licensed practitioners that attempts to operate a manual fire alarm pull station should recognize that within seconds of pulling the handle on the pull station, audible and visual alarms will initiate.
2. Should the signaling devices (audible and visual) fail to initiate, the following protocol shall be used.
   a. Alternate locations of fire alarm pull stations should be found. These alternate locations should be identified in the department-specific fire responses.
   b. All exits have a fire alarm pull station
   c. Communicate the exact location and any other incident specifics to PBX by dialing **44** at the nearest available phone after activating pull station.

III. CODE RED TEAM AND INCIDENT COMMAND STRUCTURE:

A. Code Red Command Center:

1. A Code Red command center will be set up in the Medical Staff Conference Room near PBX or other area as designated by the incident commander. This center becomes the communication hub during a disaster and fire incident.
2. First shift command center staffing will consist of the Maintenance Personnel supervisor, and fire department designee. Need for an administrative representative will be evaluated as necessary.
3. The safety officer, when not at the fire location, will be stationed at the command center. All communication pertaining to extinguishment, evacuation or other emergency response will be transmitted from the command center to all necessary locations.
4. The second and third shift command center will be set up in the Medical Staff Conference Room with the arrival of the fire department, maintenance personnel, and safety officer.

B. Management of Smoke Transmission:

1. Kaweah Health will require a fire alarm system that will limit the transfer of smoke. The buildings are equipped with a Fire Alarm System that addresses and accomplishes compartmentalization of smoke by automatic controls.
2. The Fire Alarm System provides for activation of smoke dampers upon initiation of all automatic device Priority I alarms.
3. Documentation of the fire/smoke damper system is evidenced by life safety and mechanical drawings kept on file in the Maintenance department.

IV. CODE RED EMERGENCY RESPONSE:

A. First Responder Procedures in Fire Area:

The specific plan for each department specifies the details of actions to be undertaken by employees in the event of a fire in your area. In general, the person discovering the fire (employees, volunteers and Licensed Practitioners) must immediately:

RACE

1. **Rescue** - REMOVE any persons in immediate danger.
2. **Alarm** - Communicate the presence of fire by immediately activating the nearest fire alarm pull station.
3. Call, or designate someone to call the operator by dialing (Hospital Specific Number) to report the exact location and type of fire. If possible, have someone stay by the pull station to direct the Code Red responders to the site.
4. **Confine/Contain –** Close Doors, clear hallways. Equipment in hallways should be moved to inside unit/patient rooms with the door closed.
5. **Extinguish/Evacuate** - The fire should be extinguished if it is small and easily controllable by use of the fire extinguishers; however, all personnel in the fire area must evacuate the area as instructed in their fire response.

B. Recommended Actions for All Personnel including Licensed Practitioners including During a Fire Alarm:

1. Personnel should stay in the area in which they are at the time of the alarm. They should follow the instructions of the person in charge of that area at the time. Personnel should not be transiting

through the corridors unless they have specific fire-related duties.

2. All patient room doors are to be kept closed to aid in the evacuation; however, patient bathroom doors may be open. Any other door may ONLY be closed if it has been ascertained that NO PERSONS are in the room at the time of the alarm.
3. **DO NOT USE ELEVATORS.** Use stairways only. Elevators are to be utilized only by the fire department.
4. Personnel should attempt to reassure patients that the situation is under control and that they will be attended to throughout the event.
5. Visitors already in the hospital should remain with the patient in their room unless instructed otherwise by the person in charge of the area.
6. All visitors/vendors attempting to enter the hospital should be intercepted by an employee, and instructed to wait outside in the parking lot until the alarm is cleared.
7. Telephones should not be used during a Code Red. The paging system and any telephone conversation deemed essential should be limited to fire directives and emergencies only.
8. All nonessential electrical equipment should be turned off.
9. Guild members should remain in the area to which they are assigned and should follow the directions of the person in charge of that area.
10. All personnel should be prepared to follow their plan to evacuate their department upon orders from the person in charge as conditions warrant.
11. All staff including licensed practitioners will cooperate with firefighting authorities.

C. **Code Red Response Procedures:**

1. Code Red members will vary according to shift, will respond immediately to the announced location of the fire and will be in charge of the situation until the fire department arrives.
2. All available engineers, environmental service aides, security staff and nursing supervisor will report immediately to the fire location.
3. Maintenance personnel will determine the location and severity of the fire and smoke as well as assess the amount and spread of smoke, flame and area affected, spread patterns, and the extinguishing of the fire. This information will be continually transmitted to the command center.
4. Security staff will provide foot traffic control and maintain egress availability at stairway entrance. Environmental services staff will report to the department head or charge nurse to assist in evacuation preparation.
5. Code Red responders will serve as supplemental staff necessary for horizontal evacuation. Horizontal evacuation preparation is mandatory, in all zones, pending determination of fire and/or smoke severity. If a call for vertical evacuation is determined necessary, the Code Red responders will assist in the evacuation.

D. **Extinguishment of Fire:**

Kaweah Health is equipped with portable fire extinguishers, kitchen hood extinguishing systems, and specific areas covered with a fire sprinkler system.

1. Response to the Code Red includes use of portable fire extinguishers if the fire is containable as assessed by personnel on scene. All employees will be trained in use of portable extinguishers as part of their annual safety training.
2. Kitchen grill fires will be extinguished by an Ansul hood extinguishing system.
3. Kaweah Health has a fire pump that serves a stand pipe system with hose cabinets located at each end of each floor. The fire pumps also backs up the areas that are served by sprinklers.
4. The Visalia Fire Department, with back up from Tulare County units, serves as responders to this facility. The Visalia Fire Department has stations located within a two-mile radius of Kaweah Health. This provides us with a response time, which is normally five minutes, or less. Our policy is to allow professional fire fighters to extinguish any fire assessed above a minor category, which allows hospital staff to concentrate on an organized and timely evacuation.

E. **Disabling the Fire Alarm System:**

1. Kaweah Health will protect its buildings against unauthorized disabling of fire alarm system. Maintenance personnel or the fire alarm vendor shall not disable any portion of the fire alarm system without securing approval of the Director of Facilities or Safety Officer/Safety Department, notification of the house supervisor, and system monitoring company when the system will be off line for more than ¼ hour. California Department of Public Health will be notified if a system failure exceeds 4 hours. In the event the Director of Facilities is not present, the house supervisor or Safety Officer may substitute.
2. Fire watch shall be instituted in all areas where system is inactive. Fire watch staffing as follows:
   a. Security - All patient areas with assistance from Maintenance as needed.

b. Security will be responsible to conduct a fire-watch if the failure exceeds 4 hours. All areas will be monitored each hour. Security will maintain documentation of the fire-watch.

V. EVACUATION PROCEDURES:

Kaweah Health recognizes the necessity for a timely and organized evacuation in the event of a verified Code Red situation. Evaluation of the Code Red as to the need for calling an internal disaster will be made by the safety officer or the highest level administrative representative in-house, giving access to a personnel pool will be established at the command center location.

A. Departmental Evacuation:

1. All departments will evacuate following department-specific plans: first to horizontal zones, then vertical to east and west parking lot evacuation stations.
2. All zones effected will evacuate in accordance with a horizontal strategy and, if necessary, a vertical evacuation.
   a. Horizontal strategy is moving from smoke compartment of incident to adjacent smoke compartment.
   b. Vertical evacuation is complete evacuation of the smoke compartment of incident and alarm to a lower floor or to north or south parking lot stations if determined necessary by safety officer, nursing supervisor, administrative representative, or ordered by the fire department.
3. Maintenance Personnel will use two way radios and cell phones for communication and coordination purposes.
4. All available ambulance companies will be notified by emergency room staff of the evacuation. The ambulances will be utilized for transporting patients to other area hospitals if determined necessary by administrative representative.

B. Patient Evacuation:

If the fire alarm sounds while transporting a patient from one department to another, the following procedures should be followed:

1. Evacuation while transporting patients via elevators
   a. Fire announcement cannot be heard in elevators.
   b. If the fire alarm is activated by a smoke detector located by elevator lobbies, all elevators will automatically go to the ground floor. If the fire is located on the ground floor, all elevators will automatically stop on the second floor.
   c. When an elevator stops, the employee should exit with the patient and place the patient in the first safe area (room) available, close the door and remain with the patient until "All Clear" sounds or evacuation orders are given.
   d. If any sensor other than those directly in front of the elevators activates the fire alarms, the elevator service will not be interrupted.
   e. If employee exits, elevator and fire alarm is sounding, the employee should verify location of the fire, move the patient to the closest safe area (room) and remain with the patient until "All Clear" sounds or evacuation orders are given.

2. Evacuation of patients while transporting via hallways or other common areas:
   a. If the fire alarm occurs while on the floor in transit, immediately move the patient to the closest safe area on that floor. The employee should remain with the patient until "All Clear" sounds or evacuation orders are given.
   b. If the patient and the transporter have not left the floor and the fire alarm sounds, return the patient to their room. The transporter will remain on the patient floor until "All Clear" sounds. If evacuation is required, the employee will remain on the floor and get further instructions from the floor supervisor/manager.
3. Triaging Patients:
   a. Emergency room physician will be in charge of the triage of patients.
   b. All available physicians and interns will evacuate with the patients to the parking lot in order to assist with triage of patients.
   c. Nurse managers/charge nurses from each nursing unit will assess their patients' condition and report any immediate need to the emergency room physician.
   d. Personnel from each nursing unit will remain with their assigned unit.
   e. Nurse managers/charge nurses will delegate patient care to their unit personnel and any additional non-nursing staff from other departments if necessary and available.

VI. CODE RED TRAINING AND DRILLS:

A. Code Red Training:

The Safety Department is responsible for conducting fire drills. The organization, training, equipping and supervision of hospital personnel in response to a fire alarm is the responsibility of the Safety Officer.

1. **Fire Drills:**
   a. The hospital shall hold unannounced fire drills quarterly on each shift, which shall be treated as a true fire as much as possible.
   b. Department managers or their designee shall complete a fire drill critique form and submit a copy to the safety office within twenty-four hours of each drill.
2. **Hospital Personnel:**

   All hospital personnel will be trained and periodically in-serviced on their department-specific fire response as well as the hospital-wide fire response in accordance with the following schedule.
   a. Initial training at the time of hire
   b. Once annually
   c. Districtwide life safety training is conducted annually.
      (1) Verification of initial and annual training will be evidenced by a completion of training in our electronic learning system.

B. Code Red Drills:

Kaweah Health will perform fire drills on a timely basis that educate and test all employees, Guild members, Licensed Independent Practitioners and other staff on proper Code Red response.

1. **Frequency of Drills:**

   A Code Red Drill shall be performed once per shift per quarter. The need for additional drills will be assessed by the Environment of Care Committee based on the effectiveness of previous drills and any life safety deficiencies identified and not corrected.
2. **Responsibility:**
   a. The District Life Safety Manager/Officer along with support and assistance from the Environment of Care Committee, and Maintenance Department Manager will be responsible for performance of all Code Red Drills.
   b. All aspects of department plans will be followed but will not include actual evacuation, either horizontal or vertical.
   c. All department managers will complete or assign responsibility for completing a Code Red critique form. The Environment of Care Committee will critique the incident location and facility-wide response. Completed critique forms will follow the protocol ascribed to in the life safety plan.
3. **Fire Drill Procedures:**
   a. Prior to initiating a Code Red Drill, notification of the impending drill will be made by the safety department staff to PBX, and monitoring company.
   b. The Code Red Drill will commence with a life safety coordinator either initiating an automatic fire alarm device or placing a red flashing beacon light, representing a fire, somewhere in the facility. All further actions taken will be subject to the Code Red critique policy.
4. **Code Red Critique:**
   a. Kaweah Health requires that all Code Red Drills and incidents be monitored, and that staff response be evaluated for effectiveness of training.
   b. The Code Red critique form is divided into the following categories of evaluation.
      (1) Notification
      (2) Mechanical response
      (3) Staff response
      (4) Random sample (staff)
      (5) Code Red response
      (6) Overall evaluation and rating
   c. All questions must be answered.
   d. Corrective action must be taken and tracked for the Environment of Care Committee.
   e. Completed forms will be forwarded to the Safety Officer.
   f. The Safety Officer will submit a quarterly report to the Environment of Care Committee on all Code Red critiques. The report will include required actions to be taken and any recommendations.
   g. When the need for additional training is identified by use of the Code Red critique, this training and education will become the responsibility of the department managers.

Documentation of this additional training will be by:

(1) Department minutes

(2) Completed action plan

h. The Environment of Care Committee will perform Monitoring and follow-up of actions taken for effectiveness.

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

EOC6015 Hospital Electrical Safety Policy for Personal Items

Kaweah Health

Subcategories of Department Manuals not selected.

Policy Number: EOC 6015	**Date Created: 04/01/2010**
Document Owner: Maribel Aguilar (Director of Physical Environment)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	

Hospital Electrical Safety Policy for Personal Items

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

Policy:

Kaweah Delta Health Care District herein referred to as Kaweah Health (KH) is committed to providing a safe environment for our patients, visitors, and staff members. To this end, the following policy and procedure have been developed.

Kaweah Health reserves the right to remove ANY personal electrical device that, in its opinion, presents a significant risk.

Definitions:

Pertinent 2012 NFPA 99 Definitions:

• "Patient bed location" is defined in section 3.3.136 as the location of a patient sleeping bed, or the bed or procedure table of a critical care area.

• "Patient-care-related electrical equipment" is defined in section 3.3.137 as electrical equipment that is intended to be used for diagnostic, therapeutic, or monitoring purposes in the patient care vicinity;

• "Patient care room" is defined in section 3.3.138 as any room of a health care facility wherein patients are intended to be examined or treated. Note that this term replaces the term "patient care area" used in the 1999 NFPA 99, but the definition has not changed.

• "Patient care vicinity" is defined in section 3.3.139 as a space, within a location intended for the examination and treatment of patients (i.e., patient care room) extending 6 ft. beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment and extends vertically 7 ft. 6 in. above the floor.

Procedure:

1. All Privately Owned Medical Devices or Personal Electrical Items **MUST** be inspected by the Clinical Engineering Department, PRIOR to use, to ensure compliance with the existing Kaweah Health Electrical Safety Policy, EOC 1085, when the patient is admitted to a Nursing Unit.

   The Clinical Engineering Department On-Call Technician will be notified immediately upon arrival of any patient owned personal electrical item, or personal use medical device, (i.e., CPAP, BiPAP, Portable Ventilator, etc.). The patient's Nurse, Unit Charge Nurse, or HUC, shall notify Clinical Engineering by calling the Hospital PBX Operator and requesting that the Clinical Engineering On-Call Technician be notified of a Patient Owned incoming device inspection.

Incoming Patient Owned Medical Device requests will receive immediate response when Clinical Engineering staff receive notification. Personal Electrical convenience or entertainment devices, such as Gameboy consoles, DVD Players, Radio's, etc., shall be responded to on the next Medical Device call in or within four (4) hours.

All items shall meet the following criteria for approval:

All line powered (AC) devices must have an Underwriter's Laboratories LISTED label or equivelant.

Line powered devices must be in safe condition, without evidence of wear, deterioration, or repair.

The following conditions apply for use:

Personal Owned Medical Device:

- Must be unplugged while not in use.
- May only be plugged into a wall outlet in the Patient Care Vicinity.
- May not be plugged into a power strip in the Patient Care Vicinity.

Personal Use Electrical Device:

- Must be unplugged when not in use.
- May not be plugged in to a power strip in the Patient Care Vicinity.
- May be plugged into a wall outlet or an approved power tap with UL1364 or 1364A rating in the Patient Care Room outside the patient care vicinity.

Power cords for such devices must be in good condition, with no exposed wires, cracked insulation, or broken, bent, or missing blades on the power plug.

2. Certain areas of the Hospital shall be restricted from any Personal Use Electrical Devices. These areas shall include, but not be limited to the following:

   Intensive Care Units - ICU, NICU, CVICU
   Surgical Rooms - OR, Delivery OR
   Cardiac Cath Lab
   PACU, Flex-Care
   Certain specific Exam/Treatment Rooms of ER
   Cardiology Treatment Areas
   Nuclear Medicine, MRI, Ultrasound and Radiology Treatment Rooms

3. In addition, patient clinical condition may prohibit the use of certain electrical items. Use of any device shall be restricted if, in the opinion of the Nurse, or Physician, the patient's ability to operate the device is compromised by medication, physical abilities, or care environment.

   Hair dryers, or any device that can produce a spark, shall not be used in areas where oxygen is being administered. Wall powered electric shavers shall not be used if the patient is attached to any medical device.

4. The Hospital reserves the right to remove, any personal electrical device that, presents or develops a significant risk to the patient, visitor, staff or equipment of Kaweah Delta Health Care District.

5. The following devices are generally permitted for use:

   Small battery-powered devices: Clocks, Radios, MP-3 & CD players**,** Cell phones and computer tablets. Use of head or earphones is encouraged with these devices.

   The above devices should be used in a manner that does not disturb other patients or visitors.

   Electric hair dryers or shavers. **(Hair dryers are NOT permitted for use in areas where oxygen is being administered.)**

6. The following devices are prohibited from use:

   Portable televisions, Extension cords, power strips, heating pads, space heaters, heating blankets, and any heating device with exposed heating surface. (Ie. Cooking ware, curling irons, hair irons, coffeepots, and coffee makers.)

   General Mobile Radio Service (GMRS) RF Transmitting Devices Ie. CB-Radios, Walkie-talkies, Amateur Radios, FRS Radios etc.

7. PLEASE NOTE: Kaweah Health reserves the right to refuse to treat a patient who, in the opinion of the Nursing Supervisor On-Duty at the time, and in consultation with, and concurrence of, the attending physician, presents a safety risk to a visitor, patient, or staff member, by refusing to comply with the above policy and procedures. Continued refusal to comply, and with concurrence of the attending physician, will result in notification of the patient's physician, for potential discharge of the patient for Safety Reasons.

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

Medical Staff Bylaws

MEC Recommendation to the Board
August 2026

1. 2.A.1 Licensure Requirement

Issue: Bylaws verbiage prohibits physicians that are in remediation of a disciplinary issue with the Medical Board from being eligible for initial or reappointment regardless of a limited timeframe for the disciplinary action.

Recommendation: Revise
Proposed Language: 2.A.1 (a): have (or be able to provide documentation that they are in the process of obtaining) a current, unrestricted license to practice in California and have never had a license to practice permanently revoked or denied,~~[~~**DELETE: restricted, placed on probation, or suspended**] by any state licensing agency.

2. 2.A.2 Waiver Request

Issue: The current phrasing "under any circumstances" is overly absolute and prevents the provider from presenting necessary context that would allow for the consideration of mitigating circumstances.

Recommendation: Revise
DELETE: Notwithstanding any other provision of these Bylaws, an applicant subject to a restricted license shall not be eligible for a waiver under any circumstances. A restricted license is a probationary license that places limits on the provider's practice, such as a prohibition on supervising nurse practitioners and physician assistants, a prohibition against the solo practice of medicine, and restrictions on prescribing medications, including narcotics.

3. Contingencies

Issue: Contingencies were taken out of the Bylaw, removing the ability for the Credential File to be reviewed while waiting for documents provided by government or educational entities and ultimately delays credentialing by a month.

Recommendation: Reinsert 4.A.1(d): Applications may be processed and reviewed by Medical Staff leadership and approved by the Board contingent upon the applicant providing evidence that a California license, completion of residency/fellowship program, adequate professional liability insurance, and work permit (if applicable) have been obtained. Any grant of appointment and/or clinical privileges by the Board shall become effective only upon such demonstration.

4. 17.D.(2) Voting Procedures for Amendments

Issue: Medical Staff vote for Bylaws is spread out for an extended period of time.

Recommendation: Revise
The Medical Staff Services Office will send email ballots and text notifications 3 times, with at least ~~**72**~~ 48 hours elapsing between text notifications. The voting will be considered final ~~**72**~~ 48 hours after the third notifications are sent.

5. 5.B.1(4) Temporary Privileges

Issue: Requests for Temporary Privileges are becoming the normal process rather than for cause. There needs to be strong screening for the requests.

Recommendation: Add new subsection between 5.B.1(a)(3) and (4): "The Chief of Staff determines that extenuating circumstances exist and that an urgent patient care need supports the need to grant temporary privileges for the new applicant."

6. Required Elements for Pediatric History & Physical

The HIM Committee in conjunction with the Department of Pediatrics would like to change the required elements for a Pediatric history and physical.

Presently, the bylaws read on page 118, appendix A.4
"In the case of a pediatric patient, the H&P report must also include: (i) developmental age; (ii) length or height; (iii) weight; (iv) head circumference (if appropriate); and (v) immunization status."

Recommendation: remove developmental age from the list.

Cardiovascular Medicine Privilege Form

Privileges in Cardiovascular Medicine

Name: _____
Please Print

CARDIOVASCULAR DISEASE PRIVILEGES					
Education & Training: M.D. or D.O. and Successful completion of an ACGME or AOA-accredited fellowship in cardiovascular disease. **AND** Current certification or active participation in the examination process leading to certification within the timeframe determined by the certifying board in Cardiovascular Disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine (unless waived under Medical Staff Bylaws prior to 2016) **Current Clinical Competence:** Documentation of having cared for a minimum of 100 cardiology patients within the past 2 years of a broad cross-section of procedures corresponding to the privileges being requested. **Renewal Criteria:** Maintenance of Board Certification in cardiovascular disease and minimum of 10 cases required in the past 2 years **Initial FPPE Requirement:** Minimum of 5 chart reviews					
Request	**Cardiology Medicine Core Privileges**				**Approve**
☐	Evaluate, diagnose, consult, treat (may include telehealth), perform history and physical exam, and provide treatment of adolescent and adult patients presenting with diseases of the heart, lungs, and blood vessels and management of complex cardiac conditions. Cardiologists may provide care to patients in the intensive care setting in conformance with unit policies, and may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges include the following procedures list and such other procedures that are extensions of the same techniques and skills: • Ambulatory electrocardiology monitor interpretation; • Cardioversion, electrical and elective; • EKG interpretation; • Imaging studies and interpretation – including chest radiograph, tilt testing, ECG and ECG recordings; • Infusion and management of Gp IIb/IIIa, thrombolytic, and anti-thrombolytic agents; • Insertion and management of central venous catheters, pulmonary artery catheters, and arterial lines; • Noninvasive hemodynamic monitoring; • Pericardiocentesis; • Stress echocardiography (exercise and pharmacologic stress); Tilt table testing; • Transcutaneous external pacemaker placement; • Transthoracic 2-D echocardiography, Doppler and color flow; • Temporary trans-venous pacemaker placement				☐
☐	Admitting Privileges (must request Active staff status)				☐
Cardiovascular Disease Advanced Privileges					
Request	**Procedure**	**Initial Criteria**	**Renewal Criteria**	**FPPE Requirement**	**Approve**
☐	Cardiac Assist Devices (i.e., Impella, ECMO), insertion and management	Documentation of training OR Completion of 5 procedures using device in the last 2 years	A minimum of 2 procedures in the last 2 years.	Direct observation of the first 2 cases	☐
☐	Cardiac Angiography: Includes abdominal aorta; coronary angiogram; left ventricu-ology *(including vein and arterial grafts and LIMA) Subclavian, Axillary, Brachial (not by axillary approach) common external iliac; common femoral, superficial femoral*	Documentation of training and a minimum of 50 procedures in the last 2 years.	A minimum of 50 procedures in the last 2 years.	Direct observation of the first 2 cases	☐
☐	Carotid angiography * - includes: Common Carotid, Vertebral aa (diagnostic only) Internal Carotid (diagnostic only) *Prerequisite: Peripheral Angiography*	Completion of Cardiovascular Disease fellowship in the last 12 months OR 30 diagnostic carotid angiograms (at least 15 as primary) in the last 2 years	25 Diagnostic carotid angiograms in the last 2 years	Direct observation of the first 3 cases	☐
☐	Mgmt of uncomplicated mechanical ventilator for up to 48°	5 ventilator cases within the previous 2 years or completion of an airway management course	5 ventilator cases in the last 2 years or completion of airway management course	Direct observation of the first case	☐
☐	Permanent Pacemaker/ Implantable Cardioverter Defibrillator (ICD) Placement and removal	A minimum of 15 procedures as primary operator in the last 2 years.	A minimum of 10 Pacemaker and/or AICD procedures in the last 2 years	Direct observation of the first 2 cases	☐

☐	Peripheral Angiography - Includes: **Femoropopliteal; Infrapopliteal; Selective Renals** *Prerequisite: Fluoroscopy*	Completion of Cardiovascular Disease fellowship in the last 12 months OR Documentation of 50 diagnostic angiograms as primary in the last 2 years.	20 Diagnostic angiograms in the last 2 years	Direct observation of the first 3 cases	☐
☐	Percutaneous Intra-aortic balloon placement and monitoring	Completion of Cardiovascular Disease fellowship in the last 12 months OR Certificate of training AND Completion of 5 procedures using device in the last 2 years	A minimum of 3 procedures in the last 2 years.	Direct observation of the first 2 cases	☐
☐	Trans-Esophageal Echocardiography (TEE)	Training in residency in the last 12 months; Documentation of 50 category 1 CME hrs in the last 12 months **OR** Documentation of having passed the ASE exam **AND** case list of 20 procedures performed during the past 24 months	10 cases in the last 2 years	Direct Observation of the first 2 cases	☐
☐	Implantation of Bi-ventricular devices that include a CS lead	A minimum of 15 procedures as primary operator in the last 2 years.	A minimum of 10 BiV cases in the last 2 years	Direct observation of the first case	☐
☐	Leadless Pacemaker	Must have and maintain Pacemaker placement privileges; AND Have performed at least twelve (12) pacemaker procedures over the past twenty-four (24) months; AND Provide documentation of completion of a didactic training program sponsored by the Leadless Pacemaker manufacturer/vendor ~~within the past twenty-four (24) months.~~	A minimum of five (5) cases in the last twenty-four (24) months.	At least the first two (2) cases will be proctored.	☐
☐	Cardiac Contractility Modulation Therapy (CCM) *Prerequisite: Permanent Pacemaker/ Implantable Cardioverter Defibrillator (ICD) Privilege and CA Fluoroscopy Permit*	Board certified or board eligible for certification in Interventional Cardiology, Cardiac Electrophysiology or General Cardiology AND Provide documentation of completion of manufacturer-sponsored CCM training program AND documentation of 2 supervised CCM implants	A minimum of ten (10) CCM procedures in the last 24 months.	Two (2) observed CCM implantations by an approved external proctor representative from the device manufacturer.	☐

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☐	CardioMEMS™ Pulmonary Artery Pressure Monitoring System	Board certified or board eligible for certification in Cardiology AND completion of the device manufacturer's designated training program.	A minimum of two (2) CardioMEMS procedures in the last 24 months.	Two (2) observed implantations by a member of the medical staff privileged to provide CardioMEMS, OR an approved external proctor representative from the device manufacturer.	☐

INTERVENTIONAL CARDIOLOGY PRIVILEGES

Initial Criteria

Education & Training: MD or DO; Completion of an ACGME or AOA accredited training program in interventional cardiology or equivalent practice experience if training occurred prior to 2003 & hold a subspecialty certification in interventional cardiology by the ABIM or AOBIM; AND Certificate of training for newly developed cardiac assist devices.
Current Competence: 100 percutaneous intervention procedures in the last 2 years or successful completion of an ACGME or AOA residency or clinical fellowship within the past 12 months.
Renewal Criteria: Maintenance of Board Certification in interventional cardiology and 60 percutaneous intervention procedures in the last 2 years
Initial FPPE Requirement: Retrospective chart review of 5 diverse admissions.

Request	Interventional Cardiology Core Privileges	Approve
☐	Evaluate, provide an H&P, treat and provide consultation (may include telehealth) to adolescent and adult patients by use of specialized imaging and other diagnostic techniques to evaluate blood flow and pressure in the coronary arteries and chambers of the heart, as well as technical procedures, including the following procedure list and such other procedures that are extensions of the same techniques and skills: • Cardiac Assist Devices, insertion and management • Endomyocardial biopsy • Femoral, brachial, or radial axillary cannulation for diagnostic angiography or percutaneous coronary intervention • Interpretation of coronary arteriograms, ventriculography, and hemodynamics • Intracoronary foreign body retrieval • Intracoronary/Intravascular infusion of pharmacological agents, including thrombolytics • Percutaneous thrombectomy • Intracoronary stents • Intravascular ultrasound of coronaries • Management of mechanical complications of percutaneous intervention • Performance of balloon angioplasty, stents and other commonly used interventional devices • Percutaneous transluminal septal myocardial ablation • Peripheral Angiography • Use of intracoronary Doppler and flow wire • Use of vasoactive agents for pericardial and microvascular spasm	☐
☐	Admitting Privileges (must request Active or Courtesy staff status)	☐

Interventional Cardiology Advanced Privileges

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve

☐	Peripheral Vascular Interventions (peripheral balloon, stent placement, thrombectomy or aatherectomy/peripheral IVUS/vascular foreign body retrieval). Includes: Abdominal Aorta; Use of approved atherectomy device; Femoropopliteal Subclavian, Axillary, Brachial (not by axillary approach) Infrapopliteal Renals	Completion of Interventional Cardiology fellowship in the last 12 months with letter from program director indicating competency AND/OR, must have performed at least 50 peripheral vascular interventions (25 as primary operator within the last 2 years.	15 peripheral vascular interventions in the last 2 years	Direct observation of the first 3 cases (at least 2 at Kaweah Health)	☐
☐	Percutaneous PFO/ASD/VSD/PDA Closure	Completion of Interventional Cardiology fellowship in the last 12 months and/or 10 procedures in the last 2 years	7 procedures in the last 2 years.	Direct observation of the first 2 cases	☐
☐	Balloon Valvuloplasty	Completion of Interventional Cardiology Fellowship in the last 12 months OR Documentation of training AND at least 5 cases in the last 2 years.	2 procedures in the last 2 years.	Direct observation of the first 2 cases as primary operator	☐
☐	Carotid Interventions (Includes: carotid stenting and angiography)	Completion of Interventional Cardiology fellowship in the last 12 months OR documentation of 30 Cervico-cerebral angiograms (15 as primary) & 25 carotid stent procedures (13 as primary) & completion of FDA training program in device used in carotid artery stenting procedures in the last 2 years.	10 procedures in the last 2 years.	Direct observation of the first 3 cases	☐
☐	Transcatheter Aortic Valve Replacement/Implantation and/or Repair (TAVR)	Board certified or board eligible for certification in Interventional Cardiology AND Documentation of training by letter from Director of Training Program OR completion of a FDA Approved certification course AND Documentation of 100 career structural heart procedures OR 30 left-sided structural procedures per year of which 60% should be balloon aortic valvuloplasty (BAV/TAVR).	10 procedures in the last 2 years as primary physician or first assistant.	Direct observation of the first 3 cases as primary operator	☐
☐	Transcatheter Mitral Valve Replacement *Prerequisite: Transcatheter Aortic Valve Replacement (TAVR)*	Board certified or board eligible for certification in Interventional Cardiology AND completion of manufacturer designated TMVR training AND documentation of performance of 5 TMVR (mitral valve-in-valve replacement) in the past 2 years	5 TMVR (mitral valve-in-valve replacement) in the last 2 years.	Direct observation of the first 2 cases	☐
☐	IVC Filter Placement and Removal	Board certified or board eligible for certification in Interventional Cardiology AND completion of manufacturer designated training AND documentation of performance of 2 cases during previous 24 months (waived for applicants who completed manufacturer designated training in the past 2 years)	2 cases in the last 2 years	Retrospective chart review of 1 case	☐

☐	Left Atrial Appendage Closure (LAAC, Watchman)	Board certified or board eligible for certification in Interventional Cardiology AND documentation of training by letter from Director of Training Program OR if training in LAAC completed during the previous 24 months, applicant must provide evidence of at least 25 procedures as primary operator that involve transseptal puncture during the past 2 years OR if training in LAAC was completed greater than 24 months ago, applicant must provide documentation of performance of at least 25 procedures as primary operator that involve transseptal puncture of which at least 12 are LAAC, during the last 2 years.	25 procedures as primary operator that involve transseptal puncture, of which at least 12 are LAAC, during the last 2 years.	Direct observation of the first 2 cases	☐
☐	Renal Artery Denervation System (RDN)	Must have and maintain Interventional Cardiology Core Privileges; OR Completion of fellowship training in Interventional Cardiology, Vascular Surgery, or Interventional Radiology; AND Acceptable documentation certifying completion of manufacturer-sponsored RDN training program; AND; Participation in Kaweah Health's outcomes reporting and/or quality improvement program	At least five (5) RDN cases in the last twenty-four (24) months.	At least the first two (2) cases will be proctored.	☐
☐	Transcatheter-Edge-to-Edge Repair (TEER) Mitral Clip	Must have and maintain Interventional Cardiology Core Privileges; AND Documentation of completion of TEER vendor training program; OR Documentation of prior transcatheter mitral valve repair experience; AND Professional experience of ≥50 career structural heart disease procedure or ≥30 left sided structural procedures per year; AND Participation in ≥20 career trans-septal interventions including 10 as primary or co-primary operator	A minimum of ten (10) cases in the last twenty-four (24) months as primary physician or first assistant	At least the first two (2) cases to be proctored concurrently.	☐
☐	Transcatheter-Edge-to-Edge Repair (TEER) Tricuspid Valve (TriClip) *Prerequisite: Transcatheter-Edge-to-Edge Repair (TEER) Mitral Clip*	Must have and maintain Interventional Cardiology Core ~~Privileges AND documentation of~~ completion of TEER vendor training program AND must have greater than 30 MitraClip cases as primary operator with at least 10 of those cases performed in the last 24 months.	At least 2 TriClip cases to be proctored concurrently.	At least the first two (2) cases to be proctored.	☐

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☐	Cardiac Contractility Modulation Therapy (CCM) *Prerequisite: Permanent Pacemaker/ Implantable Cardioverter Defibrillator (ICD) Privilege and CA Fluoroscopy Permit*	Board certified or board eligible for certification in Interventional Cardiology, Cardiac Electrophysiology or General Cardiology AND Provide documentation of completion of manufacturer-sponsored CCM training program AND documentation of 2 supervised CCM implants	A minimum of ten (10) CCM procedures in the last 24 months.	Two (2) observed CCM implantations by an approved external proctor representative from the device manufacturer.	☐

CLINICAL CARDIAC ELECTROPHYSIOLOGY PRIVILEGES

Initial Training Criteria: Completion of an ACGME or AOA accredited training program in CCEP OR EQUIVALENT PRACTICE EXPERIENCE /Training if training occurred prior to 1998, and/or current subspecialty certification or active participation in the examination process leading to certification within the timeframe determined by the certifying board in CCEP by the ABIM or completion of a CAQ in CCEP by the AOBIM AND Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit..

Current Clinical Competence: Documentation of a minimum of 100 procedures in the last 2 years.

Renewal Criteria: Maintenance of subspecialty certification or active participation in the examination process leading to certification within timeframe determined by the certifying board in CCEP by the ABIM or completion of a CAQ in CCEP by the AOBIM AND A minimum of 50 procedures in the last two years.

FPPE: Direct observation of 1 device implantation and 1 EP/ablation And 5 retrospective chart reviews

Request	Clinical Cardiac Electrophysiology Core Privileges	Approve
☐	Core privileges include evaluate, provide H&P, treat, and provide consultation (may include telehealth) to acute and chronically ill adolescent and adult patients with heart rhythm disorders, including the performance of invasive diagnostic and therapeutic cardiac electrophysiology procedures; including the following procedures and other procedures that are extensions of the same techniques and skills: • Atrial appendage occlusion device implantation • Intracardiac echo • Transseptal catheterization • Implantation and removal of defibrillators and pacemakers (includes leadless) • Venous angioplasty • Interpretation of activation sequence mapping recordings, • Therapeutic catheter ablation procedures, including: Supraventricular tachycardia; Atrial Fibrillation requiring transseptal puncture; Ventricular Tachycardia) • Electrophysiologic studies +- ablation for SVT including endocardial electrogram recording • Imaging studies including chest radiograph, tilt testing, ECGs and ECG recordings (all)	☐
☐	Admitting Privileges (must request Active or Courtesy staff status)	☐

Clinical Cardiac Electrophysiology Advanced Privileges

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
☐	Implantation of Bi-ventricular devices that include a CS lead	A minimum of 15 procedures as primary operator in the last 2 years	A minimum of 10 BiV cases in the last 2 years	Direct observation of the first case	☐
☐	Cardiac Contractility Modulation Therapy (CCM) *Prerequisite: Permanent Pacemaker/ Implantable Cardioverter Defibrillator (ICD) Privilege and CA Fluoroscopy Permit*	Board certified or board eligible for certification in Interventional Cardiology, Cardiac Electrophysiology or General Cardiology AND Provide documentation of completion of manufacturer-sponsored CCM training program AND documentation of 2 supervised CCM implants	A minimum of ten (10) CCM procedures in the last 24 months.	Two (2) observed CCM implantations by an approved external proctor representative from the device manufacturer.	☐

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ADDITIONAL PRIVILEGES					
Request	**Procedure**	**Initial Criteria**	**Renewal Criteria**	**FPPE**	**Approve**
☐	Outpatient Services at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: **__Dinuba __Exeter __Lindsay __Tulare __ Valencia __Woodlake __ KHMC – Akers __KHMC – Willow Specialty 202 __KHMC – Willow 502 __Specialty Clinic __Sequoia Cardiology Clinic __Tulare Cardiology Clinic**	Initial Core Criteria AND Contract for Outpatient Clinical services with Kaweah Delta Health Care District.	Maintain initial criteria	None	☐
☐	Admit, treat, or provide follow-up care for inpatients ages 14 years or younger. (excluding patients 6 months or ASA > 3)	Board Certification in Pediatric Medicine or Pediatric Cardiology	Minimum of 20 cases required in the past 2 years	3 Chart Reviews	☐
☐	Administration of Procedural Sedation	Successful completion of Kaweah Health sedation exam	Successful completion of Kaweah Health sedation exam	None	☐
☐	Fluoroscopy and/or supervision of a technologist using fluoroscopy equipment	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	None	☐

If reappointment criteria are not fully satisfied, the Cardiovascular Services Department Chair and Credentials Committee may consider other metrics to evaluate current competence such as patient outcome information from the Cath PCI National Cardiovascular Data Registry (NCDR), evaluation of OPPE data, feedback from the Cath Lab Medical Director, operator lifetime experience, and/or peer references from other cardiologists who work directly with the applicant.

Acknowledgment of Practitioner:

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

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

(b) I may participate in the Kaweah Health Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility

(c) **Emergency Privileges –** In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Name: _____
Print

Signature: _____ _____
Applicant Signature *Date*

Signature: _____
Department of Cardiovascular Services Chair *Date*

APP Certified Nurse Midwife

Provider Name: _____ Date: _____

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Advanced Practice Provider – Certified Nurse Midwife

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CERTIFIED NURSE MIDWIFE Initial Criteria
Education & Training: Completion of a nurse-midwife educational training program accredited by the ACNM; Current certification by the AMCB; Current licensure to practice as a CNM by the California board of Nursing; Evidence of adequate professional liability insurance; Employment by, or agreement with a physician currently appointed to Kaweah Health's medical staff to collaborate with or supervise CNM practice in the hospital.
Clinical Experience: Completion of Education & Training within the last 12 months **OR d**ocumentation of management of patient care for 30 deliveries in the past two years. **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within 30 days of privilege granted **AND** Completion of an Implicit Bias Training prior to or within 30 days of privilege granted
Renewal Criteria: Documentation of management of patient care for 30 deliveries in the past 24 months **AND** Maintenance of current certification by ACNM **AND** Completion of Kaweah Health Post Partum Hemorrhage & Hypertensive Disorder in Pregnancy Education Modules within the last 24 months **AND** Completion of an Implicit Bias Training within the last 24 months
FPPE: 5 deliveries by Direct Observation (must include 2 perineal laceration repairs)

CERTIFIED NURSE MIDWIFE CORE PRIVILEGES

Request	CORE Includes procedures on the following list and such other procedures that are extensions of the same techniques and skills:	*CONDITIONS REQUIRING PHYSICIAN CONSULTATION **HIGH RISK CONDITIONS REQUIRING PHYSICIAN ATTENDANCE	Approve
☐	Evaluate, Diagnose, and consult (may include telehealth) for patients through antepartum, intrapartum, and postpartum care in collaboration with or under the supervision of a physician who holds privileges at the hospital in this specialty area. Privileges include but are not limited to, the following: • Taking histories and performing physical examinations • Ordering laboratory, radiological, sonographical, and other diagnostic examinations • Collecting specimens for pathological examination • Initiating management of obstetrical emergencies with immediate physician consultation • Performing the following procedures: ➢ Fetal surveillance ➢ Amniotomies ➢ Midline/mediolateral episiotomies ➢ Repair of midline/mediolateral episiotomies ➢ Exploration of the uterus and manual removal of placenta fragments • Providing care to mothers and their infants in the postpartum period • Providing well-woman gynecological care as a member of a healthcare team that provides a full range of women's healthcare services	* Providing care for women who are attempting trial of labor after cesarean Pre-eclampsia *Post-maturity, greater than 42 weeks *Prolonged labor *Thick meconium staining *Non-reassuring fetal heart rate *Significant vaginal bleeding *Temperature greater than 38°C. repeated x2 **Malpresentation **Prematurity, less than 35 weeks	☐

SPECIAL NON-CORE PRIVILEGES

Effective 5.23.19 Initial FPPE is deemed to have been satisfied based on a sucessful completion of a preceptorship at Kaweah Health within 6 months prior to the grant of clinical privileges

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE Requirements	Approve
☐	Serving as first assistant during cesarean section	Documentation of training and experience and 10 cases performed in the past two years	10 cases performed in the past two years	First 3 cases	☐
☐	OB ultrasonography: Evaluation of fetal presentation, number, confirmation of cardiac activity, position and placental placement	Completion of a Basic Obstetric Ultrasound course in limited U/S and 10 procedures in the last 2 years .	10 procedures in the last 2 years.	3 concurrent and/or retro-spective chart reviews	☐

Provider Name: _____ Date: _____
Please Print

☐	Biopsy of the cervix	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1 concurrent	☐
☐	Colposcopy	Documentation of training and 10 procedures in the last 2 years.	10 procedures in the last 2 years.	A minimum of 1 concurrent	☐
☐	Outpatient Services at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: **__Dinuba __Exeter __Lindsay __Tulare __Valencia __Woodlake __KHMC- Akers __KHMC – Willow Specialty 202 __KHMC – Willow 502 __Specialty Clinic __Dialysis Clinic __Tulare Cardiology Clinic**	Initial Core Criteria **AND** Contract for Outpatient Clinical services with Kaweah Delta Health Care District.	Maintain initial criteria	None	☐

Acknowledgment of Practitioner:

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

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

(b) I may participate in the Kaweah Health Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility.

(c) **Emergency Privileges –** In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

_____ _____
Advanced Practice Provider Signature *Date*

_____ _____
Collaborating/Supervising Physician Signature *Date*

_____ _____
Department of OB/GYN Chair Signature *Date*

CARDIOLOGY SERVICE ACC REPORT

Cardiology Services

ACC Quality Report

August 2026

Program Overview

Volume Trends: FY 2026 vs. FY 2025

- AAA up 37%
- EP up 28%
- IR up 33%
- Micra new volume of 14
- PCI up 70%
- TAVR up 10%
- Watchman 146%

➢ Overall Volume up 7.3%

New Procedure Highlights

- Mitral Clip
- Tri Clip
- Renal Denervation
- CCM (CHF Treatment)
- Leadless Pacemaker

Quality Priorities

Goal:

Reduce ST Elevated Myocardial Infarction (STEMI) Mortality below Odds Ratio of 1 by end of 2026

Objectives:

- Improve patient safety and survival
- Ensure clinical excellence by:
  - Protect vital organs
  - Speed up recovery times
  - Deliver better overall health outcomes for vulnerable patients.

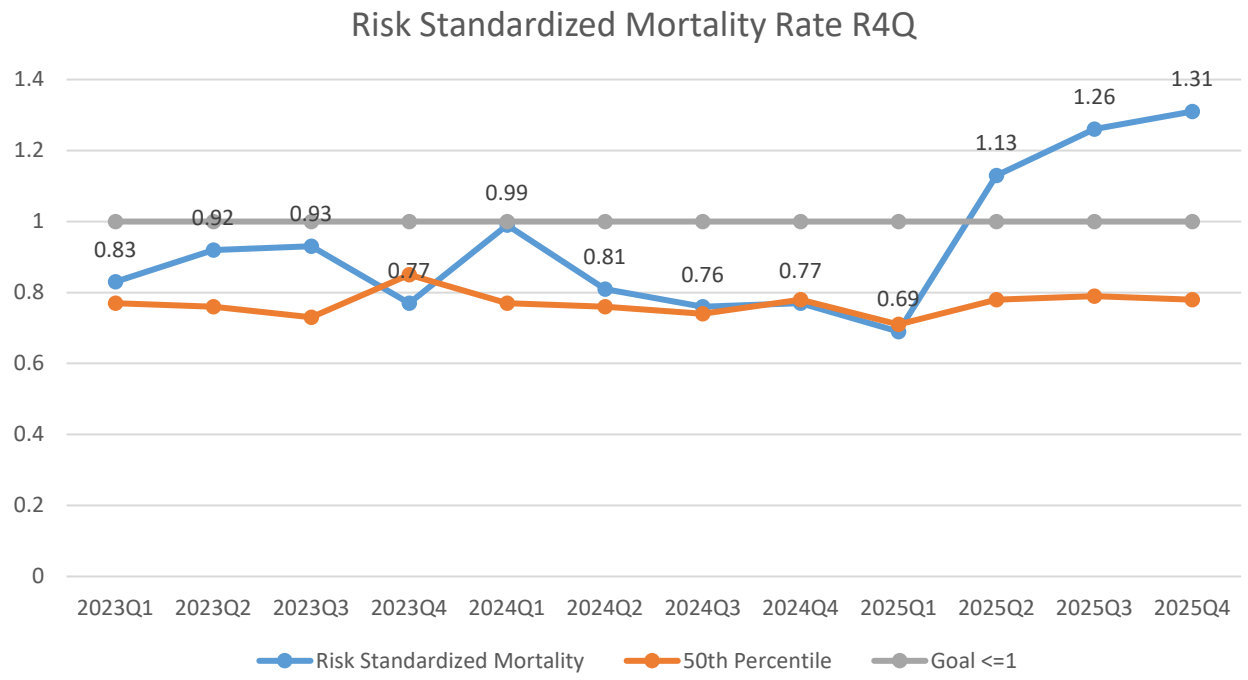
Quality Initiatives:

1. **Improve Door to Reperfusion Time**
2. **Reduce Acute Kidney Injury**
3. **Reduce Bleeding Events**

*Improvement in these **Quality Initiatives** Reduces downstream risk of morbidity and mortality*

Current Performance

Quality Goal #1: STEMI mortality to be at or below Standardized Risk of 1



Current status: Goal Not Met

Opportunities for Improvement

1. Improve Door to Reperfusion Time
2. Reduce Acute Kidney Injury
3. Reduce Bleeding Events

Corrective Actions

- M&M review of all mortalities with Cleveland Clinic review model to identify targeted opportunities for improvement
- Implement Defined Quality Initiatives

Goals

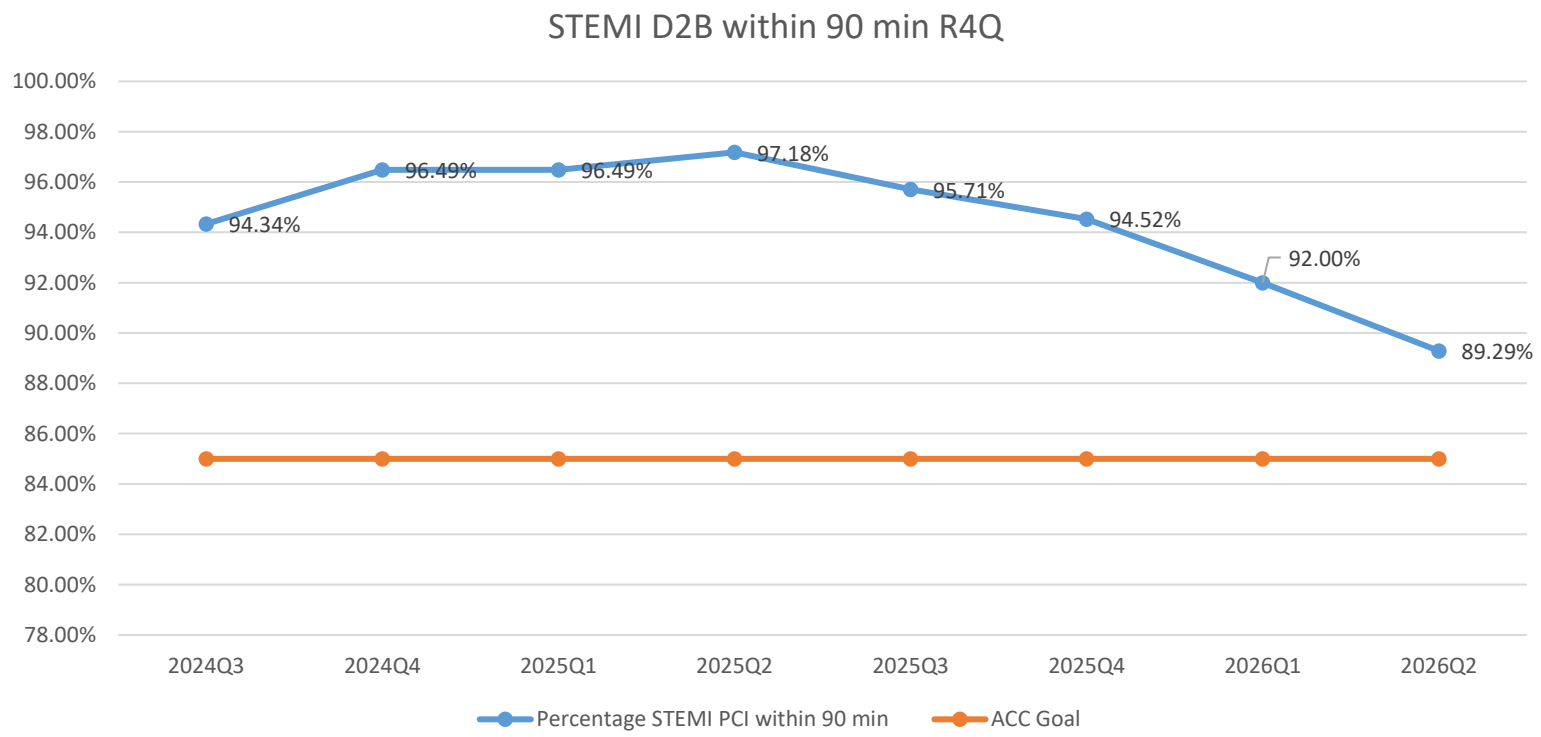
1. R4Q STEMI D2B <= 90 mins 85% of the time
2. Acute Kidney Injury below the risk standardized rate of 1
3. Bleeding rate below the risk standardized rate of 1

Quality Initiative #1: Door-to-Balloon Time

- **Definition:**
  - Time from STEMI patient arrival to balloon inflation during PCI to restore coronary blood flow
- **“Time is Muscle”**
  - Longer ischemia causes irreversible myocardial cell death and larger infarcts
- **Preserving Heart Function**
  - Rapid reperfusion helps maintain left ventricular ejection fraction & reduces cardiogenic shock and life-threatening arrythmias
- **Mortality Link**
  - D2B time < 90 minutes are associated with better 30-day & long-term outcomes
  - Mortality increases with treatment delays
  - every 20 minute delay = 4-5% increase in mortality risk for

Current Performance

Initiative #1: R4Q Door to Balloon times should ≤ to 90 minutes 85% of the time



Current status: Goal Met

- Continue to monitor downward trend

Improvement Driven by:

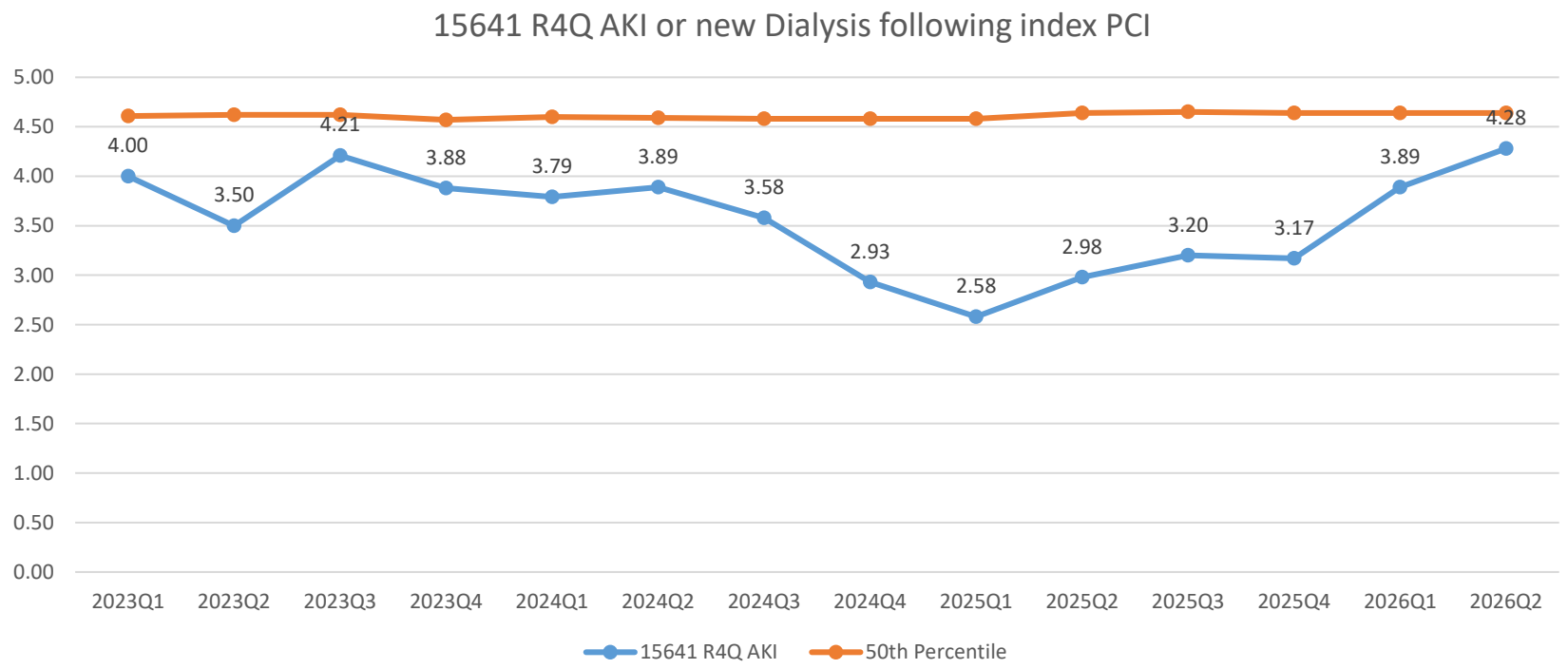
- Cath Lab activation targets of 30 minutes
- Real time feedback loops
- Pre-hospital 12 lead transmission from EMS and transferring hospitals

Quality Initiative #2: Acute Kidney Injury

- **Nephrotoxic risk**
  - PCI requires the use of radiocontrast dye, which can be harmful, particularly in the elderly, diabetics, and those with preexisting kidney disease
- **Beyond the Kidneys**
  - AKI triggers systemic inflammation, dangerous electrolyte imbalances, and volume overload putting immense stress on an already compromised cardiovascular system.
- **The Chronic Disease Cascade**
  - Even mild cases of AKI can accelerate chronic kidney disease and lead to dialysis
- **Mortality Link**
  - Development of AKI is independent predictor of major adverse cardiovascular events (MACE) and mortality.
  - Monitoring AKI rates forces adoption of protective protocols (pre-procedural hydration and limiting contrast volume)

Current Performance

Initiative #2: Contrast Induced (CI) induced Acute Kidney Injury (AKI) ≤ 50th percentile



Current status: Goal Met

Achieved by:

- Use of iso osmolar contrast
- Automated contrast delivery systems
- Physiological guided rehydration
- Staged PCI

Quality Initiative #3: Bleeding Events

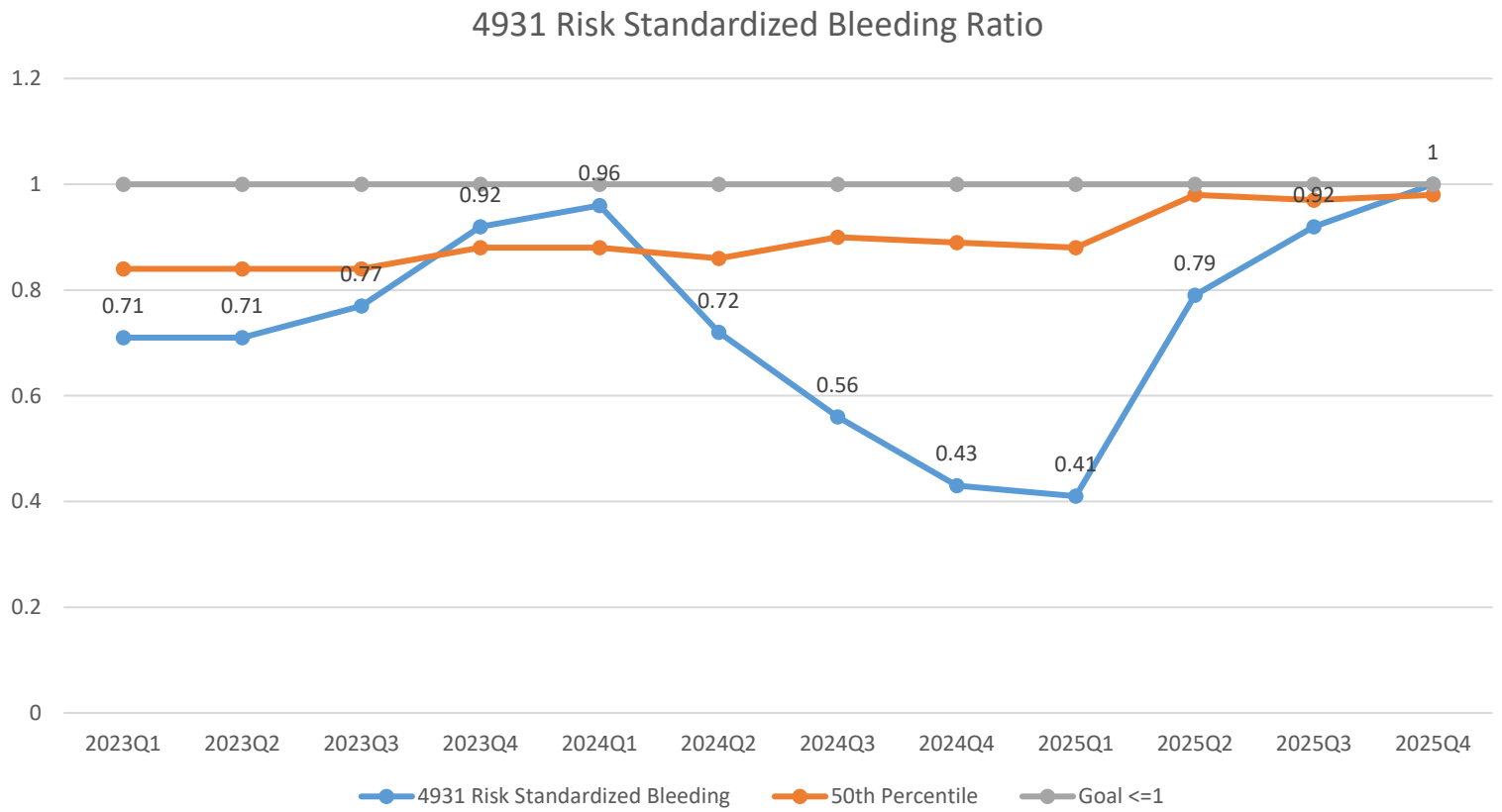
- **Avoiding the Hemorrhagic Cascade**
  - PCI involves placement of a foreign object (stent) requires patients to receive aggressive dual antiplatelet therapy (DAPT) and anticoagulants to prevent the stent from clotting, which inherently increases the risk of bleeding
- **Access Site and Systemic Risks:**
  - Bleeding can occur at the catheter insertion site (especially femoral access) or internally (such as gastrointestinal bleeding)
- **The Danger of Transfusions:**
  - Blood transfusion may cause immune-mediated responses and further strain on the heart, which are linked to higher mortality

Quality Initiative #3: Bleeding Events

- **Mortality Link (The Stent Thrombosis Paradox):**
  - A bleeding event may force doctors to prematurely stop life-saving antiplatelet medications
  - Stopping these drugs early drastically increases the risk of acute stent thrombosis (the stent clotting shut), which often causes a massive, fatal secondary heart attack
  - Tracking bleeding metrics drives safer procedural choices, such as prioritizing radial (wrist) access, which has been proven to lower mortality by reducing bleeding complications.

Current Performance

Initiative #3: Reduce Bleeding Events ≤ 1



Current status: Goal Met

Improvement Driven by:

- Radial first approach
- US guided access
- Limited use of Glycoprotein Iib/IIIa inhibitors for clot burden
- Weight adjusted dosing and ACT monitoring during procedure
- Use of vascular closure devices

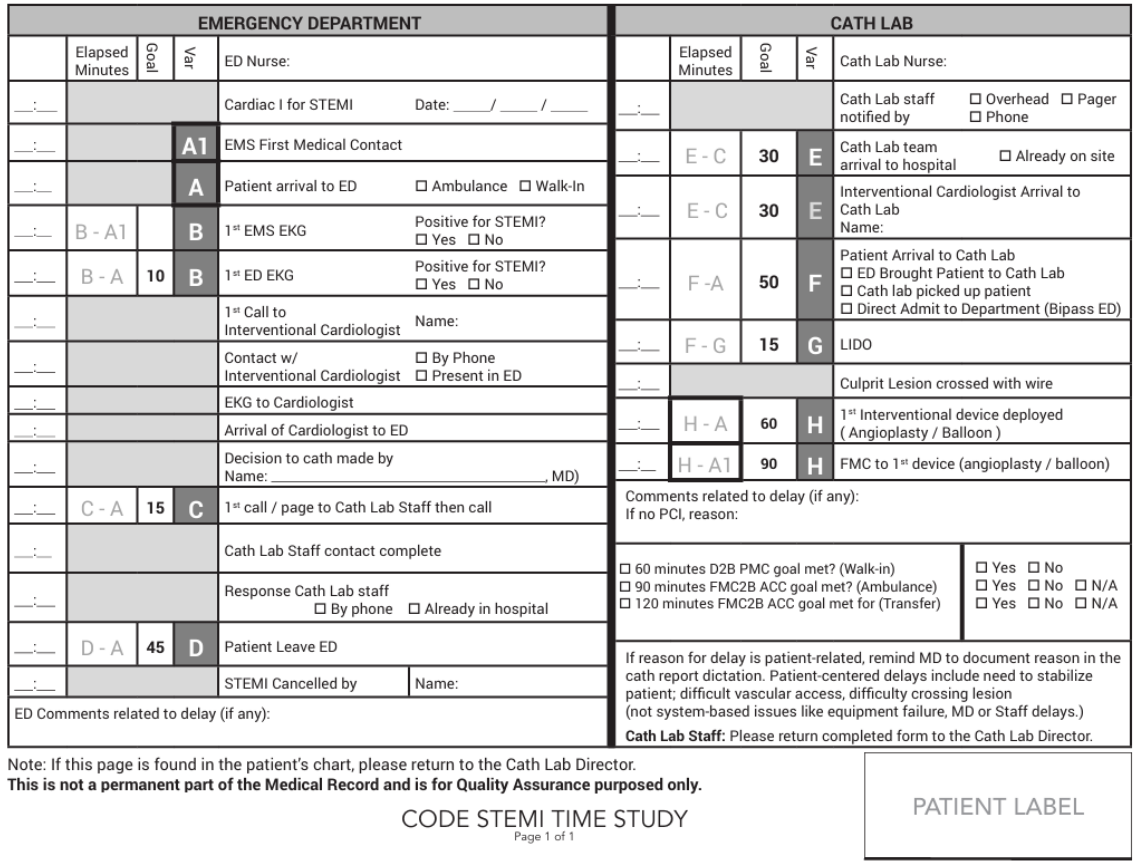
Continuous Improvement

There are downward trends in each area that combined with the mortality rate show we need to continually monitor and consider additional interventions:

- Use of MACD (Maximum allowable contrast dose) during timeout
  - MACD is calculated as 3.7 x eGFR for the targeted contrast limit

- STEMI Time tracking sheet
  - Implementing a STEMI time tracking sheet, can show us where opportunities for improving D2B
  - Every 20 minutes shaved from D2B time decreases 1 year mortality risk by 5%

Opportunities for Improvement



EMERGENCY DEPARTMENT					
	Elapsed Minutes	Goal	Var	ED Nurse:	
__:__				Cardiac I for STEMI	Date: ____/ ____/ ____
__:__			A1	EMS First Medical Contact	
__:__			A	Patient arrival to ED	☐ Ambulance ☐ Walk-In
__:__	B - A1		B	1st EMS EKG	Positive for STEMI? ☐ Yes ☐ No
__:__	B - A	10	B	1st ED EKG	Positive for STEMI? ☐ Yes ☐ No
__:__				1st Call to Interventional Cardiologist	Name:
__:__				Contact w/ Interventional Cardiologist	☐ By Phone ☐ Present in ED
__:__				EKG to Cardiologist	
__:__				Arrival of Cardiologist to ED	
__:__				Decision to cath made by Name: _____, MD)	
__:__	C - A	15	C	1st call / page to Cath Lab Staff then call	
__:__				Cath Lab Staff contact complete	
__:__				Response Cath Lab staff	☐ By phone ☐ Already in hospital
__:__	D - A	45	D	Patient Leave ED	
__:__				STEMI Cancelled by	Name:
ED Comments related to delay (if any):					

CATH LAB				
	Elapsed Minutes	Goal	Var	Cath Lab Nurse:
__:__				Cath Lab staff notified by ☐ Overhead ☐ Pager ☐ Phone
__:__	E - C	30	E	Cath Lab team arrival to hospital ☐ Already on site
__:__	E - C	30	E	Interventional Cardiologist Arrival to Cath Lab Name:
__:__	F -A	50	F	Patient Arrival to Cath Lab ☐ ED Brought Patient to Cath Lab ☐ Cath lab picked up patient ☐ Direct Admit to Department (Bipass ED)
__:__	F - G	15	G	LIDO
__:__				Culprit Lesion crossed with wire
__:__	H - A	60	H	1st Interventional device deployed (Angioplasty / Balloon)
__:__	H - A1	90	H	FMC to 1st device (angioplasty / balloon)

Comments related to delay (if any):
If no PCI, reason:

☐ 60 minutes D2B PMC goal met? (Walk-in)	☐ Yes ☐ No
☐ 90 minutes FMC2B ACC goal met? (Ambulance)	☐ Yes ☐ No ☐ N/A
☐ 120 minutes FMC2B ACC goal met for (Transfer)	☐ Yes ☐ No ☐ N/A

If reason for delay is patient-related, remind MD to document reason in the cath report dictation. Patient-centered delays include need to stabilize patient; difficult vascular access, difficulty crossing lesion (not system-based issues like equipment failure, MD or Staff delays.)

Cath Lab Staff: Please return completed form to the Cath Lab Director.

Note: If this page is found in the patient's chart, please return to the Cath Lab Director.
This is not a permanent part of the Medical Record and is for Quality Assurance purposed only.

CODE STEMI TIME STUDY
Page 1 of 1

PATIENT LABEL

Questions?

PATIENT AND COMMUNITY EXPERIENCE

Patient and Community Experience

Board of Directors
August 26, 2026

Kaweah Health
MORE THAN MEDICINE. LIFE.

Strategy: Promote a Patient-Centric Culture

Initiative: Patient and Community Experience

Initiative Owner: Deborah Volosin, Director of Patient and Community Experience

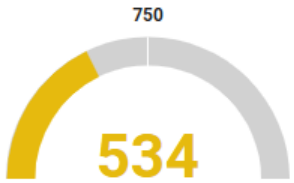
Executive Sponsor: Max Heckhausen, Vice President of Strategy

August 2026

METRICS & OUTCOMES

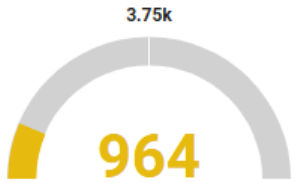
OFF TRACK

PE team rounds on at least 750 pts./mth. (Jul-26)



Last updated on 07/31/2026
Stay above baseline of 750

Clinical teams round on at least 3,750 pts./mth. (Jul-26)



Last updated on 07/31/2026
Stay above baseline of 3.75k

HCAHPS "Responsiveness of Staff" is 76 (FYE-26)

Last updated on 07/31/2026
Move from baseline of 67.2 to target of 76

UPDATES

OFF TRACK

Strategy Summary

Status	Last Update's Comment
On Track	Current Month * Developed Best Practices Guidelines for Ambulatory Rounding * Finalized FY27 patient experience goals Next steps * Rolling out AIDET & HEARD Communication Trainings.

Action Plan

Name	Status	Start Date	Due Date	Assigned To
Use education, rounding, and patient survey data to empower teams to design every touchpoint around patient needs and well-being.	Off Track	07/01/2026	06/30/2027	Deborah Volosin
Embed storytelling in the organization's culture	On Track	07/01/2026	06/30/2027	Deborah Volosin
Set patient experience goals at the organizational, departmental, and individual leader level.	On Track	07/01/2026	06/30/2027	Deborah Volosin

Risk/Barriers

Name	Last Update's Comment
Use education, rounding, and patient survey data to empower teams to design every touchpoint around patient needs and well-being.	Rounding performance remains below target. To address identified barriers, we are implementing several strategies, including sharing best practices across outpatient clinics, providing rounding data to the Executive Team to support accountability, and identifying additional opportunities to improve consistency and compliance. With the development of training focused on consistent, compassionate communication, the Patient Experience team is presenting to nine different groups throughout August and September to reinforce communication expectations and support greater consistency across the organization.

Strategy: Improve the Hospital's Physical Spaces

Initiative: Patient and Community Experience

Initiative Owner: Deborah Volosin, Director of Patient and Community Experience

Executive Sponsor: Max Heckhausen, Vice President of Strategy

August 2026

METRICS & OUTCOMES

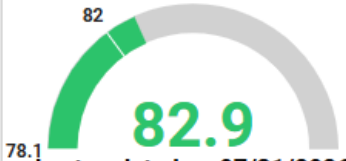
OFF TRACK

HCAHPS "Cleanliness" is 76.6 (FYE-26)

Last updated on 07/31/2026

Move from baseline of 70.3 to target of 76.6

Real-time "Clean Clinic" is 82 (FYE-26)



Last updated on 07/31/2026

Move from baseline of 78.1 to target of 82

Complete five facility upgrade and refurbishment projects FYTD-27

Last updated on 07/31/2026

Move from baseline of 0 to target of 5

UPDATES

ON TRACK

Strategy Summary

Status	Last Update's Comment
On Track	Current Month * PX rounded with Facilities, Maintenance, and CEO. * Identified several areas with worn-out furniture and damaged walls and paint. * Reminded teams to continue to put work orders in to document the work needed. * ED received 100 chairs for visitors in patient rooms. Next Steps *Encourage units to submit work orders for distressed furniture and facilities. *Order more visitor chairs for ED patient rooms.

Action Plan

Name	Status	Start Date	Due Date	Assigned To
Focus on improving the hospital's physical spaces to promote comfort, accessibility and a sense of healing	Off Track	07/01/2026	06/30/2027	Deborah Volosin
Notify teams of patient feedback to drive cleanliness score improvement	On Track	07/01/2026	06/30/2027	Deborah Volosin

Risk/Barriers

Name	Last Update's Comment
Focus on improving the hospital's physical spaces to promote comfort, accessibility and a sense of healing	We are assessing entrance environments and identifying opportunities to create a warmer, more welcoming first impression. The primary barrier is balancing identified improvement needs with available funding and competing organizational priorities.

Strategy: Strengthen Community Engagement

Initiative: Patient and Community Experience

Initiative Owner: Deborah Volosin, Director of Patient and Community Experience

Executive Sponsor: Max Heckhausen, Vice President of Strategy

August 2026

METRICS & OUTCOMES

OFF TRACK

Add 10 new Community Advisory Committee members FYTD-27

Last updated on 07/31/2026

Move from baseline of 0 to target of 10

20 new speaking engagements for leaders FYTD-27

Last updated on 07/31/2026

Move from baseline of 0 to target of 20

30 leaders in svc clubs/comm boards FYTD-27

Last updated on 07/31/2026

Move from baseline of 24 to target of 30

UPDATES

ON TRACK

Strategy Summary

Status	Last Update's Comment
On Track	Current Month * CE met with CAC groups, organized the ribbon cutting for PT Tulare Clinic, and arranged for 33 employees to attend community events. Next Steps * In August, we are targeting one new service club membership, one leader speaking engagement, and adding two new community members to CAC groups.

Action Plan

Name	Status	Start Date	Due Date	Assigned To
Add Community Advisory Council members. Participate in community speaking engagements and service clubs.	Off Track	07/01/2026	06/30/2027	Deborah Volosin
Design and implement programs that reduce barriers to accessing healthcare services.	On Track	07/01/2026	06/30/2027	Sonia Duran-Aguilar

Risk/Barriers

Name	Last Update's Comment
Add Community Advisory Council members. Participate in community speaking engagements and service clubs.	While this initiative is currently off-track, work is underway to identify and pursue speaking opportunities for our leaders in the community. Presentations highlighting our lung and cardiac programs are also being developed to support these outreach efforts.

401(k) PLAN CHANGES

To: **Governing Board**
From: **Dianne Cox, CHRO**
Date: **August 14, 2026**
Subject: **Proposed Modification to 401(k) Employer Contribution Vesting Schedule**

To be presented at the August 26, 2026 Board Meeting

Recommendation

Management recommends modifying the vesting schedule for employer contributions to the organization's 401(k) plan from the current five-year cliff vesting schedule to a 20% graded vesting schedule over five years. Under the proposed schedule, employees would become vested in employer contributions at a rate of 20% for each qualified year of service in which they work 1,000 hours, reaching 100% vesting after five years.

Rationale

The proposed change would strengthen the organization's ability to recruit and retain qualified employees in an increasingly competitive labor market. The change would:

- Make the organization's total compensation package more competitive for prospective employees, including with local healthcare organizations.
- Provide a tangible retention incentive beginning with an employee's first year of service.
- Recognize employees' incremental commitment and service to the organization.

Proposed Vesting Schedule - Completed Years of Service	Proposed Vesting
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years or more	100%

With this new vesting schedule, current and future employer contributions would vest under the proposed 20% annual graded schedule. Employees who have not participated but begin to do so, would vest based on their years of qualifying service. This will be administered by our service provider, Lincoln Financial. Services.

Financial and Administrative Considerations

The principal financial impact is approximately $400,000 when fully developed after five years. This is because currently, all employees receive their contribution/match but we clawback the "unearned" match as employees terminate employment and withdraw monies. Therefore, there is no initial financial impact but there will be less clawback from the forfeiture account each year. We believe this incremental cost is justified by the potential benefits of improved recruitment, employee retention, and overall compensation competitiveness, including with local healthcare organizations. The change would also require appropriate amendments to the plan document and participant communications.

Requested Board Action

It is requested that the Governing Board approve the proposed change from five-year cliff vesting to 20% graded vesting over five years. This action has been discussed since 2017; we propose an effective date of January 1, 2026, for the 2026 Plan Year we are currently in. The effect of less forfeiture monies would be during the match process in July 2027, Fiscal Year 2028.

Proposed motion:

Approve the modification of the organization's 401(k) employer contribution vesting schedule from the existing five-year cliff schedule to a 20% per year graded vesting schedule over five years, with appropriate grandfathering of existing participants and accrued benefits, and authorize management to take all necessary actions to implement the change in accordance with applicable law and the plan document.

To: **Governing Board**
From: **Dianne Cox, CHRO**
Date: **August 14, 2026**
Subject: **General Information on the Retirement 401k and Recent Audit for Calendar Years 2024 and 2025**

To be presented at the August 26, 2026 Board Meeting

Kaweah Health offers a Defined Contribution Retirement Plan 401k as well as a grandfathered 457b. Each plan is described in more detail below:

401K – Calendar Year

All employees regardless of status may participate in the 401k. Personal contributions are pre-tax per IRS guidelines and an employee may contribute up to $24,500 if under the age of 50; further catch up provisions apply for those over that age ($32,500 for 50-59 and 64+ and $35,750 for ages 60-63).

Kaweah Health provides for a contribution/match on this plan for employees who participate. To be eligible, employees are required to work at least 1,000 per calendar year. The contribution/match is as follows:

Kaweah Health matches contributions to participant accounts based on years of service and eligibility (five-year vesting applies — if an employee leaves employment prior to vesting, all matching is forfeited). The match for calendar year 2025 was 100 percent and was made July 2026.

Years of Service	Match %
1-2	Up to 3% of eligible compensation
3-5	Up to 4% of eligible compensation
6-10	Up to 5% of eligible compensation
11+	Up to 6% of eligible compensation

457b – Grandfathered Plan
Kaweah Health is able to provide this 401-k identical plan to employees allowing them to participate with pre-tax contributions after they have reached their maximums in the 401k. We do not provide a contribution/match.

Management of these plans

Kaweah Health has a team approach to management of these plans including:

Human Resources
Finance/Payroll
Lincoln Retirement Services – Service Provider administering the plan
Creative Planning – Investment Services and acts as fiduciary of the investments

A formal Retirement Committee, including a Board Member (currently Dr. Levitan), meets every other month to review updates from Lincoln as well as investments (types of funds, the mix and quarterly results) and an annual fee review of both Lincoln and Creative Planning. While this is not a Board-designated committee, we believe it is best practice. The Committee has an established Charter and Investment Policy Statement.

Following that, a "working committee" meets to review any issues, questions, or upcoming plans or changes.

Audit

We engaged BakerTilly to conduct an audit of calendar years' 2024 and 2025. This audit was recently completed and presented to the Audit Committee on August 20, 2026. There were no findings or issues relative to the financial statements, no non-trival misstatements nor any other matter required to be communicated with those charged with Governance.

This audit is not required as a matter of ERISA (Employee Retirement Income Security Act) but it is best practice to conduct an independent audit and this will occur after the close of every plan year going forward.

News You Can Use

Dianne Cox | Chief Human Resources Officer | Kaweah Health MORE THAN MEDICINE. LIFE.

July 27, 2026

News You Can Use: 401(k) Match Contribution Made for Calendar Year 2025

Dear Kaweah Health 401(k) Participants,

We are pleased to announce that Kaweah Health has deposited the 2025 plan year 401(k) employer match contribution into 2,494 participants' accounts. Kaweah Health's contribution for this important employee benefit was $9,716,149.23. If you participated in the plan during 2025 and met the eligibility qualifications for the match, you should see the additional monies posted to your account within two business days. You can utilize the Lincoln mobile app or access your account online at the participant website.

As a reminder, Kaweah Health matched contributions to participant accounts based on years of service and eligibility (five-year vesting applies — if an employee leaves employment prior to vesting, all matching is forfeited). The match for calendar year 2025 was 100 percent of the full match.

Years of Service	Match %
1-2	Up to 3% of eligible compensation
3-5	Up to 4% of eligible compensation
6-10	Up to 5% of eligible compensation
11+	Up to 6% of eligible compensation

Accessing and managing a Lincoln account is easy. If not currently enrolled, you can enroll any time. In addition to the Lincoln participant website (www.LincolnFinancial.com), you can register your account through the mobile app: **Lincoln Financial Mobile**. If you don't already have the app downloaded to your phone or tablet, you can get it for free in the App Store or Google Play.

You can also schedule an appointment with Chad Parilla or Jario Castaneda Garcia from Lincoln Financial Group: www.LincolnFinancial.com/KaweahSchedule or call 209-237-8147.

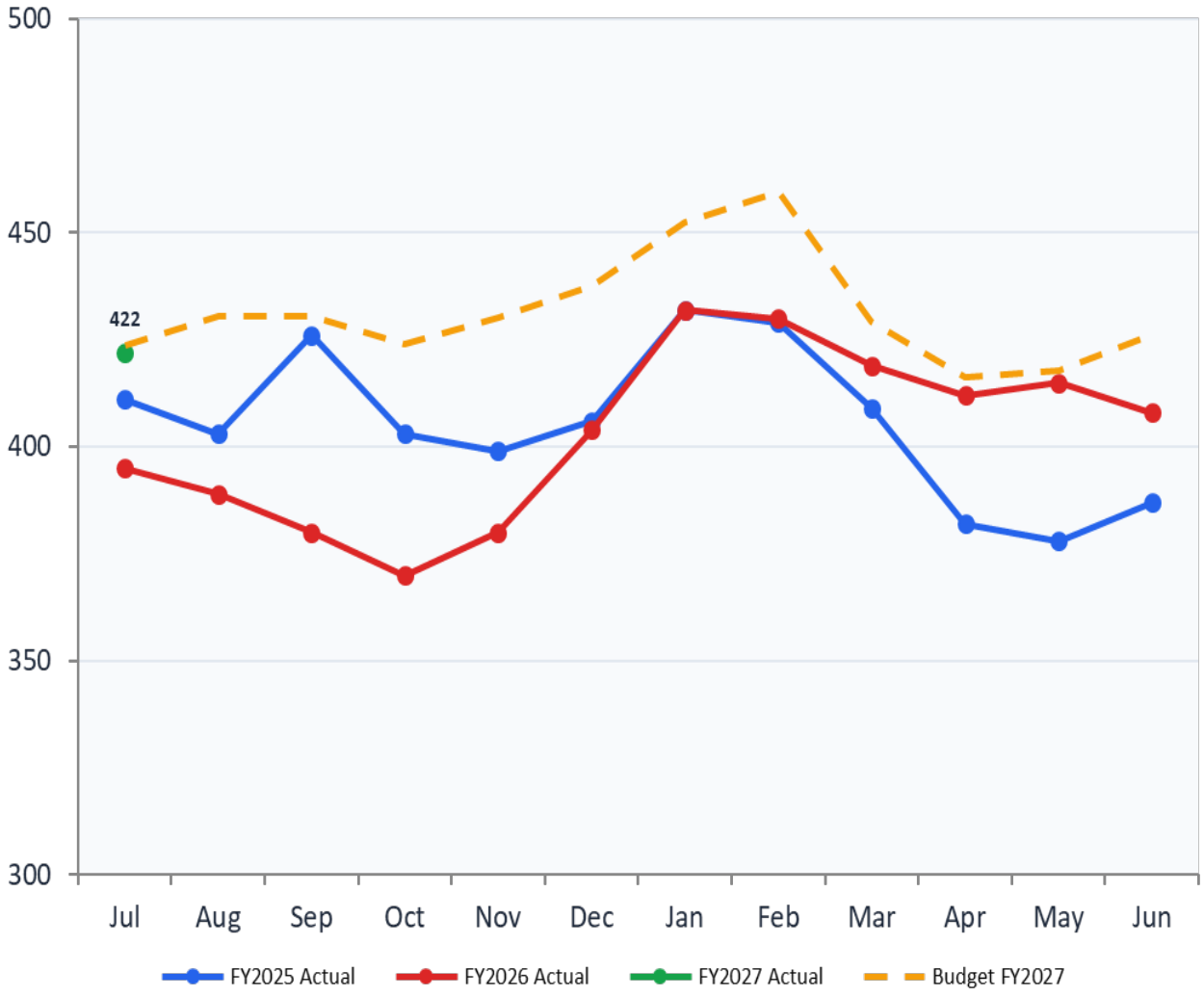
Thank you,
Dianne Cox
Chief Human Resources Officer

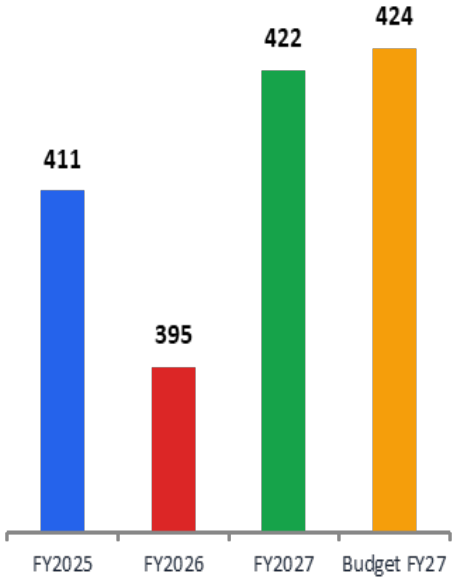
FINANCIAL STEWARDSHIP

CFO Financial Report

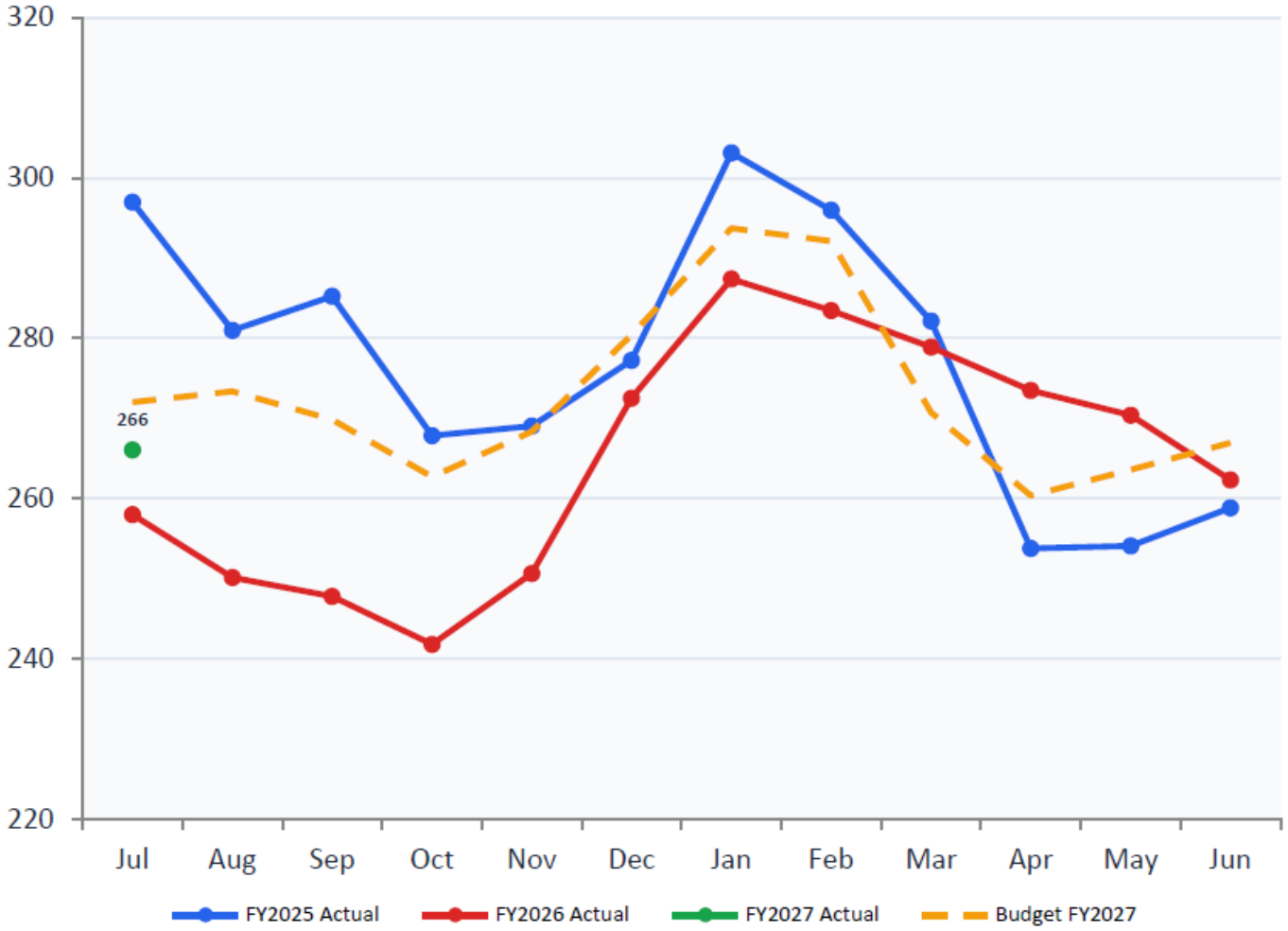
Month Ending July 2026

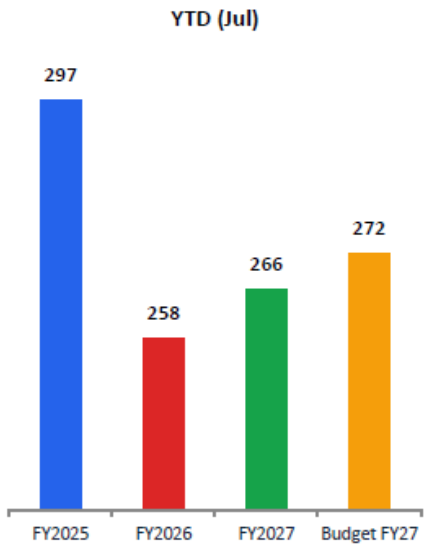
Average Daily Census





Medical Center (Avg Patients Per Day)

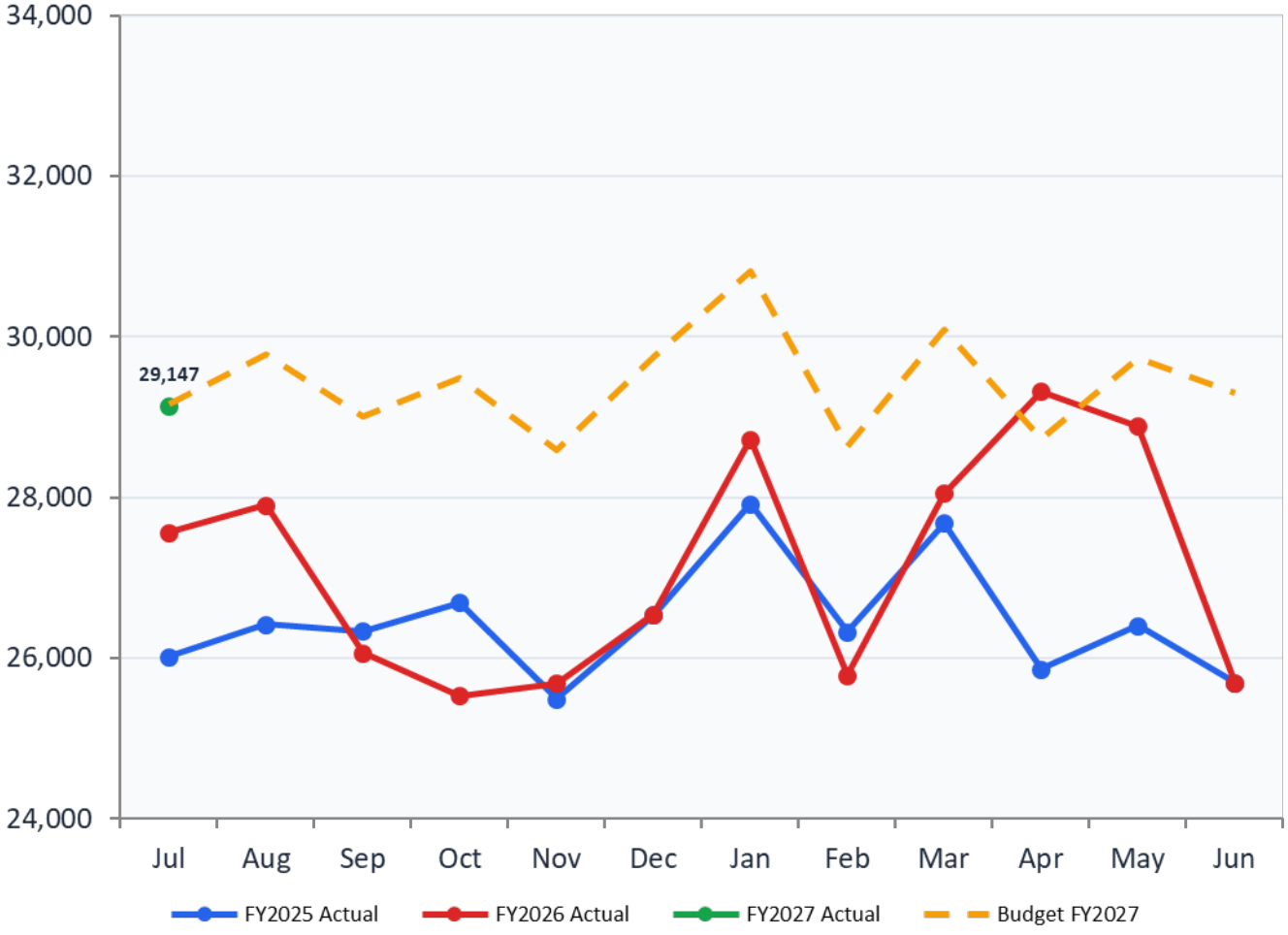


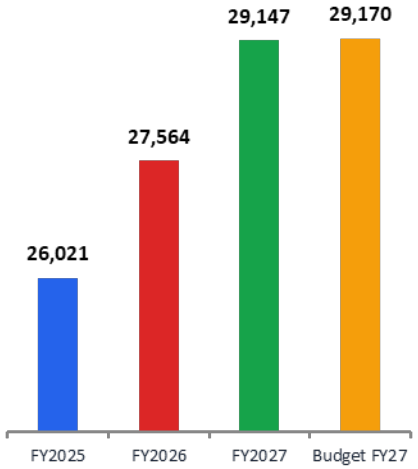


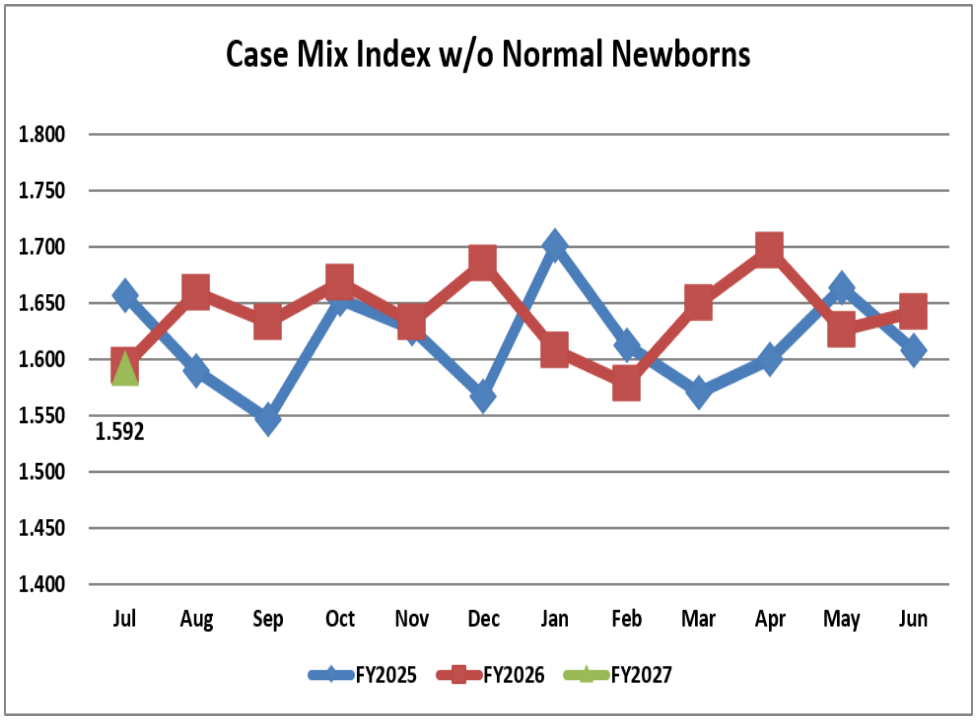
Statistical Results – Fiscal Year Comparison (Jul)

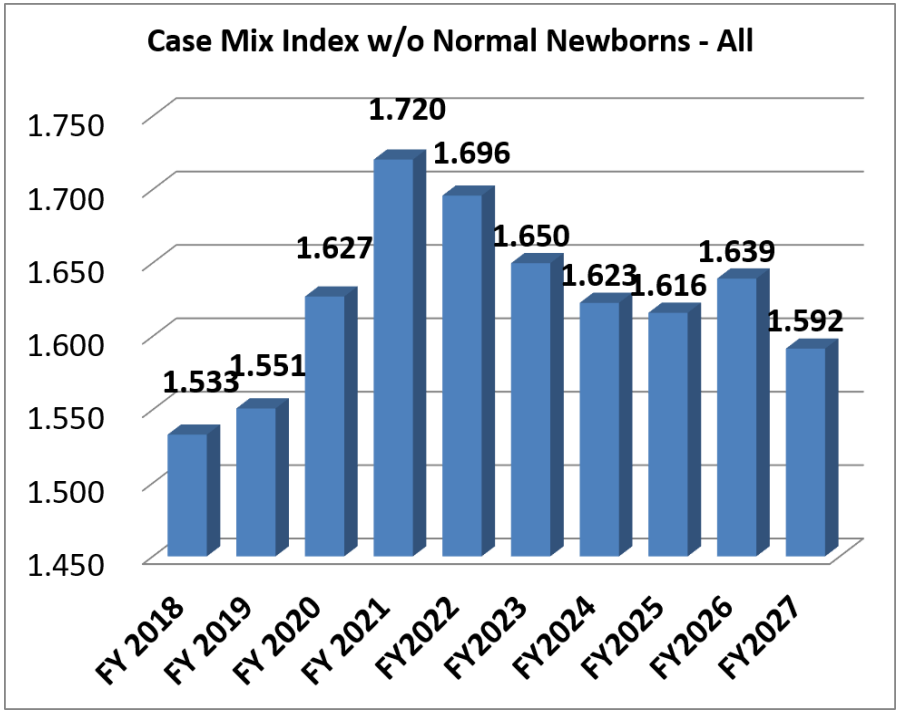
	Actual Results			Budget	Budget Variance	
	Jul 2025	Jul 2026	% Change	Jul 2026	Change	% Change
Average Daily Census	**395**	**422**	**6.9%**	**424**	**(1)**	**(0.3%)**
KDHCD Patient Days:						
Medical Center	7,998	8,248	3.1%	8,433	(185)	(2.2%)
Acute I/P Psych	1,402	1,591	13.5%	1,519	72	4.7%
Sub-Acute	881	1,138	29.2%	1,185	(47)	(4.0%)
Rehab	575	839	45.9%	712	127	17.8%
TCS-Ortho (Short Stay Rehab)	450	398	(11.6%)	403	(5)	(1.2%)
NICU	418	385	(7.9%)	438	(53)	(12.1%)
Nursery	519	492	(5.2%)	440	52	11.8%
Total KDHCD Patient Days	**12,243**	**13,091**	**6.9%**	**13,130**	**(39)**	**(0.3%)**
Total Outpatient Volume	**62,340**	**66,092**	**6.0%**	**67,603**	**(1,511)**	**(2.2%)**

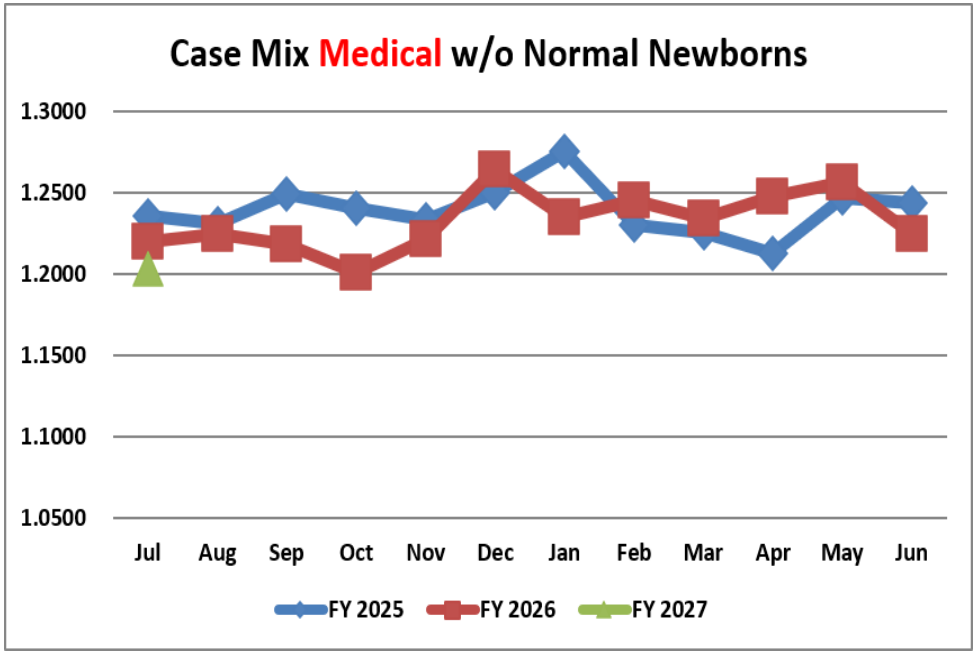
Adjusted Patient Days

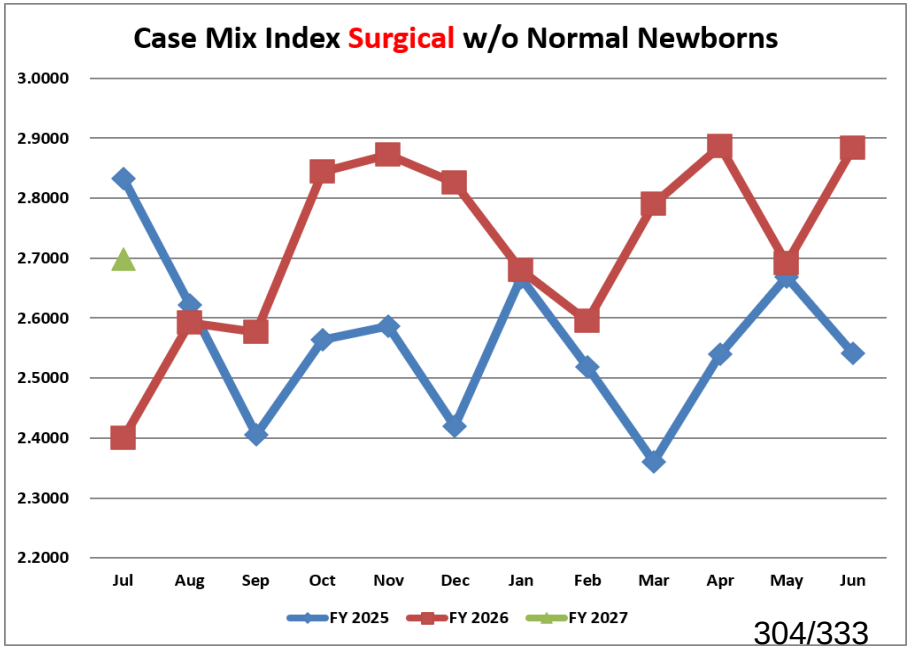





Case Mix Index w/o Normal Newborns
1.800
1.750
1.700
1.650
1.600
1.550
1.500
1.450
1.400
1.592
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY2025
FY2026
FY2027


Case Mix Index w/o Normal Newborns - All
1.750
1.700
1.650
1.600
1.550
1.500
1.450
1.533
1.551
1.627
1.720
1.696
1.650
1.623
1.616
1.639
1.592
FY 2018
FY 2019
FY 2020
FY 2021
FY2022
FY2023
FY2024
FY2025
FY2026
FY2027


Case Mix Medical w/o Normal Newborns
1.3000
1.2500
1.2000
1.1500
1.1000
1.0500
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2025
FY 2026
FY 2027


Case Mix Index Surgical w/o Normal Newborns
3.0000
2.9000
2.8000
2.7000
2.6000
2.5000
2.4000
2.3000
2.2000
Jul
Aug
Sep
Oct
Nov
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Feb
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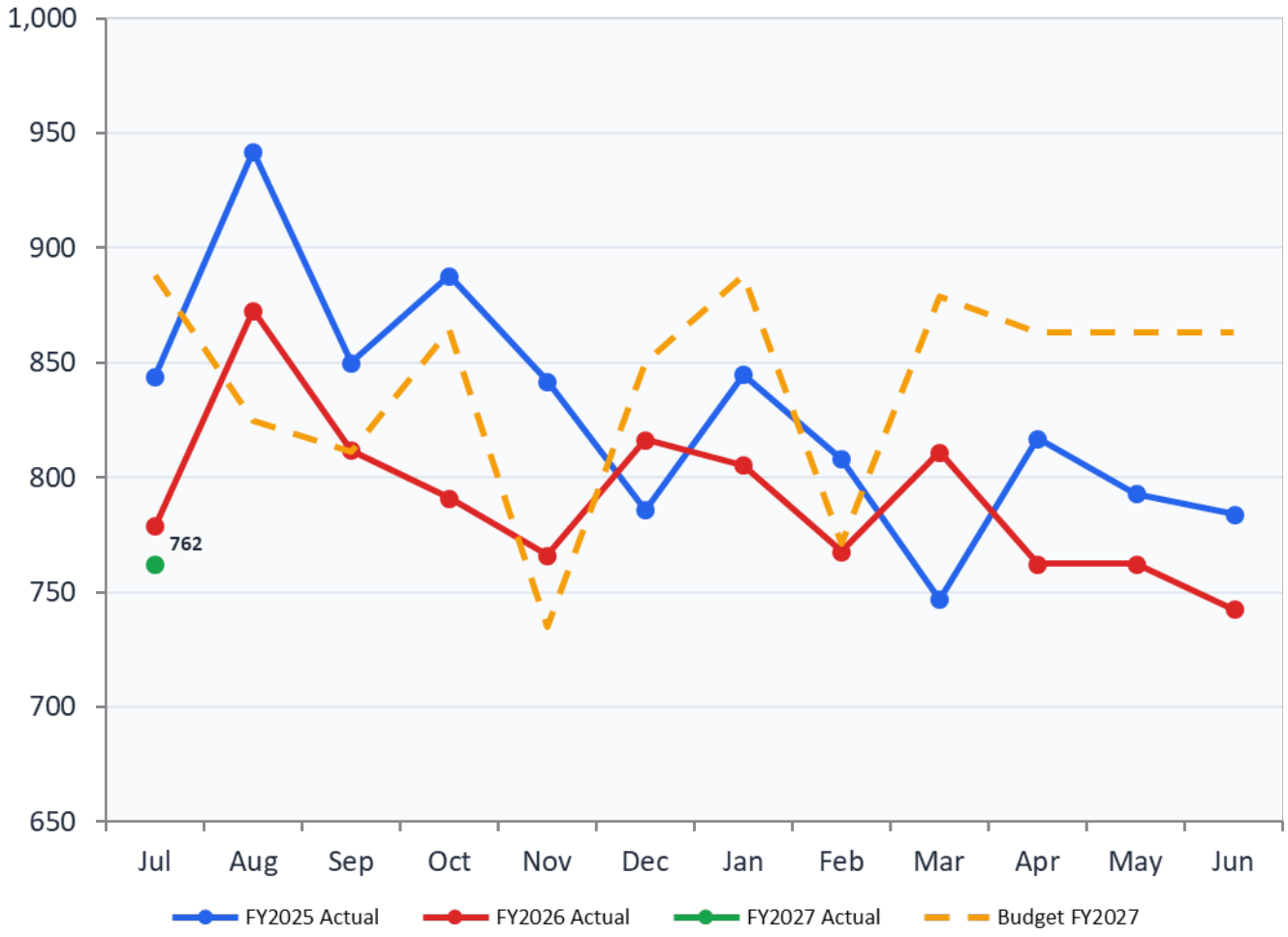
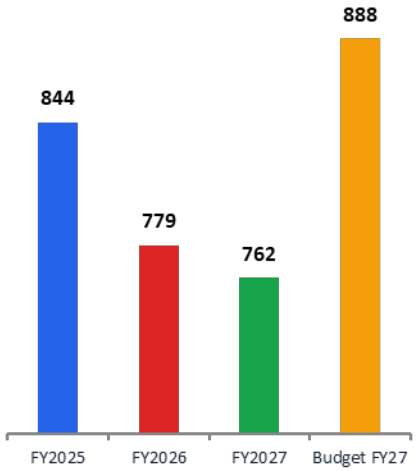
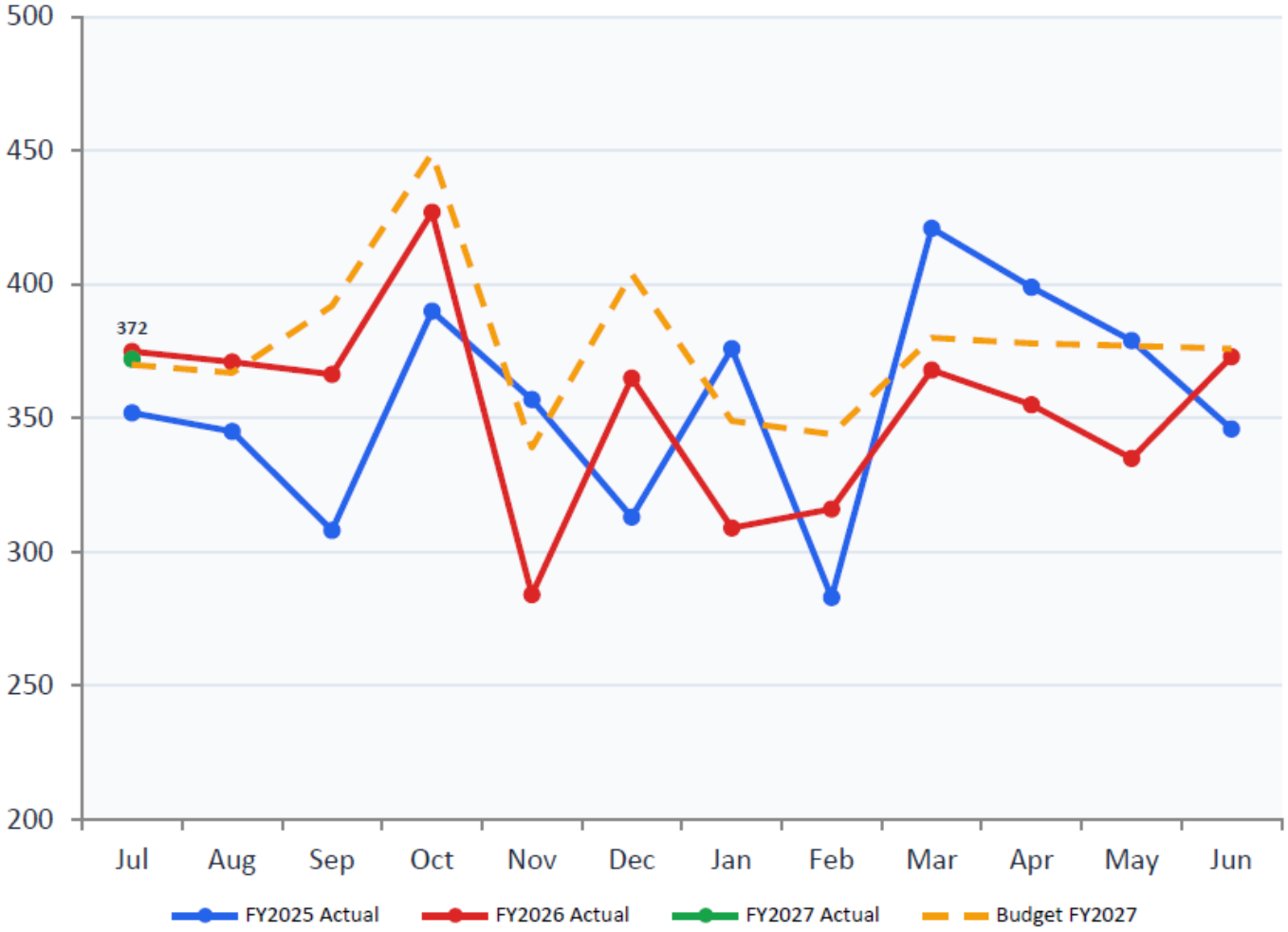
May
Jun
FY 2025
FY 2026
FY 2027

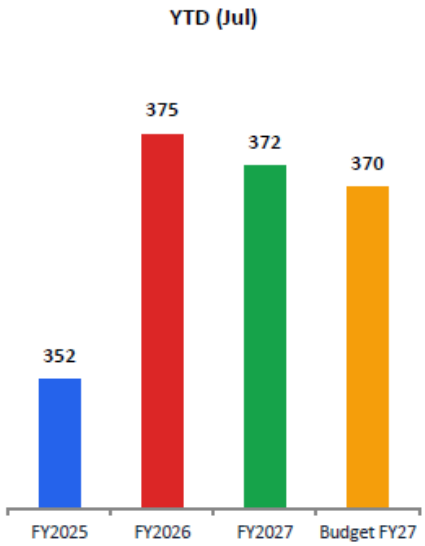
Surgery (IP & OP) – 100 Min Units





Cath Lab (IP & OP) – 100 Min Units





Other Statistical Results – Prior Year/Budget Comparison (July)

	Actual Results				Budget	Budget Variance	
	Jul26	Jul27	Change	% Change	Jul27	Change	% Change
All O/P Rehab Svcs Across District	21,889	20,590	(1,299)	(5.9%)	20,642	(52)	(0.3%)
Physical & Other Therapy Units (I/P & O/P	19,239	22,407	3,168	16.5%	21,174	1,233	5.8%
Radiology - CT - All Areas	5,085	5,944	859	16.9%	5,417	527	9.7%
Radiology - MRI - All Areas	945	1,021	76	8.0%	995	26	2.6%
Radiology - Ultrasound - All Areas	3,148	3,305	157	5.0%	3,766	(461)	(12.2%)
Radiology - Diagnostic Radiology	9,482	9,717	235	2.5%	9,461	256	2.7%
Radiology – Main Campus	15,665	16,269	604	3.9%	16,333	(64)	(0.4%)
Radiology - Ultrasound - Main Campus	2,397	2,255	(142)	(5.9%)	2,741	(486)	(17.7%)
West Campus - Diagnostic Radiology	1,264	1,529	265	21.0%	1,260	269	21.3%
West Campus - CT Scan	549	660	111	20.2%	549	111	20.2%
West Campus - MRI	431	479	48	11.1%	471	8	1.6%
West Campus - Ultrasound	751	1,050	299	39.8%	1,025	25	2.4%
West Campus - Breast Center	1,487	2,236	749	50.4%	1,847	389	21.1%
Med Onc Visalia Treatments	1,291	1,137	(154)	(11.9%)	1,207	(70)	(5.8%)
Rad Onc Visalia Treatments	1,737	1,885	148	8.5%	1,871	14	0.7%
Rad Onc Hanford Treatments	307	157	(150)	(48.9%)	249	(92)	(36.9%)

Other Statistical Results – Prior Year/Budget Comparison (Jul)

	Actual Results				Budget	Budget Variance	
	Jul26	Jul27	Change	% Change	Jul27	Change	% Change
Rural Health Clinics Visits	12,315	12,720	405	3.3%	11,986	734	6.1%
RHC Exeter - Visits	6,147	6,264	117	1.9%	6,246	18	0.3%
RHC Lindsay - Visits	1,792	1,790	(2)	(0.1%)	1,754	36	2.0%
RHC Woodlake - Visits	630	527	(103)	(16.3%)	630	(103)	(16.4%)
RHC Woodlake Valencia - Visits	548	776	228	41.6%	912	(136)	(14.9%)
RHC Dinuba - Visits	1,569	1,174	(395)	(25.2%)	1,264	(90)	(7.1%)
RHC Tulare - Visits	2,177	2,189	12	0.6%	2,091	98	4.7%
Urgent Care – Court Total Visits	2,340	2,182	(158)	(6.8%)	2,565	(383)	(14.9%)
Urgent Care – Demaree Total Visits	1,596	1,827	231	14.5%	1,813	14	0.8%
KH Medical Clinic - Plaza Visits	283	286	3	1.1%	326	(40)	(12.4%)
KH Willow Specialty Clinic	0	380	380	0.0%	234	146	62.7%
KH Cardiology Center Visalia Registrations	1,418	1,412	(6)	(0.4%)	2,005	(593)	(29.6%)
KH Mental Wellness Clinic Visits	359	342	(17)	(4.7%)	505	(163)	(32.3%)
Urology Clinic Visits	224	256	32	14.3%	386	(130)	(33.6%)
Therapy-Wound Care Svcs Encounters	345	328	(17)	(4.9%)	345	(17)	(4.9%)

Other Statistical Results – Prior Year/Budget Comparison (Jul)

	Actual Results				Budget	Budget Variance	
	Jul26	Jul27	Change	% Change	Jul27	Change	% Change
ED - Avg Treated Per Day	272	278	5	1.9%	280	(2)	(0.8%)
Surgery (IP & OP) – 100 Min Units	779	762	(17)	(2.2%)	888	(126)	(14.2%)
Endoscopy Procedures	632	568	(64)	(10.1%)	571	(3)	(0.5%)
Cath Lab (IP & OP) - 100 Min Units	375	372	(3)	(0.8%)	370	2	0.5%
Cardiac Surgery Cases	30	22	(8)	(26.7%)	29	(7)	(24.1%)
Deliveries	392	363	(29)	(7.4%)	337	26	7.6%
Clinical Lab	263,627	281,671	18,044	6.8%	281,669	2	0.0%
Reference Lab	8,062	7,665	(397)	(4.9%)	8,128	(463)	(5.7%)
Dialysis Center - Visalia Visits	1,432	1,323	(109)	(7.6%)	1,491	(168)	(11.3%)
Infusion Center - Units of Service	628	572	(56)	(8.9%)	607	(35)	(5.7%)
Hospice Days	3,866	3,866	0	0.0%	4,262	(396)	(9.3%)
Home Health Visits	3,057	2,530	(527)	(17.2%)	2,700	(170)	(6.3%)
Home Infusion Days	26,375	22,009	(4,366)	(16.6%)	25,703	(3,694)	(14.4%)

July Financial Summary (000's) Budget Comparison

	Comparison to Budget - Month of July			
	Budget Jul-2026	Actual Jul-2026	$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	$61,161	$59,817	($1,344)	-2.2%
Other Operating Revenue	$23,168	$23,680	$512	2.2%
Total Operating Revenue	**$84,329**	**$83,497**	**($832)**	**-1.0%**
Operating Expenses				
Employment Expenses	$42,471	$43,320	$849	2.0%
Other Expenses	$41,297	$41,120	($177)	-0.4%
Total Operating Expenses	**$83,768**	**$84,440**	**$672**	**0.8%**
Operating Margin	**$561**	**($942)**	**($1,504)**	
Stimulus/FEMA	$0	$0	$0	
Operating Margin after Stimulus/FEMA	**$561**	**($942)**	**($1,504)**	
Nonoperating Revenue (Loss)	$1,201	$1,346	$145	
Excess Margin	**$1,762**	**$403**	**($1,358)**	

July Financial Summary (000's) Prior Year Comparison

	Comparison to Prior Year - Month of July			
	Actual Jul-2025	Actual Jul-2026	$ Change	% Change
Operating Revenue				
Net Patient Service Revenue	$56,501	$59,817	$3,316	5.5%
Other Operating Revenue	$21,848	$23,680	$1,832	7.7%
Total Operating Revenue	**$78,349**	**$83,497**	**$5,148**	**6.2%**
Operating Expenses				
Employment Expenses	$43,408	$43,320	($88)	-0.2%
Other Expenses	$38,484	$41,120	$2,636	6.4%
Total Operating Expenses	**$81,892**	**$84,440**	**$2,548**	**3.0%**
Operating Margin	**($3,542)**	**($942)**	**$2,600**	
Stimulus/FEMA	$0	$0	$0	
Operating Margin after Stimulus/FEMA	**($3,542)**	**($942)**	**$2,600**	
Nonoperating Revenue (Loss)	$1,059	$1,346	$286	
Excess Margin	**($2,483)**	**$403**	**$2,887**	

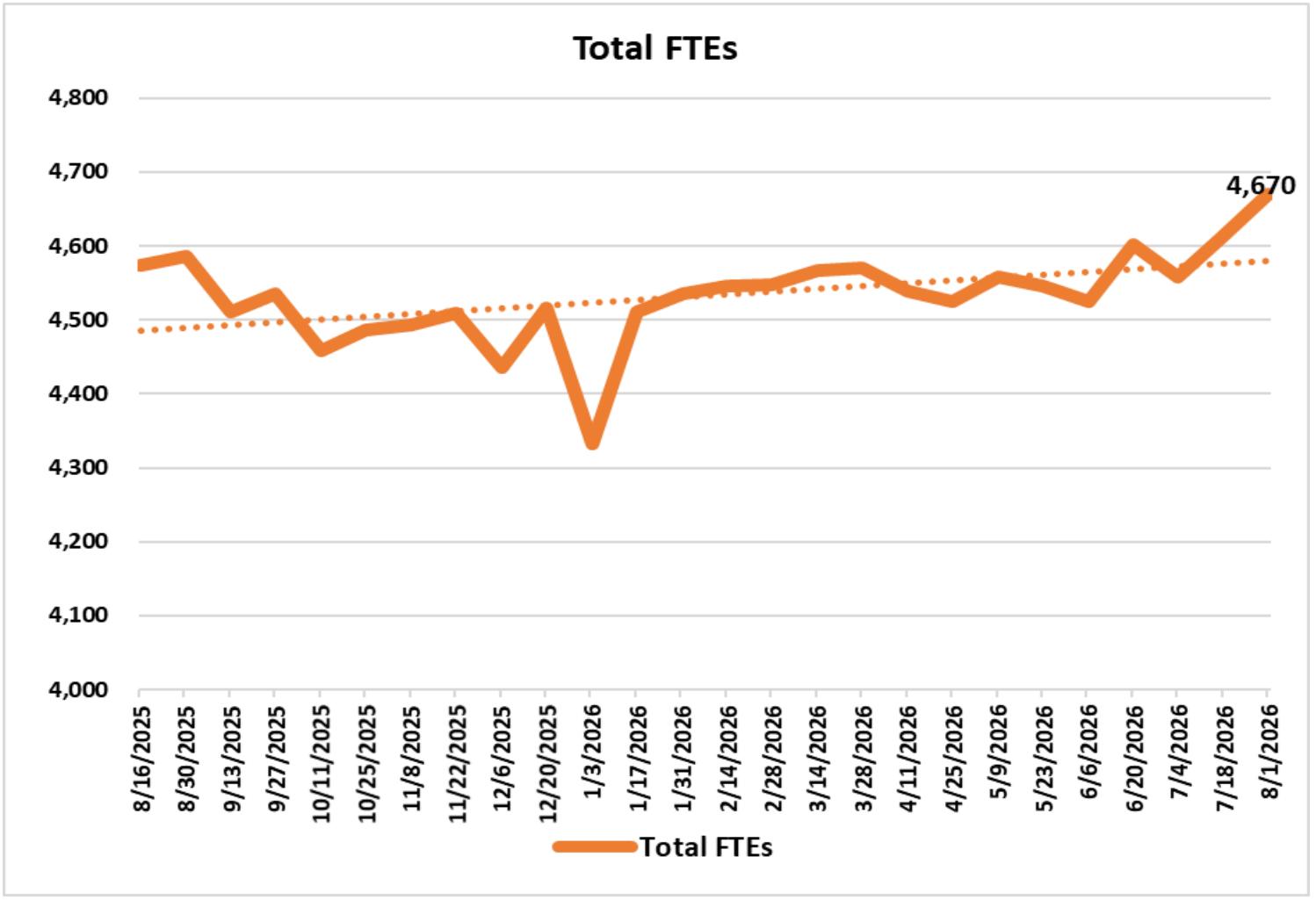
July Financial Comparison (000's)

	Comparison to Budget - Month of July				Comparison to Prior Year - Month of July			
	Budget July-2026	Actual July-2026	$ Change	% Change	Actual July-2025	Actual July-2026	$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	**$61,161**	**$59,817**	**($1,344)**	**-2.2%**	**$56,501**	**$59,817**	**$3,316**	**5.5%**
Supplemental Gov't Programs	$9,369	$9,369	($0)	0.0%	$9,453	$9,369	($84)	-0.9%
Prime Program	$1,064	$1,064	$0	0.0%	$689	$1,064	$375	35.3%
Premium Revenue	$7,631	$7,275	($356)	-4.9%	$6,978	$7,275	$297	4.1%
Other Revenue	$5,103	$5,972	$868	14.5%	$4,728	$5,972	$1,244	20.8%
Other Operating Revenue	$23,168	$23,680	$512	2.2%	$21,848	$23,680	$1,832	7.7%
Total Operating Revenue	**$84,329**	**$83,497**	**($832)**	**-1.0%**	**$78,349**	**$83,497**	**$5,148**	**6.2%**
Operating Expenses								
Salaries & Wages	$34,873	$35,258	$385	1.1%	$33,167	$35,258	$2,091	5.9%
Contract Labor	$1,351	$1,843	$491	26.7%	$2,482	$1,843	($639)	-34.7%
Employee Benefits	$6,247	$6,219	($28)	-0.4%	$7,759	$6,219	($1,540)	-24.8%
Total Employment Expenses	**$42,471**	**$43,320**	**$849**	**2.0%**	**$43,408**	**$43,320**	**($88)**	**-0.2%**
Medical & Other Supplies	$16,215	$16,365	$150	0.9%	$14,552	$16,365	$1,813	11.1%
Physician Fees	$8,924	$8,826	($98)	-1.1%	$7,837	$8,826	$989	11.2%
Purchased Services	$2,166	$1,904	($262)	-13.8%	$1,681	$1,904	$223	11.7%
Repairs & Maintenance	$2,765	$2,392	($373)	-15.6%	$2,212	$2,392	$180	7.5%
Utilities	$1,040	$889	($151)	-17.0%	$929	$889	($40)	-4.5%
Rents & Leases	$237	$226	($11)	-4.7%	$117	$226	$110	48.5%
Depreciation & Amortization	$3,174	$3,389	$215	6.3%	$3,217	$3,389	$172	5.1%
Interest Expense	$579	$586	$7	1.2%	$572	$586	$14	2.4%
Other Expense	$2,598	$2,125	($474)	-22.3%	$1,908	$2,125	$217	10.2%
Humana Cap Plan Expenses	$3,598	$4,419	$821	18.6%	$5,460	$4,419	($1,042)	-23.6%
Total Other Expenses	**$41,297**	**$41,120**	**($177)**	**-0.4%**	**$38,484**	**$41,120**	**$2,636**	**6.4%**
Total Operating Expenses	**$83,768**	**$84,440**	**$672**	**0.8%**	**$81,892**	**$84,440**	**$2,548**	**3.0%**
Operating Margin	**$561**	**($942)**	**($1,504)**		**($3,542)**	**($942)**	**$2,600**	
Nonoperating Revenue (Loss)	$1,201	$1,346	$145		$1,059	$1,346	$286	
Excess Margin	**$1,762**	**$403**	**($1,358)**		**($2,483)**	**$403**	**$2,887**	

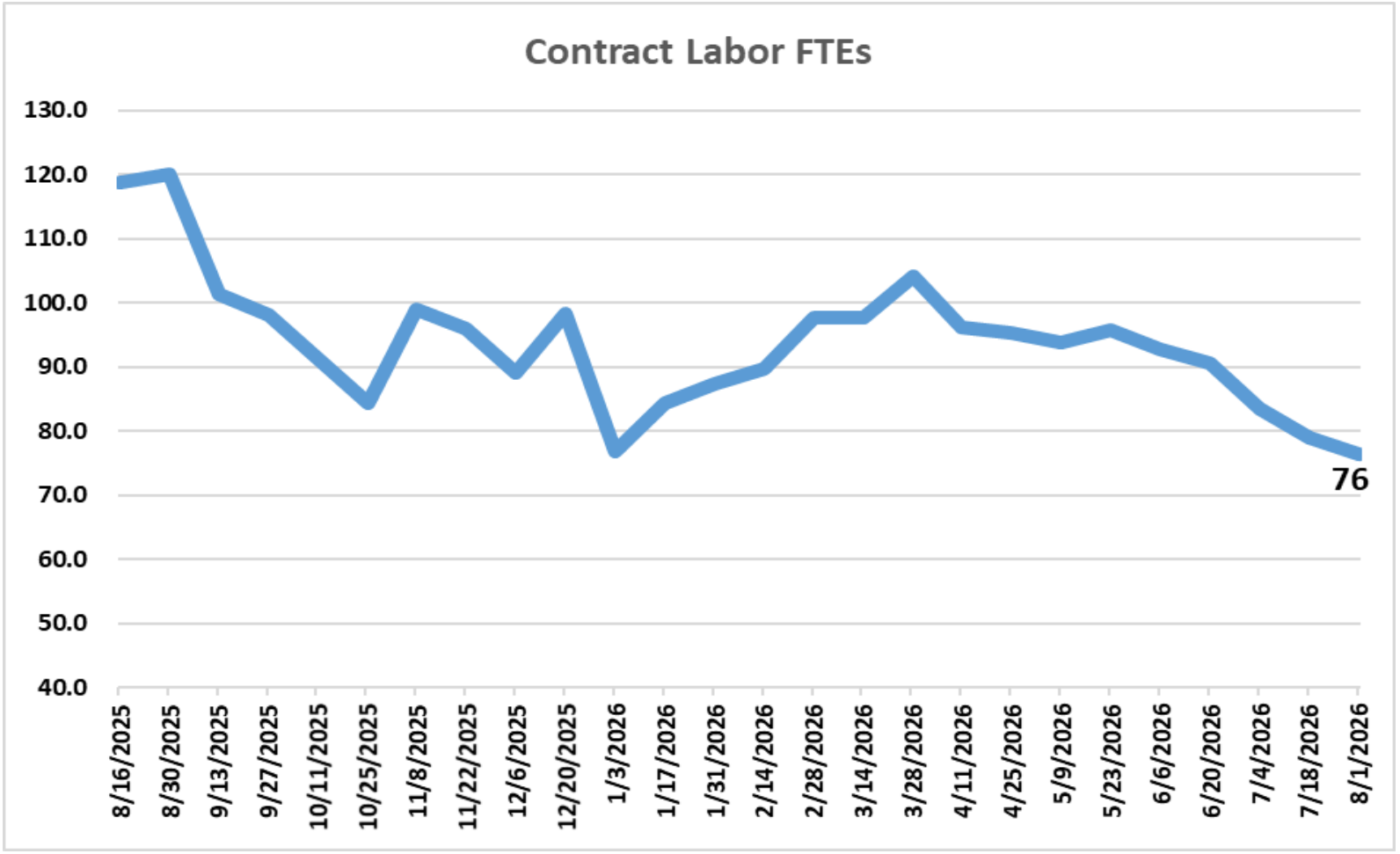
Month of July - Budget Variances

- **Net Patient Service Revenue:** The unfavorable budget variance of $1.3M (2.2%) is primarily due to patient mix and acuity as total inpatient volume (ADC) was only .3% below July budget.
- **Other Revenue:** Other operating revenue was $868K (14.5%) over budget in July, mainly due to retail pharmacy volume.
- **Salaries and Wages**: The 1.1% unfavorable budget variance in July represents a $385K variance for the month, mainly in productive nursing wages.
- **Contract Labor:** The unfavorable variance of $491K ($26.7%) in July is primarily due to staffing needs in the Emergency Department, Critical Care, and Cardiac Surgery.
- **Purchased Services, Repairs, and Other Operating Expense:** These areas experienced positive variances due mainly to timing as planned expenditures and/or budgeted increases for FY27 have not yet materialized in July.
- **Humana Cap Plan Expenses:** The $821K (18.6%) unfavorable variance in July was due to and increase in third party claims activity.

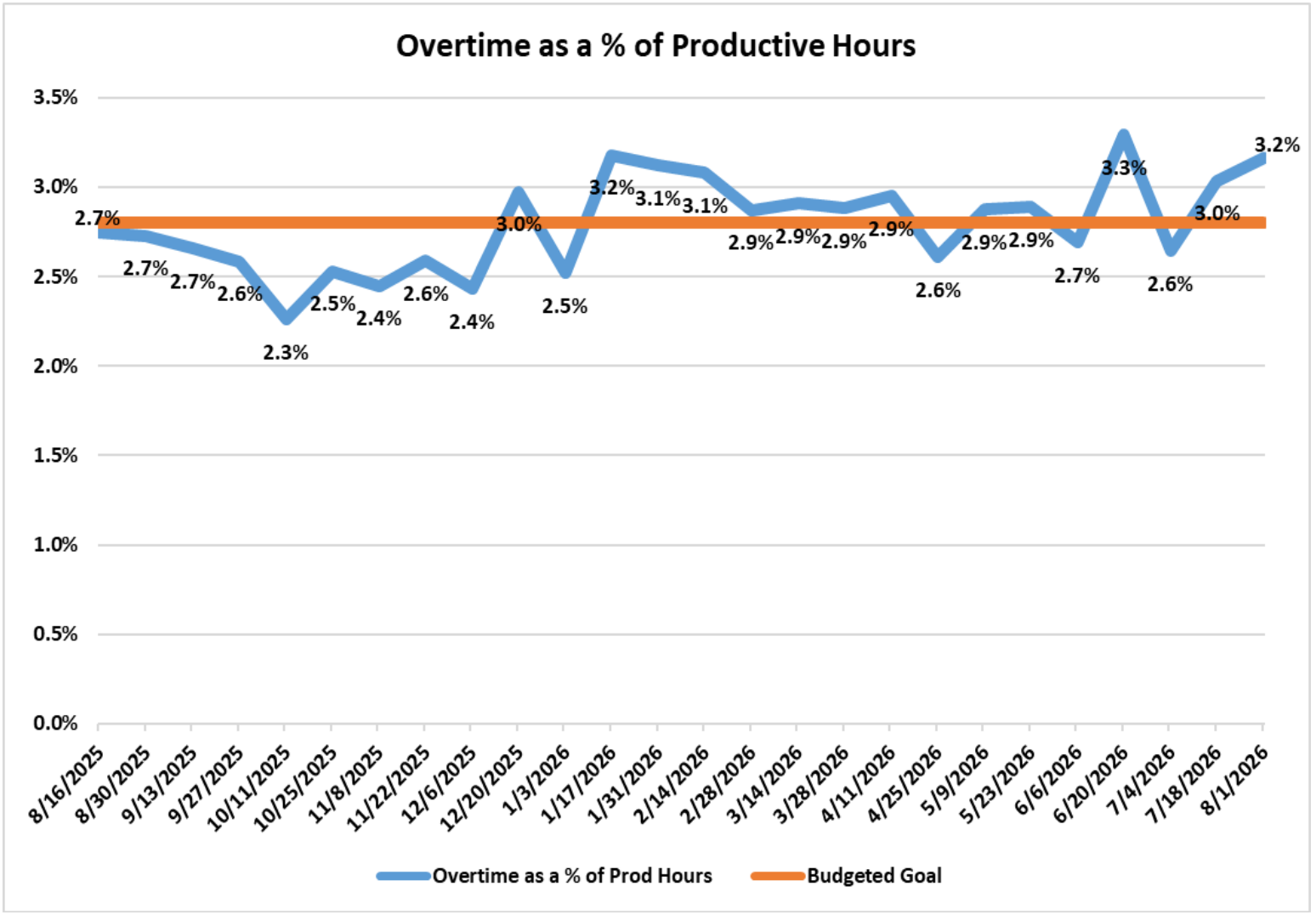
Total FTEs (includes Contract Labor)



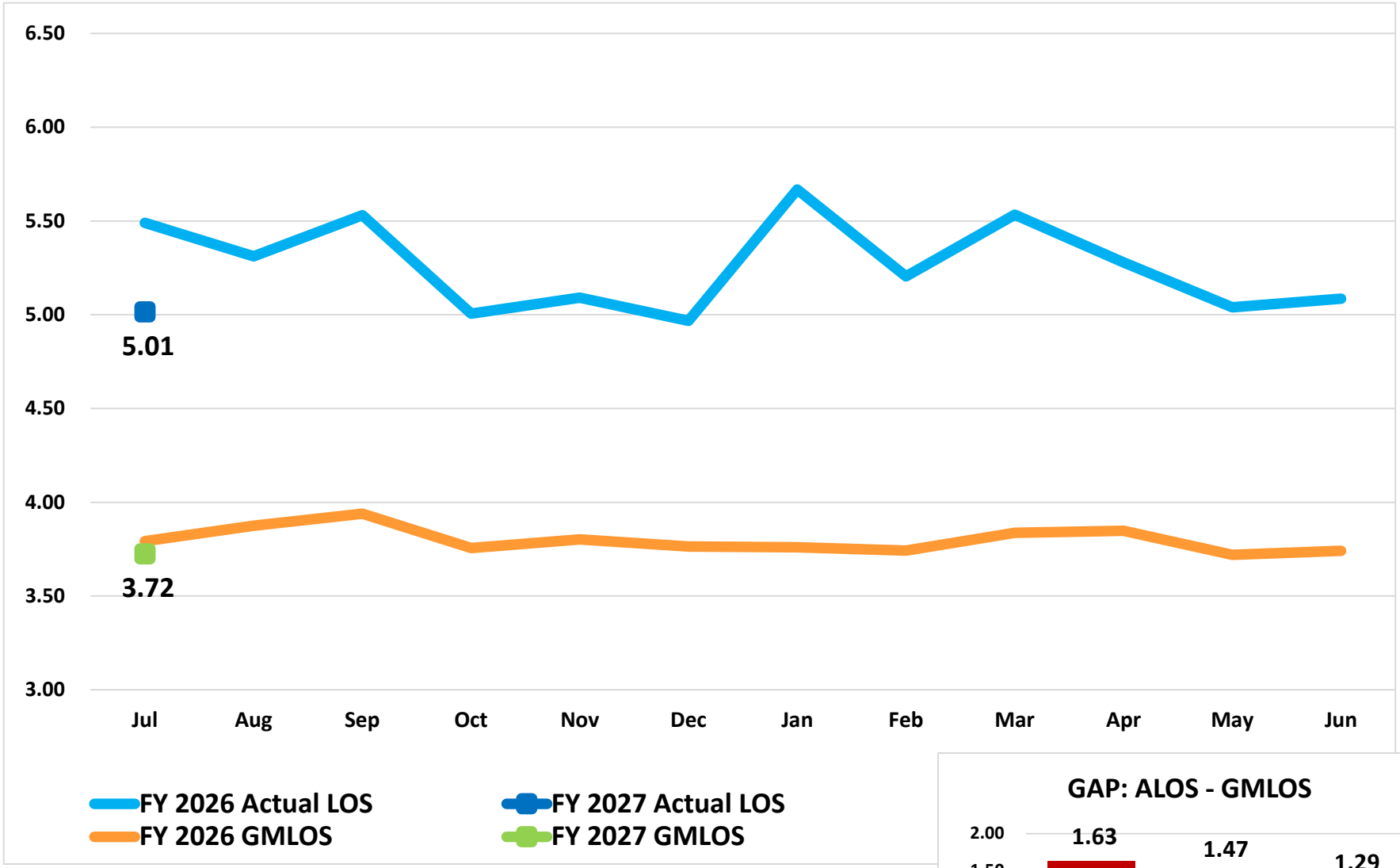
Contract Labor Full Time Equivalents (FTEs)

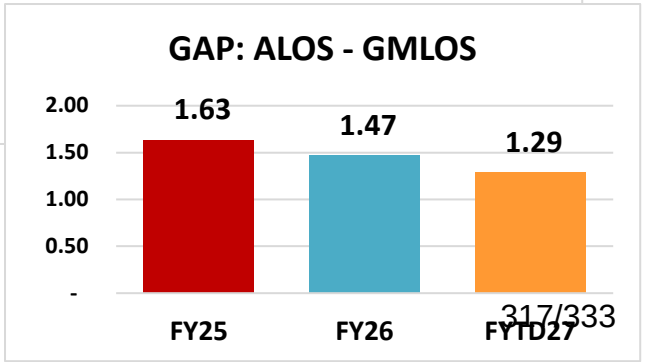


Overtime as a % of Productive Hours



Average Length of Stay versus National Average (GMLOS)

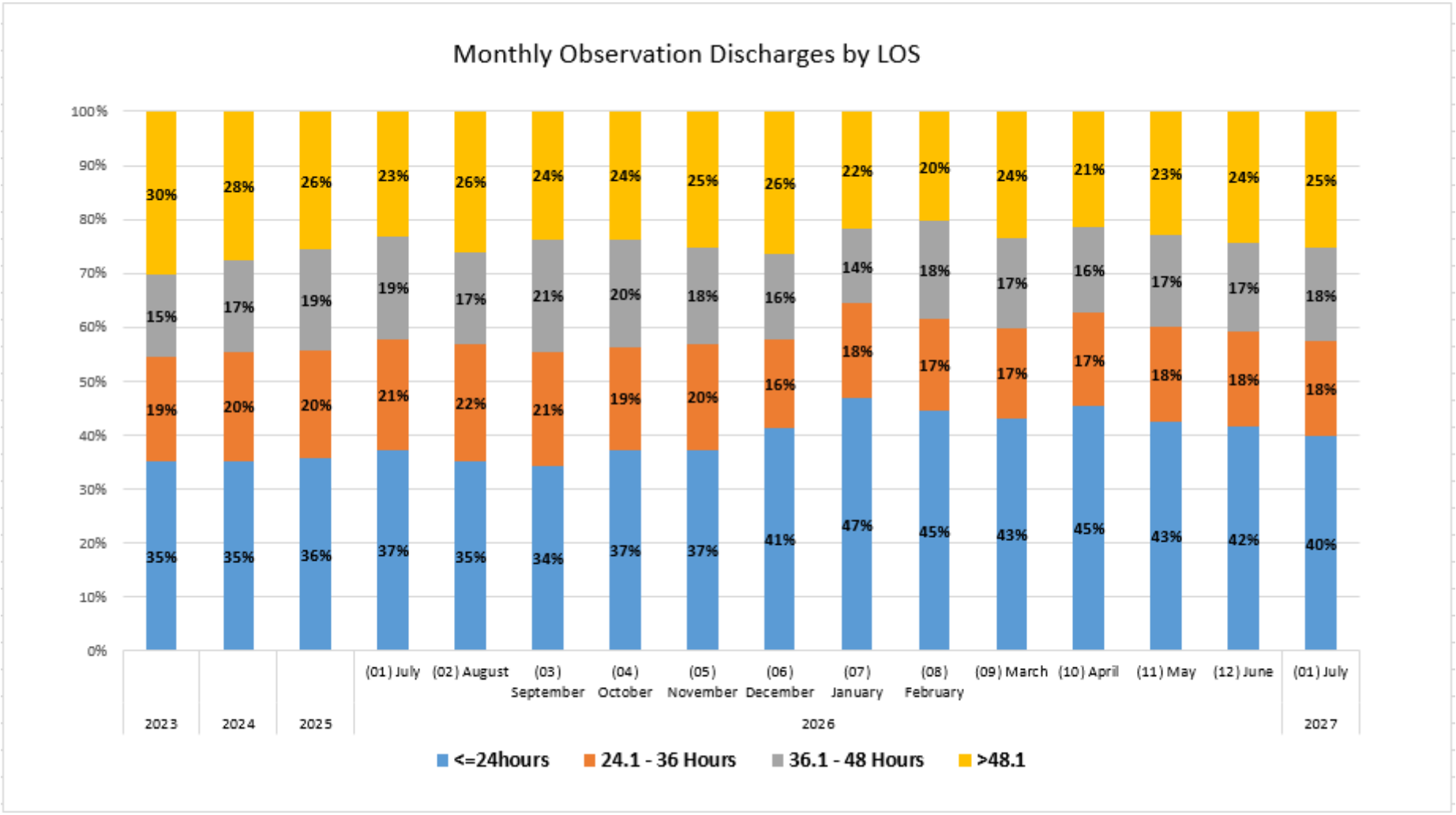




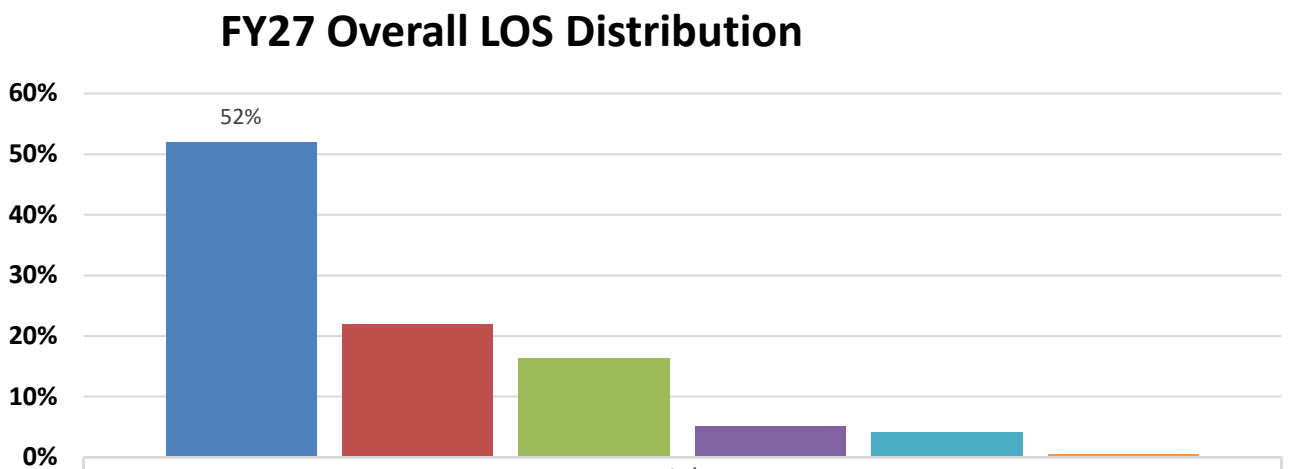
Average Length of Stay versus National Average (GMLOS)

	ALOS	GMLOS	GAP
Jul-24	5.77	4.02	1.75
Aug-24	5.74	3.95	1.79
Sep-24	5.39	3.88	1.51
Oct-24	5.72	4.01	1.71
Nov-24	5.23	3.87	1.36
Dec-24	5.68	3.94	1.74
Jan-25	6.16	4.04	2.12
Feb-25	5.36	3.92	1.43
Mar-25	5.46	3.80	1.66
Apr-25	5.68	3.80	1.89
May-25	5.15	3.78	1.37
Jun-25	5.14	3.85	1.29
Jul-25	5.49	3.79	1.70
Aug-25	5.31	3.88	1.44
Sep-25	5.53	3.94	1.59
Oct-25	5.01	3.76	1.25
Nov-25	5.09	3.80	1.29
Dec-25	4.97	3.76	1.20
Jan-26	5.67	3.76	1.91
Feb-26	5.21	3.74	1.46
Mar-26	5.53	3.84	1.70
Apr-26	5.28	3.85	1.43
May-26	5.04	3.72	1.32
Jun-26	5.09	3.74	1.34
Jul-26	5.01	3.72	1.29

Trended % of Observation by Length of Stay

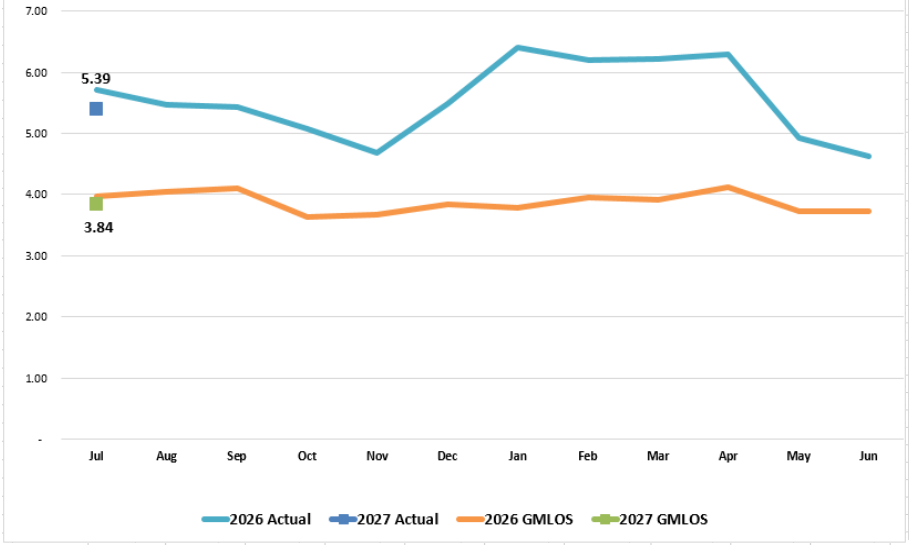


Average Length of Stay Distribution

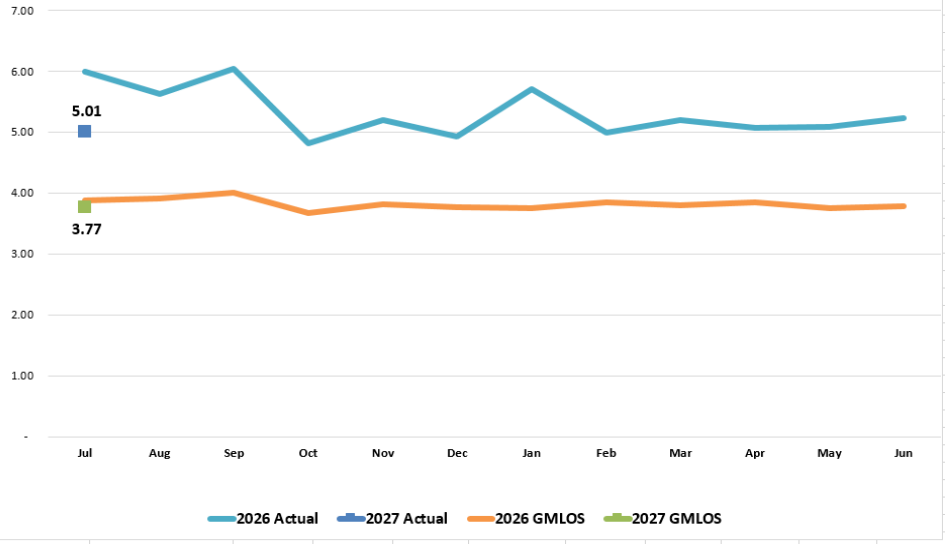


	Jul 2027
at GMLOS or Better	52%
1-2 days over GMLOS	22%
2-6 days over GMLOS	16%
6-10 days over GMLOS	5%
10-30 days over GMLOS	4%
30+ days over GMLOS	0.5%

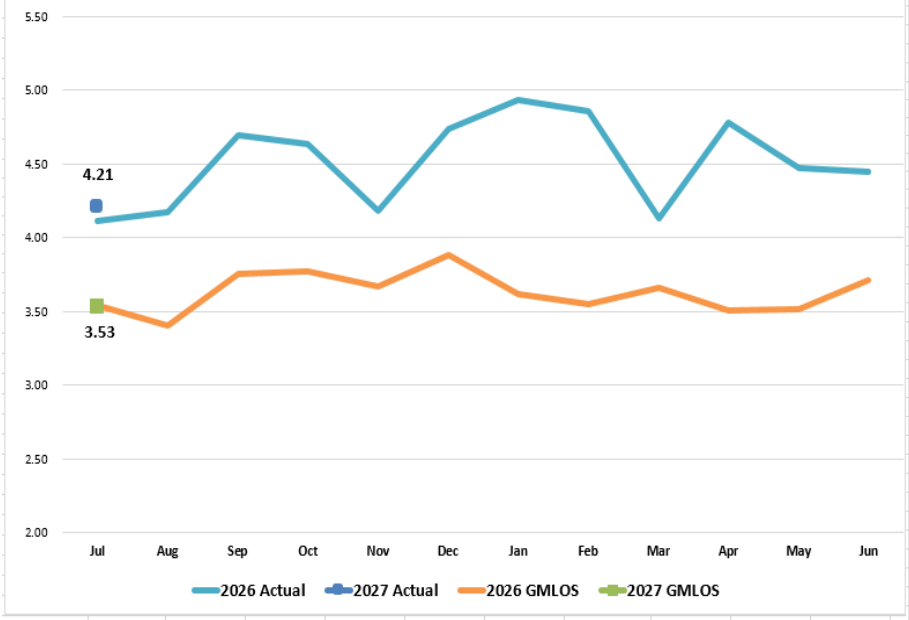
Medicare Managed Average Length of Stay



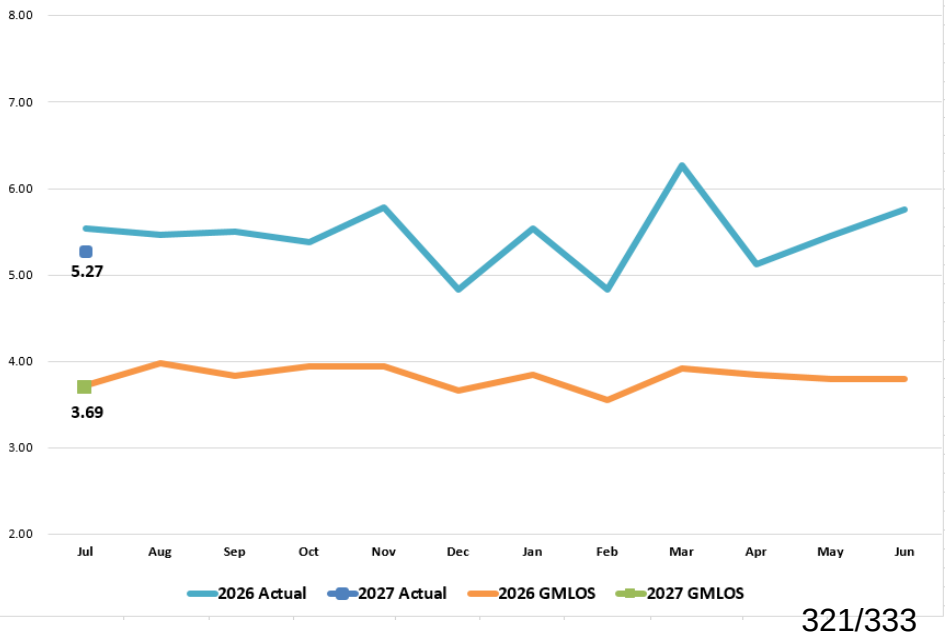
Medicare Average Length of Stay



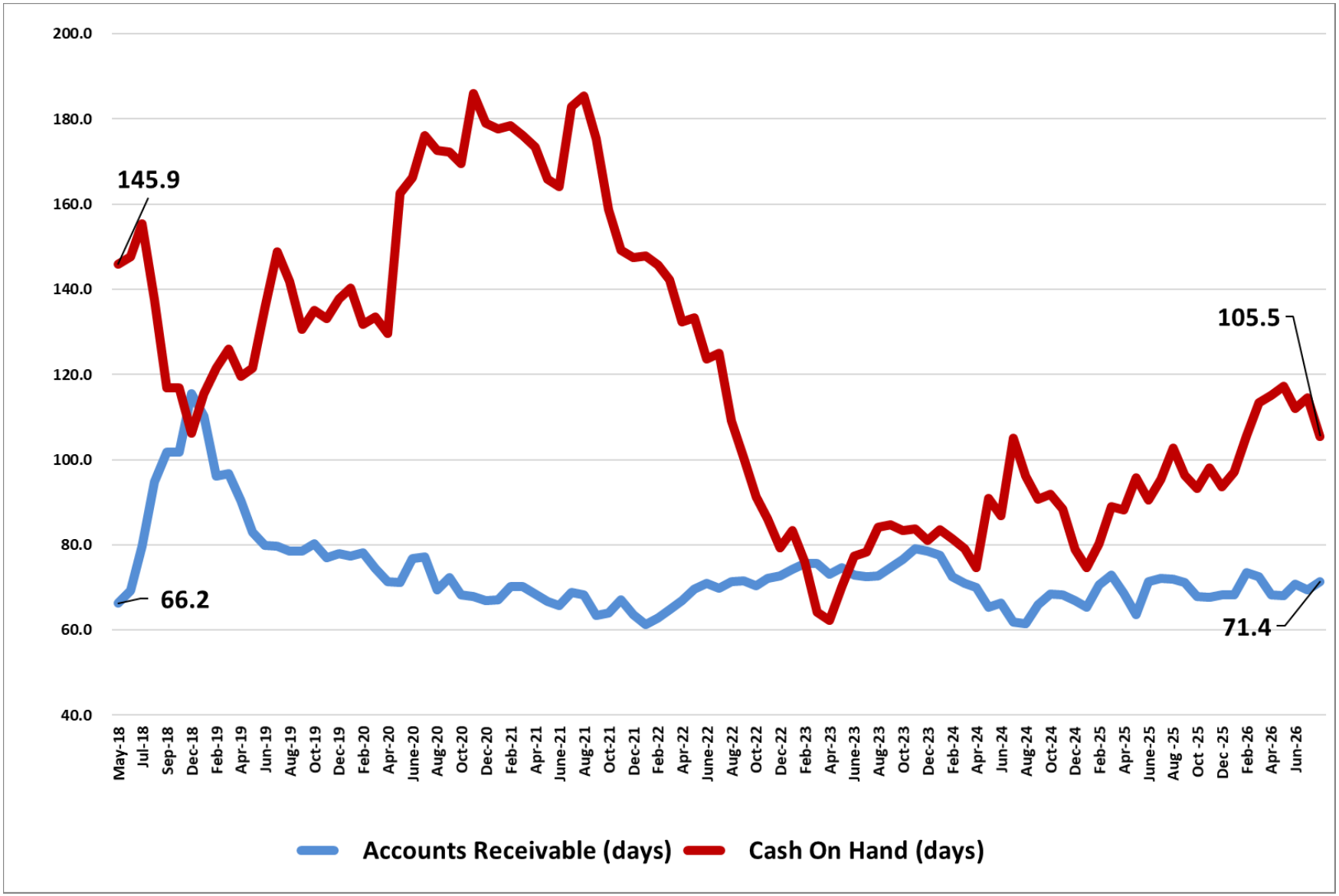
Commercial Average Length of Stay



Medi-Cal and Medi-Cal Mged Average Length of Stay



Trended Liquidity Ratios



Ratio Analysis Report

JULY 31, 2026

	Current Month Value	Prior Month Value	June 30, 2026 Unaudited Value	2024 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.5	2.3	2.3	1.6	**1.9**	1.7
Accounts Receivable (days)	71.4	69.5	69.5	48.7	**46.7**	48.6
Cash On Hand (days)	105.5	114.6	114.6	282	**194.6**	122.9
Cushion Ratio (x)	12.6	13.5	13.5	46.1	**26.8**	15.5
Average Payment Period (days)	48.7	52.1	52.1	75.8	**61.9**	62.3
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	141.6%	150.5%	150.5%	297.1%	**188.1%**	111.0%
Debt-To-Capitalization	29.2%	32.9%	29.4%	20.8%	**28.7%**	35.5%
Debt-to-Cash Flow (x)	4.0	3.6	3.6	2.2	**3.1**	5.0
Debt Service Coverage	1.9	2.6	2.6	7.9	**5.3**	3.3
Maximum Annual Debt Service Coverage (x)	1.8	2.1	2.1	7.2	**4.8**	2.7
Age Of Plant (years)	14.2	14.0	14.0	11.1	**13.3**	14.8
PROFITABILITY RATIOS						
Operating Margin	(1.1%)	(.6%)	(.6%)	2.9%	**1.6%**	(.5%)
Excess Margin	0.5%	0.9%	0.9%	6.7%	**4.3%**	1.3%
Operating Cash Flow Margin	3.6%	4.2%	4.2%	7.9%	**6.6%**	4.2%
Return on Assets	0.5%	1.0%	1.0%	4.5%	**3.8%**	1.7%

Consolidated Statements of Net Position (000's)

	Jul-26	Jun-26
		(Pre-audited)
ASSETS AND DEFERRED OUTFLOWS		
CURRENT ASSETS		
Cash and cash equivalents	$ 4,808	$ 13,819
Current Portion of Board designated and trusted assets	19,682	$ 16,043
Accounts receivable:		$ -
Net patient accounts	165,629	$ 167,205
Other receivables	22,014	$ 22,312
	187,643	189,517
Inventories	15,394	$ 13,508
Medicare and Medi-Cal settlements	78,506	$ 68,662
Prepaid expenses	13,121	$ 9,124
Total current assets	319,154	310,674
NON-CURRENT CASH AND INVESTMENTS - less current portion		
Board designated cash and assets	261,352	$ 274,306
Revenue bond assets held in trust	-	$ -
Assets in self-insurance trust fund	-	$ 275
Total non-current cash and investments	261,352	274,581
INTANGIBLE RIGHT TO USE LEASE, net of accumulated amortization	18,331	$ 18,175
INTANGIBLE RIGHT TO USE SBITA, net of accumulated amortization	10,063	$ 10,459
CAPITAL ASSETS		
Land	17,542	$ 20,544
Buildings and improvements	447,858	$ 447,823
Equipment	349,322	$ 348,824
Construction in progress	16,803	$ 16,481
	831,525	833,672
Less accumulated depreciation	567,217	$ 564,737
	264,307	268,935
OTHER ASSETS		
Property not used in operations	5,111	$ 2,113
Health-related investments	1,784	$ 1,778
Other	22,409	$ 22,251
Total other assets	29,304	26,142
Total assets	902,511	908,966
DEFERRED OUTFLOWS	11,698	$ 11,819
Total assets and deferred outflows	**$ 914,210**	**$ 920,786**

Consolidated Statements of Net Position (000's)

	Jul-26	Jun-26
LIABILITIES AND NET ASSETS		(Pre-audited)
CURRENT LIABILITIES		
Accounts payable and accrued expenses	$ 33,786	$ 33,916
Accrued payroll and related liabilities	68,307	$ 74,089
SBITA liability, current portion	4,227	$ 3,314
Lease liabiilty, current portion	3,298	$ 3,954
Bonds payable, current portion	13,454	$ 15,293
Notes payable, current portion	3,727	$ 3,843
Financing Lease Liability, current portion	499	$ 499
Total current liabilities	127,298	134,908
LEASE LIABILITY, net of current portion	15,324	$ 14,921
SBITA LIABILITY, net of current portion	4,184	$ 4,821
LONG-TERM DEBT, less current portion		
Bonds payable	188,078	$ 188,085
Financing Lease payable	2,612	$ 2,614
Notes payable	16,523	$ 16,907
Total long-term debt	207,213	207,606
NET PENSION LIABILITY	18,521	$ 19,224
OTHER LONG-TERM LIABILITIES	56,101	$ 55,624
Total liabilities	428,641	437,105
NET ASSETS		
Invested in capital assets, net of related debt	61,577	$ 53,863
Restricted	43,662	$ 41,002
Unrestricted	380,329	$ 388,815
Total net position	485,568	$ 483,681
Total liabilities and net position	**$ 914,210**	**$ 920,786**

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
July 31, 2026

Board designated funds	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
LAIF		3.82	Various			50,588,794	
CAMP		3.76	CAMP			41,828,702	
Allspring		3.26	Money market			453,115	
PFM		3.26	Money market			98,056	
Western Alliance		0.25	Money market			13,651	
Allspring	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill		2,210,000	
Allspring	31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill		800,000	
PFM	1-Nov-26	4.76	Municipal	California St Univ		125,000	
PFM	4-Nov-26	1.65	MTN-C	American Express Co		445,000	
Allspring	30-Nov-26	1.25	U.S. Govt Agency	US Treasury Bill		2,000,000	
Allspring	15-Jan-27	1.95	MTN-C	Target Corp		900,000	
Allspring	31-Jan-27	1.50	U.S. Govt Agency	US Treasury Bill		1,400,000	
Allspring	31-Mar-27	2.50	U.S. Govt Agency	US Treasury Bill		3,320,000	
Allspring	30-Apr-27	2.75	U.S. Govt Agency	US Treasury Bill		970,000	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Banc of California		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Beneficial State Bank		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Blue Sky Bank		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	BOKF, National Association		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Commerce Bank & Trust		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	DNB National Bank		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	East West Bank		79,861	
Western Alliance - CDARS	10-Jun-27	3.20	CD	First Liberty Bank		82,139	
Western Alliance - CDARS	10-Jun-27	3.20	CD	FirstOak Bank		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Live Oak Banking Company		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	Meridian Bank		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	OneUnited Bank		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	OMB Bank		236,500	
Western Alliance - CDARS	10-Jun-27	3.20	CD	West Texas State Bank		236,500	
Allspring	15-Jul-27	3.68	Municipal	Massachusetts St		1,000,000	
Allspring	1-Aug-27	3.23	Municipal	San Jose Ca Redev		400,000	
Allspring	1-Aug-27	3.46	Municipal	Alameda Cnty Ca		500,000	
Allspring	6-Aug-27	4.45	MTN-C	Paccar Financial Mtn		900,000	
Allspring	15-Sep-27	5.93	MTN-C	Bank of America		1,100,000	
Allspring	1-Oct-27	4.66	Municipal	San Francisco Ca		1,000,000	
PFM	8-Oct-27	4.35	MTN-C	Toyota Motor		130,000	
Allspring	22-Oct-27	4.33	MTN-C	State Street Corp		400,000	
Allspring	22-Oct-27	4.33	MTN-C	State Street Corp		1,000,000	
PFM	31-Oct-27	3.85	U.S. Govt Agency	US Treasury Bill		650,000	
Allspring	15-Nov-27	4.60	MTN-C	Caterpillar Finl Mtn		1,000,000	
PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto		7,162	
PFM	17-Nov-27	5.02	MTN-C	Bp Cap Mkts Amer		310,000	
PFM	30-Nov-27	3.50	U.S. Govt Agency	US Treasury Bill		2,000,000	
PFM	31-Dec-27	3.38	U.S. Govt Agency	US Treasury Bill		1,500,000	
PFM	15-Jan-28	4.10	MTN-C	Mastercard		130,000	
PFM	24-Jan-28	4.90	MTN-C	Wells Fargo MTN		145,000	
PFM	7-Feb-28	3.44	MTN-C	Bank New York Mellon Mtn		300,000	
Allspring	12-Feb-28	4.55	MTN-C	Eli Lilly Co		300,000	
PFM	15-Feb-28	4.25	U.S. Govt Agency	US Treasury Bill		80,000	
PFM	18-Feb-28	5.41	ABS	Honda Auto		74,307	
PFM	24-Feb-28	4.55	MTN-C	Hershey Co		80,000	
PFM	25-Feb-28	5.47	ABS	BMW Vehicle Owner		12,954	
PFM	26-Feb-28	4.48	MTN-C	Chevron USA Inc		340,000	
PFM	29-Feb-28	1.13	U.S. Govt Agency	US Treasury Bill		1,500,000	
PFM	17-Apr-28	5.48	ABS	Hyundai Auto		23,414	
Allspring	22-Apr-28	5.57	MTN-C	JP Morgan		300,000	
Allspring	22-Apr-28	5.57	MTN-C	JP Morgan		1,100,000	
PFM	23-Apr-28	4.89	MTN-C	Goldman Sachs		155,000	
PFM	30-Apr-28	1.25	U.S. Govt Agency	US Treasury Bill		600,000	
PFM	30-Apr-28	3.50	U.S. Govt Agency	US Treasury Bill		750,000	
PFM	15-May-28	5.46	ABS	Ally Auto Rec		48,013	
PFM	15-May-28	5.23	ABS	Ford CR Auto Owner		39,430	
PFM	15-May-28	4.25	MTN-C	Servicenow Inc		60,000	
PFM	31-May-28	3.63	U.S. Govt Agency	US Treasury Bill		230,000	
PFM	15-Jun-28	4.35	MTN-C	Target Corp		75,000	
PFM	15-Jun-28	4.35	MTN-C	Target Corp		290,000	
PFM	16-Jun-28	5.45	ABS	GM Finl con Auto Rec		27,351	
PFM	25-Jun-28	4.78	U.S. Govt Agency	FHLMC		272,839	
PFM	25-Jun-28	4.82	U.S. Govt Agency	FHLMC		528,940	
Allspring	30-Jun-28	4.00	U.S. Govt Agency	US Treasury Bill		500,000	
PFM	30-Jun-28	4.00	U.S. Govt Agency	US Treasury Bill		1,300,000	
PFM	1-Jul-28	4.42	Municipal	Los Angeles Ca		140,000	
PFM	6-Jul-28	4.66	MTN-C	Morgan Stanley		250,000	
Allspring	14-Jul-28	4.95	MTN-C	John Deere Mtn		700,000	
PFM	14-Jul-28	4.95	MTN-C	John Deere Mtn		120,000	
PFM	24-Jul-28	4.42	MTN-C	Truist Bk Sr Nt		275,000	
PFM	25-Jul-28	4.18	U.S. Govt Agency	FNMA		482,191	
Allspring	1-Aug-28	5.75	Municipal	San Diego County		1,000,000	
PFM	15-Aug-28	4.15	MTN-C	Lockheed Martin		40,000	
PFM	25-Aug-28	4.74	U.S. Govt Agency	FHLMC		545,000	
PFM	25-Aug-28	4.65	U.S. Govt Agency	FHLMC		545,000	
PFM	25-Sep-28	4.85	U.S. Govt Agency	FHLMC		410,000	
PFM	25-Sep-28	4.80	U.S. Govt Agency	FHLMC		535,000	
PFM	29-Sep-28	5.80	MTN-C	Citibank N A		535,000	
PFM	30-Sep-28	4.63	U.S. Govt Agency	US Treasury Bill		500,000	
Allspring	25-Oct-28	5.80	MTN-C	Bank New York Mtn		375,000	
Allspring	25-Oct-28	5.80	MTN-C	Bank New York Mtn		1,000,000	
PFM	25-Oct-28	5.07	U.S. Govt Agency	FHLMC		200,000	
PFM	25-Oct-28	4.86	U.S. Govt Agency	FHLMC		300,000	
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill		775,000	
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill		1,500,000	
PFM	25-Nov-28	5.00	U.S. Govt Agency	FHLMC		257,844	
PFM	25-Dec-28	4.72	U.S. Govt Agency	FHLMC		315,000	
PFM	25-Dec-28	4.57	U.S. Govt Agency	FHLMC		325,000	
PFM	31-Dec-28	1.38	U.S. Govt Agency	US Treasury Bill		500,000	
PFM	31-Dec-28	3.75	U.S. Govt Agency	US Treasury Bill		1,200,000	
PFM	12-Jan-29	5.02	MTN-C	Morgan Stanley		250,000	
PFM	24-Jan-29	4.92	MTN-C	JP Morgan		140,000	
PFM	26-Jan-29	4.08	MTN-C	PNC Finl Svcs Group INC		290,000	
PFM	31-Jan-29	4.60	MTN-C	Paccar Financial Mtn		160,000	
PFM	8-Feb-29	4.60	MTN-C	Air products		295,000	
PFM	8-Feb-29	4.60	MTN-C	Texas Instrs		370,000	
PFM	9-Feb-29	4.01	MTN-C	American Express Co		400,000	
PFM	15-Feb-29	3.70	MTN-C	Alphabet Inc		140,000	
PFM	20-Feb-29	4.90	MTN-C	Cummins INC		195,000	
PFM	23-Feb-29	3.75	MTN-C	Caterpillar Finl Mtn		355,000	
PFM	26-Feb-29	4.85	MTN-C	Astrazeneca		165,000	
PFM	26-Feb-29	4.85	MTN-C	Cisco Sys Inc		225,000	
PFM	28-Feb-29	4.25	U.S. Govt Agency	US Treasury Bill		750,000	
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding		50,000	
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding		220,000	

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
July 31, 2026

PFM	14-Mar-29	3.75	MTN-C	Disney Walt co	730,000
Allspring	15-Mar-29	5.38	ABS	Hyundai Auto Rec	764,486
PFM	15-Mar-29	4.65	MTN-C	Salesforce Inc	725,000
PFM	25-Mar-29	5.18	U.S. Govt Agency	FHLMC	315,000
Allspring	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Mar-29	4.13	U.S. Govt Agency	US Treasury Bill	225,000
PFM	4-Apr-29	4.80	MTN-C	Adobe Inc	225,000
Allspring	15-Apr-29	3.75	U.S. Govt Agency	US Treasury Bill	2,000,000
Allspring	16-Apr-29	3.88	ABS	Mercedes Benz Auto Leas	1,400,000
PFM	23-Apr-29	4.91	MTN-C	Wells Fargo co	205,000
PFM	25-Apr-29	4.73	MTN-C	American Express	245,000
Allspring	30-Apr-29	4.63	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	9-May-29	4.62	MTN-C	Bank America Mtn	290,000
PFM	15-May-29	4.42	ABS	Hyundai Auto Rec	187,128
PFM	25-May-29	4.72	U.S. Govt Agency	FHLMC	460,000
Allspring	31-May-29	4.50	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	15-Jun-29	5.15	MTN-C	National Rural Mtn	850,000
Allspring	15-Jun-29	4.13	U.S. Govt Agency	US Treasury Bill	1,400,000
Allspring	25-Jun-29	4.75	MTN-C	Home Depot Inc	500,000
PFM	25-Jun-29	4.75	MTN-C	Home Depot Inc	95,000
PFM	25-Jun-29	4.64	U.S. Govt Agency	FHLMC	200,000
PFM	30-Jun-29	3.25	U.S. Govt Agency	US Treasury Bill	1,930,000
PFM	15-Jul-29	4.76	ABS	Ford CR Auto Owner	341,042
Allspring	16-Jul-29	4.65	ABS	American Express	1,025,000
PFM	17-Jul-29	4.50	MTN-C	Pepsico inc	280,000
PFM	23-Jul-29	4.70	MTN-C	State Street Bank	250,000
PFM	25-Jul-29	4.62	U.S. Govt Agency	FHLMC	410,000
PFM	25-Jul-29	4.54	U.S. Govt Agency	FHLMC	515,000
Allspring	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	500,000
PFM	31-Jul-29	4.00	U.S. Govt Agency	US Treasury Bill	260,000
PFM	9-Aug-29	4.55	MTN-C	Toyota Motor	195,000
PFM	14-Aug-29	4.20	MTN-C	Eli Lilly Co	65,000
PFM	16-Aug-29	4.27	ABS	GM Finl con Auto Rec	132,785
PFM	18-Aug-29	4.64	ABS	Toyota Auto	260,000
PFM	20-Aug-29	4.92	ABS	Volkswagen Auto Ln	365,000
PFM	31-Aug-29	3.63	U.S. Govt Agency	US Treasury Bill	750,000
PFM	18-Sep-29	3.80	MTN-C	Novartis Capital	365,000
PFM	21-Sep-29	4.57	ABS	Honda Auto	205,000
PFM	25-Sep-29	4.85	ABS	BMW Vehicle Owner	138,995
PFM	25-Sep-29	4.79	U.S. Govt Agency	FHLMC	345,000
Allspring	30-Sep-29	3.50	U.S. Govt Agency	US Treasury Bill	950,000
Allspring	1-Oct-29	4.35	Municipal	Los Angeles Ca	250,000
PFM	4-Oct-29	4.05	MTN-C	Accenture Capital	195,000
PFM	15-Oct-29	4.45	ABS	Ford Credit Auto	445,000
PFM	15-Oct-29	4.15	ABS	Honda Auto	125,000
PFM	21-Oct-29	4.15	MTN-C	Goldman Sachs	580,000
Allspring	31-Oct-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-Oct-29	4.13	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	15-Nov-29	4.77	ABS	Toyota Auto	220,000
Allspring	30-Nov-29	4.13	U.S. Govt Agency	US Treasury Bill	1,700,000
Allspring	15-Dec-29	4.49	ABS	Nissan Auto Rec	500,000
Allspring	17-Dec-29	4.98	ABS	GM Finl Consumer	484,151
PFM	17-Dec-29	4.78	ABS	Mercedes Benz Auto	255,000
Allspring	31-Dec-29	4.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	31-Dec-29	4.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	9-Jan-30	4.24	MTN-C	Morgan Stanley	1,450,000
Allspring	17-Jan-30	4.95	MTN-C	Adobe Inc	900,000
PFM	17-Jan-30	4.95	MTN-C	Adobe Inc	285,000
Allspring	23-Jan-30	5.20	MTN-C	Wells Fargo co	500,000
PFM	23-Jan-30	4.82	MTN-C	Wells Fargo co	240,000
PFM	25-Jan-30	4.41	U.S. Govt Agency	FHLMC	205,000
Allspring	31-Jan-30	3.50	U.S. Govt Agency	US Treasury Bill	800,000
PFM	31-Jan-30	4.25	U.S. Govt Agency	US Treasury Bill	295,000
PFM	8-Feb-30	4.21	MTN-C	Morgan Stanley	385,000
Allspring	12-Feb-30	4.75	MTN-C	Eli Lilly Co	600,000
PFM	24-Feb-30	4.75	MTN-C	Cisco Sys Inc	290,000
PFM	28-Feb-30	4.00	U.S. Govt Agency	US Treasury Bill	160,000
PFM	28-Feb-30	4.00	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	20-Mar-30	4.51	ABS	Verizon Master Trust	440,000
PFM	20-Mar-30	3.92	ABS	Volkswagen Auto Least TR	215,000
PFM	31-Mar-30	3.63	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Mar-30	4.00	U.S. Govt Agency	US Treasury Bill	700,000
Allspring	1-Apr-30	3.38	MTN-C	Toyota Motor	1,100,000
PFM	15-Apr-30	4.28	ABS	American Express	410,000
PFM	16-Apr-30	4.66	ABS	GM Finl Consumer	95,000
Allspring	20-Apr-30	4.59	MTN-C	Goldman Sachs	700,000
PFM	23-Apr-30	4.41	MTN-C	JP Morgan	570,000
PFM	24-Apr-30	4.76	MTN-C	State Street Corp	140,000
Allspring	28-Apr-30	4.35	MTN-C	Walmart Inc	500,000
Allspring	30-Apr-30	3.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	30-Apr-30	3.88	U.S. Govt Agency	US Treasury Bill	160,000
PFM	15-May-30	4.31	ABS	Bank of America	265,000
PFM	15-May-30	4.34	ABS	WF Card Issuance	515,000
PFM	15-May-30	4.80	MTN-C	Toyota Motor	200,000
Allspring	20-May-30	4.91	MTN-C	Citibank N A	500,000
Allspring	20-May-30	4.91	MTN-C	Citibank N A	900,000
PFM	21-May-30	4.74	MTN-C	Schwab Charles Corp	175,000
PFM	25-May-30	4.36	U.S. Govt Agency	FHLMC	375,000
PFM	25-May-30	4.35	U.S. Govt Agency	FHLMC	575,000
PFM	29-May-30	4.91	MTN-C	Citibank N A	250,000
Allspring	31-May-30	4.00	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	5-Jun-30	4.55	MTN-C	John Deere Mtn	285,000
PFM	15-Jun-30	4.19	ABS	Ford CR Auto Owner	235,000
PFM	15-Jun-30	4.50	MTN-C	Analog Devices	435,000
PFM	21-Jun-30	4.30	ABS	Citibank Credit	580,000
PFM	25-Jun-30	4.33	U.S. Govt Agency	FHLMC	575,000
PFM	25-Jun-30	4.27	U.S. Govt Agency	FHLMC	590,000
Allspring	30-Jun-30	3.88	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	30-Jun-30	3.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	30-Jun-30	3.88	U.S. Govt Agency	US Treasury Bill	540,000
PFM	30-Jun-30	3.88	U.S. Govt Agency	US Treasury Bill	2,000,000
Allspring	15-Jul-30	4.16	ABS	Chase Issuance Trust	1,000,000
PFM	15-Jul-30	4.30	ABS	American Express	330,000
PFM	15-Jul-30	3.85	ABS	Capital One Prime	135,000
PFM	25-Jul-30	4.29	U.S. Govt Agency	FHLMC	460,000
PFM	29-Jul-30	4.30	MTN-C	GE Aerospace	65,000
Allspring	31-Jul-30	3.88	U.S. Govt Agency	US Treasury Bill	500,000
Allspring	31-Jul-30	4.00	U.S. Govt Agency	US Treasury Bill	1,575,000
PFM	31-Jul-30	3.88	U.S. Govt Agency	US Treasury Bill	500,000
Allspring	31-Aug-30	3.75	U.S. Govt Agency	US Treasury Bill	800,000
PFM	31-Aug-30	3.75	U.S. Govt Agency	US Treasury Bill	950,000
PFM	1-Sep-30	4.20	ABS	Honda AR Owner Tr	185,000
Allspring	15-Sep-30	4.15	MTN-C	Merck Co inc	900,000
PFM	15-Sep-30	3.95	MTN-C	Home Depot Inc	65,000
PFM	16-Sep-30	3.82	ABS	Capital one Mtn	360,000
PFM	16-Sep-30	3.86	ABS	Toyota Auto	170,000
Allspring	30-Sep-30	3.63	U.S. Govt Agency	US Treasury Bill	1,000,000
Allspring	15-Oct-30	4.09	ABS	Ally Auto Rec	1,400,000
Allspring	15-Oct-30	4.30	MTN-C	Chevron USA Inc	500,000
PFM	15-Oct-30	4.05	ABS	Ford CR Auto Owner	295,000

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
July 31, 2026

PFM	15-Oct-30	4.55	ABS	Mercedes Benz Ar	505,000	
Allspring	31-Oct-30	3.63	U.S. Govt Agency	US Treasury Bill	500,000	
PFM	5-Nov-30	4.10	MTN-C	Novartis Capital	540,000	
PFM	6-Nov-30	4.13	MTN-C	Shell Fin US INC	130,000	
Allspring	15-Nov-30	4.20	MTN-C	Meta Platforms INC	550,000	
PFM	15-Nov-30	4.30	ABS	Honda Auto Rec Own	480,000	
PFM	15-Nov-30	0.88	U.S. Govt Agency	US Treasury Bill	465,000	
PFM	19-Nov-30	4.15	MTN-C	Northern TR Corp	120,000	
PFM	25-Nov-30	4.09	U.S. Govt Agency	FHLMC	335,000	
PFM	25-Nov-30	4.17	U.S. Govt Agency	FHLMC	390,000	
Allspring	30-Nov-30	3.63	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	30-Nov-30	3.63	U.S. Govt Agency	US Treasury Bill	900,000	
PFM	15-Dec-30	4.50	ABS	Nissan Auto Rec	505,000	
Allspring	31-Dec-30	3.63	U.S. Govt Agency	US Treasury Bill	200,000	
PFM	31-Dec-30	3.63	U.S. Govt Agency	US Treasury Bill	2,000,000	
PFM	8-Jan-31	4.15	MTN-C	Caterpillar Finl Mtn	95,000	
PFM	13-Jan-31	4.25	MTN-C	Totalenergies Cap USA LLC	290,000	
Allspring	24-Jan-31	5.16	MTN-C	Bank of America	275,000	
PFM	31-Jan-31	4.00	U.S. Govt Agency	US Treasury Bill	1,790,000	
PFM	31-Jan-31	3.75	U.S. Govt Agency	US Treasury Bill	590,000	
PFM	15-Feb-31	4.65	ABS	Ford CR Auto Owner	365,000	
PFM	18-Feb-31	3.79	ABS	Hyundai Auto	210,000	
PFM	18-Feb-31	4.81	ABS	Hyundai Auto	350,000	
Allspring	28-Feb-31	3.50	U.S. Govt Agency	US Treasury Bill	1,600,000	
PFM	2-Mar-31	4.00	MTN-C	Astrazeneca	345,000	
PFM	13-Mar-31	4.25	MTN-C	Amazon Com Inc	410,000	
PFM	15-Mar-31	4.00	MTN-C	Abbott Laboratories	500,000	
PFM	15-Mar-31	1.38	MTN-C	Home Depot Inc	835,000	
PFM	25-Mar-31	4.23	U.S. Govt Agency	FHLMC	360,000	
Allspring	31-Mar-31	3.88	U.S. Govt Agency	US Treasury Bill	250,000	
Allspring	31-Mar-31	3.88	U.S. Govt Agency	US Treasury Bill	750,000	
PFM	1-Apr-31	4.21	Municipal	Hawaii St	190,000	
Allspring	30-Apr-31	3.88	U.S. Govt Agency	US Treasury Bill	3,500,000	
PFM	30-Apr-31	4.15	MTN-C	Walmart Inc	170,000	
Allspring	15-May-31	5.08	MTN-C	US Bancorp	500,000	
Allspring	15-May-31	5.08	MTN-C	US Bancorp	600,000	
PFM	15-May-31	4.55	MTN-C	Meta Platforms Inc	370,000	
PFM	20-May-31	4.60	MTN-C	Gilead Sciences Inc	195,000	
PFM	22-May-31	4.65	MTN-C	Merck Co inc	340,000	
PFM	31-May-31	4.13	U.S. Govt Agency	US Treasury Bill	850,000	
Allspring	31-May-31	4.13	U.S. Govt Agency	US Treasury Bill	1,500,000	
PFM	8-Jun-31	4.60	MTN-C	Mastercard	440,000	
PFM	15-Jun-31	4.95	MTN-C	Intuit	365,000	
PFM	15-Jun-31	4.50	MTN-C	Nvidia Corporation	500,000	
PFM	10-Jul-31	5.00	MTN-C	Accenture Capital	345,000	
						$ 243,320,350

	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
2015A revenue bonds							
US Bank			Principal/Interest payment fund		142110	1,424,944	1,424,944
2015B revenue bonds							
US Bank			Principal/Interest payment fund		142110	701,970	701,970
2017C revenue bonds							
US Bank			Principal/Interest payment fund		142110	1,821,147	1,821,147
2020 revenue bonds							
US Bank			Principal/Interest payment fund		142110	372,406	372,406
2022 revenue bonds							
US Bank			Principal/Interest payment fund		142110	426,248	426,248
2014 general obligation bonds							
CAMP			Interest Payment fund		152440	2,289,417	2,289,417
Operations							
Wells Fargo Bank		0.38	Checking	100100	100100	(942,621)	
Wells Fargo Bank		0.38	Checking	100500	100500	4,446,180	
						3,503,559	
Payroll							
Wells Fargo Bank		0.38	Checking		100200	(81,866)	
Wells Fargo Bank		0.38	Checking	Flexible Spending	100300	610,749	
Wells Fargo Bank		0.38	Checking	Benefits	100300	295,052	
Wells Fargo Bank		0.38	Checking	HSA	100300	54,577	
						878,512	4,382,071
					Total investments		**$ 254,738,553**

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
July 31, 2026

Kaweah Delta Hospital Foundation

Central Valley Community Checking	Investments	100100	403,148	
Various	S/T Investments	142200	5,871,816	
Various	L/T Investments	142300	17,430,463	
Various	Unrealized G/L	142400	4,216,000	
				$ 27,921,428

Summary of board designated funds:

Plant fund:

Uncommitted plant funds		$ 189,835,096	142100	
Committed for capital		17,514,194	142100	
		207,349,290		
GO Bond reserve - L/T		1,992,658	142100	
401k Matching		6,647,107	142100	
Cost report settlement - current	2,135,384		142104	
Cost report settlement - L/T	1,312,727		142100	
		3,448,111		
Development fund/Memorial fund		104,184	112300	
Workers compensation - current	7,433,000		112900	
Workers compensation - L/T	16,346,000		113900	
		23,779,000		
		$ 243,320,350		

Investment summary by institution:

	Total Investments	%	Trust Accounts	Surplus Funds	%
Bancorp	$ -	0.0%		-	0.0%
Cal Trust	-	0.0%		-	0.0%
CAMP	41,828,702	16.4%		41,828,702	16.9%
Local Agency Investment Fund (LAIF)	50,588,794	19.9%		50,588,794	20.4%
CAMP - GOB Tax Rev	2,289,417	0.9%	2,289,417	-	0.0%
Allspring	73,801,753	29.0%	-	73,801,753	29.8%
PFM	74,087,450	29.1%		74,087,450	29.9%
Western Alliance - CDARS	3,000,000			3,000,000	1.2%
Western Alliance	13,651			13,651	0.0%
Wells Fargo Bank	4,382,071	1.7%		4,382,071	1.8%
Signature Bank	-	0.0%	-	-	0.0%
US Bank	4,746,715	1.9%	4,746,715	-	0.0%
Total investments	$ 254,738,553	100.0%	$ 7,036,132	247,702,421	100.0%

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
July 31, 2026

Investment summary of surplus funds by type:			**Investment Limitations**	
Negotiable and other certificates of deposit	$	3,000,000	74,311,000	(30%)
Checking accounts		4,382,071		
Local Agency Investment Fund (LAIF)		50,588,794	75,000,000	
Cal Trust		-		
CAMP		41,828,702		
Medium-term notes (corporate) (MTN-C)		41,655,000	74,311,000	(30%)
U.S. government agency		84,951,814		
Municipal securities		4,605,000		
Money market accounts		564,822	49,540,000	(20%)
Commercial paper		-	61,926,000	(25%)
Asset Backed Securties		16,126,218	49,540,000	(20%)
Supra-National Agency		-	74,311,000	(30%)
	$	247,702,421		

Return on investment:

Current month	**3.82%**
Year-to-date	**3.82%**
Prospective	**3.79%**
LAIF (year-to-date)	**3.84%**
Budget	**3.68%**

Fair market value disclosure for the quarter ended June 30, 2026 (District only):	**Quarter-to-date**	**Year-to-date**
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	(678,772)
Change in unrealized gain (loss) on investments (income statement effect)	$ -	-

Investment summary of CDs:

Banc of California	$	236,500
Beneficial State Bank		236,500
Blue Sky Bank		236,500
BOKF, National Association		236,500
Commerce Bank & Trust		236,500
DNB National Bank		236,500
East West Bank		79,861
First Liberty Bank		82,139
FirstOak Bank		236,500
Live Oak Banking Company		236,500
Meridian Bank		236,500
OneUnited Bank		236,500
OMB Bank		236,500
West Texas State Bank		236,500
	$	3,000,000

Investment summary of asset backed securities:

Ally Auto Rec	$	1,448,013
American Express		1,765,000
Bank of America		265,000
BMW Vehicle Owner		151,949
Capital One Prime		135,000
Capital one Mtn		360,000
Chase Issuance Trust		1,000,000
Citibank Credit		580,000
Ford CR Auto Owner		1,275,471
Ford Credit Auto		445,000
GM Finl con Auto Rec		160,136
GM Finl Consumer		579,151
Honda Auto		404,307
Honda AR Owner Tr		185,000
Honda Auto Rec Own		480,000
Hyundai Auto		583,414
Hyundai Auto Rec		951,614
Mercedes Benz Ar		505,000
Mercedes Benz Auto		262,162
Mercedes Benz Auto Leas		1,400,000
Nissan Auto Rec		1,005,000
Toyota Auto		650,000
Verizon Master Trust		440,000
WF Card Issuance		515,000
Volkswagen Auto Least TR		215,000
Volkswagen Auto Ln		365,000
	$	16,126,218

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
July 31, 2026

Investment summary of medium-term notes (corporate):		
Accenture Capital	$	540,000
Abbott Laboratories		500,000
Adobe Inc		1,410,000
Air products		295,000
Alphabet Inc		140,000
Amazon Com Inc		410,000
American Express		245,000
American Express Co		845,000
Analog Devices		435,000
Astrazeneca		510,000
Bank America Mtn		290,000
Bank New York Mellon Mtn		300,000
Bank New York Mtn		1,375,000
Bank of America		1,375,000
Blackrock Funding		270,000
Bp Cap Mkts Amer		310,000
Caterpillar Finl Mtn		1,450,000
Chevron USA Inc		840,000
Cisco Sys Inc		515,000
Citibank N A		2,185,000
Cummins INC		195,000
Disney Walt co		730,000
Eli Lilly Co		965,000
GE Aerospace		65,000
Gilead Sciences Inc		195,000
Goldman Sachs		1,435,000
Hershey Co		80,000
Home Depot Inc		1,495,000
Intuit		365,000
John Deere Mtn		1,105,000
JP Morgan		2,110,000
Lockheed Martin		40,000
Mastercard		570,000
Merck Co Inc		1,240,000
Meta Platforms Inc		920,000
Morgan Stanley		2,335,000
National Rural Mtn		850,000
Northern TR Corp		120,000
Novartis Capital		905,000
Nvidia Corporation		500,000
Paccar Financial Mtn		1,060,000
Pepsico inc		280,000
PNC Finl Svcs Group INC		290,000
Salesforce Inc		725,000
Schwab Charles Corp		175,000
Servicenow Inc		60,000
Shell Fin US INC		130,000
State Street Bank		250,000
State Street Corp		1,540,000
Target Corp		1,265,000
Texas Instrs		370,000
Truist Bk Sr Nt		275,000
Totalenergies Cap USA LLC		290,000
Toyota Motor		1,625,000
US Bancorp		1,100,000
Walmart Inc		670,000
Wells Fargo Mtn		145,000
Wells Fargo co		945,000
	$	41,655,000

Investment summary of U.S. government agency:		
Federal National Mortgage Association (FNMA)	$	482,191
Federal Home Loan Mortgage Corp (FHLMC)		10,344,623
US Treasury Bill		74,125,000
	$	84,951,814

Investment summary of municipal securities:		
Alameda Cnty Ca	$	500,000
California St Univ		125,000
Hawaii St		190,000
Los Angeles Ca		390,000
Massachusetts St		1,000,000
San Diego County		1,000,000
San Francisco Ca		1,000,000
San Jose Ca Redev		400,000
	$	4,605,000

Agenda item intentionally omitted